



## Dr. Nitin Agarwal

Pathologist & Director MBBS, MD, FAGE Ex. Chief of Lab Dr. Lal Path labs.

# Dr. Pooja (Garg) Agarwal

Radiologist & Director MBBS (MAMC) DMRD (MAMC) Imaging Expert In Fetal And Maternal Medicine. University of Barcelona, Spain Fetal Medicine Foundation (UK) Accreditation



NAME

:Mrs. SUDHA

AGE/GENDER :40 YRS/Female PATIENT ID :132876

REFERRED BY

CENTRE NAME

:Dr. MEDIWHEEL

:ONEPLUS ULTRASOUND LAB

Barcode No

SPECIMEN DATE

REPORT DATE

SPECIMEN RECEIVED

LAB NO.

:10168255

:29/Mar/2024 09:08AM

:29/Mar/2024 09:34AM :29/Mar/2024 03:02PM

:012403290014

Test Name

Result

Unit

Ref. Range

## HAEMATOLOGY

#### MediWheel Health Checkup >40 Female

Sample Type:EDTA Blood

**ESR** 

10

mm in 1st hr

upto 13.6

Modified Westergrens Method

#### Comments:

#### Increased

In most infections, anaemias, injection of foreign proteins, auto-immune disorders, conditions accompanied by hyperglobunemia and hypercholesterolaemia.

A rising ESR suggests a progressive disease.

#### Decreased

In polycythemia, congestive heart failure.

Glycosylated Hemoglobin (HbA1c)

6.7

146

Non Diabetic adults < 5.7

Prediabetic (at risk) 5.7-6.4

Diabetes >6.4

Estimated average blood glucose (eag)

CALCULATED

#### Reference range (mg/dl):

90 - 120: Excellent control, 121 - 150: Good Control, 151 - 180: Average Control, 181 - 210: Action Suggested

>211 Panic value

Thecked By.

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#### HAEMATOLOGY

BLOOD GROUP (ABO)

Forward and Reverse grouping (Slide & Tube)

Rh typing

POSITIVE

#### NOTE:

- \* Apart from major A,B,H antigens which are used for ABO grouping and Rh typing, many minor blood group antigens exist. Agglutination may also vary according to titre of antigen and antibody.
- So before transfusion, reconfirmation of blood group as well as cross-matching is needed.
- \* Presence of maternal antibodies in newborns, may interfere with blood grouping.
- \* Auto agglutination (due to cold antibody, falciparum malaria, sepsis, internal malignancy etc.) may also cause erroneous result.

Thecked By.

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#### **HAEMATOLOGY**

#### CBC

	CBC			
Haemoglobin Non cyanide Hb analysis	12.1	g/dl	12.0-15.0	
Total Leucocyte Count Electrical Impedance	9400	/cumm	4000-10000	
Differential leucocyte count				
Neutrophils Electrical Impedance & Microscopic	68.6	%	40-80	
Lymphocyte Electrical Impedance & Microscopic	25.30	%	20-40	
Monocytes Electrical Impedance & Microscopic	4.00	%	2-10	
Eosinophils Electrical Impedance & Microscopic	2.0	%	1-6	
Basophils Electrical Impedance & Microscopic	0.1	%	0-2	
RBC Count Electrical Impedance	4.80	million/cumm	4.5 - 5.5	
Hematocrit(PCV) Flow Cytometry	38.5	%	36-46	
MCV Calculated	80.9	fl	83-101	
MCH Calculated	25.5	pg	27-32	
MCHC Calculated	31.5	g/dL	31.5-34.5	
RDW-CV Calculated	14.6	%	11.4-14.0	
Platelet count Electrical Impedance	259000	/cumm	150000-410000	

#### **BIOCHEMISTRY**

Sample Type:Fluoride F

Blood sugar fasting 124

mg/dl

70-100 mg/dl

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Test Name	Result	Unit	Ref. Range
Sample Type:Fluoride PP			2,000 1100 1880
Blood sugar pp GOD-POD	169	mg/dL	70.0-140.0
Sample Type:Serum			
Bun (blood urea nitrogen ) Calculated	12.60	mg/dl	8.9-21.6
Uric Acid, serum Uricase- PAP	4.6	mg/dl	3.5-7.2
Creatinine, serum Enzymatic	0.6	mg/dl	0.71-1.16
	LFT(LIVER FUNC	TION TEST)	
Bilirubin Total Modified tab	0.54	mg/dl	0.1-0.9
Bilirubin Conjugated Diazotied sulfanilic acid	0.23	mg/dl	0-0.4
Bilirubin Unconjugated Calculated	0.31	mg/dl	up to 0.7
SGOT (AST) Tris buffer	19	U/L	0-46
SGPT (ALT) Tris buffer	10	U/L	0-49
Alkaline phosphatase	96	U/L	40-129
GAMMA GT Szasz Method	28	U/L	10-45
Total Protein Biuret	7.4	gm/dl	6.60 - 8.70
Albumin serum BCG	4.6	g/dL	3.0-5.2
Globulin Calculated	2.80	gm/dl	1.8-3.4
Albumin/Globulin Ratio	1.64		1.10 - 2.50
	LIPID PRO	FILE	
Cholesterol CHOD-PAP	109	mg/dl	50-200

