



# MODERN PATHOLOGY & DIAGNOSTIC CENTRE

Dr. R. P. Rastogi  
M.B.B.S., M.D. (Path & Bact)



**CLINIC :**

1/4A, Vineet Khand, (Opp Jaipuria Management)  
Gomti Nagar, Lucknow - 226 010  
Ph.: 0522-4008184, 4308184 • 8112323230  
Mob.: 7618884441, 9450389932, 8177063877

DATE : 22/05/2023

NAME : Mrs. Archana SINGH

GEN : 35 SEX : F

HEIGHT : 154 CMS

WEIGHT : 55 KGS

BMI : 23.2

Blood Pressure : 116/76

Dr. Smita Rastogi  
MBBS, DCP  
Reg. No. 37370

**Dr. Sanjay Rastogi**  
M.B.B.S., DCP, CRIAT (BARC)

**Dr. Smita Rastogi**  
M.B.B.S., DCP

Results, adhering to W.H.O. and International Federation of Clinical Chemists Quality Control Standards.


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भारत सरकार  
GOVERNMENT OF INDIA

 अर्चना सिंह  
Archana Singh  
जन्म तिथि/ DOB: 07/10/1987  
महिला / FEMALE

4343 4629 2279

आधार-आम आदमी का अधिकार

Archana Singh



To,

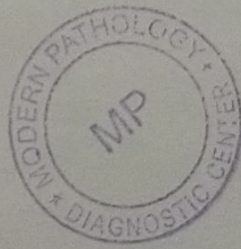
Dr. 22/05/23

Modern Pathology & Diagnostic Center

Sir,

It is to inform you that at this center  
Diet Consultation is not available as this center  
Also, 2D Echo is not available at this center  
However TMT has been done in place of 2D Echo.  
Please do all other tests as per our package.

Archana Singh  
Archana Singh  
22/05/23





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Date	: 22-May-2023	Age	: 35 Yrs.
Name	: Mrs. ARCHANA SINGH	Sex	: Female
Ref.By	: APOLLO HEALTH		

Haemoglobin	11.9	gm%	11 - 14
-------------	------	-----	---------

Total Leucocyte Count	6000	Cells/cumm.	4000-11000
-----------------------	------	-------------	------------

Differential Leucocyte Count			
Polymorphs	55	%	45 - 70
Lymphocytes	36	%	20 - 45
Eosinophils	02	%	0 - 6
Monocytes	07	%	0 - 8
Basophils	00	%	0 - 1

Erythrocyte Sedimentation Rate (Wintrobe)			
ESR	18	mm in 1st Hr.	0 - 19
PCV	38.7	cc%	40 - 52
Corrected ESR	04	mm in 1st Hr.	0 - 19

Platelet Count	1.15	lakh/cumm.	1.5 - 4.0
----------------	------	------------	-----------

Red Cells Count	4.22	million/cmm	3.90 to 4.60
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Absolute values			
MCV	91.6	fL	77 - 97
MCH	28.1	pg	27 - 31
MCHC	30.6	gm /dl	31 - 34

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Date	: 22-May-2023	Age	: 35 Yrs.
Name	: Mrs. ARCHANA SINGH	Sex	: Female
Ref.By	: APOLLO HEALTH		

### General Blood Picture

**RBCs** RBCs are Normocytic & Normochromic.  
No Normoblasts are seen.

**WBCs** TLC is within normal range.  
DLC shows normal counts.  
No immature cells of WBC seen.

**PLATELETS** Platelets are reduced in number and morphology.

**OTHERS** No haemoparasites are seen.

**IMPRESSION** Thrombocytopenia

Urine Sugar Fasting	NIL
---------------------	-----

Sugar (PP) Urine	NIL
------------------	-----

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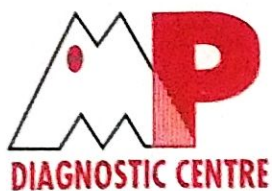
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Date	: 22-May-2023		
Name	: Mrs. ARCHANA SINGH	Age	: 35 Yrs.
Ref.By	: APOLLO HEALTH	Sex	: Female

Plasma Glucose - F GOD-POD Method	107	mg/dl	70 - 110
--------------------------------------	-----	-------	----------

Plasma Glucose - PP GOD POD Method	125	mg/dl	110 - 170
---------------------------------------	-----	-------	-----------

<b>KFT</b>			
UREA	19.1	mg %	15 - 50
CREATININE	0.73	mg %	0.5 - 1.5
URIC ACID	5.1	mg %	2 - 6
CALCIUM	9.1	mg %	8.8 - 10.0

Blood Group & Rh	"O" Positive		
------------------	--------------	--	--

Serum Bilirubin	0.51	mg%	0.2 - 1.0
Direct Bilirubin	0.24	mg%	0.0 to 0.40
Indirect Bilirubin	0.27	mg%	0.10 to 0.90

SGOT	59	IU/L	UPTO 40
------	----	------	---------

SGPT	77	IU/L	Upto 40
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S. Alkaline Phosphatase	116	IU/L	100 - 275
-------------------------	-----	------	-----------

Serum Gamma G.T.	28	IU/L	11 - 50
------------------	----	------	---------

<b>Total Proteins</b>			
S. Protein	6.62	gm/dl	6.5 - 8.5
S. Albumin	3.59	gm/dl	3.5 - 5.5
S. Globulin	3.03	gm/dl	2.3 to 3.5
A/G Ratio	1.18 : 1		

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Date	: 22-May-2023	Age	: 35 Yrs.
Name	: Mrs. ARCHANA SINGH	Sex	: Female
Ref.By	: APOLLO HEALTH		

### LIPID PROFILE

Triglycerids	187	mg%	70 - 190
S. Cholestrol S.	205	mg%	130 - 230
S. HDL Cholestrol	44.0	mg%	35 - 75
S. LDL Cholestrol	123.6	mg%	75 - 150
VLDL	37.4	mg%	0 - 34
Chol / HDL factor	4.66	Ratio	
LDL / HDL Factor	2.81		

### COMMENTS

- \* Triglycerides (TG) are the main dietary lipids. Cholesterol constitutes a small part of the dietary lipids, it is mostly synthesised in the liver. Both TG and Chol. are transported through the plasma by lipoproteins (Chylomicrons, VLDL, LDL, IDL, HDL).
- \* LDL is the major cholesterol particle in plasma and high levels are strongly implicated in the formation of atheroma. An increase in the LDL leads to hypercholesterolemia, and therefore a risk factor for IHD. LDL increases with age particularly in females. Oestrogen lower LDL and raise HDL. Raised chol. in females is mostly due to disturbed thyroid function.
- \* Increase in VLDL leads to hyperglyceridaemia. Raised TGs are associated with increased risk of CHD. Very high TGs increase the risk of Pancreatitis. Cholesterol is often raised due to Diabetes, Renal disease, Diuretic or Betablocker therapy.

### TYPES OF HYPERLIPOPROTEINEMIAS

TYPE 1: Normal cholesterol TG greatly raised	TYPE 3: Cholesterol increased TG increased
TYPE 2a: Cholesterol increased LDL increased TG normal	TYPE 4: Cholesterol normal /increased VLDL increased TG increased
TYPE 2b Chol. increased VLDL raised TG increased LDL increased	TYPE 5: Cholesterol increased LDL reduced VLDL increased TG greatly increased

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Date	: 22-May-2023	Age	: 35 Yrs.
Name	: <b>Mrs. ARCHANA SINGH</b>	Sex	: Female
Ref.By	: APOLLO HEALTH		

### Glycosylated Haemoglobin

<b>Glycosylated Haemoglobin</b>	<b>5.7</b>	<b>%</b>	<b>4.5 TO 6.0</b>
---------------------------------	------------	----------	-------------------

#### INTERPRETATION AND COMMENTS

NON DIABETIC : 4.5 to 6.0 %  
GOOD CONTROL: 6.0 to 7.0  
FAIR CONTROLLED 7.0 AND 8.0  
UNCONTROLLED 8.0 AND ABOVE

Glycosylated haemoglobin is the adducted glucose in the haemoglobin of the red blood cells, this adduction is stable for the life time of the RBC (i.e 120 days). There fore the measure of glycosylated haemoglobin reflects the average blood glucose concentration over the preseding several weeks. The sudden change in blood glucose level would not effect the glycosylated haemoglobin level ,which serves as a better marker of long term metabolic control and the efficacy of therapy.

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Date	: 22-May-2023	Age	: 35 Yrs.
Name	: <b>Mrs. ARCHANA SINGH</b>	Sex	: Female
Ref.By	: APOLLO HEALTH		

**THYROID TEST**

Tri-iodothyronine (T3)	2.15	nmol/L	0.50 to 2.50
Thyroxine (T4)	7.40	mcg/dL	5.0 to 12.5
Thyroid Stimulating Hormone (TSH)	1.21	mIU/ ml	0.3 to 6.0

=====

**COMMENTS**

=====

- 1) Primary hyperthyroidism is accompanied by elevated Serum T3 and T4 values along with depressed TSH levels.
- 2) Primary Hypothyroidism is accompanied by depressed serum T3 and T4 values and elevated serum TSH levels.
- 3) Normal T4 levels accompanied by high T3 levels are seen in patients with T3 thyrotoxicosis.
- 4) Slightly elevated T3 levels may be found in pregnancy and estrogen therapy, while depressed levels maybe encountered in severe illness, malnutrition, renal failure and during therapy with drugs like propranolol and propylthiouracil.
- 5) Elevated TSH levels may also be indicative of TSH secreting Pituitary Tumour.

