Patient Name: MS. ARPITA MOHANTY / MRN-240800617

Age / Gender: 18 Yr / F

Address: 16 Dk2 Sch- 74c Vijaunagar, Indore, MADHYA PRADESH

Req. Doctor: V ONE HOSPITAL Regn. Number: WALKIN.24-25-7924

Request Date: 10-08-2024

USG WHOLE ABDOMEN

Liver is normal in size (13.8 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: 9.3 cm Lt. Kidney length: 9.7 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 5.4x4.2x3.6 cm. Myometrial echotexture is homogenous.

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.



DR. RAVINDRA SINGH

Consultant Radiologist 2/1, Residency Area, AB Road, Geeta Bhavan Square, Indore - 452 001, MP, INDIA. E: info@vonehospital.com T: +91 0731 3588888, 4238111 | M: +91 93299 22500

A unit of Mediheal Healthcare Private Limited

Reg No.: NH/4126/Sep-2021

CIN: U85300MP2021PTC056037

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V ONE HOSPITAL

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Request Date: 10-08-2024 09:41 AM

Reporting Date: 10-08-2024 05:25 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.

END OF REPORT

Dr. RADIOLOGIST

A unit of Mediheal Healthcare Private Limited





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Request Date :

10-08-2024 09:41 AM

Dones

Reporting Date: 10-08-2024 07:24 PM

Collection Date:

10-08-2024 09:45 AM | PATH5098

Reporting Status: Finalized

Acceptance Date:

10-08-2024 09:47 AM | TAT: 09:37

[HH:MM]

Investigations	Result	Biological Reference Range
Thyroid Profile		
Т3	1.08 ng/dL	0.58 - 1.62 ng/dL (Age 1 - 100)
T4	8.79 ug/dl	5 - 14.5 ug/dl (Age 1 - 100)
TSH	1.75 uIU/ml	0.35 - 5.1 uIU/ml (Age 1 - 100

IMMUNOLOGY

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 hormons vary according trimesper in pregnancy. TSH ref range in Pregnacy Reference range (microIU/mI)

First triemester 0.24 - 2.00

Second triemester 0.43-2.2

END OF REPORT.

Dutuble

DR.QUTBUDDIN CHAHWALA

M.D.PATHOLOGIST

Result relate to the sample as received.

V-ONE HOSPITAL Department of Laboratory Medicine.

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WALKIN.24-25-7924

BIOCHEMISTRY

Request Date :

10-08-2024 09:41 AM

Collection Date :

10-08-2024 09:45 AM | BIO6985

Acceptance Date:

10-08-2024 09:47 AM | TAT: 09:35

[HH:MM]

Reporting Date: 10-08-2024 07:22 PM

Reporting Status: Finalized

Investigations	Result	
GGT(GAMMA GLUTAMYL TRANSFERASE)		Biological Reference Range
TRANSFERASE)	21.5 U/L	F 9 - 39 U/L
	THE OF SERVE	

END OF REPORT.

DR.QUTBUDDIN CHAHWALA M.D.PATHOLOGIST

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BIOCHEMISTRY

Request Date:

10-08-2024 09:41 AM

10-08-2024 09:45 AM | BIO6985

Collection Date: Acceptance Date:

10-08-2024 09:47 AM | TAT: 08:17

[HH:MM]

Reporting Date: 10-08-2024 06:04 PM

Reporting Status: Finalized

Investigations	Result	pide to to t
FBS & PPBS *[Ser/Plas]	A COUNTY OF THE PARTY OF THE PA	Biological Reference Range
FBS	101 mg/dL	70 - 110 mg/dL
PPBS		70 - 110 mg/dL
	138.2 mg/dL	100 - 140 mg/dL
	END OF REPORT.	

DR.QUTBUDDIN CHAHWALA M.D.PATHOLOGIST

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BIOCHEMISTRY

Request Date : Collection Date : 10-08-2024 09:41 AM

10-08-2024 09:45 AM | BIO6985

Reporting Date: 10-08-2024 06:02 PM

Reporting Status: Revised And

Finalized

Acceptance Date:

10-08-2024 09:47 AM | TAT: 08:15

[HH:MM]

Investigations	Result	Biological Reference Range
URIC ACID	4.5 mg/dL	F 2.6 - 6 mg/dL
BUN	Section (Sept. 1994 and 1994 a	
BUN	14 mg/dL	5 - 20 mg/dL
CREATININE	0.80 mg/dL	0.7 - 1.4 mg/dL
BUN / CREATINE RATIO	17.5	10 - 20
AST/ ALT RATIO	0.89	< 1

END OF REPORT.

DR.QUTBUDDIN CHAHWALA M.D.PATHOLOGIST

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10-08-2024 09:41 AM 10-08-2024 09:45 AM | BIO6985

Reporting Date: 10-08-2024 06:01 PM

Reporting Status: Finalized

Acceptance Date :

10-08-2024 09:47 AM | TAT: 08:14

[HH:MM]

Investigations	The state of the s	
Lipid Profile	Result	Biological Reference Range
Total Cholesterol	120 mg/dL	0 - 200 mg/dL
Tryglyceride HDL Cholesterol	99 mg/dL *	150 - 200 mg/dL
VLDL (Calculated)	36.7 mg/dL	35 - 79 mg/dL
LDL	19.8 mg/dL	5 - 40 mg/dL
Total Cholesterol /HDL	63.5 mg/dL	0 - 130 mg/dL
LDL/HDL	3.27 1.73	0-5
	END OF REPORT	0.3 - 5

END OF REPORT.

DR.QUTBUDDIN CHAHWALA M.D.PATHOLOGIST

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Restoring Quality of Life

Reporting Date: 10-08-2024 05:58 PM

Reporting Status: Finalized

Patient Name :

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BIOCHEMISTRY

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Collection Date :

10-08-2024 09:45 AM | BIO6985

Acceptance Date:

10-08-2024 09:47 AM | TAT: 08:11

[HH:MM]

nvestigations	Result	Biological Reference Range
LFT	A TOO SHOULD BE SEEN IN A	proregical nerelence hange
SGOT	22.1 U/L	0 - 40 U/L
SGPT	24.8 U/L	F 0 - 31 U/L
TOTAL BILIRUBIN	1.55 mg/dL *	0 - 1.1 mg/dL
DIRECT BILIRUBIN	0.48 mg/dL *	0 - 0.2 mg/dL
INDIRECT BILIRUBIN	1.07 mg/dL *	0.2 - 0.8 mg/dL
TOTAL PROTEIN	7.50 mg/dL	6.6 - 8.8 mg/dL
S.ALBUMIN	4.59 mg/dL	3.5 - 5.5 mg/dL
GLOBULIN	2.91 mg/dL	2 - 3.5 mg/dL
A.G.RATIO	1.58 *	1.1 - 1.5
ALKALINE PHOSPHATASE	95 U/L	F 35 - 104 U/L CHILD 54 - 369 U/L
PT INR		CITIED 34 - 309 0/E
PT	13.8 sec	13 - 15 sec
CONTROL	12.8 sec	
INR	1.07	0.8 - 1.1
HBSAG	Non Reactive	
ALT / AST RATIO	1.12	< 1.5
AST / ALT RATIO	0.89	< 1

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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Request Date :

10-08-2024 09:41 AM

Collection Date:

10-08-2024 09:45 AM | H-5810

Acceptance Date :

10-08-2024 09:47 AM | TAT: 08:10

[HH:MM]

Reporting Date: 10-08-2024 05:57 PM

Reporting Status: Finalized

Investigations		
BLOOD GROUP	Result	Biological Reference Range
ABO GROUP	0	
RH FACTOR	Positive	
HBA1C	rositive	
Glyco Hb (HbA1C)	5.0 %	4 - 6 %
Estimated Average Glucose	96.8 mg/dL	mg/dL
Interpretation: 1HbA1C has been endorsed by clini diabetes		ciation guidelines 2017 for diagnosing

HAEMATOLOGY

diabetes

using a cut off point of 6.5%

2.Low glycated 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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Reporting Date: 10-08-2024 05:56 PM

Patient Name :

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Age / Gender : Address:

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Request Date:

HAEMATOLOGY

Collection Date: Acceptance Date : 10-08-2024 09:41 AM

10-08-2024 09:45 AM | H-5810

[HH:MM]	10-08-2024 09:47 AM TAT: 08:09	
Investigations		
CBC	Result	Biological Reference Range
Haemoglobin		
RBC Count	12.7 gm%	F 12 - 15 gm% (Age 1 - 100)
	4.53 mill./cu.mm *	F 4.6 - 6 mill./cu.mm (Age 1 -
Packed Cell Volume (PCV)	37.6 % *	100) F 38 - 45 % (Age 1 - 100)
MCV	82.9 Cu.m.	76 - 96 Cu.m. (Age 1 - 100)
MCH	28.1 pg	27 - 32 pg (Age 1 - 100)
MCHC	33.9 %	30.5 - 34.5 % (Age 1 - 100)
Platelet Count	304 10^3/uL	150 - 450 10^3/uL (Age 1 -
Total Leukocyte Count (TLC)	7.91 10^3/uL	100) 4.5 - 11 10^3/uL (Age 1 - 100
Differential Leukocyte Count (D	DLC)	4
Neutophils	60 %	40 - 70 % (Age 1 - 100)
Lymphocytes -	37 %	20 - 40 % (Age 1 - 100)
Monocytes	02 %	2 - 10 % (Age 1 - 100)
Eosinophils	01 %	1 - 6 % (Age 1 - 100)
Basophils	00 %	< 1 %
ESR (WINTROBE METHOD)	10 mm/hr	F 0 - 19 mm/hr
SR (WINTROBE METHOD)	10 mm/nr	F 0 - 19 mm/hr

END OF REPORT.

DR.QUTBUDDIN CHAHWALA M.D.PATHOLOGIST

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V-ONE HOSPITAL Department of Laboratory Medicine.