

UHID

एक एहशाश श्रपनेपन का Sparsh Multispecialty Hospital

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

CIN: U85110CT2005PTC017751 GSTIN/UIN: 22AADCP8009N2Z9

Patient Name : MR. SARVAJEET SINGH THAKUR

: 35Y / MALE

: MEDIWHEEL

: 135575

Consultant : DR. HOSPITAL CASE Spec No.

Visit ID

Order Date

: 30/01/2024 9:05AM

Ref. By Category

Age / Sex

: DR. HOSPITAL CASE

Samp.Date

Report Date

: 30/01/24 10:08AM

: 0000244472

SONOGRAPHY USG WHOLE ABDOMEN

* LIVER : Normal in size and shape. Diffuse increase in echogenecity seen - Suggestive of fatty infiltration. 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.

There is no evidence of any retroperitoneal lymphadenopathy/mass.

FINAL IMPRESSION:

- Fatty Liver.
 - Please correlate clinically, followup USG is recommended.

KUMAR SONI MBBS DMRD CGMC 102/2003

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



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: 30/01/2024 9:05AM

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Category

: MEDIWHEEL

Report Date

: 30/01/24 12:40PM

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

Dr. SAMIR KATHALE MBBS, DNB(RADIO), MNAMS, MANBO 440472012 Reg Ne CGMO

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AGE/SEX : 35Y/MALE

CONSULTANT DOCTOR : HOSPITAL CASE **VISITID** : 0000244472

: 30/01/2024 9:05:00AM ORDER DATE

SAMP. DATE : 30/01/2024 10:05:00AM

SPEC. NO : 10496500

RESULT DATE : 30/01/2024 3:09:00PM

TPA : MEDIWHEEL

DEPARTMENT OF PATHOLOGY

| LIFID FROTILL | | | | |
|-----------------------|---------------|--------|-----------------|--|
| PARAMETER | VALUE | RESULT | REFERENCE RANGE | |
| CHOLESTEROL TOTAL | 197 mg / dl | Normal | 150 - 220 | |
| TRIGLYCERIDES - SERUM | 94 mg / dl | Normal | 60 - 165 | |
| HDL | 46.92 mg / dl | Normal | 35 - 80 | |
| LDL | 131.28 mg/dL | Normal | 90 - 160 | |
| VLDL | 18.80 | Low | 20 - 50 | |
| CHOL: HDL Ratio | 4.20:1 | | 3.5 - 5.5 | |
| LDL: HDL Ratio | 2.80:1 | | | |
| | | | | |

Dr. AVISHESH SINGH MD

PATH

TECHNICIAN

LIPID PROFILE



Sparsh Multispecialty Hospital

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

CIN: U85110CT2005PTC017751 GSTIN/UIN: 22AADCP8009N2Z9



UHID : 135575 VISITID : 0000244472

PATIENT NAME : MR. SARVAJEET SINGH THAKUR ORDER DATE : 30/01/2024 9:05:00AM AGE/SEX : 35Y/MALE SAMP. DATE : 30/01/2024 10:05:00AM

CONSULTANT DOCTOR : HOSPITAL CASE SPEC. NO : 10496510

RESULT DATE : 30/01/2024 4:35:00PM

TPA : MEDIWHEEL

DEPARTMENT OF PATHOLOGY

| CBC (COMPLETE BLOOD CO | OUNT) | | | |
|------------------------|-------------------|--------|-----------------|--|
| PARAMETER | VALUE | RESULT | REFERENCE RANGE | |
| HAEMOGLOBIN (Hb) | 16.0 gm% | Normal | 13.5 - 17.5 | |
| TOTAL RBC COUNT | | | | |
| | 5.31 Million/cumm | Normal | 4.5 - 5.9 | |
| HAEMATOCRIT (PCV) | 44.7 % | Normal | 41.5 - 50.4 | |
| RBC INDICES | | | | |
| MCV | 84.1 fl | Normal | 78 - 96 | |
| MCH | 30.1 pg | Normal | 27 - 32 | |
| MCHC | 35.7 % | Normal | 33 - 37 | |
| RDW | 14.4 % | Normal | 11 - 16 | |
| TOTAL WBC COUNT (TLC) | 4900 /summ | Normal | 4000 11000 | |
| DIFFERENTIAL COUNT | 4800 /cumm | Normal | 4000 - 11000 | |
| NEUTROPHILS | 61 % | Normal | 0 - 75 | |
| LYMPHOCYTES | 32 % | Normal | 22 - 48 | |
| EOSINOPHILS | 03 % | Normal | 0 - 6 | |
| MONOCYTES | 04 % | Normal | 2 - 10 | |
| BASOPHILS | 00 % | Normal | 0 - 2 | |
| BANDS | 00 % | Normal | 0 - 2 | |
| BLAST | 00 % | Normal | 0 - 5 | |
| | 00 70 | Normal | | |
| PLATELET COUNT | 263000 /cumm | Normal | 150000 - 450000 | |

