



LABORATORY INVESTIGATION REPORT

Patient Name	Mr. Karan Pal	Bill Date	19/09/2022 12:33PM
Age/Gender	63 Yrs 8 Mths 23 Days/Male	Sample Date	19/09/2022 12:37PM
Reg No.	554080	Ack. Date	19/09/2022 12:56PM
Bed No / Ward	OPD	Finalize Date	21/09/2022 1:07PM
Doctor	Dr. KULDEEP AGGARWAL	Lab No	1654636

MICROBIOLOGY

I (ANY NUMBER)

SDD

R >= (ANY NUMBER)

(INTERMEDIATE SUSCEPTIBILITY) USUALLY CONSIDERED RESISTANT; MAY BE EFFECTIVE IN HIGH DOSAGES, OR IN COMBINATION WITH ANOTHER SUSCEPTIBLE DRUG, OR IF IT GETS CONCENTRATED AT THE SITE OF INFECTION.
 "SUSCEPTIBLE-DOSE DEPENDENT" IMPLIES THAT SUSCEPTIBILITY IS DEPENDENT ON THE DOSING REGIMEN USED. (ONLY FOR CEFEPIME) Z
 UNLIKELY TO BE EFFECTIVE.

COMMENTS:

- COUNT OF 10^5 CFU/ML IS SIGNIFICANT. LOWER COUNTS MAY BE SIGNIFICANT IF PATIENT IS ON ANTIBIOTICS/DIURETICS AT THE TIME OF SAMPLE COLLECTION.
- * SENSITIVITY RESULTS OF CEFTRIAXONE, ARE CONSIDERED TO BE PREDICTIVE OF CEFOTAXIME HOWEVER THEIR DOSE SCHEDULES REMAINS INDEPENDENT OF EACH OTHER..
- * TETRACYCLINE SUSCEPTIBLE STRAINS ARE CONSIDERED SUSCEPTIBLE TO DOXYCYCLINE AND MINOCYCLINE. HOWEVER TETRACYCLINE RESISTANCE DOES NOT IMPLY THE SAME INTERPRETATION.
- * MACROLIDES, CLINDAMYCIN AND CHLORAMPHENICOL ARE NOT INTENDED FOR URINARY ISOLATES
- * DUE TO HETERORESISTANCE, BROTH MICRODILUTION IS THE ONLY METHOD RECOMMENDED FOR ANTIMICROBIAL SUSCEPTIBILITY TESTING OF COLISTIN.
- * CEFTRIAXONE+SULBACTAM+EDTA (ELORES) has been reported by disc diffusion method. Elores reported on clinician's request.

-----End of Report-----



Shweta

Dr. SHWETA SHARMA
 Consultant Microbiology Reg No.-DMC-56721
 MBBS, MD



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MICROBIOLOGY

AUTOMATED URINE CULTURE SENSITIVITY

Identification information :

Sample Type :

URINE

Method :

AUTOMATED

Result :

Klebsiella pneumoniae ISOLATED AFTER 2 DAYS OF AEROBIC INCUBATION AT 37⁰C.

COLONY COUNT:

>10⁵CFU/ML

Susceptibility Information	Card: AST-N405	Lot Number: 4076107505622	Expires: 12/12/2022
Antimicrobial	MIC		(Interpretation)
Antimicrobial	MIC		(Interpretation)
Amoxicillin/Clavulanic Acid	16		(I)
Piperacillin/Tazobactam	32		(I)
Cefuroxime	>=64		(R)
Cefuroxime Axetil	>=64		(R)
Ceftriaxone	>=64		(R)
Cefoperazone/Sulbactam	>=64		(R)
Cefepime	>=32		(R)
Ertapenem	2*		(R)
Imipenem	0.5		(S) ✓
Meropenem	<=0.25		(S) ✓
Amikacin	<=1		(S) ✓
Gentamicin	<=1		(S) ✓
Ciprofloxacin	>=4		(R)
Tigecycline	1		(S) ✓
Trimethoprim/Sulfamethoxazole	>=320		(R)
CEFRTRIAZONE+SULBACTAM+EDTA(ELORES)	-		(S) ✓
COLISTIN	<=0.5		(I)
CEFTAZIDIME/AVIBACTAM	-		(S) ✓
NITROFUARNTOIN	-		(S) ✓

+ = Deduced drug * = AES modified ** = User modified

VITEK AST REPORT

IF THE RESULT IS:
S <= (ANY NUMBER)
S (ANY NUMBER)

THEN THE ANTIBIOTIC IS:
EFFECTIVE AT LOWEST DILUTION TESTED.
EFFECTIVE, BUT NOT AT LOWEST DILUTION TESTED.



Patient Name	Mr. Karan Pal	Lab No	1633647
Age/Gender	63 Yrs 7 Mths 30 Days/Male	Report Date	28/08/2022 3:13PM
Reg No.	554080	Report Stage	Final
Bed No / Ward	OPD	Referred By	Dr. KULDEEP AGGARWAL

ECHO INVESTIGATIONS

- :- IVC: Normal in size with normal respiratory variation.
- :- Septum: Intact interatrial & Interventricular septum motion.

COLOUR FLOW IMAGING & DOPPLER:-

VALVE	MAXIMUM VELOCITY	m/sec	GRADIENT	REGURGITATION
MITRAL	E = 0.52 (0.5-1.0 m/sec)	A = 0.73 (0.3-0.8m/sec)	NIL	TRIVIAL
AORTIC	1.23	(1.0-1.7 m/sec)	NIL	TRIVIAL
TRICUSPID (R)	2.08		PASP = 22 mmHg	TRIVIAL
PULMONARY	0.69		NIL	NIL

IMPRESSION:-

- Borderline dilated left atrium.
- Jerky septal motion.
- Trivial MR.
- Trivial AR.
- Trivial TR, No PAH (PASP = 22 mmHg).
- Normal LV systolic function, LVEF = 63%.
- Grade 1 LV diastolic dysfunction.
- No PE/Clot/Vegetation.

