

एक एहशाश क्षप्रेवप्रत का **Sparsh Multispecialty Hospital** 

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

CIN: U85110CT2005PTC017751

: 166009 UHID

Patient Name : MR. NEERAJ GUPTA

Visit ID Spec No. : 0000313949

Age / Sex Consultant : 37Y / MALE

Order Date

: 24/06/2023 12:27PM

Ref. By

: DR. HOSPITAL CASE

Samp.Date

• DR. HOSPITAL CASE

Report Date

: 24/06/23 12:59PM

: MEDIWHEEL Category

# **SONOGRAPHY USG WHOLE ABDOMEN**

- \* LIVER : Mildly Enlarged in size (15.22 cm) and 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: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.
- \*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:

- Mildly Enlarged Fatty Liver ( Grade I II)
- Please correlate clinically, followup USG is recommended.

MBBS, DNB Fetal Ultrasound &

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



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Category

: MEDIWHEEL

Report Date

: 24/06/23 01:02PM

# X-RAY X-RAY CHEST PA. VIEW

- Cardiothoracic ratio is within normal limits.
- No significant lung lesion seen.
- Bilateral C.P. angles are clear.
- Bony cage and soft tissue normal.

### **IMPRESSION**

No Remarkable Abnormality Detected .

Please correlate clinically

MBBS, DNB(8) edicine (FGI-BFMC) Fetal Ultrasound 104/2012

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PATIENT NAME

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CONSULTANT DOCTOR

: HOSPITAL CASE

VISITID

: 0000313949

ORDER DATE

: 24/06/2023 12:27:00PM

SAMP. DATE

: 24/06/2023 3:10:00PM

SPEC. NO

: 10445869

RESULT DATE

: 24/06/2023 5:43:00PM

TPA

: MEDIWHEEL

### **DEPARTMENT OF PATHOLOGY**

### **SERUM PSA TOTAL**

**PARAMETER** 

VALUE

RESULT

REFERENCE RANGE

PSA (TOTAL)

0.421 ng/ml

Normal

0 - 4

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 liqueties semen in the terminal coagulum and allows sperms to swim freely.

Increased value:

Elevated serum PSA concentration are found in men with prostate cancer, begin prostatic hyperplasia (BPH) or inflammatory condition of other adjacent genitourinary tissue it is a 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.

- 1) Diagnosis of a disease should not be base on the result of a single test, but should be determined in conjuction with clinical findings in association with medical judgement.
- 2) Patient sample containing human anti mouse antibodies (HAMA)may give falsely elevated of 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.

RMA

**TECHNICIAN** 

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10:20AM 29/06/2023



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PATIENT NAME

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ORDER DATE

: 24/06/2023 12:27:00PM

AGE/SEX

: 37Y/MALE

SAMP. DATE

: 24/06/2023 3:10:00PM

CONSULTANT DOCTOR

: HOSPITAL CASE

SPEC. NO

: 10445875

RESULT DATE : 24/06/2023 4:00:00PM

: MEDIWHEEL

### **DEPARTMENT OF PATHOLOGY**

**URINE SUGAR FASTING** 

**PARAMETER** 

VALUE

RESULT

TPA

REFERENCE RANGE

URINE FOR SUGAR

Nil

Sharma

**TECHNICIAN** 

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VISITID : 0000313949 : 166009 UHID

: 24/06/2023 12:27:00PM ORDER DATE : MR. NEERAJ GUPTA PATIENT NAME SAMP. DATE : 24/06/2023 3:10:00PM : 37Y/MALE AGE/SEX

SPEC. NO : 10445867 : HOSPITAL CASE CONSULTANT DOCTOR

> : 24/06/2023 5:42:00PM RESULT DATE

: MEDIWHEEL TPA

# DEPARTMENT OF PATHOLOGY

**T3,T4 TSH** 

REFERENCE RANGE RESULT VALUE **PARAMETER** Normal 0.69 - 2.151.260 ng/ml T3 (TRIIODOTHYRONINE) Normal 52 - 127 86.02 ng/ml T4 (THYROXINE) Normal 0.3 - 4.5TSH (THYROID STIMULATING 1.651 uIU/ml

REFERENCE RANGE in uIU/mL REFERENCE GROUP

As per American Thyroid Association

Adult Females (> 20 years)

Pregnancy

HORMONE)

0.10 - 2.501st Trimester 2nd Trimester 0.20 - 3.000.30 - 3.003rd Trimester

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.

