
ORIGINAL MICKEY
GPS Map Camera
Raipur, Chhattisgarh, India
6j6w+c64, Krishna Nagar, Santoshi Nagar, Raipur, Mathpurena, Chhattisgarh 492001, India
Lat 21.211086° Long 81.645663°
09/11/24 11:34 AM GMT +05:30
Google

INDIAN UNION DRIVING LICENCE

CHHATTISGARH STATE

Form 7

Number : CG04 20160005136

Name : PRATIMA BHAGAT

S/D/W of : MADAN MOHAN BHAGAT

Address : WARD-02, VIKASH NAGAR, GUDHIYARI, DIST-RAIPUR C.G. MOB-96914-54771 492001

Issued on : 26-02-2016

DoB : 16-02-1994 BG : A+ve

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Vehicle Class	MCWOG			
Date of Issue	26-02-2016			

Valid till (Transport)

Valid till (Non-Transport) 25-02-2036 Badge No:

HOLDER'S SIGNATURE

ISSUING AUTHORITY

RAIPUR

A Unit of Diagnostic Care with Trust

श्री साईं एडवांस इमेजिंग एण्ड डायग्नोस्टिक सेंटर PVT. LTD.

हर जीवन अमूल्य है

पुराना धमतरी रोड, सब्जी बाजार के सामने,
संतोषी नगर, रायपुर (छ.ग.) 0771-4023900

MRI | C.T. Scan | 4-D Colour USG | Digital X-Ray | Advanced Pathology | 2D Echo / E.C.G. / TMT / E.E.G / OPG / SPIRO

DATE: 09-11-2024

PATIENT NAME : MISS. PRATIMA BHAGAT
AGE/SEX : 30 YRS / FEMALE
REF. BY : BANK OF BARODA

SONOGRAPHY OF THE ABDOMEN+PELVIS

PROCEDURE DONE BY ULTRASOUND MACHINE TOSHIBA XARIO-200 (4D COLOR DOPPLER)

LIVER : The liver is normal in size, shape & contour with **raised echotexture.** No evidence of any Focal lesion or mass seen. The intrahepatic biliary ducts are normal. The CBD is normal in course, caliber & contour. Hepatic & portal vein appear normal in morphology.

GALL BLADDER : well distended & shows normal wall thickness. No obvious intraluminal calculus.

PANCREAS : appears normal in size, shape & echo pattern. Pancreatic duct appear normal.

SPLEEN : Spleen is normal size, shape and position. No focal lesion seen.

KIDNEY : Right kidney measures ~9.6 x 3.6 cm
Left kidney measures ~ 8.9 x 4.5 cm
Both kidneys are normal size, shape and position.
Renal parenchymal echogenicities are normal.
No evidence of any calculus or pelvicalyceal dilation.

URINARY BLADDER: UB is partial distended with normal wall thickness. No evidence of mass /calculus.

UTERUS : appears normal in size & echotexture. No obvious focal lesion seen. Endometrium thickness is normal.

OVARY : Both ovaries are normal in size, shape and echotexture.

RETRO PERITONEUM No evidence of lymphadenopathy / mass.

FREE FLUID : No free fluid seen in abdomen & peritoneal cavity.

IMPRESSION :

- **Fatty liver Grade- I.**
- **Rest no significant abnormality is seen.**

Needs clinical correlation & other investigations.

Dr. Saurab Prem Jain
Consultant Radiologist

Investigations have their limitation; solitary radiological / pathological and other investigations never confirm the final diagnosis of disease. They only help in diagnosing the disease in correlation to symptom and other related test please interpret accordingly.

Note-

1. The report & film are not valid for medico-legal purpose.
2. Please intimate us if any typing mistakes & send the report for correlation within 7 days.
3. कृपया अगली बार जांच के लिए आने पर पुराना रिपोर्ट साथ में लावे।

A Unit of Diagnostic Care with Trust
श्री साईं एडवांस इमेजिंग एण्ड डायग्नोस्टिक सेंटर PVT. LTD.
हर जीवन अमूल्य है
पुराना धमतरी रोड, सब्जी बाजार के सामने,
संतोषी नगर, रायपुर (छ.ग.) 0771-4023900
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DATE: 09-11-2024

PATIENT NAME	:	MISS. PRATIMA BHAGAT
AGE/SEX	:	30 YRS / FEMALE
REF. BY	:	BANK OF BARODA

USG OF BOTH BREASTS

RIGHT BREAST

- Right the breast is are normal in echotexture.
- No mass could be identified. No calcification is seen.
- Ductal system appears normal.
- Skin and subcutaneous tissue appears normal.
- Right axillae is clear.

LEFT BREAST

- Left the breast is normal in echotexture.
- No mass could be identified. No calcification is seen.
- Ductal system appears normal.
- Skin and subcutaneous tissue appears normal.
- Left axillae is clear.

IMPRESSION:

- **No significant abnormality is seen.**

Needs clinical correlation & other investigations.

Dr. Saurab Prem Jain
Consultant Radiologist

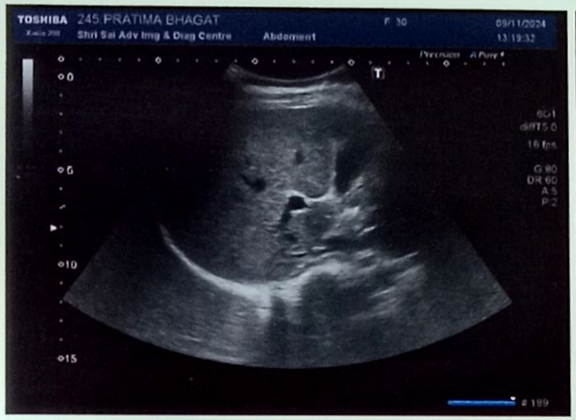
Investigations have their limitation, solitary radiological / pathological and other investigations never confirm the final diagnosis of disease. They only help in diagnosing the disease in correlation to symptom and other related test please interpret accordingly.

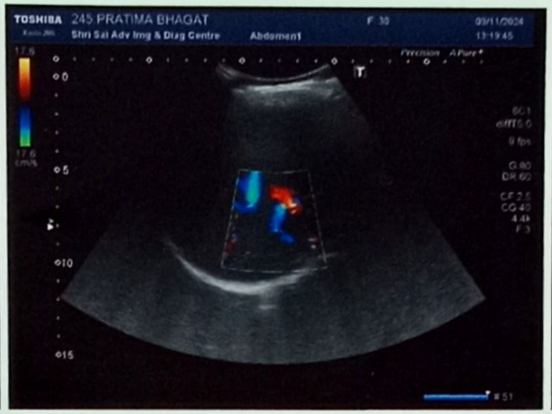
Kindly Note:-

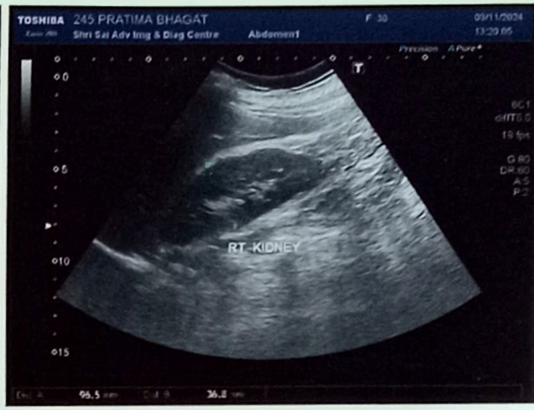
- *The report and films are not valid for medico – legal purpose.*
- *Please Intimate us if any typing mistakes and send the report for correction within 7 days.*

