

MEERUT HISTO-PATHOLOGY CENTRE MEERUT

Dr. Medha Jain

M.D (Path)

PATHOLOGIST

302 Western Kutcheri

(Opp Tyagi Hostel)

Ph-0121-4009679,9927286318

PHYSICAL ASSESSMENT FORMAT	
Date of Examination	28/01/23
NAME	Pinky
DOB	02/04/1984
HEIGHT (cm)	158
CHEST (cm)	99
B.P	120/78
Present Ailments (if any)	Nil
Details of Past ailments any surgery or hospitalization or Blood transfusion	Nil
Details On Medications (if any)	Nil
HABITS (Tobacco /Alcohol ect.)	Nil
BMI	29.6

Insured's Sign

Pinky

Dr. Vishwa Deepak
M.B.B.S., M.S.
Consulting Physician & Surgeon
Reg. No: 18296

Pink 28/01/23



Diagnosis for reference

DOCTOR:

HOSPITAL:

Lead	ID	Name	Age	Sex	Height	Weight	BP	Minnesota Code
V4	2301280001		yr		cm	kg		
V5								
V6								
HR					66 bpm			
P Dur					114 ms			
PR int					153 ms			
QRS Dur					95 ms			
QT/QTc					401/421 ms			
P/ORS/T axis					38/55/45 °			
RV5/SV1 amp					1.157/0.391 mV			
RV5+SV1 amp					1.548 mV			
RV6/SV2 amp					0.907/0.958 mV			

Diagnosis Info
800: Sinus Rhythm

Normal ECG

Dr. Vishwadeepak
M.B.B.S., M.S.

Coronary Intervention & Surgeon
Reg. No.: 18296

Confirmed By:



Quality Management Services
ISO-9001:2015 Certified Lab

MEERUT HISTOPATHOLOGY CENTRE

Laboratory Test-Report

NAME : Mrs. Pinky
REFERRED BY : Dr. BOB
SAMPLE : Blood, Urine

DATE : 28/01/2023
AGE :
SEX : Female

TEST NAME	RESULTS	UNITS	REF.-RANGE
HAEMATOLOGY			
Complete Blood Counts	-		
HAEMOGLOBIN	12.0	GM%	10 - 16
TOTAL LEUCOCYTE COUNT :	5,300 cells	/Cu mm	4,500-11,000
DIFFERENTIAL LEUCOCYTE COUNT :			
Neutrophils :	67	%.	50-70
Lymphocytes :	25	%.	25-40
Eosinophils :	04	%.	1-4
Monocytes :	04	%.	3-8
Basophils :	00	%.	0-1
TOTAL R.B.C. COUNT	4.4	million/cu mm	4.5 - 6.5
PLATELET COUNT :	110	thousand/cum	150-450
P.C.V.	39.8	%.	35 - 54
MCV	90.4	fL	76-98
MCH	27.2	pg	27 - 32
MCHC	30.1	g/dl	31-35
E.S.R. (Westergren Method) :	12	mm in 1st Hr	0-20
BIOCHEMISTRY			
BLOOD SUGAR (FASTING)	92.1	mg/dL	70 - 100
LIPID PROFILE :			
SERUM TRIGYCEIDE:	123.0	mg/dl	50-160
SERUM CHOLESTEROL :	169.3	mg/dL.	130 - 200
HDL CHOLESTEROL :	53.6	mg/dL.	30 - 70
VLDL CHOLESTEROL :	24.6	mg/dL.	25 - 40
LDL CHOLESTEROL :	91.1	mg/dL.	85 - 150
CHOL/HDL CHOLESTROL RATIO	3.2	Low Risk	0.0 - 3.5
		Mod.Risk	3.5 - 5.0
		High Risk	> 5.0
LDL/HDL RATIO	1.7	Normal Range	2.5 - 3.0
		High Risk	> 3.0

--{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

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

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

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



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BIOCHEMISTRY

LIVER FUNCTION TEST

SERUM BILIRUBIN :

TOTAL:	0.57	mg/dL.	0.2 - 1.0
DIRECT:	0.23	mg/dL.	0.1 - 0.3
INDIRECT:	0.34	mg/dL.	0.2 - 0.7
S.G.P.T. :	24.1	U/L	5 - 45
S.G.O.T. :	28.4	U/L	5 - 45

G.G.T.P. :

23.6

U/L

5.0-35.0 (37 C)

SERUM ALK. PHOSPHATASE :

104.5

IU/L.

