



DEPARTMENT OF BIOCHEMISTRY

Patient Name :	Mr. KRISHAN KUMAR	Bill Date :	26/08/2023
MR No :	32430	Reporting Date :	26/08/2023
Age/Sex :	57 Years / Male	Sample ID :	163677
Type :	OPD	Bill/Req. No. :	23310437
TPA/Corporate :	MEDIWHEEL	Ref Doctor :	Dr. Nipun Chopra
IP No. :			
Current Bed no. :			

Test	Result	Bio. Ref. Interval	Units
BLOOD GLUCOSE FASTING AND PP			
PLASMA GLUCOSE (FASTING)	286 H	70 - 110	mg/dl
PLASMA POST-GLUCOSE	404 H	80 - 150	mg/dL

BLOOD GROUP

BLOOD GROUP " A " RH POSITIVE

COMPLETE HAEMOGRAM

CBC

HAEMOGLOBIN	11.1 L	12.0 - 16.5	g/dL
TOTAL LEUCOCYTE COUNT	5500	4000 - 11000	/cumm
RED BLOOD CELL COUNT	3.59 L	4.0 - 6.0	millions/cumm
PCV (HAEMATOCRIT)	33.9 L	40.0 - 54.0	%
MEAN CORPUSCULAR VOLUME	94.4	78 - 98	fL
MEAN CORPUSCULAR HAEMOGLOBIN	30.9	26.5 - 32.5	Picogrammes
MEAN CORPUSCULAR HB CONC	32.7	32 - 37	g/dL
PLATELET COUNT	2.13	1.50 - 4.50	Lakh/cumm
NEUTROPHILS	56	40 - 73.0	%
LYMPHOCYTES	26	20 - 40	%
EOSINOPHILS	02	0.0 - 6.0	%
MONOCYTES	16 H	2.0 - 10.0	%
BASOPHILS	00	0.0 - 1.0	%
ABSOLUTE NEUTROPHIL	3080	2000 - 7000	cells/cumm
ABSOLUTE LYMPHOCYTE	1430	1000 - 3000	cells/cumm
ABSOLUTE EOSINOPHIL	110	20 - 500	cells/cumm
ABSOLUTE MONOCYTES	880	200 - 1000	cells/cumm
ABSOLUTE BASOPHILS	0 L	20 - 100	cells/cumm

Checked By : *Pradip Kumar*

Dr. Pradip Kumar
(Consultant Microbiologist)

Dr. Nisha Rana
(Consultant Pathologist)



DEPARTMENT OF HAEMATOLOGY

Patient Name :	Mr. KRISHAN KUMAR	Bill Date :	26/08/2023
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Test	Result		Bio. Ref. Interval	Units
RDW-CV	14.4		11.5 - 14.5	%
E.S.R.	85	H	0 - 15	mm/hr
HBA1C				
HBA1C	12.6	H		%

Note : HBA1c result is suggestive of Diabetes/ higher than glycemic goal in a known Diabetic patient.

Please note, glycemic goal should be individualized based on duration of diabetes, age/life expectancy, comorbid conditions, known CVD or advanced microvascular complications, hypoglycaemia unawareness, and individual patient considerations.

Please Correlate Clinically.

KFT(KIDNEY FUNCTION TEST)/RFT/Renal Profile

SERUM UREA	24		13.0 - 45.0	mg/dL
SERUM CREATININE	0.9		0.5 - 1.4	mg/dL
SERUM URIC ACID	3.6		3.6 - 7.2	mg/dL
SERUM SODIUM	130		130 - 149	mmol/L
SERUM POTASSIUM	3.8		3.5 - 5.5	mmol/L

LFT(LIVER FUNCTION TEST)

LFT				
TOTAL BILIRUBIN	0.5		0.1 - 1.2	mg/dL
DIRECT BILIRUBIN	0.2		0.00 - 0.30	mg/dL
INDIRECT BILIRUBIN	0.3		Adult: 0 - 0.8	mg/dL
SGOT (AST)	13		0.0 - 45	IU/L
SGPT (ALT)	18		00 - 45.00	IU/L
ALP	79		41 - 137	U/L
TOTAL PROTEINS	7.2		6.0 - 8.2	g/dL

Checked By : Mayank



Dr. Pradip Kumar
(Consultant Microbiologist)

