Hosp. Reg. No.: TMC - Zone C - 386

Sasita Yadav 33 yrs/ female

Height-156cm

BMI-25.51591m2

Weight - 62kg

(overevegut

10/02/2024

No fresh complaints. KI flo-Hypothypodism : 2415. SIN - operated for Ectopic pregnancy. R12 salphijedomy done in 2018; 2020.

M/H- LMP- 2/2/24, regular OlH- GaP, A. L. Do.

9, - Female, 8418, LSCS, heattly. G2. Ect. preg G3 - Ect preg FIH - Mother healthy. fatur - DM, HTN

BP- 120/100 mrtig P- 78/min SPB 967

Pt 13 fit and can resume has normal duties



HELPLINE

022 - 2588 3531

S-1, Vedant Complex, Vartak Nagar, Thane (W) 400 606 www.siddhivinayakhospitals.org











Imaging Department
Sonography | Colour Doppler | 3D / 4D USG

Name - Mrs . Sarita Yadav	Age - 33 Y/F
Ref by Dr Siddhivinayak Hospital	Date - 10/02/2024

X- Ray chest (PA VIEW)

No obvious active parenchymal lesion seen in both lungs.

Cardiac and aortic shadows appear normal

No evidence of pleural of effusion is seen.

Both domes of diaphragm appear normal.

No obvious bony lesion is seen.

IMPRESSION:

No significant abnormality seen.

Adv.: Clinical and lab correlation.

DR. AMOL BENDRE

MBBS; DMRE

CONSULTANT RADIOLOGIST

Note: The above report represents interpretation of various radiographic / sonographic shadows, and hence has its own limitations. This report has to be co-related clinic-pathologically by the referring / physician and it does NOT represent the sole diagnosis.







022 - 2588 3531

Imaging Department

Name - Mrs Sanstap Tada Vour Doppler	Age - 34 Y/F
Ref by Dr Siddhivinayak Hospital	Date - 10/02/2024

USG ABDOMEN & PELVIS

FINDINGS:

The **liver** dimension is normal in size 14.6 cm . It appears normal in morphology with normal echogenicity. No evidence of intrahepatic ductal dilatation.

The GB-gallbladder is distended normally with no stones within.

The CBD- common bile duct is normal. The portal vein is normal.

The pancreas appears normal in morphology.

The spleen is normal in size 9.9 cm and morphology

Both ${\bf kidneys}$ demonstrate normal morphology. Both kidneys show normal cortical echogenicity.

The right kidney measures $7.3 \times .3 \text{ cm}$.

The left kidney measures 8.4 x 4.4 cm.

Urinary bladder: normally distended. Wall thickness - normal.

Uterus: normal in size and morphology. Size: $8.7 \times 3.6 \times 5.5$ cm.

Endometrium: 7.0 mm, it appears normal in morphology.

Cervix appears bulky (AP distance 3.2 mm)

Bilateral ovaries are normal.

Adnexa appear normal

No free fluid is seen.

IMPRESSION:

Bulky cervix t/r/o Cervicitis

DR. AMOL BENDRE
MBBS; DMRE

CONSULTANT RADIOLOGIST





Female Years 33 Req. No. BP 1900	10-02-2024 11:44:21 AM HR	Diagnosis Information: NO Gign3 fCCOL OI Sinus Rhythm Sinus Rhythm FICIU NO GCHOU PI ***Normal ECG*** ***Normal ECG** ***Normal ECG*** **Normal ECG*** ***Normal ECG*** *	Referencion Vight Vow
	RV5/SVI :: 1305/1.093 mV		<u>}</u>
			\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \
			<u>(</u>
			<u>{</u>
			<u> </u>
0.15-45Hz AC50 25mm/s 10mm/mV	2*5.08+1r V2.21	SEMIP V1.92 Siddhivimayak Hospital	<u> </u>

