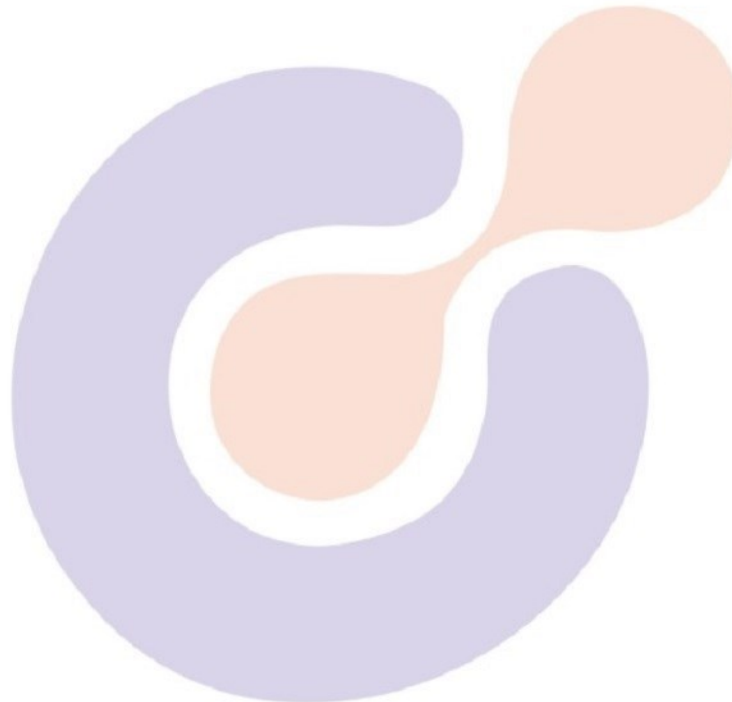


Patient Name : Ms.REKHA RANI	Visit No : CHA250042264
Age/Gender : 67 Y/F	Registration ON : 09/Mar/2025 09:35AM
Lab No : 10139559	Sample Collected ON : 09/Mar/2025 09:37AM
Referred By : Dr.SHALINI	Sample Received ON : 09/Mar/2025 09:58AM
Refer Lab/Hosp : CGHS (BILLING)	Report Generated ON : 09/Mar/2025 11:45AM
Doctor Advice : ECG,CREATININE,FASTING,LIPID-PROFILE,T3T4TSH,URIC ACID,CHEST PA,USG WHOLE ABDOMEN,HBA1C (EDTA),KIDNEY FUNCTION TEST - I,LLFT,CBC+ESR	



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



CHARAK

[Checked By]



Print.Date/Time: 09-03-2025 14:31:23

*Patient Identity Has Not Been Verified. Not For Medicolegal

Sharma

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

Patient Name : Ms.REKHA RANI	Visit No : CHA250042264
Age/Gender : 67 Y/F	Registration ON : 09/Mar/2025 09: 35AM
Lab No : 10139559	Sample Collected ON : 09/Mar/2025 09: 37AM
Referred By : Dr.SHALINI	Sample Received ON : 09/Mar/2025 10: 02AM
Refer Lab/Hosp : CGHS (BILLING)	Report Generated ON : 09/Mar/2025 10: 58AM
Doctor Advice : ECG,CREATININE,FASTING,LIPID-PROFILE,T3T4TSH,URIC ACID,CHEST PA,USG WHOLE ABDOMEN,HBA1C (EDTA),KIDNEY FUNCTION TEST - I,LLFT,CBC+ESR	



Test Name	Result	Unit	Bio. Ref. Range	Method
HBA1C				
Glycosylated Hemoglobin (HbA1c)	5.8	%	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	8.4	mg/dL	2.40 - 5.70	Uricase, Colorimetric
-----------------	------------	-------	-------------	-----------------------

LIPID-PROFILE

Cholesterol/HDL Ratio	4.00	Ratio	Calculated
LDL / HDL RATIO	2.54	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: 09-03-2025 14:31:26

*Patient Identity Has Not Been Verified. Not For Medicolegal

Sharma

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

Patient Name : Ms.REKHA RANI	Visit No : CHA250042264
Age/Gender : 67 Y/F	Registration ON : 09/Mar/2025 09: 35AM
Lab No : 10139559	Sample Collected ON : 09/Mar/2025 09: 37AM
Referred By : Dr.SHALINI	Sample Received ON : 09/Mar/2025 09: 58AM
Refer Lab/Hosp : CGHS (BILLING)	Report Generated ON : 09/Mar/2025 11: 45AM
Doctor Advice : ECG,CREATININE,FASTING,LIPID-PROFILE,T3T4TSH,URIC ACID,CHEST PA,USG WHOLE ABDOMEN,HBA1C (EDTA),KIDNEY FUNCTION TEST - I,LLFT,CBC+ESR	



Test Name	Result	Unit	Bio. Ref. Range	Method
CBC+ESR (COMPLETE BLOOD COUNT)				
Hb	11.6	g/dl	12 - 15	Non Cyanide
R.B.C. COUNT	3.90	mil/cmm	3.8 - 4.8	Electrical Impedence
PCV	36.0	%	36 - 45	Pulse hieght detection
MCV	93.3	fL	80 - 96	calculated
MCH	30.1	pg	27 - 33	Calculated
MCHC	32.2	g/dL	30 - 36	Calculated
RDW	14.8	%	11 - 15	RBC histogram derivation
RETIC	0.9 %	%	0.5 - 2.5	Microscopy
TOTAL LEUCOCYTES COUNT	5190	/cmm	4000 - 10000	Flocytometry
DIFFERENTIAL LEUCOCYTE COUNT				
NEUTROPHIL	52	%	40 - 75	Flowcytometry
LYMPHOCYTE	41	%	20-40	Flowcytometry
EOSINOPHIL	4	%	1 - 6	Flowcytometry
MONOCYTE	3	%	2 - 10	Flowcytometry
BASOPHIL	0	%	00 - 01	Flowcytometry
PLATELET COUNT	169,000	/cmm	150000 - 450000	Elect Imped..
PLATELET COUNT (MANUAL)	169000	/cmm	150000 - 450000	Microscopy .
Mentzer Index	24			
Peripheral Blood Picture	:			

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



[Checked By]



Sham

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Referred By : Dr.SHALINI	Sample Received ON : 09/Mar/2025 10: 02AM
Refer Lab/Hosp : CGHS (BILLING)	Report Generated ON : 09/Mar/2025 11: 13AM
Doctor Advice : ECG,CREATININE,FASTING,LIPID-PROFILE,T3T4TSH,URIC ACID,CHEST PA,USG WHOLE ABDOMEN,HBA1C (EDTA),KIDNEY FUNCTION TEST - I, LFT, CBC+ESR	



Test Name	Result	Unit	Bio. Ref. Range	Method
FASTING				
Blood Sugar Fasting	102.9	mg/dl	70 - 110	Hexokinase
SERUM CREATININE				
CREATININE	0.80	mg/dl	0.50 - 1.40	Alkaline picrate-kinetic
LIVER FUNCTION TEST				
TOTAL BILIRUBIN	0.63	mg/dl	0.4 - 1.1	Diazonium Ion
CONJUGATED (D. Bilirubin)	0.10	mg/dL	0.00-0.30	Diazotization
UNCONJUGATED (I.D. Bilirubin)	0.53	mg/dL	0.1 - 1.0	Calculated
ALK PHOS	136.20	U/L	30 - 120	PNPP, AMP Buffer
SGPT	20.0	U/L	5 - 40	UV without P5P
SGOT	25.0	U/L	5 - 40	UV without P5P
LIPID-PROFILE				
TOTAL CHOLESTEROL	255.10	mg/dL	Desirable: <200 mg/dl Borderline-high: 200-239 mg/dl High: >=240 mg/dl	CHOD-PAP
TRIGLYCERIDES	148.60	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	63.70	mg/dL	30-70 mg/dl	CHER-CHOD-PAP
L D L CHOLESTEROL	161.68	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	29.72	mg/dL	10 - 40	Calculated



[Checked By]



