

R P



Meading you to better treatment

PATIENT ID	: 21854	PATIENT NAME	: PIPAS KUMAR BEHERA 31Y
AGE	:-	SEX	: Male
REF. PHY.	1	STUDY DATE	: 14-Oct-2022

RADIOLOGY REPORT

EXAM:X RAY CHEST

COMPARISON: None

TECHNIQUE: Frontal projections of the chest were obtained

FINDINGS

Both lung fields are clear. Both costophrenic angles appear normal. The tracheal lucency is centrally placed. The mediastinal and diaphragmatic outlines appear normal. The heart shadow is normal. The bony thoracic cage and soft tissues are normal.

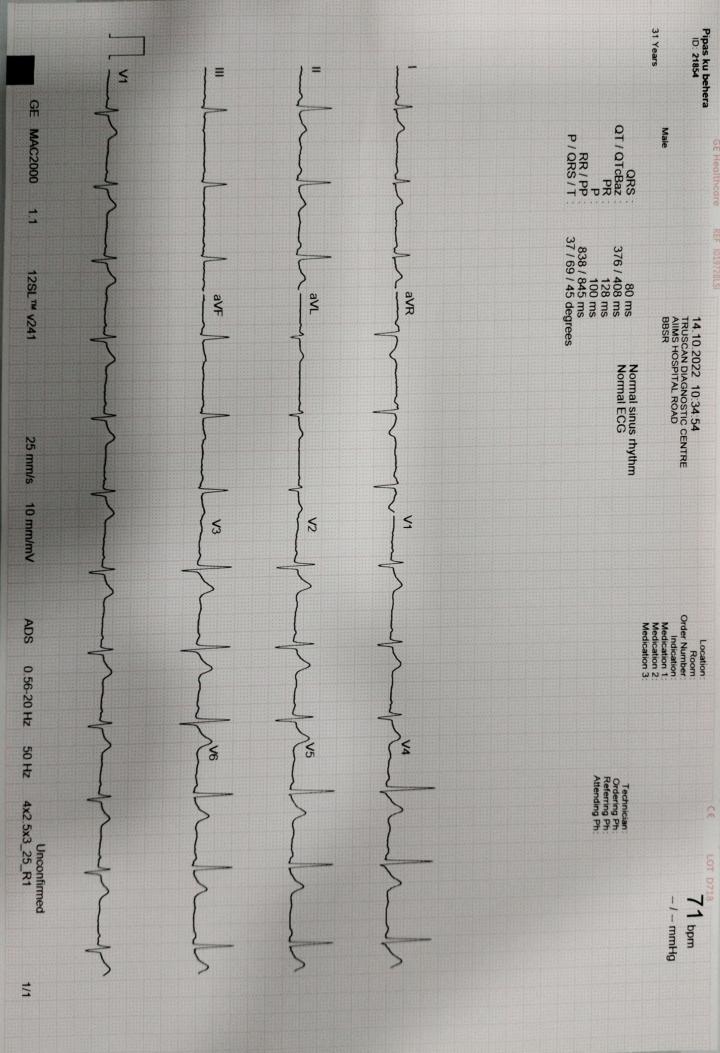
IMPRESSION

1. The study is within normal limits.

Deinel

Dr Arindaam Pol Consultant Radiologist MBBS, MD Radiodiagnosis Regn No: 2014/08/3722

Dr Arindaam Pol 14th Oct 2022





Referral: SELF

Reporting Date: 14.10.2022

Patient Name: Mr. Pipas Ku. Behera

Age/Gender: 31y/Male

Patient ID: 11

USG OF WHOLE ABDOMEN

It is normal in size (14.46 cm) with normal in shape, outline and increased echotexture. Portal vein at porta measures 10.3 mm. IHBR- not dilated. The common bile duct at porta hepatis measures 3.3 mm.

It is normally distended. Its wall thickness is within normal limits. No obvious intraluminal calculus or mass is seen. Visualized lumen appears clear.

It is normal in shape, size, outline and echotexture. MPD is not dilated. No focal lesion seen. No peripancreatic fluid collection.

