

73-C, Garh Road, Near Hotel Harmony Inn, Meerut-250002 (U.P.)
Ph.: 0121-2766666, 9458802222, 9458803333, 9458804444, 9458806666

Centre equipped with M.R.I. with upgraded software of 3T Platform, 500 Slice VHS C.T. Scan. Digital X-Ray, Mammography, O.P.G., 4D / 5D Ultrasound & Colour Doppler, 2-D Echocardiography

Pt. Name	Mrs. Archana Roy	Age/Sex	46 Yrs/F
Ref. By	C/o S. D. A. Diagnostic	Date:	24.02.2024

ECHOCARDIOGRAPHY REPORT

MEASURESMENTS:

DIMENSION	s	NORMAL			NORMAL
AO (ed)	2.5 cm	(2.1 – 3.7 cm)	IVS (ed)	1.0 cm	n (0.6 – 1.2 cm)
LA (es)	2.7 cm	(2.1 – 3.7 cm)	LVPW (ed)	1.0 cm	n (0.6 – 1.2 cm)
RVID (ed)	2.2 cm	(1.1 – 2.3 cm)	EF	60%	(62% – 85%)
LVID (ed)	5.1 cm	(3.6 – 5.2 cm)	FS	30%	(28% – 42%)

MORPHOLOGICAL DATA:

Mitral	Normal	LA	Normal
Aortic Valve	Normal	RA	Normal
Pulmonary Valve	Normal	IAS	Intact
Tricuspid Valve	Normal	IVS	Intact
LV	Normal	AO	Normal
RV	Normal	Pericardium	Normal

Contd...2

Note: All congenital anomalies may not be diagnosed in routine USG. The USG findings should always be considered in correlation with clinical and other investigations findings to reach the final diagnosis. Kindly intimate us for any typing mistakes and return the report for correction within 7 days. Not valid for medico-legal purpose.



73-C, Garh Road, Near Hotel Harmony Inn, Meerut-250002 (U.P.)
Ph.: 0121-2766666, 9458802222, 9458803333, 9458804444, 9458806666

Centre equipped with M.R.I. with upgraded software of 3T Platform, 500 Slice VHS C.T. Scan. Digital X-Ray, Mammography, O.P.G., 4D / 5D Ultrasound & Colour Doppler, 2-D Echocardiography

Pt. Name	Mrs. Archana Roy	Age/Sex	46 Yrs/F	
Ref. By	C/o S. D. A. Diagnostic	Date:	24.02.2024	

::2::

2-D ECHOCARDIOGRAPHY FINDINGS:

LV normal in size with normal LV systolic function. No regional wall motion abnormality. RV normal in size with adequate contractions. LA and RA are normal. All cardiac valves structurally normal. Pericardium normal. No intra-cardiac mass. Estimated LV ejection fraction is approximately 60%.

COLOR FLOW MAPPING:

Normal.

DOPPLER STUDIES:

MVIS E > A

Peak systolic velocity across aortic valve = 1.0m/sec.

Peak systolic velocity across pulmonary valve = 0.9m/sec.

IMPRESSION:

- NO RWMA
- ➤ Adequate LV systolic function. LVEF = 60%.

Dr. Sanjeev Kumar MD, Dip, Card, FCCS



73-C, Garh Road, Near Hotel Harmony Inn, Meerut-250002 (U.P.)
Ph.: 0121-2766666, 9458802222, 9458803333, 9458804444, 9458806666

Centre equipped with M.R.I. with upgraded software of 3T Platform, 500 Slice VHS C.T. Scan. Digital X-Ray, Mammography, O.P.G., 4D / 5D Ultrasound & Colour Doppler, 2-D Echocardiography

Pt. Name	Mrs. Archana Roy	Age/Sex	46 Yrs /F	Film
Ref. By	C/o S. D. A. Diagnostics	Date:	24.02.2024	02

Patient identity can't be verified

X-RAY MAMMOGRAPHY

X-Ray mammography of both breasts was done in oblique media lateral and cranio-caudal projection.

- Both breasts are symmetrical in size and contour.
- Skin line and subcutaneous fat planes appears regular.
- No focal area of scarring from deeper tissue is seen bilaterally.
- Symmetrical distribution of fibro-glandular radio-density is seen bilaterally.
- > No focus of macro calcification or micro calcification is seen bilaterally.
- Axillary region show no lymphadenopathy.

