

PATIENT NAME	: Mrs. PUJA PAREEK	UHID No	: CSSH-250079205
Age / Sex	: 36 Y / Female	Visit No	: OP-2502281861
Consultant Name	: DR. SHIROBHI SHARMA	Barcode	: 1250020500
Hospital	: SUBHARTI HOSPITAL	Sample Collection	: 28/02/2025 05:30 PM
Ward / Bed	:	Sample Received	: 28/02/2025 06:04 PM
Report Status	: Final	Signed Off	: 28/02/2025 08:00 PM

Test Name	Result	Units	Biological Ref. Interval
BIOCHEMISTRY			
HBA1C			
GLYCOSYLATED HEMOGLOBIN <i>Method : Hplc Method</i> <i>Sample : Whole Blood</i>	5.1	%	Non-diabetic: < 5.7 Prediabetic range: 5.7 - 6.4 Diabetic range: ≥ 6.5 Goal of Therapy: < 7.0 Action suggested: > 8.0
MEAN PLASMA GLUCOSE <i>Method : Calculated</i> <i>Sample : Whole Blood</i>	99.7	mg/dL	< 116

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. The converse is true for a diabetic previously under good control but now poorly controlled.

2. Target goals of < 7.0 % may be beneficial in patients with a 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 of < 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 term glycemic control as compared to blood and urinary glucose determinations.

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

PREPARED BY:
TECHSACHIN



R Singh
DR RAVI PRATAP SINGH
 MD (BIOCHEMISTRY)

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Report Status	: Final	Signed Off	: 28/02/2025 06:44 PM

Test Name	Result	Units	Biological Ref. Interval
HEMATOLOGY			
ESR - ERYTHROCYTE SEDIMENTATION RATE <i>Method : Modified Westergren Sample : Whole Blood</i>	07	mm/1st hour	1 - 20

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

PREPARED BY:
TECHAKSHAY




DR. ARCHITA
MD PATHOLOGY

PATIENT NAME	: Mrs. PUJA PAREEK	UHID No	: CSSH-250079205
Age / Sex	: 36 Y / Female	Visit No	: OP-2502281861
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Test Name	Result	Units	Biological Ref. Interval
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BIOCHEMISTRY

GLUCOSE, FASTING

FASTING GLUCOSE

Method : Hexokinase
Sample : Plasma

85

mg/dL

< 100

PREPARED BY:
TECHSACHIN



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MD (BIOCHEMISTRY)

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Test Name	Result	Units	Biological Ref. Interval
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BIOCHEMISTRY

LFT; LIVER FUNCTION TEST

BILIRUBIN TOTAL <i>Method: Diazonium Salt</i> <i>Sample: Serum</i>	0.5	mg/dL	0.2 - 1.2
BILIRUBIN DIRECT <i>Method: Diazo Reaction</i> <i>Sample: Serum</i>	0.2	mg/dL	≤ 0.3
BILIRUBIN INDIRECT <i>Method: Calculated</i> <i>Sample: Serum</i>	0.3	mg/dL	< 1.0
TOTAL PROTEIN <i>Method: Biuret</i> <i>Sample: Serum</i>	6.8	g/dL	6.4 - 8.3
ALBUMIN <i>Method: Bromocresol Green (BCG)</i> <i>Sample: Serum</i>	4.3	g/dL	3.5 - 5.2
GLOBULIN <i>Method: Calculated</i> <i>Sample: Serum</i>	2.5	g/dL	2 - 3.5
A : G RATIO <i>Method: Calculated</i> <i>Sample: Serum</i>	1.7		1.1 - 2.0
ASPARTATE AMINOTRANSFERASE; AST <i>Method: NADH without Pyridoxal 5 Phosphate (P5P)</i> <i>Sample: Serum</i>	37	H U/L	< 35
ALANINE AMINOTRANSFERASE; ALT <i>Method: NADH without Pyridoxal 5 Phosphate (P5P)</i> <i>Sample: Serum</i>	41	U/L	< 56
AST:ALT RATIO <i>Method: Calculated</i> <i>Sample: Serum</i>	0.9	L	1.1 - 2.0
ALKALINE PHOSPHATASE <i>Method: P-Nitro Phenyl Phosphate (PNPP), AMP Buffer</i> <i>Sample: Serum</i>	84	U/L	40 - 150
GAMMA GLUTAMYL TRANSFERASE <i>Method: L-Gamma Glutamyl-3-Carboxy-4-Nitranilide (GCNA)</i> <i>Sample: Serum</i>	15	U/L	9 - 36



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Test Name	Result	Units	Biological Ref. Interval
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BIOCHEMISTRY

