



**PRAMUKH**  
**MULTI SPECIALITY**  
**HOSPITAL**

Above Punjab National Bank,  
Nr. Railway Crossing, Maninagar (E)  
Ahmedabad - 380 008.

**MEDICAL EXAMINATION**

DATE :- 17/07/2021

NAME :- Lalosa Bipin

AGE /SEX :- 57 / Male

O/E:

T: (N)

BP: 150/90 mmHg

P: 78/min

RS: BAE (+)

SPO2: 98-1. RA

CNS: SISI (+)

CVS: con/oi

P/A: PA-SO2

ADV: -

Height: 166

Weight: 78

BMI:

Eye Exam.: Bilateral vision  $\pm$  1.5

Ear Exam.: Rt ear  $\downarrow$  Hearing  
Lt ear Normal

*(Signature)*



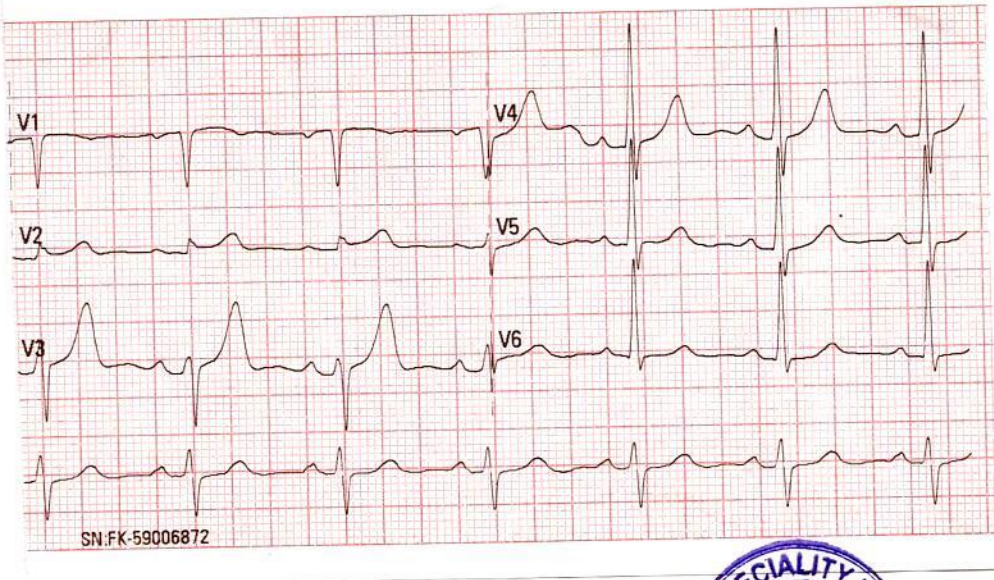
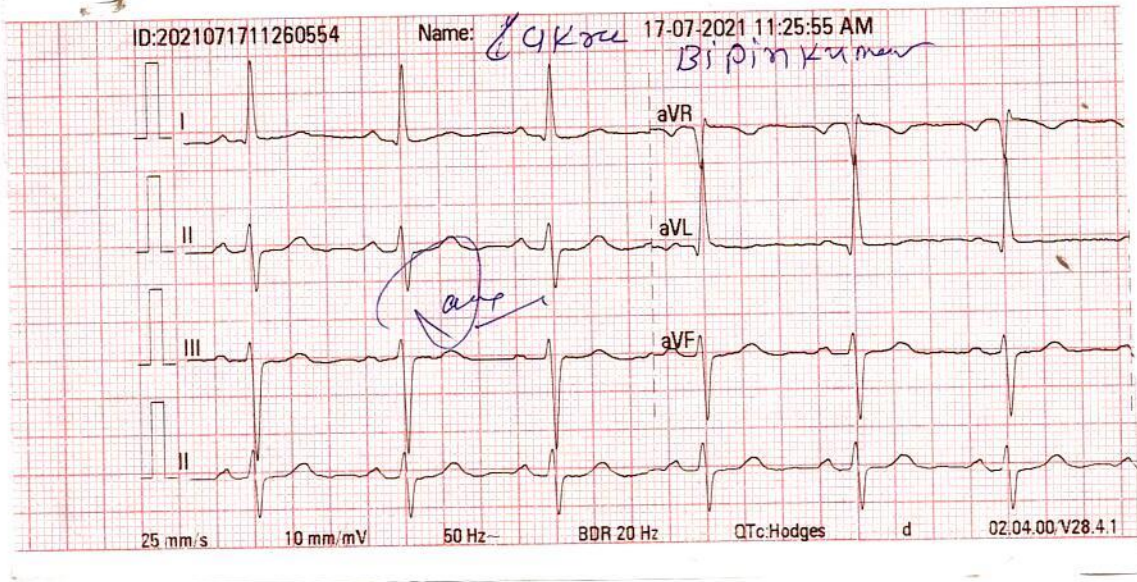
*(Signature)*

