

Patient Name : Mrs. SANGEETA ROHILLA	Reg No. : 2632/UHID23DL	Lab ID. : 2129/OPDPB23DL
Age / Gender : 53Y / Female	Date : 16-Jul-2023	
Mobile No. : 7017531261	Manual No.	Collected : 16-Jul-2023 09.11
Refd. By : Dr. .		Received : 16-Jul-2023 09.12
Sample Type : EDTA whole blood	Sample ID : 231993	Report : 16-Jul-2023 15.07

TEST NAME	RESULT	UNIT	RANGE	METHOD
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HEAMOTOLOGY

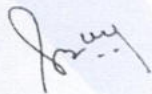
COMPLETE BLOOD COUNT

HEMOGLOBIN	11.4	g/dl	11.9-15	Colorimetric
TOTAL LEUCOCYTE COUNT	5.8	10 ³ /uL	4.0-11.0	Electrical impedance

DIFFERENTIAL LEUCOCYTE COUNT(DLC)

Neutrophil	60	%	40-75	Electrical impedance
Lymphocyte	32	%	20-45	Electrical impedance
Eosinophil	05	%	1-6	Microscopy
Monocyte	03	%	2-10	Microscopy
Basophil	00	%	0-2	Microscopy
ESR	20	mm/1sthr	0-20	Westergren's
RBC COUNT	4.44	mili/emm	3.8-5.5	Electrical impedance
PCV	35	%	35-45	Calculated
MCV	78.60	Fl	80-100	Calculated
MCH	25.6	Picogram	27.5-33.2	Calculated
MCHC	32.60	gm/dl	32-36	Calculated
PLATELET COUNT	153	10 ³ /uL	150-450	Electrical impedance

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




Dr. Sangeeta B
DCP, DNB, PATHOLOGY,
DMC/25252

Lab Technician : ramshankar



BOOK APPOINTMENT



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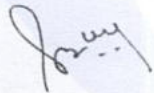
HEAMOTOLOGY

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

"B"
"POSITIVE"

Manual
Manual

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




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Mobile No. : 7017531261	Manual No.	Collected : 16-Jul-2023 09.11
Refd. By : Dr. .		Received : 16-Jul-2023 09.12
Sample Type : Plasma(Sodium fluoride)	Sample ID : 231993	Report : 16-Jul-2023 15.07

TEST NAME	RESULT	UNIT	RANGE	METHOD
BIOCHEMISTRY				
BLOOD SUGAR FASTING	155.3	mg/dl	74-100	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)

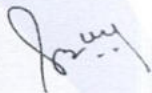
2-hr PG >200 mg/dl during OGTT(75-G)*

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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BOOK APPOINTMENT



Patient Name : Mrs. SANGEETA ROHILLA
Age / Gender : 53Y / Female
Mobile No. : 7017531261
Refd. By : Dr. .
Sample Type : Plasma(Sodium fluoride)

Reg No. : 2632/UHID23DL
Date : 16-Jul-2023
Manual No.
Sample ID : 231993

Lab ID. : 2129/OPDPB23DL

Collected : 16-Jul-2023 14.22
Received : 16-Jul-2023 14.23
Report : 16-Jul-2023 15.07

TEST NAME	RESULT	UNIT	RANGE	METHOD
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Blood Sugar PP	209.5	mg/dl	70-150	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)

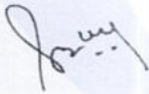
2-hr PG > 200 mg/dl during OGTT(75-G)*

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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BOOK APPOINTMENT



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TEST NAME	RESULT	UNIT	RANGE	METHOD
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HEAMATOLOGY

HBA1C (GLYCOSYLATED HB)	6.7	%	4-6	PEIT
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Metabolically healthy patients 4.5 - 6.0 %
6.1 - 6.5 %

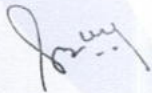
Fair control : 6.6 - 7.0 %

Poor control : Above - >7.0 %

Good control :

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 with in this 120 days. Recent glycemia has the largest influence on the HbA1c value. Clinical studies suggest that a patient in stable control will 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. Estimated Average Glucose mg/dl = (HbA1c x 35.6) - 77.3 Correlation between HbA1c and Mean Plasma Glucose (MPG) is not "perfect" but rather only this means that to predict or estimate average glucose from Hb-A1c or vice-versa is not "perfect" but gives a good working ballpark estimate. 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.

