



## DEPARTMENT OF BIOCHEMISTRY

Patient Name : Mrs. BABLI RANI  
MR No : 32431  
Age/Sex : 50 Years / Female  
Type : OPD  
TPA/Corporate : MEDIWHEEL  
IP No. :  
Current Bed no. :

Bill Date : 26/08/2023  
Reporting Date : 26/08/2023  
Sample ID : 163678  
Bill/Req. No. : 23310441  
Ref Doctor : Dr. Nipun Chopra

Test	Result	Bio. Ref. Interval	Units
<b>BLOOD GLUCOSE FASTING AND PP</b>			
PLASMA GLUCOSE(FASTING)	92	70 - 110	mg/dl
PLASMA POST-GLUCOSE	100	80 - 150	mg/dL

### BLOOD GROUP

BLOOD GROUP "AB" RH POSITIVE

### COMPLETE HAEMOGRAM

#### CBC

HAEMOGLOBIN	<b>10.9</b>	L	12.0 - 16.5	g/dL
TOTAL LEUCOCYTE COUNT	10100		4000 - 11000	/cumm
RED BLOOD CELL COUNT	<b>3.77</b>	L	4.0 - 6.0	millions/cumm
PCV (HAEMATOCRIT)	<b>34.8</b>	L	35.0 - 47.0	%
MEAN CORPUSCULAR VOLUME	92.4		78 - 98	fL
MEAN CORPUSCULAR HAEMOGLOBIN	28.9		26.5 - 32.5	Picograms
MEAN CORPUSCULAR HB CONC	<b>31.2</b>	L	32 - 37	g/dL
PLATELET COUNT	1.74		1.50 - 4.50	Lakh/cumm
NEUTROPHILS	67		40 - 73.0	%
LYMPHOCYTES	27		20 - 40	%
EOSINOPHILS	01		0.0 - 6.0	%
MONOCYTES	05		2.0 - 10.0	%
BASOPHILS	00		0.0 - 1.0	%
ABSOLUTE NEUTROPHIL	6767		2000 - 7000	cells/cumm
ABSOLUTE LYMPHOCYTE	2727		1000 - 3000	cells/cumm
ABSOLUTE EOSINOPHIL	101		20 - 500	cells/cumm
ABSOLUTE MONOCYTES	505		200 - 1000	cells/cumm
ABSOLUTE BASOPHILS	0	L	20 - 100	cells/cumm

Checked By : *Pradip Kumar*

**Dr. Pradip Kumar**  
(Consultant Microbiologist)

**Dr. Nisha Rana**  
(Consultant Pathologist)







## DEPARTMENT OF HAEMATOLOGY

**Patient Name** : Mrs. BABLI RANI  
**MR No** : 32431  
**Age/Sex** : 50 Years / Female  
**Type** : OPD  
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**Ref Doctor** : Dr. Nipun Chopra

Test	Result	Bio. Ref. Interval	Units
RDW-CV	14.4	11.5 - 14.5	%
E.S.R.	<b>50</b> H	0 - 15	mm/hr

### HBA1C

HBA1C	5.4		%
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**Note** : HBA1c result is suggestive of Diabetes/ higher than glycemic goal in a known Diabetic patient.

Please note, glycemic goal should be individualized based on duration of diabetes, age/life expectancy, comorbid conditions, known CVD or advanced microvascular complications, hypoglycaemia unawareness, and individual patient considerations.

Please Correlate Clinically.