Corroborative sonomammography

- No focal / diffuse mass lesion on either side.
- No significant bilateral axillary lymphnodes are seen.

IMPRESSION:

 No significant abnormality detected. BIRADS I

Adv- Routine follow up

Please correlate clinically

Dr. Mohd. Saalim

MD

Dr. Sandeep Sirohi Dr. Sandeep Singh Soam Dr. Renu Diwakar Dr. Mohd. Saalim Dr. Mohd. Qasim

MD MBBS Dr. Mohd. Saalim Dr. Mohd. Qasim

DMRD DMRD

Note: All congenital anomalies may not be diagnosed in routine USG. The USG findings should always be considered in correlation with clinical and other investigations findings to reach the final diagnosis. Kindly intimate us for any typing mistakes and return the report for correction within 7 days. Not valid for medico-legal purpose.



73-C, Garh Road, Near Hotel Harmony Inn, Meerut-250002 (U.P.) Ph.: 0121-2766666, 9458802222, 9458803333, 9458804444, 9458806666

Centre equipped with M.R.I. with upgraded software of 3T Platform, 500 Slice VHS C.T. Scan. Digital X-Ray, Mammography, O.P.G., 4D / 5D Ultrasound & Colour Doppler, 2-D Echocardiography

Pt. Name	Mrs. Archana Roy	Age/Sex	46 Yrs/F	Film
Ref. By	C/o S. D. A. Diagnostics	Date:	24.02.2024	01

Patient identity can't be verified

USG WHOLE ABDOMEN

Liver: is normal in size (14.6 cm) with normal parenchymal echogenecity. No focal/ diffuse mass lesion seen. IHBRs are normal. Margins are regular.

Gall Bladder: is well distended. Wall thickness is normal. No calculus / focal mass seen. No pericholecystic collection seen.

CBD: is normal in caliber.

Portal Vein: is normal in caliber.

Visualized pancreas: is normal in size and echotexture. No focal mass seen.

Spleen: is normal in size, measuring 9.5 cm and shows normal echopattern.

Right kidney measures 8.3x3.9 cm. It is normal in size, position, contour and cortical echotexture. No calculus/ hydronephrosis seen. Corticomedullary differentiation is maintained. Renal margins are regular.

Left kidney measures 8.4x4.2 cm. It is normal in size, position, contour and cortical echotexture. No hydronephrosis is seen. Corticomedullary differentiation is maintained. Renal margins are regular. Concretion of size ~ 2.2 mm is seen at mid zone.

Urinary Bladder: is partially distended, hence pelvic organs could not be well visualized.

Uterus: is postmenopausal, measuring 6.9x2.9 cm.

No adnexal mass / free fluid seen.

Few excessive bowel gas shadows are seen.

IMPRESSION: USG findings reveal:

- Left renal concretion.
- Few excessive bowel gas shadows.

Adv: Clinical correlation & follow up.

DMRD

Dr. Sandeep Sirohi Dr. Sandeep Singh Soam

Dr. Renu Diwakar MBBS Dr. Mohd. Saalim

Dr. Mohd. Qasim DMRD

Note: All congenital anomalies may not be diagnosed in routine USG. The USG findings should always be considered in correlation with clinical and other investigations findings to reach the final diagnosis. Kindly intimate us for any typing mistakes and return the report for correction within 7 days. Not valid for medico-legal purpose.





Branch-2: G-9 Hitech Plaza, Garh Road. Opp. Yug Hospital, Hapur Bus Stand, Meerut



Helpline No.: +91 95481 32613

PT. N. 001:201	RS. ARCHANA ROY	AGE/SEX	46Y/F	FILM	
REF. BY	R. SELF	DATE:	24/02/2024	01	

X-RAY CHEST PA VIEW

- > Both CP angles are normal.
- > Trachea is normal in position.
- Cardiac size is within normal limits.
- Both hila are normal.
- Heart, aorta & mediastinum are normal
- Bony thoracic cage appears normal.

