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DIAGNOSTICS RAIBARELI ROAD, TELIBAGH, LUCKNOW E-mail : mskdiagnosticspvt@gmail.com. Website : mskdiagnostics.in

Mobile : 7565000448

Collected At : (MSK)

Name : MR. MUNISH Ref/Reg No : 12740 / TPPC/MSK- Ref By : Dr. MEDI WHEEL Sample : Blood, Urine	Age : 27 Yrs. Gender : Male	Registered Collected Received Reported	: 23-12-2022 12:21 PM : 23-12-2022 09:45 AM : 23-12-2022 12:21 PM : 23-12-2022 06:21 PM
Investigation	Observed Values	Units	Biological Ref.
BIO	CHEMISTRY		
Plasma Glucose Fasting [Method: Hexokinase]	91.0	mg/dL	70 - 110
Plasma Glucose, PP (2 Hrs after meal) [Method: Hexokinase]	122.6	mg/dL	120-170
Serum Bilirubin (Total)	0.9	mg/dl.	0.0-1.2
* Serum Bilirubin (Direct)	0.3	mg/dl.	0-0.4
* Serum Bilirubin (Indirect)	0.6	mg/dl.	0.2-0.7
SGPT [Method: IFCC (UV without pyridoxal-S-phosphate]	45.9	IU/L	10 - 50
SGOT [Method: IFCC (UV without pyridoxal-5-phosphate]	25.5	IU/L	10 - 50
Serum Alkaline Phosphatase [Method:4-Nitrophenyl phosphate (pNPP)]	176.8	IU/L	108 - 306
Serum Protein	7.1	gm/dL	6.2 - 7.8
Serum Albumin	4.5	gm/dL.	3.5 - 5.2
Serum Globulin	2.6	gm/dL.	2.5-5.0
A.G. Ratio	1.73 : 1		
* Gamma-Glutamyl Transferase (GGT)	15.61	IU/L	Less than 55

mkar

DR.MINAKSHI KAR. MD (PATH & BACT) Page 1

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- End of report ---

NOTE -- This Report is not for medico legal purpose + PATHOLOGY + ECG + ECHO Facilities Available : • CT SCAN • ULTRASJOND • X-RAY • PATHOLOGY • ECG • ECHO Ambulance Available

DR. POONAM SINGH

MD (PATH)

(SENIOR ECHNOLOGIST) (CHECKED BY)



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Sample : Blood, Urine		Received	: 23-12-2022 09:45 AM
		Reported	: 23-12-2022 12:21 PM
Investigation	Observed Values	Units	Biological Ref.
	BIOCHEMISTRY		interval
KIDNEY FUNCTION TEST	DISCHEMISTRY		
Blood Urea		H. CONT.	
Serum Creatinine	21.3	mg/dL.	20-40
Serum Sodium (Na+)	0.80	mg/dL	0.50 - 1.40
Serum Potassium (K+)	146	mmol/L	135 - 150
Serum Uric Acid	4.3	mmol/L	3.5 - 5.3
Action one Acid	5.8	mg/dL.	3.4 - 7.0
[Method for Uric Acid: Enzymat		mald	
	21.3	mg/dL.	10-45
Blood Urea Nitrogen (BUN)	9.95	mg/dL.	6-21
Jrine for Sugar (F)	CLINICAL PATHOLOGY		
server and an first	Absent		
Urine for Sugar (PP)	Absent	A Alexandre Area	
	- 0 End of report		mkar
DR. POONAM SINGH (SENIO MD (PATH) (CHE	End of report RATECHNOLOGIST) ECKED BY)		DR.MINAKSHI KAR MD (PATH & BACT) Page

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Timing :

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- and the second s	Observed Values	Units	: 23-12-2022 06:21 PM
		Offica	Biological Ref. Interval
URINE EXAMINATION	CLINICAL PATHOLOGY		
URINE EXAMINATION ROUTINE			
[Method: Visual, Urometer-120, Microscopy]			
Physical Examination			
Color	Light Yellow		
Volume	35		
Chamles I PL		mL	
Chemical Findings	100		
Blood	Absent		
Bilirubin	Absent	RBC/µl	Absent
Urobilinogen	Absent		Absent
Chyle	Absent		Absent
[Method: Ether] Ketones			Absent
Proteins	Absent		Absent
Nitrites	Absent		Absent
Glucose	Absent		Absent
DH	Absent		Absent
Specific Gravity	5.5		5.0 - 9.0
Leucocytes	1.025		1.010 - 1.030
and the second	Absent	WBC/µL	Absent
Microscopic Findings			
Red Blood cells	Absent	/HPF	10000
Pus cells	Occasional	/HPF	Absent
Epithelial Cells	Absent	/HPF	0-3
Casts	Absent	/HPF	Absent/Few
Crystals	Absent	/HPF	Absent
Amorphous deposit	Absent	/HPF	Absent
Yeast cells	Absent	/HPF	Absent
Bacteria	Absent	/HPF	Absent
	Absent	/HPF	Absent

