

ARIHANT DIAGNOSTICO .

MOBILE -9414676663(EMAIL@.arihantdiagnosticsajmer@gmail.com)
ADD.BK KAUL NAGAR PANCHOLI CHORAHA SDM TOWER AJMER.
Web. www.arihantdiagnostics.com

Name Of Patient	MRS.ANKITA MAHESHWARI	Date	08/01/2022
Age	28YRS	Sex	FEMALE
REF. BY..	MEDIWHEEL	A.P.N	

Complete Blood Count

Test	VALUE	Reference Range
Hb	14.8	12 - 15 gm % (Female) 13.5 - 18 gm % (Male)
RBC	4.34	4.0 - 5.0 mill/ul (Female) 4.7 - 6.0 mill/ul (Male)
HCT	44.7	15-45%
MCV	76.4	78 - 96 fl (Female) 78 - 100 fl (Male)
MCH	25.1	27 - 32 pg (Female) 27 - 31 pg (Male)
MCHC	32.9	32 - 36 g / dl
Total WBC count	6500	4,000 - 11,500 / cumm (Female) 4,000 - 10,500 / cumm (Male)
Platelet	341000	150-400 x 10 ³ /cumm
LYM%	21.9	20 - 40 %
MXD%	9.4	1 - 15 %
NEUT%	68.7	42 - 80%
RDW-SD	40.3	fl
RDW-CV	13.4	11.5% - 14.5%
PDW	12.6	9.3 - 16 fl
MPV	10.1	6.8 - 10.1 fl
P-LCR	26.9	%
PCT	0.39	0.1%-0.4%
ESR	11	0-20mm/hr

Mukesh

Dr. PANKAJ JAIN
MD (P) HOLOGY
RMC-
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REF. BY.	MEDIWHEEL	A.P. NO.	

HbA1C- Glycated Hemoglobin EDTA Whole Blood		
Test Name	Results	Normal Range
HbA1C	4.1 %	Non- Diabetic<6% Pre-Diabetic=6.0%-6.5% Diabetic>=6.5%

Interpretation & Remark :

1. HbA1C is used for monitoring diabetic control. It reflects the estimated average glucose (eAG).
2. HbA1c has been endorsed by clinical groups & ADA (American Diabetes Association) guidelines 2017, for diagnosis of diabetes using a cut-off point of 6.5 %
3. Trends in HbA1c are a better indicator of diabetic control than a solitary test.
4. Low glycated hemoglobin below 4 % in diabetic individuals are often associated with iron deficiency anemia, chronic renal failure and liver diseases. Clinical correlation suggested.
5. Interference of Hemoglobinopathies in HbA1c estimation.
6. For HbF 25 %, an alternate platform (Fructosamine) is recommended for testing of HbA1c. Homozygous hemoglobinopathy is detected, fructosamine is recommended for monitoring diabetic status. Heterozygous state detected (D10/turbo is corrected for HbS and HbC trait). In known diabetic patients, following values can be considered as a tool for monitoring the glycaemic control. Excellent Control - 8 to 7%, Fair to Good Control . 7 to 8% . Unsatisfactory Control 8 to 10 % and Poor Control. More than 10 %

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Dr. NAME	MEDIWHEEL	AP.N	

BIOCHEMISTRY TEST

LIVER FUNCTION TEST

BILIRUBIN-TOTAL	0.80	Mg/dl	0.3-1.3
BILIRUBIN-DIRECT	0.20	Mg/dl	0.1 - 0.4
BILIRUBIN INDIRECT	0.60	Mg/dl	0.2-0.9
Serum AST/SGOT	22	U/L	12-38
Serum ALT/SGPT	27	U/L	7 - 41
ALKALINEPHOSPHATSE	80	IU/L	35-104 U/L at 37°c
PROTEIN, TOTAL	6.7	g/dl	5.7-8.2
ALBUMIN	3.7	g/dl	3.22 - 4.5
GLOBULIN	3.0	g/dl	2.0 - 3.5
A/G RATIO	1.2	g/l	0.9-2.0
GGT	30	IU/L	7-50

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AGE	28YRS	SEX	FEMALE
NAME OF DR.	MEDIWHEEL	A.P.N	

LIPID PROFILE

Investigation	Observed Value	Unit	Biological Reference Interval
Total Cholesterol	180	mg/dl	150-200
Serum Triglyceride	105	mg/dl	60-150
H.D.L. Cholesterol	42	mg/dl	40-60
V.L.D.L. Cholesterol	21	mg/dl	05-30
L.D.L. Cholesterol	117	mg/dl	60-150

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DR. NAME	MEDIWHEEL	AP.N	

HAEMATOLOGY

BLOOD GROUP	B - POSITIVE
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BIOCHEMISTRY

S. CREATININE	0.8	0.6-1.1mg/dL
URIC ACID	5.5	2.4-6.0mg/dL(female) 4.5-7.0mg/dL(male)
BLOOD UREA NITROGEN(BUN)	15.7	6-24mg/dL
BUN/CREATININE RATIO	19.6	5-20mg/dL
BLOOD SUGAR (FASTING)	90.6	70-110mg/dL
BLOOD SUGAR (POST- PARENIAL)	125.7	70-140m/dL

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REF. BY.	MEDIWHEEL	A.P. NO.	

URINE COMPLETE EXAMINATION

Physical Examination

Test Name	Results
Quantity	20Ml
Color	P. Yellow
Appearance	Clear
Reaction/ Ph	Acidic(6.5)
Specific Gravity	1.020

Chemical Examination

Albumin	Nil
Sugar	Nil
Nitrate	Nil
Ketone	Nil
Bile salt	Nil
Bile pigment	Nil
Urobilinogen	Normal

Microscopic Examination

RBC	Nil
Pus Cells (In Per Hpf)	1-2/HPF
Epithelial Cells	1-2/HPF
Crystals	Nil
Casts	Nil
Bacteria	Nil
Yeast Cell	Nil
Amorphous Crystal	Nil

Mylbadi

Dr. PANKAJ JAIN
MD (P) HEMATOLOGY
RMC
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REG NO. : OPD / 42

NAME : Mrs. Ankita Maheshwari

REF. BY : MEDIWHEEL

AGE : 28 Days

SEX : Female

DATE : 09/01/2022

CLINICAL PATHOLOGY

URINE SUGAR (FASTING) : Nil

URINE SUGAR (PP) : Nil

End of Report

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Authorised By
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MD (Pathology)

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Dr. PANKAJ JAIN
MD (PATHOLOGY)
RMC-3J12
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REG NO. : OPD / 42
NAME : Mrs. Ankita Maheshwari
REF BY : MEDIWHEEL

AGE : 28 Days
SEX : Female
DATE : 09/01/2022

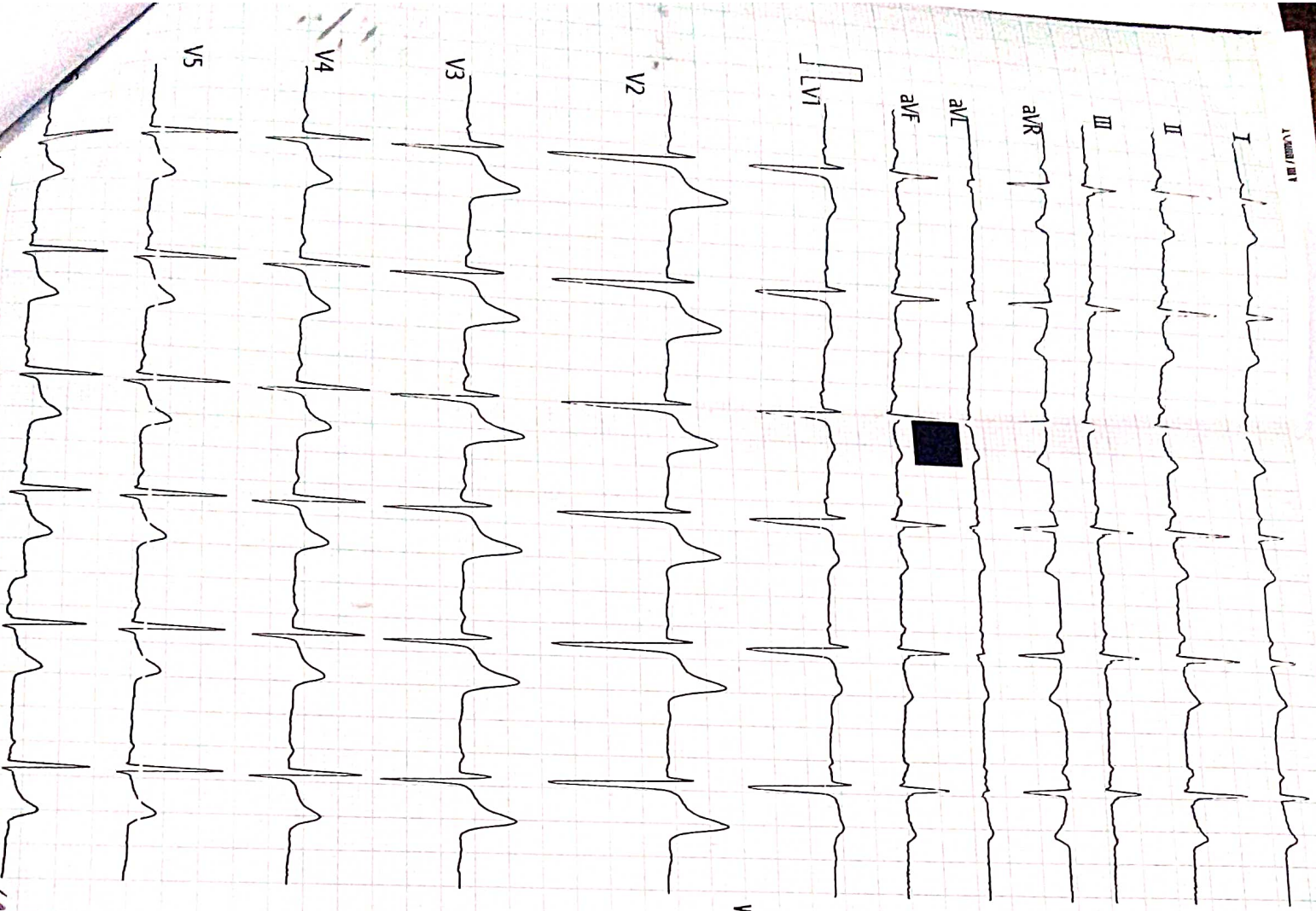
STOOL EXAMINATION

<u>TESTS</u>	<u>RESULTS</u>	<u>UNIT</u>
<u>Physical Examination</u>		
Colour	: Brown	
Consistency	: Soft	
Mucus	: NIL	
Blood	: nil	
<u>Chemical Examination</u>		
Reaction	: Acidic	
Occult blood	: NEGATIVE	
Fat Globules	: Absent	
<u>Microscopic Examination</u>		
RBC	: Absent	/hpf
Pus cells	: 0-1	/hpf
Veg. cells / Fibres	: NIL	/hpf
IMPRESSION	: No Abnormality detected	
URINE SUGAR (FASTING)	: Nil	
URINE SUGAR (PP)	: Nil	

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Vent. Rate(BPM) : 73

PR Int.(ms) : 142

P/QRS/T Int.(ms) : 103 105 174

QT/QTc Int.(ms) : 388 431

P/QRS/T Axis(Deg.) : 65 68 45

RV1/SV5 Amp.(mV) : 0.27 0.2

RV5/SV1 Amp.(mV) : 1.30 1.2

<ECG Analysis Result>:
800 Normal Sinus Rhythm
*** Normal ECG ***

V2.30 Technician :

Note : Unconfirmed Report Need to Review.

IF LEVEL (mV)

	I	II	III	aVR	aVL	aVF
	+0.02	+0.03	+1.00	-0.02	+0.00	+0.02
V1		V2	V3	V4	V5	V6
	+0.04	+0.14	+1.16	+0.09	+0.05	+0.07

Dr. Mahendra Kumar Kala (Jain)
M.D. (Medicine)
7056 (RNAC)

ANIKITA WHE... 138 02 2024



REG NO. : OPD / 42
NAME : Mrs. Ankita Maheshwari
REF BY : MEDIWHEEL

AGE : 28 Days
SEX : Female
DATE : 09/01/2022

THYROID FUNCTION TEST

<u>TESTS</u>	<u>RESULTS</u>	<u>UNIT</u>	<u>REFERENCE RANGE</u>
T3 (Total)	: 1.21	ng/ml	0.6 - 1.78
T4 (Total)	: 9.85	micro gm/dl	6.4 - 13.3
TSH (Ultrasensitive)	: 3.66	micro IU/ml	0.6 - 4.84

End of Report

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MD (Pathology)

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Dr. Savita Diagnostic

Mob. 9414542115
7976552543

COLOUR DOPPLER, SONOGRAPHY, COLOUR SONOGRAPHY, LEVEL II SCAN, 3D, 4D
SHOP NO. 5, J.L.N. SHOPPING CENTER, OPP. JLN HOSPITAL, AJMER 305001

NAME	: MR. ANKITA MAHESHWARI	DATE	: 08/01/2022
AGE	: 29- YRS	LAB NO.	: ----
SEX	: FEMALE	REF BY	: DR.

INTERPRETATION SUMMARY

- . NORMAL CHAMBER DIMENSIONS
- . INTACT IAS/ IVS
- . NORMAL CARDIAC VALVES
- . MILD TR
- . RVSP 25 MM HG
- . NO RWMA : LVEF 65%
- . NO CLOT, VEGITATION.
- . NO PERICARDIAL EFFUSION
- . NORMAL PERICARDIUM

M.MODE/2D MEASUREMENTS (MM) & CALCULATIONS (ML)

LVID d	39.8	LVEDV	
LVID s	22.4	LVESV	
RVID(d)	---	SV	-
IVS d	9.8	F.S	35%
IVS S	13.1	EF	65 %
LVPWd	9.1	C.O	-
LVPWS	12.74	MITRAL VALVE	-
AORTIC ROOT	18.8	EF SLOPE	-
LEFT ATRIUM	20.8	OPENING AMPLITUDE	-
AORTIC CUSP OPENING	-	E.P.S.S	-

DOPPLER MEASUREMENTS & CALCULATIONS:

STRUCTURE	MORPHOLOGY	VELOCITY (cm/sec.)	GRADIENT P/M	REGURGITATION
MITRAL VALVE	NORMAL	E- 124 A- 78	-	NIL
TRICUSPID VALVE	NORMAL	251	-	MILD
PUL VALVE	NORMAL	91	-	NIL
AORTIC VALVE	NORMAL	121	-	NIL

PLUMONARY ARTERY	MITRAL VALVE AREA (BY P 1/2 T)
PEAK ACCELERATION TIME	PRESSURE HALF TIME
SYSTOLIC PRESSURE 25 MM HG	MVA

Note:

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- No. Ultrasonography is pathognomic, all findings are only suggestive, hence they should be reviewed with the relevant clinical history & relevant investigations before embarking upon the final Diagnosis and proceeding for management (Medical or Surgical)
- Not all gross & major congenital anomalies of fetus are apparent, during scanning due to difficult & variable position attained by the fetus. Hence this report does not exclude all gross & major congenital fetal anomalies, which could be visible, if scanned later or at any other time. Fetal cardiac anomalies are not included ask for fetal echocardiography whenever suspicion is there.
- Whenever suspect congenital anomalies, ask for targeted scan along with serum alpha fetoprotein estimation.
- In case of Disparity between clinical and sonographic please send patient again for review free of cost.
- This report is not valid for medico legal purposes.
- Any typing error or unintentional clerical reporting of removed organ needs immediate correction and if, not feasible, clinical correlation and self correction.
- Even major abnormalities can be missed, due to overlying gaseous shadows patient's obesity or patient's condition. The same could be visualized, at some other time, if visualization window improves.
- subject to Ajmer Jurisdiction only.

डा. रवीन्द्र रेखावाल

एम डी रेडियोडाईग्नोसिस
रजि संख्या 02664/14889

“ भ्रूण लिंग परीक्षण करवाना जघन्य अपराध है, तथा इसकी शिकायत 104 टोल फ्री सेवा पर की जा सकती है”



Dr. Savita Diagnostic

COLOUR DOPPLER, SONOGRAPHY, COLOUR SONOGRAPHY, LEVEL II SCAN, 3D, 4D

SHOP NO. 5, J.L.N. SHOPPING CENTER, OPP. JLN HOSPITAL, AJMER 305001

Ref by :-

Date :- JAN 8/ 2022

Patient's Name : MRS. ANKITA MAHESHWARI


Age :- 29 (Yrs)

Sex : FEMale

X-RAY CHEST (P / A VIEW)

- B/L LUNG FIELD CLEAR .
- B/L CP ANGLE NORMAL .
- The heart & trachea are central in position & no mediastinal abnormality is noted
- The cardiac size is normal.
- The domes of the diaphragms are normal in position and show smooth outline.

Impression – NORMAL CHEST PA VIEW .


DR. RAVINDRA REPSWAL
MD. RADIODIAGNOSIS
RADIOLOGIST 26647/14889

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Ref by :-DR.

Patient's Name : MRS. ANKITA MAHESHWARI

Age :- 29 (Yrs)

Date :- JAN 8 / 2022

Sex : Female

REAL TIME B MODE ULTRASOUND SCANNING OF ABDOMEN AND PELVIS IS PERFORMED.

LIVER: Mid-clavicular length is 11.35 cm (Normal 13 cm). Normal in size, shape and echogenicity. Echotexture is homogenous. No focal or diffuse pathology seen. No IHBD seen. The portal vein (Normal up to 13 mm), hepatic veins and IVC is normal.

GALL BLADDER: Normal in shape, size and echogenicity. Well distended with normal walls (Normal-2 mm, please correlate clinically -2 To 4 mm, thick-more than 4 mm). Calculi and masses not seen. CBD & Portal Vein are within normal limits.

PANCREAS: is normal size, shape and echotexture. Pancreatic Duct is not dilated. The head, body and tail is within normal limits. No calculus seen in pancreatic duct. No F/D lesion seen.

SPLEEN: Normal size at long axis 9.42 cms, shape and echotexture. No F/D lesion seen.

KIDNEY: Both kidneys are normal in size, shape and echotexture. No evidence of calculi / hydronephrosis bilaterally. Size: RIGHT: 10.46 X 4.22 cms LEFT: 10.36 X 4.29 cms

URINARY BLADDER : Well distended and is normal in shape, size and echotexture. Wall thickness is normal (Normal-2 To 3 mm). No calculus/polyp/sludge/jet seen. The diameter of lower ureters are normal.

UTERUS : Anteverted normal in size shape and echotexture. No F/D lesion seen. Central cavity echo shows normal endometrial cavity. Endometrial thickness normal mm. Normal is myometrium.

ADNEXA: Bilateral ovaries are normal in shape, size and echogenicity. The follicles are normal as per L.M.P. day. No free fluid seen in pod/ cul-de-sac. Both F. tubes are normal..

OTHER FINDINGS: No evidence of any free fluid in the peritoneal cavity. Para aortic and para iliac regions are normal. No lymphadenopathy. R.I.F.- Vermiform Appendix not seen. **GASEOUS ABDOMEN**

IMPRESSION: ULTRASOUND FINDINGS SUGGESTIVE OF NORMAL SCAN OF WHOLE ABDOMEN.

PLEASE CORRELATE CLINICALLY AND WITH OTHER INVESTIGATIONS. THANKS FOR REFERENCE.

DR. RAVINDRA REPSWAL
MD. RADIODIAGNOSIS
RADIOLOGIST 26647/14889

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