

Patient Name : Miss JYOTI VIG
Age / Gender : 31 Years / Female
Referred By : Dr. PRATIBHA PUNDIR
Req.No : 2202189
Patient Type : OPD

UHID : 24614
IPNO :
Requisitions : 16/04/2022 / 9.11 AM
Sample collection : 16/04/2022 / 10:16 AM
Sample Receiving : 16/04/2022 / 10:16:56
Reported on : 16/04/2022 / 1.42 PM

BIOCHEMISTRY

BLOOD GROUP And RH TYPE

Specimen Type

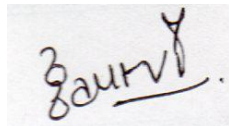
BIOLOGICAL

TEST NAME	RESULT	UNITS	REFERENCE INTERVAL	METHOD
Blood Group	" O " RH POSITIVE			MATRIX GEL ABO/Rho (D) FORWARD & REVERSE GROUPING

Internal Autocontrols are satisfactory.

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

Please Correlate With Clinical Findings



Lab Technician Dr. GAURVI PIPLANI
MD (Pathology)

Dr. KANIKA GUPTA
MD (Pathology)

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HAEMATOLOGY

COMPLETE HAEMOGRAM (CBC ESR)

Specimen Type	Whole Blood		BIOLOGICAL	
TEST NAME	RESULT	UNITS	REFERENCE INTERVAL	METHOD
Haemoglobin	12.4	gm/dl	11.5 - 16.5	Cyanide-Free Colorimetry
Total Leucocyte Count	8600	/ μ L	4000 - 11000	Impedance Variation
<u>DIFFERENTIAL COUNT</u>				
Neutrophils.	71	%	40.0 - 75.0	Flow Cytometry
Lymphocytes.	23	%	20.0 - 45.0	Flow Cytometry
Monocytes	05	%	2.0 - 10.0	Flow Cytometry
Eosinophils.	01	%	0.0 - 4.0	Flow Cytometry
Basophils	00	%	0.0 - 1.0	Flow Cytometry
Platelet Count	1.56	1000/cumm	1.50 - 4.50	Electrical Impedance
RED BLOOD CELL COUNT	4.09	millions/cum m	3.5 - 5.5	Electrical Impedance
PACKED CELL VOLUME	39.9	%	36 - 46	Calculated
MEAN CORPUSCULAR VOLUME	97.5	fL	76 - 96	Measured
MEAN CORPUSCULAR HAEMOGLOBIN	30.3	pg	27 - 32	Calculated
MEAN CORPUSCULAR Hb CONC	31.1	gm/dl	33 - 37	Calculated

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

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HAEMATOLOGY

E.S.R. 12 MM mm at the 0 - 15 Westergren
end of 1st hr

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

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HAEMATOLOGY

HBA1C

Specimen Type

TEST NAME	RESULT	UNITS	REFERENCE INTERVAL	METHOD
Glycosylated Haemoglobin (Hb A1c)	6.1	%	NON DIABETIC:<5.7 PRE DIABETIC:5.7-6.4 DIABETICS: >OR 6.5 ADA TRAGET:7.0	Latex immunoagglutination inhibition methodology

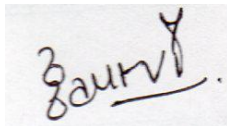
*Done on DCA Vantage

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

*The results of HbA1c are not influenced by recent meals , physical activity or emotional stress.

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

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BIOCHEMISTRY

KFT(KIDNEY FUNCTION TEST)/RFT/Renal Profile

Specimen Type	Serum	BIOLOGICAL		
TEST NAME	RESULT	UNITS	REFERENCE INTERVAL	METHOD
Urea Creatinine				
Serum Urea	15.0	mg/dl	13 - 45	UreaseGLDH
Serum Creatinine	0.77	mg/dL	Male: 0.6 - 1.3	Modified JAFFEs
Serum Uric Acid	2.2	mg/dl	Adult Female: 2.6 - 6.0	Uricase Trinder, End Point (Toos)
Serum Sodium	139.9	meq/l	135 - 155	ISE Indirect
Serum Potassium	4.31	meq/l	3.5 - 5.6	ISE Indirect

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

*Performed on fully Automated Dimension X-Pand plus BioChemistry Analyser.

*External Quality Control by Biorad Laboratory.

