


Issue Date: 27/11/2011





भारत सरकार  
Government of India

अनसुया समल  
Anasuya Samal  
जनम तिथि / DOB : 15/04/1970  
महिला / Female

9371 6553 9899

मेरा आधार, मेरी पहचान

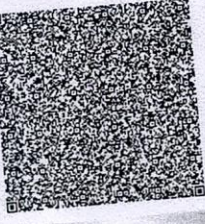
Anasuya Samal

भारत सरकार  
Government of India

अनसुया समल  
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मेरा आधार, मेरी पहचान



भारतीय विशिष्ट पहचान प्राधिकरण  
Unique Identification Authority of India

पता: इन्दिरा/ओ पंचानन समल, आर जेड एफ  
99/11 दूसरा फ्लोर, गली नं. 41 बी, साधनगर  
पालम बस्ती, पालम, गाँव, दक्षिण पश्चिमी  
दिल्ली, दिल्ली, 110045  
Address: W/O Panchanan Samal, RZF 99/11  
2nd Floor, Gali No. 41 B, Sadhnagar Palam  
Colony, Palam Village, South West Delhi,  
Delhi, 110045

Print Date: 29/11/2021

1947

help@uidai.gov.in

www.uidai.gov.in

<b>Radiology No.</b>	: 2294/OPDPB21DL	<b>Date</b>	: 28-Feb-2022
<b>Patient Name</b>	: <b>Mrs. ANASUYA SAMAL</b>	<b>Age/Sex</b>	: 50Y
<b>Guardian Name</b>	:	<b>UHID No.</b>	: 2633/UHID21DL
<b>Consultant</b>	: Dr. INSURANCE	<b>Mobile No.</b>	: <b>9718451859</b>

## ULTRASOUND OF WHOLE ABDOMEN

**Convex and linear Probes were used.**

**The liver** is normal in size, contour and 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. **A 3.3mm calculus is seen in mid pole in the left kidney.** No calculus, mass or hydronephrotic changes seen in right kidney. Corticomedullary differentiation is normal bilaterally. Bilateral PCS are normal. Bilateral ureters are not dilated.

**Right Kidney measures 95 x 37mm.**

**Left kidney measures 96 x 44mm.**

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.



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

*(Ultrasound Scan is an Investigation & therefore has technical limitation as well as inaccuracies. Hence, clinical co-relation is advisable.)  
Not all congenital anomalies can be detected by ultrasound only*

<b>Radiology No.</b>	: 2294/OPDPB21DL	<b>Date</b>	: 28-Feb-2022
<b>Patient Name</b>	: <b>Mrs. ANASUYA SAMAL</b>	<b>Age/Sex</b>	: 50Y
<b>Guardian Name</b>	:	<b>UHID No.</b>	: 2633/UHID21DL
<b>Consultant</b>	: Dr. INSURANCE	<b>Mobile No.</b>	: <b>9718451859</b>

Uterus and ovaries are involutinal changes.

No free fluid is seen in the pouch of douglas.

**Urinary bladder** does not show any calculus or mass lesion.

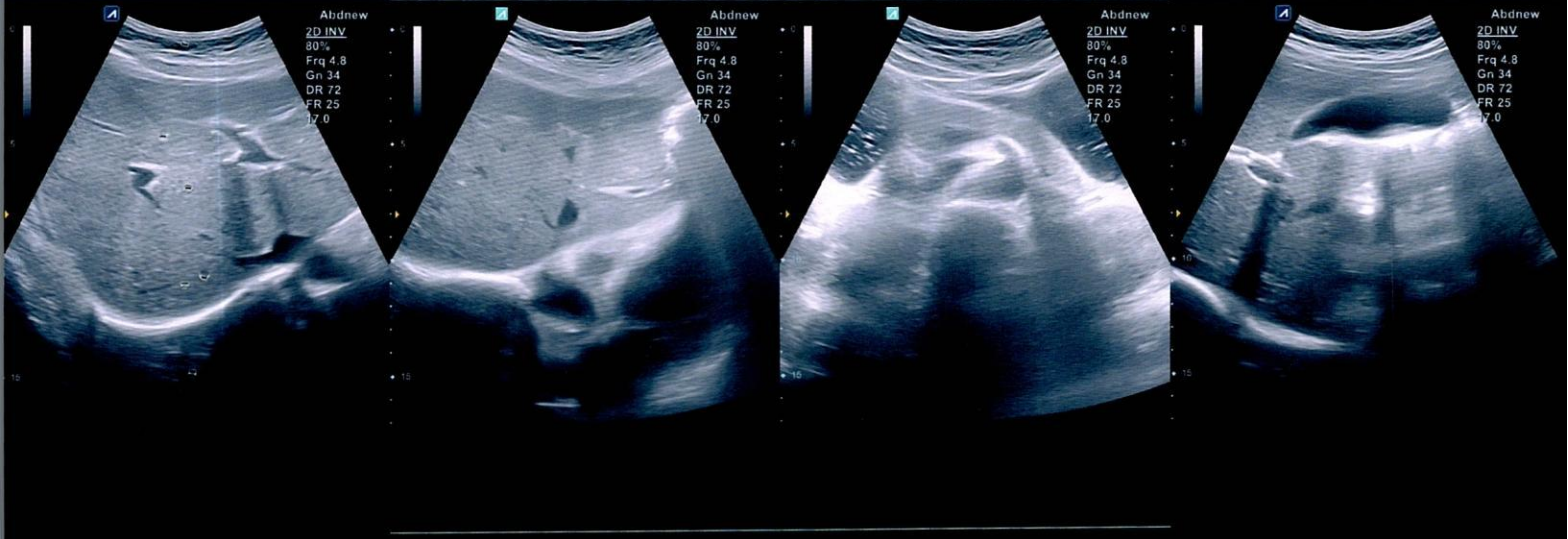
**Impression: Small Left renal calculus.**



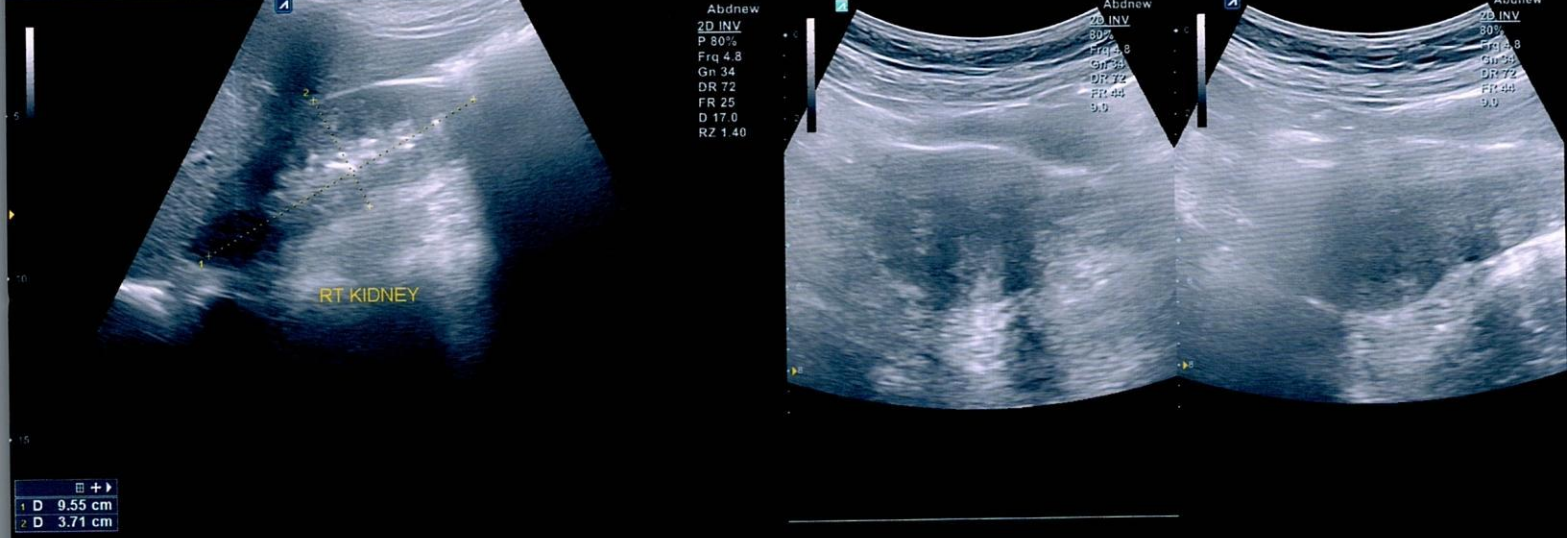
Dr. Harshita Surange  
MBBS, DMRD (RADIODIAGNOSIS)  
DIPLOMA IN MSK, UCAM (Spain)  
Reg. No. MCI/16522, DMC/18402

*(Ultrasound Scan is an Investigation & therefore has technical limitation as well as inaccuracies. Hence, clinical co-relation is advisable.)  
Not all congenital anomalies can be detected by ultrasound only*

DIAGNOSTIC AND IMAGING CENTRE 20220228\_120512 Admin MI 1.02  
ECLUBE8 DIAMOND 28.02.2022 12:06:02 PM anasuya SC1-6H TIS 0.2



DIAGNOSTIC AND IMAGING CENTRE 20220228\_120512 Admin MI 1.02  
ECLUBE8 DIAMOND 28.02.2022 12:06:41 PM anasuya SC1-6H TIS 0.2



DIAGNOSTIC AND IMAGING CENTRE 20220228\_120512 Admin MI 0.96  
ECLUBE8 DIAMOND 28.02.2022 12:08:06 PM anasuya SC1-6H TIS 0.2



<b>Radiology No.</b>	: 2294/OPDPB21DL	<b>Date</b>	: 28-Feb-2022
<b>Patient Name</b>	: <b>Mrs. ANASUYA SAMAL</b>	<b>Age/Sex</b>	: 50Y
<b>Guardian Name</b>	:	<b>UHID No.</b>	: 2633/UHID21DL
<b>Consultant</b>	: Dr. INSURANCE	<b>Mobile No.</b>	: <b>9718451859</b>

## Part:X-ray Chest

**Indication: 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.**



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



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IPSC Delhi : Plot No 453, Sector 19  
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BOOK DIAGNOSTICS

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

Contact Us : +91-7028207222

bengaluru@ipscindia.com

<b>Patient Name:</b>	Mrs. ANASUYA SAMAL	<b>Lab NO:</b>	012202280026
<b>Age/Sex:</b>	50 Y O M O D /Female	<b>Test Date:</b>	28-Feb-2022
<b>Referred By:</b>	Dr. IPSC	<b>Report Date:</b>	28-Feb-2022

**BILATERAL X-RAY MAMMOGRAPHY**

*Bilateral mammograms have been obtained using a low radiation dose technique and compression on a dedicated CR based digital system, in the cranio-caudal and medio-lateral oblique projections. Film markers are in the lateral and axillary portions of the breasts.*

Both breasts are heterogeneously dense, which may obscure small masses, ACR – C.