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MRS MD

Regn. No. DMC - 136

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Test Name	Result	Unit	Ref. Range
Triglycerides GPO-PAP	77	mg/dL	25-150
HDL Cholesterol Selective Inhibition	46	mg/dL	40 - 60
LDL cholesterol Calculated	48	mg/dL	<130
VLDL cholesterol Calculated	15.4	mg/dL	5-40
Cholesterol/HDL Ratio	2.4		Low Risk 3.3-4.97 Average Risk 4.4-7.1 Moderate Risk 7.1-11.0 High Risk >11.0
LDL/HDL Ratio Calculated	1.0		0 - 3.55

LDL Cholesterol	Total Cholesterol	HDL Cholesterol
<100 Optimal	<200 Desirable	<40 Low
100-129 Near optimal	200-239 Borderline high	>60 High
130-159 Borderline high	>240 High	
160-189 High		
>190 Very high		

#### According to NCEP, ATP-III Guidelines

#### **BUN/Creatinine ratio**

UREA UREASE-GLDH	27.00	mg/dl	15-45
Bun (blood urea nitrogen ) Calculated	12.62	mg/dl	8.9-21.6
CREATININE ENZYMATIC	0.60	mg/dl	0.30-1.10
Bun/Creatinine Ratio	21.03		10.0 - 20.0

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Test Name Result Unit Ref. Range

#### ENDOCRINOLOGY

## THYROID PROFILE(T3,T4,TSH)

Triiodothyronine total [t3]	0.85	ng/dl	0.52-1.9
Thyroxine total [t4]	7.60	µg/dl	4.8-11.6
TSH (Thyroid Stimulating Hormone)	3.60	μIU/ml	0.25-5.0

#### AGE WISE VARIATION IN TSH

AGE	TSH(µIU/mI)	AGE	TSH(µIU/mI)
1-4 weeks	1.00 - 19.0	16-20 yrs	0.25 - 5.0
1-12 mths	1.70 - 9.1	21 - 80 yrs	0.25 - 5.0
1-5 yrs	0.80 - 8.2	I <sup>st</sup> trimester	0.25 - 5.0
6-10 yrs	0.25 - 5.0	II <sup>nd</sup> trimester	0.50 - 5.0
11-15 yrs	0.25 - 5.0	II <sup>rd</sup> trimester	0.4 - 6.0

#### Reference ranges - Interpretation of Diagnostic tests - (Jacques Wallach)

- 1. Primary hypothyroidism is accompanied by depressed serum T3 and T4 values and elevated serum TSH level.
- 2. Primary hyperthyroidism is accompanied by elevated serum T3 and T4 levels along with depressed TSH values.
- 3. Slightly elevated T3 levels may be found in pregnancy and estrogen therapy, while depressed levels may be encountered in severe illness, renal failure and during therapy with drugs like propranolol and propyl thiouracil.
- 4. Although elevated TSH levels are nearly always indicative of primary hypothyroidism, and may be seen in secondary thyrotoxicosis

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**Test Name** 

Result

Unit

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ACIDIC

NIL

NIL

**NEGATIVE** 

NEGATIVE

NORMAL

# CLINICAL PATHOLOGY URINE ROUTINE (Strip/microscopy)

## Sample Type:Urine

#### Physical examination

Colour	PALE YELLOW	PALE YELLOW
Transparency	CLEAR	CLEAR
Sp.gravity BROMOTHYMOL BLUE	1.015	1.005-1.030
pH	6.00	5.0-8.0

NEGATIVE

NEGATIVE

NORMAL

Double Indicators Test

Bilirubin, urine

Reaction ACIDIC

#### Chemical examination

Urine protein	NIL

Urine sugar Oxidation Reaction

Urobilinogen P-Aminobenzoic Acid and Phenazopyridine Reaction Ketones

Acetoacetate and Dicholorobenzene Reaction

## Microscopic examination

Pus cells. Microscopy	1-2	/HPF	1-2
Epithelial cells Microscopy	2-3	/HPF	0-5
R.B.C. Microscopy	NIL	/HPF	NIL
Casts Microscopy	NIL	/HPF	NIL
Crystals Microscopy	NIL	/HPF	NIL
		<u></u>	

NIL

Thecked By.

Bacteria

Microscopy

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/HPF

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NABL MC - 6036

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/HPF

Ref. Range

Brownish

NIL

NIL

Others.

Colour

Cysts

Microscopy Bacteria

Microscopy Others

NIL

NIL

# STOOL ROUTINE (MANUAL METHOD/MICROSCOPY)

#### Sample Type:Stool

#### Physical examination

001001	DITOTTION		DIOWINSII
Consistency	SEMI LOOSE		Semi Formed
Blood	ABSENT		Absent
Mucus	ABSENT		Absent
Chemical examination, stool			
pH Double Indicators Test	6.00		5.0-8.0
Microscopic examination			
Pus cells Microscopy	0-1	/HPF	10-11
R.B.C. Microscopy	NIL	/HPF	NIL
Ova Microscopy	ABSENT		NIL

NIL

NIL

PRESENT

BROWNISH

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CYTOLOGY PAP SMEAR

Sample Type:Fluid Smear

STATEMENT OF ADEQUACY:

Satisfactory for evaluation.

GENERAL CATEGORISATION:

Benign cellular changes.

#### DESCRIPTIVE DIAGNOSIS

- Superficial squamous cells with intermediate and occasional metaplastic squamous cells.
- Scanty polymorphonuclear leucocytes.
- 3. No epithelial cell abnormality.

