

| | | | |
|--------------|--------------------------|-------------|---------------------|
| UHID | : 177066 | Visit ID | : 0000339130 |
| Patient Name | : MR. MRINAL KUMAR SINGH | Spec No. | : |
| Age / Sex | : 37Y / MALE | | : |
| Consultant | : DR. HOSPITAL CASE | Order Date | : 23/03/2024 9:34AM |
| Ref. By | : DR. HOSPITAL CASE | Samp.Date | : |
| Category | : MEDIWHEEL | Report Date | : 23/03/24 01:50PM |

SONOGRAPHY USG WHOLE ABDOMEN

- Gaseous abdomen

* LIVER : Normal in size (13.95 cm) and shows diffuse fine increased echogenicity of parenchyma with no evidence of any focal lesion seen. IHBRs are not dilated.

*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.

*PANCREAS: Pancreas obscured by overlying bowel gases.

*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 :

- Gaseous abdomen

• Fatty Liver (Grade I)

• Pancreas obscured by overlying bowel gases.

- Please correlate clinically , followup USG is recommended.

DR. SAMIR KATHALE
MBBS, DNB(RADIO), MNAMS, MANBD
Reg No: CGMC-4404/2012

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

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| Category | : MEDIWHEEL | Report Date | : 23/03/24 06:03PM |

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

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| CONSULTANT DOCTOR | : HOSPITAL CASE | SPEC. NO | : 10507610 |
| | | RESULT DATE | : 23/03/2024 1:16:00PM |
| | | TPA | : MEDIWHEEL |

DEPARTMENT OF PATHOLOGY

CBC (COMPLETE BLOOD COUNT)

| PARAMETER | VALUE | RESULT | REFERENCE RANGE |
|-----------------------|-------------------|--------|-----------------|
| HAEMOGLOBIN (Hb) | 13.1 gm% | Low | 13.5 - 17.5 |
| TOTAL RBC COUNT | 5.55 Million/cumm | Normal | 4.5 - 5.9 |
| HAEMATOCRIT (PCV) | 38.6 % | Low | 41.5 - 50.4 |
| RBC INDICES | | | |
| MCV | 69.4 f l | Low | 78 - 96 |
| MCH | 23.6 pg | Low | 27 - 32 |
| MCHC | 34.0 % | Normal | 33 - 37 |
| RDW | 16.5 % | High | 11 - 16 |
| TOTAL WBC COUNT (TLC) | 5700 /cumm | Normal | 4000 - 11000 |
| DIFFERENTIAL COUNT | | | |
| NEUTROPHILS | 60 % | Normal | 0 - 75 |
| LYMPHOCYTES | 33 % | Normal | 22 - 48 |
| EOSINOPHILS | 03 % | Normal | 0 - 6 |
| MONOCYTES | 04 % | Normal | 2 - 10 |
| BASOPHILS | 00 % | Normal | 0 - 2 |
| BANDS | 00 % | Normal | 0 - 5 |
| BLAST | 00 % | Normal | |
| PLATELET COUNT | 191000 /cumm | Normal | 150000 - 450000 |

TECHNICIAN


Dr. AVISHESH SINGH MD
PATH
CONSULTANT


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| CONSULTANT DOCTOR | : HOSPITAL CASE | SPEC. NO | : 10507608 |
| | | RESULT DATE | : 23/03/2024 12:51:00PM |
| | | TPA | : MEDIWHEEL |

DEPARTMENT OF PATHOLOGY

| PARAMETER | VALUE | RESULT | REFERENCE RANGE |
|---|---------------|--------|-----------------|
| BLOOD GROUPING AND RH TYPING | | | |
| BLOOD GROUP | "B" | - | - |
| RH FACTOR | Positive | - | - |
| BUN (BLOOD UREA NITROGEN) | | | |
| BUN (BLOOD UREA NITROGEN) | 9.34 mg / dl | Normal | 8 - 23 |
| CREATININE | | | |
| SERUM CREATININE | 1.14 mg/dL | Normal | 0.3 - 1.5 |
| GGT (GAMMA GLUTAMYL TRANSFERASE) | | | |
| GGT (GAMMA GLUTAMYL TRANSFERASE) | 27 U / L | Normal | 8 - 52 |
| LIPID PROFILE | | | |
| CHOLESTEROL TOTAL | 180 mg / dl | Normal | 150 - 220 |
| TRIGLYCERIDES - SERUM | 150 mg / dl | Normal | 60 - 165 |
| HDL | 48.60 mg / dl | Normal | 35 - 80 |
| LDL | 101.4 mg/dL | Normal | 90 - 160 |
| VLDL | 30.0 | Normal | 20 - 50 |
| CHOL : HDL Ratio | 3.70:1 | | 3.5 - 5.5 |
| LDL: HDL Ratio | 2.08:1 | | - |
| URIC ACID | | | |
| URIC ACID | 4.32 mg/dL | Normal | 3.6 - 7.7 |

