#### MEERUT HISTO-PATHOLOGY CENTRE MEERUT

Dr.Medha Jain

M.D (Path)

PATHOLOGIST

302 Western Kutcheri

(Opp Tyagi Hostel)

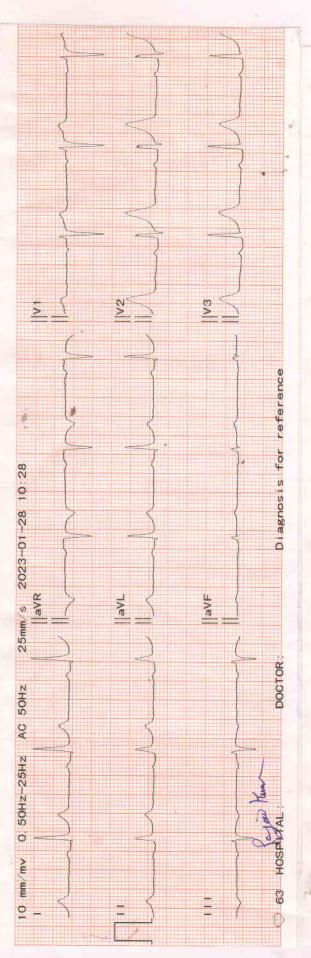
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	PHYSICAL ASS	SESSMEST FORMAT			
Date of Examination	28/01/23.  R9.11/ KUMAY.				
NAME					
DOB	R901V KUNAU 04/02/1982.	Gender M9/C			
HEIGHT (cm)	178.	WEIGHT (Kg) /05			
CHEST (cm)	122	ABDOMEN (cm) 124			
B.P	198./76.				
Present Ailments (if any)	Nic				
Details of Past ailments any surgery or hospitalization or Blood transfusion	pic				
Details On Medications (if any)	Nico				
HABITS (Tobacco /Alcohol ect.)	piv				
BMI	33.1	Dhathak			
		Dr. Vishwa Deepak			

Insured's Sign Kurner

Consulting Physician & Surgeo Consulting Physician & Surgeo Consulting Physician & Surgeo

# 8951V HUM QH 28/01/23.



Minnesota Code	9-4-1 (V3)			Diagnosis Info		121: Counter Clock	***Nofine LEGGA**	VID 000 100 100 100 100 100 100 100 100 10	A M.B.B.B., M.S.	Charling hysician & Surgeon	Gonfirmed By:	していること
	Z mmHg		k 8									
	 	SEX :	WEIGHT:							/w l	ΛE	3 m/s
2301280001		ž	E	63 bpm	: 108 ms	. 189 ms	. 109 ms	: 368/378 ms	axis: 9/15/20 "	: 1, 175/1, 031 mV	2. 206	amp : 0,996/0,148 mV
10 : 23	NAME ::	AGE	HE IGHT :	¥	P Dur	PR int	QRS Dur	QT/QTC int	P/GRS/T axis	RV5/SV1 amp	RV5+SV1 amp	RV6/SV2 amp
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Quality Management Services ISO-9001:2015 Certified Lab

**Laboratory Test-Report** 

# MEERUT HISTOPATHOLOGY CENTRE

NAME DEFEDDED BY : Ms. Rajiv Kumar

REFERRED BY SAMPLE

: Dr.BOB : Blood, Urine DATE : 28/01/2023

AGE

SEX : Female

TEST NAME	RESULTS	UNITS	REFRANGE	
	HAEMATOLOGY			
Complete Blood Counts				
HAEMOGLOBIN	13.5	GM%	10 - 16	
TOTAL LEUCOCYTE COUNT:	5,100 cells	/Cu mm	4,500-11,000	
DIFFERENTIAL LEUCOCYTE COUNT:	7,33,33,13	/ 00 111111	1,500 11,000	
Neutrophils:	61	%.	50-70	
Lymphocytes:	32	%.	25-40	
Eosinophils:	03	%.	1-4	
Monocytes:	04	%.	3-8	
Basophils:	00	%.	0-1	
TOTAL R.B.C. COUNT	4.8	million/cu m		
PLATELET COUNT :	150	thousand/cu		
P.C.V.	39.8	%.	35 - 54	
MCV	82.9	fL	76-98	
MCH	28.1	pg	27 - 32	
MCHC	33.9	g/dl	31-35	
E.S.R. ( Westergren Method ):		9/ 01	0-20	
	06	mm in 1st Hr		
	BIOCHEMISTRY			
BLOOD SUGAR ( FASTING)	96.3	mg/dL	70 - 100	
IPID PROFILE :				
SERUM TRIGYCERIDE:		***		
SERUM CHOLESTEROL:	169.3	mg/dl	50-160	
HDL CHOLESTEROL :	279.3	mg/dL.	130 - 200	
/LDL CHOLESTEROL :	48.3	mg/dL.	30 - 70	
.DL CHOLESTEROL :	33.8	mg/dL.	25 - 40	
DE CHOLESTEROL :	197.2	mg/dL.	85 - 150	
CHOL/HDL CHOLESTROL RATIO	5.8	Low Risk	0.0 - 3.5	
	The second of	Mod.Risk	3.5 - 5.0	
DI (UDI DATE)		High Risk	> 5.0	
DL/HDL RATIO .	4.1	Normal Rang	je 2.5 - 3.0	
		High Risk	> 3.0	
	{End of Report}			

Dr. Medha jain

M.B.B.S. (M.D. Path)

Consultant Pathologist

Reg. No. - G-33290 Gujrat

CMO. Reg. No. - MRT 869, Meerut

DR. KUMKUM DEEPAK MEMORIAL CENTRE, 302, W.K. ROAD, MEERUT

CALL: 0121-4009679, 9639688806, 09927286318, 7906584952, 9639251854 24 Hour Service, Home Visit



**Quality Management Services** ISO-9001:2015 Certified Lab

**Laboratory Test-Report** 

# MEERUT HISTOPATHOLOGY CENTRE

REFERRED BY

: Ms. Rajiv Kumar

SAMPLE

: Dr.BOB : Blood, Urine

DATE : 28/01/2023

**AGE** 

SEX : Female

TEST NAME	RESULTS	UNITS	REFRANGE	
	BIOCHEMISTRY			
BLOOD UREA NITROGEN:  SERUM CREATININE:  SERUM URIC ACID:  SERUM SODIUM (Na):  SERUM POTASSIUM (K):  SERUM CHLORIDE (CI):  LIVER FUNCTION TEST  SERUM BILIRUBIN:  TOTAL:	15.4 0.9 4.8 140.0 4.3 98.6	mg/dL. mg/dL. mg/dL. mEq/litre. mEq/litre. m Eq/litre.	5 - 25 0.8 - 1.5 2.5 - 7.0 135 - 147 3.5 - 5.4 96 - 106	
DIRECT: INDIRECT: S.G.P.T.: S.G.O.T.:	0.58 0.24 0.34 33.0 36.5	mg/dL. mg/dL. mg/dL. U/L U/L	0.2 - 1.0 0.1 - 0.3 0.2 - 0.7 5 - 45 5 - 45	
G.G.T.P. : SERUM ALK≱PHOSPHATASE : SERUM PROTEINS :	16.3 105.6	U/L IU/L.	5.0-35.0 (37 C) 65-160	
TOTAL PROTEINS: ALBUMIN: GLOBULIN: A: G RATIO:	6.6 3.9 2.7 1.4	Gm/dL. Gm/dL. Gm/dL.	5.5 - 8.5 3.5 - 5.5 2.3 - 3.5	

--{End of Report}--

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# **MEERUT HISTOPATHOLOGY** CENTRE

: Ms. Rajiv Kumar NAME

REFERRED BY : Dr.BOB SAMPLE : Blood, Urine DATE : 28/01/2023

**AGE** 

**SEX** : Female

**TEST NAME** 

RESULTS

UNITS

**REF.-RANGE** 

**HORMONE** 

THYROID PROFILE:

Triiodothyronine (T3): Thyroxine (T4):

THYROID STIMULATING HORMONE(TSH)

0.98 79.6

1.27

nmol/litre. nmol/litre. 0.95 - 2.560 - 120

micro Iu/ml 0.20 - 5.0

Low Levels of T3 & T4 are seen in Non-Thyroidal illness

High Levels of T3 & T4 are found in

- Primary, Secondary & Tertiary Hypothyroidism and some

- Grave's Disease, Hyperthyroidism, Thyroid hormone resistance

and T3 Thyrotoxicosis

TSH Levels are raised in TSH Levels are Low in

- Primary Hypothyroidism

ml

- Hyperthyroidism, Secondary Hypothyroidism.

#### **CLINICAL PATHOLOGY**

**URINE EXAMINATION REPORT:** PHYSICAL EXAMINATION:

Volume:

Colour :

Appearance:

Odour:

Sediments:

Sp. Gravity:

**BIOCHEMICAL EXAMINATION:** 

Sugar:

Albumin:

Reaction:

MICROSCOPIC EXAMINATION:

Red Blood Cells:

Pus Cells:

Epithelial Cells:

20

Pale Yellow

Clear

Aromatic

Nil

1010

Nil

Nil

Acidic

Nil

0 - 1

/H.P.F.

/H.P.F.

1-2

/H.P.F.

GLYCOSYLATED HAEMOGLOBIN A1c

5.8

4.3 - 6.4

Clinical significance: The HbA1c concemtration in blood is directly proportional to the mean concentration of glucose prevailing in the previous 6-8 wks, equivalent to the life time of erythrocytes

Normal Range :-

Non-Diabetics - 4.3 - 6.4%

6.5 - 7.5% Goal

Good control 7.5 - 8.5% > 8.5% Poor control

--{End of Report}--

Dr. Medha jain M.B.B.\$., (M.D. Path) Consultant Pathologist

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All Investigations have their limitation which are imposed by the limits of sensitivity and specificity of individual assay procedures as well as the specimen received by the laboratory. Isolated laboratory investigation never confirm the final diagnosis of the disease. They only help in arriving at a diagnosis in conjunction with clinical presentation and other related investigation. NOT FOR MEDICO LEGAL PURPOSE



### Dr. Tanuj Garg

M.D. (Radiodiagnosis)

ADDRESS: INDIRA CHOWK, HAPUR ROAD, MEERUT.

TEL.: 0121-4050050 MOB.: 9837072571

Patient's Name	Mr. RAJEEV KUMAR	Age /Sex	41 Y/M
Referred By		Dated	28.01. 2023

#### X- RAY CHEST PA VIEW

Soft tissue and bony thorax is normal.

Trachea is normal.

Both domes of diaphragm are normal.

Both C. P. angles are normal.

Both hila are normal.

