



सत्यमेव जयते

भारत सरकार

GOVERNMENT OF INDIA

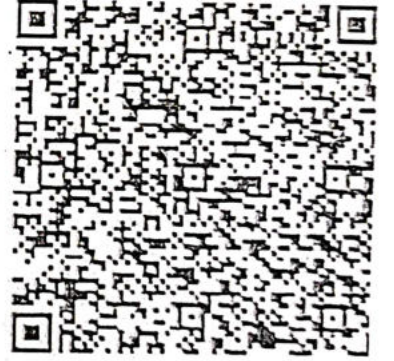


दीपा

Deepa

जन्म तिथि/DOB:10-01-1992

महिला/FEMALE



6607 0047 4930

मेरा आधार, मेरी पहचान

डॉ पंकज जैन  
पैथोलोजिस्ट  
R M.C No.13012



### TEST REPORT

26/09/22 4:19:37F

Name : Mrs Deepa  
Age & Sex : 35 Years / Female  
Referred By : **MEDIWHEEL**  
Client : ARIHANT DIAGNOSTIC

Reg No. : 22099000105  
Reg. Date : 26/09/2022 12:39PM  
Collected on : 26/09/2022 12:44PM  
Reported on : 26/09/2022 04:19PM

### BLOOD GROUP

Parameter	Result	Bio. Ref. Interval	Units	Method
Blood Group	: B-POSITIVE			Test



Prepared By:

Approved By:

DR PANKAJ KUMAR JAIN

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R.M.C No. 13012  
Page 1 of

Ph.: 0145-2600011, M.: 8112287996, 6377655417  
Address : S.D.M. Tower, Near Mamta Sweets, B.K. Kaul Nagar, Ajmer

Email : arihantdiagnosticsajmer@gmail.com

Not valid for medico legal purpose





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### COMPLETE BLOOD COUNT

Parameter	Result	Bio. Ref. Interval	Units
Haemoglobin	: 13.7	12-18	gm/dl
R.B.C.Count	: 4.79	4.5-6.5	mil/cmm
Total WBC Count	: 7300	4000-11000	/cmm
<b>RED CELLS ABSOLUTE VALUES</b>			
Packed Cell Volume (PCV)	: 41.2	40-54	%
Mean Corpuscular Values (MCV)	: 86.01	76-96	femtolitres
Mean Corpuscular Hemoglobin (MCH)	: 28.6	27-32	picograms
Mean Corpuscular Hb.Con. (MCHC)	: 33.25	32-36	g/dl
RDW-CV	: 12.7	11-16	%
RDW-SD	: 43.2	35-56	fL
<b>DIFFERENTIAL COUNT</b>			
Neutrophils	: 50.7	40-75	%
Lymphocytes	: 38.1	20-45	%
Eosinophil	: 5.2	0-6	%
Monocytes	: 6	0-10	%
Basophils	: 0	0-1	%
PLATELET COUNT	: 298000	150000-450000	/cumm
MPV	: 9.8		
PDW	: 11.4		
PCT	: 0.29		
<b>PERIPHERAL SMEAR EXAMINATION</b>			
Platelet Morphology	: Adequate		
Instrument	: Fully Automated Hematology Analyzer		



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## TEST REPORT

26/09/22 4:17:38F

Name : Mrs Deepa

Age & Sex : 35 Years / Female

Referred By : Mediwheel

Client : ARIHANT DIAGNOSTIC

Reg No. : 22099000107

Reg. Date : 26/09/2022 12:57PM

Collected on : 26/09/2022 1:02PM

Reported on : 26/09/2022 04:17PM

### HAEMATOLOGY

Parameter	Result	Bio. Ref. Interval	Units	Method
<b>ERYTHROCYTE SEDIMENTATION RATE</b>				
Erythrocyte Sedimentation Rate	: 13.5	0-20	mm at the end of Wintrobe'S Met hour	

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



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## TEST REPORT

26/09/22 4:19:37F

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Age & Sex : 35 Years / Female

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Reg No. : 22099000105

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Reported on : 26/09/2022 04:19PM

## BIOCHEMISTRY

Parameter	Result	Bio. Ref. Interval	Units	Method
<b><u>BLOOD SUGAR - FASTING</u></b>				
Blood Sugar ( F )	: 82.87	70-110	mg/dl	God Pod
Urine Sugar	: NIL			God Pod
<b><u>GGT REPORT</u></b>				
Sr GGT	: 46.14	5-61	IU/L	



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### LIVER FUNCTION TEST

Parameter	Result	Bio. Ref. Interval	Units
Bilirubin- Total	: 0.41	0.1-1.2	mg/dl
Bilirubin- Direct	: 0.3	0-0.4	mg/dl
Bilirubin- Indirect	: 0.11	0.1-0.8	mg/dl
SGOT/AST	: 24.18	05-55	IU/L
SGPT/ALT	: 22.12	05-65	IU/L
Alkaline Phosphatase	: 59.15	56-141	U/L
Total Protein	: 7.4	6.0-8.0	mg/dl
Albumin	: 3.2	3.5-5.5	mg/dl
Globulin	: 4.2	2.3-3.5	mg/dl
Alb/GLB ratio	: 0.76	1.50-2.50	

#### Note

- 1) LFT: Liver Function tests are a measurement of blood components that provide a lead to the existence, the extent and the type of liver damage.
- 2) BILIRUBIN: Bilirubin levels may rise due to hemolysis, failure of conjugating mechanism in the liver, obstruction in the biliary system.
- 3) ALKALINE PHOSPHATASE: \*Increase in ALP activity is an index of cholestasis, a blockage of bile flow. \*Increase may also occur in infiltrative diseases of the liver and cirrhosis.
- 4) TRANSAMINASES (AST & ALT): \*The serum transaminases activities are a measure of the integrity of liver cells. \*They are elevated in acute damage to hepatocytes irrespective of etiology. \*The causes include - hepatitis, toxic injury, drug overdose, shock, severe hypoxia.
- 5) SERUM TOTAL PROTEINS: A decrease in serum total proteins indicates a decrease in the liver's synthetic capacity and thus indicates the severity of the liver disease.



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### RENAL FUNCTION TEST

Parameter	Result	Bio. Ref. Interval	Units
BLOOD UREA LEVEL	: 20.2	18-45	MG/DL
Blood Urea Nitrogen.	: 9.44		
SERUM CREATININE	: 0.67	0.6-1.4	mg/dl
URIC ACID	: 4.88	2.5-7.2	mg/dl
SERUM ELECTROLYTES			



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**CLINICAL PATHOLOGY**

Parameter	Result	Bio. Ref. Interval	Units
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**URINE EXAMINATION****Physical Examination**

Quantity in ML : 10  
Colour : Pale Yellow

**Chemical Examination**

Appearance : Clear  
Reaction : Acidic  
Albumin : NIL

**Microscopic Examination**

Sugar : NIL  
Bile salts : NIL  
Bile Pigments : NIL  
Red Blood Cells : Nil  
Pus cells : NIL  
Epithelial cells : NIL  
Casts : Nil  
Crystals : Nil  
Others : Nil

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

Approved By:

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**डॉ पंकज जैन**

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R.M.C No. 130 Page 7 of

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### LIPID PROFILE

Parameter	Result	Bio. Ref. Interval	Units
S. Cholesterol	: 191.4	Desirable Value <200 mg/dl	
S. Triglycerides	: 58.12	10-190	mg/dl
HDL Cholesterol	: 48.5	32-60	mg/dl
VLDL Cholesterol	: 11.62	Less than 30 mg/dl	
LDL Cholesterol	: 131.28	Less than 130 mg/dl	
S.Cholesterol/HDL Ratio	: 3.95	Less than 4.5	

NOTE : Lipid Profile RANGES AS PER NCEP guide line are: Serum cholesterol (Total) :

Desirable : < 200 mg/dl, Borderline : 200 - 239 mg/dl, Elevated :  $\geq$  240 mg/dl

Serum high density lipoprotein cholesterol(HDL) : Desirable :  $>$  60 mg/dl, Borderline : 40- 60 mg/dl, Reduced : 40 mg/dl

Total cholesterol : HDL cholesterol ratio : Low risk : 3.3-4.4, Average risk : 4.4-7.1, Moderate risk : 7.1-11.0, High risk :  $>$ 11.0

Serum low density lipoprotein (LDL) cholesterol : Desirable : 100 mg/dl, Borderline : 100- 159 mg/dl, Elevated :  $\geq$  160 mg/dl

Triglycerides : Desirable : 150 mg/dl, Borderline : 150- 199 mg/dl, High : 200 - 499 mg/dl, Very High :  $\geq$  500 mg/dl .HDL measurement done by Direct HDL clearance method. As per the Friedwald Equation, VLDL & LDL values are not applicable for triglyceride values above 400 mg/dl.



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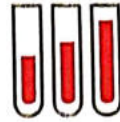
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Address : S.D.M. Tower, Near Mamta Sweets, B.K. Kaul Nagar, Ajmer

Email : arihantdiagnosticsajmer@gmail.com



Name Mrs. DEEPA Age 35 Yrs Sex Female	Visit Date & Time 26/09/2022 16:00:07	PATIENT ID 132215797
	Sample Accepted at : 26/09/2022 16:00:30	Ref. Lab . Arihant diag centre
	Test Authenticated at : 26/09/2022 17:05:05	Ref. By



**BIOCHEMISTRY**

Test Name	Value	Status	Unit	Biological Ref Interval
<b>HBA1C</b> <b>HAEMOGLOBIN GLYCOSYLATED BLOOD</b> Method : Nephelometry Methodology	5.10		%	SEE BELOW

**HBA1c (%) Interpretation**

- Below 6.0% - Normal Value
- 6.0% - 7.0% - Good Control
- 7.0% - 8.0% - Fair Control
- 8.0% - 10% - Unsatisfactory Control
- above 10% - Poor Control

**Clinical Information:**

In vitro quantitative determination of HbA1c in whole blood is utilized in long term monitoring of glycemia. The HbA1c level correlates with the mean glucose concentration prevailing in the course of the patient's recent history (approx - 6-8 weeks) and therefore provides much more reliable information for glycemia monitoring than do determinations of blood glucose or urinary glucose. It is recommended that the determination of HbA1c be performed at intervals of 4-6 weeks during Diabetes Mellitus therapy. Results of HbA1c should be assessed in conjunction with the patient's medical history, clinical examinations and other findings.

<b>AVERAGE BLOOD GLUCOSE</b>	104	90 - 120 Very Good Control
		121 - 150 Adequate Control
		151 - 180 Sub-optimal Control
		181 - 210 Poor Control
		>211 Very Poor Control

*A. Agrawal*





Name Mrs. DEEPA Age 35 Yrs Sex Female	Visit Date & Time 26/09/2022 16:00:07	PATIENT ID 132215797
	Sample Accepted at : 26/09/2022 16:00:30	Ref. Lab .Arihant diag centre
	Test Authenticated at : 26/09/2022 17:05:05	Ref. By



## HORMONES & MARKERS

Test Name	Value	Status	Unit	Biological Ref Interval
<b>TOTAL THYROID PROFILE</b>				
<b>THYROID-TRIODOXYTHYRONINE (T3)</b> Method : Chemiluminescence	1.39		ng/ml	0.6 - 1.81
<b>THYROID - THYROXINE (T4)</b> Method : Chemiluminescence	9.00		ug/dl	4.6 - 12.23
<b>THYROID STIMULATING HORMONE (TSH)</b> Method : Chemiluminescence with serum	0.895		uIU/ml	0.35 - 5.5

*NOTE: In pregnancy total T3, T4 increase to 1.5 times the normal range.*

**Reference Range (T3)**

Premature Infants 26-30 Weeks ,3-4 days	0.24 - 1.32 ng/ml
Full-Term Infants 1-3 days	0.89 - 4.05 ng/ml
1 Week	0.91 - 3.00 ng/ml
1- 11 Months	0.85 - 2.50 ng/ml
Prepubertal Children	1.19 - 2.18 ng/ml

**Reference Ranges ( T4 ) :**

Premature Infants 26-30 weeks ,3-4 days	2.60 - 14.0 ug/dl
Full -Term Infants 1-3 days	8.20 - 19.9 ug/dl
1 weeks	6.0 - 15.9 ug/dl
1-11 Months	6.1 - 14.9 ug/dl
Prepubertal children 12 months-2yrs	6.8 - 13.5 ug/dl
prepubertal children 3-9 yrs	5.5 - 12.8 ug/dl

