

UHID	: 160163	Visit ID	: 0000300420
Patient Name	: MR. PATANJALI CHAKRABORTY	Spec No.	:
Age / Sex	: 67Y / MALE		:
Consultant	: DR. HOSPITAL CASE	Order Date	: 28/01/2023 8:55AM
Ref. By	: DR. HOSPITAL CASE	Samp.Date	:
Category	: MEDIWHEEL	Report Date	: 28/01/23 12:46PM

X-RAY
X-RAY CHEST PA. VIEW

- Positional rotation noted towards Left side
- Bilateral lung fields reveal accentuation of bronchovascular markings.
- Cardiothoracic ratio is within normal limits.
- Bilateral C.P. angles are clear.
- Bony cage and soft tissue normal.

- Please correlate clinically , Followup radiograph is recommended.

Dr. SAMIR KATHALE
MBBS, DNB (RADIO), MNAMS, MANBD
Fetal Ultrasound & Fetal Medicine (FGI-BFMC)
Reg. No. CGMC-4404/2012

Please bring all your previous reports. You should preserve and bring this report for future reference.



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AGE/SEX	: 67Y/MALE	SAMP. DATE	: 28/01/2023 10:43:00AM
CONSULTANT DOCTOR	: HOSPITAL CASE	SPEC. NO	: 10417196
		RESULT DATE	: 28/01/2023 01:28:00PM
		TPA	: MEDIWHEEL

DEPARTMENT OF PATHOLOGY

PARAMETER	VALUE	RESULT	REFERENCE RANGE
BLOOD GROUPING AND RH TYPING			
BLOOD GROUP	"A"	-	-
RH FACTOR	Positive	-	-
GGT (GAMMA GLUTAMYL TRANSFERASE)			
GGT (GAMMA GLUTAMYL TRANSFERASE)	10 U / L	Normal	8 - 52
URIC ACID			
URIC ACID	6.93 mg/dL	Normal	3.6 - 7.7

TECHNICIAN

Dr. Anjana Sharma
DR. ANJANA SHARMA
DEPT. PATHOLOGY
CONSULTANT
SPARSH MULTISPECIALTY HOSPITAL

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CONSULTANT DOCTOR	: HOSPITAL CASE	SPEC. NO	: 10417190
		RESULT DATE	: 28/01/2023 01:46:00PM
		TPA	: MEDIWHEEL

DEPARTMENT OF PATHOLOGY

CREATININE

PARAMETER	VALUE	RESULT	REFERENCE RANGE
SERUM CREATININE	1.19 mg/dL	Normal	0.3 - 1.5

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CONSULTANT DOCTOR	: HOSPITAL CASE	SPEC. NO	: 10417198
		RESULT DATE	: 28/01/2023 01:45:00PM
		TPA	: MEDIWHEEL

DEPARTMENT OF PATHOLOGY

LIPID PROFILE

PARAMETER	VALUE	RESULT	REFERENCE RANGE
CHOLESTEROL TOTAL	255 mg / dl	High	150 - 220
TRIGLYCERIDES - SERUM	163 mg / dl	Normal	60 - 165
HDL	58.73 mg / dl	Normal	35 - 80
LDL	163.67 mg/dL	High	90 - 160
VLDL	32.60	Normal	20 - 50
CHOL : HDL Ratio	4.34:1		3.5 - 5.5
LDL: HDL Ratio	2.79:1		-

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AGE/SEX	: 67Y/MALE	SAMP. DATE	: 28/01/2023 10:43:00AM
CONSULTANT DOCTOR	: HOSPITAL CASE	SPEC. NO	: 10417194
		RESULT DATE	: 28/01/2023 12:49:00PM
		TPA	: MEDIWHEEL

DEPARTMENT OF PATHOLOGY

CBC (COMPLETE BLOOD COUNT)

