

UHID

Age / Sex

एक एहशाश अपनेपन का Sparsh Multispecialty Hospital

(A Unit of Sparsh Multispecialty Hospital Private Limited) (Formerly known as Paedia Health Private Limited)

CIN: U85110CT2005PTC017751

GSTIN/UIN: 22AADCP8009N2Z9

Visit ID : 0000333938

Patient Name : MRS. SUNITA SINHA Spec No. :

: 41Y / FEMALE

Consultant : DR. HOSPITAL CASE Order Date : 27/01/2024 10:25AM

: DR. HOSPITAL CASE Ref. By Samp.Date

Report Date : 27/01/24 01:34PM Category : MEDIWHEEL

### SONOGRAPHY

### **USG BREAST/SONOMAMMOGRAPHY (BOTH BREAST)**

### REPORT :

- Both breasts are showing normal fatty tissue and glandular structures.
- No evidence of any obvious mass lesion, solid or cystic lesions or abnormal echotexture is seen.
- Superficial planes also show no significant abnormality.

: 174821

- **IMPRESSION**
- No remarkable Abnormality detected in the current scan.

Please correlate clinically

MBBS, DNB(RADIO), MNAMS, MANBD Reg No: CGMC-4404/2012

Please bring all your previous reports. You should preserve and bring this report for future reference.



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. DR. HOSPITAL CASE

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Category

Report Date

: 27/01/24 01:42PM

# **SONOGRAPHY USG WHOLE ABDOMEN**

- \* LIVER : Normal in size, shape & echo texture with smooth margins. IHBRs are not dilated. No focal lesions seen.
- \*PORTO CAVAL SYSTEM: Hepatic veins and IVC appear normal and show normal respiratory variation. Splenic vein is normal. Portal vein is normal.
- \*COLLECTING DUCT & CBD:Normal in size and have echo lucent lumen.
- \*GALL BLADDER: Seen in distended state with normal wall and lumen is echofree
- \*SPLEEN: Normal in size, shape & echo texture. No focal lesions seen.
- \*PANCREAS:Pancreatic head, body & tail visualized and have ,normal size,shape & echo texture.
- \*KIDNEYS: Both kidneys are of normal shape, size and position.

Cortical thickness is normal .CMD is maintained. There is no evidence of hydronephrosis or calculus

- \*URINARY BLADDER: Seen in distended state and has normal wall architecture.Lumen is echo free.
- \*UTERUS: Uterus is Enlarged and Bulky in size (Measures 11.39 x 6.84 x 4.24 cms.). Endometrial echo is central and shows normal thickness.
- Evidence of a heterogeneous lesion of size 4.64 x 3.57 cm is identified involving the posterior myometrium of fundus region of uterus displacing the endometrium anteriorly

\*BOTH OVARIES: Both the ovaries are normal in shape, size & echotexture.

No free fluid is seen in the peritoneal cavity.

There is no evidence of any retroperitoneal lymphadenopathy/mass.

#### FINAL IMPRESSION:

- Enlarged and Bulky Uterus with Heterogeneous lesion involving the posterior myometrium of fundus region of uterus displacing the endometrium anteriorly - Likely Intramural Uterine fibroid.
  - Needs further evaluation.
  - MRI pelvis correlation is recommended

Dr. SAMIR KATHALE MBBS, DNB(RADIO), MNAMS, MANBD Reg No: CGMC-4404/2012

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> . DR. HOSPITAL CASE Samp.Date

Report Date : 27/01/24 03:17PM : MEDIWHEEL Category

> X-RAY X-RAY CHEST PA. VIEW

- Cardiothoracic ratio is within normal limits.
- No significant lung lesion seen.

: 174821

: 41Y / FEMALE

Patient Name : MRS. SUNITA SINHA

- Bilateral C.P. angles are clear.
- Bony cage and soft tissue normal.

#### **IMPRESSION**

- No Remarkable Abnormality Detected .
- Please correlate clinically

MBBS, DNB(RADIO), MNAMS, MANBD Reg No: CGMC-4404/2012

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PATIENT NAME

: MRS. SUNITA SINHA

AGE/SEX

: 41Y/FEMALE

CONSULTANT DOCTOR

CRC (COMPLETE PLOOD COUNT)

