

<b>Radiology No.</b>	: 4728/OPDPB22DL	<b>Date</b>	: 23-Oct-2022
<b>Patient Name</b>	: <b>Mrs. ANU CHOUDHARY</b>	<b>Age/Sex</b>	: 49Y
<b>Guardian Name</b>	:	<b>UHID No.</b>	: 4280/UHID22DL
<b>Consultant</b>	: Dr. INSURANCE	<b>Mobile No.</b>	: <b>8010126957</b>

## ULTRASOUND OF WHOLE ABDOMEN

**Convex and TVS Probes were used.**

**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 show early fullness likely due to bulky uterus. Bilateral ureters are not dilated.

**Right Kidney measures 10.8x3.2cm**

**Left kidney measures 11.3x4.8cm**

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.



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



BOOK APPOINTMENT



<b>Radiology No.</b>	: 4728/OPDPB22DL	<b>Date</b>	: 23-Oct-2022
<b>Patient Name</b>	: <b>Mrs. ANU CHOUDHARY</b>	<b>Age/Sex</b>	: 49Y
<b>Guardian Name</b>	:	<b>UHID No.</b>	: 4280/UHID22DL
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Uterus is anteverted and is bulky in size. **Myometrium shows a fibroid of 10.7x9.7x7.4 mm on anterior wall displacing the endometrial posteriorly. The fibroid shows increased central vascularity.**

No other mass or lesion is noted.

**Endometrial** is normal measuring 5.6mm and is displaced posteriorly

**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: Intramural fibroid having mass effect**



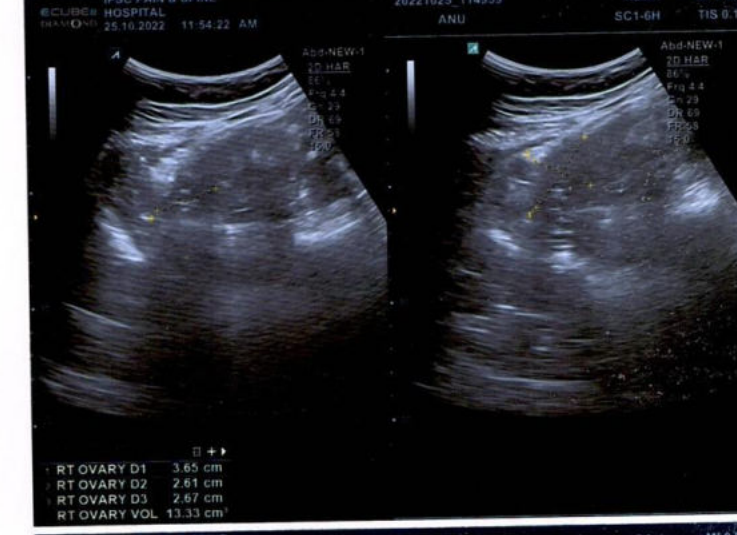
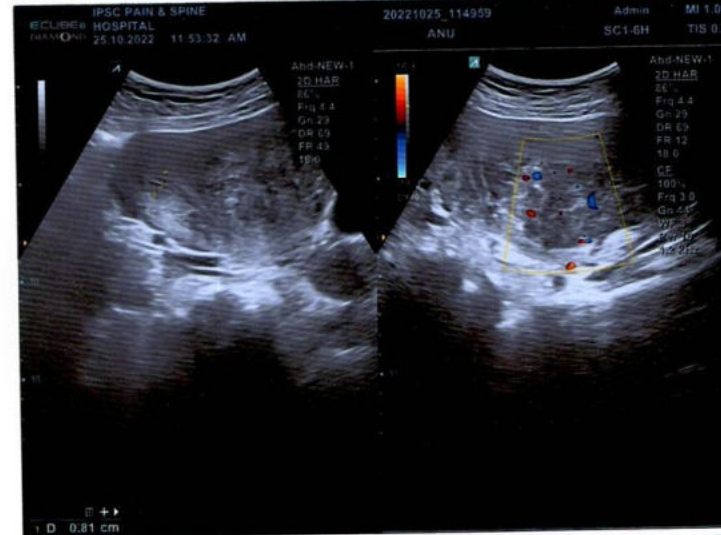
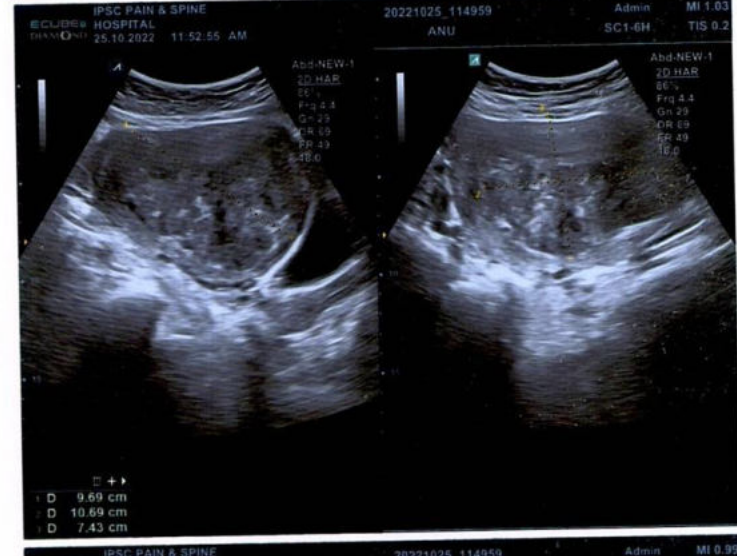
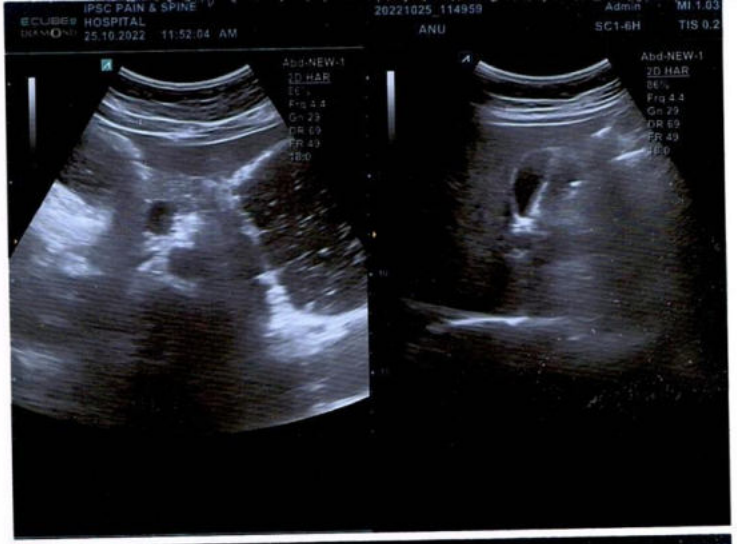
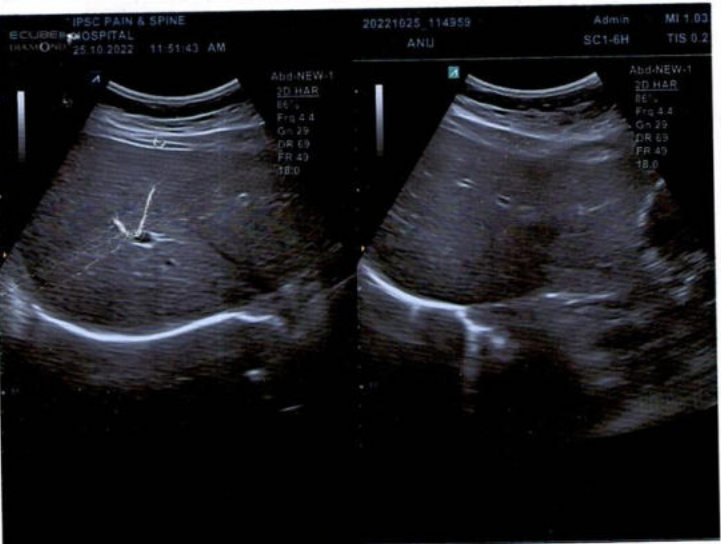
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BOOK APPOINTMENT











सत्यमेव जयते  
भारत सरकार



आधार

भारतीय विशिष्ट पहचान प्राधिकरण

भारत सरकार

Unique Identification Authority of India  
Government of India

नामांकन क्रम / Enrollment No 1211/67104/01738

To,

अनु सिन्हा

Anu Sinha

W/O: Parveer Kumar Choudhary

197

POCKET-1

SECTOR-19 DWARKA

Amberhai

Dwarka Sec-6 Delhi Cantonment South West Delhi  
Delhi 110075

05/02/2014

Ref: 13 / 23B / 3702 / 3902 / P



SH938664432FT



आपका आधार क्रमांक / Your Aadhaar No. :

**7828 5975 5059**

आधार - आम आदमी का अधिकार



भारत सरकार

Government of India



अनु सिन्हा

Anu Sinha

जन्म तिथि / DOB : 15/07/1978

महिला / Female



**7828 5975 5059**

आधार - आम आदमी का अधिकार



<b>Radiology No.</b>	: 4728/OPDPB22DL	<b>Date</b>	: 23-Oct-2022
<b>Patient Name</b>	: <b>Mrs. ANU CHOUDHARY</b>	<b>Age/Sex</b>	: 49Y
<b>Guardian Name</b>	:	<b>UHID No.</b>	: 4280/UHID22DL
<b>Consultant</b>	: Dr. INSURANCE	<b>Mobile No.</b>	: <b>8010126957</b>

## X-RAY CHEST

**Indication: Routine checkup.**

### 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.**



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MBBS, DMRD (RADIO DIAGNOSIS)  
DIPLOMA IN MSK, UCAM (Spain)  
Reg. No. MCI/16522, DMC/18402



BOOK APPOINTMENT





**THE DIAGNOSTIC & IMAGING CENTRE**  
 Plot No. 147, 2nd Floor, Main Road, Sec. 7,  
 Dwarka, New Delhi-110078 Ph. 011-49078567

**ANU CHOUDHARY**  
 ID : 3489  
 DATE : 23-10-2022  
 AGE/SEX : 49 / F  
 HT/WT : 0 / 0  
 REF. BY :

**TREADMILL TEST REPORT**

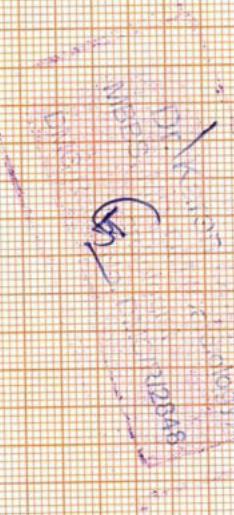
PROTOCOL : Bruce  
 HISTORY :  
 INDICATION : Checkup/Physical fitness,  
 MEDICATION :

PHASE	TOTAL TIME	STAGE TIME	SPEED Km/Hr	GRADE %	H.R. bpm	B.P. mmHg	RPP x100	ST LEVEL (MM)			METS
								II	V1	V5	
SLEEPE					65	120 / 80	78	-0.2	0.2	0.6	
STANDING					75	120 / 80	90	0	0.1	0.4	
HYPERVENT					81	120 / 80	97	-0.4	0.3	0.5	
Stage 1	2:55	0:25	2.7	10	97	130 / 80	126	0.2	-0.3	0.8	4.67
Stage 2	5:55	2:55	4	12	139	140 / 80	194	-0.7	-0.1	0	7.04
Stage 3	6:26	0:26	5.4	14	159	140 / 80	222	-1.1	-0.2	-0.2	7.52
PK-EXERCISE	6:37	0:37	5.4	14	157	140 / 80	219	-1	-0.5	-0.1	7.70
RECOVERY	7:47	0:55			102	130 / 80	132	0.6	-0.1	1.3	
RECOVERY	8:47	1:55			79	120 / 80	94	-0.3	0.4	0.3	
RECOVERY	9:47	2:55			75	120 / 80	90	-0.7	0.4	0.1	
RECOVERY	10:26	3:34			77	120 / 80	92	-0.6	0.3	0.1	

**RESULTS**

EXERCISE DURATION : 6:37  
 MAX HEART RATE : 159 bpm  
 MAX BLOOD PRESSURE : 140 / 80 mm Hg  
 REASON OF TERMINATION : Achieved THR,  
 BP RESPONSE : Normal,  
 ARRHYTHMIA : None,  
 H.R. RESPONSE : Normal Chronotropic Response,  
**IMPRESSIONS** :  
 Negative for Provocable myocardial ischemia,

MAX WORK LOAD : 7.70 METS

  
 DR. ANU CHOUDHARY  
 MBBS, MD, DM (CARDIOLOGY)  
 Director, Cardiology  
 THE DIAGNOSTIC & IMAGING CENTRE  
 Plot No. 147, Sector 7, Dwarka, New Delhi-110078  
 Ph: 011-49078567

Technician :





# THE DIAGNOSTIC & IMAGING CENTRE

ANU CHOUDHARY

I.D. 3489

Age 49/F

Date 23-10-2022

RATE 65bpm

B.P. 120/80

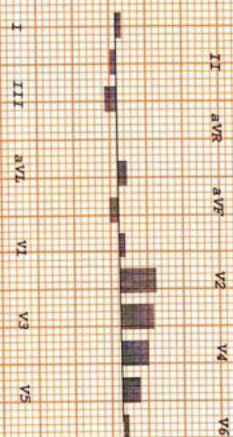
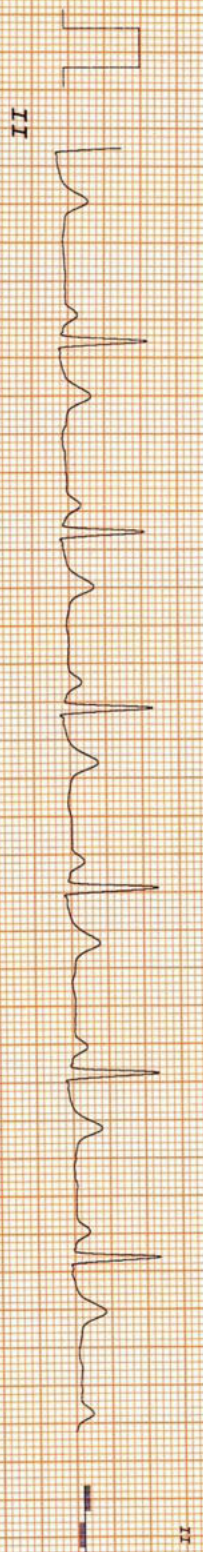
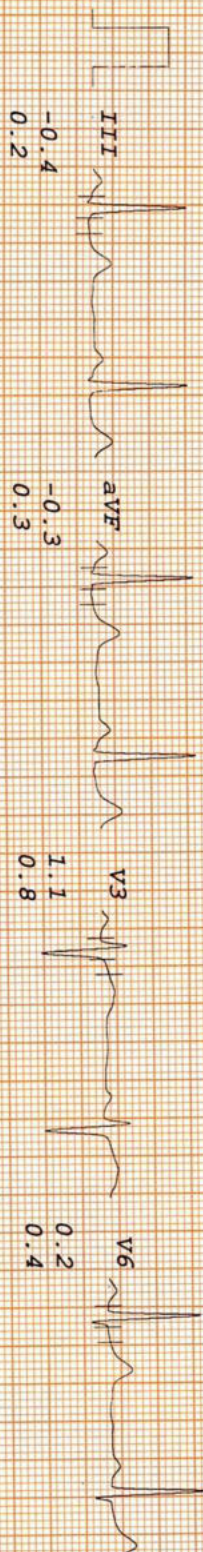
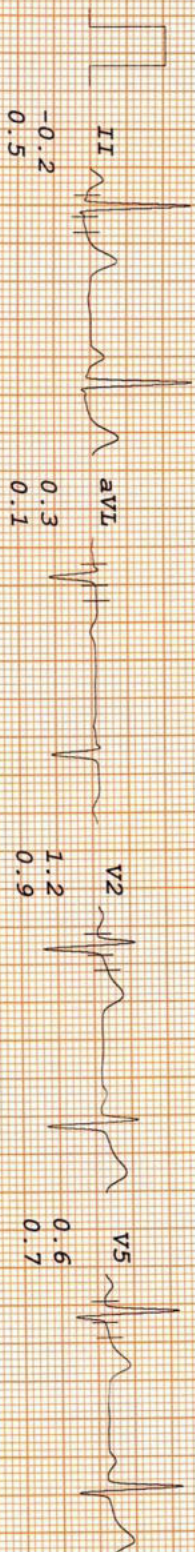
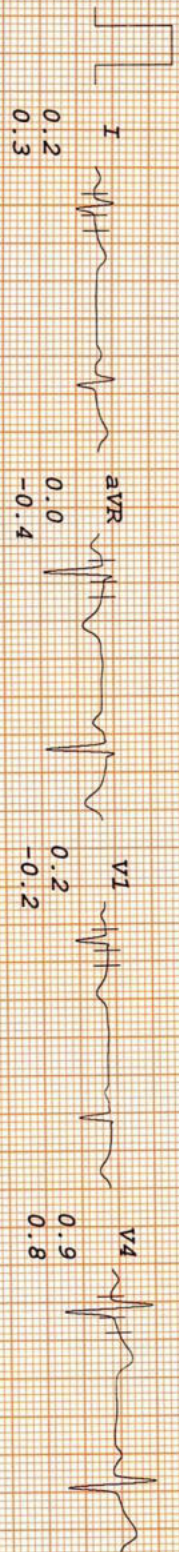
PRETEST  
SUPINE

ST @ 10mm/mV  
80ms PostJ

LINKED MEDIAN

Mag. X 2

III



Handwritten signature in a circle.







# THE DIAGNOSTIC & IMAGING CENTRE

ANU CHOUDHARY

I.D. 3489

Age 49/F

Date 23-10-2022

RATE 81bpm

B.P. 120/80

PRETEST  
HYPERVENT

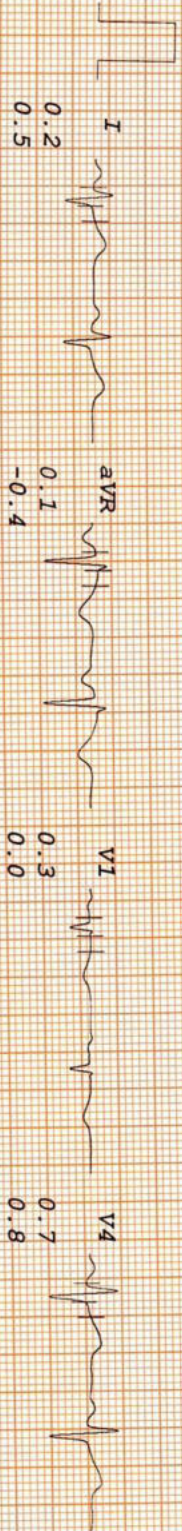
ST @ 10mm/mV  
80ms PostJ

PHASE TIME 0:25

LINKED MEDIAN

Mag. X 2

III



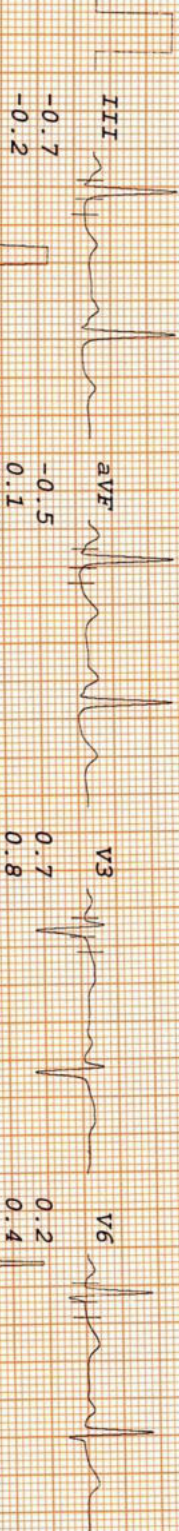
V1  
0.3  
0.0

V4  
0.7  
0.8



V2  
0.9  
0.8

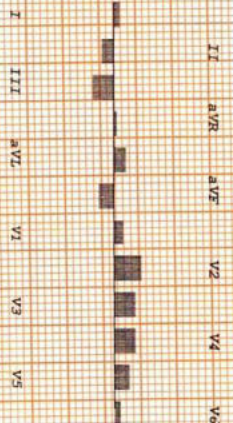
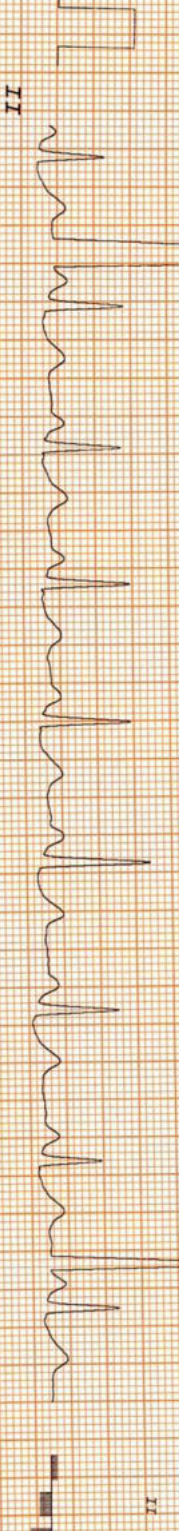
V5  
0.5  
0.7



V3  
0.7  
0.8

V6  
0.2  
0.4

-0.7  
-0.2





# THE DIAGNOSTIC & IMAGING CENTRE

ANU CHOUDHARY  
I.D. 3489  
Age 49/F  
Date 23-10-2022

RATE 97bpm  
B.P. 130/80

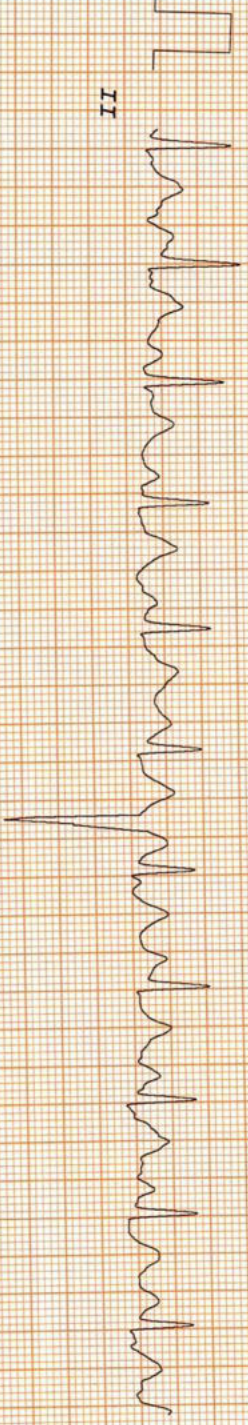
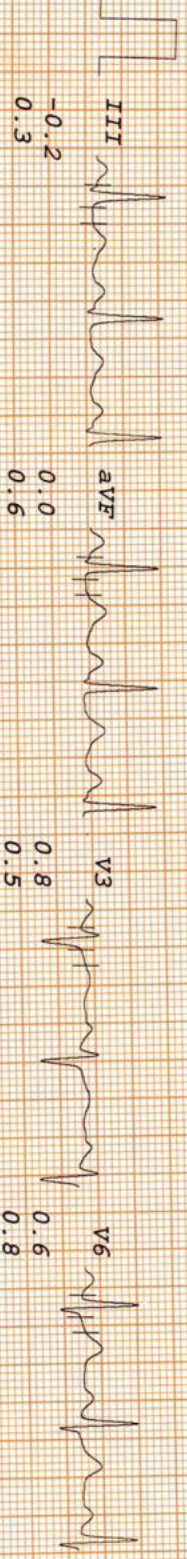
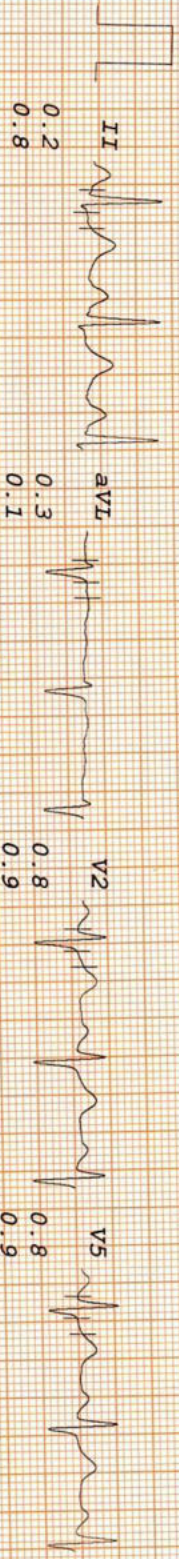
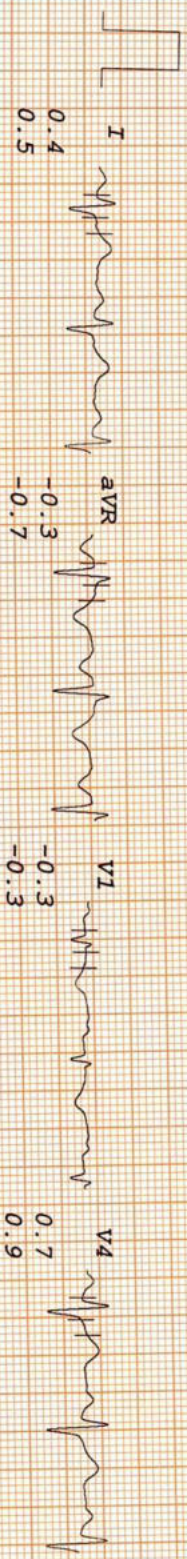
Bruce  
Stage 1  
TOTAL TIME 2:55  
PHASE TIME 2:55

ST @ 10mm/mV  
80ms PostJ  
Speed 2.7 km/hr  
SLOPE 10 %

LINKED MEDIAN

Mag. X 2

III



-0.2  
0.3

II aVR aVF V2 V4 V6

I III aVL V1 V3 V5



# THE DIAGNOSTIC & IMAGING CENTRE

ANU CHOUDHARY

I.D. 3489

Age 49/F

Date 23-10-2022

RATE 139bpm

B.P. 140/80

Bruce  
Stage 2

TOTAL TIME 5:55

PHASE TIME 2:55

ST @ 10mm/mv

80ms PostJ

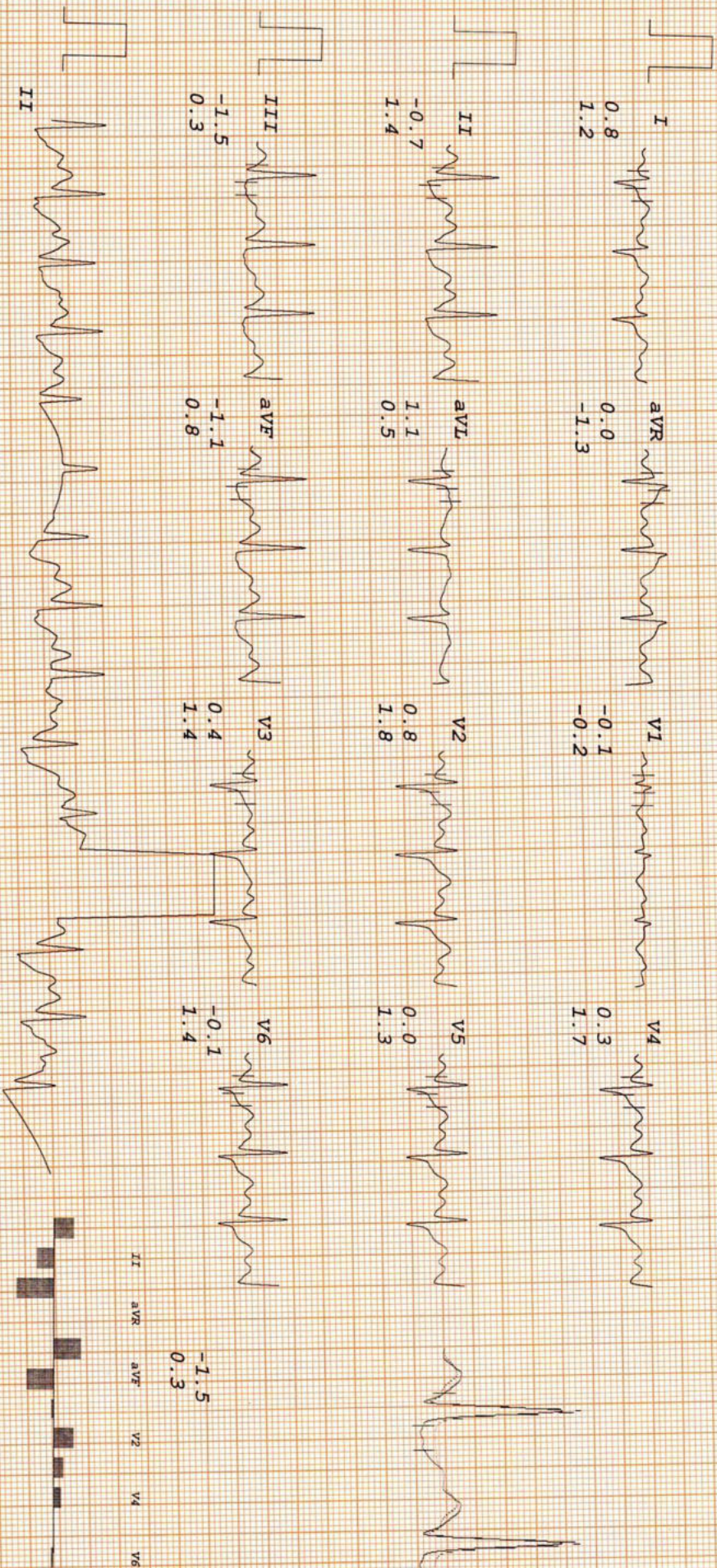
Speed 4 km/hr

SLOPE 12 %

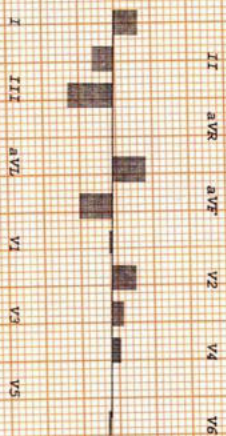
LINKED MEDIAN

Mag. X 2

III



-1.5  
0.3





# THE DIAGNOSTIC & IMAGING CENTRE

ANU CHOUDHARY

I.D. 3489

Age 49/F

Date 23-10-2022

RATE 159bpm  
B.P. 140/80

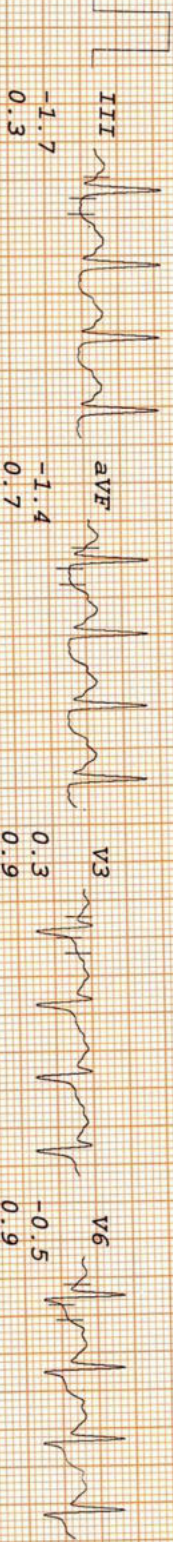
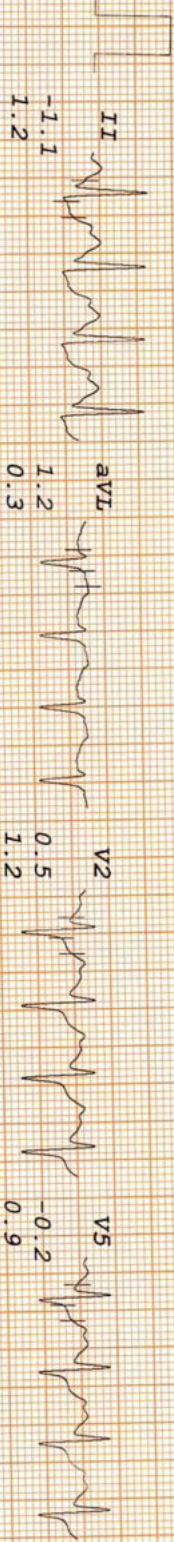
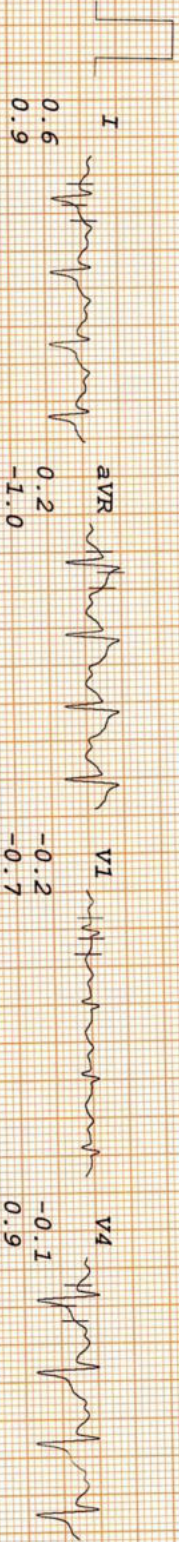
Bruce  
Stage 3  
TOTAL TIME 6:26  
PHASE TIME 0:26

ST @ 10mm/mv  
80ms PostJ  
Speed 5.4 km/hr  
SLOPE 14 %

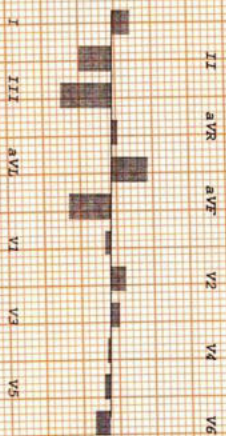
LINKED MEDIAN

Mag. X 2

III



-1.7  
0.3





# THE DIAGNOSTIC & IMAGING CENTRE

ANU CHOUDHARY

I.D. 3489

Age 49/F

Date 23-10-2022

RATE 157bpm  
B.P. 140/80

RATE 157bpm  
B.P. 140/80

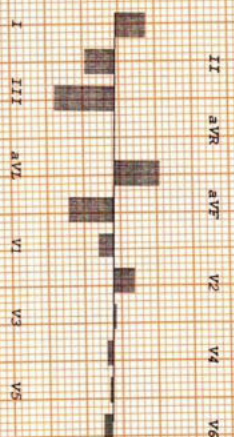
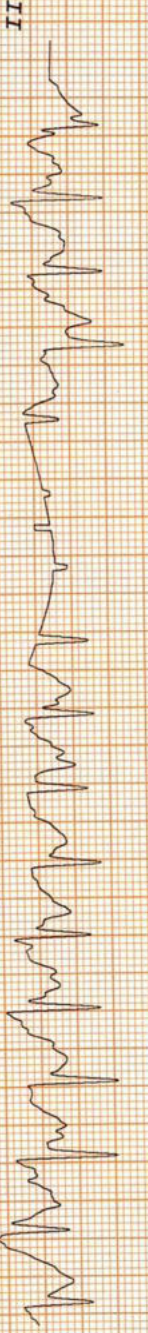
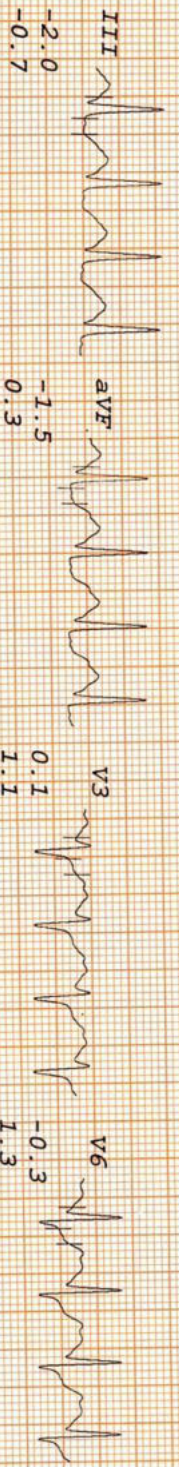
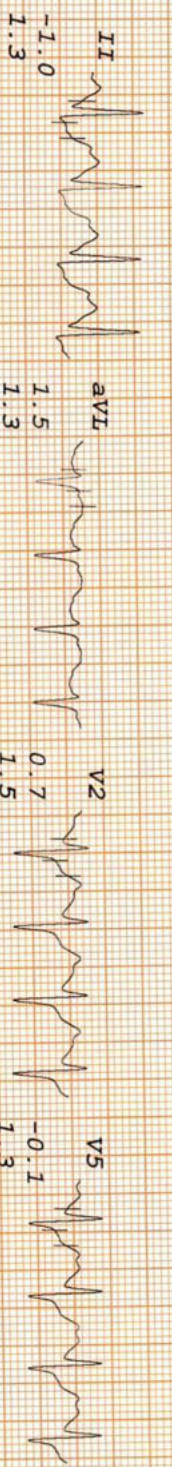
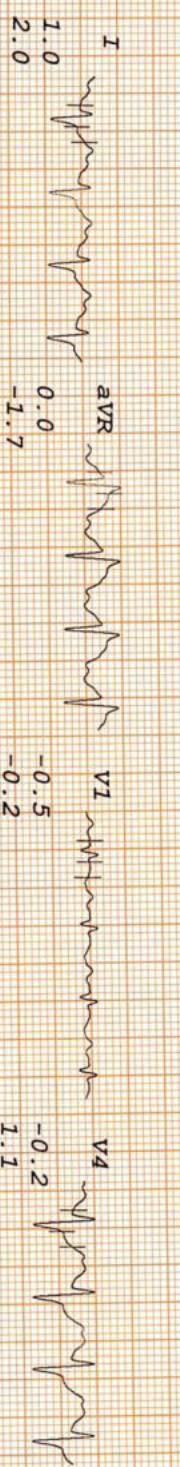
Bruce  
PK-EXERCISE  
TOTAL TIME 6:37  
PHASE TIME 0:37

ST @ 10mm/mV  
80ms PostJ  
Speed 5.4 km/hr  
SLOPE 14 %

LINKED MEDIAN

Mag. X 2

III









# THE DIAGNOSTIC & IMAGING CENTRE

ANU CHOUDHARY  
 I.D. 3489  
 Age 49/F  
 Date 23-10-2022

RATE 79bpm  
 B.P. 120/80

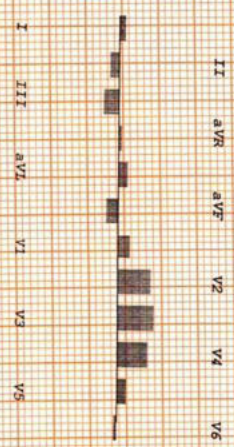
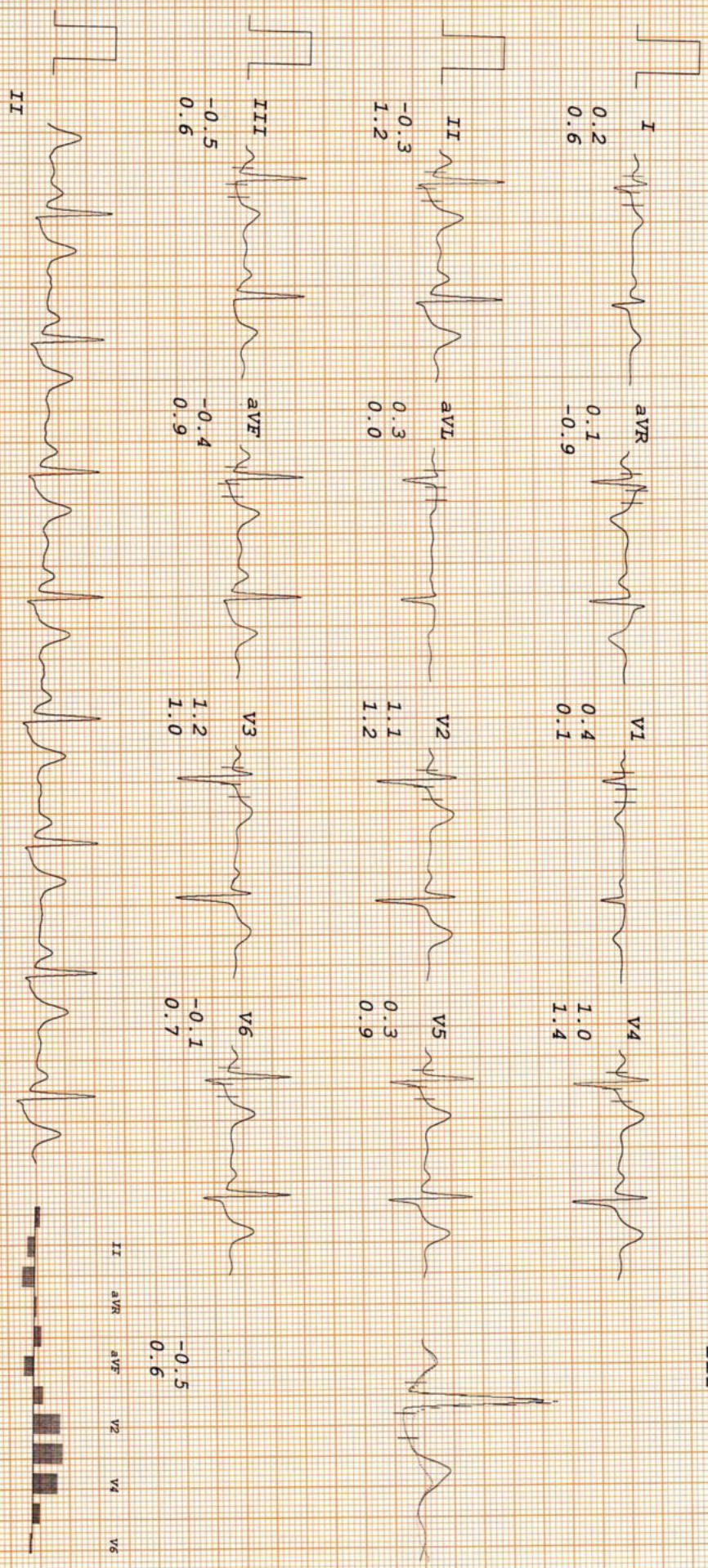
Bruce  
 RECOVERY  
 TOTAL TIME 8:47  
 PHASE TIME 1:55

ST @ 10mm/mV  
 80ms PostJ

LINKED MEDIAN

Mag. X 2

III





# THE DIAGNOSTIC & IMAGING CENTRE

ANU CHOUDHARY

I. D. 3489

Age 49/F

Date 23-10-2022

RATE 75bpm

B.P. 120/80

Bruce

RECOVERY

TOTAL TIME 9:47

PHASE TIME 2:55

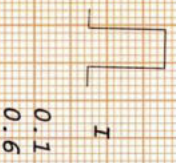
ST @ 10mm/mV

80ms PostJ

LINKED MEDIAN

Mag. X 2

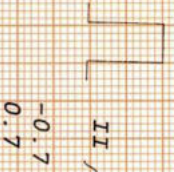
III



aVR  
0.3  
-0.6

V1  
0.4  
-0.1

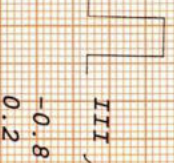
V4  
0.3  
0.9



aVL  
0.4  
0.2

V2  
0.7  
0.9

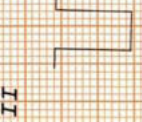
V5  
0.1  
0.7



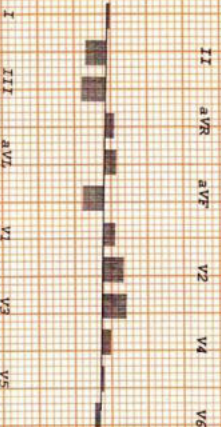
aVF  
-0.7  
0.4

V3  
0.8  
1.0

V6  
-0.2  
0.7



-0.8  
0.2





# THE DIAGNOSTIC & IMAGING CENTRE

ANU CHOUDHARY

I.D. 3489

Age 49/F

Date 23-10-2022

RATE 77bpm

B.P. 120/80

Bruce

RECOVERY

TOTAL TIME 10:26

PHASE TIME 3:34

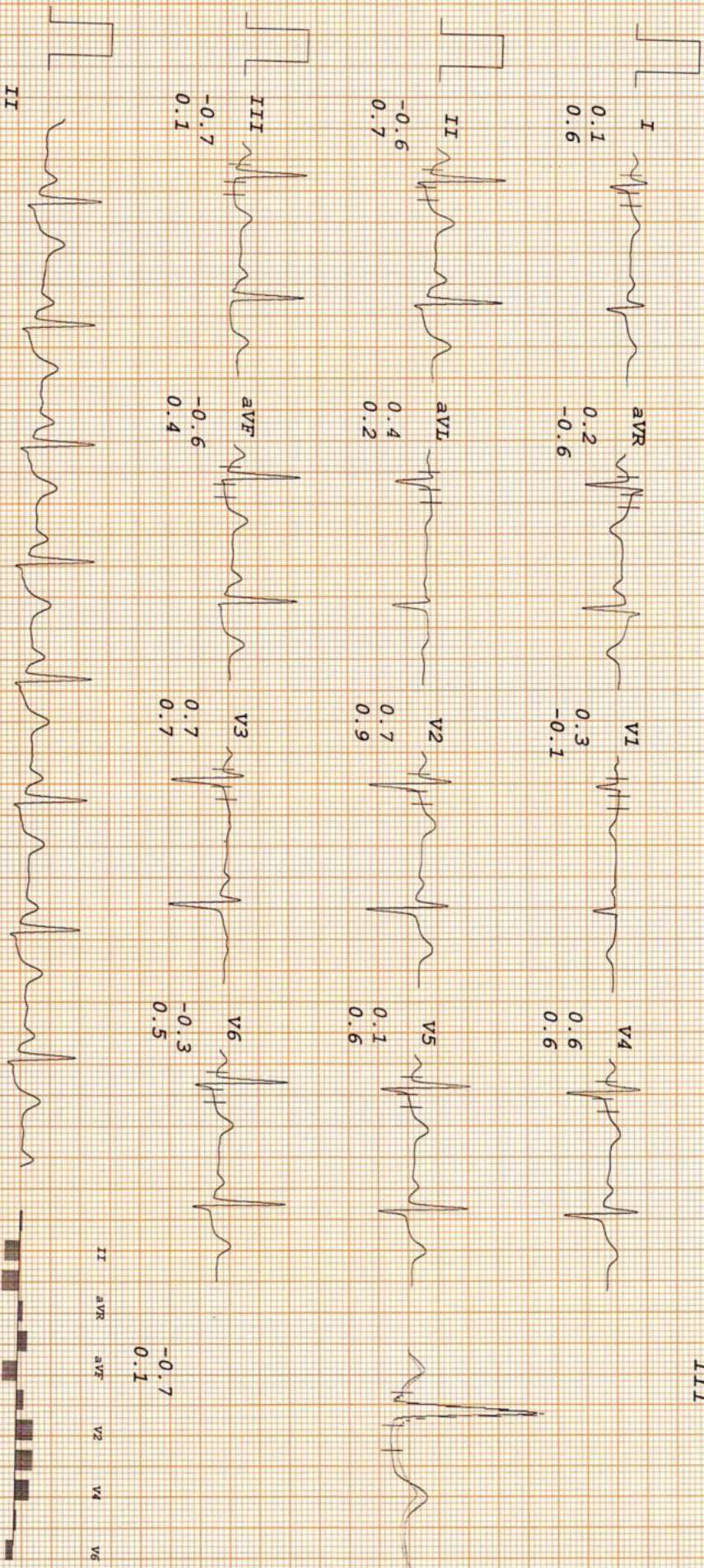
ST @ 10mm/mV

80ms PostJ


LINKED MEDIAN

Mag. X 2

III





<b>Patient Name</b> : Mrs. ANU CHOUDHARY	<b>Reg No.</b> : 4280/UHID22DL	<b>Lab ID.</b> : 4728/OPDPB22DL
<b>Age / Gender</b> : 49Y / Female	<b>Date</b> : 23-Oct-2022	
<b>Mobile No.</b> : 8010126957	<b>Manual No.</b>	<b>Collected</b> : 23-Oct-2022 09.42
<b>Refd. By</b> : Dr. INSURANCE		<b>Received</b> : 25-Oct-2022 12.55
<b>Sample Type</b> : Plasma(Sodium fluoride)	<b>Sample ID</b> : 221536	<b>Report</b> : 25-Oct-2022 13.27

TEST NAME	RESULT	UNIT	RANGE	METHOD
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**BIOCHEMISTRY**

Blood Sugar PP	90.3	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)

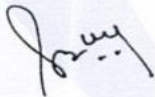
2-hr PG > 200 mg/dl during OGTT(75-G)\*

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

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



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



**Delhi Centre:**  
IPSC Delhi : Plot No 453, Sector 19  
Dwarka, New Delhi - 110075

Contact Us : +91-7028195111  
info@ipscindia.com




BOOK DIAGNOSTICS

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

Contact Us : +91-7028207222  
bengaluru@ipscindia.com



<b>Patient Name</b> : Mrs. ANU CHOUDHARY	<b>Reg No.</b> : 4280/UHID22DL	<b>Lab ID.</b> : 4728/OPDPB22DL
<b>Age / Gender</b> : 49Y / Female	<b>Date</b> : 23-Oct-2022	
<b>Mobile No.</b> : 8010126957	<b>Manual No.</b>	<b>Collected</b> : 23-Oct-2022 09.42
<b>Refd. By</b> : Dr. INSURANCE		<b>Received</b> : 25-Oct-2022 11.21
<b>Sample Type</b> : STOOL	<b>Sample ID</b> : 221536	<b>Report</b> : 25-Oct-2022 13.28

TEST NAME	RESULT	UNIT	RANGE	METHOD
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### CLINICAL PATHOLOGY

#### STOOL R/M

#### PHYSICAL EXAMINATION

COLOUR/ APPEARANCE

BROWNISH

CONSISTENCY

SEMI-FORMED

PUS

NIL

MUCUS

NIL

BLOOD

NIL

#### CHEMICAL REACTION

REACTION

ACIDIC

#### MICROSCOPY EXAMINATION

PUS CELLS

1-2

RBC'S

NIL

OVA

NIL

CYST

NIL

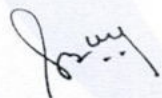
BACTERIA

NIL

OTHERS

NIL

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



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DMC/25252  
Lab Technician : chand



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<b>Patient Name</b> : Mrs. ANU CHOUDHARY	<b>Reg No.</b> : 4280/UHID22DL	<b>Lab ID.</b> : 4728/OPDPB22DL
<b>Age / Gender</b> : 49Y / Female	<b>Date</b> : 23-Oct-2022	
<b>Mobile No.</b> : 8010126957	<b>Manual No.</b>	<b>Collected</b> : 23-Oct-2022 09.42
<b>Refd. By</b> : Dr. INSURANCE	<b>Sample ID</b> : 221536	<b>Received</b> : 23-Oct-2022 09.56
<b>Sample Type</b> : EDTA whole blood		<b>Report</b> : 23-Oct-2022 14.33

TEST NAME	RESULT	UNIT	RANGE	METHOD
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### HEAMOTOLOGY

#### COMPLETE BLOOD COUNT

HEMOGLOBIN	12.6	g/dl	11.9-15	Colorimetric
TOTAL LEUCOCYTE COUNT	4.3	10 <sup>3</sup> /uL	4.0-11.0	Electrical impedance

#### DIFFERENTIAL LEUCOCYTE COUNT(DLC)

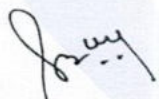
Neutrophil	60	%	40-75	Electrical impedance
Lymphocyte	35	%	20-45	Electrical impedance
Eosinophil	03	%	1-6	Microscopy
Monocyte	02	%	2-10	Microscopy
Basophil	00	%	0-2	Microscopy
ESR	18	mm/1sthr	0-20	Westergren's

RBC COUNT	4.45	mili/cmm	3.8-5.5	Electrical impedance
-----------	------	----------	---------	----------------------

PCV	38	%	35-45	Calculated
MCV	84.50	Fl	80-100	Calculated
MCH	28.3	Picogram	27.5-33.2	Calculated

MCHC	33.50	gm/dl	32-36	Calculated
PLATELET COUNT	200	10 <sup>3</sup> /uL	150-450	Electrical impedance

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



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TEST NAME	RESULT	UNIT	RANGE	METHOD
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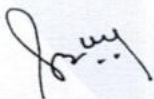
### HEAMOTOLOGY

BLOOD GROUPING(A,B,O)&Rh  
FACTOR  
BLOOD GROUP ABO  
RH TYPING

"O"  
"POSITIVE"

Manual  
Manual

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



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<b>Refd. By</b> : Dr. INSURANCE	<b>Sample ID</b> : 221536	<b>Received</b> : 23-Oct-2022 09.56
<b>Sample Type</b> : Plasma(Sodium fluoride)		<b>Report</b> : 23-Oct-2022 14.33

TEST NAME	RESULT	UNIT	RANGE	METHOD
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	<b>BIOCHEMISTRY</b>			
<b>BLOOD SUGAR FASTING</b>	96.0	mg/dl	74-100	GOD-POD

**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)

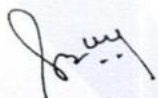
2-hr PG > 200 mg/dl during OGTT(75-G)\*

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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TEST NAME	RESULT	UNIT	RANGE	METHOD
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### HEAMOTOLOGY

HBA1C (GLYCOSYLATED HB)	5.7	%	4-6	PEIT
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Metabolically healthy patients 4.5 - 6.0 %  
6.1 - 6.5 %

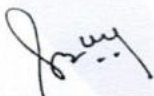
Good control :

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 within 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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<b>Sample Type</b> : Serum	<b>Sample ID</b> : 221536	<b>Report</b> : 23-Oct-2022 14.33

TEST NAME	RESULT	UNIT	RANGE	METHOD
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HbsAg	<b>NEGATIVE</b>	<u>Serology</u>		Immunochromatography
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**Interpretation:-**

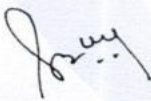
<1 Negative  
>5 Positive

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 1<sup>st</sup> week .

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



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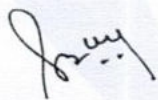
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<b>Sample Type</b> : Serum	<b>Sample ID</b> : 221536	<b>Report</b> : 23-Oct-2022 14.33

TEST NAME	RESULT	UNIT	RANGE	METHOD
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HIV 1 & II	<b>NEGATIVE</b>	<u>Serology</u>	Immunochromatography
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**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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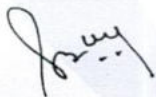
TEST NAME	RESULT	UNIT	RANGE	METHOD
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### BIOCHEMISTRY

#### KIDNEY FUNCTION TEST

Blood Urea	31.1	mg/dl	15.0-45.0	urease
Serum Creatinine	0.7	mg/dl	07-1.3	Jaffes Kinetic
Serum Uric Acid	5.90	mg/dl	2.6-6.0	Uricase
<b>Total Protein</b>				
PROTEN	6.84	g/dl	6.4-8.3	Biuret
ALBUMIN	4.2	g/dl	3.4-4.8	Bcg
GLOBULIN	2.64	g/dl	2.3-3.5	
A/G RATIO	1.59	g/dl		
Calcium	10.2	mg/dl	8.6-10.2	Arsenazo
Sodium	139.8	mmol/L	136.0-149.0	ISE Indirect
Potassium	4.3	mmol/L	3.5-5.5	ISE Indirect
Chloride	102.1	mmol/L	98.0-109.0	ISE Indirect

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



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TEST NAME	RESULT	UNIT	RANGE	METHOD
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### BIOCHEMISTRY

#### LIPID PROFILE

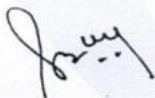
Total Cholesterol	233.00	mg/dl	123-199	CHOD-PAP
Triglycerides	90.0	mg/dl	35-135	Gpo
HDL Cholesterol Direct	61.8	mg/dl	42-88	Direct
Vldl	18	mg/dl	4.7-22.1	
LDL Cholesterol Direct	153.2	mg/dl	63-129	
Total Cholesterol/HDL Ratio	3.8		0.0-4.97	
LDL/HDL Ratio	2.5		0.0-3.55	

#### 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:-



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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 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.

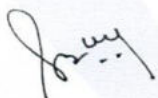
HDL-CHOLESTEROL level <35 mg/dL is associated with an increased risk of coronary vascular disease even in the face of desirable levels of cholesterol and LDL - cholesterol.

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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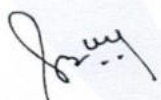
TEST NAME	RESULT	UNIT	RANGE	METHOD
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### BIOCHEMISTRY

#### LIVER FUNCTION TEST

TEST NAME	RESULT	UNIT	RANGE	METHOD
<b>Serum Bilirubin</b>				
Total Bilirubin	0.40	mg/dl	0.0-2.0	Diazo
Direct Bilirubin	0.18	mg/dl	0-0.4	Diazo
Indirect Bilirubin	0.22	mg/dl	0-0.8	Calculated
<b>Total Protein</b>				
PROTEN	6.84	g/dl	6.4-8.3	Biuret
ALBUMIN	4.2	g/dl	3.4-4.8	Bcg
GLOBULIN	2.64	g/dl	2.3-3.5	
A/G RATIO	1.59	g/dl		
SGOT	22	U/L	0-31	IFCC
SGPT	17	U/L	0.0-34	IFCC
Gamma GT	19.6	U/L	0-38	Glupa-c
Alkaline Phosphatase	98	U/L	42-98	Amp

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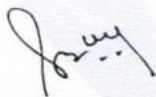
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TEST NAME	RESULT	UNIT	RANGE	METHOD
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<u>HORMONES</u>				
TSH	4.07	uIU/ml		CLIA
<b>Adults</b>				
21-100 yrs	0.35 - 5.50			
<b>Pediatric</b>				
0-12 Months	0.98-5.63			
1-5 years	0.64-5.76			
6-10 Years	0.51-4.82			
11-14 Years	0.53-5.27			
15-20 years	0.43-4.20			
<b>Pregnancy</b>				
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-----



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



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BOOK DIAGNOSTICS

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<b>Patient Name</b> : Mrs. ANU CHOUDHARY	<b>Reg No.</b> : 4280/UHID22DL	<b>Lab ID.</b> : 4728/OPDPB22DL
<b>Age / Gender</b> : 49Y / Female	<b>Date</b> : 23-Oct-2022	
<b>Mobile No.</b> : 8010126957	<b>Manual No.</b>	<b>Collected</b> : 23-Oct-2022 09.42
<b>Refd. By</b> : Dr. INSURANCE	<b>Sample ID</b> : 221536	<b>Received</b> : 23-Oct-2022 09.56
<b>Sample Type</b> : URINE		<b>Report</b> : 23-Oct-2022 14.33

TEST NAME	RESULT	UNIT	RANGE	METHOD
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### CLINICAL PATHOLOGY

#### URINE ROUTINE MICROSCOPY PHYSICAL EXAMINATION

QUANTITY	25.00	ml	10-30	
COLOUR	PALE YELLOW			
TRANSPARENCY	CLEAR			
SPECIFIC GRAVITY	1.030		1.015-1.025	


PH	6.0		5.5 - 7	
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#### CHEMICAL EXAMINATION

ALBUMIN	NIL			
SUGAR	NIL			

#### MICROSCOPIC EXAMINATION

PUS CELLS	2-3	/hpf		MICROSCOPIC
RBC'S	NIL		NIL	
CASTS	NIL			
CRYSTALS	NIL			
EPITHELIAL CELLS	2-4			
BACTERIA	NIL			
OTHERS	NIL			



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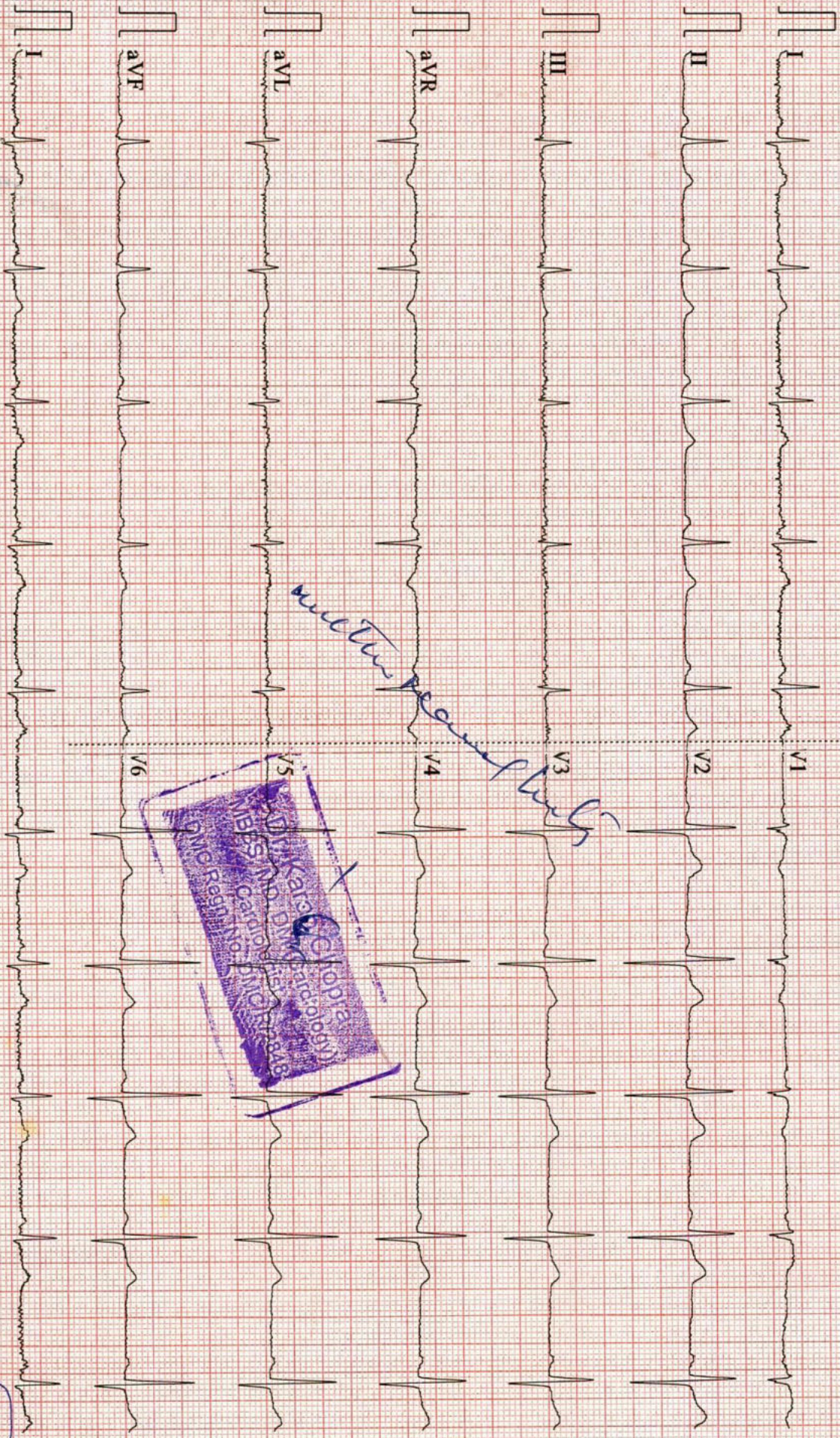


annu  
Female \* 49Years  
Req. No. :

HR	: 60	bpm
P	: 122	ms
PR	: 164	ms
QRS	: 88	ms
QT/QTcBz	: 416/416	ms
P/QRS/T	: 54/59/46	°
RV5/SV1	: 1.275/0.315	mV

Diagnosis Information:  
Sinus rhythm  
Normal ECG

Report Confirmed by:



Dr. Karan Chopra  
 MBBS, MD, DM (Cardiology)  
 GMC Regn No. 51103  
 87488

*(Handwritten signature)*