

UHID

: 161891

Sparsh Multispecialty Hospital

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

CIN . 083110C12003F1C017731

Visit ID

Patient Name : MR. BHUNESHWAR PRASAD Spec No.

Age / Sex : 39Y / MALE

Consultant : DR. HOSPITAL CASE Order Date : 11/03/2023 9:07AM

Ref. By DR. HOSPITAL CASE Samp. Date

Category : MEDIWHEEL Report Date : 11/03/23 10:40AM

# 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.

There is no evidence of any retroperitoneal lymphadenopathy/mass.

FINAL IMPRESSION:

No remarkable Abnormality detected in the current scan.

Please correlate clinically

Dr. DTOLP KUMAR SONI MBBS, TIMRD RADIOLOGIST CGMC 102/2003

: 0000304393

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



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: DR. HOSPITAL CASE

Samp.Date Report Date

: 11/03/23 06:38PM

: MEDIWHEEL

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, MANBD Fetal Ultrasound & Fetal Medicine (FGi-BFMC) Reg No; CGMC-4404/2012

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PATIENT NAME : MR. BHUNESHWAR PRASAD ORDER DATE : 11/03/2023 09:07:00AM

AGE/SEX : 39Y/MALE SAMP. DATE : 11/03/2023 10:12:00AM

CONSULTANT DOCTOR : HOSPITAL CASE SPEC. NO : 10425200

RESULT DATE : 11/03/2023 02:59:00PM

TPA : MEDIWHEEL

## **DEPARTMENT OF PATHOLOGY**

LIPID PROFILE				
PARAMETER	VALUE	RESULT	REFERENCE RANGE	
CHOLESTEROL TOTAL	195 mg / dl	Normal	150 - 220	
TRIGLYCERIDES - SERUM	158 mg / dl	Normal	60 - 165	
HDL	54.21 mg / dl	Normal	35 - 80	
LDL	109.19 mg/dL	Normal	90 - 160	
VLDL	31.60	Normal	20 - 50	
CHOL: HDL Ratio	3.60:1		3.5 - 5.5	
LDL: HDL Ratio	2.01:1		2	

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Dr. ANJANA SHARMA D.N.B PATHOLOGY

**TECHNICIAN** 

LIDID DOCETLE

CONSULTANT GRarsh Age

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: 39Y/MALE

SAMP. DATE

: 11/03/2023 10:12:00AM

SPEC. NO

: 10425208

CONSULTANT DOCTOR

: HOSPITAL CASE

**RESULT DATE** 

: 11/03/2023 12:33:00PM

: MEDIWHEEL

## **DEPARTMENT OF PATHOLOGY**

## CBC (COMPLETE BLOOD COUNT)

PARAMETER	VALUE	RESULT	REFERENCE RANGE
HAEMOGLOBIN (Hb)	14.5 gm%	Normal	13.5 - 17.5
TOTAL RBC COUNT HAEMATOCRIT (PCV)	4.81 Million/cumm 40.1 %	Normal Low	4.5 - 5.9 41.5 - 50.4
RBC INDICES MCV MCH MCHC RDW	83.4 fl 30.1 pg 36.1 % 12.7 %	Normal Normal Normal	78 - 96 27 - 32 33 - 37 11 - 16
TOTAL WBC COUNT (TLC) DIFFERENTIAL COUNT	6900 /cumm	Normal	4000 - 11000
NEUTROPHILS LYMPHOCYTES	64 % 32 %	Normal Normal	0 - 75 22 - 48
EOSINOPHILS MONOCYTES	02 % 02 %	Normal Normal	0 - 6 2 - 10
BASOPHILS BANDS	00 % 00 %	Normal Normal	0 - 2 0 - 5
BLAST	00 %	Normal	
PLATELET COUNT	182000 /cumm	Normal	150000 - 450000

**TECHNICIAN** 

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CONSULTANT DOCTOR : HOSPITAL CASE SPEC. NO : 10425208

RESULT DATE : 11/03/2023 01:51:00PM

: 0000304393

TPA : MEDIWHEEL

# **DEPARTMENT OF PATHOLOGY**

PARAMETER	VALUE	RESULT	REFERENCE RANGE
BLOOD GROUPING AND RH TYPING			
BLOOD GROUP	"O"		n=
RH FACTOR	Positive		9=
BUN (BLOOD UREA NITROGEN)			
BUN (BLOOD UREA NITROGEN)	9.81 mg / dl	Normal	8 - 23
GGT (GAMMA GLUTAMYL TRANSFERASE	≣)		
GGT (GAMMA GLUTAMYL TRANSFERASE)	13 U/L	Normal	8 - 52
URIC ACID			
URIC ACID	6.61 mg/dL	Normal	3.6 - 7.7

**TECHNICIAN** 

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

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ORDER DATE

: 11/03/2023 09:07:00AM

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: 11/03/2023 10:12:00AM

SPEC. NO

: 10425202

RESULT DATE

: 11/03/2023 03:00:00PM

TPA

: MEDIWHEEL

#### **DEPARTMENT OF PATHOLOGY**

CREATININE

PARAMETER

VALUE

RESULT

REFERENCE RANGE

SERUM CREATININE

0.97 mg/dL

Normal

0.3 - 1.5

**TECHNICIAN** 

Dr. ANAXNA'SHARMA
D.N.B DATHOLOGY

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ORDER DATE

: 11/03/2023 09:07:00AM

: 39Y/MALE

SAMP. DATE

: 11/03/2023 10:12:00AM

SPEC. NO

: 10425199

**RESULT DATE** 

: 11/03/2023 01:01:00PM

TPA

: MEDIWHEEL

#### DEPARTMENT OF PATHOLOGY

#### **SERUM PSA TOTAL**

CONSULTANT DOCTOR

**PARAMETER** 

VALUE

RESULT

REFERENCE RANGE

PSA (TOTAL)

0.348 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.

