

**DEPARTMENT OF LABORATORY MEDICINE**

**Final Report**

Patient Name : Mrs KAMLA NEGI MRN : 15050000063120 Gender/Age : FEMALE , 43y (24/01/1980)

Collected On : 16/03/2023 09:11 AM Received On : 16/03/2023 09:26 AM Reported On : 16/03/2023 01:53 PM

Barcode : D72303160066 Specimen : Whole Blood Consultant : Dr. Praveen Roy(GENERAL MEDICINE)

Sample adequacy : Satisfactory Visit No : OP-003 Patient Mobile No : 9871661905

**HAEMATOLOGY**

Test	Result	Unit	Biological Reference Interval
<b>COMPLETE BLOOD COUNT (CBC)</b>			
Haemoglobin (Hb%) (Spectrophotometry)	<b>10.0 L</b>	g/dL	12.0-15.0
Red Blood Cell Count (Electrical Impedance)	<b>4.12 L</b>	10 <sup>6</sup> /mm <sup>3</sup>	4.5-6.5
PCV (Packed Cell Volume) / Hematocrit (Calculated)	<b>32.2 L</b>	%	36.0-46.0
MCV (Mean Corpuscular Volume) (Calculated)	<b>78 L</b>	µm <sup>3</sup>	83.0-101.0
MCH (Mean Corpuscular Haemoglobin) (Calculated)	<b>24.3 L</b>	pg	27.0-32.0
MCHC (Mean Corpuscular Haemoglobin Concentration) (Calculated)	<b>31.1 L</b>	g/dL	32.0-36.0
Red Cell Distribution Width (RDW) (Calculated)	<b>14.7 H</b>	%	11.5-14.0
Platelet Count (Electrical Impedance)	367	10 <sup>3</sup> /mm <sup>3</sup>	150.0-450.0
Total Leucocyte Count(WBC) (Electrical Impedance)	6.0	10 <sup>3</sup> /mm <sup>3</sup>	4.0-11.0
<b>DIFFERENTIAL COUNT (DC)</b>			
Neutrophils (DHSS)	63.0	%	40.0-80.0
Lymphocytes (DHSS)	27.7	%	20.0-40.0
Monocytes (DHSS)	6.3	%	2.0-10.0
Eosinophils (DHSS)	2.5	%	1.0-6.0
Basophils (DHSS)	0.5	%	0.0-2.0
Absolute Neutrophil Count (Calculated)	3.78	10 <sup>3</sup> /mm <sup>3</sup>	2.0-7.5

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Absolute Lymphocyte Count (Calculated)	1.67	x10 <sup>3</sup> cells/μl	1.0-3.0
Absolute Monocyte Count (Calculated)	0.38	x10 <sup>3</sup> cells/μl	0.2-1.0
Absolute Eosinophil Count (Calculated)	0.15	x10 <sup>3</sup> cells/μl	0.02-0.5
Absolute Basophil Count (Calculated)	0.03	x10 <sup>3</sup> cells/μl	0.02-0.1

*As per the recommendation of International Council for Standardization in Hematology, the differential counts are additionally being reported as absolute numbers.*

<b>Erythrocyte Sedimentation Rate (ESR)</b>	<b>75 H</b>	mm/hr	0.0-20.0
<small>(Modified Westergren Method)</small>			

*Prachi*

Dr. Prachi  
 MBBS,MD Pathology, JUNIOR CONSULTANT, Reg no DMC - 70512

**BIOCHEMISTRY**

Test	Result	Unit	Biological Reference Interval
<b>Fasting Blood Sugar (FBS)</b> (GOD/POD)	96.4	mg/dL	74.0-106.0
<b>Post Prandial Blood Sugar (PPBS)</b> (Enzyme Method (GOD POD))	140	mg/dL	100.0-140.0
<b>LIPID PROFILE (CHOL,TRIG,HDL,LDL,VLDL)</b>			
Cholesterol Total (Non LDL Selective Elimination, CHOD/POD)	195.4	mg/dL	<200.0
Triglycerides (LIPASE/GK/GPO/POD)	<b>218.0 H</b>	mg/dL	<150.0
HDL Cholesterol (HDLC) (Colorimetric (Phosphotungstic Acid Method))	<b>34.2 L</b>	mg/dL	40.0-60.0
Non-HDL Cholesterol	<b>161.2 H</b>	mg/dL	<130.0
LDL Cholesterol (Turbidometric /Microtip)	<b>136.31 H</b>	mg/dL	<100.0

