NABH ACCREDITED

EYE HOSPITAL & LASER CENTRE

I-Lasik (Femto) Bladefree Topical Micro Phaco

& Medical Retina Specialist Ex. Micro Phasco Surgeon

Venu Ey Institute & Research Centre, New Delhi

Name Mas & Paiyon Da

Reaction - MSMRBLE

Routin eje Cherky

Near vision BE is No. and Both

Eye colour vision is Normal

Gary Pathology, Meerut



## आँखो का अस्पताल एवं लेजर सैन्टर



Website: www.prakashevehospital.in Facebook: http://www.prakasheyehospital.in Chansellor 9837066186 7535832832

7895517715 Manager

OT 7302222373 TPA 9837897788

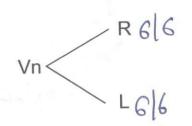
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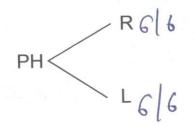
Timings Morning: 9:30 am to 1:30 pm.

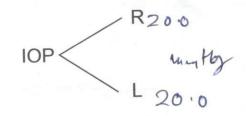
Evening: 5:00 pm to 7:00 pm.

Sunday: 9:30 am to 1:30 pm.

Near Nai Sarak, Garh Road, Meerut E-mail: prakasheyehosp@gmail.com



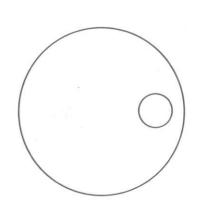




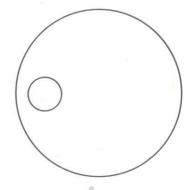
Colourvision- Mormal Ble

9	RIGHT EYE			LEFT EYE				
	Sph.	Cyl.	Axis	Vision	Sph.	Cyl.	Axis	Vision
Distance		llon	0	616		lle	10	616
Near				1416	- 47		<u>-</u>	416

Projet



Dr. AMIT GARG M.B.B.S., D.N.B. Garg Pathology, Meerun





Dr. MONUA GARG M.B.B.S. M.D. (Path.) GARG PATHOLOGY

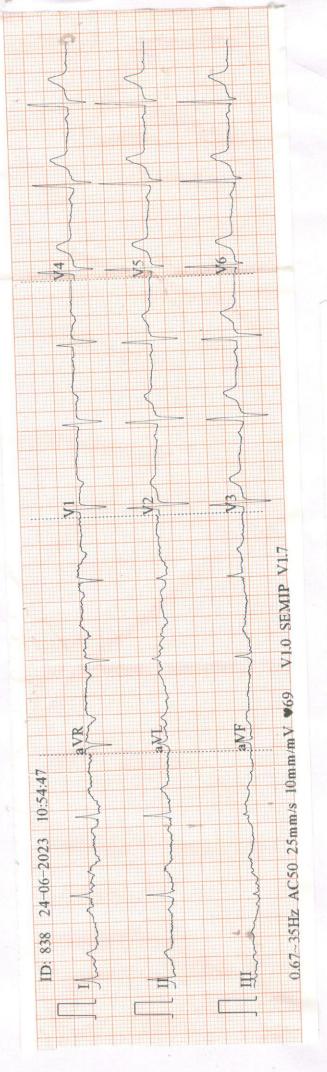
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PATHOLOGY. 18 24/06/2023 10:15:59 am 208° SW M.B.B.S., M.D. (Fatting GARG PATHOLOGY H Tejgarhi Meerut Division Uttar Pradesh Altitude:192.0m Index number: 432 Apex Tower Hotel Harmony In Hotel Broadway Inn (A Unit Of Posh...

SECTOR 3



			M.B.B.S., M.D. (Path.)		,
Diagnosis Information: Sinus Rhythm	***Normal ECG***	Buyanka			55 ms 196/423 ms 839/35 °
	/ kPa	, X		68 bpm 112 ms	85 ms 396/423 ms 18/39/35
ID: 838	Female	33Years cm			ORS OTIOTIC



73-C, Garh Road, Near Hotel Harmony Inn, Meerut-250002 (U.P.) Ph.: 0121-2766666, 9458802222, 9458803333, 9458804444, 9458806666

Centre equipped with M.R.I. with upgraded software of 3T Platform, 500 Slice VHS C.T. Scan. Digital X-Ray, Mammography, O.P.G., 4D / 5D Ultrasound & Colour Doppler, 2-D Echocardiography

PT'S NAME	PRIYANKA					
	PRITANKA	AGE/SEX	33	V	-	
REF. BY	DR. MONIKA GARG MD	DATE			FILM	
(Identity of th	ne patient can't be verified)	DATE		24.06.2	023	01
	e barrett call ( be verified)					

### X-RAY CHEST PA VIEW

- Both lungs fields are normal with normal bronchovascular markings.
- > Trachea is central.
- Bilateral hilar shadows are normal.
- Cardiac silhouette and mediastinum appear normal.
- Domes of diaphragm are normal in position and contours.
- Both costophrenic and cardiophrenic angles are clear.
- Soft tissue and bony cage are normal.