No mammographically demonstrable discrete mass lesion is seen in the breast parenchyma in the views taken.  
No clustered micro-calcification is seen in the views taken.  
The skin, subcutaneous tissues and nipples are normal.

Accessory breasts are seen in bilateral axillary regions.

The visualized portions of the axillae do not show any significant lymphadenopathy.

**IMPRESSION: NO OBVIOUS MAMMOGRAPHICALLY DEMONSTRABLE ABNORMALITY IS SEEN ON EITHER SIDE.**


*Note is made of accessory breasts in bilateral axillary regions*

**BI-RADS RIGHT BREAST - I**

**BI-RADS LEFT BREAST - I**

**BI-RADS GRADING**

Category	Management	Likelihood of cancer
0 Need additional imaging or prior examinations	Needs additional imaging evaluation and/or prior films for comparison	N/A
1 Negative	Routine screening	Essentially 0%
2 Benign	Routine screening	Essentially 0%
3 Probably benign	Short interval follow up (6 months)	>0% but <2%
4 Suspicious	Tissue diagnosis	4a. low suspicion of malignancy (>2% to <10%) 4b. moderate suspicion for malignancy (>10% to <50%) 4c. high suspicion of malignancy (>50% to <95%)
5 Highly suggestive of malignancy	Tissue diagnosis	>95%
6 Known biopsy proven	Surgical excision when clinically	N/A

  
**Dr. Prasanjit De**  
Consultant Radiologist  
M.D (Radiodiagnosis)  
DMC 20339

To View or download your report log on to [www.indraprasthadiagnostics.com](http://www.indraprasthadiagnostics.com)

**Disclaimer:**

*This report is a professional opinion and clinical co-relation is essential for final diagnosis. This report is not valid for medico legal purposes. In case of any alarming/unexpected results or typographical error please, contact immediately for necessary remedial action.*

**Services Available**

✓ Radiology ✓ Pathology ✓ Cardiology ✓ Neurology

**NABH ACCREDITED CENTRE**

<b>Patient Name:</b> Mrs. ANASUYA SAMAL	<b>Lab NO:</b> 012202280026
<b>Age/Sex:</b> 50 Y O M O D /Female	<b>Test Date:</b> 28-Feb-2022
<b>Referred By:</b> Dr. IPSC	<b>Report Date:</b> 28-Feb-2022

malignancy	appropriate
------------	-------------

NOTE: Dense breast parenchyma may obscure an underlying lesion. A negative report does not entirely exclude the possibility of malignancy. 10-15% of cancers are not identified by mammography. False positive report may average 6-10%.

Please bring the films along with the report on your next visit.

  
**Dr. Prasanna De**  
Consultant Radiologist  
M.D (Radiodiagnosis)  
DMC 20339

To View or download your report log on to [www.indraprasthadiagnostics.com](http://www.indraprasthadiagnostics.com)

**Disclaimer:**

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# THE DIAGNOSTIC & IMAGING CENTRE

Plot No. 147, 2nd Floor, Main Road, Sec.7,  
Dwarka, New Delhi-110078 Ph. 011-49078567

**ANASUYA SAMAL**  
 ID : 1536  
 DATE : 28-02-2022  
 AGE/SEX : 50 / F  
 HT/WT : 0 / 0  
 REF.BY :

**TREADMILL TEST REPORT**

PROTOCOL : Bruce  
 HISTORY : Checkup/Physical fitness,  
 INDICATION :  
 MEDICATION :

PHASE	TOTAL TIME	STAGE TIME	SPEED Km/Hr	GRADE %	H.R. bpm	B.P. mmHg	RPP x100	ST LEVEL (MM)			METs
								II	V1	V5	
SUPINE					55	120 / 80	66	0.5	0.3	0.8	
STANDING					61	120 / 80	73	0.4	0.1	1.1	
HYPERTENT					68	120 / 80	81	0.5	0.2	0.9	
Stage 1	2:55	0:37	2.7	10	101	130 / 80	131	1.2	0.7	0.7	4.67
Stage 2	5:55	2:55	4	12	138	140 / 80	193	0.3	0.1	0.8	7.04
Stage 3	6:38	0:38	5.4	14	152	140 / 80	212	-0.1	0.4	1.4	7.71
PK-EXERCISE	6:57	0:57	5.4	14	156	140 / 80	218	0.3	-0.1	1.7	8.02
RECOVERY	8:7	0:55			97	130 / 80	126	0.5	0.5	1.9	
RECOVERY	9:7	1:55			79	120 / 80	94	0.3	0.4	0.4	
RECOVERY	10:7	2:55			75	120 / 80	90	0.4	0.5	-0.1	
RECOVERY	11:7	3:55			74	120 / 80	88	0.4	0.6	-0.4	

**RESULTS**

EXERCISE DURATION : 6:57  
 MAX HEART RATE : 157 bpm  
 MAX BLOOD PRESSURE : 140 / 80 mm Hg  
 REASON OF TERMINATION : Achieved THR,  
 BP RESPONSE : Normal,  
 ARRHYTHMIA : None,  
 H.R. RESPONSE : Normal Chronotropic Response,  
**IMPRESSIONS** :  
 Negative for Provocable myocardial ischemia,

MAX WORK LOAD : 8.02 METs

DR KENNETH CHANDIA  
 MBBS, MD (Internal Medicine)  
 Cardiology  
 DINDIGUL, INDIA. 0451/2848

Anasuya Samal

Technician :



