

**HEALTH CHECK UP**

Name : Shruti Senged

Date : 9/12/2023

Age : 34y

Sex : Male / Female

Marital status : Married / Single

**PERSONAL HISTORY**

Habits : Smoking / Tobacco & Snuff / Alcohol NO

Drug allergy if any : N/A

Medical : /

Surgical : N/A

Height 157 cm Weight 63 Kg. BP. 114/80mmHg Pulse 70bpm

Vision : Rt 6/9 Lt 6/9 With Spectacles ..... Rt. .... Lt. ....

Colour Vision : Normal / Abnormal Near Vision N/G

**FAMILY HISTORY**

Father ..... Mother ..... Siblings .....

CVS : Heart Sound ..... Normal Murmurs ..... Absent Thrills ..... Absent

RS : Rate ..... /mt Breath sounds ..... Normal Adventitious ..... Absent

ABDOMEN : Tenderness ..... Absent Rigidity ..... Absent Bowel sound ..... Normal

Liver ..... NAD Kidney ..... NAD Hernia ..... Absent

CNS : Cranial Nerves ..... NAD Sensory System ..... NAD Motor System ..... NAD

ENT ..... NAD

Remarks

Dr. Bharti Jeswani  
MBBS

Dr. Seema Kale  
MBBS, MD

Dr. S. K. Suri  
MBBS

Dr. Meenakshi  
MBBS

HOME SAMPLE COLLECTION FACILITY AVAILABLE

Apollo Team (Rajouri Garden)

09/12/2023

I, LISHKI SETHGAL, will visit again for ECG on 14/12/2023 ~~for~~  
ECG Machine was not working Today (09/12/2023). I will visit around  
8 PM. (BANK OF BARODA)

  
09/12/2023

NAME: MS LISHKI SEHGAL  
REF

AGE: 34 / Sex / F  
DATE 09/12 /2023

**ECHO ADULT (COLOUR DOPPLER)**

| DIMENSIONS        | NORMAL                       | DIMENSIONS       | NORMAL             |
|-------------------|------------------------------|------------------|--------------------|
| Ao (ed) 36.0 mm   | (1.5 cm/m <sup>2</sup> )     | IVS (Ed) 8.9 mm  | (0.6-1.2cm)        |
| LA (es) 37.0 mm   | (1.5 cm/m <sup>2</sup> )     | LVPW (Ed) 8.7 mm | (.6-1.1cm)         |
| RVID (ed) Normal  | (0.9cm/m <sup>2</sup> )      | EF               | 65.0 % (0.62-0.85) |
| LVID (ed) 39.0 mm | (2.6-3.4 cm/m <sup>2</sup> ) | FS               | 35.0               |
| LVID (es) 24.0 mm |                              |                  |                    |

**MORPHOLOGICAL DATA**

Mitral Valve Normal

Interatrial Septum Normal

Aortic Valve Normal

Interventricular Septum Normal

Tricuspid Valve Normal

Pulmonary Artery Normal

Pulmonary Valve Normal

Aorta Normal

Right Ventricle Normal

Right Atrium Normal

Left Ventricle Normal

Left Atrium Normal

Pericardium Normal

Colour Doppler Normal, NO PAH, IVC NORMAL, LV DIASTOLIC FUNCTION NORMAL

Wall motion Normal

IMPRESSION : NORMAL STUDY



**DR SEEMA KALE MD**  
SEN. (PHYSICIAN)

**DEPARTMENT OF LABORATORY MEDICINE**

Name MRS. LISHKI SEHGAL Age 34 Yrs. Sex Female  
 Date 09/12/2023 Home Coll. Dt/Time Ref. No. 20-21/6040  
 Refd. by. Reporting Date/Time 09/12/2023 Srl. No. 1009

