

A Venture of Apple Cardiac Care

A-3, Ekta Nagar, Stadium Road,
 (Opp. Care Hospital),
 Bareilly - 243 122 (U.P.) India
 Tel. : 07599031977, 09458888448



Reg.NO. : 0222
 NAME : Mrs. NEELAM
 REFERRED BY : Dr.Nitin Agarwal (D M)
 SAMPLE : BLOOD

DATE : 24/07/2024
 AGE : 34 Yrs.
 SEX : FEMALE

<u>TEST NAME</u>	<u>RESULTS</u>	<u>UNITS</u>	<u>BIOLOGICAL REF. RANGE</u>
LIVER PROFILE			
SERUM BILIRUBIN			
TOTAL	0.7	mg/dL	0.3-1.2
DIRECT	0.3	mg/dL	0.2-0.6
INDIRECT	0.4	mg/dL	0.1-0.4
SERUM PROTEINS			
Total Proteins	7.7	Gm/dL	6.4 - 8.3
Albumin	4.9	Gm/dL	3.5 - 5.5
Globulin	2.8	Gm/dL	2.3 - 3.5
A : G Ratio	1.75		0.0-2.0
SGOT	62	IU/L	0-40
SGPT	58	IU/L	0-40
SERUM ALK.PHOSPHATASE	115	IU/L	00-115

NORMAL RANGE : BILIRUBIN TOTAL

Premature infants, 0 to 1 day: <8 mg/dL. Premature infants, 1 to 2 days: <12 mg/dL. Adults: 0.3-1 mg/dL.
 Premature infants, 3 to 5 days: <16 mg/dL. Neonates, 0 to 1 day: 1.4-8.7 mg/dL.
 Neonates, 1 to 2 days: 3.4-11.5 mg/dL. Neonates, 3 to 5 days: 1.5-12 mg/dL Children 6 days to 18 years: 0.3-1.2 mg/dL

COMMENTS--

Total and direct bilirubin determination in serum is used for the diagnosis,differentiation and follow -up of jaundice.Elevation of SGPT is found in liver and kidney diseases such as infectious or toxic hepatitis,IM and cirrhosis.Organs rich in SGOT are heart,liver and skeletal muscles. When any of these organs are damaged,the serum SGOT level rises in proportion to the severity of damage.Elevation of Alkaline Phosphatase in serum or plasma is found in hepatitis ,biliary obstructions,hyperparathyroidism,steatorrhea and bone diseases.

BLOOD SUGAR RANDOM	80	mg/dl	60-160
SERUM CREATININE	0.7	mg/dL.	0.5-1.4

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URIC ACID	6.4	mg/dl	3.0-6.0

CLINICAL SIGNIFICANCE:

Analysis of synovial fluid plays a major role in the diagnosis of joint disease.

BLOOD UREA NITROGEN	15	mg/dL	5 - 25
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HAEMATOLOGY

GLYCOSYLATED HAEMOGLOBIN(HBA1C)	5.2
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EXPECTED RESULTS :

Non diabetic patients	: 4.0% to 6.0%
Good Control	: 6.0% to 7.0%
Fair Control	: 7.0% to -8%
Poor Control	: Above 8%

***ADA: American Diabetes Association**

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.

METHOD : ADVANCED IMMUNO ASSAY.

HORMONE

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APPLE
PATHOLOGY
TRUSTED RESULT

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TEST NAME	RESULTS	UNITS	BIOLOGICAL REF. RANGE
Triiodothyronine (T3)	1.28	ng/ml	0.60-1.81
Thyroxine (T4)	7.56	ug/dl	5.01-12.45
THYROID STIMULATING HORMONE [TSH.]	8.56	uIU/mL	0.35-5.50

NORMAL RANGE:

Premature babies (TSH is measured 3-4 days after birth): Between 0.8 to 6.9 uIU/mL.

Normal newborn infants (TSH measured 4 days after birth): Between 1.3 to 16 uIU/mL.

Babies (1-11 months): 0.9 to 7.7 uIU/mL.

Kids (1 year till the onset of puberty): 0.6 to 5.5 uIU/mL.

ADULT : 0.21-4.2uIU/mL.

TSH(Thyroid stimulating hormone:Thyrotropin) is a hormone secreted by the anterior pituitary.It is a recommended initial test for the screening and diagnosis of hyperthyroidism and hypothyroidism.It is especially useful in early or subclinical hypothyroidism before the patient develops clinical findings ,goiter,or abnormalities of other thyroid tests.

Thyroxine,(Total T4 Assay) Is a hormone secreted by the thyroid gland which is predominantly bound to carrier proteins,(99%),it is used in the diagnosis of hyperthyroidism when it is increased. It is found decreased in hypothyroidism and hypoproteinemia.Its values are not affected by nonthyroidal iodine.

