



DEPARTMENT OF BIOCHEMISTRY

Patient Name : Mrs. SANGEETA KUMARI
MR No : 32896
Age/Sex : 32 Years / Female
Type : OPD
TPA/Corporate : MEDIWHEEL
IP No. :

Bill Date : 09/09/2023
Reporting Date : 09/09/2023
Sample ID : 166593
Bill/Req. No. : 23315956
Ref Doctor : Dr. Chand Kishore

Test	Result	Bio. Ref. Interval	Units
BLOOD GLUCOSE FASTING AND PP			
PLASMA GLUCOSE(FASTING)	86	70 - 110	mg/dl
PLASMA POST-GLUCOSE	93	80 - 150	mg/dL

BLOOD GROUP

BLOOD GROUP " B " RH POSITIVE

COMPLETE HAEMOGRAM

CBC

HAEMOGLOBIN	11.4	L	12.0 - 16.5	g/dL
TOTAL LEUCOCYTE COUNT	7500		4000 - 11000	/cumm
RED BLOOD CELL COUNT	3.62	L	4.0 - 6.0	millions/cumm
PCV (HAEMATOCRIT)	32.9	L	35.0 - 47.0	%
MEAN CORPUSCULAR VOLUME	91.0		78 - 98	fL
MEAN CORPUSCULAR HAEMOGLOBIN	31.5		26.5 - 32.5	Picogrammes
MEAN CORPUSCULAR HB CONC	34.7		32 - 37	g/dL
PLATELET COUNT	1.74		1.50 - 4.50	Lakh/cumm
NEUTROPHILS	62		40 - 73.0	%
LYMPHOCYTES	28		20 - 40	%
EOSINOPHILS	04		0.0 - 6.0	%
MONOCYTES	06		2.0 - 10.0	%
BASOPHILS	00		0.0 - 1.0	%
ABSOLUTE NEUTROPHIL	4650		2000 - 7000	cells/cumm
ABSOLUTE LYMPHOCYTE	2100		1000 - 3000	cells/cumm
ABSOLUTE EOSINOPHIL	300		20 - 500	cells/cumm
ABSOLUTE MONOCYTES	450		200 - 1000	cells/cumm
ABSOLUTE BASOPHILS	0	L	20 - 100	cells/cumm

Checked By :

Dr. Pradip Kumar
(Consultant Microbiologist)

Dr. Nisha Rana
(Consultant Pathologist)



DEPARTMENT OF HAEMATOLOGY

Patient Name : Mrs. SANGEETA KUMARI
MR No : 32896
Age/Sex : 32 Years / Female
Type : OPD
TPA/Corporate : MEDIWHEEL
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Sample ID : 166593
Bill/Req. No. : 23315956
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Test	Result	Bio. Ref. Interval	Units
RDW-CV	12.9	11.5 - 14.5	%
E.S.R.	30 H	0 - 15	mm/hr

HBA1C

HBA1C	4.7		%
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Note : HBA1c result is suggestive of Diabetes/ higher than glycemic goal in a known Diabetic patient.
Please note, glycemic goal should be individualized based on duration of diabetes, age/life expectancy, comorbid conditions, known CVD or advanced microvascular complications, hypoglycaemia unawareness, and individual patient considerations.
Please Correlate Clinically.

KFT(KIDNEY FUNCTION TEST)/RFT/Renal Profile

SERUM UREA	16	13.0 - 45.0	mg/dL
SERUM CREATININE	0.8	0.5 - 1.2	mg/dL
SERUM URIC ACID	5.4	2.5 - 6.8	mg/dL
SERUM SODIUM	136	130 - 149	mmol/L
SERUM POTASSIUM	4.5	3.5 - 5.5	mmol/L

LFT(LIVER FUNCTION TEST)

LFT			
TOTAL BILIRUBIN	0.6	0.1 - 1.2	mg/dL
DIRECT BILIRUBIN	0.2	0.00 - 0.30	mg/dL
INDIRECT BILIRUBIN	0.4	Adult: 0 - 0.8	mg/dL
SGOT (AST)	88 H	0.0 - 45	IU/L
SGPT (ALT)	40	00 - 45.00	IU/L
ALP	70	41 - 137	U/L
TOTAL PROTEINS	6.0	6.0 - 8.2	g/dL

