

# Rama Krishna Multispeciality Hospital

257-A, TALWANDI, KOTA (RAJ.) 🕿 : 0744-2433111, M.9414227325 www.bestladydoctor.com I E-mail : rxkota@gmail.com

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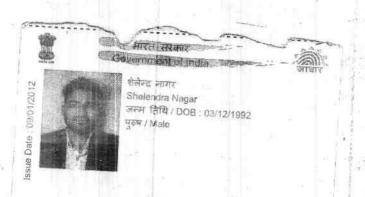
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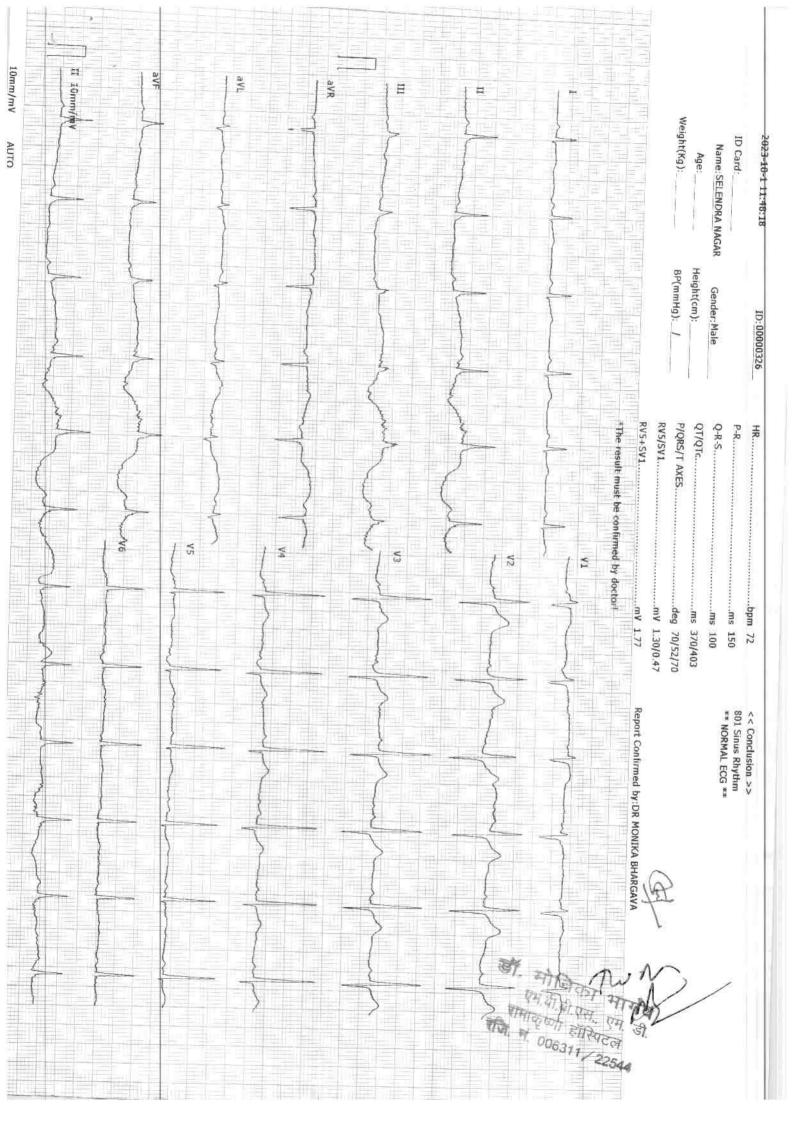
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### RAMAKRISHNA HOSPITAL



(UNIT OF DR. L.K. BHARGAVA & SONS HUF)

257-A, Sheela Chaudhary Road, Talwandi, KOTA-5 (Raj.)

