



# OnePLUS Ultrasound Lab

— QUALITY FIRST... ALWAYS! —

ITDOSE INFOSYSTEMS PVT. LTD.

**Dr. Nitin Agarwal**  
Pathologist & Director  
Ex. Sr. Res. MAMC  
& Lok Nayak Hospital  
Ex. Chief of Lab Dr. Lal Path Labs.

**Dr. Pooja (Garg) Agarwal**  
Radiologist & Director  
MAMC & Lok Nayak Hospital



NAME	:Mrs. KIRAN LATA	Barcode No	:10114249
AGE/GENDER	:47 YRS/Female	SPECIMEN DATE	:26/Feb/2022 10:44AM
PATIENT ID	:91746	SPECIMEN RECEIVED	:26/Feb/2022 10:56AM
REFERRED BY	:Dr. MEDIWHEEL	REPORT DATE	:26/Feb/2022 03:11PM
CENTRE NAME	:ONEPLUS ULTRASOUND LAB	LAB NO.	:012202260035

Test Name	Result	Unit	Ref. Range
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### HAEMATOLOGY

#### Health checkup 2 Female

<b>Glycosylated Hemoglobin (HbA1c)</b>	5.1	%	Non Diabetic adults <5.7 Prediabetic (at risk) 5.7-6.4 Diabetes >6.4
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<b>Estimated average blood glucose (eag)</b>	100
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#### Reference range (mg/dl):

90 - 120:Excellent control, 121 - 150:Good Control, 151 - 180:Average Control, 181 - 210:Action Suggested

>211:Panic value

<b>BLOOD GROUP (ABO)</b>	B
<b>Rh typing</b>	POSITIVE

#### NOTE :

- \* Apart from major A,B,H antigens which are used for ABO grouping and Rh typing, many minor blood group antigens exist. Agglutination may also vary according to titre of antigen and antibody.
- \* So before transfusion, reconfirmation of blood group as well as cross-matching is needed.
- \* Presence of maternal antibodies in newborns, may interfere with blood grouping.
- \* Auto agglutination (due to cold antibody, falciparum malaria, sepsis, internal malignancy etc.) may also cause erroneous result.

### CBC

Haemoglobin	9.5	g/dl	11.5-15.0
Total Leucocyte Count	4100	/cumm	4000-10000
<b>Differential leucocyte count</b>			
Neutrophils	56.2	%	40-80
Lymphocyte	34.70	%	20-40
Monocytes	5.30	%	2-10
Eosinophils	3.3	%	1-6
Basophils	0.5	%	0-2
RBC Count	3.50	million/cumm	3.8-4.8

Checked By.

DR. NITIN AGARWAL  
MBBS, MD (PATHOLOGIST)  
M B B S , MD (Path)

47, Harsh Vihar, Pitampura, New Delhi-110034 | Ph.: 011-42480101, 9599913051 DMC/R/01436

E-mail: oneplusul@gmail.com | Web.: www.oneplusul.in

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PCV(Hematocrit)	31.8	%	36-46
MCV	90.7	fL	83-101
MCH	27.2	Pg	27-32
MCHC	30	G/dL	32-35
Platelet count	182000	/cumm	150000-450000
RDW-CV	19.3	%	11.4-14.0
ESR(WESTEGRENs METHOD)	10	mm/1hr	<20

### BIOCHEMISTRY

<u>Blood sugar fasting</u>	83	mg/dL	70-110
<u>Bun (blood urea nitrogen )</u>	14.20	mg/dl	7-18.7
<u>Uric acid, serum</u>	4.6	mg/dl	2.4-5.7
<u>Creatinine, serum</u>	0.80	mg/dl	0.50-0.9

### LFT(LIVER FUNCTION TEST)

Bilirubin Total	0.54	mg/dl	0.1-1.2
Bilirubin Conjugated	0.28	mg/dl	0-0.4
Bilirubin Unconjugated	0.26	mg/dl	up to 0.7
SGOT (AST)	25	U/L	0-31
SGPT (ALT)	24	U/L	<34
Alkaline phosphatase	95	U/L	35-104
Gamma glutamyl transpeptidase	28	U/L	<39
Total Protein	6.8	gm/dl	6.60 - 8.70
Albumin	3.8	g/dL	3.8-5.1
Globulin	3.00	gm/dl	1.8-3.4
Albumin/Globulin Ratio	1.27		1.10 - 2.50

### LIPID PROFILE

Cholesterol	203	mg/dl	50-200
Triglycerides	135	mg/dL	25-150
HDL Cholesterol	45	mg/dL	30 - 70

