



Patient Name	Mrs. KINNORI SAHA	Collection Dt.&Tm.	: 07/08/2024
Reg No	66931	Uploading Dt.&Tm.	: 07/08/2024
Age/Sex	36 Years 10Days / Female	Printing Dt.&Tm.	: 07/08/2024
Ref. Doctor	Self	Req. No.	: 24601736
Type	OPD	Consultant Doctor	: Dr. R.M.O
		RoomType	:

### ABDOMEN USG

**Liver:** Liver is normal in size ( 13.3 cm ) & shows grade I fatty infiltration. No focal lesion seen. Intrahepatic biliary radicals are normal.

**Gall Bladder:** Gall bladder is distended. No calculus seen. Gall bladder shows normal wall thickness. CBD and Portal Vein are normal.

**Pancreas:** Pancreas is normal in size, shape and echotexture. No peri-pancreatic collection seen.

**Spleen:** Spleen is normal in size, shape and echotexture.

**Kidneys:** Both kidneys are normal in size, shape and site. Echotexture of sinus and cortex is normal. No pelvi-calyceal dilatation seen. No calculus/ mass lesion seen. Cortico-medullary differentiation maintained.

**Urinary Bladder:** Urinary bladder is distended and shows normal wall thickness. No calculus/ mass lesion seen.

**Uterus:** Uterus is anteverted, normal in size, shape and echotexture. Endometrial thickness is within normal limits. **Anterior myometrium measures 1.6 cm, Posterior myometrium measures 1.2 cm (Rule out for uterine adenomyosis) (Adv : MRI Pelvis if clinically indicated).**

Adnexa are normal.

No free fluid is noted.

### ADV : CLINICAL CORRELATION.

Note: This Report is not for Medicolegal purpose

**Dr .Sonali Sharma**  
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**Dr. Nobal Chandrakar**  
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**Dr .Niyati Sharma**  
Consultant Radiology  
MD Radiodiagnosis, FVIR Clinical  
Fellowship IR, NUH,Singapore.HMC  
REGN. No.28363

This is only professional opinion and not the diagnosis, Please correlate clinically)

H-Block, Palam Vihar, Gurugram, Haryana - 122017

Ph.: 0124 4777000, Mobile No. : 9891424242, 8695000000, Emergency No.: 99166 99166

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### Chest PA view (one film)

No parenchymal lung lesion seen.  
 Both domes of diaphragm are normal.  
 Both costophrenic angles are normal.  
 Both hila are normal.  
 Cardiac shape & size normal.

**IMPRESSION : NORMAL STUDY.**  
**PLEASE CORRELATE CLINICALLY.**

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# Park Hospital

(A Unit of Umka) Health Care Pvt. Ltd.)  
GROUP SUPER SPECIALITY HOSPITAL

## DEPARTMENT OF BIOCHEMISTRY

Patient Name	: Mrs. KINNORI SAHA	Sample ID	: 215275
UHID	: 68931	Bill/Req. No.	: 24601736
Age/Sex	: 36 Years 10 Days / Female	Referral Doctor	: Dr.R.M.O
Type	: OPD	Requisition Date	: 07/08/2024 8:32 AM
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IP No.	:	Sample Receiving Dt.	: 07/08/2024 09:34 am
		Reporting Dt.	: 07/08/2024 10:12 AM

### BLOOD UREA

Tests	Results	Reference Range	Units	Method	Specimen Type
UREA	20.56	13 - 45	mg/dL	UREASE-GLDH FIXED TIME	Serum

\*Results of these tests should always be interpreted in conjunction with patients medical history, clinical presentation and other findings.  
 \*Performed on fully Automated Dimension X-Pand plus BioChemistry Analyser.  
 \*External Quality Control by Biorad Laboratory.

\*\*\*\*\* END OF THE REPORT \*\*\*\*\*

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 Page 1 of 1 H = High L = Low P = Panic



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		Reporting Dt.	: 07/08/2024 10:10 AM

### COMPLETE HAEMOGRAM

Tests	Results	Reference Range	Units	Method	Specimen Type
HAEMOGLOBIN	13.0	12.0 - 15.0	gms/dL	COLORIMETRY	Whole Blood-EDTA
TOTAL LEUCOCYTE COUNT	8120	4000 - 11000	/ $\mu$ L	Impedance	Whole Blood-EDTA
<b>DIFFERENTIAL COUNT</b>					
NEUTROPHILS	66	40 - 80	%	FLOW CYTOMETRY	
LYMPHOCYTES	25	20 - 40	%	FLOW CYTOMETRY	Whole Blood-EDTA
MONOCYTES	05	2 - 10	%	FLOW CYTOMETRY	Whole Blood-EDTA
EOSINOPHILS	04	1 - 6	%	FLOW CYTOMETRY	
BASOPHILS	00	0 - 2	%	FLOW CYTOMETRY	Whole Blood-EDTA
RED BLOOD CELL COUNT	4.23	3.8 - 4.8	millions/ $\mu$ L	ELECTRICAL IMPEDANCE	Whole Blood-EDTA
PACKED CELL VOLUME	38.6	36 - 46	%	CALCULATED	Whole Blood-EDTA
MEAN CORPUSCULAR VOLUME	91.2	80 - 100	fL	MEASURED	Whole Blood-EDTA
MEAN CORPUSCULAR HAEMOGLOBIN	30.7	27 - 32	Picogrames	CALCULATED	Whole Blood-EDTA
MEAN CORPUSCULAR HB CONC	33.7	31.5 - 34.5	%	CALCULATED	Whole Blood-EDTA
PLATELET COUNT	169	150 - 410	THOUSAND/ CUMM	ELECTRICAL IMPEDANCE	Whole Blood-EDTA

Abnormal CBC result help to diagnose:

- Infection
- Inflammation
- Cancer
- Leukemia

- Autoimmune condition (diswases in wich the bodys immune system attacks the body)
- Bone marrow failoure
- Abnormal Development of bone marrow

#### Anemia

- Dehydration, in which the production of red blood cells is abnormal)
- Effects of chemotherapy
- Effects of ceratin antibiotics
- Effects of a number of medications in long-term or even short-term use

\*\*\*\*\* END OF THE REPORT \*\*\*\*\*

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Tests	Results	Reference Range	Units	Method	Specimen Type
ESR	14	0 - 20	mm at the end of 1st hr	Westergren	Whole Blood-EDTA

ESR is a non specific phenomenon. Its measurement is clinically useful in disorders associated with an increased production of acute phase proteins.

