



PREM-DHARAM HOSPITAL & DIAGNOSTICS

(Govt. Recognised Advanced 3D-4D Ultrasound and State-of-the-art Digital X-Ray Centre)

Regn. No.: RMEE1905483



10D-180 (Near Nagar Niqam Office), Vasundhara, Ghaziabad, Phone: 0120-4127778, 9899004884, E-mail : premdharamhospital@ymail.com

Name : Mrs. Mishra Madhushree	Patient ID : 24/230300009
Visit No. : SR242303009	Received On : 23/03/2024 13:32
Age/Gender : 40 Y/Female	Collected On : 23/03/2024 13:32
Referred by : PREM-DHARAM HOSPITAL	Reported On : 23/03/2024 19:33
	Barcode : PDH42288A

HAEMATOLOGY

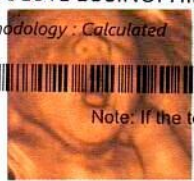
COMPLETE BLOOD COUNT WITH ESR

Test Name	Obtained Value	Units	Bio. Ref. Intervals(Age/Gender specific)
HAEMOGLOBIN <i>Methodology : Colorimetric</i>	12.4	g/dl	12 - 15.5
RED BLOOD CELL COUNT (RBC) <i>Methodology : Electrical Impedance</i>	4.86	millions/mm ³	3.8 - 5.5
PACKED CELL VOLUME/HEMATOCRIT (PCV) <i>Methodology : Calculated</i>	34.5	% Vol	33 - 45
MEAN CORPUSCULAR VOLUME (MCV) <i>Methodology : Calculated</i>	71.0	fL	80 - 96
MEAN CORPUSCULAR HAEMOGLOBIN (MCH) <i>Methodology : Calculated</i>	25.6	pg	27 - 33
MEAN CORPUSCULAR HAEMOGLOBIN CONCENTRATION (MCHC) <i>Methodology : Calculated</i>	36.0	g/dl	32 - 36
RED CELL DISTRIBUTION WIDTH (RDW-CV) <i>Methodology : Automated-Cell Counter</i>	16.5	%	11 - 16
RED CELL DISTRIBUTION WIDTH (RDW-SD) <i>Methodology : Automated-Cell Counter</i>	39.0	fL	35 - 56
TOTAL LEUCOCYTE COUNT <i>Methodology : Flow Cytometry</i>	8.54	10 ³ /μL	4 - 11
DIFFERENTIAL COUNT (DC)			
NEUTROPHILS	71	%	40 - 75
LYMPHOCYTES	20	%	20 - 45
EOSINOPHILS	03	%	0 - 6
MONOCYTES	06	%	0 - 10
BASOPHILS	00	%	0 - 1
ABSOLUTE NEUTROPHIL COUNT (ANC) <i>Methodology : Calculated</i>	6.10	10 ³ /μL	2 - 8
ABSOLUTE LYMPHOCYTE COUNT (ALC) <i>Methodology : Calculated</i>	1.72	10 ³ /μL	0.8 - 7

ABSOLUTE EOSINOPHIL COUNT (AEC) 0.24

Methodology : Calculated

10³/μL 0.02 - 0.8



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- 3D/4D Ultrasound
- Whole Body Color Doppler
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- ECG-3 Channel

FOR TELEPHONIC APPOINTMENT RADIOLOGY : 8287900395 (9 AM - 2:30 PM, 5:30 PM - 8:45 PM)

