



Name : MS. PRERNA KUMARI
Age /Sex : 48 Y / F
Specimen Type :
BANK OF BARODA (MW)

Reg. No : O23-1754
Registration Date : 22-10-2022 07:51 AM
Alternate Id :
Report Date : 22-10-2022

X-RAY CHEST PA VIEW

- Hilar regions are normal.
- Both C P angles are free.
- Domes of diaphragms are normal.
- Bony cage is normal
- Cardio thoracic ratio is normal.
- Lung - clear. No Evidence of any Signs of active Tuberculosis

IMPRESSION :

***** NORMAL STUDY***



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Ultrasound Scan Of Abdomen

Liver Size (131 mm), Shape, contour and echotexture normal. No localized or diffused mass lesions are seen. Intrahepatic vascular system, Portal vein, C.B.D and biliary radicals are normal

Gall Bladder Partially distended, Shape and wall thickness are normal. No calculus or no mass lesions are seen.

Spleen Size : 85 mm, Shape and echotexture normal, No abnormal calcifications seen.

Pancreas Head, body and tail echotexture are normal. Pancreatic duct normal. No mass or cystic lesions seen. No calcifications are seen.

Kidneys Right kidney Measures : 88 x 35 mm
Left kidney Measures : 85 x 33 mm

Peri renal areas normal, Renal capsule normal, Cortical thickness, Cortical echopattern and corticomedullary differentiation are normal. Pelvicalyceal system normal. No calculus or no mass lesions are seen.

Urinary Bladder Well distended, Normal wall thickness. No evidence of calculi. No focal lesions.

Uterus Size : 75 x 53 x 57 mm, Echotexture normal, No calcification seen. Endometrium thickness 5.6 mm.
E/O Hyper echoic straight foci noted within the Endometrium cavity.
E/O an Echoic cyst noted at the level of Cervix region measuring 10 x 10 mm

Ovaries Both ovaries are normal in size, shape and echotexture.
Right Ovary : 26 x 15 mm, Left Ovary : 38 x 23 mm

Others Aorta and IVC are normal. No lymphadenopathy. No ascitis.

Impression: - *Intra Uterine Contraseptive device in Situ.*
- *Nabothian cyst.*

Dr Md Azam
Radiologist



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Investigation

Result

Reference Range

Fasting Plasma Glucose *

90 mg/dl

70 - 110 mg/dl

Blood Sugar

Method GOD-POD

Post Prandial Glucose *

103 mg/dl

70 - 160 mg/dl

(Blood Sugar)

Method GOD-POD

* End of Report *

Dr Rajini G, Phd
Chief Biochemist

Verified by

Dr S Ramadevi MD
Consultant Pathologist



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Liver Function Tests

Total Bilirubin (Method: Walter &Gerarde)	: 0.68 mg/dl	0.3 - 1.2 mg/dl
Direct Bilirubin (Conjugated) (Method: Walter &Gerarde)	: 0.12 mg/dl	0.0 - 0.2 mg/dl
Indirect Bilirubin (Unconjugated)	: 0.56 mg/dl	
Alkaline Phosphatase (Method: GSCC)	: 59 U/L	Male : 53 - 128 U/L Female : 42 - 98 U/L Children : 54 - 369 U/L
S G P T (Method: IFCC)	: 17 IU/L	UP TO 55 IU/L
S G O T (Method: IFCC)	: 23 IU/L	UP TO 55 IU/L
Total Proteins (Method: Biuret)	: 7.4 gm/dl	6.0 - 8.3 gm/dl
Albumin (Method: BCG)	: 3.4 gm/dl	3.5 - 5.2 gm/dl
Globulin (Method: Calculated)	: 4 gm/dl	
A/G Ratio	0.85	
Gamma GT IFCC Method	23 U/L	Male : 10 - 50 U/L Female : 7 - 35 U/L

