



एक एहसास कृपेपन का Sparsh Multispecialty Hospital

(A Unit of Sparsh Multispecialty Hospital Private Limited)
(Formerly known as Paedia Health Private Limited)
CIN : U85110CT2005PTC017751



UHID	: 53649	VISITID	: 0000272287
PATIENT NAME	: MRS. SHARDA KAUSHIK	ORDER DATE	: 13/05/2023 10:40:00
AGE/SEX	: 46Y/FEMALE	SAMP. DATE	: 13/05/2023 11:55:00
CONSULTANT DOCTOR	: HOSPITAL CASE	SPEC. NO	: 10437822
		RESULT DATE	: 13/05/2023 15:48:00
		TPA	: MEDIWHEEL

DEPARTMENT OF PATHOLOGY

ESR (ERYTHROCYTE SEDIMENTATION RATE)

PARAMETER	VALUE	RESULT	REFERENCE RANGE
ESR	40 mm at end of 1 hr	High	0 - 20

TECHNICIAN

Dr. Anjana Sharma
Dr. ANJANA SHARMA
D.N.B PATHOLOGY
CONSULTANT

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AGE/SEX	: 46Y/FEMALE	SAMP. DATE	: 13/05/2023 11:55:00AM
CONSULTANT DOCTOR	: HOSPITAL CASE	SPEC. NO	: 10437812
		RESULT DATE	: 13/05/2023 2:29:00PM
		TPA	: MEDIWHEEL

DEPARTMENT OF PATHOLOGY

LIPID PROFILE

PARAMETER	VALUE	RESULT	REFERENCE RANGE
CHOLESTEROL TOTAL	144 mg / dl	Low	150 - 220
TRIGLYCERIDES - SERUM	136 mg / dl	Normal	60 - 165
HDL	45.55 mg / dl	Normal	35 - 80
LDL	71.25 mg/dL	Low	90 - 160
VLDL	27.20	Normal	20 - 50
CHOL : HDL Ratio	3.16:1		3.5 - 5.5
LDL: HDL Ratio	1.56:1		-

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AGE/SEX	: 46Y/FEMALE	SAMP. DATE	: 13/05/2023 11:55:00AM
CONSULTANT DOCTOR	: HOSPITAL CASE	SPEC. NO	: 10437820
		RESULT DATE	: 13/05/2023 3:37:00PM
		TPA	: MEDIWHEEL

DEPARTMENT OF PATHOLOGY

CBC (COMPLETE BLOOD COUNT)

PARAMETER	VALUE	RESULT	REFERENCE RANGE
HAEMOGLOBIN (Hb)	8.6 gm%	Low	12 - 16
TOTAL RBC COUNT	4.49 Million/cumm	Low	4.5 - 5.1
HAEMATOCRIT (PCV)	26.7 %	Low	35.9 - 44.6
RBC INDICES			
MCV	59.5 fl	Low	78 - 96
MCH	19.2 pg	Low	27 - 32
MCHC	32.3 %	Low	33 - 37
RDW	19.1 %	High	11 - 16
TOTAL WBC COUNT (TLC)	7100 /cumm	Normal	4000 - 11000
DIFFERENTIAL COUNT			
NEUTROPHILS	50 %	Normal	0 - 75
LYMPHOCYTES	44 %	Normal	22 - 48
EOSINOPHILS	02 %	Normal	0 - 6
MONOCYTES	04 %	Normal	2 - 10
BASOPHILS	00 %	Normal	0 - 2
BANDS	00 %	Normal	0 - 5
BLAST	00 %	Normal	
PLATELET COUNT	320000 /cumm	Normal	150000 - 450000

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Patient Name	: MRS. SHARDA KAUSHIK	Spec No.	:
Age / Sex	: 46Y / FEMALE		:
Consultant	: DR. HOSPITAL CASE	Order Date	: 13/05/2023 10:40AM
Ref. By	: DR. HOSPITAL CASE	Samp.Date	:
Category	: MEDIWHEEL	Report Date	: 13/05/23 01:21PM

X-RAY X-RAY CHEST PA. VIEW

- Cardiothoracic ratio is within normal limits.
- No significant lung lesion seen.
- Bilateral C.P. angles are clear.
- Bony cage and soft tissue normal.

IMPRESSION

- No Remarkable Abnormality Detected .

Please correlate clinically

Dr. SAMIR KATHALE
MBBS, DNB(RADIO), MNAMS, MANBD
Fetal Ultrasound & Fetal Medicine (FGi-BFMC)
Reg No: CGMC-4404/2012

Please bring all your previous reports. You should preserve and bring this report for future reference.



