

(A Unit of Sparsh Multispecialty Hospital Private Limited)

CIN: U85110CT2005PTC017751 GSTIN/UIN: 22AADCP8009N2Z9



UHID

: 190102

PATIENT NAME

: MRS. SAUMIPRIYA MONDAL

AGE/SEX

: 35Y/FEMALE

CONSULTANT DOCTOR : HOSPITAL CASE

**VISITID** 

: 0000369834

ORDER DATE : 22/02/2025 9:19:00AM

SAMP. DATE : 22/02/2025 12:01:00PM

SPEC. NO

: 10583410

RESULT DATE : 22/02/2025 6:37:00PM

**TPA** 

: MEDIWHEEL

## **DEPARTMENT OF PATHOLOGY**

**ESR (ERYTHROCYTE SEDIMENTATION RATE)** 

PARAMETER	VALUE	RESULT	REFERENCE RANGE
ESR	40 mm at end of 1 hr	High	0 - 20

Dr. AVISHESH SINGH MD **PATH** 

**TECHNICIAN** 

CONSULTANT

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: 10583399

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: 22/02/2025 3:05:00PM

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## **DEPARTMENT OF PATHOLOGY**

## LFT (LIVER FUNCTION TEST)

PARAMETER	VALUE	RESULT	REFERENCE RANGE
BILIRUBIN TOTAL	0.61 mg/dL	Normal	0.1 - 1.2
BILIRUBIN DIRECT	0.21 mg / dl	Normal	0.1 - 0.6
BILIRUBIN INDIRECT	0.40 mg / dl	Normal	0.1 - 0.4
ALKALINE PHOSPHATASE	75 U/L	Normal	0 - 240
SGOT	31 U/L	Normal	0 - 46
SGPT	88 U/L	High	0 - 40
TOTAL PROTEIN	7.95 g/dl	Normal	6 - 8
ALBUMIN	4.56 g/dl	Normal	4.1 - 5.3
GLOBULIN	3.39 g/dl	Normal	2 - 3.5
A.G.RATIO	1.35:1		1 - 2.5

Dr. AVISHESH SINGH MD PATH Special

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04/03/2025 12:11PM



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: 10583405

RESULT DATE

: 22/02/2025 5:46:00PM

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## **DEPARTMENT OF PATHOLOGY**

URINE ROUTINE AND MI	CROSCOPY			
PARAMETER	VALUE	RESULT	REFERENCE RANGE	
PHYSICAL EXAMINATION				
QUANTITY	10 ml			
COLOUR	Straw			
APPEARANCE	Clear			
REACTION	Acidic		-	
CHEMICAL EXAMINATION				
ALBUMIN	Nil		<u>-</u>	
SUGAR	Nil			
MICROSCOPIC EXAMINATION				
EPITHELIAL CELLS	2-3 /hpf		0 - 5	
PUS CELLS	Occasional /hpf		1 - 2	
RBC	Nil /hpf			
CAST	Nil /lpf			
CRYSTAL	Nil		-	
AMORPHOUS DEBRIES	Nil		•	
OTHERS	Nil			

**TECHNICIAN** 

Dr. AVISHESH SINGH MD PATH

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: 10583409

RESULT DATE

: 22/02/2025 3:06:00PM

TPA

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## **DEPARTMENT OF PATHOLOGY**

## HBA1c (GLYCOSYLATED HAEMOGLOBIN)

**PARAMETER** 

VALUE

RESULT

REFERENCE RANGE

HBA1 C (GLYCOSYLATED

HEAMOGLOBIN)

5.7 %

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

### Therapeutic goals for glycemic control

- Age> 19 years

Goal of therapy: <7.0</li>

- 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 condition, targeting a goal of <7.0% may not be appopriate.

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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## **DEPARTMENT OF PATHOLOGY**

### **T3,T4 TSH**

PARAMETER	VALUE	RESULT	REFERENCE RANGE
T3 (TRIIODOTHYRONINE)	1.971 ng/ml	Normal	0.69 - 2.15
T4 (THYROXINE)	9.682 ug/dl	Normal	5.2 - 12.7
TSH (THYROID STIMULATING HORMONE)	3.470 uIU/ml	Normal	0.3 - 4.5

REFERENCE GROUP

REFERENCE RANGE in uIU/mL

0.30-4.5

As per American Thyroid Association

Adult Females (> 20 years)

Pregnancy

1st Trimester 0.10- 2.50 2nd Trimester 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 serum TSH concentrations.

