



CIN NO.: U85100UP2020PTC128218

SHANYA SCANS & THERANOSTICS

Diagnostics | Interventions | Therapies

BIGGEST DIAGNOSTICS & THERANOSTICS CENTER IN UTTAR PRADESH

PATIENT'S NAME	: NIDHI SRIVASTAV	DATE	: 09.12.2023
REFERRED BY	: NEUBERGTHC	AGE	: 45 YEARS
SPECIMEN	: BLOOD	SEX	: FEMALE

BIOCHEMISTRY

<u>Investigations</u>	<u>Result</u>	<u>Units</u>	<u>Normal Value</u>
POST PRANDIAL SUGAR :	106.0	mg/dl	[110-160mg/dl]

Dr. SIDDHANT VERMA

MBBS, MD (Pathology)



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BIGGEST DIAGNOSTICS & THERANOSTICS CENTER IN UTTAR PRADESH

Name : NIDHI SRIVASTAVA
Pat No. : 8201
Visit No. : 032310538
Age/Gender : 45-Year(s)/Female
Ref.Dr : NEUBERG THC

Registered on : 09-12-2023 09:30:38
Collected on : 09-12-2023 10:35:00
Reported on : 09-12-2023 13:01:06



Test Results Units Reference Range

CLINICAL LABORATORY REPORT

HEMATOLOGY

E.S.R. (WHOLE BLOOD / Method : Laser based flow cytometry)	60	%	1 - 20
Haemoglobin (WHOLE BLOOD)	11.3	gm/dl	11.0 - 14.0
Total Leucocytes Count (TLC) (WHOLE BLOOD)	6800	/cu mm	4000 - 11000
DIFFERENTIAL COUNT (DC)			
Polymorphs (WHOLE BLOOD)	67	%	40 - 75
Lymphocytes (WHOLE BLOOD)	29	%	20 - 40
Eosinophils (WHOLE BLOOD)	01	%	00 - 06
Monocytes (WHOLE BLOOD)	03	%	00 - 10
Basophil (WHOLE BLOOD)	00	%	00 - 2.00
Platelet Count (WHOLE BLOOD)	1.9	lac	1.5 - 4.5
RBC Count (WHOLE BLOOD)	3.51	million/mm ³	3.80 - 4.80
P.C.V / HAEMATOCRIT (WHOLE BLOOD)	33.5	%	35 - 45
MCV (WHOLE BLOOD / Method : Calculated)	95.6	fl	80 - 100

Dr. Siddhant Verma
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Test	Results	Units	Reference Range
MCH (WHOLE BLOOD)	32.1	pg	27 - 31
MCHC (WHOLE BLOOD)	33.6	gm/dl	33 - 37
RDW - CV (WHOLE BLOOD)	17.2	%	11.6 - 14.0
ABO RH BLOOD GROUPING (BLOOD)	B POSITIVE		
BIOCHEMISTRY			
FASTING BLOOD SUGAR (PLASMA - F)	98.40	mg/dl	70 - 100 mg/dl

Interpretation :

Glucose is a major source of energy for most cells of the body. Diabetes is diagnosed in persons with fasting blood glucose level more than or equal to 126 mg/dL.

Increased levels - Prediabetic, overactive thyroid gland, Pancreatic Cancer, Pancreatitis, (Pheochromocytoma, Acromegaly, Cushing Syndrome or Glucagonoma - rare causes) certain drugs like Corticosteroids, Oestrogen, Salicylates etc.

Decreased levels - Hypopituitarism, Hypothyroidism, Insulinoma, Increase dose of Insulin or other Diabetic Medication and certain drugs like Alcohol, Anabolic steroids, Clofibrate etc.

