



PULKIT DIAGNOSTIC CENTRE

Dr. Nimisha Gupta

M.D. (Pathology) AIIMS, New Delhi
FNAC & Histopathology Expert, M.N.A.M.S. DNB
Ex-Registrar : PGIMER Chandigarh, GMCH Chandigarh

Patient Name : Mrs. SHIVANI PAL
Serial Number : 10241115-9
Age/Gender : 24 Year / Female
Billing To : Self
Ref By Doctor :

Visit Id : 241000805
Registered On : 15-11-2024 03:58 PM
Received On : 15-11-2024 04:00 PM
Reported On : 17-11-2024 11:51 AM
Report Status : Final Report

Investigation Name	Observed Value	Unit	Bio. Ref. Range
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Haematology

COMPLETE HAEMOGRAM

Haemoglobin / HB	11.7	gm/dl	12 - 15
Total Leucocyte Count / TLC	6.0	10 ³ /ul	4.0 - 11
Differential Leucocyte Count			
Neutrophils	63	%	40 - 70
Lymphocytes	32	%	20 - 45
Eosinophils	04	%	1 - 6
Monocytes	01	%	0 - 10
RBC (Red Blood Cell Count)	4.04	10 ⁶ /ul	4 - 5.2
PCV (Hematocrit)	36.7	%	36 - 48
MCV (Mean Corpuscular Volume)	90.9	fl	80 - 99.9
MCH (Mean Corp Hb)	28.9	pg	27 - 33
MCHC (Mean Corp Hb Conc)	31.8	g/dl	32 - 36
Platelet Count	1.78	Lac	1.50 - 4.50
<i>(Auto Anal. / Automatic Cell Counter)</i>			
RDW - CV	13.7	%	11.5 - 15
RDW - SD	43.3	fL	35 - 50
MPV (Mean Platelet Volume)	13.6	fL	6.8 - 12.6
PDW (Platelet Distribution Width)	16.3	fL	8.3 - 25
PCT	0.238	%	0.2 - 0.5
P-LCC	88.0	10 ³ /uL	44-140
P-LCR (Platelet - Large Cell Ratio)	49.8	%	13 - 43

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9001:2015



6 steps quality control to ensure 100% report accuracy

Qualified and trained technicians

Temperature-controlled containers to store samples

Strict quality checks on sample before processing

Regular monitoring of lab analyzers by expert

Assured machine inspection on a daily basis

Verified reports by qualified pathologist

28 Years of Trust & Experience



Mrs. SHIVANI PAL Female 241000805

Technician

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9411220966



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A-1, P-2, D.D. PURAM, BAREILLY- 243001

Dr. Nimisha Gupta
Senior Consultant Pathology



Home Sample Collection Available

Note: Impression is a professional opinion & not a diagnosis. All modern machines/procedures have their limitations. If there is a variance clinically this examination may be needed or re-evaluated by other investigations. If test results are alarming or find any typographical error then contact the laboratory immediately for possible remedial action.



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ESR (Erythrocyte Sedimentation Rate) <i>Method: Modified Westergren</i>	25	mm/1 hour	2 - 18
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Blood Group ABO

ABO Blood Group

Rh Factor

B'

Positive

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Urine Sugar Fasting	Absent		Absent
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Clinical Pathology

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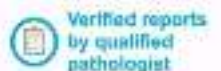
Biochemistry			
Blood Sugar Fasting / FBS <i>Method: GOD/POD</i>	88.6	mg/dl	60 - 110
LIVER FUNCTION TEST / LFT			
Total Bilirubin <i>Method: Diazoised Sulfanilic Acid</i>	0.69	mg/dl	00 - 1.20
Direct Bilirubin <i>Method: Diazoised Sulfanilic Acid</i>	0.38	mg/dl	0 - 0.25
Indirect Bilirubin <i>Method: Calculated</i>	0.31	mg/dl	00 - 1.20
Albumin <i>Method: SCG</i>	3.8	g/dl	3.5 - 5.2
Globulin <i>Method: Calculated</i>	2.90	g/dl	1.8 - 3.6
Albumin / Globulin Ratio <i>Method: Calculated</i>	1.31		0.9 - 2
Aspartate Transaminase (SGOT) <i>Method: IFCC</i>	26.7	U/L	0 - 31
Alanine Transaminase (SGPT) <i>Method: IFCC</i>	33.5	U/L	0 - 34
Alkaline Phosphatase <i>Method: IFCC</i>	68.4	IU/L	40 - 129

