

Patient Name : MRS. MAMATA DEVI

Age / Gender : 32 years / Female

Patient ID : 21024

Referral : MEDI WHEEL

Collection Time : 27/04/2024, 01:10 PM

Reporting Time : 27/04/2024, 05:35 PM

Sample ID :



24029

Test Description	Value(s)	Reference Range	Unit
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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 6.0	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	2 - 3 /HPF	0-4	/hpf
Crystals	Absent	Absent	
Cast	Absent	Absent	
Bacteria	Absent	Absent	

\*\*END OF REPORT\*\*

  
Lab technician

  
Dr. Kundan Kumar Sahoo  
CONSULTANT PATHOLOGIST /  
MICROBIOLOGIST

For Home Collection Please Call at Number :

**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  
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**Wishing Good Health**

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<b>Thyroid Profile ( T3, T4, TSH )</b>			
T3-Total Method : CLIA	1.63	0.87 - 2.73	ng/dL
T4-Total Method : CLIA	8.45	6.09 - 12.23	ug/dL
TSH-Ultrasensitive Method : CLIA	2.57	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 L4 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 L4 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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<b>Lipid Profile</b>			
Cholesterol-Total Method : Spectrophotometry	145.65	Desirable level   < 200 Borderline High   200-239 High   >or = 240	mg/dL
Triglycerides Method : Serum, Enzymatic, endpoint	122.54	Normal: < 150 Borderline High: 150-199 High: 200-499 Very High: >= 500	mg/dL
HDL Cholesterol Method : Serum, Direct measure-PEG	<b>36.41</b>	Normal: > 40 Major Risk for Heart: < 40	mg/dL
LDL Cholesterol Method : Enzymatic selective protection	84.73	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	24.51	6 - 38	mg/dL
CHOL/HDL Ratio Method : Serum, Enzymatic	4.00	3.5 - 5.0	
LDL/HDL Ratio Method : Serum, Enzymatic	<b>2.33</b>	2.5 - 3.5	

**Note:**

8-10 hours fasting sample is required.

\*\*END OF REPORT\*\*

*P. Saha*  
Lab technician

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

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<b>LFT, Liver Function Test</b>			
Bilirubin - Total Method : Serum, Jendrassik Grof	0.66	0.00 - 1.00	mg/dL
Bilirubin - Direct Method : Serum, Diazotization	0.19	0.00 - 0.20	mg/dL
Bilirubin - Indirect Method : Serum, Calculated	0.47	0.10 - 0.80	mg/dL
SGOT Method : Serum, UV with P5P, IFCC 37 degree	17.22	8 - 33	U/L
SGPT Method : Serum, UV with P5P, IFCC 37 degree	24.98	3 - 35	U/L
GGT-Gamma Glutamyl Transpeptidase Method : Serum, G-glutamyl-carboxy-nitroanilide	7.76	< 38	U/L
Alkaline Phosphatase Method : PNPP-AMP Buffer/Kinetic	79.24	42-141	U/L
Total Protein Method : Serum, Biuret, reagent blank end point	7.31	6.60 - 8.70	g/dL
Albumin Method : Serum, Bromocresol green	4.16	3.50 - 5.30	g/dL
Globulin Method : Serum, EIA	3.15	2.00-3.50	g/dL
A/G Ratio Method : Serum, EIA	1.32	1.2 - 2.2	

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**HbA1c, Glycosylated Hemoglobin**

<b>HbA1c (GLYCOSYLATED HEMOGLOBIN), BLOOD</b>	5.29		%
<b>Method :</b> (HPLC, NGSP certified)			
<b>Estimated Average Glucose :</b>	105.12	-	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:**

1. 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 .
2. 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.

**ADA criteria for correlation between HbA1c & Mean plasma glucose levels.**

HbA1c(%)	Mean Plasma Glucose (mg/dL)
6	126
7	154
8	183
9	212

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10	240		
11	269		
12	298		

**Glucose, Fasting (FBS)**

Glucose fasting Method : Fluoride Plasma-F, Hexokinase	88.52	75 - 115	mg/dL
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**Glucose, Post Prandial (PP)**

Blood Glucose-Post Prandial Method : Hexokinase	119.87	70 - 140	mg/dL
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**Creatinine**

Creatinine Method : Serum, Jaffe	0.84	0.60 - 1.30	mg/dL
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**Uric acid, Serum**

Uric Acid Method : Uricase, Colorimetric	4.69	3.4 - 7.0	mg/dL
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**BUN, Serum**

BUN-Blood Urea Nitroge Method : Serum, Urease	10.6	10 - 50	mg/dL
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\*\*END OF REPORT\*\*

*P. S. Chatterjee*  
Lab technician

*K. Sahoo*  
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**Blood Group ABO & Rh Typing, Blood**

Blood Group (ABO typing)

Method : Manual-Hemagglutination

"O"

RhD Factor (Rh Typing)

Method : Manual hemagglutination

Positive

**ESR, Erythrocyte Sedimentation Rate**

**ESR - Erythrocyte Sedimentation Rate**

18

0 - 20

mm/hr

Method : EDTA Whole Blood, Manual Westergren

**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.

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**CARDIOPRINT**

ID: 2061 CASE:

AGE: 33Y M D

CMs K9

MAMATA DEVI

FEMALE

27/04/2024 13:06:22

ZENA HEALTHCARE

PLOT -119, SAHIDNAGAR, BHUBANESWAR

RATE : 85 bpm SINUS RHYTHM  
R-R : 700 ms POOR R WAVE PROGRESSION  
P-R : 154 ms  
QRS : 80 ms  
QT : 350 ms  
QTc : 401 ms

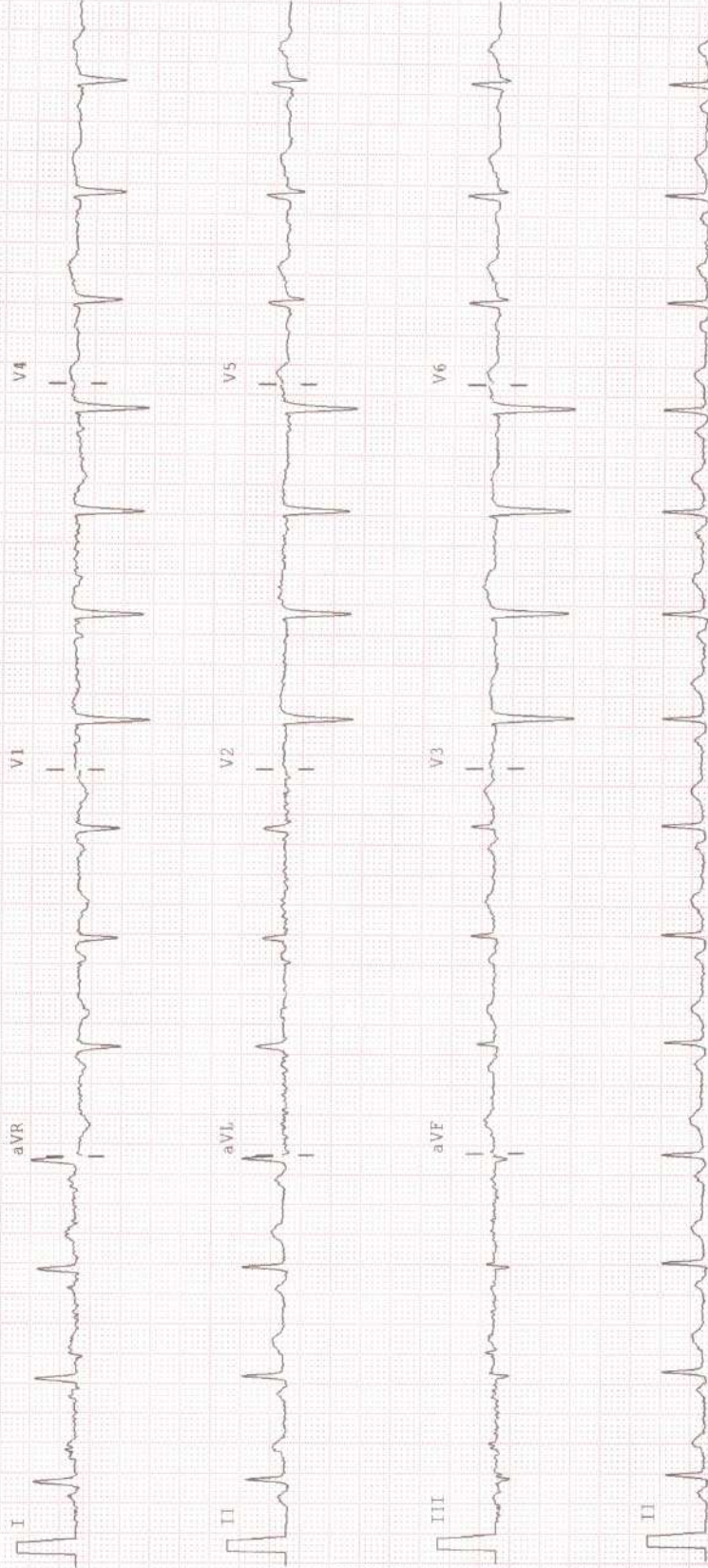
*Mamata Devi*

P : 56°  
QRS : 28°  
T : 53°

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

REF

Dr.



25mm/sec 10mm/mV Notch. ON

BLC. ON 0.05-35Hz

ALLENGERS PISCES 10121 VER-1 9) CLINICALLY CORRELATE THE FINDINGS





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<b>Complete Blood Count</b>			
Hemoglobin (Hb)	10.6	12.0 - 15.0	gm/dL
Erythrocyte (RBC) Count	4.15	3.8 - 4.8	mil/cu.mm
Packed Cell Volume (PCV)	33.6	36 - 46	%
Mean Cell Volume (MCV)	80.96	83 - 101	fL
Mean Cell Haemoglobin (MCH)	25.54	27 - 32	pg
Mean Corpuscular Hb Concn. (MCHC)	31.55	31.5 - 34.5	g/dL
Red Cell Distribution Width (RDW)	14.9	11.6 - 14.0	%
Total Leucocytes (WBC) Count	5400	4000-10000	cell/cu.mm
Neutrophils	65	40 - 80	%
Lymphocytes	31	20 - 40	%
Monocytes	02	2 - 10	%
Eosinophils	02	1 - 6	%
Basophils	0	1-2	%
Platelet Count	231	150 - 410	10 <sup>3</sup> /ul
Mean Platelet Volume (MPV)	9.9	7.2 - 11.7	fL
PCT	0.23	0.2 - 0.5	%
PDW	19.8	9.0 - 17.0	%

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