

Radiology No.	: 5240/OPDPB22DL	Date	: 11-Nov-2022
Patient Name	: Mrs. POONAM SINGH	Age/Sex	: 56Y
Guardian Name	:	UHID No.	: 4794/UHID22DL
Consultant	: Dr. INSURANCE	Mobile No.	: 9821861784

X-RAY CHEST

Indication: H/O-Routine check-up

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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BOOK APPOINTMENT



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ULTRASOUND OF WHOLE ABDOMEN

Convex and liner probes were used

The liver is normal in size and contour however is increased in 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 are normal. Bilateral ureters are not dilated.

Right Kidney measures 10.25x4.02cm

Left kidney measures 10.84x4.34cm

Spleen is of normal size and shape. Echotexture is normal. No focal lesion is seen. No evidence of retro-peritoneal lymphadenopathy/ ascites/ pleural effusion noted.

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Uterus and ovaries are not visualised consistent with post op status.

No free fluid is seen in the pouch of douglas.

Urinary bladder does not show any calculus or mass lesion.

Impression: Fatty liver grade I

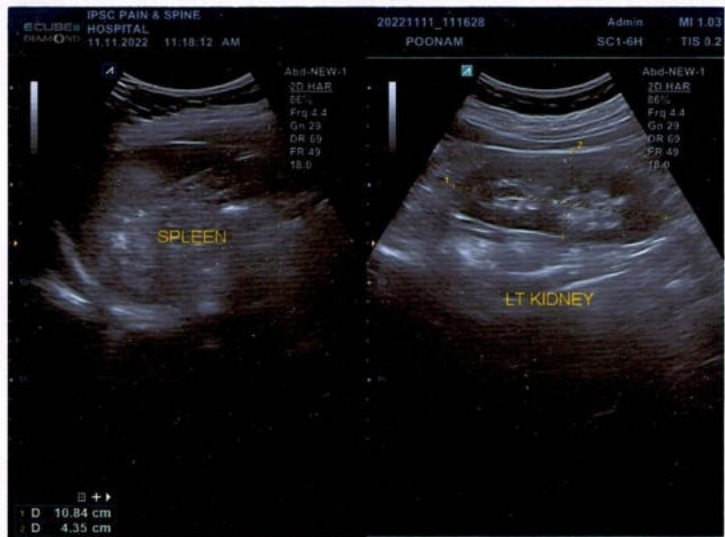
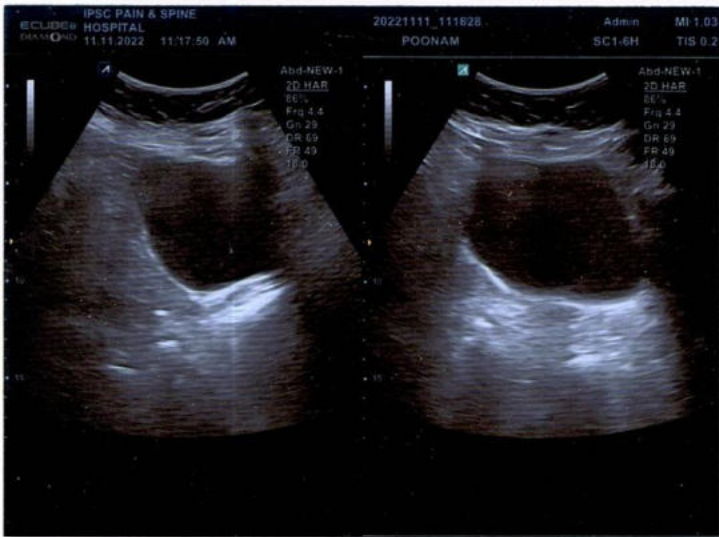
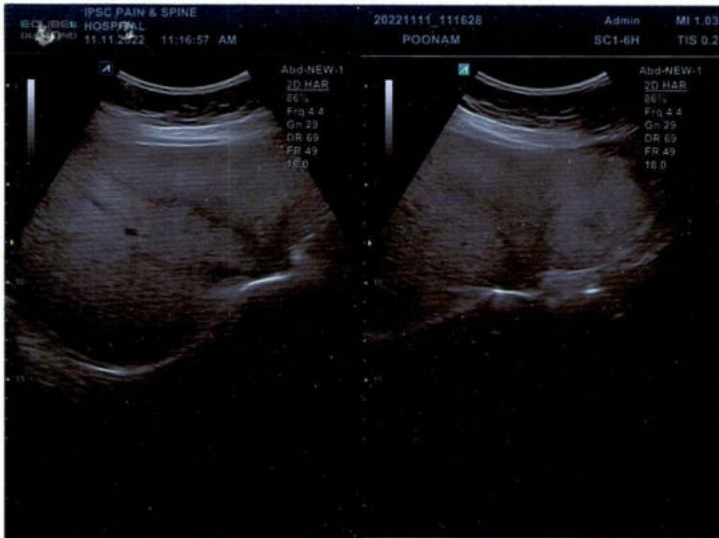



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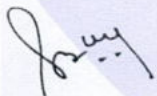
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Age / Gender : 56Y / Female	Date : 11-Nov-2022	
Mobile No. : 9821861784	Manual No.	Collected : 11-Nov-2022 09.57
Refd. By : Dr. INSURANCE		Received : 11-Nov-2022 09.58
Sample Type : EDTA whole blood	Sample ID : 221948	Report : 11-Nov-2022 16.08

TEST NAME	RESULT	UNIT	RANGE	METHOD
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HEAMOTOLOGY

COMPLETE BLOOD COUNT				
HEMOGLOBIN	13.3	g/dl	11.9-15	Colorimetric
TOTAL LEUCOCYTE COUNT	7.1	10 ³ /uL	4.0-11.0	Electrical impedance
DIFFERENTIAL LEUCOCYTE COUNT(DLC)				
Neutrophil	65	%	40-75	Electrical impedance
Lymphocyte	29	%	20-45	Electrical impedance
Eosinophil	04	%	1-6	Microscopy
Monocyte	02	%	2-10	Microscopy
Basophil	00	%	0-2	Microscopy
ESR	18	mm/1sthr	0-20	Westergren's
RBC COUNT	4.47	mili/cmm	3.8-5.5	Electrical impedance
PCV	40	%	35-45	Calculated
MCV	88.70	Fl	80-100	Calculated
MCH	29.8	Picogram	27.5-33.2	Calculated
MCHC	33.60	gm/dl	32-36	Calculated
PLATELET COUNT	168	10 ³ /uL	150-450	Electrical impedance

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



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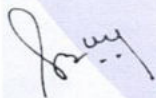
HEAMOTOLOGY

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

"B"
"POSITIVE"

Manual
Manual

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



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Sample Type : Plasma(Sodium fluoride)	Sample ID : 221948	Report : 11-Nov-2022 16.08

TEST NAME	RESULT	UNIT	RANGE	METHOD
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BLOOD SUGAR FASTING	119.0	mg/dl	74-100	GOD-POD
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BIOCHEMISTRY

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)

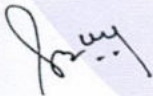
2-hr PG > 200 mg/dl during OGTT(75-G)*

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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Mobile No. : 9821861784	Manual No.	Collected : 11-Nov-2022 16.06
Refd. By : Dr. INSURANCE		Received : 11-Nov-2022 16.07
Sample Type : Plasma(Sodium fluoride)	Sample ID : 221948	Report : 11-Nov-2022 16.08

TEST NAME	RESULT	UNIT	RANGE	METHOD
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	BIOCHEMISTRY			
Blood Sugar PP	158.4	mg/dl	70-150	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)

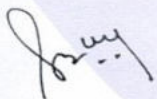
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Using a glucose load containing the equivalent of 75g anhydrous glucose dissolved in water

Random PG < 200 mg/dl

in individuals with symptoms of hyperglycemia or hyperglycemic crisis

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TEST NAME	RESULT	UNIT	RANGE	METHOD
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HbsAg	NEGATIVE			Immunochromatography
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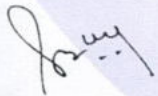
Serology

Interpretation:-

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 1st week .

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



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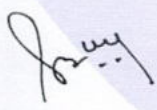
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TEST NAME	RESULT	UNIT	RANGE	METHOD
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HIV 1 & II	NEGATIVE	<u>Serology</u>		Immuno-chromatography
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Clinical Significance : HIV tests look for antibodies to HIV (Immunodeficient virus) in blood or all fluid approx 97% people develop detectable antibodies within 3-12 weeks (21 -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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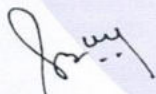
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BIOCHEMISTRY

KIDNEY FUNCTION TEST

Blood Urea	19.2	mg/dl	15.0-45.0	urease
Serum Creatinine	0.5	mg/dl	07-1.3	Jaffes Kinetic
Serum Uric Acid	7.10	mg/dl	2.6-6.0	Uricase
Total Protein				
PROTEN	6.42	g/dl	6.4-8.3	Biuret
ALBUMIN	3.9	g/dl	3.4-4.8	Bcg
GLOBULIN	2.52	g/dl	2.3-3.5	
A/G RATIO	1.55	g/dl		
Calcium	10.0	mg/dl	8.6-10.2	Arsenazo
Sodium	139.4	mmol/L	136.0-149.0	ISE Indirect
Potasium	4.1	mmol/L	3.5-5.5	ISE Indirect
Chloride	102.3	mmol/L	98.0-109.0	ISE Indirect

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BIOCHEMISTRY

LIPID PROFILE

Total Cholesterol	236.00	mg/dl	123-199	CHOD-PAP
Triglycerides	231.6	mg/dl	35-135	Gpo
HDL Cholesterol Direct	44.7	mg/dl	42-88	Direct
Vldl	46	mg/dl	4.7-22.1	
LDL Cholesterol Direct	145.0	mg/dl	63-129	
Total Cholesterol/HDL Ratio	5.3		0.0-4.97	
LDL/HDL Ratio	3.2		0.0-3.55	

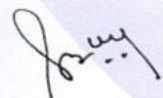
INTERPRETATION:-

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:-

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



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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 vary with age. Values above 220 mgm/dl are associated with increased risk of CHD regardless of HDL & LDL values.

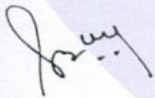
HDL-CHOLESTEROL level <35 mg/dL is associated with an increased risk of coronary vascular disease even in the face of desirable levels of cholesterol and LDL - cholesterol.

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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BIOCHEMISTRY

LIVER FUNCTION TEST

Serum Bilirubin

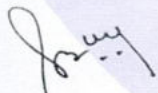
Total Bilirubin	0.55	mg/dl	0.0-2.0	Diazo
Direct Bilirubin	0.20	mg/dl	0-0.4	Diazo
Indirect Bilirubin	0.35	mg/dl	0-0.8	Calculated

Total Protein

PROTEN	6.50	g/dl	6.4-8.3	Biuret
ALBUMIN	3.9	g/dl	3.4-4.8	Bcg
GLOBULIN	2.60	g/dl	2.3-3.5	
A/G RATIO	1.50	g/dl		
SGOT	20	U/L	0-31	IFCC
SGPT	18	U/L	0.0-34	IFCC

Gamma GT	28.1	U/L	0-38	Glupa-c
Alkaline Phosphatase	99	U/L	42-98	Amp

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



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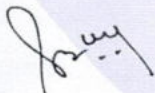
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HORMONES

TSH	3.11	uIU/ml		CLIA
Adults				
21-100 yrs	0.35 - 5.50			
Pediatric				
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			
Pregnancy				
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-----



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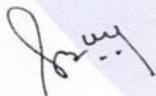
Patient Name : Mrs. POONAM SINGH	Reg No. : 4794/UHID22DL	Lab ID. : 5240/OPDPB22DL
Age / Gender : 56Y / Female	Date : 11-Nov-2022	
Mobile No. : 9821861784	Manual No.	Collected : 11-Nov-2022 09.57
Refd. By : Dr. INSURANCE		Received : 11-Nov-2022 09.58
Sample Type : URINE	Sample ID : 221948	Report : 11-Nov-2022 16.08

TEST NAME	RESULT	UNIT	RANGE	METHOD
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CLINICAL PATHOLOGY

URINE ROUTINE				
MICROSCOPY				
PHYSICAL EXAMINATION				
QUANTITY	30.00	ml	10-30	
COLOUR	PALE YELLOW			
TRANSPARENCY	CLEAR			
SPECIFIC GRAVITY	1.020		1.015-1.025	
PH	6.5		5.5 - 7	
CHEMICAL EXAMINATION				
ALBUMIN	NIL			
SUGAR	NIL			
MICROSCOPIC EXAMINATION				
PUS CELLS	2-3	/hpf		MICROSCOPIC
RBC'S	NIL		NIL	
CASTS	NIL			
CRYSTALS	NIL			
EPITHELIAL CELLS	1-2			
BACTERIA	NIL			
OTHERS	NIL			

