



PULKIT DIAGNOSTIC CENTRE

Dr. Nimisha Gupta

M.D. (Pathology) AIIMS, New Delhi
FNAC & Histopathology Expert, M.N.A.M.S. DNB
Ex-Registrar : PGIMER Chandigarh, GMCH Chandigarh

Patient Name : Mr. PRASHANT GANGWAR
Serial Number : 10241115-3
Age/Gender : 31 Year / Male
Billing To : Self
Ref By Doctor :

Visit Id : 241000799
Registered On : 15-11-2024 01:00 PM
Received On : 15-11-2024 01:10 PM
Reported On : 17-11-2024 02:11 PM
Report Status : Final Report

Investigation Name **Observed Value** **Unit** **Bio. Ref. Range**

Haematology

COMPLETE HAEMOGRAM

Haemoglobin / HB 14.0 gm/dl 13 - 15.8

Total Leucocyte Count / TLC 5.6 10³/ul 4.0 - 11

Differential Leucocyte Count

Neutrophils 57 % 40 - 70

Lymphocytes 35 % 20 - 45

Eosinophils 07 % 1 - 6

Monocytes 01 % 0 - 10

RBC (Red Blood Cell Count) 5.83 10⁶/ul 4.2 - 5.4

PCV (Hematocrit) 45.1 % 40 - 54

MCV (Mean Corpuscular Volume) 77.4 fl 80 - 99.9

MCH (Mean Corp Hb) 24.0 pg 27 - 33

MCHC (Mean Corp Hb Conc) 31.0 g/dl 32 - 36

Platelet Count 2.28 Lac. 1.50 - 4.50

(Without Automated Cell Counter)

RDW - CV 15.6 % 11.5 - 15

RDW - SD 41.9 fL 35 - 50

MPV (Mean Platelet Volume) 11.8 fL 6.8 - 12.6

PDW (Platelet Distribution Width) 16.0 fL 8.3 - 25

PCT 0.286 % 0.2 - 0.5

P-LCC 92.0 10³/uL 44-140

P-LCR (Platelet - Large Cell Ratio) 40.4 % 13 - 43

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20 Years of Trust &
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Mr. PRASHANT GANGWAR Male 241000799

Technician

0581-4015967
9411220966



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A-1, P-2,D.D. PURAM, BAREILLY- 243001

Dr. Nimisha Gupta

Senior Consultant Pathology



Home Sample Collection Available

Note: Impression is a professional opinion & not a diagnosis. All modern machines/procedures have their limitations. If there is a variance clinically this examination may be repeated or reevaluated by other investigations. If test results are alarming or find any typographical error then contact the laboratory immediately for possible remedial action.



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ESR (Erythrocyte Sedimentation Rate) Method: Modified Westergren	22	mm/1 hour	2 - 15
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Blood Group ABO

ABO Blood Group

Rh Factor

AB'

Positive

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Urine Sugar Fasting	Clinical Pathology Absent		Absent
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Biochemistry			
Blood Sugar Fasting / FBS <i>Method: GOD/POD</i>	70.1	mg/dl	60 - 110
LIVER FUNCTION TEST / LFT			
Total Bilirubin <i>Method: Diazoized Sulfanilic Acid</i>	0.53	mg/dl	00 - 1.20
Direct Bilirubin <i>Method: Diazoized Sulfanilic Acid</i>	0.23	mg/dl	0 - 0.25
Indirect Bilirubin <i>Method: Calculated</i>	0.27	mg/dl	00-1.20
Total Proteins <i>Method: Spect</i>	7.1	g/dl	6.6 - 8.7
Albumin <i>Method: DCG</i>	4.4	g/dl	3.5 - 5.2
Globulin <i>Method: Calculated</i>	2.70	g/dl	1.8 - 3.6
Albumin / Globulin Ratio <i>Method: Calculated</i>	1.63		0.9 - 2
Aspartate Transaminase (SGOT) <i>Method: IFCC</i>	15.6	U/L	0 - 35
Alanine Transaminase (SGPT) <i>Method: IFCC</i>	11.2	U/L	0 - 45
Alkaline Phosphatase <i>Method: IFCC</i>	86.2	IU/L	35 - 104

COMMENT :

A liver panel (Liver function test) or one or more of its component tests may be used to help diagnose liver disease, if a person has symptoms that indicate possible liver dysfunction. If a person has a known condition or liver disease, testing may be performed at intervals to monitor liver status and to evaluate the effectiveness of any treatments.

