

ETERNAL HOSPITAL MEDICAL TESTING LABORATORY

Patient Name	Mrs. TEJASWINI PATRA	Lab No	4002633
UHID	40001946	Collection Date	13/05/2023 9:23AM
Age/Gender	35 Yrs/Female	Receiving Date	13/05/2023 9:26AM
IP/OP Location	O-OPD	Report Date	13/05/2023 4:09PM
Referred By	EHS CONSUTANT	Report Status	Final
Mobile No.	9861549429		

BIOCHEMISTRY

Test Name	Result	Unit	Biological Ref. Range	Sample: Fl. Plasma
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BLOOD GLUCOSE (FASTING)

BLOOD GLUCOSE (FASTING)	99.6	mg/dl	74 - 106	
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Method: Hexokinase assay.

Interpretation:-Diagnosis and monitoring of treatment in diabetes mellitus and evaluation of carbohydrate metabolism in various diseases.

BLOOD GLUCOSE (PP)

BLOOD GLUCOSE (PP)	125.8	mg/dl	Non – Diabetic: - < 140 mg/dl Pre – Diabetic: - 140-199 mg/dl Diabetic: - >=200 mg/dl	Sample: PLASMA
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Method: Hexokinase assay.

Interpretation:-Diagnosis and monitoring of treatment in diabetes mellitus and evaluation of carbohydrate metabolism in various diseases.

THYROID T3 T4 TSH

T3	1.400	ng/mL	0.970 - 1.690	
T4	8.43	ug/dl	5.53 - 11.00	
TSH	2.96	μIU/mL	0.40 - 4.05	Sample: Serum

RESULT ENTERED BY : SUNIL EHS



Dr. MUDITA SHARMA

MBBS|MD| PATHOLOGY

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BIOCHEMISTRY

T3:- Method: ElectroChemiLuminescence ImmunoAssay - ECLIA

Interpretation:-The determination of T3 is utilized in the diagnosis of T3-hyperthyroidism the detection of early stages of hyperthyroidism and for indicating a diagnosis of thyrotoxicosis factitia.

T4:- Method: ElectroChemiLuminescence ImmunoAssay - ECLIA

Interpretation:-The determination of T4 assay employs a competitive test principle with an antibody specifically directed against T4.

TSH - THYROID STIMULATING HORMONE :- ElectroChemiLuminescenceImmunoAssay - ECLIA

Interpretation:-The determination of TSH serves as the initial test in thyroid diagnostics. Even very slight changes in the concentrations of the free thyroid hormones bring about much greater opposite changes in the TSH levels.

LFT (LIVER FUNCTION TEST)

Sample: Serum

BILIRUBIN TOTAL	0.49	mg/dl	0.00 - 1.20
BILIRUBIN INDIRECT	0.29	mg/dl	0.20 - 1.00
BILIRUBIN DIRECT	0.20	mg/dl	0.00 - 0.40
SGOT	16.9	U/L	0.0 - 40.0
SGPT	13.3	U/L	0.0 - 40.0
TOTAL PROTEIN	8.4	g/dl	6.6 - 8.7
ALBUMIN	4.8	g/dl	3.5 - 5.2
GLOBULIN	3.6		1.8 - 3.6
ALKALINE PHOSPHATASE	102.0 H	U/L	42 - 98
A/G RATIO	1.3 L	Ratio	1.5 - 2.5
GGTP	37.8	U/L	6.0 - 38.0

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BIOCHEMISTRY

BILIRUBIN TOTAL :- Method: DPD assay. Interpretation:-Total Bilirubin measurements are used in the diagnosis and treatment of various liver diseases, and of haemolytic and metabolic disorders in adults and newborns. Both obstruction damage to hepatocellular structure.

BILIRUBIN DIRECT :- Method: Diazo method Interpretation:-Determinations of direct bilirubin measure mainly conjugated, water soluble bilirubin.

SGOT - AST :- Method: IFCC without pyridoxal phosphate activation. Interpretation:-SGOT(AST) measurements are used in the diagnosis and treatment of certain types of liver and heart disease.

SGPT - ALT :- Method: IFCC without pyridoxal phosphate activation. Interpretation:-SGPT(ALT) Ratio Is Used For Differential Diagnosis In Liver Diseases.

TOTAL PROTEINS :- Method: Biuret colorimetric assay. Interpretation:-Total protein measurements are used in the diagnosis and treatment of a variety of liver and kidney diseases and bone marrow as well as metabolic and nutritional disorder.

ALBUMIN :- Method: Colorimetric (BCP) assay. Interpretation:-For Diagnosis and monitoring of liver diseases, e.g. liver cirrhosis, nutritional status.

ALKALINE PHOSPHATASE :- Method: Colorimetric assay according to IFCC. Interpretation:-Elevated serum ALT is found in hepatitis, cirrhosis, obstructive jaundice, carcinoma of the liver, and chronic alcohol abuse. ALT is only slightly elevated in patients who have an uncomplicated myocardial infarction. **GGTP-GAMMA GLUTAMYL TRANSPEPTIDASE** :- Method: Enzymatic colorimetric assay. Interpretation:- γ -glutamyltransferase is used in the diagnosis and monitoring of hepatobiliary disease. Enzymatic activity of GGT is often the only parameter with increased values when testing for such diseases and is one of the most sensitive indicator known.