NORMAL STUDY

DR. MOHIT SHARMA

(MBBS)(DMRD) Chief consultant

Interventional Radiologist

Dr. Shivangi Singhal

Dr. Sonal Dhingra Anand

Test. Values may vary with different lab standards, methods, kits used and other physiological & biological factors. The clinico pathological lab tests involve Man-Machine-Computer interface with slight chances of inadvertent discrepency and should be

mmediately discussed & alleviated. Report purports for patients care and not for medicalegal documents.

SANJAY EYE NURSING HOME

Regd No 01647 Dt. 30-04-2004

डॉ७ संजय गुप्ता Dr. Sanjay Gupta

MBBS, DO(GNEC, MAMC, N. Delhi) नेत्र रोग विशेषज्ञ / EYE SURGEON

आई. ओ. एल. भैंगापन, कॉन्टैक्ट लैन्स एवं फेको द्वारा मोतियाबिन्द ऑपरेशन विशेषज्ञ

भृतपूर्व रेजीडैन्ट सर्जन -

- गुरु तेगबहादुर अस्पताल, दिल्ली
- गुरुनानक आई सैन्टर, नई दिल्ली
- मोहन आई इन्स्टीट्यूट, नई दिल्ली

पर्व मख्य चिकित्साधिकारी एवं कन्सलटेन्ट नेहरू नेत्र चिकित्सालय, मुज्यफरनगर

संजय आई नर्सिंग होम

के- 1252, निकट पी.वी.एस. मॉल शास्त्री नगर, मेरठ ।

समय:

प्रात : 8 बजे से रात्रि 8:00 बजे तक

फोन: 0121-2760991

मोबाईल : 9412115353

E-mail: sanjayeyehospital@gmail.com

सविधाएँ उपलब्ध :-

 कम्प्यूटर द्वारा चश्मे एवं काला मोतियाबिन्द की जाँच

 फेको द्वारा बिना इन्जेक्शन, बिना टाँके का मोतियाबिन्द

आँखो के घाव का इलाज

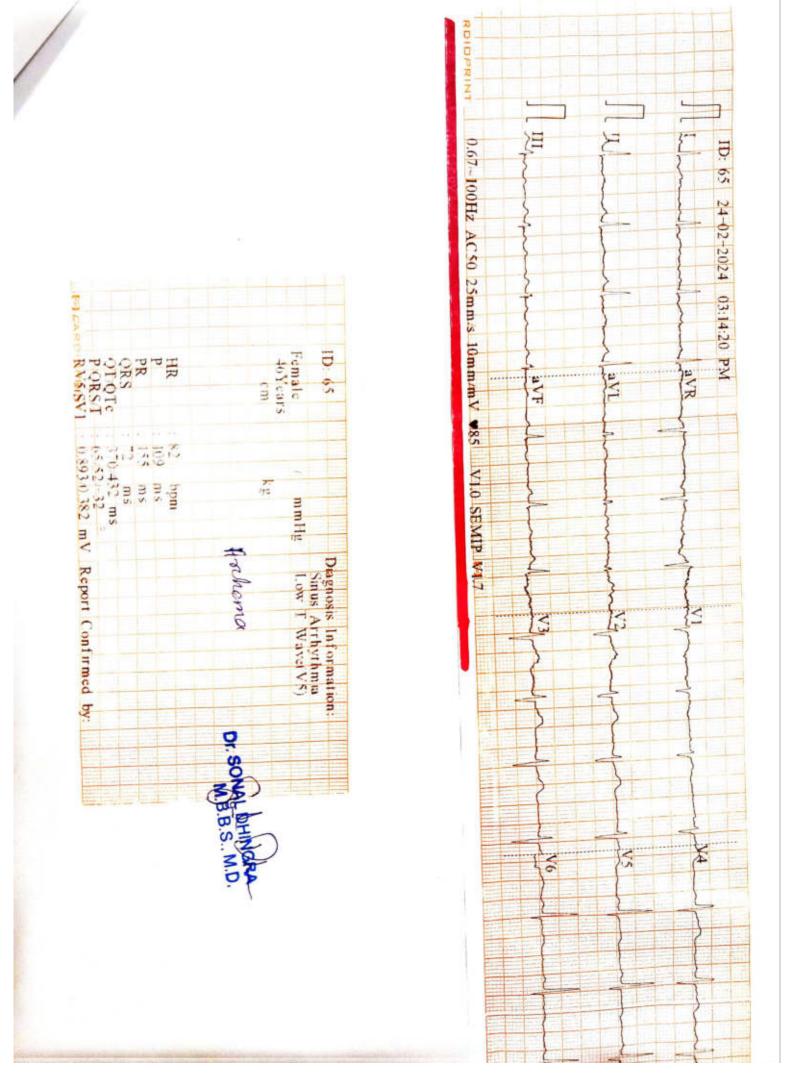
 मैंगापन, नास्र, पलकबन्दी, नाखुना एवं अन्य ऑपरेशन