The color Doppler Echocardiography findings should always be considered in correlation with clinical and other investigation findings wherever applicable.

-----End of Report-----



Asit Khanna

Dr. Asit Khanna
CONSULTANT CARDIOLOGY
MD,DM(CARDIO),FACC,FSCAI,FICP



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Reg No.	554080	Report Stage	Final
Bed No / Ward	OPD	Referred By	Dr. KULDEEP AGGARWAL

ECHO INVESTIGATIONS

2 D ECHO WITH COLOUR DOPPLER

COLOUR DOPPLER ECHO CARDIOGRAPHY

CHAMBER QUANTITATION--:

	ABSOLUTE VALUE	NORMAL VALUE (As per BSA = 1.3 - 2.3m ²)
LVID (ed)	4.6 cm	(3.5 - 5.6cm)
IVS (ed)	1.1 cm	(0.6 - 1.1cm)
LVPW (ed)	1.1 cm	(0.6 - 1.1cm)
RV (ed)	2.3 cm	(0.7 - 2.3cm)
LA (es)	4.2 cm	(2.0 - 4.0cm)
AORTA (es)	3.6 cm	(2.0 - 4.0cm)

MORPHOLOGY :-

1. VENTRICLES:-

:- Left Ventricle: Left ventricular chamber size was normal with normal wall thickness. jerky septal motion. Left ventricular ejection fraction is 63%.
 :- Right Ventricle: Right ventricular chamber size was normal with normal wall thickness. Normal right ventricular systolic function with no evidence of regional wall motion abnormalities.

2. ATRIUMS:-

:- Left Atrium: Left atrium is borderline dilated in size with no masses.
 :- Right Atrium: The right atrium was normal in size with no masses.

3. GREAT VESSELS:-

:- Aorta: The aorta appeared to be normal.
 :- Pulmonary Artery: Normal in size.

4. CARDIAC VALVES:-

:- Mitral Valve: AML tip thickened. Normal mobility of the mitral leaflets.
 :- Aortic Valve: Aortic valve appears tricuspid in structure and demonstrates normal cusp mobility.
 :- Pulmonary Valve: Pulmonary appear normal in structure & function.
 :- Tricuspid Valve: Normal mobility of the tricuspid leaflets.

5. OTHERS:-

~~Pericardium~~ Normal pericardium. No pericardial effusion



LABORATORY INVESTIGATION REPORT

Patient Name	Mr. Karan Pal	Bill Date	08/09/2022 9:41AM
Age/Gender	63 Yrs 8 Mths 13 Days/Male	Sample Date	08/09/2022 9:44AM
Reg No.	554080	Ack. Date	08/09/2022 9:54AM
Bed No / Ward	OPD	Finalize Date	10/09/2022 1:26PM
Doctor	Dr. KULDEEP AGGARWAL	Lab No	1644856

MICROBIOLOGY

COUNT OF 10^5 CFU/ML IS SIGNIFICANT. LOWER COUNTS MAY BE SIGNIFICANT IF PATIENT IS ON ANTIBIOTICS/DIURETICS AT THE TIME OF SAMPLE COLLECTION.

- * SENSITIVITY RESULTS OF CEFTRIAXONE. ARE CONSIDERED TO BE PREDICTIVE OF CEFOTAXIME HOWEVER THEIR DOSE SCHEDULES REMAINS INDEPENDENT OF EACH OTHER..
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- * MACROLIDES, CLINDAMYCIN AND CHLORAMPHENICOL ARE NOT INTENDED FOR URINARY ISOLATES
- * Ceftriaxone+sulbactam+edta (ELORES) has been reported by disc diffusion method. ELORES reported on clinician's request.
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Shweta

Dr. SHWETA SHARMA
Consultant Microbiology Reg.No.-DMC-56721
MBBS, MD



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Bed No / Ward	OPD	Finalize Date	10/09/2022 1:26PM
Doctor	Dr. KULDEEP AGGARWAL	Lab No	1644856

MICROBIOLOGY

Susceptibility Information	Card: AST-N235	Lot Number:7000915203	Expires: 17/12/2022
Antimicrobial	MIC		(Interpretation)
Antimicrobial	MIC		(Interpretation)
Amoxicillin/Clavulanic Acid	8		(R)
Ticarcillin	<=8		(S)
Ceftazidime	<=1		(S)
Piperacillin/Tazobactam	<=4		(S)
Ertapenem	<=0.5		(S) ✓
Cefixime	>=4		(R)
Gentamicin	<=1		(S) ✓
Ceftriaxone	<=1		(S) ✓
Norfloxacin	>=16		(R)
Amikacin	<=2		(S)
Nitrofurantoin	256		(R)
Ciprofloxacin	>=4		(R)
CEFTAZIDIME/AVIBACTAM	-		(S)
Ofloxacin	>=8		(R)
Trimethoprim/Sulfamethoxazole	<=20		(S)
CEFTRIAZONE+SULBACTAM+EDTA (ELORES)	-		(S) ✓

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"SUSCEPTIBLE-DOSE DEPENDENT" IMPLIES THAT SUSCEPTIBILITY IS DEPENDENT ON THE DOSING REGIMEN USED. (ONLY FOR CEFEPIME)Z

UNLIKELY TO BE EFFECTIVE.

