

ETERNAL HOSPITAL MEDICAL TESTING LABORATORY

Patient Name	Mrs. RENUKA SHARMA	Lab No	4008367
UHID	40004606	Collection Date	12/08/2023 10:27AM
Age/Gender	34 Yrs/Female	Receiving Date	12/08/2023 11:01AM
IP/OP Location	O-OPD	Report Date	12/08/2023 3:18PM
Referred By	Dr. ROOPAM SHARMA	Report Status	Final
Mobile No.	7976179664		

BIOCHEMISTRY

Test Name	Result	Unit	Biological Ref. Range	Sample: FI. Plasma
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BLOOD GLUCOSE (FASTING)

BLOOD GLUCOSE (FASTING)	114.8 H	mg/dl	74 - 106
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Method: Hexokinase assay.

Interpretation:-Diagnosis and monitoring of treatment in diabetes mellitus and evaluation of carbohydrate metabolism in various diseases.

BLOOD GLUCOSE (PP)

BLOOD GLUCOSE (PP)	118.4	mg/dl	Non - Diabetic: - < 140 mg/dl Pre - Diabetic: - 140-199 mg/dl Diabetic: - >=200 mg/dl
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Sample: PLASMA

Method: Hexokinase assay.

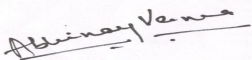
Interpretation:-Diagnosis and monitoring of treatment in diabetes mellitus and evaluation of carbohydrate metabolism in various diseases.

THYROID T3 T4 TSH

T3	1.310	ng/mL	0.970 - 1.690
T4	6.71	ug/dl	5.53 - 11.00
TSH	1.51	μIU/mL	0.40 - 4.05

Sample: Serum

RESULT ENTERED BY : SUNIL EHS



Dr. ABHINAY VERMA

MBBS|MD|INCHARGE PATHOLOGY

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BIOCHEMISTRY

T3:- Method: ElectroChemiLuminescence ImmunoAssay - ECLIA

Interpretation:-The determination of T3 is utilized in the diagnosis of T3-hyperthyroidism the detection of early stages of hyperthyroidism and for indicating a diagnosis of thyrotoxicosis factitia.

T4:- Method: ElectroChemiLuminescence ImmunoAssay - ECLIA

Interpretation:-The determination of T4 assay employs a competitive test principle with an antibody specifically directed against T4.

TSH - THYROID STIMULATING HORMONE :- ElectroChemiLuminescenceImmunoAssay - ECLIA

Interpretation:-The determination of TSH serves as the initial test in thyroid diagnostics. Even very slight changes in the concentrations of the free thyroid hormones bring about much greater opposite changes in the TSH levels.

LFT (LIVER FUNCTION TEST)

Sample: Serum

BILIRUBIN TOTAL	0.28	mg/dl	0.00 - 1.20
BILIRUBIN INDIRECT	0.15 L	mg/dl	0.20 - 1.00
BILIRUBIN DIRECT	0.13	mg/dl	0.00 - 0.40
SGOT	18.8	U/L	0.0 - 40.0
SGPT	17.4	U/L	0.0 - 40.0
TOTAL PROTEIN	7.6	g/dl	6.6 - 8.7
ALBUMIN	4.4	g/dl	3.5 - 5.2
GLOBULIN	3.2		1.8 - 3.6
ALKALINE PHOSPHATASE	73.0	U/L	42 - 98
A/G RATIO	1.4 L	Ratio	1.5 - 2.5
GGTP	15.1	U/L	6.0 - 38.0

RESULT ENTERED BY : SUNIL EHS

Abhinay Verma

Dr. ABHINAY VERMA

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BIOCHEMISTRY

BILIRUBIN TOTAL :- Method: DPD assay. Interpretation:-Total Bilirubin measurements are used in the diagnosis and treatment of various liver diseases, and of haemolytic and metabolic disorders in adults and newborns. Both obstruction damage to hepatocellular structure.

BILIRUBIN DIRECT :- Method: Diazo method Interpretation:-Determinations of direct bilirubin measure mainly conjugated, water soluble bilirubin.

SGOT - AST :- Method: IFCC without pyridoxal phosphate activation. Interpretation:-SGOT(AST) measurements are used in the diagnosis and treatment of certain types of liver and heart disease.

SGPT - ALT :- Method: IFCC without pyridoxal phosphate activation. Interpretation:-SGPT(ALT) Ratio Is Used For Differential Diagnosis In Liver Diseases.

TOTAL PROTEINS :- Method: Biuret colorimetric assay. Interpretation:-Total protein measurements are used in the diagnosis and treatment of a variety of liver and kidney diseases and bone marrow as well as metabolic and nutritional disorder.