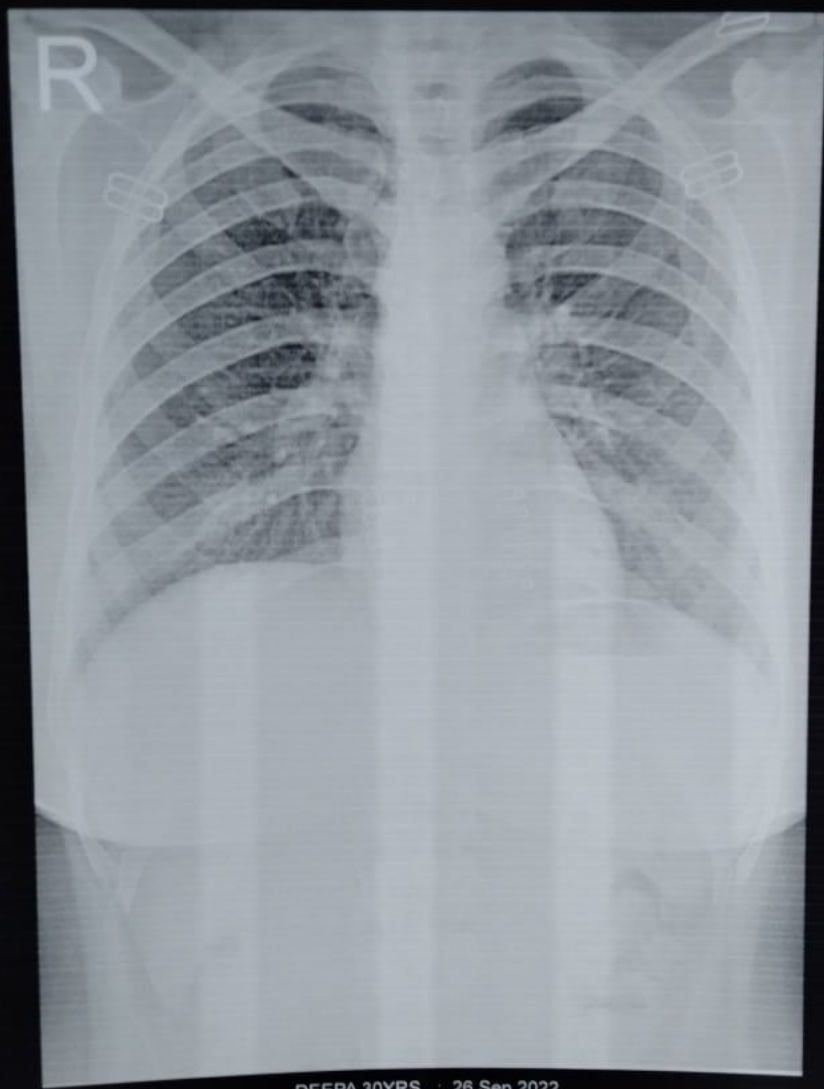
**Reference Ranges (TSH)**

Premature Infants 26-32 weeks ,3-4 Days	0.8 - 6.9 uIU/ml
Full Term Infants 4 Days	1.36 - 16 uIU/ml
Newborns : TSH surges within the first 15-60 Minutes of life reaching peak levels between 25- 60 uIU/ml at about 30 minutes. Values then decline rapidly and after one week are within the adult normal range.	
1 - 11 Months	0.90 - 7.70 uIU/ml
Prepubertal children	0.60 - 5.50 uIU/ml

Primary malfunction of the thyroid gland may result in excessive(hyper) or low(hypo) release of T3 or T4. In addition, as TSH directly affect thyroid function, malfunction of the pituitary or the hypothalamus influences the thyroid gland activity. Disease in any portion of the thyroid-pituitary-hypothalamus system may influence the level of T3 and T4 in the blood, in Primary hypothyroidism, TSH levels are significantly elevated, while in secondary and tertiary hypothyroidism, TSH levels may be low. In addition, in Euthyroid sick Syndrome, multiple alterations in serum thyroid function test findings have been recognized.

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

*A. Agrawal*



DEEPA 30YRS : 26 Sep 2022





# JAI DIAGNOSTIC CENTRE

Plot No.3, Chhawani Road, Behind Jai Clinic, Beawar-305 901, Distt. -Ajmer (Raj.)  
(P) 01462-250104, 251104 \* (E) jaidiagnosticcentre@gmail.com

Name : DEEPA  
Refer By : Dr. SELF  
Reg. No. : MR/22/086332

Age/Gender : 30 YRS/Female  
Reported On : 26-09-2022 03:25 PM  
Reg. Date : 26-09-2022 01:38 PM

## Chest X-Ray (PA view)

There is no evidence of any infiltration or pleural effusion seen on either side of the chest  
The cardiac shadow is normal.  
The aorta shows normal radiological features.  
The domes of the diaphragm are normal in shape & outlines.  
Bones of the thorax are normal  
Soft tissues are normal. No calcifications are seen

### IMPRESSION:-

➤ No active lung parenchymal lesion is seen

Dr. JALASH SINGHAL  
M.D. RADIODIAGNOSIS

**Note :** This is a Professional opinion only and not the final Diagnosis. No Ultrasonography, CT, ECG, Xray, Lab findings, CBC Report are Pathognomonic, all findings are only suggestive, hence they should be reviewed with the relevant clinic history & relevant investigations before embarking upon the final Diagnosis and proceedings for Management (Medical or Surgical). Not all gross congenital anomalies of fetus are apparent during scanning due of difficult & variable position attained by the fetus. Hence this report does not exclude all gross congenital fetal anomalies. Fetal cardiac anomalies are not included, ask for fetal echocardiography whenever suspicion is there. Whenever suspect congenital anomalies, ask for targeted scan along with serum biochemistry markers. In case of Disparity between clinical and Sonographic/X-Ray/CT/lab findings, please send patient again for review free of cost. This report is valid for medico legal purpose. Submitted by: MISS. JYOTI KUMAWAT

Generated on : 26-09-2022 03:25 PM

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