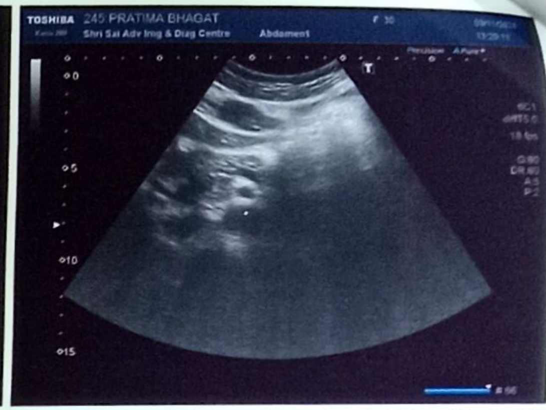
SAI DIAGNOSTIC CENTER RAIPUR

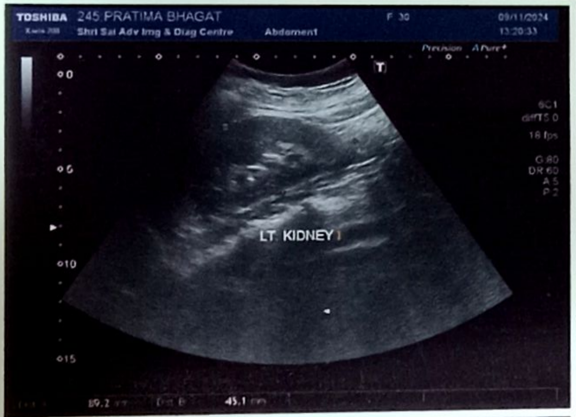
09 Nov 2024 Study : Abdomen
Name : PRATIMA BHAGAT

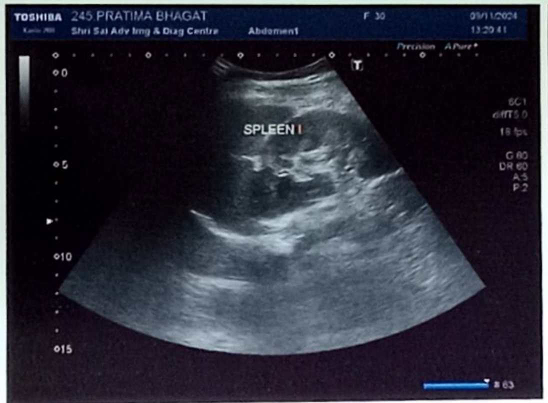


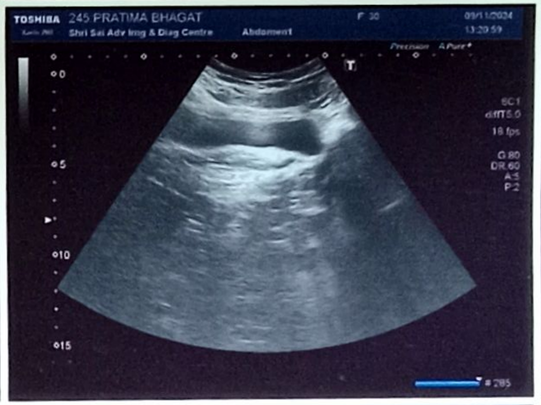


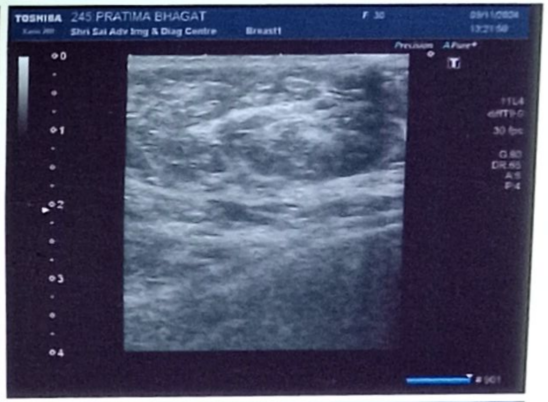


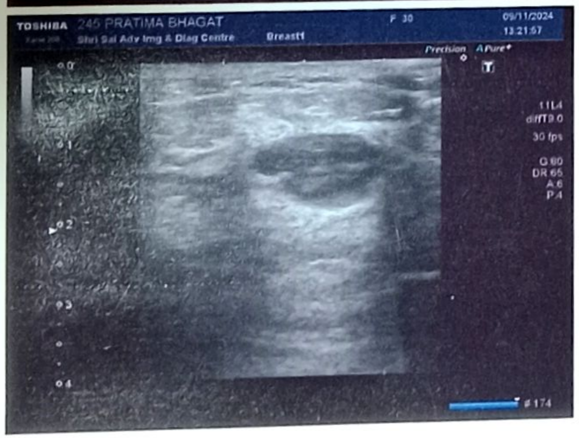


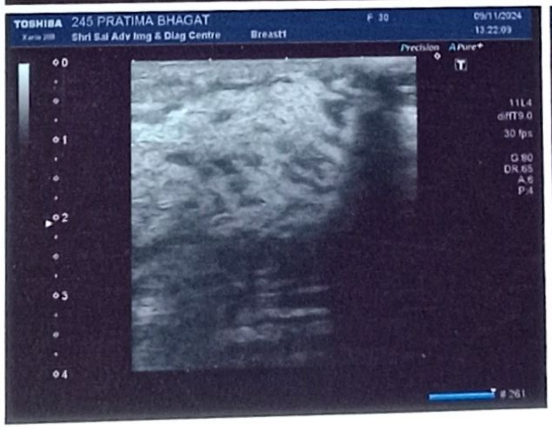


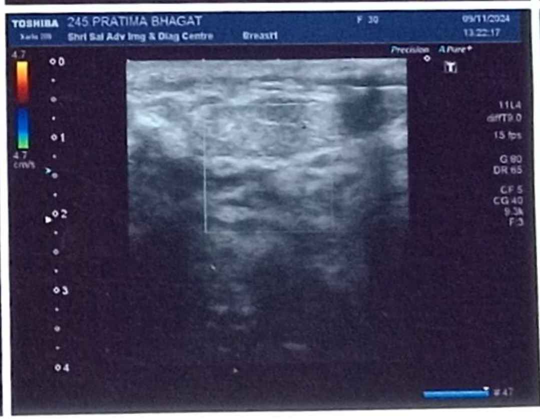


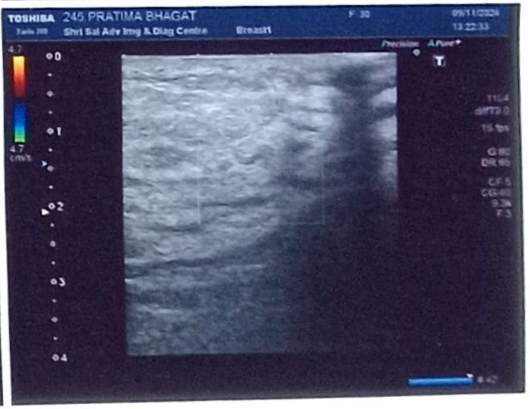












रामकथा

आँख, कान, नाक, गला एवं मल्टीस्पेशियालिटी हॉस्पिटल

24 घंटे आपातकालीन चिकित्सा सेवा उपलब्ध

DATE - 9-11-24

MRS. PRATIMA

AGE/SEX - 30Y/F

WEIGHT - 62.1KG

C/O NO ENT Complaint

Ear
Nose
Throat | clinically appear to be normal

TFT

two R two

-IWE

© AMC

Dr. Santosh Jaiswal
MS (ENT)
Rg. No. CGMC 4162/2012

शुभम के-मार्ट के बाजू, बैंक ऑफ बड़ौदा के सामने, बोरिया रोड़, संतोषी नगर, रायपुर (छ.ग.)
Mob.: 0771-4001080, 975[illegible] | Email: [illegible]@gmail.com

