



# Aravali Hospital

332, Ambamata Scheme, Udaipur - 313 004  
T: 91 294 2430222, 2431222  
email : aravalihospital@yahoo.com



गुणवत्ता पूर्ण चिकित्सा सेवाओं के लिये  
भारत सरकार की  
क्वालिटी काउंसिल ऑफ इण्डिया (QCI-NABH)  
द्वारा प्रमाणित

Name Mrs. PRABHA TONGYA

Visit Date & Time 11/05/2023 12:15:11

PATIENT ID 11231683

Age 44 Yrs Sex Female

Sample Accepted : 11/05/2023 14:53:20

Test Authenticated at : 11/05/2023 14:49:41

Ref. By

## Test Name

Value

Status

Unit

Biological Ref Interval

### HAEMOGLOBIN (HB)

RBC Count 13.1 gm % 11.0 - 16.0

PCV 4.42 X10<sup>6</sup>/UL 3.50 - 5.50

MEAN CORP. VOLUME (MCV) 38.6 % 36.0 - 48.0

MEAN CORP. HB (MCH) 87.4 fL 80.0 - 99.0

MEAN CORP. HB CON. (MCHC) 29.7 pg 27.0 - 32.0

RDW-CV 34.1 g/dL 32.0 - 36.0

RDW-SD 11.9 % 11.0 - 16.0

TLC Count 40.1 fl 35.0 - 56.0

Differential Leucocyte Count (DLC) 7.89 /cmm 4.00 - 11.00

### POLY MORPH

LYMPHOCYTE 59 % 45 - 75

EOSINOPHIL 34 % 20 - 45

MONOCYTE 03 % 01 - 06

BASOPHIL 04 % 01 - 10

00 % 00 - 01

### TOTAL PLATELET COUNT

MPV 218 x10<sup>3</sup>/uL 150 - 450

PDW 10.2 7.4 - 10.4

CT 15.7 % 10.0 - 17.0

P-LCR 0.3 % 0.1 - 0.3

P-LCC 44.0 % 11.0 - 45.0

ESR 90.0 30.0 - 90.0

20 mm/1st hr. 0 - 20

### PBF EXAMINATION :

R.B.C's : Normochromic normocytic RBC's

W.B.C's : Total WBC's count within normal limits , No premature cells seen

Platelets : Platelets are adequate in number

Blood Group (ABORH)

'B' POSITIVE

DR. NARENDRA MOGRA  
RMC NO5394

Helpline : 9352 108 108

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## LIPID PROFILE

CHOLESTEROL TOTAL	169.00		mg/dl	<200.00
TRIGLYCERIDES	90.16		mg/dl	0.00 - 200.00
HDL CHOLESTEROL	53.04		mg/dl	30.00 - 65.00
LDL CHOLESTROL	98.00		mg/dl	35.00 - 100.00
VLDL CHOLESTEROL	18.00		mg/dl	12.00 - 35.00
CHOLESTEROL TOTAL / HDL RATIO	3.19			0.00 - 4.90
CHOLESTEROL LDL / HDL RATIO	1.85			0.00 - 5.00



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## LIVER FUNCTION TEST (LFT)

BILIRUBIN-TOTAL	0.62		mg/dl	0.20 - 1.20
BILIRUBIN-DIRECT	0.23		mg/dl	0.00 - 0.25
BILIRUBIN-INDIRECT	0.39		mg/dl	0.10 - 0.40
SGOT-AST	21.81		U/L	0.00 - 35.00
SGPT-ALT	15.74		U/L	0.00 - 45.00
ALKALINE PHOSPHATASE	40.00		IU/L	35.00 - 129.00
PROTIEN-TOTAL	7.01		gm/dl	6.00 - 8.50
ALBUMIN	4.15		gm/dl	3.50 - 5.20
GLOBULIN	2.86		gm/dl	2.50 - 4.00
A:G RATIO	1.45			1.10 - 2.20



