

## DIAGNOSTICS REPORT

Patient Name	: Mr. DHANANJAY KUMAR SINGH	Order Date	: 14/10/2023 08:32
Age/Sex	: 44 Year(s)/Male	Report Date	: 14/10/2023 11:18
UHID	: SHHM.56506	IP No	:
Ref. Doctor	: Self	Facility	: SEVENHILLS HOSPITAL, MUMBAI
		Mobile	: 9714376260
Address	: H NO - 2 PLOT NO 130 SHER-E-PUNJAB, ANDHERI EAST, Mumbai, Maharashtra, 400099		

### 2D ECHOCARDIOGRAPHY WITH COLOUR DOPPLER STUDY

Normal LV and RV systolic function.

Estimated LVEF = 60%

No LV regional wall motion abnormality at rest .

All valves are structurally and functionally normal.

Normal sized cardiac chambers.

No LV Diastolic dysfunction .

No pulmonary arterial hypertension.

No regurgitation across any other valves.

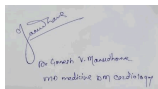
Normal forward flow velocities across all the cardiac valves.

Aorta and pulmonary artery dimensions: normal.

IAS / IVS: Intact.

No evidence of clot, vegetation, calcification, pericardial effusion.

COLOUR DOPPLER: NO MR/AR.



**Dr. Ganesh Vilas Manudhane**  
**M.ch, MCH/DM**

RegNo: 2011/06/1763

## LABORATORY INVESTIGATION REPORT

**Patient Name** : Mr. DHANANJAY KUMAR SINGH  
**Age/Sex** : 44 Year(s) / Male  
**UHID** : SHHM.56506  
**Order Date** : 14/10/2023 08:32  
**Episode** : OP  
**Ref. Doctor** : Self  
**Mobile No** : 9714376260  
: **DOB** : 19/03/1979  
**Facility** : SEVENHILLS HOSPITAL, MUMBAI

### Blood Bank

Test Name	Result		
Sample No : O0294011A	Collection Date : 14/10/23 08:56	Ack Date : 14/10/2023 11:20	Report Date : 14/10/23 11:52

#### BLOOD GROUPING/ CROSS-MATCHING BY SEMI AUTOMATION

BLOOD GROUP (ABO)

' O '

Rh Type

POSITIVE

Method - Column Agglutination

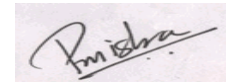
REMARK: THE REPORTED RESULTS PERTAIN TO THE SAMPLE RECEIVED AT THE BLOOD CENTRE.

#### Interpretation:

Blood typing is used to determine an individual's blood group, to establish whether a person is blood group A, B, AB, or O and whether he or she is Rh positive or Rh negative. Blood typing has the following significance,

- Ensure compatibility between the blood type of a person who requires a transfusion of blood or blood components and the ABO and Rh type of the unit of blood that will be transfused.
- Determine compatibility between a pregnant woman and her developing baby (fetus). Rh typing is especially important during pregnancy because a mother and her fetus could be incompatible.
- Determine the blood group of potential blood donors at a collection facility.
- Determine the blood group of potential donors and recipients of organs, tissues, or bone marrow, as part of a workup for a transplant procedure.

End of Report



**Dr. Pooja Vinod Mishra**  
**MD Pathology**

Jr Consultant Pathologist, MMC Reg No.  
2017052191

## LABORATORY INVESTIGATION REPORT

**Patient Name** : Mr. DHANANJAY KUMAR SINGH  
**UHID** : SHHM.56506  
**Episode** : OP  
**Ref. Doctor** : Self

**Age/Sex** : 44 Year(s) / Male  
**Order Date** : 14/10/2023 08:32  
**Mobile No** : 9714376260  
**DOB** : 19/03/1979  
**Facility** : SEVENHILLS HOSPITAL, MUMBAI

### HAEMATOTOLOGY

Test Name	Result	Unit	Ref. Range
Sample No : O0294011A	Collection Date : 14/10/23 08:56	Ack Date : 14/10/2023 09:20	Report Date : 14/10/23 11:04

#### COMPLETE BLOOD COUNT (CBC) - EDTA WHOLE BLOOD

Total WBC Count	8.36	x10 <sup>3</sup> /ul	4.00 - 10.00
Neutrophils	68.7	%	40.00 - 80.00
Lymphocytes	25.9	%	20.00 - 40.00
Eosinophils	<b>0.9 ▼ (L)</b>	%	1.00 - 6.00
Monocytes	4.5	%	2.00 - 10.00
Basophils	<b>0.0 ▼ (L)</b>	%	1.00 - 2.00
Absolute Neutrophils Count	5.75	x10 <sup>3</sup> /ul	2.00 - 7.00
Absolute Lymphocytes Count	2.17	x10 <sup>3</sup> /ul	0.80 - 4.00
Absolute Eosinophils Count	0.07	x10 <sup>3</sup> /ul	0.02 - 0.50
Absolute Monocytes Count	0.37	x10 <sup>3</sup> /ul	0.12 - 1.20
Absolute Basophils Count	0.00	x10 <sup>3</sup> /ul	0.00 - 0.10
RBCs	5.09	x10 <sup>6</sup> /ul	4.50 - 5.50
Hemoglobin	13.7	gm/dl	13.00 - 17.00



