

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

CIN: U85110CT2005PTC017751

GSTIN/UIN: 22AADCP8009N2Z9

: 170804 UHID

Patient Name : MR. RAHUL SHRIVASTAVA

Visit ID Spec No. : 0000324659

Age / Sex Consultant : 48Y / MALE

Order Date

: 10/10/2023 10:48AM

Ref. By

• DR. HOSPITAL CASE

: DR. HOSPITAL CASE

Samp.Date

Category

: MEDIWHEEL

Report Date

: 10/10/23 11:16AM

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.

*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**
- Please correlate clinically, followup USG is recommended.

Dr. DILIP KUMAR SONI MBBS DMRD RADIOLOGIST CGMC 102/2003

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



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Report Date

: 10/10/23 01:26PM

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

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ORBER BATT

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AGE/SEX

LIDIO DOCETIE

: 48Y/MALE

SAMP. DATE

: 10/10/2023 12:28:00PM

CONSULTANT DOCTOR : HOSPITAL CASE

SPEC. NO

VISITID

: 10472685

RESULT DATE

: 10/10/2023 7:05:00PM

TPA

: MEDIWHEEL

DEPARTMENT OF PATHOLOGY

LIPID PROFILE			
PARAMETER	VALUE	RESULT	REFERENCE RANGE
CHOLESTEROL TOTAL	178 mg / dl	Normal	150 - 220
TRIGLYCERIDES - SERUM	167 mg / dl	High	60 - 165
HDL	41.64 mg / dl	Normal	35 - 80
LDL	102.96 mg/dL	Normal	90 - 160
VLDL	33.40	Normal	20 - 50
CHOL: HDL Ratio	4,27:1		3.5 - 5.5
LDL: HDL Ratio	2.47:1		-

Asharma

Dr. ANJANA SHARMA D.N.B.PATHOLOGY

CONSULTANT

TECHNICIAN



CONSULTANT DOCTOR

Sparsh Multispecialty Hospital

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UHID : 170804 VISITID : 0000324659

: HOSPITAL CASE

PATIENT NAME : MR. RAHUL SHRIVASTAVA ORDER DATE : 10/10/2023 10:48:00AM

AGE/SEX : 48Y/MALE SAMP. DATE : 10/10/2023 12:28:00PM

RESULT DATE : 10/10/2023 1:08:00PM

TPA : MEDIWHEEL

: 10472682

SPEC. NO

DEPARTMENT OF PATHOLOGY

CBC (COMPLETE BLOOD C	OUNT)		
PARAMETER	VALUE	RESULT	REFERENCE RANGE
HAEMOGLOBIN (Hb)	17.0 gm%	Normal	13.5 - 17.5
TOTAL RBC COUNT	5.29 Million/cumm	Normal	4.5 - 5.9
HAEMATOCRIT (PCV)	45.5 %	Normal	41.5 - 50.4
RBC INDICES			
MCV	86.0 fl	Normal	78 - 96
MCH	32.2 pg	High	27 - 32
MCHC	37.4 %	High	33 - 37
RDW	12.9 %	Normal	11 - 16
TOTAL WBC COUNT (TLC)	7300 /cumm	Normal	4000 - 11000
DIFFERENTIAL COUNT			
NEUTROPHILS	64 %	Normal	0 - 75
LYMPHOCYTES	32 %	Normal	22 - 48
EOSINOPHILS	02 %	Normal	0 - 6
MONOCYTES	02 %	Normal	2 - 10
BASOPHILS	00 %	Normal	0 - 2
BANDS	00 %	Normal	0 - 5
BLAST	00 %	Normal	
PLATELET COUNT	240000 /cumm	Normal	150000 - 450000

