

DIUYAMAN HOSPITAL Pvt. Ltd.

पैथोलॉजी संकाय

Pathology Division



Pathological Examination Report



PATIENT NAME Mr. NEERAJ KUMAR SRIVASTAVA
 AGE / SEX 48 Y / Male
 COLLECTED AT Inside
 RECEIPT No. 16,992
 REFERRED BY Dr. DMH

SAMPLE COLLECTED ON 14-03-2024
 REPORT RELEASED ON 14/03/2024
 REPORTING TIME 1:51:42PM
 PATIENT ID 17022

INVESTIGATION COMPLETE BLOOD COUNT, Blood Group (ABO), Blood Sugar Fasting & PP, Urine Examination Report, Glycosylated Haemoglobin, KIDNEY FUNCTION TEST, LIVER FUNCTION TEST, Lipid Profile, T3 Triiodo Thyroid, T4 Thyroxine, TSH, ESR Wintrobe, PSA Total,.

Tests	Results	Biological Reference Range	Unit
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CANCER MARKER

PSA Total	0.79	(0.0-4.0)ng/ml	ng/ml
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EXPECTED VALUES :

99% OF HEALTHY MALES	0.0 - 4.0 ng / ml
80% OF BENIGN PROSTATIC HYPERTROPHY	4.0 - 10.0 ng / ml
81% OF PROSTITIC CARCINOMAS	10 - 20.0 ng / ml
PROSTATIC METASTASIS	Above 20.0 ng / ml

INTERPRETATION:- PSA is reliable tumor marker for already diagnosed prostatic carcinomas . It is uniquely associated only with prostatic tissue and therefore , is specific for it. Baseline levels measured prior to therapeutic intervention , and follows later by serial , periodical measurements will predict the outcome of the therapy . It also helps in early discovery of recurrences , relapses and metastases.

RECOMMENDED TESTING INTERVALS:-

First Datermination	: Preoperatively (Baseline)
Second determination	: 2-4 Days postoperatively
Third determination	: Before discharge from hospital

FOLLOW - UP DATERMINATION :-

F Levels are high / show rising trend	: Monthly
F Levels are normal	: Every 3 monthly initially , later annually.

* In general tumor marker levels are directly related to the tumor mass and the stage of the cancer . However , if is the rate of change in the tumor marker level , which is more important , rather than its absolute value . A 50% change may be considered clinically significant.

* It must empha sized that PSA may be also elevated in benign prostatic hypertrophy and inflammatory condition of sure surroundings genitor-urinary tract . Therefore , this parameter should never be used as a screening test for diagnosing prostatic carcinomas , but only as aid in follow up studies.



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 For Home Collection Dial : 7905759374, 9076655547

पता : श्री बहादुर सिंह स्पोर्ट्स कॉलेज के सामने, राजाजी बागवटा बर्डीयाम रोड, रावली नगर - 1, गोरखपुर - 273 003
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Tests	Results	Biological Reference Range	Unit
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HAEMATOLOGY

COMPLETE BLOOD COUNT

Haemoglobin	13.9	(Men : 13.5-18.0 G%) (Women : 11.5-16.4 G%)	G%
Total Leukocyte Count (TLC)	8800	(4000-11000 /cumm)	/cumm
Differential Leukocyte Count (DLC)			
Polymorph	64	(40-80)%	%
Lymphocyte	32	(20-40)%	%
Eosinophil	04	(01-6)%	%
Monocyte	00	Low (02-08)%	%
Basophil	00	(<1%)	%
R. B. C.	4.52	(4.2 - 5.5) million/cmm	million/
P. C. V. (hemotocrite)	39.1	(36-50) Litre/Litre	/Litre
M. C. V.	86.2	(82-98) fl	fl
M. C. H.	30.7	(27Pg - 32Pg)	Pg
M. C. H. C.	36.2	High (21g/dl - 36g/dl)	g/dl
Platelete Count	1.79	(1.5-4.0 lacs/cumm)	/cumm
ESR Wintrobe			
Observed	15	20mm fall at the end of first hr.	mm

*esr Is A Non Specific Phenomenon, Clinically Useful In Disorders Associated With An Increased Production Of Acute Phase Proteins.

*elevated In Acute And Chronic Infections And Malignancies.

