

(A Unit of Sparsh Multispecialty Hospital Private Limited)
(Formerly known as Paedia Health Private Limited)
CIN: U85110CT2005PTC017751

CERTIFIED

UHID : 152255 Visit ID : 0000282302

Patient Name : MR. AJAY KUMAR YADAV Spec No. :

Age / Sex : 59Y / MALE :

Consultant : DR. HOSPITAL CASE Order Date : 26/08/2023 9:38AM

Ref. By : DR. HOSPITAL CASE Samp.Date :

Category : MEDIWHEEL Report Date : 26/08/23 10:17AM

SONOGRAPHY USG WHOLE ABDOMEN

* LIVER : Normal in size and shape. Diffuse increase in echogenecity seen - Suggestive of fatty infiltration.

IHBRs are not dilated. No focal lesions seen

*PORTO CAVAL SYSTEM: Hepatic veins and IVC appear normal and show normal respiratory variation. Splenic vein is normal.Portal vein is normal.

*COLLECTING DUCT & CBD:Normal in size and have echo lucent lumen.

*GALL BLADDER : Seen in distended state with normal wall and lumen is echofree

*SPLEEN:Normal in size, shape & echo texture. No focal lesions seen.

*PANCREAS:Pancreatic head, body & tail visualized and have ,normal size,shape & echo texture.

*KIDNEYS: Both kidneys are of normal shape, size and position.

Cortical thickness is normal .CMD is maintained. There is no evidence of hydronephrosis or calculus

*URINARY BLADDER: Seen in distended state and has normal wall architecture.Lumen is echo free.

Post Void Residual Urine Insignificant

*PROSTATE:Normal in shape, size and echotexture.No median lobe bulge is seen.

No free fluid is seen in the peritoneal cavity.

There is no evidence of any retroperitoneal lymphadenopathy/mass.

FINAL IMPRESSION:

- Fatty Liver.
- Insignificant Post Void Residual Urine
- Please correlate clinically , followup USG is recommended.

Dr. DILIP KUMAR SONI
MBBS, DNRD
RADIOLOGIST
COMC 102/2003

Please bring all your previous reports. You should preserve and bring this report for future reference:



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: DR. HOSPITAL CASE Samp.Date Ref. By

: 26/08/23 12:39PM Report Date : MEDIWHEEL Category

X-RAY X-RAY CHEST PA. VIEW

- Cardiothoracic ratio is within normal limits.
- No significant lung lesion seen.
- Bilateral C.P. angles are clear.
- Bony cage and soft tissue normal.

IMPRESSION

No Remarkable Abnormality Detected .

Please correlate clinically

Dr. SAMIR KATHALE MBBS, DNB(RADIO), MNAMS, MANBO Fetal Ultrasound & Fetal Medicine (FGi-BFMC) Reg No: CGMC-4404/2012

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PATIENT NAME : MR. AJAY KUMAR YADAV ORDER DATE : 26/08/2023 9:38:00AM

AGE/SEY : 59Y/MALE SAMP. DATE : 26/08/2023 12:27:00PM

AGE/SEX : 59Y/MALE SAMP. DATE : 26/08/2023

CONSULTANT DOCTOR : HOSPITAL CASE SPEC. NO : 10459898

RESULT DATE : 26/08/2023 2:24:00PM

TPA : MEDIWHEEL

DEPARTMENT OF PATHOLOGY

LIPID PROFILE			
PARAMETER	VALUE	RESULT	REFERENCE RANGE
CHOLESTEROL TOTAL	221 mg / dl	High	150 - 220
TRIGLYCERIDES - SERUM	215 mg / dl	High	60 - 165
HDL	37.53 mg / dl	Normal	35 - 80
LDL	140.47 mg/dL	Normal	90 - 160
VLDL	43.0	Normal	20 - 50
CHOL: HDL Ratio	5.89:1		3.5 - 5.5
LDL: HDL Ratio	3.74:1		

Wharma

Dr. ANJANA SHARMA D.N.B. RATHOLOGY

TECHNICIAN

NOTE: These reports are for assisting Doctors/Physicians in their treatment and not for Medico-legal purposes and should be correlated clinically.