SHRI SAI ADVANCE IMAGING AND DIAGNOSTIC CENTER

RADHAKRISHNA VIHAR SANTOSHI NAGAR EMail:

Report

AGHPL

512 / MISS PRATIMA BHAGAT / 30 Yrs / F / 162 Cms / 60 Kg / NonSmoker
Date: 09 - 11 - 2024 Refd By : MEDIWHEEL Examined By:

Stage	Time	Duration	Speed(mph)	Elevation	METs	Rate	%THR	BP	RPP	PVC	Comments
Supine	00:15	0:15	00.0	00.0	01.0	085	45 %	110/70	093	00	
ExStart	01:18	1:03	00.0	00.0	01.0	098	52 %	110/70	107	00	
BRUCE Stage 1	04:18	3:00	01.7	10.0	04.7	126	66 %	118/78	148	00	
BRUCE Stage 2	07:18	3:00	02.5	12.0	07.1	144	76 %	128/88	184	00	
BRUCE Stage 3	10:18	3:00	03.4	14.0	10.2	164	86 %	138/98	226	00	
PeakEx	10:22	0:04	01.1	00.0	10.3	166	87 %	138/98	229	00	
Recovery	10:59	0:37	01.1	00.0	06.5	154	81 %	138/98	212	00	

FINDINGS :

Exercise Time : 09:04
Max HR Attained : 166 bpm 87% of Target 190
Max BP Attained : 138/98 (mm/Hg)
Max WorkLoad Attained : 10.3 Good response to induced stress
Test End Reasons : Test Complete, Heart Rate Achieved

REPORT : Negative TMT

DR. RAJESH SHARMA
MD, PGDCC (Cardiologist)
CGMC- 686/2007

SHRI SAI ADVANCE IMAGING AND DIAGNOSTIC CENTER

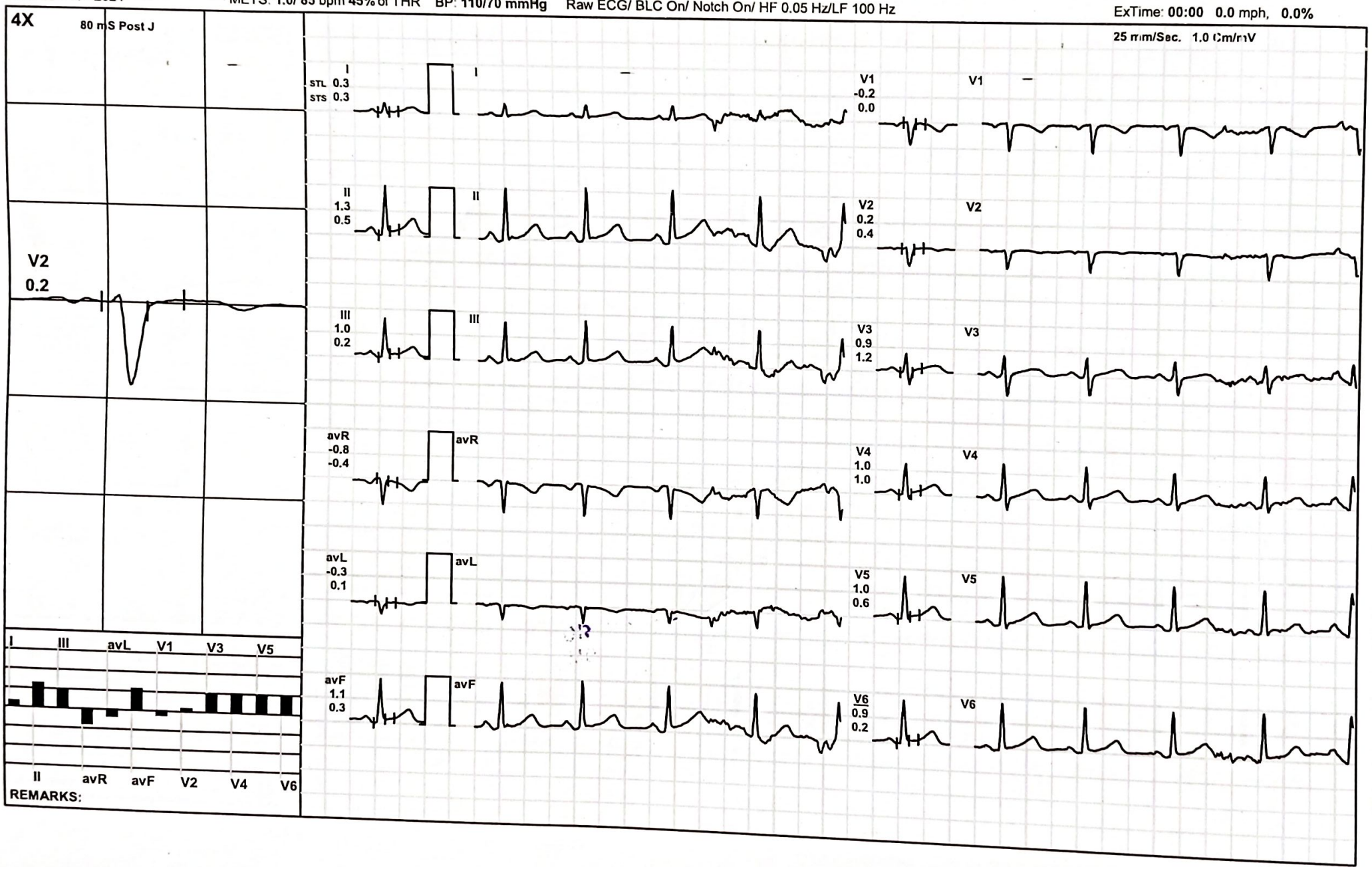
BRUCE:Supine(0:15)

AGHPL

512 / MISS PRATIMA BHAGAT / 30 Yrs / F / 162 Cms / 60 Kg / HR : 85

Date: 09 - 11 - 2024 METS: **1.0/ 85** bpm **45%** of THR BP: **110/70 mmHg** Raw ECG/ BLC On/ Notch On/ HF 0.05 Hz/LF 100 Hz ExTime: **00:00** **0.0** mph, **0.0%**

