



ADITYA
DIAGNOSTICS
Research Laboratories
Results You Trust



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Name : MR. DOPALWAR MANOHAR.L
Age /Sex : 43 Y / M
Ref. By : BANK OF BARODA (MW)

Reg. No : 022-3123
Registration Date : 26-03-2022
Alt ID : 7775912828

X-RAY CHEST PA VIEW

- Hilar regions are normal.
- Both C P angles are free.
- Domes of diaphragms are normal.
- Bony cage is normal
- Cardio thoracic ratio is normal.
- Lung - clear. No Evidence of any Signs of active Tuberculosis

IMPRESSION :

**** NORMAL STUDY**

DR AZAM
Radiologist



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Investigation

Result

Normal Ranges

HAEMOGRAM

Investigation

Result

Normal Range

Haemoglobin	13.8 gm%	Male : 14.0 - 18.0 gm % Female : 11.5 - 16.0 gm % Children : 12 - 14 gm%
R.B.C mil/cmm	4.6 mil/cmm	Male : 4.5 - 6.5 mil/cmm Female : 4.0 - 5.5 mil/cmm
Packed Cell volume (PCV)	41 %	Male : 40 - 54 % Female : 36 - 49 %
MCV	80 Cubic microns	76 - 96 Cubic microns
MCH	29 Picograms	27- 32 Picograms
MCHC	36 gm%	30 - 36 gm%
WBC (Total)	8,400 cells/cmm	4,000 - 11,000 cells/cmm

DIFFERENTIAL COUNT

Neutrophils (Polymorphs)	67 %	Adults : 40 - 75 % Children : 36- 50 %
Lymphocytes	28 %	Adults : 20 - 40 % Children : 36- 50 %
Eosinophils	03 %	1 - 6 %
Monocytes	02 %	2 - 10 %
Basophils	00 %	00 - 01 %
Platelet count	3.46.000 cells/cmm	1,50,000 - 4,00,000 cells/cmm
ESR 1st Hour	19 mm/hour	Male : 0 - 10 mm / hour Female : 0 - 14 mm / hour
Reticulocyte count	0.7 %	0.5 - 1.0 %

PERIPHERAL SMEAR EXAMINATION

RBC's Morphology	Normocytic / Normochromic
WBC	With in normal limits
Plateletes	Adequate
Abnormal Cells	Nil

Method : Automated Cellcounter&Microscopy

Dr Rajani Gutha, PhD
Chief Biochemist

Verified By

Dr K. Mahesh Kumar MD
Consultant Pathologist



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Department of Biochemistry

Investigation	Result	Reference Range
Fasting Plasma Glucose * <i>Blood Sugar</i> Method GOD-POD	159 mg/dl	70 - 110 mg/dl
Post Prandial Glucose * <i>(Blood Sugar)</i> Method GOD-POD	166 mg/dl	70 - 160 mg/dl

*End of Report *

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Chief Biochemist

Dr K Mahesh Kumar, MD
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Investigation	Result	Reference Range
Blood Urea * Method GLDH	15 mg/dl	10 - 50 mg/dl
Blood Urea Nitrogen * Calculated	7.0 mg/dl	6 - 25.5 mg/dl
Serum Creatinine * Method Enzymatic	0.7 mg/dl	Male : 0.7 - 1.3 mg/dl Female : 0.6 - 1.1 mg/dl New Born 1 - 4 days : 0.3 - 1.0 mg/dl Infant (upto 1year) : 0.2 - 0.4 mg/dl Children : 0.3 - 0.7 mg/dl
Serum Uric Acid * Method:Uricase POD	5.2 mg/dl	Male : 3.5 - 7.2 mg/dl Female : 2.6 - 6.0 mg/dl

