

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

CIN: U85110CT2005PTC017751

GSTIN/UIN: 22AADCP8009N2Z9

: 151029

Patient Name : MR. SUMANT KUMAR .

Visit ID

: 0000279604

Spec No.

Age / Sex Consultant : 35Y / MALE

Order Date

: 23/09/2023 11:08AM

Ref. By

UHID

: DR. HOSPITAL CASE

: DR. HOSPITAL CASE

Samp.Date

Category

: MEDIWHEEL

Report Date

: 23/09/23 12:15PM

SONOGRAPHY **USG WHOLE ABDOMEN**

* LIVER : Mildly Enlarged in size (14.42 cm) and shows diffuse fine increased echogenicity of parenchyma with no evidence of any focal lesion seen. IHBRs are not dilated

*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 :Seen in distended state with normal wall and lumen is echofree

*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:Normal in shape, size and echotexture.No median lobe bulge is seen.

No free fluid is seen in the peritoneal cavity.

There is no evidence of any retroperitoneal lymphadenopathy/mass.

FINAL IMPRESSION:

- Mildly Enlarged Fatty Liver (Grade !)
 - Please correlate clinically , followup USG is recommended.

Dr. SAMIR KATHALE MBBS, DNB(RADEO), MNAMS, MANBD 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 reference /ejids



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Report Date

: 23/09/23 01:52PM

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

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VISITID : 0000279604

ORDER DATE : 23/09/2023 11:08:00AM

SAMP. DATE : 23/09/2023 11:21:00AM

SPEC. NO : 10467286

RESULT DATE : 23/09/2023 1:24:00PM

TPA : MEDIWHEEL

DEPARTMENT OF PATHOLOGY

LIPID PROFILE				
PARAMETER	VALUE	RESULT	REFERENCE RANGE	
CHOLESTEROL TOTAL	189 mg / dl	Normal	150 - 220	
TRIGLYCERIDES - SERUM	174 mg / dl	High	60 - 165	
HDL	56.78 mg / dl	Normal	35 - 80	
LDL	97.42 mg/dL	Normal	90 - 160	
VLDL	34.80	Normal	20 - 50	
CHOL: HDL Ratio	3.33:1		3.5 - 5.5	
LDL: HDL Ratio	1.72:1		-	

TECHNICIAN

Dr. ANJANA SHARMA D.N.B PATHOLOGY

CONSULTANT

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25/09/2023 10:56AM Page 1 of 1



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UHID : 151029 VISITID : 0000279604

PATIENT NAME : MR. SUMANT KUMAR . ORDER DATE : 23/09/2023 11:08:00AM AGE/SEX : 35Y/MALE SAMP. DATE : 23/09/2023 11:23:00AM

CONSULTANT DOCTOR : HOSPITAL CASE SPEC. NO : 10467301

RESULT DATE : 23/09/2023 12:59:00PM

TPA : MEDIWHEEL

DEPARTMENT OF PATHOLOGY

CBC (COMPLETE BLOOD C	COUNT)			
PARAMETER	VALUE	RESULT	REFERENCE RANGE	
HAEMOGLOBIN (Hb)	12.4 gm%	Low	13.5 - 17.5	
TOTAL RBC COUNT	3.75 Million/cumm	Low	4.5 - 5.9	
HAEMATOCRIT (PCV)	34.8 %	Low	41.5 - 50.4	
RBC INDICES				
MCV	92.7 fl	Normal	78 - 96	
MCH	33.1 pg	High	27 - 32	
MCHC	35.7 %	Normal	33 - 37	
RDW	12.6 %	Normal	11 - 16	
TOTAL WBC COUNT (TLC)	6600 /cumm	Normal	4000 - 11000	
DIFFERENTIAL COUNT				
NEUTROPHILS	60 %	Normal	0 - 75	
LYMPHOCYTES	34 %	Normal	22 - 48	
EOSINOPHILS	02 %	Normal	0 - 6	
MONOCYTES	04 %	Normal	2 - 10	
BASOPHILS	00 %	Normal	0 - 2	
BANDS	00 %	Normal	0 - 5	
BLAST	00 %	Normal		
PLATELET COUNT	150000 /cumm	Normal	150000 - 450000	

TECHNICIAN

Dranjana sharma Dranjana sharma D.N.B.PATHOLOGY CONSULTANO

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: 23/09/2023 11:23:00AM

CONSULTANT DOCTOR

: HOSPITAL CASE

SPEC. NO

: 10467301

RESULT DATE

: 23/09/2023 1:25:00PM

TPA

: MEDIWHEEL

DEPARTMENT OF PATHOLOGY

PARAMETER	VALUE	RESULT	REFERENCE RANGE	
BLOOD GROUPING AND RH TYPING	G			
BLOOD GROUP	"B"			
RH FACTOR	Positive			
BUN (BLOOD UREA NITROGEN)				
BUN (BLOOD UREA NITROGEN)	8.41 mg / dl	Normal	8 - 23	
CREATININE				
SERUM CREATININE	0.67 mg/dL	Normal	0.3 - 1.5	
GGT (GAMMA GLUTAMYL TRANSFE	RASE)			
GGT (GAMMA GLUTAMYL TRANSFERASE)	23 U / L	Normal	8 - 52	
URIC ACID				
URIC ACID	5.03 mg/dL	Normal	3.6 - 7.7	

Asharma

Dr. ANJANA SHARMA

TECHNICIAN

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AGE/SEX

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SAMP. DATE

: 23/09/2023 11:21:00AM

CONSULTANT DOCTOR

: HOSPITAL CASE

SPEC. NO

: 10467285

RESULT DATE

: 23/09/2023 4:12:00PM

: MEDIWHEEL

DEPARTMENT OF PATHOLOGY

SERUM PSA TOTAL

PARAMETER

VALUE

RESULT

REFERENCE RANGE

PSA (TOTAL)