COMMENTS:



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Doctor	Dr. KULDEEP AGGARWAL	Lab No	1644856

MICROBIOLOGY

AUTOMATED URINE CULTURE SENSITIVITY

Identification information :

Sample Type : URINE
 Method : AUTOMATED
 Result : TWO ORGANISM ISOLATED AFTER 2 DAYS OF AEROBIC INCUBATION AT 37⁰C.
 1. Klebsiella pneumoniae
 2. Citrobacter freundii
 COLONY COUNT: >10⁵CFU/ML

1. Klebsiella pneumoniae >10⁵CFU/ML

Susceptibility Information	Card: AST-N235	Lot Number:7000915203	Expires: 17/12/2022
Antimicrobial	MIC	(Interpretation)	
Antimicrobial	MIC	(Interpretation)	
Ampicillin	>=32	(R)	
Amoxicillin/Clavulanic Acid	16	(I)	
Ticarcillin	>=128	(R)	
Piperacillin/Tazobactam	32	(S) ✓	
Ceftazidime	>=64	(R)	
Cefixime	>=4	(R)	
Ertapenem	<=0.5	(S) ✓	
Ceftriaxone	>=64	(R)	
Gentamicin	<=1	(S) ✓	
Amikacin	<=2	(S) ✓	
Norfloxacin	8	(S) ✓	
Ciprofloxacin	>=4	(R)	
Nitrofurantoin	128	(R)	
Ofloxacin	>=8	(S) ✓	
Trimethoprim/Sulfamethoxazole	>=320	(R)	
CEFTRIAXONE+SULBACTAM+EDTA (ELORES)	-	(S) ✓	
CEFTAZIDIME/AVIBACTAM	-	(S)	

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2. Citrobacter freundii >10⁵CFU/ML



LABORATORY INVESTIGATION REPORT

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Age/Gender	63 Yrs 7 Mths 28 Days/Male	Sample Date	26/08/2022 11:37AM
Reg No.	554080	Ack. Date	26/08/2022 12:05PM
Bed No / Ward	OPD	Finalize Date	26/08/2022 3:47PM
Doctor	Dr. KULDEEP AGGARWAL	Lab No	1633647

IMMUNOLOGY

PSA Free

PROSTATE SPECIFIC ANTIGEN, FREE; PSA, FREE

TEST NAME	RESULT	UNITS
PSA, FREE	1.0 ✓	ng/mL

REFERENCE GROUP	FREE PSA	FREE PSA	FREE PSA	FREE PSA	FREE PSA
	0 - 0.5	>0.5-2.5	>2.5-5.0	>5.0-10	>10.0
Healthy males	87.2 %	12.8 %	0 %	0 %	0 %
BPH	51.9 %	42.9 %	4.2 %	0.5 %	0.5 %
Stage A prostate cancer	38.5 %	42.3 %	11.5 %	3.8 %	3.8 %
Stage B prostate cancer	23.9 %	68.7 %	7.5 %	0 %	0 %

NOTE :

- Free PSA values regardless of levels should not be interpreted as absolute evidence of the presence or absent of disease. All values should be correlated with clinical findings and results of other investigations.
- False Negative/Positive results are observed in patients receiving mouse monoclonal antibodies for diagnosis or therapy.
- Free PSA levels may appear consistently elevated/depressed due to the interference by heterophilic antibodies and non-specific protein binding.
- Free PSA values obtained with different assay methods or kits cannot be used interchangeably.
- Immediate Free PSA testing following digital rectal examination, ejaculation, prostatic massage, ultrasonography and needle biopsy of prostate is not recommended as it falsely elevates levels.
- Hormone therapy affects Free PSA expression.

CLINICAL USE

- * An aid in the early detection of prostate cancer in males 50 years or older with Total PSA values between 4.0 and 10.0 ng/mL and nonsuspicious digital rectal examination.
- * An aid in discriminating between prostate cancer and benign prostatic disease. Free PSA level is significantly higher in patients with BPH than with prostate cancer.

-----End of Report-----





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Reg No.	554080	Ack. Date	26/08/2022 12:05PM
Bed No / Ward	OPD	Finalize Date	26/08/2022 1:19PM
Doctor	Dr. KULDEEP AGGARWAL	Lab No	1633647

HAEMATOLOGY

Test	Value	Unit	Reference Range
PARTIAL THROMBOPLASTINE, ACTIVATED, PTT,APTT (PTTK)			
PTT - TEST	43.2	Seconds	30 - 40
CONTROL	30.0		

INTERPRETATION

The common cause of a prolonged APTT are :

1. Disseminated intravascular coagulation.
2. Liver disease.
3. Massive transfusion with stored blood.
4. Administration of heparin or contamination with heparin.
5. A circulating anticoagulant.
6. Deficiency of a coagulation factor other than factor V11.

The APTT is also moderately prolonged in patients on oral anticoagulant drugs and in the presence of vitamin K deficiency. Occasionally, a patient with previously undiagnosed haemophilia or other congenital coagulation disorder presents with a prolonged APTT. If the patient's APTT is abnormally long, the equal mixture test must be set up.

-----End of Report-----



Prashant Kr Singh

Dr. PRASHANT KR SINGH
Sr. Consultant-Pathologist Reg.No.-DMC-80306
M.D. PATHOLOGY



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Test	Value	HAEMATOLOGY		Reference Range
		Unit		
PROTHROMBIN TIME (PT+ INR)-SODIUM CITRATE 3.2%				
P.T - TEST	11.5	Seconds		12 - 16
CONTROL	11.5			
INR	1.00			

INTERPRETATION

The common cause of a prolonged one-stage prothrombin times are:

- 1.The administration of oral anticoagulant drugs (vitamin K antagonists).
- 2.Liver disease, particularly obstructive.
- 3.Vitamin K deficiency.
- 4.Disseminated Intravascular coagulation.
- 5.Rarely, a previously undiagnosed factor V11, X, V or prothrombin deficiency or defect with factor X or factor V deficiency the APTT will also be prolonged.