LIPID PROFILE

CHOLESTEROL TOTAL <i>Method : Enzymatic method</i> <i>Sample : Serum</i>	171		mg/dL	Desirable: <200 Borderline High: 200-239 High: > 240
HDL DIRECT <i>Method : Direct Measure (Polymer, Polyanion)</i> <i>Sample : Serum</i>	47	L	mg/dL	>50
TRIGLYCERIDE <i>Method : Glycerol Phosphate Oxidase</i> <i>Sample : Serum</i>	78		mg/dL	< 150 Normal 150 - 199 Borderline High 200 - 499 High ≥ 500 Very High
LDL <i>Method : Calculated</i> <i>Sample : Serum</i>	108.4	H	mg/dL	< 100 Optimal 100 - 129 Above Optimal 130 - 159 Borderline High 160 - 189 High ≥ 190 Very High
VLDL <i>Method : Calculated</i> <i>Sample : Serum</i>	15.6		mg/dL	<30
NON HDL CHOLESTEROL <i>Method : Calculated</i> <i>Sample : Serum</i>	124.0		mg/dL	< 130 Desirable 130 - 159 Above desirable 160 - 189 Borderline High 190 - 219 High ≥ 220 Very High
CHOL/HDL RATIO <i>Method : Calculated</i> <i>Sample : Serum</i>	3.6			3.3 - 4.4 Low risk 4.5 - 7.0 Average risk 7.1 - 11.0 Moderate risk > 11.0 High risk
LDL/HDL RATIO <i>Method : Calculated</i> <i>Sample : Serum</i>	2.3			0.5 - 3.0 Low risk 3.1 - 6.0 Moderate risk > 6.0 High risk

UREA

BLOOD UREA NITROGEN (BUN) <i>Method : Urease</i> <i>Sample : Serum</i>	10.0		mg/dL	7.0 - 18.7
UREA <i>Method : Calculated</i> <i>Sample : Serum</i>	21.4		mg/dL	15.0 - 40.0

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

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R Singh

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Consultant Name	: DR. SHIROBHI SHARMA	Barcode	: 1250020500
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Ward / Bed	:	Sample Received	: 28/02/2025 08:41 PM
Report Status	: Final	Signed Off	: 28/02/2025 10:23 PM

Test Name	Result	Units	Biological Ref. Interval
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CLINICAL PATHOLOGY

URINE ROUTINE AND MICROSCOPY

QUANTITY <i>Method : Direct</i> <i>Sample : Urine</i>	15	mL	
COLOUR <i>Method : Direct</i> <i>Sample : Urine</i>	Yellow	.	Straw
APPEARANCE <i>Method : Direct</i> <i>Sample : Urine</i>	Clear	.	Clear
pH. <i>Method : Double Indicator System</i> <i>Sample : Urine</i>	5.5	.	4.6 - 7.5
SPECIFIC GRAVITY <i>Method : Pka Change Of Polyelectrolytes</i> <i>Sample : Urine</i>	1.025	.	1.003 - 1.035
PROTEIN. <i>Method : Protien Error Of Ph Indicator</i> <i>Sample : Urine</i>	Negative	.	Not Detected
GLUCOSE. <i>Method : Enzymatic Reaction Between Glucose Oxidase,Peroxidase And Chromogen</i> <i>Sample : Urine</i>	Negative	.	Not Detected
KETONE <i>Method : Reaction With Nitroprusside And Acetoacetic Acid</i> <i>Sample : Urine</i>	Negative	.	Not Detected
BLOOD <i>Method : Peroxidas Activity Of Hemoglobin Catalyzes The Reaction</i> <i>Sample : Urine</i>	Negative	-	Not Detected
Billirubin <i>Method : Coupling Reaction of Bilirubin with Diazonium Salts</i> <i>Sample : Urine</i>	Negative	.	Not Detected
URINE UROBILINOGEN <i>Method : Multistix Strip</i> <i>Sample : Urine</i>	0.1	mL	
PUS CELLS <i>Method : Microscopy</i> <i>Sample : Urine</i>	1-2	/HPF	0 - 5
RBCs <i>Method : Microscopy</i> <i>Sample : Urine</i>	Nil	/HPF	0 - 1
EPITHELIAL CELLS <i>Method : Microscopy</i> <i>Sample : Urine</i>	1-3	/HPF	1 - 5
CASTS <i>Method : Microscopy</i> <i>Sample : Urine</i>	Negative	-	Not Detected
CRYSTALS <i>Method : Microscopy</i> <i>Sample : Urine</i>	Negative	-	Not Detected

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



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TECHSACHIN


DR. ARCHITA
MD PATHOLOGY

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Report Status	: Final	Signed Off	: 28/02/2025 08:18 PM

