Patient Name : MR. CHITTA RANJAN BEHERA
Age / Gender : 32 years / Male
Patient ID : 23329

Referral : SELF
Collection Time : Nov 12, 2022, 08:28 a.m.
Reporting Time : Nov 12, 2022, 12:32 p.m.
Sample ID : 222266902

Test Description	Value(s)	Unit(s)	Reference Range
COMPLETE BLOOD COUNT(CBC)			
BLOOD COUNTS			
Hemoglobin (Hb)	13.9	g/dL	12.5 - 17
RED BLOOD CELL COUNT	4.7	mil/µL	4.5 - 5.5
WHITE BLOOD CELL COUNT	8.5	thou/µL	4.0 - 10.0
PLATELET COUNT	303	thou/µL	150 - 450
RBC AND PLATELET INDICES			
HEMATOCRIT	42.6	%	37 - 50
MEAN CORPUSCULAR VOLUME (MCV)	89	fL	76 - 96
MEAN CORPUSCULAR HEMOGLOBIN (MCH)	29	pg	27 - 32
MCHC	33	g/dL	30 - 35
MEAN PLATELET VOLUM (MPV)	**11.6**	fL	6.0 - 9.5
RDW-SD	44	fL	37 - 54
RDW-CV	13.3	%	11.5 - 14.0
PCT	0.25	%	0.17 - 0.40
WBC DIFFERENTIAL COUNT			
Neutrophils	56	%	40 - 75
Absolute Neutrophil Count	4.76	thou/µL	2.0 - 7.0
Lymphocytes	42	%	20 - 45
Absolute Lymphocyte Count	3.6	thou/µL	1.5 - 4.0
Eosinophils	01	%	1 - 6
Absolute Eosinophil Count	0.06	thou/µL	0.04 - 0.40
Monocytes	**01**	%	02 - 10
Absolute Monocyte Count	**0.13**	thou/µL	0.20 - 0.80
Basophils	0	%	00 - 01
Absolute Basophils Count	0.0	thou/µL	0.01 - 0.10
IG%	0.1	%	0.00 - 0.5

END OF REPORT

Dr. Swetalina Pandey
Consultant Pathologist

Patient Name : MR. CHITTA RANJAN BEHERA
Age / Gender : 32 years / Male
Patient ID : 23329

Referral : SELF
Collection Time : Nov 12, 2022, 08:28 a.m.
Reporting Time : Nov 12, 2022, 12:32 p.m.
Sample ID : 222266902

Test Description	Value(s)	Unit(s)	Reference Range
ESR (1 hr)			
ESR (Erythrocyte Sedimentation Rate) (EDTA Whole Blood) [Capillary Photometry]	15	mm/hr	< 15

Interpretation:

High ESR is not diagnostics of any disease but just indicative of some inflammatory process. ESR is to be used to monitor outcome of therapy. Microcytic anemia can increase ESR. High ESR can also be seen in apparently healthy adults.

END OF REPORT

Dr. Swetalina Pandey
Consultant Pathologist

Patient Name : MR. CHITTA RANJAN BEHERA
Age / Gender : 32 years / Male
Patient ID : 23329

Referral : SELF
Collection Time : Nov 12, 2022, 08:28 a.m.
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Sample ID : 222266902

Test Description	Value(s)	Unit(s)	Reference Range
LIPID PROFILE.			
Cholesterol-Total [CHOD-POD]	**242.0**	mg/dL	Desirable level | < 200 Borderline High | 200-239 High | >or = 240
Triglycerides [: GOD-POD METHOD]	**198.0**	mg/dL	Normal: < 150 Borderline High: 150-199 High: 200-499 Very High: >= 500
HDL Cholesterol [Serum, Direct measure-PEG]	50.6	mg/dL	Normal: > 40 Major Risk for Heart: < 40
LDL Cholesterol [Enzymatic selective protection]	151.80	mg/dL	Optimal < 100 Near / Above Optimal 100-129 Borderline High 130-159 High 160-189 Very High >or = 190
Non HDL Cholesterol	**191.4**	mg/dL	Optimal : <130 Desirable : 130 - 150 Border Line High : 159 - 189 High : 189 - 220 Very High : >=220
CHOL/HDL Ratio [CALCULATED PARAMETER]	4.78		3.5 - 5.0
LDL/HDL Ratio [CALCULATED PARAMETER]	3		2.5 - 3.5
VERY LOW DENSITY LIPOPROTEIN [Serum, Enzymatic]	**39.60**	mg/dL	< 30

END OF REPORT

Dr. Swetalina Pandey
Consultant Pathologist

Patient Name : MR. CHITTA RANJAN BEHERA
Age / Gender : 32 years / Male
Patient ID : 23329

Referral : SELF
Collection Time : Nov 12, 2022, 08:28 a.m.
Reporting Time : Nov 12, 2022, 12:32 p.m.
Sample ID : 222266902

