

Visit ID	: YOD651410	UHID/MR No	: YOD.0000628527
Patient Name	: Mrs. GOLILAVANYA	Client Code	: YOD-DL-0021
Age/Gender	: 39 Y 0 M 0 D /F	Barcode No	: 10965624
DOB	:	Registration	: 09/Mar/2024 11:51AM
Ref Doctor	: SELF	Collected	: 09/Mar/2024 11:41AM
Client Name	: MEDI WHEELS	Received	:
Client Add	: F-701, Lado Sarai, Mehravli, N	Reported	: 09/Mar/2024 02:49PM
Hospital Name	:		

DEPARTMENT OF RADIOLOGY**ULTRASOUND WHOLE ABDOMEN & PELVIS**

Clinical Details : General check-up.

LIVER: Normal in size (129mm) and echo-texture. No focal lesion is seen. Intra hepatic biliary channels are not dilated. Visualized common bile duct & portal vein appears normal.

GALL BLADDER: Well distended. No evidence of calculi / wall thickening.

PANCREAS: Normal in size and echotexture. No ductal dilatation. No calcifications / calculi.

SPLEEN: Normal in size (99mm) and echotexture. No focal lesion is seen.

RIGHT KIDNEY: measures 99x41mm. Normal in size and echotexture. Cortico-medullary differentiation well maintained. No focal lesion is seen. Collecting system does not show any dilatation or calculus.

LEFT KIDNEY: measures 96x34mm. Normal in size and echotexture. Cortico-medullary differentiation well maintained. No focal lesion is seen. Collecting system does not show any dilatation or calculus.

URINARY BLADDER: Well distended. No evidence of calculi or wall thickening.

UTERUS: Anteverted, measures 79x44x39mm, normal in size. Myometrium shows normal echo-texture. No focal lesion is seen. Endometrial thickness is normal (4mm).

OVARIES: Both ovaries are normal in size & echotexture. No adnexal lesion seen.

Right ovary measures 28x12mm and left ovary measures 27x12mm.

No enlarged nodes are visualized. No retro-peritoneal lesion is identified. Great vessels appear normal. No free fluid is seen in pelvis.

IMPRESSION:

- No obvious sonographic abnormality detected.

Verified By :
Syed Hyder Ali



Approved By :


Dr. S. SHRAVAN KUMAR
(DNB)
CONSULTANT RADIOLOGIST

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DEPARTMENT OF RADIOLOGY**CHEST X-RAY (PA VIEW)****FINDINGS:**

Trachea is midline.

Mediastinal outline, and cardiac silhouette are normal.

Bilateral lung fields show normal vascular pattern with no focal lesion.

Bilateral hila are normal in density.

Bilateral costo-phrenic angles and domes of diaphragms are normal.

The rib cage and visualized bones appear normal.

IMPRESSION:

- No significant abnormality detected.

Suggested clinical correlation and follow up

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Syed Hyder Ali



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CONSULTANT RADIOLOGIST

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DEPARTMENT OF HAEMATOLOGY

Test Name	Result	Unit	Biological Ref. Range	Method
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ESR (ERYTHROCYTE SEDIMENTATION RATE)

Sample Type : WHOLE BLOOD EDTA

ERYTHROCYTE SEDIMENTATION RATE	13	mm/1st hr	0 - 15	Capillary Photometry
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COMMENTS:

ESR is an acute phase reactant which indicates presence and intensity of an inflammatory process. It is never diagnostic of a specific disease. It is used to monitor the course or response to treatment of certain diseases. Extremely high levels are found in cases of malignancy, hematologic diseases, collagen disorders and renal diseases.

Increased levels may indicate: Chronic renal failure (e.g., nephritis, nephrosis), malignant diseases (e.g., multiple myeloma, Hodgkin disease, advanced Carcinomas), bacterial infections (e.g., abdominal infections, acute pelvic inflammatory disease, syphilis, pneumonia), inflammatory diseases (e.g. temporal arteritis, polymyalgia rheumatic, rheumatoid arthritis, rheumatic fever, systemic lupus erythematosus [SLE]), necrotic diseases (e.g., acute myocardial infarction, necrotic tumor, gangrene of an extremity), diseases associated with increased proteins (e.g., hyperfibrinogenemia, macroglobulinemia), and severe anemias (e.g., iron deficiency or B12 deficiency).

Falsely decreased levels may indicate: Sickle cell anemia, spherocytosis, hypofibrinogenemia, or polycythemia vera.