* सभी ऑपरेशन दूरबीन द्वारा किये जाते है ।

नि:शुल्क आँखों की जांच नि:शुल्क आँखों का ऑप्रेशन आयुष्मान भारत के मरीजों के लिए फोलडेबल लैन्स बिना टांके, फेको एवं दूरबीन द्वारा

नि शुल्क सुविधा रात्रि ठहरने की बाकी मरीजों के लिए न्यूनतम खर्च में

is Archana Roy







Branch-2: G-9, Hitech Plaza, Garh Road, Opp. Yug Hospital, Hapur Bus Stand, Meerut



Helpline No.: +91 95481 32613

Lab Ref. No. : 234028183

Name : Mrs. ARCHANA ROY

Age/ Gender : 46Y / Female Referred By : Dr. SELF

Sample By :

C. NO: 22

Centre Name

: SDA Diagnostics

Collection Time

: 24-Feb-2024 11:42AM

Receiving Time

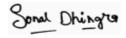
: 24-Feb-2024 11:42AM

Reporting Time

: 24-Feb-2024 12:28PM

Test Name	Results	Units	Biological Ref-Interva
	HAEMATOLOGY		
COMPLETE BLOOD COUNT			
HAEMOGLOBIN	12.90	g/dl	12-16.5
(Colorimetry)			
TOTAL LEUCOCYTE COUNT (Electric Impedence)	7900.00	/Cum m	4000-11000
DIFFERENTIAL LEUCOCYTE COUNT (Microscopy)			
Neutrophils	66.00	%	44-68
Lymphocytes	29.00	%	25- 44
Eosinophils	2.00	%	0.0- 4.0
Monocytes	3.00	%	0.0-7.0
Basophils	0.00	%	0.0-1.0
Immature Cells	00	%	
Absolute Count			
Neutrophils Count (calculated)	5214.00	/cumm	2000-7000
Lymphocytes Count (calculated)	2291.00	/cumm	1000-3000
Eosinophils Count (calculated)	158.00	/cumm	40-440
Monocytes Count (calculated)	237.00	/cumm	200-1000
Basophils Count (calculated)I	0.00	/cumm	0-30
TOTAL R.B.C. COUNT (Electric Impedence)	4.72	10^6/uL	3.50-5.50
Haematocrit Value (P.C.V.) (Calculated)	38.70	%	37.0-54.0
MCV (Calculated)	82.00	fL	76-98
MCH	27.40	pg	27-32





Dr. Bhavna Sharma M.D. Pathology Dr. Swati Tiwari M.D. Microbiology Dr. Sonal Dhingra Anand M.D. Pathology

Test Values may vary with different lab standards, methods, kits used and other physiological & biological factors.

 The clinico pathological lab tests involve Man-Machine-Computer interface with slight chances of inadvertent discrepency and should be immediately discussed & alleviated.





Branch-2: G-9, Hitech Plaza, Garh Road, Opp. Yug Hospital, Hapur Bus Stand, Meerut



Helpline No.: +91 95481 32613

Lab Ref. No. : 234028183

Name : Mrs. ARCHANA ROY

Age/ Gender : 46Y / Female Referred By : Dr. SELF

Sample By :

