

Visit ID	: YOD323283	UHID/MR No	: YOD.0000310786
Patient Name	: Mrs. LAKSHMI DEVI GUNASANI	Client Code	: 1409
Age/Gender	: 32 Y 0 M 0 D /F	Barcode No	: 10435127
DOB	:	Registration	: 05/Apr/2023 08:45AM
Ref Doctor	: SELF	Collected	: 05/Apr/2023 08:45AM
Client Name	: MEDI WHEELS	Received	:
Client Add	: F-701, Lado Sarai, Mehravli, N	Reported	: 05/Apr/2023 10:45AM
Hospital Name	:		

DEPARTMENT OF RADIOLOGY**ULTRASOUND WHOLE ABDOMEN & PELVIS**

Clinical Details : General check-up.

LIVER : Normal in size (12.1 cm) and echo-texture. No focal lesion is seen. Intra hepatic biliary channels are not dilated. Visualised common bile duct & portal vein appears normal.

GALL BLADDER : Partially distended. No evidence of calculi / wall thickening.

PANCREAS : Normal in size and outlines. Parenchymal texture normal. No ductal dilatation. No calcifications / calculi.

SPLEEN : Normal in size and echotexture. No focal lesion is seen.

RIGHT KIDNEY : measures 101 x 50 mm. Normal in size with smooth contours. Parenchymal texture normal. No focal lesion is seen. Cortico-medullary differentiation well maintained. Collecting system does not show any dilatation or calculus.

LEFT KIDNEY : measures 108 x 47 mm. Normal in size with smooth contours. Parenchymal texture normal. No focal lesion is seen. Cortico-medullary differentiation well maintained. Collecting system does not show any dilatation or calculus.

URINARY BLADDER : Well distended. No evidence of calculi or wall thickening.

UTERUS : Anteverted, measures 92 x 44 x 34 mm, normal in size. Myometrium shows normal echo-texture. No focal lesion is seen. Endometrial thickness is normal (5 mm). Right ovary measures 28 x 19 mm and left ovary measures 29 x 18 mm. Both ovaries are normal in size & echotexture. No adnexal lesion seen.

No enlarged nodes are visualised. No retro-peritoneal lesion is identified. Great vessels appear normal.

No free fluid is seen in pelvis.

IMPRESSION:

- No obvious sonographic abnormality detected.

Verified By :
Syed Hyder Ali



Approved By :

Dr. ANNAREDDY SIVAKALA MBBS, DNB
Reg. No.: 85185

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DEPARTMENT OF RADIOLOGY**CHEST X-RAY (PA VIEW)****FINDINGS:**

Trachea is midline.
Mediastinal outline, and cardiac silhouette are normal.
Bilateral lung fields show normal vascular pattern with no focal lesion.
Bilateral hila are normal in density.
Bilateral costo-phrenic angles and domes of diaphragms are normal.
The rib cage and visualized bones appear normal.

IMPRESSION:

- **No significant abnormality detected.**

Suggested clinical correlation and follow up

Verified By :
Syed Hyder Ali



Approved By :

Dr. K. YOGANANDA MD, DNB
Reg. No.: 57889

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Client Name : MEDI WHEELS	Received : 05/Apr/2023 10:08AM
Client Add : F-701, Lado Sarai, Mehravli, N	Reported : 05/Apr/2023 10:38AM
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DEPARTMENT OF HAEMATOLOGY

Test Name	Result	Unit	Biological. Ref. Range	Method
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ESR (ERYTHROCYTE SEDIMENTATION RATE)
Sample Type : WHOLE BLOOD EDTA

ERYTHROCYTE SEDIMENTATION RATE	3	mm/1st hr	0 - 15	Capillary Photometry
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COMMENTS:

ESR is an acute phase reactant which indicates presence and intensity of an inflammatory process. It is never diagnostic of a specific disease. It is used to monitor the course or response to treatment of certain diseases. Extremely high levels are found in cases of malignancy, hematologic diseases, collagen disorders and renal diseases.