DR.MINAKSHI KAR MD (PATH & BACT) Page 1

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DR. POONAM SINGH MD (PATH)

(SENIOR VECHNOLOGIST) (CHECKED BY)

(A Complete Diagnostic Pathology Laboratory)

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Mobile : 7565000448

Collected At : (MSK)

Name : MR. AMIT KUMAR RAI Ref/Reg No : 12627 / TPPC/MSK- Ref By : Dr. MEDI WHEEL Sample : Blood, Urine	Age : 36 Yrs. Gender : Male	Registered Collected Received	: 13-12-2022 10:50 AM : 13-12-2022 10:01 AM : 13-12-2022 10:50 AM
Investigation		Reported	: 13-12-2022 05:34 PM
	Observed Values	Units	Biological Ref. Interval

HORMONE & IMMUNOLOGY ASSAY

Serum T3			
Serum T4	1.56	ng/dl	0.846 - 2.02
	10.79	ug/dl	5.13 - 14.06
Serum Thyroid Stimulating Harmone (T.S.H.) [Method: Electro Chemiluminescence Immunoassay (ECLIA)]	6.68	ulU/ml	0.39 - 5.60

SUMMARY OF THE TEST

1) Primary hyperthyroidism is accompanied by elevated serum T3 and T4 values along with depressed TSH levels.

2) primary hypothyroidism is accompanied by depressed serum T3 and T4 values and elevated serum TSH levels.

3) Normal T4 levels accompanied by high T3 levels are seen in patients with T3 thyrotoxicosis.

4) Slightly elevated T3 levels may be found in pregnancy and esterogen therapy, while depressed levels maybe encountered in severe illness, malnutrition, renalfailure and during therapy with drugs like propanlol and propylthiouracil.

5) Elevated TSH levels may also be indicative of TSH secreting pituitary tumour.

Chart of normal thyroid TSH levels during first, second and third trimester of pregnancy

Stage	Normal TSH Level
First Trimester Second Trimester Third Trimester	0.1-2.5 ulU/ml 0.2-3.0 ulU/ml
initia itimester	0.3-3.5 ulU/ml

DR. POONAM SINGH MD (PATH)

- End of report --(SENIOR ECHNOLOGIST) (CHECKED BY)

DR.MINAKSHI KAR MD (PATH & BACT) Page 1

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Investigation	Observed Values	Units	Biological Ref. Interval
*Glycosylated Hamadakis (III at a)	BIOCHEMISTRY		
*Glycosylated Hemoglobin (HbA1C)		and the second	
* Glycosylated Hemoglobin (HbA1C) (Hplc method)	5.6	%	0-6
* Mean Blood Glucose (MBG)	122.06	mg/dl	
< 6 % : Non Diebetic Level 6-7 % : Goal > 8 % : Action suggested	and the second s		Line M.
> 8 % : Action suggested SUMMARY			

If HbAlc is >8% which causes high risk of developing long term complications like retinopathy,Nephropathy,Cardiopathy and Neuropathy.In diabetes mellitus sugar (glucose) accumulates in blood stream beyond normal level. Measurement of blood / plasma glucose level (in fasting,"after meal" i.e. PP or random condition) reflect acute changes related to immediate past condition of the patient which may be affected by factor like duration of fasting or time of intake of food before fasting, dosages of anti diabetic drugs, mental conditions like stress, anxiety etc. it does not indicate the long-term aspects of diabetic control.

