MEERUT HISTO-PATHOLOGY CENTRE MEERUT

Dr.Medha Jain

M.D (Path)

PATHOLOGIST

302 Western Kutcheri

(Opp Tyagi Hostel)

Ph-0121-4009679,9927286318

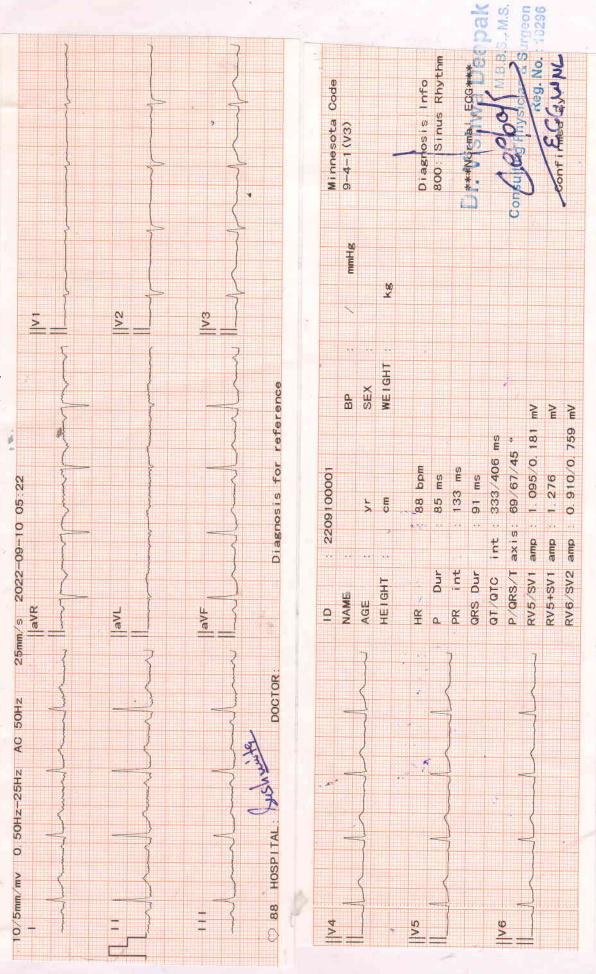
	PHYSICAL AS	SESSMEST FORMAT
Date of Examination	10/09/22	
NAME	sush mit 9	
DOB	14/12/1994	Gender FEM9/C WEIGHT (Kg) 50 ABDOMEN (cm) 85,
HEIGHT (cm)	156	WEIGHT (Kg) 50
CHEST (cm)	91	ABDOMEN (cm) 85
B.P	130/76	
Present Ailments (if any)	Mio	
Details of Past ailments any surgery or hospitalization or Blood transfusion	μίο	
Details On Medications (if any)	Nico	
HABITS (Tobacco /Alcohol ect.)	Mic	
BMI	20.5	

Insured's Sign

Consulting Doctors Sign Surgeo

exploit atindens

S45hmita 10/09/22.





Quality Management Services ISO-9001:2015 Certified Lab

MEERUT HISTOPATHOLOGY CENTRE

Laboratory Test-Report

REFERRED BY : Ms. Sushmita : Dr.D.O.B.

SAMPLE : Blood, Urine

DATE : 10/09/2022

AGE :

