



A.L.C. Advance Imaging Dignostics

(A Unit of Subham Imaging P.K. Arogyam Health & Wellness Center)

E-95, P.C. Colony, Near Sai Netryalaya Transformer, Kankarbagh, Patna - 20

alcdignostics@gmail.com

www.pkarogayamhealthcheckup.com

7050037694, 8771206196

OPINION MUST BE CORRELATES WITH CLINICALLY & OTHER INVESTIGATION FOR FINAL DIAGNOSIS. NOT FOR MEDICO LEGAL PURPOSE

Pt. Name :- AMIT KUMAR
Ref. By :- DR. / MEDIWHEEL

Date:- 13.02.2023
Age / Sex - Yrs. M.

REAL TIME U.S.G. OF WHOLE ABDOMEN Thanks for your kind referral

(Report)

- LIVER** :- Measures 16.40 cm. Mild Enlarged in shape, size and echo texture fatty change seen in liver parenchyma. I.H.B.R. are not dilated.
Hepatic veins are normal. No SOL seen.
- G.BL** :- Lumen is echo free. Wall thickness appears normal.
- C.B.D.** :- Measures 3.5 mm in diameter with echo free lumen. No calculi or mass seen.
- P.V.** :- Measures 7.7 mm in diameter. Appears normal. No thrombus seen.
- PANCREAS** :- Normal in shape, size and echo texture. No calcification mass seen.
- SPLEEN** :- Measures 9.40 cm. Normal in shape, size and echo texture.
No SOL seen.
- KIDNEY** :- Both kidney shows normal shape, size & echotexture. C.M.D.intact.
P.C.S.is not dilated.
Right Kidney :- Measures 10.8 X 3.50 cm.
Left Kidney :- Measures 10.7 X 3.50 cm.
- URETER** :- Not dilated. No apparent calculi seen.
- U.BLADDER** :- Shows normal in outline with echo free lumen. No calculi or mass seen.
Pre void - 320 ml. Post void - is in significant
- PROSTATE** :- Measures 18 gms.(approx). Appears Normal in size, shape, and echo texture.
No calcification, mass, growth seen. capsule is intact.
- R.I.F.** :- Son graphically no appendicular mass or collection seen.
- OTHERS** :- No Ascites. no Lymph Adenopathy. No pleural effusion seen on either side.

IMPRESSION

- Mild Hepatomegaly With fatty liver G-I
- Adv:- Further work up other investigation
Otherwise son graphically normal scan. of rest organs

13/2/23

Consultant Radiologist

ESTD BY:-

Dr. P. K. Tiwari
MD, M.Sc (Radio Imaging)
Ph. D (Ab Nuclear Medicine)
Consultant Imagerologist & Sonologist

Dr. S. Kumar
MD (Pat)
Consultant Pathologist

Dr. Abhishek Kumar
MBBS, MD
Consultant Neuropatho Physiologist

Dr. Kumari Suman
MBBS, DGO, MD
Consultant (TVS & HSG Specialist)

Dr. A. K. Singh
MBBS, PGDMCH
Consultant Radiologist & Sonologist

PRINTING MISTAKE SHOULD BE REPORTED BACK IMMEDIATELY/ यहाँ जन्म से पहले भ्रूण का लिंग जांच नहीं होता है ।



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ISO 9001:2015 Certified center

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Pt. Name :- AMIT KUMAR

Ref. By :- DR. / HEATHLANS

Date:- 13-Feb-23

Age / Sex - 35 Yrs. M.

Thanks for your kind referral

X-RAYCHEST (P.A.VIEW)

The lungs on the either side show equal translucency.

