



CARE & CURE MULTISPECIALITY HOSPITAL

COMMITMENT OF CARE

Patient Name : MRS. SAROJ RAJAK
Registration No. : CCMH-H-001671
Lab No : 3
Age & Sex : 41 Years / Female
Referring Doctor :
Report Status : Final

Registration Date/Time : 14/01/2023 10:16AM
Accession Date/Time : 14/01/2023 01:30PM
Report Date/Time : 14/01/2023 03:38PM
Print Date/Time : 14/01/2023 3:38 pm

TEST(S)	RESULT(S)	UNITS	BIOLOGICAL REFERENCE RANGE
FBS SAMPLE TYPE: WHOLE BLOOD FLUORIDE F METHOD: Hexokinase Enzym	: 88.5	mg/dl	70-100
UREA SAMPLE TYPE: SERUM METHOD: GLDH ENZYMATIC U	: 27.1	mg/dL	15-40
CREATININE SAMPLE TYPE: SERUM METHOD: Jaffe's Method 2	: 0.74	mg/dL	0.51-0.90
URIC ACID SAMPLE TYPE: SERUM METHOD: Uricase POD End	: 3.16	mg/dL	2.4-5.7
PPBS SAMPLE TYPE: WHOLE BLOOD FLUORIDE PP METHOD: Hexokinase Enzym	: 100.2	mg/dl	70-140

***** End Of Report *****



Technician

Dr. Shamima Bano, M.B.B.S., DCP
Consultant Pathologist
MCI Reg. No. 4323



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TEST(S)

LFT
 SAMPLE TYPE: SERUM
 METHOD:

TEST(S)	RESULT(S)	UNITS	BIOLOGICAL REFERENCE RANGE
Bilirubin- Total	: 0.86	mg/dL	0.2-1.2
Bilirubin- Direct	: 0.17	mg/dL	0.1-0.4
Bilirubin- Indirect	: 0.69	mg/dl	0.2-0.8
SGOT	: 42.0	U/L	05-37
SGPT	: 19.0	U/L	05-36
Alkaline Phosphatase	: 231.0	U/L	00-645
Total Protein	: 7.38	gm/dl	6.5-8.5
Albumin	: 4.06	gm/dl	3.5-5.5
Globulin	: 3.32	gm/dl	2.3-3.5
A/G Ratio	: 1.25		1.0-2.2

LIPID PROFILE
 SAMPLE TYPE: SERUM
 METHOD:

S.Cholesterol	: 161.0	mg/dL	No risk < 200 mg/dl Moderate risk 200 - 239 mg/dl High risk >240 mg/dl Upto 150
S.Triglycerides	: 87.3	mg/dl	Major risk < 40 mg/dl Negative risk > 60 mg/dl Optimum < 100 mg/dl Near/above optimum 100 - 129 mg/dl Boderline high 130 - 159 mg/dl High 160 - 189 mg/dl Very high > 190 mg/dl Upto 300
HDL Cholesterol	: 46.9	mg/dl	4.4-11
LDL Cholesterol	: 96.6	mg/dl	
VLDL Cholesterol	: 17.4	mg/dl	
S.Cholesterol/HDL Ratio	: 3.43		

***** End Of Report *****

Technician

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 Consultant Pathologist
 MCJ Reg. No. 4323



Plot No. 5/6, Infront of V-Mart, Near Hanuman Mandir,
 Karond Chouraha, New Jail Road, Bhopal, 462038 (M.P.)
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 Registration No. : CCMH-H-001671
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 Print Date/Time : 14/01/2023 3:39 pm

TEST(S)	RESULT(S)	UNITS
URINE R/M		
SAMPLE TYPE : URINE		
METHOD : Multistix		
Quantity	: 40 ML	
Colour	: Pale Yellow	
Appearance	: Clear	
Specific gravity	: 1.015	
Deposit	: Absent	
Reaction (PH)	: 6.0	
Albumin	: Absent	
Sugar	: Absent	
Ketone Bodies	: Absent	
Bile Salts	: Absent	
Bile Pigments	: Absent	
Urobilinogen	: Absent	
PUS Cells	: Absent	
RBC	: 2 - 5	/HPF
Casts	: Absent	/HPF
Crystals	: Absent	
Epithelial Cells	: Absent	
Bacteria	: 0 - 1	/HPF
URINE SUGAR (PP)	: Absent	
	: ABSENT	

