SHANYA SCANS & THERANOSTICS

Diagnostics | Interventions | Therapies

BIGGEST DIAGNOSTICS & THERANOSTICS CENTER IN UTTAR PRADESH

Name	:	GEETA YADAV	Registered on	:	11-12-2023 12:33:26
Pat No.	:	8306	Collected on	:	11-12-2023 13:05:00
Visit No.	:	032310673	Reported on	:	11-12-2023 17:26:21
Age/Gender	:	34-Year(s)/Female			
Ref.Dr	:	NEUBERG THC			

Test	Results	Units	Reference Range
	CLINICAL LABORATORY REPORT		
HEMATOLOGY			
E.S.R. *(WHOLE BLOOD)*	**22**	mm/1 hr	1 - 20
Haemoglobin *(WHOLE BLOOD)*	11.6	gm/dl	11.0 - 14.0
Total Leucocytes Count (TLC) *(WHOLE BLOOD)*	8000	/cu mm	4000 - 11000
DIFFERENTIAL COUNT (DC)			
Polymorphs *(WHOLE BLOOD)*	70	%	40 - 75
Lymphocytes *(WHOLE BLOOD)*	25	%	20 - 40
Eosinophils *(WHOLE BLOOD)*	01	%	00 - 06
Monocytes *(WHOLE BLOOD)*	05	%	00 - 10
Basophil *(WHOLE BLOOD)*	00	%	0.00 - 2.00
Platelet Count *(WHOLE BLOOD)*	2.6	lac	1.5 - 4.5
RBC Count *(WHOLE BLOOD)*	3.82	million/mm3	3.80 - 4.80
P.C.V / HAEMATOCRIT *(WHOLE BLOOD)*	**32.8**	%	35 -45
MCV *(WHOLE BLOOD / Method : Calculated)*	86.1	fl	80 - 100
MCH	30.4	pg	27 - 31

Dr. Siddhant Verma
MBBS., MD
Consultant Pathologist

CIN NO.: U85100UP2020PTC128218

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Pat No.	: 8306		Collected on	: 11-12-2023 13:05:00
Visit No.	: 032310673		Reported on	: 11-12-2023 17:26:21
Age/Gender	: 34-Year(s)/Female			
Ref.Dr	: NEUBERG THC			

Test	Results	Units	Reference Range
(WHOLE BLOOD)			
MCHC *(WHOLE BLOOD)*	35.3	gm/dl	33 - 37
RDW - CV *(WHOLE BLOOD)*	13.5	%	11.6 - 14.0
BIOCHEMISTRY			
FASTING BLOOD SUGAR *(PLASMA - F)*	91.00	mg/dl	70 - 100 mg/dl

Interpretation :

Glucose is a major source of energy for most cells of the body. Diabetes is diagnosed in persons with fasting blood glucose level more than or equal to 126 mg/dL.

Increased levels - Prediabetic, overactive thyroid gland, Pancreatic Cancer, Pancreatitis, (Pheochomocytona, Acromegaly, Cushing Syndrome or Glucagonoma - rare causes) certain drugs like Corticosteroids, Oestrogen, Salicylates etc.

Decreased levels - Hypopitutarism, Hypothyroidism, Insulinoma, Increase dose of Insulin or other Diabetic Medication and certain drugs like Alcohol, Anabolic steroids, Clofiberate etc.

Test	Results	Units	Reference Range
Glycosylated Hemoglobin(GHb/HbA1c) *(WHOLE BLOOD / Method : Ion exchange HPLC (NSGP certified method))*	5.0	%	5.7 - 6.4 <5.7 : Non Diabetic 5.7 - 6.4 : Borderline >6.4 : Diabetic

Comments:

1. 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 within this 120 days. 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.
2. Mean Plasma Glucose mg/dL = 28.7 x A1C - 46.7. Correlation between HbA1c and Mean Plasma Glucose (MPG) is not "perfect" but rather only this means that to predict or estimate average glucose from HbA1c or vice-versa is not "perfect" but gives a good working ballpark estimate.
3. Afternoon and evening results correlate more closely to HbA1c than morning results, perhaps because morning fasting glucose levels vary