*extremely High Esr Values Are Seen In Multiple Myeloma, Leukemia, Lymphoma, Breast And Lung Carcinomas, Rheumatoid Arthritis, SLE, Pulmonary Infarction.



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BIOCHEMISTRY

Blood Sugar Fasting & PP

Blood Sugar Fasting	98.4	(60 -110)mg/dl	mg/dl
Blood Sugar PP	130.6	110 - 140 mg/dl	mg/dl

Reference Value :
 Fasting (Diabetes 110.0 Mg% Or More) (Impaired Glucose Tolerance 110-126 Mg%)
 After 2hrs. Of 75 Gm Glucose (oral) (70-140 Mg%) (Impaired Glucose Tolerance 140-200 Mg%)
 Random/casual (diabetes 200 Mg% Or More, With Presenting Symptoms.)

Lipid Profile

Total Cholestrol	160.4	125-200mg/dl Normal Value	mg/dL
H D L Cholestrol	40.1	(30-70 mg%)	mg%
Triglyceride	136.1	(60-165mg/dL)	mg/dL
V L D L	27.22	(5-40mg%)	mg%
L D L Cholestrol	93.08		mg/dl

50 Optimal
50-100 Near/Above Optimal

TC/HDL	4.0	(3.0-5.0)
LDL/HDL	2.2	(1.5-3.5)

Comment/interpretation
 Lipid Profile Is A Panel Of Blood Tests That Serves As An Initial Board Medical Screening Tool For Abnormalities In Lipids, The Result Of This Tests Can Identify Certain Genetic Diseases And Can Determine Approximate Risks Of Cardiovascular Diseases, Certain Forms Of Pancreatitis And Other Diseases.

- Note::
1. Measurement In The Same Patient Can Show Physiological & Analytical Variations. Three Serial Samples 1 Week Apart Are Recommended For Total Cholestrol ,triglycerides,hdl& Ldl Cholestrol.
 2. Atp Iii Recommends A Complete Lipoprotein Profile As The Initial Test For Evaluating Cholestrol.
 3. Friedewald Equation To Calculate Ldl Cholestrol Is Most Accurate When Triglyceride Level Is <400 Mg/dl.
- Measurement Of Direct Ldl Cholestrol Is Recommended When Triglyceride Level Is >400 Mg/dl.



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Tests	Results	Biological Reference Range	Unit
<u>LIVER FUNCTION TEST</u>			
Bilirubin (Total)	0.8	(0.10 - 1.20)mg/dl	mg/dl
Bilirubin (Direct)	0.3	(0.00-0.40)mg/dl	mg/dl
Bilirubin (in Direct)	0.5	(0.00-0.70) mg/dl	mg/dl
SGOT (AST)	29.2	0-40	IU/L
SGPT (ALT)	36.3	0.0-42.0	IU/L
Serum Alkaline Phosphatase	166.9	80.0-290.0	U/L
Serum Total Protein	6.6	6.0-7.8	gm/dl
Serum Albumin	4.0	3.5-5.0	gm/dl
Serum Globulin	2.6	2.3-3.5	gm/dl
A/G Ratio	1.54	High	

Comments/interpretation:

-liver Function Test Aid In Diagnosis Of Various Prehepatic, Hepatic And Post Hepatic Causes Of Dysfunction Like Hemolytic Anemias, Viral & Alcoholic Hepatitis And Cholestasis Of Obstructive Causes.
 -the Tests Encompasses Hepatic Excretory, Synthetic Function And Also Hepatic Parenchymal Cell Damage.
 -It Helps In Evaluating Severity, Monitoring Therapy And Assessing Prognosis Of Liver Disease And Dysfunction.

KIDNEY FUNCTION TEST

Blood Urea	25.4	15.0-45.0	mg/dl
Serum Creatinine	0.7	0.7-1.4	mg/dl
Serum Uric Acid	6.3	Male-3.5-7.2 Female-2.5-6.0	mg/dl
Serum Sodium	140.3	136.0-149.0	mmol/L
Serum Potassium	3.9	3.5-5.5	mmol/L
Serum Calcium	8.7	8.0-10.5	mg/dl



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Tests	Results	Biological Reference Range	Unit
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Glycosylated Haemoglobin

HBA1c	6.2	(4.3-6.4)	%
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Method: Ion Exchange High Performance Liquid Chromatography By Bio-rad D-10.

