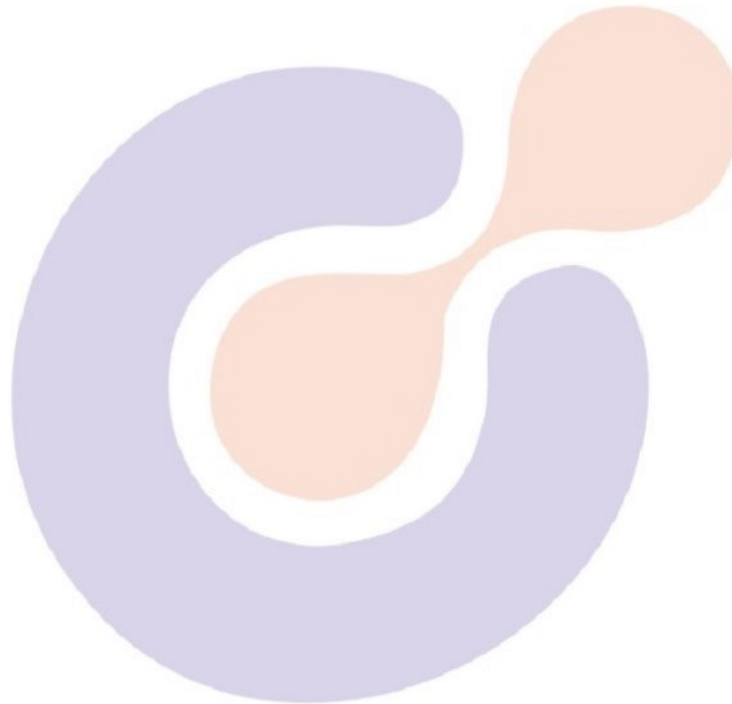


Patient Name : Ms.SUBHAWATI DEVI	Visit No : CHA250039521
Age/Gender : 64 Y/F	Registration ON : 05/Mar/2025 10:14AM
<b>Lab No : 10136816</b>	Sample Collected ON : 05/Mar/2025 10:15AM
Referred By : Dr.NIRUPAM PRAKASH	Sample Received ON : 05/Mar/2025 10:41AM
Refer Lab/Hosp : CGHS (BILLING)	Report Generated ON : 05/Mar/2025 11:47AM
Doctor Advice : LIPID-PROFILE,HBA1C (EDTA),URIC ACID,USG WHOLE ABDOMEN,LFT,KIDNEY FUNCTION TEST - I,CBC+ESR,T3T4TSH	



Test Name	Result	Unit	Bio. Ref. Range	Method
<b>CBC+ESR (COMPLETE BLOOD COUNT)</b>				
Erythrocyte Sedimentation Rate ESR	<b>36.00</b>		0 - 20	Westergreen



**CHARAK**

[Checked By]

Print.Date/Time: 05-03-2025 15:20:21

\*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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Test Name	Result	Unit	Bio. Ref. Range	Method
<b>HBA1C</b>				
Glycosylated Hemoglobin (HbA1c)	<b>7.0</b>	%	4 - 5.7	HPLC (EDTA)

**NOTE:-**

Glycosylated Hemoglobin Test (HbA1c) is performed in this laboratory by 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	4.9	mg/dL	2.40 - 5.70	Uricase, Colorimetric
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**LIPID-PROFILE**

Cholesterol/HDL Ratio	3.29	Ratio	Calculated
LDL / HDL RATIO	1.98	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



[Checked By]

Print.Date/Time: 05-03-2025 15:20:23

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Test Name	Result	Unit	Bio. Ref. Range	Method
<b>CBC+ESR (COMPLETE BLOOD COUNT)</b>				
Hb	11.5	g/dl	12 - 15	Non Cyanide
R.B.C. COUNT	4.20	mil/cmm	3.8 - 4.8	Electrical Impedence
PCV	36.8	%	36 - 45	Pulse height detection
MCV	87.0	fL	80 - 96	calculated
MCH	27.2	pg	27 - 33	Calculated
MCHC	31.3	g/dL	30 - 36	Calculated
RDW	14.5	%	11 - 15	RBC histogram derivation
RETIC	0.7 %	%	0.5 - 2.5	Microscopy
TOTAL LEUCOCYTES COUNT	7730	/cmm	4000 - 10000	Flocytometry
<b>DIFFERENTIAL LEUCOCYTE COUNT</b>				
NEUTROPHIL	69	%	40 - 75	Flowcytometry
LYMPHOCYTE	26	%	20-40	Flowcytometry
EOSINOPHIL	2	%	1 - 6	Flowcytometry
MONOCYTE	3	%	2 - 10	Flowcytometry
BASOPHIL	0	%	00 - 01	Flowcytometry
PLATELET COUNT	237,000	/cmm	150000 - 450000	Elect Imped..
PLATELET COUNT (MANUAL)	237000	/cmm	150000 - 450000	Microscopy .
Mentzer Index	21			
Peripheral Blood Picture	:			

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



[Checked By]



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Test Name	Result	Unit	Bio. Ref. Range	Method
<b>LIVER FUNCTION TEST</b>				
TOTAL BILIRUBIN	0.80	mg/dl	0.4 - 1.1	Diazonium Ion
CONJUGATED ( D. Bilirubin)	0.15	mg/dL	0.00-0.30	Diazotization
UNCONJUGATED ( I.D. Bilirubin)	0.65	mg/dL	0.1 - 1.0	Calculated
ALK PHOS	68.40	U/L	30 - 120	PNPP, AMP Buffer
SGPT	35.0	U/L	5 - 40	UV without P5P
SGOT	30.0	U/L	5 - 40	UV without P5P
<b>LIPID-PROFILE</b>				
TOTAL CHOLESTEROL	<b>208.30</b>	mg/dL	Desirable: <200 mg/dl Borderline-high: 200-239 mg/dl High:>/=240 mg/dl	CHOD-PAP
TRIGLYCERIDES	97.70	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	63.40	mg/dL	30-70 mg/dl	CHER-CHOD-PAP
L D L CHOLESTEROL	<b>125.36</b>	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	19.54	mg/dL	10 - 40	Calculated

**KIDNEY FUNCTION TEST - I**

Sample Type : SERUM

BLOOD UREA	16.20	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	4.3	MEq/L	3.5 - 5.5	ISE Direct



[Checked By]



*Sham*

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Test Name	Result	Unit	Bio. Ref. Range	Method
<b>T3T4TSH</b>				
T3	1.85	nmol/L	1.49-2.96	ECLIA
T4	138.24	n mol/l	63 - 177	ECLIA
TSH	2.29	uIU/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 \*\*\*

CHARAK



[Checked By]



*Sham*

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PATHOLOGIST PATHOLOGIST MD (MICROBIOLOGY)

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Referred By	: Dr.NIRUPAM PRAKASH	Sample Received ON	:
Refer Lab/Hosp	: CGHS (BILLING)	Report Generated ON	: 05/Mar/2025 11:03AM

## **ULTRASOUND STUDY OF WHOLE ABDOMEN**

- **Liver** is mildly enlarged in size (~ 159 mm), 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 normal in size and 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 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. Tiny concretion measures ~ 1.8 mm is seen in mid pole of left kidney. No mass lesion is seen. Cortico-medullary differentiation is well maintained. Parenchymal thickness is normal. No scarring is seen. Right kidney measures 98 x 40 mm in size. Left kidney measures 98 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 not visualized -- post operative.
- Post void residual urine volume – Nil.

### **OPINION:**

- **Mild hepatomegaly with fatty infiltration of liver grade-I.**
- **Tiny left renal concretion.**

**(Possibility of acid peptic disease could not be ruled out).**

**Clinical correlation is necessary.**

**[DR. R. K. SINGH, MD]**

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

