

Patient Name : MRS. JHUNILATA LENKA

Age / Gender : 30 years / Female

Patient ID : 19726

Referral : SELF

Collection Time : Sep 10, 2022, 09:40 a.m.

Reporting Time : Sep 10, 2022, 12:58 p.m.

Sample ID :



Test Description	Value(s)	Unit(s)	Reference Range
<b>Urine - PP</b>			
Urine - PP [ Hexokinase ]	-	mg/dL	70 - 140
Urine Post Prandial	Absent		

\*\*END OF REPORT\*\*

**Dr. Swetalina Pandey**  
Consultant Pathologist

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Test Description	Value(s)	Unit(s)	Reference Range
<b>COMPLETE BLOOD COUNT(CBC)</b>			
<b>BLOOD COUNTS</b>			
Hemoglobin (Hb)	13.3	g/dL	11.0 - 16.0
RED BLOOD CELL COUNT	4.1	mil/ $\mu$ L	4.5 - 5.5
WHITE BLOOD CELL COUNT	5.6	thou/ $\mu$ L	4.0 - 10.0
PLATELET COUNT	150	thou/ $\mu$ L	150 - 410
<b>RBC AND PLATELET INDICES</b>			
HEMATOCRIT	40.1	%	37 - 50
MEAN CORPUSCULAR VOLUME (MCV)	96	fL	76 - 96
MEAN CORPUSCULAR HEMOGLOBIN (MCH)	32	pg	27 - 32
MCHC	33	g/dL	30 - 35
MEAN PLATELET VOLUM (MPV)	13.3	fL	6.0 - 9.5
RDW-SD	48.1	fL	37 - 54
RDW-CV	13.6	%	11.5 - 14.0
PCT	0.23	%	0.17 - 0.40
<b>WBC DIFFERENTIAL COUNT</b>			
Neutrophils	62	%	40 - 75
Absolute Neutrophil Count	3.5	thou/ $\mu$ L	2.0 - 7.0
Lymphocytes	34	%	20 - 45
Absolute Lymphocyte Count	1.93	thou/ $\mu$ L	1.5 - 4.0
Eosinophils	01	%	1 - 6
Absolute Eosinophil Count	0.07	thou/ $\mu$ L	0.04 - 0.40
Monocytes	03	%	02 - 10
Absolute Monocyte Count	0.21	thou/ $\mu$ L	0.20 - 0.80
Basophils	0	%	00 - 01
Absolute Basophils Count	0.0	thou/ $\mu$ L	0.01 - 0.10
IG%	0.3	%	0.00 - 0.5

\*\*END OF REPORT\*\*

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Test Description	Value(s)	Unit(s)	Reference Range
<b>ESR ( 1 hr )</b>			
<b>ESR ( Erythrocyte Sedimentation Rate )</b>	10	mm/hr	< 20
<b>(EDTA Whole Blood) [ Capillary Photometry ]</b>			

**Interpretation:**

High ESR is not diagnostics of any disease but just indicative of some inflammatory process. ESR is to be used to monitor outcome of therapy. Microcytic anemia can increase ESR. High ESR can also be seen in apparently healthy adults.

\*\*END OF REPORT\*\*

**Dr. Swetalina Pandey**  
Consultant Pathologist

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Test Description	Value(s)	Unit(s)	Reference Range
<b><u>LIPID PROFILE.</u></b>			
Cholesterol-Total [ CHOD-POD ]	142.0	mg/dL	Desirable level   < 200 Borderline High   200-239 High   >or = 240
Triglycerides [ : GOD-POD METHOD ]	75.0	mg/dL	Normal: < 150 Borderline High: 150-199 High: 200-499 Very High: >= 500
HDL Cholesterol [ Serum, Direct measure-PEG ]	42.3	mg/dL	< 40 Low >/=60 High
LDL Cholesterol [ Enzymatic selective protection ]	84.70	mg/dL	< 100 Optimal 100 - 129 Near or above optimal 130 - 159 Borderline High 160 - 189 High >/= 190 Very High
Non HDL Cholesterol	100.0	mg/dL	Optimal : <130 Desirable : 130 - 150 Border Line High : 159 - 189 High : 189 - 220 Very High : >=220
CHOL/HDL Ratio [ CALCULATED PARAMETER ]	3.36		3.3 - 4.4 Low Risk 4.5 - 7.0 Average Risk 7.1 - 11.0 Moderate Risk > 11.0 High Risk
LDL/HDL Ratio [ CALCULATED PARAMETER ]	2.00		0.5 - 3.0 Desirable/Low Risk 3.1 - 6.0 Borderline/Moderate Risk >6.0 High Risk
VERY LOW DENSITY LIPOPROTEIN [ Serum, Enzymatic ]	15	mg/dL	< 30