Increased levels may indicate: Chronic renal failure (e.g., nephritis, nephrosis), malignant diseases (e.g., multiple myeloma, Hodgkin disease, advanced Carcinomas), bacterial infections (e.g., abdominal infections, acute pelvic inflammatory disease, syphilis, pneumonia), inflammatory diseases (e.g. temporal arteritis, polymyalgia rheumatic, rheumatoid arthritis, rheumatic fever, systemic lupus erythematosus [SLE]), necrotic diseases (e.g., acute myocardial infarction, necrotic tumor, gangrene of an extremity), diseases associated with increased proteins (e.g., hyperfibrinogenemia, macroglobulinemia), and severe anemias (e.g., iron deficiency or B12 deficiency).

Falsely decreased levels may indicate: Sickle cell anemia, spherocytosis, hypofibrinogenemia, or polycythemia vera.

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Approved By :


DR PRANITHA ANAPINDI
 MD , CONSULTANT PATHOLOGIST

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Client Add : F-701, Lado Sarai, Mehravli, N	Reported : 05/Apr/2023 11:16AM
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DEPARTMENT OF HAEMATOLOGY

Test Name	Result	Unit	Biological. Ref. Range	Method
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BLOOD GROUP ABO & RH Typing

Sample Type : WHOLE BLOOD EDTA

ABO	AB			
Rh Typing	POSITIVE			

Method : Hemagglutination Tube method by forward and reverse grouping

COMMENTS:

The test will detect common blood grouping system A, B, O, AB and Rhesus (RhD). Unusual blood groups or rare subtypes will not be detected by this method. Further investigation by a blood transfusion laboratory, will be necessary to identify such groups.

Disclaimer: There is no trackable record of previous ABO & RH test for this patient in this lab. Please correlate with previous blood group findings.

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CBC (COMPLETE BLOOD COUNT)
Sample Type : WHOLE BLOOD EDTA

HAEMOGLOBIN (HB)	12.5	g/dl	12.0 - 15.0	Cyanide-free SLS method
RBC COUNT (RED BLOOD CELL COUNT)	4.25	million/cmm	3.80 - 4.80	Impedance
PCV/HAEMATOCRIT	38.9	%	36.0 - 46.0	RBC pulse height detection
MCV	91.5	fL	83 - 101	Automated/Calculated
MCH	29.4	pg	27 - 32	Automated/Calculated
MCHC	32.1	g/dl	32 - 35	Automated/Calculated
RDW - CV	11.7	%	11.0-16.0	Automated Calculated
RDW - SD	40.5	fl	35.0-56.0	Calculated
MPV	10.4	fL	6.5 - 10.0	Calculated
PDW	12.3	fL	8.30-25.00	Calculated
PCT	0.29	%	0.15-0.62	Calculated
TOTAL LEUCOCYTE COUNT	5,740	cells/ml	4000 - 11000	Flow Cytometry
DLC (by Flow cytometry/Microscopy)				
NEUTROPHIL	57.7	%	40 - 80	Impedance
LYMPHOCYTE	31.4	%	20 - 40	Impedance
EOSINOPHIL	1.7	%	01 - 06	Impedance
MONOCYTE	8.7	%	02 - 10	Impedance
BASOPHIL	0.5	%	0 - 1	Impedance
PLATELET COUNT	2.82	Lakhs/cumm	1.50 - 4.10	Impedance

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DEPARTMENT OF BIOCHEMISTRY

Test Name	Result	Unit	Biological. Ref. Range	Method
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THYROID PROFILE (T3,T4,TSH)

Sample Type : SERUM

T3	1.04	ng/ml	0.60 - 1.78	CLIA
T4	7.53	ug/dl	4.82-15.65	CLIA
TSH	4.98	uIU/mL	0.30 - 5.60	CLIA

INTERPRETATION:

- Serum T3, T4 and TSH are the measurements form three components of thyroid screening panel and are useful in diagnosing various disorders of thyroid gland function.
- Primary hyperthyroidism is accompanied by elevated serum T3 and T4 values along with depressed TSH levels.
- Primary hypothyroidism is accompanied by depressed serum T3 and T4 values and elevated serum TSH levels.
- Normal T4 levels accompanied by high T3 levels are seen in patients with T3 thyrotoxicosis. Slightly elevated T3 levels may be found in pregnancy and in estrogen therapy while depressed levels may be encountered in severe illness, malnutrition, renal failure and during therapy with drugs like propranolol and propylthiouracil.
- Although elevated TSH levels are nearly always indicative of primary hypothyroidism, rarely they can result from TSH secreting pituitary tumors (secondary hyperthyroidism).
- Low levels of Thyroid hormones (T3, T4 & FT3, FT4) are seen in cases of primary, secondary and tertiary hypothyroidism and sometimes in non-thyroidal illness also.
- Increased levels are found in Grave's disease, hyperthyroidism and thyroid hormone resistance.
- TSH levels are raised in primary hypothyroidism and are low in hyperthyroidism and secondary hypothyroidism.

9. REFERENCE RANGE :

PREGNANCY	TSH in uIU/mL
1st Trimester	0.60 - 3.40
2nd Trimester	0.37 - 3.60
3rd Trimester	0.38 - 4.04

(References range recommended by the American Thyroid Association)

Comments:

- During pregnancy, Free thyroid profile (FT3, FT4 & TSH) is recommended.
- TSH levels are subject to circadian variation, reaches peak levels between 2-4 AM and at a minimum between 6-10 PM. The variation of the day has influence on the measured serum TSH concentrations.

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Approved By :

Surya Deep Pratap
SURYADEEP PRATAP
 Senior Biochemist

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DEPARTMENT OF BIOCHEMISTRY

Test Name	Result	Unit	Biological. Ref. Range	Method
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LIVER FUNCTION TEST(LFT)

Sample Type : SERUM				
TOTAL BILIRUBIN	0.39	mg/dl	0.3 - 1.2	JENDRASSIK & GROFF
CONJUGATED BILIRUBIN	0.07	mg/dl	0 - 0.2	DPD
UNCONJUGATED BILIRUBIN	0.32	mg/dl	0.2- 0.7	Calculated
S.G.O.T	13	U/L	< 35	KINETIC WITHOUT P5P-IFCC
S.G.P.T	12	U/L	< 35	KINETIC WITHOUT P5P-IFCC
ALKALINE PHOSPHATASE	40	U/L	30 - 120	IFCC-AMP BUFFER
TOTAL PROTEINS	7.1	gm/dl	6.0 - 8.0	Biuret
ALBUMIN	4.2	gm/dl	3.5 - 5.2	BCG
GLOBULIN	2.9	gm/dl		Calculated
A/G RATIO	1.45			Calculated

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LIPID PROFILE

Sample Type : SERUM				
TOTAL CHOLESTEROL	154	mg/dl	Desirable : 0-200 Borderline :200 – 239 High : >=240	Cholesterol oxidase/peroxidase
H D L CHOLESTEROL	39	mg/dl	> 40	Enzymatic/ Immunoinhibitor
L D L CHOLESTEROL	97.8	mg/dl	Optimal - 70-106 Near Optimal/Aboveoptimal - 100 - 129 mg/dl Borderline High - 130 - 159 mg/dl	Enzymatic Selective Protein
TRIGLYCERIDES	86	mg/dl	Normal : < 150 BorderLine : 150 - 199 High : 200-499	GPO
VLDL	17.2	mg/dl	15 - 30	Calculated
T. CHOLESTEROL/ HDL RATIO	3.95			Calculated

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Senior Biochemist

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HBA1C
Sample Type : WHOLE BLOOD EDTA


HBA1c RESULT	5.7	%	Normal Glucose tolerance (non-diabetic): <5.6% Pre-diabetic: 5.7-6.4% Diabetic Mellitus: >6.5%	HPLC
ESTIMATED AVG. GLUCOSE	117	mg/dl		

Note:

- 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 .
- 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. 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 .

