

VID :- E/15352
PID No. :- 20258317132177
Name :- Mrs KUMAN KRITIKA SHRIVASTAVA
Age/Sex :- 34 Y / F
Ref. By. :- ARCOFEMI HEALTHCARE LTD


Sample Received on/at :
08/03/2025 1:30PM

Reported on/at
08/03/2025 6:18PM

BIOCHEMISTRY

Investigation	Observed Value	Unit	Biological Reference Range
GGT/GammaGT			
Gamma GT Szasz method	20.2	U/L	11 - 34
BLOOD SUGAR F			
Glucose Fasting	79	mg/dl	60 - 110
BLOOD SUGAR PP			
Glucose PP	93	mg/dl	70 - 140
LFT (LIVER FUNCTION TEST)			
Bilirubin (Total) (Serum,Diazo)	0.52	mg/dL	<1.0
Bilirubin (Direct) (Serum,Diazo)	0.10	mg/dL	0 - 0.3
Bilirubin (Indirect) (Serum,Calculated)	0.42	mg/dL	UPTO 1.0
SGOT (AST) (Serum,Enzymatic)	20	U/L	5 -31
SGPT (ALT) (Serum,Enzymatic)	21	U/L	10 - 40
Alkaline Phosphatase (Serum,pNPP)	165	U/L	80 - 290
Total Proteins (Serum,Biuret)	6.97	g/dL	6.4 - 8.3
Albumin	4.22	g/dL	3.7 - 5.6
Globulin (Serum)	2.75	g/dL	1.8 - 3.6
A/G Ratio (Serum)	1.53	g/dl	1.1 - 2.2
Gamma GT Szasz method	20.2	U/L	11 - 34

----- End Of Report -----



Dr. Avishesh Kumar Singh
M.D. (Pathologist)

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Lipid Profile (Fasting Sample Required)

Cholesterol - Total	61	mg/dL	Desirable <200 Borderline High : 200-239 High : ≥240
Triglycerides Level	112	mg/dL	Normal : <150 Borderline High : 150-199 High : 200-499 Very High : ≥500
HDL Cholesterol	26	mg/dl	Major risk factor for heart Disease : <40 Negative risk factor for heart Disease : ≥60
LDL Cholesterol	12.60	mg/dL	
VLDL Cholesterol	22.40	mg/dL	6-38
LDL/HDL RATIO	0.45		2.5-3.5
CHOL/HDL RATIO	2.35		3.5 - 5

Note : Reference Interval as per National Cholesterol Education Program (NCEP) Adult Treatment Panel III Report.


RFT (RENAL FUNCTION TEST)

Renal (Kidney) Function Test

Urea (Serum)	21.6	mg/dL	15 - 43
Creatinine (Serum, Jaffe)	0.72	mg/dL	0.57 - 1.4
Sodium	140	mmol/L	135 - 145
Potassium	4.52	mmol/L	3.5 - 5.1
Uric Acid (Serum, Uricase)	3.26	mg/dL	2.6 - 6
Chlorides	104	mmol/L	98 - 107

The performance of the Roche cobas c 111 was evaluated using sigma metrics. The calculations were performed using James O. Westgard methodology.[2] This approach uses an assays total allowable error (TEa), accuracy (bias), and precision (SD) to calculate a Sigma metric to characterize the performance of that assay.

----- End Of Report -----



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HBA1C

HbA1c Value	4.81	%	4-6=Normal Control Control 8-10=Unsatisfactory Control >10%=Poor Control	6-7=Good 7-8=Fair
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Glycosylated Hemoglobin/Glycated Hemoglobin/GlycoHemoglobin/HbA1c. [1]

Its primary use is to monitor diabetic patient's compliance and long term blood glucose level control . It is an index of diabetic control (direct relationship between poor control and development of complications). It predicts development and progression of diabetic microvascular complications.

