



UHID : OP:2024/006891
 Name : Mrs. PRIYANK SAHAI Age : 46 Y , Sex - F
 Patient Type : Normal Aadhaar No: 860225230348
 Bill Date : 14/09/2024
 Referred By. : MEDICINE DEPT.,
 Collection Date/Time : 14/09/2024 10:22:28 AM Lab Refno : LB:2024/014738
 Reporting Date/Time : 14/09/2024 1:05:57 PM

HAEMATOLOGY Report

Test Description	Result	Unit	Biological Reference Interval
CBC			
HAEMOGLOBIN(HB) Method : CALORIMETRIC /CYNAMETH HAEMOGLOBIN	9.6*	gm/dl	(M:13-17) (F:12-15)
RBC COUNT Method : FLOW CYTOMETRY	3.52*	million/cumm	(M) 4.5 - 5.5 (F) 3.8 - 4.8 (AT BIRTH) 5 - 7 (1 YR) 3.9 - 5.1 (2 - 12 YR) 4.0 - 5.2
HCT Method : CALCULATED	28.3	%	M :45 - 5% F: 41 - 5%
MCV Method : AUTOMATED ELECTRICAL RESISTANCE IMPEDANCE/ MANUAL	80.5	fl	83-101 fl
MCH Method : AUTOMATED ELECTRICAL RESISTANCE IMPEDANCE/ MANUAL	27.2	pg	27-32 pg
MCHC Method : AUTOMATED ELECTRICAL RESISTANCE IMPEDANCE/ MANUAL	33.8	gm/dl	31.5 - 34.5 gm
TOTAL LEUKOCYTE COUNT (TLC) (1390) Method : AUTOMATED ELECTRICAL RESISTANCE IMPEDANCE/ MANUAL			
Sample Type : Whole Blood (K2 EDTA WB)			
TOTAL LEUKOCYTE COUNT (TLC)	6900	/cmm	Adult (4000-10000) At birth (10000-26000) 1 Year (6000-16000) 2-7 years (6000-15000) 6-12Years (5000-13500)
DIFFERENTIAL LEUCOCYTE COUNT (DLC) Method : MANUAL / MICROSCOPIC			
Sample Type : Whole Blood (K2 EDTA WB)			
POLYMORPHS	82	%	40-70

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HAEMATOLOGY Report

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LYMPHOCYTES	<u>14</u>	%	20-40
MONOCYTES	02	%	2-10
EOSINOPHILS	02	%	1-6
BASOPHILS	00	%	1-2
PLATELET COUNT	3,10,000	/cumm	1.5 - 4.5 Lacs New Born 1 - 4.50 Lacs
Method : AUTOMATED ELECTRICAL RESISTANCE IMPEDANCE/ MANUAL Sample Type : Whole Blood (K2 EDTA WB)			
MEDIWHEEL FULL BODY ANNUAL PLUS CHECK ADVANCED FEMALE - ESR - WESTERGREN	60 MM	mm	Male 0 - 15 Female 0 - 20
Sample Type : Whole Blood (K2 EDTA WB)			

Machines Used: HAEMAT ANALYSER, Mindray BC 5150
Checked By: Shashank Srivastava



* Indicates Critical Values. ■ Indicates Out of TAT.

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Page - 2

End of Report



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 Referred By. : MEDICINE DEPT.,
 Collection Date/Time : 14/09/2024 11:07:27 AM Lab Refno : LB:2024/014755
 Reporting Date/Time : 14/09/2024 12:52:20 PM

BIO - CHEMISTRY Report

Test Description	Result	Unit	Biological Reference Interval
LFT (PROFILE)			
BILIRUBIN (TOTAL) Method : JENDRASSIK MODIFIED METHOD Sample Type : SERUM	0.70	mg/dl	Upto 1.0
BILIRUBIN DIRECT Method : JENDRASSIK MODIFIED METHOD Sample Type : SERUM	0.20	mg/dl	Upto 0.25
BILIRUBIN INDIRECT Method : JENDRASSIK MODIFIED METHOD BILIRUBIN INDIRECT (SERUM)	0.50	mg/dl	0.2 - 0.8
SGPT (ALT) Method : IFCC METHOD Sample Type : SERUM SGPT	18.0	IU/L	Upto 49
SGOT (AST) Method : IFCC METHOD Sample Type : SERUM SGOT	19.0	IU/L	Men - Upto 46 Women - Upto 40
ALKALINE PHOSPHATASE (ALP) Method : UV KINETIC Sample Type : SERUM ALKALINE PHOSPHATASE	139.0	U/L	ADULT(>15Years) : 110-310 U/L CHILD(<15Years) : 270-810 U/L
PROTEIN(TOTAL) Method : Biuret method Sample Type : SERUM PROTEIN(TOTAL)*	7.9	gm/dl	6.0 - 8.5
ALBUMIN(1461) Method : BROMOCRESOL METHOD Sample Type : SERUM ALBUMIN	4.1	gm/dl	3.2 - 5.5
LIPID (PROFILE)			
CHOLESTROL(TOTAL) (SERUM) Method : ENZYMATIC METHOD Sample Type : SERUM CHOLESTROL(TOTAL)	185.0	mg/dl	Normal < 200 Borderline high 200 - 239 High >240



