Patient Name : MRS. SWATI JAIN [MRN-240601692]
Age / Gender : 36 Yr / F
Address : 132 Mahaveer Nagar, Indore, MADHYA PRADESH
Req. Doctor: V ONE HOSPITAL
Regn. ID: WALKIN.24-25-5161

HAEMATOLOGY

Request Date : 29-06-2024 10:07 AM
Reporting Date : 29-06-2024 03:17 PM
Collection Date : 29-06-2024 10:25 AM | H-4516
Reporting Status : Finalized
Acceptance Date : 29-06-2024 10:25 AM | **TAT:** 04:52 [HH:MM]

Investigations	Result	Biological Reference Range
CBC		
Haemoglobin	13.0 gm%	F 12 - 15 gm% (Age 1 - 100)
RBC Count	**4.56 mill./cu.mm ***	F 4.6 - 6 mill./cu.mm (Age 1 - 100)
Packed Cell Volume (PCV)	38.0 %	F 38 - 45 % (Age 1 - 100)
MCV	83.4 Cu.m.	76 - 96 Cu.m. (Age 1 - 100)
MCH	28.6 pg	27 - 32 pg (Age 1 - 100)
MCHC	34.3 %	30.5 - 34.5 % (Age 1 - 100)
Platelet Count	252 10^3/uL	150 - 450 10^3/uL (Age 1 - 100)
Total Leukocyte Count (TLC)	4.88 10^3/uL	4.5 - 11 10^3/uL (Age 1 - 100)
Differential Leukocyte Count (DLC)		
Neutophils	63 %	40 - 70 % (Age 1 - 100)
Lymphocytes	33 %	20 - 40 % (Age 1 - 100)
Monocytes	03 %	2 - 10 % (Age 1 - 100)
Eosinophils	01 %	1 - 6 % (Age 1 - 100)
Basophils	00 %	< 1 %

END OF REPORT.

DR.QUTBUDDIN CHAHWALA
M.D.PATHOLOGIST

Result relate to the sample as received.

V-ONE HOSPITAL Department of Laboratory Medicine.

The Test results are for diagnostic purpose only,not for medico legal purpose.

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Address : 132 Mahaveer Nagar, Indore, MADHYA PRADESH
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Regn. ID: WALKIN.24-25-5161

HAEMATOLOGY

Request Date : 29-06-2024 10:07 AM
Reporting Date : 29-06-2024 03:18 PM
Collection Date : 29-06-2024 10:25 AM | H-4516
Reporting Status : Finalized
Acceptance Date : 29-06-2024 10:25 AM | **TAT:** 04:53 [HH:MM]

Investigations	Result	Biological Reference Range
BLOOD GROUP		
ABO GROUP	B	
RH FACTOR	Negative	
ESR (WINTROBE METHOD)	**43 mm/hr ***	F 0 - 19 mm/hr
HBA1C		
Glyco Hb (HbA1C)	5.2 %	4 - 6 %
Estimated Average Glucose	102.54 mg/dL	mg/dL

Interpretation: 1HbA1C has been endorsed by clinical groups and American Diabetes Association guidelines 2017 for diagnosing diabetes
using a cut off point of 6.5%
2.Low glycated haemoglobin in a non diabetic individual are often associated with systemic inflammatory diseases, chronic anaemia (especially severe iron deficiency and haemolytic), chronic renal failure and liver diseases. Clinical correlation suggested.
3.In known diabetic patients, following values can be considered as a tool for monitoring the glycemic control. Excellent control-6-7 %

END OF REPORT.

DR.QUTBUDDIN CHAHWALA
M.D.PATHOLOGIST

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BIOCHEMISTRY

Request Date : 29-06-2024 10:07 AM
Reporting Date : 29-06-2024 03:20 PM
Collection Date : 29-06-2024 10:25 AM | BIO5459
Reporting Status : Revised And Finalized
Acceptance Date : 29-06-2024 10:25 AM | **TAT:** 04:55 [HH:MM]

Investigations	Result	Biological Reference Range
FBS & PPBS *[Ser/Plas]		
FBS	95.1 mg/dL	70 - 110 mg/dL
PPBS	105.2 mg/dL	100 - 140 mg/dL
LFT		
SGOT	22.9 U/L	0 - 40 U/L
SGPT	19.8 U/L	F 0 - 31 U/L
TOTAL BILIRUBIN	0.79 mg/dL	0 - 1.1 mg/dL
DIRECT BILIRUBIN	**0.31 mg/dL** *	0 - 0.2 mg/dL
INDIRECT BILIRUBIN	0.48 mg/dL	0.2 - 0.8 mg/dL
TOTAL PROTEIN	8.32 mg/dL	6.6 - 8.8 mg/dL
S.ALBUMIN	4.10 mg/dL	3.5 - 5.5 mg/dL
GLOBULIN	**4.22 mg/dL** *	2 - 3.5 mg/dL
A.G.RATIO	**0.97** *	1.1 - 1.5
ALKALINE PHOSPHATASE	80.0 U/L	F 35 - 104 U/L CHILD 54 - 369 U/L
PT INR		
PT	**12.8 sec** *	13 - 15 sec
CONTROL	12.8 sec	
INR	1.0	0.8 - 1.1
HBSAG	Positive	

Interpretation: Test done by rapid immunochromatographic method Adv. To confirm with Hbv dna pcr.

END OF REPORT.

Prepared By

DR.QUTBUDDIN CHAHWALA
M.D.PATHOLOGIST

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V-ONE HOSPITAL Department of Laboratory Medicine.

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Patient Name : MRS. SWATI JAIN [MRN-240601692]
Age / Gender : 36 Yr / F
Address : 132 Mahaveer Nagar, Indore, MADHYA PRADESH
Req. Doctor: V ONE HOSPITAL
Regn. ID: WALKIN.24-25-5161

BIOCHEMISTRY

Request Date : 29-06-2024 10:07 AM
Reporting Date : 29-06-2024 03:23 PM
Collection Date : 29-06-2024 10:25 AM | BIO5459
Reporting Status : Finalized
Acceptance Date : 29-06-2024 10:25 AM | **TAT:** 04:58 [HH:MM]

Investigations	Result	Biological Reference Range
Lipid Profile		
Total Cholesterol	189.0 mg/dL	0 - 200 mg/dL
Tryglyceride	**85.1 mg/dL ***	150 - 200 mg/dL
HDL Cholesterol	65.1 mg/dL	35 - 79 mg/dL
VLDL (Calculated)	17.02 mg/dL	5 - 40 mg/dL
LDL	106.88 mg/dL	0 - 130 mg/dL
Total Cholesterol /HDL	2.90	0 - 5
LDL/HDL	1.64	0.3 - 5

END OF REPORT.

DR.QUTBUDDIN CHAHWALA
M.D.PATHOLOGIST

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V-ONE HOSPITAL Department of Laboratory Medicine.

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BIOCHEMISTRY

Request Date : 29-06-2024 10:07 AM
Reporting Date : 29-06-2024 04:54 PM
Collection Date : 29-06-2024 10:25 AM | BIO5459
Reporting Status : Finalized
Acceptance Date : 29-06-2024 10:25 AM | **TAT:** 06:29 [HH:MM]

Investigations	Result	Biological Reference Range
GGT(GAMMA GLUTAMYL TRANSFERASE)	13.46 U/L	F 9 - 39 U/L
URIC ACID	5.0 mg/dL	Males 3.4 - 7.2 mg/dL Females 2.5 - 6 mg/dL
CREATININE	0.76 mg/dL	0.7 - 1.4 mg/dL
BUN		
BUN	8.54 mg/dL	5 - 20 mg/dL
BUN / CREATINE RATIO	11.2:1	10 - 20
C-REACTIVE PROTEIN(CRP)	2.4 mg/dL	0 - 6 mg/dL (Age 0 Y - 100 Y)
ELECTROLYTES (NA,K,CL)		
Sodium NA	140.0 m.Eq/L	135 - 145 m.Eq/L (Age 1 - 100)
Potassium K	4.23 m.Eq/L	3.5 - 5.5 m.Eq/L (Age 1 - 100)
Chloride Cl	104.0 m.Eq/L	98 - 106 m.Eq/L (Age 1 - 100)
CALCIUM	10.0 mg/dL	F 8.6 - 10.2 mg/dL (Age 0 Y - 100 Y)
AST/ ALT RATIO	0.86 U/L	< 1 U/L
PHOSPHORUS (INORGANIC)	**5.0 mg/dL ***	F 2.5 - 4.5 mg/dL (Age 0 Y - 100 Y)

END OF REPORT.

DR.QUTBUDDIN CHAHWALA
M.D.PATHOLOGIST

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V-ONE HOSPITAL Department of Laboratory Medicine.

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Age / Gender : 36 Yr / F
Address : 132 Mahaveer Nagar, Indore, MADHYA PRADESH
Req. Doctor: V ONE HOSPITAL
Regn. ID: WALKIN.24-25-5161

IMMUNOLOGY

Request Date : 29-06-2024 10:07 AM
Reporting Date : 29-06-2024 04:56 PM
Collection Date : 29-06-2024 10:25 AM | PATH4699
Reporting Status : Finalized
Acceptance Date : 29-06-2024 10:25 AM | **TAT:** 06:31 [HH:MM]

Investigations	Result	Biological Reference Range
Thyroid Profile		
T3	0.70 ng/dL	0.58 - 1.62 ng/dL (Age 1 - 100)
T4	5.97 ug/dl	5 - 14.5 ug/dl (Age 1 - 100)
TSH	4.00 uIU/ml	0.35 - 5.1 uIU/ml (Age 1 - 100)

Interpretation: Ultra sensitive-thyroid±stimulating hormone (TSH) is a highly effective screening assay for thyroid disorders. In patients with an intact pituitary-thyroid axis, sTSH provides a physiologic indicator of the functional level of thyroid hormone activity. Increased s-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

END OF REPORT.

DR.QUTBUDDIN CHAHWALA
M.D.PATHOLOGIST

Result relate to the sample as received.

V-ONE HOSPITAL Department of Laboratory Medicine.

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Req. Doctor: V ONE HOSPITAL
Regn. ID: WALKIN.24-25-5161

IMMUNOLOGY

Request Date : 29-06-2024 10:07 AM
Reporting Date : 29-06-2024 04:57 PM
Collection Date : 29-06-2024 10:25 AM | PATH4699
Reporting Status : Finalized
Acceptance Date : 29-06-2024 10:25 AM | **TAT:** 06:32 [HH:MM]

Investigations	Result	Biological Reference Range
VITAMIN B12	600.77 pg / ml	120 - 914 pg / ml

Interpretation: Introduction : Vitamin B12, a member of the corrin family, s a cofactor for the formation of myelin, and along with folate, is required for DNA synthesis. Levels above 300
or 400 are rarely associated with B12 deficiency induced hematological or neurological disease.

Clinical Significance : Causes of Vitamin B12 deficiency can be divided into three classes: Nutritional,
malabsorption syndromes and gastrointestinal causes. B12 deficiency can
cause Megaloblastic anemia (MA), nerve damage and degeneration of the spinal cord. Lack of B12 even mild deficiencies damages the myelin sheath. The
nerve damage caused by a lack of B12 may become permanently debilitating.
The relationship between B12 and MA is not always clear that some patients with MA will have normal B12 levels; conversely, many individuals with B12
deficiency are not afflicted with MA.

Decreased in: Iron deficiency, normal near-term pregnancy, vegetarianism, partial gastrectomy/ileal damage, celiac disease, use of oral contraception, parasitic
competition, pancreatic deficiency, treated epilepsy and advancing age.

Increased in: Renal failure, liver disease and myeloproliferative diseases.
Variations due to age Increases: with age.
Temporarily Increased after Drug.
Falsely high in Deteriorated sample.

END OF REPORT.

DR.QUTBUDDIN CHAHWALA
M.D.PATHOLOGIST

Result relate to the sample as received.

V-ONE HOSPITAL Department of Laboratory Medicine.

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Age / Gender : 36 Yr / F
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Req. Doctor: V ONE HOSPITAL
Regn. ID: WALKIN.24-25-5161

SPECIAL TEST

Request Date : 29-06-2024 10:07 AM
Reporting Date : 29-06-2024 04:57 PM
Collection Date : 29-06-2024 10:25 AM | ST-2007
Reporting Status : Finalized
Acceptance Date : 29-06-2024 10:25 AM | **TAT:** 06:32 [HH:MM]

Investigations	Result	Biological Reference Range
VITAMIN D3	36.25 ng / ml	Deficiency : <20 Insufficiency : 20-30 Sufficiency : 30-100

Interpretation: Vitamin D is a fat soluble vitamin and exists in two main forms as cholecalciferol(vitamin D3) which is synthesized in skin from
7-dehydrocholesterol in response to sunlight exposure & Ergocalciferol (vitamin D2) present mainly in dietary sourcesBoth cholecalciferol & Ergocalciferol are converted to 25(OH)vitamin in liver. Testing for 25(OH)vitamin D is recommended as it is the best indicator of D nutritional status as obtained from sunlight exposure & dietary intake. For diagnosis of vitamin D deficiency it is recommended to have clinical corelation with serum 25(OH)vitamin D,serum calcium, serum PTH & serum alkaline phosphatase.During monitoring of oral vitamin D therapy-suggested testing of serum 25(OH)vitamin D is after 12 weeks or 3 months of treatment. However, the required dosage of vitamin D supplements & time to achieve sufficient vitamin D levels show significant seasonal (especially winter) & individual variability depending on age,body fat,sun exposure,physical activity,genetic factors(especially variable vitamin D receptor responses). associated liver or renal disease, malabsorption syndromes and calcium or magnesium deficiency influencing the vitamin D metabolism. Vitamin D toxicity is known but very rare.Kindly correlate clinically, repeat with fresh sample if indicated.

END OF REPORT.

DR.QUTBUDDIN CHAHWALA
M.D.PATHOLOGIST

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V-ONE HOSPITAL Department of Laboratory Medicine.

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Address : 132 Mahaveer Nagar, Indore, MADHYA PRADESH
Req. Doctor: V ONE HOSPITAL
Regn. ID: WALKIN.24-25-5161

CLINICAL PATHOLOGY

Request Date : 29-06-2024 10:07 AM
Reporting Date : 29-06-2024 03:16 PM
Collection Date : 29-06-2024 10:25 AM | CP-1989
Reporting Status : Finalized
Acceptance Date : 29-06-2024 10:25 AM | **TAT:** 04:51 [HH:MM]

Investigations	Result	Biological Reference Range
Urine Routine		
PHYSICAL EXAMINATION		
Quantity	20 ml	
Colour	Pale yellow	Pale Yellow
Deposit	Present	Absent
Clearity	Slightly Turbid	Clear
Reaction	Acidic	Acidic
Specific Gravity	1.015	1.001 - 1.035
CHEMICAL EXAMINATION		
Albumin	Absent	Absent
Sugar	Absent	Absent
Bile Salt	Absent	Absent
Bile Pigment	Absent	Absent
Keton	Absent	Absent
Blood	Absent	Absent
MICROSCOPY EXAMINATION		
Red Blood Cells	Nil /hpf	Nil/hpf
Pus Cells	3-4 /hpf	2-3/hpf
Epithelial Cells	18-20 /hpf	3-4/hpf
Casts	Absent	Absent
Crystals	Absent	Absent
Bacteria	Absent	Absent

END OF REPORT.

DR.QUTBUDDIN CHAHWALA
M.D.PATHOLOGIST

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V-ONE HOSPITAL Department of Laboratory Medicine.

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2/1, Residency Area, AB Road,
Geeta Bhavan Squre.
Indore (MP) 452001
T: 0731 – 4238111

V one Hospital

Patient Name: MRS. SWATI JAIN / MRN-240601692
Age / Gender : 36 Yr / F
Address: 132 Mahaveer Nagar, Indore, MADHYA PRADESH
Req. Doctor: V ONE HOSPITAL
Regn. Number: WALKIN.24-25-5161

Request Date : 29-06-2024 10:07 AM

Reporting Date : 29-06-2024 04:55 PM
Report Status : Finalized

X-RAY CHEST AP

Size and shape of heart are normal.

C.P. angles are clear.

Lung fields are clear.

Soft tissues and rib cage are normal.

END OF REPORT

Dr. RADIOLOGIST

2/1, Residency Area, AB Road,
Geeta Bhavan Squre.
Indore (MP) 452001
T: 0731 – 4238111

V one Hospital

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Request Date : 29-06-2024 10:07 AM

Reporting Date : 29-06-2024 01:24 PM
Report Status : Finalized

USG WHOLE ABDOMEN

Liver is normal in size (14 cm) and shape. Its echogenicity is normal. Margins are smooth and regular. The portal vein and biliary radicals are normal in calibre.

GB is well distended. Wall thickness is normal with echofree lumen. CBD is within normal limits.

Pancreas is normal in size, shape and echo pattern.

Bilateral kidneys are normal in shape, size and echotexture. Corticomedullary differentiation is maintained. No evidence of any calculus or hydronephrosis seen.
Rt. Kidney length: 9.4 cm
Lt. Kidney length: 9.8 cm

Spleen is normal in size and echopattern.

Urinary bladder is normal in shape and size. Lumen appears echofree. Wall thickness is normal.

Uterus is anteverted, bulky in size, measuring app 9.7x9.4x7.5 cm. Rest of myometrial echotexture is homogenous.
Endometrial echoes are 7.6 mm thick & central. Cervix is normal in size and echotexture.

A well marginated hypoechoic lesion is seen in the anterior wall subserosally measuring 5.9x5.8 cms.
Couple of similar hypoechoic lesions are seen in posterior wall of lower uterine segment measuring 2.4x2.6 cms and 2.0x2.5 cms.

Bilateral ovaries are normal in size and position.
No obvious adnexal lesion seen.
No free fluid in pouch of Douglas.

No evidence of ascites / pleural effusion.
Visualized bowel loops are normal in course and calibre.

IMPRESSION :-

Bulky uterus with fibroids.

END OF REPORT

DR. RAVINDRA SINGH

CONSULTANT RADIOLOGIST

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