

# PREM-DHARAM HOSPITAL & DIAGNOSTICS

(Govt. Recognised Advanced 3D-4D Ultrasound and State-of-the-art Digital X-Ray Centre)

Regn. No.: GZB02641



10D-180 (Near Nagar Nigam Office), Vasundhara, Ghaziabad, Phone: 0120-4127778, 9899004884

Name : Mrs. Geeta Sharma  
Visit No. : SR242402010  
Age/Gender : 47 Y/Female  
Referred by : PREM-DHARAM HOSPITAL

Patient ID : 24/240200010  
Received On : 24/02/2024 11:38  
Collected On : 24/02/2024 11:38  
Reported On : 24/02/2024 18:22  
Barcode : pdh31

## HAEMATOLOGY

### COMPLETE BLOOD COUNT

Test Name	Obtained Value	Units	Bio. Ref. Intervals(Age/Gender specific)
HAEMOGLOBIN <i>Methodology: Colorimetric</i>	12.2	g/dl	12 - 15.5
RED BLOOD CELL COUNT (RBC) <i>Methodology: Electrical Impedance</i>	3.80	millions/mm <sup>3</sup>	3.8 - 5.5
PACKED CELL VOLUME/HEMATOCRIT (PCV) <i>Methodology: Calculated</i>	34.8	% Vol	33 - 45
MEAN CORPUSCULAR VOLUME (MCV) <i>Methodology: Calculated</i>	91.6	fL	80 - 96
MEAN CORPUSCULAR HAEMOGLOBIN (MCH) <i>Methodology: Calculated</i>	32.1	pg	27 - 33
MEAN CORPUSCULAR HAEMOGLOBIN CONCENTRATION (MCHC) <i>Methodology: Calculated</i>	35.0	g/dl	32 - 36
RED CELL DISTRIBUTION WIDTH (RDW-CV) <i>Methodology: Automated-Cell Counter</i>	14.1	%	11 - 16
RED CELL DISTRIBUTION WIDTH (RDW-SD) <i>Methodology: Automated-Cell Counter</i>	43.1	fL	35 - 56
TOTAL LEUCOCYTE COUNT <i>Methodology: Flow Cytometry</i>	7.20	10 <sup>3</sup> /μL	4 - 11
DIFFERENTIAL COUNT (DC)			
NEUTROPHILS	66	%	40 - 75
LYMPHOCYTES	28	%	20 - 45
EOSINOPHILS	03	%	0 - 6
MONOCYTES	03	%	0 - 10
BASOPHILS	00	%	0 - 1
ABSOLUTE NEUTROPHIL COUNT (ANC) <i>Methodology: Calculated</i>	4.73	10 <sup>3</sup> /μL	2 - 8
ABSOLUTE LYMPHOCYTE COUNT (ALC) <i>Methodology: Calculated</i>	2.05	10 <sup>3</sup> /μL	0.8 - 7
ABSOLUTE EOSINOPHIL COUNT (AEC) <i>Methodology: Calculated</i>	0.21	10 <sup>3</sup> /μL	0.02 - 0.8



- 3D/4D Ultrasound
- Whole Body Color Doppler
- Digital X-Ray (24 Hours)
- 2D Echocardiography
- ECG-3 Channel

Emergency Helpline Number. 9654714884

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(Govt. Recognised Advanced 3D-4D Ultrasound and State-of-the-art Digital X-Ray Centre)

Regn. No.: GZB02641



10D-18D (Near Nagar Nigam Office), Vasundhara, Ghaziabad, Phone: 0120-4127778, 9899004884


