


Patient Name : Mrs. ANNU	Reg No. : 3823/UHID22DL	Lab ID. : 4253/OPDPB22DL
Age / Gender : 28Y / Female	Date : 24-Sep-2022	
Mobile No. : 9971682368	Refd. By : Dr. INSURANCE	Collected : 24-Sep-2022 09.16
	Manual No. :	Received : 24-Sep-2022 09.19
Sample Type : EDTA whole blood	Sample ID : 221282	Report : 24-Sep-2022 16.04

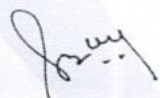
TEST NAME	RESULT	UNIT	RANGE	METHOD
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HEAMOTOLOGY

COMPLETE BLOOD COUNT

HEMOGLOBIN	9.5	g/dl	11.9-15	Colorimetric
TOTAL LEUCOCYTE COUNT	8.4	10 ³ /uL	4.0-11.0	Electrical impedance
DIFFERENTIAL LEUCOCYTE COUNT(DLC)				
Neutrophil	61	%	40-75	Electrical impedance
Lymphocyte	33	%	20-45	Electrical impedance
Eosinophil	04	%	1-6	Microscopy
Monocyte	02	%	2-10	Microscopy
Basophil	00	%	0-2	Microscopy
ESR	28	mm/1sthr	0-20	Westergren's
RBC COUNT	4.76	mili/cmm	3.8-5.5	Electrical impedance
PCV	30	%	35-45	Calculated
MCV	63.20	Fl	80-100	Calculated
MCH	20.1	Picogram	27.5-33.2	Calculated
MCHC	31.70	gm/dl	32-36	Calculated
PLATELET COUNT	432	10 ³ /uL	150-450	Electrical impedance

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



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Age / Gender : 28Y / Female	Date : 24-Sep-2022	
Mobile No. : 9971682368	Refd. By : Dr. INSURANCE	Collected : 24-Sep-2022 09.16
Sample Type : EDTA whole blood	Manual No. :	Received : 24-Sep-2022 09.19
	Sample ID : 221282	Report : 24-Sep-2022 16.03

TEST NAME	RESULT	UNIT	RANGE	METHOD
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HEAMOTOLOGY

BLOOD GROUPING(A,B,O)&Rh FACTOR

BLOOD GROUP ABO

"B"

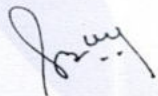
Manual

RH TYPING

"POSITIVE"

Manual

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



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Patient Name : Mrs. ANNU
 Age / Gender : 28Y / Female
 Mobile No. : 9971682368
 Sample Type : Plasma(Sodium fluoride)

Reg No. : 3823/UHID22DL
 Date : 24-Sep-2022
 Refd. By : Dr. INSURANCE
 Manual No. :
 Sample ID : 221282

TEST NAME	RESULT	UNIT	RANGE	METHOD
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BIOCHEMISTRY

BLOOD SUGAR FASTING	93.8	mg/dl	74-100	GOD-POD
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INTERPRETATION:

2018 American Diabetes Association (ADA) Diabetes Guidelines

Criteria for Diabetes Diagnosis:

FPG > 126.0 mg/dl (Fasting is defined as no caloric intake for > 8 hours)

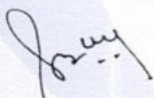
2-hr PG > 200 mg/dl during OGTT(75-G)*

Using a glucose load containing the equivalent of 75g anhydrous glucose dissolved in water

Random PG < 200 mg/dl

in individuals with symptoms of hyperglycemia or hyperglycemic crisis

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



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Patient Name : Mrs. ANNU	Reg No. : 3823/UHID22DL	Lab ID. : 4253/OPDPB22DL
Age / Gender : 28Y / Female	Date : 24-Sep-2022	
Mobile No. : 9971682368	Refd. By : Dr. INSURANCE	Collected : 24-Sep-2022 15.34
Sample Type : Plasma(Sodium fluoride)	Manual No.:	Received : 24-Sep-2022 15.34
	Sample ID : 221282	Report : 24-Sep-2022 16.03

