

Consultant

Ref. By

Sparsh Multispecialty Hospit

(A Unit of Sparsh Multispecialty Hospital/Private Limited) : 183880

Patient Name: MR. YOGESH KUMARINANGHEOCT2005PTC05766 No.

GSTIN/UIN: 22AADCP8009N2Z9 : 34Y / MALE

: 14/09/2024 10:06AM

Category : MEDIWHEEL Report Date : 14/09/24 10:29AM

SONOGRAPHY **USG WHOLE ABDOMEN-MALE**

- * LIVER : Normal in size and shape. Diffuse increase in echogenecity seen Suggestive of fatty infiltration. 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 :Seen in distended state with normal wall and lumen is echofree
- *SPLEEN:Normal in size, shape & echo texture. No focal lesions seen.

: DR. HOSPITAL CASE

: DR. HOSPITAL CASE

- *PANCREAS:Pancreatic head, body & tail visualized and have ,normal size, shape & echo texture.
- *RIGHT KIDNEY: Right kidney is normal shape, size and position. Cortical thickness is normal .CMD is maintained. There is no evidence of hydronephrosis or calculus
- *LEFT KIDNEY:Left kidney is normal shape, size and position.Cortical thickness is normal .CMD is maintained.There is no evidence of hydronephrosis.
- Tiny Echogenic Focus of size 4 5 mm is seen in mid pole calyx of Left Kidney.
- *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:

- Fatty Liver.
- Left renal tiny calculus.
 - Please correlate clinically, followup USG is recommended.

DILIP KUMAR SONI MBBS DMRD CGMC-102/2003

: 00003548

:

Order Date

Samp.Date

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



(A Unit of Sparsh Multispecialty Hospital

: MR. YOGESH KUMAR

: 000035488

: 34Y / MALE : DR. HOSPITAL CASE Consultant

: 183880

Order Date

: 14/09/2024 10:06AM

Ref. By Category : DR. HOSPITAL CASE

: MEDIWHEEL

Samp.Date

Report Date : 14/09/24 12:53PM

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, MANBD Reg No: CGMC-4404/2012

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(A Unit of Sparsh Multispecialty Hospital Private Limited)

CIN: U85110CT2005PTC017751 GSTIN/UIN: 22AADCP8009N2Z9



UHID

: 183880

: MR. YOGESH KUMAR JANGHEL

PATIENT NAME AGE/SEX

: 34Y/MALE

CONSULTANT DOCTOR

: HOSPITAL CASE

VISITID

: 0000354882

ORDER DATE

: 14/09/2024 10:06:00

SAMP. DATE

: 14/09/2024 10:21:00

SPEC. NO

: 10544425

RESULT DATE

: 14/09/2024 15:40:00

PA : MEDIWHEEL

DEPARTMENT OF PATHOLOGY

STOOL ROUTINE AND MIC	ROSCOPY EXAMINATION	DECIU T	REFERENCE RANGE
PARAMETER	VALUE	RESULT	REPERENCE IONICE
PHYSICAL EXAMINATION Consistency Colour Odour Reaction Blood	Semi Solid Yellow Normal Alkaline Not Seen Not Seen		
Mucus Worm	Not Seen		•
MICROSCOPIC EXAMINATION Ova Cyst Trophozoite Epithelial Cells Pus Cells RBC OTHERS	Not Seen Not Seen Not Seen Occasional /hpf Nil /hpf Nil /hpf Nil /hpf		

TECHNICIAN

Dr. AVISHESH SINGH MD

NOTE: These reports are for assisting Doctors/Physicians in their treatment and not for Medico-legal purposes and should be correlated clinically.



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CIN: U85110CT2005PTC01775/ISITID

: 0000354882

GSTIN/UIN: 22AADCP8009N2ZORDER DATE: MR. YOGESH KUMAR JANGHEL

: 14/09/2024 10:06:00

PATIENT NAME

SAMP. DATE

: 14/09/2024 10:21:00

AGE/SEX

SPAIRSH

: 34Y/MALE

SPEC. NO

: 10544418

CONSULTANT DOCTOR

: HOSPITAL CASE

RESULT DATE

: 14/09/2024 11:54:00

TPA

: MEDIWHEEL

DEPARTMENT OF PATHOLOGY

			THE DANCE
PARAMETER	VALUE	RESULT	REFERENCE RANGE
BUN (BLOOD UREA NITROGEN) BUN (BLOOD UREA NITROGEN)	7.0 mg / dl	Low	8 - 23
GGT (GAMMA GLUTAMYL TRANSFERASE) GGT (GAMMA GLUTAMYL TRANSFERASE)	18 U / L	Normal	8 - 52
LIPID PROFILE CHOLESTEROL TOTAL TRIGLYCERIDES - SERUM HDL LDL VLDL CHOL: HDL Ratio LDL: HDL Ratio	222 mg / dl 277 mg / dl 47.77 mg / dl 118.83 mg/dL 55.4 4.64:1 2.48:1	High High Normal Normal High	150 - 220 60 - 165 35 - 80 90 - 160 20 - 50 3.5 - 5.5

