



Reg. No. /NH/101/Apr. - 08

L. N. MEDICAL COLLEGE & J. K. HOSPITALHEMATOLOGY DEPARTMENT
AN ISO 9001:2008 Certified Hospital

NAME	SHWETA	AGE/SEX	32Y/F	PATHOLOGY REPORT	
REF BY	OPD	OPD No.	100049	LAB NO.	

TEST NAME	RESULTS	UNITS
HbA1c (GLYCOSYLATED HEMOGLOBIN), BLOOD (Turbidimetric inhibition immunoassay)	5.1	%

Interpretation

As per American Diabetes Association (ADA)

Reference Group	HbA1c in %
Non diabetic adults > =18 years	4.0 -6.0
At risk	>=6.0 to <= 6.5
Diagnosing Diabetes	> 6.5
Therapeutic goals for glycemic Control	Age > 19 years . Goal of therapy : < 7.0 . Action suggested : > 8.0 Age < 19 years . Goal of therapy: <7.5

Note

1. Since HbA1c reflects long term fluctuations in the blood glucose concentration, a diabetic patient who is recently under good control may still have a high concentration of HbA1c. Converse is true for a diabetic previously under good control but now poorly controlled.
2. Target goals of < 7.0 % may be beneficial in patient with short duration of diabetes, long life expectancy and no significant cardiovascular disease. In patients with significant complications of diabetes, limited life expectancy or extensive co-morbid conditions, targeting a goal < 7.0 % may not be appropriate.

Comments

HbA1c provides an index of average blood glucose levels over the past 8- 12 weeks and is a much better indicator of long glycemic control as compared to blood and urinary glucose determinations.

Dama
TECHNICIAN

PATHOLOGIST



Reg. No. /NH/101/Apr. - 08

L. N. MEDICAL COLLEGE & J. K. HOSPITAL

AN ISO 9001:2008 Certified Hospital



PATHOLOGY REPORT

DEPARTMENT OF HAEMATOLOGY

NAME:	SWETA	AGE / SEX	33Y/F	DATE	24/02/2025
REF BY:	OPD	OPD / IPD NO:	100049	LAB NO:	02

HAEMATOLOGY

TEST :	TEST VALUE	UNITS	NORMAL VALUE
HAEMOGLOBIN	12.3	Gm%	M: 13.0-17.0, F :12.0-15.0
E.S.R. (Wintrobe)		Mm/FHR	M: 0-9 , F: 0-20
TOTAL LEUCOCYTE COUNT	7.3	$10^9/L$	4.0-11.0
DIFFERENTIAL			
POLYMORPHS	69	%	40-80
LYMPHOCYTES	23	%	20-40
MONOCYTES	05	%	2-10
EOSINOPHILS	03	%	1-6
BASOPHILS	00	%	0-1
PLATELET COUNT:	265	$10^9/L$	150-450

Due to technical limitation please correlate clinically. Not for medical legal purpose.

TECHNICIAN

PATHOLOGIST

(TUTOR)



Reg. No. /NH/101/Apr. - 08

L. N. MEDICAL COLLEGE & J. K. HOSPITAL



AN ISO 9001:2008 Certified Hospital

DEPARTMENT OF CLINICAL PATHOLOGY

PATHOLOGY REPORT

NAME:	SWETA	AGE / SEX	33 Y/F	DATE	24/02/2025
REF BY:	OPD	OPD / IPD NO:	100049	LAB NO:	02

URINE ANALYSIS

PHYSICAL EXAMINATION

VOLUME : 25 ML
 COLOUR : PALE YELLOW
 APPEARANCE : CLEAR
 SP.GRAVITY : 1.010
 (pH) : 6.5

CHEMICAL EXAMINATION

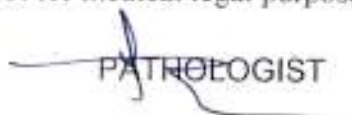
ALBUMIN : ABSENT
 SUGAR : ABSENT
 KETONE : ABSENT
 BILE SALT : -----
 BILE PIGMENT : -----
 OTHERS : ---

MICROSCOPIC EXAMINATION

PUS CELLS : 2-3 /HPF
 RBC : ABSENT
 EPITH.CELLS : 1-2 /HPF
 CRYSTAL : NOT SEEN.
 CASTS : NOT SEEN.
 BACTERIA : NOT SEEN
 FUNGUS : ABSENT
 AMORPHOUS MATERIAL : NOT SEEN.
 OTHERS : NOT SEEN

*Due to technical limitation please correlate clinically. Not for medical legal purpose.

