
GPS Map Camera
Raipur, Chhattisgarh, India
6j6w+c64, Krishna Nagar, Santoshi Nagar, Raipur, Mathpurena,
Chhattisgarh 492001, India
Lat 21.211101° Long 81.645669°
09/11/24 09:37 AM GMT +05:30
Google

भारत सरकार
Government of India

आधार

Aadhaar no. issued: 01/10/2014

Anamika Verma
Date of Birth/DOB: 16/09/1989
Female/ 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).

5755 7113 4746

मेरा आधार, मेरी पहचान

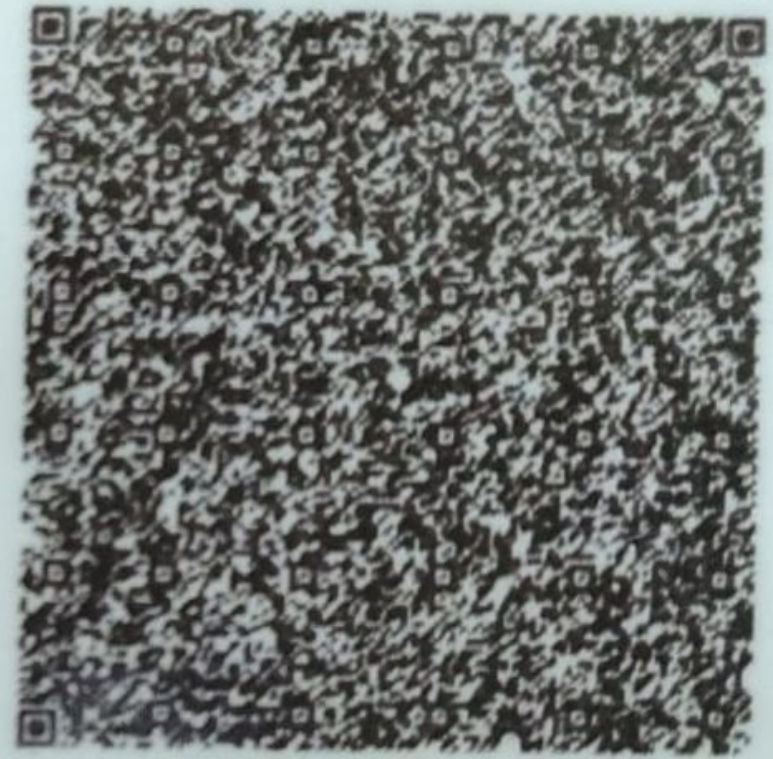
भारतीय विशिष्ट पहचान प्राधिकरण

Unique Identification Authority of India

AADHAAR

Address:
C/O: Aashish Verma, K- 08, NEAR JYOTI KIRANA STORE, DUBEY COLONY MOWA, Sardhoo (sardhu), PO: Saddu, DIST: Raipur, Chhattisgarh - 492014

Details as on: 23/10/2024



5755 7113 4746

VID : 9101 0010 5507 4680

1947 | help@uidai.gov.in | www.uidai.gov.in

Patient:

MRS ANAMIKA VERMA

.....

35 year / F

..... cm / ..... kg

HR 64/min

Intervals:
RR 942 ms
P 92 ms
PR 126 ms
QRS 68 ms
QT 412 ms
QTC 425 ms

Axis:
P 45 °
QRS 25 °
T 18 °

P (II) 0.11 mV
S (V1) -0.87 mV
R (V5) 1.03 mV
Sokol. 1.90 mV

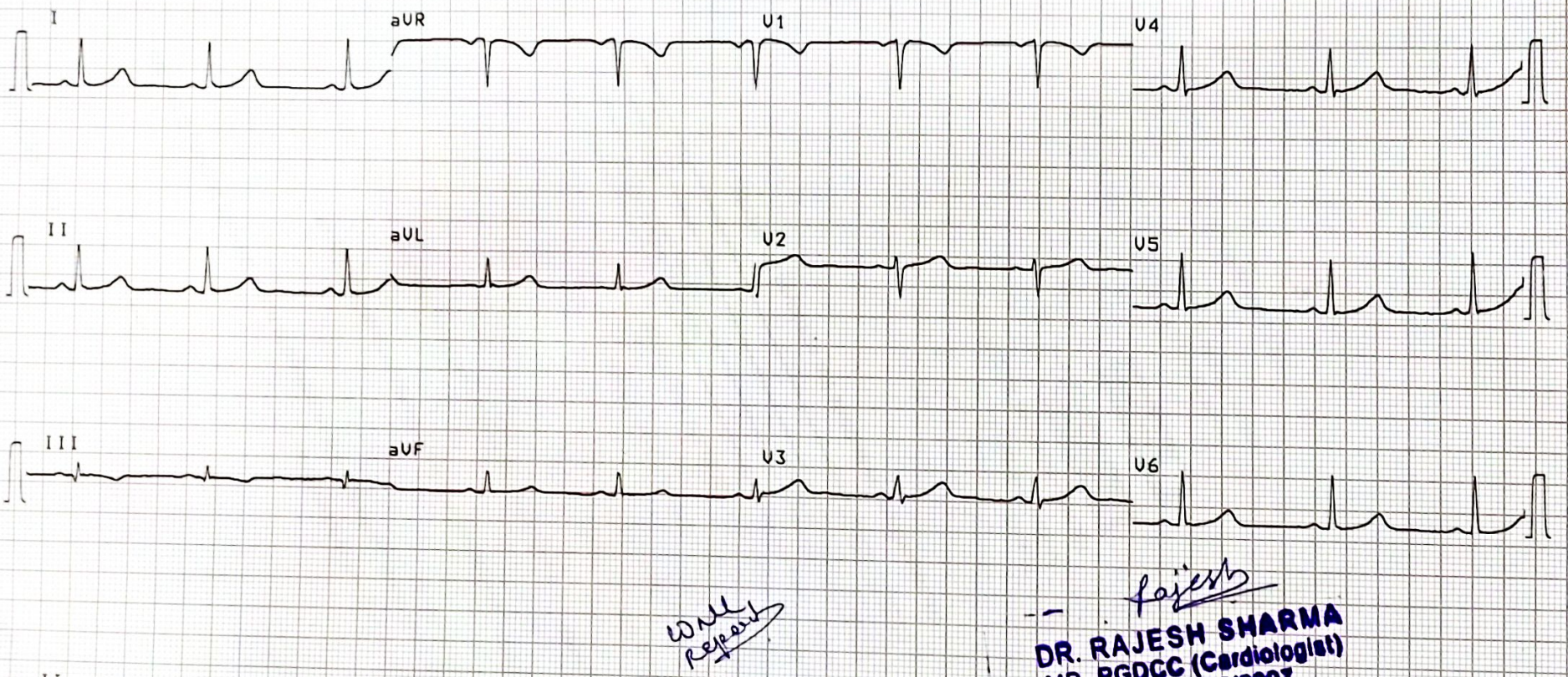
SINUS RHYTHM
NORMAL ECG

5.62

UNCONFIRMED REPORT

10 mm/mV

10 mm/mV



Will repeat

Rajesh

DR. RAJESH SHARMA
MD, PGDCC (Cardiologist)
Regn. 2007

Anamika

25 mm/s

0.05-35Hz F50 SSF SBS Fr 08-NOV-24 22:20:33 AT-2plus 4.14 (c) SCHILLER AG AT-2plus 4.14 CM

SCHILLER

Part No.2.157025M CE 0123

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- 09-Nov-24

PATIENT NAME ..... MRS. ANAMIKA VERMA
AGE/SEX ..... 35 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 ~ 10.4 x 3.9 cm.
Left kidney measures ~ 10.8 x 4.4 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 : appears normal y uterus & measuring 7.8 x 4.7 x 5.1 cm & vol-100.5 cc. Centrally situated endometrium is normal (9.2 mm). Myometrium is normal.

OVARY : Right ovary measures ~2.6 x 1.4 cm.
Left ovary measures ~2.8 x 2.0 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 MANDLE Reg No CGMC 223/2004 RAIPUR (C.G.)

