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Date 09/03/2024 11:46:29 AM

Srl No. 1012

UHID No. OPD-67079

Name Mr. CHANDAN SINGH MARTOLIA

Age 30 Yrs.

Printed on 20/03/2024 04:02 PM

Ref. By Dr. SAURABH MAYANK

Sex M

Test Name	Value	Unit	Normal Value
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**COMPLETE HAEMOGRAM**

Erba Mannheim Elite 580

HAEMOGLOBIN (Hb)	16.5	gm / dL	13.5 - 18.0
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TOTAL LEUCOCYTE COUNT (TLC)	7,430	cells / cu mm	4000 - 11000
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**DIFFERENTIAL LEUCOCYTE COUNT (DLC)**

NEUTROPHIL	68	%	40 - 75
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LYMPHOCYTE	26	%	20 - 40
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EOSINOPHIL	02	%	01 - 06
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MONOCYTE	04	%	02 - 10
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BASOPHIL	00	%	0 - 0
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<b>RBC COUNT</b>	<b>6.04</b>	million / cu mm	4.5 - 5.5
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P.C.V / HAEMATOCRIT	49.5	%	40 - 54
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M C V	81.954	fl.	80 - 100
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M C H	27.318	Picogram	27.0 - 31.0
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M C H C	33.33	gm / dL	32 - 36
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PLATELET COUNT	1,53,000	Lakh / cu mm	150000 - 400000
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ESR	40	mm / 1st hr	0 - 15
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VESMATIC EASY - AUTOMATED

**HAEMATOLOGY**

BLOOD GROUP ABO	"O"
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RH TYPING	POSITIVE
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**K.F.T.-1**

Roche cobas c 311

BLOOD UREA	24.2	mg / dL	15.0 - 40.0
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Urease / GLDH

SERUM CREATININE	0.97	mg / dL	0.7 - 1.4
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Jaffe

SERUM URIC ACID	9.3	mg / dL	3.4 - 7.0
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Enzymatic

**LAB TECHNICIAN**

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SODIUM ISE	140.3	mEq / L	135.0 - 145.0
POTASSIUM ISE	3.96	mEq / L	3.5 - 5.0
<b>LIVER FUNCTION TEST (LFT)</b> Roche cobas c 311			
BILIRUBIN TOTAL DPD	1.73	mg / dL	0 - 1.2
CONJUGATED (D. Bilirubin) Jendrassik-Grof	0.58	mg / dL	0.00 - 0.30
UNCONJUGATED (I.D. Bilirubin)	1.15	mg / dL	0.00 - 0.70
TOTAL PROTEIN Biuret	7.0	gm / dL	6.6 - 8.3
ALBUMIN BCP	3.9	gm / dL	3.5 - 5.5
GLOBULIN	3.1	gm / dL	2.5 - 4.0
A/G RATIO	1.258	%	0.8 - 2.0
SGOT IFCC	24.1	IU / L	5.0 - 45.0
SGPT IFCC	45.4	IU / L	5.0 - 49.0
ALKALINE PHOSPHATASE IFCC	123.0	U / L	60.0 - 170.0
GAMMA GT IFCC	25.1	IU / L	8.0 - 71.0
<b>LIPID PROFILE</b> Roche cobas c 311			
TRIGLYCERIDES GPO-PAP	182.0	mg / dL	40.0 - 165.0
TOTAL CHOLESTEROL CHOD-PAP	168.2	mg / dL	0.0 - 200.0
HDL CHOLESTEROL DIRECT	31.6	mg / dL	40.0 - 79.4
VLDL	36.4	mg / dL	4.7 - 22.1
LDL CHOLESTEROL DIRECT	100.2	mg / dL	63.0 - 129.0

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Test Name	Value	Unit	Normal Value
TOTAL CHOLESTEROL / HDL RATIO	5.323		0.0 - 4.97
LDL / HDL CHOLESTEROL RATIO	3.171		0.00 - 3.55

### BIOCHEMISTRY

BLOOD SUGAR FASTING HEXOKINASE	73.6	mg / dL	60.0 - 110.0
BLOOD SUGAR PP HEXOKINASE	112.2	mg/dl	80.0 - 140.0

### THYROID PROFILE MINI VIDAS : BIOMERIEUX

T3 ELFA Method	0.92	ng / mL	0.60 - 1.81
T4 ELFA Method	7.64	ug / dL	4.5 - 10.9
TSH ELFA Method	2.31	uIU / mL	0.35 - 5.50

### REFERENCE RANGE

#### PAEDIATRIC AGE GROUP

0-3 DAYS	1.0 - 20	uIU / mL
3-30 DAYS	0.5 - 6.5	uIU / mL
1 MONTH -5 MONTHS	0.5 - 6.0	uIU / mL
6 MONTHS- 18 YEARS	0.5 - 4.5	uIU / mL

<u>ADULTS</u>	0.35 - 5.50	uIU / mL
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**Note:** TSH levels are subject to circadian variation, rising several hours before the onset of sleep, reaching peak levels between 11 pm to 6 am. Nadir concentrations are observed during the afternoon. Diurnal variation in TSH level approximates  $\pm 50\%$ , hence time of the day has influence on the measured serum TSH concentration.

