



DEPARTMENT OF PATHOLOGY

Patient Name

: Mrs. RUCHI AGGARWAL

UHID

: 38847

: OPD

Age/Sex

: 36 Years 10 Months 13 Days / Female

Туре

TPA/Corporate

IP No.

Sample ID

Bill/Req. No.

: 195867 : 24541073

Referal Doctor

: Dr.R.M.O

Requisition Date
Sample Collection Dt.

: 27/04/2024 : 27/04/2024

Sample Receiving Dt.

: 27/04/2024

Reporting Dt.

: 27/04/2024

HB A1 C					
Tests	Results	Reference Range	Units	Method	Specimen Type
HBA1C	6.2	Non-Diabetics 4.0 - 6.0In DiabeticsGood Control 6.1 - 6.8Fair Control 6.9 - 7.6Poor Control > 7.6	%	HPLC	Whole Blood EDTA
ESTIMATED AVERAGE GLUCOSE(EAG)	129.9		mg/dl		

- 1. HbA1c is used for monitoring diabetic control. It reflects the estimated average glucose (eAG).
- HbA1c has been endorsed by clinical groups & ADA (American Diabetes Association) guidelines 2017, for diagnosis of diabetes using a cut-off point of 6.5%.
- 3. Trends in HbA1c are a better indicator of diabetic control than a solitary test.
- 4. Low glycated haemoglobin(below 4%) in a non-diabetic individual are often associated with systemic inflammatory diseases, chronic anaemia(especially severe iron deficiency & haemolytic), chronic renal failure and liver diseases. Clinical correlation suggested.
- 5. To estimate the eAG from the HbA1C value, the following equation is used: eAG(mg/dl) = 28.7*A1c-
- 6. Interference of Haemoglobinopathies in HbA1c estimation.
 - A. For HbF > 25%, an alternate platform (Fructosamine) is recommended for testing of HbA1c.
 - B. Homozygous hemoglobinopathy is detected, fructosamine is recommended for monitoring diabetic status
 - C. Heterozygous state detected (D10/ turbo is corrected for HbS and HbC trait).
- 7. In known diabetic patients, following values can be considered as a tool for monitoring the glycemic control. Excellent Control 6 to 7 %, Fair to Good Control 7 to 8 %, Unsatisfactory Control 8 to 10 % and Poor Control More than 10 %.

Note: Hemoglobin electrophoresis (HPLC method) is recommended for detecting hemoglobinopathy.

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****FINAL REPORT****

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CONSULTANT MICROBIOLOGY

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Reporting I)
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		HDI TREIGYL	CERIDES)		Specimen Type
LIPID PROFILE (TOTAL CHO	Results	Reference Range	Units	Method	Serum
SERUM TRIGLYCERIDES HDL-CHOLESTEROL	129.33 81.89 41.39 71.56 16.38 3.12	0 - 200 35 - 170 >60 50 - 135 7 - 34 2.0 - 5.0	mg/dL mg/dl mg/dl mg/dL mg/dl mg/dL mg/dL	Trinders end point GPO-TRINDER END POINT DIRECT calculated calculated calculated calculated	Serum Serum Serum Serum Serum
LDL CHOLESTEROL/HDL RATIO	1.73	1-3		etation is taken into consideration	1

According to the recommendation of the European society, the following Clinical interpretation is taken into consideration

Cholesterol - <200 mg/dl

Triglycerides - <200 mg/dl - No Lipid metabolism deficiency

Cholesterol - 200 - 300 mg/dl - Deficiency in lipid

metabolism if HDLecholesterol is<35 mg/dl

Cholesterol - >300 mg/dl

Triglycerides - >200 mg/dl - Deficiency in lipid metabolism

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LIVER FUNCTION TEST				. 27/04/20	124
Tests LFT	Results	Reference Range	Units	Method	Specimen Type
TOTAL BILIRUBIN DIRECT BILIRUBIN INDIRECT BILIRUBIN	0.35 0.16 0.19	0.1 - 1.2 0 - 0.3 0.1 - 0.9	mg/dL mg/dL mg/dL	DIAZO DIAZO Calculated	Serum Serum
SGOT (AST) SGPT (ALT)	21.88 17.60	0 - 45 0 - 45	U/L	IFCC WITHOUT PYRIDOXAL PHOSPHATE	Serum
ALKALINE PHOSPHATASE TOTAL PROTEINS	88.30 6.40	39 - 118 6.4 - 8.0	U/L IU/L g/dL	IFCC WITHOUT PYRIDOXAL PHOSPHATE MODIFIED IFCC KINETIC	Serum
ALBUMIN GLOBULIN A/G RATIO	3.78 2.62 1.44	3.5 - 5.2 2.0 - 3.5 1.0 - 2.0	g/dL g/dL	Biuret BCG DYE END POINT Calculated Calculated	Serum Serum Serum Serum

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Gamma-Glutamyl Transpeptidase (GGTP)

Tests

S

Results

Reference Range

Units

Method

Specimen Type

SERUM GAMMA GPT

37.77

Female: 5 to 55

U/L

GGT

*Results of these tests should always be interpreted in conjunction with patients medical history, clinical presentation and other findings.

*Performed on fully Automated Dimension X-Pand plus BioChemistry Analyser.

*External Quality Control by Biorad Laboratory.

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URINE ROUTINE MI	CRUSCOPY				THE RESERVE OF THE PARTY OF THE
Tests	Results	Reference Range	Units	Method	Specimen Type
PHYSICAL EXAMINATION	N U	The second of th	1		
VOLUME	20	4	ml	Visual	Urine
COLOUR	Pale Yellow	Pale Yellow		Visual	Urine
APPEARANCE	Clear	Clear		Visual	
SPECIFIC GRAVITY	1.010	1.005 - 1.030		BROMTHYMOL BLUE	Urine
CHEMICAL EXAMINATION	U. I	,			
PH	7.5	4.5 - 8.0		Double Indicator	Urine
BLOOD	Present (+)	NIL		oxidase-peroxide	Urine
URINE PROTEIN	Trace	NIL		tetrabromophenol blue	Urine
KETONES	NIL			NITOPRUSSIDE	Urine
BILIRUBIN	NIL	NIL 13		Diazotized dichloroaniline	Urine
JROBILINOGEN	NORMAL (0.2,1)	NIL	µmol/L	Elrich REACTION	Urine
SLUCOSE/URINE	NIL	NIL		GODPOD/Benedicts	Urine
IICROSCOPIC EXAMINATI	ON .U				
US CELL	2-4/hpf	2-3/HPF		Microscopy	Urine
ED BLOOD CELLS	6-9/hpf	NIL		Microscopy	Urine
PITHELIAL CELLS	8-10/hpf	45/HPF		Microscopy	
ASTS	NIL	NIL ,		Microscopy	Urine
YSTALS	NIL	NIL		Microscopy	
CROPHAGES	NIL	NIL		Microscopy	Stool
CTERIA	NIL	NIL		Microscopy	Urine

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D	A	NA.	

