

A Unit of Lotus Diagnostic & Imaging Solution Pvt. Ltd. HB से लेकर MRI तक एक ही छत के नीचे

Name : Mrs. NEENA W/o		UHID : 120386	S No :	PID : 33295
Age/Gender: 45 Year/Female	A.S : NP	Sample Date :	31-Jul-2024	11:16 AM
Ref. By Dr. : MEDIWHEEL		Report Date :	31-Jul-2024	05:37 PM
Address : HISAR	Status : Pending	Sample Type :	nside	*33295*
Test Name		Value	Unit	Reference Range
	HEAMAT	OLOGY		
CBC (Complete Blood Count)				
Haemoglobin (Hb)		13.0	g/dl	12.0 - 15.0 g/dl
Total RBC Count		4.36	m/cumm	4.20 - 5.40
Haematocrit		39.0	%	35.0 - 50.0 %
Vean Cell Volume		89.4	fL	80.0 - 100 fL
Mean Cell Haemoglobin		29.8	pg	27.0 - 34.0 pg
lean Cell Haemoglobin Conc		33.4	%	32.0 - 36.0
Red Cell Distribution Width (RDW)-CV		12.6	%	11.0 - 16.0 %
Red Cell Distribution Width (RDW)-SD		45.7	fL	35.0 - 56.0 fL
- Total Leucocyte Count		6600	cells/cum	4000 - 11000
			m	
Differential Leucocyte Count				
Neutrophils		50	%	32 - 72 %
_ymphocytes		45	%	20 - 50 %
Monocytes		03	%	2 - 11 %
Eosinophils		02	%	1 - 3 %
Basophils		0	%	0 - 2 %
Platelet Count		2,97,000	cells/cunm m	150,000 - 450,000
Platelet Distribution Width		15.3	fL	15.0 - 18.0 fL
Mean Platelet Volume Sample Type : Whole Blood		9.7	fL	7.0 - 13.0 fL

Sample Type : Whole Blood

1.Spurious elevation of platelet count may be seen in patients with extensive burns, extreme microcytosis ,microangiopathic hemolytic anemia, red cell fragmentation ,micro-organisms like bacteria, fungi or yeast, hyperlipidemia, fragments of white blood cell (WBC) cytoplasm in patients with acute leukemia, hairy cell leukemia, lymphomas and in presence of cryoglobulins.

2.Spuriously low platelet counts may be seen in cases of platelet clumping (EDTA induced, platelet cold agglutinins, multiple myeloma), platelet satellitism and in giant platelet syndromes.

3. Delay in processing due to sample transport may cause a mild time dependent fall in platelet count. It is advisable to repeat the test using a citrate / heparin collection tube to avoid this pitfall.

4. Automated platelet counting is subject to 10-15% variation in the result on the same as well as different analysers due to various preanalytic variables like the sampling site ,skill in sample collection, anticoagulant used ,sample mixing and sample transport etc.

ABO Blood Grouping

Blood Group

Haemagglutination reaction A Rh Positive, B Rh Positive, AB Rh Positive, O Rh Positive, A Rh Negative, B Rh Negative, AB Rh Negative, O Rh Negative bd

Sample Type : Whole Bl

HBA1C HBA1C	. <u>5</u> .6	. %	4.27 - 6.00 [.] %
Dr. (Maj.)Guruprasad MBBS, DR. DNB MBBS, DMC MBBS, MD Consultant Radiologist Print Date : 7/31/202410:15	Dr. RAJESH REDDU MBBS, DMRD Consultant Radiologist	Dr. Amit Verma MBBS, MD Consultant Physician	Dr. Manish Varshney MBBS, MD Consultant Pathologist Page No : 1

O"POSITIVE

Near Gurudwara, Gurudwara Road, Model Town, Hisar Mob. 078438-88111,78438-88222 | E-mail : lotusimagingpvtltd@gmail.cor



A Unit of Lotus Diagnostic & Imaging Solution Pvt. Ltd. HB से लेकर MRI तक एक ही छत के नीचे