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Dr. AVISHESH SINGH MD
PATH
CONSULTANT
Sparsh Multispecialty Hospital
Bhilai

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| CONSULTANT DOCTOR | : HOSPITAL CASE | SPEC. NO | : 10507605 |
| | | RESULT DATE | : 23/03/2024 1:40:00PM |
| | | TPA | : MEDIWHEEL |

DEPARTMENT OF PATHOLOGY

SERUM PSA TOTAL

| PARAMETER | VALUE | RESULT | REFERENCE RANGE |
|-------------|-------------|--------|-----------------|
| PSA (TOTAL) | 0.154 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 liquefies semen in the terminal coagulum and allows sperms to swim freely.

Increased value:

Elevated serum PSA concentration are found in men with prostate cancer, benign 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 based on the result of a single test, but should be determined in conjunction with clinical findings in association with medical judgement.

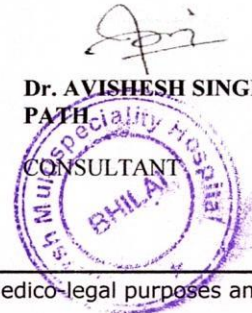
2) Patient sample containing human anti mouse antibodies (HAMA) may give falsely elevated or decreased values. Although HAMA-neutralizing agents are added, extremely high HAMA serum concentration may occasionally influence results.

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.

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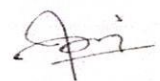
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| AGE/SEX | : 37Y/MALE | SAMP. DATE | : 23/03/2024 10:23:00AM |
| CONSULTANT DOCTOR | : HOSPITAL CASE | SPEC. NO | : 10507647 |
| | | RESULT DATE | : 23/03/2024 2:08:00PM |
| | | TPA | : MEDIWHEEL |

DEPARTMENT OF PATHOLOGY

| PARAMETER | VALUE | RESULT | REFERENCE RANGE |
|-------------------------------------|-----------|--------|-----------------|
| BLOOD SUGAR - FASTING AND PP | | | |
| BLOOD SUGAR FASTING | 106 mg/dL | Normal | 80 - 120 |
| BLOOD SUGAR PP | 154 mg/dL | High | 120 - 140 |
| URINE SUGAR FASTING | | | |
| URINE FOR SUGAR | Nil | - | - |
| URINE SUGAR PP | | | |
| URINE FOR SUGAR | Nil | - | - |

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| CONSULTANT DOCTOR | : HOSPITAL CASE | SPEC. NO | : 10507603 |
| | | RESULT DATE | : 23/03/2024 1:40:00PM |
| | | TPA | : MEDIWHEEL |

DEPARTMENT OF PATHOLOGY

T3,T4 TSH

| PARAMETER | VALUE | RESULT | REFERENCE RANGE |
|-----------------------------------|--------------|--------|-----------------|
| T3 (TRIIODOTHYRONINE) | 1.617 ng/ml | Normal | 0.69 - 2.15 |
| T4 (THYROXINE) | 102.79 ng/ml | Normal | 52 - 127 |
| TSH (THYROID STIMULATING HORMONE) | 2.358 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

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| CONSULTANT DOCTOR | : HOSPITAL CASE | SPEC. NO | : 10507609 |
| | | RESULT DATE | : 23/03/2024 12:21:00PM |
| | | TPA | : MEDIWHEEL |

DEPARTMENT OF PATHOLOGY

HBA1c (GLYCOSYLATED HAEMOGLOBIN)

| PARAMETER | VALUE | RESULT | REFERENCE RANGE |
|-----------------------------------|-------|--------|-----------------|
| HBA1 C (GLYCOSYLATED HEAMOGLOBIN) | 7.3 % | High | 4 - 6 |

Interpretation

As per American diabetes Association (ADA)

| | |
|------------------------------|---------------------------|
| Reference Group | - HbA1c In% |
| Non diabetic \geq 18 years | - 4.0 - 6.0 |
| At risk (Prediabetes) | - \geq 6.0 to $<$ = 6.5 |
| Diagnosing diabetes | - \geq 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

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 appropriate.

