



MODERN PATHOLOGY & DIAGNOSTIC CENTRE

Dr. R. P. Rastogi
M.B.B.S., M.D. (Path & Bact)



CLINIC :

1/4A, Vineet Khand, (Opp Jaipuria Management)
Gomti Nagar, Lucknow - 226 010
Ph.: 0522-4008184, 4308184 • 8112323230
Mob.: 7618884441, 9450389932, 8177063877

DATE : 24/08/2024

NAME : Mrs Poornima Singh

AGE : 37 Years SEX : F

HEIGHT : 161 CMS

WEIGHT : 87 KGS

BMI : 33.6

Blood Pressure : 120/82


Dr. Smita Rastogi
MBBS, DCP
Reg. No. 37370



Dr. Sanjay Rastogi
M.B.B.S., DCP, CRIAT (BARC)

Dr. Smita Rastogi
M.B.B.S., DCP

Results, adhering to W.H.O. and International Federation of Clinical Chemists Quality Control Standards.

SAMPLE COLLECTION FACILITY AVAILABLE

Report needs clinicopathological correlation ♦ Not for Medico Legal Purpose

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भारत सरकार
Government of India



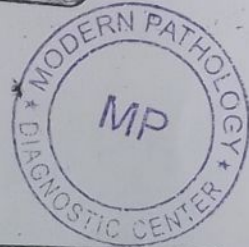
पूणिमा सिंह
Poonima Singh
जन्म तिथि / DOB: 13/06/1987
महिला / Female




5690 0439 0911

आधार - आम आदमी का अधिकार

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भारत सरकार
Government of India



आधार
Unique Identification Authority of India

पता:
अर्धांगिनी: राजीव सिंह, 3 / 52,
विक्रान्त खंड, गोमतीनगर, लखनऊ,
गोमतीनगर, उत्तर प्रदेश, 226010

Address:
W/O: Rajeev Singh, 3 / 52, Vikrant
Khand, Gomtinagar, Lucknow,
Gomtinagar, Uttar Pradesh,
226010

5690 0439 0911

1947
1800 300 1947

help@uidai.gov.in

www.uidai.gov.in

You have been informed that, ophthalmology, dental consultation or Gynaecologist facility is not available at our centre. If you are ready then your test can be started.

2D echo test facility is not available at our centre, instead we do TMT test.



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24/8/24



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Date	: 24-Aug-2024	Age	: 37 Yrs.
Name	: Mrs. POORNIMA SINGH	Sex	: Female
Ref.By	: APOLLO HEALTH		

Haemoglobin	9.3	gm%	11 - 14
-------------	-----	-----	---------

Total Leucocyte Count	7400	Cells/cumm.	4000-11000
-----------------------	------	-------------	------------

Differential Leucocyte Count			
Polymorphs	51	%	45 - 70
Lymphocytes	37	%	20 - 45
Eosinophils	04	%	0 - 6
Monocytes	08	%	0 - 8
Basophils	00	%	0 - 1

Erythrocyte Sedimentation Rate (Wintrobe)			
ESR	20	mm in 1st Hr.	0 - 19
PCV	31.1	cc%	40 - 52
Corrected ESR	10	mm in 1st Hr.	0 - 19

Platelet Count	2.72	lakh/cumm.	1.5 - 4.0
----------------	------	------------	-----------

Red Cells Count	4.16	million/cmm	3.90 to 4.60
-----------------	------	-------------	--------------

Absolute values			
MCV	74.8	fL	77 - 97
MCH	22.4	pg	27 - 31
MCHC	29.9	gm /dl	31 - 34

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Date	: 24-Aug-2024		
Name	: Mrs. POORNIMA SINGH	Age	: 37 Yrs.
Ref.By	: APOLLO HEALTH	Sex	: Female

General Blood Picture

RBCs	These are microcytic hypochromic type. No normoblasts are seen.
WBCs	TLC is within normal range. DLC shows normal counts. No immature cells of WBC seen.
PLATELETS	Platelets are adequate in number and morphology.
OTHERS	No haemoparasites are seen.
IMPRESSION	MICROCYTIC HYPOCHROMIC ANAEMIA

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Date	: 24-Aug-2024			
Name	: Mrs. POORNIMA SINGH		Age	: 37 Yrs.
Ref.By	: APOLLO HEALTH		Sex	: Female

Plasma Glucose - F GOD-POD Method	88	mg/dl	70 - 110
--------------------------------------	----	-------	----------

Plasma Glucose - PP GOD POD Method	105	mg/dl	110 - 170
---------------------------------------	------------	-------	-----------

Blood Group & Rh	"A" Positive		
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Serum Bilirubin	0.66	mg%	0.2 - 1.0
Direct Bilirubin	0.28	mg%	0.0 to 0.40
Indirect Bilirubin	0.38	mg%	0.10 to 0.90

SGOT	20	IU/L	UPTO 40
------	----	------	---------

SGPT	29	IU/L	Upto 40
------	----	------	---------

S. Alkaline Phosphatase	188	IU/L	100 - 275
-------------------------	-----	------	-----------

Serum Gamma G.T.	22	IU/L	11 - 50
------------------	----	------	---------

KFT			
UREA	20.1	mg %	15 - 50
CREATININE	0.94	mg %	0.5 - 1.5
URIC ACID	5.5	mg %	2 - 6
CALCIUM	9.7	mg %	8.8 - 10.0

Urine Sugar (Fasting)	NIL		
-----------------------	-----	--	--

Urine Sugar (PP)	NIL		
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Date : 24-Aug-2024

Name : **Mrs. POORNIMA SINGH**

Age : 37 Yrs.

Ref.By : APOLLO HEALTH

Sex : Female

LIPID PROFILE

Triglycerids	118	mg%	70 - 190
S. Cholestrol S.	163	mg%	130 - 230
S. HDL Cholestrol	41.3	mg%	35 - 75
S. LDL Cholestrol	98.1	mg%	75 - 150
VLDL	23.6	mg%	0 - 34
Chol / HDL factor	3.95		
LDL / HDL Factor	2.38		

COMMENTS

- * Triglycerides (TG) are the main dietary lipids. Cholesterol constitutes a small part of the dietary lipids, it is mostly synthesised in the liver. Both TG and Chol. are transported through the plasma by lipoproteins (Chylomicrons, VLDL, LDL, IDL, HDL).
- * LDL is the major cholesterol particle in plasma and high levels are strongly implicated in the formation of atheroma. An increase in the LDL leads to hypercholesterolemia, and therefore a risk factor for IHD. LDL increases with age particularly in females. Oestrogen lowers LDL and raises HDL. Raised chol. in females is mostly due to disturbed thyroid function.
- * Increase in VLDL leads to hyperglyceridaemia. Raised TGs are associated with increased risk of CHD. Very high TGs increase the risk of Pancreatitis. Cholesterol is often raised due to Diabetes, Renal disease, Diuretic or Beta-blocker therapy.

TYPES OF HYPERLIPOPROTEINEMIAS

TYPE 1: Normal cholesterol TG greatly raised	TYPE 3: Cholesterol increased TG increased
TYPE 2a: Cholesterol increased LDL increased TG normal	TYPE 4: Cholesterol normal /increased VLDL increased TG increased
TYPE 2b Chol. increased VLDL raised TG increased LDL increased	TYPE 5: Cholesterol increased LDL reduced VLDL increased TG greatly increased

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Name : **Mrs. POORNIMA SINGH**

Age : 37 Yrs.

Ref.By : APOLLO HEALTH

Sex : Female

THYROID TEST

Tri-iodothyronine (T3)	1.94	nmol/L	0.50 to 2.50
Thyroxine (T4)	7.20	mcg/dL	5.0 to 12.5
Thyroid Stimulating Hormone (TSH)	1.85	mIU/ ml	0.3 to 6.0

=====

COMMENTS

=====

- 1) Primary hyperthyroidism is accompanied by elevated Serum T3 and T4 values along with depressed TSH levels.
- 2) Primary Hypothyroidism is accompanied by depressed serum T3 and T4 values and elevated serum TSH levels.
- 3) Normal T4 levels accompanied by high T3 levels are seen in patients with T3 thyrotoxicosis.
- 4) Slightly elevated T3 levels may be found in pregnancy and estrogen therapy, while depressed levels may be encountered in severe illness, malnutrition, renal failure and during therapy with drugs like propranolol and propylthiouracil.
- 5) Elevated TSH levels may also be indicative of TSH secreting Pituitary Tumour.

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Date	: 24-Aug-2024	Age	: 37 Yrs.
Name	: Mrs. POORNIMA SINGH	Sex	: Female
Ref.By	: APOLLO HEALTH		

Glycosylated Haemoglobin

Glycosylated Haemoglobin	5.5	%	4.5 TO 6.0
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INTERPRETATION AND COMMENTS

=====

NON DIABETIC : 4.5 to 6.0 %
GOOD CONTROL: 6.0 to 7.0
FAIR CONTROLLED 7.0 AND 8.0
UNCONTROLLED 8.0 AND ABOVE

Glycosylated haemoglobin is the adducted glucose in the haemoglobin of the red blood cells, this adduction is stable for the life time of the RBC (i.e 120 days). There fore the measure of glycosylated haemoglobin reflects the average blood glucose concentration over the preseding several weeks. The sudden change in blood glucose level would not effect the glycosylated haemoglobin level ,which serves as a better marker of long term metabolic control and the efficacy of therapy.

