



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

Date 14/09/2024 Srl No. 17
Name Mrs. PRIYANKA KUMARI Age 30 Yrs. Sex F
Ref. By

Test Name	Value	Unit	Normal Value
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COMPLETE HAEMOGRAM

By Mindray LT-360s

HAEMOGLOBIN (Hb)	12.1	gm/dl	11.0 - 16.0
TOTAL LEUCOCYTE COUNT (TLC)	6,200	/cumm	4000 - 11000
DIFFERENTIAL LEUCOCYTE COUNT (DLC)			
NEUTROPHIL	65	%	40 - 75
LYMPHOCYTE	28	%	20 - 45
EOSINOPHIL	06	%	01 - 06
MONOCYTE	01	%	02 - 10
R B C COUNT	3.96	Millions/cmm	3.8 - 4.8
P.C.V / HAEMATOCRIT	36.5	%	35 - 45
M C V	92.3	fl.	83 - 101
M C H	30.7	Picogram	27.0 - 32.0
M C H C	33.20	gm/dl	31.5 - 34.5
PLATELET COUNT	2.24	Lakh/cmm	1.50 - 4.50
By automated cell counter			
RDW - CV	14.1	%	11.0 - 16.0
RDW - SD	45.1	fl.	37.0 - 49.0
MPV	13.9	fl.	8.60 - 15.50
PDW	16.3	fl.	11.0 - 22.0
PCT	0.312	%	0.15 - 0.62
P-LCC	117.0	/uL	44 - 140
P- LCR	52.3	%	15.0 - 35.0

HAEMATOLOGY

ERYTHROCYTE SED.RATE (WIN)	28.0		0 - 20
BLOOD GROUP ABO	"O"		
RH TYPING	POSITIVE		



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

Siyak
Technician

0581-4015967
9411220966



pulkitdiagnosticcentre@yahoo.com

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A-1, P-2, D.D. PURAM, BAREILLY- 243001

Dr. Nimisha Gupta

Senior Consultant Pathology



Home Sample Collection Available

Note: Impression is a professional opinion & not a diagnosis. All modern machines/procedures have their limitations, if there is a variance clinically this examination may be repeated or reevaluated by other investigations. If test results are alarming or find any typographical error then contact the laboratory immediately for possible remedial action.



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BIOCHEMISTRY

BLOOD SUGAR FASTING	71.6	mg/dl	60 - 110
URINE SUGAR FASTING	NIL		NIL
BLOOD UREA	21.4	mg /dl	15.0 - 45.0
SERUM CREATININE	0.84	mg%	0.6 - 1.2
SERUM URIC ACID	3.7	mg%	2.4 - 5.7
GAMMA GT			
γ GLUTAMYL TRANSFERASE (GGT):-	32.1	U/L at 37°C	

EXPECTED VALUES

Serum (Males) : 10 - 50 U/L at 37°C
(Femalels) : 07 - 35 U/L at 37°C

COMMENT

- γ Glutamyl Transferase (GGT) is an enzyme found mainly in serum from hepatic origin, though the highest levels are in kidneys.
- Elevated levels are found in hepatobiliary and pancreatic diseases, chronic alcoholism, myocardial infraction with secondary liver damage and diabetics.

BILIRUBIN TOTAL	0.69	mg/dl	0 - 1.2
CONJUGATED (D. Bilirubin)	0.36	mg/dl	0 - 0.25
UNCONJUGATED (I.D. Bilirubin)	0.33	mg/dl	0 - 1.2
TOTAL PROTEIN	6.9	gm/dl	6.6 - 8.3
ALBUMIN	4.0	gm/dl	3.4 - 4.8
GLOBULIN	2.9	gm/dl	2.3 - 3.5
A/G RATIO	1.379		
SGOT	23.8	IU/L	0 - 32
SGPT	19.6	IU/L	0.0 - 40.0
ALKALINE PHOSPHATASE IFCC Method	84.9	U/L	37.0 - 147.0

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HAEMATOLOGY



HB A1C- HemoCue 501 Fully Automated

HbA1C (GLYCOSYLATED HAEMOGLOBIN)