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VLDL Cholesterol (Calculated)	<b>43.6 H</b>	mg/dL	0.0-40.0
Cholesterol /HDL Ratio (Calculated)	<b>5.8 H</b>	-	<4.5
<b>THYROID PROFILE (T3, T4, TSH)</b>			
Tri Iodo Thyronine (T3) (ECLIA/ ELFA)	2.58	nmol/L	1.49-2.6
Thyroxine (T4) (ECLIA/ ELFA)	139	nmol/L	71.2-141.0
TSH (Thyroid Stimulating Hormone) (Electrochemiluminescence (ECLIA))	3.77	uIU/ml	0.465-4.68
<b>LIVER FUNCTION TEST(LFT)</b>			
Bilirubin Total (Azobilirubin Dyphylline)	0.43	mg/dL	0.2-1.3
Conjugated Bilirubin (Direct) (Dual Wavelength Reflectance)	0.02	mg/dL	0.0-0.4
Unconjugated Bilirubin (Indirect) (Calculated)	0.40	mg/dL	0.1-1.0
Total Protein (Biuret Method)	<b>8.30 H</b>	gm/dL	6.3-8.2
Serum Albumin (Bromcresol Green (BCG))	4.53	gm/dL	3.5-5.0
Serum Globulin (Calculated)	<b>3.78 H</b>	gm/dL	2.3-3.5
Albumin To Globulin (A/G)Ratio (Calculated)	1.20	-	0.9-2.0
SGOT (AST) (P - Phosphate)	<b>57.1 H</b>	U/L	14.0-36.0
SGPT (ALT) (P - Phosphate)	<b>50.7 H</b>	U/L	<35.0
Alkaline Phosphatase (ALP) (PNPP With Amp Buffer)	110.2	U/L	38.0-126.0
Gamma Glutamyl Transferase (GGT) (GCNA)	<b>51.9 H</b>	U/L	12.0-43.0

--End of Report--

Patient Name : Mrs KAMLA NEGI MRN : 1505000063120 Gender/Age : FEMALE , 43y (24/01/1980)



Dr. Amit Samadhiya  
JUNIOR CONSULTANT, MBBS, MD Biochemistry, DMC - 14287

**Note**

- Abnormal results are highlighted.
- Results relate to the sample only.
- Kindly correlate clinically.



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Final Report

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Collected On : 16/03/2023 09:11 AM Received On : 16/03/2023 09:27 AM Reported On : 16/03/2023 03:26 PM

Barcode : D62303160084 Specimen : Serum Consultant : Dr. Praveen Roy(GENERAL MEDICINE)

Sample adequacy : Satisfactory Visit No : OP-003 Patient Mobile No : 9871661905

**BIOCHEMISTRY**

Test	Result	Unit	Biological Reference Interval
<b>HBA1C</b>			
HbA1c (Enzymatic Method)	5.6	%	Normal: 4.0-5.6 Pre Diabetes: 5.7-6.4 Diabetes: => 6.5 ADA Recommendation 2017
Estimated Average Glucose	114.02	-	-

**Interpretation:**

- HbA1C above 6.5% can be used to diagnose diabetes provided the patient has symptoms. If the patient does not have symptoms with HbA1C>6.5%, repeat measurement on further sample. If the repeat test result is <6.5%, consider as diabetes high risk and repeat measurement after 6 months.
- HbA1C measurement is not appropriate in diagnosing diabetes in children, suspicion of type 1 diabetes, symptoms of diabetes for less than 2 months, pregnancy, hemoglobinopathies, medications that may result sudden increase in glucose, anemia, renal failure, HIV infection, malignancies, severe chronic hepatic, and renal disease.
- Any sample with >15% should be suspected of having a haemoglobin variant.

**Interpretation Notes**

- 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. Target goals of < 7.0 % may be beneficial in patients. Please co-relate with Blood Sugar Fasting.

**RENAL PACKAGE - 2 (RFT FASTING)**

Fasting Blood Sugar (FBS) (GOD/POD)	92.1	mg/dL	74.0-106.0
Blood Urea Nitrogen (BUN) (Urease, UV)	10.8	mg/dL	7.0-17.0

**SERUM CREATININE**

Serum Creatinine (Enzymatic Two Point Rate - Creatinine Amidohydrolase)	0.73	mg/dL	0.5-1.04
eGFR (Calculated)	87.1	mL/min/1.73m <sup>2</sup>	Indicative of renal impairment < 60 Note:eGFR is inaccurate for Hemodynamically unstable patients eGFR is not applicable for less than 18 years of age.