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




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BOOK APPOINTMENT



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Refd. By : Dr. .		Received : 16-Jul-2023 09.12
Sample Type : Serum	Sample ID : 231993	Report : 16-Jul-2023 15.07

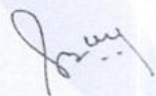
TEST NAME	RESULT	UNIT	RANGE	METHOD
HbsAg	NEGATIVE			Immunochromatography

Serology

Interpretation:-

Clinical Singnificance:-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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BOOK APPOINTMENT



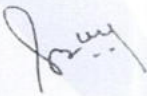
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TEST NAME	RESULT	UNIT	RANGE	METHOD
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HIV 1 & II	NEGATIVE			Immunochromatography
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Clinical Significance : HIV tests look for antibodies to HIV (Immunodeficient 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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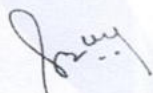
TEST NAME	RESULT	UNIT	RANGE	METHOD
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BIOCHEMISTRY

KIDNEY FUNCTION TEST

Blood Urea	24.1	mg/dl	15.0-45.0	urease
Serum Creatinine	0.7	mg/dl	0.7-1.3	Jaffes Kinetic
Serum Uric Acid	6.00	mg/dl	2.6-6.0	Uricase
Total Protein				
PROTEN	6.85	g/dl	6.4-8.3	Biuret
ALBUMIN	4.1	g/dl	3.4-4.8	Bcg
GLOBULIN	2.75	g/dl	2.3-3.5	
A/G RATIO	1.49	g/dl		
Calcium	9.5	mg/dl	8.6-10.2	Arsenazo
Sodium	141.0	mmol/L	136.0-149.0	ISE Indirect
Potassium	4.2	mmol/L	3.5-5.5	ISE Indirect
Chloride	107.2	mmol/L	98.0-109.0	ISE Indirect

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



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TEST NAME	RESULT	UNIT	RANGE	METHOD
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BIOCHEMISTRY

LIPID PROFILE

Total Cholesterol	125.00	mg/dl	123-199	CHOD-PAP
Triglycerides	129.3	mg/dl	35-135	Gpo
HDL Cholesterol Direct	37.3	mg/dl	42-88	Direct
Vldl	26	mg/dl	4.7-22.1	
LDL Cholesterol Direct	61.8	mg/dl	63-129	
Total Cholesterol/HDL Ratio	3.4		0.0-4.97	
LDL/HDL Ratio	1.7		0.0-3.55	

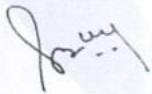
INTERPRETATION:-

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.

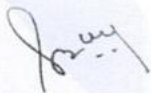
HDL-CHOLESTEROL level <35 mg/dL is associated with an increased risk of coronary vascular disease even in the face of desirable levels of cholesterol and LDL - cholesterol.

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
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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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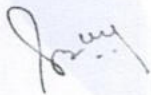
TEST NAME	RESULT	UNIT	RANGE	METHOD
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BIOCHEMISTRY

LIVER FUNCTION TEST

Serum Bilirubin				
Total Bilirubin	0.30	mg/dl	0.0-2.0	Diazo
Direct Bilirubin	0.15	mg/dl	0-0.4	Diazo
Indirect Bilirubin	0.15	mg/dl	0-0.8	Calculated
Total Protein				
PROTEN	6.85	g/dl	6.4-8.3	Biuret
ALBUMIN	4.1	g/dl	3.4-4.8	Bcg
GLOBULIN	2.75	g/dl	2.3-3.5	
A/G RATIO	1.49	g/dl		
SGOT	24	U/L	0-31	IFCC
SGPT	26	U/L	0.0-34	IFCC
Gamma GT	31.7	U/L	0-38	Glupa-c
Alkaline Phosphatase	216	U/L	42-98	Amp