Name :: Mrs. NEENA W/o UHID: 120386 S No: PID: 33295 Age/Gender :: 45 Year/Female A.S: NP Sample Date :: 31-Jul-2024 11::16 AM Ref. By Dr. :: MEDIWHEEL Report Date :: 31-Jul-2024 05:24 PM Address : HISAR Status : Pending Sample Type : Inside *: 32:025 * Test Name Value Unit Reference Range HBAR Warage Blood Glucose 114.02 mg/dl 90.00 - 120.00 mg/dl Wirdingerei immanessaw Marginger Type: Mydle Blood Mg/dl 90.00 - 120.00 mg/dl Wirdingerei immanessaw Marginger Type: Mydle Blood Mg/dl 90.00 - 120.00 mg/dl Remarks : GLYCOSYLATED HEMOGLOBIN (HbA1c) Mg/dl 90.00 - 120.00 mg/dl Mg/dl Reference Range: Please correlate with clinical conditions. Bellow 6.0 % Normal value Normal value Normal value 6.0 %-7.0 % Good control Normal value Namonassay and chemistry technology to measure A1C and total HB (A1C now Bayer) AverAge BLOOD GLUCOSE (ABG) CALCULATED Merage Blood datom suggested >211 mg/dl Acian suggested >211 mg/dl Acian suggested >211 mg/dl Acian suggested					
Ref. By Dr. : MEDIWHEEL Report Date : 31-Jul-2024 05.24 PM Address : HISAR Status : Pending Sample Type : Inside *3.320.5* Test Name Value Unit Reference Range HBA1C Workenset 114.02 mg/dl 90.00 - 120.00 mg/dl Verage Blood Glucose 114.02 mg/dl 90.00 - 120.00 mg/dl Vareaux Structures Sample Type : Whole Blood Remarks : 90.00 - 120.00 mg/dl GLYCOSYLATED HEMOGLOBIN (HbA1c) Reference Range : Please correlate with clinical conditions. Below 6.0 % Normal value 6.0 %-7.0 % Good control 6.0 %-7.0 % Good control 7.0 % Good control 8.0 %-7.0 % Good control 7.0 %-8.0 % Fair control 8.0 %-7.0 % Poor control Above10 % Poor control Poor control Poor control AVERAGE BLOOD GLUCOSE (ABG) CALCULATED Reference Range: Please correlate with clinical conditions. 90-120 mg/dl Average control 131-130 mg/dl Average control 114.02 Pomg/dl Average blood suger level over past three months. >2-11 mg/dl Parie values >211 mg/dl Average blood glucose value is calculated from HbA1C value and it indicates average blood sugar level over past three months. Technology: Derived from Hb A1C Values Sample Type: Sodium heparin:	Name : Mrs. NEENA W/o		UHID : 120386	S No :	PID : 33295
Address : HISAR Status : Pending Sample Type : Inside * 332Q5* Test Name Value Unit Reference Range HBA1C Weble Blood Glucose 114.02 mg/dl 90.00 - 120.00 mg/dl Number Strippe : Whole Blood 90.00 - 120.00 mg/dl 90.00 - 120.00 mg/dl Sample Type : Whole Blood 90.00 - 120.00 mg/dl 90.00 - 120.00 mg/dl Sample Type : Whole Blood 90.00 - 120.00 mg/dl 90.00 - 120.00 mg/dl Sample Type : Whole Blood 90.00 - 120.00 mg/dl 90.00 - 120.00 mg/dl Reference Range : Please correlate with clinical conditions. 90.00 - 120.00 mg/dl 8.0 %-7.0 % Good control 8.0 %-7.0 % Good control 8.0 %-10 % Unsatisfactory control Above10 % Poor control 8.0 %-10 % Unsatisfactory control 8.0 %-10 % Unsatisfactory control AverAGE BLOOD GLUCOSE (ABG) CALCULATED Reference Range: Please correlate with clinical conditions. 90-120 mg/dl Excellent control 131-150 mg/d Good control 131-150 mg/dl Average blood glucose value is calculated from HbA1C value and it indicates average blood sugar level over past three months. Yethology: Derived from Hb A1C Values Sample Type: Sodium heparin: ESR 80 mmHr 0-20 mmHr	Age/Gender: 45 Year/Female	A.S : NP	Sample Date :	31-Jul-2024	11:16 AM
Test Name Value Unit Reference Range HBA1C http://minunoassav 90.00 - 120.00 mg/dl Varerage Blood Glucose 114.02 mg/dl 90.00 - 120.00 mg/dl Varerage Blood Slucose 114.02 mg/dl 90.00 - 120.00 mg/dl Normal value 6.0 6.0 6.0 6.0 6.0 6.0 6.0 6.0 6.0 % -7.0 % Good control 7.0 % Good control 8.0 6.0 8.0 6.0 8.0 6.0 7.0 % Bood Control 8.0 % Poor control 8.0 8.0 8.0 8.0 Reference Range: Please correlate with clinical conditions. Below 6.0 % Normal value 6.0 8.0 6.0 8.0 % Fair control 8.0 8.0 MUNIC Average blood Sugar level over 8.0 8.0 % Pair control 8.0 8.0 9.0 9.0 9.0 % Door control 10 10 10 10 10 % Door control 10 10 10 10 11 % Door gold LucoSE (ABG) CALCULATED 8.0 10 10 12 % Door control 11 10 10 11 12 % Door gold Average blood glucose value is calculated from HbA1C value and it indicates average blood sugar level over past three months. 10 <	Ref. By Dr. : MEDIWHEEL		Report Date :	31-Jul-2024	05:24 PM
HBA1C Hubbilimetic Immunoassav Average Blood Glucose Interview Mole Blood Remarks : GLYCOSYLATED HEMOGLOBIN (HbA1c) Reference Range : Please correlate with clinical conditions. Bellow 6.0 % Normal value 6.0 %-7.0 % Good control 7.0 %-8.0 % Fair control 8.0 %-10 % Unsatisfactory control Above10 % Poor control Technology : Immunoassay and chemistry technology to measure A1C and total HB (A1C now Bayer) AVERAGE BLOOD GLUCOSE (ABG) CALCULATED Reference Range: Please correlate with clinical conditions. 90-120 mg/dl Excellent control 131-130 mg/dl Average control 131-130 mg/dl Average control 131-130 mg/dl Average control 131-130 mg/dl Average control 131-1210 mg/dl Action suggested > 211 mg/dl Panic values NOTE: Average blood glucose value is calculated from HbA1C value and it indicates average blood sugar level over past three months. Technology: Derived from Hb A1C Values Sample Type: Sodium heparin: ESR 80 mmHr 0-20 mmHr	Address : HISAR	Status : Pending	Sample Type : Ir	nside	*33295*
Average Blood Glucose 114.02 mg/dl 90.00 - 120.00 mg/dl Sample Type : Whole Blood Remarks : GLYCOSYLATED HEMOGLOBIN (HbA1c) Reference Range : Please correlate with clinical conditions. Bellow 6.0 % Normal value 6.0 %-7.0 % Good control 7.0 %-8.0 % Fair control 8.0 %-10 % Unsatisfactory control Above10 % Poor control 7.0 %-8.0 % Fair control 8.0 %-10 % Unsatisfactory control Above10 % Poor control 7.0 % Good control 7.1 %-10 % Good control 7.1 %-10 % Good control 8.1 %-10 % Unsatisfactory control Above10 % Poor control 8.0 %-10 % Good control 7.1 %-10 % Good control 8.1 %-10 % Good control 7.1 %-10 mg/dl Excellent control 121-150 mg/d Good control 131-120 mg/dl Average control 131-120 mg/dl Average control 131-120 mg/dl Panic values NOTE: Average blood glucose value is calculated from HbA1C value and it indicates average blood sugar level over past three months. Reternoce, Brone HbA1C Values Sample Type: Sodium heparin:	Test Name		Value	Unit	Reference Range
GLYCOSYLATED HEMOGLOBIN (HbA1c) Reference Range : Please correlate with clinical conditions. Bellow 6.0 % Normal value 6.0 %-7.0 % Good control 7.0 %-8.0 % Fair control 8.0 %-10 % Unsatisfactory control Above10 % Poor control Technology : Immunoassay and chemistry technology to measure A1C and total HB (A1C now Bayer) AVERAGE BLOOD GLUCOSE (ABG) CALCULATED Reference Range: Please correlate with clinical conditions. 90-120 mg/dl Excellent control 121-150 mg/d Good control 151-180 mg/dl Average control 181-210 mg/dl Action suggested > 211 mg/dl Panic values NOTE: Average blood glucose value is calculated from HbA1C value and it indicates average blood sugar level over past three months. Technology: Derived from Hb A1C Values Sample Type: Sodium heparin: ESR ESR <u>80 mmHr 0-20 mmHr</u>	turbidimetric immunoassav Average Blood Glucose turbidimetric immunoassav		114.02	mg/dl	90.00 - 120.00 mg/dl
90-120 mg/dl Excellent control 121-150 mg/d Good control 151-180 mg/dl Average control 181-210 mg/dl Action suggested > 211 mg/dl Panic values NOTE: Average blood glucose value is calculated from HbA1C value and it indicates average blood sugar level over past three months. Technology: Derived from Hb A1C Values Sample Type: Sodium heparin: ESR 80 mmHr 0 - 20 mmHr	GLYCOSYLATED HEMOGLOBIN (HbA1c) Reference Range : Please correlate with clin Bellow 6.0 % Normal value 6.0 %-7.0 % Good control 7.0 %-8.0 % Fair control 8.0 %-10 % Unsatisfactory control Above10 % Poor control Technology : Immunoassay and chemistry to	echnology to measure a	A1C and total HB (A1	C now Bayer)	
ESR 80 mmHr 0 - 20 mmHr	90-120 mg/dl Excellent control 121-150 mg/d Good control 151-180 mg/dl Average control 181-210 mg/dl Action suggested > 211 mg/dl Panic values NOTE: Average blood glucose value is calcupast three months. Technology: Derived from Hb A1C Values Sample Type: Sodium heparin:		lue and it indicates ave	erage blood su	ıgar level over
	ESR		80	mmHr	0 - 20 mmHr