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Test	Results	Units	Reference Range
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.			
POST PRANDIAL SUGAR *(PLASMA - PP)*	93.00	mg/dl	110 - 160 mg/dl
BIO UREA NITRO/UREA (BUN) *(SERUM)*	6.68	mg/dL	5-20
KIDNEY FUNCTION TEST			
Urea *(SERUM / Method : Urease Colorimetric)*	14.3	mg/dl	19.0 - 44.0
CREATININE *(SERUM / Method : Jaffe Compensated)*	0.62	mg/dl	0.50 - 1.40
Uric Acid *(SERUM / Method : Uricase Colorimetric)*	2.09	mg/dl	2.6 - 7.0
Sodium (NA+) *(SERUM / Method : Ion Selective Electrode)*	140.5	mmol/L	135.0 - 145.0
CHLORIDE (CL-) *(SERUM / Method : Direct ISE Method)*	102	mmol/L	98 - 107
Potassium (K+) *(SERUM / Method : Ion Selective Electrode)*	4.56	mmol/L	3.50 - 5.50

Interpretation:-

Kidney blood tests, or Kidney function tests, are used to detect and diagnose disease of the Kidney. The higher the blood levels of urea and creatinine, the less well the kidneys are working. The level of creatinine is usually used as a marker as to the severity of kidney failure. (Creatinine in itself is not harmful, but a high levelindicates that the kidneys are not working properly. So, many other waste products will not be cleared out of the bloodstream.) You normally need treatment with dialysis if the level of creatinine goes higher than a certain value. Dehydration can also be a come for increases in urea level. Before and after starting treatment with certain medicines. Some medicines occasionally cause kidney damage (Nephrotoxic Drug) as aside-effect. Therefore, kidney function is often checked before and after starting treatment with certain medicines.

Test	Results	Units	Reference Range
LIVER FUNCTION TEST			
Bilirubin Total	0.37	mg/dl	0.1 - 1.2

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Age/Gender	: 34-Year(s)/Female			
Ref.Dr	: NEUBERG THC			

Test	Results	Units	Reference Range
(SERUM / Method : Diazotized Sulfanilic)			
Bilirubin Direct *(SERUM / Method : Diazotized Sulfanilic)*	0.15	mg/dl	0.0 - 0.25
Bilirubin Indirect *(SERUM / Method : Diazotized Sulfanilic)*	0.22	mg/dl	0.25 - 0.75
Alkaline Phosphatase (ALP) *(SERUM / Method : IFCC)*	**179.40**	U/L	30 - 120
SGOT (AST) *(SERUM / Method : IFCC without pyridoxal phosphate)*	35.10	U/L	< 40
SGPT (ALT) *(SERUM / Method : IFCC without pyridoxal phosphate)*	23.60	U/L	0.0 - 41.0
Protein Total *(SERUM / Method : Biuret)*	6.20	g/dL.	6.0 - 8.0
Albumin *(SERUM)*	4.00	g/dL.	3.40 - 5.40
Globulin *(SERUM / Method : Calculated)*	2.20	g/dL	2.50-3.50
ALB/GLO Ratio *(SERUM / Method : Spectophotometery Method)*	1.80		1.20-2.10
LIPID PROFILE			
SERUM CHOLESTEROL *(SERUM / Method : By direct enzymatic method)*	75.70	mg/ dl	Normal Value Optimal < 200 mg/ dl Border Line High Risk 200-239 mg/ dl High Risk > 240 mg/ dl
TRIGLYCERIDES *(SERUM / Method : Spectophotometery Method)*	52.00	mg/dl	Optimal < 150 mg/ dl Border Line High Risk

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Age/Gender	: 34-Year(s)/Female	Reported on	:	11-12-2023 17:26:21
Ref.Dr	: NEUBERG THC			

