




D-170A, Sector 50, Noida 201301
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Certificate No. H-2018-0549

Powered By ITDose InfoSystems Pvt. Ltd.

Barcode No.	: M259977		Age / Sex	: 29 YRS / Female
Patient NAME	: Mrs. SWATI SINHA			
Sample Coll. DATE	: 30-Aug-2023 10:13 AM		Sample Receiving DATE	: 30-Aug-2023 10:45 AM
UHID	: 269520		Reporting DATE	: 30-Aug-2023 02:54 PM
IPD No. / Ward	: /		Approved DATE	: 30-Aug-2023 07:09 PM
Referring Doctor	: Dr. Rakesh Malhotra (H)			
Passport No.	:			

DEPARTMENT OF HAEMATOLOGY

Test Name	Status	Result	Reference Range	Unit
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BLOOD GROUPING (ABO AND RH) (Specimen : EDTA)

Blood Group (agglutination method)		"O"	-	
Rh Type (agglutination method)		POSITIVE	-	




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IPD No. / Ward	: /	Approved DATE	: 30-Aug-2023 06:59 PM	
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DEPARTMENT OF BIOCHEMISTRY

Test Name	Status	Result	Reference Range	Unit
Blood Sugar Fasting* (Specimen : FLUORIDE)				
Blood Sugar Fasting (serum, plasma(god pod))		80.0	<100.0	mg/dl




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DEPARTMENT OF HAEMATOLOGY

Test Name	Status	Result	Reference Range	Unit
Complete Haemogram* (Specimen : EDTA)				
Haemoglobin <i>(whole blood/photometric method)</i>	L	11.9	13.0-17	g/dl
Total Leucocyte Count (TLC) <i>(whole blood/impedence method)</i>		4500	4000-10000	cells/c.mm
Neutrophil		62.5	45-70	%
Lymphocyte		24.7	20-40	%
Eosinophils	H	7.4	1.0-5.0	%
Monocytes		5.3	2.0-10.0	%
Basophils		0.1	0.0-1.0	%
Packed Cell Volume (PCV) <i>(whole blood,calculation)</i>		38.5	36-46	%
Red Blood Cell Count <i>(whole blood,impedence method)</i>		4.0	3.8-4.8	million/c.mm
Mean Cell Volume (MCV) <i>(whole blood,calculated)</i>		96.3	83-101	fl
Mean Cell Haemoglobin (MCH) <i>(whole blood,calculated)</i>		29.8	27-32	pg
MCHC <i>(whole blood,calculated)</i>	L	30.9	31.5-34.5	g/dl
RDW - CV		11.0	11.0-16.0	%
Platelet Count <i>(whole blood,impedence method)</i>		2.5	1.5-4.0	lakh/c.mm
MPV (Mean Platelet Volume)		11.6	6.5-12.0	fL
ESR		07	0-15	mm/Hr

Interpretation :
 Complete Haemogram* : EDTA Whole Blood-Tests done on Automated Five Part Cell Counter.(Hb is performed by photometric method,WBC,RBC,Platelet Count by impedence method,WBC differential by Flow Cytometry technology other parameters calculated) All Abnormal Haemograms are reviewed confirmed microscopically.



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DEPARTMENT OF IMMUNOLOGY

Test Name	Status	Result	Reference Range	Unit
Free Thyroid Profile (FT3, FT4, TSH) (Specimen : SERUM)				
FT3		3.58	1.4-5.6	pg/ml
FT4		0.85	0.67-1.71	ng/dL
TSH	H	6.31	0.25-5.00	µIU/ml

Interpretation :
Free Thyroid Profile (FT3, FT4, TSH) :