ALBUMIN :- Method: Colorimetric (BCP) assay. Interpretation:-For Diagnosis and monitoring of liver diseases, e.g. liver cirrhosis, nutritional status.

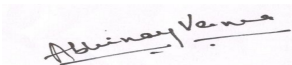
ALKALINE PHOSPHATASE :- Method: Colorimetric assay according to IFCC. Interpretation:-Elevated serum ALT is found in hepatitis, cirrhosis, obstructive jaundice, carcinoma of the liver, and chronic alcohol abuse. ALT is only slightly elevated in patients who have an uncomplicated myocardial infarction. **GGTP-GAMMA GLUTAMYL TRANSPEPTIDASE** :- Method:

Enzymatic colorimetric assay. Interpretation:- γ -glutamyltransferase is used in the diagnosis and monitoring of hepatobiliary disease. Enzymatic activity of GGT is often the only parameter with increased values when testing for such diseases and is one of the most sensitive indicator known.

LIPID PROFILE

TOTAL CHOLESTEROL	177		<200 mg/dl :- Desirable 200-240 mg/dl :- Borderline >240 mg/dl :- High
HDL CHOLESTEROL	46.5		High Risk :-<40 mg/dl (Male), <40 mg/dl (Female) Low Risk :->=60 mg/dl (Male), >=60 mg/dl (Female)
LDL CHOLESTEROL	116.9		Optimal :- <100 mg/dl Near or Above Optimal :- 100-129 mg/dl Borderline :- 130-159 mg/dl High :- 160-189 mg/dl Very High :- >190 mg/dl
CHOLESTERO VLDL	24	mg/dl	10 - 50
TRIGLYCERIDES	117.5		Normal :- <150 mg/dl Border Line:- 150 - 199 mg/dl High :- 200 - 499 mg/dl Very high :- > 500 mg/dl
CHOLESTEROL/HDL RATIO	3.8	%	

RESULT ENTERED BY : SUNIL EHS



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BIOCHEMISTRY

CHOLESTEROL TOTAL :- Method: CHOD-PAP enzymatic colorimetric assay.
 interpretation:-The determination of the individual total cholesterol (TC) level is used for screening purposes while for a better risk assessment it is necessary to measure additionally lipid & lipoprotein metabolic disorders.

HDL CHOLESTEROL :- Method:-Homogenous enzymetic colorimetric method.
 Interpretation:-HDL-cholesterol has a protective against coronary heart disease, while reduced HDL-cholesterol concentrations, particularly in conjunction with elevated triglycerides, increase the cardiovascular disease.

LDL CHOLESTEROL :- Method: Homogenous enzymatic colorimetric assay.
 Interpretation:-LDL play a key role in causing and influencing the progression of atherosclerosis and in particular coronary sclerosis. The LDL are derived form VLDL rich in TG by the action of various lipolytic enzymes and are synthesized in the liver.

CHOLESTEROL VLDL :- Method: VLDL Calculative

TRIGLYCERIDES :- Method: GPO-PAP enzymatic colorimetric assay.
 Interpretation:-High triglycerde levels also occur in various diseases of liver, kidneys and pancreas. DM, nephrosis, liver obstruction.

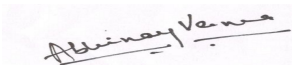
CHOLESTEROL/HDL RATIO :- Method: Cholesterol/HDL Ratio Calculative

RENAL PROFILE TEST

Sample: Serum

UREA	17.00	mg/dl	16.60 - 48.50
BUN	7.9	mg/dl	6 - 20
CREATININE	0.45 L	mg/dl	0.50 - 0.90
SODIUM	139.0	mmol/L	136 - 145
POTASSIUM	4.26	mmol/L	3.50 - 5.50
CHLORIDE	104.3	mmol/L	98 - 107
URIC ACID	1.7 L	mg/dl	2.6 - 6.0
CALCIUM	8.82	mg/dl	8.60 - 10.30

RESULT ENTERED BY : SUNIL EHS



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CREATININE - SERUM :- Method:-Jaffe method, Interpretation:-To differentiate acute and chronic kidneydisease.

URIC ACID :- Method: Enzymatic colorimetric assay. Interpretation:- Elevated blood concentrations of uricacid are renal diseases with decreased excretion of waste products, starvation,drug abuse and increased alcohol consume.

SODIUM:- Method: ISE electrode. Interpretation:-Decrease: Prolonged vomiting or diarrhea,diminshed reabsorption in the kidney and excessive fluid retention. Increase: excessive fluid loss, high salt intake andkidney reabsorption.