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Date	: 22-May-2023	Age	: 35 Yrs.
Name	: Mrs. ARCHANA SINGH	Sex	: Female
Ref.By	: APOLLO HEALTH		

## Urine Examination

<b>PHYSICAL</b>		
Colour	Straw	
Turbidity	Nil	
Deposit	Nil	
Reaction	Acidic	
*Specific Gravity	1.010	
<b>CHEMICAL</b>		
Protein	Nil	
Sugar	Nil	
*Bile Salts	Nil	
*Bile Pigments	Nil	
Phosphate	Nil	
<b>MICROSCOPIC</b>		
Pus Cells	Nil	/hpf
Epithelial Cells	Occasional	/hpf
Red Blood Cells	Nil	/hpf
Casts	Nil	
Crystals	Nil	
Others	Nil	

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Patient name: Mrs Archana Singh  
Ref By. : Apollo Health

Age/Sex 35/F  
22/05/2023

## E.C.G. REPORT

1. Rhythm	:	Sinus, Regular
2. Atrial Rate	:	82/mt
3. Ventricular Rate	:	82/mt
4. P – Wave	:	Normal
5. P R Interval	:	Normal
6. Q R S	:	
Axis	:	Normal
R/S Ratio	:	Normal
Configuration	:	Normal
7. Q T c Interval	:	Normal
8. S-T Segment	:	Normal
9. T-Wave	:	Normal

## FINAL IMPRESSION

E.C.G. is within normal limits.

  
Dr. Smita Mohan  
MD  
Signature of Doctor  
Reg. No. 559

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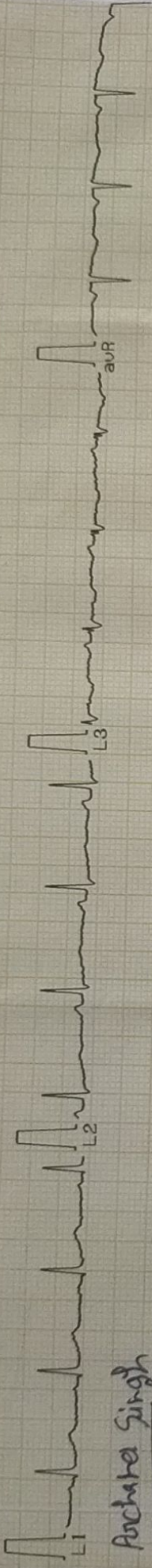
Name ARCHANA SINGH

Age      Yrs      M/F     

10mm/mV

25mm/s

0.1-35 Hz BLC

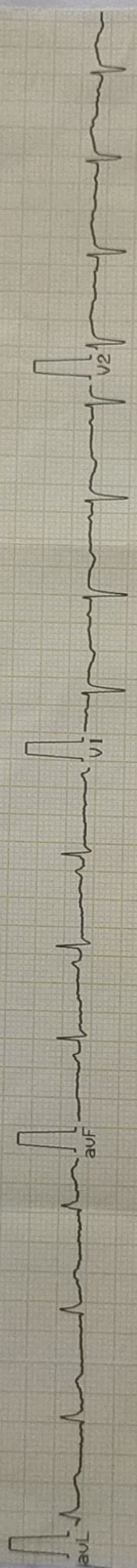


Archana Singh

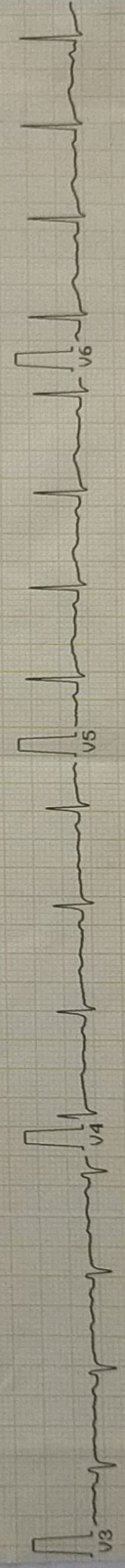
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Dr.     

ECG CARDIOPRINT



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Dr. AMIT MOHAN  
 MID  
 Reg. No. 44559



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ITDCSE.INFOSYSTEMS PVT. LTD

NAME	:Mrs . Archana Singh	SAMPLEREC.DATE	:22/05/2023
AGE/SEX	:35 YRS/FEMALE		
REFERRED BY	:Apollo Health		

TestName	Result	Bio.Ref.Range	Unit
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**CYTOLOGYREPORTTESTREPORT**

**PAPSMEARLBC-INFECTION**

**SPECIMEN:**

LIQUID-BASEDPREPARATION(PAPSMEAR).

**MICROSCOPY:**

**SPECIMENADEQUACY:**

Satisfactoryforevaluationwithout evidence of end cervical/transformationzone component.

**MICROSCOPIC OBSERVATIONS:**

Smear containssuperficialandintermediatecells.Moderateinflammatorycellspresent.

**ORGANISMS:**Notpresent.

**IMPRESSION/DIAGNOSIS:**

NEGATIVEFORINTRAEPITHELIALLESIONORMALIGNANCY.

\*\*\* EndOf Report \*\*\*

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ARCHANA SINGH / 35 Yrs / F / 154 Cms / 55 Kg  
 Date: 22 - 05 - 2023 Refd By : APOLLO HEALTH Examined By:

Stage	Time	Duration	Speed(Kmph)	Elevation	METs	Rate	% THR	BP	RPP	PVC	Comments
Supine	00:14	0:14	00.0	00.0	01.0	115	62 %	116/76	133	00	
Standing	00:26	0:12	00.0	00.0	01.0	117	63 %	116/76	135	00	
HV	00:37	0:11	00.0	00.0	01.0	118	64 %	116/76	136	00	
ExStart	00:54	0:17	00.0	00.0	01.0	117	63 %	116/76	135	00	
BRUCE Stage 1	03:54	3:00	02.7	10.0	04.7	151	82 %	128/80	193	00	
BRUCE Stage 2	06:54	3:00	04.0	12.0	07.1	172	93 %	134/86	230	00	
PeakEx	07:28	0:34	05.5	14.0	07.7	178	96 %	134/86	238	00	
Recovery	08:28	1:00	00.0	00.0	01.2	151	82 %	132/84	199	00	
Recovery	09:28	2:00	00.0	00.0	01.0	130	70 %	128/80	166	00	
Recovery	10:28	3:00	00.0	00.0	01.0	126	68 %	122/80	153	00	
Recovery	10:51	3:23	00.0	00.0	01.0	124	67 %	122/80	151	00	

**FINDINGS :**

Exercise Time : 06:34  
 Max HR Attained : 178 bpm 96% of Target 185  
 Max BP Attained : 134/86 (mm/Hg)  
 Max WorkLoad Attained : 7.7 Fair response to induced stress  
 Test End Reasons : Fatigue

**REPORT :**

**CONCLUSIONS:**

1. STRESS TEST IS NEGATIVE FOR EXERCISE INDUCED ISCHAEMIC HEART DISEASE.

*(Signature)*  
 Dr. ANIL KUMAR SHARMA MD

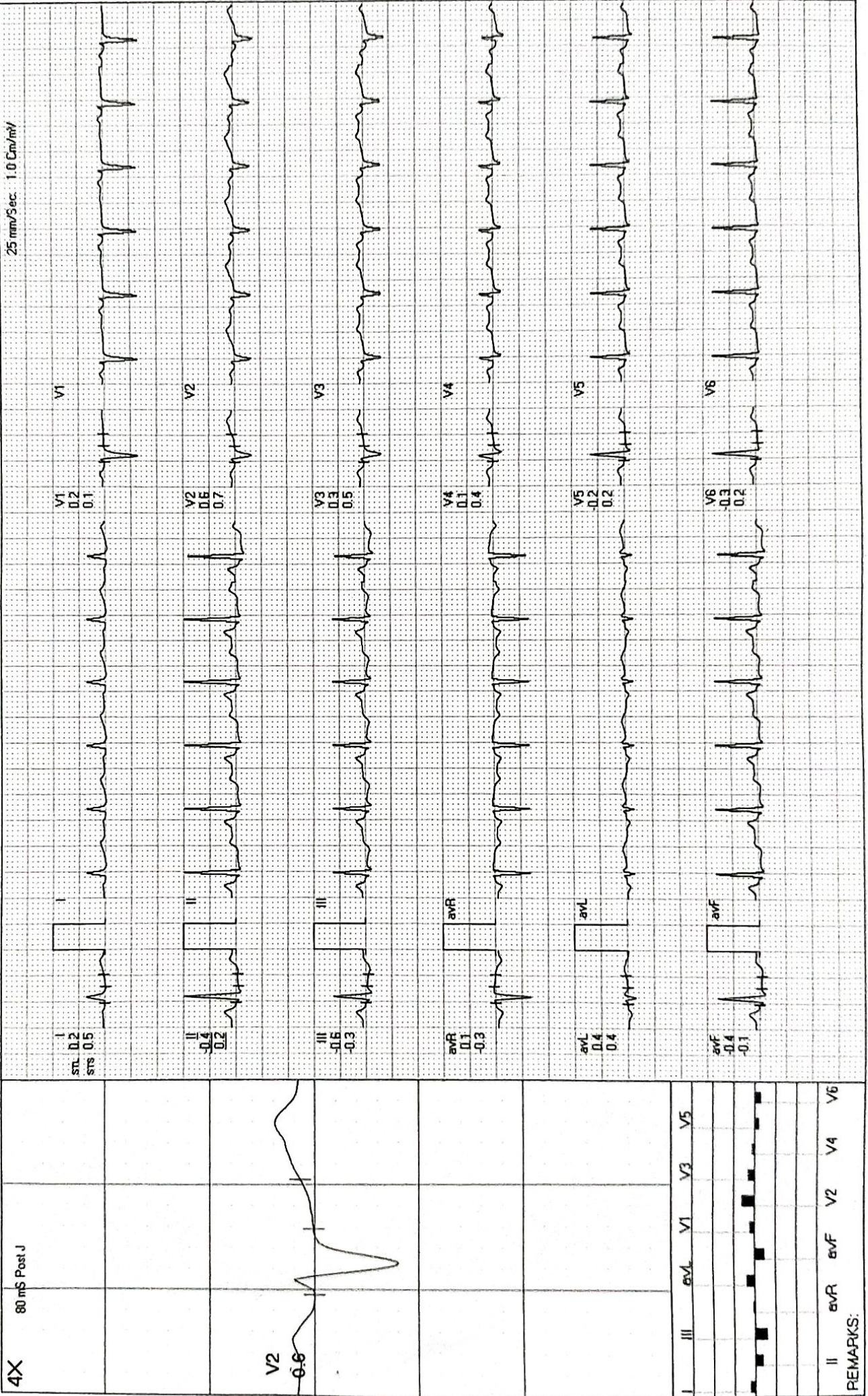
Reg. No. 44559



Date: 22-05-2023

METS: 1.0/115 bpm 62% of THR BP: 116/76 mmHg Combined Medians/BLC On/ HF 0.05 Hz/LF 35 Hz