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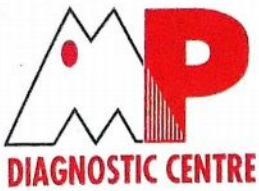
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Date	: 24-Aug-2024	Age	: 37 Yrs.
Name	: Mrs. POORNIMA SINGH	Sex	: Female
Ref.By	: APOLLO HEALTH		

Urine Examination

PHYSICAL		
Colour	Straw	
Turbidity	Nil	
Deposit	Nil	
Reaction	Acidic	
*Specific Gravity	1.020	
CHEMICAL		
Protein	Nil	
Sugar	Nil	
*Bile Salts	Nil	
*Bile Pigments	Nil	
Phosphate	Nil	
MICROSCOPIC		
Pus Cells	Nil	/hpf
Epithelial Cells	0-1	/hpf
Red Blood Cells	Nil	/hpf
Casts	Nil	
Crystals	Nil	
Others	Nil	

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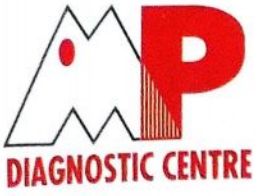
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EDGE 3000 PVT. LTD.

SAMPLE DATE : 24/08/2024
NAME : Mrs Poornima Singh
AGE/SEX : 37/YRS/FEMALE
REFERRED BY : Apollo Health .

Test Name	Result	Bio. Ref. Range	Unit
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CLINICAL PATHOLOGY TEST REPORT

PAP

GROSS:

Smears collected from the ecto and the endo cervix. Slides prepared and stained with PAP stain.

MICROSCOPIC:

Smears studied show adequate representing material, comprising mainly of squamous epithelial cells. These cells have abundant pale pink eosinophilic cytoplasm and normal appearing round to oval nuclei. Smears from the endocervix show fair number of "stripped nuclei" of the endometrial cells. Occasional small cluster of the endometrial cells are seen. These cells have indistinct cellular borders, scanty basophilic cytoplasm and oval nuclei with clumped chromatin. Smears from both the sites are mildly infiltrated with inflammatory cells, mostly polymorphs

IMPRESSION: SMEARS SUGGESTIVE OF NORMAL PAP SMEAR WITH MODERATE INFLAMMATION

*** End Of Report ***

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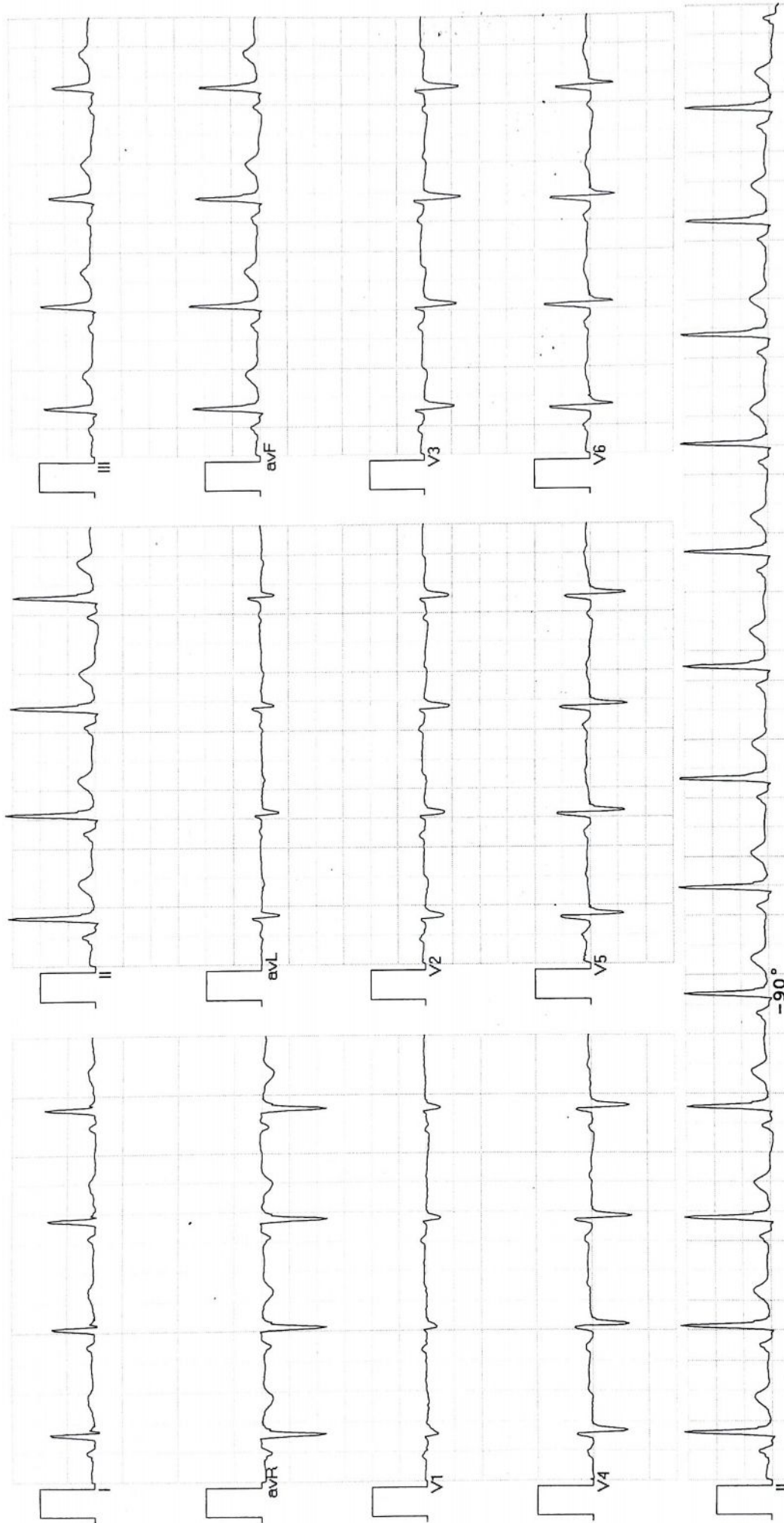
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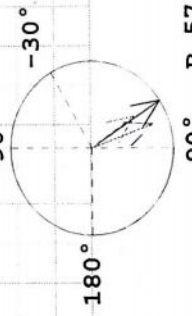
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Vent Rate : 80 bpm
 PR Interval : 140 ms
 QRS Duration: 100 ms
 QT/QTc Int : 362/397 ms
 P-QRS-T axis: 55.00 • 57.00 • 70.00 •



Normal ECG

Axis
 90° R 57° T 70° P 55°

[Signature]
 DR. AMIT MOHAN MD
 Reg. No. 44559

MODERN PATHOLOGY AND DIAGNOSTIC CENTER

Gomti Nagar Lucknow

Report



POORNIMA SINGH / 36 Yrs / F / 161 Cms / 87 Kg

Date: 24 - 08 - 2024 Refd By : APOLLO HEALTH Examined By:


Stage	Time	Duration	Speed(Kmph)	Elevation	METs	Rate	% THR	BP	RPP	PVC	Comments
Supine	00:04	0:04	00.0	00.0	01.0	078	42 %	120/82	093	00	
Standing	00:08	0:04	00.0	00.0	01.0	078	42 %	120/82	093	00	
HV	00:13	0:05	00.0	00.0	01.0	078	42 %	120/82	093	00	
ExStart	00:18	0:05	02.7	10.0	01.1	078	42 %	120/82	093	00	
BRUCE Stage 1	03:18	3:00	02.7	10.0	04.7	150	82 %	134/86	201	00	
PeakEx	04:38	1:20	04.0	12.0	05.8	160	87 %	142/90	227	00	
Recovery	05:38	1:00	00.0	00.0	01.0	126	68 %	142/90	178	00	
Recovery	06:38	2:00	00.0	00.0	01.0	103	56 %	140/86	144	00	
Recovery	07:38	3:00	00.0	00.0	01.0	105	57 %	136/82	142	00	
Recovery	08:00	3:22	00.0	00.0	01.0	090	49 %	132/80	118	00	

FINDINGS :

Exercise Time : 04:20
Max HR Attained : 160 bpm 87% of Target 184
Max BP Attained : 142/90 (mm/Hg)
Max WorkLoad Attained : 5.8 Fair response to induced stress
Test End Reasons : Fatigue

REPORT :

