

Patient Name : Ms.RICHA SAROJ	Visit No : CHA250035300
Age/Gender : 27 Y/F	Registration ON : 27/Feb/2025 10:57AM
Lab No : 10132596	Sample Collected ON : 27/Feb/2025 11:02AM
Referred By : Dr.SANJAY ARORA	Sample Received ON : 27/Feb/2025 11:02AM
Refer Lab/Hosp : CHARAK NA	Report Generated ON : 27/Feb/2025 02:20PM
Doctor Advice : URINE COM. EXMAMINATION,LIPID-PROFILE,CHEST PA,ECG,USG WHOLE ABDOMEN,HBA1C (EDTA),PP,FASTING,SGOT,SGPT,CREATININE,ESR,CBC (WHOLE BLOOD)	



Test Name	Result	Unit	Bio. Ref. Range	Method
ESR				
Erythrocyte Sedimentation Rate ESR	14.00		0 - 15	Westergreen

Note:

1. Test conducted on EDTA whole blood at 37°C.
2. ESR readings are auto- corrected with respect to Hematocrit (PCV) values.
3. It indicates presence and intensity of an inflammatory process. It is a prognostic test and used to monitor the course or response to treatment of diseases like tuberculosis, acute rheumatic fever. It is also increased in multiple myeloma, hypothyroidism.

HBA1C				
Glycosylated Hemoglobin (HbA1c)	5.0	%	4 - 5.7	HPLC (EDTA)

NOTE:-

Glycosylated Hemoglobin Test (HbA1c)is performed in this laboratoryby the Gold Standard Reference method,ie:HPLC Technology(High performance Liquid Chromatography D10) from Bio-Rad Laboratories.USA.

EXPECTED (RESULT) RANGE :

Bio system	Degree of normal
4.0 - 5.7 %	Normal Value (OR) Non Diabetic
5.8 - 6.4 %	Pre Diabetic Stage
> 6.5 %	Diabetic (or) Diabetic stage
6.5 - 7.0 %	Well Controlled Diabet
7.1 - 8.0 %	Unsatisfactory Control
> 8.0 %	Poor Control and needs treatment



[Checked By]

Print.Date/Time: 27-02-2025 15:03:07

*Patient Identity Has Not Been Verified. Not For Medicolegal

Sharma

DR. NISHANT SHARMA DR. SHADAB Dr. SYED SAIF AHMAD
PATHOLOGIST PATHOLOGIST MD (MICROBIOLOGY)

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LIPID-PROFILE

Cholesterol/HDL Ratio	3.18	Ratio		Calculated
LDL / HDL RATIO	1.93	Ratio		Calculated

Desirable / low risk - 0.5 -3.0
Low/ Moderate risk - 3.0-6.0
Elevated / High risk - >6.0
Desirable / low risk - 0.5 -3.0
Low/ Moderate risk - 3.0-6.0
Elevated / High risk - > 6.0

URINE EXAMINATION REPORT

Colour-U	YELLOW		Light Yellow	
Appearance (Urine)	CLEAR		Clear	
Specific Gravity	1.005		1.005 - 1.025	
pH-Urine	Alkaline (7.5)		4.5 - 8.0	
PROTEIN	10 mg/dl	mg/dl	ABSENT	Dipstick
Glucose	Absent			
Ketones	Absent		Absent	
Bilirubin-U	Absent		Absent	
Blood-U	PRESENT		Absent	
Urobilinogen-U	0.20	EU/dL	0.2 - 1.0	
Leukocytes-U	Absent		Absent	
NITRITE	Absent		Absent	

MICROSCOPIC EXAMINATION

Pus cells / hpf	Nil	/hpf	< 5/hpf
Epithelial Cells	Nil	/hpf	0 - 5
RBC / hpf	Occasional		< 3/hpf

Comments

Triple phosphate crystals- PRESENT

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Referred By : Dr.SANJAY ARORA	Sample Received ON : 27/Feb/2025 11:10AM
Refer Lab/Hosp : CHARAK NA	Report Generated ON : 27/Feb/2025 12:59PM
Doctor Advice : URINE COM. EXMAMINATION,LIPID-PROFILE,CHEST PA,ECG,USG WHOLE ABDOMEN,HBA1C (EDTA),PP,FASTING,SGOT,SGPT,CREATININE,ESR,CBC (WHOLE BLOOD)	



Test Name	Result	Unit	Bio. Ref. Range	Method
CBC (COMPLETE BLOOD COUNT)				
Hb	12.8	g/dl	12 - 15	Non Cyanide
R.B.C. COUNT	4.40	mil/cmm	3.8 - 4.8	Electrical Impedence
PCV	41.1	%	36 - 45	Pulse hieght detection
MCV	94.3	fL	80 - 96	calculated
MCH	29.4	pg	27 - 33	Calculated
MCHC	31.1	g/dL	30 - 36	Calculated
RDW	13.2	%	11 - 15	RBC histogram derivation
RETIC	0.8 %	%	0.5 - 2.5	Microscopy
TOTAL LEUCOCYTES COUNT	6540	/cmm	4000 - 10000	Flocytometry
DIFFERENTIAL LEUCOCYTE COUNT				
NEUTROPHIL	64	%	40 - 75	Flowcytometry
LYMPHOCYTES	29	%	25 - 45	Flowcytometry
EOSINOPHIL	4	%	1 - 6	Flowcytometry
MONOCYTE	3	%	2 - 10	Flowcytometry
BASOPHIL	0	%	00 - 01	Flowcytometry
PLATELET COUNT	193,000	/cmm	150000 - 450000	Elect Imped..
PLATELET COUNT (MANUAL)	193000	/cmm	150000 - 450000	Microscopy .
Absolute Neutrophils Count	4,186	/cmm	2000 - 7000	Calculated
Absolute Lymphocytes Count	1,897	/cmm	1000-3000	Calculated
Absolute Eosinophils Count	262	/cmm	20-500	Calculated
Absolute Monocytes Count	196	/cmm	200-1000	Calculated
Mentzer Index	21			
Peripheral Blood Picture	:			

Red blood cells are normocytic normochromic. Platelets are adequate. No immature cells or parasite seen.



