



Patient Name : Ms. RUBY KUMARI
 Gender / Age : Female / 36 Years 5 Months 2 Days
 MR No / Bill No. : 21055378 / 231041781
 Consultant : Dr. Manish Mittal
 Location : OPD

Type : OPD
 Request No. : 80534
 Request Date : 17/10/2022 08:55 AM
 Collection Date : 17/10/2022 09:12 AM
 Approval Date : 17/10/2022 03:13 PM

CBC + ESR

Test	Result	Units	Biological Ref. Range
Haemoglobin.			
Haemoglobin	11.5	gm/dL	12 - 15
Red Blood Cell Count (T-RBC)	3.92	mill/cmm	3.8 - 4.8
Hematocrit (HCT)	35.1	%	36 - 46
Mean Corpuscular Volume (MCV)	89.5	fl	83 - 101
Mean Corpuscular Haemoglobin (MCH)	29.3	pg	27 - 32
MCH Concentration (MCHC)	32.8	%	31.5 - 34.5
Red Cell Distribution Width (RDW-CV)	13.0	%	11.6 - 14
Red Cell Distribution Width (RDW-SD)	42.9	fl	39 - 46
Total Leucocyte Count (TLC)			
Total Leucocyte Count (TLC)	5.87	thou/cmm	4 - 10
Differential Leucocyte Count			
Polymorphs	56	%	40 - 80
Lymphocytes	35	%	20 - 40
Eosinophils	04	%	1 - 6
Monocytes	05	%	2 - 10
Basophils	00	%	0 - 2
Polymorphs (Abs. Value)	3.29	thou/cmm	2 - 7
Lymphocytes (Abs. Value)	2.06	thou/cmm	1 - 3
Eosinophils (Abs. Value)	0.21	thou/cmm	0.2 - 0.5
Monocytes (Abs. Value)	0.27	thou/cmm	0.2 - 1
Basophils (Abs. Value)	0.04	thou/cmm	0.02 - 0.1
Immature Granulocytes	0.2	%	1 - 3 : Borderline > 3 : Significant
Platelet Count			
Platelet Count	284	thou/cmm	150 - 410
Smear evaluation	Adequate		
ESR	11	mm/1 hr	0 - 12

Test Results are dependent on a number of variables & technical limitations. Hence, it is advised to correlate with clinical findings and other related investigations before any firm opinion is made. Recheck / Repeat may be requested.

365 Days / 24 Hours Laboratory Services

Home Collection Facility Available
(Mon To Sat 8:00 am to 5:00 pm)



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DEPARTMENT OF LABORATORY MEDICINE

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CBC + ESR

Immature Granulocyte (IG) count is a useful early marker of infection or inflammation, even when other markers are normal. It is an early and rapid discrimination of bacterial from viral infections. It is also increased in patients on steroid therapy / chemotherapy or haematological malignancy. High IG is always pathological; except in pregnancy and neonates of < 7 days.
Method : HB by Non-Cyanide Hemoglobin analysis method. HCT by RBC pulse height detection method. RBC, TLC & PLC are by Particle Count by Electrical Impedance in Cell Counter. Optical Platelets by Fluorescent + Laser Technology. MCV, MCH, MCHC, RDW (CV & SD) are calculated parameter. DLC by Flowcytometry method using semi-conductor Laser+Smear verification. ESR on Ves metic 20, comparable to Westergrens method and in accordance to ICSH reference method.

---- End of Report ----



Dr. Rakesh Vaidya
MD (Path). DCP.

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Haematology

<u>Test</u>	<u>Result</u>	<u>Units</u>	<u>Biological Ref. Range</u>
Blood Group			
ABO system	O		
Rh system.	Positive		

By Gel Technology / Tube Agglutination Method

Note :

- This blood group has been done with new sensitive Gel Technology using both Forward and Reverse Grouping Card with Autocontrol.
- This method check's group both on Red blood cells and in Serum for "ABO" group.

--- End of Report ---

Dr. Sejal Odedra
M.D.Pathology

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Fasting Plasma Glucose

Test	Result	Units	Biological Ref. Range
<i>Fasting Plasma Glucose</i>			
Fasting Plasma Glucose	72	mg/dL	70 - 110
Post Prandial 2 Hr. Plasma Glucose	90	mg/dL	70 - 140

By Hexokinase method on RXL Dade Dimension

--- End of Report ---

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HbA1c (Glycosylated Hb)

Test	Result	Units	Biological Ref. Range
HbA1c (Glycosylated Hb)			
Glycosylated Heamoglobin (HbA1c)	5.2	%	
estimated Average Glucose (e AG) *	102.54	mg/dL	

