

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

CIN: U85110CT2005PTC017751

GSTIN/UIN: 22AADCP8009N2Z9

: 0000340770 Visit ID

Spec No.

: 12/04/2024 9:25AM

: DR. HOSPITAL CASE Consultant

: MEDIWHEEL

: 38Y / MALE

: 177767

Order Date

Ref. By Category

Age / Sex

UHID

• DR. HOSPITAL CASE

Patient Name : MR. AKASH CHANDRAMANI KAMBLE

Samp.Date Report Date

: 12/04/24 10:42AM

SONOGRAPHY USG WHOLE ABDOMEN-MALE

- * 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,

DILIP 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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Consultant : DR. HOSPITAL CASE Order Date : 12/04/2024 9:25AM

Ref. By : DR. HOSPITAL CASE Samp.Date :

Category : MEDIWHEEL Report Date : 12/04/24 12:28PM

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,

DE 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.



CONSULTANT DOCTOR

Sparsh Multispecialty Hospital

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CIN: U85110CT2005PTC017751 GSTIN/UIN: 22AADCP8009N2Z9



UHID : 177767 VISITID : 0000340770

: HOSPITAL CASE

PATIENT NAME : MR. AKASH CHANDRAMANI KAMBLE ORDER DATE : 12/04/2024 9:25:00AM

AGE/SEX : 38Y/MALE SAMP. DATE : 12/04/2024 10:03:00AM

RESULT DATE : 12/04/2024 10:57:00AM

TPA : MEDIWHEEL

: 10510964

SPEC. NO

DEPARTMENT OF PATHOLOGY

CBC (COMPLETE BLOOD COUNT)			
PARAMETER	VALUE	RESULT	REFERENCE RANGE
HAEMOGLOBIN (Hb)	10.0 gm%	Low	13.5 - 17.5
TOTAL RBC COUNT	4.93 Million/cumm	Normal	4.5 - 5.9
HAEMATOCRIT (PCV)	32.8 %	Low	41.5 - 50.4
RBC INDICES			
MCV	66.6 fl	Low	78 - 96
MCH	20.2 pg	Low	27 - 32
MCHC	30.4 %	Low	33 - 37
RDW	18.2 %	High	11 - 16
TOTAL WBC COUNT (TLC)	4700 /cumm	Normal	4000 - 11000
DIFFERENTIAL COUNT			
NEUTROPHILS	63 %	Normal	0 - 75
LYMPHOCYTES	30 %	Normal	22 - 48
EOSINOPHILS	02 %	Normal	0 - 6
MONOCYTES	05 %	Normal	2 - 10
BASOPHILS	00 %	Normal	0 - 2
BANDS	00 %	Normal	0 - 5
BLAST	00 %	Normal	
PLATELET COUNT	451000 /cumm	High	150000 - 450000

TECHNICIAN

DAVISHESH SINGH MD



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

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AGE/SEX : 38Y/MALE SAMP. DATE : 12/04/2024 10:03:00AM

CONSULTANT DOCTOR : HOSPITAL CASE SPEC. NO : 10510962

RESULT DATE : 12/04/2024 10:57:00AM

TPA : MEDIWHEEL

DEPARTMENT OF PATHOLOGY

PARAMETER	VALUE	RESULT	REFERENCE RANGE	
BLOOD GROUPING AND RH TYPIN	IG			
BLOOD GROUP	"O"		÷ .	
RH FACTOR	Positive		-	
BUN (BLOOD UREA NITROGEN)				
BUN (BLOOD UREA NITROGEN)	9.34 mg / dl	Normal	8 - 23	
GGT (GAMMA GLUTAMYL TRANSF	ERASE)			
GGT (GAMMA GLUTAMYL TRANSFERASE)	16 U/L	Normal	8 - 52	
LIPID PROFILE				
CHOLESTEROL TOTAL	111 mg / dl	Low	150 - 220	
TRIGLYCERIDES - SERUM	178 mg / dl	High	60 - 165	
HDL	38.29 mg / dl	Normal	35 - 80	
LDL	37.11 mg/dL	Low	90 - 160	
VLDL	35.60	Normal	20 - 50	
CHOL: HDL Ratio	2.90:1		3.5 - 5.5	
LDL: HDL Ratio	0.97:1		-	
URIC ACID				
URIC ACID	3.86 mg/dL	Normal	3.6 - 7.7	

TECHNICIAN

PATH A SECONSULTANT

SINGH MD



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PATIENT NAME

: MR. AKASH CHANDRAMANI KAMBLE

ORDER DATE

AGE/SEX

: 38Y/MALE

SAMP. DATE

: 12/04/2024 9:25:00AM : 12/04/2024 10:03:00AM

CONSULTANT DOCTOR

: HOSPITAL CASE

SPEC. NO

: 10510955

: 12/04/2024 2:24:00PM RESULT DATE

TPA

: MEDIWHEEL

DEPARTMENT OF PATHOLOGY

SERUM PSA TOTAL

PARAMETER

VALUE

RESULT

REFERENCE RANGE

INGH MD

PSA (TOTAL)

0.971 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.

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.

Followup and management of Prostate cancer patients

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.