PATIENT'S VALUE %HbA1C = 5.2 %
EXPECTED VALUES :-

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

Siyal
Technician

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Test Name	Value	Unit	Normal Value
LIPID PROFILE			
TRIGLYCERIDES	121.6	mg/dL	40.0 - 165.0
TOTAL CHOLESTEROL	148.9	mg/dL	140.0 - 250.0
H D L CHOLESTEROL DIRECT	50.2	mg/dL	42.0 - 88.0
V L D L	24.32	mg/dL	10.0 - 40.0
L D L CHOLESTEROL	74.52	mg/dL	50.0 - 190.0
TOTAL CHOLESTEROL/HDL RATIO	2.966		0.0 - 4.97
LDL / HDL CHOLESTEROL RATIO	1.484		0.00 - 3.55

INTERPRETATION

TRIGLYCERIDE level > 250mg/dL is associated with an approximately 2-fold greater risk of coronary vascular disease. Elevation of triglycerides can be seen with obesity, medication, fast less than 12hrs., alcohol intake, diabetes melitus, and pancreatitis.

CHOLESTEROL, its fractions and triglycerides are the important plasma lipids in defining cardiovascular risk factors and in the management of cardiovascular disease. Highest acceptable and optimum values of cholesterol values of cholesterol vary with age. Values above 220 mgm/dl are associated with increased risk of CHD regardless of HDL & LDL values.

HDL-CHOLESTEROL level <35 mg/dL is associated with an increased risk of coronary vascular disease even in the face of desirable levels of cholesterol and LDL - cholesterol.

LDL - CHOLESTEROL & TOTAL CHOLESTEROL levels can be strikingly altered by thyroid, renal and liver disease as well as hereditary factors. Based on total cholesterol, LDL- cholesterol, and total cholesterol/HDL - cholesterol ratio, patients may be divided into the three risk categories :-

	<u>CHOLESTEROL</u>	<u>LDL-CHOLESTEROL</u>	<u>CHO/HDL RATIO</u>
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

APO A1 & APO B: Recent studies have shown that Apolipoproteins A1 & B might be the best indicators of Coronary Artery Disease risk in an individual. Patients who have normal lipid profile may have abnormal Apo A1 & Apo B values. Ratio of Apo B : Apo A1 is >1 in cases of increased CHD risk.



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URINE EXAMINATION TEST

PHYSICAL EXAMINATION

QUANTITY 15 ml.
COLOUR PALE YELLOW Yellow
TRANSPARENCY/ CLARITY TURBID Clear
SPECIFIC GRAVITY Q.N.S. 1.005 to 1.025
PH 6.0 4.5 to 8.0

CHEMICAL EXAMINATION

PROTEIN TRACE mg/dl < 150 mg/dl
REDUCING SUGAR/ GLUCOSE NIL mg/dl <130 mg/dl

MICROSCOPIC EXAMINATION

PUS CELLS 1-3 <2-5 /hpf
RBC'S NIL <2 RBCs/hpf
CASTS NIL 0-5 hyaline casts/lp
CRYSTALS NIL Occasionally
SQUAMOUS EPITHELIAL CELLS 1-2 <15-20 /hpf
BACTERIA (+) None
OTHERS *Advised Urine C/s* NIL



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(COMPUTERISED CLINICAL LAB WITH EXPERTISE IN HISTOPATHOLOGY & MICROBIOLOGY)

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: PGIMER Chandigarh
: GMCH Chandigarh

A-1, P-2, D. D. PURAM, BAREILLY - 243 001
Ph. : 0581 - 2301385, M. : 94112 20966

E-mail : pulkitdiagnosticcentre@yahoo.com
Web : www.bareillypathlab.com

Date	14/09/2024	Srl No.	17	Sex	F
Name	Mrs. PRIYANKA KUMARI	Age	30 Yrs.		
Ref. By					

Test Name	Value	Unit	Normal Value
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IMMUNOLOGY

THYROID PROFILE

THYROID PROFILE

Method: - Immunoassay CLIA

	PATIENT VALUE	
T3	1.25 ng/ml	Adult: 0.50-2.0 ng/ml · Cord Blood : 0.4 - 1.3 · 1-2 days : 0.8 - 2.6 · 3-30 days : 0.7 - 2.0 · 1-12 months: 1.1-2.3 · 1-7 years : 1.2 - 2.0 · 7-13 years : 1.1 - 2.0 · 13-18 years : 1.0 - 1.8
T4	6.81 µg/dl	Male - 4.4 to 10.8 µg/dl Female - 4.8 to 11.6 µg/dl · Cord Blood : 6.0 - 13.1 · 1-2 days : 10.7 - 25.8 · 3-30 days : 7.8 - 19.7 · 1-12 months: 5.4 - 13.8 · 1-7 years : 5.3 - 12.3 · 7-13 years : 6.0 - 11.1 · 13-18 years : 4.9 - 10.7