OPTHAL CHECK UP SCREENING

NAME OF EMPLOYEE

SARITA YADAV

AGE

38

DATE -

10.02.2024

Spects: Without Glasses

	RT Eye	Lt Eye
NEAR	N/6	N/6
DISTANT	6/9	6/6
Color Blind Test	NORMAL	







Imaging Department
Sonography | Colour Doppler | 3D / 4D USG

ECHOCARDIOGRAM

NAME	MRS. SARITA YADAV	
AGE/SEX	34 YRS/F	
REFERRED BY	SIDDHIVINAYAK HOSPITAL	
DATE OF EXAMINATION	12/02/2024	-

2D/M-MODE ECHOCARDIOGRAPHY

VALVES:	CHAMBERS:
MITRAL VALVE:	LEFT ATRIUM: Normal
AML: Normal	 Left atrial appendage: Normal
PML: Normal Sub-valvular deformity: Absent AORTIC VALVE: Normal No. of cusps: 3 PULMONARY VALVE: Normal TRICUSPID VALVE: Normal	LEFT VENTRICLE: Normal RWMA: No Contraction: Normal RIGHT ATRIUM: Normal RIGHT VENTRICLE: Normal RWMA: No Contraction: Normal
GREAT VESSELS: • AORTA: Normal	SEPTAE: • IAS: Intact • IVS: Intact
PULMONARY ARTERY: Normal CORONARIES: Proximal coronaries normal	VENACAVAE:
CORONARY SINUS: Normal	SVC: Normal IVC: Normal and collapsing >20% with respiration
PULMONARY VEINS: Normal	PERICARDIUM: Normal

MEASUREMENTS:

AORTA		LEFT VENTRICLE STUDY		RIGHT VENTRICLE STUDY	
PARAMETER	OBSERVED VALUE	PARAMETER	OBSERVED VALUE	PARAMETER	OBSERVED VALUE
Aortic annulus	20 mm	Left atrium	35 mm	Right atrium	mm
Aortic sinus	mm	LVIDd	44.8 mm	RVd (Base)	mm
Sino-tubular junction	mm	LVIDs	27.0 mm	RVEF	%
Ascending aorta	mm	IVSd	8.4 mm	TAPSE	mm
Arch of aorta	mm	LVPWd	8.4 mm	MPA	mm
Desc. thoracic aorta	mm	LVEF	70 %	RVOT	mm
Abdominal aorta	mm	LVOT	mm	IVC	mm





COLOR - FLOW & DOPPLER ECHOCARDIOGRAPHY

NAME	MRS, SARITA YADAV	
AGE/SEX	34 YRS/F	
REFERRED BY	SIDDHIVINAYAK HOSPITAL	
DATE OF EXAMINATION	10/02/2024	

	MITRAL	TRICUSPID	AORTIC	PULMONARY
FLOW VELOCITY (m/s)			1.19	1.19
PPG (mmHg)				
MPG (mmHg)				
VALVE AREA (cm ²)				
DVI (ms)				
PR END DIASTOLIC VELOCITY (m/s)				
ACCELERATION/				
DECELERATION TIME (ms)	_			
PHT (ms)				777
VENA CONTRACTA (mm)				
REGURGITATION		TRJV= m/s		
		PASP= mmHg		
E/A	1.38			
E/E'	7.5			

FINAL IMPRESSION: NORMAL STUDY

- No RWMA
- Normal LV systolic function (LVEF 70 %)
- Good RV systolic function
- · Normal diastolic function
- · All cardiac valves are normal
- · All cardiac chambers are normal
- IAS/IVS intact
- No pericardial effusion/ clot/vegetations

ADVICE: Nil

ECHOCARDIOGRAPHER:

Dr. ANANT MUNDE

DNB, DM (CARDIOLOGY)

INTERVENTIONAL CARDIOLOGIST

Dr. Anant Ramkishanrao Munde MBBS, DNB, DM (Cardiology) Reg. No. 2005021228



CLINICAL DIAGNOSTIC CENTRE COMPLETE PATHOLOGICAL SOLUTION

Name

: Mrs. SARITA YADAV (A)

Collected On

: 10/2/2024 12:13 pm

Lab ID.