**HAEMATOLOGY TEST REPORT**

| Test Name  | Observed Value<br>Value | Unit         | Bio. Reference Range |
|--|-------------------------|--------------|----------------------|
| <b>Blood Group -ABO</b><br>Tube Agglutination : EDTA | "O"                     |              |                      |
| <b>Blood Group Rh</b><br>Tube agglutination : EDTA   | Positive                |              |                      |
| <b><u>CBC (Hb,PCV,TLC,DLC,Plat C)</u></b>            |                         |              |                      |
| Hb ( Haemoglobin )<br>Non cyanide analysis : EDTA    | 12.4                    | gm/dl        | 12.0 - 15.0          |
| PCV / Haematocrit<br>RBC pulse height detect : EDTA  | 38.3                    | %            | 36 - 46              |
| ESR<br>Westergren`s Method : Citrate                 | 10                      | mm/1st hr.   | 0 - 20               |
| TLC<br>DC detection method : EDTA                    | 5,100                   | /cumm.       | 4000 - 10000         |
| Platelet Count<br>DC detection method : EDTA         | 3.45                    | Lakh/cmm     | 1.5 - 4.1            |
| RBC Count<br>DC detection method : EDTA              | 4.5                     | Millions/cmm | 3.8 - 4.8            |
| MCV(Derived)   | 85.0                    | fl           | 77 - 98              |
| MCH(Derived)   | 27.6                    | pg           | 27 - 32              |
| MCHC(Derived)  | 32.5                    | gm/dl        | 31.5 - 34.5          |
| <b><u>Differential Leucocyte Count</u></b>           |                         |              |                      |
| Neutrophil   | 59                      | %            | 40 - 70              |
| Lymphocytes  | 30                      | %            | 20 - 40              |
| Eosinophil   | * 09                    | %            | 01 - 06              |
| Monocytes  | 02                      | %            | 02 - 10              |

\*\*\*\*\* End of Report \*\*\*\*\*

Technician / Technologist

  
 Dr. Prashant Purwar  
 Consultant Pathologist

• CLINICAL CORRELATION IS ESSENTIAL FOR FINAL DIAGNOSIS. IF THE TESTS RESULTS ARE UNEXPECTED PLEASE CONTACT THE LABORATORY.  
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 Phone : (011) 2591 8222 / 8333 / 8444, 9811061009, E-mail : rajourigarden@theapolloclinic.com, Website : www.apolloclinicrajourigarden.com

MSME UAM NO. : DL11F0021531

**DEPARTMENT OF LABORATORY MEDICINE**

Name MRS. LISHKI SEHGAL

Age 34 Yrs.

Sex Female

Date 09/12/2023

Home Coll. Dt/Time

Ref. No. 20-21/6040

Refd. by.

Reporting Date/Time 10/12/2023

Srl. No. 1009

**PROFILE**

Merilyzer AutoQuant 400

**Test Name**

**Observed Value**  
**Value**

**Unit**

**Bio. Refrence Range**

HbA1C (Glycosylated Haemoglobin)

HbA1C (Glycosylated Haemoglobin)

5.2

%

4.2 - 6.0

Boronate affinity assay : EDTA

Good Control : 6.0-7.0.

Bad Control : 7.0-8.0.

Poor Control : >8.

\*\*\*\*\* End of Report \*\*\*\*\*

Technician /  Technologist

  
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 Consultant Pathologist

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MSME UAM NO. : DL11F0021524

DEPARTMENT OF LABORATORY MEDICINE

Name MRS. LISHKI SEHGAL Age 34 Yrs. Sex Female  
Date 09/12/2023 Home Coll. Dt/Time Ref. No. 20-21/6040  
Refd. by Reporting Date/Time 10/12/2023 Srl. No. 1009

**BIOCHEMISTRY TEST REPORT**

Merilyzer AutoQuant 400

| Test Name   | Observed Value | Unit   | Bio. Reference Range |
|---|----------------|--------|----------------------|
| Blood Sugar (Glucose)-Fasting<br>Sample - Fluoride, Method:GOD-POD.   | 91             | mg /dl | 70 - 110             |
| Blood Sugar (Glucose)-Post Prandial<br>Sample: Sodium Fluoride; Method/Technology:GOD-PODMethod, End Point. | 105            | mg/dl  | 70 - 140             |

\*\*\*\*\* End of Report \*\*\*\*\*

Technician / Technologist

  
Dr. Prashant Purwar  
Consultant Pathologist

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**DEPARTMENT OF LABORATORY MEDICINE**

Name MRS. LISHKI SEHGAL

Age 34 Yrs.

Sex Female

Date 09/12/2023

Home Coll. Dt/Time

Ref. No. 20-21/6040

Refd. by.

