



एक एहसास कृपेपन का Sparsh Multispecialty Hospital

(A Unit of Sparsh Multispecialty Hospital Private Limited)
(Formerly known as Paedia Health Private Limited)
CIN : U85110CT2005PTC017751



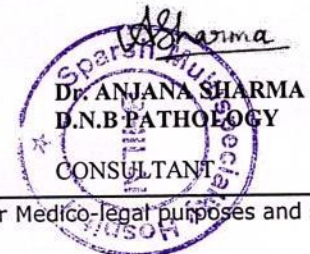
UHID	: 146539	VISITID	: 0G00268798
PATIENT NAME	: MR. PRATEEK VERMA	ORDER DATE	: 12/03/2022 9:24:00AM
AGE/SEX	: 34Y/MALE	SAMP. DATE	: 12/03/2022 12:06:00PM
CONSULTANT DOCTOR	: HOSPITAL CASE	SPEC. NO	: 10358201
		RESULT DATE	: 12/03/2022 2:41:00PM
		TPA	: BANK OF BARODA

DEPARTMENT OF PATHOLOGY

CBC (COMPLETE BLOOD COUNT)

PARAMETER	VALUE	RESULT	REFERENCE RANGE
HAEMOGLOBIN (Hb)	16.3 gm%	Normal	13.5 - 17.5
TOTAL RBC COUNT	5.03 Million/cumm	Normal	4.5 - 5.9
HAEMATOCRIT (PCV)	45.6 %	Normal	41.5 - 50.4
RBC INDICES			
MCV	90.5 fl	Normal	78 - 96
MCH	32.4 pg	High	27 - 32
MCHC	35.8 %	Normal	33 - 37
RDW	12.7 %	Normal	11 - 16
TOTAL WBC COUNT (TLC)	6800 /cumm	Normal	4000 - 11000
DIFFERENTIAL COUNT			
NEUTROPHILS	49 %	Normal	0 - 75
LYMPHOCYTES	40 %	Normal	22 - 48
EOSINOPHILS	07 %	High	0 - 6
MONOCYTES	04 %	Normal	2 - 10
BASOPHILS	00 %	Normal	0 - 2
BANDS	00 %	Normal	0 - 5
BLAST	00 %	Normal	
PLATELET COUNT	209000 /cumm	Normal	150000 - 450000


TECHNICIAN



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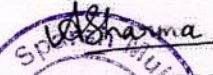


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CONSULTANT DOCTOR : HOSPITAL CASE SPEC. NO : 10358202
RESULT DATE : 12/03/2022 3:06:00PM
TPA : BANK OF BARODA

DEPARTMENT OF PATHOLOGY ESR (ERYTHROCYTE SEDIMENTATION RATE)

PARAMETER	VALUE	RESULT	REFERENCE RANGE
ESR	12 mm at end of 1 hr	Normal	0 - 15


TECHNICIAN


Dr. ANJANA SHARMA
D.N.B PATHOLOGY
CONSULTANT


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CONSULTANT DOCTOR	: HOSPITAL CASE	SPEC. NO	: 10358193
		RESULT DATE	: 12/03/2022 2:06:00PM
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DEPARTMENT OF PATHOLOGY

PARAMETER	VALUE	RESULT	REFERENCE RANGE
LFT (LIVER FUNCTION TEST)			
BILIRUBIN TOTAL	0.81 mg/dL	Normal	0.1 - 1.2
BILIRUBIN DIRECT	0.13 mg / dl	Normal	0.1 - 0.6
BILIRUBIN INDIRECT	0.68 mg / dl	High	0.1 - 0.4
ALKALINE PHOSPHATASE	64 U / L	Normal	0 - 270
SGOT	25 U / L	Normal	10 - 55
SGPT	21 U / L	Normal	0 - 40
TOTAL PROTEIN	6.97 g / dl	Normal	6 - 8
ALBUMIN	4.60 g/dl	Normal	4 - 5
GLOBULIN	2.37 g / dl	Normal	2 - 3.5
A.G.RATIO	1.94:1		1 - 2.5
LIPID PROFILE			
CHOLESTEROL TOTAL	161 mg / dl	Normal	150 - 220
TRIGLYCERIDES - SERUM	66 mg / dl	Normal	60 - 165
HDL	53.61 mg / dl	Normal	35 - 80
LDL	94.19 mg/dL	Normal	90 - 160
VLDL	13.20	Low	20 - 50
CHOL : HDL Ratio	3.00:1		3.5 - 5.5
LDL: HDL Ratio	1.76:1		-


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AGE/SEX	: 34Y/MALE	SAMP. DATE	: 12/03/2022 12:06:00PM
CONSULTANT DOCTOR	: HOSPITAL CASE	SPEC. NO	: 10358200
		RESULT DATE	: 12/03/2022 2:06:00PM
		TPA	: BANK OF BARODA

DEPARTMENT OF PATHOLOGY

HBA1c (GLYCOSYLATED HAEMOGLOBIN)

PARAMETER	VALUE	RESULT	REFERENCE RANGE
HBA1 C (GLYCOSYLATED HEAMOGLOBIN)	5.2 %	Normal	4 - 6

Interpretation

As per American diabetes Association (ADA)

Reference Group - HbA1c In%
Non diabetic \geq 18 years - 4.0 - 6.0
At risk (Prediabetes) - \geq 6.0 to \leq 6.5
Diagnosing diabetes - \geq 6.5

Therapeutic goals for glycemic control

- Age $>$ 19 years
- Goal of therapy: $<$ 7.0
- Action suggested: $>$ 8.0
- Age $<$ 19 years
- goal of therapy: $<$ 7.5

Note:

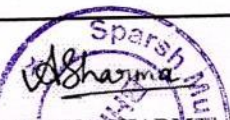
1. Since HbA1c reflects long term fluctuations in the blood glucose concentration, a diabetic patient is recently under good control may still have a high concentration of HbA1c. converse is true for a diabetic previously under good control now poorly controlled.

2. Target goals of $<$ 7.0 % may be beneficial in patient with short duration of diabetes, long life expectancy and no significant cardiovascular disease. In patient with significant complication of diabetes, limited life expectancy of extensive co-morbid condition, targeting a goal of $<$ 7.0% may not be appropriate.

Comments

HbA1c provides an index of average blood glucose levels over the past 8-12 weeks and is a much better indicator of long glycemic control as compared to blood and urinary glucose determination.


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		RESULT DATE	: 12/03/2022 3:00:00PM
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DEPARTMENT OF PATHOLOGY

T3,T4 TSH

PARAMETER	VALUE	RESULT	REFERENCE RANGE
T3 (TRIIODOTHYRONINE)	1.272 ng/ml	Normal	0.69 - 2.15
T4 (THYROXINE)	66.33 ng/ml	Normal	52 - 127
TSH (THYROID STIMULATING HORMONE)	1.569 uIU/ml	Normal	0.3 - 4.5

REFERENCE GROUP	REFERENCE RANGE in uIU/mL As per American Thyroid Association
Adult Females (> 20 years)	0.30- 4.5
Pregnancy	
1st Trimester	0.10- 2.50
2nd Trimester	0.20 - 3.00
3rd Trimester	0.30 - 3.00

Note:

TSH levels are subject to circadian variation, reaching peak levels between 2 - 4 a.m. and at a minimum between 6-10 pm . The variation is of the order of 50% . hence time of the day has influence on the measured serum TSH concentrations.

1. Recommended test for T3 and T4 is unbound fraction or free levels as it is metabolically active.
1. Physiological rise in Total T3 / T4 levels is seen in pregnancy and in patients on steroid therapy.

Clinical Use

- Primary Hypothyroidism
- Hyperthyroidism
- Hypothalamic - Pituitary hypothyroidism
- Inappropriate TSH secretion
- Nonthyroidal illness
- Autoimmune thyroid disease
- Pregnancy associated thyroid disorders
- Thyroid dysfunction in infancy and early childhood

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CONSULTANT DOCTOR	: HOSPITAL CASE	SPEC. NO	: 10358201
		RESULT DATE	: 12/03/2022 1:30:00PM
		TPA	: BANK OF BARODA

DEPARTMENT OF PATHOLOGY

PARAMETER	VALUE	RESULT	REFERENCE RANGE
BLOOD GROUPING AND RH TYPING			
BLOOD GROUP	"O"	-	-
RH FACTOR	Positive	-	-
BLOOD SUGAR - FASTING AND PP			
BLOOD SUGAR FASTING	86 mg/dL	Normal	80 - 120
BLOOD SUGAR PP	114 mg/dL	Low	120 - 140
BUN (BLOOD UREA NITROGEN)			
BUN (BLOOD UREA NITROGEN)	7.47 mg / dl	Low	8 - 23
CREATININE			
CREATININE	0.95 mg / dl	Normal	0.6 - 1.2
GGT (GAMMA GLUTAMYL TRANSFERASE)			
GGT (GAMMA GLUTAMYL TRANSFERASE)	10 U / L	Normal	8 - 52
URIC ACID			
URIC ACID	5.22 mg/dL	Normal	3.6 - 7.7

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DEPARTMENT OF PATHOLOGY

SERUM PSA TOTAL

PARAMETER	VALUE	RESULT	REFERENCE RANGE
PSA (TOTAL)	0.350 ng/ml	Normal	0 - 4

Note:

PSA is a member of the kallikrein-related peptidase family and is secreted by the epithelial cells of the prostate glands. PSA is produced for the ejaculate where it liquefies semen in the terminal coagulum and allows sperms to swim freely.

