

23-02-2023 11:45:15 AM

ID: 1729

Rashmi Chaudhary

Female 41Years

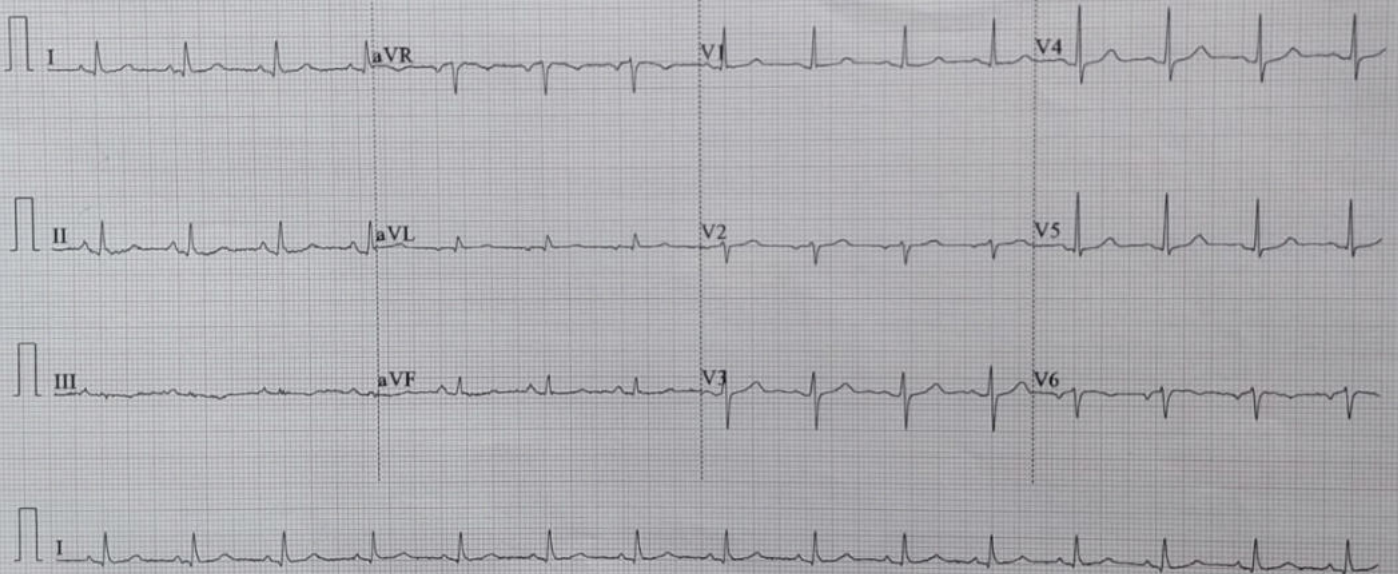
HR : 89 bpm
P : 98 ms
PR : 148 ms
QRS : 75 ms
QT/QTc : 352/429 ms
P/QRS/T : 65/33/28 °
RV5/SV1 : 0.959/0.050 mV

Diagnosis Information:

Sinus Rhythm

Poor R Wave Progression(V2)

Report Confirmed by: Dr. A.K Singh



PATHOLOGY REPORT

Name:- Mrs. Rashmi Chaudhari	Age :41Y/F	Date :-25/03/2023
Ref. By :- Dr. Bank Of Barauda	(E.C.No169857)	Serial Number :- 0255

Lipid Profile - serum

<u>TEST</u>	<u>RESULT</u>	<u>UNIT</u>	<u>Reference Values</u>	
S. Cholesterol	225.0	mg/dl	130	- 200
S. Triglycerides	120.0	mg/dl	Fasting: 25	- 160
S. VLDL-Cholesterol	24.0	mg/dl	10	- 40
S. HDL-Cholesterol	54.0	mg/dl	Male: 30	- 65
			Female: 35	- 80
S. LDL-Cholesterol	147.0	mg/dl	60	- 150
Ratio of Cholesterol/HDL	4.16		Low Risk: <3.0	
			Average Risk: 03	- 5.0
			High Risk: >5.0	
LDL/HDL Ratio	2.72		1.5	- 3.5

BIOCHEMISTRY

<u>TEST</u>	<u>RESULT</u>	<u>UNIT</u>	<u>Reference Values</u>	
P. Glucose Fasting	75.0	mg/dl	70	- 110
P. Glucose-Post Prandial (after 1.30hrs meal)	103.0	mg/dl	80	- 160

end of report

Signature

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TEST	CBC (Complete Blood Count)		Reference Values
	RESULT	UNIT	
Hb (Haemoglobin)	12.0	gm/dl	- 12 - 17
Total Leukocyte Count	5,700	/Cumm.	4000 - 11000
RBC Count	4.15	Million/Cumm.	3.8 - 5.8
PCV / Haematocrit	37.1	%	30 - 50
Platelet Count	1.73	Lakhs/c.mm	1.5 - 4.5
MCV	91.8	fl	80 - 100
MCH	27.7	pg	26 - 34
MCHC	31.6	gm/dl	31.5 - 35
Differential Leukocyte Count			
Neutrophil	60	%	40 - 70
Lymphocyte	32	%	20 - 40
Monocyte	02	%	02 - 10
Eosinophi	06	%	01 - 06
Basophil	00	%	< 1 - 2 %
ESR	14	mm/1 st hr.	00 - 20

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KFT (KIDNEY Function Test) – serum

<u>TEST</u>	<u>RESULT</u>	<u>UNIT</u>	<u>Reference Values</u>	
S. Urea	22.0	mg/dl	13	- 45
S. Creatinine	0.81	mg/dl	Male 0.7	- 1.4 Female 0.6 - 1.2
S. BUN	10.27	mg/dl	6.0	- 21
S. Sodium (Na ⁺)	138.6	mmol/ltr	135	- 150
S. Potassium(K ⁺)	4.18	mmol/ltr	3.5	- 5.5
S. Chloride(Cl ⁻)	103.9	mmol/ltr	94	- 110
S. Calcium	9.41	mg/dl	8.7	- 11.0
S. Uric Acid	3.74	mg/dl	Male 3.5	- 7.2 Female 2.5 - 6.2

BLOOD GROUPING

Grouping (ABO) : "O" Group
Rh Typing : Positive.

end of report

Signature 


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LFT (Liver Function Test) – serum

<u>TEST</u>	<u>RESULT</u>	<u>UNIT</u>	<u>Reference Values</u>	
S. Total Bilirubin	0.79	mg/dl	Adults: 0.1 - 1.2	Infants: 1.2 - 12
S. SGPT (ALT)	28.0	U/L	05	40
S. SGOT (AST)	33.0	U/L	05	40
S.GGT	37.0	U/L	05	45
S. Alkaline Phosphatase	91.6	U/L	Adult -- 25	140
			Children (1 – 12 yrs.) -- 104	390
S. Total Protein	6.82	g/dl	6.0	8.3
S. Albumin	3.68	g/dl	3.2	5.0
S. Globulin	3.14	g/dl	2.8	4.5
S. A/G Ratio	1.17			

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GLYCOSYLATED HEMOGLOBIN

<u>TEST</u>	<u>RESULT</u>	<u>UNIT</u>
HbA1c	3.90	%

Mean Blood Glucose level (MBG) – 102.0 mg/dl

Normal Reference Values

Normal	:	< 8.0 %
Good Control	:	8.0 - 9.0 %
Fair Control	:	9.0 - 10.0 %
Poor Control	:	> 10.0 %

Summary :- Glycosylated hemoglobin (GHb) reflects the average blood glucose concentration over the preceding several weeks & a sudden fall from high to low glucose concentration will not produce a correspondingly rapid fall in glycosylated hemoglobin. Thus GHb reflects the metabolic control of glucose level over a period of time, unaffected by diet, insulin, other drugs or exercise on the day of testing. GHb is now widely recognized as an important test for the diagnosis of diabetes mellitus and is a good indicator of the efficacy of therapy.

end of report

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TEST NAME	METHOD	VALUE	UNITS	NORMAL RANGE
TOTAL TRIIODOTHYRONINE (T3)	C.L.I.A	105.5	ng/dL	(60 - 200)
TOTAL THYROXINE (T4)	C.L.I.A	5.18	µg/dL	(4.5 - 12.0)
THYROID STIMULATING HORMONE (TSH)	C.L.I.A	2.05	µIU/mL	(0.3 - 5.5)

Technology :

T3 - Competitive Chemi Luminescent Immuno Assay

T4 - Competitive Chemi Luminescent Immuno Assay

TSH - Ultra Sensitive Sandwich Competitive Chemi Luminescent Immuno Assay

REMARK :

THYROID HORMONES -Serum TSH is primarily responsible for the synthesis and release of Thyroid hormones is an early and sensitive indicator of decrease in thyroid reserve is the diagnostic of primary hypothyroidism.The expected increase in TSH demonstrate the classical feedback mechanism between pituitary and thyroid gland.Additionally TSH measurement is equally important in differentiating secondary and tertiary(hypothalamic) hypothyroidism.The increase in total T4 and T3 is associated with pregnancy,oral contraceptive and estrogen therapy results into masking of abnormal thyroid function only because of alteration of TBG concentration,which can be monitored by calculating Free Thyroxine Index(FTI) or Thyroid Hormone Binding Ratio(THBR).a

end of report

Signature