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




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BOOK APPOINTMENT



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HORMONES

TSH	4.42	µIU/ml		CLIA
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Adults

21-100 yrs 0.42 - 5.45

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

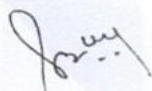
First trimester 0.1 - 2.5*

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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BOOK APPOINTMENT



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Age / Gender : 53Y / Female	Date : 16-Jul-2023	
Mobile No. : 7017531261	Manual No.	Collected : 16-Jul-2023 10.42
Refd. By : Dr. .		Received : 16-Jul-2023 10.42
Sample Type : URINE	Sample ID : 231993	Report : 16-Jul-2023 15.07

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

6.0 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

2-3

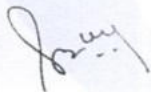
BACTERIA

NIL

OTHERS

NIL

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



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BOOK APPOINTMENT



Radiology No.	: 2129/OPDPB23DL	Date	: 16-Jul-2023
Patient Name	: Mrs. SANGEETA ROHILLA	Age/Sex	: 53Y
Guardian Name	:	UHID No.	: 2632/UHID23DL
Consultant	: Dr. .	Mobile No.	: 7017531261

ULTRASOUND OF WHOLE ABDOMEN

Convex and linear Probe was used.

The liver is increased in size(15.4cm in RML) and echotexture. Intrahepatic bile ducts and CBD are not dilated. Hepatic portal veins and the IVC appear normal in caliber.

Gall bladder is over distended of 11cm in long axis and 4.4cm in short axis. A echogenic focus of 10 x 6mm is seen in the extending to the anterior wall of GB ? edenomyomatosis. CBD measures 4.1 and lumen is echo free.

Pancreas is of normal size and contour with normal echotexture.

Right kidney is normal in size and position .It shows normal movements with respiration. Cortical thickness is normal .

No calculus, mass or hydronephrotic changes seen.

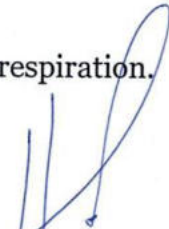
Right kidney measures-112 x 44mm.

Renal artery pulsation appear normal.

Left kidney is normal in size and position .It shows normal movements with respiration. Cortical thickness is normal .

No calculus, mass or hydronephrotic changes seen.

Left kidney measures-115 x 42mm.



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DIPLOMA IN MSK, UCAM(Spain)
Reg.No. MCI/16522, DMC/18402



BOOK APPOINTMENT



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Guardian Name	:	UHID No.	: 2632/UHID23DL
Consultant	: Dr. .	Mobile No.	: 7017531261

Renal artery pulsation appear normal.

Spleen is of normal size and shape. Ecotexture is normal. No focal lesion is seen.

No evidence of retro-peritoneal lymphadenopathy/ ascites/ pleural effusion noted.

Uterus and both ovaries show involutional changes

No free fluid is seen in the pouch of douglas.

Urinary bladder does not show any calculus or mass lesion.

Impression: 1)Borderline hepatomegaly with fatty liver Grade I.
2)Over distended gall bladder? edenomyomatosis.