PARAMETER	VALUE	RESULT	REFERENCE RANGE
HAEMOGLOBIN (Hb)	14.0 gm%	Normal	13.5 - 17.5
TOTAL RBC COUNT	5.14 Million/cumm	Normal	4.5 - 5.9
HAEMATOCRIT (PCV)	39.8 %	Low	41.5 - 50.4
RBC INDICES			
MCV	77.5 fl	Low	78 - 96
MCH	27.2 pg	Normal	27 - 32
MCHC	35.1 %	Normal	33 - 37
RDW	13.8 %	Normal	11 - 16
TOTAL WBC COUNT (TLC)	12300 /cumm	High	4000 - 11000
DIFFERENTIAL COUNT			
NEUTROPHILS	66 %	Normal	0 - 75
LYMPHOCYTES	26 %	Normal	22 - 48
EOSINOPHILS	02 %	Normal	0 - 6
MONOCYTES	06 %	Normal	2 - 10
BASOPHILS	00 %	Normal	0 - 2
BANDS	00 %	Normal	0 - 5
BLAST	00 %	Normal	
PLATELET COUNT	152000 /cumm	Normal	150000 - 450000

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		RESULT DATE	: 28/01/2023 01:46:00PM
		TPA	: MEDIWHEEL

DEPARTMENT OF PATHOLOGY

BUN (BLOOD UREA NITROGEN)

PARAMETER	VALUE	RESULT	REFERENCE RANGE
BUN (BLOOD UREA NITROGEN)	15.88 mg / dl	Normal	8 - 23

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CONSULTANT DOCTOR	: HOSPITAL CASE	SPEC. NO	: 10417191
		RESULT DATE	: 28/01/2023 01:20:00PM
		TPA	: MEDIWHEEL

DEPARTMENT OF PATHOLOGY

SERUM PSA TOTAL

PARAMETER	VALUE	RESULT	REFERENCE RANGE
PSA (TOTAL)	0.376 ng/ml	Normal	0 - 4

Note:

PSA is a member of the kallikrein-related peptidase family and is secreted by the epithelial cells of the prostate glands. PSA is produced for the ejaculate where it liquefies semen in the terminal coagulum and allows sperms to swim freely.

Increased value:

Elevated serum PSA concentration are found in men with prostate cancer, benign prostatic hyperplasia (BPH) or inflammatory condition of other adjacent genitourinary tissue it is an accurate marker for monitoring advancing clinical stage in untreated patients of ca prostate and for monitoring response to therapy by radical prostatectomy, radiation therapy and anti androgen therapy.

Clinical Use

- 1) An aid in the early detection of Prostate cancer when used in conjunction with Digital rectal examination in males more than 50 years of age and in those with two or more affected first degree relatives.
- 2) Followup and management of Prostate cancer patients
- 3) Detect metastatic or persistent disease in patients following surgical or medical treatment of Prostate cancer.

Note:

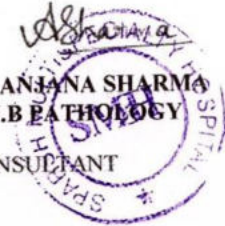
1) Diagnosis of a disease should not be based on the result of a single test, but should be determined in conjunction with clinical findings in association with medical judgement.

2) Patient sample containing human anti mouse antibodies (HAMA) may give falsely elevated or decreased values. Although HAMA-neutralizing agents are added, extremely high HAMA serum concentration may occasionally influence results.

3) Therapeutic intervention may strongly influence the f/t PSA ratio. Manipulations at the prostate may also lead to variations in the f/t PSA ratio.

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		RESULT DATE	: 28/01/2023 12:35:00PM
		TPA	: MEDIWHEEL

DEPARTMENT OF PATHOLOGY

URINE SUGAR FASTING

PARAMETER	VALUE	RESULT	REFERENCE RANGE
URINE FOR SUGAR	Nil		-

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		RESULT DATE	: 28/01/2023 03:43:00PM
		TPA	: MEDIWHEEL

DEPARTMENT OF PATHOLOGY

BLOOD SUGAR - FASTING AND PP

PARAMETER	VALUE	RESULT	REFERENCE RANGE
BLOOD SUGAR FASTING	155 mg/dL	High	80 - 120
BLOOD SUGAR PP	209 mg/dL	High	120 - 140

