

(A Unit of Sparsh Multispecialty Hospital Private Limited) (Formerly known as Paedia Health Private Limited) CIN: U85110CT2005PTC017751



UHID

: 159451

PATIENT NAME

: MRS. RAJESHWARI DIWAN

AGE/SEX

: 42Y/FEMALE

CONSULTANT DOCTOR : HOSPITAL CASE

VISITID

: 0000298941

ORDER DATE : 14/01/2023 9:20:00AM

SAMP. DATE : 14/01/2023 9:38:00AM

SPEC. NO

: 10414160

RESULT DATE : 14/01/2023 2:04:00PM

TPA

: MEDIWHEEL

DEPARTMENT OF PATHOLOGY

ESR (ERYTHROCYTE SEDIMENTATION RATE)

PARAMETER	VALUE		
ESR	VALUE	RESULT	REFERENCE RANGE
	10 mm at end of 1 hr	Normal	0 - 20

TECHNICIAN

NOTE: These reports are for assisting Doctors/Physicians in their treatment and not for Medico-legal purposes and should be

24/01/2023 10:31AM



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DEPARTMENT OF PATHOLOGY

LFT (LIVER FUNCTION TEST)

PARAMETER	VALUE
BILIRUBIN TOTAL	
BILIRUBIN DIRECT	
BILIRUBIN INDIRECT	0.26 mg / dl
	0.56 mg / dl
ALKALINE PHOSPHATASE	61 U/L
SGOT	16 U/L
SGPT	
TOTAL PROTEIN	13 U/L
	7.37 g / dl
ALBUMIN	3.09 g/dl
GLOBULIN	3,
A.G.RATIO	3.48 g/dl
G.IGIIO	1.12:1

REFERENCE RANGE
0.1 - 1.2
0.1 - 0.6
0.1 - 0.4
0 - 240
0 - 46
0 - 40
6 - 8
4.1 - 5.3
2 - 3.5

TECHNICIAN



1 - 2.5



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DEPARTMENT OF PATHOLOGY

URINE ROUTINE AND MIC	ROSCOPY		
PARAMETER PHYSICAL EXAMINATION QUANTITY COLOUR APPEARANCE REACTION	10 ml Straw Clear Acidic	RESULT	REFERENCE RANGE
CHEMICAL EXAMINATION ALBUMIN SUGAR MICROSCOPIC EXAMINATION	Nil Nil		
EPITHELIAL CELLS PUS CELLS RBC CAST CRYSTAL MORPHOUS MATERIAL DEPOSIT	1-2 /hpf 1-2 /hpf Nil /hpf Nil /lpf Nil Nil Nil		0 - 5 1 - 2 - - -

TECHNICIAN

Dr AMIANA SHARMA
DIN B PATHOLOGY
CONSULTANT



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DEPARTMENT OF PATHOLOGY

HBA1c (GLYCOSYLATED HAEMOGLOBIN)

PARAMETER

VALUE

RESULT

REFERENCE RANGE

HBA1 C (GLYCOSYLATED HEAMOGLOBIN)

5.1 %

Normal

4 - 6

Interpretation

As per American diabetes Association (ADA)

Reference Group

- HbA1c In%

Non diabetic >= 18 years - 4.0 - 6.0

At risk (Prediabetes)

->=6.0 to <=6.5

Diagnosing diabetes

->=6.5

Therapeutic goals for glycemic control

- Age> 19 years

Goal of therapy: <7.0

- Action suggested: >8.0

- Age < 19 years

- goal of therapy: < 7.5

1. Since HbA1c reflects long term fluctuations in the blood glucose concentration, a diabetic patient is recently under good control may still have a high concentration of HbA1c.converse is true for a diabetic previously under good control now poorly controlled.

2. Target goals of <7.0 % may be beneficial in patient with short duration of diabetes, long life expectancy and no significant cardiovascular disease. In patient with significant complication of diabetes, limited life expectancy of extensive co-morbid condition, targeting a goal of <7.0% may not be appopriate.

