



UNIVERSAL DIAGNOSTIC CENTRE

S3/57, Vedant Complex, Pokharan Road No. 1, Vartak Nagar, Thane (W) 400 606.
Contact No: 022 47488444 / +91 9930081525. Email: udcpath@gmail.com



12740 280924

Name : MRS. JYOTI GARG

LABID : 12740

Sample Collection : 28/09/2024 14:33

Age : 35 Yrs. Sex : F

Sample Received : 28/09/2024 14:33

Ref. By : SIDDHIVINAYAK HOSPITAL (APOLLO)

Report Released : 28/09/2024 19:53

Sent By : UNIVERSAL DIAGNOSTIC CENTRE

COMPLETE BLOOD COUNT

Test	Result	Unit	Reference Range
Haemoglobin	14.0	gm/dl	14.0-18.0 gm/dl
<u>RBC PARAMETERS</u>			
Total R.B.C. Count	4.12	mill/cumm	4.5-6.5 mill/cumm
PCV	39.8	%	40-54 %
MCV	96.6	fl	76-90 fl
MCH	34.0	Pg	27-32 Pg
MCHC	35.2	gm/dl	30-35 gm/dl
RDW	12.3	%	11-14.5 %
<u>WBC PARAMETERS</u>			
Total W.B.C. Count	6500	per cumm	4000-11000 per cumm
Neutrophils	55	%	40-75 %
Lymphocytes	40	%	20-40 %
Monocytes	03	%	0 - 10 %
Eosoniphils	02	%	0 - 6 %
Basophils	0	%	0-1 %
Band Forms	0	%	0 - 0 %
<u>PLATELET PARAMETERS</u>			
Platelet Count	169000	per cu.mm.	150000 - 450000 per cu.mm.
MPV	10.5	fL	3-12 fL

PERIPHERIAL SMEAR FINDINGS:


WBC Morphology	:	Normal
RBC Morphology	:	Normocytic, Normochromic
Platelets on Smear	:	Adequate on smear.

EDTA Sample Proceesed On a Fully Automated 3-Part Analyzer H-360

(Collected At: 28/09/2024 14:33:25, Received At: 28/09/2024 14:33:25, Reported At: 28/09/2024 19:53:56)



Checked By -


Preeti Jaiswar
Senior Technician
ADMLT

Dr. Dhiraj Hivare
M.D. (PATH.)

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THYROID FUNCTION TEST

<u>Test</u>	<u>Result</u>	<u>Unit</u>	<u>Biological Ref. Range</u>
T3	: 1.5	ng/dl	0.60-2.0 ng/dl
T4	: 8.30	µg/dl	5.0-13.0 µg/dl
TSH	: 2.56	µU/ml	0.4 - 6.0 µU/ml

Method:ELISA METHOD

Interpretation

Decreased TSH with raised or within range T3 and T4 is seen in primary hyperthyroidism, toxic thyroid nodule, subclinical hyper-thyroidism, on thyroxine ingestion, post-partum and gestational thyrotoxicosis Raised TSH with decreased T3 and T4 is seen in hypothyroidism and with intermittent T4 therapy. Alterations in TSH are also seen in non-thyroidal illnesses like HIV infection, chronic active hepatitis ,estrogen producing tumors, pregnancy, new-born, steroids, glucocorticoids and may cause false thyroid levels for thyroid function tests as with increased age ,marked variations in thyroid hormones are seen. In pregnancy T3 and T4 levels are raised, hence FT3 and Ft4 is to be done to determine hyper or hypothyroidism

(Collected At: 28/09/2024 14:33:25, Received At: 28/09/2024 14:33:25, Reported At: 29/09/2024 16:40:48)



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Report Released : 28/09/2024 19:53

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FASTING AND POSTPRANDIAL PLASMA GLUCOSE

Test	Result	Unit	Biological Ref. Range
Fasting Plasma Glucose Method: Hexokinase	: 70.50	mg/dl	70-110 mg/dl
Fasting Urine Glucose	: Absent		Absent
Fasting Urine Ketone	: Absent		Absent
Post Prandial Plasma Glucose (2 Hrs.after lunch)	: 105.60	mg/dl	70 to 140 mg/dl
PP Urine Glucose	: Sample Not Received		
PP Urine Ketone	: Sample Not Received		
Method : Glucose Oxidase Peroxidase (GOD/POD)			

AS PER AMERICAN DIABETES ASSOCIATION 2010 UPDATE

FASTING GLUCOSE LEVEL-

- Normal glucose tolerance : 70-110 mg/dl
- Impaired Fasting glucose (IFG) : 110-125 mg/dl
- Diabetes mellitus : ≥ 126 mg/dl POSTPRANDIAL/POST GLUCOSE (75 grams)
- Normal glucose tolerance : 70-139 mg/dl - Impaired glucose tolerance : 140-199 mg/dl
- Diabetes mellitus : ≥ 200 mg/dl CRITERIA FOR DIAGNOSIS OF DIABETES MELLITUS - Fasting plasma glucose ≥ 126 mg/dl - Classical symptoms +Random plasma glucose ≥ 200 mg/dl
- Plasma glucose ≥ 200 mg/dl (2 hrs after 75 grams of glucose)
- Glycosylated haemoglobin $> 6.5\%$ ***Any positive criteria should be tested on subsequent day with same or other criteria.

BIOCHEMISRTY TEST DONE ON MERILYZER CLINIQUANT BIOCHEMISRTY ANALYZER

(Collected At: 28/09/2024 14:33:25, Received At: 28/09/2024 14:33:25, Reported At: 28/09/2024 21:09:06)



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Ref. By : SIDDHIVINAYAK HOSPITAL (APOLLO)

Report Released : 28/09/2024 19:53

Sent By : UNIVERSAL DIAGNOSTIC CENTRE

GLYCOSYLATED-HAEMOGLOBIN (GHb)/ HbA1C BY HPLC

Test	Result	Unit	Reference Range
HbA1C	5.8	%	Normal : 4 - 6.2% Prediabetic : < 7 % Diabetes : > 8 %
Estimated average Glucose: (eAG)	119.76	mg / dl	70-140 mg / dl

Method: Particle enhanced immunoturbidimetric test

NOTE:

CLINICAL SIGNIFICANCE

Hemoglobin A1c (HbA1c) is a glycosylated hemoglobin which is formed by the non enzymatic reaction of glucose with native hemoglobin. This process runs continuously throughout the circulatory life of the red cell (average life time 100 - 120 days).