It is normal in size with normal outline and echotexture. Spleno-portal axis is patent and normal in

dimensions. Splenic span is 9.55 cm.

Left kidney measures 11.49 cm. A simple cortical cyst of size 2.15x1.51 cm is seen in interpolar location of

Both kidneys are normal in shape, size, position and echotexture. The cortico-medullary differentiation is intact. The cortical thickness is within normal limits. There is no hydronephrosis/calculus seen.

It is normal in capacity and contour. The bladder wall is normal. There is no obvious intravesical calculus or

It is normal in size with normal outline and echotexture. The approximate size of the prostate is 16.2 cm³.

Seminal vesicles appear grossly normal.

PERITONEUM:

There is no free or loculated fluid in peritoneal cavity.

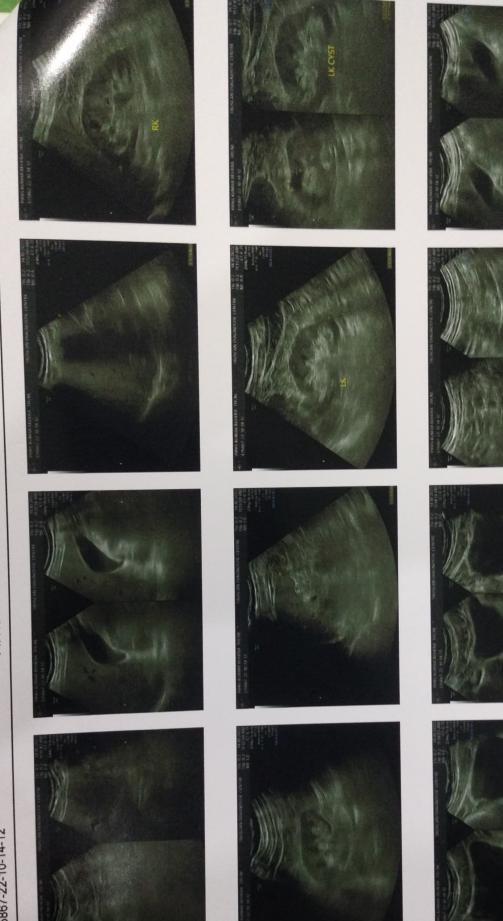
There is no detectable lymphadenopathy. Aorta and IVC appear normal.

IMPRESSION: 1. Grade I fatty liver. 2. Left renal simple cortical cyst. Dr. Sanjeet Kumar Nayak Consul(an) Radiologist Dr. Sanjeet Kumar Nayak MD (Radio-Diagnosis) **Consultant Radiologist**

(Thank you for your kind referral) Clinical correlation and further evaluation suggested

Home Blood Collection & OPD Facilities Available

C Mob: 9437 133 437 | 7077 217 789





Name:	Mr. Pipas Ku. Behera	AGE:	31	Sex:	Male
Refd by:	SELF	Receipt no.		Date:	14.10.2022
2D ECHO	L CARDIOGRAPHY WITH M		COLOR	DOPPLER	STUDY

M-MODE DATA:

PARAMETER	TEST VALUE
Aortic Root Diameter	2.7cm
Left Atrial Diameter	3.0cm
IV Septal Thickness (Diastole)	1.1cm
LV Internal Diameter(Diastole)	4.9cm
Post Wall Thickness(Diastole)	0.9cm
LV Internal Diameter (Systole)	3.2cm
LV Ejection Fraction	63%

:

:

:

DOPPLER DATA:

STRUCTURE	FLOW VELOCITY (m/sec)	PRESSURE GRADIENT (mmHg)	REGURGITATION (Grade)
MITRAL	E-0.4 /A-0.7		Nil
TRICUSPID	1.1 m/s	5.6 mmHg	Nil
AORTIC	1.3 m/s	6.8 mmHg	Nil
PULMONARY	1.3 m/s	7.3 mmHg	Nil

LEFT VENTRICLE :

Cavity size & wall thickness : LV wall motion study Systolic function Diastolic compliance

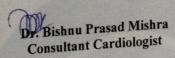
Within normal limits. No Regional wall motion abnormality at rest. Good Grade I DD.



