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			Laboratorics





NAME Ms. KIRTI Reg. ON 15/Nov/2024 Ref. Dr. MEDIWHEEL BarcodeNo 01150272 Approved ON 15/Nov/2024 10:11						
Ref. Dr.MEDIWHEELBarcodeNo01150272Approved ON15/Nov/2024 10:10	Lab No.	012411150272	Age/Gender	34.11 YRS/FEMALE	Coll. ON	15/Nov/2024 08:41AN
	NAME	Ms. KIRTI			Reg. ON	15/Nov/2024
Rpt. Centre undefined Printed ON 15/Nov/2024 05:1	Ref. Dr.	MEDIWHEEL	BarcodeNo	01150272	Approved ON	15/Nov/2024 10:19AM
	Rpt. Centre	undefined			Printed ON	15/Nov/2024 05:18PM
6	Test Name		N N	/alue	Unit	Biological Referenc
Interval						Interval
nplete Haemogram, EDTA whole blood	noglobin	(Hb)		3.30	gm/dl	12.0 - 15.0
	RBC count	5	4	.52	Millons/cmm	3.8 - 4.8
Method : Colorimetry	PCV / Haema	tocrit	3	9.30	%	36 0 - 46 0

PCV / Haematocrit Method : Calculated	39.30	%	36.0 - 46.0
MCV Method : Calculated	86.90	fl	83.0 - 101.0
MCH Method : Calculated	29.40	picogram	27.0 - 32.0
MCHC Method : Calculated	33.80	%	31.5 - 34.5
RDW - CV Method : Calculated	13.80	%	11.6 - 14.0
Mentzer Index Method : Calculated	19.23		>= 13.0

The Mentzer index (MCV/RBC count) is a useful tool for initial screening of patients with a microcytic hypochromic blood picture to rule out a thalassemia trait. If the index is less than 13, thalassemia is said to be more likely. If the result is greater than 13, then iron-deficiency anemia is said to be more likely. All patients with a low normal to low hemoglobin and a Mentzer index below 13 should be screened for thalassemia trait by HPLC.

patients with a low normal to low hemoglobin and a Mer	itzer index below 13 should be	screened for thalassemia tra	ut by HPLC.
TLC (Total Leucocyte Count) Method : Flowcytometry	8,810	/cmm	4000 - 10000
DLC (Flowcytometry)			
Neutrophils	66.80	%	35.0 - 75.0
Lymphocytes	25.80	%	25.0 - 45.0
Eosinophils	1.60	%	1.0 - 5.0
Monocytes	5.60	%	1.0 - 6.0
Basophils	0.20	%	0 - 1
Absolute Leucocyte Count (Calculated)			
Absolute Neutrophil Count	5,885.08	/cmm	2000 - 7000
Absolute Lymphocyte Count	2,272.98	/cmm	1000 - 3000
Absolute Eosinophil count	140.96	/cmm	20 - 500
Absolute Monocyte count	493.36	/cmm	200 - 1000
Absolute Basophil count	17.62	/cmm	0 - 100
Platelet count Method : Electrical impedence	2.78	Lakh/cmm	1.5 - 4.1
ESR (Erythrocyte Sedimentation Rate) Method : Westergren method	5	mm/1st hr	0 - 29

Peripheral Smear

Leucocytic series is numerically and morphologically within normal limits. Platelets are adequate in number and are normal in morphology.

No atypical cells or haemoparasites are seen.

Impression: Normal peripheral smear.

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Dr. Deepak Sadwani MD(Pathology) Lab Director

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RBCs are normocytic and normochromic.

NAME Ms. KIRTI Reg. ON 15/Nov/202 Ref. Dr. MEDIWHEEL BarcodeNo 01150272 Approved ON 15/Nov/202 Rpt. Centre undefined Printed ON 15/Nov/202	
Ref. Dr. MEDIWHEEL BarcodeNo 01150272 Approved ON 15/Nov/202 Rpt. Centre undefined Printed ON 15/Nov/202 Test Name Value Unit Biologica Blood Group (ABO + RH) O O Blood Group , EDTA blood O O Method : Slide agglutination (Forward & Reverse grouping) Positive	24 10:19AM 24 05:18PM
Test Name Value Unit Biologica Interval Blood Group (ABO + RH) Blood Group , EDTA blood O Method : Slide agglutination (Forward & Reverse grouping) Rh type , EDTA blood Positive	
Blood Group (ABO + RH) O Blood Group , EDTA blood O O Method : Slide agglutination (Forward & Reverse grouping) Positive	Il Reference
Blood Group , EDTA blood O Method : Slide agglutination (Forward & Reverse grouping) Positive	
Method : Slide agglutination (Forward & Reverse grouping) In type , EDTA blood Positive	
Disclaimer: This is an electronically validated report. If any discrepancy is found, it should be confirmed by the user. rocessing Centre : Prognosis Laboratories,515-516, Sector-19, Dwarka, Behind Gupta Properties. Dr. Smita Sadwani Dr. Mayank Gupta Dr. Deepak Sadwani Dr. Moushm	

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				A A	C-6188
ab No. IAME ef. Dr.	012411150272 Ms. KIRTI MEDIWHEEL	Age/Gender 34.11 YR BarcodeNo 0115027	S/FEMALE Coll. ON Reg. ON 2 Approved C	15/Nov/2024 08:41AM 15/Nov/2024 N 15/Nov/2024 10:03AM	
pt. Centre	undefined		Printed ON	15/Nov/2024 05:18PM	
est Name		Value	Unit	Biological Reference Interval	
Iucose Fastin		89.10	mg/dL	60 - 100	
fasting pla Iood Urea Ni Method : Calcu	isma glucose level in excess of itrogen (BUN), serum lated	126 mg/dl on both the occasions is cor 13.02	nfirmatory of a diabetic state. mg/dl	7.8 - 20.2	
consumpti	on of 75 gm of glucose) is rece	ommended for all such patients.		and post-prandial blood sugar test (after ongly recommended for all such patients. A	1
		13.02	mg/dl	7.8 - 20.2	
erum Creatin Method : Jaffe	nine	0.72	mg/dl	0.5 - 0.9	
		report. If any discrepancy is found, it			
	Dr. Smita Sadwani MD(Biochemistry)		Dr. Deepak Sadwani MD(Pathology)	Dr. Moushmi Mukherjee MBBS,MD (Pathology)	

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Lab No.	012411150272	Age/Gender	r 34.11 YRS/FEI	MALE Coll.	ON	15/No	v/2024 08:41/	AM
NAME	Ms. KIRTI			Reg.	ON	15/No	v/2024	
Ref. Dr.	MEDIWHEEL	BarcodeNo	01150272	Appr	oved ON	15/No	v/2024 09:45A	۹M
Rpt. Centre	undefined			Print	ted ON	15/No	v/2024 05:18F	PM
Test Name			Value	Unit			ogical Referei rval	nce
HbA1c (Glyco Method : HPLC	sylated haemoglobin)	, EDTA whole blood	5.80	%		< 5.7	7	
Estimated ave Method : Calcu	erage plasma Glucose		119.76	mg/d	L	65 -	136	
The test is approve	ed by NGSP for patient sample	testing.						
Interpretation:								
Interpretation: Metabolically nor	mal patients			%	< 5.7			
	mal patients			%	< 5.7 5.7 - 6.4			

Glycosylated hemoglobin or HbA1C is a reliable indicator of mean plasma glucose levels for a period of 8-12 weeks preceeding the date on which the test is performed and is a more reliable indicator of overall blood sugar control in known diabetic patients than blood sugar levels. A value of less than 5.7 % is usually seen in metabolically normal patients, however diabetics with very good control can also yield similar values. The HbA1c test, thus can not be used to differentiate between diabetic patients with very good control over the plasma glucose levels from metabolically normal, non-diabetic subjects as both groups may reveal very similar values in the assay.

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Dr. Mayank Gupta MD, DNB Pathology **Consultant Pathologist**

Dr. Deepak Sadwani MD(Pathology) Lab Director

Dr. Moushmi Mukherjee MBBS, MD (Pathology) **Consultant Pathologist**

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	Ms. KIRTI	Devestela	01150070	Reg. ON	15/Nov/2024
Ref. Dr.	MEDIWHEEL	BarcodeNo	01150272	••	15/Nov/2024 10:12AM
Rpt. Centre	undefined			Printed ON	15/Nov/2024 05:18PM
Test Name		V	/alue	Unit	Biological Reference Interval
LFT (Liver F	unction Test)				
Serum Bilirubir Method : Diazo	n Total tized Sulfanilic Acid (DSA)	0	.74	mg/dl	0.1 - 1.2
Serum Bilirubir	• • •	0	.23	mg/dl	0.0 - 0.3
Serum Bilirubir Method : Calcul	n Indirect	0	.51	mg/dl	0.1 - 1.1
Serum SGOT/A Method : IFCC	ST	1	9.70	U/I	<= 31.0
Serum SGPT/Al Method : IFCC	LT	1	5.50	U/I	<= 34.0
Serum Alkaline	e Phosphatase	6	9.20	U/I	30.0 - 120.0
Serum GGT (G	amma Glutamyl Transp	eptidase) 2	5.90	U/I	9.0 - 39.0
Serum total Pr Method : Biuret		7	.59	g/dl	6.6 - 8.3
Serum Albumin Method : Brome		4	.40	g/dl	3.5 - 5.2
Serum Globulir Method : Calcul		3	.19	g/dl	2.0 - 3.5
Albumin / Glob Method : Calcul		1	.38		1.5 - 2.5

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Dr. Smita Sadwani MD(Biochemistry) **Technical Director**

Dr. Mayank Gupta MD, DNB Pathology **Consultant Pathologist**

Dr. Deepak Sadwani MD(Pathology) Lab Director

Dr. Moushmi Mukherjee MBBS, MD (Pathology) **Consultant Pathologist**

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Lab No.	012411150272	Age/Gender	34.11 YRS/FEMALE	Coll. ON	15/Nov/2024 08:41AM
NAME	Ms. KIRTI			Reg. ON	15/Nov/2024
Ref. Dr.	MEDIWHEEL	BarcodeNo	01150272	Approved ON	15/Nov/2024 10:12AM
Rpt. Centre	undefined			Printed ON	15/Nov/2024 05:18PM
Test Name		١	/alue	Unit	Biological Reference Interval
Lipid Profile	e basic (direct HDL	.,calculated LDL)		
• Total Choleste Method : CHO	erol, <i>, serum</i>		93.40	mg/dl	< 200.0
Triglycerides Method : GPO		6	1.10	mg/dl	< 150
HDL Choleste Method : Direc	rol , serum ct measure PEG (CHE-CHO)		9.30	mg/dl	> 50
VLDL Choleste Method : Calcu		1	2.22	mg/dl	< 30
L.D.L Cholest		1	31.88	mg/dl	< 100
Cholesterol, N Method : Calcu	Ion HDL , serum Jated	1	44.10	mg/dl	< 130
Total Choleste Method : Calcu	erol / HDL Cholesterol	Ratio , serum 3	.92		< 5.0
LDL / HDL Ch Method : Calcu	olesterol ratio , serum	2			< 3.5
Interpretation:					
National Lipid	Association Recommendation	on (NLA-2014)			
Total Cholester Desirable: <200 r Borderline high: 2 High: > or =240 r	ng/dL 200-239 mg/dL	Triglycerides Normal: <150 mg/dl Borderline high: 150 High: 200-499 mg/d Very high: > or =50	-199 mg/dL L		
Non HDL Chol Desirable: <130 r		LDL Cholesterol Optimal: <100 mg/c	L		

