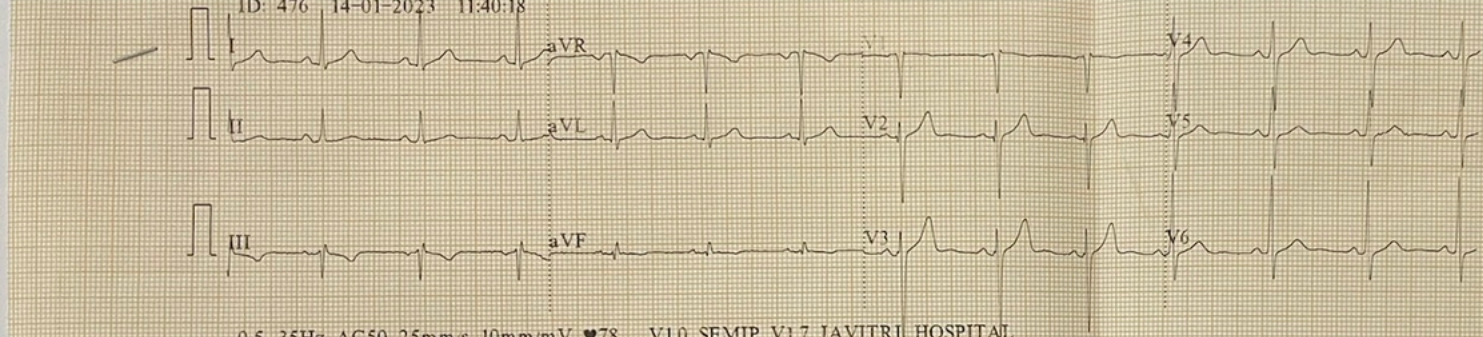

ID: 476

Male mmHg

Years (/ /)

cm kg

Diagnosis Information:
Sinus Rhythm
Normal ECG

HR	78	bpm
P	91	ms
PR	127	ms
QRS	83	ms
QT/QTc	347/397	ms
P/QRS/T	26/17/3	°
RV5/SV1	0.989/0.815	mV

Report Confirmed by:

MSK
(A Complete Diagnostic Pathology Laboratory)
DIAGNOSTICS
RAIBARELI ROAD, TELIBAGH, LUCKNOW
E-mail : mskdiagnosticspvt@gmail.com, Website : mskdiagnostics.in
Mobile : 7565000448

Collected At : (MSK)

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Ref/Reg No	: 12913 / TPPC/MSK-	Gender	: Male	Collected	: 14-1-2023 08:36 AM
Ref By	: Dr. MEDI WHEEL			Received	: 14-1-2023 06:13 PM
Sample	: Blood, Urine			Reported	: 14-1-2023 06:16 PM

Investigation	Observed Values	Units	Biological Ref. Interval

BIOCHEMISTRY

*Glycosylated Hemoglobin (HbA1C)			
* Glycosylated Hemoglobin (HbA1C) (Hplc method)	5.3	%	0-6
* Mean Blood Glucose (MBG)	111.38	mg/dl	

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

SUMMARY

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.

---------- End of report ----------

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BIOCHEMISTRY

Investigation	Observed Values	Units	Biological Ref. Interval
Plasma Glucose Fasting [Method: Hexokinase]	98.4	mg/dL	70 - 110
Plasma Glucose, PP (2 Hrs after meal) [Method: Hexokinase]	137.0	mg/dL.	120-170
Serum Bilirubin (Total)	0.4	mg/dl.	0.0 - 1.2
* Serum Bilirubin (Direct)	0.2	mg/dl.	0- 0.4
* Serum Bilirubin (Indirect)	0.2	mg/dl.	0.2-0.7
SGPT [Method: IFCC (UV without pyridoxal-5-phosphate]	18.2	IU/L	10 - 50
SGOT [Method: IFCC (UV without pyridoxal-5-phosphate]	20.9	IU/L	10 - 50
Serum Alkaline Phosphatase [Method:4-Nitrophenyl phosphate (pNPP)]	139.0	IU/L	108 - 306
Serum Protein	7.7	gm/dL	6.2 - 7.8
Serum Albumin	4.8	gm/dL.	3.5 - 5.2
Serum Globulin	2.9	gm/dL.	2.5-5.0
A.G. Ratio	1.66 : 1		
* Gamma-Glutamyl Transferase (GGT)	25.4	IU/L	Less than 55

---------- End of report ----------

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HEMATOLOGY

HEMOGRAM

Investigation	Observed Values	Units	Biological Ref. Interval
Haemoglobin [Method: SLS]	14.3	g/dL	13 - 17
HCT/PCV (Hematocrit/Packed Cell Volume) [Method: Derived]	43.8	ml %	36 - 46
RBC Count [Method: Electrical Impedence]	5.21	10^6/µl	4.5 - 5.5
MCV (Mean Corpuscular Volume) [Method: Calculated]	93.9	fL.	83 - 101
MCH (Mean Corpuscular Haemoglobin) [Method: Calculated]	27.4	pg	27 - 32
MCHC (Mean Corpuscular Hb Concentration) [Method: Calculated]	**29.2**	g/dL	31.5 - 34.5
TLC (Total Leucocyte Count) [Method: Flow Cytometry/Microscopic]	**12.2**	10^3/µl	4.0 - 10.0
DLC (Differential Leucocyte Count): [Method: Flow Cytometry/Microscopic]			
Polymorphs	78	%	40.0 - 80.0
Lymphocytes	20	%	20.0 - 40.0
Eosinophils	02	%	1.0 - 6.0
Monocytes	**00**	%	2.0 - 10.0
Platelet Count [Method: Electrical impedence/Microscopic]	290	10^3/µl	150 - 400

