Name	SINGH MUKESH KUMAR	ID	MED111491907
Age & Gender	42Y/M	Visit Date	Feb 11 2023 8:06AM
Ref Doctor	MediWheel		

ULTRASOUND WHOLE ABDOMEN

Liver : Normal in size (13.5 cm) shows diffuse increase in echotexture.
There is no evidence of IHBR / EHBR dilatation seen.
No focal space occupying lesions seen.
CBD is normal. PV normal.

Gall Bladder : Normal in volume and wall thickness.
No e/o intraluminal calculi seen.

Pancreas : Head, body and tail are identified with normal echopattern and smooth outlines.

Spleen : Measured 9.0 cm, in size with normal echotexture.

Right kidney : Measured 10.2 x 4.6 cm in size.

Left kidney : Measured 9.6 x 4.9 cm in size.
Both kidneys are normal in size, position, with well preserved cortico medullary differentiation and normal pelvicalyceal anatomy.
No e/o calculi / space occupying lesion seen.
No e/o suprarenal / retroperitoneal masses noted.

Urinary bladder : Normal in volume and wall thickness.
No e/o intraluminal calculi / masses seen.

Prostate : Measured 3.3 x 3.0 x 3.1 cm in size (Vol : 16.6 cc) with normal echotexture.
No e/o ascites / pleural effusion seen.
No e/o detectable bowel pathology seen.

IMPRESSION :

- **Grade I heaptosteatosis –** ***To correlate with LFT.***

- For clinical correlation.

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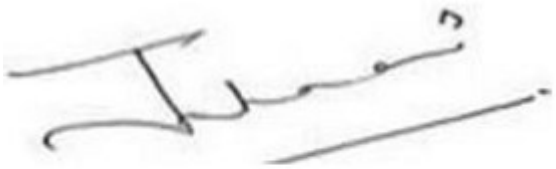

Dr.Jahnavi Barla ,MD (RD)

Consultant Radiologist

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Age / Sex	: 42 Year(s) / Male	**Report On**	: 11/02/2023 12:58 PM
Type	: OP	**Printed On**	: 21/02/2023 11:39 AM
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medall DIAGNOSTICS

Investigation	Observed Value	Unit	Biological Reference Interval
BLOOD GROUPING AND Rh TYPING (Blood/*Agglutination*)	'AB' 'Positive'		
Complete Blood Count With - ESR			
Haemoglobin (Blood/*Spectrophotometry*)	15.5	g/dL	13.5 - 18.0
Packed Cell Volume(PCV)/Haematocrit (Blood/*Numeric Integration of MCV*)	47.3	%	42 - 52
RBC Count (Blood/*Electrical Impedance*)	**4.63**	mill/cu.mm	4.7 - 6.0
Mean Corpuscular Volume(MCV) (Blood/*Calculated*)	**102.1**	fL	78 - 100
Mean Corpuscular Haemoglobin(MCH) (Blood/*Calculated*)	**33.5**	pg	27 - 32
Mean Corpuscular Haemoglobin concentration(MCHC) (Blood/*Calculated*)	32.8	g/dL	32 - 36
RDW-CV (*Calculated*)	15.0	%	11.5 - 16.0
RDW-SD (*Calculated*)	53.60	fL	39 - 46
Total Leukocyte Count (TC) (Blood/*Electrical Impedance*)	9770	cells/cu.mm	4000 - 11000
Neutrophils (Blood/*Impedance and absorbance*)	49.94	%	40 - 75
Lymphocytes (Blood/*Impedance and absorbance*)	42.07	%	20 - 45
Eosinophils (Blood/*Impedance and absorbance*)	2.71	%	01 - 06
Monocytes (Blood/*Impedance and absorbance*)	5.16	%	01 - 10