Glucose combines with hemoglobin (Hb) continuously and nearly irreversibly during life span of RBC (120 days), thus glycosylated Hb is proportional to mean plasma glucose level during the previous 2-3 months. HBA1C, a glycosylated Hb comprising 3% - 6% of the total Hb in healthy may double of even triple in diabetes mellitus depending on the level of hyperglycemia(high blood glucose level), thus correlating with lack of control by monitoring diabetic patients compliance with therapeutic regimen used and long term blood glucose level control. Added advantage is its ability to predict progression of diabetic complications. HbA1c value is no way concerned with the blood sugar on the day of testing and dietary preparation of fasting is unnecessary.

DR. POONAM SINGH MD (PATH)

-- End of report -ECHNOLOGIST) (SENIOR (CHECKED BY)

DR.MINAKSHI KAR MD (PATH & BACT) Page 1

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NAME: - MR. AMIT KUMAR

DATE: - 13.12.2022

Mobile : 7565000448

REF.BY: - MEDIWHEEL USG – WHOLE ABDOMEN

AGE: -36Y/M

RAIBARELI ROAD, TELIBAGH, LUCKNOW

E-mail : mskdiagnosticspvt@gmail.com, Website : mskdiagnostics.in

Liver appears normal in size (measures~ 147mm), shows diffusely increased echogenicity. No focal parenchymal lesion identified. No evidence of intra/ extrahepatic biliary tree dilatation noted. Portal vein appears to be of normal size.

Gall Bladder moderately distended. No definite calculi identified. No evidence of abnormal wall thickening noted.

Spleen appears normal in size, (measures ~ 88mm) shape and echopattern No focal parenchymal identified.

Pancreas appears normal in size, shape and echopattern. No definite calcification or ductal dilatation noted.

Right kidney measures ~ 106x41mm. Left kidney measures ~107x60mm. Both kidneys appear normal in . size, shape and echopattern. Corticomedullary differentiation appears maintained. No evidence of calculus or hydronephrosis on either side.

Urinary bladder appears well distended with no calculus or mass within.

Prostate appears normal in size (vol~11.6cc) & echotexture.

No evidence of ascites or pleural effusion seen. No significant retroperitoneal lymphadenopathy noted.

IMPRESSION:

 Grade I fatty infiltration of liver. -Suggested clinical correlation.

Dr. Sarvesh Chandra Mishra

M.D., DNB Radio-diagnosis PDCC Neuroradiology (SGPGI, LKO) Ex- senior Resident (SGPGI, LKO) European Diploma in radiology EDiR, DICRI Reports are subjected to human errors and not liable for medicolegal purpose

Reported by: Roli Vishvakarma

Dr. Sweta

MBBS, DMRD DNB Radio Diagnosis Ex- Senior Resident Apollo Hospital Bengaluru Ex- Resident JIPMER, Pondicherry

> Timing : Mon. to Sun. 8:00am to 8:00pm

Amount - X-RAY - PATHOLOGY - ECG - ECHO

(A Complete Diagnostic Pathology Laboratory)

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Investigation	Observed Values	Units	Biological Ref. Interval
Н	EMATOLOGY		
HEMOGRAM			
Haemoglobin [Method: SLS]	14.9	g/dL	13 - 17
HCT/PCV (Hematocrit/Packed Cell Volume) [Method: Derived] RBC Count	45.8 4.89	ml % 10^6/μl	36 - 46 4.5 - 5.5
[Method: Electrical Impedence] MCV (Mean Corpuscular Volume) [Method: Calculated]	106.5	fL.	83 - 101
MCH (Mean Corpuscular Haemoglobin) [Method: Calculated]	30.2	Pg	27 - 32
MCHC (Mean Corpuscular Hb Concentration) [Method: Calculated]	32.5	g/dL	31.5 - 34.5
TLC (Total Leucocyte Count) [Method: Flow Cytometry/Microscopic] DLC (Differential Leucocyte Count):	8.3	10^3/µl	4.0 - 10.0
[Method: Flow Cytometry/Microscopic]			
Polymorphs	54	%	40.0 - 80.0
Lymphocytes	39	%	20.0 - 40.0
Eosinophils	06	%	1.0 - 6.0
Monocytes	01	%	2.0 - 10.0
Platelet Count [Method: Electrical impedence/Microscopic]	262	10^3/µl	150 - 400
*Erythrocyte Sedimentation Rate (E.S.R.) [Method: Wintrobe Method]	a monogramy.		
*Observed Reading	08	mm for 1 hr	0-10
* ABO Typing	" AB "		
* Rh (Anti - D)	Negative		

DR. POONAM SINGH MD (PATH)

-- End of report -(SENIOR SCHNOLOGIST) (CHECKED BY)