*Erythrocyte Sedimentation Rate (E.S.R.) [Method: Wintrobe Method]			
*Observed Reading	**18**	mm for 1 hr	0-10

* ABO Typing	" B "
* Rh (Anti - D)	Positive

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Investigation	Observed Values	Units	Biological Ref. Interval
LIPID PROFILE (F)			
Serum Cholesterol	148.0	mg/dL.	<200
Serum Triglycerides	77.5	mg/dL.	<150
HDL Cholesterol	**35.6**	mg/dL	>55
LDL Cholesterol	97	mg/dL.	<130
VLDL Cholesterol	16	mg/dL.	10 - 40
CHOL/HDL	4.16		
LDL/HDL	2.72		

INTERPRETATION:

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

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

National Cholestrol Education program Expert Panel (NCEP) for LDL-Cholestrol:
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 Cholestrol Total: Enzymatic (CHOD/POD)]
[Method for Triglycerides: Enzymatic (Lipase/GK/GPO/POD)]
[Method for HDL Cholestrol: Homogenous Enzymatic (PEG Cholestrol esterase)]
[Method for LDL Cholestrol: Homogenous Enzymatic (PEG Cholestrol esterase)]
[Method for VLDL Cholestrol: Friedewald equation]
[Method for CHOL/HDL ratio: Calculated]
[Method for LDL/HDL ratio: Calculated]

mkar

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HORMONE & IMMUNOLOGY ASSAY

Investigation	Observed Values	Units	Biological Ref. Interval
Serum T3	2.01	ng/dl	0.846 - 2.02
Serum T4	**14.63**	ug/dl	5.13 - 14.06
Serum Thyroid Stimulating Harmone (T.S.H.) [Method: Electro Chemiluminescence Immunoassay (ECLIA)]	1.40	uIU/ml	0.39 - 5.60

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, renalfailure and during therapy with drugs like propanlol 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 ulU/ml
Second Trimester	0.2-3.0 ulU/ml
Third Trimester	0.3-3.5 ulU/ml

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Investigation	Observed Values	Units	Biological Ref. Interval

BIOCHEMISTRY

KIDNEY FUNCTION TEST

Blood Urea	20.9	mg/dL.	20-40
Serum Creatinine	0.51	mg/dL.	0.50 - 1.40
Serum Sodium (Na+)	138	mmol/L	135 - 150
Serum Potassium (K+)	**5.9**	mmol/L	3.5 - 5.3
Serum Uric Acid	**9.6**	mg/dL.	3.4 - 7.0

[Method for Urea: UREASE with GLDH]
[Method for Creatinine: Jaffes/Enzymatic]
[Method for Sodium/Potassium: Ion selective electrode direct]
[Method for Uric Acid: Enzymatic-URICASE]

Serum Urea	20.9	mg/dL.	10-45
Blood Urea Nitrogen (BUN)	9.77	mg/dL.	6 - 21

CLINICAL PATHOLOGY

Urine for Sugar (F)	Absent
Urine for Sugar (PP)	Absent

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Mobile : 7565000448

PATIENT NAME :	**MR. JAGDAMBA PRASAD**	**AGE / SEX :**	**38Y / M**
REF. BY :	**MEDI WHEEL**	**DATE :**	**14.01.2023**

USG – WHOLE ABDOMEN

- Liver appears normal in shape, ***mildly enlarged in size (measuring ~17.87cm) & bright in echotexture with obscuring of vessels margins-suggestive of grade II fatty changes.*** No evidence of focal 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 normal wall thickness. No calculus or changes of cholecystitis seen.
- Spleen is normal in shape, size (measuring ~12.69cm) and echotexture with no focal lesion within.
- Pancreas appears normal in size, shape &echopattern.
- Para-aortic region appears normal with no e/o lymphadenopathy.
- Right kidney measuring ~11.35cm; Left kidney measuring ~10.87cm. Both kidneys appear normal in position, shape, size & echotexture. 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 size (~13cc) & echotexture.
- No evidence of ascites or pleural effusion seen.
- No abnormal bowel wall thickening or significant abdominal lymphadenopathy is seen.

IMPRESSION:

- **Mild hepatomegaly with grade II fatty changes in liver. No focal parenchymal lesion.**

14/1/23

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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CLINICAL PATHOLOGY

URINE EXAMINATION ROUTINE

[Method: Visual,Urometer-120, Microscopy]

Investigation	Observed Values	Units	Biological Ref. Interval
Physical Examination			
Color	Light Yellow		
Volume	30	mL	
Chemical Findings			
Blood	Absent	RBC/µl	Absent
Bilirubin	**Absent**		Absent
Urobilinogen	Absent		Absent
Ketones	Absent		Absent
Proteins	**Absent**		Absent
Nitrites	Absent		Absent
Glucose	Absent		Absent
pH	5.5		5.0 - 9.0
Specific Gravity	1.025		1.010 - 1.030
Leucocytes	**Absent**	WBC/µL	Absent
Microscopic Findings			
Red Blood cells	Absent	/HPF	Absent
Pus cells	**Occasional**	/HPF	0-3
Epithelial Cells	**Absent**	/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
Others	Absent	/HPF	Absent

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