

UHID No / Reg No :- UD-24250013145 / 24250013145

Print Date : 27-Apr-2024 02:52 PM

Patient Name :- Mr SAURAV KUMAR Father
YADAV BANK OF
BARODA :-

Mobile :- 9661529495

Receipt No :- 24250000158 / 27 Apr 2024 Age :- 38 Y/M

Address :- PROFESAR CALAUNI . WORD NO 3 DIGGHI WEST , Darbhanga

Referred By :- SELF

Final Report

Investigations	Observations	Biological Ref. Interval	Unit
Sample No:2425825 Type of Sample :- Blood,			
HAEMATOLOGY			
CBC			
HB	14.6	13.00 - 18.00	gm/dl
TLC	3,900	4000.00 - 11000.00	Cells/cumm.
DLC DIFFERENTIAL LEUCOCYTE COUNT			
NEUTROPHILS	46	40.00 - 75.00	%
LYMPHOCYTES	48	20.00 - 45.00	%
EOSINOPHILS	04	1.00 - 6.00	%
MONOCYTES	02	2.00 - 10.00	%
BASOPHILS	00	<1-2	%
BLASTS	00		%
RBC	4.83	4.50 - 5.50	million/cumm
HCT	42.4	35.00 - 50.00	%
MCV(MEAN CELL VOLUME)	87.78	83.00 - 101.00	f
MCH(MEAN CELL HAEMOGLOBIN)	30.1	27.00 - 32.00	pg
MCHC	34.4	31.50 - 35.00	gm%
PLATELET COUNT	1.52	1.50 - 4.10	lacs /cumm

Remarks :-

Lab Technician

* END OF REPORT *

Dr E Haque

MBBS.MD

Pathologist

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Sample No:2425825 Type of Sample :- Blood,

HAEMATOLOGY

ESR

05

0.00 - 15.00

mm at 1 hr

BLOOD GROUP

ABO BLOOD GROUP

RH. FACTOR

"B"

POSITIVE

Remarks :-

Lab Technician

E Haque

Dr E Haque

MBBS.MD

Pathologist

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Sample No:2425825 Type of Sample :- Blood,

HAEMATOLOGY

HBA1C(GLYCOSYLATED HAEMOGLOBIN)

6.0 4.20 - 6.00 %

Fully Automated H.P.L.C (Biorad Variant II Turbo)

Normal - 4.2 - 6.2 %

Good diabetic control - 5.5 - 6.8 %

Fair control - 6.8 - 8.2 %

Poor control - > 8.2 %

A1C Result

%	MEAN PLASMA GLUCOSE	
12.0	345	19.5
11.0	310	17.5
10.0	275	15.5
9.0	240	13.5
8.0	205	11.5
7.0	170	9.5
6.0	135	7.5
5.0	100	5.5
4.0	65	3.5

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Pathologist

Lab Technician

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Investigations	Observations	Biological Ref. Interval	Unit
Sample No:2425825 Type of Sample :- Blood, URINE EXAMINATION			
URINE SUGAR	NIL		
BIOCHEMISTRY			
BLOOD SUGAR FASTING	81.0	70.00 - 110.00	mg/dl
BLOOD SUGAR PP	98.0	70.00 - 145.00	mg/dl

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Investigations	Observations	Biological Ref. Interval	Unit
Sample No:2425825 Type of Sample :- Blood,			
BIOCHEMISTRY			
LFT (LIVER FUNCTION TESTS)			
TOTAL BILIRUBIN	0.89	0.00 - 1.20	mg/dl
DIRECT BILIRUBIN	0.24	0.00 - 0.30	mg/dl
INDIRECT BILIRUBIN	0.65	0.20 - 0.70	mg/dl
SGOT	98.0	2.00 - 31.00	U/L
SGPT	110.0	0.00 - 45.00	U/L
ALKALINE PHOSPHATASE	160.0	56.00-119.00	U/L
TOTAL PROTIENS	7.2	6.60 - 8.70	g/dl
ALBUMIN	4.1	3.50 - 5.20	gm%
GLOBULIN	3.10	1.50 - 3.60	gms/dl
A/G RATIO	1.32	2:1	RATIO

