MEERUT HISTO-PATHOLOGY CENTRE MEERUT

Dr.Medha Jain

M.D (Path)

PATHOLOGIST

302 Western Kutcheri

(Opp Tyagi Hostel)

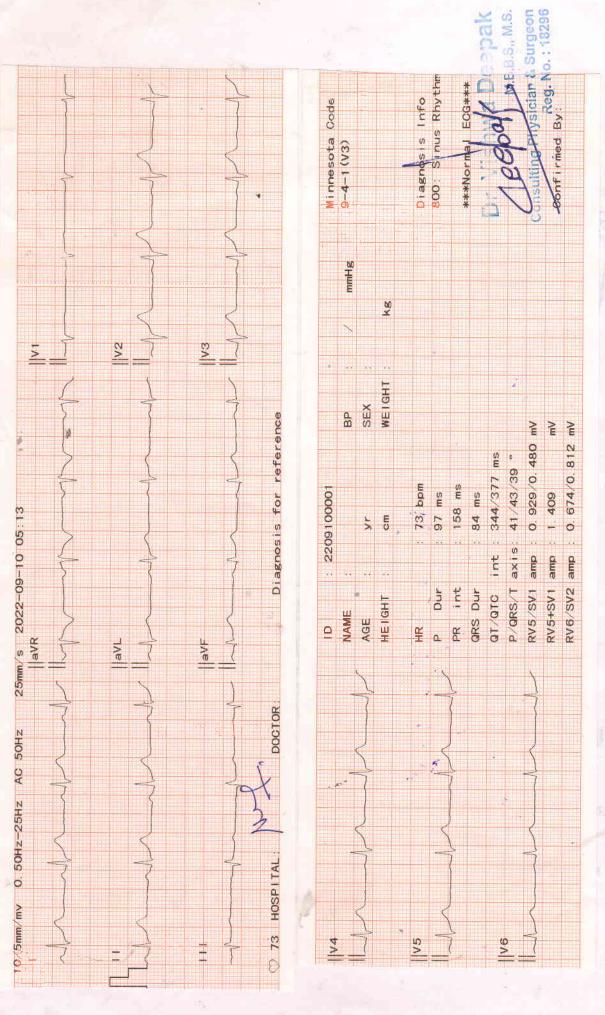
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	PHYSICAL AS	SESSMEST FORMAT	
Date of Examination	10/09/22		
NAME	Sushil kunay.		
DOB	04/02/1975	Gender MOIC ·	
HEIGHT (cm)	170	WEIGHT (Kg) 75	
CHEST (cm)	92	ABDOMEN (cm) 96	
B.P	124/76		
Present Ailments (if any)	più		
Details of Past ailments any surgery or hospitalization or Blood transfusion	più	**************************************	
Details On Medications (if any)	pie		
HABITS (Tobacco /Alcohol ect.)	NIB		
BMI	26.0	Dir Vishwa Dae	

Insuced's Sign

Scholes - Keney 1 19202

Sushil KUHAH. 10/09/22.





