



भारत सरकार  
Government of India



प्रियंका  
Priyanka  
जन्म तिथि/DOB: 21/06/1990  
महिला / FEMALE



7384 2372 8317

मेरा **आधार**, मेरी पहचान



भारतीय पहचान प्राधिकरण  
Unique Identification Authority of India

पता:  
आत्मजा: चन्दन, 146, ग्राम  
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Quality Management Services  
ISO-9001:2015 Certified Lab

# MEERUT HISTOPATHOLOGY CENTRE

## Laboratory Test-Report

NAME : Mrs. Priyanka  
REFERRED BY : Dr.D.O.B.  
SAMPLE : Blood, Urine

DATE : 26/06/2022  
AGE :  
SEX : Female

TEST NAME	RESULTS	UNITS	REF.-RANGE
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### HAEMATOLOGY

Complete Blood Counts	-		
HAEMOGLOBIN	12.3	GM%	10 - 16
TOTAL LEUCOCYTE COUNT :	7,200 cells	/Cu mm	4,500-11,000
DIFFERENTIAL LEUCOCYTE COUNT :			
Neutrophils :	56	%.	50-70
Lymphocytes :	34	%.	25-40
Eosinophils :	04	%.	1-4
Monocytes :	06	%.	3-8
Basophils :	00	%.	0-1
TOTAL R.B.C. COUNT	4.5	million/cu mm	4.5 - 6.5
PLATELET COUNT :	230	thousand/cum	150-450
P.C.V.	37.6	%.	35 - 54
MCV	83.5	fL	76-98
M C H	27.3	pg	27 - 32
M C H C	32.7	g/dl	31-35
E.S.R. ( Westergren Method ) :			0-20
	13	mm in 1st Hr	

### BIOCHEMISTRY

BLOOD SUGAR ( FASTING)	78.3	mg/dL	70 - 100
SERUM CREATININE :	0.9	mg/dL.	0.8 - 1.5
BLOOD UREA NITROGEN :	12.2	mg/dL.	5 - 25
LIPID PROFILE :			
SERUM TRIGYCERIDE:	139.4	mg/dl	50-160
SERUM CHOLESTEROL :	178.2	mg/dL.	130 - 200
HDL CHOLESTEROL :	50.0	mg/dL.	30 - 70
VLDL CHOLESTEROL :	27.8	mg/dL.	25 - 40
LDL CHOLESTEROL :	100.4	mg/dL.	85 - 150
CHOL/HDL CHOLESTROL RATIO	3.6	Low Risk	0.0 - 3.5
		Mod.Risk	3.5 - 5.0
		High Risk	> 5.0
LDL/HDL RATIO	2.0	Normal Range	2.5 - 3.0
		High Risk	> 3.0

--{End of Report}--

**Dr. Medha jain**

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**

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



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<b>BIOCHEMISTRY</b>			
LIVER FUNCTION TEST			
SERUM BILIRUBIN :			
TOTAL:	0.66	mg/dL.	0.2 - 1.0
DIRECT:	0.27	mg/dL.	0.1 - 0.3
INDIRECT:	0.39	mg/dL.	0.2 - 0.7
S.G.P.T. :	19.5	U/L	5 - 45
S.G.O.T. :	24.3	U/L	5 - 45
G.G.T.P. :	20.1	U/L	5.0-35.0 (37 C)
SERUM ALK. PHOSPHATASE :	116.3	IU/L.	65-160
SERUM PROTEINS :			
TOTAL PROTEINS:	6.6	Gm/dL.	5.5 - 8.5
ALBUMIN:	3.8	Gm/dL.	3.5 - 5.5
GLOBULIN:	2.8	Gm/dL.	2.3 - 3.5
A : G RATIO:	1.3		
SERUM URIC ACID :	4.1	mg/dL.	2.5 - 7.0
GLYCOSYLATED HAEMOGLOBIN A1c	5.6	%	4.3 - 6.4