#### COMMENTS:

NEGATIVE FOR INTRAEPITHELIAL LESION/MALIGNANCY.

P/OP/57/24

\*\*\* End Of Report \*\*\*

Checked By.

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# भारतीय विशिष्ट पहचान प्राधिकरण Unique Identification Authority of India

नामांकन क्रम/ Enrolment No.: 0013/03022/09514

सुधा Sudha W/O RAJESH KUMAR H.NO.4 SITA SARAN COLONY SUBZI MANDI NEAR BY GHANTA GHAR Malka Ganj S.O North Delhi Delhi - 110007 7217681686





आपका आधार क्रमांक / Your Aadhaar No. :

4927 6453 3694 VID: 9177 2382 3541 9068

मेरा आधार, मेरी पहचान



Government of India





Sudha जन्म तिथि/DOB: 15/08/1983 महिला/ FEMALE

4927 6453 3694

VID: 9177 2382 3541 9068 मेरा आधार, मेरी पहचान

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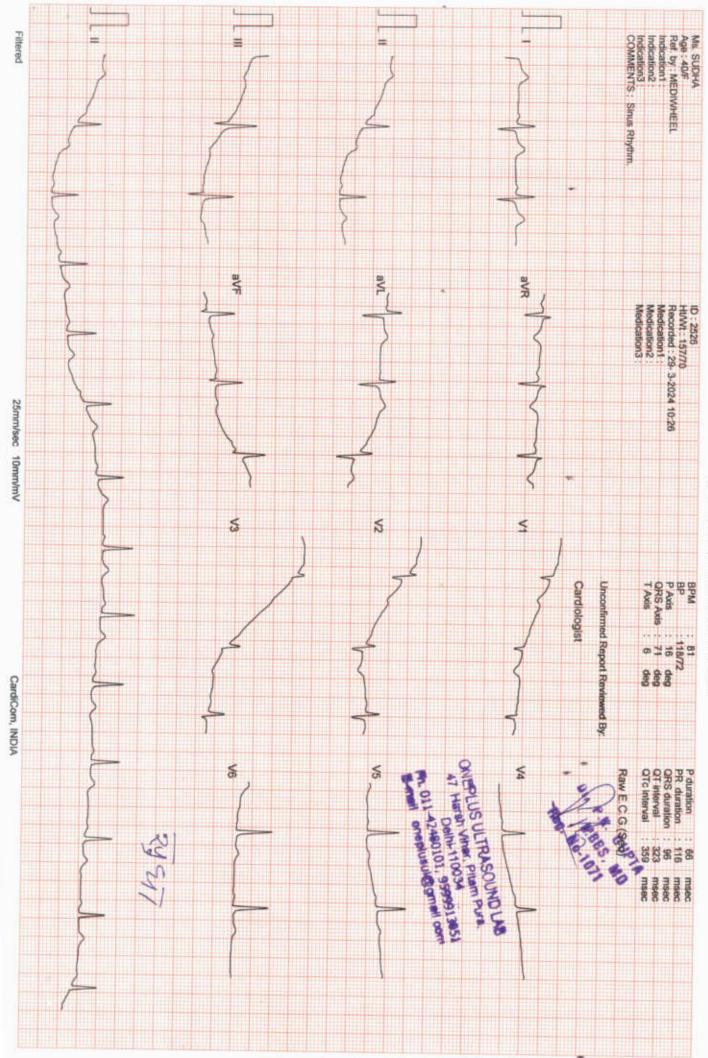