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Patient Name : MRS. SAROJ RAJAK
 Registration Date/Time : 14/01/2023 10:16AM
 Registration No. : CCMH-H-001671
 Accession Date/Time : 14/01/2023 01:30PM
 Age & Sex : 3
 Report Date/Time : 14/01/2023 03:38PM
 Referring Doctor : 41 Years / Female
 Print Date/Time : 14/01/2023 3:40 pm
 Report Status : Final

TEST(S)	RESULT(S)	UNITS	BIOLOGICAL REFERENCE RANGE
COMPLETE BLOOD COUNT (CBC) SAMPLE TYPE : WHOLE BLOOD EDTA METHOD : 5 part fully aut			
Haemoglobin	: 7.1	g/dl	11.5-16.0
R.B.C. Count	: 4.00	mill./cmm.	3.80-5.80
Packed Cell Volume (PCV)	: 28.0	%	40.0-54.0
Neutrophils	: 58	/cumm	40-70
Lymphocytes	: 35	%	20-45
Monocytes	: 04	%	02-08
Eosinophils	: 03	%	01-05
Basophils	: 00	%	00-01
Total WBC Count	: 5900	/cumm	4000-10500
MCV	: 70.0	FL	82.0-97.0
MCH	: 17.7	Pg	27.0-32.0
MCHC	: 25.3	%	32.0-36.0
RDW-CV	: 17.7	%	11.5-14.5
RDW-SD	: 65.1	FL	37.0-54.0
Platelet count	: 3.25	Lacs/cumm	1.50-4.50
MPV	: 9.1	FL	7.4-10.4
PDW	: 15.2	%	10.0-17.0
PCT	: 0.29	%	0.10-0.28
P-LCR	: 29.7	%	13.0-43.0
ESR	: 14		

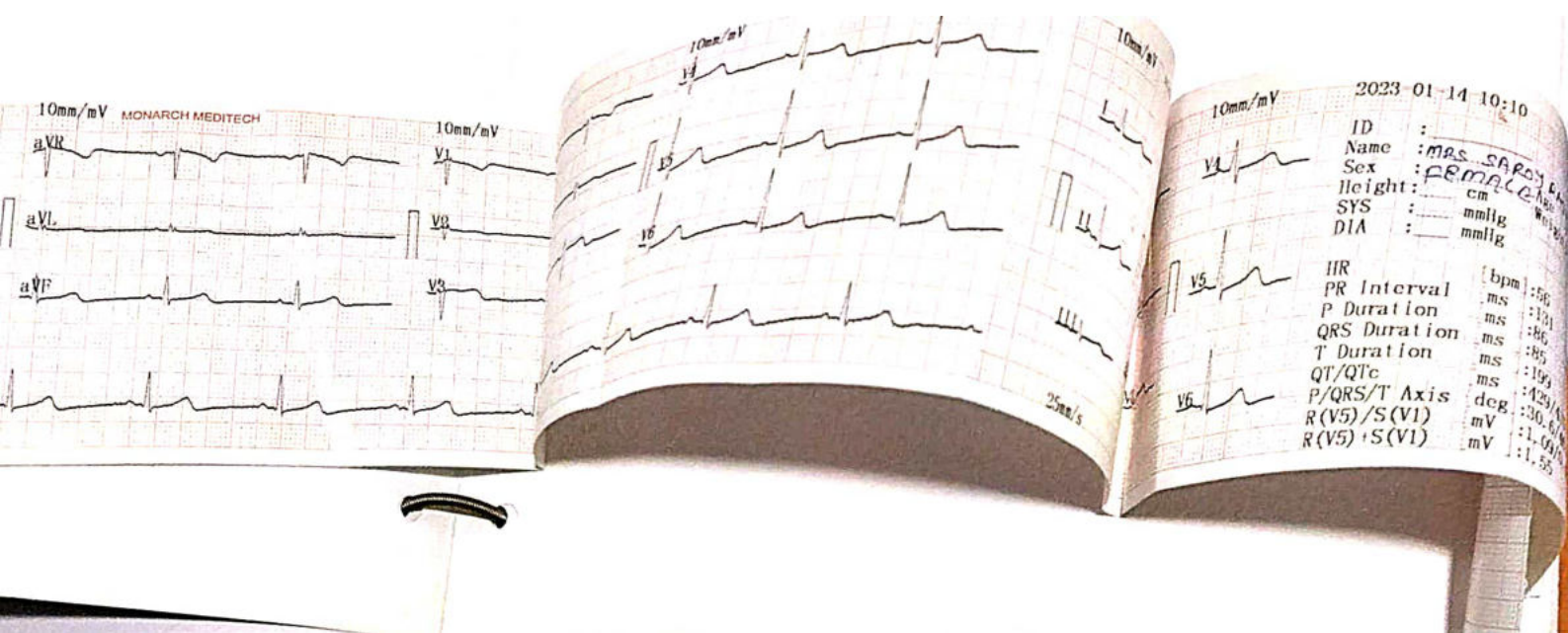
***** End Of Report *****

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CARE & CURE MULTISPECIALITY HOSPITAL