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Approved By :



DR PRANITHA ANAPINDI
MD , CONSULTANT PATHOLOGIST

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DEPARTMENT OF HAEMATOLOGY

Test Name	Result	Unit	Biological Ref. Range	Method
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BLOOD GROUP ABO & RH Typing
Sample Type : WHOLE BLOOD EDTA

ABO	B			
Rh Typing	POSITIVE			

Method : Hemagglutination Tube method by forward and reverse grouping
COMMENTS:

The test will detect common blood grouping system A, B, O, AB and Rhesus (RhD). Unusual blood groups or rare subtypes will not be detected by this method. Further investigation by a blood transfusion laboratory, will be necessary to identify such groups.

Disclaimer: There is no trackable record of previous ABO & RH test for this patient in this lab. Please correlate with previous blood group findings. Advsiied cross matching before transfusion

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DEPARTMENT OF HAEMATOLOGY

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CBC (COMPLETE BLOOD COUNT)
Sample Type : WHOLE BLOOD EDTA

HAEMOGLOBIN (HB)	13.7	g/dl	12.0 - 15.0	Cyanide-free SLS method
RBC COUNT (RED BLOOD CELL COUNT)	4.17	million/cmm	3.80 - 4.80	Impedance
PCV/HAEMATOCRIT	40.6	%	36.0 - 46.0	RBC pulse height detection
MCV	97.5	fL	83 - 101	Automated/Calculated
MCH	32.8	pg	27 - 32	Automated/Calculated
MCHC	33.6	g/dl	31.5 - 34.5	Automated/Calculated
RDW - CV	16.2	%	11.0-16.0	Automated Calculated
RDW - SD	58.1	fl	35.0-56.0	Calculated
MPV	9.2	fL	6.5 - 10.0	Calculated
PDW	16.7	fL	8.30-25.00	Calculated
PCT	0.274	%	0.15-0.62	Calculated
TOTAL LEUCOCYTE COUNT	6,140	cells/ml	4000 - 11000	Flow Cytometry
DLC (by Flow cytometry/Microscopy)				
NEUTROPHIL	52	%	40 - 80	Impedance
LYMPHOCYTE	37.8	%	20 - 40	Impedance
EOSINOPHIL	6.0	%	01 - 06	Impedance
MONOCYTE	3.8	%	02 - 10	Impedance
BASOPHIL	0.4	%	0 - 1	Impedance
PLATELET COUNT	2.86	Lakhs/cumm	1.50 - 4.10	Impedance

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DEPARTMENT OF BIOCHEMISTRY

Test Name	Result	Unit	Biological Ref. Range	Method
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THYROID PROFILE (T3,T4,TSH)
Sample Type : SERUM

T3	0.78	ng/ml	0.60 - 1.78	CLIA
T4	11.63	ug/dl	4.82-15.65	CLIA
TSH	3.23	uIU/mL	0.30 - 5.60	CLIA

INTERPRETATION:

1. Serum T3, T4 and TSH are the measurements form three components of thyroid screening panel and are useful in diagnosing various disorders of thyroid gland function.
2. Primary hyperthyroidism is accompanied by elevated serum T3 and T4 values along with depressed TSH levels.
3. Primary hypothyroidism is accompanied by depressed serum T3 and T4 values and elevated serum TSH levels.
4. Normal T4 levels accompanied by high T3 levels are seen in patients with T3 thyrotoxicosis. Slightly elevated T3 levels may be found in pregnancy and in estrogen therapy while depressed levels may be encountered in severe illness, malnutrition, renal failure and during therapy with drugs like propranolol and propylthiouracil.
5. Although elevated TSH levels are nearly always indicative of primary hypothyroidism, rarely they can result from TSH secreting pituitary tumors (secondary hyperthyroidism).
6. Low levels of Thyroid hormones (T3, T4 & FT3, FT4) are seen in cases of primary, secondary and tertiary hypothyroidism and sometimes in non-thyroidal illness also.
7. Increased levels are found in Grave's disease, hyperthyroidism and thyroid hormone resistance.
8. TSH levels are raised in primary hypothyroidism and are low in hyperthyroidism and secondary hypothyroidism.

9. REFERENCE RANGE :

PREGNANCY	TSH in uIU/mL
1st Trimester	0.60 - 3.40
2nd Trimester	0.37 - 3.60
3rd Trimester	0.38 - 4.04

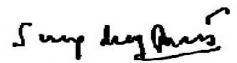
(References range recommended by the American Thyroid Association)

Comments:

1. During pregnancy, Free thyroid profile (FT3, FT4 & TSH) is recommended.
2. TSH levels are subject to circadian variation, reaches peak levels between 2-4 AM and at a minimum between 6-10 PM. The variation of the day has influence on the measured serum TSH concentrations.

