

| Patient Name : MRS. ROSY BADHAI |
|----------------------------------|
| Age / Gender : 27 years / Female |
| Patient ID: 9515 |

Referral : SELF

Collection Time : Feb 28, 2022, 10:10 a.m.

Reporting Time : Feb 28, 2022, 10:52 a.m.

Sample ID :

221519

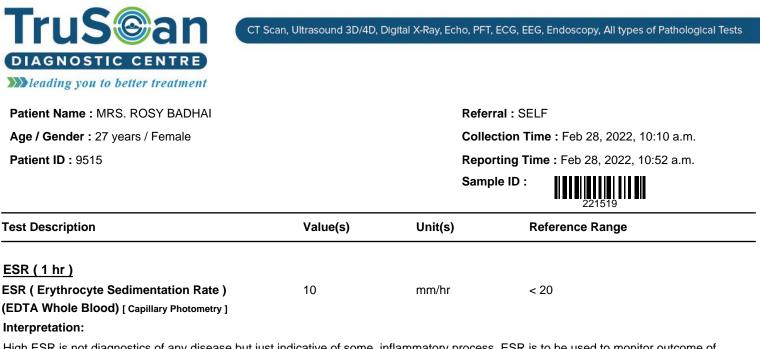
| | | | 221319 | |
|-----------------------------------|----------|---------|-----------------|--|
| Test Description | Value(s) | Unit(s) | Reference Range | |
| COMPLETE BLOOD COUNT(CBC) | | | | |
| BLOOD COUNTS | | | | |
| Hemoglobin (Hb) | 12.1 | g/dL | 11.0 - 16.0 | |
| RED BLOOD CELL COUNT | 4.8 | mil/µL | 4.5 - 5.5 | |
| WHITE BLOOD CELL COUNT | 6.1 | thou/μL | 4.0 - 10.0 | |
| PLATELET COUNT | 302 | thou/μL | 150 - 410 | |
| RBC AND PLATELET INDICES | | | | |
| HEMATOCRIT | 38.3 | % | 37 - 50 | |
| MEAN CORPUSCULAR VOLUME (MCV) | 79 | fL | 76 - 96 | |
| MEAN CORPUSCULAR HEMOGLOBIN (MCH) | 25 | pg | 27 - 32 | |
| MCHC | 32 | g/dL | 30 - 35 | |
| MEAN PLATELET VOLUM (MPV) | 9.6 | fL | 6.0 - 9.5 | |
| RDW-SD | 40.8 | fL | 37 - 54 | |
| RDW-CV | 14.1 | % | 11.5 - 14.0 | |
| PCT | 0.29 | % | 0.17 - 0.40 | |
| WBC DIFFERENTIAL COUNT | | | | |
| Neutrophils | 54 | % | 40 - 75 | |
| Absolute Neutrophil Count | 3.33 | thou/μL | 2.0 - 7.0 | |
| Lymphocytes | 39 | % | 20 - 45 | |
| Absolute Lymphocyte Count | 2.41 | thou/μL | 1.5 - 4.0 | |
| Eosinophils | 05 | % | 1 - 6 | |
| Absolute Eosinophil Count | 0.28 | thou/μL | 0.04 - 0.40 | |
| Monocytes | 02 | % | 02 - 10 | |
| Absolute Monocyte Count | 0.1 | thou/μL | 0.20 - 0.80 | |
| Basophils | 0 | % | 00 - 01 | |
| Absolute Basophils Count | 0.0 | thou/μL | 0.01 - 0.10 | |
| IG% | 0.2 | % | 0.00 - 0.5 | |

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High ESR is not diagnostics of any disease but just indicative of some inflammatory process. ESR is to be used to monitor outcome of therapy. Microcytic anemia can increase ESR. High ESR can also be seen in apparently healthy adults.

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|--|--------------------------|-------------------|-----------------------|---|-----|
| TruS@an @ | can, Ultrasound 3D/4D, I | Digital X-Ray, Ec | ho, PFT, ECG, EEG | G, Endoscopy, All types of Pathological Tes | sts |
| DIAGNOSTIC CENTRE | | | | | |
| Ieading you to better treatment | | | | | |
| Patient Name : MRS. ROSY BADHAI | | | Referral : SEL | .F | |
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| Patient ID: 9515 | | | Reporting Tin | ne : Feb 28, 2022, 10:52 a.m. | |
| | | | Sample ID : | 221519 | |
| Test Description | Value(s) | Unit(s) | R | eference Range | |
| BLOOD GROUPING & RH TYPING | | | | | |
| Blood Group (ABO typing) [Manual-Hemagglutination] | "O" | | | | |
| RhD Factor (Rh Typing) [Manual hemagglutination] | Positive | | | | |

