

NAME	: Mr. RANJAN ALOK	MR / VISIT NO	: 21121127 / 145405
AGE/SEX	: 30 Yrs / Male	BILLED TIME	: 145405
REFERRED BY	:	BILL NO.	: 168167
REF CENTER	: MEDIWHEEL	DATE OF REPORT	: 16-12-2021 at 11:37 AM

RADIOLOGY**ULTRASOUND WHOLE ABDOMEN AND PELVIS**

LIVER: Liver is mildly enlarged in size (16.8 cm) and shows increase in echotexture. No focal lesion seen. Intrahepatic biliary radicles not dilated. Hepatic veins are normal. CBD & Portal vein normal.

GALL BLADDER: Normal in distension. Lumen echo free. Wall thickness is normal.

SPLEEN: Normal in size with normal homogenous echotexture. No focal lesion seen. Splenic vein is normal in caliber.

PANCREAS: Body and head appears normal. No focal lesion seen. Pancreatic duct not dilated. Tail not visualized.

RIGHT KIDNEY: Normal in size measuring 10.2 x 3.8 cm with normal echo pattern. Corticomedullary differentiation is well maintained. Cortical thickness is normal. Pelvi-calyceal system is not dilated. No calculus seen.

LEFT KIDNEY: Normal in size measuring 10.5 x 4.8 cm with normal echo pattern. Corticomedullary differentiation is well maintained. Cortical thickness is normal. Pelvi-calyceal system is not dilated. No calculus seen.

URINARY BLADDER: Partially distended.

PROSTATE: Normal in size with normal echopattern. No focal lesion seen.

No evidence of free fluid in the pelvic or abdominal cavity.

IMPRESSION:

- **FATTY HEPATOMEGALY.**

Dr. SHREYAS RAMACHANDRANMDRD
CONSULTANT RADIOLOGIST



(A Unit of Vijayalakshmi Diagnostics Pvt. Ltd.)

Diagnostics & Speciality Centre

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TEST PARAMETER	RESULT	REFERENCE RANGE	SPECIMEN
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HAEMATOLOGY

COMPLETE BLOOD COUNT (CBC) WITH ESR


HAEMOGLOBIN <i>Colorimetric Method</i>	15.6 gm/dL	13 - 18 gm/dL
HEMATOCRIT (PCV) <i>Calculated</i>	46.3 %	40 - 54 %
RED BLOOD CELL (RBC) COUNT <i>Electrical Impedance</i>	5.8 million/cu.mm	4.5 - 5.9 million/cu.mm
PLATELET COUNT <i>Electrical Impedance</i>	3.2 Lakhs/cumm	1.5 - 4.5 Lakhs/cumm
MEAN CELL VOLUME (MCV) <i>Calculated</i>	80.7 fl	80 - 100 fl
MEAN CORPUSCULAR HEMOGLOBIN (MCH) <i>Calculated</i>	27.1 pg	26 - 34 pg
MEAN CORPUSCULAR HEMOGLOBIN CONCENTRATION (MCHC) <i>Calculated</i>	33.6 %	31 - 35 %
TOTAL WBC COUNT (TC) <i>Electrical Impedance</i>	6840 cells/cumm	4000 - 11000 cells/cumm
NEUTROPHILS <i>VCS Technology/Microscopic</i>	52 %	40 - 75 %
LYMPHOCYTES <i>VCS Technology/Microscopic</i>	43 %	25 - 40 %

DIFFERENTIAL COUNT

EOSINOPHILS <i>VCS Technology/Microscopic</i>	03 %	0 - 7 %
MONOCYTES <i>VCS Technology/Microscopic</i>	02 %	1 - 8 %
BASOPHILS <i>Electrical Impedance</i>	0.3 %	
ESR <i>Westergren Method</i>	14 mm/hr	0 - 15 mm/hr

