

Patient Name : MRS. CHINMAYEE PANDA

Age / Gender : 32 years / Female

Patient ID : 21578

Referral : SELF

Collection Time : Oct 10, 2022, 12:26 p.m.

Reporting Time : Oct 10, 2022, 05:01 p.m.

Sample ID :



222121502

Test Description	Value(s)	Unit(s)	Reference Range
COMPLETE BLOOD COUNT(CBC)			
BLOOD COUNTS			
Hemoglobin (Hb)	9.8	g/dL	11.0 - 16.0
RED BLOOD CELL COUNT	4.3	mil/ μ L	4.5 - 5.5
WHITE BLOOD CELL COUNT	7.0	thou/ μ L	4.0 - 10.0
PLATELET COUNT	296	thou/ μ L	150 - 410
RBC AND PLATELET INDICES			
HEMATOCRIT	29.4	%	37 - 50
MEAN CORPUSCULAR VOLUME (MCV)	67	fL	76 - 96
MEAN CORPUSCULAR HEMOGLOBIN (MCH)	22	pg	27 - 32
MCHC	33	g/dL	30 - 35
MEAN PLATELET VOLUM (MPV)	9.2	fL	6.0 - 9.5
RDW-SD	38.5	fL	37 - 54
RDW-CV	16.8	%	11.5 - 14.0
PCT	0.23	%	0.17 - 0.40
WBC DIFFERENTIAL COUNT			
Neutrophils	72	%	40 - 75
Absolute Neutrophil Count	5.07	thou/ μ L	2.0 - 7.0
Lymphocytes	21	%	20 - 45
Absolute Lymphocyte Count	1.45	thou/ μ L	1.5 - 4.0
Eosinophils	04	%	1 - 6
Absolute Eosinophil Count	0.27	thou/ μ L	0.04 - 0.40
Monocytes	03	%	02 - 10
Absolute Monocyte Count	0.23	thou/ μ L	0.20 - 0.80
Basophils	0	%	00 - 01
Absolute Basophils Count	0.0	thou/ μ L	0.01 - 0.10
IG%	0.3	%	0.00 - 0.5

END OF REPORT

Dr. Swetalina Pandey
Consultant Pathologist

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Test Description	Value(s)	Unit(s)	Reference Range
ESR (1 hr)			
ESR (Erythrocyte Sedimentation Rate)	15	mm/hr	< 20
(EDTA Whole Blood) [Capillary Photometry]			

Interpretation:

High ESR is not diagnostics of any disease but just indicative of some inflammatory process. ESR is to be used to monitor outcome of therapy. Microcytic anemia can increase ESR. High ESR can also be seen in apparently healthy adults.

END OF REPORT

Dr. Swetalina Pandey
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Test Description	Value(s)	Unit(s)	Reference Range
LIPID PROFILE.			
Cholesterol-Total [CHOD-POD]	153.0	mg/dL	Desirable level < 200 Borderline High 200-239 High >or = 240
Triglycerides [: GOD-POD METHOD]	151.0	mg/dL	Normal: < 150 Borderline High: 150-199 High: 200-499 Very High: >= 500
HDL Cholesterol [Serum, Direct measure-PEG]	49.1	mg/dL	< 40 Low >/=60 High
LDL Cholesterol [Enzymatic selective protection]	73.70	mg/dL	< 100 Optimal 100 - 129 Near or above optimal 130 - 159 Borderline High 160 - 189 High >/= 190 Very High
Non HDL Cholesterol	103.9	mg/dL	Optimal : <130 Desirable : 130 - 150 Border Line High : 159 - 189 High : 189 - 220 Very High : >=220
CHOL/HDL Ratio [CALCULATED PARAMETER]	3.12		3.3 - 4.4 Low Risk 4.5 - 7.0 Average Risk 7.1 - 11.0 Moderate Risk > 11.0 High Risk
LDL/HDL Ratio [CALCULATED PARAMETER]	1.50		0.5 - 3.0 Desirable/Low Risk 3.1 - 6.0 Borderline/Moderate Risk >6.0 High Risk
VERY LOW DENSITY LIPOPROTEIN [Serum, Enzymatic]	30.20	mg/dL	< 30

