SUYOG DIAGNOSTICS
Your health is our concern...

Kabir Kid's Clinic & Diagnostics

# TRF ( TEST REQUISITION FROM )

DATE:- 13/4/2024

NAME :- Vinod Kumar

DATE OF BIRTH:- 05/11/1974 EMAIL ID:- kanskaalmail@gmail.com

AGE:- 49 SEX:- M MOBILE NO:- 8920440822

FULL ADDRESS:- 210, Shri Ganesh Laxmi Vihar, Lohegaon Pune

BP:108/71 HEIGHT(CM):____ WEIGHT(KG):- 72.9 kg CHESTCM: ____ WAIST(CM):____

**Medical History** (it is important to inform your dentist about your systemic health and medications you take daily)

Blood Pressure:- No Diabetes:- No Thyroid:- — Allergies:- —

Respiratory / Kidney / stomach issues:- —

Cancer / HIV / AIDS:- — Habits:- —

Heart/Other Surgery :- — Any Other:- —

Any Medications:- —

Pregnancy / Breast Feeding Mother:- —

PATIENT SIGN:-

Kid's Clinic & Diagnostics

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| | |
|---|---|
| **Patient Name :** VINOD KUMAR | **Age / Gender** : 49 Years / Male |
| **Referral Doctor:** MADYOSIS | **Collection Date** : 13/04/2024 10:18 AM |
| **Pt.Type / ID** : Direct/ 1574 | **Reporting Date** : 15/04/2024 12:14 PM |

## STOOL ANALYSIS REPORT

| Test Description | Value(s) | Unit | Reference Range |
|---|---|---|---|
| | **Physical Examination** | | |
| **Colour** | Brown | | Brown |
| **Mucus** | Absent | | Absent |
| **Frank Blood** | Absent | | Absent |
| **Consistency** | Semi solid | | Semi solid |
| **Parasite** | Absent | | Absent |
| Reaction | Acidic | | Acidic |
| **Occult Blood** | Negative | | Negative |
| | **Microscopic Examination (/hpf)** | | |
| **Ova of Parasites** | Absent | | Absent |
| **RBC** | Present | | Absent |
| **Pus cells** | Absent | | Absent |
| **Macrophages** | Absent | | Absent |
| **Fat Globules** | Absent | | Absent |
| **Veg. Matter** | Absent | | Absent |
| **Vegetative Forms** | Absent | | Absent |
| **Cysts** | Absent | | Absent |
| **Epithelial cells** | Absent | | Absent |

**Dr. Rajashree Deshmukh**
MBBS MD ( Pathology)
Reg No. 2003010243

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**Checked By**



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## THYROID FUNCTION TEST ( TFT )

| Test Description | Value(s) | Unit | Reference Range |
|---|---|---|---|
| T3 (Triiodothyronine)<br>CMIA | 106.3 | ng/ml | - |
| T4 (Thyroxine)<br>CMIA | 8.3 | µg/ml | - |
| TSH -Thyroid Stimulating Hormone<br>CMIA | 2.9 | µIU/mL | - |

Pregnancy & Cord Blood

| TSH (Thyroid Stimulating Hormone) | T4 (Thyroxine) | TSH (Thyroid Stimulating Hormone) |
|---|---|---|
| First Trimester : 81-190 ng/dL | 15 to 40 weeks:9.1-14.0 µg/dL | First Trimester : 0.24-2.99 µIU/mL |
| Second&Third Trimester :100-260 ng/dL | | Second Trimester: 0.46-2.95 µIU/mL |
| | | Third Trimester : 0.43-2.78 µIU/mL |
| Cord Blood: 30-70 ng/dL | Cord Blood: 7.4-13.0 µg/dL | Cord Blood: : 2.3-13.2 µIU/mL |