Clinical significance :- The HbA1c concentration 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%  
Goal 6.5 - 7.5%  
Good control 7.5 - 8.5%  
Poor control > 8.5%

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TEST NAME	RESULTS	UNITS	REF.-RANGE
<b>HORMONE</b>			
THYROID PROFILE :			
Triiodothyronine (T3) :	1.24	nmol/litre.	0.95 - 2.5
Thyroxine (T4) :	88.6	nmol/litre.	60 - 120
THYROID STIMULATING HORMONE(TSH)	2.28	micro Iu/ml	0.20 - 5.0
	Low Levels of T3 & T4 are seen in Non-Thyroidal illness		- Primary, Secondary & Tertiary Hypothyroidism and some
	High Levels of T3 & T4 are found in and T3 Thyrotoxicosis		- Grave's Disease, Hyperthyroidism, Thyroid hormone resistance
	TSH Levels are raised in		- Primary Hypothyroidism
	TSH Levels are Low in		- Hyperthyroidism, Secondary Hypothyroidism.

## CLINICAL PATHOLOGY

### URINE EXAMINATION REPORT :

#### PHYSICAL EXAMINATION :

Volume : 30 ml  
Colour : Pale Yellow  
Appearance : Clear  
Odour: Aromatic  
Sediments : Nil  
Sp. Gravity: 1030

#### BIOCHEMICAL EXAMINATION :

Sugar : Nil  
Albumin : Nil  
Reaction : Acidic

#### MICROSCOPIC EXAMINATION :

Red Blood Cells : Nil /H.P.F.  
Pus Cells : 1-2 /H.P.F.  
Epithelial Cells : 3-5 /H.P.F.

--{End of Report}--

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Patient's Name	Mrs. PRIYANKA	Age /Sex	32 Y/F
Referred By	DR. MAMTA	Dated	26 JUNE 2022

### ANTENATAL ULTRASOUND FOR FETAL GROWTH

#### ABOUT FETUS

Uterus is enlarged and gravid.

Single live fetus is seen in vertex presentation.

Spine – right side.

Fetal spine appears to be normal.

Lie – longitudinal.

Fetal movements are normal.

Fetal abdomen appears normal.

**Fetal cardiac activity is seen with heart rate 142-beats/ min. regular.**

#### PLACENTA AND LIQUOR

**Placenta is anterior, in upper uterine segment, grade 'I' type of maturity.**

**No loop of cord are seen around neck of fetus at the time of scan.**

Placental thickness is normal with homogenous echotexture.

Liquor is adequate in volume

#### FETAL BIOMETRY

	<b>LMP – 07.02.2022</b>	<b>GA BY LMP 19 WK 6 DAYS</b>	<b>EDD BY LMP 14.11.2022</b>
BPD	41 mm	18 wks 5 days	Mean Gestational age by AUA <sup>+</sup> 18 wks 6 days
HC	160 mm	18 wks 6 days	EDD by CUA 21/11/2022
AC	128 mm	18 wks 3 days	EFBW 250+/-37 gms
FL	28 mm	19 wks 0 day	

#### CERVICAL CONDITION

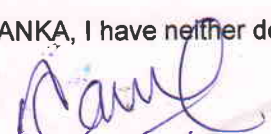
Internal Os is closed.

Cervical length is normal and normal diameter.

#### IMPRESSION

**SINGLE LIVE INTRAUTERINE FETUS IN VERTEX RESENTATION. SONOLOGICAL GESTATION AGE APPROXIMATELY 18 WEEKS 6 DAYS ± 1 WEEKS WITH NORMAL LIQUOR.**

I, Dr. Tanuj, declare that while conducting ultrasonography of Mrs. PRIYANKA, I have neither detected nor disclosed the sex of her fetus to anybody in any manner.



**DR. TANUJ GARG, MD  
CONSULTANT RADIOLOGIST**

