

एक एहरेगरा अपनेपन का **Sparsh Multispecialty Hospital**

(A Unit of Sparsh Multispecialty Hospital Private Limited) (Formerly known as Paedia Health Private Limited) CIN: U85110CT2005PTC017751



UHID : 160168

: MR. TAPAS KUMAR MUKHERJEE

VISITID : 0000300425

PATIENT NAME

CONSULTANT DOCTOR

ORDER DATE : 28/01/2023 09:40:00AM

AGE/SEX

: 31Y/MALE

: HOSPITAL CASE

SAMP. DATE : 28/01/2023 10:40:00AM

: 10417119

RESULT DATE

SPEC. NO

: 28/01/2023 01:30:00PM

TPA

: MEDIWHEEL

DEPARTMENT OF PATHOLOGY

PARAMETER	VALUE	RESULT	REFERENCE RANGE
BLOOD GROUPING AND RH	TYPING		
BLOOD GROUP	"A"		
RH FACTOR	Positive		
URIC ACID			
URIC ACID	6.93 mg/dL	Normal	3.6 - 7.7

TECHNICIAN



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CONSULTANT DOCTOR

: HOSPITAL CASE

SPEC. NO

: 10417112

RESULT DATE : 28/01/2023 01:44:00PM

TPA

: MEDIWHEEL

DEPARTMENT OF PATHOLOGY

CREATININE

PARAMETER

VALUE

RESULT

REFERENCE RANGE

SERUM CREATININE

0.85 mg/dL

Normal

0.3 - 1.5

Wharma

Dr. ANJANA SHARMA D.N.B PATHOLOGY

CONSULTANT

TECHNICIAN



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CERTIFIED

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AGE/SEX : 31Y/MALE SAMP. DATE : 28/01/2023 10:40:00AM

CONSULTANT DOCTOR : HOSPITAL CASE SPEC. NO : 10417109

RESULT DATE : 28/01/2023 01:24:00PM

Sharma

TPA : MEDIWHEEL

DEPARTMENT OF PATHOLOGY

SERUM PSA TOTAL

PARAMETER VALUE RESULT REFERENCE RANGE

PSA (TOTAL) 0.807 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 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

correlated clinically.

- 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:

- 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.
- 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 PSÅ ratio. Manipulations at the prostate may also lead to variations in the f/t PSA ratio.

Dr. ANIANA SHARMA
D.N. BPATHOLOGY
TECHNICIAN
CONSIGNATION



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CONSULTANT DOCTOR

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SPEC. NO

: 10417114

RESULT DATE

: 28/01/2023 03:42:00PM

TPA

: MEDIWHEEL

DEPARTMENT OF PATHOLOGY

PARAMETER	VALUE	RESULT	REFERENCE RANGE
BLOOD SUGAR - FASTING AND PP			
BLOOD SUGAR FASTING	118 mg/dL	Normal	80 - 120
BLOOD SUGAR PP	150 mg/dL	High	120 - 140
URINE SUGAR FASTING			
URINE FOR SUGAR	Nil		
URINE SUGAR PP			
URINE FOR SUGAR	Nil		-

Wharma

Dr. ANJANA SHARMA D.N.B PATHOLOGY

TECHNICIAN

CONSULTANT



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SPEC. NO

RESULT DATE

: 10417107

: 28/01/2023 01:23:00PM

TPA

: MEDIWHEEL

DEPARTMENT OF PATHOLOGY

T3,T4 TSH

PARAMETER

VALUE

RESULT

REFERENCE RANGE

T3 (TRIIODOTHYRONINE)

2.015 ng/ml

Normal

0.69 - 2.15

T4 (THYROXINE)

REFERENCE GROUP

87.64 ng/ml 0.775 uIU/ml

Normal Normal

52 - 127 0.3 - 4.5

TSH (THYROID STIMULATING HORMONE)

REFERENCE RANGE in uIU/mL

As per American Thyroid Association

Adult Females (> 20 years)

Pregnancy

0.30 - 4.5

1st Trimester

0.10 - 2.500.20 - 3.00

2nd Trimester 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

navima SHARMA D.N.B-PATHOLOGY

TECHNICIAN



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ND TABLE (41144)

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: 0000300425

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ORDER DATE SAMP. DATE : 28/01/2023 09:40:00AM

AGE/SEX

: 31Y/MALE

DAIN. DAI

: 28/01/2023 10:40:00AM

CONSULTANT DOCTOR :

: HOSPITAL CASE

SPEC. NO

: 10417120

RESULT DATE

: 28/01/2023 01:44:00PM

TPA

: MEDIWHEEL

DEPARTMENT OF PATHOLOGY

HBA1c (GLYCOSYLATED HAEMOGLOBIN)

PARAMETER

VALUE

RESULT

REFERENCE RANGE

HBA1 C (GLYCOSYLATED HEAMOGLOBIN)

5.9 %

Normal

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

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 appopriate.

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.

TECHNICIAN

Dr. ANJANA SHARMA
D.N.B.PATHOLOGY
CONSILL SANT



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UHID : 160168 VISITID

PATIENT NAME : MR. TAPAS KUMAR MUKHERJEE

AGE/SEX : 31Y/MALE SAMP. DA

CONSULTANT DOCTOR : HOSPITAL CASE

URINE ROUTINE AND MICROSCOPY

ISITID : 0000300425

ORDER DATE : 28/01/2023 09:40:00AM

SAMP. DATE : 28/01/2023 10:40:00AM

SPEC. NO : 10417115

RESULT DATE : 28/01/2023 12:36:00PM

TPA : MEDIWHEEL

DEPARTMENT OF PATHOLOGY

OKTHE ROUTINE AND MICK	000011		
PARAMETER	VALUE	RESULT	REFERENCE RANGE
PHYSICAL EXAMINATION			
QUANTITY	10 ml		
COLOUR	Pale Yellow		
APPEARANCE	Clear		
REACTION	Acidic		
CHEMICAL EXAMINATION			
ALBUMIN	Nil		
SUGAR	Nil		_
MICROSCOPIC EXAMINATION			
EPITHELIAL CELLS	1-2 /hpf		0 - 5
PUS CELLS	Occasional /hpf		1 - 2
RBC	Nil /hpf		
CAST	Nil /lpf		
CRYSTAL	Nil		
AMORPHOUS MATERIAL DEPOSIT	Nil		
OTHERS	Nil		

TECHNICIAN

Dr. ANJANA SHARMA



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CONSULTANT DOCTOR : HOSPITAL CASE SPEC. NO : 10417108

RESULT DATE : 28/01/2023 01:44:00PM

: MEDIWHEEL

SAMP. DATE

DEPARTMENT OF PATHOLOGY

LFT (LIVER FUNCTION TEST)

PARAMETER	VALUE	RESULT	REFERENCE RANGE
BILIRUBIN TOTAL	0.46 mg/dL	Normal	0.1 - 1.2
BILIRUBIN DIRECT	0.14 mg / dl	Normal	0.1 - 0.6
BILIRUBIN INDIRECT	0.32 mg / dl	Normal	0.1 - 0.4
ALKALINE PHOSPHATASE	149 U/L	Normal	0 - 270
SGOT	14 U/L	Normal	10 - 55
SGPT	22 U/L	Normal	0 - 40
TOTAL PROTEIN	7.37 g / dl	Normal	6 - 8
ALBUMIN	3.93 g/dl	Low	4 - 5
GLOBULIN	3.44 g / dl	Normal	2 - 3.5
A.G.RATIO	1.14:1		1 - 2.5

Sharma

Dr. ANJANA SHARMA D.N.B-PATHOLOGY

TECHNICIAN



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: 31Y/MALE

SAMP. DATE : 28/01/2023 10:40:00AM

CONSULTANT DOCTOR : HOSPITAL CASE

SPEC. NO : 10417122

RESULT DATE : 28/01/2023 03:32:00PM

TPA

: MEDIWHEEL

DEPARTMENT OF PATHOLOGY

ESR (ERYTHROCYTE SEDIMENTATION RATE)

PARAMETER	VALUE	RESULT	REFERENCE RANGE
SR	125 mm at end of 1 hr	High	0 - 15

Dr. ANJANA SHARMA

TECHNICIAN

50

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

03/02/2023 5:13PM



UHID

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CIN: U85110CT2005PTC017751

Visit ID : 0000300425

Patient Name : MR. TAPAS KUMAR MUKHERJEE Spec No. :

Age / Sex : 31Y / MALE

Consultant : DR. HOSPITAL CASE Order Date : 28/01/2023 9:40AM

Ref. By : DR. HOSPITAL CASE Samp.Date :

Category : MEDIWHEEL Report Date : 28/01/23 12:52PM

SONOGRAPHY USG WHOLE ABDOMEN

- * LIVER : Normal in size, shape & echo texture with smooth margins. IHBRs are not dilated. No focal lesions seen.
- *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.

