Date	24/02/2024 11:23:26 AM	**Srl No.**	1011	**UHID No.**	OPD-35938
Name	Mr. DILIP KUMAR DAS	**Age**	36 Yrs.	**Printed on**	20/03/2024 03:59 PM
Ref. By	Dr. SAURABH MAYANK	**Sex**	M		

Test Name	Value	Unit	Normal Value
COMPLETE HAEMOGRAM			
Erba Mannheim Elite 580			
HAEMOGLOBIN (Hb)	16.0	gm / dL	13.5 - 18.0
TOTAL LEUCOCYTE COUNT (TLC)	7,440	cells / cu mm	4000 - 11000
DIFFERENTIAL LEUCOCYTE COUNT (DLC)			
NEUTROPHIL	64	%	40 - 75
LYMPHOCYTE	24	%	20 - 40
EOSINOPHIL	04	%	01 - 06
MONOCYTE	08	%	02 - 10
BASOPHIL	00	%	0 - 0
RBC COUNT	**5.82**	million / cu mm	4.5 - 5.5
P.C.V / HAEMATOCRIT	48	%	40 - 54
M C V	82.474	fl.	80 - 100
M C H	27.491	Picogram	27.0 - 31.0
M C H C	33.33	gm / dL	32 - 36
PLATELET COUNT	1,64,000	Lakh / cu mm	150000 - 400000
ESR	**65**	mm / 1st hr	0 - 15
VESMATIC EASY - AUTOMATED			
HAEMATOLOGY			
BLOOD GROUP ABO	"O"		
RH TYPING	POSITIVE		
K.F.T.-1			
Roche cobas c 311			
BLOOD UREA	17.6	mg / dL	15.0 - 40.0
Urease / GLDH			
SERUM CREATININE	0.85	mg / dL	0.7 - 1.4
Jaffe			
SERUM URIC ACID	5.4	mg / dL	3.4 - 7.0
Enzymatic			

LAB TECHNICIAN

Contd...2

Date	**24/02/2024 11:23:26 AM**	**Srl No.**	**1011**	**UHID No.**	**OPD-35938**
Name	**Mr. DILIP KUMAR DAS**	**Age**	**36 Yrs.**	**Printed on**	**20/03/2024 03:59 PM**
Ref. By	**Dr. SAURABH MAYANK**	**Sex**	**M**		

Test Name	Value	Unit	Normal Value
SODIUM ISE	141.2	mEq / L	135.0 - 145.0
POTASSIUM ISE	4.01	mEq / L	3.5 - 5.0
LIVER FUNCTION TEST (LFT) Roche cobas c 311			
BILIRUBIN TOTAL DPD	0.65	mg / dL	0 - 1.2
CONJUGATED (D. Bilirubin) Jendrassik-Grof	0.30	mg / dL	0.00 - 0.30
UNCONJUGATED (I.D.Bilirubin)	0.35	mg / dL	0.00 - 0.70
TOTAL PROTEIN Biuret	**6.2**	gm / dL	6.6 - 8.3
ALBUMIN BCP	4.1	gm / dL	3.5 - 5.5
GLOBULIN	**2.1**	gm / dL	2.5 - 4.0
A/G RATIO	1.952	%	0.8 - 2.0
SGOT IFCC	22.6	IU / L	5.0 - 45.0
SGPT IFCC	34.6	IU / L	5.0 - 49.0
ALKALINE PHOSPHATASE IFCC	123.0	U / L	60.0 - 170.0
GAMMA GT IFCC	16.0	IU / L	8.0 - 71.0
LIPID PROFILE Roche cobas c 311			
TRIGLYCERIDES GPO-PAP	79.2	mg / dL	40.0 - 165.0
TOTAL CHOLESTEROL CHOD-PAP	141.0	mg / dL	0.0 - 200.0
HDL CHOLESTEROL DIRECT	57.3	mg / dL	40.0 - 79.4
V L D L	15.84	mg / dL	4.7 - 22.1
LDL CHOLESTEROL DIRECT	67.86	mg / dL	63.0 - 129.0

