

INDRA DIAGNOSTIC CENTRE

Add: Indra Deep Complex, Sanjay Gandhi Puram, Faizabad Road, Indira Nagar

Ph: 7706041643,7706041644

CIN : U85196UP1992PLC014075



Patient Name	: Mrs.AMITA GUPTA	Registered On	: 18/Jun/2021 08:54:17
Age/Gender	: 56 Y 7 M 3 D /F	Collected	: 18/Jun/2021 09:02:39
UHID/MR NO	: IDCDC.0000111805	Received	: 18/Jun/2021 10:54:09
Visit ID	: IDCDC0147062122	Reported	: 18/Jun/2021 15:35:04
Ref Doctor	: Dr.Mediwheel - Arcofemi Health Care Ltd.	Status	: Final Report

DEPARTMENT OF HAEMATOLOGY

Test Name	Result	Unit	Bio. Ref. Interval	Method
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HAEMOGRAM * , Blood

Haemoglobin	13.00	g/dl	13.5-17.5	PHOTOMETRIC
Blood Group (ABO & Rh typing)	O NEGATIVE			
TLC (WBC)	8,200.00	/Cu mm	4000-10000	MICROSCOPIC EXAMINATION

DLC

Polymorphs (Neutrophils)	64.00	%	55-70	MICROSCOPIC EXAMINATION
Lymphocytes	30.00	%	25-40	MICROSCOPIC EXAMINATION
Monocytes	5.00	%	3-5	MICROSCOPIC EXAMINATION
Eosinophils	1.00	%	1-6	MICROSCOPIC EXAMINATION
Basophils	0.00	%	< 1	MICROSCOPIC EXAMINATION

ESR

Observed	10.00	Mm for 1st hr.		
Corrected	NR	Mm for 1st hr.	< 20	
PCV (HCT)	39.00	cc %	40-54	

GBP

General Blood Picture (G.B.P. / P.B.S.)

1. RBCs are Normocytic and normochromic.
2. Leucocytes are adequate in numbers and reveal normal distribution.
3. Platelets are within normal limits.
4. Smears are Negative for Malarial and Microfilarial Parasite.
5. There are no blasts (precursor cells).

Platelet count

Platelet Count	2.00	LACS/cu mm	1.5-4.0	MICROSCOPIC EXAMINATION
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RBC Count

RBC Count	4.59	Mill./cu mm	3.7-5.0	ELECTRONIC IMPEDANCE
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Blood Indices (MCV, MCH, MCHC)

M.C.V.	82.00	fl	80-100	CALCULATED PARAMETER
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DEPARTMENT OF HAEMATOLOGY

Test Name	Result	Unit	Bio. Ref. Interval	Method
M.C.H.	28.30	pg	28-35	CALCULATED PARAMETER
M.C.H.C.	34.50	%	30-38	CALCULATED PARAMETER

Dr. Shoaib Irfan (MBBS, MD, PDCC)

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DEPARTMENT OF BIOCHEMISTRY

Test Name	Result	Unit	Bio. Ref. Interval	Method
Glucose Fasting <i>Sample:Plasma</i>	257.50	mg/dl	< 100 Normal 100-125 Pre-diabetes ≥ 126 Diabetes	GOD POD

Interpretation:

- Kindly correlate clinically with intake of hypoglycemic agents, drug dosage variations and other drug interactions.
- A negative test result only shows that the person does not have diabetes at the time of testing. It does not mean that the person will never get diabetics in future, which is why an Annual Health Check up is essential.
- I.G.T = Impaired Glucose Tolerance.

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Visit ID	: IDCD0147062122	Reported	: 18/Jun/2021 14:08:24
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DEPARTMENT OF BIOCHEMISTRY

Test Name	Result	Unit	Bio. Ref. Interval	Method
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GLYCOSYLATED HAEMOGLOBIN (HbA1C) **, EDTA BLOOD

Glycosylated Haemoglobin (HbA1c)	10.20	% NGSP		HPLC (NGSP)
Glycosylated Haemoglobin (Hb-A1c)	88.00	mmol/mol/IFCC		
Estimated Average Glucose (eAG)	246	mg/dl		

Interpretation:

NOTE:-

- eAG is directly related to A1c.
- An A1c of 7% -the goal for most people with diabetes-is the equivalent of an eAG of 154 mg/dl.
- eAG may help facilitate a better understanding of actual daily control helping you and your health care provider to make necessary changes to your diet and physical activity to improve overall diabetes management.

The following ranges may be used for interpretation of results. However, factors such as duration of diabetes, adherence to therapy and the age of the patient should also be considered in assessing the degree of blood glucose control.

