

UHID

Ref. By

एक एहशाश अपनेपन का **Sparsh Multispecialty Hospital** 

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

CIN: U85110CT2005PTC017751 GSTIN/UIN: 22AADCP8009N2Z9

: 170987

Patient Name : MRS. MANJU DEVI

. DR. HOSPITAL CASE

: 54Y / FEMALE Age / Sex

Consultant : DR. HOSPITAL CASE

: MEDIWHEEL Category

: 0000325076 Visit ID

Spec No.

Order Date : 14/10/2023 8:46AM

Samp.Date

Report Date : 14/10/23 10:31AM

# 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: Post Menopausal in status.
- \*BOTH OVARIES: Bilateral Ovaries could not be visualized Distinctly ? Atrophic

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.

SONI

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



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## SONOGRAPHY

## **USG BREAST/SONOMAMMOGRAPHY (BOTH BREAST)**

### REPORT :

- 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, followup USG is recommended.

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Category : MEDIWHEEL Report Date : 14/10/23 11:46AM

# 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

Dr. DILLE KUMAR SONI MBBS, DMRD RADIOLOGIST CGMC 102/2003

: 0000325076

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AGE/SEX

: 54Y/FEMALE

SAMP. DATE

: 14/10/2023 9:45:00AM

CONSULTANT DOCTOR

: HOSPITAL CASE

SPEC. NO

RESULT DATE

: 10473803

: 14/10/2023 2:23:00PM

TPA

: MEDIWHEEL

## **DEPARTMENT OF PATHOLOGY**

PARAMETER	VALUE	RESULT	REFERENCE RANGE
BLOOD SUGAR - FASTING AND PP			
BLOOD SUGAR FASTING	105 mg/dL	Normal	80 - 120
BLOOD SUGAR PP	119 mg/dL	Low	120 - 140
URINE SUGAR FASTING			
URINE FOR SUGAR	Nil		
URINE SUGAR PP			
URINE FOR SUGAR	Nil		-

Asharma

Dr. ANJANA SHARMA D.N.B. ATHOLOGY

**TECHNICIAN** 

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AGE/SEX : 54Y/FEMALE SAMP. DATE : 14/10/2023 9:45:00AM

CONSULTANT DOCTOR : HOSPITAL CASE SPEC. NO : 10473798

RESULT DATE : 14/10/2023 4:12:00PM

TPA : MEDIWHEEL

## **DEPARTMENT OF PATHOLOGY**

T3,T4 TSH

HORMONE)

PARAMETER VALUE RESULT REFERENCE RANGE

 T3 (TRIIODOTHYRONINE)
 1.43 ng/ml
 Normal
 0.69 - 2.15

 T4 (THYROXINE)
 104.0 ng/ml
 Normal
 52 - 127

 TSH (THYROID STIMULATING
 2.67 uIU/ml
 Normal
 0.3 - 4.5

REFERENCE GROUP REFERENCE RANGE in uIU/mL

As per American Thyroid Association

Adult Females (> 20 years) 0.30- 4.5

Pregnancy

 1st Trimester
 0.10- 2.50

 2nd Trimester
 0.20 - 3.00

 3rd 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.

- 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

Dr. ANJANA SHARMA D.N.B. PATHOLOGY CONSULTANTAL

**TECHNICIAN** 

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18/10/2023 11:44AM



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UHID : 170987 VISITID : 0000325076

PATIENT NAME : MRS. MANJU DEVI ORDER DATE : 14/10/2023 8:46:00AM

AGE/SEX : 54Y/FEMALE SAMP. DATE : 14/10/2023 9:45:00AM

CONSULTANT DOCTOR : HOSPITAL CASE SPEC. NO : 10473810

> RESULT DATE : 14/10/2023 2:24:00PM

TPA : MEDIWHEEL

Normal

#### DEPARTMENT OF PATHOLOGY

#### HBA1c (GLYCOSYLATED HAEMOGLOBIN)

**PARAMETER** VALUE RESULT REFERENCE RANGE

6.0 %

HBA1 C (GLYCOSYLATED

**HEAMOGLOBIN)** 

Interpretation

As per American diabetes Association (ADA)

Reference Group - HbA1c In%

Non diabetic  $\geq$  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

#### Note:

- 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.

#### Comments

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.

