

Patient's Name:-	AMOL GUNAJI THAKARE	Date :-	12/11/2022
Age & Sex :-	27Y M		
Referred By :-	HEALTH CHECKUP		

**USG ABDOMEN & PELVIS**

**LIVER :** normal in size shape and normal echotexture.

No focal solid or cystic mass seen.

Portal & biliary radicals normal.

PV & CBD normal.

**G.B. :** Minimally distended & normal. No stone or inflammation seen.

**PANCREAS :** visualised reveals normal echotexture. No mass, calcification or pancreatitis.

**SPLEEN :** Normal size & reveals normal echotexture. No other focal mass seen.

**BOTH KIDNEY :**

Both kidneys are normal size with normal cortical thickness.

No focal solid or cystic mass seen. No calculus. No hydronephrosis seen.

C.M differentiation is preserved. No parenchymal abnormality seen.

**U. BLADDER :** Well distended & normal. No mass or filling defect seen.

**PROSTATE:** Normal in size & echotexture. No mass or calcification seen.

**BOWEL LOOPS :** peristaltic bowel loops seen in lower abdomen. Bowel loops are normal calibre (Visualized).

**No free fluid seen. No enlarged lymphnodes seen.**

**IMPRESSION:**

- **No significant abnormality seen.**

  
**DR. NIKITA PATEL**  
CONSULTANT RADIOLOGIST

Thanks for reference. Please co-relate clinically.

Note: This report is not valid for medico-legal purpose. There can be typing error, which can be correctable.

Sonography has its own limitation. Clinical Correlation and Further Invention If Needed Clinically.



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**X-RAY CHEST PA.**

- Both Lung fields appear normal.  
No evidence of any collapse / consolidation.
- Both Hila appear normal.  
No evidence of any enlarged Hilar lymphnodes.
- Both CP angle clear.
- Cardiac size appear normal.
- Both hemi diaphragm appears normal
- Bony cage appear normal

**COMMENTS :**

- **No Significant abnormality detected.**

  
**DR. NIKITA PATEL**  
**CONSULTANT RADIOLOGIST**

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**Patient Name :** MR. AMOL GUNAJI THAKARE  
**Age / Gender :** 27 years / Male  
**Patient ID :** 15246  
**Source :** Sardar Patel Hospital (OPD)

**Referral :** Dr Mediwheel Full body Health Checkup  
**Collection Time :** 12/11/2022, 11:28 AM  
**Reporting Time :** 12/11/2022, 02:14 PM  
**Sample ID :**



002131622

Test Description	Value(s)	Reference Range	Unit(s)
<b>CBC</b>			
Hemoglobin (Hb)*	16.7	13.5 - 18.0	gm/dL
Method : Cymmeth Photometric Measurement			
Erythrocyte (RBC) Count*	6.04	4.7 - 6.0	mil/cu.mm
Method : Electrical Impedence			
Packed Cell Volume (PCV)*	52.2	42 - 52	%
Method : Calculated			
Mean Cell Volume (MCV)*	86.42	78 - 100	fL
Method : Electrical Impedence			
Mean Cell Haemoglobin (MCH)*	27.65	27 - 31	pg
Method : Calculated			
Mean Corpuscular Hb Concn. (MCHC)*	31.99	32 - 36	gm/dL
Method : Calculated			
Red Cell Distribution Width (RDW)*	13.6	11.5 - 14.0	%
Method : Electrical Impedence			
Total Leucocytes (WBC) Count*	6410	4000-10000	cell/cu.mm
Method : Electrical Impedence			
Neutrophils*	57	40 - 80	%
Method : VCSn Technology			
Lymphocytes*	33	20 - 40	%
Method : VCSn Technology			
Monocytes*	07	2 - 10	%
Method : VCSn Technology			
Eosinophils*	03	1 - 6	%
Method : VCSn Technology			
Basophils	00	0 - 4	%
Method : VCSn Technology			
Platelet Count*	221	150 - 450	10 <sup>3</sup> /ul
Method : Electrical Impedence			

