

## Medical Examination Report

<b>NAME</b> :	Ashok Umape	<b>DATE</b> :	30/03/2024
<b>AGE</b> :	54	<b>CORPORATE/TPA:</b>	Mediwheel
<b>GENDER</b> :	Male	<b>Booking ID/ center:</b>	Shivajinagar

### Vitals

Height (cm)	Weight (kg)	Blood Pressure	Pulse	BMI- kg/m <sup>2</sup> Underweight < 18.5    Normal Weight = 18.5 – 24.9 Overweight = 25- 29.9    Obesity = BMI of 30 or Greater

### Eye Check-up

Far Vision		Near Vision		Colour Vision
Right	Left	Right	Left	
6/9	6/9	N-9	N-9	Normal

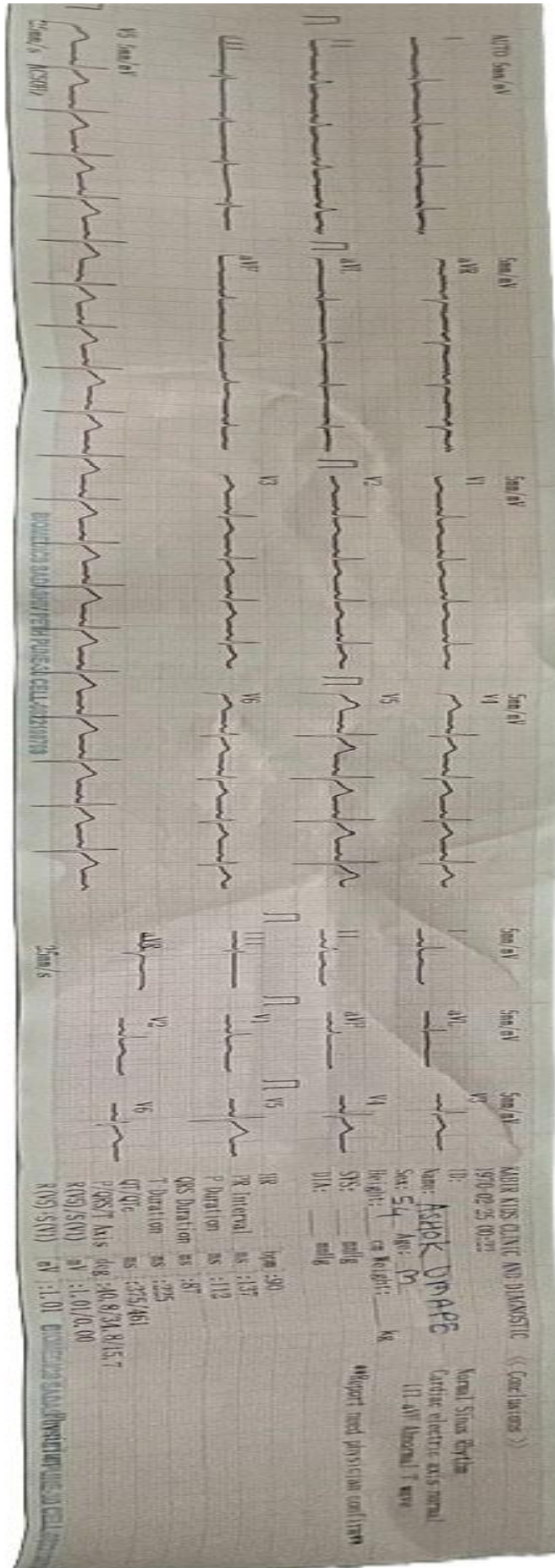
**Dental Check – up:** Done

**Doctor Remark:**

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**Patient Name :** MR. ASHOK UMAPE