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COMPLETE HAEMOGRAM	М					
Tests	Results		Reference Range	Units	Method	Specimen Type
HAEMOGLOBIN TOTAL LEUCOCYTE COUNT DIFFERENTIAL COUNT	8.0 5840	L	12.0 - 15.0 4000 - 11000	gms/dL /µL	COLORIMETRY Impedance	Whole Blood-EDTA Whole Blood-EDTA
NEUTROPHILS LYMPHOCYTES MONOCYTES EOSINOPHILS BASOPHILS	54 35 07 04 00		40 - 80 20 - 40 2 - 10 1 - 6 0 - 2	% % % %	FLOW CYTOMETRY FLOW CYTOMETRY FLOW CYTOMETRY FLOW CYTOMETRY FLOW CYTOMETRY	Whole Blood-EDTA Whole Blood-EDTA Whole Blood-EDTA
RED BLOOD CELL COUNT	3.80		3.8 - 4.8	millions/µL	ELECTRICAL	Whole Blood-EDTA
PACKED CELL VOLUME	28.0	L	36 - 46	%	IMPEDANCEIMPEDANCE CALCULATED	Whole Blood-EDTA
MEAN CORPUSCULAR VOLUME	73.8	L	80 - 100	fL	MEASURED	Whole Blood-EDTA
MEAN CORPUSCULAR HAEMOGLOBIN	21.1	L	27 - 32	Picogrames	CALCULATED	Whole Blood-EDTA
MEAN CORPUSCULAR HB CONC	28.6	L	31.5 - 34.5	%	CALCULATED	Whole Blood-EDTA
PLATELET COUNT	314		150 - 410	THOUSAND/ CUMM	ELECTRICAL IMPEDANCE	Whole Blood-EDTA

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E.S.R.

ESR

Tests

23

Results

H 0 - 20

Reference Range

mm at the end of 1st hr

Units

Westergren

Method

Specimen Type Whole Blood-EDTA

(Manual Modified Westergren)

15.00 mm at first hr 0 - 20 Reference Sedimentation rate (mm in 1 hour at 20 3 deg C)

or < 51-60 yr 12

or < 61-70 yr 14

or < >70 yr 30

Women 17-50 yr 12

or < 51-60 yr 19

or < 61-70 20

or < >70 yr 35 or <

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BLOOD SUGAR FASTING

Results

Reference Range

Units

Method

Specimen Type

PLASMA GLUCOSE FASTING

92 44

70 - 100

mg/dl

god trinders

Plasma

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BLOOD GROUP and RH TYPE

Tests

Results

Reference Range

Units

Method

Specimen Type

BLOOD GROUP

"B" Positive

SLIDE METHOD

Whole Blood EDTA

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Serum Uric Acid

Tests

Results

Reference Range

Units

Method

Specimen Type

URIC ACID

2.87

2.5 - 6.8

mg/dL

URICASE-TOOS

Serum

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SERUM CREATININE Tests

CREATININE

Results

0.80

Reference Range

0.6 - 1.40

Units

Method

Specimen Type

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T3	T4	TSH	

Tests	Results	Reference Range	Units	Method	Specimen Type
TRI-IODOTHYRONINE (T3) THYROXINE (T4)	1.70 5.77	0.69 - 2.15 5.01 - 12.45	ng/ml µg/dL	Chemiluminescence Chemiluminescence	Serum
THYROID STIMULATING HORMONE (TSH)	2.77	0.5-5.50 ,	μIU/ml		Serum

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BLOOD UREA NITROGEN

Tests

Results

Reference Range

6 - 21

Units

Method

Specimen Type

UREA NITROGEN

8.70

mg/dL

Urease

Serum

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Bill/Req. No.

Referal Doctor

: Dr.R.M.O Requisition Date : 27/04/2024 Sample Collection Dt. : 27/04/2024

Sample Receiving Dt.

: 27/04/2024

: 195867

: 24541073

Reporting Dt.

: 27/04/2024

Tests

Results

Reference Range

Units

Method

Specimen Type

UREA

18.64

13 - 45

*Results of these tests should always be interpreted in conjunction with patients medical history, clinical presentation and other findings. *Performed on fully Automated Dimension X-Pand plus BioChemistry Analyser.

*External Quality Control by Biorad Laboratory.

****FINAL REPORT****

***** END OF THE REPORT *****

DR ANUPAMA **CONSULTANT PATHOLOGIST**

DR.PRADIP KUMAR CONSULTANT MICROBIOLOGY

Dr. SEEMA AKHTAR KAZMI (CONSULTANT MICROBIOLOGY)

Dr. ARTI NIGAM MBBS, MD (PATHOLOGY)
CONSULTANT PATHOLOGIST HOD PATHLAB

Note:-Laboratory Investigations are subjected to variations depending upon the patient's condition, Sample collection, amblent temperature and kit used during test. Any discrepancy noted in test may be referred back to the lab for remedial action.