LIPID PROFILE

TOTAL CHOLESTEROL	166		<200 mg/dl :- Desirable 200-240 mg/dl :- Borderline >240 mg/dl :- High
HDL CHOLESTEROL	56.4		High Risk :-<40 mg/dl (Male), <40 mg/dl (Female) Low Risk :->=60 mg/dl (Male), >=60 mg/dl (Female)
LDL CHOLESTEROL	87.7		Optimal :- <100 mg/dl Near or Above Optimal :- 100-129 mg/dl Borderline :- 130-159 mg/dl High :- 160-189 mg/dl Very High :- >190 mg/dl
CHOLESTERO VLDL	13.86	mg/dl	10 - 50
TRIGLYCERIDES	69.3		Normal :- <150 mg/dl Border Line:- 150 - 199 mg/dl High :- 200 - 499 mg/dl Very high :- > 500 mg/dl
CHOLESTEROL/HDL RATIO	2.94	%	

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CHOLESTEROL TOTAL :- Method: CHOD-PAP enzymatic colorimetric assay.

interpretation:-The determination of the individual total cholesterol (TC) level is used for screening purposes while for a better risk assessment it is necessary to measure additionally lipid & lipoprotein metabolic disorders.

HDL CHOLESTEROL :- Method:-Homogenous enzymetic colorimetric method.

Interpretation:-HDL-cholesterol has a protective against coronary heart disease, while reduced HDL-cholesterol concentrations, particularly in conjunction with elevated triglycerides, increase the cardiovascular disease.

LDL CHOLESTEROL :- Method: Homogenous enzymatic colorimetric assay.

Interpretation:-LDL play a key role in causing and influencing the progression of atherosclerosis and in particular coronary sclerosis. The LDL are derived form VLDL rich in TG by the action of various lipolytic enzymes and are synthesized in the liver.

CHOLESTEROL VLDL :- Method: VLDL Calculative

TRIGLYCERIDES :- Method: GPO-PAP enzymatic colorimetric assay.

Interpretation:-High triglycerde levels also occur in various diseases of liver, kidneys and pancreas. DM, nephrosis, liver obstruction.

CHOLESTEROL/HDL RATIO :- Method: Cholesterol/HDL Ratio Calculative

RENAL PROFILE TEST

Sample: Serum

UREA	18.4	mg/dl	16.60 - 48.50
BUN	8.6	mg/dl	6 - 20
CREATININE	0.67	mg/dl	0.50 - 0.90
SODIUM	142.1	mmol/L	136 - 145
POTASSIUM	3.86	mmol/L	3.50 - 5.50
CHLORIDE	102.5	mmol/L	98 - 107
URIC ACID	3.3	mg/dl	2.6 - 6.0
CALCIUM	8.67	mg/dl	8.60 - 10.30

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BIOCHEMISTRY

CREATININE - SERUM :- Method:-Jaffe method, Interpretation:-To differentiate acute and chronic kidneydisease.

URIC ACID :- Method: Enzymatic colorimetric assay. Interpretation:- Elevated blood concentrations of uricacid are renal diseases with decreased excretion of waste products, starvation,drug abuse and increased alcohol consume.

SODIUM:- Method: ISE electrode. Interpretation:-Decrease: Prolonged vomiting or diarrhea,diminshed reabsorption in the kidney and excessive fluid retention. Increase: excessive fluid loss, high salt intake andkidney reabsorption.

POTASSIUM :- Method: ISE electrode. Intrapretation:-Low level: Intake excessive loss formbodydue to diarrhea, vomiting renal failure, High level: Dehydration, shock severe burns, DKA, renalfailure.

CHLORIDE - SERUM :- Method: ISE electrode. Interpretation:-Decrease: reduced dietary intake,prolonged vomiting and reduced renal reabsorption as well as forms of acidosisand alkalosis.
Increase: dehydration, kidney failure, some form ofacidosis, high dietary or parenteral chloride intake, and salicylate poisoning.

UREA:- Method: Urease/GLDH kinetic assay. Interpretation:-Elevations in blood urea nitrogenconcentration are seen in inadequate renal perfusion, shock, diminished bloodvolume, chronic nephritis, nephrosclerosis, tubular necrosis, glomerularnephritis and UTI.

CALCIUM TOTAL :- Method: O-Cresolphthaleine complexone. Interpretation:-Increase in serum PTH or vit-D are usuallyassociated with hypercalcemia. Increased serum calcium levels may also beobserved in multiple myeloma and other neoplastic diseases. Hypocalcemia may beobserved in hypoparathyroidism, nephrosis, and pancreatitis.