- 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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: 10583403

RESULT DATE

: 22/02/2025 5:33:00PM

TPA

: MEDIWHEEL

## **DEPARTMENT OF PATHOLOGY**

PARAMETER	VALUE	RESULT	REFERENCE RANGE
<b>BLOOD SUGAR - FASTING AND PP</b>			The state of the s
BLOOD SUGAR FASTING	98 mg/dL	Normal	80 - 120
BLOOD SUGAR PP	195 mg/dL	High	120 - 140
URINE SUGAR FASTING			
URINE FOR SUGAR	Nil		
URINE SUGAR PP			
URINE FOR SUGAR	Nil		-

Dr. AVISHESH SINGH MD

CONSULTANT

**TECHNICIAN** 

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CONSULTANT DOCTOR

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RESULT DATE

22/02/2025

: 22/02/2025 4:03:00PM

TPA

: MEDIWHEEL

## **DEPARTMENT OF PATHOLOGY**

PARAMETER	VALUE	RESULT	REFERENCE RANGE
BLOOD GROUPING AND RH TYPING	•		
BLOOD GROUP	"A"		
RH FACTOR	Positive		
BUN (BLOOD UREA NITROGEN)			
BUN (BLOOD UREA NITROGEN)	12.14 mg / dl	Normal	8 - 23
CREATININE			0 23
SERUM CREATININE	0.78 mg/dL	Normal	0.3 - 1.5
GGT (GAMMA GLUTAMYL TRANSFERASE	The second secon	·	0.3 1.3
GGT (GAMMA GLUTAMYL FRANSFERASE)	22 U / L	Normal	5 - 36
URIC ACID			
JRIC ACID	5.80 mg/dL	Normal	2.5 - 6.8

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CONSULTANT DOCTOR

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: 10583408

RESULT DATE

: 22/02/2025 3:49:00PM

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## **DEPARTMENT OF PATHOLOGY**

CBC (COMPLETE BLOOD COUN	T)		
PARAMETER	VALUE	RESULT	REFERENCE RANGE
HAEMOGLOBIN (Hb)	11.0 gm%	Low	12 - 16
TOTAL RBC COUNT HAEMATOCRIT (PCV) RBC INDICES MCV MCH MCHC RDW	3.71 Million/cumm 31.5 % 84.8 f l 29.7 pg 35.0 % 13.3 %	Low Low Normal Normal Normal	4.5 - 5.1 35.9 - 44.6 78 - 96 27 - 32 33 - 37 11 - 16
TOTAL WBC COUNT (TLC) DIFFERENTIAL COUNT	7000 /cumm	Normal	4000 - 11000
NEUTROPHILS LYMPHOCYTES EOSINOPHILS MONOCYTES BASOPHILS BANDS BLAST	65 % 30 % 02 % 03 % 00 % 00 % 00 %	Normal Normal Normal Normal Normal Normal	0 - 75 22 - 48 0 - 6 2 - 10 0 - 2 0 - 5
PLATELET COUNT	170000 /cumm	Normal	150000 - 450000

**TECHNICIAN** 

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04/03/2025 12:13PM



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AGE/SEX

: 35Y/FEMALE

CONSULTANT DOCTOR

LIPID PROFILE

: HOSPITAL CASE

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SPEC. NO

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RESULT DATE : 22/02/2025 3:05:00PM

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: MEDIWHEEL

## **DEPARTMENT OF PATHOLOGY**

TI ID I KOI ILL		
PARAMETER	VALUE	RESULT
CHOLESTEROL TOTAL	206 mg / dl	Normal
TRIGLYCERIDES - SERUM	135 mg / dl	Normal
HDL	42.05 mg / dl	Normal
LDL	136.95 mg/dL	Normal
VLDL	27.0	Normal
CHOL: HDL Ratio	4.90:1	

3.26:1

**REFERENCE RANGE** 150 - 220

60 - 165

35 - 80 90 - 160 20 - 50

3.5 - 5.5

**TECHNICIAN** 

LDL: HDL Ratio

Dr. AVISHESH SINGH MD

**PATH** 

CONSULTANT

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04/03/2025 12:13PM



UHID

Ref. By

Category

एक एहशाश अपनेपन का **Sparsh Multispecialty Hospital** 

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Report Date

: 22/02/25 03:34PM

## 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

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

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Age / Sex Consultant

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Ref. By Category : DR. HOSPITAL CASE

: MEDIWHEEL

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Report Date

: 22/02/25 01:39PM

## SONOGRAPHY **USG WHOLE ABDOMEN-Female**

- \* LIVER : Enlarged in size ( 16.33 cm) and shows diffuse fine increased echogenicity of parenchyma with no evidence of any focal lesion seen. IHBRs are not dilated
- \*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 :Seen in distended state with normal wall and lumen is echofree
- \*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. Endometrial echo is central and shows normal thickness. Myometrium shows homogenous echotexture.
- \*BOTH OVARIES: Both the ovaries are normal in shape, size & echotexture.

No free fluid is seen in the peritoneal cavity.

There is no evidence of any retroperitoneal lymphadenopathy/mass.

#### FINAL IMPRESSION:

- Enlarged fatty Liver (Grade I II)
- Please correlate clinically , followup USG is recommended.



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# SONOGRAPHY USG WHOLE ABDOMEN-Female

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Samp.Date Report Date

: 22/02/25 01:35PM

<u>SONOGRAPHY</u> USG BREAST/SONOMAMMOGRAPHY (BOTH BREASTS)

### REPORT :

- Both breasts are showing normal fatty tissue and glandular structures.
- No evidence of any obvious mass lesion, solid or cystic lesions or abnormal echotexture is seen.
- Superficial planes also show no significant abnormality.
- **IMPRESSION**
- No remarkable Abnormality detected in the current scan.

Please correlate clinically

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