



## DEPARTMENT OF BIOCHEMISTRY

<b>Patient Name</b> :	Mr. PARVESH	<b>Bill Date</b> :	26/08/2023
<b>MR No</b> :	32420	<b>Reporting Date</b> :	26/08/2023
<b>Age/Sex</b> :	30 Years / Male	<b>Sample ID</b> :	163627
<b>Type</b> :	OPD	<b>Bill/Req. No.</b> :	23310416
<b>TPA/Corporate</b> :	MEDIWHEEL	<b>Ref Doctor</b> :	Dr. EMO
<b>IP No.</b> :			
<b>Current Bed no.</b> :			

Test	Result	Bio. Ref. Interval	Units
<b>BLOOD GLUCOSE FASTING AND PP</b>			
PLASMA GLUCOSE(FASTING)	82	70 - 110	mg/dl
PLASMA POST-GLUCOSE	112	80 - 150	mg/dL

## BLOOD GROUP

BLOOD GROUP " O " RH POSITIVE

## COMPLETE HAEMOGRAM

### CBC

HAEMOGLOBIN	13.6		12.0 - 16.5	g/dL
TOTAL LEUCOCYTE COUNT	4700		4000 - 11000	/cumm
RED BLOOD CELL COUNT	4.79		4.0 - 6.0	millions/cumm
PCV (HAEMATOCRIT)	42.8		40.0 - 54.0	%
MEAN CORPUSCULAR VOLUME	89.4		78 - 98	fL
MEAN CORPUSCULAR HAEMOGLOBIN	28.4		26.5 - 32.5	Picogrames
MEAN CORPUSCULAR HB CONC	32.8		32 - 37	g/dL
PLATELET COUNT	1.53		1.50 - 4.50	Lakh/cumm
NEUTROPHILS	43		40 - 73.0	%
LYMPHOCYTES	<b>48</b>	H	20 - 40	%
EOSINOPHILS	02		0.0 - 6.0	%
MONOCYTES	07		2.0 - 10.0	%
BASOPHILS	00		0.0 - 1.0	%
ABSOLUTE NEUTROPHIL	2021		2000 - 7000	cells/cumm
ABSOLUTE LYMPHOCYTE	2256		1000 - 3000	cells/cumm
ABSOLUTE EOSINOPHIL	94		20 - 500	cells/cumm
ABSOLUTE MONOCYTES	329		200 - 1000	cells/cumm
ABSOLUTE BASOPHILS	<b>0</b>	L	20 - 100	cells/cumm

Checked By : *Maya*



**Dr. Pradip Kumar**  
(Consultant Microbiologist)

**Dr. Nisha Rana**  
(Consultant Pathologist)



## DEPARTMENT OF HAEMATOLOGY

<b>Patient Name</b> :	Mr. PARVESH	<b>Bill Date</b> :	26/08/2023
<b>MR No</b> :	32420	<b>Reporting Date</b> :	26/08/2023
<b>Age/Sex</b> :	30 Years / Male	<b>Sample ID</b> :	163627
<b>Type</b> :	OPD	<b>Bill/Req. No.</b> :	23310416
<b>TPA/Corporate</b> :	MEDIWHEEL	<b>Ref Doctor</b> :	Dr. EMO
<b>IP No.</b> :			
<b>Current Bed no.</b> :			

Test	Result	Bio. Ref. Interval	Units
RDW-CV	12.3	11.5 - 14.5	%
E.S.R.	10	0 - 15	mm/hr

### HBA1C

HBA1C	5.3		%
-------	-----	--	---

**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	18	13.0 - 45.0	mg/dL
SERUM CREATININE	1.2	0.5 - 1.4	mg/dL
SERUM URIC ACID	5.8	3.6 - 7.2	mg/dL
SERUM SODIUM	138	130 - 149	mmol/L
SERUM POTASSIUM	4.4	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)	22	0.0 - 45	IU/L
SGPT (ALT)	25	00 - 45.00	IU/L
ALP	55	41 - 137	U/L
TOTAL PROTEINS	6.4	6.0 - 8.2	g/dL