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. ANJAÑA SHARMA D.N.B PATHOLOGY

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: 39Y/MALE

SAMP, DATE

: 11/03/2023 10:12:00AM

CONSULTANT DOCTOR : HOSPITAL CASE

SPEC. NO

: 10425206

**RESULT DATE** 

: 11/03/2023 12:05:00PM

: MEDIWHEEL

#### DEPARTMENT OF PATHOLOGY

**URINE SUGAR FASTING** 

**PARAMETER** 

VALUE

RESULT

REFERENCE RANGE

URINE FOR SUGAR

Nil

: MR. BHUNESHWAR PRASAD

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**TECHNICIAN** 

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: 11/03/2023 09:07:00AM

SAMP: DATE

: 11/03/2023 10:12:00AM

SPEC. NO

: 10425204

RESULT DATE : 11/03/2023 04:31:00PM

: MEDIWHEEL

## DEPARTMENT OF PATHOLOGY

#### **BLOOD SUGAR - FASTING AND PP**

**PARAMETER** 

VALUE

RESULT

REFERENCE RANGE

**BLOOD SUGAR FASTING BLOOD SUGAR PP** 

82 mg/dL 98 mg/dL Normal

80 - 120

Low

120 - 140

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CONSULTANT DOCTOR

: HOSPITAL CASE

SPEC. NO

: 10425199

RESULT DATE

: 11/03/2023 01:01:00PM

TPA

: MEDIWHEEL

REFERENCE RANGE

## **DEPARTMENT OF PATHOLOGY**

#### **T3,T4 TSH**

PARAMETER
T3 (TRIIODOTHYRONINE)
T4 (THYROXINE)
TSH (THYROID STIMULATING

1.041 ng/ml

VALUE

56.20 ng/ml 5.104 uIU/ml RESULT Normal

0.69 - 2.15

Normal High

52 - 127 0.3 - 4.5

REFERENCE GROUP

REFERENCE RANGE in uIU/mL

As per American Thyroid Association

Adult Females (> 20 years)

Pregnancy

HORMONE)

1st Trimester 2nd Trimester 3rd Trimester 0.30- 4.5

0.10- 2.50 0.20 - 3.00 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

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CONSULTANT DOCTOR : HOSPITAL CASE SPEC. NO : 10425209

RESULT DATE : 11/03/2023 03:00:00PM

TPA : MEDIWHEEL

## **DEPARTMENT OF PATHOLOGY**

## HBA1c (GLYCOSYLATED HAEMOGLOBIN)

PARAMETER VALUE RESULT REFERENCE RANGE

HBA1 C (GLYCOSYLATED 5.7 % Normal 4 - 6 HEAMOGLOBIN)

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

Goal of therapy: <7.0</li>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.

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: 11/03/2023 10:12:00AM

SPEC. NO

VISITID

: 10425205

RESULT DATE

: 11/03/2023 12:05:00PM

: MEDIWHEEL

# **DEPARTMENT OF PATHOLOGY**

URINE ROUTINE AND MICR	OSCOPY		
PARAMETER	VALUE	RESULT	REFERENCE RANGE
PHYSICAL EXAMINATION QUANTITY COLOUR APPEARANCE REACTION	10 ml Pale Yellow Clear Acidic		
CHEMICAL EXAMINATION ALBUMIN SUGAR	Nil Nil		-
MICROSCOPIC EXAMINATION EPITHELIAL CELLS PUS CELLS RBC CAST CRYSTAL AMORPHOUS MATERIAL DEPOSIT OTHERS	3-4 /hpf Occasional /hpf Nil /hpf Nil /lpf Nil Nil Nil		0 - 5 1 - 2 - - -

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SPEC. NO

: 10425202

RESULT DATE

: 11/03/2023 02:59:00PM

TPA

: MEDIWHEEL

# **DEPARTMENT OF PATHOLOGY**

## LFT (LIVER FUNCTION TEST)

	-		
PARAMETER	VALUE	RESULT	REFERENCE RANGE
BILIRUBIN TOTAL	0.94 mg/dL	Normal	0.1 - 1.2
BILIRUBIN DIRECT	0.10 mg / dl	Normal	
BILIRUBIN INDIRECT	100000 000 <b>3</b> (1000)		0.1 - 0.6
	0.84 mg / dl	High	0.1 - 0.4
ALKALINE PHOSPHATASE	98 U/L	Normal	0 - 270
SGOT	50.085 SST. SST.		0 - 2/0
	16 U/L	Normal	10 - 55
SGPT	12 U/L	Normal	0 10
TOTAL PROTEIN	Access of the same	102.034.235.74.23	0 - 40
	8.20 g / dl	High	6 - 8
ALBUMIN	4.62 g/dl	Normal	
GLOBULIN		GBC_2700.0.1.1700.0	4 - 5
	3.58 g/dl	High	2 - 3.5
A.G.RATIO	1.29:1		
	1.2.1		1 - 2.5

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SPEC. NO

: 10425210

CONSULTANT DOCTOR : HOSPITAL CASE

RESULT DATE : 11/03/2023 06:52:00PM

TPA

: MEDIWHEEL

# **DEPARTMENT OF PATHOLOGY**

# **ESR (ERYTHROCYTE SEDIMENTATION RATE)**

PARAMETER	VALUE	RESULT REFERENCE RANGE		
ESR	25 mm at end of 1 hr	High	0 - 15	

Dr. ANJANA SHARMA D.N.B PATHQLOGY

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16/03/2023

8:40AM

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