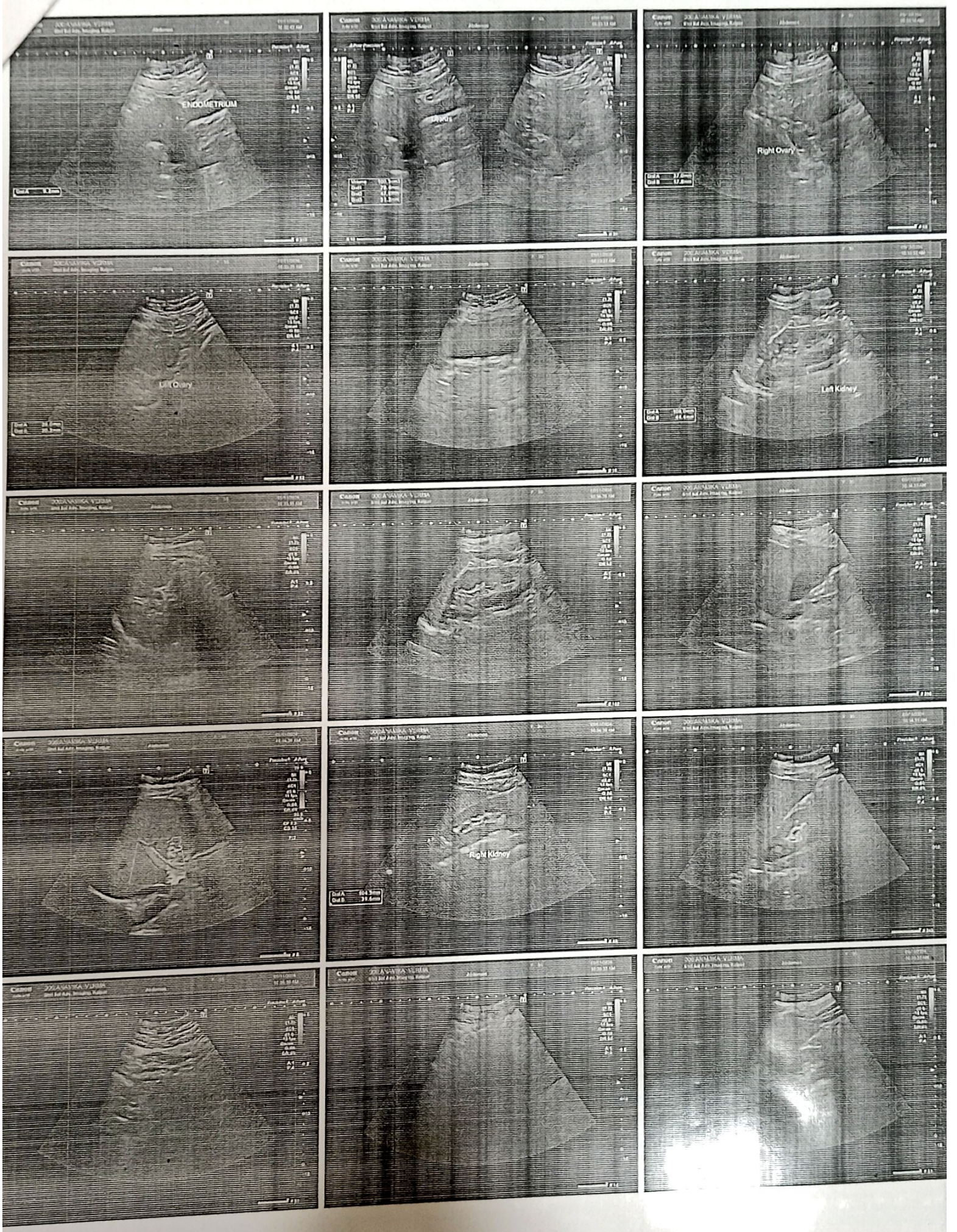
Dr. Hulesh Mandle, MD
Consultant Radiologist

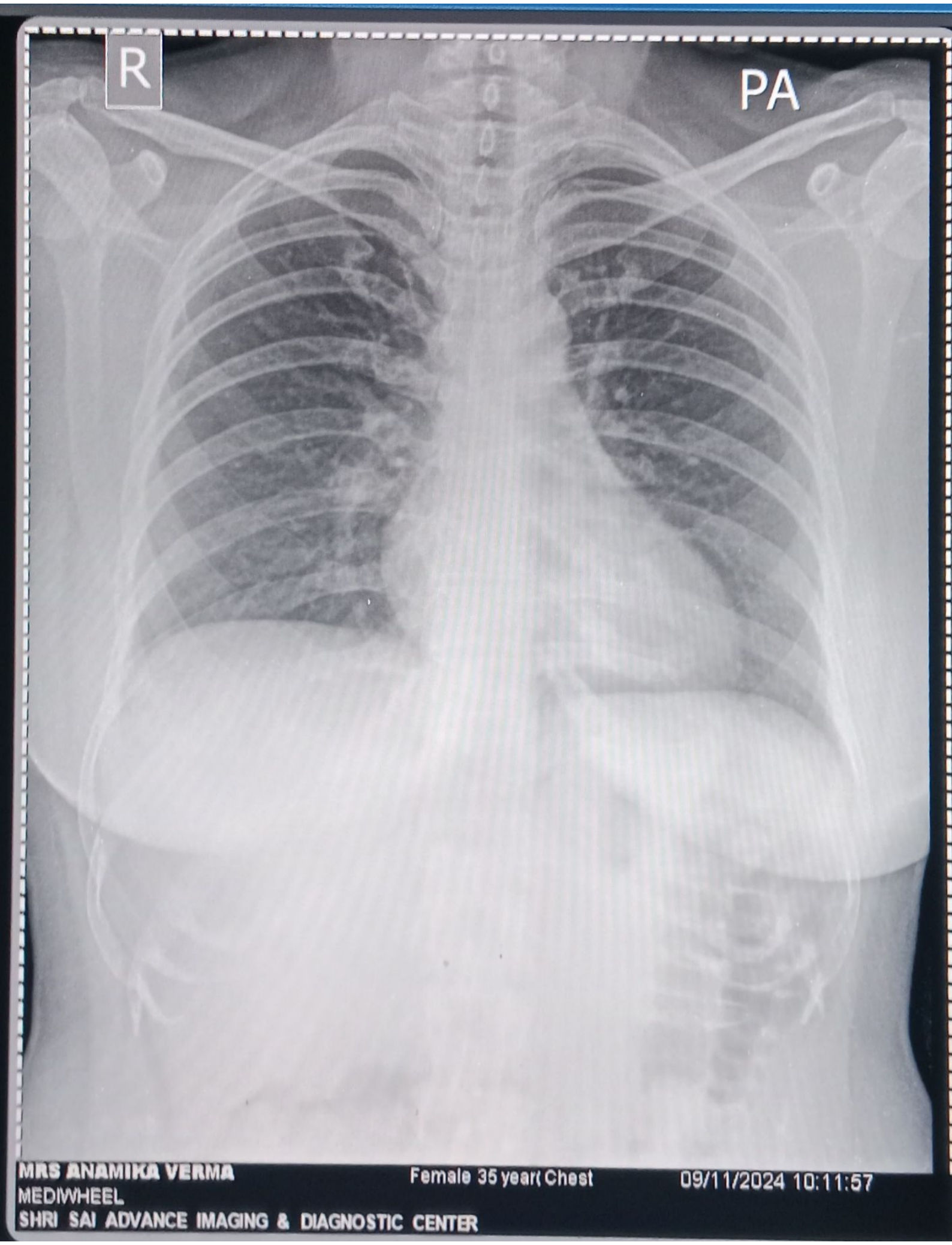
Kindly Note:-

- *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 ।

RI SAI ADVANCE IMAGING & DAIGNOSTIC CENTER, SANTOSHI NAGA R

24 Study : Abdomen
ANAMIKA VERMA 035Y / F




R
PA
MRS ANAMIKA VERMA
Female 35 year(Chest
09/11/2024 10:11:57
MEDIWHEEL
SHRI SAI ADVANCE IMAGING & DIAGNOSTIC CENTER

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

Name : Mrs. Anamika verma Age : 35 /Sex: F

Ref by : Date : 09/11/2024

Complain Of : Routine checkup

Ocular H/O : **Nil**

Family Ocular H/O : **Nil** Drug Allergy (If Any) : **Not Aware**

DISTANCE VISION : RE 6/6 LE 6/6

(with/without PGP)

NEAR VISION : RE N.C LE N.C

(with/without PGP)

REFRECTION

EYE	SPH	CYL	AXIS	ADD	DISTANCE VISION	NEAR VISION
RE	—	plano	—		6/6	N.C
LE	—	plano	—		6/6	N.C

EXTERNAL EYE EXAMINATION : RE LE

SQUINT EVALUTION : (OU) Ortho

NYSTAGMUS : Absent

COLOUR VISION TEST : Normal

NYCTALOPIA (Night Blindness) : Absent

DIVYA JYOTI
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Dr. Dinesh Shrey
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Consultant Eye Surgeon
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Anamika Verma, Age- 35/F, Adh- Mova, Date 9/11/24

Routine Checkup

H/o Thyroid : 4 years

VN < 6/6
6/6

AR < -0.50/+0.25 X 158
+0.50 X 17

Future Distance Rx

Ref < Plano - 6/6
Plano - 6/6

IOP < 13 mmHg
15 mmHg

osite Shubham K Mart, Behind SBI, Santoshi Nagar, Raipur C.G.
0771 4269555,9644443630
011 42464787,
djeh.raipur@gmail.com
cometeyehospitals@gmail.com
www.divyajyotihospital.in
www.cometeyehospitals.com

DIVYA JYOTI
EYE & DENTAL HOSPITAL

Quality Care By An AIIMS (New Delhi) Alumni

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

Dr. Nidhi Thakur Shrey
BDS
Consultant Dental Surgeon
Reg. No.- CGDC/118/2008

- Mrs. Anamika Verma, Age - 35/F, Add - Mova, Date 9/11/24

Pt came for routine check-up.

O/E - Occ. caries ĉ 6

- minor calculus & stains
- Ant deep bite.
- Empty 8.

Adv.

↳ Restoration as needed.

↳ oral prophylaxis

↳

Dr. NIDHI THAKUR SHREY
Dental Surgeon (BDS)
Regd. No.-CGDC/118/2008
Divya Jyoti Eye & Dental Hospital
Santoshi Nagar, Raipur (C.G.)

SHRI SAI ADVANCE IMAGING AND DIAGNOSTIC CENTER

Report

AGHPL

RADHAKRISHNA VIHAR SANTOSHI NAGAR EMail:

511 / MRS ANAMIKA VERMA / 35 Yrs / F / 158 Cms / 75 Kg / NonSmoker
Date: 09 - 11 - 2024 Refd By : MEDIWHEEL Examined By:

Stage	Time	Duration	Speed(mph)	Elevation	METs	Rate	%THR	BP	RPP	PVC	Comments
Supine	00:06	0:06	00.0	00.0	01.0	000	0 %	---/---	000	00	
Standing	00:12	0:06	00.0	00.0	01.0	000	0 %	---/---	000	00	
ExStart	01:33	1:21	00.0	00.0	01.0	098	53 %	---/---	000	00	
BRUCE Stage 1	04:33	3:00	01.7	10.0	04.7	133	72 %	120/80	159	00	
BRUCE Stage 2	07:33	3:00	02.5	12.0	07.1	149	81 %	128/88	190	00	
PeakEx	09:42	2:09	03.4	14.0	09.3	171	92 %	135/90	230	00	
Recovery	10:19	0:37	01.1	00.0	03.4	158	85 %	135/90	213	00	

FINDINGS :

Exercise Time : 08:09
Max HR Attained : 171 bpm 92% of Target 185
Max BP Attained : 135/90 (mm/Hg)
Max WorkLoad Attained : 9.3 Good response to induced stress
Test End Reasons : Test Complete, Heart Rate Achieved

REPORT : TMT Negative

Rajesh

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

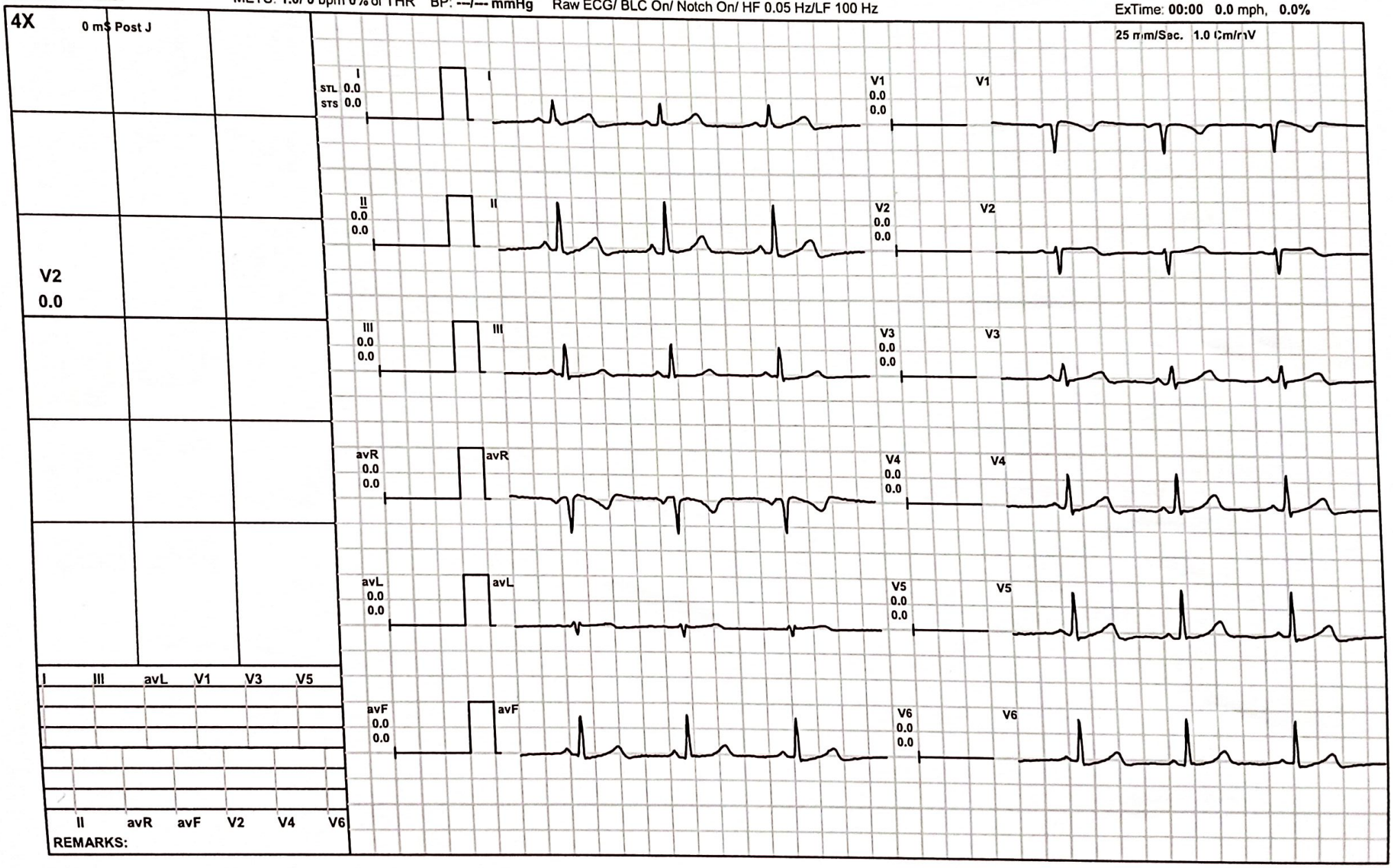
SHRI SAI ADVANCE IMAGING AND DIAGNOSTIC CENTER

BRUCE:Supine(0:07)

AGHPL

511 / MRS ANAMIKA VERMA / 35 Yrs / F / 158 Cms / 75 Kg / HR : 0

Date: 09 - 11 - 2024 METS: 1.0/ 0 bpm 0% of THR BP: ---/--- mmHg Raw ECG/ BLC On/ Notch On/ HF 0.05 Hz/LF 100 Hz ExTime: 00:00 0.0 mph, 0.0%