SAMPLE : Blood, Urine		6	AGE : SEX : Female	
TEST NAME	RESULTS	UNITS	REFRANGE	
	HAEMATOLO	GY		
Complete Blood Counts	4			
HAEMOGLOBIN	10.4			
TOTAL LEUCOCYTE COUNT:		GM%	10 - 16	
DIFFERENTIAL LEUCOCYTE COUNT:	6,700 cells	/Cu mm	4,500-11,000	
Neutrophils:			7-10 12/000	
Lymphocytes:	68	%.	50-70	
Eosinophils:	25	%.	25-40	
Monocytes:	04	%.	1-4	
Basophils:	03	%.		
TOTAL R.B.C. COUNT	00	%.	3-8	
PLATELET COUNT :	3.4		0-1	
P.C.V.	280	million/cu	mm 4.5 - 6.5	
	30.5	thousand	cum 150-450	
MCV .	89.7	%.	35 - 54	
MCH	30.5	fL	76-98	
MCHC	34.1	pg	27 - 32	
E.S.R. (Westergren Method):	34.1	g/dl	31-35	
*	00		0-20	
	08	mm in 1st		
BLOOD GROUP:			· · · · · · · · · · · · · · · · · · ·	
Major Blood Group :			7/ 6	
Rh Blood Group :	Α			
Kir blood Group ;	POSITIVE	***		
	(Comment)	3		
orward grouping by SLIDE METHOD.				
all NEGATIVE blood groups to be confirmed	d at an authorized blood b	onla		
	PTOCLIENTOWN	ank.		
LOOD SUGAR (FASTING)	BIOCHEMISTRY			
LOOD SOUAR (PASTING)	84.6	mg/dL	70 100	
COD LIDEA METERO COL		mg/dL	70 - 100	
OOD UREA NITROGEN :	10.2	- 6.41		
ERUM CREATININE :	0.9	mg/dL.	5 - 25	
		mg/dL.	0.8 - 1.5	
PID PROFILE:				
RUM TRIGYCERIDE:	140.2	2		
RUM CHOLESTEROL:		mg/dl	50-160	
DL CHOLESTEROL :	172.3	mg/dL.	130 - 200	
DL CHOLESTEROL :	55.6	mg/dL.	30 - 70	
L CHOLESTEROL :	28.0	mg/dL.	25 - 40	
- SHOLESTEROE.	88.7	mg/dL.		
OL/HDL CHOLEGED -	, A1"	mg/dL.	85 - 150	
OL/HDL CHOLESTROL RATIO	3.1	Low Diel		
		Low Risk	0.0 - 3.5	
		Mod.Risk	3.5 - 5.0	
dr. cm. c	1.0	High Risk	> 5.0	
_/HDL RATIO	10	Mormal Danel	Library Manual Manual Control	
./HDL RATIO	1.6	Normal Rang	eus imeana iai	
JHDL RATIO	1.6	High Risk	Drs-Medha jai	
/HDL RATIO		High Risk	> 3NA.B.B.S., (M.D. Pat	
/HDL RATIO	{End of Report}	High Risk		

DR. KUMKUM DEEPAK MEMORIAL CENTRE, 302, W.K. ROAD, MEERUT

CALL: 0121-4009679, 9639688806, 09927286318, 7906584952, 9639251854 24 Hour Service, Home Visit



Quality Management Services ISO-9001:2015 Certified Lab

Laboratory Test-Report

MEERUT HISTOPATHOLOGY CENTRE

REFERRED BY SAMPLE : Ms. Sushmita : Dr.D.O.B. : Blood, Urine

DATE : 10/09/2022

AGE

SEX

: Female

TEST	NΔ	MF
	LL / -	

A: G RATIO:

SERUM URÎC ACID :

R	ES	UL	TS

UNITS

REF.-RANGE

	BIOCHEMISTRY		
LIVER FUNCTION TEST SERUM BILIRUBIN: TOTAL: DIRECT: INDIRECT: S.G.P.T.: S.G.O.T.:	0.58 0.26 0.32 18.6 23.4	mg/dL. mg/dL. mg/dL. U/L U/L	0.2 - 1.0 0.1 - 0.3 0.2 - 0.7 5 - 45 5 - 45
G.G.T.P.: SERUM ALK. PHOSPHATASE: SERUM PROTEINS: TOTAL PROTEINS: ALBUMIN: GLOBULIN:	19.8 96.3 7.2 4.5 2.7	U/L IU/L. Gm/dL. Gm/dL.	5.0-35.0 (37 C) 65-160 5.5 - 8.5 3.5 - 5.5

GLYCOSYLATED HAEMOGLOBIN A1c

5.2

1.6

4.3

0/0

Gm/dL.

mg/dL.

4.3 - 6.4

2.3 - 3.5

2.5 - 7.0

Clinical significance: The HbA1c concemtration in blood is directly proportional to the mean concentration of glucose prevailing in the previous 6-8 wks, equivalent to the life time of erythrocytes.

Normal Range :-

Non-Diabetics - 4.3 - 6.4% Goal 6.5 - 7.5% Good control 7.5 - 8.5%

Poor control > 8.5%

--{End of Report}--

Dr. Medha jain
M.B.B.S., (M.D. Path)
Consultant Pathologist
Reg. No. - G-33290 Gujrat
CMO. Reg. No. - MRT 869/Meerut

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MEERUT HISTOPATHOLOGY CENTRE

: Ms. Sushmita

REFERRED BY SAMPLE

: Dr.D.O.B. : Blood, Urine DATE : 10/09/2022

AGE

SEX : Female

TEST NAME

RESULTS

UNITS

REF.-RANGE

HORMONE

THYROID PROFILE: Triiodothyronine (T3):

Thyroxine (T4):

THYROID STIMULATING HORMONE(TSH)

1.91

98.2

2.55

Low Levels of T3 & T4 are seen in Non-Thyroidal illness

High Levels of T3 & T4 are found in and T3 Thyrotoxicosis

TSH Levels are raised in

TSH Levels are Low in

nmol/litre. 0.95 - 2.5

nmol/litre. 60 - 120 micro Iu/ml 0.20 - 5.0

- Primary, Secondary & Tertiary Hypothyroidism and sorce

- Grave's Disease, Hyperthyroidism, Thyroid hormone registance

- Primary Hypothyroidism

- Hyperthyroidism, Secondary Hypothyroidism.