: 183332

Received On

. 10/2/2024 12:23 pm

Age/Sex

: 33 Years

Reported On

: 12/2/2024 3:37 pm

Ref By

/ Female : SIDDHIVINAYAK HOSPITAL CGHS /ESIS ,

Report Status

: FINAL

PAP SMEAR REPORT1

	. ,		
TEST NAME	RESULTS	UNIT	REFERENCE RANGE
CYTO NUMBER	F/47/24		
CLINICAL HISTORY	Routine check up		
NO. OF SMEARS RECEIVED	One		
SPECIMEN ADEQUACY	Adequate		
CELL TYPE	Superficial, intermed cells	diate,squamous m	etaplastic and few endocervical
ORGANISM	Absent		
EPITHELIAL CELL ABNORMALITY	Nil		
OTHER NON-NEOPLASTIC FINDINGS	Few neutrophils		
FINAL IMPRESION	Negative for intraep	ithelial lesion or m	alignancy.
NOTE	Cervical cytology is	a screening test ar	nd has associated false negative
	and false positive re	esults. Regular sam	npling and follow up is
	recommended.		
	END C	F REPORT	

Checked By Dr_smita.ranveer

DR. SMITA RANVEER.

M.B.B.S.M.D. Pathology(Mum) Consultant Histocytopathologist

Page 1 of 1

Main Center: 2-3, 'Silver Plaza' E.S.I.S. Hospital Road, Opp. Suryadarshan Tower, Thane (W)-400 604.

***** +91 91363 56284

Collection Center 1:- Dr. Ajay Vijay Singh, Clinic: Shop No. 19, Jupiter 3, Cosmos Regency CHS Ltd. Waghbil Road, G. B. Road, Thane (W)-400 615. Collection Center 2: - Dantazone, Shop No. 6, Wadhawa Elite Platina 19, Kolshet Road, Thane (W) 🖀: +91 91363 56284





: Mrs. SARITA YADAV (A) **Collected On** : 10/2/2024 12:13 pm Name

. 10/2/2024 12:23 pm Lab ID. Received On : 183332

Reported On : 11/2/2024 2:32 pm Age/Sex : 33 Years / Female

Report Status : FINAL : SIDDHIVINAYAK HOSPITAL CGHS /ESIS / Ref By

*LIPID PROFILE

		- 1 1101	
TEST NAME	RESULTS	UNIT	REFERENCE RANGE
TOTAL CHOLESTEROL (CHOLESTEROL OXIDASE,ESTERASE,PEROXIDA SE)	158.0	mg/dL	Desirable blood cholesterol: - <200 mg/dl. Borderline high blood cholesterol: - 200 - 239 mg/dl. High blood cholesterol: - >239 mg/dl.
S.HDL CHOLESTEROL (DIRECT MEASURE - PEG)	36.9	mg/dL	Major risk factor for heart :<30 mg/dl. Negative risk factor for heart disease :>=80 mg/dl.
S. TRIGLYCERIDE (ENZYMATIC, END POINT)	116.6	mg/dL	Desirable level: <161 mg/dl. High:>= 161 - 199 mg/dl. Borderline High: 200 - 499 mg/dl. Very high:>499mg/dl.
VLDL CHOLESTEROL (CALCULATED VALUE)	23	mg/dL	UPTO 40
S.LDL CHOLESTEROL (CALCULATED VALUE)	98	mg/dL	Optimal: <100 mg/dl. Near Optimal: 100 - 129 mg/dl. Borderline High: 130 - 159 mg/dl. High: 160 - 189mg/dl. Very high: >= 190 mg/dl.
LDL CHOL/HDL RATIO (CALCULATED VALUE)	2.66		UPTO 3.5
CHOL/HDL CHOL RATIO (CALCULATED VALUE)	4.28		<5.0

Above reference ranges are as per ADULT TREATMENT PANEL III recommendation by NCEP (May

Result relates to sample tested, Kindly correlate with clinical findings.