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Investigation	Observed Value	Unit	Biological Reference Interval
Basophils (Blood/*Impedance and absorbance)*	0.12	%	00 - 02
INTERPRETATION: Tests done on Automated Five Part cell counter. All abnormal results are reviewed and confirmed microscopically.			
Absolute Neutrophil count (Blood/*Impedance and absorbance)*	4.88	10^3 / µl	1.5 - 6.6
Absolute Lymphocyte Count (Blood/*Impedance)*	**4.11**	10^3 / µl	1.5 - 3.5
Absolute Eosinophil Count (AEC) (Blood/*Impedance)*	0.26	10^3 / µl	0.04 - 0.44
Absolute Monocyte Count (Blood/*Impedance)*	0.50	10^3 / µl	< 1.0
Absolute Basophil count (Blood/*Impedance)*	0.01	10^3 / µl	< 0.2
Platelet Count (Blood/*Impedance)*	2.15	lakh/cu.mm	1.4 - 4.5
INTERPRETATION: Platelet count less than 1.5 lakhs will be confirmed microscopically.			
MPV (Blood/*Derived from Impedance)*	11.77	fL	7.9 - 13.7
PCT (*Calculated)*	0.25	%	0.18 - 0.28
ESR (Erythrocyte Sedimentation Rate) (Blood/*Automated ESR analyser)*	12	mm/hr	< 15
BUN / Creatinine Ratio	9.8		
Glucose Fasting (FBS) (Plasma - F/*Glucose oxidase/Peroxidase)*	**107**	mg/dL	Normal: < 100 Pre Diabetic: 100 - 125 Diabetic: >= 126
INTERPRETATION: Factors such as type, quantity and time of food intake, Physical activity, Psychological stress, and drugs can influence blood glucose level.			
Glucose, Fasting (Urine) (Urine - F)	Negative		Negative
Glucose Postprandial (PPBS) (Plasma - PP/*GOD - POD)*	139	mg/dL	70 - 140

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Investigation	Observed Value	Unit	Biological Reference Interval
INTERPRETATION: Factors such as type, quantity and time of food intake, Physical activity, Psychological stress, and drugs can influence blood glucose level. Fasting blood glucose level may be higher than Postprandial glucose, because of physiological surge in Postprandial Insulin secretion, Insulin resistance, Exercise or Stress, Dawn Phenomenon, Somogyi Phenomenon, Anti- diabetic medication during treatment for Diabetes.			
Urine Glucose(PP-2 hours) (Urine - PP)	Negative		Negative
Blood Urea Nitrogen (BUN) (Serum/*Calculated*)	9.8	mg/dL	7.0 - 21
Creatinine (Serum/*Jaffe ¯Alkaline Picrate*)	1	mg/dL	0.9 - 1.3
Uric Acid (Serum/*Uricase/Peroxidase*)	6.5	mg/dL	3.5 - 7.2
Liver Function Test			
Bilirubin(Total) (Serum/*Diazotized Sulphanilic acid*)	0.8	mg/dL	0.1 - 1.2
Bilirubin(Direct) (Serum/*Diazotized Sulphanilic acid*)	0.2	mg/dL	0.0 - 0.3
Bilirubin(Indirect) (Serum/*Calculated*)	0.60	mg/dL	0.1 - 1.0
SGOT/AST (Aspartate Aminotransferase) (Serum/*IFCC without P-5-P*)	31	U/L	5 - 40
SGPT/ALT (Alanine Aminotransferase) (Serum/*IFCC without P-5-P*)	26	U/L	5 - 41
Alkaline Phosphatase (SAP) (Serum/*IFCC AMP Buffer*)	124	U/L	53 - 128
Total Protein (Serum/*Biuret*)	7.2	gm/dl	6.0 - 8.0
Albumin (Serum/*Bromocresol green*)	4.1	gm/dl	3.5 - 5.2
Globulin (Serum/*Calculated*)	3.10	gm/dL	2.3 - 3.6