\*\*END OF REPORT\*\*

*Bholiya*

**Dr. Bhavika Bholiya**  
M. D. Pathology  
Registration No: G-32571

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**Reporting Time :** 12/11/2022, 02:35 PM  
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Test Description	Value(s)	Reference Range	Unit(s)
<b>RENAL PROFILE</b>			
Urea *	26.9	17- 55 mg/dL	mg/dL
Method : Serum	0.89	0.6 - 1.4 mg/dl	mg/dL
Creatinine*	7.3	3.5 - 7.2	mg/dL
Method : Serum, Jaffe IDMS	12.57	7 - 25 mg/dL	mg/dL
Uric Acid*	10.96	8.8 - 10.6	mg/dL
Method : Serum, Uricase/POD	146.5	136 - 146	mmol/L
Blood Urea Nitrogen-BUN*	4.57	3.5 - 5.1	mmol/L
Method : Serum, Urease	104.9	97.0 - 108.0	mmol/L
Calcium*			
Method : Arsenazo III			
Sodium*			
Method : Serum, Indirect ISE			
Potassium*			
Method : Serum, Indirect ISE			
Chloride*			
Method : Serum, Indirect ISE			
<b>LIVER FUNCTION TEST-1</b>			
Bilirubin - Total	0.48	0.3 - 1.2	mg/dL
Method : Serum, Jendrassik Grof	0.20	Adults and Children: 0.0 - 0.4	mg/dL
Bilirubin - Direct	0.28		
Method : Serum, Diazotization	59.0	< 50	U/L
Bilirubin - Indirect	72.8	< 50	U/L
Method : Serum, Calculated	78.0	30-120	U/L
SGOT	7.77	6.6 - 8.3	g/dL
Method : Serum, UV with P5P, IFCC 37 degree	4.42	Adults: 3.5 - 5.2	g/dL
SGPT	3.35	1.8 - 3.6	g/dL
Method : Serum, UV with P5P, IFCC 37 degree	1.32	1.2 - 2.2	ratio
Alkaline Phosphatase-ALPI			
Method : Serum, PNPP, AMP Buffer, IFCC 37 degree			
Total Protein			
Method : Serum, Biuret, reagent blank end point			
Albumin			
Method : Serum, Bromocresol purple			
Globulin			
Method : Calculated			
A/G Ratio			
Method : Calculated			

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Test Description	Value(s)	Reference Range	Unit(s)
<b>LIPID PROFILE (D)</b>			
<b>Cholesterol-Total</b> Method : Serum, Cholesterol oxidase esterase, peroxidase	190.0	Desirable: <= 200 Borderline High: 201-239 High: > 239	mg/dL
<b>Triglycerides</b> Method : Serum, Enzymatic, endpoint	133.8	Normal: < 150 Borderline High: 150-199 High: 200-499 Very High: >= 500	mg/dL
<b>Cholesterol-HDL Direct</b> Method : Serum, Direct measure-PEG	45.7	Normal: > 40 Major Heart Risk: < 40	mg/dL
<b>LDL Cholesterol</b> Method : Calculated	117.54	Optimal: < 100 Near optimal/above optimal: 100-129 Borderline high: 130-159 High: 160-189 Very High: >= 190	mg/dL
<b>Non - HDL Cholesterol, Serum</b> Method : calculated	144.30	Desirable: < 130 mg/dL Borderline High: 130-159mg/dL High: 160-189 mg/dL Very High: > or = 190 mg/dL	mg/dL
<b>VLDL Cholesterol</b> Method : calculated	26.76	6 - 38	mg/dL
<b>CHOL/HDL RATIO</b> Method : calculated	4.16	3.5 - 5.0	ratio
<b>LDL/HDL RATIO</b> Method : calculated	2.57	Desirable / low risk - 0.5 -3.0 Low/ Moderate risk - 3.0- 6.0 Elevated / High risk - > 6.0	ratio
<b>HDL/LDL RATIO</b> Method : calculated	0.39	Desirable / low risk - 0.5 -3.0 Low/ Moderate risk - 3.0- 6.0 Elevated / High risk - > 6.0	ratio

**Note:** 8-10 hours fasting sample is required. Test results may show interferences due to pregnancy, certain drugs such as estrogens and other drugs(such as androgenic and related steroids), and insulin therapy etc. 12 hours fast is recommended prior to the test as non fasting status may result in falsely elevated test values. Alcohol should not be consumed for atleast 24 hours before the test. Values may be increased in acute illness, colds or flu. Obesity, stress, physical inactivity, cigarette smoking may lead to increase test values. If possible all medications should be withheld for atleast 24 hours before testing(On Doctors Advice). Intraindividual variations, seasonal as well as positional variations(levels lower when sitting compared to standing etc.)have been observed. Cholesterol and HDL-C should not be measured immediately after MI, and 3 months wait is suggested.