Haemoglobin A1C (%)NGSP	mmol/mol / IFCC Unit	eAG (mg/dl)	Degree of Glucose Control Unit
> 8	>63.9	>183	Action Suggested*
7-8	53.0 -63.9	154-183	Fair Control
< 7	<63.9	<154	Goal**
6-7	42.1 -63.9	126-154	Near-normal glycemia
< 6%	<42.1	<126	Non-diabetic level

*High risk of developing long term complications such as Retinopathy, Nephropathy, Neuropathy, Cardiopathy, etc.

**Some danger of hypoglycemic reaction in Type 1diabetics. Some glucose intolerant individuals and "subclinical" diabetics may demonstrate HbA1C levels in this area.

N.B. : Test carried out on Automated G8 90 SL TOSOH HPLC Analyser.

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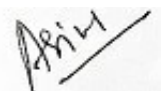
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Clinical Implications:

- *Values are frequently increased in persons with poorly controlled or newly diagnosed diabetes.
- *With optimal control, the HbA 1c moves toward normal levels.
- *A diabetic patient who recently comes under good control may still show higher concentrations of glycosylated hemoglobin. This level declines gradually over several months as nearly normal glycosylated *Increases in glycosylated hemoglobin occur in the following non-diabetic conditions: a. Iron-deficiency anemia b. Splenectomy c. Alcohol toxicity d. Lead toxicity
- *Decreases in A 1c occur in the following non-diabetic conditions: a. Hemolytic anemia b. chronic blood loss
- *Pregnancy d. chronic renal failure. Interfering Factors:
- *Presence of Hb F and H causes falsely elevated values. 2. Presence of Hb S, C, E, D, G, and Lepore (autosomal recessive mutation resulting in a hemoglobinopathy) causes falsely decreased values.


Dr. Anupam Singh
M.B.B.S.,M.D.(Pathology)

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DEPARTMENT OF BIOCHEMISTRY

Test Name	Result	Unit	Bio. Ref. Interval	Method
BUN (Blood Urea Nitrogen) * <i>Sample:Serum</i>	9.95	mg/dL	7.0-23.0	CALCULATED
Creatinine <i>Sample:Serum</i>	0.94	mg/dl	0.5-1.2	MODIFIED JAFFES
e-GFR (Estimated Glomerular Filtration Rate) <i>Sample:Serum</i>	61.60	ml/min/1.73m ²	- 90-120 Normal - 60-89 Near Normal	CALCULATED
Uric Acid <i>Sample:Serum</i>	5.14	mg/dl	2.5-6.0	URICASE
L.F.T.(WITH GAMMA GT) * , Serum				
SGOT / Aspartate Aminotransferase (AST)	49.60	U/L	< 35	IFCC WITHOUT P5P
SGPT / Alanine Aminotransferase (ALT)	30.70	U/L	< 40	IFCC WITHOUT P5P
Gamma GT (GGT)	41.30	IU/L	11-50	OPTIMIZED SZAZING
Protein	6.64	gm/dl	6.2-8.0	BIRUET
Albumin	3.68	gm/dl	3.8-5.4	B.C.G.
Globulin	2.96	gm/dl	1.8-3.6	CALCULATED
A:G Ratio	1.24		1.1-2.0	CALCULATED
Alkaline Phosphatase (Total)	144.70	U/L	42.0-165.0	IFCC METHOD
Bilirubin (Total)	1.02	mg/dl	0.3-1.2	JENDRASSIK & GROF
Bilirubin (Direct)	0.24	mg/dl	< 0.30	JENDRASSIK & GROF
Bilirubin (Indirect)	0.78	mg/dl	< 0.8	JENDRASSIK & GROF
LIPID PROFILE (MINI) * , Serum				
Cholesterol (Total)	163.00	mg/dl	<200 Desirable 200-239 Borderline High > 240 High	CHOD-PAP
HDL Cholesterol (Good Cholesterol)	31.70	mg/dl	30-70	DIRECT ENZYMATIC
LDL Cholesterol (Bad Cholesterol)	105	mg/dl	< 100 Optimal 100-129 Nr. Optimal/Above Optimal 130-159 Borderline High 160-189 High > 190 Very High	CALCULATED
VLDL	26.04	mg/dl	10-33	CALCULATED
Triglycerides	130.20	mg/dl	< 150 Normal 150-199 Borderline High 200-499 High	GPO-PAP

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>500 Very High

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Visit ID	: IDCD0147062122	Reported	: 18/Jun/2021 15:10:26
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DEPARTMENT OF CLINICAL PATHOLOGY