COMMENT :

A liver panel (Liver function test) or one or more of its component tests may be used to help diagnose liver disease if a person has symptoms that indicate possible liver dysfunction. If a person has a known condition or liver disease, testing may be performed at intervals to monitor liver status and to evaluate the effectiveness of any treatments.

KIDNEY FUNCTION TEST / KFT

Blood Urea <i>Method: GLDH</i>	23.0	mg/dl	10 - 50
Creatinine <i>Method: Jaffe Kinetic</i>	0.76	mg/dl	0.6 - 1.1
Uric Acid <i>Method: Enzymatic PAP</i>	3.7	mg/dl	2.6 - 6



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Haematology

HbA1C ESTIMATION
(Method: MPLC)

HbA1C (GLYCOSYLATED HAEMOGLOBIN)

PATIENT'S VALUE % HbA1C **6.2** %
EXPECTED VALUES :-

%HbA1c	Approx. mean blood glucose(mg/dl)	Interpretation
4	65	Non-diabetic range
5	100	
6	135	
7	170	ADA target
8	205	Action suggested
9	240	
10	275	
11	310	
12	345	

REMARKS:- In vivo quantitative determination of **HbA1C** in whole blood is utilized in long term monitoring of glycemia. The **HbA1C** level correlates with the mean glucose concentration prevailing in the course of the patient's recent history (approx - 6-8 weeks) and therefore provides much more reliable information for glycemia monitoring than do determinations of blood glucose or urinary glucose. It is recommended that the determination of **HbA1C** be performed at intervals of 4-6 weeks during diabetes mellitus therapy.

Results of **HbA1C** should be assessed in conjunction with the patient's medical history, clinical examinations and other findings.



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Biochemistry

LIPID PROFILE

Triglycerides <i>Method: Enz.GPO-PAP</i>	76.2	mg/dl
Cholesterol Total <i>Method: CHOD-PAP</i>	162.1	mg/dl
HDL Cholesterol <i>Method: Enzymatic</i>	60.2	mg/dl
LDL Cholesterol <i>Method: Direct Homogeneous Assay</i>	85.66	mg/dl
VLDL Cholesterol <i>Method: Calculated</i>	15.24	mg/dl
Cholesterol Total / HDL - C, Ratio <i>Method: Calculated</i>	2.69	
LDL-C / HDL - C, Ratio <i>Method: Calculated</i>	1.42	

Interpretation:

A lipid profile that measures the amount of cholesterol and fats called triglycerides in the blood. These measurements give the doctor a quick snapshot of what's going on in blood. Cholesterol and triglycerides in the blood can clog arteries, making you more likely to develop heart disease

CHOLESTEROL LDL CHOLESTEROL CHO:HDL RATIO

Acceptable/Low Risk	: < 200 mg/dL	: < 130 mg/dL	: < 4.5
Borderline High Risk	: 200-239 mg/dL	: 130-159 mg/dL	: 4.5 - 6.0
High Risk	: > 240 mg/dL	: > 160 mg/dL	: > 6.0



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Immunology

THYROID PROFILE (TOTAL)

T3 (Total) <i>(Method: CLIA)</i>	1.56	ng/ml	0.50 - 2.0 ng/ml
T4 (Total) <i>(Method: CLIA)</i>	9.38	µg/dl	4.8 to 11.6 µg/dl
TSH (3rd Generation) <i>(Method: Immunoassay/ CLIA)</i>	2.96	µIU/ml	0.260 - 6.82 µIU/ml