Deading you to better treatment

LEFT ATRIUM : Normal Size, No clots or mass noted. **RIGHT VENTRICLE AND RIGHT ATRIUM :** Normal Size, Good RV systolic function. MITRAL VALVE: Normal leaflets, good excursion, Normal Subvalvular apparatus. AORTIC VALVE : Three cusps - no thickening, good systolic excursion. TRICUSPID VALVE : Normal leaflets, normal sized annulus. PULMONIC VALVE: Normal cusps, good systolic excursion. VENTRICULAR SEPTUM: Intact. INTER ATRIAL SEPTUM: Intact. PERICARDIUM: No thickening, no effusion. **OTHERS**: No Intra-cardiac mass.

IMPRESSION: No RWMA. Normal LV systolic function. Grade I DD. No AS/AR, No MR/MS No TR/No PAH. No PE/Clot/VEG.

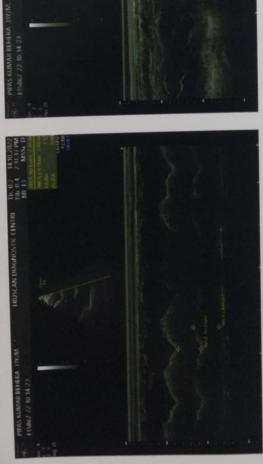


Clinical correlation and further evaluation suggested

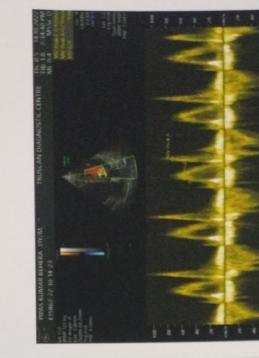
Home Blood Collection & OPD Facilities Available

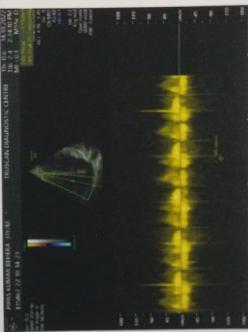
Mob: 9437 133 437 | 7077 217 789

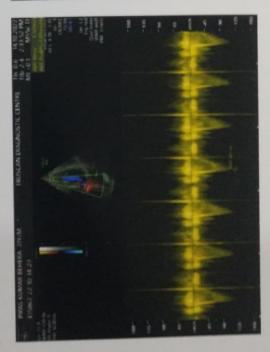
FAS KUMAR BEHERA











Wleading you to better treatment

Patient Name : MR. PIPAS KUMAR BEHERA

Age / Gender : 31 years / Male

Patient ID: 21854

Referral : SELF

Collection Time : Oct 14, 2022, 10:07 a.m.

Reporting Time : Oct 14, 2022, 03:02 p.m.

Sample ID :

			222146202	
Test Description	Value(s)	Unit(s)	Reference Range	
COMPLETE BLOOD COUNT(CBC)				
BLOOD COUNTS				
Hemoglobin (Hb)	16.3	g/dL	12.5 - 17	
RED BLOOD CELL COUNT	5.7	mil/μL	4.5 - 5.5	
WHITE BLOOD CELL COUNT	9.2	thou/μL	4.0 - 10.0	
PLATELET COUNT	239	thou/μL	150 - 450	
RBC AND PLATELET INDICES				
HEMATOCRIT	50.2	%	37 - 50	
MEAN CORPUSCULAR VOLUME (MCV)	87	fL	76 - 96	
MEAN CORPUSCULAR HEMOGLOBIN (MCH)	28	pg	27 - 32	
MCHC	33	g/dL	30 - 35	
MEAN PLATELET VOLUM (MPV)	13.7	fL	6.0 - 9.5	
RDW-SD	45.5	fL	37 - 54	
RDW-CV	14.2	%	11.5 - 14.0	
PCT	0.21	%	0.17 - 0.40	
WBC DIFFERENTIAL COUNT				
Neutrophils	63	%	40 - 75	
Absolute Neutrophil Count	5.87	thou/μL	2.0 - 7.0	
Lymphocytes	30	%	20 - 45	
Absolute Lymphocyte Count	2.76	thou/μL	1.5 - 4.0	
Eosinophils	04	%	1 - 6	
Absolute Eosinophil Count	0.34	thou/μL	0.04 - 0.40	
Monocytes	03	%	02 - 10	
Absolute Monocyte Count	0.26	thou/μL	0.20 - 0.80	
Basophils	0	%	00 - 01	
Absolute Basophils Count	0.0	thou/μL	0.01 - 0.10	
IG%	0.2	%	0.00 - 0.5	