The peripheral pulmonary vasculature is increased in Both Lungs

No focal lung lesion is seen

The pleural spaces 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

- *The peripheral pulmonary vasculature is increased in Both Lungs with Mild Fibrous opacity*

Adv :- Further work up / other investigation for Pulmonary Pathology

13/2/23

Consultant Radiologist

ESTD BY-

Dr. P. K. Tiwari

MD, M.S. (Radio Imaging)
M.D. (MR Nuclear Medicine)
Consultant Radiologist & Sonologist

Dr. S. Kumar

MD (Path)
Consultant Pathologist

Dr. Abhishek Kumar

MBSL MD
Consultant Neurophysio Physiologist

Dr. Kumari Suman

MBSL DCC MD
Consultant (TUS & HSG Specialist)

Dr. A. K. Singh

MBSL, FCIMRCH
Consultant Radiologist Sonologist

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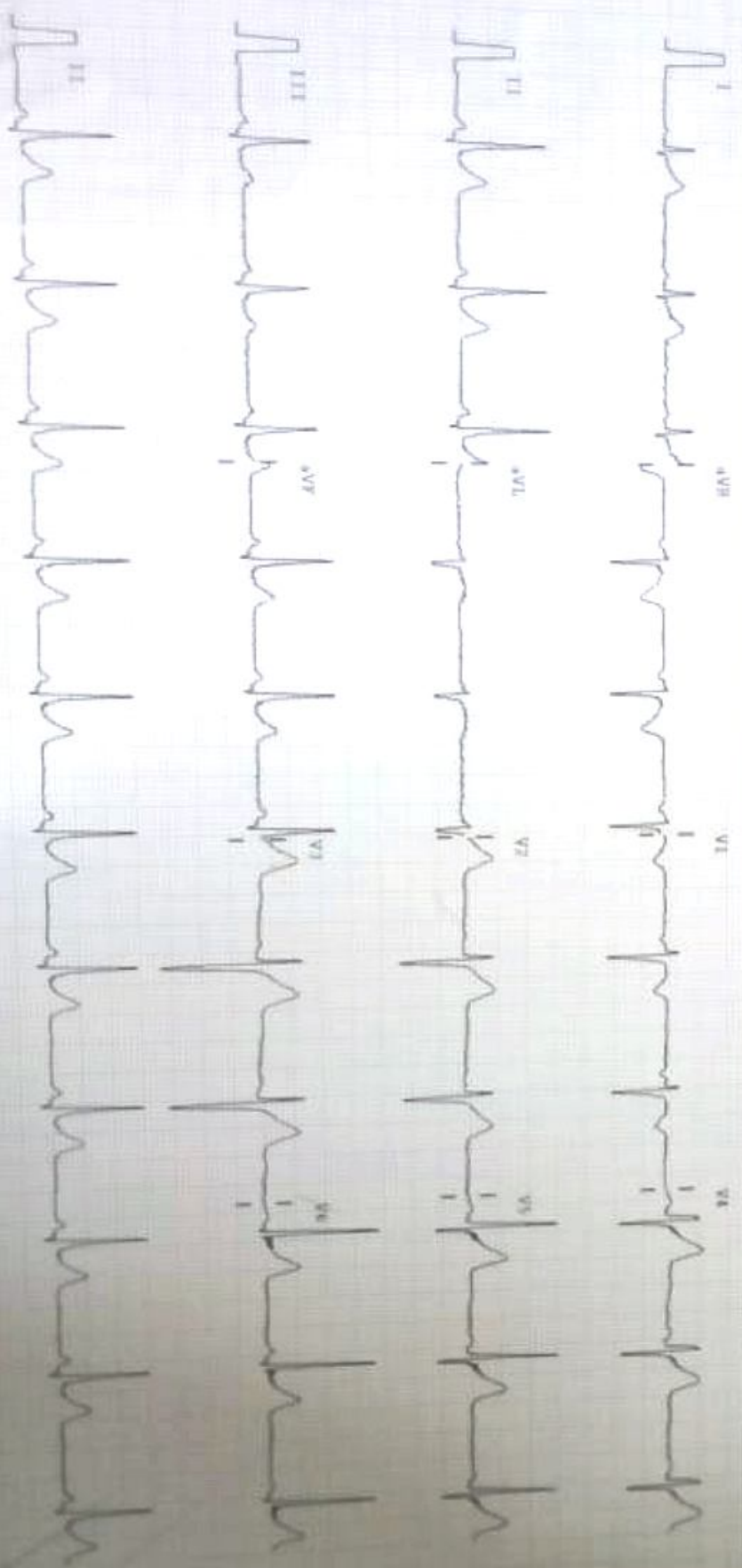
ID 3179 CASE AMIT KR
 AGE 35Y 0M 0D MALE
 Cms K9