Glycosylated Hemoglobin(GHb/HbA1c) (WHOLE BLOOD / Method : Ion exchange HPLC (NSGP certified method))	5.5	%	5.7 - 6.4 <5.7 : Non Diabetic 5.7 - 6.4 : Borderline >6.4 : Diabetic
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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. Clinical studies suggest that a patient in stable control will

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Test	Results	Units	Reference Range
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.			
2. Mean Plasma Glucose mg/dL = $28.7 \times A1C - 46.7$. Correlation between HbA1c and Mean Plasma Glucose (MPG) is not "perfect" but rather only this means that to predict or estimate average glucose from HbA1c or vice-versa is not "perfect" but gives a good working ballpark estimate.			
3. 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.			
KIDNEY FUNCTION TEST			
Urea (SERUM / Method : Urease Colorimetric)	21.2	mg/dl	19.0 - 44.0
CREATININE (SERUM / Method : Jaffe Compensated)	0.52	mg/dl	0.50 - 1.40
Uric Acid (SERUM / Method : Uricase Colorimetric)	4.12	mg/dl	2.6 - 7.0
Sodium (NA+) (SERUM / Method : Ion Selective Electrode)	139.0	mmol/L	135.0 - 145.0
CHLORIDE (CL-) (SERUM / Method : Direct ISE Method)	98.0	mmol/L	98 - 107
Potassium (K+) (SERUM / Method : Ion Selective Electrode)	3.99	mmol/L	3.50 - 5.50

Interpretation:-

Kidney blood tests, or Kidney function tests, are used to detect and diagnose disease of the Kidney. The higher the blood levels of urea and creatinine, the less well the kidneys are working. The level of creatinine is usually used as a marker as to the severity of kidney failure. (Creatinine in itself is not harmful, but a high level indicates that the kidneys are not working properly. So, many other waste products will not be cleared out of the bloodstream.) You normally need treatment with dialysis if the level of creatinine goes higher than a certain value. Dehydration can also be a come for increases in urea level. Before and after starting treatment with certain medicines. Some medicines occasionally cause kidney damage (Nephrotoxic Drug) as side-effect. Therefore, kidney function is often checked before and after starting treatment with certain medicines.

LIVER FUNCTION TEST

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Bilirubin Total (SERUM / Method : Diazotized Sulfanilic)	0.47	mg/dl	0.1 - 1.2
Bilirubin Direct (SERUM / Method : Diazotized Sulfanilic)	0.17	mg/dl	0.0 - 0.25
Bilirubin Indirect (SERUM / Method : Diazotized Sulfanilic)	0.30	mg/dl	0.25 - 0.75
Alkaline Phosphatase (ALP) (SERUM / Method : IFCC)	96.00	U/L	30 - 120
SGOT (AST) (SERUM / Method : IFCC without pyridoxal phosphate)	21.30	U/L	< 40
SGPT (ALT) (SERUM / Method : IFCC without pyridoxal phosphate)	19.40	U/L	0.0 - 41.0
Protein Total (SERUM / Method : Biuret)	7.74	g/dL.	6.0 - 8.0
Albumin (SERUM)	4.80	g/dL.	3.40 - 5.40
Globulin (SERUM / Method : Calculated)	2.94	g/dL	2.50-3.50
ALB/GLO Ratio (SERUM / Method : Spectrophotometry Method)	1.63		1.20-2.10
LIPID PROFILE			
SERUM CHOLESTEROL (SERUM / Method : By direct enzymatic method)	165.50	mg/ dl	Normal Value Optimal < 200 mg/ dl Border Line High Risk 200-239 mg/ dl High Risk > 240 mg/ dl
TRIGLYCERIDES (SERUM / Method : Spectrophotometry Method)	105.20	mg/dl	Optimal < 150 mg/ dl

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Test	Results	Units	Reference Range
LDL CHOLESTROL (SERUM / Method : By direct enzymatic method)	94.00	mg/dl	Border Line High Risk 150-199 mg/ dl High Risk 200-499 mg/ dl Very High Risk > 500 mg/ dl Optimal < 100 mg/ dl Near or Above Optimal 100-129 mg/dl Border Line High Risk 130-159 mg/ dl High Risk 160-189 mg/ dl Very High Risk > 190 mg/ dl
VLDL (SERUM / Method : Spectrophotometry Method)	21.04	mg/dl	0 - 30
HDL CHOLESTEROL (3RD GEN) (SERUM / Method : By direct enzymatic method)	32.00	mg/dl	Optimal > 60 mg/ dl Border Line High Risk 40-60 mg/ dl High Risk < 40 mg/ dl

CLINICAL PATHOLOGY

URINE EXAMINATION

PHYSICAL EXAMINATION

(URINE)

COLOUR

Pale Yellow

Pale Yellow

APPEARANCE

Clear

SPECIFIC GRAVITY

1.010

1.010 - 1.030

pH

6.0

5.0 - 7.0

CHEMICAL EXAMINATION

(URINE)

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Test	Results	Units	Reference Range
PROTEIN	NIL		NIL
SUGAR	NIL		NIL
BILE SALTS	NIL		
BILE PIGMENT	NIL		
<u>MICROSCOPIC EXAMINATION</u>			
(URINE)			
PUS CELLS	0-1	/HPF	0 - 5
RBC'S	NIL	/HPF	NIL
EPITHELIAL CELLS	0-1	/HPF	0 - 2
CASTS	NIL	/LPF	NIL
BACTERIA	NIL	/HPF	NIL
OTHER	NIL		
CRYSTALS	NIL	/LPF	NIL
KETONE	Negative		
Urine for Glycosuria (URINE)	NIL		

-- End of Report --

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Name : NIDHI SRIVASTAVA
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Reported on : 09-12-2023 14:21:49



Test	Results	Units	Reference Range
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CLINICAL LABORATORY REPORT

HORMONE ASSAY REPORT

Thyroid Profile (T3 T4 TSH)

(SERUM / Method : CLIA)

Triiodothyronine, Total (T3)	1.42	ng/ml	0.80 - 2.00
Thyroxine, Total (T4)	8.43	ug/dl	5.4 - 11.5
Thyroid Stimulating Hormone (TSH)	2.47	uIU/ mL	Non Pregnant: 0.45-4.50 Pregnant Female: I trimester: 0.1-2.5 II trimester: 0.2-3.0 III trimester: 0.3-3.0

Interpretation (s):

TSH stimulates the production and secretion of the metabolically active thyroid hormones, thyroxine (T4), by interacting with a specific receptor on the thyroid cell surface. The synthesis and secretion of TSH is stimulated by Thyrotropin releasing hormone (TRH), in response to low levels of circulating thyroid hormones. Elevated levels of T3 and T4 suppress the production of TSH via a classic negative feedback mechanism. Failure at any level of regulation of the hypothalamic-pituitary-thyroid axis will result in either underproduction (hypothyroidism) or overproduction (hyperthyroidism) of T4 and/or T3

On Treatment: TSH level should be evaluated no earlier than four weeks after an adjustment in the levothyroxine dosage. The full effects of thyroid hormone replacement on the TSH level may not become apparent until after eight weeks of therapy. Whereas TSH testing reflects the steady state achieved after 6 to 8 weeks of T4 treatment, FT4 testing reports the most recent adjustments in T4.

- Non-compliance with medication dose or time may affect hormone levels. Various medications may affect thyroid gland function test results. (Ayurvedic & naturopathic herbs like guggul, supplements such as tyrosine, products like kelp that contain iodine, cholesterol-lowering drugs, corticosteroids, growth hormone, lithium, and amiodarone, etc)
- Extreme stress and acute illness may also effect TSH test result.
- T3 and T4 circulates in reversibly bound form with Thyroid binding globulins (TBG), and to a lesser extent albumin and Thyroid binding Pre Albumin, so condition in which TBG and protein levels alter such as pregnancy, excess estrogens, androgens, steroids may falsely affect the T3 and T4 levels.
- Normal levels of T4 can also be seen in hyperthyroid patients with: T3 Thyrotoxicosis, hypoproteinemia or ingestion of certain drugs.

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	<ul style="list-style-type: none">Serum T4 levels in neonates and infants are higher than values in the normal adult, due to the increase concentration of TBG in neonate serum. TSH may be normal in central hypothyroidism, recent rapid correction of hyperthyroidism or hypothyroidism, pregnancy, phenytoin therapy.Autoimmune disorders may produce spurious results.TSH has a diurnal rhythm so values may vary if sample collection is done at different times of the day.		