TECHNICIAN

 PATHOLOGIST

(TUTOR)



Reg. No. /NH/101/Apr. - 08

L. N. MEDICAL COLLEGE & J. K. HOSPITAL(AN ISO 9001:2008 Certified Hospital)
CLINICAL BIOCHEMISTRY LABORATORY

MC-5516

PATHOLOGY REPORT

TEST	RESULT	REFERENCE INTERVAL *
Name SWETA		
Age/sex 33Y/F		
Date 24/2/2025		
Ref by OPD		
OPD NO. 78230		
LAB NO 02		
PLASMA GLUCOSE		
Fasting	84	70 - 110 mg/dL
Postprandial		< 140 mg/dL
Random		60 - 145 mg/dL
RENAL FUNCTION TESTS		
Serum Urea	14	15 - 39 mg/dL
Serum Creatinine	0.56	0.55 - 1.30 mg/dL
SERUM ELECTROLYTES		
Sodium		135 - 145 mmol/L
Potassium		3.5 - 5.0 mmol/L
Chloride		98 - 110 mmol/L
SERUM LIVER FUNCTION TESTS		
Total Bilirubin	0.4	0.2 - 1.0 mg/dL
Direct Bilirubin	0.17	0.0 - 0.2 mg/dL
Indirect Bilirubin	0.26	0.1 - 0.9 mg/dL
SGOT/AST	12	15 - 37 U/L
SGPT/ALT	8	12 - 78 U/L
Alkaline Phosphatase	68	46 - 116 U/L
Total Protein	7.4	6.4 - 8.2 g/dL
Albumin	4.8	3.1 - 5.0 g/dL
Globulin	2.5	2.3 - 4.1 g/dL
Albumin/Globulin Ratio	1.9	> 0.85
SERUM LIPID PROFILE		
Total Cholesterol	144	< 200 mg/dL
Triglycerides	65	< 150 mg/dL
HDL-Cholesterol	54	< 40 (low); > 60 mg/dL (high)
LDL-Cholesterol	96	< 130 mg/dL
VLDL-Cholesterol	13	< 30 mg/dL
CARDIAC MARKERS		
Serum CK-MB		< 5.1 ng/mL
Troponin -I		< 0.04 ng/ml (-ve); ≥ 0.04 ng/ml (+ve)
OTHERS		
Serum Total Calcium		8.5 - 10.1 mg/dL
Serum Uric Acid		2.6-6(F); 3.5-7.2 mg/dL (M)
Serum Amylase		25-115 U/L
Serum Lipase		≤ 60 U/L
CRP		< 5.0 mg/L
LDH		130-250 U/L

*Reference interval given is of adults

TECHNICIAN

Provisional Report
Department of
CLINICAL BIOCHEMISTRY
L. N. Medical College & J. K. Hospital
Kolar Road, BhopalJ.K. Town, Sarvadharam, C-Sector, Kolar Road, Bhopal - 462042 (M.P.)
Hospital ☎: 0755 - 4087000 / 01 / 02 / 06 Medical College ☎: 0755-4049600,
Web : www.Lnctu.ac.in, Email : jkhospital@Lnctu.ac.in



Reg. No. /NH/101/Apr. - 08

L. N. MEDICAL COLLEGE & J. K. HOSPITAL

(AN ISO 9001:2008 Certified Hospital)

**CLINICAL BIOCHEMISTRY LABORATORY****PATHOLOGY REPORT**

NAME	SWETA	AGE/SEX	33 Y/F	DATE	24.02.2025
REF BY	OPD	IPD/OPD NO.	78232	LAB NO.	02

THYROID PROFILE, TOTAL, SERUM (CLIA- Chemiluminescent immunoassy)

TEST NAME	RESULTS	UNITS	REF. RANGE
T3	1.58	ng/mL	0.58 - 1.62
T4	9.35	µg/dL	5.00 - 14.5
TSH	3.97	µIU/mL	0.35 - 5.10

Interpretation

PREGNANCY	REFERENCE RANGE for TSH in µIU/ml (As per American Thyroid Association)
1 st Trimester	0.10-2.50
2 nd Trimester	0.20-3.00
3 rd Trimester	0.30-3.00

Note :-

1. TSH levels are subjected to circadian variation, reaching peak levels between 2-4 a.m. and at a minimum between 6-10p.m. The variation is of the order of 50%, hence time of the day has influence on the measured serum TSH concentrations.
2. Fasting sample is desirable for serum TSH estimation.
3. Recommended test for T3 and T4 is unbound fraction or free levels as it is metabolically active.
4. Physiological rise in Total T3 /T4 levels is seen in pregnancy and in patients on steroid therapy.

