भारत सरकार

Government of India

तन्वी उपाध्याय

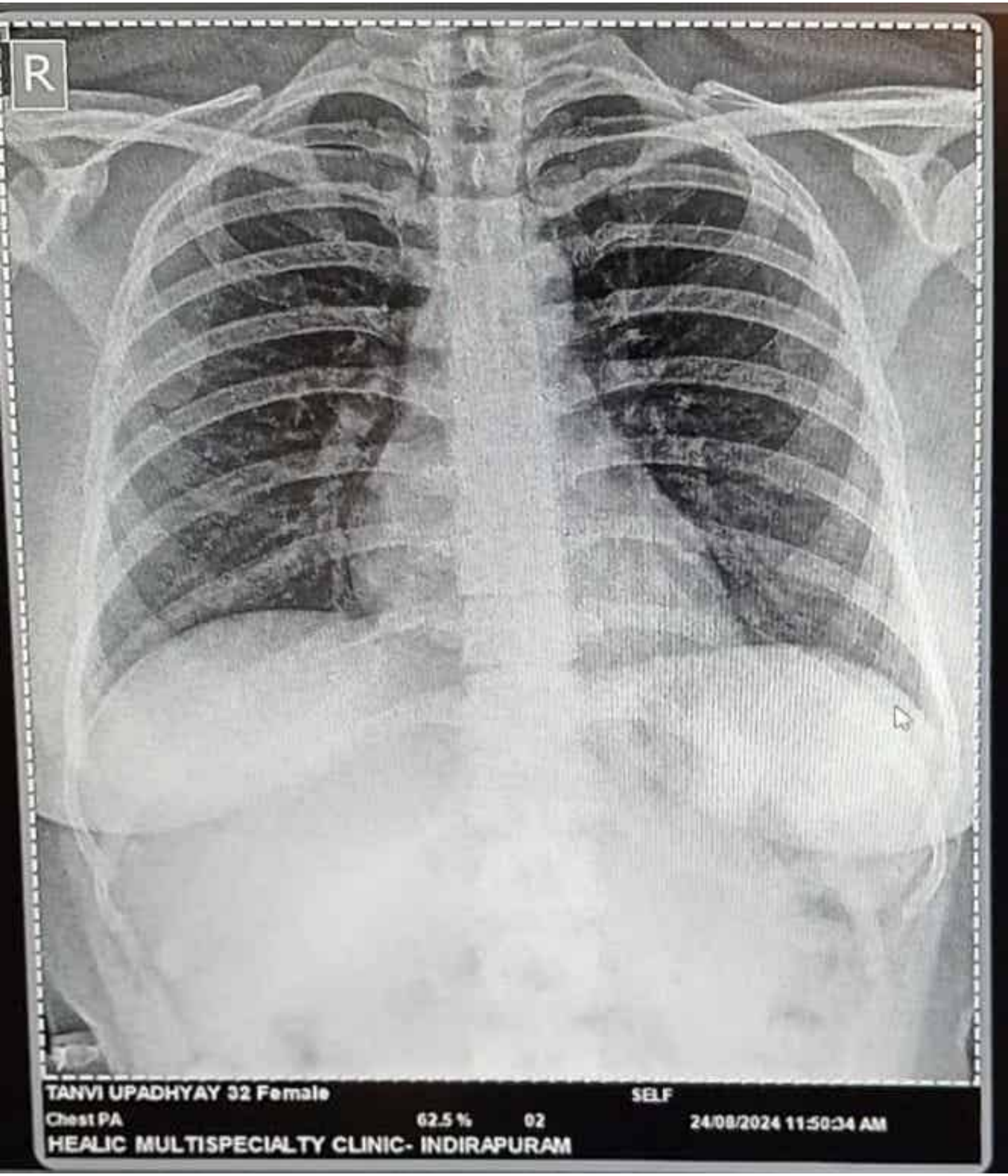
Tanvi Upadhyai

जन्म तिथि / DOB : 02/04/1992

महिला / Female

7227 0835 9793

आधार - आम आदमी का अधिकार


R
TANVI UPADHYAY 32 Female
SELF
Chest PA
62.5 %
02
24/08/2024 11:50:34 AM
HEALIC MULTISPECIALTY CLINIC- INDIRAPURAM

Patient Name: TANVI UPADHYAI	**RADIOGRAPH CHEST PA**
Date of Birth/ Age: **32YRS**	
Gender: **FEMALE**	**DATE:** **24-08-2024**
Referred By: **SELF**	

Visualized lung fields appear clear.

Both hilar shadows appear normal.

Cardiothoracic ratio is within normal limits.

Both hemidiaphragmatic outlines appear normal.

Both costophrenic angles are clear.

IMPRESSION: No significant abnormality seen.

ADVICE :- CLINICAL CORRELATION

DR. ANANT SHARMA

CONS. RADIOLOGIST

CARDIOPRINT

ID 139 CASE DDDD TAVI 24/08/2024 11:52:07

AGE 32Y M D FEMALE HEALIC MULTISPECILITY CLINIC

Cms Kg INDRAPURAM

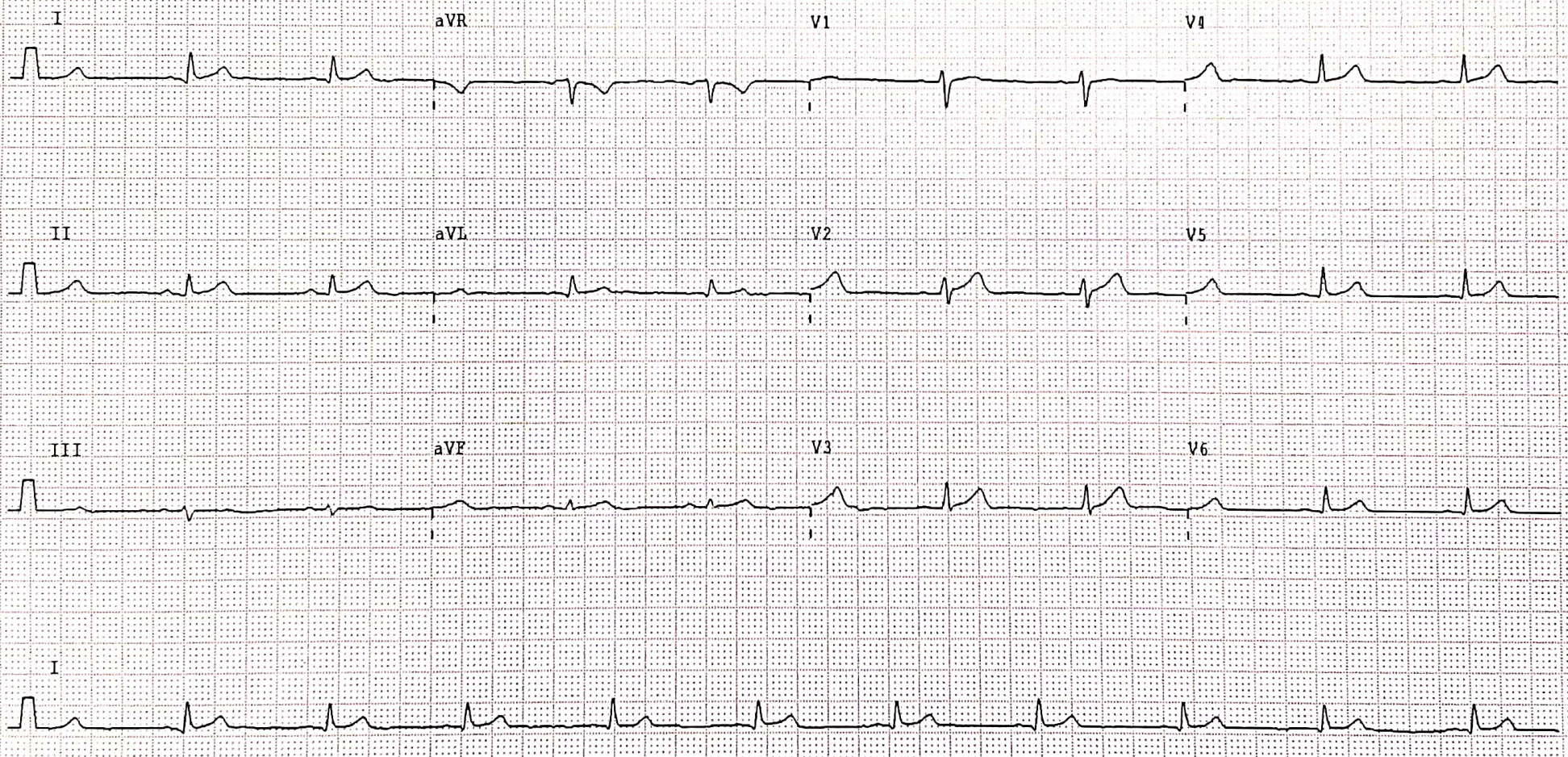
RATE	:	63	bpm
R-R	:	943	ms
P-R	:	152	ms
QRS	:	80	ms
QT	:	352	ms
QTc	:	357	ms