### Interpretation

Thyroid gland is a butterfly-
shaped endocrine gland that is normally located in the lower front of the neck. The thyroid's job is to make thyroid hormones, which are secreted into the blood and then carried to every tissue in the body. Thyroid hormones help the body use energy, stay warm and keep the brain, heart, muscles, and other organs working as they should. Thyroid produces two major hormones: triiodothyronine (T3) and thyroxine
(T4). If thyroid gland doesn't produce enough of these hormones, you may experience symptoms such as weight gain, lack of energy, and depression. This condition is called hypothyroidism. Thyroid gland produces too many hormones, you may experience weight loss, high levels of anxiety, tremors, and a sense of being on a high. This is called hyperthyroidism. TSH interacts with specific cell receptors on the thyroid cell surface and exerts two main actions. The first action is to stimulate cell reproduction and hypertrophy. Secondly, TSH stimulates the thyroid gland to synthesize and secrete T3 and T4. The ability to quantitate circulating levels of TSH is important in evaluating thyroid function. It is especially useful in the differential diagnosis of primary (thyroid) from secondary (pituitary) and tertiary (hypothalamus) hypothyroidism. In primary hypothyroidism, TSH levels are significantly elevated, while in secondary and tertiary hypothyroidism, TSH levels are low.

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## ESR (ERYTHROCYTE SEDIMENTATION RATE)

| Test Description | Value(s) | Unit | Reference Range |
|---|---|---|---|
| **Erythrocyte Sedimentation Rate** | 13.9 | mm/hr | < 15 |
| Wintrobe method | | | |

**Interpretation:** It indicates presence and intensity of an inflammatory process. It is a prognostic test and used to monitor the course or response to treatment of diseases like tuberculosis, acute rheumatic fever,. It is also increased in multiple myeloma, hypothyroidism.

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## BLOOD GLUCOSE LEVEL ( FASTING )

| Test Description | Value(s) | Unit | Reference Range |
|---|---|---|---|
| **Glucose Fasting** | 109.1 | mg/dl | 70 - 110 |
| **Glucose Urine** | Absent | | |

**Interpretation :** Fasting Blood Sugar more than 126 mg/dl on more than one occasion can indicate Diabetes Mellitus.

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## BLOOD GROUP

| Test Description | Value(s) | Unit | Reference Range |
|---|---|---|---|
| **Sample Type :** WHOLE BLOOD EDTA | | | |
| **Blood Group :** | O Rh Positive | | |

**METHOD :** Monoclonal blood grouping (Agglutination test) by slide method

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## BLOOD GLUCOSE LEVEL - PP ( POST PRANDIAL)

| Test Description | Value(s) | Unit | Reference Range |
|---|---|---|---|
| **BSL POST PRANDIAL SUGAR** | 132.1 | mg/dl | 90 - 150 |
| **Glucose Urine** | Absent | | |
| **Urine Ketone** | Absent | | |

**Interpretation :** A postprandial glucose reading of 141-199 mg/dl indicates prediabetes.A postprandial reading over 200 mg/dl indicates diabetes.

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## URINE ROUTINE

| Test Description | Value(s) | Unit | Reference Range |
|---|---|---|---|
| | **Physical Examination** | | |
| **Colour** | Pale Yellow | | Pale yellow/Yellow |
| **Appearance** | Clear | | Clear |
| **Specific Gravity** | 1.005 | | 1.005-1.030 |
| **pH** | Acidic | | Acidic |
| **Deposit** | Absent | | Absent |
| | **Chemical Examination** | | |
| **Protein** | Absent | | Absent |
| **Sugar** | Absent | | Absent |
| **Ketones** | Absent | | Absent |
| Bile Salt | Absent | | Absent |
| **Bile Pigment** | Absent | | Absent |
| **Urobilinogen** | Normal | | Normal |
| | **Microscopic Examination (/hpf)** | | |
| **Pus Cell** | Absent | | Upto 5 |
| **Epithelial Cells** | 1-2 | | Upto 5 |
| **Red Blood Cells** | Absent | | Absent |
| **Casts** | Absent | | Absent |
| **Crystals** | Absent | | Absent |
| **Bacteria** | Absent | | Absent |