END OF REPORT

Dr. Swetalina Pandey
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Test Description	Value(s)	Unit(s)	Reference Range
LIVER FUNCTION TEST (LFT)			
Bilirubin - Total [Serum, Jendrassik Grof]	1.35	mg/dL	0.3 - 1.2
Bilirubin - Direct [Serum, Diazotization]	0.39	mg/dL	< 0.2
Bilirubin - Indirect [Serum, Calculated]	0.96	mg/dL	0.1 - 1.0
SGOT [Serum, UV with P5P, IFCC 37 degree]	16.7	U/L	< 35
SGPT [Serum, UV with P5P, IFCC 37 degree]	12.4	U/L	< 50
Alkaline Phosphatase [PNPP-AMP Buffer/Kinetic]	83.0	U/L	30 - 120
Total Protein [Serum, Biuret, reagent blank end point]	7.4	g/dL	6.6 - 8.3
Albumin [Serum, Bromocresol green]	4.7	g/dL	3.2 - 4.6
Globulin [Serum, EIA]	2.70	g/dL	1.8 - 3.6
A/G Ratio [Serum, EIA]	1.74		1.2 - 2.2
Gamma GT(GGT)	12	U/L	<55

END OF REPORT

Dr. Swetalina Pandey
Consultant Pathologist

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Test Description	Value(s)	Unit(s)	Reference Range
RENAL FUNCTION TEST (RFT)			
Urea [Uricase]	25.9	mg/dL	17 - 43
Blood Urea Nitrogen-BUN [Serum, Urease]	12.10	mg/dL	7 - 18
Creatinine [Serum, Jaffe]	0.80	mg/dL	0.57 - 1.11
Uric Acid [Serum, Uricase]	6.1	mg/dL	2.6 - 6.0
Sodium	140.0	mmol/L	136 - 149 Premature, cord: 116-140 Premature 48 hrs: 128-148 Newborn cord: 126-166 Newborn: 133-146
Potassium	3.8	mmol/L	3.8 - 5.0 ?Premature cord: 5-10.2 Premature , 48 hrs: 3-6 Newborn cord: 5.6-12 Newborn: 3.7-5.9
Chlorides	104.0	mmol/L	101.00 - 109.00

Remark:

In blood, Urea is usually reported as BUN and expressed in mg/dl. BUN mass units can be converted to urea mass units by multiplying by 2.14.

****END OF REPORT******Dr. Swetalina Pandey**
Consultant Pathologist

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Test Description	Value(s)	Unit(s)	Reference Range
<u>Routine Examination Of Urine</u>			
<u>General Examination</u>			
Colour	PALE YELLOW		Pale Yellow
Transparency (Appearance)	CLEAR		Clear
Deposit	Absent		Absent
Reaction (pH)	Acidic 6.0		4.5 - 7.0
Specific gravity	1.015		1.005 - 1.030
<u>Chemical Examination</u>			
Urine Protein (Albumin)	NIL		Absent
Urine Glucose (Sugar)	NIL		Absent
<u>Microscopic Examination</u>			
Red blood cells	NIL	/hpf	1 - 2
Pus cells (WBCs)	2 - 4 /HPF	/hpf	1 - 2
Epithelial cells	4 - 6 /HPF	/hpf	0-4
Crystals	Absent		Absent
Cast	Absent		Absent
Bacteria	Absent		Absent
Yeast cells	Absent		Absent
Others	Nil		

END OF REPORT

Dr. Swetalina Pandey
Consultant Pathologist

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Test Description	Value(s)	Unit(s)	Reference Range
THYROID PANEL, SERUM			
T3 [ELECTROCHEMILUMINESCENCE]	91.7	ng/dl	80 - 200
T4 [ELECTROCHEMILUMINESCENCE]	8.6	ug/dL	5.1 - 14.1
TSH 3RD GENERATION [ELECTROCHEMILUMINESCENCE]	2.01	uIU/ml	0.27 - 4.20

Specimen Type : Serum

Interpretation :

Reference:

1. Tietz Textbook of Clinical Chemistry and Molecular Diagnostics, edited by Carl A Burtis, Edward R. Ashwood, David E Bruns, 4th Edition, Elsevier publication, 2006, 563, 1314-1315.

2. Wallach's Interpretation of Diagnostic tests, 9th Edition, Ed Mary A Williamson and L Michael Snyder. Pub Lippincott Williams and Wilkins, 2011, 234-235.