TECHNICIAN





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: 10/10/2023 12:28:00PM

: 0000324659 : 170804 VISITID UHID

ORDER DATE : 10/10/2023 10:48:00AM PATIENT NAME : MR. RAHUL SHRIVASTAVA

: 48Y/MALE AGE/SEX : HOSPITAL CASE SPEC. NO : 10472682 CONSULTANT DOCTOR

RESULT DATE : 10/10/2023 1:08:00PM

> : MEDIWHEEL TPA

SAMP. DATE

DEPARTMENT OF PATHOLOGY

PARAMETER	VALUE	RESULT	REFERENCE RANGE
BLOOD GROUPING AND RH TYPIN	IG		
BLOOD GROUP	"B"		
RH FACTOR	Positive		
BUN (BLOOD UREA NITROGEN)			
BUN (BLOOD UREA NITROGEN)	10.74 mg / dl	Normal	8 - 23
CREATININE			
SERUM CREATININE	0.98 mg/dL	Normal	0.3 - 1.5
GGT (GAMMA GLUTAMYL TRANSFI	ERASE)		
GGT (GAMMA GLUTAMYL TRANSFERASE)	10 U/L	Normal	8 - 52
URIC ACID			
URIC ACID	4.35 mg/dL	Normal	3.6 - 7.7

Dr. ANJANA SHARN

D.N.B.PATHOLOG

TECHNICIAN



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VISITID

: 0000324659

PATIENT NAME

: MR. RAHUL SHRIVASTAVA

ORDER DATE

: 10/10/2023 10:48:00AM

AGE/SEX

: 48Y/MALE

SAMP. DATE

: 10/10/2023 12:28:00PM

CONSULTANT DOCTOR

: HOSPITAL CASE

SPEC. NO

: 10472688

RESULT DATE

: 10/10/2023 8:49:00PM

TPA

: MEDIWHEEL

DEPARTMENT OF PATHOLOGY

SERUM PSA TOTAL

PARAMETER

VALUE

RESULT

REFERENCE RANGE

PSA (TOTAL)

0.69 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 ANJANA SHARMA
DN B PATHOLOGY
CONSULTANE



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CONSULTANT DOCTOR

: HOSPITAL CASE

SPEC. NO

: 10472689

RESULT DATE

: 10/10/2023 7:07:00PM

TPA

: MEDIWHEEL

DEPARTMENT OF PATHOLOGY

PARAMETER	VALUE	RESULT	REFERENCE RANGE
BLOOD SUGAR - FASTING AND PP			
BLOOD SUGAR FASTING	159 mg/dL	High	80 - 120
BLOOD SUGAR PP	189 mg/dL	High	120 - 140
URINE SUGAR FASTING			
URINE FOR SUGAR	+		<u>.</u>
URINE SUGAR PP			
URINE FOR SUGAR	++		

TECHNICIAN

Dr. ANJANNSHARMA D.N.B.P.A.THOLOGY

CONSULTANT



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: 170804 VISITID : 0000324659 UHID

: 10/10/2023 10:48:00AM ORDER DATE : MR. RAHUL SHRIVASTAVA PATIENT NAME

SAMP. DATE : 10/10/2023 12:28:00PM AGE/SEX : 48Y/MALE

SPEC. NO : 10472688 : HOSPITAL CASE CONSULTANT DOCTOR

> : 11/10/2023 2:42:00PM RESULT DATE

: MEDIWHEEL

DEPARTMENT OF PATHOLOGY

T3,T4 TSH

PARAMETER VALUE RESULT REFERENCE RANGE

T3 (TRIIODOTHYRONINE) 1.21 ng/ml Normal 0.69 - 2.15Normal T4 (THYROXINE) 52 - 127 82.06 ng/ml TSH (THYROID STIMULATING 3.78 uIU/ml Normal 0.3 - 4.5

REFERENCE GROUP

HORMONE)

REFERENCE RANGE in uIU/mL

As per American Thyroid Association

Adult Females (> 20 years)

Pregnancy

0.30 - 4.5

1st Trimester 0.10 - 2.502nd Trimester 0.20 - 3.003rd Trimester 0.30 - 3.00

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.

