



PATIENT NAME : Mrs. SWATI GOYAL	UHID No : CSSH-250088805
Age / Sex : 33 Y / Female	Visit No : OP-2503080567
Consultant Name : DR. MANVI GUPTA	Barcode : 1250023585
Hospital : SUBHARTI HOSPITAL	Sample Collection : 08/03/2025 12:14 PM
Ward / Bed :	Sample Received : 08/03/2025 12:39 PM
Report Status : Final	Signed Off : 08/03/2025 02:22 PM

Test Name	Result	Units	Biological Ref. Interval
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BIOCHEMISTRY

HBA1C

GLYCOSYLATED HEMOGLOBIN

*Method : Hplc Method
Sample : Whole Blood*

5.3

%

Non-diabetic: < 5.7
 Prediabetic range: 5.7 - 6.4
 Diabetic range: ≥ 6.5
 Goal of Therapy: < 7.0
 Action suggested: > 8.0
 < 116

MEAN PLASMA GLUCOSE

*Method : Calculated
Sample : Whole Blood*

105.4

mg/dL

Note:

1. Since HbA1c reflects long term fluctuations in the blood glucose concentration, a diabetic patient who is recently under good control may still have a high concentration of HbA1c. The converse is true for a diabetic previously under good control but now poorly controlled.

2. Target goals of < 7.0 % may be beneficial in patients with a short duration of diabetes, long life expectancy and no significant cardiovascular disease. In patients with significant complications of diabetes, limited life expectancy or extensive co-morbid conditions, targeting a goal of < 7.0 % may not be appropriate.

Comments: HbA1c provides an index of average blood glucose levels over the past 8 - 12 weeks and is a much better indicator of long term glycemic control as compared to blood and urinary glucose determinations.

-----End of Report-----

PREPARED BY:
 MUKESH SIDDHARTH



DR RAVI PRATAP SINGH
 MD (BIOCHEMISTRY)



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Ward / Bed	:	Sample Received	: 08/03/2025 12:39 PM
Report Status	: Final	Signed Off	: 08/03/2025 12:54 PM

Test Name	Result	Units	Biological Ref. Interval
HEMATOLOGY			
ESR - ERYTHROCYTE SEDIMENTATION RATE <i>Method : Modified Westergren</i> <i>Sample : Whole Blood</i>	07	mm/1st hour	1 - 20

-----End of Report-----

PREPARED BY:
ANITA



DR. ARCHITA
MD PATHOLOGY



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Hospital	: SUBHARTI HOSPITAL	Sample Collection	: 08/03/2025 12:14 PM
Ward / Bed	:	Sample Received	: 08/03/2025 12:36 PM
Report Status	: Final	Signed Off	: 08/03/2025 02:56 PM

Test Name	Result	Units	Biological Ref. Interval
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BIOCHEMISTRY

GLUCOSE, FASTING

FASTING GLUCOSE

Method : Hexokinase
Sample : Plasma

81

mg/dL

< 100

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R Singh
DR RAVI PRATAP SINGH
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BIOCHEMISTRY

