

Patient Name : Mrs. ARCHANA YADAV	UHID : 20428
Age / Gender : 32 Years 0 Months 0Days / Female	IPNO :
Referred By : Dr. CMO	Registered : 11/06/2022/ 8.31 AM
Req.No : 22201035	Sample Collection Dt & Tm : 11/06/2022/ 11.11 AM
Sample ID : 2221161	Sample Receiving Dt & Tm : 11/06/2022/ 11:11 AM
Patient Type : OPD	Report Released on : 11/06/2022/ 8.10 PM
Bed No :	

### HEMATOLOGY

#### Complete Blood Count -CBC(HB\TLC\PCV\RBC\Platelet)

TEST NAME	RESULT	UNITS	REFERENCE INTERVAL	BIOLOGICAL SPECIMEN TYPE
Hemoglobin (Hb) (Colorimetry)	13.6	gm/dl	11.5 - 15.0	WHOLE BLOOD
TLC (Electrical Impedence)	6770	cell/cumm	4500 - 11000	EDTA WHOLE
<b><u>DIFFERENTIAL COUNT</u></b>				
Neutrophils (Flow Cytometry)	55	%	40 - 75	EDTA WHOLE
Lymphocytes (Flow Cytometry)	37	%	20 - 45	EDTA WHOLE
Monocytes (Flow Cytometry)	05	%	1 - 10	EDTA WHOLE
Eosinophil (Flow Cytometry)	03	%	1 - 6	EDTA WHOLE
Basophil	00	%	0 - 1	
RBC (Electrical Impedence)	4.4	millions/cumm	4.2 - 5.4	EDTA WHOLE

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

***This is Provisional Report***

Lab Technician  
Dr.NishaTiwari  
(MD.Microbiology)

  
 Dr. Neha Gupta  
 MBBS,MD(Pathology)  
 (Consultant Pathologist)

Dr. Neha Kaushal  
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**HEMATOLOGY**

PCV (Electrical Impedence Calculation)	40.9	%	36 - 46	EDTA WHOLE
MCV (Electrical Impedence Calculation)	92.9	fL	76 - 96	EDTA WHOLE
MCH (Electrical Impedence Calculation)	31.4	pg	27 - 34	EDTA WHOLE
MCHC (Electrical Impedence Calculation)	33.8	gm/dl	30 - 36	EDTA WHOLE
RDW	12.6	%	11 - 16	
PLATELETE COUNT (Electrical Impedence)	231	1000/microLit	150 - 450	EDTA WHOLE

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

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**BIOCHEMISTRY**

**Blood Sugar Fasting**

TEST NAME	RESULT	UNITS	BIOLOGICAL REFERENCE INTERVAL	SPECIMEN TYPE
TEST METHOD				
BLOOD SUGAR FASTING (God- Trinders)	84	mg/dl	75 - 115	Flouride Plasma

Increased In:

- Diabetes Mellitus
- Stress ( e.g, emotion, burns, shock, anesthesia)
- Acute Pancreatitis
- Chronic Pancreatitis
- Wernicke encephalopathy ( Vitamin B1 deficiency)
- Effect of drugs (e.g. corticosterogens, alcohol, phenytoin, thiazides)

Decreased in :

- Pancreatitis disorders
- Extrapancreatic tumors
- Endocrine disorders
- Malnutrition
- Hypothalamic lesions
- Alcoholism
- Endocrine Disorders

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

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**The Signature**  
ADVANCED SUPER SPECIALITY  
H O S P I T A L



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Patient Type : OPD Report Released on : 12/06/2022/ 7.06 PM  
Bed No : :

**SEROLOGY/IMMUNOLOGY**

**Thyroid Profile**

TEST NAME TEST METHOD	RESULT	UNITS	BIOLOGICAL	
			REFERENCE INTERVAL	SPECIMEN TYPE
Triiodothyronine (T3)	1.19	ng/ml	0.60 - 1.81	SERUM
Thyroxine (T4) CLIA	7.8	ug/dL	5.01 - 12.45	
TSH ( Thyroid Stimulating Hormone ) CLIA	1.79	uIU/ml	0.55 - 5.55	

Remarks :

- (1) 4.2 to 15 IU/mL - Correlate clinically as physiological and other factors may falsely elevate TSH level. (2) TSH Values may be transiently altered because of non thyroidal illness. (3) Some drugs may decrease TSH values, e.g., L-dopa, Glucocorticoids. (4) Some drugs may increase TSH values, e.g., Iodine, Lithium, Amiodarone. Abbreviations.