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**Dharamshila Narayana Superspeciality Hospital**

(A Unit of Dharamshila Cancer Foundation and Research Centre)  
(Hospital Reg No.: DHS/NH/144 | PAN No.: AAATD0451G | GST No.: 07AAATD0451G1Z7)

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Appointments  
**1800-309-0309**

Emergencies  
**73700-73700**

Patient Name : Mrs KAMLA NEGI MRN : 15050000063120 Gender/Age : FEMALE , 43y (24/01/1980)

Serum Sodium (ISE Direct)	140.8	mmol/L	137.0-145.0
Serum Potassium (ISE Direct)	4.50	mmol/L	3.5-5.1
Serum Chloride (ISE Direct)	106.3	mmol/L	98.0-107.0
Serum Bicarbonate Level (Phosphoenolpyruvate Carboxylase /Mdh Enzymatic End Point Assay)	<b>21.3 L</b>	mmol/L	22.0-30.0
Serum Calcium (Arsezano III Dye Binding Method)	9.00	mg/dL	8.4-10.2
Serum Magnesium (Formazan Dye)	2.22	mg/dL	1.6-2.3
Serum Uric Acid (Colorimetric - Uricase,Peroxidase)	6.21	mg/dL	3.5-8.5
Serum Phosphorus (Phosphomolybdate Reduction)	4.20	mg/dL	2.5-4.5



Dr. Amit Samadhiya  
 JUNIOR CONSULTANT, MBBS, MD Biochemistry, DMC - 14287

**CLINICAL PATHOLOGY**

Test	Result	Unit	Biological Reference Interval
<b>URINE ROUTINE &amp; MICROSCOPY</b>			
<b>PHYSICAL EXAMINATION</b>			
Colour	Pale Yellow	-	-
Appearance	Clear	-	-
<b>CHEMICAL EXAMINATION</b>			
pH(Reaction) (Double Indicator Method)	6.0	-	4.8-7.5
Sp. Gravity (PKa Change Ionic Concentration Method)	1.005	-	1.002-1.030
Protein (Protein Error Method)	Nil	-	Nil

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Urine Glucose (GOD/POD)	Nil	-	Nil
Ketone Bodies	Negative	-	-
Blood Urine (Pseudo Peroxidase Method)	Nil	-	-

**MICROSCOPIC EXAMINATION**

Pus Cells	1-2	/hpf	1-2
RBC	Nil	/hpf	0 - 3
Epithelial Cells	1-2	/hpf	2-3
<b>Urine For Sugar (Fasting)</b>	Nil	-	-
<b>Urine For Sugar (Post Prandial)</b>	Nil	-	-

*Prachi*

Dr. Prachi  
 MBBS,MD Pathology, JUNIOR CONSULTANT, Reg no DMC - 70512

**BLOOD BANK LAB**

Test	Result	Unit
<b>BLOOD GROUP &amp; RH TYPING</b>		
Blood Group	"B"	-
RH Typing	Positive	-

--End of Report--

Patient Name : Mrs KAMLA NEGI MRN : 15050000063120 Gender/Age : FEMALE , 43y (24/01/1980)



Dr. Manoj Rawat  
Consultant & HOD, Blood Bank Center  
Consultant & HOD Blood Center, DMC - 38026

**Note**

- Abnormal results are highlighted.
- Results relate to the sample only.
- Kindly correlate clinically.





<b>Patient Name</b>	KAMLA NEGI	<b>Requested By</b>	Dr. PRAVEEN ROY
<b>MRN</b>	15050000063120	<b>Procedure DateTime</b>	2023-03-16 11:32:57
<b>Age/Sex</b>	43Y 1M/Female	<b>Hospital</b>	NH-Dharamshila

**Investigation No. 3101**

**ULTRASONOGRAPHY WHOLE ABDOMEN**

**Liver :** is normal in size **and shows grade I fatty change.** Normal sized intrahepatic biliary and vascular channels are seen. The common bile duct and portal vein are normal.

**Gall bladder :** Normal in size with normal wall thickness. **Multiple calculi seen in lumen, largest ~1.6 cm.**

**The pancreas :** The pancreas shows normal contour, echogenicity and size.

**The spleen :** is normal in size, contour and echopattern.

**The right kidney :** The right kidney has a normal contour & echopattern in the cortex, medulla and pelvicalyceal system. It measures 9.5 x 3.7 cm.

**The left kidney :** The left kidney has a normal contour & echopattern in the cortex, medulla and pelvicalyceal system. It measures 10.1 x 4.7 cm.

Urinary bladder is normal in wall & contents.

Uterus is normal in size and echogenicity of the myometrium. It measures 8.1 x 3.8 x 4.8 cm. **Hypoechoic area of 2.5 cm seen posterior wall ? fibroid.**

Endometrial stripe is normal.

No ascites seen.

**Impression :**

- **Grade I fatty liver.**
- **Cholelithiasis.**
- **? Uterine fibroid.**

*Anjana*

**Dr. ANJANA CHANDRA**  
MBBS MD (Radiodiagnosis)  
SR. CONSULTANT RADIOLOGIST

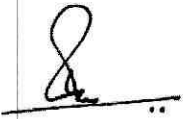
<b>Patient Name</b>	KAMLA NEGI	<b>Requested By</b>	DR PRAVEEN ROY
<b>MRN</b>	15050000063120	<b>Procedure DateTime</b>	2023-03-16 15:32:43
<b>Age/Sex</b>	43Y 1M/Female	<b>Hospital</b>	NH-Dharamshila

Inv. No.: 7179

**X-RAY CHEST (PA)**

- Lung fields are clear.
- Costophrenic angles are clear.
- Both domes of diaphragm are normal.
- Mediastinum and both hila are within normal limits.
- Cardiac size is normal.
- Bones under review are unremarkable.

**Impression:** Normal Study.



**Dr. (Col.)Vikas Rastogi**  
MBBS,MD  
SR. CONSULTANT RADIOLOGIST  
DML 89340

## Transthoracic Echo color Doppler Report

Patient's Name	Mrs. Kamla Negi	Age/Sex	43Years/Female
Ref By:	Dr. Parveen Roy	Date:	16/03/2023
MRN No.	1505000063120	PVT/MRD/IPD	Mediwheel full body Health Check Up

### Final Interpretation

1. Normal sized cardiac chamber dimensions.
2. No Regional wall motion abnormality, LVEF = 55-60%.
3. MIP - Normal
4. LVEDP – Normal
5. Normal RV systolic function. TAPSE - 2.7cm.
6. Trace MR, No AR, No PR, Trace TR (PASP - 15mmHg).
7. No clot/vegetation/pericardial effusion.
8. IVC normal with >50% collapsibility with respiration.
9. No coarctation of aorta.

### Morphology :-

- ❖ Left Ventricle: It is normal sized.
- ❖ Left Atrium: It is normal sized.
- ❖ Right Atrium: It is normal sized.
- ❖ Right Ventricle: It is normal sized. RV systolic function is normal.
- ❖ Aortic Valve: Aortic valve appears tricuspid & cusps are normal.
- ❖ Mitral Valve: open normally, Subvalvular apparatus appears normal.
- ❖ Tricuspid valve: It appears normal.
- ❖ Pulmonic Valve: It appears normal.
- ❖ Main Pulmonary artery & its branches: Appear normal.
- ❖ Pericardium: There is no pericardial effusion.

### DOPPLER/COLOUR FLOW

<u>VALVE</u>	<u>MAX. VELOCITY cm/sec</u>	<u>PG/MG mmHg</u>	<u>REGURGITATION</u>
MITRAL	E- 105cm/sec, A- 96cm/sec		Trace MR
AORTIC	85		No AR
TRICUSPID	159	(PASP – 15mmHg)	Trace TR
PULMONARY	92		No PR

*Contd.....*


**M MODE & 2D Measurements**

	Observed values	Normal values
Aortic root diameter	32	20-34(mm)
Left atrium size	28	19-40(mm)
Left Ventricular Size diastole	42	ED 37-56(mm)
Left Ventricular Size systole	28	ES 22-40 (mm)
Inter ventricular Septum diastole	09	ED 6-10(mm)
Posterior Wall thickness diastole	08	ED 6-10(mm)
End Diastolic Volume	80	
End Systolic Volume	29	
LV Ejection Fraction (%)	55-60%	55%-75%

**2D EXAMINATION DESCRIPTION**

2D and M Mode examination done in multiple views revealed fair movement of both mitral leaflets. Aortic valve has three cusps & cusps are normal. Tricuspid valve leaflets move normally. Pulmonary valve is normal. Ascending Aorta is normal. Interatrial septum and interventricular septum are intact.

Dimension of left atrium and left ventricle are normal. No regional wall motion abnormality seen. Global LVEF is 55-60%. No intracardiac mass or thrombus seen.

  
Dr. Pradeep Kumar Nayak  
Senior Consultant - Cardiology

Dr. Rakesh Bachloo  
Consultant - Cardiology

**Note:-** This is a professional opinion based on imaging finding and not the diagnosis. Not valid for medico-legal purposes. In case of any discrepancy due to machine error or typing error, please get it rectified immediately.