Centre Name : SDA Diagnostics

Collection Time : 24-Feb-2024 11:42AM Receiving Time : 24-Feb-2024 11:42AM

Reporting Time : 24-Feb-2024 12:28PM

Test Name	Results	Units	Biological Ref-Interval
(Calculated)			
MCHC (Calculated)	33.40	g/dl	31-35
RDW-CV (Calculated)	14.80	%	11.5 - 14.5
Platelet Count (Electric Impedence)	233	Thousand/cumm	150-450
MPV (Calculated)	8.60	fL	11.5-14.5
PDW (Calculated)	16.40	fL	9.0-17.0
Peripheral Smear			
Erythrocyte Sedimentation Rate (Modified Westergren)			
At the end of 1st hour	12	mm	0-20
BLOOD GROUP			
Blood Group	В		
Rh Status	POSITIVE		
GLYCATED HAEMOGLOBIN (HbA1c	6.10	%	4.5-6.0
ESTIMATED AVERAGE GLUCOSE EXPECTED RESULTS:	128.37	mg/dl	

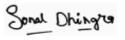
C. NO: 22

Good Control of diabetes : 6.1 % to 7.0 %
Fair Control of diabetes : 7.1 % to 8.0 %
Poor Control od diabetes : 8 % and above
The glycosylated hemoglobin assay has been validated as a reliable indicator of

The glycosylated hemoglobin assay has been validated as a reliable indicator of mean blood glucose levels for a period of 8-12 week period prior to HBA1C determination.ADA recommends the testing twice a year in patients with stable blood glucose, and quarterly, if treatment changes, or if blood glucose levels are unstable.

: 4.5 % to 6.0 %





Dr. Bhavna Sharma M.D. Pathology

Non diabetic patients & Stabilized diabetics

Dr. Swati Tiwari M.D. Microbiology Dr. Sonal Dhingra Anand M.D. Pathology

- Test Values may vary with different lab standards, methods, kits used and other physiological & biological factors.
- The clinico pathological lab tests involve Man-Machine-Computer interface with slight chances of inadvertent discrepency and should be immediately discussed & alleviated.
- Report purports for patients care and not for medicalegal documents.





Branch-2: G-9, Hitech Plaza, Garh Road, Opp. Yug Hospital, Hapur Bus Stand, Meerut



Helpline No.: +91 95481 32613

Lab Ref. No. : 234028183

Name : Mrs. ARCHANA ROY

Age/ Gender : 46Y / Female Referred By : Dr. SELF

Sample By :

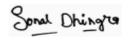
Centre Name : SDA Diagnostics

Collection Time : 24-Feb-2024 11:42AM Receiving Time : 24-Feb-2024 11:42AM

Reporting Time : 25-Feb-2024 10:55AM

Test Name	Results	Units	Biological Ref-Interval
	BIOCHEMISTRY	,	
BLOOD GLUCOSE FASTING (GOD/POD method)	114.00	mg/dl	70 - 110
BLOOD GLUCOSE P.P. (GOD/POD method)	163.00	mg/dl	70-140
After 2.0 hrs of meal			

C. NO: 22



Dr. Bhavna Sharma M.D. Pathology Dr. Swati Tiwari M.D. Microbiology Dr. Sonal Dhingra Anand M.D. Pathology

- Test Values may vary with different lab standards, methods, kits used and other physiological & biological factors.
- The clinico pathological lab tests involve Man-Machine-Computer interface with slight chances of inadvertent discrepency and should be immediately discussed & alleviated.
- Report purports for patients care and not for medicalegal documents.





Branch-2: G-9, Hitech Plaza, Garh Road, Opp. Yug Hospital, Hapur Bus Stand, Meerut



Helpline No.: +91 95481 32613

Lab Ref. No. : 234028183

Name : Mrs. ARCHANA ROY

Age/ Gender : 46Y / Female Referred By : Dr. SELF

Sample By :

Centre Name : SDA Diagnostics

Collection Time : 24-Feb-2024 11:42AM Receiving Time : 24-Feb-2024 11:42AM

Reporting Time : 25-Feb-2024 10:55AM

Test Name	Results	Units	Biological Ref-Interval
LIVER PROFILE			
SERUM BILIRUBIN			
TOTAL	0.41	mg/dl	0.30-1.20
(Diazo)			
DIRECT	0.18	mg/dl	0.00-0.20
(Diazo)			
INDIRECT	0.23	mg/dl	0.20-1.00
(Calculated)			
S.G.P.T.	24.00	U/L	0-45
(IFCC method)			
S.G.O.T.	21.00	U/L	0-45
(IFCC method)	101.00	71.17	05.4.45
SERUM ALKALINE PHOSPHATASE (4-nitrphenylphosphate to 2-amino-2-methyl-1propan	131.00	IU/L.	35-145
SERUM PROTEINS			
TOTAL PROTEINS	6.30	Gm/dL.	6.0-8.0
(Biuret)		•	
ALBUMIN	3.90	Gm/dL.	3.5-5.2
(Bromocresol green Dye)			
GLOBULIN	2.40	Gm/dL.	2.5-3.5
(Calculated)			
A: G RATIO	1.63		1.5-2.5
(Calculated)			

