



दिवाकर डायग्नोस्टिक सेंटर

E-7/636, पंजाब नेशनल बैंक के पास, मैन रोड, अरेश कॉलोनी भोपाल (म.प्र.)
फोन: 0755-2465288, 0755-3520545 मो: 9826340190



Saddam



Dr. B. M. Agarwal
MBBS, DCP
Consultant Pathologist



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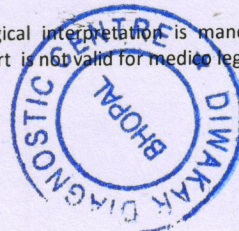
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| | |
|------------|-----------------|
| Pt Name : | Mr. Saddam Khan |
| Age : | 31/M |
| Ref.By : | BOB |
| Lab. No. : | 292 |
| Date : | 25/06/2022 |

EXAMINATION OF BLOOD

| TEST | RESULT | NORMAL VALUE |
|----------------------------------|--------------|---|
| Haemoglobin | 16.8mgs% | Female 12-16gms%, Male 14-18gms% |
| Red Cell count | 5.2 | 4.5-5.6 million /cumm |
| Platelet Count | 2.89 | 1.5-5.6 Lac/cumm |
| Leucocytes per.cu.mm | 8200/cumm | 5000-11000/cumm |
| Neutrophils | 62% | 50-70% |
| Lymphocytes | 30% | 20-40% |
| Eosinophils | 05% | 0-7% |
| Monocytes | 03% | 2-8% |
| PCV | 42.1 | 37-47 |
| MCV | 79.5 | 76-96 |
| MCH | 31.6 | 27-32 |
| MCHC | 33.0 | 31-35 |
| ESR | 05 | Male 0-9, Female 0-20mm/FHR |
| Blood Group | "O" Positive | By Slide Method |
| S.Bilirubin(Total) | 0.88 | 0.2-1.0mg/dl |
| Direct | 0.35 | 0.0-0.25mg/dl |
| Indirect | 0.53 | |
| SGOT | 32.0 | 5-35U/L |
| SGPT | 36.1 | 8-40U/L |
| Alk Phosphatase | 11.6 | 3-13 KA units |
| S. Protein(Total) | 7.0 | 6.0-8.0mg% |
| Albumin | 4.0 | 3.7-5.3mg% |
| Globulin | 3.0 | 1.5 to 3.5 mg% |
| AG Ratio | 1.23 | 1.-2.0 |
| Blood Urea Nitrogen (BUN) | 16.2 | 7-20 mg/dl |
| S.Creatine | 0.98 | 0.5-1.4mg/dl |
| Uric Acid | 6.1 | 4.8 to 7.5 mg/dl |
| Calcium | 9.6 | 8.5-10.5 gm/dl |
| GGTP | 33.0 | 5-35 UL/dl |
| Fasting Blood Sugar | 79.8 | 70 to 110mg/dl |
| Post Prandial Blood Sugar | 141.6 | Up to 150mg/dl |
| Total Serum Cholesterol | 175.4 | 100-250 mg% |
| Serum Triglyceride | 184.3 | Up to 160 mg% |
| Serum Cholesterol HDL | 50.3 | Up to 65 mg% |
| Serum Cholesterol LDL | 88.2 | Up to 125 mg% |
| VLDL | 36.8 | Up to 30 mg% |
| TC/HDL Ratio | 3.38 | Bellow 5 |
| Glycosylated Hemoglobin HBA1c | 5.5 | Below - 6.0 % -Non Diabetic control 6-7 % -Excellent control Above- 8 % -Poor control |

All test have technical limitation. Collaborative clinic pathological interpretation is mandatory. In case of disparity test may be repeated immediately. Typographical mistakes should be get correct instantly. This report is not valid for medico legal purpose.



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Pathologist
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Consultant Pathologist



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| Skigram | X Ray Chest PA View |
| Radiologist | Dr. B.M.Agarwal MD (Radiology) |

REPORT

Tricia Central

Thoracic cage normal

Both Lungs Field Clear.

Both hilers normal

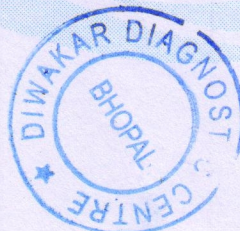
Cardiac border normal

Both cp angles clear

Both domes and diaphragm normal

IMPRESSION

-NO CARDIO PULMONARY PATHOLOGY
-COORELATE WITH CLINICAL FINDINGS.