Dr. KAMLESH N. SHAH  
M.D. (FICA-USA)  
Reg No: G-1345



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*NSR WLL*  
*P. 76*

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**NAME: BIPIN LAKRA**

**57YRS/M**

**DATE: 17/07/2021**

**REF.BY: DR. PRAMUKH HOSPITAL**

**X-RAY CHEST PA VIEW:**

Both lung fields appear normal.

No e/o pleural effusion is seen on either side.

Cardiac size appears normal.


Both domes of diaphragm are normal

The bony thoracic cage appears normal..

**DR. SANDIP MEVADA**  
M.D.

**DR. ANIRUDDHSINH RAHEVAR**  
DMRD DNB

**DR. RUCHIT SHAH**  
M.D.

  
**DR. AMISHA PATEL**  
M.D.





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**U.S.G. OF ABDOMEN**

**Liver:** appears normal in size & shows bright echopattern. No focal lesion is seen. No dilated IHBR is seen. Portal vein and CBD appear normal in course and caliber.

**Gall bladder:** is moderately distended & appears normal. No calculus, sludge or mass is seen. Gall bladder wall thickness appears normal.

**Pancreas:** appears normal in size & echopattern. No focal lesion is seen.

**Spleen:** appears normal in size and shows normal echotexture. No focal lesion is seen. Splenic vein appears normal.

**Both Kidneys** appear normal in size, position and echopattern.  
C-M differentiation is well preserved on either side.  
No calculus or hydronephrosis on either side.  
Cortical thickness appears normal on both sides.  
No focal lesion is seen on either side.

**Urinary bladder** is moderately distended & appears normal. No calculus, internal echoes or mass is seen. Urinary bladder wall thickness appears normal.

**Prostate** appears normal in size and echotexture. No focal lesion is seen

Para-aortic region appears normal.  
No abdominal lymphadenopathy is seen.  
Bowel loops appear normal in caliber & show normal peristalsis.  
No abnormal dilatation of bowel loops or wall thickening is seen.  
No fluid collection or lump formation is seen in RIF.  
No ascites is seen.  
No pleural effusion is seen on either side.

**IMPRESSION:**

- **Fatty liver (Grade I).**

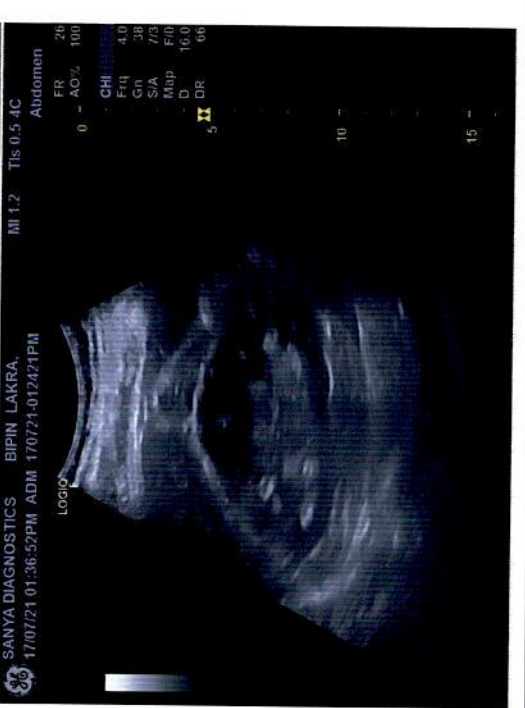
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Age/Sex : 57 Years/Male  
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**HAEMOGRAM REPORT**

