

<i>Patient Name</i>	PARAMJEET KAUR 36Y/F	<i>Patient ID</i>	36338
<i>Age/D.O.B</i>	36Y/F	<i>Gender</i>	F
<i>Ref Doctor</i>	SELF	<i>Date</i>	16 Nov 24

XRAY RADIOGRAPH CHEST - PA

Observations

Domes of Diaphragm:- Are smooth.
Pulmonary vasculature:- Appears normal.
Visualised lung fields:- Appear normal.
Hilar Shadows:- Are within normal limits.
Both Costophrenic Recesses:- Are clear.
Bones and soft tissue shadows:- Appear normal.
Cardia:- Is normal in size.

Impression

Essentially normal study.

Reported By,



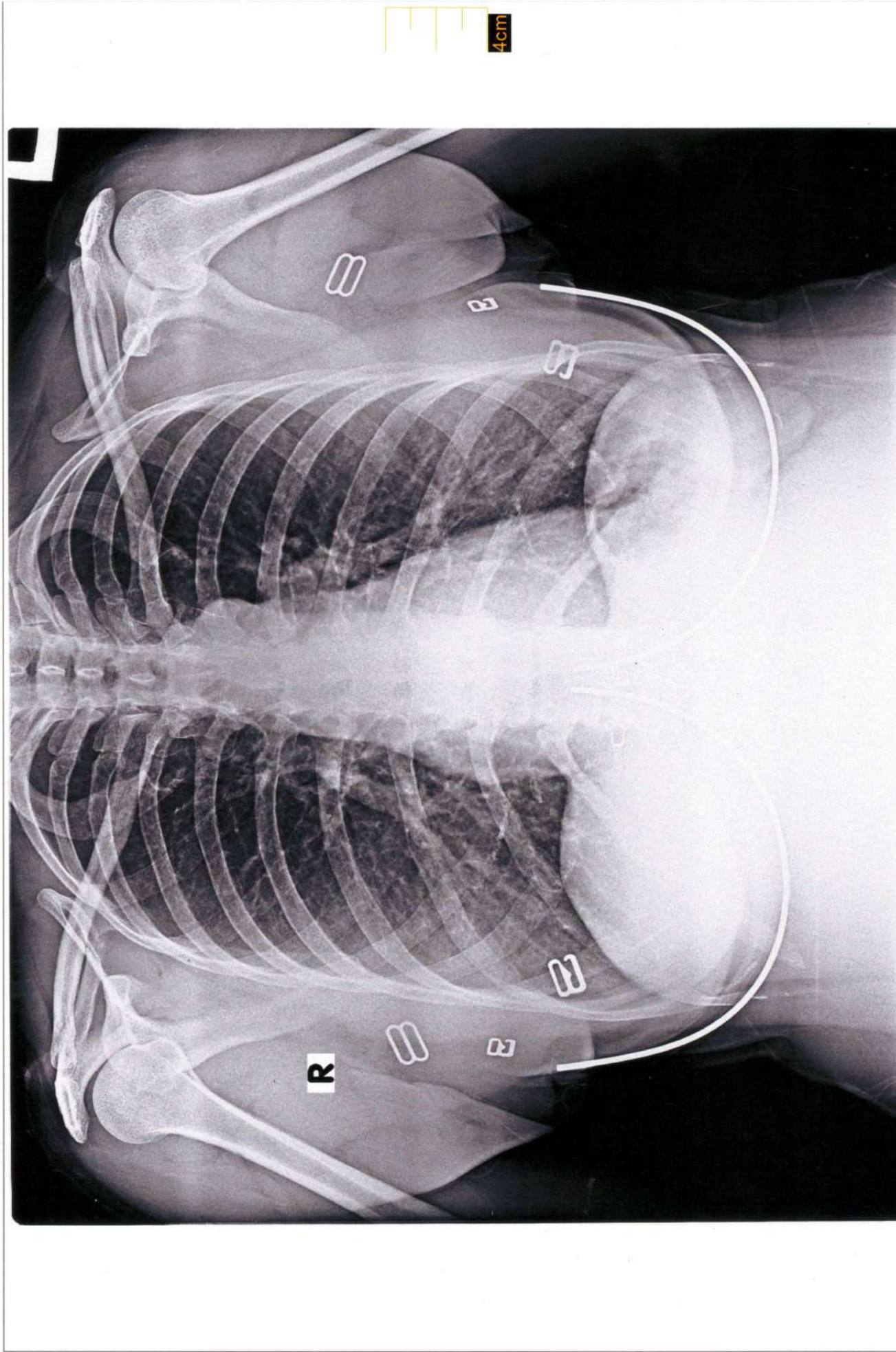
Dr. Aditi Agarwal

MBBS, MD

Consultant Radiologist

TSMC - TSMC/FMR/30641

PARAMJEET, KAUR, 36Y, F, : CR From 16/11/2024



Name: Mrs. PARAMJEET KAUR (36338)	Age: 36 Y/F
Refd. By: Self	Date: 16-Nov-24

ULTRASOUND WHOLE ABDOMEN (TAS)

LIVER: is normal in size, outline and echotexture. Hepatic veins and portal vein are normal. No gross focal lesion is seen. No intrahepatic biliary radical dilatation is seen.

GALL BLADDER: is partially distended and shows no intraluminal echoes. GB wall thickness is normal. No peri-cholecystic fluid is seen.

Proximal Common bile duct is normal. Distal CBD is obscured by excessive bowel shadows.

PANCREAS: is normal in size and echotexture. No focal lesion / calcification. Main pancreatic duct is not dilated.

SPLEEN: is normal in size 8.2cm, and echotexture. No focal lesion is noted.