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

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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AGE/SEX

: 48Y/MALE

SAMP. DATE

: 10/10/2023 12:28:00PM

CONSULTANT DOCTOR

: HOSPITAL CASE

SPEC. NO

: 10472683

RESULT DATE

: 10/10/2023 7:08:00PM

: MEDIWHEEL

DEPARTMENT OF PATHOLOGY

HBA1c (GLYCOSYLATED HAEMOGLOBIN)

PARAMETER

VALUE

RESULT

REFERENCE RANGE

HBA1 C (GLYCOSYLATED HEAMOGLOBIN)

10.5 %

High

4 - 6

Interpretation

As per American diabetes Association (ADA)

Reference Group

- HbA1c In%

Non diabetic >= 18 years - 4.0 - 6.0 At risk (Prediabetes)

->=6.0 to <=6.5

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.

Comments

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.

TECHNICIAN

D.N.B PATHOLOGY

Sharima

ANJANA SHARMA



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: 48Y/MALE

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: 10/10/2023 12:28:00PM

CONSULTANT DOCTOR

URINE ROUTINE AND MICROSCOPY

: HOSPITAL CASE

SPEC. NO

: 10472690

RESULT DATE

: 10/10/2023 2:08:00PM

TPA

: MEDIWHEEL

DEPARTMENT OF PATHOLOGY

PARAMETER	VALUE	RESULT	REFERENCE RANGE
PHYSICAL EXAMINATION			
QUANTITY	10 ml		-
COLOUR	Pale Yellow		-
APPEARANCE	Clear		-
REACTION	Acidic		
CHEMICAL EXAMINATION			
ALBUMIN	Nil		-
SUGAR	+		-
MICROSCOPIC EXAMINATION			
EPITHELIAL CELLS	1-2 /hpf		0 - 5
PUS CELLS	1-2 /hpf		1 - 2
RBC	Occasional /hpf		₽ s 2
CAST	Nil /lpf		F1
CRYSTAL	+.		FI
AMORPHOUS MATERIAL DEPOSIT	Nil		
OTHERS	Calcium Oxalate Crystal Present.		# V () () () () ()

TECHNICIAN

Dr. ANJANA SHARMA DINB PAPHOLOGY CONSULTANT



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PATIENT NAME

CONSULTANT DOCTOR

: MR. RAHUL SHRIVASTAVA

ORDER DATE

: 10/10/2023 10:48:00AM

AGE/SEX

: 48Y/MALE

: HOSPITAL CASE

SAMP. DATE

VISITID

: 10/10/2023 12:28:00PM

SPEC. NO

: 10472687

RESULT DATE

: 10/10/2023 7:07:00PM

TPA

: MEDIWHEEL

DEPARTMENT OF PATHOLOGY

VALUE	RESULT	REFERENCE RANGE
0.82 mg/dL	Normal	0.1 - 1.2
	Normal	0.1 - 0.6
	High	0.1 - 0.4
	Normal	0 - 270
100 100 100 100 100 100 100 100 100 100	Normal	10 - 55
	Normal	0 - 40
18 197	Normal	6 - 8
1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	Normal	4 - 5
	Normal	2 - 3.5
1.92:1		1 - 2.5
	0.82 mg/dL 0.24 mg / dl 0.58 mg / dl 103 U / L 17 U / L 21 U / L 6.93 g / dl 4.56 g/dl 2.37 g / dl	0.82 mg/dL Normal 0.24 mg / dl Normal 0.58 mg / dl High 103 U / L Normal 17 U / L Normal 21 U / L Normal 6.93 g / dl Normal 4.56 g/dl Normal 2.37 g / dl Normal

TECHNICIAN

Dr. ANJANA SHARMA

D.N.B PATHOLOGY CONSULTANT



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ORDER DATE : 10/10/2023 10:48:00AM

AGE/SEX

: 48Y/MALE

SAMP. DATE

: 10/10/2023 12:28:00PM

CONSULTANT DOCTOR : HOSPITAL CASE

SPEC. NO

: 10472684

RESULT DATE : 10/10/2023 3:35:00PM

: MEDIWHEEL

DEPARTMENT OF PATHOLOGY

ESR (ERYTHROCYTE SEDIMENTATION RATE)

PARAMETER	VALUE	RESULT	REFERENCE RANGE
ESR	10 mm at end of 1 hr	Normal	0 - 15

Dr. ANJANA SHARMA D.N.B PATHOLOGY

TECHNICIAN

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

correlated clinically. leng

Page 1 of 1