POTASSIUM :- Method: ISE electrode. Intrapretation:-Low level: Intake excessive loss formbodydue to diarrhea, vomiting renal failure, High level: Dehydration, shock severe burns, DKA, renalfailure.

CHLORIDE - SERUM :- Method: ISE electrode. Interpretation:-Decrease: reduced dietary intake,prolonged vomiting and reduced renal reabsorption as well as forms of acidosisand alkalosis.

Increase: dehydration, kidney failure, some form ofacidosis, high dietary or parenteral chloride intake, and salicylate poisoning.

UREA:- Method: Urease/GLDH kinetic assay. Interpretation:-Elevations in blood urea nitrogenconcentration are seen in inadequate renal perfusion, shock, diminished bloodvolume, chronic nephritis, nephrosclerosis, tubular necrosis, glomerularnephritis and UTI.

CALCIUM TOTAL :- Method: O-Cresolphthaleine complexone. Interpretation:-Increase in serum PTH or vit-D are usuallyassociated with hypercalcemia. Increased serum calcium levels may also beobserved in multiple myeloma and other neoplastic diseases. Hypocalcemia may beobserved in hypoparathyroidism, nephrosis, and pancreatitis.

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BLOOD BANK INVESTIGATION

Test Name	Result	Unit	Biological Ref. Range
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BLOOD GROUPING	"O" Rh Positive		
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Note :

1. Both forward and reverse grouping performed.
2. Test conducted on EDTA whole blood.

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CLINICAL PATHOLOGY

Test Name	Result	Unit	Biological Ref. Range	Sample: Urine
<u>URINE SUGAR (POST PRANDIAL)</u>				
URINE SUGAR (POST PRANDIAL)	NEGATIVE		NEGATIVE	Sample: Urine
<u>URINE SUGAR (RANDOM)</u>				
URINE SUGAR (RANDOM)	NEGATIVE		NEGATIVE	Sample: Urine
<u>ROUTINE EXAMINATION - URINE</u>				
PHYSICAL EXAMINATION				
VOLUME	20	ml		Sample: Urine
COLOUR	PALE YELLOW		P YELLOW	
APPEARANCE	CLEAR		CLEAR	
CHEMICAL EXAMINATION				
PH	5.0 L		5.5 - 7.0	
SPECIFIC GRAVITY	1.030		1.016-1.022	
PROTEIN	NEGATIVE		NEGATIVE	
SUGAR	NEGATIVE		NEGATIVE	
BILIRUBIN	NEGATIVE		NEGATIVE	
BLOOD	NEGATIVE			
KETONES	NEGATIVE		NEGATIVE	
NITRITE	NEGATIVE		NEGATIVE	
UROBILINOGEN	NEGATIVE		NEGATIVE	
LEUCOCYTE	NEGATIVE		NEGATIVE	
MICROSCOPIC EXAMINATION				
WBCS/HPF	1-2	/hpf	0 - 3	
RBCS/HPF	0-0	/hpf	0 - 2	
EPITHELIAL CELLS/HPF	2-3	/hpf	0 - 1	
CASTS	NIL		NIL	
CRYSTALS	NIL		NIL	

RESULT ENTERED BY : SUNIL EHS

Abhinay Verma

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CLINICAL PATHOLOGY

BACTERIA	NIL	NIL
OHTERS	NIL	NIL

Methodology:-

Glucose: GOD-POD, Bilirubin: Diazo-Azo-coupling reaction with a diazonium, Ketone: Nitro Pruside reaction, Specific Gravity: Proton release from ions, Blood: Psuedo-Peroxidase activity oh Haem moiety, pH: Methye Red-Bromothymol Blue (Double indicator system), Protein: H+ Release by buffer, microscopic & chemical method. interpretation: Diagnosis of Kidney function, UTI, Presence of Protein, Glucoses, Blood. Vocubulary syntax: Kit insert

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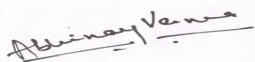
HEMATOLOGY

Test Name	Result	Unit	Biological Ref. Range
<u>CBC (COMPLETE BLOOD COUNT)</u>			
Sample: WHOLE BLOOD EDTA			
HAEMOGLOBIN	12.0	g/dl	12.0 - 15.0
PACKED CELL VOLUME(PCV)	39.5	%	36.0 - 46.0
MCV	83.9	fl	82 - 92
MCH	25.5 L	pg	27 - 32
MCHC	30.4 L	g/dl	32 - 36
RBC COUNT	4.71	millions/cu.mm	3.80 - 4.80
TLC (TOTAL WBC COUNT)	5.27	10 ³ / uL	4 - 10
<u>DIFFERENTIAL LEUCOCYTE COUNT</u>			
NEUTROPHILS	59.9	%	40 - 80
LYMPHOCYTE	34.0	%	20 - 40
EOSINOPHILS	0.6 L	%	1 - 6
MONOCYTES	4.7	%	2 - 10
BASOPHIL	0.8 L	%	1 - 2
PLATELET COUNT	2.07	lakh/cumm	1.500 - 4.500

HAEMOGLOBIN :- Method:-SLS HemoglobinMethodology by Cell Counter.Interpretation:-Low-Anemia, High-Polycythemia.
MCV :- Method:- Calculation bysystemex.
MCH :- Method:- Calculation bysystemex.
MCHC :- Method:- Calculation bysystemex.
RBC COUNT :- Method:-Hydrodynamicfocusing.Interpretation:-Low-Anemia,High-Polycythemia.
TLC (TOTAL WBC COUNT) :- Method:-Optical Detectorblock based on Flowcytometry.Interpretation:-High-Leucocytosis, Low-Leucopenia.
NEUTROPHILS :- Method: Optical detectorblock based on Flowcytometry
LYMPHOCYTS :- Method: Optical detectorblock based on Flowcytometry
EOSINOPHILS :- Method: Optical detectorblock based on Flowcytometry
MONOCYTES :- Method: Optical detectorblock based on Flowcytometry
BASOPHIL :- Method: Optical detectorblock based on Flowcytometry
PLATELET COUNT :- Method:-Hydrodynamicfocusing method.Interpretation:-Low-Thrombocytopenia, High-Thrombocytosis.
HCT: Method:- Pulse Height Detection. Interpretation:-Low-Anemia, High-Polycythemia.
NOTE: CH- CRITICAL HIGH, CL: CRITICAL LOW, L: LOW, H: HIGH

ESR (ERYTHROCYTE SEDIMENTATION RATE) **20 H** mm/1st hr 0 - 15

RESULT ENTERED BY : SUNIL EHS



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Method:-Modified Westergrens.

Interpretation:-Increased in infections, sepsis, and malignancy.

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Test Name	Result	Unit	Biological Ref. Range
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ULTRASOUND STUDY OF WHOLE ABDOMEN

Liver:

Normal in size & echotexture. No obvious significant focal parenchymal mass lesion noted. Intrahepatic biliary radicals are not dilated. Portal vein is normal.

Gall Bladder:

Lumen is clear. Wall thickness is normal. CBD is normal.

Pancreas:

Normal in size & echotexture.

Spleen:

Normal in size & echotexture. No focal lesion seen.

Right Kidney:

Normal in shape, size & location. Echotexture is normal. Corticomedullary differentiation is maintained. No evidence of significant hydronephrosis or obstructive calculus noted.

Left Kidney:

Normal in shape, size & location. Echotexture is normal. Corticomedullary differentiation is maintained. No evidence of significant hydronephrosis or obstructive calculus noted.

Urinary Bladder:

Normal in size, shape & volume. No obvious calculus or mass lesion is seen. Wall thickness is normal.

Uterus:

Normal in size, shape & retroflexed in position. Endometrial thickness measures 17mm. Endometrial cavity is empty.
Nabothian cyst seen in cervix.

RESULT ENTERED BY : SUNIL EHS

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USG

Both ovaries:

Bilateral ovaries are normal in size, shape & volume. **Small complex cyst / dominant follicle with hemorrhage showing dependent internal echoes seen in right ovary, measuring approx. 18x14mm.**

Others:

No significant free fluid is seen in pelvic peritoneal cavity.

IMPRESSION: USG findings are suggestive of

- **Small complex cyst /dominant follicle with hemorrhage showing dependent internal echoes in right ovary.**
- **Nabothian cyst in cervix -? Chronic cervicitis.**

Correlate clinically & with other related investigations.

RESULT ENTERED BY : SUNIL EHS



APOORVA JETWANI

Select

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X Ray

Test Name	Result	Unit	Biological Ref. Range
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X-RAY - CHEST PA VIEW

OBSERVATION:

The trachea is central.
The mediastinal and cardiac silhouette are normal.
Cardiothoracic ratio is normal.
Cardiophrenic and costophrenic angles are normal.
Both hila are normal.
The lung fields are clear.
Bones of the thoracic cage are normal.

****End Of Report****

RESULT ENTERED BY : SUNIL EHS



Dr. RENU JADIYA
MBBS, DNB
RADIOLOGIST

ETERNAL HOSPITAL MEDICAL TESTING LABORATORY

Patient Name Mrs. RENUKA SHARMA	Lab No 510629
UHID 315985	Collection Date 12/08/2023 11:04AM
Age/Gender 34 Yrs/Female	Receiving Date 12/08/2023 11:05AM
IP/OP Location O-OPD	Report Date 12/08/2023 12:05PM
Referred By Dr. EHCC Consultant	Report Status Final
Mobile No. 9773349797	



BIOCHEMISTRY

Test Name	Result	Unit	Biological Ref. Range
Sample: WHOLE BLOOD EDTA			
HBA1C	5.8	%	< 5.7% Nondiabetic 5.7-6.4% Pre-diabetic > 6.4% Indicate Diabetes
			Known Diabetic Patients < 7 % Excellent Control 7 - 8 % Good Control > 8 % Poor Control

Method : - High - performance liquid chromatography HPLC

Interpretation:-Monitoring long term glycemic control, testing every 3 to 4 months is generally sufficient. The approximate relationship between HbA1C and mean blood glucose values during the preceding 2 to 3 months.

End Of Report

RESULT ENTERED BY : Mr. Ravi

Dr. SURENDRA SINGH
 CONSULTANT & HOD
 MBBS|MD| PATHOLOGY

Dr. ASHISH SHARMA
 CONSULTANT & INCHARGE PATHOLOGY
 MBBS|MD| PATHOLOGY

ETERNAL HOSPITAL MEDICAL TESTING LABORATORY

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Age/Gender	34 Yrs/Female	Report Date	12/08/2023 12:36PM
Prescribed By	Dr. ROOPAM SHARMA	Bed No / Ward	OPD
Referred By	Dr. ROOPAM SHARMA	Report Status	Final
Company	Mediwheel - Arcofemi Health Care Ltd.		

CYTOLOGY

CYTOLOGY*

Type of Specimen

Pap smear (Conventional)

No. of smears examined

Two (2)

Satisfactory for evaluation.

Adequacy

Adequate

Endocervical cells

Seen.

Inflammation

Moderate acute inflammation

Organisms

Not seen

Epithelial cell abnormality

Not seen

Others

-


Impression

Negative for Intraepithelial Lesion / Malignancy.

Note: Test marked as * are not accredited by NABL

Bethesda2014

-----** End Of Report **-----



Dr. ABHINAV VERMA
MBBS|MD|INCHARGE PATHOLOGY

DEPARTMENT OF CARDIOLOGY

UHID / IP NO	40004606 (7863)	RISNo./Status :	4008367/
Patient Name :	Mrs. RENUKA SHARMA	Age/Gender :	34 Y/F
Referred By :	Dr. ROOPAM SHARMA	Ward/Bed No :	OPD
Bill Date/No :	12/08/2023 9:51AM/ OPSCR23-24/3766	Scan Date :	
Report Date :	12/08/2023 11:46AM	Company Name:	Final

REFERRAL REASON: - HEALTH CHECKUP

2D ECHOCARDIOGRAPHY WITH COLOR DOPPLER

M MODE DIMENSIONS: -

		Normal		Normal
IVSD	9.9	6-12mm	LVIDS	23.6
LVIDD	36.3	32-57mm	LVPWS	15.0
LVPWD	9.5	6-12mm	AO	25.8
IVSS	15.0	mm	LA	28.6
LVEF	64-66	>55%	RA	-

DOPPLER MEASUREMENTS & CALCULATIONS:

STRUCTURE	MORPHOLOGY	VELOCITY (m/s)				GRADIENT (mmHg)	REGURGITATION
MITRAL VALVE	NORMAL	E	0.85	e'	-	NIL	
		A	0.72	E/e'			
TRICUSPID VALVE	NORMAL	E	0.55		-	NIL	
		A	0.52				
AORTIC VALVE	NORMAL	1.18				-	NIL
PULMONARY VALVE	NORMAL	0.80				-	NIL

COMMENTS & CONCLUSION: -

- ALL CARDIAC CHAMBERS ARE NORMAL
- NO RWMA, LVEF 64-66%
- NORMAL LV SYSTOLIC FUNCTION
- NORMAL LV DIASTOLIC FUNCTION
- ALL CARDIAC VALVES ARE NORMAL
- NO EVIDENCE OF CLOT/VEGETATION/PE
- INTACT IVS/IAS

IMPRESSION: - NORMAL BI VENTRICULAR FUNCTIONS

DR SUPRIY JAIN
MBBS, M.D., D.M. (CARDIOLOGY)
INCHARGE & SR. CONSULTANT
INTERVENTIONAL CARDIOLOGY

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