Dr. AVISHESH SINGH MD PATH

CONSULTANT

TECHNICIAN

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17/09/2024 10:55AM



(A Unit of Sparsh Multispecialty Hospital Private Limited)

CIN: U85110CT2005PTC017751 VISITID

: 183880 GSTIN/UIN : 22AADCP8009N2Z9 : MR. YOGESH KUMAR JANGHEL

ORDER DATE : 1

: 14/09/2024 10:06:00 : 14/09/2024 10:21:00

AGE/SEX : 34Y/MALE

SAMP. DATE : 14/09/202 SPEC. NO : 10544429

CONSULTANT DOCTOR

PATIENT NAME

: HOSPITAL CASE

RESULT DATE : 14/09/2024 14:10:00

: 000035488

TPA : MEDIWHEEL

DEPARTMENT OF PATHOLOGY

CBC (COMPLETE BLOOD C	COUNT)	DECIUT	REFERENCE RANGE
PARAMETER	VALUE	RESULT	
HAEMOGLOBIN (Hb)	17.0 gm%	Normal	13.5 - 17.5
TOTAL RBC COUNT	5.55 Million/cumm 46.7 %	Normal Normal	4.5 - 5.9 41.5 - 50.4
HAEMATOCRIT (PCV) RBC INDICES MCV MCH MCHC RDW	84.2 fl 30.7 pg 36.4 % 13.3 %	Normal Normal Normal Normal	78 - 96 27 - 32 33 - 37 11 - 16
TOTAL WBC COUNT (TLC)	7200 /cumm	Normal	4000 - 11000
DIFFERENTIAL COUNT NEUTROPHILS LYMPHOCYTES EOSINOPHILS MONOCYTES BASOPHILS BANDS BLAST	64 % 30 % 02 % 04 % 00 % 00 %	Normal Normal Normal Normal Normal Normal	0 - 75 22 - 48 0 - 6 2 - 10 0 - 2 0 - 5
PLATELET COUNT	248000 /cumm	Normal	150000 - 450000

TECHNICIAN

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17/09/2024 10:53AM



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: 000035488

AGE/SEX

PATIENT NAME

ORDER DATE SAMP. DATE

: 14/09/2024 10:06:00

: 34Y/MALE

: 14/09/2024 10:21:00

CONSULTANT DOCTOR

: HOSPITAL CASE

SPEC. NO

: 10544418

RESULT DATE

: 14/09/2024 13:50:00

TPA

: MEDIWHEEL

DEPARTMENT OF PATHOLOGY

T3	,T4	TS	H
		500	E

PARAMETER	VALUE	RESULT	REFERENCE RANGE
T3 (TRIIODOTHYRONINE)	1.742 ng/ml	Normal	0.69 - 2.15
T4 (THYROXINE)	64.33 ng/ml	Normal	52 - 127
TSH (THYROID STIMULATING HORMONE)	3.356 uIU/ml	Normal	0.3 - 4.5

REFERENCE GROUP

REFERENCE RANGE in uIU/mL

As per American Thyroid Association

Adult Females (> 20 years)

0.30-4.5

Pregnancy

1st Trimester 0.10 - 2.502nd Trimester 0.20 - 3.003rd 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.
- 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

Dr. AVISHESH SINGH MD PATH

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17/09/2024 10:48AM



एक एहशाश अपनेपन का rsh Multispecialty

: 1838 AUnit of Sparsh Multispecialty Hospital Private timited)

: MR. YOGESH KUMAR UANGHEET2005PTC01775@RDER DATE : 34Y/MALE

GSTIN/UIN: 22AADCP8009N2Z9AMP. DATE

: 0000354882 : 14/09/2024

: 14/09/2024 10:21:00

SPEC. NO : 10544428

RESULT DATE

: 14/09/2024 11:54:00

TPA

: MEDIWHEEL

DEPARTMENT OF PATHOLOGY

HBA1c (GLYCOSYLATED HAEMOGLOBIN)

PARAMETER

VALUE

RESULT

REFERENCE RANGE

HBA1 C (GLYCOSYLATED **HEAMOGLOBIN**)

CONSULTANT DOCTOR

7.0 %

High

4 - 6

Interpretation

As per American diabetes Association (ADA)

Reference Group

- HbA1c In%

Non diabetic >= 18 years - 4.0 - 6.0At risk (Prediabetes)

->=6.0 to <=6.5

: HOSPITAL CASE

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.