Dr. Rambaksh Sharma MBBS, MD Consultant Radiologist Dr. RAJESH REDDU MBBS, DMRD Consultant Radiologist



Near Gurudwara, Gurudwara Road, Model Town, Hisar Mob. 078438-88111,78438-88222 | E-mail : lotusimagingpytttd@gmail.com



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Age/Gender	: 45 Year/Female	A.S : NP	Sample Date : 31-Jul	I-2024	11:16 AM
Ref. By Dr.	: MEDIWHEEL		Report Date : 31-Ju	ıl-2024	05:29 PM
Address	: HISAR	Status : Pending	Sample Type : Inside		*33295*
Test Name			Value Un	it Refe	erence Range

CLINICAL COMMENTS:

Erythrocyte sedimentation rate (ESR or sed rate) is a relatively simple, inexpensive, non-specifictest that indirectly measures the degree of inflammation present in the body. Inflammation is part of the body's immune response. It can be acute, developing rapidly after trauma, injury or infection, for example, or can occur over an extended time (chronic) with conditions such as autoimmune diseases or cancer. Moderately elevated ESR occurs with inflammation but also with anemia, infection, pregnancy, and with aging. A very high ESR usually has an obvious cause, such as a severe infection, marked by an increase in globulins, systemic vasculitis, polymyalgia rheumatica or temporal arteritis. People with multiple myeloma or Waldenstrom's macroglobulinemia (tumors that make large amounts of immunoglobulins) typically have very high ESRs even if they don't have inflammation. Factors increasing ESR: Advanced age Anemia Pregnancy High fibrinogen Macrocytosis Kidney problems Thyroid disease Some cancers, such as multiple myeloma Infection Factors decreasing ESR Microcytosis Low fibrinogen Polycythemia Marked leukocytosis **CLINICAL-CHEMISTRY**

URIC ACID

Uric acid ^{Uricase - POD} Sample Type :	SERUM	4.01	mg/dL	2.5 - 6.0
	ncreases in case of renal failure, disseminated neo tc. Decrease is reported in Wilson's disease, Fanco		emia, psoriasis	, liver disease,

Total Protein			
Total Protein	6.9	gm/dl	6.0 - 8.3
BIURET Albumin	4.19	g/dl	2.9 - 4.5
BCG Globulin	2.71	gm/dl	2.0 - 3.5
Albumin-Globulin Ratio	1.48		1.2 - 2.5

Uruprasac Print Date : 7/31/202410:15 Rambaksh Sharma MBBS, MD Consultant Radiologist

Dr. RAJESH REDDU MBBS, DMRD Consultant Radiologist

Dr. Amit Verma MBBS, MD Consultant Physician

e No : 3



A Unit of Lotus Diagnostic & Imaging Solution Pvt. Ltd. HB से लेकर MRI तक एक ही छत के नीचे