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Near Optimal: 100-129 mg/dL

Borderline high: 130-159 mg/dL

Very high: > or =190 mg/dL

High: 160-189 mg/dL

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Desirable: <130 mg/dL

High: 160-189 mg/dL

HDL Cholesterol Low (Men) <40 mg/dL Low (Women) <50 mg/dL

Borderline high: 130-159 mg/dL

Very high: > or =190 mg/dL





Lab No.	012411150272	Age/Gender	34.11 YRS/FEMALE	Coll. ON	15/Nov/2024 08:41AM
NAME	Ms. KIRTI			Reg. ON	15/Nov/2024
Ref. Dr.	MEDIWHEEL	BarcodeNo	01150272	Approved ON	15/Nov/2024 10:00AM
Rpt. Centre	undefined			Printed ON	15/Nov/2024 05:18PM

Test Name	Value	Unit	Biological Reference Interval			
Thyroid Profile Total (T3, T4, TSH)						
T3, (Triiodothyronine) , serum Method : ECLIA	1.30	ng/mL	0.80 - 2.0			
T4, (Thyroxine) , serum Method : ECLIA	6.19	ug/dL	5.1 - 14.1			
TSH (Thyroid Stimulating Hormone) , serum Method : ECLIA	1.71	uIU/ml	0.27 - 4.2			
Interpretation:						

• Primary hyperthyroidism is accompanied by elevated serum T3 and T4 values alongwith depressed TSH levels

- Primary hypothyroidism is accompanied by depressed serum T3 and T4 values and elevated serum TSH levels.
- High T3 levels coupled with normal T4 and suppressed TSH may be seen in T3 toxicosis.

Note: Total T3 and total T4 are highly bound to plasma proteins and are amenable to fluctuations with plasma protein content as well as due to binding defects in the thyroid hormone binding proteins.

The following ranges are recommended for pregnant females:

Gestation period	TSH (uIU/ml)
First trimester	0.1 - 2.5
Second trimester	0.2 - 3.0
Third trimester	0.3 - 3.0

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Dr. Mayank Gupta MD, DNB Pathology **Consultant Pathologist**

Dr. Deepak Sadwani MD(Pathology) Lab Director

Dr. Moushmi Mukherjee MBBS, MD (Pathology) **Consultant Pathologist**

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Lab No. NAME Ref. Dr. Rpt. Centre	012411150272 Ms. KIRTI MEDIWHEEL undefined	Age/Gender BarcodeNo	34.11 YRS/FEMALE 01150272	Coll. ON Reg. ON Approved ON Printed ON	15/Nov/2024 08:41AM 15/Nov/2024 15/Nov/2024 01:12PM 15/Nov/2024 05:18PM	
Test Name		\	/alue	Unit	Biological Reference Interval	
Physical exar Volume Colour Transparency Specific gravit <i>Method : pKa</i>	y :hange	5 P C	0 Pale Yellow Clear .010	mL	Pale yellow Clear 1.003 - 1.035	
Chemical exa Protein Method : error Glucose Method : GOD pH	-of-indicator -POD	Ν	 .0		Nil Nil	
Urobilinogen	coupling reaction coupling reaction	N	legative Iormal Iegative Ibsent		Negative Normal Negative Absent	
<i>Method : Pero</i> Nitrite <i>Method : Gries</i> Leukocytes	ss reaction ase activity of granulocytes	N	legative	Leu/uL	Negative Negative	
WBC RBC Casts Crystals Epithelial cells Bacteria Others <i>Method : Light</i>		N N O A) - 1 i i i i bsent i	/ HPF / HPF / HPF / HPF / HPF	0 - 5 0 - 2 Nil Nil 0 - 15 Absent	

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Dr. Deepak Sadwani MD Pathology Scan to view report Lab Director

Dr. Mayank Gupta MD, DNB Pathology Consultant Pathologist

Moushiei Mukkeezee

Dr. Moushmi Mukherjee MD Pathology Page 8 of 13 Consultant Pathologist



Lab No.	012411150272	Age/Gender	34.11 YRS/FEMALE	Coll. ON	15/Nov/2024 08:41AM
NAME	Ms. KIRTI			Reg. ON	15/Nov/2024
Ref. Dr.	MEDIWHEEL	BarcodeNo	01150272	Approved ON	15/Nov/2024 05:18PM
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ECG Electro-cardiography

Normal ECG.

Eye Vision						
	Right Eye	Left Eye				
NEAR VISION	N/6	N/6				
DISTANCE VISION	6/6 (With Glass)	6/6 (With Glass)				
COLOR VISION	Normal	Normal				

MER

General	Fair, no pallor, no icterus, no anemia
Condition	observed
Height (cm)	167
Weight (kg)	69
Pulse (bpm)	70
BP (mm/hg)	136/82

Please note: Kindly review with clinician in view of abnormal reports (if any).

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Dr. Smita Sadwani MBBS. MD Director DMC Regd. No. 48732

Dr. Mukesh Sharma MD(Microbiology) Consultant Microbiologist Lab Director

MD(Pathology)

Dr. Deepak Sadwani Dr. Ashish Gautam MD, PGDCC

Dr. Moushmi Mukherjee MBBS, MD (Pathology) Consultant Cardiologist Consultant Pathologist

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NAME	Ms. KIRTI			Reg. ON	15/Nov/2024
Ref. Dr.	MEDIWHEEL	BarcodeNo	01150272	Approved ON	15/Nov/2024 12:17PM
Rpt. Centre	Courier			Printed ON	15/Nov/2024 05:18PM

X-Ray Chest PA view

Trachea and mediastinum are central.

Bilateral lung fields are clear.

Bilateral hilar shadows are normal.

Bilateral costophrenic angles are clear.

Cardiac shadow is normal.

Soft tissue shadows and bony rib cage is normal.

Impression: No significant abnormality seen .

Please correlate clinically

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Lab No. NAME Ref. Dr. Rpt. Centre	012411150272	Age/Gender	34.11 YRS/FEMALE	Coll. ON	15/Nov/2024 08:41AM
NAME	Ms. KIRTI			Reg. ON	15/Nov/2024
Ref. Dr.	MEDIWHEEL	BarcodeNo	01150272	Approved ON	15/Nov/2024 10:58AM
Rpt. Centre	Courier			Printed ON	15/Nov/2024 05:18PM

SONOGRAPHY OF ABDOMEN AND PELVIS

The liver is normal in size (12.3 cm) and shape. It shows a normal parenchymal echotexture. There is no evidence of any focal hepatic lesion. The hepatic and portal veins are normal. There is no intrahepatic biliary dilatation.

The gall bladder is adequately distended. There is no evidence of any calculi. There is no evidence of any wall thickening seen. The CBD is not dilated.

The pancreas is well visualized and shows a normal parenchymal echotexture. There is no evidence of any focal mass, calcification or ductal dilatation seen. There is no peripancreatic fluid collection seen.

The spleen is normal in size (8.6 cm) and shows a normal parenchymal echotexture. There is no focal lesion seen.

The right kidney measures 8.7 x 4.4 cm and the left kidney measures 10.6 x 4.4 cm. Both kidneys are normal in size and shape. The kidneys show normal echotexture with a well-maintained cortical thickness. There is no evidence of hydronephrosis, cortical scarring or calculus disease in either kidney.

There is no evidence of any mesenteric or retroperitoneal lymph adenopathy. There is no ascites or bowel wall thickening.

The urinary bladder shows normal contours.

The uterus is retroflexed, mildly bulky and measures 103 x 53 x 25 mm. The myometrial echoes appear normal. There is no evidence of any fibroid.

LSCS scar noted in lower uterine segment.

The endometrial echoes appear normal. The endometrial thickness is 7.7 mm. No evidence of intraluminal focal lesion seen.

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DR AMIT JAISWAL MBBS, DMRD. DNB (RADIO DIAGNOSIS) Page 11 of 13 DMC No. 55709

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Lab No.	012411150272	Age/Gender	34.11 YRS/FEMALE	Coll. ON	15/Nov/2024 08:41AM
NAME	Ms. KIRTI			Reg. ON	15/Nov/2024
Ref. Dr.	MEDIWHEEL	BarcodeNo	01150272	Approved ON	15/Nov/2024 10:58AM
Rpt. Centre	Courier			Printed ON	15/Nov/2024 05:18PM

Right ovary is bulky. Right ovary shows multiple small subcentimeteric follicles arranged in the periphery and increased stromal echogenicity without any dominant follicle.

The right ovary measures 41 x 34 x 21 mm (volume 16.2 cc).

The left ovary measures 43 x 30 mm and shows a dominant follicle of size 25 x 21 mm.

There is no adnexal mass or free fluid in the pouch of Douglas.

IMPRESSION

• Bulky right ovary with polycystic ovarian pattern in right ovary. Findings raised possibility of PCOS. ADVISED :- Correlation with hormonal assay.

Kindly correlate clinically.

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Lab No.	012411150272	Age/Gender	34.11 YRS/FEMALE	Coll. ON	15/Nov/2024 08:41AM
NAME	Ms. KIRTI			Reg. ON	15/Nov/2024
Ref. Dr.	MEDIWHEEL	BarcodeNo	01150272	Approved ON	15/Nov/2024 04:55PM
Rpt. Centre	Courier			Printed ON	15/Nov/2024 05:18PM

PAP Smear (Conventional) Cytology no. C-5167 /24

Specimen: Cervico vaginal smear

Method: PAP staining and light microscopy (2014 Bethesda system)

Statement of adequacy: Smear is satisfactory for evaluation

Microscopy: Superficial and intermediate squamous epithelial cells are present along with endocervical cells over a clean background. No evidence of an intraepithelial lesion or invasive malignancy is noted.

Impression: Negative for intraepithelial lesion or malignancy.



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*** Partial Report ***



Dr. Deepak Sadwani MD Pathology Lab Director

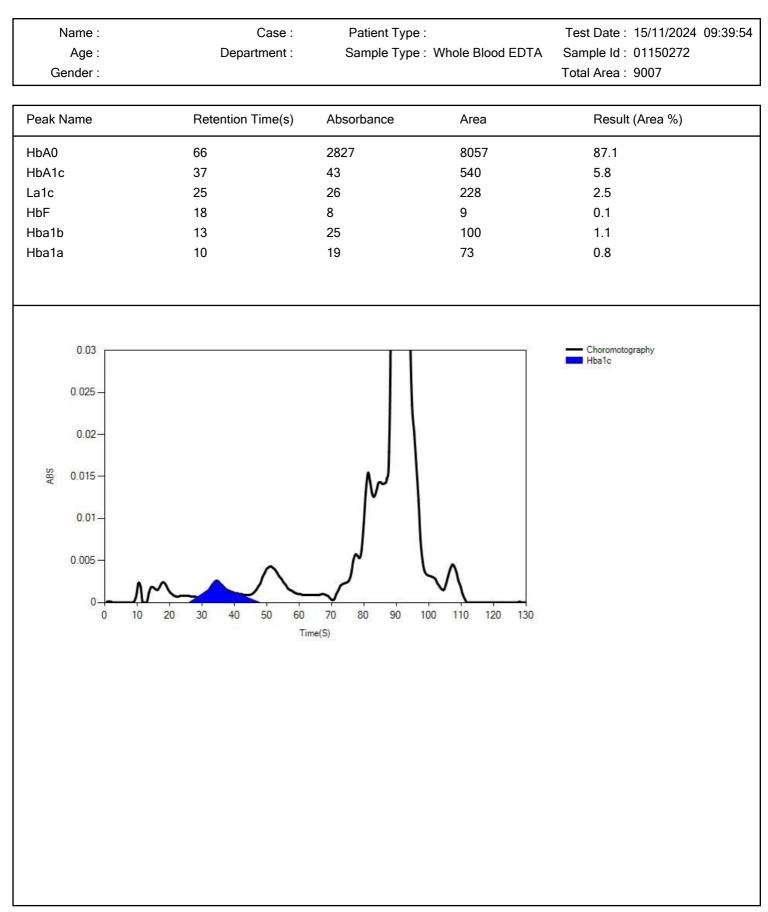
Dr. Mayank Gupta MD, DNB Pathology Consultant Pathologist MCI Regd. No. IMR/11/115