The rate of glycation is directly proportional to the concentration of glucose in the blood. The blood level of HbA1c represents the average blood glucose level over the preceding 6 to 8 weeks (due to the kinetics of erythrocyte turnover this period is more affected by the blood glucose level than the preceding weeks).

Therefore, HbA1c is suitable for retrospective long term monitoring of blood glucose concentration in individuals with diabetes mellitus. Clinical studies have shown that lowering of HbA1c level can help to prevent or delay the incidence of late diabetic complications. As the amount of HbA1c also depends on the total quantity of hemoglobin, the reported HbA1c value is indicated as a percentage of the total hemoglobin concentration. Falsely low values (low HbA1c despite high blood glucose) may occur in people with conditions with shortened red blood cell survival (hemolytic diseases) or significant recent blood loss (higher fraction of young erythrocytes). Falsely high values (high HbA1c despite normal blood glucose) have been reported in iron deficiency anemia (high proportion of old erythrocytes). These circumstances have to be considered in clinical interpretation of HbA1c values

(Collected At: 28/09/2024 14:33:25, Received At: 28/09/2024 14:33:25, Reported At: 28/09/2024 21:09:12)

----- End Of Report -----



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Ref. By : SIDDHIVINAYAK HOSPITAL (APOLLO)

Report Released : 28/09/2024 21:21

Sent By : UNIVERSAL DIAGNOSTIC CENTRE

BLOOD GROUP

Test	Result	Unit	Biological Ref. Range
ABO Group	: AB		
RH Factor	: POSITIVE		

Slide agglutination test

Slide Agglutination Test

(Collected At: 28/09/2024 14:33:25, Received At: 28/09/2024 14:33:25, Reported At: 28/09/2024 21:21:21)

RENAL FUNCTION TESTS

Test	Result	Unit	Biological Ref. Range
Blood Urea Method: Urease UV/GLDH	: 31.20	mg/dl	10-50 mg/dl
Blood Urea Nitrogen	: 14.54	mg/dl	5-18 mg/dl
S. Creatinine Method: Modified Jaffe's	: 0.98	mg/dl	0.7-1.3 mg/dl
S. Uric Acid	: 5.0	mg/dl	3.5-7.2 mg/dl
Total Proteins	: 7.0	gm/dl	6.0-8.0 gm/dl
S. Albumin	: 3.9	gm/dl	3.5-5.0 gm/dl
S. Globulin	: 3.10	gm/dl	2.3-3.5 gm/dl
A/G Ratio	: 1.26		0.90-2.00
Calcium	: 10.20	mg/dl	8.5-11.0 mg/dl
S. Phosphorus	: 3.6	mg/dl	2.5-5.0 mg/dl
S. Sodium	: 140.20	mmol/L	135-155 mmol/L
S. Potassium	: 3.98	mmol/L	3.5-5.0 mmol/L
S. Chloride	: 99.80	mmol/L	98-110 mmol/L

BIOCHEMISTRY TEST DONE ON FULLY-AUTOMATED ANALYZER BS120

ELECTROLYTE TEST DONE ON EL-120 ANALYZER

(Collected At: 28/09/2024 14:33:25, Received At: 28/09/2024 14:33:25, Reported At: 28/09/2024 19:55:46)

----- End Of Report -----



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Sample Received : 28/09/2024 14:33

Ref. By : SIDDHIVINAYAK HOSPITAL (APOLLO)

Report Released : 28/09/2024 19:54

Sent By : UNIVERSAL DIAGNOSTIC CENTRE

ERYTHROCYTE SEDIMENTATION RATE (WESTERGREN'S)

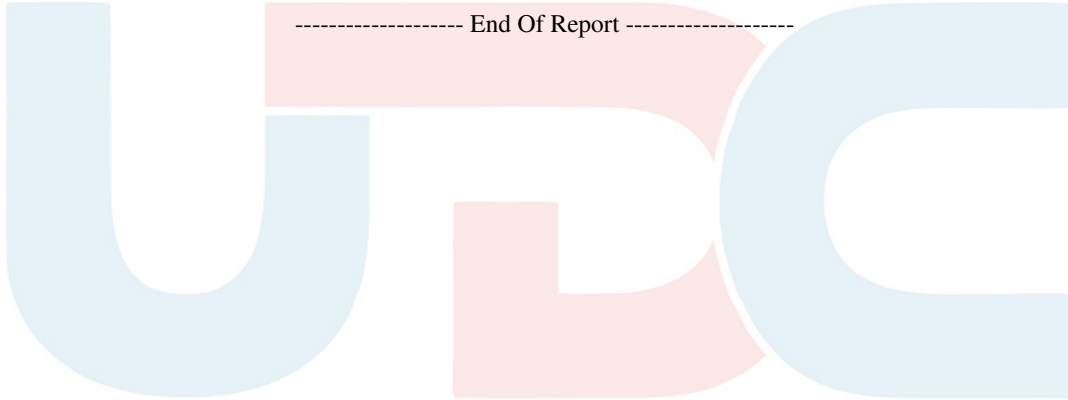
<u>Test</u>	<u>Result</u>	<u>Unit</u>	<u>Biological Ref. Range</u>
E.S.R (Westergren)	: 18	mm at 1hr	0-20 mm at 1hr

Method : Westergren`s

Done with: ErySed Random Access ESR analyzer

(Collected At: 28/09/2024 14:33:25, Received At: 28/09/2024 14:33:25, Reported At: 28/09/2024 19:54:21)

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Report Released : 28/09/2024 19:56

Sent By : UNIVERSAL DIAGNOSTIC CENTRE

LIPID PROFILE

Test	Result	Unit	Reference Range
Total Cholesterol	: 169.5	mg/dl	Desirable <200 Borderline high 200 - 239 High >240
S. Triglyceride	: 133.60	mg/dl	Desirable <150 Borderline high 150 - 199 High 200 - 499 Very high >500
HDL Cholesterol	: 35.60	mg/dl	Desirable >60 Borderline 40 - 60
LDL Cholesterol	: 107.18	mg/dl	Low <40 Optimal <100 Near optimal 100 - 129 Borderline high 130 - 159 High 160 - 189 Very high >190
VLDL Cholesterol	: 26.7	mg/dl	5 - 30 mg/dl
TC/HDL Ratio	: 4.8		0 - 4.5
LDL/HDL Ratio	: 3.0		0-3.5

BIOCHEMISTRY TEST DONE ON FULLY-AUTOMATED ANALYZER BS120.

(Collected At: 28/09/2024 14:33:25, Received At: 28/09/2024 14:33:25, Reported At: 28/09/2024 19:56:26)

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REPORT OF GAMMA GT

<u>Test</u>	<u>Result</u>	<u>Unit</u>	<u>Biological Ref. Range</u>
SERUM GAMMA GT	: 23.5	IU/L	7-35 IU/L

(Collected At: 28/09/2024 14:33:25, Received At: 28/09/2024 14:33:25, Reported At: 28/09/2024 19:56:43)

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PERIPHERAL SMEAR EXAMINATION

<u>Test</u>	<u>Result</u>	<u>Unit</u>	<u>Biological Ref. Range</u>
RBC Morphology	:	Normocytic, Normochromic	
WBC morphology	:	Normal	
Platelets on Smear	:	Adequate on smear.	
Malariaial Parasites	:	Not Seen	

Method - Microscopy

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Ref. By : SIDDHIVINAYAK HOSPITAL (APOLLO)

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Sent By : UNIVERSAL DIAGNOSTIC CENTRE

LIVER FUNCTION TEST

Test	Result	Unit	Biological Ref. Range
S. Bilirubin (Total)	: 0.34	mg/dl	0-1.2 mg/dl
S. Bilirubin (Direct)	: 0.21	mg/dl	0-0.40 mg/dl
S. Bilirubin (Indirect)	: 0.13	mg/dl	0-0.55 mg/dl
S. G. O.T	: 40.20	IU/L	0-42 IU/L
S. G. P. T	: 26.90	IU/L	0-42 IU/L
S. Alkaline Phosphatase	: 165.80	IU/L	40-306 IU/L
Total Proteins	: 7.00	gm/dl	6.-8 gm/dl
S. Albumin	: 3.9	gm/dl	3.5-5.0 gm/dl
S. Globulin	: 3.10	gm/dl	2.3-3.5 gm/dl
A/G Ratio	: 1.26		0.90-2.00

BIOCHEMISTRY TEST DONE ON FULLY-AUTOMATED ANALYZER BS120

(Collected At: 28/09/2024 14:33:25, Received At: 28/09/2024 14:33:25, Reported At: 28/09/2024 19:57:20)

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Reg. No.
Date: 28/9/24

Blood Urine Stool Vaccine ECG 2D Echo TMT X-Ray PFT Audio USG OPT Dr.

Employee's Name : Mrs. Jyoti Garg
 Blood Group : AB⁺
 Age/Sex : 35
 Contact No. : 9983229426

With Glass / Without Glasses

	Rt.	Lt.
NEAR	N/29	N/6
DISTANT	C/12	C/6
COLOUR VISION	(N)	(N)

PHYSIOLOGIC PARAMETERS :		
Ht. (Cms.)	Wt. (Kgs.)	BMI
164	87.7	

GENERAL EXAMINATION		SpO ₂ = 99%
Pulse (Min) :	75/m	BP (mm Hg) : 110/60 mmHg
R.R. (Min) :	22/m	Temp. : Afebr
Pallor :	NO	Icterus : NO
Clubbing :	NO	

COMPLAINTS : (Specify if any)
 • Chest pain on and off.
 • NO any fresh complaint.

ENT EXAMINATION (Specify if Abnormal)		
Ear	Nose	Tongue
Teeth	Tonsils	Gums

PAST HISTORY : HAD HYPOTHYROIDISM
NOT taking medicines.

SYSTEMIC EXAMINATION	
LOCOMOTOR SYSTEM	
RESPIRATORY SYSTEM	ABFT clear
CARDIOVASCULAR SYSTEM	3/2 (+)
CENTRAL NERVOUS SYSTEM	ANJEN
ABDOMEN	SOFT
GENITAL SYSTEM	
MUSCULOSKELETAL SYSTEM	

FAMILY HISTORY :
Father: DM + Rx.

SURGICAL HISTORY :
2 LSCS, 1 HEMIOPLASTY

PERSONAL HISTORY (Addiction if any)
 Chronic / Frequent / Occasional : _____
 Smoker / Tobacco Chewer / Alcoholic : _____

PFT	MEANS	PRED	% PRED
SVC			
FVC			
FEV1 / FVC			
Remark			

Audiometry	Frequency in Hz					
	500	1000	2000	4000	6000	8000
Right Ear						
Left Ear						
Remark						

DOCTOR SIGNATURE




Stable fit to resume
 normal duties.