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



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



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

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BOOK DIAGNOSTICS

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

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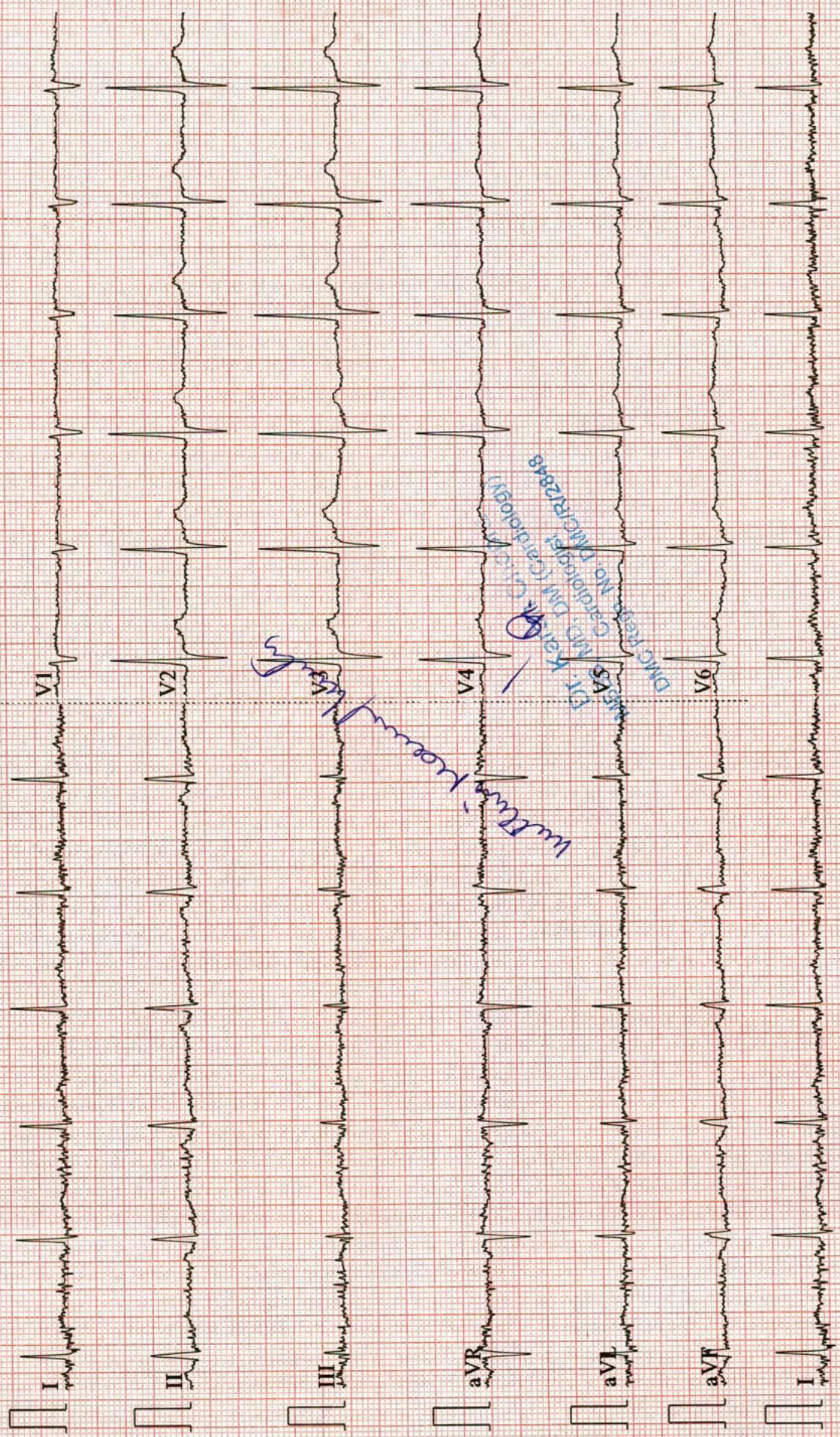
poonam singh
Female 56Years
Req. No. :

HR : 71 bpm
P : 106 ms
PR : 144 ms
QRS : 104 ms
QT/QTcBz : 416/453 ms
PQRS/T : 55/29/7 °
RV5/SV1 : 1.136/0.345 mV

Diagnosis Information:
Sinus rhythm
Inferior T wave abnormality is nonspecific
Borderline ECG

poona

Report Confirmed by:





भारत सरकार
GOVERNMENT OF INDIA



पूनम सिंह
Poonam Singh
जन्म तिथि/ DOB: 06/06/1965
महिला / FEMALE



4491 9002 6295

आधार-आम आदमी का अधिकार

Poonam

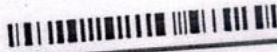


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UNIQUE IDENTIFICATION AUTHORITY OF INDIA

पता:
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