



Sparsh Multispecialty Hospital

(A Unit of Sparsh Multispecialty Hospital Private Limited)
(Formerly known as Paedia Health Private Limited)

CIN : U85110CT2005PTC017751

एक एहसास रूपने पन का



UHID	: 143860	VISITID	: 0000263301
PATIENT NAME	: MR. MAHILANGE AMLAL	ORDER DATE	: 22/01/2022 10:40:00AM
AGE/SEX	: 49Y/MALE	SAMP. DATE	: 22/01/2022 11:02:00AM
CONSULTANT DOCTOR	: HOSPITAL CASE	SPEC. NO	: 10349948
		RESULT DATE	: 22/01/2022 2:28:00PM
		TPA	: MEDIWHEEL

DEPARTMENT OF PATHOLOGY

CBC (COMPLETE BLOOD COUNT)

PARAMETER	VALUE	RESULT	REFERENCE RANGE
HAEMOGLOBIN (Hb)	16.1 gm%	Normal	13.5 - 17.5
TOTAL RBC COUNT	5.17 Million/cumm	Normal	4.5 - 5.9
HAEMATOCRIT (PCV)	45.4 %	Normal	41.5 - 50.4
RBC INDICES			
MCV	87.8 fl	Normal	78 - 96
MCH	31.2 pg	Normal	27 - 32
MCHC	35.6 %	Normal	33 - 37
RDW	13.0 %	Normal	11 - 16
TOTAL WBC COUNT (TLC)	8500 /cumm	Normal	4000 - 11000
DIFFERENTIAL COUNT			
NEUTROPHILS	80 %	High	0 - 75
LYMPHOCYTES	14 %	Low	22 - 48
EOSINOPHILS	02 %	Normal	0 - 6
MONOCYTES	04 %	Normal	2 - 10
BASOPHILS	00 %	Normal	0 - 2
BANDS	00 %	Normal	0 - 5
BLAST	00 %	Normal	
PLATELET COUNT	165000 /cumm	Normal	150000 - 450000

TECHNICIAN

Dr. ANJANA SHARMA
D.N.B PATHOLOGY
CONSULTANT

NOTE: These reports are for assisting Doctors/Physicians in their treatment and not for Medico-legal purposes and should be correlated clinically.



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CONSULTANT DOCTOR	: HOSPITAL CASE	SPEC. NO	: 10349949
		RESULT DATE	: 22/01/2022 4:06:00PM
		TPA	: MEDIWHEEL

DEPARTMENT OF PATHOLOGY

ESR (ERYTHROCYTE SEDIMENTATION RATE)

PARAMETER	VALUE	RESULT	REFERENCE RANGE
ESR	40 mm at end of 1 hr	High	0 - 15

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CONSULTANT DOCTOR	: HOSPITAL CASE	SPEC. NO	: 10349940
		RESULT DATE	: 22/01/2022 2:35:00PM
		TPA	: MEDIWHEEL

DEPARTMENT OF PATHOLOGY

PARAMETER	VALUE	RESULT	REFERENCE RANGE
LFT (LIVER FUNCTION TEST)			
BILIRUBIN TOTAL	1.00 mg/dL	Normal	0.1 - 1.2
BILIRUBIN DIRECT	0.32 mg / dl	Normal	0.1 - 0.6
BILIRUBIN INDIRECT	0.68 mg / dl	High	0.1 - 0.4
ALKALINE PHOSPHATASE	70 U / L	Normal	0 - 270
SGOT	22 U / L	Normal	10 - 55
SGPT	25 U / L	Normal	0 - 40
TOTAL PROTEIN	6.64 g / dl	Normal	6 - 8
ALBUMIN	4.31 g/dl	Normal	4 - 5
GLOBULIN	2.33 g / dl	Normal	2 - 3.5
A.G.RATIO	1.85:1		1 - 2.5
LIPID PROFILE			
CHOLESTEROL TOTAL	197 mg / dl	Normal	150 - 220
TRIGLYCERIDES - SERUM	204 mg / dl	High	60 - 165
HDL	43.96 mg / dl	Normal	35 - 80
LDL	112.24 mg/dL	Normal	90 - 160
VLDL	40.80	Normal	20 - 50
CHOL : HDL Ratio	4.48:1		3.5 - 5.5
LDL: HDL Ratio	2.55:1		-