Please correlate clinically

Dr. Vibha Nimesh MD (Consultant Radiologist)

Dr. Sandeep Sirohi DMRD

Dr. Vibha Nimesh MD

Dr. Sandeep Soam MBBS MD

Dr. Mohd. Qasim MBBS, DMRD





## Meenakshi Diagnostics

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Pt. Name	Mrs. Priyanka	Age/Sex	33 Yrs/F	Film
Ref. By	Dr. Monika Garg, MD	Date:	24-06-2023	01

Patient identity can't be verified

#### **USG WHOLE ABDOMEN**

Liver: is mildly enlarged in size (measuring ~ 164 mm) with diffusely mildly raised parenchymal echogenicity. No focal/ diffuse mass lesion seen. IHBRs are normal. Margins are regular.

Gall Bladder: is well distended. Wall thickness is normal. No calculus / focal mass seen. No pericholecystic collection seen.

CBD: is normal in caliber.

Portal Vein: is normal in caliber, measuring approx. 9.3 mm.

Pancreas: is normal in size and echotexture. No focal mass seen.

Spleen: is normal in size, measuring 9.2x cm and shows normal echopattern.

**Right kidney** measures 9.8x5.2 cm. It is normal in size, position, contour and cortical echotexture. No calculus/ hydronephrosis seen. Corticomedullary differentiation is maintained. Renal margins are regular.

**Left kidney** measures 10.4x5.5 cm. It is normal in size, position, contour and cortical echotexture. No calculus/ hydronephrosis seen. Corticomedullary differentiation is maintained. Renal margins are regular. **Few concretions size upto ~ 3 mm are seen in mid calyx.** 

Urinary Bladder: is well distended with normal wall thickness. No calculus/ focal mass seen.

**Uterus:** is anteverted, normal in size, measuring 9.8x5.7x3.8 cm. Myometrial echotexture is normal. No focal mass seen. Endometrial thickness is normal, measures ~ 5.6 mm.

Right ovary measures 1.3x2.1x3.2cm (vol. ~ 4.8cc). Left ovary measures 1.8x1.6x3.5cm (vol. ~ 8.7 cc).

Both ovaries show normal size and echopattern.

No adenexal mass / free fluid seen.

#### **IMPRESSION:**

- Mild hepatomegaly with grade I fatty infiltration of liver. Adv:- Liver function test.
- > Few concretions in left kidney.

Adv: Clinical correlation.

Dr. Renu Diwakar MBBS (Sonologist)

Dr. Sandeep Sirohi

Dr. Vibha Nimesh

Dr. Sandeep Singh Soam

Dr. Renu Diwakar

Dr. Mohd. Qasim

DMRD

Ashish

Cs





(A Unit of Metro Institute of Medical Sciences Pvt.Ltd.) CIN No:- U00000 DL 1990 PTC 039293 (NABH, & ISO 9001: 2008 Certified)

### CARDIOLOGY

## ECHOCARDIOGRAM REPORT

NAME: Mrs. Priyanka

AGE/SEX :33yrs/F ECHO NO. :163624

REFERRING DIAGNOSIS: To rule out structural heart disease DATE 24/06/2023

Echogenecity: Adequate

DIMENSIO	ONS	NORMAL			NORMAL
AO (ed) LA (es) RVID(ed) LVID(ed) LVID(es)	3.0 cm 2.1 cm 4.6 cm	(2.1 - 3.7cm) (2.1 - 3.7 cm) (1.1 - 2.5 cm) (3.6 - 5.2 cm) (2.3 - 3.9 cm)	IVS (ed) LVPW (ed) EF FS	1.1 cm 1.1 cm 57% 30%	(0.6 - 1.2 cm) (0.6 - 1.2 cm) (62% - 85%) (28% - 42%)