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CLINICAL PATHOLOGY

Investigation	Observed Value	Unit	Biological Reference Range
URINE R/M			
<u>Physical Examination</u>			
Specific Gravity	1.025		1.003-1.030
Appearance	Clear		Clear
Colour	Pale Yellow		Pale Yellow
pH (Reaction)	Acidic		Acidic
PUS CELLS	2-4	/hpf	0-5
Epithelial Cells	1-2	/hpf	0-5
RBC	Absent	/hpf	Absent
Bacteria	Absent		Absent
Crystals	Absent		Absent
Casts	Absent		Absent
<u>Chemical Examination</u>			
Protein	NIL		NIL
Glucose	NIL		NIL
<u>Microscopic Examination</u>			

Test Done by Urisys 1100 (ROCHE) Fully Automatic.

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Complete Blood Count (Haemogram)

Investigation	Observed Value	Unit	Biological Reference Range
CBC			
<u>Erythrocytes</u>			
Haemoglobin (Hb)	11.6	gm/dL	12.5 - 16.5
Erythrocyte (RBC) Count	4.95	mill/cu.mm	4.2 - 5.6
PCV (Packed Cell Volume)	37.4	%	36 - 47
MCV (Mean Corpuscular Volume)	76	fl	78 - 95
MCH (Mean Corpuscular Hb)	23.4	pg	26 - 32
MCHC (Mean Corpuscular Hb Concn.)	30.9	g/dL	32 - 36
RDW (Red Cell Distribution Width)	15.5	%	11.5 - 14
<u>Leucocytes</u>			
Total Leucocytes (WBC) Count	7100	cells/cu.mm	4000 - 11000
Neutrophils	68	%	40 - 75
Lymphocytes.	25	%	20 - 40
Monocytes	06	%	2-10
Eosinophils	01	%	1-6
Basophils	00	%	0 - 1
<u>Platelets-</u>			
Platelet count	230	$\times 10^9/L$	150 - 450
MPV (Mean Platelet Volume)	8.8	fL.	6 - 9.5
PCT (Platelet Haematocrit)	0.203	%	0.15 - 500
PDW (Platelet Distribution Width)	20.4	%	11 - 18

EDTA Whole Blood - Tests done on Automated ABX Micros ES60(HORIBA) Cell Counter. WBC, RBC & Platelet count by impedance method, WBC differential by VCS technology & other parameters calculated) All abnormal Haemograms are reviewed & confirmed microscopically. Differential count is based on approximately 10,000 cells.

----- End Of Report -----



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Hematology

Investigation	Observed Value	Unit	Biological Reference Range
Blood Group & RH Type Screening			
ABO Group	"A"		
Rh Type	"POSITIVE"		

Method: Column agglutination technology (CAT) is an automated. System for blood grouping which is superior in sensitivity to conventional tube method.


ESR

ESR - Erythrocyte Sedimentation Rate (Citrate Blood) Method: Westergren	30	mm at 1hr	0 - 20
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Interpretation:

1. It indicates presence and intensity of an inflammatory process, never diagnostic of a specific disease. Changes are more significant than a single abnormal test.
2. It is a prognostic test and used to monitor the course or response to treatment of diseases like tuberculosis, bacterial endocarditis, acute rheumatic fever, rheumatoid arthritis, SLE, Hodgkins disease, temporal arteritis, polymyalgia rheumatica.
3. It is also increased in pregnancy, multiple myeloma.

----- End Of Report -----



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PATHOLOGY

Investigation	Observed Value	Unit	Biological Reference Range
CYTOPATHOLOGY REPORT			

SPECIMEN - Pap smear for examination
Slide air/alcohol fixed and stained by pap stain

IMPRESSION -Conventional cervical smears are satisfactory and adequate for opinion. Smears show superficial and intermediate cells, fair number of polymorphs and bacteria in the background. No endocervical cells are sampled. Negative for Intraepithelial lesion or malignancy

Peripheral Smear - Examination


PERIPHERAL SMEAR - EXAMINATION

- RBC: Normocytic Normochromic.
- WBC : Immature Cell Not Seen
- Platelets: Platelets Are Adequate
- Haemoparasite: Not Seen