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Test Name	Result	Unit	Biological. Ref. Range	Method
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BLOOD UREA NITROGEN (BUN)
Sample Type : Serum

SERUM UREA	15	mg/dL	17 - 43	Urease GLDH
Blood Urea Nitrogen (BUN)	7.0	mg/dl	5 - 25	GLDH-UV

Increased In:

Impaired kidney function, Reduced renal blood flow {CHF, Salt and water depletion, (vomiting, diarrhea, diuresis, sweating), Shock}, Any obstruction of urinary tract, Increased protein catabolism, AMI, Stress

Decreased In:

Diuresis (e.g. with over hydration), Severe liver damage, Late pregnancy, Infancy, Malnutrition, Diet (e.g., low-protein and high-carbohydrate, IV feedings only), Inherited hyperammonemias (urea is virtually absent in blood)

Limitations:

Urea levels increase with age and protein content of the diet.

Verified By :
Syed Hyder Ali



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Suryadeep Pratap
SURYADEEP PRATAP
 Senior Biochemist

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FBS (GLUCOSE FASTING)
Sample Type : FLOURIDE PLASMA

FASTING PLASMA GLUCOSE	94	mg/dl	70 - 100	HEXOKINASE
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INTERPRETATION:
Increased In


- Diabetes Mellitus
- Stress (e.g., emotion, burns, shock, anesthesia)
- Acute pancreatitis
- Chronic pancreatitis
- Wernicke encephalopathy (vitamin B1 deficiency)
- Effect of drugs (e.g. corticosteroids, estrogens, alcohol, phenytoin, thiazides)

Decreased In

- Pancreatic disorders
- Extraprostatic tumors
- Endocrine disorders
- Malnutrition
- Hypothalamic lesions
- Alcoholism
- Endocrine disorders

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 Senior Biochemist

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DEPARTMENT OF BIOCHEMISTRY

Test Name	Result	Unit	Biological. Ref. Range	Method
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PPBS (POST PRANDIAL GLUCOSE)
Sample Type : FLOURIDE PLASMA

POST PRANDIAL PLASMA GLUCOSE	99	mg/dl	<140	HEXOKINASE
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INTERPRETATION:
Increased In


- Diabetes Mellitus
- Stress (e.g., emotion, burns, shock, anesthesia)
- Acute pancreatitis
- Chronic pancreatitis
- Wernicke encephalopathy (vitamin B1 deficiency)
- Effect of drugs (e.g. corticosteroids, estrogens, alcohol, phenytoin, thiazides)

Decreased In

- Pancreatic disorders
- Extraprostatic tumors
- Endocrine disorders
- Malnutrition
- Hypothalamic lesions
- Alcoholism
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SERUM CREATININE

Sample Type : SERUM

SERUM CREATININE	0.50	mg/dl	0.51 - 0.95	KINETIC-JAFFE
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Increased In:

- Diet: ingestion of creatinine (roast meat), Muscle disease: gigantism, acromegaly,
- Impaired kidney function.


Decreased In:

- Pregnancy: Normal value is 0.4-0.6 mg/dL. A value >0.8 mg/dL is abnormal and should alert the clinician to further diagnostic evaluation.
- Creatinine secretion is inhibited by certain drugs (e.g., cimetidine, trimethoprim).

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GGT (GAMMA GLUTAMYL TRANSPEPTIDASE)

Sample Type : SERUM

GGT	13	U/L	0 - 55.0	KINETIC-IFCC
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INTERPRETATION:

GGT functions in the body as a transport molecule, helping to move other molecules around the body. It plays a significant role in helping the liver metabolize drugs and other toxins. Increased GGT include overuse of alcohol, chronic viral hepatitis, lack of blood flow to the liver, liver tumor, cirrhosis, or scarred liver, overuse of certain drugs or other toxins, heart failure, diabetes, pancreatitis, fatty liver disease.

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URIC ACID -SERUM

Sample Type : SERUM

SERUM URIC ACID	2.5	mg/dl	2.6 - 6.0	URICASE - PAP
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Uric acid is the final product of purine metabolism in the human organism. Uric acid measurements are used in the diagnosis and treatment of numerous renal and metabolic disorders, including renal failure, gout, leukemia, psoriasis, starvation or other wasting conditions, and of patients receiving cytotoxic drugs.