**\*\*END OF REPORT\*\***

*B. Dholiya*

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Test Description	Value(s)	Reference Range	Unit(s)
<b>E.S.R</b> <b>Erythrocyte Sedimentation Rate</b> Method : EDTA Whole blood, modified westerngren	10	<15	mm/hr

**Interpretation:**

It indicates presence and intensity of an inflammatory process. It is a prognostic test and used to monitor the course or response to treatment of diseases like tuberculosis, acute rheumatic fever.. It is also increased in multiple myeloma, hypothyroidism.

Test Description	Value(s)	Reference Range	Unit(s)
<b>GLYCOSYLATED HB (HBA1C)</b> Glyco Hb (HbA1C)	5.3	Non-Diabetic: <=5.6 Pre Diabetic:5.7-6.4 Diabetic: >=6.5	%
Estimated Average Glucose :	105.41		mg/dL

- Interpretations**
- HbA1C has been endorsed by clinical groups and American Diabetes Association guidelines 2017 for diagnosing diabetes using a cut off point of 6.5%
  - Low glycated haemoglobin in a non diabetic individual are often associated with systemic inflammatory diseases, chronic anaemia (especially severe iron deficiency and haemolytic), chronic renal failure and liver diseases. Clinical correlation suggested.
  - In known diabetic patients, following values can be considered as a tool for monitoring the glycemic control.
    - Excellent control-6-7 %
    - Fair to Good control – 7-8 %
    - Unsatisfactory control – 8 to 10 %
    - Poor Control – More than 10 %

**BLOOD GROUP & RH (D) FACTOR, EDTA WHOLE BLOOD**

Blood Group	"O"
Method : Forward and Reverse By Tube Method	
RH Factor	Positive

**Methodology**

This is done by forward and reverse grouping by tube Agglutination method.

**Interpretation**

Newborn baby does not produce ABO antibodies until 3 to 6 months of age. So the blood group of the Newborn baby is done by ABO antigen grouping (forward grouping) only, antibody grouping (reverse grouping) is not required. Confirmation of the New-born's blood group is indicated when the A and B antigen expression and the isoagglutinins are fully developed (2-4 years).

**\*\*END OF REPORT\*\***


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**Sample ID :**   
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Test Description	Value(s)	Reference Range	Unit(s)
<b>URINE ROUTINE</b>			
Volume*	30	ml -	ml
Colour*	Pale Yellow	Pale Yellow	
Transparency (Appearance)*	Clear	Clear	
Deposit*	Absent	Absent	
Reaction (pH)*	6.0	4.5 - 8	
Specific Gravity*	1.030	1.010 - 1.030	
<b>Chemical Examination (Automated Dipstick Method) <sup>Urine</sup></b>			
Urine Glucose (sugar)*	Absent	Absent	
Urine Protein (Albumin)*	Absent	Absent	
Urine Ketones (Acetone)*	Absent	Absent	
Blood*	Absent	Absent	
Bile pigments*	Absent	Absent	
Nitrite*	Absent	Absent	
<b>Microscopic Examination <sup>Urine</sup></b>			
Pus Cells (WBCs)*	Occasional	0 - 5	/hpf
Epithelial Cells*	Absent	0 - 4	/hpf
Red blood Cells*	Absent	Absent	/hpf
Crystals*	Absent	Absent	
Cast*	Absent	Absent	
Trichomonas Vaginalis*	Absent	Absent	
Yeast Cells*	Absent	Absent	
Amorphous deposits*	Absent	Absent	
Bacteria*	Absent	Absent	

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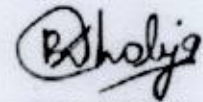
Sample ID :



002131622

Test Description	Value(s)	Reference Range	Unit(s)
<b>THYROID FUNCTION TEST 1</b>			
T3-Total Method : Serum, CLIA	2.10	0.69 - 2.15 ng/mL	ng/mL
T4-Total Method : Serum, CLIA	49.8	52 - 127 ng/mL	ng/mL
TSH Method : Serum, CLIA	1.8	0.3 - 4.5 uIU/mL	uIU/mL
<b>BLOOD GLUCOSE POST PRANDIAL (PP2BS)</b>			
Blood Glucose-Post Prandial Method : Hexokinase	123.8	70 - 140	mg/dL
Urine Post Prandial	Absent		
<b>BLOOD GLUCOSE FASTING (FBS)</b>			
Glucose fasting Method : Fluoride Plasma-F, Hexokinase	101.5	Normal: 70 - 99 Impaired Tolerance: 100-125 Diabetes mellitus: $\geq$ 126 (on more than one occasion) (American diabetes association guidelines 2018)	mg/dL
Urine Fasting	Absent		

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