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DR.MINAKSHI KAR MD (PATH & BACT) Page 1

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nvestigation	Observed Values	Units	Biological Ref.
	BIOCHEMISTRY		interval
Plasma Glucose Fasting	76.7	maldi	70.440
[Method: Hexokinase]	/0./	mg/dL	70 - 110
Plasma Glucose, PP (2 Hrs after meal) [Method: Hexokinase]	129.0	mg/dL.	120-170
Serum Bilirubin (Total)	0.8	mg/dl.	0.0 - 1.2
* Serum Bilirubin (Direct)	0.2	mg/dl.	0-0.4
* Serum Bilirubin (Indirect)	0.6	mg/dl.	0.2-0.7
SGPT [Method: IFCC (UV without pyridoxal-5-phosph	27.1 nate]	IU/L	10 - 50
SGOT [Method: IFCC (UV without pyridoxal-5-phosph	32.6 nate]	IU/L	10 - 50
Serum Alkaline Phosphatase [Method:4-Nitrophenyl phosphate (pNPP)]	149.3	IU/L	108 - 306
Serum Protein	7.1	gm/dL	6.2 - 7.8
Serum Albumin	3.8	gm/dL.	3.5 - 5.2
Serum Globulin	3.3	gm/dL.	2.5-5.0
A.G. Ratio	1.15 : 1		
* Gamma-Glutamyl Transferase (GGT)	31.7	IU/L	Less than 55
	CLINICAL PATHOLOGY		and the second
Urine for Sugar (F)	Absent		
Urine for Sugar (PP)	Absent		
	22		mkar
DR. POONAM SINGH (SENIO MD (PATH) (CHE	R TECHNOLOGIST) ECKED BY)		DR.MINAKSHI KAR MD (PATH & BACT)
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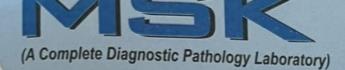
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nvestigation	Observed Values	Units	Biological Ref. Interval
IPID PROFILE (F)	CANE & DOTE MANY OF TO ARRA	1	
Serum Cholesterol	204.0	mg/dL.	<200
Serum Triglycerides	162.8	mg/dL.	<150
HDL Cholesterol	40.2	mg/dL	>55
LDL Cholesterol	131	mg/dL.	<130
VLDL Cholesterol	33	mg/dL.	10 - 40
CHOL/HDL	5.07	mg/ dt.	10-40
LDL/HDL	3.26		
INTERPRETATION:	- Aller and and -	Ja may for	plane and
Borderline High : 200-239 mg High : =>240 mg/c			
High : =>240 mg/c National Cholestrol Education pro Desirable : < 15 Borderline High : 150- High : 200-	11	for Triglyce	rides:
High : =>240 mg/d National Cholestrol Education pro Desirable : < 15 Borderline High : 150- High : 200- Very High : >500 National Cholestrol Education pro <40 mg/dl : Low	il ogram Expert Panel (NCEP) 50 mg/dl -199 mg/dl -499 mg/dl 0 mg/dl	for HDL-Chold	estrol:
High : =>240 mg/d National Cholestrol Education pro Desirable : < 15 Borderline High : 150- High : 200- Very High : >500 National Cholestrol Education pro <40 mg/dl : Low =>60 mg/dl : High National Cholestrol Education pro Optimal : < 100- Borderline High : 130- High : 160-	il ogram Expert Panel (NCEP) 50 mg/dl -199 mg/dl -499 mg/dl 0 mg/dl ogram Expert Panel (NCEP) HDL-Cholestrol [Major ris ht HDL-Cholestrol [Negative ogram Expert Panel (NCEP) 00 mg/dL	for HDL-Chol k factor for e risk facto	estrol: CHD] , r for CHD]
High : =>240 mg/d National Cholestrol Education pro Desirable : < 15 Borderline High : 150- High : 200- Very High : >500 National Cholestrol Education pro <40 mg/dl : Low =>60 mg/dl : High National Cholestrol Education pro Optimal : < 100- Borderline High : 130- High : 160-	il ogram Expert Panel (NCEP) 50 mg/dl -199 mg/dl -499 mg/dl o mg/dl ogram Expert Panel (NCEP) HDL-Cholestrol [Major ris ht HDL-Cholestrol [Negative ogram Expert Panel (NCEP) 00 mg/dL -129 mg/dL -129 mg/dL -159 mg/dL -189 mg/dL zymatic (CHOD/POD)] atic (Lipase/GK/GPO/POD)] genous Enzymatic (PEG Chole genous Enzymatic (PEG Chole genous Enzymatic (PEG Chole genous Enzymatic (PEG Chole	for HDL-Chole k factor for e risk facto: for LDL-Chole	estrol: CHD] r for CHD] estrol:
High :=>240 mg/d National Cholestrol Education pro Desirable :< 15 Borderline High : 150- High : 200- Very High :>500 National Cholestrol Education pro <40 mg/dl : Low =>60 mg/dl : High National Cholestrol Education pro Optimal : Kigh National Cholestrol Education pro Optimal : 4 10 Near optimal/above optimal : 100- Borderline High : 130- High : 160- Very High : 190 [Method for Cholestrol Total: Enzyma [Method for Triglycerides: Enzyma [Method for HDL Cholestrol: Homoo [Method for CHOL/HDL ratio: Calcu	il ogram Expert Panel (NCEP) 50 mg/dl -199 mg/dl -499 mg/dl 0 mg/dl ogram Expert Panel (NCEP) HDL-Cholestrol [Major ris ht HDL-Cholestrol [Negative ogram Expert Panel (NCEP) 00 mg/dL -129 mg/dL -129 mg/dL -159 mg/dL -189 mg/dL zymatic (CHOD/POD)] atic (Lipase/GK/GPO/POD)] genous Enzymatic (PEG Chole genous Enzymatic (PEG Chole edewald equation] ulated] lated]	for HDL-Cholk k factor for e risk facto: for LDL-Cholk estrol estera	estrol: CHD] r for CHD] estrol: ase)] ase)]
High : =>240 mg/d National Cholestrol Education production Desirable Borderline High : 150- High : 200- Very High : 200- National Cholestrol Education production Production <40 mg/dl	il ogram Expert Panel (NCEP) 50 mg/dl -199 mg/dl -499 mg/dl o mg/dl ogram Expert Panel (NCEP) HDL-Cholestrol [Major ris ht HDL-Cholestrol [Negative ogram Expert Panel (NCEP) 00 mg/dL -129 mg/dL -129 mg/dL -159 mg/dL -189 mg/dL zymatic (CHOD/POD)] atic (Lipase/GK/GPO/POD)] genous Enzymatic (PEG Chole genous Enzymatic (PEG Chole genous Enzymatic (PEG Chole genous Enzymatic (PEG Chole	for HDL-Cholk k factor for e risk facto: for LDL-Cholk estrol estera	estrol: CHD] r for CHD] estrol: ase)] ase)]