Test Name	Result	Units	Biological Ref. Interval
HEMATOLOGY			
CBC (COMPLETE BLOOD COUNT)			
RBC COUNT <i>Method : Electrical Impedence Sample : Whole Blood</i>	4.20	x10 ³ /mm ³	3.8-4.8
HEMOGLOBIN <i>Method : Photometry Sample : Whole Blood</i>	12.9	gm/dL	12-15
HEMATOCRIT <i>Method : Average Of Rbc Pulse Height Sample : Whole Blood</i>	39.6	%	36 - 46
MCV <i>Method : Calculated Sample : Whole Blood</i>	94	fl	83 - 101
MCH <i>Method : Calculated Sample : Whole Blood</i>	30.6	pg	27 - 32
MCHC <i>Method : Calculated Sample : Whole Blood</i>	32.4	gm/dL	31.5 - 34.5
RDW-CV <i>Method : Calculated Sample : Whole Blood</i>	13.2	%	11.6 - 14
PLATELET COUNT <i>Method : Electrical Impedence Sample : Whole Blood</i>	152	x10 ³ /mm ³	150 - 410
WBC COUNT <i>Method : Electrical Impedence Sample : Whole Blood</i>	4.2	x10 ³ /mm ³	4 - 10
NEUTROPHIL <i>Method : Dhss, (Impedence, Cytometry) Sample : Whole Blood</i>	62	%	40 - 80
LYMPHOCYTE <i>Method : Dhss, (Impedence, Cytometry) Sample : Whole Blood</i>	36	%	20 - 40
MONOCYTE <i>Method : Dhss, (Impedence, Cytometry) Sample : Whole Blood</i>	01	L %	2 - 10
EOSINOPHIL <i>Method : Dhss, (Impedence, Cytometry) Sample : Whole Blood</i>	01	%	1 - 6
BASOPHIL <i>Method : Electrical Impedence Sample : Whole Blood</i>	0.0	%	<1 - 2

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

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TECHAKSHAY




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Test Name	Result	Units	Biological Ref. Interval
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IMMUNOCHEMISTRY

THYROID PROFILE, TOTAL

T3 TOTAL (TRIIODOTHYRONINE) <i>Method : Chemiluminescence Microparticle Immunoassay</i> <i>Sample : Serum</i>	1.63	nmol/L	0.54 - 2.96
T4 TOTAL (THYROXINE) <i>Method : Chemiluminescence Microparticle Immunoassay</i> <i>Sample : Serum</i>	85.76	nmol/L	62.7 - 150.9
TSH (THYROID STIMULATING HORMONE) <i>Method : Chemiluminescence Microparticle Immunoassay</i> <i>Sample : Serum</i>	2.966	µIU/mL	0.35 - 4.94

Note: TSH levels are subject to circadian variation, reaching peak levels between 2 - 4. a.m. and at a minimum between 6-10 pm. The variation is of the order of 50% .hence time of the day influences the measured serum TSH concentrations.

Clinical Use

- Diagnose Hypothyroidism and Hyperthyroidism
- Monitor T4 replacement or T4 suppressive therapy
- Quantify TSH levels in the subnormal range

Increased Levels: Primary hypothyroidism, Subclinical hypothyroidism, TSH dependent Hyperthyroidism Thyroid hormone resistance

Decreased Levels: Graves' disease, Autonomous thyroid hormone secretion, TSH deficiency

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

PREPARED BY:
TECHSACHIN




DR RAVI PRATAP SINGH
MD (BIOCHEMISTRY)

10mm/mV 0.25~35Hz

2025-03-08 11:42:18

I

aVR

V1

V4

II

aVL

V2

V5

III

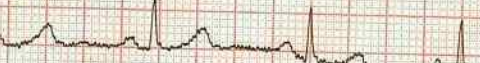
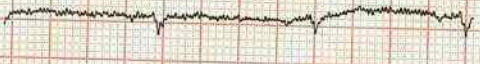
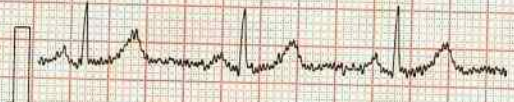
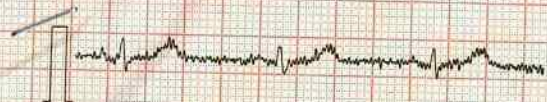
aVF