TECHNICIAN

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CONSULTANT DOCTOR	: HOSPITAL CASE	SPEC. NO	: 10349947
		RESULT DATE	: 22/01/2022 2:36:00PM
		TPA	: MEDIWHEEL

DEPARTMENT OF PATHOLOGY

HBA1c (GLYCOSYLATED HAEMOGLOBIN)

PARAMETER	VALUE	RESULT	REFERENCE RANGE
HBA1 C (GLYCOSYLATED HEAMOGLOBIN)	7.8 %	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:

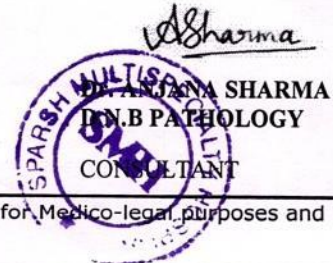
1. Since HbA1c reflects long term fluctuations in the blood glucose concentration, a diabetic patient is recently under good control may still have a high concentration of HbA1c. converse is true for a diabetic previously under good control now poorly controlled.

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	: 10349946
		RESULT DATE	: 22/01/2022 3:41:00PM
		TPA	: MEDIWHEEL

DEPARTMENT OF PATHOLOGY

PARAMETER	VALUE	RESULT	REFERENCE RANGE
BLOOD GROUPING AND RH TYPING			
BLOOD GROUP	"O"	-	-
RH FACTOR	Positive	-	-
BLOOD SUGAR - FASTING AND PP			
BLOOD SUGAR FASTING	207 mg/dL	High	80 - 120
BLOOD SUGAR PP	274 mg/dL	High	120 - 140
BUN (BLOOD UREA NITROGEN)			
BUN (BLOOD UREA NITROGEN)	14.0 mg / dl	Normal	8 - 23
CREATININE			
CREATININE	1.07 mg / dl	Normal	0.6 - 1.2
GGT (GAMMA GLUTAMYL TRANSFERASE)			
GGT (GAMMA GLUTAMYL TRANSFERASE)	21 U / L	Normal	8 - 52
URIC ACID			
URIC ACID	6.55 mg/dL	Normal	3.6 - 7.7

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CONSULTANT DOCTOR	: HOSPITAL CASE	SPEC. NO	: 10349939
		RESULT DATE	: 22/01/2022 3:45:00PM
		TPA	: MEDIWHEEL

DEPARTMENT OF PATHOLOGY

T3,T4 TSH

PARAMETER	VALUE	RESULT	REFERENCE RANGE
T3 (TRIIODOTHYRONINE)	1.431 ng/ml	Normal	0.69 - 2.15
T4 (THYROXINE)	102.3 ng/ml	Normal	52 - 127
TSH (THYROID STIMULATING HORMONE)	1.207 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

SERUM PSA TOTAL

PARAMETER	VALUE	RESULT	REFERENCE RANGE
PSA (TOTAL)	0.327 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 prostate cancer 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.

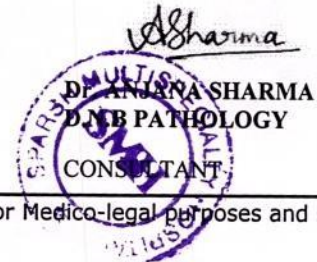
Note:

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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CONSULTANT DOCTOR	: HOSPITAL CASE	SPEC. NO	: 10349944
		RESULT DATE	: 22/01/2022 2:10:00PM
		TPA	: MEDIWHEEL

DEPARTMENT OF PATHOLOGY

PARAMETER	VALUE	RESULT	REFERENCE RANGE
URINE ROUTINE AND MICROSCOPY			
PHYSICAL EXAMINATION			
QUANTITY	10 ml	-	-
COLOUR	Yellow	-	-
APPEARANCE	Clear	-	-
REACTION	Acidic	-	-
CHEMICAL EXAMINATION			
ALBUMIN	Trace	-	-
SUGAR	Nil	-	-
MICROSCOPIC EXAMINATION			
EPITHELIAL CELLS	1-2 /hpf	-	0 - 5
PUS CELLS	2-3 /hpf	-	1 - 2
RBC	1-2 /hpf	-	-
CAST	Nil /lpf	-	-
CRYSTAL	Nil	-	-
AMORPHOUS MATERIAL DEPOSIT	Nil	-	-
OTHERS	Nil	-	-
URINE SUGAR FASTING			
URINE FOR SUGAR	Nil	-	-