LFT; LIVER FUNCTION TEST

BILIRUBIN TOTAL <i>Method : Diazonium Salt Sample : Serum</i>	0.4	mg/dL	0.2 - 1.2
BILIRUBIN DIRECT <i>Method : Diazo Reaction Sample : Serum</i>	0.2	mg/dL	≤ 0.3
BILIRUBIN INDIRECT <i>Method : Calculated Sample : Serum</i>	0.2	mg/dL	< 1.0
TOTAL PROTEIN <i>Method : Biuret Sample : Serum</i>	7.4	g/dL	6.4 - 8.3
ALBUMIN <i>Method : Bromocresol Green (BCG) Sample : Serum</i>	4.7	g/dL	3.5 - 5.2
GLOBULIN <i>Method : Calculated Sample : Serum</i>	2.7	g/dL	2 - 3.5
A : G RATIO <i>Method : Calculated Sample : Serum</i>	1.7	.	1.1 - 2.0
ASPARTATE AMINOTRANSFERASE; AST <i>Method : NADH without Pyridoxal 5 Phosphate (PSP) Sample : Serum</i>	21	U/L	< 35
ALANINE AMINOTRANSFERASE; ALT <i>Method : NADH without Pyridoxal 5 Phosphate (PSP) Sample : Serum</i>	30	U/L	< 56
AST:ALT RATIO <i>Method : Calculated Sample : Serum</i>	0.7	L	1.1 - 2.0
ALKALINE PHOSPHATASE <i>Method : P-Nitro Phenyl Phosphate (PNPP), AMP Buffer Sample : Serum</i>	89	U/L	40 - 150
GAMMA GLUTAMYL TRANSFERASE <i>Method : L-Gamma Glutamyl-3-Carboxy-4-Nitrilide (GCNA) Sample : Serum</i>	22	U/L	9 - 36

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BIOCHEMISTRY

LIPID PROFILE

CHOLESTEROL TOTAL <i>Method : Enzymatic method</i> <i>Sample : Serum</i>	194		mg/dL	Desirable: <200 Borderline High: 200-239 High: > 240
HDL DIRECT <i>Method : Direct Measure (Polymer, Polyanian)</i> <i>Sample : Serum</i>	49	L	mg/dL	>50
TRIGLYCERIDE <i>Method : Glycerol Phosphate Oxidase</i> <i>Sample : Serum</i>	166	H	mg/dL	< 150 Normal 150 - 199 Borderline High 200 - 499 High ≥ 500 Very High
LDL <i>Method : Calculated</i> <i>Sample : Serum</i>	111.8	H	mg/dL	< 100 Optimal 100 - 129 Above Optimal 130 - 159 Borderline High 160 - 189 High ≥ 190 Very High
VLDL <i>Method : Calculated</i> <i>Sample : Serum</i>	33.2	H	mg/dL	<30
NON HDL CHOLESTEROL <i>Method : Calculated</i> <i>Sample : Serum</i>	145.0	H	mg/dL	< 130 Desirable 130 - 159 Above desirable 160 - 189 Borderline High 190 - 219 High ≥ 220 Very High
CHOL/HDL RATIO <i>Method : Calculated</i> <i>Sample : Serum</i>	4.0			3.3 - 4.4 Low risk 4.5 - 7.0 Average risk 7.1 - 11.0 Moderate risk > 11.0 High risk
LDL/HDL RATIO <i>Method : Calculated</i> <i>Sample : Serum</i>	2.3			0.5 - 3.0 Low risk 3.1 - 6.0 Moderate risk > 6.0 High risk
UREA				
BLOOD UREA NITROGEN (BUN) <i>Method : Urease</i> <i>Sample : Serum</i>	10		mg/dL	7.0 - 18.7
UREA <i>Method : Calculated</i> <i>Sample : Serum</i>	21.4		mg/dL	15.0 - 40.0

-----End of Report-----

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R Singh
DR RAVI PRATAP SINGH
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Consultant Name : DR. MANVI GUPTA	Barcode : 1250023585
Hospital : SUBHARTI HOSPITAL	Sample Collection : 08/03/2025 12:14 PM
Ward / Bed :	Sample Received : 08/03/2025 01:04 PM
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CLINICAL PATHOLOGY

