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Date 24/02/2024 11:25:41 AM
Name Mrs. DEEP MALA
Ref. By Dr. YOGESH NAGENDRA

Srl No. 1013
Age 41 Yrs.
Sex F

UHID No. OPD-65943
Printed on 20/03/2024 03:58 PM

Test Name	Value	Unit	Normal Value
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COMPLETE HAEMOGRAM

Erba Mannheim Elite 580

HAEMOGLOBIN (Hb)	13.5	gm / dL	11.5 - 16.5
TOTAL LEUCOCYTE COUNT (TLC)	7,300	cells / cu mm	4000 - 11000

DIFFERENTIAL LEUCOCYTE COUNT (DLC)

NEUTROPHIL	50	%	40 - 75
LYMPHOCYTE	42	%	20 - 40
EOSINOPHIL	01	%	01 - 06
MONOCYTE	07	%	02 - 10
BASOPHIL	00	%	0 - 0
RBC COUNT	4.56	million / cu mm	3.8 - 4.8
P.C.V / HAEMATOCRIT	40.5	%	35 - 45
M C V	88.816	fl.	80 - 100
M C H	29.605	Picogram	27.0 - 31.0
M C H C	33.33	gm / dL	32 - 36
PLATELET COUNT	2,78,000	Lakh / cu mm	150000 - 400000
ESR	45	mm / 1st hr	0 - 20

VESMATIC EASY - AUTOMATED

HAEMATOLOGY

BLOOD GROUP ABO	"O"
RH TYPING	POSITIVE

LIVER FUNCTION TEST (LFT)

Roche cobas c 311

BILIRUBIN TOTAL DPD	0.64	mg / dL	0 - 1.2
CONJUGATED (D. Bilirubin) Jendrassik-Grof	0.23	mg / dL	0.00 - 0.30
UNCONJUGATED (I.D. Bilirubin)	0.41	mg / dL	0.00 - 0.70

LAB TECHNICIAN

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Test Name	Value	Unit	Normal Value
TOTAL PROTEIN Biuret	5.9	gm / dL	6.6 - 8.3
ALBUMIN BCP	3.8	gm / dL	3.5 - 5.5
GLOBULIN	2.1	gm / dL	2.5 - 4.0
A/G RATIO	1.81	%	0.8 - 2.0
SGOT IFCC	15.3	IU / L	5.0 - 45.0
SGPT IFCC	11.6	IU / L	5.0 - 49.0
ALKALINE PHOSPHATASE IFCC	61.0	U / L	60.0 - 170.0
GAMMA GT IFCC	10.9	IU / L	6.0 - 42.0

BIOCHEMISTRY

BLOOD SUGAR FASTING HEXOKINASE	92.0	mg / dL	60.0 - 110.0
BLOOD SUGAR PP HEXOKINASE	129.7	mg/dl	80.0 - 140.0
SERUM L.D.H	254.0	U / L	0.0 - 250
<u>THYROID PROFILE</u> MINI VIDAS : BIOMERIEUX			
T3 ELFA Method	0.93	ng / mL	0.60 - 1.81
T4 ELFA Method	7.01	ug / dL	4.5 - 10.9
TSH ELFA Method	2.33	uIU / mL	0.35 - 5.50

REFERENCE RANGE

PAEDIATRIC AGE GROUP

0-3 DAYS	1.0 - 20	uIU / mL
3-30 DAYS	0.5 - 6.5	uIU / mL

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Test Name	Value	Unit	Normal Value
I MONTH -5 MONTHS	0.5 - 6.0	uIU / mL	
6 MONTHS- 18 YEARS	0.5 - 4.5	uIU / mL	
<u>ADULTS</u>	0.35 - 5.50	uIU / mL	

Note: TSH levels are subject to circadian variation, rising several hours before the onset of sleep, reaching peak levels between 11 pm to 6 am. Nadir concentrations are observed during the afternoon. Diurnal variation in TSH level approximates $\pm 50\%$, hence time of the day has influence on the measured serum TSH concentration.

Assay performed on enhanced chemi luminescence system (Centaur-Siemens)

Serum T3,T4 & TSH measurements form the three components of Thyroid screening panel, useful in diagnosing various disorders of Thyroid gland function.