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CONSULTANT DOCTOR : HOSPITAL CASE SPEC. NO : 10459908

CONSULTANT DOCTOR : HOSPITAL CASE SPEC. NO : 10459908

RESULT DATE : 26/08/2023 12:33:00PM

TPA : MEDIWHEEL

DEPARTMENT OF PATHOLOGY

CBC (COMPLETE BLOOD (COUNT)		
PARAMETER	VALUE	RESULT	REFERENCE RANGE
HAEMOGLOBIN (Hb)	13.5 gm%	Normal	13.5 - 17.5
TOTAL RBC COUNT	5.52 Million/cumm	Normal	4.5 - 5.9
HAEMATOCRIT (PCV)	38.9 %	Low	41.5 - 50.4
RBC INDICES			
MCV	70.6 fl	Low	78 - 96
MCH	24.4 pg	Low	27 - 32
MCHC	34.6 %	Normal	33 - 37
RDW	13.8 %	Normal	11 - 16
TOTAL WBC COUNT (TLC)	5000 /cumm	Normal	4000 - 11000
DIFFERENTIAL COUNT			
NEUTROPHILS	54 %	Normal	0 - 75
LYMPHOCYTES	38 %	Normal	22 - 48
EOSINOPHILS	02 %	Normal	0 - 6
MONOCYTES	06 %	Normal	2 - 10
BASOPHILS	00 %	Normal	0 - 2
BANDS	00 %	Normal	0 - 5
BLAST	00 %	Normal	
PLATELET COUNT	252000 /cumm	Normal	150000 - 450000

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Sharma

ANJANASHARMA



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VISITID

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PATIENT NAME

: MR. AJAY KUMAR YADAV

ORDER DATE

: 26/08/2023 9:38:00AM

AGE/SEX

: 59Y/MALE

SAMP. DATE

: 26/08/2023 12:27:00PM

CONSULTANT DOCTOR

: HOSPITAL CASE

SPEC. NO

: 10459906

RESULT DATE

: 26/08/2023 5:31:00PM

: MEDIWHEEL

DEPARTMENT OF PATHOLOGY

PARAMETER	VALUE	RESULT	REFERENCE RANGE	
BLOOD GROUPING AND RH TYPIN	IG			
BLOOD GROUP	"A"		-	
RH FACTOR	Negative		-	
BUN (BLOOD UREA NITROGEN) BUN (BLOOD UREA NITROGEN)	9.81 mg / dl	Normal	8 - 23	
CREATININE SERUM CREATININE	1.08 mg/dL	Normal	0.3 - 1.5	
GGT (GAMMA GLUTAMYL TRANSF GGT (GAMMA GLUTAMYL TRANSFERASE)	ERASE) 16 U/L	Normal	8 - 52	
URIC ACID URIC ACID	7.12 mg/dL	Normal	3.6 - 7.7	

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AGE/SEX : 59Y/MALE SAMP. DATE : 26/08/2023 12:27:00PM

CONSULTANT DOCTOR : HOSPITAL CASE SPEC. NO : 10459897

RESULT DATE : 26/08/2023 5:35:00PM

: 0000282302

TPA : MEDIWHEEL

DEPARTMENT OF PATHOLOGY

SERUM PSA TOTAL

PARAMETER VALUE RESULT REFERENCE RANGE

PSA (TOTAL) 0.66 ng/ml Normal 0 - 4

Note:

PSA is a member of the kallikrein-related peptidase family and is secreted by the epithelial cells of the prostate glands. PSA is produced for the ejaculate where it liqueties semen in the terminal coagulum and allows sperms to swim freely.

Increased value: Elevated serum PSA concentration are found in men with prostate cancer, begin prostatic hyperplasia (BPH) or inflammatory condition of other adjacent genitourinary tissue it is a accurate marker for monitoring advancing clinical stage in untreated patients of ca prostate and for monitoring response to therapy by radical prostatectomy, radiation therapy and anti androgen

therapy. Clinical Use

1)An aid in the early detection of Prostate cancer when used in conjunction with Digital rectal examination in males more than 50 years of age and in those with two or more affected first degree relatives.

