



**Patient Name :** MRS. DESHBHRATAR SRUSHTI [MRN-240800620]  
**Age / Gender :** 30 Yr / F  
**Address :** 23/ Sct B Kalani Bagh Dewas, Kalma, Dewas, MADHYA PRADESH  
**Req. Doctor:** VONE HOSPITAL  
**Regn. ID:** WALKIN.24-25-7927

**BIOCHEMISTRY**

**Request Date :** 10-08-2024 09:52 AM  
**Collection Date :** 10-08-2024 10:00 AM | BIO6987  
**Acceptance Date :** 10-08-2024 10:00 AM | **TAT:** 06:47 [HH:MM]  
**Reporting Date :** 10-08-2024 04:47 PM  
**Reporting Status :** Finalized

Investigations	Result	Biological Reference Range
<b>LFT</b>		
SGOT	34.0 U/L	0 - 40 U/L
SGPT	19.0 U/L	F 0 - 31 U/L
TOTAL BILIRUBIN	0.81 mg/dL	0 - 1.1 mg/dL
DIRECT BILIRUBIN	<b>0.24 mg/dL *</b>	0 - 0.2 mg/dL
INDIRECT BILIRUBIN	0.57 mg/dL	0.2 - 0.8 mg/dL
TOTAL PROTEIN	7.44 mg/dL	6.6 - 8.8 mg/dL
S.ALBUMIN	4.01 mg/dL	3.5 - 5.5 mg/dL
GLOBULIN	3.43 mg/dL	2 - 3.5 mg/dL
A.G.RATIO	1.17	1.1 - 1.5
ALKALINE PHOSPHATASE	91.0 U/L	F 35 - 104 U/L CHILD 54 - 369 U/L
<b>PT INR</b>		
PT	<b>16.1 sec *</b>	13 - 15 sec
CONTROL	12.8 sec	
INR	<b>1.2 *</b>	0.8 - 1.1
HBSAG	Non Reactive	
ALT / AST RATIO	0.55	< 1.5
AST / ALT RATIO	<b>1.78 *</b>	< 1
<b>URIC ACID</b>	4.5 mg/dL	F 2.6 - 6 mg/dL
<b>BUN</b>		
BUN	10.73 mg/dL	5 - 20 mg/dL
<b>CREATININE</b>	<b>0.51 mg/dL *</b>	0.7 - 1.4 mg/dL
<b>BUN / CREATINE RATIO</b>	15.11	10 - 20
<b>GGT(GAMMA GLUTAMYL TRANSFERASE)</b>	17.3 U/L	F 9 - 39 U/L

END OF REPORT.

**DR. QUTBUDDIN CHAHWALA**  
M.D.PATHOLOGIST

Result relate to the sample as received.

V-ONE HOSPITAL Department of Laboratory Medicine.



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**CLINICAL PATHOLOGY**

**Request Date :** 10-08-2024 09:52 AM **Reporting Date :** 10-08-2024 04:45 PM  
**Collection Date :** 10-08-2024 10:00 AM | CP-2516 **Reporting Status :** Finalized  
**Acceptance Date :** 10-08-2024 10:00 AM | **TAT:** 06:45 [HH:MM]

Investigations	Result	Biological Reference Range
<b>Urine Routine</b>		
PHYSICAL EXAMINATION		
Quantity	30 ml	
Colour	Pale yellow	Pale Yellow
Deposit	Absent	Absent
Clarity	Slightly Turbid	Clear
Reaction	Acidic	Acidic
Specific Gravity	1.020	1.001 - 1.035
CHEMICAL EXAMINATION		
Albumin	Absent	Absent
Sugar	Absent	Absent
Bile Salt	Absent	Absent
Bile Pigment	Absent	Absent
Keton	Absent	Absent
Blood	Absent	Absent
MICROSCOPY EXAMINATION		
Red Blood Cells	Nil /hpf	Nil/hpf
Pus Cells	4-6 /hpf	2-3/hpf
Epithelial Cells	8-10 /hpf	3-4/hpf
Casts	Absent	Absent
Crystals	Absent	Absent
Bacteria	Absent	Absent

END OF REPORT.

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**BIOCHEMISTRY**

**Request Date :** 10-08-2024 09:52 AM  
**Collection Date :** 10-08-2024 10:00 AM | BIO6987  
**Acceptance Date :** 10-08-2024 10:00 AM | TAT: 06:38 [HH:MM]

**Reporting Date :** 10-08-2024 04:38 PM  
**Reporting Status :** Finalized

Investigations	Result	Biological Reference Range
<b>Lipid Profile</b>		
Total Cholesterol	159.0 mg/dL	0 - 200 mg/dL
Tryglyceride	<b>94.0 mg/dL *</b>	150 - 200 mg/dL
HDL Cholesterol	39.5 mg/dL	35 - 79 mg/dL
VLDL (Calculated)	18.8 mg/dL	5 - 40 mg/dL
LDL	100.7 mg/dL	0 - 130 mg/dL
Total Cholesterol /HDL	4.03	0 - 5
LDL/HDL	2.55	0.3 - 5

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**IMMUNOLOGY**

**Request Date :** 10-08-2024 09:52 AM

**Reporting Date :** 10-08-2024 04:38 PM

**Collection Date :** 10-08-2024 10:00 AM | PATH5100

**Reporting Status :** Finalized

**Acceptance Date :** 10-08-2024 10:00 AM | **TAT:** 06:38  
[HH:MM]

Investigations	Result	Biological Reference Range
<b>Thyroid Profile</b>		
T3	0.98 ng/dL	0.58 - 1.62 ng/dL (Age 1 - 100 )
T4	8.69 ug/dl	5 - 14.5 ug/dl (Age 1 - 100 )
TSH	1.36 uIU/ml	0.35 - 5.1 uIU/ml (Age 1 - 100 )

Interpretation: Ultra sensitive-thyroid stimulating hormone (TSH) is a highly effective screening assay for thyroid disorders. In patients with an intact pituitary-thyroid axis, sTSH provides a physiologic indicator of the functional level of thyroid hormone activity. Increased s-TSH indicates inadequate thyroid hormone, and suppressed s-TSH indicates excess thyroid hormone. Transient s-TSH abnormalities may be found in seriously ill, hospitalized patients, so this is not the ideal setting to assess thyroid function. However, even in these patients, s-TSH works better than total thyroxine (an alternative screening test). when the s-TSH result is abnormal, appropriate follow-up tests T4 & free T3 levels should be performed. If TSH is between 5.0 to 10.0 & free T4 & free T3 level are normal then it is considered as subclinical hypothyroidism which should be followed up after 4 weeks & If TSH is > 10 & free T4 & free T3 level are normal then it is considered as overt hypothyroidism.

Serum triiodothyronine (T3) levels often are depressed in sick and hospitalized patients, caused in part by the biochemical shift to the production of reverse T3. Therefore, T3 generally is not a reliable predictor of hypothyroidism. However, in a small subset of hyperthyroid patients, hyperthyroidism may be caused by overproduction of T3 (T3 toxicosis). To help diagnose and monitor this subgroup, T3 is measured on all specimens with suppressed s-TSH and normal FT4 concentrations.

Normal ranges of TSH & thyroid hormones vary according trimester in pregnancy. TSH ref range in Pregnancy Reference range (microIU/ml)

First trimester 0.24 - 2.00  
Second trimester 0.43-2.2

END OF REPORT.

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**HAEMATOLOGY**

**Request Date :** 10-08-2024 09:52 AM  
**Collection Date :** 10-08-2024 10:00 AM | H-5812  
**Acceptance Date :** 10-08-2024 10:00 AM | TAT: 06:37 [HH:MM]

**Reporting Date :** 10-08-2024 04:37 PM  
**Reporting Status :** Finalized

Investigations	Result	Biological Reference Range
<b>BLOOD GROUP</b>		
ABO GROUP	O	
RH FACTOR	Positive	

END OF REPORT.

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Restoring Quality of Life

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### HAEMATOLOGY

**Request Date :** 10-08-2024 09:52 AM  
**Collection Date :** 10-08-2024 10:00 AM | H-5812  
**Acceptance Date :** 10-08-2024 10:00 AM | TAT: 06:36 [HH:MM]  
**Reporting Date :** 10-08-2024 04:36 PM  
**Reporting Status :** Finalized

Investigations	Result	Biological Reference Range
<b>HbA1C</b>		
Glyco Hb (HbA1C)	5.4 %	4 - 6 %
Estimated Average Glucose	108.28 mg/dL	mg/dL
Interpretation: 1HbA1C has been endorsed by clinical groups and American Diabetes Association guidelines 2017 for diagnosing diabetes using a cut off point of 6.5%		
2.Low glyated haemoglobin in a non diabetic individual are often associated with systemic inflammatory diseases, chronic anaemia (especially severe iron deficiency and haemolytic), chronic renal failure and liver diseases. Clinical correlation suggested.		
3.In known diabetic patients, following values can be considered as a tool for monitoring the glycemic control. Excellent control-6-7 %		

END OF REPORT.

**DR.QUTBUDDIN CHAHWALA**  
M.D.PATHOLOGIST

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**Request Date :** 10-08-2024 09:52 AM **HAEMATOLOGY**  
**Collection Date :** 10-08-2024 10:00 AM | H-5812 **Reporting Date :** 10-08-2024 04:35 PM  
**Acceptance Date :** 10-08-2024 10:00 AM | TAT: 06:35 [HH:MM] **Reporting Status :** Finalized

Investigations	Result	Biological Reference Range
<b>CBC</b>		
Haemoglobin	12.5 gm%	F 12 - 15 gm% (Age 1 - 100 )
RBC Count	<b>4.49 mill./cu.mm *</b>	F 4.6 - 6 mill./cu.mm (Age 1 - 100 )
Packed Cell Volume (PCV)	<b>36.4 % *</b>	F 38 - 45 % (Age 1 - 100 )
MCV	81.0 Cu.m.	76 - 96 Cu.m. (Age 1 - 100 )
MCH	27.8 pg	27 - 32 pg (Age 1 - 100 )
MCHC	34.4 %	30.5 - 34.5 % (Age 1 - 100 )
Platelet Count	286 10 <sup>3</sup> /uL	150 - 450 10 <sup>3</sup> /uL (Age 1 - 100 )
Total Leukocyte Count (TLC)	7.65 10 <sup>3</sup> /uL	4.5 - 11 10 <sup>3</sup> /uL (Age 1 - 100 )
Differential Leukocyte Count (DLC)		
Neutrophils	56 %	40 - 70 % (Age 1 - 100 )
Lymphocytes	39 %	20 - 40 % (Age 1 - 100 )
Monocytes	03 %	2 - 10 % (Age 1 - 100 )
Eosinophils	02 %	1 - 6 % (Age 1 - 100 )
Basophils	00 %	< 1 %
<b>ESR (WINTROBE METHOD)</b>	<b>21 mm/hr *</b>	F 0 - 19 mm/hr

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Reporting Date : 10-08-2024 05:23 PM  
Report Status : Finalized

**X-RAY CHEST AP**

Size and shape of heart are normal.

C.P. angles are clear.

Lung fields are clear.

Soft tissues and rib cage are normal.

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END OF REPORT

  
Dr. RADIOLOGIST





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**USG WHOLE ABDOMEN**

Liver is normal in size (14 cm) and shape. Its echogenicity is normal. Margins are smooth and regular. The portal vein and biliary radicals are normal in calibre.

GB is well distended. Wall thickness is normal with echofree lumen. CBD is within normal limits.

Pancreas is normal in size, shape and echo pattern.

Bilateral kidneys are normal in shape, size and echotexture. Corticomedullary differentiation is maintained. No evidence of any calculus or hydronephrosis seen.

Rt. Kidney length: 9.4 cm

Lt. Kidney length: 9.8 cm

Spleen is normal in size and echopattern.

Urinary bladder is normal in shape and size. Lumen appears echofree. Wall thickness is normal.

Uterus is anteverted, normal in size, measuring app 5.4x4.3x3.8 cm. Myometrial echotexture is homogenous. IUCD in-situ.

Endometrial echoes are 6 mm thick & central. Cervix is normal in size and echotexture.

Bilateral ovaries are normal in size and position.

No obvious adnexal lesion seen.

No free fluid in pouch of Douglas.

No evidence of ascites / pleural effusion.

Visualized bowel loops are normal in course and calibre.

**IMPRESSION :-**

**No significant abnormality detected.**

*RMS*

**DR. RAVINDRA SINGH**

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