

PATIENT NAME	ANSHU KUMARI	DATE	1 April 2024
REF. BY DR.	self	AGE/SEX	28 YEARS/FEMALE
INVESTIGATION	USG OF WHOLE ABDOMEN	UHID NO	12677

- LIVER: -** Liver is normal in size (137 mm), appearance and echo texture. No focal lesion seen. No IHBR dilatation seen.
- CBD: -** CBD (2.0 mm) and portal vein appear normal. No calculi or thrombosis seen.
- GB: -** Gall bladder is well distended and appears normal. No calculi seen. No pericholecystic fluid seen.
- SPLEEN: -** Spleen measures 95 mm in long axis and appears normal. Splenic veins appear normal. No focal lesion seen.
- PANCREAS: -** Pancreas and Para-aortic region appear normal. Pancreatic duct appears Normal. No focal lesion noted.
- R. KIDNEY: -** Right kidney is normal in size and echo texture. Cortico-medullary differentiation is well preserved. **Evidence of tiny concretions, measuring approx. 3.2 mm seen in mid calyx region.** No hydronephrosis seen.
Rt. Kidney: - 110 x 40 mm.
- L. KIDNEY: -** Left kidney is normal in size and echo texture. Cortico-medullary differentiation is well preserved. No calculi or hydronephrosis seen.
Lt. Kidney: - 119 x 59 mm.
- URETERS: -** Both ureters are normal. No dilatation or calculi seen.
- UB: -** Urinary bladder is well distended and normal. Wall thickness is normal. Lumen is echo free.
- UTERUS: -** Uterus is anteverted and measuring 80 x 43 x 44 mm. Endometrial and Myometrium appears normal. Endometrial thickness measuring up to 05 mm. There is no evidence of Focal lesion.
- CERVIX: -** Cervix is normal.
- ADNEXA: -** Both ovaries are normal in size and shape. **Evidence of a well-defined rounded hyperechoic lesion measuring approx. 15 x 14 mm seen in right ovary possibility of dermoid cyst.**
Right ovary measuring about 24 x 18 mm
Left ovary measuring about 27 x 18 mm
- OTHER: -**
- No enlarged lymph nodes are seen.
 - No free fluid seen in peritoneal cavity.
 - No free fluid collection seen in P.O.D.

IMPRESSION

- **Right renal concretions.**
- **Right side ovarian ?dermoid cyst.** Follow-up scan after 4 months.
- **Excessive bowel gasses are seen.**

UHID No / Reg No :- UD-24250012677 / 24250012677

Print Date : 01-Apr-2024 06:17 PM

Patient Name :- Mrs ANSHU KUMARI Husband
BANK OF BARODA :-

Mobile :- 8409122272

Receipt No :- 24250000002 / 01 Apr 2024

Age :- 28 Y/F

Address :- , Madhubani

Referred By :- SELF

Final Report

Investigations	Observations	Biological Ref. Interval	Unit
Sample No:242514 Type of Sample :- Blood,			
HAEMATOLOGY			
CBC			
HB	12.1	11.00 - 16.00	gm/dl
TLC	5,000	4000.00 - 11000.00	Cells/cumm.
DLC DIFFERENTIAL LEUCOCYTE COUNT			
NEUTROPHILS	60	40.00 - 75.00	%
LYMPHOCYTES	34	20.00 - 45.00	%
EOSINOPHILS	04	1.00 - 6.00	%
MONOCYTES	02	2.00 - 10.00	%
BASOPHILS	00	<1-2	%
BLASTS	00		%
RBC	4.52	3.50 - 4.50	million/cumm
HCT	34.9	35.00 - 50.00	%
MCV(MEAN CELL VOLUME)	77.21	83.00 - 101.00	fl
MCH(MEAN CELL HAEMOGLOBIN)	26.9	27.00 - 32.00	pg
MCHC	34.8	31.50 - 35.00	gm%
PLATELET COUNT	1.32	1.50 - 4.10	lacs /cumm

