

Accuracy Precision

Regd. No.: 1834

(A Unit of Zena Enterprises)

Patient Name: MS. SUBHASMITA NAYAK

Age / Gender: 25 years / Female

Patient ID: 14995

Referral: MEDI WHEEL

Collection Time: 28/01/2023, 10:50 AM Reporting Time: 29/01/2023, 09:25 AM

Sample ID:

Test Description	Value(s)	Reference Range	Unit
	Glucose, Fa	sting (FBS)	
Glucose fasting Method: Fluoride Plasma-F, Hexokinase	82.97	75 - 115	mg/dL
	Glucose, Post	Prandial (PP)	
Blood Glucose-Post Prandial Method: Hexokinase	87.25	70 - 140	mg/dl.
	Blood Group ABO	& Rh Typing, Blood	
Blood Group (ABO typing) Method : Manual-Hemagglutination	"A"		
RhD Factor (Rh Typing) Method : Manual hemagglutination	Positive		

ESR, Erythrocyte Sedimentation Rate

ESR - Erythrocyte Sedimentation Rate

Method : EDTA Whole Blood, Manual Westergren

0 - 20

mm/hr

Interpretation:

- It indicates presence and intensity of an inflammatory process. It does not diagnose a specific disease. Changes in the ESR are more significant than the abnormal results of a single test.
- It is a prognostic test and used to monitor the course or response to treatment of diseases like tuberculosis, bacterial endocarditis, acute rheumatic fever, rheumatoid arthritis, SLE, Hodgkins disease, temporal arteritis and polymyalgia rheumatica.
- It is also increased in pregnancy, multiple myeloma, menstruation, and hypothyroidism.

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END OF REPORT

Dr.Kundan Kumar Sahoo CONSULTANT PATHOLOGIST / MICROBIÓLOGIST

For Home Collection Please Call at Number:

Zena Healthcare Services
Plot No. 119, Opp. Water tank Lane, Near Police Phandi, Saheed Nagar, Bhubaneswar-07
Ph.: 0674-2549902, 9692276908, 8337964922, E-mail: zenahealthcare@gmail.com



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Collection Time: 28/01/2023, 10:50 AM Reporting Time: 29/01/2023, 09:23 AM

Sample ID:

Test Description	Value(s)	Reference Range	Unit
	BUN,	Serum	
BUN-Blood Urea Nitroge	13.82	10 - 50	mg/dL
Method : Serum, Urease			
	Creat	tinine	
Creatinine	0.81	0.60 - 1.30	mg/dL
Method : Serum, Jaffe			
	Uric aci	d, Serum	
Uric Acid	5.21	3.4 - 7.0	mg/dL
Method : Uricase, Colorimetric			

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Collection Time: 28/01/2023, 10:50 AM Reporting Time: 29/01/2023, 09:21 AM

Sample ID:

Test Description	Value(s)	Reference Range	Unit
	Complete Bl	ood Count	
Hemoglobin (Hb)	13.4	12.0 - 15.0	gm/dL
Erythrocyte (RBC) Count	4.23	3.8 - 4.8	mil/cu.mm
Packed Cell Volume (PCV)	39.5	36 - 46	%
Mean Cell Volume (MCV)	93.38	83 - 101	fL
Mean Cell Haemoglobin (MCH)	31.68	27 - 32	pg
Mean Corpuscular Hb Concn. (MCHC)	33.92	31.5 - 34.5	g/dL
Red Cell Distribution Width (RDW)	11.9	11.6 - 14.0	%
Total Leucocytes (WBC) Count	6900	4000-10000	cell/cu.mm
Neutrophils	69	40 - 80	%
Lymphocytes	25	20 - 40	%
Monocytes	04	2 - 10	%
Eosinophils	02	1 - 6	%
Basophils	00	1-2	0/0
Platelet Count	333	150 - 410	10^3/ul
Mean Platelet Volume (MPV)	10.6	7.2 - 11.7	fL
	0.35	0.2 - 0.5	%
PCT PDW ·	16.9	9.0 - 17.0	%

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Collection Time: 28/01/2023, 10:50 AM Reporting Time: 29/01/2023, 09:24 AM

Sample ID:

Test Description	Value(s)	Reference Range	Unit
		at a mark	
	LFT, Liver Fu	nction Test	
Bilirubin - Total	0.66	0.00 - 1.00	mg/dL
Method : Serum, Jendrassik Grof			/ 11
Bilirubin - Direct	0.13	0.00 - 0.20	mg/dL
Method : Serum, Diazotization			mar/dl
Bilirubin - Indirect	0.53	0.10 - 0.80	mg/dL
Method : Serum, Calculated		0. 22	U/L
SGOT	11.72	8 - 33	0/1
Method: Serum, UV with P5P, IFCC 37 degree	10.00	2 25	U/L
SGPT	15.97	3 - 35	0/12
Method : Serum, UV with P5P, IFCC 37 degree		< 38	, U/L
GGT-Gamma Glutamyl Transpeptidae	4.25	< 36	
Method : Serum, G-glutamyl-carboxy-nitoanilide	02.51	42-141	U/L
Alkaline Phosphatase	93.51	72-171	107.8/10
Method: PNPP-AMP Buffer/Kinetic	7.13	6.60 - 8.70	g/dL
Total Protein	7.13	0.00	
Method : Serum, Biuret, reagent blank end point	4.22	3.50 - 5.30	g/dL
Albumin	7.22		0 -0 0000
Method : Serum, Bromocresol green	2.91	2.00-3.50	g/dL
Globulin	2.91		
Method : Serum, EIA	1.45	1.2 - 2.2	
A/G Ratio	1.10		
Method : Serum, EIA			

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Collection Time: 28/01/2023, 10:50 AM Reporting Time: 29/01/2023, 09:22 AM

Sample ID:

Test Description	Value(s)	Reference Range	Unit
	Lipid P	rofile	
Cholesterol-Total Method: Spectrophotometry	166.04	Desirable level < 200 Borderline High 200-239 High >or = 240	mg/dL
Triglycerides Method : Serum, Enzymatic, endpoint	79.41	Normal: < 150 Borderline High: 150-199 High: 200-499 Very High: >= 500	mg/dL
HDL Cholesterol	41.51	Normal: > 40 Major Risk for Heart: < 40	mg/dL
Method : Serum, Direct measure-PEG LDL Cholesterol Method : Enzymatic selective protection	108.65	Optimal < 100 Near / Above Optimal 100-129 Borderline High 130-159 High 160-189 Very High >or = 190	mg/dL
VLDL Cholesterol	15.88	6 - 38	mg/dL
Method : Serum, Enzymatic CHOL/HDL Ratio	4	3.5 - 5.0	
Method : Serum, Enzymatic LDL/HDL Ratio Method : Serum, Enzymatic Note:	2.62	2.5 - 3.5	
8-10 hours fasting sample is required.			

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Collection Time: 28/01/2023, 10:50 AM Reporting Time: 29/01/2023, 09:35 AM

Sample ID:

Test Description	Value(s)	Reference Range	Unit
	Thyroid Profile	(T3, T4, TSH)	
T3-Total	2.02	0.87 - 2.73	ng/dL
Method : CLIA T4-Total	8.62	6.09 - 12.23	ug/dL
Method: CLIA TSH-Ultrasensitive Method: CLIA	3.11	0.45 - 4.5 First Trimester: 0.1-2.5 Second Trimester: 0.2-3.0 Third trimester: 0.3-3.0	uIU/mL