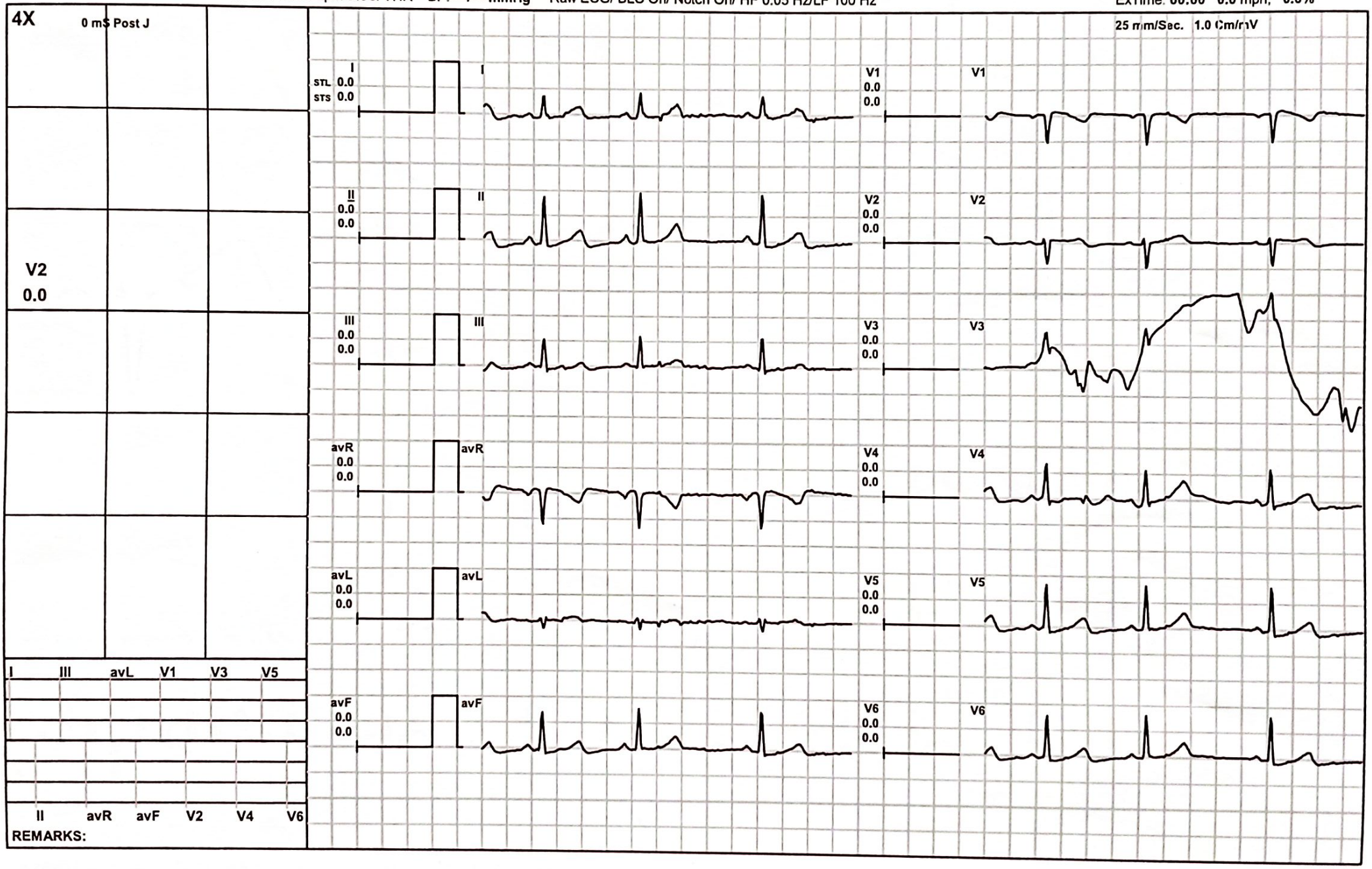
SHRI SAI ADVANCE IMAGING AND DIAGNOSTIC CENTER

BRUCE:Standing(0:06)

AGHPL

511 / MRS ANAMIKA VERMA / 35 Yrs / F / 158 Cms / 75 Kg / HR : 0

Date: 09 - 11 - 2024 METS: 1.0/ 0 bpm 0% of THR BP: ---/--- mmHg Raw ECG/ BLC On/ Notch On/ HF 0.05 Hz/LF 100 Hz ExTime: 00:00 0.0 mph, 0.0%



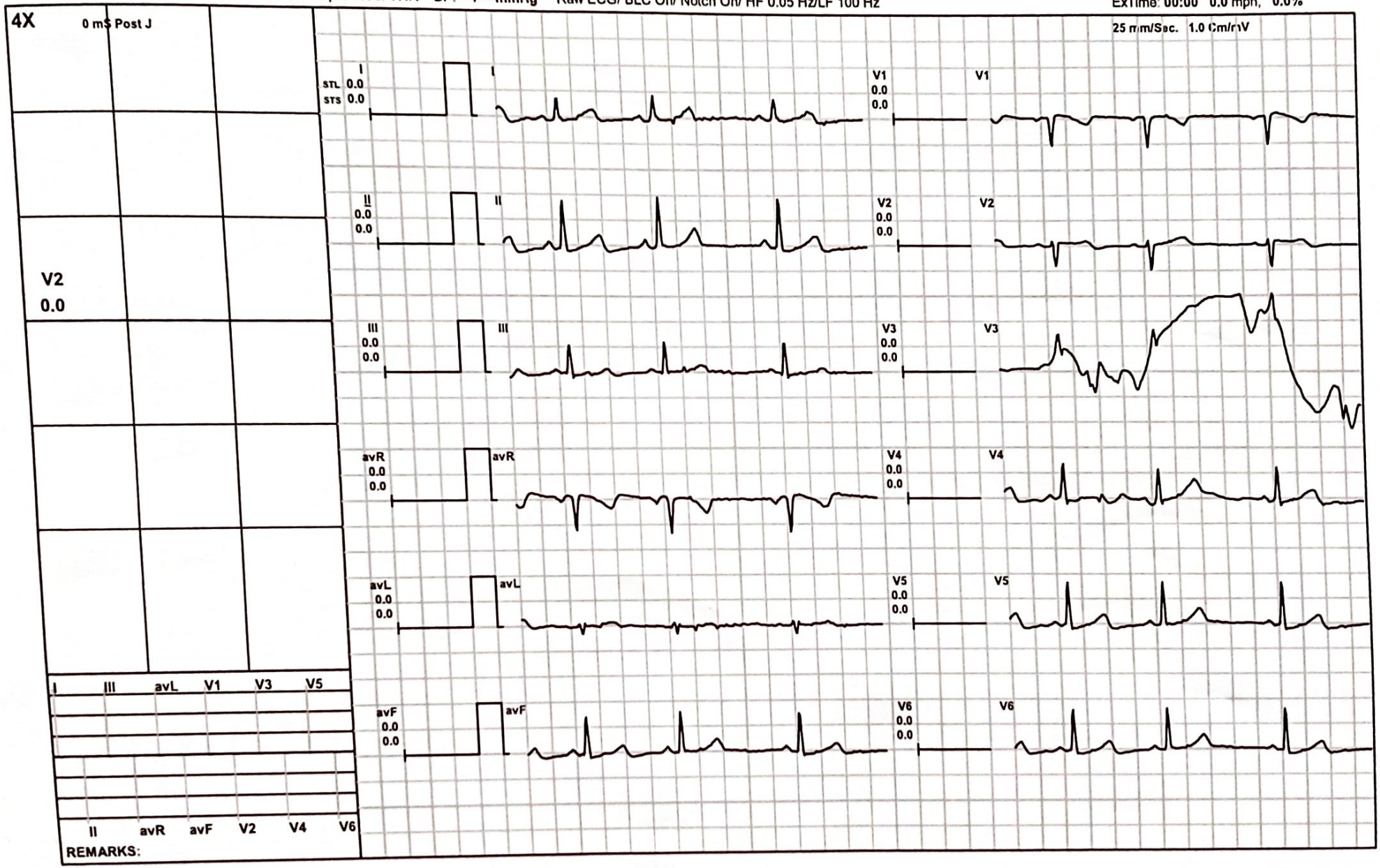
SHRI SAI ADVANCE IMAGING AND DIAGNOSTIC CENTER

BRUCE:Standing(0:06)

