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# GANESH DIAGNOSTIC

**DR. LOKESH GOYAL**

MBBS (K GMC), MD (RADIOLOGY)

CONSULTANT INTERVENTIONAL RADIOLOGIST  
FORMER SR. REGISTRAR - APOLLO HOSPITAL, NEW DELHI  
LIFE MEMBER OF IRIA

Timings : 9:00 am to 9:00 pm, Sunday 9.00 am to 3.00 pm ☎ 8392957683, 9897157683

MR. SHIV KUMAR 34/M  
DR. NITIN AGARWAL, DM

24-07-2024

## REPORT

EXAMINATION PERFORMED: X-RAY CHEST

B/L lung fields are clear

Both of the CP angles are clear.

Both hila show a normal pattern .

Cardiac and mediastinal borders appear normal.

Visualized bony thorax and soft tissue of the chest wall appear normal.

IMPRESSION ---NO SIGNIFICANT ABNORMALITY IS SEEN

Not for medico-legal purpose

DR LOKESH GOYAL  
MD  
RADIOLOGIST

डिजिटल एक्स-रे, मल्टी स्टार्डस  
सी. टी. स्कैन सुविधा उपलब्ध है।



NOT VALID FOR  
MEDICO LEGAL PURPOSE



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## EXAMINATION PERFORMED ULTRASOUND WHOLE ABDOMEN

**The Liver is enlarged 18.8 cm in size and outline. It shows uniform fatty changes.** No obvious focal pathology is seen. The intra and extra hepatic biliary passages are not dilated.

The **Gall Bladder** is normal in size, with no evidence of calculi. Walls are thin. The CBD appears normal.

The **Pancreas** is normal in size and echogenicity. Its outlines are distinct. No obvious focal lesion, calcification or ductal dilatation is seen.

**Spleen** is normal in size and echogenicity. There is no evidence of collaterals.

**Right Kidney** is normal in position, outline and echogenicity. No evidence of calculi or calyceal dilatation is seen. Renal mobility is not impaired. Perinephric space is clear.

**Left Kidney** is normal in position, outline and echogenicity. No evidence of calculi or calyceal dilatation is seen. Renal mobility is not impaired. Perinephric space is clear.

**No ascitis or pleural effusion. No retroperitoneal adenopathy.**

The **Urinary Bladder** is partially filled.

**The Prostate is mildly enlarged in size and volume 31 cc.** Homogenous parenchyma. Median lobe is not projecting. The Seminal Vesicles are normally visualized.

Bowel loops are non- dilated; gas filled & show normal peristaltic activity.

IMPRESSION:- **ENLARGED FATTY LIVER (GRADE 2)**  
**MILDLY ENLARGED PROSTATE**

ADV----URINE EXAMINATION

DR LOKESH GOYAL  
MD  
RADIODIAGNOSIS

Every imaging has its limitations. This is a professional opinion, not a final diagnosis. For further confirmation of diagnosis, clinical-pathological correlation & relevant next line investigation (TVS for gynecological disorders) (endoscopy / CT scan for bowel pathologies) are required. In case of clinical discrepancy with the report or confusion, reexamination / reevaluation are suggested. Esp. for the surgical cases 2<sup>nd</sup> opinion is must. Your positive as well as negative feedbacks are most welcome for better results  
Counter sign-----

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सी. टी. स्कैन सुविधा उपलब्ध है।



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MEDICO LEGAL PURPOSE



Reg NO : 022  
 NAME : **Mr. SHIV KUMAR**  
 REFERRED BY : Dr Aron Agarwal (D.M)  
 SAMPLE : BLOOD

DATE : **24/07/2024**  
 AGE : 34 YRS  
 SEX : MALE

**TEST NAME**

**RESULTS**

**UNITS BIOLOGICAL REF. RANGE**

**HAEMATATOLOGY**

COMPLETE BLOOD COUNT (CBC)	15.1	gm/dl	12.0-18.0
HAEMOGLOBIN	6.700	/cumm	4,000-11,000
TOTAL LEUCOCYTE COUNT	50	%	40-75
DIFFERENTIAL LEUCOCYTE COUNT(DLC)	45	%	20-45
Neutrophils	05	%	01-08
Lymphocytes	5.00	million/cumm	3.5-6.5
-- Eosinophils	44.0	%	35-54
TOTAL R.B.C. COUNT	88.0	fl	76-96
P.C.V./Haematocrit value	30.2	pg	27.00-32.00
M.C.V	34.3	g/dl	30.50-34.50
M.C.H	2.58	lacs/mm <sup>3</sup>	1.50 - 4.50
M.C.H.C			
PLATELET COUNT			
E.S.R. (WEINTRÖBE METHOD)	14	mm	00 - 15
in First hour			

**BLOOD GROUP**

Blood Group  
 Rh

AB  
 POSITIVE

**BIOCHEMISTRY**

Reg.NO. : 022  
 NAME : **Mr. SHIV KUMAR**  
 REFERRED BY : Dr.Nitin Agarwal (D M)  
 SAMPLE : BLOOD