Age/Gender : 45 Year/Female A.S : NP Sample Date : 31-Jul-2024 11: Ref. By Dr. : MEDIWHEEL Report Date : 31-Jul-2024 05: Address : HISAR Status : Pending Sample Type : Inside * Q Test Name Value Unit Reference Sample Type : SERUM SERUM Value Unit Reference Value Unit Reference Sample Type : SerUM Value	Name	: Mrs. NEENA W/o		UHID : 120386	S No :	PID : 33295
Ref. By Dr. MEDIWHEEL Report Date : 31-Jul-2024 05: Address : HISAR Status : Pending Sample Type : Inside * 2 Test Name Value Unit Reference Sample Type : SERUM Use Unit Reference Value Unit Reference Sample Type : SERUM Serue Serue UREA. SERUM Serue					•	
Address : HISAR Status : Pending Sample Type : Inside * a Test Name Value Unit Reference sample Type : SERUM Semple Type : SERUM Semple Type : SERUM INETC METHOD WITH UREASE AND GLDH Sample Type : SetUM 14 - 51 UNETC METHOD WITH UREASE AND GLDH Sample Type : SetUM UREA. UREA High urea levels suggest poor kidney function, congestive heart failure, shock, stress, recent heart attack or severe burs; bleeding from the gastrointestinal tract; conditions that cause obstruction of urine flow; or dehydration. UREA 0.9 mg/dL 0.5 - 1.4 mg/dL Conditions: Low urea levels are also seen in normal pregnancy. Sample Type : SERUM 0.9 mg/dL 0.5 - 1.4 mg/dL REATININE SERUM 0.9 mg/dL 0.5 - 1.4 mg/dL 0.	•		A.S : NP	-		11:16 AM
Test Name Value Unit Reference Sample Type : SERUM Serue And Control of Ser	Ref. By Dr.	: MEDIWHEEL		Report Date :	31-Jul-2024	05:40 PM
Sample Type : SERUM IREA 25.89 mg/dL 14 - 51 Sample Type : SERUM UREA: High urea levels suggest poor kidney function, congestive heart failure, shock, stress, recent heart attack or severe burns; bleeding from the gastrointestinal tract; conditions that cause obstruction of urine flow; or dehydration. Low urea levels can be seen in severe liver disease or malnutrition but are not used to diagnose or monitor these conditions. Low urea levels can be seen in sormal pregnancy. REATININE SERUM 0.9 mg/dL 0.5 - 1.4 if affections; Serum REATININE SERUM 0.9 mg/dL 0.5 - 1.4 if affections; Serum CREATININE SERUM 0.9 mg/dL 0.5 - 1.4 if affections; Serum REATININE SERUM 0.9 mg/dL 0.5 - 1.4 if affections; Serum CREATININE: Increases in any renal functional impairment (intrinsic renal lesions, decreased perfusion of the kiden or obstruction of the lower urinary tract), acromegaly and hyperthyroidism. Decreases in pregnancy, muscle wasting. 14 - 45 m affect for the lower urinary tract), acromegaly and hyperthyroidism. Decreases in pregnancy, muscle wasting. KIDNEY FUNCTION TEST (KFT Special) 0.9 mg/dL 14 - 5 n affection if it acid REA invite SERUM 0.9 mg/dL 0.5 - 1.4 if affection if it acid 0.1 mg/dL 2.5 - 6.0 INETC METHOD WITH UREASE AND GLDH 0.9 <th>Address</th> <th>: HISAR</th> <th>Status : Pending</th> <th>Sample Type : In</th> <th>side</th> <th>*33295*</th>	Address	: HISAR	Status : Pending	Sample Type : In	side	*33295*
JREA. SERUM IREA 25.89 mg/dL 14 - 51 Sample Type: SERUM UREA: High urea levels suggest poor kidney function, congestive heart failure, shock, stress, recent heart attack or severe burns; bleeding from the gastrointestinal tract; conditions that cause obstruction of urine flow; or dehydration. Image: transmitter of the second of the lower urinary tract), acromegaly and hyperthyroidism. Decreases in pregnancy, muscle wasting. 0.9 mg/dL 0.5 - 1.4 mg/dL	Test Name			Value	Unit	Reference Range
REA25.89mg/dL14 - 51Sample Type:SERUMUREA: High urea levels suggest poor kidney function, congestive heart failure, shock, stress, recent heart attack or severe burns; bleeding from the gastrointestinal tract; conditions that cause obstruction of urine flow; or dehydration. Low urea levels can be seen in severe liver disease or malnutrition but are not used to diagnose or monitor these conditions. Low urea levels are also seen in normal pregnancy. SREATININE SERUM 0.9mg/dL0.5 - 1.4 mREATININE SERUM REATININE SERUM0.9mg/dL0.5 - 1.4 m0.5 - 1.4 maffe Kinetic Sample Type:SERUM0.9mg/dL0.5 - 1.4 mREATININE: Increases in any renal functional impairment (intrinsic renal lesions, decreased perfusion of the lower urinary tract), acromegaly and hyperthyreitism. Decreases in m14 - 45 mIREA25.89mg/dL14 - 45 mINETIC METHOD WITH UREASE AND GLDH0.9mg/dL0.5 - 1.4 mREATININE SERUM0.9mg/dL0.5 - 1.4 mIREA25.89mg/dL0.5 - 1.4 mIREA0.9mg/dL0.5 - 1.4 mINETIC METHOD WITH UREASE AND GLDH0.9mg/dL0.5 - 1.4 mIREA NUMERIC METHOD WITH UREASE AND GLDH12.1mg/dL0.5 - 1.4 mINETIC METHOD WITH UREASE & GLDH138.23mmol/L135 - 1500UNNEED METHOD138.23mmol/L3.5 - 5.0 mUNNEED METHOD WITH UREASE & GLDH102.36mmol/L3.5 - 5.0 mSECURECT) OTASSUM SERUM102.36mmol/L10.6 mSECURECT	Sample Type :	SERUM				
NETIC METHOD WITH UREASE AND GLDH Sample Type : SERUM UREA: High urea levels suggest poor kidney function, congestive heart failure, shock, stress, recent heart attack o severe burns; bleeding from the gastrointestinal tract; conditions that cause obstruction of urine flow; or dehydration. Low urea levels can be seen in severe liver disease or malnutrition but are not used to diagnose or monitor these conditions. Low urea levels are also seen in normal pregnancy. CREATININE SERUM SREATININE SERUM CREATININE SERUM CREATININE: Increases in any renal functional impairment (intrinsic renal lesions, decreased perfusion of the kidn or obstruction of the lower urinary tract), acromegaly and hyperthyroidism. Decreases in pregnancy, muscle wasting. CIDNEY FUNCTION TEST (KFT Sbecial) IREA NEREATININE SERUM O.9 mg/dL 0.5 - 1.4 affe Kinetic REATININE SERUM O.9 mg/dL 0.5 - 1.4 affe Kinetic CREATININE SERUM O.9 mg/dL 0.5 - 1.4 affe Kinetic CREATININE SERUM O.9 mg/dL 0.5 - 1.4 affe Kinetic Increacid UNETIC METHOD WITH UREASE AND GLDH REA 10.9 mg/dL 0.5 - 1.4 affe Kinetic CREATININE SERUM O.9 mg/dL 0.5 - 1.4 affe Kinetic CREATININE SERUM 0.9 mg/dL 0.7 - 24 CREATININE SERUM O.9 mg/dL 0.7 - 24 CREATININE SERUM ODIUM-SERUM 138.23 mmol/L 135 - 1500 SECORECT) COTASSIUM SERUM 0.02.36 mmol/L 3.5 - 5.0 SECORECT) COTASSIUM SERUM 0.9 mmol/L 0.5 - 1.0 MIDIC RETHOD (Infiret) Freid (Creatinine Ratio 28.77 40:1 - 100	REA. SER	UM				