Interpretation:-

TSH	T3 / FT3	T4 / FT4	Suggested Interpretation for the Thyroid Function Tests Pattern
Within Range	Decreased	Within Range	. Isolated Low T3-often seen in elderly & associated Non-Thyroidal illness. In elderly the drop in T3 level can be upto 25%.
Raised	Within Range	Within Range	.Isolated High TSH especially in the range of 4.7 to 15 mIU/ml is commonly associated with Physiological & Biological TSH Variability. .Subclinical Autoimmune Hypothyroidism .Intermittent T4 therapy for hypothyroidism .Recovery phase after Non-Thyroidal illness
Raised	Decreased	Decreased	.Chronic Autoimmune Thyroiditis .Post thyroidectomy,Post radioiodine .Hypothyroid phase of transient thyroiditis
Raised or within Range	Raised	Raised or within Range	.Interfering antibodies to thyroid hormones (anti-TPO antibodies) .Intermittent T4 therapy or T4 overdose .Drug interference- Amiodarone, Heparin,Beta blockers,steroids, anti-epileptics
Decreased	Raised or within Range	Raised or within Range	.Isolated Low TSH -especially in the range of 0.1 to 0.4 often seen in elderly & associated with Non-Thyroidal illness .Subclinical Hyperthyroidism .Thyroxine ingestion
Decreased	Decreased	Decreased	.Central Hypothyroidism .Non-Thyroidal illness
Decreased	Raised	Raised	.Recent treatment for Hyperthyroidism (TSH remains suppressed) .Primary Hyperthyroidism (Graves disease),Multinodular goitre, Toxic nodule



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DEPARTMENT OF IMMUNOLOGY

Test Name	Status	Result	Reference Range	Unit
			. Transient thyroiditis: Postpartum, Silent (lymphocytic), Postviral (granulomatous, subacute, DeQuervains), Gestational thyrotoxicosis with hyperemesis gravidarum	
Decreased or within Range	Raised	Within Range	. T3 toxicosis . Non-Thyroidal illness	



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DEPARTMENT OF BIOCHEMISTRY

Test Name	Status	Result	Reference Range	Unit
HbA1c (Specimen : EDTA)				
HbA1c		5.0	<5.7	%
AVERAGE BLOOD SUGAR		97.0	<117	MG/DL

Interpretation :

HbA1c :
 Hba1c:

As per American Diabetes Association (ADA)	
Reference Group	HbA1c in %
Non- diabetic adults	<5.7%
Pre- diabetic	5.7-6.4 %
Diabetic	>or = 6.5%
ADA Target	>7.0
Action suggested	>8.0

Glycation is nonenzymatic addition of sugar residue to amino groups of proteins. HbA1C is formed by condensation of glucose with n-terminal valine residue of each beta chain of hb a to form an unstable schiff 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 red blood cells(120 days) and the blood glucose concentration. the GHb concentration represents the integrated values for glucose over a 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 the most recent values providing a larger contribution than earlier values. The interpretation of GHb depends on RBC having normal life span. Patients with hemolytic disease or other conditions with shortened RBC survival exhibit a substantial reduction of GHb. High GHb is been reported in iron deficiency anaemia.



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DEPARTMENT OF BIOCHEMISTRY

Test Name	Status	Result	Reference Range	Unit
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KFT (Kidney Function Test)* (Specimen : SERUM)

Blood Urea <i>(urease with indicator dye)</i>		16.0	15.0-37.0	mg/dl
Serum Creatinine <i>(enzymatic(creatinine amidohydrolase))</i>		0.6	0.52-1.04	mg/dl
Uric Acid <i>(uricase/peroxidase)</i>		4.0	2.5-6.2	mg/dl
Sodium (Na+) <i>(direct ion selective mode)</i>		141.0	137.0-145.0	mmol/L
Potassium (K+) <i>(direct ion selective mode)</i>		4.3	3.5-5.1	mmol/L
Chloride (Cl-) <i>(direct ion selective mode)</i>	H	108.0	98.0-107.0	mmol/L
Serum Calcium <i>(arsenazo dye)</i>		9.0	8.4-10.2	mg/dl
Phosphorus Serum <i>(phosphomolybdate reduction)</i>		3.8	2.5-4.5	mg/dl
Alkaline Phosphatase (ALP) <i>(4-nitrophenyl phosphate(pnpp)/amp)</i>		64.0	38.0-126.0	U/L
Total protein <i>(biuret(alkaline cupric sulphate))</i>		7.6	6.3-8.2	gm/dl
Albumin <i>(bromocresol green dye binding)</i>		4.3	3.5-5.0	gm/dl
Globulin (Calculated) <i>(calculated)</i>		3.3	2.0-3.5	gm/dl
Albumin/Globulin Ratio (Calculated) <i>(calculated)</i>		1.3	1.0-2.1	Ratio
eGFR <i>(calculated)</i>		118.2	-	mL/min