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

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Bed No :	

**BIOCHEMISTRY**


**Lipid Profile**

TEST NAME	RESULT	UNITS	BIOLOGICAL REFERENCE INTERVAL	SPECIMEN TYPE
TEST METHOD				
<b><u>LIPID PROFILE</u></b>				
CHOLESTROL (CHOD-TRINDER)	200	mg/dl	00 - 200	SERUM
TRIGLYCERIDES (GPO-Trinders)	76	mg/dl	35 - 170	SERUM
HDL- CHOL (Direct Method/ Enzymatic Colorometric)	58	mg/dl	40 - 60	SERUM
VLDL-CHOL CALCULATED	15.2	mg/dl	10 - 40	
LDL-CHOLESTROL	126.8	mg/dl	0 - 130	
LDL/HDL RATIO	2.19		0-3	
CHOLESTROL/HDL RATIO	3.45			

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Bed No :	

**BIOCHEMISTRY**

**Renal Profile**

TEST NAME	RESULT	UNITS	BIOLOGICAL REFERENCE INTERVAL	SPECIMEN TYPE
TEST METHOD				
BLOOD UREA (Urease UV/GLDH)	20	mg/dl	13 - 45	SERUM
SERUM CREATININE (Jaffe Rate)	0.9	mg/dl	0.6 - 1.2	SERUM
URIC ACID (Enzymatic/Uricase)	4.4	mg/dl	2.5 - 6.8	SERUM
<b><u>ELECTROLYTES</u></b>				
SODIUM (ISE-Indirect)	145	mmol/L	132 - 150	SERUM
POTASSIUM (ISE-Indirect)	4.1	mmol/L	3.5 - 5.5	SERUM

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

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**BIOCHEMISTRY**

**Liver Function Test Profile**

TEST NAME TEST METHOD	RESULT	UNITS	BIOLOGICAL	
			REFERENCE INTERVAL	SPECIMEN TYPE
<b><u>BILIRUBIN TOTAL AND DIRECT</u></b>				
BILIRUBIN TOTAL (Diazonium Salt)	0.4	mg/dl	0.1 - 1.2	SERUM
BILIRUBIN DIRECT (Diazonium Salt)	0.2	mg/dl	00 - 0.3	SERUM
BILIRUBIN INDIRECT (CALCULATED)	0.2	md/dl	0 - 0.9	
SGOT/AST (UV-KINETIC)	<b>84</b>	U/l	0 - 45	SERUM
SGPT/ALT (UV-KINETIC)	<b>145</b>	U/l	0 - 45	SERUM
ALKALINE PHOSPHATASE (ALP) (Kinetic)	<b>222</b>	U/l	39 - 118	SERUM

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

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**BIOCHEMISTRY**

**PROTEINS**

TOTAL PROTEIN (Biuret)	<b>5.9</b>	g/dl	6.0 - 8.3	SERUM
ALBUMIN (BCG- DYE)	4.2	g/dl	3.2 - 5.0	SERUM
GLOBULIN Calculated	1.7	gm/dl	1.5 - 3.6	
A/G RATIO Calculated	<b>2.47</b>		0.9 - 2.0	

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

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Patient Type : OPD	Report Released on : 11/06/2022/ 3.09 PM
Bed No :	

**HEMATOLOGY**

**Blood Group And Rh Factor**

TEST NAME	RESULT	UNITS	BIOLOGICAL
TEST METHOD			REFERENCE INTERVAL SPECIMEN TYPE
BLOOD GROUP(ABORh)	"AB" POSITIVE		

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

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**Patient Type :** OPD



**BIOCHEMISTRY**

**Blood Sugar 2 Hr. Pp**

TEST NAME	RESULT	UNITS	BIOLOGICAL REFERENCE INTERVAL
<b>BLOOD SUGAR POST PRANDIAL(BSPP)</b>	98	mg/dl	90 - 140

**Method:** God- Trinders

Increased In:

Diabetes Mellitus

Stress ( e.g, emotion, burns, shock, anesthesia)

Acute Pancreatitis

Chronic Pancreatitis

Wernicke encephalopathy ( Vitamin B1 deficiency)

Effect of drugs (e.g. corticosterogens, alcohol, phenytoin, thiazides)

Decreased in :

Pancreatitis disorders

Extrapancreatic tumors

Endocrine disorders

Malnutrition

Hypothalamic lesions

Alcoholism

Endocrine Disorders



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

*Please Correlate With Clinical Findings If Necessary Discuss*  
 \* This is an Electronically Authenticated Report \*

\*\*\* Some of the test is performed in PARK HOSPITAL GROUP SUPER SPECIALITY HOSPITAL

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**BIOCHEMISTRY**

**Glycosylated Haemoglobin**

TEST NAME	RESULT	UNITS	BIOLOGICAL REFERENCE INTERVAL	SPECIMEN TYPE
TEST METHOD				
HbA1C (GLYCOSYLATED HEMOGLOBIN)	5.7	%	4.6 - 6.2	


Metabolically Healthy Patients 4.5 6.0  
 Good Control 6.1 6.5  
 Fair Control 6.6 7.0  
 Poor Control > 7.0

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

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Bed No :	

**CLINICAL PATHOLOGY**

**Urine Routine And Microscopy.**

TEST NAME	RESULT	UNITS	BIOLOGICAL
TEST METHOD			REFERENCE INTERVAL    SPECIMEN TYPE
QUANTITY	30 ML		
COLOUR	PALE YELLOW		
TURBIDITY	CLEAR		
SPECIFIC GRAVITY (Bromthymol Blue)	1.025		1.003-1.030    Urine
PH (Chromatography)	5.5		4.7-7.0    Urine

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

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Bed No :