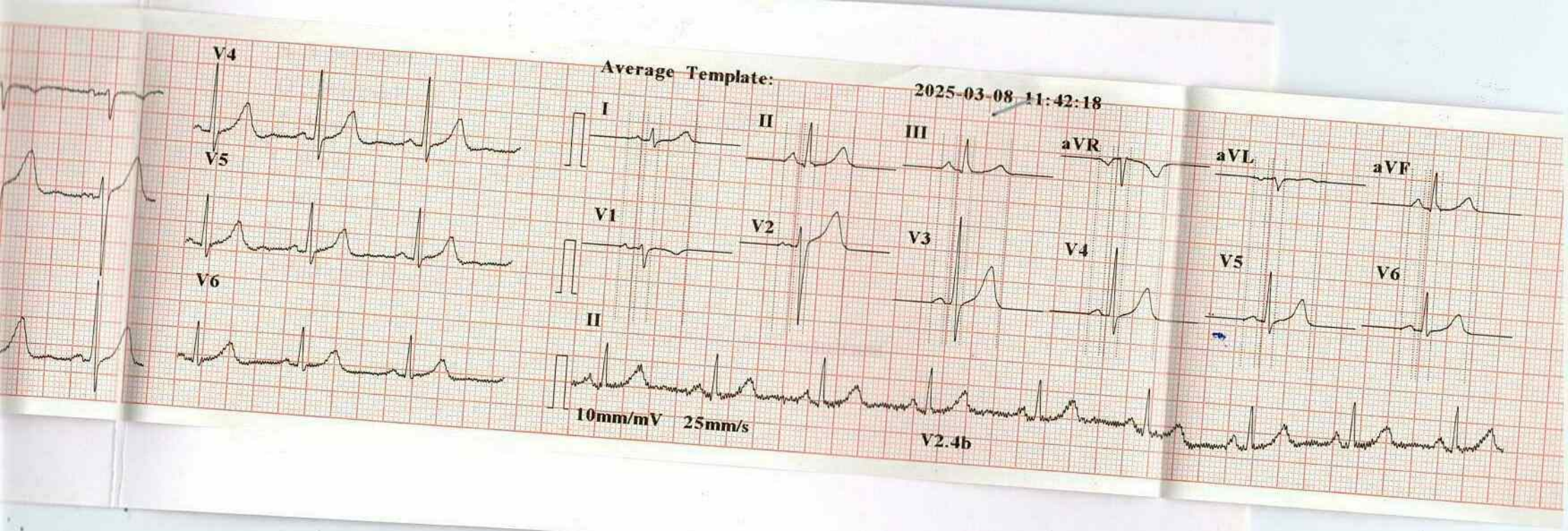
V3

V6

25mm/s

V2.4b







ID : 250308-1142

Minnesota Code:
9-4-1(V3)

Name :

Age : 36 yr

Sex : Female

BP : mmHg

Height : cm

Weight : kg

HR : 73 bpm

P Dur : 101 ms

PR int : 141 ms

QRS Dur : 92 ms

QT/QTc int : 361/400 ms

P/QRS/T axis : 71/82/52 °

RV5/SV1 amp : 1.002/0.385 mV

RV5+SV1 amp : 1.387 mV

RV6/SV2 amp : 0.785/1.538 mV

Diagnosis Information
800: Sinus Rhythm
Normal ECG

Report Confirmed by



ECHOCARADIOGRAPHY/DOPPLER/2D STUDY/M-MOD STUDY
POST GRADUATE DEPARTMENT OF MEDICINE

CHHATRAPATI SHIVAJI SUBHARTI HOSPITAL / SUBHARTI MEDICAL COLLEGE
SWAMI VIVEKANAND SUBHARTI UNIVERSITY

Subhartipuram, NH-58, Delhi-Haridwar Meerut Bypass Road, Meerut-250 005, Ph. 0121-2439112/150, 3058035/36, Ext. 2047

NAME : MRS. PUJA PAREEK

AGE/SEX: 28 Y/F

DATE: 08-03-2025

REFERRED BY: OPD

OPD NO: 250089398

ECHOCARDIOGRAPHY REPORT (GE VIVID T8)

DIMENSIONS (2D/M MODE)

LV (ED) : 36MM

AO :25MM

IAS : INTACT

LV (ES) : 28MM

LA :26MM

IVS : NORMAL

IVS (ED) : 11MM

PA : NORMAL

PERICARDIUM : NORMAL

PW (ED) : 10MM

RA/ RV: NORMAL

LVEF :55-60%

VALVE

MV : NORMAL

AOV : NORMAL

TV : NORMAL

PV : NORMAL

RWMA

NO RWMA

RV FUNCTION : NORMAL

DOPPLAR STUDY (PEAK VELOCITY)

MV : E > A

PV : 1.1 M/S

AO : 1.3 M/S

COLOR FLOW STUDY

NO/ PR/AR/MR/TRIVIAL TR (RVSP-34MMHG)

NO ASD/VSD/VEG/CLOT

IMPRESSION

- TRIVIAL TR (RVSP-34MMHG)
- NORMAL LV SYSTOLIC FUNCTION (LVEF: 55-60%)

DONE BY: DR. DEEPAK (MD,DNB,DM)

ASST.PROFESSOR (DEPT OF MEDICINE)

कृपया इस ईको (ईकोकार्डियोग्राफी) डोप्लर की रिपोर्ट/ फोटो को संग्राल कर रखें



Sri Sankar Medical College, Meerut 35c-R3

08/03/25 14:42:01

USR ECHO

M1.2

T10.4



4.00.21



14.01.24



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BIOCHEMISTRY

HBA1C

GLYCOSYLATED HEMOGLOBIN

5.1

%

Non-diabetic: < 5.7
Prediabetic range: 5.7 - 6.4
Diabetic range: ≥ 6.5
Goal of Therapy: < 7.0
Action suggested: > 8.0

Method : Hplc Method
Sample : Whole Blood

MEAN PLASMA GLUCOSE

99.7

mg/dL

< 116

Method : Calculated
Sample : Whole Blood

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. The converse is true for a diabetic previously under good control but now poorly controlled.

2. Target goals of < 7.0 % may be beneficial in patients with a 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 of < 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 term glycemic control as compared to blood and urinary glucose determinations.