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Others

CT Scan, Ultrasound 3D/4D, Digital X-Ray, Echo, PFT, ECG, EEG, Endoscopy, All types of Pathological Tests

| m leading you to better treatment | | | |
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| Test Description | Value(s) | Unit(s) | Reference Range |
| Routine Examination Of Urine | | | |
| General Examination | | | |
| Colour | PALE YELLOW | | Pale Yellow |
| Transparency (Appearance) | Hazy | | Clear |
| Deposit | Present | | Absent |
| Reaction (pH) | Acidic 6.0 | | 4.5 - 7.0 |
| Specific gravity | 1.010 | | 1.005 - 1.030 |
| Chemical Examination | | | |
| Urine Protein (Albumin) | TRACE | | Absent |
| Urine Glucose (Sugar) | NIL | | Absent |
| Microscopic Examination | | | |
| Red blood cells | NIL | /hpf | 1 - 2 |
| Pus cells (WBCs) | 15 - 20 /HPF | /hpf | 1 - 2 |
| Epithelial cells | 30 - 40 /HPF | /hpf | 0-4 |
| Crystals | Absent | | Absent |
| Cast | Absent | | Absent |
| Bacteria | Present(+) | | Absent |
| Yeast cells | Absent | | Absent |

END OF REPORT

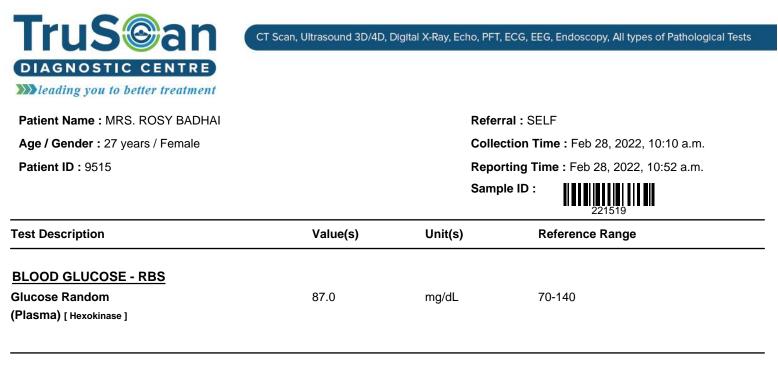
Nil

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🔇 Tel: 0674 247 2222, Mob: +91 9437 133 437



Sample ID :

Patient Name : MRS. ROSY BADHAI Age / Gender : 27 years / Female Patient ID : 9515 Referral : SELF

Collection Time : Feb 28, 2022, 10:10 a.m.

Reporting Time : Feb 28, 2022, 10:52 a.m.

| Test Description | Value(s) | Unit(s) | Reference Range |
|--|----------|---------|------------------------------------|
| LIPID PROFILE. | | | |
| Cholesterol-Total [CHOD-POD] | 152 | mg/dL | Desirable level < 200 |
| | | - | Borderline High 200-239 |
| | | | High >or = 240 |
| Triglycerides [: GOD-POD METHOD] | 100 | mg/dL | Normal: < 150 |
| | | - | Borderline High: 150-199 |
| | | | High: 200-499 |
| | | | Very High: >= 500 |
| HDL Cholesterol [Serum, Direct measure-PEG] | 57.8 | mg/dL | < 40 Low |
| | | | >/=60 High |
| LDL Cholesterol [Enzymatic selective protection] | 74.20 | mg/dL | < 100 Optimal |
| | | | 100 - 129 Near or above optimal |
| | | | 130 - 159 Borderline High |
| | | | 160 - 189 High |
| | | | >/= 190 Very High |
| Non HDL Cholesterol | 94.2 | mg/dL | Optimal : <130 |
| | | | Desirable : 130 - 150 |
| | | | Border Line High : 159 - 189 |
| | | | High : 189 - 220 |
| | | | Very High : >=220 |
| CHOL/HDL Ratio [CALCULATED PARAMETER] | 2.63 | | 3.3 - 4.4 Low Risk |
| | | | 4.5 - 7.0 Average Risk |
| | | | 7.1 - 11.0 Moderate Risk |
| | | | > 11.0 High Risk |
| LDL/HDL Ratio [CALCULATED PARAMETER] | 1.28 | | 0.5 - 3.0 Desirable/Low Risk |
| | | | 3.1 - 6.0 Borderline/Moderate Risk |
| | | | >6.0 High Risk |
| VERY LOW DENSITY LIPOPROTEIN [Serum, Enzyma | atic] 20 | mg/dL | < 20 |

