



MSK

(A Complete Diagnostic Pathology Laboratory)

DIAGNOSTICS

RAIBARELI ROAD, TELIBAGH, LUCKNOW

E-mail : mskdiagnosticspvt@gmail.com, Website : mskdiagnostics.in

Mobile : 7565000448

Collected At : JAVITRI

Name	: MR. ANIT KUMAR SINGH	Age	: 48 Yrs.	Registered	: 11-3-2023 03:19 PM
Ref/Reg No	: 107005 / TPPC\JAV-	Gender	: Male	Collected	: .
Ref By	: Dr. MEDI WHEEL			Received	: 11-3-2023 03:19 PM
Sample	: Blood, Urine			Reported	: 12-3-2023 05:25 PM
Sample(s)	: Plain, EDTA, Urine, FBS, PPP				

Investigation	Observed Values	Units	Biological Ref. Interval
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HEMOGRAM

(Method: Electrical impedance, Flowcytometry, Spectrophotometry)

Haemoglobin	12.7	g/dL	13 - 17
[Method: SLS]			
HCT/PCV (Hematocrit/Packed Cell Volume)	35	ml %	36 - 46
[Method: Derived]			
RBC Count	3.96	10 ⁶ /μl	4.5 - 5.5
[Method: Electrical Impedance]			
MCV (Mean Corpuscular Volume)	95.5	fL.	83 - 101
[Method: Calculated]			
MCH (Mean Corpuscular Haemoglobin)	32.1	pg	27 - 32
[Method: Calculated]			
MCHC (Mean Corpuscular Hb Concentration)	33.6	g/dL	31.5 - 34.5
[Method: Calculated]			
TLC (Total Leucocyte Count)	6.9	10 ³ /μl	4.0 - 10.0
[Method: Flow Cytometry/Microscopic]			
DLC (Differential Leucocyte Count):			
[Method: Flow Cytometry/Microscopic]			
Polymorphs	60	%	40.0 - 80.0
Lymphocytes	34	%	20.0 - 40.0
Eosinophils	02	%	1.0 - 6.0
Monocytes	04	%	2.0 - 10.0
Platelet Count	120	10 ³ /μl	150 - 400
[Method: Electrical impedance/Microscopic]			

*Erythrocyte Sedimentation Rate (E.S.R.)

[Method: Wintrobe Method]

*Observed Reading	20	mm for 1 hr	0-10
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* ABO Typing

" O "

* Rh (Anti - D)

Positive

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Plasma Glucose Fasting	103	mg/dL	70 - 110
Plasma Glucose PP (2 Hrs after meal) [Method: Hexokinase]	125	mg/dL.	110-170
Glycosylated Hemoglobin (HbA1C) (Hplc method)	6.3	%	0 - 6
Mean Blood Glucose (MBG)	134	mg/dl	

SUMMARY

< 6 % : Non Diebetic Level
 6-7 % : Goal
 > 8 % : Action suggested

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.

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LIVER FUNCTION TEST

Serum Bilirubin (Total)	0.29	mg/dl.	0.0 - 1.2
* Serum Bilirubin (Direct)	0.10	mg/dl.	0 - 0.4
* Serum Bilirubin (Indirect)	0.19	mg/dl.	0.2-0.7
Serum Alkaline Phosphatase	88.0	IU/L	40-129
[Method:4-Nitrophenyl phosphate (pNPP)] SGPT	14.0	IU/L	10-50
[Method: IFCC (UV without pyridoxal-5-phosphate)] SGOT	17.0	IU/L	10-50
[Method: IFCC (UV without pyridoxal-5-phosphate)] * Gamma-Glutamyl Transferase (GGT)	36.6	IU/L	Less than 55
Serum Protein	6.7	gm/dL	6.2 - 7.8
[Method: Biuret]			
Serum Albumin	4.8	gm/dL.	3.5 - 5.2
[Method: BCG]			
Serum Globulin	1.9	gm/dL.	2.5-5.0
[Method: Calculated]			
A.G. Ratio	2.53 : 1		
[Method: Calculated]			

KIDNEY FUNCTION TEST

Serum Urea	21.0	mg/dL.	10-45
Blood Urea Nitrogen (BUN)	10.2	mg/dL.	6 - 21
Serum Creatinine	0.48	mg/dL.	0.40 - 1.20
[Method: Jaffes Method/Enzymatic]			
Serum Sodium (Na+)	135	mmol/L	135 - 150
Serum Potassium (K+)	3.9	mmol/L	3.5 - 5.5
[Method: Ion selective electrode direct]			
Serum Uric Acid	3.85	mg/dL.	3.4 - 7.0
[Method for Uric Acid: Enzymatic-URICASE]			
* Serum Calcium (Total)	8.90	mg/dl.	8.2 - 10.2

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LIPID PROFILE			
Serum Cholesterol	189	mg/dL.	<200
Serum Triglycerides	104	mg/dL.	<150
HDL Cholesterol	66.0	mg/dL	>55
LDL Cholesterol	102	mg/dL.	<130
VLDL Cholesterol	21	mg/dL.	10 - 40
CHOL/HDL	2.86		
LDL/HDL	1.55		

INTERPRETATION:

National Cholesterol Education program Expert Panel (NCEP) for Cholesterol:
 Desirable : < 200 mg/dl
 Borderline High : 200-239 mg/dl
 High : =>240 mg/dl

National Cholesterol Education program Expert Panel (NCEP) for Triglycerides:
 Desirable : < 150 mg/dl
 Borderline High : 150-199 mg/dl
 High : 200-499 mg/dl
 Very High : >500 mg/dl

