

DEPARTMENT OF LABORATORY MEDICINE

Final Report

Patient Name: Ms Poonam MRN: 15050000155798 Gender/Age: FEMALE, 31y (29/11/1991)

Collected On: 24/06/2023 10:54 AM Received On: 24/06/2023 11:23 AM Reported On: 24/06/2023 03:10 PM

Barcode: D72306240093 Specimen: Whole Blood Consultant: Dr. Alex Mathew(GENERAL MEDICINE)

Sample adequacy: Satisfactory Visit No: OP-001 Patient Mobile No: 9717725170

HAEMATOLOGY

	11712117110	LOGI	
Test	Result	Unit	Biological Reference Interval
COMPLETE BLOOD COUNT (CBC)	3 4 (
Haemoglobin (Hb%) (Spectrophotometry)	12.0	g/dL	12.0-15.0
Red Blood Cell Count (Electrical Impedance)	3.89 L	10^6/mm^3	4.5-6.5
PCV (Packed Cell Volume) / Hematocrit (Calculated)	36.5	%	36.0-46.0
MCV (Mean Corpuscular Volume) (Calculated)	94	μm^3	83.0-101.0
MCH (Mean Corpuscular Haemoglobin) (Calculated)	30.7	pg	27.0-32.0
MCHC (Mean Corpuscular Haemoglobin Concentration) (Calculated)	32.8	g/dL	32.0-36,0
Red Cell Distribution Width (RDW) (Calculated)	11.8	%	11.5-14.0
Platelet Count (Electrical Impedance)	211	10 ³ /mm ³	150,0-450.0
Total Leucocyte Count(WBC) (Electrical Impedance)	8.2	10 ³ /mm ³	4.0-11.0
DIFFERENTIAL COUNT (DC)			27
Neutrophils (DHSS)	60.4	%	40.0-80.0
Lymphocytes (DHSS)	34.1	%	20.0-40.0
Monocytes (DHSS)	2.8	%	2.0-10.0
Eosinophils (DHSS)	2.6	%	1.0-6.0
Basophils (DHSS)	0.1	%	0.0-2.0
Absolute Neutrophil Count (Calculated)	4.96	10 ³ /mm ³	2.0-7.5 Page 1 o

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Dharamshila Narayana Superspeciality Hospital

(A Unit of Dharamshi'a Cancer Foundation and Research Centre) (Hospita Reg. No.: DHS/NH/144 | PAN No.: AAATD0451G | GST No.: 07AAATD0451G1Z7)

Hospital Address: Vasundhara Enclave, Near New Ashok Nagar Metro Station, Delhi 110 096

Tel +91 11 6904-5555 | www.narayanahealth.org | info.dnsh@narayanahealth.org

1800-309-0309

Emergencies **73700-73700**



Patient Name: Ms Poonam	MRN:	15050000155798	Gender/Age	: FEMALE,	31y (29/11/1991)
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Absolute Lympocyte Count (Calculated)	2.8	x10 ³ cells/μl	1.0-3.0
Absolute Monocyte Count (Calculated)	0.23	x10 ³ cells/μl	0.2-1.0
Absolute Eosinophil Count (Calculated)	0.22	x10 ³ cells/μl	0.02-0.5
Absolute Basophil Count (Calculated)	0.01 L	x10 ³ cells/µl	0.02-0.1

As per the recommendation of International Council for Standardization in Hematology, the differential counts are additionally being reported as absolute numbers.

Dr. Prachi

MBBS, MD Pathology

MBBS,MD Pathology, JUNIOR CONSULTANT, Reg no DMC - 70512

Test	t Result Unit			
Erythrocyte Sedimentation Rate (ESR)	20	mm/hr	0.0-20.0	
(Modified Westergren Method)		2 6		

Dr. Gaurav Sharma

MBBS, MD

Senior Consultant Pathologist, MBBS, MD, DMC - 30687

BIOCHEMISTRY

Test	Result	Unit	Biological Reference Interval
Fasting Blood Sugar (FBS) (GOD/POD)	93	mg/dL	74.0-106.0
Post Prandial Blood Sugar (PPBS) (Enzyme	108	mg/dL	100.0-140.0
Method (GOD POD))			

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LIPID PROFILE	(CHOL,TRIG,HDL,LDL,VLDL)