-----End of Report-----



Dr. PRASHANT KR SINGH
Sr.Consultant-Pathologist Reg.No.-DMC-80306
M.D. PATHOLOGY



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Age/Gender	63 Yrs 7 Mths 28 Days/Male	Sample Date	26/08/2022 11:37AM
Reg No.	554080	Ack. Date	26/08/2022 12:04PM
Bed No / Ward	OPD	Finalize Date	26/08/2022 2:43PM
Doctor	Dr. KULDEEP AGGARWAL	Lab No	1633647

SEROLOGY

diagnosis the patient's clinical history, symptomatology as well as serological data should be considered.

Recommendations :-

1. All results must be clinically correlated.
2. Rarely false negative or false positive reactions may occur.

-----End of Report-----



Dr. PRASHANT KR SINGH
Sr. Consultant-Pathologist Reg.No.-DMC-80306
M.D. PATHOLOGY



LABORATORY INVESTIGATION REPORT

Patient Name	Mr. Karan Pal	Bill Date	26/08/2022 11:33AM
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Doctor	Dr. KULDEEP AGGARWAL	Lab No	1633647

Test	Value	SEROLOGY	
		Unit	Reference Range
TTI			
HIV I & II, serum	0.33	IU/mL	< 1.0 - Non-Reactive >= 1.0 - Reactive Method: CMIA

Comments: -This is only ascreening test. all samples detected reactive must be confirmed by usingWestern Blot or PCR.

- *A negative result means that the sample tested either contains noantibodies to HIV or the antibody level is below the detection limit ofthe test kit. With negative test results, when infection is suspected, itis advised to repeat the test with anew serum taken 2-weeks later.
- *An initially reactive test result has to be retested. Only afterreceiving a repeat reactive, the sample may be presumed to containantibodies to HIV. The result should be verified with a recognizedconfirmatory test.
- *Therefore for a definitive diagnosis, the patient's clinicalhistory, symptomatology as well as serological data, should be considered.

Recommendations -

- 1.All results must be clinically correlated.
- 2.Rarely false negative or false poslivereactions may occur.

HBsAg, serum	0.17	IU/mL	< 1.00 - Non-Reactive >= 1.00 - Reactive Method: CMIA
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Comments:-

Detection of HBsAg in serum is used for early detection of hepatitis B virusinfection. A variety of serological markers appears following infection withHBV and one of the first of these is HBsAg. This Antigen appears beforebiochemical evidence of liver disease or jaundice & Persists throughout theacute phase &declines during convalescence. Persistence of this Antigen formore than 6 month indicates chronic infection. Other useful serological markersare IgM Anti HBC, HBeAg, HBV DNA, IgG Anti HBc & Anti HBe.This is only ascreening test. All samples detected reactive must be confirmed by using ELISAMETHOD & PCR for HBV DNA & Other serological markers. Therefore for adefinite diagnosis, the patients clinical history, symptomatology as well as serologicaldata should be considered.

Recommendations :-

- 1.All results must be clinically correlated.
- 2.Rarely false negative or false positive reactions may occur.

ANTI HCV, serum	0.05	IU/mL	< 1.0 - Non-Reactive >= 1.0 - Reactive Method : CMIA
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Comments :-

This is only a screening test. All samples detected reactive must be confirmed by using PCR for HCVRNA. Therefore for a definitive diagnosis, the patient's clinical history, symptomatology as well as serological data should be considered.



DEPARTMENT OF LABORATORY MEDICINE

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Referred By	Dr. KULDEEP AGGARWAL	Lab No	1633647
Report Stage	Final		

IMMUNOLOGY

PSA Total. 2.850 ng/ml 0.000 - 4.000

PSA (Prostate Specific Antigen)

- 1.Total PSA is increased in 25 - 46% of the patients with benign prostatic hyperplasia.
- 2.The total PSA range of 4.0-10.0 ng/mL has been described as a diagnostic grey zone, in which the free:total PSA ratio helps to determine the relative risk of prostate cancer

End Of Report



Mr. SRAWAN KUSHVAHA

Dr. PRASHANT KR SINGH
Sr. Consultant-Pathologist
Reg.No.-DMC-80306

* This Report is not for Medico Legal Purpose

Prepared By: Mr. HEMANT SHARMA

Page: 10 Of : 10

PhD, Med Biochemistry

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For Enquiry : admin.yhk@yashodahospital.org • For Feedback : admin.yhk@yashodahospital.org
Website: www.yashodahospital.org



DEPARTMENT OF LABORATORY MEDICINE

Patient Name	Mr. Karan Pal	Bill Date	26/08/2022 11:30AM
Age/Gender	63 Yrs 7 Mths 28 Days/Male	Sample Date	26/08/2022 11:37AM
Reg No	554080	Ack. Date	26/08/2022 12:05PM
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****End Of Report****

Mr. SRAWAN KUSHVAHA

Prashant
Dr. PRASHANT KR SINGH
Sr.Consultant-Pathologist
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PhD, Med Biochemistry

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DEPARTMENT OF LABORATORY MEDICINE

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Blood	ABSENT	Bezidine reaction/Urine test strip
Nitrite	Negative	Negative
		Nitrite test by urine test strip

MICROSCOPIC EXAMINATION
(Light Microscopy)

Pus cells	2-4	/hpf	0 - 3
RBC	0-0	/hpf	0 - 2
Epithelial Cells	1-2	/hpf	0 - 5
Cast	NIL		
Crystal	NIL		