AGHPL

511 / MRS ANAMIKA VERMA / 35 Yrs / F / 158 Cms / 75 Kg / HR : 0

Date: 09 - 11 - 2024 METS: 1.0/ 0 bpm 0% of THR BP: ---/--- mmHg Raw ECG/ BLC On/ Notch On/ HF 0.05 Hz/LF 100 Hz ExTime: 00:00 0.0 mph, 0.0%



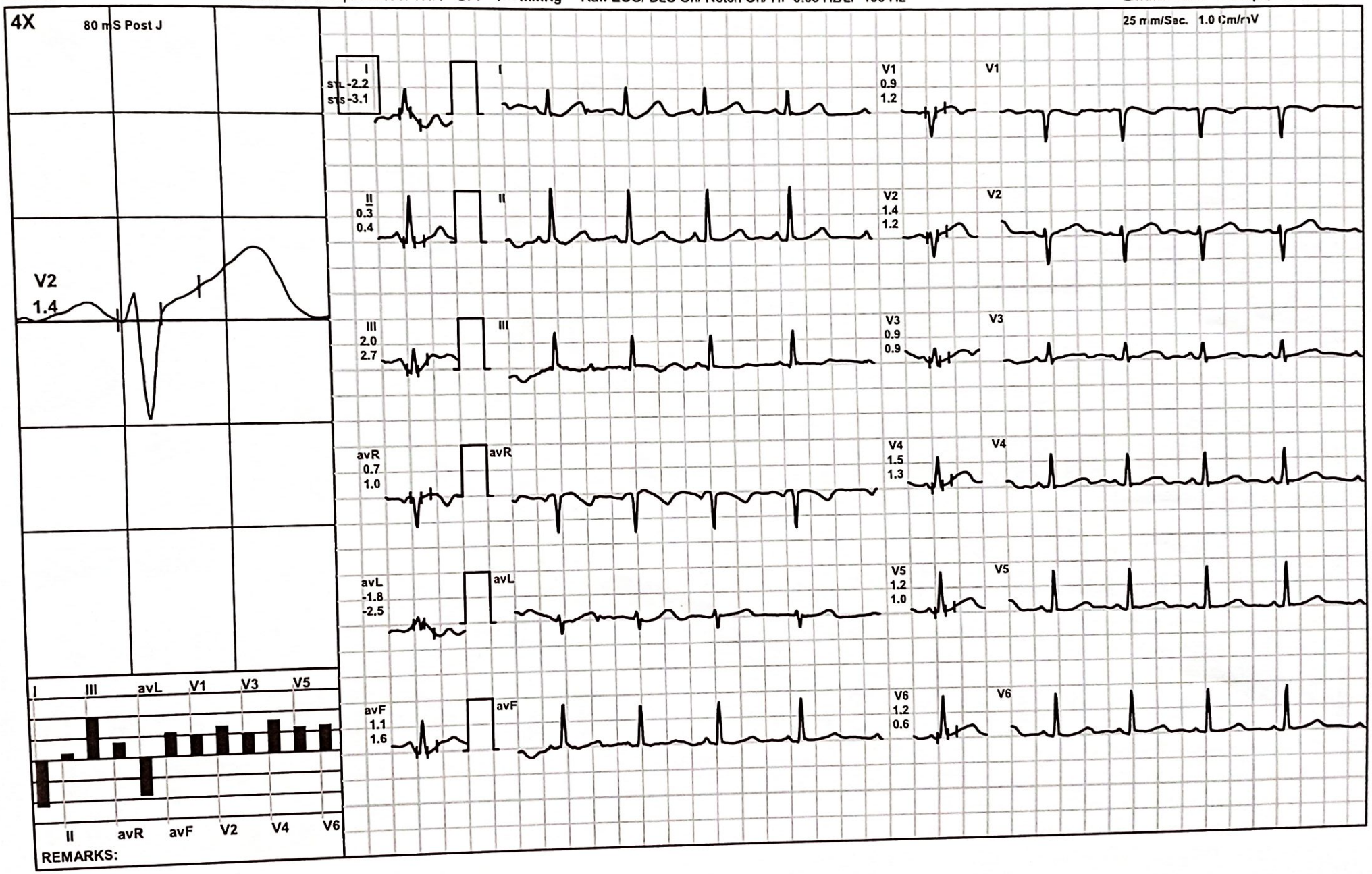
SHRI SAI ADVANCE IMAGING AND DIAGNOSTIC CENTER

ExStart

AGHPL

511 / MRS ANAMIKA VERMA / 35 Yrs / F / 158 Cms / 75 Kg / HR : 98

Date: 09 - 11 - 2024 METS: 1.0/ 98 bpm 53% of THR BP: ---/--- mmHg Raw ECG/ BLC On/ Notch On/ HF 0.05 Hz/LF 100 Hz ExTime: 00:00 0.0 mph, 0.0%

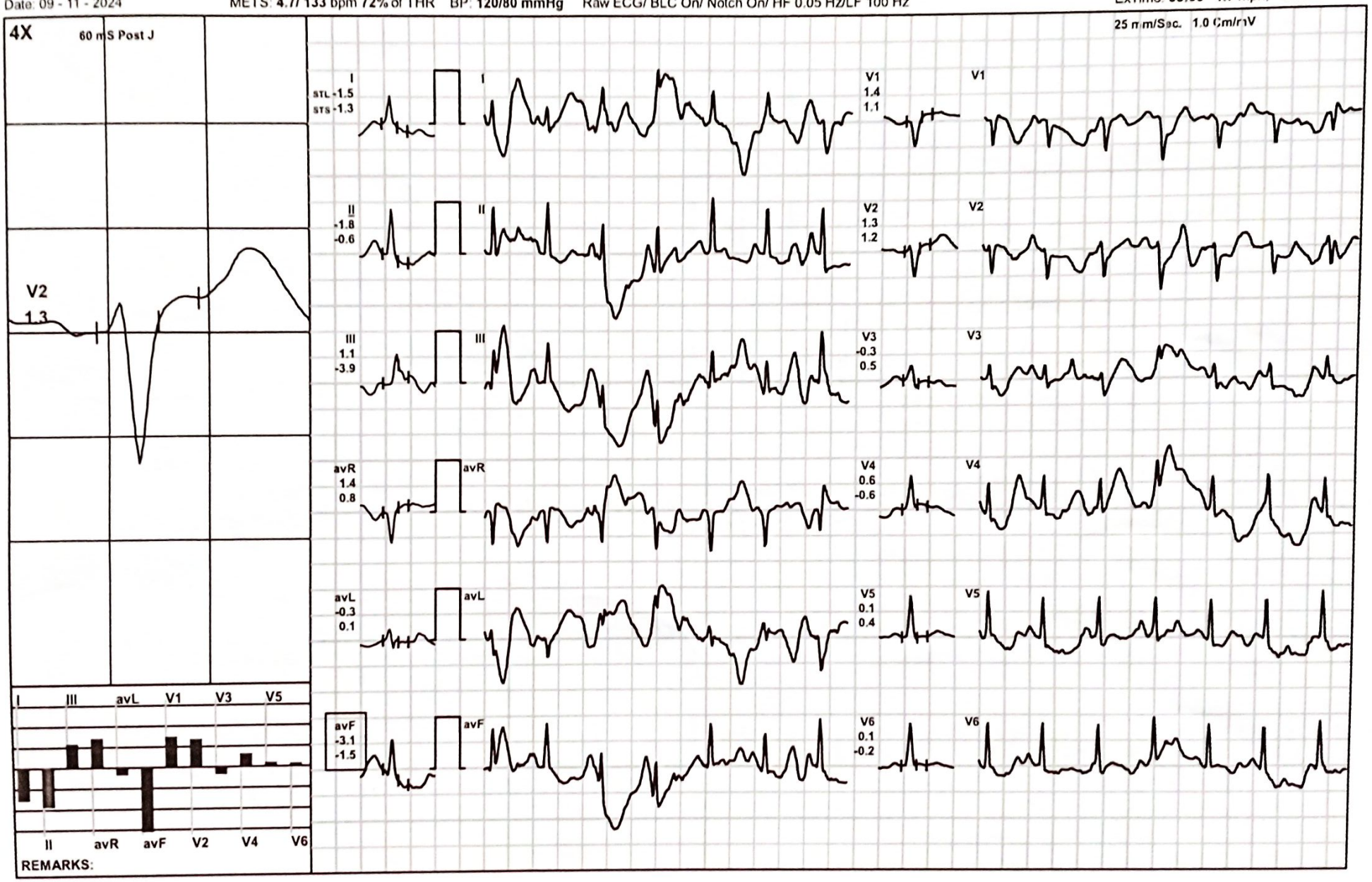


SHRI SAI ADVANCE IMAGING AND DIAGNOSTIC CENTER

BRUCE:Stage 1(3:00)

511 / MRS ANAMIKA VERMA / 35 Yrs / F / 158 Cms / 75 Kg / HR : 133

Date: 09 - 11 - 2024 METS: **4.7/ 133** bpm **72%** of THR BP: **120/80 mmHg** Raw ECG/ BLC On/ Notch On/ HF 0.05 Hz/LF 100 Hz ExTime: **03:00** 1.7 mph, **10.0%**



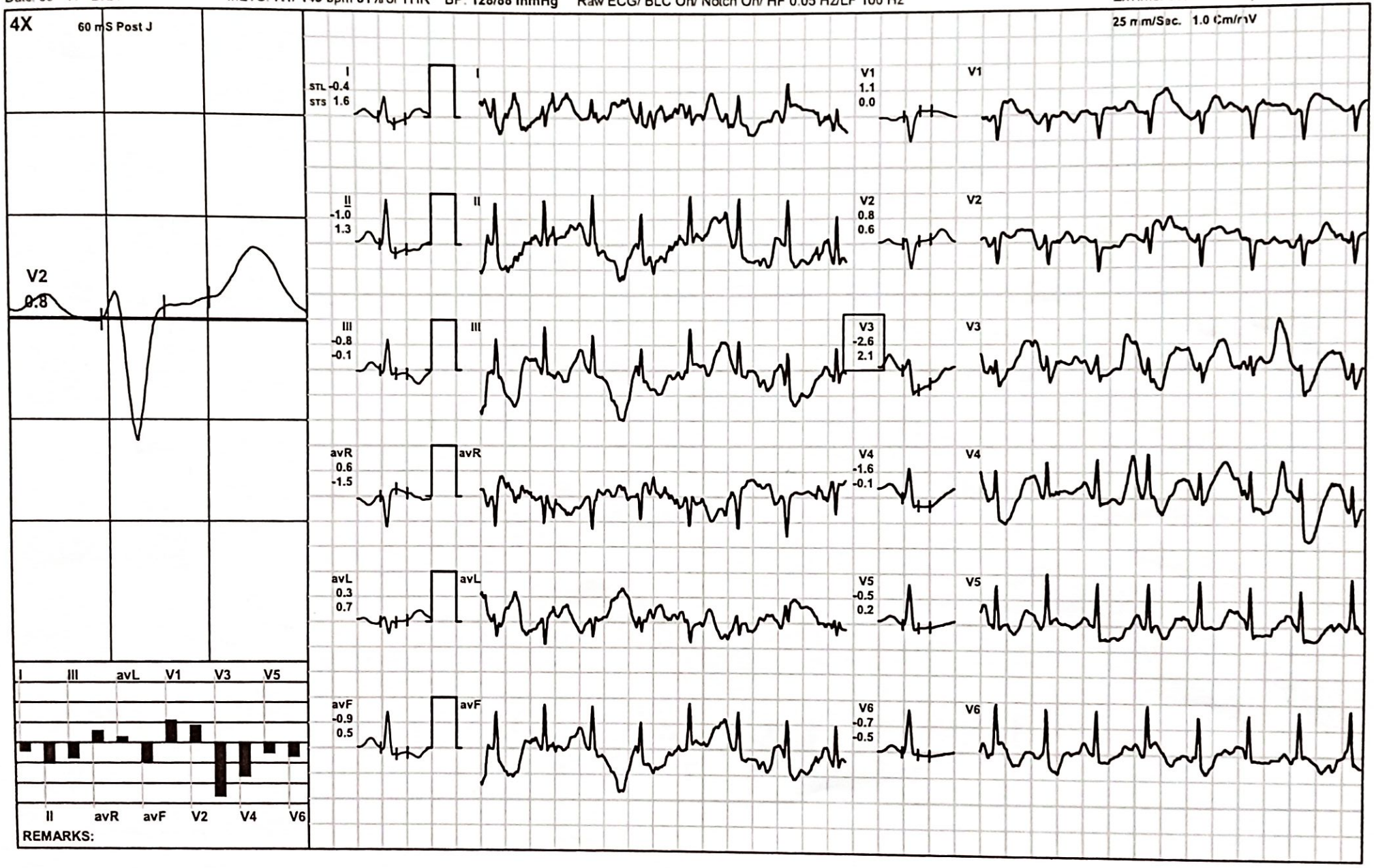
SHRI SAI ADVANCE IMAGING AND DIAGNOSTIC CENTER

BRUCE:Stage 2(3:00)

AGHPL

511 / MRS ANAMIKA VERMA / 35 Yrs / F / 158 Cms / 75 Kg / HR : 149

Date: 09 - 11 - 2024 METS: **7.1/ 149** bpm **81%** of THR BP: **128/88 mmHg** Raw ECG/ BLC On/ Notch On/ HF 0.05 Hz/LF 100 Hz ExTime: **06:00** **2.5** mph, **12.0%**

