

Patient Name : Ms.MEENA SRIVASTAVA	Visit No : CHA250040264
Age/Gender : 61 Y/F	Registration ON : 06/Mar/2025 09: 37AM
<b>Lab No : 10137559</b>	Sample Collected ON : 06/Mar/2025 09: 39AM
Referred By : Dr.ROHAN BAJPAI	Sample Received ON : 06/Mar/2025 09: 55AM
Refer Lab/Hosp : CGHS (BILLING)	Report Generated ON : 06/Mar/2025 11: 30AM
Doctor Advice : USG WHOLE ABDOMEN, URINE COM. EXMAMINATION, T3T4TSH, CBC+ESR, KIDNEY FUNCTION TEST - LHBA1C (EDTA), LFT, LIPID-PROFILE, PP, FASTING	



Test Name	Result	Unit	Bio. Ref. Range	Method
<b>CBC+ESR (COMPLETE BLOOD COUNT)</b>				
Erythrocyte Sedimentation Rate ESR	<b>38.00</b>		0 - 20	Westergreen



**CHARAK**

[Checked By]

Print.Date/Time: 06-03-2025 14:10:19

\*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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Refer Lab/Hosp : CGHS (BILLING)	Report Generated ON : 06/Mar/2025 01: 36PM
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Test Name	Result	Unit	Bio. Ref. Range	Method
<b>HBA1C</b>				
Glycosylated Hemoglobin (HbA1c )	7.7	%	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

**LIPID-PROFILE**

Cholesterol/HDL Ratio	3.72	Ratio	Calculated
LDL / HDL RATIO	1.70	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: 06-03-2025 14:10:23

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Test Name	Result	Unit	Bio. Ref. Range	Method
<b>URINE EXAMINATION REPORT</b>				
Colour-U	Light yellow		Light Yellow	
Appearance (Urine)	CLEAR		Clear	
Specific Gravity	<b>1.015</b>		1.005 - 1.025	
pH-Urine	Acidic (6.0)		4.5 - 8.0	
PROTEIN	10 mg/dl	mg/dl	ABSENT	Dipstick
Glucose	0.5 gm/dl			
Ketones	Absent		Absent	
Bilirubin-U	Absent		Absent	
Blood-U	Absent		Absent	
Urobilinogen-U	0.20	EU/dL	0.2 - 1.0	
Leukocytes-U	Absent		Absent	
NITRITE	Absent		Absent	
<b>MICROSCOPIC EXAMINATION</b>				
Pus cells / hpf	5-6	/hpf	< 5/hpf	
Epithelial Cells	1-2	/hpf	0 - 5	
RBC / hpf	Nil		< 3/hpf	

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Test Name	Result	Unit	Bio. Ref. Range	Method
<b>CBC+ESR (COMPLETE BLOOD COUNT)</b>				
Hb	<b>10.1</b>	g/dl	12 - 15	Non Cyanide
R.B.C. COUNT	<b>3.40</b>	mil/cmm	3.8 - 4.8	Electrical Impedence
PCV	<b>32.6</b>	%	36 - 45	Pulse hieght detection
MCV	95.6	fL	80 - 96	calculated
MCH	29.6	pg	27 - 33	Calculated
MCHC	31	g/dL	30 - 36	Calculated
RDW	<b>17.8</b>	%	11 - 15	RBC histogram derivation
RETIC	1.5 %	%	0.5 - 2.5	Microscopy
TOTAL LEUCOCYTES COUNT	<b>18860</b>	/cmm	4000 - 10000	Flocytometry
<b>DIFFERENTIAL LEUCOCYTE COUNT</b>				
NEUTROPHIL	<b>82</b>	%	40 - 75	Flowcytometry
LYMPHOCYTE	<b>15</b>	%	20-40	Flowcytometry
EOSINOPHIL	1	%	1 - 6	Flowcytometry
MONOCYTE	2	%	2 - 10	Flowcytometry
BASOPHIL	<b>0</b>	%	00 - 01	Flowcytometry
PLATELET COUNT	172,000	/cmm	150000 - 450000	Elect Imped..
PLATELET COUNT (MANUAL)	172000	/cmm	150000 - 450000	Microscopy .
Mentzer Index	28			
Peripheral Blood Picture	:			

Red blood cells show cytopenia + with normocytic normochromic, anisocytosis+. WBCs show neutrophilic leucocytosis. Platelets are adequate. No immature cells or parasite seen.