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Approved By :


 SURYADEEP PRATAP
 Senior Biochemist

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DEPARTMENT OF BIOCHEMISTRY

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LIVER FUNCTION TEST(LFT)

Sample Type : SERUM				
TOTAL BILIRUBIN	0.70	mg/dl	0.3 - 1.2	JENDRASSIK & GROFF
CONJUGATED BILIRUBIN	0.13	mg/dl	0 - 0.2	DPD
UNCONJUGATED BILIRUBIN	0.57	mg/dl		Calculated
AST (S.G.O.T)	19	U/L	< 35	KINETIC WITHOUT P5P-IFCC
ALT (S.G.P.T)	15	U/L	< 35	KINETIC WITHOUT P5P-IFCC
ALKALINE PHOSPHATASE	96	U/L	30 - 120	IFCC-AMP BUFFER
TOTAL PROTEINS	7.6	gm/dl	6.6 - 8.3	Biuret
ALBUMIN	4.3	gm/dl	3.5 - 5.2	BCG
GLOBULIN	3.3	gm/dl	2.0 - 3.5	Calculated
A/G RATIO	1.30			Calculated

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DEPARTMENT OF BIOCHEMISTRY

Test Name	Result	Unit	Biological Ref. Range	Method
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HBA1C

Sample Type : WHOLE BLOOD EDTA

HBA1c RESULT	5.3	%	Normal Glucose tolerance (non-diabetic): <5.7% Pre-diabetic: 5.7-6.4% Diabetic Mellitus: >6.5%	HPLC
ESTIMATED AVG. GLUCOSE	105	mg/dl		

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.
 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 .

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 Syed Hyder Ali



Approved By :

Suryadeep Pratap
 SURYADEEP PRATAP
 Senior Biochemist

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DEPARTMENT OF BIOCHEMISTRY

Test Name	Result	Unit	Biological Ref. Range	Method
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BLOOD UREA NITROGEN (BUN)

Sample Type : Serum				
SERUM UREA	13	mg/dL	13 - 43	Urease GLDH
Blood Urea Nitrogen (BUN)	6.1	mg/dl	5 - 25	GLDH-UV

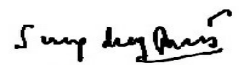
Increased In:
 Impaired kidney function, Reduced renal blood flow {CHF, Salt and water depletion, (vomiting, diarrhea, diuresis, sweating), Shock}, Any obstruction of urinary tract, Increased protein catabolism, AMI, Stress

Decreased In:
 Diuresis (e.g. with over hydration), Severe liver damage, Late pregnancy, Infancy, Malnutrition, Diet (e.g., low-protein and high-carbohydrate, IV feedings only), Inherited hyperammonemias (urea is virtually absent in blood)

Limitations:
 Urea levels increase with age and protein content of the diet.

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SERUM CREATININE

Sample Type : SERUM				
SERUM CREATININE	0.64	mg/dl	0.60 - 1.10	KINETIC-JAFFE

Increased In:

- Diet: ingestion of creatinine (roast meat), Muscle disease: gigantism, acromegaly,
- Impaired kidney function.

Decreased In:

- Pregnancy: Normal value is 0.4-0.6 mg/dL. A value >0.8 mg/dL is abnormal and should alert the clinician to further diagnostic evaluation.
- Creatinine secretion is inhibited by certain drugs (e.g., cimetidine, trimethoprim).

Verified By :
Syed Hyder Ali



Approved By :

Suryadeep Pratap
SURYADEEP PRATAP
 Senior Biochemist

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DEPARTMENT OF BIOCHEMISTRY

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GGT (GAMMA GLUTAMYL TRANSPEPTIDASE)

Sample Type : SERUM

GGT	15	U/L	0 - 55.0	KINETIC-IFCC
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INTERPRETATION:

GGT functions in the body as a transport molecule, helping to move other molecules around the body. It plays a significant role in helping the liver metabolize drugs and other toxins. Increased GGT include overuse of alcohol, chronic viral hepatitis, lack of blood flow to the liver, liver tumor, cirrhosis, or scarred liver, overuse of certain drugs or other toxins, heart failure, diabetes, pancreatitis, fatty liver disease.

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URIC ACID -SERUM

Sample Type : SERUM				
SERUM URIC ACID	4.6	mg/dl	2.6 - 6.0	URICASE - PAP

Interpretation

Uric acid is the final product of purine metabolism in the human organism. Uric acid measurements are used in the diagnosis and treatment of numerous renal and metabolic disorders, including renal failure, gout, leukemia, psoriasis, starvation or other wasting conditions, and of patients receiving cytotoxic drugs.