TEST NAME	RESULT	UNIT	RANGE	METHOD
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BIOCHEMISTRY

Blood Sugar PP	106.6	mg/dl	70-150	GOD-POD
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INTERPRETATION:

2018 American Diabetes Association (ADA) Diabetes Guidelines

Criteria for Diabetes Diagnosis:

FPG > 126.0 mg/dl (Fasting is defined as no caloric intake for >8 hours)

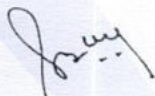
2-hr PG > 200 mg/dl during OGTT(75-G)*

Using a glucose load containing the equivalent of 75g anhydrous glucose dissolved in water

Random PG < 200 mg/dl

in individuals with symptoms of hyperglycemia or hyperglycemic crisis

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Age / Gender : 28Y / Female
Mobile No. : 9971682368
Sample Type : EDTA whole blood

Reg No. : 3823/UHID22DL
Date : 24-Sep-2022
Refd. By : Dr. INSURANCE
Manual No.:
Sample ID : 221282

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Report : 24-Sep-2022 16.04

TEST NAME	RESULT	UNIT	RANGE	METHOD
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HEAMOTOLOGY

HBA1C (GLYCOSYLATED HB)	5.2	%	4-6	PEIT
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Metabolically healthy patients 4.5 - 6.0 %
6.1 - 6.5 %

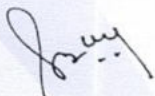
Good control :

Fair control : 6.6 - 7.0 %

Poor control : Above - >7.0 %

COMMENTS: HbA1c is an indicator of glycemic control. HbA1c represents average glycemia over the past six to eight weeks. Glycation of hemoglobin occurs over the entire 120 day life span of the red blood cell, but with in this 120 days.Recent glycemia has the largest influence on the HbA1c value. Clinical studies suggest that a patient in stable control will have 50% of their HbA1c formed in the month before sampling, 25% in the month before that, and the remaining 25% in months two to four. Estimated Average Glucose mg/dl = (HbA1c x 35.6) - 77.3) Correlation between HbA1c and Mean Plasma Glucose (MPG) is not "perfect" but rather only this means that to predict or estimate average glucose from Hb-A1c or vice-versa is not "perfect" but gives a good working ballpark estimate. Afternoon and evening results correlate more closely to HbA1c than morning results, perhaps because morning fasting glucose levels vary much more than daytime glucose levels, which are easier to predict and control. As per IFCC recommendations 2007, HbA1c being reported as above maintaining traceability to both IFCC (mmol/mol) & NGSP (%) units.

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



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Age / Gender : 28Y / Female	Date : 24-Sep-2022
Mobile No. : 9971682368	Refd. By : Dr. INSURANCE
	Manual No. :
Sample Type : Serum	Sample ID : 221282

TEST NAME	RESULT	UNIT	RANGE	METHOD
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HbsAg	NEGATIVE			Immunochromatography
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Serology

Interpretation:-

<1 Negative

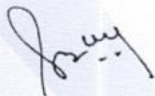
>5 Positive

1-5 IU is determined and need to be repeated

Clinical Significance:-Hepatitis B surface antigen (HBsAg) is a test to determine if some one is infected with hepatitis B virus .A' Positive or reactive HBsAg test result means that the person is infected and further testing is needed to determine . if this is a new " acute " infection or "chronic" infection.

HBsAg usually appearance 4 weeks after exposure but can be detected any time after 1st week .

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



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Sample Type : Serum	Manual No. :	Received : 24-Sep-2022 09.19
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TEST NAME	RESULT	UNIT	RANGE	METHOD
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HIV 1 & II	NEGATIVE	<u>Serology</u>		Immunochemistry
------------	-----------------	-----------------	--	-----------------

Clinical Significance : HIV tests look for antibodies to HIV (Immunodeficient virus) in blood or all fluid approx 97% people develop detectable antibodies within 3-12 weeks(921 -84 days) of infection immunoassay are rapid tests used for screening positive rapid tests need a follow up confirm and includes western blot test.Rapid test performed during window period may give and thus detect HIV at about 10 days after infection even before antibodies develop but these are not used as a screening test.