Urine Sugar Fasting

Urine Sugar (Fasting)	NEGATIVE	Absent
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Thyroid Panel 1 (T3, T4, TSH)

T3	1.22	ng/dl	0.6-1.8
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Remarks :1. Decreased values of T3 (T4 and TSH normal) have minimal clinical significance and not recommended for diagnosis of hypothyroidism 2. Total T3 and T4 values may also be altered in other conditions due to changes in serum proteins or binding sites Pregnancy, Drugs (Androgens, Estrogens, O C pills, Phenytoin), Nephrosis etc. In such cases Free T3 and Free T4 give corrected values.

T4	7.62	ug/dl	4.5-12.6
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Remark:1.Total T3 and T4 values may also be altered in other conditions due to changes in serum proteins or binding sites Pregnancy, Drugs (Androgens, Estrogens, O C pills, Phenytoin) Nephrosis etc. In such cases Free T3 and Free T4 give corrected values.

TSH	3.10	uIU/ml	0.25 - 5.5
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Remarks : 1.4.51 to 15 μ U/mL - Suggested clinical co-relation or repeat the test with new sample as physiological factors can give falsely high TSH.


2.TSH values may be transiently altered because of non thyroidal illness like severe infections, liver disease, renal and heart failure, severe burns, trauma and surgery etc

3. Drugs that decrease TSH values e.g: L-dopa, Glucocorticoids Drugs that increase TSH values e.g Iodine, Lithium, Amiodarone

Remark

Method Used : ELFA (Enzyme Linked Fluorescence Assay) on Mini Vidas most Efficient Analyzer Internationally accepted most advanced technology with high quality result.

----- End Of Report -----



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भारत सरकार
Government of India



कुमारी कृतिका श्रीवास्तव
Kuman Kritika Shrivastava

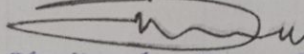
जन्म तिथि / DOB 25/02/1991
महिला / Female