Sample Type :- EDTA

<u>TESTS</u>	<u>RESULT</u>	<u>UNITS</u>	<u>REFERENCE RANGE</u>
<b>BLOOD COUNTS:</b>			
Haemoglobin	14.1	g/dL	11 to 16 g/dL
R.B.C. Count	5.29	mill./c.mm	4.5-6.5 mill./cmm
W.B.C. Count	6800	/c.mm	4,000 - 11,000/cmm
Platelet Count	232000		1,40,000 - 4,50,000 /cmm
<b>DIFFERENTIAL COUNT:</b>			
Polymorphs	59	%	60 - 70
Lymphocytes	38	%	20 - 40
Eosoniphils	02	%	1 - 4
Monocytes	01	%	2 - 6
Basophils	00	%	0 - 1
<b>BLOOD INDICES:</b>			
P.C.V.	45.1	%	38 - 44
M.C.V.	85.3	fl	80 - 96
M.C.H.	26.7	pg	27 - 31
M.C.H.C.	31.3	g/dl	32 - 36

Platelet Adequate

**E.S.R. (Western Grain Method)**

At 1Hour 06 mm

01 to 12 mm/Hour

**PATHOLOGIST**  
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**BLOOD SUGAR LEVEL**

<u>Test</u>	<u>Result</u>	<u>Unit</u>	<u>Normal Range</u>
Fasting Blood Sugar:	86.08	mg/dl	70-110
Post Prandial Blood Glucose:	127.66	mg/dl	100 - 150 mg/dl

**RENAL FUNCTION**

<u>Test</u>	<u>Result</u>	<u>Unit</u>	<u>Normal Range</u>
Sr. Creatinine:	1.08	mg/dl	0.6 - 1.4 mg/dl
Urea:	17.7	mg/dl	10 - 50 mg/dl
S. Uric Acid:	5.2	mg/dl	3.2 - 7.2 mg/dl
Blood Urea Nitrogen: (Calculated)	8.27	mg/dl	08 - 23 mg/dl
Bun/Creat Ratio: (Calculated)	7.65		

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### LIVER FUNCTION TESTS

<u>Test</u>	<u>Result</u>	<u>Unit</u>	<u>Normal Range</u>
S. Bilirubin (Total):	0.61	mg/dl	upto 1.2 mg/dl
S. Bilirubin (Direct):	0.12	mg/dl	upto 0.2 mg/dl
S. Bilirubin (Indirect):	0.49	mg/dl	up to 1.0 mg/dl
GGT:	15.3	U/L	12 - 64 U/L
Total Proteins:	6.99	g/dl	6.0 - 8.3 g/dl
Albumin:	3.56	g/dl	3.5 - 5.2 g/dl
Globulins:	3.43	g/dl	2.4 - 3.7 g/dl
AGRATIO:	1.038		
S. Alkaline Phosphatase:	74.1	U/L	40 - 129 U/L

### BLOOD GROUP

<u>Test</u>	<u>Result</u>
BLOOD GROUP	: "O"
RH GROUP	: POSITIVE.

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**LIPID PROFILE**

Sample :- SERUM

<u>Test</u>	<u>Result</u>	<u>Unit</u>	<u>Normal Range</u>
S. Cholesterol:	172.3	mg/dl	Desirable : < 200 Borderline High : 200 - 239 High : > 240
Serum Triglycerides:	66.4	mg/dl	Normal : Normal < 150 Borderline : 150 - 199 High : > 200
HDL Cholesterol:	53.0	mg/dl	40 - 60 mg/dl
Serum LDL Cholesterol: (Calculated)	106.02	mg/dl	Up to 150
Serum VLDL Cholesterol: (Calculated)	13.28	mg/dl	Up to 35
LDLC/HDLC Ratio: (Calculated)	2	mg/dl	Up to 3.4
Cholesterol/HDLC Ratio: (Calculated)	3.25	mg/dl	Up to 5.0
Total Lipid: (Calculated)	547.72	mg/dl	400 - 1000 mg/dl