THYROID PANEL, SERUM Triiodothyronine T3, is a thyroid hormone. It affects almost every physiological process in the body, including growth, development, metabolism, body temperature, and heart rate. Production of T3 and its prohormone thyroxine (T4) is activated by thyroid-stimulating hormone (TSH), which is released from the pituitary gland. Elevated concentrations of T3, and T4 in the blood inhibit the production of TSH.

Thyroxine T4, Thyroxine's principal function is to stimulate the metabolism of all cells and tissues in the body. Excessive secretion of thyroxine in the body is hyperthyroidism, and deficient secretion is called hypothyroidism. Most of the thyroid hormone in blood is bound to transport proteins. Only a very small fraction of the circulating hormone is free and biologically active.

In primary hypothyroidism, TSH levels are significantly elevated, while in secondary and tertiary hypothyroidism, TSH levels are low.

Below mentioned are the guidelines for Pregnancy related reference ranges for Total T4, TSH & Total T3

Levels in	TOTAL T4	TSH3G	TOTAL T3
Pregnancy	(µg/dL)	(µIU/mL)	(ng/dL)
First Trimester	6.6 - 12.4	0.1 - 2.5	81 - 190
2nd Trimester	6.6 - 15.5	0.2 - 3.0	100 - 260
3rd Trimester	6.6 - 15.5	0.3 - 3.0	100 - 260

Below mentioned are the guidelines for age related reference ranges for T3 and T4.

T3	T4
(ng/dL)	(µg/dL)
New Born: 75 - 260	1-3 day: 8.2 - 19.9
	. 1 Week: 6.0 - 15.9

NOTE: TSH concentrations in apparently normal euthyroid subjects are known to be highly skewed, with a strong tailed distribution towards higher TSH values. This is well documented in the pediatric population including the infant age group.

Kindly note: Method specific reference ranges are appearing on the report under biological reference range

END OF REPORT

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Test Description	Value(s)	Unit(s)	Reference Range
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Dr. Swetalina Pandey
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Test Description	Value(s)	Unit(s)	Reference Range
BLOOD GROUPING & RH TYPING			
Blood Group (ABO typing) [Manual-Hemagglutination]	"O"		
RhD Factor (Rh Typing) [Manual hemagglutination]	Positive		

END OF REPORT

Dr. Swetalina Pandey
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Test Description	Value(s)	Unit(s)	Reference Range
HbA1C			
HbA1c (GLYCOSYLATED HEMOGLOBIN), BLOOD [(HPLC, NGSP certified)]	5.0	%	Non-diabetic: < 5.7 Pre-diabetics: 5.7 - 6.4 Diabetics: > or = 6.5 ADA Target: 7.0 Action suggested: > 8.0
MEAN PLASMA GLUCOSE [HB VARIANT (HPLC)]	97.0		< 116.0

Note:

1. Since HbA1c reflects long term fluctuations in the blood glucose concentration, a diabetic patient who is recently under good control may still have a high concentration of HbA1c. Converse is true for a diabetic previously under good control but now poorly controlled .
2. Target goals of < 7.0 % may be beneficial in patients with short duration of diabetes, long life expectancy and no significant cardiovascular disease. In patients with significant complications of diabetes, limited life expectancy or extensive co-morbid conditions, targeting a goal of < 7.0 % may not be appropriate.

Comments

HbA1c provides an index of average blood glucose levels over the past 8 - 12 weeks and is a much better indicator of long term glycemic control as compared to blood and urinary glucose determinations.

ADA criteria for correlation between HbA1c & Mean plasma glucose levels.

HbA1c(%)	Mean Plasma Glucose (mg/dL)
6	126
7	154
8	183
9	212
10	240
11	269
12	298

Interpretation

As per American Diabetes Association (ADA)	
Reference Group	HbA1c in %
Non diabetic adults >=18 years	<5.7
At risk (Prediabetes)	5.7 - 6.4
Diagnosing Diabetes	>= 6.5

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Test Description	Value(s)	Unit(s)	Reference Range
Therapeutic goals for glycemc control	Age > 19 years Goal of therapy: < 7.0 Action suggested: > 8.0 Age < 19 years Goal of therapy: <7.5		

END OF REPORT

Dr. Swetalina Pandey
Consultant Pathologist

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Test Description	Value(s)	Unit(s)	Reference Range
BLOOD GLUCOSE (FASTING)			
Glucose fasting [Fluoride Plasma-F, Hexokinase]	91.0	mg/dL	Normal: 70-110 Impaired Tolerance: 110 - 125 Diabetes mellitus: \geq 126 (on more than one occasion) (American diabetes association guidelines 2018)
Urine Fasting	Absent		

END OF REPORT

Dr. Swetalina Pandey
Consultant Pathologist

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Test Description	Value(s)	Unit(s)	Reference Range
BLOOD GLUCOSE (PP)			
Blood Glucose-Post Prandial [Hexokinase]	113.0	mg/dL	70 - 140
Urine Post Prandial	Absent		

END OF REPORT

Dr. Swetalina Pandey
Consultant Pathologist

RECEIPT

Receipt No. : D - 26090

Name : Mrs. Chinmayee Panda (ID: 21578)

Sex / Age : Female / 32 years

Payment Mode : CASH

Referral : SELF

Date & Time : 10/10/22, 12:26 PM

Sr.	Test Name	Test Price
1	BLOOD GLUCOSE (FASTING)	50.00
2	BLOOD GLUCOSE (PP)	50.00
3	COMPLETE BLOOD COUNT(CBC)	300.00
4	ESR (1 hr)	100.00
5	LIPID PROFILE.	600.00
6	LIVER FUNCTION TEST (LFT)	550.00
7	RENAL FUNCTION TEST (RFT)	600.00
8	Routine Examination Of Urine	100.00
9	Urine - Fasting	50.00
10	Urine - PP	50.00
11	THYROID PANEL, SERUM	600.00
12	BLOOD GROUPING & RH TYPING	50.00
13	HbA1C	550.00
14	ECG	200.00
15	ECHO	1350.00
16	X-RAY CHEST PA / AP VIEW	300.00
17	USG-WHOLE ABDOMEN FEMALE	900.00

Payable Amount (in words) : Two Thousand Two Hundred Fifty only

Total : 6400.00

Concession : 4150.00

Payable Amount : 2250.00

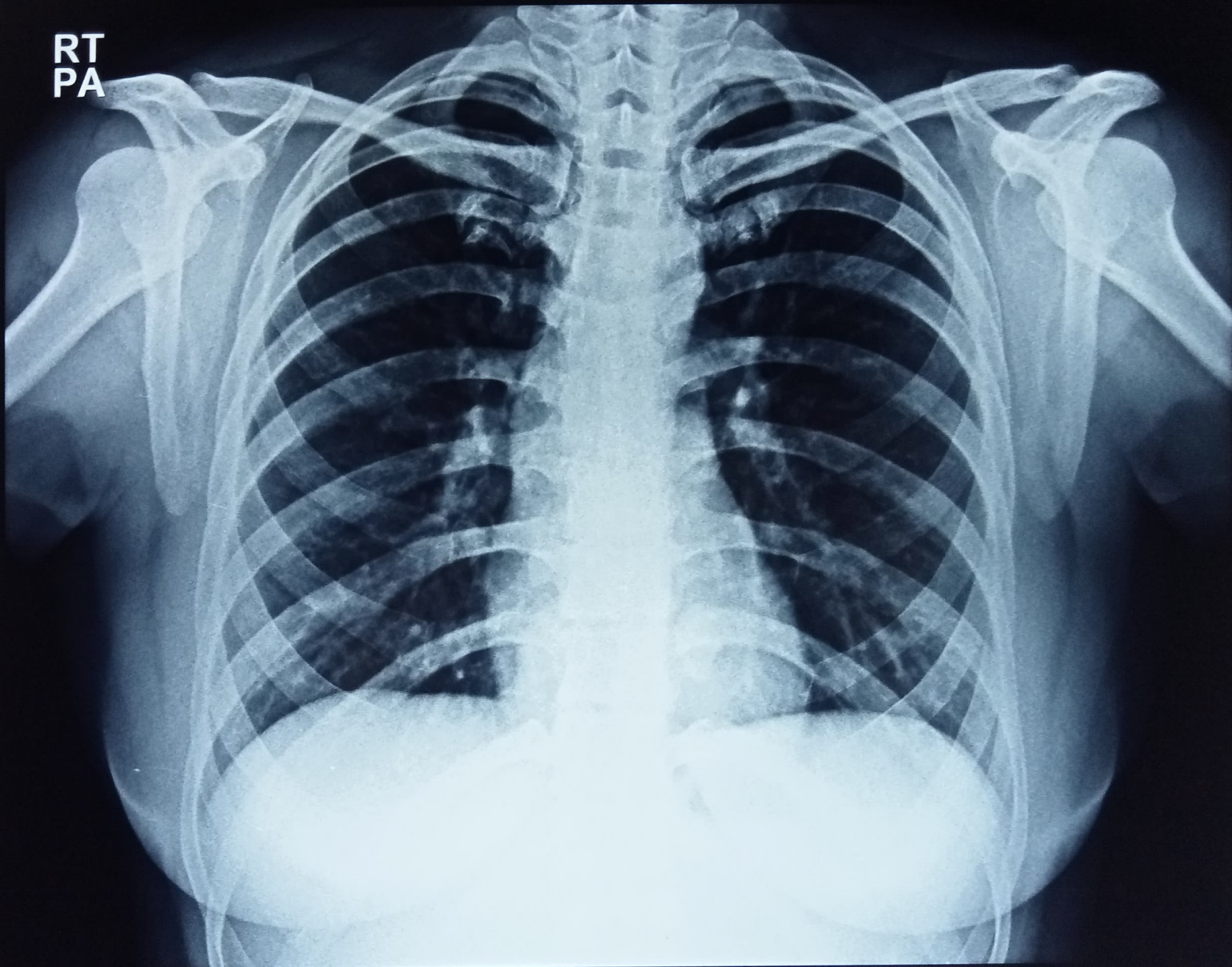
Total Paid : 0.00

Due : 2250.00

Comments : Special Discount

Cashier's Signature

RT
PA



CHINMAYEE PANDA 32YRS F 21578 CHEST - (PA) 10/10/2022
TRUSCAN DIAGNOSTIC CENTRE, AIIMS ROAD, BBSR-19

Patient Name: Mrs. Chinmayee Panda

Age/Gender: 32y/Female

Patient ID: 19

Referral: SELF

Reporting Date: 10.10.2022

ULTRASONOGRAPHY OF WHOLE ABDOMEN

LIVER:

It is normal in size (14.24 cm) with normal in shape, outline and **increased echotexture**. Portal vein at porta measures 10.6 mm.

GALL BLADDER:

It is normally distended. Its wall thickness is within normal limits. No obvious intraluminal calculus or mass is seen.

BILIARY TREE:

IHBR- not dilated. The common bile duct at porta hepatis measures 2.8 mm. Visualized lumen appears clear.

PANCREAS:

It is normal in shape, size, outline and echotexture. MPD is not dilated. No focal lesion seen. No peripancreatic fluid collection.

SPLEEN:

It is normal in size with normal in shape, outline and echotexture. Spleno-portal axis is patent and normal in dimensions. Splenic span is 10.50 cm. No focal lesion seen.

KIDNEYS:

Right kidney measures 10.31x3.41 cm. Left kidney measures 9.38x4.06 cm.

Both kidneys are normal in shape, size, position and echotexture. The cortico-medullary differentiation is intact. The cortical thickness is within normal limits. There is no hydronephrosis/calculus seen.

URINARY BLADDER:

It is normal in capacity and contour. The bladder wall is normal. There is no obvious intravesical calculus or mass.

UTERUS:

It is anteverted, anteflexed and measures 10.59x4.18x6.01 cm. **Well-circumscribed, round, smoothly marginated, calcified hypoechoic lesion of size 3.35x3.19 cm is seen in posterior myometrium.** The endometrium is in midline and measures 4.7 mm. The cervix appears normal.

ADNEXA:

Both ovaries are normal in shape, size and echotexture. No focal lesion seen.

PERITONEUM:

There is no free or loculated fluid in peritoneal cavity.

RETROPERITONEUM:

There is no detectable lymphadenopathy. Aorta and IVC appear normal.

IMPRESSION:

1. Grade II fatty infiltration of liver.
2. Intramural fibroid in posterior myometrium.

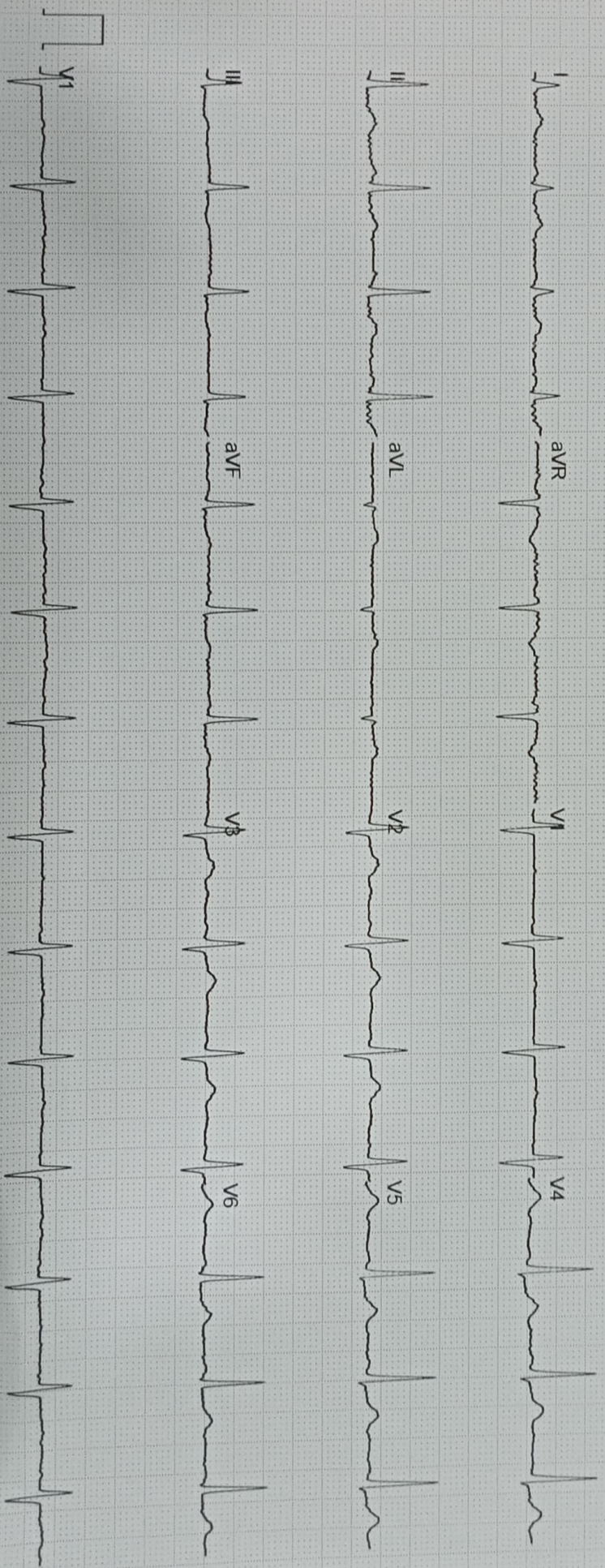
(Thank you for your kind referral)

Clinical correlation and further evaluation suggested

Dr. Neha Nupur (DMRD)
Consultant Radiologist
Registration No. 25218/2020
Dr. Neha Nupur
Regd. No - 25218/2020
Consultant Radiologist

QRS : 78 ms
QT / QTcBaz : 386 / 450 ms
PR : 132 ms
P : 116 ms
RR / PP : 728 / 731 ms
P / QRS / T : 59 / 73 / 4 degrees

Normal sinus rhythm
Nonspecific ST abnormality
Abnormal ECG



Name:	Mrs. Chinmayee Panda	AGE:	32	Sex:	Female
Refd by:	SELF	Receipt no.		Date:	10.10.2022
2D ECHOCARDIOGRAPHY WITH M - MODE AND COLOR DOPPLER STUDY					

M-MODE DATA:

PARAMETER	TEST VALUE
Aortic Root Diameter	2.05cm
Left Atrial Diameter	3.04cm
IV Septal Thickness (Diastole)	0.85cm
LV Internal Diameter(Diastole)	3.68cm
Post Wall Thickness(Diastole)	0.88cm
LV Internal Diameter (Systole)	2.34cm
LV Ejection Fraction	67%

DOPPLER DATA:

STRUCTURE	FLOW VELOCITY (m/sec)	PRESSURE GRADIENT (mmHg)	REGURGITATION (Grade)
MITRAL	E- 0.6/A-0.3		Nil
TRICUSPID	2.0 m/s	16.3 mmHg	Trace
AORTIC	1.2 m/s	6.4 mmHg	Nil
PULMONARY	1.0 m/s	4.5 mmHg	Nil

LEFT VENTRICLE :

Cavity size & wall thickness : Within normal limits.
 LV wall motion study : No Regional wall motion abnormality at rest.
 Systolic function : Good
 Diastolic compliance : No DD.