*End of Report *

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Investigation

Result

Reference Range

Lipid Profile

Total Cholesterol * <i>Method CHOD-POD</i>	319 mg/dL	Normal : < 200 mg/dL Borderline High : 200 - 239 mg/dL High : > 240 mg/dL
Serum Triglycerides * <i>Method GPO - POD</i>	355 mg/dL	Normal : < 150 mg/dL Borderline High : 150 - 199 mg/dL High : 200 - 499 mg/dL Very High : =/> 500 mg/dL
H D L Cholesterol * <i>Method Direct CHOD-PAD</i>	37 mg/dL	Low : < 40 High : > 60
L D L Cholesterol * <i>Method Calculated</i>	211 mg/dL	Optimal : < 100 Near Optimal : 100 - 129 Borderline High : 130 - 159 High : 160 - 189 Very High : =/> 190
V L D L Cholesterol * <i>Method Calculated</i>	71 mg/dL	10 - 30 mg/dL
TC / HDL Cholesterol Ratio * <i>Method Calculated</i>	8.6 Ratio	3.0 - 5.0 Ratio
LDL / HDL Ratio * <i>Method Calculated</i>	5.7 Ratio	1.5 - 3.5 Ratio

*End of Report *

Dr Rajini G, *PhD*
Chief Biochemist

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Investigation

Result

Reference Range

Liver Function Tests

Total Bilirubin (Method: Walter &Gerarde)	0.75 mg/dl	0.3 - 1.2 mg/dl
Direct Bilirubin (Conjugated) (Method: Walter &Gerarde)	0.18 mg/dl	0.0 - 0.2 mg/dl
Indirect Bilirubin (Unconjugated)	0.57 mg/dl	
Alkaline Phosphatase (Method: GSCC)	85 U/L	Male : 53 - 128 U/L Female : 42 - 98 U/L Children : 54 - 369 U/L
S G P T (Method: IFCC)	43 IU/L	UP TO 55 IU/L
S G O T (Method: IFCC)	39 IU/L	UP TO 55 IU/L
Total Proteins (Method: Biuret)	7 gm/dl	6.0 - 8.3 gm/dl
Albumin (Method: BCG)	4.2 gm/dl	3.5 - 5.2 gm/dl
Globulin (Method: Calculated)	2.8 gm/dl	
A/G Ratio	1.5	
Gamma GT IFCC Method	36 U/L	Male : 10 - 50 U/L Female : 7 - 35 U/L

Lab Incharge

*End of Report *

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Investigation	Result	Reference Range
% HbA1c (Glycosylated Haemoglobin) <i>(Method: HPLC-NGSP Certified)</i>	5.7 %	< 6.0 : Pre Diabetic 6-7 : Good Control 7-8 : Weak Control > 8.0 : Poor Control

Intpretation :

HbA1c is an indicator of glycemic control. HbA1c represents average glycemia over the past six to eight weeks. Glycation of hemoglobin occurs over the entire 120 day life span of the red blood cell, but with in this 120 days. Recent glycemia has the largest influence on the HbA1c value. Clinical studies suggest that a patient in stable control will have 50% of their HbA1c formed in the month before sampling, 25% in the month before that, and the remaining 25% in months two to four.

Mean Plasma Glucose mg/dl = (HbA1c x 35.6) - 77.3)

Correlation between HbA1c and Mean Plasma Glucose (MPG) is not "perfect" but rather only .81 (1.0 would be a straight line, which has "perfect" correlation...) This means that to predict or estimate average glucose from Hb-A1c or vice-versa is not "perfect" but gives a good working ballpark estimate. Afternoon and evening results correlate more closely to HbA1c than morning results, perhaps because morning fasting glucose levels vary much more than daytime glucose levels, which are easier to predict and control.