Checked By SHAISTA Q

DR. SMITA RANVEER. M.B.B.S.M.D. Pathology(Mum) **Consultant Histocytopathologist**

Page 1 of 12





. 10/2/2024 12:23 pm Lab ID. Received On : 183332

Reported On : 11/2/2024 2:32 pm Age/Sex : 33 Years / Female

Report Status : FINAL : SIDDHIVINAYAK HOSPITAL CGHS /ESIS / Ref By

COMPLETE BLOOD COUNT

TEST NAME	RESULTS	UNIT	REFERENCE RANGE
HEMOGLOBIN	11.0	gm/dl	12.0 - 15.0
HEMATOCRIT (PCV)	35.4	%	36 - 46
RBC COUNT	4.22	x10^6/uL	4.5 - 5.5
MCV	84	fl	80 - 96
MCH	26.1	pg	27 - 33
MCHC	31	g/dl	33 - 36
RDW-CV	14.6	%	11.5 - 14.5
TOTAL LEUCOCYTE COUNT	5300	/cumm	4000 - 11000
DIFFERENTIAL COUNT			
NEUTROPHILS	48	%	40 - 80
LYMPHOCYTES	41	%	20 - 40
EOSINOPHILS	02	%	0 - 6
MONOCYTES	09	%	2 - 10
BASOPHILS	0	%	0 - 1
PLATELET COUNT	160000	/ cumm	150000 - 450000
MPV	14.8	fl	6.5 - 11.5
PDW	16.1	%	9.0 - 17.0
PCT	0.240	%	0.200 - 0.500
RBC MORPHOLOGY	Hypochromia(mild)		
WBC MORPHOLOGY	Normal		
PLATELETS ON SMEAR	Adequate		

Method: EDTA Whole Blood- Tests done on Automated Six Part Cell Counter.RBC and Platelet count by Electric Impedance ,WBC by SF Cube method and Differential by flow cytometry . Hemoglobin by Cyanide free reagent for hemoglobin test (Colorimetric Method). Rest are calculated parameters.

Result relates to sample tested, Kindly correlate with clinical findings.

----- END OF REPORT ------

Checked By

Priyanka_Deshmukh

DR. SMITA RANVEER. M.B.B.S.M.D. Pathology(Mum) **Consultant Histocytopathologist**

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. 10/2/2024 12:23 pm Lab ID. Received On : 183332

Reported On : 11/2/2024 2:32 pm Age/Sex : 33 Years / Female

Report Status : FINAL Ref By : SIDDHIVINAYAK HOSPITAL CGHS /ESIS /

URINE ROUTINE EXAMINATION

TEST NAME	RESULTS	UNIT	REFERENCE RANGE

URINE ROUTINE EXAMINATION

PHYSICAL EXAMINATION

VOLUME 30 ml

COLOUR Pale yellow Pale Yellow

APPEARANCE Clear Clear

CHEMICAL EXAMINATION

REACTION Acidic Acidic

(methyl red and Bromothymol blue indicator)

1.005 - 1.022 SP. GRAVITY 1.010

(Bromothymol blue indicator)

PROTEIN Absent Absent

(Protein error of PH indicator)

BLOOD Absent Absent

(Peroxidase Method)

SUGAR Absent Absent

(GOD/POD)

KETONES Absent Absent

(Acetoacetic acid)

BILE SALT & PIGMENT Absent Absent

(Diazonium Salt)

UROBILINOGEN Normal Normal

(Red azodye)

LEUKOCYTES Absent Absent

(pyrrole amino acid ester diazonium salt)

Negative

(Diazonium compound With tetrahydrobenzo quinolin 3-phenol)

MICROSCOPIC EXAMINATION

RED BLOOD CELLS Absent Absent **PUS CELLS** 0-2 / HPF 0 - 5 **EPITHELIAL** 0-2 / HPF 0 - 5

CASTS Absent

Checked By

SHAISTA Q

DR. SMITA RANVEER. M.B.B.S.M.D. Pathology(Mum) **Consultant Histocytopathologist**

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Name : Mrs. SARITA YADAV (A) **Collected On** : 10/2/2024 12:13 pm

. 10/2/2024 12:23 pm Lab ID. Received On : 183332

: 11/2/2024 2:32 pm Reported On Age/Sex : 33 Years / Female

Report Status : FINAL : SIDDHIVINAYAK HOSPITAL CGHS /ESIS / Ref By

URINE ROUTINE EXAMINATION

TEST NAME	RESULTS	UNIT	REFERENCE RANGE
CRYSTALS	Absent		
BACTERIA	Absent		Absent
YEAST CELLS	Absent		Absent
ANY OTHER FINDINGS	Absent		Absent
REMARK	Result relates to sample	e tested. Kindly cor	relate with clinical findings.

