



**Patient Name :** MRS. RUPELI RUPEJITA

**Age / Gender :** 34 years / Female

**Patient ID :** 20868

**Referral :** MEDI WHEEL

**Collection Time :** 13/04/2024, 12:18 PM

**Reporting Time :** 13/04/2024, 04:18 PM

**Sample ID :**



Test Description	Value(s)	Reference Range	Unit
<b>Lipid Profile</b>			
Cholesterol-Total Method : Spectrophotometry	187.65	Desirable level   < 200 Borderline High   200-239 High   >or = 240	mg/dL
Triglycerides Method : Serum, Enzymatic, endpoint	132.24	Normal: < 150 Borderline High: 150-199 High: 200-499 Very High: >= 500	mg/dL
HDL Cholesterol Method : Serum, Direct measure-PEG	46.91	Normal: > 40 Major Risk for Heart: < 40	mg/dL
LDL Cholesterol Method : Enzymatic selective protection	114.29	Optimal < 100 Near / Above Optimal 100-129 Borderline High 130-159 High 160-189 Very High >or = 190	mg/dL
VLDL Cholesterol Method : Serum, Enzymatic	26.45	6 - 38	mg/dL
CHOL/HDL Ratio Method : Serum, Enzymatic	4.00	3.5 - 5.0	
LDL/HDL Ratio Method : Serum, Enzymatic	2.44	2.5 - 3.5	

**Note:**

8-10 hours fasting sample is required.

\*\*END OF REPORT\*\*

Lab technician

**Dr. Kundan Kumar Sahoo**  
CONSULTANT PATHOLOGIST /  
MICROBIOLOGIST


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**Zena Healthcare Services**  
Plot No. 119, Opp. Water tank Lane, Near Police Phandi, Saheed Nagar, Bhubaneswar-07  
Ph. : 0674-2549902, 9692276908, 8337964922, E-mail : zenahealthcare@gmail.com  
Website : [www.zenacare.in](http://www.zenacare.in)

**Wishing Good Health**



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**Sample ID :**   
23862

Test Description	Value(s)	Reference Range	Unit
<b>LFT, Liver Function Test</b>			
Bilirubin - Total Method : Serum, Jendrassik Grof	0.82	0.00 - 1.00	mg/dL
Bilirubin - Direct Method : Serum, Diazotization	0.19	0.00 - 0.20	mg/dL
Bilirubin - Indirect Method : Serum, Calculated	0.63	0.10 - 0.80	mg/dL
SGOT Method : Serum, UV with P5P, IFCC 37 degree	21.68	8 - 33	U/L
SGPT Method : Serum, UV with P5P, IFCC 37 degree	26.82	3 - 35	U/L
GGT-Gamma Glutamyl Transpeptidase Method : Serum, G-glutamyl-carboxy-nitroanilide	5.14	< 38	U/L
Alkaline Phosphatase Method : PNPP-AMP Buffer/Kinetic	83.24	42-141	U/L
Total Protein Method : Serum, Biuret, reagent blank end point	6.82	6.60 - 8.70	g/dL
Albumin Method : Serum, Bromocresol green	4.12	3.50 - 5.30	g/dL
Globulin Method : Serum, EIA	2.70	2.00-3.50	g/dL
A/G Ratio Method : Serum, EIA	1.53	1.2 - 2.2	

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Lab technician

  
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23862

Test Description	Value(s)	Reference Range	Unit
<b>Thyroid Profile ( T3, T4, TSH )</b>			
T3-Total Method : CLIA	1.62	0.87 - 2.73	ng/dL
T4-Total Method : CLIA	8.32	6.09 - 12.23	ug/dL
TSH-Ultrasensitive Method : CLIA	2.39	0.45 - 4.5 First Trimester : 0.1-2.5 Second Trimester : 0.2-3.0 Third trimester : 0.3-3.0	uIU/mL