8293 8896 7283

आधार - आम आदमी का अधिकार

Gutika


Dr. Shailendra Ruprela
MD, Medicine
CS CamScanner-511/2008

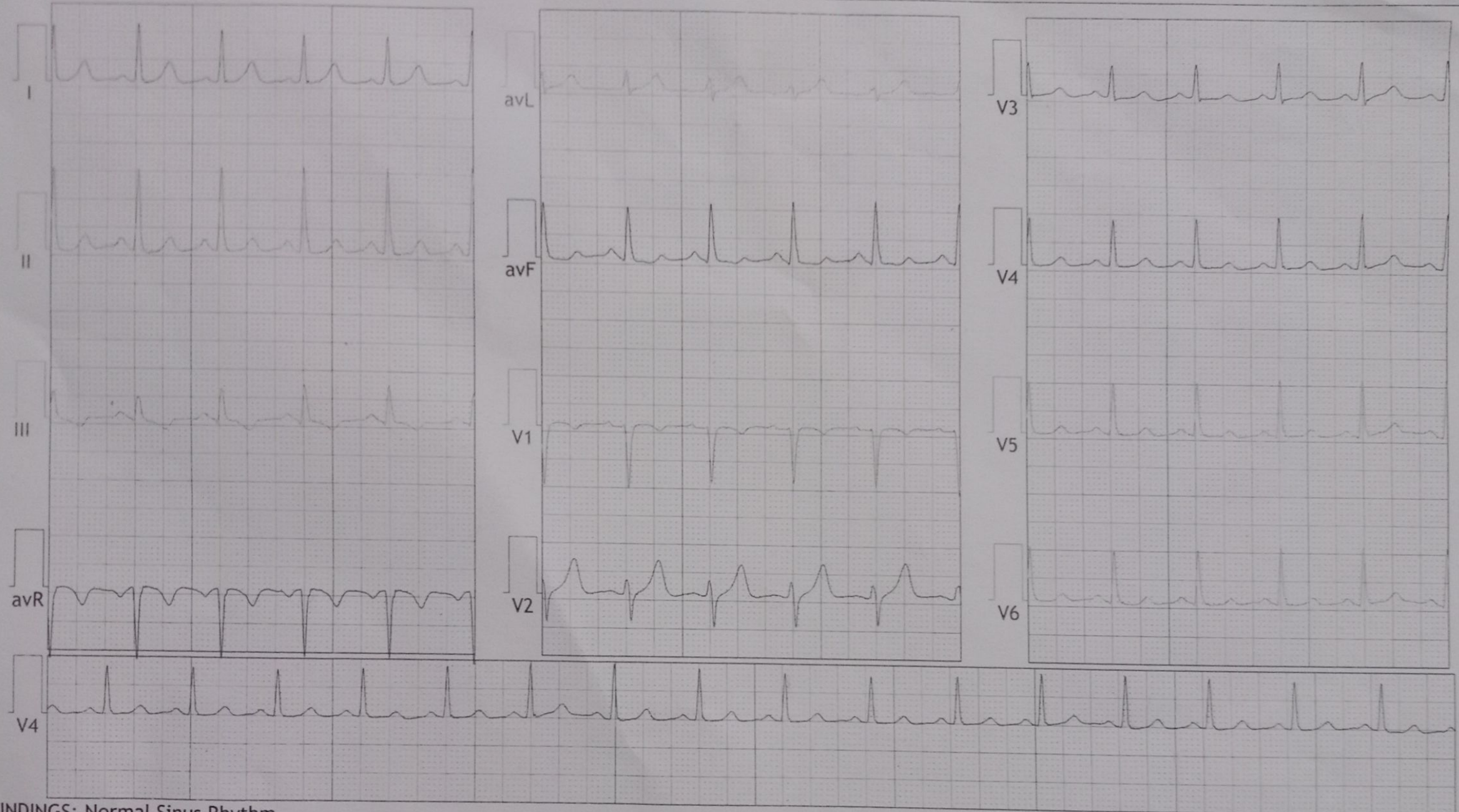
DR RUPRELA'S NMS DIAGNOSTICS & IMAGING CENTER

FAFADIH, RAIPUR

1177/Mrs Kritika Shrivastava 34Yrs/Female 74 Kgs/163 Cms BP: 118/82_ mmHg
Ref.: APOLLO Test Date: 08-Mar-2025(13:55:42) Notch: 50Hz 0.05Hz - 100Hz 10mm/mV 25mm/Sec

HR: 99 bpm

PR Interval: 134 ms
QRS Duration: 98 ms
QT/QTc: 317/408ms
P-QRS-T Axis: 64 - 49 - 2 (Deg)



FINDINGS: Normal Sinus Rhythm

Vent Rate : 99 bpm; PR Interval : 134 ms; QRS Duration: 98 ms; QT/QTc Int : 317/408 ms

P-QRS-T axis: 64• 49• 2• (Deg)

Comments :

Antul



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Diagnostics & Imaging

"अचूक निदान" स्वस्थ जीवन की ओर...

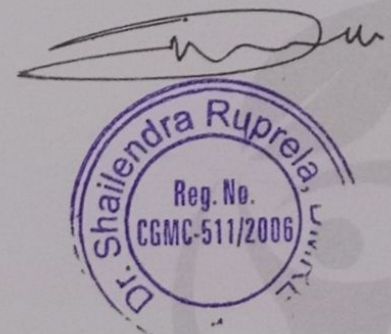
NAME : MRS. KRITIKA SHRIVASTAVA
REF BY: APOLLO

AGE : 34Y/F
DATE : 08.03.2025

X-RAY CHEST PA VIEW

The lungs on the either side show equal translucency.