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## BIOCHEMISTRY

Test Name	Value	Status	Unit	Biological Ref Interval
BLOOD SUGAR (FASTING)	87.5		mg/dl	60.0 - 110.0
BLOOD SUGAR (PP)	121.0		mg/dl	110.0 - 140.0
URIC ACID	5.26		mg/dl	2.60 - 7.20
BUN	7.84		mg/dl	7.00 - 22.00
GAMMA GT	18.0		U/L	10.0 - 47.0



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## BIOCHEMISTRY

Test Name

Value

Status

Unit

Biological Ref Interval

HBA1C

5.78

%

Non Diabetic <6.0 %  
Excellent control 6-7 %  
Good Control 7-8 %  
Fair Control 8-9 %  
Poor Control >9 %

Average Blood Glucose (mg/dl)	Glycosalated Hemoglobin (% A1 C)
360	14
330	13
300	12
240	11
240	10
210	9
180	8
150	7
120	6
90	5



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Test Name	Value	Status	Unit	Biological Ref Interval
<b>THYROID PROFILE</b>				
T3	1.09		ng/ml	0.87 - 1.78
T4	11.24		ug/dl	4.82 - 15.65
TSH	0.865		micro U/ml	0.340 - 5.600

TSH levels may be affected by acute illness and drugs like dopamine and gluco corticoids.

Low or undetectable TSH is suggestive of Grave's disease

TSH between 5.5 to 15.0 with normal T3,T4 indicates impaired thyroid hormone or subclinical hypothyroidism or normal T3,T4 with slightly low TSH suggests subclinical hyperthyroidism

TSH suppression does not reflect severity of hyperthyroidism therefore, measurement of FT3,FT4 is important.

Free T3 is first hormone to increase in early hyperthyroidism.

Only TSH level can prove to be misleading in patients on treatment.

Therefore Free T3, Free T4 along with TSH should be checked.

During pregnancy clinically T3T4 can be high and TSH can be slightly low.

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## IMMUNOLOGY

Test Name

Value

Status

Unit

Biological Ref Interval

VITAMIN B12

695.00

PG/ML

120.00 - 914.00

Nutritional and macrocytic anemia's can be caused by a deficiency of vitamin B12. This deficiency can result from diets devoid of meat and bacterial products, from alcoholism, or from structural/functional damage to digestive or absorptive processes ( forms of pernicious anemia) Malabsorption is the major cause of this deficiency through pancreatic deficiency, gastric atrophy or gastrectomy, intestinal damage, loss of intestinal vitamin B12 binding protein ( Intrinsic factor), production of auto antibodies directed against intrinsic factor, or related causes. This vitamin is necessary for normal metabolism, DNA synthesis and red blood cell regeneration. Untreated deficiencies will lead to megaloblastic anemia and vitamin B12 deficiency results in irreversible central nervous system degeneration. Vitamin B12 or folate are both of diagnostic importance for the recognition or vitamin B122 or folate deficiency, especially in the context of the differential diagnosis of megaloblastic anemia. Radio assays were first reported for vitamin B12 in 1961. All utilize co-Cyanocobalamin radiolabeled fracers and intrinsic factor for binding vitamin B12. The various commercial assays differ in their free versus bound separation techniques and choice of specimen pretreatment. The presence of endogenous serum binding protein for Cyanocobalamin ( transcobalamins including R-protein) and of immunoglobulin directed against intrinsic factor require that specimens are either boiled or treated at an alkaline pH to release the vitamin B12 and destroy the binding protein. In the late 1970's, radioassays using serum binding protein or partially purified intrinsic factor measured levels of vitamin B12 which exceeded those determined by microbiological methods. This was caused by the presence of the serum binding protein or -protein in the assay. R-protein specificity is poor compared to that of intrinsic factor and vitamin B12 analogs were being measured in addition to vitamin B12 itself. Since that time, recommendations have been established for the use of highly purified intrinsic factor throughout the industry Roche Cobas vitamin B12 employs a competitive test principle using intrinsic factor specific for vitamin B12. Vitamin B12 in the sample competes with the added vitamin B12 labeled with biotin for the bindings sites on the ruthenium-labeled intrinsic factor complex.\*\*