URINE ROUTINE AND MICROSCOPY

QUANTITY <i>Method: Direct</i> <i>Sample: Urine</i>	20	mL	
COLOUR <i>Method: Direct</i> <i>Sample: Urine</i>	Pale Yellow	-	Straw
APPEARANCE <i>Method: Direct</i> <i>Sample: Urine</i>	Clear	-	Clear
pH. <i>Method: Double Indicator System</i> <i>Sample: Urine</i>	6.5	-	4.6 - 7.5
SPECIFIC GRAVITY <i>Method: Pka Change Of Polyelectrolytes</i> <i>Sample: Urine</i>	1.005	-	1.003 - 1.035
PROTEIN. <i>Method: Protien Error Of Ph Indicator</i> <i>Sample: Urine</i>	Negative	-	Not Detected
GLUCOSE. <i>Method: Enzymatic Reaction Between Glucose Oxidase, Peroxidase And Chromogen</i> <i>Sample: Urine</i>	Negative	-	Not Detected
KETONE <i>Method: Reaction With Nitroprusside And Acetoacetic Acid</i> <i>Sample: Urine</i>	Negative	-	Not Detected
BLOOD <i>Method: Peroxidas Activity Of Hemoglobin Catalyzes The Reaction</i> <i>Sample: Urine</i>	Negative	-	Not Detected
Bilirubin <i>Method: Coupling Reaction of Bilirubin with Diazonium Salts</i> <i>Sample: Urine</i>	Negative	-	Not Detected
URINE UROBILINOGEN <i>Method: Multistix Strip</i> <i>Sample: Urine</i>	0.1	mL	
PUS CELLS <i>Method: Microscopy</i> <i>Sample: Urine</i>	0-1	/HPF	0 - 5
RBCs <i>Method: Microscopy</i> <i>Sample: Urine</i>	Negative	/HPF	0 - 1
EPITHELIAL CELLS <i>Method: Microscopy</i> <i>Sample: Urine</i>	0-1	/HPF	1 - 5
CASTS <i>Method: Microscopy</i> <i>Sample: Urine</i>	Negative	-	Not Detected
CRYSTALS <i>Method: Microscopy</i> <i>Sample: Urine</i>	Negative	-	Not Detected

-----End of Report-----

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MD PATHOLOGY

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HEMATOLOGY			
CBC (COMPLETE BLOOD COUNT)			
RBC COUNT <i>Method : Electrical Impedence Sample : Whole Blood</i>	4.24	x10 ⁹ /mm ³	3.8-4.8
HEMOGLOBIN <i>Method : Photometry Sample : Whole Blood</i>	12.8	gm/dL	12-15
HEMATOCRIT <i>Method : Average Of Rbc Pulse Height Sample : Whole Blood</i>	37.2	%	36 - 46
MCV <i>Method : Calculated Sample : Whole Blood</i>	88	fl	83 - 101
MCH <i>Method : Calculated Sample : Whole Blood</i>	30.1	pg	27 - 32
MCHC <i>Method : Calculated Sample : Whole Blood</i>	34.3	gm/dL	31.5 - 34.5
RDW-CV <i>Method : Calculated Sample : Whole Blood</i>	14.0	%	11.6 - 14
PLATELET COUNT <i>Method : Electrical Impedence Sample : Whole Blood</i>	208	x10 ⁹ /mm ³	150 - 410
WBC COUNT <i>Method : Electrical Impedence Sample : Whole Blood</i>	12.1	H x10 ⁹ /mm ³	4 - 10
NEUTROPHIL <i>Method : Dhss, (Impedence, Cytometry) Sample : Whole Blood</i>	61	%	40 - 80
LYMPHOCYTE <i>Method : Dhss, (Impedence, Cytometry) Sample : Whole Blood</i>	34	%	20 - 40
MONOCYTE <i>Method : Dhss, (Impedence, Cytometry) Sample : Whole Blood</i>	03	%	2 - 10
EOSINOPHIL <i>Method : Dhss, (Impedence, Cytometry) Sample : Whole Blood</i>	02	%	1 - 6
BASOPHIL <i>Method : Electrical Impedence Sample : Whole Blood</i>	0.0	%	<1 - 2

