

Date 25/11/2023 11:45:25 AM
 Name Mrs. JYOTI BISHT
 Ref. By Dr. SELF

Srl No. 1020
 Age 38 Yrs.
 Sex F

UHID No. OPD-44619
 Printed on 27/11/2023 12:44 PM

Test Name	Value	Unit	Normal Value
COMPLETE HAEMOGRAM Erba Mannheim Elite 580			
HAEMOGLOBIN (Hb)	11.7	gm / dL	11.5 - 16.5
TOTAL LEUCOCYTE COUNT (TLC)	5,380	cells / cu mm	4000 - 11000
DIFFERENTIAL LEUCOCYTE COUNT (DLC)			
NEUTROPHIL	59	%	40 - 75
LYMPHOCYTE	31	%	20 - 40
EOSINOPHIL	06	%	01 - 06
MONOCYTE	04	%	02 - 10
BASOPHIL	00	%	0 - 0
RBC COUNT	3.78	million / cu mm	3.8 - 4.8
P.C.V / HAEMATOCRIT	35.1	%	35 - 45
M C V	92.857	fl.	80 - 100
M C H	30.952	Picogram	27.0 - 31.0
M C H C	33.33	gm / dL	32 - 36
PLATELET COUNT	1,79,000	Lakh / cu mm	150000 - 400000
ESR	25	mm / 1st hr	0 - 20
VESMATIC EASY - AUTOMATED			

HAEMATOLOGY

BLOOD GROUP ABO	"A"
RH TYPING	POSITIVE
Hb A1c	5.0 %

EXPECTED VALUES :-

Metabolically healthy patients	=	4.8 - 5.5 % HbA1c
Good Control	=	5.5 - 6.8 % HbA1c
Fair Control	=	6.8 - 8.2 % HbA1c
Poor Control	=	>8.2 % HbA1c

REMARKS:-

LAB TECHNICIAN



Contd...2

Date	25/11/2023 11:45:25 AM	Srl No.	1020	UHID No.	OPD-44619
Name	Mrs. JYOTI BISHT	Age	38 Yrs.	Printed on	27/11/2023 12:44 PM
Ref. By	Dr. SELF	Sex	F		

Test Name	Value	Unit	Normal Value
-----------	-------	------	--------------

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.

KIDNEY FUNCTION TEST (KFT)

Roche cobas c 311

BLOOD UREA Urease / GLDH	15.6	mg / dL	15.0 - 40.0
SERUM CREATININE Jaffe	0.60	mg / dL	0.6 - 1.2
SERUM URIC ACID Enzymatic	2.8	mg / dL	2.4 - 6.0
SODIUM ISE	138.0	mEq / L	135.0 - 145.0
POTASSIUM ISE	3.60	mEq / L	3.5 - 5.0
CALCIUM o-cresolphthaleine complexone	10.0	mg / dL	8.6 - 10.0
INORGANIC PHOSPHORUS molybdate UV	3.3	mg / dL	2.5 - 5.0
TOTAL PROTEIN Biuret	6.0	gm / dL	6.6 - 8.3
ALBUMIN BCP	3.6	gm / dL	3.5 - 5.5
TOTAL CHOLESTEROL CHOD-PAP	219.0	mg / dL	0.0 - 200.0

LIVER FUNCTION TEST (LFT)

Roche cobas c 311

BILIRUBIN TOTAL DPD	0.57	mg / dL	0 - 1.2
------------------------	------	---------	---------

LAB TECHNICIAN



Contd...3

Date 25/11/2023 11:45:25 AM
Name Mrs. JYOTI BISHT
Ref. By Dr. SELF

Srl No. 1020
Age 38 Yrs.
Sex F

UHID No. OPD-44619
Printed on 27/11/2023 12:44 PM

Test Name	Value	Unit	Normal Value
CONJUGATED (D. Bilirubin) Jendrassik-Grof	0.18	mg / dL	0.00 - 0.30
UNCONJUGATED (I.D. Bilirubin)	0.39	mg / dL	0.00 - 0.70
TOTAL PROTEIN Biuret	6.0	gm / dL	6.6 - 8.3
ALBUMIN BCP	3.6	gm / dL	3.5 - 5.5
GLOBULIN	2.4	gm / dL	2.5 - 4.0
A/G RATIO	1.5	%	0.8 - 2.0
SGOT IFCC	22.4	IU / L	5.0 - 45.0
SGPT IFCC	22.7	IU / L	5.0 - 49.0
ALKALINE PHOSPHATASE IFCC	60.0	U / L	60.0 - 170.0
GAMMA GT IFCC	12.9	IU / L	6.0 - 42.0
LIPID PROFILE Roche cobas c 311			
TRIGLYCERIDES GPO-PAP	97.5	mg / dL	40.0 - 165.0
TOTAL CHOLESTEROL CHOD-PAP	219.0	mg / dL	0.0 - 200.0
HDL CHOLESTEROL DIRECT	43.3	mg / dL	40.0 - 79.4
VLDL	19.5	mg / dL	4.7 - 22.1
LDL CHOLESTEROL DIRECT	156.2	mg / dL	63.0 - 129.0
TOTAL CHOLESTEROL / HDL RATIO	5.058		0.0 - 4.97
LDL / HDL CHOLESTEROL RATIO	3.607		0.00 - 3.55
THYROID PROFILE MINI VIDAS : BIOMERIEUX			
T3 ELFA Method	1.46	ng / mL	0.60 - 1.81
T4 ELFA Method	8.04	ug / dL	4.5 - 10.9

LAB TECHNICIAN



Contd...4

Date 25/11/2023 11:45:25 AM
 Name Mrs. JYOTI BISHT
 Ref. By Dr. SELF

Srl No. 1020
 Age 38 Yrs.
 Sex F

UHID No. OPD-44619
 Printed on 27/11/2023 12:44 PM

Test Name	Value	Unit	Normal Value
-----------	-------	------	--------------

TSH ELFA Method	5.87	uIU / mL	0.35 - 5.50
--------------------	------	----------	-------------

REFERENCE RANGE

PAEDIATRIC AGE GROUP

0-3 DAYS	1.0 - 20	uIU / mL
3-30 DAYS	0.5 - 6.5	uIU / mL
1 MONTH - 5 MONTHS	0.5 - 6.0	uIU / mL
6 MONTHS- 18 YEARS	0.5 - 4.5	uIU / mL

ADULTS	0.35 - 5.50	uIU / mL
--------	-------------	----------

Note: TSH levels are subject to circadian variation, rising several hours before the onset of sleep, reaching peak levels between 11 pm to 6 am. Nadir concentrations are observed during the afternoon. Diurnal variation in TSH level approximates $\pm 50\%$, hence time of the day has influence on the measured serum TSH concentration.

Assay performed on enhanced chemi luminescence system (Centaur-Siemens)

Serum T3, T4 & TSH measurements form the three components of Thyroid screening panel, useful in diagnosing various disorders of Thyroid gland function.

1. Primary hypothyroidism is accompanied by depressed serum T3 and T4 values and elevated serum TSH level.
2. Primary hyperthyroidism is accompanied by elevated serum T3 and T4 levels along with depressed TSH values.
3. Normal T4 levels are accompanied by increased T3 in patients with T3 thyrotoxicosis.
4. Slightly elevated T3 levels may be found in pregnancy and estrogen therapy, while depressed levels may be encountered in severe illness, renal failure and during therapy with drugs like propranolol and propyl thiouracil.
5. Although elevated TSH levels are nearly always indicative of primary hypothyroidism, and may be seen in



Contd...5

Date 25/11/2023 11:45:25 AM
Name Mrs. JYOTI BISHT
Ref. By Dr. SELF

Srl No. 1020
Age 38 Yrs.
Sex F

UHID No. OPD-44619
Printed on 27/11/2023 12:44 PM

Test Name	Value	Unit	Normal Value
-----------	-------	------	--------------

secondary thyrotoxicosis.