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

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TECHSACHIN



R Singh

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Test Name	Result	Units	Biological Ref. Interval
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HEMATOLOGY

ESR - ERYTHROCYTE SEDIMENTATION RATE	07	mm/1st hour	1 - 20
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Method : Modified Westergren
Sample : Whole Blood

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

PREPARED BY:
TECHAKSHAY



DR. ARCHITA

MD PATHOLOGY

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BIOCHEMISTRY

GLUCOSE, FASTING

FASTING GLUCOSE

Method : Hexokinase
Sample : Plasma


85

mg/dL

< 100

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BIOCHEMISTRY

LFT; LIVER FUNCTION TEST

BILIRUBIN TOTAL <i>Method : Diazonium Salt</i> <i>Sample : Serum</i>	0.5	mg/dL	0.2 - 1.2
BILIRUBIN DIRECT <i>Method : Diazo Reaction</i> <i>Sample : Serum</i>	0.2	mg/dL	≤ 0.3
BILIRUBIN INDIRECT <i>Method : Calculated</i> <i>Sample : Serum</i>	0.3	mg/dL	< 1.0
TOTAL PROTEIN <i>Method : Biuret</i> <i>Sample : Serum</i>	6.8	g/dL	6.4 - 8.3
ALBUMIN <i>Method : Bromocresol Green (BCG)</i> <i>Sample : Serum</i>	4.3	g/dL	3.5 - 5.2
GLOBULIN <i>Method : Calculated</i> <i>Sample : Serum</i>	2.5	g/dL	2 - 3.5
A : G RATIO <i>Method : Calculated</i> <i>Sample : Serum</i>	1.7	.	1.1 - 2.0
ASPARTATE AMINOTRANSFERASE; AST <i>Method : NADH without Pyridoxal 5 Phosphate (P5P)</i> <i>Sample : Serum</i>	37	H U/L	< 35
ALANINE AMINOTRANSFERASE; ALT <i>Method : NADH without Pyridoxal 5 Phosphate (P5P)</i> <i>Sample : Serum</i>	41	U/L	< 56
AST:ALT RATIO <i>Method : Calculated</i> <i>Sample : Serum</i>	0.9	L	1.1 - 2.0
ALKALINE PHOSPHATASE <i>Method : P-Nitro Phenyl Phosphate (PNPP), AMP Buffer</i> <i>Sample : Serum</i>	84	U/L	40 - 150
GAMMA GLUTAMYL TRANSFERASE <i>Method : L-Gamma Glutamyl-3-Carboxy-4-Nitranilide (GCNA)</i> <i>Sample : Serum</i>	15	U/L	9 - 36



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BIOCHEMISTRY

LIPID PROFILE

CHOLESTEROL TOTAL <i>Method : Enzymatic method</i> <i>Sample : Serum</i>	171		mg/dL	Desirable: <200 Borderline High: 200-239 High: > 240
HDL DIRECT <i>Method : Direct Measure (Polymer, Polyanion)</i> <i>Sample : Serum</i>	47	L	mg/dL	>50
TRIGLYCERIDE <i>Method : Glycerol Phosphate Oxidase</i> <i>Sample : Serum</i>	78		mg/dL	< 150 Normal 150 - 199 Borderline High 200 - 499 High ≥ 500 Very High
LDL <i>Method : Calculated</i> <i>Sample : Serum</i>	108.4	H	mg/dL	< 100 Optimal 100 - 129 Above Optimal 130 - 159 Borderline High 160 - 189 High ≥ 190 Very High
VLDL <i>Method : Calculated</i> <i>Sample : Serum</i>	15.6		mg/dL	<30
NON HDL CHOLESTEROL <i>Method : Calculated</i> <i>Sample : Serum</i>	124.0		mg/dL	< 130 Desirable 130 - 159 Above desirable 160 - 189 Borderline High 190 - 219 High ≥ 220 Very High
CHOL/HDL RATIO <i>Method : Calculated</i> <i>Sample : Serum</i>	3.6			3.3 - 4.4 Low risk 4.5 - 7.0 Average risk 7.1 - 11.0 Moderate risk > 11.0 High risk
LDL/HDL RATIO <i>Method : Calculated</i> <i>Sample : Serum</i>	2.3			0.5 - 3.0 Low risk 3.1 - 6.0 Moderate risk > 6.0 High risk

UREA

BLOOD UREA NITROGEN (BUN) <i>Method : Urease</i> <i>Sample : Serum</i>	10.0		mg/dL	7.0 - 18.7
UREA <i>Method : Calculated</i> <i>Sample : Serum</i>	21.4		mg/dL	15.0 - 40.0

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

PREPARED BY:
TECHSACHIN



R Singh
DR RAVI PRATAP SINGH
MD (BIOCHEMISTRY)

PATIENT NAME	: Mrs. PUJA PAREEK	UHID No	: CSSH-250079205
Age / Sex	: 36 Y / Female	Visit No	: OP-2502281861
Consultant Name	: DR. SHIROBHI SHARMA	Barcode	: 1250020500
Hospital	: SUBHARTI HOSPITAL	Sample Collection	: 28/02/2025 05:30 PM
Ward / Bed	:	Sample Received	: 28/02/2025 08:41 PM
Report Status	: Final	Signed Off	: 28/02/2025 10:23 PM