Cholesterol Total (Non LDL Selective Elimination, CHOD/POD)	243.5 H	mg/dL	<200.0
Triglycerides (LIPASE/GK/GPO/POD)	115.5	mg/dL	<150.0
HDL Cholesterol (HDLC) (Colorimetric (Phosphotungstic Acid Method))	53.0	mg/dL	40.0-60.0
Non-HDL Cholesterol	190.5 H	mg/dL	<130.0
LDL Cholesterol (Turbidometric /Microtip)	163.03 H	mg/dL	<100.0
VLDL Cholesterol (Calculated)	23.1	mg/dL	0.0-40.0
Cholesterol /HDL Ratio (Calculated)	4.6 H	ω:	<4.5
THYROID PROFILE (T3, T4, TSH)			
Tri Iodo Thyronine (T3) (ECLIA/ ELFA)	1.84	nmol/L	1.49-2.6
Thyroxine (T4) (ECLIA/ ELFA)	110	nmol/L	71.2-141.0
TSH (Thyroid Stimulating Hormone) (Electrochemiluminescence (ECLIA))	1.37	uIU/ml	0.465-4.68
LIVER FUNCTION TEST(LFT)			
Bilirubin Total (Azobilirubin Dyphylline)	0.77	mg/dL	0.2-1.3
Conjugated Bilirubin (Direct) (Dual Wavelength Reflectance)	0.33	mg/dL	0.0-0.4
Unconjugated Bilirubin (Indirect) (Calculated)	0.44	mg/dL	0.1-1.0
Total Protein (Biuret Method)	7.84	gm/dL	6.3-8.2
Serum Albumin (Bromcresol Green (BCG))	4.19	gm/dL	3.5-5.0
Serum Globulin (Calculated)	3.65 H	gm/dL	2.3-3.5
Albumin To Globulin (A/G)Ratio (Calculated)	1.15	-	0.9-2.0
SGOT (AST) (P - Phosphate)	22.6	U/L	14.0-36.0

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Patient Name: Ms Poonam	MRN: 15050000155798	Gender/Age	: FEMALE , 31y (2	29/11/1991)
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SGPT (ALT) (P - Phosphate)	26.2	U/L	<35.0
Alkaline Phosphatase (ALP) (PNPP With Amp Buffer)	90.0	U/L	38.0-126.0
Gamma Glutamyl Transferase (GGT) (GCNA)	14.9	U/L	12.0-43.0

-- End of Report-

Dr. Jyoti Bala

Associate Consultant Biochemistry Reg No.: DMC 83337

Note

- Abnormal results are highlighted.
- Results relate to the sample only.
- Kindly correlate clinically.





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Final Report

Patient Name: Ms Poonam MRN: 15050000155798 Gender/Age: FEMALE, 31y (29/11/1991)

Collected On: 24/06/2023 10:54 AM Received On: 24/06/2023 11:27 AM Reported On: 24/06/2023 04:00 PM

Barcode: D62306240145 Specimen: Whole Blood Consultant: Dr. Alex Mathew(GENERAL MEDICINE)

Sample adequacy: Satisfactory Visit No: OP-001 Patient Mobile No: 9717725170

BIOCHEMISTRY

Test	Result	Unit	Biological Reference Interval		
HBA1C	ir.				
HbA1c (HPLC)	5.0	%	Normal: 4.0-5.6 Pre Diabetes: 5.7-6.4 Diabetes: => 6.5 ADA Recommendation 2017		
Estimated Average Glucose	96.8		-		

Interpretation:

Interpretation Notes

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. Target goals of < 7.0 % may be beneficial in patients. Please co-relate with Blood Sugar Fasting.

RENAL PACKAGE - 2 (RFT FASTING)

Fasting Blood Sugar (FBS) (GOD/POD)	86.7	mg/dL	74.0-106.0
Blood Urea Nitrogen (BUN) (Urease, UV)	16.2	mg/dL	7.0-17.0
SERUM CREATININE			
Serum Creatinine (Enzymatic Two Point Rate - Creatinine Amidohydrolase)	0.46 L	mg/dL	0.5-1.04
eGFR (Calculated)	158.5	mL/min/1.73m ²	Indicative of renal impairment < 60 Note:eGFR is inaccurate for Hemodyamically unstable patients eGFR is not applicable for less than 18 years of age.

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IA Unit of Dharamshi'a Cancer Foundation and Research Centre) (Hospital Reg. No.: DHS/NH/144 | PAN No.: AAATD0451G | GST No : 07AAATD0451G127)

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^{1.} HbA1C above 6.5% can be used to diagnose diabetes provided the patient has symptoms. If the patient does not have symptoms with HbA1C>6.5%, repeat measurement on further sample. If the repeat test result is <6.5%, consider as diabetes high risk and repeat measurement after 6 months.

^{2.} HbA1C measurement is not appropriate in diagnosing diabetes in children, suspicion of type 1 diabetes, symptoms of diabetes for less than 2 months, pregnancy, hemoglobinopathies, medications that may result sudden increase in glucose, anemia, renal failure, HIV infection, malignancies, severe chronic hepatic, and renal disease.

^{3.} Any sample with >15% should be suspected of having a haemoglobin variant.