### KFT(KIDNEY FUNCTION TEST)/RFT/Renal Profile

SERUM UREA	40	13.0 - 45.0	mg/dL
SERUM CREATININE	1.1	0.5 - 1.2	mg/dL
SERUM URIC ACID	5.2	2.5 - 6.8	mg/dL
SERUM SODIUM	138	130 - 149	mmol/L
SERUM POTASSIUM	5.0	3.5 - 5.5	mmol/L

### LFT(LIVER FUNCTION TEST)

LFT			
TOTAL BILIRUBIN	0.5	0.1 - 1.2	mg/dL
DIRECT BILIRUBIN	0.2	0.00 - 0.30	mg/dL
INDIRECT BILIRUBIN	0.3	Adult: 0 - 0.8	mg/dL
SGOT (AST)	20	0.0 - 45	IU/L
SGPT (ALT)	28	00 - 45.00	IU/L
ALP	147	41 - 137	U/L
TOTAL PROTEINS	6.8	6.0 - 8.2	g/dL

Checked By : *Pradip Kumar*

**Dr. Pradip Kumar**  
(Consultant Microbiologist)

**Dr. Nisha Rana**  
(Consultant Pathologist)





## DEPARTMENT OF BIOCHEMISTRY

<b>Patient Name</b> :	Mrs. BABLI RANI	<b>Bill Date</b> :	26/08/2023
<b>MR No</b> :	32431	<b>Reporting Date</b> :	26/08/2023
<b>Age/Sex</b> :	50 Years / Female	<b>Sample ID</b> :	163678
<b>Type</b> :	OPD	<b>Bill/Req. No.</b> :	23310441
<b>TPA/Corporate</b> :	MEDIWHEEL	<b>Ref Doctor</b> :	Dr. Nipun Chopra
<b>IP No.</b> :			
<b>Current Bed no.</b> :			

Test	Result	Bio. Ref. Interval	Units
ALBUMIN	3.9	3.20 - 5.00	g/dL
GLOBULIN	2.9	2.0 - 3.50	g/dL
AVG RATIO	1.34		

## LIPID PROFILE

Test	Result	Ref. Interval	Units
SERUM CHOLESTROL	166	0 - 200	mg/dl
SERUM TRIGLYCERIDES	90	Up to 150	mg/dl
HDL CHOLESTEROL	38	30 - 60	mg/dl
VLDL CHOLESTEROL	18	*Less than 30	mg/dL
LDL CHOLESTEROL	110	Optimal <100, Above Opt. 100-129 -high 160-189	mg/dl
LDL CHOLESTEROL/HDL RATIO	2.89	Desirable Level : 0.5 - 3.0 Borderline Risk : 3.0 - 6.0 High Risk : > 6.0	

## URINE ROUTINE EXAMINATION

PHYSICAL EXAMINATION			
VOLUME	20		ml
COLOUR	Yellow	Pale Yellow	
APPEARANCE	Clear	Clear	
SPECIFIC GRAVITY	1.020		
CHEMICAL EXAMINATION			
REACTION	Acidic		
BLOOD	NIL		
ALBUMIN	NIL	NIL	
GLUCOSE	NIL	NIL	
PH	6.0		
MICROSCOPIC EXAMINATION			
PUS CELL	3-4	2-4	/HPF

Checked By : *Maya*



**Dr. Pradip Kumar**  
(Consultant Microbiologist)

**Dr. Nisha Rana**  
(Consultant Pathologist)



## DEPARTMENT GENITAL PATHOLOGY

**Patient Name** : Mrs. BABLI RANI  
**MR No** : 32431  
**Age/Sex** : 50 Years / Female  
**Type** : OPD  
**TPA/Corporate** : MEDIWHEEL  
**IP No.** :  
**Current Bed no.** :  
**Bill Date** : 26/08/2023  
**Reporting Date** : 26/08/2023  
**Sample ID** : 163678  
**Bill/Req. No.** : 23310441  
**Ref Doctor** : Dr. Nipun Chopra

Test	Result	Bio. Ref. Interval	Units
RED BLOOD CELLS	Nil	NIL	/HPF
EPITHELIAL CELLS	1-2	2-4	/HPF
CASTS	NIL	NIL	
CRYSTALS	NIL	NIL	