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nvestigation	Observed Values	Units	Biological Ref. Interval
CLIN	ICAL PATHOLOGY		
JRINE EXAMINATION ROUTINE			
Method: Visual, Urometer-120, Microscopy]			
Physical Examination			
Color	Pale Yellow		Light Yellow/S
Volume	30	mL	-0
Chemical Findings		and the second second	
Blood	Absent	RBC/µl	Absent
Bilirubin	Absent		Absent
Urobilinogen	Absent		Absent
Chyle	Absent		Absent
[Method: Ether] Ketones	Absent		Absent
Proteins	Absent		Absent
Nitrites	Absent		Absent
Glucose	Absent		Absent
pH	5.5		5.0 - 9.0
Specific Gravity	1.025		1.010 - 1.030
Leucocytes	Absent	WBC/µL	Absent
Microscopic Findings			
Red Blood cells	Absent	/HPF	Absent
Pus cells	1-2	/HPF	0-3
Epithelial Cells	Absent	/HPF	Absent/Few
Casts	Absent	/HPF	Absent
Crystals	Absent	/HPF	Absent
Amorphous deposit	Absent	/HPF	Absent
Yeast cells	Absent	/HPF	Absent
Bacteria	Absent	/HPF	Absent
Others	Absent	/HPF	Absent

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DR.MINAKSHI KAR MD (PATH & BACT) Page 1

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(SENIOR ECHNOLOGIST)

(CHECKED BY)

----- End of report -

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DR. POONAM SINGH

MD (PATH)

Timing :

CARTEGURAR COVID & MANAGER & MIRPORT ----

RAIBARELI ROAD, TELIBAGH, LUCKNOW

(A Complete Diagnostic Pathology Laboratory)