SINUS RHYTHM

--AXIS--

P	:	69°
QRS	:	22°
T	:	40°

12 SL: REPORT FORMAT: 3x4+1L SM REF: SELF Dr.



25mm/sec 5 mm/mV Notch: ON BLC:ON 0.05-35 Hz ALLENGERS PISCES 1012[VER- 1.11]CLINICALLY CORRELATE THE FINDINGS

HEALIC
Indirapuram

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Saya Zenith Apartment
Indirapuram, Ghaziabad
www.healic.in

Name	: TANVI UPADHYAY	Age/Sex	: 32Yrs/F
Date	: 24.08.2024	Lab No.	:
Referred BY	: Dr.	Echo No.	:
Echogenicity	: Parasternal : Good	Apical	: Good

ECHOCARDIOGRAPHY REPORT

DIMENSIONS

AO (ed)	28mm (1.5 cm/m^2)	IVS(ed)	09mm (0.6 – 1.2cm)
LA(es)	29mm (1.5cm/m^2)	LVPW(ed)	08mm (0.6 -1.2cm)
RVID (ed)	Normal (0.9cm/m^2)	LV Ejection fraction	60% (0.62- 0.85)
LVID (ed)	41mm (2.6 -3.4 cm/m^2)	% FD	33% (28% -42%)
LVID (es)	mm		

MORPHOLOGICAL DATA:

Mitral valve: AML : Normal
PML : Normal
Aortic Valve : Normal
Tricuspid Valve : Normal
Pulmonary Valve : Normal
Right Ventricle : Normal
Left Ventricle : Normal

Interatrial Septum : Normal
Interventricular Septum : Normal
Pulmonary artery : Normal
Aorta : Normal
Right Atrium : Normal
Left Atrium : Normal

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2-D ECHOCARDIOGRAPHY AND COLOR DOPPLER FINDINGS:

Normal mitral valve. Normal aortic valve. Normal LV size. Good LV systolic function. No regional wall motion abnormality. LVEF=60% . RV was normal in size with good RV systolic function. No pericardial effusion. No LA/LV clot.

COLOR FLOW MAPPING:

TRACE TR (Normal pressure)

DOPPLER STUDIES:

A/E of 0.6 on the mitral Doppler spectral trace.
Normal LV compliance.

IMPRESSION:

Normal LV size with Good LV systolic function. No regional wall motion abnormality. LVEF=60%. Normal mitral valve. Normal aortic valve. RV was normal in size with good RV systolic function. Trace TR (Normal Pressure). No pericardial effusion. No LA/LV clot.

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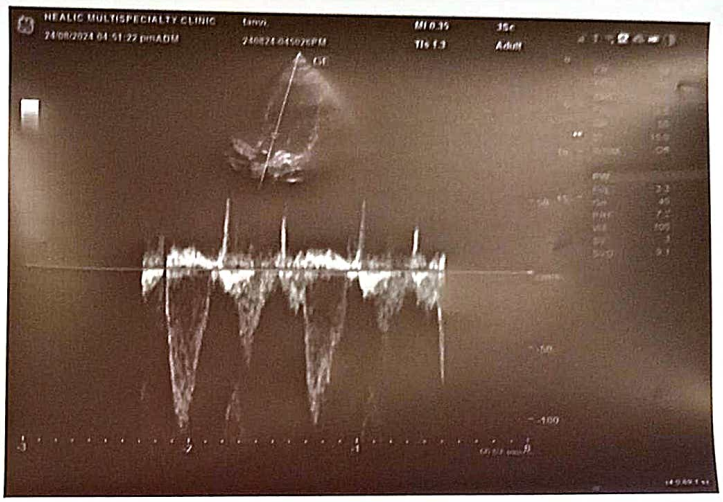
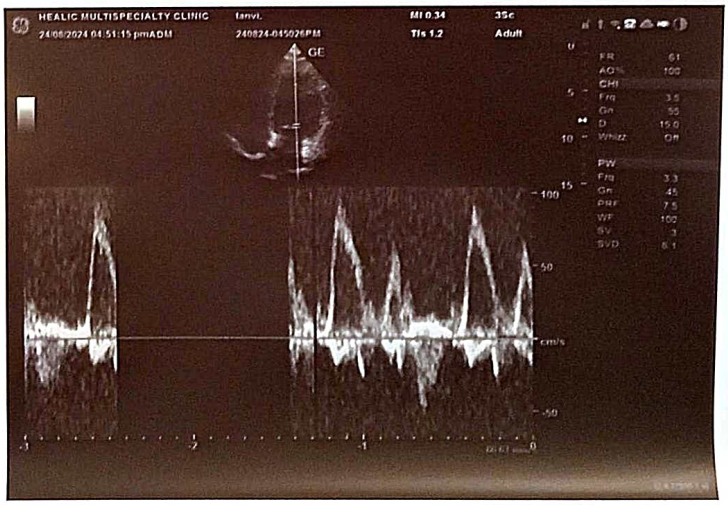
MD (MEDICINE), FIMSA, MIAE
SENIOR CONSULTANT
NON INVASIVE CARDIAC LAB.