**Interpretation**

TSH	T3	T4	Suggested Interpretation for the Thyroid Function Tests Pattern
Raised	Within range	Within range	Raised Within Range Within Range .Isolated High TSH especially in the range of 4.7 to 15 mIU/ml is commonly associated with Physiological & Biological TSH Variability. Subclinical Autoimmune Hypothyroidism. Intermittent 14 therapy for hypothyroidism .Recovery phase after Non-Thyroidal illness*
Raised	Decreased	Decreased	Chronic Autoimmune Thyroiditis Post thyroidectomy, Post radioiodine Hypothyroid phase of transient thyroiditis*
Raised or within range	Raised	Raised or within range	Interfering antibodies to thyroid hormones (anti-TPO antibodies) Intermittent 14 therapy or T4 overdose •Drug interference- Amiodarone, Heparin, Beta blockers, steroids, anti-epileptics.
Decreased	Raised or within range	Raised or within range	Isolated Low TSH -especially in the range of 0.1 to 0.4 often seen in elderly & Range Range associated with Non-Thyroidal illness .Subclinical Hyperthyroidism .Thyroxine ingestion*
Decreased	Decreased	Decreased	Central Hypothyroidism .Non-Thyroidal illness .Recent treatment for Hyperthyroidism (TSH remains suppressed)*
Decreased	Raised	Raised	Primary Hyperthyroidism (Graves' disease). Multinodular goitre, Toxic nodule •Transient thyroiditis: Postpartum, Silent (lymphocytic), Postviral (granulomatous, subacute, DeQuervain's), Gestational thyrotoxicosis with hyperemesis gravidarum*
Decreased Within Rang	Raised	Within range	T3 toxicosis •Non-Thyroidal illness.
Within range	Decreased	Within range	Isolated Low T3-often seen in elderly & associated Non-Thyroidal illness In elderly the drop in T3 level can be upto 25%.

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**ZENA**  
Healthcare Services  
Professional | Accuracy | Precision

Professional Accuracy Precision

Regd. No. : 1834


# ZENA HEALTHCARE SERVICES

(A Unit of Zena Enterprises)

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Test Description	Value(s)	Reference Range	Unit
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Lab technician

  
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**Urine(R/M) Routine Examination of Urine**

**General Examination**

Colour	PALE YELLOW	Pale Yellow	
Transparency (Appearance)	CLEAR	Clear	
Deposit	Absent	Absent	
Reaction (pH)	Acidic 5.5	4.5 - 7.0	
Specific gravity	1.010	1.005 - 1.030	

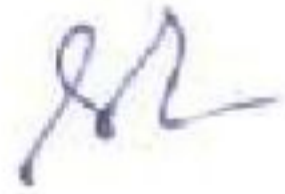
**Chemical Examination**

Urine Protein (Albumin)	Absent	Absent	
Urine Glucose (Sugar)	Absent	Absent	

**Microscopic Examination**

Red blood cells	Absent	0-4	/hpf
Pus cells (WBCs)	2 - 4 /HPF	0-9	/hpf
Epithelial cells	1 - 2 /HPF	0-4	/hpf
Crystals	Absent	Absent	
Cast	Absent	Absent	
Bacteria	Absent	Absent	

\*\*END OF REPORT\*\*



Lab technician



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Test Description	Value(s)	Reference Range	Unit
<b>Glucose, Fasting (FBS)</b>			
Glucose fasting Method : Fluoride Plasma-F, Hexokinase	107.49	75 - 115	mg/dL
<b>Glucose, Post Prandial (PP)</b>			
Blood Glucose-Post Prandial Method : Hexokinase	114.63	70 - 140	mg/dL
<b>HbA1c, Glycosylated Hemoglobin</b>			
<b>HbA1c (GLYCOSYLATED HEMOGLOBIN), BLOOD</b> Method : (HPLC, NGSP certified)	5.62		%
Estimated Average Glucose :	114.59	-	mg/dL

**Interpretation**

As per American Diabetes Association (ADA)	
Reference Group	HbA1c in %
Non diabetic adults >=18 years	<5.7
At risk (Prediabetes)	5.7 - 6.4
Diagnosing Diabetes	>= 6.5
Therapeutic goals for glycemic control	Age > 19 years Goal of therapy: < 7.0 Action suggested: > 8.0 Age < 19 years Goal of therapy: <7.5

**Note:**

- Since HbA1c reflects long term fluctuations in the blood glucose concentration, a diabetic patient who is recently under good control may still have a high concentration of HbA1c. Converse is true for a diabetic previously under good control but now poorly controlled .
- Target goals of < 7.0 % may be beneficial in patients with short duration of diabetes, long life expectancy and no significant cardiovascular disease. In patients with significant complications of diabetes, limited life expectancy or extensive co-morbid conditions, targeting a goal of < 7.0 % may not be appropriate.

**Comments**

HbA1c provides an index of average blood glucose levels over the past 8 - 12 weeks and is a much better indicator of long term glycemic control as compared to blood and urinary glucose determinations.

