MEERUT HISTO-PATHOLOGY CENTRE MEERUT

Dr.Medha Jain

M.D (Path)

PATHOLOGIST

302 Western Kutcheri

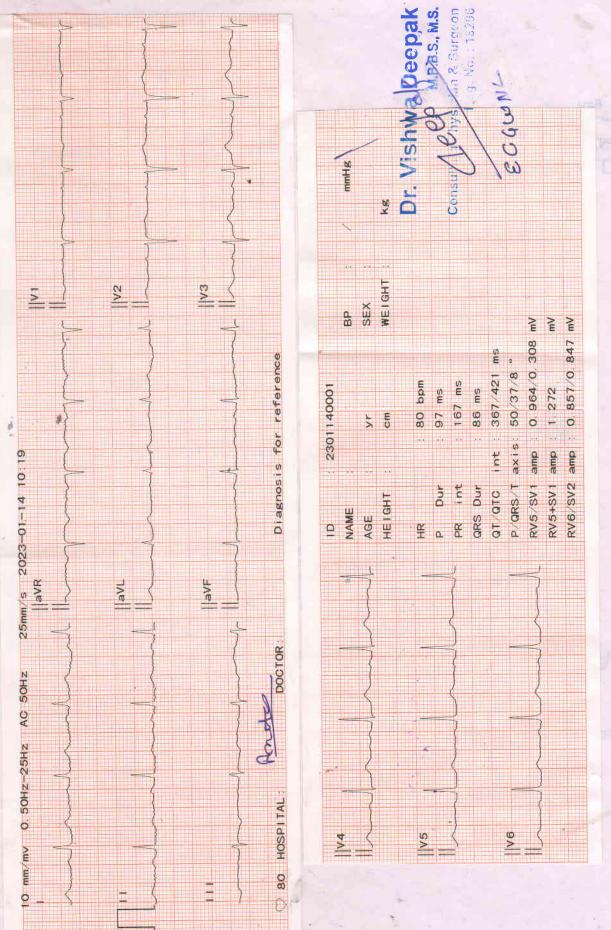
(Opp Tyagi Hostel)

Ph-0121-4009679,9927286318

	PHYSICAL ASSESSMEST FORMAT		
Date of Examination	14/01/23	:	
NAME	Ani+ 9		
DOB	04/10/1967	Gender FEH 9/E. WEIGHT (Kg) 55. ABDOMEN (cm) 98.	
HEIGHT (cm)	155	WEIGHT (Kg) 55	
CHEST (cm)	89	ABDOMEN (cm) 98 -	
B.P	130/74.		
Present Ailments (if any)	Nic		
Details of Past ailments any surgery or hospitalization or Blood transfusion	Nic		
Details On Medications (if any)	piè .		
HABITS (Tobacco /Alcohol ect.)	μic		
BMI	22:9.	Dr. Vishwa Deeha	

Insured's Sign

Consulting P





Quality Management Services ISO-9001:2015 Certified Lab

MEERUT HISTOPATHOLOGY CENTRE

Laboratory Test-Report

: Mrs. Anita

REFERRED BY : Dr.Bob SAMPLE : Blood, Urine DATE : 14/01/2023

AGE

SEX : Female

TEST NAME	RESULTS	UNITS	REFRANGE
	HAEMATOLOGY		THE THE L
Complete Blood Counts	4		
HAEMOGLOBIN	10.6	GM%	10 - 16
TOTAL LEUCOCYTE COUNT:	5,900 cells	/Cu mm	4,500-11,000
DIFFERENTIAL LEUCOCYTE COUNT:	3,555 555	/ Cd IIIII	1,500 11,000
Neutrophils:	63	%.	50-70
Lymphocytes :	30	%.	25-40
Eosinophils :	03	%.	1-4
Monocytes :	04	%.	
Basophils :	00	%.	3-8
TOTAL R.B.C. COUNT	3.9		0-1
PLATELET COUNT :	160	million/cu mm	
P.C.V.	31.0	thousand/cun	
MCV	79.4	%.	35 - 54
MCH		fL	76-98
MCHC	27.1	pg	27 - 32
	34.1	g/dl	31-35
E.Ş.R. (Westergren Method):			0-20
	14	mm in 1st Hr	
BLOOD GROUP:	, 1		
Major Blood Group :	Α		
Rh Blood Group :	Positive		
	(Comment)		
Forward grouping by SLIDE METHOD.	(Comment)		
All NEGATIVE blood groups to be confirm	ned at an authorized blood - bank		
3.0.4	BIOCHEMISTRY		
BLOOD SUGAR (FASTING)	76.0	mg/dL	70 - 100
		mg/ac	70 - 100
IPID PROFILE :			
SERUM TRIGYCERIDE:	193.5	mg/dl	50-160
SERUM CHOLESTEROL :	168.5	mg/dL.	130 - 200
HDL CHOLESTEROL :	50.3	mg/dL.	30 - 70
/LDL CHOLESTEROL :	38.7	mg/dL.	25 - 40
DL CHOLESTEROL :	79.5	mg/dL.	85 - 150
		mg/ dL.	03 130
CHOL/HDL CHOLESTROL RATIO	3.3	Low Risk	0.0 - 3.5
		Mod.Risk	3.5 - 5.0
	- A	High Risk	> 5.0
DL/HDL RATIO	1.6	Normal Range	
		High Risk	> 3.0
	{End of Report}		- Mandella
بكالمالي مطرابا والإمراب الأحراث		D	r. Medha jai
			M.B.B.S. (M.D. Pa
			To serve a serve and the serve

M.B.B.S. (M.D. Path) Consultant Pathologist Reg. No. - G-33290 Gujrat CMO. Reg. No. - MRT 869, Meerut

DR. KUMKUM DEEPAK MEMORIAL CENTRE, 302, W.K. ROAD, MEERUT

CALL: 0121-4009679, 9639688806, 09927286318, 7906584952, 9639251854 24 Hour Service, Home Visit



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REFERRED BY : Dr.Bob

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DATE : 14/01/2023

AGE : SEX : Female

TEST NAME RESULTS UNITS REF.-RANGE

	RESULTS	UNITS	REFRANGE	
	BIOCHEMISTRY			11
LIVER FUNCTION TEST				
SERUM BILIRUBIN :				
TOTAL:	0.66	ma/dl	02.40	
DIRECT:	0.27	mg/dL.	0.2 - 1.0	
INDIRECT:	0.39	mg/dL.	0.1 - 0.3	
S.G.P.T. :	34.1	mg/dL. U/L	0.2 - 0.7	
S.G.O.T. :	39.8	· · · · · · · · · · · · · · · · · · ·	5 - 45	
A STATE OF THE PARTY OF THE PAR		U/L	5 - 45	
G.G.T.P. :	26.3	U/L	E 0 DE 0 (0= =)	
SERUM ALK. PHOSPHATASE :	118.9	IU/L.	5.0-35.0 (37 C)	
SERUM PROTEINS :		10/L.	65-160	
TOTAL PROTEINS:	6.6	Gm/dL.		
ALBUMIN:	3.8	Gm/dL.	5.5 - 8.5	
GLOBULIN:	2.8	Gm/dL.	3.5 - 5.5	
A : G RATIO:	1.3	GillyaL.	2.3 - 3.5	
Di den un f				
BLOOD UREA NITROGEN:	14.2	mg/dL.	F 25	
SERUM CREATININE :	1.0	mg/dL.	5 - 25	
SERUM URIC ACID:	5.4	mg/dL.	0.8 - 1.5	
SERUM SODIUM (Na):	146.0	mEq/litre.	2.5 - 7.0	
SERUM POTASSIUM (K):	4.3	mEq/litre.	135 - 147 3.5 - 5.4	
SERUM CHLORIDE (CI):	102.3	m Eq/litre.	96 - 106	
		Eq/ilde.	30 - 100	
	(End of Donos)			

--{End of Report}--

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MEERUT HISTOPATHOLOGY CENTRE

REFERRED BY

: Dr.Bob

: Mrs. Anita

SAMPLE : Blood, Urine

DATE : 14/01/2023

AGE

SEX : Female

TEST NAME

RESULTS

UNITS

REF.-RANGE

HORMONE

THYROID PROFILE:

Triiodothyronine (T3):

Thyroxine (T4):

THYROID STIMULATING HORMONE(TSH)

1.71

86.9

2.60

nmol/litre.

0.95 - 2.5

nmol/litre. micro Iu/ml 60 - 120 0.20 - 5.0

Low Levels of T3 & T4 are seen in Non-Thyroidal illness

High Levels of T3 & T4 are found in

- Primary, Secondary & Tertiary Hypothyroidism and some - Grave's Disease, Hyperthyroidism, Thyroid hormone resistance

and T3 Thyrotoxicosis TSH Levels are raised in

- Primary Hypothyroidism

TSH Levels are Low in

- Hyperthyroidism, Secondary Hypothyroidism.

CLINICAL PATHOLOGY

URINE EXAMINATION REPORT:

PHYSICAL EXAMINATION:

Volume:

Colour: Appearance:

Odour:

Sediments:

Sp. Gravity:

BIOCHEMICAL EXAMINATION:

Sugar: Albumin:

Reaction:

MICROSCOPIC EXAMINATION:

Red Blood Cells:

Pus Cells:

Epithelial Cells:

20

Pale Yellow

Clear

Aromatic

1020

Nil

Nil

Acidic

Nil

3-4

/H.P.F.

/H.P.F.

6-8

/H.P.F.

GLYCOSYLATED HAEMOGLOBIN A1c

5.3

4.3 - 6.4

Clinical significance :- The HbA1c concemtration in blood is directly proportional to the mean concentration of glucose prevailing in the previous 6-8 wks, equivalent to the life time of erythrocytes.