-----End of Report-----

PREPARED BY:
ANITA




DR. ARCHITA
MD PATHOLOGY

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IMMUNOCHEMISTRY

THYROID PROFILE, TOTAL

T3 TOTAL (TRIIODOTHYRONINE) <i>Method : Chemiluminescence Microparticle Immunoassay</i> <i>Sample : Serum</i>	0.94	nmol/L	0.54 - 2.96
T4 TOTAL (THYROXINE) <i>Method : Chemiluminescence Microparticle Immunoassay</i> <i>Sample : Serum</i>	94.17	nmol/L	62.7 - 150.9
TSH (THYROID STIMULATING HORMONE) <i>Method : Chemiluminescence Microparticle Immunoassay</i> <i>Sample : Serum</i>	3.178	μIU/mL	0.35 - 4.94

Note: TSH levels are subject to circadian variation, reaching peak levels between 2 - 4. a.m. and at a minimum between 6-10 pm. The variation is of the order of 50% .hence time of the day influences the measured serum TSH concentrations.

Clinical Use

- Diagnose Hypothyroidism and Hyperthyroidism
- Monitor T4 replacement or T4 suppressive therapy
- Quantify TSH levels in the subnormal range

Increased Levels: Primary hypothyroidism, Subclinical hypothyroidism, TSH dependent Hyperthyroidism Thyroid hormone resistance

Decreased Levels: Graves' disease, Autonomous thyroid hormone secretion, TSH deficiency

-----End of Report-----

PREPARED BY:
MUKESH SIDDHARTH



R Singh
DR RAVI PRATAP SINGH
MD (BIOCHEMISTRY)

88805

SWATI GOYAL

3/8/2025 12:11:17 PM

Born 11/2/1992 32 Years

Female

Rate 74 . Sinus rhythm.....normal P axis, V-rate 50- 99
. Baseline wander in lead(s) V1

