

DIAGNOSTICS RAIBARELI ROAD, TELIBAGH, LUCKNOW E-mail : mskdiagnosticspvt@gmail.com, Website : mskdiagnostics.in Mobile : 7565000448

Collected At : (MSK)

Name	: MR. SHIV SHANKAR GAUTAM	Age : 30 Yrs.	Registered	: 15-4-2023 05:05 PM
Ref/Reg No	: 14059 / TPPC/MSK-	Gender : Male	Collected	: 15-4-2023 10:25 AM
Ref By	: Dr. MEDI WHEEL		Received	: 15-4-2023 05:05 PM
Sample	: Blood, Urine		Reported	: 15-4-2023 05:09 PM
Investigatio	n	Observed Values	Units	Biological Ref. Interval
		HEMATOLOGY		
HEMOGRA	M			
Haemo <mark>g1o</mark> bir [Metho d : SLS		15.1	g/dL	13 - 17
HCT/PCV (He Method : De	matocrit/Packed Cell Volume)	46.0	ml %	36 - 46
[Method: Electrical Impedence]		4.66	10^6/μl	4.5 - 5.5
MCV (Mean (Method: Cal	Corpuscular Volume)	98.7	fL.	83 - 101
MCH (Mean Method: Cal	Corpuscular Haemoglobin) culated	32.4	pg	27 - 32
ACHC (Mean Method : Cale	Corpuscular Hb Concentration)	33.8	g/dL	31.5 - 34.5
Method: Flow	icocyte Count) w Cytometry/Microscopic] tial Leucocyte Count):	6.9	10 ^3/μ Ι	4.0 - 10.0
Method: Flow	v Cytometry/Microscopic]			
olymor ph s		44	%	40.0 - 80.0
ymphocytes		52	%	20.0 - 40.0
osinophils		03	%	1.0 - 6.0
lonocytes		01	%	2.0 - 10.0
latelet Count Method: Elec	trical impedence/Microscopic]	174	10^3/µl	150 - 400
	Sedimentation Rate (E.S.R.)			
	trobe Method]			
Observed Rea	ading	08	mm for 1 hr	0-10
ABO Typing		"B"		
Rh (Anti - D)		Negative		

DR. POONAM SINGH MD (PATH)

---- End of report ----(SENIOR TECHNOLOGIST) (CHECKED BY)

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DR.MINAKSHI KAR MD (PATH & BACT) Page 1

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Mobile: 7565000448

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Ref/Reg No : 14 Ref By : Di	I R. SHIV SHANKAR GAUTAM 4059 / TPPC/MSK- : MEDI WHEEL 00d, Urine	Age : 30 Yrs. Gender : Male	Registered Collected Received Reported	: 15-4-2023 05:05 PM : 15-4-2023 10:25 AM : 15-4-2023 05:05 PM : 15-4-2023 05:09 PM
Investigation		Observed Values	Units	Biological Ref.

*Glycosylated Hemoglobin (HbA1C)			
* Glycosylated Hemoglobin (HbA1C) (Hole method)	5.8	%	0-6
(Hpic method) * Mean Blood Glucose (MBG)	129.18	mg/dl	
< 6 % : Non Diebetic Level 6-7 % : Goal	2		

6-7 % : Goal > 8 % : Action suggested

SUMMARY

If HbA1c is >8% which causes high risk of developing long term complications like retinopathy,Nephropathy,Cardiopathy and Neuropathy.In diabetes mellitus sugar (glucose) accumulates in blood stream beyond normal level. Measurement of blood / plasma glucose level (in fasting,"after meal" i.e. PP or random condition) reflect acute changes related to immediate past condition of the patient which may be affected by factor like duration of fasting or time of intake of food before fasting, dosages of anti diabetic drugs, mental conditions like stress, anxiety etc. it does not indicate the long-term aspects of diabetic control.

Glucose combines with hemoglobin (Hb) continuously and nearly irreversibly during life span of RBC (120 days), thus glycosylated Hb is proportional to mean plasma glucose level during the previous 2-3 months. HBA1C, a glycosylated Hb comprising 3% - 6% of the total Hb in healthy may double of even triple in diabetes mellitus depending on the level of hyperglycemia(high blood glucose level), thus correlating with lack of control by monitoring diabetic patients compliance with therapeutic regimen used and long term blood glucose level control. Added advantage is its ability to predict progression of diabetic complications. HbA1c value is no way concerned with the blood sugar on the day of testing and dietary preparation of fasting is unnecessary.

