



MSK

(A Complete Diagnostic Pathology Laboratory)

DIAGNOSTICS

RAIBARELI ROAD, TELIBAGH, LUCKNOW

E-mail : mskdiagnosticspvt@gmail.com, Website : mskdiagnostics.in

Mobile : 7565000448

Collected At : (MSK)

Name	: MR. JITENDRA KUMAR	Age	: 31 Yrs.	Registered	: 6-4-2023 06:23 PM
Ref/Reg No	: 13893 / TPPC/MSK-	Gender	: Male	Collected	: 6-4-2023 10:02 AM
Ref By	: Dr. MEDI WHEEL			Received	: 6-4-2023 06:23 PM
Sample	: Blood, Urine			Reported	: 6-4-2023 06:35 PM

Investigation	Observed Values	Units	Biological Ref. Interval
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HEMATOLOGY

HEMOGRAM

Haemoglobin [Method: SLS]	13.9	g/dL	13 - 17
HCT/PCV (Hematocrit/Packed Cell Volume) [Method: Derived]	42.0	ml %	36 - 46
RBC Count [Method: Electrical Impedence]	4.95	10 ⁶ /μl	4.5 - 5.5
MCV (Mean Corpuscular Volume) [Method: Calculated]	108.4	fL	83 - 101
MCH (Mean Corpuscular Haemoglobin) [Method: Calculated]	30.2	pg	27 - 32
MCHC (Mean Corpuscular Hb Concentration) [Method: Calculated]	35.4	g/dL	31.5 - 34.5
TLC (Total Leucocyte Count) [Method: Flow Cytometry/Microscopic]	5.8	10 ³ /μl	4.0 - 10.0
DLC (Differential Leucocyte Count): [Method: Flow Cytometry/Microscopic]			
Polymorphs	67	%	40.0 - 80.0
Lymphocytes	30	%	20.0 - 40.0
Eosinophils	02	%	1.0 - 6.0
Monocytes	01	%	2.0 - 10.0
Platelet Count [Method: Electrical impedance/Microscopic]	139	10 ³ /μl	150 - 400

*Erythrocyte Sedimentation Rate (E.S.R.) [Method: Wintrobe Method]			
*Observed Reading	18	mm for 1 hr	0-10

* ABO Typing	" O "
* Rh (Anti - D)	Positive

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BIOCHEMISTRY

*Glycosylated Hemoglobin (HbA1C)			
* Glycosylated Hemoglobin (HbA1C) (Hplc method)	5.4	%	0-6
* Mean Blood Glucose (MBG)	114.94	mg/dl	

- < 6 % : Non Diebetic Level
- 6-7 % : Goal
- > 8 % : Action suggested

SUMMARY

If HbA1c is >8% which causes high risk of developing long term complications like retinopathy, Nephropathy, Cardiopathy and Neuropathy. In diabetes mellitus sugar (glucose) accumulates in blood stream beyond normal level. Measurement of blood / plasma glucose level (in fasting, "after meal" i.e. PP or random condition) reflect acute changes related to immediate past condition of the patient which may be affected by factor like duration of fasting or time of intake of food before fasting, dosages of anti diabetic drugs, mental conditions like stress, anxiety etc. it does not indicate the long-term aspects of diabetic control.

Glucose combines with hemoglobin (Hb) continuously and nearly irreversibly during life span of RBC (120 days), thus glycosylated Hb is proportional to mean plasma glucose level during the previous 2-3 months. HbA1C, a glycosylated Hb comprising 3% - 6% of the total Hb in healthy may double of even triple in diabetes mellitus depending on the level of hyperglycemia (high blood glucose level), thus correlating with lack of control by monitoring diabetic patients compliance with therapeutic regimen used and long term blood glucose level control. Added advantage is its ability to predict progression of diabetic complications. HbA1c value is no way concerned with the blood sugar on the day of testing and dietary preparation of fasting is unnecessary.