**Patient Report** 

Gender: Male

PID: 12

Sample Mode:

Whole Blood

Sequence ID:

202310010009

Run Date: 01/10/2023

Dr. Name: DR.YASH

28 Years

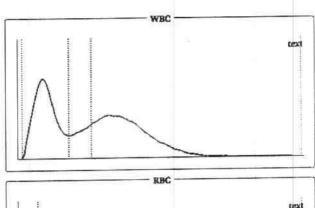
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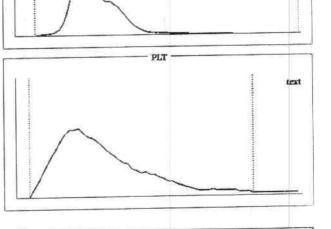
Age:

SHELENDRA NAGAR

Printed ON: 01/10/2023 11:16:20 am

Parameter	Result	Flags	Units	Limits
WBC	6.5		x 10 <sup>3</sup> /uL	4-10
LYMP#	2.5		$\times 10^3 / uL$	1-5
MID#	0.7		$x 10^3 / uL$	0.1-1.5
GRAN#	3.3		$x 10^3 / uL$	2-7
LYMP%	39.1		%	20-40
MID%	11		%	3-15
GRAN%	49.9		%	40-60
RBC	3.64	L	$\times 10^6 / uL$	4.5-5.5
HGB	13.5		g/dL	13-17
HCT	35.6	L	%	40.7-50.3
MCV	97.8		fL	83-103
MCH	37	H	pg	27-32
MCHC	37.9	H	g/dL	31.5-34.5
RDW-CV	14.8		11%	11.6-15.4
RDW-SD	42.4		1/ <b>fL</b>	39-46
PLT	219		$\times 10^3 / uL$	150-410
MPV	7.8		3 3 <b>fL</b>	5.9-12.3
PCT	0.17	L	%	0.22-0.44
PDW	16.8		%	8.3-25
PLCR	24.2		%	16.3-36.3
PLCC	52.9		$\times 10^3 / uL$	





Histogram Flags:

?Monocytosis, ?Hemolytic Anemia

Comments:

Signature of Technician

Conditions of Reporting

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Dr. Preeti Pathak, MD. (Path.) Reg. 24703/15880

Signature of Pathologist

Tel 0744-3562955,

Mob.: For Lab Report - @ 9414227325, 9610209797



#### RAMAKRISHNA HOSPITAL



(UNIT OF DR. L.K. BHARGAVA & SONS HUF)

PATIENT'S NAME: SHELENDRA NAGAR Chaudhary Road, Talwandi, KOTA-5 (Rai)

LAB NO.

: 0019

REF, BY

; 0019

: Dr. YASH BHARGAVA

DATE: 01/10/2023

	BIO-C	HEMIS	TRY		
Test Name	Test Results		N	Normal Range	
Blood Sugar Fasting	70.00 mg/dL		70	0.00-110.00 mg/dL	
Blood Sugar PP 2 Hours	100.00 mg/dl	_	75	5.00-140.00 mg/dL	
Serum Total Protein A/G Ratio Tatal Proteins Albumin Globulin A/G Ratio	7.30 4.00 3.30 1.21:1	g/dL g/dL g/dL		6.0-8.5 3.4-5.0 2.3-3.5 1.0-2.3	
Serum for Gamma Glutamyl Transferase	40.00 U/L		9.	00-52.00 U/L	
Serum Alkaline Phosphatase	158.00 IU/L		0.0	00-270.00 IU/L	
URIC ACID	4.8 mg/dl			2.3 - 6.1 (Female) 3.6 - 8.2 (Male)	
Aspartate-Aminotransferase AST/SGOT)	16.00 IU/L		0.0	00-38.00 IU/L	
Alanine-Aminotransferase ALT/SGPT)	20.00 IU/L		0.0	00-40.00 IU/L	
Creatinine	0.81 mg/dL		0.7	70-1.30 mg/dL	
BUN	26.00 mg/dL		15.00-45.00 mg/dL		
Serum Bilirubin					
rest nterval	TestValue		Unit	Typical Reference	9
Total Bilirubin Direct Bilirubin ndirect Bilirubin	0.50 0.10 0.40		mg/dL mg/dL mg/dL	0.0 - 1.0 0.0 - 0.25 0.2 - 1.0	
				n Pl	

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(UNIT OF DR. L.K. BHARGAVA & SONS HUF)

PATIENT'S NAME: SHELENDRA A Sheela Chaudhary Road, Talwandi, KOTA-5 (Rai.)