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NAME : MR. MAHILANGE AMLAL

AGE : 49 YEARS

SEX : MALE

REF BY : DR. MOHD. ASLAM KHAN (MD, DNB, CARDIO)

DATE: 22 / 01 / 2022

ECHOCARDIOGRAPHY & COLOUR DOPPLER STUDY

Measurement	Pts Value (mm)	Normal Value (mm)	Measurement	Pts Value (mm)	Normal Value (mm)
AO	31	20 - 37	IVS	12	6 - 11
LA	35	29 - 40	LVID (d)	42	35 - 50
MACS		15 - 26	LVPW (d)	12	6 - 11
EPSS		< 8mm	LVID (s)	25	23 - 39
FS			EF	60%	(60+62%)
RA		< 26mm	RV		< 26

2 D ECHO & CFI

CHAMBERS	-	All Cardiac Chambers are Normal Size
VALVES	-	AV / MV THICKENED
RWMA		NIL
SEPTAE		INTACT
EF (Overall)	-	60%
CLOT/ VEGETATION	-	NIL
PER EFFUSION	-	NIL

CONTINUOUS WAVE & COLOUR WAVE DOPPLER

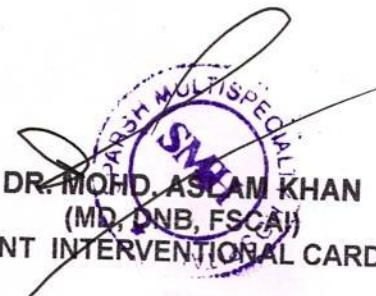
Valve	Regurgitation	Gradient (mmHg)
Mitral Valve	TRIVIAL MR	Not Significant
Aortic Valve	TRIVIAL AR	Not Significant
Pulmonary Valve	NIL	Not Significant
Tricuspid Valve	NIL	Not Significant

PULSE WAVE DOPPLER

Mitral Valve Inflow Shows E Waves <<< A Waves

FINAL IMPRESSION :

- NO RWMA , LVEF 60%
- CONCENTRIC LVH PRESENT
- AV/MV THICKENED
- TRIVIAL MR
- TRIVIAL AR
- GRADE I DIASTOLIC DYSFUNCTION
- NO CLOT/PE/ VEGETATION


DR. MOHD. ASLAM KHAN
(MD, DNB, FSCAI)

SENIOR CONSULTANT INTERVENTIONAL CARDIOLOGIST



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Consultant	: DR. HOSPITAL CASE	Order Date	: 22/01/2022 10:40AM
Ref. By	: DR. HOSPITAL CASE	Samp.Date	:
Category	: MEDIWHEEL	Report Date	: 22/01/22 01:21PM

SONOGRAPHY USG WHOLE ABDOMEN

- * **LIVER** :Normal in size, **shows diffuse fine increased echogenicity of parenchyma with no evidence of any focal lesion seen.** IHBRs are not dilated.
- ***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**:**Mildly Enlarged in size (12.70 cm)**, 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.
- ***PROSTATE**:Normal in shape, size and echotexture.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 :

- **Mild Splenomegaly.**
- **Fatty Liver (Grade I)**

— Please correlate clinically , followup USG is recommended.


Dr. **SAMIR KATHALE**
MBBS, DNB, MNAMS, MANBD
RADIOLOGIST

Reg No: CGMC-4404/2012

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

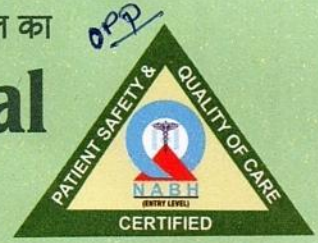


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Ref. By	: DR. HOSPITAL CASE	Samp.Date	:
Category	: MEDIWHEEL	Report Date	: 22/01/22 12:50PM

X-RAY X-RAY CHEST PA. VIEW

- Bilateral lung fields show mild 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.


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MBBS, DNB, MNAMS, MANBD
RADIOLOGIST
Reg No. CGMC-4404/2012

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22-01-2022 11:14:58 AM

ID: 2201221113

mr mahilange amlal

Male 49Years

kg / mmHg

Medication :

HR

P

PR

QRS

QT/QTc

P/QRST

RV5SV1

: 98 bpm

: 96 ms

: 122 ms

: 81 ms

: 337/430 ms

: 60/60/-54 °

: 1.622/1.164 mV

Diagnosis Information:

Sinus Rhythm

Flattened T Wave(I,aVL)

Report Confirmed by:

