



CIMS



City Institute of Medical Sciences

(Multi Super Speciality 200 Bedded Hospital)

DEPARTMENT OF PATHOLOGY

UHID	CIMS-12261	Visit Type/No	OP/EPD-17098/EPD-17098
Name	Mr Prabhat Ranjan Mishra	Order No	OR-33872
Age/Gender	46 Y,4 M,17 D/Male	Order Date/Time	17-05-2024
Accession Number	OPAC-3815	Collection Date/Time	17-05-2024 03:52 PM
Treating Doctor	Dr Self	Acknowledge Date/Time	17-05-2024 03:59 PM
Ordering Doctor	Dr Self	Report Date/Time	17-05-2024 04:15 PM
Payer Name	Mediwheel Full Body Health Checkup	Refer By	

Service Name	Result	Unit	Reference Range	Method
HbA1c				
GLYCOSYLATED HAEMOGLOBIN (HbA1c)				
Method- Immunofluorescence Assay				
Glycosylated Hemoglobin (HbA1c)	9.18	%	<6.5 : Non Diabetic 6.5-7 : Good Control 7-8 : Weak Control > 8 : Poor Control	
Estimated average blood glucose (eAG)	216.7	mg/dl	90-120: Excellent Control 121-150: Good Control 151-180: Average Control 181-210: Action Suggested	

Note:

- Since HbA1c reflects long term fluctuations in the blood glucose concentration, a diabetic patient who is recently under good control may still have a high concentration of HbA1c. Converse is true for a diabetic previously under good control but now poorly controlled.
- Target goals of 7.0 % may be beneficial in patients with short duration of diabetes, long life expectancy and no significant cardiovascular disease. In patients with significant complications of diabetes, limited life expectancy or extensive co-morbid conditions, 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 term glycemic control as compared to blood and urinary glucose determinations.

Glucose (Fasting), Plasma	230.0 H	mg/dL	60-110	GOD/POD
---------------------------	---------	-------	--------	---------

Haematology

Service Name	Result	Unit	Reference Range	Method
BLOOD GROUP (ABO)				
BLOOD GROUP (ABO)- RH TYPING	"B" POSITIVE			
The upper agglutination test for grouping has some limitations.				
ESR (Erythrocyte Sedimentation Rate), Blood	10	mm 1st Hr.	0-10	Wintrobe
CBC (Complete Blood Count), Blood				
Hemoglobin (Hb)	16.7	gm/dl	13-17	Spectrophotometry
TLC (Total Leukocyte Count)	8200	/cumm	4000-11000	Impedance
DIFFERENTIAL LEUCOCYTE COUNT				
Neutrophils	65	%	40-80	
Lymphocytes	26	%	20-45	
Monocytes	06	%	4-10	

All test results are subject to technical limitations. Corroborative or micropathological interpretation is indicated. In case of any disparity in including machine error or typing the test should be repeated immediately.

NOT VALID FOR MEDICO LEGAL PURPOSE.

1-6
Near Radha Valley, NH-19, Mathura
+91 - 9258113570, +91 - 9258113571
www.cimsmathura.com



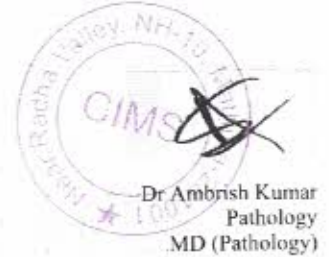
DEPARTMENT OF PATHOLOGY

UHID	CIMS-12261	Visit Type/No	OP/EPD-17098/EPD-17098
Name	Mr Prabhat Ranjan Mishra	Order No	OR-33872
Age/Gender	46 Y,4 M,17 D/Male	Order Date/Time	17-05-2024
Accession Number	OPAC-3815	Collection Date/Time	17-05-2024 03:52 PM
Treating Doctor	Dr Self	Acknowledge Date/Time	17-05-2024 03:59 PM
Ordering Doctor	Dr Self	Report Date/Time	17-05-2024 04:15 PM
Payer Name	Mediwheel Full Body Health Checkup	Refer By	

Service Name	Result	Unit	Reference Range	Method
Basophils	00	%	0-1	
RBC Count	5.05	millions/cumm	4.5-5.5	
PCV / Hct (Hematocrit)	47.5 H	%	40-45	Calculated
MCV	94.0	fl	76-96	
MCH	33.0 H	pg	27-32	
MCHC	35.1 H	g/dL	30-35	
Platelet Count	1.57	lakh/cumm	1.5-4.5	Impedance
RDW	12.0	%	1-15	






-----End of the Report-----



Dr Ambrish Kumar
Pathology
MD (Pathology)

All tests have technical limitations Corroborative clinicopathological interpretation is indicated. In case of any disparity in including machine error or typing the test should be repeated immediately.