Test Description	Value(s)	Unit(s)	Reference Range
LIVER FUNCTION TEST (LFT)			
Bilirubin - Total [Serum, Jendrassik Grof]	0.3	mg/dL	0.3 - 1.2
Bilirubin - Direct [Serum, Diazotization]	0.1	mg/dL	< 0.2
Bilirubin - Indirect [Serum, Calculated]	0.20	mg/dL	0.1 - 1.0
SGOT [Serum, UV with P5P, IFCC 37 degree]	30.0	U/L	< 50
SGPT [Serum, UV with P5P, IFCC 37 degree]	**65.7**	U/L	< 50
Alkaline Phosphatase [PNPP-AMP Buffer/Kinetic]	101.0	U/L	30 - 120
Total Protein [Serum, Biuret, reagent blank end point]	8.0	g/dL	6.6 - 8.3
Albumin [Serum, Bromocresol green]	**4.9**	g/dL	3.2 - 4.6
Globulin [Serum, EIA]	3.10	g/dL	1.8 - 3.6
A/G Ratio [Serum, EIA]	1.58		1.2 - 2.2
Gamma GT(GGT)	42	U/L	<55

END OF REPORT

Dr. Swetalina Pandey
Consultant Pathologist

Patient Name : MR. CHITTA RANJAN BEHERA
Age / Gender : 32 years / Male
Patient ID : 23329

Referral : SELF
Collection Time : Nov 12, 2022, 08:28 a.m.
Reporting Time : Nov 12, 2022, 12:32 p.m.
Sample ID : 222266902

Test Description	Value(s)	Unit(s)	Reference Range
RENAL FUNCTION TEST (RFT)			
Urea [Uricase]	32.1	mg/dL	17 - 43
Blood Urea Nitrogen-BUN [Serum, Urease]	15	mg/dL	7 - 18
Creatinine [Serum, Jaffe]	0.95	mg/dL	0.67 - 1.17
Uric Acid [Serum, Uricase]	**8.0**	mg/dL	3.5 - 7.2
Sodium	140.3	mmol/L	136 - 149 Premature, cord: 116-140 Premature 48 hrs: 128-148 Newborn cord: 126-166 Newborn: 133-146
Potassium	4.0	mmol/L	3.8 - 5.0 Premature cord: 5-10.2 Premature , 48 hrs: 3-6 Newborn cord: 5.6-12 Newborn: 3.7-5.9
Chlorides	104.7	mmol/L	101.00 - 109.00

Remark:

In blood, Urea is usually reported as BUN and expressed in mg/dl. BUN mass units can be converted to urea mass units by multiplying by 2.14.

END OF REPORT

Dr. Swetalina Pandey
Consultant Pathologist

Patient Name : MR. CHITTA RANJAN BEHERA
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Patient ID : 23329

Referral : SELF
Collection Time : Nov 12, 2022, 08:28 a.m.
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Sample ID : 222266902

Test Description	Value(s)	Unit(s)	Reference Range
Routine Examination Of Urine			
General Examination			
Colour	PALE YELLOW		Pale Yellow
Transparency (Appearance)	CLEAR		Clear
Deposit	Absent		Absent
Reaction (pH)	Acidic 6.0		4.5 - 7.0
Specific gravity	1.015		1.005 - 1.030
Chemical Examination			
Urine Protein (Albumin)	NIL		Absent
Urine Glucose (Sugar)	NIL		Absent
Microscopic Examination			
Red blood cells	NIL	/hpf	1 - 2
Pus cells (WBCs)	1 - 2 /HPF	/hpf	1 - 2
Epithelial cells	2 - 4 /HPF	/hpf	0-4
Crystals	Absent		Absent
Cast	Absent		Absent
Bacteria	Absent		Absent
Yeast cells	Absent		Absent
Others	Nil		

END OF REPORT

Dr. Swetalina Pandey
Consultant Pathologist

Patient Name : MR. CHITTA RANJAN BEHERA
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Test Description	Value(s)	Unit(s)	Reference Range
THYROID PANEL, SERUM			
T3 [ELECTROCHEMILUMINESCENCE]	86.42	ng/dl	80 - 200
T4 [ELECTROCHEMILUMINESCENCE]	7.38	ug/dL	5.1 - 14.1
TSH 3RD GENERATION [ELECTROCHEMILUMINESCENCE]	2.01	uIU/ml	0.27 - 4.20

Specimen Type : Serum

Interpretation :

Reference:

1.Tietz Textbook of Clinical Chemistry and Molecular Diagnostics, edited by Carl A Burtis, Edward R.Ashwood, David E Bruns, 4th Edition, Elsevier publication, 2006, 563,
1314-1315.
2. Wallach's Interpretation of Diagnostic tests, 9th Edition, Ed Mary A Williamson and L Michael Snyder. Pub Lippincott Williams and Wilkins, 2011, 234-235.