: 160168

There is no evidence of any retroperitoneal lymphadenopathy/mass.

FINAL IMPRESSION:

- No remarkable Abnormality detected in the current scan.
- Please correlate clinically

Dr. SAMIR KATHALE

MBBS, DNB(RADIO), MNAMS, MANBD

Fetal Ultrasound & Fetal Medicine (FGI-BFMC)

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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Visit ID : 0000300425

UHID : 160168 Visit ID

Patient Name : MR. TAPAS KUMAR MUKHERJEE Spec No. :

Age / Sex : 31Y / MALE

Consultant : DR. HOSPITAL CASE Order Date : 28/01/2023 9:40AM

Ref. By : DR. HOSPITAL CASE Samp.Date :

Category : MEDIWHEEL Report Date : 28/01/23 03:36PM

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

Dr. SAMIR KATHALE
MBBS, DNB (RADIO), MAMS, MANBD
Fetal Ultrasound & Fetal Medicine (FGi-BFMC)
Reg No. CGMC-4404/2012

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: 28/01/2023 09:40:00AM PATIENT NAME : MR. TAPAS KUMAR MUKHERJEE ORDER DATE : 28/01/2023 10:40:00AM

AGE/SEX : 31Y/MALE

: HOSPITAL CASE SPEC. NO : 10417110 CONSULTANT DOCTOR

> : 28/01/2023 01:43:00PM RESULT DATE

: MEDIWHEEL

SAMP. DATE

DEPARTMENT OF PATHOLOGY

LIPID PROFILE			
PARAMETER	VALUE	RESULT	REFERENCE RANGE
CHOLESTEROL TOTAL	185 mg / dl	Normal	150 - 220
TRIGLYCERIDES - SERUM	160 mg / dl	Normal	60 - 165
HDL	42.46 mg / dl	Normal	35 - 80
LDL	110.54 mg/dL	Normal	90 - 160
VLDL	32.0	Normal	20 - 50
CHOL: HDL Ratio	4.36:1		3.5 - 5.5
LDL: HDL Ratio	2.60:1		

TECHNICIAN

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CONSULTANT DOCTOR : HOSPITAL CASE SPEC. NO : 10417121

RESULT DATE : 28/01/2023 12:45:00PM

TPA : MEDIWHEEL

DEPARTMENT OF PATHOLOGY

CBC (COMPLETE BLOOD CO	DUNT)		
PARAMETER	VALUE	RESULT	REFERENCE RANGE
HAEMOGLOBIN (Hb)	14.9 gm%	Normal	13.5 - 17.5
TOTAL RBC COUNT	4.80 Million/cumm	Normal	4.5 - 5.9
HAEMATOCRIT (PCV)	41.4 %	Low	41.5 - 50.4
RBC INDICES			
MCV	86.2 f1	Normal	78 - 96
MCH	31.0 pg	Normal	27 - 32
MCHC	36.0 %	Normal	33 - 37
RDW	13.3 %	Normal	11 - 16
TOTAL WBC COUNT (TLC)	8800 /cumm	Normal	4000 - 11000
DIFFERENTIAL COUNT			
NEUTROPHILS	54 %	Normal	0 - 75
LYMPHOCYTES	36 %	Normal	22 - 48
EOSINOPHILS	04 %	Normal	0 - 6
MONOCYTES	06 %	Normal	2 - 10
BASOPHILS	00 %	Normal	0 - 2
BANDS	00 %	Normal	0 - 5
BLAST	00 %	Normal	
PLATELET COUNT	257000 /cumm	Normal	150000 - 450000

TECHNICIAN

DY. ANJANA SHARMA
D.N.B.PATHOLOGY
CONSULTANT



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CONSULTANT DOCTOR

: HOSPITAL CASE

SPEC. NO

: 10417109

RESULT DATE

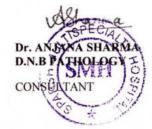
: 28/01/2023 01:44:00PM

TPA

: MEDIWHEEL

DEPARTMENT OF PATHOLOGY

PARAMETER	VALUE	RESULT	REFERENCE RANGE	
BUN (BLOOD UREA NITROGEN)				
BUN (BLOOD UREA NITROGEN)	12.61 mg / dl	Normal	8 - 23	
GGT (GAMMA GLUTAMYL TRANSFE	ERASE)			
GGT (GAMMA GLUTAMYL TRANSFERASE)	12 U / L	Normal	8 - 52	



TECHNICIAN