DR.MINAKSHI KAR MD (PATH & BACT) Page 1

DR. POONAM SINGH MD (PATH) (SENIOR TECHNOLOGIST) (CHECKED BY)

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Investigation	Observed Values	Units	Biological Ref. Interval
<u>B</u>	IOCHEMISTRY		
Plasma Glucose Fasting [Method : Hexokinase]	75.1	mg/dL	70 - 110
Serum Bilirubin (Total)	0.7	mg/dl.	0.0 - 1.2
* Serum Bilirubin (Direct)	0.3	mg/dl.	0-0.4
* Serum Bilirubin (Indirect)	0.4	mg/di.	0.2-0.7
SGPT Method : IFCC (UV without pyridoxal-5-phosphate)	42.4	IU/L	10 - 50
GOT Method: IFCC (UV without pyridoxal-5-phosphate)	25.4	IU/L	10 - 50
erum Alkaline Phosphatase Method:4-Nitrophenyl phosphate (pNPP)]	112.8	IU/L	108 - 306
erum Protein	7.5	gm/dL	6.2 - 7.8
erum Albumin	3.7	gm/dL.	3.5 - 5.2
erum Globulin	3.8	gm/dL.	2.5-5.0
.G. Ratio	0.97 : 1	D V MET	2.5-3.0
Gamma-Glutamyl Transferase (GGT)	22.8	IU/L	Less than 55

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DR.MINAKSHI KAR DR.MIIIVALS. ... MD (PATH & BACT) Page 1

DR. POONAM SINGH (SENIOR TEOHNOLOGIST) MD (PATH)

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----- End of report -----

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LIPID PROFILE (F) Serum Cholesterol Serum Triglycerides HDL Cholesterol LDL Cholesterol VLDL Cholesterol CHOL/HDL LDL/HDL INTERPRETATION: 	rt Pane: strol [M lestrol	l Values	for Triglycerid	des:
Sample :Blood, Urine Investigation LIPID PROFILE (F) Serum Cholesterol Serum Triglycerides HDL Cholesterol LDL Cholesterol CHOL/HDL LDL/HDL INTERPRETATION: National Cholestrol Education program Experible Desirable c Dational Cholestrol Education program Experible Constraine High c National Cholestrol Education program Experible c Desirable c Sorderline High c Sorderline High c Sorderline High c Sorderline High c 150-199 mg/dl Very High c Solo mg/dl Low HDL-Choles c>60 mg/dl c 100 mg/dL lear optimal/above optimal 100-129 mg/dL	236.6 108.0 46.1 169 22 5.13 3.67 rt Pane: rt Pane: rt Pane: strol [N estrol [N	l (NCEP) L (NCEP) L (NCEP) Ajor ri	Reported Units mg/dL. mg/dL. mg/dL. mg/dL. mg/dL. for Cholestrol:	: 15-4-2023 05:09 PM Biological Ref. Interval <200 <150 >55 <130 10 - 40
LIPID PROFILE (F) Serum Cholesterol Serum Triglycerides HDL Cholesterol LDL Cholesterol VLDL Cholesterol CHOL/HDL LDL/HDL INTERPRETATION: National Cholestrol Education program Expendent Borderline High : 200-239 mg/dl High : =>240 mg/dl National Cholestrol Education program Expendent Borderline High : 200-239 mg/dl National Cholestrol Education program Expendent Desirable : < 150 mg/dl Sorderline High : 200-499 mg/dl Yery High : >500 mg/dl National Cholestrol Education program Expendent Solutional Cholestrol Education program Expendent (40 mg/dl : Low HDL-Cholesterol Education program Expendent Sectional Cholestrol Education program Expendent (40 mg/dl : Low HDL-Cholesterol Education program Expendent Solutional Cholestrol Education program Expendent (40 mg/dl : Low HDL-Cholesterol Education program Expendent (40 mg/dl : 100-129 mg/dL National Cholestrol Education program Expendent (100 mg/dL National Cholestrol Total: Enzymatic (CH Method for Cholestrol Total: Enzymatic (Lipast Method for HDL Cholestrol: Homogenous Enzymatic (Lipast Method for HDL Cholestrol Homogeno	236.6 108.0 46.1 169 22 5.13 3.67 rt Pane: rt Pane: rt Pane: strol [N estrol [N	l (NCEP) L (NCEP) L (NCEP) Ajor ri	mg/dL. mg/dL. mg/dL mg/dL. mg/dL. for Cholestrol:	Biological Ref. Interval <200 <150 >55 <130 10 - 40
Serum Cholesterol Serum Triglycerides HDL Cholesterol LDL Cholesterol VLDL Cholesterol CHOL/HDL LDL/HDL INTERPRETATION: 	108.0 46.1 169 22 5.13 3.67 rt Pane: rt Pane: strol [N lestrol [N	L (NCEP) . (NCEP) Aajor ri	mg/dL. mg/dL mg/dL. mg/dL. for Cholestrol:	<150 >55 <130 10-40
Serum Cholesterol Serum Triglycerides HDL Cholesterol LDL Cholesterol VLDL Cholesterol CHOL/HDL LDL/HDL INTERPRETATION: 	108.0 46.1 169 22 5.13 3.67 rt Pane: rt Pane: strol [N lestrol [N	L (NCEP) . (NCEP) Aajor ri	mg/dL. mg/dL mg/dL. mg/dL. for Cholestrol:	<150 >55 <130 10-40
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LDL/HDL INTERPRETATION: 	3.67 rt Pane: rt Pane: strol [N lestrol	L (NCEP) . (NCEP) Aajor ri	for Triglycerid	des:
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Method for Triglycerides: Enzymatic (Lipas Method for HDL Cholestrol: Homogenous Enzy	rt Panel	(NCEP)	for LDL-Cholest	rol:
Method for LDL Cholestrol: Homogenous Enzy Method for VLDL Cholestrol: Friedewald equ Method for CHOL/HDL ratio: Calculated] Method for LDL/HDL ratio: Calculated]	e/GK/GP matic (matic (O/POD)] PEG Choj	lestrol esterase lestrol esterase)]
				mkar
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Mon. to Sun. 8:00am to 8:00pm