**Note** : Albumin test positive by Multistrip Method is confirmed by Sulphosalicylic acid method.

\*\*\*\*\* END OF THE REPORT \*\*\*\*\*

Checked By : *Mayur*

**Dr. Pradip Kumar**  
(Consultant Microbiologist)

**Dr. Nisha Rana**  
(Consultant Pathologist)





# Prognosis Laboratories

National Reference Lab.: 515-516, Sector-19, D.D.A. Plotted Development, Dwarka, New Delhi-110075

☎ 8130192290 🌐 www.prlworld.com ✉ care@prlworld.com

<b>Lab No.</b>	012308260828	<b>Age/Gender</b>	50 YRS/FEMALE	<b>Coll. On</b>	26/Aug/2023 06:40PM
<b>Name</b>	Ms. BABLI RANI 32430			<b>Reg. On</b>	26/Aug/2023
<b>Ref. Dr.</b>	NIDAAN PARK HOSPITAL			<b>Approved On</b>	28/Aug/2023 02:38PM
<b>Rpt. Centre</b>	Dr. OTHER			<b>Printed On</b>	07/Sep/2023 05:30PM

## PAP Smear (Liquid Based)

Cytology No. C- 3152 /23

Specimen: Cervico vaginal smear

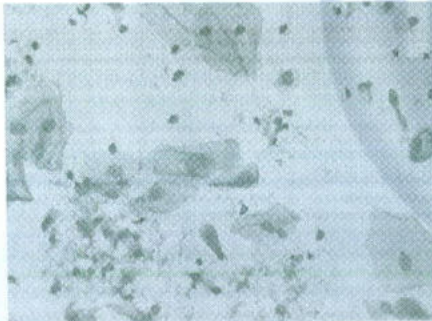
Method: Liquid Based Cytology and Light Microscopy (2014 Bethesda system)

Statement of adequacy: Smear is satisfactory for evaluation.

Microscopic examination: Superficial and intermediate squamous epithelial cells are present along with endocervical cells and few para basal cells over a background of acute inflammation composed of neutrophils and scattered histiocytes. The squamous cells included show metaplastic changes. Few metaplastic cells are showing karyomegaly and mid hyperchromasia. Few cells are showing perinuclear halo and cytoplasmic rimming.

**Diagnosis: Inflammatory atrophic smears with squamous metaplasia and few atypical squamous cells of undetermined significance.**

**Advice: Correlate with colposcopic findings and HPV studies.**



\*Disclaimer: This is an electronically validated report, if any discrepancy found should be confirmed by user.

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



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Dr. Deepak Sadwani  
MD Pathology  
Lab Director

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MD, DNB Pathology  
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*Moushmi Mukherjee*

Dr. Moushmi Mukherjee  
MD Pathology  
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Delhi NCR | Gujarat | Punjab | Haryana | Uttar Pradesh





# Prognosis Laboratories

National Reference Lab.: 515-516, Sector-19, D.D.A. Plotted Development, Dwarka, New Delhi-110075

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<b>Lab No.</b>	012308260828	<b>Age/Gender</b>	50 YRS/FEMALE	<b>Coll. On</b>	26/Aug/2023 06:40PM
<b>Name</b>	Ms. BABLI RANI 32430			<b>Reg. On</b>	26/Aug/2023
<b>Ref. Dr.</b>	NIDAAN PARK HOSPITAL			<b>Approved On</b>	26/Aug/2023 08:29PM
<b>Rpt. Centre</b>	Dr. OTHER			<b>Printed On</b>	07/Sep/2023 05:30PM

Test Name	Value	Unit	Biological Reference Interval
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### Thyroid profile, Total (T3,T4,TSH)

T3 (Triiodothyronine) , serum Method : ECLIA	0.93	ng/mL	0.80 - 2.0
T4 (Thyroxine) , serum Method : ECLIA	6.47	ug/dL	5.1 - 14.1
TSH (Thyroid Stimulating Hormone) , serum Method : ECLIA	2.42	uIU/ml	0.27 - 4.2

#### Interpretation:

- Primary hyperthyroidism is accompanied by elevated serum T3 and T4 values alongwith depressed TSH levels
- Primary hypothyroidism is accompanied by depressed serum T3 and T4 values and elevated serum TSH levels.
- High T3 levels coupled with normal T4 and suppressed TSH may be seen in T3 toxicosis.