LFT (Liver Function Test) -Spectrophotometry* (Specimen : SERUM)

Bilirubin Total <i>(serum/azobilirubin/dyphylline)</i>		1.0	0.0 - <1.0	mg/dl
Bilirubin Direct <i>(serum/dual wavelength)</i>		0.2	0.0-0.3	mg/dl
Bilirubin Indirect <i>(calculated)</i>		0.8	0.0-1.1	mg/dl
Aspartate Transaminase (SGOT, AST)		23.0	14.0-36.0	U/l



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DEPARTMENT OF BIOCHEMISTRY

Test Name	Status	Result	Reference Range	Unit
<i>(serum/kinetic with pyridoxal 5 phosphate/lactate dehydrogenase)</i>				
SGPT, ALT (Alanine Transaminase)		15.0	<35.0	U/L
<i>(serum/kinetic with pyridoxal 5 phosphate/lactate dehydrogenase)</i>				
Alkaline Phosphatase (ALP)		64.0	38.0-126.0	U/L
<i>(serum/4-nitrophenyl phosphate(pnpp)/amp)</i>				
Total Protein		7.6	6.3-8.2	gm/dl
<i>(serum/biuret(alkaline cupric sulphate))</i>				
Albumin		4.3	3.5-5.0	gm/dl
<i>(serum/bromocresol green dye binding)</i>				
Globulin (Calculated)		3.3	2.0-3.5	gm/dl
<i>(calculated)</i>				
Albumin/Globulin Ratio (Calculated)		1.3	1.0-2.1	Ratio
<i>(calculated)</i>				
GGT (Gamma Glutamyl Transpeptidase)		13.0	12.0-48.0	U/L
<i>(serum/L-gamma-glutamyl-4-nitroanalide))</i>				


Interpretation :

LFT (Liver Function Test) -Spectrophotometry* : Note:

1. In an asymptomatic patient, Non alcoholic fatty liver disease (NAFLD) is the most common cause of increased AST, ALT levels. NAFLD is considered as hepatic manifestation of metabolic syndrome.
2. In most type of liver disease, ALT activity is higher than that of AST; exception may be seen in Alcoholic Hepatitis, Hepatic Cirrhosis, and Liver neoplasia. In a patient with Chronic liver disease, AST:ALT ratio>1 is highly suggestive of advanced liver fibrosis.
3. In known cases of Chronic Liver disease due to Viral Hepatitis B & C, Alcoholic liver disease or NAFLD, Enhanced liver fibrosis (ELF) test may be used to evaluate liver fibrosis.
4. In a patient with Chronic Liver disease, AFP and Des-gamma carboxyprothrombin (DCP)/PIVKA II can be used to assess risk for development of Hepatocellular Carcinoma.