Moushiei Mukkeezie

Dr. Moushmi Mukherjee MD Pathology **Consultant Pathologist** DMC Regd. No. 61873

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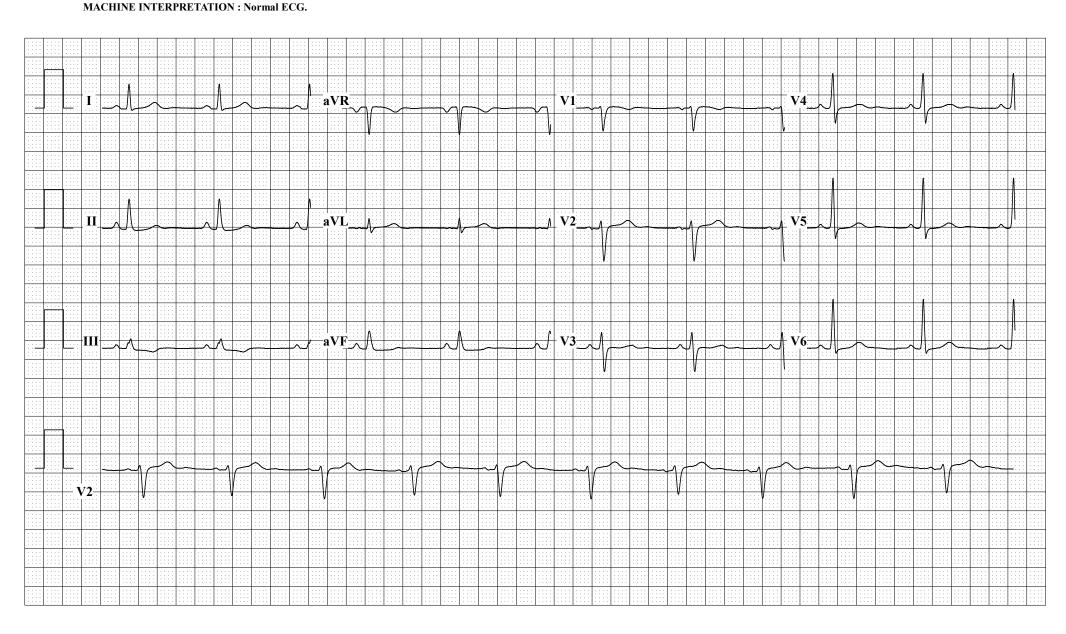
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515-516 DWARKA SEC19 NEW DELHI 110075

Ms. KIRTI	RATE : 64 bpm	P Duration : 82 ms
I.D. : 296	BP : N/A	PR Duration : 129 ms
AGE/SEX : 34 Yr /F	PAxis : 57 deg.	QRS Duration : 73 ms
HT/WT : /	QRS Axis : 49 deg.	QT Interval : 389 ms
DATE : 15-11-2024 10:00:23 AM	T Axis : 10 deg.	QTc Interval : 398 ms
REF.BY : Dr.MEDIWHEEL		

Linked Median

Speed : 25 mm/s Sensitivity : 10 mm/mV



Filtered(20 Cycle) And Base Corrected

