



Mathura C.T. Scan Centre

101-C, KRISHNA NAGAR, GOVERDHAN ROAD, MATHURA (U.P.)
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Managing Director & Consultant Radiologist
Registration No.38385

“दो गज की दूरी
मास्क है जरूरी”

Ex-Resident - J.N. Medical College, A.M.U., Aligarh
Ex-Consultant Radiologist - Janta X-ray & Ultrasonics, Moradabad
- Advanced Diagnostics, Amritsar
- Kriti Scanning Centre, Allahabad

REG...NO:
NAME: MR. ANKIT SARASWAT
REF...BY: ECHS.

DATE: 02/01/2022
AGE/SEX: 34Y/M

2D REAL TIME SONOLOGICAL STUDY OF WHOLE ABDOMEN

LIVER: Is normal in size & shows increased parenchymal echotexture. Margins are regular. Intra hepatic bile ducts (IHD) are not dilated. No focal mass seen. Portal Vein is normal in caliber.
GALL BLADDER: Is well distended and shows normal wall thickness. No calculus/mass lesion is seen in its lumen. No pericholecystic collection is seen. C.B.D. is normal in caliber.
SPLEEN: is mildly enlarged in size (apx-16.12cms). Echotexture appears normal.
PANCREAS: Shows normal size and echotexture. No focal mass/peripancreatic collection is seen.
RIGHT KIDNEY: Shows normal position, size, shape and contour. Cortical echotexture is normal. CMD is maintained. No calculus/hydronephrosis is seen.
LEFT KIDNEY: Shows normal position, size, shape and contour. Cortical echotexture is normal. CMD is maintained. No calculus/hydronephrosis is seen.
No free fluid/retroperitoneal adenopathy is seen.
U.BLADDER: is normal in distension and in wall thickness. Lumen is clear. No calculus or mass lesion is seen.
PROSTATE: is normal in size, shape and echotexture.