*(Method:**By Automated HPLC analyser on D-10 Biorad. NGSP Certified, US-FDA approved, Traceable to IFCC reference method.*** Calculated valued for past 60 days, derived from HbA1c %, based on formula recommended by the A1c - Derived Average Glucose study from ADA and EASD funded The ADAG trial.***Guidelines for Interpretation:***Indicated Glycemic control of previous 2-3 months*

HbA1c%	e AG (mg/dl)	Glycemic control
> 8	> 183	Action suggested...High risk of developing long-term complications. Action suggested, depends on individual patient circumstances
7 - 8	154 - 183	Good
< 7	< 154	Goal...Some danger of hypoglycemic reaction in type I Diabetics. Some Glucose intolerant individuals and Sub-Clinical diabetics may demonstrate (elevated) HbA1c in this area.
6 - 7	126 - 154	Near Normal
< 6	< 126	Nondiabetic level)

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Renal Function Test (RFT)

Test	Result	Units	Biological Ref. Range
Urea (By Urease Kinetic method on RXL Dade Dimension)	15	mg/dL	10 - 45
Creatinine (By Modified Kinetic Jaffe Technique)	0.46	mg/dL	0.6 - 1.1
Estimate Glomerular Filtration rate (Ref. range : > 60 ml/min for adults between age group of 18 to 70 yrs. eGFR Calculated by IDMS Traceable MDRD Study equation. Reporting of eGFR can help facilitate early detection of CKD. By Modified Kinetic Jaffe Technique)	More than 60		
Uric acid (By Uricase / Catalase method on RXL Siemens)	3.9	mg/dL	2.2 - 5.8

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Liver Function Test (LFT)

Test	Result	Units	Biological Ref. Range
Bilirubin			
Bilirubin - Total	0.38	mg/dL	0 - 1
Bilirubin - Direct	0.10	mg/dL	0 - 0.3
Bilirubin - Indirect	0.28	mg/dL	0 - 0.7
<i>(By Diazotized sulfanilic acid on RXL Dade Dimension.)</i>			
Aspartate Aminotransferase (SGOT/AST)	19	U/L	13 - 35
<i>(By IFCC UV kinetic method on RXL Dade Dimension.)</i>			
Alanine Aminotransferase (SGPT/ALT)	31	U/L	14 - 59
<i>(By IFCC UV kinetic method on RXL Dade Dimension.)</i>			
Alkaline Phosphatase	97	U/L	42 - 98
<i>(BY PNPP AMP method on RXL Dade Dimension.)</i>			
Gamma Glutamyl Transferase (GGT)	17	U/L	5 - 55
<i>(By IFCC method on RXL Dade Dimension.)</i>			
Total Protein			
Total Proteins	7.15	gm/dL	6.4 - 8.2
Albumin	3.91	gm/dL	3.4 - 5
Globulin	3.24	gm/dL	3 - 3.2
A : G Ratio	1.21		1.1 - 1.6
<i>(By Biuret endpoint and Bromocresol purple method on RXL Dade Dimension.)</i>			

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--- End of Report ---

Dr. Sejal Odedra
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Complete Lipid Profile

Test	Result	Units	Biological Ref. Range
Complete Lipid Profile			
Appearance	Clear		
Triglycerides (By Lipase / Glycerol dehydrogenase on RXL Dade Dimension < 150 Normal 150-199 Borderline High 200-499 High > 499 Very High)	144	mg/dL	1 - 150
Total Cholesterol (By enzymatic colorimetric method on RXL Dade Dimension <200 mg/dL - Desirable 200-239 mg/dL - Borderline High > 239 mg/dL - High)	138	mg/dL	1 - 200
HDL Cholesterol (By Direct homogenous technique, modified enzymatic non-immunological method on RXL Dade Dimension < 40 Low > 60 High)	55	mg/dL	40 - 60
Non HDL Cholesterol (calculated) (Non- HDL Cholesterol < 130 Desirable 139-159 Borderline High 160-189 High > 191 Very High)	83	mg/dL	1 - 130
LDL Cholesterol (By Direct homogenous technique, modified enzymatic non-immunological method on RXL Dade Dimension < 100 Optimal 100-129 Near / above optimal 130-159 Borderline High 160-189 High > 189 Very High)	62	mg/dL	1 - 100
VLDL Cholesterol (calculated)	28.8	mg/dL	12 - 30
LDL Ch. / HDL Ch. Ratio	1.13		2.1 - 3.5
T. Ch./HDL Ch. Ratio	2.51		3.5 - 5
(Recent NECP / ATP III Guidelines / Classification (mg/dl) :)			

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Dr. Sejal Odedra
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Thyroid Hormone Study

Test	Result	Units	Biological Ref. Range
Triiodothyronine (T3)	1.28	ng/ml	
<i>(Done by 4th generation electrochemiluminescence based method on automated immunoassay / Cobas e 411.)</i>			
<i>Reference interval (ng/ml)</i>			
1 - 3 days	: 0.1 - 7.4		
1-11 months	: 0.1 - 2.45		
1-5 years	: 0.1 - 2.7		
6-10 years	: 0.9 - 2.4		
11-15 years	: 0.8 - 2.1		
16-20 years	: 0.8 - 2.1		
Adults (20 - 50 years)	: 0.7 - 2.0		
Adults (> 50 years)	: 0.4 - 1.8		
Pregnancy (in last 5 months)	: 1.2 - 2.5		
<i>(Reference : Tietz - Clinical guide to laboratory test, 4th edition)</i>			
Thyroxine (T4)	6.05	mcg/dL	
<i>(Done by 4th generation electrochemiluminescence based method on automated immunoassay / Cobas e 411.)</i>			
<i>Reference interval (mcg/dL)</i>			
1 - 3 days	: 11.8 - 22.6		
1 - 2 weeks	: 9.8 - 16.6		
1 - 4 months	: 7.2 - 14.4		
4 - 12 months	: 7.8 - 16.5		
1-5 years	: 7.3 - 15.0		
5 - 10 years	: 6.4 - 13.3		
10 - 20 years	: 5.6 - 11.7		
Adults / male	: 4.6 - 10.5		
Adults / female	: 5.5 - 11.0		
Adults (> 60 years)	: 5.0 - 10.7		
<i>(Reference : Tietz - Clinical guide to laboratory test, 4th edition)</i>			
Thyroid Stimulating Hormone (US-TSH)	3.74	microIU/ml	
<i>(Done by 4th generation electrochemiluminescence based method on automated immunoassay / Cobas e 411.)</i>			
<i>Reference interval (microIU/ml)</i>			
Infants (1-4 days)	: 1.0 - 39		
2-20 weeks	: 1.7 - 9.1		
5 months - 20 years	: 0.7 - 6.4		
Adults (21 - 54 years)	: 0.4 - 4.2		
Adults (> 55 years)	: 0.5 - 8.9		
Pregnancy :			
1st trimester	: 0.3 - 4.5		
2nd trimester	: 0.5 - 4.6		
3rd trimester	: 0.8 - 5.2		
<i>(Reference : Tietz - Clinical guide to laboratory test, 4th edition)</i>			

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— End of Report —

Dr. Sejal Odedra
M.D.Pathology



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Pap Smear

Test	Result	Units	Biological Ref. Range
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Pap Smear

Pap Smear Screening Report / Cervico-Vaginal Cytology...

Cyto No : 1833/22
 Received at 01.55 pm.

Clinical Details : No complain
 P/V findings : Cx. / Vg. - NAD
 LMP : 08/10/2022

TBS Report / Impression :

- * Satisfactory for evaluation; transformation zone components identified.
- * Mild acute inflammatory cellularity.
- * No epithelial cell abnormality favouring squamous intraepithelial lesion or frank malignancy (NILM).

Note / Method :

The material received in LBC container, cytosmear was stained by rapid pap method and reported with due consideration to The Bethesda system (Modified 2014)

---- End of Report ----

Dr. Rakesh Vaidya
 MD (Path). DCP.



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Urine routine analysis (Auto)

Test	Result	Units	Biological Ref. Range
Physical Examination			
Quantity	30	mL	
Colour	Pale Yellow		
Appearance	Clear		
Chemical Examination (By Reagent strip method)			
pH	6.0		
Specific Gravity	<=1.005		
Protein	Negative	gm/dL	0 - 5
Glucose	Negative	mg/dL	0 - 5
Ketones	Negative		0 - 5
Bilirubin	Negative		Negative
Urobilinogen	Negative		Negative (upto 1)
Blood	Negative		Negative
Bile Salt	Absent		Absent
Leucocytes	Negative		Negative
Bile Pigments	Absent		Absent
Nitrite	Negative		Negative
Microscopic Examination (by Microscopy after Centrifugation at 2000 rpm for 10 min or on fully automated Sysmex urine sedimentation analyzer UF4000)			
Red Blood Cells	0.0 - 1.0	/hpf	0 - 2
Leucocytes	0.0 - 1.0	/hpf	0 - 5
Epithelial Cells	1.0 - 5.0	/hpf	0 - 5
Casts	Nil	/lpf	Nil
Crystals	Nil	/hpf	Nil
Mucus	Absent	/hpf	Absent
Organism	Absent		