Test Name	Result	Units	Biological Ref. Interval
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CLINICAL PATHOLOGY

URINE ROUTINE AND MICROSCOPY

QUANTITY <i>Method : Direct Sample : Urine</i>	15	mL	
COLOUR <i>Method : Direct Sample : Urine</i>	Yellow	-	Straw
APPEARANCE <i>Method : Direct Sample : Urine</i>	Clear	-	Clear
pH <i>Method : Double Indicator System Sample : Urine</i>	5.5	-	4.6 - 7.5
SPECIFIC GRAVITY <i>Method : Pka Change Of Polyelectrolytes Sample : Urine</i>	1.025	-	1.003 - 1.035
PROTEIN <i>Method : Protien Error Of Ph Indicator Sample : Urine</i>	Negative	-	Not Detected
GLUCOSE <i>Method : Enzymatic Reaction Between Glucose Oxidase, Peroxidase And Chromogen Sample : Urine</i>	Negative	-	Not Detected
KETONE <i>Method : Reaction With Nitroprusside And Acetoacetic Acid Sample : Urine</i>	Negative	-	Not Detected
BLOOD <i>Method : Peroxidas Activity Of Hemoglobin Catalyzes The Reaction Sample : Urine</i>	Negative	-	Not Detected
Bilirubin <i>Method : Coupling Reaction of Bilrubin with Diazonium Salts Sample : Urine</i>	Negative	-	Not Detected
URINE UROBILINOGEN <i>Method : Multistix Strip Sample : Urine</i>	0.1	mL	
PUS CELLS <i>Method : Microscopy Sample : Urine</i>	1-2	/HPF	0 - 5
RBCs <i>Method : Microscopy Sample : Urine</i>	Nil	/HPF	0 - 1
EPITHELIAL CELLS <i>Method : Microscopy Sample : Urine</i>	1-3	/HPF	1 - 5
CASTS <i>Method : Microscopy Sample : Urine</i>	Negative	-	Not Detected
CRYSTALS <i>Method : Microscopy Sample : Urine</i>	Negative	-	Not Detected

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

PREPARED BY:
TECHSACHIN




DR. ARCHITA

MD PATHOLOGY

PATIENT NAME : Mrs. PUJA PAREEK	UHID No : CSSH-250079205
Age / Sex : 36 Y / Female	Visit No : OP-2502281861
Consultant Name : DR. SHIROBHI SHARMA	Barcode : 1250020500
Hospital : SUBHARTI HOSPITAL	Sample Collection : 28/02/2025 05:30 PM
Ward / Bed :	Sample Received : 28/02/2025 06:04 PM
Report Status : Final	Signed Off : 28/02/2025 08:18 PM

Test Name	Result	Units	Biological Ref. Interval
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HEMATOLOGY

CBC (COMPLETE BLOOD COUNT)

RBC COUNT <i>Method : Electrical Impedence</i> <i>Sample : Whole Blood</i>	4.20	x10 ³ /mm ³	3.8-4.8
HEMOGLOBIN <i>Method : Photometry</i> <i>Sample : Whole Blood</i>	12.9	gm/dL	12-15
HEMATOCRIT <i>Method : Average Of Rbc Pulse Height</i> <i>Sample : Whole Blood</i>	39.6	%	36 - 46
MCV <i>Method : Calculated</i> <i>Sample : Whole Blood</i>	94	fl	83 - 101
MCH <i>Method : Calculated</i> <i>Sample : Whole Blood</i>	30.6	pg	27 - 32
MCHC <i>Method : Calculated</i> <i>Sample : Whole Blood</i>	32.4	gm/dL	31.5 - 34.5
RDW-CV <i>Method : Calculated</i> <i>Sample : Whole Blood</i>	13.2	%	11.6 - 14
PLATELET COUNT <i>Method : Electrical Impedence</i> <i>Sample : Whole Blood</i>	152	x10 ³ /mm ³	150 - 410
WBC COUNT <i>Method : Electrical Impedence</i> <i>Sample : Whole Blood</i>	4.2	x10 ³ /mm ³	4 - 10
NEUTROPHIL <i>Method : Dhss, (Impedence, Cytometry)</i> <i>Sample : Whole Blood</i>	62	%	40 - 80
LYMPHOCYTE <i>Method : Dhss, (Impedence, Cytometry)</i> <i>Sample : Whole Blood</i>	36	%	20 - 40
MONOCYTE <i>Method : Dhss, (Impedence, Cytometry)</i> <i>Sample : Whole Blood</i>	01	L %	2 - 10
EOSINOPHIL <i>Method : Dhss, (Impedence, Cytometry)</i> <i>Sample : Whole Blood</i>	01	%	1 - 6
BASOPHIL <i>Method : Electrical Impedence</i> <i>Sample : Whole Blood</i>	0.0	%	<1 - 2

