

DATE -

NAME - RITUPARNA MANDAL PHONE - 8766220046

AGE/GENDER - F

ADDRESS -

EMAIL - RITUPARNA.471@GMAIL.COM CORPORATE NAME -

1. Past medical history & medications:-

ALLERGIES - DUST, SMOKE

2 DELIVERIES - 2017 & 2023. (NORMAL)

Medication - on & off on anti-allergics.

2. Any existing disease:-

No such known.

3. Current medications :-

~~no~~ not any

4. VITALS - (To be filled by medical personnel)

- BLOOD PRESSURE - 113/69 mmHg
- PULSE RATE - 64 bpm
- TEMPERATURE - 97.8°F
- SPO2 - 99%
- BLOOD SUGAR (RANDOM) -
- HEIGHT - 151 cm
- WEIGHT - 53.6 kg
- BMI - 23.5 (Normal)

VISION - RE - 6/6

LE - 6/6.

Colour vision - Normal

5. FINDINGS: -

LAB INVESTIGATION: - 1020 Hb (11.5)

TSH - 8.2 uS

Rest blood & urine analysis - Normal.

CARDIOLOGY INVESTIGATIONS: - 2D Echo - Normal.

ECG - Normal

RADIOLOGY INVESTIGATIONS: - USA W/A - Normal.

CXR Normal

6. DOCTOR REMARKS: - Hypothyroid.

1020 Hb.



ECHOCARDIOGRAPHY REPORT

Patient's Name	MR. RITUPARNA MANDAL	Date	11-02-2024
Referred by	HEALTH CHECK UP	Age & Sex	35 Yrs/F

MITRAL VALVE

Morphology **AML - Normal** / Thickening/Calcification/ Flutter/ Vegetation/ Prolapse/ SAM/ Doming
PML - Normal/ Thickening/ Calcification/ Mild Prolapse/ Paradoxical motion/ fixed.
 Sub valvular deformity Present/ **Absent** Score:

Doppler **Normal**/Abnormal **E>A** A>E
 Mitral Stenosis Present/**Absent** RR interval.....msec
 EDG.....mmHg MDG.....mmHg MVA.....cm²
 Mitral Regurgitation **Absent** /Trivial/**Mild**/Moderate/Severe

TRICUSPID VALVE

Morphology **Normal**/ Atresia/Thickening/ Calcification/ Prolapse/ Vegetation/ Doming
 Doppler **Normal**/ Abnormal
 Tricuspid Stenosis Present/ **Absent** RR interval.....
 EDG.....mmHg MDG.....mmHg
 Tricuspid Regurgitation: **Absent**/ Trivial/ **Mild**/ Moderate/ Severe Fragmented signals
 Velocity.....m/sec

PULMONARY VALVE

Morphology **Normal**/ Atresia/ Thickening/ Doming/ Vegetation
 Doppler **Normal**/ Abnormal
 Pulmonary Stenosis Present/**Absent** Level Valvular and Sub valvular
 PV Max = **0.9** m/sec PSG.....mmHg Pulmonary annulus.....mm
 Pulmonary Regurgitation **Present**/ **Absent**
 Early diastolic gradient.....mmHg. End Diastolic Gradient.....mmHg

AORTIC VALVE

Morphology **Normal**/ Thickening/ Tip Calcification/ Restricted Opening/ Flutter vegetation
 No. of cusps 1/2/3/4

Doppler **Normal**/ Abnormal
 Aortic Stenosis: Present/**Absent**
 AV Max = **1.24** m/sec Aortic Annulus.....mm
 Aortic Regurgitation **Absent**/ Trivial/ Mild/Moderate/ Severe

<u>Measurements</u>	<u>Normal Values</u>	<u>Measurements</u>	<u>Normal Values</u>
Aorta- 2.4	(2.0-3.7 cm)	LAes- 2.5	(1.9-4.0 cm)
LVes- 2.5	(2.2-4.0 cm)	LVed- 3.5	(3.7-5.6 cm)
IVSed-0.8	(0.6-1.1 cm)	PW (LV)-0.8	(0.6-1.1 cm)
RV ed	(0.7-2.6 cm)	RV anterior wall	(up to 5 mm)
LVVd (ml)		LVVs (ml)	
EF 55 %	(54%-76%)	IVS motion	<u>Normal</u> / Flat/ Paradoxical

CHAMBERS:

LV	<u>Normal</u> / Enlarged/ Clear/ Thrombus/Hypertrophy Contraction <u>Normal</u> / Reduced
LA	<u>Normal</u> / Enlarged/ <u>Clear</u> / Thrombus
RA	<u>Normal</u> / <u>Enlarged</u> / <u>Clear</u> / Thrombus
RV	<u>Normal</u> / <u>Enlarged</u> / <u>Clear</u> / Thrombus
Pericardium	<u>Normal</u> / Thickening/ Calcification/ Effusion

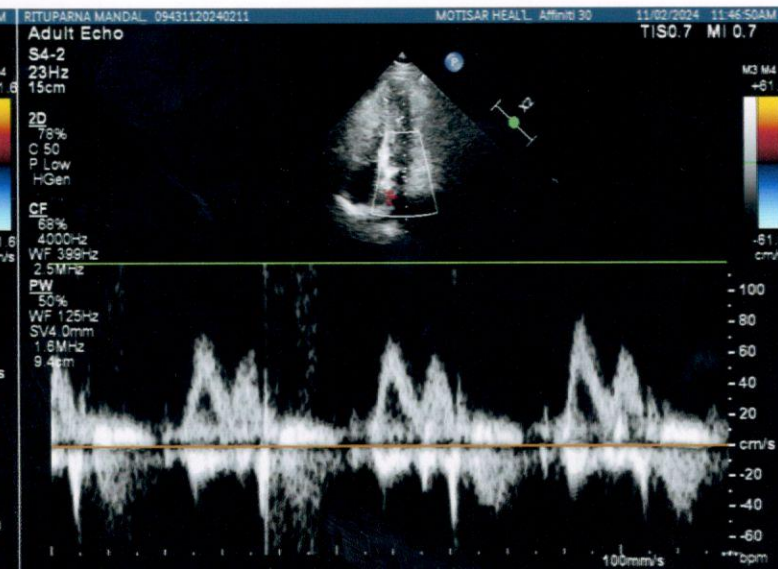
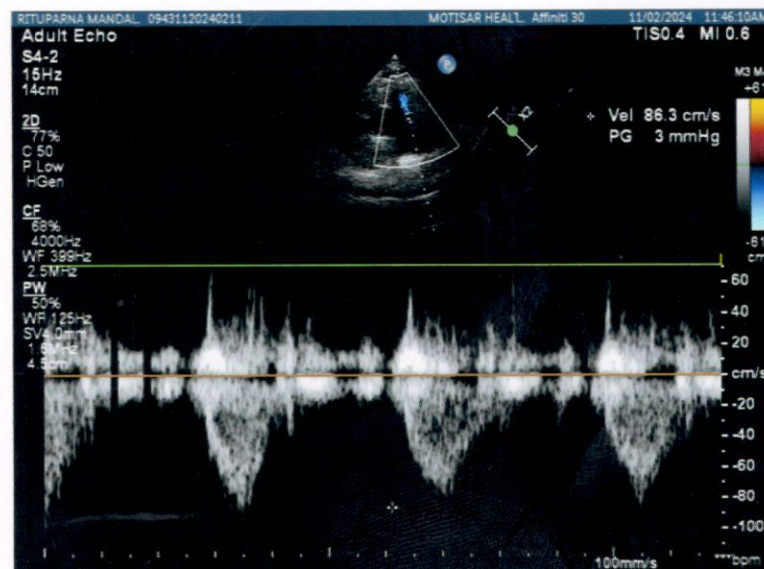
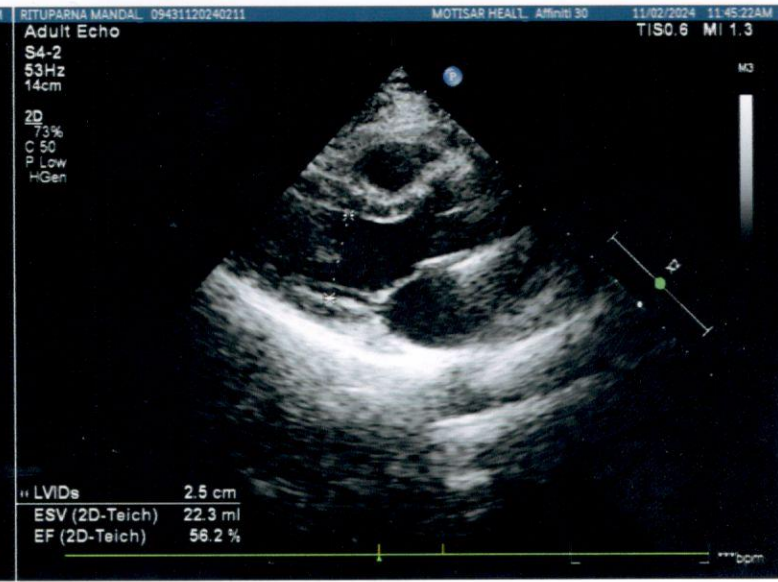
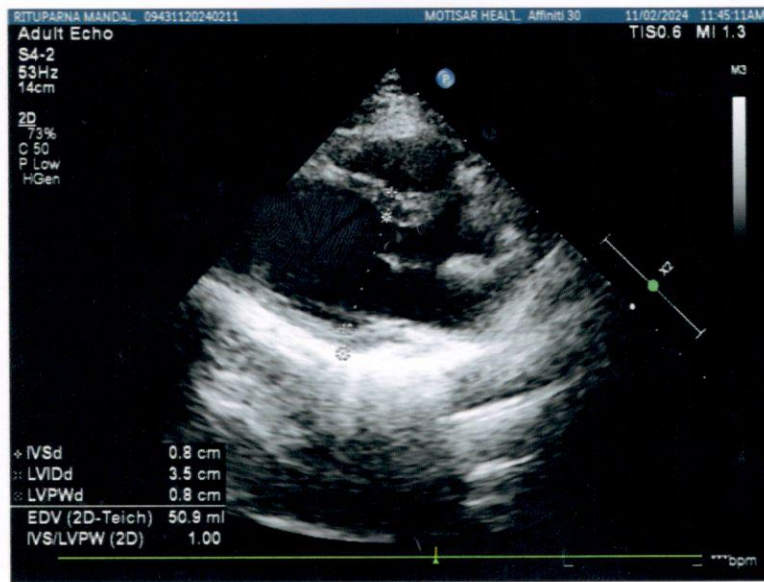
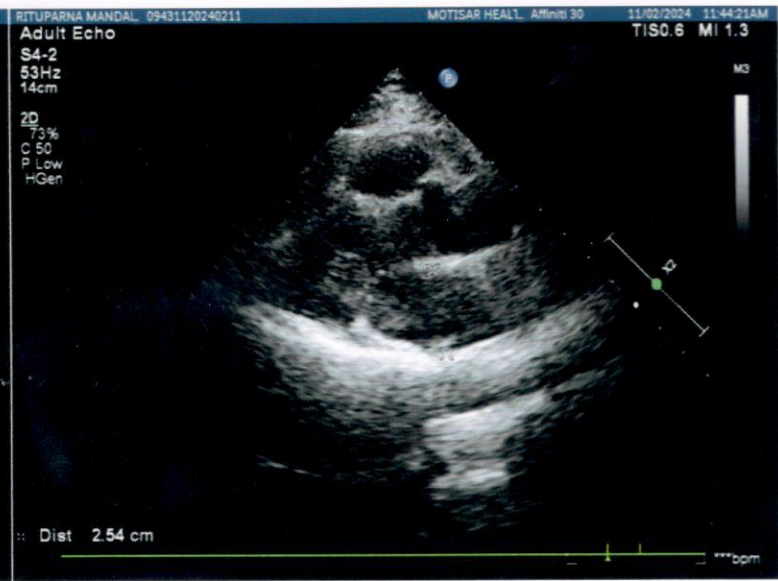
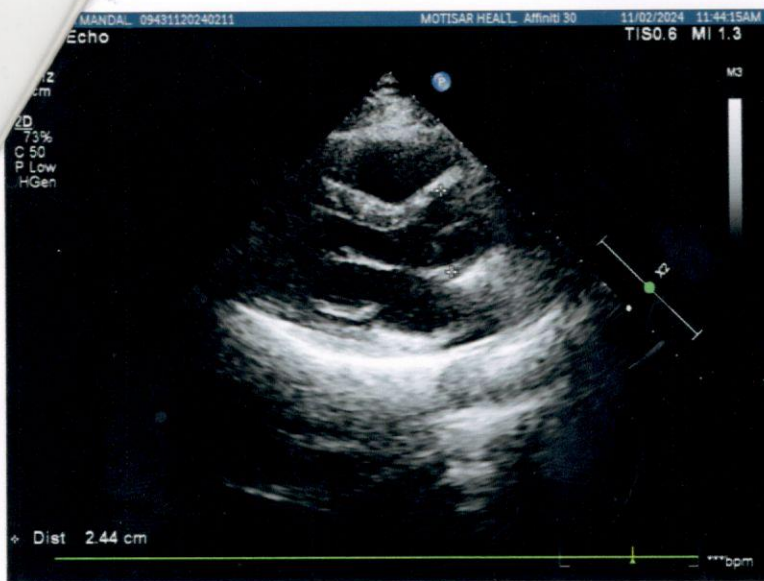
COMMENTS AND SUMMARY

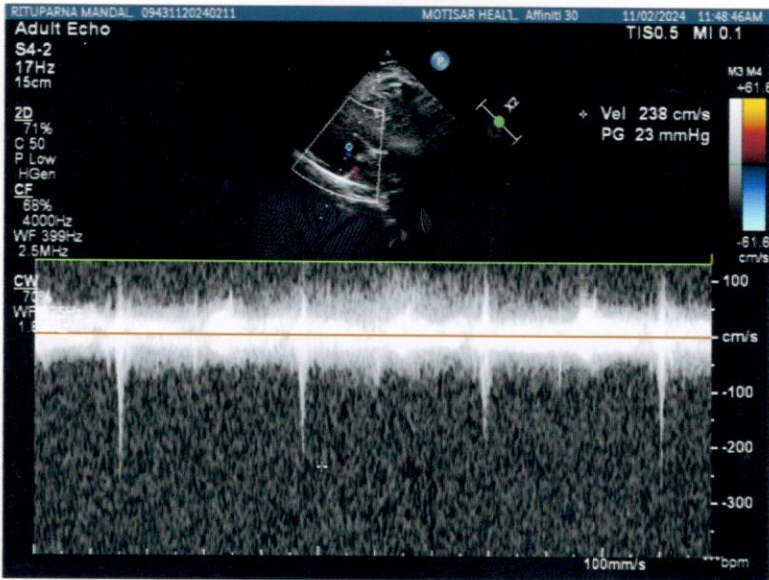
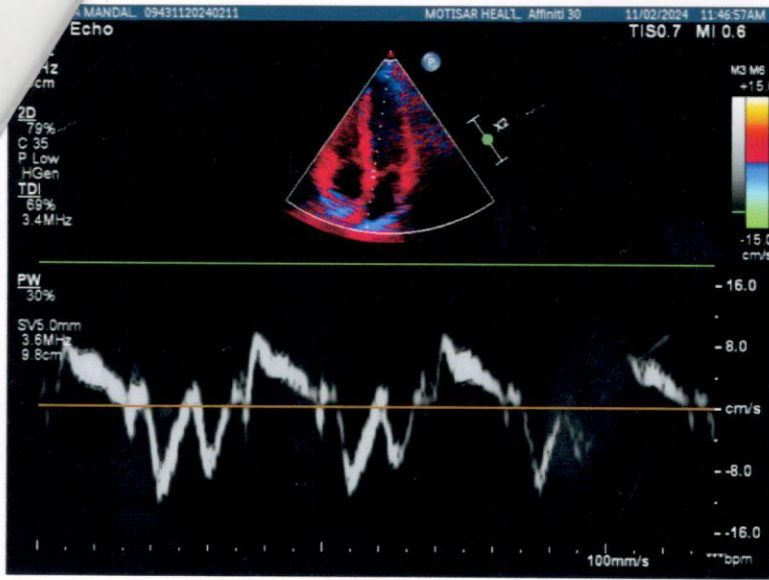
- NO LV RWMA, LVEF ~ 55%
- NORMAL CARDIAC CHAMBERS DIMENSIONS
- NORMAL MIP
- MILD MR
- MILD TR (RVSP ~ 26 mmHg)
- NO AS/NO AR
- IVC NORMAL WITH NORMAL RESPIRATORY VARIATION
- NO IC CLOT/VEG/PE

Kindly correlate clinically



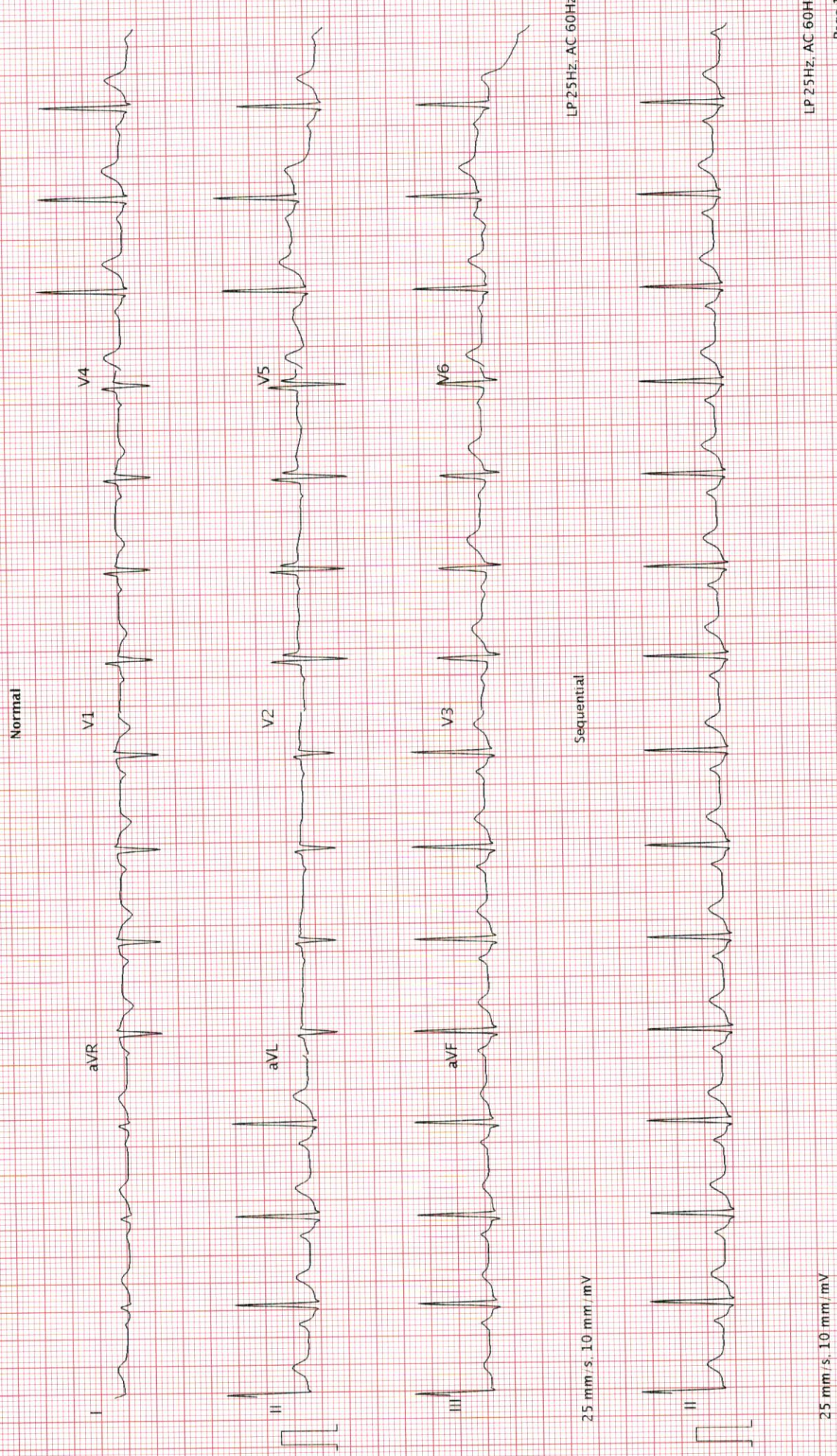
DR. NITESH MISHRA
MBBS, MD





Name	Ms. rituparna Emergency	HR	89 bpm	RR	RR	Sinus rhythm
Patient ID	a9426812-ee0f-4706-91df-22d016be4d88	P axis	75 °	P	674 ms	Normal electrical axis
Date of birth	23.10.1987	QRS axis	84 °	PR	102 ms	Normal ECG
Gender	Female	T axis	58 °	QRS	149 ms	
Height				QT	87 ms	
Weight	Undefined			QTc	332 ms	
Ethnicity	Unknown			QTcB	404 ms	
Pacemaker	Unknown					Unconfirmed report

Indication
Remark



DR. BINDU BISHT
B.D.S, MIDA, MISDT
(General Dentist)

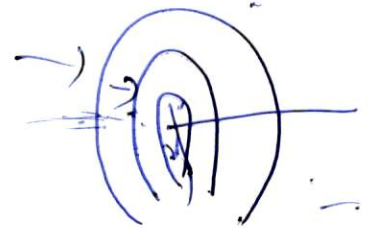
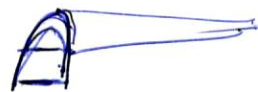
NAME:- Ritu Parmar Mandal AGE/SEX: 35 / F DATE: 10 Feb / 24

Through health. checkup.

O/E → D.C. → $\frac{7}{7} / \frac{7}{6}$

→ Partially erupted $\frac{8}{1}$
→ calculus +

→ chronic gen. gingivitis.



RC

Patient's Name:- MRS. RITUPARMA
MANDAL

Date :- 10/02/2024

Referred By :- HEALTH CHECKUP

Age/Sex :- 35Y/F

Radiograph of Chest (PA View)

Visualized lung fields are clear

Both hila appear normal

Both CP Angle are clear.

Domes are normally placed.

Cardiac shadow appears normal.

Trachea and mediastinum are normal.

Thoracic bony cage is normal.

Please correlate clinically



Dr Arushi Gupta

MBBS, DNB (Radio - Diagnosis)

Radiologist

CYTOLOGY

Name: Ritejarna Haldal Mandal Date: 10/2/24
 Occupation: ID No:
 Date of birth/Age: 35 yr Rel Physician:
 Male/Female: F

REQUEST FOR INVESTIGATIONS

Previous Cytology Done: Yes/No If Yes Previous LRN No: normal report - in 2022
 Time & Date of Collection:

- | | | |
|--|----------------------------------|---|
| <input type="checkbox"/> Investigation required | <u>LBC</u>
<u>Pap's smear</u> | <input type="checkbox"/> Sputum |
| <input type="checkbox"/> cervical Smear | | <input type="checkbox"/> Bronchial wash |
| <input type="checkbox"/> Endometrial Wash | | <input type="checkbox"/> Urine |
| <input type="checkbox"/> Vaginal smear | | <input type="checkbox"/> Gastric wash |
| <input type="checkbox"/> Vaginal smear for hormonal evaluation | | <input type="checkbox"/> Pleural fluid |
| <input type="checkbox"/> Amniotic Fluid for foetal maturity | | <input type="checkbox"/> Peritoneal fluid |
| <input type="checkbox"/> Buccal smear for barr bodies | | <input type="checkbox"/> CSF |

Others (Specify)

CLINICAL HISTORY

IMP: 26/1/24
 Hormone History: periods regular
 Any Clinical Notes: 2 RTM - LC 3-1 yr
beel
Haldal Mandal
 Doctor Name & contact Number

Date of Receipt: Laboratory Use only: Cytology No:

Patient's name:- MS RITUPARNA MANDAL
Referred by:- HEALTH CHECK UP

Date:- 10-02-2024
Age/Sex:- 35Y/F

ULTRASOUND WHOLE ABDOMEN

CLINICAL PROFILE – General check up

The movements of both the domes of diaphragm are normal.

The liver is normal in size, outline and parenchymal echotexture. No focal lesion is seen. The portal vein is normal in calibre and course.

The gall bladder shows normal contents. The intra hepatic biliary radicals and CBD are normal.

The pancreas and spleen are normal.

Both the kidneys are normal in size, outline and parenchymal echopattern. No calculus, hydronephrosis or any other abnormality is seen on either side.

No free fluid is seen in the peritoneal cavity.

No lymph node enlargement is seen in the para-aortic region.

The urinary bladder is normal in outline.

The uterus is retroverted, normal in size, with smooth outline. The myometrial echoes are homogenous. The endometrial lining is central, 7mm.


Both the adnexal regions are clear without any mass or collection.

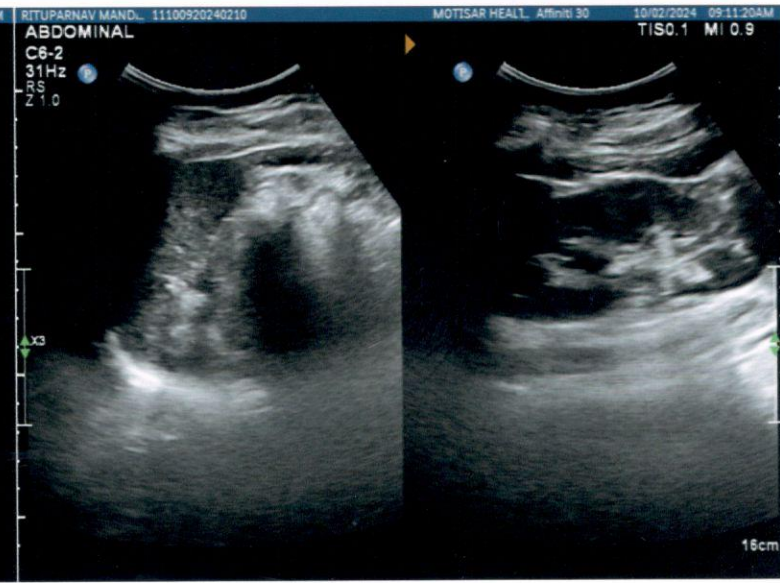
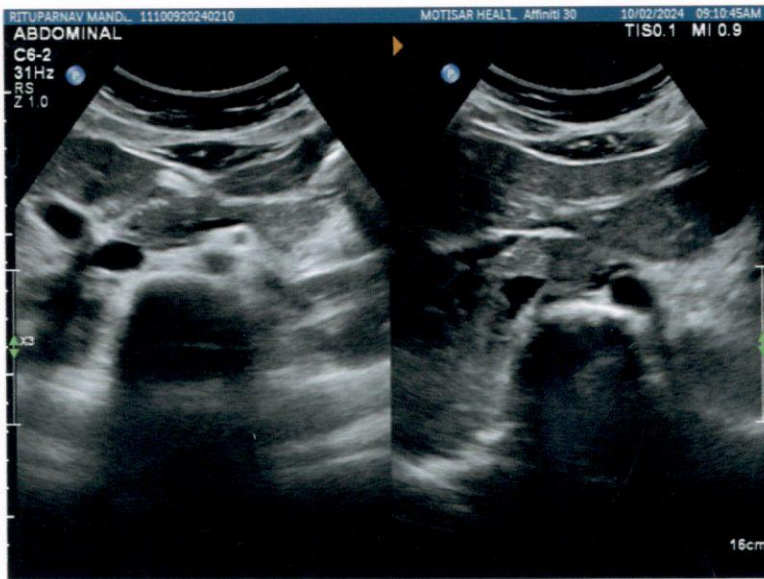
The Pouch of Douglas does not show any free fluid.

IMPRESSION:

NO OBVIOUS SONOLOGICAL ABNORMALITY IS SEEN.

CLINICAL CORRELATION IS NECESSARY.


DR. RAJNISH JUNEJA
MBBS, DNB RADIODIAGNOSIS



Patient Name : Ms.RI TU PARNA MANDAL	Barcode NO	: 10061247
Age/Gender : 35 Y O M O D /F	Registration Date	: 10/Feb/2024 03:12PM
LabNo : ITS2620	Sample Collected Date	: 10/Feb/2024 03:12PM
Ref Doctor : SELF	Report Generated Date	: 10/Feb/2024 05:28PM

DEPARTMENT OF HAEMATOLOGY

Test Name	Result	Unit	Bio. Ref. Range	Method
COMPLETE BLOOD COUNT				
Sample Type : WHOLE BLOOD EDTA				
HAEMOGLOBIN (HB)	11.5	gm/dl	12.00-16.00	spectrophotometer
RBC COUNT (RED BLOOD CELL COUNT)	4.2	million/cmm	4.50 - 5.50	Electrical impedance
PCV/HAEMATOCRIT	34.7	%	40-50	Electronic Pulse & calculation
MCV	82.7	fL	81 - 101	Calculated
MCH	27.5	pg	27-32	Calculated
MCHC	33.2	g/dl	31.5 - 34.5	Calculated
RDW-CV	13.5	%	11.5-14.5	Calculated
RDW-SD	46.1	fL	39-46	Calculated
TOTAL LEUCOCYTE COUNT (TLC)	5,400	cell/cmm	4000 - 10000	Electrical impedance
PLATELET COUNT	1.8	lac/mm ³	1.50 - 4.50	Optical Flowcytometry
MPV	12.9	fL	8.60-15.50	Calculated
PCT	0.2	%	0.15-0.62	Calculated
PDW-CV	17.30	%	10.0 - 17.9	Calculated
PDW-SD	24	fL	9.0 - 17.0	Calculated
DLC (by Flow cytometry/Microscopy)				
NEUTROPHIL	67	%	40 - 80	Electrical impedance
LYMPHOCYTE	23	%	20 - 40	Electrical impedance
MONOCYTE	08	%	2 - 10	Electrical impedance
EOSINOPHIL	02	%	01 - 06	Electrical impedance
BASOPHIL	00	%	00 - 02	Electrical impedance
ABSOLUTE NEUTROPHIL COUNT	3.6	x10 ³ Cells/uL	1.5-7.8	Electrical impedance
ABSOLUTE LYMPHOCYTE COUNT	1.3	x10 ³ Cells/uL	2.0-3.9	Electrical impedance
ABSOLUTE MONOCYTE COUNT	0.3	x10 ³ Cells/uL	0.2-0.95	Electrical impedance
ABSOLUTE EOSINOPHIL COUNT	0.1	x10 ³ Cells/uL	0.2-0.5	Electrical impedance
ABSOLUTE BASOPHIL COUNT	0	x10 ³ Cells/uL	0.02-0.2	Electrical impedance



Prasad

Dr Sarita Prasad
MBBS, DNB Pathology
Sr. Consultant (HMC.9669)

9A-11A, Ground Floor, Vipul Trade Centre,
Sector-48, Sohna Road, Gurgaon-122018 (Haryana)

Email: sohna.road@apolloclinic.com | Online : www.apolloclinic.com

TO BOOK AN APPOINTMENT



Patient Name : Ms.RI TU PARNA MANDAL	Barcode NO : 10061247
Age/Gender : 35 Y O M O D /F	Registration Date : 10/Feb/2024 03:12PM
LabNo : ITS2620	Sample Collected Date : 10/Feb/2024 03:12PM
Ref Doctor : SELF	Report Generated Date : 10/Feb/2024 05:28PM

DEPARTMENT OF HAEMATOLOGY

Test Name	Result	Unit	Bio. Ref. Range	Method
-----------	--------	------	-----------------	--------

ERYTHROCYTE SEDIMENTATION RATE

Sample Type : WHOLE BLOOD EDTA

ERYTHROCYTE SEDIMENTATION RATE	08	mm/1st hr	1-12	Westergren
--------------------------------	----	-----------	------	------------

COMMENTS: ESR is an acute phase reactant that indicates the presence and intensity of an inflammatory process. It is never diagnostic of a specific disease. It is used to monitor the course or response to treatment of certain diseases. Extremely high levels are found in cases of malignancy, hematologic diseases, collagen disorders, and renal diseases. Increased levels may indicate: Chronic renal failure (e.g., nephritis, nephrosis), malignant diseases (e.g., multiple myeloma, Hodgkin disease, advanced Carcinomas), bacterial infections (e.g., abdominal infections, acute pelvic inflammatory disease, syphilis, pneumonia), inflammatory diseases (e.g. temporal arteritis, polymyalgia rheumatic, rheumatoid arthritis, rheumatic fever, systemic lupus erythematosus [SLE]), necrotic diseases (e.g., acute myocardial infarction, necrotic tumor, gangrene of an extremity), diseases associated with increased proteins (e.g., hyperfibrinogenemia, macroglobulinemia), and severe anemias (e.g., iron deficiency or B12 deficiency). Falsely decreased levels may indicate Sick cell anemia, spherocytosis, hypofibrinogenemia, or polycythemia vera.



Prasad

Dr Sarita Prasad
MBBS, DNB Pathology
Sr. Consultant(HMC.9669)

9A-11A, Ground Floor, Vipul Trade Centre,
Sector-48, Sohna Road, Gurgaon-122018 (Haryana)

Email: sohna.road@apolloclinic.com | Online : www.apolloclinic.com

TO BOOK AN APPOINTMENT



Patient Name : Ms.RI TU PARNA MANDAL	Barcode NO : 10061247
Age/Gender : 35 Y O M O D /F	Registration Date : 10/Feb/2024 03:12PM
LabNo : ITS2620	Sample Collected Date : 10/Feb/2024 03:12PM
Ref Doctor : SELF	Report Generated Date : 11/Feb/2024 11:20AM

DEPARTMENT OF HAEMATOLOGY

Test Name	Result	Unit	Bio. Ref. Range	Method
-----------	--------	------	-----------------	--------

BLOOD GROUP ABO & RH

Sample Type : WHOLE BLOOD EDTA

ABO	O			Gel Columns agglutination
Rh Typing	Positive			Gel agglutination

COMMENTS:

The test will detect common blood grouping system A, B, O, AB and Rhesus (RhD). Unusual blood groups or rare subtypes will not be detected by this method. Further investigation by a blood transfusion laboratory, will be necessary to identify such groups.

Disclaimer: There is no trackable record of previous ABO & RH test for this patient in this lab. Please correlate with previous blood group findings.




Dr Sarita Prasad
MBBS, DNB Pathology
Sr. Consultant(HMC.9669)

9A-11A, Ground Floor, Vipul Trade Centre,
Sector-48, Sohna Road, Gurgaon-122018 (Haryana)

Email: sohna.road@apolloclinic.com | Online : www.apolloclinic.com

TO BOOK AN APPOINTMENT



Patient Name : Ms.RI TU PARNA MANDAL	Barcode NO : 10061247
Age/Gender : 35 Y O M O D /F	Registration Date : 10/Feb/2024 03:12PM
LabNo : ITS2620	Sample Collected Date : 10/Feb/2024 03:12PM
Ref Doctor : SELF	Report Generated Date : 10/Feb/2024 07:49PM

DEPARTMENT OF HAEMATOLOGY

Test Name	Result	Unit	Bio. Ref. Range	Method
-----------	--------	------	-----------------	--------

HBA1C

Sample Type : WHOLE BLOOD EDTA

HBA1c	4.8	%	Normal Glucose tolerance (non-diabetic): <5.6%~Pre-diabetic: 5.7-6.4%~Diabetic Mellitus: >6.5%	HPLC
ESTIMATED AVG. GLUCOSE	91.06	mg/dl		

INCREASED IN

1. Chronic renal failure with or without hemodialysis.
2. Iron deficiency anemia. Increased serum triglycerides.
3. Alcohol.
4. Salicylate treatment.

DECREASED IN

1. Shortened RBC life span (hemolytic anemia, blood loss), Pregnancy.
2. Ingestion of large amounts (>1g/day) of vitamin C or E.
3. Hemoglobinopathies (e.g.: spherocytes) produce variable increase or decrease.
4. Results of %HbA1c are not reliable in patients with chronic blood loss and consequent variable erythrocyte life span.



Prasad

Dr Sarita Prasad
MBBS, DNB Pathology
Sr. Consultant(HMC.9669)

9A-11A, Ground Floor, Vipul Trade Centre,
Sector-48, Sohna Road, Gurgaon-122018 (Haryana)

Email: sohna.road@apolloclinic.com | Online : www.apolloclinic.com

TO BOOK AN APPOINTMENT



Patient Name : Ms.RI TU PARNA MANDAL	Barcode NO	: 10061247
Age/Gender : 35 Y O M O D /F	Registration Date	: 10/Feb/2024 03: 12PM
LabNo : ITS2620	Sample Collected Date	: 10/Feb/2024 03: 12PM
Ref Doctor : SELF	Report Generated Date	: 10/Feb/2024 06: 23PM

DEPARTMENT OF BIOCHEMISTRY

Test Name	Result	Unit	Bio. Ref. Range	Method
LIVER FUNCTION TEST				
Sample Type : SERUM				
TOTAL BILIRUBIN	0.9	mg/dl	0.1-1.2	Diazotized, Sulfanilic
CONJUGATED (D. Bilirubin)	0.2	mg/dl	0.00-0.30	Jendrassik & Groff
UNCONJUGATED (I.D. Bilirubin)	0.7	mg/dl	0.1-1.0	Calculated
S.G.P.T	10	U/L	10.0-35.0	Enzymatic,IFFC
SGOT	19	U/L	8.0-35.0	Enzymatic,IFFC
GGT	14	U/L	8.0-55.0	Colorimetric Method
ALKALINE PHOSPHATASE	88	U/l	30-120	P-Nitrophenyl phosphate
TOTAL PROTEINS	6.8	gm/dl	6.40-8.30	Biuret
ALBUMIN	3.5	gm/dl	3.5-5.0	BCG
GLOBULIN	3.3	gm/dl	2.0-4.1	Calculated
A/G RATIO	1.06		1.0-2.0	Calculated



Prasad

Dr Sarita Prasad
MBBS, DNB Pathology
Sr. Consultant(HMC.9669)

9A-11A, Ground Floor, Vipul Trade Centre,
Sector-48, Sohna Road, Gurgaon-122018 (Haryana)

Email: sohna.road@apolloclinic.com | Online : www.apolloclinic.com

TO BOOK AN APPOINTMENT



Patient Name : Ms.RI TU PARNA MANDAL	Barcode NO : 10061247
Age/Gender : 35 Y O M O D /F	Registration Date : 10/Feb/2024 03:12PM
LabNo : ITS2620	Sample Collected Date : 10/Feb/2024 03:12PM
Ref Doctor : SELF	Report Generated Date : 10/Feb/2024 06:24PM

DEPARTMENT OF BIOCHEMISTRY

Test Name	Result	Unit	Bio. Ref. Range	Method
LIPID PROFILE				
Sample Type : SERUM				
TOTAL CHOLESTEROL	173	mg/dl	<200~Borderline: 200 – 239~High : >=240	Cholesterol oxidase/peroxidase
TRIGLYCERIDES	120.3	mg/dl	<150~BorderLine : 150-199~High : 200-499~Very High : >=500	Glycerol phosphate oxidase/peroxidase
H D L CHOLESTEROL	45.9	mg/dl	Normal: > 40~Major Heart Risk : < 40	Phosphotungstate/Mg-Cholesterol oxidase/ peroxidase
L D L CHOLESTEROL	111.04	mg/dl	70-106~Above Optimal : 100-129~Borderline High : 130-159~High : 160-189~Very High : >=190	Calculated
NON HDL CHOLESTEROL	127.1	mg/dl	Desirable: <130~BorderLine : 150-199~High : 200-499~Very High : >=500	Calculated
VLDL	24.06	mg/dl	15-30	Calculated
T. CHOLESTEROL/ HDL RATIO	3.77			Calculated
LDL / HDL RATIO	2.42			Calculated



Prasad

Dr Sarita Prasad
MBBS, DNB Pathology
Sr. Consultant(HMC.9669)

9A-11A, Ground Floor, Vipul Trade Centre,
Sector-48, Sohna Road, Gurgaon-122018 (Haryana)

Email: sohna.road@apolloclinic.com | Online : www.apolloclinic.com

TO BOOK AN APPOINTMENT



Patient Name : Ms.RI TU PARNA MANDAL	Barcode NO	: 10061247
Age/Gender : 35 Y O M O D /F	Registration Date	: 10/Feb/2024 03:12PM
LabNo : ITS2620	Sample Collected Date	: 10/Feb/2024 03:12PM
Ref Doctor : SELF	Report Generated Date	: 11/Feb/2024 10:55AM

DEPARTMENT OF BIOCHEMISTRY

Test Name	Result	Unit	Bio. Ref. Range	Method
PLASMA GLUCOSE - FASTING				
Sample Type : FLOURIDE PLASMA				
Plasma Glucose Fasting	82.36	mg/dl	70 - 100	Glucose Oxidase/Peroxidase


PLASMA GLUCOSE - PP				
Sample Type : FLOURIDE PLASMA (PP)				
Plasma Glucose PP	88.61	mg/dl	80-140	Glucose Oxidase/Peroxidase

INTERPRETATION:
Increased In

- Diabetes Mellitus
- Stress (e.g., emotion, burns, shock, anesthesia)
- Acute pancreatitis
- Chronic pancreatitis
- Wernicke encephalopathy (vitamin B1 deficiency)
- Effect of drugs (e.g. corticosteroids, estrogens, alcohol, phenytoin, thiazides)

Decreased In

- Pancreatic disorders
- Extrapancreatic tumors
- Endocrine disorders
- Malnutrition
- Hypothalamic lesions
- Alcoholism
- Endocrine disorders

Dr Sarita Prasad
 MBBS, DNB Pathology
 Sr. Consultant(HMC.9669)

9A-11A, Ground Floor, Vipul Trade Centre,
 Sector-48, Sohna Road, Gurgaon-122018 (Haryana)

Email: sohna.road@apolloclinic.com | Online : www.apolloclinic.com

TO BOOK AN APPOINTMENT



Patient Name : Ms.RI TU PARNA MANDAL	Barcode NO	: 10061247
Age/Gender : 35 Y O M O D /F	Registration Date	: 10/Feb/2024 03:12PM
LabNo : ITS2620	Sample Collected Date	: 10/Feb/2024 03:12PM
Ref Doctor : SELF	Report Generated Date	: 11/Feb/2024 10:55AM

DEPARTMENT OF BIOCHEMISTRY

Test Name	Result	Unit	Bio. Ref. Range	Method
KIDNEY FUNCTION TEST				
Sample Type : SERUM				
SERUM UREA	29.5	mg/dL	15-39	Urease GLDH
Blood Urea Nitrogen (BUN)	13.78	mg/dl	5-25	
SERUM URIC ACID	4.01	mg/dl	3.5-7.20	URICASE
SERUM CREATININE	1.23	mg/dl	0.60-1.30	Jafees
Estimated Glomerular Filtration Rate (eGFR)	52.81	mL/min/1.73m ²	REFER INTERPRETAION	
SERUM TOTAL CALCIUM	9.43	mg/dl	8.3-10.3	Arsenazo III
SERUM SODIUM	138.5	mmol/L	136.0-149.0	ISE
SERUM POTASSIUM	3.98	mmol/L	3.5-5.0	ISE
SERUM CHLORIDE	105.2	mmol/L	98.0-109.0	ISE



Prasad

Dr Sarita Prasad
MBBS, DNB Pathology
Sr. Consultant(HMC.9669)

9A-11A, Ground Floor, Vipul Trade Centre,
Sector-48, Sohna Road, Gurgaon-122018 (Haryana)

Email: sohna.road@apolloclinic.com | Online : www.apolloclinic.com

TO BOOK AN APPOINTMENT



Patient Name : Ms.RI TU PARNA MANDAL	Barcode NO : 10061247
Age/Gender : 35 Y O M O D /F	Registration Date : 10/Feb/2024 03:12PM
LabNo : ITS2620	Sample Collected Date : 10/Feb/2024 03:12PM
Ref Doctor : SELF	Report Generated Date : 10/Feb/2024 07:09PM

DEPARTMENT OF HORMONE ASSAYS

Test Name	Result	Unit	Bio. Ref. Range	Method
-----------	--------	------	-----------------	--------

THYROID PROFILE (T3,T4,TSH)

Sample Type : SERUM

T3	0.85	ng/ml	0.61-1.81	ELISA
T4	7.65	ug/dl	4.80-11.60	ELISA
TSH	8.245	uIU/mL	0.40-4.20	ELISA

INTERPRETATION:

- Serum T3, T4 and TSH are the measurements form three components of thyroid screening panel and are useful in diagnosing various disorders of thyroid gland function.
- Primary hyperthyroidism is accompanied by elevated serum T3 and T4 values along with depressed TSH levels.
- Primary hypothyroidism is accompanied by depressed serum T3 and T4 values and elevated serum TSH levels.
- Normal T4 levels accompanied by high T3 levels are seen in patients with T3 thyrotoxicosis. Slightly elevated T3 levels may be found in pregnancy and in estrogen therapy while depressed levels may be encountered in severe illness, mainutrition, renal failure and during therapy with drugs like propranolol and propylthiouracil.
- Although elevated TSH levels are nearly always indicative of primary hypothyroidism, rarely they can result from TSH secreting pituitary tumors (secondary hyperthyroidism).
- Low levels of Thyroid hormones (T3, T4 & FT3, FT4) are seen in cases of primary, secondary and tertiary hypothyroidism and sometimes in non-thyroidal illness also.
- Increased levels are found in Grave's disease, hyperthyroidism and thyroid hormone resistance.
- TSH levels are raised in primary hypothyroidism and are low in hyperthyroidism and secondary hypothyroidism.

9. REFERENCE RANGE :

PREGNANCY	TSH in uIU/mL
1st Trimester	0.60 - 3.40
2nd Trimester	0.37 - 3.60
3rd Trimester	0.38 - 4.04

Age	TSH in uIU/mL
0 - 4 Days	1.00 - 39.00
2 Weeks to 5 Months	1.70 - 9.10
6 Months to 20 Yrs.	0.70 - 6.40
>55 Yrs.	0.50 - 8.90

(References range recommended by the American Thyroid Association)

Comments:

- During pregnancy, Free thyroid profile (FT3, FT4 & Ultra-TSH) is recommended.
- TSH levels are subject to circadian variation, reaches peak levels between 2-4 AM and at a minimum between 6-10 PM. The variation of the day has influence on the measured serum TSH concentrations.



Prasad

Dr Sarita Prasad
MBBS, DNB Pathology
Sr. Consultant(HMC.9669)

9A-11A, Ground Floor, Vipul Trade Centre,
Sector-48, Sohna Road, Gurgaon-122018 (Haryana)

Email: sohna.road@apolloclinic.com | Online : www.apolloclinic.com

TO BOOK AN APPOINTMENT



Patient Name : Ms.RI TU PARNA MANDAL	Barcode NO : 10061247
Age/Gender : 35 Y O M O D /F	Registration Date : 10/Feb/2024 03:12PM
LabNo : ITS2620	Sample Collected Date : 10/Feb/2024 03:12PM
Ref Doctor : SELF	Report Generated Date : 10/Feb/2024 07:43PM

DEPARTMENT OF CLINICAL PATHOLOGY

Test Name	Result	Unit	Bio. Ref. Range	Method
-----------	--------	------	-----------------	--------

URINE ROUTINE EXAMINATION

Sample Type : URINE

Complete Urine Analysis (CUE)

COLOUR	PALE YELLOW		PALE YELLOW	VISUAL
TRANSPARENCY	CLEAR		Clear	VISUAL
Reaction (pH)	6.00		5 - 7.5	Bromothymol Blue
SPECIFIC GRAVITY	1.025		1.002 - 1.030	Dipstick

Chemical Examination (Automated Dipstick Method) Urine

Urine Glucose (sugar)*	Negative		NEGATIVE	GOD-POD
Urine Protein	Negative		NEGATIVE	PROTEIN ERROR OF INDICATOR
Urine Ketones	Negative		NEGATIVE	NITROPRUSSIDE
Blood*	Negative		NEGATIVE	Dipstick
Leukocyte esterase*	Negative		Negative	PYRROLE HYDROLYSIS
Nitrite*	Negative		NEGATIVE	Dipstick
Urobilinogen*	NORMAL		Normal	EHRlich

Microscopic Examination Urine

PUS CELLS	3-4	/hpf	0 - 5	Microscopy
Epithelial Cells*	4-5		<10	Microscopy
Red blood Cells*	NIL	/hpf	0 - 2	Microscopy
Cast*	NIL		Absent	Microscopy
Crystals*	NIL		Absent	Microscopy




Dr Sarita Prasad
MBBS, DNB Pathology
Sr. Consultant (HMC.9669)

9A-11A, Ground Floor, Vipul Trade Centre,
Sector-48, Sohna Road, Gurgaon-122018 (Haryana)

Email: sohna.road@apolloclinic.com | Online : www.apolloclinic.com

TO BOOK AN APPOINTMENT



Patient Name : Ms.RI TU PARNA MANDAL	Barcode NO	: 10061247
Age/Gender : 35 Y O M O D /F	Registration Date	: 10/Feb/2024 03:12PM
LabNo : ITS2620	Sample Collected Date	: 10/Feb/2024 03:12PM
Ref Doctor : SELF	Report Generated Date	: 10/Feb/2024 07:43PM

DEPARTMENT OF CLINICAL PATHOLOGY

Test Name	Result	Unit	Bio. Ref. Range	Method
-----------	--------	------	-----------------	--------

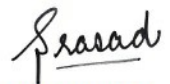
URINE FOR SUGAR - FASTING

Sample Type : Urine

Result	Nil		Nil	Benedicts test
--------	-----	--	-----	----------------

INTERPRETATION:

When the glucose level in blood exceeds the renal thresholds of glucose (160-180mg/dl) glucose starts to appear in urine. Glucose in urine gets excreted in diabetes mellitus. Elevated level of glucose in urine may also be a result of renal glucosuria. Other causes of glucose in urine are hyperthyroidism, high sugar diet, liver cirrhosis.

Dr Sarita Prasad
 MBBS, DNB Pathology
 Sr. Consultant(HMC.9669)

9A-11A, Ground Floor, Vipul Trade Centre,
 Sector-48, Sohna Road, Gurgaon-122018 (Haryana)

Email: sohna.road@apolloclinic.com | Online : www.apolloclinic.com

TO BOOK AN APPOINTMENT



Patient Name : Ms.RI TU PARNA MANDAL	Barcode NO : 10061247
Age/Gender : 35 Y O M O D /F	Registration Date : 10/Feb/2024 03:12PM
LabNo : ITS2620	Sample Collected Date : 10/Feb/2024 03:12PM
Ref Doctor : SELF	Report Generated Date : 10/Feb/2024 07:43PM

DEPARTMENT OF CLINICAL PATHOLOGY

Test Name	Result	Unit	Bio. Ref. Range	Method
-----------	--------	------	-----------------	--------

URINE FOR SUGAR - POST PRANDIAL

Sample Type : URINE

Result	Nil		Nil	Benedicts test
--------	-----	--	-----	----------------

*** End Of Report ***




Dr Sarita Prasad
MBBS, DNB Pathology
Sr. Consultant(HMC.9669)

9A-11A, Ground Floor, Vipul Trade Centre,
Sector-48, Sohna Road, Gurgaon-122018 (Haryana)

Email: sohna.road@apolloclinic.com | Online : www.apolloclinic.com

TO BOOK AN APPOINTMENT