THYROID PANEL, SERUMTriiodothyronine T3 , is a thyroid hormone. It affects almost every physiological process in the body, including growth, development, metabolism, body temperature, and
heart rate. Production of T3 and its prohormone thyroxine (T4) is activated by thyroid-stimulating hormone (TSH), which is released from the pituitary gland. Elevated
concentrations of T3, and T4 in the blood inhibit the production of TSH.
Thyroxine T4, Thyroxine's principal function is to stimulate the metabolism of all cells and tissues in the body. Excessive secretion of thyroxine in the body is hyperthyroidism,
and deficient secretion is called hypothyroidism. Most of the thyroid hormone in blood is bound to transport proteins. Only a very small fraction of the circulating hormone is
free and biologically active.
In primary hypothyroidism, TSH levels are significantly elevated, while in secondary and tertiary hypothyroidism, TSH levels are low.
Below mentioned are the guidelines for Pregnancy related reference ranges for Total T4, TSH & Total T3

Levels in Pregnancy	TOTAL T4 (µg/dL)	TSH3G (µIU/mL)	TOTAL T3 (ng/dL)
First Trimester	6.6 - 12.4	0.1 - 2.5	81 - 190
2nd Trimester	6.6 - 15.5	0.2 - 3.0	100 - 260
3rd Trimester	6.6 - 15.5	0.3 - 3.0	100 - 260

Below mentioned are the guidelines for age related reference ranges for T3 and T4.

T3 (ng/dL)	T4 (µg/dL)
New Born: 75 - 260	1-3 day: 8.2 - 19.9
	. 1 Week: 6.0 - 15.9

NOTE: TSH concentrations in apparently normal euthyroid subjects are known to be highly skewed, with a strong tailed distribution towards higher TSH values. This is well
documented in the pediatric population including the infant age group.
Kindly note: Method specific reference ranges are appearing on the report under biological reference range

END OF REPORT

Patient Name : MR. CHITTA RANJAN BEHERA
Age / Gender : 32 years / Male
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Test Description	Value(s)	Unit(s)	Reference Range

Dr. Swetalina Pandey
Consultant Pathologist

Patient Name : MR. CHITTA RANJAN BEHERA
Age / Gender : 32 years / Male
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Test Description	Value(s)	Unit(s)	Reference Range
BLOOD GROUPING & RH TYPING			
Blood Group (ABO typing) [Manual-Hemagglutination]	"O"		
RhD Factor (Rh Typing) [Manual hemagglutination]	Positive		

END OF REPORT

Dr. Swetalina Pandey
Consultant Pathologist

Patient Name : MR. CHITTA RANJAN BEHERA
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Sample ID : 222266902

Test Description	Value(s)	Unit(s)	Reference Range
HbA1C			
HbA1c (GLYCOSYLATED HEMOGLOBIN), BLOOD [(HPLC, NGSP certified)]	**6.4**	%	Non-diabetic: < 5.7 Pre-diabetics: 5.7 - 6.4 Diabetics: > or = 6.5 ADA Target: 7.0 Action suggested: > 8.0
MEAN PLASMA GLUCOSE [HB VARIANT (HPLC)]	**137.0**		< 116.0

Note:

1. Since HbA1c reflects long term fluctuations in the blood glucose concentration, a diabetic patient who is recently under good control may still have a high concentration of HbA1c. Converse is true for a diabetic previously under good control but now poorly controlled .
2. Target goals of < 7.0 % may be beneficial in patients with short duration of diabetes, long life expectancy and no significant cardiovascular disease. In patients with significant complications of diabetes, limited life expectancy or extensive co-morbid conditions, 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 term glycemic control as compared to blood and urinary glucose determinations.

ADA criteria for correlation between HbA1c & Mean plasma glucose levels.

HbA1c(%)	Mean Plasma Glucose (mg/dL)
6	126
7	154
8	183
9	212
10	240
11	269
12	298

Interpretation

As per American Diabetes Association (ADA)	
Reference Group	HbA1c in %
Non diabetic adults >=18 years	<5.7
At risk (Prediabetes)	5.7 - 6.4
Diagnosing Diabetes	>= 6.5

Patient Name : MR. CHITTA RANJAN BEHERA
Age / Gender : 32 years / Male
Patient ID : 23329

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Collection Time : Nov 12, 2022, 08:28 a.m.
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Sample ID : 222266902

Test Description	Value(s)	Unit(s)	Reference Range
Therapeutic goals for glycemic control	Age > 19 years Goal of therapy: < 7.0 Action suggested: > 8.0 Age < 19 years Goal of therapy: <7.5		

END OF REPORT

Dr. Swetalina Pandey
Consultant Pathologist

Patient Name : MR. CHITTA RANJAN BEHERA
Age / Gender : 32 years / Male
Patient ID : 23329

Referral : SELF
Collection Time : Nov 12, 2022, 08:28 a.m.
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Sample ID : 222266902

Test Description	Value(s)	Unit(s)	Reference Range
BLOOD GLUCOSE (FASTING)			
Glucose fasting [Fluoride Plasma-F, Hexokinase]	**113.0**	mg/dL	Normal: 70-110 Impaired Tolerance: 110 - 125 Diabetes mellitus: >= 126 (on more than one occassion) (American diabetes association guidelines 2018)
Urine Fasting	Absent		