### MORPHOLOGICAL DATA

Mitral Valve : AML : Normal Interatrial septum : Intact

PML: Normal Interventricular Septum: Intact

Aortic Valve : Normal Pulmonary Artery : Normal

Tricuspid Valve : Normal Aorta : Normal

Pulmonary Valve : Normal Right Atrium : Normal

Right Ventricle : Normal Left Atrium : Normal

Left Ventricle : Normal

MHHI/CL/0115/Rev.No.02

6

47/G-5, Boundary Road, Lalkurti, Meerut Cantt-2500012 Ph. 0121-6672222, 0121-2665041 /42/44

Registered Office: 14, Ring Road, Lagpat Nagar-IV, New Delhi-110024

### 2-D ECHOCARDIOGRAPHY FINDINGS:

LV normal in size with normal contractions. No LV regional wall motion abnormality in basal state. RV normal in size with adequate contractions. LA and RA normal. All cardiac valves are structurally normal. No chamber hypertrophy. IVC normal. Normal respiratory variation. Pericardium normal. No intracardiac mass. Estimated LV ejection fraction is 57%.

#### **COLOR FLOW MAPPING:**

No valvular regurgitation.

### **DOPPLER STUDIES:**

MVIS E > A

Peak systolic velocity across aortic valve = 1.0 m/sec.
No AS/MS/AR/TR/MR/TS/PS/PR

#### **IMPRESSION:**

- 1. LV normal in size with adequate systolic function (LVEF = 57%).
- 2. No LV regional wall motion abnormality.
- 3. RV normal in size with adequate systolic function.
- 4. Normal valves and pericardium.

Done By : DR. VARAD GUPTA

MD, DM (Cardiology), FESC

SR. CONSULTANT CARDIOLOGIST

**NOTE**: Echocardiography report given is that of the procedure done on that day and needs to be assessed in conjunction with the clinical findings. This is not for medicolegal purposes. No record of this report is kept in the hospital.

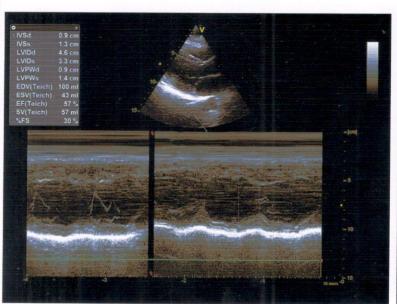
## METRO HOSPITAL & HEART INSTITUTE, MEERUT

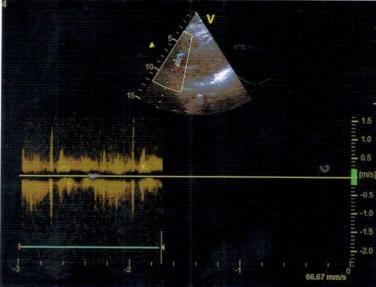
Name priyanka

Age

Sex

Date **24/06/2023** 











Certified by

Former Pathologist : St. Stephan's Hospital, Delhi

National Accreditation Board For Testing & Calibration Laboratories

C. NO: 604

Garden House Colony, Near Nai Sarak, Garh Road, Meerut Ph.: 0121-2600454, 8979608687, 9837772828

PUID : 230624/604

: Mrs. PRIYANKA 33Y / Female

Referred By : Dr. BANK OF BARODA

Sample By

**Patient Name** 

Organization : MEDIWHEEL **Collection Time** 

: 24-Jun-2023 10:25AM

**Receiving Time** 

<sup>1</sup> 24-Jun-2023 10:46AM

**Reporting Time** 

: 24-Jun-2023 3:03PM

**Centre Name** 

: Garg Pathology Lab - TPA

Investigation Results Units Biological Ref-Interval

#### **HAEMATOLOGY (EDTA WHOLE BLOOD)**

#### **COMPLETE BLOOD COUNT**

COMPLETE DECOR COUNT			
HAEMOGLOBIN	12.0	gm/dl	12.0-15.0
(Colorimetry)			
TOTAL LEUCOCYTE COUNT	9020	*10^6/L	4000 - 11000
(Electric Impedence)			
DIFFERENTIAL LEUCOCYTE COUNT			
(Microscopy)			
Neutrophils	60	%.	40-80
Lymphocytes	37	%.	20-40
Eosinophils	02	%.	1-6
Monocytes	01	%.	2-10
Basophils	00	%.	<1-2
Band cells	00	%	0-5
Absolute neutrophil count	5.41	x 10^9/L	2.0-7.0(40-80%
Absolute lymphocyte count	3.34	x 10^9/L	1.0-3.0(20-40%)
Absolute eosinophil count	0.18	x 10^9/L	0.02-0.5(1-6%)
Method:-((EDTA Whole blood,Automated /			
RBC Indices			
TOTAL R.B.C. COUNT	3.88	Million/Cumm	4.5 - 6.5
(Electric Impedence)			
Haematocrit Value (P.C.V.)	34.3	%	26-50
MCV	88.4	fL	80-94
(Calculated)			
MCH	30.9	pg	27-32
(Calculated)			
MCHC	35.0	g/dl	30-35
(Calculated)		_	
RDW-SD	46.8	fL	37-54



\*THIS TEST IS NOT UNDER NABL SCOPE

**Checked By Technician:** 

Page 1 of 10

Dr. Monika Garg MBBS, MD(Path)

(Consultant Pathologist)







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St. Stephan's Hospital, Delhi

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: Mrs. PRIYANKA 33Y / Female

**Receiving Time** <sup>1</sup> 24-Jun-2023 10:46AM

: 24-Jun-2023 3:03PM

**Sample By** 

: Dr. BANK OF BARODA

**Reporting Time Centre Name** 

: Garg Pathology Lab - TPA

_	_	•		
Ш				

Organization : MEDIWHEEL			
Investigation	Results	Units	Biological Ref-Interval
(Calculated)			
RDW-CV	12.7	%	11.5 - 14.5
(Calculated)			
Platelet Count	2.84	/Cumm	1.50-4.50
(Electric Impedence)			
MPV	11.1	%	7.5-11.5
(Calculated)			
NLR	1.62		1-3
6-9 Mild stres			
7.0 Deble de sient serves			

7-9 Pathological cause

- -NLR is a reflection of physiologic stress, perhaps tied most directly to cortisol and catecholamine levels.
- -NLR can be a useful tool to sort out patients who are sicker, compared to those who are less sick (its not specific to infection).
- -NLR has proven more useful than white blood cell count (WBC) when the two are directly compared. Ultimately, NLR may be a logical replacement for the WBC. In some situations, NLR is competitive with more expensive biomarkers (e.g. procalcitonin, lactate).
- -With specific clinical contexts (e.g. pancreatitis, pulmonary embolism), NLR may have surprisingly good prognostic value.

**BLOOD GROUP \*** 

"B" POSITIVE



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PUID : 230624/604

C. NO: 604 **Collection Time**  : 24-Jun-2023 10:25AM

**Patient Name** 

Organization

: Mrs. PRIYANKA 33Y / Female

: Dr. BANK OF BARODA

**Receiving Time** <sup>1</sup> 24-Jun-2023 10:46AM

Referred By

**Reporting Time** 

: 24-Jun-2023 3:03PM

Sample By

**Centre Name** 

: Garg Pathology Lab - TPA 

Investigation	Results	Units	Biological Ref-Interval

**GLYCATED HAEMOGLOBIN (HbA1c)\*** 

: MEDIWHEEL

4.3-6.3

ESTIMATED AVERAGE GLUCOSE

5.1 99.7

mg/dl

EXPECTED RESULTS:

Non diabetic patients & Stabilized diabetics : 4.3% to 6.30%

> Good Control of diabetes 6.4% to 7.5% Fair Control of diabetes 7.5% to 9.0% Poor Control of diabetes 9.0 % and above

-Next due date for HBA1C test: After 3 months

-High HbF & Trig.level, iron def.anaemia result in high GHb

-Haemolyic anemia, presence of HbS, HbC and other Haemoglobinopathies may produce low values. three months.

INTERPRETATION: 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 with in this 120 days. Recent glycemia has the largest influence on the HbA1c value. 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 = (HbA1c x 35.6) - 77.3) Correlation between HbA1c and Mean Plasma Glucose (MPG) is not "perfect" but rather only this means that to predict or estimate average glucose from Hb-A1c 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.

\*THIS TEST IS NOT UNDER NABL SCOPE

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Page 3 of 10





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C. NO: 604

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PUID : 230624/604

: Mrs. PRIYANKA 33Y / Female

Referred By : Dr. BANK OF BARODA

Sample By

**Patient Name** 

Organization : MEDIWHEEL

: 24-Jun-2023 10:25AM **Collection Time** 

**Receiving Time** <sup>1</sup> 24-Jun-2023 10:46AM

**Reporting Time** : 24-Jun-2023 3:39PM : Garg Pathology Lab - TPA **Centre Name** 

Investigation Results Units **Biological Ref-Interval** 

**BIOCHEMISTRY (FLORIDE)** 

PLASMA SUGAR FASTING 70.0 mg/dl 70 - 110

(GOD/POD method)