<b>Name</b>	: Mrs. Geeta Sharma	<b>Patient ID</b>	: 24/240200010
Visit No.	: SR242402010	Received On	: 24/02/2024 11:38
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ABSOLUTE MONOCYTE COUNT (AMC)	0.22	$10^3/\mu\text{L}$	0.12 - 1.2
<i>Methodology: Calculated</i>			
ABSOLUTE BASOPHIL COUNT (ABC)	00	$10^3/\mu\text{L}$	0 - 0.1
<i>Methodology: Calculated</i>			
PLATELET COUNT	208	$10^3/\mu\text{L}$	150 - 450
<i>Methodology: Electrical Impedance</i>			
MEAN PLATELET VOLUME (MPV)	11.3	fL	7 - 12
<i>Methodology: Electrical Impedance</i>			
PLATELET DISTRIBUTION WIDTH (PDW)	16.5	fL	9 - 17
<i>Methodology: Calculated</i>			
PCT(PLATELET CRIT)	0.23	%	0.108 - 0.282
<i>Methodology: Calculated</i>			
P-LCR	38.9	%	11 - 45
<i>Methodology: Calculated</i>			
P-LCC	81	$10^9/\text{L}$	30 - 90
<i>Methodology: Calculated</i>			

Sample Type : Whole Blood-EDTA

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

Processed by : Tabassum  
Verified by : Tabassum

  
Dr. Vivek Kapoor  
Consultant Pathologist



- 3D/4D Ultrasound
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Regn. No.: GZB02641



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## HAEMATOLOGY

Test Name	Obtained Value	Units	Bio. Ref. Intervals(Age/Gender specific)
BLOOD GROUP, RH FACTOR			
<i>Methodology : Forward &amp; Reverse</i>			
Blood Grouping	"O"		
RH Typing	NEGATIVE		
ERYTHROCYTE SEDIMENTATION RATE (ESR)	12	mm in 1st hr	0 - 15

*Methodology : Westergren*

Interpretation Notes: The erythrocyte sedimentation rate (ESR or sed rate) is a relatively simple, inexpensive, non-specific test that has been used for many years to help detect inflammation associated with conditions such as infections, cancers, and autoimmune diseases. ESR is said to be a non-specific test because an elevated result often indicates the presence of inflammation but does not tell the health practitioner exactly where the inflammation is in the body or what is causing it. An ESR can be affected by other conditions besides inflammation. For this reason, the ESR is typically used in conjunction with other tests, such as C-reactive protein. ESR is used to help diagnose certain specific inflammatory diseases, including temporal arteritis, systemic vasculitis and polymyalgia rheumatica. (For more on these, read the article on Vasculitis.) A significantly elevated ESR is one of the main test results used to support the diagnosis. This test may also be used to monitor disease activity and response to therapy in both of the above diseases as well as some others, such as lupus.

Sample Type : Whole Blood-EDTA

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

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Consultant Pathologist



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## CLINICAL BIOCHEMISTRY

### LIVER FUNCTION TEST

Test Name	Obtained Value	Units	Bio. Ref. Intervals(Age/Gender specific)
TOTAL BILIRUBIN <i>Methodology : Diazo Method</i>	0.60	mg/dL	0.2 - 1.2
DIRECT BILIRUBIN <i>Methodology : Diazo Method</i>	0.17	mg/dL	0 - 0.3
INDIRECT BILIRUBIN <i>Methodology : Calculated</i>	0.43	mg/dL	
SGOT/AST <i>Methodology : IFCC</i>	29.2	U/L	0 - 40
SGPT/ALT <i>Methodology : IFCC</i>	18.6	U/L	0 - 35
ALKALINE PHOSPHATASE <i>Methodology : IFCC</i>	122	U/L	35 - 105
<i>Comments : KINDLY CORRELATE CLINICALLY</i>			
TOTAL PROTEIN <i>Methodology : Buret</i>	6.9	g/dl	6 - 8.3
SERUM ALBUMIN <i>Methodology : BCG</i>	3.7	g/dl	3.2 - 5.2
GLOBULIN SERUM <i>Methodology : Calculated</i>	3.20	g/dl	2.3 - 4.5
A/G RATIO <i>Methodology : Calculated</i>	1.16	Ratio	1 - 2.5

Sample Type : serum

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

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Dr. Vivek Kapoor  
Consultant Pathologist



Page 2 of 10  
Notice: In case of any alarming or unexpected result, Client is advised to contact the laboratory immediately for possible remedial action.