**SUMMARY: FATTY LIVER.
MILD SPLENOMEGALY.**

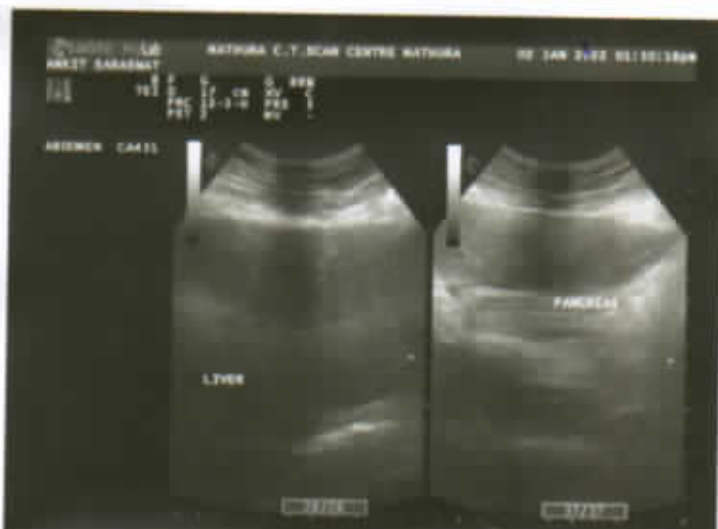

DR. SUDHIR SINGH
CONSULTANT RADILOGIST

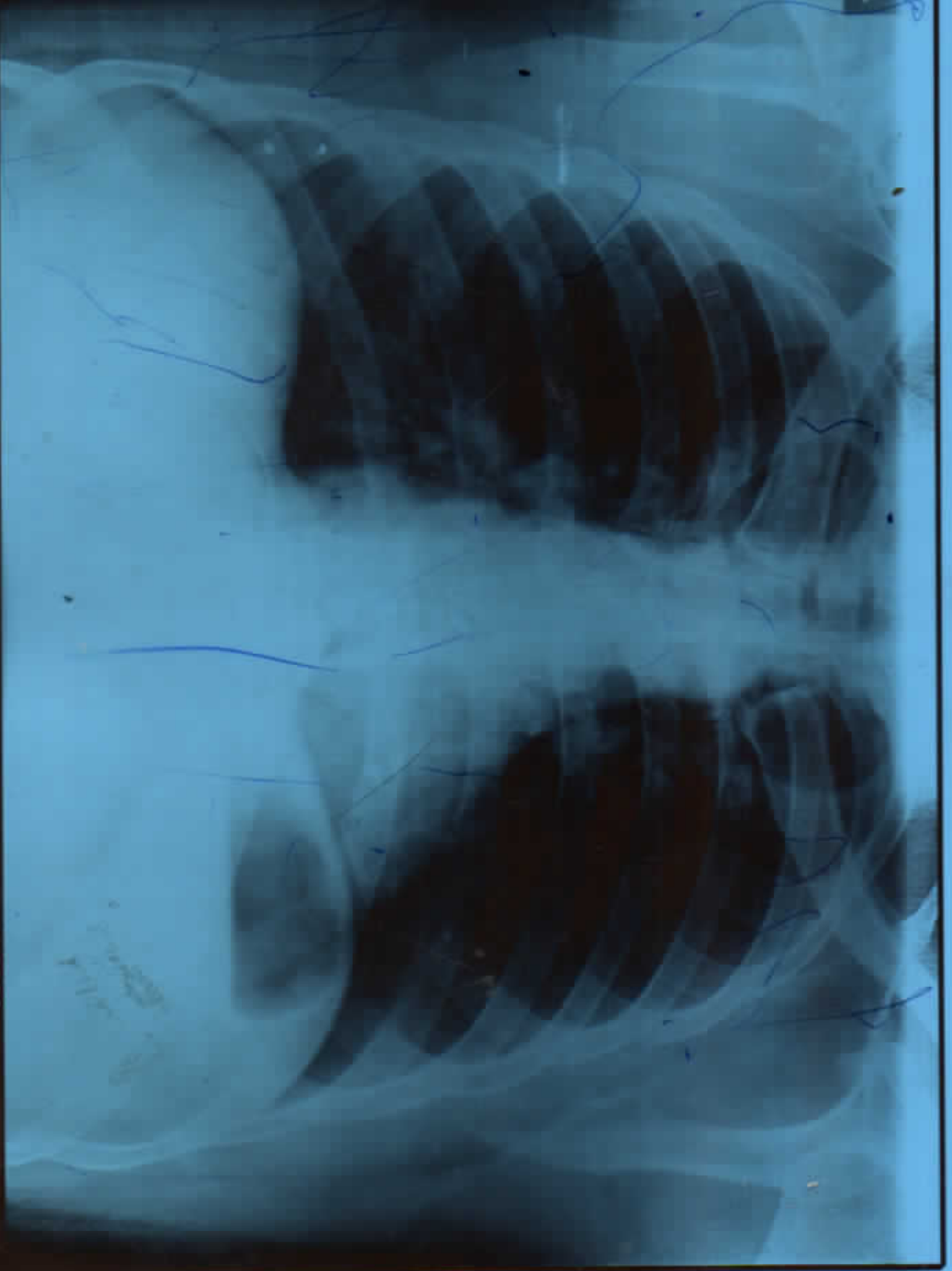
Facilities:- ■ 32 Slice CT Scan ■ Echocardiography ■ Ultrasound ■ Color Doppler ■ Pathology ■ CT Angiography
■ E.E.G. ■ E.C.G. ■ Digital X-Ray ■ Digital O.P.G. ■ Digital Mammography ■ T.M.T. ■ Pulmonary Function Test (Spirometry)

DISCLAIMER

1. All imaging systems such as X-Ray, CT Scan, MRI, Ultrasound, Echo, ECG, Neuroinvestigations have limitations due to interpretation may vary between specialists.
2. This is the professional opinion and not the diagnosis, based on imaging. It should be co-related clinically to arrive at conclusion. Not valid for medico-legal purpose.
3. Best efforts were made during investigation, however in case of any Confusion/Confirmation review can be done, free off cost.

नोट : रात्रि 10 बजे से प्रातः 6 बजे तक कार्य नहीं होता है।





ANKIT SARASWAT 34Y Male

Chest PA

BHARTI HOSPITAL SONKH ROAD KRISHNA NAGAR , MATHURA

02/01/2022

Bal. 2740

A ISO 9001: 2015 Certified Lab

Date	02/01/2022	Srl No.	109	Sex	M
Name	MR. ANKIT SARASWAT	Age	38 Yrs.	OUT SIDE SAMPLE	
Ref. By	BANK OF BARODA				

Investigation Name	Result Value	Unit	Biomedical Ref Range
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HAEMATOLOGY - TEST REPORT**C.B.C**