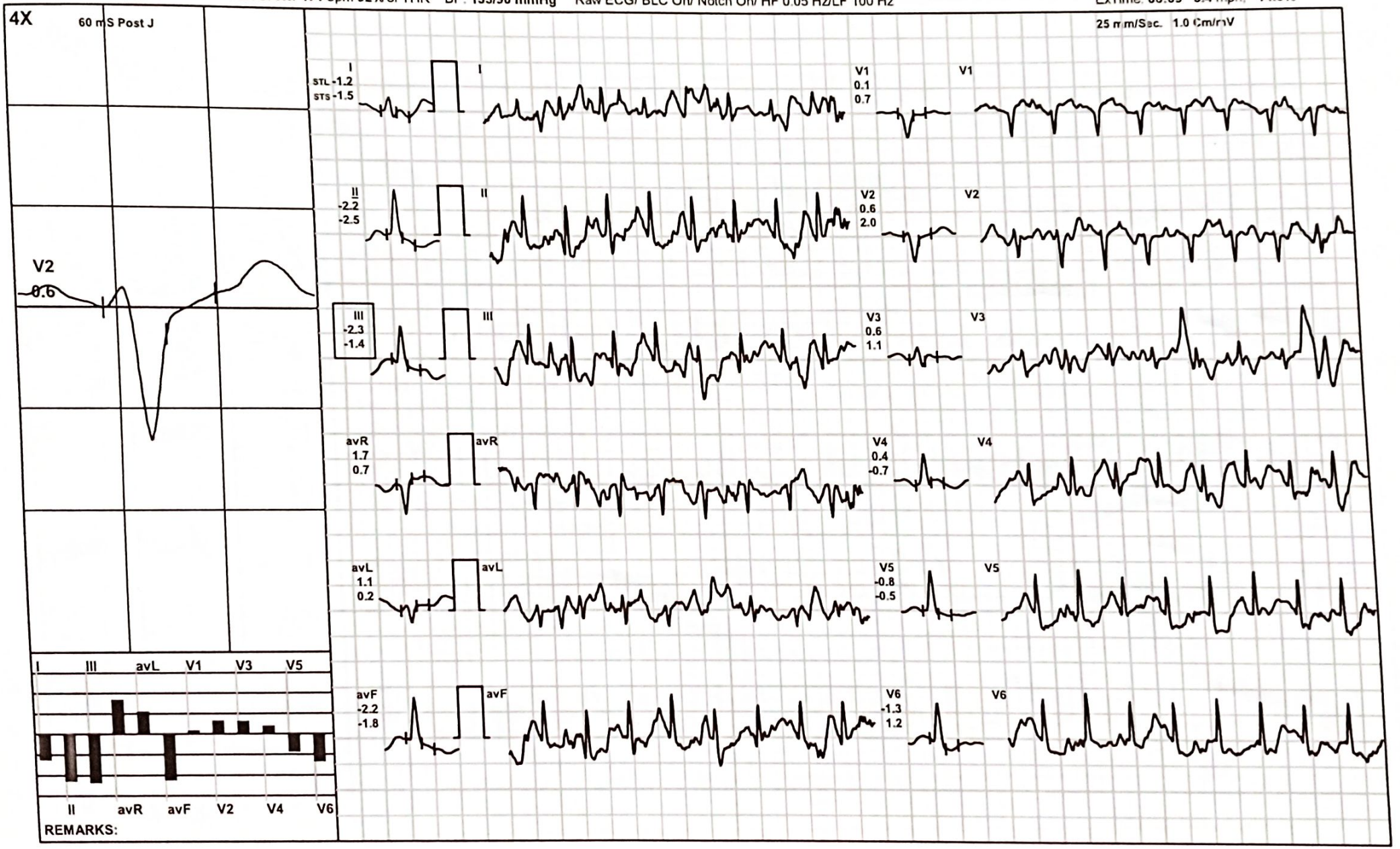


SHRI SAI ADVANCE IMAGING AND DIAGNOSTIC CENTER

PeakEx

511 / MRS ANAMIKA VERMA / 35 Yrs / F / 158 Cms / 75 Kg / HR : 171

Date: 09 - 11 - 2024 METS: **9.3/ 171** bpm **92%** of THR BP: **135/90 mmHg** Raw ECG/ BLC On/ Notch On/ HF 0.05 Hz/LF 100 Hz ExTime: **08:09** 3.4 mph, **14.0%**



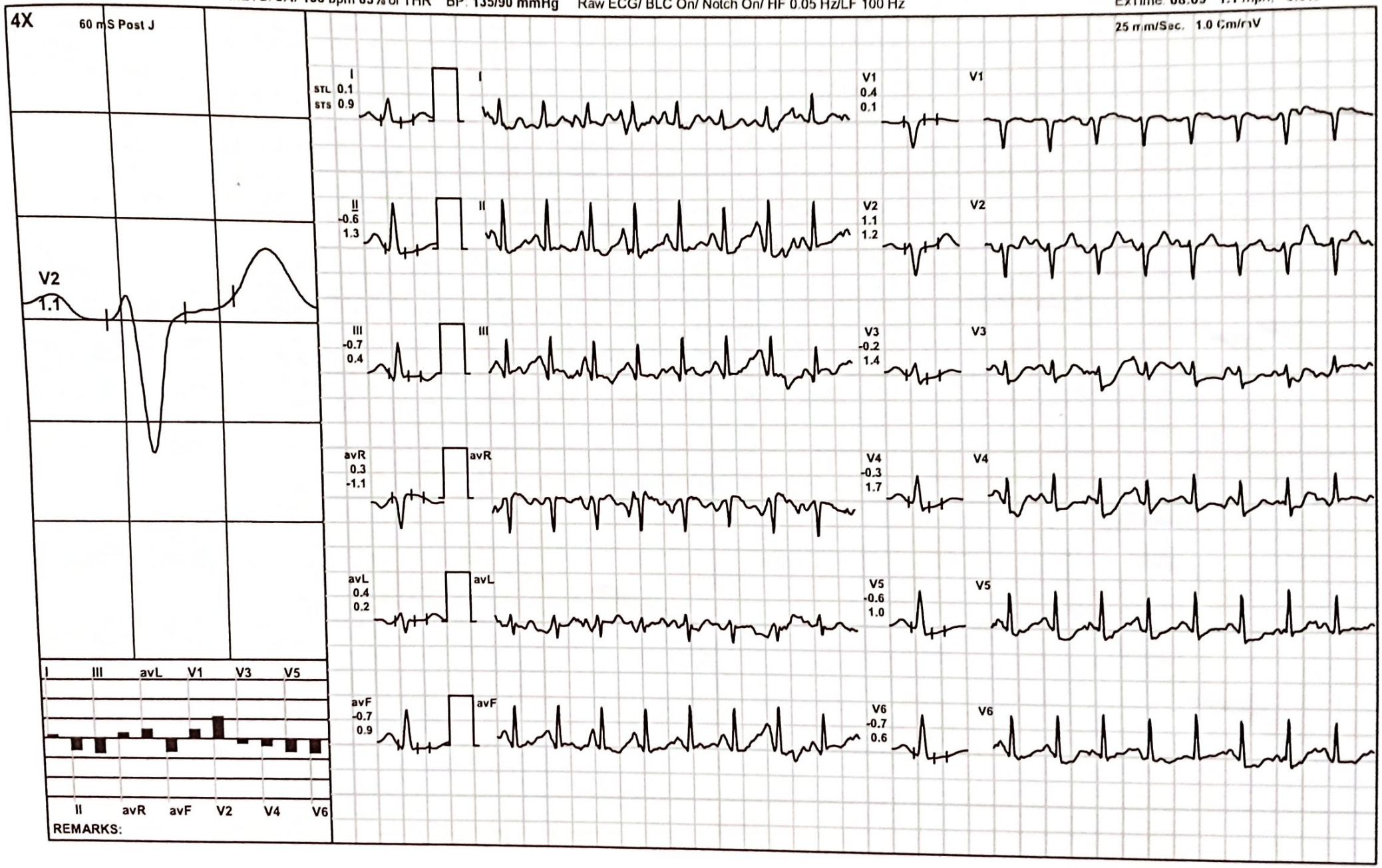
SHRI SAI ADVANCE IMAGING AND DIAGNOSTIC CENTER

Recovery(0:37)

511 / MRS ANAMIKA VERMA / 35 Yrs / F / 158 Cms / 75 Kg / HR : 158

Date: 09 - 11 - 2024 METS: 3.4/ 158 bpm 85% of THR BP: 135/90 mmHg Raw ECG/ BLC On/ Notch On/ HF 0.05 Hz/LF 100 Hz ExTime: 08:09 1.1 mph 0.0%

25 mm/Sec. 1.0 Cm/mV



SHRI SAI ADVANCE IMAGING AND DIAGNOSTIC CENTER

ST Measurements

511 / MRS ANAMIKA VERMA / 35 Yrs / F / 158 Cms / 75 Kg / HR : 0

Date: 09 - 11 - 2024

Protocol : BRUCE

		I	II	III	avR	avL	avF	V1	V2	V3	V4	V5	V6	I	II	III	avR	avL	avF	V1	V2	V3	V4	V5	V6
STL(mm) 0 @mS	Supine	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0
	Standing	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0
	ExStart	-2.2	0.3	2.0	0.7	-1.8	1.1	0.9	1.4	0.9	1.5	1.2	1.2	-3.1	0.4	2.7	1.0	-2.5	1.6	1.2	1.2	0.9	1.3	1.0	0.6
	Stage 1	-1.5	-1.8	1.1	1.4	-0.3	-3.1	1.4	1.3	-0.3	0.6	0.1	0.1	-1.3	-0.6	-3.9	0.8	0.1	-1.5	1.1	1.2	0.5	-0.6	0.4	-0.2
	Stage 2	-0.4	-1.0	-0.8	0.6	0.3	-0.9	1.1	0.8	-2.6	-1.6	-0.5	-0.7	1.6	1.3	-0.1	-1.5	0.7	0.5	0.0	0.6	2.1	-0.1	0.2	-0.5
	PeakEx	-1.2	-2.2	-2.3	1.7	1.1	-2.2	0.1	0.6	0.6	0.4	-0.8	-1.3	-1.5	-2.5	-1.4	0.7	0.2	-1.8	0.7	2.0	1.1	-0.7	-0.5	1.2
	Recovery	0.1	-0.6	-0.7	0.3	0.4	-0.7	0.4	1.1	-0.2	-0.3	-0.6	-0.7	0.9	1.3	0.4	-1.1	0.2	0.9	0.1	1.2	1.4	1.7	1.0	0.6