65-160

SERUM PROTEINS :

TOTAL PROTEINS:

6.6

Gm/dL.

5.5 - 8.5

ALBUMIN:

3.9

Gm/dL.

3.5 - 5.5

GLOBULIN:

2.7

Gm/dL.

2.3 - 3.5

A : G RATIO:

1.4

BLOOD UREA NITROGEN :

12.3

mg/dL.

5 - 25

SERUM CREATININE :

1.0

mg/dL.

0.8 - 1.5

SERUM URIC ACID :

4.6

mg/dL.

2.5 - 7.0

SERUM SODIUM (Na) :

146.0

mEq/litre.

135 - 147

SERUM POTASSIUM (K) :

4.8

mEq/litre.

3.5 - 5.4

SERUM CHLORIDE (Cl) :

101.3

m Eq/litre.

96 - 106

--{End of Report}--

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HORMONE

THYROID PROFILE :			
Triiodothyronine (T3) :	1.10	nmol/litre.	0.95 - 2.5
Thyroxine (T4) :	88.7	nmol/litre.	60 - 120
THYROID STIMULATING HORMONE(TSH)	2.78	micro Iu/ml	0.20 - 5.0
	Low Levels of T3 & T4 are seen in Non-Thyroidal illness		- Primary, Secondary & Tertiary Hypothyroidism and some
	High Levels of T3 & T4 are found in and T3 Thyrotoxicosis		- Grave's Disease, Hyperthyroidism, Thyroid hormone resistance
	TSH Levels are raised in		- Primary Hypothyroidism
	TSH Levels are Low in		- Hyperthyroidism, Secondary Hypothyroidism.

CLINICAL PATHOLOGY

URINE EXAMINATION REPORT :

PHYSICAL EXAMINATION :

Volume :	20	ml	
Colour :	Pale Yellow		
Appearance :	Clear		
Odour:	Aromatic		
Sediments :	Nil		
Sp. Gravity:	1020		

BIOCHEMICAL EXAMINATION :

Sugar :	Nil		
Albumin :	Nil		
Reaction :	Acidic		

MICROSCOPIC EXAMINATION :

Red Blood Cells :	Nil	/H.P.F.	
Pus Cells :	1-2	/H.P.F.	
Epithelial Cells :	3-4	/H.P.F.	

GLYCOSYLATED HAEMOGLOBIN A1c

5.3	%	4.3 - 6.4
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Clinical significance :- The HbA1c concentration 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}--

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Patient's Name	Mrs. PINKY	Age /Sex	39 Y/F
Referred By		Dated	28.01. 2023

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.

