



MSK

(A Complete Diagnostic Pathology Laboratory)

DIAGNOSTICS

RAIBARELI ROAD, TELIBAGH, LUCKNOW

E-mail : mskdiagnosticspvt@gmail.com, Website : mskdiagnostics.in

Mobile : 7565000448

Collected At : (MSK)

Name : MRS. AMITA MATHUR	Age : 46 Yrs.	Registered : 11-2-2023 01:53 PM
Ref/Reg No : 13252 / TPPC/MSK-	Gender : Female	Collected : 11-2-2023 09:20 AM
Ref By : Dr. MEDI WHEEL		Received : 11-2-2023 01:53 PM
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Investigation	Observed Values	Units	Biological Ref. Interval
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HEMATOLOGY

HEMOGRAM			
Haemoglobin [Method: SLS]	13.5	g/dL	11.5 - 15
HCT/PCV (Hematocrit/Packed Cell Volume) [Method: Derived]	42.5	ml %	36 - 46
RBC Count [Method: Electrical Impedence]	4.69	10 ⁶ /μl	3.8 - 4.8
MCV (Mean Corpuscular Volume) [Method: Calculated]	90.6	fL	83 - 101
MCH (Mean Corpuscular Haemoglobin) [Method: Calculated]	28.8	pg	27 - 32
MCHC (Mean Corpuscular Hb Concentration) [Method: Calculated]	32.0	g/dL	31.5 - 34.5
TLC (Total Leucocyte Count) [Method: Flow Cytometry/Microscopic]	6.2	10 ³ /μl	4.0 - 10.0
DLC (Differential Leucocyte Count): [Method: Flow Cytometry/Microscopic]			
Polymorphs	61	%	40.0 - 80.0
Lymphocytes	37	%	20.0 - 40.0
Eosinophils	02	%	1.0 - 6.0
Monocytes	00	%	2.0 - 10.0
Platelet Count [Method: Electrical impedance/Microscopic]	162	10 ³ /μl	150 - 400

*Erythrocyte Sedimentation Rate (E.S.R.) [Method: Wintrobe Method]			
*Observed Reading	14	mm for 1 hr	0-20

* ABO Typing	" B "
* Rh (Anti - D)	Positive

DR. POONAM SINGH
MD (PATH)

(SENIOR TECHNOLOGIST)
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BIOCHEMISTRY

*Glycosylated Hemoglobin (HbA1C)			
* Glycosylated Hemoglobin (HbA1C) (Hplc method)	5.9	%	0-6
* Mean Blood Glucose (MBG)	132.74	mg/dl	

- < 6 % : Non Diebetic Level
- 6-7 % : Goal
- > 8 % : Action suggested


SUMMARY

If HbA1c is >8% which causes high risk of developing long term complications like retinopathy, Nephropathy, Cardiopathy and Neuropathy. In diabetes mellitus sugar (glucose) accumulates in blood stream beyond normal level. Measurement of blood / plasma glucose level (in fasting, "after meal" i.e. PP or random condition) reflect acute changes related to immediate past condition of the patient which may be affected by factor like duration of fasting or time of intake of food before fasting, dosages of anti diabetic drugs, mental conditions like stress, anxiety etc. it does not indicate the long-term aspects of diabetic control.

Glucose combines with hemoglobin (Hb) continuously and nearly irreversibly during life span of RBC (120 days), thus glycosylated Hb is proportional to mean plasma glucose level during the previous 2-3 months. HbA1C, a glycosylated Hb comprising 3% - 6% of the total Hb in healthy may double of even triple in diabetes mellitus depending on the level of hyperglycemia (high blood glucose level), thus correlating with lack of control by monitoring diabetic patients compliance with therapeutic regimen used and long term blood glucose level control. Added advantage is its ability to predict progression of diabetic complications. HbA1c value is no way concerned with the blood sugar on the day of testing and dietary preparation of fasting is unnecessary.