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Test Description	Value(s)	Reference Range	Unit
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**ADA criteria for correlation between HbA1c & Mean plasma glucose levels.**

HbA1c(%)	Mean Plasma Glucose (mg/dL)
6	126
7	154
8	183
9	212
10	240
11	269
12	298

**Blood Group ABO & Rh Typing, Blood**

Blood Group (ABO typing)  
Method : Manual-Hemagglutination

"B"

RhD Factor (Rh Typing)  
Method : Manual hemagglutination

Positive

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

Lab technician

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Test Description	Value(s)	Reference Range	Unit
<b>Uric acid, Serum</b>			
Uric Acid Method : Uricase, Colorimetric	4.16	3.4 - 7.0	mg/dL
<b>Creatinine</b>			
Creatinine Method : Serum, Jaffe	0.72	0.60 - 1.30	mg/dL
<b>BUN, Serum</b>			
BUN-Blood Urea Nitroge Method : Serum, Urease	12	10 - 50	mg/dL
<b>ESR, Erythrocyte Sedimentation Rate</b>			
ESR - Erythrocyte Sedimentation Rate Method : EDTA Whole Blood, Manual Westergren	17	0 - 20	mm/hr

**Interpretation:**

- It indicates presence and intensity of an inflammatory process. It does not diagnose a specific disease. Changes in the ESR are more significant than the abnormal results of a single test.
- It is a prognostic test and used to monitor the course or response to treatment of diseases like tuberculosis, bacterial endocarditis, acute rheumatic fever, rheumatoid arthritis, SLE, Hodgkins disease, temporal arteritis and polymyalgia rheumatica.
- It is also increased in pregnancy, multiple myeloma, menstruation, and hypothyroidism.

\*\*END OF REPORT\*\*

Lab technician

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**CARDIOPRINT**

ID: 1985 CASE: RUPELI RUPEJITA  
AGE: 35 Y M D FEMALE  
Cms K9

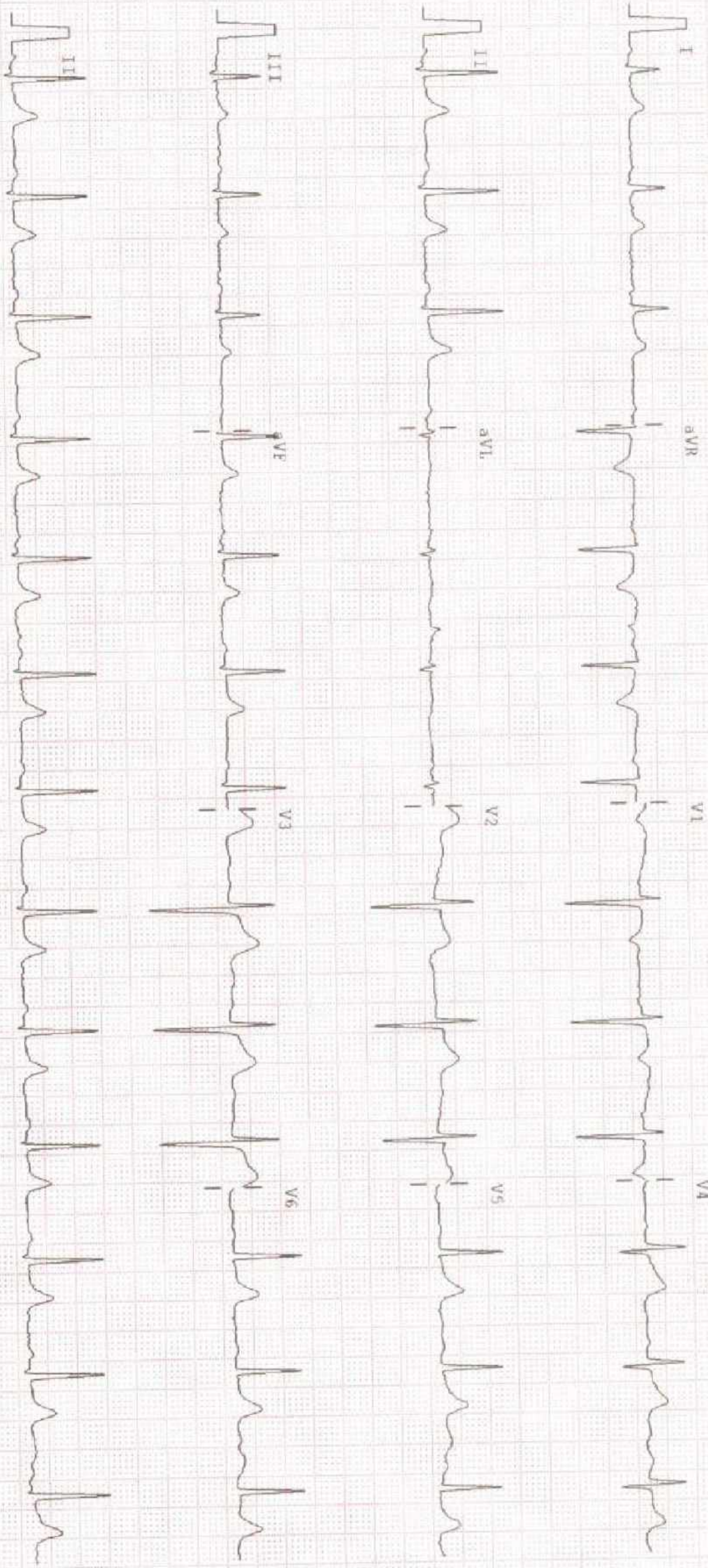
13/04/2024 11:38:57  
ZENA HEALTHCARE  
PLOT-119, SAHIDNAGAR, BHUBANESWAR

