MSK DIAGNOSTICS
(A Complete Diagnostic Pathology Laboratory)
RAIBARELI ROAD, TELIBAGH, LUCKNOW
E-mail : mskdiagnosticspvt@gmail.com, Website : mskdiagnostics.in
Mobile : 7565000448

Collected At : (MSK)

Name	: MRS. PRIYANKA KASHYAP	Age	: 33 Yrs.	Registered	: 14-1-2023 06:19 PM
Ref/Reg No	: 12914 / TPPC/MSK-	Gender	: Female	Collected	: 14-1-2023 08:54 AM
Ref By	: Dr. MEDI WHEEL			Received	: 14-1-2023 06:19 PM
Sample	: Blood, Urine			Reported	: 14-1-2023 06:23 PM

HEMATOLOGY

HEMOGRAM

Investigation	Observed Values	Units	Biological Ref. Interval
Haemoglobin [Method: SLS]	**9.7**	g/dL	11.5 - 15
HCT/PCV (Hematocrit/Packed Cell Volume) [Method: Derived]	**29.4**	ml %	36 - 46
RBC Count [Method: Electrical Impedence]	**3.68**	10^6/µl	3.8 - 4.8
MCV (Mean Corpuscular Volume) [Method: Calculated]	92.6	fL.	83 - 101
MCH (Mean Corpuscular Haemoglobin) [Method: Calculated]	**26.4**	pg	27 - 32
MCHC (Mean Corpuscular Hb Concentration) [Method: Calculated]	**28.9**	g/dL	31.5 - 34.5
TLC (Total Leucocyte Count) [Method: Flow Cytometry/Microscopic]	5.7	10^3/µl	4.0 - 10.0
DLC (Differential Leucocyte Count): [Method: Flow Cytometry/Microscopic]			
Polymorphs	55	%	40.0 - 80.0
Lymphocytes	**42**	%	20.0 - 40.0
Eosinophils	02	%	1.0 - 6.0
Monocytes	**01**	%	2.0 - 10.0
Platelet Count [Method: Electrical impedence/Microscopic]	177	10^3/µl	150 - 400

*Erythrocyte Sedimentation Rate (E.S.R.) [Method: Wintrobe Method]			
*Observed Reading	**32**	mm for 1 hr	0-20

* ABO Typing	" B "
* Rh (Anti - D)	Negative

---------- End of report ----------

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(SENIOR TECHNOLOGIST)
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BIOCHEMISTRY

Investigation	Observed Values	Units	Biological Ref. Interval
Plasma Glucose Fasting [Method: Hexokinase]	90.9	mg/dL	70 - 110
Plasma Glucose, PP (2 Hrs after meal) [Method: Hexokinase]	122.6	mg/dL.	120-170
Serum Bilirubin (Total)	0.6	mg/dl.	0.0 - 1.2
* Serum Bilirubin (Direct)	0.4	mg/dl.	0- 0.4
* Serum Bilirubin (Indirect)	0.2	mg/dl.	0.2-0.7
SGPT [Method: IFCC (UV without pyridoxal-5-phosphate]	16.9	IU/L	10 - 50
SGOT [Method: IFCC (UV without pyridoxal-5-phosphate]	18.3	IU/L	10 - 50
Serum Alkaline Phosphatase [Method:4-Nitrophenyl phosphate (pNPP)]	147.1	IU/L	108 - 306
Serum Protein	6.9	gm/dL	6.2 - 7.8
Serum Albumin	4.4	gm/dL.	3.5 - 5.2
Serum Globulin	2.5	gm/dL.	2.5-5.0
A.G. Ratio	1.76 : 1		
* Gamma-Glutamyl Transferase (GGT)	15.7	IU/L	Less than 38

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BIOCHEMISTRY

Investigation	Observed Values	Units	Biological Ref. Interval
KIDNEY FUNCTION TEST			
Blood Urea	21.5	mg/dL.	20-40
Serum Creatinine	**0.44**	mg/dL.	0.50 - 1.40
Serum Sodium (Na+)	140	mmol/L	135 - 150
Serum Potassium (K+)	4.7	mmol/L	3.5 - 5.3
Serum Uric Acid	4.15	mg/dL.	2.4 - 5.7

[Method for Urea: UREASE with GLDH]
[Method for Creatinine: Jaffes/Enzymatic]
[Method for Sodium/Potassium: Ion selective electrode direct]
[Method for Uric Acid: Enzymatic-URICASE]

Serum Urea	21.5	mg/dL.	10-45
Blood Urea Nitrogen (BUN)	10.05	mg/dL.	6 - 21

CLINICAL PATHOLOGY

Urine for Sugar (F)	Absent	
Urine for Sugar (PP)	Absent	

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Investigation	Observed Values	Units	Biological Ref. Interval
LIPID PROFILE (F)			
Serum Cholesterol	150.2	mg/dL.	<200
Serum Triglycerides	74.6	mg/dL.	<150
HDL Cholesterol	58.3	mg/dL	>55
LDL Cholesterol	77	mg/dL.	<130
VLDL Cholesterol	15	mg/dL.	10 - 40
CHOL/HDL	2.58		
LDL/HDL	1.32		