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CONSULTANT DOCTOR	: HOSPITAL CASE	SPEC. NO	: 10437820
		RESULT DATE	: 13/05/2023 2:34:00PM
		TPA	: MEDIWHEEL

DEPARTMENT OF PATHOLOGY

PARAMETER	VALUE	RESULT	REFERENCE RANGE
BLOOD GROUPING AND RH TYPING			
BLOOD GROUP	"O"	-	-
RH FACTOR	Positive	-	-
BUN (BLOOD UREA NITROGEN)			
BUN (BLOOD UREA NITROGEN)	9.81 mg / dl	Normal	8 - 23
GGT (GAMMA GLUTAMYL TRANSFERASE)			
GGT (GAMMA GLUTAMYL TRANSFERASE)	18 U / L	Normal	5 - 36
URIC ACID			
URIC ACID	3.50 mg/dL	Normal	2.5 - 6.8

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CONSULTANT DOCTOR	: HOSPITAL CASE	SPEC. NO	: 10437814
		RESULT DATE	: 13/05/2023 2:32:00PM
		TPA	: MEDIWHEEL

DEPARTMENT OF PATHOLOGY

CREATININE

PARAMETER	VALUE	RESULT	REFERENCE RANGE
SERUM CREATININE	0.86 mg/dL	Normal	0.3 - 1.5

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CONSULTANT DOCTOR	: HOSPITAL CASE	SPEC. NO	: 10437819
		RESULT DATE	: 13/05/2023 4:01:00PM
		TPA	: MEDIWHEEL

DEPARTMENT OF PATHOLOGY

URINE SUGAR FASTING

PARAMETER	VALUE	RESULT	REFERENCE RANGE
URINE FOR SUGAR	Nil		

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CONSULTANT DOCTOR	: HOSPITAL CASE	SPEC. NO	: 10437811
		RESULT DATE	: 13/05/2023 2:10:00PM
		TPA	: MEDIWHEEL

DEPARTMENT OF PATHOLOGY

T3,T4 TSH

PARAMETER	VALUE	RESULT	REFERENCE RANGE
T3 (TRIIODOTHYRONINE)	1.162 ng/ml	Normal	0.69 - 2.15
T4 (THYROXINE)	111.0 ng/ml	Normal	52 - 127
TSH (THYROID STIMULATING HORMONE)	5.300 uIU/ml	High	0.3 - 4.5

REFERENCE GROUP REFERENCE RANGE in uIU/mL
As per American Thyroid Association

Adult Females (> 20 years)	0.30- 4.5
Pregnancy	
1st Trimester	0.10- 2.50
2nd Trimester	0.20 - 3.00
3rd Trimester	0.30 - 3.00

Note:

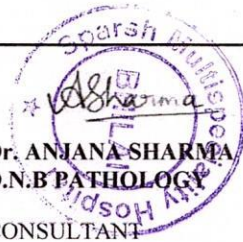
TSH levels are subject to circadian variation, reaching peak levels between 2 - 4.a.m. and at a minimum between 6-10 pm . The variation is of the order of 50% . hence time of the day has influence on the measured serum TSH concentrations.

1. Recommended test for T3 and T4 is unbound fraction or free levels as it is metabolically active.
1. Physiological rise in Total T3 / T4 levels is seen in pregnancy and in patients on steroid therapy.

Clinical Use

- Primary Hypothyroidism
- Hyperthyroidism
- Hypothalamic - Pituitary hypothyroidism
- Inappropriate TSH secretion
- Nonthyroidal illness
- Autoimmune thyroid disease
- Pregnancy associated thyroid disorders
- Thyroid dysfunction in infancy and early childhood

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		RESULT DATE	: 13/05/2023 2:32:00PM
		TPA	: MEDIWHEEL

DEPARTMENT OF PATHOLOGY

HBA1c (GLYCOSYLATED HAEMOGLOBIN)

PARAMETER	VALUE	RESULT	REFERENCE RANGE
HBA1 C (GLYCOSYLATED HEAMOGLOBIN)	5.4 %	Normal	4 - 6

Interpretation

As per American diabetes Association (ADA)

Reference Group	- HbA1c In%
Non diabetic ≥ 18 years	- 4.0 - 6.0
At risk (Prediabetes)	- ≥ 6.0 to ≤ 6.5
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 is recently under good control may still have a high concentration of HbA1c. converse is true for a diabetic previously under good control now poorly controlled.

2. Target goals of < 7.0 % may be beneficial in patient with short duration of diabetes, long life expectancy and no significant cardiovascular disease. In patient with significant complication of diabetes, limited life expectancy of extensive co-morbid condition, 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 glycemic control as compared to blood and urinary glucose determination.

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