Test Name	Result	Unit	Bio. Ref. Interval	Method
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URINE EXAMINATION, ROUTINE * , Urine

Color	LIGHT YELLOW			
Specific Gravity	1.005			
Reaction PH	Acidic (5.0)			DIPSTICK
Protein	ABSENT	mg %	< 10 Absent 10-40 (+) 40-200 (++) 200-500 (+++) > 500 (++++)	DIPSTICK
Sugar	ABSENT	gms%	< 0.5 (+) 0.5-1.0 (++) 1-2 (+++) > 2 (++++)	DIPSTICK
Ketone	ABSENT			DIPSTICK
Bile Salts	ABSENT			
Bile Pigments	ABSENT			
Urobilinogen(1:20 dilution)	ABSENT			
Microscopic Examination:				
Epithelial cells	ABSENT			MICROSCOPIC EXAMINATION
Pus cells	ABSENT			MICROSCOPIC EXAMINATION
RBCs	ABSENT			MICROSCOPIC EXAMINATION
Cast	ABSENT			
Crystals	ABSENT			MICROSCOPIC EXAMINATION
Others	ABSENT			

SUGAR, FASTING STAGE * , Urine

Sugar, Fasting stage	ABSENT	gms%
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Interpretation:

- (+) < 0.5
- (++) 0.5-1.0
- (+++) 1-2
- (++++) > 2

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DEPARTMENT OF IMMUNOLOGY

Test Name	Result	Unit	Bio. Ref. Interval	Method
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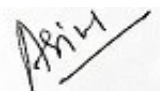
THYROID PROFILE - TOTAL ** , Serum

T3, Total (tri-iodothyronine)	136.59	ng/dl	84.61-201.7	CLIA
T4, Total (Thyroxine)	8.14	ug/dl	3.2-12.6	CLIA
TSH (Thyroid Stimulating Hormone)	1.83	μIU/mL	0.27 - 5.5	CLIA

Interpretation:

0.3-4.5	μIU/mL	First Trimester
0.4-4.2	μIU/mL	Adults 21-54 Years
0.5-4.6	μIU/mL	Second Trimester
0.5-8.9	μIU/mL	Adults 55-87 Years
0.7-64	μIU/mL	Child(21 wk - 20 Yrs.)
0.7-27	μIU/mL	Premature 28-36 Week
0.8-5.2	μIU/mL	Third Trimester
1-39	μIU/mL	Child 0-4 Days
1.7-9.1	μIU/mL	Child 2-20 Week
2.3-13.2	μIU/mL	Cord Blood > 37Week

- 1) Patients having low T3 and T4 levels but high TSH levels suffer from primary hypothyroidism, cretinism, juvenile myxedema or autoimmune disorders.
- 2) Patients having high T3 and T4 levels but low TSH levels suffer from Grave's disease, toxic adenoma or sub-acute thyroiditis.
- 3) Patients having either low or normal T3 and T4 levels but low TSH values suffer from iodine deficiency or secondary hypothyroidism.
- 4) Patients having high T3 and T4 levels but normal TSH levels may suffer from toxic multinodular goiter. This condition is mostly a symptomatic and may cause transient hyperthyroidism but no persistent symptoms.
- 5) Patients with high or normal T3 and T4 levels and low or normal TSH levels suffer either from T3 toxicosis or T4 toxicosis respectively.
- 6) In patients with non thyroidal illness abnormal test results are not necessarily indicative of thyroidism but may be due to adaptation to the catabolic state and may revert to normal when the patient recovers.
- 7) There are many drugs for eg. Glucocorticoids, Dopamine, Lithium, Iodides, Oral radiographic dyes, etc. which may affect the thyroid function tests.
- 8) Generally when total T3 and total T4 results are indecisive then Free T3 and Free T4 tests are recommended for further confirmation along with TSH levels.


Dr. Anupam Singh
M.B.B.S.,M.D.(Pathology)

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DEPARTMENT OF X-RAY

X-RAY DIGITAL CHEST PA *

(500 mA COMPUTERISED UNIT SPOT FILM DEVICE)

DIGITAL CHEST P-A VIEW

- Soft tissue shadow appears normal.
- Bony cage is normal.
- Diaphragmatic shadows are normal on both sides.
- Costo-phrenic angles are bilaterally clear.
- Trachea is central in position.
- Cardiac size & contours are normal.
- Hilar shadows are normal.
- Pulmonary vascularity & distribution are normal.
- Pulmonary parenchyma did not reveal any significant lesion.