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Date	14/09/2024	Srl No.	17		
Name	Mrs. PRIYANKA KUMARI	Age	30 Yrs.	Sex	F
Ref. By					

Test Name	Value	Unit	Normal Value
TSH (3 rd Generation)	2.13	µIU/ml	Adult: 0.28 to 6.82 µIU/ml · Premature Infant : 0.8 - 5.2 · Cord Blood : 1.0 - 17.4 · 1-3 days : 1.0 - 17.4 · 1-2 Weeks : 1.7 - 9.1 · 4-12 months: 0.8-8.2 · 1-5 years : 0.8-8.2 · 5-10 years : 0.7 -7.0 · 10-15 years : 0.7 - 5.7

INTERPRETATION:

TSH measurement has been used for screening for euthyroidism, screening and diagnosis for hyperthyroidism & hypothyroidism. suppressed tsh (<0.01µiu/ml) suggest a diagnosis of hyperthyroidism and elevated concentration (< 7µiu/ml) suggest hypothyroidism. tsh levels may be affected by acute illness & several medication including dopamine and glucocorticoides. decreased (low or undetectable) in graves disease. increased in tsh secreting pituitary adenoma (secondary hyperthyroidism) prth and in hypothalamic disease thyrotropin (tertiary hyperthyroidism). elevated in hypothyroidism (along with decreased) except for pituitary and hypothalamic disease.

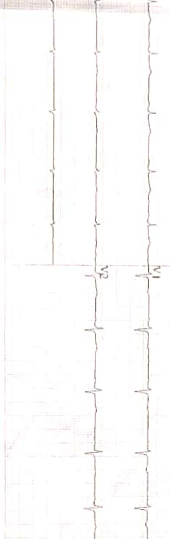
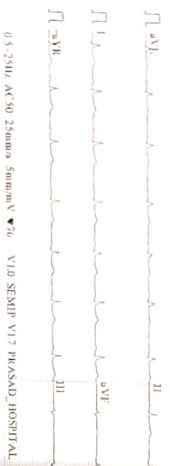
- mild to modest elevations in patients with normal t3 & t4 level indicate impaired thyroid hormone reserves and incipient hypothyroidism (subclinical hypothyroidism).
- mild to modest decreased with normal t3 and t4 indicates subclinical hyperthyroidism.
- degree of tsh suppression does not reflect the severity of hyperthyroidism; therefore, measurement of free thyroid hormone levels is required patient with a suppressed TSH level.

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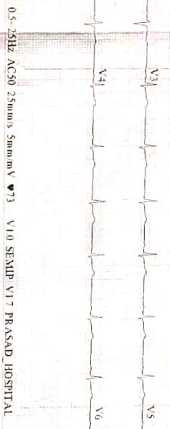
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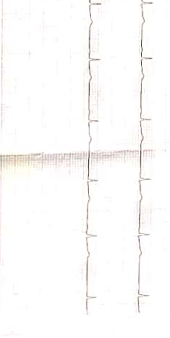
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ID: 271039 14-09-2024 02:12:50 PM



POSS. FRIYANKA KUMARI



ID: 271039
 Female / 30 years / kg
 HR: 75 bpm
 P: 99 ms
 PR: 146 ms
 RS: 175-170 ms
 QT/QTc: 391/226 ms
 PQRSST: KYSSTV
 KYSSTV - 0.75/0.992 mV Report Confirmed by

Diagnosis Information
 Normal ECG



PRASAD HOSPITAL

ADVANCED BRAIN AND SPINE SURGERY CENTRE & MULTI SPECIALITY HOSPITAL

Patient Name	: PRIYANKA KUMARI	14- 09-2024
Ref. By. :	: SELF	Age /Sex 30Y/ 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





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PAP SMEAR

C - 2117

PAP SMEAR

Papanicolaou smear are satisfactory but for lack of endocervical cells. Several superficial cells (55%), intermediate cells (40%) & parabasal cells (05%) are noted.

Maturation Index (05 : 40 : 55).

Mild to moderately neutrophilic inflammation is seen in background admixed with bacterial colonies.

No evidence of Trichomonas or any other specific organism is noted.

No evidence of atypia, Cervical Intraepithelial Neoplasia (CIN) changes / Squamous Intraepithelial Lesion (SIL) or malignancy is seen in smears examined.

IMPRESSION:- Pap Smear - Inflammation mild.



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