K
Dr. B. M. Agarwal
MD, Radiology
Consultant Radiologist
Radiologist



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EXAMINATION OF BLOOD

Thyroid profile

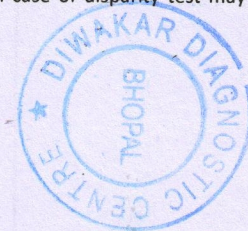
| <u>TEST</u> | <u>RESULT</u> | <u>NORMAL VALUE</u> |
|-----------------------------------|---------------|---------------------|
| T3 - TOTAL | 88.9 | 82-213 ng/dL |
| T4 - TOTAL | 6.78 | 6.09-12.23 ug/dL |
| THYROID STIMULATING HORMONE (TSH) | 2.06 | 0.45-4.25 ul/mL |

Interpretation:

TSH Levels will be elevated in primary hypothyroidism, TSH levels will be low in Hyperthyroidism there is decreased production of thyroid hormones by the thyroid hence the person may experience symptoms such as weight gain, constipation, cold intolerance and fatigue. Iodine deficiency and Hashimoto thyroiditis is the most common cause of hypothyroidism It makes Thyroid stimulating hormone. If TSH levels are abnormally high it could mean you have an underactive thyroid or hypothyroidism.


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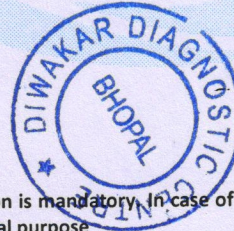
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
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EXAMINATION OF BLOOD

| <u>TEST</u> | <u>RESULT</u> | <u>NORMAL VALUE</u> |
|-------------|---------------|---------------------|
| PSA | 5.25 ng/ml. | 0.21-6.77 ng/ml. |




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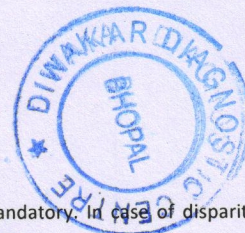
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URINE ANALYSIS

| <u>A. PHYSICALEXAMINATION</u> | | <u>C. MICROSCOPIEXAMINATION</u> | |
|--------------------------------|--------|---------------------------------|---------|
| 1. Colour | Yellow | Pus Cells | 3-4/HPF |
| 2. Appearance | Clear | R.B.C. | Nil |
| 3. Specific Gravity | Q.N.S. | Epithelial Cell | occ/HPF |
| <u>B. CHEMICAL EXAMINATION</u> | | Cast | Nil |
| 1.Reaction | Acidic | Crystals(Cal.Oxa) | Nil |
| 2.Albumin | Absent | Bacteria | Nil |
| 3.Sugar | Nil | Amorphous | Nil |
| 4.Bile Salts | Absent | T. Vaginitis | Nil |

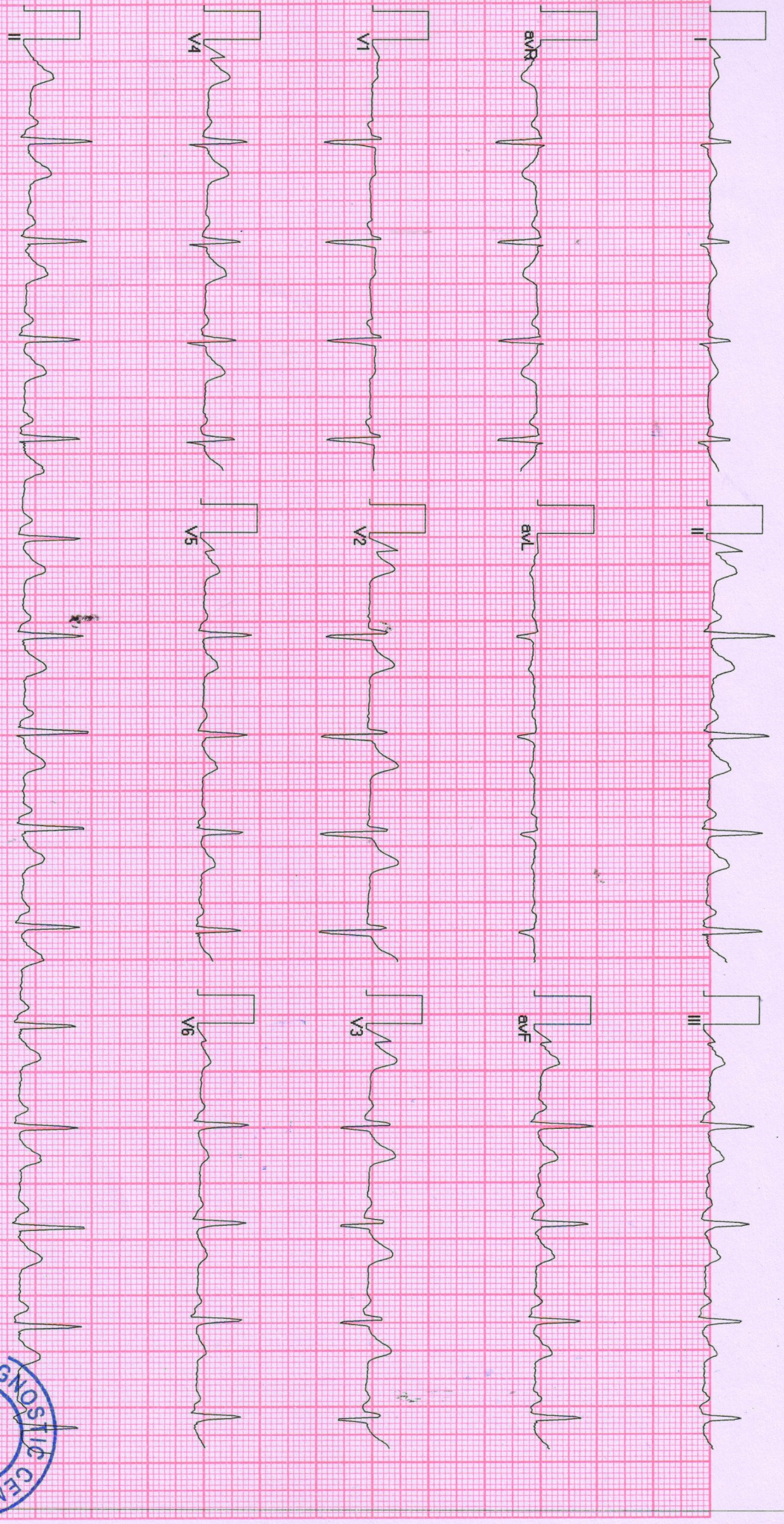
| | | |
|----------------|----------|----------------|
| URINE COTININE | Negative | By Card method |
|----------------|----------|----------------|



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BPL-DYNATRAC



Allengers ECG (Piscos)(PIS213180317)

Dr. J. S. Jaiswal





डॉ. सविता क्लिनिक

34, भूतल, मोहिनी अदिति आर्केड, शाहपुरा मस्जिद के पास
भरत नगर रोड, ई-7/194, अरेरा कॉलोनी, भोपाल - 462038

Mob. : 8989649694, 9516333619

Clinic Registration : CL/5392/Jun/2017

PNDT Registration : MPPCPNDT/BPL/2017/206



Name : Mrs. Saddam Khan Age 31 YRS. / Female
R/B Health Check-Up No. 2562022 Date 25.6.2022

WHOLE ABDOMES ULTRASOUND REPORT

Indication: Health Checkup History of stones

Liver appears normal in size and shape with normal outline. Normal/
increased parenchymal echogenicity is noted. No E/O focal lesion/ IHBR
dilatation is seen. Hepatic veins and portal veins appear normal.

No E/O subdiaphragmatic Collection.

Gall Bladder is physiologically well distended. No. E/O echogenic foci in GB
lumen. GB wall is normal / thickened. No E/O pericholecystic collection.
Common duct reveals normal course and caliber.

Pancreas appear normal in size, shape and echo texture with smooth
contour. No peripancreatic pathology seen. (Not seen due to gases)

Spleen is normal in size and echo texture.

IVC and aorta appear to be normal.

No evidence of lymphadenopathy is noted.

No evidence of free fluid is noted.

Right Kidney is normal in size, size, shape and position. Corticomedullary
differentiation (CMD) is well maintained. Normal cortical thickness is
noted. No E/O hydronephrosis or calculus is noted.

Small less
than 5 mm calyceal stone seen
without obstruction PTO

Dr. P. Savita, MD
MBBS, MD (O&G) Reg. No. 9971
स्त्री रोग विशेषज्ञ

Dr. Jayant Yadav, MD
MBBS, MD (Radiologist) Reg. No. 4166
रेडियोलॉजिस्ट



श्री लक्ष्मी मेडिकल कलेज
 एम.बी.बी.एस. (ओ.एंड.जी.) रेजि. नं. 9971
 एम.डी. (रेडियोलॉजिस्ट) रेजि. नं. 4166
 एम.डी. (रेडियोलॉजिस्ट) रेजि. नं. 4166



Left Kidney is normal is size, shape and position. CMD is well maintained. Normal cortical thickness is noted. No E/O hydronephrosis or calculus is noted.

Small less than 5mm calyceal non obstructive stone are noted

Urinary Bladder is well distended (physiological). its contents are echo free. No E/O bladder wall thickening is noted. ~~Post-void residue is insignificant.~~

Prostate is normal in size. Shape and echo texture with smooth outline. No E/O focal lesion is noted.

Uterus is ante/ retroverted and normal in size, shape and echotexture with smooth outline. No E/O focal lesion is noted. Endometrial echo appear normal. Cervical and vaginal shadows appear normal.

Right Ovary appears enlarged / Normal in size, shape and echo texture.

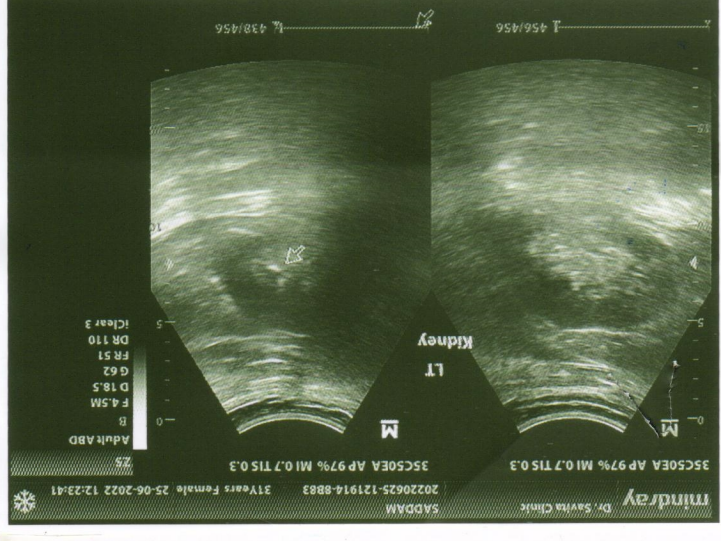
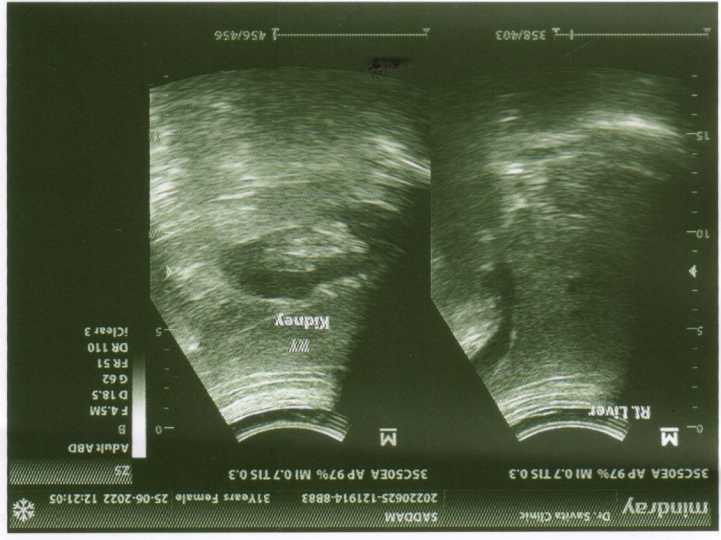
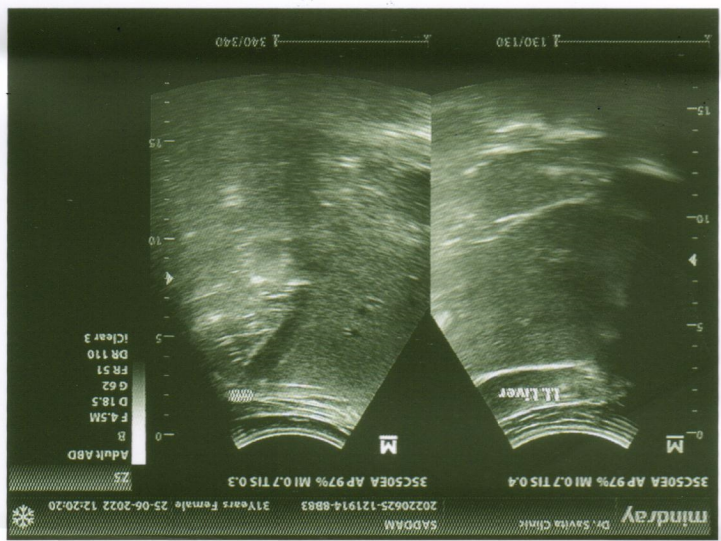
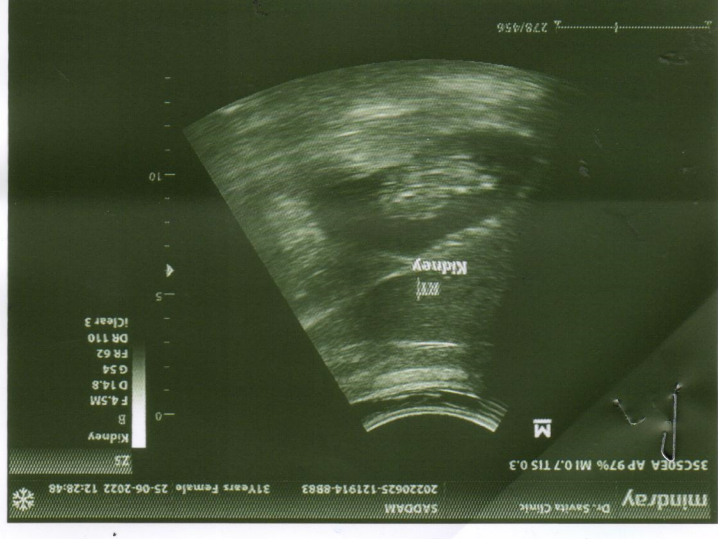
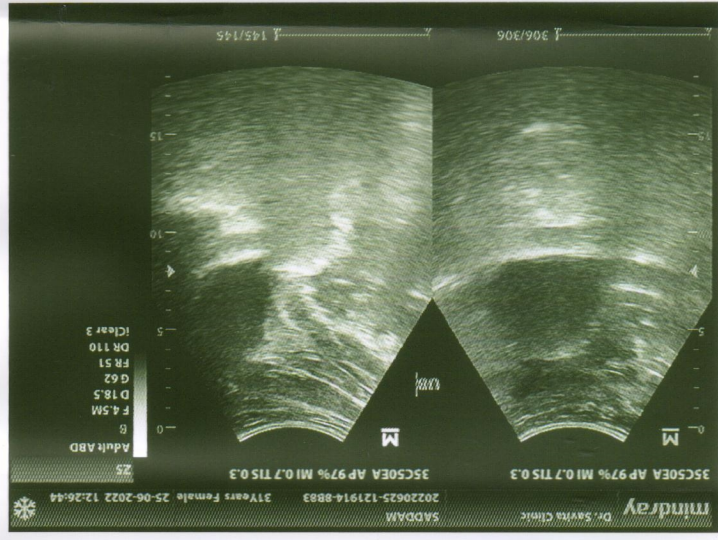
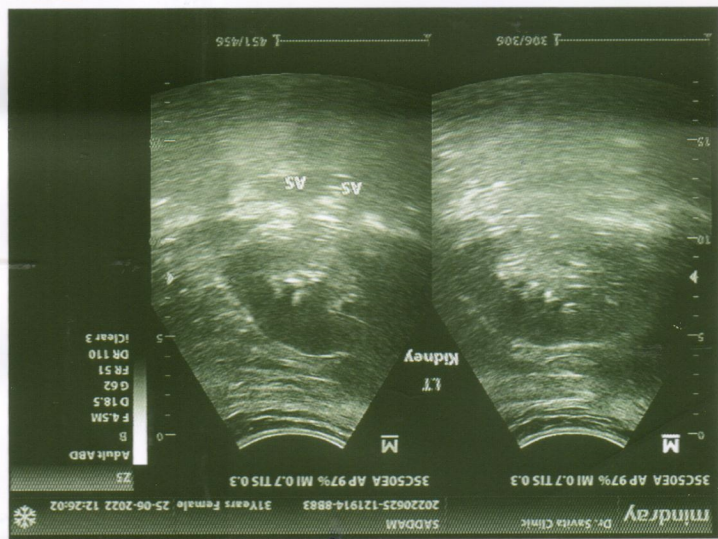
Left Ovary appears enlarged / Normal in size, shape and echo texture.

Impression : Normal study. Bilateral non-obstructive calyceal less than 5mm multiple several stones - (H/O passing)

Advised clinical Correlation.
stone

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 स्त्री रोग विशेषज्ञ

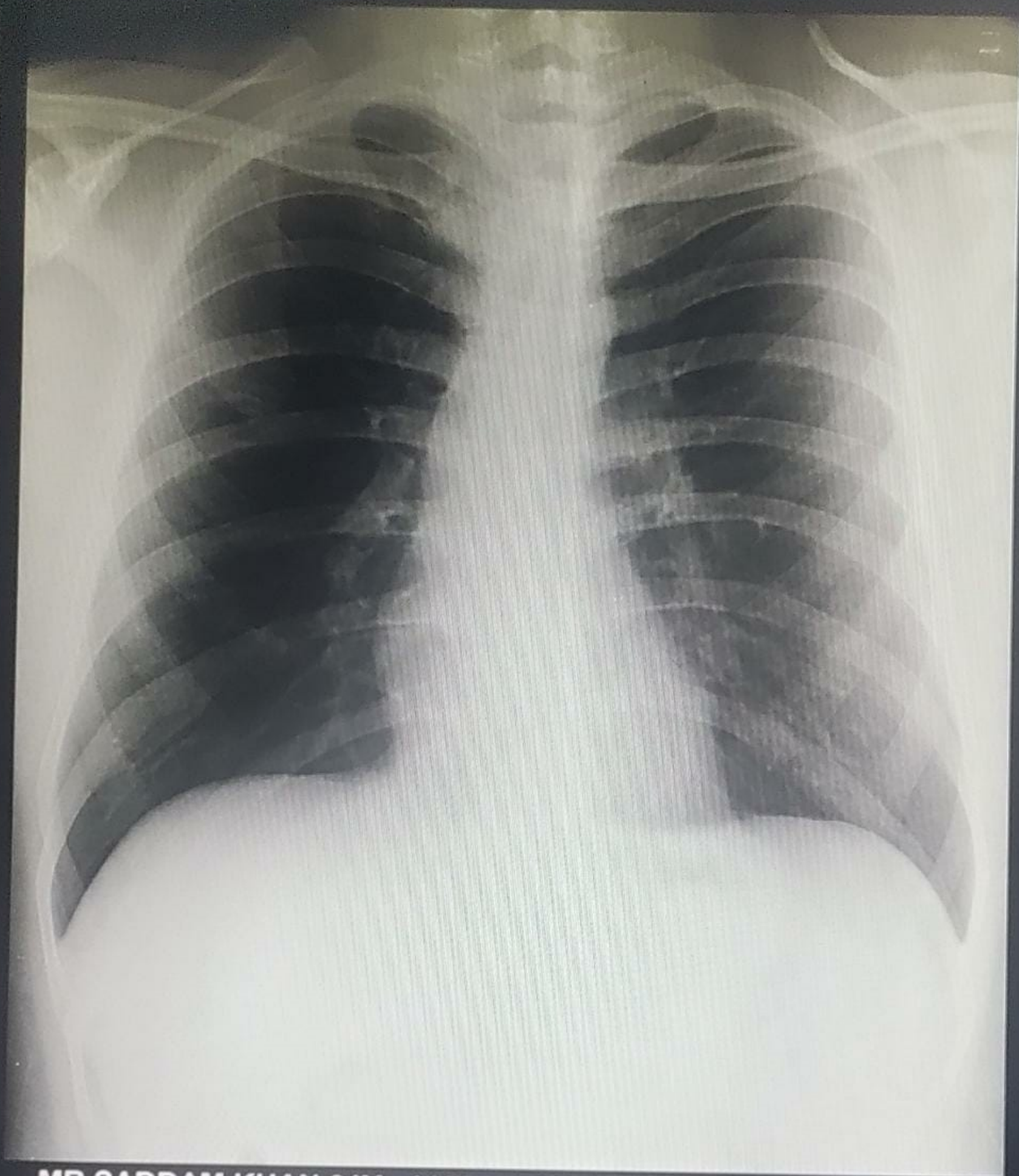
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Diwakar Diagnostic Centre

पेथोलोजी | टी.एँम.टी. | एक्स-रे | एको कार्डियो ग्राफी | सोनोग्राफी



**MR SADDAM KHAN 31Y 1168 CHEST,FRN P->A 25-JUN-22
DIWAKAR DIAGNOSTIC CENTRE , ARERA COLONY ,BHOPAL**