Test	Results	Units	Reference Range

TSH stimulates the production and secretion of the metabolically active thyroid hormones, thyroxine (T4), by interacting with a specific receptor on the thyroid cell surface. The synthesis and secretion of TSH is stimulated by Thyrotropin releasing hormone (TRH), in response to low levels of circulating thyroid hormones. Elevated levels of T3 and T4 suppress the production of TSH via a classic negative feedbach mechanism. Failure at any level of regulation of the hypothalamic-pituitary-thyroid axis will result in either underproduction (hypothyroidism) or overproduction (hyperthyroidism) of T4 and/or T3

On Treatment: TSH level should be evaluated no earlier than four weeks after an adjustment in the levothyroxine dosage. The full effects of thyroid hormone replacement on the TSH level may not become apparent until after eight weeks of therapy. Whereas TSH testing reflects the steady state achieved after 6 to 8 weeks of T4 treatment, FT4 testing reports the most recent adjustments in T4.

- Non-compliance with medication dose or time may affect hormone levels. Various medications may affect thyroid gland function test results. (Ayurvedic & naturopathic herbs like guggul, supplements such as tyrosine, products like kelp that contain iodine, cholesterol- lowering drugs, corticosteroids, growth hormone, lithium, and amiodarone, etc)
- Extreme stress and acute illness may also effect TSH test result.
- T3 and T4 circulates in reversibly bound form with Thyroid binding globulins (TBG), and to a lesser extent albumin and Thyroid binding Pre Albumin, so condition in which TBG and protein levels alter such as pregnancy, excess estrogens, androgens, steroids may falsely affect the T3 and T4 levels.
- Normal levels of T4 can also be seen in hyperthyroid patients with: T3 Thyrotoxicosis, hypoproteinemia or ingestion of certain drugs.
- Serum T4 levels in neonates and infants are higher than values in the normal adult, due to the increase concentration of TBG in neonate serum. TSH may be normal in central hypothyroidism, recent rapid correction of hyperthyroidism or hypothyroidism, pregnancy, phenytoin therapy.
- Autoimmune disorders may produce spurious results.
- TSH has a diurnal rhythm so values may vary if sample collection is done at different times of the day.

CLINICAL PATHOLOGY

URINE EXAMINATION

PHYSICAL EXAMINATION

(URINE)

Test	Results	Units	Reference Range
COLOUR	Pale Yellow		Pale Yellow
APPEARANCE	Clear		
SPECIFIC GRAVITY	1.015		1.010 - 1.030
pH	6.8		5.0 - 7.0

CHEMICAL EXAMINATION

(URINE)

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Ref.Dr	: NEUBERG THC			

Test	Results	Units	Reference Range
PROTEIN	NIL		NIL
SUGAR	NIL		NIL
BILE SALTS	NIL		
BILE PIGMENT	NIL		
<u>MICROSCOPIC EXAMINATION</u>			
(URINE)			
PUS CELLS	1-2	/HPF	0 - 5
RBC'S	NIL	/HPF	NIL
EPITHELIAL CELLS	0-1	/HPF	0 - 2
CASTS	NIL	/LPF	NIL
BACTERIA	NIL	/HPF	NIL
OTHER	NIL		
CRYSTALS	NIL	/LPF	NIL
KETONE	NEGATIVE		

-- End of Report --

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NAME	GEETA YADAV	Age/Gender	34 Y/F	Date	11-Dec-2023
UHID	SAN2300007856	Referred By	NEUBERG THC		

USG WHOLE ABDOMEN

LIVER: is normal in size (~15.4cm), shape and shows homogenous echotexture. No evidence of focal space occupying lesion. No evidence of intrahepatic biliary radicles dilatation.

Portal Vein and Common Bile Duct shows normal caliber.

GALL BLADDER: is normal and shows smooth walls. No evidence of sludge/calculus. No pericholecystic free fluid / inflammation seen.