13/02/2023 09:13:58
 ALC ADVANCE IMAGING DIAGNOSTICS
 E95 PC COLONY KANKARBACH PATNA

DATE 05 MAR 2023 EKG RHYTHM
 P-R 915 MS
 QRS 120 MS
 QT 88 MS
 QTc 368 MS
 QTc 377 MS

--AXIS--
 P 71°
 QRS 74°
 T 56°
 MORPHAL ECG

12 LEAD REPORT FORMAT 14*11L 50 REF DR MEDIWELL DR. DR. ANJISHA KUMAR MD



2580/MS 1 MAR 03 Med/Ph. DR ALC: DR 0:05: 35Hz ALLENBRIDGE P1321 VER 1.1 E1 CLINICALLY CORRELATE THE FINDINGS

PATIENT NAME : Mr. AMIT KUMAR

PATIENT ID : 3179

COL DATE : 13/02/2023 REPORTING DATE: 13/02/2023 AGE SEX : 35 YRS/M

REF.BY : DR. /MEDIWHEEL.

TEST NAME	RESULT	Unit	REF.RANGE
BLOOD SUGAR (F)	78.0	mg/dl	70 - 110 mg/dl

LIPID PROFILE:-

TOTAL CHOLESTROL	224.6	mg/dl	130 -250 mg/dl
TRIGLYCERIDE	162.7	mg/dl	50 -160 mg/dl
HDL CHOLESTROL	51.0	mg/dl	30 - 60 mg/dl
LDL CHOLESTROL	141.1	mg/dl	80 -130 mg/dl
VLDL CHOLESTROL	32.5	mg/dl	15 - 40 mg/dl
T.CH./HDL RATIO	4.4	:1	Upto 5:1
LDL./HDL RATIO	2.7	:1	2 - 4:1


13/02/23

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REF.BY : DR./ MEDIWHEEL..

TEST NAME	RESULT	Unit	REF.RANGE
LFT:-			
SGPT	35.9	IU/L	5 - 48 IU/L
SGOT	33.8	IU/L	5 - 40 IU/L
ALKALINE PHOSPHATASE	99.2	IU/L	25 - 147 IU/L
TOTAL PROTIN	8.1	g/dl	6.0 - 8.7 g/dl
SERUM ALBUMIN	5.0	g/dl	3.5 - 5.4 g/dl
SERIUM GLUBLINE	3.1	g/dl	2.3 - 3.6 g/dl
AG RATIO	1.6 : 1		1.0 - 2.3 g/dl
BILIRUBIN			
TOTAL	0.61	mg/dl	0.1 - 1.1 mg/dl
IRECT	0.23	mg/dl	0.0 - 0.32 mg/dl
INDIRECT	0.39	mg/dl	0.0 - 0.78 mg/dl
GGTP (GGT)	26.1	iu/L	8 - 38 iu/L
KFT/RFT			
URIC ACID	4.9	mg/dl	3.2 - 7.0 mg/dl
SERUM CREATNINE	1.0	mg/dl	0.6 - 1.5 mg/dl
BLOOD URIA	31.1	mg/dl	5 - 45 mg/dl
BLOOD URIA NITROZEN(BUN).	14.5	mg/dl	5 - 24 mg/dl