25 mm/Sec. 1.0 Cm/mV



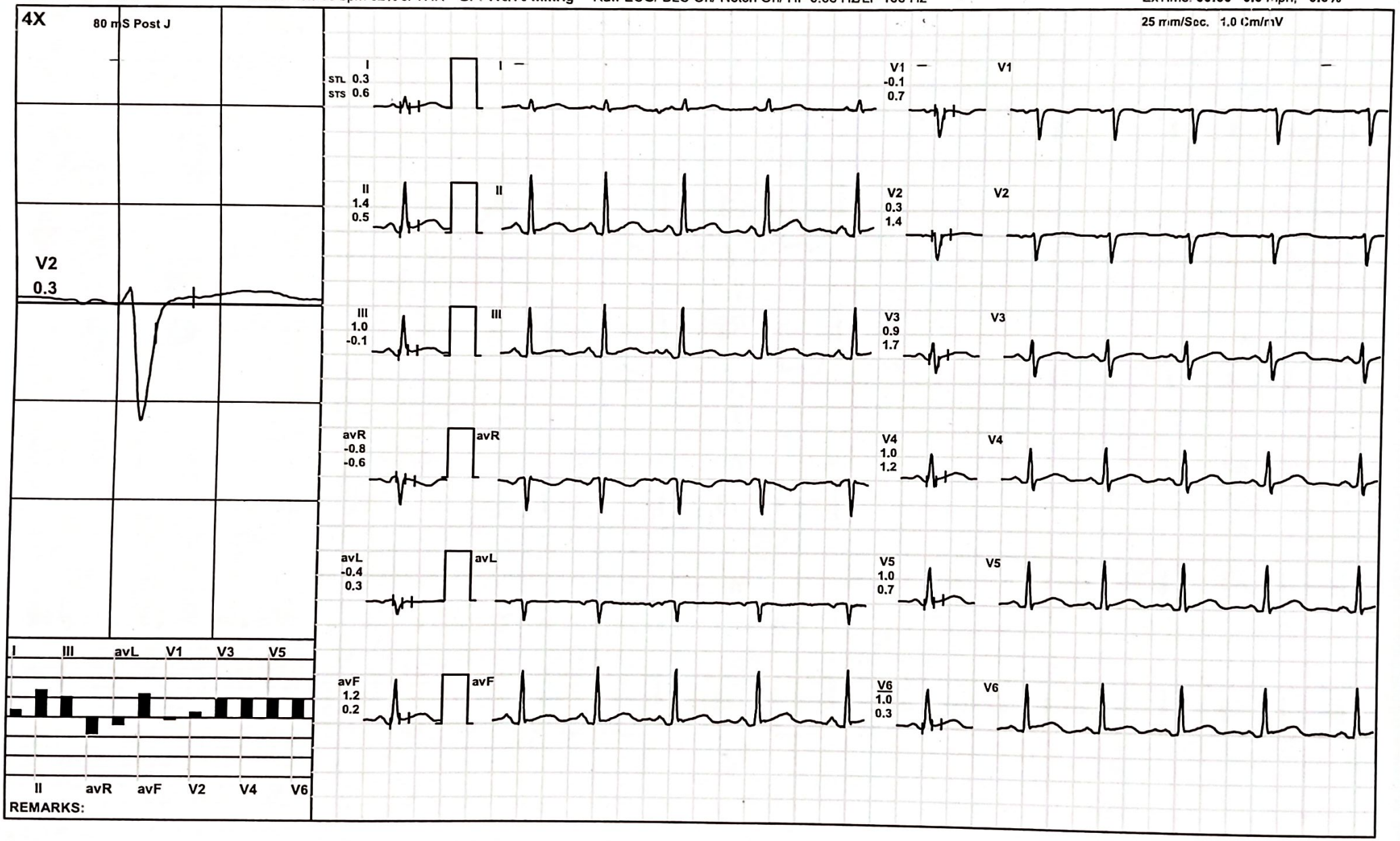
SHRI SAI ADVANCE IMAGING AND DIAGNOSTIC CENTER

ExStart

AGHPL

512 / MISS PRATIMA BHAGAT / 30 Yrs / F / 162 Cms / 60 Kg / HR : 98

Date: 09 - 11 - 2024 METS: **1.0/ 98** bpm **52%** of THR BP: **110/70 mmHg** Raw ECG/ BLC On/ Notch On/ HF 0.05 Hz/LF 100 Hz ExTime: **00:00 0.0** mpn, **0.0%**



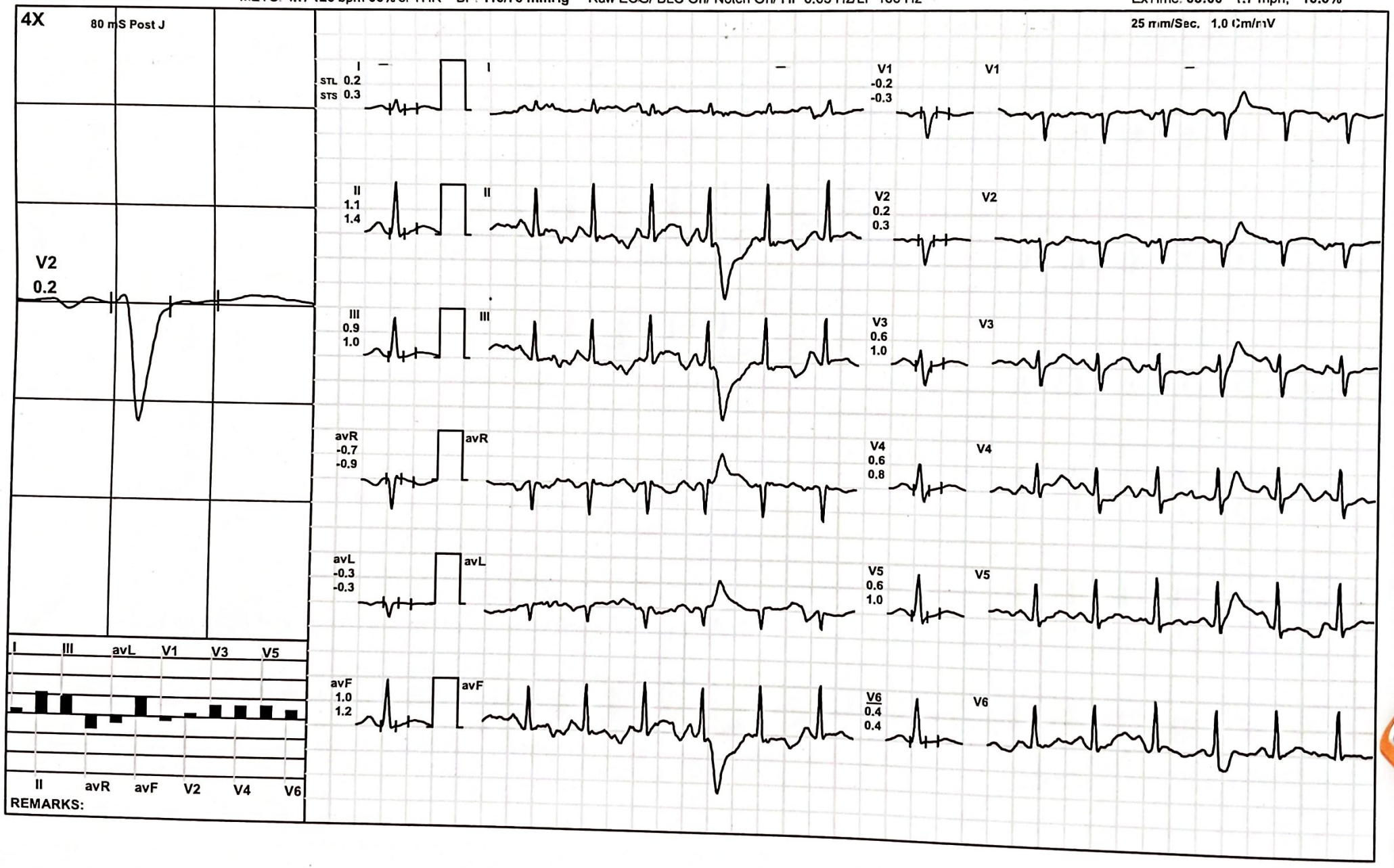
SHRI SAI ADVANCE IMAGING AND DIAGNOSTIC CENTER

BRUCE:Stage 1(3:00)

AGHPL

512 / MISS PRATIMA BHAGAT / 30 Yrs / F / 162 Cms / 60 Kg / HR : 126

Date: 09 - 11 - 2024 METS: **4.7/ 126** bpm **66%** of THR BP: **118/78 mmHg** Raw ECG/ BLC On/ Notch On/ HF 0.05 Hz/LF 100 Hz ExTime: **03:00** **1.7** mph, **10.0%**



SHRI SAI ADVANCE IMAGING AND DIAGNOSTIC CENTER

BRUCE:Stage 2(3:00)

