



भारतीय विशिष्ट पहचान प्राधिकरण

भारत सरकार

Unique Identification Authority of India

Government of India

नामांकन क्रम / Enrollment No.: 1190/75556/05549

To

अलका घुलियानी

Alka Ghuliani

SAHYOG APPARTMENT FLAT NUMBER 5

NEAR SANT NAGAR RANI BAGH

Saraswati Vihar

Saraswati Vihar

Saraswati Vihar North West Delhi

Delhi 110034

9811164682

16/07/2013

0910805



MN599108052FT



Dr. NITIN AGARWAL

MBBS, MD

Regn. No. DMC-R-1436

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Delhi-110034

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E-mail: oneplusul@gmail.com

आपका आधार क्रमांक / Your Aadhaar No. :

8508 3444 0631

आधार - आम आदमी का अधिकार



भारत सरकार

Government of India



अलका घुलियानी

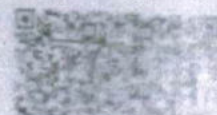
Alka Ghuliani

पिता : एच आर सेठी

Father : H R SETHI

जन्म तिथि / DOB : 09/01/1969

महिला / Female



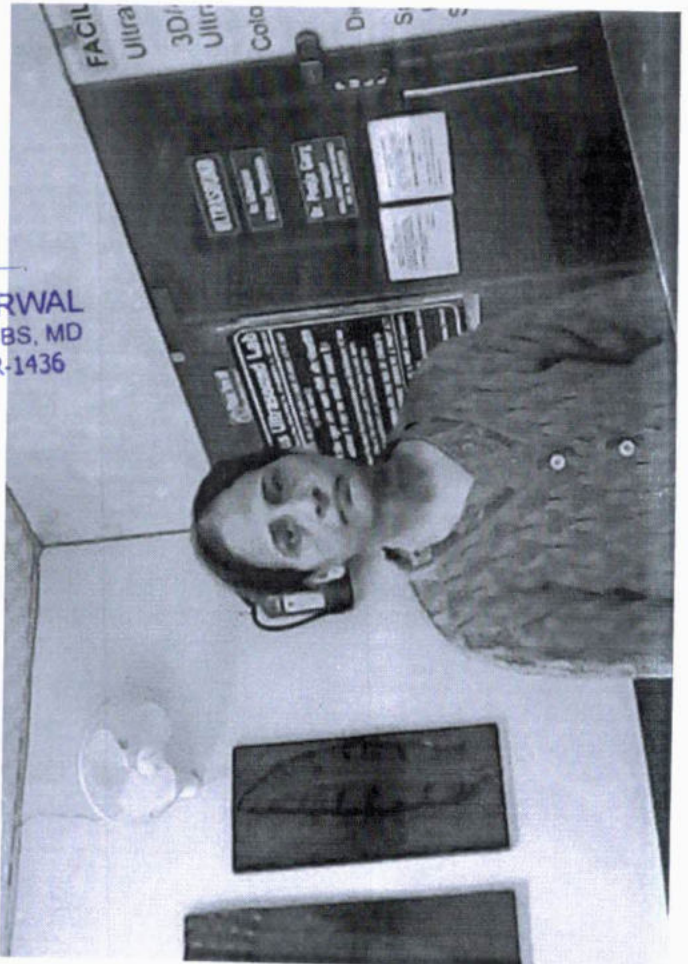
Alka

Alpa



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Pathologist & Director
Ex. Sr. Res. MAMC
& Lok Nayak Hospital
Ex. Chief of Lab Dr. Lal Path Labs.

Dr. Pooja (Garg) Agarwal
Radiologist & Director
MAMC & Lok Nayak Hospital

date - 27/1/23

One Plus Ultrasound Lab
Pitampura

Dear Sir/Mam

I am not interested for
P & P smear test.

Thanks

ALP

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Name	: Mrs. ALKA GHULYANI	Age/Sex	: 53 YRS/Female
Ref. By	: Dr. MEDIWHEEL	Lab No	: 012301270003
Date	: 27-Jan-2023	Patient ID	: LSHHI91069

ULTRASOUND EXAMINATION----WHOLE ABDOMEN

Liver is normal in size (11.9 cm) and outline with normal echopattern. Intrahepatic biliary radicles are not dilated. No abscess or mass lesion seen. Hepatic veins, portal vein, IVC and aorta are normal. CBD is normal (6.5 mm) in caliber.

Gall bladder is well distended with anechoic lumen. Wall thickness is normal.

Both kidneys are normal in size, shape, position, outline and echopattern. Corticomedullary differentiation is maintained. No pelvicalyceal dilation or mass lesion is seen. **Note is made of bifid PCS on right side.**

Spleen is normal in size and echotexture. No mass lesion seen.

Pancreas is normal in size, outline and echotexture.

Urinary bladder is normal in shape and position. No evidence of intravesical stone or mass seen.

Uterus is post menopausal small in size, normal in shape, position and echopattern. No mass seen.

Uterine cavity is empty. **Endometrium** is thin and central and measures 2.8 mm. No adnexal mass lesion seen.

No abnormal bowel wall thickening seen in right iliac fossa.
No free fluid seen anywhere in abdomen.

IMPRESSION:

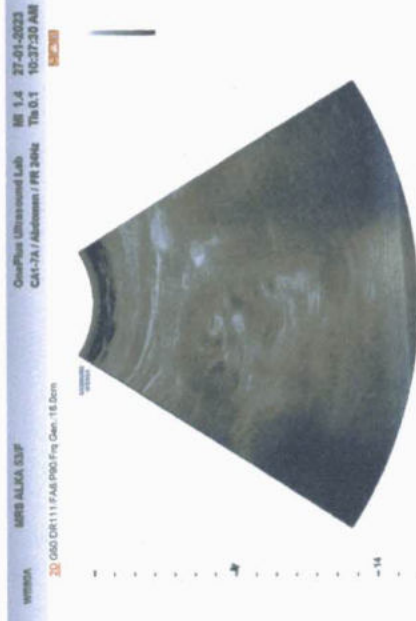
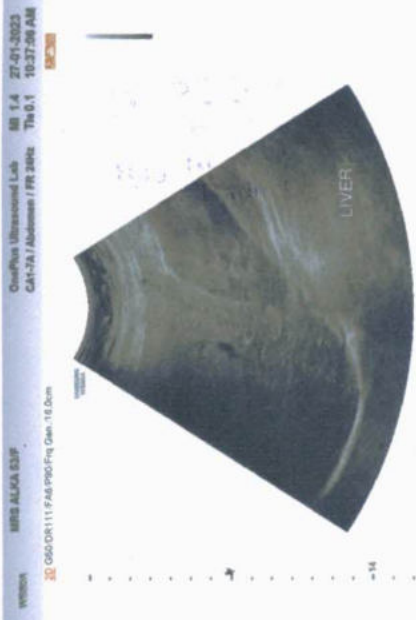
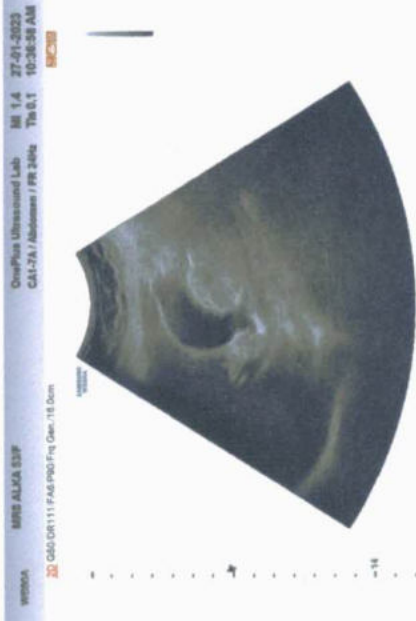
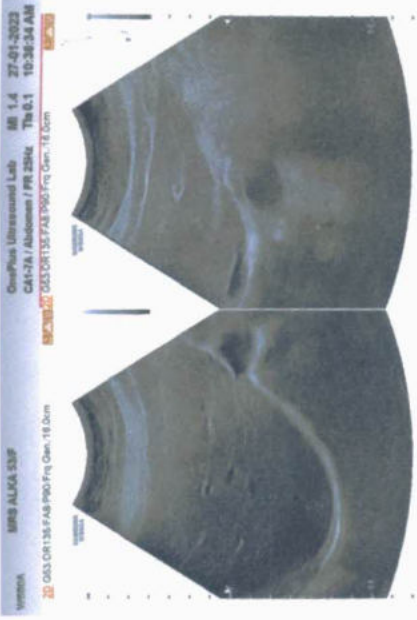
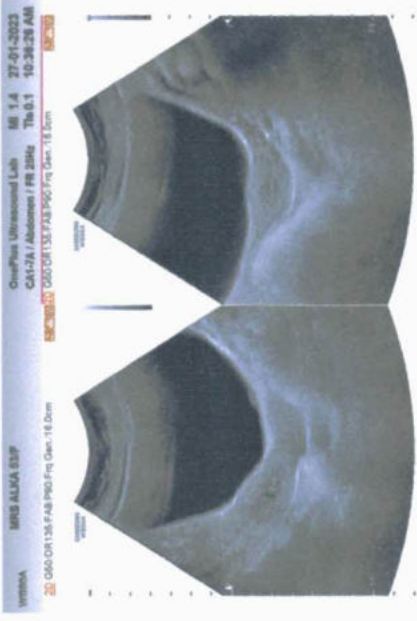
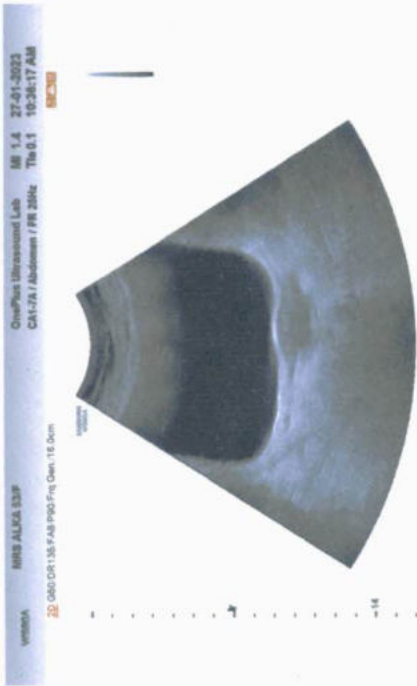
- Essentially Normal study.

Dr. POOJA GARG
M.B.B.S., D.M.R.D.
Reg No. DMC/R/03398
Radiologist

DR. POOJA GARG
RADIOLOGIST
REG NO- DMC/R/03398

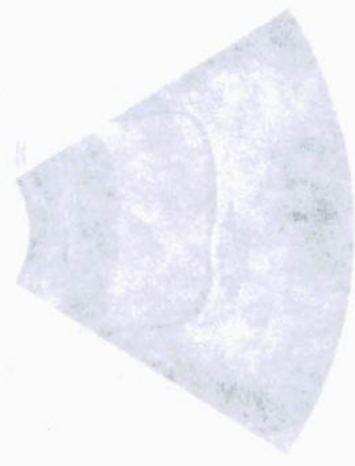
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International Trade Report

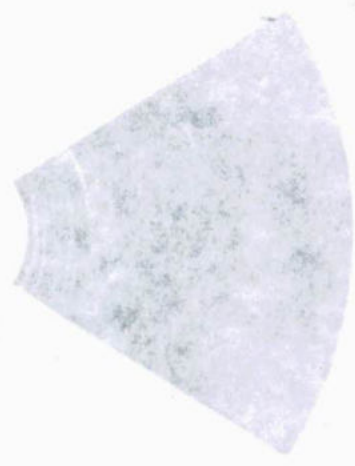
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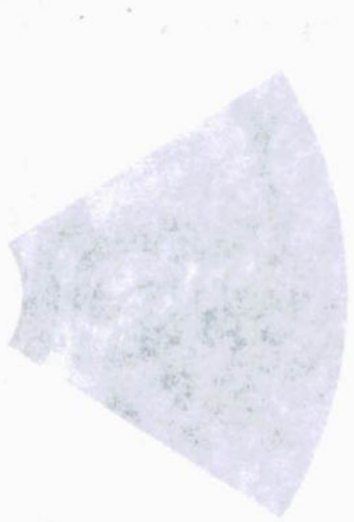
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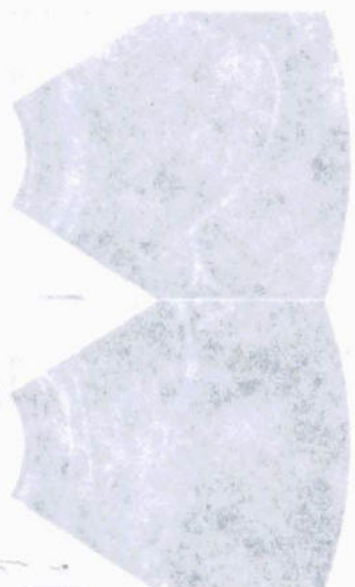
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Date	: 27-Jan-2023	Patient ID	: LSHHI91069

ECHOCARDIOGRAPHY & COLOUR DOPPLER STUDY
M-MODE, 2D, PULSE WAVE, CONTINUOUS WAVE, COLOUR FLOW IMAGING

PARAMETERS

(ADULT VALUES)

Aortic Root Diameter	1.5	cm	(2.0 – 3.7 cm)
Left Atrial Diameter	2.6	cm	(1.9 – 4.0 cm)
Right Ventricular Inner Diameter (Diastole)	2.2	cm	(0.7 – 2.6 cm)
Inter Ventricular Septum Thickness (Diastole)	0.6	cm	(0.6 – 1.1 cm)
Left Ventricular Inner Diameter (Diastolic)	4.7	cm	(3.7 – 5.6 cm)
LV Posterior Wall Thickness (Diastole)	0.7	cm	(0.6 – 1.1 cm)
Left Ventricular Inner Diameter (Systolic)	3.3	cm	(2.2 – 4.0 cm)
END DIASTOLIC VOLUME	106	ml	89-133ml
END SYSTOLIC VOLUME	46	ml	23-45ml
EJECTION FRACTION	56	%	(54-76%)

MITRAL VALVE

Anterior mitral leaflet is thin, no calcification, no subvalvular pathology, no anterior mitral leaflet flutter, no B – hump, no prolapse, EPSS> 0.5 cm, no mitral annular calcification, no systolic anterior motion. Posterior mitral leaflet is thin, no calcification, moves posteriorly during diastole.

TRICUSPID VALVE

Thin, opening well, no prolapse.

AORTIC VALVE

Thin, trileaflet, opens fully, central closure, no systolic flutter.

PULMONARY VALVE

Thin , normal EF slope , normal a wave. No doming.

PULSE Doppler

Mitral diastolic flow shows E > A wave with normal deceleration slope.

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Aortic forward velocity	98.8	cm/sec
Pulmonary forward velocity	N	cm/sec

Colour Doppler

No Mitral Regurgitation.
No Aortic Regurgitation.
No Tricuspid Regurgitation.
No Pulmonary Regurgitation.

No REGIONAL WALL MOTION ABNORMALITY

No regional Wall Motion Abnormalities.
No Concentric left ventricular hypertrophy

COMMENTS

No LA, LAA, LV CLOT seen.
No vegetation on any valve.
No intra cardiac mass.
Normal pericardium ; no pericardial effusion.
IAS / IVS intact.

IMPRESSION

- No regional wall motion abnormality.
- No Concentric left ventricular hypertrophy.
- Normal LV diastolic function.
- Normal LV systolic function

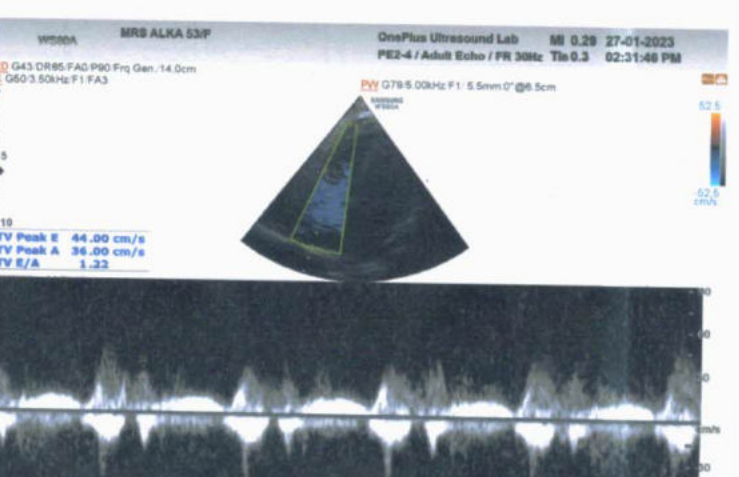
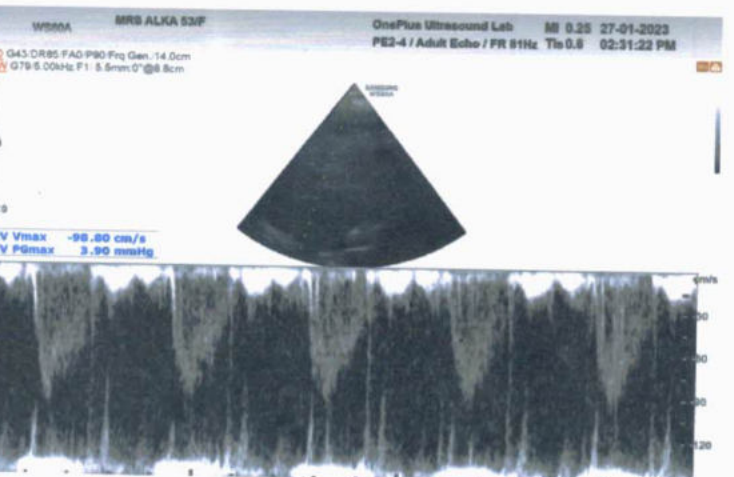
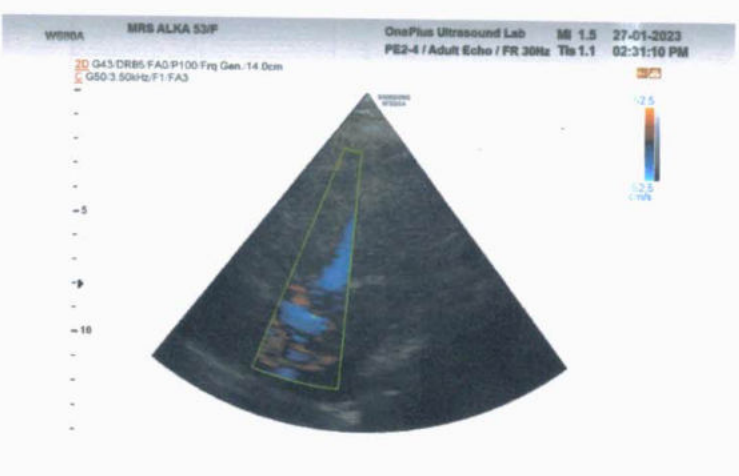
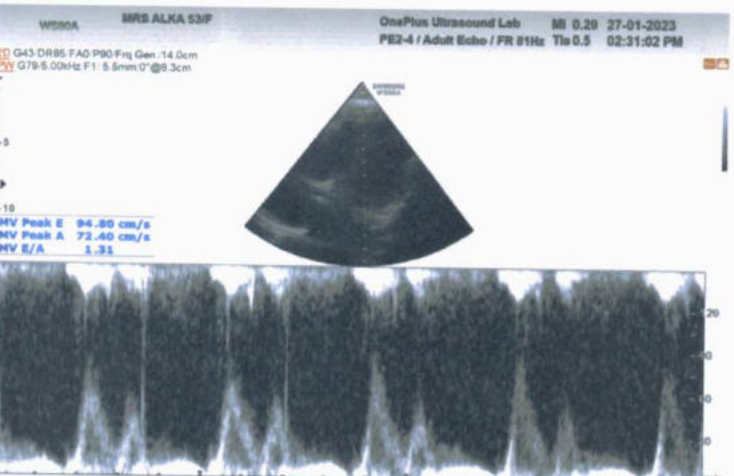
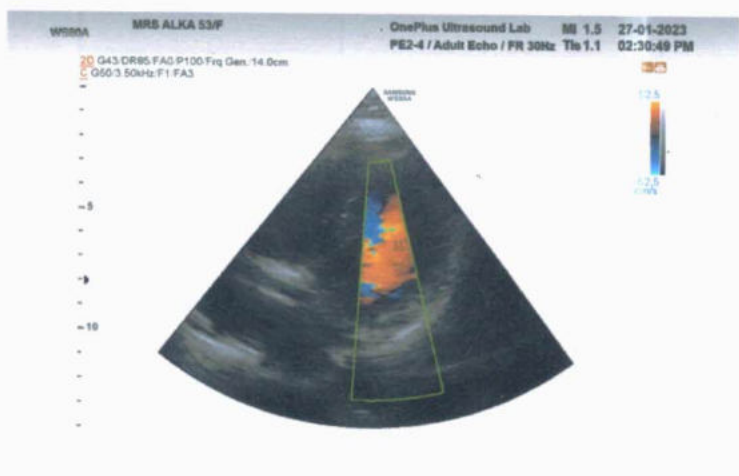
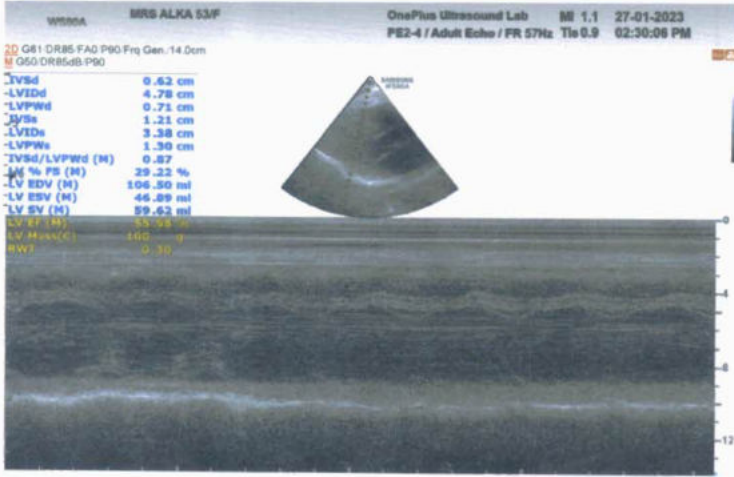

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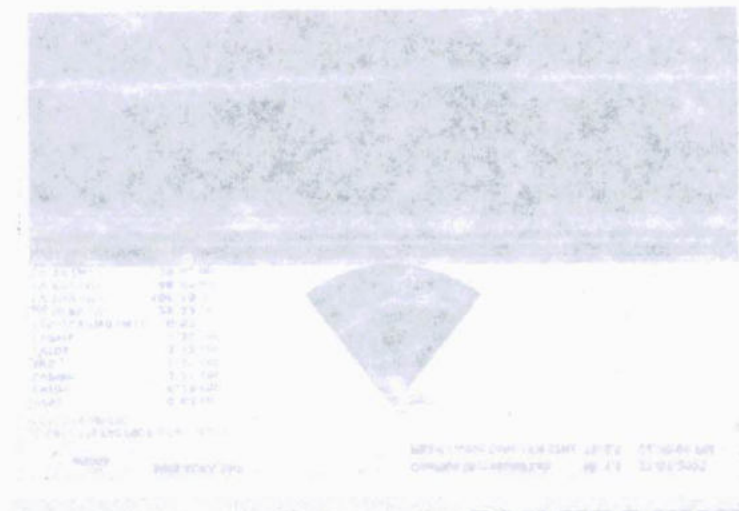
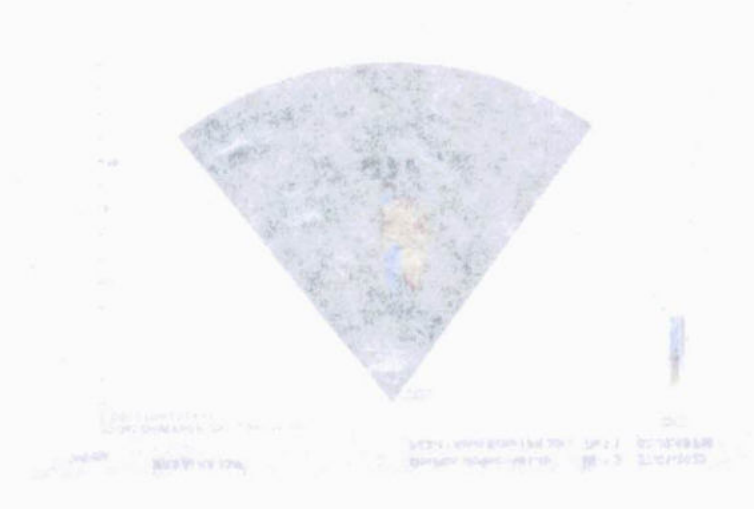
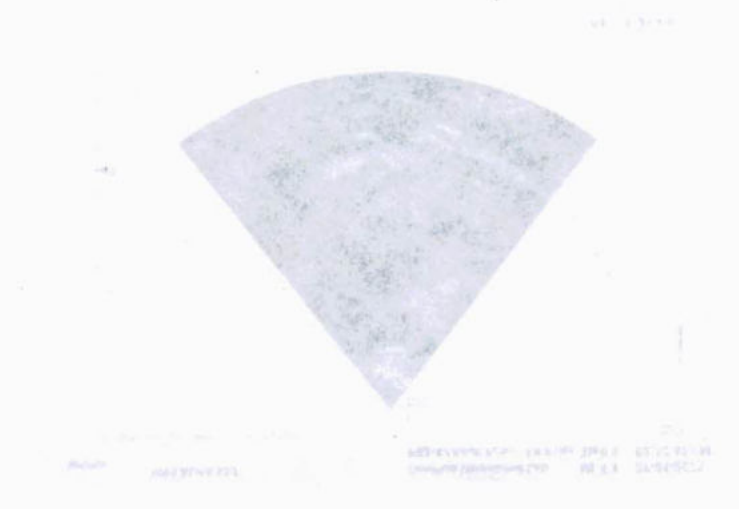
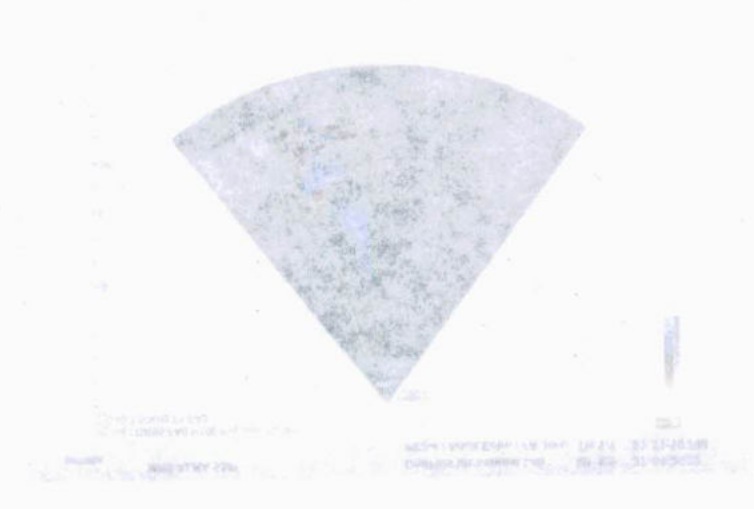
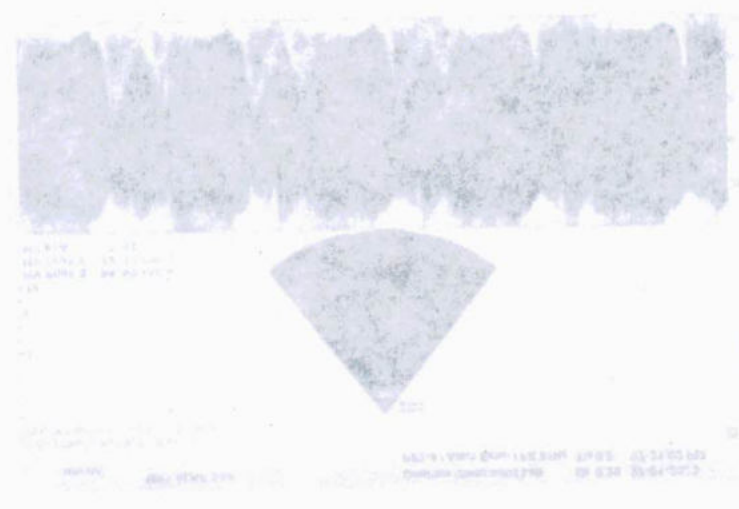
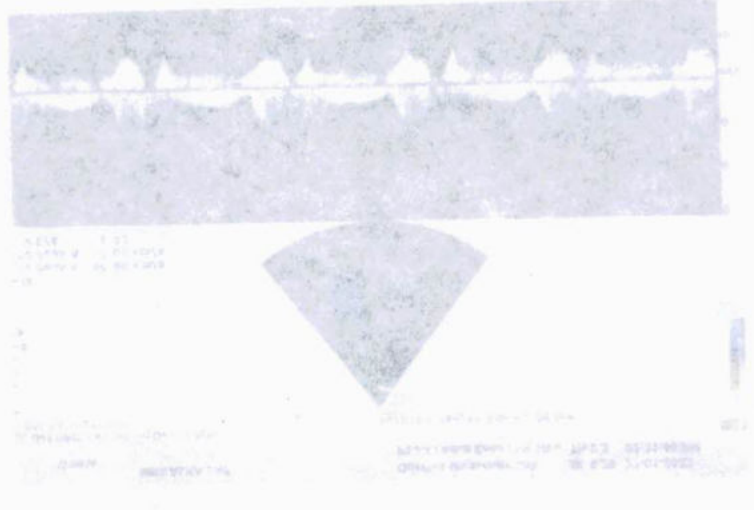
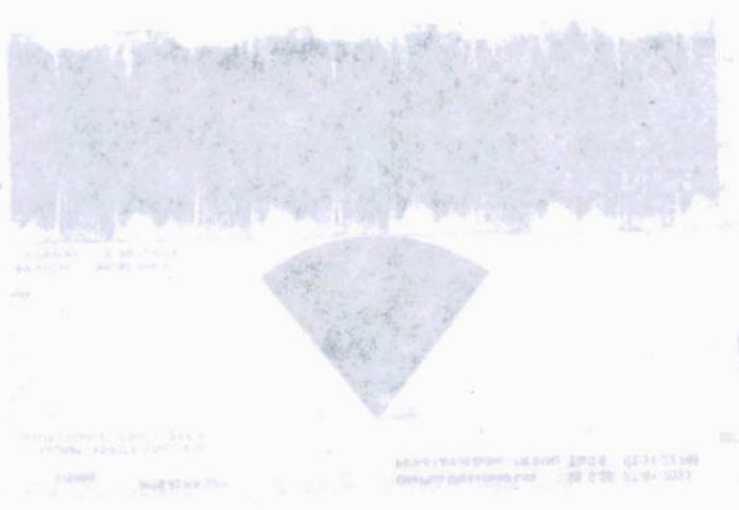
Dr. Ajay Jain
MD (Medicine)

The above impression is just an opinion of the imaging findings & not a final diagnosis. Due to technical limitations there may be false positive/false negative interpretation in a small fraction of cases. Thus the report needs correlation with clinical status, lab or other relevant investigation

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NAME	:Mrs. ALKA GHULYANI	Barcode No	:10136513
AGE/GENDER	:53 YRS/Female	SPECIMEN DATE	:27/Jan/2023 08:18AM
PATIENT ID	:91069	SPECIMEN RECEIVED	:27/Jan/2023 08:33AM
REFERRED BY	:Dr. MEDIWHEEL	REPORT DATE	:27/Jan/2023 02:57PM
CENTRE NAME	:ONEPLUS ULTRASOUND LAB	LAB NO.	:012301270003

Test Name	Result	Unit	Ref. Range
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HAEMATOLOGY

Medi Wheel Health Checkup >40 Female

Glycosylated Hemoglobin (HbA1c)	4.8	%	Non Diabetic adults <5.7 Prediabetic (at risk) 5.7-6.4 Diabetes >6.4
--	-----	---	--

Estimated average blood glucose (eag)	91
--	----

Reference range (mg/dl):

90 - 120:Excellent control, 121 - 150:Good Control, 151 - 180:Average Control, 181 - 210:Action Suggested

>211:Panic value

BLOOD GROUP (ABO)	B
Rh typing	POSITIVE

NOTE :

- * Apart from major A,B,H antigens which are used for ABO grouping and Rh typing, many minor blood group antigens exist. Agglutination may also vary according to titre of antigen and antibody.
- * So before transfusion, reconfirmation of blood group as well as cross-matching is needed.
- * Presence of maternal antibodies in newborns, may interfere with blood grouping.
- * Auto agglutination (due to cold antibody, falciparum malaria, sepsis, internal malignancy etc.) may also cause erroneous result.

CBC

Haemoglobin	12.2	g/dl	11.5-15.0
Total Leucocyte Count	5500	/cumm	4000-10000
Differential leucocyte count			
Neutrophils	59.7	%	40-80
Lymphocyte	32.90	%	20-40
Monocytes	4.40	%	2-10
Eosinophils	2.2	%	1-6
Basophils	0.8	%	0-2
RBC Count	4.20	million/cumm	3.8-4.8

Checked By.

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Test Name	Result	Unit	Ref. Range
PCV(Hematocrit)	40.1	%	36-46
MCV	96.4	fL	83-101
MCH	29.4	Pg	27-32
MCHC	30.5	G/dL	32-35
Platelet count	262000	/cumm	150000-450000
RDW-CV	13.4	%	11.4-14.0
ESR(WESTEGRENs METHOD)	10	mm/1hr	<20
<u>BIOCHEMISTRY</u>			
<u>Blood sugar fasting</u>	90	mg/dL	70-110

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AGE/GENDER	:53 YRS/Female	SPECIMEN DATE	:27/Jan/2023 08:18AM
PATIENT ID	:91069	SPECIMEN RECEIVED	:27/Jan/2023 02:03PM
REFERRED BY	:Dr. MEDIWHEEL	REPORT DATE	:27/Jan/2023 03:49PM
CENTRE NAME	:ONEPLUS ULTRASOUND LAB	LAB NO.	:012301270003

Test Name	Result	Unit	Ref. Range
BIOCHEMISTRY			
Blood sugar pp	134	mg/dL	70.0-140.0

Checked By.

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REFERRED BY	:Dr. MEDIWHEEL	REPORT DATE	:27/Jan/2023 04:24PM
CENTRE NAME	:ONEPLUS ULTRASOUND LAB	LAB NO.	:012301270003

Test Name	Result	Unit	Ref. Range
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BIOCHEMISTRY

<u>Bun (blood urea nitrogen)</u>	11.80	mg/dl	9.0-20.1
<u>Uric acid, serum</u>	4.6	mg/dl	2.6-6.0
<u>Creatinine, serum</u>	0.64	mg/dl	0.50-1.0

LFT(LIVER FUNCTION TEST)

Bilirubin Total	0.48	mg/dl	0.1-1.2
Bilirubin Conjugated	0.22	mg/dl	0-0.4
Bilirubin Unconjugated	0.26	mg/dl	up to 0.7
SGOT (AST)	19	U/L	0-46
SGPT (ALT)	24	U/L	0-49
Alkaline phosphatase	102	U/L	35-104
Gamma glutamyl transpeptidase	24	U/L	5.0-32.0
Total Protein	7.4	gm/dl	6.60 - 8.70
Albumin serum	4.2	g/dL	3.0-5.2
Globulin	3.20	gm/dl	1.8-3.4
Albumin/Globulin Ratio	1.31		1.10 - 2.50

LIPID PROFILE

Cholesterol	193	mg/dl	50-200
Triglycerides	93	mg/dL	25-150
HDL Cholesterol	48	mg/dL	40 - 60
LDL cholesterol	126	mg/dL	< 130
VLDL cholesterol	18.6	mg/dL	5-40
Cholesterol/HDL Ratio	4.0		Low Risk 3.3-4.97 Average Risk 4.4-7.1 Moderate Risk 7.1-11.0 High Risk >11.0
LDL/HDL Ratio	2.6		0 - 3.55

According to ATP III and NCEP guidelines

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REFERRED BY	:Dr. MEDIWHEEL	REPORT DATE	:27/Jan/2023 04:24PM
CENTRE NAME	:ONEPLUS ULTRASOUND LAB	LAB NO.	:012301270003

Test Name	Result	Unit	Ref. Range
Parameter	Normal	Desirable	Borderline
			High
Total cholesterol	<200		200-239
Triglycerides	<150	150-199	200-499
LDL	Optimal <100	130-159	160-180
	Near Optimal 100-129		190
HDL	<40 : LOW 60 : HIGH		

BUN/Creatinine ratio

Bun (blood urea nitrogen)	11.80	mg/dl	9.0-20.1
CREATININE	0.64	mg/dl	0.30-1.10
BUN/Creatinine ratio	18.44		10.0 - 20.0

ENDOCRINOLOGY

THYROID PROFILE(T3,T4,TSH)

Triiodothyronine total [t3]	0.58	ng/dl	0.52-1.9
Thyroxine total [t4]	6.40	µg/dl	4.8-11.6
TSH (Thyroid Stimulating Hormone)	4.30	µIU/ml	0.25-5.0

AGE WISE VARIATION IN TSH

AGE	TSH(µIU/ml)	AGE	TSH(µIU/ml)
1-4 weeks	1.00 - 19.0	16-20 yrs	0.25 - 5.0
1-12 mths	1.70 - 9.1	21 - 80 yrs	0.25 - 5.0
1-5 yrs	0.80 - 8.2	I st trimester	0.25 - 5.0
6-10 yrs	0.25 - 5.0	II nd trimester	0.50 - 5.0
11-15 yrs	0.25 - 5.0	II rd trimester	0.4 - 6.0

Reference ranges - Interpretation of Diagnostic tests - (Jacques Wallach)

1. Primary hypothyroidism is accompanied by depressed serum T3 and T4 values and elevated serum TSH level.

Checked By.

DR. NITIN AGARWAL
MBBS, MD (Path) MBBS,MD(PATHOLOGIST)
DMC/R/01436

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OnePLUS Ultrasound Lab

— QUALITY FIRST... ALWAYS! —

Dr. Nitin Agarwal
Pathologist & Director
Ex. Sr. Res. MAMC
& Lok Nayak Hospital
Ex. Chief of Lab Dr. Lal Path Labs.

Dr. Pooja (Garg) Agarwal
Radiologist & Director
MAMC & Lok Nayak Hospital



NAME	:Mrs. ALKA GHULYANI	Barcode No	:10136513
AGE/GENDER	:53 YRS/Female	SPECIMEN DATE	:27/Jan/2023 08:18AM
PATIENT ID	:91069	SPECIMEN RECEIVED	:27/Jan/2023 02:03PM
REFERRED BY	:Dr. MEDIWHEEL	REPORT DATE	:27/Jan/2023 04:24PM
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Test Name	Result	Unit	Ref. Range
2. Primary hyperthyroidism is accompanied by elevated serum T3 and T4 levels along with depressed TSH values.			
3. Slightly elevated T3 levels may be found in pregnancy and estrogen therapy, while depressed levels may be encountered in severe illness, renal failure and during therapy with drugs like propranolol and propyl thiouracil.			
4. Although elevated TSH levels are nearly always indicative of primary hypothyroidism, and may be seen in secondary thyrotoxicosis			

CLINICAL PATHOLOGY

URINE ROUTINE

Physical examination

Quantity	25	ML
Colour	STRAW	
Transparency	CLEAR	CLEAR
Sp.gravity	1.010	1.010-1.030
pH	6.50	
Reaction	ACIDIC	ACIDIC

Chemical examination

Urine protein	NIL	NIL
Urine sugar	NIL	NIL
Bilirubin, urine	NEGATIVE	NEGATIVE
Urobilinogen	NORMAL	NORMAL
Ketones	NEGATIVE	NEGATIVE

Microscopic examination

Pus cells.	1-2	/HPF	1-2
Epithelial cells	2-3	/HPF	0-5
R.B.C.	NIL	/HPF	NIL
Casts	NIL	/HPF	NIL
Crystals	NIL	/HPF	NIL
Bacteria	NIL	/HPF	NIL
Others.	NIL		NIL

STOOL ROUTINE

Checked By.

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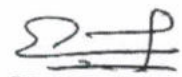
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CENTRE NAME	:ONEPLUS ULTRASOUND LAB	LAB NO.	:012301270003

Test Name	Result	Unit	Ref. Range
<u>Physical examination</u>			
Colour	BROWNISH		Brownish
Consistency	SEMI LOOSE		Semi Formed
Blood	ABSENT		Absent
Mucus	ABSENT		Absent
<u>Chemical examination, stool</u>			
pH	6.00		
<u>Microscopic examination</u>			
Pus cells	1-2	/HPF	10-11
R.B.C.	NIL	/HPF	NIL
Ova	ABSENT		NIL
Cysts	NIL		NIL
Bacteria	PRESENT	/HPF	NIL
Others	NIL		

*** End Of Report ***

Checked By.

