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Date **24/02/2024 11:44:03 AM**
Name **Mrs. ANJALI PANGTEY**
Ref. By **Dr. SAURABH MAYANK**

Srl No. **1017**
Age **26 Yrs.**
Sex **F**

UHID No. **OPD-65947**
Printed on **20/03/2024 04:01 PM**

Test Name	Value	Unit	Normal Value
<u>COMPLETE HAEMOGRAM</u>			
Erba Mannheim Elite 580			
HAEMOGLOBIN (Hb)	11.9	gm / dL	11.5 - 16.5
TOTAL LEUCOCYTE COUNT (TLC)	6,030	cells / cu mm	4000 - 11000
<u>DIFFERENTIAL LEUCOCYTE COUNT (DLC)</u>			
NEUTROPHIL	67	%	40 - 75
LYMPHOCYTE	21	%	20 - 40
EOSINOPHIL	06	%	01 - 06
MONOCYTE	06	%	02 - 10
BASOPHIL	00	%	0 - 0
RBC COUNT	4.19	million / cu mm	3.8 - 4.8
P.C.V / HAEMATOCRIT	35.7	%	35 - 45
M C V	85.203	fl.	80 - 100
M C H	28.401	Picogram	27.0 - 31.0
M C H C	33.33	gm / dL	32 - 36
PLATELET COUNT	2,39,000	Lakh / cu mm	150000 - 400000
ESR	90	mm / 1st hr	0 - 20
VESMATIC EASY - AUTOMATED			

HAEMATOLOGY

BLOOD GROUP ABO "A"
RH TYPING POSITIVE

LIVER FUNCTION TEST (LFT)

Roche cobas c 311			
BILIRUBIN TOTAL	0.74	mg / dL	0 - 1.2
DPD			
CONJUGATED (D. Bilirubin)	0.25	mg / dL	0.00 - 0.30
Jendrassik-Grof			
UNCONJUGATED (I.D. Bilirubin)	0.49	mg / dL	0.00 - 0.70

LAB TECHNICIAN

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Test Name	Value	Unit	Normal Value
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	18.8	IU / L	5.0 - 45.0
SGPT IFCC	20.8	IU / L	5.0 - 49.0
ALKALINE PHOSPHATASE IFCC	86.0	U / L	60.0 - 170.0
GAMMA GT IFCC	13.1	IU / L	6.0 - 42.0
THYROID PROFILE MINI VIDAS : BIOMERIEUX			
T3 ELFA Method	0.96	ng / mL	0.60 - 1.81
T4 ELFA Method	6.96	ug / dL	4.5 - 10.9
TSH ELFA Method	2.21	uIU / mL	0.35 - 5.50

REFERENCE RANGE

PAEDIATRIC AGE GROUP

0-3 DAYS	1.0 - 20	uIU / mL
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

ADULTS 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.

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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.

BIOCHEMISTRY

BLOOD SUGAR FASTING HEXOKINASE	92.4	mg / dL	60.0 - 110.0
BLOOD SUGAR PP HEXOKINASE	110.6	mg/dl	80.0 - 140.0
SERUM L.D.H	304.0	U / L	0.0 - 250

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. Many inflammatory cells. Bacilli seen on hazy background. No fungal element seen.
 No atypical cell / Malignant cells seen.

IMPRESSION:- NILM - ACUTE INFLAMMATION SMEAR.

KINDLY CORRELATE CLINICALLY.

Repeat PAP smear after inflammatory subsided.

KIDNEY FUNCTION TEST (KFT)

Roche cobas c 311

BLOOD UREA Urease / GLDH	17.7	mg / dL	15.0 - 40.0
SERUM CREATININE Jaffe	0.63	mg / dL	0.6 - 1.2
SERUM URIC ACID Enzymatic	2.3	mg / dL	2.4 - 6.0
SODIUM ISE	141.2	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	8.0	mg / dL	8.6 - 10.0
INORGANIC PHOSPHORUS molybdate UV	3.1	mg / dL	2.5 - 5.0
TOTAL PROTEIN Biuret	5.6	gm / dL	6.6 - 8.3
ALBUMIN BCP	3.8	gm / dL	3.5 - 5.5
TOTAL CHOLESTEROL CHOD-PAP	126.0	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. Anjali Pangtey

Age/Sex-26Y/F

UHID NO-65947

Date: 24/Feb/2024

REF.BY- Dr. (MAJ) Saurabh Mayank

USG WHOLE ABDOMEN

LIVER: is normal in size, measures approx 12.3 cms and has a normal homogeneous echotexture.

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

GALL BLADDER: is partially distended with normal wall thickness.

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 (~9.4 cms) and has a normal homogeneous echotexture.

RIGHT KIDNEY: is normal in size and echotexture.

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

LEFT KIDNEY: is normal in size and echotexture.

- Cortical echogenicity is normal.
- Cortico-medullary demarcation is maintained.
- Parenchymal thickness appears normal.
- 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 8.6 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.