Comments/interpretations:

Glycosylated Haemoglobin Is Proportional To Mean Plasma Glucose Level During Previous 6-12 Weeks. For People Without Diabetes, The Normal Range For The Hemoglobin A1c Level Is Between 4% And 5.6%. Hemoglobin A1c Levels Between 5.7% And 6.4% Mean You Have A Higher Chance Of Getting Diabetes. Levels Of 6.5% Or Higher Mean You Have Diabetes. recommended Goal Of Hba1c Is <7%. The Higher The Hemoglobin A1c, The Higher Your Risk Of Having Complications Related To Diabetes. A Combination Of Diet, Exercise, And Medication Can Bring Levels Down. People With Diabetes Should Have An A1c Test Every 3 Months To Make Sure Their Blood Sugar Is In Their Target Range. If Your Diabetes Is Under Good Control, You May Be Able To Wait Longer Between The Blood Tests. But Experts Recommend Checking At Least Two Times A Year. People With Diseases Affecting Hemoglobin, Such As Anemia, May Get Misleading Results With This Test. Other Things That Can Affect The Results Of The Hemoglobin A1c Include Supplements Such As Vitamins C And E And High Cholesterol Levels. Kidney Disease And Liver Disease May Also Affect The Test. People With Diseases Affecting Hemoglobin, Such As Anemia, May Get Misleading Results With This Test. Other Things That Can Affect The Results Of The Hemoglobin A1c Include Supplements Such As Vitamins C And E And High Cholesterol Levels. Kidney Disease And Liver Disease May Also Affect The Test.

SEROLOGY

Blood Group (ABO)

A.B.O.	"A"
Rh(D)	POSITIVE



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For Home Collection Dial : 7905759374, 9076655547

पता : श्रीर बहादुर सिंह स्पेशलिस्ट कालेज के सामने, खजानोची आगवहा बाईपास रोड, राणी नगर-1, गोरगाव - 273 003

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Tests	Results	Biological Reference Range	Unit
IMMUNOLOGY			
T3 Triiodo Thyroid	1.18	(0.69 - 2.15)	ng/ml
T4 Thyroxine	89.2	(52 - 127) ng/ml	ng/ml
TSH	0.55	(0.3-4.5) uIU/ml	uIU/ml

Method : Sandwich Chemiluminescence Immunoassay.

Remarks:

- Total Serum T3 And T4 Concentration Is Dependent Upon A Multiplicity Of Factors. Thyroid Gland Function And Its Regulation, Thyroxine Binding Globulin (tbg) Concentration And The Binding Of T3 & T4 To Tbg. Thus, Total T3 & T4 Concentration Alone Is Not Sufficient To Assess The Clinical Status.
- A Decrease In Total Tri - Iodothyronine Values Is Found With Protein - Wasting Diseases, Certain Liver Diseases And Administration Of Testosterone, Diphenylhydantoin Or Salicylates.
- Total Serum Tetra - Iodothyronine Values May Be Elevated Under Conditions Such As Pregnancy Or Administration Of Oral Contraceptives.
- A Decrease In Total Tetra - Iodothyronine Values Is Found With Protein - Wasting Diseases, Certain Liver Diseases And Administration Of Testosterone, Diphenylhydantoin Or Salicylates.
- Serum Tsh Concentration Is Dependent Upon A Multiplicity Of Factors: Hypothalamus Gland Function, Thyroid Gland Function, And The Responsiveness Of Pituitary To Trh. Thus, Tsh Concentration Alone Is Not Sufficient To Assess The Clinical Status.
- Serum Tsh Values May Be Elevated By Pharmacological Intervention, Domperidone, Amiodazon, Iodide, Phenobarbital, Phenytoin Have Been Reported To Increase Tsh Levels.
- A Decrease In Tsh Values Has Been Reported With The Administration Of Propranolol, Methimazol, Dopamine, And D - Thyroxine.
- Genetic Variations Or Degradation Of Intact Tsh Into Subunits May Affect The Binding Characteristics Of The Antibodies And Influence The Final Result. Such Sampes Normally Exhibit Different Results Among Various Assay Systems Due To The Reactivity Of The Antibodies Involved.