E-mail : mskdiagnosticspvt@gmail.com, Website : mskdiagnostics in Mobile : 7565000448

Collected At : (MSK)

DIAGNOS

Investigatio	on	Observed \	/alues	Units	Biological Ref.
Sample	: Blood, Urine			Received Reported	: 23-12-2022 12:21 PM : 23-12-2022 06:21 PM
	: Dr. MEDI WHEEL	Gender : N	Aale	Collected	: 23-12-2022 09:45 AM
Name Ref/Reg No	: MR. MUNISH : 12740 / TPPC/MSK-	Age : 2	7 Yrs.	Registered	: 23-12-2022 12:21 PM

Interval

HORMONE & IMMUNOLOGY ASSAY

Serum T3	1.00		
	1.66	ng/dl	0.846 - 2.02
Serum T4	9.78	ug/di	5.13 - 14.06
Serum Thyroid Stimulating Harmone (T.S.H.) [Method: Electro Chemiluminescence Immunoassay (ECLIA)]	2.35	uIU/ml	0.39 - 5.60

SUMMARY OF THE TEST

Stage

1) Primary hyperthyroidism is accompanied by elevated serum T3 and T4 values along with depressed TSH levels.

2) primary hypothyroidism is accompanied by depressed serum T3 and T4 values and elevated serum TSH levels.

3) Normal T4 levels accompanied by high T3 levels are seen in patients with T3 thyrotoxicosis.

4) Slightly elevated T3 levels may be found in pregnancy and esterogen therapy, while depressed levels maybe encountered in severe illness, malnutrition, renalfailure and during therapy with drugs like propanlol and propylthiouracil.

5) Elevated TSH levels may also be indicative of TSH secreting pituitary tumour.

Normal TSH Level

Chart of normal thyroid TSH levels during first, second and third trimester of pregnancy

ouge	
First Trimester	0.1-2.5 ulU/ml
Second Trimester	0.2-3.0 u1U/ml
Third Trimester	0.3-3.5 ulU/ml

mkar

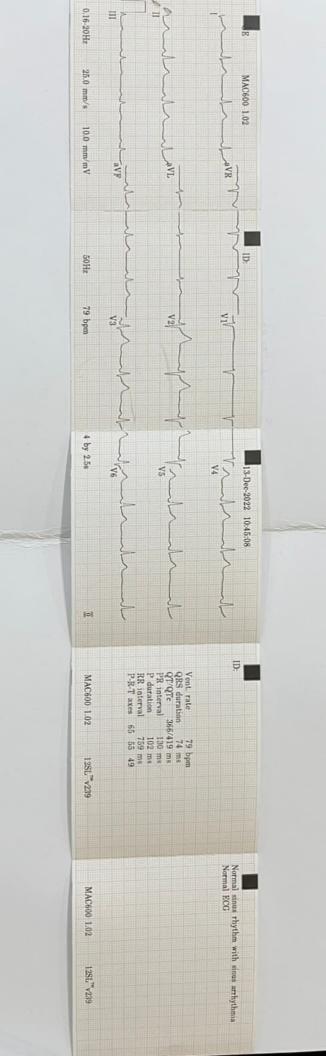
DR. POONAM SINGH MD (PATH)

(SENIOR EDHNOLOGIST) - End of report --(CHECKED BY)

DR.MINAKSHI KAR MD (PATH & BACT) Page 1

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DIAGNOSTICS RAIBARELI ROAD, TELIBAGH, LUCKNOW E-mail : mskdiagnosticspvt@gmail.com, Website : mskdiagnostics.in

Mobile : 7565000448

Collected At : (MSK)