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BLOOD GROUP & Rh TYPING <i>Tube Agglutination (Forward and Reverse)</i>	"B" Positive		
GLYCATED HAEMOGLOBIN (HbA1C) <i>HPLC</i>	6.4 %	American Diabetic Association (ADA) recommendations: Non diabetic adults : <5.7 % At risk (Pre diabetic): 5.7 – 6.4% Diabetic : >= 6.5% Therapeutic goal for glycemic control : Goal for therapy: < 7.0% Action suggested: > 8.0%	
ESTIMATED AVERAGE GLUCOSE (eAG) <i>Calculation</i>	136.98 mg/dL		

Comments:

This assay is useful for diagnosing Diabetes and evaluating long term control of blood glucose concentrations in diabetic patients. It reflects the mean glucose concentration over the previous period of 8 to 12 weeks and is a better indicator of long term glycemic control as compared with blood and urine glucose measurements. This provides an additional criterion for assessing glucose control because glycated hemoglobin values are free of day-to-day glucose fluctuation and are unaffected by exercise or food ingestion.

After a sudden alteration in blood glucose concentration, the rate of change of HbA1c is rapid during initial 2 months, followed by more gradual change approaching steady state 3 months later.

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TEST PARAMETER

RESULT

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SPECIMEN

CLINICAL BIOCHEMISTRY

FASTING BLOOD SUGAR

Hexokinase

99.3 mg/dl

70 - 110 mg/dl

CREATININE

Jaffe Method

0.92 mg/dL

0.8 - 1.4 mg/dL

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LIPID PROFILE TEST

TOTAL CHOLESTEROL <i>Cholesterol Oxidase-Peroxidase (CHOD-POD)</i>	202 mg/dL	up to 200 mg/dL Border Line: 200 – 240 mg/dL High: > 240 mg/dL	
TRIGLYCERIDES <i>Glycerol Peroxidase-Peroxidase (GPO-POD)</i>	252.3 mg/dL	up to 150 mg/dL Desirable: <150 mg/dL Border Line: 150 – 200 mg/dL High: >200 – 500 mg/dL Very High: > 500 mg/dL	
HDL CHOLESTEROL - DIRECT <i>PEG-Cholesterol Esterase</i>	39.0 mg/dl	40 - 60 mg/dl >= 60mg/dL - Excellent (protects against heart disease) 40-59 mg/dL - Higher the better <40 mg/dL - Lower than desired (major risk for heart disease)	
LDL CHOLESTEROL - DIRECT <i>Cholesterol Esterase-Cholesterol Oxidase</i>	112.5 mg/dL	up to 100 mg/dL 100-129 mg/dL- Near optimal/above optimal 130-159 mg/dL- Borderline High 160-189 mg/dL- High 190->190 mg/dL - Very High	
VLDL CHOLESTEROL <i>Calculation</i>	50.5 mg/dL	2 - 30 mg/dL	

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TOTAL CHOLESTROL/HDL RATIO <i>Calculation</i>	5.2	up to 3.5 3.5-5.0 - Moderate >5.0 - High	
LDL/HDL RATIO <i>Calculation</i>	2.9	up to 2.5 2.5-3.3 - Moderate >3.3 - High	
POST PRANDIAL BLOOD SUGAR <i>Hexokinase</i>	107.4 mg/dl	80 - 150 mg/dl	
BLOOD UREA <i>UREASE-GLUTAMATE DEHYDROGENASE (GLDH)</i>	20.7 mg/dL	15 - 50 mg/dL	
CREATININE <i>Jaffe Kinetic</i>	0.92 mg/dL	0.4 - 1.4 mg/dL	
URIC ACID <i>Uricase-Peroxidase</i>	5.3 mg/dL	3 - 7.2 mg/dL	
SERUM ELECTROLYTES			
SODIUM <i>Ion Selective Electrode (ISE)</i>	137 mmol/L	136 - 145 mmol/L	
POTASSIUM <i>Ion Selective Electrode (ISE)</i>	3.7 mmol/L	3.5 - 5.2 mmol/L	
CHLORIDE <i>Ion Selective Electrode (ISE)</i>	102 mmol/L	97 - 111 mmol/L	

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LIVER FUNCTION TEST (LFT)

