

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

CIN: U85110CT2005PTC017751 GSTIN/UIN: 22AADCP8009N2Z9



UHID

: 176835

PATIENT NAME

: MR. JASWANT YADAV

AGE/SEX

: 46Y/MALE

CONSULTANT DOCTOR

: HOSPITAL CASE

VISITID

: 0000338566

ORDER DATE

: 16/03/2024 3:10:00PM

610212024 4:1F:00PM

SAMP. DATE SPEC. NO : 16/03/2024 4:15:00PM

: 10506130

RESULT DATE : 16/0

: 16/03/2024 4:26:00PM

TPA

: MEDIWHEEL

DEPARTMENT OF PATHOLOGY

| | | RESULT | REFERENCE RANGE |
|-----------------------|-------------------|--------|-----------------|
| PARAMETER | VALUE | | |
| HAEMOGLOBIN (Hb) | 15.1 gm% | Normal | 13.5 - 17.5 |
| TOTAL RBC COUNT | 4.79 Million/cumm | Normal | 4.5 - 5.9 |
| HAEMATOCRIT (PCV) | 42.3 % | Normal | 41.5 - 50.4 |
| RBC INDICES | | | |
| MCV | 88.2 fl | Normal | 78 - 96 |
| MCH | 31.5 pg | Normal | 27 - 32 |
| MCHC | 35.7 % | Normal | 33 - 37 |
| RDW | 12.0 % | Normal | 11 - 16 |
| TOTAL WBC COUNT (TLC) | 6800 /cumm | Normal | 4000 - 11000 |
| DIFFERENTIAL COUNT | | | |
| NEUTROPHILS | 70 % | Normal | 0 - 75 |
| LYMPHOCYTES | 20 % | Low | 22 - 48 |
| EOSINOPHILS | 05 % | Normal | 0 - 6 |
| MONOCYTES | 05 % | Normal | 2 - 10 |
| BASOPHILS | 00 % | Normal | 0 - 2 |
| BANDS | 00 % | Normal | 0 - 5 |
| BLAST | 00 % | Normal | |
| PLATELET COUNT | 162000 /cumm | Normal | 150000 - 450000 |

TECHNICIAN

Dr. AVISHESH SINGH MD

CONSULTANT



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SAMP. DATE : 16/03/2024 4:15:00PM

SPEC. NO : 10506128

RESULT DATE : 16/03/2024 5:00:00PM

TPA : MEDIWHEEL

DEPARTMENT OF PATHOLOGY

| PARAMETER | VALUE | RESULT | REFERENCE RANGE |
|-------------------------------------|---------------|--------|-----------------|
| BLOOD GROUPING AND RH TYPING | | | |
| BLOOD GROUP | "O" | | - 3mm, do |
| RH FACTOR | Positive | | |
| BUN (BLOOD UREA NITROGEN) | | | |
| BUN (BLOOD UREA NITROGEN) | 7.47 mg / dl | Low | 8 - 23 |
| CREATININE | | | |
| SERUM CREATININE | 0.93 mg/dL | Normal | 0.3 - 1.5 |
| GGT (GAMMA GLUTAMYL TRANSFER | RASE) | | , |
| GGT (GAMMA GLUTAMYL TRANSFERASE) | 14 U / L | Normal | 8 - 52 |
| LIPID PROFILE | | | |
| CHOLESTEROL TOTAL | 236 mg / dl | High | 150 - 220 |
| TRIGLYCERIDES - SERUM | 170 mg / dl | High | 60 - 165 |
| HDL | 57.04 mg / dl | Normal | 35 - 80 |
| LDL | 144.96 mg/dL | Normal | 90 - 160 |
| VLDL | 34.00 | Normal | 20 - 50 |
| CHOL: HDL Ratio | 4.14:1 | | 3.5 - 5.5 |
| LDL: HDL Ratio | 2.54:1 | | |
| URIC ACID | | | |
| URIC ACID | 3.68 mg/dL | Normal | 3.6 - 7.7 |

TECHNICIAN

Dr. AVISHESH SINGH MD PATH CONSULTANT

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

Dage 1 of 1



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CONSULTANT DOCTOR

: HOSPITAL CASE

SPEC. NO

: 10506121

RESULT DATE

: 17/03/2024 7:28:00PM

TPA

: MEDIWHEEL

DEPARTMENT OF PATHOLOGY

SERUM PSA TOTAL

PARAMETER

VALUE

RESULT

REFERENCE RANGE

PSA (TOTAL)

0.298 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

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.

