UNITED HOSPITAL
Care Par Excellence

DEPARTMENT OF LABORATORY MEDICINE

Patient Name	: Ms. SAHA SUCHANDA	Order No	: 1000079045
UHID	: UHJA23021009	Registered On	: 23/03/2024 09:41:41 AM
Age/Sex	: 36/Years Female	Collected On	: 23/03/2024 10:27:42 AM
Ward / Bed No	:	Reported On	: 23/03/2024 09:46:28 PM
Reference	:	Bill No	: OOBJA23008910
Station	: At Hospital	Mobile No	: 7044942413
Payer Name	:	Report Status	: Final Report

Test Name	Result	Unit	Bio. Ref. Interval
	BIOCHEMISTRY		
VITAMIN D (25-OH) (Method:CLIA)	23.4	ng/mL	<20 ng/mL - Deficient 20-29 ng/mL - Insufficient 30-100 ng/mL - Sufficient >100 ng/mL - Toxic

Interpretation Notes

Vitamin D is a lipid-soluble steroid hormone that is produced in the skin through the action of sunlight or is obtained from dietary sources. Vitamin D promotes absorption of calcium and phosphorus and mineralization of bones and teeth. Deficiency in children causes Rickets and in adults leads to Osteomalacia. Less severe vitamin D inadequacy may lead to secondary hyperparathyroidism and subsequently increasing the risk of osteoporosis. Vitamin D status is best determined by measurement of 25 hydroxy vitamin D, as it is the major circulating form and has longer half life (2-3 weeks) than 1,25 Dihydroxy vitamin D (5-8 hrs).

VITAMIN B12 (Method:CLIA)	484	pg/mL	75-807

Interpretation Notes

Vitamin B12 or Cobalamin assay helps to diagnose the cause of anemia or neuropathy; to evaluate nutritional status in some patients; to monitor effectiveness of treatment for B12 deficiency. Vitamin B12 is necessary for normal RBC formation, tissue and cellular repair, and DNA synthesis. Vitamin B12 is also important for nerve health; a deficiency in either B12 or Folate can lead to macrocytic anemia. Interpretation of the result should be considered in relation to clinical circumstances. The concentration of Vitamin B12 obtained with different assay methods cannot be used interchangeably due to differences in assay methods and reagent specificity.

SERUM FERRITIN (Method:Latex Particle Immunoturbidimetric)	14.0	ng/mL	10-120

Verified By
Rashmita

---End of Report---

Dr. Shobha Emmanuel
MBBS, M.D(Pathology)
CONSULTANT PATHOLOGIST
KMC:66136

*NABL renewal under process.

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DEPARTMENT OF LABORATORY MEDICINE

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Age/Sex	: 36/Years Female	Collected On	: 23/03/2024 10:26:32 AM
Ward / Bed No	:	Reported On	: 23/03/2024 03:41:45 PM
Reference	: Dr. Preventive Health Check Up	Bill No	: OPBJA230025999
Station	: At Hospital	Mobile No	: 7044942413
Payer Name	: Mediwheel	Report Status	: Final Report

Test Name	Result	Unit	Bio. Ref. Interval
	BIOCHEMISTRY		
FASTING GLUCOSE (Method: Hexokinase)	108	mg/dL	ADA Guidelines < 100 mg/dl - Normal 100 to 125 mg/dl - Prediabetes ≥ 126 mg/dl - Diabetes
POST PRANDIAL GLUCOSE (Method: Hexokinase)	168	mg/dL	70-140
GLYCOSYLATED HAEMOGLOBIN (HBA1C)			Sample: Whole blood (EDTA)
HBAIC (Method: HPLC)	5.4	%	ADA Guidelines < 5.7% - Normal 5.7 to 6.4% - Prediabetes ≥ 6.5% - Diabetes
Estimated Average Glucose (eAG) (Method: Calculated)	108.28	mg/dL	
THYROID PROFILE (TOTAL T3, TOTAL T4 & TSH)			Sample: Serum
TOTAL T3 (Method:CLIA)	1.03	ng/mL	0.87-1.78
TOTAL T4 (Method:CLIA)	8.64	≈g/dL	5.1-14.1
THYROID STIMULATING HORMONE (TSH) (Method:CLIA: Ultra-sensitive)	2.25	ı IU/mL	0.34 - 5.60 ı IU/mL (Non Pregnant) 0.3 - 4.5 ı IU/mL (I trimester) 0.5 - 5.2 ı IU/mL (II & III trimester)
LIPID PROFILE			Sample: Serum
TOTAL CHOLESTEROL (Method:CHOD-POD)	201	mg/dL	ATP III Guidelines < 200 - Desirable 200-239 - Borderline high ≥ 240 - High
TRIGLYCERIDES (Method:Enzymatic GPO-POD)	111	mg/dL	< 150 - Normal 150-199 - Borderline High 200-499 - High ≥ 500 - Very High
HDL CHOLESTEROL (Method:ENZYMATIC METHOD)	45.4	mg/dL	< 40 - Low ≥ 60 - High