**CLINICAL PATHOLOGY**

**CHEMICAL EXAMINATION**

UROBILINOGEN (Ehrlich's Aldehyde Reaction)	NORMAL	NORMAL	Urine
PROTEIN	NIL	NIL	
BLOOD	NIL	NIL	
KETONE (Sodium Nitroprusside)	NIL	NIL	Urine
BILIRUBIN (Diazonium Salt)	NIL	NIL	SERUM
GLUCOSE (Benedict's Test)	NIL	NIL	Urine
NITRITE	NEGATIVE		

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

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**CLINICAL PATHOLOGY**

**MICROSCOPIC EXAMINATION - URINE**

PUS CELLS (Microscopic)	1-2	/HPF	0 - 3	Urine
RBC- Urine (Per Oxidase Reaction)	NIL	/HPF	NIL	Urine
EPITHELIAL CELLS	0.1	/HPF	0 - 5	
CAST	NIL		NIL	
CRYSTALS	NIL		NIL	
BACTERIA	NIL			
OTHERS	NIL			

COMMENTS: Actual numerical values for WBCs, RBCs and Epithelial cells are not defined and must be correlated clinically.

Test Methods: Reagent strip analysis and urine sediment microscopy.

Reagent strip / chemical analysis are based on: pH-Double Indicator principle; Specific gravity Ion exchange method; Glucose Glucose oxidase-peroxidase/Benedicts; Protein Acid-base indicator/Sulfosalicylic acid; Urobilinogen Coupling reaction/Ehrlich's reaction, Bilirubin Coupling reaction, Ketones Nitroprusside method/Rother's test.

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

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 The Signature  
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 (Consultant Pathologist)

Dr. Neha Kaushal  
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 (Consultant Microbiologist)

UID: 20428 Date: 11 Jun 2022  
Name/Age/Sex : ARCHANA YADAV 32Y/F / Female  
Treating Dr. :

**X-RAY CHEST PA VIEW**

Both lung fields are clear.

Both hila are normal.

Both costophrenic angles are clear.

Cardiac shadow & cardiac thoracic ratio is within normal limits.



Dr Utkarsh Gupta (MBBS, DNB)  
Consultant Radiologist



TRANSTHORACIC ECHO- DOPPLER REPORT

NAME - MRS ARCHANA YADAV	AGE/SEX -32/F
MR. NO. - 20428	DATE - 11/6/2022

M-MODE / 2-D DESCRIPTION

- ❖ **Left Ventricle:** No regional wall motion abnormality. LVEF ~ 60 %.
- ❖ **Left Atrium:** Normal.
- ❖ **Right atrium:** It is Normal Sized.
- ❖ **Right ventricle:** It is Normal Sized. RV Systolic Function is Normal.
- ❖ **Aortic valve:** Aortic Cusps are Normal.
- ❖ **Mitral valve:** It Appears Normal.
- ❖ **Tricuspid valve:** It Appears Normal.
- ❖ **Pulmonic valve:** It Appears Normal.
- ❖ **Main pulmonary artery & its branches:** Appear Normal.
- ❖ **Pericardium:** No Pericardial Effusion Seen
- ❖ **Inter atrial septum:** It is Intact.
- ❖ **Inter ventricular septum:** It is Intact.
- ❖ **IVC:** It is Normal in Size, collapsing & Respiratory Variability.
- ❖ **Clot / Vegetation:** No Intracardiac Clot, Vegetation.

Measurements (mm):

LEFT HEART			RIGHT HEART		
	Observed values (mm)	Normal values		Observed values (mm)	Normal values
Aortic root	30	20-36 (22mm/M <sup>2</sup> )	IVC size	-	17-21mm
Aortic valve opening		15-26 (mm/M <sup>2</sup> )	IVC respiratory variability		>50%
LA size	34	19-40 (mm/M <sup>2</sup> )	RA size	-	<18cm <sup>2</sup>
LA volume index (ml/M <sup>2</sup> )		<34 ml/M <sup>2</sup>			
LVID(D)	54	(ED=37-56)	RV basal		24-42mm
LVID(S)	44		RV mid cavity	-	20-35mm
IVS(D)	9	(ED=6-12)	RV longitudinal	-	56-86mm
PW(D)	11	(ED=5-10)	RVOT proximal	-	18-33mm
			TAPSE	-	>15mm
			RV free wall thickness	-	<5mm
LVEF(%)	60 %	55%-70%	RVEF		>44%

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

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Doppler velocities (cm/sec)

Aortic valve		Pulmonary valve	
Max/ Vel	92	Max velocity	106
Max/ PG		Max PG	
Mitral valve		Tricuspid valve	
E	70	Max Velocity	
A	78	PASP	
DT	-	E/E' (>6)	-
E/A	-	S' Velocity (>10cm2/sec)	-

Regurgitation

MR		TR	
Severity	Nil	Severity	Nil
AR		PR	
Severity	Nil	Severity	Nil

Final Interpretation:

- No regional wall motion abnormality. LVEF ~ 60 %
- Normal Cardiac Chamber Dimension.
- No MR, No TR. No TR.
- Normal MIP.
- No Vegetation, Pericardial Effusion.

  
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