Result relates to sample tested, Kindly correlate with clinical findings.

Checked By SHAISTA Q

DR. SMITA RANVEER. M.B.B.S.M.D. Pathology(Mum) **Consultant Histocytopathologist**

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Lab ID. : 183332

Reported On : 11/2/2024 2:32 pm Age/Sex : 33 Years / Female

Received On

Report Status : FINAL Ref By : SIDDHIVINAYAK HOSPITAL CGHS /ESIS /

. 10/2/2024 12:23 pm

IMMUNO ASSAY

TECT NAME		5.50		UNIT	DEFEDENCE DANCE	
TEST NAME		RESULTS		ONTI	REFERENCE RANGE	
TFT (THYROID	FUNCTION T	<u>EST)</u>				
SPACE				Space	-	
SPECIMEN		Serum				
T3		94.43		ng/dl	84.63 - 201.8	
T4		9.54		μg/dl	5.13 - 14.06	
TSH		2.85		μIU/ml	0.270 - 4.20	
T3 (Triido Thyr	onine)	T4 (Thyroxine	e)	TSH(Th	nyroid stimulating	
hormone)						
AGE	RANGE	AGE	RANGES	AGE	RANGES	
1-30 days	100-740	1-14 Days	11.8-22.6	0-14 D	ays 1.0-39	
1-11 months	105-245	1-2 weeks	9.9-16.6	2 wks -	5 months 1.7-9.1	
1-5 yrs	105-269	1-4 months	7.2-14.4	6 mon	ths-20 yrs 0.7-6.4	
6-10 yrs	94-241	4 -12 months	7.8-16.5	Pregn	ancy	
11-15 yrs	82-213	1-5 yrs	7.3-15.0	1st Tr	imester	
0.1-2.5						
15-20 yrs	80-210	5-10 yrs	6.4-13.3	2nd T	rimester	
0.20-3.0						
		11-15 yrs	5.6-11.7	3rd 7	rimester	
0.30-3.0						

0.30 - 3.0

INTERPRETATION:

TSH stimulates the production and secretion of the metabolically active thyroid hormones, thyroxine (T4) and triiodothyronine (T3), by interacting with a specific receptor on the thyroid cell surface. The synthesis and secretion of TSH is stimulated by Thyrotropin releasing hormone (TRH), in response to low levels of circulating thyroid hormones. Elevated levels of T3 and T4 suppress the production of TSH via a classic negative feedback mechanism. Failure at any level of regulation of the hypothalamic-pituitary-thyroid axis will result in either underproduction (hypothyroidism) or overproduction (hyperthyroidism) of T4 and/or T3.

Result relates to sample tested, Kindly correlate with clinical findings.

Checked By

Priyanka Deshmukh

DR. SMITA RANVEER. M.B.B.S.M.D. Pathology(Mum) **Consultant Histocytopathologist**

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. 10/2/2024 12:23 pm Lab ID. Received On : 183332

Reported On : 11/2/2024 2:32 pm Age/Sex : 33 Years / Female

Report Status : FINAL : SIDDHIVINAYAK HOSPITAL CGHS /ESIS / Ref By

HAEMATOLOGY

UNIT REFERENCE RANGE TEST NAME **RESULTS**

BLOOD GROUP

SPECIMEN WHOLE BLOOD EDTA & SERUM

* ABO GROUP '0'

RH FACTOR **POSITIVE**

Method: Slide Agglutination and Tube Method (Forward grouping & Reverse grouping)

Result relates to sample tested, Kindly correlate with clinical findings.