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LDL CHOLESTEROL (Method:ENZYMATIC METHOD)	133.4	mg/dL	<100 - Optimal 100-129 - Near or above optimal 130-159 - Borderline high 160-189 - High ≥190 - Very high
VLDL CHOLESTEROL (Method: Calculated)	22.19	mg/dL	< 30
TOTAL CHOLESTEROL : HDL RATIO (Method: Calculated)	4.4		Low Risk: 3.3 - 4.4 Average Risk: 4.5 - 7.1 Moderate Risk: 7.2 - 11.0
LDL/HDL CHOLESTEROL RATIO (Method: Calculated)	2.94		< 2.5 Optimal
NON HDL CHOLESTEROL (Method: Calculated)	155.6	mg/dL	< 130
URIC ACID (Method:Uricase - POD(Enzymatic))	4.2	mg/dL	2.6-6.0
BLOOD UREA NITROGEN(BUN) (Method:Urease GLDH - Kinetic)	11	mg/dL	7.93-20.07
CREATININE (Method:Modified Jaffe, Kinetic)	0.61	mg/dL	0.6-1.1
LIVER FUNCTION TEST			Sample: Serum
TOTAL BILIRUBIN (Method:Dichlorophenyl Diazotization)	0.74	mg/dL	0.3-1.2
DIRECT BILIRUBIN (Method:Dichlorophenyl Diazotization)	0.14	mg/dL	0.0-0.2
INDIRECT BILIRUBIN (Method: Calculated)	0.60	mg/dL	0.2-1.0
TOTAL PROTEIN (Method:BIURET)	6.9	g/dL	6.6-8.3
ALBUMIN (Method:BCG)	4.17	g/dL	3.5-5.2
GLOBULIN (Method: Calculated)	2.73	g/dL	2.3-3.5

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Test Name	Result	Unit	Bio. Ref. Interval
AG RATIO (Method: Calculated)	1.52		2:1
SERUM SGOT (Method:IFCC without P5P)	22	U/L	< 35
SERUM SGPT (Method:IFCC without P5P)	31	U/L	< 35
ALKALINE PHOSPHATASE, SERUM (Method:PNPP AMP Buffer)	60	U/L	46-122
GGT (Method:IFCC)	37	U/L	< 38

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HAEMATOLOGY

COMPLETE BLOOD COUNT(CBC)

Sample: Whole blood (EDTA)

Test Name	Result	Unit	Bio. Ref. Interval
HAEMOGLOBIN (Method:Photometric Measurement: Oxyhemoglobin method)	12.42	g/dL	12-16
PACKED CELL VOLUME/HEMATOCRIT (PCV/HCT) (Method: Calculated)	37.7	%	37-47
TOTAL WBC COUNT (TLC) (Method:Coulter Principle)	8520	Cells/Cum	4000-11000
DIFFERENTIAL COUNT			
NEUTROPHILS (Method:Optical/Impedance)	58.04	%	40-75
LYMPHOCYTES (Method:Optical/Impedance)	35.04	%	20-45
EOSINOPHILS (Method:Optical/Impedance)	1.74	%	0-6
MONOCYTES (Method:Optical/Impedance)	4.90	%	2-10
BASOPHILS (Method:Optical/Impedance)	0.28	%	0-2
RED BLOOD CORPUSCLES(RBC) (Method:Coulter Principle)	4.52	million/cum	4.0-5.2
MCV (Method:Derived from RBC Histogram)	83.5	fL	78-100
MCH (Method: Calculated)	27.5	pg	27-31
MCHC (Method: Calculated)	32.9	g/dL	31-37
RDW - CV (Method: Calculated)	14.3	%	11.5-14.5
PLATELET COUNT (Method:Electrical Impedance)	2.63	Lakhs/Cum	1.5-4.5

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Test Name	Result	Unit	Bio. Ref. Interval
MEAN PLATELET VOLUME(MPV) (Method:Derived from PLT Histogram)	10.06	fl	9-13
PLATELET DISTRIBUTION WIDTH (PDW) (Method: Calculated)	22.1	fl	9-19
ERYTHROCYTE SEDIMENTATION RATE(ESR) (Method:Modified Westergren Method)	12	mm/hour	1-20

BLOOD GROUPING & RH TYPING — Sample: Whole blood (EDTA)

ABO Group (Method:Agglutination Gel Method)	B		
Rh Factor (Method:Agglutination Gel Method)	Positive		

Interpretation Notes

Note: Both forward and reverse grouping performed

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CLINICAL PATHOLOGY

Sample: Urine

Test Name	Result	Unit	Bio. Ref. Interval
URINE EXAMINATION, ROUTINE			
PHYSICAL EXAMINATION			
VOLUME	20	mL	
COLOUR	Pale Yellow		
APPEARANCE	Clear		
PH	6.5		5.0-8.0
SPECIFIC GRAVITY	1.005		1.005-1.030
CHEMICAL EXAMINATION			
PROTEIN (Method:Protein Error of pH Indicator)	Absent		Absent
GLUCOSE (Method:GOD-POD)	Absent		Absent
KETONE BODIES (Method:Nitroprusside method/ Rothera's test)	Absent		Absent
BILIRUBIN (Method:DIAZO/FOUCHET'S TEST)	Negative		Negative
BILE SALT (Method:Hay's sulfur test)	Absent		Absent
NITRITE (Method:Griess method)	Negative		Negative
UROBILINOGEN (Method:Azo coupling method)	Normal		
LEUKOCYTE ESTERASE (Method:Leukocyte Esterase activity)	Negative		Negative
BLOOD (Method:Peroxidase Reaction)	Negative		Negative
MICROSCOPIC EXAMINATION			