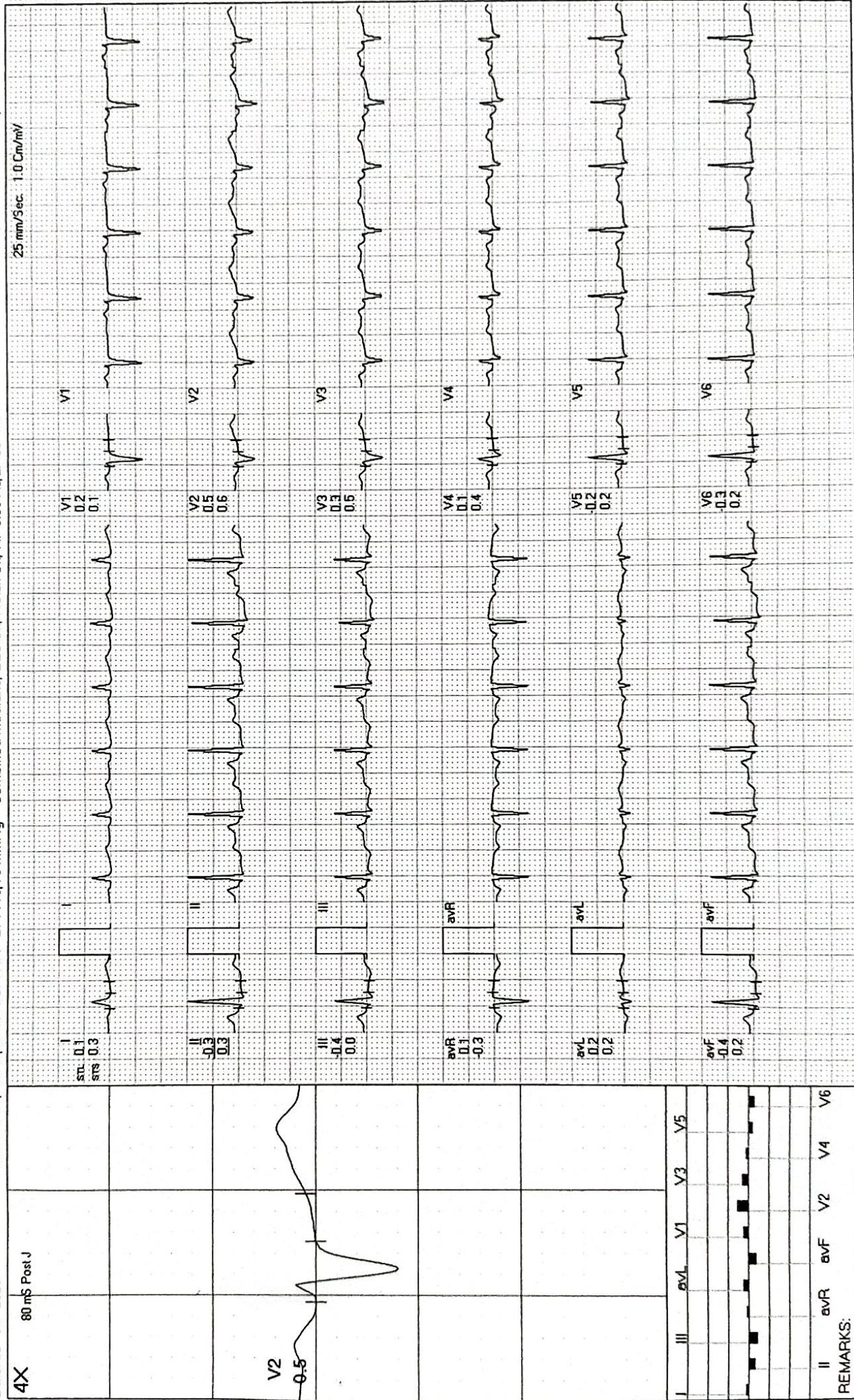
ExTime: 00:00 0.0 Kmph. 0.0%





ExTime: 00:00 0.0 Kmph, 0.0%

Date: 22-05-2023 METS: 1.07/117 bpm 63% of THR BP: 116/76 mmHg Combined Medians/BLC On/ Notch On/ HF 0.05 Hz/LF 35 Hz



REMARKS:





BRUCE:HV(0:11)

modern pathology & daignosfic centre

ARCHANA SINGH / 35 Yrs / F / 154 Cms / 55 Kg / HR : 118

ExTime: 00:00 0.0 KmPh. 0.0%  
25 mm/Sec. 1.0 Cm/mV

METS: 1.0/ 118 bpm 64% of THR BP: 116/76 mmHg Combined Medians/ BLC Or/ HF 0.05 Hz/LF 35 Hz

Date: 22-05-2023

4X 80 mS Post U

I  
STL 0.2  
STB 0.5

V1  
0.1  
0.0

II  
-0.3  
0.2

V2  
0.5  
0.7

III  
-0.5  
-0.3

V3  
0.2  
0.4

avR  
0.0  
-0.4

V4  
0.1  
0.4

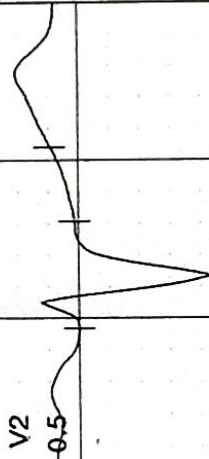
avL  
0.3  
0.2

V5  
-0.2  
0.2

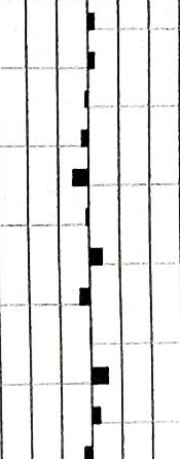
avF  
-0.4  
-0.1

V6  
-0.2  
0.2

V2  
0.5



I III avL avF V1 V3 V5



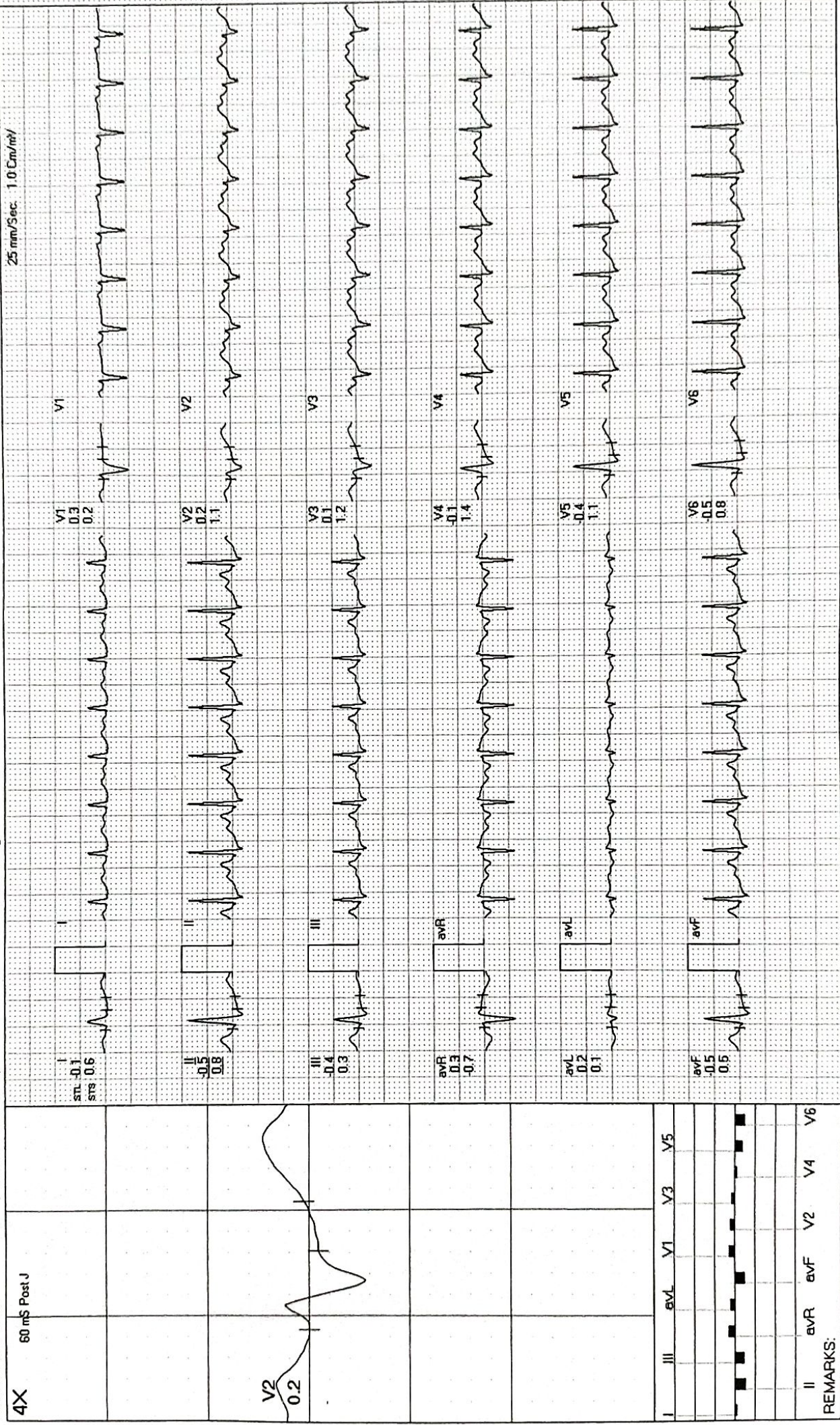
II avR avF V2 V4 V6

REMARKS:





Date: 22-05-2023 METS: 4.7/151 bpm 82% of THR BP: 128/80 mmHg Combined Medians/BLC On/Notch On/HF 0.05 Hz/LF 35 Hz ExTime: 03:00 2.7 Kmph, 10.0%



REMARKS:

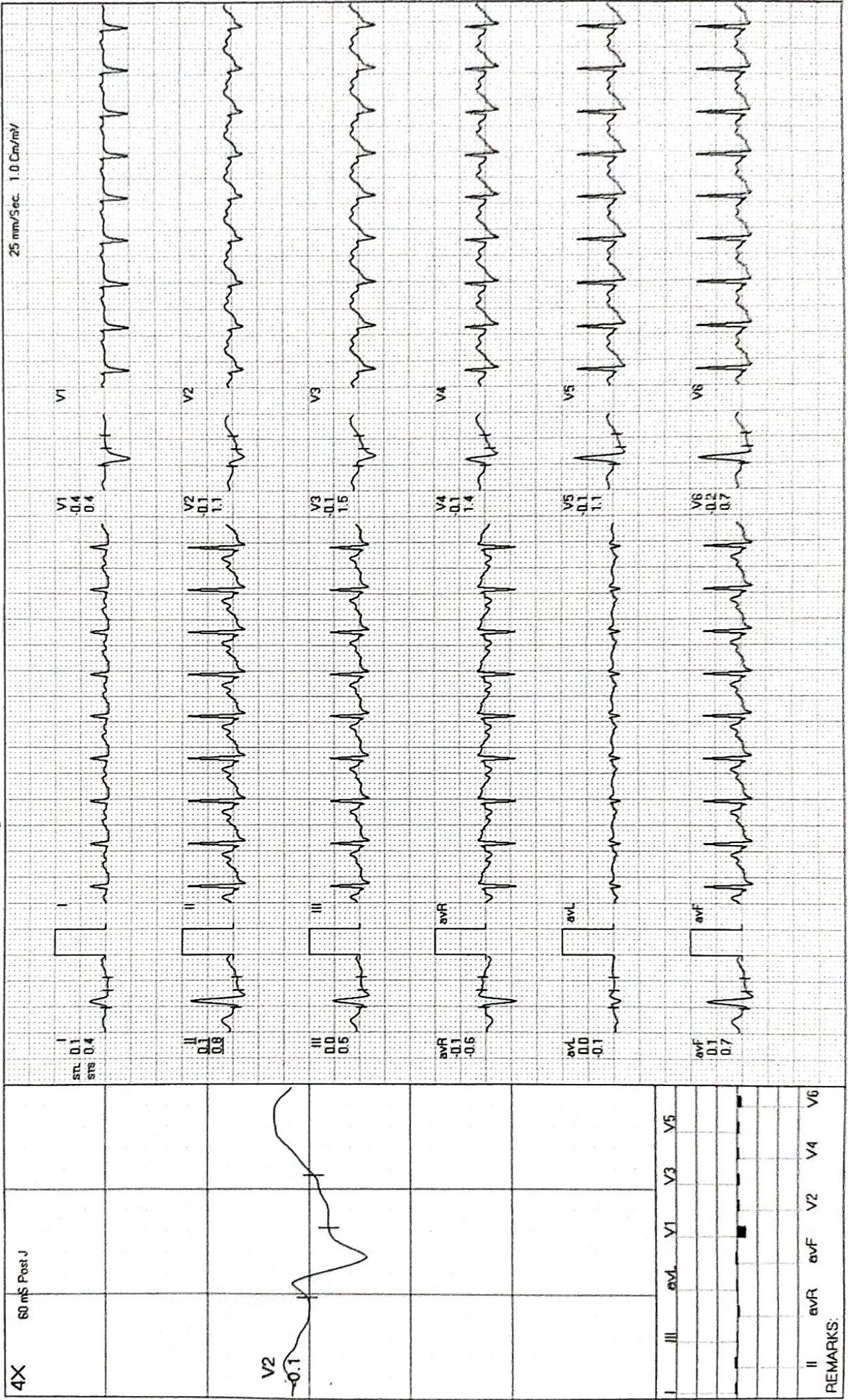


BRUCE: Stage 2(3:00)

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ARCHANA SINGH / 35 Yrs / F / 154 Cms / 55 Kg / HR : 172

Date: 22-05-2023 METS: 7.1 / 172 bpm 93% of THR BP: 134/86 mmHg Combined Medians/BLC On/ Notch On/ HF 0.05 Hz/LF 35 Hz ExTime 06:00 4.0 Kmph. 12.0%



REMARKS:

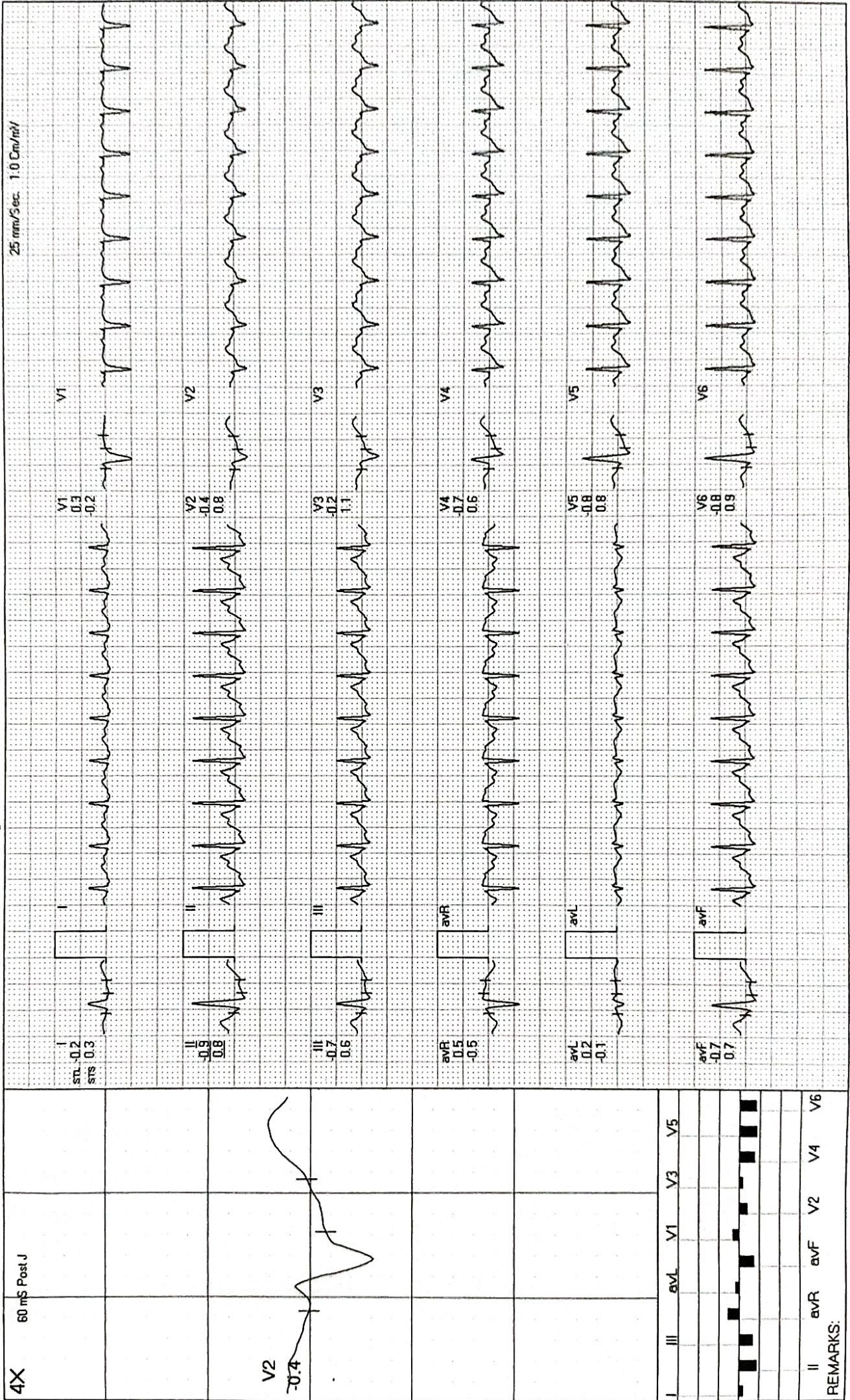


Date: 22-05-2023

METS: 7.7/178 bpm 96% of THR BP: 134/86 mmHg

Combined Medians/BLC On/ HF 0.05 Hz/LF 35 Hz

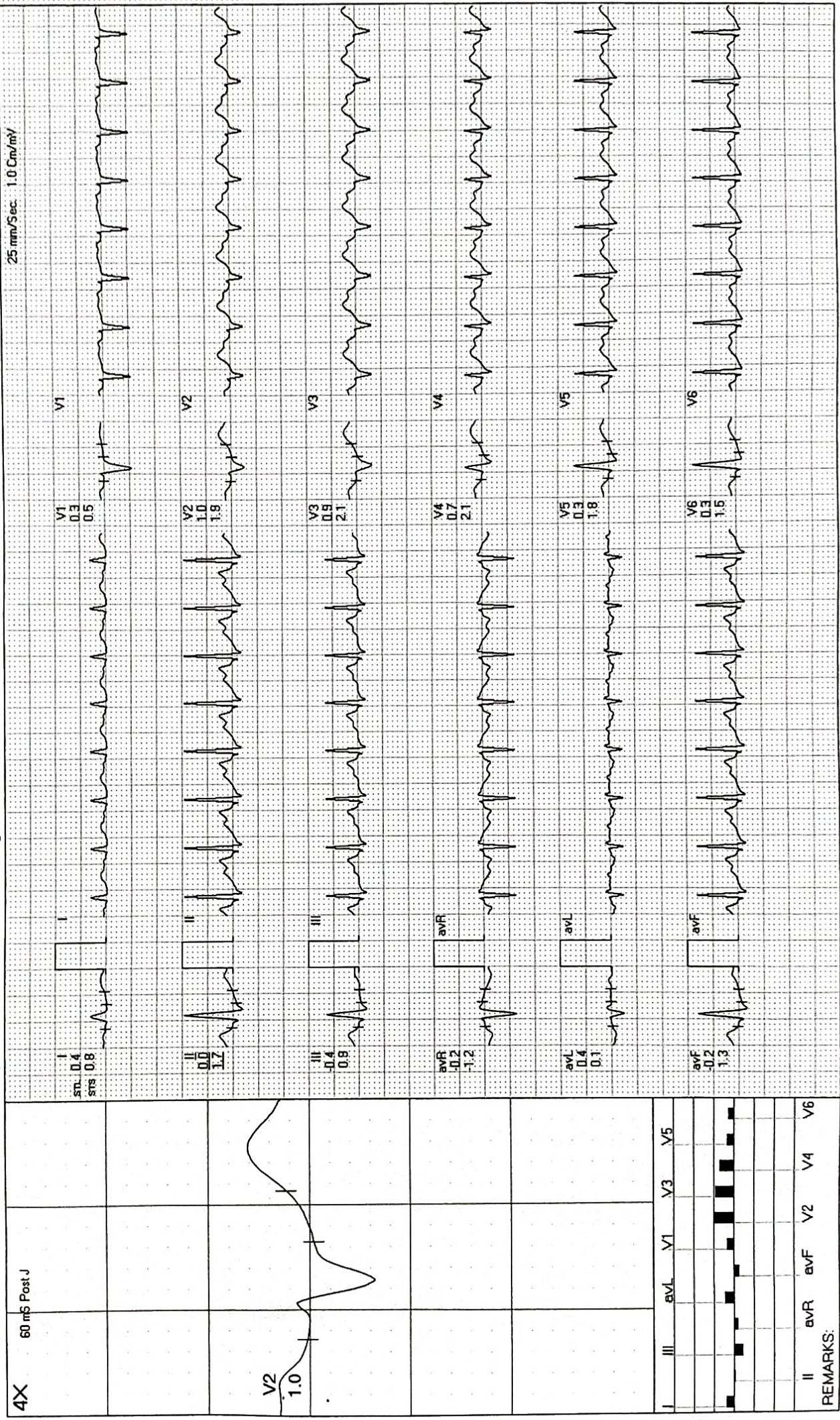
ExTime: 06:34 5.5 Kmph, 14.0%



REMARKS:  
II avR avF V2 V4 V6



Date: 22-05-2023 METS: 1.2/151 bpm 82% of THR BP: 132/84 mmHg Combined Medians/ BLC On/ HF 0.05 Hz/LF 35 Hz ExTime: 06:34 0.0 Kmph. 0.0%



REMARKS:

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ARCHANA SINGH / 35 Yrs / F / 154 Cms / 55 Kg / HR : 130

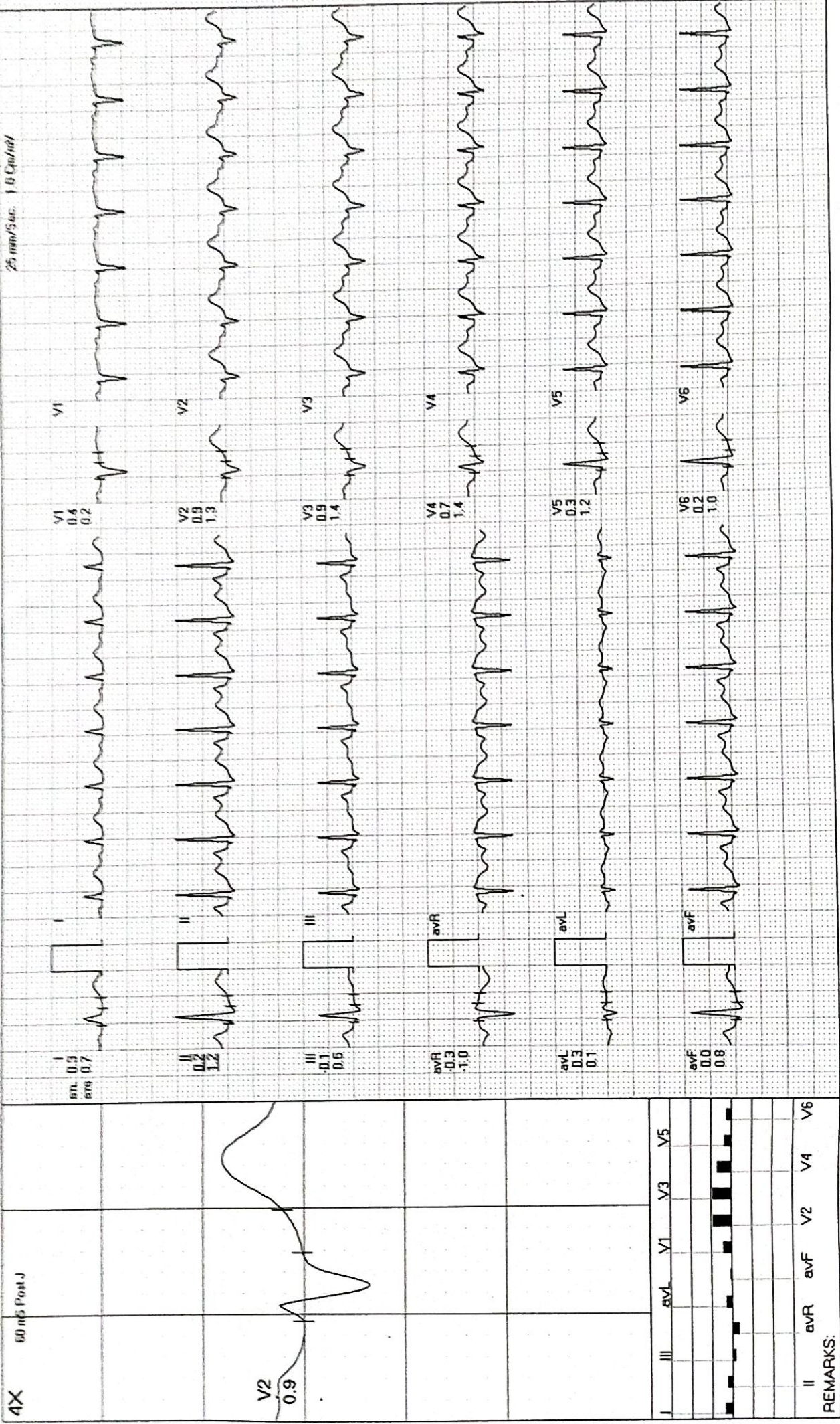
Recovery(2:00)



Date: 22-05-2023

METS: 1.0/ 130 bpm 70% of THR BP: 120/80 mmHg Combined Medians/BLC On/Notch On/HF 0.05 Hz/AF 35 Hz