Clinical Use

- Primary Hypothyroidism
- Hyperthyroidism
- Hypothalamic - Pituitary hypothyroidism
- Inappropriate TSH secretion
- Non thyroidal illness
- Autoimmune thyroid disease
- Pregnancy associated thyroid disorders
- Thyroid dysfunction in infancy and early childhood.


TECHNICIAN

Provisional Report
Department of Biochemistry
L. N. Medical College & J. K. Hospital
BIOCHEMIST
Kolar Road, Bhopal



J.K. Town, Sarvadharam, C-Sector, Kolar Road, Bhopal - 462042 (M.P.)
Hospital ☎: 0755 - 4087000 / 01 / 02 / 06 Medical College ☎: 0755-4049600,
Web : www.Lnctu.ac.in, Email : jkhospital@Lnctu.ac.in



Reg. No. /NH/101/Apr. - 08

L. N. MEDICAL COLLEGE & J. K. HOSPITAL**CLINICAL BIOCHEMISTRY LABORATORY**

MC-5518

PATHOLOGICAL REPORT

Name	SWETA	Age/sex	33Y/F	Date	24/2/2025
Ref by	OPD	OPD NO.	78230	LAB NO	02
TEST	RESULT	REFERENCE INTERVAL *			
<u>PLASMA GLUCOSE</u>					
Fasting	84	70 - 110 mg/dL			
Postprandial	93	< 140 mg/dL			
Random		60 - 145 mg/dL			
<u>RENAL FUNCTION TESTS</u>					
Serum Urea	14	15 - 39 mg/dL			
Serum Creatinine	0.56	0.55 - 1.30 mg/dL			
<u>SERUM ELECTROLYTES</u>					
Sodium		135 - 145 mmol/L			
Potassium		3.5 - 5.0 mmol/L			
Chloride		98 - 110 mmol/L			
<u>SERUM LIVER FUNCTION TESTS</u>					
Total Bilirubin	0.4	0.2 - 1.0 mg/dL			
Direct Bilirubin	0.17	0.0 - 0.2 mg/dL			
Indirect Bilirubin	0.26	0.1 - 0.9 mg/dL			
SGOT/AST	12	15 - 37 U/L			
SGPT/ALT	8	12 - 78 U/L			
Alkaline Phosphatase	68	46 - 116 U/L			
Total Protein	7.4	6.4 - 8.2 g/dL			
Albumin	4.8	3.1 - 5.0 g/dL			
Globulin	2.5	2.3 - 4.1 g/dL			
Albumin/Globulin Ratio	1.9	> 0.85			
<u>SERUM LIPID PROFILE</u>					
Total Cholesterol	144	< 200 mg/dL			
Triglycerides	65	< 150 mg/dL			
HDL-Cholesterol	54	< 40 (low); > 60 mg/dL (high)			
LDL-Cholesterol	96	< 130 mg/dL			
VLDL-Cholesterol	13	< 30 mg/dL			
<u>CARDIAC MARKERS</u>					
Serum CK-MB		< 5.1 ng/mL			
Troponin -I		< 0.04 ng/ml (-ve); ≥ 0.04 ng/ml (+ve)			
<u>OTHERS</u>					
Serum Total Calcium		8.5 - 10.1 mg/dL			
Serum Uric Acid		2.6-6(F); 3.5-7.2 mg/dL (M)			
Serum Amylase		25-115 U/L			
Serum Lipase		≤ 60 U/L			
CRP		< 5.0 mg/L			
LDH		130-250 U/L			

*Reference interval given is of adults

TECHNICIAN

Provisional Report
CLINICAL BIOCHEMIST
L. N. Medical College & J. K. Hospital
Kolar Road, Bhopal