PR 166
QRSD 81
QT 374
QTc 415

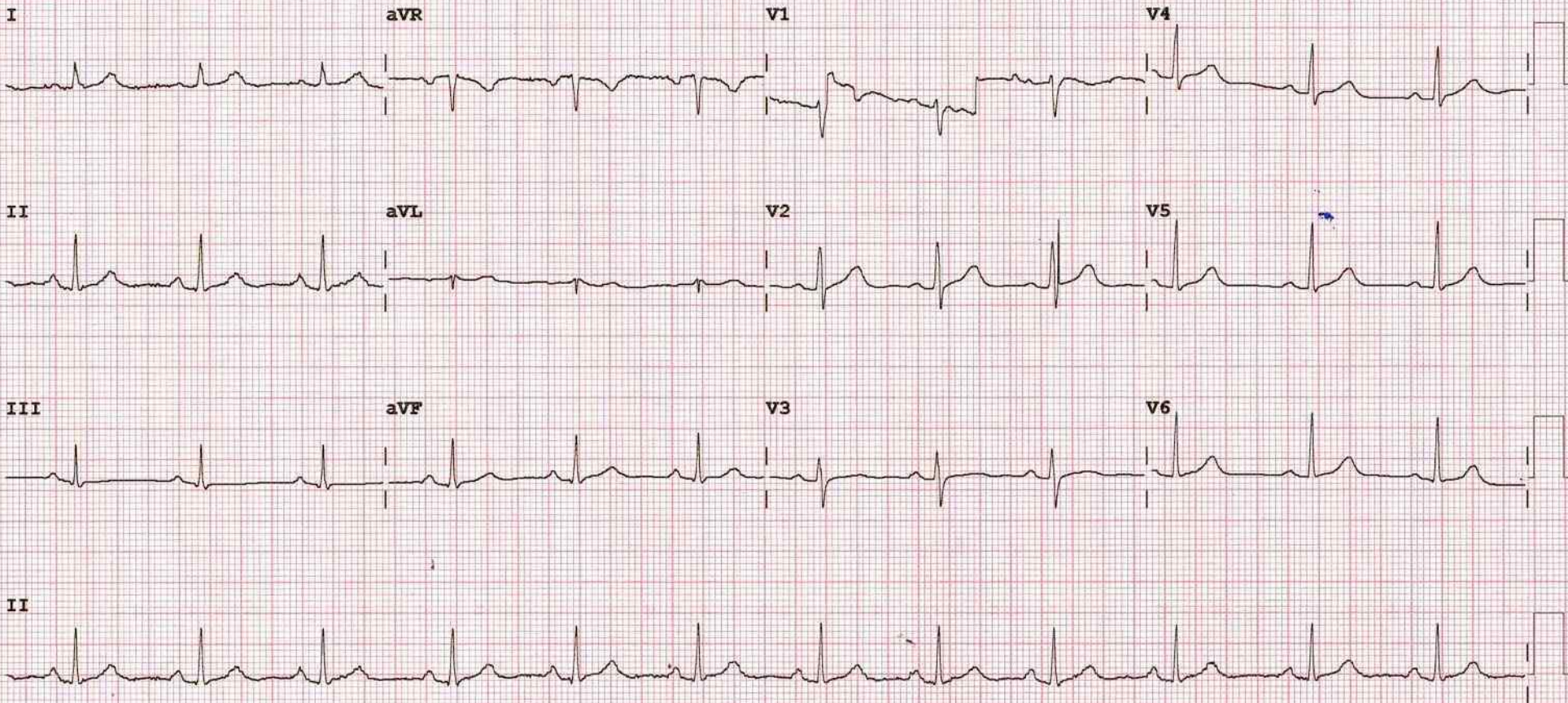
--AXIS--

P 78
QRS 52
T 37

- NORMAL ECG -

12 Lead; Standard Placement

Unconfirmed Diagnosis



Device: Speed: 25 mm/sec Limb: 10 mm/mV Chest: 10.0 mm/mV

F 60~ 0.15-100 Hz

PH100B CL? P?



ECHOCARDIOGRAPHY/DOPPLER/2D STUDY/M-MOD STUDY
POST GRADUATE DEPARTMENT OF MEDICINE

CHHATRAPATI SHIVAJI SUBHARTI HOSPITAL / SUBHARTI MEDICAL COLLEGE
SWAMI VIVEKANAND SUBHARTI UNIVERSITY

Subhartipuram, NH-58, Delhi-Haridwar Meerut Bypass Road, Meerut-250 005, Ph. 0121-2439112/150, 3058035/36, Ext. 2047

NAME : MRS. SWATI GOYAL

AGE/SEX: 33 Y/F

DATE: 08-03-2025

REFERRED BY: OPD

OPD NO: 250088805

ECHOCARDIOGRAPHY REPORT (GE VIVID T8)

DIMENSIONS (2D/M MODE)

LV (ED) : 42MM

AO :22MM

IAS : INTACT

LV (ES) : 26MM

LA :34MM

IVS : NORMAL

IVS (ED) : 11MM

PA : NORMAL

PERICARDIUM : NORMAL

PW (ED) : 10MM

RA/ RV: NORMAL

LVEF :55-60%

VALVE

MV : NORMAL

AOV : NORMAL

TV : NORMAL

PV : NORMAL

RWMA

NO RWMA

RV FUNCTION : NORMAL

DOPPLAR STUDY (PEAK VELOCITY)

MV : E > A

PV : 1.1 M/S

AO : 1.3 M/S

COLOR FLOW STUDY

NO/ PR/AR/MR/TRIVIAL TR (RVSP-26MMHG)

NO ASD/VSD/VEG/CLOT

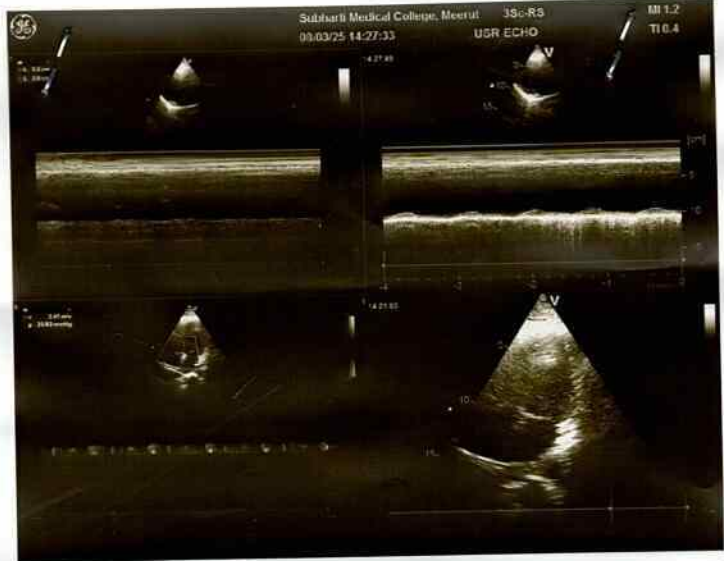
IMPRESSION

- TRIVIAL TR (RVSP-26MMHG)
- NORMAL LV SYSTOLIC FUNCTION (LVEF: 55-60%)

DONE BY: DR. DEEPAK (MD, DNB, DM)

ASST. PROFESSOR (DEPT OF MEDICINE)

कृपया इस ईको (ईकोकार्डियोग्राफी) डोप्लर की रिपोर्ट/ फोटो को संभाल कर रखें



LA: 35MM
RV: 35MM
RA: 35MM
LAD: 35MM

Patient Name	: SWATI GOYAL	Age/Gender	: 33/Y/Female
UHID No	: CSSH-250088805	Visit ID	: OP-2503080567
Doctor	: DR. MANVI GUPTA	Department	: GYNECOLOGY AND OBSTETRICS
Acknowledge Date	: 08-Mar-2025 10:46:17 AM	Report Date	: 08-Mar-2025 12:23:22 PM
Address	: 84 AMANULLAPUR	Ref. Doc No.	: OPDB/125072/24


Part Examined: Abdominal Sonography: Whole Abdomen: with film

LIVER: measures 11.4 cm, is normal in shape, size and echogenicity. No focal lesion / IHBRD seen.
GALL BLADDER: is not visualized. History of cholecystectomy.
COMMON BILE DUCT: measures 5.5 mm, is normal in caliber.
PORTAL VEIN: measures 11.8 mm, is normal in caliber.
PANCREAS: is normal in shape, size and echogenicity with no peripancreatic collection or parenchymal calcification seen. Pancreatic duct is not dilated.
SPLEEN: measures 8.8 cm, is normal in shape, size and echogenicity. No focal lesion seen. Splenic vein is normal in caliber.
RIGHT KIDNEY: measures 10.8 cm, is normal in shape, size, position and echogenicity with maintained cortico-medullary differentiation. No mass / calculus or hydronephrosis is seen.
LEFT KIDNEY: measures 9.3 cm, is normal in shape, size, position and echogenicity with maintained cortico-medullary differentiation. No mass / calculus or hydronephrosis is seen.
LYMPH NODES: No significant lymphadenopathy seen.
URINARY BLADDER: is distended with anechoic lumen. Wall is of normal thickness. No obvious mass lesion / calculus seen.
UTERUS: measures 7.4x5.8x3.8 cm, is normal in shape and size. *A heteroechoic space occupying lesion of size ~ 1.8x1.2 cm, is noted in fundal region — likely fibroid.* Endometrial thickness measures 5.2 mm, is normal.
RIGHT OVARY: is normal in shape, size and echogenicity.
LEFT OVARY: is normal in shape, size and echogenicity.
No free fluid seen in cul-de-sac.

Impression: Uterine fibroid.