NOT VALID FOR MEDICO LEGAL PURPOSE.

 Near Radha Valley, NH-19, Mathura
 +91 - 9258113570, +91 - 9258113571
 www.cimsmathura.com



CIMS

City Institute of Medical Sciences

(Multi Super Speciality 200 Bedded Hospital)

DEPARTMENT OF RADIOLOGY

NAME: PRABHAT RANJAN MISHRA	AGE : 46 YRS.	SEX : M
REF. BY: DR. CIMS	UHID: 12261	DATE: 17-05-2024

ULTRASOUND SCAN OF ABDOMEN

FINDINGS:

Liver is normal in size (14.7 cm). **Increased hepatic echogenicity**. No focal space occupying lesion is seen within liver parenchyma. Intrahepatic biliary channel are not dilated. Portal vein is normal in caliber.

Gall bladder wall is not thickened. No calculus or mass lesion is seen in gall bladder. Common bile duct is not dilated.

Pancreas is of normal in size and contour. Echo-pattern is normal. No focal lesion is seen within pancreas. (Only head & proximal body is visualized)

Spleen is normal in size (9.2 cm). Echotexture is normal. No focal Lesion is seen.

Right kidney is normally sited and is of normal size (RT ~ 10.3 x 3.8 cm) and shape. Cortico medullary echoes are normal. No focal mass lesion is seen. Collecting system does not show any calculus.

Left kidney is normally sited and is of normal size (LT ~ 9.1 x 4.7 cm) and shape. Cortico medullary echoes are normal. No focal mass lesion is seen. Collecting system does not show any calculus.

Urinary bladder is normal in distension and wall is not thickened. No calculi seen.


Prostate is normal in size and normal in echotexture.

No free fluid seen in peritoneal cavity.

IMPRESSION-

- **GRADE I / II FATTY CHANGES IN LIVER.**

PLEASE CORRELATE CLINICALLY & F/E.


DR. ABHAT RAINA
M.B.B.S., D.N.B (RADIO-DIAGNOSIS)
CONSULTANT RADIOLOGIST

Note: Impression is a professional opinion and not a diagnosis. All modern machine/procedures have their limitations. If there is variance clinically this examination may be repeated or re-evaluated by other investigations. Kindly intimate us for any typing mistakes and return the report for correction within 7 days.

NOT VALID FOR MEDICO-LEGAL PURPOSE.

📍 Near Radha Valley, NH-19, Mathura
☎ +91 - 9258113570, +91 - 9258113571
🌐 www.cimsmathura.com

DEPARTMENT OF CARDIOLOGY

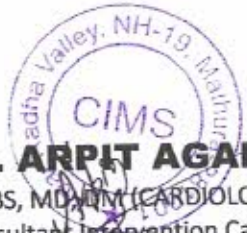
Name : MR. PRABHAT RANJAN Age/Sex : 46Yrs//male
Date : 17/05/2024 ID No. : CIMS-12261
Done By : DR. ARPIT AGARWAL

ECHOCARDIOGRAPHY

- ❖ All Cardiac chamber normal size.
- ❖ Normal LV systolic function, LVEF ~ 60%.
- ❖ No RWMA
- ❖ **Grade I/IV DDF**
- ❖ No MR.
- ❖ No TR.
- ❖ RVSP=RAP+8 mmHg
- ❖ Normal AFV
- ❖ Intact IAS/IVS.
- ❖ No clot/vegetation/pericardial effusion.
- ❖ IVC non-dilated & collapsing > 50% during inspiration.

CLINICAL IMPRESSION:

- ❖ Normal LV systolic function, LVEF ~ 60%.
- ❖ No RWMA
- ❖ **Grade I/IV DDF**
- ❖ No PHT, PASP = 13 mmHg.



Dr. ARPIT AGARWAL
MBBS, MD (DM) (CARDIOLOGY)
Consultant Intervention Cardiologist
Ex. Fortis Escort Heart Institute, Delhi

NOTE: Normal Echocardiography report does not rule out CAD.