Sample Type : SERUM UREA: High urea levels suggest poor kidney function, congestive heart failure, shock, stress, recent heart attack of severe burns; bleeding from the gastrointestinal tract; conditions that cause obstruction of urine flow; or dehydration. Low urea levels can be seen in severe liver disease or malnutrition but are not used to diagnose or monitor these conditions. Low urea levels are also seen in normal pregnancy. CREATININE SERUM 0.9 mg/dL 0.5 - 1.4 mathematicate and the seen in any renal functional impairment (intrinsic renal lesions, decreased perfusion of the kidn or obstruction of the lower urinary tract), acromegaly and hyperthyroidism. Decreases in mg/dL 14 - 45 mathematicate and gastrointestinal tracts or setting the setting of the kidn or obstruction of the lower urinary tract). Acromegaly and hyperthyroidism. Decreases in mg/dL 14 - 45 mathematicate and gastrointesting tracts and gastrointestrointesting tracts and gastrointesting tra				25.89	mg/dL	14 - 51
severe burns; bleeding from the gastrointestinal tract; conditions that cause obstruction of urine flow; or dehydration. Low urea levels can be seen in severe liver disease or malnutrition but are not used to diagnose or monitor these conditions. Low urea levels are also seen in normal pregnancy. CREATININE SERUM SREATININE SERUM CREATININE SERUM CREATININE: Increases in any renal functional impairment (intrinsic renal lesions, decreased perfusion of the kidnor or obstruction of the lower urinary tract), acromegaly and hyperthyroidism. Decreases in pregnancy, muscle wasting. KIDNEY FUNCTION TEST (KFT Special) IREA 25.89 mg/dL 14 - 45 m INETIC METHOD WITH UREASE AND GLDH IREATININE SERUM 0.9 mg/dL 0.5 - 1.4 affe kinetic iric acid 4.01 mg/dL 2.5 - 6.0 Juns SERUM INETIC METHOD WITH UREASE & GLDH OD Jucase - POD WIN SERUM 12.1 mg/dL 07 - 24 INETIC METHOD WITH UREASE & GLDH OD TASSIUM SERUM 4.06 mmol/L 135 - 1.50 SE(DIRECT) OT ASSIUM SERUM 4.06 mmol/L 3.5 - 5.0 SE(DIRECT) Horide 102.36 mmol/L 96 - 106 on selective Electrode (indirect) frea / Creatinine Ratio 28.77 40:1 - 100						
REATININE SERUM0.9mg/dL0.5 - 1.4 maffe Kinetic Sample Type : SERUMSERUMSERUMSerumSerumSerumSerumCREATININE: Increases in any renal functional impairment (intrinsic renal lesions, decreased perfusion of the kidm or obstruction of the lower urinary tract), acromegaly and hyperthyroidism. Decreases in pregnancy, muscle wasting.Serum <t< th=""><th>severe burns urine flow; or Low urea lev conditions. L</th><th>; bleeding from the gastrointes dehydration. els can be seen in severe liver ow urea levels are also seen ir</th><th>tinal tract; conditions th disease or malnutrition</th><th>at cause obstruction o</th><th>of</th><th></th></t<>	severe burns urine flow; or Low urea lev conditions. L	; bleeding from the gastrointes dehydration. els can be seen in severe liver ow urea levels are also seen ir	tinal tract; conditions th disease or malnutrition	at cause obstruction o	of	
affe Kinetic Sample Type : SERUM CREATININE: Increases in any renal functional impairment (intrinsic renal lesions, decreased perfusion of the kidn or obstruction of the lower urinary tract), acromegaly and hyperthyroidism. Decreases in pregnancy, muscle wasting. XIDNEY FUNCTION TEST (KFT Special) INETIC METHOD WITH UREASE AND GLDH SREATININE SERUM 25.89 mg/dL 14 - 45 m INETIC METHOD WITH UREASE AND GLDH SREATININE SERUM 0.9 mg/dL 0.5 - 1.4 affe Kinetic Tric acid 4.01 mg/dL 2.5 - 6.0 VIN SERUM 12.1 mg/dL 07 - 24 VIN SERUM 138.23 mmol/L 135 - 150 ODIUM-SERUM 4.06 mmol/L 3.5 - 5.0 SE(DIRECT) CharSIUM SERUM 102.36 mmol/L 96 - 106 on Selective Electrode (indirect) Irea / Creatinine Ratio 28.77 40:1 - 100				0.9	ma/dl	0.5 - 1.4 mg/dL
CREATININE: Increases in any renal functional impairment (intrinsic renal lesions, decreased perfusion of the kidn or obstruction of the lower urinary tract), acromegaly and hyperthyroidism. Decreases in pregnancy, muscle wasting. CIDNEY FUNCTION TEST (KFT Special) IREA 25.89 mg/dL 14 - 45 m INETIC METHOD WITH UREASE AND GLDH 0.9 mg/dL 0.5 - 1.4 affe Kinetic 0.9 mg/dL 2.5 - 6.0 UN SERUM 12.1 mg/dL 07 - 24 INETIC METHOD WITH UREASE & GLDH 138.23 mmol/L 135 - 150 SE(DIRECT) 4.06 mmol/L 3.5 - 5.0 SE(DIRECT) 102.36 mmol/L 96 - 106 on Selective Electrode (indirect) 28.77 40:1 - 100	affe Kinetic	-				
IREA25.89mg/dL14 - 45 mKINETIC METHOD WITH UREASE AND GLDH0.9mg/dL0.5 - 1.4affe Kinetic4.01mg/dL2.5 - 6.0Un service4.01mg/dL0.7 - 24VIN SERUM12.1mg/dL135 - 150SUN SERUM138.23mmol/L135 - 150SE(DIRECT)56(DIRECT)102.36mmol/L96 - 106SE(DIRECT)102.36mmol/L96 - 106SE(DIRECT)28.7740:1 - 100	CREATININE or obstruction oregnancy, n	E: Increases in any renal function n of the lower urinary tract), acc nuscle wasting.	romegaly and hyperthy		ased perfusion	n of the kidney,
KINETIC METHOD WITH UREASE AND GLDH0.9mg/dL0.5 - 1.4affe Kinetic4.01mg/dL2.5 - 6.0Iric acid4.01mg/dL0.7 - 24UN SERUM12.1mg/dL07 - 24KINETIC METHOD WITH UREASE & GLDH138.23mmol/L135 - 150SE(DIRECT)5E(DIRECT)4.06mmol/L3.5 - 5.0SE(DIRECT)5E(DIRECT)102.36mmol/L96 - 106Se(DIRECT)6.102102.36mmol/L96 - 106Se(DIRECT)102.36mmol/L96 - 106Se(DIRECT)28.7740:1 - 100		NCTION TEST (KFT Spec	cial)	05.00		
affe Kinetic4.01mg/dL2.5 - 6.0Uricase - PODUN SERUM12.1mg/dL07 - 24UN SERUM12.1mg/dL07 - 24CODIUM-SERUM138.23mmol/L135 - 150SE(DIRECT)SE(DIRECT)4.06mmol/L3.5 - 5.0SE(DIRECT)SE(DIRECT)102.36mmol/L96 - 106On Selective Electrode (indirect)28.7740:1 - 100		WITH UREASE AND GLDH		20.89	mg/aL	14 - 45 mg/dL
Iric acid4.01mg/dL2.5 - 6.0UN SERUM12.1mg/dL07 - 24SUN SERUM138.23mmol/L135 - 150SE(DIRECT)4.06mmol/L3.5 - 5.0SE(DIRECT)5E(DIRECT)102.36mmol/L96 - 1065e(DIRECT)40.1 - 100		SERUM		0.9	mg/dL	0.5 - 1.4
SUN SERUM12.1mg/dL07 - 24KINETIC METHOD WITH UREASE & GLDH138.23mmol/L135 - 150SE(DIRECT)4.06mmol/L3.5 - 5.0SE(DIRECT)5E(DIRECT)102.36mmol/L96 - 106SE(DIRECT)5e(DIRECT)102.36mmol/L96 - 106Se(DIRECT)5e(DIRECT)28.7740:1 - 100	ric acid			4.01	mg/dL	2.5 - 6.0
KINETIC METHOD WITH UREASE & GLDH CODIUM-SERUM CODIUM-SERUM SE(DIRECT) YOTASSIUM SERUM SE(DIRECT) YOTASSIUM SERUM SE(DIRECT) YOTASSIUM SERUM SE(DIRECT) Chloride In Selective Electrode (indirect) Irea / Creatinine Ratio 28.77				12.1	mg/dL	07 - 24
SE(DIRECT)OTASSIUM SERUM4.06mmol/L3.5 - 5.0SE(DIRECT)102.36mmol/L96 - 106On Selective Electrode (indirect)28.7740:1 - 100				138.23	C C	135 - 150
SE(DIRECT)102.36mmol/L96 - 106Chloride102.3628.7740:1 - 100Irea / Creatinine Ratio28.7740:1 - 100	E(DIRECT)	-				
bin Selective Electrode (indirect) Irea / Creatinine Ratio 28.77 40:1 - 100	E(DIRECT)					
Irea / Creatinine Ratio 28.77 40:1 - 100		ode (indirect)		102.36	mmol/L	96 - 106
UN / Creatinine Ratio 13.44 10:1 - 20:				28.77		40:1 - 100:1
Sample Type : SERUM				13.44		10:1 - 20:1