Sample: WHOLE BLOOD EDTA

HBA1C	5.2	%		
			< 5.7%	Nondiabetic
			5.7-6.4%	Pre-diabetic
			> 6.4%	Indicate Diabetes
				Known Diabetic Patients
			< 7 %	Excellent Control
			7 - 8 %	Good Control
			> 8 %	Poor Control

Method : - High - performance liquid chromatography HPLC
 Interpretation:-Monitoring long term glycemic control, testing every 3 to 4 months is generally sufficient.
 The approximate relationship between HbA1C and mean blood glucose values during the preceding 2 to 3 months.

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BLOOD BANK INVESTIGATION

Test Name	Result	Unit	Biological Ref. Range
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BLOOD GROUPING	"B" Rh Positive		
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Note :

1. Both forward and reverse grouping performed.
2. Test conducted on EDTA whole blood.

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HEMATOLOGY

Test Name	Result	Unit	Biological Ref. Range
<u>CBC (COMPLETE BLOOD COUNT)</u>			
Sample: WHOLE BLOOD EDTA			
HAEMOGLOBIN	12.0	g/dl	12.0 - 15.0
PACKED CELL VOLUME(PCV)	37.5	%	36.0 - 46.0
MCV	89.3	fl	82 - 92
MCH	28.6	pg	27 - 32
MCHC	32.0	g/dl	32 - 36
RBC COUNT	4.20	millions/cu.mm	3.80 - 4.80
TLC (TOTAL WBC COUNT)	7.39	10 ³ / uL	4 - 10
<u>DIFFERENTIAL LEUCOCYTE COUNT</u>			
NEUTROPHILS	66.0	%	40 - 80
LYMPHOCYTE	28.0	%	20 - 40
EOSINOPHILS	0.8 L	%	1 - 6
MONOCYTES	4.5	%	2 - 10
BASOPHIL	0.7 L	%	1 - 2
PLATELET COUNT	2.39	lakh/cumm	1.500 - 4.500

HAEMOGLOBIN :- Method:-SLS HemoglobinMethodology by Cell Counter.Interpretation:-Low-Anemia, High-Polycythemia.
MCV :- Method:- Calculation bysystemex.
MCH :- Method:- Calculation bysystemex.
MCHC :- Method:- Calculation bysystemex.
RBC COUNT :- Method:-Hydrodynamicfocusing.Interpretation:-Low-Anemia,High-Polycythemia.
TLC (TOTAL WBC COUNT) :- Method:-Optical Detectorblock based on Flowcytometry.Interpretation:-High-Leucocytosis, Low-Leucopenia.
NEUTROPHILS :- Method: Optical detectorblock based on Flowcytometry
LYMPHOCYTS :- Method: Optical detectorblock based on Flowcytometry
EOSINOPHILS :- Method: Optical detectorblock based on Flowcytometry
MONOCYTES :- Method: Optical detectorblock based on Flowcytometry
BASOPHIL :- Method: Optical detectorblock based on Flowcytometry
PLATELET COUNT :- Method:-Hydrodynamicfocusing method.Interpretation:-Low-Thrombocytopenia, High-Thrombocytosis.
HCT: Method:- Pulse Height Detection. Interpretation:-Low-Anemia, High-Polycythemia.
 NOTE: CH- CRITICAL HIGH, CL: CRITICAL LOW, L: LOW, H: HIGH

ESR (ERYTHROCYTE SEDIMENTATION RATE)	15	mm/1st hr	0 - 15
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Method:-Modified Westergrens.

Interpretation:-Increased in infections, sepsis, and malignancy.

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Test Name	Result	Unit	Biological Ref. Range
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USG REPORT - ABDOMEN AND PELVIS

LIVER:

Is normal in size (~149 mm) and uniform echo texture. No obvious focal lesion seen. No intra - Hepatic biliary radical dilatation seen.

GALL BLADDER:

Adequately distended and shows few calculi within, largest 14.1 mm with no obvious wall thickening/pericholecystic fat stranding/fluid. No obvious polyp/mass seen within.

PANCREAS:

Appears normal in size and it shows uniform echo texture.

SPLEEN:

Is normal in size (~91 mm) and shows uniform echogenicity.

RIGHT KIDNEY:

Right kidney measures 104 x 44 mm.

The shape, size and contour of the right kidney appear normal.

Corticomedullary differentiation is maintained. No evidence of pelvicalyceal dilatation.

No calculi seen.

LEFT KIDNEY:

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Left kidney measures **104 x 52 mm**.

The shape, size and contour of the left kidney appear normal.

Corticomedullary differentiation is maintained. No evidence of pelvicalyceal dilatation.

No calculi seen.

BLADDER:

Is normal contour. No intra luminal echoes are seen.

UTERUS:

Uterus measures ~**45 x 59 x 84 mm**, anteverted.

Endometrial thickness measures ~ **6.3 mm**.

No focal lesion noted.

Menstrual cup seen in situ.

ADNEXA:

No obvious adnexal mass lesion.

RIGHT ILIAC FOSSA:

No focal fluid collections seen.

IMPRESSION:

Cholelithiasis.

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USG

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