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## COMPLETE BLOOD COUNT

| Test Description | Value(s) | Unit | Reference Range |
|---|---|---|---|
| Hemoglobin<br>Photometric | 14.5 | gms/dl | 11 - 16 |
| Total Leucocyte Count (WBC)<br>Electrical impedence | 5.0 | x 10^3/L | 4.0 - 11.0 |
| Total Erythrocyte Count (RBC)<br>Electrical impedence | 5.39 | x 10^6/L | 3.5 - 5.5 |
| Platelet count<br>Electrical impedence | 270 | x 10^3/L | 150 - 450 |
| MPV | 11.6 | fL | 6.5 - 12 |
| PCT<br>Electrical Impedence | 0.31 | % | 0.10 - 0.50 |
| PDW | 15.3 | % | 9 - 17 |
| **RBC Indices** | | | |
| HCT (P.C.V.) | **49.5** | % | 35 - 48 |
| MCV | 91.84 | fL | 82 - 95 |
| MCH | 26.90 | pg | 25 - 33 |
| MCHC | **29.29** | gm/dl | 33 - 37 |
| RDW-CV | **16.4** | % | 12 - 16 |
| RDW-SD | **55.3** | fL | 40 - 55 |
| **Differential W.B.C. Count** | | | |
| Neutrophil | 59.6 | % | 40 - 70 |
| Lymphocytes | 32.1 | % | 20 - 40 |
| Eosinophil | 2.7 | % | 1 - 6 |
| Monocytes | 5.5 | % | 2 - 8 |
| Basophils | 0.1 | % | 0 - 1 |
| **Absolute Count** | | | |
| Absolute Neutrophil Count | 2.98 | x10^3/L | 1.5 - 8.0 |
| Absolute Lymphocyte Count | **1.60** | x 10^3/L | - |
| Absolute Eosinophil Count | **0.14** | x 10^3/L | - |
| Absolute Monocyte Count | **0.28** | x 10^3/L | - |
| Absolute Basophil Count | **0.01** | x 10^3/L | - |
| | **Peripheral Smear Findings** | | |
| Abnormalities of Erythrocytes | Normocytic Normochromic | | |
| Abnormalities of Leucocytes | Within Normal Limits | | |
| Platelets on smear | Adequate on smear | | |

**Test performed on fully automated 5 part differential cell counter.**



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## COMPLETE BLOOD COUNT

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|---|---|---|---|

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## GLYCOSYLATED HAEMOGLOBIN ( GHB / HBA1c )

| Test Description | Value(s) | Unit | Reference Range |
|---|---|---|---|
| **HbA1c**<br>H.P.L.C | **6.5** | % | Below 6.0% - Normal Value<br>6.0% - 7.0% - Good Control<br>7.0% - 8.0% - Fair Control<br>8.0% - 10% - Unsatisfactory Control<br>Above 10% - Poor Control |

**Interpretation:**

**Test Description:**

Glucose combines with Hb continuously and nearly irreversibly during the life span of RBC (120 days). Therefore, glycosylated Hb (GHb) wil be proportional to mean plasma glucose level during previous 6- 12 weeks.
Normal range (ADA 2010 recommendations):
1. Less than 5.7%
.2 5.7-6.4% increased risk for diabetes
.3 Greater than 6.4% diabetic range
TheformularecommendedotcalculateAeGsiAeGm(g/dL)=287. xhemoglobinA1c-467.
Test Interpretation:
HBA1C test should be performed at least two times a year ni patients who are meeting treatment goals (and who have stable glycemic control). A1C test should be performed quarterly ni patients whose therapy haschanged or who are not meeting glycemic goals. Lowering A1C ot below or around %7 has been shown ot reduce microvascular and neuropathic complications of type 1and type diabetes

**HBA1C increased in:**

Chronic renal failure with or without hemodialysis.
Iron deficiency anemia.
Splenectomy.
Increased serum triglycerides.
Alcohol ingestion.
Lead and opiate toxicity.
Salicylate treatment.

**HBA1C decreased in:**

Shortened RBC life span (e.g., hemolytic anemias, blood loss)
Folowing transfusions
Pregnancy
Ingestion of large amounts (Greater than 1g/day) of vitamin Cor vitamin E
Hemoglobinopathies (e.g., spherocytes), which produce variable increase or decrease depending on asay method.

**Reflex Test:** CBC, C-peptide, Insulin Fasting, GGT, Lipid Profile, Urinary microalbumin.

**References:** Wallach's Interpretation of Diagnostic Tests TENTH EDITION

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## LIPID PROFILE

| Test Description | Value(s) | Unit | Reference Range |
|---|---|---|---|
| **Total Cholesterol** | 156.4 | mg/dl | Low < 125<br>Desirable : < 200<br>Borderline High : 201 - 240<br>High : > 240 |
| **Triglycerides** | 137.9 | mg/dl | Low < 25<br>Normal : < 150<br>Borderline High : 151 - 199<br>High : 200 |
| **HDL Cholesterol** | 38.6 | mg/dl | < 35 Low<br>80 High |
| **Non HDL Cholesterol** | **117.80** | mg/dl | Desirable : < 130<br>Boderline high : 130 - 159<br>High : 160 |
| **LDL Cholesterol** | 90.22 | mg/dl | Low < 85<br>Optimal : <100<br>Near/Above Optimal : 101 - 129<br>Borderline High : 130 - 159<br>High : 160 |
| **VLDL Cholesterol** | 27.58 | mg/dl | Below 40 |
| **TOTAL CHOL/HDL Ratio** | 4.05 | - | Desirable/Low Risk : 3.3 - 4.4<br>Borderline/Middle Risk : 4.5 - 7.1<br>Elevated/High Risk : 7.2 - 11.0 |
| **LDL/HDL Ratio** | 2.34 | - | Desirable/Low Risk : 0.5 - 3.0<br>Borderline/Middle Risk : 3.1 - 6.0<br>Elevated/High Risk : >6.1 |
| **Appearance of Serum** | Clear | | |

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## LIVER FUNCTION TEST ( LFT )

| Test Description | Value(s) | Unit | Reference Range |
|---|---|---|---|
| **Bilirubin Total** | 0.6 | mg/dL | 0.2 - 1.2 |
| **Bilirubin Direct** | 0.1 | mg/dL | 0.0 - 0.3 |
| **Bilirubin Indirect** | 0.50 | mg/dL | 0.2 - 0.9 |
| **SGOT (AST)** | 31.1 | U/L | 0 - 45 |
| **Alkaline Phosphatase** | **165.3** | U/L | 80 - 360 |
| **Protein Total** | 6.8 | g/dL | 6.0 - 8.3 |
| **Albumin** | 3.9 | g/dL | 3.2 - 5.0 |
| **Globulin** | 2.90 | g/dL | 2.5 - 3.3 |
| **A/G Ratio** | 1.34 | - | 1.0 - 2.1 |

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## RENAL FUNCTION TEST

| Test Description | Value(s) | Unit | Reference Range |
|---|---|---|---|
| **Serum Urea** | 15.2 | mg/dl | 13 - 45 |
| **Serum Creatinine** | 1.2 | mg/dl | - |
| **Serum Uric acid** | 4.9 | mg/dl | 3.6 - 7.2 |
| **Serum Sodium** | 139.4 | mmol/L | 135 - 155 |
| **Serum Potassium** | 4.6 | mmol/L | 3.5 - 5.5 |
| **Serum Chloride** | 102.4 | mEq/L | 98 - 107 |

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**Free PROSTATE SPECIFIC ANTIGEN (Free PSA )**

| Test Description | Value(s) | Unit | Reference Range |
|---|---|---|---|
| **PSA (Prostate - Specific Antigen)** | 0.3 | ng/mL | 0.0-0.5 |

**Interpretation & Remarks:**

- Normal results do not eliminate the possibility of prostate cancer.
- Values obtained with different assay methods or kits may be different and cannot be used interchangeably.
- Tumor markers are not specific for malignancy. Test results cannot be interpreted as absolute evidence for the presence or absence of malignant disease.
- Specimens drawn from patients undergoing prostate manipulation, especially needle biopsy and transurethral specimens are drawn before these procedures are performed.
- The percentage of free PSA can be used to estimate how likely it is that a biopsy will show cancer.
- If the percentage of free PSA is higher than 25%, the likelihood of prostate cancer is about 8%.
- If the percentage of free PSA is less than 10%, then the likelihood of prostate cancer rises to 56%.

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## X - RAY OF CHEST PA VIEW

### X-RAY CHEST PA VIEW

**TECHNIQUE :- 1 view obtained.**

**FINDINGS :-**

The lung on the either side show equal translucency.

The peripheral pulmonary vasculature is normal.

No focal lung lesion is seen.

Bilateral CP angles are normal.

Both hila are normal in size, have equal density and bear normal relationship.

The heart and trachea are central in position and no mediastinal abnormality is visible.

The cardiac size is normal.

The domes of the diaphragms are normal in position,and show smooth outline.

**IMPRESSION :- No significant abnormality detected**

**ADVICE :- Clinical correlation and follow uP.**

**END OF REPORT**

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**Dr. PRATIBHA GAWANDE**
CONSULTANT RADIOLOGIST

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| **Ref Doctor :** | Madyosis | **Date:** | 13-04-2023 |

# ULTRASOUND ABDOMEN & PELVIS

**Sub optimal evaluation due to excessive bowel gases.**

**Liver** is **normal in size** and shows **raised** echogenicity. No evidence of focal lesion. No IHBR dilatation. Portal vein and common bile duct appear normal in course and caliber.

**Gall bladder** Well distended and shows normal wall thickness. No evidence of any calculi, sludge or polyp. CBD is normal.
**Pancreas** Visualized regions appear normal in size and echotexture.
**Spleen:** - It is normal in size and echotexture. No focal lesion seen**.**

**Right kidney** normal in size, shape and echotexture. Corticomedullary differentiation is maintained. No hydronephrosis / hydroureter is noted.

**Left kidney** normal in size, shape and echotexture. Corticomedullary differentiation is maintained. No hydronephrosis / hydroureter is noted.

**Urinary bladder** Is well distended and shows normal wall thickness.

**Prostate** is normal in size, measures 3.7 x 3.5 x 3.9 cm, volume (28 CC). **Foci of calcification are seen within.**
Bowel loops appear normal and show normal peristalsis.
No evidence of abdominal lymphadenopathy/free fluid in abdomen and pelvis.

**IMPRESSION: USG abdomen and pelvis study reveals,**

- **Grade I fatty liver.**

**Dr.PratibhaGawande.**
**Consultant Radiologist.**

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Kabir

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| | | | |
|---|---|---|---|
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| **Ref Doctor :** | Madyosis | **Date:** | 13-04-2023 |

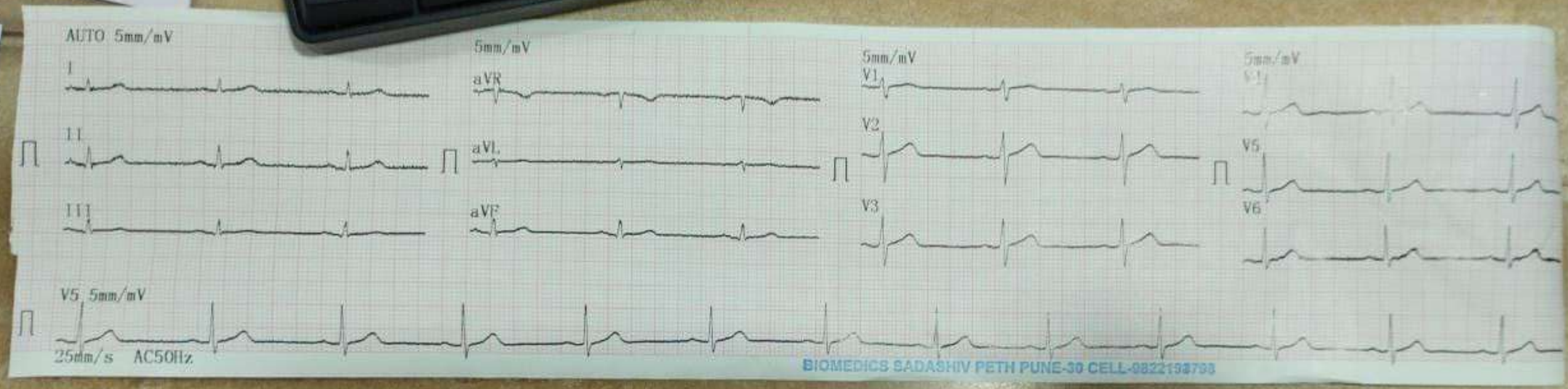
## 2D ECHO / COLOUR DOPPLER

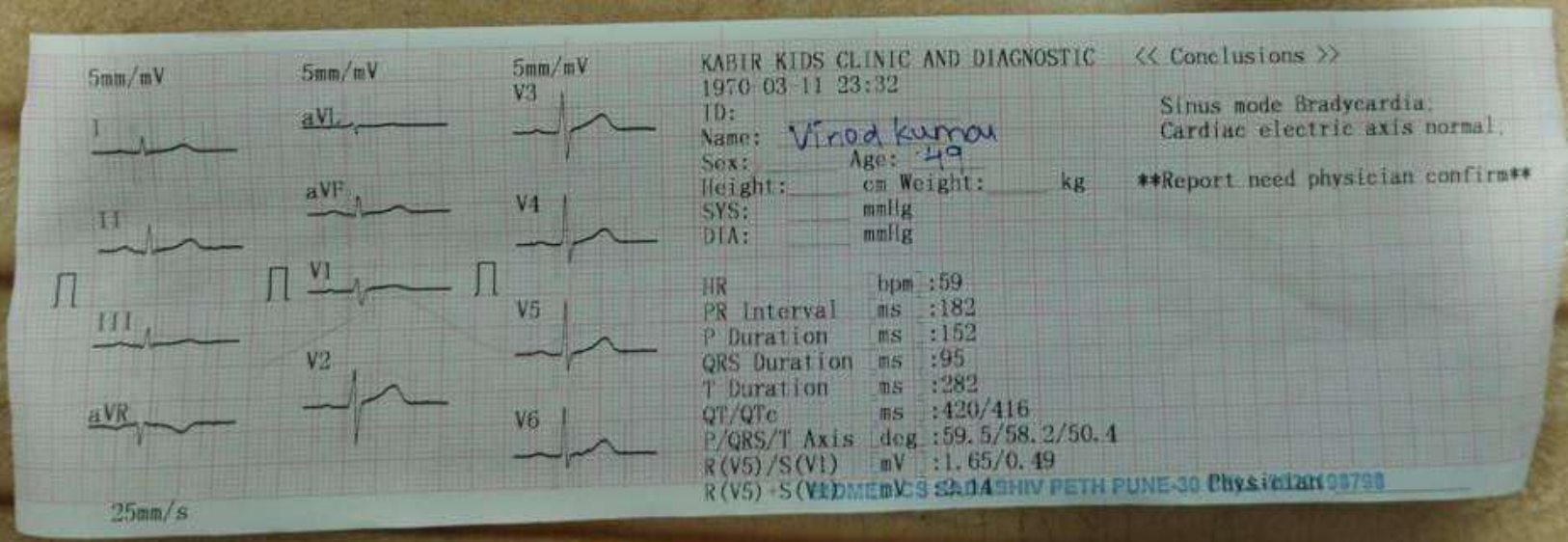
| | | | |
|---|---|---|---|
| Ao (Cm) | 2.5 | LVIDd (Cm) | 4.0 |
| LA (Cm) | 3.7 | LVIDs (Cm) | 3.2 |
| IVSd (Cm) | 1.3 | LVEF (%) | 60% |
| PWd (Cm) | 0.9 | | |

**REPORT:**

**No regional wall motion abnormality**
**Normal size cardiac chambers,**
**Normal LV systolic function, LVEF – 60%**
**No diastolic dysfunction.**
**NO MR / NO TR**
**Normal cardiac valves,**
**Intact IAS and IVS.**
**No clot, vegetations, pericardial effusion noted.**
**No e/o coarctation of aorta.**

**Dr.PratibhaGawande.**
**Consultant Radiologist.**


AUTO 5mm/mV
I
II
III
5mm/mV
aVR
aVL
aVF
5mm/mV
V1
V2
V3
5mm/mV
V4
V5
V6
V5 5mm/mV
25mm/s AC50Hz
BIOMEDICS SADASHIV PETH PUNE-30 CELL-9822138793


5mm/mV
I
II
III
aVR
5mm/mV
aVL
aVF
V1
V2
5mm/mV
V3
V4
V5
V6
25mm/s
KABIR KIDS CLINIC AND DIAGNOSTIC
1970-03-11 23:32
ID:
Name: Virod kurrau
Sex: Age: 49
Height: cm Weight: kg
SYS: mmHg
DIA: mmHg
HR bpm :59
PR Interval ms :182
P Duration ms :152
QRS Duration ms :95
T Duration ms :282
QT/QTc ms :420/416
P/QRS/T Axis deg :59.5/58.2/50.4
R(V5)/S(V1) mV :1.65/0.49
R(V5)+S(V1) mV :2.14
<< Conclusions >>
Sinus mode Bradycardia.
Cardiac electric axis normal.
**Report need physician confirm**
BIOMEDICS SADASHIV PETH PUNE-30
Physician


VINOD KUMAR AGE-49/M