

M.D. (Pathology) AlIMS, New Delhi Dr. Nimisha Gupta M.D. (Pathology) AllMS, New Delhi FNAC & Histopathology Expert, M.N.A.M.S. DNB Ex- Registrar: PGIMER Chandigarh, GMCH Chandigarh

241000805

Mrs. SHIVANI PAL Patient Name Visit Id

Serial Number 10241115-9 15-11-2024 03:58 PM Registered On Age/Gender 24 Year / Female Received On 15-11-2024 04:00 PM Billing To Self Reported On 17-11-2024 11:51 AM

Ref By Doctor Report Status **Final Report**

Investigation Name Observed Value Unit Bio. Ref. Range Certified Haematology COMPLETE HAEMOGRAM Haemoglobin / HB 11.7 gm/dl 12 - 15Total Leucocyte Count / TLC 10^3 /ul 6.0 4.0 - 11Differential Leucocyte Count Neutrophils % 40 - 70 63 quality control Lymphocytes to ensure 100% % 20 - 4532 report accuracy Eosinophils % 1 - 6 04 Qualified Monocytes % 0 - 1001 and trained technicians RBC (Red Blood Cell Count) 10^6/ul 4 - 5.24.04 PCV (Hematocrit) 36 - 48 % 36.7 Temperaturecontrolled containers MCV (Mean Corpuscular Volume) 80 - 99.9 to store samples fl 90.9 MCH (Mean Corp Hb) 27 - 3328.9 pg Strict quality checks MCHC (Mean Corp Hb Conc) 32 - 36 on sample before 31.8 g/dl processing Platelet Count 1.50 - 4.50Lac 1.76 Method: Automated Cell Counter **RDW - CV** Regular monitoring % 11.5 - 15 13.7 of lab analyzers by expert RDW - SD 35 - 50fL 43.3 MPV (Mean Platelet Volume) 13.6 fL 6.8 - 12.6Assured machine PDW (Platelet Distribution Width) 16.3 fL 8.3 - 25inspection on a daily PCT % 0.2 - 0.50.238 P-LCC 10^3/uL 44-140 **Verified reports** 88.0 by qualified pathologist P-LCR (Platelet - Large Cell Ratio) % 13 - 43 49.8



Dr. Nimisha Gupta

Senior Consultant Pathology

20⁺ Years of Trust & Experience





pulkitdiagnosticcentre@yahoo.com





M.D. (Pathology) AIIMS, New Delhi Dr. Nimisha Gupta M.D. (Pathology) AllMS, New Delhi FNAC & Histopathology Expert, M.N.A.M.S. DNB Ex- Registrar: PGIMER Chandigarh, GMCH Chandigarh

Mrs. SHIVANI PAL Patient Name

Serial Number 10241115-9 Age/Gender 24 Year / Female

Billing To Self

Ref By Doctor

241000805 Visit Id

15-11-2024 03:58 PM Registered On Received On 15-11-2024 04:00 PM

Reported On 17-11-2024 11:51 AM

Report Status Final Report

Investigation Name Observed Value Unit Bio. Ref. Range

25

ESR (Erythrocyte Sedimentation Rate)

Method: Modified Westergren

mm/1 hour 2 - 18

Certified





















Dr. Nimisha Gupta

Senior Consultant Pathology

A-1, P-2,D.D. PURAM, BAREILLY- 243001

Home Sample Collection Available

Note: Impression is a professional opinion & not a diagnosis. All modern machines/procedures have their limitations, if there is a variance clinically this examination may be repeated or revaluated by other investigations. If test results are alarming or find any typographical error then contact the laboratory immediately for possible remedial action.

Technician 0581-4015967

9411220966

pulkitdiagnosticcentre@yahoo.com



Dr. Nimisha Gupta M.D. (Pathology) AllMS, New Delhi FNAC & Histopathology Expert, M.N.A.M.S. DNB Ex- Registrar: PGIMER Chandigarh, GMCH Chandigarh

Mrs. SHIVANI PAL Patient Name

Serial Number 10241115-9 Age/Gender 24 Year / Female

Billing To Self

Ref By Doctor

241000805 Visit Id

15-11-2024 03:58 PM Registered On Received On 15-11-2024 04:00 PM

Reported On 17-11-2024 11:51 AM

Report Status Final Report

Observed Value Investigation Name Unit Bio. Ref. Range

Blood Group ABO

ABO Blood Group

Rh Factor

B'

Positive



Certified







Qualified and trained technicians



Temperaturecontrolled containers to store samples



Strict quality checks on sample before processing



Regular monitoring of lab analyzers by expert



Assured machine inspection on a daily



Verified reports by qualified pathologist



20⁺ Years of Trust & **Experience**



Dr. Nimisha Gupta

Senior Consultant Pathology

0581-4015967 9411220966

Technician



pulkitdiagnosticcentre@yahoo.com





M.D. (Pathology) AIIMS, New Delhi Dr. Nimisha Gupta M.D. (Pathology) AllMS, New Delhi FNAC & Histopathology Expert, M.N.A.M.S. DNB Ex- Registrar: PGIMER Chandigarh, GMCH Chandigarh

Mrs. SHIVANI PAL Patient Name

Serial Number 10241115-9 Age/Gender 24 Year / Female

Billing To Self

Ref By Doctor

Urine Sugar Fasting

Technician

0581-4015967

9411220966

241000805 Visit Id

15-11-2024 03:58 PM Registered On Received On 15-11-2024 04:00 PM

Reported On 17-11-2024 11:51 AM

Report Status Final Report

Investigation Name Observed Value Unit Bio. Ref. Range

Clinical Pathology

Absent

Certified

Absent



















pulkitdiagnosticcentre@yahoo.com

Dr. Nimisha Gupta

Senior Consultant Pathology





M.D. (Pathology) AIIMS, New Delhi Dr. Nimisha Gupta FNAC & Histopathology Expert, M.N.A.M.S. DNB Ex- Registrar : PGIMER Chandigarh, GMCH Chandigarh

Patient Name Mrs. SHIVANI PAL Visit Id 241000805

Serial Number 10241115-9 Registered On 15-11-2024 03:58 PM Age/Gender 24 Year / Female Received On 15-11-2024 04:00 PM Billing To Self Reported On 17-11-2024 11:51 AM

Ref By Doctor Report Status : Final Report

Rei by Doctor .	Report Status . Final Report				
Investigation Name	Observed Value	Unit	Bio. Ref. Range		
Biochemistry				ISO Certified	
Blood Sugar Fasting / FBS	88.6	mg/dl	60 - 110	9001:2015	
Method: GOD/POD LIVER FUNCTION TEST / LFT				STORE OF THE PARTY	
Total Bilirubin	0.00	ma/dl	00 - 1.20	SIUU% E	
Method: Diazotised Sulphanilic Acid	0.69	mg/dl	00 - 1.20	***	
Direct Bilirubin	0.38	mg/dl	0 - 0.25	STEPS	
Method: Diazotised Sulphanilic Acid Indirect Bilirubin			00 4 00	O quality control	
Method: Calculated	0.31	mg/dl	00 - 1.20	to ensure 100% report accuracy	
Albumin	3.8	g/ <mark>dl</mark>	3.5 - 5.2		
Method: BCG				Qualified and trained technicians	
Globulin Method: Calculated	2.90	g/dl	1.8 - 3.6		
Albumin / Globulin Ratio	1.31		0.9 - 2	2 Temperature-controlled containers	
Method: Calculated					
Aspartate Transaminase (SGOT) Method: IFCC	26.7	U/L	0 - 31	to store samples	
Alanine Tr <mark>a</mark> nsaminase (<mark>S</mark> GPT)	33.5	U/L	0 - 34	Strict quality checks on sample before processing	
Method: IFCC Alkaline Phosphatase	00.4	IU/L	40 - 129		
Method: IFCC	68.4	10/L	40 - 129	processing.	
COMMENT:				Regular monitoring	
A liver panel (Liver function test) or one or more of its	of lab analyzers by expert				
if a person has symptoms that indicate possible liver dy If a person has a known condition or liver disease, testi				Бу схротс	
to monitor liver status and to evaluate the effectiveness	• • •			Assured machine	
				inspection on a daily basis	
KIDNEY FUNCTION TEST / KFT				Dasis	
Blood Urea	23.0	mg/dl	10 - 50	Verified reports	
Method: GLDH	23.0	ilig/ul	10 - 30	by qualified pathologist	
Creatinine	0.76	mg/dl	0.6 - 1.1	Paris dior	
Method: Jaffes Kinetic				20 ⁺ Years of Trust &	
Uric Acid Method: Enzymatic PAP	3.7	mg/dl	2.6 - 6	Experience	
Motified. Enzymatio i Ai					



Dr. Nimisha Gupta

Senior Consultant Pathology





pulkitdiagnosticcentre@yahoo.com







M.D. (Pathology) AIIMS, New Delhi Dr. Nimisha Gupta M.D. (Pathology) AllMS, New Delhi FNAC & Histopathology Expert, M.N.A.M.S. DNB Ex- Registrar: PGIMER Chandigarh, GMCH Chandigarh

17-11-2024 11:51 AM

Mrs. SHIVANI PAL Patient Name

Serial Number 10241115-9 Age/Gender 24 Year / Female

Billing To Self

Ref By Doctor

Investigation Name

241000805 Visit Id

Registered On 15-11-2024 03:58 PM

Received On 15-11-2024 04:00 PM

Report Status **Final Report**

Observed Value Unit Bio. Ref. Range

Reported On

Haematology

Certified

HBA1C ESTIMATION

Method: HPLC

HbA1C (GLYCOSYLATED HAEMOGLOBIN)

PATIENT'S VALUE % HbA1C 6.2 %

EXPECTED VALUES:-

%HbA1c	Approx. mean blood glucose(mg/dl)	Interpretation
4	65	pretation
5	100	Non-diabetic range
6	135	
7	170	ADA target
8	205	
9	240	
10	275	Action suggested
11	310	
12	345	

quality control to ensure 100% report accuracy



Temperaturecontrolled containers to store samples

REMARKS:- In vitro quantitative determination of **HbA1C** in whole blood is utilized in long term monitoring of glycemia. The **HbA1C** level correlates with the mean glucose concentration prevailing in the course of the patient's recent history (approx - 6-8 weeks) and therefore provides much more reliable information for glycemia monitoring than do determinations of blood glucose or urinary glucose. It is recommended that the determination of **HbA1C** be performed at intervals of 4-6 weeks during diabetes mellitus therapy.



Regular monitoring of lab analyzers by expert

Results of **HbA1C** should be assessed in conjunction with the patient's medical history, clinical examinations and other findings.







Dr. Nimisha Gupta

Senior Consultant Pathology

A-1, P-2.D.D. PURAM, BAREILLY- 243001

Home Sample Collection Available

Note: Impression is a professional opinion & not a diagnosis. All modern machines/procedures have their limitations, if there is a variance clinically this examination may be repeated or revaluated by other investigations. If test results are alarming or find any typographical error then contact the laboratory immediately for possible remedial action.

Technician

0581-4015967 9411220966





mg/dl

mg/dl

mg/dl

mg/dl

mg/dl

M.D. (Pathology) AlIMS, New Delhi Dr. Nimisha Gupta M.D. (Pathology) AllMS, New Delhi FNAC & Histopathology Expert, M.N.A.M.S. DNB Ex- Registrar: PGIMER Chandigarh, GMCH Chandigarh

Mrs. SHIVANI PAL 241000805 Patient Name Visit Id

Serial Number 10241115-9 Registered On 15-11-2024 03:58 PM Age/Gender 24 Year / Female Received On 15-11-2024 04:00 PM Billing To Self Reported On 17-11-2024 11:51 AM

Ref By Doctor Report Status **Final Report**

76.2

162.1

60.2

85.66

15.24

2.69

1.42

Investigation Name Observed Value Unit Bio. Ref. Range

Biochemistry

LIPID PROFILE **Trialycerides**

Method: Enz.GPO/PAP

Cholesterol Total Method: CHOD/POD

HDL Cholesterol Method: Enzymatic LDL Cholesterol

Method: Direct Homogeneous Assay VLDL Cholesterol

Method: Calculated Cholesterol Total / HDL - C, Ratio Method: Calculated

LDL-C / HDL - C, Ratio Method: Calculated

Technician

0581-4015967

9411220966

Interpretation:

A lipid profile that measures the amount of cholesterol and fats called triglycerides in the blood. These measurements give the doctor a quick snapshot of what's going on in blood. Cholesterol and triglycerides in the blood can clog arteries, making you more likely to develop heart disease

CHOLESTEROL

LDL-CHOLESTEROL CHO/HDL RATIO

Acceptable/Low Risk: < 200 mg/dL < 4.5 <130 mg/dL Borderline High Risk: 200-239 mg/dL 130-159 mg/dl 4.5 - 6.0High Risk > 240 mg/dL> 160 mg/dL> 6.0

Desirable: <150

Borderline High: 150-200

High: 201 - 499 Very High: >

Desirable: 200 quality control BorderIne High:

200-239 High: > 240

30 - 85

<100

02 - 30

Less than 5

Less than 3.5

on sample before processing

Strict quality checks

to ensure 100%

report accuracy

Qualified

and trained

technicians

Temperaturecontrolled containers

to store samples

Certified

Regular monitoring of lab analyzers by expert









Dr. Nimisha Gupta

Senior Consultant Pathology









M.D. (Pathology) AlIMS, New Delhi Dr. Nimisha Gupta M.D. (Pathology) AllMS, New Delhi FNAC & Histopathology Expert, M.N.A.M.S. DNB Ex- Registrar: PGIMER Chandigarh, GMCH Chandigarh

Mrs. SHIVANI PAL Patient Name

Serial Number 10241115-9 Age/Gender 24 Year / Female

Billing To Self

Ref By Doctor

Investigation Name

241000805 Visit Id

15-11-2024 03:58 PM Registered On

Received On 15-11-2024 04:00 PM

Reported On 17-11-2024 11:51 AM Report Status **Final Report**

Observed Value Unit Bio. Ref. Range

Immunology

2.96

THYROID PROFILE (TOTAL)

T3 (Total) Method: CLIA T4 (Total) Method: CLIA TSH (3rd Generation) Method: Immunoassay CLIA

0.50 - 2.0 ng/ml ng/ml 1.56

µg/dl 4.8 to 11.6 µg/dl 9.38

µIU/mI

Children

Premature Infant 0.8 - 5.2 uIU/mL Cord Blood 1.0 - 17.4 uIU/mL1-3 Days 1.0 - 17.4 uIU/mL1-2 Weeks 1.7 - 9.1 uIU/mL 4-12 Months 0.8 - 8.2 uIU/mL 1-5 Years 0.8 - 8.2 uIU/mL 5-10 Years 0.7 - 7.0 uIU/mL10-15 Years 0.7 - 5.7 uIU/mL

0.280 - 6.82 µlu/m

rict quality checks on sample before processing

emperature-entrolled containers

store samples

quality control

ualified nd trained

chnicians

ensure 100% port accuracy

Certified

INTERPRETATION:

- TSH measurement has been used for screening for euthyroidism, screening and diagnosis for hyperthyroidism & hypothyroidism. suppressed TSH· (<0.01uiu/ml) suggest a diagnosis of hyperthyroidism and elevated concentration (< 7uiu/ml) suggest hypothyroidism. TSH levels may be affected by acute illness & several medication including dopamine and glucocorticoides. decreased (low or undetectable) in graves disease. increased in TSH secreting pituitary adenoma (secondary hyperthyroidism) parth and in hypothalamic disease thyrotropin (tertiary hyperthyroidism). elevated in hypothyroidism (along with decreased) except for pituitary and hypothalamic disease.
- Mild to modest elevations in patients with normal T3 & T4 level indicate impaired thyroid hormone reserves and incipient hypothyroidism (subclinical hypothyroidism). Mild to modest decreased with normal T3 and T4 indicates subclinical
- Degree of TSH suppression does not reflect the severity of hyperthyroidism; therefore, measurement of free thyroid hormone levels is required patient with a suppressed TSH level.



Regular monitoring of lab analyzers by expert



Assured machine inspection on a daily



Verified reports by qualified pathologist



20⁺ Years of Trust &



Dr. Nimisha Gupta

Senior Consultant Pathology

Technician 0581-4015967

9411220966



pulkitdiagnosticcentre@yahoo.com







Dr. Nimisha Gupta M.D. (Pathology) AllMS, New Delhi FNAC & Histopathology Expert, M.N.A.M.S. DNB Ex- Registrar: PGIMER Chandigarh, GMCH Chandigarh

Mrs. SHIVANI PAL Patient Name

Serial Number 10241115-9 Age/Gender 24 Year / Female

Billing To Self

Ref By Doctor

241000805 Visit Id

15-11-2024 03:58 PM Registered On Received On 15-11-2024 04:00 PM

Reported On 17-11-2024 11:51 AM

Report Status Final Report

Observed Value Investigation Name Unit Bio. Ref. Range

























Dr. Nimisha Gupta

Senior Consultant Pathology

A-1, P-2,D.D. PURAM, BAREILLY- 243001





pulkitdiagnosticcentre@yahoo.com



Dr. Nimisha Gupta FNAC & Histopathology Expert, M.N.A.M.S. DNB

M.D. (Pathology) AlIMS, New Delhi Ex- Registrar: PGIMER Chandigarh, GMCH Chandigarh

Mrs. SHIVANI PAL Patient Name

Serial Number 10241115-9 Age/Gender 24 Year / Female

Billing To Self

Ref By Doctor

241000805 Visit Id

15-11-2024 03:58 PM Registered On

Received On 15-11-2024 04:00 PM Reported On 17-11-2024 11:51 AM

Report Status **Final Report**

Observed Value Investigation Name Unit Bio. Ref. Range

Clinical Pathology

URINE ROUTINE EXAMINATION

Physical Examination

Volume

Deposits / Clarity / Turbidity / Transparency

Specific Gravity (S.G)

Chemical Examination

Reaction (pH)

Proteins

Sugar

Colour

Method: Double Sequential Enzyme Reaction

Microscopic Examination

Pus Cells

Red Blood Cells

Casts

Crystals

Epithelial Cells

Bacteria

Others

20

Pale-yellow

Slightly Turbid

Q.N.S

Acidic

Trace

Absent

Occasional

Absent

Absent

Absent

Present +

8-12

Pale-yellow

ml.

/HPF

/HPF

/HPF

Ipf

Absent

quality control to ensure 100% report accuracy Qualified

and trained

technicians

Certified

Acidic

Absent

Absent

Temperaturecontrolled containers to store samples

Strict quality checks

<2-5 / hpf

on sample before <2 RBC's/hpf processing

0-5 hyaline casts/lpf

Absent

Regular monitoring of lab analyzers <15-20 / hpf

Absent

Absent

Assured machine inspection on a daily



Verified reports by qualified pathologist



20⁺ Years of Trust & Experience

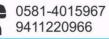


Dr. Nimisha Gupta

Senior Consultant Pathology

A-1, P-2,D.D. PURAM, BAREILLY- 243001







pulkitdiagnosticcentre@yahoo.com



Patient Name

: SHIVANI PAL

15-NOV-2024

Ref. By.: Dr.

SELF

Age /Sex 24Y/ F

Investigation

: X-Ray Chest PA View

OBSERVATION

Bilateral lung fields are clear.

Trachea is central.

Both hila are normal.

Cardiac shape, size and silhouette are normal.

No mediastinal widening or mediastinal shift noted.

Both domes of diaphragm are normal in height and silhouette.

Bilateral C.P. angles are clear.

Bony rib cage is normal.

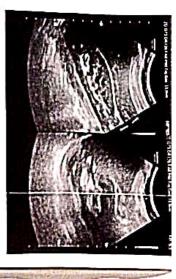
IMPRESSION

NO SIGNIFICANT ABNORMALITY DETECTED IN THE SCAN.

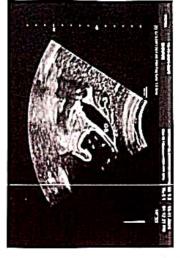
To correlate clinico-pathologically

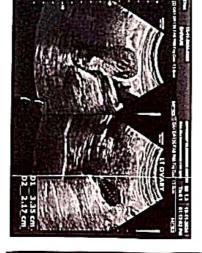
to













B-55, Deen Dayal Puram, Adjacent to O2 Gym, Bareilly - 243122

NAME: SHIVANI PAL REFERRED BY: SELF ABDOMINO-PELVIC SONOGRAPHY SEX:FEMALE AGE: DATE: 15.11.2024. 24 YEARS

Liver is normal in size with normal echo texture. No focal lesions. Portal vein is normal

Gall Bladder is well distended. Wall thickness normal. No calculus. No sludge.

No evidence of IHBR dilatation. CBD is normal.

Spleen is normal in size, outline and echo texture. No focal lesion Pancreas is normal in size, outline and echo texture. No focal lesion

Right kidney

No evidence of hydronephrosis or calculi. The ureter is not dilated. Normal in size and echo texture. Cortico-medullary differentiation is preserved

Left kidney

No evidence of hydronephrosis or calculi. The ureter is not dilated. Normal in size and echo texture. Cortico-medullary differentiation is preserved.

Urinary Bladder is distended.

Wall appears thickened measuring approx.. 4.5 mm.

- Uterus: Anteverted, normal in size.
- The endo and myometrium are normal.
- ET measures- 4.5 mm, hyperechoic and regular.
- Left ovary: A hemorrhagic cyst noted measuring approx.. 3.3x2.1 cm.
- Right ovary appears normal.
- No free fluid in POD.

No evidence of ascites or lymphadenopathy.

MPRESSION:

- · CYSTITIS.
- LEFT OVARIAN HEMORRHAGIC CYST (~3.3x2.1 cm) as described above. Suggested Urine R/M.

DR RAJAT SAXENA
MBBS,DNIRD RADIOLOGIST



NOT VALID FOR MEDICO LEGAL PURPOSE