TECHNICIAN





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VISITID

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PATIENT NAME

CONSULTANT DOCTOR

: MR. SARVAJEET SINGH THAKUR

ORDER DATE

RESULT DATE

: 30/01/2024 9:05:00AM

AGE/SEX

: 35Y/MALE

SAMP. DATE

: 30/01/2024 10:05:00AM

: HOSPITAL CASE

SPEC. NO

: 10496508

: 30/01/2024 3:37:00PM

TPA

: MEDIWHEEL

DEPARTMENT OF PATHOLOGY

| PARAMETER | VALUE | RESULT | REFERENCE RANGE |
|-------------------------------------|--------------|--------|--|
| BLOOD GROUPING AND RH TYPIN | IG | | |
| BLOOD GROUP | "B" | | La costa la compania de la compania |
| RH FACTOR | Positive | | |
| BUN (BLOOD UREA NITROGEN) | | | |
| BUN (BLOOD UREA NITROGEN) | 8.41 mg / dl | Normal | 8 - 23 |
| CREATININE | | | |
| SERUM CREATININE | 1.21 mg/dL | Normal | 0.3 - 1.5 |
| GGT (GAMMA GLUTAMYL TRANSFI | ERASE) | | |
| GGT (GAMMA GLUTAMYL TRANSFERASE) | 20 U / L | Normal | 8 - 52 |
| URIC ACID | | | |
| URIC ACID | 5.69 mg/dL | Normal | 3.6 - 7.7 |

TECHNICIAN



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UHID : 135575 VISITID : 0000244472

PATIENT NAME : MR. SARVAJEET SINGH THAKUR ORDER DATE : 30/01/2024 9:05:00AM

AGE/SEX 35Y/MALE SAMP, DATE : 30/01/2024 10:05:00AM

CONSULTANT DOCTOR : HOSPITAL CASE SPEC. NO : 10496501

> RESULT DATE : 30/01/2024 2:35:00PM

TPA : MEDIWHEEL

DEPARTMENT OF PATHOLOGY

SERUM PSA TOTAL

PARAMETER VALUE RESULT REFERENCE RANGE

PSA (TOTAL) 0.681 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.

Note:

- 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.

Dr. AVISHESH SINGH MD

CONSULT

TECHNICIAN



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PATIENT NAME

CONSULTANT DOCTOR

: MR. SARVAJEET SINGH THAKUR

ORDER DATE

RESULT DATE

: 30/01/2024 9:05:00AM

AGE/SEX

: 35Y/MALE

SAMP. DATE

: 30/01/2024 10:05:00AM

: HOSPITAL CASE

SPEC. NO

: 10496503

: 30/01/2024 3:09:00PM

TPA

: MEDIWHEEL

DEPARTMENT OF PATHOLOGY

| PARAMETER | VALUE | RESULT | REFERENCE RANGE |
|------------------------------|-----------|--------|-----------------|
| BLOOD SUGAR - FASTING AND PP | | | |
| BLOOD SUGAR FASTING | 95 mg/dL | Normal | 80 - 120 |
| BLOOD SUGAR PP | 130 mg/dL | Normal | 120 - 140 |
| URINE SUGAR FASTING | | | |
| URINE FOR SUGAR | Nil | | |
| URINE SUGAR PP | | | |
| URINE FOR SUGAR | Nil | | |

Dr. AVISHESH SINGH MD **PATH**

TECHNICIAN

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CONSULTANT DOCTOR : HOSPITAL CASE SPEC. NO : 10496499

RESULT DATE : 30/01/2024 2:35:00PM

TPA : MEDIWHEEL

DEPARTMENT OF PATHOLOGY

T3,T4 TSH

PARAMETER VALUE RESULT REFERENCE RANGE

 T3 (TRIIODOTHYRONINE)
 1.355 ng/ml
 Normal
 0.69 - 2.15

 T4 (THYROXINE)
 84.31 ng/ml
 Normal
 52 - 127

 TSH (THYROID STIMULATING HORMONE)
 2.648 uIU/ml
 Normal
 0.3 - 4.5

REFERENCE GROUP

REFERENCE RANGE in uIU/mL

As per American Thyroid Association

Adult Females (> 20 years)