Note:This Report Is not subject to use For Medico-Legal Purpose

Lab Technician: HEMAN

H = High L= Low



(This is only professional opinion and not the diagnosis, Please correlate clinically) H-Block, Palam Vihar, Gurugram, Haryana - 122017 | Ph.: 0124 4777000, Mobile No.: 9891424242, 8695000

Page 1 of 1

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the health care providers



Park Hospital



SEPTY-WEST OF RADIOLOGY

Patient Name

Mrs. RUCHI AGGARWAL

Reg No

38847

Age/Sex

Type

Ref. Doctor

36 Years 10 Months 13Days / Female

OPD

Collection Dt.&Tm.

Uploading Dt.&Tm. Printing Dt.&Tm.

Req. No. **Consultant Doctor** : 27/04/2024 :27/04/2024

: 28/04/2024 : 24541073

: Dr. R.M.O

Chest PA view (one film)

No parenchymal lung lesion seen.

Both domes of diaphragm are normal.

Both costophrenic angles are normal.

'Both hila are normal.

Cardiac shape & size normal.

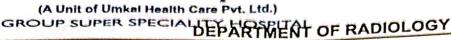
IMPRESSION: NORMAL STUDY.

PLEASE CORRELATE CLINICALLY.

Note: This Report is not for Medicolegal purpose.

Dr.NOBAL CHANDRAKAR MBBS, MD HMC REG. NO.25522 CONSULTANT RADIOLOGY

Dr. Sonali Sharma MD. Sr.Consultant Radiology HMC Regn. No. 19480





Patient Name

Mrs. RUCHI AGGARWAL

Reg No

Type

38847

Age/Sex Ref. Doctor

36 Years 10 Months 13Days / Female

OPD

Collection Dt.&Tm.

Uploading Dt,&Tm. Printing Dt.&Tm.

: 27/04/2024 : 27/04/2024 : 24541073

: 27/04/2024

Req. No. **Consultant Doctor** : Dr. R.M.O

ABDOMEN USG

Liver: Liver is normal in size (14.6 cm), shape and echotexture. No focal lesion seen. Intrahepatic biliary radicals are normal.

Gall Bladder: Gall bladder is distended. No calculus seen. Gall bladder shows normal wall thickness. CBD and Portal Vein are normal.

Pancreas: Pancreas is normal in size, shape and echotexture. No peri-pancreatic collection seen.

Spleen: Spleen is normal in size (8.4 cm) and echotexture.

Right kidney: Right kidney is normal in size (11.5 x 4.3 cm), shape and site. Echotexture of sinus and cortex is normal. No pelvi-calyceal dilatation seen. No calculus/ mass lesion seen. Cortico-medullary differentiation maintained.

Left kidney: Left kidney is normal in size (10.1 x 5.3 cm), shape and site. Echotexture of sinus and cortex is normal. No pelvi-calyceal dilatation seen. No calculus/ mass lesion seen. Corticomedullary differentiation maintained.

Urinary Bladder: Urinary bladder is distended and shows normal wall thickness. No calculus/ mass lesion seen.

Uterus: Uterus is anteverted, bulky in size (6.6 x 5.1 x 7.1 cm; Vol. 127 cc), and normal in echotexture. Endometrial thickness is 5.0 mm. Myometrial echotexture appears normal.

Right ovary is well visualized, appears normal in size (2.8 x 1.9 cm)and shape.

There is a well defined anechoic cystic lesion with thin internal septation noted in left ovary, measuring 3.9 x 3.3 cm.

No free fluid is noted.

Page 1 of 2



IMPRESSION:

- Bulky uterus.

- Left ovarian cyst.

ADV.: Clinico-Lab correlation

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