



**Patient Name** : MRS. MADHUSMITA JENA

**Age / Gender** : 34 years / Female

**Patient ID** : 22645

**Referral** : MEDI WHEEL

**Collection Time** : 24/08/2024, 12:16 PM

**Reporting Time** : 25/08/2024, 01:26 PM

**Sample ID** :



25814

Test Description	Value(s)	Reference Range	Unit
<b>Uric acid, Serum</b>			
Uric Acid Method : Uricase, Colorimetric	5.16	3.4 - 7.0	mg/dL

\*\*END OF REPORT\*\*

Lab technician

**Dr.Kundan Kumar Sahoo**  
CONSULTANT PATHOLOGIST /  
MICROBIOLOGIST



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Test Description	Value(s)	Reference Range	Unit
<b>Creatinine</b>			
Creatinine Method : Serum, Jaffe	0.81	0.6 - 1.3	mg/dL
<b>BUN, Serum</b>			
BUN-Blood Urea Nitroge Method : Serum, Urease	12	06 - 24	mg/dL
<b>Thyroid Profile ( T3, T4, TSH )</b>			
T3-Total Method : CLIA	1.32	0.87 - 2.73	ng/dL
T4-Total Method : CLIA	8.41	6.09 - 12.23	ug/dL
TSH-Ultrasensitive Method : CLIA	2.47	0.45 - 4.5 First Trimester : 0.1-2.5 Second Trimester : 0.2-3.0 Third trimester : 0.3-3.0	uIU/mL

**Interpretation**

TSH	T3	T4	Suggested Interpretation for the Thyroid Function Tests Pattern
Raised	Within range	Within range	Raised Within Range Within Range .Isolated High TSH especially in the range of 4.7 to 15 mIU/ml is commonly associated with Physiological & Biological TSH Variability. Subclinical Autoimmune Hypothyroidism. Intermittent 14 therapy for hypothyroidism .Recovery phase after Non-Thyroidal illness"
Raised	Decreased	Decreased	Chronic Autoimmune Thyroiditis Post thyroidectomy, Post radioiodine Hypothyroid phase of transient thyroiditis"
Raised or within range	Raised	Raised or within range	Interfering antibodies to thyroid hormones (anti-TPO antibodies) Intermittent 14 therapy or T4 overdose •Drug interference- Amiodarone, Heparin, Beta blockers, steroids, anti-epileptics.
Decreased	Raised or within range	Raised or within range	Isolated Low TSH -especially in the range of 0.1 to 0.4 often seen in elderly & Range Range associated with Non-Thyroidal illness .Subclinical Hyperthyroidism .Thyroxine ingestion"
Decreased	Decreased	Decreased	Central Hypothyroidism .Non-Thyroidal illness .Recent treatment for Hyperthyroidism (TSH remains suppressed)"
Decreased	Raised	Raised	Primary Hyperthyroidism (Graves' disease), Multinodular goitre, Toxic nodule •Transient thyroiditis: Postpartum, Silent (lymphocytic), Postviral (granulomatous, subacute, DeQuervain's), Gestational thyrotoxicosis with hyperemesis gravidarum"
Decreased Within Rang	Raised	Within range	T3 toxicosis •Non-Thyroidal illness

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Website : www.zenacare.in

**Wishing Good Health**



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Test Description	Value(s)	Reference Range	Unit
Within range	Decreased	Within range	Isolated Low T3-often seen in elderly & associated Non-Thyroidal illness In elderly the drop in T3 level can be upto 25%.

\*\*END OF REPORT\*\*

Lab technician

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**Collection Time :** 24/08/2024, 12:16 PM

**Reporting Time :** 25/08/2024, 01:24 PM

**Sample ID :**



Test Description	Value(s)	Reference Range	Unit
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**Urine(R/M) Routine Examination of Urine**

**General Examination**

Colour	PALE YELLOW	Pale Yellow	
Transparency (Appearance)	CLEAR	Clear	
Deposit	Absent	Absent	
Reaction (pH)	Acidic 6.0	4.5 - 7.0	
Specific gravity	1.015	1.005 - 1.030	

**Chemical Examination**

Urine Protein (Albumin)	Absent	Absent	
Urine Glucose (Sugar)	Absent	Absent	

**Microscopic Examination**

Red blood cells	Absent	0-4	/hpf
Pus cells (WBCs)	1 - 2 /HPF	0-9	/hpf
Epithelial cells	2 - 3 /HPF	0-4	/hpf
Crystals	Absent	Absent	
Cast	Absent	Absent	
Bacteria	Absent	Absent	

\*\*END OF REPORT\*\*

Lab Technician

*Dr. Kundan Kumar Sahoo*  
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Page 1 of 1