-- End of Report --

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NAME	NIDHI SRIVASTAVA	Age/Gender	45 Y/F	Date	09-Dec-2023
UHID	SAN2300007754	Referred By	NEUBERG THC		

2D ECHO WITH COLOUR DOPPLER REPORT M-MODE ECHO MEASUREMENTS

MITRAL VALVE STUDY

MVA 2D	Normal			Cm ²	BY PHT	Normal		cm ²
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LA/AO STUDY

AO Root	2.60	cm	LA Diameter	3.17	cm
Ao Valve opening	1.70	cm			

LV STUDY

IVS (ED)	1.02	cm	IVS (ES)	1.47	cm
LVID (ED)	1.52	cm	LVID (ES)	3.17	cm
LVPW (ED)	1.02	cm	LVPW(ES)	1.47	cm
LVEF	57	%	FS	30	%

2D OBSERVATION

Mitral valve	Normal	Left ventricle	Normal
AO valve	Normal	Right ventricle	Normal
Pulmonary valve	Normal	Left atrium	Normal
Tricuspid valve	Normal	Right atrium	Normal
Ventricular septum	Intact	Pericardium	Normal
Atrial septum	Intact		

Others: No pericardial Effusion.

DOPLER STUDIES

	Velocity	Pattern	Gradient	Leak
Mitral E Wave	0.91 m/sec	E > A		0/4
A Wave	0.83 m/sec			
Aortic	1.55 m/sec	Normal		0/4
Pulmonary	0.79 m/sec	Normal		0/4
Tricuspid E Wave	m/sec	Normal		0/4
A Wave	m/sec			

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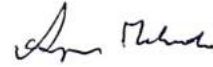
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CONCLUSION

- NO RWMA.
- LEFT VENTRICLE EF- 57 %.
- NO EVIDENCE OF LV DIASTOLIC DYSFUNCTION.
- NO MR/AR/PR.
- NO TR, NO PAH.
- IAS/IVS INTACT.
- IVC NORMAL SIZE WITH > 50 % RESPIRATORY VARIATION.
- NO CLOT/VEGETATION/PERICARDIAL EFFUSION.



DR. ANUPAM MEHROTRA
MD Medicine DM Cardiology



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USG SONOMAMMOGRAPHY BILATERAL

FINDINGS:

RIGHT-

Normal heterogeneous fibroglandular parenchyma is seen.

No evidence of obvious mass lesion noted in the right breast.

Nipple-areolar complex appears normal.

No evidence of skin thickening noted.

Chest wall appears normal.

Few subcentimetric right axillary lymph nodes with maintained central fatty hila are seen.

LEFT-

Normal heterogeneous fibroglandular parenchyma is seen.

Focal fibrocystic focus, measuring ~ 3.0x4.0 mm is seen at 8 o' clock position in left breast ~ 2.5 cm from NAC.

Nipple-areolar complex appears normal.

No evidence of skin thickening noted.

Chest wall appears normal.

Few subcentimetric left axillary lymph nodes with maintained central fatty hila are seen.


IMPRESSION:

- Normal mammogram of right breast – BIRADS 1.
- Focal fibrocystic focus at 8 o' clock position of left breast – BIRADS 2.

Please correlate clinically

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EX-SR (SGPGI)
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Dr. Nishant Yadav
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Dr. Shweta Tulsiani
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Fellowship in Oncoimaging
(Tata, Kolkata)
Consultant Radiologist

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CATEGORY		LIKELIHOOD OF CANCER		MANAGEMENT
BIRADS 0	Inconclusive	N/A		Additional imaging
BIRADS 1	Negative for malignancy	Essentially 0%		Routine Screening
BIRADS 2	Benign	Essentially 0%		Routine Screening
BIRADS 3	Probably benign	>0 but ≤ 2%		Short interval follow up (6 months) or continued
BIRADS 4	Suspicious	4A	>2% but ≤ 10%	Tissue Diagnosis
		4B	>10% but ≤ 50%	
		4C	>50% but < 95%	
BIRADS 5	Highly suggestive of malignancy	≥ 95%		Tissue Diagnosis
BIRADS 6	Known biopsy proven	N/A		Surgical excision when clinically appropriate



SHANYA SCANS & THERANOSTICS

Diagnostics | Interventions | Therapies

BIGGEST DIAGNOSTICS & THERANOSTICS CENTER IN UTTAR PRADESH

NAME	NIDHI SRIVASTAVA	Age/Gender	45 Y/F	Date	09-Dec-2023
UHID	SAN2300007754	Referred By	NEUBERG THC		

USG WHOLE ABDOMEN

LIVER: is normal in size (~ 12.7 cm), shape and shows homogenous echotexture. No evidence of focal space occupying lesion. No evidence of intrahepatic biliary radicles dilatation.

Portal Vein and Common Bile Duct shows normal caliber.

GALL BLADDER: is normal and shows smooth walls. No evidence of sludge/calculus. No pericholecystic free fluid / inflammation seen.

SPLEEN: is normal in size (~8.2 cm) and shows normal echotexture.

PANCREAS: shows normal in size, shape and parenchymal echotexture. Main pancreatic duct is not dilated. No peripancreatic inflammatory changes.

KIDNEYS: Both kidneys are normal in size, shape and location and shows normal echotexture with maintained cortico-medullary differentiation. No evidence of calculus/ No hydronephrosis seen. Perinephric regions appear normal.

Right kidney measures - 10.4x4.5 cm.

Left kidney measures - 11.0x3.3 cm.

URINARY BLADDER: is normally distended with echofree lumen, and shows normal wall thickness. No evidence of diverticulum or calculus.

UTERUS: - is normal in size (~ 72x56x37 mm), shape and echotexture. Endometrial thickness appears normal and measures ~ 6.7 mm. No focal lesion seen. No collection in the endometrial cavity. Cervix and upper part of vagina appears normal.

OVARY: Both ovaries are normal in size, shape and echotexture. No focal lesion seen.

Right ovary - 3.1x1.7x3.0 cm, vol- 9.0 cc

Left ovary - 1.7x1.0x2.4 cm, vol- 2.3 cc

Both adnexa appear normal.

No free fluid in POD.

No evidence of ascites.

No significant retroperitoneal / abdominal lymphadenopathy seen.


IMPRESSION:

- No significant abnormality detected.

Please correlate clinically

Dr. Rani Kunti R. Singh
MBBS, DMRD, DNB
(Radiodiagnosis)
EX-SR (SGPGI)
Consultant Radiologist

Dr. Nishant Yadav
MBBS, DNB
(APOLLO HOSPITAL, BBSR)
EX-SR (KGMU)
Consultant Radiologist


Dr. Shweta Tulsiani
MBBS, MD
Fellowship in Oncoimaging
(Tata, Kolkata)
Consultant Radiologist



CIN NO.: U85100UP2020PTC128218

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X-RAY CHEST PA VIEW

FINDINGS:

- Both lung fields are clear.
- Cardiac shadow appears to be within normal limits.
- Both hila are normal.
- Both domes of diaphragm are normal.
- Bilateral costophrenic and cardio-phrenic angles are clear.
- Visualized bones & soft tissue shadows are normal.

Please correlate clinically

Dr. Rani Kunti R. Singh
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Consultant Radiologist

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MBBS, MD
Fellowship in Oncoimaging
(Tata, Kolkata)
Consultant Radiologist

LD-7757

AGE: 45Y M D CASE: 2

MRS NIDHI SRIVASTAVA
FEMALE

09/12/2023 15:03:14
SHANYA SCAN AND THERONOSTIC CENTRE
NEAR LOHIYA HOSPITAL LUCKNOW

RATE	95 bpm	K9
P-R	626 ms	SINUS RHYTHM
QRS	128 ms	
QT	80 ms	
QTc	348 ms	
PRP	409 ms	