Lipid Profile* (Specimen : SERUM)

Total Cholesterol		182.0	<200	mg/dl
<i>(serum/enzymatic(che,cho/pod))</i>				
Triglyceride		87.0	<<150.0	mg/dl
<i>(serum/enzymatic(lipase/gk/gpo/pod)without correction for free glycerol)</i>				
HDL Cholesterol	H	50.0	>40.0	mg/dl
<i>(serum/phosphotungstic acid/mgcl2+enzymatic)</i>				
LDL		114.6	<<130.0	mg/dl
<i>(calculation)</i>				
VLDL		17.4	<<40	mg/dl

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DEPARTMENT OF BIOCHEMISTRY

Test Name	Status	Result	Reference Range	Unit
(calculation)				
LDL/HDL Ratio (calculation)		2.29	<3.2	
Total Cholesterol : HDL Ratio (calculation)		3.64	<4.5	

Interpretation :

Lipid Profile* :

NATIONAL LIPID ASSOCIATION RECOMMENDATIONS (NLA-2014)	TOTAL CHOLESTEROL in mg/dL	TRIGLYCERIDE in mg/dL	LDL CHOLESTEROL in mg/dL	NON HDL CHOLESTEROL in mg/dL
Optimal	<200	<150	<100	<130
Above Optimal	-	-	100-129	130 - 159
Borderline High	200-239	150-199	130-159	160 - 189
High	>=240	200-499	160-189	190 - 219
Very High		>=500	>=190	>=220

Note:


1. Measurements in the same patient can show physiological & analytical variations. Three serial samples 1 week apart are recommended for Total Cholesterol, Triglycerides, HDL & LDL Cholesterol.
2. As per NLA-2014 guidelines, all adults above the age of 20 years should be screened for lipid status. Selective screening of children above the age of 2 years with a family history of premature cardiovascular disease or those with at least one parent with high total cholesterol is recommended.
3. Low HDL levels are associated with increased risk for Atherosclerotic Cardiovascular disease (ASCVD) due to insufficient HDL being available to participate in reverse cholesterol transport, the process by which cholesterol is eliminated from peripheral tissues.
4. NLA-2014 identifies Non HDL Cholesterol (an indicator of all atherogenic lipoproteins such as LDL, VLDL, IDL, Lp(a), 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.



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DEPARTMENT OF CLINICAL PATHOLOGY

Test Name	Status	Result	Reference Range	Unit
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Urine for Sugar Fasting* (Specimen : EDTA)

Urine for Sugar Fasting		NIL	-	
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DEPARTMENT OF CARDIOLOGY

ECHOCARDIOGRAPHY REPORT

MITRAL VALVE

Morphology AML-**Normal**/Thickening/Calcification/Flutter/Vegetation/Prolapse/SAM/Doming.
 PML-**Normal**/Thickening/Calcification/Prolapses/Paradoxical motion/Fixed.
 Subvalvular deformity Present/**Absent**. Score: _____

Doppler **Normal**/Abnormal E/A=92/66, E>A A>E S>D
 Mitral Stenosis Present/**Absent** RR Interval _____ msec
 EDG _____ mmHg MDG _____ mmHg MVA _____ cm²
 Mitral Regurgitation **Absent**/Trivial/Mild/Moderate/Severe.

TRICUSPID VALVE


Morphology **Normal**/Atresia/Thickening/Calcification/Prolapse/Vegetation/Doming.
 Doppler **Normal**/Abnormal TRICUSPID VALVE=141 cm/s.
 Tricuspid stenosis Present/**Absent** RR Interval _____ msec.
 EDG _____ mmHg MDG _____ mmHg
 Tricuspid regurgitation **Absent**/Trivial/Mild/Moderate/Severe Fragmented Signals
 Velocity _____ msec Pred.RVSP =mmHg

PULMONARY VALVE

Morphology **Normal**/Atresia/Thickening/Doming/Vegetation
 Doppler **Normal**/Abnormal PULMONARY VALVE= 62cm/s.
 Pulmonary stenosis Present/**Absent** Level
 PSG _____ mmHg Pulmonary annulus _____ mm
 Pulmonary regurgitation Present/**Absent**
 Early diastolic gradient _____ mmHg End diastolic gradient _____ mmHg

AORTIC VALVE

Morphology **Normal**/Thickening/Calcification/Restricted opening/Flutter/Vegetation
 No. of cusps 1/2/3/4
 Doppler **Normal**/Abnormal AORTIC VALVE=118cm/s.
 Aortic stenosis Present/**Absent** Level
 PSG _____ mmHg Aortic annulus _____ mm
 Aortic regurgitation **Absent**/Trivial/Mild/Moderate/Severe.

