



# CIMS

## City Institute of Medical Sciences

(Multi Super Speciality 200 Bedded Hospital)

### DEPARTMENT OF PATHOLOGY

UHID	CIMS-7937	Visit Type/No	OP/EPD-10163
Name	Mr Rajendra Singh	Order No	OR-17503
Age/Gender	35 Y/Male	Order Date/Time	22-01-2024
Accession Number	OPAC-2326	Collection Date/Time	22-01-2024 12:01 PM
Acknowledge Date/Time	22-01-2024 01:29 PM	Ordering Doctor	Dr Self
Payer Name	Mediwheel Full Body Health Checkup	Refer By	

#### Pathology

Service Name	Result	Unit	Reference Range	Method
<b>URINE ANALYSIS/ URINE ROUTINE EXAMINATION, Urine</b>				
<b>Physical Examination</b>				
COLOUR	Pale Yellow			
TRANSPARENCY	Clear			Manual method
SPECIFIC GRAVITY	1.010			Manual
PH URINE	7.0		1.001-1.03	Strip
DEPOSIT	Absent		5-8	Strip
<b>BIOCHEMICAL EXAMINATION</b>				
ALBUMIN	Absent			Manual
SUGAR	Absent			Strip
BILE SALTS (BS)	Absent			Strip
BILE PIGMENT (BP)	Absent			Manual
<b>MICROSCOPIC EXAMINATION</b>				
PUS CELLS	0-1	/hpf		
EPITHELIAL CELLS	0-1	/hpf		Microscopy
RBC'S	Absent	/hpf		Microscopy
CASTS	Absent			Microscopy
CRYSTALS	Absent			Microscopy
BACTERIA	Absent			Macroscopy
FUNGUS	Absent			Macroscopy
SPERMATOOZOA	Absent			Microscopy
OTHERS	Absent			Microscopy
<b>Thyroid Profile -T3, T4, TSH, Blood</b>				
Triiodothyronine (T3)	1.69	ng/mL	0.69-2.15	CLIA
Thyroxine (T4)	88.3	ng/mL	52-127	CLIA
Thyroid Stimulating Hormone (TSH)	2.10	uIU/mL	0.3-4.5	CLIA

#### Interpretation

##### :Note:

1. 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.
2. Recommended test for T3 and T4 is unbound fraction or free levels as it is metabolically active.
3. 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

#### Haematology



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### DEPARTMENT OF RADIOLOGY

NAME: MR. RAJENDRA SINGH	AGE : 35 YRS.	SEX : M
REF. BY: DR. SELF	UHID: 7937	DATE: 22-Jan-2024

### ULTRASOUND SCAN OF ABDOMEN

#### FINDINGS:

**Liver** is mildly enlarged in size measuring ~ 15.9 cm. Echotexture is slightly echogenic. No focal space occupying lesion is seen within liver parenchyma. Intrahepatic biliary channel are not dilated. Portal vein is normal in caliber.

**Gall bladder** wall is not thickened. No calculus or mass lesion is seen in gall bladder. Common bile duct is not dilated.

**Pancreas** is of normal in size and contour. Echo-pattern is normal. No focal lesion is seen within pancreas. (Only head & proximal body is visualized)

**Spleen** is normal in size (10.4 cm). Echotexture is normal. No focal Lesion is seen.

**Right kidney** is normally sited and is of normal size (RT ~ 10.4 x 4.9 cm) and shape. Cortico medullary echoes are normal. No focal mass lesion is seen.

**Right VUJ** shows a calculus measuring approx. 11.5 mm causing mild hydroureteronephrosis.

**Left kidney** is normally sited and is of normal size (LT ~ 10.6 x 4.6 cm) and shape. Cortico medullary echoes are normal. No focal mass lesion is seen. Collecting system does not show any calculus.

**Urinary bladder** is normal in distension and wall is not thickened. No calculi seen.

**Prostate** is normal in size and normal in echotexture.

No free fluid seen in peritoneal cavity.

#### IMPRESSION-

- RIGHT VUJ CALCULUS CAUSING MILD PROXIMAL HYDROURETERONEPHROSIS.
- MILD HEPATOMEGALY WITH GRADE I FATTY CHANGES IN LIVER.

PLEASE CORRELATE CLINICALLY & F/E.



DR. ABHAY KUMAR  
M.B.B.S., D.N.B (RADIO-DIAGNOSIS)  
CONSULTANT RADIOLOGIST

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Service Name	Result	Unit	Reference Range	Method
<b>BLOOD GROUP ( ABO )</b>				
BLOOD GROUP (ABO)- RH TYPING	"B" Positive			
The upper agglutination test for grouping has some limitations.				

#### HbA1c

#### GLYCOSYLATED HAEMOGLOBIN (HbA1c)

Method- Immunofluorescence Assay

Glycosylated Hemoglobin (HbA1c)	6.27	%	<6.5 : Non Diabetic 6.5-7 : Good Control 7-8 : Weak Control > 8 : Poor Control
Estimated average blood glucose (eAG)	133.2	mg/dl	90-120: Excellent Control 121-150: Good Control 151-180: Average Control 181-210: Action Suggested

#### Note:

- Since HbA1c reflects long term fluctuations in the blood glucose concentration, a diabetic patient who is recently under good control may still have a high concentration of HbA1c. Converse is true for a diabetic previously under good control but now poorly controlled.
- Target goals of 7.0 % may be beneficial in patients with short duration of diabetes, long life expectancy and no significant cardiovascular disease. In patients with significant complications of diabetes, limited life expectancy or extensive co-morbid conditions, 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 term glycemic control as compared to blood and urinary glucose determinations.

ESR (Erythrocyte Sedimentation Rate), Blood	14 H	mm 1st Hr.	0-10	Wintrobe
CBC (Complete Blood Count), Blood				
Hemoglobin (Hb)	16.7	gm/dl	13-17	Spectrophotometry
TLC (Total Leukocyte Count)	7180	/cumm	4000-11000	Impedance
<b>DIFFERENTIAL LEUCOCYTE COUNT</b>				
Neutrophils	42	%	40-80	
Lymphocytes	48 H	%	20-45	
Monocytes	06	%	1-8	
Eosinophils	04	%	1-6	
Basophils	00	%	0-1	
RBC Count	4.95	millions/cumm	4.5-6.0	
PCV / Hct (Hematocrit)	49.0 H	%	40-45	
MCV	99.1 H	fL	76-96	Calculated
MCH	33.7 H	pg	27-32	



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Service Name	Result	Unit	Reference Range	Method
MCHC	34.0	g/dL	30-35	
Platelet Count	2.99	lakh/cumm	1.5-4.5	
RDW	12.7	%	1-15	Impedance

#### Clinical Biochemistry

Service Name	Result	Unit	Reference Range	Method
Glucose (Post Prandial), Plasma	119.0	mg/dL	80-150	
Lipid Profile, Serum				
Cholesterol, serum	193.0	mg%	Optimal: < 200 mg/dl Border Line High Risk: 150 -240 mg/dl High Risk: > 250 mg/dl	
Triglycerides, serum	125.0	mg%	Optimal: < 150 mg/dl Border Line High Risk: 150 - 199 mg/dl High Risk: 200 - 499 mg /dl Very High Risk: > 500 mg /dl	
HDL Cholesterol	53.2	mg%	Optimal: 70 mg/dl Border Line High Risk: 80 - 100 mg/dl High Risk: > 120 mg/dl	
LDL Cholesterol	114.80	mg%	Optimal: < 100 mg/dl Border Line High Risk: 100 - 129 mg/dl High Risk: > 160 mg/dl	
VLDL Cholesterol	25.00	mg%	Male : 10 - 40 mg/dl Female : 10 - 40 mg/dl Child : 10 - 40 mg/dl	
LDL / HDL Cholesterol ratio	2.16		0.0-3.5	

#### Interpretation

- Measurements in the same patient can show physiological & analytical variations. Three serial samples 1 week apart are recommended for Total Cholesterol, Triglycerides, HDL & LDL Cholesterol.
- ATP III recommends a complete lipoprotein profile as the initial test for evaluating cholesterol.
- Friedewald equation to calculate LDL cholesterol is most accurate when Triglyceride level is < 400 mg/dL. Measurement of Direct LDL cholesterol is recommended when Triglyceride level is > 400 mg/dL.