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BIO - CHEMISTRY Report

Test Description	Result	Unit	Biological Reference Interval
HDL (SERUM) Method : DIRECT HOMOGENOUS METHOD Sample Type : SERUM	42.0	mg/dl	Men - 35 - 55 Women - 45 - 65
LDL (SERUM) Method : DIRECT HOMOGENOUS METHOD Sample Type : SERUM	119.0	mg/dl	<100
VLDL (SERUM) Method : CALCULATED Sample Type : SERUM			
VLDL (SERUM)*	24.0	mg/dl	10-40 mg/dl
TRIGLYCERIDES (SERUM) Method : ENZYMATIC METHOD Sample Type : SERUM			
TRIGLYCERIDES	121.0	mg/dl	Upto 170
MEDIWHEEL FULL BODY ANNUAL PLUS CHECK ADVANCED FEMALE -			
BLOOD SUGAR FASTING(1465) Method : GOD-POD METHOD			
BLOOD SUGAR FASTING (SERUM)	92.0	mg/dl	70-110
RFT (PROFILE)			
BUN (BLOOD UREA NITROGEN) Method : UV KINETIC Sample Type : SERUM			
BUN	12.1	mg/dl	6 - 21
CREATININE Method : JAFFE KINETIC METHOD Sample Type : SERUM	0.75	mg/dl	0.5 - 1.4
SODIUM (NA+) Method : I.S.E. Sample Type : SERUM			
SODIUM (NA+)	133.5	mmol/L	136 - 146

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BIO - CHEMISTRY Report

Test Description	Result	Unit	Biological Reference Interval
POTASSIUM (K+) Method : I.S.E. Sample Type : SERUM	4.08	mmol/L	3.5 - 5.5

Machines Used: AUTO - ANALYSER OPTIMA - 1, HDC
Lyte Semi Autometed, Rayto 240, Fully
Autometed, SEMI AUTO - ANALYZER
Checked By: Shashank Srivastava



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Page - 3

End of Report



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 Collection Date/Time : 14/09/2024 11:07:38 AM Lab Refno : LB:2024/014758
 Reporting Date/Time : 14/09/2024 12:53:09 PM

BIO - CHEMISTRY Report

Test Name	Results	Units	Bio.Ref.Interval
HbA1c (Glycosylated Hemoglobin)	7.9	%	Blood @ (HPLC)
Interpretation			
As per American Diabetes Association (ADA)			
Reference Group	HbA1c in %		
Non diabetic adults >=18 years	4.0 - 6.0		
At risk	>=6.0 to <= 6.5		
Diagnosing Diabetes	> 6.5		
Therapeutic goals for glycemic Control	Age > 19 years Goal of therapy: <7.0 Action suggested: >8.0		
	Age < 19 years Goal of therapy: <7.5		
Note: 1. Since HbA1c reflects long term fluctuations in the blood glucose concentration, a diabetic patient who is recently under good control may still have a high concentration of HbA1c. Converse is true for a diabetic previously under good control but now poorly			



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BIO - CHEMISTRY Report

controlled.

2.Target goals of <7.0% may be beneficial in patients with short

duration of diabetes, long life expectancy and no significant cardiovascular disease. In patients with significant

complications

of diabetes, limited life expectancy or extensive co-morbid

conditions

targeting a goal of <7.0% may not be appropriate.

Comments

HbA1c provides an index of average blood glucose levels over the past

8-12 weeks and is a much better indicator of long term glycemic control

as compared to blood and urinary glucose determinations.