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BIOCHEMISTRY

Plasma Glucose Fasting [Method: Hexokinase]	86.7	mg/dL	70 - 110
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Plasma Glucose, PP (2 Hrs after meal) [Method: Hexokinase]	120.1	mg/dL.	120-170
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Serum Bilirubin (Total)	0.5	mg/dl.	0.0 - 1.2
* Serum Bilirubin (Direct)	0.2	mg/dl.	0 - 0.4
* Serum Bilirubin (Indirect)	0.3	mg/dl.	0.2-0.7

SGPT [Method: IFCC (UV without pyridoxal-5-phosphate)]	24.4	IU/L	10 - 50
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SGOT [Method: IFCC (UV without pyridoxal-5-phosphate)]	32.7	IU/L	10 - 50
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Serum Alkaline Phosphatase [Method:4-Nitrophenyl phosphate (pNPP)]	124.0	IU/L	108 - 306
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Serum Protein	6.8	gm/dL	6.2 - 7.8
Serum Albumin	4.0	gm/dL.	3.5 - 5.2
Serum Globulin	2.8	gm/dL.	2.5-5.0
A.G. Ratio	1.43 : 1		

* Gamma-Glutamyl Transferase (GGT)	18.30	IU/L	Less than 38
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BIOCHEMISTRY

KIDNEY FUNCTION TEST

Blood Urea	17.3	mg/dL.	20-40
Serum Creatinine	0.70	mg/dL.	0.50 - 1.40
Serum Sodium (Na+)	139	mmol/L	135 - 150
Serum Potassium (K+)	4.2	mmol/L	3.5 - 5.3
Serum Uric Acid	3.1	mg/dL.	2.4 - 5.7

[Method for Urea: UREASE with GLDH]
[Method for Creatinine: Jaffes/Enzymatic]
[Method for Sodium/Potassium: Ion selective electrode direct]
[Method for Uric Acid: Enzymatic-URICASE]

Serum Urea	17.3	mg/dL.	10-45
Blood Urea Nitrogen (BUN)	8.08	mg/dL.	6 - 21

CLINICAL PATHOLOGY

Urine for Sugar (F)	Absent
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LIPID PROFILE (F)			
Serum Cholesterol	194.6	mg/dL.	<200
Serum Triglycerides	110.0	mg/dL.	<150
HDL Cholesterol	62.8	mg/dL	>55
LDL Cholesterol	110	mg/dL.	<130
VLDL Cholesterol	22	mg/dL.	10 - 40
CHOL/HDL	3.1		
LDL/HDL	1.75		

INTERPRETATION:

National Cholesterol Education program Expert Panel (NCEP) for Cholesterol:
 Desirable : < 200 mg/dl
 Borderline High : 200-239 mg/dl
 High : =>240 mg/dl

National Cholesterol Education program Expert Panel (NCEP) for Triglycerides:
 Desirable : < 150 mg/dl
 Borderline High : 150-199 mg/dl
 High : 200-499 mg/dl
 Very High : >500 mg/dl

National Cholesterol Education program Expert Panel (NCEP) for HDL-Cholesterol:
 <40 mg/dl : Low HDL-Cholesterol [Major risk factor for CHD]
 =>60 mg/dl : High HDL-Cholesterol [Negative risk factor for CHD]

National Cholesterol Education program Expert Panel (NCEP) for LDL-Cholesterol:
 Optimal : < 100 mg/dL
 Near optimal/above optimal : 100-129 mg/dL
 Borderline High : 130-159 mg/dl
 High : 160-189 mg/dL
 Very High : 190 mg/dL

[Method for Cholesterol Total: Enzymatic (CHOD/POD)]
 [Method for Triglycerides: Enzymatic (Lipase/GK/GPO/POD)]
 [Method for HDL Cholesterol: Homogenous Enzymatic (PEG Cholesterol esterase)]
 [Method for LDL Cholesterol: Homogenous Enzymatic (PEG Cholesterol esterase)]
 [Method for VLDL Cholesterol: Friedewald equation]
 [Method for CHOL/HDL ratio: Calculated]
 [Method for LDL/HDL ratio: Calculated]

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HORMONE & IMMUNOLOGY ASSAY

Serum T3	1.48	ng/dl	0.846 - 2.02
Serum T4	7.60	ug/dl	5.13 - 14.06
Serum Thyroid Stimulating Hormone (T.S.H.)	4.06	uIU/ml	0.39 - 5.60
[Method: Electro Chemiluminescence Immunoassay (ECLIA)]			

SUMMARY OF THE TEST

- 1) Primary hyperthyroidism is accompanied by elevated serum T3 and T4 values along with depressed TSH levels.
- 2) primary hypothyroidism is accompanied by depressed serum T3 and T4 values and elevated serum TSH levels.
- 3) Normal T4 levels accompanied by high T3 levels are seen in patients with T3 thyrotoxicosis.
- 4) Slightly elevated T3 levels may be found in pregnancy and estrogen therapy, while depressed levels maybe encountered in severe illness, malnutrition, renal failure and during therapy with drugs like propranolol and propylthiouracil.
- 5) Elevated TSH levels may also be indicative of TSH secreting pituitary tumour.