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**Referral :** MEDI WHEEL  
**Collection Time :** 24/08/2024, 12:16 PM  
**Reporting Time :** 25/08/2024, 06:13 PM  
**Sample ID :**



25814

Test Description	Value(s)	Reference Range	Unit
<b>Lipid Profile</b>			
Cholesterol-Total Method : Spectrophotometry	<b>202.07</b>	Desirable level   < 200 Borderline High   200-239 High   >or = 240	mg/dL
Triglycerides Method : Serum, Enzymatic, endpoint	<b>231.33</b>	Normal: < 150 Borderline High: 150-199 High: 200-499 Very High: >= 500	mg/dL
HDL Cholesterol Method : Serum, Direct measure-PEG	47.83	Normal: > 40 Major Risk for Heart: < 40	mg/dL
LDL Cholesterol Method : Enzymatic selective protection	107.97	Optimal < 100 Near / Above Optimal 100-129 Borderline High 130-159 High 160-189 Very High >or = 190	mg/dL
VLDL Cholesterol Method : Serum, Enzymatic	<b>46.27</b>	6 - 38	mg/dL
CHOL/HDL Ratio Method : Serum, Enzymatic	4.22	3.5 - 5.0	
LDL/HDL Ratio Method : Serum, Enzymatic	<b>2.26</b>	2.5 - 3.5	

**Note:**

8-10 hours fasting sample is required.

\*\*END OF REPORT\*\*

Lab technician

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**Wishing Good Health**



Name: Madhusmita Jena

Age/Sex: 34 yrs/F

Date: 24/08/2024

## USG OF ABDOMEN/PELVIS

**Liver** appears enlarged in size (measures 16.7cm in the mid-clavicular line), shape and contour. Normal homogeneous parenchymal echotexture increased noted. No evidence of focal lesion seen. Intra-hepatic vascular & biliary radicles appear normal in caliber. Portal vein measures 9mm in caliber.

**Gall Bladder** is normal in size, shape and position. Wall thickness appears normal. No evidence of any intraluminal mass lesion or calculi noted.

**CBD** is normal in caliber (4mm). Distal duct is not visualized due to overlying bowel gas.

**Pancreas** is normal in size, shape and echopattern. Pancreatic tail is not visualized. PD is not dilated.

**Spleen** shows normal size (11.0cm), shape & homogeneous echopattern. No focal lesion is seen.

**Kidneys** are normal in size, shape, position and axis. Cortical echo pattern and parenchymal thickness is normal bilaterally. CM differentiation is maintained. No hydronephrotic changes or cortical cysts or calculi are seen on either side.

RK Measures: 9.5 x 4.5 cm. LK Measures: 9.8 x 4.2cm.

**Urinary Bladder** is normal in outline. No intra-luminal lesion noted.

**Uterus** is normal in size, shape and contour. Myometrial echotexture is homogenous. Endometrial echo is within normal limits (8.2mm). Uterus measures: 7.0 x 3.1 x 4.1 cm

**Ovaries** multiple small follicles arranged peripherally along with echogenic stroma in center in both sides.

RO measures: Volume-14 cc LO measures: Volume-12 cc.

**RIF:** Appendix is not visible. **Excessive intra-abdominal gases seen.** No peritoneal fluid collections noted.

### IMPRESSION:

- B/L Polycystic ovarian morphology.

Suggested further evaluation if clinically indicated.

  
Consultant Sonologist

### : Facilities :

- Pathology with Biochemistry
- Microbiology, Histopathology
- Sd Ultrasound
- Digital X-ray
- FNAC, Culture, Biopsy
- NCV
- EEG, ECG, 2D ECHO
- Thyroid, Colour Doppler
- Holter
- PFT
- Video Endoscopy
- Video Colonoscopy
- TMT
- Colour Doppler
- Uroflometry





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**Age / Gender :** 34 years / Female

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**Collection Time :** 24/08/2024, 12:16 PM

**Reporting Time :** 25/08/2024, 01:28 PM

**Sample ID :**



25814

Test Description	Value(s)	Reference Range	Unit
<b><u>LFT, Liver Function Test</u></b>			
Bilirubin - Total Method : Serum, Jendrassik Grof	0.96	0.00 - 1.00	mg/dL
Bilirubin - Direct Method : Serum, Diazotization	0.20	0.00 - 0.20	mg/dL
Bilirubin - Indirect Method : Serum, Calculated	0.76	0.10 - 0.80	mg/dL
SGOT Method : Serum, UV with P5P, IFCC 37 degree	19.74	8 - 33	U/L
SGPT Method : Serum, UV with P5P, IFCC 37 degree	27.46	3 - 35	U/L
GGT-Gamma Glutamyl Transpeptidase Method : Serum, G-glutamyl-carboxy-nitroanilide	7.72	< 38	U/L
Alkaline Phosphatase Method : PNPP-AMP Buffer/Kinetic	83.14	42-141	U/L
Total Protein Method : Serum, Biuret, reagent blank end point	7.32	6.60 - 8.70	g/dL
Albumin Method : Serum, Bromocresol green	4.21	3.50 - 5.30	g/dL
Globulin Method : Serum, EIA	3.11	2.00-3.50	g/dL
A/G Ratio Method : Serum, EIA	1.35	1.2 - 2.2	