**Note:** Total T3 and total T4 are highly bound to plasma proteins and are amenable to fluctuations with plasma protein content as well as due to binding defects in the thyroid hormone binding proteins.

**The following ranges are recommended for pregnant females:**

Gestation period	TSH (uIU/ml)
First trimester	0.1 - 2.5
Second trimester	0.2 - 3.0
Third trimester	0.3 - 3.0



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Dr. Smita Sadwani  
MD(Biochemistry)  
Technical Director

Dr. Mayank Gupta  
MD, DNB Pthology  
Consultant Pathologist

Dr. Deepak Sadwani  
MD(Pathology)  
Lab Director

Dr. Moushmi Mukherjee  
MBBS,MD (Pathology)  
Consultant Pathologist





# Nidaan Hospital



Patient Id 32431 Name BABLI RANI 50Y Accession No -  
Study Date 26-Aug-2023 Age - Gender FEMALE

## CHEST X RAY (PA VIEW)

### OBSERVATION:

Both lung fields appears normal.

Both costo-phrenic angles appear clear.

Cardiothoracic ratio is normal.

Both domes of diaphragm appear normal.

Thoracic soft tissue and skeletal system appear unremarkable.

### IMPRESSION:

- No Significant abnormality is noted.

ADVICE: Please Correlate Clinically.

*This Report is not valid for any medico legal purpose. This report is prepared on the basis of digital DICOM images transmitted via internet without identification of patient, not on the films or plates provided to the patient.*

**Disclaimer:** - It is an online interpretation of medical imaging based on clinical data. All modern imaging equipment has their own limitation. If there is any clinical discrepancy, this investigation may be repeated or reassessed. Patient's identification in online reporting is not established, so in no way can this report be utilized for any medico legal purpose.

**DR PRASHANT MUDGAL**  
**MBBS, MD, DMRE**  
**CONSULTANT RADIOLOGIST**  
**REG NO. MP8713**

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(This is only professional opinion and not the diagnosis, Please correlate clinically)

the **health** care providers

the **health** care providers





## DEPARTMENT OF RADIOLOGY

<b>Patient Name</b>	Mrs. BABLI RANI	<b>Billed Date</b>	: 26/08/2023	10.05 AM
<b>Reg No</b>	32431	<b>Reported Date</b>	: 26/08/2023	
<b>Age/Sex</b>	50 Years 7 Months 26Days / Female	<b>Req. No.</b>	: 23310441	
<b>Ref. Doctor</b>	Self	<b>Consultant Doctor</b>	: Dr. Nipun Chopra	
<b>Type</b>	OPD			

### USG WHOLE ABDOMEN/KUB

#### FINDINGS:-

**LIVER** is normal in size (14.8 cm) and **shows grade I fatty infiltration**. No evidence of any focal lesion or IHBR dilation is present. Portal vein and CBD are normal in caliber at porta.

**GALL BLADDER** is partially distended.

**SPLEEN** is normal in size (8.5 cm) and echotexture. No focal lesion is seen.

**PANCREAS:** Head of pancreas is normal in size and echotexture. Body and tail of pancreas are obscured by bowel gas shadows.

**RIGHT KIDNEY** is normal in size and position and outline. Corticomedullary differentiation is maintained. There is no evidence of any focal lesion / calculus / backpressure changes.

**LEFT KIDNEY** is normal in size and position and outline. Corticomedullary differentiation is maintained. There is no evidence of any focal lesion / calculus / backpressure changes.

**URINARY BLADDER** is partially distended and grossly normal.

**UTERUS & OVARIES** could not be assessed due to poor acoustic window.

No free fluid seen in the abdomen.

#### IMPRESSION:

- Grade I fatty liver

To be correlate clinically