Dr. (Maj.)Guruprasad MBBS, DMRD, DNB Orint Date : 7/31/202410:15

Dr. Rambaksh Sharma MBBS, MD Consultant Radiologist Dr. RAJESH REDDU MBBS, DMRD Consultant Radiologist



Near Gurudwara, Gurudwara Road, Model Town, Hisar Mob. 078438-88111,78438-88222 | E-mail : lotusimagingpvtltd@gmail.com



A Unit of Lotus Diagnostic & Imaging Solution Pvt. Ltd. HB से लेकर MRI तक एक ही छत के नीचे

Name : M	rs. NEENA W/o		UHID : 120386	S No :	PID : 33295	
Age/Gender :	45 Year/Female	A.S : NP	Sample Date : 31	-Jul-2024	11:16 AM	
Ref. By Dr. :	MEDIWHEEL		Report Date : 31	I-Jul-2024	10:10 PM	
Address : H	IISAR	Status : Pending	Sample Type : Insi	de	*33295*	J
Test Name			Value	Unit F	Reference Range	

CLINICAL COMMENTS :

UREA: High urea levels suggest poor kidney function, congestive heart failure, shock, stress, recent heart attack or severe burns; bleeding from the gastrointestinal tract; conditions that cause obstruction of

urine flow; or dehydration.

Low urea levels can be seen in severe liver disease or malnutrition but are not used to diagnose or monitor these conditions. Low urea levels are also seen in normal pregnancy.

CREATININE: Increases in any renal functional impairment (intrinsic renal lesions, decreased perfusion of the kidney, or obstruction of the lower urinary tract), acromegaly and hyperthyroidism. Decreases in pregnancy, muscle wasting.

URIC ACID: Increases in case of renal failure, disseminated neoplasms, pregnancy toxaemia, psoriasis, liver disease, sarcoidosis etc. Decrease is reported in Wilson's disease, Fanconi's syndrome,

xanthinuria.

SODIUM: Increases due to water loss (severe diarrhea profuse sweating, polyuria or vomiting), hypergluco- or mineralo-corticoidism, and inadequate water intake. Decreases due to intake of free water or

LIVER FUNCTION TEST (LFT) (S)

Total Bilirubin-Serum	0.90	mg/dl	0.20 - 1.00 mg/dl
Bilirubin Direct Serum	0.40	mg/dl	0.10 - 0.50 mg/dl
Bilirubin Indirect-Serum	0.50	mg/dl	0.20 - 0.70 mg/dl
SGOT	19.70	IU/L	10 - 40 IU/L
IFCC with Pvridoxal Phosphate SGPT	27.10	IU/L	07 - 56 IU/L
IFCC with Pvridoxal Phosphate Alkaline Phosphatase	62.08	U/L	44 - 147 U/L
IFCC PNPP Buffer Total Protein	6.9	gm/dl	6.0 - 8.3
BIURET Albumin	4.19	g/dl	3.5 - 5.5 g/dl
BCG Globulin	2.71	gm/dl	2.0 - 3.5 gm/dl
AG RATIO	1.48		1.2 - 2.5
Sample Type : SERUM			

r. Rambaksh Sharma MBBS, MD Consultant Radiologist Dr. RAJESH REDDU MBBS, DMRD Consultant Radiologist Dr. Amit Verma MBBS, MD Consultant Physician Dr. Manish Varshney MBBS, MD Consultant Pathologist Dane No : 5



A Unit of Lotus Diagnostic & Imaging Solution Pvt. Ltd. HB से लेकर MRI तक एक ही छत के नीचे

Name	: Mrs. NEENA W/o		UHID : 120386	S No :	PID : 33295	
Age/Gende	r : 45 Year/Female	A.S : NP	Sample Date : 31-	Jul-2024	11:16 AM	
Ref. By Dr.	: MEDIWHEEL		Report Date : 31	-Jul-2024	05:40 PM	
Address	: HISAR	Status : Pending	Sample Type : Insid	de	*33295*	
Test Name			Value	Unit	Reference Range	

CLINICAL COMMENT:

Liver function tests can be suggested in case of hepatitis, liver cirrhosis and monitor possible side effects of medications. A variety of diseases and infections can cause acute or chronic damage to the liver, causing inflammation

(hepatitis), scarring (cirrhosis), bile duct obstructions, liver tumors, and liver dysfunction. Alcohol, drugs, some herbal supplements, and toxins can also inure the liver. A significant amount of liver damage may occur before symptoms such as jaundice, dark urine, light-colored stools, itching (pruritus), nausea, fatigue, diarrhea, and unexplained weight loss or gain appear. Early detection of liver injury is essential in order to minimize damage and preserve liver function.