BIOCHEMISTRY

BLOOD SUGAR FASTING HEXOKINASE	85.7	mg / dL	60.0 - 110.0
BLOOD SUGAR PP HEXOKINASE	90.0	mg/dl	80.0 - 140.0

URINE EXAMINATION TEST

PHYSICAL EXAMINATION

QUANTITY	20	mL	
COLOUR	STRAW		
TRANSPARENCY	SLIGHTLY TURBID		
SPECIFIC GRAVITY	Q.N.S.		Q.N.S.
PH	5.0		6.0

CHEMICAL EXAMINATION

ALBUMIN	NIL
SUGAR	NIL

MICROSCOPIC EXAMINATION

PUS CELLS	1 - 2	/ HPF	
RBCs	NIL	/ HPF	NIL
CASTS	NIL	/ HPF	NIL
CRYSTALS	NIL		NIL
EPITHELIAL CELLS	0 - 1	/ HPF	
BACTERIA	NIL		NIL
OTHERS	NIL		NIL

**** End Of Report ****



DR. ANAMIKA YADAV
MBBS DNB PATHOLOGY
UK-9464

DEPARTMENT OF RADIOLOGY & IMAGING

PT.NAME: Mrs. Jyoti Bisht

Age/Sex-38Y/F

UHID NO- 0000

Date: 25/Nov/2023

REF.BY- Dr. (MAJ) Saurabh Mayank

USG WHOLE ABDOMEN

LIVER: is normal in size, measures approx 12.5 cms and has a normal homogeneous echotexture.

Portal vein is not dilated. Intrahepatic biliary radicals are not dilated.

GALL BLADDER: is partially distended with normal wall thickness.

CBD is not dilated with clear lumen. No calculus is seen.

PANCREAS: Visualized part of pancreas is normal in size, shape with normal homogeneous echotexture. **MPD** is not dilated.

SPLEEN: is normal in size (~10.4 cms) and has a normal homogeneous echotexture.

RIGHT KIDNEY: is normal in size and echotexture.

- Cortical echogenicity is normal.
- Cortico-medullary demarcation is maintained.
- Parenchymal thickness appears normal.
- Pelvicalyceal system is not dilated.

LEFT KIDNEY: is normal in size and echotexture.

- Cortical echogenicity is normal.
- Cortico-medullary demarcation is maintained.
- Parenchymal thickness appears normal.
- Pelvicalyceal system is not dilated.



-----PTO

www.ujalacygnus.com

URETERS:

- The upper parts of both the ureters are not dilated.
- Bilateral vesico-ureteric junctions are not dilated.

URINARY BLADDER: is partially distended.

No free fluid is seen in the Morrison's pouch, perihepatic space, perisplenic space, para colic gutter and pelvic cavity.

IMPRESSION: *USG appearances are suggestive of -----*

➤ *No significant abnormality is seen.*

(Adv-Clinico-pathological correlation)



DR. (MAJ) RAVINDER SINGH
MBBS, MD.
Consultant Radiologist

Number of images-04

Note-This is a professional report based on imaging findings only and should always be correlated clinically and with other relevant investigations. This report is not for medico-legal purpose. In case of any discrepancy due to machine error or typing error kindly get it rectified immediately.

ID: 0
JOYTI BISHT
Female 38Years

HR	:	73	bpm
P	:	96	ms
PR	:	146	ms
QRS	:	86	ms
QT/QTc	:	397/438	ms
P/QRS/T	:	7/24/26	°
RV5/SV1	:	0.818/0.866	mV

Diagnosis Information:
Sinus Rhythm
Poor R Wave Progression(V4)



25/11/23

Report Confirmed by:

