

# ARIHANT DIAGNOSTIC

MOBILE -9414676663(EMAIL: arihantdiagnosticsajmer@gmail.com)

ADD. BK KAUL NAGAR PANCHOLJ CHORAHA SDM TOWER AJMER.

Web. www.arihantdiagnostics.com

Name Of Patient	Mrs. Neelam kakani		16/12/2021
Age	48YRS	Sex	FEMALE
Name of Dr.		A.P.N	

## Complete Blood Count

Test	VALUE	Reference Range
Hb	12.1	12 - 15 gm % (Female) 13.5 - 18 gm % (Male)
RBC	5.60	4.0 - 5.0 mill/ul (Female) 4.7 - 6.0 mill/ul (Male)
HCT	42.8	15-45%
MCV	76.4	78 - 96 fl (Female) 78 - 100 fl (Male)
MCH	25.2	27 - 32 pg (Female) 27 - 31 pg (Male)
MCHC	32.9	32 - 36 g / dl
Total WBC count	6500	4,000 - 11,500 / cumm (Female) 4,000 - 10,500 / cumm (Male)
Platelet	320000	150-400 x 10 <sup>3</sup> /cumm
LYM%	31.6	20 - 40 %
MND%	10.2	1 - 15 %
NEUT%	68.2	42 - 80%
RDW-SD	38.4	fl
RDW-CV	12.8	11.5% - 14.5%
PDW	11.2	9.3 - 16 fl
MPV	9.2	6.8 - 10.1 fl
P-LCR	19.7	%
PCT	0.31	0.1%-0.4%
ESR	12	mm/hr

Dr. PANKAJ JAIN  
MD (PAT HOLOGY)  
RMC-13012  
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NAME	Neelam kakanl	16/12/2021
AGE	48YRS	FEMALE
DR.NAME-		.....

HEAMATOLOGY.....

BLOOD GROUP	B-POSITIVE
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Name Of Patient	Mrs. Neelam kakani		16/12/2021
Age	48YRS	Sex	FEMALE
Name of Dr.		A.P.N	

## CLINICAL PATHOLOGY

URINE SUGAR(FASTING) :: NIL  
URINE SUGAR (PP) :: NIL

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F.M.C.-1992  
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<i>Name Of Patient</i>	<i>Mrs. Neelam kakani</i>		<i>16/12/2021</i>
<i>Age</i>	<i>48YRS</i>	<i>Sex</i>	<i>FEMALE</i>
<i>Name of Dr.</i>		<i>A.P.N</i>	

## Lipid profile

<b>Investigation</b>	<b>Observed Value</b>	<b>Unit</b>	<b>Biological Reference Interval</b>
<i>Total Cholesterol</i>	165.7	<i>mg/dl</i>	<i>150-200</i>
<i>Serum Triglyceride</i>	106.2	<i>mg/dl</i>	<i>30-150</i>
<i>H.D.L. Cholesterol</i>	55	<i>mg/dl</i>	<i>40-60</i>
<i>V.L.D.L. Cholesterol</i>	21.24	<i>mg/dl</i>	<i>05-30</i>
<i>L.D.L. Cholesterol</i>	114.5	<i>mg/dl</i>	<i>60-150</i>

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Name Of Patient	Mrs. Neelam kakani		16/12/2021
Age	48YRS	Sex	FEMALE
Name of Dr.		A.P.N	

## BIOCHEMISTRY TEST

### LIVER FUNCTION TEST

BILIRUBIN-TOTAL	1.2	Mg/dl	0.3-1.3
BILIRUBIN-DIRECT	0.3	Mg/dl	0.1 - 0.4
BILIRUBIN INDIRECT	0.9	Mg/dl	0.2-0.9
Serum AST/SGOT	19.45	U/L	12-38
Serum ALT/SGPT	3.54	U/L	7 - 41
ALKALINEPHOSPHATSE	55.5	IU/L	35-104 U/L <sup>at 37°c</sup>
PROTEIN, TOTAL	7.2	g/dl	5.7-8.2
ALBUMIN	3.50	g/dl	3.22 - 4.5
GLOBULIN	3.7	g/dl	2.0 - 3.5
A/G RATIO	0.9	g/l	0.9-2.0

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Name Of Patient	MRS. Neelam kakani	Date	16/12/2021
Age	48 yrs	Sex	FEMALE

HbA1C- Glycated Hemoglobin EDTA Whole Blood		
Test Name	Results	Normal Range
HbA1C	4.1 %	Non- Diabetic <6% Pre-Diabetic=6.0%-6.5% Diabetic >=6.5%

## Interpretation & Remark :

1. HbA1C is used for monitoring diabetic control. It reflects the estimated average glucose (eAG).
2. HbA1c has been endorsed by clinical groups & ADA (American Diabetes Association) guidelines 2017, for diagnosis of diabetes using a cut-off point of 6.5 %
3. Trends in HbA1c are a better indicator of diabetic control than a solitary test.
4. Low glycated hemoglobin below 4 % in diabetic individuals are often associated with iron deficiency anemia, chronic renal failure and liver diseases. Clinical correlation suggested.
5. Interference of Hemoglobinopathies in HbA1c estimation.
6. For HbF 25 % , an alternate platform ( Fructosamine ) is recommended for testing of HbA1c. Homozygous hemoglobinopathy is detected, fructosamine is recommended for monitoring diabetic status. Heterozygous state detected (D10/ turbo is corrected for HbS and HbC trait). In known diabetic patients, following values can be considered as a tool for monitoring the glycaemic control. Excellent Control - 8 to 7%, Fair to Good Control . 7 to 8% . Unsatisfactory Control 8 to 10 % and Poor Control. More than 10 %

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NAME OF PATIENT	MRS. NEELAM KAKANI	DATE	165/12/21
AGE	48YRS	SEX	feMALE
REF. BY.	MEDIWHEEL	A.P. NO.	

## BIOCHEMISTRY TEST

GGT	25.2	5-40 U//l
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Age	48 YRS	Sex	FEMALE
Name of Dr.		A.P.N	

## BIOCHEMISTRY TEST

### KIDNEY FUNCTION TEST

TEST	RESULT	NORMAL RANGE
UREA	12.6	6-24mg/dl
CREATININE	0.78	0.7-1.2mg/dl
URIC ACID	3.6	2.4-6.0mg/dl(female) 3.4-7.0mg/dl(male)

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Name Of Patient	Mrs.Neelam kakani	Date	16/12/2021
Age	48Yrs	Sex	FEMALE
Dr. NAME		AP.N	
<b>URINE COMPLETE EXAMINATION</b>			
<b>Physical Examination</b>		<b>Results</b>	
Test Name		20Ml	
Quantity		P. Yellow	
Color		Clear	
Appearance		Acidic(6.5)	
Reaction/ Ph		1.020	
Specific Gravity			
<b>Chemical Examination</b>			
Albumin		Nil	
Sugar		Nil	
Nitrate		Nil	
Ketone		Nil	
Bile salt		Nil	
Bile pigment		Normal	
Urobilinogen			
<b>Microscopic Examination</b>			
RBC		Nil	
Pus Cells (In Per Hpf)		1-2/HPF	
Epithelial Cells		1-2/HPF	
Crystals		Nil	
Casts		Nil	
Bacteria		Nil	
Yeast Cell		Nil	
Amorphous Crystal		Nil	
URINE COTININE		NEGATIVE	

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Name Of Patient	Mrs. Neelam kakani		16/12/2021
Age	48YRS	Sex	FEMALE
Name of Dr.		A.P.N	

## STOOL EXAMINATION

Test	VALUE	UNIT
PHYSICAL EXAMINATION		
COLOUR	BROWN	
CONSISTENCY	SOFT	
MUCUS	TRACE	
BLOOD	NIL	
CHEMICAL EXAMINATION		
REACTION	ACIDIC	
OCCULT BLOOD	NIL	
FAT GLOBULES	ABSENT	
MICROSCOPIC EXAMINATION		
RBC	ABSENT	/hpf
PUS CELLS	ABSENT	/hpf
EPITHELIAL CELLS	ABSENT	
VEG.CELLS /FIBRES	FEW+	/hpf
IMPRESSION	NO ABNORMALITY DETECTED	

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Ref by :- DR.

Patient's Name : MRS. NEELAM

Date :- DEC 16/ 2021

Age :- 48 (Yrs)

Sex : Female

## REAL TIME B MODE ULTRASOUND SCANNING OF ABDOMEN AND PELVIS IS PERFORMED.

**LIVER:** Mid-clavicular length is 11.28 cm (Normal 13 cm). Normal in size, shape and echogenicity. Echotexture is homogenous. No focal or diffuse pathology seen. No IHED seen. The portal vein (Normal up to 13 mm), hepatic veins and IVC is normal.

**GALL BLADDER:** Normal in shape, size and echogenicity. Well distended with normal walls (Normal-2 mm, please correlate clinically -2 To 4 mm, thick-more than 4 mm). Calculi and masses not seen. CBD & Portal Vein are within normal limits.

**PANCREAS:** is normal size, shape and echotexture. Pancreatic Duct is not dilated. The head, body and tail is within normal limits. No calculus seen in pancreatic duct. No F/D lesion seen.

**SPLEEN:** Normal size at long axis 9.05 cms, shape and echotexture. No F/D lesion seen.

**KIDNEY:** Both kidneys are normal in size, shape and echotexture. No evidence of calculi / hydronephrosis bilaterally. Size: RIGHT: 10.45 X 4.18 cms LEFT: 10.27 X 4.19 cms

**URINARY BLADDER :** Well distended and is normal in shape, size and echotexture. Wall thickness is normal ( Normal-2 To 3 mm). No calculus/polyp/sludge/jet seen. The diameter of lower ureters are normal.

**UTERUS :** Anteverted normal in size shape and echotexture. No F/D lesion seen. Central cavity echo shows normal endometrial cavity. Endometrial thickness normal mm. Normal is myometrium.