#### LFT (Liver Function Test) Profile, Serum

Bilirubin Total, Serum	0.91	mg/dL	0.1-1.0	DMSO
Conjugated (Direct), Serum	0.33 H	mg%	0.0-0.3	DMSO
Unconjugated (Indirect)	0.58	mg%	0.0-0.75	Calculated
SGOT/AST	43.0 H	U/L	0-40	IFCC
SGPT/ALT	27.0	U/L	0-48	IFCC

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Service Name	Result	Unit	Reference Range	Method
AST/ALT Ratio	1.59 H		0-1	Calculated
Gamma GT.Serum	46.0 H	U/L	10-45	IFCC
Alkaline phosphatase, Serum	180.0 H	U/L	53-165	IFCC
Total Protein, serum	7.89	gm/dl	6.0-8.4	Biuret
Albumin, Serum	4.27	g/dL	3.5-5.4	BCG
Globulin	3.62 H	g/dL	2.3-3.6	Calculated
A/G Ratio	1.18		1.0-2.3	Calculated
<b>KFT (Kidney Profile) -II, Serum</b>				
Urea, Blood	29.0	mg/dL	15-50	Urease-uv
Creatinine, Serum	0.72	mg/dL	0.6-1.2	Enzymatic
Blood Urea Nitrogen (BUN)	13.53	mg%	7.5-22.0	Calculated
BUN-CREATININE RATIO	18.80		10-20	Calculated
Sodium, Serum	136.3	mmol/L	135-150	ISE
Potassium, Serum	4.25	mmol/L	3.5-5.5	ISE
Calcium, Serum	9.76	mg/dL	8.7-11.0	ISE
Chloride, Serum	107.2	mmol/L	94-110	ISE
Uric acid, Serum	6.27	mg/dL	3.4-7.0	ISE
Magnesium, Serum	1.88	mg/dL	1.6-2.8	XYLIDYL BLUE
Phosphorus, Serum	3.52	mg/dL	2.4-5.0	MOLYBDATE UV
Alkaline phosphatase, Serum	180.0 H	U/L	53-165	IFCC
Albumin, Serum	4.27	g/dL	3.5-5.4	BCG
<b>KFT (Kidney Profile) -I, Serum</b>				
Urea, Blood	-	mg/dL	15-50	Urease-uv
Creatinine, Serum	-	mg/dL	0.6-1.2	Enzymatic
Blood Urea Nitrogen (BUN)	-	mg%	7.5-22.0	Calculated
BUN-CREATININE RATIO	-		10-20	Calculated
Sodium, Serum	-	mmol/L	135-150	ISE
Potassium, Serum	-	mmol/L	3.5-5.5	ISE
Calcium, Serum	-	mg/dL	8.7-11.0	ISE
Chloride, Serum	-	mmol/L	94-110	ISE
Uric acid, Serum	-	mg/dL	3.4-7.0	ISE
Magnesium, Serum	-	mg/dL	1.6-2.8	XYLIDYL BLUE
Phosphorus, Serum	-	mg/dL	2.4-5.0	MOLYBDATE UV
Alkaline phosphatase, Serum	-	U/L	53-165	IFCC
Albumin, Serum	-	g/dL	3.5-5.4	BCG
Glucose (Fasting), Plasma	94.0	mg/dL	60-110	



-----End of the Report-----



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Dr Amrish Kumar  
Pathology  
MD (Pathology)



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