TECHNICIAN

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

Dr. ANJANA SHARMA D.N.B PATHOLOGYMULE GOVERNMENT BY THE SOCIAL PROPERTY OF THE PROPERTY OF THE



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: MEDIWHEEL

DEPARTMENT OF PATHOLOGY

T3,T4 TSH

PARAMETER

VALUE

RESULT

TPA

REFERENCE RANGE

T3 (TRIIODOTHYRONINE) T4 (THYROXINE)

1.62 ng/ml

Normal

0.69 - 2.15

TSH (THYROID STIMULATING

101.9 ng/ml 5.55 uIU/ml

Normal High

52 - 127 0.3 - 4.5

REFERENCE GROUP

REFERENCE RANGE in uIU/mL

As per American Thyroid Association

Adult Females (> 20 years)

Pregnancy

HORMONE)

0.30 - 4.5

1st Trimester

0.10 - 2.50

2nd Trimester

0.20 - 3.00

3rd Trimester

0.30 - 3.00

TSH levels are subject to circadian variation, reaching peak levels between 2 - 4.a.m. and at a minimum between 6-10 pm . The variation is of the order of 50% . hence time of the day has influence on the measured

- 1. Recommended test for T3 and T4 is unbound fraction or free levels as it is metabolically active. 1. Physiological rise in Total T3 / T4 levels is seen in pregnancy and in patients on steroid therapy.

Clinical Use

- Primary Hypothyroidism
- Hyperthyroidism
- Hypothalamic Pituitary hypothyroidism
- Inappropriate TSH secretion
- Nonthyroidal illness
- Autoimmune thyroid disease
- Pregnancy associated thyroid disorders
- Thyroid dysfunction in infancy and early childhood

TECHNICIAN

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: 14/01/2023 2:27:00PM

TPA

: MEDIWHEEL

DEPARTMENT OF PATHOLOGY

PARAMETER	VALUE	200000000000000000000000000000000000000	
BLOOD SUGAR - FASTING AND PP	VALUE	RESULT	REFERENCE RANGE
BLOOD SUGAR FASTING BLOOD SUGAR PP	80 mg/dL	Normal	80 - 120
URINE SUGAR FASTING URINE FOR SUGAR	110 mg/dL	Low	120 - 140
URINE SUGAR PP	Nil		
URINE FOR SUGAR	Nil		

Dr. ANJANA SHARMA D.N.B PATHOLOGY

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TECHNICIAN



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TPA

: MEDIWHEEL

DEPARTMENT OF PATHOLOGY

CREATININE

PARAMETER

SERUM CREATININE

VALUE

0.82 mg/dL

RESULT

REFERENCE RANGE

Normal

0.3 - 1.5

TECHNICIAN



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24/01/2023 O Shrigam Market, Ram Nagar, Supela, Bhilai (C.G.) Ph.: 0788 4252222, 4052040

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: 10414158

: 14/01/2023 1:21:00PM

TPA

: MEDIWHEEL

DEPARTMENT OF PATHOLOGY

PARAMETER	VALUE	RESULT	DEEEDENCE DAVID
BLOOD GROUPING AND RH TYPING BLOOD GROUP RH FACTOR	"B"	NESOE1	REFERENCE RANGE
BUN (BLOOD UREA NITROGEN) BUN (BLOOD UREA NITROGEN)	Positive 7.0 mg/dl		
GGT (GAMMA GLUTAMYL TRANSFERASE) GGT (GAMMA GLUTAMYL	7.0 mg / dl	Low	8 - 23
TRANSFERASE) URIC ACID	10 U/L	Normal	5 - 36
URIC ACID	2.97 mg/dL	Normal	2.5 - 6.8

TECHNICIAN





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SPEC. NO

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RESULT DATE : 14/01/2023 11:56:00AM

TPA

: MEDIWHEEL

DEPARTMENT OF PATHOLOGY

	THE PARTICLE OF THE PROPERTY OF THE PARTICLE O	31
CBC (COMPLETE BLOOD	COUNT)	
PARAMETER	VALUE	
HAEMOGLOBIN (Hb)	13.1 gm% Norm	KEI EKENCE KANGE
	13.1 gm% Norm	12 - 16
TOTAL RBC COUNT	5.32 Million/cumm High	
HAEMATOCRIT (PCV)	27.2 0/	4.5 - 5.1
RBC INDICES	37.3 % Norm	35.9 - 44.6
MCV		
MCH	70.2 fl Low	78 - 96
MCHC	24.6 pg Low	27 - 32
RDW	35.1 % Norma	
	14.5 % Norma	
TOTAL WBC COUNT (TLC)	6500 /cumm Norma	
DIFFERENTIAL COUNT	Norma Norma	4000 - 11000
NEUTROPHILS	52 % Norma	
LYMPHOCYTES	22 0/	0-75
EOSINOPHILS	Norma	22 - 40
MONOCYTES	O4 0/	0 0
BASOPHILS	OO O	2 - 10
BANDS	Normal	0 - 2
BLAST	Normal	0 0
	00 % Normal	
PLATELET COUNT	202000 /	
9	203000 /cumm Normal	150000 - 450000

TECHNICIAN



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: 14/01/2023 1:03:00PM

TPA

: MEDIWHEEL

DEPARTMENT OF PATHOLOGY

TTI TO LIVOLITE			
PARAMETER	VALUE	PEC	
CHOLESTEROL TOTAL	146 mg / dl	RESULT	REFERENCE RANGE
TRIGLYCERIDES - SERUM		Low	150 - 220
HDL	90 mg / dl	Normal	60 - 165
LDL	45.98 mg / dl	Normal	35 - 80
VLDL	82.02 mg/dL	Low	90 - 160
CHOL : HDL Ratio	18.0	Low	20 - 50
	3.18:1		
LDL: HDL Ratio	1.78:1		3.5 - 5.5
			•

TECHNICIAN



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Age / Sex Consultant

: 42Y / FEMALE

: MEDIWHEEL

Ref. By

: DR. HOSPITAL CASE

Order Date

: 14/01/2023 9:20AM

Category

: DR. HOSPITAL CASE

Samp.Date Report Date

: 14/01/23 01:22PM

X-RAY X-RAY CHEST PA. VIEW

- Cardiothoracic ratio is within normal limits.
- No significant lung lesion seen.
- Bilateral C.P. angles are clear.
- Bony cage and soft tissue normal.

IMPRESSION

No Remarkable Abnormality Detected .

- Please correlate clinically

MBBS, DNB(RADIO), MNAMS, MANBO Fetal Ultrasound & Fetal Medicine (FGi-BFMC) Reg No: CGMC-4404/2012

Please bring all your previous reports. You should preserve and bring this report for future referen



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SONOGRAPHY USG WHOLE ABDOMEN

* LIVER : Normal in size, shape & echo texture with smooth margins. IHBRs are not dilated. No focal lesions seen.

*PORTO CAVAL SYSTEM: Hepatic veins and IVC appear normal and show normal respiratory variation. Splenic vein is normal. Portal vein is normal.

*COLLECTING DUCT & CBD:Normal in size and have echo lucent lumen.

*GALL BLADDER :Seen in distended state with normal wall and lumen is echofree

*SPLEEN:Normal in size, shape & echo texture. No focal lesions seen.

*PANCREAS:Pancreatic head, body & tail visualized and have ,normal size,shape & echo texture.

*KIDNEYS: Both kidneys are of normal shape, size and position.

Cortical thickness is normal .CMD is maintained. There is no evidence of hydronephrosis or calculus

*URINARY BLADDER: Seen in distended state and has normal wall architecture. Lumen is echo free.

*UTERUS: Anteverted normal in shape, size and echotexture. Endometrial echo is central and shows normal thickness . Myometrium shows homogenous echotexture.

*BOTH OVARIES: Both the ovaries are normal in shape, size & echotexture.

No free fluid is seen in the peritoneal cavity.

There is no evidence of any retroperitoneal lymphadenopathy/mass.

FINAL IMPRESSION:

- No remarkable Abnormality detected in the current scan.
- Please correlate clinically , followup USG is recommended.

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SONOGRAPHY

USG BREAST/SONOMAMMOGRAPHY (BOTH BREAST)

REPORT :

Age / Sex

Ref. By

Both breasts are showing normal fatty tissue and glandular structures.

No evidence of any obvious mass lesion, solid or cystic lesions or abnormal echotexture is seen.

Superficial planes also show no significant abnormality.

IMPRESSION

No remarkable Abnormality detected in the current scan.

Please correlate clinically

CGMC/1102X2003

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