# THE DIAGNOSTIC & IMAGING CENTRE

ANASUYA SAMAL

PRETEST

ST @ 10mm/mV

I.D. 1536  
Age 50/F  
Date 28-02-2022

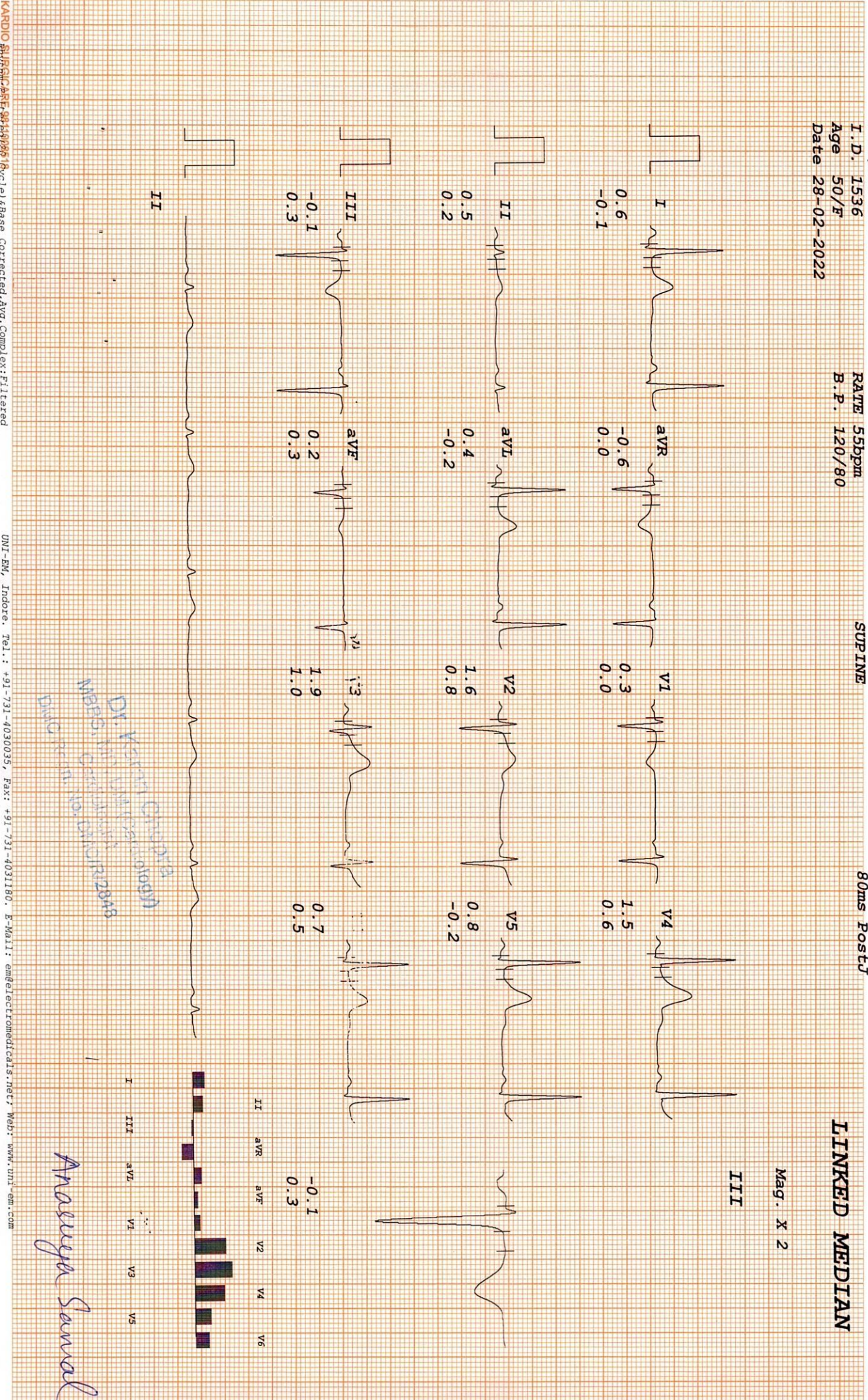
RATE 55bpm  
B.P. 120/80

SUPINE

80ms PostJ

LINKED MEDIAN

Mag. X 2



DR. KESAVA CHANDRABABU  
MBBS, MD (CARDIOLOGY)  
NIPES, HANUMANI NAGAR  
MIDC, P. O. NO. 210, D. NO. R22848

Anasuya Samal

# THE DIAGNOSTIC & IMAGING CENTRE

ANASUYA SAMAL

I.D. 1536

Age 50/F

Date 28-02-2022

RATE 61bpm

B.P. 120/80

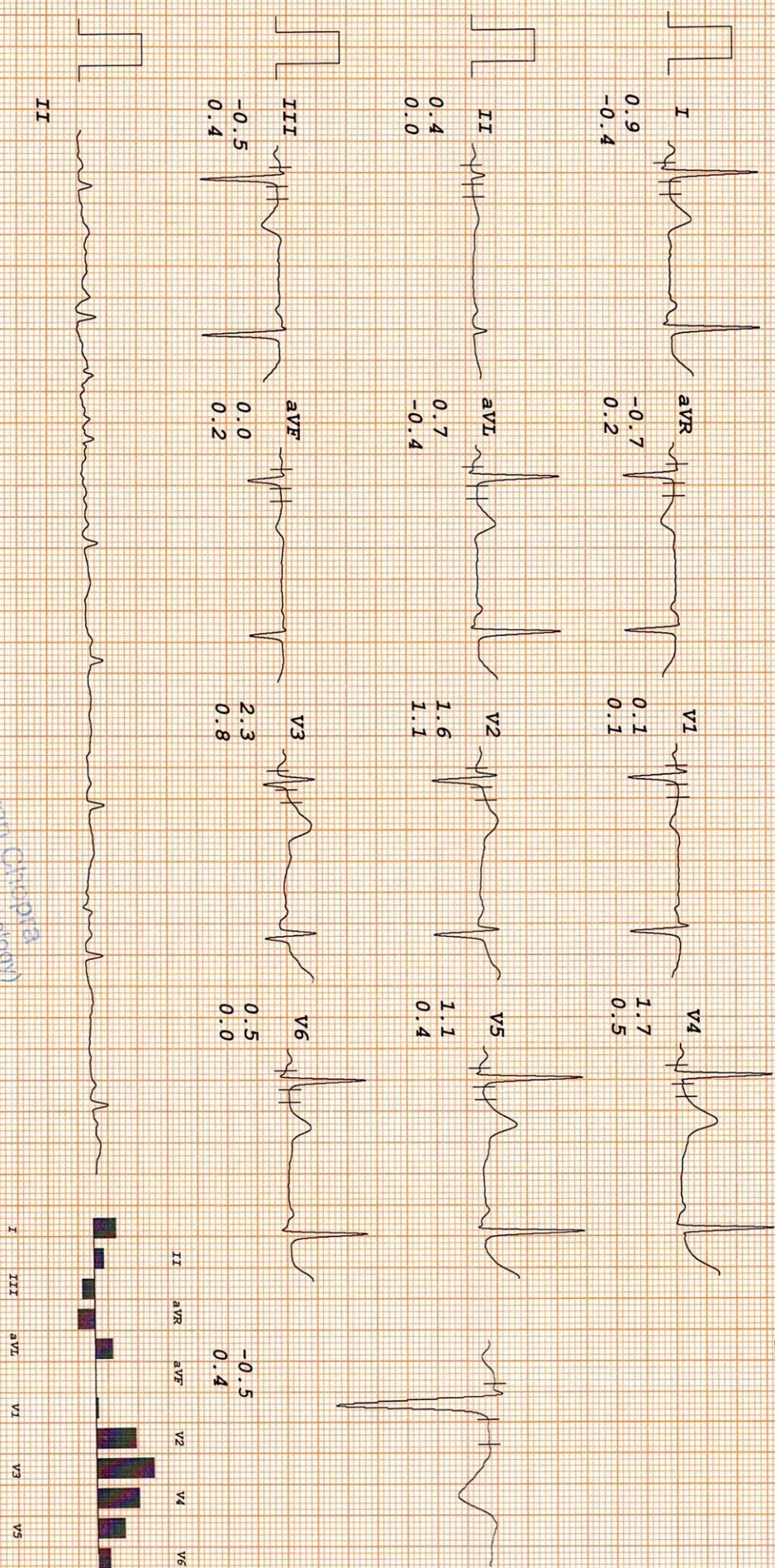
PRETEST  
STANDING

ST @ 10mm/mV  
80ms PostJ

LINKED MEDIAN

Mag. X 2

III



Dr. Keshav Chandra  
MBBS, MD, DM (Cardiology)  
DIRECTOR IN CHARGE



# THE DIAGNOSTIC & IMAGING CENTRE

ANASUYA SAMAL

I.D. 1536  
Age 50/F  
Date 28-02-2022

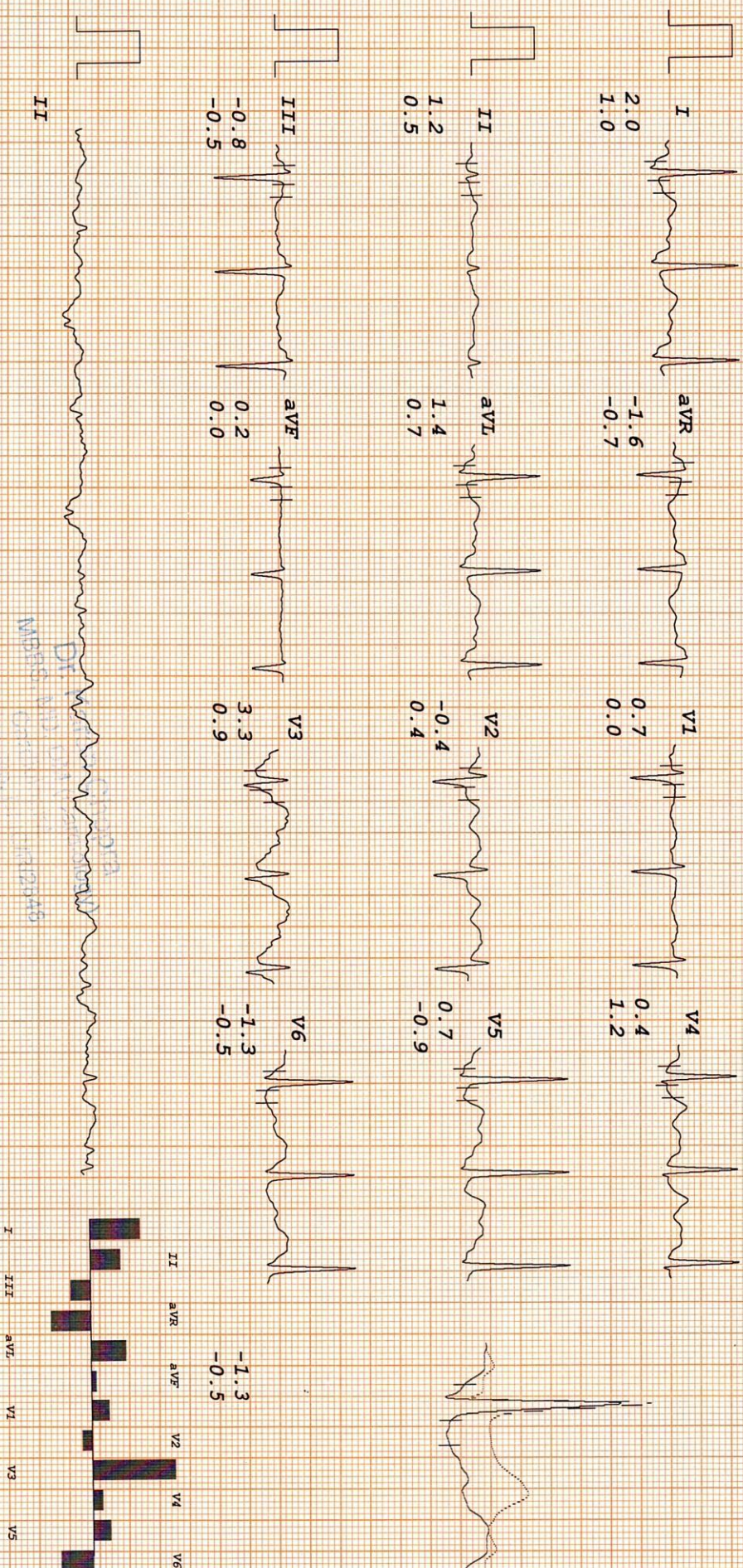
RATE 101bpm  
B.P. 130/80

Bruce  
Stage 1  
TOTAL TIME 2:55  
PHASE TIME 2:55

ST @ 10mm/mV  
80ms PostJ  
Speed 2.7 km/hr  
SLOPE 10 %

LINKED MEDIAN

Mag. X 2



# THE DIAGNOSTIC & IMAGING CENTRE

ANASUYA SAMAL