PLASMASUGAR P.P. mg/dl 80-140 102.0

(GOD/POD method)

\*THIS TEST IS NOT UNDER NABL SCOPE

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PUID : 230624/604 **Patient Name** : Mrs. PRIYANKA 33Y / Female

: Dr. BANK OF BARODA

Sample By

Referred By

Organization : MEDIWHEEL C. NO: 604

**Collection Time Receiving Time**  : 24-Jun-2023 10:25AM <sup>1</sup> 24-Jun-2023 10:46AM

**Reporting Time Centre Name** 

: 24-Jun-2023 3:39PM : Garg Pathology Lab - TPA

Investigation Results Units **Biological Ref-Interval** 

**BIOCHEMISTRY (SERUM)** 

**URIC ACID** 4.5 mg/dL. 2.5-6.8

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Page 5 of 10

Dr. Monika Garg MBBS, MD(Path)

(Consultant Pathologist)





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St. Stephan's Hospital, Delhi

Ph.: 0121-2600454, 8979608687, 9837772828

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: Mrs. PRIYANKA 33Y / Female

**Referred By** : Dr. BANK OF BARODA

Sample By

**Patient Name** 

: 24-Jun-2023 10:25AM **Collection Time** 

**Receiving Time** <sup>1</sup> 24-Jun-2023 10:46AM **Reporting Time** : 24-Jun-2023 3:39PM

: Garg Pathology Lab - TPA **Centre Name** 

Organization : MEDIWHEEL				
Investigation	Results	Units	Biological Ref-Interval	
LIVER FUNCTION TEST				
SERUM BILIRUBIN				
TOTAL	1.6	mg/dl	0.1-1.2	
(Diazo)				
DIRECT	0.7	mg/dl	<0.3	
(Diazo)				
INDIRECT	0.9	mg/dl	0.1-1.0	
(Calculated)				
S.G.P.T.	22.0	U/L	8-40	
(IFCC method)				
S.G.O.T.	24.0	U/L	6-37	
(IFCC method)				
SERUM ALKALINE PHOSPHATASE	96.0	IU/L.	37-103	
(IFCC KINETIC)				
SERUM PROTEINS				
TOTAL PROTEINS	7.1	Gm/dL.	6-8	
(Biuret)				
ALBUMIN	4.2	Gm/dL.	3.5-5.0	
(Bromocresol green Dye)				
GLOBULIN	2.9	Gm/dL.	2.5-3.5	
(Calculated)				
A: G RATIO	1.4		1.5-2.5	
(Calculated)				



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**Referred By** 

**Reporting Time** : Dr. BANK OF BARODA

: 24-Jun-2023 3:39PM : Garg Pathology Lab - TPA

Sample By Organization **Centre Name** 

0.94			
Investigation	Results	Units	Biological Ref-Interval
KIDNEY FUNCTION TEST			
UREA	22.0	mg / dl	10 - 50
(Urease-GLDH)			
CREATININE	0.6	mg/dl	0.6 - 1.4
(Enzymatic)			
S.CALCIUM	9.9	mg/dl	9.2-11.0
Method:-Arsenazo			
SODIUM (NA)*	142.0	m Eq/litre.	135 - 155
(ISE)			
POTASSIUM (K)*	4.1	m Eq/litre.	3.5 - 5.5
(ISE)			
URIC ACID	4.5	mg/dL.	2.5-6.8



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**Collection Time** 

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**Patient Name** Referred By

Organization

: Mrs. PRIYANKA 33Y / Female

**Receiving Time Reporting Time**  <sup>1</sup> 24-Jun-2023 10:46AM : 24-Jun-2023 3:39PM

Sample By

: Dr. BANK OF BARODA

: MEDIWHEEL

**Centre Name** 

: Garg Pathology Lab - TPA

Investigation	Results	Units	Biological Ref-Interval		
LIPID PROFILE					
SERUM CHOLESTEROL	210.0	mg/dl	150-250		
(CHOD - PAP)					
SERUM TRIGYCERIDE	163.0	mg/dl	70-150		
(GPO-PAP)					
HDL CHOLESTEROL *	42.0	mg/dl	30-60		
(PRECIPITATION METHOD)					
VLDL CHOLESTEROL *	32.6	mg/dl	10-30		
(Calculated)					
LDL CHOLESTEROL *	135.4	mg/dL.	0-100		
(Calculated)					
LDL/HDL RATIO *	03.2	ratio	<3.55		
(Calculated)					
CHOL/HDL CHOLESTROL RATIO*	5.0	ratio	3.8-5.9		
(Calculated)					