Remarks :-

SPIRIT TO HEAL

Lab Technician

* END OF REPORT *

Dr E Haque
MBBS.MD
Pathologist

Note :- * If the result of the test is alarming or unexpected, the patient is contact the laboratory immediately
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Sample No:242514 Type of Sample :- Blood,

HAEMATOLOGY

ESR 05 0.00 - 20.00 mm at 1 hr

BLOOD GROUP

ABO BLOOD GROUP

RH. FACTOR

"AB"
POSITIVE

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HAEMATOLOGY

HBA1C(GLYCOSYLATED HAEMOGLOBIN)

5.2

4.20 - 6.00

%

Fully Automated H.P.L.C (Biorad Variant II Turbo)

Normal - 4.2 - 6.2 %

Good diabetic control - 5.5 - 6.8 %

Fair control - 6.8 - 8.2 %

Poor control - > 8.2 %

AIC Result

%	MEAN PLASMA GLUCOSE	
12.0	345	19.5
11.0	310	17.5
10.0	275	15.5
9.0	240	13.5
8.0	205	11.5
7.0	170	9.5
6.0	135	7.5
5.0	100	5.5
4.0	65	3.5

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Sample No:242514 Type of Sample :- Blood,

BIOCHEMISTRY

RFT (RENAL FUNCTION TESTS)

UREA	18.0	13.00 - 43.00	mg/dl
CREATININE	0.79	0.60 - 1.10	mg/dl
URIC ACID	3.8	2.50 - 6.00	mg/dl
SERUM SODIUM NA+	137.0	135.00 - 145.00	mEq/Ltr
SERUM POTASSIUM K+	4.3	3.50 - 5.20	mEq/Ltr
SERUM CHLORIDE CL-	106.1	98.00 - 110.00	mEq/Ltr
CALCIUM	9.0	8.80 - 10.20	mg/dl
PHOSPHORUS	4.1	2.50 - 5.00	mg/dl
TOTAL PROTIENS	7.2	6.60 - 8.70	g/dl
ALBUMIN	4.0	3.50 - 5.20	gm%
GLOBULIN	3.20	1.50 - 3.60	gms/dl
ALBUMIN/GLOBULIN RATIO	1.25	1.00 - 1.80	g/dl

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Sample No:242514 Type of Sample :- Blood,

BIOCHEMISTRY

LFT (LIVER FUNCTION TESTS)

TOTAL BILIRUBIN	0.89	0.00 - 1.20	mg/dl
DIRECT BILIRUBIN	0.24	0.00 - 0.30	mg/dl
INDIRECT BILIRUBIN	0.65	0.20 - 0.70	mg/dl
SGOT	26.0	2.00 - 31.00	U/L
SGPT	17.0	0.00 - 45.00	U/L
ALKALINE PHOSPHATASE	81.0	56.00-119.00	U/L
TOTAL PROTIENS	7.2	6.60 - 8.70	g/dl
ALBUMIN	4.0	3.50 - 5.20	gm%
GLOBULIN	3.20	1.50 - 3.60	gms/dl
A/G RATIO	1.25	2:1	RATIO

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Investigations	Observations	Biological Ref. Interval	Unit
Sample No:242514 Type of Sample :- Blood, BIOCHEMISTRY LIPID PROFILE			
TOTAL CHOLESTROL	178.0	Desirable : - < 200 mg/dL Borderline : - 200 - 239 mg/dL High : - > 240mg/dL	mg/dl
TRIGLYCERIDES	139.0	35.00 - 160.00	mg/dl
HDL CHOLESTROL	48.0	42.00 - 88.00	mg/dl
LDL CHOLESTROL	102.20	<130	mg/dl
VLDL	27.80	<40	mg/dl
CHOLESTROL/ HDL RATIO	3.71	<3.0 LOW RISK, 3.0-5.0 AVG RISK, >5.0 HIGH RISK	ratio
LDL/HDL RATIO	2.13	<3	ratio

