

(A Unit of Sparsh Multispecialty Hospital Private Limited)

CIN: U85110CT2005PTC017751 GSTIN/UIN: 22AADCP8009N2Z9



UHID

: 190114

PATIENT NAME

: MRS. PREETI SINGH

AGE/SEX

: 38Y/FEMALE

CONSULTANT DOCTOR : HOSPITAL CASE

VISITID

: 0000369848

ORDER DATE : 22/02/2025 10:55:00AM

SAMP. DATE

: 22/02/2025 11:54:00AM

SPEC. NO

: 10583280

RESULT DATE : 22/02/2025 6:41:00PM

TPA

: MEDIWHEEL

DEPARTMENT OF PATHOLOGY

ESR (ERYTHROCYTE SEDIMENTATION RATE)

PARAMETER	VALUE	RESULT	REFERENCE RANGE	
ESR	20 mm at end of 1 hr	Normal	0 - 20	

Dr. AVISHESH SINGH MD PATH

CONSULTANT

TECHNICIAN

NOTE: These reports are for assisting Doctors/Physicians in their treatment and not for Medico-legal purposes and should be correlated clinically.

04/03/2025

1:58PM

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DEPARTMENT OF PATHOLOGY

LFT (LIVER FUNCTION TEST)

PARAMETER	VALUE	DEC. T	
BILIRUBIN TOTAL BILIRUBIN DIRECT BILIRUBIN INDIRECT ALKALINE PHOSPHATASE SGOT SGPT TOTAL PROTEIN	VALUE 0.44 mg/dL 0.21 mg / dl 0.23 mg / dl 57 U / L 21 U / L 20 U / L 7.33 g / dl	RESULT Normal Normal Normal Normal Normal Normal	REFERENCE RANGE 0.1 - 1.2 0.1 - 0.6 0.1 - 0.4 0 - 240 0 - 46 0 - 40
ALBUMIN GLOBULIN A.G.RATIO	5.03 g/dl 2.30 g / dl 2.19:1	Normal Normal	6 - 8 4.1 - 5.3 2 - 3.5 1 - 2.5

TECHNICIAN

Dr. AVISHESH SINGH MD

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DEPARTMENT OF PATHOLOGY

PARAMETER VALUE RESULT REFERENCE QUANTITY 10 ml COLOUR APPEARANCE Clear REACTION CHEMICAL EXAMINATION ALBUMIN SUGAR VALUE RESULT REFERENCE Clear Acidic CHEMICAL EXAMINATION NII SUGAR	
PHYSICAL EXAMINATION QUANTITY 10 ml COLOUR APPEARANCE Clear REACTION CHEMICAL EXAMINATION ALBUMIN NII SUCAR	ENCE RANGE
COLOUR Pale Yellow	
ALBUMIN NII	
Nil -	
MICROSCOPIC EXAMINATION	
EPITHELIAL CELLS 1-2 /hpf 0 - 5 PUS CELLS Occasional /hpf 1 - 2 RBC Occasional /hpf _ CAST Nil /lpf _ CRYSTAL Nil _	
AMORPHOUS DEBRIES Nil Cothers Nil Cothers	

TECHNICIAN

Dr. AVISHESH SINGH MD

PATH

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DEPARTMENT OF PATHOLOGY

HBA1c (GLYCOSYLATED HAEMOGLOBIN)

PARAMETER

VALUE

RESULT

REFERENCE RANGE

HBA1 C (GLYCOSYLATED HEAMOGLOBIN)

5.8 %

Normal

4 - 6

Interpretation

As per American diabetes Association (ADA)

Reference Group

- HbA1c In%

Non diabetic >= 18 years - 4.0 - 6.0

At risk (Prediabetes)

- > = 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 is recently under good control may still have a high concentration of HbA1c.converse is true for a diabetic previously under good control 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 patient with significant complication of diabetes, limited life expectancy of extensive co-morbid be appopriate.

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 determination.

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04/03/2025 1:59PM

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DEPARTMENT OF PATHOLOGY

T3,T4 TSH

PARAMETER

T3 (TRIIODOTHYRONINE) T4 (THYROXINE)

TSH (THYROID STIMULATING HORMONE)

VALUE

1.386 ng/ml

10.91 ug/dl 4.253 uIU/ml RESULT

REFERENCE RANGE 0.69 - 2.15

Normal Normal Normal

5.2 - 12.70.3 - 4.5

REFERENCE GROUP

REFERENCE RANGE in uIU/mL

As per American Thyroid Association

Adult Females (> 20 years)

Pregnancy

0.30 - 4.5

1st Trimester 2nd Trimester

0.10-2.50 0.20 - 3.00

3rd Trimester

0.30 - 3.00

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 has influence on the measured

- 1. Recommended test for T3 and T4 is unbound fraction or free levels as it is metabolically active. 1. 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
- Nonthyroidal illness
- Autoimmune thyroid disease
- Pregnancy associated thyroid disorders

Thyroid dysfunction in infancy and early childhood

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Pam Nagar Sunda Phila: (C.C.) O DI 0700 1050

04/03/2025 2:00PM



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: 22/02/2025 5:34:00PM

TPA

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DEPARTMENT OF PATHOLOGY

PARAMETER				
BLOOD SUGAR - FASTING AND PP	VALUE	RESULT	REFERENCE RANGE	
BLOOD SUGAR FASTING BLOOD SUGAR PP	104 mg/dL	Normal	90 120	
	109 mg/dL		80 - 120	
URINE SUGAR FASTING	- o mg/ac	Low	120 - 140	
URINE FOR SUGAR	Nil			
URINE SUGAR PP	INII			
URINE FOR SUGAR				
	Nil			