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Test Name	Result	Unit	Bio. Ref. Interval
EPITHELIAL CELLS	4-6	/HPF	0-5
PUS CELLS	2-4	/HPF	0-5
RBCs	Nil	/HPF	0-2
CASTS	Nil	/LPF	
CRYSTALS	Nil		
OTHERS	NA		
URINE SUGAR, FASTING (Method:GOD-POD)	Absent		

Verified By
Rashmita

---End of Report---

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DEPARTMENT OF RADIODIAGNOSIS

Name	Saha Suchanda	**Date**	23/03/24
Age	36 years	**Hospital ID**	UHJA2302109
Sex	Female	**Ref.**	Health check

ULTRASOUND ABDOMEN AND PELVIS

***FINDINGS*:**

Liver is enlarged in size (15.1 cms) and shows moderately increased echopattern. No intra or extra hepatic biliary duct dilatation. No focal lesions. **Portal vein** is normal in size, course and caliber. **CBD** is not dilated.

Gall bladder is normal without evidence of calculi, wall thickening or pericholecystic fluid.

Pancreas - Visualized part of the pancreatic head and body appears normal in size, contour and echogenicity. Rest of the pancreas is obscured by bowel gas.

Spleen is normal in size, shape, contour and echopattern. No evidence of mass or focal lesions.

Right Kidney is normal in size (9.5 x 4.1 cms), position, shape and echopattern. Corticomedullary differentiation is maintained. No evidence of calculi or hydronephrosis.
Left Kidney is normal in size (10.0 x 4.5 cms), position, shape and echopattern. Corticomedullary differentiation is maintained. No evidence of calculi or hydronephrosis.

Retroperitoneum- Visualized aorta appeared normal. No obvious enlarged para-aortic nodes.

Urinary Bladder is minimally distended. **Low level internal echoes in the urinary bladder lumen.**

Uterus is anteverted and normal in size, measures 8.0 x 4.0 x 4.5 cms. Myometrial and endometrial echoes are normal. Endometrium measures 11 mm.
Right ovary is normal in size and echopattern, measures 7.5 cc.
Left ovary is normal in size and echopattern, measures 8.4 cc. *Dominant follicle is seen.*
Both adnexa: Normal. No mass is seen.

There is no ascites or pleural effusion. Appendix could not be localized. No RIF probe tenderness.

IMPRESSION:

- **Mild hepatomegaly with moderate fatty infiltration (Grade II).**
- **Low level internal echoes in the urinary bladder lumen - of concern for cystitis.** *Suggested urine analysis correlation.*

Dr. Elluru Santosh Kumar
Consultant Radiologist

Please bring this report during your visit to the hospital
PLEASE COLLECT THE PHYSICAL REPORTS WITHIN THIRTY DAYS FROM THE DATE OF REPORTING

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Disclaimer for Radiology Scans and Procedures :

1) Radiology results should be correlated and interpreted by qualified medical professionals only. In case of any clarification, the referring doctors or patients can contact the reception/respective department/doctor.

2) Radiology results are affected by patient body habitus, food consumption, bowel contents, hydration status, foreign bodies and artifacts.

3) Small renal/ureteric stones, some of the pathologies of bowel, peritoneum and retroperitoneum may not be detected on ultrasound study.

4) Antenatal ultrasound: Maternal body variables, gestational age, fetal position at the time of the scan affects the scanning. Patient should come for review scan if and when recommended. Chromosomal anomalies cannot be diagnosed on ultrasound only. If ultrasound markers indicate high risk for chromosomal anomalies, further evaluation including karyotyping may be needed.

5) Duplicate reports can be provided only upto 30 days from the date of scan/procedure.

6) X-ray is a screening modality and not a diagnostic test. It should be correlated clinically and complemented by other requisite imaging modalities and lab tests. X-ray cannot detect soft tissue injuries (like tendon/ ligament injuries) and small renal/ ureteric stones.

7) All disputes relating to the reports are subject to jurisdiction of courts at Bengaluru city only.

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DEPARTMENT OF RADIODIAGNOSIS

Name	Saha Suchanda	**Date**	23/03/24
Age	36 years	**Hospital ID**	UHJA2302109
Sex	Female	**Ref.**	Health check

RADIOGRAPH OF THE CHEST (PA – VIEW)

FINDINGS:

Bilateral lung fields are normal.

Bilateral costo-phrenic angles are normal.

Cardia and mediastinal contours are normal.

The bony thorax is grossly normal.

IMPRESSION:

- **No radiographic abnormality.**

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