## LABORATORY INVESTIGATION REPORT

<b>Patient Name</b> : Mr. DHANANJAY KUMAR SINGH <b>UHID</b> : SHHM.56506 <b>Episode</b> : OP <b>Ref. Doctor</b> : Self :	<b>Age/Sex</b> : 44 Year(s) / Male <b>Order Date</b> : 14/10/2023 08:32  <b>Mobile No</b> : 9714376260 <b>DOB</b> : 19/03/1979 <b>Facility</b> : SEVENHILLS HOSPITAL, MUMBAI
--	---

Hematocrit	40.8	%	40.00 - 50.00
MCV	<b>80.2 ▼ (L)</b>	fl	83.00 - 101.00
MCH	<b>26.9 ▼ (L)</b>	pg	27.00 - 32.00
MCHC	33.6	gm/dl	31.50 - 34.50
RED CELL DISTRIBUTION WIDTH-CV (RDW-CV)	<b>16.4 ▲ (H)</b>	%	11.00 - 16.00
RED CELL DISTRIBUTION WIDTH-SD (RDW-SD)	50.7	fl	35.00 - 56.00
Platelet	162	x10 <sup>3</sup> /ul	150.00 - 410.00
MPV	<b>13.6 ▲ (H)</b>	fl	6.78 - 13.46
PLATELET DISTRIBUTION WIDTH (PDW)	16.0	%	9.00 - 17.00
PLATELETCRIT (PCT)	0.221	%	0.11 - 0.28

*Method:-*  
 HB Colorimetric Method.  
 RBC/PLT Electrical Impedance Method.  
 WBC data Flow Cytometry by Laser Method.  
 MCV, MCH, MCHC, RDW and rest parameters - Calculated.  
 All Abnormal Haemograms are reviewed confirmed microscopically.

*NOTE: Wallach's Interpretation of Diagnostic Tests. 11th Ed, Editors: Rao LV. 2021*

*NOTE :-*  
 The International Council for Standardization in Haematology (ICSH) recommends reporting of absolute counts of various WBC subsets for clinical decision making. This test has been performed on a fully automated 5 part differential cell counter which counts over 10,000 WBCs to derive differential counts. A complete blood count is a blood panel that gives information about the cells in a patient's blood, such as the cell count for each cell type and the concentrations of Hemoglobin and platelets. The cells that circulate in the bloodstream are generally divided into three types: white blood cells (leukocytes), red blood cells (erythrocytes), and platelets (thrombocytes). Abnormally high or low counts may be physiological or may indicate disease conditions, and hence need to be interpreted clinically.



## LABORATORY INVESTIGATION REPORT

**Patient Name** : Mr. DHANANJAY KUMAR SINGH

**Age/Sex** : 44 Year(s) / Male

**UHID** : SHHM.56506

**Order Date** : 14/10/2023 08:32

**Episode** : OP

**Ref. Doctor** : Self

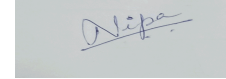
**Mobile No** : 9714376260

:

**DOB** : 19/03/1979

**Facility** : SEVENHILLS HOSPITAL, MUMBAI

End of Report



**Dr.Nipa Dhorda**

**MD**

Pathologist



## LABORATORY INVESTIGATION REPORT

**Patient Name** : Mr. DHANANJAY KUMAR SINGH  
**UHID** : SHHM.56506  
**Episode** : OP  
**Ref. Doctor** : Self

**Age/Sex** : 44 Year(s) / Male  
**Order Date** : 14/10/2023 08:32  
**Mobile No** : 9714376260  
**DOB** : 19/03/1979  
**Facility** : SEVENHILLS HOSPITAL, MUMBAI

### HAEMATOLOGY

Test Name	Result	Unit	Ref. Range
Sample No : 00294011A	Collection Date : 14/10/23 08:56	Ack Date : 14/10/2023 09:20	Report Date : 14/10/23 12:07

#### **ERYTHROCYTE SEDIMENTATION RATE (ESR)**

ESR **73 ▲ (H)** mm/hr 0 - 20

*Method: Westergren Method*

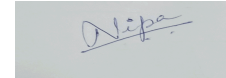
#### **INTERPRETATION :-**

*ESR is a non-specific phenomenon, its measurement is clinically useful in disorders associated with an increased production of acute-phase proteins. It provides an index of progress of the disease in rheumatoid arthritis or tuberculosis, and it is of considerable value in diagnosis of temporal arteritis and polymyalgia rheumatica. It is often used if multiple myeloma is suspected, but when the myeloma is non-secretory or light chain, a normal ESR does not exclude this diagnosis.*

*An elevated ESR may occur as an early feature in myocardial infarction. Although a normal ESR cannot be taken to exclude the presence of organic disease, the vast majority of acute or chronic infections and most neoplastic and degenerative diseases are associated with changes in the plasma proteins that increased ESR values.*

*The ESR is influenced by age, stage of the menstrual cycle and medications taken (corticosteroids, contraceptive pills). It is especially low (0-1 mm) in polycythaemia, hypofibrinogenaemia and congestive cardiac failure and when there are abnormalities of the red cells such as poikilocytosis, spherocytosis, or sickle cells. In cases of performance enhancing drug intake by athletes the ESR values are generally lower than the usual value for the individual and as a result of the increase in haemoglobin (i.e. the effect of secondary polycythaemia).*

End of Report



**Dr.Nipa Dhorda**  
**MD**  
Pathologist

## LABORATORY INVESTIGATION REPORT

<b>Patient Name</b> : Mr. DHANANJAY KUMAR SINGH <b>UHID</b> : SHHM.56506 <b>Episode</b> : OP <b>Ref. Doctor</b> : :	<b>Age/Sex</b> : 44 Year(s)/Male <b>Order Date</b> : 14/10/2023 08:32 <b>Mobile No</b> : 9714376260 <b>DOB</b> : 19/03/1979 <b>Facility</b> : SEVENHILLS HOSPITAL, MUMBAI
---	---

### Biochemistry

Test Name	Result	Unit	Ref. Range
Sample No : O0294011A      Collection Date : 14/10/23 08:56      Ack Date : 14/10/2023 10:16      Report Date : 14/10/23 11:04			

<b><u>GLYCOSYLATED HAEMOGLOBIN (HBA1C)</u></b>			
HbA1c  <i>Method - BIOCHEMISTRY</i>	<b>6.48 ▲ (H)</b>	%	4 to 6% Non-diabetic 6.0--7.0% Excellent control 7.0--8.0% Fair to good control 8.0--10% Unsatisfactory control ABOVE 10% Poor control
Estimated Average Glucose (eAG) <i>Method - Calculated</i>	<b>139.28 ▲ (H)</b>	mg/dl	90 - 126



## LABORATORY INVESTIGATION REPORT

<b>Patient Name</b> : Mr. DHANANJAY KUMAR SINGH	<b>Age/Sex</b> : 44 Year(s)/Male
<b>UHID</b> : SHHM.56506	<b>Order Date</b> : 14/10/2023 08:32
<b>Episode</b> : OP	
<b>Ref. Doctor</b> :	<b>Mobile No</b> : 9714376260
:	<b>DOB</b> : 19/03/1979
	<b>Facility</b> : SEVENHILLS HOSPITAL, MUMBAI

**NOTES :-**

1. HbA1c is used for monitoring diabetic control. It reflects the mean plasma glucose over three months
2. HbA1c may be falsely low in diabetics with hemolytic disease. In these individuals a plasma fructosamine level may be used which evaluates diabetes over 15 days.
3. Inappropriately low HbA1c values may be reported due to hemolysis, recent blood transfusion, acute blood loss, hypertriglyceridemia, chronic liver disease. Drugs like dapsone, ribavirin, antiretroviral drugs, trimethoprim, may also cause interference with estimation of HbA1c, causing falsely low values.
4. HbA1c may be increased in patients with polycythemia or post-splenectomy.
5. Inappropriately higher values of HbA1c may be caused due to iron deficiency, vitamin B12 deficiency, alcohol intake, uremia, hyperbilirubinemia and large doses of aspirin.
6. Trends in HbA1c are a better indicator of diabetic control than a solitary test.
7. Any sample with >15% HbA1c should be suspected of having a hemoglobin variant, especially in a non-diabetic patient. Similarly, below 4% should prompt additional studies to determine the possible presence of variant hemoglobin.
8. HbA1c target in pregnancy is to attain level <6 % .
9. HbA1c target in paediatric age group is to attain level < 7.5 %.

Method : turbidimetric inhibition immunoassay (TINIA) for hemolyzed whole blood

Reference : American Diabetes Associations. Standards of Medical Care in Diabetes 2015

### **GLUCOSE-PLASMA-FASTING**

Glucose,Fasting	<b>123.54 ▲ (H)</b>	mg/dl	70 - 110
-----------------	---------------------	-------	----------

American Diabetes Association Reference Range :

Normal : < 100 mg/dl

Impaired fasting glucose(Prediabetes) : 100 - 126 mg/dl

Diabetes : >= 126 mg/dl

**References:**

1)Pack Insert of Bio system

2) Tietz Textbook Of Clinical Chemistry And Molecular Diagnostics, 6th Ed, Editors: Rifai et al. 2018

**Interpretation :-**

Conditions that can result in an elevated blood glucose level include: Acromegaly, Acute stress (response to trauma, heart attack, and stroke for instance), Chronic kidney disease, Cushing syndrome, Excessive consumption of food, Hyperthyroidism, Pancreatitis.

A low level of glucose may indicate hypoglycemia, a condition characterized by a drop in blood glucose to a level where first it causes nervous system symptoms (sweating, palpitations, hunger, trembling, and anxiety), then begins to affect the brain (causing confusion, hallucinations, blurred vision, and sometimes even coma and death). A low blood glucose level (hypoglycemia) may be seen with: Adrenal insufficiency, Drinking excessive alcohol, Severe liver disease, Hypopituitarism, Hypothyroidism, Severe infections, Severe heart failure, Chronic kidney (renal) failure, Insulin overdose, Tumors that produce insulin (insulinomas), Starvation.





## LABORATORY INVESTIGATION REPORT

<b>Patient Name</b> : Mr. DHANANJAY KUMAR SINGH <b>UHID</b> : SHHM.56506 <b>Episode</b> : OP <b>Ref. Doctor</b> : :	<b>Age/Sex</b> : 44 Year(s)/Male <b>Order Date</b> : 14/10/2023 08:32 <b>Mobile No</b> : 9714376260 <b>DOB</b> : 19/03/1979 <b>Facility</b> : SEVENHILLS HOSPITAL, MUMBAI
---	---

<b><u>Lipid Profile</u></b>			
Total Cholesterol	158.59	mg/dl	Reference Values : Up to 200 mg/dL - Desirable 200-239 mg/dL - Borderline High >240 mg/dL - High
Triglycerides	116.69	mg/dl	Reference Values: Up to 150 mg/dL - Normal 150-199 mg/dL - Borderline High 200-499 mg/dL - High >500 mg/dL - Very High
<i>Method - Enzymatic</i>			
HDL Cholesterol	39.14	mg/dl	0 - 60
<i>Method - Enzymatic immuno inhibition</i>			
LDL Cholesterol	96.11	mg/dl	0 - 130
<i>Method - Calculated</i>			
VLDL Cholesterol	23.34	mg/dl	0 - 40
<i>Method - Calculated</i>			
Total Cholesterol / HDL Cholesterol Ratio - Calculated	4.05	RATIO	0 - 5
<i>Method - Calculated</i>			



## LABORATORY INVESTIGATION REPORT

<b>Patient Name</b> : Mr. DHANANJAY KUMAR SINGH	<b>Age/Sex</b> : 44 Year(s)/Male
<b>UHID</b> : SHHM.56506	<b>Order Date</b> : 14/10/2023 08:32
<b>Episode</b> : OP	
<b>Ref. Doctor</b> :	<b>Mobile No</b> : 9714376260
:	<b>DOB</b> : 19/03/1979
	<b>Facility</b> : SEVENHILLS HOSPITAL, MUMBAI

LDL / HDL Cholesterol Ratio - Calculated <i>Method - Calculated</i>	2.46	RATIO	0 - 4.3
References: 1) Pack Insert of Bio system 2) Tietz Textbook Of Clinical Chemistry And Molecular Diagnostics, 6th Ed, Editors: Rifai et al. 2018  Interpretation 1. Triglycerides: When triglycerides are very high greater than 1000 mg/dL, there is a risk of developing pancreatitis in children and adults. Triglycerides change dramatically in response to meals, increasing as much as 5 to 10 times higher than fasting levels just a few hours after eating. Even fasting levels vary considerably day to day. Therefore, modest changes in fasting triglycerides measured on different days are not considered to be abnormal. 2. HDL-Cholesterol: HDL- C is considered to be beneficial, the so-called "good" cholesterol, because it removes excess cholesterol from tissues and carries it to the liver for disposal. If HDL-C is less than 40 mg/dL for men and less than 50 mg/dL for women, there is an increased risk of heart disease that is independent of other risk factors, including the LDL-C level. The NCEP guidelines suggest that an HDL cholesterol value greater than 60 mg/dL is protective and should be treated as a negative risk factor. 3. LDL-Cholesterol: Desired goals for LDL-C levels change based on individual risk factors. For young adults, less than 120 mg/dL is acceptable. Values between 120-159 mg/dL are considered Borderline high. Values greater than 160 mg/dL are considered high. Low levels of LDL cholesterol may be seen in people with an inherited lipoprotein deficiency and in people with hyperthyroidism, infection, inflammation, or cirrhosis.			
<b><u>Uric Acid (Serum)</u></b>			
Uric Acid <i>Method - Uricase</i>	<b>8.07 ▲ (H)</b>	mg/dl	3.5 - 7.2
References: 1) Pack Insert of Bio system 2) TIETZ Textbook of Clinical chemistry and Molecular Diagnostics Edited by: Carl A. burtis, Edward R. Ashwood, David e. Bruns  Interpretation:- Uric acid is produced by the breakdown of purines. Purines are nitrogen-containing compounds found in the cells of the body, including our DNA. Increased concentrations of uric acid can cause crystals to form in the joints, which can lead to the joint inflammation and pain characteristic of gout. Low values can be associated with some kinds of liver or kidney diseases, Fanconi syndrome, exposure to toxic compounds, and rarely as the result of an inherited metabolic defect (Wilson disease).			
<b><u>GLUCOSE-PLASMA POST PRANDIAL</u></b>			



## LABORATORY INVESTIGATION REPORT

<b>Patient Name</b> : Mr. DHANANJAY KUMAR SINGH	<b>Age/Sex</b> : 44 Year(s)/Male
<b>UHID</b> : SHHM.56506	<b>Order Date</b> : 14/10/2023 08:32
<b>Episode</b> : OP	<b>Mobile No</b> : 9714376260
<b>Ref. Doctor</b> :	<b>DOB</b> : 19/03/1979
:	<b>Facility</b> : SEVENHILLS HOSPITAL, MUMBAI

Glucose, Post Prandial

**170.34 ▲ (H)**

mg/dl

70.00 - 140.00

*American Diabetes Association Reference Range :*

*Post-Prandial Blood Glucose:*

*Non-Diabetic: Up to 140mg/dL*

*Pre-Diabetic: 140-199 mg/dL*

*Diabetic : >200 mg/dL*

*References:*

*1) Pack Insert of Bio system*

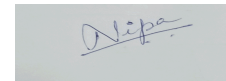
*2) Tietz Textbook Of Clinical Chemistry And Molecular Diagnostics, 6th Ed, Editors: Rifai et al. 2018*

*Interpretation :-*

*Conditions that can result in an elevated blood glucose level include: Acromegaly, Acute stress (response to trauma, heart attack, and stroke for instance), Chronic kidney disease, Cushing syndrome, Excessive consumption of food, Hyperthyroidism, Pancreatitis.*

*A low level of glucose may indicate hypoglycemia, a condition characterized by a drop in blood glucose to a level where first it causes nervous system symptoms (sweating, palpitations, hunger, trembling, and anxiety), then begins to affect the brain (causing confusion, hallucinations, blurred vision, and sometimes even coma and death). A low blood glucose level (hypoglycemia) may be seen with: Adrenal insufficiency, Drinking excessive alcohol, Severe liver disease, Hypopituitarism, Hypothyroidism, Severe infections, Severe heart failure, Chronic kidney (renal) failure, Insulin overdose, Tumors that produce insulin (insulinomas), Starvation.*

End of Report



**Dr. Nipa Dhorda**

**MD**

Pathologist



## LABORATORY INVESTIGATION REPORT

**Patient Name** : Mr. DHANANJAY KUMAR SINGH  
**UHID** : SHHM.56506  
**Episode** : OP  
**Ref. Doctor** :  
**Age/Sex** : 44 Year(s)/Male  
**Order Date** : 14/10/2023 08:32  
**Mobile No** : 9714376260  
**DOB** : 19/03/1979  
**Facility** : SEVENHILLS HOSPITAL, MUMBAI

### IMMUNOLOGY

Test Name	Result	Unit	Ref. Range
Sample No : 00294011C	Collection Date : 14/10/23 08:56	Ack Date : 14/10/2023 09:26	Report Date : 14/10/23 11:04

#### **PSA -TOTAL-SERUM**

PSA- Prostate Specific Antigen - SERUM	0.53	ng/ml	0.00 - 4.00
--	------	-------	-------------

*Biological Reference Interval :-  
Conventional for all ages: <=4  
60 - 69 yrs: 0 - 4.5*

*Note : Change in method and Reference range*

#### **INTERPRETATION :**

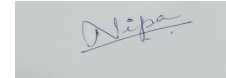
*Prostate-specific antigen (PSA) is a glycoprotein that is produced by the prostate gland, the lining of the urethra, and the bulbourethral gland. PSA exists in serum mainly in two forms, complexed to alpha-1-anti-chymotrypsin (PSA-ACT complex) and unbound (free PSA). Increases in prostatic glandular size and tissue damage caused by benign prostatic hypertrophy, prostatitis, or prostate cancer may increase circulating PSA levels. Transient increase in PSA can also be seen following per rectal digital or sonological examinations.*

#### **NOTE:**

*Patients on Biotin supplement may have interference in some immunoassays. With individuals taking high dose Biotin (more than 5 mg per day) supplements, at least 8-hour wait time before blood draw is recommended.*