ID: 68
Patient Name: Jyoti Mag

28-09-2024 09:45:41 AM

Diagnosis Information:
Sinus Rhythm
Normal ECG

Age: 35
Sex: M

BP = 110/80 mmHg

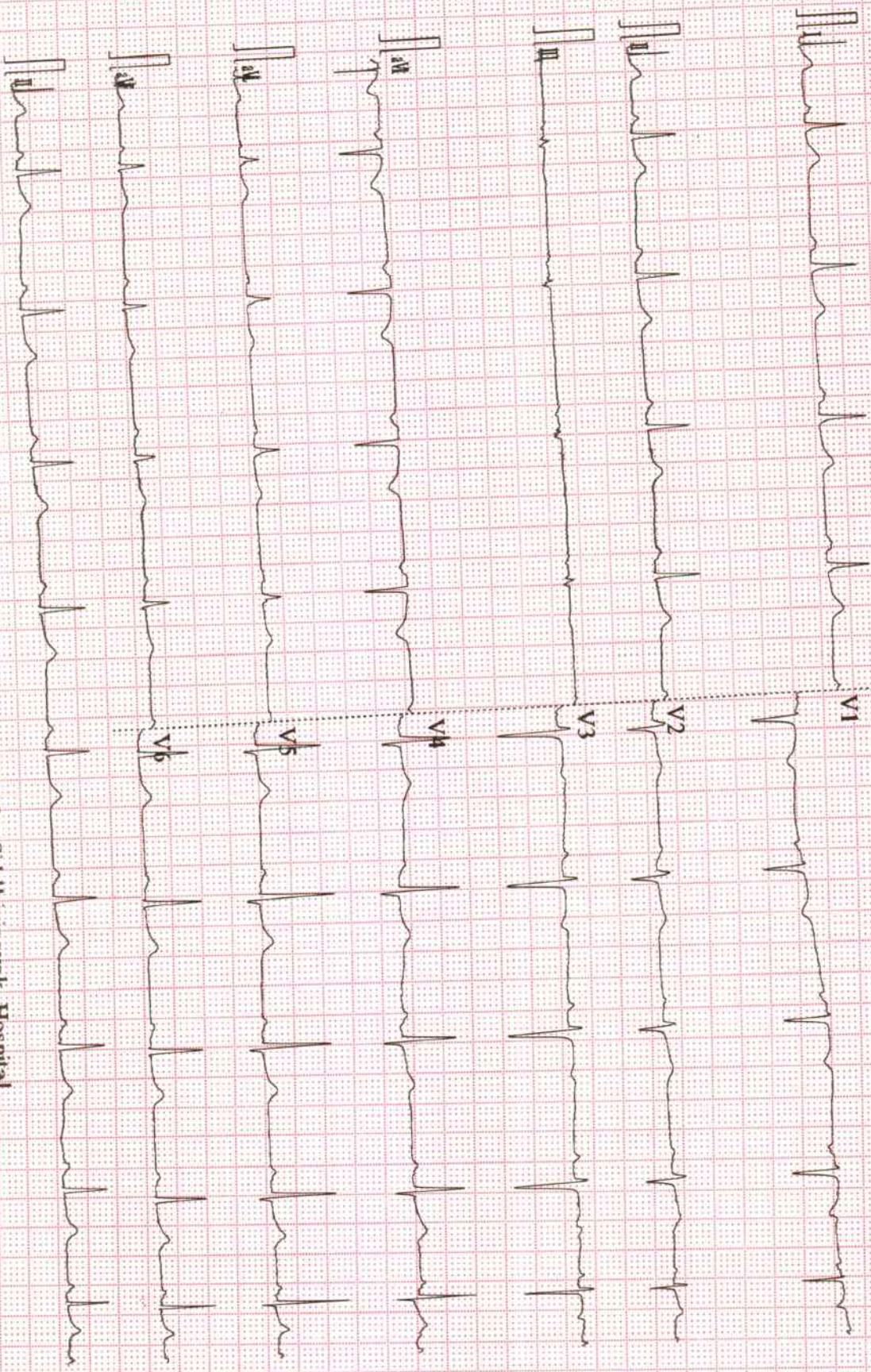
WT = 87.7 HT = 164
SP02 = 99% PR = 75 bpm

HR	: 60	bpm
P	: 99	ms
PR	: 170	ms
QRS	: 75	ms
QT/QTcBz	: 415/417	ms
P/QRST	: 212/232	ms
RV5/SV1	: 1.15/1.683	mV

Report Confirmed by:

[Handwritten Signature]
Dr. [Name]

MSR



10mm/mV 2*5.0s+1r

V221 SEMIP V192 Siddhivinayak Hospital



Name - Mrs. Jyoti Garg	Age - 35 Y/F
Ref by Dr.- Siddhivinayak Hospital	Date - 28/09/2024

USG ABDOMEN & PELVIS

FINDINGS:

The liver dimension is enlarged in size (19.0 cm). It appears normal in morphology with raised echogenicity. No evidence of intrahepatic ductal dilatation.

The GB-gallbladder is distended normally with no stones within.

The CBD- common bile duct is normal. The portal vein is normal.

The pancreas appears normal in morphology.

The spleen is normal in size and morphology

Both kidneys demonstrate normal morphology. Both kidneys show normal cortical echogenicity.

The right kidney measures 10.3 x 4.9cm.

The left kidney measures 9.9 x 4.5 cm.

Urinary bladder: normally distended. Wall thickness - normal.

Uterus : normal in size and morphology. Size: 8.6 x 4.6 x 4.7 cm.

Endometrium: 6.8 mm, it appears normal in morphology.

Right ovary is normal in size and morphology.

Left ovary is normal in size and morphology.

Adnexa appear normal

No free fluid is seen.

IMPRESSION:

- Hepatomegaly with fatty infiltration

DR. AMOL BENDRE

MBBS; DMRE

CONSULTANT RADIOLOGIST





Shloka
Divine Magic of healing
DIAGNOSTIC CENTRE

Name	JYOTI GARG	Age	035Y - F
Date	28/09/2024	Patient Id	PAT000732
Referring Doctor	SIDDHIVINAYAK HOSPITAL	Center	SHLOKA CT SCAN CENTRE

RADIOGRAPH OF CHEST PA VIEW

FINDINGS :-

The lungs on either side show equal translucency.
The peripheral pulmonary vasculature is normal.
No focal lung lesion is seen.
Bilateral CP angles are normal.
Both hila are normal in size, have equal density, and bear normal relationships.
The heart and trachea are central in position and no mediastinal abnormality is visible.
The cardiac size is normal.
The domes of the diaphragms are normal in position and show a smooth outline.

IMPRESSION :-

- **No significant abnormality detected.**

ADVICE :- Clinical correlation and follow up.



Dr. MANISH JOSHI
MBBS, DMRE
CONSULTANT RADIOLOGIST
Reg.no.2018041145

Scan QR to download report

SHLOKA DIAGNOSTIC CENTRE

Venture of Vedant Multi-speciality Hospital and Institute

📍 Gate No, S-2, Vedant Commercial Complex, Vartak Nagar, Thane (W), 400 606.

