



Patient Name: MR. RITESH KUMAR SOLANKI / MRN-240800619
Age / Gender : 33 Yr / M
Address: 238, SEC B KALANI BAGH DEWAS, Kalma, Dewas, MADHYA PRADESH
Req. Doctor: VONE HOSPITAL
Regn. Number: WALKIN.24-25-7926
Request Date : 10-08-2024

USG - WHOLE ABDOMEN

Liver is normal in size (14 cm) and shape. *Its echogenicity is raised.* Margins are smooth and regular. The portal vein and biliary radicals are normal in calibre.

GB is well distended. Wall thickness is normal with echofree lumen. CBD is within normal limits.

Pancreas is normal in size, shape and echo pattern.

Bilateral kidneys are normal in shape, size and echotexture. Corticomedullary differentiation is maintained. No evidence of any calculus or hydronephrosis.

Rt. Kidney Length: 9.4 cm

Lt. Kidney Length: 9.8 cm

Spleen is normal in size and echopattern.

Urinary bladder is normal in shape and size. Lumen appears echofree. Wall thickness is normal.

Prostate is normal in size. Echotexture is homogenous. Capsule is intact.

No evidence of ascites / pleural effusion.

Visualized bowel loops are normal in course and calibre.

IMPRESSION :-

Grade I fatty liver.

Rms

DR. RAVINDRA SINGH
Consultant Radiologist



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Report Status : Finalized

X-RAY CHEST AP

Size and shape of heart are normal.

C.P. angles are clear.

Lung fields are clear.

Soft tissues and rib cage are normal.

END OF REPORT


Dr. RADIOLOGIST

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BIOCHEMISTRY

Request Date : 10-08-2024 09:47 AM
Collection Date : 10-08-2024 09:55 AM | BIO6986
Acceptance Date : 10-08-2024 09:56 AM | TAT: 07:16 [HH:MM]
Reporting Date : 10-08-2024 05:12 PM
Reporting Status : Finalized

| Investigations | Result | Biological Reference Range |
|---------------------------------|----------|----------------------------|
| GGT(GAMMA GLUTAMYL TRANSFERASE) | 39.1 U/L | M 11 - 60 U/L |

END OF REPORT.

DR.QUTBUDDIN CHAHWALA
M.D.PATHOLOGIST

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IMMUNOLOGY

Request Date : 10-08-2024 09:47 AM
Collection Date : 10-08-2024 09:55 AM | PATH5099
Acceptance Date : 10-08-2024 09:56 AM | TAT: 07:15 [HH:MM]
Reporting Date : 10-08-2024 05:11 PM
Reporting Status : Finalized

| Investigations | Result | Biological Reference Range |
|------------------------|-------------|----------------------------------|
| Thyroid Profile | | |
| T3 | 1.28 ng/dL | 0.58 - 1.62 ng/dL (Age 1 - 100) |
| T4 | 9.78 ug/dl | 5 - 14.5 ug/dl (Age 1 - 100) |
| TSH | 2.03 uIU/ml | 0.35 - 5.1 uIU/ml (Age 1 - 100) |

Interpretation: Ultra sensitive-thyroid stimulating hormone (TSH) is a highly effective screening assay for thyroid disorders. In patients with an intact pituitary-thyroid axis, sTSH provides a physiologic indicator of the functional level of thyroid hormone activity. Increased s-TSH indicates inadequate thyroid hormone, and suppressed s-TSH indicates excess thyroid hormone. Transient s-TSH abnormalities may be found in seriously ill, hospitalized patients, so this is not the ideal setting to assess thyroid function. However, even in these patients, s-TSH works better than total thyroxine (an alternative screening test). when the s-TSH result is abnormal, appropriate follow-up tests T4 & free T3 levels should be performed. If TSH is between 5.0 to 10.0 & free T4 & free T3 level are normal then it is considered as subclinical hypothyroidism which should be followed up after 4 weeks & If TSH is > 10 & free T4 & free T3 level are normal then it is considered as overt hypothyroidism.

Serum triiodothyronine (T3) levels often are depressed in sick and hospitalized patients, caused in part by the biochemical shift to the production of reverse T3. Therefore, T3 generally is not a reliable predictor of hypothyroidism. However, in a small subset of hyperthyroid patients, hyperthyroidism may be caused by overproduction of T3 (T3 toxicosis). To help diagnose and monitor this subgroup, T3 is measured on all specimens with suppressed s-TSH and normal FT4 concentrations.