COMMITMENT OF CARE

Patient Name : MRS. SAROJ RAJAK
Registration No. : CCMH-H-001671
Lab No : 6
Age & Sex : 41 Years / Female
Referring Doctor :
Report Status : Final

Registration Date/Time : 14/01/2023 04:43PM
Accession Date/Time : 14/01/2023 05:37PM
Report Date/Time : 14/01/2023 05:39PM
Print Date/Time : 14/01/2023 5:39 pm

BLOOD GROUP & RH FACTOR

SAMPLE TYPE : EDTA WB
METHOD : Slide and Tube m

Blood Group : A +ve
Rh Factor : Positive

***** End Of Report *****



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Consultant Pathologist
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COMMITMENT OF CARE

Patient Name : MRS. SAROJ RAJAK
 Registration No. : CCMH-H-001671
 Lab No : 3
 Age & Sex : 41 Years / Female
 Referring Doctor :
 Report Status : Final

Registration Date/Time : 14/01/2023 10:16AM
 Accession Date/Time : 14/01/2023 01:30PM
 Report Date/Time : 14/01/2023 05:36PM
 Print Date/Time : 14/01/2023 5:36 pm

TEST(S)	RESULT(S)	UNITS	BIOLOGICAL REFERENCE RANGE
HbA1c SAMPLE TYPE: WHOLE BLOOD EDTA M METHOD: Immunoturbidimet			
Glycosylated Haemoglobin % (HbA1c)	: 5.31	%	4.8-5.9
Mean Plasma Glucose (MPG)	: 105.5		

NOTES: 1. The HbA1c test shows your average blood sugar for last 3 months.
 2. The HbA1c test does not replace your day-to-day monitoring of blood glucose.
 Use this test result along with your daily test results to measure your overall, diabetes control.
 How does HbA1c works?

The HbA1c test measures the amount of sugar that attaches to protein in your red blood cells. RBCs live for about 3 months, so this test shows your average blood sugar levels during that time. Greter the level of sugar & longer it is high, the more sugar that will attach to RBCs. Why is this test so important?

Research studies demonstrated that the closer to normal your HbA1c level was, the less likely your risk of developing the long-term complications of diabetes. Such problems include eye disease, nerve damage, heart and blood vessel disease and kidney problems.

Who should have the HbA1c test done?

Everyone with diabetes can benefit from taking this test. Knowing your HbA1c level helps you and your doctor decide if you need to change your diabetes management plan.

How often should you have a HbA1c test?

You should have this test done when you are first diagnosed with diabetes.

Then at least twice a year if your treatment goals are being met & blood glucose control is stable.

More frequent HbA1c testing (4 times / year) is recommended if your therapy has been recently changed or if you are not

***** End Of Report *****

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 (MC) Reg. No.4323



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SADHNA PATHOLOGY

LICENSED BY : CHIEF MEDICAL & HEALTH OFFICER
DISTT. BHOPAL, GOVT. OF M.P.

Computerised Pathology Laboratory

Add. : Shop No. 15, Commercial Complex, Surendra Palace
Hoshangabad Road, Bhopal-462026

Cont. : 9827059971, 9981997664, 9827269971

Patient Name : MRS SAROJ RAJAK
Age & Sex : 41 Years / Female
Referred By : Care & Cure M S Hospital
Lab.No. : 0007277

Registration Date : 14/01/2023 05:11 pm
Collection Date : 14/01/2023 05:11 pm
Report Date : 16/01/2023 11:21 am
Printed Date : 16/01/2023 11:21 am
Center Name : Care & Cure M S Hospital

BIOCHEMISTRY

TEST	RESULT	UNITS	REFERENCE RANGE	TEST METHOD
Gamma GT				
Result	: 16.9	U/L	07-30	Seaat

Barcode : 