END OF REPORT

Sandey

Dr. Swetalina Pandey Consultant Pathologist

Add: Plot No - 364/2115, AllMS Road, Near Aryan Hotel, Sijua Chhak, Patrapada, Khandagiri, Bhubaneswar - 751 019 Home Blood Collection & OPD Facilities Available

S Mob: 9437 133 437 | 7077 217 Page 1 of 14

TruScan DIAGNOSTIC CENTRE DIAGNOSTIC CENTRE DIAGNOSTIC CENTRE	can, Ultrasound 3D/4D, Dig	jital X-Ray, Echo, I	PFT, ECG, EEG, Endoscopy, Colonoscopy, All types of Pathological Test
Patient Name : MR. PIPAS KUMAR BEHERA			Referral : SELF
Age / Gender : 31 years / Male			Collection Time : Oct 14, 2022, 10:07 a.m.
Patient ID : 21854			Reporting Time : Oct 14, 2022, 03:02 p.m.
			Sample ID : 222146202
Test Description	Value(s)	Unit(s)	Reference Range
<u>ESR (1 hr)</u>			
ESR (Erythrocyte Sedimentation Rate)	10	mm/hr	< 15
(EDTA Whole Blood) [Capillary Photometry]			
Interpretation:			

High ESR is not diagnostics of any disease but just indicative of some inflammatory process. ESR is to be used to monitor outcome of therapy. Microcytic anemia can increase ESR. High ESR can also be seen in apparently healthy adults.

END OF REPORT

Sandey

Dr. Swetalina Pandey Consultant Pathologist

TruScan

CT Scan, Ultrasound 3D/4D, Digital X-Ray, Echo, PFT, ECG, EEG, Endoscopy, Colonoscopy, All types of Pathological Tests

Sample ID :

Wleading you to better treatment

Patient Name : MR. PIPAS KUMAR BEHERA

Age / Gender : 31 years / Male

Patient ID: 21854

Referral : SELF

Collection Time : Oct 14, 2022, 10:07 a.m.

Reporting Time : Oct 14, 2022, 03:02 p.m.



Test Description	Value(s)	Unit(s)	Reference Range
LIPID PROFILE.			
Cholesterol-Total [CHOD-POD]	232.0	mg/dL	Desirable level < 200
		C C	Borderline High 200-239
			High >or = 240
Triglycerides [: GOD-POD METHOD]	321.0	mg/dL	Normal: < 150
			Borderline High: 150-199
			High: 200-499
			Very High: >= 500
HDL Cholesterol [Serum, Direct measure-PEG]	41.6	mg/dL	Normal: > 40
			Major Risk for Heart: < 40
LDL Cholesterol [Enzymatic selective protection]	126.20	mg/dL	Optimal < 100
			Near / Above Optimal 100-129
			Borderline High 130-159
			High 160-189
			Very High >or = 190
Non HDL Cholesterol	190.4	mg/dL	Optimal : <130
			Desirable : 130 - 150
			Border Line High : 159 - 189
			High : 189 - 220
			Very High : >=220
CHOL/HDL Ratio [CALCULATED PARAMETER]	5.58		3.5 - 5.0
LDL/HDL Ratio [CALCULATED PARAMETER]	3.03		2.5 - 3.5
VERY LOW DENSITY LIPOPROTEIN [Serum, Enzymatic	c] 64.20	mg/dL	< 30

END OF REPORT

Sandey

Dr. Swetalina Pandey Consultant Pathologist

S Mob: 9437 133 437 | 7077 217 age 3 of 14



Wleading you to better treatment

Patient Name : MR. PIPAS KUMAR BEHERA

Age / Gender : 31 years / Male

Patient ID: 21854

Referral : SELF

Collection Time : Oct 14, 2022, 10:07 a.m.

