



ZENA
Healthcare Services
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Regd. No. : 1834

ZENA HEALTHCARE SERVICES

(A Unit of Zena Enterprises)

Patient Name : MRS. KUNU BEHERA

Age / Gender : 39 years / Female

Patient ID : 20869

Referral : MEDI WHEEL

Collection Time : 13/04/2024, 12:19 PM

Reporting Time : 14/04/2024, 03:08 PM

Sample ID :



23863

Test Description	Value(s)	Reference Range	Unit
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Lab technician

Dr. Kundan Kumar Sahoo
CONSULTANT PATHOLOGIST /
MICROBIOLOGIST

For Home Collection Please Call at Number :

Zena Healthcare Services

Plot No. 119, Opp. Water tank Lane, Near Police Phandi, Saheed Nagar, Bhubaneswar-07
Ph. : 0674-2549902, 9692276908, 8337964922, E-mail : zenahealthcare@gmail.com

Website : www.zenacare.in

Wishing Good Health



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Sample ID :



Test Description	Value(s)	Reference Range	Unit
LFT, Liver Function Test			
Bilirubin - Total Method : Serum, Jendrassik Grof	0.72	0.00 - 1.00	mg/dL
Bilirubin - Direct Method : Serum, Diazotization	0.16	0.00 - 0.20	mg/dL
Bilirubin - Indirect Method : Serum, Calculated	0.56	0.10 - 0.80	mg/dL
SGOT Method : Serum, UV with P5P, IFCC 37 degree	20.67	8 - 33	U/L
SGPT Method : Serum, UV with P5P, IFCC 37 degree	28.42	3 - 35	U/L
GGT-Gamma Glutamyl Transpeptidase Method : Serum, G-glutamyl-carboxy-nitroanilide	7.75	< 38	U/L
Alkaline Phosphatase Method : PNPP-AMP Buffer/Kinetic	84.32	42-141	U/L
Total Protein Method : Serum, Biuret, reagent blank end point	7.12	6.60 - 8.70	g/dL
Albumin Method : Serum, Bromocresol green	4.21	3.50 - 5.30	g/dL
Globulin Method : Serum, EIA	2.91	2.00-3.50	g/dL
A/G Ratio Method : Serum, EIA	1.45	1.2 - 2.2	

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Urine(R/M) Routine Examination of Urine

General Examination

Colour	PALE YELLOW	Pale Yellow	
Transparency (Appearance)	CLEAR	Clear	
Deposit	Absent	Absent	
Reaction (pH)	Acidic 5.5	4.5 - 7.0	
Specific gravity	1.010	1.005 - 1.030	

Chemical Examination

Urine Protein (Albumin)	Absent	Absent	
Urine Glucose (Sugar)	Absent	Absent	

Microscopic Examination

Red blood cells	Absent	0-4	/hpf
Pus cells (WBCs)	1 - 2 /HPF	0-9	/hpf
Epithelial cells	2 - 3 /HPF	0-4	/hpf
Crystals	Absent	Absent	
Cast	Absent	Absent	
Bacteria	Absent	Absent	

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Referral : MEDI WHEEL

Collection Time : 13/04/2024, 12:19 PM

Reporting Time : 14/04/2024, 03:11 PM

Sample ID :



Test Description	Value(s)	Reference Range	Unit
Lipid Profile			
Cholesterol-Total Method : Spectrophotometry	167.09	Desirable level < 200 Borderline High 200-239 High >or = 240	mg/dL
Triglycerides Method : Serum, Enzymatic, endpoint	158.17	Normal: < 150 Borderline High: 150-199 High: 200-499 Very High: >= 500	mg/dL
HDL Cholesterol Method : Serum, Direct measure-PEG	41.77	Normal: > 40 Major Risk for Heart: < 40	mg/dL
LDL Cholesterol Method : Enzymatic selective protection	93.69	Optimal < 100 Near / Above Optimal 100-129 Borderline High 130-159 High 160-189 Very High >or = 190	mg/dL
VLDL Cholesterol Method : Serum, Enzymatic	31.63	6 - 38	mg/dL
CHOL/HDL Ratio Method : Serum, Enzymatic	4.00	3.5 - 5.0	
LDL/HDL Ratio Method : Serum, Enzymatic	2.24	2.5 - 3.5	

Note:

8-10 hours fasting sample is required.