1. Primary hypothyroidism is accompanied by depressed serum T3 and T4 values and elevated serum TSH level.
2. Primary hyperthyroidism is accompanied by elevated serum T3 and T4 levels along with depressed TSH values.
3. Normal T4 levels are accompanied by increased T3 in patients with T3 thyrotoxicosis.
4. Slightly elevated T3 levels may be found in pregnancy and estrogen therapy, while depressed levels may be encountered in severe illness, renal failure and during therapy with drugs like propranolol and propyl thiouracil.
5. Although elevated TSH levels are nearly always indicative of primary hypothyroidism, and may be seen in secondary thyrotoxicosis.

URINE EXAMINATION TEST

CHEMICAL EXAMINATION

SUGAR

NIL

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KIDNEY FUNCTION TEST (KFT)

Roche cobas c 311

BLOOD UREA Urease / GLDH	19.9	mg / dL	15.0 - 40.0
SERUM CREATININE Jaffe	0.73	mg / dL	0.6 - 1.2
SERUM URIC ACID Enzymatic	2.8	mg / dL	2.4 - 6.0
SODIUM ISE	141.2	mEq / L	135.0 - 145.0
POTASSIUM ISE	3.69	mEq / L	3.5 - 5.0
CALCIUM o-cresolphthaleine complexone	8.5	mg / dL	8.6 - 10.0
INORGANIC PHOSPHORUS molybdate UV	2.3	mg / dL	2.5 - 5.0
TOTAL PROTEIN Biuret	5.9	gm / dL	6.6 - 8.3
ALBUMIN BCP	3.8	gm / dL	3.5 - 5.5
TOTAL CHOLESTEROL CHOD-PAP	175.0	mg / dL	0.0 - 200.0

**** End Of Report ****

LAB TECHNICIAN



DR. ANAMIKA YADAV
MBBS DNB PATHOLOGY

UK-9464

DEPARTMENT OF RADIOLOGY & IMAGING

PT.NAME: Mrs. Deep Mala

Age/Sex-41Y/F

UHID NO- 65943

Date: 24/Feb/2024

REF.BY- Dr. Yogesh Nagendra, Cardiologist

USG WHOLE ABDOMEN

LIVER: is normal in size, measures approx 12.5 cms and has a normal homogeneous echotexture.

PORTAL VEIN: is not dilated. Intrahepatic biliary radicals are not dilated.

GALL BLADDER: is partially distended with normal wall thickness.

CBD: is not dilated with clear lumen. No calculus is seen.

PANCREAS: Visualized part of pancreas is normal in size, shape with normal homogeneous echotexture. **MPD:** is not dilated.

SPLEEN: is normal in size (~7.0 cms) and has a normal homogeneous echotexture.

RIGHT KIDNEY: is normal in size and echotexture.

- o Cortical echogenicity is normal.
- o Cortico-medullary demarcation is maintained.
- o Parenchymal thickness appears normal.
- o Pelvicalyceal system is not dilated.

LEFT KIDNEY: is normal in size and echotexture.

- o Cortical echogenicity is normal.
- o Cortico-medullary demarcation is maintained.
- o Parenchymal thickness appears normal.
- o Pelvicalyceal system is not dilated.



-----PTO

URETERS:

- The upper parts of both the ureters are not dilated.
- Bilateral vesico-ureteric junctions are not dilated.

URINARY BLADDER: is distended. Wall thickness is normal.

UTERUS: is anteverted. Few heteroechoic lesions are seen in the anterior and posterior walls of the uterus, largest measuring approx 6.3x11.0 mm in the anterior wall. Endometrial thickness is measures approx 11.6 mm.


BOTH OVARIES: are normal in size. Minimal free fluid is seen in the POD.

No free fluid is seen in the Morrison's pouch, perihepatic space, perisplenic space, para colic gutter and pelvic cavity.

IMPRESSION: *USG appearances are suggestive of -*

- *Few heteroechoic lesions in the anterior and posterior walls of the uterus? Intramural uterine fibroids. (Adv- MRI Pelvis for further evaluation)*

(Please correlate clinically)


DR. (MAJ) RAVINDER SINGH
MBBS, MD.
Consultant Radiologist

Number of images-06

Note-This is a professional report based on imaging findings only and should always be correlated clinically and with other relevant investigations. This report is not for medico-legal purpose. In case of any discrepancy due to machine error or typing error kindly get it rectified immediately.