Reporting Time : Oct 14, 2022, 03:02 p.m.

Sample ID :

		222146202	
Value(s)	Unit(s)	Reference Range	
0.57	mg/dL	0.3 - 1.2	
0.16	mg/dL	< 0.2	
0.41	mg/dL	0.1 - 1.0	
28.5	U/L	< 50	
38.7	U/L	< 50	
128	U/L	30 - 120	
7.6	g/dL	6.6 - 8.3	
4.8	g/dL	3.2 - 4.6	
2.80	g/dL	1.8 - 3.6	
1.71		1.2 - 2.2	
61	U/L	<55	
	0.57 0.16 0.41 28.5 38.7 128 7.6 4.8 2.80 1.71	0.57 mg/dL 0.16 mg/dL 0.41 mg/dL 28.5 U/L 38.7 U/L 128 U/L 7.6 g/dL 4.8 g/dL 2.80 g/dL 1.71	Value(s)Unit(s)Reference Range 0.57 mg/dL $0.3 - 1.2$ 0.16 mg/dL < 0.2 0.41 mg/dL $0.1 - 1.0$ 28.5 U/L < 50 38.7 U/L < 50 128 U/L $30 - 120$ 7.6 g/dL $6.6 - 8.3$ 4.8 g/dL $3.2 - 4.6$ 2.80 g/dL $1.8 - 3.6$ 1.71 $1.2 - 2.2$

END OF REPORT

Sandey

Dr. Swetalina Pandey Consultant Pathologist

S Mob: 9437 133 437 | 7077 217 Page 4 of 14

TruSean DIAGNOSTIC CENTRE

CT Scan, Ultrasound 3D/4D, Digital X-Ray, Echo, PFT, ECG, EEG, Endoscopy, Colonoscopy, All types of Pathological Tests

>>>> leading you to better treatment

Patient Name : MR. PIPAS KUMAR BEHERA

Age / Gender : 31 years / Male

Patient ID: 21854

Referral : SELF

Collection Time : Oct 14, 2022, 10:07 a.m.

Reporting Time : Oct 14, 2022, 03:02 p.m.

Sample ID :

			1 1 1 1 1 1 1 1 1 1 1 1 1 1
Test Description	Value(s)	Unit(s)	Reference Range
RENAL FUNCTION TEST (RFT)			
Urea [Uricase]	18.2	mg/dL	17 - 43
Blood Urea Nitrogen-BUN [Serum, Urease]	8.50	mg/dL	7 - 18
Creatinine [Serum, Jaffe]	0.87	mg/dL	0.67 - 1.17
Uric Acid [Serum, Uricase]	5.5	mg/dL	3.5 - 7.2
Sodium	142.6	mmol/L	136 - 149
			Premature, cord: 116-140
			Premature 48 hrs: 128-148
			Newborn cord: 126-166
			Newborn: 133-146
Potassium	4.2	mmol/L	3.8 - 5.0
			Premature cord: 5-10.2
			Premature, 48 hrs: 3-6
			Newborn cord: 5.6-12
			Newborn: 3.7-5.9
Chlorides	105.2	mmol/L	101.00 - 109.00

Remark:

In blood, Urea is usually reported as BUN and expressed in mg/dl. BUN mass units can be converted to urea mass units by multiplying by 2.14.

END OF REPORT

Sandey

Dr. Swetalina Pandey **Consultant Pathologist**

TruScan

CT Scan, Ultrasound 3D/4D, Digital X-Ray, Echo, PFT, ECG, EEG, Endoscopy, Colonoscopy, All types of Pathological Tests

>>>> leading you to better treatment

Patient Name : MR. PIPAS KUMAR BEHERA

Age / Gender : 31 years / Male

Patient ID: 21854

Referral : SELF

Collection Time : Oct 14, 2022, 10:07 a.m.