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| Test Description | Value(s) | Unit(s) | Reference Range | |
|--|----------|---------|-----------------|--|
| LIVER FUNCTION TEST (LFT) | | | | |
| Bilirubin - Total [Serum, Jendrassik Grof] | 0.43 | mg/dL | 0.3 - 1.2 | |
| Bilirubin - Direct [Serum, Diazotization] | 0.12 | mg/dL | < 0.2 | |
| Bilirubin - Indirect [Serum, Calculated] | 0.31 | mg/dL | 0.1 - 1.0 | |
| SGOT [Serum, UV with P5P, IFCC 37 degree] | 26.3 | U/L | < 35 | |
| SGPT [Serum, UV with P5P, IFCC 37 degree] | 19.8 | U/L | < 50 | |
| Alkaline Phosphatase [PNPP-AMP Buffer/Kinetic] | 58.0 | U/L | 30 - 120 | |
| Total Protein [Serum, Biuret, reagent blank end point] | 8.2 | g/dL | 6.6 - 8.3 | |
| Albumin [Serum, Bromocresol green] | 4.9 | g/dL | 3.2 - 4.6 | |
| Globulin [Serum, EIA] | 3.30 | g/dL | 1.8 - 3.6 | |
| A/G Ratio [Serum, EIA] | 1.48 | | 1.2 - 2.2 | |
| Gamma GT(GGT) | 15 | U/L | <55 | |
| | | | | |

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| Test Description | Value(s) | Unit(s) | Reference Range | |
| RENAL FUNCTION TEST (RFT) | | | | |
| | 16.3 | mg/dL | 17 - 43 | |
| Blood Urea Nitrogen-BUN [Serum, Urease] | 7.62 | mg/dL | 7 - 18 | |
| Creatinine [Serum, Jaffe] | 0.57 | mg/dL | 0.57 - 1.11 | |
| Uric Acid [Serum, Uricase] | 3.4 | mg/dL | 2.6 - 6.0 | |
| Sodium | 141.2 | mmol/L | 136 - 149 | |
| | | | Premature, cord: 116-140 | |
| | | | Premature 48 hrs: 128-148 | |
| | | | Newborn cord: 126-166 | |
| | | | Newborn: 133-146 | |
| Potassium | 3.89 | mmol/L | 3.8 - 5.0 | |
| | | | ?Premature cord: 5-10.2 | |
| | | | Premature, 48 hrs: 3-6 | |
| | | | Newborn cord: 5.6-12 | |
| | | | Newborn: 3.7-5.9 | |
| Chlorides | 105.2 | mmol/L | 101.00 - 109.00 | |
| Pemark: | | | | |

Remark:

In blood, Urea is usually reported as BUN and expressed in mg/dl. BUN mass units can be converted to urea mass units by multiplying by 2.14.

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| Patient ID : 9515 | | Repo | | | |
| | | Sam | ple ID : 221519 | | |
| est Description | Value(s) | Unit(s) | Reference Range | | |
| bA1C | | | | | |
| bA1c (GLYCOSYLATED HEMOGLOBIN), BLOOD [| 5.5 | % | Non-diabetic: < 5.7 | | |
| IPLC, NGSP certified)] | | | Pre-diabetics: 5.7 - 6.4 | | |
| | | | Diabetics: $> $ or $= 6.5$ | | |
| | | | ADA Target: 7.0 | | |
| | | | Action suggested: > 8.0 | | |
| IEAN PLASMA GLUCOSE [HB VARIANT (HPLC)] | 111.0 | | < 116.0 | | |

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 .

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.

Comments

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 |
| 10 | 240 |
| 11 | 269 |
| 12 | 298 |

Interpretation

| As per American Diabetes Association (ADA) | |
|--|------------|
| Reference Group | HbA1c in % |
| Non diabetic adults >=18 years | <5.7 |
| At risk (Prediabetes) | 5.7 - 6.4 |
| Diagnosing Diabetes | >= 6.5 |



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| Test Description | Value(s) | Unit(s) | Reference Range | |
|--|---------------------------------|---------|-----------------|--|
| | | \$ | | |
| | Age > 19 year Goal of therap | | | |
| Therapeutic goals for glycemic control | Action sugges | | | |
| | Age < 19 year | S | | |
| | Goal of therap | y: <7.5 | | |

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 Sample ID :

X-RAY CHEST PA / AP VIEW

RADIOGRAPH CHEST (PA VIEW)

Mediastinum is central in position and width. Cardiac silhouette appears normal in shape, size and position. Lung fields are clear. Both Hila are normal in position and density. Domes of Diaphragm appear normal in position and contour bilaterally. Both CP Angles appear clear.

<u>IMPRESSION</u>: Normal Radiograph.

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DR. BISWAJIT MISHRA, MD, RADIODIAGNOSIS

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