Quality Management Services ISO-9001:2015 Certified Lab

Laboratory Test-Report

MEERUT HISTOPATHOLOGY CENTRE

NAME : Mr. Sushil Kumar

REFERRED BY : Dr.D.O.B. SAMPLE : Blood, Urine

DATE : 10/09/2022

AGE SEX

"SEX : Male

TEST NAME	RESULTS	UNITS	REFRANGE	
	HAEMATOLO	GY		
Complete Blood Counts	•			
HAEMOGLOBIN	12.2	GM%	13.5 - 17.5	
TOTAL LEUCOCYTE COUNT:	6,300 cells	/Cu mm	4,500-11,000	
DIFFERENTIAL LEUCOCYTE COUNT:			F0.70	
Neutrophils:	61	%.	50-70	
ymphocytes:	30	%.	25-40	
Eosinophils :	04	%.	1-4	
Monocytes:	05	%.	3-8	
Basophils :	00	%.	0-1	
TOTAL R.B.C. COUNT	4.7	million/cu m		
PLATELET COUNT:	240		thousand/cum 150-450	
P.C.V.	34.5	%.	35 - 54	
MCV	73.4	fL '	76-98	
MCH	25.9	pg	27 - 32	
M C H C	35.3	g/dl	31-35	
E.S.R. (Westergren Method):			0-15	
	06		mm in 1st Hr	
	BIOCHEMIST	RY		
BLOOD SUGAR (FASTING)	121.8	mg/dL [*]	70 - 100	
BLOOD SUGAR PP(2 Hrs after Meal)	169.4	mg/dl	70-140	
BLOOD UREA NITROGEN:	14.2	mg/dL.	5 - 25	
SERUM CREATININE :	0.9	mg/dL.	0.8 - 1.5	
LIPID PROFILE :		£		
SERUM TRIGYCERIDE:	141.0	mg/dl	50-160	
SERUM CHOLESTEROL:	201.6	mg/dL.	130 - 200	
HDL CHOLESTEROL :	50.4	mg/dL.	30 - 70	
VLDL CHOLESTEROL :	28.2	mg/dL.	25 - 40	
LDL CHOLESTEROL :	123.0	mg/dL.	85 - 150	
CHOL/HDL CHOLESTROL RATIO	4.0	Low Risk	0.0 - 3.5	
0.104,102 0.102201.102	"C	Mod.Risk	3.5 - 5.0	
		High Risk	> 5.0	
LDL/HDL RATIO	2.4		nge 2.5 - 3.0	
			4	

--{End of Report}--

Dr. Medha jain

M.B.B.S., (M.D. Path)

Consultant Pathologist

Reg. No. - G-33290 Quirat

Reg. No. - G-33290 Gujrat CMO. Reg. No. - MRT 869, Meerut

DR. KUMKUM DEEPAK MEMORIAL CENTRE, 302, W.K. ROAD, MEERUT

CALL: 0121-4009679, 9639688806, 09927286318, 7906584952, 9639251854 24 Hour Service, Home Visit



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Laboratory Test-Report

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: Mr. Sushil Kumar NAME

REFERRED BY : Dr.D.O.B. SAMPLE : Blood, Urine DATE : 10/09/2022

AGE SEX : Male

of the Electric Control of the Contr				
TEST NAME	RESULTS	UNITS	REFRANGE	
	BIOCHEMISTRY			
LIVER FUNCTION TEST				
SERUM BILIRUBIN :				
TOTAL:	0.66	mg/dL.	0.2 - 1.0	
DIRECT:	0.28	mg/dL.	0.1 - 0.3	
INDIRECT:	0.38	mg/dL.	0.2 - 0.7	
S.G.P.T. :	33.6	U/L	5 - 45	
S.G.O.T. :	38.7	U/L	5 - 45	
G.G.T.P. :	22.1	U/L	5.0-35.0 (37 C)	
SERUM ALK. PHOSPHATASE :	86.5	IU/L.	25-100	
SERUM PROTEINS:				
TOTAL PROTEINS:	6.9	Gm/dL.	5.5 - 8.5	
ALBUMIN:	4.1	Gm/dL.	3.5 - 5.5	
GLOBULIN:	2.8	Gm/dL.	2.3 - 3.5	
A: GRATIQ:	1.4			
SERUM URIC ACID :	4.5	mg/dL.	2.5 - 7.0	
GLYCOSYLATED HAEMOGLOBIN A1c	7.4	%	4.3 - 6.4	
CLICOSIBALED HALFIOOLODIN ALC	ON 1 1 1 10 mm and the			

Clinical significance :- The HbA1c concemtration in blood is directly proportional to the mean concentration of glucose prevailing in the previous 6-8 wks, equivalent to the life time of erythrocytes.

Normal Range :-

Non-Diabetics - 4.3 - 6.4% Goal 6.5-7.5% Good control 7.5 - 8.5% Poor control > 8.5%

--{End of Report}--

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DATE : 10/09/2022

AGE SEX : Male

TEST NAME

RESULTS

UNITS

REF.-RANGE

HORMONE

THYROID PROFILE:

Triiodothyronine (T3):

Thyroxine (T4):

THYROID STIMULATING HORMONE(TSH)

1.38

101.4

5.41

nmol/litre.

0.95 - 2.5

nmol/litre.

60 - 120

micro Iu/ml - Primary, Secondary & Tertiary Hypothyroidism and some

0.20 - 5.0

Low Levels of T3 & T4 are seen in Non-Thyroidal illness

High Levels of T3 & T4 are found in and T3 Thyrotoxicosis

- Grave's Disease, Hyperthyroidism, Thyroid hormone re. stance

TSH Levels are raised in

- Primary Hypothyroidism - Hyperthyroidism, Secondary Hypothyroidism.