Reporting Time : Oct 14, 2022, 03:02 p.m.

Sample ID :



Test Description	Value(s)	Unit(s)	Reference Range	
Routine Examination Of Urine				
General Examination				
Colour	PALE YELLOW	,	Pale Yellow	
Transparency (Appearance)	CLEAR		Clear	
Deposit	Absent		Absent	
Reaction (pH)	Acidic 6.0		4.5 - 7.0	
Specific gravity	1.010		1.005 - 1.030	
Chemical Examination				
Urine Protein (Albumin)	NIL		Absent	
Urine Glucose (Sugar)	NIL		Absent	
Microscopic Examination				
Red blood cells	NIL	/hpf	1 - 2	
Pus cells (WBCs)	1 - 2 /HPF	/hpf	1 - 2	
Epithelial cells	2 - 4 /HPF	/hpf	0-4	
Crystals	Absent		Absent	
Cast	Absent		Absent	
Bacteria	Absent		Absent	
Yeast cells	Absent		Absent	
Others	Nil			

END OF REPORT

Sandey

Dr. Swetalina Pandey Consultant Pathologist

leading you to better treatment

Patient Name : MR. PIPAS KUMAR BEHERA

Age / Gender : 31 years / Male

Patient ID: 21854

Referral : SELF

Sample ID :

Collection Time : Oct 14, 2022, 10:07 a.m.

Reporting Time : Oct 14, 2022, 03:02 p.m.

222146202

				222146202
Test Description		Value(s) Unit(s)	Reference Range
THYROID PANEL	SFRUM			
T3 [ELECTROCHEMILL		98.36	ng/dl	80 - 200
T4 [ELECTROCHEMILU	-	7.07	ug/dL	5.1 - 14.1
		ILUMINESCENCE] 1.57	ulU/ml	0.27 - 4.20
Specimen Type : S				0.2720
Interpretation :				
Reference:				
	Clinical Chemistry a	nd Molecular Diagnostic	s edited by Carl A Bu	rtis, Edward R.Ashwood, David E Bruns, 4th Edition,
Elsevier publication,	-	na molocular Blaghoolic		
1314-1315.	2000, 000,			
	etation of Diagnostic	tests, 9th Edition, Ed M	arv A Williamson and I	L Michael Snyder. Pub Lippincott Williams and Wilkir
2011, 234-235.				
	SERUMTriiodothvroi	nine T3 . is a thyroid hor	rmone. It affects almost	t every physiological process in the body, including
growth, developmen	-	-		······································
	-	•	s activated by thyroid-s	stimulating hormone (TSH), which is released from th
pituitary gland. Eleva	•	, ()		
concentrations of T3	, and T4 in the bloo	d inhibit the production	of TSH.	
				and tissues in the body. Excessive secretion of
thyroxine in the body	y is hyperthyroidism	1		
and deficient secreti	on is called hypothy	roidism. Most of the thy	roid hormone in blood i	is bound to transport proteins. Only a very small
fraction of the circula	ating hormone is			
free and biologically	active.			
In primary hypothyro	oidism, TSH levels a	re significantly elevated	, while in secondary an	nd tertiary hypothyroidism, TSH levels are low.
Below mentioned ar	e the guidelines for	Pregnancy related refer	ence ranges for Total T	T4, TSH & Total T3
Levels in	TOTAL T4	TSH3G	TOTAL T3	
Pregnancy	(µg/dL)	(µIU/mL)	(ng/dL)	
First Trimester	6.6 - 12.4	0.1 - 2.5	81 - 190	
2nd Trimester	6.6 - 15.5	0.2 - 3.0	100 - 260	
3rd Trimester	6.6 - 15.5	0.3 - 3.0	100 - 260	
Below mentioned ar	e the guidelines for a	age related reference ra	inges for T3 and T4.	
Т3		T4		
(ng/dL)		(µg/dL)		
New Born: 75 - 260		1-3 day: 8.2 - 19.9		
		. 1 Week: 6.0 - 15.9		
		y normal euthyroid subj	ects are known to be hi	ighly skewed, with a strong tailed distribution toward
higher TSH values.				
•		ncluding the infant age		
Kindly note: Method	specific reference r	anges are appearing on	the report under biolog	gical reference range
		**⊏1		

