PULKIT DIAGNOSTIC CENTRE

Dr. Nimisha Gupta
M.D. (Pathology) AIIMS, New Delhi
FNAC & Histopathology Expert, M.N.A.M.S. DNB
Ex- Registrar : PGIMER Chandigarh, GMCH Chandigarh

Patient Name	:	Mrs. LATA GANGWAR	Visit Id	:	241000800
Serial Number	:	10241115-4	Registered On	:	15-11-2024 01:11 PM
Age/Gender	:	27 Year / Female	Received On	:	15-11-2024 01:14 PM
Billing To	:	Self	Reported On	:	17-11-2024 02:12 PM
Ref By Doctor	:		Report Status	:	Final Report

Investigation Name	Observed Value	Unit	Bio. Ref. Range
Haematology			
COMPLETE HAEMOGRAM			
Haemoglobin / HB	10.0	gm/dl	12 - 15
Total Leucocyte Count / TLC	5.6	10^3 /ul	4.0 - 11
Differential Leucocyte Count			
Neutrophils	59	%	40 - 70
Lymphocytes	37	%	20 - 45
Eosinophils	03	%	1 - 6
Monocytes	01	%	0 - 10
RBC (Red Blood Cell Count)	3.94	10^6/ul	4 - 5.2
PCV (Hematocrit)	32.0	%	36 - 48
MCV (Mean Corpuscular Volume)	81.3	fl	80 - 99.9
MCH (Mean Corp Hb)	25.5	pg	27 - 33
MCHC (Mean Corp Hb Conc)	31.4	g/dl	32 - 36
Platelet Count *(Method: Automated Cell Counter)*	1.81	Lac	1.50 - 4.50
RDW - CV	16.3	%	11.5 - 15
RDW - SD	45.9	fL	35 - 50
MPV (Mean Platelet Volume)	13.9	fL	6.8 - 12.6
PDW (Platelet Distribution Width)	16.1	fL	8.3 - 25
PCT	0.252	%	0.2 - 0.5
P-LCC	99.0	10^3/uL	44-140
P-LCR (Platelet - Large Cell Ratio)	54.8	%	13 - 43

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100% GUARANTEED

6 STEPS quality control to ensure 100% report accuracy

Qualified and trained technicians

Temperature-controlled containers to store samples

Strict quality checks on sample before processing

Regular monitoring of lab analyzers by expert

Assured machine inspection on a daily basis

Verified reports by qualified pathologist

20 Years of Trust & Experience

Mrs. LATA GANGWAR Female 241000800

Technician

Dr. Nimisha Gupta
Senior Consultant Pathology

0581-4015967
9411220966
pulkitdiagnosticcentre@yahoo.com
A-1, P-2,D.D. PURAM, BAREILLY- 243001

Home Sample Collection Available

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ESR (Erythrocyte Sedimentation Rate) *Method: Modified Westergren*	50	mm/1 hour	2 - 18

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Investigation Name	Observed Value	Unit	Bio. Ref. Range
Blood Group ABO			
ABO Blood Group	'O'		
Rh Factor	Positive		

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Investigation Name	Observed Value	Unit	Bio. Ref. Range
Clinical Pathology			
Urine Sugar Fasting	Absent		Absent

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Investigation Name	Observed Value	Unit	Bio. Ref. Range
Biochemistry			
Blood Sugar Fasting / FBS *Method: GOD/POD*	78.3	mg/dl	60 - 110
LIVER FUNCTION TEST / LFT			
Total Bilirubin *Method: Diazotised Sulphanic Acid*	0.49	mg/dl	00 - 1.20
Direct Bilirubin *Method: Diazotised Sulphanic Acid*	0.21	mg/dl	0 - 0.25
Indirect Bilirubin *Method: Calculated*	0.19	mg/dl	00 - 1.20
Total Proteins *Method: Biuret*	6.9	g/dl	6.6 - 8.7
Albumin *Method: BCG*	4.3	g/dl	3.5 - 5.2
Globulin *Method: Calculated*	2.60	g/dl	1.8 - 3.6
Albumin / Globulin Ratio *Method: Calculated*	1.65		0.9 - 2
Aspartate Transaminase (SGOT) *Method: IFCC*	23.4	U/L	0 - 31
Alanine Transaminase (SGPT) *Method: IFCC*	16.1	U/L	0 - 34
Alkaline Phosphatase *Method: IFCC*	78.6	IU/L	40 - 129

COMMENT :
A liver panel (Liver function test) or one or more of its component tests may be used to help diagnose liver disease if a person has symptoms that indicate possible liver dysfunction.
If a person has a known condition or liver disease, testing may be performed at intervals to monitor liver status and to evaluate the effectiveness of any treatments.

KIDNEY FUNCTION TEST / KFT			
Blood Urea *Method: GLDH*	21.8	mg/dl	10 - 50
Creatinine *Method: Jaffe Kinetic*	0.70	mg/dl	0.6 - 1.1

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Investigation Name	Observed Value	Unit	Bio. Ref. Range
Uric Acid *Method: Enzymatic PAP*	4.3	mg/dl	2.6 - 6

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Investigation Name	Observed Value	Unit	Bio. Ref. Range
LIPID PROFILE			
Triglycerides *Method: End.GPO/PAP*	160.6	mg/dl	Desirable : <150 Borderline High:150-200 High : 201 - 499 Very High : > 500
Cholesterol Total *Method: CHOD/POD*	176.4	mg/dl	Desirable : < 200 Borderline High: 200-239 High : > 240
HDL Cholesterol *Method: Enzymatic*	46.5	mg/dl	30 - 65
LDL Cholesterol *Method: Direct Homogeneous Assay*	78.62	mg/dl	<100
VLDL Cholesterol *Method: Calculated*	32.12	mg/dl	02 - 30
Cholesterol Total / HDL - C, Ratio *Method: Calculated*	3.79		Less than 5
LDL-C / HDL - C, Ratio *Method: Calculated*	1.69		Less than 3.5

Interpretation:

A lipid profile that measures the amount of cholesterol and fats called triglycerides in the blood. These measurements give the doctor a quick snapshot of what's going on in blood. Cholesterol and triglycerides in the blood can clog arteries, making you more likely to develop heart disease.

	CHOLESTEROL	LDL CHOLESTEROL	CHO/HDL RATIO
Acceptable/Low Risk	: < 200 mg/dl.	: <130 mg/dl.	: < 4.5
Borderline High Risk	: 200-239 mg/dl	: 130-159 mg/dl	: 4.5 - 6.0
High Risk	: > 240 mg/dl.	: > 160 mg/dl.	: > 6.0

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Investigation Name	Observed Value	Unit	Bio. Ref. Range
Immunology			
THYROID PROFILE (TOTAL)			
T3 (Total) *Method: CLIA*	0.81	ng/ml	0.50 - 2.0 ng/ml
T4 (Total) *Method: CLIA*	7.52	µg/dl	4.8 to 11.6 µg/dl
TSH (3rd Generation) *Method: Immunoassay/ CLIA*	1.76	µIU/ml	0.280 - 6.82 µIU/m

Children

Premature Infant	:	0.8 - 5.2 uIU/mL
Cord Blood	:	1.0 – 17.4 uIU/mL
1-3 Days	:	1.0 – 17.4 uIU/mL
1-2 Weeks	:	1.7 – 9.1 uIU/mL
1-12 Months	:	0.8 – 8.2 uIU/mL
1-5 Years	:	0.8 – 8.2 uIU/mL
5-10 Years	:	0.7 – 7.0 uIU/mL
10-15 Years	:	0.7 – 5.7 uIU/mL

INTERPRETATION:

- TSH (3rd generation) has been used for screening for euthyroidism, screening and diagnosis for hyperthyroidism & hypothyroidism. suppressed TSH (<0.01 uIU/ml) suggest a diagnosis of hyperthyroidism and elevated concentration (> 7mIU/ml) suggest hypothyroidism. TSH levels may be affected by acute illness & several medication including dopamine and glucocorticoides. decreased (low or undetectable) in primary disease, increased in TSH secreting pituitary adenoma (secondary hyperthyroidism) pituitary and in hypothalamic disease thyrotropin (tertiary hyperthyroidism), elevated in hypothyroidism (along with decreased except for pituitary and hypothalamic disease).
- Mild to modest elevations in patients with normal T3 & T4 level indicate impaired thyroid hormone reserves and incipient hypothyroidism (subclinical hypothyroidism). Mild to modest decreased with normal T3 and T4 indicates subclinical hyperthyroidism.
- Degree of TSH suppression does not reflect the severity of hyperthyroidism; therefore, measurement of free thyroid hormone levels is required patient with a suppressed TSH level.

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Clinical Pathology			
URINE ROUTINE EXAMINATION			
Physical Examination			
Volume	10 ml.	ml.	
Colour	Pale-yellow		Pale-yellow
Deposits / Clarity / Turbidity / Transparency	Clear		Absent
Specific Gravity (S.G)	Q.N.S		
Chemical Examination			
Reaction (pH)	Acidic		Acidic
Proteins	Absent		Absent
Sugar *Method: Double Sequential Enzyme Reaction*	Absent		Absent
Microscopic Examination			
Pus Cells	1-2	/HPF	<2-5 / hpf
Red Blood Cells	Absent	/HPF	<2 RBC s/hpf
Casts	Absent	lpf	0-5 hyaline casts/lpf
Crystals	Absent		Absent
Epithelial Cells	2-4	/HPF	<15-20 / hpf
Bacteria	Absent		Absent
Others	-		Absent

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Haematology

HBA1C ESTIMATION
Method : HPLC

HbA1C (GLYCOSYLATED HAEMOGLOBIN)

PATIENT'S VALUE % HbA1C 5.7 %

EXPECTED VALUES :-

%HbA1c	Approx. mean blood glucose(mg/dl)	Interpretation
4	65	
5	100	Non-diabetic range
6	135	
7	170	ADA target
8	205	
9	240	
10	275	Action suggested
11	310	
12	345	

REMARKS:-In vitro quantitative determination of **HbA1C** in whole blood is utilized in long term monitoring of glycemia .The **HbA1C** level correlates with the mean glucose concentration prevailing in the course of the patient's recent history (approx - 6-8 weeks) and therefore provides much more reliable information for glycemia monitoring than do determinations of blood glucose or urinary glucose. It is recommended that the determination of **HbA1C** be performed at intervals of 4-6 weeks during diabetes mellitus therapy.

Results of **HbA1C** should be assessed in conjunction with the patient's medical history, clinical examinations and other findings.

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PRASAD HOSPITAL

ADVANCED BRAIN AND SPINE SURGERY CENTRE & MULTI SPECIALITY HOSPITAL

Patient Name	: LATA GANGWAR	15-11-2024
Ref. By. :	SELF	Age /Sex 27Y/ F
Investigation	: X-Ray Chest PA View	

OBSERVATION

Bilateral lung fields are clear.

Trachea is central.

Both hila are normal.

Cardiac shape, size and silhouette are normal.

No mediastinal widening or mediastinal shift noted.

Both domes of diaphragm are normal in height and silhouette.

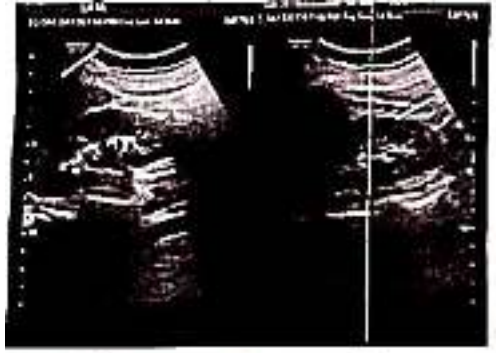
Bilateral C.P. angles are clear.

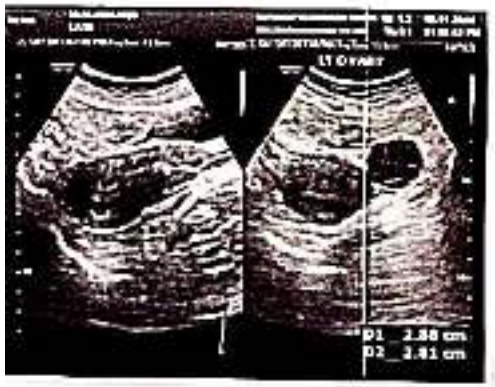
Bony rib cage is normal.

IMPRESSION

NO SIGNIFICANT ABNORMALITY DETECTED IN THE SCAN.

To correlate clinico-pathologically





SATYADEEP ULTRASOUND & PATHOLOGY CENTRE

B-55, Deen Dayal Puram, Adjacent to O2 Gym, Bareilly - 243122

NAME: LATA GANGWAR	SEX:FEMALE	AGE: 27 YEARS
REFERRED BY: SELF		DATE: 15.11.2021.

ABDOMINO-PELVIC SONOGRAPHY

Liver is mildly enlarged in size (15 cm) with normal echo texture. No focal lesions
Portal vein is normal
Gall bladder: Post-operative status.
No evidence of IHBR dilatation. CBD is normal.
Pancreas is normal in size, outline and echo texture. No focal lesion.
Spleen is normal in size, outline and echo texture. No focal lesion.
Right kidney
Normal in size and echo texture. Cortico-medullary differentiation is preserved.
No evidence of hydronephrosis. The ureter is not dilated
4 mm & 6 mm calculi noted seen involving lower group of calyces.
Left kidney
Normal in size and echo texture. Cortico-medullary differentiation is preserved.
No evidence of hydronephrosis. The ureter is not dilated.
A calculus noted measuring approx. 4 mm seen involving mid group of calyces.
Urinary Bladder is distended.
Normal in outline, wall thickness. No mural lesion / calculi.
PELVIS:

- Uterus: Anteverted, normal in size.
- The endo and myometrium are normal.
- ET measures- 4.5 mm, hyperechoic and regular.
- Left ovary: A hemorrhagic cyst noted measuring approx. 2.8x2.8 cm.
- Right ovary appears normal.
- No free fluid in POD.

No evidence of ascites or lymphadenopathy.

IMPRESSION:

- **MILD HEPATOMEGALY.**
- **BILATERAL RENAL CALCULI as described above.**
- **LEFT OVARIAN HEMORRHAGIC CYST (~2.8x2.8 cm) as described above.**

Please correlate clinically.

DR RAJAT SAXENA
MBBS,DMRD RADIOLOGIST

NOT VALID FOR MEDICO LEGAL PURPOSE