2) Followup and management of Prostate cancer patients

3) Detect metastatic or persistent disease in patients following surgical or medical treatment of Prostate cancer.

Note:

- 1) Diagnosis of a disease should not be base on the result of a single test, but should be determined in conjuction with clinical findings in association with medical judgement.
- 2) Patient sample containing human anti mouse antibodies (HAMA)may give falsely elevated of decreased values. Although HAMA-neutralizing agents are added, extremely high HAMA serum concentration may occasionally influence results.
- 3)Therapeutic intervention may strongly influence the f/t PSA ratio. Manipulations at the prostate may also lead to variations in the f/t PSA ratio.

TECHNICIAN

Dr. AMIANIA BHARMA
D.Y.R. FATHOLOGY
CONSULTANT

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01/09/2023 12:15PM



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ORDER DATE

: 26/08/2023 9:38:00AM

AGE/SEX

: 59Y/MALE

SAMP. DATE

: 26/08/2023 12:27:00PM

SPEC. NO

: 10459902

: HOSPITAL CASE CONSULTANT DOCTOR

RESULT DATE

: 26/08/2023 3:39:00PM

: MEDIWHEEL

DEPARTMENT OF PATHOLOGY

PARAMETER	VALUE	RESULT	REFERENCE RANGE
BLOOD SUGAR - FASTING AND PP BLOOD SUGAR FASTING	98 mg/dL	Normal	80 - 120
BLOOD SUGAR PP	121 mg/dL	Normal	120 - 140
URINE SUGAR FASTING URINE FOR SUGAR	Nil		-
URINE SUGAR PP URINE FOR SUGAR	Nil	1) 1)	_

Dr. ANJANA SHARMA D.N.B PATHOLOGY arsh My

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: 0000282302 VISITID : 152255 UHID

: 26/08/2023 9:38:00AM ORDER DATE : MR. AJAY KUMAR YADAV PATIENT NAME

: 26/08/2023 12:27:00PM SAMP. DATE : 59Y/MALE AGE/SEX

SPEC. NO : 10459897 : HOSPITAL CASE CONSULTANT DOCTOR

> : 26/08/2023 5:34:00PM RESULT DATE

: MEDIWHEEL

DEPARTMENT OF PATHOLOGY

T3,T4 TSH

REFERENCE RANGE RESULT VALUE PARAMETER

0.69 - 2.15Normal 1.09 ng/ml T3 (TRIIODOTHYRONINE) Normal 52 - 127 58.41 ng/ml T4 (THYROXINE) Normal 0.3 - 4.5TSH (THYROID STIMULATING 2.48 uIU/ml

HORMONE)

REFERENCE RANGE in uIU/mL REFERENCE GROUP

As per American Thyroid Association

Adult Females (> 20 years)

Pregnancy

0.10 - 2.501st Trimester 0.20 - 3.002nd Trimester

0.30 - 3.003rd Trimester

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.

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

0.30 - 4.5

1. 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

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SHARMA MOSOH

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O Shriram Market, Ram Nagar, Supela, Bhilai (C.G.) Ph.: 0788 4252222, 4052040 🖰 info@sparshbhilai.com 🌐 www.sparshbhilai.com 🙃 Toll Free No.: 1800 309 1616



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AGE/SEX

PATIENT NAME

: 59Y/MALE

CONSULTANT DOCTOR

: HOSPITAL CASE

VISITID

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ORDER DATE

: 26/08/2023 9:38:00AM

SAMP. DATE

: 26/08/2023 12:27:00PM

SPEC. NO

: 10459907

RESULT DATE

: 26/08/2023 2:25:00PM

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TPA

: MEDIWHEEL

DEPARTMENT OF PATHOLOGY

HBA1c (GLYCOSYLATED HAEMOGLOBIN)

PARAMETER

VALUE

RESULT

REFERENCE RANGE

HBA1 C (GLYCOSYLATED HEAMOGLOBIN)

6.2 %

High

4 - 6

Interpretation

As per American diabetes Association (ADA)

Reference Group

- HbA1c In%

Non diabetic >= 18 years - 4.0 - 6.0

->=6.0 to <=6.5

At risk (Prediabetes)

Diagnosing diabetes

->=6.5

Therapeutic goals for glycemic control

- Age> 19 years

Goal of therapy: <7.0

- Action suggested: >8.0

- Age< 19 years

- goal of therapy: < 7.5

1. Since HbA1c reflects long term fluctuations in the blood glucose concentration, a diabetic patient is recently under good control may still have a high concentration of HbA1c.converse is true for a diabetic previously under good control now poorly controlled.