AGE/SEX : 28 Years/Male LAB NO.

REF. BY : Dr. YASH BHARGAVA

: 0019

DATE: 01/10/2023

HAEMATOLOGY

**Test Name** Test Results Normal Range

Blood Group Rh Factor

TEST

RESULT

**BLOOD GROUP** 

Rh FACTOR

POSITIVE

#### ORGAN PANEL

#### Lipid Profile

TEST	TEST VALUE	UNIT	NORMAL VALUE	
Serum Cholesterol Triglyceride HDL Cholesterol LDL Cholesterol VLDL Cholesterol Total Cholesterol/HDL Ratio LDL/HDL Cholesterol Ratio	176.0 105.0 43.0 112.0 21.0 4.09 2.60	mg/dL mg/dL mg/dL mg/dL mg/dL	130-200 mg% Up to 150 mg% 30-70 mg% Up to 150 mg% Up to 80 mg % 0.0-4.97 0.0-3.55	

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ACE/SE

LAB NO.

: 0019

REF. BY

: Dr. YASH BHARGAVA

DATE: 01/10/2023

HAEMATOLOGY

Test Name

Test Results

Normal Range

ESR

6 MM in 1st hr.

0-20 MM in 1st hr.

OTHER

Glycosylated Hb (HbA1C)

TEST

VALUE

REFERENCE VALUE

HBA1C

NOTE :-

5.5 %

Excellent Control < 5.5%

Good Control: 5.5 to 7.00%

Fair Control: 7.00 to 8.00%

Poor Control: > 8.0 %

HbA1C is done on the spot with the latest Nycocard Reader 2, a test based on specral reflectance. The assay used here is boronate affinity.Remember,the HbA1C is not the same as the glucose level. It is far superior to the blood glucose

reading & it gives an average reading for the past 8-12 weeks.

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F.mail · mkata@amail



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PATIENT'S NAME: SHELENDRA NACAR

AGE/SEX: 28 Years/Wate

LAB NO.

: 0019

DATE: 01/10/2023

REF. BY

: Dr. YASH BHARGAVA

CHEMILUMINECSENCE BY CENTAUR CP

TEST

OBSERVED VALUE

NORMAL RANGE

Tri lodothyronine (T3)

0.92 ng/ml

0.60-1.81 ng/ml

Total Thyronine

(T4)

7.56 ug/dl

3.20-12.6 ug/dl

Thyroid Stimulating

Hormone (TSH)

2.07 uIU/ml

Adults: 0.5 - 5.50 ulU/ml

1-30 days: 0.52 - 16.00

1mo - 5yrs: 0.46 - 8.10 6 - 18 yrs: 0.36 - 6.00

SUMMARY:

release of

T3 & T4 : Primary malfunction of the thyroid gland may result in excessive (hyper) or below normal (hypo)

T3 &T4. Disease in any portion of the thyroid - pituitary-hypothalamus system may influence the

levels of

T4 levels are sensitive and superior indicator of hypothyroidism.

T3 levels better define hyperthyroidism, is an excellent indicator of the ability of thyroid to respond to both

stimulatory and suppresive tests.

TSH : Circulating TSH levels are important in evaluating thyroid function. TSH is used in the differential diagnosis

of primary (thyroid) from secondary (pituitary) and tertiary (hypothalamus) hypothyroidism. In primary

hypothyroldism, TSH levels are elevated, while in secondary and tertiary hypothyroidism, TSH levels are low.