ADA criteria for correlation between HbA1c & Mean plasma glucose levels

HbA1c (%)	Mean Plasma Glucose (mg/dl)
6	126
7	154
8	183
9	212
10	240
11	269
12	298

Machines Used: AUTO - ANALYSER OPTIMA - 1

Checked By: Shashank Srivastava



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HAEMATOLOGY Report

Test Description	Result	Unit	Biological Reference Interval
1418 BLOOD GROUP & RH TYPE- <i>Method : METHYL RESORSINOL METHOD</i>			
BLOOD GROUPING	"B"		
RH TYPING	POSITIVE	(as per sample collection)	

Machines Used: AUTO - ANALYSER OPTIMA - 1, HDC Lyte
Semi Autometed
Checked By: Shweta Awasthi



D. ANKITA KATARA PANDEY
MD (Pathology)



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HORMONE Report

Sl.No.	Test	Result	Reference Values
THYROID PROFILE (TOTAL T3, T4 & TSH)			
Sample Type : Serum			
1.	TOTAL T3 (TRIIODOTYRONINE)	1.87	0.92-2.33 nmol/l
2.	TOTAL T4 (TYROXINE)	93.54	60-120 nmol/l
3.	TSH (THYROID STIMULATING HORMONE)	4.69	Euthyroid 0.25-5 uIU/ml Hyperthyroid <0.15 uIU/ml Hypothyroid >7.0 uIU/m
Comments: INTERPRETATION (AS PER KIT INSERT)			
Serum T3, T4 & TSH measurements from three components of Thyroid screening panel, useful in diagnosing various disorders of Gland function.			
Thyroid			
1. Primary HypoThyroidism is accompanied by depressed serum T values and elevated serum TSH level			
2. Primary Hyper Thyroidism is accompanied by elevated serum T levels along with depressed TSH values			
3. Normal T4 levels are accompanied by increased T3 in patient with Thyrotoxicosis			
4. Slightly elevated T3 levels may be found in pregnancy and estherapy, while depressed levels may be encountered in severe illness, renal failure and during therapy with drugs like propranolol and thioacilol			
5. Although elevated TSH levels are nearly always indicative of hypothyroidism, and may be seen in secondary thyrotoxicosis.			
REMARKS: Normal/Reference ranges given are as per kit literature. Correlation is advised. Clinical			
Note:- Maximum reading in our instrument is 100. In case of reading greater than 100, instrument given result with greater than (>) sign.			



PATIENT NAME	PRIYANK SAHAI	AGE/SEX	46 YRS / F
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X-RAY CHEST PA VIEW

Right CP angle is obscured ? pleural effusion /thickening with underlying consolidation.

Soft tissue shadows appears normal.

Bony cage is normal.

Diaphragmatic shadows are normal on both sides.

Costo-phrenic angle left side is clear.

Trachea is central in position.

Hilar shadows are normal.

Cardiac size and contours are normal.

Vascular markings are normal on both sides in all zones.

Pulmonary parenchyma does not reveal any significant lesion.

PLEASE CORRELATE CLINICALLY





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SONOGRAPHIC FINDINGS

High-resolution sonography has been done for evaluation of both breasts direct contact scanning technique with 8 & 10mhz transducers.

A well defined encapsulated wider than taller, hypoechoic lesion measuring ~ 25 x 15mm with internal necrotic changes is noted at 5 o' clock position in right breast. On color doppler, no vascularity is noted.

Both breasts are well visualized. They are normal in size and shape. Echo texture is normal. No evidence of any mass lesion is seen on left side. Pre mammary and mammary zones are normal. Retro mammary layer is free. The areola and peri areolar area are free. Fibro adipose tissue is normal on both sides.

Axilla is normal on both sides. No evidence of any lymph node enlargement is seen on either side.

INFERENCE: FINDINGS ARE SUGGESTIVE OF FIBROADENOMA IN RIGHT BREAST WITH NECROTIC CHANGES.



DR. AMRITA SINGH
MD RADIO DIAGNOSIS



PATIENT NAME	PRIYANK SAHAI	AGE/SEX	46 YRS / F
REFERRED BY	SHEKHAR HOSPITAL	REPORTING DATE	14/09/2024

WHOLE ABDOMEN ULTRASOUND

LIVER: Liver is mild enlarged in size measuring ~17.1 cm and has increased echogenicity with normal visualization of intrahepatic portal channel, biliary radicles and diaphragm. No focal lesion seen. The intra hepatic portal channels are normal. Porta hepatis is normal.

GALL BLADDER: Gall bladder is partially distended.
CBD is normal.

PANCREAS: The head, body and tail portion of pancreas is normal in size and shape and has a normal homogenous echotexture. No focal lesion seen.

SPLEEN: Spleen is normal in size and has a normal homogenous echotexture. No focal lesion seen. Splenic vein is normal in caliber.