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HORMONE & IMMUNOLOGY ASSAY

Serum T3	1.31	ng/dl	0.846 - 2.02
Serum T4	6.34	ug/dl	5.13 - 14.06
Serum Thyroid Stimulating Harmone (T.S.H.) [Method: Electro Chemiluminescence Immunoassay (ECLIA)]	5.65	ulU/ml	0.39 - 5.60

SUMMARY OF THE TEST

- 1) Primary hyperthyroidism is accompanied by elevated serum T3 and T4 values along with depressed TSH levels.
- 2) primary hypothyroidism is accompanied by depressed serum T3 and T4 values and elevated serum TSH levels.
- 3) Normal T4 levels accompanied by high T3 levels are seen in patients with T3 thyrotoxicosis.
- 4) Slightly elevated T3 levels may be found in pregnancy and esterogen therapy, while depressed levels maybe encountered in severe illness, malnutrition, renalfailure and during therapy with drugs like propanlol and propylthiouracil.
- 5) Elevated TSH levels may also be indicative of TSH secreting pituitary tumour.

Chart of normal thyroid TSH levels during first, second and third trimester of pregnancy

Stage	Normal TSH Level
First Trimester Second Trimester	0.1-2.5 ulU/ml 0.2-3.0 ulU/ml
Third Trimester	0.3-3.5 ulU/ml

DR.MINAKSHI KAR MD (PATH & BACT) Page 1

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Serum Alkaline Phosphatase [Method:4-Nitrophenyl phosphate (pNPP)]	112.8	IU/L	108 - 306	
Serum Protein	7.5	gm/dL	6.2 - 7.8	
Serum Albumin	3.7	gm/dL.	3.5 - 5.2	
Serum Globulin	3.8	gm/dL.	2.5-5.0	
A.G. Ratio	0.97 : 1			
* Gamma-Glutamyl Transferase (GGT)	22.8			