☎ 022-6848 4848 📠 8097370719 ✉ info@sholkahospital.com



ECHOCARDIOGRAM

NAME	MRS. JYOTI GARG
AGE/SEX	35 YRS/F
REFERRED BY	SIDDHIVINAYAK HOSPITAL
DATE OF EXAMINATION	28/09/2024

2D/M-MODE ECHOCARDIOGRAPHY

<p>VALVES:</p> <p>MITRAL VALVE:</p> <ul style="list-style-type: none"> • AML: Normal • PML: Normal • Sub-valvular deformity: Absent <p>AORTIC VALVE: Normal</p> <ul style="list-style-type: none"> • No. of cusps: 3 <p>PULMONARY VALVE: Normal</p> <p>TRICUSPID VALVE: Normal</p>	<p>CHAMBERS:</p> <p>LEFT ATRIUM: Normal</p> <ul style="list-style-type: none"> • Left atrial appendage: Normal <p>LEFT VENTRICLE: Normal</p> <ul style="list-style-type: none"> • RWMA: No • Contraction: Normal <p>RIGHT ATRIUM: Normal</p> <p>RIGHT VENTRICLE: Normal</p> <ul style="list-style-type: none"> • RWMA: No • Contraction: Normal
<p>GREAT VESSELS:</p> <ul style="list-style-type: none"> • AORTA: Normal • PULMONARY ARTERY: Normal 	<p>SEPTAE:</p> <ul style="list-style-type: none"> • IAS: Intact • IVS: Intact
<p>CORONARIES: Proximal coronaries normal</p>	<p>VENACAVAE:</p> <ul style="list-style-type: none"> • SVC: Normal • IVC: Normal and collapsing >20% with respiration
<p>CORONARY SINUS: Normal</p>	
<p>PULMONARY VEINS: Normal</p>	<p>PERICARDIUM: Normal</p>

MEASUREMENTS:

AORTA		LEFT VENTRICLE STUDY		RIGHT VENTRICLE STUDY	
PARAMETER	OBSERVED VALUE	PARAMETER	OBSERVED VALUE	PARAMETER	OBSERVED VALUE
Aortic annulus	20 mm	Left atrium	34 mm	Right atrium	mm
Aortic sinus	mm	LVIDd	48.7 mm	RVd (Base)	mm
Sino-tubular junction	mm	LVIDs	30.1 mm	RVEF	%
Ascending aorta	mm	IVSd	7.5 mm	TAPSE	mm
Arch of aorta	mm	LVPWd	7.5mm	MPA	mm
Desc. thoracic aorta	mm	LVEF	68 %	RVOT	mm
Abdominal aorta	mm	LVOT	mm	IVC	14.0 mm



COLOR - FLOW & DOPPLER ECHOCARDIOGRAPHY

NAME	MRS. JYOTI GARG
AGE/SEX	35 YRS/F
REFERRED BY	SIDDHIVINAYAK HOSPITAL
DATE OF EXAMINATION	28/092024

	MITRAL	TRICUSPID	AORTIC	PULMONARY
FLOW VELOCITY (m/s)			0.97	1.28
PPG (mmHg)				
MPG (mmHg)				
VALVE AREA (cm ²)				
DVI (ms)				
PR END DIASTOLIC VELOCITY (m/s)				
ACCELERATION/ DECELERATION TIME (ms)				
PHT (ms)				
VENA CONTRACTA (mm)				
REGURGITATION		TRJV= m/s PASP= mmHg		
E/A	1.6			
E/E'	7.5			

FINAL IMPRESSION: NORMAL STUDY

- No RWMA
- Normal LV systolic function (LVEF 68 %)
- Good RV systolic function
- Normal diastolic function
- All cardiac valves are normal
- All cardiac chambers are normal
- IAS/IVS intact
- No pericardial effusion/ clot/vegetations

ADVICE: Nil

ECHOCARDIOGRAPHER:

Dr. ANANT MUNDE

DNB, DM (CARDIOLOGY)

INTERVENTIONAL CARDIOLOGIST

Dr. Anant Ramkishanrao Munde

MBBS, DNB, DM (Cardiology)

Reg. No. 2005021228



UNIVERSAL DIAGNOSTIC CENTRE

S3/57, Vedant Complex, Pokharan Road No. 1, Vartak Nagar, Thane (W) 400 606.
Contact No: 022 47488444 / +91 9930081525. Email: udcpath@gmail.com



Name : MRS. JYOTI GARG

LABID : 12740

Sample Collection : 28/09/2024 14:33

Age : 35 Yrs. Sex : F

Sample Received : 28/09/2024 14:33

Ref. By : SIDDHIVINAYAK HOSPITAL (APOLLO)

Report Released : 28/09/2024 19:53

Sent By : UNIVERSAL DIAGNOSTIC CENTRE

COMPLETE BLOOD COUNT

Test	Result	Unit	Reference Range
Haemoglobin	14.0	gm/dl	14.0-18.0 gm/dl
RBC PARAMETERS			
Total R.B.C. Count	4.12	mill/cumm	4.5-6.5 mill/cumm
PCV	39.8	%	40-54 %
MCV	96.6	fl	76-90 fl
MCH	34.0	Pg	27-32 Pg
MCHC	35.2	gm/dl	30-35 gm/dl
RDW	12.3	%	11-14.5 %
WBC PARAMETERS			
Total W.B.C. Count	6500	per cumm	4000-11000 per cumm
Neutrophils	55	%	40-75 %
Lymphocytes	40	%	20-40 %
Monocytes	03	%	0 - 10 %
Eosoniphils	02	%	0 - 6 %
Basophils	0	%	0-1 %
Band Forms	0	%	0 - 0 %
PLATELET PARAMETERS			
Platelet Count	169000	per cu.mm.	150000 - 450000 per cu.mm.
MPV	10.5	fL	3-12 fL

PERIPHERIAL SMEAR FINDINGS:


WBC Morphology	:	Normal
RBC Morphology	:	Normocytic, Normochromic
Platelets on Smear	:	Adequate on smear.

