



(Multi Super Speciality 200 Bedded Hospital)

### ARTMENT OF PATHOLOGY

UHID Name Age Gender

Accession Number Treating Doctor Ordering Doctor

Payer Name

CIMS-11868 Mr Pooja Singh

34 Y,6 M,27 D/Male OPAC-3693

Dr Self Dr Self

Mediwheel Full Body Health

Checkup

Visit Type/No Order No

Order Date/Time Collection Date/Time Acknowledge Date/Time

Report Date/Time Refer By

OP/EPD-16468/EPD-16468

OR-32393 07-05-2024

07-05-2024 11:25 AM 07-05-2024 11:48 AM

07-05-2024 12:03 PM

P	at	h	ole	ogy	

Service Name	Result	Unit	Reference Range	Method	
Thyroid Profile -T3, T4, TSH, Blood	1.00	na/ml	0.69-2.15	CLIA	
Triiodothyronine (T3)	1.88	ng/mL ng/mL	52-127	CLIA	
Thyroxine (T4)	94.6	uIU/mL	0.3-4.5	CLIA	
Thyroid Stimulating Hormone (TSH)	1.24	uit/mil	0.0 1.0		

#### Interpretation

1. 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.

Recommended test for T3 and T4 is unbound fraction or free levels as it is metabolically active. 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

### URINE ANALYSIS/ URINE ROUTINE EXAMINATION, Urine

Physical Examination				
COLOUR	Pale Yellow			Manual method
TRANSPARENCY	Clear			Manual
SPECIFIC GRAVITY	1.020		1.001-1.03	Strip
PH URINE	6.0		5-8	Strip
DEPOSIT	Absent			Manual
BIOCHEMICAL EXAMINATION				
ALBUMIN	Absent			Strip
SUGAR	Absent			Strip
BILE SALTS (BS)	Absent			Manual
BILE PIGMENT (BP)	Absent			Manual
MICROSCOPIC EXAMINATION				
PUS CELLS	1-2	/ hpf		Microscopy
EPITHELIAL CELLS	0-1	/ hpf		Microscopy
RBC'S	Absent	/hpf		Microscopy
CASTS	Absent			Microscopy
CRYSTALS	Absent			Macroscopy
BACTERIA	Absent			Macroscopy
FUNGUS	Absent			Microscopy
SPERMATOZOA	Absent			Microscopy
OTHERS	Absent			Microscopy

### Clinical Biochemistry

Result Unit Service Name All telephane Freetman Parmations Corroborative chicopathological mechanical is indicated. In case of any disparity in including machine error or typing the test should be repeated immediately.

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Near Radha Valley, NH-19, Mathura

Method

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Reference Range



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### DEPARTMENT OF RADIOLOGY

NAME: POOJA SINGH	AGE: 34 YRS.	SEX: F
REF. BY: DR. CIMS	UHID: 11868	DATE: 07-05-2024

### ULTRASOUND SCAN OF ABDOMEN

### FINDINGS:

Liver is normal in size (12.8 cm). Echotexture is normal. No focal space occupying lesion is seen within liver parenchyma. Intrahepatic biliary channel are not dilated.

Gall bladder wall is not thickened. No calculus or mass lesion is seen in gall bladder. Common bile duct is not dilated.

Pancreas is of normal in size and contour. Echo-pattern is normal. No focal lesion is seen within pancreas. (Only head & proximal body is visualized)

Spleen is normal in size (6.7 cm). Echotexture is normal. No focal Lesion is seen.

Right kidney is normally sited and is of normal size (RT  $\sim$  10.3 x 3.9 cm) and shape. Cortico medullary echoes are normal. No focal mass lesion is seen. Collecting system does not show any calculus

**Left kidney** is normally sited and is of normal size (LT  $\sim$  11.2 x 4.3 cm) and shape. Cortico medullary echoes are normal. No focal mass lesion is seen. Collecting system does not show any calculus.

Urinary bladder is normal in distension and wall is not thickened. No calculi seen.

Uterus is mildly bulky in size measuring  $\sim$  9.2 x 4.4 x 5.5 cm & anteverted. Myometrium shows normal echo-pattern. No focal space occupying lesion is seen. Endometrial thickness is normal (9.6 mm). Few nabothian cysts in cervix.

Both ovaries are appears normal. (Right ovary measures ~ 3.0 x 2.2 cm and Left ovary measures ~ 3.5 x 1.5 cm).

No free fluid seen in pouch of douglas.

### IMPRESSION-

MILDLY BULKY UTERUS.

PLEASE CORRELATE CLINICALLY & F/E.

DR. ABHAYRAINA M.B.B.S. D.N.B (RADIO-DIAGNOSIS) CONSULTANT RADIOLOGIST

Note: Impression is a professional opinion and not a diagnosis. All modern machine/procedures have their limitations if there is variance clinically this examination may be repeated or re-evaluated by other investigations. Kindly intimate us for any typing mistakes and return the report for correction within 7days.

