

एक एहशाश श्रपनेपन का **Sparsh Multispecialty Hospital**

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

CIN: U85110CT2005PTC017751

: 166228 Visit ID : 0000314381

Patient Name : MR. ARUN KUMAR BANSOD Spec No.

: 54Y / MALE Age / Sex

Consultant : DR. HOSPITAL CASE Order Date : 30/06/2023 9:44AM

: DR. HOSPITAL CASE Ref. By Samp.Date

Category : MEDIWHEEL Report Date : 30/06/23 01:31PM

SONOGRAPHY **USG WHOLE ABDOMEN**

- † LIVER : Normal in size, shape & echo texture with smooth margins. 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: Partly Contracted History of meal intake prior to USG.
- *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:Prostate is Enlarged in size , (Measures 4.33 x 4.33 x 3.06 cm & Volume 30 cc) with No significant Median lobe bulge.

No free fluid is seen in the peritoneal cavity.

There is no evidence of any retroperitoneal lymphadenopathy/mass.

FINAL IMPRESSION:

- Early Grade II Prostatomegaly with No significant Median lobe bulge.
- Gall Bladder Partly Contracted History of meal intake prior to USG.
- Please correlate clinically, followup USG is recommended.

Dr SAMIR KATHALE MBBS, DNB(RADIO) MAMS, MANBO Fetal Ultrasound & Fetal Medicine (FGi-BFMC)

Reg No: CGMC-4404/2012

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



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Report Date : 01/07/23 11:17AM

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

Dr. DILIP KUMAR SONI

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: MR. ARUN KUMAR BANSOD

ORDER DATE

: 30/06/2023 9:44:00AM

AGE/SEX

: 54Y/MALE

SAMP. DATE

: 30/06/2023 11:14:00AM

CONSULTANT DOCTOR

: HOSPITAL CASE

SPEC. NO

: 10447174

RESULT DATE

: 30/06/2023 2:26:00PM

TPA

: MEDIWHEEL

DEPARTMENT OF PATHOLOGY

LIPID	PRO	FILE
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PARAMETER	VALUE	RESULT	REFERENCE RANGE
CHOLESTEROL TOTAL	274 mg / dl	High	150 - 220
TRIGLYCERIDES - SERUM	239 mg / dl	High	60 - 165
HDL	51.43 mg / dl	Normal	35 - 80
LDL	174.77 mg/dL	High	90 - 160
VLDL	47.80	Normal	20 - 50
CHOL: HDL Ratio	5.33:1		3.5 - 5.5
LDL: HDL Ratio	3.40:1		

Asharima

Dr. ANJANA SHARMA D.N.B PATHOLOGY

TECHNICIAN

CONSULTANT

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UHID : 166228 VISITID : 0000314381

PATIENT NAME : MR. ARUN KUMAR BANSOD ORDER DATE : 30/06/2023 9:44:00AM AGE/SEX : 54Y/MALE SAMP. DATE : 30/06/2023 11:14:00AM

CONSULTANT DOCTOR : HOSPITAL CASE SPEC. NO : 10447182

RESULT DATE : 30/06/2023 11:49:00AM

TPA : MEDIWHEEL

DEPARTMENT OF PATHOLOGY

CBC (COMPLETE BLOOD COUN	T)		
PARAMETER	VALUE	RESULT	REFERENCE RANGE
HAEMOGLOBIN (Hb)	14.4 gm%	Normal	13.5 - 17.5
TOTAL RBC COUNT	4.66 Million/cumm	Normal	4.5 - 5.9
HAEMATOCRIT (PCV)	39.9 %	Low	41.5 - 50.4
RBC INDICES			
MCV	85.7 fl	Normal	78 - 96
MCH	30.9 pg	Normal	27 - 32
MCHC	36.0 %	Normal	33 - 37
RDW	13.5 %	Normal	11 - 16
TOTAL WBC COUNT (TLC)	6000 /cumm	Normal	4000 - 11000
DIFFERENTIAL COUNT			
NEUTROPHILS	62 %	Normal	0 - 75
LYMPHOCYTES	28 %	Normal	22 ~ 48
EOSINOPHILS	04 %	Normal	0 - 6
MONOCYTES	06 %	Normal	2 - 10
BASOPHILS	00 %	Normal	0 - 2
BANDS	00 %	Normal	0 - 5
BLAST	00 %	Normal	
PLATELET COUNT	180000 /cumm	Normal	150000 - 450000