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DEPARTMENT OF BIOCHEMISTRY

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BUN/CREATININE RATIO

Sample Type : SERUM				
Blood Urea Nitrogen (BUN)	6.1	mg/dl	5 - 25	GLDH-UV
SERUM CREATININE	0.64	mg/dl	0.60 - 1.10	KINETIC-JAFFE
BUN/CREATININE RATIO	9.48	Ratio	6 - 25	Calculated

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DEPARTMENT OF RADIOLOGY**2D ECHO DOPPLER STUDY**

MITRAL VALVE : Normal
AORTIC VALVE : Normal
TRICUSPID VALVE : Normal
PULMONARY VALVE : Normal
RIGHT ATRIUM : Normal
RIGHT VENTRICLE : Normal
LEFT ATRIUM : 3.0 cms
LEFT VENTRICLE :
EDD : 4.4 cm IVS(d) : 0.8 cm LVEF : 66 %
ESD : 2.4m PW (d) : 0.8 cm FS : 33 %
No RWMA

IAS : Intact
IVS : Intact
AORTA : 2.4 cms
PULMONARY ARTERY : Normal
PERICARDIUM : Normal
IVS/ SVC/ CS : Normal

Verified By :
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Approved By :


Dr. D. Madhav Kumar
PGDDRM (U.K.)
MBBS, PGDCC (Dip. Cardiology)
Cardiologist

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DEPARTMENT OF RADIOLOGY

PULMONARY VEINS : Normal

INTRA CARDIAC MASSES : No

DOPPLER STUDY :

MITRAL FLOW : E :0.8 m/sec, A :0.5 m/sec.

AORTIC FLOW : 1.0 m/sec

PULMONARY FLOW : 0.7 m/sec


TRICUSPID FLOW : TRJV :2.0 m/sec, RVSP : 25 mmHg

COLOUR FLOW MAPPING: TRIVIAL TR/PR MILD MR**IMPRESSION :**

- * NO RWMA OF LV
- * NORMAL LV SYSTOLIC FUNCTION
- * NORMAL LV FILLING PATTERN
- * MILD MR
- * TRIVIAL PR/TR (RVSP:25mmHg)
- * NO PE / CLOT / PAH

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DEPARTMENT OF CLINICAL PATHOLOGY

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Ref Doctor : SELF	Collected : 09/Mar/2024 11:59AM
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Client Add : F-701, Lado Sarai, Mehravli, N	Reported : 09/Mar/2024 01:50PM
Hospital Name :	

DEPARTMENT OF CLINICAL PATHOLOGY

Test Name	Result	Unit	Biological Ref. Range	Method
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CUE (COMPLETE URINE EXAMINATION)
Sample Type : SPOT URINE
PHYSICAL EXAMINATION

TOTAL VOLUME	20	ml		
COLOUR	Yellow			
APPEARANCE	Hazy			
SPECIFIC GRAVITY	1.01		1.003 - 1.035	Bromothymol Blue

CHEMICAL EXAMINATION

pH	5.5		4.6 - 8.0	Double Indicator
PROTEIN	Negative		NEGATIVE	Protein - error of Indicators
GLUCOSE(U)	Negative		NEGATIVE	Glucose Oxidase
UROBILINOGEN	0.1	mg/dl	< 1.0	Ehrlichs Reaction
KETONE BODIES	Negative		NEGATIVE	Nitroprasside
BILIRUBIN - TOTAL	Negative		Negative	Azocoupling Reaction
BLOOD	Negative		NEGATIVE	Tetramethylbenzidine
LEUCOCYTE	Negative		Negative	Azocoupling reaction
NITRITE	Negative		NEGATIVE	Diazotization Reaction

MICROSCOPIC EXAMINATION

PUS CELLS	1-2	cells/HPF	0-5	
EPITHELIAL CELLS	10-15	/hpf	0 - 15	
RBCs	Nil	Cells/HPF	Nil	
CRYSTALS	Nil	Nil	Nil	
CASTS	Nil	/HPF	Nil	
BUDDING YEAST	Nil		Nil	
BACTERIA	Nil		Nil	
OTHER	Nil			

***** End Of Report *****

 Verified By :
 Syed Hyder Ali


Approved By :


DR PRANITHA ANAPINDI
 MD , CONSULTANT PATHOLOGIST

Visit ID	: YOD651410	UHID/MR No	: YOD.0000628527
Patient Name	: Mrs. GOLILAVANYA	Client Code	: YOD-DL-0021
Age/Gender	: 39 Y 0 M 0 D /F	Barcode No	: 10965624
DOB	:	Registration	: 09/Mar/2024 11:51AM
Ref Doctor	: SELF	Collected	: 09/Mar/2024 11:59AM
Client Name	: MEDI WHEELS	Received	: 09/Mar/2024 12:19PM
Client Add	: F-701, Lado Sarai, Mehravli, N	Reported	: 09/Mar/2024 01:50PM
Hospital Name	:		

DEPARTMENT OF CLINICAL PATHOLOGY

Test Name	Result	Unit	Biological Ref. Range	Method
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