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BIOCHEMISTRY

Plasma Glucose Fasting [Method: Hexokinase]	79.9	mg/dL	70 - 110
Plasma Glucose, PP (2 Hrs after meal) [Method: Hexokinase]	113.6	mg/dL.	120-170
Serum Bilirubin (Total)	0.9	mg/dl.	0.0 - 1.2
* Serum Bilirubin (Direct)	0.4	mg/dl.	0- 0.4
* Serum Bilirubin (Indirect)	0.5	mg/dl.	0.2-0.7
SGPT [Method: IFCC (UV without pyridoxal-5-phosphate)]	46.4	IU/L	10 - 50
SGOT [Method: IFCC (UV without pyridoxal-5-phosphate)]	38.8	IU/L	10 - 50
Serum Alkaline Phosphatase [Method:4-Nitrophenyl phosphate (pNPP)]	167.9	IU/L	108 - 306
Serum Protein	8.1	gm/dL	6.2 - 7.8
Serum Albumin	4.2	gm/dL.	3.5 - 5.2
Serum Globulin	3.9	gm/dL.	2.5-5.0
A.G. Ratio	1.08 : 1		
* Gamma-Glutamyl Transferase (GGT)	40.3	IU/L	Less than 55

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BIOCHEMISTRY

KIDNEY FUNCTION TEST

Blood Urea	25.4	mg/dL.	20-40
Serum Creatinine	0.75	mg/dL.	0.50 - 1.40
Serum Sodium (Na+)	142	mmol/L	135 - 150
Serum Potassium (K+)	4.8	mmol/L	3.5 - 5.3
Serum Uric Acid	9.7	mg/dL.	3.4 - 7.0

[Method for Urea: UREASE with GLDH]
[Method for Creatinine: Jaffes/Enzymatic]
[Method for Sodium/Potassium: Ion selective electrode direct]
[Method for Uric Acid: Enzymatic-URICASE]

Serum Urea	25.4	mg/dL.	10-45
Blood Urea Nitrogen (BUN)	11.87	mg/dL.	6 - 21

CLINICAL PATHOLOGY

Urine for Sugar (F)	Absent
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LIPID PROFILE (F)			
Serum Cholesterol	243.1	mg/dL	<200
Serum Triglycerides	821.8	mg/dL	<150
HDL Cholesterol	42.4	mg/dL	>55
LDL Cholesterol	39.4	mg/dL	<130
VLDL Cholesterol	164.0	mg/dL	10 - 40
CHOL/HDL	5.73		
LDL/HDL	1.9		

INTERPRETATION:

National Cholesterol Education program Expert Panel (NCEP) for Cholesterol:
Desirable : < 200 mg/dl
Borderline High : 200-239 mg/dl
High : =>240 mg/dl

National Cholesterol Education program Expert Panel (NCEP) for Triglycerides:
Desirable : < 150 mg/dl
Borderline High : 150-199 mg/dl
High : 200-499 mg/dl
Very High : >500 mg/dl

National Cholesterol Education program Expert Panel (NCEP) for HDL-Cholesterol:
<40 mg/dl : Low HDL-Cholesterol [Major risk factor for CHD]
=>60 mg/dl : High HDL-Cholesterol [Negative risk factor for CHD]

National Cholesterol Education program Expert Panel (NCEP) for LDL-Cholesterol:
Optimal : < 100 mg/dL
Near optimal/above optimal : 100-129 mg/dL
Borderline High : 130-159 mg/dL
High : 160-189 mg/dL
Very High : 190 mg/dL

[Method for Cholesterol Total: Enzymatic (CHOD/POD)]
[Method for Triglycerides: Enzymatic (Lipase/GK/GPO/POD)]
[Method for HDL Cholesterol: Homogenous Enzymatic (PEG Cholesterol esterase)]
[Method for LDL Cholesterol: Homogenous Enzymatic (PEG Cholesterol esterase)]
[Method for VLDL Cholesterol: Friedewald equation]
[Method for CHOL/HDL ratio: Calculated]
[Method for LDL/HDL ratio: Calculated]

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HORMONE & IMMUNOLOGY ASSAY

Serum T3	1.16	ng/dl	0.846 - 2.02
Serum T4	8.53	ug/dl	5.13 - 14.06
Serum Thyroid Stimulating Hormone (T.S.H.)	2.44	uIU/ml	0.39 - 5.60
[Method: Electro Chemiluminescence Immunoassay (ECLIA)]			

SUMMARY OF THE TEST

- 1) Primary hyperthyroidism is accompanied by elevated serum T3 and T4 values along with depressed TSH levels.
- 2) primary hypothyroidism is accompanied by depressed serum T3 and T4 values and elevated serum TSH levels.
- 3) Normal T4 levels accompanied by high T3 levels are seen in patients with T3 thyrotoxicosis.
- 4) Slightly elevated T3 levels may be found in pregnancy and esterogen therapy, while depressed levels maybe encountered in severe illness, malnutrition, renal failure and during therapy with drugs like propanolol and propylthiouracil.
- 5) Elevated TSH levels may also be indicative of TSH secreting pituitary tumour.