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


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Patient Name : Mrs. ANNU	Reg No. : 3823/UHID22DL	"A Unit of Surange Healthcare North India Pvt. Ltd"
Age / Gender : 28Y / Female	Date : 24-Sep-2022	Lab ID. : 4253/OPDPB22DL
Mobile No. : 9971682368	Refd. By : Dr. INSURANCE	
Sample Type : Serum	Manual No. :	Collected : 24-Sep-2022 09.16
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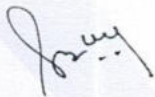
TEST NAME	RESULT	UNIT	RANGE	METHOD
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BIOCHEMISTRY

KIDNEY FUNCTION TEST

Blood Urea	15.4	mg/dl	15.0-45.0	urease
Serum Creatinine	0.9	mg/dl	07-1.3	Jaffes Kinetic
Serum Uric Acid	3.60	mg/dl	2.6-6.0	Uricase
Total Protein				
PROTEN	7.44	g/dl	6.4-8.3	Biuret
ALBUMIN	4.3	g/dl	3.4-4.8	Bcg
GLOBULIN	3.14	g/dl	2.3-3.5	
A/G RATIO	1.37	g/dl		
Calcium	9.7	mg/dl	8.6-10.2	Arsenazo
Sodium	141.0	mmol/L	136.0-149.0	ISE Indirect
Potassium	3.9	mmol/L	3.5-5.5	ISE Indirect
Chloride	107.5	mmol/L	98.0-109.0	ISE Indirect

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



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Age / Gender : 28Y / Female
Mobile No. : 9971682368
Sample Type : Serum

Reg No. : 3823/UHID22DL
Date : 24-Sep-2022
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Sample ID : 221282

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BIOCHEMISTRY

LIPID PROFILE

Total Cholesterol	172.00	mg/dl	123-199	CHOD-PAP
Triglycerides	61.7	mg/dl	35-135	Gpo
HDL Cholesterol Direct	64.7	mg/dl	42-88	Direct
Vldl	12	mg/dl	4.7-22.1	
LDL Cholesterol Direct	95.0	mg/dl	63-129	
Total Cholesterol/HDL Ratio	2.7		0.0-4.97	
LDL/HDL Ratio	1.5		0.0-3.55	

INTERPRETATION:-

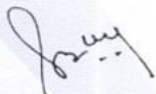
Acceptable/Low Risk	: < 200 mg/dL	: <130 mg/dL	: < 4.5
Borderline High Risk	: 200-239 mg/dL	: 130-159 mg/dl	: 4.5 - 6.0
High Risk	: > 240 mg /dL	: > 160 mg/dL	: > 6.0

APO A1 & APO B: Recent studies have shown that Apolipoproteins A1 & B might be the best indicators of Coronary Artery.

COMMENTS:-

TRIGLYCERIDE level > 250mg/dL is associated with an approximately 2-fold greater risk of coronary vascular disease. Elevation of triglycerides can be seen with obesity, medication, fast less than 12 hrs., alcohol intake, diabetes melitus, and pancreatitis.

CHOLESTEROL, its fractions and triglycerides are the important plasma lipids in defining cardiovascular risk factors and in the



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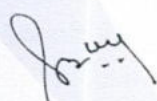
management of cardiovascular disease. Highest acceptable and optimum values of cholesterol values of cholesterol vary with age. Values above 220 mgm/dl are associated with increased risk of CHD regardless of HDL & LDL values. HDL-CHOLESTEROL level <35 mg/dL is associated with an increased risk of coronary vascular disease even in the face of desirable levels of cholesterol and LDL - cholesterol.

LDL - CHOLESTEROL & TOTAL CHOLESTEROL levels can be strikingly altered by thyroid, renal and liver disease as well as hereditary factors. Based on total cholesterol, LDL- cholesterol, and total cholesterol/HDL - cholesterol ratio, patients may be divided into the three risk categories :-

CHOLESTEROL	LDL-CHOLESTEROL	CHO/HDL RATIO
-------------	-----------------	---------------

Artery Disease risk in an individual. Patients who have normal lipid profile may have abnormal Apo A1 & Apo B values. Ratio of Apo B : Apo A1 is >1 in cases of increased CHD risk.