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Dr. Nisha Rana
(Consultant Pathologist)



DEPARTMENT OF BIOCHEMISTRY

Patient Name : Mrs. SANGEETA KUMARI

MR No : 32896

Age/Sex : 32 Years / Female

Type : OPD

TPA/Corporate : MEDIWHEEL

IP No. :

Bill Date : 09/09/2023

Reporting Date : 09/09/2023

Sample ID : 166593

Bill/Req. No. : 23315956

Ref Doctor : Dr. Chand Kishore

Test	Result	Bio. Ref. Interval	Units
ALBUMIN	4.5	3.20 - 5.00	g/dL
GLOBULIN	1.5 L	2.0 - 3.50	g/dL
A/G RATIO	3		

LIPID PROFILE

LIPID PROFILE

SERUM CHOLESTROL	158	0 - 200	mg/dl
SERUM TRIGLYCERIDES	167 H	Up to 150	mg/dl
HDL CHOLESTEROL	32	30 - 60	mg/dl
VLDL CHOLESTEROL	33.4	*Less than 30	mg/dL
LDL CHOLESTEROL	92.6	Optimal <100, Above Opt. 100-129 -high 160-189	mg/dl
LDL CHOLESTEROL/HDL RATIO	2.89	Desirable Level : 0.5 - 3.0 Borderline Risk : 3.0 - 6.0 High Risk : > 6.0	

STOOL ROUTINE

PHYSICAL EXAMINATION

COLOUR	Brown	Brown
CONSISTENCY	Semi Solid	Formed
MUCUS	NIL	NIL
BLOOD	NIL	NIL

CHEMICAL EXAMINATION

REACTION	Alkaline	Alkaline
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MICROSCOPIC EXAMINATION

CYSTS/OVA	NIL	NIL
VEGETATIVE FORMS	NIL	NIL
PUS CELLS	1-2/hpf	NIL
RBCS	NIL	NIL
MACROPHAGES	NIL	NIL

Checked By :

Dr. Pradip Kumar
(Consultant Microbiologist)



Dr. Nisha Rana
(Consultant Pathologist)



DEPARTMENT OF MICROBIOLOGY

Patient Name : Mrs. SANGEETA KUMARI

MR No : 32896

Age/Sex : 32 Years / Female

Type : OPD

TPA/Corporate : MEDIWHEEL

IP No. :

Bill Date : 09/09/2023

Reporting Date : 09/09/2023

Sample ID : 166603

Bill/Req. No. : 23315956

Ref Doctor : Dr. Chand Kishore

Test	Result	Bio. Ref. Interval	Units
FAT GLOBULES	NIL	NIL	
VEGETABLE MATTER	++	NIL	
STARCH	NIL	NIL	
UNDIGESTED	++	NIL	

Note : Stool concentration done by Formal either concentration technique.

URINE ROUTINE EXAMINATION

PHYSICAL EXAMINATION

VOLUME	20		ml
COLOUR	Pale Yellow	Pale Yellow	
APPEARANCE	Clear	Clear	
SPECIFIC GRAVITY	1.020		

CHEMICAL EXAMINATION

REACTION	Acidic		
BLOOD	NIL		
ALBUMIN	NIL	NIL	
GLUCOSE	NIL	NIL	
PH	6.5		

MICROSCOPIC EXAMINATION

PUS CELL	2-3	2-4	/HPF
RED BLOOD CELLS	NIL	NIL	/HPF
EPITHELIAL CELLS	4-6	2-4	/HPF
CAS' S	NIL	NIL	
CRYSTALS	NIL	NIL	
BACTERIA	++	NIL	

Note : Albumin test positive by Multistrip Method is confirmed by Sulphosalicylic acid method.

Checked By :

Dr. Pradip Kumar
(Consultant Microbiologist)



Dr. Nisha Rana
(Consultant Pathologist)



Prognosis Laboratories



National Reference Lab.: 515-516, Sector-19, D.D.A., Plotted Development, Dwarka, New Delhi-110075
8130192290 www.prlworld.com care@prlworld.com

Lab No.	012309090732	Age/Gender	32 YRS/FEMALE	Coll. On	09/Sep/2023 05:59PM
Name	Ms. SANGEETA KUMARI 32896			Reg. On	09/Sep/2023
Ref. Dr.				Approved On	09/Sep/2023 07:29PM
Rpt. Centre	Self			Printed On	03/Oct/2023 12:02PM

Test Name	Value	Unit	Biological Reference Interval
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Thyroid profile, Total (T3,T4,TSH)

T3 (Triiodothyronine) , serum Method : ECLIA	1.09	ng/mL	0.80 - 2.0
T4 (Thyroxine) , serum Method : ECLIA	6.59	ug/dL	5.1 - 14.1
TSH (Thyroid Stimulating Hormone) , serum Method : ECLIA	2.11	uIU/ml	0.27 - 4.2

Interpretation:

- Primary hyperthyroidism is accompanied by elevated serum T3 and T4 values alongwith depressed TSH levels
- Primary hypothyroidism is accompanied by depressed serum T3 and T4 values and elevated serum TSH levels.
- High T3 levels coupled with normal T4 and suppressed TSH may be seen in T3 toxicosis.

Note: Total T3 and total T4 are highly bound to plasma proteins and are amenable to fluctuations with plasma protein content as well as due to binding defects in the thyroid hormone binding proteins.

The following ranges are recommended for pregnant females:

Gestation period	TSH (uIU/ml)
First trimester	0.1 - 2.5
Second trimester	0.2 - 3.0
Third trimester	0.3 - 3.0

***Disclaimer:** This is an electronically validated report, if any discrepancy found should be confirmed by user.



Dr. Smita Sadwani
MD(Biochemistry)
Technical Director

Dr. Mayank Gupta
MD, DNB Pthology
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Dr. Deepak Sadwani
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Dr. Moushmi Mukherjee
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OUR FOOTPRINT

Delhi NCR | Gujarat | Punjab | Haryana | Uttar Pradesh



DEPARTMENT OF RADIOLOGY

Patient Name	Mrs. SANGEETA KUMARI	Billed Date	: 09/09/2023	9.28 AM
Reg No	32896	Reported Date	: 09/09/2023	
Age/Sex	32 Years 6 Months 21Days / Female	Req. No.	: 23315956	
Ref. Doctor	Self	Consultant Doctor	: Dr. Chand Kishore	
Type	OPD			

USG WHOLE ABDOMEN/KUB

FINDINGS:-

LIVER is normal in size (11.6 cm) and echotexture. No evidence of any focal lesion or IHBR dilation is present. Portal vein and CBD are normal in caliber at porta.

GALL BLADDER is well distended and lumen is echofree. Wall thickness is normal. No pericholecystic fluid is seen.

SPLEEN is normal in size (9.2 cm) and echotexture. No focal lesion is seen.

PANCREAS: Head and body of pancreas are normal in size and echotexture. Tail of pancreas is obscured by bowel gas shadows.

RIGHT KIDNEY is normal in size and position and outline. Corticomedullary differentiation is maintained. There is no evidence of any focal lesion / calculus / backpressure changes.

LEFT KIDNEY is normal in size and position and outline. Corticomedullary differentiation is maintained. There is no evidence of any focal lesion / calculus / backpressure changes.

URINARY BLADDER is well distended and lumen is echofree. Wall thickness is normal. No evidence of any focal lesion.

UTERUS is anteverted in position and bulky in size (10.0x4.0 cm). Endometrial thickness is 8.6 mm, within normal limits. **A nabothian cyst of size ~ 1.0x0.9 cm is noted in the cervix.**

Right ovary measures ~ 2.6x2.2 cm, normal in size and echotexture.
Left ovary is obscured by bowel gas shadows.

No free fluid seen in the abdomen.

To be correlate clinically





Nidaan Hospital



Patient Id 32896
Study Date 09-Sep-2023

Name SANGEETA KUMARI
Age - 32Y

Accession No -
Gender Female

X - RAY CHEST PA VIEW

FINDINGS :-

Bilateral prominent hila with prominent bronchovascular markings in bilateral lung fields .

Rest of lung fields are normal

Trachea is in midline.

Cardiac silhouette maintained.

Both CP angles are clear.

IMPRESSION :- Bilateral prominent hila with prominent bronchovascular markings in bilateral lung fields.

ADVICE :- Clinical correlation and follow up.

Dr Avinash Rathod(DMRD)
Consultant Radiologist
Reg. No. 2011/05/1616/1616