KIDNEY FUNCTION TEST / KFT

Blood Urea <i>Method: GLDH</i>	23.6	mg/dl	10 - 50
Creatinine <i>Method: Jaffe Kinetic</i>	0.78	mg/dl	0.7 - 1.2



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Uric Acid Method: Enzymatic PAP	6.0	mg/dl	3.5 - 7.2
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Haematology

HbA1C ESTIMATION
(Without HPLC)

HbA1C (GLYCOSYLATED HAEMOGLOBIN)

PATIENT'S VALUE % HbA1C 5.4 %
EXPECTED VALUES :-

%HbA1c	Approx. mean blood glucose(mg/dl)	Interpretation
4	65	Non-diabetic range
5	100	
6	135	
7	170	ADA target
8	205	Action suggested
9	240	
10	275	
11	310	
12	345	

REMARKS:-In vivo quantitative determination of **HbA1C** in whole blood is utilized in long term monitoring of glycemia. The **HbA1C** level correlates with the mean glucose concentration prevailing in the course of the patient's recent history (approx - 6-8 weeks) and therefore provides much more reliable information for glycemia monitoring than do determinations of blood glucose or urinary glucose. It is recommended that the determination of **HbA1C** be performed at intervals of 4-6 weeks during diabetes mellitus therapy.

Results of **HbA1C** should be assessed in conjunction with the patient's medical history, clinical examinations and other findings.

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Clinical Pathology

URINE ROUTINE EXAMINATION

Physical Examination

Volume	15 ml.	ml.
Colour	Pale-yellow	
Deposits / Clarity / Turbidity / Transparency	Clear	
Specific Gravity (S.G)	Q.N.S	

Chemical Examination

Reaction (pH)	Acidic	
Proteins	Absent	
Sugar	Absent	

(Without Double Sequential Enzyme Reaction)

Microscopic Examination

Pus Cells	0-1	/HPF
Red Blood Cells	Absent	/HPF
Casts	Absent	lpf
Crystals	Absent	
Epithelial Cells	Occasional	/HPF
Bacteria	Absent	
Others	-	

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SATYADEEP ULTRASOUND & PATHOLOGY CENTRE
 B-55, Deen Dayal Puram, Adjacent to O2 Gym, Bareilly - 243122

NAME: PRASHANT GANGWAR	SEX: MALE	AGE: 31	YEARS
REFERRED BY: SELF		DATE: 15/11/2024	

ABDOMINO-PELVIC SONOGRAPHY

Liver is mildly enlarged in size (15.2 cm) shows diffuse fatty infiltration. No focal lesions. Portal vein is normal.
 Gall bladder is well distended. Wall thickness normal. No calc. cal. No sludge.
 No evidence of H. IR. distention. CBD is normal.
 Pancreas is normal in size, outline and echo texture. No focal lesion.
 Spleen is normal in size, outline and echo texture. No focal lesion.
 Right kidney: Normal in size and echo texture. Cortico-medullary differentiation is preserved. No evidence of hydronephrosis. The ureter is not dilated.
 Left kidney: Normal in size and echo texture. Cortico-medullary differentiation is preserved. No evidence of hydronephrosis. The ureter is not dilated.
 Both kidney shows 2-3 mm concretions.
 Urinary bladder is partially distended. Wall appears normal. No mural thickening/outpouch. Residue is grossly normal in size.
 Both sac fossa: No mass / collection. No evidence of bony thickening. No evidence of ascites. No evidence of pelvic effusion.

IMPRESSION:

- MILD HEPATOMEGALY WITH GRADE I FATTY CHANGES OF LIVER.
 - LEFT RENAL CALCULUS (~4.6 mm) as described above.
 - BILATERAL RENAL 2-3 MM CONCRETIONS.
- Suggested Urine R/M


 DR. RAJAT SAXENA
 MRBS, DNB(D) RADIOLOGIST



NOT VALID FOR MEDICO LEGAL PURPOSE



PRASAD HOSPITAL

ADVANCED BRAIN AND SPINE SURGERY CENTRE & MULTI SPECIALITY HOSPITAL

Patient Name	: PRASHANT GANGWAR	15-11-2024
Ref. By. :	SELF	Age /Sex 31Y/ M
Investigation	: X-Ray Chest PA View	

OBSERVATION

Bilateral lung fields are clear.

Trachea is central.

Both hila are normal.

Cardiac shape, size and silhouette are normal.

No mediastinal widening or mediastinal shift noted.

Both domes of diaphragm are normal in height and silhouette.

Bilateral C.P. angles are clear.

Bony rib cage is normal.

IMPRESSION

NO SIGNIFICANT ABNORMALITY DETECTED IN THE SCAN.

To correlate clinico-pathologically