----- END OF REPORT -----

Checked By SHAISTA Q

DR. SMITA RANVEER. M.B.B.S.M.D. Pathology(Mum) **Consultant Histocytopathologist**

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: Mrs. SARITA YADAV (A) **Collected On** : 10/2/2024 12:13 pm Name

Lab ID. : 183332

Reported On : 11/2/2024 2:32 pm Age/Sex : 33 Years / Female

: SIDDHIVINAYAK HOSPITAL CGHS /ESIS / Ref By

Report Status : FINAL

Received On

. 10/2/2024 12:23 pm

*RENAL FUNCTION TEST

TEST NAME	RESULTS	UNIT	REFERENCE RANGE
BLOOD UREA	25.2	mg/dL	13 - 40
(Urease UV GLDH Kinetic)			
BLOOD UREA NITROGEN	11.78	mg/dL	5 - 20
(Calculated)			
S. CREATININE	0.72	mg/dL	0.6 - 1.4
(Enzymatic)			
S. URIC ACID	4.8	mg/dL	2.6 - 6.0
(Uricase)			
S. SODIUM	138.6	mEq/L	137 - 145
(ISE Direct Method)			
S. POTASSIUM	4.22	mEq/L	3.5 - 5.1
(ISE Direct Method)			
S. CHLORIDE	99.6	mEq/L	98 - 110
(ISE Direct Method)			
S. PHOSPHORUS	4.48	mg/dL	2.5 - 4.5
(Ammonium Molybdate)			
S. CALCIUM	9.7	mg/dL	8.6 - 10.2
(Arsenazo III)			
PROTEIN	7.55	g/dl	6.4 - 8.3
(Biuret)			
S. ALBUMIN	3.92	g/dl	3.2 - 4.6
(BGC)			
S.GLOBULIN	3.63	g/dl	1.9 - 3.5
(Calculated)			
A/G RATIO	1.08		0 - 2
calculated			
NOTE	BIOCHEMISTRY TEST DONE ON FULLY AUTOMATED (EM 200)		

ANALYZER.

Result relates to sample tested, Kindly correlate with clinical findings.

Checked By SHAISTA Q

DR. SMITA RANVEER. M.B.B.S.M.D. Pathology(Mum) **Consultant Histocytopathologist**

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. 10/2/2024 12:23 pm Lab ID. Received On [:] 183332

Reported On : 11/2/2024 2:32 pm Age/Sex : 33 Years / Female

Report Status : FINAL : SIDDHIVINAYAK HOSPITAL CGHS /ESIS / Ref By

Peripheral smear examination

TEST NAME RESULTS

SPECIMEN RECEIVED Whole Blood EDTA

RBC Normocytic Normochromic

WBC Total leucocyte count is normal on smear.

> Neutrophils:48 % Lymphocytes:40 % Monocytes:09 % Eosinophils:03 % Basophils:00 % Adequate on smear. No parasite seen.

Result relates to sample tested, Kindly correlate with clinical findings.

Checked By SHAISTA Q

PLATELET

HEMOPARASITE

DR. SMITA RANVEER. M.B.B.S.M.D. Pathology(Mum) **Consultant Histocytopathologist**

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Name : Mrs. SARITA YADAV (A) **Collected On** : 10/2/2024 12:13 pm

Lab ID. : 183332

Reported On : 11/2/2024 2:32 pm Age/Sex : 33 Years / Female

: SIDDHIVINAYAK HOSPITAL CGHS /ESIS / Ref By

Report Status : FINAL

Received On

. 10/2/2024 12:23 pm

LIVER FUNCTION TEST

TEST NAME	RESULTS	UNIT	REFERENCE RANGE	
TOTAL BILLIRUBIN	0.37	mg/dL	0.0 - 2.0	
(Method-Diazo)				
DIRECT BILLIRUBIN	0.17	mg/dL	0.0 - 0.4	
(Method-Diazo)				
INDIRECT BILLIRUBIN	0.20	mg/dL	0 - 0.8	
Calculated				
SGOT(AST)	19.9	U/L	0 - 37	
(UV without PSP)				
SGPT(ALT)	13.8	U/L	UP to 40	
UV Kinetic Without PLP (P-L-P)				
ALKALINE PHOSPHATASE	72.0	U/L	42 - 98	
(Method-ALP-AMP)				
S. PROTIEN	7.55	g/dl	6.4 - 8.3	
(Method-Biuret)				
S. ALBUMIN	3.92	g/dl	3.5 - 5.2	
(Method-BCG)				
S. GLOBULIN	3.63	g/dl	1.90 - 3.50	
Calculated				
A/G RATIO	1.08		0 - 2	
Calculated				

Result relates to sample tested, Kindly correlate with clinical findings.

