



CIMS

City Institute of Medical Sciences

(Multi Super Speciality 200 Bedded Hospital)

DEPARTMENT OF RADIOLOGY

NAME: LAXMAN PRASAD SHARMA	AGE : 34 YRS.	SEX : M
REF. BY: DR. CIMS	UHID: 9552	DATE: 06-03-2024

ULTRASOUND SCAN OF ABDOMEN (DUPLICATE)

FINDINGS:

Liver is normal in size (13.3 cm). **Echotexture is increased.** 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 (11.4 cm). Echotexture is normal. No focal Lesion is seen.

Right kidney is normally sited and is of normal size (RT ~ 9.9 x 5.3 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 ~ 11.1 x 5.3 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 FATTY CHANGES IN LIVER.**

PLEASE CORRELATE CLINICALLY & F/E.


DR. ABHAY 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 7days.

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X-Ray Chest (Duplicate Report)

FINDINGS:

- No focal or diffuse lesion seen in both the lung fields.
- Bronchovascular markings are normal.
- No hilar, mediastinal mass is seen.
- Both the pleural cavities are clear.
- The domes of diaphragm are smooth.
- The cardiac size is normal.
- Bony cage is normal.

IMPRESSION: NO GROSS LUNG PARENCHYMAL ABNORMALITY SEEN.

Please correlate clinically with lab investigations and further evaluation if clinically indicated

DR. ABHAY KAINA
M.B.B.S., D.N.B. (RADIO-DIAGNOSIS)
CONSULTANT RADIOLOGIST



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DEPARTMENT OF PATHOLOGY

UHID	CIMS-9552	Visit Type/No	OP/EPD-12636/EPD-12636
Name	Mr Laxman Prasad Sharma	Order No	OR-23474
Age/Gender	34 Y.2 M.5 D/Male	Order Date/Time	06-03-2024
Accession Number	OPAC-2864	Collection Date/Time	06-03-2024 09:00 AM
Treating Doctor	Dr Self	Acknowledge Date/Time	06-03-2024 11:49 AM
Ordering Doctor	Dr Self	Report Date/Time	06-03-2024 11:53 AM
Payer Name	Mediwheel Full Body Health Checkup	Refer By	

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)	17.3 H	gm/dl	13-17	Spectrophotometry
TLC (Total Leukocyte Count)	6450	/cumm	4000-11000	Impedance
DIFFERENTIAL LEUCOCYTE COUNT				
Neutrophils	49	%	40-80	
Lymphocytes	42	%	20-45	
Monocytes	05	%	4-10	
Eosinophils	04	%	1-6	
Basophils	00	%	0-1	
RBC Count	5.66 H	millions/cumm	4.5-5.5	
PCV / Hct (Hematocrit)	51.2 H	%	40-45	Calculated
MCV	90.4	fl	76-96	
MCH	30.5	pg	27-32	
MCHC	33.8	g/dL	30-35	
Platelet Count	2.54	lakh/cumm	1.5-4.5	
RDW	13.3	%	1-15	



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Service Name	Result	Unit	Reference Range	Method
GLYCOSYLATED HAEMOGLOBIN (HbA1c)				
Method- Immunofluorescence Assay				
Glycosylated Hemoglobin (HbA1c)	6.02	%	<6.5 : Non Diabetic 6.5-7 : Good Control 7-8 : Weak Control > 8 : Poor Control	
Estimated average blood glucose (eAG)	126.074	mg/dl	90-120: Excellent Control 121-150: Good Control 151-180: Average Control 181-210: Action Suggested	

Note:

1. 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.

2. 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.

Service Name	Result	Unit	Reference Range	Method
Pathology				
Thyroid Profile -T3, T4, TSH, Blood				
Triiodothyronine (T3)	1.86	ng/mL	0.69-2.15	CLIA
Thyroxine (T4)	106.0	ng/mL	52-127	CLIA
Thyroid Stimulating Hormone (TSH)	3.16	uIU/mL	0.3-4.5	CLIA



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Service Name	Result	Unit	Reference Range	Method
Interpretation	<p>Note:</p> <ol style="list-style-type: none"> 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. <p>Clinical Use</p> <ul style="list-style-type: none"> 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 			

URINE ANALYSIS/ URINE ROUTINE EXAMINATION, Urine

Physical Examination

COLOUR	Straw Color			Manual method
TRANSPARENCY	Clear			Manual
SPECIFIC GRAVITY	1.030		1.001-1.03	Strip
PH URINE	7.0		5-8	Strip
DEPOSIT	Absent			Manual

BIOCHEMICAL EXAMINATION

ALBUMIN	Absent			Strip
SUGAR	Absent			Strip
BILE SALTS (BS)	Absent			Manual
BILE PIGMENT (BP)	Absent			Manual

MICROSCOPIC EXAMINATION

PUS CELLS	0-1	/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

Clinical Biochemistry

Service Name	Result	Unit	Reference Range	Method
Glucose (Post Prandial), Plasma	126.0	mg/dL	80-150	
Glucose (Fasting), Plasma	95.0	mg/dL	60-110	
LFT (Liver Function Test) Profile, Serum				
Bilirubin Total, Serum	1.29 H	mg/dL	0.1-1.0	DMSO
Conjugated (Direct), Serum	0.46 H	mg%	0.0-0.3	DMSO
Unconjugated (Indirect)	0.83 H	mg%	0.0-0.75	Calculated
SGOT/AST	22.7	U/L	0-40	IFCC
SGPT/ALT	47.3	U/L	0-48	IFCC



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Service Name	Result	Unit	Reference Range	Method
AST/ALT Ratio	0.48		0-1	Calculated
Gamma GT.Serum	31.04	U/L	10-45	IFCC
Alkaline phosphatase, Serum	124.0	U/L	53-165	IFCC
Total Protein, serum	6.42	gm/dl	6.0-8.4	Biuret
Albumin, Serum	4.19	g/dL	3.5-5.4	BCG
Globulin	2.23 L	g/dL	2.3-3.6	Calculated
A/G Ratio	1.88		1.0-2.3	Calculated

Lipid Profile, Serum

Cholesterol, serum	202.0	mg%	Optimal: < 200 mg/dl Border Line High Risk: 150 -240 mg/dl High Risk: > 250 mg/dl
Triglycerides, serum	158.0	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	49.0	mg%	Optimal: 70 mg/dl Border Line High Risk: 80 - 100 mg/dl High Risk: > 120 mg/dl
LDL Cholesterol	121.40	mg%	Optimal: < 100 mg/dl Border Line High Risk: 100 - 129 mg/dl High Risk: > 160 mg/dl
VLDL Cholesterol	31.60	mg%	Male : 10 - 40 mg/dl Female : 10 - 40 mg/dl Child : 10 - 40 mg/dl
LDL / HDL Cholesterol ratio	2.48		0.0-3.5

Interpretation

- Measurements in the same patient can show physiological & analytical variations. Three serial samples spaced apart are recommended for Total Cholesterol, Triglycerides, HDL & LDL Cholesterol.
- ATP III recommends a complete lipoprotein profile as the initial test for evaluating cholesterol.
- 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.



KFT (Kidney Profile) -I, Serum

Urea, Blood	24.0	mg/dL	15-50	Urease-uv
Creatinine, Serum	0.69	mg/dL	0.6-1.2	Enzymatic
Blood Urea Nitrogen (BUN)	11.20	mg%	7.5-22.0	Calculated
BUN-CREATININE RATIO	16.23		10-20	Calculated
Sodium,Serum	136.3	mmol/L	135-150	ISE
Potassium, Serum	4.30	mmol/L	3.5-5.5	ISE

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Service Name	Result	Unit	Reference Range	Method
Calcium, Serum	9.60	mg/dL	8.7-11.0	ISE
Chloride, Serum	97.2	mmol/L	94-110	ISE
Uric acid, Serum	6.02	mg/dL	3.4-7.0	
Magnesium, Serum	1.73	mg/dL	1.6-2.8	XYLIDYL BLUE
Phosphorus, Serum	3.08	mg/dL	2.4-5.0	MOLYBDATE UV
Alkaline phosphatase, Serum	124.0	U/L	53-165	IFCC
Albumin, Serum	4.19	g/dL	3.5-5.4	BCG



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



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