LAB TECHNICIAN

Contd...3

Date	**24/02/2024 11:23:26 AM**	**Srl No.**	**1011**	**UHID No.**	**OPD-35938**
Name	**Mr. DILIP KUMAR DAS**	**Age**	**36 Yrs.**	**Printed on**	**20/03/2024 03:59 PM**
Ref. By	**Dr. SAURABH MAYANK**	**Sex**	**M**		

Test Name	Value	Unit	Normal Value
TOTAL CHOLESTEROL / HDL RATIO	2.461		0.0 - 4.97
LDL / HDL CHOLESTEROL RATIO	1.184		0.00 - 3.55
BIOCHEMISTRY			
BLOOD SUGAR FASTING HEXOKINASE	84.4	mg / dL	60.0 - 110.0
BLOOD SUGAR PP HEXOKINASE	110.2	mg/dl	80.0 - 140.0
THYROID PROFILE MINI VIDAS : BIOMERIEUX			
T3 ELFA Method	**2.19**	ng / mL	0.60 - 1.81
T4 ELFA Method	8.10	ug / dL	4.5 - 10.9
TSH ELFA Method	2.26	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
I MONTH -5 MONTHS	0.5 - 6.0	uIU / mL
6 MONTHS- 18 YEARS	0.5 - 4.5	uIU / mL
ADULTS	0.35 - 5.50	uIU / mL

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 ± 50 %, hence time of the day has influence on the measured serum TSH concentration.

LAB TECHNICIAN

Contd...4

Date	**24/02/2024 11:23:26 AM**	**Srl No.**	**1011**	**UHID No.**	**OPD-35938**
Name	**Mr. DILIP KUMAR DAS**	**Age**	**36 Yrs.**	**Printed on**	**20/03/2024 03:59 PM**
Ref. By	**Dr. SAURABH MAYANK**	**Sex**	**M**		

Test Name	Value	Unit	Normal Value

Assay performed on enhanced chemi lumenescence 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 hyporthyroidism, and may be seen in secondary thyrotoxicosis.

URINE EXAMINATION TEST

CHEMICAL EXAMINATION

SUGAR	NIL		

SEROLOGY

TOTAL PSA	**0.85**	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

Contd...5

LAB TECHNICIAN

Date	**24/02/2024 11:23:26 AM**	**Srl No.**	**1011**	**UHID No.**	**OPD-35938**
Name	**Mr. DILIP KUMAR DAS**	**Age**	**36 Yrs.**	**Printed on**	**20/03/2024 03:59 PM**
Ref. By	**Dr. SAURABH MAYANK**	**Sex**	**M**		

Test Name	Value	Unit	Normal Value

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 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.

**** End Of Report ****

LAB TECHNICIAN

DR. ANAMIKA YADAV
MBBS DNB PATHOLOGY
UK-9464

DEPARTMENT OF RADIOLOGY & IMAGING

PT.NAME: MR. DILIP KUMAR DAS	**AGE/SEX-36Y/M**
UHID NO- 65938	**DATE: 24/FEB/2024**
REF.BY- DR. (MAJ) SAURABH MAYANK	

USG WHOLE ABDOMEN

LIVER: is normal in size, measures approx 13.2 cms and has a normal homogeneous echotexture.

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 (~9.4 cms) with normal homogeneous echotexture.

RIGHT KIDNEY: is normal in size and echotexture.

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

LEFT KIDNEY: is normal in size and echotexture.

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

----------PTO

URETERS:

- The upper parts of both the ureters are not dilated.
- Bilateral vesico-ureteric junctions are not dilated.

URINARY BLADDER: is partially distended.

PROSTATE: is normal in size with normal echotexture and volume approx 13.0 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 -

➢ ***No significant abnormality is seen.***

(Adv-Clinico-pathological correlation).

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

Number of images-05

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.