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Observations

Biological Ref. Interval

Unit

Sample No:2425825 Type of Sample :- Blood,

BIOCHEMISTRY

RFT (RENAL FUNCTION TESTS)

UREA	19.0	13.00 - 43.00	mg/dl
CREATININE	1.0	0.70 - 1.40	mg/dl
URIC ACID	10.9	3.60 - 7.70	mg/dl
SERUM SODIUM NA+	141.0	135.00 - 145.00	mEq/Ltr
SERUM POTASSIUM K+	4.2	3.50 - 5.20	mEq/Ltr
SERUM CHLORIDE CL-	108.1	98.00 - 110.00	mEq/Ltr
CALCIUM	8.9	8.80 - 10.20	mg/dl
PHOSPHORUS	4.1	2.50 - 5.00	mg/dl
TOTAL PROTIENS	7.2	6.60 - 8.70	g/dl
ALBUMIN	4.1	3.50 - 5.20	gm%
GLOBULIN	3.10	1.50 - 3.60	gms/dl
ALBUMIN/GLOBULIN RATIO	1.32	1.00 - 1.80	g/dl

Remarks :-

SPIRIT TO HEAL

Lab Technician

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Sample No:2425825 Type of Sample :- Blood,

BIOCHEMISTRY

LIPID PROFILE

TOTAL CHOLESTROL

208.0

Desirable : - < 200 mg/dL
Borderline: - 200 - 239 mg/dL
High : - > 240mg/dL

mg/dl

TRIGLYCERIDES

286.0

35.00 - 160.00

mg/dl

HDL CHOLESTROL

49.0

35.30 - 79.50

mg/dl

LDL CHOLESTROL

101.80

<130

mg/dl

VLDL

57.20

<40

mg/dl

CHOLESTROL/ HDL RATIO

4.24

<3.0 LOW RISK, 3.0-5.0 AVG
RISK, >5.0 HIGH RISK

ratio

LDL/HDL RATIO

2.08

<3

ratio

Remarks :-



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Investigations	Observations	Biological Ref. Interval	Unit
Sample No:2425825 Type of Sample :- Blood, BIOCHEMISTRY GAMMA-GLUTAMYL TRANSFERASE (GGT)	61.0	0.00 - 55.00	IU/L

Remarks :-

Lab Technician

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S P I R I T T O H E A L

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Sample No:2425826 Type of Sample :- Urine,

URINE EXAMINATION

URINE ROUTINE EXAMINATION

PHYSICAL EXAMINATION

QUANTITY	30		ml
COLOR	PALE YELLOW	CLEAR YELLOW	
APPEARANCE	CLEAR	CLEAR	

CHEMICAL EXAMINATION

SPECIFIC GRAVITY	1.005	1.01 - 1.03	
PH	6.0	4.60 - 7.50	
GLUCOSE	NIL		
PROTEIN-	NIL		

MICROSCOPIC EXAMINATION

PUS CELLS	1-2	2.00 - 3.00	/HPF
RBCS (RED BLOOD CELLS)	NIL	4.50 - 5.50	/HPF
EPITHELIAL CELLS	1-2		/HPF
CASTS	ABSENT	ABSENT	
CRYSTALS	ABSENT	ABSENT	
BACTERIA	ABSENT	ABSENT	
YEAST CELLS	ABSENT	ABSENT	
OTHERS	NIL		

Remarks :-

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Sample No:2425825 Type of Sample :- Blood,

IMMUNOLOGY

THYROID PROFILE (T3,T4,TSH)

T3	1.0	0.69 - 2.15	ng/ml
T4	6.8	5.20 - 12.70	ug/dl
TSH	24.2	0.30 - 4.50	µIU/ml

Total T3 (Triiodothyronine)

Clinical Significance :

Thyroid hormones, T3 and T4, which are secreted by the thyroid gland, regulate a number of developmental, metabolic, and neural activities throughout the body. The thyroid gland synthesizes 2 hormones - T3 and T4. T3 production in the thyroid gland constitutes approximately 20% of the total circulating T3, 80% being produced by peripheral conversion from T4. T3 is more potent biologically. Total T3 comprises of Free T3 and bound T3. Bound T3 remains bound to carrier proteins like thyroid-binding globulin, prealbumin, and albumin). Only the free forms are metabolically active. In hyperthyroidism, both T4 and T3 levels are usually elevated, but in some rare cases, only T3 elevation is also seen. In hypothyroidism T4 and T3 levels are both low. T3 levels are frequently low in sick or hospitalized euthyroid patients.

Total T4 (Thyroxine)

Clinical Significance :

Total T4 is synthesized in the thyroid gland. About 0.05% of circulating T4 is in the free or biologically active form. The remainder is bound to thyroxine-binding globulin (TBG), prealbumin, and albumin. High levels of T4 (and FT4) causes hyperthyroidism and low levels lead to hypothyroidism.

TSH 3rd Generation

Clinical Significance :

TSH levels are elevated in primary hypothyroidism and low in primary hyperthyroidism. Evaluation of TSH is useful in the differential diagnosis of primary from secondary and tertiary hypothyroidism. In primary hypothyroidism, TSH levels are elevated, while secondary and tertiary hypothyroidism, TSH levels are low or normal. High TSH level in the presence of normal FT4 is subclinical hypothyroidism and low TSH with normal FT4 is called subclinical hyperthyroidism. Sick, hospitalized patients may have falsely low or transiently elevated TSH. Significant diurnal variation is also seen in TSH levels

Remarks :-

Lab Technician

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Pathologist

* END OF REPORT *

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PATIENT NAME	SAURAV KUMAR YADAV	DATE	27 April 2024
REF. BY DR.	SELF	AGE/SEX	38 YEARS/MALE
INVESTIGATION	USG OF WHOLE ABDOMEN	UHID NO	13145

- LIVER: -** Liver is enlarged in size (182 mm), with increased parenchymal echogenicity also diaphragm is poorly visualized. No focal lesion seen. No IHBR dilatation seen.
- CBD: -** CBD (3.0 mm) and portal vein appear normal. No calculi or thrombosis seen.
- GB: -** Gall bladder is well distended and appears normal. No calculi seen. No pericholecystic fluid seen.
- SPLEEN: -** Spleen measures 101 mm in long axis and appears normal. Splenic veins appear normal. No focal lesion seen.
- PANCREAS: -** Pancreas and Para-aortic region appear normal. Pancreatic duct appears normal. No focal lesion noted.
- R. KIDNEY: -** Right kidney is normal in size and echo texture. Cortico-medullary differentiation is well preserved. No calculi or hydronephrosis seen.
 Rt. Kidney: - 106 x 44 mm.
- L. KIDNEY: -** Left kidney is normal in size and echo texture. Cortico-medullary differentiation is well preserved. **Evidence of multiple echogenic concretions, one of largest measuring approx. 4 mm seen in mid pole.** No hydronephrosis seen.
 Lt. Kidney: - 102 x 58 mm
- URETERS: -** Both ureters are normal. No dilatation or calculi seen.
- UB: -** Urinary bladder is well distended and normal. Wall thickness is normal. Lumen is echo free.
- PROSTATE: -** Prostate is normal in size (vol. 18 cc), appearance and echo texture for adjusted age. No obvious focal lesion seen.
- OTHER: -**
- No enlarged lymph nodes are seen.
 - No free fluid seen in peritoneal cavity.
 - **Bowel are distended and filled with fecal matter and gas shadows likely constipation.**

IMPRESSION

- **Mild hepatomegaly with grade-II fatty infiltration**
- **Left renal concretions.**
- **Bowel are distended and filled with fecal matter and gas shadows likely constipation.**

