



REPORT

Name	Mrs. MADHU SINGH	Age	29 Yrs.	Patient Id	2109040032
Ref. By	Dr. SUMITA VERMA	Gender	Female	Report D/T	11/09/2021 11:16:34
Date	04/09/2021	UHID	3295	Print D/T	11/09/2021 11:16:41

Test Name	Result	Unit	Normal Value
-----------	--------	------	--------------

DEVA ANC PROFILE

HAEMATOLOGY

COMPLETE BLOOD COUNT (CBC)

HAEMOGLOBIN (Hb) METHOD : SLS Hemoglobin	11.1	gm/dl	12.0 - 15.0
P.C.V / HAEMATOCRIT	33.3	%	35 - 45
R B C COUNT Method : Impedance	4.29	Millions/cmm	3.8 - 4.8
M C V	77.62	fL	80 - 100
M C H	25.87	Picogram	27.0 - 31.0
M C H C	33.3	gm/dl	33 - 37
RDW-CV	16.1	%	11.9 - 15.5
PLATELET COUNT Method : Impedance	1.50	Lakh/cmm	1.50 - 4.00
TOTAL LEUCOCYTE COUNT (TLC) Method : Impedance	7,200	/cumm	4000 - 11000

DIFFERENTIAL LEUCOCYTE COUNT (DLC)

NEUTROPHIL	74	%	40 - 75
LYMPHOCYTE	20	%	20 - 45
EOSINOPHIL	04	%	01 - 06
MONOCYTE	02	%	02 - 10
BASOPHIL	00	%	0 - 0
BLOOD GROUP ABO	"O"		
RH TYPING	POSITIVE		

Clinical correlation is essential for final diagnosis.
If tests results are unsatisfactory, please contact personally.
This report is for perusal of doctors only. Not for Medico-Legal purpose.

LAB.TECH

Page 1 of 4

Dr. P RAI
MBBS, DCP
Consultant Pathologist

Accurate Diagnosis is the Key for treatment and recovery

REPORT

Name	Mrs. MADHU SINGH	Age	29 Yrs.	Patient Id	2109040032
Ref. By	Dr. SUMITA VERMA	Gender	Female	Report D/T	11/09/2021 11:16:34
Date	04/09/2021	'UHID	3295	Print D/T	11/09/2021 11:16:41

Test Name	Result	Unit	Normal Value
-----------	--------	------	--------------

BIOCHEMISTRY

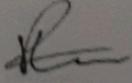
BLOOD SUGAR RANDOM Method : Hexokinase	106.74	mg/dl	70.0 - 140.0
SERUM CREATININE	0.83	mg/dl	0.5 - 1.2
BILIRUBIN TOTAL Method : Spectrophotometry - Daizo	0.73	mg/dl	0.10 - 1.20
CONJUGATED (D. Bilirubin) Method : Spectrophotometry - Daizo	0.19	mg/dl	0.00 - 0.25
UNCONJUGATED (I.D.Bilirubin)	0.54	mg/dl	0.00 - 0.70
SGOT Method : Spectrophotometry - IFCC	16.42	IU/L	0 - 45.0
SGPT Method : Spectrophotometry - IFCC	14.90	IU/L	0.0 - 45.0
ALKALINE PHOSPHATASE Method : IFCC	65.00	U/L	41.0 - 137.0
GAMMA GT	19.16	IU/L	6.0 - 50.0
TOTAL PROTEIN Method : Spectrophotometry - Biuret	7.38	gm/dl	6.6 - 8.3
ALBUMIN Method : Spectrophotometry - Bromocresol Purple	4.03	gm/dl	3.4 - 4.8
GLOBULIN	3.35	gm/dl	2.3 - 3.5
A/G RATIO	1.203		

**** End Of Report ****

Clinical correlation is essential for final diagnosis.
 If tests results are unsatisfactory, please contact personally.
 This report is for perusal of doctors only. Not for Medico-Legal purpose.

LAB.TECH

Page 2 of 4


Dr. P RAI
 MBBS, DCP
 Consultant Pathologist

Accurate Diagnosis is the Key for treatment and recovery



Office : Deva Path Labs: 2 Devkali Road, Near Gulab Bari, Ayodhya (Faizabad) Uttar Pradesh- 224 001
9970887110 devapathlabs@gmail.com

REPORT

Name	Mrs. MADHU SINGH	Age	29 Yrs.	Patient Id	2109040032
Ref. By	Dr. SUMITA VERMA	Gender	Female	Report D/T	11/09/2021 11:16:34
Date	04/09/2021	UHID	3295	Print D/T	11/09/2021 11:16:41

Test Name	Result	Unit	Normal Value
-----------	--------	------	--------------

SEROLOGY

V.D.R.L. NON-REACTIVE NON-REACTIVE
COMMENTS

- * False positive results may be seen during a variety of acute and chronic conditions.
- * Reactive results must be correlated with supportive clinical, historical and epidemiological evidence to arrive at a final diagnosis.
- * TPHA / FTA-Abs is a confirmatory test for Treponema Pallidum with very high specificity and sensitivity.