C. NO: 22

LIVER FUNCTION TESTS CHECK THE LEVEL OF CERTAIN ENZYMES AND PROTEINS IN BLOOD

Levels that are higher or lower than normal can indicate liver problems. Some common liver function tests include :

Alanine transaminase (ALT). ALT is an enzyme found in the liver and When the liver is damaged, ALT is released into the bloodstream and levels increase.

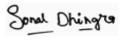
 $\label{eq:asymptotic problem} \mbox{Aspartate transaminase (AST). AST is an enzyme that helps metabolize alanine, an amino acid.}$

AST is normally present in blood at low levels. An increase in AST levels may indicate

liver damage or disease or muscle damage.

Alkaline phosphatase (ALP). ALP is an enzyme in the liver, bile ducts and bone.





Dr. Bhavna Sharma M.D. Pathology Dr. Swati Tiwari M.D. Microbiology Dr. Sonal Dhingra Anand M.D. Pathology

Test Values may vary with different lab standards, methods, kits used and other physiological & biological factors.

 The clinico pathological lab tests involve Man-Machine-Computer interface with slight chances of inadvertent discrepency and should be immediately discussed & alleviated.





Branch-2: G-9, Hitech Plaza, Garh Road, Opp. Yug Hospital, Hapur Bus Stand, Meerut



Helpline No.: +91 95481 32613

Lab Ref. No. : 234028183

Name : Mrs. ARCHANA ROY

Age/ Gender : 46Y / Female Referred By : Dr. SELF

Sample By

C. NO: 22

Centre Name : SDA Diagnostics

Collection Time : 24-Feb-2024 11:42AM Receiving Time : 24-Feb-2024 11:42AM

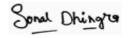
Reporting Time : 25-Feb-2024 10:55AM

Results	Units	Biological Ref-Interval
32.0	mg/dl	10-50
0.80	mg/dL.	0.6-1.2
5.0	mg/dL.	3.5-7.5
142.0	mmol/l	135 - 155
4.20	mmol/l	3.5 - 5.5
8.7	mg/dl	8.5-10.1
6.30	Gm/dL.	6.0-8.0
3.90	Gm/dL.	3.5-5.2
2.40	Gm/dL.	2.5-3.5
1.63	Gm/dL.	1.5-2.5
•	32.0 0.80 5.0 142.0 4.20 8.7 6.30 3.90 2.40	32.0 mg/dl 0.80 mg/dL. 5.0 mg/dL. 142.0 mmol/l 4.20 mmol/l 8.7 mg/dl 6.30 Gm/dL. 3.90 Gm/dL. 2.40 Gm/dL.

INTERPRETATION:

Urea is the end product of protein metabolism. It reflects on funcioning of the kidney in the body. Creatinine is the end product of creatine metabolism. It is a measure of renal function and eleveted levels are observed in patients typically with 50% or greater impairment of renal function. Sodium is critical in maintaining water & osmotic equilibrium in extracellular fluids. Disturbances in acid base and water balance are typically reflected in the sodium concentrations. Potassium is an essential element involved in critical cell functions. Potassium levels are influenced by electrolyte intake ,excretion and other means of elemination, exercise, hydration and medications. Calcium imbalance my cause a spectrum of disease. High concentrations are seen in Hyperparathyroidism, Malignancy & Sarcoidosis. Low levels may be due to protein deficiency, renal insufficiency and Hypoparathyroidism. Repeat measurement is recommended if the values are outside the reference range.





Dr. Bhavna Sharma M.D. Pathology Dr. Swati Tiwari M.D. Microbiology Dr. Sonal Dhingra Anand M.D. Pathology

Test Values may vary with different lab standards, methods, kits used and other physiological & biological factors.