I.D. 1536  
Age 50/F  
Date 28-02-2022

RATE 138bpm  
B.P. 140/80

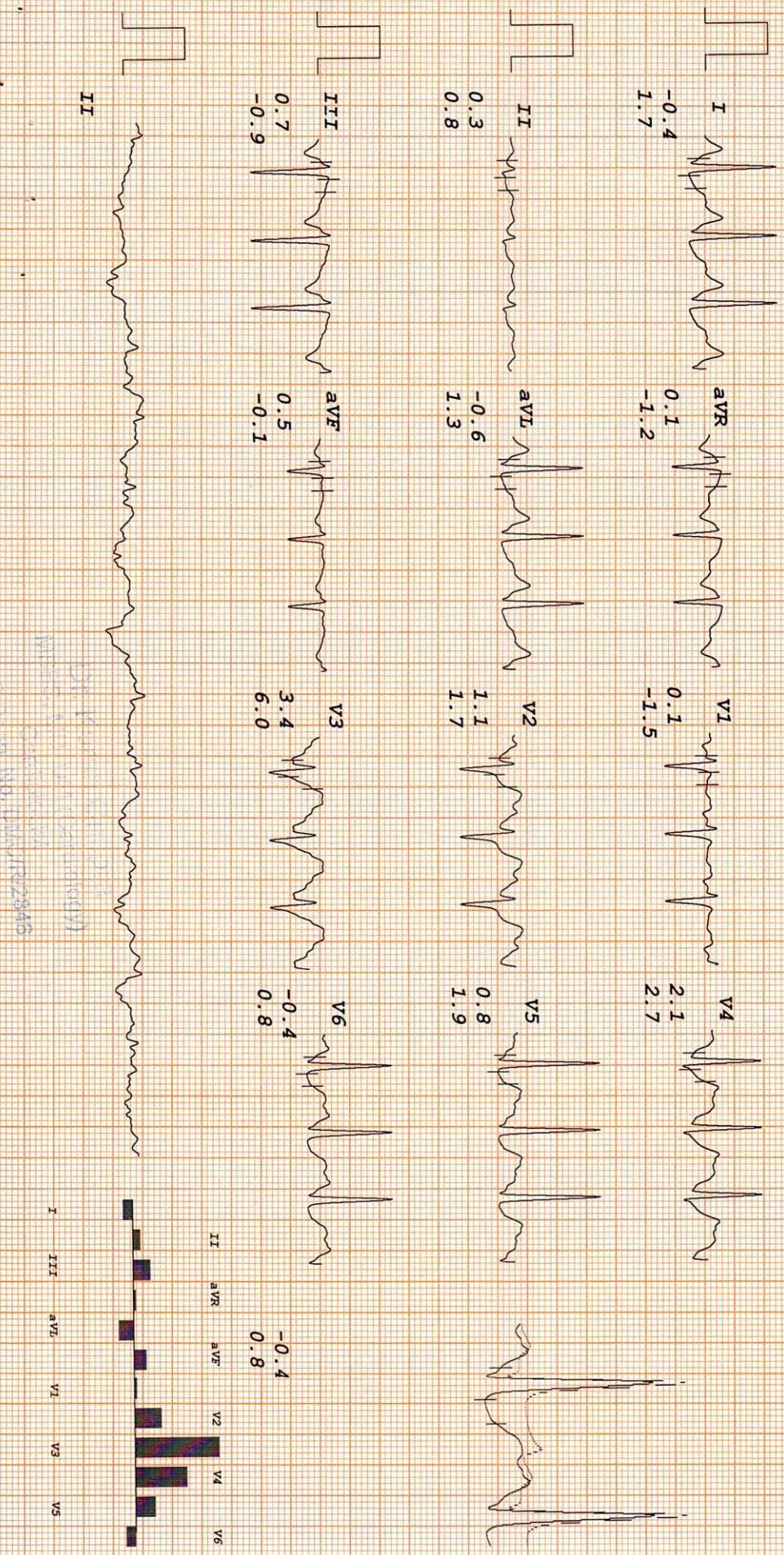
Bruce  
Stage 2  
TOTAL TIME 5:55  
PHASE TIME 2:55

ST @ 10mm/mV  
80ms PostJ  
Speed 4 km/hr  
SLOPE 12.8

LINKED MEDIAN

Mag. X 2

KARDIOGRAFI 2000 (cycle) Base Corrected Avg. Complex: Filtered DNI-SM, Indore. Tel.: +91-731-4030035, Fax: +91-731-4031180. E-Mail: em@electromedicals.net, Web: www.uni-em.com



12L KARDIOGRAFI 2000 (cycle)  
 Base Corrected Avg. Complex: Filtered  
 DNI-SM, Indore. Tel.: +91-731-4030035, Fax: +91-731-4031180. E-Mail: em@electromedicals.net, Web: www.uni-em.com

# THE DIAGNOSTIC & IMAGING CENTRE

ANASUYA SAMAL

I. D. 1536

Age 50/F

Date 28-02-2022

RATE 152bpm

B.P. 140/80

Bruce

Stage 3

TOTAL TIME 6:38

PHASE TIME 0:38

ST @ 10mm/mV

80ms PostJ

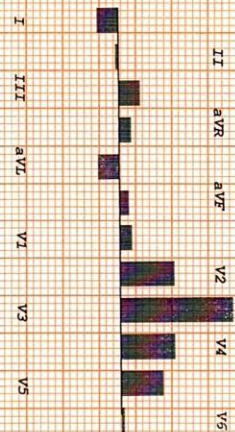
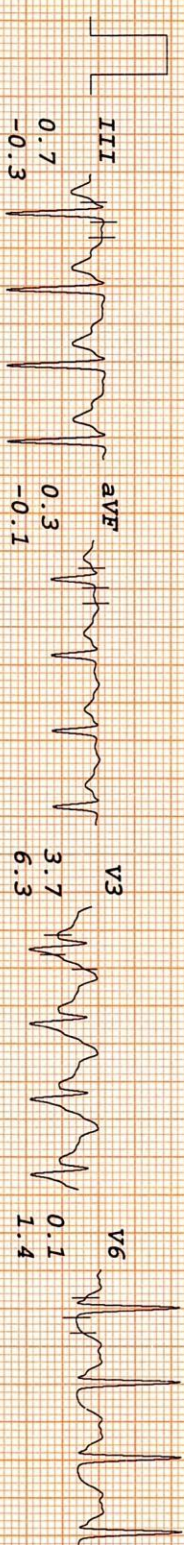
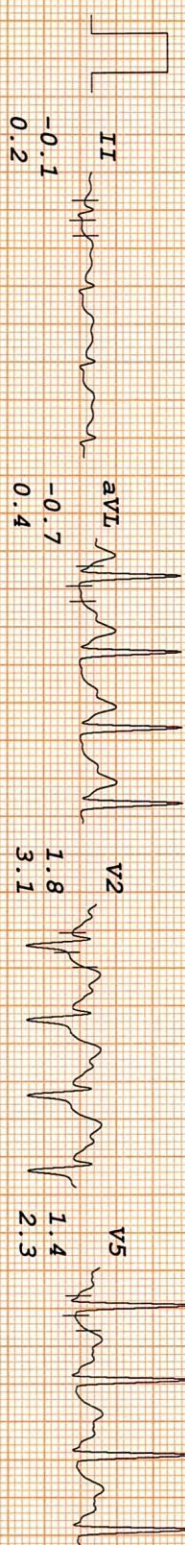
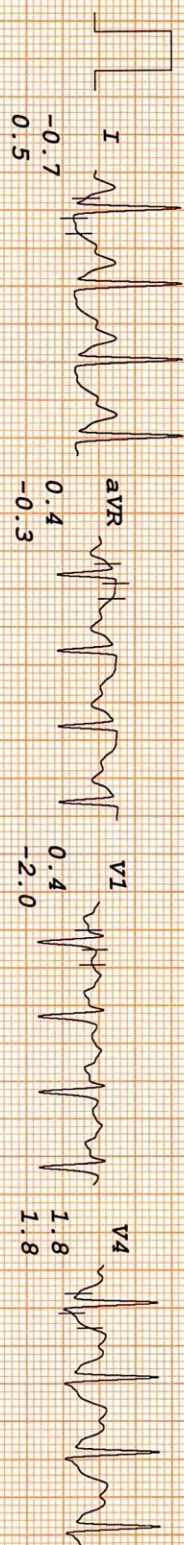
Speed 5.4 km/hr

