



Collected At : JAVITRI

|  |                 |                                 |
|--|-----------------|---------------------------------|
| Name : MRS. URMILA RAWAT                 | Age : 39 Yrs.   | Registered : 11-3-2023 03:26 PM |
| Ref/Reg No : 107009 / TPPC\JAV-          | Gender : Female | Collected : .                   |
| Ref By : Dr. MEDI WHEEL                  |                 | Received : 11-3-2023 03:26 PM   |
| Sample : Blood, Urine                    |                 | Reported : 12-3-2023 05:16 PM   |
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### HEMOGRAM

(Method: Electrical impedance, Flowcytometry, Sepctrophotometry)

|   |      |                     |             |
|---|------|---------------------|-------------|
| Haemoglobin<br>[Method: SLS]  | 11.4 | g/dL                | 11.5 - 15   |
| HCT/PCV (Hematocrit/Packed Cell Volume)<br>[Method: Derived]                | 34.0 | ml %                | 36 - 46     |
| RBC Count<br>[Method: Electrical Impedence]                                 | 3.80 | 10 <sup>6</sup> /μl | 3.8 - 4.8   |
| MCV (Mean Corpuscular Volume)<br>[Method: Calculated]                       | 91.8 | fL.                 | 83 - 101    |
| MCH (Mean Corpuscular Haemoglobin)<br>[Method: Calculated]                  | 30.0 | pg                  | 27 - 32     |
| MCHC (Mean Corpuscular Hb Concentration)<br>[Method: Calculated]            | 32.7 | g/dL                | 31.5 - 34.5 |
| TLC (Total Leucocyte Count)<br>[Method: Flow Cytometry/Microscopic]         | 6.4  | 10 <sup>3</sup> /μl | 4.0 - 10.0  |
| DLC (Differential Leucocyte Count):<br>[Method: Flow Cytometry/Microscopic] |      |                     |             |
| Polymorphs  | 44   | %                   | 40.0 - 80.0 |
| Lymphocytes   | 46   | %                   | 20.0 - 40.0 |
| Eosinophils   | 08   | %                   | 1.0 - 6.0   |
| Monocytes   | 02   | %                   | 2.0 - 10.0  |
| Platelet Count<br>[Method: Electrical impedance/Microscopic]                | 135  | 10 <sup>3</sup> /μl | 150 - 400   |

### \*Erythrocyte Sedimentation Rate (E.S.R.)

[Method: Wintrobe Method]

|                   |    |             |      |
|-------------------|----|-------------|------|
| *Observed Reading | 20 | mm for 1 hr | 0-20 |
|-------------------|----|-------------|------|

\* ABO Typing

" A "

\* Rh (Anti - D)

Positive

  
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DR. MINAKSHI KAR  
(MD PATH & BACT)



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|---|-----------------|--------|--------------------------|
| Plasma Glucose Fasting  | 97.0            | mg/dL  | 70 - 110                 |
| Plasma Glucose PP ( 2 Hrs after meal)<br>[Method: Hexokinase] | 114             | mg/dL. | 110-170                  |
| Glycosylated Hemoglobin (HbA1C)<br>(Hplc method)              | 6.2             | %      | 0 - 6                    |
| Mean Blood Glucose (MBG)                                      | 131             | mg/dl  |                          |

#### SUMMARY

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

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 or 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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# MSK

(A Complete Diagnostic Pathology Laboratory)

# DIAGNOSTICS

RAIBARELI ROAD, TELIBAGH, LUCKNOW

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Mobile : 7565000448

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### LIVER FUNCTION TEST

|   |            |        |              |
|---|------------|--------|--------------|
| Serum Bilirubin (Total)   | 0.60       | mg/dl. | 0.0 - 1.2    |
| * Serum Bilirubin (Direct)  | 0.15       | mg/dl. | 0- 0.4       |
| * Serum Bilirubin (Indirect)  | 0.45       | mg/dl. | 0.2-0.7      |
| Serum Alkaline Phosphatase  | <b>108</b> | IU/L   | 35-104       |
| [Method:4-Nitrophenyl phosphate (pNPP)]<br>SGPT   | 28.3       | IU/L   | 10-50        |
| [Method: IFCC (UV without pyridoxal-5-phosphate)]<br>SGOT                               | 27.2       | IU/L   | 10-50        |
| [Method: IFCC (UV without pyridoxal-5-phosphate)]<br>* Gamma-Glutamyl Transferase (GGT) | 19.48      | IU/L   | Less than 38 |
| Serum Protein   | 7.4        | gm/dL  | 6.2 - 7.8    |
| [Method: Biuret]  |            |        |              |
| Serum Albumin   | 4.7        | gm/dL. | 3.5 - 5.2    |
| [Method: BCG]   |            |        |              |
| Serum Globulin  | 2.7        | gm/dL. | 2.5-5.0      |
| [Method: Calculated]  |            |        |              |
| A.G. Ratio  | 1.74 : 1   |        |              |
| [Method: Calculated]  |            |        |              |

### KIDNEY FUNCTION TEST

|   |            |        |             |
|---|------------|--------|-------------|
| Serum Urea                                | 18.1       | mg/dL. | 10-45       |
| Blood Urea Nitrogen ( BUN )               | 8.87       | mg/dL. | 6 - 21      |
| Serum Creatinine                          | 0.46       | mg/dL. | 0.40 - 1.00 |
| [Method: Jaffes Method/Enzymatic]         |            |        |             |
| Serum Sodium (Na+)                        | 137        | mmol/L | 135 - 150   |
| Serum Potassium (K+)                      | 3.8        | mmol/L | 3.5 - 5.5   |
| [Method: Ion selective electrode direct]  |            |        |             |
| Serum Uric Acid                           | <b>5.8</b> | mg/dL. | 2.4 - 5.7   |
| [Method for Uric Acid: Enzymatic-URICASE] |            |        |             |
| * Serum Calcium (Total)                   | 8.56       | mg/dl. | 8.2 - 10.2  |