Triiodothyronine(Total T3 Assay) Is a hormone produced by the thyroid gland (20%) and also from the peripheral deiodination mechanism which converts T4 to T3.As T3 is physiologically more active it it plays an important part in maintaing euthyroidism.It is used in T3 thyrotoxicosis ,monitoring the course of hyperthyroidism.

Method : Chemiluminescence Immuno Assays.

URINE EXAMINATION

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TEST NAME	RESULTS	UNITS	BIOLOGICAL REF. RANGE
URINE EXAMINATION REPORT			
PHYSICAL EXAMINATION			
pH	6.0		
TRANSPARENCY			
Volume	20	ml	
Colour	Light Yellow		Nil
Appearance	Clear		
Sediments	Nil		1.015-1.025
Specific Gravity	1.020		
Reaction	Acidic		
BIOCHEMICAL EXAMINATION			
UROBILINOGEN	Nil		NIL
BILIRUBIN	Nil		NEGATIVE
URINE KETONE	Nil		NEGATIVE
Sugar	Nil		Nil
Albumin	Nil		Nil
Phosphates	Absent		Nil
MICROSCOPIC EXAMINATION			
Red Blood Cells	Nil	/H.P.F.	
Pus Cells	2-3	/H.P.F.	
Epithelial Cells	3-5	/H.P.F.	
Crystals	NIL		NIL
Casts	Nil	/H.P.F.	
DEPOSITS			
Bacteria	NIL		
Other	NIL		

BIOCHEMISTRY

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Gamma Glutamyl Transferase (GGT)	18	U/L	11-50

--{End of Report}--


Dr. Shweta Agarwal, M.D.
(Pathologist)



BPL CARDIART 6108T

16mm/mV 25mm/sec 25Hz

BPL CARDIART 6108T

EPL

V5

V6



Pat. ID.

Neelam



॥ ॐ गणेशाय नमः ॥

GANESH DIAGNOSTIC

DR. LOKESH GOYAL

MBBS (K GMC), MD (RADIOLOGY)

CONSULTANT INTERVENTIONAL RADIOLOGIST

FORMER SR. REGISTRAR - APOLLO HOSPITAL, NEW DELHI
LIFE MEMBER OF IRIA

Timings : 9:00 am to 9:00 pm, Sunday 9.00 am to 3.00 pm ☎ 8392957683, 9897157683

MRS. NEELAM 34/F
DR. NITIN AGARWAL, DM

24-07-2024

REPORT

EXAMINATION PERFORMED: X-RAY CHEST

B/L lung fields are clear

Both of the CP angles are clear.

Both hila show a normal pattern .

Cardiac and mediastinal borders appear normal.

Visualized bony thorax and soft tissue of the chest wall appear normal.

IMPRESSION ---NO SIGNIFICANT ABNORMALITY IS SEEN

Not for medico-legal purpose

DR LOKESH GOYAL
MD
RADIODIAGNOSIS

डिजिटल एक्स-रे, मल्टी स्लाइस
सी. टी. स्कैन सुविधा उपलब्ध है।



**NOT VALID FOR
MEDICO LEGAL PURPOSE**





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EXAMINATION PERFORMED ULTRASOUND WHOLE ABDOMEN

The Liver is mildly enlarged 15.6 cm in size and outline. It shows uniform fatty changes. No obvious focal pathology is seen. The intra and extra hepatic biliary passages are not dilated.

The **Gall Bladder** is normal in size, with no evidence of calculi. Walls are thin. The CBD appears normal.

The **Pancreas** is normal in size and echogenicity. Its outlines are distinct. No obvious focal lesion, calcification or ductal dilatation is seen.

Spleen is mildly enlarged 126 mm in size.

Right Kidney is normal in position, outline and echogenicity. No evidence of calculi or calyceal dilatation is seen. Renal mobility is not impaired. Perinephric space is clear.

Left Kidney is normal in position, outline and echogenicity. No evidence of calculi or calyceal dilatation is seen. Renal mobility is not impaired. Perinephric space is clear.

No ascitis or pleural effusion. No retroperitoneal adenopathy.

The **Urinary Bladder** is partially filled.

The **Uterus** is anteverted and normal in size. The myometrial and endometrial echoes are normal. The endometrial thickness measures 5 mm.

B/L adnexa are clear. No adnexal mass or cyst seen.

**IMPRESSION:- MILDLY ENLARGED FATTY LIVER (GRADE 1)
MILD SPLENOMEGALY**

ADV--LH/FSH / THYROID PROFILE

**DR LOKESH GOYAL
MD
RADIODIAGNOSIS**

Every imaging has its limitations. This is a professional opinion, not a final diagnosis. For further confirmation of diagnosis, clinical-pathological correlation & relevant next line investigation (TVS for gynecological disorders) (endoscopy / CT scan for bowel pathologies) are required. In case of clinical discrepancy with the report or confusion, reexamination / reevaluation are suggested. Esp. for the surgical cases 2nd opinion is must. Your positive as well as negative feedbacks are most welcome for better results

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