*Ref: Arch Pathol Lab Med—Vol 141, November 2017*

End of Report



**Dr.Nipa Dhorda**  
**MD**  
Pathologist

## LABORATORY INVESTIGATION REPORT

**Patient Name** : Mr. DHANANJAY KUMAR SINGH  
**UHID** : SHHM.56506  
**Episode** : OP  
**Ref. Doctor** :  
**Age/Sex** : 44 Year(s)/Male  
**Order Date** : 14/10/2023 08:32  
**Mobile No** : 9714376260  
**DOB** : 19/03/1979  
**Facility** : SEVENHILLS HOSPITAL, MUMBAI

### IMMUNOLOGY

Test Name	Result	Unit	Ref. Range
Sample No : 00294011C	Collection Date : 14/10/23 08:56	Ack Date : 14/10/2023 09:26	Report Date : 14/10/23 11:04

#### **PSA -TOTAL-SERUM**

PSA- Prostate Specific Antigen - SERUM	0.53	ng/ml	0.00 - 4.00
--	------	-------	-------------

*Biological Reference Interval :-  
Conventional for all ages: <=4  
60 - 69 yrs: 0 - 4.5*

*Note : Change in method and Reference range*

#### **INTERPRETATION :**

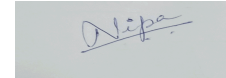
*Prostate-specific antigen (PSA) is a glycoprotein that is produced by the prostate gland, the lining of the urethra, and the bulbourethral gland. PSA exists in serum mainly in two forms, complexed to alpha-1-anti-chymotrypsin (PSA-ACT complex) and unbound (free PSA). Increases in prostatic glandular size and tissue damage caused by benign prostatic hypertrophy, prostatitis, or prostate cancer may increase circulating PSA levels. Transient increase in PSA can also be seen following per rectal digital or sonological examinations.*

#### **NOTE:**

*Patients on Biotin supplement may have interference in some immunoassays. With individuals taking high dose Biotin (more than 5 mg per day) supplements, at least 8-hour wait time before blood draw is recommended.*

*Ref: Arch Pathol Lab Med—Vol 141, November 2017*

End of Report



**Dr.Nipa Dhorda**  
**MD**  
Pathologist

## LABORATORY INVESTIGATION REPORT

**Patient Name** : Mr. DHANANJAY KUMAR SINGH  
**UHID** : SHHM.56506  
**Episode** : OP  
**Ref. Doctor** :  
**Age/Sex** : 44 Year(s)/Male  
**Order Date** : 14/10/2023 08:32  
**Mobile No** : 9714376260  
**DOB** : 19/03/1979  
**Facility** : SEVENHILLS HOSPITAL, MUMBAI

### Urinalysis

Test Name	Result	Unit	Ref. Range
Sample No : 00294011E	Collection Date : 14/10/23 08:56	Ack Date : 14/10/2023 09:16	Report Date : 14/10/23 13:36

<b><u>Physical Examination</u></b>			
QUANTITY	30	ml	
Colour	Pale Yellow		
Appearance	Clear		
DEPOSIT	Absent		Absent
pH	Acidic		
Specific Gravity	1.025		
<b><u>Chemical Examination</u></b>			
Protein	Trace		Absent
Sugar	Absent		Absent
ketones	Absent		Absent
Occult Blood	NEGATIVE		Negative
Bile Salt	Absent		Absent
Bile Pigments	Absent		Absent

### LABORATORY INVESTIGATION REPORT

<b>Patient Name</b> : Mr. DHANANJAY KUMAR SINGH	<b>Age/Sex</b> : 44 Year(s)/Male
<b>UHID</b> : SHHM.56506	<b>Order Date</b> : 14/10/2023 08:32
<b>Episode</b> : OP	
<b>Ref. Doctor</b> :	<b>Mobile No</b> : 9714376260
:	<b>DOB</b> : 19/03/1979
	<b>Facility</b> : SEVENHILLS HOSPITAL, MUMBAI

Urobilinogen	NORMAL		Normal
NITRATE	Absent		Absent
LEUKOCYTES	POSITIVE ( + )		Absent
<b><u>Microscopic Examination</u></b>			
Pus cells	3-4	/HPF	
Epithelial Cells	10-15	/HPF	
RBC	Absent	/HPF	Absent
Cast	Absent	/LPF	Absent
Crystal	Absent	/HPF	Absent
Amorphous Materials	Absent		Absent
Yeast	Absent		Absent
Bacteria	Absent		Absent
<b><u>URINE SUGAR AND KETONE (FASTING)</u></b>			
Sugar	Absent		
ketones	Absent		
<b><u>URINE SUGAR AND KETONE (PP)</u></b>			
Sugar	Absent		

