Priya Sharma. 29/F.

Height - 152 cm

weight - 54kg

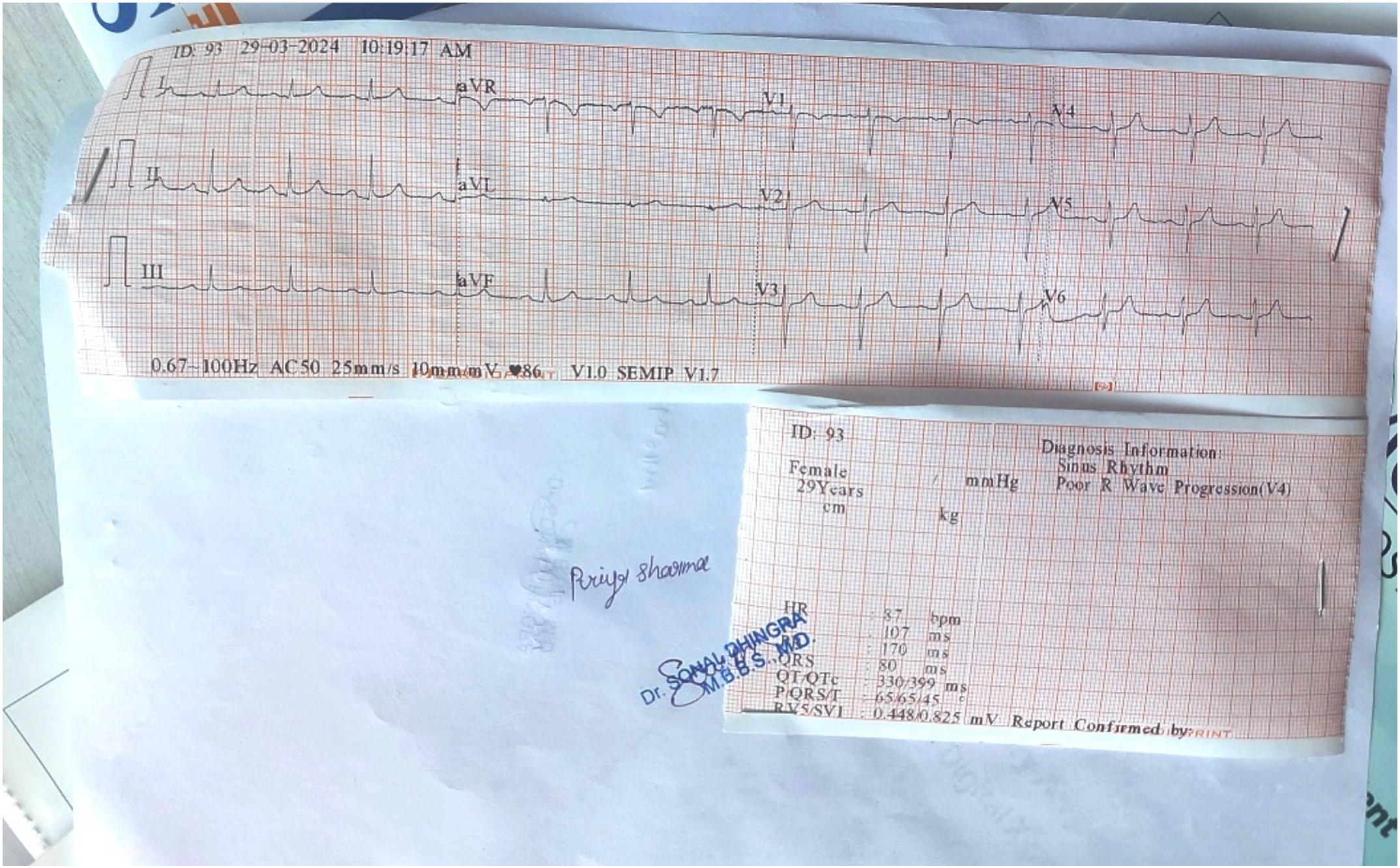
BMI - 23.4

Phone no - 6395193810

BP. - 90/125 mm Hg

Dr. SONAL DHINGRA
M.B.B.S., M.D.

Priya sharma


ID: 93 29-03-2024 10:19:17 AM
I
aVR
V1
V4
II
aVL
V2
V5
III
aVF
V3
V6
0.67-100Hz AC50 25mm/s 10mm/mV ♥86 V1.0 SEMIP V1.7
ID: 93
Female
29Years
cm
mmHg
kg
Diagnosis Information:
Sinus Rhythm
Poor R Wave Progression(V4)
HR 87 bpm
107 ms
170 ms
QRS 80 ms
QT/QTc 330/399 ms
P/QRS/T 65/65/45
RV5/SV1 0.448/0.825 mV Report Confirmed by:
Priya sharma
Dr. SONALI DHINGRA
M.B.B.S. MD

SDA DIAGNOSTICS
A Quality Controlled Pathology Lab
ISO 9001:2015

Branch-1: I Block, 114/1, Shastri Nagar, Near Kuli Chowraha, PVS Road, Meerut
Branch-2: G-9, Hitech Plaza, Garh Road, Opp. Yug Hospital, Hapur Bus Stand, Meerut
24 HOURS Helpline No. : +91 95481 32613

PT. NAME	MRS. PRIYA SHARMA	AGE/SEX	29Y/F	FILM
REF. BY	DR. SELF	DATE:	29/03/2024	01

X-RAY CHEST PA VIEW

- Both CP angles are normal.
- Trachea is normal in position.
- Cardiac size is within normal limits.
- Both hila are normal.
- Heart, aorta & mediastinum are normal
- Bony thoracic cage appears normal.

NORMAL STUDY

DR. MOHIT SHARMA
(MBBS)(DMRD) Chief consultant
Interventional Radiologist

Dr. Shivangi Singhal
M.D. Pathology

Dr. Sonal Dhingra Anand
M.D. Pathology

- *Test Values may vary with different lab standards, methods, kits used and other physiological & biological factors.*
- *The clinico pathological lab tests involve Man-Machine-Computer interface with slight chances of inadvertent discrepency and should be immediately discussed & alleviated.*
- *Report purports for patients care and not for medicalegal documents.*

Reg. No. : RMEE2229839 | Certificate No. : CMEE2369518 | Dr. Regn. No. : SMC/11566

Meenakshi Diagnostics

73-C, Garh Road, Near Hotel Harmony Inn, Meerut-250002 (U.P.)
Ph. : 0121-2766666, 9458802222, 9458803333, 9458804444, 9458806666

Centre equipped with M.R.I. with upgraded software of 3T Platform, 500 Slice VHS C.T. Scan
Digital X-Ray, Mammography, O.P.G., 4D / 5D Ultrasound & Colour Doppler, 2-D Echocardiography

Pt. Name	Mrs. Priya Sharma	Age/Sex	29 Yrs/F
Ref. By	C/o S. D. A Diagnostics	Date:	29.03.2024

Patient identity can't be verified

ECHOCARDIOGRAPHY REPORT

MEASUREMENTS:

DIMENSIONS		NORMAL			NORMAL
AO (ed)	2.5 cm	(2.1 – 3.7 cm)	IVS (ed)	1.0 cm	(0.6 – 1.2 cm)
LA (es)	2.6 cm	(2.1 – 3.7 cm)	LVPW (ed)	1.2 cm	(0.6 – 1.2 cm)
RVID (ed)	2.4 cm	(1.1 – 2.3 cm)	EF	65%	(62% – 85%)
LVID (ed)	5.0 cm	(3.6 – 5.2 cm)	FS	35%	(28% – 42%)

MORPHOLOGICAL DATA:

Mitral	Normal	LA	Normal
Aortic Valve	Normal	RA	Normal
Pulmonary Valve	Normal	IAS	Intact
Tricuspid Valve	Normal	IVS	Intact
LV	Normal	AO	Normal
RV	Normal	Pericardium	Normal

Contd...2

Note : All congenital anomalies may not be diagnosed in routine USG. The USG findings should always be considered in correlation with clinical and other investigations findings to reach the final diagnosis. Kindly intimate us for any typing mistakes and return the report for correction within 7 days. ***Not valid for medico-legal purpose.***

Meenakshi Diagnostics

73-C, Garh Road, Near Hotel Harmony Inn, Meerut-250002 (U.P.)
Ph. : 0121-2766666, 9458802222, 9458803333, 9458804444, 9458806666

Centre equipped with M.R.I. with upgraded software of 3T Platform, 500 Slice VHS C.T. Scan, Digital X-Ray, Mammography, O.P.G., 4D / 5D Ultrasound & Colour Doppler, 2-D Echocardiography

Pt. Name	Mrs. Priya Sharma	Age/Sex	29 Yrs/F
Ref. By	C/o S. D. A Diagnostics	Date:	29.03.2024

Patient identity can't be verified

2-D ECHOCARDIOGRAPHY FINDINGS:

LV normal in size with normal LV systolic function. No regional wall motion abnormality. RV normal in size with adequate contractions. LA and RA are normal. All cardiac valves structurally normal. Pericardium normal. No intra-cardiac mass. Estimated LV ejection fraction is approximately 65%.

COLOR FLOW MAPPING:
Normal.

DOPPLER STUDIES:
MVIS **E > A**

Peak systolic velocity across aortic valve = 1.3m/sec.
Peak systolic velocity across pulmonary valve = 1.0m/sec.

IMPRESSION:

- **LV normal in size with adequate LV systolic function**
- **LVEF = 65%.**
- **No MS/MR/AS/AR/TR**
- **No LV clot / mass**
- **No pericardial effusion.**

Dr. Sanjeev Khare
MD (Echocardiologist)

...agnosed in routine USG. The USG findings should always be considered in ...ons findings to reach the final diagnosis. Kindly intimate us for any typing ...correction within 7 days. **Not valid for medico-legal purpose.**

Meenakshi Diagnostics

73-C, Garh Road, Near Hotel Harmony Inn, Meerut-250002 (U.P.)
Ph. : 0121-2766666, 9458802222, 9458803333, 9458804444, 9458806666

Centre equipped with M.R.I. with upgraded software of 3T Platform, 500 Slice VHS C.T. Scan, Digital X-Ray, Mammography, O.P.G., 4D / 5D Ultrasound & Colour Doppler, 2-D Echocardiography

Pt. Name	Mrs. Priya Sharma	Age/Sex	29 Yrs/F	Film
Ref. By	C/o S. D. A Diagnostics	Date:	29.03.2024	02

Patient identity can't be verified

USG WHOLE ABDOMEN

(Transabdominal method only)

Liver: is normal in size with normal parenchymal echogenecity. No focal/ diffuse mass lesion seen. IHBRs are normal. Margins are regular.

Gall Bladder: is well distended. Wall thickness is normal. No calculus / focal mass seen. No pericholecystic collection seen.

CBD: measures approx. 2.9 mm in its middle part with distal smooth tapering. *Distal most end of CBD could not be evaluated due to overlying bowel gases.*

Portal Vein: is normal in caliber.

Pancreas: appears normal in size and echotexture in the visualized area. No peripancreatic collection is noted.

Spleen: is normal in size, measuring ~ 10.5x4.1 cm and shows normal echopattern.

Right kidney measures ~ 10.2x3.6 cm. It is normal in size, position, contour and cortical echotexture. No calculus/ hydronephrosis seen. Corticomedullary differentiation is maintained. Renal margins are regular.

Left kidney measures ~ 11.9x3.8 cm. It is normal in size, position, contour and cortical echotexture. No calculus/ hydronephrosis seen. Corticomedullary differentiation is maintained. Renal margins are regular.

Urinary Bladder: *is almost empty, hence pelvic organs could not be well visualized. Patient is not willing to hold more urine.*

Uterus: is anteverted, normal in size, measuring ~ 7.9x3.7x5 cm.

Right ovary measures ~ 1.9x2.3x2.4 cm (vol. ~ 6 cc). **Left ovary** measures ~ 1.4x2.6x3 cm (vol. ~ 6.2 cc). Both ovaries show normal size and echopattern.

No free fluid is seen in pouch of douglas.

IMPRESSION:

- **No significant sonological abnormality seen.**

Please correlate clinically

Dr. Sandeep Singh Soam
MD

Dr. Sandeep Sirohi DMRD	Dr. Renu Diwakar MBBS	Dr. Mohd. Saalim MD	Dr. Sandeep Singh Soam MD	Dr. Mohd. Qasim DMRD

Note : All congenital anomalies may not be diagnosed in routine USG. The USG findings should always be considered in correlation with clinical and other investigations findings to reach the final diagnosis. Kindly intimate us for any typing mistakes and return the report for correction within 7 days. ***Not valid for medico-legal purpose.***

SDA DIAGNOSTICS
A Quality Controlled Pathology Lab

Branch-1: I Block, 114/1, Shastri Nagar, Near Kuti Chowraha, PVS Road, Meerut
Branch-2: G-9, Hitech Plaza, Garh Road, Opp. Yug Hospital, Hapur Bus Stand, Meerut
Helpline No. : +91 95481 32613

Lab Ref. No.	: 234030807	C. NO: 20	Centre Name	: SDA Diagnostics	
Name	: Mrs. PRIYA SHARMA		Collection Time	: 29-Mar-2024 10:53AM	
Age/ Gender	: 29Y / Female		Receiving Time	: 29-Mar-2024 10:53AM	
Referred By	: Dr. SELF		Reporting Time	: 29-Mar-2024 11:51AM	
Sample By	:				

Test Name	Results	Units	Biological Ref-Interval
	HAEMATOLOGY		
COMPLETE BLOOD COUNT			
HAEMOGLOBIN (Colorimetry)	12.70	g/dl	12-16.5
TOTAL LEUCOCYTE COUNT (Electric Impedence)	4600.00	/Cum m	4000-11000
DIFFERENTIAL LEUCOCYTE COUNT (Microscopy)			
Neutrophils	50.00	%	44-68
Lymphocytes	**45.00**	%	25- 44
Eosinophils	2.00	%	0.0- 4.0
Monocytes	3.00	%	0.0-7.0
Basophils	0.00	%	0.0-1.0
Immature Cells	00	%	
Absolute Count			
Neutrophils Count (calculated)	2300.00	/cumm	2000-7000
Lymphocytes Count (calculated)	2070.00	/cumm	1000-3000
Eosinophils Count (calculated)	92.00	/cumm	40-440
Monocytes Count (calculated)	**138.00**	/cumm	200-1000
Basophils Count (calculated)l	0.00	/cumm	0-30
TOTAL R.B.C. COUNT (Electric Impedence)	4.35	10^6/uL	3.50-5.50
Haematocrit Value (P.C.V.) (Calculated)	37.10	%	37.0-54.0
MCV (Calculated)	85.00	fL	76-98
MCH	29.10	pg	27-32

Sonal Dhingra

Dr. Bhavna Sharma
M.D. Pathology

Dr. Swati Tiwari
M.D. Microbiology

Dr. Sonal Dhingra Anand
M.D. Pathology

- Test Values may vary with different lab standards, methods, kits used and other physiological & biological factors.
- The clinico pathological lab tests involve Man-Machine-Computer interface with slight chances of inadvertent discrepency and should be immediately discussed & alleviated.
- Report purports for patients care and not for medicalegal documents.

SDA DIAGNOSTICS
A Quality Controlled Pathology Lab

Branch-1: I Block, 114/1, Shastri Nagar, Near Kuti Chowraha, PVS Road, Meerut
Branch-2: G-9, Hitech Plaza, Garh Road, Opp. Yug Hospital, Hapur Bus Stand, Meerut
Helpline No. : +91 95481 32613

Lab Ref. No.	: 234030807 C. NO: 20	Centre Name	: SDA Diagnostics
Name	: Mrs. PRIYA SHARMA	Collection Time	: 29-Mar-2024 10:53AM
Age/ Gender	: 29Y / Female	Receiving Time	: 29-Mar-2024 10:53AM
Referred By	: Dr. SELF	Reporting Time	: 29-Mar-2024 11:51AM
Sample By	:		

Test Name	Results	Units	Biological Ref-Interval
(Calculated)			
MCHC	34.10	g/dl	31-35
(Calculated)			
RDW-CV	**15.30**	%	11.5 - 14.5
(Calculated)			
Platelet Count	207	Thousand/cumm	150-450
(Electric Impedence)			
MPV	**8.70**	fL	11.5-14.5
(Calculated)			
PDW	15.80	fL	9.0-17.0
(Calculated)			
E.S.R	18.00	mm	00-20
(Wintrobe methrod)			
Peripheral Smear	..		
BLOOD GROUP			
Blood Group	O		
Rh Status	POSITIVE		
	.		
GLYCATED HAEMOGLOBIN (HbA1c	5.20	%	4.5-6.0
ESTIMATED AVERAGE GLUCOSE	102.54	mg/dl	

EXPECTED RESULTS :

Non diabetic patients & Stabilized diabetics	:	4.5 % to 6.0 %
Good Control of diabetes	:	6.1 % to 7.0 %
Fair Control of diabetes	:	7.1 % to 8.0 %
Poor Control od diabetes	:	8 % and above

The glycosylated hemoglobin assay has been validated as a reliable indicator of mean blood glucose levels for a period of 8-12 week period prior to HBA1C determination.ADA recommends the testing twice a year in patients with stable blood glucose, and quarterly, if treatment changes, or if blood glucose levels are unstable.

Sonal Dhingra

Dr. Bhavna Sharma
M.D. Pathology

Dr. Swati Tiwari
M.D. Microbiology

Dr. Sonal Dhingra Anand
M.D. Pathology

- Test Values may vary with different lab standards, methods, kits used and other physiological & biological factors.
- The clinico pathological lab tests involve Man-Machine-Computer interface with slight chances of inadvertent discrepency and should be immediately discussed & alleviated.
- Report purports for patients care and not for medicalegal documents.

SDA DIAGNOSTICS
A Quality Controlled Pathology Lab

Branch-1: I Block, 114/1, Shastri Nagar, Near Kuti Chowraha, PVS Road, Meerut
Branch-2: G-9, Hitech Plaza, Garh Road, Opp. Yug Hospital, Hapur Bus Stand, Meerut
Helpline No. : +91 95481 32613

Lab Ref. No.	: 234030807	C. NO: 20	Centre Name	: SDA Diagnostics
Name	: Mrs. PRIYA SHARMA		Collection Time	: 29-Mar-2024 10:53AM
Age/ Gender	: 29Y / Female		Receiving Time	: 29-Mar-2024 10:53AM
Referred By	: Dr. SELF		Reporting Time	: 29-Mar-2024 2:10PM
Sample By	:			

Test Name	Results	Units	Biological Ref-Interval
	BIOCHEMISTRY		
BLOOD GLUCOSE FASTING (GOD/POD method)	89.00	mg/dl	70 - 110
BLOOD UREA NITROGEN	11.60	mg/dL	5-25

Sonal Dhingra

Dr. Bhavna Sharma
M.D. Pathology

Dr. Swati Tiwari
M.D. Microbiology

Dr. Sonal Dhingra Anand
M.D. Pathology

- Test Values may vary with different lab standards, methods, kits used and other physiological & biological factors.
- The clinico pathological lab tests involve Man-Machine-Computer interface with slight chances of inadvertent discrepency and should be immediately discussed & alleviated.
- Report purports for patients care and not for medicalegal documents.

SDA DIAGNOSTICS
A Quality Controlled Pathology Lab

Branch-1: I Block, 114/1, Shastri Nagar, Near Kuti Chowraha, PVS Road, Meerut
Branch-2: G-9, Hitech Plaza, Garh Road, Opp. Yug Hospital, Hapur Bus Stand, Meerut
Helpline No. : +91 95481 32613

Lab Ref. No.	: 234030807	C. NO: 20	Centre Name	: SDA Diagnostics
Name	: Mrs. PRIYA SHARMA		Collection Time	: 29-Mar-2024 10:53AM
Age/ Gender	: 29Y / Female		Receiving Time	: 29-Mar-2024 10:53AM
Referred By	: Dr. SELF		Reporting Time	: 29-Mar-2024 2:08PM
Sample By	:			

Test Name	Results	Units	Biological Ref-Interval
LIVER PROFILE			
SERUM BILIRUBIN			
TOTAL (Diazo)	0.41	mg/dl	0.30-1.20
DIRECT (Diazo)	0.18	mg/dl	0.00-0.20
INDIRECT (Calculated)	0.23	mg/dl	0.20-1.00
S.G.P.T. (IFCC method)	21.00	U/L	0-45
S.G.O.T. (IFCC method)	30.00	U/L	0-45
SERUM ALKALINE PHOSPHATASE (4-nitrphenylphosphate to 2-amino-2-methyl-1propan	93.00	IU/L.	35-145
SERUM PROTEINS			
TOTAL PROTEINS (Biuret)	6.20	Gm/dL.	6.0-8.0
ALBUMIN (Bromocresol green Dye)	3.80	Gm/dL.	3.5-5.2
GLOBULIN (Calculated)	**2.40**	Gm/dL.	2.5-3.5
A : G RATIO (Calculated)	1.58		1.5-2.5

LIVER FUNCTION TESTS CHECK THE LEVEL OF CERTAIN ENZYMES AND PROTEINS IN BLOOD

Levels that are higher or lower than normal can indicate liver problems. Some common liver function tests include :

Alanine transaminase (ALT). ALT is an enzyme found in the liver and When the liver is damaged, ALT is released into the bloodstream and levels increase.

Aspartate transaminase (AST). AST is an enzyme that helps metabolize alanine,an amino acid. AST is normally present in blood at low levels. An increase in AST levels may indicate liver damage or disease or muscle damage.

Alkaline phosphatase (ALP). ALP is an enzyme in the liver, bile ducts and bone.

G.G.T.P.(GAMMA G.T.) (Glupa C)	35.00	U/L	< 38.0

Sonal Dhingra

Dr. Bhavna Sharma
M.D. Pathology

Dr. Swati Tiwari
M.D. Microbiology

Dr. Sonal Dhingra Anand
M.D. Pathology

- Test Values may vary with different lab standards, methods, kits used and other physiological & biological factors.
- The clinico pathological lab tests involve Man-Machine-Computer interface with slight chances of inadvertent discrepency and should be immediately discussed & alleviated.
- Report purports for patients care and not for medicalegal documents.

SDA DIAGNOSTICS
A Quality Controlled Pathology Lab

Branch-1: I Block, 114/1, Shastri Nagar, Near Kuti Chowraha, PVS Road, Meerut
Branch-2: G-9, Hitech Plaza, Garh Road, Opp. Yug Hospital, Hapur Bus Stand, Meerut
Helpline No. : +91 95481 32613

Lab Ref. No.	: 234030807	C. NO: 20	Centre Name	: SDA Diagnostics
Name	: Mrs. PRIYA SHARMA		Collection Time	: 29-Mar-2024 10:53AM
Age/ Gender	: 29Y / Female		Receiving Time	: 29-Mar-2024 10:53AM
Referred By	: Dr. SELF		Reporting Time	: 29-Mar-2024 2:08PM
Sample By	:			

Test Name	Results	Units	Biological Ref-Interval
RENAL PROFILE			
BLOOD UREA (Urease Glutamate dehydrogenase)	25.0	mg/dl	10-50
SERUM CREATININE (Jaffe`s)	0.80	mg/dL.	0.6-1.2
SERUM URIC ACID (Urecase method)	3.5	mg/dL.	3.5-7.5
SERUM SODIUM (Na) (ISE Direct)	138.0	mmol/l	135 - 155
SERUM POTASSIUM (K) (ISE Direct)	3.90	mmol/l	3.5 - 5.5
SERUM CALCIUM (Arsenazo)	**8.1**	mg/dl	8.5-10.1
SERUM PROTEIN			
TOTAL PROTEINS (Biuret)	6.20	Gm/dL.	6.0-8.0
SERUM ALBUMIN (Bromocresol green Dye)	3.80	Gm/dL.	3.5-5.2
GLOBULIN (Calculated)	**2.40**	Gm/dL.	2.5-3.5
A : G RATIO (Calculated)	1.58	Gm/dL.	1.5-2.5

INTERPRETATION:

Urea is the end product of protein metabolism. It reflects on funcioning of the kidney in the body. Creatinine is the end product of creatine metabolism. It is a measure of renal function and eleveted levels are observed in patients typically with 50% or greater impairment of renal function. Sodium is critical in maintaining water & osmotic equilibrium in extracellular fluids. Disturbances in acid base and water balance are typically reflected in the sodium concentrations . Potassium is an essential element involved in critical cell functions. Potassium levels are influenced by electrolyte intake ,excretion and other means of elemination, exercise, hydration and medications. Calcium imbalance my cause a spectrum of disease . High concentrations are seen in Hyperparathyroidism, Malignancy & Sarcoidosis. Low levels may be due to protein deficiency, renal insufficiency and Hypoparathyroidism. Repeat measurement is recommended if the values are outside the reference range.

Sonal Dhingra

Dr. Bhavna Sharma
M.D. Pathology

Dr. Swati Tiwari
M.D. Microbiology

Dr. Sonal Dhingra Anand
M.D. Pathology

- Test Values may vary with different lab standards, methods, kits used and other physiological & biological factors.
- The clinico pathological lab tests involve Man-Machine-Computer interface with slight chances of inadvertent discrepency and should be immediately discussed & alleviated.
- Report purports for patients care and not for medicalegal documents.

SDA DIAGNOSTICS
A Quality Controlled Pathology Lab

Branch-1: I Block, 114/1, Shastri Nagar, Near Kuti Chowraha, PVS Road, Meerut
Branch-2: G-9, Hitech Plaza, Garh Road, Opp. Yug Hospital, Hapur Bus Stand, Meerut
Helpline No. : +91 95481 32613

Lab Ref. No.	: 234030807	C. NO:	20	Centre Name	: SDA Diagnostics
Name	: Mrs. PRIYA SHARMA			Collection Time	: 29-Mar-2024 10:53AM
Age/ Gender	: 29Y / Female			Receiving Time	: 29-Mar-2024 10:53AM
Referred By	: Dr. SELF			Reporting Time	: 29-Mar-2024 2:08PM
Sample By	:				

Test Name	Results	Units	Biological Ref-Interval
LIPID PROFILE			
SERUM CHOLESTEROL (CHOD - PAP)	161.0	mg/dl	125-200
SERUM TRIGLYCERIDE (GPO-PAP)	78.0	mg/dl	50-150
HDL CHOLESTEROL (Direct Method)	47.0	mg/dl	30-80
VLDL CHOLESTEROL (Calculated)	15.6	mg/dl	5-35
LDL CHOLESTEROL (Calculated)	98.4	mg/dL.	70-130
LDL/HDL RATIO (Calculated)	2.1		0.0-4.9
CHOL/HDL CHOLESTROL RATIO (Calculated)	**3.4**		1.5-3.0

INTERPRETATION

TRIGLYCERIDE level > 250mg/dL is associated with an approximately 2-fold greater risk of coronary vascular disease. Elevation of triglycerides can be seen with obesity, medication, fast less than 12 hrs., alcohol intake, diabetes melitus,and pancreatitis.

CHOLESTEROL, its fractions and triglycerides are the important plasma lipids indefining cardiovascular risk factors and in the managment of cardiovascular disease.Highest acceptable and optimum values of cholesterol values of cholesterol vary with age. Values above 220 mgm/dl are associated with increased risk of CHD regardless of HDL & LDL values.

HDL-CHOLESTEROL level <35 mg/dL is associated with an increased risk of coronary vascular disease even in the face of desirable levels of cholesterol and LDL - cholesterol.

LDL - CHOLESTEROL& TOTAL CHOLESTEROL levels can be strikingly altered by thyroid, renal and liver disease as well as hereditary factors.

Based on total cholesterol, LDL- cholesterol, and total cholesterol/HDL - cholesterol ratio, patients may be divided into the three risk categories.

Sonal Dhingra

Dr. Bhavna Sharma
M.D. Pathology

Dr. Swati Tiwari
M.D. Microbiology

Dr. Sonal Dhingra Anand
M.D. Pathology

SDA DIAGNOSTICS
A Quality Controlled Pathology Lab

Branch-1: I Block, 114/1, Shastri Nagar, Near Kuti Chowraha, PVS Road, Meerut
Branch-2: G-9, Hitech Plaza, Garh Road, Opp. Yug Hospital, Hapur Bus Stand, Meerut
24 HOURS Helpline No. : +91 95481 32613

Lab Ref. No.	: 234030807	C. NO: 20	Centre Name : SDA Diagnostics
Name	: Mrs. PRIYA SHARMA		Collection Time : 29-Mar-2024 10:53AM
Age/ Gender	: 29Y / Female		Receiving Time : 29-Mar-2024 10:53AM
Referred By	: Dr. SELF		Reporting Time : 29-Mar-2024 2:08PM
Sample By	:		

Test Name	Results	Units	Biological Ref-Interval
HORMONE			
THYRIOD PROFILE			
Triiodothyronine (T3) (FIA)	0.96	ng/dl	0.52-1.85
Thyroxine (T4) (FIA)	8.28	ug/dl	4.8-11.6
THYROID STIMULATING HORMONE (TSH) (FIA)	2.62	mIU/L	0.50-5.50

Interpretation Note:
Thyroid Stimulating Hormone (TSH) is a highly effective screening assay for thyroid disorders. In patients with an intact pituitarythyroid axis, TSH provides a physiologic indicator of the functional level of thyroid hormone activity. Increased TSH indicates inadequate thyroid hormone, and suppressed s-TSH indicates excess thyroid hormone.Transient s-TSH abnormalities may be found in seriously ill, hospitalized patients, so this is not the ideal setting to assess thyroid function. However, even in these patients, s-TSH works better than total thyroxine (an alternative screening test). when the s-TSH result is abnormal, appropriate follow-up tests T4 & free T3 levels should be performed. If TSH is between 5.0 to 10.0 & free T4 & free T3 level are normal then it is considered as subclinical hypothyroidism which should be followed up after 4 weeks & If TSH is > 10 & free T4 & free T3 level are normal then it is considered as overt hypothyroidism.
Serum triiodothyronine (T3) levels often are depressed in sick and hospitalized patients, caused in part by the biochemical shift to the production of reverse T3. Therefore, T3 generally is not a reliable predictor of hypothyroidism. However, in a small subset of hyperthyroid patients, hyperthyroidism may be caused by overproduction of T3 (T3 toxicosis). To help diagnose and monitor this subgroup, T3 is measured on all specimens with suppressed s-TSH and normal FT4 concentrations.

Normal ranges of TSH & thyroid hormons vary according trimesper in pregnancy.

TSH ref range in Pregnacy	**Reference range (microIU/ml)**
First triemester	0.24 - 2.00
Second triemester	0.43-2.2
Third triemester	0.8-2.5

Sonal Dhingra

Dr. Bhavna Sharma
M.D. Pathology

Dr. Swati Tiwari
M.D. Microbiology

Dr. Sonal Dhingra Anand
M.D. Pathology

- Test Values may vary with different lab standards, methods, kits used and other physiological & biological factors.
- The clinico pathological lab tests involve Man-Machine-Computer interface with slight chances of inadvertent discrepency and should be immediately discussed & alleviated.
- Report purports for patients care and not for medicalegal documents.

SDA DIAGNOSTICS
A Quality Controlled Pathology Lab

Branch-1: I Block, 114/1, Shastri Nagar, Near Kuti Chowraha, PVS Road, Meerut
Branch-2: G-9, Hitech Plaza, Garh Road, Opp. Yug Hospital, Hapur Bus Stand, Meerut
Helpline No. : +91 95481 32613

Lab Ref. No.	: 234030807	C. NO:	20	Centre Name	: SDA Diagnostics
Name	: Mrs. PRIYA SHARMA			Collection Time	: 29-Mar-2024 10:53AM
Age/ Gender	: 29Y / Female			Receiving Time	: 29-Mar-2024 10:53AM
Referred By	: Dr. SELF			Reporting Time	: 29-Mar-2024 3:51PM
Sample By	:				

Test Name	Results	Units	Biological Ref-Interval
CLINICAL PATHOLOGY			
URINE EXAMINATION REPORT			
PHYSICAL EXAMINATION			
VOLUME (visual)	15	ml	
COLOUR (visual)	PALE YELLOW		
APPEARENCE (visual)	CLEAR		
pH	6.00		4.6 - 8.0
SPECIFIC GRAVITY (pKa Change)	1.010		1.010-1.030
BIOCHEMICAL EXAMINATION			
UROBILINOGEN (Erlichs)	NIL		NIL
BILIRUBIN (Azo-coupling reaction)	NEGATIVE		NEGATIVE
NITRITE	NEGATIVE		NEGATIVE
SUGAR (Glucose Oxidase Peroxidase)	NIL		Nil
ALBUMIN (Protein-Error-of-Indicator))	NIL		Nil
PHOSPHATE	NIL		Nil
MICROSCOPIC EXAMINATION (Microscopy)			
RED BLOOD CELLS	NIL	/H.P.F.	0-2
PUS CELLS	1-2	/H.P.F.	0-5
EPITHELIAL CELLS	1-2	/H.P.F.	0-5
CRYSTALS	NIL	/H.P.F.	NIL
CASTS	NIL	/L.P.F.	
OTHER			

Sonal Dhingra

Dr. Bhavna Sharma
M.D. Pathology

Dr. Swati Tiwari
M.D. Microbiology

Dr. Sonal Dhingra Anand
M.D. Pathology

- Test Values may vary with different lab standards, methods, kits used and other physiological & biological factors.
- The clinico pathological lab tests involve Man-Machine-Computer interface with slight chances of inadvertent discrepency and should be immediately discussed & alleviated.
- Report purports for patients care and not for medicalegal documents.

SDA DIAGNOSTICS
A Quality Controlled Pathology Lab

Branch-1: I Block, 114/1, Shastri Nagar, Near Kuti Chowraha, PVS Road, Meerut
Branch-2: G-9, Hitech Plaza, Garh Road, Opp. Yug Hospital, Hapur Bus Stand, Meerut
Helpline No. : +91 95481 32613

Lab Ref. No.	: 234030807	C. NO:	20	Centre Name	: SDA Diagnostics
Name	: Mrs. PRIYA SHARMA			Collection Time	: 29-Mar-2024 10:53AM
Age/ Gender	: 29Y / Female			Receiving Time	: 29-Mar-2024 10:53AM
Referred By	: Dr. SELF			Reporting Time	: 29-Mar-2024 3:51PM
Sample By	:				

Test Name	Results	Units	Biological Ref-Interval

----------{END OF REPORT }----------

Sonal Dhingra

Dr. Bhavna Sharma
M.D. Pathology

Dr. Swati Tiwari
M.D. Microbiology

Dr. Sonal Dhingra Anand
M.D. Pathology

- Test Values may vary with different lab standards, methods, kits used and other physiological & biological factors.
- The clinico pathological lab tests involve Man-Machine-Computer interface with slight chances of inadvertent discrepency and should be immediately discussed & alleviated.
- Report purports for patients care and not for medicalegal documents.