END OF REPORT

Dr. Swetalina Pandey
Consultant Pathologist

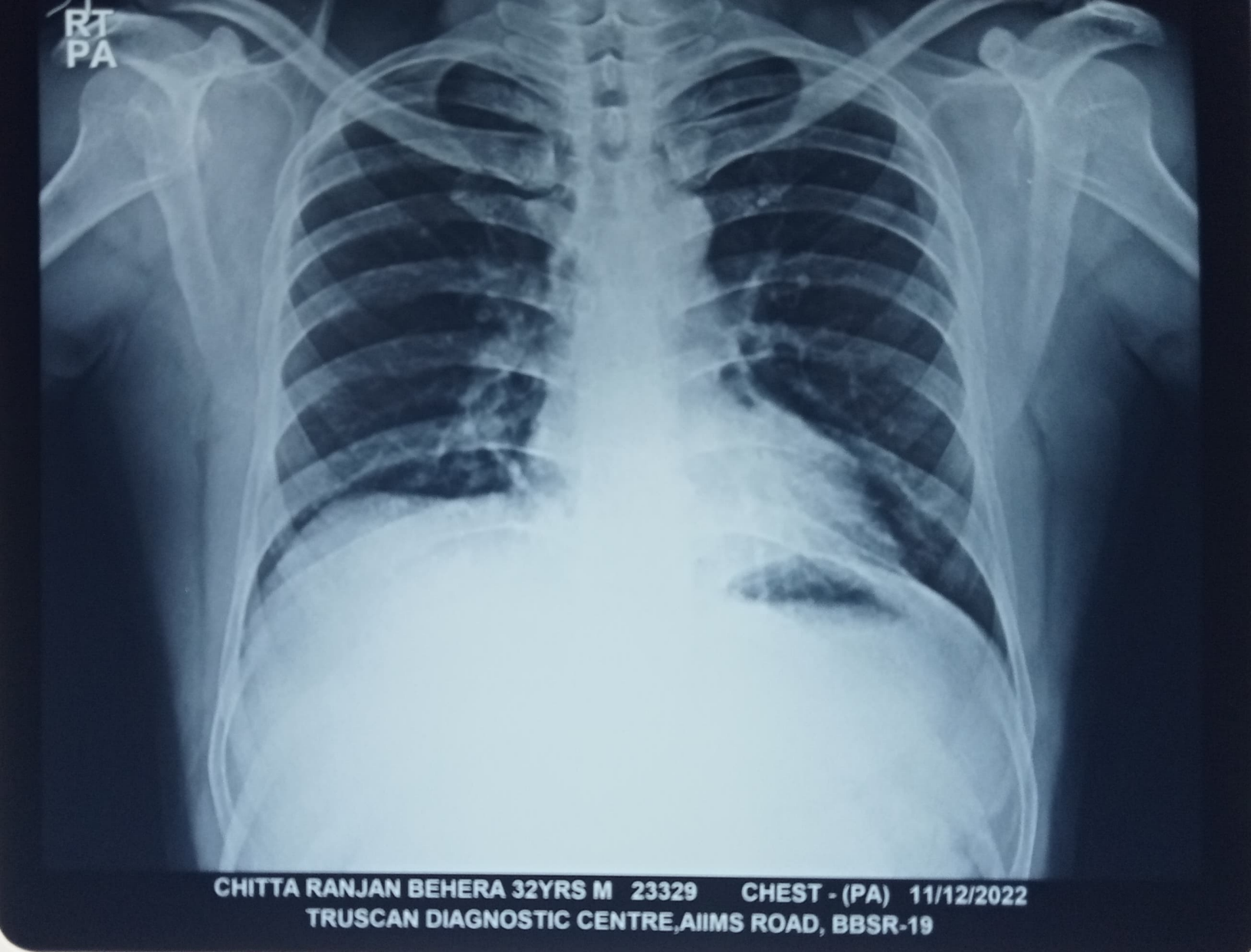
Patient Name : MR. CHITTA RANJAN BEHERA
Age / Gender : 32 years / Male
Patient ID : 23329

Referral : SELF
Collection Time : Nov 12, 2022, 08:28 a.m.
Reporting Time : Nov 12, 2022, 12:32 p.m.
Sample ID : 222266902

Test Description	Value(s)	Unit(s)	Reference Range
BLOOD GLUCOSE (PP)			
Blood Glucose-Post Prandial [Hexokinase]	**175.0**	mg/dL	70 - 140
Urine Post Prandial	Absent		

END OF REPORT

Dr. Swetalina Pandey
Consultant Pathologist


RT
PA
CHITTA RANJAN BEHERA 32YRS M 23329 CHEST - (PA) 11/12/2022
TRUSCAN DIAGNOSTIC CENTRE,AIIMS ROAD, BBSR-19

Patient Name: Mr. Chitta Ranjan Behera
Age/Gender: 32y/Male
Patient ID: 1

Referral: SELF
Reporting Date: 12.11.2022

X-RAY OF CHEST PA VIEW

FINDINGS:

Trachea is central.

No focal active lung parenchymal lesion is seen in right side.

Both costo-phrenic angles are clear.