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


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Sample Type : Serum	Manual No.:	Received : 24-Sep-2022 09.19
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TEST NAME	RESULT	UNIT	RANGE	METHOD
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BIOCHEMISTRY

LIVER FUNCTION TEST

Serum Bilirubin

Total Bilirubin	0.47	mg/dl	0.0-2.0	Diazo
Direct Bilirubin	0.28	mg/dl	0-0.4	Diazo
Indirect Bilirubin	0.19	mg/dl	0-0.8	Calculated

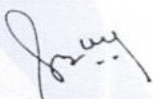
Total Protein

PROTEN	7.44	g/dl	6.4-8.3	Biuret
ALBUMIN	4.3	g/dl	3.4-4.8	Bcg
GLOBULIN	3.19	g/dl	2.3-3.5	
A/G RATIO	1.33	g/dl		

SGOT	15	U/L	0-31	IFCC
SGPT	8	U/L	0.0-34	IFCC

Gamma GT	12.4	U/L	0-38	Glupa-c
Alkaline Phosphatase	62	U/L	42-98	Amp

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



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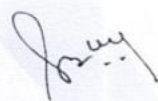
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Mobile No. : 9971682368	Refd. By : Dr. INSURANCE	Collected : 24-Sep-2022 09.16
	Manual No. :	Received : 24-Sep-2022 09.19
Sample Type : Serum	Sample ID : 221282	Report : 24-Sep-2022 16.05

TEST NAME	RESULT	UNIT	RANGE	METHOD
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<u>HORMONES</u>				
TSH	0.56	uIU/ml		CLIA
Adults				
21-100 yrs 0.35 - 5.50				
Pediatric				
0-12 Months 0.98-5.63				
1-5 years 0.64-5.76				
6-10 Years 0.51-4.82				
11-14 Years 0.53-5.27				
15-20 years 0.43-4.20				
Pregnancy				
First trimester	0.1 - 2.5*			
Second trimester	0.2 - 3*			
Third trimester	0.3 - 3*			

COMMENTS: Assay results should be interpreted in context to the clinical condition and associated results of other investigations. Previous treatment with corticosteroid therapy may result in lower TSH levels while thyroid hormone levels are normal. Results are invalidated if the client has undergone a radionuclide scan within 7-14 days before the test. Abnormal thyroid test findings often found in critically ill clients should be repeated after the critical nature of the condition is resolved. The production, circulation, and disintegration of thyroid hormones are altered throughout the stages of pregnancy

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


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Age / Gender : 28Y / Female	Date : 24-Sep-2022	
Mobile No. : 9971682368	Refd. By : Dr. INSURANCE	Collected : 24-Sep-2022 13.56
Sample Type : URINE	Manual No. :	Received : 24-Sep-2022 13.57
	Sample ID : 221282	Report : 24-Sep-2022 16.05

TEST NAME	RESULT	UNIT	RANGE	METHOD
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CLINICAL PATHOLOGY

URINE ROUTINE

MICROSCOPY

PHYSICAL EXAMINATION

QUANTITY

30.00 ml 10-30

COLOUR

PALE YELLOW

TRANSPARENCY

SLIGHTY TURBID

SPECIFIC GRAVITY

1.020 1.015-1.025

PH

6.0 5.5 - 7

CHEMICAL EXAMINATION

ALBUMIN

NIL

SUGAR

NIL

MICROSCOPIC EXAMINATION

PUS CELLS

10-15 /hpf MICROSCOPIC

RBC'S

NIL NIL

CASTS

NIL

CRYSTALS

NIL

EPITHELIAL CELLS

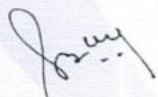
3-5

BACTERIA

NIL

OTHERS

NIL



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BOOK DIAGNOSTICS

Bengaluru Centre:
IPSC Bangalore: 11,12 Sahakara Nagar,
Bellary Road, Bengaluru - 560092

Contact Us : +91-7028207222

bengaluru@ipscindia.com

Patient Name : Mrs. ANNU
Age / Gender : 28Y / Female
Mobile No. : 9971682368
Sample Type : URINE

