ZENA HEALTHCARE SERVICES

Professional Accuracy Precision

(A Unit of Zena Enterprises)

Zena Healthcare Services
Professional | Accuracy | Precision

Regd. No. : 1834

Patient Name : MRS. PRANGYA PARAMITA MISHRA

Age / Gender : 44 years / Female

Patient ID : 21026

Referral : MEDI WHEEL

Collection Time : 27/04/2024, 01:13 PM

Reporting Time : 27/04/2024, 04:48 PM

Sample ID : 24031

Test Description	Value(s)	Reference Range	Unit
Lipid Profile			
Cholesterol-Total Method : Spectrophotometry	139.22	Desirable level | < 200 Borderline High | 200-239 High | >or = 240	mg/dL
Triglycerides Method : Serum, Enzymatic, endpoint	**232.54**	Normal: < 150 Borderline High: 150-199 High: 200-499 Very High: >= 500	mg/dL
HDL Cholesterol Method : Serum, Direct measure-PEG	**34.80**	Normal: > 40 Major Risk for Heart: < 40	mg/dL
LDL Cholesterol Method : Enzymatic selective protection	57.91	Optimal < 100 Near / Above Optimal 100-129 Borderline High 130-159 High 160-189 Very High >or = 190	mg/dL
VLDL Cholesterol Method : Serum, Enzymatic	**46.51**	6 - 38	mg/dL
CHOL/HDL Ratio Method : Serum, Enzymatic	4.00	3.5 - 5.0	
LDL/HDL Ratio Method : Serum, Enzymatic	**1.66**	2.5 - 3.5	

Note:

8-10 hours fasting sample is required.

END OF REPORT

Lab technician

Dr.Kundan Kumar Sahoo
CONSULTANT PATHOLOGIST /
MICROBIOLOGIST

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Test Description	Value(s)	Reference Range	Unit
LFT, Liver Function Test			
Bilirubin - Total	0.69	0.00 - 1.00	mg/dL
Method : Serum, Jendrassik Grof			
Bilirubin - Direct	0.19	0.00 - 0.20	mg/dL
Method : Serum, Diazotization			
Bilirubin - Indirect	0.50	0.10 - 0.80	mg/dL
Method : Serum, Calculated			
SGOT	19.20	8 - 33	U/L
Method : Serum, UV with P5P, IFCC 37 degree			
SGPT	25.73	3 - 35	U/L
Method : Serum, UV with P5P, IFCC 37 degree			
GGT-Gamma Glutamyl Transpeptidae	6.53	< 38	U/L
Method : Serum, G-glutamyl-carboxy-nitoanilide			
Alkaline Phosphatase	85.14	42-141	U/L
Method : PNPP-AMP Buffer/Kinetic			
Total Protein	6.99	6.60 - 8.70	g/dL
Method : Serum, Biuret, reagent blank end point			
Albumin	4.01	3.50 - 5.30	g/dL
Method : Serum, Bromocresol green			
Globulin	2.98	2.00-3.50	g/dL
Method : Serum, EIA			
A/G Ratio	1.35	1.2 - 2.2	
Method : Serum, EIA			

END OF REPORT

Lab technician

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Wishing Good Health

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Collection Time : 27/04/2024, 01:13 PM

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Sample ID : 24031

Test Description	Value(s)	Reference Range	Unit
Urine(R/M) Routine Examination of Urine			
General Examination			
Colour	PALE YELLOW	Pale Yellow	
Transparency (Appearance)	CLEAR	Clear	
Deposit	Absent	Absent	
Reaction (pH)	Acidic 6.5	4.5 - 7.0	
Specific gravity	1.010	1.005 - 1.030	
Chemical Examination			
Urine Protein (Albumin)	Absent	Absent	
Urine Glucose (Sugar)	Absent	Absent	
Microscopic Examination			
Red blood cells	Absent	0-4	/hpf
Pus cells (WBCs)	2 - 4 /HPF	0-9	/hpf
Epithelial cells	2 - 3 /HPF	0-4	/hpf
Crystals	Absent	Absent	
Cast	Absent	Absent	
Bacteria	Absent	Absent	

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Patient ID : 21026

Referral : MEDI WHEEL

Collection Time : 27/04/2024, 01:13 PM

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Sample ID :

24031

Test Description	Value(s)	Reference Range	Unit

HbA1C, Glycosylated Hemoglobin

HbA1c (GLYCOSYLATED HEMOGLOBIN), BLOOD	5.41		%
Method : (HPLC, NGSP certified)			
Estimated Average Glucose :	108.57	-	mg/dL

Interpretation

As per American Diabetes Association (ADA)	
Reference Group	HbA1c in %
Non diabetic adults >=18 years	<5.7
At risk (Prediabetes)	5.7 - 6.4
Diagnosing Diabetes	>= 6.5
Therapeutic goals for glycemic control	Age > 19 years Goal of therapy: < 7.0 Action suggested: > 8.0 Age < 19 years Goal of therapy: <7.5

Note:

1. Since HbA1c reflects long term fluctuations in the blood glucose concentration, a diabetic patient who is recently under good control may still have a high concentration of HbA1c. Converse is true for a diabetic previously under good control but now poorly controlled .

2. Target goals of < 7.0 % may be beneficial in patients with short duration of diabetes, long life expectancy and no significant cardiovascular disease. In patients with significant complications of diabetes, limited life expectancy or extensive co-morbid conditions, targeting a goal of < 7.0 % may not be appropriate.

Comments

HbA1c provides an index of average blood glucose levels over the past 8 - 12 weeks and is a much better indicator of long term glycemic control as compared to blood and urinary glucose determinations.

ADA criteria for correlation between HbA1c & Mean plasma glucose levels.

HbA1c(%)	Mean Plasma Glucose (mg/dL)
6	126
7	154
8	183
9	212

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Test Description	Value(s)	Reference Range	Unit

10	240
11	269
12	298

Glucose, Fasting (FBS)

Glucose fasting Method : Fluoride Plasma-F, Hexokinase	86.77	75 - 115	mg/dL

Glucose, Post Prandial (PP)

Blood Glucose-Post Prandial Method : Hexokinase	119.54	70 - 140	mg/dL

Creatinine

Creatinine Method : Serum, Jaffe	0.89	0.60 - 1.30	mg/dL

Uric acid, Serum

Uric Acid Method : Uricase, Colorimetric	5.13	3.4 - 7.0	mg/dL

BUN, Serum

BUN-Blood Urea Nitroge Method : Serum, Urease	12	10 - 50	mg/dL

END OF REPORT

Lab technician

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Patient ID : 21026

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Collection Time : 27/04/2024, 01:13 PM

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Sample ID :

24031

Test Description	Value(s)	Reference Range	Unit
Blood Group ABO & Rh Typing, Blood			
Blood Group (ABO typing)	"O"		
Method : Manual-Hemagglutination			
RhD Factor (Rh Typing)	Positive		
Method : Manual hemagglutination			
ESR, Erythrocyte Sedimentation Rate			
ESR - Erythrocyte Sedimentation Rate	18	0 - 20	mm/hr
Method : EDTA Whole Blood, Manual Westergren			

Interpretation:

- It indicates presence and intensity of an inflammatory process. It does not diagnose a specific disease. Changes in the ESR are more significant than the abnormal results of a single test.

- It is a prognostic test and used to monitor the course or response to treatment of diseases like tuberculosis, bacterial endocarditis, acute rheumatic fever, rheumatoid arthritis, SLE, Hodgkins disease, temporal arteritis and polymyalgia rheumatica.

- It is also increased in pregnancy, multiple myeloma, menstruation, and hypothyroidism.

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Sample ID : 24031

Test Description	Value(s)	Reference Range	Unit
Thyroid Profile (T3, T4, TSH)			
T3-Total Method : CLIA	1.58	0.87 - 2.73	ng/dL
T4-Total Method : CLIA	8.67	6.09 - 12.23	ug/dL
TSH-Ultrasensitive Method : CLIA	2.45	0.45 - 4.5 First Trimester : 0.1-2.5 Second Trimester : 0.2-3.0 Third trimester : 0.3-3.0	uIU/mL

Interpretation

TSH	T3	T4	Suggested Interpretation for the Thyroid Function Tests Pattern
Raised	Within range	Within range	Raised Within Range Within Range .Isolated High TSHespecially in the range of 4.7 to 15 m1U/m1 is commonly associated with Physiological & Biological TSH Variability. Subclinical Autoimmune Hypothyroidism.Intermittent 14 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 14 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 & Range Range associated with Non-Thyroidal illness .Subclinical Hyperthyroidism .Thyroxine ingestion'
Decreased	Decreased	Decreased	Central Hypothyroidism .Non-Thyroidal illness .Recent treatment for Hyperthyroidism (TSH remains suppressed)"
Decreased	Raised	Raised	Primary Hyperthyroidism (Graves' disease).Multinodular goitre, Toxic nodule •Transient thyroiditis:Postpartum, Silent (lymphocytic), Postviral (granulomatous,subacute, DeQuervain's),Gestational thyrotoxicosis with hyperemesis gravidarum"
Decreased Within Rang	Raised	Within range	T3 toxicosis •Non-Thyroidal illness
Within range	Decreased	Within range	Isolated Low T3-often seen in elderly & associated Non-Thyroidal illness In elderly the drop in 13 level can be upto 25%.

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Test Description	Value(s)	Reference Range	Unit

Lab technician

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CONSULTANT PATHOLOGIST /
MICROBIOLOGIST

ID:2060   CASE: PRANGYA PARAMITA MISHRA

AGE: 44Y M D   FEMALE

27/04/2024 12:48:50
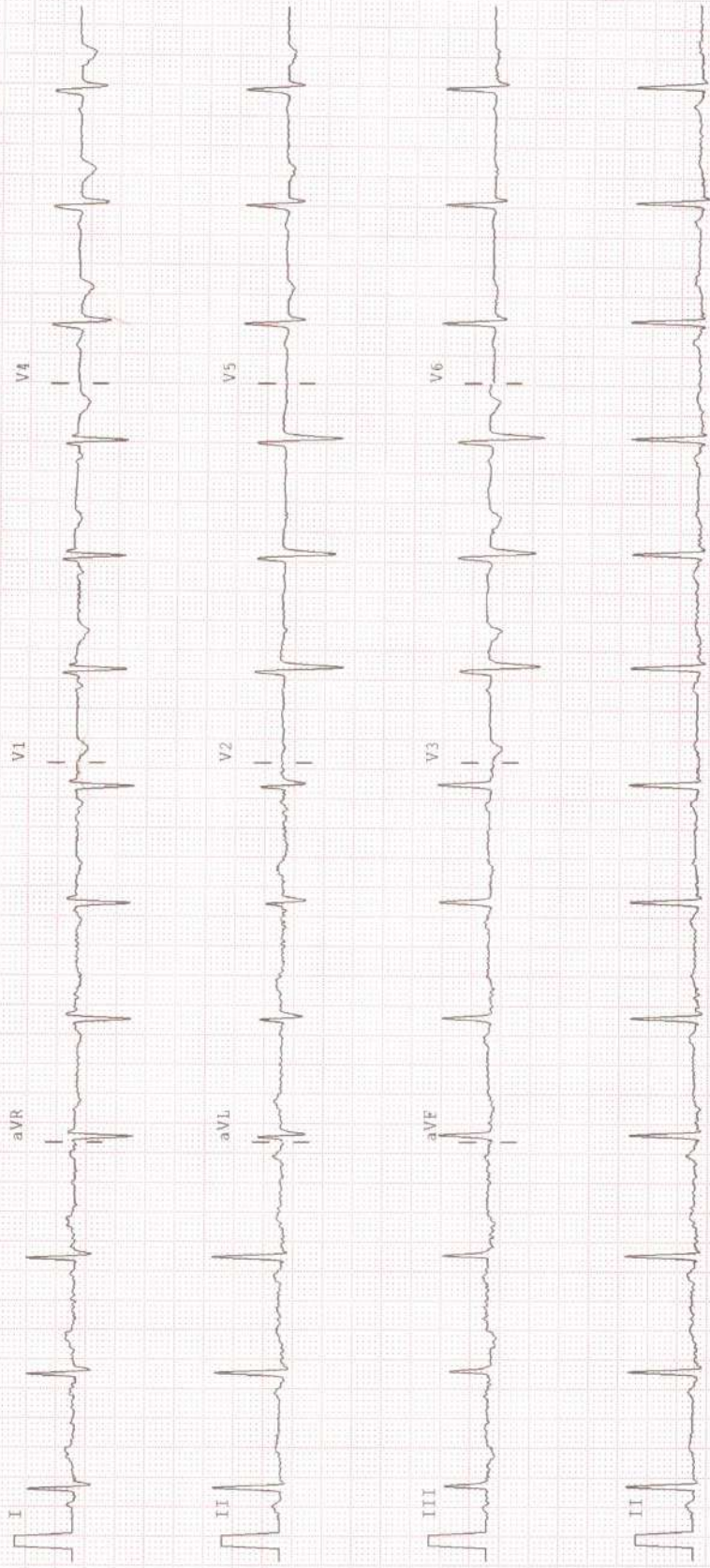
ZENA HEALTHCARE

PLOT-119,SAHIDNAGAR,BHUBANESWAR

Cms   Kg

RATE	:	78 bpm	SINUS RHYTHM
R-R	:	767 ms	WIDESPREAD T WAVE ABNORMALITY MAY BE DUE TO MYOCARDIAL ISCHEMIA
P-R	:	140 ms	
QRS	:	92 ms	
QT	:	360 ms	
QTc	:	392 ms	

--AXIS--

P	:	58°
QRS	:	68°
T	:	-13°

ABNORMAL ECG

12 SL: REPORT FORMAT:3x4+1L SQ

REF:

Dr.

Pranjya paramitha mishra

I   aVR   V1   V4

II   aVL   V2   V5

III   aVF   V3   V6

II

25mm/sec 10mm/mV Notch:ON   BLC:ON   0.05- 35Hz ALLENGERS PISCES 10121VER-1.91CLINICALLY CORRELATE THE FINDINGS

Patient Name : MRS. PRANGYA PARAMITA MISHRA

Age / Gender : 44 years / Female

Patient ID : 21026

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Sample ID : 24031

Test Description	Value(s)	Reference Range	Unit
Complete Blood Count			
Hemoglobin (Hb)	**10.6**	12.0 - 15.0	gm/dL
Erythrocyte (RBC) Count	4.24	3.8 - 4.8	mil/cu.mm
Packed Cell Volume (PCV)	**34.8**	36 - 46	%
Mean Cell Volume (MCV)	**82.08**	83 - 101	fL
Mean Cell Haemoglobin (MCH)	**25**	27 - 32	pg
Mean Corpuscular Hb Concn. (MCHC)	**30.46**	31.5 - 34.5	g/dL
Red Cell Distribution Width (RDW)	**14.6**	11.6 - 14.0	%
Total Leucocytes (WBC) Count	7500	4000-10000	cell/cu.mm
Neutrophils	67	40 - 80	%
Lymphocytes	29	20 - 40	%
Monocytes	03	2 - 10	%
Eosinophils	01	1 - 6	%
Basophils	**00**	1-2	%
Platelet Count	275	150 - 410	10^3/ul
Mean Platelet Volume (MPV)	10.9	7.2 - 11.7	fL
PCT	0.30	0.2 - 0.5	%
PDW	**18.2**	9.0 - 17.0	%

END OF REPORT

Lab technician

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