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### LIPID PROFILE

|                     |       |        |         |
|---------------------|-------|--------|---------|
| Serum Cholesterol   | 162.0 | mg/dL. | <200    |
| Serum Triglycerides | 135.0 | mg/dL. | <150    |
| HDL Cholesterol     | 42.0  | mg/dL  | >55     |
| LDL Cholesterol     | 93    | mg/dL. | <130    |
| VLDL Cholesterol    | 27    | mg/dL. | 10 - 40 |
| CHOL/HDL            | 3.86  |        |         |
| LDL/HDL             | 2.21  |        |         |

### 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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| <b>T3, T4, TSH</b><br>(ECLIA METHOD)       |      |        |             |
|--|------|--------|-------------|
| Serum T3                                   | 1.12 | ng/dl  | 0.84 - 2.02 |
| Serum T4                                   | 7.39 | ug/dl  | 5.13 - 14.6 |
| Serum Thyroid Stimulating Hormone (T.S.H.) | 1.80 | 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 propanolol 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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### URINE EXAMINATION ROUTINE

#### PHYSICAL EXAMINATION

|        |              |    |  |
|--------|--------------|----|--|
| Color  | Light Yellow |    |  |
| Volume | 25           | mL |  |

#### CHEMICAL EXAMINATION

|                  |               |              |               |
|------------------|---------------|--------------|---------------|
| Blood            | Absent        | RBC/ $\mu$ L | Absent        |
| Bilirubin        | <b>Absent</b> |              | Absent        |
| Urobilinogen     | Absent        |              | Absent        |
| Ketones          | Absent        |              | Absent        |
| Nitrites         | Absent        |              | Absent        |
| Proteins         | <b>Absent</b> |              | Absent        |
| Glucose          | Absent        |              | Absent        |
| pH               | 5.0           |              | 5.0 - 9.0     |
| Specific Gravity | 1.015         |              | 1.010 - 1.030 |

#### Leucocytes

|            |               |              |        |
|------------|---------------|--------------|--------|
| Leucocytes | <b>Absent</b> | WBC/ $\mu$ L | Absent |
|------------|---------------|--------------|--------|

#### MICROSCOPIC EXAMINATION

|                   |                   |      |            |
|-------------------|-------------------|------|------------|
| Red Blood cells   | Absent            | /HPF | Absent     |
| Pus cells         | <b>Occasional</b> | /HPF | 0-3        |
| Epithelial Cells  | <b>1-2</b>        | /HPF | Absent/Few |
| Casts             | <b>Absent</b>     | /HPF | Absent     |
| Crystals          | Absent            | /HPF | Absent     |
| Amorphous deposit | Absent            | /HPF | Absent     |
| Yeast cells       | Absent            | /HPF | Absent     |

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## USG - ABDOMEN-PELVIS

|                        |                  |
|------------------------|------------------|
| NAME: MRS. URMILA      | AGE/SEX: 34Y/ F  |
| REFERRED BY: MEDIWHEEL | DATE: 11.03.2023 |

- *Excessively gaseous abdomen is noted.*
- Liver appears normal in shape, *moderately enlarged in size (measures ~181mm) & bright in echotexture without obscuration of vessel margins suggestive of grade I fatty changes.* No evidence of focal lesion is seen. No evidence of dilated IHBR seen.
- Portal vein appears normal in caliber. CBD appears normal in caliber.
- Gall Bladder appears well distended with no calculus or changes of cholecystitis seen.
- Spleen appears normal in shape, size (measuring ~113 mm) & echotexture with no focal lesion within.
- Pancreas appears normal in size, shape & echopattern.
- Para-aortic region appears normal with no lymphadenopathy is seen.
- Right Kidney size :measuring ~ 115 mm; Left Kidney size : measuring ~ 121 mm
- Both kidneys appear normal in position, shape, size & echotexture. CMD is normal. No calculus or hydronephrosis on either side.
- Uterus is anteverted, normal in shape, size & echotexture.
- Both ovaries are normally visualized. No adnexal mass is either side.
- Urinary bladder appears well distended with no calculus or mass within.
- No free fluid in peritoneal cavity. NO pleural effusion on either side.
- *No abnormal bowel wall thickening or significant abdominal lymphadenopathy.*

### IMPRESSION:

- *Moderate Hepatomegaly with grade I fatty changes. NO focal parenchymal lesion.*

*Please correlate clinically.*

**Dr. Sarvesh Chandra Mishra**

M.D., DNB Radio-diagnosis

PDCC Neuroradiology (SGPGI, LKO)

Ex- senior Resident (SGPGI, LKO)

European Diploma in radiology EDiR, DICRI

**Dr. Sweta Kumari**

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Ex- Senior Resident Apollo Hospital Bengaluru

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**NAME:-MRS.URMILA**

**DATE:-11/03/2023**

**REF.BY:-MEDI-WHEEL**

**AGE:-34Y/F**


## **X-RAY CHEST (P.A. View)**

- Small fibrocalcific foci noted in right apical region-likely healed lesion (to be correlation with any previous h/o treatment for Koch's).
- Prominent bronchovascular markings are seen in both lung fields.
- Mediastinum is central.
- Cardiac size is normal.
- C.P. angles are normally visualized.
- Domes of diaphragm are normal.
- Pulmonary hila are normal.
- Soft tissue and bones are normal.

## **IMPRESSION:-**

- Small fibrocalcific foci in right apical region-likely healed lesion (to be correlation with any previous h/o treatment for Koch's).
- Prominent bronchovascular markings.  
-Suggested clinical correlation.

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