1. STRESS TEST IS NON CONCLUSIVE. TEST IS STOPPED BY CLIENT , NOT IN POSITION TO PERFORM FURTHER.


 DR. AMIT MOHAN
 Reg. No. 44559

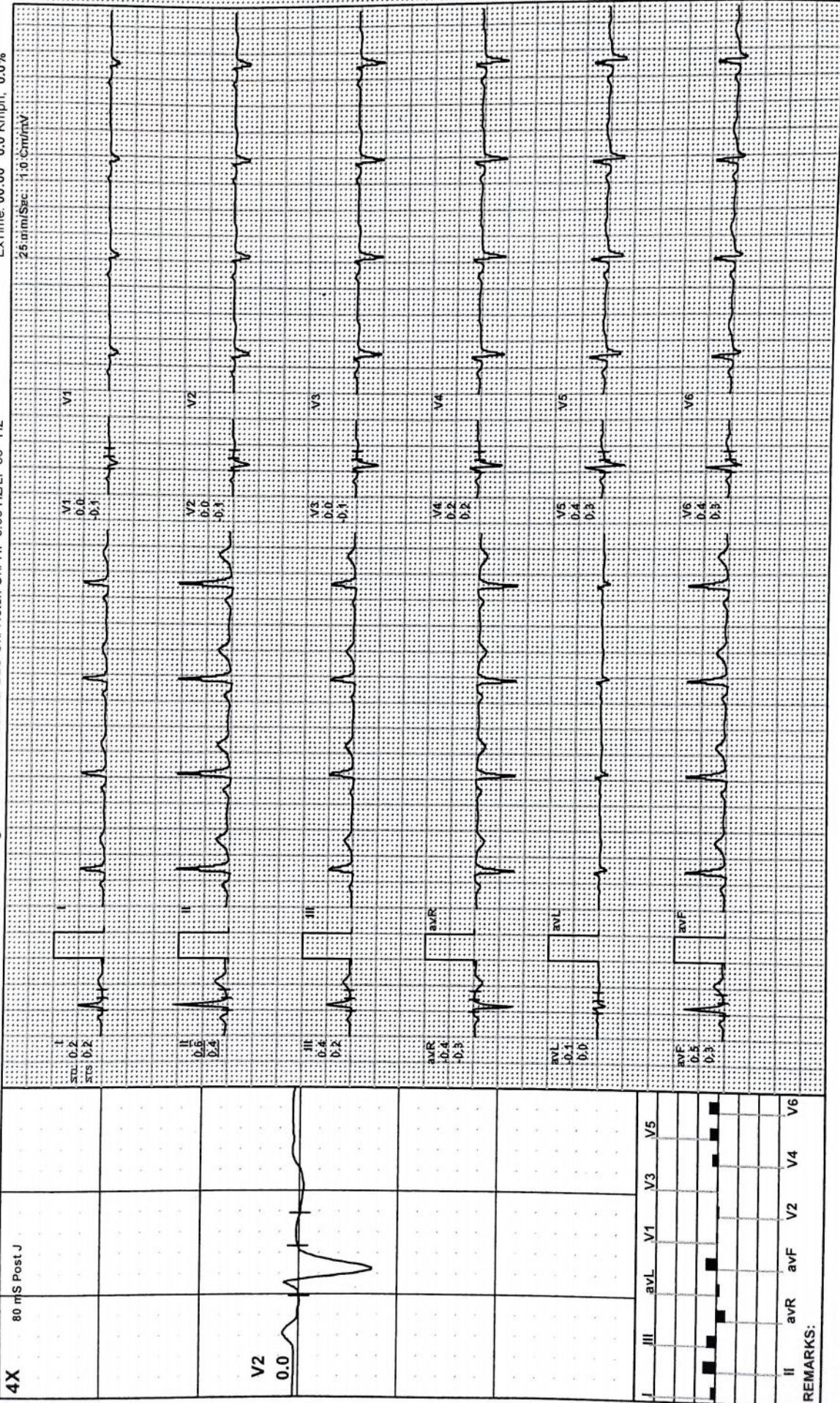
MODERN PATHOLOGY AND DIAGNOSTIC CENTER

POORNIMA SINGH / 36 Yrs / F / 161 Cms / 87 Kg / HR : 78

BRUCE:Supine(0:05)



Date: 24 - 08 - 2024 METS: 1.0/ 78 bpm 42% of THR BP: 120/82 mmHg Combined Medians/ BLC On/ HF 0.05 Hz/LF 35 Hz ExTime: 00:00 0.0 Km/h, 0.0%



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POORNIMA SINGH / 36 Yrs / F / 161 Cms / 87 Kg / HR : 78

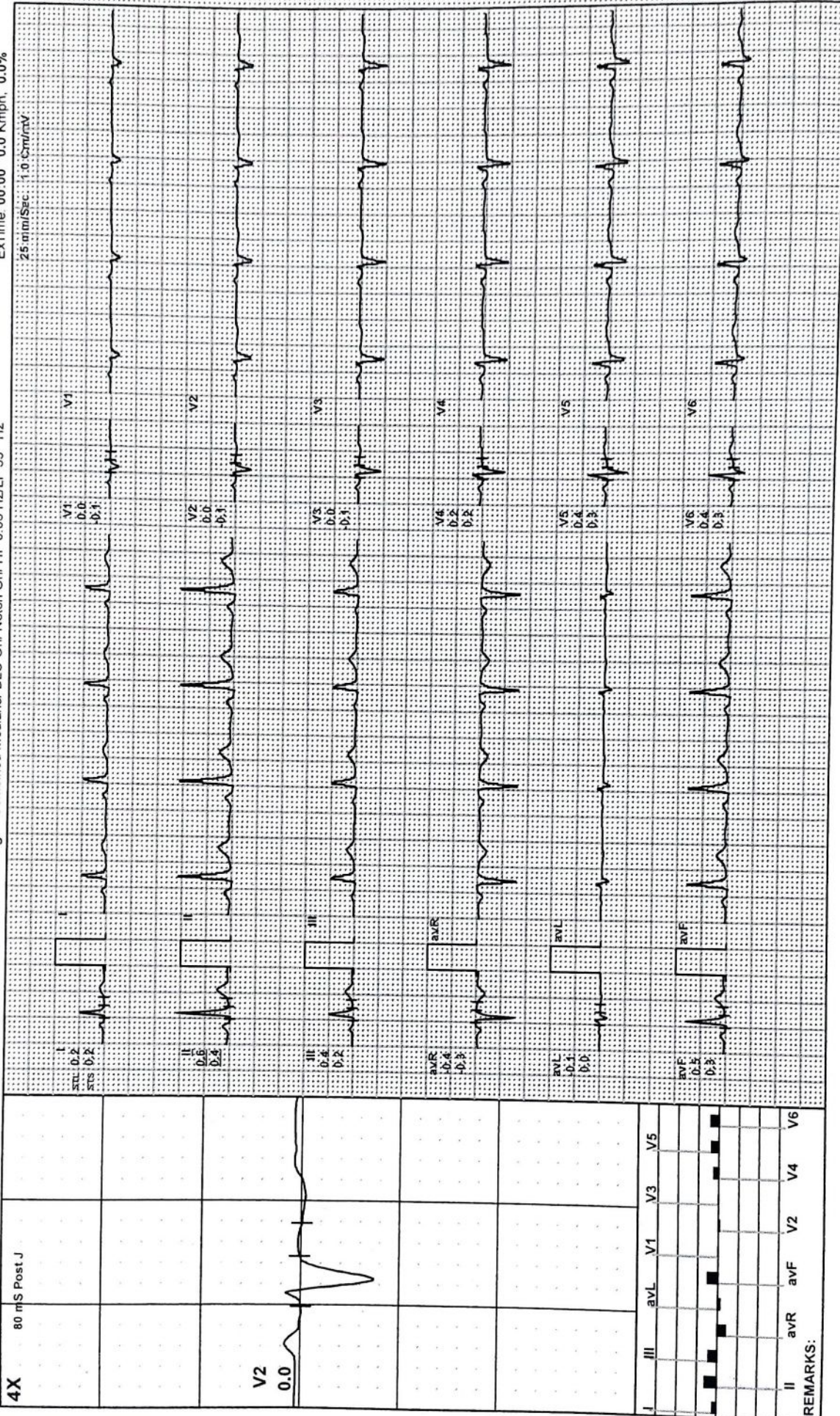
BRUCE: Standing(0:05)



Date: 24 - 08 - 2024

METS: 1.0/78 bpm 42% of THR BP: 120/82 mmHg Combined Medians/ BLC On/ Notch On/ HF 0.05 Hz/LF 35 Hz

ExTime: 00:00 0.0 Kmph, 0.0%



4X

80 mS Post J

V2
0.0

I II III aVR aVL V1 V3 V5

II avR avF V2 V4 V6

REMARKS:

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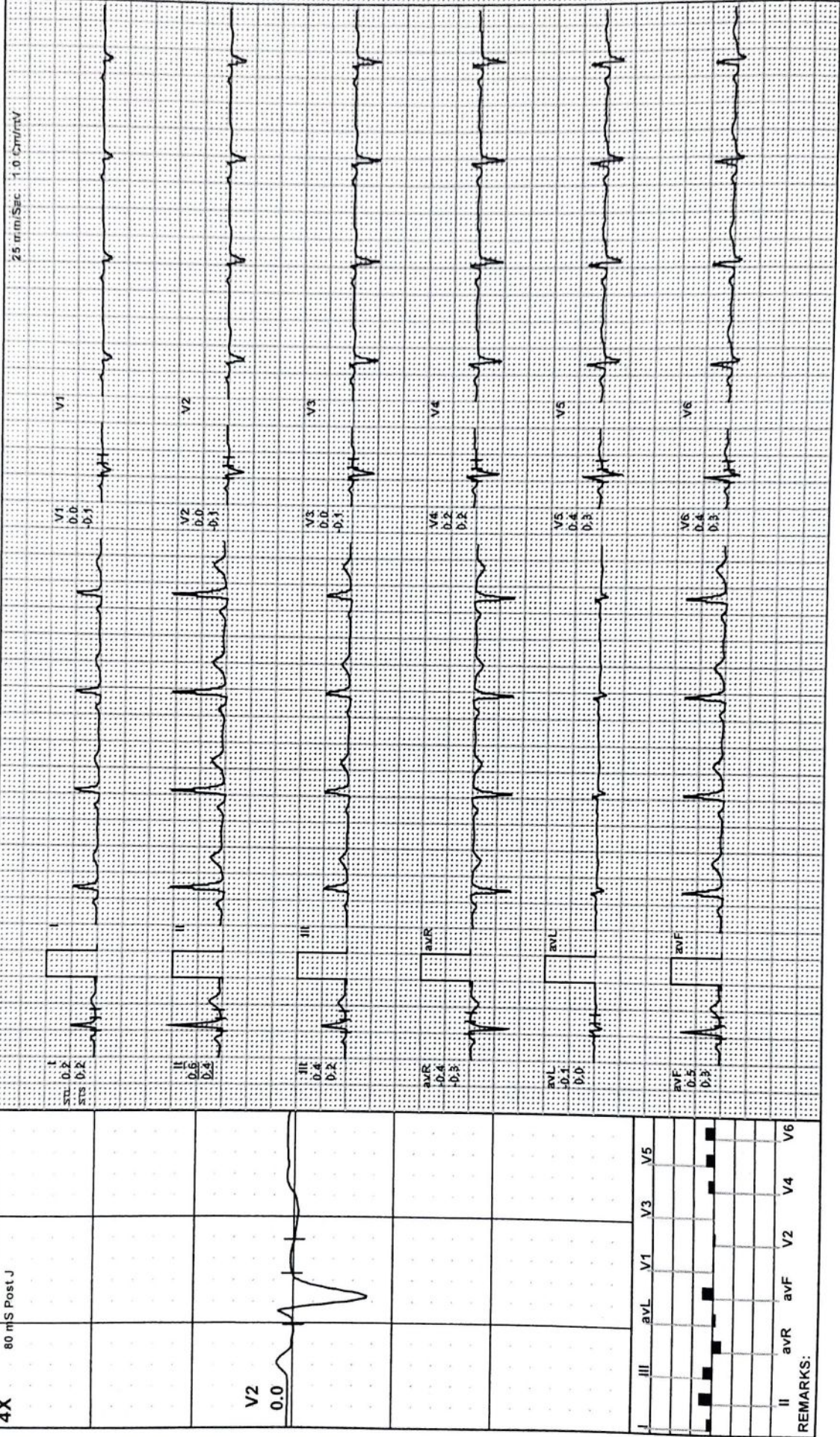
BRUCE:HV(0:05)



Date: 24 - 08 - 2024

METS: 1.0/ 78 bpm 42% of THR BP: 120/82 mmHg Combined Medians/ BLC On/ HF 0.05 Hz/LF 35 Hz

ExTime 00:00 0.0 Kmph 0.0%



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POORNIMA SINGH / 36 Yrs / F / 161 Cms / 87 Kg / HR : 78

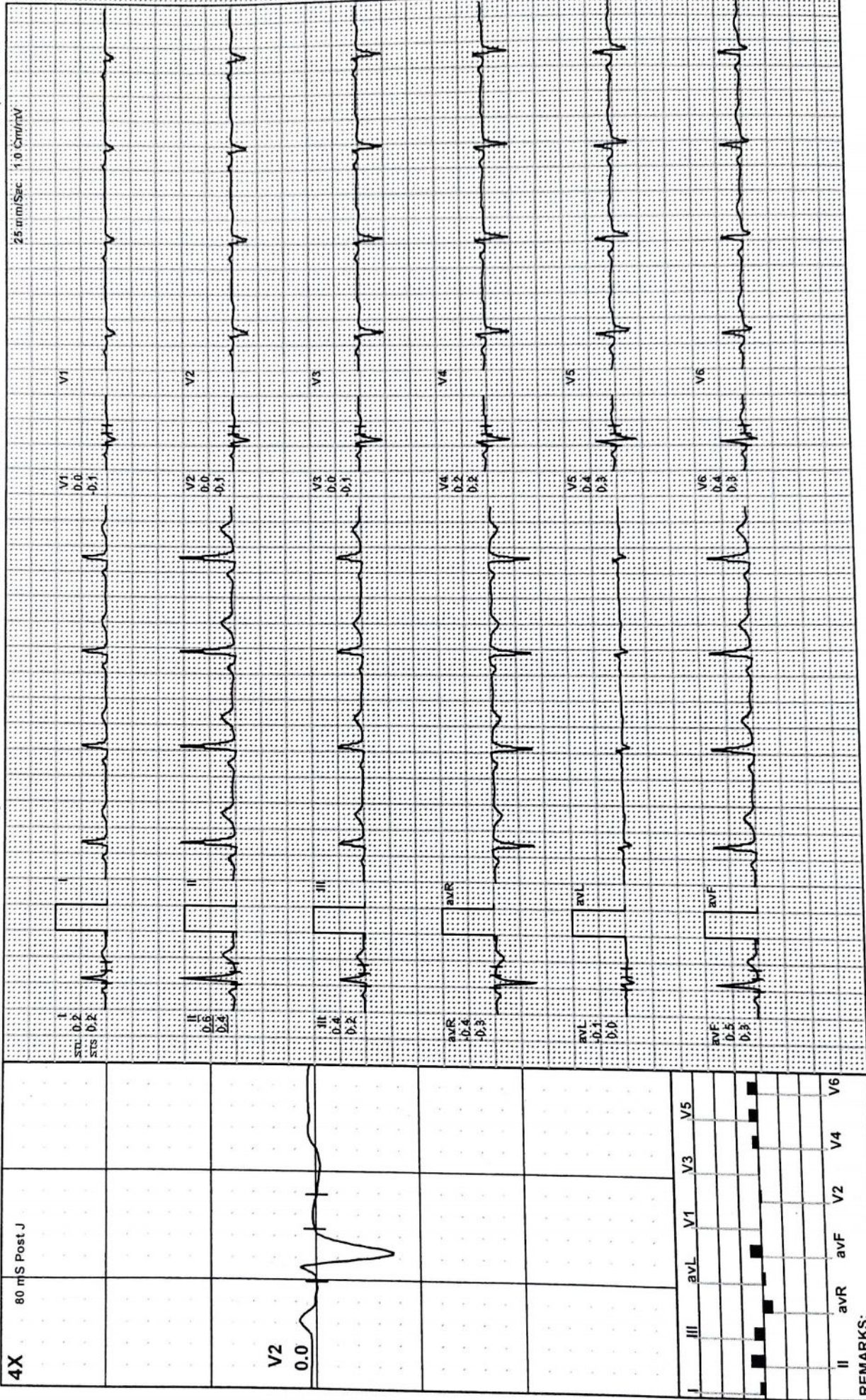
ExStart



Date: 24 - 08 - 2024

METS: 1.1/78 bpm 42% of THR BP: 120/82 mmHg Combined Medians/ BLC On/ HF 0.05 Hz/LF 35 Hz

ExTime 00:00 2.7 Kmph. 10.0%



REMARKS:

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POORNIMA SINGH / 36 Yrs / F / 161 Cms / 87 Kg / HR : 150