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BUN/CREATININE RATIO

Sample Type : SERUM				
Blood Urea Nitrogen (BUN)	7.0	mg/dl	5 - 25	GLDH-UV
SERUM CREATININE	0.50	mg/dl	0.51 - 0.95	KINETIC-JAFFE
BUN/CREATININE RATIO	14.02	Ratio	6 - 25	Calculated

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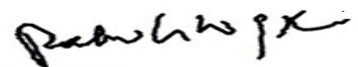
DEPARTMENT OF RADIOLOGY**2D ECHO DOPPLER STUDY**

MITRAL VALVE : Normal
AORTIC VALVE : Normal
TRICUSPID VALVE : Normal
PULMONARY VALVE : Normal
RIGHT ATRIUM : Normal
RIGHT VENTRICLE : Normal
LEFT ATRIUM : 2.7 cms
LEFT VENTRICLE :
EDD : 3.7 cm IVS(d) : 0.7cm LVEF : 68%
ESD : 2.3 cm PW (d) : 0.8cm FS : 34%
No RWMA
IAS : Intact
IVS : Intact
AORTA : 2.6 cms
PULMONARY ARTERY : Normal
PERICARDIUM : Normal
IVS/ SVC/ CS : IVC 1.1 CM

Verified By :
Syed Hyder Ali



Approved By :



DR RAHUL GHOGRE
CONSULTANT CARDIOLOGIST
MD_DM

Visit ID	: YOD323283	UHID/MR No	: YOD.0000310786
Patient Name	: Mrs. LAKSHMI DEVI GUNASANI	Client Code	: 1409
Age/Gender	: 32 Y 0 M 0 D /F	Barcode No	: 10435127
DOB	:	Registration	: 05/Apr/2023 08:45AM
Ref Doctor	: SELF	Collected	: 05/Apr/2023 08:45AM
Client Name	: MEDI WHEELS	Received	:
Client Add	: F-701, Lado Sarai, Mehravli, N	Reported	: 05/Apr/2023 10:52AM
Hospital Name	:		

DEPARTMENT OF RADIOLOGY

PULMONARY VEINS : Normal

INTRA CARDIAC MASSES : No

DOPPLER STUDY :

MITRAL FLOW : E 1.0 m/sec, A 0.6 m/sec.

AORTIC FLOW : 1.1m/sec

PULMONARY FLOW : 0.8m/sec

TRICUSPID FLOW : TRJV : 2.6 m/sec, RVSP 38 mmHg

COLOUR FLOW MAPPING: Trivial TR**IMPRESSION :**

- * NORMAL SIZED CARDIAC CHAMBERS
- * NO RWMA OF LV
- * NORMAL LV SYSTOLIC FUNCTION
- * NORMAL LV FILLING PATTERN
- * TRIVIAL TR / MILD PAH
- * NO PE / CLOT

CONSULTANT CARDIOLOGISTVerified By :
Syed Hyder Ali

Approved By :

DR RAHUL GHOGRE
CONSULTANT CARDIOLOGIST
MD_DM

Visit ID	: YOD323283	UHID/MR No	: YOD.0000310786
Patient Name	: Mrs. LAKSHMI DEVI GUNASANI	Client Code	: 1409
Age/Gender	: 32 Y 0 M 0 D /F	Barcode No	: 10435127
DOB	:	Registration	: 05/Apr/2023 08:45AM
Ref Doctor	: SELF	Collected	: 05/Apr/2023 08:51AM
Client Name	: MEDI WHEELS	Received	: 05/Apr/2023 11:52AM
Client Add	: F-701, Lado Sarai, Mehravli, N	Reported	: 05/Apr/2023 01:05PM
Hospital Name	:		

DEPARTMENT OF CLINICAL PATHOLOGY

Test Name	Result	Unit	Biological. Ref. Range	Method
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Verified By :
Syed Hyder Ali



Approved By :

DR PRANITHA ANAPINDI
MD , CONSULTANT PATHOLOGIST

Visit ID : YOD323283	UHID/MR No : YOD.0000310786
Patient Name : Mrs. LAKSHMI DEVI GUNASANI	Client Code : 1409
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DOB :	Registration : 05/Apr/2023 08:45AM
Ref Doctor : SELF	Collected : 05/Apr/2023 08:51AM
Client Name : MEDI WHEELS	Received : 05/Apr/2023 11:52AM
Client Add : F-701, Lado Sarai, Mehravli, N	Reported : 05/Apr/2023 01:05PM
Hospital Name :	