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10D-160 (Near Nagar Nigam Office), Vasundhara, Ghaziabad, Phone: 0120-4127776, 9899004884

<b>Name</b> : Mrs. Geeta Sharma	<b>Patient ID</b> : 24/240200010
<b>Visit No.</b> : SR242402010	<b>Received On</b> : 24/02/2024 11:38
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	<b>Barcode</b> : pdh31

## CLINICAL BIOCHEMISTRY

### RENAL FUNCTION TEST

Test Name	Obtained Value	Units	Bio. Ref. Intervals(Age/Gender specific)
BLOOD UREA <i>Methodology : Urease</i>	21.0	mg/dL	10 - 45
BLOOD UREA NITROGEN (BUN) <i>Methodology : Calculated</i>	10	mg/dL	5 - 21
SERUM CREATININE <i>Methodology : Jaffe Kinetic</i>	0.66	mg/dL	0.6 - 1.2
SODIUM - SERUM <i>Methodology : ISE</i>	135.6	meq/L	135 - 155
POTASSIUM - SERUM <i>Methodology : ISE</i>	4.25	meq/L	3.5 - 5.5
CHLORIDE - SERUM <i>Methodology : ISE</i>	100.2	mmol/L	98 - 106
CALCIUM - SERUM <i>Methodology : Arsenazo</i>	10.2	mg/dL	8.6 - 11
EGFR	102	mL/min/1.73 m <sup>2</sup>	90 - 180 > = 90 : Normal 60 - 89 : Mild Decrease 45 - 59 : Mild to Moderate Decrease 30 - 44 : Moderate to Severe Decrease 15 - 29 : Severe Decrease
URIC ACID - SERUM <i>Methodology : URICASE</i>	3.77	mg/dL	3.5 - 7.2

Sample Type : serum

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

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## CLINICAL BIOCHEMISTRY

### LIPID PROFILE

Test Name	Obtained Value	Units	Bio. Ref. Intervals(Age/Gender specific)
TOTAL CHOLESTEROL	184.9	mg/dL	1-200 Desirable < 200 Borderline high risk 200 - 240 High risk > 240
<i>Methodology : CHO-POD</i> HDL CHOLESTEROL	40	mg/dL	NO RISK : - > 60.0 MODERATE RISK :- 35 - 55 HIGH RISK : - < 35.0
<i>Methodology : Direct</i> LDL CHOLESTEROL	121.10	mg/dL	0 - 130 Desirable < 130 Borderline high risk 130 -160 High risk > 160
<i>Methodology : Calculated</i> VLDL	23.80	mg/dL	0 - 45
<i>Methodology : Calculated</i> TRIGLYCERIDES (TG) - SERUM	119	mg/dL	0 - 200 Desirable: < 200 (fasting) Borderline high: 200 - 400 Elevated > 400
<i>Methodology : GPO-POD</i> CHOL/HDL Ratio	4.62	Ratio	3.5 - 5.5
<i>Methodology : Calculated</i> LDL/HDL Ratio	3.03	mg/dL	2.5 - 3.5

Sample Type : serum

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

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## CLINICAL BIOCHEMISTRY

Test Name	Obtained Value	Units	Bio. Ref. Intervals(Age/Gender specific)
PLASMA GLUCOSE FASTING (FBS)	70.0	mg/dL	70 - 110

Methodology : Hexokinase

Interpretation Notes:


Interpretation (In accordance with the American diabetes association guidelines):

- A fasting plasma glucose level below 100 mg/dL is considered normal.
- A fasting plasma glucose level between 100-126 mg/dL is considered as glucose intolerant or pre diabetic. A fasting and post-prandial blood sugar test (after consumption of 75 gm of glucose) is recommended for all such patient.
- A fasting plasma glucose level of above 126 mg/dL is highly suggestive of a diabetic state. A repeat fasting test is strongly recommended for all such patients. A fasting plasma glucose level in excess of 126 mg/dL on both the occasions is confirmatory of a diabetic state.

