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.ANEETA SAHU	Visit No	: CHA250041206
Age/Gender	: 28 Y/F	Registration ON	: 07/Mar/2025 12:59PM
Lab No	**: 10138501**	Sample Collected ON	: 07/Mar/2025 02:51PM
Referred By	: Dr.NEHA MAINI GUPTA**	Sample Received ON	: 07/Mar/2025 03:03PM
Refer Lab/Hosp	: CHARAK NA	Report Generated ON	: 07/Mar/2025 04:58PM
Doctor Advice	: PGBS-75 gms,HIV,TSH,LFT,CBC (WHOLE BLOOD),USG TIFA STUDY		

PR.

Test Name	Result	Unit	Bio. Ref. Range	Method
PGBS-75 gms				
POST GLUCOSE BLOOD SUGAR	118	mg/dl	60 - 140	Hexokinase
HIV				
HIV-SEROLOGY	NON REACTIVE		<1.0 : NON REACTIVE >1.0 : REACTIVE	

Done by: Vitros ECI (Sandwich Assay)
Note:-Elisa test is a screening method for HIV.It is known to give false Positive & Negative result.
Hence confirmation:"Western Blot" method is advised.

[Checked By]

Print.Date/Time: 07-03-2025 17:31:00
*Patient Identity Has Not Been Verified. Not For Medicolegal

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

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Referred By	: Dr.NEHA MAINI GUPTA**	Sample Received ON	: 07/Mar/2025 03:03PM
Refer Lab/Hosp	: CHARAK NA	Report Generated ON	: 07/Mar/2025 03:56PM
Doctor Advice	: PGBS-75 gms,HIV,TSH,LFT,CBC (WHOLE BLOOD),USG TIFA STUDY		

PR.

Test Name	Result	Unit	Bio. Ref. Range	Method
CBC (COMPLETE BLOOD COUNT)				
Hb	**9.8**	g/dl	12 - 15	Non Cyanide
R.B.C. COUNT	**3.40**	mil/cmm	3.8 - 4.8	Electrical Impedence
PCV	**30.5**	%	36 - 45	Pulse hieght detection
MCV	88.9	fL	80 - 96	calculated
MCH	28.6	pg	27 - 33	Calculated
MCHC	32.1	g/dL	30 - 36	Calculated
RDW	14.8	%	11 - 15	RBC histogram derivation
RETIC	0.9 %	%	0.5 - 2.5	Microscopy
TOTAL LEUCOCYTES COUNT	8540	/cmm	4000 - 10000	Flocytrometry
DIFFERENTIAL LEUCOCYTE COUNT				
NEUTROPHIL	73	%	40 - 75	Flowcytrometry
LYMPHOCYTES	**22**	%	25 - 45	Flowcytrometry
EOSINOPHIL	1	%	1 - 6	Flowcytrometry
MONOCYTE	4	%	2 - 10	Flowcytrometry
BASOPHIL	**0**	%	00 - 01	Flowcytrometry
PLATELET COUNT	360,000	/cmm	150000 - 450000	Elect Imped..
PLATELET COUNT (MANUAL)	360,000	/cmm	150000 - 450000	Microscopy .
Absolute Neutrophils Count	6,234	/cmm	2000 - 7000	Calculated
Absolute Lymphocytes Count	1,879	/cmm	1000-3000	Calculated
Absolute Eosinophils Count	85	/cmm	20-500	Calculated
Absolute Monocytes Count	342	/cmm	200-1000	Calculated
Mentzer Index	26			
Peripheral Blood Picture	:			

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

MC-2491

[Checked By]

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Referred By	: Dr.NEHA MAINI GUPTA**	Sample Received ON	: 07/Mar/2025 03:03PM
Refer Lab/Hosp	: CHARAK NA	Report Generated ON	: 07/Mar/2025 03:47PM
Doctor Advice	: PGBS-75 gms,HIV,TSH,LFT,CBC (WHOLE BLOOD),USG TIFA STUDY		

PR.

Test Name	Result	Unit	Bio. Ref. Range	Method
LIVER FUNCTION TEST				
TOTAL BILIRUBIN	**1.70**	mg/dl	0.4 - 1.1	Diazonium Ion
CONJUGATED (D. Bilirubin)	**1.40**	mg/dL	0.00-0.30	Diazotization
UNCONJUGATED (I.D. Bilirubin)	0.30	mg/dL	0.1 - 1.0	Calculated
ALK PHOS	**161.00**	U/L	30 - 120	PNPP, AMP Buffer
SGPT	30.9	U/L	5 - 40	UV without P5P
SGOT	**42.4**	U/L	5 - 40	UV without P5P
TSH				
TSH	3.40	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 *****

MC-2491

[Checked By]

Print.Date/Time: 07-03-2025 17:31:09

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Age/Gender	: 28 Y/F	Registration ON	: 07/Mar/2025 12:59PM
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Refer Lab/Hosp	: CHARAK NA	Report Generated ON	: 07/Mar/2025 01:43PM

PR.

TARGETED IMAGING FOR FETAL ANOMALY (TIFFA)

All anomalies cannot be ruled out at this gestational age.

Fetal Biometry

BPD	54mm	22 Wks 4 days
HC	203mm	22 Wks 4 days
AC	189mm	23 Wks 5 days
FL	37mm	22 Wks 1 day
HL	37mm	22 Wks 6 days
TIBIA	21mm	21 Wks 5 days
FIBULA	32mm	21 Wks 6 days
ULNA	31mm	22 Wks 0 day
RADIUS	28mm	20 Wks 6 days

US gestational age: 22 weeks 3 days (± 2 wks).
Estimated fetal wt. : 548 Gms. ± 80 (72.8%)

Placenta & Amniotic Fluid
Placental Location: **Anterior & covering to internal OS.**
Placental maturity: Gr-I.
Amniotic Fluid/SDVP: Adequate.

Structural Details of Fetus

Single live fetus in variable presentation.
Situs solitus seen.

Fetal Face and nuchal region:

Fetal facial profile is normal
Nasal bone measures 5.6 mm.
Inner and outer orbital distances are normal.

Fetal Brain:

Fetal calvarium is normal in shape and outline. Falx seen in midline.
Choroid plexus is seen. Cavum septum pellucidum seen.
Lateral ventricle is normal. Va : 5.8mm Vp: 7.4mm
Cerebellar tonsils and Cerebellar vermis seems normal. TCD: 23 mm, 23 wks 3 days.
Posterior fossa is normal. Cisterna magna is normally seen. CM:- 6.0mm.

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Fetal Thorax:

Fetal Thorax is normal in size and shape.
Bilateral chest cavities are normal in size and shape.
Fetal Cardiac Activity: Normal (150bpm), Cardiac 4 Chamber view is normal.

Fetal Spine:

Fetal spine is grossly normal in shape and contour.
No apparent spinal defect is seen.

Fetal Abdomen:

Umbilical cord insertion is normal.
Stomach and bowel are normal.
Gall bladder appears normal.
Both Kidneys are normal in size and echotexture. No cystic lesion in renal fossa.
Fetal urinary bladder is seen normally.
Three vessel umbilical cord seen.

Fetal Extremities:
Fetal Extremities are grossly normal.
Bilateral fetal hands & foots are grossly normal.

LMP : 24/09/2024 gestational age 23 wks 3 days.
GA by USG: 22 wks 3 days.
EDD by USG: 08/07/2025.
Fetal Weight by USG: 548 Grams ± 80 gms.
Cervical OS is closed and cervical canal length is adequate.

IMPRESSION:

- **SINGLE LIVE FETUS OF 22 WKS 3 DAYS OF GESTATIONAL AGE.**

Note: Ultrasound can detect major malformations the sensitivity of which depends on the type of malformation. It may not detect minor malformations, or functional state of various organs. The report should be interpreted in accordance with the counseling.

I **Dr. Atima Srivastava ,** declare that while conducting ultrasound study of **Mrs. Aneeta Sahu** I have neither detected nor disclosed the sex of her foetus to any body in any manner. All congenital anomalies can't be excluded on ultrasound.

Clinical correlation is necessary.

[DR. ATIMA SRIVASTAVA]
[MBBS, DNB (OBSTETRICS AND GYNAECOLOGY)]
[PDCC MATERNAL AND FETAL MEDICINE (SGPGIMS LUCKNOW)]

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NOTE :

Ideal gestational age for TIFFA is between 18-20 weeks POG.

Limitations of USG -

- USG has potency of detecting structural malformations in up to 60-70% of cases depending on the organ involved.
- Functional abnormalities (behavior/ mind/hearing) in the fetus cannot be detected by USG.
- Fetal hand and foot digits are difficult to count due to variable positions.
- Conditions like trisomy 21 (Down syndrome) may have normal ultrasound findings in 60% cases as reporting in literature.
- Serum screening **(double marker at 11-14 weeks/quadruple or triple test at 15-20 weeks)** will help in detecting more number of cases **(70% by triple test/87% by quadruple and 90% by double test).**
- Few malformations develop late in intrauterine life and hence serial follow up scans are equaled to rule out their presence.
- Subtle anomalies/malformations do not manifest in intrauterine life and may be detected postnatally for the first time.
- Surgically correctable minor malformations (cleft/lip/palate/polydactyly) might be missed in USG.

Clinical correlation is necessary.

[DR. ATIMA SRIVASTAVA]
[MBBS, DNB (OBSTETRICS AND GYNAECOLOGY)]
[PDCC MATERNAL AND FETAL MEDICINE (SGPGIMS LUCKNOW)]

Transcribed By: GAUSIYA

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