DEPARTMENT OF CLINICAL PATHOLOGY

Test Name	Result	Unit	Biological. Ref. Range	Method
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CUE (COMPLETE URINE EXAMINATION)
Sample Type : SPOT URINE
PHYSICAL EXAMINATION

TOTAL VOLUME	20 ML	ml		
COLOUR	PALE YELLOW			
APPEARANCE	CLEAR			
SPECIFIC GRAVITY	1.010		1.003 - 1.035	Bromothymol Blue

CHEMICAL EXAMINATION


pH	6.0		4.6 - 8.0	Double Indicator
PROTEIN	NEGATIVE		NEGATIVE	Protein - error of Indicators
GLUCOSE(U)	NEGATIVE		NEGATIVE	Glucose Oxidase
UROBILINOGEN	NEGATIVE	mg/dl	< 1.0	Ehrlichs Reaction
KETONE BODIES	NEGATIVE		NEGATIVE	Nitroprasside
BILIRUBIN - TOTAL	NEGATIVE		Negative	Azo-coupling Reaction
BLOOD	NEGATIVE		NEGATIVE	Tetramethylbenzidine
LEUCOCYTE	NEGATIVE		Negative	by an azo-coupling reaction
NITRITE	NEGATIVE		NEGATIVE	Diazotization Reaction

MICROSCOPIC EXAMINATION

PUS CELLS	2-3	cells/HPF	0-5	
EPITHELIAL CELLS	4-5	/hpf	0 - 15	
RBCs	NIL	Cells/HPF	Nil	
CRYSTALS	NIL	Nil	Nil	
CASTS	NIL	/HPF	Nil	
BUDDING YEAST	NIL		Nil	
BACTERIA	NIL		Nil	
OTHER	NIL			

 Verified By :
 Syed Hyder Ali


Approved By :


DR PRANITHA ANAPINDI
 MD , CONSULTANT PATHOLOGIST

Visit ID	: YOD323283	UHID/MR No	: YOD.0000310786
Patient Name	: Mrs. LAKSHMI DEVI GUNASANI	Client Code	: 1409
Age/Gender	: 32 Y 0 M 0 D /F	Barcode No	: 10435127
DOB	:	Registration	: 05/Apr/2023 08:45AM
Ref Doctor	: SELF	Collected	: 05/Apr/2023 08:51AM
Client Name	: MEDI WHEELS	Received	: 05/Apr/2023 11:52AM
Client Add	: F-701, Lado Sarai, Mehravli, N	Reported	: 05/Apr/2023 01:05PM
Hospital Name	:		

DEPARTMENT OF CLINICAL PATHOLOGY

Test Name	Result	Unit	Biological. Ref. Range	Method
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DR PRANITHA ANAPINDI
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Visit ID	: YOD323283	UHID/MR No	: YOD.0000310786
Patient Name	: Mrs. LAKSHMI DEVI GUNASANI	Client Code	: 1409
Age/Gender	: 32 Y 0 M 0 D /F	Barcode No	: 10435127
DOB	:	Registration	: 05/Apr/2023 08:45AM
Ref Doctor	: SELF	Collected	: 05/Apr/2023 11:10AM
Client Name	: MEDI WHEELS	Received	: 05/Apr/2023 12:47PM
Client Add	: F-701, Lado Sarai, Mehravli, N	Reported	: 05/Apr/2023 04:10PM
Hospital Name	:		

DEPARTMENT OF CYTOPATHOLOGY**PAP SMEAR**

Lab Ref. No. : C 642/23

Clinical Diagnosis : For screening

Specimen type : Conventional cytology (2 slides)

Specimen Adequacy : Satisfactory for evaluation without endocervical cells.

Microscopy : Smear shows superficial and intermediate cells.


Organisms : Not present

Interpretation : **Negative for intraepithelial lesion / malignancy.**

Note - Advised clinical correlation.

***** End Of Report *****Verified By :
Syed Hyder Ali

Approved By :


DR PRANITHA ANAPINDI
MD , CONSULTANT PATHOLOGIST