SPLEEN: is normal in size (~8.9cm) and shows normal echotexture.

PANCREAS: shows normal in size, shape and parenchymal echotexture. Main pancreatic duct is not dilated. No peripancreatic inflammatory changes.

KIDNEYS: Both kidneys are normal in size, shape and location and shows normal echotexture with maintained cortico-medullary differentiation. No evidence of calculus/ No hydronephrosis seen. Perinephric regions appear normal.
Right kidney measures – 8.9 x 3.4cm. Left kidney measures – 9.8 x 5.6cm.

URINARY BLADDER: is normally distended with echofree lumen, and shows normal wall thickness. No evidence of diverticulum or calculus.

UTERUS: - is normal in size (~ 59 x 38 x 32mm), shape and echotexture. Endometrial thickness appears normal and measures ~ 5.4mm. No focal lesion seen. No collection in the endometrial cavity. Cervix and upper part of vagina appears normal.

Both adnexa appear normal.

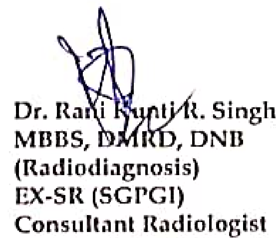
No evidence of ascites.

Multiple enlarged lymph nodes with few showing loss of fatty hilum are noted in mesentery, paraaortic and aortocaval region, largest measuring ~ 14 x 20 mm.

IMPRESSION:

- **Multiple enlarged intra and retroperitoneal lymph nodes with few showing loss of fatty hilum.** *Needs: USG Guided FNAC.*

Please correlate clinically



Dr. Rani Kunti R. Singh
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EX-SR (SGPGI)
Consultant Radiologist

Dr. Nishant Yadav
MBBS, DNB
(APOLLO HOSPITAL, BBSR)
EX-SR (KGMU)
Consultant Radiologist

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Fellowship in Oncoimaging
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Consultant Radiologist

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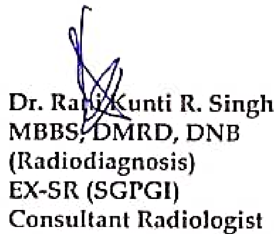
UHID	SAN2300007856	Referred By	NEUBERG THC		

X-RAY CHEST PA VIEW

FINDINGS:

- **Left CP angle is obliterated -? pleural thickening -? Minimal pleural effusion.**
- **Prominent bronchovascular markings are seen in bilateral lungs.**
- Rest of the lung fields are clear.
- Cardiac shadow appears to be within normal limits.
- Both hila are normal.
- Both domes of diaphragm are normal.
- Right costophrenic and cardio-phrenic angles are clear.
- Visualized bones & soft tissue shadows are normal.

Please correlate clinically.



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Dr. Nishant Yadav
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Name	: GEETA YADAV	Registered on	: 11-12-2023 15:27:59
Pat No.	: 8306	Collected on	: 11-12-2023 17:15:00
Visit No.	: 032310710	Reported on	: 11-12-2023 17:26:50
Age/Gender	: 34-Year(s)/Female		
Ref.Dr	: SELF		

Test	Results	Units	Reference Range

CLINICAL LABORATORY REPORT

BIOCHEMISTRY

Test	Results	Units	Reference Range
CRP QUANTITATIVE *(SERUM / Method : Particle enhanced turbidimetric immunoassay (PETIA))*	**22.6**	mg/L	0-14

-- End of Report --

Dr. Siddhant Verma
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NAME	GEETA YADAV	Age/Gender	34 Y/F	Date	11-Dec-2023
UHID	SAN2300007856	Referred By	NEUBERG THC		

2D ECHO WITH COLOUR DOPPLER REPORT
M-MODE ECHO MEASUREMENTS

MITRAL VALVE STUDY

MVA 2D	Normal	6.44		Cm²	BY PHT	Normal	6.44	cm²

LA/AO STUDY

AO Root	2.86	cm	LA Diameter	3.57	cm
Ao Valve opening	1.19	cm			

LV STUDY

IVS (ED)	0.71	cm	IVS (ES)	1.43	cm
LVID (ED)	4.52	cm	LVID (ES)	2.50	cm
LVPW (ED)	0.71	cm	LVPW(ES)	1.79	cm
LVEF	70	%	FS	45	%

2D OBSERVATION

Mitral valve	Normal	Left ventricle	Normal
AO valve	Normal	Right ventricle	Normal
Pulmonary valve	Normal	Left atrium	Normal
Tricuspid valve	Normal	Right atrium	Normal
Ventricular septum	Intact	Pericardium	Normal
Atrial septum	Intact		

Others: No pericardial Effusion.

DOPPLER STUDIES

	Velocity		Pattern	Gradient	Leak
Mitral E Wave	0.76	m/sec	Normal	2.28 mmHg	0/4
A Wave	0.46	m/sec			
Aortic	1.03	m/sec	Normal	4.24 mmHg	0/4
Pulmonary	0.74	m/sec	Normal	2.16 mmHg	0/4
Tricuspid E Wave	0.66	m/sec	Normal	1.73 mmHg	0/4
A Wave	0.36	m/sec			

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CONCLUSION

- NO RWMA.
- LEFT VENTRICLE EF– 70 %.
- NO AR/TR/PR /MR.
- NO MS/ TS/AS/PS.
- IAS / IVS INTACT.
- NO CLOT / VEGETATION/ PERICARDIAL EFFUSION.

DR. R A Gupta
M.B.B.S., D. Card, D. Echo
Specially Trained in Fetal Echo
Cardiologist & Echocardiologist