0.30 - 4.5

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

**TECHNICIAN** 

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PATIENT NAME

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AGE/SEX

: 37Y/MALE

CONSULTANT DOCTOR

: HOSPITAL CASE

VISITID

: 0000313949

ORDER DATE

: 24/06/2023 12:27:00PM

SAMP. DATE

: 24/06/2023 3:10:00PM

SPEC. NO

: 10445877

RESULT DATE : 24/06/2023 5:03:00PM

TPA

: MEDIWHEEL

# **DEPARTMENT OF PATHOLOGY**

# HBA1c (GLYCOSYLATED HAEMOGLOBIN)

**PARAMETER** 

VALUE

RESULT

REFERENCE RANGE

HBA1 C (GLYCOSYLATED

HEAMOGLOBIN)

6.5 %

High

4 - 6

Interpretation

As per American diabetes Association (ADA)

Reference Group

- HbA1c In%

Non diabetic >= 18 years - 4.0 - 6.0

->=6.0 to <=6.5

At risk (Prediabetes) 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

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 appopriate.

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.

**TECHNICIAN** 

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29/06/2023 10:17AM



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: MR. NEERAJ GUPTA

PATIENT NAME : 37Y/MALE AGE/SEX

: HOSPITAL CASE CONSULTANT DOCTOR

: 24/06/2023 12:27:00PM ORDER DATE : 24/06/2023 3:10:00PM

: 000031394

: 10445874 SPEC. NO

SAMP. DATE

: 24/06/2023 4:00:00PM RESULT DATE

: MEDIWHEEL TPA

# **DEPARTMENT OF PATHOLOGY**

COPY		
VALUE	RESULT	REFERENCE RANGE
10 ml		
Pale Yellow		-
Clear		
Acidic		
Nil		
Nil		=
1-2 /hnf		0 - 5
		1 - 2
		-
		-
		*
		-
		-
	VALUE  10 ml Pale Yellow Clear Acidic	10 ml Pale Yellow Clear Acidic  Nil Nil  1-2 /hpf Occasional /hpf 1-2 /hpf Nil /lpf Nil Nil

**TECHNICIAN** 

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29/06/2023 10:17AM



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CIN: U85110CT2005PTC017751

CERTIFIED

UHID : 166009 VISITID : 0000313949

PATIENT NAME : MR. NEERAJ GUPTA ORDER DATE : 24/06/2023 12:27:00PM

AGE/SEX : 37Y/MALE SAMP. DATE : 24/06/2023 3:10:00PM

CONSULTANT DOCTOR : HOSPITAL CASE SPEC. NO : 10445868

RESULT DATE : 24/06/2023 5:02:00PM

TPA : MEDIWHEEL

## **DEPARTMENT OF PATHOLOGY**

### LFT (LIVER FUNCTION TEST)

PARAMETER	VALUE	RESULT	REFERENCE RANGE
BILIRUBIN TOTAL	0.81 mg/dL	Normal	0.1 - 1.2
BILIRUBIN DIRECT	0.21 mg / dl	Normal	0.1 - 0.6
BILIRUBIN INDIRECT	0.60 mg / dl	High	0.1 - 0.4
ALKALINE PHOSPHATASE	69 U/L	Normal	0 - 270
SGOT	26 U/L	Normal	10 - 55
SGPT	38 U/L	Normal	0 - 40
TOTAL PROTEIN	6.98 g/dl	Normal	6 - 8
ALBUMIN	4.02 g/dl	Normal	4 - 5
GLOBULIN	2.96 g/dl	Normal	2 - 3.5
A.G.RATIO	1.35:1		1 - 2.5

Asharma

Dr. ANJANA SHARMA D.N.B PATHOLOGY

**TECHNICIAN** 

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UHID

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PATIENT NAME

: MR. NEERAJ GUPTA

AGE/SEX

: 37Y/MALE

CONSULTANT DOCTOR

I TPTD PROFILE

CHOL: HDL Ratio

LDL: HDL Ratio

: HOSPITAL CASE

VISITID

: 0000313949

ORDER DATE

: 24/06/2023 12:27:00PM

SAMP. DATE

: 24/06/2023 3:10:00PM

SPEC. NO

: 10445870

RESULT DATE

: 24/06/2023 5:01:00PM

: MEDIWHEEL

# **DEPARTMENT OF PATHOLOGY**

LII ID I KOLILL			
PARAMETER	VALUE	RESULT	REFERENCE RANGE
CHOLESTEROL TOTAL	186 mg / dl	Normal	150 - 220
TRIGLYCERIDES - SERUM	147 mg / dl	Normal	60 - 165
HDL	39.80 mg / dl	Normal	35 - 80
LDL	116.8 mg/dL	Normal	90 - 160
VLDL	29.4	Normal	20 - 50
CHOI : HDI Patio	4 67:1		3.5 - 5.5