TOTAL BILIRUBIN <i>Colorimetric Diazo Method</i>	0.47 mg/dL	0.2 - 1.2 mg/dL	
DIRECT BILIRUBIN <i>Colorimetric Diazo Method</i>	0.37 mg/dL	0 - 0.4 mg/dL	
INDIRECT BILIRUBIN <i>Calculation</i>	0.10 mg/dl		
S G O T (AST) <i>IFCC Without Pyridoxal Phosphates</i>	46.8 U/L	up to 35 U/L	
S G P T (ALT) <i>IFCC Without Pyridoxal Phosphates</i>	94.5 U/L	up to 50 U/L	
ALKALINE PHOSPHATASE <i>p-Nitrophenyl Phosphate</i>	89 U/L	36 - 113 U/L	
SERUM GAMMA GLUTAMYLTRANSFERASE (GGT) <i>GCNA-IFCC</i>	48.4 U/L	15 - 85 U/L	
TOTAL PROTEIN <i>Biuret Colorimetric</i>	8.6 g/dl	6.2 - 8 g/dl	
S.ALBUMIN <i>Bromocresol Green (BCG)</i>	4.36 g/dl	3.5 - 5.2 g/dl	
S.GLOBULIN <i>Calculation</i>	4.2 g/dl	2.5 - 3.8 g/dl	
A/G RATIO <i>Calculation</i>	1	1 - 1.5	

CLINICAL PATHOLOGY

URINE ROUTINE & MICROSCOPIC

PHYSICAL EXAMINATION

Colour <i>Visual Method</i>	Pale Yellow	Pale yellow- yellow
Appearance <i>Visual Method</i>	Clear	Clear/Transparent

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Specific Gravity <i>Strips Method</i>	1.015	1.005-1.035	
pH	7.0	4.6-8.5	
CHEMICAL EXAMINATION (DIPSTICK)			
Protein <i>Strips Method</i>	Nil	Nil -Trace	
Glucose <i>Strips Method</i>	Nil	Nil	
Blood <i>Strips Method</i>	Negative	Negative	
Ketone Bodies <i>Strips Method</i>	Absent	Negative	
Urobilinogen <i>Strips Method</i>	Normal	Normal	
Bile Salt <i>Strips Method</i>	Negative	Negative	
Bilirubin <i>Strips Method</i>	Negative	Negative	
Bile Pigments	Negative	NIL	
MICROSCOPY			
Pus Cells (WBC) <i>Light Microscopic</i>	3 - 4 /hpf	0-5/hpf	
Epithelial Cells <i>Light Microscopic</i>	2 - 3 /hpf	0-4/hpf	
RBC <i>Light Microscopic</i>	Not Seen /hpf	0-2/hpf	
Cast <i>Light Microscopic</i>	NIL	NIL	
Crystal <i>Light Microscopic</i>	NIL	Nil	

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FASTING URINE SUGAR (FUS)	NIL	NIL	
POSTPRANDIAL URINE SUGAR	NIL	NIL	

IMMUNOASSAY

PROSTATIC SPECIFIC ANTIGEN (PSA)

PROSTATIC SPECIFIC ANTIGEN (PSA) <small>CMIA</small>	0.40 ng/mL	Up to 4ng/mL: Normal 4-10 ng/mL Hypertrophy & benign genito urinary conditions. >10 ng/mL Suspicious of malignancy.
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PSA is used for monitoring patients with a history of prostate cancer and as an early indicator of recurrence and response to treatment. The test is commonly used for Prostate cancer screening.

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THYROID PROFILE

TOTAL TRIIODOTHYRONINE (T3) <small>CMIA</small>	0.85 ng/mL	0.87 - 1.78 ng/mL	
TOTAL THYROXINE (T4) <small>CMIA</small>	4.28 µg/dL	6.09 - 12.23 µg/dL	
THYROID STIMULATING HORMONE (TSH) <small>CMIA</small>	1.478 µIU/mL	0.38 - 5.33 µIU/mL 1st Trimester: 0.05 - 3.70 2nd Trimester: 0.31 - 4.35 3rd Trimester: 0.41 - 5.18	

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

Dispatched by: Sumalatha

**** End of Report ****

Printed by: Sumalatha on 16-12-2021 at 12:34 PM


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