AGHPL

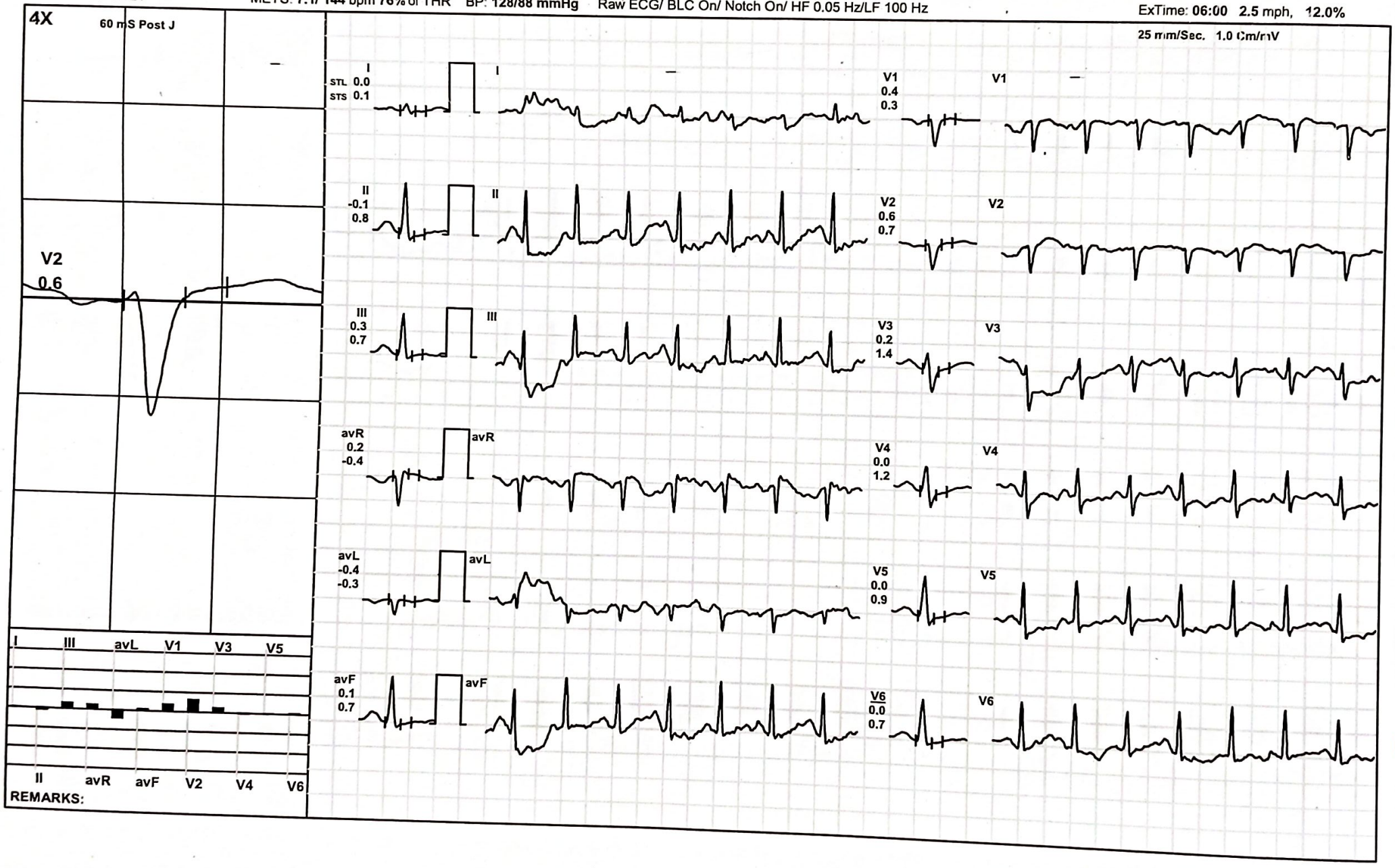
512 / MISS PRATIMA BHAGAT / 30 Yrs / F / 162 Cms / 60 Kg / HR : 144

Date: 09 - 11 - 2024

METS: **7.1/ 144** bpm **76%** of THR BP: **128/88 mmHg** Raw ECG/ BLC On/ Notch On/ HF 0.05 Hz/LF 100 Hz

ExTime: **06:00** **2.5** mph, **12.0%**

25 mm/Sec. 1.0 Cm/mV



REMARKS:

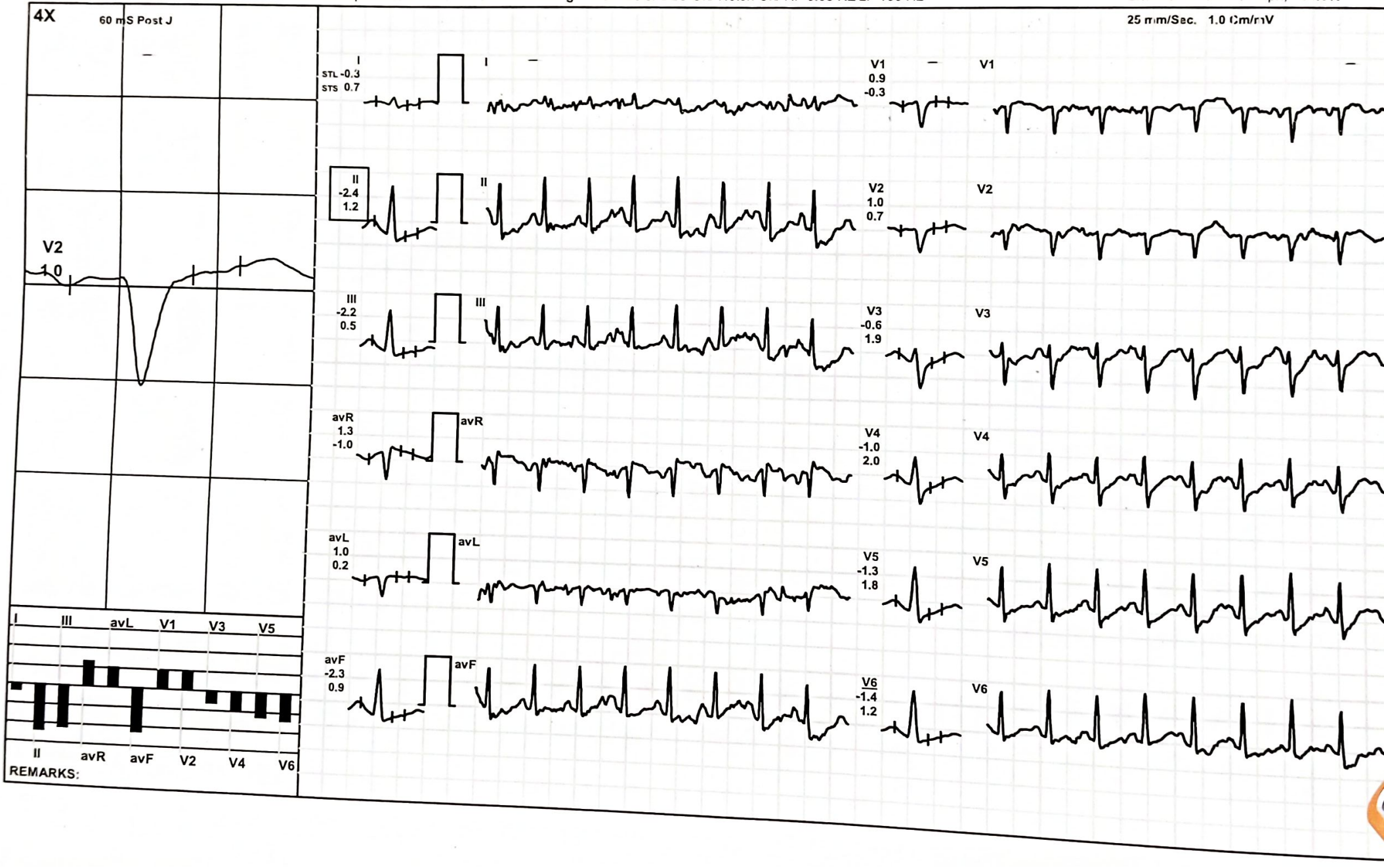
SHRI SAI ADVANCE IMAGING AND DIAGNOSTIC CENTER

BRUCE:Stage 3(3:00)

AGHPL

512 / MISS PRATIMA BHAGAT / 30 Yrs / F / 162 Cms / 60 Kg / HR : 164

Date: 09 - 11 - 2024 METS: **10.2/ 164** bpm **86%** of THR BP: **138/98 mmHg** Raw ECG/ BLC On/ Notch On/ HF 0.05 Hz/LF 100 Hz ExTime: **09:00** **3.4** mph, **14.0%**



REMARKS:

SHRI SAI ADVANCE IMAGING AND DIAGNOSTIC CENTER

PeakEx

AGHPL

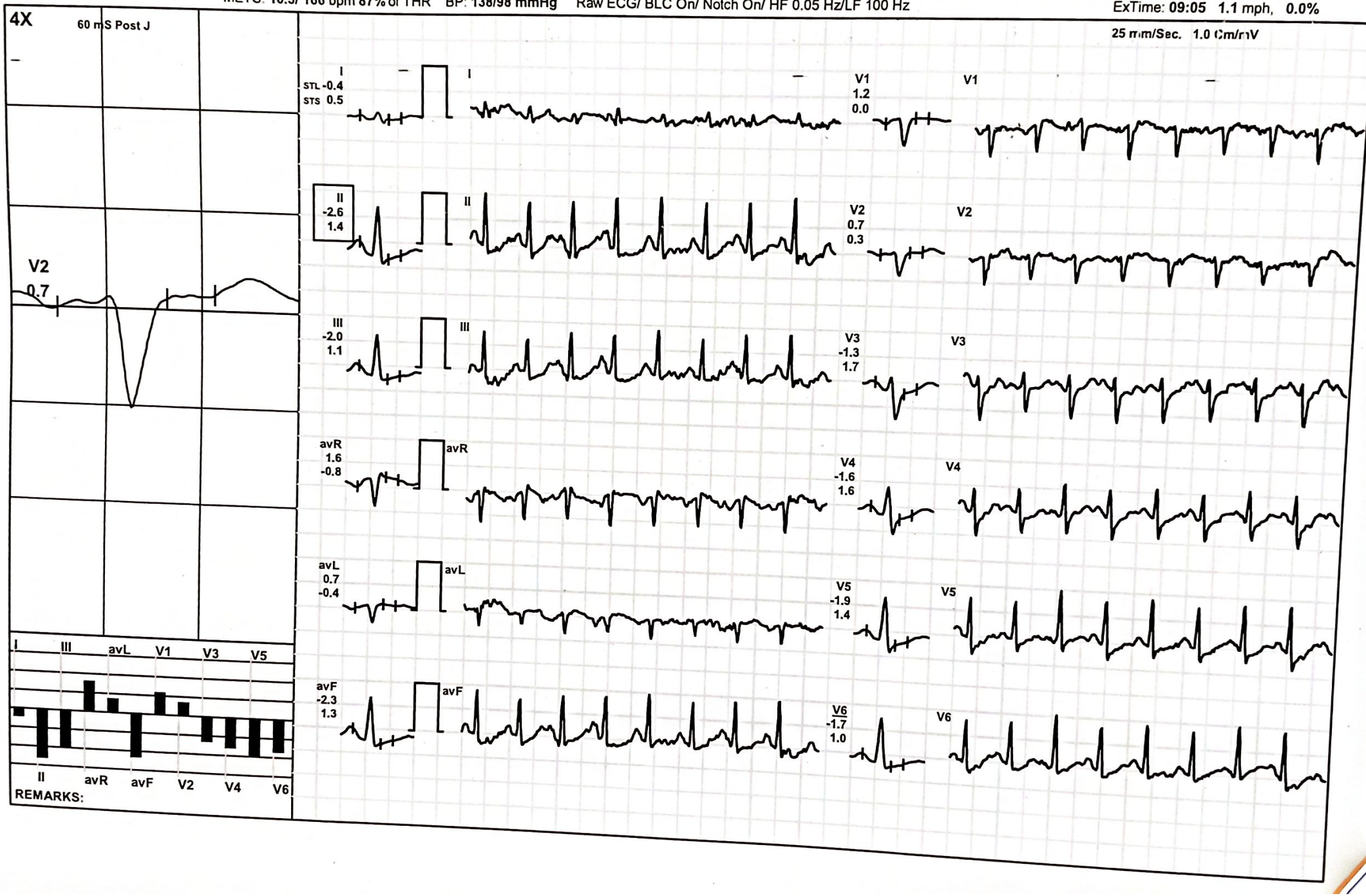
512 / MISS PRATIMA BHAGAT / 30 Yrs / F / 162 Cms / 60 Kg / HR : 166

Date: 09 - 11 - 2024

METS: **10.3/ 166** bpm **87%** of THR BP: **138/98 mmHg** Raw ECG/ BLC On/ Notch On/ HF 0.05 Hz/LF 100 Hz

ExTime: **09:05** **1.1** mph, **0.0%**

25 mm/Sec. 1.0 Cm/mV



SHRI SAI ADVANCE IMAGING AND DIAGNOSTIC CENTER

ST Measurements

512 / MISS PRATIMA BHAGAT / 30 Yrs / F / 162 Cms / 60 Kg / HR : 120

Date: 09 - 11 - 2024

Protocol : BRUCE

		I	II	III	avR	avL	avF	V1	V2	V3	V4	V5	V6	I	II	III	avR	avL	avF	V1	V2	V3	V4	V5	V6
STL(mm) 80 @mS	Supine	0.3	1.3	1.0	-0.8	-0.3	1.1	-0.2	0.2	0.9	1.0	1.0	0.9	0.3	0.5	0.2	-0.4	0.1	0.3	0.0	0.4	1.2	1.0	0.6	0.2
	ExStart	0.3	1.4	1.0	-0.8	-0.4	1.2	-0.1	0.3	0.9	1.0	1.0	1.0	0.6	0.5	-0.1	-0.6	0.3	0.2	0.7	1.4	1.7	1.2	0.7	0.3
	Stage 1	0.2	1.1	0.9	-0.7	-0.3	1.0	-0.2	0.2	0.6	0.6	0.6	0.4	0.3	1.4	1.0	-0.9	-0.3	1.2	-0.3	0.3	1.0	0.8	1.0	0.4
	Stage 2	0.0	-0.1	0.3	0.2	-0.4	0.1	0.4	0.6	0.2	0.0	0.0	0.0	0.1	0.8	0.7	-0.4	-0.3	0.7	0.3	0.7	1.4	1.2	0.9	0.7
	Stage 3	-0.3	-2.4	-2.2	1.3	1.0	-2.3	0.9	1.0	-0.6	-1.0	-1.3	-1.4	0.7	1.2	0.5	-1.0	0.2	0.9	-0.3	0.7	1.9	2.0	1.8	1.2
	PeakEx	-0.4	-2.6	-2.0	1.6	0.7	-2.3	1.2	0.7	-1.3	-1.6	-1.9	-1.7	0.5	1.4	1.1	-0.8	-0.4	1.3	0.0	0.3	1.7	1.6	1.4	1.0
	Recovery	0.5	0.8	0.3	-0.6	0.1	0.5	-0.1	0.4	0.9	0.7	0.4	0.2	0.6	2.4	1.8	-1.5	-0.6	2.1	-0.5	0.4	2.0	2.0	1.7	1.4

STS(mv/sec)

STI(μVs)		I	II	III	avR	avL	avF	V1	V2	V3	V4	V5	V6
	Supine	2.2	8.4	6.2	-5.4	-1.9	7.4	-2.2	0.6	6.3	7.4	2.6	7.2
	ExStart	3.2	10.9	7.8	-7.0	-2.3	9.4	-1.6	1.9	7.3	8.7	8.3	9.2
	Stage 1	1.0	-1.7	-1.7	0.8	0.8	-1.6	3.5	5.0	6.1	6.1	8.6	4.2
	Stage 2	-2.3	-5.9	-4.0	3.9	0.4	-5.0	2.3	2.5	0.3	-1.0	-1.5	-1.4
	Stage 3	-4.2	-18.1	-13.9	11.1	4.9	-16.0	7.2	3.4	-10.8	-12.4	-13.9	-12.1
	PeakEx	-4.2	-18.1	-13.9	11.1	4.9	-16.0	7.2	3.4	-10.8	-12.4	-13.9	-12.1
	Recovery	1.8	0.6	-1.1	-1.1	1.4	-0.2	0.3	1.7	2.3	1.0	-0.4	-1.0

ADVANCE IMAGING AND DIAGNOSTIC CENTER Median Measurement Summary

RADHAKRISHNA VIHAR SANTOSHI NAGAR

512 / MISS PRATIMA BHAGAT / 30 Yrs / Female / 162 Cm / 60 Kg /Non Smoker

AGHPL

Time (Min.)	HR (bpm)	PR Int (mS)	QRS Wid (mS)	QRS Axis (Deg.)	QTC (mS)	P(μV) (Max)	R(μV) (Max)	S(μV) (Min)	T(μV) (Max)	Min. J (μV)	Leads for (J & PJ)	Min. Post J (μV)	RR Var (%)	VEB (Counts)	Missed Beats (Counts)
00 : 30	89	246	66	92	448	600	1228	-678	533	-131	avL	-311	0.00	0	0
01 : 00	98	212	62	79	501	-226	1132	-674	373	-95	avL	-30	0.00	0	0
01 : 30	93	204	184	75	328	174	1109	-626	257	-40	avL	-98	0.00	0	0
02 : 00	104	204	50	70	454	198	945	-565	307	-43	avL	-11	0.00	0	0
02 : 30	112	150	50	77	130	216	1053	-574	-293	-35	avL	-92	0.00	0	0
03 : 00	120	164	52	79	124	219	1063	-560	-309	-46	avL	-9	0.00	0	0
03 : 30	121	164	50	82	133	222	1027	-541	-309	-49	avL	-35	0.00	0	0
04 : 00	121	162	50	79	162	254	1050	-548	-327	-48	avL	-63	0.00	0	0
04 : 30	130	140	50	77	149	268	1048	-570	-315	128	V6	-82	0.00	0	0
05 : 00	129	146	48	80	185	247	1005	-558	-368	33	V1	-36	0.00	0	0
05 : 30	136	154	50	81	176	232	1016	-551	-364	-231	V4	-74	0.00	0	0
06 : 00	136	146	64	76	391	229	1011	-575	-362	-207	III	-172	0.00	0	0
06 : 30	136	118	116	74	406	241	919	-548	-365	-28	II	-102	0.00	0	0
07 : 00	139	120	92	74	403	241	919	-548	-365	-28	avF	-102	0.00	0	0
07 : 30	146	132	64	84	208	241	1030	-592	-389	-183	II	-138	0.00	0	0
08 : 00	153	102	64	84	229	200	942	-553	-156	-162	III	-148	0.00	0	0
08 : 30	158	118	72	81	373	233	944	-549	129	-122	III	-105	0.00	0	0
09 : 00	160	114	70	85	365	251	920	-552	144	-113	III	-87	0.00	0	0
09 : 30	161	120	72	85	225	265	910	-557	-203	-213	III	-141	0.00	0	0
10 : 00	161	106	62	85	361	260	989	-555	191	-221	V5	-79	0.00	0	0
10 : 30	165	110	72	90	347	301	895	-594	207	-131	V6	-73	0.00	0	0

PT. NAME	**:- MISS PRATIMA BHAGAT**	**Sample Collected On**	:- 09/11/2024
PT. AGE/SEX	:- 30 Y / F	**Report Released On**	:- 09/11/2024
MOBILE NO	:-	**Accession On**	:- 10
Ref. By.	**:- SELF**	**Patient Unique ID No.**	:- **10573**
Company	**:- ARCOFEMI HEALTH CARE LTD.**	**TPA**	:- -

BIO CHEMISTRY

Description	Result	Unit	Biological Ref. Range
FASTING BLOOD SUGAR	**84.6**	mg/dL	70 - 110
POST PRANDIAL BLOOD SUGAR	**90.4**	mg/dl	70 - 140
Cholesterol	149.2	mg/dl	Desirable : <200 Borderline :200 - 239 High : >=240
Triglycerides	110.5	mg/dl	<150 : Normal 150-199 : Borderline - High 200-499 : High >500 : Very High
HDL	45.1	mg/dl	<40 : Low 40-60 :Optimal >60 : Desirable
LDL	**82**	mg/dl	<100 : Normal 100-129 : Desirable 130-159 : Borderling-High 160-189 : High >190 : Very High
VLDL	22.10	mg/dl	7 - 40
Cholesterol/HDL Ratio	3.31		0 - 5.0
LDL/HDL Ratio	1.81	ratio	0 - 3.5

Clinical Significance :
Total Cholesterol
Serum cholesterol is elevated in hereditary hyperlipoproteinemias and in other metabolic diseases. Moderate-to-markedly elevated values are also seen in cholestatic liver disease, risk factor for cardiovascular disease. Low levels of cholesterol may be seen in disorders like hyperthyroidism, malabsorption, and deficiencies of apolipoproteins.
Triglycerides
Increased serum triglyceride levels are a risk factor for atherosclerosis. Hyperlipidemia may be inherited or may be due to conditions like biliary obstruction, diabetes mellitus, nephrotic syndrome, renal failure,certain metabolic disorders or drug induced.
LDL Cholesterol (Direct) - LDL Cholesterol is directly associated with increased incidence of coronary heart disease , familial hyperlipidemias, fat rich diet intake, hypothyroidism, Diabetes mellitus, multiple myeloma and porphyrias. Decreased LDL levels are seen in hypolipoproteinemias , hyperthyroidism, chronic anaemia,and Reye's syndrome.
Undetectable LDL levels indicate abetalipoproteinemia
HDL Cholestero - High-density lipoprotein (HDL) is an important tool used to assess risk of developing coronary heart disease.Increased levels are seen in persons with more physical activity. Very high levels are seen in case of metabolic response to medications like hormone replacement therapy ..Low HDL cholesterol correlates with increased risk for coronary heart disease (CHD). Very low levels are seen in Tangier disease , cholestatic liver disease and in association with decreased hepatocyte function.

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PATHOLOGY (AIIMS, NEW DELHI)
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PT. NAME	**:- MISS PRATIMA BHAGAT**	**Sample Collected On**	:- 09/11/2024
PT. AGE/SEX	:- 30 Y / F	**Report Released On**	:- 09/11/2024
MOBILE NO	:-	**Accession On**	:- 10
Ref. By.	**:- SELF**	**Patient Unique ID No.**	:- **10573**
Company	**:- ARCOFEMI HEALTH CARE LTD.**	**TPA**	:- -

Bilirubin - Total	0.60	mg/dl	0.2 - 1.3
Bilirubin - Direct	0.15	mg/dl	0 - 0.3
Bilirubin (Indirect)	0.45	mg/dl	0 - 1.1
SGOT (AST)	24.0	U/L	14 - 36
SGPT (ALT)	23.4	U/L	9 - 52
Alkaline phosphatase (ALP)	77.6	U/L	38 - 126
Total Proteins	7.5	g/dl	6.3 - 8.2
Albumin	4.2	g/dl	3.5 - 5.0
Globulin	**3.30**	g/dl	2.3 - 3.6
A/G Ratio	1.27		1.1 - 2.0
Gamma GT	25.0	U/L	<38

Clinical Significance :
Alanine transaminase (ALT)
ALT is an enzyme found in the liver that helps your body metabolize protein . When the liver is damaged, ALT is released into the bloodstream and levels increase .
Aspartate transaminase (AST)
AST is an enzyme that helps metabolize alanine, an amino acid. Like ALT, AST is normally present in blood at low levels. An increase in AST levels may indicate liver damage or disease or muscle damage.
Alkaline phosphatase (ALP)
ALP is an enzyme in the liver, bile ducts and bone. Higher-than-normal levels of ALP may indicate liver damage or disease , such as a blocked bile duct, or certain bone diseases.
Albumin and total protein
Albumin is one of several proteins made in the liver. Your body needs these proteins to fight infections and to perform other functions . Lower-than-normal levels of albumin and total protein might indicate liver damage or disease.
Bilirubin.
Bilirubin is a substance produced during the normal breakdown of red blood cells. Bilirubin passes through the liver and is excreted in stool. Elevated levels of bilirubin (jaundice) might indicate liver damage or disease or certain types of anemia.

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Urea	24.3	mg/dL	10 - 50
Creatinine	**0.78**	mg/dL	0.52 - 1.04
Uric Acid	3.80	mg/dL	2.5 - 6.2
Sodium (Na)	139.8	mmol/L	137 - 145
Pottasium (K)	4.20	mmol/L	3.5 - 5.1

Clinical Significance :
SERUM UREA
Serum urea concentration reflects the balance between urea production in the liver and urea elimination by the kidneys, in urine; so increased serum urea can be caused by increased urea production, decreased urea elimination, or a combination of the two.
CREATININE
Creatinine is a nitrogenous waste product formed in muscle from creatine phosphate. Endogenous production of creatinine is proportional to muscle mass and body weight. Exogenous creatinine (from ingestion of meat) has little effect on daily creatinine excretion .Serum creatinine is inversely correlated with glomerular filtration rate (GFR). Increased levels of Serum Creatinine is associated with renal dysfunction.
URIC ACID
The uric acid blood test is used to detect high levels of this compound in the blood in order to help diagnose gout. The test is also used to monitor uric acid levels in people undergoing chemotherapy or radiation treatment for cancer. Rapid cell turnover from such treatment can result in an increased uric acid level.The uric acid urine test is used to help diagnose the cause of recurrent kidney stones and to monitor people with gout for stone formation.
SODIUM
It may also be elevated in the urine when the body is losing too much sodium; in this case, the blood level would be normal to low. Decreased urinary sodium levels may indicate dehydration, congestive heart failure, liver disease, or nephrotic syndrome. Increased urinary sodium levels may indicate diuretic use or Addison disease .
POTASSIUM
If blood potassium levels are low due to insufficient intake , then urine concentrations will also be low .Decreased urinary potassium levels may be due to certain drugs such as NSAIDs, beta blockers, and lithium or due to the adrenal glands producing too little of the hormone aldosterone.Increased urinary potassium levels may be due to kidney disease, eating disorders such as anorexia, or muscle damage.

T3 (Triiodothyronine)	**158.8**	ng/dl	126 - 258 1Yr - 5 Yr 96 - 227 : 6 Yr - 15 Yr 91 - 164 : 16 Yr- 18 Yr 60 - 181 : > 18 years Pregnancy : 1st Trimester
T4 (Thyroxine)	7.9	ug/dl	4.6 - 10.9 Pregnancy : 4.6 - 16.5 : 1st Trimester 2nd & 3rd Trimester : 100 - 250
TSH	2.18	uiU/mL	0.46 - 8.10 : 1 Yr - 5 Yrs 0.36 - 5.80 : 6 Yrs - 18 Yrs 0.35 - 5.50 : 18 yrs - 55 Yrs 0.50 - 8.90 : > 55 Yrs Pregnancy Ranges

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CLINICAL PATHOLOGY

Description	Result	Unit	Biological Ref. Range
	STOOL EXAMINATION		
Physical Examination			
Consistancy	Semisolid		
Colour	Pale Yellow		Pale Yellow
Reaction.	**Alkaline**		
Blood	**Absent**		
Mucus	Absent		
Worms	Absent		
Microscopic Examination			
Ova	**Nil**		
Cyst	Nil		
Epithelial cell	**Absent**	/HPF	0 - 1
PUS CELLS	0-2	/HPF	0 - 5
Trophozoite	Nil		
Vegetable Material	Absent		
Other Findings			
Appearance	Clear		Clear
Specific Gravity	1.015		1.003 - 1.030
Urine Glucose(Sugar)	**Nil**		Not Detected
Microscopic Examination			
Epithelial cells	2-3	/HPF	0 - 5
PUS CELLS	1-2	/HPF	0 - 5
RBC (Urine)	Absent	/HPF	0 - 3
Casts	**Absent**		Not Detected
Crystals	**Absent**		Not Detected
Bacteria	**Absent**		Not Detected
Reaction (pH)	**Acidic**		
Chemical Examination			
Physical Examination			
Colour	Pale Yellow		Pale Yellow
Urine Protein(Albumin)	**Nil**		Not Detected

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HAEMATOLOGY

Description	Result	Unit	Biological Ref. Range
	BLOOD GROUP		
BLOOD GROUP	" A "		
Rh	Positive		

NOTE :- This technique is used for preliminary ABO grouping spcimen should Be Further Tested by Tube Method For Confirmation.

W.B.C. Indices			
TOTAL WBC COUNT	5100	/cumm	4000 - 11000
NEUTROPHILS	62	%	40 - 70
LYMPHOCYTES	32	%	20 - 52
MONOCYTES	04	%	4 - 12
EOSINOPHILS	02	%	1 - 6
BASOPHILS	00	%	0 - 1
R.B.C. Indices			
HAEMOGLOBIN	13.4	gm/dL	12.5 - 16.5
RBC COUNT	**3.70**	Mill/cumm	4.2 - 5.5
HEMATOCRIT (PCV)	**36.5**	%	37.5 - 49.5
MCV	**98.6**	fL	80 - 95
MCH	**36.2**	pg	26 - 32
MCHC	**36.71**	g/dl	32 - 36
RDW-CV	15.4	%	11.5 - 16.5
Platelet Indices			
PLATELET COUNT	263000	/µL	150000-400000
MPV	9.1	fl	7.0 - 11.0
PDW	16.1	%	12 - 18
P-LCR	21.0	%	13 - 43
ESR	16.2	after 1 hr	0 - 20
Advice			Correlate Clinically

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HbA1C-Glycosylated Haemoglobin	**5.1**	%	Normal Range : <6% Good Control : 6 - 7% Fair Control : 7 - 8% Unsatistactory Control : 8 -10% Poor Control : >10%

Clinical Significance :
Hemoglobin A1c (HbA1c) level reflects the mean glucose concentration over the previous period (approximately 8-12 weeks) and provides a much better indication of long-term glycemic control than blood and urinary glucose determinations. American Diabetes Association (ADA) include the use of HbA1c to diagnose diabetes, using a cutpoint of 6.5%. The ADA recommends measurement of HbA1c 3-4 times per year for type 1 and poorly controlled type 2 diabetic patients, and 2 times per year for well-controlled type 2 diabetic patients) to assess whether a patient's metabolic control has remained continuously within the target range. Falsely low HbA1c results may be seen in conditions that shorten erythrocyte life span. and may not reflect glycemic control in these cases accurately.

--- End Of Report ---

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