\*\*END OF REPORT\*\*

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Test Description	Value(s)	Unit(s)	Reference Range
<b>LIVER FUNCTION TEST (LFT)</b>			
Bilirubin - Total [ Serum, Jendrassik Grof ]	0.43	mg/dL	0.3 - 1.2
Bilirubin - Direct [ Serum, Diazotization ]	0.15	mg/dL	< 0.2
Bilirubin - Indirect [ Serum, Calculated ]	0.28	mg/dL	0.1 - 1.0
SGOT [ Serum, UV with P5P, IFCC 37 degree ]	12.8	U/L	< 35
SGPT [ Serum, UV with P5P, IFCC 37 degree ]	10.6	U/L	< 50
Alkaline Phosphatase [ PNPP-AMP Buffer/Kinetic ]	102	U/L	30 - 120
Total Protein [ Serum, Biuret, reagent blank end point ]	7.0	g/dL	6.6 - 8.3
Albumin [ Serum, Bromocresol green ]	4.4	g/dL	3.2 - 4.6
Globulin [ Serum, EIA ]	2.60	g/dL	1.8 - 3.6
A/G Ratio [ Serum, EIA ]	1.69		1.2 - 2.2
Gamma GT(GGT)	8	U/L	<55

\*\*END OF REPORT\*\*

**Dr. Swetalina Pandey**  
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Test Description	Value(s)	Unit(s)	Reference Range
<b>RENAL FUNCTION TEST (RFT)</b>			
Urea [ Uricase ]	17.2	mg/dL	17 - 43
Blood Urea Nitrogen-BUN [ Serum, Urease ]	8.04	mg/dL	7 - 18
Creatinine [ Serum, Jaffe ]	0.71	mg/dL	0.57 - 1.11
Uric Acid [ Serum, Uricase ]	3.4	mg/dL	2.6 - 6.0
Sodium	141.2	mmol/L	136 - 149 Premature, cord: 116-140 Premature 48 hrs: 128-148 Newborn cord: 126-166 Newborn: 133-146
Potassium	4.7	mmol/L	3.8 - 5.0 ?Premature cord: 5-10.2 Premature , 48 hrs: 3-6 Newborn cord: 5.6-12 Newborn: 3.7-5.9
Chlorides	105.4	mmol/L	101.00 - 109.00

**Remark:**

In blood, Urea is usually reported as BUN and expressed in mg/dl. BUN mass units can be converted to urea mass units by multiplying by 2.14.

**\*\*END OF REPORT\*\*****Dr. Swetalina Pandey**  
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Test Description	Value(s)	Unit(s)	Reference Range
<b><u>Routine Examination Of Urine</u></b>			
<b><u>General Examination</u></b>			
Colour	PALE YELLOW		Pale Yellow
Transparency (Appearance)	CLEAR		Clear
Deposit	Absent		Absent
Reaction (pH)	Acidic 6.0		4.5 - 7.0
Specific gravity	1.015		1.005 - 1.030
<b><u>Chemical Examination</u></b>			
Urine Protein (Albumin)	NIL		Absent
Urine Glucose (Sugar)	NIL		Absent
<b><u>Microscopic Examination</u></b>			
Red blood cells	NIL	/hpf	1 - 2
Pus cells (WBCs)	1 - 2 /HPF	/hpf	1 - 2
Epithelial cells	4 - 6 /HPF	/hpf	0-4
Crystals	Absent		Absent
Cast	Absent		Absent
Bacteria	Present (Few)		Absent
Yeast cells	Absent		Absent
<b>Others</b>	Nil		

\*\*END OF REPORT\*\*

**Dr. Swetalina Pandey**  
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Test Description	Value(s)	Unit(s)	Reference Range
<b>THYROID PANEL, SERUM</b>			
T3 [ ELECTROCHEMILUMINESCENCE ]	88.71	ng/dl	80 - 200
T4 [ ELECTROCHEMILUMINESCENCE ]	9.29	ug/dL	5.1 - 14.1
TSH 3RD GENERATION [ ELECTROCHEMILUMINESCENCE ]	2.06	uIU/ml	0.27 - 4.20

**Specimen Type :** Serum

**Interpretation :**

**Reference:**

1. Tietz Textbook of Clinical Chemistry and Molecular Diagnostics, edited by Carl A Burtis, Edward R. Ashwood, David E Bruns, 4th Edition, Elsevier publication, 2006, 563, 1314-1315.