End Of Report

Mr. RISHI BHUSHAN SHARMA

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M.D. PATHOLOGY



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CLINICAL PATHOLOGY

URINE EXAMINATION (URINE ROUTINE)

**PHYSICAL EXAMINATION
(Gross/Strip Method)**

Color	Pale Yellow	
Appearance	Clear	Clear
pH	5.0	4.6 - 8.0
Specific Gravity	1.010	1.001 - 1.030

**CHEMICAL EXAMINATION
(Strip/Manual Method)**

Protein	Nil	Nil	Heat & Acetic Acid Test /Urine test strip
Glucose	Nil	Nil	Benedict's Test /Urine test strip
Ketone	Negative	Negative	Rothera's Test /Urine test strip
Urobilinogen.	Negative	Negative	Ehrlich Aldehyde Reaction/Urine test strip
Bilirubin	Negative	Negative	Diazo test/Urine test strip
Leukocytes	Negative	Negative	Heat & Acetic Acid Test /Urine test strip

Mr. RISHI BHUSHAN SHARMA

Prashant
Dr. PRASHANT KR SINGH
Sr. Consultant-Pathologist
Reg.No. -DMC-80306

* This Report is not for Medico Legal Purpose

M.D. PATHOLOGY



DEPARTMENT OF LABORATORY MEDICINE

Patient Name	Mr. Karan Pal	Bill Date	26/08/2022 11:33AM
Age/Gender	63 Yrs 7 Mths 28 Days/Male	Sample Date	26/08/2022 11:37AM
Reg No	554080	Ack. Date	26/08/2022 12:04PM
Bed No/Ward	OPD	Finalize Date	26/08/2022 1:19PM
Referred By	Dr. KULDEEP AGGARWAL	Lab No	1633647
Report Stage	Final		

MCV	90.1	f1	83.0 - 101.0	MEASURED BASED ON RBC HISTOGRAM
MCH	27.8	pg	27.0 - 32.0	Calculated Value
MCHC	L 30.9	g/dl	31.5 - 34.5	Calculated Value
Platelet Count	3.60	lakh/cumm	1.50 - 4.10	Impedence Method
MPV	10	f1	7 . 11	
RDW	H 15.3	%	11.6 - 14.1	Calculated Value

End Of Report

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Report Stage	Final		

HAEMATOLOGY

COMP HAEMOGRAM (CBC+ESR)-WHOLE BLOOD

Hb (Haemoglobin) whole blood L	12.4	g/dl	13.0 - 17.0	Colorimetric
TLC (Total Leukocyte Count)	8320	/Cumm	4000 - 10000	Electric Impedence
DLC				
Neutrophils	58.00	%	40.00 - 80.00	Microscopy
Lymphocytes	33.10	%	20.00 - 40.00	Microscopy
Monocytes	7.10	%	2.00 - 10.00	Microscopy
Eosinophils	1.60	%	1.00 - 6.00	Microscopy
Basophils	0.20	%	0.00 - 2.00	
Absolute Leukocyte Count - Calculat from TLC & DLC				
Absolute Neutrophils Count	48.26	/L	15 - 80	Calculated Value
Absolute Lymphocytes Count	27.54	/L	10 - 30	Calculated Value
Absokute Monocytes Count	5.91	/L	2 - 10	Calculated Value
Absolute Eosinophil Count	1.33	/L	0 - 4	Calculated Value
ESR	H 22	mm/hr	0 - 10	PHOTOMETRY RHEOLOGY (RBC AGGREGATION)
RBC Count (Red Blood Cell) L	4.46	millions/c u.mm	4.50 - 5.50	DC Detection
Hematocrit - (Hct.)	40.1	%	40.0 - 50.0	

Prashant

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M. D. PATHOLOGY



DEPARTMENT OF LABORATORY MEDICINE

Patient Name	Mr. Karan Pal	Bill Date	26/08/2022 11:33AM
Age/Gender	63 Yrs 7 Mths 28 Days/Male	Sample Date	26/08/2022 11:37AM
Reg No	554080	Ack. Date	26/08/2022 12:04PM
Bed No/Ward	OPD	Finalize Date	26/08/2022 2:55PM
Referred By	Dr. KULDEEP AGGARWAL	Lab No	1633647
Report Stage	Final		

BIOCHEMISTRY

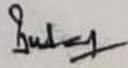
Glycosylated Haemoglobin HbA1C	H	6.8	%	4.5 - 6.3
Average Glucose Value For the Last 3 Months	H	148.46	%	

Haemoglobin A1c(HbA1c)correlates with a time weighed average of plasma glucose values over the previous 3 to 10 weeks.The measure of HbA1c is therefore a reflection of glucose control over a far longer period than a blood glucose value and it remains unaffected by the short term fluctuation in blood sugar levels.

NB: Fructosamine levels in serum are also available.