ExTime: 06:24 0.0 Kmph, 0.0%

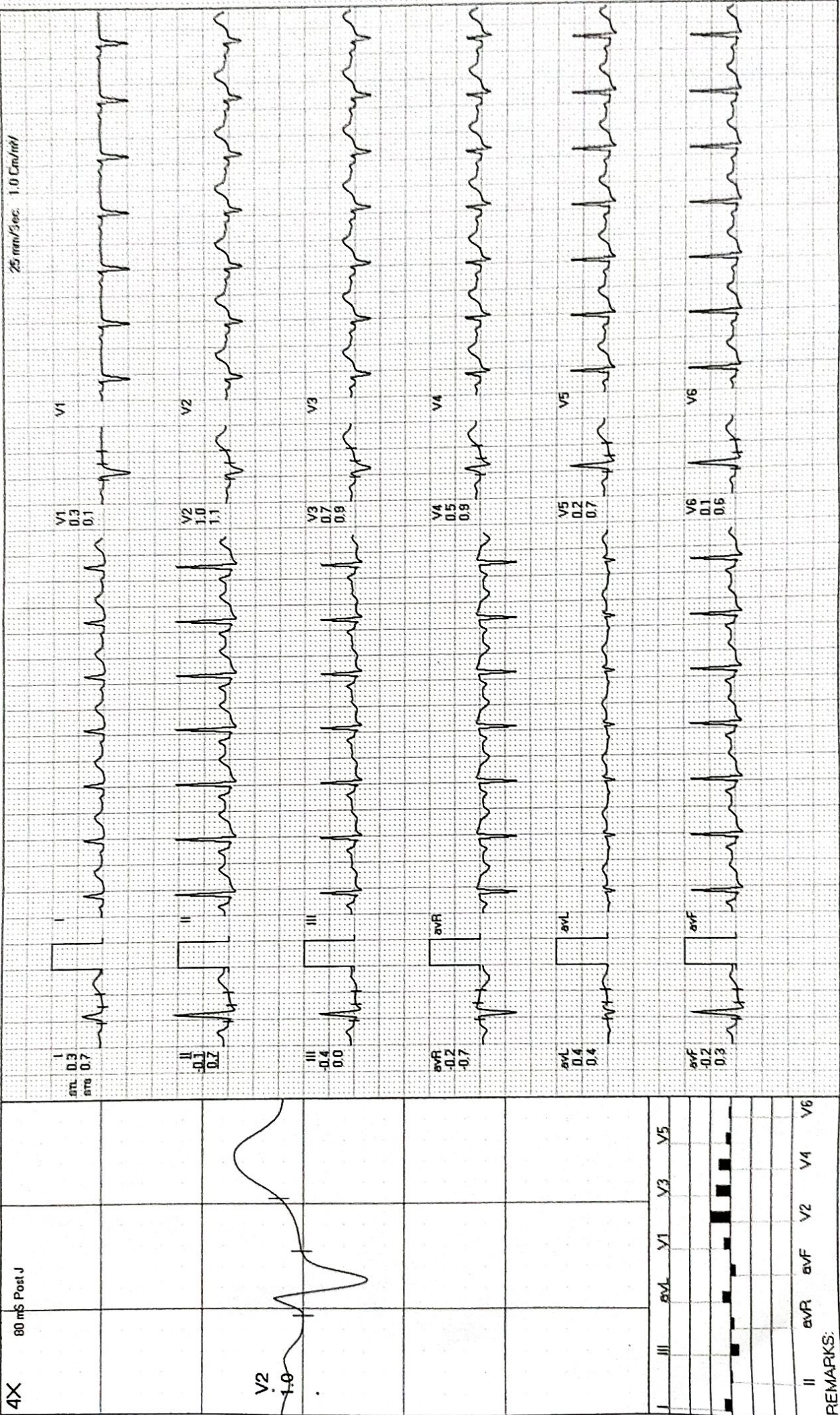




Date: 22-05-2023

METS: 1.0/126 bpm 68% of THR BP: 122/80 mmHg Combined Medions/BLC On/ Noich On/ HF 0.05 Hz/LF 35 Hz

ExTime: 06:34 0.0 Km/ph, 0.0%



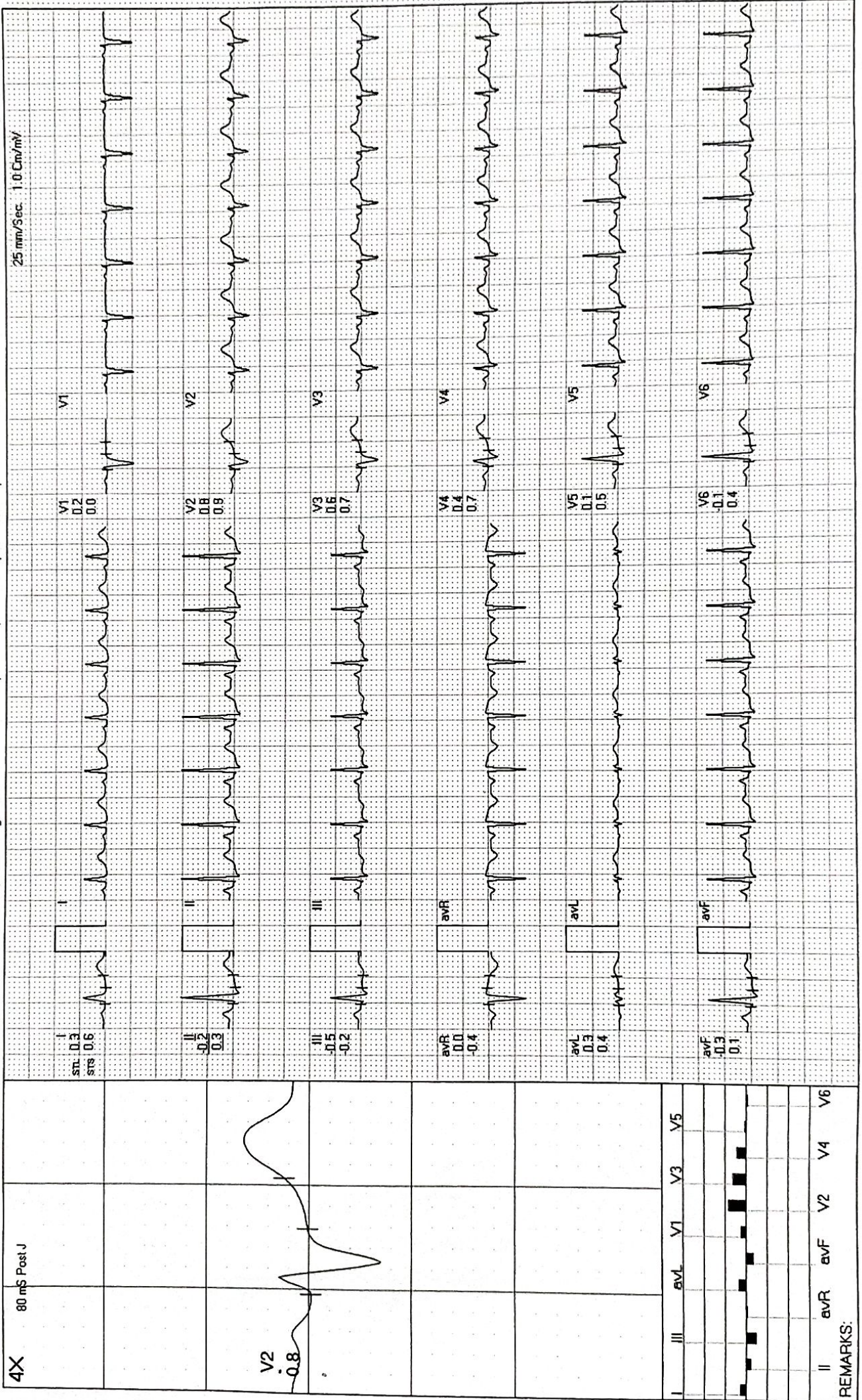




Date: 22-05-2023

METS: 1.0 / 124 bpm 67% of THR BP: 122/80 mmHg Combined Medians/BLC On/ HF 0.05 Hz/LF 35 Hz

ExTime: 06:34 0.0 Kmph, 0.0%





# MODERN PATHOLOGY & DIAGNOSTIC CENTRE

Dr. R. P. Rastogi  
M.B.B.S., M.D. (Path & Bact)



**CLINIC :**  
1/4A, Vineet Khand, (Opp Jaipuria Management)  
Gomti Nagar, Lucknow - 226 010  
Ph.: 0522-4008184, 4308184 ☎ 8112323230  
Mob.: 7618884441, 9450389932, 8177063877



TEST REQUEST ID :012305220024	SAMPLE DATE	:22/May/2023 09:37AM
NAME :Mrs. ARCHANA SINGH	SAMPLE REC. DATE	:22/May/2023 09:37AM
AGE/SEX :35 YRS/FEMALE	REPORTED DATE	:22/May/2023 06:44PM
REFERRED BY : Apollo Health and Lifestyle Limited,	BARCODE NO	:01220024

## USG WHOLE ABDOMEN-FEMALE

**Liver:** is borderline enlarged in size (153 mm). Parenchymal echogenicity is increased. No focal echovariant lesion is seen. Intrahepatic biliary radicles are not dilated.

**Gall Bladder:** is well distended. Lumen is anechoic. Wall is of normal thickness.

**CBD:** is normal in diameter. Portal vein is normal in diameter.

**Pancreas:** is normal in size, shape and echotexture. No focal echovariant lesion is seen. Pancreatic duct is not dilated.

**Spleen:** is normal in size (110 mm), shape and echotexture. No focal echovariant lesion is seen. Splenic vein is normal.

**Both Kidneys:** are normal in size (RK-99 x 38 mm & LK -97 x 44 mm), shape, position and excursion. Parenchymal echogenicity and echotexture is normal with maintained corticomedullary differentiation. No mass, cyst or calculi is seen. Pelvicalyceal systems are not dilated. Ureters are not dilated.

**Urinary bladder:** is well distended. Lumen is anechoic. Wall is of normal thickness. No mass or calculus is seen.

**Uterus** is normal in size (72 x 43 x 39 mms), shape and echotexture. It is anteverted. Myometrium is homogenous. No focal mass is seen. Endometrial thickness is normal. Cervix appears normal in size, shape and echotexture. No evidence of collection in cervical canal.

**Bilateral Ovaries and adnexae** Both ovaries are normal in size (RO - 35 x 30 mms & LO - 38 x 35 mms), shape and echotexture. No adnexal solid or cystic mass lesion is seen.

Both iliac fossae are clear. No obvious bowel pathology is noted.  
There is no free fluid in peritoneal cavity.

