Name- Harshali

Age - 36 Y/F

B.P - $\frac{120}{80}$ mmHg

Hight - 5.4

weight - 56

ID : 20240404134202

Name : Harshali

Sex : Female

Age : 36

HR	: 91	bpm	
R-R	: 715	ms	
P-R	: 123	ms	
QRS	: 88	ms	
QT/QTC	: 330/407	ms	
P/QRS/T :	5/ 51/ -1	°	
RV5/SV1 :	0.825/-0.259	mV	
RV5+SV1 :	0.566	mV	
QTcF	: 0.461		

001:Sinus Rhythm

147:T Wave Abnormality

175:Maybe Abnormal ECG

Reference Report Confirmed by:

04-04-2024 13:42:22

I   AVR   V1   V4

II   AVL   V2   V5

III   AVF   V3   V6
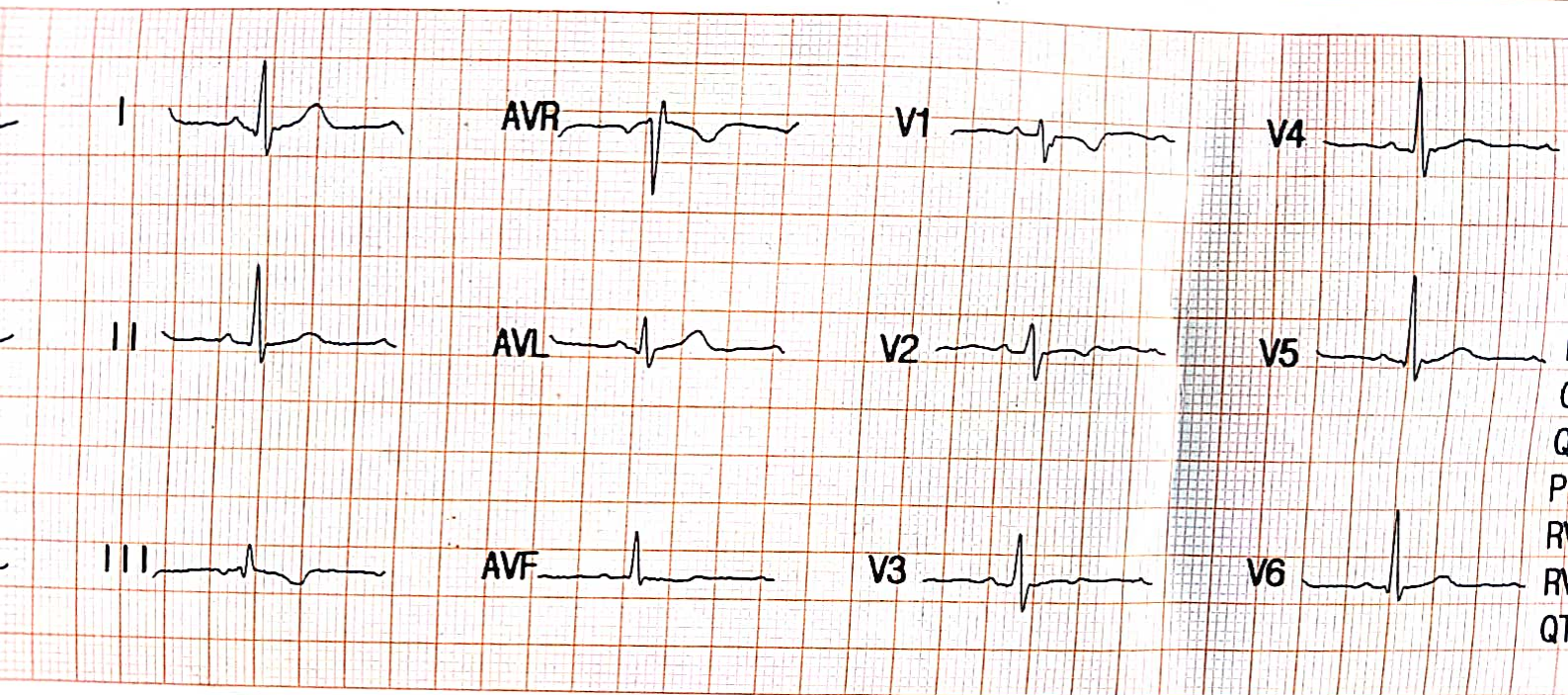
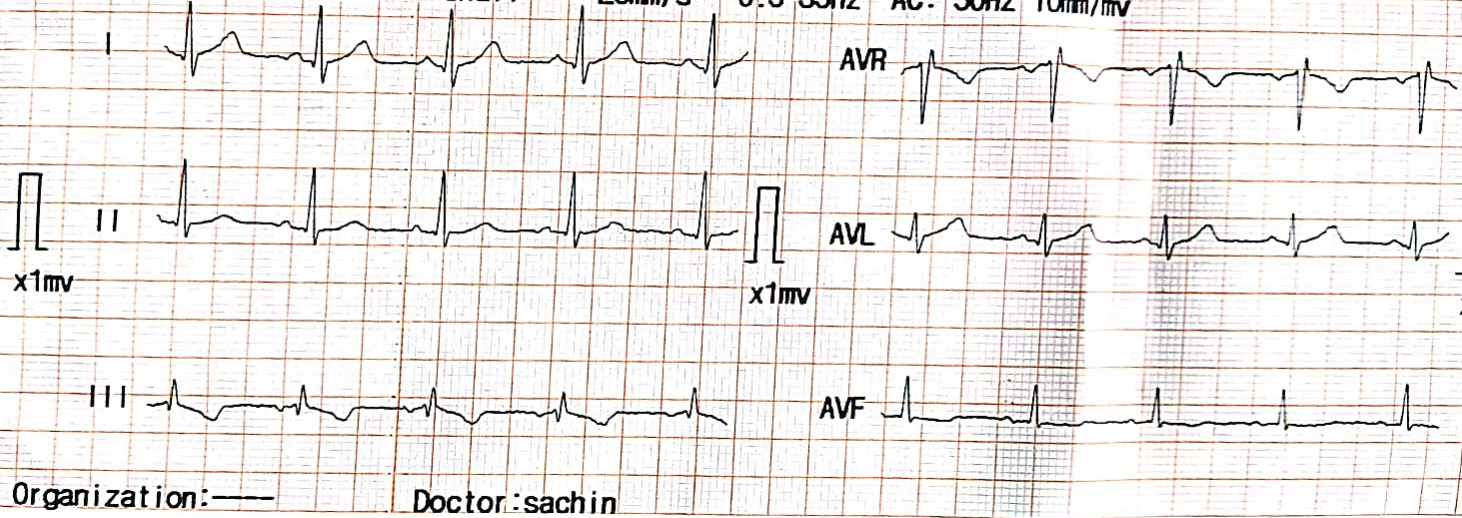ID:20240404134202 Name:Harshali   25mm/s   0.5~35Hz   AC: 50Hz 10mm/mv

I   AVR

II   x1mv   AVL   x1mv

III   AVF

Organization:——   Doctor:sachin

V1

V2
x1mv

V3

V4

V5
x1mv

V6
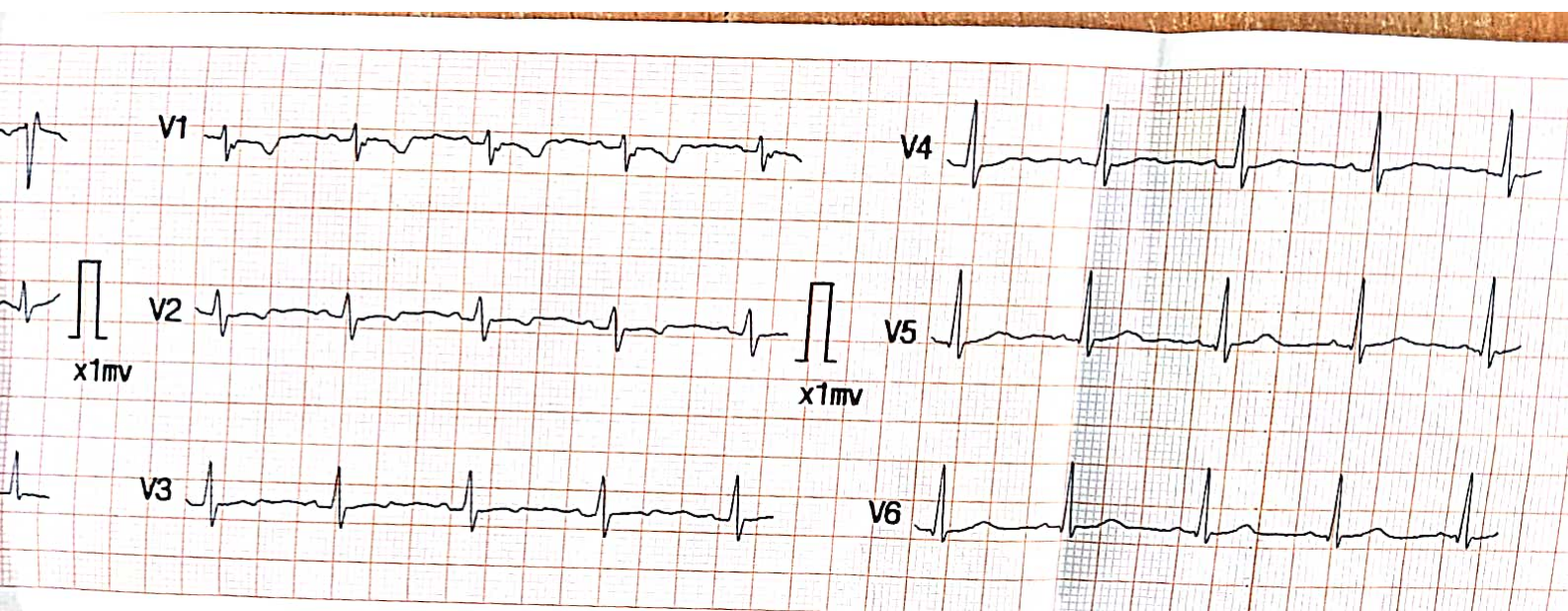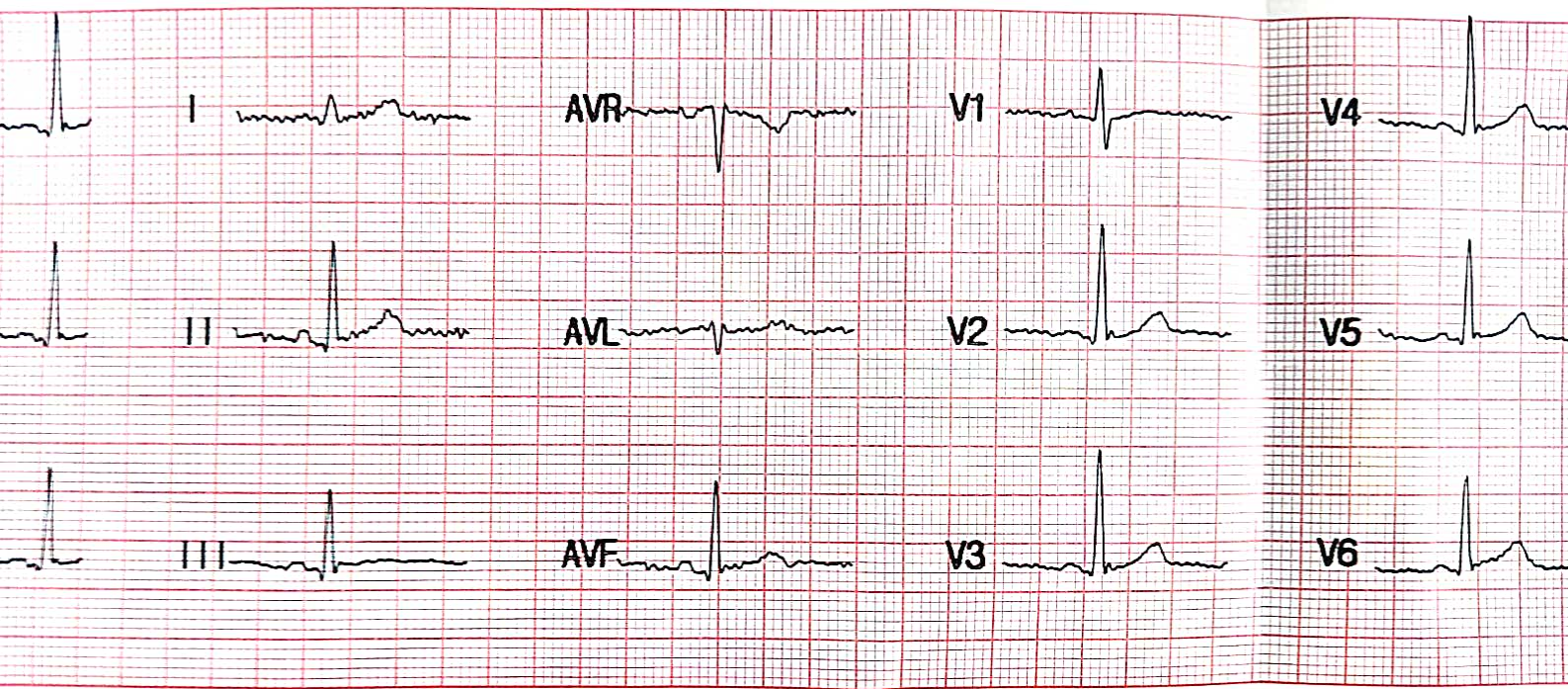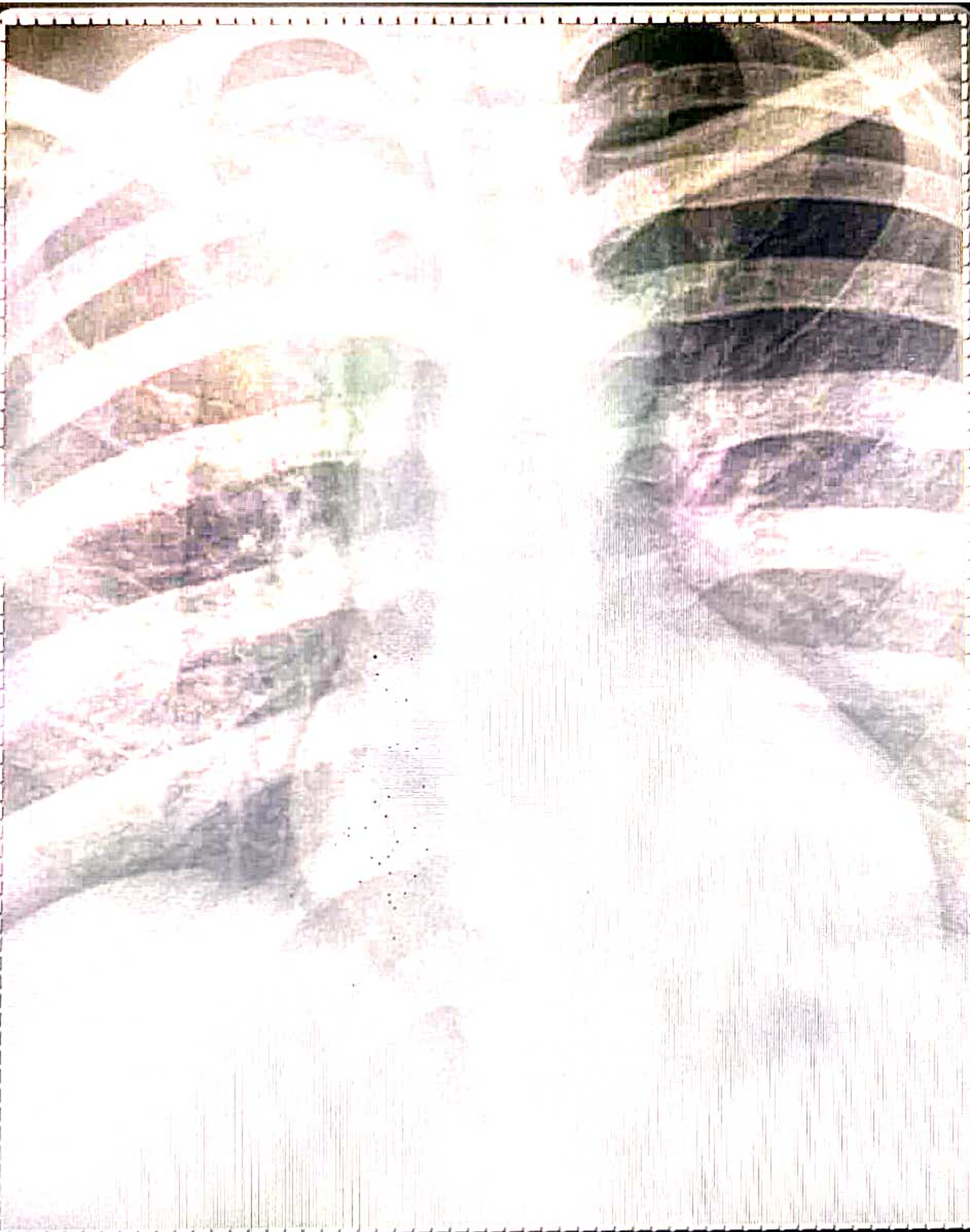
Harshali nagesh /36 year
Dr. sachin jain

PA Chest
04/04/2024 11:46:08

Laboratory Report

Patient Name : MRS NAGESH HARSHALI	**CPL24/8271**
Age/Gender : 36 Yrs/Female	**Registration Date** : 04/04/2024 02:55 PM
Ref. Dr. : SELF	**Collection Date** : 04/04/2024 02:56 PM
Center : AP98	**Report Date** : 04/04/2024 06:49 PM

HAEMATOLOGY REPORT

Test Description	Result	Unit	Biological Reference Ranges
HbA1c Glycosilated Haemoglobin	5.7	%	Non-diabetic: <= 6.0 Pre-diabetic: 6.0-7.0 Diabetic: >= 7.0
Estimated Average Glucose :	117	mg/dL	

Reference Range (Average Blood Sugar):

Excellent control	: 90 - 120 mg/dl
Good control	: 121 - 150 mg/dl
Average control	: 151 - 180 mg/dl
Action suggested	: 181 - 210 mg/dl
Panic value	: > 211 mg/dl

Interpretation & Remark:

1. HbA1c is used for monitoring diabetic control. It reflects the estimated average glucose (eAG).
2. HbA1c has been endorsed by clinical groups & ADA (American Diabetes Association) guidelines 2017, for diagnosis of diabetes using a cut-off point of 6.5%.
3. Trends in HbA1c are a better indicator of diabetic control than a solitary test.
4. Low glycated haemoglobin(below 4%) in a non-diabetic individual are often associated with systemic inflammatory diseases, chronic anaemia(especially severe iron deficiency & haemolytic), chronic renal failure and liver diseases. Clinical correlation suggested.
5. To estimate the eAG from the HbA1C value, the following equation is used: $eAG(mg/dl) = 28.7*A1c-46.7$
6. Interference of Haemoglobinopathies in HbA1c estimation.
    A. For HbF > 25%, an alternate platform (Fructosamine) is recommended for testing of HbA1c.
    B. Homozygous hemoglobinopathy is detected, fructosamine is recommended for monitoring diabetic status
    C. Heterozygous state detected (D10/ turbo is corrected for HbS and HbC trait).
7. In known diabetic patients, following values can be considered as a tool for monitoring the glycemic control. Excellent Control - 6 to 7 %, Fair to Good Control - 7 to 8 %, Unsatisfactory Control - 8 to 10 % and Poor Control - More than 10 % .

ISO 9001:2015

Dr. Sushil Kumar Sharma
M.D (Pathology)
Consultant Pathologist

Unit Of **VEDAVID** DIAGNOSTICS Pvt. Ltd

Laboratory Report

Patient Name	: MRS NAGESH HARSHALI		**CPL24/8271**	
Age/Gender	: 36 Yrs/Female	Registration Date	: 04/04/2024 02:55 PM	
Ref. Dr.	: SELF	Collection Date	: 04/04/2024 02:56 PM	
Center	: AP98	Report Date	: 04/04/2024 06:49 PM	

BIOCHEMISTRY REPORT

Test Description	Result	Unit	Biological Reference Ranges
LIVER FUNCTION TEST (LFT)			
TOTAL BILIRUBIN	0.89	mg/dl	0 - 1.2
DIRECT BILIRUBIN	0.15	mg/dL	0 - 0.3
INDIRECT BILIRUBIN	0.74	mg/dl	0.1 - 0.8
SGOT (AST)	15.7	U/L	0 - 35
SGPT (ALT)	21.0	U/L	0 - 45
ALKALINE PHOSPHATASE	81.0	U/L	64 - 147
TOTAL PROTEIN	7.82	g/dl	6.4 - 8.3
SERUM ALBUMIN	4.25	g/dl	3.2 - 5.2
SERUM GLOBULIN	3.57	g/dl	1.8 - 3.6
A/G RATIO	**1.19**		1.2 - 2.2

NOTE : Please correlate with clinical conditions.

Dr. Sushil Kumar Sharma
M.D (Pathology)
Consultant Pathologist

ISO
9001:2015

Unit Of
VEDAVID
DIAGNOSTICS Pvt. Ltd

Laboratory Report

Patient Name : MRS NAGESH HARSHALI	CPL24/8271
Age/Gender : 36 Yrs/Female	Registration Date : 04/04/2024 02:55 PM
Ref. Dr. : SELF	Collection Date : 04/04/2024 02:56 PM
Center : AP98	Report Date : 04/04/2024 06:49 PM

BIOCHEMISTRY REPORT

Test Description	Result	Unit	Biological Reference Ranges
LIPID PROFILE			
Cholesterol-Total	143.0	mg/dL	< 200 Desirable 200-239 Borderline High > 240 High
Triglycerides level	87.1	mg/dL	< 150 Normal 150-199 Borderline High 200-499 High > 500 Very High
HDL Cholesterol	51.0	mg/dL	< 40 Major Risk for Heart > 40 Normal
LDL Cholesterol	74.58	mg/dL	< 100 Optimal 100-129 Near/Above Optimal 130-159 Borderline high 160-189 High > 190 Very High
VLDL Cholesterol	17.42	mg/dL	6 - 38
CHOL/HDL RATIO	**2.80**		3.5 - 5.0
LDL/HDL RATIO	**1.46**		2.5 - 3.5

NOTE

8-10 hours fasting sample is required

ISO
9001:2015

Dr. Sushil Kumar Sharma
M.D (Pathology)
Consultant Pathologist

Unit Of
VEDAVID
DIAGNOSTICS Pvt. Ltd

Laboratory Report

Patient Name	: MRS NAGESH HARSHALI		
Age/Gender	: 36 Yrs/Female	Registration Date	: 04/04/2024 02:55 PM
Ref. Dr.	: SELF	Collection Date	: 04/04/2024 02:56 PM
Center	: AP98	Report Date	: 04/04/2024 06:49 PM

CPL24/8271

BIOCHEMISTRY REPORT

Test Description	Result	Unit	Biological Reference Ranges
Post-Prandial Blood Sugar	106.0	mg/dl	70 - 140

Method : Hexokinase

Interpretation:-
Normal: 70-140
Impaired Glucose Tolerance:140-200
Diabetes mellitus: >= 200
(on more than one occassion)

ISO
9001:2015

Dr. Sushil Kumar Sharma
M.D (Pathology)
Consultant Pathologist

Unit Of
VEDAVID
DIAGNOSTICS Pvt. Ltd

Laboratory Report

Patient Name	: MRS NAGESH HARSHALI		**CPL24/8271**	
Age/Gender	: 36 Yrs/Female	Registration Date	: 04/04/2024 02:55 PM	
Ref. Dr.	: SELF	Collection Date	: 04/04/2024 02:56 PM	
Center	: AP98	Report Date	: 04/04/2024 06:49 PM	

BIOCHEMISTRY REPORT

Test Description	Result	Unit	Biological Reference Ranges
KIDNEY FUNCTION TEST(KFT)			
Urea	21.0	mg/dl	15 - 50
Serum Creatinine	0.61	mg/dl	0.6 - 1.3
Uric Acid	4.3	mg/dl	2.6 - 6.0
Serum Sodium	141.2	mmol/L	135 - 150
Serum Potassium	4.87	mmol/L	3.5 - 5.0
Serum Chloride	102.0	mmol/L	94 - 110
Calcium	8.77	mg/dl	8.6 - 10.2
BUN - Blood Urea Nitrogen	9.8	mg/dl	7 - 20
Urea Creatinine Ratio	34.4	Ratio	
BUN Creatinine Ratio	16.1	Ratio	
eGFR	117	ml/min	

NOTE : Please correlate with clinical conditions.

ISO
9001:2015

Dr. Sushil Kumar Sharma
M.D (Pathology)
Consultant Pathologist

Unit Of
VEDAVID
DIAGNOSTICS Pvt. Ltd

Patient Name : MRS NAGESH HARSHALI   **CPL24/8271**

Age/Gender : 36 Yrs/Female   Registration Date : 04/04/2024 02:55 PM

Ref. Dr. : SELF   Collection Date : 04/04/2024 02:56 PM

Center : AP98   Report Date : 04/04/2024 06:49 PM

CLINICAL BIOCHEMISTRY REPORT

Test Description	Result	Unit	Biological Reference Ranges
Fasting Blood Sugar	98.3	mg/dl	Normal: 70-110
Method: GOD-POD			Impaired Fasting Glucose(IFG):
			100-125
			Diabetes mellitus: >= 126

Note:- An individual may show higher fasting glucose level in comparison to post prandial glucose level due to following reasons.The glycaemic index and response to food consumed, Changes in body composition, Increased insulin response and sensitivity,Alimentary hypoglycemia, Renal glycosuria, Effect of oral hypoglycaemics & Insulin treatment.

ISO
9001:2015

Dr. Sushil Kumar Sharma
M.D (Pathology)
Consultant Pathologist

Unit Of
VEDAVID
DIAGNOSTICS Pvt. Ltd

Laboratory Report

Patient Name : MRS NAGESH HARSHALI	**CPL24/8271**
Age/Gender : 36 Yrs/Female	Registration Date : 04/04/2024 02:55 PM
Ref. Dr. : SELF	Collection Date : 04/04/2024 02:56 PM
Center : AP98	Report Date : 04/04/2024 06:49 PM

IMMUNOASSAY REPORT

Test Description	Result	Unit	Biological Reference Ranges
TRI-IODOTHYRONIN, (T3)	0.76	ng/mL	0.69 - 2.15
THYROXIN, (T4)	53.2	ng/mL	52 - 127
Thyroid Stimulating Hormone(TSH)-Serum	**7.19**	µIU/mL	0.3-4.5 Pregnancy (As per American Thyroid Association) First Trimester : 0.1-2.5 Second Trimester : 0.2-3.0 Third trimester : 0.3-3.0

Method : CLIA

INTERPRETATION

TSH	T3 / FT3	T4 / FT4	Suggested Interpretation for the Thyroid Function Tests Pattern
Within Range	Decreased	Within Range	• Isolated Low T3-often seen in elderly & associated Non-Thyroidal illness. In elderly the drop in T3 level can be upto 25%.
Raised	Within Range	Within Range	•Isolated High TSHespecially in the range of 4.7 to 15 mIU/ml is commonly associated with Physiological & Biological TSH Variability. •Subclinical Autoimmune Hypothyroidism •Intermittent T4 therapy for hypothyroidism •Recovery phase after Non-Thyroidal illness"
Raised	Decreased	Decreased	•Chronic Autoimmune Thyroiditis •Post thyroidectomy,Post radioiodine •Hypothyroid phase of transient thyroiditis"
Raised or within Range	Raised	Raised or within Range	•Interfering antibodies to thyroid hormones (anti-TPO antibodies) •Intermittent T4 therapy or T4 overdose •Drug interference- Amiodarone, Heparin,Beta blockers,steroids,anti-epileptics"
Decreased	Raised or within Range	Raised or within Range	•Isolated Low TSH -especially in the range of 0.1 to 0.4 often seen in elderly & associated with Non-Thyroidal illness •Subclinical Hyperthyroidism •Thyroxine ingestion"
Decreased	Decreased	Decreased	•Central Hypothyroidism •Non-Thyroidal illness •Recent treatment for Hyperthyroidism (TSH remains suppressed)"
Decreased	Raised	Raised	•Primary Hyperthyroidism (Graves' disease),Multinodular goitre, Toxic nodule •Transient thyroiditis:Postpartum, Silent (lymphocytic), Postviral (granulomatous,subacute, DeQuervain's),Gestational thyrotoxicosis with hyperemesis gravidarum"
Decreased or within Range	Raised	Within Range	•T3 toxicosis •Non-Thyroidal illness

ISO
9001:2015

Dr. Sushil Kumar Sharma
M.D (Pathology)
Consultant Pathologist

Unit Of
VEDAVID
DIAGNOSTICS Pvt. Ltd

Laboratory Report

Patient Name	: MRS NAGESH HARSHALI		**CPL24/8271**
Age/Gender	: 36 Yrs/Female	**Registration Date**	: 04/04/2024 02:55 PM
Ref. Dr.	: SELF	**Collection Date**	: 04/04/2024 02:56 PM
Center	: AP98	**Report Date**	: 04/04/2024 06:49 PM

URINE EXAMINATION REPORT

Test Description	Result	Unit	Biological Reference Ranges
URINE ROUTINE			
General Examination			
Colour	Pale Yellow		Pale Yellow
Transparency (Apperance)	Clear		Clear
Deposit	Absent		Absent
Reaction (pH)	Acidic		5.0-8.5
Specific Gravity	1.020		-1.005-1.030
Chemical Examination			
Urine Protein	Absent		Absent
Urine Ketones (Acetone)	Absent		Absent
Urine Glucose	Absent		Absent
Bile pigments	Absent		Absent
Bile salts	NIL		NIL
Urobilinogen	Normal		Normal
Nitrite	Negative		Negative
Microscopic Examination			
RBC's	NIL	/hpf	NIL
Leukocyte (Pus cells)	1-2	/hpf	0-5/hpf
Epithelial Cells	2-4	/hpf	0-4/hpf
Crystals	Absent		Absent
Casts	Not Seen		Not Seen
Amorphous deposits	Absent		Absent
Bacteria	Not seen		Not seen
Yeast Cells	Not seen		Not seen

Note : 1. Chemical examination through Dipstick includes test methods as Protein (Protein Error Principle), Glucose (Glucose oxidase-Peroxidase), Ketone (Legals Test), Bilirubin (Azo- Diazo reaction),Urobilinogen (Diazonium ion Reaction) Nitrite (Griess Method).All abnormal results of chemical examination are confirmed by manual methods. 2. Pre-test conditions to be observed while submitting the sample- First void, mid-stream urine, collected in a clean, dry, sterile container is recommended for routine urine analysis, avoid contamination with any discharge from vaginal, urethra, perineum,as applicable, avoid prolonged transit time & undue exposure to sunlight. 3. During interpretation, points to be considered are Negative nitrite test does not exclude the urinary tract infections, Trace proteinuria can be seen with many physiological conditions like prolonged recumbency, exercise, high protein diet. False positive reactions for bile pigments, proteins, glucose and nitrites can be caused by peroxidase like activity by disinfectants, therapeutic dyes,

ISO
9001:2015

Dr. Sushil Kumar Sharma
M.D (Pathology)
Consultant Pathologist

Unit Of
VEDAVID
DIAGNOSTICS Pvt. Ltd

Patient Name : MRS NAGESH HARSHALI

Age/Gender	: 36 Yrs/Female	**Registration Date**	: 04/04/2024 02:55 PM
Ref. Dr.	: SELF	**Collection Date**	: 04/04/2024 02:56 PM
Center	: AP98	**Report Date**	: 04/04/2024 06:49 PM

CPL24/8271

Test Description	Result	Unit	Biological Reference Ranges
COMPLETE BLOOD COUNT			
Haemoglobin	**10.6**	gm/dL	11.0 - 15.0
RBC Count	4.84	mil/cu.mm	3.50 - 5.50
Hematocrit HCT	**30.4**	%	37.0 - 47.0
Mean Corp Volume MCV	**62.8**	fL	80.0 - 100.0
Mean Corp Hb MCH	**21.9**	pg	27.0 - 34.0
Mean Corp Hb Conc MCHC	34.9	gm/dL	32.0 - 36.0
Platelet Count	1.87	lac/cmm	1.50 - 4.50
Total WBC Count /TLC	5.6	10^3/cu.mm	4.0 - 11.0
DIFFERENTIAL LEUCOCYTE COUNT			
Neutrophils	70	%	40 - 70
Lymphocytes	25	%	20 - 40
Monocytes	03	%	02 - 10
Eosinophils	02	%	01 - 06
Basophils	00	%	00 - 01
Absolute Differential Count			
Absolute Neutrophils Count	3.9	thou/mm3	2.00 - 7.00
Absolute Lymphocyte Count	1.4	thou/mm3	1.00 - 3.00
Absolute Monocytes Count	0.2	thou/mm3	0.20 - 1.00
Absolute Eosinophils Count	0.1	thou/mm3	0.02 - 0.50

EDTA Whole Blood - Tests done on Automated Three Part Cell Counter. (WBC, RBC Platelet count by impedance method, WBC differential by VCS technology other parameters calculated) All Abnormal Haemograms are reviewed confirmed microscopically.

ISO
9001:2015

Dr. Sushil Kumar Sharma
M.D (Pathology)
Consultant Pathologist

Unit Of
VEDAVID
DIAGNOSTICS Pvt. Ltd

Patient Name : MRS NAGESH HARSHALI

Age/Gender : 36 Yrs/Female

Ref. Dr. : SELF

Center : AP98

CPL24/8271

Registration Date : 04/04/2024 02:55 PM

Collection Date : 04/04/2024 02:56 PM

Report Date : 04/04/2024 06:49 PM

Test Description	Result	Unit	Biological Reference Ranges
ESR - ERYTHROCYTE SEDIMENTATION RATE	**27**	mm/hr	0 - 20

Method: Wintrobes

INTERPRETATION :

1. It indicates presence and intensity of an inflammatory process, never diagnostic of a specific disease. Changes are more significant than a single abnormal test.
2. It is a prognostic test and used to monitor the course or response to treatment of diseases like tuberculosis, bacterial endocarditis, acute rheumatic fever, rheumatoid arthritis, SLE, Hodgkins disease, temporal arteritis, polymyalgia rheumatica.
3. It is also increased in pregnancy, multiple myeloma, menstruation, and hypothyroidism.

**** End of the report****

This report is not valid for medico legal aspects. This is just a professional opinion not the final. Kindly correlate clinically because of technical, lack of clinical information and physical findings, if any disparity noted please inform.
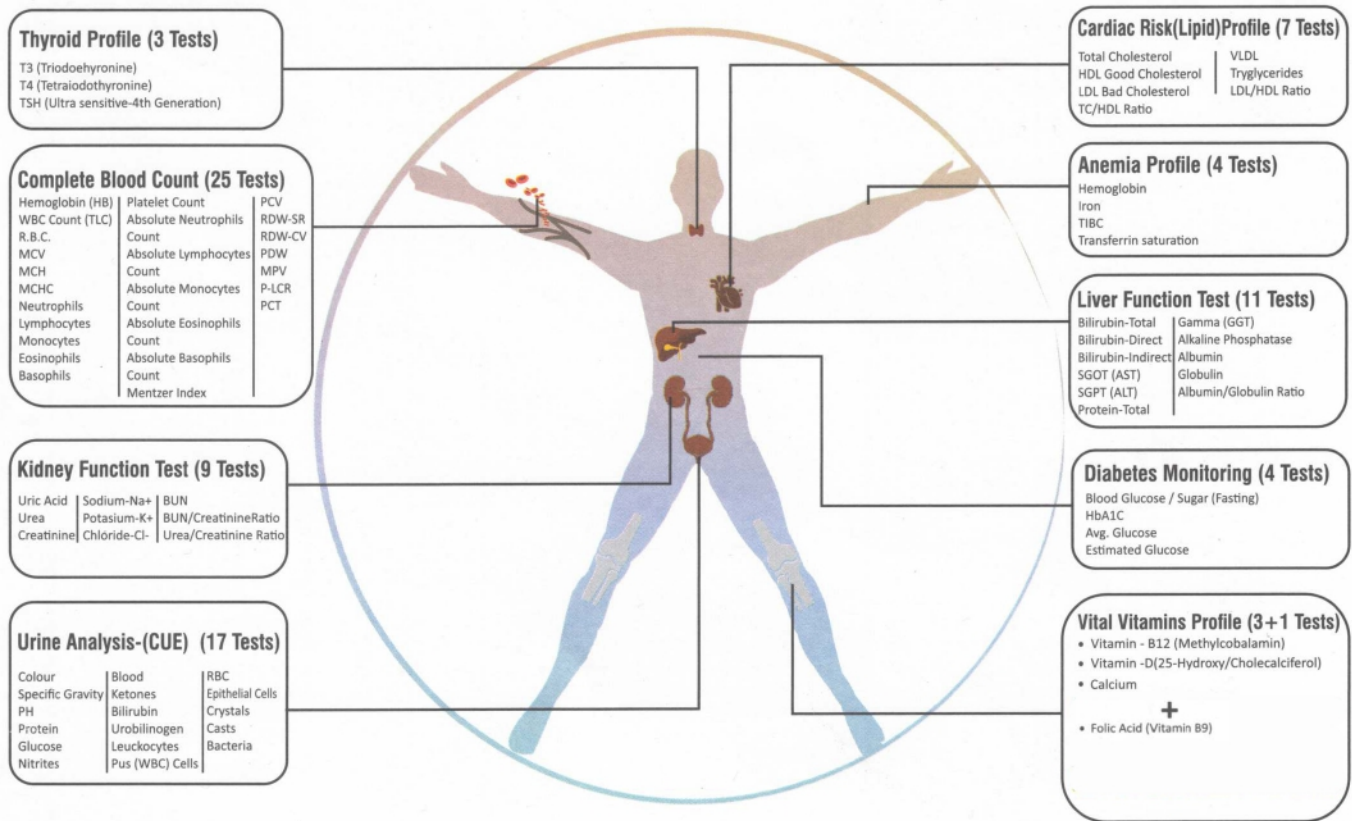
ISO
9001:2015

Dr. Sushil Kumar Sharma
M.D (Pathology)
Consultant Pathologist

Unit Of
VEDAVID
DIAGNOSTICS Pvt. Ltd

BODY CARE

Thyroid Profile (3 Tests)
T3 (Triodoehyronine)
T4 (Tetraiodothyronine)
TSH (Ultra sensitive-4th Generation)

Complete Blood Count (25 Tests)

Hemoglobin (HB)	Platelet Count	PCV
WBC Count (TLC)	Absolute Neutrophils	RDW-SR
R.B.C.	Count	RDW-CV
MCV	Absolute Lymphocytes	PDW
MCH	Count	MPV
MCHC	Absolute Monocytes	P-LCR
Neutrophils	Count	PCT
Lymphocytes	Absolute Eosinophils	
Monocytes	Count	
Eosinophils	Absolute Basophils	
Basophils	Count	
	Mentzer Index	

Kidney Function Test (9 Tests)

Uric Acid	Sodium-Na+	BUN
Urea	Potasium-K+	BUN/CreatinineRatio
Creatinine	Chloride-Cl-	Urea/Creatinine Ratio

Urine Analysis-(CUE) (17 Tests)

Colour	Blood	RBC
Specific Gravity	Ketones	Epithelial Cells
PH	Bilirubin	Crystals
Protein	Urobilinogen	Casts
Glucose	Leuckocytes	Bacteria
Nitrites	Pus (WBC) Cells	

Cardiac Risk(Lipid)Profile (7 Tests)

Total Cholesterol	VLDL
HDL Good Cholesterol	Tryglycerides
LDL Bad Cholesterol	LDL/HDL Ratio
TC/HDL Ratio	

Anemia Profile (4 Tests)
Hemoglobin
Iron
TIBC
Transferrin saturation

Liver Function Test (11 Tests)

Bilirubin-Total	Gamma (GGT)
Bilirubin-Direct	Alkaline Phosphatase
Bilirubin-Indirect	Albumin
SGOT (AST)	Globulin
SGPT (ALT)	Albumin/Globulin Ratio
Protein-Total	

Diabetes Monitoring (4 Tests)
Blood Glucose / Sugar (Fasting)
HbA1C
Avg. Glucose
Estimated Glucose

Vital Vitamins Profile (3+1 Tests)
- Vitamin - B12 (Methylcobalamin)
- Vitamin -D(25-Hydroxy/Cholecalciferol)
- Calcium

+

- Folic Acid (Vitamin B9)

CONDITIONS OF REPORTING

1. Individual laboratory investigations should not be considered as conclusive and should be used along with other relevant clinical examinations to achieve the final diagnosis. Therefore these reported results are for the information of referring clinician only

2. The values of a laboratory investigation are dependent on the quality of the sample as well as the assay procedures used. Further all samples collected outside Citi Pathlabs labs / patient centers are required to be prepared, stored, labelled and brought as per the guidelines of Citi Pathlabs. Citi Pathlabs cannot be held liable for incorrect results of any samples which are not as per the guidelines issued

3. Electronic images in the report are created by electronic processing . Citi Pathlabs makes no expressed or implied warranties or representations with respect to it and takes no responsibility for the authenticity , quality and size of the image , affected possibly due to a computer virus or other contamination

4. Citi Pathlabs confirms that all tests have been carried out with reasonable care, clinical safety & technical integrity
A. However due to certain factors such as reagent inconsistency , machine breakdown etc. beyond its control which could affect the testing , it does not make any representation or give any warranty about the accuracy of the reported results
B. The test results are to be used for help in diagnosing / treating medical diseases & not for forensic applications. Hence these results cannot be used for medico - legal purposes

5. Partial representation of report is not allowed.

6. All dispute / claims concerning to this report are subject to Bhopal jurisdiction only.