

PATIENT NAME	: Mrs. RASHMI SHARMA	UHID No	: CSSH-250088807
Age / Sex	: 57 Y / Female	Visit No	: OP-2503080571
Consultant Name	: DR. MANVI GUPTA	Barcode	: 1250023611
Hospital	: SUBHARTI HOSPITAL	Sample Collection	: 08/03/2025 01:01 PM
Ward / Bed	:	Sample Received	: 08/03/2025 01:58 PM
Report Status	: Final	Signed Off	: 08/03/2025 03:18 PM

Test Name	Result	Units	Biological Ref. Interval
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BIOCHEMISTRY

HBA1C

GLYCOSYLATED HEMOGLOBIN <i>Method : Hplc Method</i> <i>Sample : Whole Blood</i>	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
MEAN PLASMA GLUCOSE <i>Method : Calculated</i> <i>Sample : Whole Blood</i>	105.4	mg/dL	< 116

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



R Singh
DR RAVI PRATAP SINGH
MD (BIOCHEMISTRY)




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HEMATOLOGY			
ESR - ERYTHROCYTE SEDIMENTATION RATE <i>Method : Modified Westergren</i> <i>Sample : Whole Blood</i>	05	mm/1st hour	1 - 20

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

PREPARED BY:
TECHMAINPAL




DR. ARCHITA
MD PATHOLOGY



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Hospital	: SUBHARTI HOSPITAL	Sample Collection	: 08/03/2025 01:01 PM
Ward / Bed	:	Sample Received	: 08/03/2025 01:41 PM
Report Status	: Final	Signed Off	: 08/03/2025 03:25 PM

Test Name	Result	Units	Biological Ref. Interval
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BIOCHEMISTRY

GLUCOSE, FASTING

FASTING GLUCOSE

102 H mg/dL < 100

Method : Hexokinase
Sample : Plasma

PREPARED BY:
MUKESH SIDDHARTH



DR RAVI PRATAP SINGH
MD (BIOCHEMISTRY)

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BIOCHEMISTRY

LFT; LIVER FUNCTION TEST

BILIRUBIN TOTAL <i>Method : Diazonium Salt</i> <i>Sample : Serum</i>	0.8	mg/dL	0.2 - 1.2
BILIRUBIN DIRECT <i>Method : Diazo Reaction</i> <i>Sample : Serum</i>	0.3	mg/dL	≤ 0.3
BILIRUBIN INDIRECT <i>Method : Calculated</i> <i>Sample : Serum</i>	0.5	mg/dL	< 1.0
TOTAL PROTEIN <i>Method : Biuret</i> <i>Sample : Serum</i>	7.9	g/dL	6.4 - 8.3
ALBUMIN <i>Method : Bromocresol Green (BCG)</i> <i>Sample : Serum</i>	4.9	g/dL	3.5 - 5.2
GLOBULIN <i>Method : Calculated</i> <i>Sample : Serum</i>	3.0	g/dL	2 - 3.5
A : G RATIO <i>Method : Calculated</i> <i>Sample : Serum</i>	1.6	.	1.1 - 2.0
ASPARTATE AMINOTRANSFERASE; AST <i>Method : NADH without Pyridoxal 5 Phosphate (P5P)</i> <i>Sample : Serum</i>	33	U/L	< 35
ALANINE AMINOTRANSFERASE; ALT <i>Method : NADH without Pyridoxal 5 Phosphate (P5P)</i> <i>Sample : Serum</i>	49	U/L	< 56
AST:ALT RATIO <i>Method : Calculated</i> <i>Sample : Serum</i>	0.7	L	1.1 - 2.0
ALKALINE PHOSPHATASE <i>Method : P-Nitro Phenyl Phosphate (PNPP), AMP Buffer</i> <i>Sample : Serum</i>	142	U/L	40 - 150
GAMMA GLUTAMYL TRANSFERASE <i>Method : L-Gamma Glutamyl-3-Carboxy-4-Nitranilide (GCNA)</i> <i>Sample : Serum</i>	57	H	9 - 36

PREPARED BY:
MUKESH SIDDHARTH



R Singh

DR RAVI PRATAP SINGH
MD (BIOCHEMISTRY)



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Test Name	Result	Units	Biological Ref. Interval
BIOCHEMISTRY			
LIPID PROFILE			
CHOLESTEROL TOTAL <i>Method : Enzymatic method</i> <i>Sample : Serum</i>	163	mg/dL	Desirable: <200 Borderline High: 200-239 High: > 240
HDL DIRECT <i>Method : Direct Measure (Polymer, Polyanion)</i> <i>Sample : Serum</i>	54	mg/dL	>50
TRIGLYCERIDE <i>Method : Glycerol Phosphate Oxidase</i> <i>Sample : Serum</i>	106	mg/dL	< 150 Normal 150 - 199 Borderline High 200 - 499 High ≥ 500 Very High
LDL <i>Method : Calculated</i> <i>Sample : Serum</i>	87.8	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>	21.2	mg/dL	<30
NON HDL CHOLESTEROL <i>Method : Calculated</i> <i>Sample : Serum</i>	109.0	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>	3.0		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>	1.6		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>	9.82	mg/dL	9.8 - 20.1
UREA <i>Method : Calculated</i> <i>Sample : Serum</i>	21.0	mg/dL	21.0 - 43.0

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

PREPARED BY:
MUKESH SIDDHARTH



R Singh
DR RAVI PRATAP SINGH
MD (BIOCHEMISTRY)



PATIENT NAME	: Mrs. RASHMI SHARMA	UHID No	: CSSH-250088807
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Ward / Bed	:	Sample Received	: 08/03/2025 03:01 PM
Report Status	: Final	Signed Off	: 08/03/2025 04:06 PM

Test Name	Result	Units	Biological Ref. Interval
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CLINICAL PATHOLOGY

URINE ROUTINE AND MICROSCOPY

QUANTITY <i>Method : Direct Sample : Urine</i>	20	mL	
COLOUR <i>Method : Direct Sample : Urine</i>	Straw	.	Straw
APPEARANCE <i>Method : Direct Sample : Urine</i>	Clear	.	Clear
pH. <i>Method : Double Indicator System Sample : Urine</i>	5.5	.	4.6 - 7.5
SPECIFIC GRAVITY <i>Method : Pka Change Of Polyelectrolytes Sample : Urine</i>	1.010	.	1.003 - 1.035
PROTEIN. <i>Method : Protien Error Of Ph Indicator Sample : Urine</i>	Negative	.	Not Detected
GLUCOSE. <i>Method : Enzymatic Reaction Between Glucose Oxidase, Peroxidase And Chromogen Sample : Urine</i>	Negative	.	Not Detected
KETONE <i>Method : Reaction With Nitroprusside And Acetoacetic Acid Sample : Urine</i>	Negative	.	Not Detected
BLOOD <i>Method : Peroxidas Activity Of Hemoglobin Catalyzes The Reaction Sample : Urine</i>	Negative	-	Not Detected
Bilirubin <i>Method : Coupling Reaction of Bilrubin with Diazonium Salts Sample : Urine</i>	Negative	.	Not Detected
URINE UROBILINOGEN <i>Method : Multistix Strip Sample : Urine</i>	0.1	mL	
PUS CELLS <i>Method : Microscopy Sample : Urine</i>	0-1	/HPF	0 - 5
RBCs <i>Method : Microscopy Sample : Urine</i>	Negative	/HPF	0 - 1
EPITHELIAL CELLS <i>Method : Microscopy Sample : Urine</i>	0-1	/HPF	1 - 5
CASTS <i>Method : Microscopy Sample : Urine</i>	Negative	-	Not Detected
CRYSTALS <i>Method : Microscopy Sample : Urine</i>	Negative	-	Not Detected

PREPARED BY:
ANITA




DR. PURBITA CHATTERJEE
MD, PATHOLOGY



Central Lab
CHHATRAPATI SHIVAJI SUBHARTI HOSPITAL




SUBHARTI MEDICAL COLLEGE
Subhartipuram, NH-58,
Delhi-Haridwar Bypass Road, Meerut.
Phone: 0121-6678000, 2439157

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

PREPARED BY:
ANITA




DR. PURBITA CHATTERJEE
MD, PATHOLOGY

PATIENT NAME	: Mrs. RASHMI SHARMA	UHID No	: CSSH-250088807
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Consultant Name	: DR. MANVI GUPTA	Barcode	: 1250023611
Hospital	: SUBHARTI HOSPITAL	Sample Collection	: 08/03/2025 03:35 PM
Ward / Bed	:	Sample Received	: 10/03/2025 11:57 AM
Report Status	: Final	Signed Off	: 10/03/2025 02:28 PM

CYTOLOGY

PAP SMEAR EXAMINATION (Sample : Unstained Smears)

P/1116/25 Site-Cervical No. of Smears - 1 Type of smear - Conventional

1.ADEQUACY OF SPECIMEN :

- 1.Satisfactory for evaluation**Yes** (partly obscured by bacterial flora)
- 2.Unsatisfactory for evaluation because...

2.GENERAL CATEGORISATION :

- 1.Negative for intraepithelial lesion or malignancy :**Yes**.....
- 2.Epithelial cell Abnormality :**No**.....
- 3.Others : endometrial cells, cytologically benign in post menopausal women.**No**.....

INFECTION

Trichomonas vaginalis ..**No**.. Candida ..**No**.. Coccobacilli ..**Yes**.. HSV ..**No**.. Others ..**No**..

NON NEOPLASTIC FINDINGS

Reactive cellular changes ..**Yes**.. Inflammation ..**Yes** (mild) Radiation changes ..**No**..

IUCD effect ..**No**.. Atrophy ..**No**..

1.EPITHELIAL ABNORMALITY

Squamous cell

- ASC – US**No**.....
- ASC – HSIL cannot be excluded**No**.....
- LSIL (with or without HPV associated change)**No**.....
- HSIL**No**.....
- Squamous cell carcinoma**No**.....

Glandular cell

- Atypical
 - Endocervical cells (NOS)**No**.....
 - Endometrial cells (NOS)**No**.....
 - Glandular cells (NOS)**No**.....
- Atypical
 - Endocervical cells, favor neoplastic**No**.....
 - Glandular cells, favor neoplastic**No**.....
- Endocervical adenocarcinoma in situ**No**.....
- Adenocarcinoma
 - Endocervical**No**.....
 - Endometrial**No**.....
 - Extrauterine**No**.....
 - Not otherwise specified (NOS)**No**.....

CYTODIAGNOSIS : Benign cellular changes of inflammation with altered bacterial flora.

RECOMMENDATIONS & COMMENTS : Repeat Pap after control of infection if clinically indicated.

PREPARED BY:

SHALU1



Njoshi

DR. NEHARICA JOSHI

Md Pathology



Central Lab
CHHATRAPATI SHIVAJI SUBHARTI HOSPITAL



SUBHARTI MEDICAL COLLEGE
Subhartipuram, NH-58,
Delhi-Haridwar Bypass Road, Meerut.
Phone: 0121-6678000, 2439157

CYTOLOGY

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

PREPARED BY:
SHALU1




DR. NEHARICA JOSHI
Md Pathology



PATIENT NAME	: Mrs. RASHMI SHARMA	UHID No	: CSSH-250088807
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Test Name	Result	Units	Biological Ref. Interval
HEMATOLOGY			
CBC (COMPLETE BLOOD COUNT)			
RBC COUNT <i>Method : Electrical Impedence</i> <i>Sample : Whole Blood</i>	4.61	x10 ³ /mm ³	3.8-4.8
HEMOGLOBIN <i>Method : Photometry</i> <i>Sample : Whole Blood</i>	14.4	gm/dL	12-15
HEMATOCRIT <i>Method : Average Of Rbc Pulse Height</i> <i>Sample : Whole Blood</i>	42.6	%	36 - 46
MCV <i>Method : Calculated</i> <i>Sample : Whole Blood</i>	92	fl	83 - 101
MCH <i>Method : Calculated</i> <i>Sample : Whole Blood</i>	31.2	pg	27 - 32
MCHC <i>Method : Calculated</i> <i>Sample : Whole Blood</i>	33.8	gm/dL	31.5 - 34.5
RDW-CV <i>Method : Calculated</i> <i>Sample : Whole Blood</i>	15.8	H %	11.6 - 14
PLATELET COUNT <i>Method : Electrical Impedence</i> <i>Sample : Whole Blood</i>	279	x10 ³ /mm ³	150 - 410
WBC COUNT <i>Method : Electrical Impedence</i> <i>Sample : Whole Blood</i>	10.7	H x10 ³ /mm ³	4 - 10
NEUTROPHIL <i>Method : Dhss, (Impedence, Cytometry)</i> <i>Sample : Whole Blood</i>	60	%	40 - 80
LYMPHOCYTE <i>Method : Dhss, (Impedence, Cytometry)</i> <i>Sample : Whole Blood</i>	37	%	20 - 40
MONOCYTE <i>Method : Dhss, (Impedence, Cytometry)</i> <i>Sample : Whole Blood</i>	02	%	2 - 10
EOSINOPHIL <i>Method : Dhss, (Impedence, Cytometry)</i> <i>Sample : Whole Blood</i>	01	%	1 - 6
BASOPHIL <i>Method : Electrical Impedence</i> <i>Sample : Whole Blood</i>	0.0	%	<1 - 2

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

PREPARED BY:
TECHAKSHAY



DR. ARCHITA
MD PATHOLOGY

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IMMUNOCHEMISTRY

THYROID PROFILE, TOTAL

T3 TOTAL (TRIIODOTHYRONINE) <i>Method : Chemiluminescence Microparticle Immunoassay Sample : Serum</i>	1.80	nmol/L	0.54 - 2.96
T4 TOTAL (THYROXINE) <i>Method : Chemiluminescence Microparticle Immunoassay Sample : Serum</i>	103.37	nmol/L	62.7 - 150.9
TSH (THYROID STIMULATING HORMONE) <i>Method : Chemiluminescence Microparticle Immunoassay Sample : Serum</i>	2.284	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)

88807

RASHMI SHARMA

3/8/2025 12:21:57 PM

Born 8/11/1967 57 Years

Female

Rate 71 . Sinus rhythm.....normal P axis, V-rate 50- 99
. Baseline wander in lead(s) V2,V4

PR 134
QRSD 85
QT 338
QTc 368

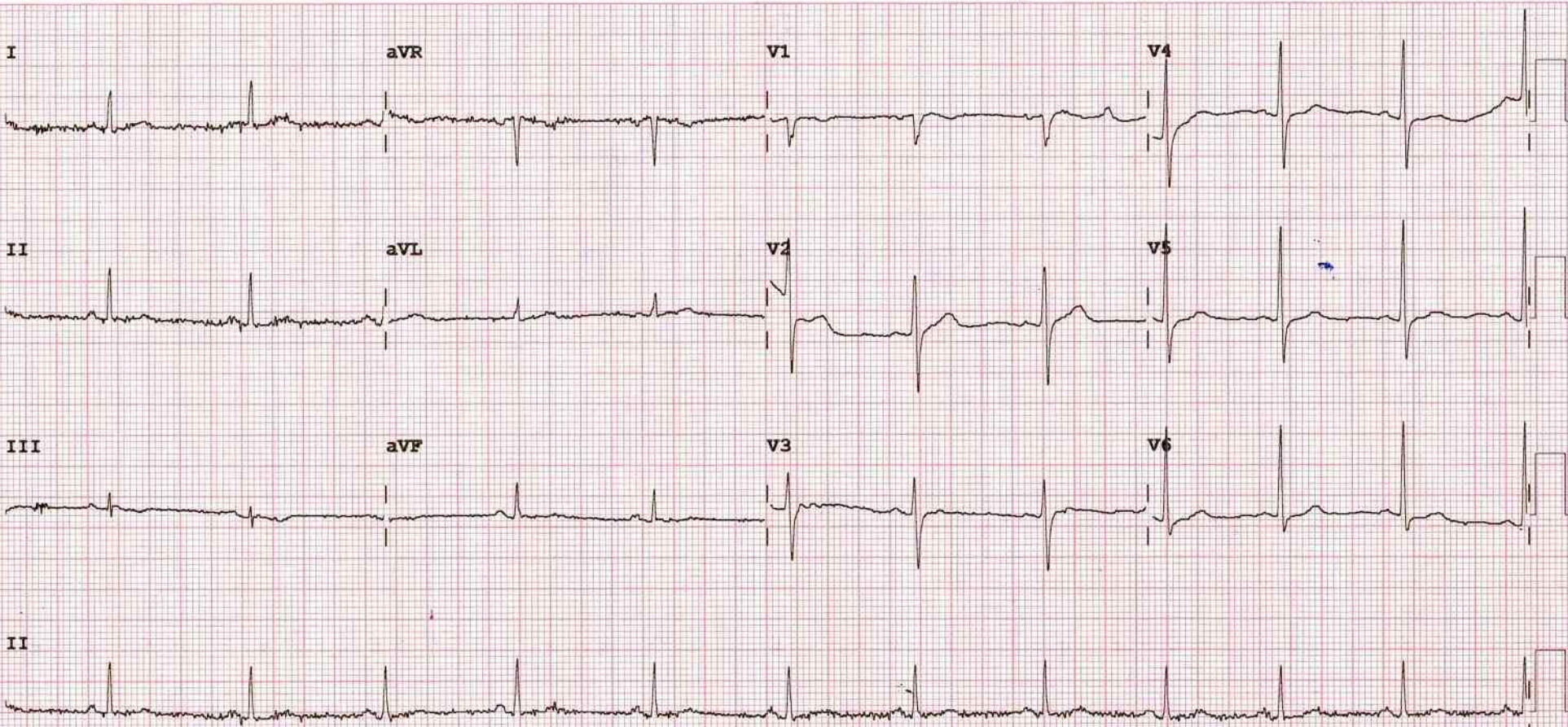
--AXIS--

P 56
QRS 45
T 24

- 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. RASHMI SHARMA

AGE/SEX: 57 Y/F

DATE: 08-03-2025

REFERRED BY: OPD

OPD NO:250088807

ECHOCARDIOGRAPHY REPORT (GE VIVID T8)

DIMENSIONS (2D/M MODE)

LV (ED) : 38MM

AO :20MM

IAS : INTACT

LV (ES) : 26MM

LA :30MM

IVS : NORMAL

IVS (ED) : 11MM

PA : NORMAL

PERICARDIUM : NORMAL

PW (ED) : 11MM

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 /MILD MR, TRIVIAL TR (RVSP-28MMHG)

NO ASD/VSD/VEG/CLOT

IMPRESSION

- **CONCENTRIC LV HYPERTROPHY, GRADE-LVDD**
- **MILD MR, TRIVIAL TR, MILD PAH (RVSP-28MMHG)**
- **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

36/

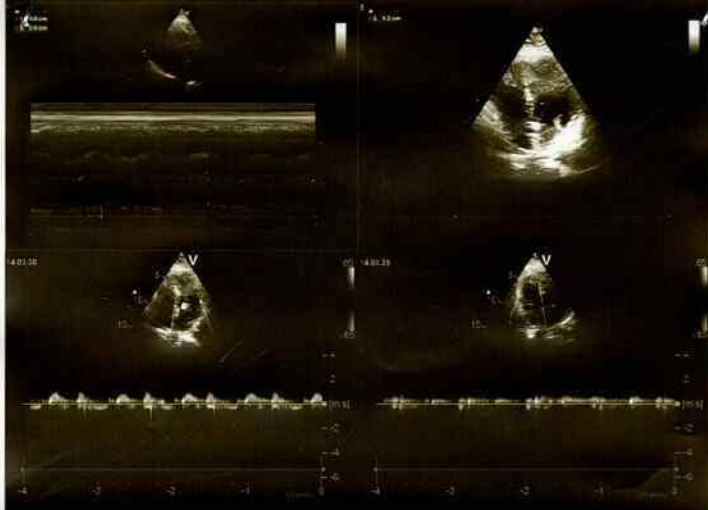
Subharti Medical College, Meerut 35c-RS

M 1.2

00/03/25 14:05:03

USR ECHO

TI 0.3



MIND-04

MIND (02) V1

MIND 01

MIND 10/01/25

MIND 00

MIND 10/01/25



Patient Name	: RASHMI SHARMA	Age/Gender	: 57/Y/Female
UHID No	: CSSH-250088807	Visit ID	: OP-2503080571
Doctor	: DR. MANVI GUPTA	Department	: GYNECOLOGY AND OBSTETRICS
Acknowledge Date	: 08-Mar-2025 10:46:30 AM	Report Date	: 08-Mar-2025 01:07:13 PM
Address	: MOH-KHATRIYAN B-13	Ref. Doc No.	: OPDB/125067/24

Part Examined: Abdominal Sonography: Whole Abdomen: with film

LIVER: measures 12.1 cm, is normal in shape, size and echogenicity. No IHBRD seen. *Focal fat sparing few areas seen.*

GALL BLADDER: is well distended with anechoic lumen. Wall is normal in thickness. No obvious mass/calculus seen. No pericholecystic fluid seen.

COMMON BILE DUCT: is normal in caliber.

PORTAL VEIN: 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 8.5 cm, is normal in shape, size and echogenicity. No focal lesion seen. Splenic vein is normal in caliber.

RIGHT KIDNEY: measures 10.4 cm, is normal in shape, size, position and echogenicity with maintained cortico-medullary differentiation. No mass / calculus or hydronephrosis is seen.

LEFT KIDNEY: measures 11.0 cm, is normal in shape, size, position and echogenicity with maintained cortico-medullary differentiation *and shows a tiny concretion in lower calyx.*

URINARY BLADDER: is distended with anechoic lumen. Wall is of normal thickness. No obvious mass lesion / calculus seen.

UTERUS: *is not visualized. History of hysterectomy.*

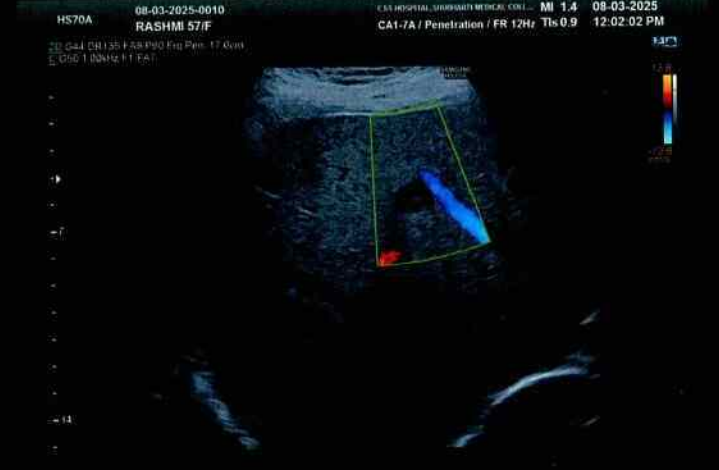
Advice: Clinical Correlation.

Prepared By -: Aanandwaliya

DR. RAJNI
SENIOR RESIDENT
UPMC-117392



POST GRADUATE DEPARTMENT OF RADIO-DIAGNOSTIC





Patient Name	RASHMI SHARMA 57Y/F	Date of Birth	
Patient ID	250088807	Age	
Referral Dr		Sex	F
Study Date&Time	08/03/2025 11:28 AM	Report Date & Time	3/8/2025, 9:47:22 PM

Part Examined: Skiagram of Chest PA View.

REPORT

(Reported on console)

- **Patient is rotated.**
- Bony cage and soft tissue appear 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.



Digitally
Signed

Professor & H.O.D.



CHHATRAPATI SHIVAJI

SUBHARTI HOSPITAL



Subharti Medical College
Subhartipuram, NH-58, Delhi-Haridwar Bypass Road, Meerut



9520897844 | 9520897844