**OPINION: BORDERLINE HEPATOMEGALY WITH GRADE-1 FATTY LIVER.**

\*\*\* End Of Report \*\*\*

Dr. Sanjay Rastogi  
M.B.B.S., DCP, CRIAT (BARC)

DR. PANKAJ UPADHYAYA  
Consultant Radiologist

Dr. Smita Rastogi  
M.B.B.S., DCP

Print Date Time: 22/05/2023 6:45 PM

Checked By: Ashish Singh

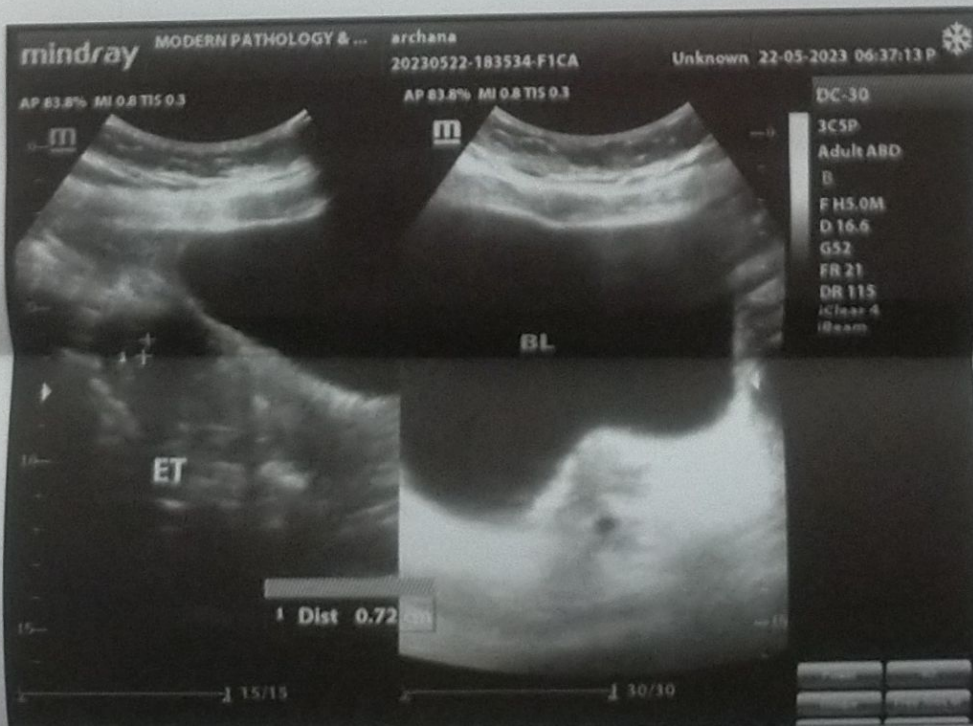
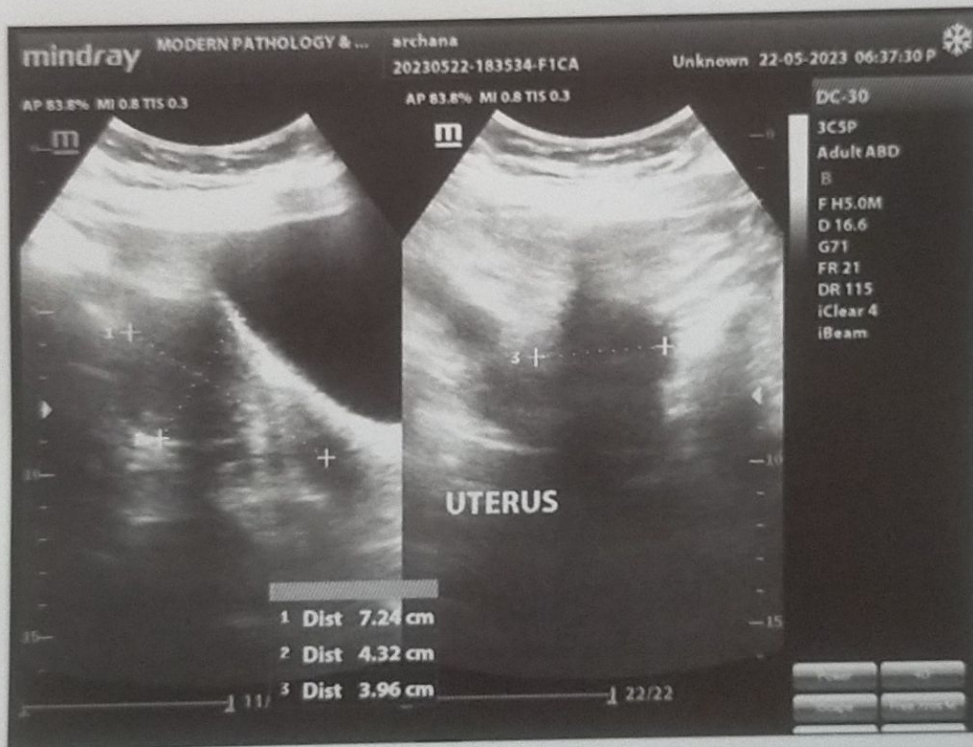
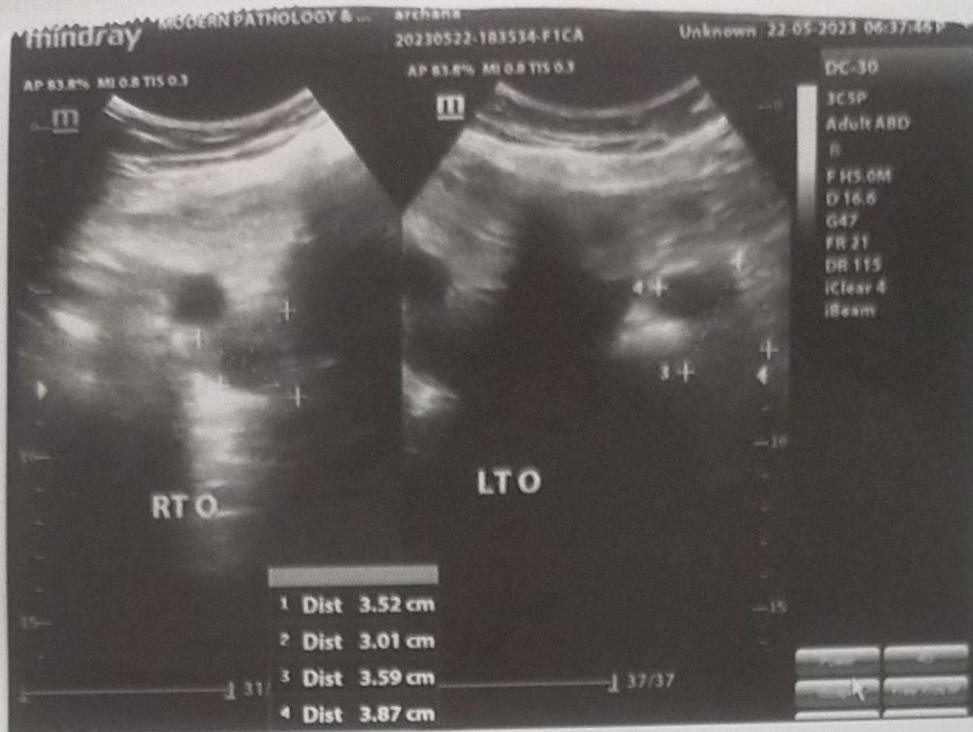
Results, adhering to W.H.O. and International Federation of Clinical Chemists Quality Control Standards.