Checked By : *Mayur*



**Dr. Pradip Kumar**  
(Consultant Microbiologist)

**Dr. Nisha Rana**  
(Consultant Pathologist)



## DEPARTMENT OF BIOCHEMISTRY

**Patient Name** : Mr. PARVESH  
**MR No** : 32420  
**Age/Sex** : 30 Years / Male  
**Type** : OPD  
**TPA/Corporate** : MEDIWHEEL  
**IP No.** :  
**Current Bed no.** :

**Bill Date** : 26/08/2023  
**Reporting Date** : 26/08/2023  
**Sample ID** : 163627  
**Bill/Req. No.** : 23310416  
**Ref Doctor** : Dr. EMO

Test	Result	Bio. Ref. Interval	Units
ALBUMIN	4.4	3.20 - 5.00	g/dL
GLOBULIN	2	2.0 - 3.50	g/dL
A/G RATIO	2.2		

## LIPID PROFILE

### LIPID PROFILE

SERUM CHOLESTROL	<b>207</b>	<i>H</i>	0 - 200	mg/dl
SERUM TRIGLYCERIDES	105		Up to 150	mg/dl
HDL CHOLESTEROL	42		30 - 60	mg/dl
VLDL CHOLESTEROL	21		*Less than 30	mg/dL
LDL CHOLESTEROL	144		Optimal <100, Above Opt. 100-129 -high 160-189	mg/dl
LDL CHOLESTEROL/HDL RATIO	3.43		Desirable Level : 0.5 - 3.0 Borderline Risk : 3.0 - 6.0 High Risk : > 6.0	

## STOOL ROUTINE

### PHYSICAL EXAMINATION

COLOUR	Brown	Brown
CONSISTENCY	Semi Solid	Formed
MUCUS	NIL	NIL
BLOOD	NIL	NIL

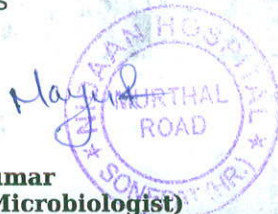
### CHEMICAL EXAMINATION

REACTION	Alkaline	Alkaline
----------	----------	----------

### MICROSCOPIC EXAMINATION

CYSTS/OVA	NIL	NIL
VEGETATIVE FORMS	NIL	NIL
PUS CELLS	2-3/hpf	NIL
RBCS	NIL	NIL
MACROPHAGES	NIL	NIL

Checked By :



**Dr. Pradip Kumar**  
(Consultant Microbiologist)

**Dr. Nisha Rana**  
(Consultant Pathologist)



## DEPARTMENT OF MICROBIOLOGY

**Patient Name** : Mr. PARVESH  
**MR No** : 32420  
**Age/Sex** : 30 Years / Male  
**Type** : OPD  
**TPA/Corporate** : MEDIWHEEL  
**IP No.** :  
**Current Bed no.** :  
**Bill Date** : 26/08/2023  
**Reporting Date** : 27/08/2023  
**Sample ID** : 163906  
**Bill/Req. No.** : 23310416  
**Ref Doctor** : Dr. EMO

Test	Result	Bio. Ref. Interval	Units
FAT GLOBULES	NIL	NIL	
VEGETABLE MATTER	++	NIL	
STARCH	NIL	NIL	
UNDIGESTED	++	NIL	

**Note** : Stool concentration done by Formal either concentration technique.

## URINE ROUTINE EXAMINATION

### PHYSICAL EXAMINATION

VOLUME	20		ml
COLOUR	Pale Yellow	Pale Yellow	
APPEARANCE	Clear	Clear	
SPECIFIC GRAVITY	1.020		

### CHEMICAL EXAMINATION

REACTION	Acidic		
BLOOD	NIL		
ALBUMIN	NIL	NIL	
GLUCOSE	NIL	NIL	
PH	6.0		

### MICROSCOPIC EXAMINATION

PUS CELL	2-3	2-4	/HPF
RED BLOOD CELLS	Nil	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.