INTERPRETATION:

National Cholestrol Education program Expert Panel (NCEP) for Cholestrol:
Desirable : < 200 mg/dl
Borderline High : 200-239 mg/dl
High : =>240 mg/dl

National Cholestrol Education program Expert Panel (NCEP) for Triglycerides:
Desirable : < 150 mg/dl
Borderline High : 150-199 mg/dl
High : 200-499 mg/dl
Very High : >500 mg/dl

National Cholestrol Education program Expert Panel (NCEP) for HDL-Cholestrol:
<40 mg/dl : Low HDL-Cholestrol [Major risk factor for CHD]
=>60 mg/dl : Hight HDL-Cholestrol [Negative risk factor for CHD]

National Cholestrol Education program Expert Panel (NCEP) for LDL-Cholestrol:
Optimal : < 100 mg/dL
Near optimal/above optimal : 100-129 mg/dL
Borderline High : 130-159 mg/dl
High : 160-189 mg/dL
Very High : 190 mg/dL

[Method for Cholestrol Total: Enzymatic (CHOD/POD)]
[Method for Triglycerides: Enzymatic (Lipase/GK/GPO/POD)]
[Method for HDL Cholestrol: Homogenous Enzymatic (PEG Cholestrol esterase)]
[Method for LDL Cholestrol: Homogenous Enzymatic (PEG Cholestrol esterase)]
[Method for VLDL Cholestrol: Friedewald equation]
[Method for CHOL/HDL ratio: Calculated]
[Method for LDL/HDL ratio: Calculated]

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BIOCHEMISTRY

Investigation	Observed Values	Units	Biological Ref. Interval
***Glycosylated Hemoglobin (HbA1C)**			
* Glycosylated Hemoglobin (HbA1C) (Hplc method)	4.8	%	0-6
* Mean Blood Glucose (MBG)	93.58	mg/dl	

< 6 % : Non Diebetic Level
6-7 % : Goal
> 8 % : Action suggested

SUMMARY

If HbA1c is >8% which causes high risk of developing long term complications like retinopathy,Nephropathy,Cardiopathy and Neuropathy.In diabetes mellitus sugar (glucose) accumulates in blood stream beyond normal level. Measurement of blood / plasma glucose level (in fasting,"after meal" i.e. PP or random condition) reflect acute changes related to immediate past condition of the patient which may be affected by factor like duration of fasting or time of intake of food before fasting, dosages of anti diabetic drugs, mental conditions like stress, anxiety etc. it does not indicate the long-term aspects of diabetic control.
Glucose combines with hemoglobin (Hb) continuously and nearly irreversibly during life span of RBC (120 days), thus glycosylated Hb is proportional to mean plasma glucose level during the previous 2-3 months. HBA1C, a glycosylated Hb comprising 3% - 6% of the total Hb in healthy may double of even triple in diabetes mellitus depending on the level of hyperglycemia(high blood glucose level), thus correlating with lack of control by monitoring diabetic patients compliance with therapeutic regimen used and long term blood glucose level control. Added advantage is its ability to predict progression of diabetic complications. HbA1c value is no way concerned with the blood sugar on the day of testing and dietary preparation of fasting is unnecessary.

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CLINICAL PATHOLOGY

Investigation	Observed Values	Units	Biological Ref. Interval
URINE EXAMINATION ROUTINE [Method: Visual,Urometer-120, Microscopy]			
Physical Examination			
Color	Light Yellow		
Volume	25	mL	
Chemical Findings			
Blood	**Present +++**	RBC/µl	Absent
Bilirubin	**Absent**		Absent
Urobilinogen	Absent		Absent
Ketones	Absent		Absent
Proteins	**Absent**		Absent
Nitrites	Absent		Absent
Glucose	Absent		Absent
pH	6.0		5.0 - 9.0
Specific Gravity	1.020		1.010 - 1.030
Leucocytes	**Absent**	WBC/µL	Absent
Microscopic Findings			
Red Blood cells	**6-8**	/HPF	Absent
Pus cells	**1-2**	/HPF	0-3
Epithelial Cells	**Absent**	/HPF	Absent/Few
Casts	**Absent**	/HPF	Absent
Crystals	Absent	/HPF	Absent
Amorphous deposit	Absent	/HPF	Absent
Yeast cells	Absent	/HPF	Absent
Bacteria	**Absent**	/HPF	Absent
Others	Absent	/HPF	Absent

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NAME: - MS. PRIYANKA KASHYAP **DATE: - 14.01.2023**

