

Patient Name : **Mrs. JYOTI**
Age/Sex : 31 Y/F
Sample ID : WR025630,
Doctor :

MR No : **MR079628**
OP/IP : OP110562
Received on : 06-08-2024 14:02
Reported on : 06-08-2024 15:16

Hematology

<u>Test Name</u>	<u>Value</u>	<u>Units</u>	<u>Normal Value</u>
Sample Type: Whole Blood			
Complete Blood Count, Whole Blood			
Hemoglobin <small>Catalinetic method</small>	12.3	g/dL	10.0-13.2
Total W B C Count <small>Flow cytometry by laser</small>	5.80	$\times 10^9/L$	4.0-10.0
Neutrophils	56	%	40-80
Lymphocytes	34	%	20-40
Monocytes	08	%	2-10
Eosinophils	02	%	1-6
Basophils	00	%	<1-2
Total RBC Count <small>Electrical Impedance</small>	4.18	$\times 10^{12}/L$	3.8-4.8
Hematocrit (PCV) <small>Calculated</small>	36.4	%	36.0-46.0
Mean Corpuscular Volume <small>Electrical Impedance</small>	87.1	fL	83-101
Mean Corpuscular Hemoglobin <small>Calculated</small>	29.4	pg	27.0-31.0
Mean Corpuscular Hb Conc. <small>Calculated</small>	33.8	g/dL	33-37
RDW-CV <small>Calculated</small>	13.8	%	11.6-14.0
Platelet <small>Electrical Impedance</small>	1.51	lakhs/ μL	1.50-4.10
MPV <small>Derived</small>	10.9	fL	6.8-10.9
Erythrocyte Sedimentation Rate; ESR	14	mm /1st hr	0-20

End of the report

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Dr. Pankaj Bansal
Consultant Pathologist


Patient Name : **Mrs. JYOTI**
Age/Sex : 31 Y/F
Sample ID : UR009819,
Doctor :MR No : **MR079628**
OP/IP : OP110562
Received on : 06-08-2024 14:02
Reported on : 06-08-2024 15:17**Clinical Microscopy**

<u>Test Name</u>	<u>Value</u>	<u>Units</u>	<u>Normal Value</u>
Sample Type: Urine			
Urine Routine Analysis			
Color	Yellow		
Turbidity	Clear		Absent
Sp. Gravity	1.030		1.005-1.030
pH	6		4.6-8.0
Glucose	NIL		Absent
Protein	NIL		Absent
Ketones	NIL		Absent
Blood	Trace *		Absent
Leukocyte Esterase	NIL		Absent
RBC	2-3	/HPF	less than 3
WBC	2-3	/HPF	less than 5
Epithelial Cells	1-2	/HPF	less than 5
Bacteria	NIL		Absent
Crystals	NIL		Absent
Cast	NIL	/LPF	Absent
Nitrites	NIL		
Spermatozoa	NIL		
Other	NIL		

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Patient Name : **Mrs. JYOTI**
Age/Sex : 31 Y/F
Sample ID : WB025630,
Doctor :

MR No : **MR079628**
OP/IP : OP110562
Recieved on : 06-08-2024 14:02
Reported on : 06-08-2024 15:19

Hematology

<u>Test Name</u>	<u>Value</u>	<u>Units</u>	<u>Normal Value</u>
Sample Type: Whole Blood			
Blood Grouping ABO			
Blood Grouping Abo	B +Positive		

End of the report




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Patient Name : **Mrs. JYOTI**
Age/Sex : 31 Y/F
Sample ID : PL006667,
Doctor :MR No : **MR079628**
OP/IP : OP110562
Recieved on : 06-08-2024 14:02
Reported on : 06-08-2024 15:19**Biochemistry**

<u>Test Name</u>	<u>Value</u>	<u>Units</u>	<u>Normal Value</u>
Sample Type: Plasma			
Blood Sugar Fasting	98.0	mg/dl	80-110

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Patient Name : **Mrs. JYOTI**
Age/Sex : 31 Y/F
Sample ID : WE240806003,
Doctor :

MR No : **MR079628**
OP/IP : OP110562
Recieved on : 06-08-2024 14:02
Reported on : 06-08-2024 15:19

Biochemistry

HbA1C

GLYCOSYLATED HEMOGLOBIN, BLOOD

GLYCOSYLATED HEMOGLOBIN (HbA1C) 4.2 %

Non-diabetic: < 5.7

Pre-diabetics: 5.7 - 6.4

Diabetics: > or = 6.5 ADA Target: 7.0

Action suggested: > 8.0

Interpretation(s)

GLYCOSYLATED HEMOGLOBIN, BLOOD-GLYCOSYLATED HEMOGLOBIN, BLOOD

Glycation is nonenzymatic addition of sugar residue to amino groups of proteins. HbA1C is formed by the condensation of glucose with n-terminal valine residue of each beta chain of hb a to form an unstable schif base. It is the major fraction, constituting approximately 80% of HbA1.