Chart of normal thyroid TSH levels during first, second and third trimester of pregnancy

Stage	Normal TSH Level
First Trimester	0.1-2.5 uIU/ml
Second Trimester	0.2-3.0 uIU/ml
Third Trimester	0.3-3.5 uIU/ml

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CLINICAL PATHOLOGY

URINE EXAMINATION ROUTINE

[Method: Visual, Urometer-120, Microscopy]

Physical Examination

Color	Light Yellow	
Volume	30	mL

Chemical Findings

Blood	Absent	RBC/ μ L	Absent
Bilirubin	Absent		Absent
Urobilinogen	Absent		Absent
Ketones	Absent		Absent
Proteins	Absent		Absent
Nitrites	Absent		Absent
Glucose	Absent		Absent
pH	5.5		Absent
Specific Gravity	1.010		5.0 - 9.0
Leucocytes	Absent	WBC/ μ L	1.010 - 1.030 Absent

Microscopic Findings

Red Blood cells	Absent	/HPF	Absent
Pus cells	Occasional	/HPF	0-3
Epithelial Cells	Absent	/HPF	Absent/Few
Casts	Absent	/HPF	Absent
Crystals	Absent	/HPF	Absent
Amorphous deposit	Absent	/HPF	Absent
Yeast cells	Absent	/HPF	Absent
Bacteria	Absent	/HPF	Absent
Others	Absent	/HPF	Absent

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REF.BY:- MEDI WHEEL

AGE:-31Y/M

X-RAY CHEST (P.A. View)

- Lung fields are clear.
- No focal parenchymal lesion is noted.
- Mediastinum is central.
- Cardiac size is normal.
- C.P. angles are normally visualized.
- Domes of diaphragm are normal.
- Pulmonary hila appear normal.
- Soft tissue and bones are normal.

OPINION:

- No significant abnormality detected.
-Suggested clinical correlation.

Dr. Sarvesh Chandra Mishra

M.D., D.N.B. Radio-diagnosis

PDCC Neuroradiology (SGPGIMS, LKO)

Ex- senior Resident (SGPGIMS, LKO)

European Diploma in radiology EDIR, DICRI

Dr. Sweta Kumari

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USG - ABDOMEN-PELVIS

NAME: MR. JITENDRA KUMAR

AGE/SEX: 31Y/ M

REFERRED BY: MEDIWHEEL

DATE: 06.04.2023

- Liver appears normal in shape, *bulky in size (measures ~150mm) & bright in echotexture without obscuration of vessel margins suggestive of grade I fatty changes.* No evidence of focal lesion is seen. CBD appears normal in calibre. No evidence of dilated IHBR seen. Portal vein appears normal in caliber.
- Gall Bladder appears well distended with no calculus or changes of cholecystitis seen.
- Spleen appears normal in shape, size (measures~ 107 mm) & echotexture with no focal lesion within.
- Pancreas appears normal in size, shape & echopattern.
- Para-aortic region appears normal with no lymphadenopathy is seen.
- Right Kidney size: ~105mm; Left Kidney size: ~114 mm.
- Both kidneys appear normal in position, shape, size & echotexture. CMD is normal.
- No calculus or hydronephrosis on either side.
- Urinary bladder appears well distended with no calculus or mass within.
- Prostate appears normal in shape, size (~11cc) & echotexture.
- No free fluid in peritoneal cavity. NO pleural effusion on either side.
- *No abnormal bowel wall thickening or significant abdominal lymphadenopathy.*

IMPRESSION:

- ***Bulky liver with grade I fatty changes. NO focal parenchymal lesion.***
Please correlate clinically.

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