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

PREPARED BY:
TECHAKSHAY




DR. ARCHITA

MD PATHOLOGY

PATIENT NAME	: Mrs. PUJA PAREEK	UHID No	: CSSH-250079205
Age / Sex	: 36 Y / Female	Visit No	: OP-2502281861
Consultant Name	: DR. SHIROBHI SHARMA	Barcode	: 1250020500
Hospital	: SUBHARTI HOSPITAL	Sample Collection	: 28/02/2025 05:30 PM
Ward / Bed	:	Sample Received	: 28/02/2025 06:20 PM
Report Status	: Final	Signed Off	: 28/02/2025 08:08 PM

Test Name	Result	Units	Biological Ref. Interval
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IMMUNOCHEMISTRY

THYROID PROFILE, TOTAL

T3 TOTAL (TRIIODOTHYRONINE) <i>Method : Chemiluminescence Microparticle Immunoassay</i> <i>Sample : Serum</i>	1.63	nmol/L	0.54 - 2.96
T4 TOTAL (THYROXINE) <i>Method : Chemiluminescence Microparticle Immunoassay</i> <i>Sample : Serum</i>	85.76	nmol/L	62.7 - 150.9
TSH (THYROID STIMULATING HORMONE) <i>Method : Chemiluminescence Microparticle Immunoassay</i> <i>Sample : Serum</i>	2.966	µIU/mL	0.35 - 4.94

Note: TSH levels are subject to circadian variation, reaching peak levels between 2 - 4. a.m. and at a minimum between 6-10 pm. The variation is of the order of 50% .hence time of the day influences the measured serum TSH concentrations.

Clinical Use

- Diagnose Hypothyroidism and Hyperthyroidism
- Monitor T4 replacement or T4 suppressive therapy
- Quantify TSH levels in the subnormal range

Increased Levels: Primary hypothyroidism, Subclinical hypothyroidism, TSH dependent Hyperthyroidism Thyroid hormone resistance

Decreased Levels: Graves' disease, Autonomous thyroid hormone secretion, TSH deficiency

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

PREPARED BY:
TECHSACHIN



Raigh
DR RAVI PRATAP SINGH
MD (BIOCHEMISTRY)

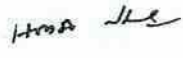
Patient Name	: PUJA PAREEK	Age/Gender	: 36/Y/Female
UHID No	: CSSH-250079205	Visit ID	: OP-2502281861
Doctor	: DR. SHIROBHI SHARMA	Department	: Laboratory And Radiology
Acknowledge Date	: 08-Mar-2025 12:29:26 PM	Report Date	: 08-Mar-2025 12:35:41 PM
Address	: MRT	Ref. Doc No.	: OPDB/122347/24