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	CLI	NICAL PATHOLOGY		
	MINATION ROUTINE			
[Method: Vis	ual,Urometer-120, Microscopy]			
Physical Exa	amination			
Color		Pale Yellow		Light Yellow/Stra
Volume	4)	30	mL	0
Chemical Fi	ndings			
Blood		Absent	RBC/µl	Absent
Bilirubin		Absent	noc/µ	Absent
Urobilinogen		Absent		Absent
Ketones		Absent		Absent
Proteins		Absent		Absent
Vitrites		Absent		Absent
Glucose		Absent		Absent
Η		5.5		5.0 - 9.0
Specific Gravit	ty	1.025		1.010 - 1.030
eucocytes.		Absent	WBC/µL	Absent
Microscopic	Findings			
led Blood cell	ls	Absent	/HPF	Absent
us cells		Occasional	/HPF	0-3
pithelial Cells	5	Absent	/HPF	Absent/Few
asts		Absent	/HPF	Absent
rystals		Absent	/HPF	Absent
morphous de	eposit	Absent	/HPF	Absent
east cells		Absent	/HPF	Absent
acteria		Absent	/HPF	Absent
thers		Absent	/HPF	Absent

DR. POONAM SINGH MD (PATH)

--- End of report -----(SENIOR TECHNOLOGIST) (CHECKED BY)

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NAME:-MR. SHIV SHANKER GAUTAM

DATE:-15/04/2023

<u>REF.BY</u>:-MEDI-WHEEL

<u>AGE</u>:-30Y/M

X-RAY CHEST (P.A. View)

- A linear lucency with tram track appearance seen in right lower zone region – likely mildly dilated bronchi. Few prominent bronchioles also seen in right lower zone.
- Rest of the lung fields are clear.
- No focal parenchymal lesion is noted.
- Mediastinum is central.
- Cardiac size is normal.
- C.P. angles are normally visualized.
- Domes of diaphragm are normal.
- Pulmonary hila appear normal.
- Soft tissue and bones are normal.

OPINION:

- A mildly dilated bronchi in left lower zone region .
- No other significant abnormality detected.
 -Suggested clinical correlation.

Dr. Sarvesh Chandra Mishra

M.D., D.N.B. Radio-diagnosis PDCC Neuroradiology (SGPGIMS, LKO) Ex- senior Resident (SGPGIMS, LKO) European Diploma in radiology EDIR, DICRI

Dr. Sweta Kumari

M.B.B.S., D.M.R.D., D.N.B. Radio-diagnosis Ex- Senior Resident (Apollo Hospital, Bangalore) Ex- Resident JIPMER, Pondicherry

Reports are subjected to human errors and not liable for medicolegal purpose.



NAME: - MR. SHIV SHANKAR GAUTAMDATE: -15.04.2023REF.BY: - MEDIWHEELAGE: -30Y/MUSG – WHOLE ABDOMEN

Liver appears mildly enlarged in size (measures~ 160mm), shows diffusely increased echogenicity. No focal parenchymal lesion identified. No evidence of intra/ extrahepatic biliary tree dilatation noted. Portal vein appears to be of normal size.

Gall Bladder moderately distended. No definite calculi identified. No evidence of abnormal wall thickening noted.

Spleen appears normal in size, (measures ~ 72mm) shape and echopattern No focal parenchymal identified.

Pancreas appears normal in size, shape and echopattern. No definite calcification or ductal dilatation noted.

Right kidney measures ~ 105x40mm. Left kidney measures ~99x56mm. Both kidneys appear normal in size, shape and echopattern. Corticomedullary differentiation appears maintained. No evidence of calculus or hydronephrosis on either side.

Urinary bladder appears well distended with no calculus or mass within.

Prostate appears normal in size (vol~ 13cc) & echotexture. Small simple cyst (measures~ 7x5mm) noted at central region of prostate.

No evidence of ascites or pleural effusion seen. No significant retroperitoneal lymphadenopathy noted.

IMPRESSION:

- Mild hepatomegaly with grade I fatty infiltration of liver.
- Small simple prostatic cyst.
 Suggested clinical correlation.

European Diploma in radiology EDiR, DICRI

Dr. Sarvesh Chandra Mishra

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Ex- senior Resident (SGPGI, LKO)

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ra IVIISIIraDiff. Structure DatabasesisMBBS, DMRDGPGI, LKO)DNB Radio DiagnosisGI, LKO)Ex- Senior Resident Apollo Hospital Bengaluruology EDiR, DICRIEx- Resident JIPMER, PondicherryReports are subjected to human errors and not liable for medicolegal purpose

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