SLOPE 14 %

LINKED MEDIAN

Mag. X 2

V6



# THE DIAGNOSTIC & IMAGING CENTRE

ANASUYA SAMAL

I.D. 1536  
Age 50/F  
Date 28-02-2022

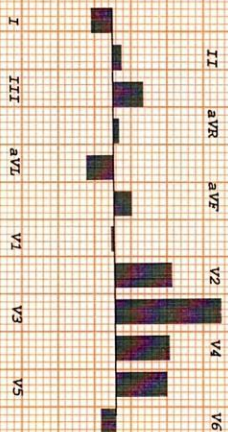
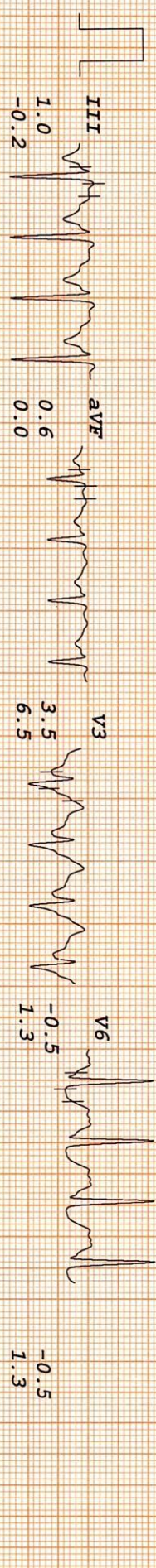
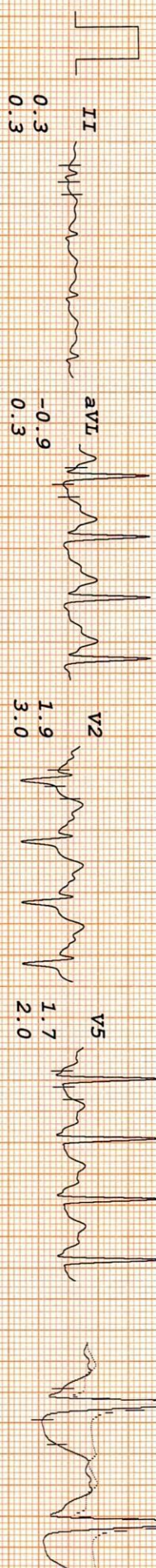
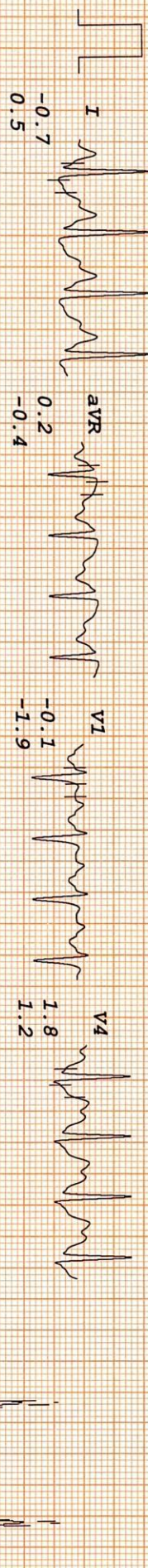
RATE 156bpm  
B.P. 140/80

Bruce  
PK-EXERCISE  
TOTAL TIME 6:57  
PHASE TIME 0:57

ST @ 10mm/mV  
80ms PostJ  
Speed 5.4 km/hr  
SLOPE 14 %

LINKED MEDIAN

Mag. X 2



V6

# THE DIAGNOSTIC & IMAGING CENTRE

ANASUYA SAMAL

Bruce

ST @ 10mm/mV

I. D. 1536

RATE 97bpm

RECOVERY TOTAL TIME 8:07

80ms PostJ

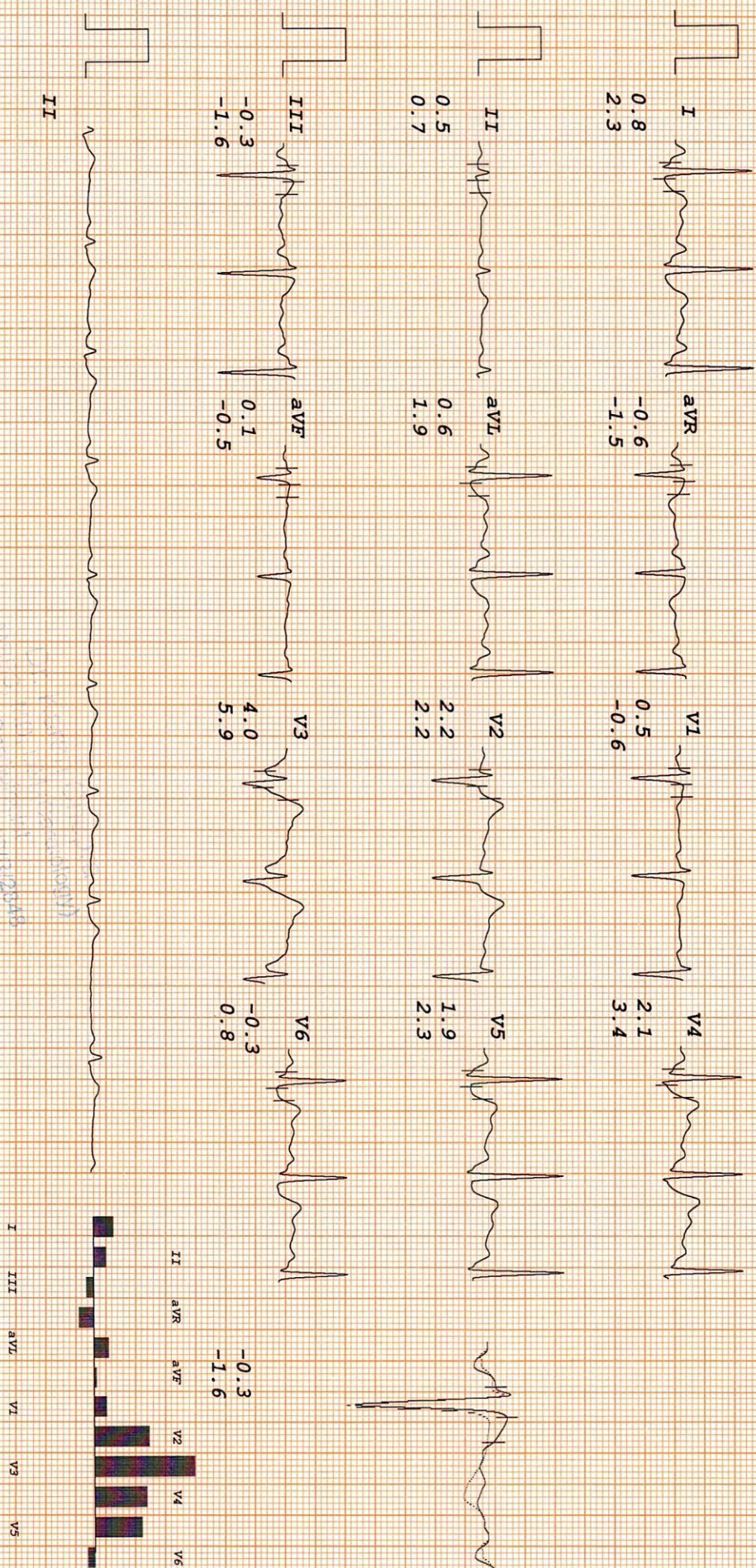
Age 50/F

B.P. 130/80

PHASE TIME 0:55

LINKED MEDIAN

Mag. X 2





# THE DIAGNOSTIC & IMAGING CENTRE

ANASUYA SAMAL

Bruce

ST @ 10mm/mV

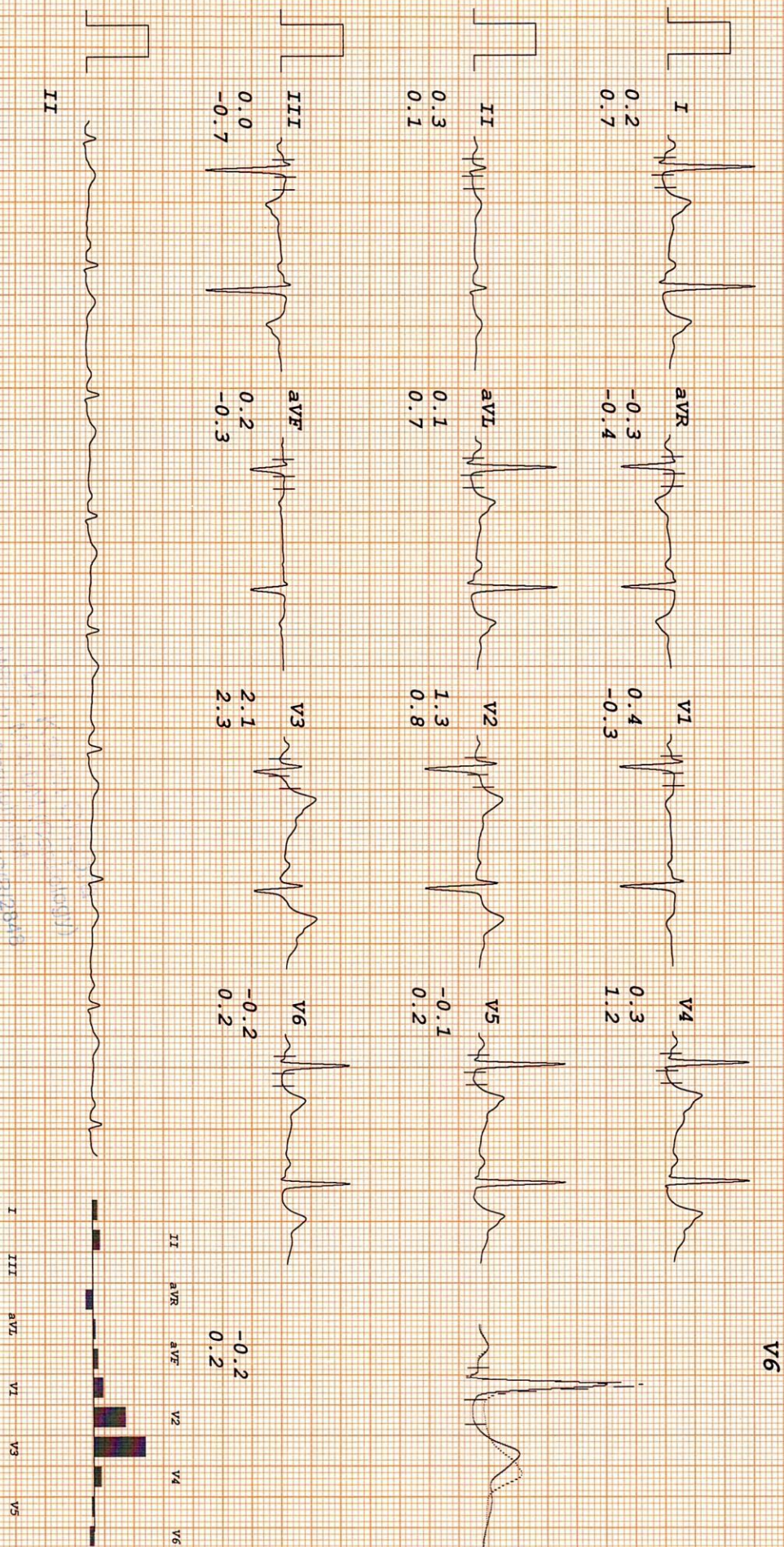
I.D. 1536  
Age 50/F  
Date 28-02-2022

RATE 79bpm  
B.P. 120/80

RECOVERY  
TOTAL TIME 9:07  
PHASE TIME 1:55

LINKED MEDIAN

Mag. X 2



# THE DIAGNOSTIC & IMAGING CENTRE

ANASUYA SAMAL

I.D. 1536  
Age 50/F  
Date 28-02-2022

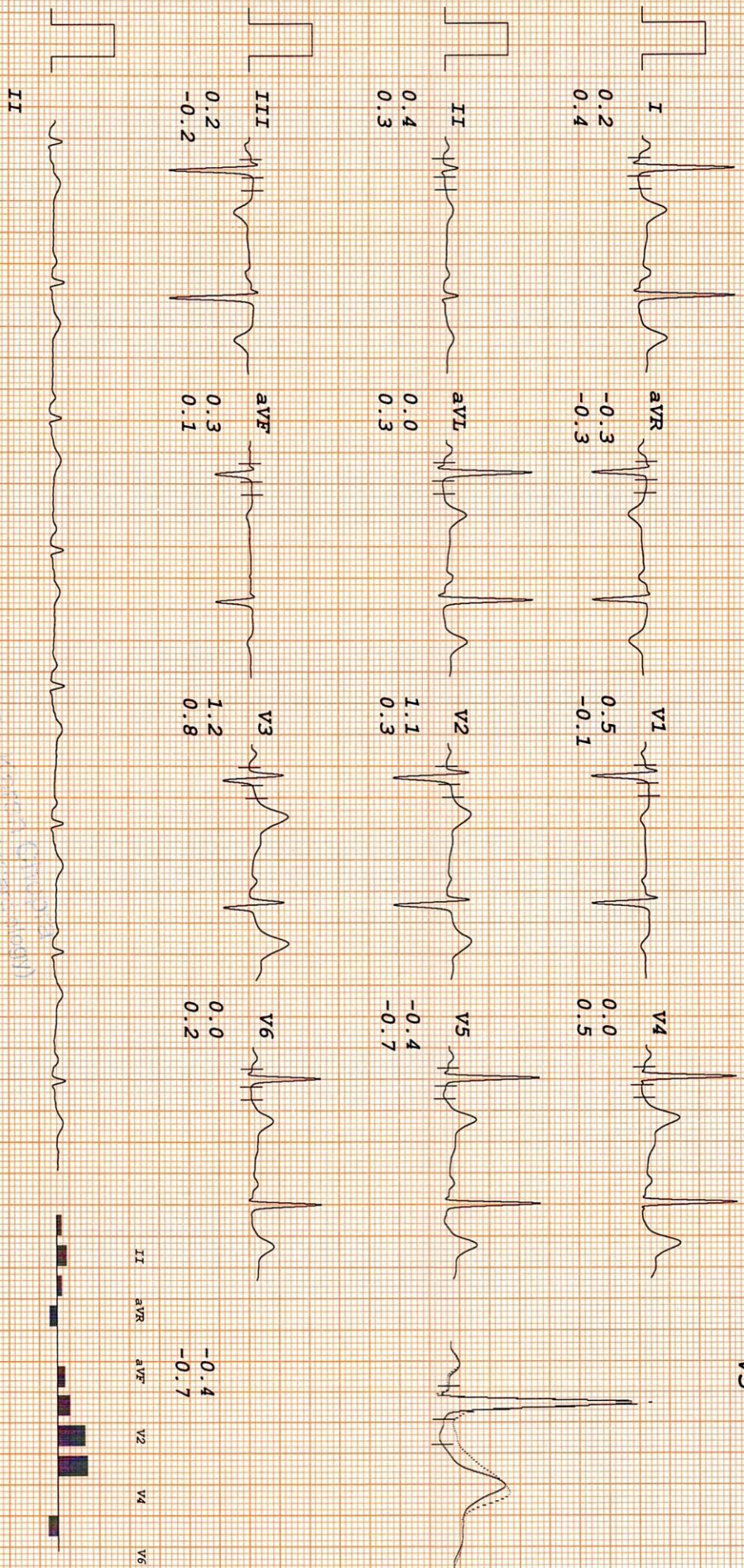
RATE 75bpm  
B.P. 120/80

RECOVERY  
TOTAL TIME 10:07  
PHASE TIME 2:55

ST @ 10mm/mV  
80ms PostJ

LINKED MEDIAN

Mag. x 2



# THE DIAGNOSTIC & IMAGING CENTRE

ANASUYA SAMDAL

I. D. 1536  
Age 50/F  
Date 28-02-2022

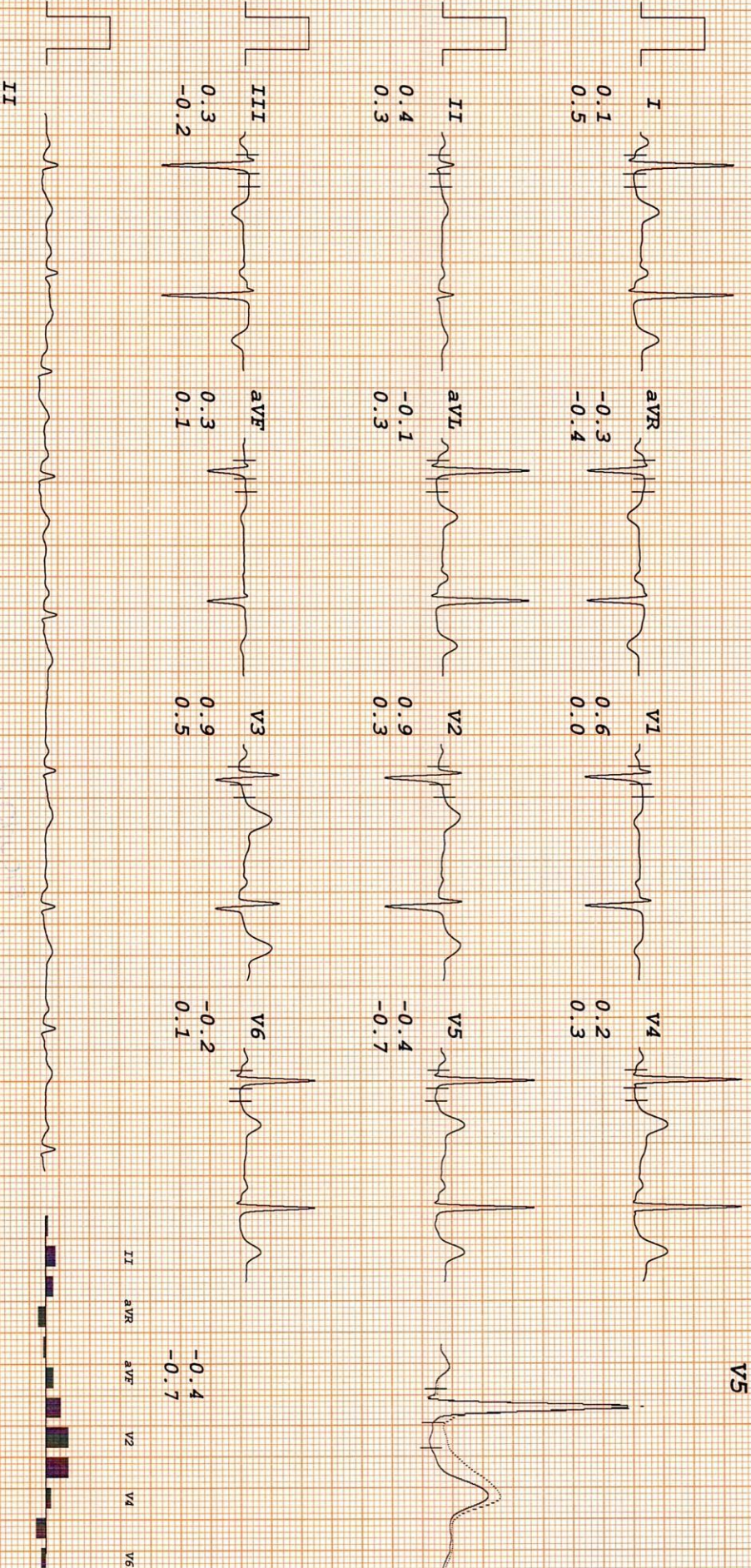
RATE 74bpm  
B.P. 120/80

Recovery  
TOTAL TIME 11:07  
PHASE TIME 3:55

ST @ 10mm/mV  
80ms PostJ

LINKED MEDIAN

Mag. X 2

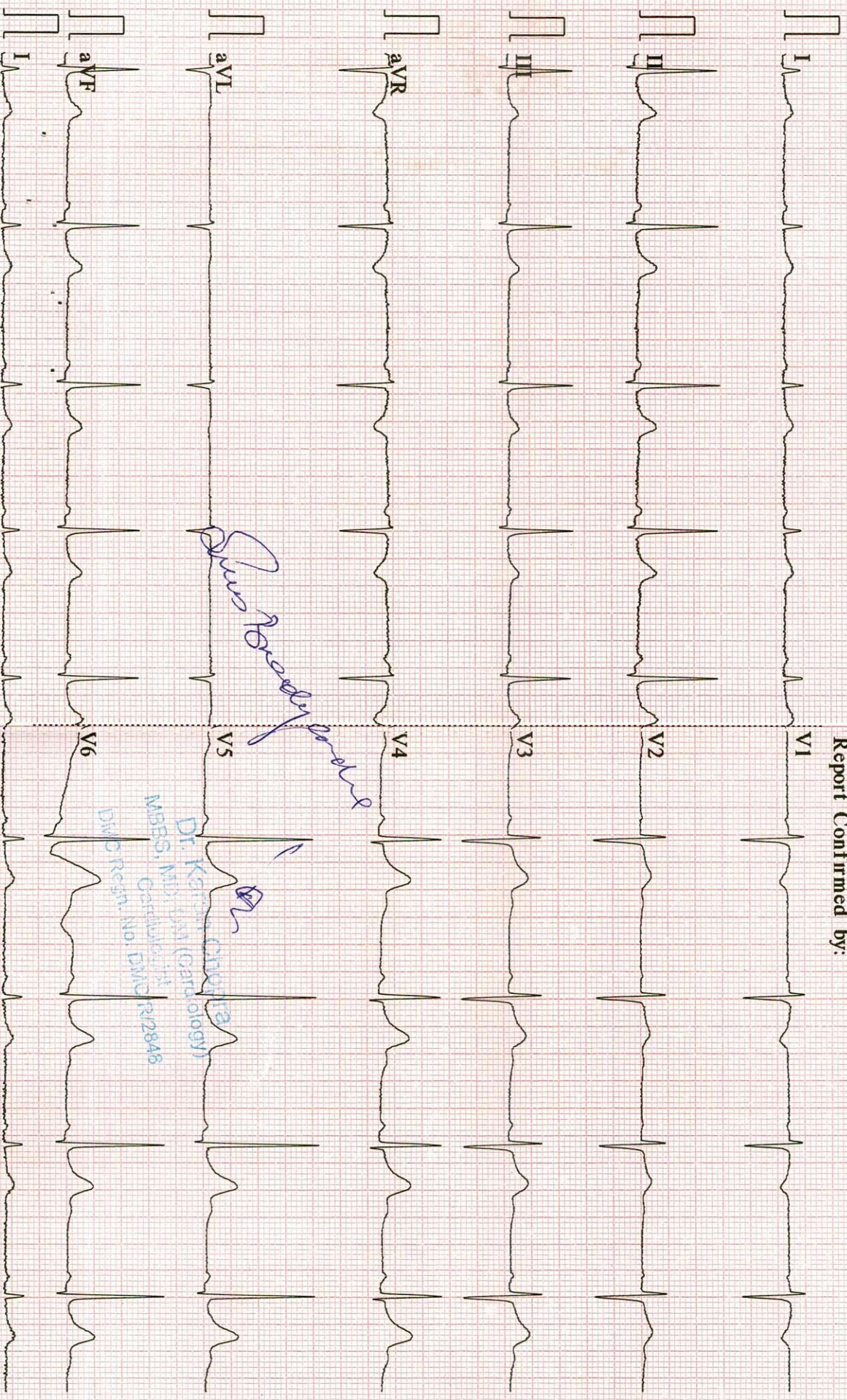


Male  
Years  
Req. No. :  
Anasuya Samuel SDF

HR : 52 bpm  
P : 96 ms  
PR : 150 ms  
QRS : 84 ms  
QT/QTcBz : 450/419 ms  
P/QRS/T : 58/76/63 °  
RV5/SV1 : 2.030/0.854 mV

Diagnosis Information:  
Sinus bradycardia  
Normal ECG except for rate

Report Confirmed by:



*Sinus Bradycardia*

Dr. K. K. CHATTERJEE  
MBBS, MD, DM (Cardiology)  
Cardiologist  
DMC Regn. No. DMC R/2848

**Patient Name** : Mrs. ANASUYA SAMAL

**Age / Gender** : 50Y / Female

**Mobile No.** : 9718451859

**Sample Type** : EDTA whole blood

**Reg No.** : 2633/UHID21DL

**Date** : 28-Feb-2022

**Refd. By** : Dr. INSURANCE

**Manual No. :**

**Sample ID** : 221397

**Lab ID.** : 2294/OPDPB21DL



**Collected** : 28-Feb-2022 10.35

**Received** : 28-Feb-2022 10.35

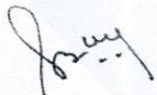
**Report** : 28-Feb-2022 16.31

TEST NAME	RESULT	UNIT	RANGE	METHOD
<b>HEAMATOLOGY</b>				
<b>COMPLETE BLOOD COUNT</b>				
HAEMOGLOBIN	12.9	gm/dl	11.9-15.0	Colorimetric
TOTAL LEUCOCYTE COUNT	4800.0	/cumm	4000-11000	Electrical impedance
<b>DIFFERENTIAL LEUCOCYTE COUNT(DLC)</b>				
Neutrophil	68	%	40-75	Electrical impedance
Lymphocyte	24	%	20-45	Electrical impedance
Eosinophil	05	%	1-6	Microscopy
Monocyte	03	%	2-10	Microscopy
Basophil	00	%	0-2	Microscopy
ESR	16.0	mm/1sthr	0-20	Westergren's
<b>RBC COUNT</b>	4.35	mili/cmm	3.8-4.8	Electrical impedance
PCV	40	%	35-45	Calculated
MCV	91.4	Fl	80-100	Calculated
MCH	29.7	Picogram	27.0-31.0	Calculated
MCHC	32.5	gm/dl	31.5-34.5	Calculated
<b>PLATELET COUNT</b>	1.90	Lakh/cm m	1.5-4.50	Electrical impedance

Note:

- As per the recommendation of International Council For Standardization in Hematology, the differential leucocyte counts are additionally being reported as absolute numbers of each cell in per Unit Volume of Blood.
- Test conducted on EDTA whole blood

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



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