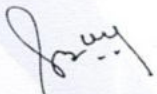
Reg No. : 3823/UHID22DL
Date : 24-Sep-2022
Refd. By : Dr. INSURANCE
Manual No. :
Sample ID : 221282

Lab ID. : 4253/OPDPB22DL



Collected : 24-Sep-2022 13.56
Received : 24-Sep-2022 13.57
Report : 24-Sep-2022 16.05

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



Dr. Sangeeta B
DCP, DNB, PATHOLOGY,
DMC/25252
Lab Technician : SONUKUM



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Radiology No.	: 4253/OPDPB22DL	Date	: 24-Sep-2022
Patient Name	: Mrs. ANNU	Age/Sex	: 28Y
Guardian Name	:	UHID No.	: 3823/UHID22DL
Consultant	: Dr. INSURANCE	Mobile No.	: 9971682368

X-RAY CHEST

Indication: Routine check- up

Image quality:-

No evidence of rotation.

PA view. Normal penetration.

Airway:- Trachea central.

Carina & bronchi are normal.

No hilar abnormality.

Lung fields:- Clear.

Cardiac:- Cardiac borders are visible.

Normal heart size.

Diaphragm:- Costophrenic angles on right & left are normal.

Cardiophrenic angles on right & left are normal.

Diaphragm portion are normal.

Bony cage:- No evidence of bony lesion/fracture seen.

No evidence of cervical ribs seen.

Impression: No significant abnormality detected.



Dr. Harshita Surange
MBBS, DMRD (RADIODIAGNOSIS)
DIPLOMA IN MSK, UCAM (Spain)
Reg. No. MCI/16522, DMC/18402



BOOK APPOINTMENT



Radiology No.	: 4253/OPDPB22DL	Date	: 24-Sep-2022
Patient Name	: Mrs. ANNU	Age/Sex	: 28Y
Guardian Name	:	UHID No.	: 3823/UHID22DL
Consultant	: Dr. INSURANCE	Mobile No.	: 9971682368

ULTRASOUND OF WHOLE ABDOMEN

Convex and linear Probes were used.
Routine checkup

The liver is normal in size, contour and echotexture. Intrahepatic bile ducts and CBD are not dilated. Hepatic portal veins and the IVC appear normal in caliber.

Gall bladder is adequately distended with normal intraluminal fluid contents. No evidence of calculus / wall thickness noted.

Pancreas is of normal size and contour with normal echotexture.


Kidneys are of normal size, shape and echo pattern. No calculus, mass or hydronephrotic changes seen in either kidney. Corticomedullary differentiation is normal bilaterally. Bilateral PCS are normal. Bilateral ureters are not dilated.

Right Kidney measures 97x28mm

Left kidney measures 103x 37mm

Spleen is of normal size and shape. Ecotexture is normal. No focal lesion is seen. No evidence of retro-peritoneal lymphadenopathy/ ascites/ pleural effusion noted.

Uterus is anteverted and is normal in size. Myometrium shows normal echo-pattern.



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Radiology No.	: 4253/OPDPB22DL	Date	: 24-Sep-2022
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No mass or lesion is noted.

Endometrial is normal measuring 7mm and is in mid line. IUCD in situ

Both ovaries are visualized and are normal with subcentemetric follicles.
No free fluid is seen in the pouch of douglas.

Urinary bladder does not show any calculus or mass lesion.