ID:7856 CASE:5
AGE: 34Y M D
Cms K9

MRS GEETA YADAV
FEMALE

11/12/2023 13:25:57
SHANYA SCAN AND THERONOSTIC CENTRE
NEAR LOHIYA HOSPITAL LUCKNOW

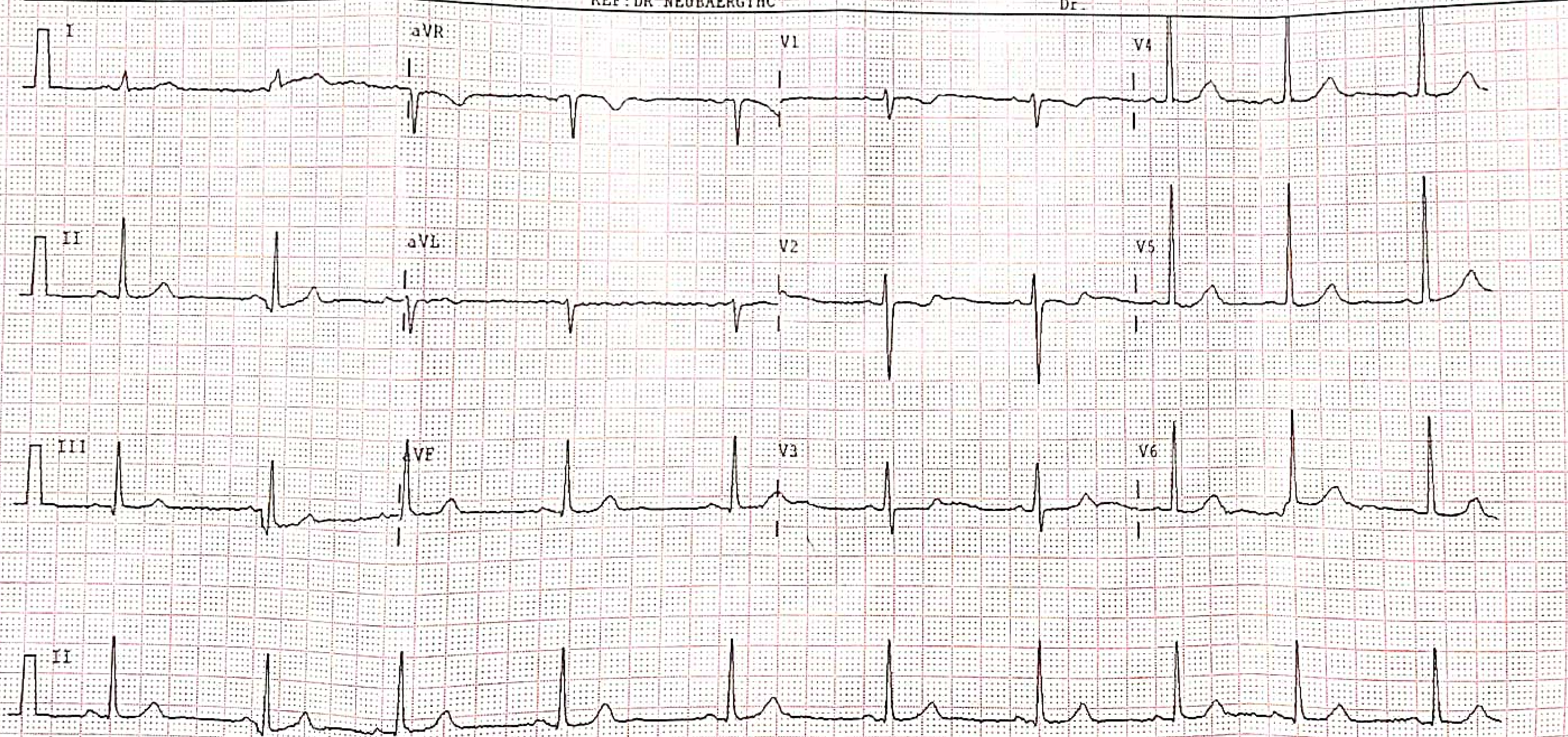
RATE : 60 bpm SINUS RHYTHM
R-R : 998 ms
P-R : 144 ms
QRS : 90 ms
QT : 436 ms
QTc : 436 ms

--AXIS--
P : 78°
QRS : 82° NORMAL ECG
T : 65°

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

REF:DR NEUBAERGTHC

Dr.



mm/sec 10 mm/mV Notch ... 0.05- 35Hz ALLENGERS PISCES 1012(VER- 1.11)CLINICALLY CORRELATE THE FINDINGS

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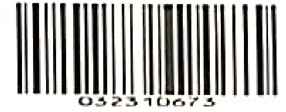

Test	Results	Units	Reference Range
			150-199 mg/ dl High Risk 200-499 mg/ dl Very High Risk > 500 mg/ dl
LDL CHOLESTROL *(SERUM / Method : By direct enzymatic method)*	33.10	mg/dl	Optimal < 100 mg/ dl Near or Above Optimal 100-129 mg/dl Border Line High Risk 130-159 mg/ dl High Risk 160-189 mg/ dl Very High Risk > 190 mg/ dl
VLDL *(SERUM / Method : Spectophotometery Method)*	10.40	mg/dl	0 - 30
HDL CHOLESTEROL (3RD GEN) *(SERUM / Method : By direct enzymatic method)*	20.90	mg/dl	Optimal > 60 mg/ dl Border Line High Risk 40-60 mg/ dl High Risk < 40 mg/ dl

HORMONE ASSAY REPORT

Thyroid Profile (T3 T4 TSH)

(SERUM / Method : CLIA)

Test	Results	Units	Reference Range
Triiodothyronine, Total (T3)	1.12	ng/ml	0.80 - 2.00
Thyroxine, Total (T4)	9.81	ug/dl	5.4 - 11.5
Thyroid Stimulating Hormone (TSH)	1.26	uIU/ mL	Non Pregnant: 0.45-4.50 Pregnant Female: I trimester: 0.1-2.5 II trimester: 0.2-3.0 III trimester: 0.3-3.0

Interpretation (s):

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