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

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BIOCHEMISTRY

LFT(LIVER FUNCTION TEST)

Specimen Type	Serum	BIOLOGICAL		
TEST NAME	RESULT	UNITS	REFERENCE INTERVAL	METHOD
TOTAL BILIRUBIN	0.65	mg/dL	0.1 - 1.2	Diazotized Sulphanilic Acid
DIRECT BILIRUBIN	0.27	mg/dL	0.00 - 0.20	Diazotized Sulphanilic Acid
INDIRECT BILIRUBIN	0.38	mg/dL	0.0 - 0.9	Diazotized Sulphanilic Acid
SGOT (AST)	11.8	IU/L	0 - 35	IFCC WPP AMP
SGPT (ALT)	10.7	IU/L	5 - 40	IFCC WPP AMP
Alkaline Phosphatase	110.1	IU/L	Adult: 50 - 136	Modified IFCC
Total Protein	5.37	g/dl	6.4-8.2	Biuret Endpoint
Albumin - Serum	4.48	g/DL	3.2 - 5.0	Photometric Column test BCG Dye
Globulin	0.89	gms%	2.3 - 4.5	

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

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BIOCHEMISTRY

LIPID PROFILE.(TOTAL CHOLESTEROL,LDL,HDL,TREIGYLCERIDES)

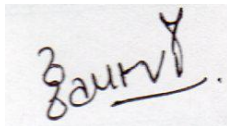
Specimen Type	BIOLOGICAL			
TEST NAME	RESULT	UNITS	REFERENCE INTERVAL	METHOD
LIPID PROFILE				
SERUM CHOLESTROL	169.4	mg/dl	0 - 200	Cholestrol Oxidase
Serum Triglycerides	104.9	mg/dl	Up to 150	GPO -Trinder
HDL Cholesterol	51.6	mg/dl	0 - >60	Direct Method
LDL Cholesterol	96.82	mg/dl	Optimal <100,Above Opt. 100-129 -high 160-189	Direct Measure
VLDL Cholesterol	20.98	mg/dL	*Less than 30	Calculated

*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.

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

Please Correlate With Clinical Findings



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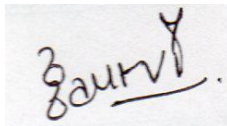
BIOCHEMISTRY

BLOOD SUGAR FASTING

Specimen Type	BIOLOGICAL			
TEST NAME	RESULT	UNITS	REFERENCE INTERVAL	METHOD
Plasma glucose(fasting.)	77.0	mg/dl	70 - 110	GOD-POD Hexokinase

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

Please Correlate With Clinical Findings



Lab Technician **Dr. GAURVI PIPLANI**
MD (Pathology)

Dr. KANIKA GUPTA
MD (Pathology)

Client Code: HR46
Client Name And Address:
PARK HOSPITAL ()
AMBALA CHANDIGARH ROAD,AMBALA CITY



NAME :Mrs. JYOTI VIG 24614 Patient_ID :234038
AGE/GENDER :31 Y/Female SPECIMEN DATE :16/Apr/2022 02:26PM
TEST REQUEST ID :012204160105 SPECIMEN RECEIVED :16/Apr/2022 03:16PM
REFERRED BY :Dr. PARK HOSPITAL. REPORT DATE :16/Apr/2022 06:37PM
SAMPLE ID :10232453 PRINT DATE :19/Apr/2022 02:59PM

Investigation Name	Result	Unit	Biological Ref.Interval
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Thyroid Function Test(T3,T4,TSH)

Primary Sample Type:Serum

Triiodothyronine total [T3] Chemiluminescence Microparticle Immuno Assay	86	ng/dL	70-200
Thyroxine total [t4] Chemiluminescence Microparticle Immuno Assay	5.44	ug/dL	4.87-11.72
TSH (4th Generation) Chemiluminescence Microparticle Immuno Assay	1.832	uIU/mL	0.35-4.94

INTERPRETATION

Link with age for Males > 20 years

REFERENCE GROUP	REFERENCE RANGE IN uIU/mL
Males > 20 years	0.5 - 4.8

Below mentioned Table to appear only for female patients > 20 years.No value in reference range

REFERENCE GROUP	REFERENCE RANGE in uIU/mL (As per American Thyroid Association)
Adult Females (> 20 years)	0.5 - 4.8
Pregnancy	Reference Range
First Trimester	0.10– 2.50
Second Trimester	0.20 – 3.00
Third Trimester	0.30 – 3.00

Note: 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 serum TSH concentrations.

Clinical Use

V.K. Dogra

Dr. V.K. Dogra
MD Path.
Director
Sr. Consultant Pathologist



Client Code: HR46
Client Name And Address:
PARK HOSPITAL ()
AMBALA CHANDIGARH ROAD,AMBALA CITY



NAME	:Mrs. JYOTI VIG 24614	Patient_ID	:234038
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SAMPLE ID	:10232453	PRINT DATE	:19/Apr/2022 02:59PM

Investigation Name	Result	Unit	Biological Ref.Interval
<ul style="list-style-type: none">Diagnose Hypothyroidism and HyperthyroidismMonitor T4 replacement or T4 suppressive therapyQuantify TSH levels in the subnormal			

Range Increased Levels:

- Primary hypothyroidism
- Subclinical hypothyroidism
- TSH dependent Hyperthyroidism
- Thyroid hormone resistance

Decreased Levels:

- Graves disease
- Autonomous thyroid hormone secretion
- TSH deficiency

Comment

T₃ or 3,5,3-triiodothyronine is a hormone synthesized and secreted from the thyroid gland, and formed by peripheral deiodination of thyroxine (T₄). The determination of T₃ levels in serum is essential in assessing thyroid functions. T₃ is secreted by thyroid glands and circulates in the blood stream; mostly (99.7%) bound to the plasma protein, thyroxin binding globulin (TBG) and prealbumin (TBPA) and albumin. The remaining (0.3%) is free, unbound and its metabolic potency is much greater. T₃ hormone regulates cell metabolism and body growth and its level is a good indicator of thyroid disease state and body metabolism. Further the concentrations of the carrier protein are altered in many conditions such as pregnancy in normal thyroid function, as the concentrations of the carrier proteins alters, the total T₃ level changes so that free T₃ concentration remains constant. Thus, measurements of the free T₃ concentrations correlate excellently with clinical status than total T₃ levels.

T₄ or Thyroxine or 3,5,3,5-tetraiodothyronine is a hormone synthesized and secreted by the thyroid gland and plays an important role in regulating metabolism. In the peripheral tissues it act as a prohormone which is further metabolized to another most active thyroid hormone, triiodothyronine (T₃) and other inactive metabolites such as reverse T₃.

TSH or Thyroid-stimulating hormone is a hormone synthesized and secreted by Pituitary gland. TSH is glycoprotein with two non-covalently bound alpha and beta subunits. The beta subunit of TSH is unique, which results in the specific biochemical and immunological properties of this hormone. The ability to quantitate circulating levels of TSH is important in evaluating thyroid function. It is especially useful in the differential diagnosis of primary (thyroid) from secondary (pituitary) and tertiary (hypothalamus) hypothyroidism. In primary hypothyroidism, TSH levels are significantly elevated, while in secondary and tertiary hypothyroidism, TSH levels are low. The measurement of serum TSH has proven to be one of the most sensitive methods for the detection of primary hypothyroidism. In primary hypothyroidism the production of thyroid hormones is impaired and the TSH levels are observed to be higher. However in secondary and tertiary hypothyroidism the TSH levels are low because of pituitary or hypothalamic lesions. In hyperthyroidism the circulating levels of TSH is usually subnormal. In some instance however this condition may result from hyperstimulation of thyroid.

Vasu Dogra

Dr. V.K. Dogra
MD Path.
Director
Sr. Consultant Pathologist



'C', Stand For Critical Value.. 'L', Stand For Low Value.. 'H', Stand For High Value..

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CLINICAL PATHOLOGY

URINE ROUTINE MICROSCOPY

Specimen Type	BIOLOGICAL			
TEST NAME	RESULT	UNITS	REFERENCE INTERVAL	METHOD
PHYSICAL EXAMINATION				
volume	20	ml		
colour	Pale Yellow		Pale Yellow	
Appearance	Clear		Clear	
Specific Gravity	1.030			Polyelectrolytes Ionic
reaction	Acidic		Acidic	
pH -Urine	5.0			PH paper
Blood	Negative		Negative	
Albumin	NIL		NIL	Protein-error-of-Indicator/Sulphosalicylic Acid
Glucose	NIL		NIL	GODPOD/Benedicts
Urine Ketone	Negative		Negative	Sodium nitroprusside
Bile Salt	NIL		NIL	
Bile Pigment	NIL		NIL	Diazo/Fouchets Test
Urobilinogen	NIL		NIL	Elrich Aldehyde

**** End of Report ****

Please Correlate With Clinical Findings

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MD (Pathology)

Dr. KANIKA GUPTA
MD (Pathology)

NAME : MRS. JYOTI VIG

AGE / SEX : 31 YRS/ F

REF. BY : DR. PRATIBHA PUNDIR

REG. DATE : 20 April 2022

UHID : 24614/OPD

USG WHOLE ABDOMEN.

LIVER:

Normal in size, echotexture & outline. No focal lesion is seen.

Intrahepatic biliary radicals are normal. Portal vein is normal.

GALL BLADDER:

is distended. Wall thickness is normal. No mass/calculus seen in its lumen.

CBD is normal in caliber

PANCREAS:

Normal in size and echotexture

SPLEEN:

Normal in size and echotexture

KIDNEYS:

Both kidneys are normal in size, shape and echotexture. No mass lesion is seen.

Cortical thickness and corticomedullary differentiations are maintained on both sides.

No hydronephrosis /calculus is seen.

URINARY BLADDER:

Well distended. Mucosal wall is regular and normal in thickness. No calculus / mass lesion is seen

UTERUS

Anteverted. Normal in size and echotexture. No mass lesion is seen.

Endometrial thickness is normal.

ADNEXAE:

B/L ovaries are normal.

No free fluid is seen in abdomen.

IMPRESSION:

- **Normal study**

Please correlate clinically & with other investigations.

DR .YASH PATEL

MBBS, MD RADIODIAGNOSIS

CONSULTANT RADIOLOGIST

THIS REPORT IS NOT VALID FOR MEDICOLEGAL PURPOSES

Thanks for the Referral, With Regards