**ADNEXA:** Bilateral ovaries are normal in shape, size and echogenicity. The follicles are normal as per L.M.P. day. No free fluid seen in pod/ cul-de-sac. Both F. tubes are normal..

**OTHER FINDINGS:** No evidence of any free fluid in the peritoneal cavity. Para aortic and para iliac regions are normal. No lymphadenopathy. R.I.F.- Vermiform Appendix not seen.

**IMPRESSION: ULTRASOUND FINDINGS SUGGESTIVE OF NORMAL SCAN OF WHOLE ABDOMEN.**

PLEASE CORRELATE CLINICALLY AND WITH OTHER INVESTIGATIONS. THANKS FOR REFERENCE.

DR. RAVINDRA REPSWAL  
MD. RADIODIAGNOSIS  
RADIOLOGIST 26647/14889

### Note:

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2. No. Ultrasonography is pathognomic, all findings are only suggestive, hence they should be reviewed with the relevant clinical history & relevant investigations before embarking upon the final Diagnosis and proceeding for management (Medical or Surgical)
3. Not all gross & major congenital anomalies of fetus are apparent, during scanning due to difficult & variable position attained by the fetus. Hence this report does not exclude all gross & major congenital fetal anomalies, which could be visible, if scanned later or at any other time. Fetal cardiac anomalies are not included ask for fetal echocardiography whenever suspicion is there.
4. Whenever suspect congenital anomalies, ask for targeted scan along with serum alpha fetoprotein estimation.
5. In case of Disparity between clinical and sonographic please send patient again for review free of cost.
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7. Any typing error or unintentional clerical reporting of removed organ needs immediate correction and if, not feasible, clinical correlation and self correction.
8. Even major abnormalities can be missed, due to overlying gaseous shadows patient's obesity or patient's condition. The same could be visualized, at some other time, if visualization window improves.
9. subject to Ajmer Jurisdiction only.

“ भुण लिंग परीक्षण करवाना जघन्य अपराध है, तथा इसकी शिकायत 104 टोल फ्री सेवा पर की जा सकती है”



# Dr. Savita Diagnostic

Mob. 9414542115  
7976552543

COLOUR DOPPLER, SONOGRAPHY, COLOUR SONOGRAPHY, LEVEL II SCAN, 3D, 4D  
SHOP NO. 5, J.L.N. SHOPPING CENTER, OPP. JLN HOSPITAL, AJMER 305001

NAME : MRS. NEELAM

AGE : 48YRS

SEX : FEMALE

DATE : 16/12/2021

LAB NO. : —

REF BY : DR.

## INTERPRETATION SUMMARY

- . NORMAL CHAMBER SIZE
- . INTACT IAS/ IVS
- . ALL VALVES ARE NORMAL
- . NO RWMA : LV EF 60%
- . NO CLOT, VEGITATION.
- . NO PERICARDIAL EFFUSION
- . NORMAL PERICARDIUM

## M.MODE/2D MEASUREMENTS (MM) & CALCULATIONS (ML)

LVID d	49.8	LVEDV	
LVID s	27.4	LVESV	
RVID(d)	—	SV	
IVS d	9.0	F.S	
IVS S	11.2	EF	60 %
LVPWd	9.0	C.O	
LVPWS	11.1	MITRAL VALVE	
AORTIC ROOT	27.8	EF SLOPE	
LEFT ATRIUM	27.2	OPENING AMPLITUDE	
AORTIC CUSP OPENING	-	E.P.S.S	

## DOPPLER MEASUREMENTS & CALCULATIONS:

STRUCTURE	MORPHOLOGY	VELOCITY (cm/sec.)	GRADIENT P/M	REGURGITATION
MITRAL VALVE	NORMAL	E-> A	-	nil
TRICUSPID VALVE	NORMAL	165	-	NIL
PUL VALVE	NORMAL	89	-	NIL
AORTIC VALVE	NORMAL	149	-	NIL

PLUMONARY ARTERY	MITRAL VALVE AREA (BY P 1/2 T)
PEAK ACCELERATION TIME	PRESSURE HALF TIME
SYSTOLIC PRESSURE	MVA

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डॉ. रवीन्द्र रेपस्वाल  
मेडिकल रेडियोलॉजिस्ट  
गज. शा. 02664714500

“ भुण लिंग परीक्षण करवाना जघन्य अपराध है, तथा इसकी शिकायत 104 टोल फ्री सेवा पर की जा सकती है”



Ref by :-DR.

Date :- DEC 16/ 2021

Patient's Name : MRS. NEELAM

Age :- 40 (Yrs)

Sex : Female


USG B/L BREAST

\_NO EVIDENCE OF MASS LESION SEEN IN B/L BREAST

-EARLY CHANGES OF FIBROADENOSIS [ DENS FIBRO GLANDULAR PARENCHYMA ] SEEN IN B/L BREAST TISSUE

-NO AXILLARY LYMPH NODE ARE NOTED

IMPRESSION:- EARLY CHANGES OF FIBROADENOSIS SEEN IN B/L BREAST TISSUE

  
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RADIOLOGIST 26647/14889

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