Lab Incharge

* End of Report *

Dr Rajini G, Phd
Chief Biochemist

Verified by

Dr SRamadevi MD
Consultant Pathologist



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Reference Range

% HbA1c (Glycosylated Haemoglobin)
(Method: HPLC-NGSP Certified)

5.1 %

< 6.0 : Pre Diabetic
6-7 : Good Control
7-8 : Weak Control
> 8.0 : Poor Control

Intrepretation :

HbA1c is an indicator of glycemc control. HbA1c represents average glycemia over the past six to eight weeks. Glycation of hemoglobin occurs over the entire 120 day life span of the red blood cell, but within this 120 days. Recent glycemia has the largest influence on the HbA1c value. Clinical studies suggest that a patient in stable control will have 50% of their HbA1c formed in the month before sampling, 25% in the month before that, and the remaining 25% in months two to four.

Mean Plasma Glucose mg/dl = (HbA1c x 35.6) - 77.3)

Correlation between HbA1c and Mean Plasma Glucose (MPG) is not "perfect" but rather only .81 (1.0 would be a straight line, which has "perfect" correlation...) This means that to predict or estimate average glucose from Hb-A1c or vice-versa is not "perfect" but gives a good working ballpark estimate. Afternoon and evening results correlate more closely to HbA1c than morning results, perhaps because morning fasting glucose levels vary much more than daytime glucose levels, which are easier to predict and control.

Dr Rajini G, Phd
Chief Biochemist

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Investigation

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Normal Ranges

HAEMOGRAM

Investigation

Result

Normal Range

Haemoglobin	12.0 gm%	Male : 14.0 - 18.0 gm % Female : 11.5 - 16.0 gm % Children : 12 - 14 gm%
R B C mil/cmm	4.0 mil/cmm	Male : 4.5 - 6.5 mil/cmm Female : 4.0 - 5.5 mil/cmm
Packed Cell volume (PCV)	31 %	Male : 40 - 54 % Female : 36 - 49 %
MCV	77 Cubic microns	76 - 96 Cubic microns
MCH	28 Picograms	27- 32 Picograms
MCHC	36 gm%	30 - 36 gm%
WBC (Total)	9,700 cells/cmm	4,000 - 11,000 cells/cmm

DIFFERENTIAL COUNT

Neutrophils (Polymorphs)	69 %	Adults : 40 - 75 % Children : 36- 50 %
Lymphocytes	25 %	Adults : 20 - 40 % Children : 36- 50 %
Eosinophils	03 %	1 - 6 %
Monocytes	03 %	2 - 10 %
Basophils	00 %	00 - 01 %
Platelet count	1,87,000 cells/cmm	1,50,000 - 4,00,000 cells/cmm
ESR 1st Hour	09 mm/hour	Male : 0 - 10 mm / hour Female : 0 - 14 mm / hour
Reticulocyte count	0.7 %	0.5 - 1.0 %

PERIPHERAL SMEAR EXAMINATION

RBC's Morphology	Normocytic / Normochromic
WBC	With in normal limits
Plateletes	Adequate
Abnormal Cells	Nil

Method : Automated Cellcounter&Microscopy

Dr Rajani Guttha, Phd
Chief Biochemist

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Consultant Pathologist



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Complete Stool Examination

PHYSICAL EXAMINATION

Colour : Brownish Yellow
Appearance : Semisolid
Mucus : Absent
Blood : Absent
Reaction : Alkaline

CHEMICAL EXAMINATION

REDUCING SUBSTANCES :

MICROSCOPIC EXAMINATION

OVA : Absent
CYST : Absent
PUS Cells : 1 - 2
RBCs : NIL
Epithelial Cells : NIL
FAT : Absent
Starch : Absent
Fungal Elements : Absent
Others : Un digested food



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Complete Urine Examination

Investigation Result

PHYSICAL EXAMINATION

Colour : Pale Yellow
Apperance : Clear
Reaction : Acidic
Specific Gravity : 1.025