In primary hyperthyroidism, T3 & T4 levels are elevated and low or undetctable TSH.

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PATIENT'S NAME: SHELENTS 7-A Sheela Chaudhary Road, Talwandi, KOTA-5 (Rai.)

LAB NO.

: 0019

REF. BY

: Dr. YASH BHARGAVA

AGE/SEX: 28 Years/Male

DATE: 01/10/2023

### **CLINICAL PATHOLOGY**

#### Urine-Routine Examination

PHYSICAL & CHEMICAL

REFERENCE VALUE

Colour

Pale Yellow

Apperance

Clear

Clear

Reaction (pH)

6.0

4.5 - 6.5

Sp. Gravity

1.030

1.000 - 1.035

Albumin

Nil

Negative

Glucose

Nil

Negative

MICROSCOPIO

RBC

Absent

1-2 /HPF

WBC

Absent

1-2 /HPF

Epit.Cells

Absent

1-2 /HPF

Crystals

NII

Cast

Nil

Other

Nil

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F-mail · rykota@amail.com



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PATIENT'S NAME: SHELENDATANShedar Chaudhary Road, Talwandi, KOTA 5 Rais Ex : 28 Years/Male

LAB NO.

: 0019

REF. BY

Dr. VASH BHARGAVA

DATE: 01/10/2023

#### **RADIO-DIAGNOSIS**

#### X-RAY CHEST PA VIEW

- Both the lung fields are clear. Bronchovascular markings are within normal limits.
- 2. Both the hilar shadows are of normal size and shape, density.
- 3. Heart shadows appears central, normal in size and shape.
- 4. Trachea is in midline.
- Both the domes of diaphragm are clear and sharp.
- 6. Both the C.P. angles are clear.
- Bony cage and soft tissue shadows are normal.

IMPRESSION: Normal chest radiograph.

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Just WEITE STIP TO MILES C.N.B.

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LAB NO.

: 0019

DATE: 01/10/2023

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### **ULTRA SONOGRAPHY**

#### SONOGRAPHY FOR WHOLE ABDOMEN

LIVER: Appear normal in size, Non-tender with smooth & regular contour.P arenchymal echopattern appears homegeneous. The IHBR & hepatic vein radicals are not dilated. No evidence of focal echopoor / echorich lesion. Portal vein diameter is normal 10 mm. CBD diameter normal 03 mm.

GALL BLADDER: Gall bladder is physiologically distended & normal in size, shape & contour. Walls are smooth & regular with normal thickeness. There is no evidence of cholelithiasis.

The Murphy's sign is negative.

PANCREAS: Normal in size, shape, contour. There is no evidence of focal lesion. Pancreatic duct is not dilated. Pancreatic substance show homogeneous parenchymal echopattern. Paraortic lymph nodes & SMA appear normal.

SPLEEN: Normal in size & echopattern. Vessels seen in splenic hilum are not dilated.

KIDNEYS: Appear normal in size, shape, position, contour, cotical echogenicity & pelvicalyceal system. The corticomedullary demarkation is fair & ratio appears normal. There is no evidence of hydronephrosis, Nephrolithiasis.

Size right kidney 101 mm. X 78 mm. Size left kidney 103 mm. X 79 mm.

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AGE/SEX: 28 Years/Male

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DATE: 01/10/2023

URI.BLADDER:Bladder walls are smooth & normal in thickness. There is No evidence of mass / stone in the lumen. Bladder capacity appears normal & postvoid Residual volume not significant.

PROSTATE: Normal in shape, contour & parenchymal echogenicity. Its capsule is intact and there is no evidence of focal lesion. Size 23 X 26 X 23 mm. Volume 11 gms.

SPECIFIC: No evidence of retroperitoneal mass/free fluid in peritoneal cavity.

IMPRESSION: Ultrasonographic findings are s/o of normal study.



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