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Radiologist & Director
MAMC & Lok Nayak Hospital

Name	: Mrs. ALKA GHULYANI	Age/Sex	: 53 YRS/Female
Ref. By	: Dr. MEDIWHEEL	Lab No	: 012301270003
Date	: 27-Jan-2023	Patient ID	: LSHHI91069

X-ray-Chest PA view

Bony cage and soft tissues are normal.

Cardiothoracic ratio is normal.

Mediastinum is normal.

Both hila are normal.

Both costophrenic angles are clear.

Both domes of diaphragm are normal.

Lung fields are clear. No parenchymal lesion seen.

IMPRESSION: Normal Study.

Dr. POOJA GARG
M.B.B.S., D.M.R.D. RADIOLOGIST
Reg No. DMC/R/10628
Radiologist

DR. POOJA GARG
RADIOLOGIST
DMC/R/03398

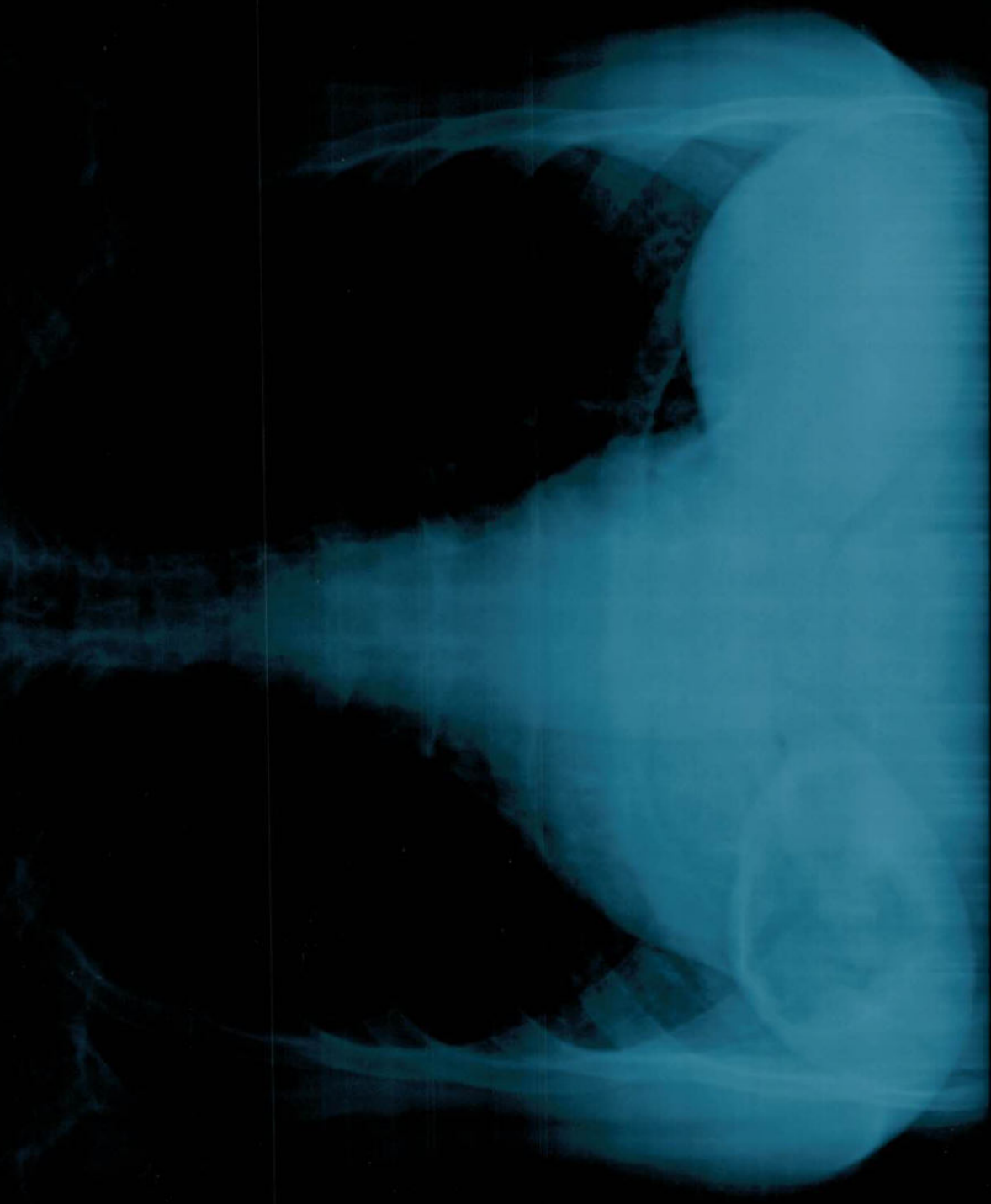
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ONE PL US 11 TRASOUND I AB 43 HARSH ANHAR PITAMPURA
MRS AI KA GHUL YANI 23 YRS 521015053 F CHEST PA VIEW 15215053



R

R

MRS ALKA GHULYANI 53 YRS 27/01/2023 F CHEST PA VIEW 1/27/2023
ONEPLUS UL TRASOUND LAB 47 HARSH VIHAR PITAMPURA

E.C.G. REPORT

Patient Name

Aysha Ghudiyani

Age

53 yrs Date 27/01/2023

H. Rate

102

Rhythm

P

Axis

Q

P-Wave

P-R. Interval

QRS

Q-T

S-T Seg

T-Wave

Conclusion :

normal

CARDIOLOGIST

DR. SANKARAN

M.D. (MEDICINE)

CONSULTANT PHYSICIAN

CONSULTANT PHYSICIAN

AND DIABETOLOGIST

DMC REG. No. 5089

ELECTRO CARDIO GRAPHIC OBSERVATIONS

S. No.

Dated

27/01/2023

Name

Aysha Ghudiyani

Referred By DR.

Facilities:

- Routine Ultrasound
- Real Time 3D/4D/5D Ultrasound
- Color Doppler
- Digital X-Ray
- Amniocentesis, Chorionic Villous Sampling
- ECG • Echo • TMT
- All Lab Tests
- Fully Automated Lab Facility
- Interventional Procedures
- Home Sample Collection Facility

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Mrs. Aka

ADP



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