



भारत सरकार
GOVERNMENT OF INDIA



रति श्रीवास्तव
Rati Srivastava
जन्म तिथि/ DOB: 01/01/1981
महिला / FEMALE



5567 7352 6522

आधार-आम आदमी का अधिकार



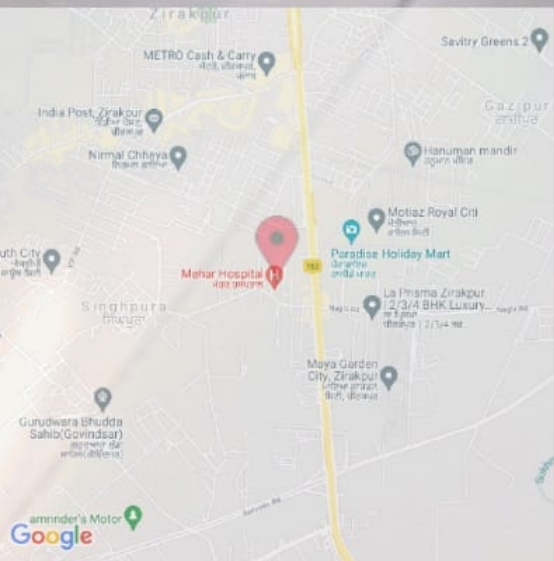
JRM7+RQC, Zirakpur, Punjab 140603, India

Zirakpur
Punjab
India



21°C
70°F

2021-11-19(Fri) 09:52(am)



Singhpura Rd, Punjab 140603, India



Punjab
India

21°C
70°F

2021-11-19(Fri) 09:54(am)

Patient Name	: Rati srivastava	UHID	: 11914
Age/DOB	: 40Yrs	Gender	: Female
Referred By	: self	Date	: 19/11/2021

ULTRASOUND WHOLE ABDOMEN

LIVER: is normal in size, outline & shows normal echopattern. No focal lesion is seen. IHBRs are not dilated. HVs are normal. PV is normal.

GALL BLADDER: is well distended and shows anechoic lumen. The wall thickness is normal. No evidence of any mass or calculus is seen. No pericholecystic fluid is seen.

ABDOMINAL CAVITY: No free fluid/lymphadenopathy is seen in abdomen. Visualized loops are normal in caliber with peristalsis noted.

CBD: is normal.

PANCREAS: is normal in size, outline and echotexture. No focal lesion is seen.

SPLEEN: is normal in size outline and echotexture. No focal lesion is seen.

RIGHT KIDNEY: is normal in size outline. Cortical thickness and echogenicity are normal. CMD is maintained. No e/o calculus / hydronephrosis is seen.

LEFT KIDNEY: is normal in size outline. Cortical thickness and echogenicity are normal. CMD is maintained. No obvious calculus / hydronephrosis is seen.


URINARY BLADDER: appears well distended. The wall thickness is normal. No evidence of any calculus or mass lesion could be seen within the bladder or at UV junctions.

UTERUS: is anteverted, normal in size and shape. No obvious focal lesion is seen.

ADNEXA: B/L ovaries are normal in size & shape. No adnexal mass seen

IMPRESSION: Findings are suggestive of: *normal Study.*

Please correlate clinically.



Dr. Parshotam Lal Singla
Consultant - Sonologist

Date 20/11/21

 Patient Name: Mrs. Rati Shrivastava Age: 40 Sex: M/F UHID No.: 11914

Address: _____

 Visual Acuity (unaided) Right Eye 6/6 Left Eye 6/6

Pin Hole vision Right Eye _____ Left Eye _____

Prescription for Glasses

	<u>Sphere (D)</u>	<u>Cylinder (D)</u>	<u>Axis</u>	<u>Visual acuity</u>
<u>Distance</u>				
<u>Right eye</u>	0.00	-0.50	40°	6/6
<u>Left eye</u>	0.00	+0.50	75°	6/6
<u>Near work</u>				
<u>Right eye</u>	+0.50	-0.50	40°	NG
<u>Left eye</u>	+0.50	+0.50	75°	NG

 Remarks: Bifocal Glasses
GENERAL INFORMATION ABOUT YOUR SPECTACLES :

1. Wear your glasses regularly and follow the instructions as advised
2. It may take a few days to adjust to the new number/ spectacles, in case of discomfort, eye strain, headache, improper/ distorted vision etc, kindly visit the hospital.
3. Glasses / spectacles need proper care and maintenance for a long life.
 - a. Keep them clean by using the special lens cleaning solutions or with diluted soap & water
 - b. Avoid placing spectacles with lens facing down as they get scratched easily.
 - c. NEVER use paper towels, tissue, or napkins to dry your lenses. All of these materials have a textured surface and can easily scratch your lenses.
 - d. Also refrain from using the tail of your shirt.
4. Your number may change by time so regular follow up is advisable preferably every 6 months. In case you notice any difficulty in seeing clearly get your vision checked.
5. In case you have distant & near vision glasses, ask for bifocal/ progressive lenses.
6. Bifocal lenses have upper segment for distance & lower segment for near vision.
7. Progressive lenses provide focused vision for distance, near and intermediate vision.
8. Contact lenses number may slightly vary from the one given above, if interested in contact lenses kindly ask for assistance.