RATE	77 bpm	SINUS RHYTHM
R-R	776 ms	
P-R	154 ms	
QRS	74 ms	
QT	382 ms	
QTc	412 ms	
P-Axis:-		
P	42°	
QRS	59°	NORMAL ECG
T	53°	

12 SL. REPORT FORMAT 3+1+1L SQ

REF:

Dr.



25mm/sec 10mm/mV Notch: ON Ritc ON 0.05-35Hz ALLENKERS FISCE3 10124 VER-1.91 CLINICALLY CORRELATE THE FINDINGS



Dear sir/Madam

With due respect - I Rupeli Rupajita,  
here to inform that, today Dt. 13/04/24. I have full  
body checkup is there, but due to severe headache I  
am unable to do TMT, X-RAY, eye, & Dental checkups.

Thank you,  
Rupeli Rupajita,  
Dt - 13/04/24.



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# MATERNITY CARE HOSPITAL

NAME: RUPELI RUPEJITA

SONOGRAPHER : DR.PARUL PATI

AGE-34Y/F

DATE-13/04/2024

## USG OF WHOLE ABDOMEN

**LIVER:** normal in size, shape and parenchymal echotexture. No. SOL seen. Intrahepatic biliary channels normal in caliber and contains no echogenic structure. Portal and hepatic vascular systems within normal limits. P. V. measures 7.2mm.

**Gall bladder-** Normal seen

**SPLEEN :** Normal in size, shape and parenchymal echotexture. Spleen measures 11.0cm.

**PANCREAS:** Normal in size, shape and parenchymal echotexture. Pancreatic duct not dilated.

**KIDNEYS:** Both the kidneys normal in size, shape and position. Renal cortical echotexture is within normal limits. Cortico medullary differentiation maintained. No evidence of any calculus or hydronephrosis on both sides. Pelvi-calyceal systems appear normal. No focal lesion seen.

- Left kidney measures: 9.8 x 5.5cms.
- Right kidney measures: 8.9 x 4.3cms.

**URETERS:** Both ureters not visualized (normal).

Appendix- not visualized.

**uterus :** *uterus is normal in size shape 64.61 X48.38X44.18MM size, and normal endometrium seen in cavity.*

**Ovary-** Both ovary polycystic *in echopattern*

**Cervix-***cervical canal normal , cervix normal*

**POD-** *is free of fluid or sol*

**Impression:**Normal study of abdomen and both ovary polycystic.



**DR. PARUL PATI (O&G MD)**

Regd. No: 5569

**MATERNITY CARE HOSPITAL & IVF CENTRE**  
A-142/A-143, Sahid Nagar, Bhubaneswar



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Test Description	Value(s)	Reference Range	Unit
<b>Complete Blood Count</b>			
Hemoglobin (Hb)	12.2	12.0 - 15.0	gm/dL
Erythrocyte (RBC) Count	4.21	3.8 - 4.8	mil/cu.mm
Packed Cell Volume (PCV)	38.6	36 - 46	%
Mean Cell Volume (MCV)	91.69	83 - 101	fL
Mean Cell Haemoglobin (MCH)	28.98	27 - 32	pg
Mean Corpuscular Hb Conc. (MCHC)	31.61	31.5 - 34.5	g/dL
Red Cell Distribution Width (RDW)	12.2	11.6 - 14.0	%
Total Leucocytes (WBC) Count	5100	4000-10000	cell/cu.mm
Neutrophils	68	40 - 80	%
Lymphocytes	29	20 - 40	%
Monocytes	02	2 - 10	%
Eosinophils	01	1 - 6	%
Basophils	00	1-2	%
Platelet Count	275	150 - 410	10 <sup>3</sup> /ul
Mean Platelet Volume (MPV)	8.6	7.2 - 11.7	fL
PCT	0.24	0.2 - 0.5	%
PDW	16.2	9.0 - 17.0	%

\*\*END OF REPORT\*\*

  
Lab technician

  
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