: HOSPITAL CASE

VISITID

: 0000333938

ORDER DATE

: 27/01/2024 10:25:00

SAMP. DATE

: 27/01/2024 11:03:00

SPEC. NO

: 10495816

**RESULT DATE** 

: 27/01/2024 15:29:00

TPA

: MEDIWHEEL

### **DEPARTMENT OF PATHOLOGY**

CBC (COMPLETE BLOOD CO	DUNT)			
PARAMETER	VALUE	RESULT	REFERENCE RANGE	
HAEMOGLOBIN (Hb)	11.7 gm%	Low	12 - 16	
TOTAL RBC COUNT	4.94 Million/cumm	Normal	4.5 - 5.1	
HAEMATOCRIT (PCV)	33.2 %	Low	35.9 - 44.6	
RBC INDICES				
MCV	67.2 fl	Low	78 - 96	
MCH	23.8 pg	Low	27 - 32	
MCHC	35.4 %	Normal	33 - 37	
RDW	14.6 %	Normal	11 - 16	
TOTAL WBC COUNT (TLC)	6600 /cumm	Normal	4000 - 11000	
DIFFERENTIAL COUNT				
NEUTROPHILS	56 %	Normal	0 - 75	
LYMPHOCYTES	39 %	Normal	22 - 48	
EOSINOPHILS	03 %	Normal	0 - 6	
MONOCYTES	02 %	Normal	2 - 10	
BASOPHILS	00 %	Normal	0 - 2	
BANDS	00 %	Normal	0 - 5	
BLAST	00 %	Normal		
PLATELET COUNT	366000 /cumm	Normal	150000 - 450000	

**TECHNICIAN** 

PATH
CONSULTANT



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: 41Y/FEMALE

SAMP. DATE

: 27/01/2024 11:03:00

SPEC. NO

: 10495808

CONSULTANT DOCTOR

: HOSPITAL CASE

**RESULT DATE** 

: 27/01/2024 14:44:00

TPA

: MEDIWHEEL

### **DEPARTMENT OF PATHOLOGY**

PARAMETER	VALUE	RESULT	REFERENCE RANGE
BUN (BLOOD UREA NITROGEN)			
BUN (BLOOD UREA NITROGEN)	11.68 mg / dl	Normal	8 - 23
GGT (GAMMA GLUTAMYL TRANSFE	ERASE)		
GGT (GAMMA GLUTAMYL TRANSFERASE)	13 U/L	Normal	5 - 36
LIPID PROFILE			
CHOLESTEROL TOTAL	204 mg / dl	Normal	150 - 220
TRIGLYCERIDES - SERUM	126 mg / dl	Normal	60 - 165
HDL	52.66 mg / dl	Normal	35 - 80
LDL	126.14 mg/dL	Normal	90 - 160
VLDL	25.20	Normal	20 - 50
CHOL: HDL Ratio	3.87:1		3.5 - 5.5
LDL: HDL Ratio	2.40:1		4
URIC ACID			
URIC ACID	2.70 mg/dL	Normal	2.5 - 6.8

Dr. AVISHESH SINGH MD PATH

CONSULTANT

**TECHNICIAN** 



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SPEC. NO

: 10495816

RESULT DATE

: 27/01/2024 14:26:00

TPA

: MEDIWHEEL

# **DEPARTMENT OF PATHOLOGY**

PARAMETER	VALUE	RESULT	REFERENCE RANGE
BLOOD GROUPING AND RH TYPING			
BLOOD GROUP	"A"		
RH FACTOR	Positive		
BLOOD SUGAR - FASTING AND PP BLOOD SUGAR FASTING BLOOD SUGAR PP	95 mg/dL 135 mg/dL	Normal Normal	80 - 120 120 - 140
CREATININE SERUM CREATININE	1.08 mg/dL	Normal	0.3 - 1.5
URINE SUGAR FASTING URINE FOR SUGAR	Nil		-

Dr. AVISHESH SINGH MD PATH

**TECHNICIAN** 

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SPEC. NO

: 10495808

RESULT DATE

: 27/01/2024 16:10:00

TPA

: MEDIWHEEL

### **DEPARTMENT OF PATHOLOGY**

**T3,T4 TSH** 

PARAMETER

T4 (THYROXINE)

VALUE

0.30 - 4.5

1.244 ng/ml

1.244 ng/mi 128.0 ng/ml

0.478 uIU/ml

RESULT

REFERENCE RANGE

Normal

52 - 127

High Normal

0.3 - 4.5

0.69 - 2.15

REFERENCE GROUP

REFERENCE RANGE in uIU/mL

As per American Thyroid Association

Adult Females (> 20 years)

T3 (TRIIODOTHYRONINE)

TSH (THYROID STIMULATING

Pregnancy

HORMONE)

1st Trimester 2nd Trimester 3rd Trimester 0.10- 2.50

0.20 - 3.00 0.30 - 3.00

Note:

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.

1. Recommended test for T3 and T4 is unbound fraction or free levels as it is metabolically active.

1. Physiological rise in Total T3 / T4 levels is seen in pregnancy and in patients on steroid therapy.

#### Clinical Use

Primary Hypothyroidism

Hyperthyroidism

Hypothalamic - Pituitary hypothyroidism

Inappropriate TSH secretion

Nonthyroidal illness

Autoimmune thyroid disease

- Pregnancy associated thyroid disorders

- Thyroid dysfunction in infancy and early childhood

Dr. AVISHESH SINGH MD

**TECHNICIAN** 



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: 27/01/2024 10:25:00

SAMP. DATE

: 27/01/2024 11:03:00

SPEC. NO

: 10495817

RESULT DATE

: 27/01/2024 14:45:00

TPA

: MEDIWHEEL

# DEPARTMENT OF PATHOLOGY

# HBA1c (GLYCOSYLATED HAEMOGLOBIN)

**PARAMETER** 

**VALUE** 

RESULT

REFERENCE RANGE

HBA1 C (GLYCOSYLATED **HEAMOGLOBIN**)

