



Date 24/02/2024 11:39:24 AM
Name Mrs. RICHA AGARWAL
Ref. By Dr. SAURABH MAYANK

Srl No. 1014
Age 36 Yrs.
Sex F

UHID No. OPD-65946
Printed on 20/03/2024 04:01 PM

Test Name	Value	Unit	Normal Value
<u>COMPLETE HAEMOGRAM</u>			
Erba Mannheim Elite 580			
HAEMOGLOBIN (Hb)	12.8	gm / dL	11.5 - 16.5
TOTAL LEUCOCYTE COUNT (TLC)	7,230	cells / cu mm	4000 - 11000
<u>DIFFERENTIAL LEUCOCYTE COUNT (DLC)</u>			
NEUTROPHIL	61	%	40 - 75
LYMPHOCYTE	32	%	20 - 40
EOSINOPHIL	02	%	01 - 06
MONOCYTE	05	%	02 - 10
BASOPHIL	00	%	0 - 0
RBC COUNT	4.77	million / cu mm	3.8 - 4.8
P.C.V / HAEMATOCRIT	38.4	%	35 - 45
M C V	80.503	fl.	80 - 100
M C H	26.834	Picogram	27.0 - 31.0
M C H C	33.33	gm / dL	32 - 36
PLATELET COUNT	2,22,000	Lakh / cu mm	150000 - 400000
ESR	80	mm / 1st hr	0 - 20
VESMATIC EASY - AUTOMATED			
<u>HAEMATOLOGY</u>			
BLOOD GROUP ABO	"B"		
RH TYPING	POSITIVE		
<u>BIOCHEMISTRY</u>			
BLOOD SUGAR FASTING HEXOKINASE	82.0	mg / dL	60.0 - 110.0
BLOOD SUGAR PP HEXOKINASE	101.3	mg/dl	80.0 - 140.0
SERUM L.D.H	299.0	U / L	0.0 - 250



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LIVER FUNCTION TEST (LFT)

Roche cobas c 311

BILIRUBIN TOTAL DPD	0.66	mg / dL	0 - 1.2
CONJUGATED (D. Bilirubin) Jendrassik-Grof	0.20	mg / dL	0.00 - 0.30
UNCONJUGATED (I.D. Bilirubin)	0.46	mg / dL	0.00 - 0.70
TOTAL PROTEIN Biuret	5.6	gm / dL	6.6 - 8.3
ALBUMIN BCP	3.8	gm / dL	3.5 - 5.5
GLOBULIN	1.8	gm / dL	2.5 - 4.0
A/G RATIO	2.111	%	0.8 - 2.0
SGOT IFCC	21.5	IU / L	5.0 - 45.0
SGPT IFCC	16.5	IU / L	5.0 - 49.0
ALKALINE PHOSPHATASE IFCC	82.0	U / L	60.0 - 170.0
GAMMA GT IFCC	11.1	IU / L	6.0 - 42.0

THYROID PROFILE

MINI VIDAS : BIOMERIEUX

T3 ELFA Method	1.18	ng / mL	0.60 - 1.81
T4 ELFA Method	6.83	ug / dL	4.5 - 10.9
TSH ELFA Method	2.16	uIU / mL	0.35 - 5.50

REFERENCE RANGE

PAEDIATRIC AGE GROUP

0-3 DAYS 1.0 - 20 uIU / mL

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Test Name	Value	Unit	Normal Value
3-30 DAYS	0.5 - 6.5	uIU / mL	
1 MONTH -5 MONTHS	0.5 - 6.0	uIU / mL	
6 MONTHS- 18 YEARS	0.5 - 4.5	uIU / mL	
<u>ADULTS</u>	0.35 - 5.50	uIU / mL	

Note: TSH levels are subject to circadian variation, rising several hours before the onset of sleep, reaching peak levels between 11 pm to 6 am. Nadir concentrations are observed during the afternoon. Diurnal variation in TSH level approximates $\pm 50\%$, hence time of the day has influence on the measured serum TSH concentration.

Assay performed on enhanced chemi luminescence system (Centaur-Siemens)

Serum T3,T4 & TSH measurements form the three components of Thyroid screening panel, useful in diagnosing various disorders of Thyroid gland function.

1. Primary hypothyroidism is accompanied by depressed serum T3 and T4 values and elevated serum TSH level.
2. Primary hyperthyroidism is accompanied by elevated serum T3 and T4 levels along with depressed TSH values.
3. Normal T4 levels are accompanied by increased T3 in patients with T3 thyrotoxicosis.
4. Slightly elevated T3 levels may be found in pregnancy and estrogen therapy, while depressed levels may be encountered in severe illness, renal failure and during therapy with drugs like propranolol and propyl thiouracil.
5. Although elevated TSH levels are nearly always indicative of primary hypothyroidism, and may be seen in secondary thyrotoxicosis.

URINE EXAMINATION TEST

CHEMICAL EXAMINATION

SUGAR

NIL

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PAP SMEAR

PAP SMEAR

NUMBER OF SLIDE:- 03

SAMPLE TYPE :- Conventional type of smear.

SAMPLE ADEQUACY:- Satisfactory for Evaluation.

MICROSCOPIC EXAMINATION: Cytological smears prepared shows predominantly intermediate and parabasal squamous epithelial cells. Benign endocervical cells seen. Few inflammatory cells are seen with bacilli on background. .No fungal element seen.
No atypical cell / Malignant cells seen.

IMPRESSION:- NILM

KINDLY CORRELATE CLINICALLY.

Repeat PAP smear after inflammatory subsided.

KIDNEY FUNCTION TEST (KFT)

Roche cobas c 311

BLOOD UREA Urease / GLDH	26.9	mg / dL	15.0 - 40.0
SERUM CREATININE Jaffe	0.61	mg / dL	0.6 - 1.2
SERUM URIC ACID Enzymatic	3.8	mg / dL	2.4 - 6.0
SODIUM ISE	139.2	mEq / L	135.0 - 145.0
POTASSIUM ISE	4.69	mEq / L	3.5 - 5.0

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Test Name	Value	Unit	Normal Value
CALCIUM o-cresolphthaleine complexone	8.3	mg / dL	8.6 - 10.0
INORGANIC PHOSPHORUS molybdate UV	2.7	mg / dL	2.5 - 5.0
TOTAL CHOLESTEROL CHOD-PAP	162.0	mg / dL	0.0 - 200.0

**** End Of Report ****

LAB TECHNICIAN

DR. ANAMIKA YADAV
MBBS DNB PATHOLOGY
UK-9464

DEPARTMENT OF RADIOLOGY & IMAGING

PT.NAME: Mrs. Richa Agarwal

Age/Sex-36Y/F

UHID NO- 65946

Date: 24/Feb/2024

REF.BY- Dr. (MAJ) Saurabh Mayank

USG WHOLE ABDOMEN

LIVER: is normal in size, measures approx 11.6 cms and has a normal homogeneous echotexture.

PORTAL VEIN: is not dilated. Intrahepatic biliary radicals are not dilated.

GALL BLADDER: is partially distended.

CBD: is not dilated with clear lumen. No calculus is seen.

PANCREAS: Visualized part of pancreas is normal in size, shape with normal homogeneous echotexture. **MPD:** is not dilated.

SPLEEN: is normal in size (~9.6 cms) and has a normal homogeneous echotexture.

RIGHT KIDNEY: is normal in size and echotexture.

- o Cortical echogenicity is normal.
- o Cortico-medullary demarcation is maintained.
- o Parenchymal thickness appears normal.
- o Pelvicalyceal system is not dilated.

LEFT KIDNEY: is normal in size and echotexture.

- o Cortical echogenicity is normal.
- o Cortico-medullary demarcation is maintained.
- o Parenchymal thickness appears normal.
- o Pelvicalyceal system is not dilated.



-----PTO

URETERS:

- The upper parts of both the ureters are not dilated.
- Bilateral vesico-ureteric junctions are not dilated.

URINARY BLADDER: is distended. Wall thickness is normal.

UTERUS: is anteverted and normal in size. Myometrium is normal. Endometrial thickness is measures approx 8.4 mm.

BOTH OVARIES: are normal in size and echotexture.


Both adnexa are clear. No free fluid seen in the POD.

No free fluid is seen in the Morrison's pouch, perihepatic space, perisplenic space, para colic gutter and pelvic cavity.

IMPRESSION: *USG appearances are suggestive of -*

➤ *No significant abnormality is seen.*

(Adv-Clinico-pathological correlation)



DR. (MAJ) RAVINDER SINGH
MBBS, MD.
Consultant Radiologist

Number of images-05

Note-This is a professional report based on imaging findings only and should always be correlated clinically and with other relevant investigations. This report is not for medico-legal purpose. In case of any discrepancy due to machine error or typing error kindly get it rectified immediately.