Causes of High ESR values:

- Anemia
- Tuberculosis
- Multiple myeloma
- Leukemia, lymphomas, carcinomas of the breast and lungs
- Rheumatoid arthritis, SLE
- Myocardial infarct

Causes of Low ESR values: (0-1mm)

- Polycythaemia
- Hypofibrinogenaemia
- Congestive cardiac failure
- Abnormalities of the red cells such as poikilocytosis, spherocytosis, or sickle cells.

(Manual Modified Westergren/Automated )

Sedimentation rate (mm in 1 hour at 20 3 deg C)

Men

17-50 yrs	0-10 mm/hr
51-60 yrs	0-12 mm/hr
61-70 yrs	0-14 mm/hr
70 yrs	0-30 mm/hr

Women

17-50 yrs	0-12 mm/hr
51-60 yrs	0-19 mm/hr
61-70 yrs	0-20 mm/hr
70 yrs	0-35 mm/hr

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		Reporting DL	: 07/08/2024 10:11 AM

### BLOOD SUGAR FASTING

Tests	Results	Reference Range	Units	Method	Specimen Type
PLASMA GLUCOSE FASTING	<b>144.15</b>	H 70 - 100	mg/dl	god trinders	Plasma

\*\*\*\*\* END OF THE REPORT \*\*\*\*\*

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### BLOOD GROUP and RH TYPE

Tests	Results	Reference Range	Units	Method	Specimen Type
BLOOD GROUP	"B" NEGATIVE			SLIDE METHOD	Whole Blood EDTA

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### URINE ROUTINE MICROSCOPY

Tests	Results	Reference Range	Units	Method	Specimen Type
<b>PHYSICAL EXAMINATION .U</b>					
VOLUME	20		ml	Visual	Urine
COLOUR	Pale Yellow	Pale Yellow		Visual	Urine
APPEARANCE	Clear	Clear		Visual	
SPECIFIC GRAVITY	1.010	1.005 - 1.030		BROMTHYMOL BLUE	Urine
<b>CHEMICAL EXAMINATION .U</b>					
PH	6.0	4.5 - 8.0		Double Indicator	Urine
BLOOD	NIL	NIL		oxidase-peroxide	Urine
URINE PROTEIN	NIL	NIL		tetrabromophenol blue	Urine
KETONES	NIL	NIL		NITOPRUSSIDE	Urine
BILIRUBIN	NIL	NIL		Diazotized dichloroaniline	Urine
UROBILINOGEN	NORMAL	NORMAL		Erich REACTION	Urine
GLUCOSE/URINE	NIL	NIL		GODPODI/Benedicts	Urine
<b>MICROSCOPIC EXAMINATION .U</b>					
PUS CELL	2-3	2-3/HPF		Microscopy	Urine
RED BLOOD CELLS	NIL	NIL		Microscopy	Urine
EPITHELIAL CELL	2-3	4-5/HPF		Microscopy	Urine
CASTS	NIL	NIL		Microscopy	Urine
CRYSTALS	NIL	NIL		Microscopy	Urine
BACTERIA	NIL	NIL		Microscopy	Urine
OTHER	NIL				
MACROPHAGES	NIL	NIL		Microscopy	Urine

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### STOOL ROUTINE

Tests	Results	Reference Range	Units	Method	Specimen Type
<b>PHYSICAL EXAMINATION</b>					
COLOUR	Brown	Brown		visual	Stool
CONSISTENCY	Semi Solid	Formed		visual	Stool
MUCUS	NIL	NIL		visual	Stool
BLOOD	NIL	NIL		visual	Stool
<b>CHEMICAL EXAMINATION</b>					
REACTION	Alkaline	Alkaline		PH Indicator	Stool
<b>MICROSCOPIC EXAMINATION</b>					
CYSTS/OVA	NIL	NIL		Microscopy	Stool
VEGETATIVE FORMS	NIL	NIL		Microscopy	Stool
PUS CELLS	4-5/hpf	NIL		Microscopy	Stool
RBCS	1-2/hpf	NIL		Microscopy	Stool
MACROPHAGES	NIL	NIL		Microscopy	Stool
FAT GLOBULES	NIL	NIL		Microscopy	Stool
VEGETABLE MATTER	NIL	NIL		Microscopy	Stool
STARCH	NIL	NIL		Microscopy	Stool
UNDIGESTED	NIL	NIL		Microscopy	Stool
EPITHELIAL CELLS	2-3	NIL		Microscopy	Stool
TROPHOZOITES	NIL	NIL		Microscopy	Stool
LARVA	NIL	NIL		Microscopy	Stool

To rule out the presence of WBCs and RBCs.  
To find ova or parasite.  
To see the presence of fat for malabsorption syndrome.  
For screening of colon cancer.  
For asymptomatic ulceration of GI tract.  
Evaluate disease in the presence of diarrhea and constipation.

\*\*\*\*\* END OF THE REPORT \*\*\*\*\*

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### HB A1 C

Tests	Results	Reference Range	Units	Method	Specimen Type
HBA1C	6.4	Non-Diabetics 4.0 - 6.0 In Diabetics Good Control 6.1 - 6.8 Fair Control 6.9 - 7.6 Poor Control > 7.6	%	HPLC	Whole Blood EDTA
ESTIMATED AVERAGE GLUCOSE(EAG)	136.3		mg/dl		

- HbA1c is used for monitoring diabetic control. It reflects the estimated average glucose (eAG).
  - HbA1c has been endorsed by clinical groups & ADA (American Diabetes Association) guidelines 2017, for diagnosis of diabetes using a cut-off point of 6.5%.
  - Trends in HbA1c are a better indicator of diabetic control than a solitary test.
  - Low glycated haemoglobin (below 4%) in a non-diabetic individual are often associated with systemic inflammatory diseases, chronic anaemia (especially severe iron deficiency & haemolytic), chronic renal failure and liver diseases. Clinical correlation suggested.
  - To estimate the eAG from the HbA1C value, the following equation is used:  $eAG(mg/dl) = 28.7 * A1c - 46.7$
  - Interference of Haemoglobinopathies in HbA1c estimation.
    - For HbF > 25%, an alternate platform (Fructosamine) is recommended for testing of HbA1c.
    - Homozygous hemoglobinopathy is detected, fructosamine is recommended for monitoring diabetic status
    - Heterozygous state detected (D10/ turbo is corrected for HbS and HbC trait).
  - In known diabetic patients, following values can be considered as a tool for monitoring the glycemic control. Excellent Control - 6 to 7 %, Fair to Good Control - 7 to 8 %, Unsatisfactory Control - 8 to 10 % and Poor Control - More than 10 %.
- Note : Hemoglobin electrophoresis (HPLC method) is recommended for detecting hemoglobinopathy.

