Charak dhar DIAGNOSTICS Pvt. Ltd.

292/05, Tulsidas Marg, Basement Chowk, Lucknow-226 003
Phone : 0522-4062223, 9305548277, 8400888844
9415577933, 9336154100, **Tollfree No.**: 8688360360
E-mail : charak1984@gmail.com
CMO Reg. No. RMEE 2445133
NABL Reg. No. MC-2491
Certificate No. MIS-2023-0218

Patient Name	: Ms. SADHAVI SAVITRI BAI FOOLE	Visit No	: CHA250035467
Age/Gender	: 44 Y 0 M 0 D /F	Registration ON	: 27/Feb/2025 01:03PM
Lab No	**: 10132763**	Sample Collected ON	: 27/Feb/2025 01:11PM
Referred By	: Dr.ANUPAM SINHA **	Sample Received ON	: 27/Feb/2025 01:35PM
Refer Lab/Hosp	: CGHS (BILLING)	Report Generated ON	: 27/Feb/2025 03:49PM
Doctor Advice	: BOTH KNEE AP LAT,USG WHOLE ABDOMEN,USG BREAST,VIT B12,T3T4TSH,25 OH vit. D,URIC ACID,LIPID-PROFILE,KIDNEY FUNCTION TEST - I,LFT,HBA1C (EDTA),RANDOM,CBC+ESR		

PR.

Test Name	Result	Unit	Bio. Ref. Range	Method
CBC+ESR (COMPLETE BLOOD COUNT)				
Erythrocyte Sedimentation Rate ESR	**18.00**		0 - 15	Westergreen

[Checked By]

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DR. NISHANT SHARMA PATHOLOGIST
DR. SHADAB PATHOLOGIST
DR. ADITI D AGARWAL PATHOLOGIST

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PR.

Test Name	Result	Unit	Bio. Ref. Range	Method
HBA1C				
Glycosylated Hemoglobin (HbA1c)	5.6	%	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

URIC ACID				
Sample Type : SERUM				
SERUM URIC ACID	**5.9**	mg/dL	2.40 - 5.70	Uricase,Colorimetric

LIPID-PROFILE				
Cholesterol/HDL Ratio	4.56	Ratio		Calculated
LDL / HDL RATIO	2.63	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	

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Dr. SYED SAIF AHMAD MD (MICROBIOLOGY)

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Test Name	Result	Unit	Bio. Ref. Range	Method
25 OH vit. D				
25 Hydroxy Vitamin D	12.16	ng/ml		ECLIA

Deficiency < 10
Insufficiency 10 - 30
Sufficiency 30 - 100
Toxicity > 100

DONE BY: ELECTROCHEMILUMINESCENCE IMMUNOASSAY(Cobas e 411,Unicel DxI600,vitros ECI)

VITAMIN B12				
VITAMIN B12	**148.0**	pg/mL		CLIA

180 - 814 Normal
145 - 180 Intermediate
145.0 Deficient pg/ml

Summary :-

Nutritional & macrocytic anemias can be caused by a deficiency of vitamin B12. This deficiency can result from diets devoid of meat & bacterial products, from alcoholism or from structural / functional damage to digestive or absorpative processes. Malabsorption is the major cause of this deficiency.

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PR.