TECHNICIAN

Dr. ANJANA SHARMA
D.N.B PATHOLOGY
CONSULTANT

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03/07/2023 10:04AM



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UHID : 166228 VISITID

PATIENT NAME : MR. ARUN KUMAR BANSOD ORDER DATE : 30/06/2023 9:44:00AM

AGE/SEX : 54Y/MALE SAMP. DATE : 30/06/2023 11:14:00AM CONSULTANT DOCTOR : HOSPITAL CASE SPEC. NO : 10447182

RESULT DATE : 30/06/2023 2:29:00PM

TPA : MEDIWHEEL

: 0000314381

DEPARTMENT OF PATHOLOGY

PARAMETER	VALUE	RESULT	REFERENCE RANGE	
BLOOD GROUPING AND RH TYPING				
BLOOD GROUP	"B"		5 4 - 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	
RH FACTOR	Positive			
BUN (BLOOD UREA NITROGEN)				
BUN (BLOOD UREA NITROGEN)	7.47 mg / dl	Low	8 - 23	
GGT (GAMMA GLUTAMYL TRANSFER	ASE)			
GGT (GAMMA GLUTAMYL TRANSFERASE)	13 U/L	Normal	8 - 52	
URIC ACID				
URIC ACID	4.53 mg/dL	Normal	3.6 - 7.7	

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Dr. ANJANA SHARMA D.N.B PATHOLOGY

TECHNICIAN

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CONSULTANT DOCTOR

: HOSPITAL CASE

SPEC. NO

: 10447176

RESULT DATE

: 30/06/2023 2:27:00PM

TPA

: MEDIWHEEL

DEPARTMENT OF PATHOLOGY

CREATININE

PARAMETER

VALUE

RESULT

REFERENCE RANGE

SERUM CREATININE

0.87 mg/dL

Normal

0.3 - 1.5

Asharma

Dr. ANJANA SHARMA D.N.B PATHOLOGY

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03/07/2023 10:03AM

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: 54Y/MALE

SAMP. DATE

: 30/06/2023 11:14:00AM

CONSULTANT DOCTOR

: HOSPITAL CASE

SPEC. NO

: 10447177

RESULT DATE : 30/06/2023 3:51:00PM

TPA

: MEDIWHEEL

DEPARTMENT OF PATHOLOGY

SERUM PSA TOTAL

PARAMETER

VALUE

RESULT

REFERENCE RANGE

PSA (TOTAL)

1.082 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. ANALA SFARMA
D.N.B PATHOLOGY

CONSULTANT

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: 0000314381

ORDER DATE

: 30/06/2023 9:44:00AM

SAMP. DATE

: 30/06/2023 11:14:00AM

SPEC. NO

: 10447181

RESULT DATE : 01/07/2023 2:46:00PM

TPA : MEDIWHEEL

DEPARTMENT OF PATHOLOGY

URINE SUGAR FASTING

PARAMETER

VALUE

RESULT

REFERENCE RANGE

URINE FOR SUGAR

TECHNICIAN

Nil

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Dr. ANJANA SHARMA D.N.B PATHOLOGY

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CONSULTANT DOCTOR

: HOSPITAL CASE

SPEC. NO

: 10447178

RESULT DATE : 30/06/2023 4:33:00PM

: MEDIWHEEL

DEPARTMENT OF PATHOLOGY

BLOOD SUGAR - FASTING AND PP

PARAMETER

VALUE

RESULT

REFERENCE RANGE

BLOOD SUGAR FASTING

115 mg/dL

Normal

80 - 120

BLOOD SUGAR PP

130 mg/dL

Normal

120 - 140

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03/07/2023 10:02AM



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AGE/SEX

PATIENT NAME

: 54Y/MALE

CONSULTANT DOCTOR

: HOSPITAL CASE

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ORDER DATE

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: 30/06/2023 11:14:00AM

SPEC. NO

: 10447181

RESULT DATE

: 01/07/2023 2:46:00PM

TPA

: MEDIWHEEL

DEPARTMENT OF PATHOLOGY

URINE SUGAR PP

PARAMETER

URINE FOR SUGAR

VALUE

RESULT

REFERENCE RANGE

Nil

Asharma

Dr. ANJANA SHARMA D.N.B. ATHOLOGY

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03/07/2023 9:59AM



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CONSULTANT DOCTOR : HOSPITAL CASE SPEC. NO : 10447173