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### LIPID PROFILE (TOTAL CHOLESTEROL LDL HDL TRIGLYCERIDES)

Tests	Results	Reference Range	Units	Method	Specimen Type
<b>LIPID PROFILE</b>					
TOTAL CHOLESTEROL	190.75	0 - 200	mg/dL	Trinders end point	Serum
SERUM TRIGLYCERIDES	<b>195.76</b>	<i>H</i> 35 - 170	mg/dl	GPO-TRINDER END POINT	Serum
HDL-CHOLESTEROL	33.75	>60 - .	mg/dl	DIRECT	Serum
LDL	117.85	50 - 135	mg/dl	calculated	Serum
VLDL CHOLESTEROL	<b>39.15</b>	<i>H</i> 7 - 34	mg/dL	calculated	Serum
TOTAL CHOLESTEROL/HDL RATIO	<b>5.65</b>	<i>H</i> 2.0 - 5.0	mg/dl	calculated	Serum
LDL CHOLESTEROL/HDL RATIO	<b>3.49</b>	<i>H</i> 1 - 3	mg/dL	calculated	Serum

According to the recommendation of the European society, the following Clinical interpretation is taken into consideration

Cholesterol - <200 mg/dl  
Triglycerides - <200 mg/dl - No Lipid metabolism deficiency  
Cholesterol - 200 - 300 mg/dl - Deficiency in lipid metabolism if HDL cholesterol is <35 mg/dl  
Cholesterol - >300 mg/dl  
Triglycerides - >200 mg/dl - Deficiency in lipid metabolism

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		Reporting Dt.	: 07/08/2024 10:11 AM

### LIVER FUNCTION TEST

Tests	Results	Reference Range	Units	Method	Specimen Type
<b>LFT</b>					
TOTAL BILIRUBIN	0.82	0.1 - 1.2	mg/dL	DIAZO	Serum
DIRECT BILIRUBIN	0.30	0 - 0.3	mg/dL	DIAZO	Serum
INDIRECT BILIRUBIN	0.52	0.1 - 0.9	mg/dL	Calculated	Serum
SGOT (AST)	25.82	0 - 45	U/L	IFCC WITHOUT PYRIDOXAL PHOSPHATE	Serum
SGPT (ALT)	25.64	0 - 45	U/L	IFCC WITHOUT PYRIDOXAL PHOSPHATE	Serum
ALKALINE PHOSPHATASE	100.88	39 - 118	IU/L	MODIFIED IFCC KINETIC	Serum
TOTAL PROTEINS	6.69	6.4 - 8.0	g/dL	Biuret	Serum
ALBUMIN	4.30	3.5 - 5.2	g/dL	BCG DYE END POINT	Serum
GLOBULIN	2.39	2.0 - 3.5	g/dL	Calculated	Serum
A/G RATIO	1.8	1.0 - 2.0		Calculated	Serum

- 1 In an asymptomatic patient, Non alcoholic fatty liver disease (NAFLD) is the most common cause of increased AST,ALT levels  
NAFLD is considered as hepatic manifestation of metabolic syndrome.
- 2 In most type of liver disease ALT activity is higher than that of AST. Exception may be seen in Alcoholic Hepatitis, Hepatic Cirrhosis and Liver Neoplasia. In a patient with Chronic liver disease, AST: ALT ratio >1 is highly suggestive of advanced liver fibrosis
- 3 In know cases of chronic liver disease due to viral Hepatitis B & C, Alcoholic liver disease or NAFLD, Enhanced liver fibrosis (ELF) test may be used to evaluate liver fibrosis.
- The Level of bilirubin which is referred to as critical for the baby and when phototherapy is given for treatment is:  
24 - 48 hours old: total serum bilirubin level above 15 mg/dL  
48 - 72 hours old: total serum bilirubin level above 18 mg/dL  
> 72 hours old: total serum bilirubin level above 20 mg/dL

\*\*\*\* END OF THE REPORT \*\*\*\*

DR.NISHA TIWARI  
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HOD PATHLAB

Note :- Any discrepancy noted in test may be referred back to the lab for remedial action.

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# Park Hospital

(A Unit of Umka Health Care Pvt. Ltd.)  
GROUP SUPER SPECIALITY HOSPITAL

## DEPARTMENT OF BIOCHEMISTRY

Patient Name	: Mrs. KINNORI SAHA	Sample ID	: 215275
UHID	: 66931	Bill/Req. No.	: 24601736
Age/Sex	: 35 Years 10 Days / Female	Referral Doctor	: Dr.R.M.O
Type	: OPD	Requisition Date	: 07/06/2024 8.32 AM
TPA/Corporate	:	Sample Collection Dt.	: 07/08/2024 09:34 AM
IP No.	:	Sample Receiving Dt.	: 07/08/2024 09:34 am
		Reporting Dt.	: 07/08/2024 10:11 AM

### Serum Uric Acid

Tests	Results	Reference Range	Units	Method	Specimen Type
URIC ACID	5.51	2.5 - 6.8	mg/dL	URICASE-TOOS	Serum

\*\*\*\* END OF THE REPORT \*\*\*\*

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Patient Name	: Mrs. KINNORI SAHA	Sample ID	: 215275
UHD	: 66931	Bill/Req. No.	: 24601736
Age/Sex	: 36 Years 10 Days / Female	Referal Doctor	: Dr.R.M.O
Type	: OPD	Requisition Date	: 07/08/2024 8.32 AM
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IP No.	:	Sample Receiving Dt.	: 07/08/2024 09:34 am
		Reporting Dt.	: 07/08/2024 10:12 AM