Test Name	Result	Unit	Bio. Ref. Range	Method
CBC+ESR (COMPLETE BLOOD COUNT)				
Hb	**11.8**	g/dl	12 - 15	Non Cyanide
R.B.C. COUNT	4.10	mil/cmm	3.8 - 4.8	Electrical Impedence
PCV	37.4	%	36 - 45	Pulse hieght detection
MCV	92.1	fL	80 - 96	calculated
MCH	29.1	pg	27 - 33	Calculated
MCHC	31.6	g/dL	30 - 36	Calculated
RDW	**15.1**	%	11 - 15	RBC histogram derivation
RETIC	0.6 %	%	0.5 - 2.5	Microscopy
TOTAL LEUCOCYTES COUNT	8830	/cmm	4000 - 10000	Flocytrometry
DIFFERENTIAL LEUCOCYTE COUNT				
NEUTROPHIL	68	%	40 - 75	Flowcytrometry
LYMPHOCYTE	24	%	20-40	Flowcytrometry
EOSINOPHIL	5	%	1 - 6	Flowcytrometry
MONOCYTE	3	%	2 - 10	Flowcytrometry
BASOPHIL	**0**	%	00 - 01	Flowcytrometry
PLATELET COUNT	227,000	/cmm	150000 - 450000	Elect Imped..
PLATELET COUNT (MANUAL)	227000	/cmm	150000 - 450000	Microscopy .
Mentzer Index	22			
Peripheral Blood Picture	:			

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

MC-2491

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PR.

Test Name	Result	Unit	Bio. Ref. Range	Method
BLOOD SUGAR RANDOM				
BLOOD SUGAR RANDOM	96.7	mg/dl	70 - 170	Hexokinase
LIVER FUNCTION TEST				
TOTAL BILIRUBIN	0.55	mg/dl	0.4 - 1.1	Diazonium Ion
CONJUGATED (D. Bilirubin)	0.14	mg/dL	0.00-0.30	Diazotization
UNCONJUGATED (I.D. Bilirubin)	0.41	mg/dL	0.1 - 1.0	Calculated
ALK PHOS	105.00	U/L	30 - 120	PNPP, AMP Buffer
SGPT	24.7	U/L	5 - 40	UV without P5P
SGOT	21.7	U/L	5 - 40	UV without P5P
LIPID-PROFILE				
TOTAL CHOLESTEROL	199.00	mg/dL	Desirable: <200 mg/dl Borderline-high: 200-239 mg/dl High:>/=240 mg/dl	CHOD-PAP
TRIGLYCERIDES	**204.00**	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	43.60	mg/dL	30-70 mg/dl	CHER-CHOD-PAP
L D L CHOLESTEROL	**114.60**	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	**40.80**	mg/dL	10 - 40	Calculated

MC-2491

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Test Name	Result	Unit	Bio. Ref. Range	Method
KIDNEY FUNCTION TEST - I				
Sample Type : SERUM				
BLOOD UREA	19.30	mg/dl	15 - 45	Urease, UV, Serum
CREATININE	0.60	mg/dl	0.50 - 1.40	Alkaline picrate-kinetic
SODIUM Serum	139.0	MEq/L	135 - 155	ISE Direct
POTASSIUM Serum	3.9	MEq/L	3.5 - 5.5	ISE Direct

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PR.

Test Name	Result	Unit	Bio. Ref. Range	Method
T3T4TSH				
T3	1.77	nmol/L	1.49-2.96	ECLIA
T4	92.30	n mol/l	63 - 177	ECLIA
TSH	**6.20**	ulU/ml	0.47 - 4.52	ECLIA

Note

(1) Patients having low T3 & T4 levels but high TSH levels suffer from primary hypothyroidism,cretinism,juvenile mysedema or autoimmune disorders.

(2) Patients having low T3 & T4 levels but high TSH levels suffer from grave~s disease, toxic adenoma or sub-acute thyroiditis.

(3) Patients having either low or normal T3 & T4 levels but low TSH values suffer from iodine deficiency or secondary hypothyroidism.

(4) Patients having high T3 & T4 levels but normal TSH levels may suffer from toxic multinodular goitre. This condition is mostly asymptomatic and may cause transient hyperthyroidism but no persistent symptoms.

(5) Patient with high or normal T3 & T4 levels and low or normal TSH levels suffer either from T3 toxicosis or T4 Toxicosis respectively.

(6) In patients with non thyroidal illness abnormal test results are not necessarily indicative of thyroidism but may be due to adaptation to the cacabolic state and may revert tonormal when the patient recovers.

(7) There are many drugs for eg.Glucocorticoids ,dopamine,Lithium,iodides ,oral radiographic dyes,ets.Which may affect the thyroid function tests.

(8) Generally when total T3& T4 results are indecisive then Free T3 & Free T4 test are recommended for further confirmation along with

(1 Beckman DxI-600 2. ELECTRO-CHEMILUMINISCENCE TECHINIQUE BY ELECSYSYS -E411)

***** End Of Report *****

MC-2491

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PR.

HIGH RESOLUTION ULTRASOUND STUDY OF BOTH BREASTS
Study performed with 10.0MHz high frequency linear probe.

- **Right breast** The breast architecture on right side shows homogeneous echotexture of parenchyma. Normal nipple areola complex is seen. No well formed space occupying lesion is seen.
- **Left breast** The breast architecture on left side shows homogeneous echotexture of parenchyma. Normal nipple areola complex is seen. No well formed space occupying lesion is seen.
- No abnormal calcification is identified in either breast.
- Subareolar region appears normal. No abnormal ductal dilatation is seen.
- Axillary tail is normal. No obvious axillary lymphadenopathy is seen.

IMPRESSION:

- **BILATERAL BREAST: NORMAL (BIRADS I CATEGORY).**

Clinical correlation is necessary.

DR. NISMA WAHEED
MD, RADIODIAGNOSIS

Transcribed By: Gausiya

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ULTRASOUND STUDY OF WHOLE ABDOMEN

Compromised assessment due to excessive bowel gases.

- **Liver is mildly enlarged in size, and shows increased 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** *is partially distended (post prandial), however visualized parts appear normal.*
- **CBD** is normal at porta. No obstructive lesion is seen.
- **Portal vein** Portal vein is normal at porta.
- **Pancreas** is normal in size and shows homogenous echotexture of parenchyma. PD is not dilated. No parenchymal calcification is seen. No peripancreatic collection is seen.
- **Spleen** is normal in size and shows homogenous echotexture of parenchyma. No SOL is seen.
- No retroperitoneal adenopathy is seen. No ascites is seen.
- **Both kidneys** are normal in size and position. No hydronephrosis is seen. **Left kidney shows a concretion measuring 2.2mm at mid pole.** No mass lesion is seen. Cortico-medullary differentiation is well maintained. Parenchymal thickness is normal. No scarring is seen. Right kidney measures 90 x 39 mm in size. Left kidney measures 100 x 46 mm in size.
- **Ureters** Both ureters are not dilated. UVJ are seen normally.
- **Urinary bladder** is normal in contour with anechoic lumen. No calculus or mass lesion is seen. UB walls are not thickened.
- **Uterus** is normal in size, measures 78 x 45 x 40 mm and **shows well defined hypoechoic lesion measuring 11 x 8mm in posterior wall**. Endometrial thickness measures 5.0 mm. No endometrial collection is seen. No mass lesion is seen.
- **Cervix shows nabothian cyst measuring 9 x 9mm.**
- **Both ovaries** are normal in size and echotexture.
- No adnexal mass lesion is seen.
- No free fluid is seen in Cul-de-Sac.

OPINION:

- **MILD HEPATOMEGALY WITH FATTY INFILTRATION OF LIVER GRADE-I.**
- **LEFT RENAL CONCRETION.**
- **LEIOMYOMA IN POSTERIOR WALL.**
- **NABOTHIAN CYST IN CERVIX.**

Clinical correlation is necessary.

[DR. R.K. SINGH, MD]

Transcribed By: Purvi

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PR.

SKIAGRAM BOTH KNEE AP AND LATERAL

- Articular surfaces show early osteophytosis.
- Joint spaces are maintained.
- Tibial spines are prominent.

IMPRESSION:

- **EARLY OSTEOARTHRITIC CHANGES BOTH KNEE JOINT.**

Clinical correlation is necessary.

[DR. RAJESH KUMAR SHARMA, MD]

TRANSCRIBED BY: ANUP

***** End Of Report *****