Impression: Normal Scan

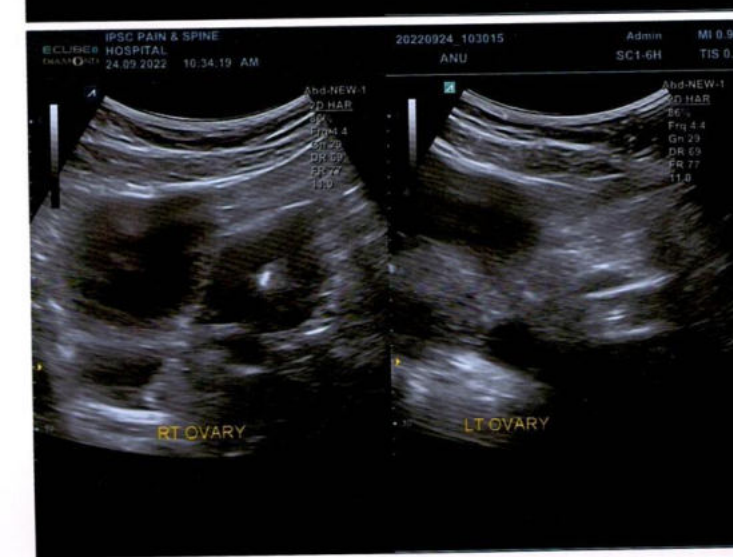
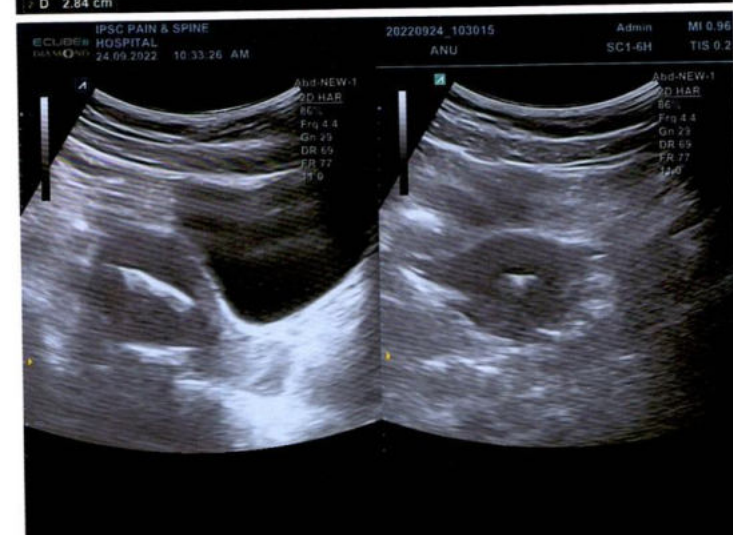
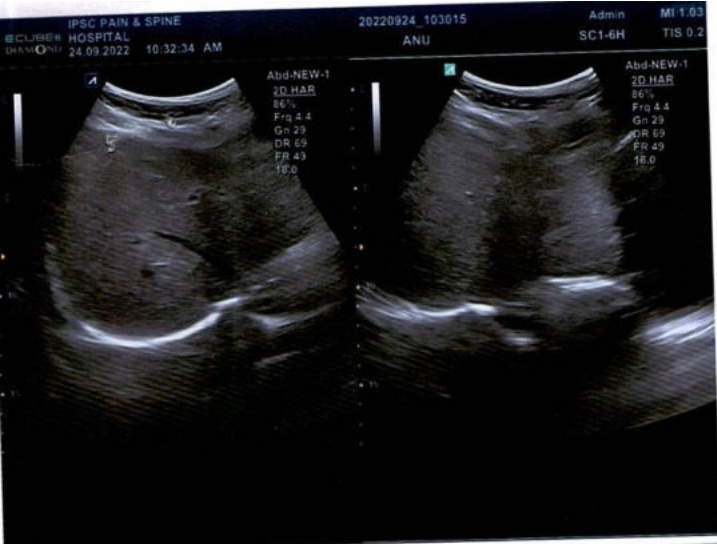


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Reg. No. MCI/16522, DMC/18402



BOOK APPOINTMENT





ID: 8
 Mrs. Ann
 Fe Male
 Req. No. :
 Years 28 years

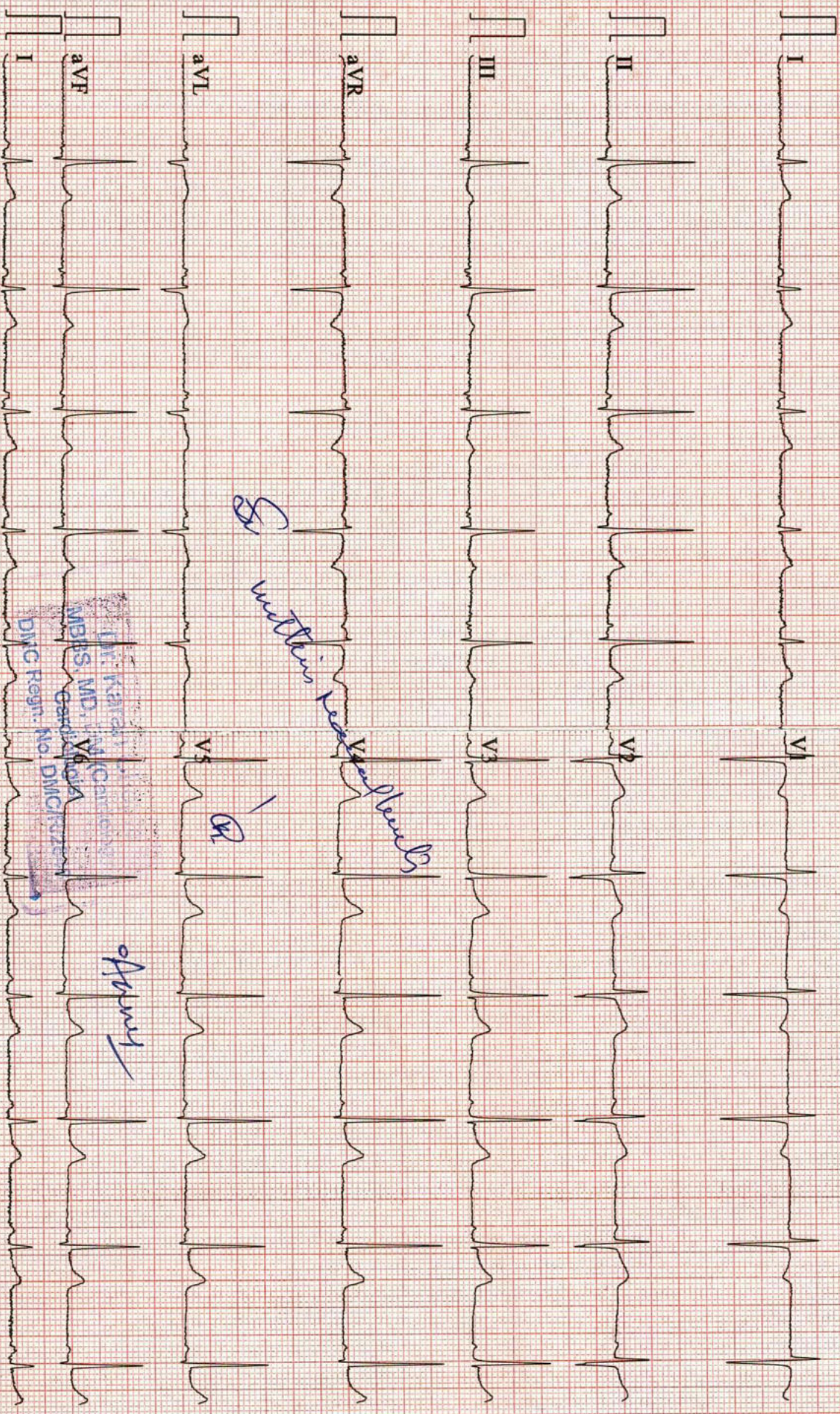
BPL-12

24-09-2022 09:32:58 AM

HR	: 67	bpm
P	: 82	ms
PR	: 128	ms
QRS	: 84	ms
QT/QTcBz	: 386/408	ms
P/QRS/T	: -4/72/40	°
RV5/SV1	: 1.492/1.142	mV

Diagnosis Information:
 Sinus rhythm
 Normal ECG

Report Confirmed by:



0.67~45Hz AC50 25mm/s 10mm/mV 2*5.0s+1r CARDIART 910

V144 Glasgow V28.6.7

CARDIART

3823-UHID22DL
ANNU
01/01/1994
Female

R

2209240908201
24/09/2022
2209240908201
Admin



16 cm

WL: 04395
WW: 06491
CHEST
PA
100%

IPSC
RADIOLOGY