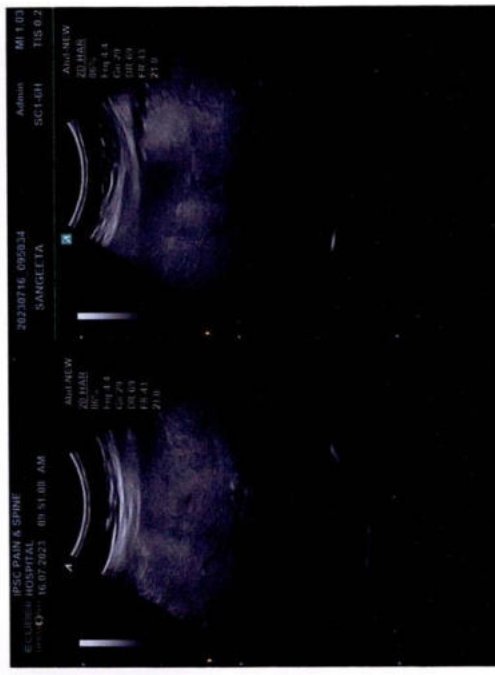
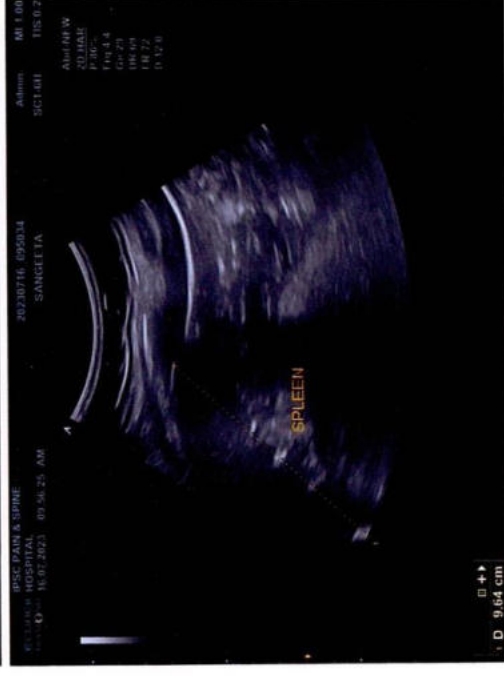
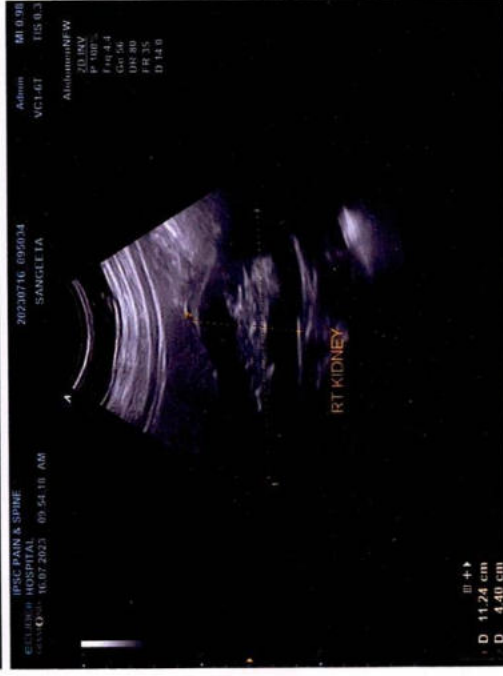
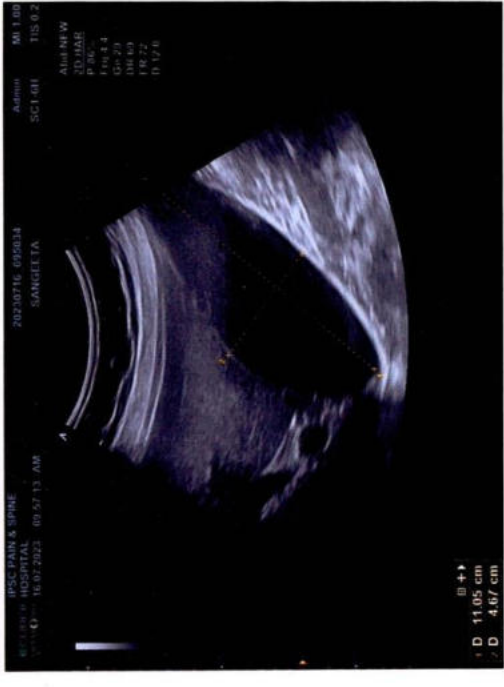


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MBBS, DMRD (RADIO DIAGNOSIS)
DIPLOMA IN MSK, UCAM (Spain)
Reg. No. MCI/16522, DMC/18402



BOOK APPOINTMENT





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Patient Name	: Mrs. SANGEETA ROHILLA	Age/Sex	: 53Y
Guardian Name	:	UHID No.	: 2632/UHID23DL
Consultant	: Dr. .	Mobile No.	: 7017531261

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.