Chart of normal thyroid TSH levels during first, second and third trimester of pregnancy

Stage	Normal TSH Level
First Trimester	0.1-2.5 uIU/ml
Second Trimester	0.2-3.0 uIU/ml
Third Trimester	0.3-3.5 uIU/ml

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CLINICAL PATHOLOGY

URINE EXAMINATION ROUTINE

[Method: Visual, Urometer-120, Microscopy]

Physical Examination

Color	Light Yellow		
Volume	30	mL	

Chemical Findings

Blood	Absent	RBC/ μ L	Absent
Bilirubin	Absent		Absent
Urobilinogen	Absent		Absent
Ketones	Absent		Absent
Proteins	Absent		Absent
Nitrites	Absent		Absent
Glucose	Absent		Absent
pH	5.5		5.0 - 9.0
Specific Gravity	1.025		1.010 - 1.030
Leucocytes	Absent	WBC/ μ L	Absent

Microscopic Findings

Red Blood cells	Absent	/HPF	Absent
Pus cells	6-8	/HPF	0-3
Epithelial Cells	Absent	/HPF	Absent/Few
Casts	Absent	/HPF	Absent
Crystals	Absent	/HPF	Absent
Amorphous deposit	Absent	/HPF	Absent
Yeast cells	Absent	/HPF	Absent
Bacteria	Absent	/HPF	Absent
Others	Absent	/HPF	Absent

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NAME: - MS. AMITA MATHUR

DATE: -11.02.2023

REF.BY: -MEDIWHEEL

AGE: - 56Y/F

USG – WHOLE ABDOMEN

Liver appears normal in size (measures~ 132mm), shows diffusely increased echogenicity. No focal parenchymal lesion identified. No evidence of intra/ extrahepatic biliary tree dilatation noted. Portal vein appears to be of normal size.

Gall Bladder moderately distended. No definite calculi identified. No evidence of abnormal wall thickening noted.

Spleen appears normal in size (measures ~69mm), shape and echopattern No focal parenchymal identified.

Pancreas appears normal in size, shape and echopattern. No definite calcification or ductal dilatation noted.

Right kidney measures ~98x41mm; **Left kidney** measures ~102x48mm. **Both kidneys** appear normal in size, shape and echopattern. Corticomedullary differentiation appears maintained. No evidence of calculus or hydronephrosis on either side.

Urinary bladder appears well distended with no calculus or mass within.

Uterus anteverted appears normal in size measuring ~61x32mm. Myometrial echoes appears normal. The endometrial lining appears intact. Endometrial thickness measures ~ 6.2mm. **Few tiny echogenic foci noted at anterior sub endometrial fundus region-p/o tiny calcification.**

Right ovary measures~ 15x9mm; **Left ovary** measures ~17x13mm. **Both ovaries** appear normal in size, shape and echopattern

No evidence of ascites or pleural effusion seen. *No significant retroperitoneal lymphadenopathy noted.*

IMPRESSION:

- **Grade I fatty infiltration of liver.**
-Suggested clinical correlation

Dr. Sarvesh Chandra Mishra

M.D., DNB Radio-diagnosis

PDCC Neuroradiology (SGPGI, LKO)

Ex- senior Resident (SGPGI, LKO)

European Diploma in radiology EDiR, DICRI

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Reported by: RoliVishvakarma

Dr. Sweta Kumari

MBBS, DMRD

DNB Radio Diagnosis

Ex- Senior Resident Apollo Hospital Bengaluru

Ex- Resident JIPMER, Pondicherry

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X-RAY CHEST (P.A. Views)

- Lung fields are clear.
- No focal parenchymal lesion is noted.
- Mediastinum is central.
- Cardiac size is normal.
- C.P. angles are normally visualized.
- Domes of diaphragm are normal.
- Pulmonary hila appear normal.
- Soft tissue and bones are normal.

OPINION:

- No significant abnormality detected.
-Suggested clinical correlation.

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M.B.B.S., D.M.R.D., D.N.B. Radio-diagnosis

Ex- Senior Resident (Apollo Hospital, Bangalore)

Ex- Resident JIPMER, Pondicherry