Reporting Date/Time 10/12/2023

Srl. No. 1009

**Lipid Profile-serum**

| Test Name   | Observed Value | Unit  | Bio. Refrence Range |
|---|----------------|-------|---------------------|
| Cholesterol-serum<br>Sample- Plain; Method-CHOD-PAP               | 159            | mg/dL | 120 - 240           |
| Triglycerides-serum<br>Sample- Plain; Method- GPO-PAP             | 117            | mg/dL | 50 - 200            |
| HDL-Cholesterol-serum<br>Sample- Plain; Method-Direct             | 44.1           | mg/dL | 30 - 70             |
| VLDL-Cholesterol-serum<br>Derived                                 | 23.4           | mg/dL | 10 - 40             |
| LDL(Cholesterol)-serum<br>Sample- Plain; Method-Direct/Calculated | 91.5           | mg/dL | 60 - 100            |
| Cholesterol / HDL Ratio-serum<br>Derived                          | 3.6            |       | 0.0 - 4.5           |

**LFT( Liver Function Test**

|  |        |       |           |
|--|--------|-------|-----------|
| Bilirubin (Total)-serum<br>Sample:Plain; Method/Technology: Diazo Method, Photometry.          | 0.51   | mg/dl | 0.1 - 1.3 |
| Bilirubin (Direct)-serum<br>Sample:Plain;Method / Technology: Diazo Method, Photometry.        | 0.19   | mg/dl | 0.0 - 0.3 |
| Indirect Bilirubin - serum<br>Derived  | 0.32   | mg/dl | 0.0 - 1.1 |
| SGOT (AST)-serum<br>Sample:Plain;Method / Technology:IFCC without Pyridoxal Phosphate/Kinetic. | * 39.9 | IU/L  | 0 - 31    |
| SGPT (ALT)-serum<br>Sample:Plain;Method / Technolog:IFCC without Pyridoxal Phosphate/Kinetic.  | * 57.3 | IU/L  | 0 - 34    |

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**DEPARTMENT OF LABORATORY MEDICINE**

Name MRS. LISHKI SEHGAL Age 34 Yrs. Sex Female  
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 Refd. by. Reporting Date/Time 10/12/2023 Srl. No. 1009

|   |      |       |            |
|---|------|-------|------------|
| Alkaline Phosphatase-serum<br>Sample: Plain; Method/Technology: AMP Buffer/Kinetic.     | 81.9 | U/L   | 30 - 117   |
| G G T P - serum<br>Sample: plain; Method / Technology: Szaz Method/Photometry.          | 29.5 | U/L   | 8.0 - 35.0 |
| Protein Total - serum<br>Sample: Plain; Method / Technology: Biuret Method / Photometry | 7.3  | gm/dl | 5.8 - 8.0  |
| Albumin-serum<br>Sample: Plain; Method/Technology: BCG Method, Photometry.              | 4.3  | gm/dl | 3.7 - 5.2  |
| Globulin-serum<br>Derived   | 3.0  | gm/dl | 2.5 - 3.5  |
| A/G Ratio-serum<br>Derived  | 1.4  |       | 1.2 - 2.0  |

\*\*\*\*\* End of Report \*\*\*\*\*

Technician/Technologist 

  
 Dr. Prashant Purwar  
 Consultant Pathologist

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**DEPARTMENT OF LABORATORY MEDICINE**

Name MRS. LISHKI SEHGAL Age 34 Yrs. Sex Female  
 Date 09/12/2023 Home Coll. Dt/Time Ref. No. 20-21/6040  
 Refd. by. Reporting Date/Time 10/12/2023 Srl. No. 1009

**KFT - Renal Profile-serum**

|  |       |        |               |
|--|-------|--------|---------------|
| Blood Urea   | 18.4  | mg /dl | 10 - 50       |
| Sample: Plain; Method/Technology: Urease, Photometry.            |       |        |               |
| Creatinine-serum   | 0.77  | mg/dl  | 0.5 - 1.3     |
| Sample: Plain; Technology/Method: Jaffe Kinetic, Photometry.     |       |        |               |
| Uric Acid-serum  | 5.3   | mg/dl  | 2.3 - 6.0     |
| Sample: Plain; Method/Technology: Uricase Enzymatic, Photometry. |       |        |               |
| Sodium (Na+) - serum   | 136.0 | mmol/L | 136.0 - 142.0 |
| ISE  |       |        |               |
| Potassium (K+) - serum   | 3.8   | mmol/L | 3.8 - 5.0     |
| ISE  |       |        |               |
| Chloride(Cl) - serum   | 95.9  | mmol/L | 95.0 - 103.0  |
| ISE  |       |        |               |
| Calcium-serum  | * 9.0 | mg/dl  | 9.2 - 11.0    |
| Sample: Plain; Method/Technology: OCPC Method, Photometry.       |       |        |               |
| Phosphorus-serum   | 2.9   | mg/dl  | 2.3 - 4.7     |
| Sample: Plain; Method / Technology: Molybdate UV, Photometry.    |       |        |               |
| Albumin-serum  | 4.3   | gm/dl  | 3.7 - 5.2     |
| Sample: Plain; Method/Technology: BCG Method, Photometry.        |       |        |               |