Interpretation:

NOTE:

Lipid Profile Ranges As PER NCEP-ATP III:

SERUM CHOESTEROL : Desirable : < 200 Borderline : 200 - 239 Elevated :> 240 mg/dl HDLCHOLESTEROL : Desirable : > 60 Borderline : 40- 60 Decreased :< 40 mg/dl LDL CHOLESTEROL : Desirable : 100 mg/dl, Borderline : 100- 159 Elevated : >160 mg/dl : Desirable : 150 Borderline : 150- 199 High : 200 - 499 Very High :>500 Triglycerides

Friedwald Equation, VLDL & LDL values are not applicable for triglyceride > 400 mg/dl.



\*THIS TEST IS NOT UNDER NABL SCOPE

**Checked By Technician:** 

Page 8 of 10



<sup>\*</sup>Paitient Should be Fast overnight For Minimum 12 hours and normal diet for one week\*



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St. Stephan's Hospital, Delhi

Ph.: 0121-2600454, 8979608687, 9837772828

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Sample By

: Dr. BANK OF BARODA

: MEDIWHEEL

**Reporting Time Centre Name** 

: Garg Pathology Lab - TPA

_		

Investigation	Results	Units	Biological Ref-Interval	
THYRIOD PROFILE*				
Triiodothyronine (T3) *	1.532	ng/dl	0.79-1.58	
(ECLIA)				
Thyroxine (T4) *	10.620	ug/dl	4.9-11.0	
(ECLIA)				
THYROID STIMULATING HORMONE (TSH)	0.249	uIU/ml	0.38-5.30	
(ECLIA)				
Normal Range:-				

1 TO 4 DAYS 2.7-26.5 4 TO 30 DAYS 1.2-13.1

Hyperthyroid patient have suppressed TSH values, with the exception of those few individuals whos have hyperthyroidism caused by TSH producing pituitary tumor or other rare disordes such as pituitary resistance to thyroid hormones. Subclinical hyperthyroidism is defined as low TSH with levels of T4 and T3 within the reference interval. In most patients with hypothyroidism, serum TSH results are markedly elevated, but results are low in individuals with hypothyroidism caused by pituitary or hypothalamic disorders. An important cause of both incresed and decreased TSH results is NTI. Patients with NTI tend to have low TSH results during their acute illness, then TSH rises to within or above the reference range with resolution of the underlying illness, and finally returns to within the reference range. The situation is complicated because drugs, including glucagon and dopamine, suppress TSH. Sensitive TSH assays are helpful in evaluation of treatment with thyroid hormone both for replacement therapy and suppressive doses for malignant thyroid disease.



\*THIS TEST IS NOT UNDER NABL SCOPE

**Checked By Technician:** 

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M.D. (Path) Gold Medalist

Former Pathologist :

National Accreditation Board For Testing & Calibration Laboratories

C. NO: 604

St. Stephan's Hospital, Delhi

Garden House Colony, Near Nai Sarak, Garh Road, Meerut Ph.: 0121-2600454, 8979608687, 9837772828

PUID : 230624/604

**Collection Time** 

: 24-Jun-2023 10:25AM

**Patient Name** Referred By

Organization

Investigation

: Mrs. PRIYANKA 33Y / Female

**Receiving Time Reporting Time** 

<sup>1</sup> 24-Jun-2023 10:46AM : 24-Jun-2023 3:42PM

Sample By

: Dr. BANK OF BARODA

**Centre Name** 

: Garg Pathology Lab - TPA

: MEDIWHEEL

Units **Biological Ref-Interval** 

**URINE** 

Results

DH	<b>YSICAL</b>	LYAR	инки	
	JICAL	· LAMI	чтілм	TOI

**Volume** 30 ml

Colour

PALE YELLOW

Clear

**Appearance** Specific Gravity Clear

PH (Reaction)

1.010 Acidic 1.000-1.030

**BIOCHEMICAL EXAMINATION** 

Protein

Nil

Nil

Sugar

Nil

Nil

**MICROSCOPIC EXAMINATION** 

Red Blood Cells

Nil

/HPF

Nil

Pus cells **Epithilial Cells**  1-2 3-4 /HPF

0-2

Crystals

Casts

Nil Nil /HPF

1-3

@ Special Examination

**Bile Pigments** Blood

Absent Nil

Bile Salts

**Absent** 

-----{END OF REPORT }-----



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