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<b>Test Name</b>	<b>Value</b>	<b>Unit</b>	<b>Normal Value</b>
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Assay performed on enhanced chemi luminescence system ( Centaur-Siemens)

Serum T3,T4 & TSH measurements form the three components of Thyroid screening panel, useful in diagnosing various disorders of Thyroid gland function.

1. Primary hypothyroidism is accompanied by depressed serum T3 and T4 values and elevated serum TSH level.
2. Primary hyperthyroidism is accompanied by elevated serum T3 and T4 levels along with depressed TSH values.
3. Normal T4 levels are accompanied by increased T3 in patients with T3 thyrotoxicosis.
4. Slightly elevated T3 levels may be found in pregnancy and estrogen therapy, while depressed levels may be encountered in severe illness, renal failure and during therapy with drugs like propranolol and propyl thiouracil.
5. Although elevated TSH levels are nearly always indicative of primary hypothyroidism, and may be seen in secondary thyrotoxicosis.

### SEROLOGY

**TOTAL PSA** **1.85** ng / mL  
 ELFA

**INTERPRETATION :**  
**Expected Values :**

PSA concentrations ( ng / mL )				
Age ( years )	:	Low Limit	:	High Limit
< 40	:	0.21	:	1.72
40 - 49	:	0.27	:	2.19
50 - 59	:	0.27	:	3.42
60 - 69	:	0.22	:	6.16
> 69	:	0.21	:	6.77

PSA is reliable tumour marker for already diagnosed prostatic carcinomas. It is uniquely associated only with prostatic tissue, and therefore is specific for it. Baseline levels measured prior to therapeutic intervention and followed later by serial periodical measurements will predict the outcome of therapy. It also helps in early discovery of recurrences, relapses and metastases.

In general, tumor marker levels are directly proportional to the tumour mass and the stage of the cancer. However, it is the rate of change of the tumor marker level which is more important, rather than its absolute

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value.  
 A 50% change may be considered clinically significant. It must be emphasised that PSA may also be elevated in benign prostatic hypertrophy and inflammatory conditions of the surrounding genitourinary tract .Therefore, this parameter should never be used as a screening test for diagnosing prostatic carcinomas but only as an aid in follow up studies.

### URINE EXAMINATION TEST

#### CHEMICAL EXAMINATION

SUGAR

NIL

\*\*\*\* End Of Report \*\*\*\*

LAB TECHNICIAN



**DR. ANAMIKA YADAV**  
 MBBS DNB PATHOLOGY  
 UK-9464

**DEPARTMENT OF RADIOLOGY & IMAGING**

**PT.NAME: MR. CHANDAN SINGH MARTOLIA**

**AGE/SEX-31Y/M**

**UHID NO- 67079**

**DATE: 09/MAR/2024**

**REF.BY- DR. (MAJ) SAURABH MAYANK**

**USG WHOLE ABDOMEN**

**LIVER:** is normal in size, measures approx 12.4 cms. **A calcified focus measuring approx 9.4x7.3 mm is seen in the right lobe of the liver, mainly involving the segment VI.**

**PORTAL VEIN:** is not dilated. Intrahepatic biliary radicals are not dilated.

**GALL BLADDER:** is partially distended with normal wall thickness.

**CBD:** is not dilated with clear lumen. No calculus is seen.

**PANCREAS:** Visualized part of pancreas is normal in size, shape with normal homogeneous echotexture. **MPD:** is not dilated.

**SPLEEN:** is normal in size (~10.3 cms) with normal homogeneous echotexture.

**RIGHT KIDNEY:** is normal in size and echotexture.

- o Cortical echogenicity is normal.
- o Cortico-medullary demarcation is maintained.
- o Parenchymal thickness appears normal.
- o Pelvicalyceal system is not dilated.

**LEFT KIDNEY:** is normal in size and echotexture.

- o Cortical echogenicity is normal.
- o Cortico-medullary demarcation is maintained.
- o Parenchymal thickness appears normal.
- o Pelvicalyceal system is not dilated.



-----PTO

**URINARY BLADDER:** is minimally distended.

**PROSTATE:** is normal in size and roughly measures volume approx 11.0 cc.

No free fluid is seen in the Morrison's pouch, perihepatic space, perisplenic space, para colic gutter and pelvic cavity.

**IMPRESSION: USG appearances are suggestive of -**

➤ ***Calcified focus in the right lobe of the liver-Likely Granuloma.***

*(Adv-Clinico-pathological correlation).*



**DR. (MAJ) RAVINDER SINGH**  
MBBS, MD.  
Consultant Radiologist

Number of images-05

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**Note-**This is a professional report based on imaging findings only and should always be correlated clinically and with other relevant investigations. This report is not for medico-legal purpose. In case of any discrepancy due to machine error or typing error kindly get it rectified immediately.

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