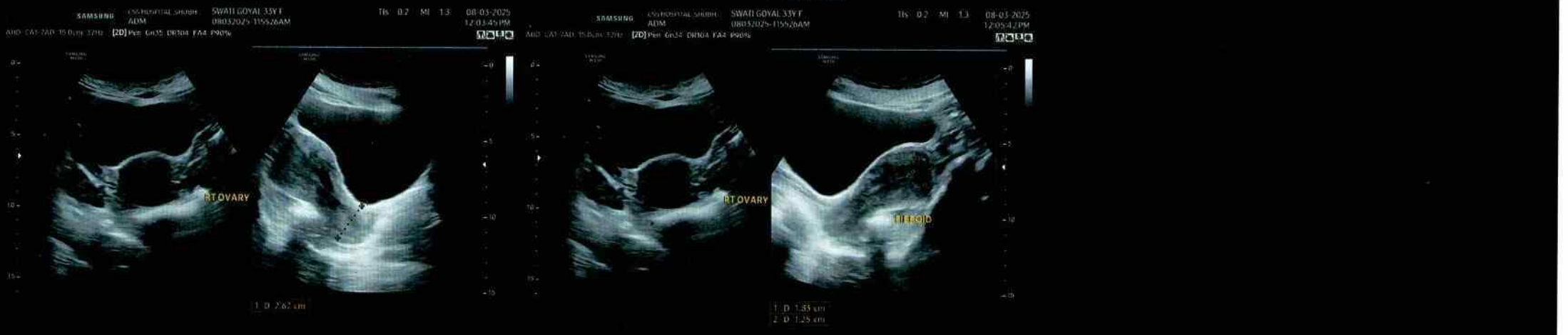
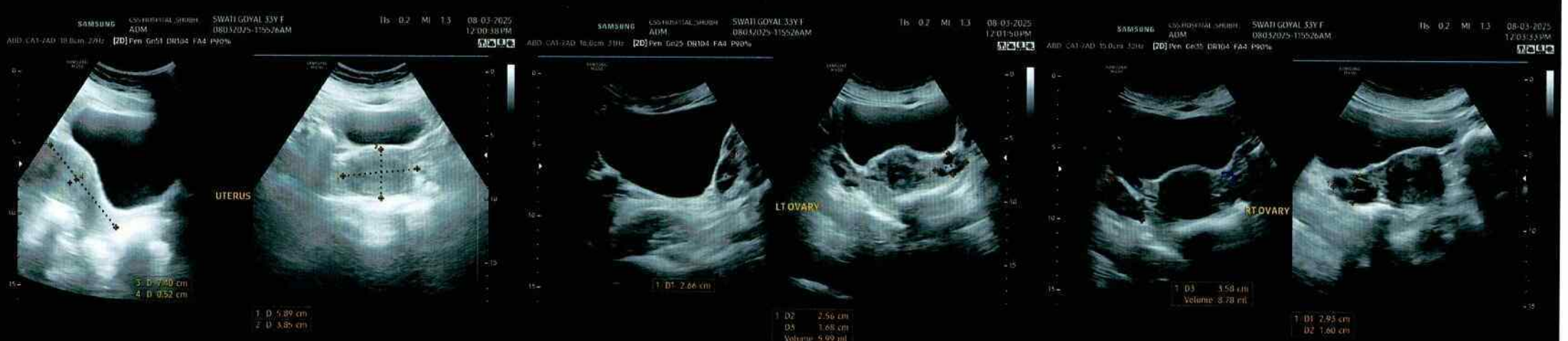
Advice: Clinical Correlation.

Prepared By :-Deveshpal


DR. H. M. AGARWAL
RADIOLOGIST
UPMC-16036



POST GRADUATE DEPARTMENT OF RADIO-DIAGNOSTIC





Patient Name	SWATI GOYAL 33Y/F	Date of Birth	
Patient ID	250088805	Age	
Referral Dr		Sex	F
Study Date&Time	08/03/2025 12:06 PM	Report Date & Time	3/8/2025, 10:35:12 PM

Part Examined: Skiagram of Chest PA View.

REPORT

(Reported on console)

- Bony cage and soft tissue appear normal.
- The tracheal translucency is central in position.
- Aortic out-line is within the limits of normal.
- Both lung fields appear to be normal.
- The transverse diameter of the heart is within normal limits.
- Both costo-phrenic angles are clear.
- Domes of diaphragm are normal in position and contour.

Advice: Clinical Correlation.

Professor & H.C.