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REF.BY : DR. / MEDIWHEEL

TEST NAME	RESULT	Unit	REF.RANGE
ESR	8 mm/hr		<20 mm/hr
CBC			
Total W.B.C. Count	5,600 /cumm		4,000-11,000 /cumm
R B C COUNT	5.03 Million/ CUmm		4 - 7 Million/ CUmm
Platelets count	1.79 Lakh/ cumm		1.5-5.0 Lakh/ cumm
Differential Count of W.B.C.			
Neutrophils	50 %		40-70%
Lymphocytes	43 %		25-40%
Eosinophils	05 %		01-05%
Mnonocytes	02 %		00-08%
Basophiles	00 %		00 - 0%
HAEMOGLOBIN	15.2 gm/dl (104.1 %)		14.6 gm/dl = 100%
PCV	45.9 %		35-47 %
MCV	91.3 fl		76-96 fl
MCH	30.2 pg		29-35 pg
MCHC	34.0 %		30-38 %


13/02/22

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PATIENT ID : 3179

COL DATE : 13/02/2023 REPORTING DATE: 13/02/2023

AGE SEX : 35 YRS/M

REF.BY : DR./ MEDIWHEEL

GLYCOSYLATED HEMOGLOBIN

TEST NAME	RESULT	Unit	REF.RANGE
HbA1c	4.0 %		Below 5.7 % : Normal 5.7 – 6.4 % : Prediabetic > = 6.5 % : Diabetic
AVERAGE PLASMA GLUCOSE	92.0 mg/dl		90 – 120 mg/dl : Good Control 121 – 150 mg/dl : Fair Control 151- 180 mg/dl: Unsatisfactory Control >180 mg/dl : Poor Control

AK
13/02/23

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REF.BY : DR. / MEDIWHEEL.

TEST NAME	RESULT	Unit	REF.RANGE
BLOOD GROUP	: 'A'		
Rh Typing	: POSITIVE		

Note: Do always cross – matching before blood transfusion


13/02/23

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REF.BY : DR. /MEDIWHEEL.

ROUTINE EXAMINATION OF URINE

PHYSICAL EXAMINATION


Quantity	30 ml	Colour... ..	Straw
Appearance...	Clear	Sediment ...	Nil
Specific gravity....	1.010		

CHEMICAL EXAMINATION

Reaction	6.0	Nitrite.....	Not done
Sugar	Nil	Bile Pigment	Not done
Albumin	Nil	Urobilinogen....	Not done
Excess of Phosphate....	Nil	Chile.....	Not done
Bile Salt	Not Done	Acetone...	Not done

MICROSCOPIC EXAMINATION

Erythrocytes....	Nil	Casts	Nil
Leucocytes	1-3 / HPE	Crystals....	Nil
Epith. Cell	A, Few	Others	Nil


13/02/23

Name : Mr. AMIT KUMAR
 Lab No. : 438944894
 Ref By : ALC
 Collected : 14/2/2023 11:33:00AM
 A/c Status : P
 Collected at : SARVASANJEEVANI MULTI DIAGNOSTICS

Age : 35 Years
 Gender : Male
 Reported : 14/2/2023 5:29:48PM
 Report Status : Final
 Processed at : Patna Lab II
 R K ESTATE opposite IGIMS Raja Bazar
 Bailey Road Patna-800014

Test Report

Test Name	Results	Units	Bio. Ref. Interval
TSH, SERUM (ECLIA)	1.46	µIU/mL	0.27 - 4.20

Note

1. 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.
2. Values <0.03 µIU/mL need to be clinically correlated due to presence of a rare TSH variant in some individuals.
3. Transient increase in TSH levels or abnormal TSH levels can be seen in various nonthyroidal diseases. Simultaneous measurement of TSH with free T4 is useful in evaluating the differential diagnosis



Dr. Manju Sharma
 MD Pathology
 Consultant Pathologist
 Dr Lal PathLabs Ltd

Manju Sharma

Dr Manju Sharma
 OCP Pathology
 Chief of Laboratory
 Dr Lal PathLabs Ltd



Dr Suryakant Nigam
 MD, Pathology
 Consultant Pathologist
 Dr Lal PathLabs Ltd



Dr. Shomil Faruq Sharma
 MD Pathology
 Consultant Pathologist



Dr Shashi Bhatia
 MBBS, DCP
 Chief of Lab

End of report