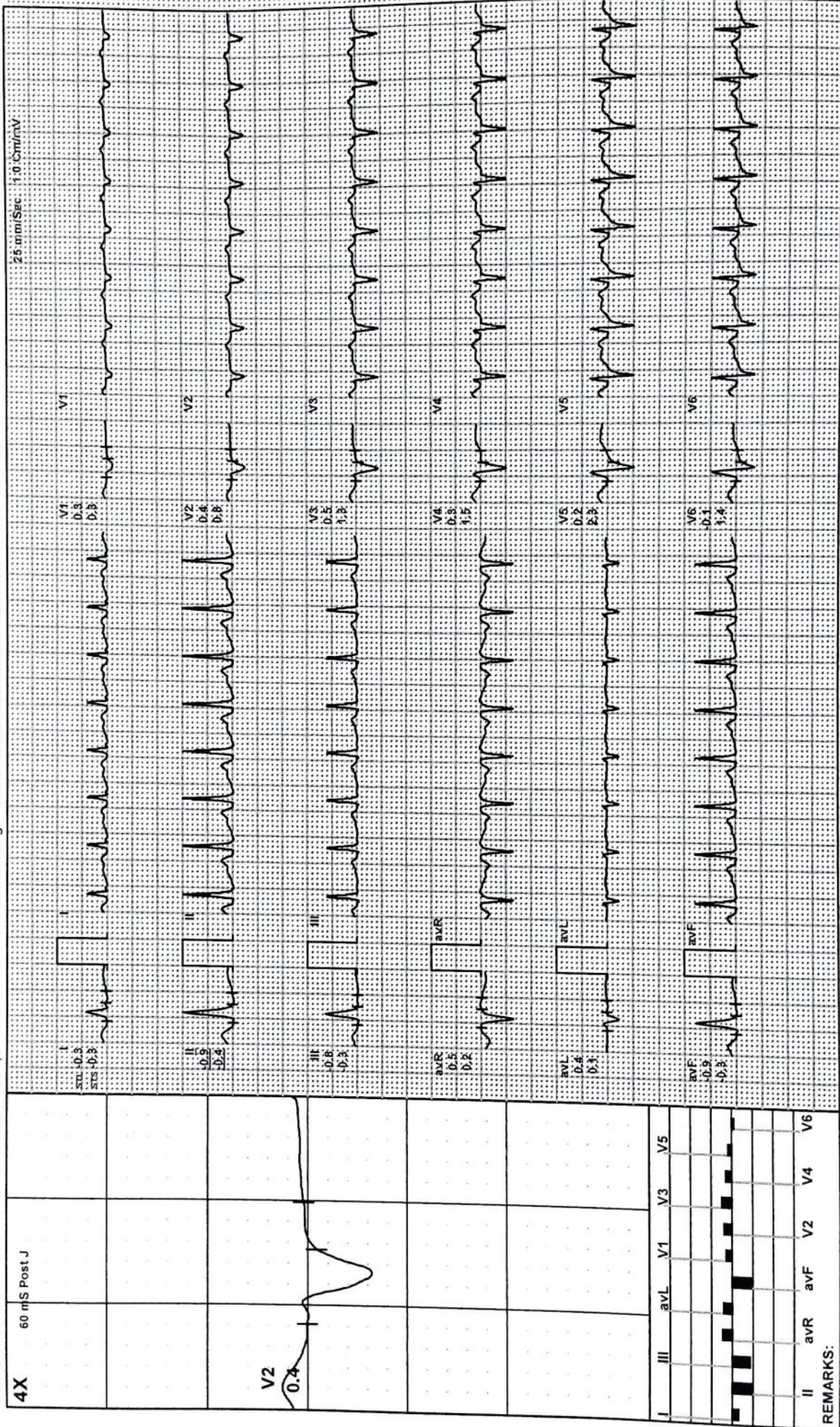
BRUCE: Stage 1(3:00)



Date: 24 - 08 - 2024

METS: 4.7/ 150 bpm 82% of THR BP: 134/86 mmHg Combined Medians/ BLC On/ Notch On/ HF 0.05 Hz/LF 35 Hz

ExTime: 03:00 2.7 Kmph, 10.0%



REMARKS:

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POORNIMA SINGH / 36 Yrs / F / 161 Cms / 87 Kg / HR : 160

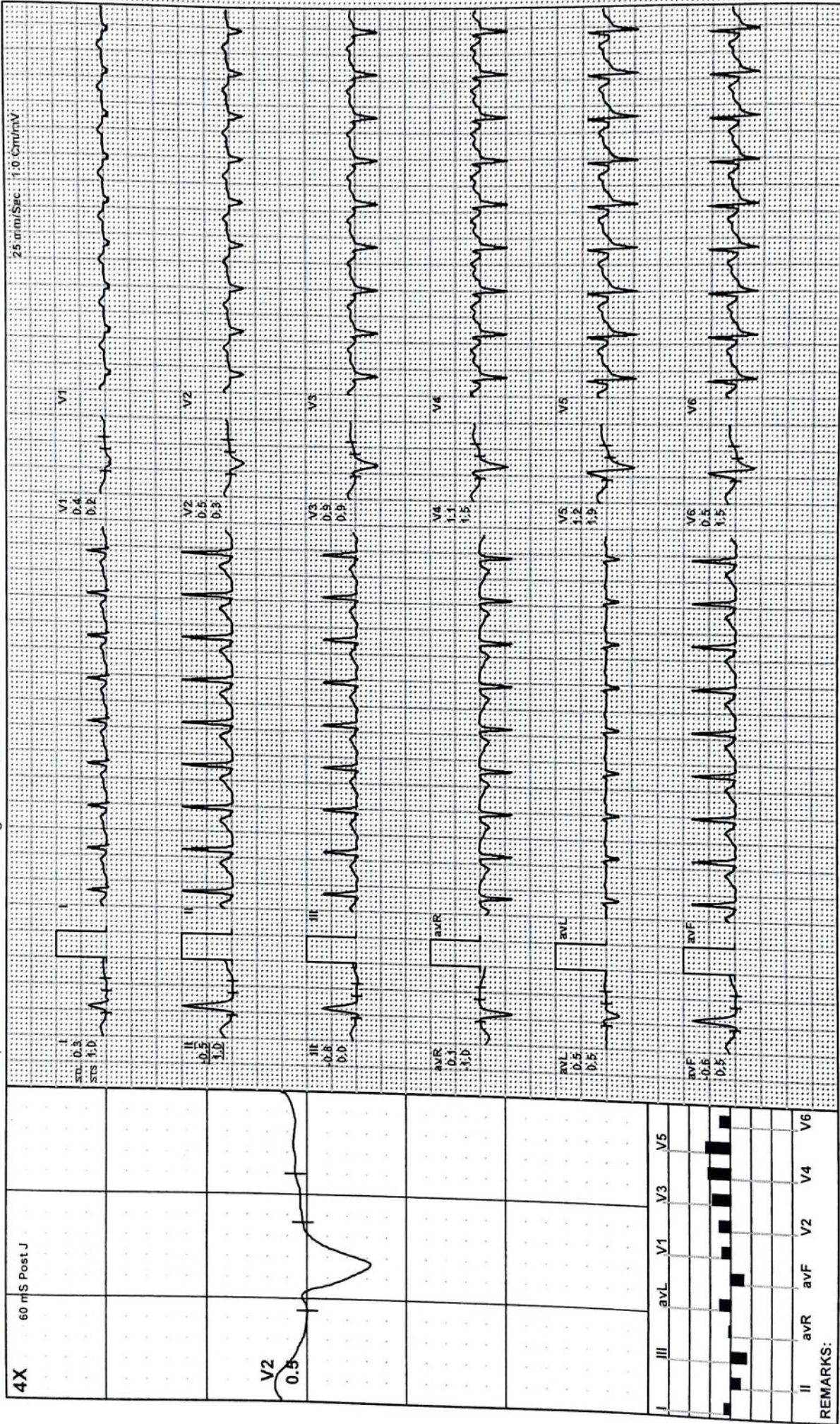
PeakEx



Date: 24 - 08 - 2024

METS: 5.8/160 bpm 87% of THR BP: 142/90 mmHg Combined Medians/ BLC On/ Notch On/ HF 0.05 Hz/LF 35 Hz

ExTime: 04:20 4.0 KmPh, 12.0%



I	II	III	aVR	aVL	V1	V2	V3	V4	V5	V6

REMARKS:

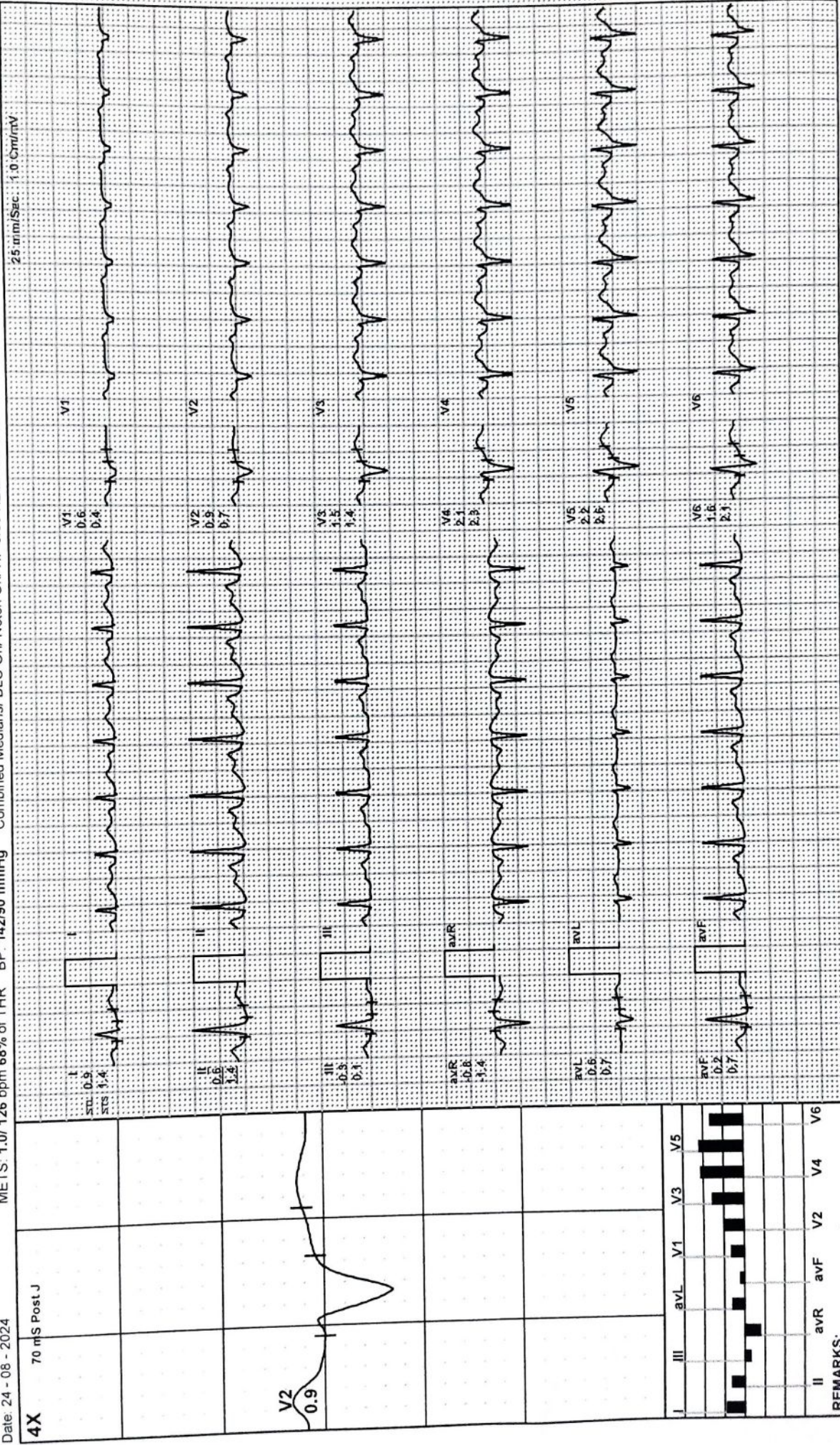


Recovery(1:00)

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POORNIMA SINGH / 36 Yrs / F / 161 Cms / 87 Kg / HR : 126

Date: 24 - 08 - 2024 METS: 1.0 / 126 bpm 68% of THR BP: 142/90 mmHg Combined Medians/ BLC On/ HF 0.05 Hz/LF 35 Hz ExtTime: 04:20 0.0 Kmph 0.0%



REMARKS:

MODERN PATHOLOGY AND DIAGNOSTIC CENTER

POORNIMA SINGH / 36 Yrs / F / 161 Cms / 87 Kg / HR : 103

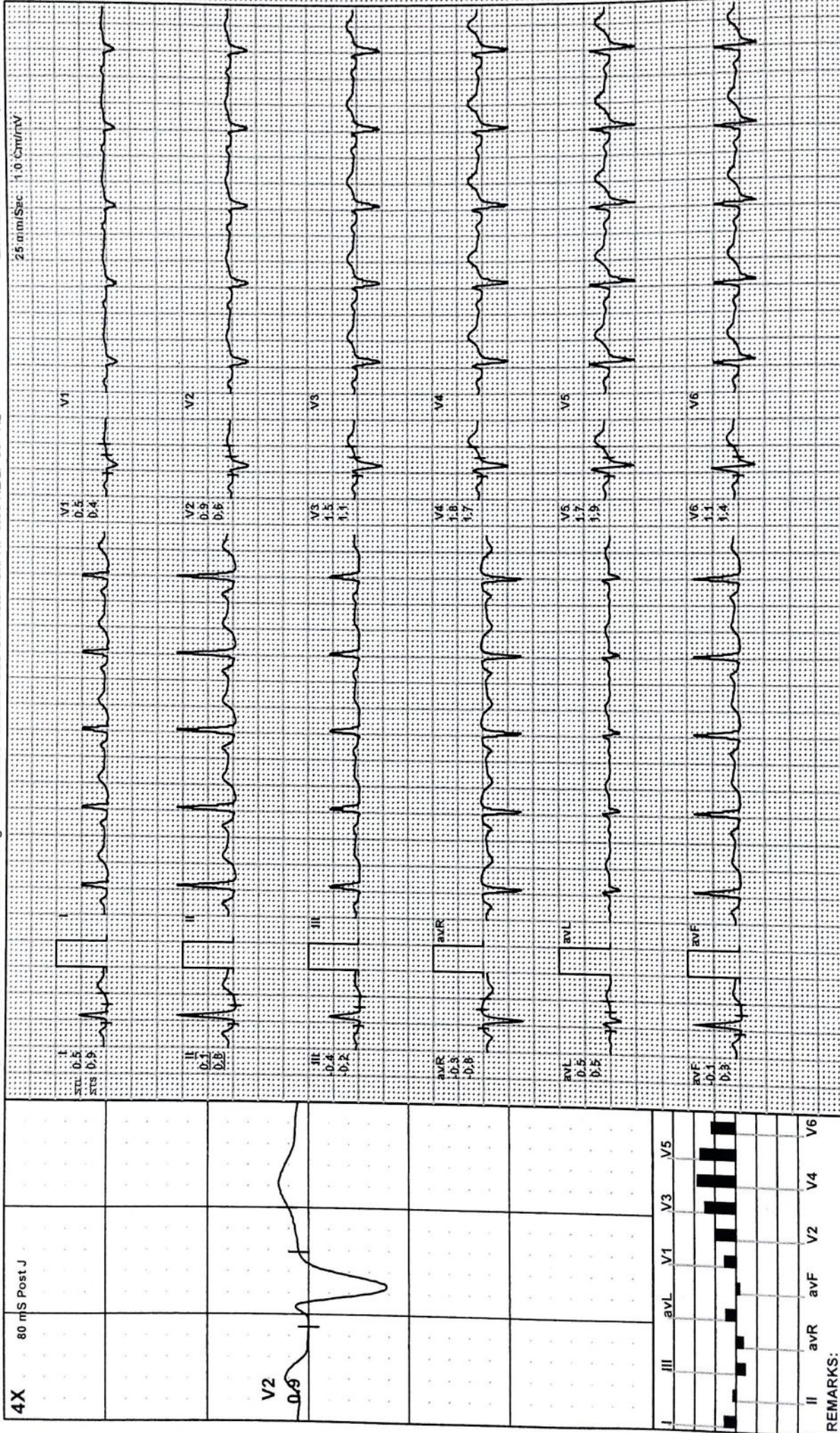
Recovery(2:00)



Date: 24 - 08 - 2024

METS: 1.0/ 103 bpm 56% of THR BP: 140/86 mmHg Combined Medians/ BLC On/ HF 0.05 Hz/LF 35 Hz

ExTime 04:20 0.0 Kmph. 0.0%



REMARKS:

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POORNIMA SINGH / 36 Yrs / F / 161 Cms / 87 Kg / HR : 105

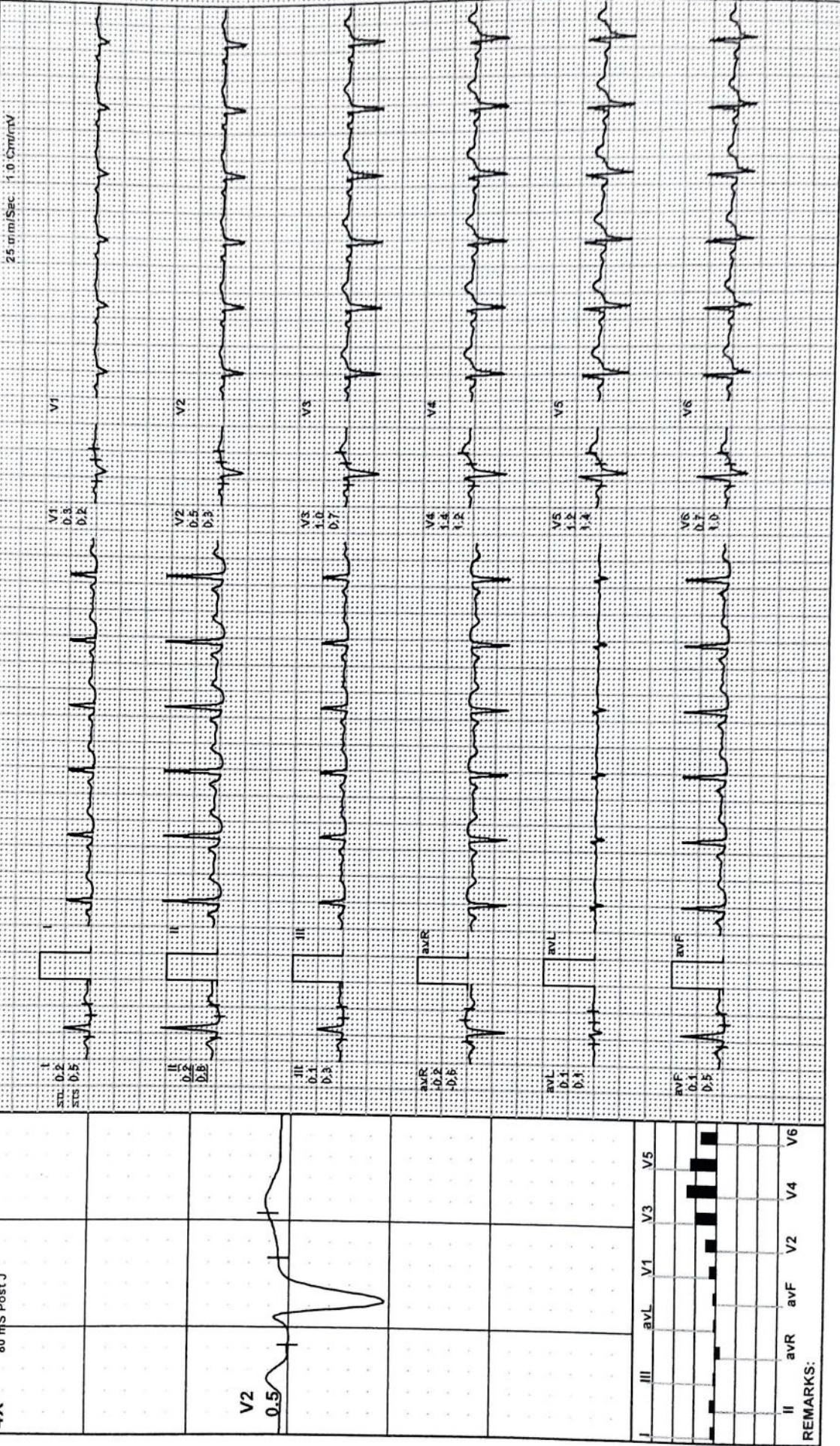
Recovery(3:00)