Part Examined: Abdominal Sonography: Whole Abdomen: with film

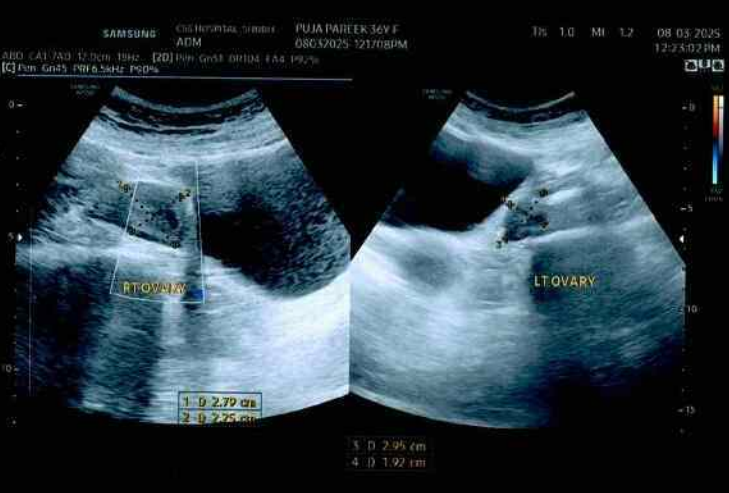
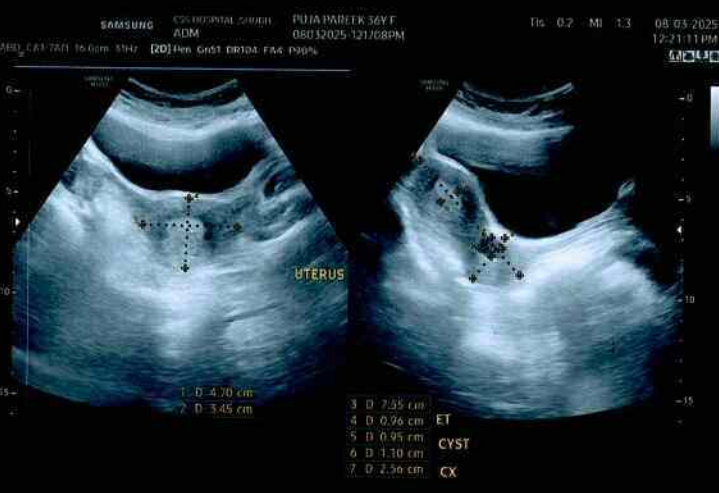
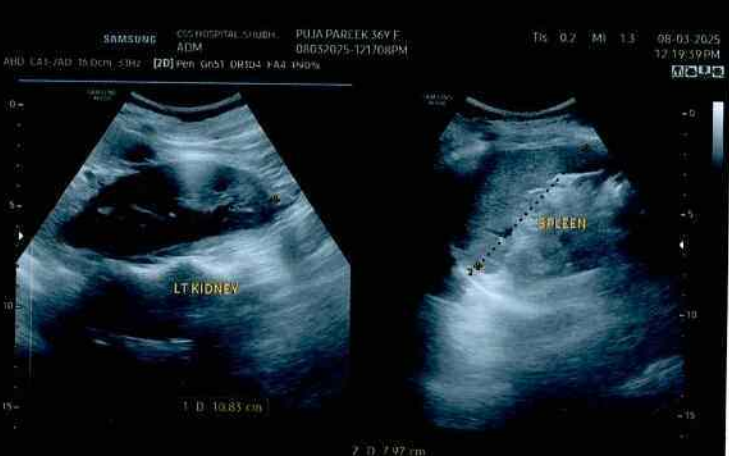
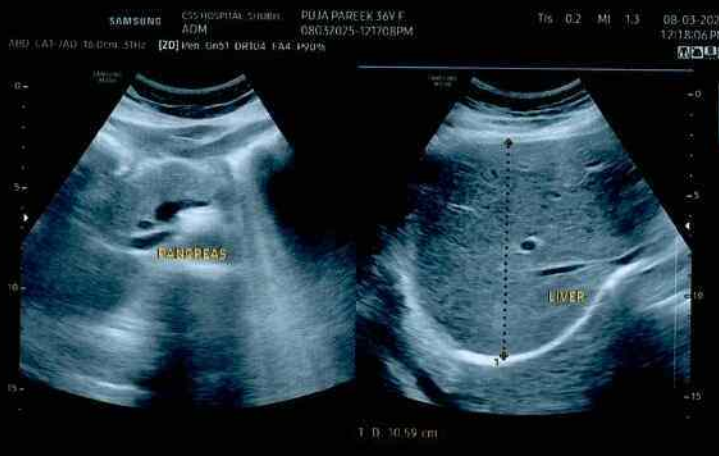
LIVER: measures 10.5 cm, is normal in shape, size and echogenicity. No focal lesion / IHBRD seen.
GALL BLADDER: is well distended with anechoic lumen. Wall is normal in thickness. No obvious mass/ calculus seen. No pericholecystic fluid seen.
COMMON BILE DUCT: is normal in caliber.
PORTAL VEIN: is normal in caliber.
PANCREAS: is normal in shape, size and echogenicity with no peripancreatic collection or parenchymal calcification seen. Pancreatic duct is not dilated.
SPLEEN: measures 7.9 cm, is normal in shape, size and echogenicity. No focal lesion seen. Splenic vein is normal in caliber.
RIGHT KIDNEY: measures 9.8 cm, is normal in shape, size, position and echogenicity with maintained cortico-medullary differentiation. No mass / calculus or hydronephrosis is seen.
LEFT KIDNEY: measures 10.8 cm, is normal in shape, size, position and echogenicity with maintained cortico-medullary differentiation. No mass / calculus or hydronephrosis is seen.
LYMPH NODES: No significant lymphadenopathy seen.
URINARY BLADDER: is distended with anechoic lumen. Wall is of normal thickness. No obvious mass lesion / calculus seen.
UTERUS: measures 7.5x4.7x3.4 cm, is normal in shape, size and echogenicity. Myometrium is normal in echogenicity with no focal lesion seen. Endometrial thickness measures 9.6 mm, is normal. *Few nabothian cysts noted in cervix.*
RIGHT OVARY: measures 2.7x2.2 cm, is normal in shape, size and echogenicity.
LEFT OVARY: measures 2.9x1.9 cm, is normal in shape, size and echogenicity.
No free fluid seen in cul-de-sac.

Advice: Clinical Correlation.

Prepared By :-Aanandwaliya


DR. H. M. AGARWAL
RADIOLOGIST
UPMC-16036





11/03/2025 10:22

Print Preview



Dr. RM Diagnostics

Digital X-Ray | Digital Mammography | DEXA | USG | CT | MRI

Department of Radiodiagnosis
& Interventional Radiology

Patient Name	PUJA PAREEK 36Y/F	Date of Birth	
Patient ID	250079205	Age	
Referral Dr		Sex	F
Study Date&Time	08/03/2025 11:09 AM	Report Date & Time	3/8/2025, 11:29:48 AM

Part Examined: Skiagram of Chest PA View.

REPORT

(Reported on console)

- Bony cage and soft tissue appear normal.
- The tracheal translucency is central in position.
- Aortic out-line is within the limits of normal.
- Both lung fields appear to be normal.
- The transverse diameter of the heart is within normal limits.
- Both costo-phrenic angles are clear.
- Domes of diaphragm are normal in position and contour.

Advice: Clinical Correlation.

Omendra
Digital
Signature
Professor & H.O.D.