HEALIC MULTISPECIALTY CLINIC
Storing image(s) is completed


HEALIC MULTISPECIALTY CLINIC
24/08/2024 04:51:22 pmADM
MI 0.35
TIs 1.3
35c
Adult


HEALIC MULTISPECIALTY CLINIC
24/08/2024 04:51:15 pmADM
MI 0.34
TIs 1.2
35c
Adult
cm/s


HEALIC MULTISPECIALTY CLINIC
24/08/2024 04:51:08 pmADM
MI 1.2
TIs 0.7
35c
Adult

Dr. Swati Jain

Obstetrician & Gynaecologist
MBBS, DGO
Reg No. 52369

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careszi@healic.in

Patient Name: Panvi Upadhyay
Date: 24-8-24

Patient Age/Gender: 32/F

MF - 6 months.

LMP → 2-8-24

M/H - 2-3/28 days cycle.

k/c/o

came for Paps smear
If want to conceive

P/S - Nabothian cyst ⊕ an 100'clock position
vagina healthy.

Adv - Plenty of fluids.
Paps smear taken
Review c̄ all reports
USG TVS.

→ S. Prolactin
→ AMH
→ USG TVS for uterus & ovaries
- Review c̄ all reports.
- Tab Cyclopam / tab SOS for pain.
- Tab Evion LC - OD
- Calcirol sachet one weekly × 6 weeks.

Follow Up Date: with reports.

Signature


Dr. Sanchit Singh
Gastroenterologist , Hepatologist
& Therapeutic Endoscopist
MBBS, MD (Internal Medicine),
DNB (Gastroenterology)
International Member
American College of Gastroenterology
GPS Map Camera
Ghaziabad, Uttar Pradesh, India
Tower-A, Saya Zenith, Indirapuram, Ghaziabad, Uttar Pradesh 201014, India
Lat 28.637781°
Long 77.378934°
24/08/24 10:42 AM GMT +05:30
Google

ProZone Labs

HEALIC The Good Hospital

Barcode No	: 491978	Registration	: 24/Aug/2024 01:49PM
Patient Name	: MRS. TANVI UPADHYAI	Received	: 24/Aug/2024 05:08PM
Age/Gender	: 32 Y 0 M 0 D /F	Reported	: 24/Aug/2024 06:52PM
Ref Doctor	: Dr.SELF	Client Code	: UP528
Collected By	: Dr.SELF	Client Add	: INDIRAPURAM
Sample Type	: WHOLE BLOOD EDTA		

HAEMATOLOGY

Test Description	Observed Value	Unit	Reference Range

ERYTHROCYTE SEDIMENTATION RATE

ERYTHROCYTE SEDIMENTATION RATE Westergren	23	mm/1st hr	0-15

COMMENTS: ESR is an acute phase reactant that indicates the presence and intensity of an inflammatory process. It is never diagnostic of a specific disease. It is used to monitor the course or response to treatment of certain diseases. Extremely high levels are found in cases of malignancy, hematologic diseases, collagen disorders, and renal diseases. · Increased levels may indicate: Chronic renal failure (e.g., nephritis, nephrosis), malignant diseases (e.g., multiple myeloma, Hodgkin disease, advanced Carcinomas), bacterial infections (e.g., abdominal infections, acute pelvic inflammatory disease, syphilis, pneumonia), inflammatory diseases (e.g. temporal arteritis, polymyalgia rheumatic, rheumatoid arthritis, rheumatic fever, systemic lupus erythematosus [SLE]), necrotic diseases (e.g., acute myocardial infarction, necrotic tumor, gangrene of an extremity), diseases associated with increased proteins (e.g., hyperfibrinogenemia, macroglobulinemia), and severe anemias (e.g., iron deficiency or B12 deficiency).
Falsely decreased levels may indicate Sickle cell anemia, spherocytosis, hypofibrinogenemia, or polycythemia vera.

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MD PATHOLOGIST
DMC NO:-30700

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onsultant Pathologist

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HAEMATOLOGY

Test Description	Observed Value	Unit	Reference Range
COMPLETE BLOOD COUNT			
HAEMOGLOBIN (Hb) Colorimetric SLS	13.2	gm/dl	12.00-15.00
RED BLOOD CELLS- RBC COUNT Electrical Impedance	4.1	10^6/uL	4.50-5.50
PACKED CELL VOLUME (PCV) -HEMATOCRIT Calculated	38.4	%	36 - 46
MCV Calculated	92.8	fL	83-101
MCH Calculated	31.8	pg	27-32
MCHC Calculated	34.3	g/dl	32-36
RED CELL DISTRIBUTION WIDTH (RDW-CV) Whole blood EDTA,Flow Cytometry	14.8	%	11.5-14.5
RED CELL DISTRIBUTION WIDTH (RDW - SD) Whole Blood EDTA,Calculated	45.5	fl	39.0-46.0
PLATELET COUNT Electrical Impedance	251	10^3/µL	150-410
PLATELET DISTRIBUTION WIDTH (PDW) Whole Blood EDTA,Calculated	16.5	fL	9.00-17.00
PCT(PLATELETCRIT) Whole blood EDTA,Flow Cytometry	0.3	%	0.108-0.282
MEAN PLATELET VOLUME - MPV Calculated	12.1	fL	7.00-12.00
P-LCR	41.6		
P-LCC Calculated	104.00	%	30.0-90.0
TOTAL LEUKOCYTE COUNT (TLC) Laser - Based Flow Cytometry / Microscopy	7.6	10^3/µL	4.0-10.0
DIFFERENTIAL LEUKOCYTE COUNT			
Neutrophils Laser - Based Flow Cytometry / Microscopy	62.9	%	40-80

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HAEMATOLOGY

Test Description	Observed Value	Unit	Reference Range
Lymphocytes Laser - Based Flow Cytometry / Microscopy	28.8	%	20-40
Eosinophils Laser - Based Flow Cytometry / Microscopy	3.0	%	1-6
Monocytes Laser - Based Flow Cytometry / Microscopy	5.0	%	2-10
Basophils Whole blood EDTA,Flow Cytometry	0.3	%	0.00-1.00
ABSOLUTE NEUTROPHIL COUNT Whole Blood EDTA,Calculated	4.78	10^3/µL	2.00-7.00
ABSOLUTE LYMPHOCYTE COUNT Calculated	2.19	10^3/µL	1.00-3.00
ABSOLUTE EOSINOPHIL COUNT Calculated	0.23	10^3/µL	0.02-0.50
ABSOLUTE MONOCYTE COUNT Calculated	0.38	10^3/µL	0.20-1.00
ABSOLUTE BASOPHIL COUNT Calculated	0.02	10^3/µL	0.02-0.10

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Barcode No	: 491976	Registration	: 24/Aug/2024 01:49PM
Patient Name	: MRS. TANVI UPADHYAI	Received	: 24/Aug/2024 05:08PM
Age/Gender	: 32 Y 0 M 0 D /F	Reported	: 24/Aug/2024 06:54PM
Ref Doctor	: Dr.SELF	Client Code	: UP528
Collected By	: Dr.SELF	Client Add	: INDIRAPURAM
Sample Type	: SERUM		

BIOCHEMISTRY

Test Description	Observed Value	Unit	Reference Range
LIVER FUNCTION TEST			
TOTAL BILIRUBIN Diazo	1.33	mg/dL	0.10 - 1.2
CONJUGATED (D. Bilirubin) Diazo	0.36	mg/dL	0.0 - 0.30
UNCONJUGATED (I.D. Bilirubin) Calculated	0.97	mg/dl	0.0 - 1.0
S.G.P.T UV without P5P	34	U/L	0-35
SGOT UV without P5P	44	U/L	0-40
ALKALINE PHOSPHATASE AMP	81.40	U/L	42 - 98
TOTAL PROTEINS Biuret	7.0	g/dL	6.4 - 8.3
ALBUMIN Bromocresol Green	4.3	g/dL	3.5 - 5.2
GLOBULIN Calculated	2.72	g/dL	2.30-4.50
A/G RATIO Calculated	1.58		1.0-2.3

INTERPRETATION

Bilirubin Elevated levels results from increased bilirubin production (eg hemolysis and ineffective erythropoiesis); decreased bilirubin excretion (eg; obstruction and hepatitis); and abnormal bilirubin metabolism (eg; hereditary and neonatal jaundice).
Conjugated (direct) bilirubin is elevated more than unconjugated (indirect) bilirubin in viral hepatitis; drug reactions, alcoholic liver disease conjugated (direct) bilirubin is also elevated more than unconjugated (indirect) bilirubin when there is some kind of blockage of the bile ducts like in Gallstones getting into the bile ducts tumors & Scarring of the bile ducts.
Increased unconjugated (indirect) bilirubin may be a result of hemolytic or pernicious anemia, transfusion reaction & a common metabolic condition termed Gilbert syndrome.
AST levels increase in viral hepatitis, blockage of the bile duct ,cirrhosis of the liver, liver cancer, kidney failure, hemolytic anemia, pancreatitis, hemochromatosis. Ast levels may also increase after a heart attck or strenuous activity.
ALT is commonly measured as a part of a diagnostic evaluation of hepatocellular injury, to determine liver health.
GGT may be higher with diabetes, heart failure, hyperthyroidism, or pancreatitis. Higher GGT levels also may mean liver damage from heavy, chronic alcohol abuse. GGT levels that are higher than normal may also signal a viral infection
Elevated ALP levels are seen in Biliary Obstruction, Osteoblastic Bone Tumors, Osteomalacia, Hepatitis, Hyperparathyriodism, Leukemia, Lymphoma, paget`s disease, Rickets, Sarcoidosis etc. Elevated serum GGT activity can be found in diseases of the liver, Biliary system and pancreas. Conditions that increase serum GGT are obstructive liver disease, high alcohol consumption and use of enzyme-including drugs etc.
Serum total protein, in the plasma is made up of albumin and globulin. Higher-than-normal levels may be due to: Chronic inflammation

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Collected By	: Dr.SELF	Client Add	: INDIRAPURAM
Sample Type	: SERUM		

BIOCHEMISTRY

Test Description	Observed Value	Unit	Reference Range

or infection, including HIV and hepatitis B or C, Multiple myeloma,Waldenstrom's disease. Lower-than-normal levels may be due to: Agammaglobulinemia, Bleeding (hemorrhage), Burns, Glomerulonephritis, Liver disease, Malabsorption, Malnutrition,

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BIOCHEMISTRY

Test Description	Observed Value	Unit	Reference Range
LIPID PROFILE			
TOTAL CHOLESTEROL Cholesterol Oxidase,PAP	176.02	mg/dl	<200 Desirable~200 – 239 Borderline >240 High Risk
TRIGLYCERIDES GPO-TRINDER	132.48	mg/dL	Normal : <161~High : 161 - 199~Hyper Triglyceridemic : 200 - 499~Very High : >499
H D L CHOLESTEROL Direct Enzymatic Colorimetric	42	mg/dl	>40 Recommended Range
L D L CHOLESTEROL Calculated	107.52	mg/dl	70-130
VLDL Spectrophotmetry/Calculated	26.5	mg/dl	0.00-45.0
T. CHOLESTEROL/ HDL RATIO Calculated	4.19	Ratio	3.40-4.40
LDL / HDL RATIO Calculated	2.56	Ratio	1.0-3.5

COMMENT :-

(#). A lipid panel measures five different types of lipids from a blood sample, including:
(1). Total cholesterol: This is your overall cholesterol level — the combination of LDL-C, VLDL-C and HDL-C.
(2). Low-density lipoprotein (LDL) cholesterol: This is the type of cholesterol that's known as "bad cholesterol." It can collect in your blood vessels and increase your risk of cardiovascular disease.
(3). Very low-density lipoprotein (VLDL) cholesterol: This is a type of cholesterol that's usually present in very low amounts when the blood sample is a fasting samples since it's mostly comes from food you've recently eaten. An increase in this type of cholesterol in a fasting sample may be a sign of abnormal lipid metabolism.
(4). High-density lipoprotein (HDL) cholesterol: This is the type of cholesterol that's known as "good cholesterol." It helps decrease the buildup of LDL in your blood vessels.
(5).Triglycerides: This is a type of fat from the food we eat. Excess amounts of triglycerides in your blood are associated with cardiovascular disease and pancreatic inflammation.

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Collected By	: Dr.SELF	Client Add	: INDIRAPURAM
Sample Type	: FLOURIDE PLASMA		

BIOCHEMISTRY

Test Description	Observed Value	Unit	Reference Range
HBA1C			
HBA1c HPLC	5.2	%	
ESTIMATED AVG. GLUCOSE	102.54	mg/dl	

Ref Range for HBA1c
Non-Diabetic :- 4.0 – 5.6
Increased Risk:- 5.7 – 6.4
In Diabetics:
Excellent Control: 6.5 – 7.0
Fair To Good Control: 7.0 – 8.0
Unsatisfactory Control:- 8.0 – 10
Poor Control: >10

COMMENT:

The Glycosylated Hemoglobin (HbA1c or A1c) test evaluates the average amount of glucose in the blood over the last 2 to 3 months.
This test is used to monitor treatment in someone who has been diagnosed with diabetes.
It helps to evaluate how well the person's glucose levels have been controlled by treatment over time. This test may be used to screen for and diagnose diabetes or risk of developing diabetes.
Depending on the type of diabetes that a person has, how well their diabetes is controlled, and on doctor recommendations, the HbA1c test may be measured 2 to 4 times each year.
The American Diabetes Association recommends HbA1c testing in diabetics at least twice a year.
When someone is first diagnosed with diabetes or if control is not good, HbA1c may be ordered more frequently.
Note: If a person has anemia, few type of hemoglobinopathy, hemolysis, or heavy bleeding, HbA1c test results may be falsely low.
If someone is iron-deficient, the HbA1c level may be increased.
If a person has had a recent blood transfusion, the HbA1c may be inaccurate and may not accurately reflect glucose control for 2 to 3 months.

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Sample Type	: FLOURIDE PLASMA		

BIOCHEMISTRY

Test Description	Observed Value	Unit	Reference Range
FASTING BLOOD SUGAR			
Plasma Glucose Fasting Glucose Oxidase/Peroxidase	85.4	mg/dL	70 -110

INTERPRETATION:

Fasting blood sugar test. A blood sample will be taken after an overnight fasting blood sugar level less than 100mg/dL is normal. A fasting blood sugar level from 100 to 125 mg/dL is considered prediabetes. If it's 126 mg/dL or higher on two separate tests, you have diabetes.

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Sample Type	: SERUM		

BIOCHEMISTRY

Test Description	Observed Value	Unit	Reference Range
KIDNEY FUNCTION TEST			
SERUM UREA Serum,Urease GLDH	24.10	mg/dL	19.0 - 45.0
SERUM CREATININE Enzymatic	1.05	mg/dL	0.7-1.30
SERUM URIC ACID Serum,Uricase	6.7	mg/dl	2.6 - 6.0
SERUM SODIUM ISE, Direct	138.20	mmol/L	135-150
SERUM POTASSIUM ISE, Direct	4.18	mmol/L	3.5-5.5
SERUM CHLORIDE ISE, Direct	102.37	mmol/L	94-110
Blood Urea Nitrogen (BUN) Calculated	11.26	mg/dl	8.00-23.0
UREA / CREATININE RATIO	22.95		
SERUM TOTAL CALCIUM BAPTA	9.26	mg/dl	8.4-10.6

INTERPRETATION:

Normal range for a healthy person on normal diet: 12 - 20.
To Differentiate between pre- and postrenal azotemia.
INCREASED RATIO (>20:1) WITH NORMAL CREATININE:
1.Prerenal azotemia (BUN rises without increase in creatinine) e.g. heart failure, salt depletion,dehydration, blood loss) due to decreased glomerular filtration rate.
2.Catabolic states with increased tissue breakdown.
3.GI hemorrhage.
4.High protein intake.
5.Impaired renal function plus .
6.Excess protein intake or production or tissue breakdown (e.g. infection, GI bleeding, thyrotoxicosis, Cushings syndrome, high

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BIOCHEMISTRY

Test Description	Observed Value	Unit	Reference Range

protein diet, burns,surgery, cachexia, high fever).
7.Urine reabsorption (e.g. ureterocolostomy)
8.Reduced muscle mass (subnormal creatinine production)
9.Certain drugs (e.g. tetracycline, glucocorticoids)
INCREASED RATIO (>20:1) WITH ELEVATED CREATININE LEVELS:
1.Postrenal azotemia (BUN rises disproportionately more than creatinine) (e.g. obstructive uropathy).
2.Prerenal azotemia superimposed on renal disease.
DECREASED RATIO (<10:1) WITH DECREASED BUN :
1.Acute tubular necrosis.
2.Low protein diet and starvation.
3.Severe liver disease.
4.Other causes of decreased urea synthesis.
5.Repeated dialysis (urea rather than creatinine diffuses out of extracellular fluid).
6.Inherited hyperammonemias (urea is virtually absent in blood).
7.SIADH (syndrome of inappropiate antidiuretic harmone) due to tubular secretion of urea.
8.Pregnancy.
DECREASED RATIO (<10:1) WITH INCREASED CREATININE:
1.Phenacimide therapy (accelerates conversion of creatine to creatinine).
2.Rhabdomyolysis (releases muscle creatinine).
3.Muscular patients who develop renal failure.
INAPPROPIATE RATIO:
1.Diabetic ketoacidosis (acetoacetate causes false increase in creatinine with certain methodologies,resulting in normal ratio when dehydration should produce an increased BUN/creatinine ratio).
2.Cephalosporin therapy (interferes with creatinine measurement).

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DMC NO:-30700

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Barcode No	: 491980	Registration	: 24/Aug/2024 05:11PM
Patient Name	: MRS. TANVI UPADHYAI	Received	: 24/Aug/2024 05:26PM
Age/Gender	: 32 Y 0 M 0 D /F	Reported	: 24/Aug/2024 06:53PM
Ref Doctor	: Dr.SELF	Client Code	: UP528
Collected By	: Dr.SELF	Client Add	: INDIRAPURAM
Sample Type	: Urine		

CLINICAL PATHOLOGY

Test Description	Observed Value	Unit	Reference Range
URINE FOR SUGAR - FASTING			
Result	NIL		Nil
Benedicts test			

INTERPRETATION:
When the glucose level in blood exceeds the renal thresholds of glucose (160-180mg/dl) glucose starts to appear in urine. Glucose in urine gets excreted in diabetes mellitus. Elevated level of glucose in urine may also be a result of renal glucosuria. Other causes of glucose in urine are hyperthyroidism, high sugar diet, liver cirrhosis.

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Barcode No	: 491980	Registration	: 24/Aug/2024 01:49PM
Patient Name	: MRS. TANVI UPADHYAI	Received	: 24/Aug/2024 05:08PM
Age/Gender	: 32 Y 0 M 0 D /F	Reported	: 24/Aug/2024 07:19PM
Ref Doctor	: Dr.SELF	Client Code	: UP528
Collected By	: Dr.SELF	Client Add	: INDIRAPURAM
Sample Type	: URINE		

CLINICAL PATHOLOGY

Test Description	Observed Value	Unit	Reference Range
URINE ROUTINE EXAMINATION			
PHYSICAL EXAMINATION			
QUANTITY visual	25 ML	ml	0-50
COLOUR visual	PALE YELLOW		PALE YELLOW
TRANSPARENCY visual	SLIGHTLY TURBID		Clear
SPECIFIC GRAVITY ION exchange	1.025		1.010 - 1.030
CHEMICAL EXAMINATION			
pH Double Indicator	6.5		5-7
PROTEIN Protein - error of Indicators	NEGATIVE	g/dL	
GLUCOSE GOD-POD	NEGATIVE	mg/dl	
UROBILINOGEN Ehrlichs Reaction	NIL		Nil
KETONE BODIES Legals Nitroprasside	NEGATIVE		NEGATIVE
BILIRUBIN Azo-coupling Reaction	NIL		Nil
BLOOD Pseudo-peroxidase	NIL		Nil
NITRITE Diazotization Reaction	NIL		Nil
MICROSCOPIC EXAMINATION			
PUS CELLS Microscopy	5-8	cells/HPF	0-5
RBCs Microscopy	NIL	Cells/HPF	Nil

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Ref Doctor	: Dr.SELF	Client Code	: UP528
Collected By	: Dr.SELF	Client Add	: INDIRAPURAM
Sample Type	: URINE		

CLINICAL PATHOLOGY

Test Description	Observed Value	Unit	Reference Range
EPITHELIAL CELLS Microscopy	4-6	Cells/HPF	0 - 5
CRYSTALS Microscopy	ABSENT	ABSENT	ABSENT
CASTS Microscopy	ABSENT	/HPF	ABSENT
OTHER	ABSENT	%	

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Barcode No	: 491976	Registration	: 24/Aug/2024 01:49PM
Patient Name	: MRS. TANVI UPADHYAI	Received	: 24/Aug/2024 05:08PM
Age/Gender	: 32 Y 0 M 0 D /F	Reported	: 24/Aug/2024 06:50PM
Ref Doctor	: Dr.SELF	Client Code	: UP528
Collected By	: Dr.SELF	Client Add	: INDIRAPURAM
Sample Type	: SERUM		

HORMONE ASSAYS

Test Description	Observed Value	Unit	Reference Range

THYROID PROFILE. (T3,T4,TSH)

TRIODOTHYRONINE TOTAL (T3) CLIA	1.20	ng/mL	0.8 - 1.9

Summary & Interpretation:.

Triiodothyronine (T3) is the hormone principally responsible for the development of the effects of the thyroid hormones on the various target organsT3 is mainly formed extrathyroidally , particularly in the liver, by deiodination of T4. A reduction in the conversion of T4 to T3 results in a fall in the T3 concentration.It Occurs under the influence of medicaments such as propanolol, glucocorticoids or amiodarone and in severe non-thyroidal illness (NTI). The determination of T3 is utilized in the diagnosis of T3-hyperthyroidism, the detection of early stages of hyperthyroidism and for indicating a diagnosis of thyrotoxicosis factitia.

THYROXINE TOTAL (T4) CLIA	8.6	ug/dL	5.0 - 13.0

Summary & Interpretation:

The hormons thyroxime (T4) is the main product secreted by the thyroid gland. The major part of total thyroxime (T4) in serum is present in protein-bound form. As the concentration of the transport proteins in serum are subject to exogenous and endogenous effects, the status of the binding proteins must also be taken in to account in the assessment of the thyroid hormone concentration in serum. The determination of T4 can be utilized for the following indications : the detection of hyperthyroidism, the detection of primary and secondary hypothyroidism and the monitoring of TSH-suppression therapy.

THYROID STIMULATING HORMONE (TSH) CLIA	2.471	µIU/mL	0.35 - 4.75

Summary & Interpretation

TSH is formed in specific basophil cells of the anterior pituitary and is subject to a circardian secretion sequence.The determination of TSH serves as the initial test in thyroid diagnostics, Accordingly, TSH is a very sensitive and specific parameter for assessing thyroid function and is particularl suitable for early detection or exclusion of disorders in the central regulating circuit between the hypothalamus, pituitary and thyroid.

Note:

1.TSH levels are subject to circadian variation, reaching peak levels between 2 - 4.a.m. and at a minimum between6-10 pm .The variation is of the order of 50% . hence time of the day has influence on the measured serum TSH concentrations

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

3. Physiological rise in Total T3 / T4 levels is seen in pregnancy and in patients on steroid therapy. 4. Clinical Use: Primary Hypothyroidism, Hyperthyroidism, Hypothalamic – Pituitary hypothyroidism, Inappropriate TSH secretion, Nonthyroidal illness, Autoimmune thyroid disease, Pregnancy associated thyroid disorders.

PREGNANCY	REFERENCE RANGE FOR TSH IN uIU/mL
1st Trimester	0.05 – 3.70
2nd Trimester	0.31 – 4.35
3rd Trimester	0.41– 5.18

*** End Of Report ***

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HEALIC
The Good Hospital

Barcode No	: 491976	Registration	: 26/Aug/2024 10:22AM
Patient Name	: MRS. TANVI UPADHYAI	Received	: 26/Aug/2024 10:23AM
Age/Gender	: 32 Y 0 M 0 D /F	Reported	: 26/Aug/2024 12:28PM
Ref Doctor	: Dr.SELF	Client Code	: UP528
Collected By	: Dr.SELF	Client Add	: INDIRAPURAM
Sample Type	: SERUM		

HORMONE ASSAYS

Test Description	Observed Value	Unit	Reference Range
PROLACTIN			
PROLACTIN CLIA	20.61	ng/ml	MALE 1.997-19.458~FEMALES 2.397-27.26

INTERPRETATION:

Non Pregnant Female	2.8-29.2 ng/ml
Pregnancy	9.7-208.5 ng/ml
Post-Menopausal	1.8-20.3 ng/ml
Male	2.1-17.7 ng/ml

-The major physiologic action of prolactin is the initiation and maintenance of lactation in women.
-Hyperprolactinemia has been established as a common cause of infertility and gonadal disorders in men and women.
-Causes of increased prolactin concentrations include pituitary tumours, amenorrhoea and/or galactorrhoea, primary hypothyroidism, anorexia nervosa, polycystic ovarian syndrome, renal failure and ectopic production. Women taking oral contraceptives or receiving estrogen therapy can have elevated prolactin concentration. Stress, coitus, some psychotropic and antihypertensive drugs may give falsely elevated values.
-Causes of decreased prolactin concentrations include hypopituitarism, post partum, administration of certain drugs like L-dopa, apomorphine, clonidine and bromocriptine.
LIMITATIONS:
-Prolactin levels have been found to be influenced by various factors other than the diseased state.
-Prolactin may exist in alternate structural forms (e.g. macroprolactin) which may exhibit variable levels of physiological activity. Additional information may be required for diagnosis.
-Specimens from patients who have received preparations of mouse monoclonal antibodies for diagnosis or therapy may show either falsely elevated or depressed values.

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Collected By	: Dr.SELF	Client Add	: INDIRAPURAM
Sample Type	: SERUM		

HORMONE ASSAYS

Test Description	Observed Value	Unit	Reference Range
ANTI MULLERIAN HORMONE (AMH)			
ANTI MULLERIAN HORMONE CLIA	2.80	ng/ml	0.334-7.834

INTERPRETATION:
Assay results should be interpreted only in the context of other laboratory findings and the total clinical status of the patient.

AMH reference range range given as per test method, and analyser used for testing.

AMH is used to:
-Assess Ovarian Reserve - correlates with the number of antral follicles in the ovaries.
-Evaluate fertility potential and ovarian response in IVF- Women with low AMH levels are more likely to be poor ovarian responders.
-Assess the condition of Polycystic Ovary and premature ovarian failure.
-Evaluate testicular function in infants and children.
-Diagnose and monitor patients with AMH secreting ovarian granulosa cell tumours.

Increased in:
Polycystic ovarian syndrome. AMH concentrations may be 2 to 5 fold higher than age appropriate reference range values.

Decreased in:
Anorchia , Abnormal or absence of testis in males
Pseudohermaphroditism
Post Menopause

COMMENTS:
AMH measurement alone is seldom sufficient for diagnosis and results should be interpreted in the light of clinical findings and other relevant test results such as Ovarian ultrasonography (in fertility applications); abdominal or testicular ultrasound (intersex or testicular function applications); measurement of sex steroids (estradiol, Progesterone, Testosterone), FSH, Inhibin B (for fertility), and Inhibin A and B (for tumour work up).

Interpretation of AMH levels for women under 35 years of age (www.advancedfertility.com)

Interpretation	AMH blood level (ng/mL)
High(Often PCOS)	>4.0
Normal	1.5-4.0
Low normal range	1.0-1.5
Low	0.5-1.0
Very Low	<0.5

*** End Of Report ***

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QRO QUALITY RESEARCH ORGANIZATION
EGAC
ISO 9001:2015 CERTIFIED QUALITY MANAGEMENT SYSTEM

Barcode No	: 491977	Registration	: 24/Aug/2024 01:49PM
Patient Name	: Mrs.TANVI UPADHYAI	Received	: 24/Aug/2024 05:08PM
Age/Gender	: 32 Y 0 M 0 D /F	Reported	: 27/Aug/2024 05:04PM
Ref Doctor	: Dr.SELF	Client Code	: UP528
Collected By	: Dr.SELF	Client Add	: INDIRAPURAM
Sample Type	: Slide		

CYTOPATHOLOGY

PAP SMEAR

LIQUID BASED CYTOLOGY

Slide No.:	2024/L/4372
Site of Sample/Site of Smear:	Liquid Based Cytology
Site of Sample/Site of Smear	Cervical Smears
Specimen Adequacy:	Satisfactory Endocervical cells / Transformation zone component - Present **Obscuring factors – Absent**
Non – Neoplastic Findings	Organisms Trichomonas vaginalis/ Candida/ Shift in bacterial flora suggestive of bacterial vaginosis/ HSV/ **Others – Absent**
Other non – neoplastic findings:	**Reactive cellular changes associated with: Inflammation –** Present Glandular cells status post hysterectomy / Atrophy/ Tubal metaplasia/ Keratotic cellular **changes /Lymphocytic (follicular) cervicitis/Other –** Absent
Epithelial **Abnormalities –** Squamous:	Absent
Epithelial Abnormalities - Glandular:	Absent

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Patient Name	: Mrs.TANVI UPADHYAI	Received	: 24/Aug/2024 05:08PM
Age/Gender	: 32 Y 0 M 0 D /F	Reported	: 27/Aug/2024 05:04PM
Ref Doctor	: Dr.SELF	Client Code	: UP528
Collected By	: Dr.SELF	Client Add	: INDIRAPURAM
Sample Type	: Slide		

CYTOPATHOLOGY

Endometrial Cells:	Absent
General Categorization:	Negative for intraepithelial lesion/ Malignancy
Interpretation/ Result	Negative for intraepithelial lesion/ Malignancy Reactive cellular changes associated with: Inflammation
Advice/ Impression -	Clinical correlation.

*** End Of Report ***

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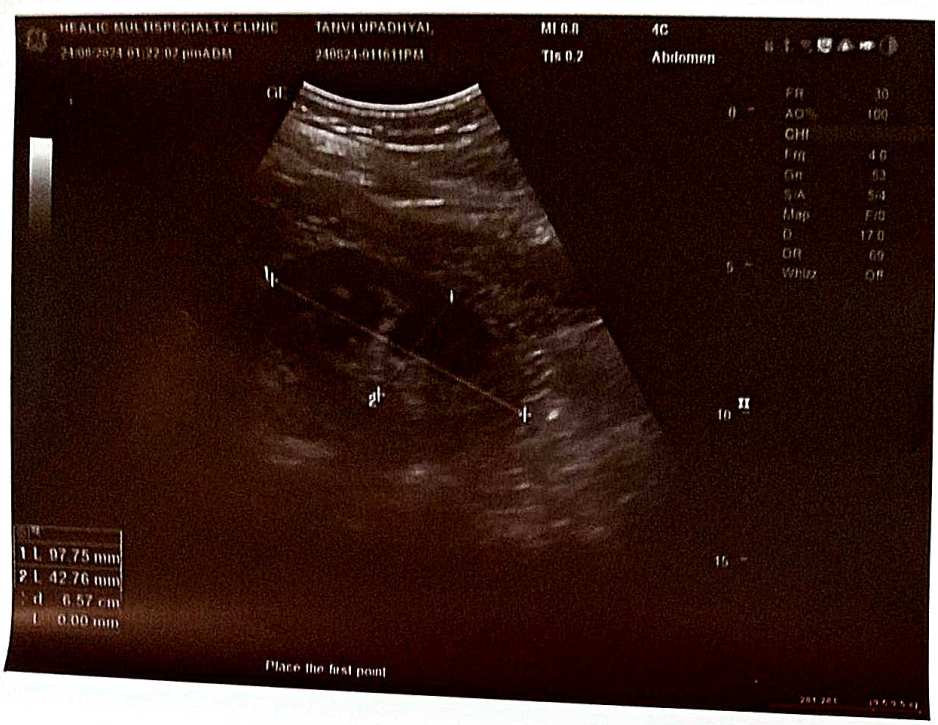
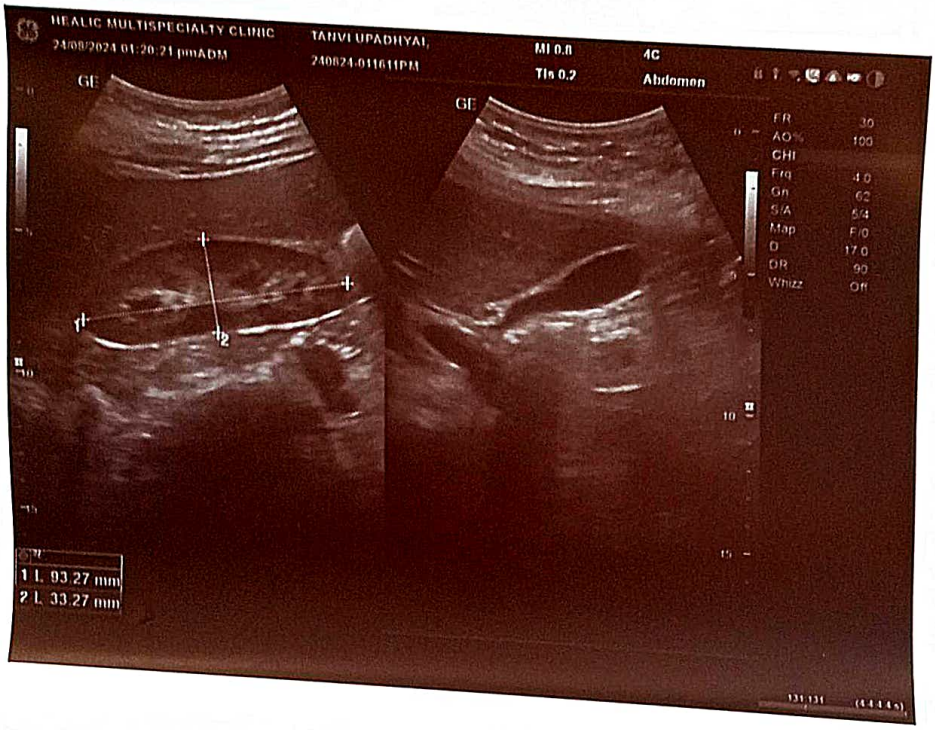
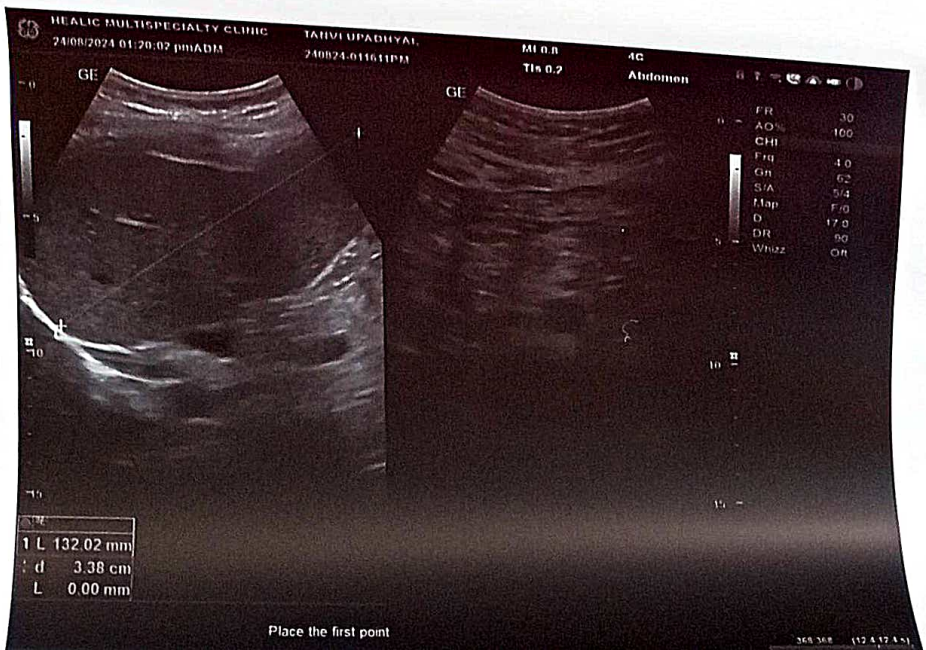
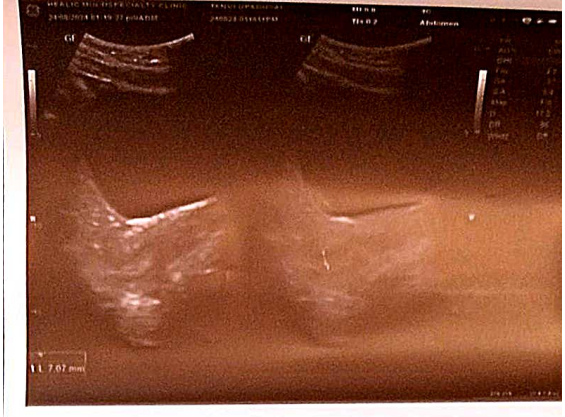
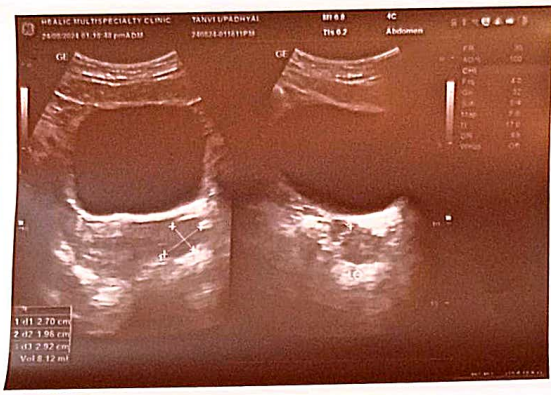
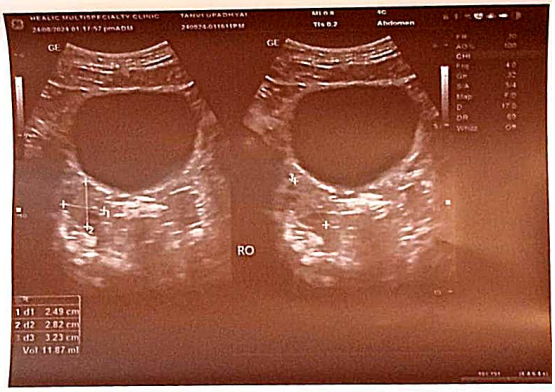

HEALIC MULTISPECIALTY CLINIC
24/08/2024 01:22:02 pmADM
TANVI UPADHYAL,
240824-011611PM
MI 0.8
TIs 0.2
4C
Abdomen
FR 30
AO% 100
CHI
Frq 4.0
Gn 62
S/A 5/4
Map F/0
D 17.0
DR 69
Whizz Off
1 L 97.75 mm
2 L 42.76 mm
d 6.57 cm
L 0.00 mm
Place the first point

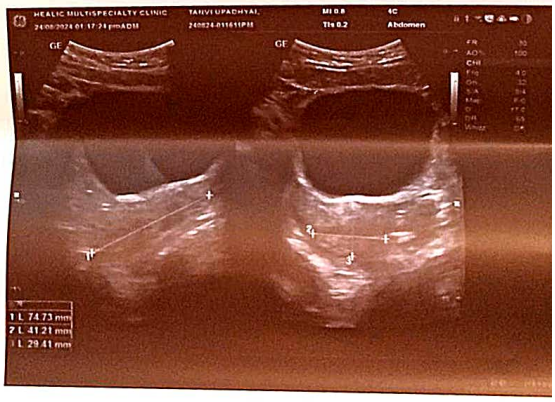

HEALIC MULTISPECIALTY CLINIC
24/08/2024 01:20:21 pmADM
TANVI UPADHYAL,
240824-011611PM
MI 0.8
TIs 0.2
4C
Abdomen
FR 30
AO% 100
CHI
Frq 4.0
Gn 62
S/A 5/4
Map F/0
D 17.0
DR 90
Whizz Off
1 L 93.27 mm
2 L 33.27 mm


HEALIC MULTISPECIALTY CLINIC
24/08/2024 01:20:02 pmADM
TANVI UPADHYAL,
240824-011611PM
MI 0.8
TIs 0.2
4C
Abdomen
FR 30
AO% 100
CHI
Frq 4.0
Gn 62
S/A 5/4
Map F/0
D 17.0
DR 90
Whizz Off
1 L 132.02 mm
d 3.38 cm
L 0.00 mm
Place the first point


1 L 7.07 mm


HEALIC MULTISPECIALTY CLINIC
TANVI UPADHYAY
Abdomen
1 d1 2.70 cm
2 d2 1.96 cm
3 d3 2.92 cm
Vol 8.12 ml


HEALIC MULTISPECIALTY CLINIC
TANVI UPADHYAY
Abdomen
RO
1 d1 2.49 cm
2 d2 2.82 cm
3 d3 3.23 cm
Vol 11.87 ml


HEALIC MULTISPECIALTY CLINIC
TANVI UPADHYAY
Abdomen
1 L 74.73 mm
2 L 41.21 mm
3 L 29.41 mm

HEALIC

Patient Name: TANVI UPADHYAI	**USG WHOLE ABDOMEN**
Date of Birth/ Age: 32YRS	**DATE:** 24-08-2024
Gender: FEMALE	
Referred By: SELF	

LIVER: Liver is normal in size and **shows increase in echopattern**. No focal intra-hepatic lesion is detected. Intra-hepatic biliary radicals are not dilated. Portal vein is normal in calibre.

GALL BLADDER: Gall bladder appears echofree with normal wall thickness. Common bile duct is normal in calibre.

PANCREAS: Pancreas is normal in size and echopattern.

SPLEEN: Spleen is normal in size and echopattern.

KIDNEYS: Both kidneys are normal in position, size **(RK=9.3x3.3cm and LK =9.7x4.2cm)** and outline. Cortico-medullary differentiation of both kidneys is maintained. Central sinus echoes are compact. No focal lesion or calculus seen. Bilateral pelvicalyceal systems are not dilated.

URINARY BLADDER: Urinary bladder is normal in wall thickness with clear contents. No significant intra or extraluminal mass is seen.

UTERUS: Uterus is anteverted. It is normal in size **(7.4x4.1x2.9cm).** Myometrial echogenicity appears uniform. Endometrium is central **(7.1mm)**

OVARIES: **Both ovaries are bukly in size and shows few peripherally arranged follicles (12-15) around echogenic stroma**

Right ovary measures -**2.4x2.8x3.2cm (vol-11.8cc)**
Left ovary measures **- 2.7x1.9x2.9cm (vol-8.2cc)**

No free fluid is detected in pouch of Douglas and Morissons pouch.

IMPRESSION: GRADE I FATTY LIVER.
: POLYCYSTIC OVARIAN PATTERN.

ADV:- clinical correlation.

DR. ANANT SHARMA

CONS. RADIOLOGIST