END OF REPORT

Test Description	Value(s)	Unit(s)	R	eference Range	
			Sample ID :	222146202	
Patient ID: 21854			Reporting Tin	ne : Oct 14, 2022, 03:02 p	.m.
Age / Gender : 31 years / Male			Collection Tin	me : Oct 14, 2022, 10:07 a	m.
Patient Name : MR. PIPAS KUMAR BEHERA			Referral : SEL	_F	
))) leading you to better treatment					
DIAGNOSTIC CENTRE CI Scan	, Ultrasound 3D/4D, Dig	gital X-Ray, Echo, I	PFT, ECG, EEG, Endo	oscopy, Colonoscopy, All types o	f Pathological Tests
TruSean					

Sandey

Dr. Swetalina Pandey Consultant Pathologist

IruSean			
DIAGNOSTIC CENTRE CT Scan	, Ultrasound 3D/4D, Dig	gital X-Ray, Echo, Pl	FT, ECG, EEG, Endoscopy, Colonoscopy, All types of Pathological Tests
>>>> leading you to better treatment			
Patient Name : MR. PIPAS KUMAR BEHERA			Referral : SELF
			Collection Time : Oct 14, 2022, 10:07 a.m.
			Reporting Time : Oct 14, 2022, 03:02 p.m.
			Sample ID : 222146202
Test Description	Value(s)	Unit(s)	Reference Range
BLOOD GROUPING & RH TYPING			
Blood Group (ABO typing) [Manual-Hemagglutination]	"O"		

END OF REPORT

Positive

Sandey

Dr. Swetalina Pandey Consultant Pathologist

RhD Factor (Rh Typing) [Manual hemagglutination]

D	AGN	OSTI	CCE	NTRE)-
>>>	leading	you to	better	treatmen	t

TruSean

Patient Name : MR. PIPAS KUMAR BEHERA		Refer	Referral : SELF		
Age / Gender : 31 years / Male Patient ID : 21854		Colle	Collection Time : Oct 14, 2022, 10:07 a.m. Reporting Time : Oct 14, 2022, 03:02 p.m.		
		Repo			
		Samp	Die ID :		
Test Description	Value(s)	Unit(s)	Reference Range		
HbA1C					
HbA1c (GLYCOSYLATED HEMOGLOBIN), BLOOD [6.3	%	Non-diabetic: < 5.7		
(HPLC, NGSP certified)]			Pre-diabetics: 5.7 - 6.4		
			Diabetics: $> $ or $= 6.5$		
			ADA Target: 7.0		
			Action suggested: > 8.0		
MEAN PLASMA GLUCOSE [HB VARIANT (HPLC)]	134.0		< 116.0		

Note:

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

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

Comments

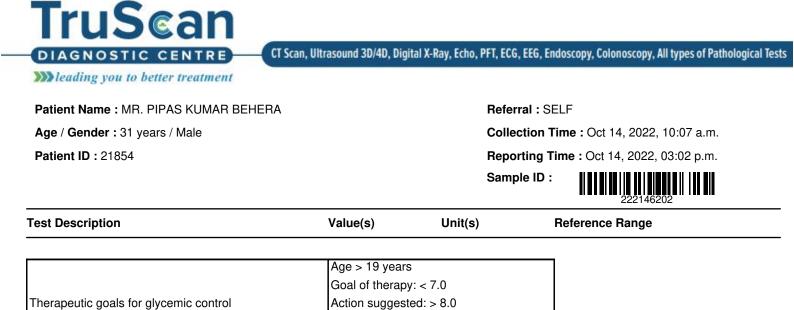
HbA1c provides an index of average blood glucose levels over the past 8 - 12 weeks and is a much better indicator of long term glycemic control as compared to blood and urinary glucose determinations.