EDTA Sample Proceesed On a Fully Automated 3-Part Analyzer H-360

(Collected At: 28/09/2024 14:33:25, Received At: 28/09/2024 14:33:25, Reported At: 28/09/2024 19:53:56)



Checked By -


Preeti Jaiswar
Senior Technician
ADMLT

Dr. Dhiraj Hivare
M.D. (PATH.)

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Contact No: 022 47488444 / +91 9930081525. Email: udcpath@gmail.com



12740 280924

Name : MRS. JYOTI GARG

LABID : 12740

Sample Collection : 28/09/2024 14:33

Age : 35 Yrs. Sex : F

Sample Received : 28/09/2024 14:33

Ref. By : SIDDHIVINAYAK HOSPITAL (APOLLO)

Report Released : 28/09/2024 19:53

Sent By : UNIVERSAL DIAGNOSTIC CENTRE

THYROID FUNCTION TEST

<u>Test</u>	<u>Result</u>	<u>Unit</u>	<u>Biological Ref. Range</u>
T3	: 1.5	ng/dl	0.60-2.0 ng/dl
T4	: 8.30	µg/dl	5.0-13.0 µg/dl
TSH	: 2.56	µU/ml	0.4 - 6.0 µU/ml

Method:ELISA METHOD

Interpretation

Decreased TSH with raised or within range T3 and T4 is seen in primary hyperthyroidism, toxic thyroid nodule, subclinical hyper-thyroidism, on thyroxine ingestion, post-partum and gestational thyrotoxicosis. Raised TSH with decreased T3 and T4 is seen in hypothyroidism and with intermittent T4 therapy. Alterations in TSH are also seen in non-thyroidal illnesses like HIV infection, chronic active hepatitis, estrogen producing tumors, pregnancy, new-born, steroids, glucocorticoids and may cause false thyroid levels for thyroid function tests as with increased age, marked variations in thyroid hormones are seen. In pregnancy T3 and T4 levels are raised, hence FT3 and FT4 is to be done to determine hyper or hypothyroidism.

(Collected At: 28/09/2024 14:33:25, Received At: 28/09/2024 14:33:25, Reported At: 29/09/2024 16:40:48)



Checked By -

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12740 280924

Name : MRS. JYOTI GARG

LABID : 12740

Sample Collection : 28/09/2024 14:33

Age : 35 Yrs. Sex : F

Sample Received : 28/09/2024 14:33

Ref. By : SIDDHIVINAYAK HOSPITAL (APOLLO)

Report Released : 28/09/2024 19:53

Sent By : UNIVERSAL DIAGNOSTIC CENTRE

FASTING AND POSTPRANDIAL PLASMA GLUCOSE

Test	Result	Unit	Biological Ref. Range
Fasting Plasma Glucose Method: Hexokinase	: 70.50	mg/dl	70-110 mg/dl
Fasting Urine Glucose	: Absent		Absent
Fasting Urine Ketone	: Absent		Absent
Post Prandial Plasma Glucose (2 Hrs.after lunch)	: 105.60	mg/dl	70 to 140 mg/dl
PP Urine Glucose	: Sample Not Received		
PP Urine Ketone	: Sample Not Received		
Method : Glucose Oxidase Peroxidase (GOD/POD)			

AS PER AMERICAN DIABETES ASSOCIATION 2010 UPDATE

FASTING GLUCOSE LEVEL-

- Normal glucose tolerance : 70-110 mg/dl
- Impaired Fasting glucose (IFG) : 110-125 mg/dl
- Diabetes mellitus : ≥ 126 mg/dl POSTPRANDIAL/POST GLUCOSE (75 grams)
- Normal glucose tolerance : 70-139 mg/dl - Impaired glucose tolerance : 140-199 mg/dl
- Diabetes mellitus : ≥ 200 mg/dl CRITERIA FOR DIAGNOSIS OF DIABETES MELLITUS - Fasting plasma glucose ≥ 126 mg/dl - Classical symptoms +Random plasma glucose ≥ 200 mg/dl
- Plasma glucose ≥ 200 mg/dl (2 hrs after 75 grams of glucose)
- Glycosylated haemoglobin $> 6.5\%$ ***Any positive criteria should be tested on subsequent day with same or other criteria.

BIOCHEMISRTY TEST DONE ON MERILYZER CLINIQUANT BIOCHEMISRTY ANALYZER

(Collected At: 28/09/2024 14:33:25, Received At: 28/09/2024 14:33:25, Reported At: 28/09/2024 21:09:06)



Checked By -

Preeti Jaiswar
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Contact No: 022 47488444 / +91 9930081525. Email: udcpath@gmail.com



Name : MRS. JYOTI GARG

LABID : 12740

Sample Collection : 28/09/2024 14:33

Age : 35 Yrs. Sex : F

Sample Received : 28/09/2024 14:33

Ref. By : SIDDHIVINAYAK HOSPITAL (APOLLO)

Report Released : 28/09/2024 19:53

Sent By : UNIVERSAL DIAGNOSTIC CENTRE

GLYCOSYLATED-HAEMOGLOBIN (GHb)/ HbA1C BY HPLC

Test	Result	Unit	Reference Range
HbA1C	5.8	%	Normal : 4 - 6.2% Prediabetic : < 7 % Diabetes : > 8 %
Estimated average Glucose: (eAG)	119.76	mg / dl	70-140 mg / dl

Method: Particle enhanced immunoturbidimetric test

NOTE:

CLINICAL SIGNIFICANCE

Hemoglobin A1c (HbA1c) is a glycosylated hemoglobin which is formed by the non enzymatic reaction of glucose with native hemoglobin. This process runs continuously throughout the circulatory life of the red cell (average life time 100 - 120 days).

The rate of glycation is directly proportional to the concentration of glucose in the blood. The blood level of HbA1c represents the average blood glucose level over the preceding 6 to 8 weeks (due to the kinetics of erythrocyte turnover this period is more affected by the blood glucose level than the preceding weeks).