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Lab No : 10132596 Sample Collected ON : 27/Feb/2025 11:02AM
Referred By : Dr.SANJAY ARORA Sample Received ON : 27/Feb/2025 11:18AM
Refer Lab/Hosp : CHARAK NA Report Generated ON : 27/Feb/2025 12:13PM
Doctor Advice : URINE COM. EXMAMINATION,LIPID-PROFILE,CHEST PA,ECG,USG WHOLE ABDOMEN,HBA1C
(EDTA),PP,FASTING,SGOT,SGPT,CREATININE,ESR,CBC (WHOLE BLOOD)



Test Name	Result	Unit	Bio. Ref. Range	Method
FASTING				
Blood Sugar Fasting	90.7	mg/dl	70 - 110	Hexokinase
PP				
Blood Sugar PP	120.0	mg/dl	up to - 170	Hexokinase
SERUM CREATININE				
CREATININE	0.60	mg/dl	0.50 - 1.40	Alkaline picrate-kinetic
SGPT				
SGPT	23.0	U/L	5 - 40	UV without P5P
SGOT				
SGOT	22.0	U/L	5 - 40	UV without P5P
LIPID-PROFILE				
TOTAL CHOLESTEROL	163.90	mg/dL	Desirable: <200 mg/dl Borderline-high: 200-239 mg/dl High: >=240 mg/dl	CHOD-PAP
TRIGLYCERIDES	62.40	mg/dL	Normal: <150 mg/dl Borderline-high:150 - 199 mg/dl High: 200 - 499 mg/dl Very high:>=500 mg/dl	Serum, Enzymatic, endpoint
H D L CHOLESTEROL	51.60	mg/dL	30-70 mg/dl	CHER-CHOD-PAP
L D L CHOLESTEROL	99.82	mg/dL	Optimal:<100 mg/dl Near Optimal:100 - 129 mg/dl Borderline High: 130 - 159 mg/dl High: 160 - 189 mg/dl Very High:>= 190 mg/dl	CO-PAP
VLDL	12.48	mg/dL	10 - 40	Calculated

*** End Of Report ***



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ECG -REPORT

RATE : 86 bpm

* RHYTHM : Normal

* P wave : Normal

* PR interval : Normal

* QRS Axis : Normal

Duration : Normal

Configuration : Normal

* ST-T Changes : None

* QT interval :

* QTc interval : Sec.

* Other :

OPINION: ECG WITH IN NORMAL LIMITS
(FINDING TO BE CORRELATED CLINICALLY)

[DR. PANKAJ RASTOGI, MD, DM]



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ULTRASOUND STUDY OF WHOLE ABDOMEN

Compromised assessment due to bowel gaseous abdomen

- **Liver** is normal in size, and shows homogenous echotexture of liver parenchyma. No intrahepatic biliary radicle dilatation is seen. No space occupying lesion is seen. Hepatic veins and IVC are seen normally.
- **Gall bladder** neck of gall bladder is obscured by bowel gases. Rest of gall bladder shows anechoic lumen. No calculus/mass lesion is seen. GB walls are not thickened.
- **CBD** is normal at porta. No obstructive lesion is seen.
- **Portal vein** Portal vein is normal at porta.
- **Pancreas** is *bscured by bowel gases*.
- **Spleen** is normal in size and shows homogenous echotexture of parenchyma. No SOL is seen.
- No ascites is seen.
- **Both kidneys** are normal in size and position. No hydronephrosis is seen. No calculus or mass lesion is seen. Cortico-medullary differentiation is well maintained. Parenchymal thickness is normal. No scarring is seen. Right kidney measures 105 x 46 mm in size. Left kidney measures 105 x 48 mm in size.
- **Urinary bladder** is normal in contour with anechoic lumen. No calculus or mass lesion is seen. UB walls are not thickened.
- **Uterus** is minimally distended. *Pre void urine volume approx 19cc (patient is unable to hold urine for full bladder, on perstient request).*

OPINION:

- **NO SIGNIFICANT ABNORMALITY DETECTED IN VISUALIZED ORGANS.**
Clinical correlation is necessary.

(DR. JAYENDRA KUMAR, MD)



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Refer Lab/Hosp	: CHARAK NA	Report Generated ON	: 27/Feb/2025 01:08PM

SKIAGRAM CHEST PA VIEW

- Rotation + .
- Both lung fields are clear.
- Bilateral hilar shadows are normal.
- Cardiac shadow is within normal limits.
- Both CP angles are clear.
- Soft tissue and bony cage are seen normally.
- Both domes of diaphragm are sharply defined.

IMPRESSION:

- **NO ACTIVE LUNG PARENCHYMAL LESION IS DISCERNIBLE.**

Clinical correlation is necessary.

[DR. RAJESH KUMAR SHARMA, MD]

transcribed by: anup

*** End Of Report ***