STS(mv/sec)

		I	II	III	avR	avL	avF	V1	V2	V3	V4	V5	V6
STI(µVs)	Supine	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0
	Standing	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0
	ExStart	-12.4	2.4	11.7	3.5	-10.5	7.0	5.8	10.2	6.5	11.2	8.5	9.2
	Stage 1	-7.6	-10.9	9.5	7.8	-2.1	-18.2	7.9	7.5	-1.6	5.4	0.8	1.6
	Stage 2	-5.0	-8.4	-4.6	6.0	0.5	-6.3	6.6	3.8	-19.9	-10.0	-3.6	-3.6
	PeakEx	-2.5	-7.6	-12.2	7.9	6.5	-9.3	-1.4	0.5	4.0	5.6	-4.4	-12.1
	Recovery	-1.1	-5.4	-4.4	3.4	1.6	-4.9	2.5	3.7	-4.1	-5.1	-5.2	-5.1

SHRI SAI ADVANCE IMAGING AND DIAGNOSTIC CENTER Median Measurement Summary

RADHAKRISHNA VIHAR SANTOSHI NAGAR

511 / MRS ANAMIKA VERMA / 35 Yrs / Female / 158 Cm / 75 Kg /Non Smoker

AGHPL

Time (Min.)	HR (bpm)	PR Int (mS)	QRS Wid (mS)	QRS Axis (Deg.)	QTC (mS)	P(μV) (Max)	R(μV) (Max)	S(μV) (Min)	T(μV) (Max)	Min. J (μV)	Leads for (J & PJ)	Min. Post J (μV)	RR Var (%)	VEB (Counts)	Missed Beats (Counts)
00 : 30	82	210	60	56	376	-628	977	-638	638	-46	III	-68	0.00	0	0
01 : 00	79	124	62	58	452	200	1013	-624	-320	-13	III	-50	0.00	0	0
01 : 30	83	236	64	63	341	250	880	-558	327	49	I	-195	0.00	0	0
02 : 00	120	122	76	71	331	322	1158	-568	508	-239	avL	-356	0.00	0	0
02 : 30	129	144	64	60	403	238	930	-700	-241	-5	III	-174	0.00	0	0
03 : 00	136	144	64	47	403	-530	995	-637	-518	-45	V6	-111	0.00	0	0
03 : 30	137	138	54	3	345	624	917	-511	556	45	I	-129	0.00	0	0
04 : 00	135	162	100	52	228	324	876	-648	-389	-299	II	-366	0.00	0	0
04 : 30	136	174	56	66	402	206	994	-591	-401	-299	II	-366	0.00	0	0
05 : 00	142	132	52	44	366	-280	893	-477	-393	-299	II	-366	0.00	0	0
05 : 30	148	120	76	35	175	595	818	-526	835	-55	V4	-307	0.00	0	0
06 : 00	149	126	74	70	403	-376	871	-531	515	-394	V4	-404	0.00	0	0
06 : 30	149	118	66	67	361	263	920	-517	-307	-237	V4	-309	0.00	0	0
07 : 00	152	122	52	62	329	310	910	-537	346	-87	I	-214	0.00	0	0
07 : 30	152	128	70	42	424	350	818	-509	-420	-258	V4	-315	0.00	0	0
08 : 00	163	116	52	67	413	271	878	-546	224	-210	V4	-195	0.00	0	0
08 : 30	165	100	50	74	264	343	926	-568	-257	-87	II	-261	0.00	0	0
09 : 00	169	106	50	64	368	322	874	-548	-392	-212	V4	-189	0.00	0	0
09 : 30	171	106	50	68	368	308	800	-549	-398	-175	V5	-173	0.00	0	0
10 : 00	160	112	52	64	314	314	840	-557	270	-112	II	-92	0.00	0	0

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Company	**:- ARCOFEMI HEALTH CARE LTD.**	**TPA**	:- -

BIO CHEMISTRY

Description	Result	Unit	Biological Ref. Range
FASTING BLOOD SUGAR	**80.3**	mg/dL	70 - 110
POST PRANDIAL BLOOD SUGAR	**95.9**	mg/dl	70 - 140
Cholesterol	156.2	mg/dl	Desirable : <200 Borderline :200 - 239 High : >=240
Triglycerides	120.4	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	**87.92**	mg/dl	<100 : Normal 100-129 : Desirable 130-159 : Borderling-High 160-189 : High >190 : Very High
VLDL	24.08	mg/dl	7 - 40
Cholesterol/HDL Ratio	3.53		0 - 5.0
LDL/HDL Ratio	1.98	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 Cholestero - 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.

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Bilirubin - Total	0.55	mg/dl	0.2 - 1.3
Bilirubin - Direct	0.12	mg/dl	0 - 0.3
Bilirubin (Indirect)	0.43	mg/dl	0 - 1.1
SGOT (AST)	26.4	U/L	14 - 36
SGPT (ALT)	22.0	U/L	9 - 52
Alkaline phosphatase (ALP)	78.2	U/L	38 - 126
Total Proteins	7.5	g/dl	6.3 - 8.2
Albumin	4.2	g/dl	3.5 - 5.0
Globulin	**3.30**	g/dl	2.3 - 3.6
A/G Ratio	1.27		1.1 - 2.0
Gamma GT	28.2	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	26.4	mg/dL	10 - 50
Creatinine	**0.87**	mg/dL	0.52 - 1.04
Uric Acid	3.8	mg/dL	2.5 - 6.2
Sodium (Na)	140.3	mmol/L	137 - 145
Pottasium (K)	4.1	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)	**180.2**	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	2.61	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		
Physical Examination			
Consistancy	Semisolid		
Colour	Pale Yellow		Pale Yellow
Reaction.	**Alkaline**		
Blood	**Absent**		
Mucus	Absent		
Worms	Absent		
Microscopic Examination			
Ova	**Nil**		
Cyst	Nil		
Epithelial cell	**Absent**	/HPF	0 - 1
PUS CELLS	Absent	/HPF	0 - 5
Trophozoite	Nil		
Vegetable Material	Absent		
Other Findings			
Appearance	Clear		Clear
Specific Gravity	1.020		1.003 - 1.030
Urine Glucose(Sugar)	**Nil**		Not Detected
Microscopic Examination			
Epithelial cells	2-3	/HPF	0 - 5
PUS CELLS	1-2	/HPF	0 - 5
RBC (Urine)	Absent	/HPF	0 - 3
Casts	**Absent**		Not Detected
Crystals	**Absent**		Not Detected
Bacteria	**Absent**		Not Detected
Reaction (pH)	**Acidic**		
Chemical Examination			
Physical Examination			
Colour	Pale Yellow		Pale Yellow
Urine Protein(Albumin)	**Nil**		Not Detected

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HAEMATOLOGY

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

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

W.B.C. Indices			
TOTAL WBC COUNT	6900	/cumm	4000 - 11000
NEUTROPHILS	**71**	%	40 - 70
LYMPHOCYTES	24	%	20 - 52
MONOCYTES	04	%	4 - 12
EOSINOPHILS	01	%	1 - 6
BASOPHILS	00	%	0 - 1
R.B.C. Indices			
HAEMOGLOBIN	**12.3**	gm/dL	12.5 - 16.5
RBC COUNT	**4.19**	Mill/cumm	4.2 - 5.5
HEMATOCRIT (PCV)	**35.2**	%	37.5 - 49.5
MCV	83.8	fL	80 - 95
MCH	29.2	pg	26 - 32
MCHC	34.94	g/dl	32 - 36
RDW-CV	13.4	%	11.5 - 16.5
Platelet Indices			
PLATELET COUNT	287000	/µL	150000-400000
MPV	8.3	fl	7.0 - 11.0
PDW	15.8	%	12 - 18
P-LCR	15.6	%	13 - 43
ESR	18	after 1 hr	0 - 20
Advice			Correlate Clinically

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HbA1C-Glycosylated Haemoglobin	**5.1**	%	Normal Range : <6% Good Control : 6 - 7% Fair Control : 7 - 8% Unsatistactory Control : 8 -10% Poor Control : >10%

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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