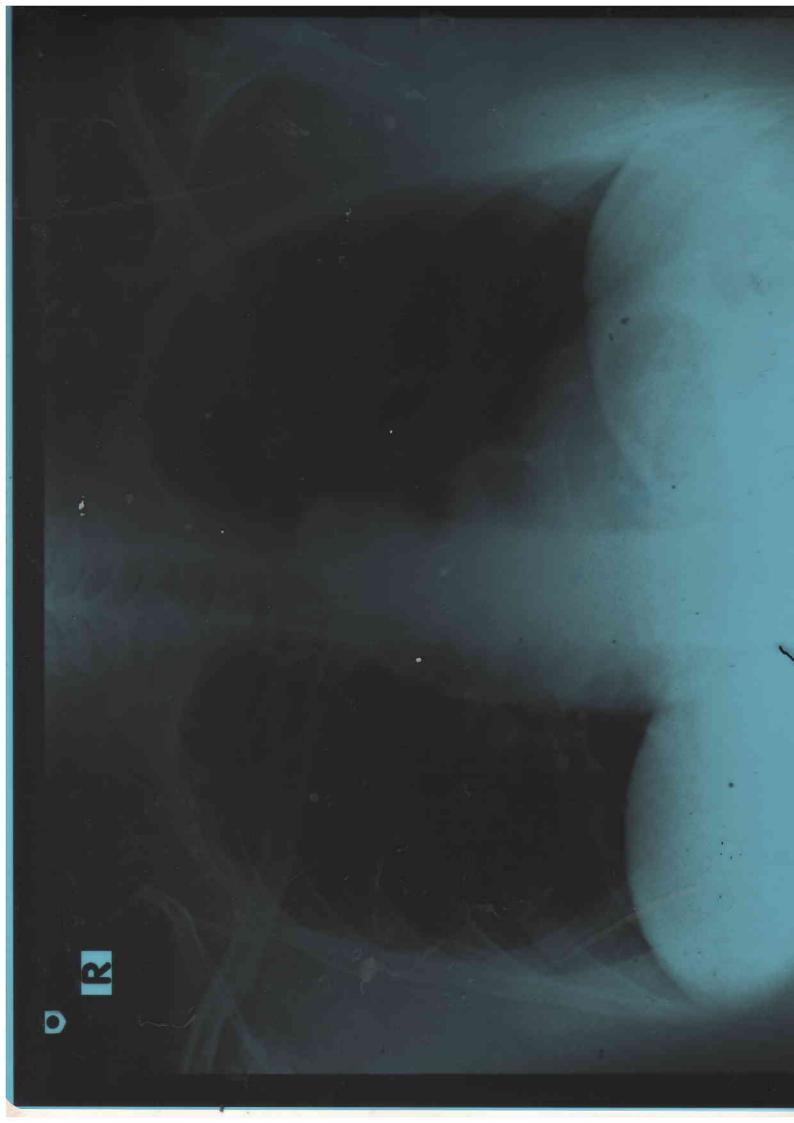
Vascular marking are normal.

C.T. ratio is normal.

**IMPRESSION** 

NO OBVIOUS ABNORMALITY DETECTED

DR. TÁNUJ GARG, MD CONSULTANT RADIOLOGIST











## Dr. Tanuj Garg

M.D. (Radiodiagnosis)

ADDRESS: INDIRA CHOWK, HAPUR ROAD, MEERUT.

TEL.: 0121-4050050 MOB.: 9837072571

Patient's Name	Mr. RAJEEV KUMAR	Age /Sex	41 Y/M
Referred By	Y	Dated	28 JAN 2023

#### WHOLE ABDOMEN SONOGRAPHY

LIVER is enlarged in size with increased echogenicity. No focal lesion is seen. Intrahepatic biliary radicles are normal. Liver margins are normal.

GALL BLADDER is well filled. Wall thickness is normal. No pericholecystic fluid is seen. No calculus / focal mass is seen.

CBD appears to be normal in caliber. No calculus is seen.

PORTAL VEIN appears to be normal in course and caliber.

PANCREAS is normal in shape, size and echotexture. MPD is normal.

SPLEEN is normal in shape, size and echotexture.

RIGHT KIDNEY is normal in size, shape and position and echotexture. Pelvicalyceal system is normal. No evidence of hydronephrosis or calculus is seen. Cortico medullary differentiation is maintained. Renal cortical thickness is normal. Renal margins are normal. <a href="LEFT KIDNEY">LEFT KIDNEY</a> is normal in size, shape and position and echotexture. Pelvicalyceal system is normal. No evidence of hydronephrosis or calculus is seen. Cortico medullary differentiation is maintained. Renal cortical thickness is normal. Renal margins are normal.

<u>URINARY BLADDER</u> is well filled. No calculus is seen in the lumen. Prevoid urinary bladder volume 130 cc. Postvoid urinary bladder volume – nil.

PROSTATE: appears normal. Parenchymal echoes are homogeneous.

Seminal vesicles are normal.

No evidence of retroperitoneal lymphadenopathy bilateral pleural effusion or ascites is seen.

IMPRESSION:

**HEPATOMEGALY WITH FATTY CHANGES** 

DR. TANUJ GARG, MD CONSULTANT RADIOLOGIST