 The clinico pathological lab tests involve Man-Machine-Computer interface with slight chances of inadvertent discrepency and should be immediately discussed & alleviated.





Branch-2: G-9, Hitech Plaza, Garh Road, Opp. Yug Hospital, Hapur Bus Stand, Meerut



Helpline No.: +91 95481 32613

Lab Ref. No. : 234028183

Name : Mrs. ARCHANA ROY

Age/ Gender : 46Y / Female Referred By : Dr. SELF

Sample By :

Centre Name : SDA Diagnostics

Collection Time : 24-Feb-2024 11:42AM Receiving Time : 24-Feb-2024 11:42AM

Reporting Time : 25-Feb-2024 10:55AM

	Sample by .				
Results	Units	Biological Ref-Interval			
168.0	mg/dl	125-200			
91.0	mg/dl	50-150			
41.0	mg/dl	30-80			
18.2	mg/dl	5-35			
108.8	mg/dL.	70-130			
2.7		0.0-4.9			
4.1		1.5-3.0			
	168.0 91.0 41.0 18.2 108.8 2.7	168.0 mg/dl 91.0 mg/dl 41.0 mg/dl 18.2 mg/dl 108.8 mg/dL.			

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 12 hrs., alcohol intake, diabetes melitus, and pancreatitis.

C. NO: 22

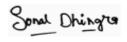
CHOLESTEROL, its fractions and triglycerides are the important plasma lipids indefining cardiovascular risk factors and in the management of cardiovascular disease. Highest acceptable and optimum values of cholesterol values of cholesterol vary with age. Values above 220 mgm/dl are associated with increased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





Dr. Bhavna Sharma M.D. Pathology Dr. Swati Tiwari M.D. Microbiology Dr. Sonal Dhingra Anand M.D. Pathology

Test Values may vary with different lab standards, methods, kits used and other physiological & biological factors.

 The clinico pathological lab tests involve Man-Machine-Computer interface with slight chances of inadvertent discrepency and should be immediately discussed & alleviated.





Branch-2: G-9, Hitech Plaza, Garh Road, Opp. Yug Hospital, Hapur Bus Stand, Meerut



Helpline No.: +91 95481 32613

Lab Ref. No. : 234028183

Name : Mrs. ARCHANA ROY

Age/ Gender : 46Y / Female Referred By : Dr. SELF

Sample By :

Centre Name : SDA Diagnostics

Collection Time : 24-Feb-2024 11:42AM

Receiving Time : 24-Feb-2024 11:42AM

Reporting Time : 25-Feb-2024 10:55AM

Test Name	Results	Units	Biological Ref-Interval			
HORMONE						
THYRIOD PROFILE						
Triiodothyronine (T3) (FIA)	0.91	ng/dl	0.52-1.85			
Thyroxine (T4) (FIA)	8.38	ug/dl	4.8-11.6			
THYROID STIMULATING HORMONE (TSH) (FIA)	2.98	mIU/L	0.50-5.50			

Interpretation Note:

Thyroid Stimulating Hormone (TSH) is a highly effective screening assay for thyroid disorders. In patients with an intact pituitarythyroid axis, TSH provides a physiologic indicator of the functional level of thyroid hormone activity. Increased TSH indicates inadequate thyroid hormone, and suppressed s-TSH indicates excess thyroid hormone. Transient s-TSH abnormalities may be found in seriously ill, hospitalized patients, so this is not the ideal setting to assess thyroid function. However, even in these patients, s-TSH works better than total thyroxine (an alternative screening test). when the s-TSH result is abnormal, appropriate follow-up tests T4 & free T3 levels should be performed. If TSH is between 5.0 to 10.0 & free T4 & free T3 level are normal then it is considered as subclinical hypothyroidism which should be followed up after 4 weeks & If TSH is > 10 & free T4 & free T3 level are normal then it is considered as overt hypothyroidism.

C. NO: 22

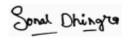
Serum triiodothyronine (T3) levels often are depressed in sick and hospitalized patients, caused in part by the biochemical shift to the production of reverse T3. Therefore, T3 generally is not a reliable predictor of hypothyroidism. However, in a small subset of hyperthyroid patients, hyperthyroidism may be caused by overproduction of T3 (T3 toxicosis). To help diagnose and monitor this subgroup, T3 is measured on all specimens with suppressed s-TSH and normal FT4 concentrations.