\*\*END OF REPORT\*\*

Lab technician

*K. Sahoo*  
**Dr. Kundan Kumar Sahoo**  
CONSULTANT PATHOLOGIST /  
MICROBIOLOGIST

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**Collection Time :** 24/08/2024, 12:16 PM

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Test Description	Value(s)	Reference Range	Unit
<b>Complete Blood Count</b>			
Hemoglobin (Hb)	<b>9.4</b>	12.0 - 15.0	gm/dL
Erythrocyte (RBC) Count	4.41	3.8 - 4.8	mil/cu.mm
Packed Cell Volume (PCV)	<b>32.9</b>	36 - 46	%
Mean Cell Volume (MCV)	<b>74.60</b>	83 - 101	fL
Mean Cell Haemoglobin (MCH)	<b>21.32</b>	27 - 32	pg
Mean Corpuscular Hb Conc. (MCHC)	<b>28.57</b>	31.5 - 34.5	g/dL
Red Cell Distribution Width (RDW)	<b>14.9</b>	11.6 - 14.0	%
Total Leucocytes (WBC) Count	5900	4000-10000	cell/cu.mm
Neutrophils	62	40 - 80	%
Lymphocytes	32	20 - 40	%
Monocytes	02	2 - 10	%
Eosinophils	04	1 - 6	%
Basophils	<b>00</b>	1-2	%
Platelet Count	193	150 - 410	10 <sup>3</sup> /ul
Mean Platelet Volume (MPV)	<b>13.3</b>	7.2 - 11.7	fL
PCT	0.26	0.2 - 0.5	%
PDW	16.8	9.0 - 17.0	%

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Test Description	Value(s)	Reference Range	Unit
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**Glucose, Fasting (FBS)**

Glucose fasting Method : Fluoride Plasma-F, Hexokinase	95.82	75 - 115	mg/dL
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**Glucose, Post Prandial (PP)**

Blood Glucose-Post Prandial Method : Hexokinase	100.34	70 - 140	mg/dL
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**HbA1c, Glycosylated Hemoglobin**

<b>HbA1c (GLYCOSYLATED HEMOGLOBIN),</b>	5.34		%
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**BLOOD**

Method : (HPLC, NGSP certified)

Estimated Average Glucose :	106.56	-	mg/dL
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**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
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 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.

**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.

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**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

**ESR, Erythrocyte Sedimentation Rate**

**ESR - Erythrocyte Sedimentation Rate** 17 0 - 20 mm/hr

Method : EDTA Whole Blood, Manual Westergren

**Interpretation:**

- It indicates presence and intensity of an inflammatory process. It does not diagnose a specific disease. Changes in the ESR are more significant than the abnormal results of a single test.
- It is a prognostic test and used to monitor the course or response to treatment of diseases like tuberculosis, bacterial endocarditis, acute rheumatic fever, rheumatoid arthritis, SLE, Hodgkins disease, temporal arteritis and polymyalgia rheumatica.
- It is also increased in pregnancy, multiple myeloma, menstruation, and hypothyroidism.

**Blood Group ABO & Rh Typing, Blood**

Blood Group (ABO typing) "O"  
Method : Manual-Hemagglutination

RhD Factor (Rh Typing) Positive  
Method : Manual hemagglutination

\*\*END OF REPORT\*\*

Lab technician

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Regd. No. : 1834

# ZENA HEALTHCARE SERVICES

(A Unit of Zena Enterprises)

NAME:-MADHUSMITA JENA  
AGE:- 34YRS  
Patient ID:-06

REFERRAL:-MEDIWHEEL  
DATE:-24.08.2024  
SEX:-FEMALE

CHEST X-RAY PA VIEW SHOWS.

- Both side lung fields are clear.
- Trachea within normal limit.
- Both costophrenic cardiophrenic angle are clear.
- Cardiac shadow within normal limit.
- Media stinum in position

IMPRESSION:-NORMAL STUDY.

*B. Pradhan*

Dr.Bhagaban Pradhan  
M.D.(Radio diagnosis)

ConsultantRadiologist

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