MH/103/REV2.0/042021

Patient Name	: Mrs. Rati Srivastava	Mobile No	: 8968966012
UHID No.	: 11914	Age	: 40 Yr Female
Address	: 227, G B P Rosewood Estate, Barwala	Sampling Date	: 19-11-2021 10:06:00
Doctor	: Mohali SELF	Print Date	: 20/11/2021 17:30:28

Investigation	Observations	Biological Reference Interval	Units
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COMPLETE BLOOD COUNTS [CBC]

HAEMOGLOBIN (HB) <i>Method: SPECTROPHOTOMETER / AUTOMATED CELL COUNTER</i>	12.4	11.0 - 15.0	gm/dl
TOTAL LEUCOCYTE COUNT (TLC) <i>Method: Impedance/Automated cell counter</i>	3550	4000 - 11000	/cmm
NEUTROPHILS	61	45 - 75	%
LYMPHOCYTE	31	20 - 45	%
MONOCYTE	06	0 - 10	%
EOSINOPHIL	02	0.00 - 6	%
BASOPHIL	00	0.00 - 2.00	%
RBC (RED BLOOD CELLS) <i>Method: Impedance/Automated cell counter</i>	4.14	3.8 - 5.8	Millions/cmm
PCV <i>Method: Calculation/Automated cell counter</i>	37.0	35 - 47	%
MCV(MEAN CELL VOLUME) <i>Method: Calculation/Automated cell counter</i>	89.4	80 - 100	fL
MCH(MEAN CELL HAEMOGLOBIN) <i>Method: Calculation/Automated cell counter</i>	29.9	27 - 31	picogram
MCHC <i>Method: Calculation/Automated cell counter</i>	33.4	33 - 37	g / dL
RDW-CV <i>Method: SPECTROPHOTOMETER / AUTOMATED CELL COUNTER</i>	13.1	10.0 - 15.0	%
RDW-SD <i>Method: SPECTROPHOTOMETER / AUTOMATED CELL COUNTER</i>	47.3	35.0 - 60.0	fL
PLATELET COUNT <i>Method: Impedance/Automated cell counter</i>	2.14	1.50 - 4.5	Lakh/cmm

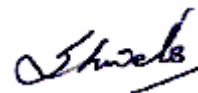
ERYTHROCYTE SEDIMENTATION RATE(ESR)

ERYTHROCYTE SEDIMENTATION RATE	10	0 - 20	mm
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BLOOD GROUP ABO

BLOOD GROUP ABO *	"A"
BLOOD GROUP "RH" *	POSITIVE

NOTE:-THIS IS PROVISIONAL REPORT OF BLOOD GROUP. FINAL REPORT WILL BE GIVEN AFTER PATHOLOGIST

TECHNOLOGIST

Dr. Shweta
 MBBS,MD(PATHOLOGY)
 (EX.PGIMER,CHD)

End of Report

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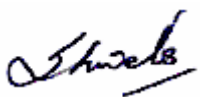
CONFIRMATION.

LIPID PROFILE

TOTAL CHOLESTEROL	208	Desirable Cholesterol Level <200 Borderline High Cholesterol 200-240 High Cholesterol >=240	mg/dL
<i>Method : Enzymatic</i>			
TRIGLYCERIDES	105.2	Borderline high: 150-199 High : >200	mg /dl
<i>Method : GPO/PAP</i>			
H D L CHOLESTEROL	81.0	35.3 - 79.5	mg/dL
<i>Method : End Point, Phosphotungstic Acid</i>			
L D L CHOLESTEROL	106	100 - 190	mg/dL
<i>Method : Calculated</i>			
V L D L	21	7.00 - 35.0	mg/dL
<i>Method : Calculated</i>			
TOTAL CHOLESTEROL/HDL RATIO	2.6	Moderate Risk : 3.5- 5.0 High risk : >5.0	
<i>Method : Calculated</i>			
LDL/HDL CHOLESTEROL	1.3	HIGH RISK: > 5	
<i>Method : Calculated</i>			

LIVER FUNCTION TEST [LFT]