Normal ranges of TSH & thyroid hormons vary according trimesper in pregnancy.

TSH ref range in Pregnacy Reference range (microIU/ml)

First triemester 0.24 - 2.00 Second triemester 0.43-2.2 Third triemester 0.8-2.5





Dr. Bhavna Sharma M.D. Pathology Dr. Swati Tiwari M.D. Microbiology Dr. Sonal Dhingra Anand M.D. Pathology

- Test Values may vary with different lab standards, methods, kits used and other physiological & biological factors.
- The clinico pathological lab tests involve Man-Machine-Computer interface with slight chances of inadvertent discrepency and should be immediately discussed & alleviated.
- Report purports for patients care and not for medicalegal documents.





Branch-2: G-9, Hitech Plaza, Garh Road, Opp. Yug Hospital, Hapur Bus Stand, Meerut



Helpline No.: +91 95481 32613

: 234028183 Lab Ref. No. Centre Name C. NO: 22

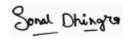
: SDA Diagnostics : Mrs. ARCHANA ROY Name : 24-Feb-2024 11:42AM Collection Time

Age/ Gender : 46Y / Female : 24-Feb-2024 11:42AM Receiving Time Referred By : Dr. SELF Reporting Time : 25-Feb-2024 10:57AM

Sample By

Test Name	Results	Units	Biological Ref-Interva
	CLINICAL PATHOLO	GY	
URINE EXAMINATION REPORT			
PHYSICAL EXAMINATION			
VOLUME (visual)	15	ml	
COLOUR (visual)	PALE YELLOW		
APPEARENCE (visual)	CLEAR		
pH	6.00		4.6 - 8.0
SPECIFIC GRAVITY (pKa Change)	1.010		1.010-1.030
BIOCHEMICAL EXAMINATION			
UROBILINOGEN (Erlichs)	NIL		NIL
BILIRUBIN (Azo-coupling reaction)	NEGATIVE		NEGATIVE
NITRITE	NEGATIVE		NEGATIVE
SUGAR (Glucose Oxidase Peroxidase)	NIL		Nil
ALBUMIN (Protein-Error-of-Indicator))	NIL		Nil
PHOSPHATE	NIL		Nil
MICROSCOPIC EXAMINATION (Microscopy)			
RED BLOOD CELLS	NIL	/H.P.F.	0-2
PUS CELLS	2-3	/H.P.F.	0-5
EPITHELIAL CELLS	1-2	/H.P.F.	0-5
CRYSTALS	NIL	/H.P.F.	NIL
CASTS OTHER	NIL	/L.P.F.	





Dr. Bhavna Sharma M.D. Pathology

Dr. Swati Tiwari M.D. Microbiology

Dr. Sonal Dhingra Anand M.D. Pathology

Test Values may vary with different lab standards, methods, kits used and other physiological & biological factors.

The clinico pathological lab tests involve Man-Machine-Computer interface with slight chances of inadvertent discrepency and should be immediately discussed & alleviated.





Branch-2: G-9, Hitech Plaza, Garh Road, Opp. Yug Hospital, Hapur Bus Stand, Meerut



Helpline No.: +91 95481 32613

Lab Ref. No. : 234028183

Name : Mrs. ARCHANA ROY

Age/ Gender : 46Y / Female Referred By : Dr. SELF

Sample By

C. NO: 22

Centre Name : SDA Diagnostics

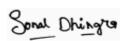
Collection Time : 24-Feb-2024 11:42AM Receiving Time : 24-Feb-2024 11:42AM

Reporting Time : 25-Feb-2024 10:57AM

Test Name Results Units Biological Ref-Interval

-----{END OF REPORT }-----





Dr. Bhavna Sharma M.D. Pathology Dr. Swati Tiwari M.D. Microbiology Dr. Sonal Dhingra Anand M.D. Pathology

Test Values may vary with different lab standards, methods, kits used and other physiological & biological factors.

 The clinico pathological lab tests involve Man-Machine-Computer interface with slight chances of inadvertent discrepency and should be immediately discussed & alleviated.