2. Wallach's Interpretation of Diagnostic tests, 9th Edition, Ed Mary A Williamson and L Michael Snyder. Pub Lippincott Williams and Wilkins, 2011, 234-235.

THYROID PANEL, SERUM Triiodothyronine T3, is a thyroid hormone. It affects almost every physiological process in the body, including growth, development, metabolism, body temperature, and heart rate. Production of T3 and its prohormone thyroxine (T4) is activated by thyroid-stimulating hormone (TSH), which is released from the pituitary gland. Elevated concentrations of T3, and T4 in the blood inhibit the production of TSH.

Thyroxine T4, Thyroxine's principal function is to stimulate the metabolism of all cells and tissues in the body. Excessive secretion of thyroxine in the body is hyperthyroidism, and deficient secretion is called hypothyroidism. Most of the thyroid hormone in blood is bound to transport proteins. Only a very small fraction of the circulating hormone is free and biologically active.

In primary hypothyroidism, TSH levels are significantly elevated, while in secondary and tertiary hypothyroidism, TSH levels are low.

Below mentioned are the guidelines for Pregnancy related reference ranges for Total T4, TSH & Total T3

Levels in	TOTAL T4	TSH3G	TOTAL T3
Pregnancy	(µg/dL)	(µIU/mL)	(ng/dL)
First Trimester	6.6 - 12.4	0.1 - 2.5	81 - 190
2nd Trimester	6.6 - 15.5	0.2 - 3.0	100 - 260
3rd Trimester	6.6 - 15.5	0.3 - 3.0	100 - 260

Below mentioned are the guidelines for age related reference ranges for T3 and T4.

T3	T4
(ng/dL)	(µg/dL)
New Born: 75 - 260	1-3 day: 8.2 - 19.9
	. 1 Week: 6.0 - 15.9

**NOTE:** TSH concentrations in apparently normal euthyroid subjects are known to be highly skewed, with a strong tailed distribution towards higher TSH values. This is well documented in the pediatric population including the infant age group.

Kindly note: Method specific reference ranges are appearing on the report under biological reference range

\*\*END OF REPORT\*\*



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Test Description	Value(s)	Unit(s)	Reference Range
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Test Description	Value(s)	Unit(s)	Reference Range
<b>BLOOD GROUPING &amp; RH TYPING</b>			
Blood Group (ABO typing) [ Manual-Hemagglutination ]	"B"		
RhD Factor (Rh Typing) [ Manual hemagglutination ]	Positive		

\*\*END OF REPORT\*\*

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Test Description	Value(s)	Unit(s)	Reference Range
<b>HbA1C</b>			
<b>HbA1c (GLYCOSYLATED HEMOGLOBIN), BLOOD [ (HPLC, NGSP certified) ]</b>	5.0	%	Non-diabetic: < 5.7 Pre-diabetics: 5.7 - 6.4 Diabetics: > or = 6.5 ADA Target: 7.0 Action suggested: > 8.0
MEAN PLASMA GLUCOSE [ HB VARIANT (HPLC) ]	97.0		< 116.0

**Note:**

1. Since HbA1c reflects long term fluctuations in the blood glucose concentration, a diabetic patient who is recently under good control may still have a high concentration of HbA1c. Converse is true for a diabetic previously under good control but now poorly controlled .
2. Target goals of < 7.0 % may be beneficial in patients with short duration of diabetes, long life expectancy and no significant cardiovascular disease. In patients with significant complications of diabetes, limited life expectancy or extensive co-morbid conditions, targeting a goal of < 7.0 % may not be appropriate.

**Comments**

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.

**ADA criteria for correlation between HbA1c & Mean plasma glucose levels.**

HbA1c(%)	Mean Plasma Glucose (mg/dL)
6	126
7	154
8	183
9	212
10	240
11	269
12	298

**Interpretation**

As per American Diabetes Association (ADA)	
Reference Group	HbA1c in %
Non diabetic adults >=18 years	<5.7
At risk (Prediabetes)	5.7 - 6.4
Diagnosing Diabetes	>= 6.5

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Test Description	Value(s)	Unit(s)	Reference Range
Therapeutic goals for glycemc control	Age > 19 years Goal of therapy: < 7.0 Action suggested: > 8.0 Age < 19 years Goal of therapy: <7.5		

\*\*END OF REPORT\*\*

**Dr. Swetalina Pandey**  
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Test Description	Value(s)	Unit(s)	Reference Range
<b>STOOL COMPLETE ANALYSIS</b>			
Color	Brownish		Brown
Consistency	Semisolid		Solid - Semi solid
Reaction (pH) [ Methyl Red & Bromothymol Blue ]	Alkaline		Acidic - Alkaline
Mucous	Absent		Absent
Blood	Absent		Absent
Pus cells	1-2/hpf	/hpf	Few
RBC	Absent	/hpf	Absent
Ova	Not found	/hpf	Absent
Cyst	Not found	/hpf	Absent
Starch granules	Present (Few)	/hpf	None to small amount
Vegetable cells	Present (++)	/hpf	--
Fat globules	Absent	/hpf	Absent
bacteria	Moderate	/hpf	Absent
Others [ Microscopy (Concentration technique) ]	Nil		

\*\*END OF REPORT\*\*

**Dr. Swetalina Pandey**  
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Test Description	Value(s)	Unit(s)	Reference Range
<b>BLOOD GLUCOSE ( FASTING)</b>			
Glucose fasting [ Fluoride Plasma-F, Hexokinase ]	92.0	mg/dL	Normal: 70-110 Impaired Tolerance: 110 - 125 Diabetes mellitus: $\geq$ 126 (on more than one occasion) (American diabetes association guidelines 2018)
Urine Fasting	Absent		

\*\*END OF REPORT\*\*

**Dr. Swetalina Pandey**  
Consultant Pathologist



RT  
PA

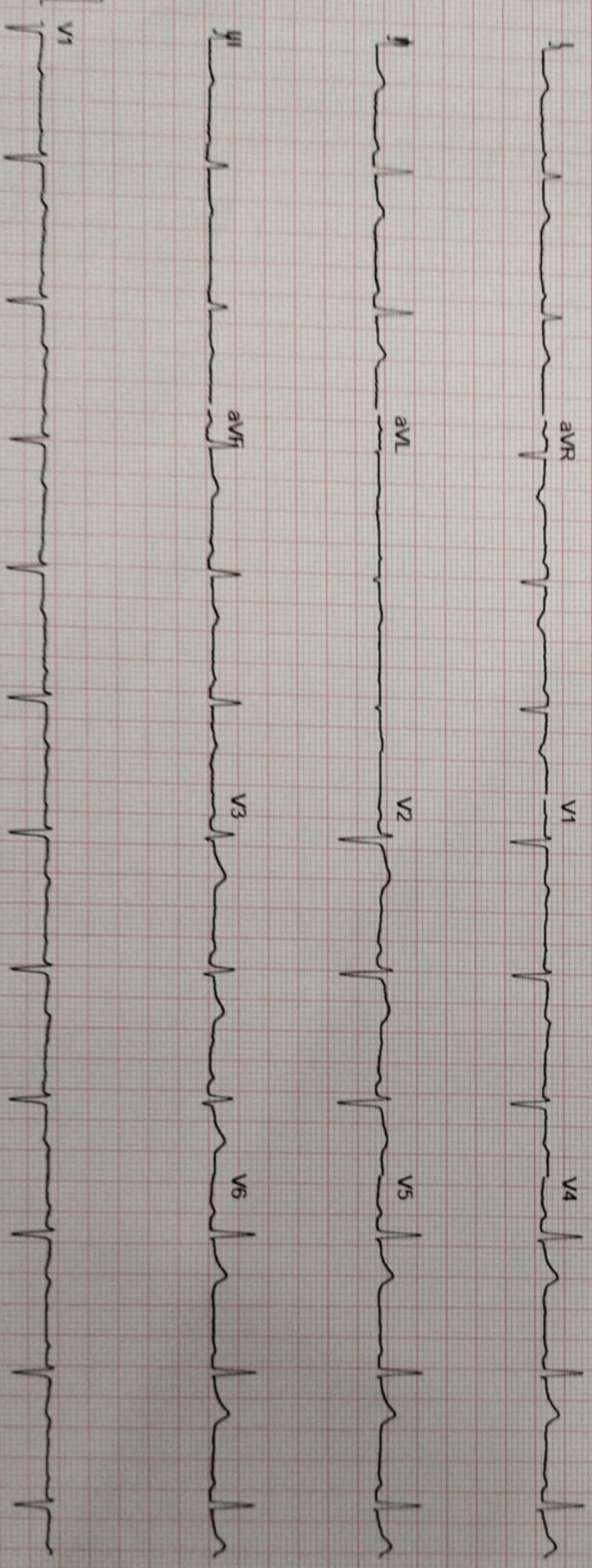
JHUNILATA LENKA 30YRS F 19726 CHEST-(PA) 9/10/2022  
TRUSCAN DIAGNOSTIC CENTRE,AIIMS ROAD, BBSR-19



QRS 68 ms  
QT / QTcBaz 410 / 439 ms  
PR 172 ms  
P 102 ms  
RR / PP 874 / 869 ms  
P / QRS / T 52 / 68 / 64 degrees

Normal sinus rhythm  
Normal ECG

Technician  
Ordering Ph.  
Referring Ph.  
Attending Ph.





Patient Name: Mrs. Jhunilata Lenka

Age/Gender: 30y/Female

Patient ID: 6

Referral: SELF

Reporting Date: 10.09.2022

## ULTRASONOGRAPHY OF WHOLE ABDOMEN

**LIVER:**

It is normal in size (12.36 cm) with normal in shape, outline and echotexture. There is no focal area of altered echogenicity. Portal vein at porta measures 10.7 mm.

**GALL BLADDER:**

It is normally distended. Its wall thickness is within normal limits. No obvious intraluminal calculus or mass is seen.

**BILIARY TREE:**

IHBR- not dilated. The common bile duct at porta hepatis measures 3.2 mm. Visualized lumen appears clear.

**PANCREAS:**

It is normal in shape, size, outline and echotexture. MPD is not dilated. No focal lesion seen. No peripancreatic fluid collection.

**SPLEEN:**

It is normal in size with normal in shape, outline and echotexture. Spleno-portal axis is patent and normal in dimensions. Splenic span is 8.04 cm. No focal lesion seen.

**KIDNEYS:**

Right kidney measures 9.80 cm. Left kidney measures 10.44 cm.

Both kidneys are normal in shape, size, position and echotexture. The cortico-medullary differentiation is intact. The cortical thickness is within normal limits. There is no hydronephrosis/calculus seen.

**URINARY BLADDER:**

It is normal in capacity and contour. The bladder wall is normal. There is no obvious intravesical calculus or mass.

**UTERUS:**

It is anteverted, anteflexed and measures 7.95x2.98x4.11 cm. There is no detectable myometrial lesion. The endometrium is in midline and measures 12 mm. The cervix appears normal.

**ADNEXA:**

Both ovaries are normal in shape, size and echotexture. No focal lesion seen.

**PERITONEUM:**

There is no free or loculated fluid in peritoneal cavity.

**RETROPERITONEUM:**

There is no detectable lymphadenopathy. Aorta and IVC appear normal.

**IMPRESSION: No significant abnormalities seen.**

**(Thank you for your kind referral)**

Clinical correlation and further evaluation suggested

Dr. Sanjeet Kumar Nayak  
Consultant Radiologist  
Regd. No. 1107/09  
Dr. Sanjeet Kumar Nayak  
MD (Radio-Diagnosis)  
Consultant Radiologist





PATIENT ID	: 19726	PATIENT NAME	: JHUNILATA LENKA 30YRS
AGE	: +	SEX	: Female
REF. PHY.	:	STUDY DATE	: 10-Sep-2022

### RADIOLOGY REPORT

### EXAM: X RAY CHEST PA

#### CLINICAL HISTORY:

#### COMPARISON:

None

#### TECHNIQUE:

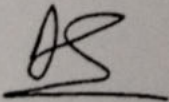
Frontal projections of the chest were obtained

#### FINDINGS

- Both lung fields are clear.
- Both costophrenic angles appear normal.
- The tracheal lucency is centrally placed.
- The mediastinal and diaphragmatic outlines appear normal.
- The heart shadow is normal.
- The bony thoracic cage and soft tissues are normal.

#### IMPRESSION

1. The study is within normal limits.



Dr Anmol Singh  
Consultant Radiologist  
MBBS, MD  
Regn No: 2018/12/6057

Dr Anmol Singh  
10th Sep 2022