Name : MR. MUNISH Ref/Reg No : 12740 / TPPC/MSK Ref By : Dr. MEDI WHEEL Sample : Blood, Urine	6	Age : 27 Yrs. Gender : Male	Registered Collected Received	: 23-12-2022 12:21 PM : 23-12-2022 09:45 AM
Investigation			Reported	: 23-12-2022 12:21 PM : 23-12-2022 06:21 PM
gallon		Observed Values	Units	Biological Ref.
LIPID PROFILE (F)	terminate a			interval
Serum Cholesterol				
Serum Triglycerides		217.3	mg/dL	<200
HDL Cholesterol		105.3	mg/dL.	<150
LDL Cholesterol		45.7	mg/dL	>55
VLDL Cholesterol		151	mg/dL	<130
CHOL/HDL		21 4.75	mg/dL.	10 - 40
LDL/HDL		4.75		
INTERPRETATION:	danie - 1			
ational Cholestrol Ed				
National Cholestrol Edu Desirable : Borderline High :	< 200 mg/dl 200-239 mg/dl	xpert Panel (NCEP)	for Cholestro	1:
	=>240 mg/d1			
National Cholestrol Edu Desirable Borderline High	ication program E : < 150 mg/d : 150-199 mg		for Triglycer	ides:
High Very High	: 200-499 mg : >500 mg/d1	/d1		
National Cholestrol Edu <40 mg/dl	cation program E	xpert Panel (NCEP)	for HDL-Chole	strol.
=>60 mg/d1		clestrol (Major ri Cholestrol (Negati		
National Cholestrol Edu Optimal	cation program E:	spert Panel (NCEP)	for LDL-Chole	strol.
Wear optimal/above opti Borderline High	mal : 100-129 mg	u /dL		
ligh	: 130-159 mg : 160-189 mg	dl.		
Very High	: 190 mg/dL	(db		
Method for Cholestrol Method for Triglycerid				
Method for HDL Cholest Method for LDL Cholest Method for VLDL Choles Method for CHOL/HDL ra Method for LDL/HDL rat	rol: Homogenous H rol: Homogenous H trol: Friedewald tio: Calculated)	Inzymatic (PEG Cho	lestrol estera lestrol estera	se)] se)]
and an and the lat	ver carcuraced)			malan
		Endatored		TIMOL
DR. POONAM SINGH MD (PATH)	(SENIOR TECHNO (CHECKED BY)	LOGIST)		DR.MINAKSHI KAR MD (PATH & BACT)
"The	results generated her	e is subjected to the sa	mple submitted"	Page
NOTE :- This Report is not for				(States and States

Facilities Ave BAABL SCOPE CAN . ULTRASUSND . X.RAY . PATHOLOGY . ECG . ECHO Ambulance Available



DIAG RAIBARELI ROAD, TELIBAGH E-mail : mskdiagnosticsgvt@gmail.com, Website : mskdiagnostics.in

Mobile : 7565000448

NAME: - MR. MUNISH KAUSHAL

DATE: -23.12.2022

REF.BY: - MEDIWHEEL

AGE: -27Y/M

USG - WHOLE ABDOMEN

Liver appears normal in size (measures~ 132mm), shape and echopattern. No focal parenchymal lesion identified. No evidence of intra/ extrahepatic biliary tree dilatation noted. Portal vein appears to be of normal size.

Gall Bladder moderately distended. No definite calculi identified. No evidence of abnormal wall thickening noted.

Spleen appears normal in size, (measures ~ 94mm) shape and echopattern No focal parenchymal identified.

Pancreas appears normal in size, shape and echopattern. No definite calcification or ductal dilatation noted.

Right kidney measures ~ 109x43mm. Left kidney measures ~109x47mm. Both kidneys appear normal in size, shape and echopattern. Corticomedullary differentiation appears maintained. No evidence of calculus or hydronephrosis on either side.

Urinary bladder appears well distended with no calculus or mass within.

Prostate appears normal in size (vol~ 10cc) & echotexture.

No evidence of ascites or pleural effusion seen. No significant retroperitoneal lymphadenopathy noted.

IMPRESSION:

• USG study of the abdomen shows no definite abnormality. -Suggested clinical correlation.

Dr. Sarvesh Chandra Mishra

M.D., DNB Radio-diagnosis PDCC Neuroradiology (SGPGI, LKO) Ex- senior Resident (SGPGI, LKO) European Diploma in radiology EDiR, DICRI Dr. Sweta Kumari MBBS, DMRD **DNB** Radio Diagnosis Ex- Senior Resident Apollo Hospital Bengaluru Ex- Resident JIPMER, Pondicherry

Reports are subjected to human errors and not liable for medicolegal purpose

Reported by: Roli Vishvakarma

Timing : Mon. to Sun.