--- End of Report ---

Dr. Sejal Odedra
M.D.Pathology



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DEPARTMENT OF DIAGNOSTIC RADIOLOGY

Patient No. : 21055378 Report Date : 17/10/2022
Request No. : 190038793 17/10/2022 8.55 AM
Patient Name : **RUBY KUMARI**
Gender / Age : Female / 36 Years 5 Months 2 Days

ADVANCED DIGITAL SOLUTIONS

- Computer Radiography
- Ultra Sensitive Colour Doppler
- Ultra High Resolution Sonography
- Multi-Detector CT Scan
- Mammography
- Interventional Radiology
- Digital Subtraction Angiography
- Foetal Echocardiography
- Echocardiography

X-Ray Chest AP

Both lung fields are clear.
Both costophrenic sinuses appear clear.
Heart size is normal.
Hilar shadows show no obvious abnormality.
Aorta is normal.

• ULTRA SONOGRAPHY CANNOT DETECT ALL ABNORMALITIES
• NOT VALID FOR MEDICO-LEGAL PURPOSES
• CLINICAL CORRELATION RECOMMENDED

Dr. Priyanka Patel, MD
Consultant Radiologist





DEPARTMENT OF DIAGNOSTIC RADIOLOGY

ADVANCED DIGITAL SOLUTIONS

- Computer Radiography
- Ultra Sensitive Colour Doppler
- Ultra High Resolution Sonography
- Multi-Detector CT Scan
- Mammography
- Interventional Radiology
- Digital Subtraction Angiography
- Foetal Echocardiography
- Echocardiography

Patient No. : 21055378 Report Date : 17/10/2022
Request No. : 190038774 17/10/2022 8.55 AM
Patient Name : **RUBY KUMARI**
Gender / Age : Female / 36 Years 5 Months 2 Days

USG : Abdomen (Excluding Pelvis) Or Upper Abdomen

Liver is normal in size and echopattern. There is 13x9 mm echogenic lesion seen in liver. The hepaticveins are clear and patent. PV patent. No dilated IHBR.

Gall bladder is not seen h/o cholecystectomy. Common bile duct measures 4 mm in diameter.

Pancreas shows no obvious abnormality. Tail obscured.
Spleen is normal size and echopattern.

Both kidneys are normal in shape and position. Normal echogenicity and cortico medullary differentiation is noted. No hydronephrosis or mass lesion seen.

Uterus is anteverted, normal in size and echo pattern. Endometrium thickness is about 5 mm. No obvious mass lesion seen.

Uterine length : 84 mm.
A.P. 29 mm.

Both ovaries are normal in size.

Urinary bladder is well distended and appears normal.

No ascites.

COMMENT:

Liver lesion.

Kindly correlate clinically

• ULTRA SONOGRAPHY CANNOT DETECT ALL ABNORMALITIES
 • NOT VALID FOR MEDICO-LEGAL PURPOSES
 • CLINICAL CORRELATION RECOMMENDED

Hasani

Dr.Perna C Hasani, MD
Consultant Radiologist





Patient No. : 21055378 Report Date : 17/10/2022
Request No. : 190038832 17/10/2022 8.55 AM
Patient Name : RUBY KUMARI
Gender / Age : Female / 36 Years 5 Months 2 Days

Echo Color Doppler

MITRAL VALVE : ELONGATED AML, NO MVP, NO MS, TRIVIAL MR
AORTIC VALVE : TRILEAFLET, NO AS, NO AR
TRICUSPID VALVE : NORMAL, NO TR, NO PAH
PULMONARY VALVE : NORMAL, NO PR, NO PS
LEFT ATRIUM : NORMAL SIZE
AORTA : NORMAL
LEFT VENTRICLE : NORMAL LVEF – 65%, NO RWMA AT REST
RIGHT ATRIUM : NORMAL SIZE
RIGHT VENTRICLE : NORMAL SIZE
I.V.S. : INTACT
I.A.S. : INTACT
PULMONARY ARTERY : NORMAL
PERICARDIUM : NO EFFUSION
COLOUR/DOPPLER FLOW MAPPING : TRIVIAL MR, NO AR // TR, NO PAH

FINAL CONCLUSION:

1. NORMAL SIZED ALL CARDIAC CHAMBERS
2. NORMAL LV SYSTOLIC FUNCTION LVEF – 65%
3. NO RESTING REGIONAL WALL MOTION ABNORMALITY
4. ELONGATED AML, NO MVP, NORMAL REST OF THE CARDIAC VALVE
5. NO MITRAL / AORTIC STENOSIS, INTACT IAS // IVS
6. NORMAL RIGHT HEART SIZE AND RV PRESSURES
7. NO PERICARDIAL EFFUSION, CLOT OR VEGETATION SEEN, SR+.

