



# NARAINA DIAGNOSTICS

A UNIT OF NARAINA MEDICAL COLLEGE & HOSPITAL

LAB APPROVED BY



Reg No. : NHRC 37586  
 Patient Name : Mrs Chitra Sharma  
 Age Sex : 39 Yrs Female  
 Unit : Gen.Med-M-1  
 Mobile No : 8792775085  
 Address : Ward No 08 Appayya Layout 3Rd Cross Near Kanakan Compound ,Mv Extension Hosakot Bangalore Rual Karnataka

Lab Reference : NHRC0029  
 Sample Date : 30-Mar-2023 10:57 am  
 Report Date : 30-Mar-2023 1:49 pm  
 CollectionCentre : OPD Patient

## HAEMATOLOGY

Test Name : COMPLETE BLOOD COUNT

DESCRIPTION	OBSERVATION	UNIT	NORMAL RANGE
Hemoglobin (Hb)	11.8	gms/dl	13 - 17
Packed cell volume (PCV)	36	%	40 - 50
RBC Count	4.78	mill/mm <sup>3</sup>	3.5 - 5.5
MCV	77	fL	83 - 101
MCH	24	pg	27 - 32
MCHC	32	g/dL	31.5 - 34.5
Total Leucocyte Count (TLC)	9300	cell/cumm	4000 - 10000
<b>Differential Count (DLC)</b>			
Segmented Neutrophils	52	%	40 - 80
Lymphocyte	43	%	20 - 40
Eosinophils	02	%	1 - 6
Monocyte	03	%	2-10
Basophils	00	%	0 - 2
<b>Absolute Leucocyte Count</b>			
Neutrophils	4836	thou/mm <sup>3</sup>	2000 - 7000
Lymphocytes	3999	thou/mm <sup>3</sup>	1000 - 3000
Monocytes	279	thou/mm <sup>3</sup>	0.2 - 1
Eosinophils	186	thou/mm <sup>3</sup>	20 - 500
Basophils	0	thou/mm <sup>3</sup>	0.02 - 0.1
<b>Platelet Count</b>			
Platelet Count	1.53	Lakh/cumm	1.5 - 4.5

**Note :-**

- As per the recommendation of International council for Standardization in Hematology, the differential leucocyte counts are additionally being reported as absolute numbers of each cell in per unit volume of blood
- Test conducted on EDTA whole blood

**\*\*End of Report\*\***

Sonal Sharma

Dr. M.P. Mishra



Dr. Rohini Shivastava

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Report Date : 30-Mar-2023 1:45 pm  
Collection Centre : OPD Patient

## HAEMATOLOGY

Test Name : ABO - Blood Group

DESCRIPTION	OBSERVATION	UNIT	NORMAL RANGE
Blood Group	"A" POSITIVE		

## BIOCHEMISTRY

Test Name : BLOOD SUGAR FASTING

DESCRIPTION	OBSERVATION	UNIT	NORMAL RANGE
Blood Sugar (Fasting)	93	mg/dl	70 - 110

## HAEMATOLOGY

Test Name : ESR (WINTROBE)

DESCRIPTION	OBSERVATION	UNIT	NORMAL RANGE
ESR (WINTROBE)	09	mm/hour	0 - 20

\*\*End of Report\*\*

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## SEROLOGY

Test Name : KIDNEY FUNCTION TEST (KFT)

DESCRIPTION	OBSERVATION	UNIT	NORMAL RANGE
Serum Creatinine Level	0.8	mg/dl	0.8 - 1.4
Blood urea	26	mg/dl	10 - 45
Blood Urea Nitrogen	12.1	mg/dl	7 - 21
Uric Acid	4.9	mg/dl	3.6 - 7.2
Serum Sodium	139	mEq/L	135 - 145
Serum Potassium	4.6	mEq/L	3.5 - 5.5
T- Calcium	9.8	mg/dl	8.6 - 10.3

**\*\*End of Report\*\***

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## BIOCHEMISTRY

Test Name : LIVER FUNCTION TEST

DESCRIPTION	OBSERVATION	UNIT	NORMAL RANGE
Serum Bilirubin (Total)	0.6	mg/dl	0.2 - 1.1
Serum Bilirubin (Direct)	0.2	mg/dl	0.1 - 0.5
Sr. Bilirubin Indirect	0.4	mg/dl	0.1 - 0.7
SGPT	36	U/L	0 - 45
SGOT	31	U/L	0 - 38
Alkaline Phosphatase	98	U/L	30 - 120
Total Proteins	7.2	g/dL	6.4 - 8.1
Serum Albumin	4.0	g/dL	3.2 - 4.6
GGTP	000	IU/1L	3.5 - 13.0
Globulin	3.2	g/dL	2 - 3.5
A/G Ratio	1.25		0.9 - 2

### Note :-

#### EXPECTED VALUES

##### TOTAL BILIRUBIN:

Adults:	0.2-1.2 mg/dl
Newborns Premature:	
0-1 d	1.0-8.0 mg/dl
1-2 d	6.0-12.0mg/dl
3-5 d	10.0-14.0mg/dl
Newborns Full term:	
0-1 d	2.0-6.0 mg/dl
1-2 d	6.0-10.0mg/dl
3-5 d	4.0-8.0mg/dl

##### DIRECT BILIRUBIN:

Adults and Infants:	0-0.2mg/dl
---------------------	------------

\*\*End of Report\*\*

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## BIOCHEMISTRY

Test Name : LIPID PROFILE (BASIC)

DESCRIPTION	OBSERVATION	UNIT	NORMAL RANGE
Serum Cholesterol	174	mg/dl	150 - 200
S.Triglyceride	107	mg/dl	60 - 200
HDL Cholesterol	44	mg/dl	35 - 60
V.L.D.L Cholesterol	21.4	mg/dl	10 - 35
LDL Cholesterol	108.6	mg/dl	- < 130
LDL-C/HDL Ratio	2.47		1 - 5
Triglyceride HDL Ratio	2.43		1 - 5
Total Chole/HDL Ratio	3.95	mg/dl	2.5 - 5

\*\*End of Report\*\*

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## BIOCHEMISTRY

Test Name : T3,T4,TSH

DESCRIPTION	OBSERVATION	UNIT	NORMAL RANGE
T3, Total	1.69	ng/mL	0.4 - 1.81
T4, Total	103.2	ug/dl	52 - 127
TSH	6.46	uIU/mL	0.34 - 5.6

### Note :-

1. TSH levels are subject to circadian variation, reaching peak levels between 2-4.a.m. and at a minimum between 6-10 pm. The variation is of the order of 50%. Hence time of the day has influence on the measured serum TSH concentration.
2. Alteration in concentration of Thyroid hormone binding protein can profoundly affect Total T3 and/or Total T4 levels especially in pregnancy and in patients on steroid therapy.
3. Unbound fraction ( Free, T4 / Free,T3 ) of thyroid hormone is biologically active form and correlate more closely with clinical status of the patient than total T4/T3 concentration
4. Values <0.03 uIU/mL need to be clinically correlated due to presence of a rare TSH variant in some individuals

**\*\*End of Report\*\***

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## CLINICAL PATHOLOGY

Test Name : URINE ROUTINE EXAMINATION

DESCRIPTION	OBSERVATION	UNIT	NORMAL RANGE
<b>Urine Physical</b>			
Colour	Starw		Straw
Specific gravity	1.015		1.008 - 1.030
Reaction(pH)	6.0		5 - 8
Sediments	Absent		Absent
Turbidity	Absent		Absent
<b>Urine Chemical</b>			
Sugar	Absent		Absent
Protein	Absent		Absent
<b>Urine Microscopic</b>			
RBC	Absent	/hpf	Absent
Pus Cells	1 - 2	/hpf	0 - 1
Epithelial Cells	1 - 2	/hpf	0 - 2
Casts	Absent	/hpf	Absent
Crystals	Absent		Absent
Other	Absent		Absent

**\*\*End of Report\*\***

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## 2-D Echocardiography & Colour Doppler Study

Patient's Name Chitra Sharma Date 09/09/23

Referred by..... Age 394

Indication..... Sex F

### OBSERVATION

Acoustic window	<u>Good Subcostal</u>
RWMA	None
LVEF	60%
Cardiac dimension	Normal
Cardiac value	Normal
RV pressure	Normal
Mitral inflow pattern	E>A
Regurgitation	Nil
Pericardial effusion	None
NO LA/LV Clot/thrombus/vegetation	None
Impression	Normal 2D echo Doppler study

*Dr. KUNAL SAHAI*

MD, MJA, FICP

( Kindly correlate clinically )

Ultrasound is not the modality of choice to rule out subtle bowel lesions. Please intimate us for any typing mistakes and send the report for correction within 7 days. 1. The science of Radiological diagnosis is based on the interpretation of various shadows produced by both the normal and abnormal tissues and are not always conclusive. Further biochemical and radiological investigation & clinical correlation is required to enable the clinician to reach the final diagnosis.

The report and films are not valid for medico – legal purpose



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