*End of Report *

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<u>Investigation</u>	<u>Result</u>	<u>Normal Ranges</u>
Trilodothyronine Total (TT3)	1.25 ng/mL	0.60 - 1.81 ng/mL
Thyroxine - Total (TT4)	12.58 mg/dL	3.5 - 12.6 mg/dL
Thyroid Stimulating Hormone(TSH) Method: C.L.I.A	2.29 μ IU/ml	0.35 - 5.50 μ IU/ml

Interpretation

Primary malfunction of the thyroid gland may result in excessive (hyper) or below normal (hypo) release of T3 or T4. In addition, as thyroid function is directly affected by TSH. Diagnostically, T3 concentration is more sensitive to certain thyroid conditions than T4. While T4 levels are a sensitive (and superior) indicator of hypothyroidism, T3 blood levels better define hyperthyroidism. Because T3 concentration in serum changes faster and more markedly than T4, the T3 level is also an excellent indicator of the ability of the thyroid to respond to both stimulatory and suppressive tests. Under conditions of strong thyroid stimulation, the T3 level offers a good.

It is especially useful in the differential diagnosis of primary (thyroid) from secondary (pituitary) and tertiary (hypothalamus) hypothyroidism. In primary hypothyroidism, TSH levels are significantly elevated, while in secondary and tertiary hypothyroidism, TSH levels are low.


Dr Rajani Gutta, PhD
Chief Biochemist


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Investigation

Result

Complete Urine Examination

Investigation

Result

PHYSICAL EXAMINATION

Colour : Pale Yellow
Apperance : Clear
Reaction : Acidic
Specific Gravity : 1.025

CHEMICAL EXAMINATION

Albumin : Nil
Glucose : Nil

MICROSCOPIC EXAMINATION

Pus Cells : 2 - 3 /HPF
Epithelial Cells : 1 - 2 /HPF
RBC : Nil /HPF
Crystals : Nil
Casts : Nil
Bacteria : Nil
Others : Nil

End of report

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Consultant Pathologist

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Ultrasound Scan Abdomen

- Liver** Size (137 mm), Shape, contour normal. **Increased Echotexture.**
No localized or diffused mass lesions are seen. Intrahepatic vascular system,
Portal vein, C.B.D and biliary radicals are normal.
- Gall Bladder** Partially Distended. Wall thickness are normal.
No calculus or no mass lesions are seen.
- Spleen** Size : 85 mm, Shape and echotexture normal, No abnormal calcifications seen.
- Pancreas** Head, body and tail echotexture are normal. Pancreatic duct normal. No mass or cystic
lesions seen. No calcifications are seen.
- Kidneys** Right kidney Measures : 90 x 38 mm
Left kidney Measures : 90 x 51 mm

Peri renal areas normal, Renal capsule normal, Cortical thickness,
Cortical echopattern and corticomedullary differentiation are normal.
Pelvicalyceal system normal. No calculus or no mass lesions are seen.
- Urinary Bladder** Well distended, Normal wall thickness. No evidence of calculi. No focal lesions.
- Prostate** Echotexture normal. No calcification seen. Volume - 19 cc.
- Others** Aorta and IVC are normal. No lymphadenopathy. No ascitis.
- Impression** ** **Grade-I fatty liver**


Dr Azam

Consultant Radiologist



ADITYA DIAGNOSTICS MR D MANOHAR,
26/03/22 20:29:07 ADM 3123

MR 0.6 Tls 0.1 4C
Abd

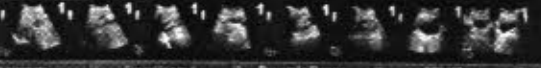


B
0- Frq
Gn
E/A
Map
D
DR
FR
AD

- Abdomen
- Rt Lt
- (C) % Stenosis
- (K) Volume
- (C) Angle
- (V) Renal Volume
- (J) AB Ratio
- (I) Aorta Diameter
- (V) Renal Length

Worksheet Direct Rep.

⊕	L	9.01 cm
⊕	L	3.88 cm
⊕	d	8.42 cm
L		0.00 cm



B Mode Frequency Crossbeam Dynamic Range 500 Hz Focus Position
Virtual Curve Crossbeam Gray Map Rotation Focus Number

25/03/22 20:31:51