DR. KILLOL KANERIA, M.D., D.M., CARD.

ECU21055378
36 Years

17-Oct-22

10:22:16 AM MS RUBY KUMARI
Female

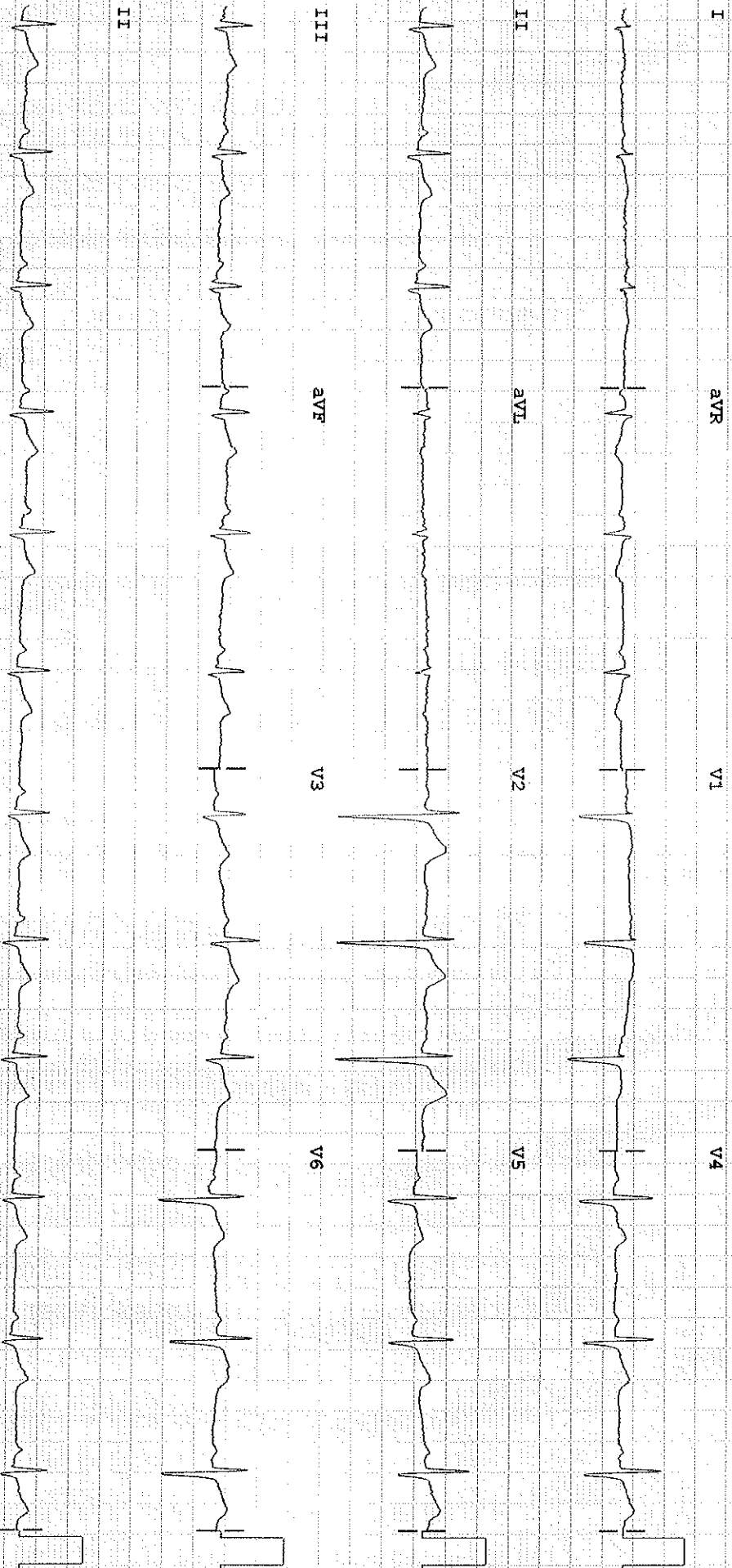


Sahlgrenska University Hospital
AN ISO 9001, ISO 14001 & ISO Accredited Institute

Doctor DR M MITTAL

Rate 70
PR 172
QRSD 89
QT 380
QTc 410

--AXIS--
P Ind. 83
QRS 83
T 71



Speed: 25 mm/sec

Limb: 10 mm/mV

Chest: 10 mm/mV

50 ~ 0.15-150 Hz

PH08

P2