HAEMOGLOBIN (HB)	15.8	gm/dl	13.5 - 18.0
TOTAL LEUCOCYTIC COUNT (TLC)	3,700	/cumm	4000 - 11000
DIFFERENTIAL LEUCOCYTE COUNT (DLC)			
NEUTROPHIL	47	%	40 - 80
LYMPHOCYTE	42	%	20 - 40
EOSINOPHIL	06	%	1 - 6
MONOCYTE	05	%	2 - 10
BASOPHIL	00	%	1 - 2
R B C	5.07	millions/cmm	4.5 - 5.5
P.C.V / HAEMATOCRIT	43.0	%	40.0 - 50.0
M C V	84.8	fl.	82.0 - 101.0
M C H	31.2	picogram	27.0 - 32.0
M C H C	36.7	gm/dl	31.5 - 34.5
PLATELET COUNT	51	$\times 10^3/\mu\text{L}$	150 - 450
MEAN PLATELET VOLUME	8.24	fl	7.5 - 11.5
RDW-CV	16.3	%	11.5 - 14.5
ERYTHROCYTE SED.RATE(WGN) Automated Mini ESR	15	mm/1st hr.	0.00 - 15.0
HbA1C (GLYCOSYLATED Hb)	5.24	%	

METHOD : HIGH PERFORMANCE LIQUID CHROMATOGRAPHY. (HPLC)
(BIO-RAD DIASTAT)

EXPECTED VALUES :-

Metabolically healthy patients = 4.8 - 6.0 % HbA1C

Contd...2



All Tests have Technical Limitations. Collaborative clinicopathological interpretation is mandatory. In Case of disparity Test may be repeated immediately. Test marked with an (*) are not accredited by NABL

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Mob. ☎ 08954464646, ☎ 7055111414 | Email : svspathology@gmail.com
Website : www.svscientificpathology.com
Sample Collection Facility from Home & Nursing Home is available.

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	Good Control =	5.5 - 6.8 % HbA1c	
	Fair Control =	6.8-8.2 % HbA1c	
	Poor Control =	>8.2 % HbA1c	
HBA1C ESTIMATED AVERAGE GLUCOSE (eAG)	114.8		65.00 - 135.00

REMARKS:-

In vitro quantitative determination of **HbA1c** in whole blood is utilized in long term monitoring of glycaemia. The **HbA1c** level correlates with the mean glucose concentration prevailing in the course of the patient's recent history (approx - 6-8 weeks) and therefore provides much more reliable information for glycaemia monitoring than do determinations of blood glucose or urinary glucose.

It is recommended that the determination of **HbA1c** be performed at intervals of 4-6 weeks during diabetes mellitus therapy. Results of **HbA1c** should be assessed in conjunction with the patient's medical history, clinical examinations and other findings.

Estimated average glucose (eAG) - There is a predictable relationship between **HbA1c** and **eAG**. It helps people with diabetes to correlate their **A1c** to daily glucose monitoring levels. It reflects the average glucose levels in the past 2-3 months. The **eAG** calculation converts the **A1c** percentage to the same units used by glucometers-mg/dl. The following table shows the relationship of **eAG** and **A1c**.

HbA1c (%)	eAG (mg/dL)
5	97
6	126
7	154
8	183
9	212
10	240
11	269
12	298

Contd...3



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BIOCHEMISTRY - TEST REPORT

BLOOD SUGAR FASTING	123.0	mg/dl	
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REFERENCE RANGE :

Normal	< 110
Impaired Glucose Tolerance	110 - 125
Diabetes Mellitus	≥126

BLOOD UREA	24.9	mg /dl	15.0 - 45.0
CREATININE	1.08	mg/dl	0.70 - 1.50

Neonates(premature): 0.29 - 1.04
 Neonates(Full term): 0.24 - 0.85
 2 - 12 Months : 0.17 - 0.42
 1 - <3 Yrs : 0.24 - 0.41
 3 - <5 Yrs : 0.31 - 0.47
 5 - <7 Yrs : 0.32 - 0.59
 7 - <9 Yrs : 0.40 - 0.60
 9 - <11 Yrs : 0.39 - 0.73
 11 - <13 Yrs : 0.53 - 0.79
 13 - <15 Yrs : 0.57 - 0.87

URIC ACID	4.12	mg/dl	3.4 - 7.0
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LIPID PROFILE

SERUM CHOLESTEROL	125.6	mg/dl	
Optimal	< 200	mg/dl	
Border Line High Risk	200 - 239	mg/dl	
High Risk	> 240	mg/dl	

Contd...4



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Ref. By BANK OF BARODA

Srl No. 109
Age 38 Yrs.