4.67:1

2.93:1

**TECHNICIAN** 

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10:16AM 29/06/2023



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: 166009 CIN: U85110CT2005PTC017751 VISITID

PATIENT NAME : MR. NEERAJ GUPTA ORDER DATE : 24/06/2023 12:27:00PM

AGE/SEX : 37Y/MALE SAMP. DATE : 24/06/2023 3:10:00PM

CONSULTANT DOCTOR : HOSPITAL CASE SPEC. NO : 10445878

RESULT DATE : 24/06/2023 5:21:00PM

: 0000313949

TPA : MEDIWHEEL

### **DEPARTMENT OF PATHOLOGY**

CBC (COMPLETE BLOOD	COUNT)		
PARAMETER	VALUE	RESULT	REFERENCE RANGE
HAEMOGLOBIN (Hb)	14.2 gm%	Normal	13.5 - 17.5
TOTAL RBC COUNT	4.99 Million/cumm	Normal	4.5 - 5.9
HAEMATOCRIT (PCV)	41.4 %	Low	41.5 - 50.4
RBC INDICES			
MCV	82.9 fl	Normal	78 - 96
MCH	28.5 pg	Normal	27 - 32
MCHC	34.4 %	Normal	33 - 37
RDW	13.3 %	Normal	11 - 16
TOTAL WBC COUNT (TLC)	7800 /cumm	Normal	4000 - 11000
DIFFERENTIAL COUNT			
NEUTROPHILS	51 %	Normal	0 - 75
LYMPHOCYTES	42 %	Normal	22 - 48
EOSINOPHILS	03 %	Normal	0 - 6
MONOCYTES	04 %	Normal	2 - 10
BASOPHILS	00 %	Normal	0 - 2
BANDS	00 %	Normal	0 - 5
BLAST	00 %	Normal	
PLATELET COUNT	326000 /cumm	Normal	150000 - 450000

**TECHNICIAN** 

DE AND ANA SHAQAYA

LEW PATHOLOGO

CONSULTANT

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29/06/2023 10:16AM



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UHID : 166009 VISITID : 0000313949

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AGE/SEX : 37Y/MALE SAMP. DATE : 24/06/2023 3:10:00PM

CONSULTANT DOCTOR : HOSPITAL CASE SPEC. NO : 10445869

RESULT DATE : 24/06/2023 5:02:00PM

TPA : MEDIWHEEL

## **DEPARTMENT OF PATHOLOGY**

PARAMETER	VALUE	RESULT	REFERENCE RANGE	
BUN (BLOOD UREA NITROGEN)				
BUN (BLOOD UREA NITROGEN)	9.34 mg / dl	Normal	8 - 23	
GGT (GAMMA GLUTAMYL TRANSFER	RASE)			
GGT (GAMMA GLUTAMYL TRANSFERASE)	16 U/L	Normal	8 - 52	
URIC ACID				
URIC ACID	8.21 mg/dL	High	3.6 - 7.7	

**TECHNICIAN** 

Dr. SSANA SHARMA D.N. BHATHOLOGY CONSULTANT

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ORDER DATE

: 24/06/2023 12:27:00PM

AGE/SEX

: 37Y/MALE

SAMP. DATE

: 24/06/2023 3:10:00PM

CONSULTANT DOCTOR

: HOSPITAL CASE

SPEC. NO

: 10445878

**RESULT DATE** 

: 24/06/2023 5:04:00PM

TPA

: MEDIWHEEL

### **DEPARTMENT OF PATHOLOGY**

### **BLOOD GROUPING AND RH TYPING**

**PARAMETER** 

RH FACTOR

**VALUE** 

**RESULT** 

REFERENCE RANGE

**BLOOD GROUP** 

"A"

Positive

Asharma

Dr. ANJANA SHARMA DA BRATHOLOGY

**TECHNICIAN** 

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SPEC. NO

: 10445872

RESULT DATE

: 24/06/2023 5:03:00PM

TPA

: MEDIWHEEL

## **DEPARTMENT OF PATHOLOGY**

CREATININE

PARAMETER

VALUE

RESULT

REFERENCE RANGE

SERUM CREATININE

0.96 mg/dL

Normal

0.3 - 1.5

TECHNICIAN

correlated clinically.

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29/06/2023 10:15AM