Alanine aminotransferase (ALT) A very high level of ALT is frequently seen with acute hepatitis. Moderate increases may be seen with chronic hepatitis. People with blocked bile ducts, cirrhosis, and liver cancer may have ALT concentrations that are only moderately elevated or close to normal. Aspartate aminotransferase (AST) A very high level of AST is frequently seen with acute hepatitis. AST may be normal to moderately increased with chronic hepatitis. In people with blocked bile ducts, cirrhosis, and liver cancer, AST concentrations may be moderately increased or close to normal. When liver damage is due to alcohol, AST often increases much more than ALT (this is a

pattern seen with few other liver diseases). AST is also increased after heart attacks and with muscle injury. AST is a less sensitive and less specific marker of liver injury than ALT. AST is more elevated than ALT in alcohol-induced liver injury. AST could elevated more than ALT like: (i)

Lipid Profile			
Cholesterol	158.40	mg/dl	<200.0 mg/dl
CHOD - PAP	250.4	ma/dl	< 150 mg/dl
Triglycerides	250.4	mg/dl	< 150 mg/dl
GPO - PAP HDL Cholesterol	41.8	mg/dl	Adult females >55 mg/dl
Homogeneous Enzymatic Colorimetric test LDL Cholesterol	66.52	mg/dl	<100 mg/dl
VLDL Cholesterol	50.08	mg/dl	<30.0 mg/dl
CHO/HDL Ratio	3.79	mg/dl	Low risk 3.3-4.4
Non HDL Cholesterol	116.6	mg/dl	<130 mg/dl
Calculated Sample Type : SERUM			

Sample Type . SEP

Linid Drofile

Note

1.Measurements in the same patient can show physiological& analytical variations. 3 serial samples 1 wk apart are recommended for Total Cholesterol, Triglycerides, HDL& LDL Cholesterol.

2. NLA-2014 identifies Non HDL Cholesterol (an indicator of all atherogenic lipoproteins such as LDL, VLDL, IDL, Lpa, Chylomicron remnants) along with LDL-cholesterol as co- primary target for cholesterol lowering therapy. Note that major risk factors can modify treatment goals for LDL &Non HDL.

3. Apolipoprotein B is an optional, secondary lipid target for treatment once LDL & Non HDL goals have been achieved.

4. Additional testing for Apolipoprotein B, hsCRP, Lp(a) & LP-PLA2 should be considered among patients with moderate risk for ASCVD for risk refinement.

CLINICAL PATHOLOGY

PHYSICAL EXAMINATION

r. (Maj.)Guruprasad MBBS, DMRD, DNB Print Date : 7/31/202410:15

Dr. Rambaksh Sharma MBBS, MD Consultant Radiologist Dr. RAJESH REDDU MBBS, DMRD Consultant Radiologist Dr. Amit Verma MBBS, MD Consultant Physician Dr. Manish Varshney MBBS, MD Consultant Pathologist Page NO: 6

Interpretation



A Unit of Lotus Diagnostic & Imaging Solution Pvt. Ltd. HB से लेकर MRI तक एक ही छत के नीचे

Name : Mrs. NEENA W/o		UHID : 120386	S No :	PID : 33295	
Age/Gender: 45 Year/Female	A.S : NP	Sample Date : 3	1-Jul-2024	11:16 AM	
Ref. By Dr. : MEDIWHEEL		Report Date : 3	31-Jul-2024	05:26 PM	
Address : HISAR	Status : Pending	Sample Type : Inside		*33295*	
Test Name		Value	Unit	Reference Range	
Colour		PALE YELLOW			
Pale-yellow, Yellowish, Colorless, YELLOW					
Quantity		40	ml		
рН		7.0			
Mucus		ABSENT			
Absent,Present					
Appearance		CLEAR			
Slightly turbid,Turbid,Clear					
Chemical Examination (Strip)		•			
Specific Gravity		1.025			
Albumin		NEGATIVE			
Absent,Present(+),Present(2+),Present(3+)					
Sugar		NEGATIVE			
Absent,Present(+),Present(2+),Present(3+)					
Bilirubin Absent,Present		NEGATIVE			
Microscopic Examination (Microscopy)					
Pus Cells		2-4	/HPF		
Epithelial Cells		1-2	/HPF		
•					
RBC			/HPF		
Casts		ABSENT			
Crystals		ABSENT			
Bacteria		ABSENT			
Others					
Sample Type : Urine					
	Labora	atory			
Blood Sugar (PP)	Labor	96.60	mg/dl	70.00 - 140.00 mg/dl	
Blood Sugar PP					
Sample Type : Others					
Glucose, Fasting		77.1	mg/dl	70 - 110 mg/dl	

Sample Type : SERUM

Dr. (Maj.)Guruprasad MBBS, DMRD, DNB Orint Date : 7/31/202410:15

Dr. Rambaksh Sharma MBBS, MD Consultant Radiologist Dr. RAJESH REDDU MBBS, DMRD Consultant Radiologist Dr. Amit Verma MBBS, MD Consultant Physician Dr. Manish Varshney MBBS, MD Page No : 7

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A Unit of Lotus Diagnostic & Imaging Solution Pvt. Ltd. HB से लेकर MRI तक एक ही छत के नीचे

Address	: HISAR	Status : Pending	Sample Type : Inside	*33995*
Ref. By Dr.	: MEDIWHEEL		Report Date : 31-Jul-2024	09:31 PM
Age/Gender	: 45 Year/Female	A.S : NP	Sample Date : 31-Jul-2024	11:16 AM
Name	: Mrs. NEENA W/o		UHID : 120386 S No :	PID : 33295

Criteria for the diagnosis of diabetes (American diabetes association, 2019)

• Fasting Plasma Glucose ≥126 mg/dL. Fasting is defined as no caloric intake for at least 8 h. OR

• 2-h PG ≥200 mg/dL during OGTT. The test should be performed using a glucose load containing the equivalent of 75-g anhydrous glucose dissolved in water.*

OR

• HbA1c ≥6.5%.

OR

• Random plasma glucose ≥200 mg/dL in a patient with classic symptoms of hyperglycemia or hyperglycemic crisis .