Children

Premature Infant	: 0.8 - 5.2	uIU/mL
Cord Blood	: 1.0 - 17.4	uIU/mL
1-3 Days	: 1.0 - 17.4	uIU/mL
1-2 Weeks	: 1.7 - 9.1	uIU/mL
4-12 Months	: 0.8 - 8.2	uIU/mL
1-5 Years	: 0.8 - 8.2	uIU/mL
5-10 Years	: 0.7 - 7.0	uIU/mL
10-15 Years	: 0.7 - 5.7	uIU/mL

INTERPRETATION:

- TSH measurement has been used for screening for euthyroidism, screening and diagnosis for hyperthyroidism & hypothyroidism. suppressed TSH (<0.01 uIU/ml) suggest a diagnosis of hyperthyroidism and elevated concentration (> 70 uIU/ml) suggest hypothyroidism. TSH levels may be affected by acute illness & several medication including dopamine and glucocorticoids. decreased (low or undetectable) in graves disease, increased in TSH secreting pituitary adenoma (secondary hypothyroidism) path and in hypothalamic disease thyrotropic (tertiary hyperthyroidism), elevated in hypothyroidism (along with decreased) except for pituitary and hypothalamic disease.
- Mild to modest elevations in patients with normal T3 & T4 level indicate impaired thyroid hormone reserves and incipient hypothyroidism (subclinical hypothyroidism). Mild to modest decreased with normal T3 and T4 indicates subclinical hyperthyroidism.
- Degree of TSH suppression does not reflect the severity of hyperthyroidism; therefore, measurement of free thyroid hormone levels is required patient with a suppressed TSH level.



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Clinical Pathology

URINE ROUTINE EXAMINATION

Physical Examination

Volume	20	ml.	
Colour	Pale-yellow		Pale-yellow
Deposits / Clarity / Turbidity / Transparency	Slightly Turbid		Absent
Specific Gravity (S.G)	Q.N.S		

Chemical Examination

Reaction (pH)	Acidic		Acidic
Proteins	Trace		Absent
Sugar	Absent		Absent

(Without Double Sequential Enzyme Reaction)

Microscopic Examination

Pus Cells	Occasional	/HPF	<2-5 / hpf
Red Blood Cells	Absent	/HPF	<2 RBC s/hpf
Casts	Absent	lpf	0-5 hyaline casts/lpf
Crystals	Absent		Absent
Epithelial Cells	8-12	/HPF	<15-20 / hpf
Bacteria	Present +		Absent
Others	-		Absent

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PRASAD HOSPITAL

ADVANCED BRAIN AND SPINE SURGERY CENTRE & MULTI SPECIALITY HOSPITAL

Patient Name : SHIVANI PAL	15-NOV-2024
Ref. By. : Dr. SELF	Age /Sex 24Y/ F
Investigation : X-Ray Chest PA View	

OBSERVATION

Bilateral lung fields are clear.

Trachea is central.

Both hila are normal.

Cardiac shape, size and silhouette are normal.

No mediastinal widening or mediastinal shift noted.

Both domes of diaphragm are normal in height and silhouette.