Formation of glycated hemoglobin (GHb) is essentially irreversible and the concentration in the blood depends on both the lifespan of the red blood cells (RBC) (120 days) and the blood glucose concentration. The GHb concentration represents the integrated values for glucose over the period of 6 to 8 weeks. GHb values are free of day to day glucose fluctuations and are unaffected by recent exercise or food ingestion. Concentration of plasma glucose concentration in GHb depends on the time interval, with more recent values providing a larger contribution than earlier values.


The interpretation of GHb depends on RBC having a normal life span. Patients with hemolytic disease or other conditions with shortened RBC survival exhibit a substantial reduction of GHb. High GHb have been reported in iron deficiency anemia .

GHb has been firmly established as an index of long term blood glucose concentrations and as a measure of the risk for the development of complications in patients with diabetes mellitus. The absolute risk of retinopathy and nephropathy are directly proportional to the mean of HbA1C.

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Patient Name : **Mrs. JYOTI**
Age/Sex : 31 Y/F
Sample ID : SE028795,
Doctor :MR No : **MR079628**
OP/IP : OP110562
Recieved on : 06-08-2024 14:02
Reported on : 06-08-2024 15:19**Biochemistry**

<u>Test Name</u>	<u>Value</u>	<u>Units</u>	<u>Normal Value</u>
Sample Type: Serum			
Lipid Profile,Serum			
VLDL	17.8	mg/dL	4.7-30.0
Cholestrol	178.5	mg/dL	00-200
Triglycerides	89.0	mg/dL	00-150
HDL	72.0	mg/dL	35-80
LDL	65.0	mg/dL	0.0-100

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Patient Name : **Mrs. JYOTI**
Age/Sex : 31 Y/F
Sample ID : SE028795,
Doctor :MR No : **MR079628**
OP/IP : OP110562
Recieved on : 06-08-2024 14:02
Reported on : 06-08-2024 15:20**Biochemistry**

<u>Test Name</u>	<u>Value</u>	<u>Units</u>	<u>Normal Value</u>
Sample Type: Serum			
Kidney Function Test			
Urea <small>GLDH</small>	15.6	mg/dL	15-45
BUN <small>Calculated</small>	1.29	mg/dL	7-20
Creatinine <small>Enzymatic, Serum, colorimetric</small>	0.65	mg/dL	0.5-1.4
Uric Acid <small>Uricase</small>	5.73	mg/dL	2.4-7
Calcium (Ca) <small>Atomic III</small>	9.9	mg/dL	8-11
Total Proteins <small>Bio</small>	7.34	g/dL	6.6 - 8.8
Albumin <small>BCG</small>	4.13	g/dL	3.4-5.5
Globulins <small>Calculated</small>	3.21	g/dL	2.0-3.5
A:G Ratio <small>Calculated</small>	1.29		

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Patient Name : Mrs. JYOTI
Age/Sex : 31 Y/F
Sample ID : SE028795,
Doctor :MR No : MR079628
OP/IP : OP110562
Recieved on : 06-08-2024 14:02
Reported on : 06-08-2024 15:21**Biochemistry**

<u>Test Name</u>	<u>Value</u>	<u>Units</u>	<u>Normal Value</u>
Sample Type: Serum			
Liver Function Tests			
Bilirubin Total, Serum	1.07 *	mg/dL	0-1.0
Bilirubin, Direct	0.34 *	mg/dL	0 - 0.30
Bilirubin, Indirect	0.73 *	mg/dL	0 - 0.70
AST/SGOT	21.0	U/L	0-40
ALT/SGPT	16.0	U/L	0-41
Alkaline phosphatase	66.5	U/L	40-130
GGT	15.2	U/L	8.0-71.0
Total Proteins <small>Direct</small>	7.34	g/dL	6.6-8.8
Albumin <small>BCG</small>	4.13	g/dL	3.4 - 5.5
Globulins <small>Calculated</small>	3.21	g/dL	2.0 - 3.5
A:G Ratio	1.29		

End of the report

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Patient Name : **Mrs. JYOTI**
Age/Sex : 31 Y/F
Sample ID : SE028795,
Doctor :MR No : **MR079628**
OP/IP : OP110562
Received on : 06-08-2024 14:02
Reported on : 06-08-2024 17:24**Serology****Thyroid Profile (T3 T4 TSH)**

Test Name	Result	Unit	Biological Reference Range
T3	1.20	ng/dL	0.79-1.58
T4	7.20	ug/dl	4.9 -11.0
TSH	4.91	uIU/ml	

REFERENCE RANGE**PAEDIATRIC AGE GROUP**

0-3 DAYS	0.7-15.2	ulu/ ml
3-30 DAYS	0.5 - 6.5	ulu/ml
I MONTH -5 MONTHS	0.5 - 6.0	ulu/ml
6 MONTHS- 18 YEARS	0.5 - 4.5	ulu/ml
ADULTS	0.30 - 5.50	ulu/ml


Pregnant Women

Ist Trimester	0.1-2.5	ulu/ml
IInd Trimester	0.2-3.0	ulu/ml
IIIrd Trimester	0.3-3.0	ulu/ml

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Authorised By
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Consultant Pathologist

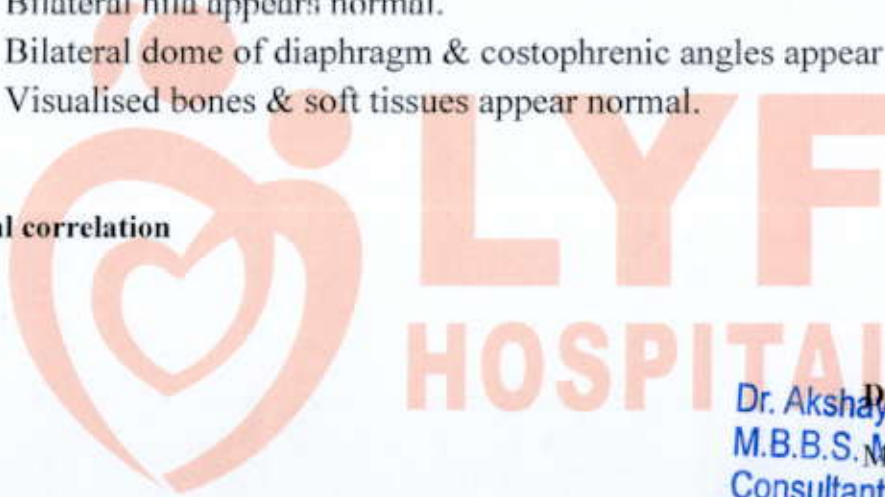
Patient Id	15097	Name	MRS.JYOTI VAID	Accession No	-
Study Date	05/08/2024	Age	31YRS	Gender	FEMALE

X-RAY CHEST PA VIEW

Findings:

- Both lung fields are clear.
- Trachea and mediastinum is central.
- Cardiac size appears normal .
- Bilateral hila appears normal.
- Bilateral dome of diaphragm & costophrenic angles appear normal.
- Visualised bones & soft tissues appear normal.

Clinical correlation




Dr. Akshay Jain
M.B.B.S. MD
Consultant Radiologist
Consultant
Radiologist

Mrs. Jyoti Vaid**Date:05/08/2024****Age :- 31Yrs /Female****Refd. by: Lyf Hospital****ULTRASOUND WHOLE ABDOMEN**

Liver is normal in size and echotexture. No evidence of any abscess or focal mass lesion is seen. Hepatic veins, ducts and intrahepatic biliary radicals are normal. Portal vein appears normal in size and shows antegrade flow.

Gall bladder is partially distended and shows anechoic luminal contents with normal thickness smooth walls without obvious calculus or sludge within or polyp or mass lesion or pericholecystic collection. Visualized common bile duct appears normal.

Pancreas shows normal visualized parenchyma. No focal lesion is seen. No duct dilatation or calcification is seen. No peripancreatic collection is seen.

Spleen is normal in size and reveals homogenous echotexture. No focal lesion is seen.

Both kidneys are normal in size and echotexture. Cortico-medullary differentiation is maintained. No evidence of any calculi, hydronephrosis or mass lesion is seen.

Urinary bladder is normally distended and shows anechoic luminal contents with normal thickness smooth walls without obvious mass lesion, calculus or diverticulum. Both vesico-ureteric junctions are clear.

Uterus appears normal in size (7.9x3.0x3.8cm in AP x TR x CC) and echotexture. Endometrium appears normal (5.6mm).

Both ovaries appear normal. No adnexal mass lesion is seen.

No ascites is seen.

Both diaphragmatic excursions are normal. No evidence of any pleural effusion is seen.

IMPRESSION: No significant abnormality seen.

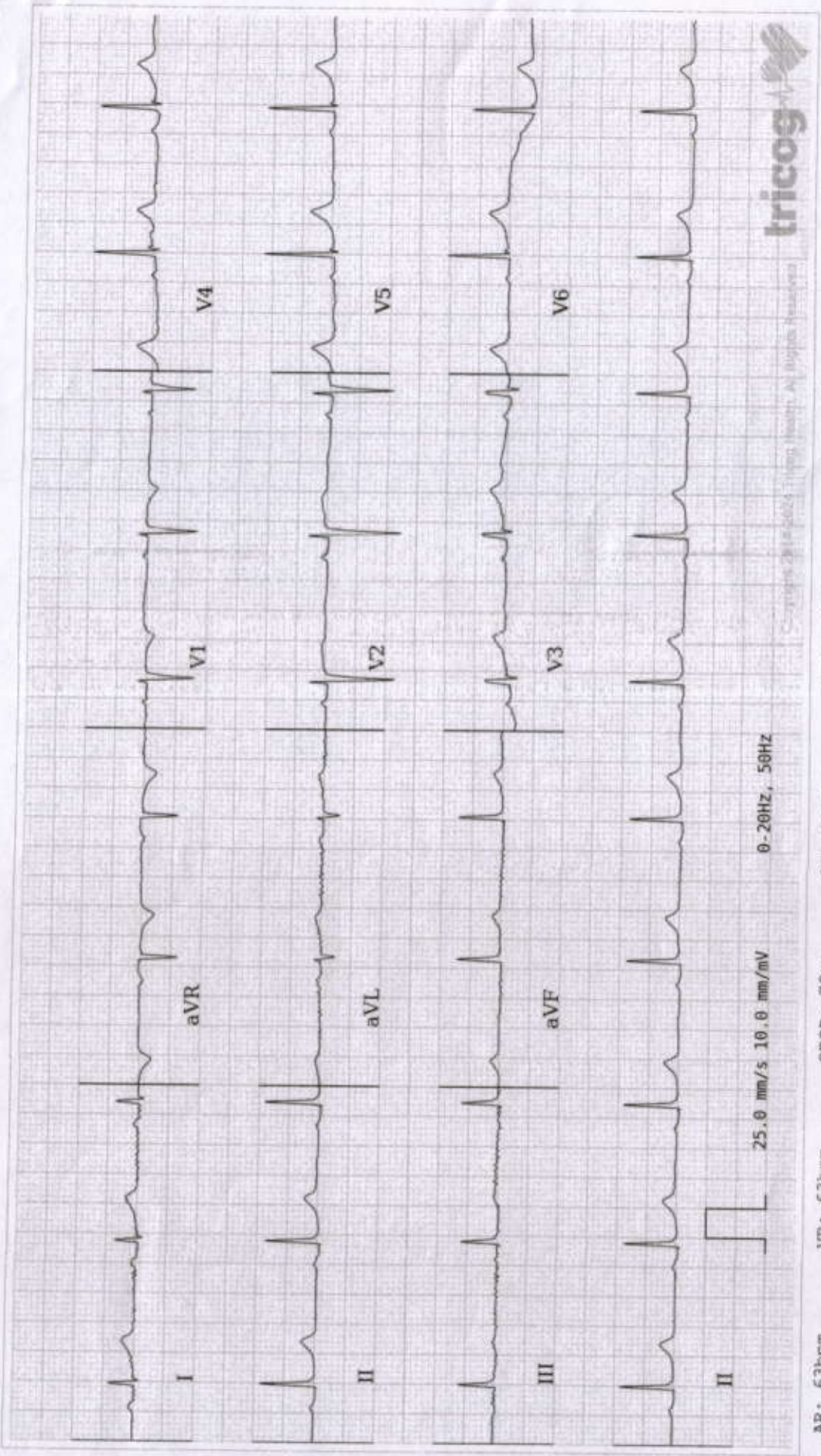
Suggested: Clinical correlation.



Dr. Akshay Jain
M.B.B.S. MD
Consultant Radiologist

Age / Gender: 31/Female
Patient ID: 0000000001
Patient Name: MRS. JYOTI

Date and Time: 5th Aug 24 9:10 AM



AR: 63bpm VR: 63bpm QRS: 70ms QT: 398ms QTcB: 407ms PRI: 156ms P-R-T: 4° 70° 31°

ECG Within Normal Limits: Sinus Rhythm. Please correlate clinically.



Disclaimer: Analysis in this report is based on ECG alone and should only be used as an adjunct to clinical history, symptoms and results of other invasive and non-invasive tests and must be interpreted by a qualified physician.