Lab Technician : chand



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

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info@ipscindia.com




BOOK DIAGNOSTICS

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

Contact Us : +91-7028207222

bengaluru@ipscindia.com

<b>Patient Name</b> : Mrs. ANASUYA SAMAL	<b>Reg No.</b> : 2633/UHID21DL	<b>Lab ID.</b> : 2294/OPDPB21DL
<b>Age / Gender</b> : 50Y / Female	<b>Date</b> : 28-Feb-2022	
<b>Mobile No.</b> : 9718451859	<b>Refd. By</b> : Dr. INSURANCE	<b>Collected</b> : 28-Feb-2022 15.47
	<b>Manual No.</b> :	<b>Received</b> : 28-Feb-2022 15.47
<b>Sample Type</b> : Plasma(Sodium fluoride)	<b>Sample ID</b> : 221397	<b>Report</b> : 28-Feb-2022 17.19

TEST NAME	RESULT	UNIT	RANGE	METHOD
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### BIOCHEMISTRY

Blood Sugar F&PP				
BLOOD SUGAR FASTING	100.0	mg/dl	74-100	GOD-POD
Blood Sugar PP	135.0	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)

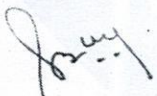
2-hr PG > 200 mg/dl during OGTT (75-G)\*

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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<b>Patient Name</b> : Mrs. ANASUYA SAMAL	<b>Reg No.</b> : 2633/UHID21DL	<b>Lab ID.</b> : 2294/OPDPB21DL
<b>Age / Gender</b> : 50Y / Female	<b>Date</b> : 28-Feb-2022	
<b>Mobile No.</b> : 9718451859	<b>Refd. By</b> : Dr. INSURANCE	<b>Collected</b> : 28-Feb-2022 10.35
	<b>Manual No.</b> :	<b>Received</b> : 28-Feb-2022 10.35
<b>Sample Type</b> : EDTA whole blood	<b>Sample ID</b> : 221397	<b>Report</b> : 28-Feb-2022 17.19

TEST NAME	RESULT	UNIT	RANGE	METHOD
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**HEAMOTOLOGY**

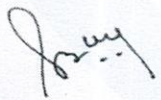
<b>HBA1C (GLYCOSYLATED HB)</b>	5.7	%	4-6	PEIT
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HighPressure Liquid Chromatography

Reference Range (HBA1c) :  
 4.5 - 6.4 %  
 Good control : 4.5 - 6.4 %  
 Fair control : 6.5 - 7.4 %  
 Poor control : Above - 7.5 %

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. 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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**Patient Name** : Mrs. ANASUYA SAMAL

**Age / Gender** : 50Y / Female

**Mobile No.** : 9718451859

**Sample Type** : Serum

**Reg No.** : 2633/UHID21DL

**Date** : 28-Feb-2022

**Refd. By** : Dr. INSURANCE

**Manual No.:**

**Sample ID** : 221397

**Lab ID.** : 2294/OPDPB21DL



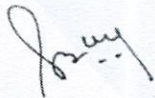
**Collected** : 28-Feb-2022 10.35

**Received** : 28-Feb-2022 10.35

**Report** : 28-Feb-2022 16.31

TEST NAME	RESULT	UNIT	RANGE	METHOD
<b>BIOCHEMISTRY</b>				
<b>KIDNEY FUNCTION TEST</b>				
Blood Urea	24.7	mg/dl	15.0-45.0	urease
Serum Creatinine	0.75	mg/dl	07-1.3	Jaffes Kinetic
Serum Uric Acid	4.30	mg/dl	2.6-6.0	Uricase
<b>Total Protein</b>				
PROTEN	6.53	g/dl	6.4-8.3	Biuret
ALBUMIN	4.4	g/dl	3.4-4.8	Bcg
GLOBULIN	2.13	g/dl	2.3-3.5	
A/G RATIO	2.07	g/dl		
Calcium	10.6	mg/dl	8.6-10.2	Arsenazo
Sodium	144.5	mmol/L	136.0-149.0	ISE Indirect
Potassium	4.2	mmol/L	3.5-5.5	
Chloride	104.4	mmol/L	98.0-109.0	ISE Indirect