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Sample ID :



23863

Test Description	Value(s)	Reference Range	Unit
Complete Blood Count			
Hemoglobin (Hb)	10.2	12.0 - 15.0	gm/dL
Erythrocyte (RBC) Count	4.14	3.8 - 4.8	mil/cu.mm
Packed Cell Volume (PCV)	33.3	36 - 46	%
Mean Cell Volume (MCV)	80.43	83 - 101	fL
Mean Cell Haemoglobin (MCH)	24.64	27 - 32	pg
Mean Corpuscular Hb Conc. (MCHC)	30.63	31.5 - 34.5	g/dL
Red Cell Distribution Width (RDW)	14.0	11.6 - 14.0	%
Total Leucocytes (WBC) Count	7700	4000-10000	cell/cu.mm
Neutrophils	68	40 - 80	%
Lymphocytes	28	20 - 40	%
Monocytes	02	2 - 10	%
Eosinophils	02	1 - 6	%
Basophils	00	1-2	%
Platelet Count	194	150 - 410	10 ³ /ul
Mean Platelet Volume (MPV)	11.2	7.2 - 11.7	fL
PCT	0.22	0.2 - 0.5	%
PDW	17.2	9.0 - 17.0	%

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Patient Name : MRS. KUNU BEHERA

Age / Gender : 39 years / Female

Patient ID : 20869

Referral : MEDI WHEEL

Collection Time : 13/04/2024, 12:19 PM

Reporting Time : 14/04/2024, 03:12 PM

Sample ID :



Test Description	Value(s)	Reference Range	Unit
Glucose, Fasting (FBS)			
Glucose fasting Method : Fluoride Plasma-F, Hexokinase	98.69	75 - 115	mg/dL
Glucose, Post Prandial (PP)			
Blood Glucose-Post Prandial Method : Hexokinase	105.68	70 - 140	mg/dL
HbA1c, Glycosylated Hemoglobin			
HbA1c (GLYCOSYLATED HEMOGLOBIN), BLOOD Method : (HPLC, NGSP certified)	5.43		%
Estimated Average Glucose :	-	-	mg/dL

Interpretation

As per American Diabetes Association (ADA)	
Reference Group	HbA1c in %
Non diabetic adults >=18 years	<5.7
At risk (Prediabetes)	5.7 - 6.4
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:

- 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 .
- Target goals of < 7.0 % may be beneficial in patients 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 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.

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23863

Test Description	Value(s)	Reference Range	Unit
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ADA criteria for correlation between HbA1c & Mean plasma glucose levels.

HbA1c(%)	Mean Plasma Glucose (mg/dL)
6	126
7	154
8	183
9	212
10	240
11	269
12	298

ESR, Erythrocyte Sedimentation Rate

ESR - Erythrocyte Sedimentation Rate 14 0 - 20 mm/hr

Method : EDTA Whole Blood, Manual Westergren

Interpretation:

- It indicates presence and intensity of an inflammatory process. It does not diagnose a specific disease. Changes in the ESR are more significant than the abnormal results of a single test.
- It is a prognostic test and used to monitor the course or response to treatment of diseases like tuberculosis, bacterial endocarditis, acute rheumatic fever, rheumatoid arthritis, SLE, Hodgkins disease, temporal arteritis and polymyalgia rheumatica.
- It is also increased in pregnancy, multiple myeloma, menstruation, and hypothyroidism.

Blood Group ABO & Rh Typing, Blood

Blood Group (ABO typing) "O"

Method : Manual-Hemagglutination

RhD Factor (Rh Typing) Positive

Method : Manual hemagglutination

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23863

Test Description	Value(s)	Reference Range	Unit
<u>Creatinine</u>			
Creatinine Method : Serum, Jaffe	0.72	0.60 - 1.30	mg/dL
<u>Uric acid, Serum</u>			
Uric Acid Method : Uricase, Colorimetric	4.83	3.4 - 7.0	mg/dL
<u>BUN, Serum</u>			
BUN-Blood Urea Nitroge Method : Serum, Urease	12	10 - 50	mg/dL

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Dear Sir,

I Kuru Behera not check up my TMT
Dental and eye etc because it is
far away from centre and ^{I am} in a hurry
because I left my 4 year child at
home.


Kuru Behera

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CARDIOPRINT

ID: 1984 CASE: KUNU BEHERA
AGE: 39 Y M D FEMALE
Cms K9

KUNU BEHERA
FEMALE

13/04/2024 11:38:13
ZENA HEAL THCARE
PLOT-119, SAHIDNAGAR, BHUBANESWAR

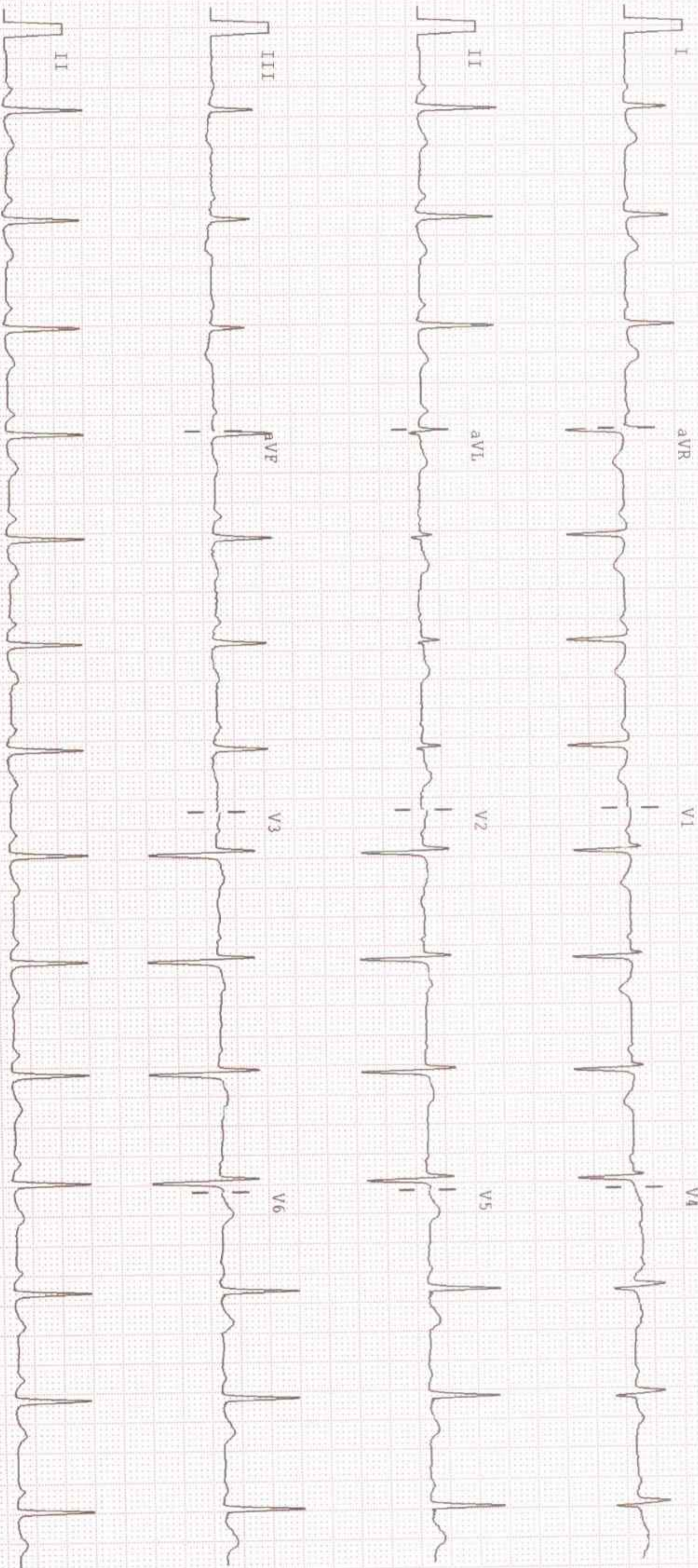
RATE : 84 bpm SINUS RHYTHM
R-R : 710 ms ANTERIOR T WAVE ABNORMALITY IS NONSPECIFIC
P-R : 132 ms
QRS : 80 ms
QT : 344 ms
QTc : 386 ms

--AXIS--
P : 60°
QRS : 58°
T : 12°

12 SL. REPORT FORMAT 3x4+1L SQ

REF:

DR:



25mm/sec 10mm/mV Notch ON HIC:ON 0.05-35Hz ALLENGERS PISCES 1012(VER-1.9) CLINICALLY CORRELATE THE FINDINGS



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ZENA HEALTHCARE SERVICES

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NAME:-KUNU BEHERA
AGE:-39YRS
Patient ID:-8

REFERRAL:-MEDI-WHEEL
DATE:-13.04.2024
SEX:-FEMALE

CHEST X-RAY PA VIEW SHOWS.