Dr. Nisha Rana
(Consultant Pathologist)



DEPARTMENT OF BIOCHEMISTRY

Patient Name : Mr. KRISHAN KUMAR
MR No : 32430
Age/Sex : 57 Years / Male
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TPA/Corporate : MEDIWHEEL
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Bill Date : 26/08/2023
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Sample ID : 163677
Bill/Req. No. : 23310437
Ref Doctor : Dr. Nipun Chopra

Test	Result	Bio. Ref. Interval	Units
ALBUMIN	3.8	3.20 - 5.00	g/dL
GLOBULIN	3.4	2.0 - 3.50	g/dL
A/G RATIO	1.12		

LIPID PROFILE

Test	Result	Ref. Interval	Units
SERUM CHOLESTROL	165	0 - 200	mg/dl
SERUM TRIGLYCERIDES	120	Up to 150	mg/dl
HDL CHOLESTEROL	45	30 - 60	mg/dl
VLDL CHOLESTEROL	24	*Less than 30	mg/dL
LDL CHOLESTEROL	96	Optimal <100, Above Opt. 100-129 -high 160-189	mg/dl
LDL CHOLESTEROL/HDL RATIO	2.13	Desirable Level : 0.5 - 3.0 Borderline Risk : 3.0 - 6.0 High Risk : > 6.0	

URINE ROUTINE EXAMINATION

PHYSICAL EXAMINATION			
VOLUME	20		ml
COLOUR	Yellow	Pale Yellow	
APPEARANCE	Clear	Clear	
SPECIFIC GRAVITY	1.015		
CHEMICAL EXAMINATION			
REACTION	Acidic		
BLOOD	Moderate		
ALBUMIN	NIL	NIL	
GLUCOSE	+++	NIL	
PH	6.5		
MICROSCOPIC EXAMINATION			
PUS CELL	10-12	2-4	/HPF

Checked By : *Mayur*



Dr. Pradip Kumar
(Consultant Microbiologist)

Dr. Nisha Rana
(Consultant Pathologist)



DEPARTMENT OF CLINICAL PATHOLOGY

Patient Name : Mr. KRISHAN KUMAR
MR No : 32430
Age/Sex : 57 Years / Male
Type : OPD
TPA/Corporate : MEDIWHEEL
IP No. :
Current Bed no. :
Bill Date : 26/08/2023
Reporting Date : 26/08/2023
Sample ID : 163677
Bill/Req. No. : 23310437
Ref Doctor : Dr. Nipun Chopra

Test	Result	Bio. Ref. Interval	Units
RED BLOOD CELLS	12-15	NIL	/HPF
EPITHELIAL CELLS	1-2	2-4	/HPF
CASTS	NIL	NIL	
CRYSTALS	NIL	NIL	

Note : Albumin test positive by Multistrip Method is confirmed by Sulphosalicylic acid method.

***** END OF THE REPORT *****

Checked By : *Nayak*

Dr. Pradip Kumar
(Consultant Microbiologist)

Dr. Nisha Rana
(Consultant Pathologist)

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Prognosis Laboratories

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Lab No.	012308260827	Age/Gender	57 YRS/MALE	Coll. On	26/Aug/2023 06:40PM
Name	Mr. KRISHAN KUMAR 32430			Reg. On	26/Aug/2023
Ref. Dr.	NIDAAN PARK HOSPITAL			Approved On	26/Aug/2023 09:08PM
Rpt. Centre	Dr. OTHER			Printed On	07/Sep/2023 05:30PM

Test Name	Value	Unit	Biological Reference Interval
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Thyroid profile, Total (T3,T4,TSH)

T3 (Triiodothyronine) , serum Method : ECLIA	0.78	ng/mL	0.80 - 2.0
T4 (Thyroxine) , serum Method : ECLIA	6.13	ug/dL	5.1 - 14.1
TSH (Thyroid Stimulating Hormone) , serum Method : ECLIA	3.24	uIU/ml	0.5 - 8.9

Interpretation:

- Primary hyperthyroidism is accompanied by elevated serum T3 and T4 values alongwith depressed TSH levels
- Primary hypothyroidism is accompanied by depressed serum T3 and T4 values and elevated serum TSH levels.
- High T3 levels coupled with normal T4 and suppressed TSH may be seen in T3 toxicosis.