Checked By : *Magik*



**Dr. Pradip Kumar**  
(Consultant Microbiologist)

**Dr. Nisha Rana**  
(Consultant Pathologist)



# Prognosis Laboratories

National Reference Lab.: 515-516, Sector-19, D.D.A. Plotted Development, Dwarka, New Delhi-110075

8130192290 www.prlworld.com care@prlworld.com

Lab No.	012308260820	Age/Gender	30 YRS/MALE	Coll. On	26/Aug/2023 06:37PM
Name	Mr. PARVESH 32420			Reg. On	26/Aug/2023
Ref. Dr.				Approved On	26/Aug/2023 08:27PM
Rpt. Centre	Self			Printed On	07/Sep/2023 05:25PM

Test Name	Value	Unit	Biological Reference Interval
-----------	-------	------	-------------------------------

## Thyroid profile, Total (T3,T4,TSH)

T3 (Triiodothyronine) , serum Method : ECLIA	1.32	ng/mL	0.80 - 2.0
T4 (Thyroxine) , serum Method : ECLIA	7.97	ug/dL	5.1 - 14.1
TSH (Thyroid Stimulating Hormone) , serum Method : ECLIA	0.866	uIU/ml	0.27 - 4.2

### 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

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

\*\*\* End Of Report \*\*\*



Scan this QR Code to view report

Dr. Smita Sadwani  
MD(Biochemistry)  
Technical Director

Dr. Mayank Gupta  
MD, DNB Pathology  
Consultant Pathologist

Dr. Deepak Sadwani  
MD(Pathology)  
Lab Director

Dr. Moushmi Mukherjee  
MBBS,MD (Pathology)  
Consultant Pathologist





Patient Id	32420	Name	PARVESH 30 YRS	Accession No	
Study Date	26-Aug-2023	Age	-	Gender	Male

## CHEST X RAY (AP VIEW)

### OBSERVATION:

Both lung fields appear clear.

Both costo-phrenic angles appear clear.

Both domes of diaphragm appear normal.

Thoracic soft tissue and skeletal system appear unremarkable.

### IMPRESSION:

- No Significant abnormality is noted.

ADVICE: Please Correlate Clinically.

*This Report is not valid for any medico legal purpose. This report is prepared on the basis of digital DICOM images transmitted via internet without identification of patient, not on the films or plates provided to the patient.*

*Disclaimer: -It is an online interpretation of medical imaging based on clinical data. All modern machine & procedures have their own limitation. If there is any clinical discrepancy, this investigation may be repeated or rechecked on site. Patient's identification in online reporting is not established, so in no way can this report be utilized for any medicolegal purpose.*



**DR PRASHANT MUDGAL**  
**MBBS, MD, DMRE**  
**CONSULTANT RADIOLOGIST**  
**REG NO. MP8713**



## DEPARTMENT OF RADIOLOGY

<b>Patient Name</b>	Mr PARVESH	<b>Billed Date</b>	: 26/08/2023	9.08 AM
<b>Reg No</b>	32420	<b>Reported Date</b>	: 26/08/2023	
<b>Age/Sex</b>	30 Years 10 Months 17Days / Male	<b>Req. No.</b>	: 23310416	
<b>Ref. Doctor</b>	Self	<b>Consultant Doctor</b>	: Dr. EMO	
<b>Type</b>	OPD			

### USG WHOLE ABDOMEN/KUB

#### FINDINGS:

**LIVER** is normal in size (12.0 cm) and echotexture. No evidence of any focal lesion or IHBR dilation is present. Portal and hepatic veins are normal in caliber at porta.

**GALL BLADDER** is well distended and lumen is echofree. Wall thickness is normal. No pericholecystic fluid is seen.

**CBD** is normal in course and caliber.

**SPLEEN** is normal in size (8.9 cm) and echotexture. No focal lesion is seen.

**PANCREAS:** Head and body of pancreas are normal in size and echotexture. Tail of pancreas is 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. There is no evidence of any focal lesion / calculus / backpressure changes.

**URINARY BLADDER** is partially distended and grossly normal.

**PROSTATE** is normal in size [Vol: ~ 15 cc]. It has normal echotexture.

No free fluid is seen in the abdomen.

**To be correlate clinically**