0.13 ng/ml

Normal

0 - 4

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. ANJANA SHAR

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: 35Y/MALE

SAMP. DATE

: 23/09/2023 11:23:00AM

CONSULTANT DOCTOR

JJIJIALL

: HOSPITAL CASE

SPEC. NO

: 10467297

RESULT DATE

: 23/09/2023 2:43:00PM

TPA

: MEDIWHEEL

DEPARTMENT OF PATHOLOGY

PARAMETER	VALUE	RESULT	REFERENCE RANGE
BLOOD SUGAR - FASTING AND PP			
BLOOD SUGAR FASTING	83 mg/dL	Normal	80 - 120
BLOOD SUGAR PP	140 mg/dL	Normal	120 - 140
URINE SUGAR FASTING			
URINE FOR SUGAR	Nil		-
URINE SUGAR PP			
URINE FOR SUGAR	Nil		

TECHNICIAN

Dr. ANJANA SHARMA
D.N.B.PATHOLOGIE
CONSULTANT

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25/09/2023 10:54AM



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SAMP, DATE

: 23/09/2023 11:21:00AM

SPEC. NO

: 10467285

CONSULTANT DOCTOR

: HOSPITAL CASE

RESULT DATE

: 23/09/2023 4:12:00PM

TPA

: MEDIWHEEL

DEPARTMENT OF PATHOLOGY

T3,T4 TSH

T4 (THYROXINE)

PARAMETER T3 (TRIIODOTHYRONINE) **VALUE** 1.33 ng/ml

105.0 ng/ml 2.90 uIU/ml **RESULT** Normal

REFERENCE RANGE 0.69 - 2.15

Normal Normal

52 - 127 0.3 - 4.5

HORMONE)

REFERENCE RANGE in uIU/mL

As per American Thyroid Association

Adult Females (> 20 years)

TSH (THYROID STIMULATING

Pregnancy

1st Trimester 2nd Trimester 3rd Trimester

REFERENCE GROUP

0.30-4.5

0.10 - 2.500.20 - 3.00

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.
- 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

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AGE/SEX

SAMP. DATE

: 23/09/2023 11:26:00AM

: 35Y/MALE

CONSULTANT DOCTOR

: HOSPITAL CASE

SPEC. NO RESULT DATE

: 23/09/2023 1:25:00PM

TPA

: MEDIWHEEL

: 10467326

DEPARTMENT OF PATHOLOGY

HBA1c (GLYCOSYLATED HAEMOGLOBIN)

PARAMETER

VALUE

RESULT

REFERENCE RANGE

HBA1 C (GLYCOSYLATED HEAMOGLOBIN)

5.8 %

Normal

4 - 6

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: <7.0

- Action suggested: >8.0

- Age< 19 years

goal of therapy: < 7.5

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 appopriate.

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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URINE ROUTINE AND MICROSCOPY

Sparsh Multispecialty Hospital

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CONSULTANT DOCTOR : HOSPITAL CASE SPEC. NO : 10467298

RESULT DATE : 23/09/2023 12:30:00PM

TPA : MEDIWHEEL

DEPARTMENT OF PATHOLOGY

PARAMETER	VALUE	RESULT	REFERENCE RANGE	
PHYSICAL EXAMINATION				
QUANTITY	10 ml		**************************************	
COLOUR	Pale Yellow			
APPEARANCE	Clear			
REACTION	Acidic			
CHEMICAL EXAMINATION				
ALBUMIN	Nil			
SUGAR	Nil			
MICROSCOPIC EXAMINATION				
EPITHELIAL CELLS	Occasional /hpf		0 - 5	
PUS CELLS	Occasional /hpf		1 - 2	
RBC	Nil /hpf			
CAST	Nil /lpf		4	
CRYSTAL	Nil		¥	
AMORPHOUS MATERIAL DEPOSIT	Nil			
OTHERS	Nil		*	

TECHNICIAN

ANJANA SHERMA D.N.B PATHOLOGY CONSULTANO

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DEPARTMENT OF PATHOLOGY

LFI (LIVER FUNCTION IES	1)			
PARAMETER	VALUE	RESULT	REFERENCE RANGE	
BILIRUBIN TOTAL	1.16 mg/dL	Normal	0.1 - 1.2	
BILIRUBIN DIRECT	0.26 mg / dl	Normal	0.1 - 0.6	
BILIRUBIN INDIRECT	0.90 mg / dl	High	0.1 - 0.4	
ALKALINE PHOSPHATASE	40 U/L	Normal	0 - 270	
SGOT	26 U/L	Normal	10 - 55	
SGPT	35 U/L	Normal	0 - 40	
TOTAL PROTEIN	7.25 g/dl	Normal	6 - 8	
ALBUMIN	4.09 g/dl	Normal	4 - 5	
GLOBULIN	3.16 g/dl	Normal	2 - 3.5	
A.G.RATIO	1.29:1		1 - 2.5	

TECHNICIAN

LET (LIVED FUNCTION TECT)

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D.N.B PATHOLOGY
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CONSULTANT DOCTOR : HOSPITAL CASE

SPEC. NO

: 10467327

RESULT DATE : 23/09/2023 3:50:00PM

TPA

: MEDIWHEEL

DEPARTMENT OF PATHOLOGY

ESR (ERYTHROCYTE SEDIMENTATION RATE)

PARAMETER	VALUE	RESULT	REFERENCE RANGE
ESR	32 mm at end of 1 hr	High	0 - 15

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