RESULT DATE : 30/06/2023 3:50:00PM

TPA : MEDIWHEEL

DEPARTMENT OF PATHOLOGY

T3,T4 TSH

PARAMETER VALUE RESULT REFERENCE RANGE T3 (TRIIODOTHYRONINE) 1.246 ng/ml Normal 0.69 - 2.15T4 (THYROXINE) Normal 52 - 127 65.91 ng/ml TSH (THYROID STIMULATING Normal 2.285 uIU/ml 0.3 - 4.5HORMONE)

REFERENCE GROUP REFERENCE RANGE in uIU/mL

As per American Thyroid Association

Adult Females (> 20 years)

Pregnancy

 1st Trimester
 0.10- 2.50

 2nd Trimester
 0.20 - 3.00

 3rd 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.

0.30-4.5

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

TECHNICIAN

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Spr. ANJANA SHARMA

DONB PATHOLOGY

CONSULTANT

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AGE/SEX : 54Y/MALE SAMP. DATE : 30/06/2023 11:14:00AM

CONSULTANT DOCTOR : HOSPITAL CASE SPEC. NO : 10447183

RESULT DATE : 30/06/2023 2:27:00PM

TPA : MEDIWHEEL

DEPARTMENT OF PATHOLOGY

HBA1c (GLYCOSYLATED HAEMOGLOBIN)

PARAMETER VALUE RESULT REFERENCE RANGE

HBA1 C (GLYCOSYLATED 6.2 % High 4 - 6 HEAMOGLOBIN)

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: <7.0Action suggested: >8.0
- Age< 19 years
- goal of therapy: < 7.5

Note:

- 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 appropriate.

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.

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CONSULTANT DOCTOR : HOSPITAL CASE SPEC. NO : 10447179

RESULT DATE : 30/06/2023 12:19:00PM

TPA : MEDIWHEEL

DEPARTMENT OF PATHOLOGY

URINE ROUTINE AND MICROS	COPY		
PARAMETER	VALUE	RESULT	REFERENCE RANGE
PHYSICAL EXAMINATION			
QUANTITY	10 ml		
COLOUR	Pale Yellow		
APPEARANCE	Clear		-
REACTION	Acidic		2
CHEMICAL EXAMINATION			
ALBUMIN	Nil		<u>.</u>
SUGAR	Nil		4814
MICROSCOPIC EXAMINATION			
EPITHELIAL CELLS	1-2 /hpf		0 - 5
PUS CELLS	Occasional /hpf		1 - 2
RBC	Nil /hpf		(J-1)
CAST	Nil /lpf		
CRYSTAL	Nil		
AMORPHOUS MATERIAL DEPOSIT	Nil		- 1
OTHERS	Nil		1.5

TECHNICIAN

Drana Sharma
Dranhology
Comsultand

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RESULT DATE : 30/06/2023 2:26:00PM

TPA : MEDIWHEEL

DEPARTMENT OF PATHOLOGY

LFT (LIVER FUNCTION TEST)

PARAMETER	VALUE	RESULT	REFERENCE RANGE
BILIRUBIN TOTAL	3.03 mg/dL	High	0.1 - 1.2
BILIRUBIN DIRECT	0.61 mg / dl	High	0.1 - 0.6
BILIRUBIN INDIRECT	2.42 mg / dl	High	0.1 - 0.4
ALKALINE PHOSPHATASE	87 U/L	Normal	0 - 270
SGOT	12 U/L	Normal	10 - 55
SGPT	10 U/L	Normal	0 - 40
TOTAL PROTEIN	7.53 g/dl	Normal	6 - 8
ALBUMIN	4.76 g/dl	Normal	4 - 5
GLOBULIN	2.77 g / dl	Normal	2 - 3.5
A.G.RATIO	1.72:1		1 - 2.5

Asharma

Dr. ANJANA SHARMA D.N.B PATHOLOGY

TECHNICIAN

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03/07/2023 9:58AM Page 1 of 1



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SAMP. DATE

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CONSULTANT DOCTOR : HOSPITAL CASE

SPEC. NO

: 10447184

RESULT DATE : 30/06/2023 2:20:00PM

TPA

: MEDIWHEEL

DEPARTMENT OF PATHOLOGY

ESR (ERYTHROCYTE SEDIMENTATION RATE)

PARAMETER	VALUE	RESULT	REFERENCE RANGE
ESR	25 mm at end of 1 hr	High	0 - 20

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