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Date Name Ref. By	24/02/2024 11:41:16 AM Mr. KULDEEP MEHRA Dr. SAURABH MAYANK	Srl No. Age Sex	1015 32 Yrs. M	UHID No. OPD-65945 Printed on 20/03/2024 03:57 PM
Test N	lame	Value	Unit	Normal Value
COMF Erba	PLETE HAEMOGRAM Mannheim Elite 580			
HAEMO	OGLOBIN (Hb)	15.7	gm / dL	13.5 - 18.0
TOTAL	LEUCOCYTE COUNT (TLC)	5,850	cells / cu mm	4000 - 11000
DIFFE	RENTIAL LEUCOCYTE COUNT (D	LC)		
NEUT	FROPHIL	40	%	40 - 75
	PHOCYTE	52	%	20 - 40
EOSII	NOPHIL	03	%	01 - 06
	IOCYTE	05	%	02 - 10
	OPHIL	00	%	0-0
RBC CC		5.45	million / cu mm	4.5 - 5.5
	HAEMATOCRIT	47.1	%	40 - 54
MCV		86.422	fl.	80 - 100
мсн		28.807	Picogram	27.0 - 31.0
мсн	c	33.33	gm / dL	32 - 36
	LET COUNT	1,51,000	Lakh / cu mm	150000 - 400000
ESR VESM	NATIC EASY - AUTOMATED	26	mm / 1st hr	0 - 15
K.F.T.	- <u>1</u> ne cobas c 311		1	
	D UREA se / GLDH	29.0	mg / dL	15.0 - 40.0
SERUN Jaffe	M CREATININE	0.88	mg / dL	0.7 - 1.4
SERUN Enzyr	M URIC ACID	6.9	mg / dL	3.4 - 7.0
SODIU	JM	140.2	mEq / L	135.0 - 145.0
POTAS ISE	SSIUM	4.19	mEq / L	3.5 - 5.0
LAB TECH	R FUNCTION TEST (LFT)			Contd2

Hospital Address: Gas Godam Tiraha, Kusumkhera, Kaladhungi Road, Haldwani (Nainital), U.K. | Toll No.: 05946-260287 | Email: info@ujalahealthcare.com A unit of Cygnus Medicare Private Limited, Registered office at Ground Floor, A-9A, Green Park Main, New Delhi - 110016 Tel. No. 011-41750891 | Website: www.ujalacygnus.com | Email: info@ujalacygnus.com | Email: info





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Test Name	Value	Unit	Normal Value
BILIRUBIN TOTAL DPD	0.65	mg / dL	0 - 1.2
CONJUGATED (D. Bilirubin) Jendrassik-Grof	0.30	mg / dL	0.00 - 0.30
UNCONJUGATED (I.D.Bilirubin)	0.35	mg / dL	0.00 - 0.70
TOTAL PROTEIN Biuret	6.6	gm / dL	6.6 - 8.3
ALBUMIN BCP	4.8	gm / dL	3.5 - 5.5
GLOBULIN	1.8	gm / dL	2.5 - 4.0
A/G RATIO	2.667	%	0.8 - 2.0
SGOT IFCC	32.5	IU/L	5.0 - 45.0
SGPT IFCC	32.9	IU/L	5.0 - 49.0
ALKALINE PHOSPHATASE IFCC	102.0	U/L	60.0 - 170.0
GAMMA GT	47.7	IU/L	8.0 - 71.0
	BIOCHEMI	STRY	
BLOOD SUGAR FASTING HEXOKINASE	85.7	mg / dL	60.0 - 110.0
LIPID PROFILE Roche cobas c 311		2	
TRIGLYCERIDES GPO-PAP	199.4	mg / dL	40.0 - 165.0
TOTAL CHOLESTEROL CHOD-PAP	184.0	mg / dL	0.0 - 200.0
HDL CHOLESTEROL DIRECT	43.2	mg / dL	40.0 - 79.4
VLDL	39.88	mg / dL	4.7 - 22.1
LDL CHOLESTEROL DIRECT	100.92	mg / dL	63.0 - 129.0
TOTAL CHOLESTEROL / HDL RATIO	4.259		0.0 - 4.97 Contd3





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Test Na	me	Value	Unit	Normal Value
LDL / HD	DL CHOLESTEROL RATIO	2.336		0.00 - 3.55
	D PROFILE DAS : BIOMERIEUX			
T3 ELFA Met	hod	1.33	ng / mL	0.60 - 1.81
T4 ELFA Met	hod	8.92	ug / dL	4.5 - 10.9
TSH ELFA Met	hod	0.88	ulU / mL	0.35 - 5.50
REFER	ENCE RANGE			
PAEDIA	TRIC AGE GROUP			
	100)	1.0 - 20 0.5 - 6.5 0.5 - 6.0 0.5 - 4.5	ulU / mL ulU / mL ulU / mL ulU / mL	
ADULTS	<u>S</u>	0.35 - 5.50	uIU / mL	
Note: TS before the	H levels are subject to circadian va e onset of sleep, reaching peak leve	riation, rising several	hours am.	

Assay performed on enhanced chemi lumenescence system (Centaur-Siemens)

Nadir concentrations are observed during the afternoon.

has influence on the measured serum TSH concentration.