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Investigation	Observed Value	Unit	Biological Reference Interval
A : G RATIO (Serum/*Calculated)*	1.32		1.1 - 2.2
INTERPRETATION: Enclosure : Graph			
GGT(Gamma Glutamyl Transpeptidase) (Serum/*IFCC / Kinetic)*	20	U/L	< 55
Lipid Profile			
Cholesterol Total (Serum/*Cholesterol oxidase/Peroxidase)*	168	mg/dL	Optimal: < 200 Borderline: 200 - 239 High Risk: >= 240
Triglycerides (Serum/*Glycerol-phosphate oxidase/Peroxidase)*	143	mg/dL	Optimal: < 150 Borderline: 150 - 199 High: 200 - 499 Very High: >= 500

INTERPRETATION: The reference ranges are based on fasting condition. Triglyceride levels change drastically in response to food, increasing as much as 5 to 10 times the fasting levels, just a few hours after eating. Fasting triglyceride levels show considerable diurnal variation too. There is evidence recommending triglycerides estimation in non-fasting condition for evaluating the risk of heart disease and screening for metabolic syndrome, as non-fasting sample is more representative of the `usual_ circulating level of triglycerides during most part of the day.

HDL Cholesterol (Serum/*Immunoinhibition)*	**34**	mg/dL	Optimal(Negative Risk Factor): >= 60 Borderline: 40 - 59 High Risk: < 40
LDL Cholesterol (Serum/*Calculated)*	105.4	mg/dL	Optimal: < 100 Above Optimal: 100 - 129 Borderline: 130 - 159 High: 160 - 189 Very High: >= 190
VLDL Cholesterol (Serum/*Calculated)*	28.6	mg/dL	< 30

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Investigation	Observed Value	Unit	Biological Reference Interval
Non HDL Cholesterol (Serum/*Calculated*)	134.0	mg/dL	Optimal: < 130 Above Optimal: 130 - 159 Borderline High: 160 - 189 High: 190 - 219 Very High: >= 220

INTERPRETATION: 1.Non-HDL Cholesterol is now proven to be a better cardiovascular risk marker than LDL Cholesterol.
2.It is the sum of all potentially atherogenic proteins including LDL, IDL, VLDL and chylomicrons and it is the "new bad cholesterol" and is a co-primary target for cholesterol lowering therapy.

Total Cholesterol/HDL Cholesterol Ratio (Serum/*Calculated*)	**4.9**		Optimal: < 3.3 Low Risk: 3.4 - 4.4 Average Risk: 4.5 - 7.1 Moderate Risk: 7.2 - 11.0 High Risk: > 11.0
Triglyceride/HDL Cholesterol Ratio (TG/HDL) (Serum/*Calculated*)	4.2		Optimal: < 2.5 Mild to moderate risk: 2.5 - 5.0 High Risk: > 5.0
LDL/HDL Cholesterol Ratio (Serum/*Calculated*)	3.1		Optimal: 0.5 - 3.0 Borderline: 3.1 - 6.0 High Risk: > 6.0

Glycosylated Haemoglobin (HbA1c)

HbA1C (Whole Blood/*HPLC-Ion exchange*)	**6.0**	%	Normal: 4.5 - 5.6 Prediabetes: 5.7 - 6.4 Diabetic: >= 6.5

INTERPRETATION: If Diabetes - Good control : 6.1 - 7.0 % , Fair control : 7.1 - 8.0 % , Poor control >= 8.1 %

Mean Blood Glucose (Whole Blood)	125.50	mg/dl

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Investigation	Observed Value	Unit	Biological Reference Interval

INTERPRETATION: Comments

HbA1c provides an index of Average Blood Glucose levels over the past 8 - 12 weeks and is a much better indicator of long term glycemic control as compared to blood and urinary glucose determinations.
Conditions that prolong RBC life span like Iron deficiency anemia, Vitamin B12 & Folate deficiency, hypertriglyceridemia,hyperbilirubinemia,Drugs, Alcohol, Lead Poisoning, Asplenia can give falsely elevated HbA1C values.
Conditions that shorten RBC survival like acute or chronic blood loss, hemolytic anemia, Hemoglobinopathies, Splenomegaly,Vitamin E ingestion, Pregnancy, End stage Renal disease can cause falsely low HbA1c.