FOR ICU & AMBULANCE ENQUIRY : 8287900395

FOR OPD APPOINTMENT : 8287900395



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ABSOLUTE MONOCYTE COUNT (AMC)	0.48	$10^3/\mu\text{L}$	0.12 - 1.2
<i>Methodology : Calculated</i>			
ABSOLUTE BASOPHIL COUNT (ABC)	00	$10^3/\mu\text{L}$	0 - 0.1
<i>Methodology : Calculated</i>			
PLATELET COUNT	186	$10^3/\mu\text{L}$	150 - 450
<i>Methodology : Electrical Impedance</i>			
MEAN PLATELET VOLUME (MPV)	9.7	fL	7 - 12
<i>Methodology : Electrical Impedance</i>			
PLATELET DISTRIBUTION WIDTH (PDW)	16.1	fL	9 - 17
<i>Methodology : Calculated</i>			
PCT(PLATELET CRIT)	0.18	%	0.108 - 0.282
<i>Methodology : Calculated</i>			
P-LCR	27.7	%	11 - 45
<i>Methodology : Calculated</i>			
P-LCC	52	$10^9/\text{L}$	30 - 90
<i>Methodology : Calculated</i>			
ERYTHROCYTE SEDIMENTATION RATE (ESR)	12	mm in 1st hr	0 - 15
<i>Methodology : Westergreen</i>			

Sample Type : Whole Blood-EDTA

*** End Of Report ***

Processed by : Nisha Sharma

Verified by : Tabassum

Dr. Vivek Kapoor
Consultant Pathologist



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CLINICAL BIOCHEMISTRY

LIVER FUNCTION TEST

Test Name	Obtained Value	Units	Bio. Ref. Intervals(Age/Gender specific)
TOTAL BILIRUBIN <i>Methodology : Diazo Method</i>	0.25	mg/dL	0.2 - 1.2
DIRECT BILIRUBIN <i>Methodology : Diazo Method</i>	0.15	mg/dL	0 - 0.3
INDIRECT BILIRUBIN <i>Methodology : Calculated</i>	0.10	mg/dL	
SGOT/AST <i>Methodology : IFCC</i>	20.6	U/L	0 - 40
SGPT/ALT <i>Methodology : IFCC</i>	12.5	U/L	0 - 35
ALKALINE PHOSPHATASE <i>Methodology : IFCC</i>	98.5	U/L	35 - 105
TOTAL PROTEIN <i>Methodology : Biuret</i>	7.8	g/dl	6 - 8.3
SERUM ALBUMIN <i>Methodology : BCG</i>	4.52	g/dl	3.2 - 5.2
GLOBULIN SERUM <i>Methodology : Calculated</i>	3.28	g/dl	2.3 - 4.5
A/G RATIO <i>Methodology : Calculated</i>	1.38	Ratio	1 - 2.5

Sample Type : serum

*** End Of Report ***

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CLINICAL BIOCHEMISTRY


RENAL FUNCTION TEST

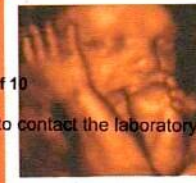
Test Name	Obtained Value	Units	Bio. Ref. Intervals(Age/Gender specific)
BLOOD UREA <i>Methodology : Urease</i>	18.2	mg/dL	10 - 45
BLOOD UREA NITROGEN (BUN) <i>Methodology : Calculated</i>	9	mg/dL	5 - 21
SERUM CREATININE <i>Methodology : Jaffe Kinetic</i>	0.60	mg/dL	0.6 - 1.2
SODIUM - SERUM <i>Methodology : ISE</i>	135.9	meq/L	135 - 155
POTASSIUM - SERUM <i>Methodology : ISE</i>	5.26	meq/L	3.5 - 5.5
CHLORIDE - SERUM <i>Methodology : ISE</i>	102.6	mmol/L	98 - 106
CALCIUM - SERUM <i>Methodology : Arsenazo</i>	9.5	mg/dL	8.6 - 11
EGFR	118	mL/min/1.73 m2	90 - 180 > = 90 : Normal 60 - 89 : Mild Decreas 45 - 59 : Mild to Moderate Decrease 30 - 44 : Moderate to Severe Decrease 15 - 29 : Severe Decrease
URIC ACID - SERUM <i>Methodology : URICASE</i>	4.25	mg/dL	3.5 - 7.2

Sample Type : serum

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CLINICAL BIOCHEMISTRY

LIPID PROFILE

Test Name	Obtained Value	Units	Bio. Ref. Intervals(Age/Gender specific)
TOTAL CHOLESTEROL	249.7	mg/dL	1-200 Desirable < 200 Borderline high risk 200 - 240 High risk > 240
<i>Methodology : CHO-POD</i>			
Comments : KINDLY CORRELATE CLINICALLY			
HDL CHOLESTEROL	60.2	mg/dL	NO RISK : - > 60.0 MODERATE RISK :- 35 - 55 HIGH RISK : - < 35.0
<i>Methodology : Direct</i>			
LDL CHOLESTEROL	159.30	mg/dL	0 - 130 Desirable < 130 Borderline high risk 130 - 160 High risk > 160
<i>Methodology : Calculated</i>			
VLDL	30.20	mg/dL	0 - 45
<i>Methodology : Calculated</i>			
TRIGLYCERIDES (TG) - SERUM	151	mg/dL	0 - 200 Desirable: < 200 (fasting) Borderline high: 200 - 400 Elevated > 400
<i>Methodology : GPO-POD</i>			
CHOL/HDL Ratio	4.15	Ratio	3.5 - 5.5
<i>Methodology : Calculated</i>			
LDL/HDL Ratio	2.65	mg/dL	2.5 - 3.5
<i>Methodology : Calculated</i>			

Sample Type : serum

*** End Of Report ***

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CLINICAL BIOCHEMISTRY

Test Name	Obtained Value	Units	Bio. Ref. Intervals(Age/Gender specific)
PLASMA GLUCOSE FASTING (FBS)	89.1	mg/dL	70 - 110

Methodology : Hexokinase

Interpretation Notes:

Interpretation (In accordance with the American diabetes association guidelines):

- A fasting plasma glucose level below 100 mg/dL is considered normal.
- A fasting plasma glucose level between 100-126 mg/dL is considered as glucose intolerant or pre diabetic. A fasting and post-prandial blood sugar test (after consumption of 75 gm of glucose) is recommended for all such patient.
- A fasting plasma glucose level of above 126 mg/dL is highly suggestive of a diabetic state. A repeat fasting test is strongly recommended for all such patients. A fasting plasma glucose level in excess of 126 mg/dL on both the occasions is confirmatory of a diabetic state.

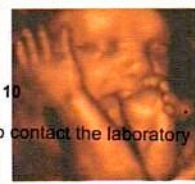
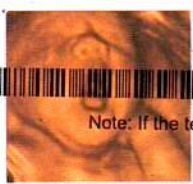
Sample Type : Plasma

*** End Of Report ***

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HAEMATOLOGY

Test Name	Obtained Value	Units	Bio. Ref. Intervals(Age/Gender specific)
BLOOD GROUP, RH FACTOR			
<i>Methodology : Forward & Reverse</i>			
Blood Grouping	"O"		
RH Typing	POSITIVE		
Sample Type : Whole Blood-EDTA			

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CLINICAL PATHOLOGY

Test Name	Obtained Value	Units	Bio. Ref. Intervals(Age/Gender specific)
URINE ROUTINE			
PHYSICAL EXAMINATION			
Quantity	20	ml	-
colour	PALE YELLOW		-
Appearance	CLEAR		-
pH	6.0		4.5 - 8
Specific Gravity	1.006		1.005 - 1.025
MICROSCOPIC EXAMINATION			
Pus Cells	0-1	/HPF	1 - 3
RBC CELLS	NIL	/HPF	-
Epithelial Cells	0-1	/HPF	1 - 2
Casts	ABSENT	/Hpf	-
Crystals	ABSENT	/Hpf	-
CHEMICAL EXAMINATION			
Albumin/Protein	ABSENT		-
Glucose	ABSENT		-
Urobilinogen	ABSENT		-
Blood	ABSENT		-
Nitrite	ABSENT		-
Leucocyte	ABSENT		-

Interpretation Notes:

Sample Type : URINE

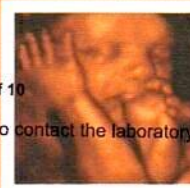
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Consultant Pathologist

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IMMUNOLOGY

THYROID PROFILE

Test Name	Obtained Value	Units	Bio. Ref. Intervals(Age/Gender specific)
TOTAL TRIIODOTHYRONINE (T3) <i>Methodology : Chemiluminescence Immunoassay(CLIA)</i>	0.90	ng/dL	0.70 - 2.04
TOTAL THYROXINE (T4) <i>Methodology : Chemiluminescence Immunoassay(CLIA)</i>	7.20	ug/dl	4.5 - 12
THYROID STIMULATING HORMONE (TSH)	3.90	uIU/mL	0.35 -5.50

Newborns: 0.70 - 15.2
 Peadiatric:
 2weeks-4 months :1.7-9.1
 <12 months : 1.36 - 8.8
 1- 6 years : 0.85 - 6.5
 7-12 years : 0.28 - 4.3
 Pregnancy:
 1st Trimester: 0.1-2.5
 2nd&3rd Trimester:0.2-3.0

Methodology : Chemiluminescence Immunoassay(CLIA)

Sample Type : serum

Interpretation Notes:

Note:

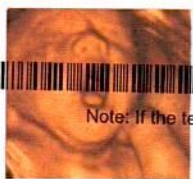
1. TSH levels are subject to circadian variation, reaching peak levels between 2-4 a.m. and at a minimum between 6-10 pm. The variation is of the order of 50%, hence time of the day has influence on the measured serum TSH concentrations.
2. Recommended test for T3 and T4 is unbound fraction or free levels as it is metabolically
3. Physiological rise in Total T3/T4 levels is seen in pregnancy and in patients on steroid therapy.

*** End Of Report ***

Processed by : Nisha Sharma

Verified by : Nisha Sharma MSC MB

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Consultant Pathologist



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HAEMATOLOGY

HbA1c

Test Name	Obtained Value	Units	Bio. Ref. Intervals(Age/Gender specific)
GLYCOSYLATED HAEMOGLOBIN(HbA1c)	5.26	%	4.5 - 6.0 Good Control : 6.1-7.0 Fair Control : 7.1-9.0 Poor Control : >9.0

Methodology : HPLC

ESTIMATED AVERAGE GLUCOSE(eAG)	104.26	mg/dL	90 - 120 Excellent Control 121 - 150 Good Control 151 - 180 Average Control 181 - 210 Action Suggested > 211 Panic Value
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Methodology : Calculated

Sample Type : Whole Blood-EDTA

Interpretation Notes:

In vitro quantitative determination of HbA1c in whole blood is utilized in long term monitoring of glycemia. The HbA1c level correlates with the mean glucose concentration prevailing in the course of the patient's recent history (approx - 6-8 weeks) and therefore provides much more reliable information for glycemia monitoring than do determinations of blood glucose or urinary glucose. It is recommended that the determination of HbA1c be performed at intervals of 4-6 weeks during Diabetes Mellitus therapy. Results of HbA1c should be assessed in conjunction with the patient's medical history, clinical examinations and other findings.

Note: If variant hemoglobin is observed in HbA1c HPLC screen, HbA1c levels may not truly represent in vivo condition. In such condition HbA1c analysis by HPLC may not be the method of choice. You are advised to consult your referring physician and discuss the alternative tests as suggested below.

Advised:

1. To follow patient for glycemic control test like fructosamine or glycated albumin may be performed instead. 2. Hemoglobin HPLC screen to analyze abnormal hemoglobin variant.

estimated Average Glucose (eAG) :

estimated Average Glucose (eAG) based on value calculated according to National Glycohemoglobin Standardization Program (NGSP) criteria.