Date: 24 - 08 - 2024

METS: 1.0/ 105 bpm 57% of THR BP- 136/82 mmHg Combined Medians/ BLC On/ Notch On/ HF 0.05 Hz/LF 35 Hz

ExTime 04:20 0.0 Kmph. 0.0%



MODERN PATHOLOGY AND DIAGNOSTIC CENTER

POORNIMA SINGH / 36 Yrs / F / 161 Cms / 87 Kg / HR : 90

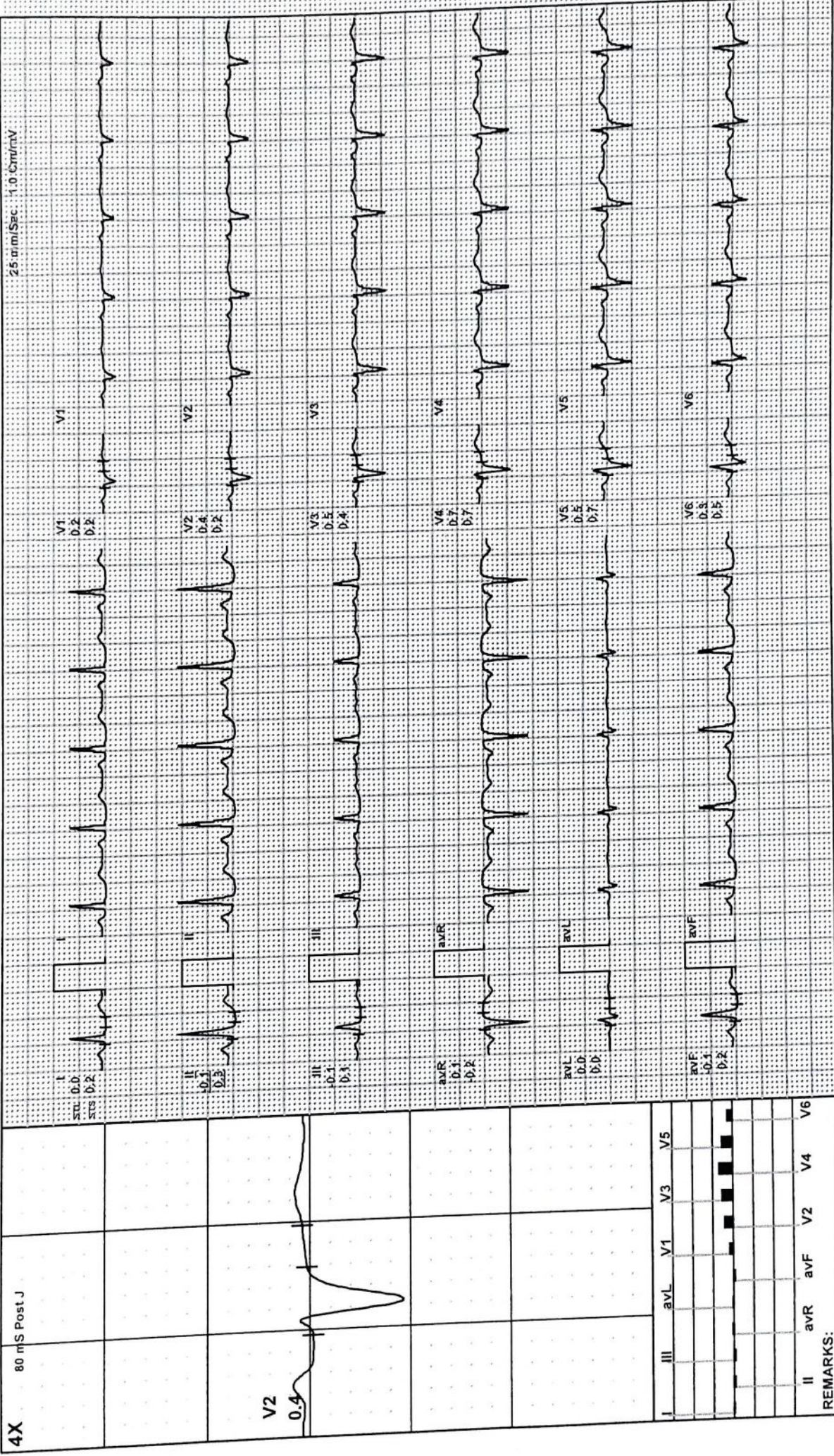
Recovery(3:22)



Date: 24 - 08 - 2024

METS: 1.0/ 90 bpm 49% of THR BP: 132/80 mmHg Combined Medians/ BLC Or/ HF 0.05 Hz/LF 35 Hz

ExTime: 04:20 0.0 Kmph, 0.0%



REMARKS:



MODERN PATHOLOGY & DIAGNOSTIC CENTRE

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M.B.B.S., M.D. (Path & Bact)



CLINIC :

1/4A, Vineet Khand, (Opp Jaipuria Management)
Gomti Nagar, Lucknow - 226 010
Ph.: 0522-4008184, 4308184 • 8112323200
Mob : 7618884441, 9450389932, 8177063877



TEST REQUEST ID :012408240019	SAMPLE DATE	:24/Aug/2024 09:15AM
NAME :Mrs. POORNIMA SINGH	SAMPLE REC. DATE	:24/Aug/2024 09:15AM
AGE/SEX :37 YRS/FEMALE	REPORTED DATE	:24/Aug/2024 10:26AM
REFERRED BY : Apollo Health and Lifestyle Limited,	BARCODE NO	:01240019

USG WHOLE ABDOMEN-FEMALE

Liver: is enlarged in size (188 mm). Parenchymal echogenicity is increased. No focal echovariant lesion is seen. Intrahepatic biliary radicles are not dilated.

Gall Bladder: is well distended. Lumen is anechoic. Wall is of normal thickness.

CBD: is normal in diameter. Portal vein is normal in diameter.

Pancreas: is normal in size, shape and echotexture. No focal echovariant lesion is seen. Pancreatic duct is not dilated.

Spleen: is normal in size (97 mm), shape and echotexture. No focal echovariant lesion is seen. Splenic vein is normal.

Right Kidney: is normal in size 103x39 mm, shape, position and excursion. Parenchymal echogenicity and echotexture is normal with maintained corticomedullary differentiation. No mass, cyst, or calculi is seen. Pelvicalyceal systems are not dilated. Ureter is not dilated.

Left Kidney: is normal in size 105x42 mm, shape, position and excursion. Parenchymal echogenicity and echotexture is normal with maintained corticomedullary differentiation. No mass, cyst, or calculi is seen. Pelvicalyceal systems are not dilated. Ureter is not dilated.



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M.B.B.S., DCP, CRIAT (BARC)

Surbhi
Dr. Surbhi
MBBS, MD (Radiodiagnosis)

Dr. Smita Rastogi
M.B.B.S., DCP

Results, adhering to W.H.O. and International Federation of Clinical Chemists Quality Control Standards.

SAMPLE COLLECTION FACILITY AVAILABLE

Report needs clinicopathological correlation ♦ Not for Medico Legal Purpose

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Urinary bladder: is well distended. Lumen is anechoic. Wall is of normal thickness. No mass or calculus is seen.

Uterus: is normal in size (49x58x59 mms), shape and echotexture. It is retroverted. Myometrium is homogenous. No focal mass is seen. Endometrial thickness is normal 12.5 mm . Cervix appears normal in size 21.7 mm, shape and echotexture. No evidence of collection in cervical canal.

Bilateral Ovaries and adnexae: Both ovaries are normal in size (RO - 11x27x29 mms vol 4.7 cc & LO - 16x28x38 mms vol 9.7 mm), shape and echotexture. No adnexal solid or cystic mass lesion is seen.

Both iliac fossae are clear. No obvious bowel pathology is noted. There is no free fluid in peritoneal cavity.

OPINION:

- HEPATOMEGALY WITH FATTY LIVER GRADE -I.

*** End Of Report ***



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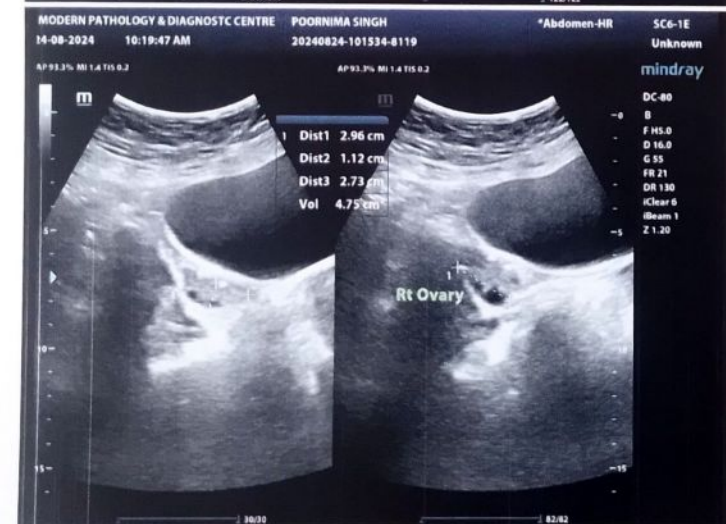
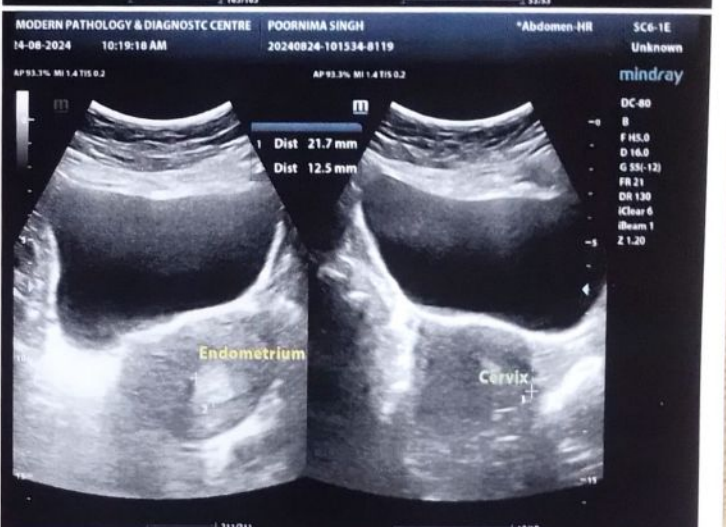
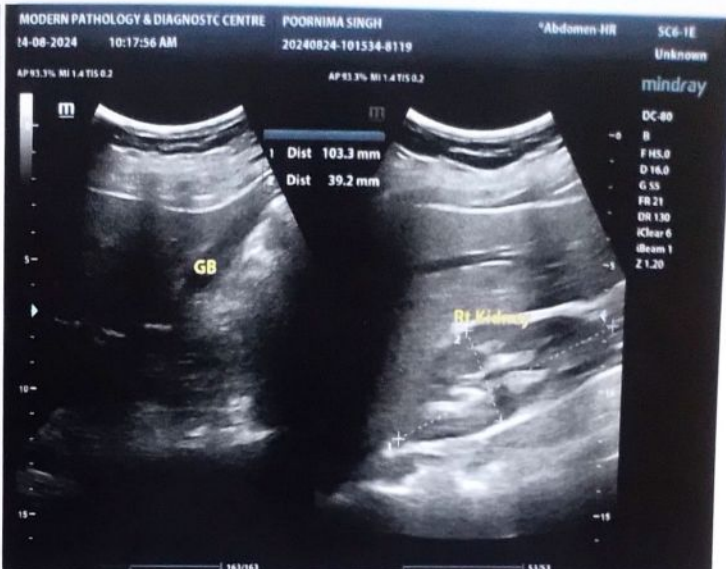
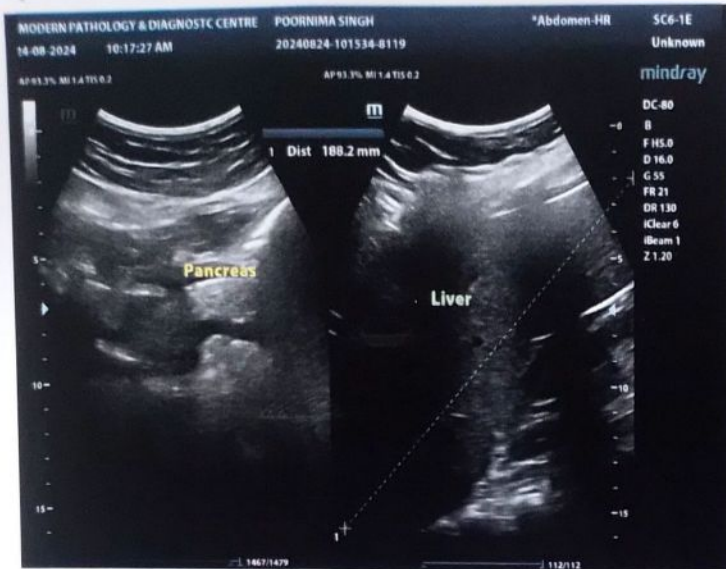
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DIAGNOSTIC CENTRE

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AGE/SEX :37 YRS/FEMALE	REPORTED DATE	:24/Aug/2024 11:14AM
REFERRED BY : Apollo Health and Lifestyle Limited,	BARCODE NO	:01240019

XRAY CHEST PA

- Trachea is central in position.
- Bilateral lung fields are normally aerated.
- Both hilar shadows are normal.
- Both C.P. angles are clear.
- Cardiac shadow is within normal limits.
- Bony cage appears normal.

Please correlate clinically.

*** End Of Report ***



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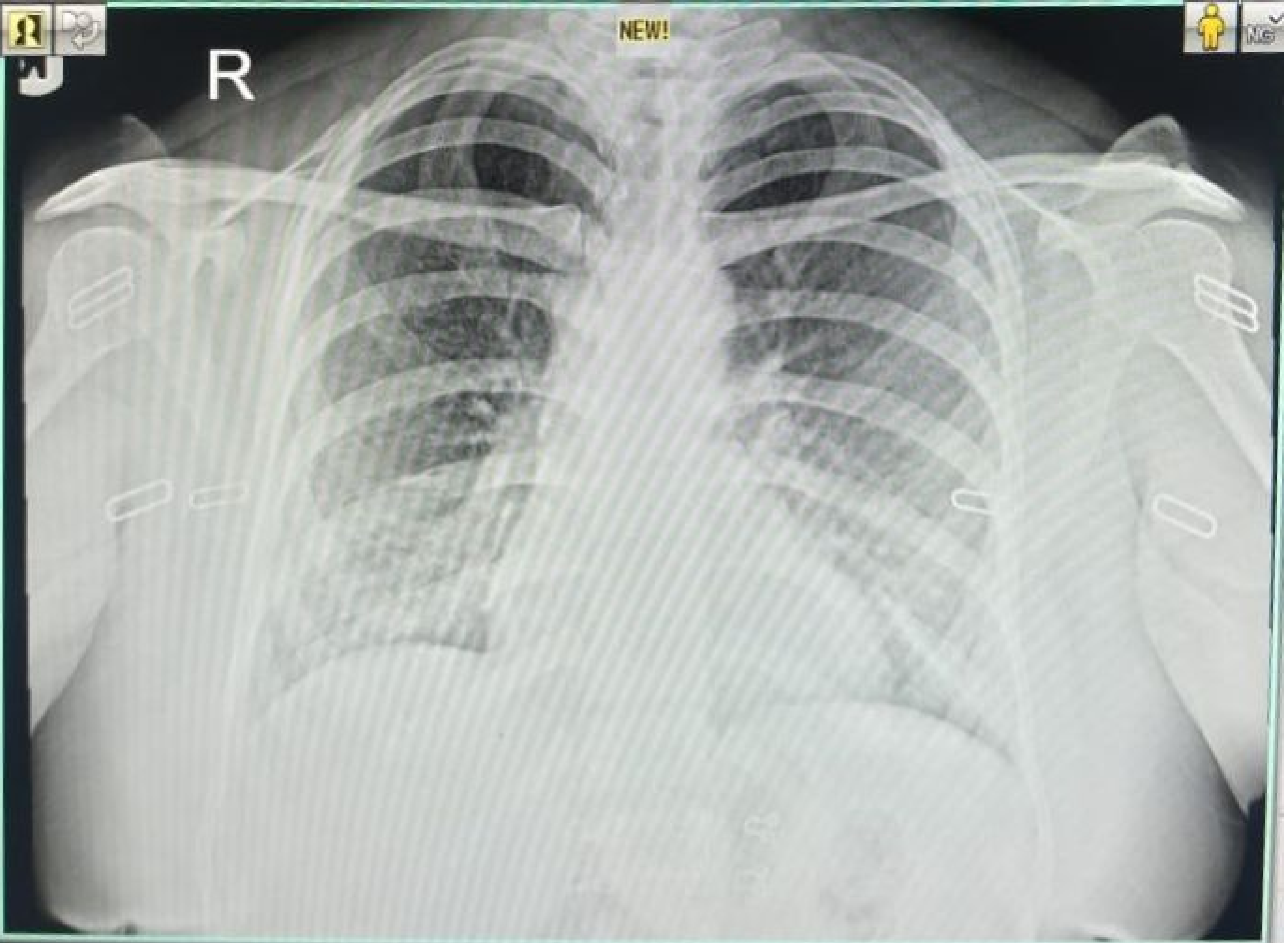
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