This report is not valid for Medico-legal purpose

📍 Near Radha Valley, NH-19, Mathura
📞 +91 - 9258113570, +91 - 9258113571
🌐 www.cimsmathura.com

DEPARTMENT OF PATHOLOGY

UHID	CIMS-12261	Visit Type/No	OP/EPD-17098/EPD-17098
Name	Mr Prabhat Ranjan Mishra	Order No	OR-33872
Age/Gender	46 Y,4 M,17 D/Male	Order Date/Time	17-05-2024
Accession Number	OPAC-3815	Collection Date/Time	17-05-2024 03:52 PM
Treating Doctor	Dr Self	Acknowledge Date/Time	17-05-2024 03:59 PM
Ordering Doctor	Dr Self	Report Date/Time	17-05-2024 04:15 PM
Payor Name	Mediwheel Full Body Health Checkup	Refer By	

Pathology

Service Name	Result	Unit	Reference Range	Method
URINE SUGAR (PP), Urine	Present			
URINE ANALYSIS/ URINE ROUTINE EXAMINATION, Urine				
Physical Examination				
COLOUR	Yellow			Manual method
TRANSPARENCY	Clear			Manual
SPECIFIC GRAVITY	1.020		1.001-1.03	Strip
PH URINE	6.0		5-8	Strip
DEPOSIT	Absent			Manual
BIOCHEMICAL EXAMINATION				
ALBUMIN	TRACE			Strip
SUGAR	Present ++			Strip
BILE SALTS (BS)	Absent			Manual
BILE PIGMENT (BP)	Absent			Manual
MICROSCOPIC EXAMINATION				
PUS CELLS	2-3	/ hpf		Microscopy
EPITHELIAL CELLS	0-1	/ hpf		Microscopy
RBC'S	Absent	/hpf		Microscopy
CASTS	Absent			Microscopy
CRYSTALS	Absent			Macroscopy
BACTERIA	Absent			Macroscopy
FUNGUS	Absent			Microscopy
SPERMATOZOA	Absent			Microscopy
OTHERS	Absent			Microscopy
PSA (Prostate Specific Antigen) Total, Blood	1.78	ng/mL	0.27-2.19	

Note

1. This is recommended test for detection of prostate cancer along with digital rectal examination(DRE) in males above 50 years of age.
2. False negative / positive results are observed in patients receiving mouse monoclonal antibodies for diagnosis or therapy
3. PSA Total and Free levels may appear consistently elevated / depressed due to interference by heterophilic antibodies & nonspecific protein binding.
4. Immediate testing following digital rectal examination, ejaculation, prostatic massage, indwelling catheterization, ultrasonography and needle biopsy of prostate is not recommended as they falsely elevate levels
5. Total and Free PSA values regardless of levels should not be interpreted as absolute evidence for the presence or absence of disease. All values should be correlated with clinical findings and results of other investigations

Clinical Use




- An aid in the early detection of Prostate cancer in males 50 years or older with Total PSA values between 4.0 and 10.0 ng/mL and nonsuspicious digital rectal examination.
- An aid in discriminating between Prostate cancer and Benign Prostatic disease. Patients with benign conditions have a higher proportion of Free PSA compared with Prostate cancer

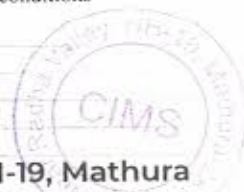
Thyroid Profile -T3, T4, TSH, Blood

Triiodothyronine (T3)	1.72	ng/mL	0.69-2.15	CLIA
Thyroxine (T4)	97.3	ng/ml.	52-127	CLIA
Thyroid Stimulating Hormone (TSH)	4.30	uIU/mL	0.3-4.5	CLIA

All tests have technical limitations Corroborative clinicopathological interpretation is indicated. In case of any disparity in including machine error or typing the test should be repeated immediately.

NOT VALID FOR MEDICO LEGAL PURPOSE.

 Near Radha Valley, NH-19, Mathura
 +91 - 9258113570, +91 - 9258113571
 www.cimsmathura.com



DEPARTMENT OF PATHOLOGY

UHID	CIMS-12261	Visit Type/No	OP/EPD-17098/EPD-17098
Name	Mr Prabhat Ranjan Mishra	Order No	OR-33872
Age/Gender	46 Y,4 M,17 D/Male	Order Date/Time	17-05-2024
Accession Number	OPAC-3815	Collection Date/Time	17-05-2024 03:52 PM
Treating Doctor	Dr Self	Acknowledge Date/Time	17-05-2024 03:59 PM
Ordering Doctor	Dr Self	Report Date/Time	17-05-2024 04:15 PM
Payer Name	Mediwheel Full Body Health Checkup	Refer By	

Service Name	Result	Unit	Reference Range	Method
--------------	--------	------	-----------------	--------

Interpretation
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.
- Recommended test for T3 and T4 is unbound fraction or free levels as it is metabolically active.
- 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