4.6 %

Normal

4 - 6

Interpretation

As per American diabetes Association (ADA)

Reference Group

- HbA1c In%

Non diabetic >= 18 years - 4.0 - 6.0At risk (Prediabetes)

->=6.0 to <=6.5

Diagnosing diabetes

- >=6.5

Therapeutic goals for glycemic control

- Age> 19 years

 Goal of therapy: <7.0</li> - Action suggested: >8.0

- Age< 19 years

goal of therapy: < 7.5</li>

#### Note:

1. Since HbA1c reflects long term fluctuations in the blood glucose concentration, a diabetic patient is recently under good control may still have a high concentration of HbA1c.converse is true for a diabetic previously under good control now poorly controlled.

2. Target goals of <7.0 % may be beneficial in patient with short duration of diabetes, long life expectancy and no significant cardiovascular disease. In patient with significant complication of diabetes, limited life expectancy of extensive co-morbid condition, targeting a goal of <7.0% may not be appopriate.

Comments

HbA1c provides an index of average blood glucose levels over the past 8-12 weeks and is a much better indicator of long glycemic control as compared to blood and urinary glucose determination.

**TECHNICIAN** 

MUNE Dr. AVISHESH SINGH MD PATH



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: 174821

URINE ROUTINE AND MICROSCOPY

: MRS. SUNITA SINHA

AGE/SEX

PATIENT NAME

: 41Y/FEMALE

CONSULTANT DOCTOR

: HOSPITAL CASE

VISITID

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SPEC. NO

: 10495813

RESULT DATE

: 27/01/2024 15:26:00

TPA

: MEDIWHEEL

### **DEPARTMENT OF PATHOLOGY**

PARAMETER	VALUE	RESULT	REFERENCE RANGE
PHYSICAL EXAMINATION			
QUANTITY	10 ml		<del>-</del>
COLOUR	Pale Yellow		-
APPEARANCE	Clear		-
REACTION	Acidic		
CHEMICAL EXAMINATION			
ALBUMIN	Nil		
SUGAR	Nil		
MICROSCOPIC EXAMINATION			
EPITHELIAL CELLS	1-2 /hpf		0 - 5
PUS CELLS	0-1 /hpf		1 - 2
RBC	Nil /hpf		
CAST	Nil /lpf		-
CRYSTAL	Nil		-
AMORPHOUS MATERIAL DEPOSIT	Nil		
OTHERS	Nil		

TECHNICIAN

Dr. AVISHESH SINGH MD PATH



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SAMP. DATE

: 27/01/2024 11:03:00

SPEC. NO

: 10495807

RESULT DATE

: 27/01/2024 14:44:00

**TPA** 

: MEDIWHEEL

### DEPARTMENT OF PATHOLOGY

# LFT (LIVER FUNCTION TEST)

PARAMETER	VALUE	RESULT	REFERENCE RANGE
PARAMETER	VALUE		VI TO THE PARTY OF
BILIRUBIN TOTAL	0.79 mg/dL	Normal	0.1 - 1.2
BILIRUBIN DIRECT	0.22 mg / dl	Normal	0.1 - 0.6
BILIRUBIN INDIRECT	0.57 mg / dl	High	0.1 - 0.4
ALKALINE PHOSPHATASE	55 U/L	Normal	0 - 240
SGOT	14 U/L	Normal	0 - 46
SGPT	12 U/L	Normal	0 - 40
TOTAL PROTEIN	7.85 g / dl	Normal	6 - 8
ALBUMIN	4.93 g/dl	Normal	4.1 - 5.3
GLOBULIN	2.92 g / dl	Normal	2 - 3.5
A.G.RATIO	1.69:1		1 - 2.5

Dr. AVISHESH SINGH MD **PATH** 

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UHID : 174821 VISITID

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AGE/SEX

: 41Y/FEMALE

SAMP. DATE : 27/01/2024 11:03:00

CONSULTANT DOCTOR : HOSPITAL CASE

SPEC. NO

: 10495818

RESULT DATE : 27/01/2024 16:30:00

TPA

: MEDIWHEEL

### **DEPARTMENT OF PATHOLOGY**

### **ESR (ERYTHROCYTE SEDIMENTATION RATE)**

PARAMETER	VALUE	RESULT	REFERENCE RANGE	
ESR	12 mm at end of 1 hr	Normal	0 - 20	

Dr. AVISHESH SINGH MD **PATH** 

**TECHNICIAN** 

CONSULTANT

NOTE: These reports are for assisting Doctors/Physicians in their treatment and not for Medico-legal purposes and should be correlated clinically.

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