\*\*\*\*\* End of Report \*\*\*\*\*

Technician / Technologist

  
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MSME UAM NO. : DI 11F0021534

**DEPARTMENT OF LABORATORY MEDICINE**

Name MRS. LISHKI SEHGAL

Age 34 Yrs.

Sex Female

Date 09/12/2023

Home Coll. Dt/Time

Ref. No. 20-21/6040

Refd. by.

Reporting Date/Time 10/12/2023

Srl. No. 1009

**SPECIAL TEST REPORT**

Test Name

Observed Value Unit

Bio. Refrence Range

Thyroid Profile (FT3, FT4, TSH/T3, T4, TSH)

**Serum FT3**

3.6

pmol/l

3.2 - 5.9

Method : Immunofluorescence (Tosoh)

Triiodothyronine T3 is a hormone produced by the thyroid and by conversion of T4 to T3. Free T3 is used in the diagnosis and monitoring of hyperthyroidism. Free T3 assays can differentiate most cases of nonthyroidal illness from TSH dependent hyperthyroidism.

**Serum FT4**

12.1

pmol/l

10.6 - 21.0

Method: Immunofluorescence (Tosoh)

FT4 is the active fraction of tetraiodothyronine. FT4 increases in patients with hyperthyroidism, whereas it is decreased in patients of hypothyroidism. Patients on hormone replacement therapy may have an elevated FT4 levels. Values of FT4 may be used in conjunction of TSH levels.

**Serum TSH**

2.5

uIU / ml

0.25 - 5.0

Method: Immunofluorescence (Tosoh)

TSH is an early and sensitive indicator of decreased thyroid reserve. This assay helps to diagnose hypothyroidism and hyperthyroidism, monitors T4 replacement or T4 suppressive therapy and quantifies TSH levels in the subnormal range.

\*\*\*\*\* End of Report \*\*\*\*\*

Technician / Technologist

Dr. Prashant Purwar  
 Consultant Pathologist

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**DEPARTMENT OF LABORATORY MEDICINE**

Name MRS. LISHKI SEHGAL

Age 34 Yrs.

Sex Female

Date 09/12/2023

Home Coll. Dt/Time

Ref. No. 20-21/6040

Refd. by.

Reporting Date/Time 09/12/2023

Srl. No. 1009

**URINE EXAMINATION TEST REPORT**

Test Name

Observed Value  
Value

Unit

Bio. Refrence Range

**Urine R/M Examination**

Quantity

30

ml.

Colour

Pale Yellow

Pale Yellow

Tranparency

Clear

Clear

Urine Specific Gravity

1.020

1.005 - 1.030

Dipstick

pH

6.0

5.5 - 7.5

Dipstick / pH paper

**Chemical Examination**

Protein

Nil

Nil

Dipstick/Heat & acetic acid

Sugar

Nil

Nil

Dipstick/Benedicts reagent

**Microscopic Examination**

Pus Cells

2-4

/HPF

3-4

RBC'S

Nil

/HPF

Nil

Casts

Nil

/LPF

Nil

Crystals

Nil

Nil

Epithelial Cells

2-3

/HPF

1-2

Bacteria

Nil

/HPF

Nil

\*\*\*\*\* End of Report \*\*\*\*\*

Technician / Technologist

Dr. Prashant Purwar  
 Consultant Pathologist

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MSME UAM NO. : DI 11F0021521

Patient Name : Mrs. Lishki Sehgal  
 UHID/MR No. : FRAJ.0000239510  
 Visit Date : 09-12-2023 11:10  
 Sample Collected on : 09-12-2023 11:35  
 Ref Doctor : SELF

Age / Gender : 34Y/Female  
 OP Visit No : FRAJOPV115065  
 Reported on : 10-12-2023 09:53  
 Specimen : Serum(Spl)  
 Pres Doctor: :

DEPARTMENT OF LABORATORY MEDICINE

| TEST NAME   | RESULT | BIOLOGICAL REFERENCE INTERVALS | UNITS |
|---|--------|--------------------------------|-------|
| VITAMIN D -25 HYDROXY<br>VITAMIN D -25 HYDROXY,<br>Method: Immunofluorescence | 12.8*  | 30 - 100                       | ng/ml |

Note: Biological reference range for 25(OH)-vitamin D3  
 Deficiency (seriously deficient) <12ng/ml.  
 Insufficiency (deficient) 12-30ng/ml.  
 Sufficiency(adequately supplied) >30ng/ml.

Vitamin D is a steroid hormone involved in the intestinal absorption of calcium and the regulation of calcium hemostasis. Two forms Vit D2 & D3. the concentration of Vit D decreases with age and a deficiency is common among elderly persons. Estimation of vitamin D is useful in postmenopausal womens, renal osteodystrophy, pregnancy, neonatal hypocalcemia, rickets, osteomalacia & hyperparathyroidism.

**VITAMIN B12 -SERUM**


|  |       |  |       |
|--|-------|--|-------|
| Vitamin B 12<br>Method: Immunoflorance | 231.6 | Newborn 180-1300<br>Adult 200-835<br>Adult >60 yrs 110-800 | pg/ml |
|--|-------|--|-------|

Note: Vitamin B12 is a water soluble vitamin obtained form dietary sources like animal sources and milk. It is required for functioning of various systems in our body. Vitamin B12 deficiency may be due to lack of intrinsic factor deficiency or malabsorption form gut. Deficiency of cyanocobalmin thus results in macrocytic anemia, neuronal deficiencies etc.

End of the report

Results are to be correlated clinically

Lab Technician / Technologist  
Yogita

  
 Dr. Prashant Purwar  
 MBBS, DCP  
 Consultant Pathologist

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Patient Name : Mrs. Lishki Sehgal

Age/Sex : 34Y/F

Pres Doctor :

Ref.by :

MR No : FRAJ0000

Visit No : FRAJOPV

Bill Date : 09.12.2023

Report Date : 09.12.2023

**X-RAY CHEST P A VIEW**

- Both lung fields do not show any active parenchymal lesion.
- Both costophrenic angles are normal.
- B/L hila appear normal in size & density.
- Both domes of diaphragm are normal.
- Cardiac silhouette appears normal.
- Visualised soft tissues and bony cage appear normal.

**IMPRESSION:- NORMAL STUDY.**

To be correlated clinically.

  
**Dr. Manish Kumar**  
Consultant Radiologist.

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MSME UAM NO : DI 1150024504

ULTRASOUND WHOLE ABDOMEN

Name of Patient: Mrs. Lishki

Date: 09-12-2023

The diaphragm is normal in contour and respiratory excursion.

There is no pleural, subphrenic, abdominal or pelvic fluid collection.

There is no enlarged celiac, mesenteric or para aortic lymph nodes.

The liver is normal in size & echotexture. No echogenic or poor lesion is present in lobes of liver. Intrahepatic biliary radicles are not dilated. I.V.C., hepatic vein and portal vein are normal.

The gall bladder is normal. Its wall is not thickened. The common bile duct is normal. There are no biliary calculi.

The pancreas and spleen are normal.

Both kidneys are normal in size, shape, position and echotexture. Renal outline is smooth and normal parenchymal thickness seen in both kidneys. C.M. differentiation is maintained. Pelvicalyceal system is not dilated. No calculus or perinephric collection is seen. The urinary bladder is normal.

Anteverted bulky uterus is seen measuring 9.6cms in longitudinal axis. **A large fibroid measuring 62x59mm is seen occupying most of posterior myometrium, extending till cavity.** Endometrial echoes are midline (7.4mm). Both ovaries (Rt.28x16mm, Lt.28x15mm) are normal. There is no pelvic mass/collection seen.

Regards. Apollo Clinic

  
DR. NEERAJ SHARMA  
CONSULTANT RADIOLOGIST

|                                   |             |              |
|-----------------------------------|-------------|--------------|
| Patient Name : Mrs. Lishki Sehgal | MR No       | : FRAJ0000   |
| Age/Sex : 34Y/F                   | Visit No    | : FRAJOPV    |
| Pres Doctor :                     | Bill Date   | : 09.12.2023 |
| Ref.by :                          | Report Date | : 09.12.2023 |


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- Both lung fields do not show any active parenchymal lesion.
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**Consultant Radiologist.**