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Tests	Results	Biological Reference Range	Unit
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CLINICAL PATHOLOGY

Urine Examination Report

Tests	Results	Biological Reference Range	Unit
PHYSICAL			
Volume	20	-	ml
Colour	STRAW	-	-
Appearance	CLEAR	-	-
CHEMICAL			
Reaction PH	6.0	(4.5-8.0)	-
Specific Gravity	1.010	(1.01-1.025)	-
Proteins	NIL	NIL	-
Sugar	NIL	NIL	-
Blood	NIL	NIL	-
Phosphates/urates	NIL	NIL	-
Ketone Bodies	NIL	NIL	-
Chyle	NIL	-	-
Bile Pigment (Bilirubin)	NIL	NIL	-
Bile Salt	NIL	-	-
Urobilinogen	Normal	-	-
MICROSCOPICAL			
R B C	Absent	0-2 /hpf	/hpf
Pus Cells	1-2	0-5 /hpf	/hpf
Epithelial Cells	2-3	-	-
Crystals	Nil	-	-
Yeast Cells	Absent	-	-
Casts	Absent	-	-
BACTERIA	Absent	-	-

*** End of Report ***

THANKS FOR REFERENCE

Consultant Pathologist
DR.S. SRIVASTAVA M.D(PATH)

TECHNICIAN
17022

Consultant Pathologist
DR.VASUNDHARA SINGH M.D (PATH)

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REPORT

I.D. NO 11 : U/14-03-03
Patient's Name: : MR. NEERAJ KR. SRIVASTAVA
Ref by Dr. : DIVYAMAN HOSPITAL
March 14, 2024
AGE/SEX :48 YRS / M

2D- ECHO

MITRAL VALVE

Morphology AML- Normal/Thickening/Calcification/Flutter/Vegetation/Prolapse/Sam/Doming.
PML- Normal/Thickening/Calcification/Prolapse/Paradoxical motion/Fixed.
Subvalvular deformity Present/Absent Score :
Doppler Normal/Abnormal E>A A>E
Mitral Stenosis Present/Absent RR Interval_ msec
EDG_ mmHg MDG_ mmHg MVA_ cm2
Mitral Regurgitation Absent/Trivial/Mild/Moderate/Severe.

TRICUSPID VALVE

Morphology Normal/Atresia/Thickening/Calcification/Prolapse/Vegetation/Doming.
Doppler Normal/Abnormal.
Tricuspid stenosis Present/Absent RR Interval_ msec.
EDG_ mmHg MDG_ mmHg
Tricuspid regurgitation/Absent/Trivial/Mild/Moderate/Severe Frangmemed signals.
Velocity_ msec. Pred. RVSP=RAP+_ mmHg

PULMONARY VALVE

Morphology Normal/Atresis/Thickening/Doming/Vegetation.
Doppler Normal/Abnormal
Pulmonary stenosis Present/Absent Level
PSG_ mmHg Pulmonary annulus_ mm
Pulmonary regurgitation Present/Absent
Early diastolic gradient_ mmHg. End diastolic gradient_ mmHg



उपलब्ध सुविधाएं



- CT Scan सीमा, री, सीरा जॉर्
- CT Angiography
- Digital X-ray

Screen 1.1.1



- MRI Scan
- 4D Colour Duplex
- CTUSG Guided Biopsy/PNAC

Module 1.1.1 MRI



- ECG, ECO Cardiography
- Di. Lab Path Lab
- 24 H Ambulance

Screen 1.1.1



Screen 1.1.1

THIS REPORT IS NOT FOR MEDICO LEGAL PURPOSE

REPORT

AORTIC VALVE

Morphology **Normal/Thickening/Calcification/Restricted opening/ Flutter/Vegetation**
 No of cusps **1/2/3/4**

Doppler **Normal/Abnormal**
 Aortic stenosis Present/Absent Level
 PSG_ mmHg Aortic annulus_ mm
 Aortic regurgitation Absent/Trivial/Mild/Moderate/Severe.

Measurements	Values (Cm)	Measurements	Values (Cm)
Aorta :	3.22	LAcS :	3.46
LVes :		LVed :	3.50
IVSed :	1.14	PW (LV):	
RVed :		RV Anterior wall	
EF :	75%	IVC	

IVSmotion **Normal/Flat/Paradoxical/Other**

CHAMBERS

LV **Normal/Enlarged/Clear/Thrombus/Hypertrophy/RWMA**
 LA **Normal/Enlarged/Clear/Thrombus**
 RA **Normal/Enlarged/Clear/Thrombus**
 RV **Normal/Enlarged/Clear/Thrombus**
 Pericardium **Normal/Thickening/Calcification/Effusion**

IMPRESSION

- NO RWMA AT REST
- NORMAL LV FUNCTION
- LVEF 75% 2D
- TRACE TR
- NORMAL SIZE CARDIAC CHAMBER
- NO I/C CLOT/VEG
- NO PERICARDIAL EFFUSION.