### SERUM CREATININE

Tests	Results	Reference Range	Units	Method	Specimen Type
CREATININE	1.06	0.6 - 1.40	mg/dL	JAFFE INTIAL RATE	Serum

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		Reporting Dt.	: 07/08/2024 10:12 AM

### BLOOD UREA NITROGEN

Tests	Results	Reference Range	Units	Method	Specimen Type
UREA NITROGEN	9.33	6 - 21	mg/dL	Urease	Serum

\*\*\*\*\* END OF THE REPORT \*\*\*\*\*

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TPA/Corporate	:	Sample Collection Dt.	: 07/08/2024 09:34 AM
IP No.	:	Sample Receiving Dt.	: 07/08/2024 09:34 am
		Reporting Dt.	: 07/08/2024 04:00 PM

### BLOOD SUGAR P.P

Tests	Results	Reference Range	Units	Method	Specimen Type
FASTING PP					
BLOOD SUGAR P.P.	<b>207.20</b>	<b>H</b> 70 - 140	mg/dl	god trinders	Plasma

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# Park Hospital

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GROUP SUPER SPECIALITY HOSPITAL

## DEPARTMENT OF HORMONES

Patient Name	: Mrs. KINNORI SAHA	Sample ID	: 215275
UHID	: 66931	Bill/Req. No.	: 24601736
Age/Sex	: 36 Years 10 Days / Female	Referral Doctor	: Dr.R.M.O
Type	: OPD	Requisition Date	: 07/08/2024 8:32 AM
TPA/Corporate	:	Sample Collection Dt.	: 07/08/2024 09:34 AM
IP No.	:	Sample Receiving Dt.	: 07/08/2024 09:34 am
		Reporting Dt.	: 07/08/2024 07:21 PM

### T3 T4 TSH

Tests	Results	Reference Range	Units	Method	Specimen Type
TRI-IODOOTHYRONINE (T3)	1.29	0.69 - 2.15	ng/ml	Chemiluminescence	Serum
THYROXINE (T4)	6.84	5.01 - 12.45	µg/dL	Chemiluminescence	Serum
THYROID STIMULATING HORMONE (TSH)	<b>7.6</b>	<i>H</i> 0.5-5.50	µU/ml		Serum

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# Park Hospital

(A Unit of Umkal Health Care Pvt. Ltd.)  
GROUP SUPER SPECIALITY HOSPITAL

## DEPARTMENT OF HAEMATOLOGY

Patient Name	: Mr. VIKRAM SINGH	Sample ID	: 215318
UHID	: 66934	Bill/Req. No.	: 24601798
Age/Sex	: 37 Years 26 Days / Male	Referral Doctor	: Dr.PRABJIT SINGH GILL
Type	: OPD	Requisition Date	: 07/08/2024 9:48 AM
TPA/Corporate	:	Sample Collection Dt.	: 07/08/2024 10:28 AM
IP No.	:	Sample Receiving Dt.	: 07/08/2024 10:28 am
		Reporting Dt.	: 07/08/2024 11:56 AM

### COMPLETE HAEMOGRAM

Tests	Results	Reference Range	Units	Method	Specimen Type
HAEMOGLOBIN	13.9	13.0 - 17.0	gms/dL	COLORIMETRY	Whole Blood-EDTA
TOTAL LEUCOCYTE COUNT	5540	4000 - 11000	/ $\mu$ L	Impedance	Whole Blood-EDTA
<b>DIFFERENTIAL COUNT</b>					
NEUTROPHILS	72	40 - 80	%	FLOW CYTOMETRY	
LYMPHOCYTES	22	20 - 40	%	FLOW CYTOMETRY	Whole Blood-EDTA
MONOCYTES	05	2 - 10	%	FLOW CYTOMETRY	Whole Blood-EDTA
EOSINOPHILS	01	1 - 6	%	FLOW CYTOMETRY	
BASOPHILS	000	0 - 2	%	FLOW CYTOMETRY	Whole Blood-EDTA
RED BLOOD CELL COUNT	4.84	4.5 - 5.5	millions/ $\mu$ L	ELECTRICAL IMPEDANCE	Whole Blood-EDTA
PACKED CELL VOLUME	44.6	40 - 50	%	CALCULATED	Whole Blood-EDTA
MEAN CORPUSCULAR VOLUME	92.1	80 - 100	fL	MEASURED	Whole Blood-EDTA
MEAN CORPUSCULAR HAEMOGLOBIN	28.7	27 - 32	Picograms	CALCULATED	Whole Blood-EDTA
MEAN CORPUSCULAR HB CONC	<b>31.2</b>	<b>L</b> 31.5 - 34.5	%	CALCULATED	Whole Blood-EDTA
PLATELET COUNT	175	150 - 410	THOUSAND/ CUMM	ELECTRICAL IMPEDANCE	Whole Blood-EDTA

Abnormal CBC result help to diagnose:

- Infection
- Inflammation
- Cancer
- Leukemia
  - Autoimmune condition (disases in wich the bodys immune system attacks the body)
  - Bone marrow failoure
  - Abnormal Development of bone marrow
- Anemia
  - Dehydration, in which the production of red blood cells is abnormal)
  - Effects of chemotherapy
  - Effects of ceratin antibiotics
  - Effects of a number of medications in long-term or even short-term use

\*\*\*\*\* END OF THE REPORT \*\*\*\*\*

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Patient Name	Mrs. KINNORI SAHA	Collection Dt.&Tm.	: 07/08/2024
Reg No	66931	Uploading Dt.&Tm.	: 07/08/2024
Age/Sex	36 Years 10Days / Female	Printing Dt.&Tm.	: 07/08/2024
Ref. Doctor	Self	Req. No.	: 24601736
Type	OPD	Consultant Doctor	: Dr. R.M.O
		RoomType	:

### ABDOMEN USG

**Liver:** Liver is normal in size ( 13.3 cm) & shows grade I fatty infiltration. No focal lesion seen. Intrahepatic biliary radicals are normal.

**Gall Bladder:** Gall bladder is distended. No calculus seen. Gall bladder shows normal wall thickness. CBD and Portal Vein are normal.

**Pancreas:** Pancreas is normal in size, shape and echotexture. No peri-pancreatic collection seen.

**Spleen:** Spleen is normal in size, shape and echotexture.

**Kidneys:** Both kidneys are normal in size, shape and site. Echotexture of sinus and cortex is normal. No pelvi-calyceal dilatation seen. No calculus/ mass lesion seen. Cortico-medullary differentiation maintained.

**Urinary Bladder:** Urinary bladder is distended and shows normal wall thickness. No calculus/ mass lesion seen.

**Uterus:** Uterus is anteverted, normal in size, shape and echotexture. Endometrial thickness is within normal limits, **Anterior myometrium measures 1.6 cm, Posterior myometrium measures 1.2 cm (Rule out for uterine adenomyosis) (Adv : MRI Pelvis if clinically indicated).**

Adnexa are normal.

No free fluid is noted.

### ADV : CLINICAL CORRELATION.

Note: This Report is not for Medicolegal purpose

**Dr .Sonali Sharma**  
Senior Consultant Radiology  
MD Radiodiagnosis, Fellowship Breast  
Imaging & Intervention. Liver Transplant  
and Hepatobiliary Imaging Specialist.

**Dr. Nobal Chandrakar**  
Consultant Radiology  
MBBS,MD Radiodiagnosis,  
HMC REGN. No.25522

**Dr .Niyati Sharma**  
Consultant Radiology  
MD Radiodiagnosis, FVIR Clinical  
Fellowship IR, NUH,Singapore.HMC  
REGN. No.28363

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H-Block, Palam Vihar, Gurugram, Haryana - 122017

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Patient Name	Mrs. KINNORI SAHA	Collection Dt.&Tm.	07/08/2024
Reg No	66931	Uploading Dt.&Tm.	07/08/2024
Age/Sex	36 Years 10Days / Female	Printing Dt.&Tm.	07/08/2024
Ref. Doctor	Self	Req. No.	24601736
Type	OPD	Consultant Doctor	Dr. R.M.O
		RoomType	

### Chest PA view (one film)

No parenchymal lung lesion seen.  
 Both domes of diaphragm are normal.  
 Both costophrenic angles are normal.  
 Both hila are normal.  
 Cardiac shape & size normal.

**IMPRESSION : NORMAL STUDY.**  
**PLEASE CORRELATE CLINICALLY.**

Note: This Report is not for Medicolegal purpose.

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 Fellowship IR, NUH, Singapore.HMC  
 REGN. No.26363

*W*

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H-Block, Palam Vihar, Gurugram, Haryana - 122017

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(A Unit of Umka) Health Care Pvt. Ltd.)  
GROUP SUPER SPECIALITY HOSPITAL

## DEPARTMENT OF BIOCHEMISTRY

Patient Name	: Mrs. KINNORI SAHA	Sample ID	: 215275
UHID	: 68931	Bill/Req. No.	: 24601736
Age/Sex	: 36 Years 10 Days / Female	Referral Doctor	: Dr.R.M.O
Type	: OPD	Requisition Date	: 07/08/2024 8.32 AM
TPA/Corporate	:	Sample Collection Dt.	: 07/08/2024 09:34 AM
IP No.	:	Sample Receiving Dt.	: 07/08/2024 09:34 am
		Reporting Dt.	: 07/08/2024 10:12 AM

### BLOOD UREA

Tests	Results	Reference Range	Units	Method	Specimen Type
UREA	20.56	13 - 45	mg/dL	UREASE-GLDH FIXED TIME	Serum

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\*\*\*\*\* END OF THE REPORT \*\*\*\*\*

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IP No.	:	Sample Receiving Dt.	: 07/08/2024 09:34 am
		Reporting Dt.	: 07/08/2024 10:10 AM

### COMPLETE HAEMOGRAM

Tests	Results	Reference Range	Units	Method	Specimen Type
HAEMOGLOBIN	13.0	12.0 - 15.0	gms/dL	COLORIMETRY	Whole Blood-EDTA
TOTAL LEUCOCYTE COUNT	8120	4000 - 11000	/ $\mu$ L	Impedance	Whole Blood-EDTA
<b>DIFFERENTIAL COUNT</b>					
NEUTROPHILS	66	40 - 80	%	FLOW CYTOMETRY	
LYMPHOCYTES	25	20 - 40	%	FLOW CYTOMETRY	Whole Blood-EDTA
MONOCYTES	05	2 - 10	%	FLOW CYTOMETRY	Whole Blood-EDTA
EOSINOPHILS	04	1 - 6	%	FLOW CYTOMETRY	
BASOPHILS	00	0 - 2	%	FLOW CYTOMETRY	Whole Blood-EDTA
RED BLOOD CELL COUNT	4.23	3.8 - 4.8	millions/ $\mu$ L	ELECTRICAL IMPEDANCE	Whole Blood-EDTA
PACKED CELL VOLUME	38.6	36 - 46	%	CALCULATED	Whole Blood-EDTA
MEAN CORPUSCULAR VOLUME	91.2	80 - 100	fL	MEASURED	Whole Blood-EDTA
MEAN CORPUSCULAR HAEMOGLOBIN	30.7	27 - 32	Picogrames	CALCULATED	Whole Blood-EDTA
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Abnormal CBC result help to diagnose:

- Infection
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- Leukemia

- Autoimmune condition (disases in wich the bodys immune system attacks the body)
- Bone marrow failoure
- Abnormal Development of bone marrow

#### Anemia

- Dehydration, in which the production of red blood cells is abnormal)
- Effects of chemotherapy
- Effects of ceratin antibiotics
- Effects of a number of medications in long-term or even short-term use

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		Reporting Dt.	: 07/08/2024 12:29 PM

Tests	Results	Reference Range	Units	Method	Specimen Type
ESR	14	0 - 20	mm at the end of 1st hr	Westergren	Whole Blood-EDTA

ESR is a non specific phenomenon. Its measurement is clinically useful in disorders associated with an increased production of acute phase proteins.

Causes of High ESR values:

- Anemia
- Tuberculosis
- Multiple myeloma
- Leukemia, lymphomas, carcinomas of the breast and lungs
- Rheumatoid arthritis, SLE
- Myocardial infarct

Causes of Low ESR values: (0-1mm)

- Polycythaemia
- Hypofibrinogenaemia
- Congestive cardiac failure
- Abnormalities of the red cells such as poikilocytosis, spherocytosis, or sickle cells.

(Manual Modified Westergren/Automated )

Sedimentation rate (mm in 1 hour at 20 3 deg C)

Men

17-50 yrs	0-10 mm/hr
51-60 yrs	0-12 mm/hr
61-70 yrs	0-14 mm/hr
70 yrs	0-30 mm/hr

Women

17-50 yrs	0-12 mm/hr
51-60 yrs	0-19 mm/hr
61-70 yrs	0-20 mm/hr
70 yrs	0-35 mm/hr

\*\*\*\*\* END OF THE REPORT \*\*\*\*\*

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TPA/Corporate		Sample Collection DL	: 07/08/2024 09:34 AM
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		Reporting DL	: 07/08/2024 10:11 AM

### BLOOD SUGAR FASTING

Tests	Results	Reference Range	Units	Method	Specimen Type
PLASMA GLUCOSE FASTING	<b>144.15</b>	H 70 - 100	mg/dl	god trinders	Plasma

\*\*\*\*\* END OF THE REPORT \*\*\*\*\*

DR. NISHA TIWARI  
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HOD PATHLAB

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# Park Hospital

(A Unit of Umkal Health Care Pvt. Ltd.)  
GROUP SUPER SPECIALITY HOSPITAL

## DEPARTMENT OF HAEMATOLOGY

Patient Name	: Mrs. KINNORI SAHA	Sample ID	: 215275
UHID	: 66831	Bill/Req. No.	: 24601736
Age/Sex	: 36 Years 10 Days / Female	Referral Doctor	: Dr.R.M.O
Type	: OPD	Requisition Date	: 07/08/2024 8.32 AM
TPA/Corporate	:	Sample Collection Dt.	: 07/08/2024 09:34 AM
IP No.	:	Sample Receiving Dt.	: 07/08/2024 09:34 am
		Reporting Dt.	: 07/08/2024 03:47 PM

### BLOOD GROUP and RH TYPE

Tests	Results	Reference Range	Units	Method	Specimen Type
BLOOD GROUP	"B" NEGATIVE			SLIDE METHOD	Whole Blood EDTA

\*\*\*\*\* END OF THE REPORT \*\*\*\*\*

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## DEPARTMENT OF CLINICAL PATHOLOGY

Patient Name	: Mrs. KINNORI SAHA	Sample ID	: 215275
UHID	: 66931	Bill/Req. No.	: 24601736
Age/Sex	: 36 Years 10 Days / Female	Referral Doctor	: Dr.R.M.O
Type	: OPD	Requisition Date	: 07/08/2024 8:32 AM
TPA/Corporate	:	Sample Collection Dt.	: 07/08/2024 09:34 AM
IP No.	:	Sample Receiving Dt.	: 07/08/2024 09:34 am
		Reporting Dt.	: 07/08/2024 12:31 PM

### URINE ROUTINE MICROSCOPY

Tests	Results	Reference Range	Units	Method	Specimen Type
<b>PHYSICAL EXAMINATION .U</b>					
VOLUME	20		ml	Visual	Urine
COLOUR	Pale Yellow	Pale Yellow		Visual	Urine
APPEARANCE	Clear	Clear		Visual	
SPECIFIC GRAVITY	1.010	1.005 - 1.030		BROMTHYMOL BLUE	Urine
<b>CHEMICAL EXAMINATION .U</b>					
PH	6.0	4.5 - 8.0		Double Indicator	Urine
BLOOD	NIL	NIL		oxidase-peroxide	Urine
URINE PROTEIN	NIL	NIL		tetrabromophenol blue	Urine
KETONES	NIL	NIL		NITOPRUSSIDE	Urine
BILIRUBIN	NIL	NIL		Diazotized dichloroaniline	Urine
UROBILINOGEN	NORMAL	NORMAL		Erich REACTION	Urine
GLUCOSE/URINE	NIL	NIL		GODPODI/Benedicts	Urine
<b>MICROSCOPIC EXAMINATION .U</b>					
PUS CELL	2-3	2-3/HPF		Microscopy	Urine
RED BLOOD CELLS	NIL	NIL		Microscopy	Urine
EPITHELIAL CELL	2-3	4-5/HPF		Microscopy	Urine
CASTS	NIL	NIL		Microscopy	Urine
CRYSTALS	NIL	NIL		Microscopy	Urine
BACTERIA	NIL	NIL		Microscopy	Urine
OTHER	NIL				
MACROPHAGES	NIL	NIL		Microscopy	Urine

\*\*\*\* END OF THE REPORT \*\*\*\*

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GROUP SUPER SPECIALITY HOSPITAL

## DEPARTMENT OF CLINICAL PATHOLOGY

Patient Name	: Mrs. KINNORI SAHA	Sample ID	: 215275
UHID	: 66931	Bill/Req. No.	: 24601736
Age/Sex	: 36 Years 10 Days / Female	Referral Doctor	: Dr.R.M.O
Type	: OPD	Requisition Date	: 07/08/2024 8.32 AM
TPA/Corporate	:	Sample Collection Dt.	: 07/08/2024 09:34 AM
IP No.	:	Sample Receiving Dt.	: 07/08/2024 09:34 am
		Reporting Dt.	: 07/08/2024 12:32 PM

### STOOL ROUTINE

Tests	Results	Reference Range	Units	Method	Specimen Type
<b>PHYSICAL EXAMINATION</b>					
COLOUR	Brown	Brown		visual	Stool
CONSISTENCY	Semi Solid	Formed		visual	Stool
MUCUS	NIL	NIL		visual	Stool
BLOOD	NIL	NIL		visual	Stool
<b>CHEMICAL EXAMINATION</b>					
REACTION	Alkaline	Alkaline		PH Indicator	Stool
<b>MICROSCOPIC EXAMINATION</b>					
CYSTS/OVA	NIL	NIL		Microscopy	Stool
VEGETATIVE FORMS	NIL	NIL		Microscopy	Stool
PUS CELLS	4-5/hpf	NIL		Microscopy	Stool
RBCS	1-2/hpf	NIL		Microscopy	Stool
MACROPHAGES	NIL	NIL		Microscopy	Stool
FAT GLOBULES	NIL	NIL		Microscopy	Stool
VEGETABLE MATTER	NIL	NIL		Microscopy	Stool
STARCH	NIL	NIL		Microscopy	Stool
UNDIGESTED	NIL	NIL		Microscopy	Stool
EPITHELIAL CELLS	2-3	NIL		Microscopy	Stool
TROPHOZOITES	NIL	NIL		Microscopy	Stool
LARVA	NIL	NIL		Microscopy	Stool

To rule out the presence of WBCs and RBCs.  
To find ova or parasite.  
To see the presence of fat for malabsorption syndrome.  
For screening of colon cancer.  
For asymptomatic ulceration of GI tract.  
Evaluate disease in the presence of diarrhea and constipation.