TECHNICIAN



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RESULT DATE

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AGE/SEX

: 38Y/MALE

SAMP. DATE

: 12/04/2024 10:03:00AM

CONSULTANT DOCTOR

: HOSPITAL CASE

SPEC. NO

: 10510957

: 12/04/2024 1:55:00PM

TPA

: MEDIWHEEL

DEPARTMENT OF PATHOLOGY

PARAMETER	VALUE	RESULT	REFERENCE RANGE	
BLOOD SUGAR - FASTING AND PP				
BLOOD SUGAR FASTING	120 mg/dL	Normal	80 - 120	
BLOOD SUGAR PP	129 mg/dL	Normal	120 - 140	
URINE SUGAR FASTING				
URINE FOR SUGAR	Nil		-	
URINE SUGAR PP				
URINE FOR SUGAR	Nil		-	

TECHNICIAN

Dr. AVISHESH SINGHAMD PATH SHILAI CONSULTANT



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: 12/04/2024 9:25:00AM

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: 12/04/2024 10:03:00AM

CONSULTANT DOCTOR

: HOSPITAL CASE

SPEC. NO

: 10510953

RESULT DATE

: 12/04/2024 2:24:00PM

TPA

: MEDIWHEEL

DEPARTMENT OF PATHOLOGY

T	3,	T۷	4 '	т	S	н
	-,	-		-	_	

RESULT REFERENCE RANGE **PARAMETER** VALUE Normal 0.69 - 2.15T3 (TRIIODOTHYRONINE) 1.907 ng/ml Normal 52 - 127 T4 (THYROXINE) 66.62 ng/ml Normal 0.3 - 4.5TSH (THYROID STIMULATING 1.945 uIU/ml

REFERENCE GROUP

REFERENCE RANGE in uIU/mL

As per American Thyroid Association

Adult Females (> 20 years)

0.30-4.5

Pregnancy

HORMONE)

 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

TECHNICIAN



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AGE/SEX

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: HOSPITAL CASE

SAMP. DATE

: 12/04/2024 10:03:00AM

SPEC. NO

: 10510963

RESULT DATE

: 12/04/2024 11:16:00AM

TPA

: MEDIWHEEL

DEPARTMENT OF PATHOLOGY

HBA1c (GLYCOSYLATED HAEMOGLOBIN)

PARAMETER

VALUE

RESULT

REFERENCE RANGE

HBA1 C (GLYCOSYLATED

HEAMOGLOBIN)

6.3 %

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

- 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 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

Dr. AVISHESH SINGH MD



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CONSULTANT DOCTOR

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: 10510958

RESULT DATE

: 12/04/2024 2:02:00PM

TPA

: MEDIWHEEL

DEPARTMENT OF PATHOLOGY

URINE ROUTINE AND MICROS	COPY		-
PARAMETER	VALUE	RESULT	REFERENCE RANGE
PHYSICAL EXAMINATION			
QUANTITY	10 ml		-
COLOUR	Straw		
APPEARANCE	Clear		-
REACTION	Acidic		
CHEMICAL EXAMINATION			
ALBUMIN	Nil		ie 1 Table o
SUGAR	Nil		1-
MICROSCOPIC EXAMINATION			
EPITHELIAL CELLS	0-1 /hpf		0 - 5
PUS CELLS	Occasional /hpf		1 - 2
RBC	Nil /hpf		
CAST	Nil /lpf		(e.)
CRYSTAL	Nil		i= 0,000 0,000
AMORPHOUS MATERIAL DEPOSIT	Nil		
OTHERS	Nil		

TECHNICIAN

Dr. 3945HESH SINGH MD



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: 12/04/2024 9:25:00AM : 12/04/2024 10:03:00AM

SPEC. NO

: 10510956

RESULT DATE : 12/04/2024 11:16:00AM

TPA

: MEDIWHEEL

DEPARTMENT OF PATHOLOGY

LFT (LIVER FUNCTION TEST)

VALUE	RESULT	REFERENCE RANGE
0.84 mg/dL	Normal	0.1 - 1.2
0.31 mg / dl	Normal	0.1 - 0.6
0.53 mg / dl	High	0.1 - 0.4
75 U/L	Normal	0 - 270
25 U/L	Normal	10 - 55
20 U/L	Normal	0 - 40
7.93 g / dl	Normal	6 - 8
4.77 g/dl	Normal	4 - 5
3.16 g/dl	Normal	2 - 3.5
1.51:1		1 - 2.5
	0.84 mg/dL 0.31 mg / dl 0.53 mg / dl 75 U / L 25 U / L 20 U / L 7.93 g / dl 4.77 g/dl 3.16 g / dl	0.84 mg/dL Normal 0.31 mg / dl Normal 0.53 mg / dl High 75 U / L Normal 25 U / L Normal 20 U / L Normal 7.93 g / dl Normal 4.77 g/dl Normal 3.16 g / dl Normal

TECHNICIAN

Dr. AVISHESH SINGH MD PATH . 50°Clalty.



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: 38Y/MALE

SPEC. NO

: 10510965

CONSULTANT DOCTOR : HOSPITAL CASE

RESULT DATE : 12/04/2024 12:22:00PM

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

TECHNICIAN