End Of Report

Dr. PRASHANT KR SINGH


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Sr.Consultant-Pathologist
Reg.No.-DMC-80306

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Prepared By: Dr. PRASHANT KR SINGH

Page: 4 Of : 10

M.D. PATHOLOGY

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Website: www.yashodahospital.org



DEPARTMENT OF LABORATORY MEDICINE

Patient Name	Mr. Karan Pal	Bill Date	26/08/2022 11:33AM
Age/Gender	63 Yrs 7 Mths 28 Days/Male	Sample Date	26/08/2022 11:37AM
Reg No	554080	Ack. Date	26/08/2022 12:04PM
Bed No/Ward	OPD	Finalize Date	26/08/2022 2:31PM
Referred By	Dr. KULDEEP AGGARWAL	Lab No	1633647
Report Stage	Final		

BIOCHEMISTRY

Blood Glucose (R) 125 mg/dl 70 - 140 Hexokinase

End Of Report

Mr. SRAWAN KUSHVAHA

Dr. PRASHANT KR SINGH
Sr.Consultant-Pathologist
Reg.No. -DMC-80306

M.D. PATHOLOGY

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Prepared By: Mr. SRAWAN KUSHVAHA

Page: 3 Of : 10

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DEPARTMENT OF LABORATORY MEDICINE

Patient Name	Mr. Karan Pal	Bill Date	26/08/2022 11:33AM
Age/Gender	63 Yrs 7 Mths 28 Days/Male	Sample Date	26/08/2022 11:37AM
Reg No	554080	Ack. Date	26/08/2022 12:04PM
Bed No/Ward	OPD	Finalize Date	26/08/2022 2:41PM
Referred By	Dr. KULDEEP AGGARWAL	Lab No	1633647
Report Stage	Final		

BIOCHEMISTRY

LIVER FUNCTION TEST (LFT)

DELTA BILIRUBIN		mg/dl		
Bilirubin Total, Serum	0.5	mg/dl	< 1.2	Diazonium Ion
Bilirubin Direct, Serum	0.2	mg/dl	< 0.3	Diazotization
Bilirubin Indirect, Serum	0.30	mg/dl		CALCULATED
SGOT (AST), Serum	34	U/L	0 - 40	UV without P5P
SGPT (ALT), Serum	H 62	U/L	0 - 41	UV without P5P
Alkaline Phosphatase, Serum	74	U/L	40 - 130	PNPP, AMP Buffer
Protein Total, Serum	7.9	g/dl	6.6 - 8.7	Biuret Kinetic
Albumin, Serum	4.3	g/dl	3.5 - 5.2	BROMOCRESOL GREEN
Globulin, Serum	3.60	g/dl		Calculated Value
A/G Ratio (Albumin/Globulin Ratio)	1.19			Calculated Value
GGTP (GAMMA GT), Serum	17	U/L	< 60	G-glutamyl-carboxy-nitroanilidine

End Of Report

Mr. LOKESH

Prashant

Dr. PRASHANT KR SINGH
Sr. Consultant-Pathologist
Reg.No.-DMC-80306

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Prepared By: Mr. LOKESH

Page: 2 Of : 10

M. D. PATHOLOGY

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DEPARTMENT OF LABORATORY MEDICINE

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Referred By	Dr. KULDEEP AGGARWAL	Lab No	1633647
Report Stage	Final		

BIOCHEMISTRY

TEST	Result	Unit	Reference Range	Method
KIDNEY FUNCTION TEST (KFT)				
UREA, Serum	L 14.00	mg/dl	16.60 - 48.50	
Creatinine, Serum	0.79	mg/dl	0.70 - 1.20	Alkaline Picrate Kinetic
Uric Acid, Serum	5.3	mg/dl	3.6 - 7.0	Colorimetric - Uricase
Protein Total, Serum	7.9	g/dl	6.6 - 8.7	Biuret Kinetic
Albumin, Serum	4.3	g/dl	3.5 - 5.2	BROMOCRESOL GREEN
Globulin, Serum	3.60	g/dl		Calculated Value
Phosphorus, Serum	3.0	mg/dl	2.7 - 4.9	Phosphomolybdate Method
Sodium, Serum	140	mmol/L	136 - 146	ISE Direct
Potassium, Serum	4.7	mmol/L	3.5 - 5.2	ISE Direct
Calcium, Serum	9.4	mg/dl	8.8 - 10.2	BAPTA
Chlorides Serum	105	mmol/L	98 - 107	ISE Direct

End Of Report

Mr. LOKESH

Indey
Dr. PRASHANT KR SINGH
Sr. Consultant-Pathologist
Reg.No. -DMC-80306

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M.D. PATHOLOGY



LABORATORY INVESTIGATION REPORT

Patient Name	Mr. Karan Pal	Bill Date	26/08/2022 11:33AM
Age/Gender	63 Yrs 7 Mths 30 Days/Male	Sample Date	26/08/2022 11:37AM
Reg No.	554080	Ack. Date	26/08/2022 12:45PM
Bed No / Ward	OPD	Finalize Date	28/08/2022 12:18PM
Doctor	Dr. KULDEEP AGGARWAL	Lab No	1633647

MICROBIOLOGY

THE TIME OF SAMPLE COLLECTION.

- SENSITIVITY RESULTS OF CEFTRIAXONE. ARE CONSIDERED TO BE PREDICTIVE OF CEFOTAXIME HOWEVER THEIR DOSE SCHEDULES REMAINS INDEPENDENT OF EACH OTHER.
- TETRACYCLINE SUSCEPTIBLE STRAINS ARE CONSIDERED SUSCEPTIBLE TO DOXYCYCLINE AND MINOCYCLINE. HOWEVER TETRACYCLINE RESISTANCE DOES NOT IMPLY THE SAME INTERPRETATION.
- MACROLIDES, CLINDAMYCIN AND CHLORAMPHENICOL ARE NOT INTENDED FOR URINARY ISOLATES
- CEFTRIAXONE+SULBACTAM+EDTA (ELORES) HAS BEEN REPORTED BY DISC DIFFUSION METHOD. ELORES REPORTED ON CLINICIAN'S REQUEST.
- DUE TO HETERORESISTANCE, BROTH MICRODILUTION IS THE ONLY METHOD RECOMMENDED FOR ANTIMICROBIAL SUSCEPTIBILITY TESTING OF COLISTIN.