\*\*\*\*\* END OF THE REPORT \*\*\*\*\*

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# Park Hospital

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GROUP SUPER SPECIALITY HOSPITAL

## DEPARTMENT OF BIOCHEMISTRY

Patient Name	: Mrs. KINNORI SAHA	Sample ID	: 215275
UHID	: 66931	Bill/Req. No.	: 24601736
Age/Sex	: 36 Years 10 Days / Female	Referral Doctor	: Dr.R.M.O
Type	: OPD	Requisition Date	: 07/08/2024 8:32 AM
TPA/Corporate	:	Sample Collection Dt.	: 07/08/2024 09:34 AM
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		Reporting Dt.	: 07/08/2024 03:02 PM

### HB A1 C

Tests	Results	Reference Range	Units	Method	Specimen Type
HBA1C	6.4	Non-Diabetics 4.0 - 6.0 In Diabetics Good Control 6.1 - 6.8 Fair Control 6.9 - 7.6 Poor Control > 7.6	%	HPLC	Whole Blood EDTA
ESTIMATED AVERAGE GLUCOSE(EAG)	136.3		mg/dl		

- HbA1c is used for monitoring diabetic control. It reflects the estimated average glucose (eAG).
  - HbA1c has been endorsed by clinical groups & ADA (American Diabetes Association) guidelines 2017, for diagnosis of diabetes using a cut-off point of 6.5%.
  - Trends in HbA1c are a better indicator of diabetic control than a solitary test.
  - Low glycated haemoglobin (below 4%) in a non-diabetic individual are often associated with systemic inflammatory diseases, chronic anaemia (especially severe iron deficiency & haemolytic), chronic renal failure and liver diseases. Clinical correlation suggested.
  - To estimate the eAG from the HbA1C value, the following equation is used:  $eAG(mg/dl) = 28.7 * A1c - 46.7$
  - Interference of Haemoglobinopathies in HbA1c estimation.
    - For HbF > 25%, an alternate platform (Fructosamine) is recommended for testing of HbA1c.
    - Homozygous hemoglobinopathy is detected, fructosamine is recommended for monitoring diabetic status
    - Heterozygous state detected (D10/ turbo is corrected for HbS and HbC trait).
  - In known diabetic patients, following values can be considered as a tool for monitoring the glycemic control. Excellent Control - 6 to 7 %, Fair to Good Control - 7 to 8 %, Unsatisfactory Control - 8 to 10 % and Poor Control - More than 10 %.
- Note : Hemoglobin electrophoresis (HPLC method) is recommended for detecting hemoglobinopathy.

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## DEPARTMENT OF BIOCHEMISTRY

Patient Name	: Mrs. KINNORI SAHA	Sample ID	: 215275
UHID	: 66931	Bill/Req. No.	: 24801736
Age/Sex	: 36 Years 10 Days / Female	Referral Doctor	: Dr.R.M.O
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### LIPID PROFILE (TOTAL CHOLESTEROL LDL HDL TRIGLYCERIDES)

Tests	Results	Reference Range	Units	Method	Specimen Type
<b>LIPID PROFILE</b>					
TOTAL CHOLESTEROL	190.75	0 - 200	mg/dL	Trinders end point	Serum
SERUM TRIGLYCERIDES	<b>195.76</b>	<i>H</i> 35 - 170	mg/dl	GPO-TRINDER END POINT	Serum
HDL-CHOLESTEROL	33.75	>60 - .	mg/dl	DIRECT	Serum
LDL	117.85	50 - 135	mg/dl	calculated	Serum
VLDL CHOLESTEROL	<b>39.15</b>	<i>H</i> 7 - 34	mg/dL	calculated	Serum
TOTAL CHOLESTEROL/HDL RATIO	<b>5.65</b>	<i>H</i> 2.0 - 5.0	mg/dl	calculated	Serum
LDL CHOLESTEROL/HDL RATIO	<b>3.49</b>	<i>H</i> 1 - 3	mg/dL	calculated	Serum

According to the recommendation of the European society, the following Clinical interpretation is taken into consideration

Cholesterol - <200 mg/dl  
Triglycerides - <200 mg/dl - No Lipid metabolism deficiency  
Cholesterol - 200 - 300 mg/dl - Deficiency in lipid metabolism if HDL cholesterol is <35 mg/dl  
Cholesterol - >300 mg/dl  
Triglycerides - >200 mg/dl - Deficiency in lipid metabolism

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## DEPARTMENT OF BIOCHEMISTRY

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UHID	: 60931	Bill/Req. No.	: 24601736
Age/Sex	: 36 Years 10 Days / Female	Referral Doctor	: Dr.R.M.O
Type	: OPD	Requisition Date	: 07/08/2024 8.32 AM
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### LIVER FUNCTION TEST

Tests	Results	Reference Range	Units	Method	Specimen Type
<b>LFT</b>					
TOTAL BILIRUBIN	0.82	0.1 - 1.2	mg/dL	DIAZO	Serum
DIRECT BILIRUBIN	0.30	0 - 0.3	mg/dL	DIAZO	Serum
INDIRECT BILIRUBIN	0.52	0.1 - 0.9	mg/dL	Calculated	Serum
SGOT (AST)	25.82	0 - 45	U/L	IFCC WITHOUT PYRIDOXAL PHOSPHATE	Serum
SGPT (ALT)	25.64	0 - 45	U/L	IFCC WITHOUT PYRIDOXAL PHOSPHATE	Serum
ALKALINE PHOSPHATASE	100.88	39 - 118	IU/L	MODIFIED IFCC KINETIC	Serum
TOTAL PROTEINS	6.69	6.4 - 8.0	g/dL	Biuret	Serum
ALBUMIN	4.30	3.5 - 5.2	g/dL	BCG DYE END POINT	Serum
GLOBULIN	2.39	2.0 - 3.5	g/dL	Calculated	Serum
A/G RATIO	1.8	1.0 - 2.0		Calculated	Serum