Patient Name: Ms Poonam MRN: 15050000155798	8 Gender/Age : F	EMALE , 31y (29/11/199	1)
Serum Sodium (ISE Direct)	139.6	mmol/L	137.0-145.0
Serum Potassium (ISE Direct)	4.28	mmol/L	3.5-5.1
Serum Chloride (ISE Direct)	103.4	mmol/L	98.0-107.0
Serum Bicarbonate Level (Phosphoenolpyruvate Carboxylase /Mdh Enzymatic End Piont Assay)	24.8	mmol/L	22.0-30.0
Serum Calcium (Arsezano III Dye Binding Method)	9.17	mg/dL	8.4-10.2
Serum Magnesium (Formazan Dye)	1.90	mg/dL	1.6-2.3
Serum Uric Acid (Colorimetric - Uricase,Peroxidase)	6.18	mg/dL	3.5-8.5
Serum Phosphorus (Phosphomolybdate Reduction)	3.39	mg/dL	2.5-4.5

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Dr. Jyoti Bala

Associate Consultant Biochemistry Reg No.: DMC 83337

		BLOOD	BAN	IK LAB	
Test		Result		Unit	
BLOOD GROUP & RH TYPING	<u>*</u>		(98)		
Blood Group		"B"		**	
RH Typing		Positive		•	

Manu-

Dr. Manoj Rawat Consultant & HOD, Blood Bank Center Consultant & HOD Blood Center, DMC - 38026

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CLINICAL PATHOLOGY

Test	Result	Unit	Biological Reference Interval
URINE ROUTINE & MICROSCOPY			
PHYSICAL EXAMINATION			
Colour	Pale Yellow	æ	=
Appearance	Clear	-	-
CHEMICAL EXAMINATION			
pH(Reaction) (Double Indicator Method)	7.0	₩	4.8-7.5
Sp. Gravity (PKa Change Ionic Concentration Method)	1.010		1.002-1.030
Protein (Protein Error Method)	Negative	5	-
Urine Glucose (GOD/POD)	Negative	.≅h	Nil
Ketone Bodies	Negative	=	-
Blood Urine (Pseudo Peroxidase Method)	Negative	•	2
MICROSCOPIC EXAMINATION	(E ZAS		
Pus Cells	1-2/hpf	/hpf	1 - 2
RBC	Not Seen	/hpf	0 - 3
Epithelial Cells	6-8/hpf	/hpf	2-3
Urine For Sugar (Fasting)	Negative	₩:	-
Urine For Sugar (Post Prandial)	Negative	- 3	-
	End of Re	port-	

Prachi

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Dr. Prachi

MBBS, MD Pathology

MBBS,MD Pathology, JUNIOR CONSULTANT, Reg no DMC - 70512

Note

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- Results relate to the sample only.
- Kindly correlate clinically.



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DEPARTMENT OF LABORATORY MEDICINE

Final Report

Patient Name: Ms Poonam MRN: 15050000155798 Gender/Age: FEMALE, 31y (29/11/1991)

Collected On: 24/06/2023 02:29 PM Received On: 24/06/2023 04:14 PM Reported On: 26/06/2023 02:57 PM

Barcode: Q92306240003 Specimen: Smear Consultant: Dr. Alex Mathew(GENERAL MEDICINE)

Sample adequacy : Satisfactory Visit No : OP-001 Patient Mobile No : 9717725170

CYTOLOGY

PAP SMEAR

Report

Lab No. - P/879/23

SPECIMEN TYPE: Pap smear (Conventional)

CLINICAL HISTORY: LMP - 15/05/2023 nabothian cyst present

SPECIMEN ADEQUACY

Satisfactory for evaluation Endocervical cells present

GENERAL CATEGORIZATION

Negative for intraepithelial lesion or malignancy

INTERPRETATION / RESULT:

NEGATIVE FOR INTRAEPITHELIAL LESION OR MALIGNANCY

Non-Neoplastic findings:

Non-Neoplastic cellular variations – Present Reactive cellular changes associated with Inflammation - Present

Organisms - Not identified

-- End of Report-

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73700-73700

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Dr. Prachi

MBBS, MD Pathology

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- Kindly correlate clinically.





Dharamshila Narayana Superspeciality Hospital

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Patient Name

Poonam

Requested By

Dr. Alex Mathew

MRN

15050000155798

Procedure DateTime

2023-06-24 13:10:30

Age/Sex

31Y 6M/Female

Hospital

NH-Dharamshila

Inv. No.: 19059

X-RAY CHEST (PA)

- · Right anterior rotation.
- Lung fields are clear.
- Costophrenic angles are clear.
- Both domes of diaphragm are normal.
- Mediastinum and both hila are within normal limits.
- Cardiac size is normal.
- Bones under review are unremarkable.

Impression: Normal Study.