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DEPARTMENT OF CARDIOLOGY

<u>Measurements</u>	<u>Normal Valves</u>	<u>Measurements</u>	<u>Normal Valves</u>
Aorta 2.8	(2.0-3.7 cm)	LA es 3.2	(1.9-4.0 cm)
LV es 2.8	(2.2-4.0 cm)	LV ed 4.0	(3.7-5.6 cm)
IVSed 1.0/1.5	(0.6-1.1 cm)	PW (LV) 1.0/1.6	(0.6-1.1 cm)
RVed	(0.7-2.6 cm)	RV Anterior Wall	(upto 5 cm)
LVVd (ml)		LVVs (ml)	
EF 60%	(54%-76%)	IVS motion	Normal/Flat/Paradoxical
IVS		Any Other	

CHAMBERS

- LV **Normal/Enlarged/Clear/Thrombus/Hypertrophy, Contraction**
- LA **Normal/Reduced/Regional wall motion abnormality: Nil**
- RA **Normal/Enlarged/Clear/Thrombus**
- RV **Normal/Enlarged/Clear/Thrombus**
- PERICARDIUM **Normal/Enlarged/Clear/Thrombus**
- Normal/Thickening/Calcification/Effusion**

COMMENTS & SUMMARY

No RWMA, LVEF-60%
 Normal cardiac chamber size
 No MR/TR
 No AR/AS
 MIP-Normal
 Intact IAS/IVS
 No LA/LV clot
 No clot, vegetation, pericardial effusion.

IMPRESSION

Normal study.

*** End Of Report ***



DR. SANJAY Kr. SHARMA
 MD, DM (Cardiology)



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DEPARTMENT OF RADIOLOGY

ULTRASOUND WHOLE ABDOMEN

Liver is normal in size, shape and echotexture. No focal SOL noted. Vascular channels are clear. No evidence of IHBR dilatation.

Gall Bladder is well distended and reveals normal walls. No evidence of calculus or mass lesion. CBD & PV are normal.

Spleen is normal in size, shape and echotexture, measures 9.5 cm.

Pancreas is normal in size, shape & echotexture.

Both Kidneys are normal in size, shape, position & echogenicity. CMD is maintained. No evidence of calculus / mass lesion or hydronephrosis.

Right Kidney- 8.8 x 3.0 cm

Left Kidney - 8.9 x 4.4 cm

Urinary Bladder is well distended with normal wall thickness. No calculi / mass lesion noted. No diverticulum noted.

Uterus is normal in size, shape and echotexture, measures 5.1 x 2.9 x 4.4 cm. No focal lesion seen. **Endometrium is heterogeneous and thickened due to distension by heterogeneously hypoechoic contents, measuring 2.4 x 2.8 x 2.4 cm, volume ~9.0 cc showing minimal vascularity.** Cervix is normal.

Both ovaries are normal in size and echotexture. **Prominent follicle is noted in left ovary.**

Right ovary measures 6.7 cc

Left ovary measures 11.6 cc

No free fluid seen in the peritoneal cavity.

IMPRESSION: Patient is a follow up case of miscarriage.

- Thickened and heterogeneous endometrium due to RPOCs.

Please correlate clinically



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DEPARTMENT OF RADIOLOGY

X- RAY CHEST PA VIEW

Both lung fields are clear.

Hilar shadows are normal.

Both costophrenic angles are clear.

Cardiac silhouette is normal.

Bony thorax is normal.

Please correlate clinically

*** End Of Report ***

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