TSH Levels are Low in

ml

CLINICAL PATHOLOGY

URINE EXAMINATION REPORT:

PHYSICAL EXAMINATION:

Volume:

Colour: Appearance:

Odour:

Sediments:

Sp. Gravity:

BIOCHEMICAL EXAMINATION:

Sugar:

Albumin:

Reaction:

MICROSCOPIC EXAMINATION:

Red Blood Cells:

Pus Cells:

Epithelial Cells:

20

Pale Yellow

Clear

Aromatic

1020

Nil

Nil Acidic

Nil

1-2

/H.P.F.

/H.P.F.

3-5

/H.P.F.

--{End of Report}--

Dr. Medi M.B.B.S., (M.D. Path) Consultant Pathologist Reg. No. - G-33290 Gujrat CMO. Reg. No. - MRT 869, Meerut

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All Investigations have their limitation which are imposed by the limits of sensitivity and specificity of individual assay procedures as well as the specimen received by the laboratory. Isolated laboratory investigation never confirm the final diagnosis of the disease. They only help in arriving at a diagnosis in conjunction with clinical presentation and other related investigation. NOT FOR MEDICO LEGAL PURPOSE











DIAGNOSTIC CENTRE

ADDRESS: INDIRA CHOWK, HAPUR ROAD, MEERUT.

TEL.: 0121-4050050 MOB.: 9837072571

Patient's Name	Mr. SUSHIL KUMAR	Age /Sex	47 Y/M
Referred By		Dated	10 SEP 2022
Www.sex			

WHOLE ABDOMEN SONOGRAPHY

LIVER is enlarged in size with increased echogenicity. No focal lesion is seen. Intrahepatic biliary radicles are normal. Liver margins are normal.

GALL BLADDER is well filled. Wall thickness is normal. No pericholecystic fluid is seen. No calculus / focal mass is seen.

<u>CBD</u> appears to be normal in caliber. No calculus is seen.

PORTAL VEIN appears to be normal in course and caliber.

PANCREAS is normal in shape, size and echotexture. MPD is normal.

SPLEEN is normal in shape, size and echotexture.

RIGHT KIDNEY is normal in size, shape and position and echotexture. Pelvicalyceal system is normal. No evidence of hydronephrosis or calculus is seen. Cortico medullary differentiation is maintained. Renal cortical thickness is normal. Renal margins are normal. LEFT KIDNEY is normal in size, shape and position and echotexture. Pelvicalyceal system is normal. No evidence of hydronephrosis or calculus is seen. Cortico medullary differentiation is maintained. Renal cortical thickness is normal. Renal margins are normal.

<u>URINARY BLADDER</u> is well filled. No calculus is seen in the lumen. Prevoid urinary bladder volume 190 cc. Postvoid urinary bladder volume – nil.

PROSTATE: is enlarged. Measuring 40x39x29 mm volume 24.8 cc Capsule is intact.

Parenchymal echoes are homogeneous.

Seminal vesicles are normal.

No evidence of retroperitoneal lymphadenopathy bilateral pleural effusion or ascites is seen.

IMPRESSION:

- HEPATOMEGALY WITH FATTY CHANGES
- GRADE I PROSTATIC ENLARGEMENT WITHOUT RESIDUAL URINE

DR. TANKU GARG, MD CONSULTANT RADIOLOGIST

DIGITAL X-RAY COLOUR DOPPLER ULTRASOUND

July, 2021











** Reliance

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Patient's Name	Mr. SUSHIL KUMAR	Age /Sex	47 Y/M
Referred By		Dated	10 SEP 2022

X- RAY CHEST PA VIEW

Soft tissue and bony thorax is normal.

Trachea is normal.

Both domes of diaphragm are normal.

Both C. P. angles are normal.

Both hila are normal.

Vascular marking are normal.

C.T. ratio is normal.

IMPRESSION

NO OBVIOUS ABNORMALITY DETECTED

DIGITAL X-RAY COLOUR DOPPLER ULTRASOUND

July, 2021

DR: TANUJ GARG, MD CONSULTANT RADIOLOGIST