METHOD : ELECTRO CHEMILUMINESCENCE ASSAY



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## IMMUNOLOGY

Test Name

Value

Status

Unit

Biological Ref Interval

VITAMIN D3

57.05

NG/ML

Deficient- < 20.0 ng/ml  
Insufficient - 20-30 ng/ml  
Sufficient -30-100 ng/ml  
Upper safety limit ->100  
ng/ml

Vitamin D is a fat-soluble steroid hormone precursor that is mainly produced in the skin by exposure to sunlight or it is supplied via dietary sources (mainly egg yolk, fish oil and plants). The two most important forms of vitamin D are vitamin D3 (Cholecalciferol) and vitamin D (ergocalciferol). In contrast to vitamin D3, vitamin D2 has to be taken up with food. 25 -OH vitamin D is the metabolite that should be measured in blood to determine the overall vitamin D status because it is the major storage form of vitamin D in the human body. More than 95 % of 25-OH vitamin D, measurable in serum, is 25 -OH vitamin D3. Vitamin D deficiency is a common cause of secondary hyperthyroidism, osteomalacia, increased bone turnover, reduced bone mass and risk of bone fracture. Low 25 -OH vitamin D concentrations are also associated with lower bone mineral density. In conjunction with other clinical data, the results may be used as an aid in the assessment of bone metabolism. The Access-2 vitamin D3 ( 25-OH) assay employs a monoclonal antibody directed against vitamin D3

METHOD : FULLY AUTOMATED ELECTRO CHEMILUMINESCENCE ASSAY



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## CLINICAL PATHOLOGY

Test Name	Value	Status	Unit	Biological Ref Interval
<b>URINE EXAMINATION</b>				
<b><u>PHYSICAL EXAMINATION</u></b>				
QUANTITY	20			
COLOUR	PALE YELLOW			
SPECIFIC GRAVITY	QNS			
APPEARANCE	HAZY			
DEPOSITS	NIL			
PH	ACIDIC			
<b><u>CHEMICAL EXAMINATION</u></b>				
ALBUMIN	TRACE			
SUGAR	NIL			
<b><u>MICROSCOPY EXAMINATION</u></b>				
EPITHELIAL CELLS	10-15		/HPF	
PUS CELLS	6-8		/HPF	
BC'S	NIL		/HPF	
CASTS	ABSENT			
CRYSTALS	A.URATES+			
BACTERIA	+			
YEAST CELLS	NIL			
TRICHOMONAS VAGINALIS	NIL			
SPERMATOZOA	NIL			
OTHERS	NIL			

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RMC NO5394  
**DR. HUSSAIN ALI RANGWALA**

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## CLINICAL PATHOLOGY

Test Name	Value	Status	Unit	Biological Ref Interval
URINE SUGAR FASTING SampleType URINE	NEGATIVE			

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



  
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RMC NO5394  
DR. HUSSAIN ALI RANGWALA

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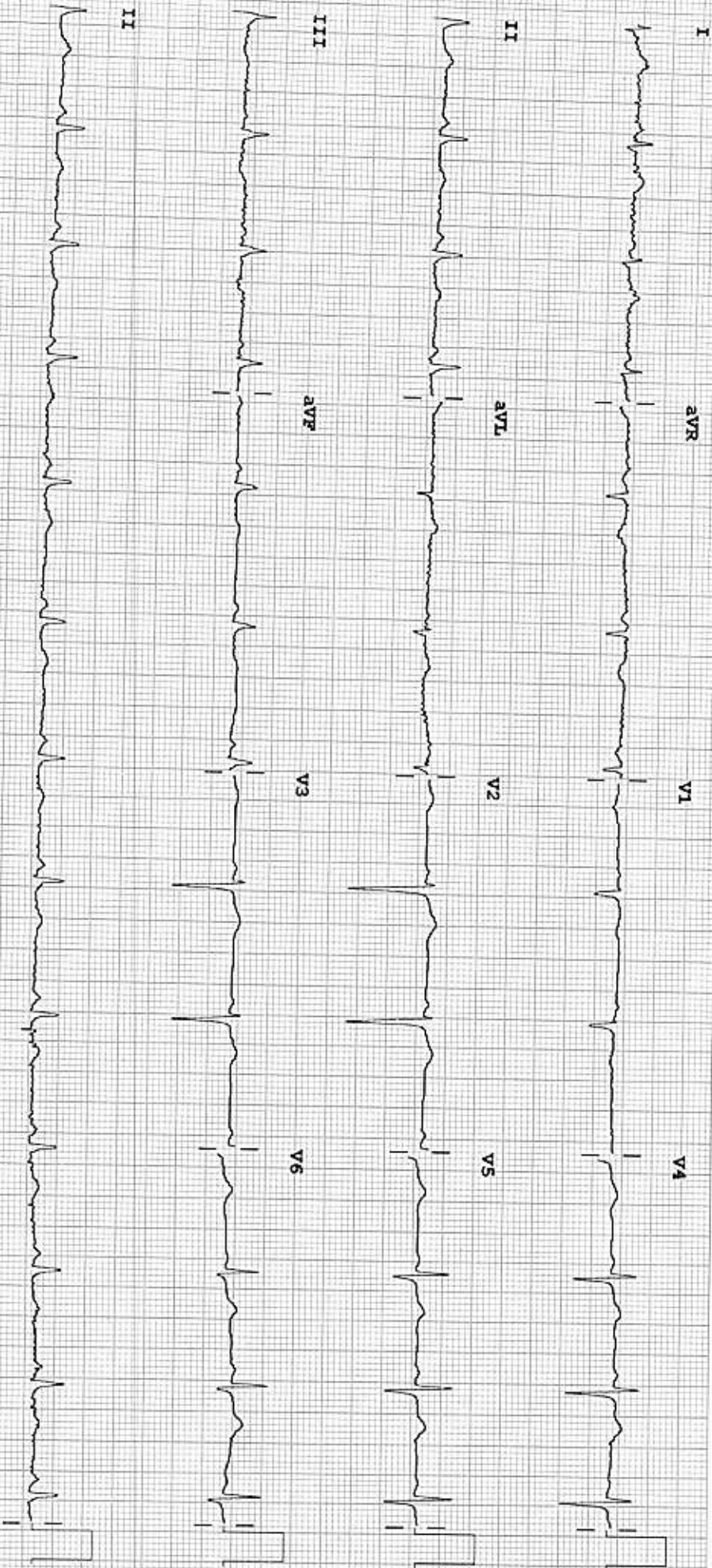
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Rate 74 . Age not entered, assumed to be 50 years old for purpose of ECG interpretation  
 PR 115 . Sinus rhythm.....normal P axis, V-rate 50-99  
 QRS 84 . Borderline short PR interval.....PR int <120ms  
 QT 374 . Low voltage, extremity leads.....all extremity leads <0.5mV  
 QTc 415

--AXIS--  
 P 52  
 QRS 84  
 T 13  
 12 lead; standard placement

- OTHERWISE NORMAL ECG -

Unconfirmed Diagnosis



Device:

Speed: 25 mm/sec

Limb: 10 mm/mV

Chest: 10.0 mm/mV

F 60 ~ 0.15-100 Hz

100B CL

P?



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email : aravalihospital@yahoo.com

## LABORATORY REPORT

Name : Mrs. PRABHA TONGYA	Sex/Age : Female/ 44 Years	H.ID :	Case ID : 30501501792
Ref By :	Dis.Loc. :		Pt ID :
Bill. Loc. : Aravali pathlabs Udaipur			Pt. Loc. :
Registration Date & Time : 11-May-2023 13:59	Sample Type : Slide		Ph # :
Sample Date & Time : 11-May-2023 13:59	Sample Coll. By :		Ref Id : 11231683
Report Date & Time : 11-May-2023 14:39	Acc. Remarks :		Ref Id2 :

### Cytopathology Report

#### Specimen :

Pap smear for cytology (conventional)

#### Clinical Data :

NA

#### Macroscopic Examination :

Received 2 unstained smears.

#### Microscopic Examination :

See below in diagnosis

#### Impression :

The Bethesda System (TBS 2014)

Specimen type: Conventional Pap smear.

Specimen adequacy: Satisfactory for evaluation

Transformation zone elements: Not present

Infection associated changes: Trichomonas or Monilia are not seen.

Reactive cellular changes: Nil

Epithelial cell abnormality: Nil

Other cells: Nil

Interpretation/result: Negative for intraepithelial lesion or malignancy.

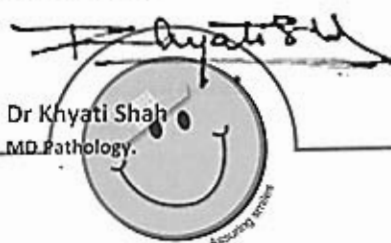
Pap test is a screening test for cervical cancer with inherent false negative results.

----- End Of Report -----

#### Grossing By :

# For test performed on specimens received or collected from non-NSRL locations, it is presumed that the specimen belongs to the patient named or identified as labeled on the container/test request and such verification has been carried out at the point generation of the said specimen by the sender. NSRL will be responsible Only for the analytical part of test carried out. All other responsibility will be of referring Laboratory.

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Dr Khyati Shah  
MD, Pathology.

Helpline : 9352 111111 Printed On : 11-May-2023 14:43

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## LABORATORY REPORT

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Ref By :	Dis.Loc. :		Pt ID :
Bill. Loc. : Aravali pathlabs Udaipur			Pt. Loc. :
Registration Date & Time : 11-May-2023 13:59	Sample Type : Slide		Ph # :
Sample Date & Time : 11-May-2023 13:59	Sample Coll. By :		Ref Id : 11231683
Report Date & Time : 11-May-2023 14:39	Acc. Remarks :		Ref Id2 :

Grossing By :

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Dr Khyati Shah  
M.D. Pathology.



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Date : 11/05/2023			
Patient's Name :	PRABHA TONGYA	Age:44 yrs	Sex: Female
Ref. By :	C/O BOB		

## ULTRA SONOGRAPHY REPORT – UPPER AND LOWER ABDOMEN

<b>Liver</b>	Liver is normal in size, shape, position & contour with normal homogenous echopattern. No evidence of any focal lesion is seen. IHBR are not dilated. Portal vein measures 12 mm. IVC is normal.
<b>Gall bladder</b>	GB is normal in size & shape. Its wall thickness is normal. No evidence of any calculi is seen. No pericholecystic fluid collection is seen.
<b>Pancreas</b>	Pancreas is normal in size, shape, position & contour with normal homogenous echopattern. Pancreatic duct is not dilated.
<b>Spleen</b>	Spleen is normal in size, shape, position and contour with normal homogenous echopattern. Splenic vein is not dilated.
<b>Kidneys</b>	Both kidneys are normal in size, shape, position & contour with well-differentiated corticomedullary junction and normal cortical thickness. Pelvicalyceal system is not dilated. No evidence of any calculi is seen. Visualized portion of ureters appears normal.  Right kidney measures 92x34 mm. Left kidney measures 95x38 mm.
<b>Urinary Bladder</b>	Urinary bladder is empty.
<b>Uterus</b>	Uterus is normal in size, shape & contour. It is anteverted & anteflexed in position. It reveals homogenous echopattern.
<b>Endometrium</b>	Endometrium is normal & its thickness measures 6.0 mm.
<b>Ovaries</b>	<i>Dominant follicles in right ovary.</i> Left ovary is normal in size, shape & position.

### IMPRESSION

### NORMAL STUDY

*Dr. SUHAIL KHAN*  
MBBS, MD (Radiology)  
Consultant Radiologist  
(RMC-16103)

*Dr. ANAND GUPTA*  
MBBS, DMRE.  
Consultant Radiologist  
(RMC-17548)

Note: The foetal bladder has not been detected nor disclosed to the patient.  
This report is not valid for medico legal purpose.  
Every report needs to be correlated and interpreted clinically.  
In case of any query, investigation may be repeated.



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भारत सरकार की  
क्वालिटी काउंसिल ऑफ इण्डिया (QCI-NABH)  
द्वारा प्रमाणित

Ref: No. 8 Date: 11/05/2023  
Patient's Name: PRABHA TONGYA Age: 44 yrs Sex: Female  
Ref. By: c/o BOB

## ULTRA SONOGRAPHY FOR BREAST

All the quadrants of both Breast and axillary region examined.

Both breast show normal fibroglandular parenchyma.

Both nipples areolar complex appears normal

No abnormal soft tissue mass is seen.

No evident of ductal dilation.

Impression: **NORMAL STUDY.**

*Dr. SUHAIL KHAN*  
MBBS, MD (Radiology)  
Consultant Radiologist  
(RMC-14103)

*Dr. ANAND GUPTA*  
MBBS, DMRE.  
Consultant Radiologist  
(RMC-17548)

Note: The foetal gender has not been detected nor disclosed to the patient.  
This report is not valid for medico legal purpose  
Every report needs to be correlated and interpreted clinically.  
In case of any query, investigation may be repeated.



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## ECHOCARDIOGRAPHY REPORT

<b>NAME:</b>	SMT.PRABHA TONGIA	<b>AGE/SEX:</b>	45 Y/F
<b>REF. BY:</b>	DR. -	<b>DATE:</b>	11.05.2023

Dimensions Normal      Normal valve      Normal valve

AO(ed)	2.6	(2.0-3.7 cm/m <sup>2</sup> )	LV(es)	2.6	(2.2-4.0 cm/m <sup>2</sup> )
LA(es)	3.5	(1.9-4.0 cm/m <sup>2</sup> )	IVS (ed)	1.1	(0.6-1.1 cm/m <sup>2</sup> )
RAVID(ed)	1.8	(0.7-2.6 cm/m <sup>2</sup> )	LVPW( ed)	1.1	(0.6- 1.1 cm/m <sup>2</sup> )
LVID(ed)	3.8	(3.7-5.6 cm/m <sup>2</sup> )	LVE Fraction	61%	(54%-76%)
			FS%	32%	(27%- 36%)

### MORPHOLOGICAL DATA

Mitral Valve AML	Normal	Interatrial Septum	Normal
Mitral Valve PML	Normal	Interventricular Septum	Normal
Aortic Valve	Normal	Pulmonary Artery	Normal
Tricuspid Valve	Normal	Aorta	Normal
Pulmonary Valve	Normal	Right Atrium	Normal
Right Ventricle	Normal	Left Atrium	Normal
Left Ventricle	Normal		

### ECHOCARDIOGRAPHY & COLOR DOPPLER FINDINGS:

Normal size LV/RV, No RWMA, LVEF= 61%; All valves are normal with normal flow.



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COLOR FLOW MAPPING :

Normal.

DOPPLER STUDIES :

E/A=1.01/0.61, AV=0.98 M/ sec  
PV = 0.88 M/sec.

PERICARDIUM:

Normal

FINAL IMPRESSION:

- Normal cardiac chambers.
- No RWMA, LVEF=61%.
- Normal LV function.
- No valvular lesion.
- No PS/PAH/PE



Please correlate clinically, Not valid for medicolegal purpose.



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