Dr. ANJANA CHANDRA

MBBS MD (Radiodiagnosis)

SR. CONSULTANT RADIOLOGIST DMC - 26625

Patient Name

Poonam

Requested By

Dr. Alex Mathew

MRN

15050000155798

Procedure DateTime

2023-06-24 12:30:42

Age/Sex

31Y 6M/Female

Hospital

NH-Dharamshila

Investigation No.6812

ULTRASONOGRAPHY WHOLE ABDOMEN

Liver: Shows a normal contour & echopattern. Normal sized intrahepatic biliary and vascular channels are seen. No focal lesion. The common bile duct and portal vein are normal.

Gall bladder: Normal in size with normal wall thickness. Single echogenic calculus of size ~ 7-8 mm in gallbladder lumen - suggestive of cholelithiasis. No evidence of pericholecystic fluid.

The pancreas: The pancreas shows normal contour, echogenicity and size.

The spleen: is normal in size, contour and echopattern.

The right kidney: The right kidney has a normal contour & echopattern in the cortex, medulla and pelvicalyceal system.

The left kidney: The left kidney has a normal contour & echopattern in the cortex, medulla and pelvicalyceal system.

Urinary bladder is normal in wall & contents.

Uterus is normal in size and echogenicity of the myometrium.

Nabothian cyst in cervix noted.

Endometrial stripe is normal. It measures 7 mm.

Both the ovaries are normal in size and echopattern.

Adnexa are clear.

No ascites seen.

Impression:

- Cholelithiasis.
- Nabothian cyst in cervix (Advice : PAP smear correlation)

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Dr. HARMEET KAUR
MBBS MD (Radiodiagnosis)

CONSULTANT RADIOLOGIST DMC - 63518

Transthoracic Echo color Doppler Report

Patient's Name	Ms. Poonam	Age/Sex	31 Years/ Female	500
Ref By:	Dr. Alex Mathew	Date:	24/06/2023	
MRN No.	15050000155798	PVT/MRD/IPD	Health Check Up	

Final Interpretation

- 1. Normal sized cardiac chamber dimensions.
- No Regional wall motion abnormality, LVEF = 55-60%.
- 3. MIP Normal
- 4. LVEDP Normal
- 5. Normal RV systolic function. TAPSE -2.5cm.
- 6. Trace MR, No AR, Trace PR, Trace TR (PASP 20mmHg).
- 7. No clot/vegetation/pericardial effusion.
- 8. IVC normal with >50% collapsibility with respiration.
- No coarctation of aorta.

Morphology:-

- Left Ventricle: It is normal sized.
- Left Atrium: It is normal sized.
- Right Atrium: It is normal sized.
- Right Ventricle: It is normal sized. RV systolic function is normal.
- Aortic Valve: Aortic valve appears tricuspid & cusps are normal.
- Mitral Valve: open normally, Subvalvular apparatus appears normal.
- Tricuspid valve: It appears normal.
- Pulmonic Valve: It appears normal.
- Main Pulmonary artery & its branches: Appear normal.
- Pericardium: There is no pericardial effusion.

DOPPLER/COLOUR FLOW

VALVE	MAX. VELOCITY cm/sec	PG/MG mmHg	REGURGITATION
MITRAL	E- 83cm/sec, A- 64cm/sec		Trace MR
AORTIC	71		No AR
TRICUSPID	197	(PASP -20 mmHg)	Trace TR
PULMONARY	60		Trace PR

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Contd.....

MODE & 2D Measurements

1 MODE & 2D Measurements	Observed values	Normal values
	26	20-34(mm)
Aortic root diameter		19-40(mm)
Left atrium size	23	#2 0/
Left Ventricular Size diastole	43	ED 37-56(mm)
Left Ventricular Size systole	29	ES 22-40 (mm)
Inter ventricular Septum diastole	08	ED 6-10(mm)
	08	ED 6-10(mm)
Posterior Wall thickness diastole		
End Diastolic Volume	83	
End Systolic Volume	34	Maria (Maria)
LV Ejection Fraction (%)	55-60%	55%-75%

2D EXAMINATION DESCRIPTION

2D and M Mode examination done in multiple views revealed fair movement of both mitral leaflets. Aortic valve has three cusps & cusps are normal. Tricuspid valve leaflets move normally. Pulmonary valve is normal. Ascending Aorta is normal. Interatrial septum and interventricular septum are intact.

No regional wall motion abnormality seen. Global Dimension of left atrium and left ventricle are normal. LVEF is 55-60%. No intracardiac mass or thrombus seen.

Dr. Anand Pandey Sr. Consultant & Head Cardiologist Dr. Sajal Gupta

Consultant Cardiologist

M 1.

Dr. Amrendra Pandey

Consultant Cardiology

Dr. Rakesh Bachloo

Consultant -

Cardiology

Note:- This is a professional opinion based on imaging finding and not the diagnosis. Not valid for medico-legal purposes. In case of any discrepancy due to machine error or typing error, please get it rectified immediately.