उपलब्ध सुविधाएं



- ▶ CT Scan सीमा, हे, सीरा अदि
- ▶ CT Angiography
- ▶ Digital X-ray



Model T.3T MR

- ▶ MRI Scan
- ▶ 4D Colour Dopler
- ▶ CT/USG Guided Biopsy/BIAC



Series Accur 1 5190

- ▶ ECG, ECD Cardiography
- ▶ Dr. Lal Path Lab
- ▶ 24 H Ambulance



Series 1.8e

THIS REPORT IS NOT FOR MEDICAL USE PURPOSE

REPORT

LD. NO	U/14-03-06	March 14, 2024
PATIENT NAME	Mr. NEERAJ KR. SRIVASTAVA	AGE/SEX 48 Y/M
REF. BY	DIVYAMAN HOSPITAL	

USG: WHOLE ABDOMEN (Male)

Liver – Mildly enlarged in size (163.1 mm) with grade I fatty echotexture. No IHBR dilatation / focal SOL are seen.

Gall bladder – is distended. No calculus in lumen. Wall thickness is normal.
CBD – normal. PV - normal. porta – normal

Pancreas is normal in thickness. Clearly defined margins are seen. Pancreatic duct is not dilated.

Spleen is normal in size (113.5mm) and echotexture. No focal lesion is seen. Diaphragmatic movements are within normal limits on both sides.

Right kidney - normal in size, outline and cortical echotexture. Renal parenchymal width is normal. Cortico-medullary differentiation is normal. No calculus seen. No backpressure changes are seen. Perinephric spaces are normal.

Left kidney - normal in size, outline and cortical echotexture. Renal parenchymal width is normal. Cortico-medullary differentiation is normal. No calculus seen. No backpressure changes are seen. Perinephric spaces are normal.

Urinary bladder is fully distended. Wall is smooth and regular. Lumen is echofree.

Prostate: is normal in size 44.1x36.4x24.3 mm, and volume 20.3 cc. Margins are well-defined. Capsule is normal.

No evidence of Ascites / Retroperitoneal Lymphadenopathy.

IMPRESSION

- MILD HEPATOMEGALY WITH FATTY LIVER GRADE-I.

ADV – CLINICAL CORRELATION.

Note : All USG finding are dynamic in nature and are subjected to change with course of disease and time. prescribing clinician are advised to correlate USG finding with clinical findings



Dr. Rahul Nayak
M.B.B.S.(M.L.N),
M.D.(Dr. RMLIMS, LKO)

उपलब्ध सुविधाएं



- CT Scan (Chest, Ab, Pelv) जोड़
- CT Angiography
- Digital X-ray



- MRI Scan
- 4D Colour Dopler
- CT/USG Guided Biopsy/FNAC



Seema L. Singh

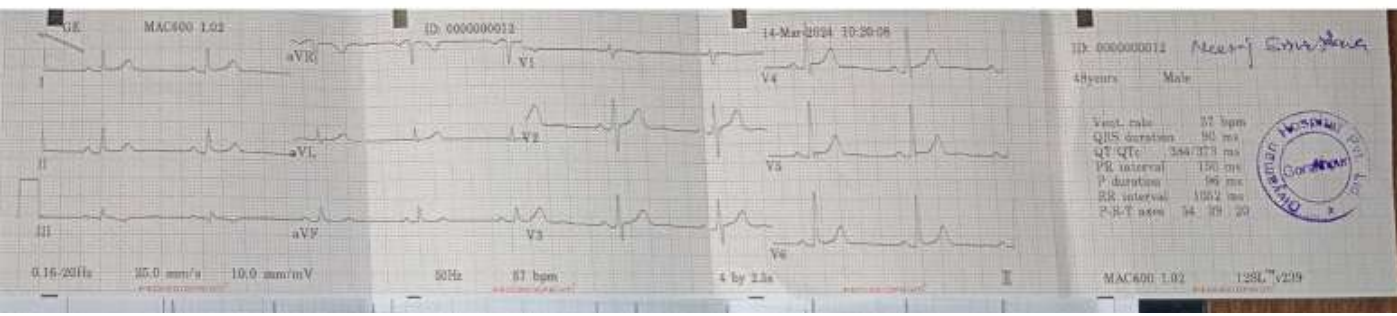
- ECG, ECD Cardiograms
- Dr. Lab Path Lab
- 24 H Ambulance