Checked By SHAISTA Q

DR. SMITA RANVEER. M.B.B.S.M.D. Pathology(Mum) **Consultant Histocytopathologist**

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Name : Mrs. SARITA YADAV (A) **Collected On** : 10/2/2024 12:13 pm

Lab ID. : 183332

. 10/2/2024 12:23 pm Received On

Ref By

Reported On : 11/2/2024 2:32 pm

Age/Sex : 33 Years / Female : SIDDHIVINAYAK HOSPITAL CGHS /ESIS /

Report Status : FINAL

HA	EM	ATC)LO	GY
----	-----------	-----	-----	----

TEST NAME	RESULTS	UNIT	REFERENCE RANGE
<u>ESR</u>			
ESR	42	mm/1hr.	0 - 20

METHOD - WESTERGREN

Result relates to sample tested, Kindly correlate with clinical findings.

Checked By

Priyanka_Deshmukh

DR. SMITA RANVEER. M.B.B.S.M.D. Pathology(Mum) **Consultant Histocytopathologist**

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. 10/2/2024 12:23 pm Lab ID. Received On : 183332

Reported On : 11/2/2024 2:32 pm Age/Sex : 33 Years / Female

Report Status : FINAL : SIDDHIVINAYAK HOSPITAL CGHS /ESIS / Ref By

BIOCHEMISTRY

TEST NAME	RESULTS	UNIT	REFERENCE RANGE	
GLYCOCELATED HEMOGLOBIN (HBA1C)				
HBA1C (GLYCOSALATED HAEMOGLOBIN)	5.5	%	Hb A1c > 8 Action suggested < 7 Goal < 6 Non - diabetic level	
AVERAGE BLOOD GLUCOSE (A. B. G.)	111.2	mg/dL	65.1 - 136.3	

METHOD Particle Enhanced Immunoturbidimetry

HbA1c: Glycosylated hemoglobin concentration is dependent on the average blood glucose concentration which is formed progressively and irreversibly over a period of time and is stable till the life of the RBC/erythrocytes. Average Blood Glucose (A.B.G) is calculated value from HbA1c: Glycosylated hemoglobin concentration in whole Blood. It indicates average blood sugar level over past three months.

BLOOD GLUCOSE FASTING & PP

BLOOD GLUCOSE FASTING	82.4	mg/dL	70 - 110
BLOOD GLUCOSE PP	85.8	mg/dL	70 - 140

Method (GOD-POD). DONE ON FULLY AUTOMATED ANALYSER (EM200).

- 1. Fasting is required (Except for water) for 8-10 hours before collection for fasting speciman. Last dinner should consist of bland diet.
- 2. Don't take insulin or oral hypoglycemic agent until after fasting blood sample has been drawn

Checked By SHAISTA Q

DR. SMITA RANVEER. M.B.B.S.M.D. Pathology(Mum) **Consultant Histocytopathologist**

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. 10/2/2024 12:23 pm Lab ID. Received On : 183332

Reported On : 11/2/2024 2:32 pm Age/Sex : 33 Years / Female

Report Status : FINAL Ref By : SIDDHIVINAYAK HOSPITAL CGHS /ESIS /

BIOCHEMISTRY

UNIT REFERENCE RANGE TEST NAME **RESULTS**

INTERPRETATION

- Normal glucose tolerance : 70-110 mg/dl

- Impaired Fasting glucose (IFG) : 110-125 mg/dl

- Diabetes mellitus : >=126 mg/dl

POSTPRANDIAL/POST GLUCOSE (75 grams)

- Normal glucose tolerance : 70-139 mg/dl - Impaired glucose tolerance: 140-199 mg/dl

- Diabetes mellitus : >=200 mg/dl

CRITERIA FOR DIAGNOSIS OF DIABETES MELLITUS

- Fasting plasma glucose >=126 mg/dl
- Classical symptoms +Random plasma glucose >=200 mg/dl
- Plasma glucose >=200 mg/dl (2 hrs after 75 grams of glucose)
- Glycosylated haemoglobin > 6.5%

***Any positive criteria should be tested on subsequent day with same or other criteria. **GAMMA GT** 19.1 5 - 55

Result relates to sample tested, Kindly correlate with clinical findings.

Checked By SHAISTA Q

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