**Age / Gender :** 54 Years / Male

**Referral Doctor:** MADYOSIS

**Collection Date :** 29/03/2024 03:59 PM

**Pt.Type / ID :** Direct/   
1452

**Reporting Date :** 29/03/2024 06:55 PM

### COMPLETE BLOOD COUNT

Test Description	Value(s)	Unit	Reference Range
Hemoglobin Photometric	12.4	gms/dl	11 - 16
Total Leucocyte Count (WBC) Electrical impedance	5.3	x 10 <sup>3</sup> /L	4.0 - 11.0
Total Erythrocyte Count (RBC) Electrical impedance	5.11	x 10 <sup>6</sup> /L	3.5 - 5.5
Platelet count Electrical impedance	343	x 10 <sup>3</sup> /L	150 - 450
MPV	9.6	fL	6.5 - 12
PCT Electrical Impedence	0.33	%	0.10 - 0.50
PDW	14.8	%	9 - 17
<b>RBC Indices</b>			
HCT (P.C.V.)	35.9	%	35 - 48
MCV	<b>70.25</b>	fL	82 - 95
MCH	<b>24.27</b>	pg	25 - 33
MCHC	34.54	gm/dl	33 - 37
RDW-CV	13.9	%	12 - 16
RDW-SD	<b>34.4</b>	fL	40 - 55
<b>Differential W.B.C. Count</b>			
Neutrophil	56	%	40 - 70
Lymphocytes	37.9	%	20 - 40
Eosinophil	3.4	%	1 - 6
Monocytes	2.6	%	2 - 8
Basophils	0.1	%	0 - 1
<b>Absolute Count</b>			
Absolute Neutrophil Count	2.63	x10 <sup>3</sup> /L	1.5 - 8.0
Absolute Lymphocyte Count	<b>2.01</b>	x 10 <sup>3</sup> /L	-
Absolute Eosinophil Count	<b>0.18</b>	x 10 <sup>3</sup> /L	-
Absolute Monocyte Count	<b>0.14</b>	x 10 <sup>3</sup> /L	-
Absolute Basophil Count	<b>0.01</b>	x 10 <sup>3</sup> /L	-

#### Peripheral Smear Findings

Abnormalities of Erythrocytes      Normocytic Normochromic  
Abnormalities of Leucocytes      Within Normal Limits  
Platelets on smear      Adequate on smear

**Test performed on fully automated 5 part differential cell counter.**



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**COMPLETE BLOOD COUNT**

Test Description	Value(s)	Unit	Reference Range
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**Dr. D. G. Mulchandani**

MBBS MD ( Pathology)

Reg No. 2018/05/2300



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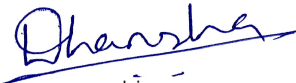
Reporting Date : 29/03/2024 04:54 PM

**ESR (ERYTHROCYTE SEDIMENTATION RATE)**

Test Description	Value(s)	Unit	Reference Range
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Erythrocyte Sedimentation Rate Wintrobe method	13	mm/hr	< 15
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**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.



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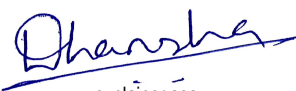
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**URINE ROUTINE**

Test Description	Value(s)	Unit	Reference Range
<b>Physical Examination</b>			
Quantity	12	ml	-
Colour	Pale Yellow		Pale yellow/Yellow
Appearance	Clear		Clear
Specific Gravity	1.010		1.005-1.030
pH	Acidic		Acidic
Deposit	Absent		Absent
<b>Chemical Examination</b>			
Protein	Absent		Absent
Sugar	Absent		Absent
Ketones	Absent		Absent
Bile Salt	Absent		Absent
Bile Pigment	Absent		Absent
Urobilinogen	Normal		Normal
<b>Microscopic Examination (/hpf)</b>			
Pus Cell	Absent		Upto 5
Epithelial Cells	1-2		Upto 5
Red Blood Cells	Absent		Absent
Casts	Absent		Absent
Crystals	Absent		Absent
Bacteria	Absent		Absent



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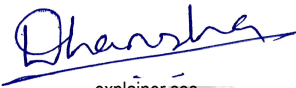
**BLOOD GROUP**

Test Description	Value(s)	Unit	Reference Range
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Sample Type : WHOLE BLOOD EDTA

Blood Group : A Rh Positive

METHOD : Monoclonal blood grouping (Agglutination test) by slide method



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**BLOOD GLUCOSE LEVEL ( FASTING )**

Test Description	Value(s)	Unit	Reference Range
Glucose Fasting	252.9	mg/dl	70 - 110

Interpretation : Fasting Blood Sugar more than 126 mg/dl on more than one occasion can indicate Diabetes Mellitus.

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**Fasting Urine Sugar**

Test Description	Value(s)	Unit	Reference Range
Glucose Urine Fasting	Absent		Absent

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**BLOOD GLUCOSE LEVEL - PP ( POST PRANDIAL)**

Test Description	Value(s)	Unit	Reference Range
BSL POST PRANDIAL SUGAR	436	mg/dl	90 - 150

**Interpretation :** A postprandial glucose reading of 141-199 mg/dl indicates prediabetes. A postprandial reading over 200 mg/dl indicates diabetes.

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**GLYCOSYLATED HAEMOGLOBIN ( GHB / HBA1c )**

Test Description	Value(s)	Unit	Reference Range
HbA1c H.P.L.C	7.2	%	Below 6.0% - Normal Value 6.0% - 7.0% - Good Control 7.0% - 8.0% - Fair Control 8.0% - 10% - Unsatisfactory Control Above 10% - Poor Control

**Interpretation:**

**Test Description:**

Glucose combines with Hb continuously and nearly irreversibly during the life span of RBC (120 days). Therefore, glycosylated Hb (GHb) will be proportional to mean plasma glucose level during previous 6- 12 weeks.

Normal range (ADA 2010 recommendations):

1. Less than 5.7%
- 2 5.7-6.4% increased risk for diabetes
- 3 Greater than 6.4% diabetic range

The formularecommendedotcalculateAeGsiAeGm(g/dL)=287 . xhemoglobinA1c-467.

**Test Interpretation:**

HBA1C test should be performed at least two times a year ni patients who are meeting treatment goals (and who have stable glycemic control). A1C test should be performed quarterly ni patients whose therapy haschanged or who are not meeting glycemic goals. Lowering A1C ot below or around %7 has been shown ot reduce microvascular and neuropathic complications of type 1and type diabetes

**HBA1C increased in:**

Chronic renal failure with or without hemodialysis.

Iron deficiency anemia.

Splenectomy.

Increased serum triglycerides.

Alcohol ingestion.

Lead and opiate toxicity.

Salicylate treatment.

**HBA1C decreased in:**

Shortened RBC life span (e.g., hemolytic anemias, blood loss)

Folowing transfusions

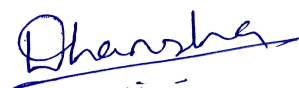
Pregnancy

Ingestion of large amounts (Greater than 1g/day) of vitamin Cor vitamin E

Hemoglobinopathies (e.g., spherocytes), which produce variable increase or decrease depending on asay method.

**Reflex Test:** CBC, C-peptide, Insulin Fasting, GGT, Lipid Profile, Urinary microalbumin.

**References:** Wallach's Interpretation of Diagnostic Tests TENTH EDITION



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### THYROID FUNCTION TEST ( TFT )

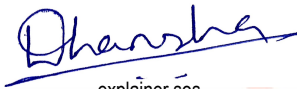
Test Description	Value(s)	Unit	Reference Range
T3 (Triiodothyronine) CMIA	98.88	ng/ml	-
T4 (Thyroxine) CMIA	10.55	µg/ml	-
TSH -Thyroid Stimulating Hormone CMIA	4.844	µIU/mL	-

#### Pregnancy & Cord Blood

TSH (Thyroid Stimulating Hormone)	T4 (Thyroxine)	TSH (Thyroid Stimulating Hormone)
First Trimester : 81-190 ng/dL	15 to 40 weeks:9.1-14.0 µg/dL	First Trimester : 0.24-2.99 µIU/mL
Second&Third Trimester :100-260 ng/dL		Second Trimester: 0.46-2.95 µIU/mL
		Third Trimester : 0.43-2.78 µIU/mL
Cord Blood: 30-70 ng/dL	Cord Blood: 7.4-13.0 µg/dL	Cord Blood: : 2.3-13.2 µIU/mL

#### Interpretation

Thyroid gland is a butterfly-shaped endocrine gland that is normally located in the lower front of the neck. The thyroid's job is to make thyroid hormones, which are secreted into the blood and then carried to every tissue in the body. Thyroid hormones help the body use energy, stay warm and keep the brain, heart, muscles, and other organs working as they should. Thyroid produces two major hormones: triiodothyronine (T3) and thyroxine (T4). If thyroid gland doesn't produce enough of these hormones, you may experience symptoms such as weight gain, lack of energy, and depression. This condition is called hypothyroidism. Thyroid gland produces too many hormones, you may experience weight loss, high levels of anxiety, tremors, and a sense of being on a high. This is called hyperthyroidism. TSH interacts with specific cell receptors on the thyroid cell surface and exerts two main actions. The first action is to stimulate cell reproduction and hypertrophy. Secondly, TSH stimulates the thyroid gland to synthesize and secrete T3 and T4. The ability to quantitate circulating levels of TSH is important in evaluating thyroid function. It is especially useful in the differential diagnosis of primary (thyroid) from secondary (pituitary) and tertiary (hypothalamus) hypothyroidism. In primary hypothyroidism, TSH levels are significantly elevated, while in secondary and tertiary hypothyroidism, TSH levels are low.



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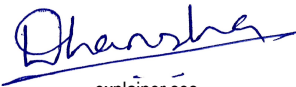
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**LIPID PROFILE**

Test Description	Value(s)	Unit	Reference Range
Total Cholesterol	145	mg/dl	Low < 125 Desirable : < 200 Borderline High : 201 - 240 High : > 240
Triglycerides	85	mg/dl	Low < 25 Normal : < 150 Borderline High : 151 - 199 High : 200
HDL Cholesterol	45.2	mg/dl	< 35 Low 80 High
Non HDL Cholesterol	99.80	mg/dl	Desirable : < 130 Boderline high : 130 - 159 High : 160
LDL Cholesterol	82.80	mg/dl	Low < 85 Optimal : <100 Near/Above Optimal : 101 - 129 Borderline High : 130 - 159 High : 160
VLDL Cholesterol	17.00	mg/dl	Below 40
TOTAL CHOL/HDL Ratio	3.21	-	Desirable/Low Risk : 3.3 - 4.4 Borderline/Middle Risk : 4.5 - 7.1 Elevated/High Risk : 7.2 - 11.0
LDL/HDL Ratio	1.83	-	Desirable/Low Risk : 0.5 - 3.0 Borderline/Middle Risk : 3.1 - 6.0 Elevated/High Risk : >6.1
Appearance of Serum	Clear		



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**URIC ACID**

Test Description	Value(s)	Unit	Reference Range
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Uric Acid	6.3	mg/dl	3.5 - 7.2
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**Interpretation :**

**Test Description:**

- Uric acid is metabolite of purines, nucleic acids and nucleoproteins.
- Consequently,abnormal levels may be indicative of a disorder in the metabolism of these substances.

**Test Interpretation:**

- Hyperuricemia may be observedni renal dysfunction, gout, leukemia, polycythemia, atherosclerosis, diabetes, hypothyroidism, orni some genetic diseases.
- Decreased levels are present ni patients with Wilson's disease.

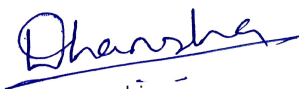
**Test Limitation:**

- Ascorbate, bilirubin, glucose, hemoglobin, intralipid are potentially interfering endogenous substances.
- For diagnostic purpose, the test finding should always be assessed ni conjunction with the patient's medical history, clinical examinations and other findings.

**Reflex Test:**

- Creatinine

**References: Alinity ci (Kit Insert).**



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**BLOOD UREA NITROGEN**

Test Description	Value(s)	Unit	Reference Range
Blood Urea Serum,Urease	18.9	mg/dl	17 - 45
BUN* Serum,Calculated	13.3	mg/dL	7 - 18.0

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**CREATININE**

Test Description	Value(s)	Unit	Reference Range
CREATININE (Serum, jaffe's method)	1.1	mg/dl	0.6 - 1.4

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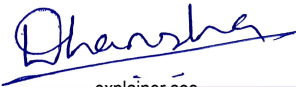
Collection Date : 29/03/2024 03:59 PM

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**LIVER FUNCTION TEST ( LFT )**

Test Description	Value(s)	Unit	Reference Range
Bilirubin Total	1.1	mg/dL	0.2 - 1.2
Bilirubin Direct	0.2	mg/dL	0.0 - 0.3
Bilirubin Indirect	0.90	mg/dL	0.2 - 0.9
SGOT (AST)	32	U/L	0 - 45
SGPT (ALT)	32	U/L	0 - 45
GAMMA GLUTAMYL TRANSFERASE (G.G.T.)	42.2	-	0 - 55
Alkaline Phosphatase	95.6	U/L	80 - 360
Protein Total	7.5	g/dL	6.0 - 8.3
Albumin	4.2	g/dL	3.2 - 5.0
Globulin	3.30	g/dL	2.5 - 3.3
A/G Ratio	1.27	-	1.0 - 2.1



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**X - RAY OF CHEST PA VIEW**

**X-RAY CHEST PA VIEW**

**TECHNIQUE** :- 1 view obtained.

**FINDINGS** :-

The lung on the either side show equal translucency.

The peripheral pulmonary vasculature is normal.

No focal lung lesion is seen.

Bilateral CP angles 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** :- No significant abnormality detected

**ADVICE** :- Clinical correlation and follow uP.



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**Dr. PRATIBHA GAWANDE**

CONSULTANT RADIOLOGIST



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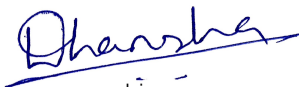
Reporting Date : 29/03/2024 04:57 PM

**Free PROSTATE SPECIFIC ANTIGEN (Free PSA )**

Test Description	Value(s)	Unit	Reference Range
PSA (Prostate - Specific Antigen)	0.3	ng/mL	0.0-0.5

**Interpretation & Remarks:**

- Normal results do not eliminate the possibility of prostate cancer.
- Values obtained with different assay methods or kits may be different and cannot be used interchangeably.
- Tumor markers are not specific for malignancy. Test results cannot be interpreted as absolute evidence for the presence or absence of malignant disease.
- Specimens drawn from patients undergoing prostate manipulation, especially needle biopsy and transurethral specimens are drawn before these procedures are performed.
- The percentage of free PSA can be used to estimate how likely it is that a biopsy will show cancer.
- If the percentage of free PSA is higher than 25%, the likelihood of prostate cancer is about 8%.
- If the percentage of free PSA is less than 10%, then the likelihood of prostate cancer rises to 56%.



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PATIENT NAME:	Mr. Ashok Umape	AGE/SEX :	54 Y / Male
REF DOCTOR :	Madyosis	DATE:	29.3.2024

## ULTRASOUND ABDOMEN & PELVIS

**Liver** is normal in size and shows **normal** echogenicity. No evidence of focal lesion. No IHBR dilatation. Portal vein and common bile duct appear normal in course and caliber.

**Gall bladder** Well distended and shows normal wall thickness. No evidence of any calculi, sludge or polyp. CBD is normal.

**Pancreas** Visualized regions appear normal in size and echotexture. No focal lesion seen.

**Spleen:** - It is normal in size and echotexture. No focal lesion seen.

**Right kidney** appears normal in size, shape and echotexture. Corticomedullary differentiation is maintained. No evidence of focal lesion. No hydronephrosis / hydroureter is noted.

**Left kidney** appears normal in size, shape and echotexture. Corticomedullary differentiation is maintained. No evidence of focal lesion. No hydronephrosis / hydroureter is noted.

**Urinary bladder** Is well distended and shows normal wall thickness.

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

Bowel loops appear normal and show normal peristalsis.

No evidence of abdominal lymphadenopathy/free fluid in abdomen and pelvis.

**IMPRESSION: USG abdomen and pelvis study does not reveal significant abnormality on present study.**



**Dr. Pratibha Gawande**  
**Consultant Radiologist**

(Note: Above us report is subject to findings evident at the time of scan & associated bowel gases. This modality has its own limitations & should be considered as a professional opinion . clinical correlation is advised to arrive at a diagnosis. This report cannot be used for medico- legal purpose.)