



Patient Name: Mrs. POOJA
Age / Gender : 30 Years 0 Months 0Days / Female
Referred By : Dr. KARAN CHAUDHARY
Req.No : 2130941
Patient Type : OPD

UHID : 20283
IPNO :
Registered : 10/09/2022/ 10.28 AM
Reported on : 10/09/2022/ 12.57 PM

HAEMATOLOGY
COMPLETE HAEMOGRAM

TEST NAME	RESULT	UNITS	BIOLOGICAL REFERENCE INTERVAL
Haemoglobin	12.5	gms/dL	12.0 - 15.0
Total Leucocyte Count	7600		4000 - 10000
<u>DIFFERENTIAL COUNT</u>			
Neutrophils.	70	%	50.0 - 80.0
Lymphocytes.	25	%	25.0 - 50.0
Monocytes.	04	%	02 - 10.0
Eosinophils.	01	%	0.0 - 5.0
Basophils.	00	%	0.0 - 01
E.S.R..	15	mm/hr	
Platelet Count	2.06	Lacs/cub.mm	1.50 - 4.50
Red Blood Cell Count	4.3	millions/cmm	4.0 - 6.0
Packed Cell Volume	38.7	%	35.0 - 47.0
Mean Corpuscular Volume	89.1	fL	83 - 101
Mean Corpuscular Haemoglobin	28.8	Picogrammes	27.0 - 32.0
Mean Corpuscular Hb Conc	32.3	%	32 - 36
Mpv	14.0	fl	7.8 - 11.0
Rdw	12.0	%	11.5 - 14.0

Method: Method : Aperture Sensor System & Focussed flow impedance.


**Performed on fully automatically Counter Merilyzer CELQUANT 5 / External QC By AIIMC,Delhi.

****** End of Report ******

Please Correlate With Clinical Findings If Necessary Discuss
* This is an Electronically Authenticated Report *


Lab Technician

Dr. Seema kazmi
MD (Microbiology)


Dr. Sonali
MBBS MD (Pathology)

(This is only professional opinion and not the diagnosis, Please correlate clinically)

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BIOCHEMISTRY

LIPID PROFILE (TOTAL CHOLESTEROL LDL HDL TRIGLYCERIDES)

TEST NAME	RESULT	UNITS	BIOLOGICAL REFERENCE INTERVAL
LIPID PROFILE			
SERUM CHOLESTROL	178	mg/dl	0 - 200
Serum Triglycerides	116	mg/dl	Up to 150
HDL Cholesterol	46	mg/dl	40 - 60
LDL Cholesterol	135.87	mg/dl	Optimal <100, Above Opt. 100-129 -high 160-189
Ldl Cholesterol/Hdl Ratio	2.95		Desirable Level : 0.5 - 3.0 Borderline Risk : 3.0 - 6.0 High Risk : > 6.0
Total Cholesterol/Hdl Ratio	3.87		Low Risk : 3.3 - 4.4 Average Risk : 4.5 - 7.1 Moderate Risk : 7.2 - 11.0 High Risk : > 11.0
VLDL Cholesterol	23.2	mg/dL	*Less than 30

*Automated Direct HDL And LDL Estimation.

*Results of these tests should always be interpreted in conjunction with patients medical history, clinical presentation and other findings.

*Performed on fully Automated Merilyzer AutoQuant 400 i BioChemistry Analyser


*External Quality Control by Biorad Laboratory.

****** End of Report ******

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BIOCHEMISTRY
KIDNEY FUNCTION TEST

TEST NAME	RESULT	UNITS	BIOLOGICAL REFERENCE INTERVAL
<u>Kidney Function Test</u>			
Serum Urea	16	mg/dL	13 - 45
Serum Creatinine	0.8	mg/dL	Female: 0.6 - 1.2
Serum Uric Acid	5.9	mg/dL	Adult Female: 2.5 - 6.8
BUN	7.47	mg/dl	6 - 21
Serum Sodium	137	meq/l	136 - 145
Serum Potassium	4.4	meq/l	3.5 - 5.5
Total Protein	6.7	g/dL	6.0 - 8.3
Albumin Serum	3.8	g/dl	3.2 - 5.0
Globulin	2.9	gm/dl	2.3 - 4.5
A/G Ratio	1.31		


*Results of these tests should always be interpreted in conjunction with patients medical history, clinical presentation and other findings.
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 *External Quality Control by CMC Vellore.