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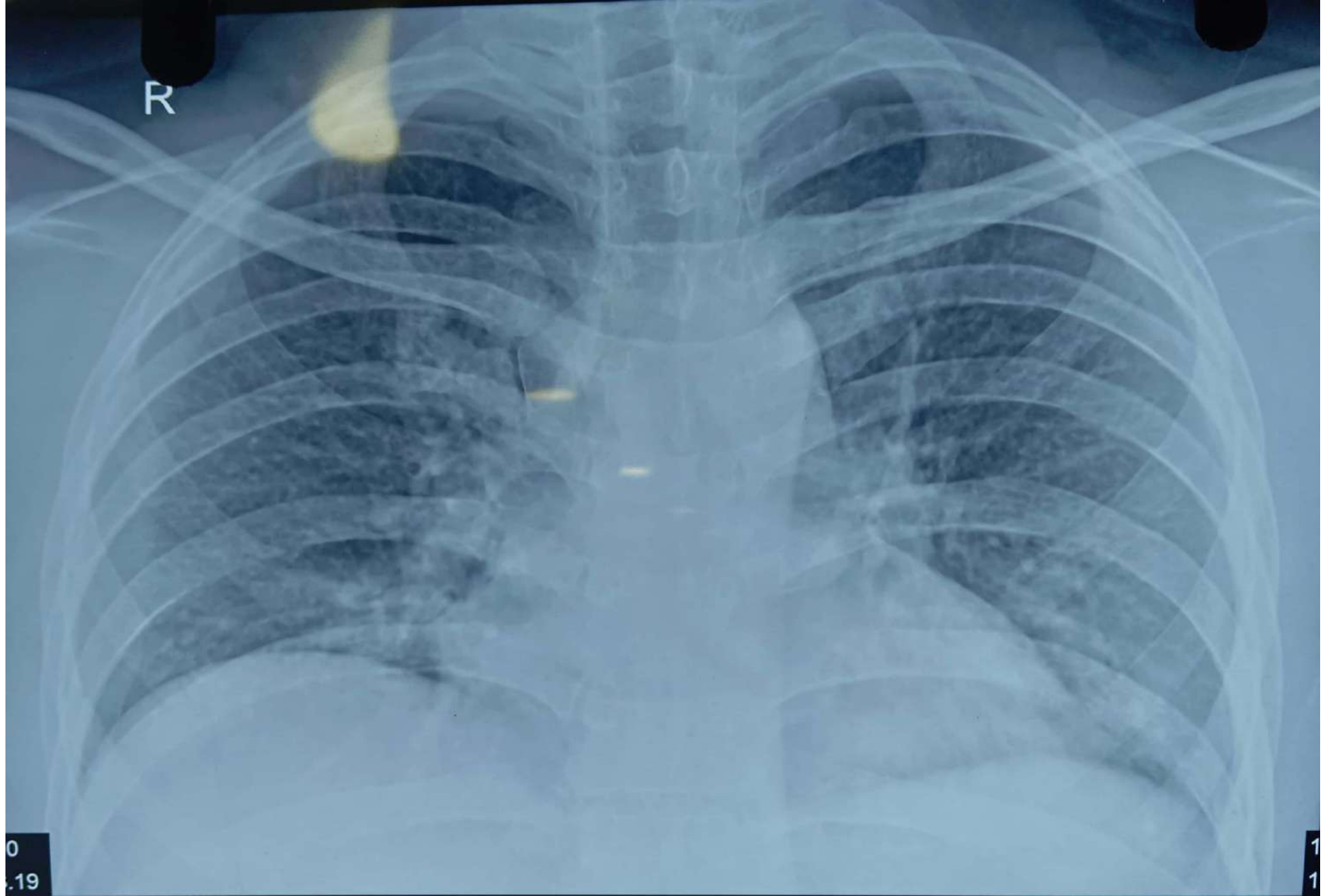
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📍 दिल्ली मोड़, निचर दरभंगा एयरपोर्ट, जिला दरभंगा

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