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DMC/R/01436

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47, Harsh Vihar, Pitampura, New Delhi-110034 | Ph.: 011-42480101, 9599918055 | E-mail: oneplusul@gmail.com | Web.: www.oneplusul.in





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Test Name	Result	Unit	Ref. Range
LDL cholesterol	<b>131</b>	mg/dL	< 130
VLDL cholesterol	27.0	mg/dL	5-40
Cholesterol/HDL Ratio	4.5		Low Risk 3.3-4.97 Average Risk 4.4-7.1 Moderate Risk 7.1-11.0 High Risk >11.0
LDL/HDL Ratio	2.9		0 - 3.55

According to ATP III and NCEP guidelines

Parameter	Normal	Desirable	Borderline	High
Total cholesterol	<200	200-239		240
Triglycerides	<150	150-199	200-499	500
LDL	Optimal <100 Near Optimal 100-129	130-159	160-180	190
HDL	<40 : LOW 60 : HIGH			

## ENDOCRINOLOGY

### THYROID PROFILE(T3,T4,TSH)

Triiodothyronine total [t3]	0.85	ng/dl	0.52-1.9
Thyroxine total [t4]	7.90	µg/dl	4.8-11.6
TSH (Thyroid Stimulating Hormone)	4.50	µIU/ml	0.25-5.0

### AGE WISE VARIATION IN TSH

AGE	TSH(µIU/ml)	AGE	TSH(µIU/ml)
1-4 weeks	1.00 - 19.0	16-20 yrs	0.25 - 5.0
1-12 mths	1.70 - 9.1	21 - 80 yrs	0.25 - 5.0
1-5 yrs	0.80 - 8.2	I <sup>st</sup> trimester	0.25 - 5.0
6-10 yrs	0.25 - 5.0	II <sup>nd</sup> trimester	0.50 - 5.0
11-15 yrs	0.25 - 5.0	II <sup>rd</sup> trimester	0.4 - 6.0

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DR. NITIN AGARWAL

Dr NITIN AGARWAL (MBBS, MD (Pathologist))

MBBS, MD (Path)

011-42480101

47, Harsh Vihar, Pitampura, New Delhi-110034 | Ph.: 011-42480101, 9599913050

E-mail: oneplusul@gmail.com | Web.: www.oneplusul.in

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Clinical correlation is essential for final diagnosis. • If test results are unsatisfactory please contact personally or on phone. • This report is for perusal of doctors only. • All disputes Subject to Delhi Jurisdiction only. • Not for medicolegal purposes. • All congenital anomalies in a foetus may not be diagnosed in routine obstetric ultrasound.



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### Reference ranges - Interpretation of Diagnostic tests - (Jacques Wallach)

1. Primary hypothyroidism is accompanied by depressed serum T3 and T4 values and elevated serum TSH level.
2. Primary hyperthyroidism is accompanied by elevated serum T3 and T4 levels along with depressed TSH values.
3. Slightly elevated T3 levels may be found in pregnancy and estrogen therapy, while depressed levels may be encountered in severe illness, renal failure and during therapy with drugs like propranolol and propyl thiouracil.
4. Although elevated TSH levels are nearly always indicative of primary hypothyroidism, and may be seen in secondary thyrotoxicosis

## CLINICAL PATHOLOGY

### URINE ROUTINE

#### Physical examination

Quantity	20	ML
Colour	PALE YELLOW	
Transparency	SLIGHTLY TURBID	CLEAR
Sp.gravity	1.020	1.010-1.030
pH	6.00	
Reaction	ACIDIC	ACIDIC

#### Chemical examination

Urine protein	NIL	NIL
Urine sugar	NIL	NIL
Bilirubin, urine	NEGATIVE	NEGATIVE
Urobilinogen	NORMAL	NORMAL
Ketones	NEGATIVE	NEGATIVE


#### Microscopic examination

<b>Pus cells.</b>	2-3	/HPF	1-2
Epithelial cells	4-6	/HPF	0-5
R.B.C.	NIL	/HPF	NIL
Casts	NIL	/HPF	NIL
Crystals	NIL	/HPF	NIL
Bacteria	NIL	/HPF	NIL
Others.	NIL		NIL

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DR. NITIN AGARWAL  
MBBS, MD (Pathology) (Diploma)  
Dr. NITIN AGARWAL  
MBBS, MD (Path)  
DMC/R/01436

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\*\*\* End Of Report \*\*\*

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