SH	T3	T4	Suggested Interpretation for the Thyroid Function Tests Pattern
aised	Within range	Within range	Raised Within Range Within Range .Isolated High TSHespecially in the range of 4.7 to 15 m1U/m1 is commonly associated with Physiological & Biological TSH Variability. Subclinical Autoimmune Hypothyroidism.Intermittent 14 therapy for hypothyroidism .Recovery phase after Non-Thyroidal illness.
Raised	Decreased	Decreased	Chronic Autoimmune Thyroiditis Post thyroidectomy.Post radioiodine Hypothyroid phase of transient thyroiditis*
Raised or within range	Raised	Raised or within range	Interfering antibodies to thyroid hormones (anti-TPO antibodies)Intermittent 14 therapy or T4 overdose •Drug interference- Amiodarone, Heparin, Beta blockers, steroids, anti-epileptics.
Decreased	Raised or within range	Raised or within range	Isolated Low TSH -especially in the range of 0.1 to 0.4 often seen in elderly & Range Range associated with Non-Thyroidal illness .Subclinical Hyperthyroidism .Thyroxine ingestion
Decreased	Decreased	Decreased	Central Hypothyroidism .Non-Thyroidal illness .Recent treatment for Hyperthyroidism (TSH remains suppressed)*
Decreased	Raised	Raised	Primary Hyperthyroidism (Graves' disease).Multinodular goitre, Toxic nodule *Transient thyroiditis:Postpartum, Silent (lymphocytic), Postvirai (granulomatous, subacute, DeQuervain's),Gestational thyrotoxicosis with hyperemesis gravidarum'
Decreased Within Rang	Raised	Within range	T3 toxicosis *Non-Thyroidal illness
Within range	Decreased	Within range	Isolated Low T3-often seen in elderly & associated Non-Thyroidal illness In elderly the drop in 13 level can be upto 25%.

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Sample ID:

Test Description

Value(s)

Reference Range

Unit

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Sample ID:

Test Description	Value(s)	Reference Range	Unit

HbA1C, Glycosylated Hemoglobin

HbA1c (GLYCOSYLATED HEMOGLOBIN),

4.61

9/0

Method: (HPLC, NGSP certified)

Estimated Average Glucose:

85.61

mg/dL

Interpretation

As per American Diabetes Association (ADA	A)
Reference Group	HbA1c in %
Non diabetic adults >=18 years	<5.7
At risk (Prediabetes)	5.7 - 6.4
Diagnosing Diabetes	>= 6.5
Therapeutic goals for glycemic control	Age > 19 years Goal of therapy: < 7.0 Action suggested: > 8.0 Age < 19 years Goal of therapy: <7.5

Note:

- 1. Since HbA1c reflects long term fluctuations in the blood glucose concentration, a diabetic patient who is recently under good control may still have a high concentration of HbA1c. Converse is true for a diabetic previously under good control but now poorly controlled
- 2. Target goals of < 7.0 % may be beneficial in patients with short duration of diabetes, long life expectancy and no significant cardiovascular disease. In patients with significant complications of diabetes, limited life expectancy or extensive co-morbid conditions, targeting a goal of < 7.0 % may not be appropriate.

HbA1c provides an index of average blood glucose levels over the past 8 - 12 weeks and is a much better indicator of long term glycemic control as compared to blood and urinary glucose determinations.

ADA criteria for correlation between HbA1c & Mean plasma glucose levels.

HbA1c(%)	Mean Plasma Glucose (mg/dL)
6	126
7	154
8	183
9	212

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Sample ID:

Test Description		Value(s)	Reference Range	Unit
10	240			
11	269			

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Sample ID:

Test Description

Value(s)

Reference Range

Unit

/hpf /hpf /hpf

Urine(R/M) Routine Examination of Urine

	Control of the Contro
General	Examination

	Pale Yellow
PALE YELLOW	Pale reliow
CLEAR	Clear
Absent	Absent
Acidic 6.0	4.5 - 7.0
1.015	1.005 - 1.03
	.1
	Absent Acidic 6.0

Absent

Absent

Absent

Absent

1.005 - 1.030

Urine Protein (Albumin)

Urine Glucose (Sugar)

Microscopic Examination		
Red blood cells	Absent	0-4
Pus cells (WBCs)	2 - 4 /HPF	0-9
Epithelial cells	1 - 2 /HPF	0-4
Crystals *	Absent	Absent
Cast	Absent	Absent
	Absent	Absent
Bacteria	92 - 24-2 St. Print 2 Challe	

END OF REPORT

Dr.Kundan Kumar Sahoo CONSULTANT PATHOLOGIST

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	BANESWAR						
13:39.44	SAHIDNAGAR, BHUBANESWAR						DS- 3KH- ALLENGERS PISCES 10120 VER-1 9) CLINICALLY CORRELATE THE FINDINGS
	-119.SAHIC		Dr.	> 1	\$ }-	* -	LLY CORRELATE
2 8 7 F N A	CONSIDER NORMAL VARIANT						-1 9) CLINICA
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SUBHASM	FEMALE ABNORMALITY			a V.B.	avr.	ave	
H Z	CO SINUS RHYTHM THEFTON THE WAVE ABNORMALITY		II. SQ			The second of th	A STATE OF S
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For eyes like new