***** End Of Report *****

Sushil

Technician Name :
Devdatt

Dr. Sushil Kumar Sharma, MD(Path.)
Pathologist, Reg.No. 30165



HOME COLLECTION
FACILITY

URGENT
REPORT
FACILITY

This Report is not valid for medico legal purpose

Time
7.30 am to 9.00 pm.
Sunday Morningin 7.30 am to 2.00 pm
Email sadhnapat03@gmail.com



Customer Care Number
9599593622
9599593625

Certificate No. - MC-2697
NABL Accredited Pathology Laboratory



Barcode No **82132735** Lab No **03422301150007**
 Patient Name **Mrs.SAROJ RAJAK** Reg Date **15/Jan/2023 11:22AM**
 Age/Sex **41 YRS/Female** Sample Coll. Date **15/Jan/2023 11:21 AM**
 Referred By **DR. CARE&CURE HOSPITAL** Sample Rec.Date **15/Jan/2023 12:39 PM**
 Client Code/Name **AP018505 SADIHNA PATHOLOGY**
 Ref. Lab/Hosp **Shop No. 15, Commercial Complex, Surender Palace, Hoshangabad Road, Bhopal**
 Panel Address

Test Name With Methodology Result Unit Biological Ref.Interval
Thyroid Profile-I [T3,T4,TSH]

Triiodothyronine) Chemiluminescent Immune Assay	122	ng/dl	60-181
Thyroxine) Chemiluminescent Immune Assay	9.69	ug/dl	4.5-12.6
(Ultrasensitive) Chemiluminescent Immune Assay	1.99	uIU/mL	0.13-6.33

Our reference range applies the central 95th interval (2.5th - 97.5th quantile) according to the CLSI/IFCC guidelines EP28-A3c.
 Circadian variation in serum TSH in healthy subjects is well documented. TSH level is reaching peak levels between 2-4 am and at a minimum between 6-10 pm. The variation is of the order of 50%, hence time of day has influence on the value of TSH.
 TSH levels between 6.3 and 15.0 may represent subclinical or compensated hypothyroidism or show considerable physiological & seasonal variation, suggest clinical correlation or repeat testing with fresh sample.
 TSH levels may be transiently altered because of non-thyroid illness, like severe infection, renal disease, liver disease, heart disease, severe burns, trauma, surgery etc. Few drugs also altered the TSH values.
 High TSH result often means an underactive thyroid gland caused by failure of the gland (hypothyroidism). A low TSH result can indicate an overactive thyroid gland (hyperthyroidism) or damage to the pituitary gland that prevents it from producing TSH.
 Resistance to thyroid hormone (RTH) and central hyperthyroidism (TSH-oma) are rare conditions associated with elevated TSH, T4 and T3 levels.

Guidelines are the guidelines for age reference ranges for T3,T4 and TSH results:

Age	Total T3 (ng/dl)	Total T4 (ug/dl)	TSH (uIU/ml)
73 - 288	5.04 - 18.5	0.7 - 15.0	
90 - 275	5.41 - 17.0	0.72 - 11.0	
96 - 265	5.67 - 16.0	0.73 - 8.35	
92 - 248	5.95 - 14.7	0.70 - 5.97	
93 - 231	5.99 - 13.8	0.60 - 5.84	
91 - 218	5.91 - 13.2	0.51 - 6.50	
90 - 181	4.50 - 12.6	0.13 - 6.33	

Pregnancy	0.10 - 2.5 uIU/ml
Postpartum	0.20 - 3.0 uIU/ml
Menstruation	0.30 - 3.0 uIU