*** End Of Report ***

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Dr. Vivek Kapoor
Consultant Pathologist



Note: If the test results are alarming or unexpected, Client is advised to contact the laboratory immediately for possible remedial action.

- 3D/4D Ultrasound
- Whole Body Color Doppler
- Digital X-Ray (24 Hours)
- Mammography
- ECG-3 Channel

FOR TELEPHONIC APPOINTMENT RADIOLOGY : 8287900395 (9 AM - 2:30 PM, 5:30 PM - 8:45 PM)

FOR ICU & AMBULANCE ENQUIRY : 8287900395

FOR OPD APPOINTMENT : 8287900395

ID: 9534

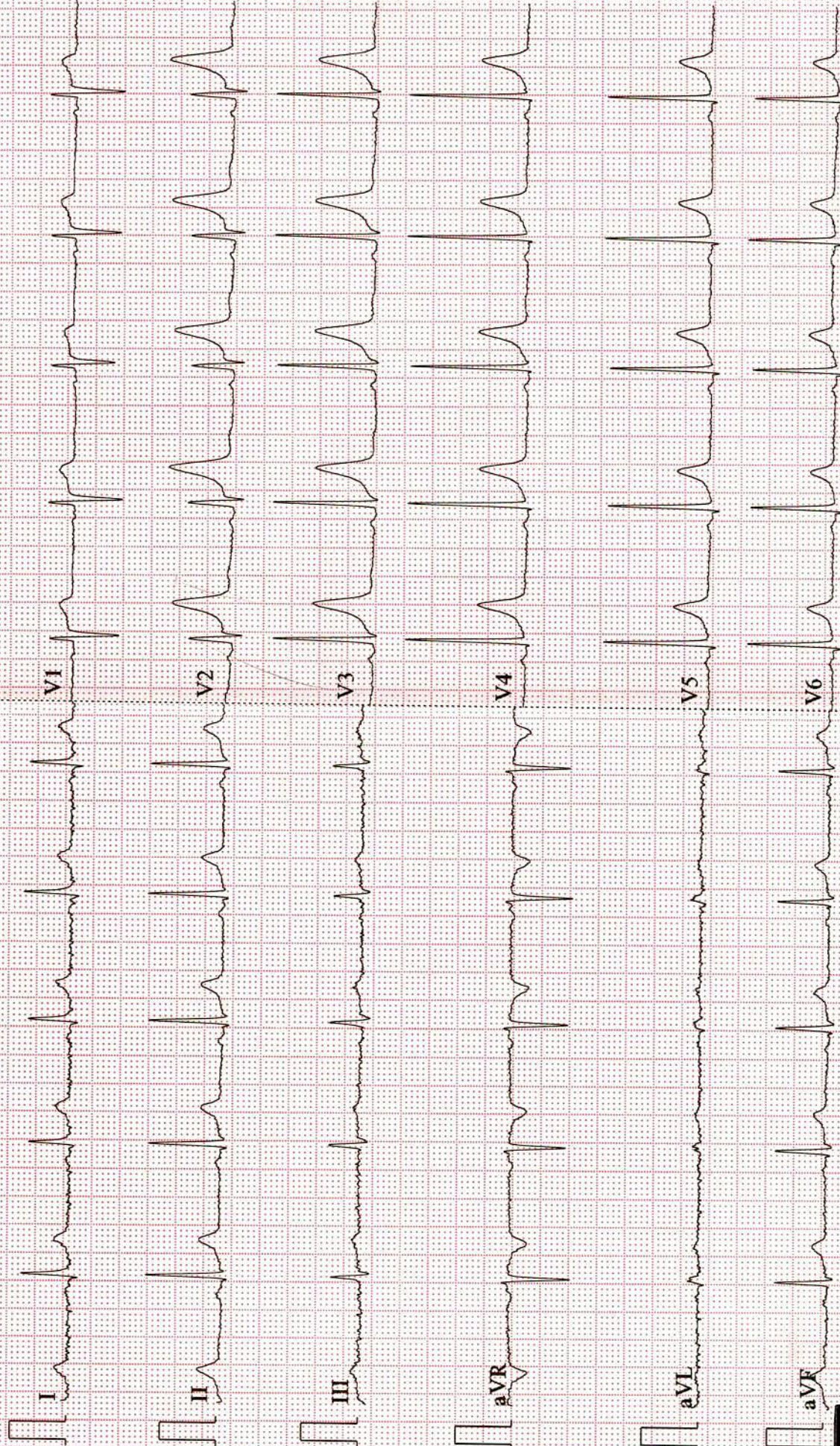
23-03-2024 11:23:19 AM

MR PANKAJ KANT SADAK
Male 42Years

HR : 64 bpm
P : 88 ms
PR : 138 ms
QRS : 88 ms
QT/QTc : 375/387 ms
P/QRST : 55/51/49 °
RV5/SV1 : 1.839/0.789 mV

Diagnosis Information:
Sinus Arrhythmia

Report Confirmed by:





PREM-DHARAM HOSPITAL & DIAGNOSTICS

(Govt. Recognised Advanced 3D-4D Ultrasound and State-of-the-art Digital X-Ray Centre)

Regn. No.: RMEE1905483



10D-180 (Near Nagar Nigam Office), Vasundhara, Ghaziabad, Phone: 0120-4127778, 9899004884, E-mail : premdharamhospital@gmail.com

Date	23/03/2024	Srl No.	6	Pt. Id.	PD/2303202407
Name	MRS. MADHUSHREE MISHRA	Age	40 Yrs.	Sex	F
Ref. By	PREM DHARAM HOSPITAL				

USG WHOLE ABDOMEN FEMALE

Liver is mildly enlarged in size (168.77 mm); shows normal outline and parenchymal echopattern . Vascular channels are clear. No evidence of I.H.B.D. Portal vein is normal in course and caliber. No focal SOL noted.

Gall Bladder is partially distended with normal wall thickness .Lumen is clear. CBD is normal.

Spleen is normal in size (measures approximately 109.27 mm) shape and shows homogenous echotexture. No focal SOL noted.

Pancreas shows normal outline and echopattern. No focal SOL noted. Pancreatic duct is not dilated.

Retroperitoneum No evidence of significant retroperitoneal lymphadenopathy noted

Right Kidney is normal in size measures approximately 100.65X35.53 mm, outline and parenchymal echopattern. Cortico-medullary differentiation is well preserved. Pelvi-calyceal system is compact. No intra-renal calculus is seen.

Left Kidney is normal in size, measures approximately 93.68X49.36 mm, outline and parenchymal echopattern. Cortico-medullary differentiation is well preserved. Pelvi-calyceal system is compact. No intra-renal calculus is seen.

Urinary Bladder is partially distended and appears anechoic. The outline is smooth. The bladder wall thickness appears normal. There is no evidence of any debris or echogenic calculus in the bladder.

Uterus is anteverted, normal in size measuring approximately 47.36x49.0x38.17 mm, shows normal outline and myometrial echopattern. No focal SOL seen.

2 nabothian cysts seen in uterine cervix -larger one measures approximately 14.35x13.34 mm.

Endometrium is in mid line, measures approximately 4.81 mm in thickness .

Both ovaries are normal in size, shape & echotexture.

No adnexal mass lesion noted on both sides.No free fluid seen in POD.

No evidence of abnormal bowel dilatation or bowel wall thickening seen.

No free fluid seen in visualised peritoneal and pleural cavity.

IMPRESSION:USG WHOLE ABDOMEN REVEALS NO SIGNIFICANT SONOGRAPHIC ABNORMALITY EXCEPT FOR MILD HEPATOMEGALY .

Clinical and lab correlation is recommended for further evaluation.

Dr. NIDHI TYAGI
CONSULTANT RADIOLOGIST



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- ECG-3 Channel

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