Normal Range :-

Non-Diabetics - 4.3 - 6.4%

6.5 - 7.5%

Good control 7.5 - 8.5% Poor control

--{End of Report}--

Dr. Medha jai M.B.B.S., (M.D. Path) Consultant Pathologist Reg. No. -/G-33290 Gujrat CMO. Reg. No. - MRT 869, Meerut

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All Investigations have their limitation which are imposed by the limits of sensitivity and specificity of individual assay procedures as well as the specimen received by the laboratory. Isolated laboratory investigation never confirm the final diagnosis of the disease. They only help in arriving at a diagnosis in conjunction with clinical presentation and other related investigation. NOT FOR MEDICO LEGAL PURPOSE



Dr. Tanuj Garg

M.D. (Radiodiagnosis)

ADDRESS: INDIRA CHOWK, HAPUR ROAD, MEERUT.

TEL.:	0121-4050050	MOB.:	9837072571
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Patient's Name	Mrs. ANITA	Age /Sex	55 Y/F
Referred By		Dated	14 JAN 2023

WHOLE ABDOMEN SONOGRAPHY

<u>LIVER</u> is normal in size. No focal lesion is seen. Intrahepatic biliary radicles are normal. Liver margins are normal.

GALL BLADDER is well filled. Wall thickness is normal. No pericholecystic fluid is seen. No calculus / focal mass is seen.

CBD is appears to be normal in caliber. No calculus is seen.

PORTAL VEIN appears to be normal in course and caliber.

PANCREAS is normal in shape, size and echotexture. MPD is normal.

SPLEEN is normal in shape, size and echotexture.

RIGHT KIDNEY is normal in size, shape and position and echotexture. Pelvicalyceal system is normal. No evidence of hydronephrosis or calculus is seen. Cortico medullary differentiation is maintained. Renal cortical thickness is normal. Renal margins are normal. LEFT KIDNEY is normal in size, shape and position and echotexture. Pelvicalyceal system is normal. No evidence of hydronephrosis or calculus is seen. Cortico medullary differentiation is maintained. Renal cortical thickness is normal. Renal margins are normal <a href="https://doi.org/licensess/lic

Right ovary is normal in shape and size and echotexture.

Left ovary is normal in shape and size and echotexture.

<u>URINARY BLADDER</u> is well filled, appears to be normal. No calculus is seen in the lumen. No significant residual urine volume is seen.

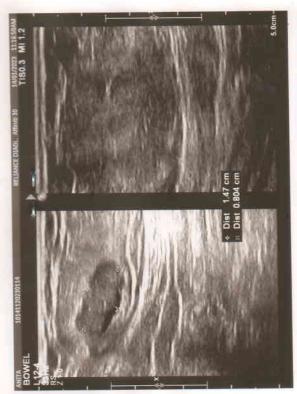
No evidence of retroperitoneal lymphadenopathy, bilateral pleural effusion or ascites is seen.

Right sided anterior abdominal wall muscles are thickened. An oval hypoechooic area of 14x8 mm is seen on right side.

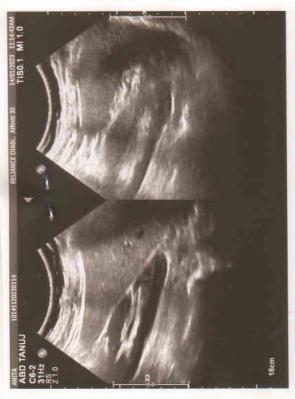
IMPRESSION:

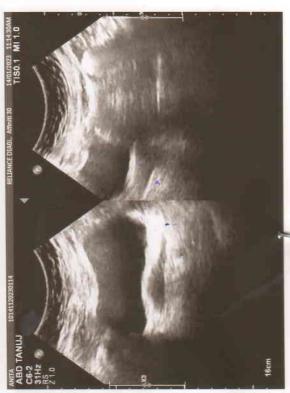
THICKENED RIGHT SIDED ANTERIOR ABDOMINAL WALL MUSCLES WITH OVAL HYPOECHOIC AREA ON RIGHT SIDE ADVISED- FNAC

DR. TA'NUJ GARG, MD CONSULTANT RADIOLOGIST









Dr. Tanuj Garg

ADDRESS: INDIRA CHOWK, HAPUR ROAD, MEERUT. TEL.: 0121-4050050 MOB.: 9837072571

Patient's Name	Mrs. ANITA	Age /Sex	55 Y/F
Referred By		Dated	14 JAN 2023

X- RAY CHEST PA VIEW

Soft tissue and bony thorax is normal.

Trachea is normal.

Both domes of diaphragm are normal.

Both C. P. angles are normal.

Both hila are normal.

Vascular marking are normal.

C.T. ratio is normal.

IMPRESSION

NO OBVIOUS ABNORMALITY DETECTED

DR. TANUJ GARG, MD CONSULTANT RADIOLOGIST