Sample Type : Plasma

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

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Referred by : PREM-DHARAM HOSPITAL

Patient ID : 24240200010  
Received On : 24/02/2024 11:38  
Collected On : 24/02/2024 11:38  
Reported On : 25/02/2024 11:59  
Barcode : pdh31

## HAEMATOLOGY

### HbA1c

Test Name	Obtained Value	Units	Bio. Ref. Intervals(Age/Gender specific)
GLYCOSYLATED HAEMOGLOBIN(HbA1c)	5.4	%	4.5 - 6.0 Good Control : 6.1-7.0 Fair Control : 7.1-9.0 Poor Control : >9.0
ESTIMATED AVERAGE GLUCOSE(eAG)	108.28	mg/dL	90 - 120 Excellent Control 121 - 150 Good Control 151 - 180 Average Control 181 - 210 Action Suggested > 211 Panic Value

Methodology : HPLC

Methodology : Calculated

### Sample Type : Whole Blood-EDTA

#### Interpretation Notes:

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.

**Note:** If variant hemoglobin is observed in HbA1c HPLC screen, HbA1c levels may not truly represent in vivo condition. In such condition HbA1c analysis by HPLC may not be the method of choice. You are advised to consult your referring physician and discuss the alternative tests as suggested below.

#### Advised:

1. To follow patient for glycemic control test like fructosamine or glycated albumin may be performed instead. 2. Hemoglobin HPLC screen to analyze abnormal hemoglobin variant.


#### estimated Average Glucose (eAG) :

estimated Average Glucose (eAG) based on value calculated according to National Glycohemoglobin Standardization Program (NGSP) criteria.

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

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Consultant Pathologist



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## IMMUNOLOGY

### THYROID PROFILE

Test Name	Obtained Value	Units	Bio. Ref. Intervals(Age/Gender specific)
TOTAL TRIIODOTHYRONINE (T3) <i>Methodology : Chemiluminescence Immunoassay(CLIA)</i>	103.1	ng/dL	60 - 200
TOTAL THYROXINE (T4) <i>Methodology : Chemiluminescence Immunoassay(CLIA)</i>	9.83	ug/dl	4.5 - 14.5
THYROID STIMULATING HORMONE (TSH)	6.80	uIU/ml	0.35 - 5.50

Newborns: 0.70 - 15.2  
Padiatric:  
2weeks-4 months :1.7-9.1  
<12 months : 1.36 - 8.8  
1- 6 years : 0.85 - 6.5  
7-12 years : 0.28 - 4.3  
Pregnancy:  
1st Trimester: 0.1-2.5  
2nd&3rd Trimester:0.2-3.0

*Methodology : Chemiluminescence Immunoassay(CLIA)*

Comments : KINDLY CORRELATE CLINICALLY

### Sample Type : serum

#### Interpretation Notes:

- Note:
1. TSH levels are subject to circadian variation, reaching peak levels between 2-4 a.m. and at a minimum between 6-10 pm. The variation is of the order of 50%, hence time of the day has influence on the measured serum TSH concentrations.
  2. Recommended test for T3 and T4 is unbound fraction or free levels as it is metabolically
  3. Physiological rise in Total T3/T4 levels is seen in pregnancy and in patients on steroid therapy.

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

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Consultant Pathologist



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## CLINICAL PATHOLOGY

Test Name	Obtained Value	Units	Bio. Ref. Intervals(Age/Gender specific)
<b>URINE ROUTINE</b>			
<b>PHYSICAL EXAMINATION</b>			
Quantity	15	ml	-
colour	PALE YELLOW		-
Appearance	CLEAR		-
pH	6.0		4.5 - 8
Specific Gravity	1.006		1.005 - 1.025
<b>MICROSCOPIC EXAMINATION</b>			
Pus Cells	2-4	/HPF	1 - 3
RBC CELLS	NIL	/HPF	-
Epithelial Cells	4-6	/HPF	1 - 2
Casts	ABSENT	/Hp	-
Crystals	ABSENT	/Hp	-
<b>CHEMICAL EXAMINATION</b>			
Albumin/Protein	ABSENT		-
Glucose	ABSENT		-
Urobilinogen	ABSENT		-
Blood	ABSENT		-
Nitrite	ABSENT		-
Leucocyte	ABSENT		-