J.K. Town, Sarvadharam, C-Sector, Kolar Road, Bhopal - 462042 (M.P.)
Hospital ☎: 0755 - 4087000 / 01 / 02 / 06 Medical College ☎: 0755-4049600,
Web : www.Lnctu.ac.in, Email : jkhospital@Lnctu.ac.in



Reg. No. /NH/101/Apr. - 08

L. N. MEDICAL COLLEGE & J. K. HOSPITAL

AN ISO 9001:2008 Certified Hospital



RADIOLOGY REPORT

Patient Name	SWETA 32Y F			Age & Sex	&
Patient UHID		Patient ID	78232 OPD	Study Date	24-Feb-2025
Patient Type	Modality	DX	Report Date & Time		
Consulting Dr.			Referred By		
Study Name					

RADIOGRAPH CHEST PA VIEW

Trachea is central

Visualized soft tissues and bones appear normal

Both hila are normal in size & position

Hemidiaphragms are normal in position and contour

Costophrenic angles are clear

Lung fields show no active parenchymal lesion

Cardiac shadow is normal in size, shape and position

Impression: Normal Study


 Department of Radiology
 Consultant Radiologist
 L.N. Medical College & J.K. Hospital
 Kolar Road, Bhopal



J.K. Town, Sarvadharam, C-Sector, Kolar Road, Bhopal - 462042 (M.P.)
 Hospital ☎: 0755 - 4087000 / 01 / 02 / 06 Medical College ☎: 0755-4049600,
 Web : www.Lnctu.ac.in, Email : jkhospital@Lnctu.ac.in

**RADIOLOGY REPORT**

Name : Ms. Sweta	Age / Sex : 32Yrs/ Female
Ref.By : CGHS	Date : 24/02/2025
Patient ID: 78232	

USG ABDOMEN & PELVIS

LIVER : Normal in size **12.9cm**, shape and echotexture with no e/o focal lesion. The intrahepatic biliary channels are unremarkable. Portal & hepatic venous channels are normal in appearance. The portal vein and common bile duct are normal in caliber.

GB : Wall smooth and thin –contents are echofree. There is no evidence of pericholecystic collection.

SPLEEN : Normal in size **8.9cm**, shape and shows homogenous parenchymal echotexture.

PANCREAS: Visualized region shows normal contour & homogenous parenchymal echotexture. No obvious retroperitoneal adenopathy -Aorta and IVC are normal in caliber.

KIDNEY : Normal in size shape and location. Corticomedullary differentiation is maintained & pelvicalyceal system is compact. No evidence of obstructive changes in the collecting system. **RK-8.9x3.8cm, LK-9.1x3.9cm**

ILIAC FOSSA : Normal in appearance – no obvious lymphadenopathy or free fluid seen in the abdominal cavity. Normal caliber bowel loops showing visible peristalsis evident.

UR.BLADDER: Wall is smooth in outline and intraluminal contents are echofree.

UTERUS: Normal anteverted uterus (8x3.3cm)–Myometrium appears homogenous with no e/o focal lesion. Endometrial lining is central and normal in thickness. **ET-10mm**. Bilateral ovaries are normal in shape size and volume. Bilateral adnexa &POD clear

IMPRESSION : Ultrasonography study of abdomen and pelvis reveals no significant abnormality

ADVICE : Clinical correlation

DR. *[Signature]* **SHANDE**
CONSULTANT RADIOLOGIST



DR. G.C GAUTAM

MD,DM(CARDIOLOGY)

CONSULTANT INTERVENTIONAL CARDIOLOGIST

Reg. No. MC -6581

DEPARTMENT OF CARDIOLOGY

2D ECHO & COLOUR DOPPLER REPORT

Name: MRS. SWETA MALVIYA	Age/Sex: 32 Y/F	OPD No. 078232
Referred By: CARDIOLOGY	Date: 24.02.2025	IPD .No.