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CLINICAL PATHOLOGY

TEST NAME	VDRL	UNITS	BIOLOGICAL REFERENCE INTERVAL
VDRL(RPR TEST)	Non-Reactive		
LOT NO	R674077		
KIT USED	Tulip diagnostics		


Note: In absence of supporting clinical or epidemiological evidence reactive sample must be confirmed with specific treponemal test .
 Primary Syphilis: Reactive 3-5 weeks After infection .
 Secondary Syphilis : Reactive.
 Latent Syphilis : non-reactive .
 Late Syphilis :non-reactive .
 With treatment : primary : test becomes non-reactive after 6 months . secondary : test becomes non -reactive after 12-18 months .

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 Covid
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CLINICAL PATHOLOGY

URINE ROUTINE MICROSCOPY

TEST NAME	RESULT	UNITS	BIOLOGICAL REFERENCE INTERVAL
<u>PHYSICAL EXAMINATION</u>			
Volume.	45	ml	
Colour.	YELLOW		
Appearance.	Hazy		
<u>CHEMICAL EXAMINATION</u>			
Reaction.	Acidic		
Blood.	NIL		
Albumin	Traces		
Sugar .	NIL		
<u>MICROSCOPIC EXAMINATION</u>			
Pus Cell	4-5		0 - 5
Red Blood Cells	NIL		0 - 2
Epithelial Cells.	2-3		0 - 7
Casts	NIL		
Crystals.	NIL		
Bacteria	NIL		
Other.	NIL		

Albumin test positive by Multistrip Method is confirmed by Sulphosalicylic acid method.

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REF BY	Dr. Karan Chaudhary	WARD-BED	OPD

ULTRASOUND SCAN OF LOWER ABDOMEN

- **Both Kidneys** show normal echotexture and outline. Cortico-medullary differentiation well maintained. *Few suspicious echogenic foci are noted at mid pole and lower pole of left kidney ?concretion.*
- **Urinary Bladder** is empty (patient is unable to hold urine).
- No obvious pelvic mass or lesion is seen.
- No free fluid in abdomen/pelvis.

Advice:- USG Pelvis if clinically indicated for evaluation of uterus and adnexa

Note:- Less than 5mm calculi are not well appreciated on USG alone, and further NCCT is advised if clinically indicated

For clinical correlation & evaluation.

DR. ISHAN GOEL
MBBS, MD, FRCR (U.K), M.MED (SING.)
CONSULTANT RADIOLOGIST
DMC NO- 8086 IS/R

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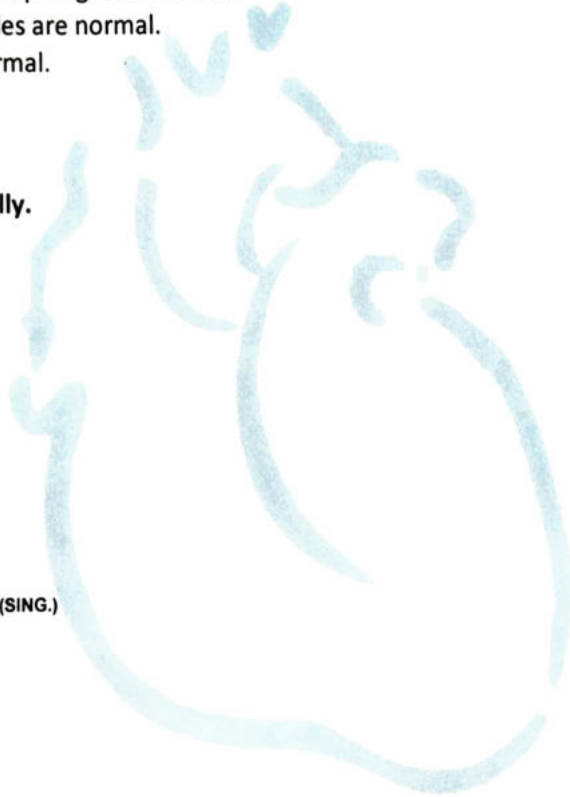
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X-RAY CHEST PA VIEW

- Visualized lung fields appear normal.
- B/L hila appear normal.
- Cardio thoracic ratio is normal.
- Both domes of diaphragm are normal.
- Bilateral CP angles are normal.
- Bony cage is normal.

Please Correlate Clinically.

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