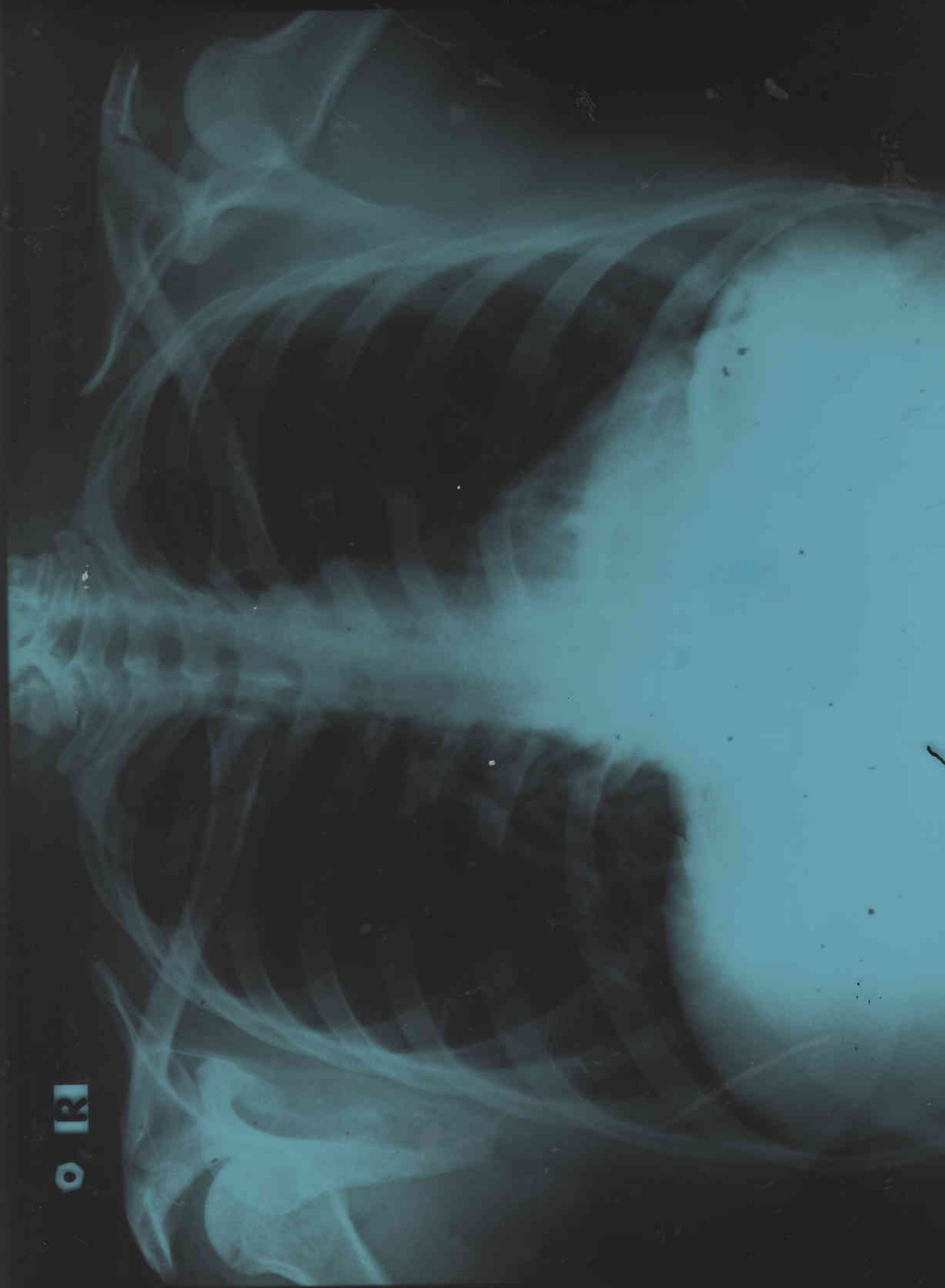
IMPRESSION

NO OBVIOUS ABNORMALITY DETECTED



DR. TANUJ GARG, MD
CONSULTANT RADIOLOGIST

○ R





Patient's Name	Mrs. PINKY	Age /Sex	39 Y/F
Referred By		Dated	28 JAN 2023

WHOLE ABDOMEN SONOGRAPHY

LIVER is enlarged in size with increased echogenicity. 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.

CBD appears to be normal in caliber. No calculus is seen.

PORTAL VEIN 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

UTERUS is normal in size. Measuring 74x43x40 mm. **An intramural fibroid of 14x14 mm is seen in anterior wall. Endometrium is 5.3 mm.**

Right ovary is normal in shape and size and echotexture with two follicles largest 17x16 mm.

Left ovary is normal in shape and size and echotexture.

URINARY BLADDER 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:

- ❖ HEPATOMEGALY WITH FATTY CHANGES
- ❖ INTRAMURAL FIBROID ANTERIOR WALL OF UTERUS

DR. TANUJ GARG, MD
CONSULTANT RADIOLOGIST