Dr. AVISHESH SINGH MD

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17/09/2024 10:47AM



(A Unit of Sparsh Multispecialty Hospital Private Limited)

: 183880

CIN: U85110CT2005PTC017751

: 000035488 : MR. YOGESH KUMAR JANGHEL ORDER DATE

SPATIENT NAME AGE/SEX

SAMP. DATE

RESULT DATE

: 14/09/2024 10:06:00 : 14/09/2024 10:21:00

: 34Y/MALE

: 10544423

CONSULTANT DOCTOR

: HOSPITAL CASE

SPEC. NO

: 14/09/2024 15:38:00

TPA

: MEDIWHEEL

DEPARTMENT OF PATHOLOGY

URINE ROUTINE AND MICR	OSCOPY		
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	1-2 /hpf		0 - 5
PUS CELLS	2-3 /hpf		1 - 2
RBC	Nil /hpf		
CAST	Nil /lpf		-
CRYSTAL	Nil		
AMORPHOUS MATERIAL DEPOSIT	Nil		-
OTHERS	Nil		-

Dr. AVISHESH SINGH MD PATH

CONSULTANT

TECHNICIAN

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17/09/2024 10:47AM



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UHID

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PATIENT NAME

: MR. YOGESH KUMAR JANGHEL

ORDER DATE

: 14/09/2024 10:06:00

AGE/SEX

: 34Y/MALE

SAMP. DATE

: 14/09/2024 10:21:00

SPEC. NO

: 10544421

CONSULTANT DOCTOR

: HOSPITAL CASE

RESULT DATE

: 14/09/2024 11:54:00

TPA

: MEDIWHEEL

DEPARTMENT OF PATHOLOGY

LFT (LIVER FUNCTION TEST)

PARAMETER	VALUE	RESULT	REFERENCE RANGE
BILIRUBIN TOTAL	1.37 mg/dL	High	0.1 - 1.2
BILIRUBIN DIRECT	0.31 mg / dl	Normal	0.1 - 0.6
BILIRUBIN INDIRECT	1.06 mg / dl	High	0.1 - 0.4
ALKALINE PHOSPHATASE	106 U/L	Normal	0 - 270
SGOT	51 U/L	Normal	10 - 55
SGPT	37 U/L	Normal	0 - 40
TOTAL PROTEIN	8.44 g / dl	High	6 - 8
ALBUMIN	4.62 g/dl	Normal	4 - 5
GLOBULIN	3.82 g / dl	High	2 - 3.5
A.G.RATIO	1.21:1		1 - 2.5

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ORDER DATE : 14/09/2024 10:06:00

AGE/SEX

SAMP. DATE

: 34Y/MALE

: 14/09/2024 10:21:00

CONSULTANT DOCTOR : HOSPITAL CASE

SPEC. NO

: 10544430

RESULT DATE : 14/09/2024 12:48:00

TPA

: MEDIWHEEL

DEPARTMENT OF PATHOLOGY

ESR (ERYTHROCYTE SEDIMENTATION RATE)

PARAMETER	VALUE	RESULT	REFERENCE RANGE	
ESR	05 mm at end of 1 hr	Normal	0 - 15	

Dr. AVISHESH SINGH MD **PATH**

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PATIENT NAME

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: 14/09/2024 10:06:00

AGE/SEX

: 34Y/MALE

SAMP. DATE

: 14/09/2024 10:21:00

: 183880

SPEC. NO

: 10544427

CONSULTANT DOCTOR

: HOSPITAL CASE

RESULT DATE

: 14/09/2024 11:09:00

: MEDIWHEEL

DEPARTMENT OF PATHOLOGY

PARAMETER	VALUE	RESULT	REFERENCE RANGE
BLOOD GROUPING AND RH TYPING			
BLOOD GROUP	"O"		
RH FACTOR	Positive		
CREATININE SERUM CREATININE	0.94 mg/dL	Normal	0.3 - 1.5
URIC ACID URIC ACID	4.61 mg/dL	Normal	3.6 - 7.7

Dr. AVISHESH SINGH MD PATH

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PATIENT NAME

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GSTIN/UIN: 22AADCP8009N2Z9

: 183880 ORDER DATE : MR. YOGESH KUMAR JANGHEL

SAMP. DATE : 34Y/MALE

AGE/SEX : 10544420 SPEC. NO : HOSPITAL CASE CONSULTANT DOCTOR

: 14/09/2024 13:50:00 **RESULT DATE**

: 000035488

: 14/09/2024 10:06:00

: 14/09/2024 10:21:00

: MEDIWHEEL TPA

DEPARTMENT OF PATHOLOGY

SERUM PSA TOTAL

REFERENCE RANGE RESULT VALUE PARAMETER

Normal 0.504 ng/ml PSA (TOTAL)

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.

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

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.

- 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.

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10:52AM 17/09/2024