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RESULT DATE

: 22/02/2025 4:04:00PM

: MEDIWHEEL

DEPARTMENT OF PATHOLOGY

PARAMETER	WALLE :		
BLOOD GROUPING AND RH TYPING BLOOD GROUP	VALUE	RESULT	REFERENCE RANGE
RH FACTOR	"A"		100 - 100 -
BUN (BLOOD UREA NITROGEN) BUN (BLOOD UREA NITROGEN)	Positive		
CREATININE	9.34 mg / dl	Normal	8 - 23
SERUM CREATININE GGT (GAMMA GLUTAMYL TRANSFERASE)	0.98 mg/dL	Normal	0.3 - 1.5
TRANSFERASE)	13 U/L	Normal	5 - 36
URIC ACID			
URIC ACID	4.32 mg/dL	Normal	2.5 - 6.8

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: MEDIWHEEL

DEPARTMENT OF PATHOLOGY

CDC (CC)	E ARTIFICIAT OF	PATHOLOGY	
CBC (COMPLETE BLOOD	COUNT)		
PARAMETER HAEMOGLOBIN (Hb)	VALUE 11.4 gm%	RESULT Low	REFERENCE RANGE 12 - 16
TOTAL RBC COUNT HAEMATOCRIT (PCV) RBC INDICES MCV	3.64 Million/cumm 32.0 %	Low Low	4.5 - 5.1 35.9 - 44.6
MCH MCHC RDW	87.9 fl 31.4 pg 35.7 % 13.9 %	Normal Normal Normal Normal	78 - 96 27 - 32 33 - 37 11 - 16
TOTAL WBC COUNT (TLC) DIFFERENTIAL COUNT	5200 /cumm	Normal	4000 - 11000
NEUTROPHILS LYMPHOCYTES EOSINOPHILS MONOCYTES BASOPHILS BANDS BLAST	58 % 36 % 02 % 04 % 00 % 00 % 00 %	Normal Normal Normal Normal Normal Normal	0 - 75 22 - 48 0 - 6 2 - 10 0 - 2 0 - 5
LATELET COUNT	157000 /cumm	Normal	150000 - 450000

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: MEDIWHEEL

REFERENCE RANGE

DEPARTMENT OF PATHOLOGY

LIPID PROFILE PARAMETER

PARAMETER	VALUE
CHOLESTEROL TOTAL	175 mg/dl
TRIGLYCERIDES - SERUM HDL	86 mg/dl
LDL	39.54 mg/dl
VLDL	118.26 mg/dL
CHOL: HDL Ratio	17.20
LDL: HDL Ratio	4.43:1
	2.99:1

RESULT

 Normal
 150 - 220

 Normal
 60 - 165

 Normal
 35 - 80

 Normal
 90 - 160

Low

20 - 50 3.5 - 5.5

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TECHNICIAN

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Age / Sex

: 38Y / FEMALE

Consultant

Ref. By

Category

: DR. HOSPITAL CASE

: DR. HOSPITAL CASE : MEDIWHEEL

Visit ID

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: 22/02/25 03:33PM

X-RAY CHEST PA. VIEW

- Cardiothoracic ratio is within normal limits.
- No significant lung lesion seen.
- Bilateral C.P. angles are clear.
- Bony cage and soft tissue normal.

IMPRESSION

No Remarkable Abnormality Detected .

- Please correlate clinically

Dr. SAMIR KATHALE MBBS, DNB(RADIO), MNAMS, MANBO Reg No: CGMC-4404/2012

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CIN: U85110CT2005PTC017751 GSTIN/UIN: 22AADCP8009N2Z9

UHID : 189796

Patient Name : MRS. PREETI SINGH

Age / Sex

: 33Y / FEMALE

Consultant

: DR. HOSPITAL CASE

Ref. By : DR. HOSPITAL CASE Category : CGHS

Visit ID

: 0000369002

Spec No.

Order Date

: 13/02/2025 10:55AM

Samp.Date

Report Date

: 13/02/25 12:43PM

SONOGRAPHY USG Abdomen and Pelvis-Female

(Second copy)

- * LIVER :Normal in size, shape & echo texture with smooth margins. IHBRs are not dilated. No focal
- *PORTO CAVAL SYSTEM: Hepatic veins and IVC appear normal and show normal respiratory variation. Splenic vein is normal. Portal vein is normal.
- *COLLECTING DUCT & CBD: Normal in size and have echo lucent lumen.
- *GALL BLADDER: Not seen Post Cholecystectomy Status.
- *SPLEEN: Normal in size, shape & echo texture. No focal lesions seen.
- *PANCREAS:Pancreatic head, body & tail visualized and have ,normal size,shape & echo texture.
- *KIDNEYS: Both kidneys are of normal shape, size and position.

Cortical thickness is normal .CMD is maintained. There is no evidence of hydronephrosis or calculus

- *URINARY BLADDER: Seen in distended state and has normal wall architecture.Lumen is echo free.
- *UTERUS: Anteverted normal in shape, size and echotexture. (Measures 8.95 x 4.30 x 3.06 cms.).

Endometrial echo is central and shows normal thickness . Myometrium shows homogenous echotexture.

- *BOTH OVARIES: Both the ovaries are normal in shape, size & echotexture.
- Mild Amount of free fluid collection in Pouch of Douglas .
- There is no evidence of any retroperitoneal lymphadenopathy/mass.

FINAL IMPRESSION:

- Mild Amount of free fluid collection in Pouch of Douglas ? Pelvic Inflammatory Disease.
- Post Cholecystectomy Status.
- Please correlate clinically , followup USG is recommended.



Ref. By

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SONOGRAPHY USG Abdomen and Pelvis-Female

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