DATE : **24/07/2024**  
 AGE : 34 Yrs.  
 SEX : MALE

<u>TEST NAME</u>	<u>RESULTS</u>	<u>UNITS</u>	<u>BIOLOGICAL REF. RANGE</u>
<b>LIPID PROFILE</b>			
SERUM CHOLESTEROL	171	mg/dL.	130 - 200
SERUM TRIGLYCERIDE	<b>222</b>	mg/dl.	30 - 160
HDL CHOLESTEROL	49	mg/dL.	30-70
VLDL CHOLESTEROL	<b>44.4</b>	mg/dL.	15 - 40
LDL CHOLESTEROL	77.60	mg/dL.	00-130
CHOL/HDL CHOLESTEROL RATIO	3.49	mg/dl	0-4
LDL/HDL __CHOLESTEROL RATIO	1.58	mg/dl	0-3

**INTERPRETATION**

TRIGLYCERIDE level > 250mg/dL is associated with an approximately 2-fold greater risk of coronary vascular disease. Elevation of triglycerides can be seen with obesity, medication, fast less than 12 hrs., alcohol intake, diabetes melitus, and pancreatitis.  
 CHOLESTEROL, its fractions and triglycerides are the important plasma lipids in defining cardiovascular risk factors and in the management of cardiovascular disease. Highest acceptable and optimum values of cholesterol values of cholesterol vary with age. Values above 220 mgm/dl are associated with increased risk of CHD regardless of HDL & LDL values.  
 HDL CHOLESTEROL level <35 mg/dL is associated with an increased risk of coronary vascular disease even in the face of desirable levels of cholesterol and LDL - cholesterol.  
 LDL CHOLESTEROL & TOTAL CHOLESTEROL levels can be strikingly altered by thyroid, renal and liver disease as well as hereditary factors. Based on total cholesterol, LDL- cholesterol, and total cholesterol/HDL - cholesterol ratio, patients may be divided into the three risk categories.

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TEST NAME	RESULTS	UNITS	BIOLOGICAL REF. RANGE
<b>LIVER PROFILE</b>			
SERUM BILIRUBIN			
TOTAL	0.6	mg/dL	0.3-1.2
DIRECT	0.2	mg/dL	0.2-0.6
INDIRECT	0.4	mg/dL	0.1-0.4
SERUM PROTEINS			
Total Proteins	7.6	Gm/dL	6.4 - 8.3
Albumin	4.7	Gm/dL	3.5 - 5.5
Globulin	2.9	Gm/dL	2.3 - 3.5
A : G Ratio	1.62		0.0-2.0
SGOT	38	IU/L	0-40
SGPT	34	IU/L	0-40
SERUM ALK.PHOSPHATASE	98	IU/L	00-115

**NORMAL RANGE : BILIRUBIN TOTAL**

Premature infants, 0 to 1 day: <8 mg/dL. Premature infants, 1 to 2 days: <12 mg/dL. Adults: 0.3-1 mg/dL.  
 Premature infants, 3 to 5 days: <16 mg/dL. Neonates, 0 to 1 day: 1.4-8.7 mg/dL.  
 Neonates, 1 to 2 days: 3.4-11.5 mg/dL. Neonates, 3 to 5 days: 1.5-12 mg/dL. Children 6 days to 18 years: 0.3-1.2 mg/dL.

**COMMENTS:-**

Total and direct bilirubin determination in serum is used for the diagnosis, differentiation and follow -up of jaundice. Elevation of SGPT is found in liver and kidney diseases such as infectious or toxic hepatitis, IM and cirrhosis. Organs rich in SGOT are heart, liver and skeletal muscles. When any of these organs are damaged, the serum SGOT level rises in proportion to the severity of damage. Elevation of Alkaline Phosphatase in serum or plasma is found in hepatitis, biliary obstructions, hyperparathyroidism, steatorrhea and bone diseases.

SERUM CREATININE	0.6	mg/dL	0.5-1.4
URIC ACID	6.1	mg/dl	3.5-8.0

**CLINICAL SIGNIFICANCE:**

Analysis of synovial fluid plays a major role in the diagnosis of joint disease.

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TEST NAME	RESULTS	UNITS	BIOLOGICAL REF. RANGE
BLOOD UREA NITROGEN	12.2	mg/dL.	5 - 25

**HAEMATOLOGY**

GLYCOSYLATED HAEMOGLOBIN(HBA1C) 6.2

**EXPECTED RESULTS :**

- Non diabetic patients : 4.0% to 6.0%
- Good Control : 6.0% to 7.0%
- Fair Control : 7.0% to -8%
- Poor Control : Above 8%

\*ADA: American Diabetes Association  
 The glycosylated hemoglobin assay has been validated as a reliable indicator of mean blood glucose levels for a period of 8-12 week period prior to HBA1C determination.ADA recommends the testing twice a year in patients with stable blood glucose, and quarterly, if treatment changes, or if blood glucose levels are unstable.