CHEMICAL EXAMINATION

Albumin : Nil
Glucose : Nil

MICROSCOPIC EXAMINATION

Pus Cells : 2 - 3 /HPF
Epithelial Cells : 2 - 3 /HPF
RBC : Nil /HPF
Crystals : Nil
Casts : Nil
Bacteria : Nil
Others : Nil



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Trilodothyronine Total (TT3)	1.15 ng/mL	0.60 - 1.81 ng/mL
Thyroxine - Total (TT4)	7.4 mg/dL	3.5 - 12.6 mg/dL
Thyroid Stimulating Hormone(TSH) <i>Method: C.L.I.A</i>	4.11 μ IU/ml	0.35 - 5.50 μ IU/ml

Interpretation

Primary malfunction of the thyroid gland may result in excessive (hyper) or below normal (hypo) release of T3 or T4. In addition, as thyroid function is directly affected by TSH. Diagnostically, T3 concentration is more sensitive to certain thyroid conditions than T4. While T4 levels are a sensitive (and superior) indicator of hypothyroidism, T3 blood levels better define hyperthyroidism. Because T3 concentration in serum changes faster and more markedly than T4, the T3 level is also an excellent indicator of the ability of the thyroid to respond to both stimulatory and suppressive tests. Under conditions of strong thyroid stimulation, the T3 level offers a good.

It is especially useful in the differential diagnosis of primary (thyroid) from secondary (pituitary) and tertiary (hypothalamus) hypothyroidism. In primary hypothyroidism, TSH levels are significantly elevated, while in secondary and tertiary hypothyroidism, TSH levels are low.



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Serum Creatinine *
Method Enzymatic

0.7 mg/dl

Male : 0.7 - 1.3 mg/dl
Female : 0.6 - 1.1 mg/dl
New Born 1 - 4 days : 0.3 - 1.0 mg/dl
Infant (upto 1year) : 0.2 - 0.4 mg/dl
Children : 0.3 - 0.7 mg/dl

* End of Report *

Dr Rajini G, Phd
Chief Biochemist

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Reference Range

Blood Urea *
Method GLDH

20 mg/dl

10 - 50 mg/dl

Blood Urea Nitrogen *
Calculated

9.3 mg/dl

6 - 25.5 mg/dl

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Serum Uric Acid *
Method:Uricase POD

4.2 mg/dl

Male : 3.5 - 7.2 mg/dl

Female : 2.6 - 6.0 mg/dl

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Consultant Pathologist

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Reference Range

Lipid Profile

Total Cholesterol * Method CHOD-POD	244 mg/dL	Normal : < 200 mg/dL Borderline High : 200 - 239 mg/dL High : > 240 mg/dL
Serum Triglycerides * Method GPO - POD	99 mg/dL	Normal : < 150 mg/dL Borderline High : 150 - 199 mg/dL High : 200 - 499 mg/dL Very High : =/> 500 mg/dL
H D L Cholesterol * Method Direct CHOD-PAD	40 mg/dL	Low : < 40 High : > 60
L D L Cholesterol * Method Calculated	184 mg/dL	Optimal : < 100 Near Optimal : 100 - 129 Borderline High : 130 - 159 High : 160 - 189 Very High : =/> 190
V L D L Cholesterol * Method Calculated	20 mg/dL	10 - 30 mg/dL
TC / HDL Cholesterol Ratio * Method Calculated	6.1 Ratio	3.0 - 5.0 Ratio
LDL / HDL Ratio * Method Calculated	4.6 Ratio	1.5 - 3.5 Ratio

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ULTRASONOGRAPHY OF BREASTS

Nipple and surrounding tissue appears normal.

No evidence of dilated ducts/cystic lesion noted.

No evidence of SOL.

No evidence of calcification.

Impression: NORMAL STUDY.

Dr Md Azam
Consultant Radiologist



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Investigation

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Normal Ranges

Investigation

Result

Blood Group

" O "

Rh Typing (Anti-D)

POSITIVE

Dr Rajani Gutha, Phd
Chief Biochemist

* End of Report *

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Dr S Ramadevi, MD
Consultant Pathologist