## LABORATORY INVESTIGATION REPORT

<b>Patient Name</b> : Mr. DHANANJAY KUMAR SINGH	<b>Age/Sex</b> : 44 Year(s)/Male
<b>UHID</b> : SHHM.56506	<b>Order Date</b> : 14/10/2023 08:32
<b>Episode</b> : OP	<b>Mobile No</b> : 9714376260
<b>Ref. Doctor</b> :	<b>DOB</b> : 19/03/1979
:	<b>Facility</b> : SEVENHILLS HOSPITAL, MUMBAI

ketones

Absent

### IMMUNOLOGY

Test Name	Result	Unit	Ref. Range
-----------	--------	------	------------

#### **PSA -TOTAL-SERUM**

PSA- Prostate Specific Antigen - SERUM

0.53

ng/ml

0.00 - 4.00

*Biological Reference Interval :-*

*Conventional for all ages: <=4*

*60 - 69 yrs: 0 - 4.5*

*Note : Change in method and Reference range*

#### **INTERPRETATION :**

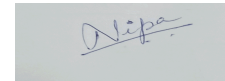
*Prostate-specific antigen (PSA) is a glycoprotein that is produced by the prostate gland, the lining of the urethra, and the bulbourethral gland. PSA exists in serum mainly in two forms, complexed to alpha-1-anti-chymotrypsin (PSA-ACT complex) and unbound (free PSA). Increases in prostatic glandular size and tissue damage caused by benign prostatic hypertrophy, prostatitis, or prostate cancer may increase circulating PSA levels. Transient increase in PSA can also be seen following per rectal digital or sonological examinations.*

#### **NOTE:**

*Patients on Biotin supplement may have interference in some immunoassays. With individuals taking high dose Biotin (more than 5 mg per day) supplements, at least 8-hour wait time before blood draw is recommended.*

*Ref: Arch Pathol Lab Med—Vol 141, November 2017*

End of Report



**Dr.Nipa Dhorda**  
**MD**  
Pathologist



## DIAGNOSTICS REPORT

Patient Name	: Mr. DHANANJAY KUMAR SINGH	Order Date	: 14/10/2023 08:32
Age/Sex	: 44 Year(s)/Male	Report Date	: 14/10/2023 13:18
UHID	: SHHM.56506	IP No	:
Ref. Doctor	: Self	Facility	: SEVENHILLS HOSPITAL, MUMBAI
		Mobile	: 9714376260
Address	: H NO - 2 PLOT NO 130 SHER-E-PUNJAB, ANDHERI EAST, Mumbai, Maharashtra, 400099		

### USG ABDOMEN AND PELVIS

**Liver is borderline enlarged in size (16.1 cm) and shows bright echotexture.** No focal liver parenchymal lesion is seen.

Intrahepatic portal and biliary radicles are normal.

Gall-bladder is physiologically distended. **There is evidence of multiple hyperdense calculi noted in the lumen of gall bladder ranging in size from 7 to 10 mm.** Wall thickness appears normal. No evidence of peri-cholecystic fluid is seen.

Portal vein and CBD are normal in course and calibre.

Visualised part of pancreas appears normal in size and echotexture. No evidence of duct dilatation or parenchymal calcification seen.

Spleen is normal in size (12.8 cm) and echotexture. No focal lesion is seen in the spleen.

Both the kidneys are normal in size, shape and echotexture. Cortico-medullary differentiation is maintained. No evidence of calculus or hydronephrosis on either side.

Right kidney measures 10.2 x 5.0 cm.

Left kidney measures 11.7 x 6.1 cm.

Urinary bladder is well distended and appears normal. No evidence of intra-luminal calculus or mass lesion.

Prostate appears normal in size and echotexture. It measures 3.6 x 2.8 x 2.2 cm corresponding to 12 cc.

There is no free fluid in abdomen and pelvis.

### **IMPRESSION**

- **Borderline hepatomegaly with grade I fatty changes.**
- **Cholelithiasis without cholecystitis.**



## DIAGNOSTICS REPORT

Patient Name	: Mr. DHANANJAY KUMAR SINGH	Order Date	: 14/10/2023 08:32
Age/Sex	: 44 Year(s)/Male	Report Date	: 14/10/2023 13:18
UHID	: SHHM.56506	IP No	:
Ref. Doctor	: Self	Facility	: SEVENHILLS HOSPITAL, MUMBAI
		Mobile	: 9714376260
Address	: H NO - 2 PLOT NO 130 SHER-E-PUNJAB, ANDHERI EAST, Mumbai, Maharashtra, 400099		

**Dr.Priya Vinod Phayde**  
**MBBS,DMRE**

## DIAGNOSTICS REPORT

Patient Name	: Mr. DHANANJAY KUMAR SINGH	Order Date	: 14/10/2023 08:32
Age/Sex	: 44 Year(s)/Male	Report Date	: 14/10/2023 13:02
UHID	: SHHM.56506	IP No	:
Ref. Doctor	: Self	Facility	: SEVENHILLS HOSPITAL, MUMBAI
		Mobile	: 9714376260
Address	: H NO - 2 PLOT NO 130 SHER-E-PUNJAB, ANDHERI EAST, Mumbai, Maharashtra, 400099		

### X-RAY CHEST PA VIEW

Both lungs are clear.