Clinical Biochemistry

Service Name	Result	Unit	Reference Range	Method
Glucose (Post Prandial), Plasma	310.0 H	mg/dL	80-150	GOD/POD
URINE SUGAR (FASTING), Urine	Present			
LFT (Liver Function Test) Profile, Serum				
Bilirubin Total, Serum	1.15 H	mg/dL	0.1-1.0	DMSO
Conjugated (Direct), Serum	0.35 H	mg%	0.0-0.3	DMSO
Unconjugated (Indirect)	0.80 H	mg%	0.0-0.75	Calculated
SGOT/AST	17.1	U/L	0-40	IFCC
SGPT/ALT	49.1 H	U/L	0-48	IFCC
AST/ALT Ratio	0.35		0-1	Calculated
Gamma GT, Serum	28.5	U/L	10-45	IFCC
Alkaline phosphatase, Serum	124.0	U/L	53-165	IFCC
Total Protein, serum	7.15	gm/dl	6.0-8.4	Biuret
Albumin, Serum	4.28	g/dL	3.5-5.4	BCG
Globulin	2.87	g/dL	2.3-3.6	Calculated
A/G Ratio	1.49		1.0-2.3	Calculated
KFT (Kidney Profile) -I, Serum				
Urea, Blood	28.7	mg/dL	15-50	Urease-uv
Creatinine, Serum	0.66	mg/dL	0.6-1.2	Enzymatic
Blood Urea Nitrogen (BUN)	13.39	mg%	7.5-22.0	Calculated
BUN-CREATININE RATIO	20.29 H		10-20	Calculated
Sodium, Serum	135.2	mmol/L	135-150	ISE
Potassium, Serum	3.97	mmol/L	3.5-5.5	ISE
Calcium, Serum	9.84	mg/dL	8.7-11.0	ISE
Chloride, Serum	95.1	mmol/L	94-110	ISE
Uric acid, Serum	3.66	mg/dL	3.4-7.0	Uricase
Magnesium, Serum	1.61	mg/dL	1.6-2.8	XYLIDYL BLUE
Phosphorus, Serum	3.36	mg/dL	2.4-5.0	MOLYBDATE UV
Alkaline phosphatase, Serum	124.0	U/L	53-165	IFCC
Albumin, Serum	4.28	g/dL	3.5-5.4	BCG

All tests have technical limitations. Corroborative clinicopathological interpretation is indicated. In case of any disparity in including machine error or typing the test should be repeated immediately.

NOT VALID FOR MEDICO LEGAL PURPOSE.

Near Radha Valley, NH-19, Mathura

+91 - 9258113570, +91 - 9258113571

www.cimsmathura.com



UHID	CIMS-12261	Visit Type/No	OP/EPD-17098/EPD-17098
Name	Mr Prabhat Ranjan Mishra	Order No	OR-33872
Age/Gender	46 Y,4 M,17 D/Male	Order Date/Time	17-05-2024
Accession Number	OPAC-3815	Collection Date/Time	17-05-2024 03:52 PM
Treating Doctor	Dr Self	Acknowledge Date/Time	17-05-2024 03:59 PM
Ordering Doctor	Dr Self	Report Date/Time	17-05-2024 04:15 PM
Payer Name	Mediwheel Full Body Health Checkup	Refer By	

Service Name	Result	Unit	Reference Range	Method
Cholestrol, serum	223.3	mg%	Optimal: < 200 mg/dl Boder Line High Risk: 150 -240 mg/dl High Risk: > 250 mg/dl	
Triglycerides, serum	183.0 H	mg%	Optimal: < 150 mg/dl Border Line High Risk: 150 - 199 mg/dl High Risk: 200 - 499 mg /dl Very High Risk: > 500 mg /dl	
HDL Cholesterol	43.7	mg%	Optimal: 70 mg/dl Border Line High Risk: 80 - 100 mg/dl High Risk: > 120 mg/dl	
LDL Cholesterol	143.00	mg%	Optimal: < 100 mg/dl Border Line High Risk: 100 - 129 mg/dl High Risk: > 160 mg/dl	
VLDL Cholestrol	36.60	mg%	Male : 10 - 40 mg/dl Female : 10 - 40 mg/dl Child : 10 - 40 mg/dl	
LDL / HDL Cholesterol ratio	3.27		0.0-3.5	



Interpretation

1. Measurements in the same patient can show physiological & analytical variations. Three serial samples 1 week apart are recommended for Total Cholesterol, Triglycerides, HDL & LDL Cholesterol.
2. ATP III recommends a complete lipoprotein profile as the initial test for evaluating cholesterol.
3. Friedewald equation to calculate LDL cholesterol is most accurate when Triglyceride level is < 400 mg/dL. Measurement of Direct LDL cholesterol is recommended when Triglyceride level is > 400 mg/dL.



All tests have technical limitations Corroborative clinicopathological interpretation is indicated. In case of any disparity in including machine error or typing the test should be repeated immediately.

NOT VALID FOR MEDICO LEGAL PURPOSE.

 Near Radha Valley, NH-19, Mathura
 +91 - 9258113570, +91 - 9258113571
 www.cimsmathura.com