




 GPS Map Camera

Raipur, Chhattisgarh, India
6j6w+c64, Krishna Nagar, Santoshi Nagar, Raipur, Mathpurena,
Chhattisgarh 492001, India
Lat 21.211106° Long 81.645671°
15/11/24 10:08 AM GMT +05:30

 Google



भारत सरकार

Government of India



Aadhaar no. issued: 31/10/2013



रामेश्वरी

Rameshvari

जन्म तिथि/DOB: 01/01/1995

महिला/ FEMALE

आधार पहचान का प्रमाण है, नागरिकता या जन्मतिथि का नहीं।
इसका उपयोग सत्यापन (ऑनलाइन प्रमाणीकरण, या क्यूआर कोड/
ऑफ़लाइन एक्सएमएल की स्कैनिंग) के साथ किया जाना चाहिए।

**Aadhaar is proof of identity, not of citizenship
or date of birth. It should be used with verification (online
authentication, or scanning of QR code / offline XML).**

4295 9204 7553

मेरा **आधार**, मेरी पहचान



भारतीय विशिष्ट पहचान प्राधिकरण

Unique Identification Authority of India



पता:
द्वारा: विकाश कुमार सुर्याम, मकान न, ग्राम सुन्हादादर, गदा
सारे मॉल., गदासरै, डिंडोरी,
मध्य प्रदेश - 481882

Address:
C/O: Vikash Kumar Suryam, makan no,
village sunahadadar, Gada Sarai Mal., PO:
Gadasarai, DIST: Dindori,
Madhya Pradesh - 481882

Details as on: 21/04/2024



4295 9204 7553

VID : 9143 6983 6101 5686



1947

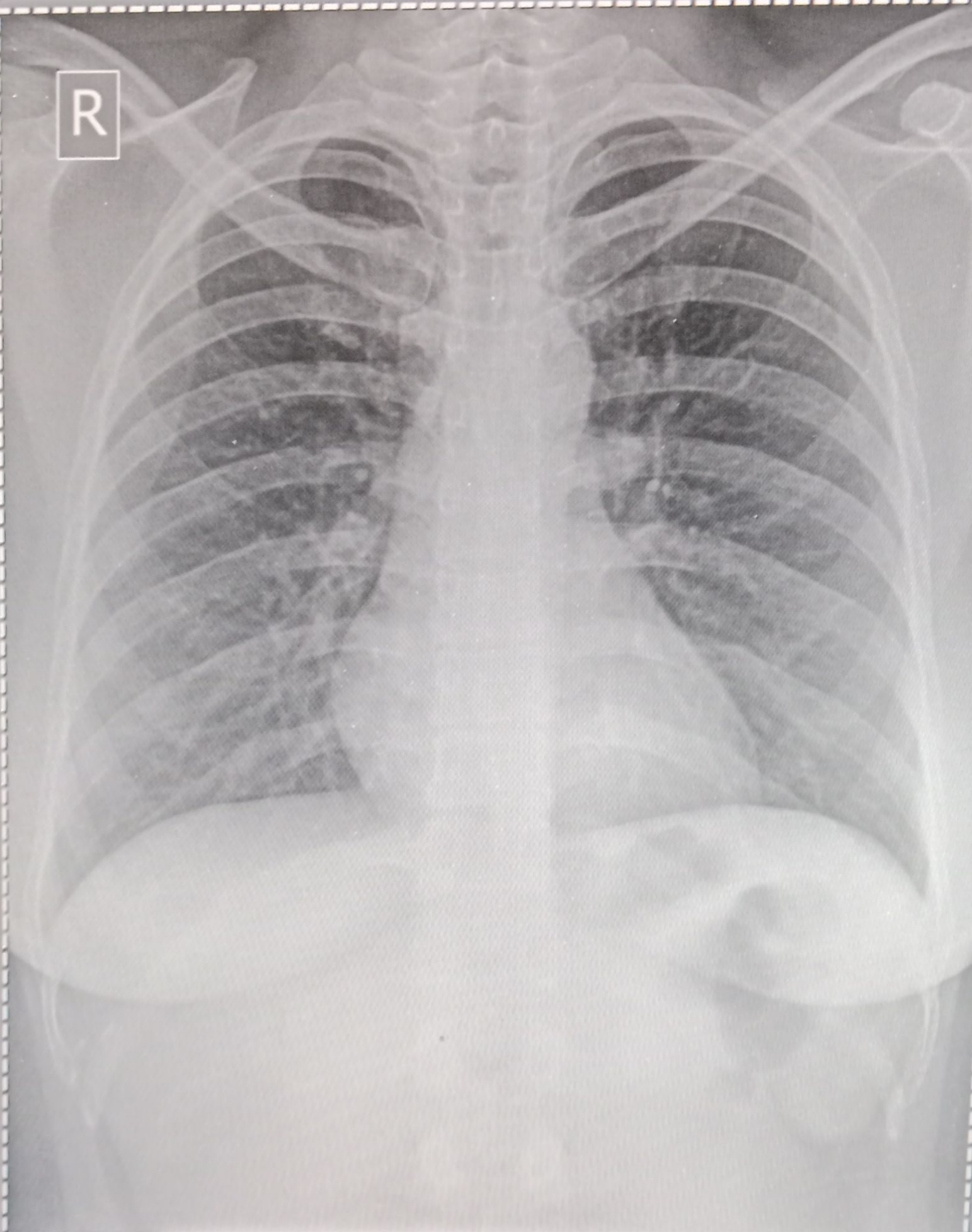


help@uidai.gov.in



www.uidai.gov.in

R



MRS. RAMESHRI

Female 29 year (Chest

15/11/2024 10:59:56

MEDIWHEEL

SHRI SAI ADVANCE IMAGING & DIAGNOSTIC CENTER



A Unit of Diagnostic Care with Trust

श्री साईं एडवांस इमेजिंग एण्ड डायग्नोस्टिक सेंटर PVT. LTD.

हर जीवन  अमूल्य है

पुराना धमतरी रोड, सब्जी बाजार के सामने,
संतोषी नगर, रायपुर (छ.ग.) ☎ 0771-4023900

MRI | C.T. Scan | 4-D Colour USG | Digital X-Ray | Advanced Pathology | 2D Echo / E.C.G. / TMT / E.E.G / OPG / SPIRO

DATE- 15-Nov-24

PATIENT NAME MRS. RAMESHWARI
AGE/SEX 29 YRS / FEMALE
REF. BY BANK OF BARODA

SONOGRAPHY OF THE ABDOMEN + PELVIS *PROCEDURE DONE BY ULTRASOUND MACHINE Canon Apilo a450 (4D COLOR DOPPLER)*

- LIVER** : The liver is normal in size, shape & contour with normal echotexture. No evidence of any Focal lesion or mass seen. The intrahepatic biliary ducts are normal. The CBD is normal in course, caliber & contour. Hepatic & portal vein appear normal in morphology.
- GALL BLADDER** : well distended & shows normal wall thickness. No obvious intraluminal calculus.
- PANCREAS** : appears normal in size, shape & echo pattern. Pancreatic duct appear normal.
- SPLEEN** : Spleen is normal size, shape and position. No focal lesion seen.
- KIDNEY** : Right kidney measures ~ 10.1 x 4.1 cm.
Left kidney measures ~ 12.9 x 4.3 cm.
Both Kidneys are normal size, shape and position.
Renal parenchymal echogenicities are normal .
No evidence of any calculus or pelvicalyceal dilation.
- URINARY BLADDER:** UB is well distended with normal wall thickness. No evidence of mass /calculus.
- UTERUS** : **Retroverted** normal in size & echotexture measures (7.6 x 4.4 x 4.6 cm & vol~ 84.1 cc). No obvious focal lesion seen. Endometrium thickness is normal (7.4 mm).
- OVARY** : Right ovary measures ~3.2 x 2.7 cm.
Left ovary measures ~3.4 x 1.6 cm.
Both ovaries are normal in size, shape and echotexture.
- RETRO PERITONEUM** No evidence of lymphadenopathy / mass.
- FREE FLUID** : No free fluid seen in abdomen & peritoneal cavity.
- IMPRESSION** : **NO SIGNIFICANT ABNORMALITY DETECTED.**

Needs clinical correlation & other investigations.

Dr. Hulesh Mandale, MD
Consultant Radiologist

Kindly Note:-

- The report and films are not valid for medico – legal purpose.
- Please Intimate us if any typing mistakes and send the report for correction within 7 days.
- कृपया अगली बार जांच के लिए आने पर पुराना रिपोर्ट साथ में लावे ।

सही जांच ही सही ईलाज का आधार है...

Email : shrisaimaging@gmail.com, Website : www.shrisaldiagnostics.com



DATE- 15-Nov-24

PATIENT NAME MRS. RAMESHWARI
AGE/SEX 29 YRS / FEMALE
REF. BY BANK OF BARODA

USG OF BOTH BREASTS

- Both the breasts parenchyma appears normal in echotexture.
- No obvious mass lesion noted. No calcification is seen.
- Ductal system otherwise appears normal.
- Skin and subcutaneous tissue appears normal.
- Bilateral axillae are clear.

IMPRESSION:

✧ No significant abnormality detected.

Needs clinical correlation & other investigations.



*Dr. Hulesh Mandle, MD
Consultant Radiologist*

Investigations have their limitation, solitary radiological / pathological and other investigations never confirm the final diagnosis of disease. They only help in diagnosing the disease in correlation to symptom and other related test please interpret accordingly.

Kindly Note:-

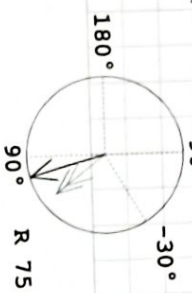
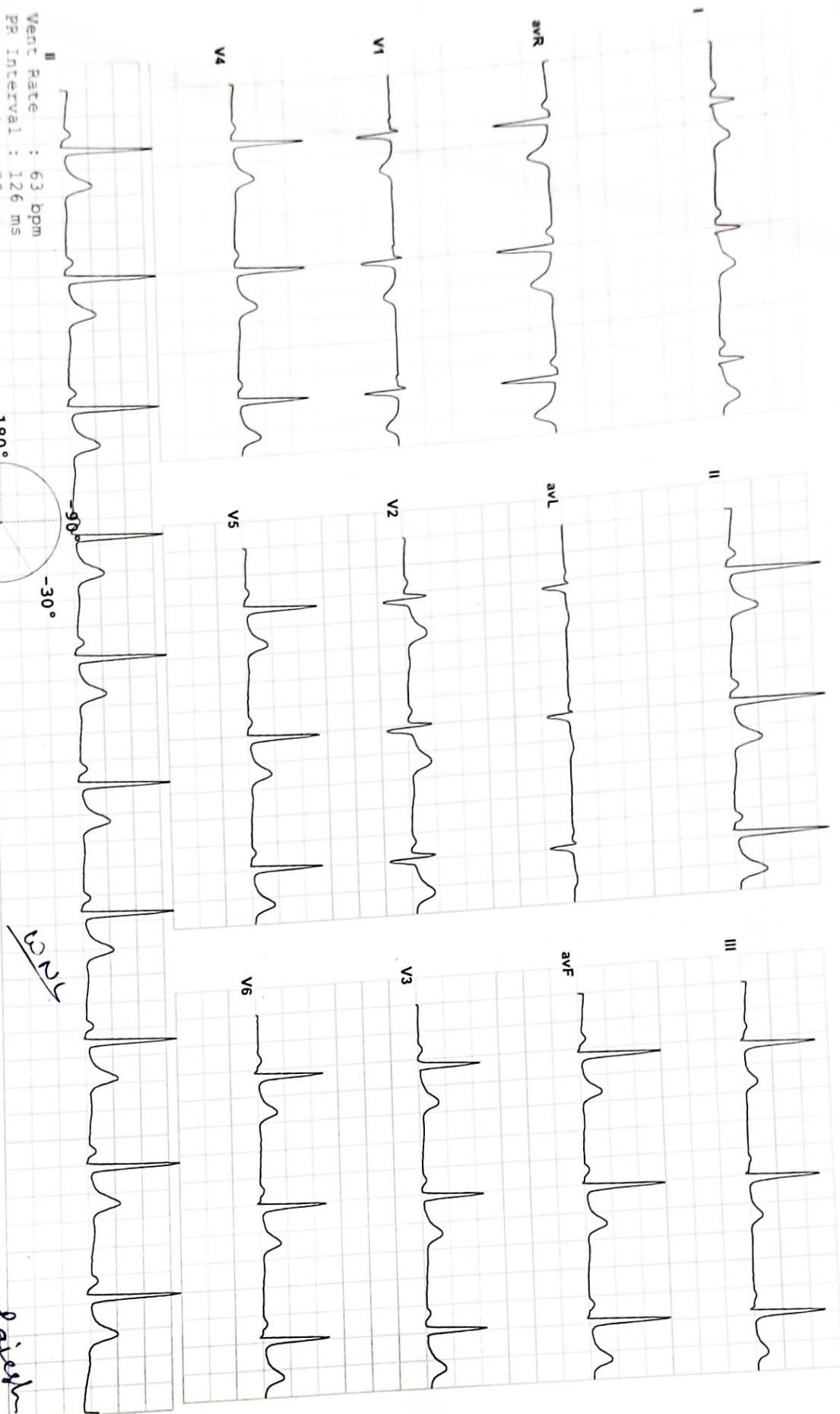
- The report and films are not valid for medico – legal purpose.
- Please Intimate us if any typing mistakes and send the report for correction within 7 days.

SHRI SAI ADVANCE IMAGING & DAIGNOSTIC CENTER, SANTOSHI NAGA R

15 Nov 2024 Study Abdomen
Name RAMESHVARI 029Y / F



SHRI SAI ADVANCE IMAGING AND DIAGNOSTIC CENTER
 736 / MRS. RAMESHRI SURYAM / 29 Yrs / F / 162Cms. / 60Kgs. / Non Smoker
 Heart Rate : 63 bpm / Tested On : 15-Nov-24 11:21:49 / HF 0.05 Hz - LF 35 Hz / Notch 50 Hz / Sn 1.00 Cm/mV / Sw 25 mm/s
 / Refd By: MEDIWHEEL



Axis
 R 75.00° T 53.00° P 53.00°

Reported By:

Rajesh
DR. RAJESH SHARMA
 MD, PGDCC (Cardiologist)
 CGMC- 686/2007



रामकथा

आँख, कान, नाक, गला एवं मल्टीस्पेशियलिटी हॉस्पिटल

24 घंटे आपातकालीन चिकित्सा सेवा उपलब्ध

PT. MRS. RAMESHWARI

AGE/SEX - 29Y/F

WEIGHT -

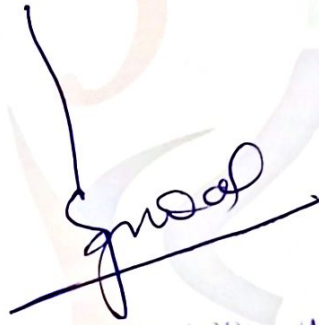
EO Routine ENT

Examination

DATE

15-11-24

ENT - clinically every parts appear to be normal.



Dr. Santosh Jaiswal

MS (ENT)

Rg. No. CGMC 4162/2012

ABOUT US COMET EYE HOSPITALS is a patient centric network of specialty eye clinics/hospitals



DIVYA JYOTI
Eye & Dental Hospital
Superspeciality Eye Care Center

Dr. Dinesh Shrey
MD (AIIMS) New Delhi
Consultant Eye Surgeon
Reg. No. - CGMC/862/2007



COMET
EYE HOSPITAL
"Think Eye - Think Us"
An AIIMS (Delhi) Alumni Network

www.cometeyehospitals.com

MRD No DJE11334

Patient : MRS.RAMESHWARI / female / 29Yr(s)

Date : 15-11-2024 01:31 PM

Address: PAMGARH

Contact Number : 9669156664

Presenting ROUTINE CHECK UP

Complaint:

Vision:

Eye	Distance vision			Near vision	
	UCDVA	BCDVA	PH	UCNVA	BCNVA
Right	6/12P				
Left	6/9P				

Final Prescription
Spectacle Correction:

	Right Eye				Left Eye			
	SPH	CYL	AXIS	V/A	SPH	CYL	AXIS	V/A
D.V	-0.5			6/6	-0.25	-0.25	90	6/6

Examination:

Eye Parts	Right Eye	Left Eye
ANTERIOR SEGMENT	NORMAL	NORMAL
POSTERIOR SEGMENT	NORMAL	NORMAL

Diagnosis:

BothEyes-REFRACTIVE ERROR

Prescription:

1 [LUBRISKY Eye Drops] (1)
Both Eyes- 2 TIMES A DAY (1drop ---0----1 drop) , 7 Day(s)

DR DINESH (CGMC/862/2007)

SHRISAI ADVANCE IMAGING AND DIAGNOSTIC CENTER
RADHAKRISHNA VIHAR SANTOSHI NAGAR EMAIL:

Report

519 / MRS. RAMESHRI SURYAM / 29 Yrs / F / 157 Cms / 55 Kg / NonSmoker
 Date: 15 - 11 - 2024 Refd By : MEDIWHEEL Examined By:



Stage	Time	Duration	Speed(mph)	Elevation	METs	Rate	%THR	BP	RPP	PVC	Comments
Supine	00:09	0:09	00.0	00.0	01.0	066	35 %	110/72	072	00	
Standing	00:51	0:42	00.0	00.0	01.0	075	39 %	110/72	082	00	
ExStart	01:02	0:11	00.0	00.0	01.0	071	37 %	110/72	078	00	
BRUCE Stage 1	04:02	3:00	01.7	10.0	04.7	133	70 %	118/78	156	00	
BRUCE Stage 2	07:02	3:00	02.5	12.0	07.1	144	75 %	122/82	175	00	
PeakEx	08:21	1:19	03.4	14.0	08.5	166	87 %	122/82	202	00	
Recovery	09:21	1:00	01.1	00.0	01.2	146	76 %	120/80	175	00	
Recovery	09:33	1:12	01.1	00.0	01.0	144	75 %	117/77	168	00	

FINDINGS :

Exercise Time : 07:19
 Max HR Attained : 166 bpm 87% of Target 191
 Max BP Attained : 122/82 (mm/Hg)
 Max Workload Attained : 8.5 Fair response to induced stress
 Test End Reasons : Test Complete, Heart Rate Achieved

REPORT : TWT Negative

DR. RAJESH SHARMA
 MD. PDDC
 CGMC
 86/200T

Doctor : self

SHRI SAI ADVANCE IMAGING AND DIAGNOSTIC CENTER

519 / MRS. RAMESHRI SURYAM / 29 Yrs / F / 157 Cms / 55 Kg / HR : 66

BRUCE:Supine(0:09)

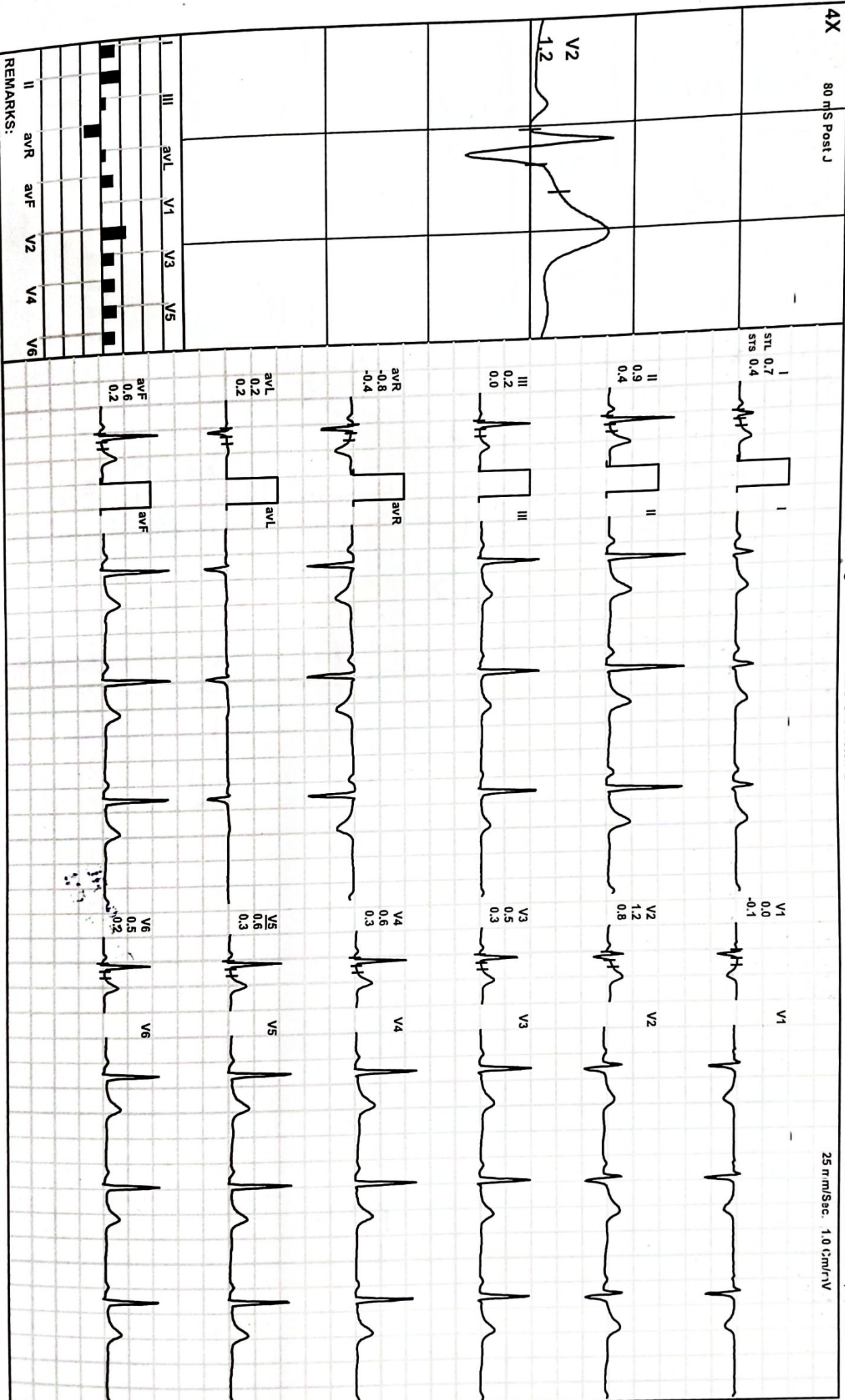
AGHP

Date: 15 - 11 - 2024

METS- 1.0/ 66 bpm 35% of THR BP: 110/72 mmHg Raw ECG/ BLC On/ Notch On/ HF 0.05 Hz/LF 100 Hz

EXTime: 00:00 0.0 mph, 0.0%

25 mm/Sec. 1.0 cm/rV



REMARKS:

SHRI SAI ADVANCE IMAGING AND DIAGNOSTIC CENTER

519 / MRS. RAMESHRI SURYAM / 29 YRS / F / 157 Cms / 55 Kg / HR : 75

BRUCE: Standing(0:42)

ACAPDL

Date: 15 - 11 - 2024

METS: 1.0/ 75 bpm 39% of THR BP: 110/72 mmHg Raw ECG/ BLC On/ Notch On/ HF 0.05 Hz/ LF 100 Hz

EXTime: 00:00 0.0 mph, 0.0%

25 mm/Sec. 1.0 cm/mV

4X

80 mS Post J

STL 3.2
STS 0.6



V1
-0.1
0.4



II
-1.1
2.5



V2
2.5
2.1



V2
2.5



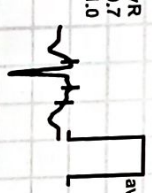
III
-2.1
1.6



V3
1.4
1.2



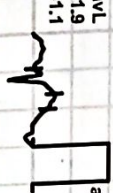
avR
-0.7
-1.0



V4
1.4
1.8



avL
1.9
-1.1



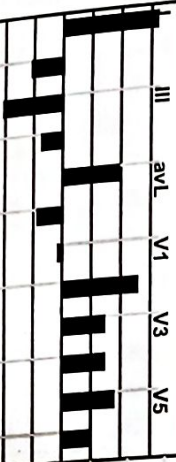
V5
1.8
0.8



avF
-0.9
1.8



V6
1.0
1.6



REMARKS:

SHRI SAI ADVANCE IMAGING AND DIAGNOSTIC CENTER

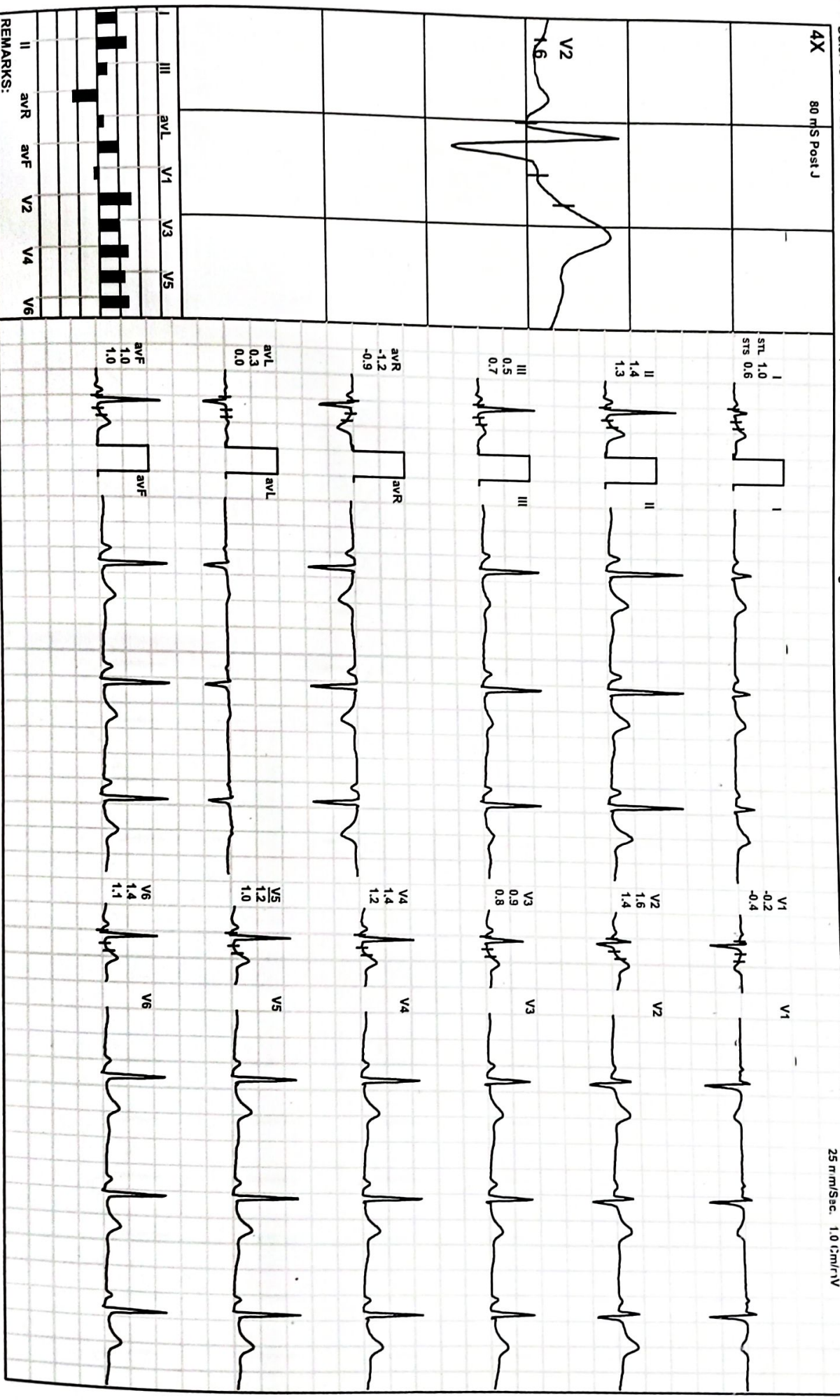
519 / MRS. RAMESHRI SURYAM / 29 Yrs / F / 157 Cms / 55 Kg / HR : 71

Date: 15 - 11 - 2024

METS: 1.0/ 71 bpm 37% of THR BP: 110/72 mmHg Raw ECG/ BLC On/ Notch On/ HF 0.05 Hz/ LF 100 Hz

ExTime: 00:00 0.9 mph 0.0%
25 mm/Sec. 1.0 cm/rV

ExStart
ACAPL



REMARKS:

SHRI SAI ADVANCE IMAGING AND DIAGNOSTIC CENTER

519 / MRS. RAMESHRI SURYAM / 29 Yrs / F / 157 Cms / 55 Kg / HR : 133

BRUCE: Stage 1(3:00)

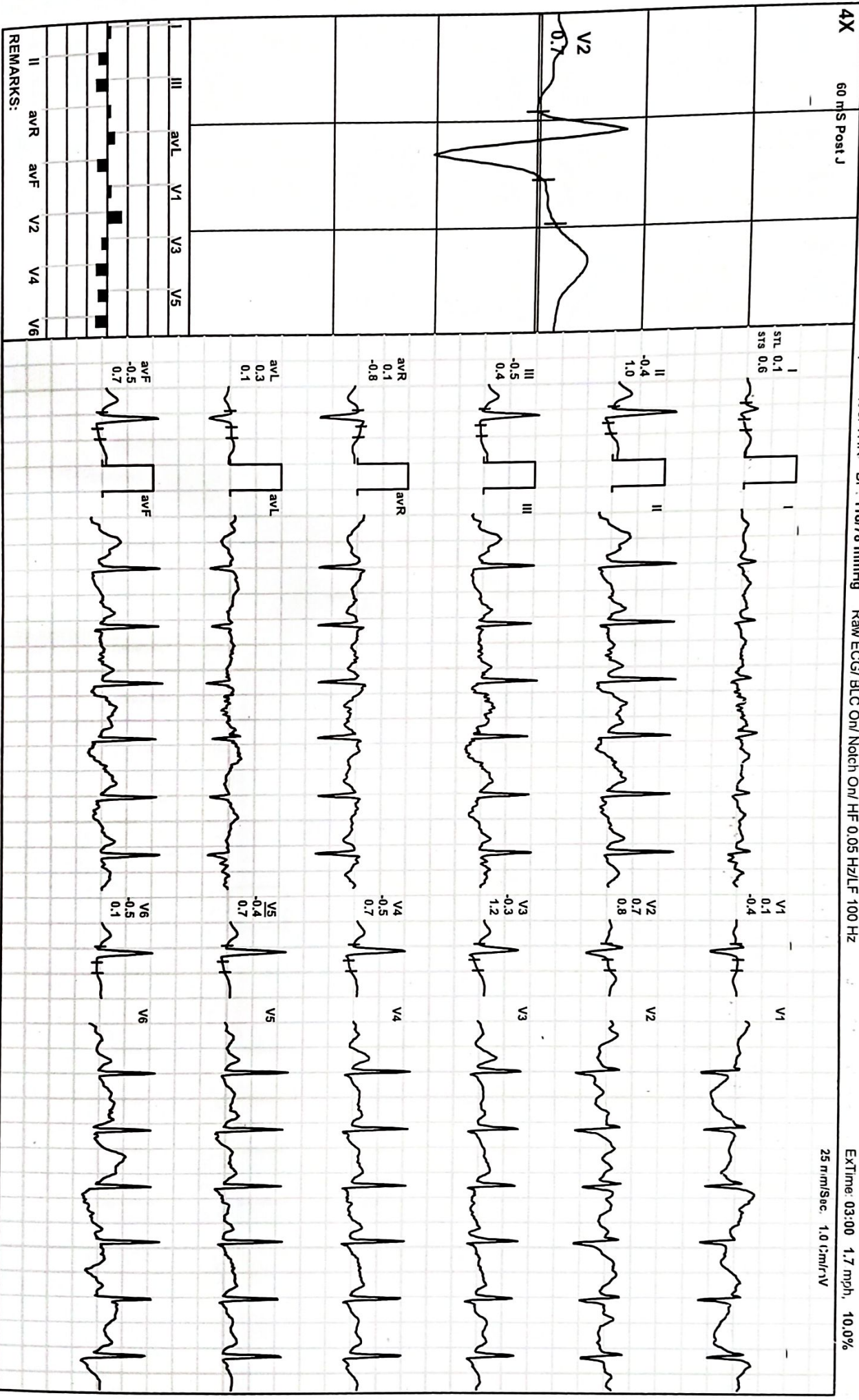


Date: 15 - 11 - 2024

METS: 4.7 / 133 bpm 70% of THR BP: 118/78 mmHg Raw ECG/ BLC On/ Notch On/ HF 0.05 Hz/LF 100 Hz

ExTime: 03:00 1.7 mph, 10.0%

25 mm/Sec. 1.0 cm/r-V



REMARKS:
II avR avF V2 V4 V6

SHRI SAI ADVANCE IMAGING AND DIAGNOSTIC CENTER

519 / MRS. RAMESHRI SURYAM / 29 Yrs / F / 157 Cms / 55 Kg / HR : 144

Date: 15 - 11 - 2024

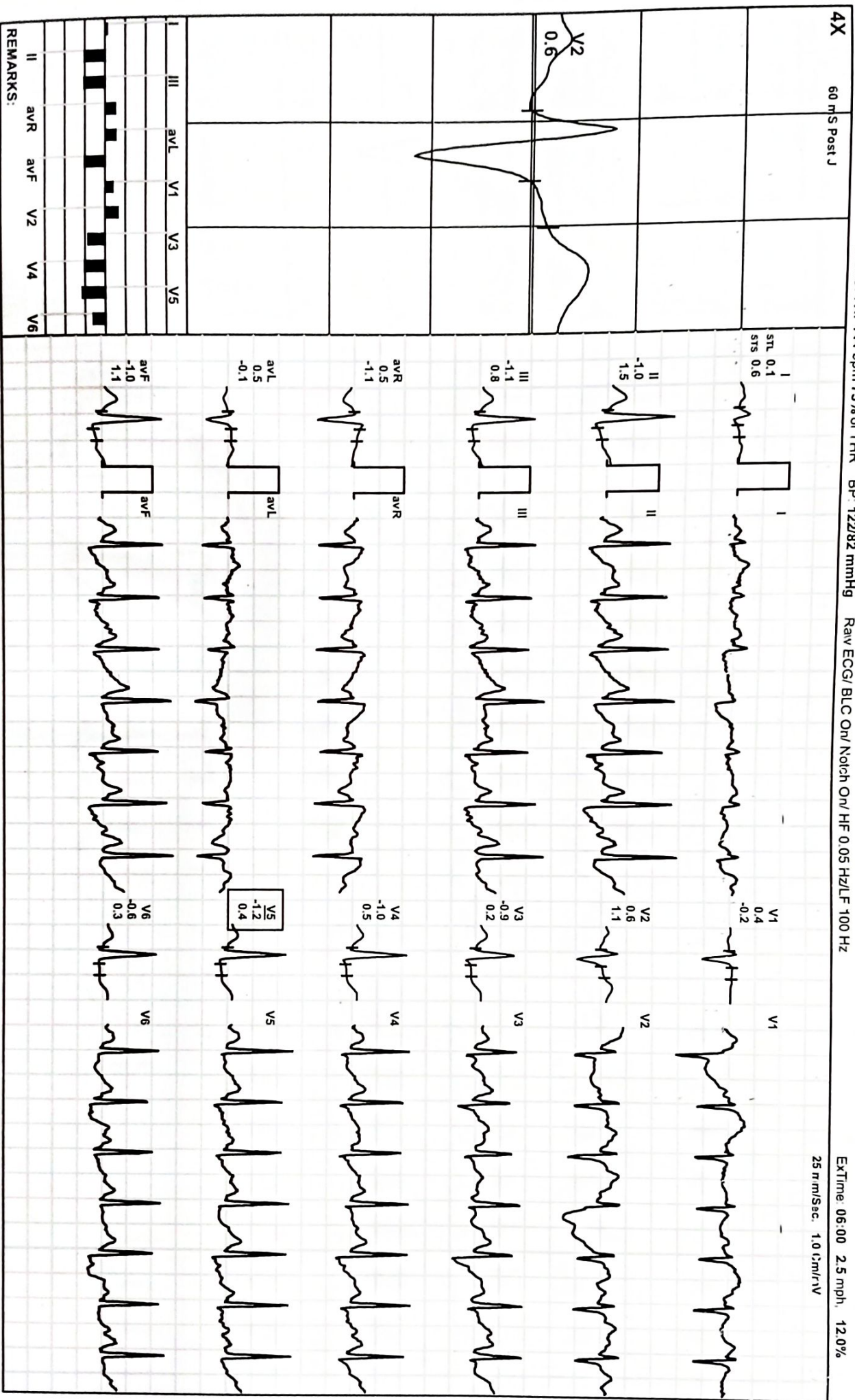
METS: 7.1/ 144 bpm 75% of THR BP: 122/82 mmHg Raw ECG/ BLC On/ Notch On/ HF 0.05 Hz/ LF 100 Hz

BRUCE: Stage 2(3:00)



ExTime: 06:00 2.5 mph, 12.0%

25 mm/Sec. 1.0 cm/mV



REMARKS:

HARI SAI ADVANCE IMAGING AND DIAGNOSTIC CENTER

PeakEX

ACHPL

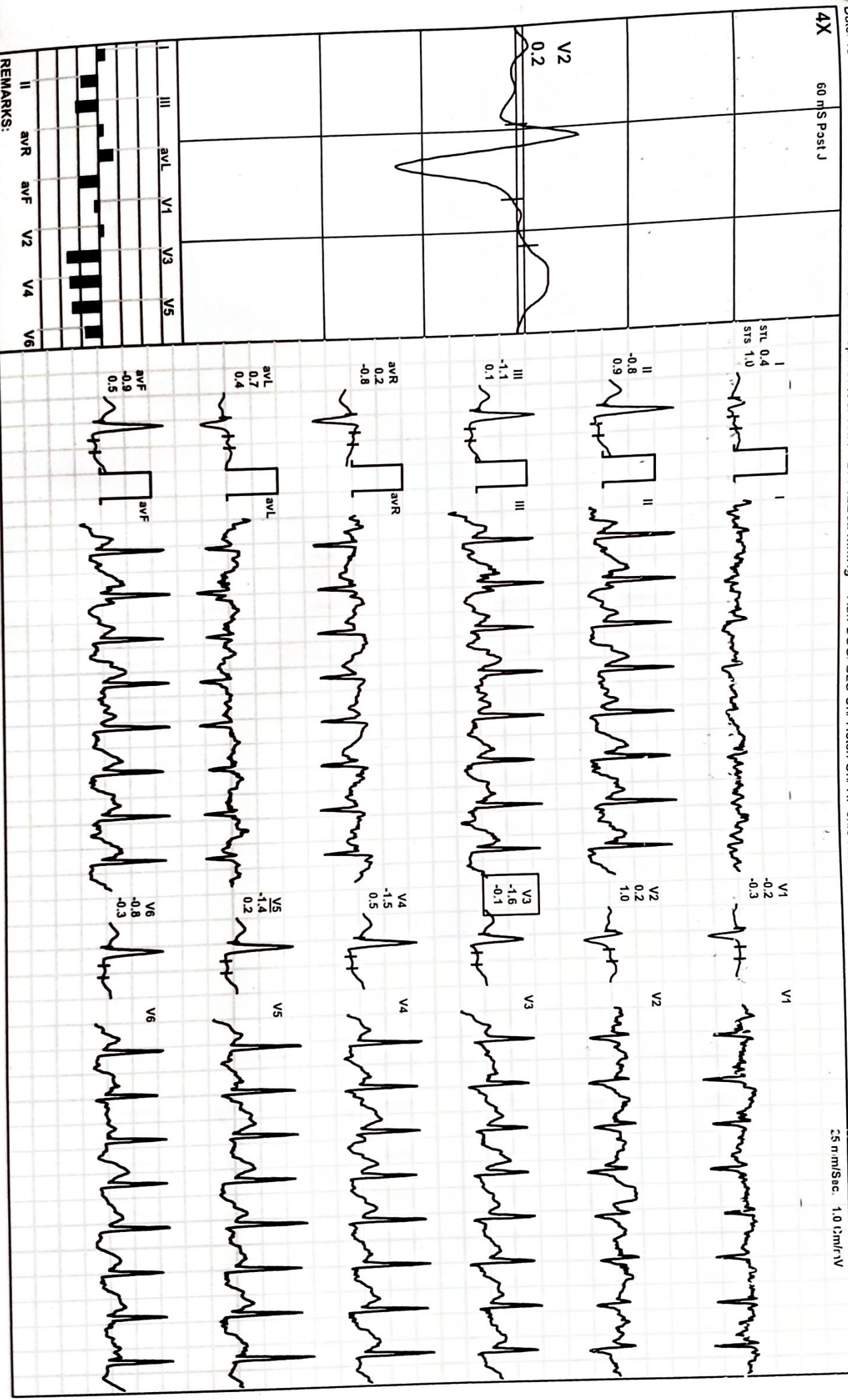
S19 / MRS. RAMESHRI SURYAM / 29 Yrs / F / 157 Cms / 55 Kg / HR : 166

Date: 15 - 11 - 2024

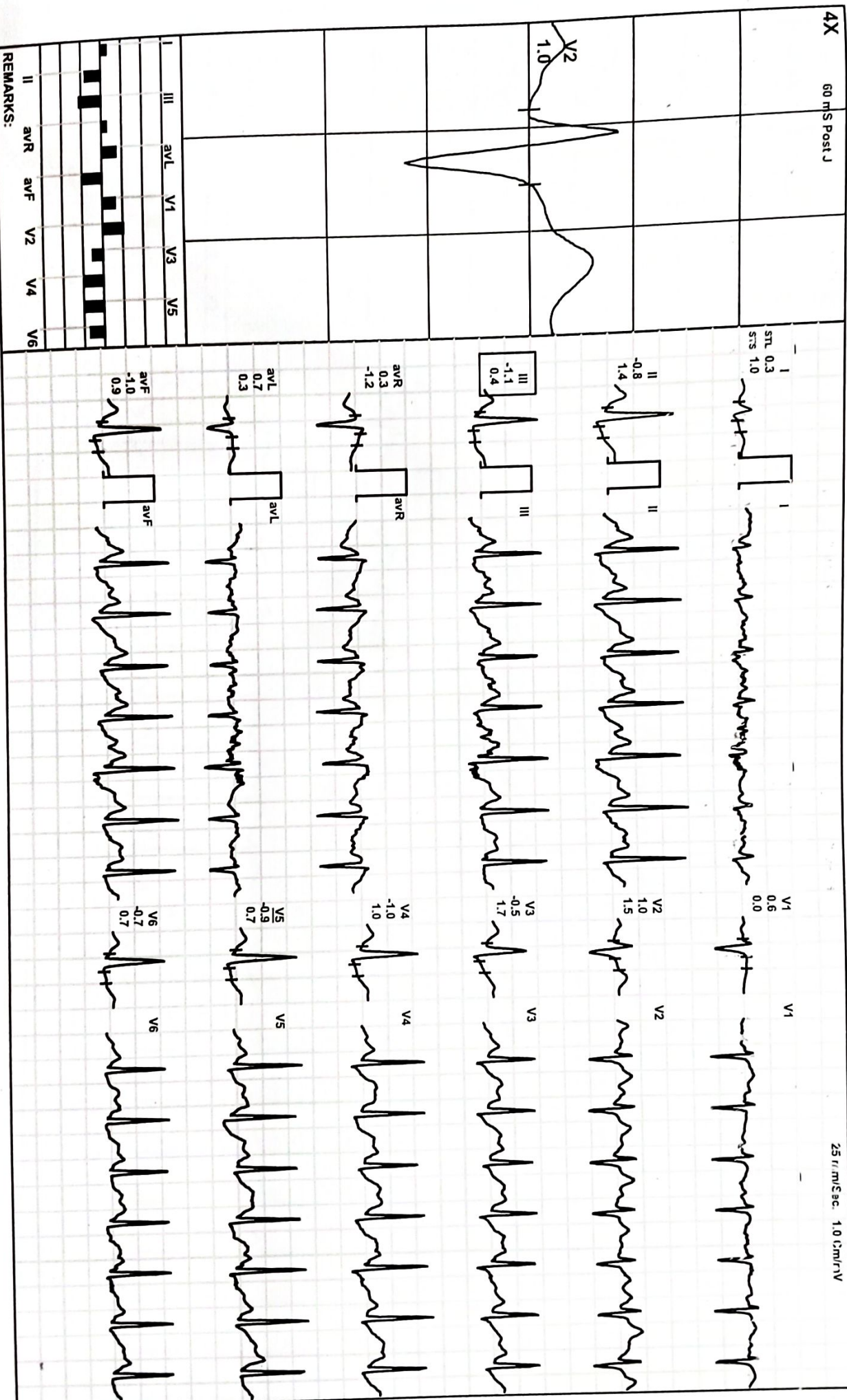
METS: 8.5/ 166 bpm 87% of THR BP: 122/82 mmHg Raw ECG/ BLC On/ Notch On/ HF 0.05 Hz/ LF 100 Hz

EXTime 07:19 3.4 mph 14.0%

25 mm/Sec 1.0 cm/rV



REMARKS: II avR avF V2 V4 V6



REMARKS:



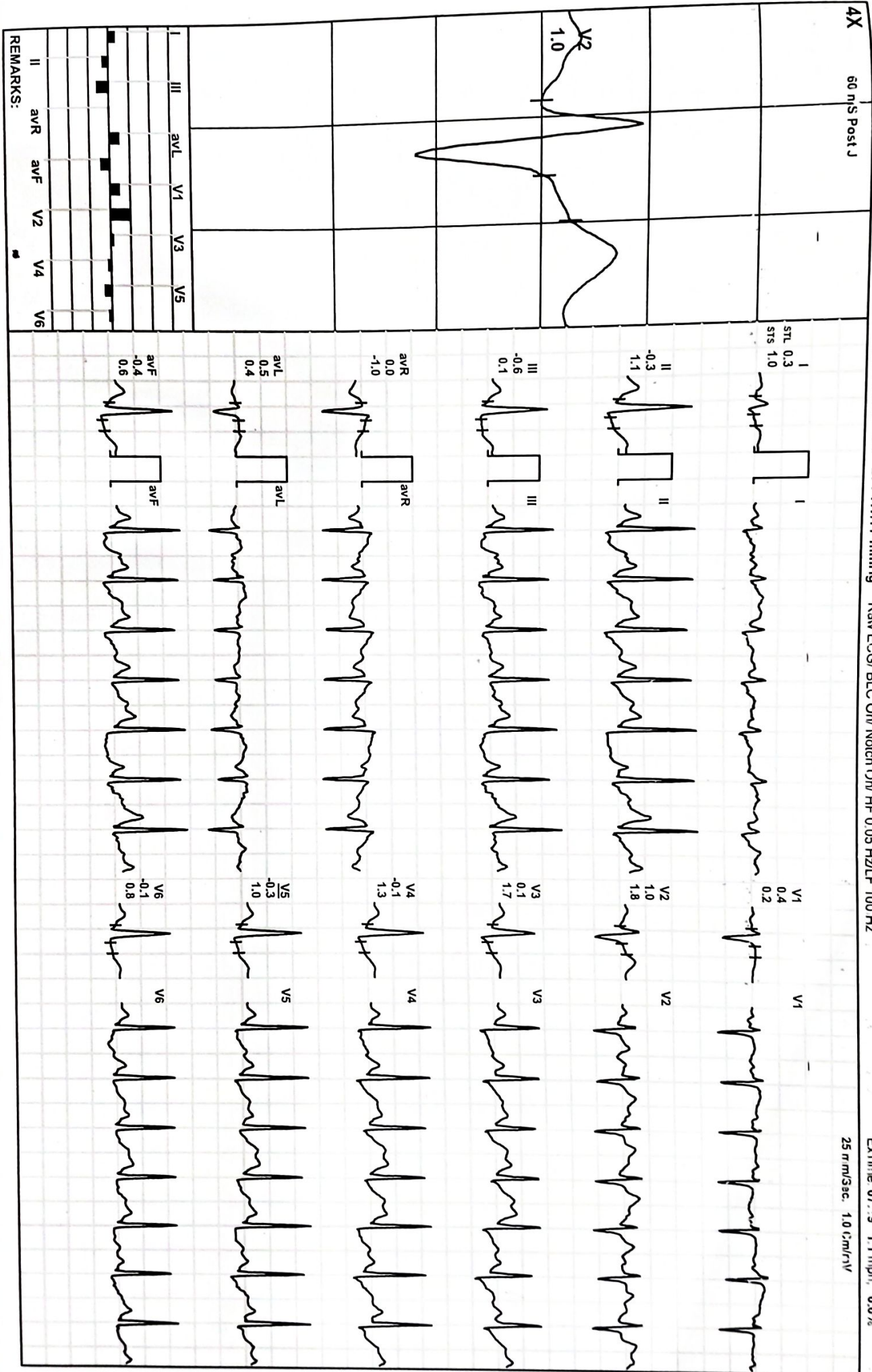
Date: 15 - 11 - 2024

METS: 1.0/ 144 bpm 75% of THR BP: 117/77 mmHg Raw ECG/ BLC On/ Notch On/ HF 0.05 Hz/LF 100 Hz

EXTime: 07:19 1.1 mph, 0.0%

4X 60 n/s Post J

25 mm/Sec. 1.0 cm/rV



REMARKS:

619 / MRS. RAMESHRI SURYAM / 29 Yrs / F / 157 Cms / 55 Kg / HR : 139

Date: 15 - 11 - 2024

Protocol : BRUCE

STL(mm)Supine	I	II	III	avR	avL	avF	V1	V2	V3	V4	V5	V6	I	II	III	avR	avL	avF	V1	V2	V3	V4	V5	V6	STS(mv/sec)
0.7	0.9	0.2	-0.8	0.2	0.6	0.0	1.2	0.5	0.6	0.6	0.5	0.5	0.4	0.4	0.0	-0.4	0.2	0.2	-0.1	0.8	0.3	0.3	0.3	0.2	0.2
60@ms Standing	3.2	-1.1	-2.1	-0.7	1.9	-0.9	-0.1	2.5	1.4	1.4	1.0	1.0	0.6	2.5	1.6	-1.0	-1.1	1.8	0.4	2.1	1.2	1.8	0.8	1.6	1.6
ExStart	1.0	1.4	0.5	-1.2	0.3	1.0	-0.2	1.6	0.9	1.4	1.2	1.4	0.6	1.3	0.7	-0.9	0.0	1.0	-0.4	1.4	0.8	1.2	1.0	1.1	1.1
Stage 1	0.1	-0.4	-0.5	0.1	0.3	-0.5	0.1	0.7	-0.3	-0.5	-0.4	-0.5	0.6	1.0	0.4	-0.8	0.1	0.7	-0.4	0.8	1.2	0.7	0.7	0.1	0.3
Stage 2	0.1	-1.0	-1.1	0.5	0.5	-1.0	0.4	0.6	-0.9	-1.0	-1.2	-0.6	0.6	1.5	0.8	-1.1	-0.1	1.1	-0.2	1.1	0.2	0.5	0.4	0.3	0.3
PeakEx	0.4	-0.8	-1.1	0.2	0.7	-0.9	-0.2	0.2	-1.6	-1.5	-1.4	-0.8	1.0	0.9	0.1	-0.8	0.4	0.5	-0.3	1.0	-0.1	0.5	0.2	-0.3	0.7
Recovery	0.3	-0.8	-1.1	0.3	0.7	-1.0	0.6	1.0	-0.5	-1.0	-0.9	-0.7	1.0	1.4	0.4	-1.2	0.3	0.9	0.0	1.5	1.7	1.0	0.7	0.7	0.7
Recovery	0.3	-0.3	-0.6	0.0	0.5	-0.4	0.4	1.0	0.1	-0.1	-0.3	-0.1	1.0	1.1	0.1	-1.0	0.4	0.6	0.2	1.8	1.7	1.3	1.0	0.8	0.8

STL(μVs)	I	II	III	avR	avL	avF	V1	V2	V3	V4	V5	V6	I	II	III	avR	avL	avF	V1	V2	V3	V4	V5	V6
Supine	8.7	13.2	4.5	-10.9	2.0	8.8	-3.4	12.6	7.9	9.2	9.7	8.5	8.7	13.2	4.5	-10.9	2.0	8.8	-3.4	12.6	7.9	9.2	9.7	8.5
Standing	23.0	-7.9	-16.0	-5.7	15.1	-6.9	-2.8	15.5	10.3	8.1	13.2	5.5	23.0	-7.9	-16.0	-5.7	15.1	-6.9	-2.8	15.5	10.3	8.1	13.2	5.5
ExStart	11.1	16.2	5.2	-13.7	2.9	10.7	-3.8	15.1	11.2	14.3	13.8	13.4	11.1	16.2	5.2	-13.7	2.9	10.7	-3.8	15.1	11.2	14.3	13.8	13.4
Stage 1	-0.3	-4.3	-3.9	2.3	1.7	-4.1	1.5	2.5	-3.8	-4.8	-4.0	-3.7	-0.3	-4.3	-3.9	2.3	1.7	-4.1	1.5	2.5	-3.8	-4.8	-4.0	-3.7
Stage 2	0.1	-8.3	-7.7	4.5	3.5	-8.0	2.8	2.0	-5.4	-6.9	-7.5	-4.0	0.1	-8.3	-7.7	4.5	3.5	-8.0	2.8	2.0	-5.4	-6.9	-7.5	-4.0
PeakEx	0.7	-4.6	-5.1	2.0	2.7	-4.8	-0.5	-0.8	-8.1	-8.5	-7.3	-2.9	0.7	-4.6	-5.1	2.0	2.7	-4.8	-0.5	-0.8	-8.1	-8.5	-7.3	-2.9
Recovery	0.1	-7.0	-7.0	3.4	3.6	-7.0	3.9	3.8	-6.0	-7.3	-6.4	-5.0	0.1	-7.0	-7.0	3.4	3.6	-7.0	3.9	3.8	-6.0	-7.3	-6.4	-5.0
Recovery	-0.1	-7.2	-7.1	3.7	3.5	-7.2	4.1	4.8	-3.7	-5.7	-4.8	-4.9	-0.1	-7.2	-7.1	3.7	3.5	-7.2	4.1	4.8	-3.7	-5.7	-4.8	-4.9

RI SAI ADVANCE IMAGING AND DIAGNOSTIC CENTER Median Measurement Summary

RADHAKRISHNA VIHAR SANTOSHI NAGAR

19 / MRS RAMESHRI SURYAM / 29 Yrs / Female / 157 Cm / 55 Kg / Non Smoker

Time	HR	PR Int	QRS Wtd	QRS Axis	QTC	P(μV)	R(μV)	S(μV)	T(μV)	Min. J Leads for (V & P _J)	Min. Post JRR Var (μV)	(%)	VEB (Counts)	Missed Beats (Counts)
(Min.)	(bpm)	(ms)	(ms)	(Deg.)	(ms)	(Max)	(Max)	(Min)	(Max)	(μV)	(μV)		(Counts)	(Counts)
00:30	65	324	66	65	426	698	1450	-907	902	-143	-224	0.00	0	0
01:00	71	302	66	77	408	333	1475	-849	427	16	-63	0.00	0	0
01:30	92	232	52	90	453	268	1390	-550	387	-224	-39	0.00	0	0
02:00	122	144	50	80	447	287	1287	-584	-229	-81	-67	0.00	0	0
02:30	133	146	48	83	447	287	1287	-566	-194	-41	-74	0.00	0	0
03:00	139	138	50	83	142	319	1277	-581	-210	98	-89	0.00	0	0
03:30	140	132	48	83	169	355	1297	-584	-211	100	-118	0.00	0	0
04:00	133	136	48	82	136	350	1245	-591	-199	-20	-114	0.00	0	0
04:30	144	132	48	83	204	346	1292	-753	-231	-165	-109	0.00	0	0
05:00	149	128	50	88	379	364	1258	-574	329	-153	-158	0.00	0	0
05:30	151	120	50	84	152	349	1248	-530	-286	-47	-175	0.00	0	0
06:00	149	124	48	86	142	379	1319	-628	286	-178	-136	0.00	0	0
06:30	150	122	48	86	208	376	1357	-600	-220	26	-149	0.00	0	0
07:00	144	124	48	88	174	378	1272	-610	-225	-34	-129	0.00	0	0
07:30	159	116	48	85	287	360	1353	-625	-256	17	-183	0.00	0	0
08:00	164	110	48	86	152	364	1262	-708	-272	-41	-160	0.00	0	0
08:30	165	110	48	87	170	370	1304	-594	-264	-14	-175	0.00	0	0
09:00	154	116	48	87	282	407	1351	-761	-236	-114	-109	0.00	0	0
09:30	144	126	50	83	414	404	1380	-640	281	64	-102	0.00	0	0



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Ref. By.	:- SELF	Patient Unique ID No.	:- 10602
Company	:- ARCOFEMI HEALTH CARE LTD.	TPA	:- -

BIO CHEMISTRY

Description	Result	Unit	Biological Ref. Range
FASTING BLOOD SUGAR	86.2	mg/dL	70 - 110
POST PRANDIAL BLOOD SUGAR	99.8	mg/dl	70 - 140
Cholesterol	148.5	mg/dl	Desirable : <200 Borderline :200 - 239 High : >=240
Triglycerides	130.4	mg/dl	<150 : Normal 150-199 : Borderline - High 200-499 : High >500 : Very High
HDL	44.2	mg/dl	<40 : Low 40-60 :Optimal >60 : Desirable
LDL	78.22	mg/dl	<100 : Normal 100-129 : Desirable 130-159 : Borderling-High 160-189 : High >190 : Very High
VLDL	26.08	mg/dl	7 - 40
Cholesterol/HDL Ratio	3.36		0 - 5.0
LDL/HDL Ratio	1.76	ratio	0 - 3.5

Clinical Significance :

Total Cholesterol

Serum cholesterol is elevated in hereditary hyperlipoproteinemias and in other metabolic diseases. Moderate-to-markedly elevated values are also seen in cholestatic liver disease, risk factor for cardiovascular disease. Low levels of cholesterol may be seen in disorders like hyperthyroidism, malabsorption, and deficiencies of apolipoproteins.

Triglycerides

Increased serum triglyceride levels are a risk factor for atherosclerosis. Hyperlipidemia may be inherited or may be due to conditions like biliary obstruction, diabetes mellitus, nephrotic syndrome, renal failure, certain metabolic disorders or drug induced.

LDL Cholesterol (Direct) - LDL Cholesterol is directly associated with increased incidence of coronary heart disease, familial hyperlipidemias, fat rich diet intake, hypothyroidism, Diabetes mellitus, multiple myeloma and porphyrias. Decreased LDL levels are seen in hypolipoproteinemias, hyperthyroidism, chronic anaemia, and Reye's syndrome.

Undetectable LDL levels indicate abetalipoproteinemia

HDL Cholesterol - High-density lipoprotein (HDL) is an important tool used to assess risk of developing coronary heart disease. Increased levels are seen in persons with more physical activity. Very high levels are seen in case of metabolic response to medications like hormone replacement therapy. Low HDL cholesterol correlates with increased risk for coronary heart disease (CHD). Very low levels are seen in Tangier disease, cholestatic liver disease and in association with decreased hepatocyte function.

DR. MAIKAL KUJUR MBBS, MD

PATHOLOGY (AIIMS, NEW DELHI)

REG. NO. : CG MCI-2996/2010

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Bilirubin - Total	0.60	mg/dl	0.2 - 1.3
Bilirubin - Direct	0.15	mg/dl	0 - 0.3
Bilirubin (Indirect)	0.45	mg/dl	0 - 1.1
SGOT (AST)	25.8	U/L	14 - 36
SGPT (ALT)	22.4	U/L	9 - 52
Alkaline phosphatase (ALP)	90.4	U/L	38 - 126
Total Proteins	7.4	g/dl	6.3 - 8.2
Albumin	4.3	g/dl	3.5 - 5.0
Globulin	3.10	g/dl	2.3 - 3.6
A/G Ratio	1.39		1.1 - 2.0
Gamma GT	26.7	U/L	<38

Clinical Significance :

Alanine transaminase (ALT)

ALT is an enzyme found in the liver that helps your body metabolize protein . When the liver is damaged, ALT is released into the bloodstream and levels increase .

Aspartate transaminase (AST)

AST is an enzyme that helps metabolize alanine, an amino acid. Like ALT, AST is normally present in blood at low levels. An increase in AST levels may indicate liver damage or disease or muscle damage.

Alkaline phosphatase (ALP)

ALP is an enzyme in the liver, bile ducts and bone. Higher-than-normal levels of ALP may indicate liver damage or disease , such as a blocked bile duct, or certain bone diseases.

Albumin and total protein

Albumin is one of several proteins made in the liver. Your body needs these proteins to fight infections and to perform other functions . Lower-than-normal levels of albumin and total protein might indicate liver damage or disease.

Bilirubin.

Bilirubin is a substance produced during the normal breakdown of red blood cells. Bilirubin passes through the liver and is excreted in stool. Elevated levels of bilirubin (jaundice) might indicate liver damage or disease or certain types of anemia.

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Urea	24.6	mg/dL	10 - 50
Creatinine	0.80	mg/dL	0.52 - 1.04
Uric Acid	3.8	mg/dL	2.5 - 6.2
Sodium (Na)	138.5	mmol/L	137 - 145
Pottasium (K)	4.3	mmol/L	3.5 - 5.1

Clinical Significance :

SERUM UREA

Serum urea concentration reflects the balance between urea production in the liver and urea elimination by the kidneys, in urine; so increased serum urea can be caused by increased urea production, decreased urea elimination, or a combination of the two.

CREATININE

Creatinine is a nitrogenous waste product formed in muscle from creatine phosphate. Endogenous production of creatinine is proportional to muscle mass and body weight.

Exogenous creatinine (from ingestion of meat) has little effect on daily creatinine excretion. Serum creatinine is inversely correlated with glomerular filtration rate (GFR). Increased levels of Serum Creatinine is associated with renal dysfunction.

URIC ACID

The uric acid blood test is used to detect high levels of this compound in the blood in order to help diagnose gout. The test is also used to monitor uric acid levels in people undergoing chemotherapy or radiation treatment for cancer. Rapid cell turnover from such treatment can result in an increased uric acid level. The uric acid urine test is used to help diagnose the cause of recurrent kidney stones and to monitor people with gout for stone formation.

SODIUM

It may also be elevated in the urine when the body is losing too much sodium; in this case, the blood level would be normal to low. Decreased urinary sodium levels may indicate dehydration, congestive heart failure, liver disease, or nephrotic syndrome. Increased urinary sodium levels may indicate diuretic use or Addison disease.

POTASSIUM

If blood potassium levels are low due to insufficient intake, then urine concentrations will also be low. Decreased urinary potassium levels may be due to certain drugs such as NSAIDs, beta blockers, and lithium or due to the adrenal glands producing too little of the hormone aldosterone. Increased urinary potassium levels may be due to kidney disease, eating disorders such as anorexia, or muscle damage.

T3 (Triiodothyronine)	133.42	ng/dl	126 - 258 1Yr - 5 Yr 96 - 227 : 6 Yr - 15 Yr 91 - 164 : 16 Yr- 18 Yr 60 - 181 : > 18 years Pregnancy : 1st Trimester
T4 (Thyroxine)	8.45	ug/dl	4.6 - 10.9 Pregnancy : 4.6 - 16.5 : 1st Trimester 2nd & 3rd Trimester : 100 - 250
TSH	1.38	uiU/mL	0.46 - 8.10 : 1 Yr - 5 Yrs 0.36 - 5.80 : 6 Yrs - 18 Yrs 0.35 - 5.50 : 18 yrs - 55 Yrs 0.50 - 8.90 : > 55 Yrs Pregnancy Ranges

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CLINICAL PATHOLOGY

Description	Result	Unit	Biological Ref. Range
STOOL EXAMINATION			
<u>Physical Examination</u>			
Consistency	Semisolid		
Colour	Pale Yellow		Pale Yellow
Reaction.	Alkaline		
Blood	Absent		
Mucus	Absent		
Worms	Absent		
<u>Microscopic Examination</u>			
Ova	Nil		
Cyst	Nil		
Epithelial cell	3-4	/HPF	0 - 1
PUS CELLS	1-2	/HPF	0 - 5
Trophozoite	Nil		
Vegetable Material	Absent		
Other Findings			

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HAEMATOLOGY

Description	Result	Unit	Biological Ref. Range
BLOOD GROUP			
BLOOD GROUP	" A "		
Rh	Positive		

NOTE :- This technique is used for preliminary ABO grouping specimen should Be Further Tested by Tube Method For Confirmation.

W.B.C. Indices

TOTAL WBC COUNT	4900	/cumm	4000 - 11000
NEUTROPHILS	75	%	40 - 70
LYMPHOCYTES	18	%	20 - 52
MONOCYTES	05	%	4 - 12
EOSINOPHILS	02	%	1 - 6
BASOPHILS	00	%	0 - 1

R.B.C. Indices

HAEMOGLOBIN	8.3	gm/dL	12.5 - 16.5
RBC COUNT	4.29	Mill/cumm	4.2 - 5.5
HEMATOCRIT (PCV)	26.6	%	37.5 - 49.5
MCV	61.6	fL	80 - 95
MCH	19.3	pg	26 - 32
MCHC	31.20	g/dl	32 - 36
RDW-CV	21.4	%	11.5 - 16.5

Platelet Indices

PLATELET COUNT	219000	/μL	150000-400000
MPV	9.3	fl	7.0 - 11.0
PDW	15.6	%	12 - 18
P-LCR	29.2	%	13 - 43
ESR	18	after 1 hr	0 - 20
Advice			Correlate Clinically

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HbA1C-Glycosylated Haemoglobin	5.0	%	Normal Range : <6% Good Control : 6 - 7% Fair Control : 7 - 8% Unsatisfactory Control : 8 -10% Poor Control : >10%
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Clinical Significance :

Hemoglobin A1c (HbA1c) level reflects the mean glucose concentration over the previous period (approximately 8-12 weeks) and provides a much better indication of long-term glycemic control than blood and urinary glucose determinations. American Diabetes Association (ADA) include the use of HbA1c to diagnose diabetes, using a cutpoint of 6.5%. The ADA recommends measurement of HbA1c 3-4 times per year for type 1 and poorly controlled type 2 diabetic patients, and 2 times per year for well-controlled type 2 diabetic patients) to assess whether a patient's metabolic control has remained continuously within the target range. Falsely low HbA1c results may be seen in conditions that shorten erythrocyte life span, and may not reflect glycemic control in these cases accurately.

--- End Of Report ---

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