2nd Floor, BMC-1,BMC Bhawani Mall, Saheed Nagar, Bhubaneswar - 751007 Khurda, Odisha

Ph: 0674-2549511,2549722

Mob - 8118052200 E-mail : bhubaneswar@dragarwal.com

Patient : Age/Sex : MRS. SUBHASMITA NAYAK

25 Years /Female

Doctor : Facility : Dr. GARIMA RATH

Dr. Agarwal's Health Care Ltd, Bhubaneswar

Contact :

8270485477

Appt. Dt:

28 Jan'23

MR No. :

BHU/33581/23

Note Dt :

28 Jan'23

OPD SUMMARY

HISTORY

Visit: General Checkup

Chief Complaints: came for routine eye checkup for Job purpose

Ophthalmic History: None

Systemic History: on Rx for Skin disease @ 2 months

Allergies: None

REFRACTION

	R/OD	
Keratometry:		
		Axis
Kh	45.75	180
Kv	46.25	90

		Axis
Kh	45.75	20
Kv	46.25	110

LOS

Auto Refraction:

	Sph	Cyl	Axis
Dry	+0.50	-0.25	100

Dilated	 	
	 	-

Auto Refraction:

	Sph	Cyl	Axis
Dry	0.00		

Dilated	 	

Dry Refraction:

	Sph	Cyl	Axis	Vision
Distant	0.00			6/6
Near				N6

Dry Refraction:

	Sph	Cyl	Axis	Vision
Distant	0.00			6/6
Near				N6

IN CASE OF EMERGENCY (UNUSUAL PAIN, WATERING, REDNESS, OR DECREASE IN VISION)
PLEASE CONTACT: MOBILE NO 8118052202

ଜରୁରୀ କାଳୀନ ପରିସ୍ଥିତି: ଯେପରିକି ଆଖି ଯନ୍ତ୍ରଣା, ଲୁହ ବୋହିବା, ଆଖି ଲାଲ ପଡିବା ଓ ଦୃଷ୍ଟି ଶକ୍ତି କମିଯିବା କ୍ଷେତ୍ରରେ ଦୟାକରି ଭକ୍ତ ନୟର କୁ (୮୧୧୮୦୫୨୨୦୨)

Printed on: 28 Jan'2023, 04:18 PM IN CASE OF EMERGENCY (UNUSUAL PAIN, WATERING, REDNESS, OR DECREASE IN VISION) PLEASE CONTACT: MOBILE NO 8118052202 ଜରୁରୀ କାଳୀନ ପରିସ୍ଥିତି: ଯେପରିକି ଆଖି ଯନ୍ତ୍ରଣା, ଲୁହ ବୋହିବା, ଆଖି ଲାଲ ପଡିବା ଓ ଦୃଷ୍ଟି ଶକ୍ତି କମିଯିବା କ୍ଷେତ୍ରରେ ଦୟାକରି ଭକ୍ତ ନୟର କୁ (୮୧୧୮୦୫୨୨୦୨)



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AGE:-25YRS Patient ID:-9 REFERRAL:-MEDI-WHEEL

DATE:-28.01.2023 SEX:-FEMALE

CHEST X-RAY PA VEIW SHOWS.

- Both side lung fields are clear.
- Trachea within normal limit.
- Both costophrenic cardiophrenic angle are clear.
- Cardiac shadow within normal limit.
- Media stinum in position

IMPRESSION:-NORMAL STUDY.

Barban

Dr.Bhagaban Pradhan M.D. (Radio diagnosis) Consultant Radiologist



(A Unit of Zena Enterprises)

MEDICAL CERTIFICATE

NAME	Date :- 28.01.2023
Mrs. SUBHASMITA NAYAK	
MEDICAL INFORMATION	
Height:- 156cm	Age;-25yrs
Weight:- 73kg	Sex:-FE MALE
Blood Pressure:- 117/75mmhg	Pulse:-79/min

Body Mass Index(BMI)

30

Physical Fitness certificate

This is to certify that Mrs.SUBHASMITA NAYAK, aged 25yrs, reports is Normal and I have found his FIT.