Interpretation Notes:

**Sample Type : URINE**

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

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Regn. No.: RMEE1905483



10D-180 (Near Nagar Nigam Office), Vasundhara, Ghaziabad, Phone: 0120-4127778, 9899004884, E-mail : premdharamhospital@gmail.com

Date	24/02/2024	Srl No.	22	Pt. Id.	XR
Name	MRS. GEETA SHARMA	Age	47 Yrs.	Sex	F
Ref. By	PREM DHARAM HOSPITAL				

## X-R CHEST PA

Mildly prominent bronchovascular markings seen in bilateral lung fields.

Mild subtle haziness seen in bilateral lower zones ? due to overlying soft tissue shadows .

Bilateral lung fields show no obvious parenchymal lesion.

Trachea is central.

Hila and mediastinum are unremarkable.

Both domes of diaphragm are normal.

Both cardiophrenic and costophrenic angles are normal.

Cardiac size is normal.

Bony thoracic cage appears normal.

**ADVISED: CLINICOPATHOLOGICAL CORRELATION.**

Note: This report is a computerized summary based on imaging findings. It is not intended to replace the physician's clinical judgment. The physician should correlate the findings with the patient's clinical history.

Dr. NIDHI TYAGI  
CONSULTANT RADIOLOGIST



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FOR TELEPHONIC APPOINTMENT RADIOLOGY : 8287900395 (9 AM - 2:30 PM, 5:30 PM - 8:45 PM)

FOR ICU & AMBULANCE ENQUIRY : 8287900395

FOR OPD APPOINTMENT : 8287900395



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Date	26/02/2024	Srl No.	23	Pt. Id.	PD/2602202416
Name	MRS. GEETA SHARMA	Age	47 Yrs.	Sex	F
Ref. By	PREM DHARAM HOSPITAL				

## USG WHOLE ABDOMEN FEMALE

Liver is normal in size, outline and echopattern. No focal SOL noted. Vascular channels are clear. No evidence of I.H.B.D. Portal vein is normal in course and caliber.

Gall Bladder is contracted (showing WES sign on ultrasound) with multiple tiny calculi seen within G.B. lumen of average 1.87 mm -2.51 mm suggestive of Cholelithiasis with Cholecystitis. CBD is normal.

Spleen is normal in size (measures approximately 88.96 mm) shape and shows homogenous echotexture. No focal SOL noted.

Pancreas shows normal outline and echopattern. No focal SOL noted. Pancreatic duct is not dilated. Retroperitoneum No evidence of significant retroperitoneal lymphadenopathy noted.

Right Kidney is normal in size measures approximately 100.29x41.11 mm, outline and parenchymal echopattern. Cortico-medullary differentiation is well preserved. Pelvi-calyceal system is compact. No intra-renal calculus is seen.

Left Kidney is normal in size, measures approximately 109.73x50.04 mm, outline and parenchymal echopattern. Cortico-medullary differentiation is well preserved. Pelvi-calyceal system is compact. No intra-renal calculus is seen.

Urinary Bladder is partially distended and appears anechoic. The outline is smooth. The bladder wall thickness appears normal. There is no evidence of any debris or echogenic calculus in the bladder.

Uterus is anteverted, normal in size measuring approximately 52.83x37.53x58.29mm, shows normal outline and myometrial echopattern. No focal SOL seen.

Endometrium is in mid line & measures approximately 5.24 mm in thickness.

Both ovaries are normal in size, shape and echotexture.

No adnexal mass lesion noted on both sides. No free fluid seen in POD.

No evidence of abnormal bowel dilatation or bowel wall thickening seen.

No free fluid seen in visualised peritoneal and pleural cavity.

**IMPRESSION: USG WHOLE ABDOMEN REVEALS - CHOLELITHIASIS WITH CHOLECYSTITIS.**

Clinical and lab correlation is recommended for further evaluation.

Dr. NIDHI TYAGI  
CONSULTANT RADIOLOGIST



- 3D/4D Ultrasound
- Whole Body Color Doppler
- Digital X-Ray (24 Hours)
- 2D Echocardiography
- ECG-3 Channel

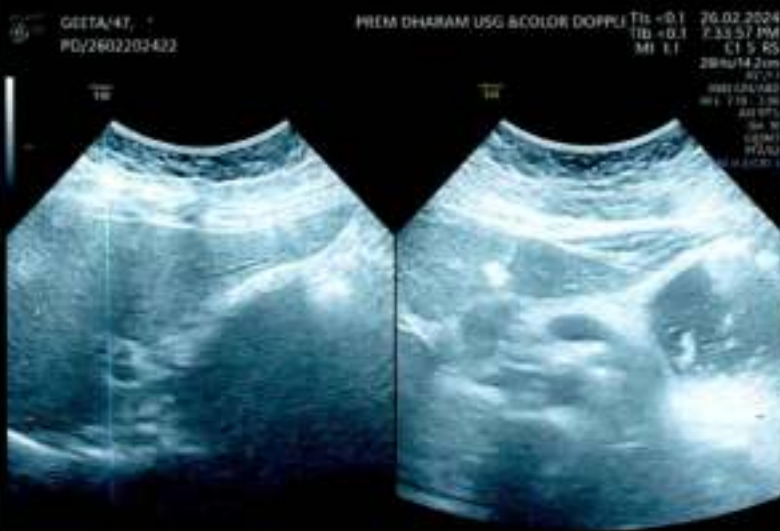
FOR TELEPHONIC APPOINTMENT RADIOLOGY : 8287900395 (9 AM - 2:30 PM, 5:30 PM - 8:45 PM)

FOR ICU & AMBULANCE ENQUIRY : 8287900395

FOR OPD APPOINTMENT : 8287900395



# PREM DHARAM HOSPITAL & DIAGNOSTIC

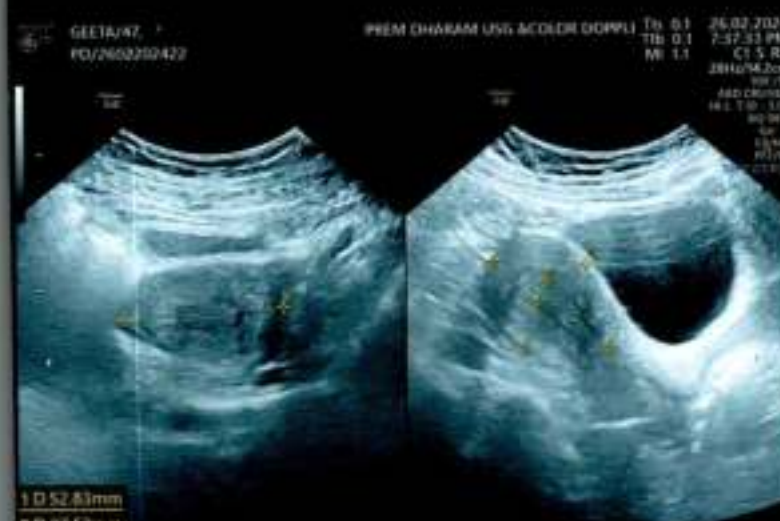


1 D 100.29mm  
2 D 41.17mm



1 D 2.12mm  
2 D 1.87mm  
3 D 2.51mm

1 D 1.97mm  
2 D 2.98mm



1 D 52.83mm  
2 D 37.53mm  
3 D 58.29mm  
4 D 7.34mm

1 D 5.24mm

SEC-10/D 180 VASUNDRA GZB, 0120-4127778,9899004884



ID: 0  
GEETA SHARMA  
Female 47Years

02-24-2024 09:54:01  
HR : 68 bpm  
P : 98 ms  
PR : 147 ms  
QRS : 81 ms  
QT/QTc : 384/410 ms  
P/QRS/T : 57/22/34 °  
RV5/SVI : 0.816/0.551 mV

Diagnosis Information:  
Sinus Rhythm  
Abnormal q Wave(III)

Report Confirmed by:

