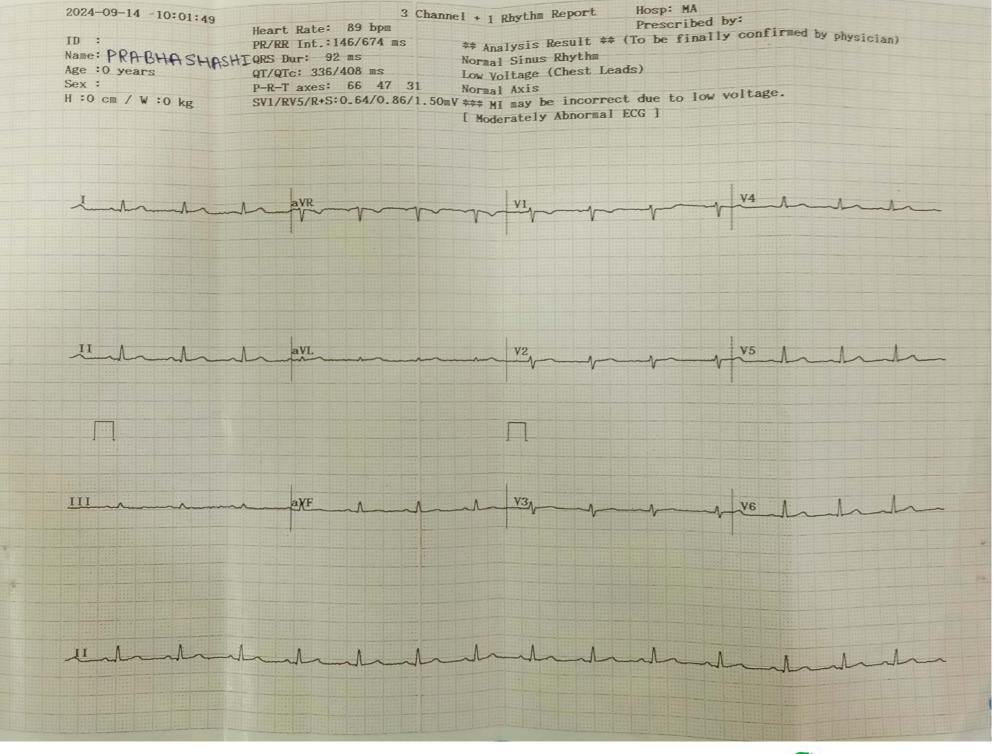


14.09.2024.00020 MRS PRABHA SHASHI 37 Y CHEST PA 14-09-24 MEDIWORLD MULTYSPECIALITY HOSPITAL DARBHANGA







### MEDIWORLD

### world MULTI-SPECIALITY HOSPITAL

PATIENT NAME	Mrs SHASHI PRABHA	DATE	14 September 2024
REF. BY DR.	SELF	AGE/SEX	37 YEARS/FEMALE
DEVESTICATION	USG OF WHOLE ABDOMEN	UHID NO	10764E

Liver is normal in size (123 mm), appearance and echo texture. No focal LIVER: -

lesion seen. No IHBR dilatation seen.

CBD (3.3 mm) and portal vein appear normal. No calculi or thrombosis seen. CBD: -

Gall bladder is well distended and appears normal. No calculi seen. No GB: -

pericholecystic fluid seen.

Spleen measures 91 mm in long axis and appears normal. Splenic veins appear SPLEEN: -

normal. No focal lesion seen.

Pancreas and Para-aortic region appear normal. Pancreatic duct appears PANCREAS: -

Normal. No focal lesion noted.

Right kidney is normal in size and echo texture. Cortico-medullary R. KIDNEY: -

differentiation is well preserved. No calculi or hydronephrosis seen.

Rt. Kidney: - 87 x 34 mm.

L. KIDNEY: -Left kidney is normal in size and echo texture. Cortico-medullary

differentiation is well preserved. No calculi or hydronephrosis seen.

Lt. Kidney: - 89 x 37 mm.

URETERS: -Both ureters are normal. No dilatation or calculi seen.

Urinary bladder is well distended and normal. Wall thickness is normal. Lumen is UB: -

echo free.

Uterus is anteverted and measuring 83 x 40 x 46 mm. IUCD is placed in UTERUS: -

endometrium cavity. Myometrium appears normal. Endometrial thickness

measuring up to 08 mm. There is no evidence of Focal lesion.

Cervix is normal. CERVIX: -

Both ovaries are normal in size and shape. ADNEXA: -

Right ovary measuring about 21 x 18 mm

Left ovary measuring about 27 x 18 mm

OTHER: -

No enlarged lymph nodes are seen.

No free fluid seen in peritoneal cavity.

No free fluid collection seen in P.O.D.

### IMPRESSION

- IUCD is normally placed in endometrium cavity.
- No evidence of other significant abnormality.
- Excessive bowel gasses are seen.

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mediworldmultispeciality.com care@mediworldmultispeciality.com 🔀





### **MEDIWORLD** orld MULTI-SPECIALITY HOSPITAL

UHID No / Reg No :- UD-24250015707 / 24250015707

Patient Name :- Mrs PRABHA SHASHI Husband

BANK OF BARODA Receipt No

:- 24250001024 / 14 Sep 2024 Address :- DARBHANGA , Darbhanga

Referred By :- SELF Print Date: 14-Sep-2024 11:55 AM

:- 1254632178 Mobile

Age :- 37 Y/F

### Final Ren

	Tillal Keport		
Investigations	Observations	Biological Ref. Interval	Unit
Sample No:24255134 Type of Sample :- Blood,		biological Ref. Interval	
HAEMATOLOGY			
CBC			
НВ			
TLC	10,9	11.00 - 16.00	gm/dl
DLC DIFFERENTIAL LEUCOCYTE COUNT	6,400	4000.00 - 11000.00	Cells/cumm.
NEUTROPHILS			
LYMPHOCYTES	70	40.00 - 75.00	%
EOSINOPHILS	22	20.00 - 45.00	%
	05	1.00 - 6.00	%
MONOCYTES	03	2.00 - 10.00	%
BASOPHILS	00	<1-2	%
BLASTS	00		%
RBC	4.03	3.50 - 4.50	million/cumm
HCT	32.5	35.00 - 50.00	
MCV(MEAN CELL VOLUME)	80.65	83.00 - 101.00	%
MCH(MEAN CELL HAEMOGLOBIN)	27.1	27.00 - 32.00	fl
MCHC	33.7	31.50 - 35.00	pg
PLATELET COUNT	1.58	1.50 - 4.10	gm%
Remarks:-	I P I T	O H E A	lacs /cumm
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\* END OF REPORT \*

Dr E Haque MBBS.MD Pathologist

Note :- \* If the result of the test is alarming or unexpected, the patient is contact the laboratory immediately

\* The lab report is not the diagnosis, it represents only an opinion. Kindly Contact your doctor for interpretation diagnosis and treatment. Not Valid for Medico legal purpose \*Report is Electronically validated.



### **MEDIWORLD**

### **MULTI-SPECIALITY HOSPITAL**

UHID No / Reg No :- UD-24250015707 / 24250015707

Patient Name :- Mrs PRABHA SHASHI Husband BANK OF BARODA

Receipt No :- 24250001024 / 14 Sep 2024

Address :- DARBHANGA , Darbhanga

Referred By

Print Date: 14-Sep-2024 11:56 AM

Mobile :- 1254632178

Age :- 37 Y/F

		Final Report		
Sample No:24255134 Type of	Sample :- Blood	Observations	Biological Ref. Interval	Unit
HALMATOLOGY				300000000000000000000000000000000000000
HBA1C(GLYCOSYLATED HAEMO		5.8	4.20 - 6.00	%
Fully Automated H.P.L.C (Biorad Varian	t II Turbo)			70
Normal - 4.2 - 6.2 %				
Good diabetic control - 5.5 - 6.8 %				
Fair control - 6.8 - 8.2 %				
Poor control - > 8.2 %  AIC Result				
%				
12.0	MEAN PLASMA GI	LUCOSE		
11.0	345	19.5		
10.0	310	17.5		
9.0	275	15.5		
8.0	240	13.5		
7.0	205 S P		TO HEAL	
6.0	135	9.5		
5.0	100	7.5 5.5		
4.0	65	3.5		

Remarks :-

\* END OF REPORT \*

Dr E Haque

MBBS.MD

**Pathologist** 

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### MEDIWORLD

### MULTI-SPECIALITY HOSPITAL

GHED No / Reg No 3- UD-24250015707 / 24250015707

Patient Name :- Mrs PRASHA SHASHI Husband SANK OF SARODA

Receipt No s= 24250001024 / 14 Sep 2024

s- DARBHANGA, Darbhanga

referred by

Print Date: 14-Sep-2024 11:55 AM

Mobile :- 1254632178

Age :- 37 Y/F

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The state of the s	- Spore		
Investigations Sample No:24255134 Type of Sample :- Blood, HAEMATOLOGY ESR	Observations	Biological Ref. Interval	Unit
ASO BLOOD GROUP	15	0.00 - 20.00	mm at 1 hr
RH. FACTOR BIOCHEMISTRY	"O" POSITIVE		
LOOD SUGAR FASTING AMMA-GLUTAMYL TRANSFERASE (GGT)	71.0	70.00 - 110.00	mg/dl
RINE EXAMINATION RINE SUGAR	15.0	0.00 - 55.00	IU/L
emarks:	NIL		

Lab Teannician

\* END OF REPORT \*

Dr E Haque MBBS.MD

**Pathologist** 

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CREATNINE URIC ACID SERUM SODIUM NA+ SERUM POTASSIUM K+ SERUM CHLORIDE CL- CALCIUM PHOSPHORUS TOTAL PROTIENS ALBUMIN GLOBULIN ALBUMIN/GLOBULIN RATIO	Sample No:24255134 Type of Sample: Blood, RFT (RENAL FUNCTION TESTS)  Final Report Observa	UHID No / Reg No :- UD-24250015707 / 24250015707  Patient Name :- Mrs PRABHA SHASHI Husband :- BANK OF BARODA  Receipt No :- 24250001024 / 14 Sep 2024  Address :- DARBHANGA , Darbhanga  Referred By :- SELF
21.0       13.00       -43.00       mg/dl         0.86       0.60       -1.10       mg/dl         4.7       2.50       -6.00       mg/dl         137.1       135.00       -145.00       mEq/Ltr         3.9       3.50       -5.20       mEq/Ltr         108.2       98.00       -110.00       mEq/Ltr         8.9       8.80       -10.20       mg/dl         4.2       2.50       -5.00       mg/dl         6.8       6.60       -8.70       g/dl         3.9       3.50       -5.20       g/dl         2.90       1.50       -3.60       gms/dl	Report  Observations Biological Ref. Interval Unit	Print Date: 14-Sep-2024 11:56 AM  Mobile :- 1254632178  :- 37 Y/F

Final Report   Final Report
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\* END OF REPORT \*

Dr E Haque

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MBBS.MD

**Pathologist** 

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# MULTI-SPECIALITY HOSPITAL

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Patient Name :- Mrs PRABHA SHASHI Husband :- Mobile :- 12546321/8 BANK OF BARODA Receipt No :- 24250001024 / 14 Sep 2024 Address :- DARBHANGA , Darbhanga	UHID No / Reg No :- UD-24250015707 / 24250015707		Print Date: 14-Sep-2024 11:56 AM
No :- 24250001024 / 14 Sep 2024 :- DARBHANGA , Darbhanga	Patient Name :- Mrs PRABHA SHASHI Husband BANK OF BARODA	ï	Mobile :- 1254632170
		Age :- 37 Y/F	
	Address :- DARBHANGA, Darbhanga		

	111011111111111111111111111111111111111		
Investigations	Observations	Biological Ref. Interval	Unit
ple No:24255134 Type of Sample :- Blood,			
CHEMISTRY			
(LIVER FUNCTION TESTS)			
AL BILIRUBIN	0.86	0.00 - 1.20	mg/dl
ECT BILIRUBIN	0.24	0.00 - 0.30	mg/dl
IRECT BILIRUBIN	0.62	0.20 - 0.70	mg/dl
DT .	23.0	2.00 - 31.00	U/L
T	24.0	0.00 - 45.00	U/L
ALINE PHOSPHATASE	116.0	56.00-119.00	U/L
AL PROTIENS	6.8	6.60 - 8.70	g/dl
NIMU	3.9	3.50 - 5.20	gm%
BULIN	2.90	1.50 - 3.60	gms/dl
RATIO	1.34	2:1	RATIO
arks:-			

BIO LFT ( TOT/ DIRE INDI SGO: SGPI ALKA TOT/ ALBL GLOB

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END OF REPORT \*

Lab Technician

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Dr E Haque

MBBS.MD Pathologist

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# orld MULTI-SPECIALITY HOSPITAL

HID No / Res	IHID No / Reg No :- UD-24250015707 / 24250015707			Print	Print Date: 14-Sep-2024 11:56 AM
patient Name	Patient Name :- Mrs PRABHA SHASHI Husband BANK OF BARODA	7		Mobile	Mobile :- 1254632178
Receipt No	Receipt No :- 24250001024 / 14 Sep 2024	Age	Age :- 37 Y/F		
Address	:- DARBHANGA , Darbhanga				
Referred By :- SELF	:- SELF				

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	STATISTICAL PROPERTY STATISTICS AND ADDRESS OF THE PERSONS ASSESSED.		
Tunestidations	Observations	Biological Ref. Interval	MINE
Sample No:24255134 Type of Sample :- Blood,	1		
BIOCHEMISTRY			
LIPID PROFILE			
TOTAL CHOLESTROL	202.0	Desirable : - < 200 mg/dL	mg/dl
		High: - > 240mg/dL	
TRIGLYCERIDES	139.0	35.00 - 160.00	mg/dl
HDL CHOLESTROL	48.0	42.00 - 88.00	mg/dl
LDL CHOLESTROL	126.20	<130	mg/dl
VLDL	27.80	<40	mg/dl
CHOLESTROL/ HDL RATIO	4.21	<3.0 LOW RISK, 3.0-5.0 AVG RISK, >5.0 HIGH RISK	ratio
LDL/HDL RATIO	2.63	۵	ratio
emarks :-			
			Acres 100

Labrechnician

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Dr E Haque

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\* END OF REPORT \*

Pathologist

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# MULTI-SPECIALITY HOSPITAL OMICIE

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Print Date: 14-Sep-2024 11:56 AM 1254632178

Mobile ï

Mrs PRABHA SHASHI Husband BANK OF BARODA Age ï 37 Y/F

DARBHANGA, Darbhanga

24250001024 / 14 Sep 2024

petient Name HID No / Reg No

\*\*

UD-24250015707 / 24250015707

Sample No:24255134 Type of Sample :- Blood,

Final Report

Observations

Biological Ref. Interval

IMMUNOLOGY

THYROID PROFILE (T3,T4,TSH)

0.69 - 2.15

ng/ml ng/dl

5.20 0.30 12.70 4.50

hIU/ml

# Total T3 (Trilodothyronine)

Thyroid hormones, T3 and T4, which are secreted by the thyroid gland, regulate a number of developmental, metabolic, and neural activities throughout the body. The thyroid gland synthesizes 2 hormones - T3 and T4, T3 production in the thyroid gland constitutes approximately 20% of the total circulating T3, 80% being produced by peripheral conversion from T4. T3 is more potent biologically. Total T3 comprises of Free T3 and bound T3, Bound T3 remains bound to carrier proteins like thyroid-binding globulin, prealburnin, and alburnin). Only the free forms are metabolically active. In hyperthyroidsm, both T4 and T3 levels are usually elevated, but in some rare cases, only T3 elevation is also seen. In hypothyroidsm T4 and T3 levels are both low. T3 levels are frequently low in sick or hospitalized euthyroid patients.

### Total T4 (Thyroxine)

### Clinical Significance:

Total T4 is synthesized in the thyroid gland. About 0.05% of circulating T4 is in the free or biologically active form. The remainder is bound to thyroxine-binding globulin (TBG), prealbumin, and albumin. High levels of T4 (and FT4) causes hyperthroidism and low levels lead to hypothyroidism.

## TSH 3rd Generation

### Clinical Significance:

TSH levels are elevated in primary hypothyroidism and low in primary hyperthyroidism. Evaluation of TSH is useful in the differential diagnosis of primary from secondary and tertiary hypothyroidism. In primary hypothyroidism, TSH levels are elevated, while secondary and tertiary hypothyroidism, TSH levels are low or normal. High TSH level in the presence of normal FT4 is subclinical hypothyroidism and low TSH with normal FT4 is called subclinical hyperthyroidism. Sick, hospitalized patients may have falsely low or transiently elevated TSH. Significant diurnal variation is also seen in TSH levels



\* END OF REPORT \* **मेडीवर्ल्ड मल्टी स्पेशलिटी हॉस्पीटल** 



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