



**DEPARTMENT OF LABORATORY**

NAVI MUMBAI

<b>Patient Name</b> : Mrs. VARSHA KUMARI	<b>Age /Gender</b> : 36 Y(s)/Female
<b>Bill No/ UMR No</b> : NMBC63397/NMU0048885	<b>Referred By</b> : Dr. DMO
<b>Received Dt</b> : 23-Mar-24 10:11 am	<b>Report Date</b> : 23-Mar-24 05:32 pm

**FINAL REPORT**

<u>Parameters</u>	<u>Specimen</u>	<u>Result</u>	<u>Biological Reference Intervals</u>	<u>Method</u>
<b>CUE(COMPLETE URINE EXAMINATION)</b>				
<b><u>PHYSICAL EXAMINATION</u></b>				
<b>VOLUME</b>	Urine	10 ML		
<b>COLOUR</b>		PALE YELLOW	PALE YELLOW	
<b>APPEARANCE</b>		CLEAR	CLEAR	
<b>DEPOSIT</b>		ABSENT	ABSENT	
<b><u>CHEMICAL EXAMINATION</u></b>				
<b>SPECIFIC GRAVITY</b>	Urine	1.020	1.000 - 1.030	Dipstick
<b>PH</b>		5.0	5.0 - 8.0	Dipstick
<b>PROTEIN</b>		NEGATIVE	NEGATIVE	Dipstick/Heat coagulation test
<b>GLUCOSE</b>		ABSENT	ABSENT	Dipstick/Benedict's test
<b>UROBILINOGEN</b>		NORMAL	NORMAL	Dipstick
<b>KETONE</b>		NEGATIVE	NEGATIVE	Dipstick/Rothera's Nitroprusside test.
<b>BLOOD</b>		NEGATIVE	NEGATIVE	Dipstick/Microscopy
<b>BILIRUBIN</b>		NEGATIVE	NEGATIVE	Dipstick/Fouchet's test
<b>BILE SALT</b>		NEGATIVE	NEGATIVE	Hay's sulphur powder test
<b>BILE PIGMENT</b>		NEGATIVE	NEGATIVE	Fouchet test
<b>NITRITE</b>		NEGATIVE	NEGATIVE	Dipstick
<b>LEUCOCYTE ESTERASE</b>		NEGATIVE	NEGATIVE	
<b><u>MICROSCOPIC EXAMINATION</u></b>				
<b>PUS CELLS</b>	Urine	1-2	0 - 5 /hpf	MICROSCOPIC EXAMINATION
<b>RBC</b>		NIL	0 - 5 /hpf	MICROSCOPIC EXAMINATION
<b>EPITHELIAL CELLS</b>		0-1	0 - 5 /hpf	MICROSCOPIC EXAMINATION
<b>CRYSTALS</b>		NIL	NIL	MICROSCOPIC EXAMINATION
<b>CASTS</b>		NIL	NIL	MICROSCOPIC EXAMINATION
<b>BACTERIA</b>		ABSENT		MICROSCOPIC EXAMINATION
<b>YEAST</b>		ABSENT		MICROSCOPIC EXAMINATION
<b>AMORPHOUS DEPOSITS</b>		ABSENT		MICROSCOPIC EXAMINATION
<b>SPERMATOZOA</b>				MICROSCOPIC EXAMINATION
<b>MUCUS THREAD</b>		ABSENT		MICROSCOPIC EXAMINATION





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HOSPITALS

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<b>Received Dt</b> : 23-Mar-24 10:11 am	<b>Report Date</b> : 23-Mar-24 05:32 pm

**Parameters**  
**NOTE**

**Specimen**

**Result**

**Biological Reference In Method**

Microscopic examination of urine is carried out on centrifuged urinary sediment.

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







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<b>Received Dt</b> : 23-Mar-24 10:11 am	<b>Report Date</b> : 23-Mar-24 03:35 pm

**FINAL REPORT**

<u>Parameter</u>	<u>Specimen</u>	<u>Result Values</u>	<u>Biological Reference</u>	<u>Method</u>
<b>COMPLETE BLOOD COUNT</b>				
<b>RBC</b>				
R B C COUNT	Blood	3.90	3.8 - 4.8 $10^6/\mu\text{L}$	
HEMOGLOBIN		8.5	12.0 - 15.0 g/dl	
PCV/HCT		28.0	40 - 50 % 36 - 46 %	
MCV		72	83 - 101 fl 83 - 101 fl	
MCH		21.9	27 - 32 pg	
MCHC		30.4	31.5 - 34.5 g/dL	
RDW(cv)		18.1	11.6 - 14.0 %	
<b>PLATELETS</b>				
PLATELET COUNT	Blood	233	150 - 400 $10^3/\mu\text{L}$	
MPV		10.9	7.5 - 11.5 fl	
<b>WBC</b>				
TC (TOTAL LEUCOCYTE COUNT)	Blood	10.3	4.0 - 11.0 $10^3/\mu\text{L}$	
<b>DIFFERENTIAL COUNT</b>				
NEUTROPHILS	Blood	67	40 - 80 %	
LYMPHOCYTES		26	20 - 40 %	
MONOCYTES		05	02 - 10 %	
EOSINOPHILS		02	00 - 06 %	
BASOPHILS		00	00 - 01 %	
PERIPHERAL SMEAR EXAMINATION		:		
RBC			Moderate anisopoikilocytosis. Microcytic hypochromic with ovalocytes, elliptocytes, some target cells and some polychromatic macrocytes.	
WBC			Normal morphology.	
PLATELETS			Adequate in smear.	
ADVISED			Serum iron studies.	
ESR	CITRATED BLOOD	63	0 - 20 mm/1st hour	WESTERGREN`S METHOD
<b>BLOOD GROUPING AND RH</b>				
BLOOD GROUP		" B "		TUBE AGGLUTINATION
RH TYPE		POSITIVE		
*** End Of Report ***				





**MEDICOVER**  
HOSPITALS

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<b>Received Dt</b> : 23-Mar-24 10:11 am	<b>Report Date</b> : 23-Mar-24 06:19 pm

Parameters

Specimen    Result

TUBE AGGLUTINATI







**DEPARTMENT OF LABORATORY**

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<b>Bill No/ UMR No</b> : NMBC63397/NMU0048885	<b>Referred By</b> : Dr. DMO
<b>Received Dt</b> : 23-Mar-24 10:08 am	<b>Report Date</b> : 23-Mar-24 05:26 pm

**FINAL REPORT**

<u>Parameter</u>	<u>Specimen</u>	<u>Result Values</u>	<u>Biological Reference</u>	<u>Method</u>
<b>FBS (FASTING BLOOD GLUCOSE WITH URINE GLUCOSE)</b>				
FASTING BLOOD GLUCOSE		97	Normal Range : 70 - 99 mg/dL	Hexokinase
FASTING URINE SUGAR		NIL		
<b>HBA1C (GLYCOSYLATED HAEMOGLOBIN)</b>				
HBA1C		5.3	< 5.7 Normal Prediabetic 5.7 - 6.4 & >=6.5 Diabetic %	TINIA
MPG(Mean Plasma Glucose)		105	Excellent Control : 90 - 120 mg/dL Good Control : 121 - 150 mg/dL	
<b>SERUM ELECTROLYTES</b>				
SERUM SODIUM		139	136 - 145 mmol/L	ISE INDIRECT
SERUM POTASSIUM		4.4	3.5 - 5.1 mmol/L	ISE INDIRECT
SERUM CHLORIDES		104	98 - 107 mmol/L	ISE INDIRECT
<b>T3,T4 AND TSH</b>				
T3		174.1	70 - 204 ng/dL	Method : ECLIA
T4		10.66	5.1 - 14.1 ug/dL	
TSH(THYROID STIMULATING HORMONE)		3.52	0.270 - 4.20 uIU/mL	Method : ECLIA
<b>SERUM CREATININE</b>				
CREATININE		0.61	0.6 - 1.2 mg/dl	Method : jaffe
<b>BUN / CREATININE RATIO</b>				
BUN (Blood Urea Nitrogen.)		10	7.0 - 21.0 mg/dL	Calculated
SERUM CREATININE		0.61	0.6 - 1.2 mg/dL	
BUN / CREATININE RATIO		16.4	10 - 20	
<b>LFT(LIVER FUNCTION TEST)</b>				
TOTAL BILIRUBIN		0.6	< 1.2 mg/dL	Method : Diazo Method
DIRECT BILIRUBIN		0.2	<= 0.20 mg/dL	Method: Diazo Method
INDIRECT BILIRUBIN		0.4	<= 1.0 mg/dL	
SGPT (ALT)		22	<= 33 U/L	Method : UV without P5P
SGOT (AST)		21	<= 32 U/L	Method : UV without P5P
ALKALINE PHOSPHATASE (ALP)		101	40 - 129 U/L 35 - 105 U/L	Method : PNPP, AMP Buffer - IFCC Ref.
TOTAL PROTEINS		7.9	6.0 - 8.0 g/dL	Method : Biuret method





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<b>Received Dt</b> : 23-Mar-24 10:11 am	<b>Report Date</b> : 25-Mar-24 10:35 am

<u>Parameters</u>	<u>Specimen</u>	<u>Result</u>	<u>Biological Reference In</u>	<u>Method</u>
SERUM ALBUMIN		4.0	3.5 - 5.2 g/dL	Method : Bromcresol Green (BCG)
GLOBULINS		3.9	2.5 - 3.5 g/dL	
A/G RATIO		1.03	1.2 - 2.5	
GAMMA GLUTAMYL TRANSFERASE(GGT)		15	6 - 42 U/L	Method : G-glutamyl-carboxy-nitr oanilide - IFCC Ref.
<b>BUN(BLOOD UREA NITROGEN)</b>				
BUN (Blood Urea Nitrogen.)		10	7.0 - 21.0 mg/dL	Calculated
<b>TOTAL PROTEIN</b>				
TOTAL PROTEINS		7.9	6.0 - 8.0 g/dL	Method : Biuret method
<b>LIPID PROFILE</b>				
TOTAL CHOLESTEROL		115	Desirable : : < 200 mg/dL Borderline High : : 200 - 239 mg/dL High risk : -> 240 mg/dL	METHOD : Enzymatic colorimetric
HDL CHOLESTEROL		39	Low : : < 40 mg/dL High : : > 60 mg/dL	Homogeneous enzymatic colorimetric
LDL CHOLESTEROL		63	Optimal : - < 100 mg/dL Near Optimal : 100 - 129 mg/dL Borderline High : 130 - 159 mg/dL High : 160 - 189 mg/dL Very High : - > 190 mg/dL	Direct-Enzymatic colorimetric
VLDL		13		
SERUM TRYGLYCERIDES		67	< 150 mg/dL Borderline High : 150 - 199 mg/dL High : 200 - 499 mg/dL	METHOD: Enzymatic colorimetric
CHO/HDL RATIO		2.95	Normal : - < 3.5 High Risk : - > 5.0	
LDL/HDL RATIO		1.62		
SERUM URIC ACID		5.0	2.4 - 5.7 mg/dL	uricase

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







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Parameters

Specimen

Result

Biological Reference In Method

**Lab Incharge**

**Dr. VISHAL MEHROTRA, MD Pathology**  
Consultant Hematology Serologist

Verified By : : 022443

Test results related only to the item tested.

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<b>Patient ID:</b>	<b>NMU0048885</b>	<b>Patient Name:</b>	<b>VARSHA KUMARI</b>
<b>Age:</b>	<b>36 Years</b>	<b>Sex:</b>	<b>F</b>
<b>Accession Number:</b>	<b>NMBC63397</b>	<b>Modality:</b>	<b>DX</b>
<b>Referring Physician:</b>	<b>DR.DMO</b>	<b>Study:</b>	<b>CHEST</b>
<b>Study Date:</b>	<b>23-Mar-2024</b>		

**X RAY CHEST PA VIEW**

Both lungs are clear.

The frontal cardiac dimensions are normal.

The pleural spaces are clear.

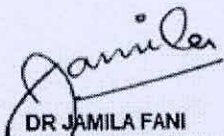
Both hilar shadows are normal in position and density.

No diaphragmatic abnormality is seen.

The soft tissues and bony thorax are normal.

**Impression:**

- **No significant abnormality is seen.**



DR JAMILA FANI  
Consultant Radiologist  
MBBS, MD

Date: 25-Mar-2024 18:01:58



<b>Patient ID:</b>	NMU0048885	<b>Patient Name:</b>	VARSHA KUMARI
<b>Age:</b>	36 Years	<b>Sex:</b>	F
<b>Accession Number:</b>	NMBC63397	<b>Modality:</b>	US
<b>Referring Physician:</b>	DR.DMO	<b>Study:</b>	USG ABDOMEN WHOLE
<b>Study Date:</b>	23-Mar-2024	<b>Study Time:</b>	12:50:18

### USG ABDOMEN & PELVIS

**The Liver** is normal in size (15.8 cm) and shows grade I fatty change. No focal lesion is seen. The Hepatic veins appear normal. There is no IHBR dilatation. The portal vein appears normal.

**The gall bladder** is physiologically distended with normal wall thickness. There is no evidence of gallstones. C.B.D. is of normal caliber.

**The Pancreas** is normal in size and echotexture.

**The spleen** is enlarged size (12.8 cm). No focal lesion is seen.

**Both kidneys** are normal in size, shape and echotexture. They shows normal cortical echogenicity with maintained cortico-medullary distinction.

The Right Kidney measures 10.4 x 3.9 cm.

The Left Kidney measures 11.5 x 4.0 cm.

There is no evidence of a calculus, hydronephrosis, or hydroureter.

**The Urinary bladder** is adequately distended and shows normal wall thickness. No evidence of any intraluminal mass or calculi.

**The uterus** is normal in size and echotexture. It measures 8.4 x 4.3 x 5.0 cm.

No focal lesion is seen. The Endometrial thickness is 3.7 mm. IUCD seen in situ.

**Both ovaries** are well visualized and appear normal in size and echotexture.

The Right ovary measures 2.8 x 2.3 cm

The Left ovary measures 2.7 x 2.1 cm

There is no evidence of any ovarian or adnexal mass lesion.

Visualised bowel loops are unremarkable.

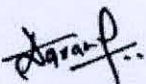
There is no evidence of significant lymphadenopathy.

No ascitis is seen.

### IMPRESSION:

**Grade I fatty liver.**

**Mild splenomegaly.**



DR. ANUPKUMAR AGRAWAL  
Consultant & HOD Radiology  
MBBS, MD