IMPRESSION : N O R M A L S K I A G R A M

Dr. Anoop Agarwal
MBBS,MD(Radiology)

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DEPARTMENT OF ULTRASOUND

ULTRASOUND WHOLE ABDOMEN (UPPER & LOWER) *

LIVER

- Liver is mildly enlarged in size (~150 mm) with **grade I fatty changes**.
- No obvious focal lesion is seen. The intra-hepatic biliary radicles are normal.
- Portal vein is normal (~ 8.3 mm) in caliber.

GALL BLADDER & CBD

- **Gall bladder is over distended ~ approx 92 x 33 mm with a calculus measuring approx 22 mm seen within neck region, wall is thickened edematous (~ approx 5.6 mm) & gall bladder lumen is completely filled with limy bile & internal secretions within it leading to formation of mucocele of gall bladder. Possibility of mirizzi syndrome to be ruled out. ADV:- MRCP correlation.**
- Visualised proximal common bile duct is normal (~ 4.6 mm) in caliber.

PANCREAS

- The pancreas is normal in size and shape and has a normal homogenous echotexture. Pancreatic duct is not dilated.

KIDNEYS

- Both the kidneys are normal in size and echotexture.
- Right kidney measures ~ 92 x 40 mm.
- Left kidney measures ~ 96 x 45 mm.
- The collecting system of both the kidneys is normal and cortico-medullary demarcation is clear.

SPLEEN

- The spleen is normal in size and has a normal homogenous echo-texture.

LYMPH NODES

- No significant lymph node noted.

URINARY BLADDER

- Urinary bladder is well distended. Bladder wall is normal in thickness and is regular.

UTERUS & CERVIX

- **Uterus is bulky in size and measures ~ 96 x 46 x 43 mm, volume ~ 98 cc.**
- It has a homogenous myometrial echotexture.
- **Endometrium is thickened ~ approx 17.8 mm in fundus & body region (~ approx size 39 x 21 mm) showing multiple internal cystic changes.....? Cystic endometroid hyperplasia.D/D-Submucous fibroid.Endo myometrial interface appears normal on USG. ADV:- MRI pelvis / endometrial biopsy if clinically indicated.**

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DEPARTMENT OF ULTRASOUND

- Cervix appear normal in size & measures ~ 34 x 24 mm.

ADNEXA & OVARIES

- Adnexa appear normal.
- Both ovaries are normal in size and echotexture.

IMPRESSION

- **Grade I fatty changes in liver.**
- **Acute on chronic cholecystitis with cholecystitis leading to formation of mucocele gall bladder.....possibility of mirizzi syndrome to be ruled out. ADV:- MRCP correlation.**
- **Bulky uterus.**
- **Endometrium is thickened in fundus & body region showing multiple internal cystic changes.....? Cystic endometroid hyperplasia. Endo myometrial interface appears normal on USG. D/D- Submucous fibroid. ADV:- MRI pelvis / endometrial biopsy if clinically indicated.**

Note:- USG is not an ideal modality to rule out all gall bladder / CBD calculi & all renal / ureteric calculi or all bowel pathologies.

Typed by- anoop

(This report is an expert opinion & not a diagnosis. Kindly intimate us immediately or within 7 days for any reporting / typing error or any query regarding sonographic correlation of clinical findings)

*** End Of Report ***

(*) Test not done under NABL accredited Scope, (**) Test Performed at Chandan Speciality Lab.

Result/s to Follow:

GLUCOSE PP, SUGAR, PP STAGE, STOOL R/M, 2D ECHO, X-RAY DIGITAL MAMMOGRAPHY BOTH BREAST, PAP SMEAR FOR CYTOLOGICAL EXAMINATION, GENERAL PHYSICAL EXAM, ECG / EKG

Dr. Anil Kumar Verma
(MBBS, DMRD)

This report is not for medico legal purpose. If clinical correlation is not established, kindly repeat the test at no additional cost within seven days.

Facilities: Pathology, Bedside Sample Collection, Health Check-ups, Digital X-Ray, ECG (Bedside also), Allergy Testing, Test And Health Check-ups, Ultrasonography, Sonomammography, Bone Mineral Density (BMD), Doppler Studies, 2D Echo, CT Scan, MRI, Blood Bank, TMT, EEG, PFT, OPG, Endoscopy, Digital Mammography, Electromyography (EMG), Nerve Conduction Velocity (NCV), Audiometry, Brainstem Evoked Response Audiometry (BERA), Colonoscopy, Ambulance Services, Online Booking Facilities for Diagnostics, Online Report Viewing *
365 Days Open *Facilities Available at Select Location