- 1 In an asymptomatic patient, Non alcoholic fatty liver disease (NAFLD) is the most common cause of increased AST,ALT levels  
NAFLD is considered as hepatic manifestation of metabolic syndrome.
- 2 In most type of liver disease ALT activity is higher than that of AST. Exception may be seen in Alcoholic Hepatitis, Hepatic Cirrhosis and Liver Neoplasia. In a patient with Chronic liver disease, AST: ALT ratio >1 is highly suggestive of advanced liver fibrosis
- 3 In know cases of chronic liver disease due to viral Hepatitis B & C, Alcoholic liver disease or NAFLD, Enhanced liver fibrosis (ELF) test may be used to evaluate liver fibrosis.
- The Level of bilirubin which is referred to as critical for the baby and when phototherapy is given for treatment is:  
24 - 48 hours old: total serum bilirubin level above 15 mg/dL  
48 - 72 hours old: total serum bilirubin level above 18 mg/dL  
> 72 hours old: total serum bilirubin level above 20 mg/dL

\*\*\*\* END OF THE REPORT \*\*\*\*

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## DEPARTMENT OF BIOCHEMISTRY

Patient Name	: Mrs. KINNORI SAHA	Sample ID	: 215275
UHID	: 66931	Bill/Req. No.	: 24601736
Age/Sex	: 35 Years 10 Days / Female	Referral Doctor	: Dr.R.M.O
Type	: OPD	Requisition Date	: 07/06/2024 8:32 AM
TPA/Corporate	:	Sample Collection Dt.	: 07/08/2024 09:34 AM
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		Reporting Dt.	: 07/08/2024 10:11 AM

### Serum Uric Acid

Tests	Results	Reference Range	Units	Method	Specimen Type
URIC ACID	5.51	2.5 - 6.8	mg/dL	URICASE-TOOS	Serum

\*\*\*\* END OF THE REPORT \*\*\*\*

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GROUP SUPER SPECIALITY HOSPITAL

## DEPARTMENT OF BIOCHEMISTRY

Patient Name	: Mrs. KINNORI SAHA	Sample ID	: 215275
UHD	: 66931	Bill/Req. No.	: 24601736
Age/Sex	: 36 Years 10 Days / Female	Referal Doctor	: Dr.R.M.O
Type	: OPD	Requisition Date	: 07/08/2024 8.32 AM
TPA/Corporate	:	Sample Collection Dt.	: 07/08/2024 09:34 AM
IP No.	:	Sample Receiving Dt.	: 07/08/2024 09:34 am
		Reporting Dt.	: 07/08/2024 10:12 AM

### SERUM CREATININE

Tests	Results	Reference Range	Units	Method	Specimen Type
CREATININE	1.06	0.6 - 1.40	mg/dL	JAFFE INTIAL RATE	Serum

\*Results of these tests should always be interpreted in conjunction with patients medical history, clinical presentation and other findings.  
\*Performed on fully Automated Dimension X-Pand plus BioChemistry Analyser.  
\*External Quality Control by Biorad Laboratory.

\*\*\*\*\* END OF THE REPORT \*\*\*\*\*

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## DEPARTMENT OF BIOCHEMISTRY

Patient Name	: Mrs. KINNORI SAHA	Sample ID	: 215275
UHID	: 86931	Bill/Req. No.	: 24601736
Age/Sex	: 36 Years 10 Days / Female	Referral Doctor	: Dr.R.M.O
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IP No.	:	Sample Receiving Dt.	: 07/08/2024 09:34 am
		Reporting Dt.	: 07/08/2024 10:12 AM

### BLOOD UREA NITROGEN

Tests	Results	Reference Range	Units	Method	Specimen Type
UREA NITROGEN	9.33	6 - 21	mg/dL	Urease	Serum

\*\*\*\*\* END OF THE REPORT \*\*\*\*\*

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## DEPARTMENT OF BIOCHEMISTRY

Patient Name	: Mrs. KINNORI SAHA	Sample ID	: 215275
UHID	: 68931	Bill/Req. No.	: 24601736
Age/Sex	: 36 Years 10 Days / Female	Referral Doctor	: Dr.R.M.O
Type	: OPD	Requisition Date	: 07/08/2024 8:32 AM
TPA/Corporate	:	Sample Collection Dt.	: 07/08/2024 09:34 AM
IP No.	:	Sample Receiving Dt.	: 07/08/2024 09:34 am
		Reporting Dt.	: 07/08/2024 04:00 PM

### BLOOD SUGAR P.P

Tests	Results	Reference Range	Units	Method	Specimen Type
FASTING PP					
BLOOD SUGAR P.P.	<b>207.20</b>	<b>H</b> 70 - 140	mg/dl	god trinders	Plasma

\*Results of these tests should always be interpreted in conjunction with patients medical history, clinical presentation and other findings.

\*Performed on fully Automated Dimension X-Pand plus BioChemistry Analyser.

\*External Quality Control by Biorad Laboratory.

\*\*\*\*\* END OF THE REPORT \*\*\*\*\*

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GROUP SUPER SPECIALITY HOSPITAL

## DEPARTMENT OF HORMONES

Patient Name	: Mrs. KINNORI SAHA	Sample ID	: 215275
UHID	: 66931	Bill/Req. No.	: 24601736
Age/Sex	: 36 Years 10 Days / Female	Referral Doctor	: Dr.R.M.O
Type	: OPD	Requisition Date	: 07/08/2024 8:32 AM
TPA/Corporate	:	Sample Collection Dt.	: 07/08/2024 09:34 AM
IP No.	:	Sample Receiving Dt.	: 07/08/2024 09:34 am
		Reporting Dt.	: 07/08/2024 07:21 PM

### T3 T4 TSH

Tests	Results	Reference Range	Units	Method	Specimen Type
TRI-IODOOTHYRONINE (T3)	1.29	0.69 - 2.15	ng/ml	Chemiluminescence	Serum
THYROXINE (T4)	6.84	5.01 - 12.45	µg/dL	Chemiluminescence	Serum
THYROID STIMULATING HORMONE (TSH)	<b>7.6</b>	<i>H</i> 0.5-5.50	µU/ml		Serum

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