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### Glycosylated HB ( HBA1C )

<u>Test</u>	<u>Result</u>	<u>Normal Range</u>
HBA1C:	5.42 %	Normal: $\leq 5.6$ Prediabetes: 5.7-6.4 Diabetes: $\geq 6.5$ <i>Diabetes Control Criteria :</i> 6 -7 : Near Normal Glycemia < 7 : Goal 7 - 8 : Good Control > 8 : Action Suggested

**Mean Blood Glucose:** 108.8 mg/dl

#### Criteria for the diagnosis of diabetes

1. HbA1c  $\geq 6.5$  \*  
Or
2. Fasting plasma glucose  $>126$  gm/dL. Fasting is defined as no caloric intake at least for 8 hrs.  
Or
3. Two hour plasma glucose  $\geq 200$ mg/dL during an oral glucose tolerance test by using a glucose load containing equivalent of 75 gm anhydrous glucose dissolved in water.  
Or.
4. In a patient with classic symptoms of hyperglycemia or hyperglycemic crisis, a random plasma glucose  $\geq 200$  mg/dL. \*In the absence of unequivocal hyperglycemia, criteria 1-3 should be confirmed by retesting. American diabetes association. Standards of medical care in diabetes 2011. Diabetes care 2011;34;S11.

#### Limitation of HbA1c

- 1) In patients with Hb variants even analytically correct results do not reflect the same level of glycemic control that would be expected in patients with normal population. 2) Any cause of shortened erythrocyte survival or decreased mean erythrocyte survival or decreased mean erythrocyte age eg. hemolytic diseases, pregnancy, significant recent/chronic blood loss etc. will reduce exposure of RBC to glucose with consequent decrease in HbA1c values. 3) Glycated HbF is not detected by this assay and hence specimens containing high HbF ( $>10\%$ ) may result in lower HbA1c values than expected.

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### Thyroid Functions

<u>Test</u>	<u>Result</u>	<u>Normal Range</u>
T3-Triiodothyronine	: 1.27 ng/ml	0.82 - 2.13 ng/ml
T4-Thyroxine	: 8.8 mcg/dl	4.5 - 10.9 mcg/dl
TSH Thyroid Stimulating Hormone	: 2.50 microIU/ml	0.35 - 5.50 microIU/ml

Comments :

#### **COMMENTS :**

TSH levels may be affected by acute illness and drugs like doapamine and gluco corticoids.

Low or undetectable TSH is suggestive of Grave~s disease

TSH between 5.5 to 15.0 with normal T3 T4 indicates impaired thyroid hormone or subclinical hypothyroidism or normal T3 T4 with slightly low TSH suggests subclinical Hyperthyroidism.

TSH suppression does not reflect severity of hyperthyroidism therefore , measurement of FT3 ,FT4 is important.

FreeT3 is first hormone to increase in early Hyperthyroidism.

Only TSH level can prove to be misleading in patients on treatment. Therefore FreeT3 , FreeT4 along with TSH should be checked.

During pregnancy clinically T3 T4 can be high and TSH can be slightly low

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### URINE EXAMINATION

#### PHYSICAL :

Colour - **Pale Yellow**  
Deposits - **Absent**  
Transparency - **Clear**  
Reaction - **Acidic**  
Sp. Gravity - **1.008**

#### CHEMICAL :

Albumin - **Absent**  
Sugar - **Absent**  
Bile Salts - **Absent**  
Bile Pigments - **Absent**

#### MICROSCOPIC: ( After centrifugation at 2000 r.p.m. for 5 minutes )

Pus Cells - **1 - 2 /h.p.f.**  
Red Cells - **Not seen /h.p.f.**  
Epithelial Cells - **2 - 3 /h.p.f.**  
Casts - **Not seen/l.p.f.**  
Crystals - **Not seen**  
Amorphous - **Not seen**

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