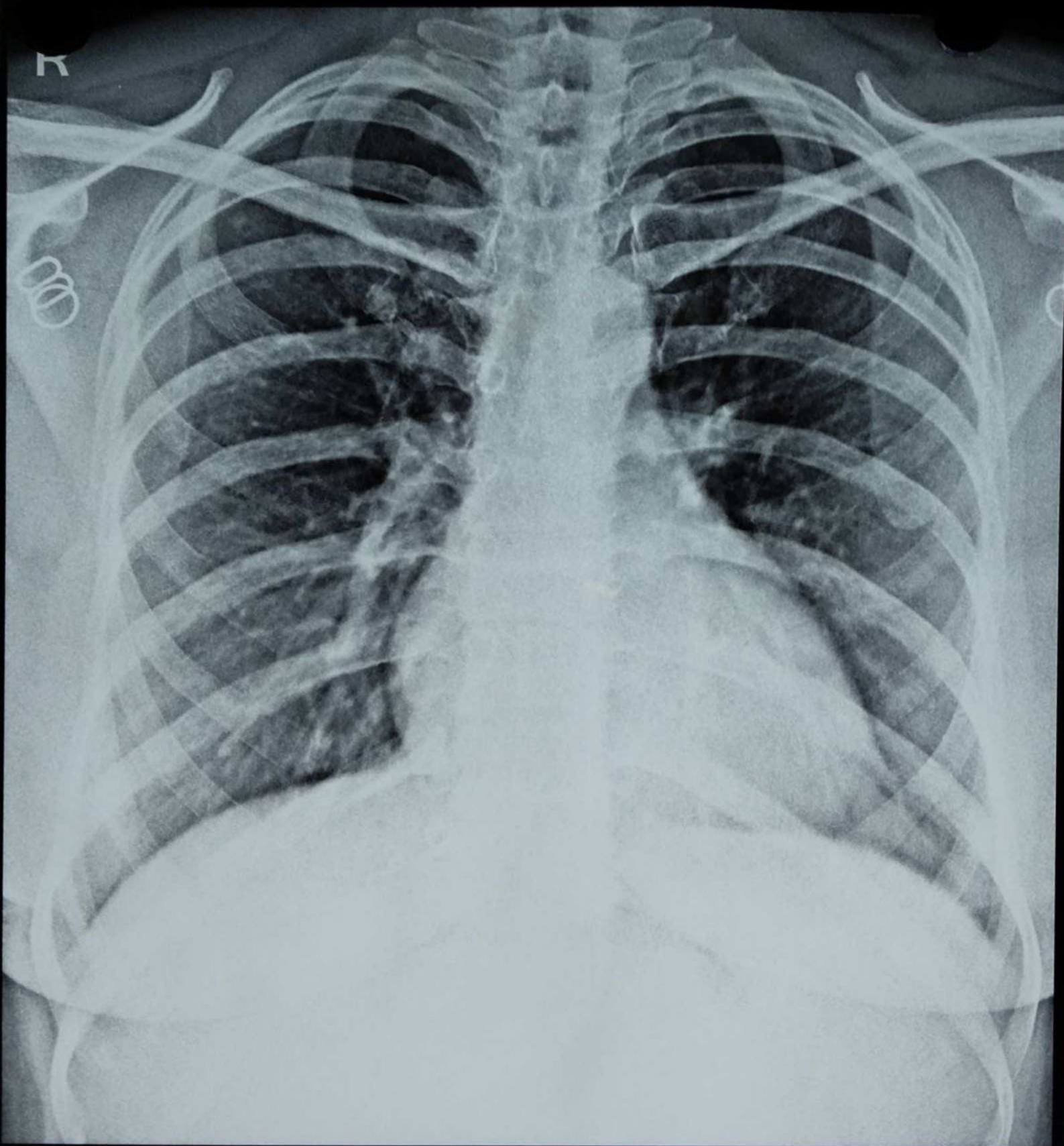


Dr Vandana (MD, Path)
(Consultant Pathologist)



Dr Prashant Goyal (DCP)
(Chief Pathologist)





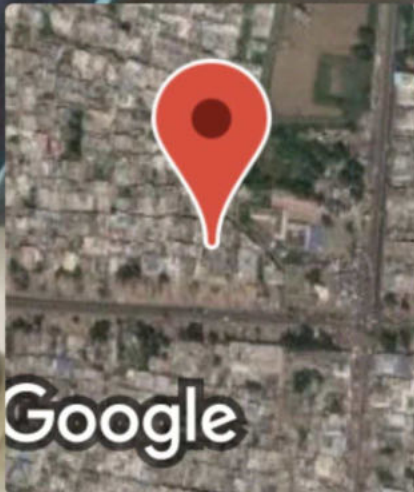
MRS SAROJ RAJAK 41Y 511 CHEST PA 14-Jan-23
CARE & CURE MULTISPECIALITY HOSPITAL, KAROND, BHOPAL

नमो भगवते वासुदेवाय ।

धर्मो रक्षति रक्षितः ।



GPS Map Camera



Bhopal, Madhya Pradesh, India

care & cure multispeciality hospital, near Hanuman
Mandir, Karond chouraha Bhopal, Madhya Pradesh
462038, India

Lat 23.303351°

Long 77.402835°

14/01/23 12:47 PM GMT +05:30