Diurnal variation in TSH level approximates \pm 50 %, hence time of the day

Serum T3,T4 & TSH measurements form the three components of Thyroid screening panel, useful in diagnosing various disorders of Thyroid gland function.

1. Primary hypothyroidism is accompanied by depressed serum T3 and T4 values and elevated serum TSH level.

LAB TECHNICIAN

Contd...4





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Test Name Value Unit Normal Value

- 2. Primary hyperthyroidism is accompanied by elevated serum T3 and T4 levels along with depressed TSH values.
- Normal T4 levels are accompanied by increased T3 in patients with T3 thyrotoxicosis.
- Slightly elevated T3 levels may be found in pregnancy and estrogen therapy, while depressed levels may be
 encountered in severe illness, renal failure and during therapy with drugs like propranolol and propyl thiouracil.
- Although elevated TSH levels are nearly always indicative of primary hyporthyroidism, and may be seen in secondary thyrotoxicosis.

URINE EXAMINATION TEST

CHEMICAL EXAMINATION

SUGAR

NIL

SEROLOGY

TOTAL PSA

0.39

ng/mL

ELFA

INTERPRETATION:

Expected Values:

	PS	PSA concentrations (ng / mL)			
Age (years)	:	Low Limit	:	High Limit	
< 40	:	0.21	:	1.72	
40 - 49		0.27	:	2.19	
50 - 59	:	0.27	:	3.42	
60 - 69		0.22	:	6.16	
> 69	:	0.21	:	6.77	

PSA is reliable tumour marker for already diagnosed prostatic carcinomas. It is uniquely associated only with prostatic tissue, and therefore is specific for it. Baseline levels measured prior to therapeutic intervention and followed later by serial periodical measurements will predict the outcome of therapy. It also helps in early discovery of recurrences, relapses and metastases.

In general, tumor marker levels are directly proportional to the tumour mass and the stage of the cancer. However, it is the rate of change of the tumor marker level which is more important, rather than its absolute

A 50% change may be considered clinically significant. It must be emphasised that PSA may also be elevated in benign prostatic hypertrophy and inflammatory conditions of the surrounding genitourinary

LAB TECHNICIAN

Contd...5



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Normal Value

tract .Therefore, this parameter should never be used as a screening test for diagnosing prostatic carcinomas but only as an aid in follow up studies.

HAEMATOLOGY

BLOOD GROUP ABO

RH TYPING

"AB"

POSITIVE

**** End Of Report ****

LAB TECHNICIAN

Link

DR. ANAMIKA YADAV MBBS DNB PATHOLOGY UK-9464





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DEPARTMENT OF RADIOLOGY & IMAGING

AGE/SEX-32Y/M PT.NAME: MR. KULDEEP MEHRA

UHID NO-65945 DATE: 24/FEB/2024

REF.BY- DR. (MAJ) SAURABH MAYANK

USG WHOLE ABDOMEN

LIVER: is normal in size, measures approx 12.4 cms and has a normal homogeneous echotexture.

PORTAL VEIN: is not dilated. Intrahepatic biliary radicals are not dilated.

GALL BLADDER: is partially distended with normal wall thickness.

CBD: is not dilated with clear lumen. No calculus is seen.

PANCREAS: Visualized part of pancreas is normal in size, shape with normal homogeneous echotexture. MPD: is not dilated.

SPLEEN: is normal in size (~9.9 cms) with normal homogeneous echotexture.

RIGHT KIDNEY: is normal in size and echotexture.

- Cortical echogenicity is normal.
- Cortico-medullary demarcation is maintained.
- Parenchymal thickness appears normal.
- Pelvicalyceal system is not dilated.

LEFT KIDNEY: is normal in size and echotexture.

- Cortical echogenicity is normal.
- Cortico-medullary demarcation is maintained.
- o Parenchymal thickness appears normal.
- Pelvicalyceal system is not dilated.

Ujala Cygnus Hospitals: Haryana: Sonipat | Panipat | Kamal | Kurukshetra | Kaithal | Bahadurgarh | Rewari | Delhi: Nangloi | Rama Vihar | Uttar Pradesh: Varanasi | Kanpur | Agris | Moradabad | Uttarakluand: Kashipur | Haldwani | Sitargani | Jammu & Kashimir: Srinagar

CIN: U85190DL2011PTC391657





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URETERS:

- o The upper parts of both the ureters are not dilated.
- Bilateral vesico-ureteric junctions are not dilated.

URINARY BLADDER: is partially distended.

PROSTATE: is normal in size with normal echotexture and volume approx 10.0 cc.

No free fluid is seen in the Morrison's pouch, perihepatic space, perisplenic space, para colic gutter and pelvic cavity.

IMPRESSION: USG appearances are suggestive of -

No significant abnormality is seen.

(Adv-Clinico-pathological correlation)

DR. (MAJ) RAVINDER SINGH MBBS, MD. Consultant Radiologist

Number of images-05

Note-This is a professional report based on imaging findings only and should always be correlated clinically and with other relevant investigations.

This report is not for medico-legal purpose. In case of any discrepancy due to machine error or typing error kindly get it rectified immediately.