Therefore, HbA1c is suitable for retrospective long term monitoring of blood glucose concentration in individuals with diabetes mellitus. Clinical studies have shown that lowering of HbA1c level can help to prevent or delay the incidence of late diabetic complications. As the amount of HbA1c also depends on the total quantity of hemoglobin, the reported HbA1c value is indicated as a percentage of the total hemoglobin concentration. Falsely low values (low HbA1c despite high blood glucose) may occur in people with conditions with shortened red blood cell survival (hemolytic diseases) or significant recent blood loss (higher fraction of young erythrocytes). Falsely high values (high HbA1c despite normal blood glucose) have been reported in iron deficiency anemia (high proportion of old erythrocytes). These circumstances have to be considered in clinical interpretation of HbA1c values

(Collected At: 28/09/2024 14:33:25, Received At: 28/09/2024 14:33:25, Reported At: 28/09/2024 21:09:12)

----- End Of Report -----



Checked By -

Preeti Jaiswar
Senior Technician
ADMLT

Dr. Dhiraj Hivare
M.D. (PATH.)

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UNIVERSAL DIAGNOSTIC CENTRE

S3/57, Vedant Complex, Pokharan Road No. 1, Vartak Nagar, Thane (W) 400 606.
Contact No: 022 47488444 / +91 9930081525. Email: udcpath@gmail.com



Name : MRS. JYOTI GARG

LABID : 12740

Sample Collection : 28/09/2024 14:33

Age : 35 Yrs. Sex : F

Sample Received : 28/09/2024 14:33

Ref. By : SIDDHIVINAYAK HOSPITAL (APOLLO)

Report Released : 28/09/2024 21:21

Sent By : UNIVERSAL DIAGNOSTIC CENTRE

BLOOD GROUP

Test	Result	Unit	Biological Ref. Range
ABO Group	: AB		
RH Factor	: POSITIVE		

Slide agglutination test

Slide Agglutination Test

(Collected At: 28/09/2024 14:33:25, Received At: 28/09/2024 14:33:25, Reported At: 28/09/2024 21:21:21)

RENAL FUNCTION TESTS

Test	Result	Unit	Biological Ref. Range
Blood Urea Method: Urease UV/GLDH	: 31.20	mg/dl	10-50 mg/dl
Blood Urea Nitrogen	: 14.54	mg/dl	5-18 mg/dl
S. Creatinine Method: Modified Jaffe's	: 0.98	mg/dl	0.7-1.3 mg/dl
S. Uric Acid	: 5.0	mg/dl	3.5-7.2 mg/dl
Total Proteins	: 7.0	gm/dl	6.0-8.0 gm/dl
S. Albumin	: 3.9	gm/dl	3.5-5.0 gm/dl
S. Globulin	: 3.10	gm/dl	2.3-3.5 gm/dl
A/G Ratio	: 1.26		0.90-2.00
Calcium	: 10.20	mg/dl	8.5-11.0 mg/dl
S. Phosphorus	: 3.6	mg/dl	2.5-5.0 mg/dl
S. Sodium	: 140.20	mmol/L	135-155 mmol/L
S. Potassium	: 3.98	mmol/L	3.5-5.0 mmol/L
S. Chloride	: 99.80	mmol/L	98-110 mmol/L

BIOCHEMISTRY TEST DONE ON FULLY-AUTOMATED ANALYZER BS120

ELECTROLYTE TEST DONE ON EL-120 ANALYZER

(Collected At: 28/09/2024 14:33:25, Received At: 28/09/2024 14:33:25, Reported At: 28/09/2024 19:55:46)

----- End Of Report -----



Checked By -

Preeti Jaiswar
Senior Technician
ADMLT

Dr. Dhiraj Hivare
M.D. (PATH.)

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UNIVERSAL DIAGNOSTIC CENTRE

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Contact No: 022 47488444 / +91 9930081525. Email: udcpath@gmail.com



12740 280924

Name : MRS. JYOTI GARG

LABID : 12740

Sample Collection : 28/09/2024 14:33

Age : 35 Yrs. Sex : F

Sample Received : 28/09/2024 14:33

Ref. By : SIDDHIVINAYAK HOSPITAL (APOLLO)

Report Released : 28/09/2024 19:54

Sent By : UNIVERSAL DIAGNOSTIC CENTRE

ERYTHROCYTE SEDIMENTATION RATE (WESTERGREN'S)

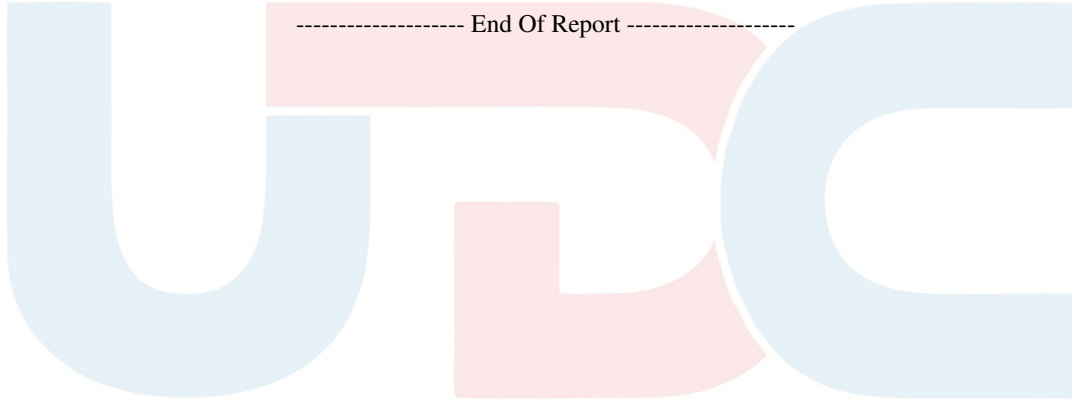
<u>Test</u>	<u>Result</u>	<u>Unit</u>	<u>Biological Ref. Range</u>
E.S.R (Westergren)	: 18	mm at 1hr	0-20 mm at 1hr

Method : Westergren`s

Done with: ErySed Random Access ESR analyzer

(Collected At: 28/09/2024 14:33:25, Received At: 28/09/2024 14:33:25, Reported At: 28/09/2024 19:54:21)

----- End Of Report -----



Checked By -

Preeti Jaiswar
Senior Technician
ADMLT

Dr. Dhiraj Hivare
M.D. (PATH.)