Sex M
OUT SIDE SAMPLE

Investigation Name	Result Value	Unit	Biomedical Ref Range
TRIGLYCERIDES	102.3	mg/dL	
Optimal	< 150	mg/dl	
Border Line High Risk	150 - 199	mg/dl	
High Risk	200 - 499	mg/dl	
Very High Risk	> 500	mg/dl	
H D L CHOLESTEROL(direct)	45.7	mg/dL	
	Male		Female
Optimal>	55 mg/dl		> 65 mg/dl
Border Line High Risk	35 - 55 mg/dl		45 - 65 mg/dl
High Risk	< 35 mg/dl		< 45 mg/dl
L D L CHOLESTEROL (DIRECT)	59.44	mg/dl	
Optimal	<100	mg/dl	
Near or Above Optimal	100 - 129	mg/dl	
Border Line High Risk	130 - 159	mg/dl	
High Risk	160 - 189	mg/dl	
Very High Risk	> 190	mg/dl	
V L D L	20.46	mg/dl	25.0 - 40.0
SERUM CHOLESTEROL/HDL RATIO	2.748		
LDL / HDL CHOLESTEROL RATIO	1.301		0.00 - 3.55

R.O. risk factor

Risk Factor of Coronary Heart Disease.

Positive Risk Factors

1. Age - Males >45 Yrs.

Females >55 Yrs. or premature menopause without estrogen replacement therapy.

2. Family history of premature coronary heart disease.

3. Cigarette smoking.

4. Hypertension (>140/90 mm Hg or on antihypertensive medication)

5. Low HDL Cholesterol <30 mg/dl

6. Diabetes mellitus

Negative Risk Factor

Contd...5



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1. High HDL Cholesterol >60 mg/dl

BIOCHEMISTRY - TEST REPORT**L.F.T / LIVER FUNCTION TEST**

TOTAL BILIRUBIN	1.01	mg/dl	0.20 - 1.00
<u>Reference range</u>			

Reference range according to Thomas
Total bilirubin : up to 1.1 mg/dl

Reference range according to Sherlock and Meites
Adults and children : up to 1.0 mg/dl

New born		
Age of new born	Premature	
24 hours	1.0 - 6.0 mg/dl	
48 hours	6.0 - 8.0 mg/dl	
3 - 5 days	10.0 - 15.0 mg/dl	
Age of new born	Full term	
24 hours	2.0 - 6.0 mg/dl	
48 hours	6.0 - 7.0 mg/dl	
3-5 days	4.0 - 12.0 mg/dl	

CONJUGATED (D. Bilirubin)	0.78	mg/dl	0.1 - 0.4
UNCONJUGATED (I.D. Bilirubin)	0.23	mg/dl	0.2 - 0.7
TOTAL PROTEINS	7.25	gm/dl	6.0 - 8.2
ALBUMIN	4.36	gm/dl	3.5 - 5.2
GLOBULIN	2.89	gm/dl	2.3 - 3.5
A/G RATIO	1.509	gm/dl	0.8 - 2.0
S.G.O.T (AST)	131.2	U/L	0.0 - 40.0
S.G.P.T (ALT)	165.9	U/L	0.0 - 40.0
ALKALINE PHOSPHATASE OPTIMIZED	215.7	U/L	0 - 0

Contd...6



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S.V. SCIENTIFIC PATHOLOGY

DR. SHIKHA VYAS

D.C.P. (PATH.)

R.NO. 52957/ 17.08.2006

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Investigation Name	Result Value	Unit	Biomedical Ref Range
Expected Values :			
Aged 1 Day	< 250	U/L	
Aged 2 to 5 Days	< 231	U/L	
Aged 6 Days to 6 Months	< 449	U/L	
Aged 7 Months to 1 Year	< 426	U/L	
Aged 1 - 3 Yrs	< 281	U/L	
Aged 4 - 6 Yrs	< 269	U/L	
Aged 7 - 12 Yrs	< 300	U/L	
Aged 13 - 17 Yrs (Male)	< 390	U/L	
Aged 13 - 17 Yrs (Female)	< 187	U/L	
Men (Adult)	40 - 129	U/L	
Women (Adult)	35 - 104	U/L	

GGTP	77.80	U/L	8 - 78
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URINE EXAMINATION - TEST REPORT

PHYSICAL EXAMINATION

COLOUR	PALE YELLOW
TRANSPARENCY	CLEAR
SPECIFIC GRAVITY	1.010
pH	6.0

CHEMICAL EXAMINATION

ALBUMIN	NIL
REDUCING SUGAR	NIL
BILE SALTS	NEGATIVE
BILE PIGMENT	NEGATIVE
KETONE BODIES /ACETONE	NEGATIVE

MICROSCOPIC EXAMINATION

PUS CELLS	2-3	/HPF
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Contd...7



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Ref. By BANK OF BARODA

Srl No. 109
Age 38 Yrs.

Sex M
OUT SIDE SAMPLE

EPITHELIAL CELLS	1-2	/HPF
RBC's	NIL	/HPF
CRYSTALS	NIL	
CASTS	NIL	
BACTERIA	NIL	
OTHERS	NIL	

**** Report Completed****



DR. SHIKHA VYAS
D.C.P (Path.)
R.NO 52957 / 17.08.2006

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