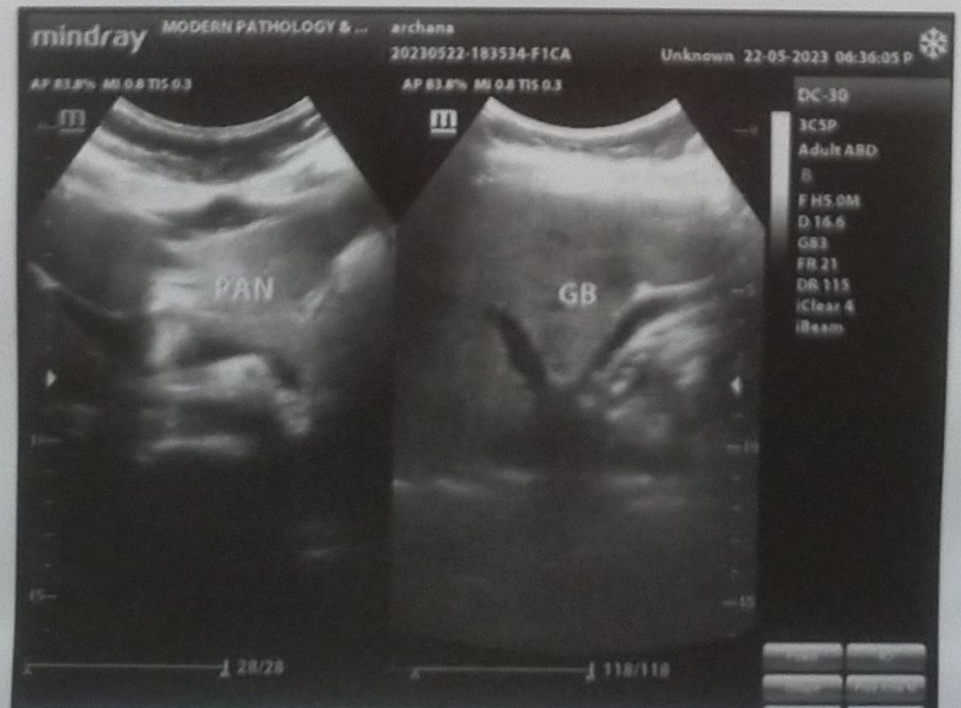
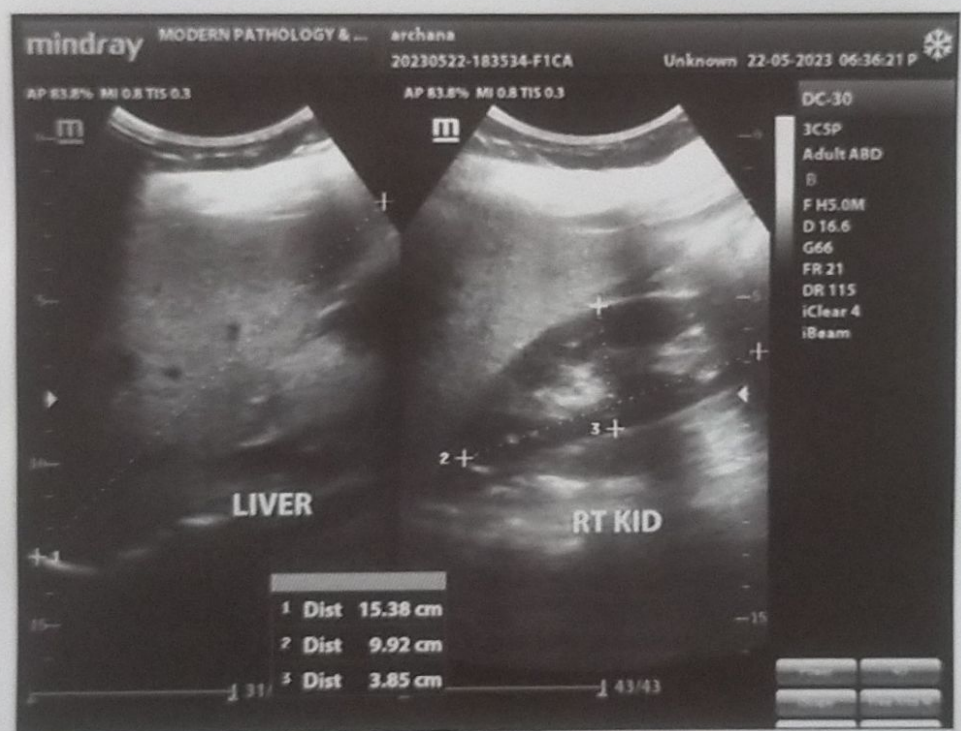
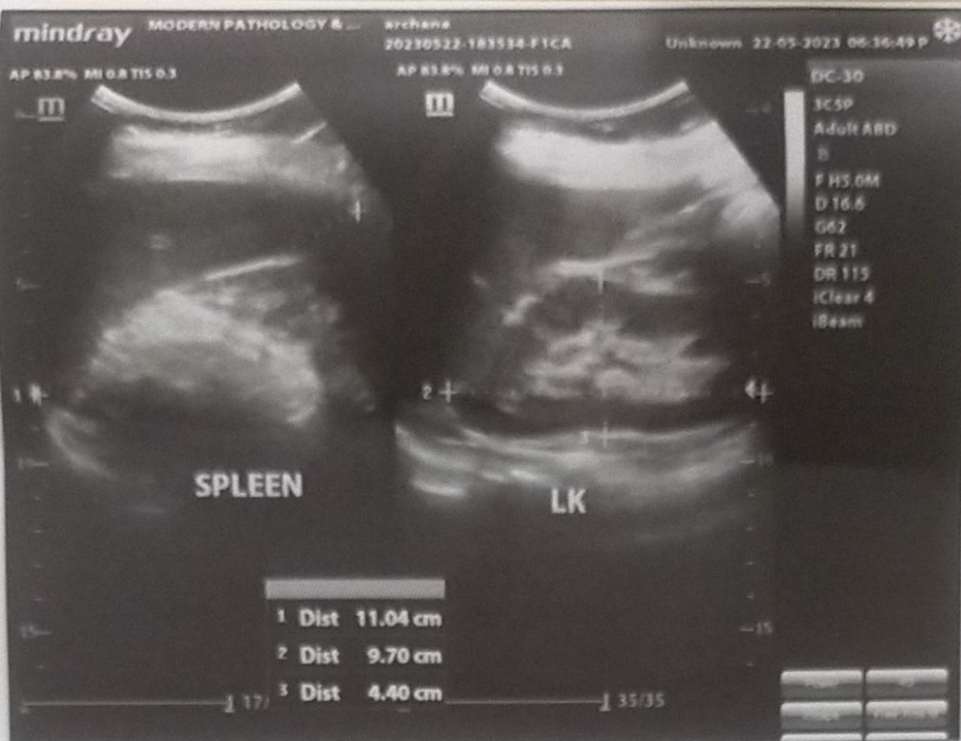
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TEST REQUEST ID :012305220024	SAMPLE DATE	:22/May/2023 09:37AM
NAME :Mrs. ARCHANA SINGH	SAMPLE REC. DATE	:22/May/2023 09:37AM
AGE/SEX :35 YRS/FEMALE	REPORTED DATE	:22/May/2023 05:12PM
REFERRED BY : Apollo Health and Lifestyle Limited,	BARCODE NO	:01220024

## XRAY CHEST PA

- Trachea is central in position.
- Bilateral lung fields are normally aerated.
- Both hilar shadows are normal.
- Both C.P. angles are clear.
- Cardiac shadow is within normal limits.
- Bony cage appears normal.

## OPINION: NORMAL STUDY.

Please correlate clinically.

\*\*\* End Of Report \*\*\*

**DR. PANKAJ UPADHYAYA**  
**D M R D**  
**Consultant Radiologist**

**Dr. Sanjay Rastogi**  
M.B.B.S., DCP, CRIAT (BARC)

**Dr. Smita Rastogi**  
M.B.B.S., DCP

Results adhering to W.H.O. and International Federation of Clinical Chemists Quality Control Standards.

Print Date Time: 23/05/2023 8:06 AM

Checked By: PANKAJ

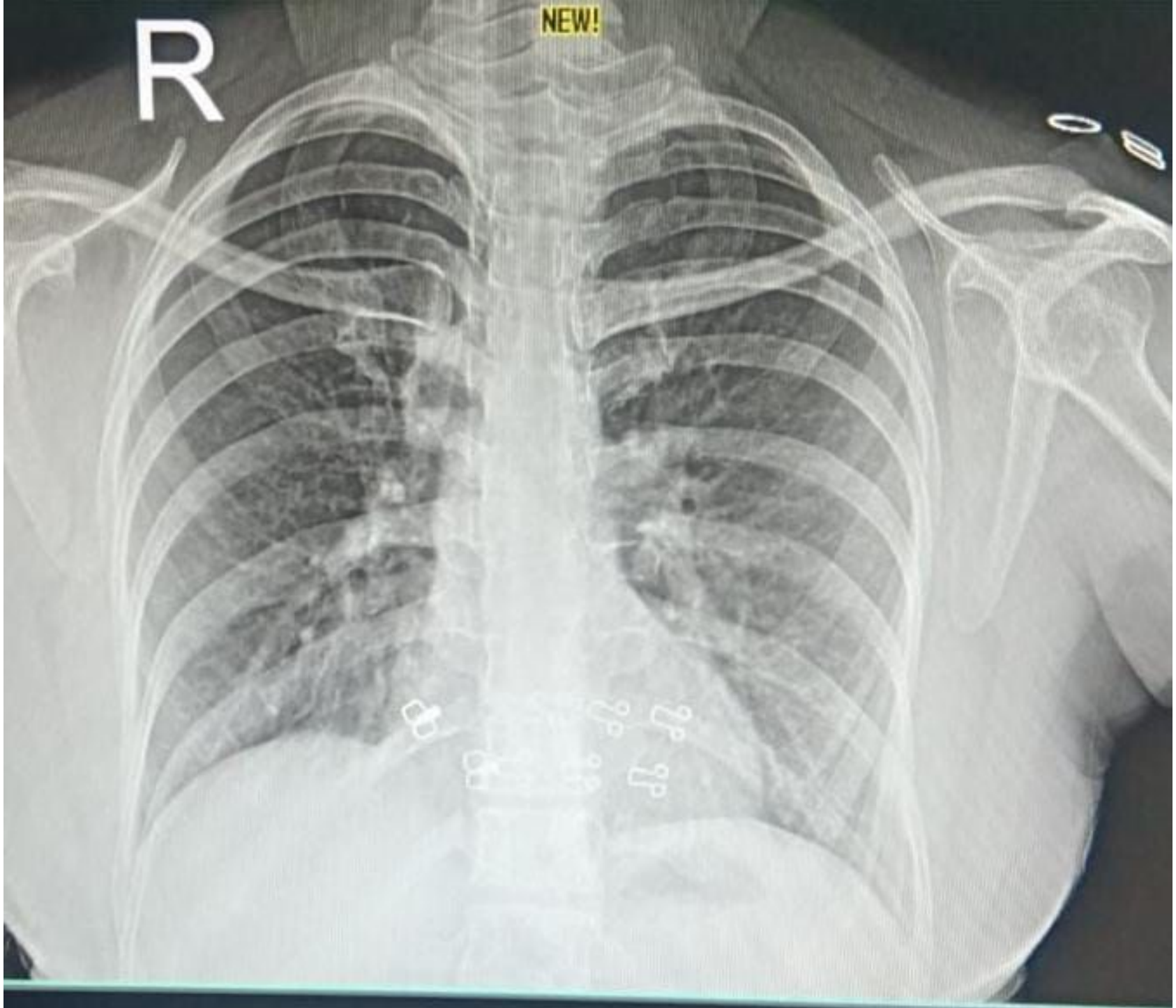
Page 2 of 1

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23052200552 MRS ARCHANA SINGH 35 YRS F SELF CHEST PA  
05/22/2023 MODERN PATHOLOGY & DIAGNOSTIC CENTRE GOMTI NAGAR LUCKNOW