0.30 - 4.5

Pregnancy

 1st Trimester
 0.10- 2.50

 2nd Trimester
 0.20 - 3.00

 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

Dr. AVISHESH SINGH MD

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ORDER DATE

: 30/01/2024 9:05:00AM

AGE/SEX

: 35Y/MALE

SAMP. DATE

: 30/01/2024 10:05:00AM

CONSULTANT DOCTOR

: HOSPITAL CASE

SPEC. NO

: 10496509

RESULT DATE

: 30/01/2024 3:10:00PM

TPA

: MEDIWHEEL

DEPARTMENT OF PATHOLOGY

HBA1c (GLYCOSYLATED HAEMOGLOBIN)

PARAMETER

VALUE

RESULT

REFERENCE RANGE

HBA1 C (GLYCOSYLATED **HEAMOGLOBIN**)

6.2 %

High

4 - 6

Interpretation

As per American diabetes Association (ADA)

Reference Group

- HbA1c In%

Non diabetic >= 18 years - 4.0 - 6.0 At risk (Prediabetes)

- > = 6.0 to < = 6.5

Diagnosing diabetes

->=6.5

Therapeutic goals for glycemic control

- Age> 19 years

- Age< 19 years

- Goal of therapy: <7.0

- Action suggested: >8.0

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.

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

SHANGH MD Dr. AVISH



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PATIENT NAME

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AGE/SEX

: 35Y/MALE

CONSULTANT DOCTOR

: HOSPITAL CASE

VISITID

: 0000244472

ORDER DATE

: 30/01/2024 9:05:00AM

SAMP. DATE

: 30/01/2024 10:05:00AM

SPEC. NO

: 10496504

RESULT DATE

: 30/01/2024 5:11:00PM

TPA

: MEDIWHEEL

DEPARTMENT OF PATHOLOGY

| URINE ROUTINE AND MICRO | SCOPY | | | |
|----------------------------|-----------------|--------|--|--|
| 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 | Occasional /hpf | | 0 - 5 | |
| PUS CELLS | Occasional /hpf | | 1 - 2 | |
| RBC | Nil /hpf | | | |
| CAST | Nil /lpf | | 12 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 | |
| CRYSTAL | Nil | | 10 - 30, 1, 31 | |
| AMORPHOUS MATERIAL DEPOSIT | Nil | | | |
| OTHERS | Nil | | - | |
| | | | | |

TECHNICIAN

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PATIENT NAME

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ORDER DATE

: 30/01/2024 9:05:00AM

AGE/SEX

: 35Y/MALE

SAMP. DATE

: 30/01/2024 10:05:00AM

CONSULTANT DOCTOR

: HOSPITAL CASE

SPEC. NO

: 10496502

RESULT DATE : 30/01/2024 3:10:00PM

TPA

: MEDIWHEEL

DEPARTMENT OF PATHOLOGY

LFT (LIVER FUNCTION TEST)

| PARAMETER | VALUE | RESULT | REFERENCE RANGE |
|----------------------|--------------|--------|-----------------|
| BILIRUBIN TOTAL | 1.18 mg/dL | Normal | 0.1 - 1.2 |
| BILIRUBIN DIRECT | 0.36 mg / dl | Normal | 0.1 - 0.6 |
| BILIRUBIN INDIRECT | 0.82 mg / dl | High | 0.1 - 0.4 |
| ALKALINE PHOSPHATASE | 84 U/L | Normal | 0 - 270 |
| SGOT | 17 U/L | Normal | 10 - 55 |
| SGPT | 24 U/L | Normal | 0 - 40 |
| TOTAL PROTEIN | 7.25 g / dl | Normal | 6 - 8 |
| ALBUMIN | 4.73 g/dl | Normal | 4 - 5 |
| GLOBULIN | 2.52 g/dl | Normal | 2 - 3.5 |
| A.G.RATIO | 1.88:1 | | 1 - 2.5 |

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AGE/SEX

CONSULTANT DOCTOR : HOSPITAL CASE

SAMP. DATE : 30/01/2024 10:05:00AM

: 35Y/MALE

SPEC. NO

: 10496511

RESULT DATE : 30/01/2024 2:59:00PM

TPA

: MEDIWHEEL

DEPARTMENT OF PATHOLOGY

ESR (ERYTHROCYTE SEDIMENTATION RATE)

| PARAMETER | VALUE | RESULT | REFERENCE RANGE |
|-----------|----------------------|--------|-----------------|
| ESR | 30 mm at end of 1 hr | High | 0 - 15 |

Dr. AVISHESH SINGH MD **PATH**

TECHNICIAN

CONSULTANT

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

07/02/2024

10:59AM

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