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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| CONSULTANT DOCTOR | : HOSPITAL CASE | SPEC. NO | : 10507625 |
| | | RESULT DATE | : 23/03/2024 11:18:00AM |
| | | TPA | : MEDIWHEEL |


DEPARTMENT OF PATHOLOGY

URINE ROUTINE AND MICROSCOPY

| PARAMETER | VALUE | RESULT | REFERENCE RANGE |
|----------------------------|-------------------------|--------|-----------------|
| PHYSICAL EXAMINATION | | | |
| QUANTITY | 10 ml | - | - |
| COLOUR | Yellow | - | - |
| APPEARANCE | Clear | - | - |
| REACTION | Acidic | - | - |
| CHEMICAL EXAMINATION | | | |
| ALBUMIN | Nil | - | - |
| SUGAR | Nil | - | - |
| MICROSCOPIC EXAMINATION | | | |
| EPITHELIAL CELLS | Plenty /hpf | - | 0 - 5 |
| PUS CELLS | Occasional /hpf | - | 1 - 2 |
| RBC | Nil /hpf | - | - |
| CAST | Nil /lpf | - | - |
| CRYSTAL | Nil | - | - |
| AMORPHOUS MATERIAL DEPOSIT | Nil | - | - |
| OTHERS | Amorphous Debries seen. | - | - |

Adv: Urine C/S.

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| CONSULTANT DOCTOR | : HOSPITAL CASE | SPEC. NO | : 10507606 |
| | | RESULT DATE | : 23/03/2024 12:21:00PM |
| | | TPA | : MEDIWHEEL |

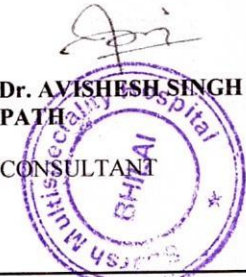
DEPARTMENT OF PATHOLOGY

LFT (LIVER FUNCTION TEST)

| PARAMETER | VALUE | RESULT | REFERENCE RANGE |
|----------------------|--------------|--------|-----------------|
| BILIRUBIN TOTAL | 1.70 mg/dL | High | 0.1 - 1.2 |
| BILIRUBIN DIRECT | 0.52 mg / dl | Normal | 0.1 - 0.6 |
| BILIRUBIN INDIRECT | 1.18 mg / dl | High | 0.1 - 0.4 |
| ALKALINE PHOSPHATASE | 88 U / L | Normal | 0 - 270 |
| SGOT | 54 U / L | Normal | 10 - 55 |
| SGPT | 76 U / L | High | 0 - 40 |
| TOTAL PROTEIN | 7.91 g / dl | Normal | 6 - 8 |
| ALBUMIN | 4.81 g/dl | Normal | 4 - 5 |
| GLOBULIN | 3.10 g / dl | Normal | 2 - 3.5 |
| A.G.RATIO | 1.55:1 | | 1 - 2.5 |

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Sparsh Multispecialty Hospital

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

CIN : U85110CT2005PTC017751
GSTIN/UIN : 22AADCP8009N2Z9



एक एहसास श्रमनेपन का

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CONSULTANT DOCTOR : HOSPITAL CASE SPEC. NO : 10507611
RESULT DATE : 23/03/2024 1:54:00PM
TPA : MEDIWHEEL

DEPARTMENT OF PATHOLOGY

ESR (ERYTHROCYTE SEDIMENTATION RATE)

| PARAMETER | VALUE | RESULT | REFERENCE RANGE |
|-----------|----------------------|--------|-----------------|
| ESR | 10 mm at end of 1 hr | Normal | 0 - 15 |

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28/03/2024 1:08PM

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