Prostate specific antigen - Total(PSA) (Serum/*Manometric method)*	0.385	ng/mL	Normal: 0.0 - 4.0 Inflammatory & Non Malignant conditions of Prostate & genitourinary system: 4.01 - 10.0 Suspicious of Malignant disease of Prostate: > 10.0

INTERPRETATION: Analytical sensitivity: 0.008 - 100 ng/mL
PSA is a tumor marker for screening of prostate cancer. Increased levels of PSA are associated with prostate cancer and benign conditions like bacterial infection, inflammation of prostate gland and benign hypertrophy of prostate/ benign prostatic hyperplasia (BPH).
Transient elevation of PSA levels are seen following digital rectal examination, rigorous physical activity like bicycle riding, ejaculation within 24 hours.
PSA levels tend to increase in all men as they age.
Clinical Utility of PSA:
ðIn the early detection of Prostate cancer.
ðAs an aid in discriminating between Prostate cancer and Benign Prostatic disease.
ðTo detect cancer recurrence or disease progression.

THYROID PROFILE / TFT

T3 (Triiodothyronine) - Total (Serum/*Chemiluminescent Immunometric Assay (CLIA))*	1.59	ng/ml	0.7 - 2.04

INTERPRETATION:
Comment :
Total T3 variation can be seen in other condition like pregnancy, drugs, nephrosis etc. In such cases, Free T3 is recommended as it is Metabolically active.

T4 (Thyroxine) - Total (Serum/*Chemiluminescent Immunometric Assay (CLIA))*	11.70	µg/dl	4.2 - 12.0

INTERPRETATION:
Comment :
Total T4 variation can be seen in other condition like pregnancy, drugs, nephrosis etc. In such cases, Free T4 is recommended as it is Metabolically active.

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Investigation	Observed Value	Unit	Biological Reference Interval
TSH (Thyroid Stimulating Hormone) (Serum/*Chemiluminescence)*	**5.60**	µIU/mL	0.35 - 5.50

INTERPRETATION:
Reference range for cord blood - upto 20
1 st trimester: 0.1-2.5
2 nd trimester 0.2-3.0
3 rd trimester : 0.3-3.0
(Indian Thyroid Society Guidelines)
Comment :
1.TSH reference range during pregnancy depends on Iodine intake, TPO status, Serum HCG concentration, race, Ethnicity and BMI.
2.TSH Levels are subject to circadian variation, reaching peak levels between 2-4am and at a minimum between 6-10PM.The variation can be of the order of 50%,hence time of the day has influence on the measured serum TSH concentrations.
3.Values&amplt;0.03 µIU/mL need to be clinically correlated due to presence of rare TSH variant in some individuals.

Urine Analysis - Routine

Others (Urine/*Microscopy)*	NIL	

INTERPRETATION: Note: Done with Automated Urine Analyser & microscopy

Physical Examination(Urine Routine)

Colour (Urine/*Physical examination)*	PALE YELLOW	Yellow to Amber
Appearance (Urine/*Physical examination)*	Clear	Clear

Chemical Examination(Urine Routine)

Protein (Urine/*Dipstick-Error of indicator/ Sulphosalicylic acid method)*	Negative	Negative
Glucose (Urine/*Dip Stick Method / Glucose Oxidase - Peroxidase / Benedict š semi quantitative method.)*	Negative	Negative

Microscopic Examination(Urine Routine)

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Investigation	Observed Value	Unit	Biological Reference Interval
Pus Cells (Urine/*Microscopy exam of urine sediment)*	3-5	/hpf	0 - 5
Epithelial Cells (Urine/*Microscopy exam of urine sediment)*	**1-2**	/hpf	NIL
RBCs (Urine/*Microscopy exam of urine sediment)*	NIL	/hpf	0 - 5

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