The frontal cardiac dimensions are normal.

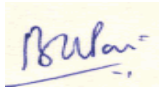
The pleural spaces are clear.

Both hilar shadows are normal in position and density.

No diaphragmatic abnormality is seen.

The soft tissues and bony thorax are normal.

IMPRESSION: No pleuroparenchymal lesion is seen.



**Dr. Bhujang Pai**  
**MBBS, MD**

Consultant

dhnanjay singh  
Male

14/10/2023 09:16:48

SEVENHILLS HEALTHCARE

OPD

89 . Sinus rhythm.....normal P axis, V-rate 50- 99  
: Abnormal R-wave progression, early transition.....QRS area>0 in V2

141

84

366

446

S--

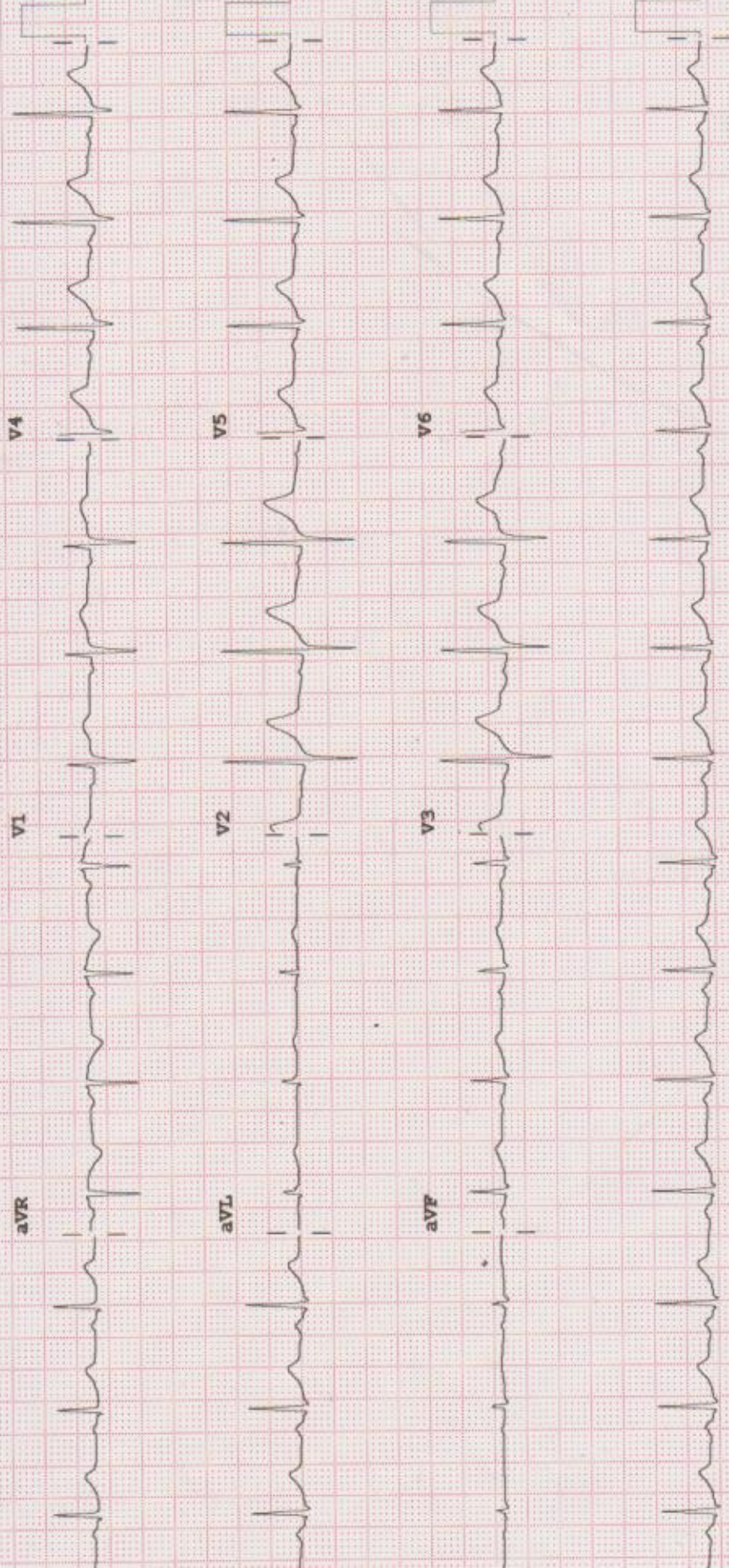
48

41

43

ad; Standard Placement

- OTHERWISE NORMAL ECG -



se:

Speed: 25 mm/sec

Limb: 10 mm/mV

Chest: 10.0 mm/mV

F 50- 0.50-100 Hz W

100B CL

P?