TECHNICIAN

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CONSULTANT DOCTOR	: HOSPITAL CASE	SPEC. NO	: 10417193
		RESULT DATE	: 28/01/2023 02:53:00PM
		TPA	: MEDIWHEEL

DEPARTMENT OF PATHOLOGY

URINE SUGAR PP

PARAMETER	VALUE	RESULT	REFERENCE RANGE
URINE FOR SUGAR	Nil		-

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CONSULTANT DOCTOR	: HOSPITAL CASE	SPEC. NO	: 10417191
		RESULT DATE	: 28/01/2023 01:19:00PM
		TPA	: MEDIWHEEL

DEPARTMENT OF PATHOLOGY

T3, T4 TSH

PARAMETER	VALUE	RESULT	REFERENCE RANGE
T3 (TRIIODOTHYRONINE)	1.643 ng/ml	Normal	0.69 - 2.15
T4 (THYROXINE)	79.14 ng/ml	Normal	52 - 127
TSH (THYROID STIMULATING HORMONE)	4.315 uIU/ml	Normal	0.3 - 4.5

REFERENCE GROUP REFERENCE RANGE in uIU/mL
As per American Thyroid Association

Adult Females (> 20 years)	0.30- 4.5
Pregnancy	
1st Trimester	0.10- 2.50
2nd Trimester	0.20 - 3.00
3rd Trimester	0.30 - 3.00

Note:

TSH levels are subject to circadian variation, reaching peak levels between 2 - 4.a.m. and at a minimum between 6-10 pm . The variation is of the order of 50% . hence time of the day has influence on the measured serum TSH concentrations.

1. Recommended test for T3 and T4 is unbound fraction or free levels as it is metabolically active.
1. Physiological rise in Total T3 / T4 levels is seen in pregnancy and in patients on steroid therapy.

Clinical Use

- Primary Hypothyroidism
- Hyperthyroidism
- Hypothalamic - Pituitary hypothyroidism
- Inappropriate TSH secretion
- Nonthyroidal illness
- Autoimmune thyroid disease
- Pregnancy associated thyroid disorders
- Thyroid dysfunction in infancy and early childhood

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		TPA	: MEDIWHEEL

DEPARTMENT OF PATHOLOGY

HBA1c (GLYCOSYLATED HAEMOGLOBIN)

PARAMETER	VALUE	RESULT	REFERENCE RANGE
HBA1 C (GLYCOSYLATED HEAMOGLOBIN)	7.5 %	High	4 - 6

Interpretation

As per American diabetes Association (ADA)

Reference Group	- HbA1c In%
Non diabetic >= 18 years	- 4.0 - 6.0
At risk (Prediabetes)	- >= 6.0 to < = 6.5
Diagnosing diabetes	- >=6.5

Therapeutic goals for glycemic control

- Age > 19 years
- Goal of therapy: <7.0
- Action suggested: >8.0
- Age < 19 years
- goal of therapy: < 7.5

Note:

1. Since HbA1c reflects long term fluctuations in the blood glucose concentration, a diabetic patient is recently under good control may still have a high concentration of HbA1c. converse is true for a diabetic previously under good control now poorly controlled.

2. Target goals of <7.0 % may be beneficial in patient with short duration of diabetes, long life expectancy and no significant cardiovascular disease. In patient with significant complication of diabetes, limited life expectancy of extensive co-morbid condition, targeting a goal of <7.0% may not be appropriate.

Comments

HbA1c provides an index of average blood glucose levels over the past 8-12 weeks and is a much better indicator of long glycemic control as compared to blood and urinary glucose determination.