Criteria defining prediabetes (American diabetes association, 2019)

• FPG 100 mg/dL to 125 mg/dL (Impaired fasting glucose, IFG)

OR

 \bullet 2-h PG during 75-g OGTT 140 mg/dL to 199 mg/dL (Impaired glucose tolerance, IGT) OR

• HbA1c 5.7-6.4%

Note:

All abnormal results must be confirmed with a repeat test on a different day. URINE SUGAR FASTING 79.8

Sample Type : Urine

URINE SUGAR PP Sample Type : Urine 79.8

70 - 110

	ENDOCRINE		
Thvroid Hormones (T3 .T4 & TSH)			
Т3	1.13	ng/ml	0.60 - 1.81 ng/ml
T4	10.24	ng/dl	5.01 - 12.45 ng/dl
TSH Ultrasensitive	2.26	ulU/ml	0.3 - 4.5 ulU/ml
Sample Type : SERUM			

Print Date : 7/31/202410:15

Dr. Rambaksh Sharma MBBS, MD Consultant Radiologist

Dr. RAJESH REDDU MBBS, DMRD Consultant Radiologist Dr. Amit Verma MBBS, MD Consultant Physician





A Unit of Lotus Diagnostic & Imaging Solution Pvt. Ltd. HB से लेकर MRI तक एक ही छत के नीचे

Name : Mrs. NEENA W/o		UHID : 120386 S No :	PID : 33295
Age/Gender: 45 Year/Female	A.S : NP	Sample Date : 31-Jul-2024	11:16 AM
Ref. By Dr. : MEDIWHEEL		Report Date : 31-Jul-2024	10:09 PM
Address : HISAR	Status : Pending	Sample Type : Inside	*33295*
Test Name		Value Unit	Reference Range

Remarks :

Note1.TSH levels are subject to circadian variation, reaching peak

levels between 2-4.a.m and at a minium between 6-10 pm. The variation

is of the 50 %, hence time of the day has influence on the measured serum TSH $% \left({{\rm{TSH}}} \right)$

concentrations.

2. Recommended test for T3 and T4 unbound or free level as it is metabollically active.

3. Physiological rise in Total T3 and T4 level is seen in pregnancy and in patients on

steroid therapy.

Clinical Use-

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

--End of Report--

Print Date : 7/31/202410:15

Dr. Rambaksh Sharma MBBS, MD Consultant Radiologist Dr. RAJESH REDDU MBBS, DMRD Consultant Radiologist Dr. Amit Verma MBBS, MD Consultant Physician Dr. Manish Varshney MBBS, MD Consultant Pathologist Page No : 9



A Unit of Lotus Diagnostic & Imaging Solution Pvt. Ltd. HB से लेकर MRI तक एक ही छत के नीचे

PATIENT NAME: NEENA REF BY: TPA AGE/SEX: 45 YRS/F DATE: JULY 31, 2024

USG WHOLE ABDOMEN

Liver: normal in size and shows mild fatty changes. No focal area of altered echogenicity is seen. IHBR not dilated. Portal vein is normal.

Gall bladder: is not visualized (H/o Cholecystectomy). CBD measures 6.5 mm.

Pancreas: head and body shows normal size and parenchymal attenuation.

Spleen: normal in size and normal echotexture.

Right Kidney: is normal in position, size and morphology. No evidence of any calculus detected. Pelvi calyceal system is normal. CMD is maintained.

Left Kidney: is normal in position, size and morphology. No evidence of any calculus detected. Pelvi calyceal system is normal. CMD is maintained.

Urinary Bladder: appears normal.

Uterus: is not visualized (H/o hysterectomy).

No adnexal mass lesion seen.

No obvious abnormal bowel dilatation or wall thickening is seen in present scan. No free fluid seen.

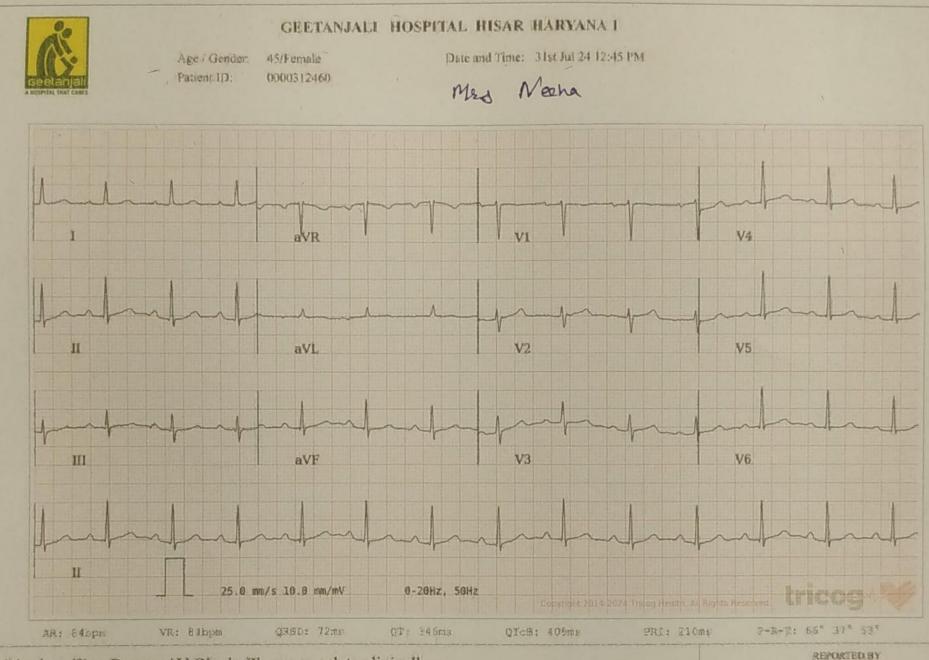
IMPRESSION: - Mild fatty changes in liver.

Clinical correlation and further evaluation is suggested.

Dr. Ram Baksh Sharma Radiologist

r. Rambaksh Sharma Consultant Radiologist Dr. Anshul Jain Consultant Radiologist Dr. Rajesh Reddu MBBS, DMRD Consultant Radiologist Dr. Amit Verma Echocardiography Specialist Dr. Sonam Aneja Consultant Pathologist

ear Gurudwara, Gurudwara Road, Model Town, Hisar Mob. 078438-88111,78438-88222 | E-mail : lotusimagingpvtltd@gmail.con This is only a professional opinion, not the final diagnosis. It should be clinically correlated. Not valid for medico legal purpose.



Sinus Rhythm, First Degree AV Block. Please correlate clinically.



NUCLES OF

Discharger: Analysis in this report is based on ECO discerted develop be used in an adjust to clinical history, symptoms and results of other invasive and needing the interpreted by a qualified physician.

KMSC 122453