Seema L. Singh

THIS REPORT IS NOT FOR MEDICO LEGAL PURPOSE





R

CHEST-PA



NEERAJ SRIVASTVA

48Y

Male DMH

14/03/2024 13:23:19

Chest PA

DIVYAMAN HOSPITAL PRIVATE LIMITED X-RAY DEPARTMENT

OPP. VEER BAHADUR SINGH SPORT COLLEGE, RAPTINAGAR PHASE-1, GORAKHPUR, MOB. 7528959999



दिव्यमान हॉस्पिटल

प्राइवेट लिमिटेड



• ईमेल : dmhgkp@gmail.com • फोन नं० : 0551-2506300 • मो० : 7525969999, 8173006932

P Name. : MR NEERAJ KUMAR SRIVASTAVA	Age. : 48 YEAR	Gender. : Male
PD No. : 1098	UHID : UHID1022	Guardian. : C P SRIVASTAVA
nder Dr. : DR ASHOK KUMAR SRIVASTAVA	Department. : GENERAL MEDICINE	Qualification. : MBBS MD
ate. : 14-03-2024	Address. : SHATABDIPURAM G K P	Contact : 8738825248

Sp 120/70 mmHg Pulse 94 Spo2 98 Weight 69 kg Temp

CVS ~~normal~~

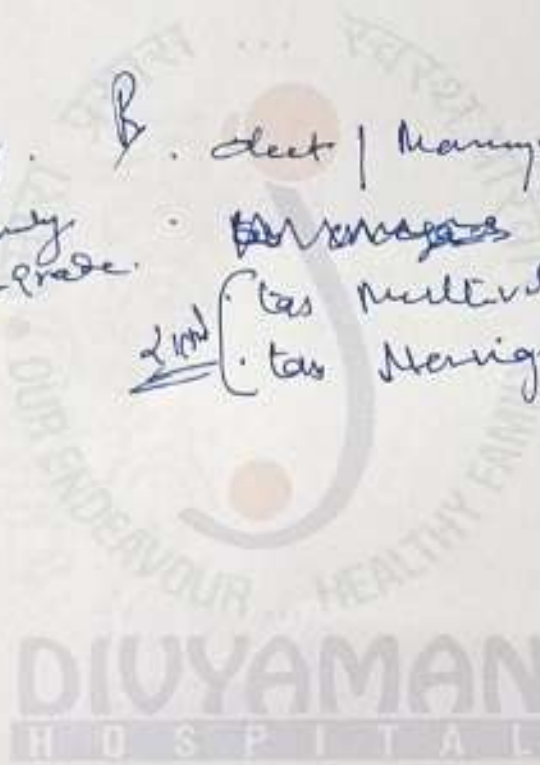
dry ✓
PA ← L/MP
S

ECC - WML
Echo - WML EF 57%
USG Abdomen - Mild hepatomegaly
Biliary hyperplasia

emc Hb 15.57.
KFT normal
Sg < 100 mg/dl

LFT normal
KFT normal
T3 T4 normal
WBC normal

B. diet / Manly walk / as dr.
Multivite FM omega-3
Merrigan



:- अन्य विभाग :-

- | | | | |
|-------------------------------|----------------------------------|---------------------|---------------------------------|
| • प्रसूति एवं स्त्री रोग | • शिशु, बाल रोग एवं एन.आई.सी.यू. | • डायलिसिस | • फिजियोथेरेपी एवं रिहैबिलिटेशन |
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| • जनरल व लिप्रोस्कोपिक सर्जरी | • न्यूरोसर्जरी | • छाती रोग | • माइयुलर ओ.टी., सी.आर्म |

इमरजेंसी 24 घण्टे

पता : गीत बहादुर सिंह स्पोर्ट्स कॉलेज के सामने, खजांची बरगदवा बाईपास रोड, राप्ती नगर फेज-1, गोरखपुर -273003
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