TOTAL BILIRUBIN	1.08	0.2 - 1.2	mg/dl
<i>DPD</i>			
CONJUGATED (D. Bilirubin)	0.40	0.1 - 0.4	mg/dl
<i>DPD</i>			
UNCONJUGATED (I.D. Bilirubin)	0.7	0.2 - 1.0	mg/dl
<i>Method : Calculated</i>			
AST / SGOT	22.4	00 - 35	IU/L
<i>Method : IFCC with P5P</i>			
ALT/SGPT	21.0	00 - 45	U/L
<i>Method : IFCC with P5P</i>			
ALKALINE PHOSPHATASE	83.0	53 - 128	U/L

TECHNOLOGIST


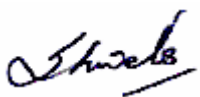
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<i>Method : IFCC with P5P</i>			
TOTAL PROTEIN <i>Method : Biuret</i>	6.54	6.40 - 8.30	g/dl
SERUM ALBUMIN <i>Method : Bromocresol Green</i>	3.57	3.50 - 5.20	g/dl
GLOBULIN <i>Method : Calculated</i>	3	1.5 - 3.0	gm/dl
A/G RATIO <i>Method : calculated</i>	1.2	1.2 - 2.0	
GGT	23.2	11 - 52	IU/L
<u>RFT PANEL 2</u>			
BLOOD UREA <i>Method : Talke and schubert, tiffany et al.</i>	22.5	11 - 55	mg /dl
SERUM CREATININE <i>Method : Enzymatic</i>	0.76	0.70 - 1.30	mg /dl
SERUM URIC ACID <i>Method : Trinder Enzymatic</i>	5.5	3.5 - 7.2	mg/dl
BLOOD UREA NITROGEN (BUN) <i>Method : Spectrophotometry</i>	10.5	5.0 - 20.0	mg/dl
UREA/CREATININE RATIO <i>Method : Calculated</i>	21.0	20.0 - 35.0	mg /dl
SERUM CALCIUM <i>Method : NM-BAPTA + EDTA</i>	8.9	8.6 - 10.2	mg/dl
PHOSPHORUS <i>Method : Molydate/UV</i>	4.1	2.5 - 4.5	mg /dl
SODIUM <i>Method : Ion selective electrode</i>	136.0	136.0 - 155.0	mmol/L
POTASSIUM <i>Method : Ion selective electrode</i>	3.74	3.5 - 5.5	mmol/L
CHLORIDE	105.2	96 - 107	mmol/L

TECHNOLOGIST


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End of Report

**MEHAR SUPER SPECIALITY HOSPITAL**Opposite Grandeur Marriage Palace, Singhpura Road,
Zirakpur, Mohali. Ph. : +91- 7527070509, 7527070510

E-mail:-info@meharhospital.com, Website:-www.meharhospital.com

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*Method : Ion selective electrode***BLOOD GLUCOSE - FASTING**

BLOOD GLUCOSE - FASTING

110.0

70 - 110

mg/dL

*Method: GOD POD***BLOOD GLUCOSE - PP**

BLOOD GLUCOSE - PP

120.5

110 - 140

mg/dl

*Method: GOD POD***GLYCOSYLATED HB (HbA1c)**

GLYCOSYLATED Hb *

6.4

4.00 - 6.50

%

MEAN BLOOD SUGAR *

136.98

EXPECTED VALUES :

Normal A1c = 6.5 %

Diabetic good control = 6.9%

Diabetic fair control = 7.0 - 7.9 %

Diabetic poor control = > = 8.0 %

Comments:-

Haemoglobin A1c (HbA1c) correlates with a time weighted average of plasma glucose values over the previous 3 to 10 weeks. The measurement of HbA1c is therefore a reflection of glucose control over a far longer period than a blood glucose value and it remains unaffected by the short term fluctuation in blood sugar levels.

TOTAL THYROID PROFILE (TFT)

TOTAL T3

0.91

0.60 - 1.81

ng/mL

Method : C.L.I.A

TOTAL T4

8.90

4.50 - 12.40

ug/dl

Method : C.L.I.A

THYROID STIMULATING HORMONE (TSH)

7.79

0.35 - 5.50

uIU/ml

Method : C.L.I.A

NOTE :

TECHNOLOGIST**Dr. Shweta**
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(EX.PGIMER,CHD)**End of Report**



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1.TSH levels are subject to circadian variation, reaching peak levels between 2- 4 am and at a minimum between 6-10 pm.The variation is of the order of 50%, hence time of the day has influence on the measured serum TSH concentration.

2.Recommended test for T3 and T4 is unbound fraction or free levels as it is metabolically active.

3.Physiological rise in Total T3/T4 levels is seen in pregnancy and in patients on steroid therapy.

clinical uses: Primary hypothyroidism, hyperthyroidism, inappropriate TSH secretion, nonthyroid illness, autoimmune thyroid disorders, pregnancy associated thyroid disorders, thyroid dysfunctions of infancy and childhood.

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