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Investigations	Observations	Biological Ref. Interval	Unit
Sample No:242514 Type of Sample :- Blood, BIOCHEMISTRY GAMMA-GLUTAMYL TRANSFERASE (GGT)	28.0	0.00 - 55.00	IU/L

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Investigations	Observations	Biological Ref. Interval	Unit
Sample No:242514 Type of Sample :- Blood, URINE EXAMINATION URINE SUGAR URINE SUGAR FASTING :- NIL	-		
BIOCHEMISTRY BLOOD SUGAR FASTING	82.0	70.00 - 110.00	mg/dl

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Investigations	Observations	Biological Ref. Interval	Unit
Sample No:242515 Type of Sample :- Urine,			
URINE EXAMINATION			
URINE ROUTINE EXAMINATION			
PHYSICAL EXAMINATION			
QUANTITY	30		ml
COLOR	STRAW	CLEAR YELLOW	
APPEARANCE	CLEAR	CLEAR	
CHEMICAL EXAMINATION			
SPECIFIC GRAVITY	1.005	1.01 - 1.03	
PH	6.0	4.60 - 7.50	
GLUCOSE	NIL		
PROTEIN-	NIL		
MICROSCOPIC EXAMINATION			
PUS CELLS	4-6	2.00 - 3.00	/HPF
RBCS (RED BLOOD CELLS)	NIL	3.50 - 4.50	/HPF
EPITHELIAL CELLS	6-8		/HPF
CASTS	ABSENT	ABSENT	
CRYSTALS	ABSENT	ABSENT	
BACTERIA	(++)	ABSENT	
YEAST CELLS	ABSENT	ABSENT	
OTHERS	NIL		

Remarks :-

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Final Report

Investigations	Observations	Biological Ref. Interval	Unit
Sample No:242514 Type of Sample :- Blood,			
IMMUNOLOGY			
THYROID PROFILE (T3,T4,TSH)			
T3	1.2	0.69 - 2.15	ng/ml
T4	9.8	5.20 - 12.70	ug/dl
TSH	1.1	0.30 - 4.50	μIU/ml

Total T3 (Triiodothyronine)

Clinical Significance :

Thyroid hormones, T3 and T4, which are secreted by the thyroid gland, regulate a number of developmental, metabolic, and neural activities throughout the body. The thyroid gland synthesizes 2 hormones - T3 and T4. T3 production in the thyroid gland constitutes approximately 20% of the total circulating T3, 80% being produced by peripheral conversion from T4. T3 is more potent biologically. Total T3 comprises of Free T3 and bound T3. Bound T3 remains bound to carrier proteins like thyroid-binding globulin, prealbumin, and albumin). Only the free forms are metabolically active. In hyperthyroidism, both T4 and T3 levels are usually elevated, but in some rare cases, only T3 elevation is also seen. In hypothyroidism T4 and T3 levels are both low. T3 levels are frequently low in sick or hospitalized euthyroid patients.

Total T4 (Thyroxine)

Clinical Significance :

Total T4 is synthesized in the thyroid gland. About 0.05% of circulating T4 is in the free or biologically active form. The remainder is bound to thyroxine-binding globulin (TBG), prealbumin, and albumin. High levels of T4 (and FT4) causes hyperthyroidism and low levels lead to hypothyroidism.

TSH 3rd Generation

Clinical Significance :

TSH levels are elevated in primary hypothyroidism and low in primary hyperthyroidism. Evaluation of TSH is useful in the differential diagnosis of primary from secondary and tertiary hypothyroidism. In primary hypothyroidism, TSH levels are elevated, while secondary and tertiary hypothyroidism, TSH levels are low or normal. High TSH level in the presence of normal FT4 is subclinical hypothyroidism and low TSH with normal FT4 is called subclinical hyperthyroidism. Sick, hospitalized patients may have falsely low or transiently elevated TSH. Significant diurnal variation is also seen in TSH levels

Remarks :-

Lab Technician

मेडीवर्ल्ड मल्टी स्पेशलिटी हॉस्पिटल * END OF REPORT *

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