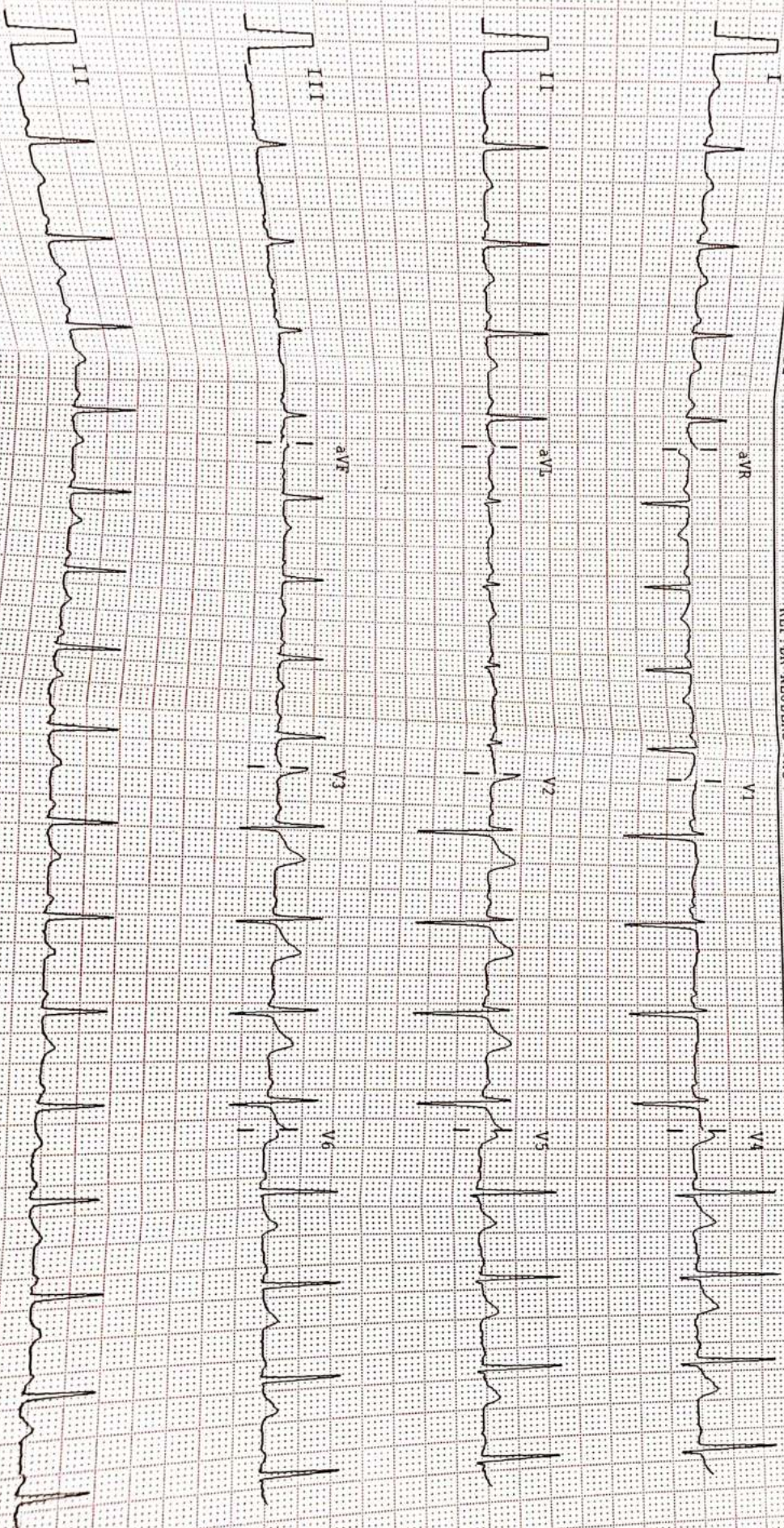
P	11°
QRS	52°
T	23°

NORMAL ECG

12 SL. REPORT FORMAT 3x4+1L.SQ

REF DR NEUBERG THC

Dr



25mm/sec 10 mm/mV Notch: ON

Blk: ON

0.05-35Hz ALLEGERS PISCES 10/21/VER: 1.11

CLINICALLY CORRELATE THE FINDINGS