**TECHNICIAN** 

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18/10/2023 11:43AM



LIRING ROLLTING AND MICROSCOPY

Sparsh Multispecialty Hospital

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AGE/SEX : 54Y/FEMALE SAMP. DATE : 14/10/2023 9:45:00AM

CONSULTANT DOCTOR : HOSPITAL CASE SPEC. NO : 10473805

RESULT DATE : 14/10/2023 3:22:00PM

TPA : MEDIWHEEL

## **DEPARTMENT OF PATHOLOGY**

OKTHE ROOTINE AND MICK	JSCOPY		
PARAMETER	VALUE	RESULT	REFERENCE RANGE
PHYSICAL EXAMINATION			
QUANTITY	10 ml		_
COLOUR	Pale Yellow		
APPEARANCE	Clear		-
REACTION	Acidic		-
CHEMICAL EXAMINATION			
ALBUMIN	Nil		-
SUGAR	Nil		- 1
MICROSCOPIC EXAMINATION			
EPITHELIAL CELLS	Occasional /hpf		0 - 5
PUS CELLS	Occasional /hpf		1 - 2
RBC	Nil /hpf		
CAST	Nil /lpf		
CRYSTAL	Nil		
AMORPHOUS MATERIAL DEPOSIT	Nil		
OTHERS	Nil		
***			

**TECHNICIAN** 



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AGL/JLX

54Y/FEMALE

SPEC. NO

: 10473809

CONSULTANT DOCTOR

: HOSPITAL CASE

RESULT DATE

4.440.4202

: 14/10/2023 1:15:00PM

TPA

: MEDIWHEEL

# **DEPARTMENT OF PATHOLOGY**

PARAMETER	VALUE	RESULT	REFERENCE RANGE
BLOOD GROUPING AND RH TYPING	i		
BLOOD GROUP	"A"		
RH FACTOR	Positive		-
BUN (BLOOD UREA NITROGEN)			
BUN (BLOOD UREA NITROGEN)	12.14 mg / dl	Normal	8 - 23
GGT (GAMMA GLUTAMYL TRANSFEI	RASE)		
GGT (GAMMA GLUTAMYL TRANSFERASE)	18 U / L	Normal	5 - 36
LIPID PROFILE			
CHOLESTEROL TOTAL	210 mg / dl	Normal	150 - 220
TRIGLYCERIDES - SERUM	97 mg / dl	Normal	60 - 165
HDL	57.66 mg / dl	Normal	35 - 80
LDL	132.94 mg/dL	Normal	90 - 160
VLDL	19.40	Low	20 - 50
CHOL: HDL Ratio	3.64:1		3.5 - 5.5
LDL: HDL Ratio	2.31:1		-10.0
URIC ACID			
URIC ACID	2.70 mg/dL	Normal	2.5 - 6.8

**TECHNICIAN** 

Dr. ANJARMSHARMA
D.N. ROPATHOLOGIA

CONSULTANT

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SPEC. NO

: 10473801

CONSULTANT DOCTOR

: HOSPITAL CASE

RESULT DATE

: 14/10/2023 2:25:00PM

TPA

: MEDIWHEEL

# **DEPARTMENT OF PATHOLOGY**

CREATININE

**PARAMETER** 

VALUE

RESULT

REFERENCE RANGE

SERUM CREATININE

0.94 mg/dL

Normal

0.3 - 1.5

Dr. ANJANA SHARMA D.N.B PATHOLOGY

**TECHNICIAN** 

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CONSULTANT DOCTOR : HOSPITAL CASE

SPEC. NO

: 10473811

RESULT DATE : 14/10/2023 4:32:00PM

TPA

: MEDIWHEEL

# **DEPARTMENT OF PATHOLOGY**

## **ESR (ERYTHROCYTE SEDIMENTATION RATE)**

PARAMETER	VALUE	RESULT	REFERENCE RANGE
ESR	45 mm at end of 1 hr	High	0 - 30

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18/10/2023

11:41AM

Page 1 of 1



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RESULT DATE : 14/10/2023 11:00:00AM

TPA : MEDIWHEEL

## **DEPARTMENT OF PATHOLOGY**

11.8 gm%  3.81 Million/cumm  33.6 %	Low	12 - 16
	Low	45.51
	Low	4 5 5 1
33.6 %		4.5 - 5.1
	Low	35.9 - 44.6
88.1 fl	Normal	78 - 96
30.9 pg	Normal	27 - 32
35.1 %	Normal	33 - 37
13.8 %	Normal	11 - 16
6200 /cumm	Normal	4000 - 11000
		*
52 %	Normal	0 - 75
38 %	Normal	22 - 48
02 %	Normal	0 - 6
08 %	Normal	2 - 10
00 %	Normal	0 - 2
00 %	Normal	0 - 5
00 %	Normal	
120000 /cumm	Low	150000 - 450000
	30.9 pg 35.1 % 13.8 %  6200 /cumm  52 % 38 % 02 % 08 % 00 % 00 % 00 %	30.9 pg Normal 35.1 % Normal 13.8 % Normal 6200 /cumm Normal  52 % Normal 38 % Normal 02 % Normal 00 % Normal

Mildly reduced Platelets. Adv: Follow up.

**TECHNICIAN** 

Dr. Anivelly SHARMA
DN. ATHOLOGY
CONSULTINIT

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