[Checked By]



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**Lab No : 10137559** Sample Collected ON : 06/Mar/2025 09: 39AM  
Referred By : Dr.ROHAN BAJPAI Sample Received ON : 06/Mar/2025 09: 56AM  
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Test Name	Result	Unit	Bio. Ref. Range	Method
<b>FASTING</b>				
Blood Sugar Fasting	<b>193.1</b>	mg/dl	70 - 110	Hexokinase
<b>PP</b>				
Blood Sugar PP	<b>219.6</b>	mg/dl	up to - 170	Hexokinase
<b>LIVER FUNCTION TEST</b>				
TOTAL BILIRUBIN	<b>1.25</b>	mg/dl	0.4 - 1.1	Diazonium Ion
CONJUGATED ( D. Bilirubin)	0.23	mg/dL	0.00-0.30	Diazotization
UNCONJUGATED ( I.D. Bilirubin)	<b>1.02</b>	mg/dL	0.1 - 1.0	Calculated
ALK PHOS	92.60	U/L	30 - 120	PNPP, AMP Buffer
SGPT	19.0	U/L	5 - 40	UV without P5P
SGOT	22.0	U/L	5 - 40	UV without P5P
<b>LIPID-PROFILE</b>				
TOTAL CHOLESTEROL	178.20	mg/dL	Desirable: <200 mg/dl Borderline-high: 200-239 mg/dl High: >=240 mg/dl	CHOD-PAP
TRIGLYCERIDES	<b>244.40</b>	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	47.90	mg/dL	30-70 mg/dl	CHER-CHOD-PAP
L D L CHOLESTEROL	81.42	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	<b>48.88</b>	mg/dL	10 - 40	Calculated



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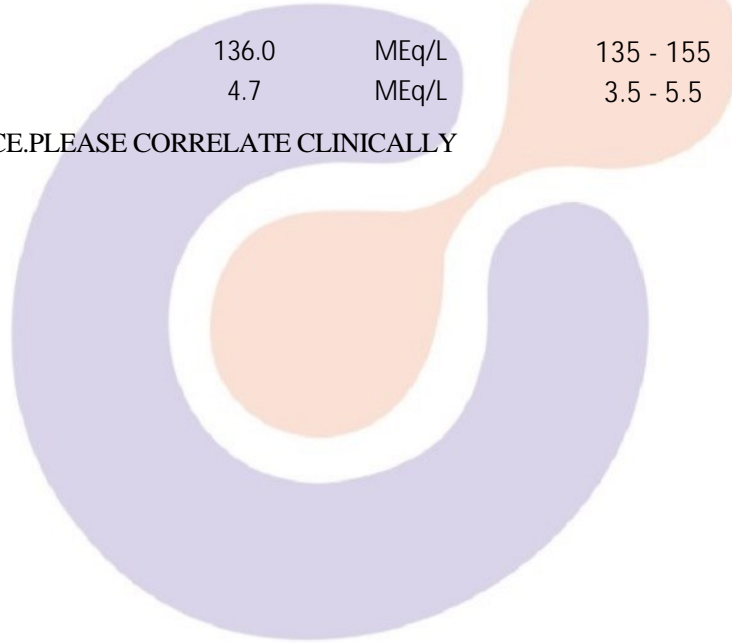
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Referred By : Dr.ROHAN BAJPAI	Sample Received ON : 06/Mar/2025 09:56AM
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Test Name	Result	Unit	Bio. Ref. Range	Method
<b>KIDNEY FUNCTION TEST - I</b>				
<b>Sample Type : SERUM</b>				
BLOOD UREA	<b>63.60</b>	mg/dl	15 - 45	Urease, UV, Serum
CREATININE	<b>1.60</b>	mg/dl	0.50 - 1.40	Alkaline picrate-kinetic
SODIUM Serum	136.0	MEq/L	135 - 155	ISE Direct
POTASSIUM Serum	4.7	MEq/L	3.5 - 5.5	ISE Direct
FINDING CHECKED TWICE.PLEASE CORRELATE CLINICALLY				



**CHARAK**



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Test Name	Result	Unit	Bio. Ref. Range	Method
<b>T3T4TSH</b>				
T3	1.60	nmol/L	1.49-2.96	ECLIA
T4	120.00	n mol/l	63 - 177	ECLIA
TSH	3.42	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 myxedema 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 catabolic state and may revert to normal when the patient recovers.
- (7) There are many drugs for eg. Glucocorticoids, dopamine, Lithium, iodides, oral radiographic dyes, etc. 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-CHEMILUMINESCENCE TECHNIQUE BY ELECSYS -E411 )

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

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## **ULTRASOUND STUDY OF WHOLE ABDOMEN**

- **Liver** is mildly enlarged in size (~ 170 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. Mild hydronephrosis is seen on right side. Calculus measures ~ 6.9 mm is seen in lower pole of right kidney. Concretion measures ~ 3.3mm, 2.5 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 89 x 39 mm in size. Left kidney measures 96 x 40 mm in size.
- **Ureters** right proximal ureter is mildly dilated and shows calculus measures ~ 8.4 mm. Left ureter is not dilated. UVJ are seen normally.
- **Urinary bladder** is partially distended with anechoic lumen. No calculus or mass lesion is seen. UB walls are not thickened.
- **Uterus** is atrophic.
- Post void residual urine volume – Nil.

### **OPINION:**

- **Mild hepatomegaly with fatty infiltration of liver grade-I.**
- **Right renal calculus with mild hydroureteronephrosis with proximal ureteric calculus.**
- **Left renal concretion.**

**Clinical correlation is necessary.**

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

Transcribed By: Priyanka

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