METHOD : ADVANCED IMMUNO ASSAY.

**HORMONE**

CONCENTRATION  
 UNIT  
 REFERENCE RANGE  
 RESULT



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SEX : MALE

TEST NAME	RESULTS	UNITS	BIOLOGICAL REF. RANGE
Triiodothyronine (T3)	1.10	ng/ml	0.60-1.81
Thyroxine (T4)	8.26	ug/dl	5.01-12.45
THYROID STIMULATING HORMONE [TSH.]	3.45	uIU/mL	0.35-5.50

**NORMAL RANGE:**

Premature babies (TSH is measured 3-4 days after birth): Between 0.8 to 6.9 uIU/mL.  
Normal newborn infants (TSH measured 4 days after birth): Between 1.3 to 16 uIU/mL.  
Babies (1-11 months): 0.9 to 7.7 uIU/mL.  
Kids (1 year till the onset of puberty): 0.6 to 5.5 uIU/mL.  
ADULT : 0.21-4.2uIU/mL.

**TSH(Thyroid stimulating hormone:Thyrotropin)** is a hormone secreted by the anterior pituitary.It is a recommended initial test for the screening and diagnosis of hyperthyroidism and hypothyroidism.It is especially useful in early or subclinical hypothyroidism before the patient develops clinical findings ,goiter,or abnormalities of other thyroid tests.

**Thyroxine,(Total T4 Assay)** Is a hormone secreted by the thyroid gland which is predominantly bound to carrier proteins,(99%).it is used in the diagnosis of hyperthyroidism when it is increased. It is found decreased in hypothyroidism and hypoproteinemia.Its values are not affected by nonthyoidal iodine.

**Triiodothyronine(Total T3 Assay)** Is a hormone produced by the thyroid gland (20%) and also from the peripheral deiodination mechanism which converts T4 to T3.As T3 is physiologically more active it it plays an important part in maintaing euthyroidism.It is used in T3 thyrotoxicosis ,monitoring the course of hyperthyroidism.  
Method : Chemiluminescence Immuno Assays.

**URINE EXAMINATION**



Apple Cardiac Care  
 Dr. Nitin Agarwal, Stadium Road,  
 Hospital,  
 243 122 (U.P.) India  
 7599031977, 09458888448



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DATE : 24/07/2024  
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TEST NAME	RESULTS	UNITS	BIOLOGICAL REF. RANGE
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**URINE EXAMINATION REPORT**

**PHYSICAL EXAMINATION**

pH	5.0		
TRANSPARENCY			
Volume	20.	ml	
Colour	Light Yellow		
Appearance	Clear		Nil
Sediments	Nil		
Specific Gravity	1.020		1.015-1.025
Reaction	Acidic		

**BIOCHEMICAL EXAMINATION**

UROBILINOGEN	Nil		NIL
BILIRUBIN	Nil		NEGATIVE
URINE KETONE	Nil		NEGATIVE
Sugar	Nil		Nil
Albumin	Nil		Nil
Phosphates	Absent		Nil

**MICROSCOPIC EXAMINATION**

Red Blood Cells	Nil	/H.P.F.	
Pus Cells	2-3	/H.P.F.	
Epithelial Cells	4-6	/H.P.F.	
Crystals	NIL		NIL
Casts	Nil	/H.P.F.	
DEPOSITS	NIL		
Bacteria	NIL		
Other	NIL		

**BIOCHEMISTRY**

Apple Cardiac Care  
Agar, Stadium Road,  
Hospital),  
243 122 (U.P.) India  
599031977, 09458888448



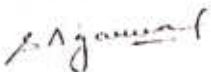
**APPLE**  
**PATHOLOGY**  
TRUSTED RESULT

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<u>TEST NAME</u>	<u>RESULTS</u>	<u>UNITS</u>	<u>BIOLOGICAL REF. RANGE</u>
Gamma Glutamyl Transferase (GGT)	24	U/L	7-32

--{End of Report}--

  
**Dr. Shweta Agarwal, M.D.**  
(Pathologist)



**Venture of Apple Cardiac Care**  
A-3, Ekta Nagar, Stadium Road,  
(Opp. Care Hospital),  
Bareilly - 243 122 (U.P.) India  
Tel : 07599031977, 09458888448



**APPLE**  
**PATHOLOGY**  
TRUSTED RESULT

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NAME : **Mr. SHIV KUMAR**  
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SAMPLE : BLOOD

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**TEST NAME**

**RESULTS**

**UNITS**

**BIOLOGICAL REF. RANGE**

BLOOD SUGAR RANDOM

171

mg/dl

60-160

--{End of Report}--

*(Signature)*  
**Dr. Shweta Agarwal, M.D.**  
(Pathologist)

10mm/mV 25mm/sec 25Hz

BPL

BPL CARDIART 6108T

10mm/mV 25mm/sec

I

II

6108T

Pat. ID.....

Shiv Kumar

CARDIART

CARDIART