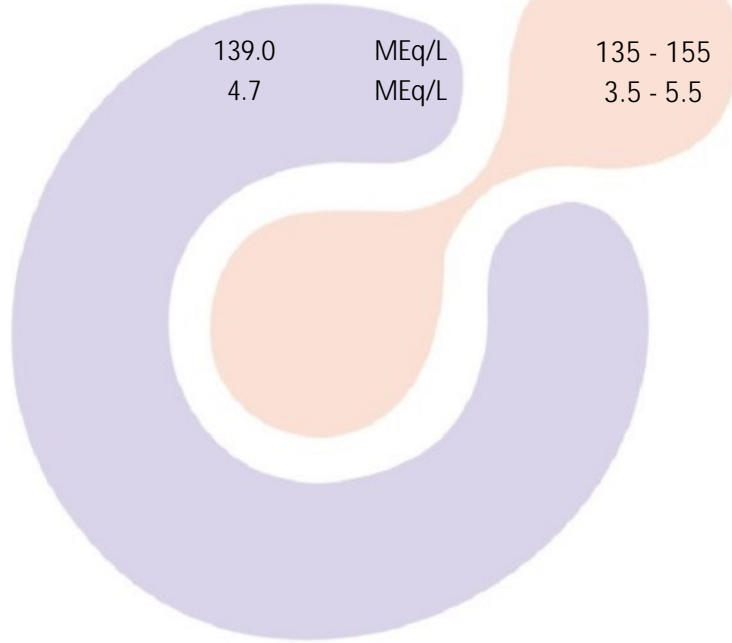
Sham

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Test Name	Result	Unit	Bio. Ref. Range	Method
KIDNEY FUNCTION TEST - I				
Sample Type : SERUM				
BLOOD UREA	21.60	mg/dl	15 - 45	Urease, UV, Serum
CREATININE	0.80	mg/dl	0.50 - 1.40	Alkaline picrate-kinetic
SODIUM Serum	139.0	MEq/L	135 - 155	ISE Direct
POTASSIUM Serum	4.7	MEq/L	3.5 - 5.5	ISE Direct



CHARAK



[Checked By]



Sham

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

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Age/Gender : 67 Y/F	Registration ON : 09/Mar/2025 09: 35AM
Lab No : 10139559	Sample Collected ON : 09/Mar/2025 09: 37AM
Referred By : Dr.SHALINI	Sample Received ON : 09/Mar/2025 10: 02AM
Refer Lab/Hosp : CGHS (BILLING)	Report Generated ON : 09/Mar/2025 10: 56AM
Doctor Advice : ECG,CREATININE,FASTING,LIPID-PROFILE,T3T4TSH,URIC ACID,CHEST PA,USG WHOLE ABDOMEN,HBA1C (EDTA),KIDNEY FUNCTION TEST - I,IFT,CBC+ESR	



Test Name	Result	Unit	Bio. Ref. Range	Method
T3T4TSH				
T3	2.42	nmol/L	1.49-2.96	ECLIA
T4	173.71	n mol/l	63 - 177	ECLIA
TSH	2.78	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

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

Patient Name : Ms.REKHA RANI Visit No : CHA250042264
Age/Gender : 67 Y/F Registration ON : 09/Mar/2025 09:35AM
Lab No : 10139559 Sample Collected ON : 09/Mar/2025 09:35AM
Referred By : Dr.SHALINI Sample Received ON :
Refer Lab/Hosp : CGHS (BILLING) Report Generated ON : 09/Mar/2025 10:25AM

ECG REPORT

* RATE : 70 bpm.
* RHYTHM : Regular sinus rhythm
* P wave : Normal
* PR interval : Normal
* QRS Axis : Lt Axis
Duration : 120 m sec
Configuration : rsR in V1
rs in L2,L3, avF
* ST-T Changes : Secondary ST-T Changes
* QT interval :
* QTc interval : Sec.
* Other

OPINION: RIGHT BUNDLE BRANCH BLOCK WITH LEFT ANTERIOR HEMI BLOCK

(Finding to be correlated clinically)

[DR. PANKAJ RASTOGI, MD, DM]



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Lab No	: 10139559	Sample Collected ON	: 09/Mar/2025 09:35AM
Referred By	: Dr.SHALINI	Sample Received ON	:
Refer Lab/Hosp	: CGHS (BILLING)	Report Generated ON	: 09/Mar/2025 10:48AM

ULTRASOUND STUDY OF WHOLE ABDOMEN

Excessive gaseous abdomen

- **Liver** is mildly enlarged in size measures 154 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. No calculus or mass lesion is seen. Cortico-medullary differentiation is well maintained. Parenchymal thickness is normal. No scarring is seen. Right kidney measures 87 x 39 mm in size. Left kidney measures 95 x 41 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 & ovaries** are atrophic (post menopausal).
- No adnexal mass lesion is seen.
- No free fluid is seen in Cul-de-Sac.
- **Post void residual urine volume is nil.**

OPINION:

- **Mild hepatomegaly with fatty infiltration of liver grade-I.**
(Possibility of acid peptic disease could not be ruled out).

Clinical correlation is necessary.

(DR. R.K. SINGH, MD)

Transcribed by Rachna



Patient Name : Ms.REKHA RANI Visit No : CHA250042264
Age/Gender : 67 Y/F Registration ON : 09/Mar/2025 09:35AM
Lab No : 10139559 Sample Collected ON : 09/Mar/2025 09:35AM
Referred By : Dr.SHALINI Sample Received ON :
Refer Lab/Hosp : CGHS (BILLING) Report Generated ON : 09/Mar/2025 01:56PM

SKIAGRAM CHEST PA VIEW

- Rotation +.
- Both lung fields are clear.
- Mild cardiomegaly is present.
- Both CP angles are clear.
- Soft tissue and bony cage are seen normally.
- Both domes of diaphragm are sharply defined.

OPINION

- **MILD CARDIOMEGALY.**

Clinical correlation and Cardiac evaluation is needed.

[DR. RAJESH KUMAR SHARMA, MD]

Transcribed by Gausiya

*** End Of Report ***