DI. NITH ACAPINAL MBBS, MD



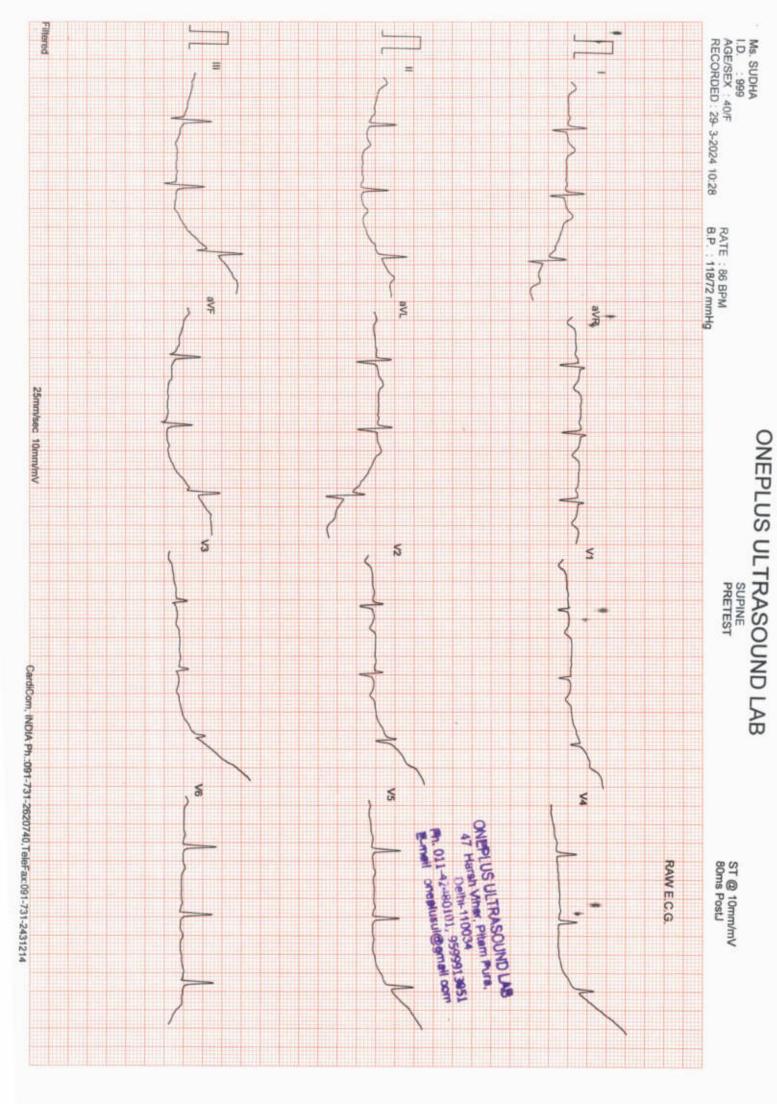
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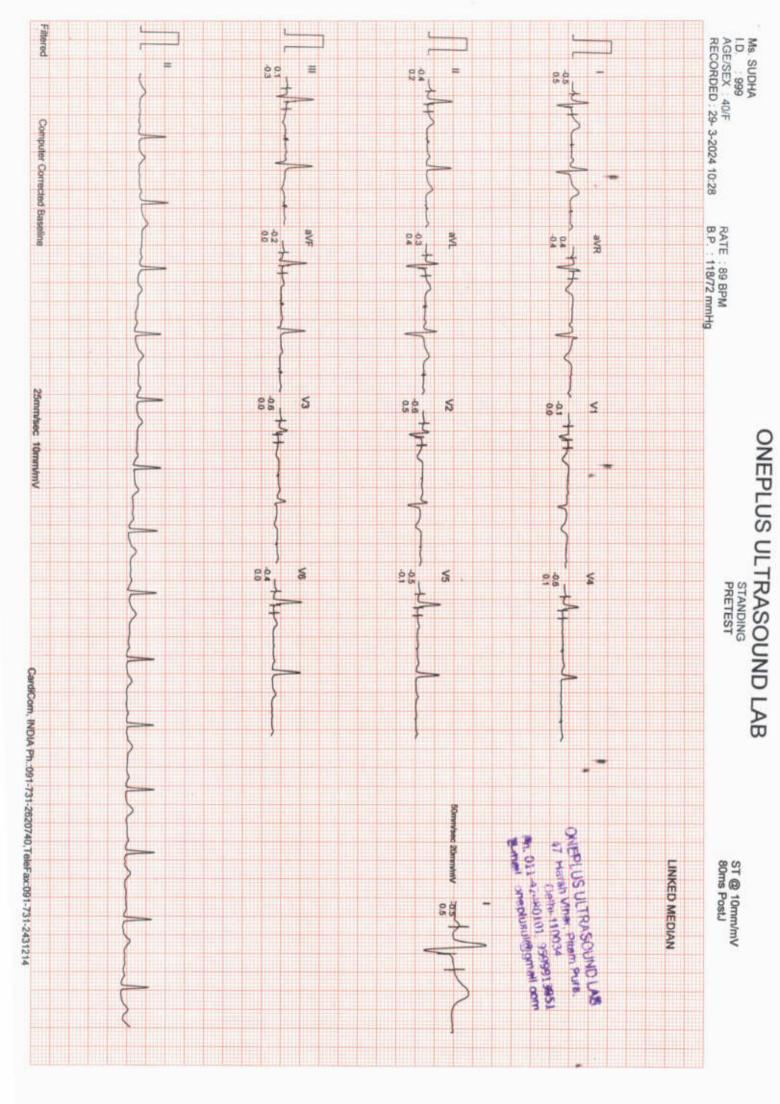
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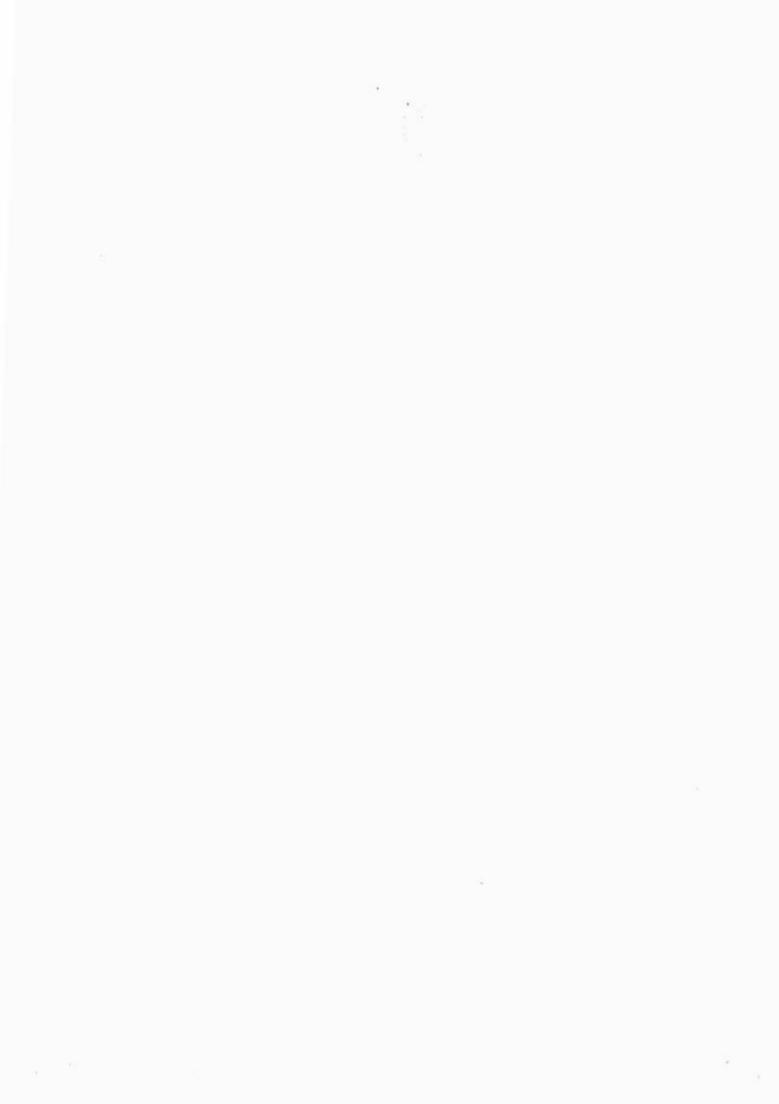


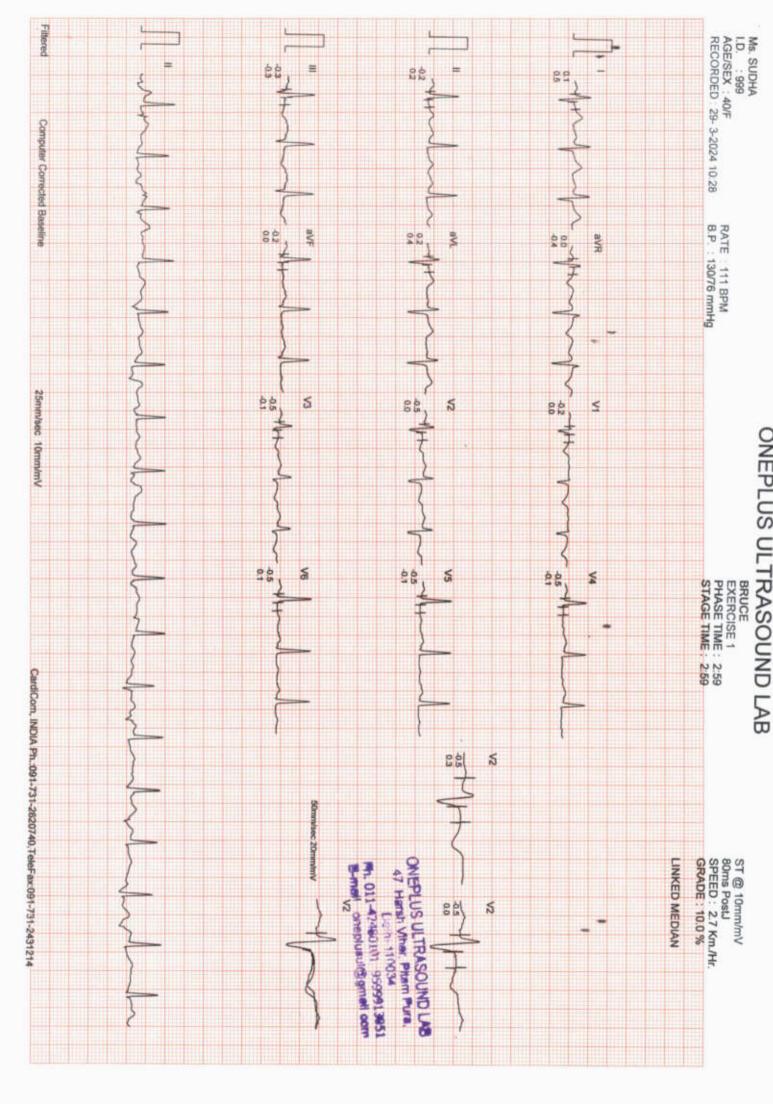
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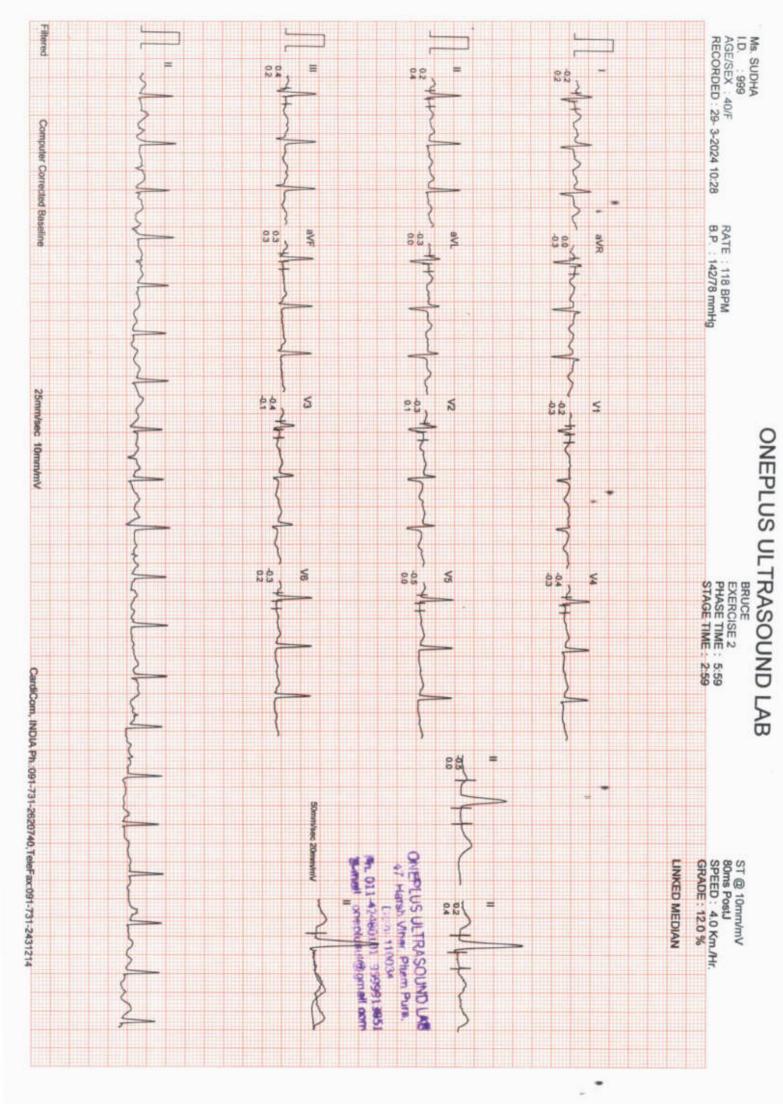
, , , , , , , , , , , , , , , , , , ,		IMPRESSIONS	Exercise Duration Max Heart Rate Max Blood Pressure Max Work Load Reason of Termination	RESULTS	RECOVERY	PEAK EXER	STAGE 3	STAGE 2	STANDING STAGE 1	PHASE	Indication 2 Indication 3	Age: 40/F
		**	200 00 Acad		2:59	8:38	8:29	5.59	o n n	PHASE	ľ	
		Hefetin	8:38 Minutes 155 bpm 86 % of target heart rate 180 bpm 154/82 mmHg 9:66 METS	3	2:59	2:38	2:29	2.59	) }	STAGE		
		To leave the second	get heart rate 18	1.00	0.00		5.40	2.70		SPEED (Km./Hr.)	Recorded : 29-	ID: 999 HWWt: 157/70
		uel	10 bpm	coc	3		14.00	10,00		GRADE (%)	3-2024 10:28	
		Š		87	2 8	n n	151	111	88	H.R. (BPM)		
	Or A. GUPTA MO Reg. 45-1071 Cardiologist			122/74	154/62	40.00	142/78 154/82	130/76	118/72 118/72	B.P. (mmHg)	History: Medication1: Medication2: Medication3:	TREADMILL TEST SUMMARY REPORT
CardiCom, INDI				111	238	-	33 33 33	144	101 105	RPP X100		ST SUMMARY
A Ph.:091-731-262			2	-0,2	-0.7	į į	0.2	-0.2	-0.6	=		REPORT
CardiCom, INDIA Ph.:091-731-2820740, TeleFax:091-731-2431314	12 25	47 Harah Vites 19034 3651 Delhi-110034 30991 3651 Delhi-110034 30991 3651 and 2380101, 939991 3651 and 2380101, 939991 3000	O US ULTRAS	0.2	0.0	ė	-0.3	65	0.6	STLEVEL (mm)		
19201	7	0509913851 0509913851 @gmail com	OUNDUE	-0.4	-0.8	-0.8	0.50	5	0.55	×5		
					9.66	9.51	7.10	3		METS		

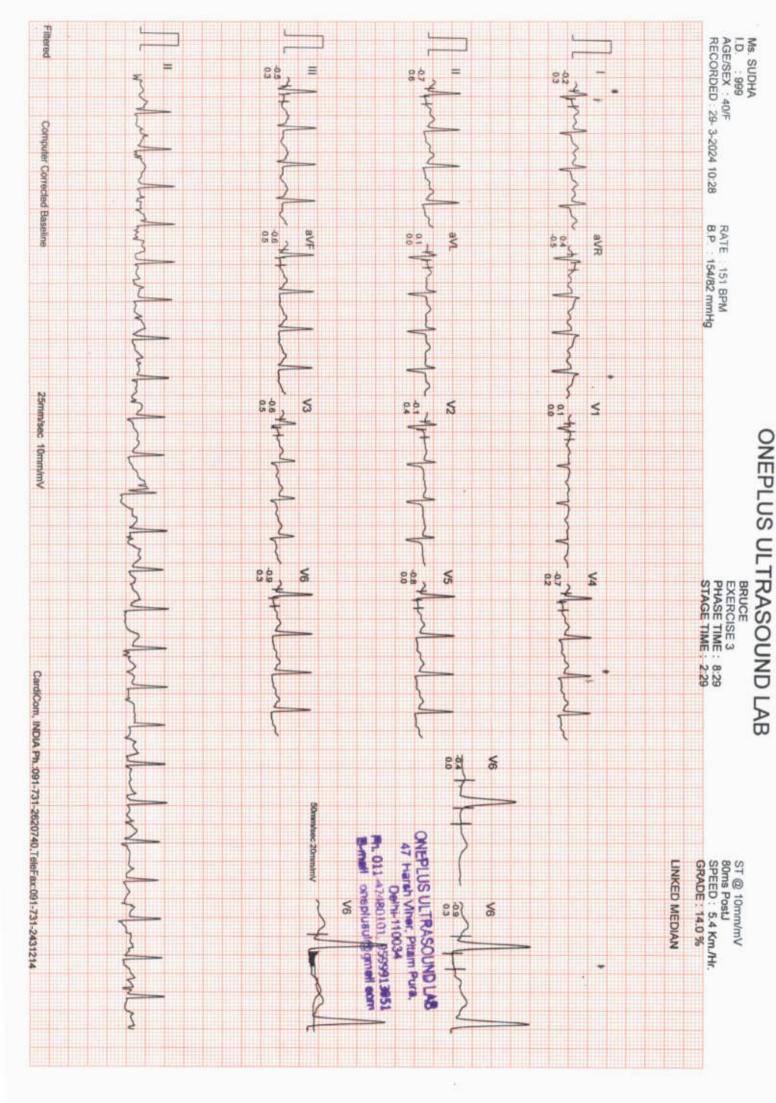


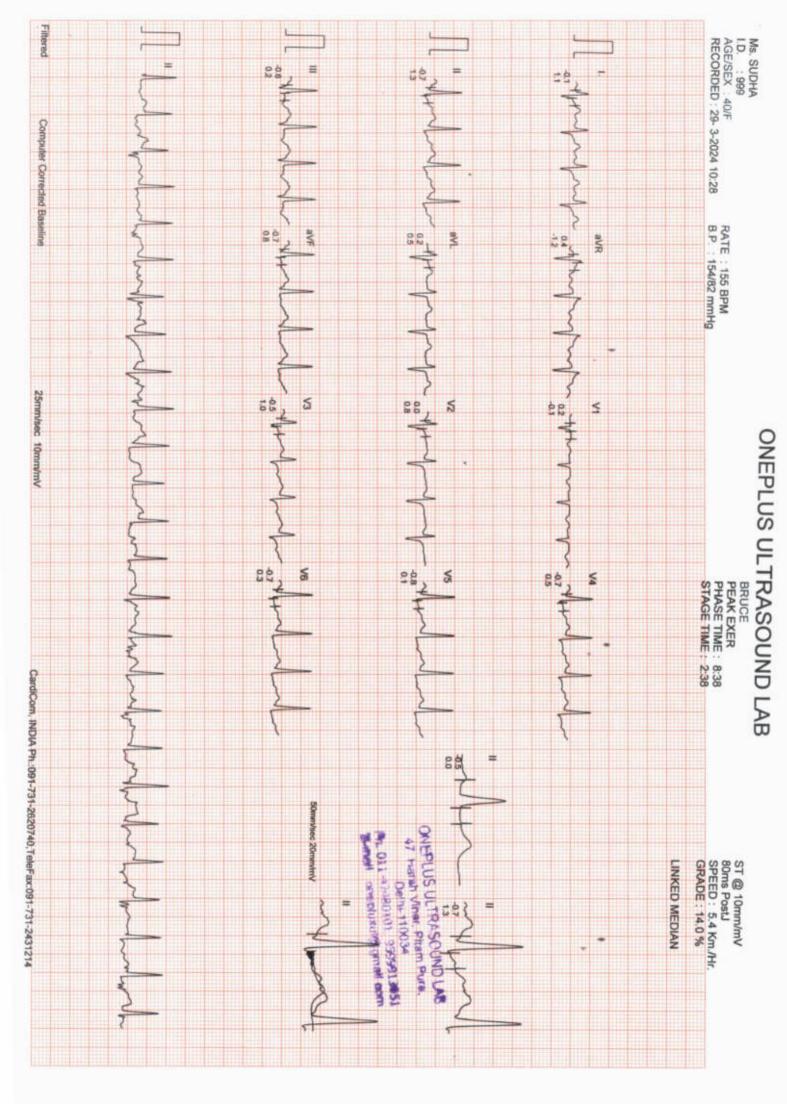


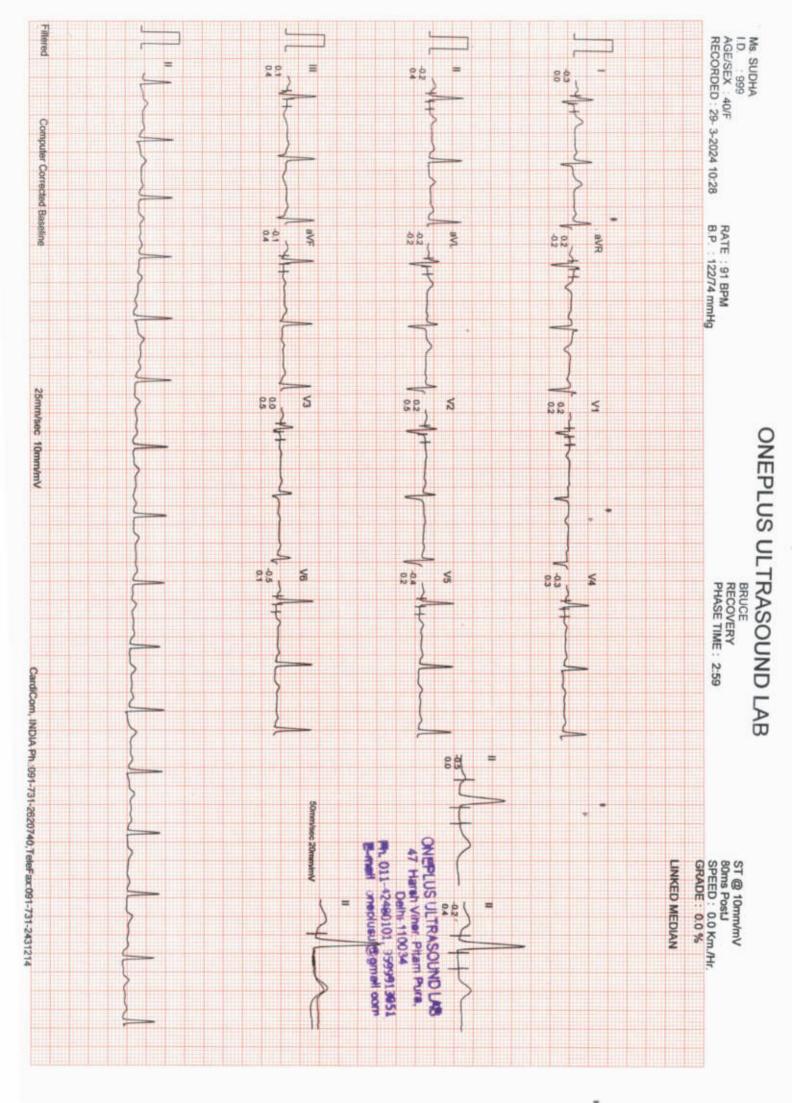












Ms. SUDHA

I.D.: 999

ONEPLUS ULTRASOUND LAB

AGE/SEX : 40/F

Ms. SUDHA

I.D.: 999

ONEPLUS ULTRASOUND LAB

AGE/SEX : 40/F

RECORDED: 29-3-2024 10:28



Pathologist & Director MBBS, MD, FAGE Ex. Chief of Lab Dr. Lal Path labs.

# Dr. Pooja (Garg) Agarwal

Radiologist & Director
MBBS (MAMC) DMRD (MAMC)
Imaging Expert In Fetal And Maternal Medicine
University of Barcelona, Spair
Fetal Medicine Foundation (UK) Accreditation

 Name
 : Mrs. SUDHA
 Age/Sex
 : 40 YRS/Female

 Ref. By
 : Dr. MEDIWHEEL
 Lab No
 : 012403290014

 Date
 : 29-Mar-2024
 Patient ID
 : LSHHI132876

# X-ray-Chest PA view

Bony cage and soft tissues are normal.

Cardiothoracic ratio is normal.

Mediastinum is normal.

Both hila are normal.

Both costophrenic angles are clear.

Both domes of diaphragm are normal.

Lung fields are clear. No parenchymal lesion seen.

IMPRESSION: Normal Study.

Dr. POOJA GARG M.B.B.S., D.M.R.D. Reg No DMC/R/03398 Radiologist

DR. POOJA GARG RADIOLOGIST REG NO- DMC/R/08398

Type By: darshita .

Clinical correlation is essential for final diagnosis.
 If test results are unsatisfactory please contact personally or on phone.
 This report is for perusal of doctors only.
 All disputes are subject to Delhi jurisdiction only.
 Not for medico legal case.
 All congenital anomalies in a foetus may not be diagnosed in routine obstetric ultrasound.



Date

# Dr. Nitin Agarwal

Pathologist & Director MBBS, MD, FAGE Ex. Chief of Lab Dr. Lal Path labs.

# Dr. Pooja (Garg) Agarwal

Radiologist & Director MBBS (MAMC) DMRD (MAMC) Imaging Expert In Fetal And Maternal Medicine, University of Barcelona, Spain Fetal Medicine Foundation (UK) Accreditation

: 40 YRS/Female Age/Sex : Mrs. SUDHA Name : 012403290014 Lab No : Dr. MEDIWHEEL Ref. By Patient ID : LSHHI132876 : 29-Mar-2024

# ULTRASOUND EXAMINATION----WHOLE ABDOMEN

Liver is enlarged in size (16.2 cm) and normal in outline with altered echopattern. Diffuse increase in echogenicity of liver parenchyma is noted, suggestive of fatty infiltration (grade I). No abscess or mass lesion seen. Hepatic veins, portal vein, IVC and aorta are normal. Intrahepatic biliary radicles are not dilated. CBD is normal in caliber (4.2 mm).

Gall bladder is well distended with anechoic lumen . Wall thickness is normal.

Both kidneys are normal in size, shape, position, outline and echopattern. Corticomedullary differentiation is maintained. No pelvicalyceal dilation or calculus or mass lesion is seen.

Spleen is normal in size and echotexture. No mass lesion seen.

Pancreas is normal in size, outline and echotexture.

Urinary bladder is normal in shape and position. No evidence of intravesical stone or mass seen.

Uterus is post menopausal small in size, normal in shape, position and echopattern. No mass seen. Uterine cavity is empty. Endometrium is thin and central. No adnexal mass lesion seen.

No abnormal bowel wall thickening seen in right iliac fossa. No free fluid seen anywhere in abdomen.

IMPRESSION: Fatty infiltration of liver (grade I) with hepatomegaly.

DR. POOJA GARG RADIOLOGIST REG NO- DMC/R/03398

Dr. POOJA GARG M.B.B.S., D.M.R.D. Reg No DMC/R/03396 Radiologist

Type By: sangeeta

47, Harsh Vihar, Pitampura, Delhi-34 @ 011-4248 0101, 9599913051

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