RIGHT KIDNEY: It is normal in size 12.1cm, outline and echotexture. No focal lesion calculus or hydronephrosis is seen. Corticomedullary differentiation is preserved.

LEFT KIDNEY: It is normal in size 10.2cm, outline and echotexture. No focal lesion /calculus or hydronephrosis is seen. Corticomedullary differentiation is preserved.

URINARY BLADDER: is partially distended and shows normal wall thickness. No intraluminal mass lesion seen.

UTERUS: is anteverted, normal in size, outline and echotexture. No gross focal lesion is seen. Endometrium is central and measures 5.8mm. Cervical echo complex is normal.

OVARIES: Right ovary is normal in size and volume. Left ovary is normal in size and volume. Few small follicles are seen in both ovaries. No adnexal mass lesion is seen. No Fluid is seen in POD.

No gross lymphadenopathy is seen.

No free fluid is seen in the abdomen and pelvis. No e/o any thickened or dilated gut loop is seen at present scan.

IMPRESSION: NORMAL STUDY

To Be Correlated Clinically

Dr. Sukhjinder Kaur
(M.D Radio-diagnosis)

This report is just an opinion and is not the final diagnosis. All anomalies are not appreciated on sonography due to technical limitations (excessive bowel shadows obesity and body habitus). Ultrasound report should be correlated with patient's clinical history and other laboratory / radiological investigations before reaching to final diagnosis. Kindly get repeat ultrasound done in case of any discrepancy.