-----End of Report-----



Dr. SHWETA SHARMA
Consultant Microbiology Reg.No.-DMC-56721
MBBS, MD



LABORATORY INVESTIGATION REPORT

Patient Name	Mr. Karan Pal	Bill Date	26/08/2022 11:33AM
Age/Gender	63 Yrs 7 Mths 30 Days/Male	Sample Date	26/08/2022 11:37AM
Reg No.	554080	Ack. Date	26/08/2022 12:45PM
Bed No / Ward	OPD	Finalize Date	28/08/2022 12:18PM
Doctor	Dr. KULDEEP AGGARWAL	Lab No	1633647

MICROBIOLOGY

SUSCEPTIBILITY INFORMATION	CARD: AST-N235	LOT NUMBER: 7000915203	EXPIRES: 17/12/2021
ANTIMICROBIAL	MIC		(INTERPRETATION)
ANTIMICROBIAL	MIC		(INTERPRETATION)
AMOXICILLIN/CLAVULANIC ACID	4*		(R)
PIPERACILLIN/TAZOBACTAM	<=4		(S)
TICARCILLIN	<=8		(S)
CEFIXIME	0.5		(S)
CEFTAZIDIME	<=1		(S)
CEFTRIXONE	<=1		(S)
ERTAPENEM	<=0.5		(S)
AMIKACIN	<=1		(S)
GENTAMICIN	<=2		(S)
CIPROFLOXACIN	2		(R)
NORFLOXACIN	8		(I)
OFLOXACIN	>=8		(R)
NITROFURANTOIN	<=16		(S) ✓
TRIMETHOPRIM/SULFAMETHOXAZOLE	<=20		(S)
CEFTAZIDIME/AVIBACTAM	--		(S)
CEFTRIAXONE+SULBACTAM+EDTA (ELORES)	--		(S)

+ = DEDUCED DRUG * = AES MODIFIED ** = USER MODIFIED
VITEK AST REPORT

IF THE RESULT IS:

S <= (ANY NUMBER)

S (ANY NUMBER)

I (ANY NUMBER)

SDD

R >= (ANY NUMBER)

THEN THE ANTIBIOTIC IS:

EFFECTIVE AT LOWEST DILUTION TESTED.

EFFECTIVE, BUT NOT AT LOWEST DILUTION TESTED.

(INTERMEDIATE SUSCEPTIBILITY) USUALLY CONSIDERED RESISTANT; MAY BE EFFECTIVE IN HIGH DOSAGES, OR IN COMBINATION WITH ANOTHER SUSCEPTIBLE DRUG, OR IF IT GETS CONCENTRATED AT THE SITE OF INFECTION.

"SUSCEPTIBLE-DOSE DEPENDENT" IMPLIES THAT SUSCEPTIBILITY IS DEPENDENT ON THE DOSING REGIMEN USED. (ONLY FOR CEFEPIME) Z

UNLIKELY TO BE EFFECTIVE.

COMMENTS:

COUNT OF 10⁵ CFU/ML IS SIGNIFICANT. LOWER COUNTS MAY BE SIGNIFICANT IF PATIENT IS ON ANTIBIOTICS/DIURETICS AT
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LABORATORY INVESTIGATION REPORT

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Age/Gender	63 Yrs 7 Mths 30 Days/Male	Sample Date	26/08/2022 11:37AM
Reg No.	554080	Ack. Date	26/08/2022 12:45PM
Bed No / Ward	OPD	Finalize Date	28/08/2022 12:18PM
Doctor	Dr. KULDEEP AGGARWAL	Lab No	1633647

MICROBIOLOGY

AUTOMATED URINE CULTURE SENSITIVITY

Identification information :

Sample Type : URINE
 Method : AUTOMATED
 Result : TWO ORGANISM ISOLATED AFTER 2 DAYS OF AEROBIC INCUBATION AT 37⁰C.
 1. Enterobacter cloacae complex
 2. Citrobacter freundii
 COLONY COUNT: 10⁴CFU/ML

1. Enterobacter cloacae complex 10⁴CFU/ML

SUSCEPTIBILITY INFORMATION	CARD: AST-N235	LOT NUMBER:7000915203	EXPIRES: 17/12/2021
ANTIMICROBIAL	MIC		(INTERPRETATION)
ANTIMICROBIAL	MIC		(INTERPRETATION)
AMOXICILLIN/CLAVULANIC ACID	>=32		(R)
PIPERACILLIN/TAZOBACTAM	<=4		(S)
TICARCILLIN	<=8		(S)
CEFIXIME	<=0.25		(S)
CEFTAZIDIME	<=1		(S)
CEFTRIXONE	<=1		(S)
ERTAPENEM	<=0.5		(S)
AMIKACIN	<=1		(S)
GENTAMICIN	<=2		(S)
CIPROFLOXACIN	<=0.25		(S)
NORFLOXACIN	<=0.5		(S)
OFLOXACIN	<=0.25		(S)
NITROFURANTOIN	32		(S)
TRIMETHOPRIM/SULFAMETHOXAZOLE	<=20		(S)
CEFTAZIDIME/AVIBACTAM	--		(S)
CEFTRIAXONE+SULBACTAM+EDTA (ELORES)	--		(S)

+ = DEDUCED DRUG * = AES MODIFIED ** = USER MODIFIED

2. Citrobacter freundii 10⁴CFU/ML



DEPARTMENT OF CLINICAL RADIOLOGY IMAGING & INTERVENTIONAL RADIOLOGY

Patient Name	Mr. Karan Pal	Bill Date	26/08/2022 11:33AM
Age/Gender	63 Yrs 7 Mths 28 Days/Male	Request Date	26/08/2022 11:33AM
Reg No	554080	Ack. Date	26/08/2022 12:00PM
Bed No/Ward	OPD	Finalize Date	27/08/2022 10:39AM
Referred By	Dr. KULDEEP AGGARWAL	Lab No	1633647
Report Stage	Final		

X RAY

X-RAY CHEST PA VIEW 06

X-RAY CHEST PA VIEW (X-RAY NO. - 2955)


Bilateral lung fields are clear.
Bilateral hila are normal.
Both costophrenic angles are clear.
Both domes of diaphragms are normal in position.
Cardiac shadow is within normal limits.
Bony cage and soft tissue appears unremarkable.
Please correlate clinically.