REF.BY: - MEDI WHEEL **AGE: - 33Y/F**

USG - ABDOMEN-PELVIS

- Liver appears normal in shape, size (measuring ~12.59cm) & echotexture. No evidence of focal or diffuse lesion is seen. No evidence of dilated IHBR seen. Portal vein appears normal in caliber.
- CBD appears normal in caliber.
- Gall Bladder appears well distended with normal wall thickness. No calculus or changes of cholecystitis seen.
- Spleen is normal in shape, size (measuring ~8.18cm) and echotexture with no focal lesion within.
- Pancreas appears normal in size, shape &echopattern.
- Para-aortic region appears normal with no e/o lymphadenopathy.
- Right kidney measuring ~10.51cm. Left kidney measuring ~10.01cm. Both kidneys appear normal in position, shape, size & echotexture. CMD is normal.
- No calculus or hydronephrosis on either side.
- Urinary bladder appears minimally distended with no definite calculus or mass within.
- Uterus is retroverted, **bulky in size (measures ~6.12x4.8cm) & globular in shape with heterogeneous myometrial echoes suggestive of changes of adenomyomatosis.**
- Left ovary appears normal. No evidence of adnexal mass on left side. ***A~2.2x1.6cm sized cystic lesion with fine internal septations is seen in right ovary.***
- No free fluid in peritoneal cavity.
- No abnormal bowel wall thickening or significant abdominal lymphadenopathy is seen.

IMPRESSION

- **Retroverted bulky adenomyotic uterus.**
- **Cyst in right ovary as described---likely Hemorrhagic cyst.**
  please correlate clinically

14/1/23

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Ex- senior Resident (SGPGI, LKO)
European Diploma in radiology EDiR, DICRI

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HORMONE & IMMUNOLOGY ASSAY

Investigation	Observed Values	Units	Biological Ref. Interval
Serum T3	1.98	ng/dl	0.846 - 2.02
Serum T4	11.80	ug/dl	5.13 - 14.06
Serum Thyroid Stimulating Harmone (T.S.H.) [Method: Electro Chemiluminescence Immunoassay (ECLIA)]	2.68	ulU/ml	0.39 - 5.60

SUMMARY OF THE TEST

1) Primary hyperthyroidism is accompanied by elevated serum T3 and T4 values along with depressed TSH levels.
2) primary hypothyroidism is accompanied by depressed serum T3 and T4 values and elevated serum TSH levels.
3) Normal T4 levels accompanied by high T3 levels are seen in patients with T3 thyrotoxicosis.
4) Slightly elevated T3 levels may be found in pregnancy and esterogen therapy, while depressed levels maybe encountered in severe illness,malnutrition, renalfailure and during therapy with drugs like propanlol and propylthiouracil.
5) Elevated TSH levels may also be indicative of TSH secreting pituitary tumour.

Chart of normal thyroid TSH levels during first, second and third trimester of pregnancy

Stage	Normal TSH Level
First Trimester	0.1-2.5 ulU/ml
Second Trimester	0.2-3.0 ulU/ml
Third Trimester	0.3-3.5 ulU/ml

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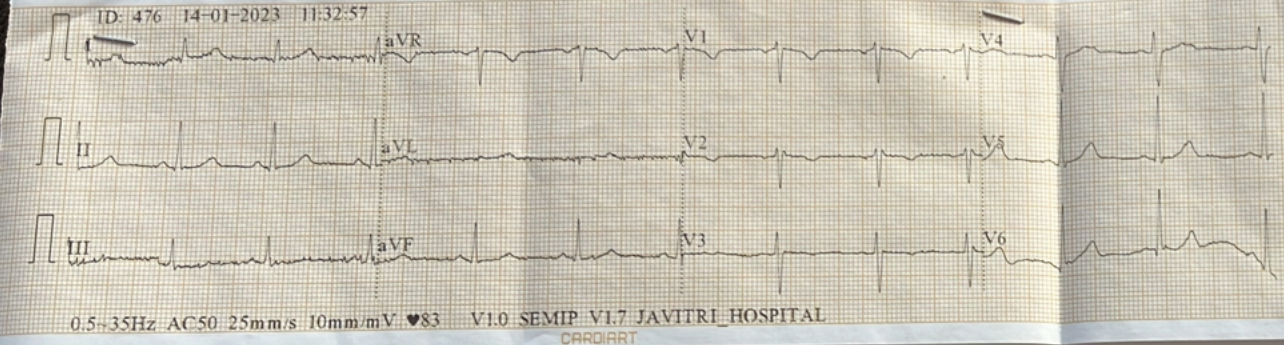

ID: 476

Male mmHg

Years (/ /)

cm kg

Diagnosis Information:
Sinus Rhythm
Poor R Wave Progression(V1)

HR	73	bpm
P	96	ms
PR	129	ms
QRS	89	ms
QT/QTc	393/434	ms
P/QRS/T	69/59/38	°
RV5/SV1	1.416/0.725	mV

Report Confirmed by: