

ETERNAL HOSPITAL MEDICAL TESTING LABORATORY

Patient Name	Mrs. RUMALI MEENA	Lab No	4025198
UHID	40010867	Collection Date	26/02/2024 9:16AM
Age/Gender	50 Yrs/Female	Receiving Date	26/02/2024 9:35AM
IP/OP Location	O-OPD	Report Date	26/02/2024 6:10PM
Referred By	Dr. EHS CONSULTANT	Report Status	Final
Mobile No.	8290091444		

BIOCHEMISTRY

Test Name	Result	Unit	Biological Ref. Range	Sample: FI. Plasma
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BLOOD GLUCOSE (FASTING)

BLOOD GLUCOSE (FASTING)	99.0	mg/dl	71 - 109
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Method: Hexokinase assay.

Interpretation:-Diagnosis and monitoring of treatment in diabetes mellitus and evaluation of carbohydrate metabolism in various diseases.

BLOOD GLUCOSE (PP)

BLOOD GLUCOSE (PP)	103	mg/dl	Non – Diabetic: - < 140 mg/dl Pre – Diabetic: - 140-199 mg/dl Diabetic: - >=200 mg/dl
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Sample: PLASMA

Method: Hexokinase assay.

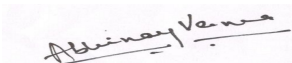
Interpretation:-Diagnosis and monitoring of treatment in diabetes mellitus and evaluation of carbohydrate metabolism in various diseases.

THYROID T3 T4 TSH

T3	1.480	ng/mL	0.970 - 1.690
T4	8.58	ug/dl	5.53 - 11.00
TSH	2.49	μIU/mL	0.40 - 4.05

Sample: Serum

RESULT ENTERED BY : SUNIL EHS



Dr. ABHINAY VERMA

MBBS|MD|INCHARGE PATHOLOGY

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BIOCHEMISTRY

T3:- Method: ElectroChemiLuminescence ImmunoAssay - ECLIA

Interpretation:-The determination of T3 is utilized in the diagnosis of T3-hyperthyroidism the detection of early stages of hyperthyroidism and for indicating a diagnosis of thyrotoxicosis factitia.

T4:- Method: ElectroChemiLuminescence ImmunoAssay - ECLIA

Interpretation:-The determination of T4 assay employs a competitive test principle with an antibody specifically directed against T4.

TSH - THYROID STIMULATING HORMONE :- ElectroChemiLuminescenceImmunoAssay - ECLIA

Interpretation:-The determination of TSH serves as the initial test in thyroid diagnostics. Even very slight changes in the concentrations of the free thyroid hormones bring about much greater opposite changes in the TSH levels.

LFT (LIVER FUNCTION TEST)

Sample: Serum

BILIRUBIN TOTAL	0.35	mg/dl	0.00 - 1.20
BILIRUBIN INDIRECT	0.29	mg/dl	0.20 - 1.00
BILIRUBIN DIRECT	0.06	mg/dl	0.00 - 0.30
SGOT	38.0 H	U/L	0.0 - 32.0
SGPT	33.9 H	U/L	0.0 - 33.0
TOTAL PROTEIN	7.66	g/dl	6.6 - 8.7
ALBUMIN	4.14	g/dl	3.5 - 5.2
GLOBULIN	3.5		1.8 - 3.6
ALKALINE PHOSPHATASE	91.0	U/L	35 - 104
A/G RATIO	1.2 L	Ratio	1.5 - 2.5
GGTP	43.0 H	U/L	0.0 - 40.0

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Abhinay Verma

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BIOCHEMISTRY

BILIRUBIN TOTAL :- Method: DPD assay. Interpretation:-Total Bilirubin measurements are used in the diagnosis and treatment of various liver diseases, and of haemolytic and metabolic disorders in adults and newborns. Both obstruction damage to hepatocellular structure.

BILIRUBIN DIRECT :- Method: Diazo method Interpretation:-Determinations of direct bilirubin measure mainly conjugated, water soluble bilirubin.

SGOT - AST :- Method: IFCC without pyridoxal phosphate activation. Interpretation:-SGOT (AST) measurements are used in the diagnosis and treatment of certain types of liver and heart disease.

SGPT - ALT :- Method: IFCC without pyridoxal phosphate activation. Interpretation:-SGPT (ALT) Ratio Is Used For Differential Diagnosis In Liver Diseases.

TOTAL PROTEINS :- Method: Biuret colorimetric assay. Interpretation:-Total protein measurements are used in the diagnosis and treatment of a variety of liver and kidney diseases and bone marrow as well as metabolic and nutritional disorder.

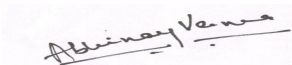
ALBUMIN :- Method: Colorimetric (BCP) assay. Interpretation:-For Diagnosis and monitoring of liver diseases, e.g. liver cirrhosis, nutritional status.

ALKALINE PHOSPHATASE :- Method: Colorimetric assay according to IFCC. Interpretation:-Elevated serum ALT is found in hepatitis, cirrhosis, obstructive jaundice, carcinoma of the liver, and chronic alcohol abuse. ALT is only slightly elevated in patients who have an uncomplicated myocardial infarction. **GGTP-GAMMA GLUTAMYL TRANSPEPTIDASE** :- Method: Enzymatic colorimetric assay. Interpretation:- γ -glutamyltransferase is used in the diagnosis and monitoring of hepatobiliary disease. Enzymatic activity of GGT is often the only parameter with increased values when testing for such diseases and is one of the most sensitive indicator known.

LIPID PROFILE

TOTAL CHOLESTEROL	189		<200 mg/dl :- Desirable 200-240 mg/dl :- Borderline >240 mg/dl :- High
HDL CHOLESTEROL	45.0		High Risk :- <40 mg/dl (Male), <40 mg/dl (Female) Low Risk :- >=60 mg/dl (Male), >=60 mg/dl (Female)
LDL CHOLESTEROL	130.7		Optimal :- <100 mg/dl Near or Above Optimal :- 100-129 mg/dl Borderline :- 130-159 mg/dl High :- 160-189 mg/dl Very High :- >190 mg/dl
CHOLESTERO VLDL	20	mg/dl	10 - 50
TRIGLYCERIDES	100.0		Normal :- <150 mg/dl Border Line:- 150 - 199 mg/dl High :- 200 - 499 mg/dl Very high :- > 500 mg/dl
CHOLESTEROL/HDL RATIO	4.0	%	

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CHOLESTEROL TOTAL :- Method: CHOD-PAP enzymatic colorimetric assay.
interpretation:-The determination of the individual total cholesterol (TC) level is used for screening purposes while for a better risk assessment it is necessary to measure additionally lipid & lipoprotein metabolic disorders.

HDL CHOLESTEROL :- Method:-Homogenous enzymetic colorimetric method.
Interpretation:-HDL-cholesterol has a protective against coronary heart disease, while reduced HDL-cholesterol concentrations, particularly in conjunction with elevated triglycerides, increase the cardiovascular disease.

LDL CHOLESTEROL :- Method: Homogenous enzymatic colorimetric assay.
Interpretation:-LDL play a key role in causing and influencing the progression of atherosclerosis and in particular coronary sclerosis. The LDL are derived from VLDL rich in TG by the action of various lipolytic enzymes and are synthesized in the liver.

CHOLESTEROL VLDL :- Method: VLDL Calculative

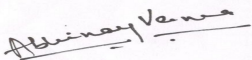
TRIGLYCERIDES :- Method: GPO-PAP enzymatic colorimetric assay.
Interpretation:-High triglyceride levels also occur in various diseases of liver, kidneys and pancreas. DM, nephrosis, liver obstruction.

CHOLESTEROL/HDL RATIO :- Method: Cholesterol/HDL Ratio Calculative

Sample: Serum

UREA	26.5	mg/dl	16.60 - 48.50
BUN	12.0	mg/dl	6 - 20
CREATININE	0.54	mg/dl	0.50 - 0.90
SODIUM	139.0	mmol/L	136 - 145
POTASSIUM	5.15	mmol/L	3.50 - 5.50
CHLORIDE	103.8	mmol/L	98 - 107
URIC ACID	4.5	mg/dl	2.4 - 5.7
CALCIUM	8.74	mg/dl	8.60 - 10.00

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BIOCHEMISTRY

CREATININE - SERUM :- Method:-Jaffe method, Interpretation:-To differentiate acute and chronic kidney disease.

URIC ACID :- Method: Enzymatic colorimetric assay. Interpretation:- Elevated blood concentrations of uric acid are renal diseases with decreased excretion of waste products, starvation, drug abuse and increased alcohol consume.

SODIUM:- Method: ISE electrode. Interpretation:-Decrease: Prolonged vomiting or diarrhea, diminished reabsorption in the kidney and excessive fluid retention. Increase: excessive fluid loss, high salt intake and kidney reabsorption.

POTASSIUM :- Method: ISE electrode. Interpretation:-Low level: Intake excessive loss from body due to diarrhea, vomiting renal failure, High level: Dehydration, shock severe burns, DKA, renal failure.

CHLORIDE - SERUM :- Method: ISE electrode. Interpretation:-Decrease: reduced dietary intake, prolonged vomiting and reduced renal reabsorption as well as forms of acidosis and alkalosis.
Increase: dehydration, kidney failure, some form of acidosis, high dietary or parenteral chloride intake, and salicylate poisoning.

UREA:- Method: Urease/GLDH kinetic assay. Interpretation:-Elevations in blood urea nitrogen concentration are seen in inadequate renal perfusion, shock, diminished blood volume, chronic nephritis, nephrosclerosis, tubular necrosis, glomerular nephritis and UTI.

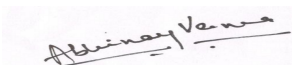
CALCIUM TOTAL :- Method: O-Cresolphthaleine complexone. Interpretation:-Increase in serum PTH or vit-D are usually associated with hypercalcemia. Increased serum calcium levels may also be observed in multiple myeloma and other neoplastic diseases. Hypocalcemia may be observed in hypoparathyroidism, nephrosis, and pancreatitis.

Sample: WHOLE BLOOD EDTA

HBA1C	5.1	%		
			< 5.7%	Nondiabetic
			5.7-6.4%	Pre-diabetic
			> 6.4%	Indicate Diabetes
				Known Diabetic Patients
			< 7 %	Excellent Control
			7 - 8 %	Good Control
			> 8 %	Poor Control

Method : - Turbidimetric inhibition immunoassay (TINIA)
 Interpretation:-Monitoring long term glycemic control, testing every 3 to 4 months is generally sufficient.
 The approximate relationship between HbA1C and mean blood glucose values during the preceding 2 to 3 months.

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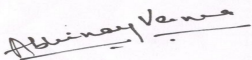
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CLINICAL PATHOLOGY

Test Name	Result	Unit	Biological Ref. Range	Sample: Urine
<u>URINE SUGAR (POST PRANDIAL)</u>				
URINE SUGAR (POST PRANDIAL)	NEGATIVE		NEGATIVE	Sample: Urine
<u>URINE SUGAR (RANDOM)</u>				
URINE SUGAR (RANDOM)	NEGATIVE		NEGATIVE	Sample: Urine
PHYSICAL EXAMINATION				
VOLUME	20	ml		Sample: Urine
COLOUR	PALE YELLOW		P YELLOW	
APPEARANCE	CLEAR		CLEAR	
CHEMICAL EXAMINATION				
PH	6.0		5.5 - 7.0	
SPECIFIC GRAVITY	1.005		1.016-1.022	
PROTEIN	NEGATIVE		NEGATIVE	
SUGAR	NEGATIVE		NEGATIVE	
BILIRUBIN	NEGATIVE		NEGATIVE	
BLOOD	NEGATIVE			
KETONES	NEGATIVE		NEGATIVE	
NITRITE	NEGATIVE		NEGATIVE	
UROBILINOGEN	NEGATIVE		NEGATIVE	
LEUCOCYTE	NEGATIVE		NEGATIVE	
MICROSCOPIC EXAMINATION				
WBCS/HPF	1-2	/hpf	0 - 3	
RBCS/HPF	00	/hpf	0 - 2	
EPITHELIAL CELLS/HPF	1-2	/hpf	0 - 1	
CASTS	NIL		NIL	
CRYSTALS	NIL		NIL	

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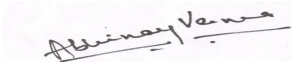
CLINICAL PATHOLOGY

BACTERIA NIL NIL
OHTERS NIL NIL

Methodology:-

Glucose: GOD-POD, Bilirubin: Diazo-Azo-coupling reaction with a diazonium, Ketone: Nitro Pruside reaction, Specific Gravity: Proton release from ions, Blood: Pseudo-Peroxidase activity of Haem moiety, pH: Methylene Red-Bromothymol Blue (Double indicator system), Protein: H⁺ Release by buffer, microscopic & chemical method. Interpretation: Diagnosis of Kidney function, UTI, Presence of Protein, Glucoses, Blood. Vocabulary syntax: Kit insert

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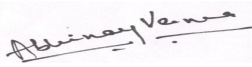
HEMATOLOGY

Test Name	Result	Unit	Biological Ref. Range
<u>CBC (COMPLETE BLOOD COUNT)</u>			
Sample: WHOLE BLOOD EDTA			
HAEMOGLOBIN	10.3 L	g/dl	12.0 - 15.0
PACKED CELL VOLUME(PCV)	35.3 L	%	36.0 - 46.0
MCV	83.8	fl	82 - 92
MCH	24.5 L	pg	27 - 32
MCHC	29.2 L	g/dl	32 - 36
RBC COUNT	4.21	millions/cu.mm	3.80 - 4.80
TLC (TOTAL WBC COUNT)	7.90	10 ³ / uL	4 - 10
<u>DIFFERENTIAL LEUCOCYTE COUNT</u>			
NEUTROPHILS	63.0	%	40 - 80
LYMPHOCYTE	29.1	%	20 - 40
EOSINOPHILS	2.7	%	1 - 6
MONOCYTES	4.8	%	2 - 10
BASOPHIL	0.4 L	%	1 - 2
PLATELET COUNT	1.25 L	lakh/cumm	1.500 - 4.500

HAEMOGLOBIN :- Method:-SLS HemoglobinMethodology by Cell Counter.Interpretation:-Low-Anemia, High-Polycythemia.
MCV :- Method:- Calculation bysystemex.
MCH :- Method:- Calculation bysystemex.
MCHC :- Method:- Calculation bysystemex.
RBC COUNT :- Method:-Hydrodynamicfocusing.Interpretation:-Low-Anemia,High-Polycythemia.
TLC (TOTAL WBC COUNT) :- Method:-Optical Detectorblock based on Flowcytometry.Interpretation:-High-Leucocytosis, Low-Leucopenia.
NEUTROPHILS :- Method: Optical detectorblock based on Flowcytometry
LYMPHOCYTS :- Method: Optical detectorblock based on Flowcytometry
EOSINOPHILS :- Method: Optical detectorblock based on Flowcytometry
MONOCYTES :- Method: Optical detectorblock based on Flowcytometry
BASOPHIL :- Method: Optical detectorblock based on Flowcytometry
PLATELET COUNT :- Method:-Hydrodynamicfocusing method.Interpretation:-Low-Thrombocytopenia, High-Thrombocytosis.
HCT: Method:- Pulse Height Detection. Interpretation:-Low-Anemia, High-Polycythemia.
NOTE: CH- CRITICAL HIGH, CL: CRITICAL LOW, L: LOW, H: HIGH

ESR (ERYTHROCYTE SEDIMENTATION RATE)	55 H	mm/1st hr	0 - 15
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Method:-Modified Westergrens.

Interpretation:-Increased in infections, sepsis, and malignancy.

****End Of Report****

RESULT ENTERED BY : SUNIL EHS

DEPARTMENT OF RADIO DIAGNOSIS

UHID / IP NO	40010867 (5389)	RISNo./Status :	4025198/
Patient Name :	Mrs. RUMALI MEENA	Age/Gender :	50 Y/F
Referred By :	Dr. EHS CONSULTANT	Ward/Bed No :	OPD
Bill Date/No :	26/02/2024 8:48AM/ OPSCR23-24/14018	Scan Date :	
Report Date :	26/02/2024 10:35AM	Company Name:	Mediwheel - Arcofemi Health Care Ltd.

USG REPORT - ABDOMEN AND PELVIS

LIVER:

Is enlarged in size (16.8cm) and shows increased parenchymal echotexture.

No obvious focal lesion seen. No intra hepatic biliary radical dilatation seen.

GALL BLADDER:

Partially distended. Visualized lumen is clear.

PANCREAS:

Appears normal in size and shows uniform echo texture. The pancreatic duct is normal. No calcifications are seen.

SPLEEN:

Appears normal in size and it shows uniform echo texture.

RIGHT KIDNEY:

The shape, size and contour of the right kidney appear normal.

Corticomedullary differentiation is maintained. No evidence of pelvicalyceal dilatation.

No calculi seen.

LEFT KIDNEY:

The shape, size and contour of the left kidney appear normal.

Corticomedullary differentiation is maintained. No evidence of pelvicalyceal dilatation.

No calculi seen.

URINARY BLADDER:

Partially distended. (Patient is not willing to hold further urine pressure).

UTERUS:

Appears mildly bulky and shows an intramural fibroid of size 20x26mm in anterior myometrium.

Endometrial thickness measures ~ 5.6 mm.

ADNEXAE:

No obvious adnexal mass seen.

DEPARTMENT OF RADIO DIAGNOSIS

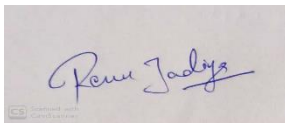
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No focal fluid collections seen.

IMPRESSION:

Hepatomegaly with grade-I fatty liver.

Uterine fibroid.



DR. RENU JADIYA

Consultant – Radiology

MBBS, DNB

DEPARTMENT OF RADIO DIAGNOSIS

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LEFT KIDNEY:

The shape, size and contour of the left kidney appear normal.

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No calculi seen.

URINARY BLADDER:

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UTERUS:

Appears mildly bulky and shows an intramural fibroid of size 20x26mm in anterior myometrium.

Endometrial thickness measures ~ 5.6 mm.

ADNEXAE:

No obvious adnexal mass seen.

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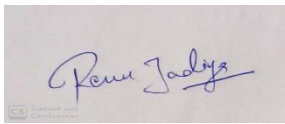
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Uterine fibroid.



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USG REPORT - BOTH BREASTS

RIGHT BREAST:

Parenchyma

Skin Thickness normal

Sub cutaneous fat normal.

No ductal Dilatation.

No focal lesion seen.

Fibroglandular echogenicity normal.

Nipple areolar complex normal.

Retromammary

Retromammary area appeared normal.

Axillary Tail

Axillary Tail: Normal.

Axillary Nodes

Few small volume lymphnodes with intact fatty hilum seen, largest 8mm in short axis.

LEFT BREAST:

Parenchyma

Skin Thickness normal.

Sub cutaneous fat normal.

No ductal Dilatation.

No focal lesion seen.

Fibroglandular echogenicity normal.

Nipple areolar complex normal.

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Retromammary

Retromammary area appeared normal.

Axillary Tail

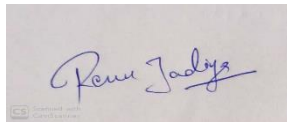
Axillary Tail: Normal.

Axillary Nodes

Few small volume lymphnodes with intact fatty hilum seen, largest 7mm in short axis.

IMPRESSION:

- Right breast parenchyma is normal.
- Left breast parenchyma is normal.
- Radiologically benign appearing bilateral axillary lymphnodes.
 - Suggested clinical correlation for further evaluation.



DR. RENU JADIYA

Consultant – Radiology

MBBS, DNB

DEPARTMENT OF CARDIOLOGY

UHID / IP NO	40010867 (5389)	RISNo./Status :	4025198/
Patient Name :	Mrs. RUMALI MEENA	Age/Gender :	50 Y/F
Referred By :	Dr. EHS CONSULTANT	Ward/Bed No :	OPD
Bill Date/No :	26/02/2024 8:48AM/ OPSCR23-24/14018	Scan Date :	
Report Date :	26/02/2024 3:32PM	Company Name:	Final

REFERRAL REASON: HEALTH CHECKUP

2D ECHOCARDIOGRAPHY WITH COLOR DOPPLER

M MODE DIMENSIONS: -

		Normal		Normal
IVSD	11.6	6-12mm	LVIDS	30.8
LVIDD	44.3	32-57mm	LVPWS	17.3
LVPWD	10.6	6-12mm	AO	28.4
IVSS	18.8	mm	LA	33.7
LVEF	60-62	>55%	RA	-

DOPPLER MEASUREMENTS & CALCULATIONS:

STRUCTURE	MORPHOLOGY	VELOCITY (m/s)				GRADIENT (mmHg)	REGURGITATION
		E	0.66	e'	-		
MITRAL VALVE	NORMAL	A	0.71	E/e'	-	-	NIL
		E	0.58				
TRICUSPID VALVE	NORMAL	A	0.71		-	NIL	
		E	1.24				
AORTIC VALVE	NORMAL	1.24				-	NIL
PULMONARY VALVE	NORMAL	0.52				-	NIL

COMMENTS & CONCLUSION: -

- ALL CARDIAC CHAMBERS ARE NORMAL
- NO RWMA, LVEF 60-62%
- NORMAL LV SYSTOLIC FUNCTION
- GRDAE I LV DIASTOLIC DYSFUNCTION
- ALL CARDIAC VALVES ARE NORMAL
- NO EVIDENCE OF CLOT/VEGETATION/PE
- INTACT IVS/IAS

IMPRESSION: - GRDAE I LV DIASTOLIC DYSFUNCTION, NORMAL BI VENTRICULAR SYSTOLIC FUNCTION

DR SUPRIY JAIN
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INTERVENTIONAL CARDIOLOGY

DR ROOPAM SHARMA
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CONSULTANT & INCHARGE
EMERGENCY, PREVENTIVE CARDIOLOGY
AND WELLNESS CENTRE

ETERNAL HOSPITAL MEDICAL TESTING LABORATORY

Patient Name	Mrs. RUMALI MEENA	Lab No	635946
UHID	341275	Collection Date	26/02/2024 10:56AM
Age/Gender	50 Yrs/Female	Receiving Date	26/02/2024 10:57AM
IP/OP Location	O-OPD	Report Date	26/02/2024 1:01PM
Referred By	Dr. EHCC Consultant	Report Status	Final
Mobile No.	9773349797		

BLOOD BANK INVESTIGATION

Test Name	Result	Unit	Biological Ref. Range
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BLOOD GROUPING	"A" Rh Negative		
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Note :

1. Both forward and reverse grouping performed.
2. Test conducted on EDTA whole blood.

****End Of Report****

RESULT ENTERED BY : Mr. ARVIND KUMAR DIXIT

Dr. NEHA GUPTA
MBBS|DIHBT|
INCHARGE BLOOD CENTRE

Mr. ARVIND KUMAR DIXIT
DMLT2008
TECHNICAL SUPERVISOR