End Of Report



Dr. MAMTA MOTLA
HEAD & CONSULTANT RADIOLOGIST
Reg.No. -MCI-18275

Report is not for Medico Legal Purpose

Test Registered On	21/07/2022 10:46:54	Barcode	
Patient Name	MR. KARAN PAL	Mobile No	7838087978
Age / Gender	64 Yrs Male	Test Reported On	21/07/2022 12:53:50
Test Requested ID	102213722	Test Printing On	21/07/2022 12:53:53
Referred By	Dr. MCD		

ULTRASOUND WHOLE ABDOMEN

(Scan performed in voluson 4D ultrasound machine).

Liver is normal in size (span 143 mm), shape and echotexture. No focal hepatic lesion seen. Intrahepatic biliary radicals are not dilated. Portal vein is normal in course and calibre.

Gall bladder is well distended and shows echogenic sludge layered along the dependent lumen and neck region. CBD at porta is normal in course and calibre.

Pancreas is normal in size and echotexture.

Spleen is normal in size (span 94 mm) and shows normal echotexture.

Both kidneys are normal in size, shape and position. There is no evidence of hydronephrosis or calculus on either side. Corticomedullary differentiation is well maintained on both sides.

Right kidney measures 106 x 48 mm. Left kidney measures 109 x 53 mm.

Urinary bladder is distended and shows numerous intraluminal echogenic floaters. There is diffuse and irregular bladder wall thickening with evidence of sacculations, trabeculations and small diverticulations. In situ Foley's bulb noted.

Prostate is grossly enlarged in size (63 x 55 x 52 mm, vol. 95 cc), shows heterogeneous echopattern with median lobe indenting and elevating bladder base.

No evidence of free fluid is seen in abdomen / pelvis. There is no significant lymphadenopathy.

IMPRESSION: Study reveals:

- Gall bladder sludge.
- Grade III prostatomegaly with heterogeneous glandular parenchyma.
- Chronic cystitis with possibility of chronic obstruction of bladder outflow tract.

Advice: clinical correlation and further evaluation by CECT / MR Urography. Multiparametric CEMR prostate is recommended.

Dr. Yogesh Gupta

MD (Radiology)

Dr. Ashwani Jain

MD (Radiology)

Dr. Sanyal Kumar

MD (Radio-Diagnosis)

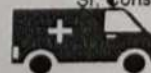
Sr. Consultant Radiologist

NORTH DELHI ADVANCED DIAGNOSTICS & MRI CENTRE

7 - SBI Colony, Near Gurudwara Nanak Pyau (towards Azadpur),
Opp. Indian Oil Petrol Pump, Main GT Karnal Road, Delhi - 110009

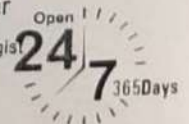
Phone : 011 - 45 040 666, 45 040 777

E-mail :- northdelhimri@gmail.com



FREE AMBULANCE

* Tests are not in NABL SCOPE + 91-11-45 040 777



Test Registered On 24/08/2022 08:59:49
 Patient Name **MR. KARAN PAL**
 Age / Gender 64 Yrs Male
 Test Requested ID **102217184**
 Referred By Dr. MCD

Barcode
 Mobile No **7838087978**
 Test Reported On 24/08/2022 10:38:42
 Test Printing On 24/08/2022 10:38:45



ULTRASOUND WHOLE ABDOMEN + PVR

Scan performed in voluson 4D ultrasound machine.

Liver is normal in size (span 145 mm), shape and echotexture. No focal hepatic lesion seen. Intrahepatic biliary radicals are not dilated. Portal vein is normal in course and calibre.

Gall bladder is well distended with an echo free lumen. Its walls are normal in thickness. No evidence of calculus seen. CBD at porta is normal in course and calibre.

Pancreas is normal in size and echotexture.

Spleen is normal in size (span 95 mm) and shows normal echotexture.

Both kidneys are normal in size, shape and position. There are minimal fullness of bilateral pelvicalyceal system. No evidence of calculus on either side. Corticomedullary differentiation is well maintained on both sides.

Right kidney measures 99 x 50 mm. Left kidney measures 109 x 54 mm.

Urinary bladder is partially distended and shows Foley's bulb in situ and numerous intraluminal echogenic floaters with diffuse and irregular thickening of bladder walls. Prevoid urine is 155 cc. Post void residual urine is 28 cc.

Prostate is grossly enlarged in size (63 x 56 x 50 mm, vol. 92.9 cc) with median lobe bulging into bladder base.

No evidence of free fluid is seen in abdomen / pelvis.

IMPRESSION: Study reveals gross prostatomegaly with median lobe bulge into bladder base with underlying chronic cystitis and mild fullness of bilateral pelvicalyceal system.

Please correlate clinically and with PSA and other lab parameters.

Dr. Yogesh Gupta
 MD (Radiology)
 Sr. Consultant Radiologist

Dr. Ashwani Jain
 MD (Radiology)
 Sr. Consultant Radiologist

Dr. Sanyal Kumar
 MD (Radio-Diagnosis)
 Sr. Consultant Radiologist

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