Cardio-thoracic ratio within normal limit.

Both the hila are normal.

Both domes of diaphragm are normal in shape and position.

Visualized portion of ribs appears intact.

IMPRESSION: No significant abnormality seen.

Dr. Chidananda Mishra
Consultant Radiologist
Registration No: 20930/15

Dr. Chidananda Mishra
MD (Radio-Diagnosis)
Consultant Radiologist

(Thank you for your kind referral)
Clinical correlation and further evaluation suggested

GE Healthcare REF 1019728LSI CE LOT D718

Chitta Ranjan Behera
ID: 23329

Male
32 Years

12.11.2022 8:58:47
TRUSCAN DIAGNOSTIC CENTRE
AIIMS HOSPITAL ROAD
BBSR

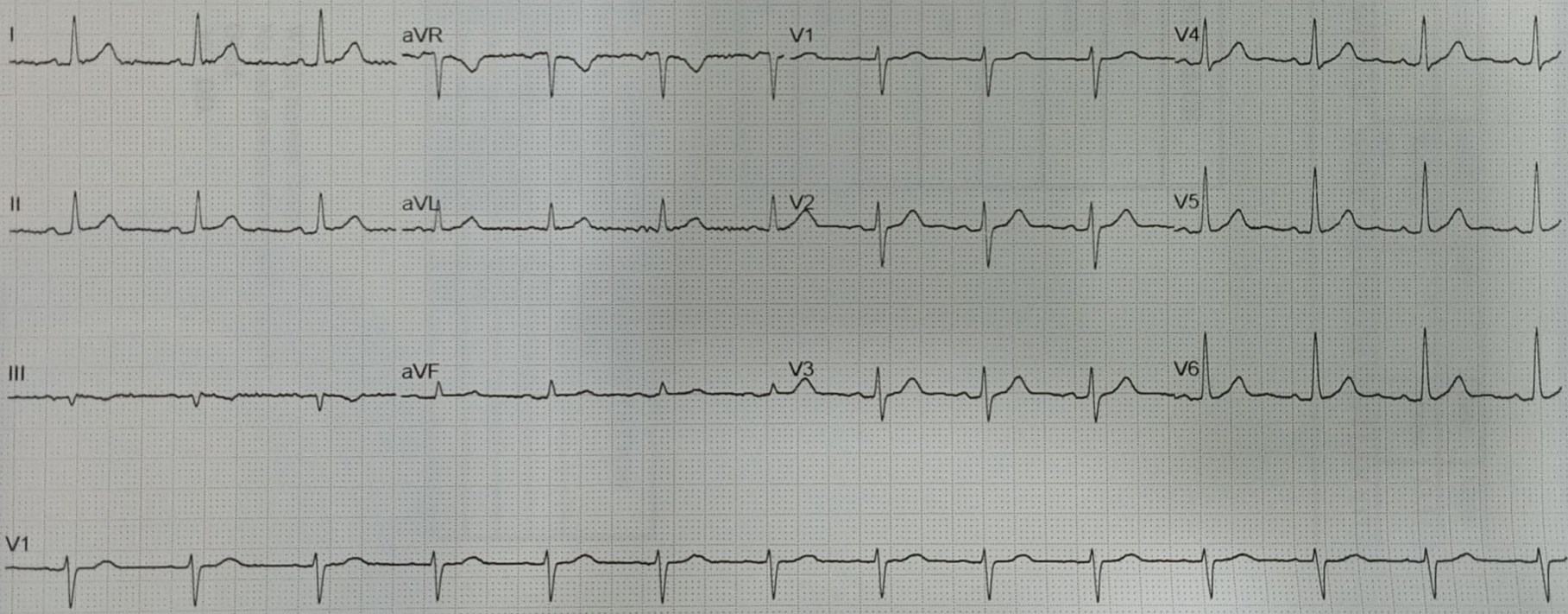
Location:
Room:
Order Number:
Indication:
Medication 1:
Medication 2:
Medication 3:

83 bpm
-- / -- mmHg

QRS	76 ms
QT / QTcBaz	350 / 411 ms
PR	144 ms
P	78 ms
RR / PP	724 / 722 ms
P / QRS / T	30 / 20 / 20 degrees

Normal sinus rhythm
Normal ECG

Technician:
Ordering Ph:
Referring Ph:
Attending Ph:



Unconfirmed

GE MAC2000 1.1 12SL™ v241 25 mm/s 10 mm/mV ADS 0.56-20 Hz 50 Hz 4x2.5x3_25_R1 1/1

Name:	Mr. Chita Ranjan Behera	AGE:	32	Sex:	Male
Refd by:		Receipt no.		Date:	12.11.2022

2D ECHOCARDIOGRAPHY WITH M – MODE AND COLOR DOPPLER STUDY

M-MODE DATA:

PARAMETER	TEST VALUE
Aortic Root Diameter	2.0cm
Left Atrial Diameter	3.4cm
IV Septal Thickness (Diastole)	0.9cm
LV Internal Diameter(Diastole)	4.3 cm
Post Wall Thickness(Diastole)	1.0cm
LV Internal Diameter (Systole)	2.6cm
LV Ejection Fraction	69%

DOPPLER DATA:

STRUCTURE	FLOW VELOCITY (m/sec)	PRESSURE GRADIENT (mmHg)	REGURGITATION (Grade)
MITRAL	E- 0.7/A-0.5		Nil
TRICUSPID	1.0 m/s	4.0mmHg	Nil
AORTIC	1.2m/s	5.8mmHg	Nil
PULMONARY	1.3 m/s	6.3mmHg	Nil

LEFT VENTRICLE:

Cavity size & wall thickness : Within normal limits.
LV wall motion study : No wall motion abnormality at rest.
Systolic function : Good.
Diastolic compliance : NO **DD**.