ADA criteria for correlation between HbA1c & Mean plasma glucose levels.

HbA1c(%)	Mean Plasma Glucose (mg/dL)
6	126
7	154
8	183
9	212
10	240
11	269
12	298

Interpretation

As per American Diabetes Association (ADA)		
Reference Group	HbA1c in %	
Non diabetic adults >=18 years	<5.7	
At risk (Prediabetes)	5.7 - 6.4	
Diagnosing Diabetes	>= 6.5	



END OF REPORT

Age < 19 years Goal of therapy: <7.5

Sandey

Dr. Swetalina Pandey Consultant Pathologist

TruScan

CT Scan, Ultrasound 3D/4D, Digital X-Ray, Echo, PFT, ECG, EEG, Endoscopy, Colonoscopy, All types of Pathological Tests

Wleading you to better treatment

Patient Name : MR. PIPAS KUMAR BEHERA

Age / Gender : 31 years / Male

Patient ID: 21854

Referral : SELF

Sample ID :

Collection Time : Oct 14, 2022, 10:07 a.m.

Reporting Time : Oct 14, 2022, 03:02 p.m.



Test Description	Value(s)	Unit(s)	Reference Range
STOOL COMPLETE ANALYSIS			
Color	Brownish		Brown
Consistency	Semisolid		Solid - Semi solid
Reaction (pH) [Methyl Red & Bromothymol Blue]	Alkaline		Acidic - Alkaline
Mucous	Absent		Absent
Blood	Absent		Absent
Pus cells	1-2/hpf	/hpf	Few
RBC	Absent	/hpf	Absent
Ova	Not found	/hpf	Absent
Cyst	Not found	/hpf	Absent
Starch granules	Absent	/hpf	None to small amount
Vegetable cells	Present (++)	/hpf	
Fat globules	Absent	/hpf	Absent
bacteria	Moderate	/hpf	Absent
Others [Microscopy (Concentration technique)]	Nil		

END OF REPORT

Sandey

Dr. Swetalina Pandey Consultant Pathologist

>>>> leading you to better treatment

CT Scan, Ultrasound 3D/4D, Digital X-Ray, Echo, PFT, ECG, EEG, Endoscopy, Colonoscopy, All types of Pathological Tests

Patient Name : MR. PIPAS KUMAR BEHERA Referral : SELF Age / Gender : 31 years / Male Collection Time : Oct 14, 2022, 10:07 a.m. Patient ID: 21854 Reporting Time : Oct 14, 2022, 03:02 p.m. Sample ID : Unit(s) **Test Description** Value(s) **Reference Range BLOOD GLUCOSE (FASTING)** Glucose fasting [Fluoride Plasma-F, Hexokinase] 115.0 mg/dL Normal: 70-110 Impaired Tolerance: 110 - 125 Diabetes mellitus: >= 126 (on more than one occassion) (American diabetes association guidelines 2018) Absent Urine Fasting

END OF REPORT

Sandey

Dr. Swetalina Pandey Consultant Pathologist

TruSean CT Scan, Ultrasound 3D/4D, Digital X-Ray, Echo, PFT, ECG, EEG, Endoscopy, Colonoscopy, All types of Pathological Tests DIAGNOSTIC CENTRE >>>> leading you to better treatment Patient Name : MR. PIPAS KUMAR BEHERA Referral : SELF Age / Gender : 31 years / Male Collection Time : Oct 14, 2022, 10:07 a.m. Patient ID: 21854 Reporting Time : Oct 14, 2022, 03:02 p.m. Sample ID : Unit(s) **Test Description** Value(s) **Reference Range BLOOD GLUCOSE (PP)** 70 - 140 Blood Glucose-Post Prandial [Hexokinase] 178.0 mg/dL Urine Post Prandial Absent

END OF REPORT

Sandey

Dr. Swetalina Pandey Consultant Pathologist