LV


RV Diameter	21.2	mm
IV septum (dia)	10.0	mm
LV diameter (dia)	42.0	mm
LV post. Wall(dia)	10.0	mm
LV diameter (sys)	28.4	mm
Ejection fraction	60	%

AORTA/LA

AO diameter	29.2	mm
Left atrium	32.1	mm

IMPRESSION

- No MR /No TR
- No Pericardial Effusion
- No LA / LV Clot
- No RWMA
- Normal LV Function
- LVEF= 60%


Dr .G .C.GAUTAM MD (DM Cardiologist)
Dept. of Cardiology

32 Years

SWEETA
Female

2/24/2025 3:19:46 PM

L.N. M.C JK HOSPITAL

CARDIOLOGI (142)

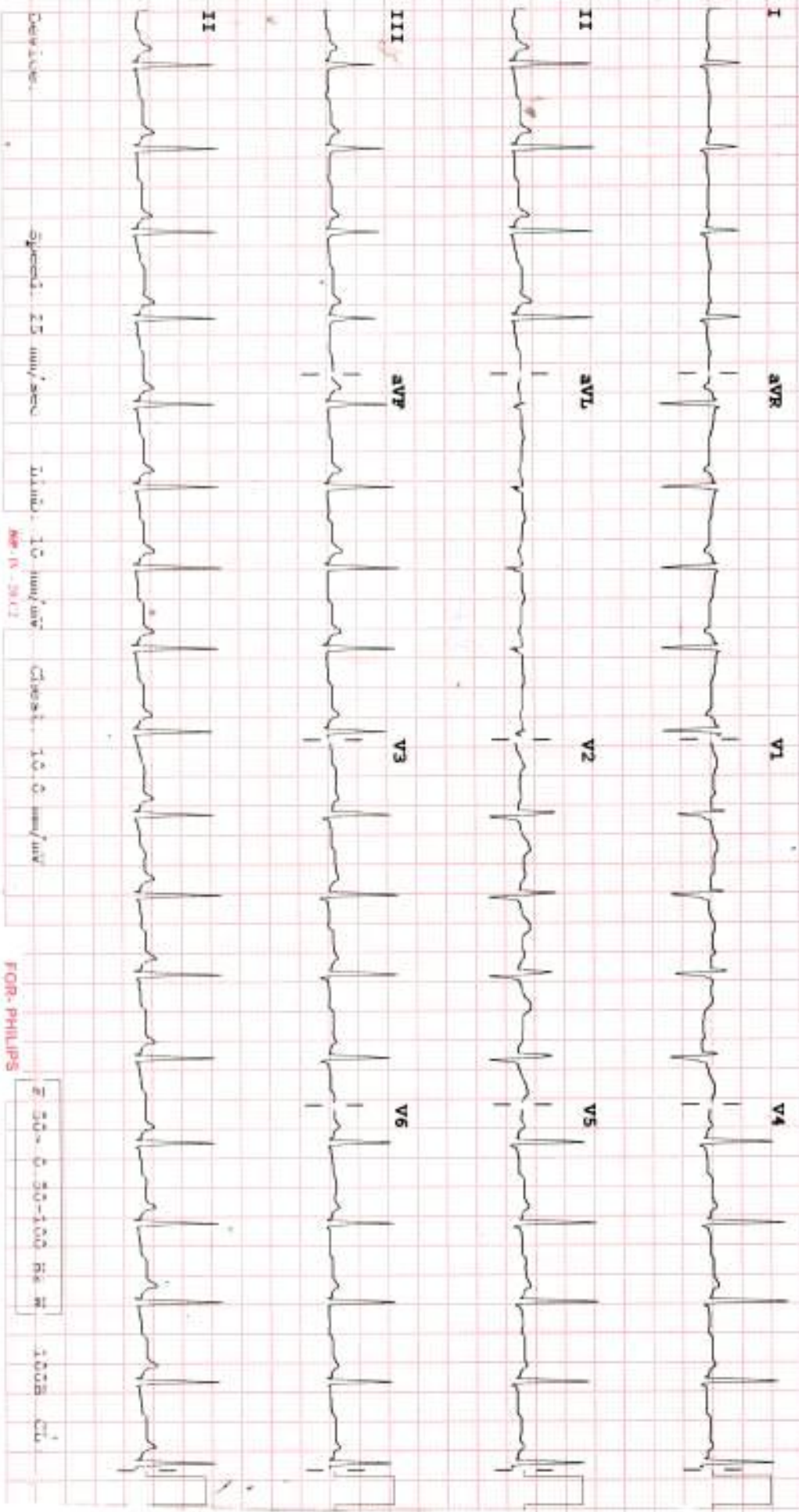
Rate 107
PR 130
QRS 86
QT 340
QTc 454

Simus tachycardia
Consider right atrial enlargement
Borderline T abnormalities, lateral leads
Baseline wander in lead(s) V1, V5, V6