LEFT ATRIUM:
Normal size, No clots or mass noted.

RIGHT VENTRICLE AND RIGHT ATRIUM:
Normal size, Good RV systolic function.

MITRAL VALVE:
Normal leaflets, Good excursion, Normal subvalvular apparatus.

AORTIC VALVE:
Three cusps – Good systolic excursion.

TRICUSPID VALVE:
Normal leaflets, Normal sized annulus.

PULMONIC VALVE:
Normal cusps, Good systolic excursion.

VENTRICULAR SEPTUM:
Intact.

INTER ATRIAL SEPTUM:
Intact.

PERICARDIUM:
No thickening, minimal effusion.

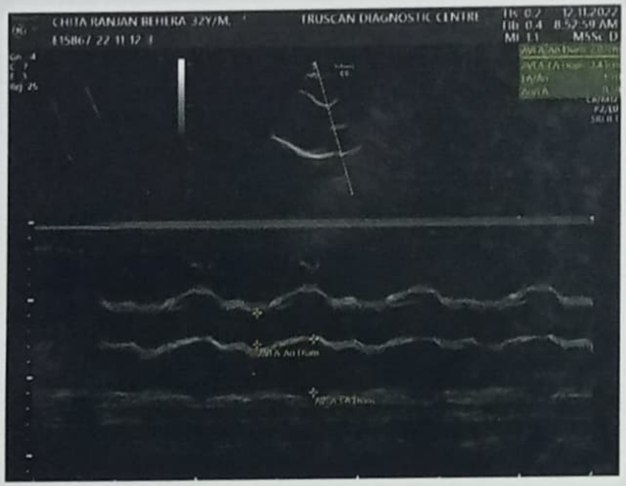
OTHERS:
No Intra-cardiac mass.

IMPRESSION:

No RWMA.
Normal LV systolic function.
No AS/AR.
No MR/No MS.
No TR/ PAH.
No Clot/VEG/PE.

