

New

Reg. No 815

Mob. : 7717798029  
7070912086

# PARASHAR

MULTI SUPER SPECIALITY HOSPITAL, TRAUMA & MATERNITY CENTER

MURLI MANOHAR COMPLEX, KHADI BHANDAR  
(NEAR OF MITHANPURA THANA), MUZAFFARPUR



Date :- 07/09/2024

Srl NO :- 02

Name :- MRS PREETI KUMARI

Age :- 33 Yrs Sex:- F

Ref. BY :- NEW PARASHAR HOSPITAL

## HAEMATOLOGY

### COMPLETE BLOOD COUNT (CBC) WITH ESR

INVESTIGATION REQUESTED	FINDING	UNITS	NORMAL RANGE
HAEMOGLOBIN (Hb)	9.0	gm/dl	12 - 16
TLC (Total Leucocyte Count)	11200	Cells/Cumm	4000-11000
DIFFERENTIAL LEUCOCYTE COUNT			
NEUTROPHILS	72	%	40 - 70
LYMPHOCYTES	18	%	20 - 40
EOSINOPHILS	07	%	1 - 6
MONOCYTES	03	%	2 - 10
BASOPHILS	00	%	0 - 1
E.S.R (Westergren Method)	54	mm/1st hr.	0.00- 20
RBC (Red Blood Cell Count)	3.1	Millions/cmm	3.5 - 5.5
Hct (Haematocrit)	27.6	%	40 - 45
M C V (Mean Corp Volume)	89.4	fL	80.0-99.9
M C H (Mean Corp Hb)	29.2	pg	27.0 - 31.0
M C H C (Mean Corp Hb Conc)	34.2	g/DL	33.0 - 37.0
PLATELET COUNT	2.14	Lakhs/c.mm	1.5-4.5

Dr. Shahbaz Alam

BMLT, M.Sc., MLT

Ph.D.(Microbiology)

Reg. No. Dep/02-04244

Dr. Md. Parwez

Pathologist, M.B.B.S.

Reg. No. : 17015

Dr. Satya Narayan

Pathologist, M.B.B.S.

Reg. No. : 12034 (Bihar)

Examiner / Consultant

07-09-24



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MULTI SUPER SPECIALITY HOSPITAL, TRAUMA & MATERNITY CENTER  
MURLI MANOHAR COMPLEX, KHADI BHANDAR  
(NEAR OF MITHANPURA THANA), MUZAFFARPUR



24/7  
HOURS  
EMERGENCY  
SERVICE

7070912086

Date :- 07/09/2024

Name :- MRS PREETI KUMARI

Ref. BY :- NEW PARASHAR HOSPITAL

Srl NO :- 02

Age :- 33 Yrs Sex :- F

## BIOCHEMISTRY

### LIVER FUNCTION TEST (LFT)

<u>Test Name</u> <u>Value</u>	<u>Value</u>	<u>Unit</u>	<u>Reference</u>
SERUM BILIRUBIN (Total)	0.6	mg/dl	up to 1.0
BILIRUBIN ( Dir. )	0.36	mg/dl	up to 0.2
BILIRUBIN (Ind.)	0.24	mg/dl	up to 0.8
SGOT/AST	28.2	U/L	up to 38
SGPT/ALT	37.2	U/L	up to 40
ALKALINE PHOSPHATASE	102	IU/L	25-147
TOTAL PROTEIN	6.2	gm/dl	6.3-8.5
ALBUMIN	3.2	gm/dl	3.5-5.5
GLOBULIN	3.0	gm/dl	2.8-5.6

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67-2021



**This is only a professional report. Not valid for medico-legal purpose**



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Date :- 07/09/2024

Name :- MRS PREETI KUMARI

Ref. BY :- NEW PARASHAR HOSPITAL

Srl NO : 07

Age :- 33 Yrs Sex:- F

### RENAL PROFILE (KFT)

<u>Test Name</u>	<u>Value</u>	<u>Unit</u>	<u>Reference Value</u>
BLOOD UREA	28.4	mg/dl	20-35
SERUM CREATININE	1.0	mg/dl	0.4-1.4
BUN	13.4	mg/dl	10-20
S.SODIUM (NA+)	139.2	meq/l	137-147
S.POTASSIUM (K+)	4.3	meq/l	3.5-5.0
S.CHLORIDE (CL)	101	meq/l	98-105
CALCIUM	8.8	mg/dl	8.4-10.4
PHOSPHORUS	3.9	mg/dl	2.5-4.5
SERUM URIC ACID	6.2	mg/dl	Male: 3.5 – 7.2 Females 2.5 – 6.2

This is only a professional opinion, not the diagnosis.  
Please correlate with clinical conditions and drug history.  
This report is not valid for medico legal purpose.

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Date :- 07/09/2024

Srl NO :- 07

Name :- MRS PREETI KUMARI

Age :- 33 Yrs Sex:- F

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### LIPID PROFILE

<u>Test Name</u>	<u>Value</u>	<u>Unit</u>	<u>Reference Value</u>
SERUM CHOLESTEROL	170	mg/dl	125-200
SERUM TRIGLYCERIDES	98	mg/dl	25-200
HDL CHOLESTEROL	42.4	mg/dl	30-65
VLDL	20.4	mg/dl	0.00-40
LDL CHOLESTEROL	107.4	mg/dl	50-150
TOTAL CHOLESTEROL/HDL RATIO	4.1		0.00-4.9
LDL/HDL CHOLESTEROL RATIO	2.6		0.00-3.5

Quality controlled report with external quality assurance

#### COMMENT :

Test results are created by fully/semi automated equipments.  
This is only a professional opinion,not the diagnosis.

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### URINE EXAMINATION REPORT

#### PHYSICAL EXAMINATION

Quantity : About 18 ml.

Appearance : CLEAR

Colour: P.YELLOW

Sediment : NIL

Specific Gravity : QNS

#### CHEMICAL EXAMINATION

Ph : 06  
Sugar : NIL  
Albumin : NIL  
Phosphates : NIL

\* Bile Salts  
\* Bile Pigments  
\* Urobilinogen  
\* Blood Pigments  
\* Acetone Bodies

\* Ie Test  
\* B.J. Protein  
\* Porphobilinogen  
\* Urates

#### MICROSCOPIC EXAMINATION

Erythrocytes : NIL

Pus Cells : 2-3 /HPF

Epith Cells : 2-3 /HPF

##### Casts

Granular : NIL/HPF

Hyaline : 1-2/HPF

Fatty Cast : NIL/HPF

Others : NIL/HPF

##### Crystals

Calcium Oxalate : NIL

Amor. Phosphate : NIL

Amor. Urates : NIL

Triple Phosphate : NIL

Note : \* Done When Special asked for

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**REPORT**

Patient Name	: Mrs. PRITI JHA	Reg. No.	: 00772409100111
Age and Sex	: 33 Yrs / Female	PCC Code	: PCL-BH-256
Referring Doctor	: Self	Sample Drawn Date	: 10-Sep-2024 03:35 AM
Referring Customer	: N/A	Registration Date	: 10-Sep-2024 03:35 PM
Vial ID	: R1336241	Report Date	: 10-Sep-2024 05:45 PM
Sample Type	: Serum	Report Status	: Final Report
Client Address	: Naushad Alam Ansari Juran Chapra Near Central Bank		

**CLINICAL BIOCHEMISTRY**

Test Name	Obtained Value	Units	Bio. Ref. Intervals (Age/Gender specific)	Method
<b>Thyroid Profile I</b>				
Tri-Iodothyronine Total (TT3)	102	ng/dL	35-193	CMIA
Thyroxine - Total (TT4)	7.31	µg/dL	4.6-10.5	CMIA
Thyroid Stimulating Hormone (TSH)	3.24	µIU/mL	0.4-4.2	CMIA

**Pregnancy**

	TSH(µIU/mL)	TT3(ng/dL)	TT4(µg/dL)
1 Trimester	0.10-2.50	89.9-196.6	4.4-11.5
2 Trimester	0.2-3.00	86.1-217.4	4.9-12.2
3 Trimester	0.3-3.00	79.9-186	5.1-13.2

**Interpretation:**

- Assay results should be interpreted in context to the clinical condition and associated results of other investigations.
- Previous treatment with corticosteroid therapy may result in lower TSH levels while Thyroid hormone levels are normal.
- Results are invalidated if the client has undergone a radionuclide scan within 7-14 days before the test.
- Abnormal thyroid test findings often found in critically ill clients should be repeated after the critical nature of the condition is resolved.
- The production, circulation, and disposal of Thyroid hormone are altered throughout the stages of pregnancy.
- **Hyperthyroidism (overactive thyroid):**  
Hyperthyroidism (overactive Thyroid) occurs when your thyroid gland produces too much of the hormone Thyroxine. Hyperthyroidism can accelerate your body's metabolism, causing unintentional weight loss and a rapid or irregular heartbeat.
- **Hypothyroidism (underactive thyroid):**  
Hypothyroidism (underactive thyroid) is a condition in which your Thyroid gland doesn't produce enough of certain crucial hormones. Hypothyroidism may not cause noticeable symptoms in the early stages. Over time, untreated Hypothyroidism can cause a number of health problems, such as obesity, joint pain, infertility and heart disease.

\*\*\* End Of Report \*\*\*



Abhilasha  
Dr. Abhilasha  
MD-Pathology



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Age and Sex	: 33 Yrs / Female	PCC Code	: PCL-BH-256
Referring Doctor	: Self	Sample Drawn Date	: 10-Sep-2024 03:35 AM
Referring Customer	: N/A	Registration Date	: 10-Sep-2024 03:35 PM
Vial ID	: R1336243	Report Date	: 10-Sep-2024 06:10 PM
Sample Type	: WB-EDTA	Report Status	: Final Report
Client Address	: Naushad Alam Ansari Juran Chapra Near Central Bank		

**CLINICAL BIOCHEMISTRY**

Test Name	Obtained Value	Units	Bio. Ref. Intervals (Age/Gender specific)	Method
*Glycosylated Hemoglobin(GHb/HbA1c)	5.15	%	<5.7 Non diabetic, 5.7 – 6.4 Borderline diabetic, >6.5 Diabetic	High-performance liquid chromatography
*Glycosylated Hemoglobin	32.79	mmol/mol		Calculated
*Mean Blood Glucose	101.11	mg/dL	90 - 120 : Excellent Control 121 - 150 : Good Control 151 - 180 : Average Control 181 - 210 : Action Suggested >211 :Panic Value	Calculated

**Comments:**

- HbA1c is an indicator of glycemic control. HbA1c represents average Glycemia over the past six to eight weeks. Glycation of Hemoglobin occurs over the entire 120 day life span of the Red Blood Cell, but within this 120 days. Clinical studies suggest that a patient in stable control will have 50% of their HbA1c formed in the month before sampling, 25% in the month before that, and the remaining 25% in months two to four.
- Mean Plasma Glucose mg/dL = 28.7 x A1C - 46.7. Correlation between HbA1c and Mean Plasma Glucose (MPG) is not "perfect" but rather only this means that to predict or estimate average glucose from HbA1c or vice-versa is not "perfect" but gives a good working ballpark estimate.
- Afternoon and evening results correlate more closely to HbA1c than morning results, perhaps because morning fasting glucose levels vary much more than daytime Glucose levels, which are easier to predict and control. As per IFCC recommendations 2007, HbA1c being reported as above maintaining traceability to both IFCC (mmol/mol) & NGSP (%) units.
- Reference: ADA (American Diabetic Association) Guidelines 2023.

\*\*\* End Of Report \*\*\*



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