- The peripheral pulmonary vasculature is normal.
- No focal lung lesion is seen.
- The pleural spaces are normal.
- The cardiac size is normal.
- The domes of the diaphragms are normal in position, and show smooth outline.
- Both hila are normal in size, have equal density and bear normal relationship.
- The heart and trachea are central in position and no mediastinal abnormality is visible.
- **IMPRESSION** : No evidence of pulmonary, pleural or cardiac pathology is noted.
Radiograph of chest is within normal limits.



FAFADIH, NEAR OVER BRIDGE, RUPRELA MARG, BILASPUR ROAD, RAIPUR-492009 (Chhattisgarh)
Ph.: 0771-4048886, Mob.: 9406396296, Email : nmsdiagnostic.service@gmail.com



NAME : MRS. KRITIKA SHRIVASTAVA
REF. BY : APOLLO

AGE : 34Y/F
DATE : 08 03.2025

SONOGRAPHY OF ABDOMEN AND PELVIS

The Real time, B mode, gray scale sonography of the abdominal organs was performed.

LIVER : The liver is normal in size, shape and has smooth margins. It is uniformly isoechoic, has normally distributed and normal size biliary and portal radicles and is without solid or cystic mass lesion or calcification.

GALL BLADDER : The gall bladder is seen as a well distended, pear shaped bag with uniformly thin and regular walls, without, gall stones or mass lesions.

COMMON BILE DUCT : The common bile duct is normal in caliber.

PANCREAS : The pancreas is normal in size, shape, contours and echotexture.
No evidence of solid or cystic mass lesion is noted.

KIDNEYS : The kidneys are normal in size and have smooth renal margins.
Cortical echotexture is normal.

The central echocomplex does not show evidence of calculus or hydronephrosis.

URINARY BLADDER : The urinary bladder is well distended. No calculi/mass.

SPLEEN : The spleen is normal in size and shape. Its echotexture is homogeneous.
No evidence of focal lesion is noted.

PELVIS : The Uterus is anteverted & appears normal.

The Uterine margins are smooth and does not reveal any contour abnormalities.

The Uterine myometrium shows homogeneous echotexture.

The endometrial echo is central & midline.

The ovaries on either side appear normal.

No fluid is noted in the cul-de-sac.

IMPRESSION :

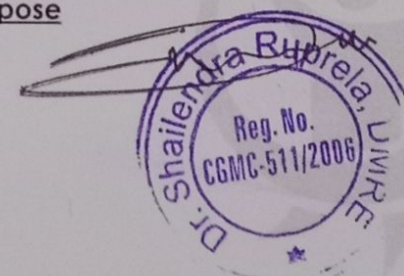
THE SONOGRAPHY OF ABDOMEN AND PELVIS WITHIN NORMAL LIMITS.

Thanks for reference with regards.

Kindly Note

- ✓ Please Intimate us for any typing mistakes and send the report for correction within 7 days.
- ✓ The science of Radiological diagnosis is based on the interpretation of various shadows produced by both the normal and abnormal tissues and are not always conclusive. Further biochemical and radiological investigation & clinical correlation is required to enable the clinician to reach the final diagnosis.

The report and films are not valid for medico – legal purpose



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Ref. By : APOLLO

DATE :08.03.2025

Complain Of : No Complaints

Ocular H/O: Nil

Family Ocular H/O: Nil

WEARING GLASSES : YES/NO

(IF YES PLEASE MENTION THE POWER) **R-0.75, L-0.50**

DISTANCE VISION:

(With / without PGP6)

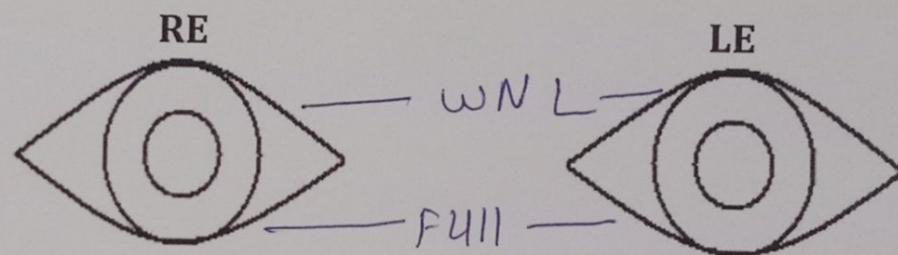
RE 6/9 **LE** 6/9

NEAR VISION:

(With / without PGP)

RE N/6 **LE** N/6

EXTERNAL EYE EXAMINATION:



EOM: NAD

SQUINT EVALUATION: ABSENT

NYSTAGMUS: ABSENT

COLOR VISION TEST: NORMAL

NYCTALOPIA (Night Blindness): ABSENT

Dr. Vaibhav Sharma
Opthalmologist
Reg. No. MCI/10-37782



Dr. Ruprela's

NMS

Diagnostics & Imaging

"अचूक निदान" स्वस्थ जीवन की ओर...

NAME: MRS. KRITIKA SHRIVASTAVA

REF.BY: APOLLO

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DATE : 08.03.2025

ECHO – CARDIOGRAPHY

M-MODE MEASUREMENTS:

	Patient value (cm)	normal value (cm)
Aortic Root	2.1	2.0-3.7
Left Atrial Dimension	1.4	1.9-4.0
Left Ventricular ED	3.3	3.7-5.6
Left Ventricular ES	2.2	2.2-4.0
Interventricular Septal	ED : 1.0	ES : 1.1
LEFT VENT PW	ED : 1.0	ES : 1.1

2 D ECHO

CHAMBERS

VALVE

SEPTAE

RWMA

EF (OVERALL)(LV)

CLOT/ VEGETATION

PER. EFFUSION

- All cardiac chambers normal.
- NORMAL
- IVS/IAS INTACT
- NO
- 60 %
- NIL
- NIL

CONTINUOUS WAVE & PULSE WAVE DOPPLER

Valve	Regurgitation	Gradient(mm Hg)
Mitral Valve	NIL	Not Significant
Aortic Valve	NIL	Not Significant
Tricuspid Valve	NIL	PASP=
Pulmonary Valve	Nil	Not Significant

PULSE WAVE DOPPLER

MITRAL VALVE INFLOW > Waves DT m sec

IMPRESSION -

- NO RWMA AT REST, LVEF=60%
- NORMAL BIVENTRICULAR FUNCTION
- NORMAL CHAMBERS DIMENSION.
- NO CLOT/VEGETATION/PERICARDIAL EFFUSION.
- NORMAL VALVES

DR AJAY HALWAI
MBBS, MD, PGDCC

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TO WHOM SO EVER IT MAY CONCERN

THIS IS TO DECLARE THAT MRS. KRITIKA SHRIVASTAVA AGE 34 YEAR/FEMALE HAS UNDERGONE MEDICAL EXAMINATION ON 08.03.2025 DURING HER GENERAL EXAMINATION NO ABNORMALITIES WERE DETECTED.

SHE WAS FULLY ORIENTED , NO DISABILITY WITH NORMAL GAIT.

NO SIGNS OF PALPABLE OR ENLARGED LYMPH NODES.

NO GROWTH / SWELLING OBSERVED.

HER VITALS PARAMETERS ARE HEIGHT: 163cms, WEIGHT:74kg, BP: 118/82mmhg, HR: 99bpm, BMI: 27.9

HER BOWEL HABITS ARE REGULAR. NO BURNING DURING MICTURITION.

ALL REFLEXES WERE NORMAL.

NO ABNORMALITIES WERE DETECTED DURING PALPATION, PERCUSSION AND AUSCULTATION OF VISCERA.

NO ABNORMALITIES WERE DETECTED DURING IN SKIN EXAMINATION.

SHE DOES NOT CARRY ANY COMMUNICABLE/TRANSFERRABLE DISEASE.

SHE APPEARS TO BE **PHYSICALLY FIT** AND WE WISH HER ALL THE BEST.

Dr. Shailendra Ruprela
MD , Medicine

Reg. No : CGMC-511/2001