DIAGNOSTICS RAIBARELI ROAD, TELIBAGH, LUCKNOW E-mail : mskdiagnosticspvt@gmail.com, Websits : mskdiagnostics.in

Mobile : 7565000448

Collected At : (MSK)

Name : MR. MUNISH				
+ MIR. MUNISH	Age : 27 Yrs.	Registered	: 23-12-2022 12:21 PM	
a set of the set of th	Gender : Male		: 23-12-2022 09:45 AM	
. ON MICON WHEEL		1200/020032	: 23-12-2022 12:21 PM	
Sample : Blood, Urine		AND THE REPORT OF	: 23-12-2022 12:21 PM : 23-12-2022 06:21 PM	
Investigation	Observed Mal			
	Observed Values	Units	Biological Ref. Interval	
	EMATOLOGY			
HEMOGRAM				
Haemoglobin	15.6	-14	1000	
Method: SLS] HCT/PCV (Hematocrit/Packed Cell Volume)	13.0	g/dL	13 - 17	
[Method: Derived]	48.7	ml %	36 - 46	
RBC Count Method: Electrical Impedence]	5.12	10^6/µl	4.5 - 5.5	
MCV (Mean Corpuscular Volume) Method: Calculated	97.2	fL.	83 - 101	
MCH (Mean Corpuscular Haemoglobin) Method: Calculated	30.5	Pg	27 - 32	
MCHC (Mean Corpuscular Hb Concentration) Method: Calculated]	31.4	g/dL	31.5 - 34.5	
LC (Total Leucocyte Count) Method: Flow Cytometry/Microscopic] DLC (Differential Leucocyte Count):	7.7	10^3/µl	4.0 - 10.0	
Method: Flow Cytometry/Microscopic]				
olymorphs	57	56	40.0 - 80.0	
ymphocytes	39	%	20.0 - 40.0	
osinophils	03	%	1.0 - 6.0	
fonocytes	01	%	2.0 - 10.0	
latelet Count Method: Electrical impedence/Microscopic]	200	10^3/µl	150 - 400	
Erythrocyte Sedimentation Rate (E.S.R.) Method: Wintrobe Method]	13	and the second	10-02	
Observed Reading	08	mm for 1 hr	0-10	
ABO Typing	* _B *			
Rh (Anti - D)	Positive			

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DR.MINAKSHI KAR MD (PATH & BACT) Page 1

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DR. POONAM SINGH

MD (PATH)

(SENIOR TECHNOLOGIST)

(CHECKED BY)



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Name : MR. MUNISH Ref/Reg No : 12740 / TPPC/MSK- Ref By : Dr. MEDI WHEEL Sample : Blood, Urine	Age : 27 Yrs. Gender : Male	Registered Collected Received Reported	: 23-12-2022 12:21 PM : 23-12-2022 09:45 AM : 23-12-2022 12:21 PM : 23-12-2022 06:21 PM
Investigation	Observed Values	Units	Biological Ref.
*Glycosylated Hemoglobin (HbA1C)	BIOCHEMISTRY		
* Glycosylated Hemoglobin (HbA1C) (Hplc method) * Mean Blood Glucose (MBG)	5.0	%	0-6
<pre>< 6 % : Non Diebetic Level 6-7 % : Goal > 8 % : Action suggested SUMMARY</pre>	100.7	mg/dl	No. 20

If HbAlc is >8% which causes high risk of developing long term complications like retinopathy, Nephropathy, Cardiopathy and Neuropathy. In diabetes mellitus sugar (glucose) accumulates in blood stream beyond normal level. Measurement of blood / plasma glucose level (in fasting, "after meal" i.e. PP or random condition) reflect acute changes related to immediate past condition of the patient which may be affected by factor like duration of fasting or time of intake of food before fasting, dosages of anti diabetic drugs, mental conditions like stress, anxiety etc. it does not indicate the long-term aspects of diabetic control.

Glucose combines with hemoglobin (Hb) continuously and nearly irreversibly during life span of RBC (120 days), thus glycosylated Hb is proportional to mean plasma glucose level during the previous 2-3 months. HBALC, a glycosylated Hb comprising 3% - 6% of the total Hb in healthy may double of even triple in diabetes mellitus depending on the level of hyperglycemia(high blood glucose level), thus correlating with lack of control by monitoring diabetic patients compliance with therapeutic regimen used and long term blood glucose level control. Added advantage is its ability to predict progression of diabetic complications. HbAlc value is no way concerned with the blood sugar on the day of testing and dietary preparation of fasting is unnecessary.

DR.MINAKSHI KAR MD (PATH & BACT) Page 1

DR. POONAM SINGH MD (PATH)

(CHECKED'BY)

(SENIOR ECHNOLOGIST)

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