Cardia is enlarged.

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: Boarder line cardiomegaly.

Please correlate clinically & Suggest Echo.



Dr. Harshita Surange
MBBS, DMRD (RADIODIAGNOSIS)
DIPLOMA IN MSK, UCAM (Spain)
Reg. No. MCI/16522, DMC/18402



BOOK APPOINTMENT



Radiology No.	: 2129/OPDPB23DL	Date	: 16-Jul-2023
Patient Name	: Mrs. SANGEETA ROHILLA	Age/Sex	: 53Y
Guardian Name	:	UHID No.	: 2632/UHID23DL
Consultant	: Dr. .	Mobile No.	: 7017531261

ECHO-DOPPLER REPORT

Final Interpretation

- No RWMA, LVEF-60%
- Trace TR (RVSP- 15 mm Hg)
- Normal mitral inflow pattern
- No Clot/ Veg/ PE
- IVC normal size with preserved respiratory variation

M-Mode/2-D Description

- Left Atrium: Normal
- Right Atrium: Normal
- Right Ventricle: Normal
- Aortic Valve: Normal
- Mitral Valve: Normal
- Tricuspid valve: Normal
- Pulmonary Valve: Normal
- Main Pulmonary artery & its branches: Normal
- Pericardium: Normal

Measurements (mm):

	Observed Values		Normal Values
Aortic root diameter	28		20-36 (22mm/M ²)
Aortic Valve Opening			15-26
Left Atrium size	31		19-40
	End Diastole	End Systole	Normal Values
Left Ventricle size	52	39	(ED= 37-56)
Inter ventricular Septum	10	13	(ED= 6-12)
Posterior Wall Thickness	10	14	(ED= 5-10)
LV Ejection Fraction (%)	60%		55%-80%



BOOK APPOINTMENT



Radiology No.	: 2129/OPDPB23DL	Date	: 16-Jul-2023
Patient Name	: Mrs. SANGEETA ROHILLA	Age/Sex	: 53Y
Guardian Name	:	UHID No.	: 2632/UHID23DL
Consultant	: Dr. .	Mobile No.	: 7017531261

Posterior Wall Thickness	10	14	(ED= 5-10)
LV Ejection Fraction (%)	60%		55%-80%

Doppler velocities (cm/sec)

Pulmonary valve		Aortic valve	
Max velocity	64	Max velocity	95
Mitral valve		Tricuspid valve	
E	74	Max Velocity	194
A	67	Mean Velocity	
DT		Mean PG	15
E/A			

Regurgitation

MR		TR	
Severity	nil	Severity	trace
Max Velocity		PASP	15
AR		PR	
Severity	nil	Severity	nil

DR ANIL SAHOO
(CARDIOLOGY)

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MBBS, DMRD (RADIODIAGNOSIS)
DIPLOMA IN MSK, UCAM (Spain)
Reg.No. MCI/16522, DMC/18402



BOOK APPOINTMENT





भारत सरकार

Government of India



संगीता रोहिला

Sangeeta Rohilla

जन्म तिथि / DOB : 14/10/1969

महिला / Female



6975 9655 8065

मेरा आधार, मेरी पहचान

Sangeeta



भारतीय विशिष्ट पहचान प्राधिकरण

Unique Identification Authority of India

पता:

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1947



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WWW

www.uidai.gov.in

Sangeeta

ID: 0
sangeeta
Female 53Years
Req. No. :

16-07-2023 09:50:33 AM
HR : 75 bpm
P : 106 ms
PR : 144 ms
QRS : 94 ms
QT/QTcBz : 392/438 ms
P/QRS/T : 54/10/28 °
RV5/SV1 : 0.638/0.341 mV

Diagnosis Information:
Sinus rhythm
Normal ECG

Report Confirmed by:

Well in lead 3
Normal

Dr. AMIT SAHOO
MD, PGDCC
Regn. No. 33201