Note: Total T3 and total T4 are highly bound to plasma proteins and are amenable to fluctuations with plasma protein content as well as due to binding defects in the thyroid hormone binding proteins.

The following ranges are recommended for pregnant females:

Gestation period	TSH (uIU/ml)
First trimester	0.1 - 2.5
Second trimester	0.2 - 3.0
Third trimester	0.3 - 3.0

PSA Total, serum Method : ECLIA	0.94	ng/mL	0 - 3.1
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Interpretation:

Prostate-specific antigen (PSA) is a glycoprotein that is produced by the prostate gland, the lining of the urethra, and the bulbourethral gland. Normally, very little PSA is secreted in the blood. Increases in glandular size and tissue damage caused by benign prostatic hypertrophy, prostatitis, or prostate cancer may increase circulating PSA levels.

In patients with previously diagnosed prostate cancer, PSA testing is advocated as an early indicator of tumor recurrence and as an indicator of response to therapy.

The test is also useful for initial screening for prostate cancer:

Total PSA levels < 2 ng/ml almost rule out the possibility of prostatic malignancy.

Total PSA levels between 2 and 10 ng/ml lie in the grey zone. Such values may be obtained in prostatitis, benign hyperplasia and malignancy. Further testing including a free PSA/PSA ratio and prostate biopsy is recommended for these patients for confirmation of the diagnosis.

Total PSA values >10 ng/ml are highly suspicious for prostate cancer but further testing, such as prostate biopsy, is needed to diagnose the exact pathology.

***Disclaimer: This is an electronically validated report, if any discrepancy found should be confirmed by user.**

*** End Of Report ***



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MCBS,MD (Pathology)
Consultant Pathologist





Nidaan Hospital



Patient Id 32430 Name KRISHAN KUMAR 57Y Accession No -
Study Date 26-Aug-2023 Age - Gender Male

CHEST X RAY (PA VIEW)

OBSERVATION:

Ground glass soft tissue density noted in the right mid zone suggestive of infective pathology.

Rest of the both lung fields appear clear.

Both costo-phrenic angles appear clear.

Cardiothoracic ratio is normal.

Both domes of diaphragm appear normal.

Thoracic soft tissue and skeletal system appear unremarkable.

ADVICE: Please Correlate Clinically.

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(This is only professional opinion and not the diagnosis, Please correlate clinically)

the **health** care providers

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DEPARTMENT OF RADIOLOGY

Patient Name	Mr KRISHAN KUMAR	Billed Date	: 26/08/2023	10.01 AM
Reg No	32430	Reported Date	: 26/08/2023	
Age/Sex	57 Years 7 Months 26Days / Male	Req. No.	: 23310437	
Ref. Doctor	Self	Consultant Doctor	: Dr. Nipun Chopra	
Type	OPD			

USG WHOLE ABDOMEN/KUB

FINDINGS:

LIVER is normal in size (12.7 cm) and echotexture. No evidence of any IHBR dilation is present. Portal and hepatic veins are normal in caliber at porta. **A well-defined, hyperechoic 1.4x1.0 cm with no internal vascularity is noted in the right lobe of liver--likely Suggestive of Hemangioma**

GALL BLADDER is partially distended.
CBD is normal in course and caliber.

SPLEEN is normal in size (8.1 cm) and echotexture. No focal lesion is seen.

PANCREAS: Head of pancreas is normal in size and echotexture. Body and tail of pancreas are obscured by bowel gas shadows.

RIGHT KIDNEY: is normal in size and position and outline. Corticomedullary differentiation is maintained. There is no evidence of any focal lesion / calculus / backpressure changes.

LEFT KIDNEY: is normal in size and position and outline. Corticomedullary differentiation is maintained. **Few calculi are noted, largest measuring ~ 7.0 mm is noted at upper pole of left kidney. Left pelvicalyceal system appears mildly prominent.**

URINARY BLADDER is partially distended. **Few free floating internal echoes are noted within the urinary bladder--to rule out cystitis**

PROSTATE is enlarged in size [Vol: ~ 30 cc].

No free fluid is seen in the abdomen.

IMPRESSION:

- Left renal calculi
- Few free floating internal echoes are noted within the urinary bladder--to rule out cystitis
- Prostatomegaly

To be correlate clinically



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