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	Result	Unit	Reference Range	Method
Service Name	Kesun	- 1000000		
KFT (Kidney Profile) -I, Serum	18.2	mg/dL	15-50	Urease-uv
Urea, Blood	0.69	mg/dL	0.6-1.2	Enzymatic
Creatinine, Serum	8,49	mg%	7.5-22.0	Calculated
Blood Urea Nitrogen (BUN)	12.31		10-20	Calculated
BUN-CREATININE RATIO	133.2 L	mmol/L	135-150	ISE
Sodium, Serum	3.91	mmol/L	3.5-5.5	ISE
Potassium, Serum	9.60	mg/dL	8.7-11.0	ISE
Calcium, Serum	94.9	mmol/L	94-110	ISE
Chloride, Serum	3.29 L	mg/dL	3.4-7.0	Uricase
Uric acid, Serum	1.65	mg/dL	1.6-2.8	XYLIDYL BLUE
Magnesium, Serum	3.00	mg/dL	2.4-5.0	MOLYBDATE UV
Phosphorus, Serum	66.0	U/L	53-165	IFCC
Alkaline phosphatase, Scrum	3.83	g/dI.	3.5-5.4	BCG
Albumin, Serum		g/di.	The state of the s	
LFT (Liver Function Test) Profile, S	0,82	mg/dL	0.1-1.0	DMSO
Bilirubin Total, Serum		mg%	0.0-0.3	DMSO
Conjugated (Direct), Serum	0.30	mg%	0.0-0.75	Calculated
Unconjugated (Indirect)	0.52	U/L	0-40	IFCC
SGOT/AST	17.2	U/L	0-48	IFCC
SGPT/ALT	17.9	U/L	0-1	Calculated
AST/ALT Ratio	0.96	U/L	10-45	IFCC
Gamma GT,Serum	25.3	U/L	53-165	IFCC
Alkaline phosphatase, Serum	66.0		6.0-8.4	Bjuret
Total Protein, serum	6.63	gm/dl	3.5-5.4	BCG
Albumin, Serum	3.83	g/dL	2.3-3.6	Calculated
Globulin	2.80	g/dL	1.0-2.3	Calculated
A/G Ratio	1.37		80-150	GOD/POD
Glucose (Post Prandial), Plasma	110.0	mg/dL	80-130	GOD/TOD
Lipid Profile, Serum			Optimal: < 200 mg/dl	
Cholestrol, serum	155.9	mg%	Boder Line High Risk: 150 -240 mg/dl High Risk: > 250 mg/dl	
Triglycerides, serum	110.0	mg%	Optimal: < 150 mg/dl Border Line High Risk: 150 - 199 mg/dl High Risk: 200 - 499 mg /dl Very High Risk: > 500 mg /dl	WE-712
HDL Cholesterol	62.3	mg%	Optimal: 70 mg/dl Border Line High Risk: 80 - 100 mg/dl High Risk: > 120 mg/dl	CIMS
LDL Cholesterol	71.60	mg%	Optimal: < 100 mg/dl Border Line High Risk: 100 - 129 mg/dl	The state of the s

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High Risk: > 160 mg/dl

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Service Name	Result	Unit	Reference Range	Method
VLDL Cholestrol	22.00	mg%	Male: 10 - 40 mg/dl Female: 10 - 40 mg/dl Child: 10 - 40 mg/dl	
LDL / HDL Cholesterol ratio	1.15		0.0-3.5	

#### Interpretation

- Measurements in the same patient can show physiological & analytical variations. Three serial samples 1 week apart are recommended for Total Cholesterol, Triglycendes, HDL & LDL Cholesterol.
- 2. ATP III recommends a complete lipoprotein profile as the initial test for evaluating cholesterol
- Friedewald equation to calculate LDL cholesterol is most accurate when Triglycoride level is < 400 mg/dL. Measurement of Direct LDL cholesterol is recommended when Triglycende level is > 400 mg/dL.

#### HbA1c

#### GLYCOSYLATED HAEMOGLOBIN (HbA1c)

#### Method-Immunofluorescence Assay

Glycosylated Hemoglobin (HbA1c)

6.35

0/-

<6.5 : Non Diabetic

6.5-7 : Good Control 7-8 : Weak Control

> 8 : Poor Control

Estimated average blood glucose (eAG)

135.5

mg/dl

90-120: Excellent Control

121-150: Good Control 151-180: Average Control

181-210: Action Suggested

#### 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.

2.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.

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.

### Haematology

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Service Name	Result	Unit	Reference Range	Method
CBC (Complete Blood Count), Blood				
Hemoglobin (Hb)	13.3	gm/dl	13-17	Spectrophotometry
TLC (Total Leukocyte Count)	7800	/cumm	4000-11000	Impedance
DIFFERENTIAL LEUCOCYTE COUNT				
Neutrophils	68	%	40-80	
Lymphocytes	20	%	20-45	
Monocytes	08	%	4-10	
Eosinophils	04	%	1-6	
Basophils	00	%	0-1	
RBC Count	4.41 L	millions/cumm	4.5-5.5	
PCV / HCt (Hematocrit)	39.5 L	%	40-45	Calculated
MCV	89.5	n	76-96	
MCH	30.2	pg	27-32	
MCHC	33.7	g/dL	30-35	
Platelet Count	2.24	lakh/cumm	1.5-4.5	Impedance
RDW	12.6	%	1-15	
ESR (Erythrocyte Sedimentation Rate), Blood	09	mm 1st Hr.	0-10	Wintrobe
BLOOD GROUP (ABO)				

BLOOD GROUP ( ABO )

BLOOD GROUP (ABO)-

RH TYPING

"AB"

Positive

The upper agglutination test for grouping has some limitations.



-----End of the Report-----



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