LEFT ATRIUM :

Normal Size, No clots or mass noted.

RIGHT VENTRICLE AND RIGHT ATRIUM :

Normal Size, Good RV systolic function.

MITRAL VALVE:

Normal leaflets, good excursion, Normal Subvalvular apparatus.

AORTIC VALVE :

Three cusps – no thickening, good systolic excursion.

TRICUSPID VALVE :

Normal leaflets, normal sized annulus.

PULMONIC VALVE:

Normal cusps, good systolic excursion.

VENTRICULAR SEPTUM:

Intact.

INTER ATRIAL SEPTUM:

Intact.

PERICARDIUM:

No thickening, no effusion.

OTHERS:

No Intra-cardiac mass.

IMPRESSION:

No RWMA.

Normal LV systolic function.

No AS/AR, No MR/MS

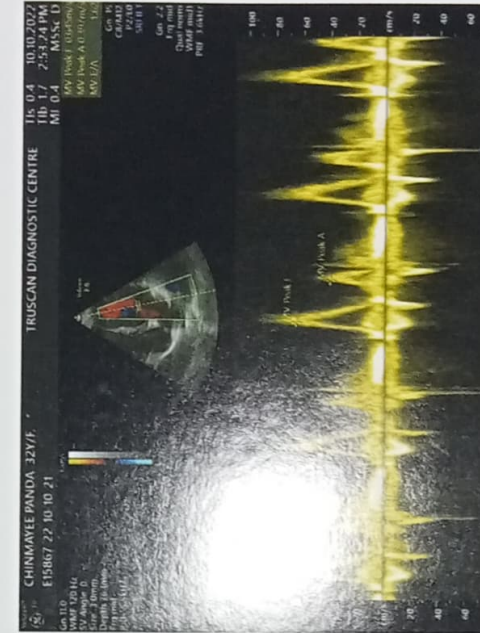
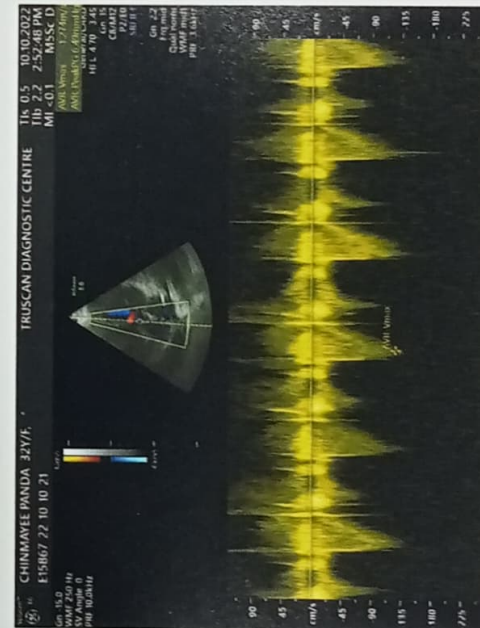
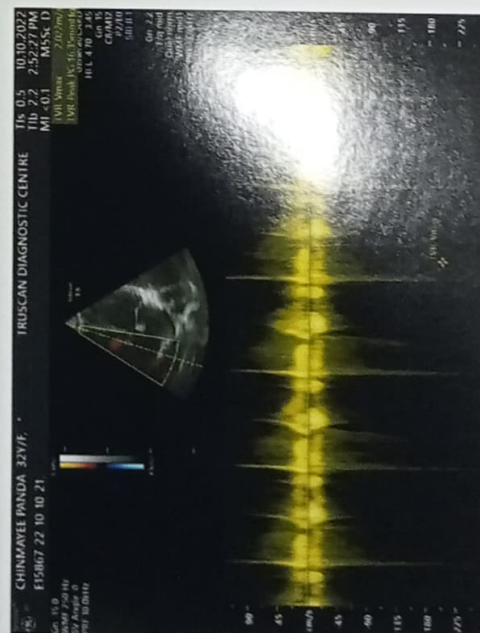
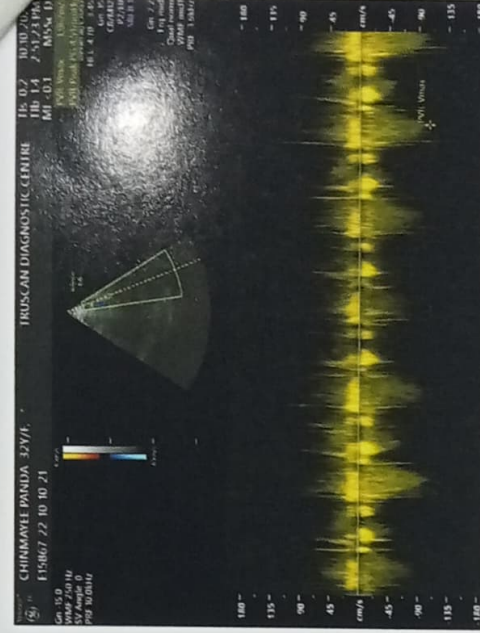
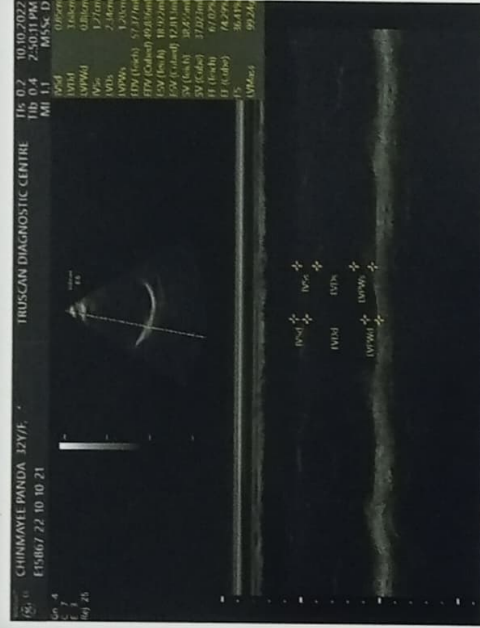
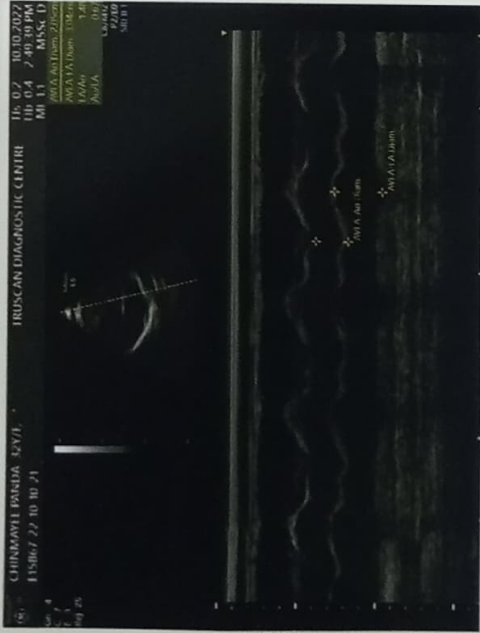
Trace TR/No PAH.

No PE/Clot/VEG.



Dr. Bishnu Prasad Mishra
Consultant Cardiologist

Clinical correlation and further evaluation suggested



PATIENT ID	: 21578	PATIENT NAME	: CHINMAYEE PANDA 32YRS
AGE	: -	SEX	: Female
REF. PHY.	:	STUDY DATE	: 10-Oct-2022

**RADIOLOGY REPORT
EXAM: X RAY CHEST**

CLINICAL HISTORY:

COMPARISON:

None

TECHNIQUE:

Frontal projections of the chest were obtained

FINDINGS:

Both lung fields are clear.
Both costophrenic angles appear normal.
The tracheal lucency is centrally placed.
The mediastinal and diaphragmatic outlines appear normal.
The heart shadow is normal.
The bony thoracic cage and soft tissues are normal.

IMPRESSION:

1. The study is within normal limits.



Dr Roshika Maddeti
Consultant Radiologist
MBBS, MD
Regn No: 01279

Dr Roshika Maddeti
10th Oct 2022