Dr. Bishnu Prasad Mishra
Consultant Cardiologist

Clinical correlation and further evaluation suggested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TRUSCAN DIAGNOSTIC CENTRE
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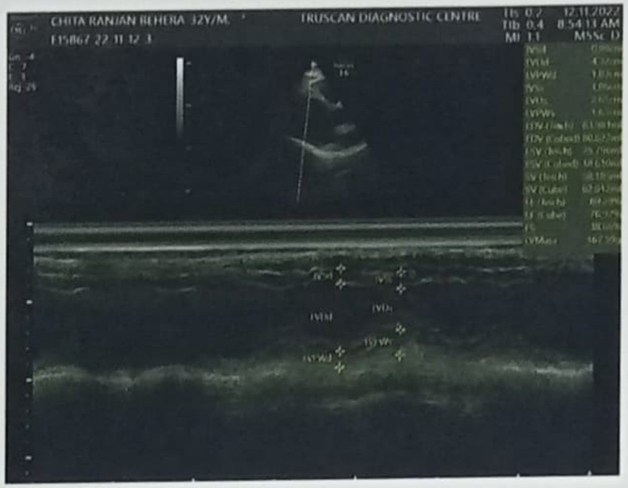
12.11.2022
8:52:59 AM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TRUSCAN DIAGNOSTIC CENTRE
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12.11.2022
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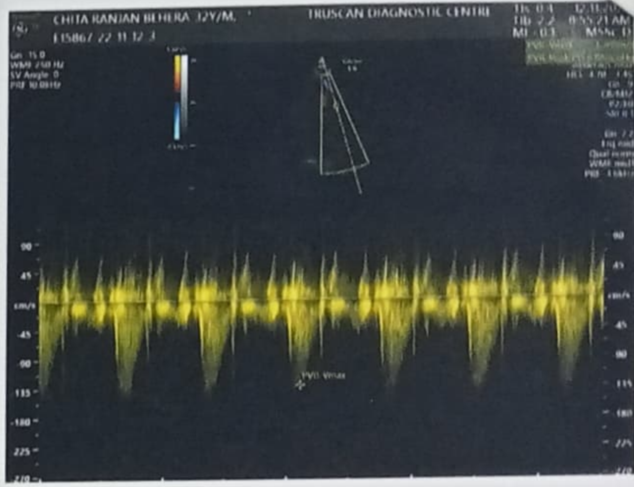
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TRUSCAN DIAGNOSTIC CENTRE
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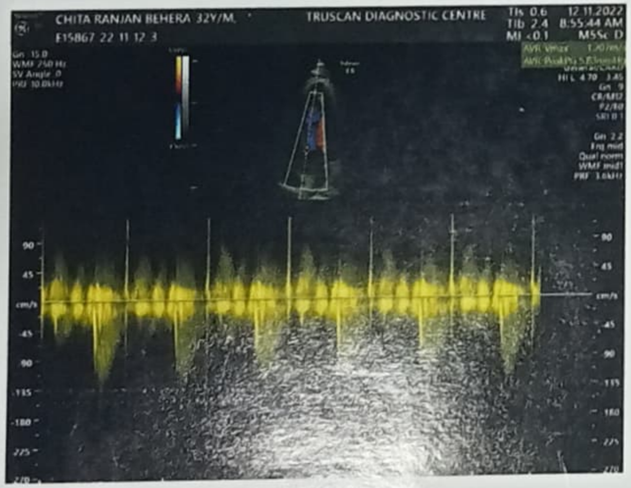
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TRUSCAN DIAGNOSTIC CENTRE
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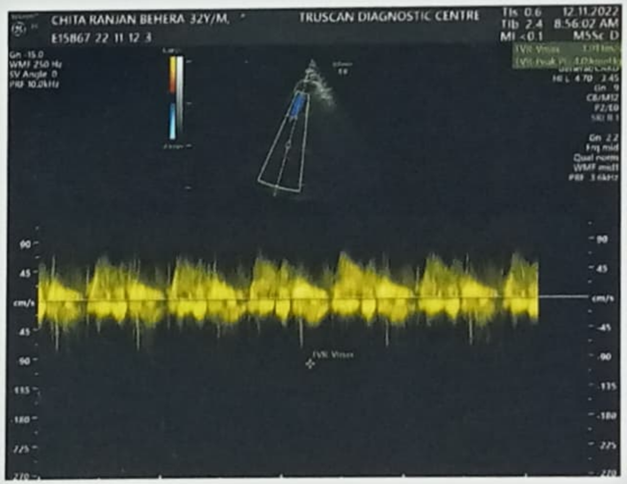
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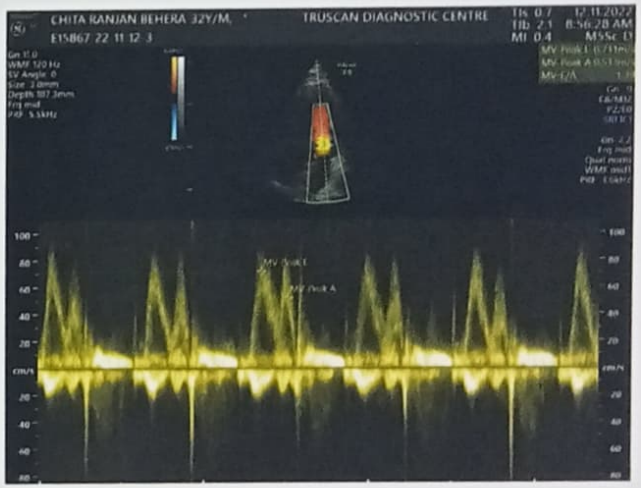

CHITA RANJAN BEHERA 32Y/M.
TRUSCAN DIAGNOSTIC CENTRE
E15867 22 11 12 3
12.11.2022
8:56:28 AM

Patient Name: Mr. Chitta Ranjan Behera

Age/Gender: 32y/Male

Patient ID: 3

Referral: SELF

Reporting Date: 12.11.2022

USG OF WHOLE ABDOMEN

LIVER:
It is normal in size (12.82 cm) with normal in shape, outline and **increased echotexture**. Portal vein at porta measures 10.6 mm. IHBR- not dilated. The common bile duct at porta hepatis measures 2.3 mm.

GALLBLADDER:
It is normally distended. Its wall thickness is within normal limits. No obvious intraluminal calculus or mass is seen. Visualized lumen appears clear.

PANCREAS:
It is normal in shape, size, outline and echotexture. MPD is not dilated. No focal lesion seen. No peripancreatic fluid collection.

SPLEEN:
It is normal in size with normal outline and echotexture. Spleno-portal axis is patent and normal in dimensions. Splenic span is 7.36 cm.

KIDNEYS:
Right kidney measures 9.73 cm. Left kidney measures 9.79 cm.
Both kidneys are normal in shape, size, position and echotexture. The cortico-medullary differentiation is intact. The cortical thickness is within normal limits. There is no hydronephrosis/calculus seen.

URINARY BLADDER:
It is normal in capacity and contour. The bladder wall is normal. There is no obvious intravesical calculus or mass.

PROSTATE:
It is normal in size with normal outline and echotexture. The approximate size of the prostate is 13.7 cm^3. Seminal vesicles appear grossly normal.

PERITONEUM:
There is no free or loculated fluid in peritoneal cavity.