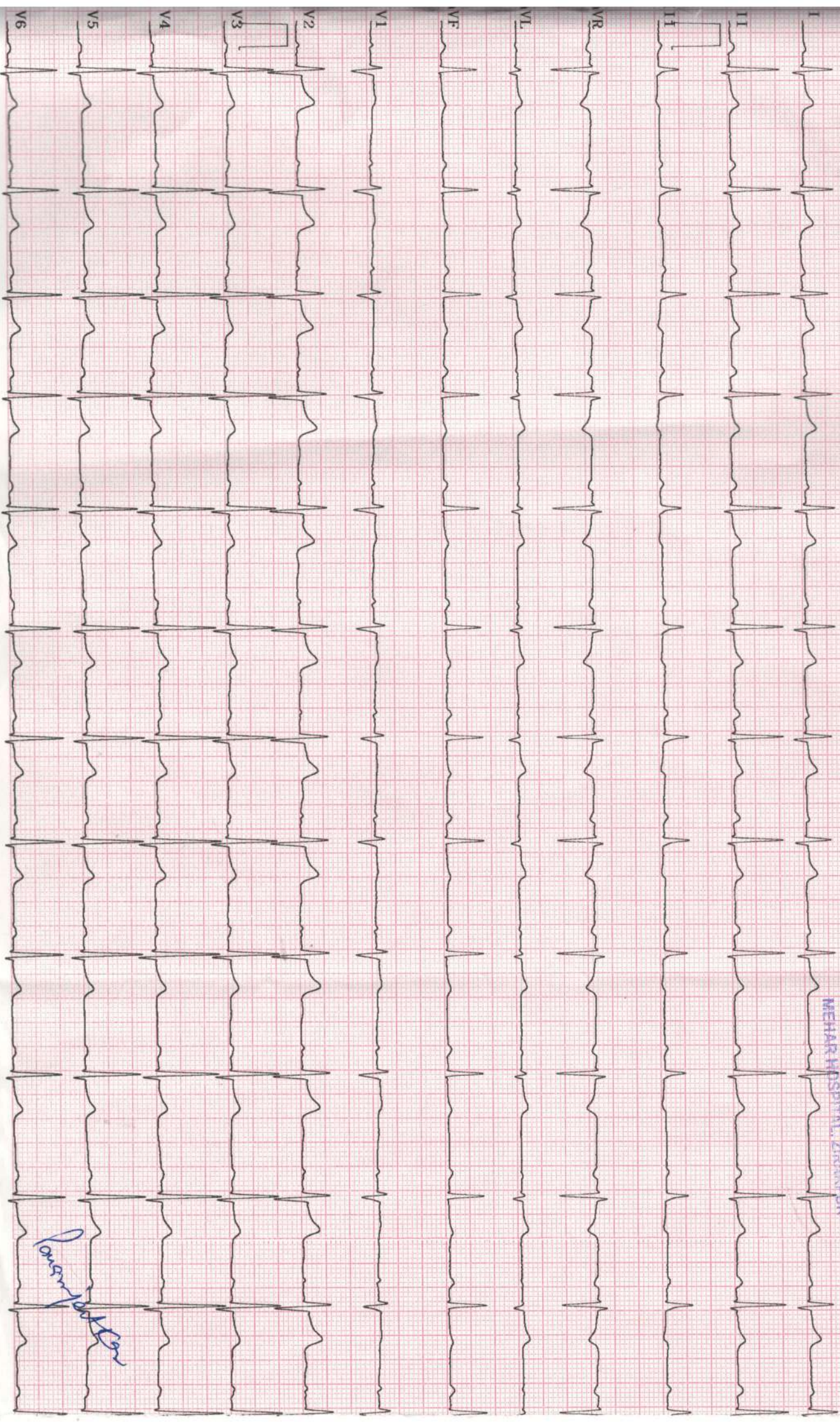
Heart Rate: 62 bpm

Prescribed by:

ID : 36338
Name : parrajeeet
Age : 3 years
Sex : Female
H : 0 cm / W : 0 kg

USK

DR HARDEEP SINGH
MBBS, MD, PMC REG. NO. 24633
CONSULTANT PHYSICIAN
MEHAR HOSPITAL, ZIRAKPUR





ਭਾਰਤ ਸਰਕਾਰ

Government of India



ਪਰਮਜੀਤ ਕੌਰ

Paramjeet Kaur

ਜਨਮ ਮਿਤੀ/DOB: 10/07/1988

ਔਰਤ/ FEMALE

Issue Date: 02/02/2013

6952 7052 0079

VID : 9120 8148 0990 4920

ਮੇਰਾ ਆਧਾਰ, ਮੇਰੀ ਪਛਾਣ

PATIENT NAME	: MRS. PARAMJEET KAUR	Mobile No	: 9878201999
UHID NO	: 36338	IPD No, AGE	: 36 Y / Female
ADDRESS	: H NO 366 SEC 20 A CHANDIGARH	SAMPLE DATE	: 16-11-2024 10:15AM
DOCTOR	: Self	PRINT DATE	: 16-11-2024 03:38PM