--AXIS--
P 74
QRS 68
T -29

- BORDERLINE ECG -

Thuc confirmed diagnosis

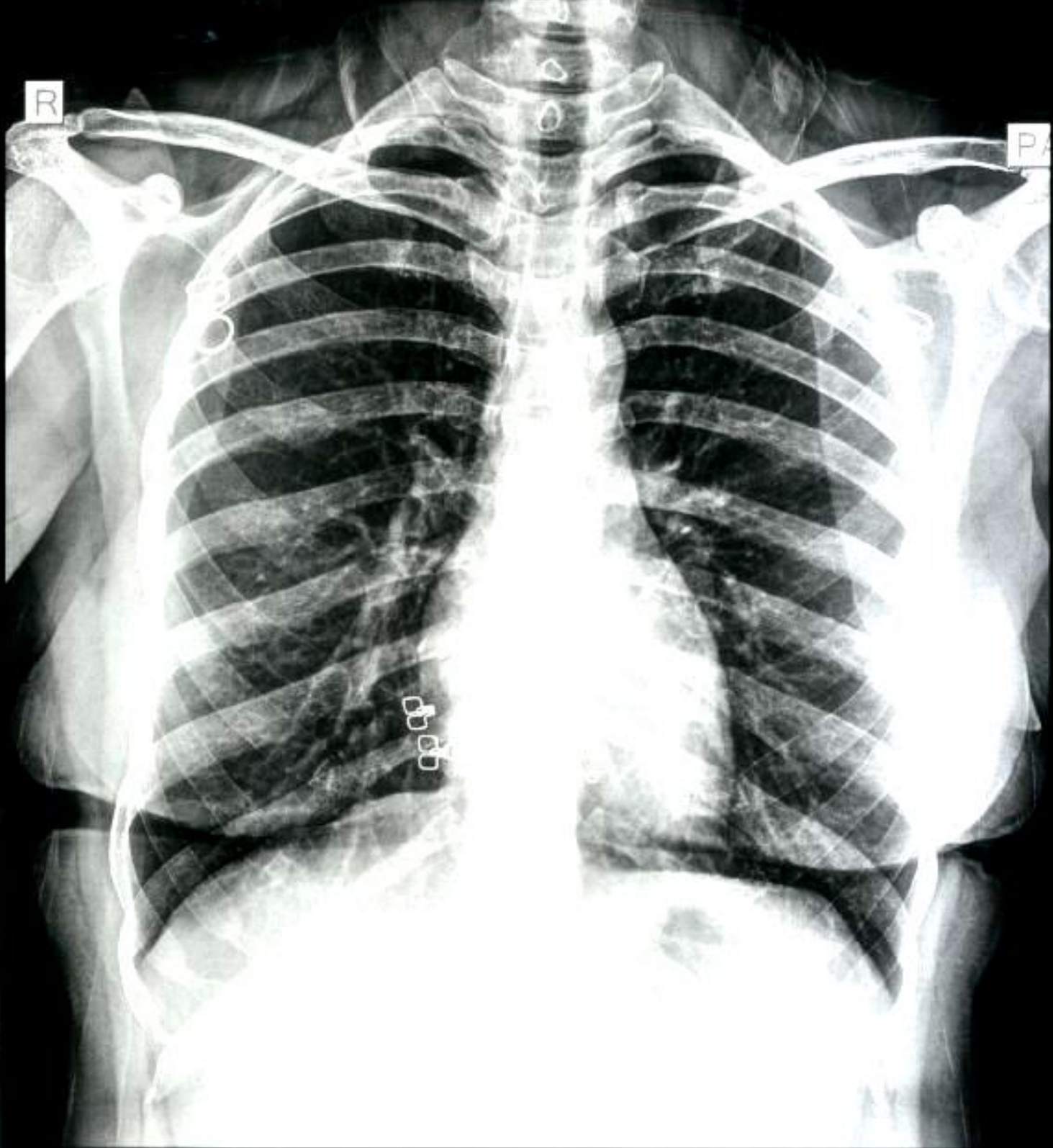


Device:
Speed: 25 mm/sec
Time: 10 min/uv
Chest: 10.0 mm/uv
MR 0.300
FOR-PHILIPS
E: 50 - 0.50-100 Hz
1000 Hz





SWETA 32Y F 24/02/2025 78232 OPD



L.N. MEDICAL COLLEGE & JK HOSPITAL