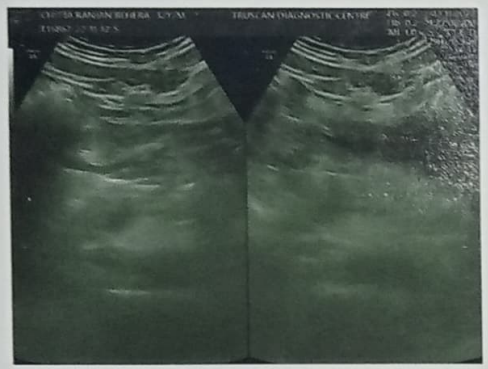
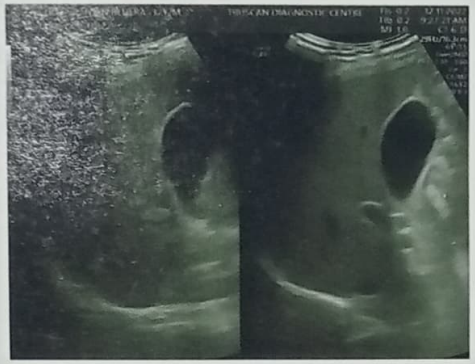
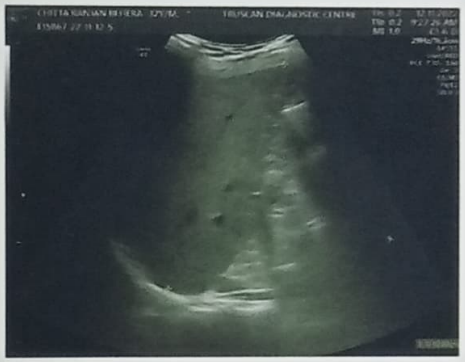
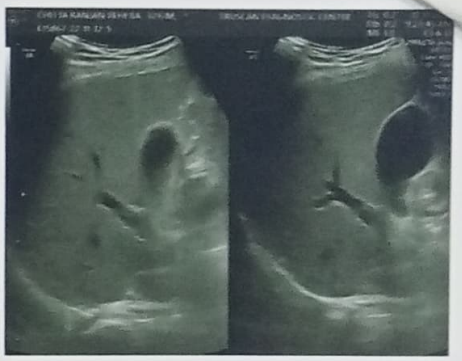
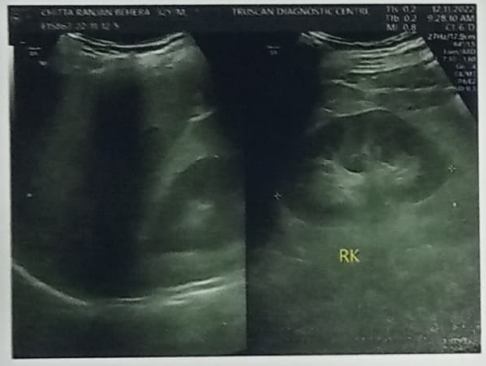
RETROPERITONEUM:
There is no detectable lymphadenopathy. Aorta and IVC appear normal.

IMPRESSION:
Grade I fatty infiltration of liver.

Dr. Sanjeet Kumar Nayak
Consultant Radiologist
Regd No - 76956/09

Dr. Sanjeet Kumar Nayak
MD (Radio-Diagnosis)
Consultant Radiologist

(Thank you for your kind referral)
Clinical correlation and further evaluation suggested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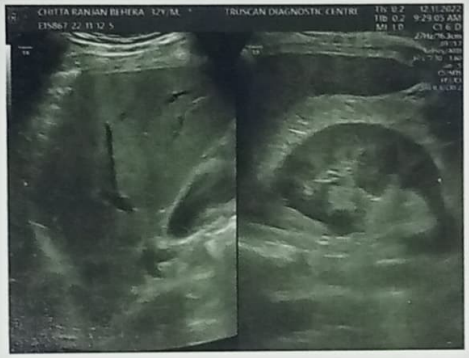
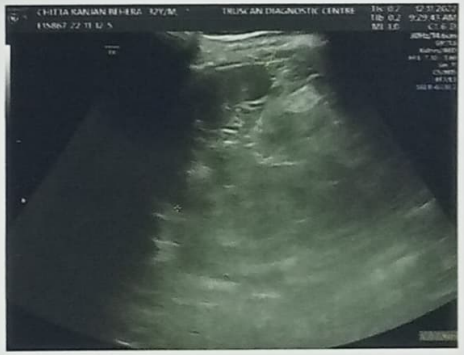
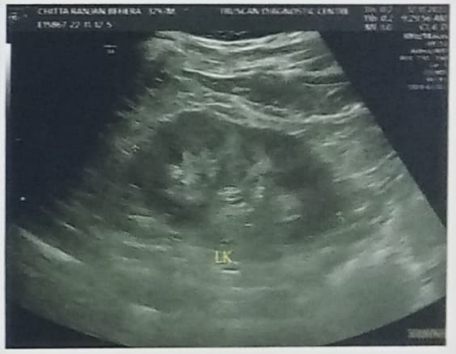
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