National Cholesterol Education program Expert Panel (NCEP) for HDL-Cholesterol:
 <40 mg/dl : Low HDL-Cholesterol [Major risk factor for CHD]
 =>60 mg/dl : High HDL-Cholesterol [Negative risk factor for CHD]

National Cholesterol Education program Expert Panel (NCEP) for LDL-Cholesterol:
 Optimal : < 100 mg/dL
 Near optimal/above optimal : 100-129 mg/dL
 Borderline High : 130-159 mg/dl
 High : 160-189 mg/dL
 Very High : 190 mg/dL

[Method for Cholesterol Total: Enzymatic (CHOD/POD)]
 [Method for Triglycerides: Enzymatic (Lipase/GK/GPO/POD)]
 [Method for HDL Cholesterol: Homogenous Enzymatic (PEG Cholesterol esterase)]
 [Method for LDL Cholesterol: Homogenous Enzymatic (PEG Cholesterol esterase)]
 [Method for VLDL Cholesterol: Friedewald equation]
 [Method for CHOL/HDL ratio: Calculated]
 [Method for LDL/HDL ratio: Calculated]

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T3, T4, TSH (ECLIA METHOD)			
Serum T3	1.09	ng/dl	0.84 - 2.02
Serum T4	8.73	ug/dl	5.13 - 14.6
Serum Thyroid Stimulating Hormone (T.S.H.)	1.49	uIU/ml	0.39 - 5.60
[Method: Electro Chemiluminescence Immunoassay (ECLIA)]			

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, renal failure and during therapy with drugs like propanolol 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	0.1-2.5 uIU/ml
Second Trimester	0.2-3.0 uIU/ml
Third Trimester	0.3-3.5 uIU/ml

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URINE EXAMINATION ROUTINE

PHYSICAL EXAMINATION

Color	Light Yellow		
Volume	15	mL	

CHEMICAL EXAMINATION

Blood	Absent	RBC/ μ l	Absent
Bilirubin	Absent		Absent
Urobilinogen	Absent		Absent
Chyle	Absent		Absent
[Method: Ether] Ketones	Absent		Absent
Nitrites	Absent		Absent
Proteins	Absent		Absent
Glucose	Absent		Absent
pH	6.0		5.0 - 9.0
Specific Gravity	1.015		1.010 - 1.030
Leucocytes	Absent	WBC/ μ L	Absent

MICROSCOPIC EXAMINATION

Red Blood cells	Absent	/HPF	Absent
Pus cells	Occasional	/HPF	0-3
Epithelial Cells	1-2	/HPF	Absent/Few
Casts	Absent	/HPF	Absent
Crystals	Absent	/HPF	Absent
Amorphous deposit	Absent	/HPF	Absent
Yeast cells	Absent	/HPF	Absent
Bacteria	Absent	/HPF	Absent
Parasites	Absent	/HPF	Absent
Spermatozoa	Absent	/HPF	Absent

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USG - ABDOMEN-PELVIS

NAME: MR. ANIT KUMAR SINGH

AGE/SEX: 50Y/ M

REFERRED BY: MEDIWHEEL

DATE: 11.03.2023

- *Excessively gaseous abdomen is noted.*
- Liver appears normal in shape, size (measures ~144mm) & echotexture.
- No evidence of focal or diffuse lesion is seen. No evidence of dilated IHBR seen.
- Portal vein appears normal in caliber. CBD appears normal in caliber.
- Gall Bladder appears well distended with no calculus or changes of cholecystitis seen.
- Spleen appears normal in shape, size (measures~ 107 mm) & echotexture with no focal lesion within.
- Pancreas appears normal in size, shape & echopattern.
- Para-aortic region appears normal with no lymphadenopathy is seen.
- Right Kidney size: ~ 97mm; Left Kidney size: ~94mm.
- Both kidneys appear normal in position, shape, size & echotexture except a ~14x13mm *simple cyst in lower pole calyx of right kidney.* CMD is normal.
- No calculus or hydronephrosis on either side.
- Urinary bladder appears well distended with no calculus or mass within.
- Prostate appears normal in shape, size (~11cc) & echotexture.
- No free fluid in peritoneal cavity. NO pleural effusion on either side.
- *No abnormal bowel wall thickening or significant abdominal lymphadenopathy.*

IMPRESSION:

- *A simple cyst in right kidney as described above. Rest unremarkable USG abdomen-pelvis study. Please correlate clinically.*

Dr. Sarvesh Chandra Mishra
M.D., DNB Radio-diagnosis
PDCC Neuroradiology (SGPGI, LKO)
Ex- senior Resident (SGPGI, LKO)
European Diploma in radiology EDiR, DICRI

Dr. Sweta Kumari
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DNB Radio Diagnosis
Ex- Senior Resident Apollo Hospital Bengaluru
Ex- Resident JIPMER, Pondicherry

DISCLAIMER: Reports are subjected to typing error and are not liable for medico-legal use. In case of any typing error please get it rectified at the earliest.

Facilities Available : • CT SCAN • ULTRASOUND • X-RAY • PATHOLOGY • ECG • ECHO
Ambulance Available

Timing :
Mon. to Sun.
8:00am to 8:00pm



NAME:-MR.ANIL KUMAR SINGH

DATE:-11/03/2023

REF.BY:-MEDI-WHEEL

AGE:-48Y/M

X-RAY CHEST (P.A. View)

- 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:

- No significant abnormality detected.
-Suggested clinical correlation.

Dr. Sarvesh Chandra Mishra
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