- 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

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: 16/03/2024 3:10:00PM

: 17/03/2024 2:21:00PM

AGE/SEX

: 46Y/MALE

SAMP. DATE

. 10506133

: 16/03/2024 4:15:00PM

CONSULTANT DOCTOR

: HOSPITAL CASE

SPEC. NO

: 10506123

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TPA

: MEDIWHEEL

DEPARTMENT OF PATHOLOGY

| PARAMETER | VALUE | RESULT | REFERENCE RANGE | |
|------------------------------|-----------|--------|-----------------|--|
| BLOOD SUGAR - FASTING AND PP | | | | |
| BLOOD SUGAR FASTING | 218 mg/dL | High | 80 - 120 | |
| BLOOD SUGAR PP | 310 mg/dL | High | 120 - 140 | |
| URINE SUGAR FASTING | | | | |
| URINE FOR SUGAR | Nil | | | |
| URINE SUGAR PP | | | | |
| URINE FOR SUGAR | +++ | | _ | |

Dr. AVISHESH SINGH MD

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CONSULTANT DOCTOR

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: HOSPITAL CASE

SPEC. NO

: 10506119

RESULT DATE

: 17/03/2024 7:28:00PM

TPA

: MEDIWHEEL

DEPARTMENT OF PATHOLOGY

T3,T4 TSH

PARAMETER VALUE RESULT REFERENCE RANGE T3 (TRIIODOTHYRONINE) 1.090 ng/ml Normal 0.69 - 2.15T4 (THYROXINE) Normal 55.79 ng/ml 52 - 127 TSH (THYROID STIMULATING 0.833 uIU/ml Normal 0.3 - 4.5HORMONE)

REFERENCE GROUP

REFERENCE RANGE in uIU/mL

As per American Thyroid Association

Adult Females (> 20 years)

Pregnancy

0.30- 4.5

 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

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CONSULTANT DOCTOR

: HOSPITAL CASE

SPEC. NO

: 10506129

RESULT DATE

: 17/03/2024 2:23:00PM

TPA

: MEDIWHEEL

DEPARTMENT OF PATHOLOGY

HBA1c (GLYCOSYLATED HAEMOGLOBIN)

PARAMETER

VALUE

RESULT

REFERENCE RANGE

HBA1 C (GLYCOSYLATED HEAMOGLOBIN)

9.4 %

High

Interpretation

As per American diabetes Association (ADA)

Reference Group

- HbA1c In%

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

->=6.0 to <=6.5

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

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

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CONSULTANT DOCTOR : HOSPITAL CASE SPEC. NO : 10506124

RESULT DATE : 16/03/2024 6:38:00PM

TPA : MEDIWHEEL

DEPARTMENT OF PATHOLOGY

| PARAMETER | VALUE | RESULT | REFERENCE RANGE | | |
|----------------------------|----------|--------|-----------------|--|--|
| PHYSICAL EXAMINATION | | | | | |
| QUANTITY | 10 ml | | \ <u>.</u> | | |
| COLOUR | Straw | | - | | |
| APPEARANCE | Clear | | - | | |
| REACTION | Acidic | | - | | |
| | | | | | |
| CHEMICAL EXAMINATION | | | | | |
| ALBUMIN | Nil | | - | | |
| SUGAR | Nil | | - | | |
| | | | | | |
| MICROSCOPIC EXAMINATION | | | | | |
| EPITHELIAL CELLS | 1-2 /hpf | | 0 - 5 | | |
| PUS CELLS | 0-1 /hpf | | 1 - 2 | | |
| RBC | Nil /hpf | | 3 2 | | |
| CAST | Nil /lpf | | 8- | | |
| CRYSTAL | Nil | | | | |
| AMORPHOUS MATERIAL DEPOSIT | Nil | | | | |
| OTHERS | Nil | | _ | | |

TECHNICIAN

Dr. AVISHESH SINGH MD PATH

ONSECTANT



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TPA : MEDIWHEEL

DEPARTMENT OF PATHOLOGY

| LFT (LIVER FUNCTION TEST) | | | |
|---------------------------|--------------|--------|-----------------|
| PARAMETER | VALUE | RESULT | REFERENCE RANGE |
| BILIRUBIN TOTAL | 1.07 mg/dL | Normal | 0.1 - 1.2 |
| BILIRUBIN DIRECT | 0.29 mg / dl | Normal | 0.1 - 0.6 |
| BILIRUBIN INDIRECT | 0.78 mg / dl | High | 0.1 - 0.4 |
| ALKALINE PHOSPHATASE | 81 U/L | Normal | 0 - 270 |
| SGOT | 24 U/L | Normal | 10 - 55 |
| SGPT | 31 U/L | Normal | 0 - 40 |
| TOTAL PROTEIN | 7.84 g / dl | Normal | 6 - 8 |
| ALBUMIN | 4.51 g/dl | Normal | 4 - 5 |
| GLOBULIN | 3.33 g / dl | Normal | 2 - 3.5 |
| A.G.RATIO | 1.35:1 | | 1 - 2.5 |

Dr. AVISHESH SINGH MD PATH

TECHNICIAN

CONSULTANT :

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② Ram Nagar, Supela, Bhilai (C.G.)
 ③ Ph.: 0788 4252222, 4052040
 ☑ info@sparshbhilai.com
 ④ Toll Free No.: 1800 309 1616

22/02/2024 11·20AM

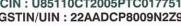
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SPEC. NO : 10506131

RESULT DATE : 16/03/2024 5:34:00PM

TPA : MEDIWHEEL

DEPARTMENT OF PATHOLOGY

ESR (ERYTHROCYTE SEDIMENTATION RATE)

| PARAMETER | VALUE | RESULT | REFERENCE RANGE | |
|-----------|----------------------|--------|-----------------|--|
| ESR | 20 mm at end of 1 hr | High | 0 - 15 | |

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