CLINICAL PATHOLOGY

URINE EXAMINATION REPORT: PHYSICAL EXAMINATION:

Volume:

Colour:

Appearance:

Odour:

Sediments:

Sp. Gravity:

BIOCHEMICAL EXAMINATION:

Sugar:

Albumin:

Reaction:

MICROSCOPIC EXAMINATION:

Red Blood Cells:

Pus Cells:

Epithelial Cells:

20

Pale Yellow

Clear

Aromatic

Nil

1005

Nil

Nil

Acidic

Nil

2-3

4-6

/H.P.F.

/H.P.F.

/H.P.F.

--{End of Report}--



M.B.B.S., (M.D. Path) Consultant Pathologist Reg. No. - G-33290 Gujrat CMO. Reg. No. - MRT \$69/Meerut

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All Investigations have their limitation which are imposed by the limits of sensitivity and specificity of individual assay procedures as well as the specimen received by the laboratory. Isolated laboratory investigation never confirm the final diagnosis of the disease. They only help in arriving at a diagnosis in conjunction with clinical presentation and other related investigation. NOT FOR MEDICO LEGAL PURPOSE



◆ UPMCI 35779 ◆ CMO Reg. No. 1921 ◆ MRT/PNDT/GC/2006/206

DIAGNOSTIC CENTRE

ADDRESS : INDIRA CHOWK, HAPUR ROAD, MEERUT.

TEL.: 0121-4050050 MOB.: 9837072571

Patient's Name	SUSHMITA	Age /Sex	27 Y/F
Referred By		Dated	10 SEP 2022

X- RAY CHEST PA VIEW

Soft tissue and bony thorax is normal.

Trachea is normal.

Both domes of diaphragm are normal.

Both C. P. angles are normal.

Both hila are normal.

Vascular marking are normal.

C.T. ratio is normal.

IMPRESSION

NO OBVIOUS ABNORMALITY DETECTED

DR. TANUJ GARG, MD CONSULTANT RADIOLOGIST

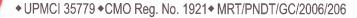


F CHEST PA 10-09-2022 10:06 AM SUSHMITA 27 YRS 2269











DIAGNOSTIC CENTRE

ADDRESS: INDIRA CHOWK, HAPUR ROAD, MEERUT.

TEL.: 0121-4050050 MOB.: 9837072571

Patient's Name	SUSHMITA	Age /Sex	27 Y/F
Referred By		Dated	10 SEP 2022

WHOLE ABDOMEN SONOGRAPHY

<u>LIVER</u> is normal in size. No focal lesion is seen. Intrahepatic biliary radicles are normal. Liver margins are normal.

GALL BLADDER is well filled. Wall thickness is normal. No pericholecystic fluid is seen. No calculus / focal mass is seen.

<u>CBD</u> is appears to be normal in caliber. No calculus is seen.

<u>PORTAL VEIN</u> appears to be normal in course and caliber.

PANCREAS is normal in shape, size and echotexture. MPD is normal.

SPLEEN is normal in shape, size and echotexture.

RIGHT KIDNEY is normal in size, shape and position and echotexture. Pelvicalyceal system is normal. No evidence of hydronephrosis or calculus is seen. Cortico medullary differentiation is maintained. Renal cortical thickness is normal. Renal margins are normal. LEFT KIDNEY is normal in size, shape and position and echotexture. Pelvicalyceal system is normal. No evidence of hydronephrosis or calculus is seen. Cortico medullary differentiation is maintained. Renal cortical thickness is normal. Renal margins are normal

<u>UTERUS</u> is normal in size. Measuring 70x40x37 mm. Myometrial echotexture is normal. Endometrium is 5.1 mm.

Right ovary is normal in shape and size and echotexture.

Left ovary is normal in shape and size and echotexture.

<u>URINARY BLADDER</u> is well filled, appears to be normal. No calculus is seen in the lumen. No significant residual urine volume is seen.

No evidence of retroperitoneal lymphadenopathy, bilateral pleural effusion or ascites is seen.

IMPRESSION:

NO OBVIOUS SONOLOGICAL ABNORMALITY DETECTED

DR. TANUJ GARG, MD CONSULTANT RADIOLOGIST

DIGITAL X-RAY COLOUR DOPPLER ULTRASOUND

July, 2021