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



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<b>Patient Name</b> : Mrs. ANASUYA SAMAL	<b>Reg No.</b> : 2633/UHID21DL	<b>Lab ID.</b> : 2294/OPDPB21DL
<b>Age / Gender</b> : 50Y / Female	<b>Date</b> : 28-Feb-2022	
<b>Mobile No.</b> : 9718451859	<b>Refd. By</b> : Dr. INSURANCE	<b>Collected</b> : 28-Feb-2022 10.35
	<b>Manual No.</b> :	<b>Received</b> : 28-Feb-2022 10.35
<b>Sample Type</b> : Serum	<b>Sample ID</b> : 221397	<b>Report</b> : 28-Feb-2022 16.31

TEST NAME	RESULT	UNIT	RANGE	METHOD
<b>BIOCHEMISTRY</b>				
<b>LIPID PROFILE</b>				
Total Cholesterol	168.00	mg/dl	123-199	CHOD-PAP
Triglycerides	64.5	mg/dl	35-135	Gpo
HDL Cholesterol Direct	60.7	mg/dl	42-88	Direct
Vldl	13	mg/dl	4.7-22.1	
LDL Cholesterol Direct	94.4	mg/dl	63-129	
Total Cholesterol/HDL Ratio	2.8		0.0-4.97	
LDL/HDL Ratio	1.6		0.0-3.55	

**INTERPRETATION:-**

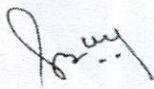
Acceptable/Low Risk	: < 200 mg/dL	: <130 mg/dL	: < 4.5
Borderline High Risk	: 200-239 mg/dL	: 130-159 mg/dl	: 4.5 - 6.0
High Risk	: > 240 mg /dL	: > 160 mg/dL	: > 6.0

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 pancreatitis.

CHOLESTEROL, its fractions and triglycerides are the important plasma lipids in defining cardiovascular risk factors and in the



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<b>Patient Name</b> : Mrs. ANASUYA SAMAL	<b>Reg No.</b> : 2633/UHID21DL	<b>Lab ID.</b> : 2294/OPDPB21DL
<b>Age / Gender</b> : 50Y / Female	<b>Date</b> : 28-Feb-2022	
<b>Mobile No.</b> : 9718451859	<b>Refd. By</b> : Dr. INSURANCE	<b>Collected</b> : 28-Feb-2022 10.35
<b>Sample Type</b> : Serum	<b>Manual No.:</b>	<b>Received</b> : 28-Feb-2022 10.35
	<b>Sample ID</b> : 221397	<b>Report</b> : 28-Feb-2022 16.31

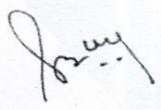
management of cardiovascular disease. Highest acceptable and optimum values of cholesterol values of cholesterol vary with age. Values above 220 mgm/dl are associated with increased risk of CHD regardless of HDL & LDL values. HDL-CHOLESTEROL level <35 mg/dL is associated with an increased risk of coronary 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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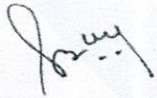


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<b>Patient Name</b> : Mrs. ANASUYA SAMAL	<b>Reg No.</b> : 2633/UHID21DL	<b>Lab ID.</b> : 2294/OPDPB21DL
<b>Age / Gender</b> : 50Y / Female	<b>Date</b> : 28-Feb-2022	
<b>Mobile No.</b> : 9718451859	<b>Refd. By</b> : Dr. INSURANCE	<b>Collected</b> : 28-Feb-2022 10.35
<b>Sample Type</b> : Serum	<b>Manual No.:</b>	<b>Received</b> : 28-Feb-2022 10.35
	<b>Sample ID</b> : 221397	<b>Report</b> : 28-Feb-2022 16.31

TEST NAME	RESULT	UNIT	RANGE	METHOD
<b>BIOCHEMISTRY</b>				
<b>LIVER FUNCTION TEST</b>				
<b>Serum Bilirubin</b>				
Total Bilirubin	0.67	mg/dl	0.0-2.0	Diazo
Direct Bilirubin	0.30	mg/dl	0-0.4	Diazo
Indirect Bilirubin	0.37	mg/dl	0-0.8	Calculated
<b>Total Protein</b>				
PROTEN	6.53	g/dl	6.4-8.3	Biuret
ALBUMIN	4.4	g/dl	3.4-4.8	Bcg
GLOBULIN	2.13	g/dl	2.3-3.5	
A/G RATIO	2.07	g/dl		
SGOT	21	U/L	0-31	IFCC
SGPT	17	U/L	0.0-34	IFCC
Gamma GT	14.8	U/L	0-38	Glupa-c
Alkaline Phosphatase	84	U/L	42-98	Amp
-----End of Report-----				



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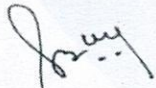
**Patient Name** : Mrs. ANASUYA SAMAL  
**Age / Gender** : 50Y / Female  
**Mobile No.** : 9718451859  
**Sample Type** : Serum

**Reg No.** : 2633/UHID21DL  
**Date** : 28-Feb-2022  
**Refd. By** : Dr. INSURANCE  
**Manual No.:**  
**Sample ID** : 221397

**Lab ID.** : 2294/OPDPB21DL  
  
**Collected** : 28-Feb-2022 10.35  
**Received** : 28-Feb-2022 10.35  
**Report** : 28-Feb-2022 16.31

TEST NAME	RESULT	UNIT	RANGE	METHOD
<b>HORMONES</b>				
<b>THYROID PROFILE</b>				
T3	1.20	ng/dl	0.80 - 2.0	CLIA
			All values Adults (euthyroid) 0.80-2.0 Newborns 0.73-2.88 6d - 3 mth 0.80-2.75 4 - 12 mth 0.86-2.65 1 - 6 yr 0.92-2.48 7 - 11 yr 0.93-2.31 12 - 20 yr 0.91-2.18	
T4	7.92	ug/dl	5.1 - 14.1	CLIA
			All values Adults 5.1-14.1 Newborns 5.04-18.5 6 d - 3 mth 5.41-17.0 4 - 12 mth 5.67-16.0 1 - 6 yr 5.95-14.7 7 - 11 yr 5.99-13.8 12 - 20 yr 5.91-13.2	
TSH	2.86	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	

**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



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**Patient Name** : Mrs. ANASUYA SAMAL

**Age / Gender** : 50Y / Female

**Mobile No.** : 9718451859

**Sample Type** : Serum

**Reg No.** : 2633/UHID21DL

**Date** : 28-Feb-2022

**Refd. By** : Dr. INSURANCE

**Manual No.:**

**Sample ID** : 221397

**Lab ID.** : 2294/OPDPB21DL



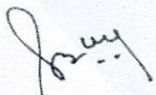
**Collected** : 28-Feb-2022 10.35

**Received** : 28-Feb-2022 10.35

**Report** : 28-Feb-2022 16.31

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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<b>Patient Name</b> : Mrs. ANASUYA SAMAL	<b>Reg No.</b> : 2633/UHID21DL	<b>Lab ID.</b> : 2294/OPDPB21DL
<b>Age / Gender</b> : 50Y / Female	<b>Date</b> : 28-Feb-2022	
<b>Mobile No.</b> : 9718451859	<b>Refd. By</b> : Dr. INSURANCE	<b>Collected</b> : 28-Feb-2022 10.35
<b>Sample Type</b> : URINE	<b>Manual No.</b> :	<b>Received</b> : 28-Feb-2022 10.35
	<b>Sample ID</b> : 221397	<b>Report</b> : 28-Feb-2022 16.31

TEST NAME	RESULT	UNIT	RANGE	METHOD
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CLINICAL PATHOLOGY

URINE ROUTINE

MICROSCOPY

PHYSICAL EXAMINATION

QUANTITY

30.00 ml 10-30 Automated /Manual

COLOUR

PALE YELLOW

TRANSPARENCY

CLEAR

SPECIFIC GRAVITY

1.010 1.015-1.025

PH

6.0 5.5 - 7

CHEMICAL EXAMINATION

ALBUMIN

NIL Automated/Manual

SUGAR

NIL

MICROSCOPIC EXAMINATION

PUS CELLS

NIL /hpf Automated/Manual

RBC'S

2-3 NIL

CASTS

NIL

CRYSTALS

NIL

EPITHELIAL CELLS

1-2

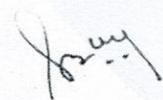
BACTERIA

NIL

OTHERS

NIL

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



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<b>Patient Name</b> : Mrs. ANASUYA SAMAL	<b>Reg No.</b> : 2633/UHID21DL	<b>Lab ID.</b> : 2294/OPDPB21DL
<b>Age / Gender</b> : 50Y / Female	<b>Date</b> : 28-Feb-2022	
<b>Mobile No.</b> : 9718451859	<b>Refd. By</b> : Dr. INSURANCE	<b>Collected</b> : 01-Mar-2022 14.23
	<b>Manual No.:</b>	<b>Received</b> : 01-Mar-2022 14.23
<b>Sample Type</b> : STOOL	<b>Sample ID</b> : 221397	<b>Report</b> : 01-Mar-2022 14.40

TEST_NAME	RESULT	UNIT	RANGE	METHOD
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**CLINICAL PATHOLOGY**

STOOL R/M

**PHYSICAL EXAMINATION**

COLOUR/ APPEARANCE	BROWN
CONSISTENCY	SOFT
MUCUS	NIL
OVA.	NIL

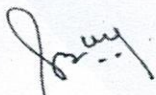
**CHEMICAL REACTION**

PH	ACIDIC
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**MICROSCOPY EXAMINATION**

PUS CELLS	1-2
RBC	NIL
OTHER	NIL

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



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