- Both side lung fields are clear.
- Trachea within normal limit.
- Both costophrenic cardiophrenic angle are clear.
- Cardiac shadow within normal limit.
- Media stinum in position

IMPRESSION:-NORMAL STUDY.

Bashan

Dr.Bhagaban Pradhan
M.D. (Radio diagnosis)
Consultant Radiologist

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MATERNITY CARE HOSPITAL

NAME: KUNU BEHERA

SONOGRAPHER : DR.PARUL PATI

AGE-39Y/F

DATE-13/04/2024

USG OF WHOLE ABDOMEN

LIVER: normal in size, shape and parenchymal echotexture. No. SOL seen. Intrahepatic billiary channels normal in caliber and contains no echogenic structure. Portal and hepatic vascular systems within normal limits. P. V. measures 7.2mm.

Gall bladder- Normal seen

SPLEEN : Normal in size, shape and parenchymal echotexture. Spleen measures 11.0cm.

PANCREAS: Normal in size, shape and parenchymal echotexture. Pancreatic duct not dilated.

KIDNEYS: Both the kidneys normal in size, shape and position. Renal cortical echotexture is within normal limits. Cortico medullary differentiation maintained. No evidence of any calculus or hydronephrosis on both sides. Pelvi-calyceal systems appear normal. No focal lesion seen.

- Left kidney measures: 9.8 x 5.5cms.
- Right kidney measures: 8.9 x 4.3cms.

URETERS: Both ureters not visualized (normal).

Appendix- not visualized.

uterus : *uterus is normal in size shape 64.61 X48.38X44.18MM size, and normal endometrium seen in cavity.*

Ovary- Both ovary polycystic *in echopattern*

Cervix-*cervical canal normal , cervix normal*

POD- *is free of fluid or sol*

Impression:Normal study of abdomen and both ovary polycystic.

Parul Pati
DR. PARUL PATI (O&G MD)
Regd. No: 5569
MATERNITY CARE HOSPITAL & IVF CENTER
A-142/A-143. Sahid Nagar. Bhubaneswar



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Test Description	Value(s)	Reference Range	Unit
Thyroid Profile (T3, T4, TSH)			
T3-Total Method : CLIA	1.63	0.87 - 2.73	ng/dL
T4-Total Method : CLIA	8.62	6.09 - 12.23	ug/dL
TSH-Ultrasensitive Method : CLIA	2.34	0.45 - 4.5 First Trimester : 0.1-2.5 Second Trimester : 0.2-3.0 Third trimester : 0.3-3.0	uIU/mL

Interpretation

TSH	T3	T4	Suggested Interpretation for the Thyroid Function Tests Pattern
Raised	Within range	Within range	Raised Within Range Within Range .Isolated High TSH especially in the range of 4.7 to 15 mIU/ml is commonly associated with Physiological & Biological TSH Variability. Subclinical Autoimmune Hypothyroidism. Intermittent 14 therapy for hypothyroidism .Recovery phase after Non-Thyroidal illness"
Raised	Decreased	Decreased	Chronic Autoimmune Thyroiditis Post thyroidectomy, Post radioiodine Hypothyroid phase of transient thyroiditis"
Raised or within range	Raised	Raised or within range	Interfering antibodies to thyroid hormones (anti-TPO antibodies) Intermittent 14 therapy or T4 overdose •Drug interference- Amiodarone, Heparin, Beta blockers, steroids, anti-epileptics.
Decreased	Raised or within range	Raised or within range	Isolated Low TSH -especially in the range of 0.1 to 0.4 often seen in elderly & Range Range associated with Non-Thyroidal illness .Subclinical Hyperthyroidism .Thyroxine ingestion"
Decreased	Decreased	Decreased	Central Hypothyroidism .Non-Thyroidal illness .Recent treatment for Hyperthyroidism (TSH remains suppressed)"
Decreased	Raised	Raised	Primary Hyperthyroidism (Graves' disease). Multinodular goitre, Toxic nodule •Transient thyroiditis: Postpartum, Silent (lymphocytic), Postviral (granulomatous, subacute, DeQuervain's), Gestational thyrotoxicosis with hyperemesis gravidarum"
Decreased Within Rang	Raised	Within range	T3 toxicosis •Non-Thyroidal illness
Within range	Decreased	Within range	Isolated Low T3-often seen in elderly & associated Non-Thyroidal illness In elderly the drop in T3 level can be upto 25%.

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