Increased value:

Elevated serum PSA concentration are found in men with prostate cancer, benign prostatic hyperplasia (BPH) or inflammatory condition of other adjacent genitourinary tissue it is a accurate marker for monitoring advancing clinical stage in untreated patients of ca prostate and for monitoring response to therapy by radical prostatectomy, radiation therapy and anti androgen therapy.

Clinical Use

- 1) An aid in the early detection of Prostate cancer when used in conjunction with Digital rectal examination in males more than 50 years of age and in those with two or more affected first degree relatives.
- 2) Followup and management of Prostate cancer patients
- 3) Detect metastatic or persistent disease in patients following surgical or medical treatment of Prostate cancer.

Note:

- 1) Diagnosis of a disease should not be based on the result of a single test, but should be determined in conjunction with clinical findings in association with medical judgement.
- 2) Patient sample containing human anti mouse antibodies (HAMA) may give falsely elevated or decreased values. Although HAMA-neutralizing agents are added, extremely high HAMA serum concentration may occasionally influence results.
- 3) Therapeutic intervention may strongly influence the f/t PSA ratio. Manipulations at the prostate may also lead to variations in the f/t PSA ratio.

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CONSULTANT DOCTOR	: HOSPITAL CASE	SPEC. NO	: 10358204
		RESULT DATE	: 12/03/2022 4:25:00PM
		TPA	: BANK OF BARODA

DEPARTMENT OF PATHOLOGY

PARAMETER	VALUE	RESULT	REFERENCE RANGE
URINE ROUTINE AND MICROSCOPY			
PHYSICAL EXAMINATION			
QUANTITY	10 ml	-	-
COLOUR	Yellow	-	-
APPEARANCE	Clear	-	-
REACTION	Acidic	-	-
CHEMICAL EXAMINATION			
ALBUMIN	Nil	-	-
SUGAR	Nil	-	-
MICROSCOPIC EXAMINATION			
EPITHELIAL CELLS	2-3 /hpf	-	0 - 5
PUS CELLS	1-2 /hpf	-	1 - 2
RBC	Nil /hpf	-	-
CAST	Nil /lpf	-	-
CRYSTAL	Nil	-	-
AMORPHOUS MATERIAL DEPOSIT	Nil	-	-
OTHERS	Nil	-	-
URINE SUGAR FASTING			
URINE FOR SUGAR	Nil	-	-
URINE SUGAR PP			
URINE FOR SUGAR	Nil	-	-


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Patient Name	: MR. PRATEEK VERMA	Spec No.	:
Age / Sex	: 34Y / MALE		:
Consultant	: DR. HOSPITAL CASE	Order Date	: 12/03/2022 9:24AM
Ref. By	: DR. HOSPITAL CASE	Samp.Date	:
Category	: MEDIWHEEL	Report Date	: 12/03/22 12:35PM

SONOGRAPHY USG WHOLE ABDOMEN

- * LIVER :Normal in size, shape & echo texture with smooth margins. IHBRs are not dilated. No focal lesions seen.
- *PORTO CAVAL SYSTEM: Hepatic veins and IVC appear normal and show normal respiratory variation. Splenic vein is normal. Portal vein is normal.
- *COLLECTING DUCT & CBD:Normal in size and have echo lucent lumen.
- *GALL BLADDER :Seen in distended state with normal wall and lumen is echofree
- *SPLEEN:Normal in size, shape & echo texture. No focal lesions seen.
- *PANCREAS:Pancreatic head, body & tail visualized and have ,normal size,shape & echo texture.
- *KIDNEYS: Both kidneys are of normal shape, size and position.
Cortical thickness is normal .CMD is maintained. There is no evidence of hydronephrosis or calculus
- *URINARY BLADDER : Seen in distended state and has normal wall architecture.Lumen is echo free.
- *PROSTATE:Normal in shape, size and echotexture.No median lobe bulge is seen.

No free fluid is seen in the peritoneal cavity.

There is no evidence of any retroperitoneal lymphadenopathy/mass.

FINAL IMPRESSION :

- No remarkable Abnormality detected in the current scan.

Dr. MEENAKSHI RAI
[MD]
RADIOLOGIST

REG. NO. CGMC 4274/2012

Please bring all your previous reports. You should preserve and bring this report for future reference.