Test Name	Result	Units	Biological Ref. Interval
BLOOD GLUCOSE - FASTING <i>METHOD :Method: GOD POD</i>	94.1	mg/dL	70 - 110
COMPLETE HEMOGRAM WITH ESR			
HAEMOGLOBIN (HB) <i>METHOD :Method: SPECTROPHOTOMETER / AUTOMATED CELL COUNTER</i>	12.4	gm/dl	11.0 - 15.0
TOTAL LEUCOCYTE COUNT (TLC) <i>METHOD :Method: Impedance/Automated cell counter</i>	6700	/cmm	4000 - 11000
NEUTROPHILS	61	%	45 - 75
LYMPHOCYTE	31	%	20 - 45
EOSINOPHIL	05	%	0.00 - 6
MONOCYTE	03	%	0 - 10
BASOPHIL	00	%	0.00 - 2.00
E.S.R. (WESTERGREEN METHOD)	12	mm	0.00 - 20.0
RBC (RED BLOOD CELLS) <i>METHOD :Method: Impedance/Automated cell counter</i>	4.40	Millions/cmm	3.8 - 5.8
PLATELET COUNT <i>METHOD :Method: Impedance/Automated cell counter</i>	3.13	Lakh/cmm	1.50 - 4.5
PCV <i>METHOD :Method: Calculation/Automated cell counter</i>	37.2	%	35 - 47
MCV(MEAN CELL VOLUME) <i>METHOD :Method: Calculation/Automated cell counter</i>	84.5	fL	80 - 100
MCH(MEAN CELL HAEMOGLOBIN) <i>METHOD :Method: Calculation/Automated cell counter</i>	28.2	picogram	27 - 31
MCHC <i>METHOD :Method: Calculation/Automated cell counter</i>	33.3	g / dL	33 - 37
RDW-CV <i>METHOD :Method: SPECTROPHOTOMETER / AUTOMATED CELL COUNTER</i>	14.7	%	10.0 - 15.0
PLCC(PLATELET LARGE CELL COEFFICIENT) <i>METHOD :Method : Impedance/Automated cell counter</i>	102	/cmm	30 - 90



Reporting By: Technician

Dr. Shweta
Mbbs, Md(Pathology)
(Ex. Pgimer, Chd)

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Test Name	Result	Units	Biological Ref. Interval
PLCR(PLATELET LARGE CELL RATIO)	32.6	%	11.0 - 45.0
<i>METHOD :Method : Impedance/Automated cell counter</i>			

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Test Name	Result	Units	Biological Ref. Interval
GLYCOSYLATED HB (HBA1C)			
GLYCOSYLATED Hb	4.6	%	<5.7 Non-diabetic, 5.7-6.4 Pre-diabetes, >=6.5 Diabetes
MEAN BLOOD SUGAR	85.32		

REMARKS:

In vitro quantitative determination of HbA1C in whole blood is utilized in long term monitoring of glycemia .
The HbA1C level correlates with the mean glucose concentration prevailing in the course of the patient's recent history (approx - 6-8 weeks) and therefore provides much more reliable information for glycemia monitoring than do determinations of blood glucose or urinary glucose. It is recommended that the determination of HbA1C be performed at intervals of 4-6 weeks during Diabetes Mellitus therapy. Results of HbA1C should be assessed in conjunction with the patient's medical history, clinical examinations and other findings.

LIPID PROFILE

TOTAL CHOLESTEROL	142.0	mg/dL	Desirable Cholesterol level : < 200 , Borderline High Cholesterol : 200 - 239, High : >= 240
<i>METHOD :Method : Enzymatic</i>			
TRIGLYCERIDES	78.0	mg /dl	Normal : <150 , Borderline :150 -199 , High : 200 - 499 , Very High : >= : 500
<i>METHOD :Method : GPO/PAP</i>			
H D L CHOLESTEROL	42.3	mg/dL	35.3 - 79.5
<i>METHOD :Method : End Point, Phosphotungstic Acid</i>			
L D L CHOLESTEROL	84.1	mg/dL	100 - 190
<i>METHOD :Method : Calculated</i>			
V L D L	15.6	mg/dL	7.00 - 35.0
<i>METHOD :Method : Calculated</i>			
TOTAL CHOLESTEROL/HDL RATIO	3.4		
<i>METHOD :Method : Calculated</i>			
LDL/HDL CHOLESTEROL	0.4		
<i>METHOD :Method : Calculated</i>			

LIVER FUNCTION TEST [LFT]

TOTAL BILIRUBIN	1.07	mg/dl	0.2 - 1.2
<i>METHOD :Method : Diazo</i>			



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Test Name	Result	Units	Biological Ref. Interval
CONJUGATED (D. Bilirubin) <i>METHOD :Method : Diazo</i>	0.42	mg/dl	0.1 - 0.4
UNCONJUGATED (I.D.Bilirubin) <i>METHOD :Method : Calculated</i>	0.7	mg/dl	0.2 - 1.0
AST / SGOT <i>METHOD :Method : IFCC</i>	11.5	IU/L	00 - 35
ALT/SGPT <i>METHOD :Method : IFCC</i>	10.0	U/L	00 - 45
ALKALINE PHOSPHATASE <i>METHOD :Method : ALP-AMP</i>	66.0	U/L	53 - 128
TOTAL PROTEIN <i>METHOD :Method : Biuret</i>	6.90	g/dl	6.40 - 8.30
SERUM ALBUMIN <i>METHOD :Method : Bromocresol Green</i>	3.94	g/dl	3.50 - 5.20
GLOBULIN <i>METHOD :Method : Calculated</i>	3.0	gm/dl	1.5 - 3.0
A/G RATIO <i>METHOD :Method : calculated</i>	1.3		1.2 - 2.0
GGT <i>METHOD :Method : Glupa C</i>	21.0	U/L	00 - 38.0
RFT PANEL 1			
BLOOD UREA <i>METHOD :Method : Urease-GLDH</i>	16.8	mg /dl	11 - 55
SERUM CREATININE <i>METHOD :Method : Enzymatic</i>	0.70	mg /dl	0.70 - 1.30
SERUM URIC ACID <i>METHOD :Method : Uricase-POD</i>	4.3	mg/dl	3.5 - 7.2
TOTAL THYROID PROFILE (TFT)			
TOTAL T3 <i>METHOD :Method : C.L.I.A</i>	1.10	ng/mL	0.69 - 2.15
TOTAL T4 <i>METHOD :Method : C.L.I.A</i>	8.49	ug/dl	5.00 - 12.00
THYROID STIMULATING HORMONE (TSH) <i>METHOD :Method : C.L.I.A</i>	0.39	uIU/ml	0.35 - 5.50



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Test Name	Result	Units	Biological Ref. Interval
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Useful For:

A thyroid panel may be ordered as part of a health checkup or when symptoms suggest hypo-or hyperthyroidism due to a condition affecting the thyroid. Signs and symptoms of hypothyroidism may include: Weight gain, Dry skin, Constipation, Cold intolerance, Puffy skin, Hair loss, Fatigue, Menstrual irregularity in women.

Interpretation:

If the feed back system involving the thyroid gland is not functioning properly due to one of a variety of disorders, then increased or decreased amounts of thyroid hormones may result. When TSH concentrations are increased, the thyroid will make and release in appropriate amounts of T4 and T3, and the person may experience symptoms associated with hyperthyroidism. If there is decreased production of thyroid hormones, the person may experience symptoms of hypothyroidism.

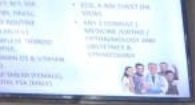
TSH	T4	T3	INTERPRETATION.
High	Normal	Normal	Mild (subclinical) hypothyroidism
High	Low	Low or normal	Hypothyroidism
Low	Normal	Normal	Mild (subclinical) hyperthyroidism
Low	High or normal	High or normal	Hyperthyroidism
Low	Low or normal	Low or normal	Nonthyroidal illness; rare pituitary (secondary) hypothyroidism

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



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Future Gen	Kotak General Insurance
Alankar	HITPA
Amul	MD India
East	Medi Assist
Ericson Ins	Medsave
FHPL	Paramount Health
	Dark Mediclaim
	TPA
	Advantage
	(Ltd)
	Check up
	Ltd.
	(s)
	Checkup



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