HEPATITIS B SURFACE ANTIGEN (HBsAg)	NEGATIVE	NEGATIVE
HIV (AIDS) ANTIBODY I & II	NON REACTIVE	NON REACTIVE
HEPATITIS C VIRUS	NON REACTIVE	NON REACTIVE

*** End Of Report ***

Clinical correlation is essential for final diagnosis.
If tests results are unsatisfactory, please contact personally.
This report is for perusal of doctors only. Not for Medico-Legal purpose.

LAB.TECH

Page 3 of 4

Dr. P RAI
MBBS, DCP
Consultant Pathologist

Accurate Diagnosis is the Key for treatment and recovery

Office : Deva Path Labs: 9 Devkali Road, Near Gulab Bari, Ayodhya (Faizabad) Uttar Pradesh- 224 001

☎ 9970887110 📩 devapathlabs@gmail.com

 REPORT

Name	Mrs. MADHU SINGH	Age	29 Yrs.	Patient Id	2109040032
Ref. By	Dr. SUMITA VERMA	Gender	Female	Report D/T	11/09/2021 11:16:34
Date	04/09/2021	UHID	3295	Print D/T	11/09/2021 11:16:41

Test Name	Result	Unit	Normal Value
-----------	--------	------	--------------

URINE EXAMINATION TEST
PHYSICAL EXAMINATION

QUANTITY	10	ml.
COLOUR	PALE YELLOW	
TRANSPARENCY	CLEAR	
SPECIFIC GRAVITY	1.015	
PH	6.0	

CHEMICAL EXAMINATION

ALBUMIN	NIL	
SUGAR	NIL	
KETONE BODIES / ACETONE	NEGATIVE	NEGATIVE
BILE SALTS	NEGATIVE	NEGATIVE
BILE PIGMENT	NEGATIVE	NEGATIVE
UROBILINogen	NOT INCREASED	NOT INCREASED

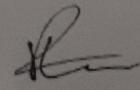
MICROSCOPIC EXAMINATION

PUS CELLS	2 - 3	/HPF
RBC'S	NIL	/HPF
CASTS	NIL	
CRYSTALS	NIL	
EPITHELIAL CELLS	4 - 5	/HPF
BACTERIA	NIL	
OTHERS	NIL	

Clinical correlation is essential for final diagnosis.
 If tests results are unsatisfactory, please contact personally.
 This report is for perusal of doctors only. Not for Medico-Legal purpose.

LAB.TECH

Page 4 of 4


Dr. P RAI
 MBBS, DCP
 Consultant Pathologist

Accurate Diagnosis is the Key for treatment and recovery

Office : Deva Path Labs: 9, Devkali Road, Near Gulab Baraboodharam(Faizabad) Uttar Pradesh- 224 001
 Deva Path Labs (Faizabad)
 9970887110 | devapathlab@outlookindia.com Pvt. Ltd.
 Raidehi Nagar, Near Acharya Narendra Dev Railway Station,
 Faizabad, UP- 224001

REPORT

177, Niyawan Road, Rikabganj, Near Alka Tower, Faizabad, UP

Name	: Mrs. MADHU SINGH	Billing Date	: 04/09/2021 18:51:22
Age	: 29 Yrs	Sample Collected on	: 04/09/2021 19:00:27
Sex	: Female	Sample Received on	: 04/09/2021 20:09:38
P. ID No.	: P130111848	Report Released on	: 04/09/2021 21:00:22
Accession No	: 13012106502	Barcode No.	: 24933295
Referring Doctor	: DR.SUMITA VERMA	Ref no.	:
Referred By	:		

Report Status - Final

Test Name	Result	Biological Ref. Interval	Unit
-----------	--------	--------------------------	------

BIOCHEMISTRY

0.506 L

0.55 - 4.78

μIU/mL

TSH 3rd Generation

Sample: Serum

Method: ECLIA

TSH 3rd Generation

Clinical Significance:

TSH levels are elevated in primary hypothyroidism and low in primary hyperthyroidism. Evaluation of TSH is useful in the differential diagnosis of primary from secondary and tertiary hypothyroidism. In primary hypothyroidism, TSH levels are elevated, while in secondary and tertiary hypothyroidism, TSH levels are low or normal. High TSH level in the presence of normal FT4 is called subclinical hypothyroidism and low TSH with normal FT4 is called subclinical hyperthyroidism. Sick, hospitalized patients may have falsely low or transiently elevated TSH. Significant diurnal variation is also seen in TSH levels.

Were Accuracy, Quality Matters...

Guidelines for TSH levels in pregnancy, as per American Thyroid Association, are as follows:

PREGNANCY TRIMESTER	BIOLOGICAL REFERENCE INTERVAL	UNIT
FIRST TRIMESTER	0.100 - 2.500	μIU/mL
SECOND TRIMESTER	0.200 - 3.000	μIU/mL
THIRD TRIMESTER	0.300 - 3.000	μIU/mL

** End of Report**

Dr. Lata Choudhary
MBBS, MD (Pathology)
Lab Head

Accurate Diagnosis is the Key for treatment and recovery

13012106502 Mrs. MADHU SINGH
Page No: 1 of 2