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CONSULTANT DOCTOR	: HOSPITAL CASE	SPEC. NO	: 10417199
		RESULT DATE	: 28/01/2023 12:35:00PM
		TPA	: MEDIWHEEL

DEPARTMENT OF PATHOLOGY

URINE ROUTINE AND MICROSCOPY

PARAMETER	VALUE	RESULT	REFERENCE RANGE
PHYSICAL EXAMINATION			
QUANTITY	10 ml	-	-
COLOUR	Yellow	-	-
APPEARANCE	Clear	-	-
REACTION	Acidic	-	-
CHEMICAL EXAMINATION			
ALBUMIN	Fine Trace	-	-
SUGAR	Nil	-	-
MICROSCOPIC EXAMINATION			
EPITHELIAL CELLS	1-2 /hpf	-	0 - 5
PUS CELLS	Occasional /hpf	-	1 - 2
RBC	Nil /hpf	-	-
CAST	Nil /lpf	-	-
CRYSTAL	Nil	-	-
AMORPHOUS MATERIAL DEPOSIT	Nil	-	-
OTHERS	Nil	-	-

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		TPA	: MEDIWHEEL

DEPARTMENT OF PATHOLOGY

LFT (LIVER FUNCTION TEST)

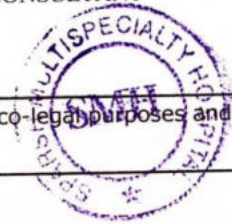
PARAMETER	VALUE	RESULT	REFERENCE RANGE
BILIRUBIN TOTAL	1.05 mg/dL	Normal	0.1 - 1.2
BILIRUBIN DIRECT	0.28 mg / dl	Normal	0.1 - 0.6
BILIRUBIN INDIRECT	0.77 mg / dl	High	0.1 - 0.4
ALKALINE PHOSPHATASE	101 U / L	Normal	0 - 270
SGOT	19 U / L	Normal	10 - 55
SGPT	12 U / L	Normal	0 - 40
TOTAL PROTEIN	7.37 g / dl	Normal	6 - 8
ALBUMIN	4.60 g/dl	Normal	4 - 5
GLOBULIN	2.77 g / dl	Normal	2 - 3.5
A.G.RATIO	1.66:1		1 - 2.5

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RESULT DATE : 28/01/2023 03:30:00PM
TPA : MEDIWHEEL

DEPARTMENT OF PATHOLOGY

ESR (ERYTHROCYTE SEDIMENTATION RATE)

PARAMETER	VALUE	RESULT	REFERENCE RANGE
ESR	99 mm at end of 1 hr	High	0 - 20

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Category	: MEDIWHEEL	Report Date	: 28/01/23 10:50AM

SONOGRAPHY USG WHOLE ABDOMEN

- * **LIVER** : Normal in size and shape. **Diffuse increase in echogenecity seen - Suggestive of fatty infiltration.**
IHBRs are not dilated. No focal lesions seen.
- * **PORTO CAVAL SYSTEM**: Hepatic veins and IVC appear normal and show normal respiratory variation. Splenic vein is normal. Portal vein is normal.
- * **COLLECTING DUCT & CBD**: Normal in size and have echo lucent lumen.
- * **GALL BLADDER** : Seen in distended state with normal wall and lumen is echofree
- * **SPLEEN**: Normal in size, shape & echo texture. No focal lesions seen.
- * **PANCREAS**: Pancreatic head, body & tail visualized and have normal size, shape & echo texture.
- * **KIDNEYS**: Both kidneys are of normal shape, size and position.
Cortical thickness is normal. CMD is maintained. There is no evidence of hydronephrosis or calculus
- * **URINARY BLADDER** : Seen in distended state and has normal wall architecture. Lumen is echo free.
- **Calculus of size 11 mm in urinary Bladder.**
 - **Post Void Residual Urine Volume : Insignificant**
- * **PROSTATE**: Prostate is Enlarged in size (Measures : 4.50 x 4.05 x 3.89 cm & Volume : 37 cc). No median lobe bulge is seen.

No free fluid is seen in the peritoneal cavity.
There is no evidence of any retroperitoneal lymphadenopathy/mass.

FINAL IMPRESSION :

- **Fatty liver.**
 - **Prostatomegaly with In significant Post Void Residual Urine Volume**
 - **Calculus in Urinary bladder**
- Please correlate clinically , followup USG is recommended.

Dr. DILIP KUMAR SONI
MBBS, DMRD
RADIOLOGIST
CGMC 102/2003

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