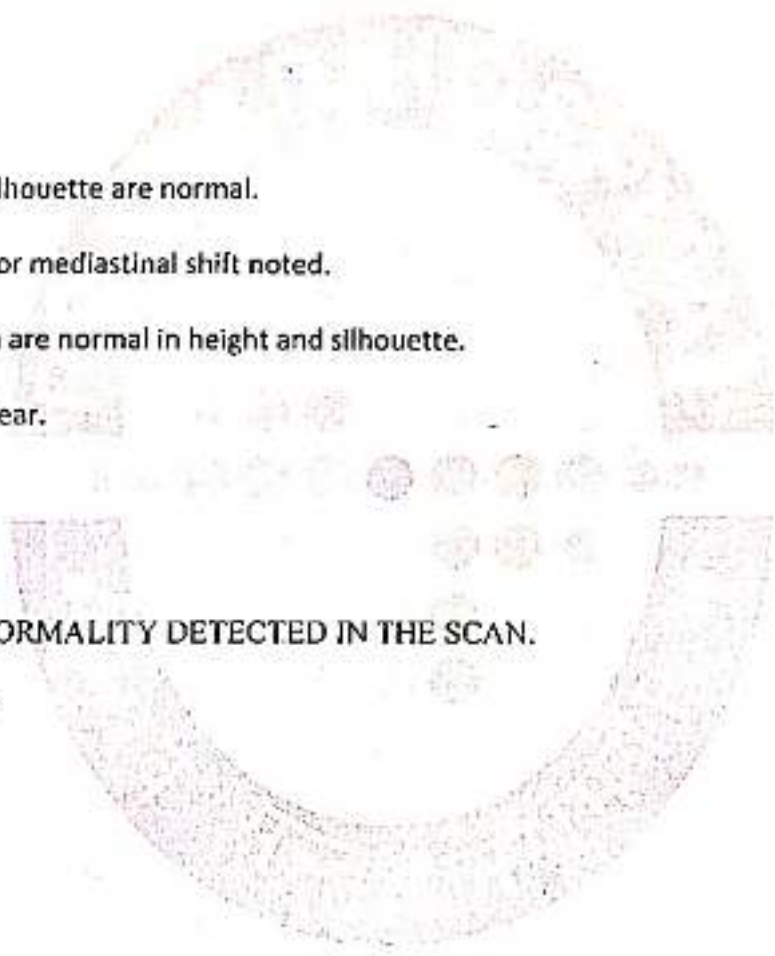
Bilateral C.P. angles are clear.

Bony rib cage is normal.

IMPRESSION

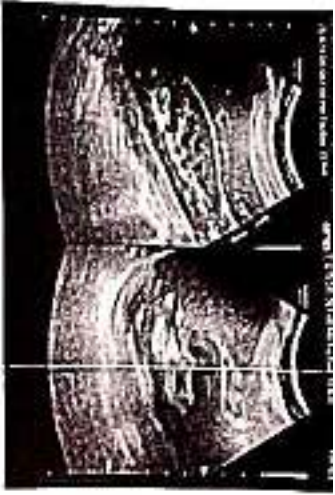
NO SIGNIFICANT ABNORMALITY DETECTED IN THE SCAN.

To correlate clinico-pathologically



[Handwritten signature]





SATYADEEP ULTRASOUND &
PATHOLOGY CENTRE
B-55, Deen Dayal Puram, Adjacent to Q2 Gym, Bareilly - 243122

NAME: SHIVANI PAL	SURNAME: L	AGE: 24 YEARS
REFERRED BY: SELF	DATE: 15/11/2024	

ABDOMINO-PELVIC SONOGRAPHY

Liver is normal in size with normal echo texture. No focal lesions.
 Spleen is normal.
 Gall Bladder is well distended. Wall thickness normal. No calculi. No sludge.
 No evidence of HBIR dilatation. CBD is normal.
 Pancreas is normal in size, outline and echo texture. No focal lesion.
 Spleen is normal in size, outline and echo texture. No focal lesion.
 Right Kidney
 Normal in size and echo texture. Cortico-medullary differentiation is preserved.
 No evidence of hydronephrosis or calculi. The ureter is not dilated.
 Left Kidney
 Normal in size and echo texture. Cortico-medullary differentiation is preserved.
 No evidence of hydronephrosis or calculi. The ureter is not dilated.
 Urinary Bladder is distended.
 Wall appears thickened measuring approx. 4.5 mm.

- PELVIS:**
- Uterus Anteroflexed, normal in size.
 - The endo and myometrium are normal.
 - ET measures- 4.5 mm, hyperechoic and regular.
 - Left ovary: A hemorrhagic cyst noted measuring approx. 3.3x2.1 cm.
 - Right ovary appears normal.
 - No free fluid in PVD.
- IMPRESSION:**
- No evidence of sepsis or lymphadenopathy.
 - **CYSTITIS.**
 - **LEFT OVARIAN HEMORRHAGIC CYST (3.3x2.1 cm) as described above.**
Suggested Urine PVA.


DR. RAJAT SAXENA
 MBBS, DNB, RADIOLOGIST



NOT VALID FOR MEDICAL LEGAL PURPOSE