Normal ranges of TSH & thyroid hormones vary according trimester in pregnancy. TSH ref range in Pregnancy Reference range (microIU/ml)
First trimester 0.24 - 2.00
Second trimester 0.43-2.2

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BIOCHEMISTRY

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Acceptance Date : 10-08-2024 09:56 AM | TAT: 07:11 [HH:MM]

Reporting Date : 10-08-2024 05:07 PM
Reporting Status : Finalized

| Investigations | Result | Biological Reference Range |
|-------------------------------------|-------------|----------------------------|
| FBS & PPBS *[Ser/Plas] | | |
| FBS | 98.9 mg/dL | 70 - 110 mg/dL |
| PPBS | 126.8 mg/dL | 100 - 140 mg/dL |

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CLINICAL PATHOLOGY

Request Date : 10-08-2024 09:47 AM
Collection Date : 10-08-2024 09:55 AM | CP-2515
Acceptance Date : 10-08-2024 09:56 AM | TAT: 07:11 [HH:MM]
Reporting Date : 10-08-2024 05:07 PM
Reporting Status : Finalized

| Investigations | Result | Biological Reference Range |
|------------------------|-------------|----------------------------|
| Urine Routine | | |
| PHYSICAL EXAMINATION | | |
| Quantity | 30 ml | |
| Colour | Pale yellow | Pale Yellow |
| Deposit | Absent | Absent |
| Clarity | Clear | Clear |
| Reaction | Acidic | Acidic |
| Specific Gravity | 1.015 | 1.001 - 1.035 |
| CHEMICAL EXAMINATION | | |
| Albumin | Absent | Absent |
| Sugar | Absent | Absent |
| Bile Salt | Absent | Absent |
| Bile Pigment | Absent | Absent |
| Keton | Absent | Absent |
| Blood | Absent | Absent |
| MICROSCOPY EXAMINATION | | |
| Red Blood Cells | Nil /hpf | Nil/hpf |
| Pus Cells | 2-3 /hpf | 2-3/hpf |
| Epithelial Cells | 1-2 /hpf | 3-4/hpf |
| Casts | Absent | Absent |
| Crystals | Absent | Absent |
| Bacteria | Absent | Absent |

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Reporting Date : 10-08-2024 05:03 PM
Reporting Status : Finalized

| Investigations | Result | Biological Reference Range |
|-----------------------------|--------------------|----------------------------|
| URIC ACID | 8.1 mg/dL * | M 3.5 - 7.2 mg/dL |
| BUN | | |
| BUN | 15.03 mg/dL | 5 - 20 mg/dL |
| CREATININE | 0.84 mg/dL | 0.7 - 1.4 mg/dL |
| BUN / CREATINE RATIO | 17.89 | 10 - 20 |
| AST/ ALT RATIO | 0.94 | < 1 |

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Acceptance Date : 10-08-2024 09:56 AM | **TAT: 07:07**
[HH:MM]

Reporting Date : 10-08-2024 05:03 PM
Reporting Status : Revised And Finalized

| Investigations | Result | Biological Reference Range |
|------------------------|----------------------|----------------------------|
| Lipid Profile | | |
| Total Cholesterol | 184.0 mg/dL | 0 - 200 mg/dL |
| Tryglyceride | 92.0 mg/dL * | 150 - 200 mg/dL |
| HDL Cholesterol | 30.9 mg/dL * | 35 - 79 mg/dL |
| VLDL (Calculated) | 18.4 mg/dL | 5 - 40 mg/dL |
| LDL | 134.7 mg/dL * | 0 - 130 mg/dL |
| Total Cholesterol /HDL | 5.95 * | 0 - 5 |
| LDL/HDL | 4.40 | 0.3 - 5 |

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BIOCHEMISTRY

Request Date : 10-08-2024 09:47 AM
Collection Date : 10-08-2024 09:55 AM | BIO6986

Reporting Date : 10-08-2024 04:58 PM
Reporting Status : Revised And Finalized

Acceptance Date : 10-08-2024 09:56 AM | TAT: 07:02 [HH:MM]

| Investigations | Result | Biological Reference Range |
|----------------------|---------------------|--------------------------------------|
| LFT | | |
| SGOT | 21.1 U/L | 0 - 40 U/L |
| SGPT | 20.1 U/L | M 0 - 40 U/L |
| TOTAL BILIRUBIN | 1.16 mg/dL * | 0 - 1.1 mg/dL |
| DIRECT BILIRUBIN | 0.69 mg/dL * | 0 - 0.2 mg/dL |
| INDIRECT BILIRUBIN | 0.47 mg/dL | 0.2 - 0.8 mg/dL |
| TOTAL PROTEIN | 7.37 mg/dL | 6.6 - 8.8 mg/dL |
| S.ALBUMIN | 4.80 mg/dL | 3.5 - 5.5 mg/dL |
| GLOBULIN | 2.57 mg/dL | 2 - 3.5 mg/dL |
| A.G.RATIO | 1.87 * | 1.1 - 1.5 |
| ALKALINE PHOSPHATASE | 94 U/L | M 40 - 129 U/L CHILD 54 - 369 U/L |
| PT INR | | |
| PT | 17.8 sec * | 13 - 15 sec |
| CONTROL | 12.8 | |
| INR | 1.39 * | 0.8 - 1.1 |
| ALT / AST RATIO | 1.05 | < 1.5 |
| AST / ALT RATIO | 0.95 | < 1 |

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HAEMATOLOGY

Request Date : 10-08-2024 09:47 AM
Collection Date : 10-08-2024 09:55 AM | H-5811
Acceptance Date : 10-08-2024 09:56 AM | TAT: 07:01 [HH:MM]

Reporting Date : 10-08-2024 04:57 PM
Reporting Status : Finalized

| Investigations | Result | Biological Reference Range |
|------------------------------|-------------------|----------------------------|
| ESR (WINTROBE METHOD) | 21 mm/hr * | M 0 - 12 mm/hr |
| BLOOD GROUP | | |
| ABO GROUP | O | |
| RH FACTOR | Positive | |
| HbA1C | | |
| Glyco Hb (HbA1C) | 5.5 % | 4 - 6 % |
| Estimated Average Glucose | 111.15 mg/dL | mg/dL |

Interpretation: 1.HbA1C has been endorsed by clinical groups and American Diabetes Association guidelines 2017 for diagnosing diabetes using a cut off point of 6.5%
2.Low glycaed haemoglobin in a non diabetic individual are often associated with systemic inflammatory diseases, chronic anaemia (especially severe iron deficiency and haemolytic), chronic renal failure and liver diseases. Clinical correlation suggested.
3.In known diabetic patients, following values can be considered as a tool for monitoring the glycemc control. Excellent control-6-7 %

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HAEMATOLOGY

Request Date : 10-08-2024 09:47 AM
Collection Date : 10-08-2024 09:55 AM | H-5811
Acceptance Date : 10-08-2024 09:56 AM | TAT: 07:01 [HH:MM]
Reporting Date : 10-08-2024 04:57 PM
Reporting Status : Finalized

| Investigations | Result | Biological Reference Range |
|---|---------------------------|--|
| CBC | | |
| Haemoglobin | 15.6 gm% | M 14 - 18 gm% (Age 1 - 100) |
| RBC Count | 5.15 mill./cu.mm * | M 3.8 - 4.8 mill./cu.mm (Age 1 - 100) |
| Packed Cell Volume (PCV) | 44.7 % | M 40 - 54 % (Age 1 - 100) |
| MCV | 86.9 Cu.m. | 76 - 96 Cu.m. (Age 1 - 100) |
| MCH | 30.3 pg | 27 - 32 pg (Age 1 - 100) |
| MCHC | 34.9 % * | 30.5 - 34.5 % (Age 1 - 100) |
| Platelet Count | 333 10 ³ /uL | 150 - 450 10 ³ /uL (Age 1 - 100) |
| Total Leukocyte Count (TLC) | 5.12 10 ³ /uL | 4.5 - 11 10 ³ /uL (Age 1 - 100) |
| Differential Leukocyte Count (DLC) | | |
| Neutrophils | 54 % | 40 - 70 % (Age 1 - 100) |
| Lymphocytes | 43 % * | 20 - 40 % (Age 1 - 100) |
| Monocytes | 02 % | 2 - 10 % (Age 1 - 100) |
| Eosinophils | 01 % | 1 - 6 % (Age 1 - 100) |
| Basophils | 00 % | < 1 % |

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