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Contact No: 022 47488444 / +91 9930081525. Email: udcpath@gmail.com



12740 280924

Name : MRS. JYOTI GARG

LABID : 12740

Sample Collection : 28/09/2024 14:33

Age : 35 Yrs. Sex : F

Sample Received : 28/09/2024 14:33

Ref. By : SIDDHIVINAYAK HOSPITAL (APOLLO)

Report Released : 28/09/2024 19:56

Sent By : UNIVERSAL DIAGNOSTIC CENTRE

LIPID PROFILE

Test	Result	Unit	Reference Range
Total Cholesterol	: 169.5	mg/dl	Desirable <200 Borderline high 200 - 239 High >240
S. Triglyceride	: 133.60	mg/dl	Desirable <150 Borderline high 150 - 199 High 200 - 499 Very high >500
HDL Cholesterol	: 35.60	mg/dl	Desirable >60 Borderline 40 - 60
LDL Cholesterol	: 107.18	mg/dl	Low <40 Optimal <100 Near optimal 100 - 129 Borderline high 130 - 159 High 160 - 189 Very high >190
VLDL Cholesterol	: 26.7	mg/dl	5 - 30 mg/dl
TC/HDL Ratio	: 4.8		0 - 4.5
LDL/HDL Ratio	: 3.0		0-3.5

BIOCHEMISTRY TEST DONE ON FULLY-AUTOMATED ANALYZER BS120.

(Collected At: 28/09/2024 14:33:25, Received At: 28/09/2024 14:33:25, Reported At: 28/09/2024 19:56:26)

----- End Of Report -----



Checked By -

Preeti Jaiswar
Senior Technician
ADMLT

Dr. Dhiraj Hivare
M.D. (PATH.)

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UNIVERSAL DIAGNOSTIC CENTRE

S3/57, Vedant Complex, Pokharan Road No. 1, Vartak Nagar, Thane (W) 400 606.
Contact No: 022 47488444 / +91 9930081525. Email: udcpath@gmail.com



12740 280924

Name : MRS. JYOTI GARG

LABID : 12740

Sample Collection : 28/09/2024 14:33

Age : 35 Yrs. Sex : F

Sample Received : 28/09/2024 14:33

Ref. By : SIDDHIVINAYAK HOSPITAL (APOLLO)

Report Released : 28/09/2024 19:56

Sent By : UNIVERSAL DIAGNOSTIC CENTRE

REPORT OF GAMMA GT

<u>Test</u>	<u>Result</u>	<u>Unit</u>	<u>Biological Ref. Range</u>
SERUM GAMMA GT	: 23.5	IU/L	7-35 IU/L

(Collected At: 28/09/2024 14:33:25, Received At: 28/09/2024 14:33:25, Reported At: 28/09/2024 19:56:43)

----- End Of Report -----



Checked By -

Preeti Jaiswar
Senior Technician
ADMLT

Dr. Dhiraj Hivare
M.D. (PATH.)

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UNIVERSAL DIAGNOSTIC CENTRE

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Contact No: 022 47488444 / +91 9930081525. Email: udcpath@gmail.com



12740 280924

Name : MRS. JYOTI GARG

LABID : 12740

Sample Collection : 28/09/2024 14:33

Age : 35 Yrs. Sex : F

Sample Received : 28/09/2024 14:33

Ref. By : SIDDHIVINAYAK HOSPITAL (APOLLO)

Report Released : 28/09/2024 19:56

Sent By : UNIVERSAL DIAGNOSTIC CENTRE

PERIPHERAL SMEAR EXAMINATION

<u>Test</u>	<u>Result</u>	<u>Unit</u>	<u>Biological Ref. Range</u>
RBC Morphology	:	Normocytic, Normochromic	
WBC morphology	:	Normal	
Platelets on Smear	:	Adequate on smear.	
Malaria Parasites	:	Not Seen	

Method - Microscopy

(Collected At: 28/09/2024 14:33:25, Received At: 28/09/2024 14:33:25, Reported At: 28/09/2024 19:56:53)

----- End Of Report -----



Checked By -

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Senior Technician
ADMLT

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M.D. (PATH.)

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12740 280924

Name : MRS. JYOTI GARG

LABID : 12740

Sample Collection : 28/09/2024 14:33

Age : 35 Yrs. Sex : F

Sample Received : 28/09/2024 14:33

Ref. By : SIDDHIVINAYAK HOSPITAL (APOLLO)

Report Released : 28/09/2024 19:57

Sent By : UNIVERSAL DIAGNOSTIC CENTRE

LIVER FUNCTION TEST

Test	Result	Unit	Biological Ref. Range
S. Bilirubin (Total)	: 0.34	mg/dl	0-1.2 mg/dl
S. Bilirubin (Direct)	: 0.21	mg/dl	0-0.40 mg/dl
S. Bilirubin (Indirect)	: 0.13	mg/dl	0-0.55 mg/dl
S. G. O.T	: 40.20	IU/L	0-42 IU/L
S. G. P. T	: 26.90	IU/L	0-42 IU/L
S. Alkaline Phosphatase	: 165.80	IU/L	40-306 IU/L
Total Proteins	: 7.00	gm/dl	6.-8 gm/dl
S. Albumin	: 3.9	gm/dl	3.5-5.0 gm/dl
S. Globulin	: 3.10	gm/dl	2.3-3.5 gm/dl
A/G Ratio	: 1.26		0.90-2.00

BIOCHEMISTRY TEST DONE ON FULLY-AUTOMATED ANALYZER BS120

(Collected At: 28/09/2024 14:33:25, Received At: 28/09/2024 14:33:25, Reported At: 28/09/2024 19:57:20)

----- End Of Report -----



Checked By -

Preeti Jaiswar
Senior Technician
ADMLT

Dr. Dhiraj Hivare
M.D. (PATH.)

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