2. Target goals of <7.0 % may be beneficial in patient with short duration of diabetes, long life expectancy and no significant cardiovascular disease. In patient with significant complication of diabetes, limited life expectancy of extensive co-morbid condition, targeting a goal of <7.0% may not be appopriate.

HbA1c provides an index of average blood glucose levels over the past 8-12 weeks and is a much better indicator of long glycemic control as compared to blood and urinary glucose determination.

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01/09/2023 12:14PM

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AGE/SEX

: 59Y/MALE

SAMP. DATE

: 26/08/2023 12:27:00PM

CONSULTANT DOCTOR

: HOSPITAL CASE

SPEC. NO

: 10459903

RESULT DATE

: 26/08/2023 4:33:00PM

: MEDIWHEEL

DEPARTMENT OF PATHOLOGY

DSCOPY		
VALUE	RESULT	REFERENCE RANGE
10 ml		
Straw		
Clear		•
Acidic		-
Nil		-
Nil		-
, n		0 - 5
Occasional /hpf		1 - 2
Nil /hpf		=
Nil /lpf		·
Nil		
Nil		-
Nil		s= 1
	10 ml Straw Clear Acidic Nil Nil Occasional /hpf Occasional /hpf Nil /hpf Nil /lpf Nil /lpf Nil Nil	VALUE RESULT 10 ml Straw Clear Acidic Nil Nil Occasional /hpf Occasional /hpf Nil /hpf Nil /lpf Nil /lpf Nil Nil

TECHNICIAN

Sharima Dr. ANJANA SHARMA

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ORDER DATE

: 26/08/2023 9:38:00AM

AGE/SEX

: 59Y/MALE

SAMP. DATE

: 26/08/2023 12:27:00PM

CONSULTANT DOCTOR

LFT (LIVER FUNCTION TEST)

: HOSPITAL CASE

SPEC. NO

: 10459898

RESULT DATE

Normal

: 26/08/2023 2:25:00PM

TPA

: MEDIWHEEL

DEPARTMENT OF PATHOLOGY

PARAMETER	VALUE	RESULT	REFERENCE RANGE
BILIRUBIN TOTAL	0.48 mg/dL	Normal	0.1 - 1.2
BILIRUBIN DIRECT	0.15 mg / dl	Normal	0.1 - 0.6
BILIRUBIN INDIRECT	0.33 mg / dl	Normal	0.1 - 0.4
ALKALINE PHOSPHATASE	76 U/L	Normal	0 - 270
SGOT	14 U/L	Normal	10 - 55
SGPT	18 U/L	Normal	0 - 40
TOTAL PROTEIN	7.54 g / dl	Normal	6 - 8
ALBUMIN	4.47 g/dl	Normal	4 - 5

4.47 g/dl

1.46:1

3.07 g/dl

TECHNICIAN

ALBUMIN

GLOBULIN

A.G.RATIO

Dr. ANJANA SHAR D.N.B PATHOLOG CONSULT

2 - 3.5

1 - 2.5

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SAMP. DATE : 26/08/2023 12:27:00PM

CONSULTANT DOCTOR : HOSPITAL CASE

SPEC. NO

: 10459909

RESULT DATE : 26/08/2023 4:43:00PM

TPA

: MEDIWHEEL

DEPARTMENT OF PATHOLOGY

ESR (ERYTHROCYTE SEDIMENTATION RATE)

PARAMETER	VALUE	RESULT	REFERENCE RANGE	
ESR	15 mm at end of 1 hr	Normal	0 - 20	

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