RIGHT KIDNEY: Is normal in size and has a normal cortical echotexture. Cortico-medullary demarcation is distinct. The cortical thickness is normal. No evidence of any calculus / mass lesion seen.

LEFT KIDNEY: Is normal in size and has a normal cortical echotexture. Collecting system of is normal and cortico-medullary demarcation is distinct. The cortical thickness is normal. No evidence of any calculus / mass lesion seen.

URINARY BLADDER: empty

UTERUS: not commented.

IMPRESSION:

- MILD HEPATOMEGALY WITH GRADE I FATTY LIVER



DR. AMRITA SINGH
MD RADIO DIAGNOSIS

SHEKHAR HEART LUNG CENTRE

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2D- ECHO REPORT

PT NAME: MRS. PRIYANK SAHAY	AGE: 46 YEARS	SEX :FEMALE
PT: OPD	BED NO: 0000	DATE: 14/09/2024

MITRAL VALVE

Morphology AML - **Normal**/Thickening/Calcification/Flutter/Vegetation/Prolapse/SAM/Doming
 PML - **Normal**/Thickening/Calcification/Prolapse/Paradoxical motion/Fixed.
 Subvalvular deformity Present/**Absent** Score.....

Doppler **Normal**/Abnormal
 Mitral stenosis Present/**Absent** RR interval..... msec
 EDG.....mmHg MDG.....mmHg MVA cm²
 Mitral regurgitation. **Absent**/Trivial/Mild/Moderate/Severe

TRICUSPID VALVE

Morphology **Normal**/Thickening/Calcification/Prolapse/Vegetation/Doming
 Doppler **Normal**/Abnormal
 Tricuspid stenosis Present/**Absent** RR interval..... msec
 Tricuspid regurgitation EDG..... mmHg MDG..... mmHg
Absent/Trivial/Mild/Moderate/Severe Fragmented Signals
 Velocity m/sec Pred. RVSP= RAP+ mmHg
 TAPSE=

PULMONARY VALVE

Morphology **Normal**/Thickening/Doming/Vegetation
 Doppler **Normal**/Abnormal PVmax 1.0 m/s
 Pulmonary stenosis Present/**Absent** Level Pulmonary annulus..... mm
 PSG 4.6 mmHg
 Pulmonary regurgitation Present/**Absent**
 Early diastolic gradient.....mmHg End diastolic gradientmmHg
 Pred. PA mean P..... mmHg

AORTIC VALVE

Morphology **Normal**/Thickening/Calcification/Restricted Opening/Flutter/Vegetation No. of cusps 1/2/3/4
 Doppler **Normal**/Abnormal AVmax 1.3 m/s
 Aortic stenosis Present/**Absent** Level
 PSG 7.4 mmHg Aortic annulusmm
 Aortic regurgitation **Absent**/Trivial/Mild/Moderate/Severe

~2

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Measurements

Aorta	20	LAes	32
IVS ed.	09	IVS es.	12
LVed	31	LVes	21
PW(LV)ed	11	PW(LV)es	10
RVed	-	RV anterior wall	-
IVS Motion Normal/Flat/Paradoxical	-	IVC size	

Aorta: SOV = mm; Normal / dilated,

STJ = mm Asc AO = mm;

Normal / dilated

Arch & Desc Ao: Normal / dilated / coarct

MPA: Normal / dilated

PA Branches: Normal / dilated

CHAMBERS

LV

Normal/Enlarged/Clear/Thrombus/Hypertrophy

Contraction - Normal/Reduced

LV diastolic function - Normal/dysfunction grade =

Normal/ Enlarged/ Clear/ Thrombus

LA

RA

Normal/ Enlarged/ Clear/ Thrombus

RV

Normal/Enlarged/Clear/Thrombus

Pericardium

Normal/Thickened/Calcification/Effusion

FINAL IMPRESSION:

- **NORMAL LV SYSTOLIC FUNCTION**
- **LVEF = 63 %**
- **NO RWMA**
- **NO MR/AR/PR/TR**
- **NO CLOT/PERICARDIAL EFFUSION/THROMBUS**



Dr. Harshit Gupta

M.D (Medicine) D.M (Cardiology)

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Poojanka Sahai

14.09.2024 10:11:21
SHEKHAR HOSPITAL PVT LTD
INDIRA NAGAR, SECTOR-B
LUCKNOW U.P.

Location:
Room:
Order Number:
Indication:
Medication 1:
Medication 2:
Medication 3:

86 bpm
-- / -- mmHg

Technician:
Ordering Ph:
Referring Ph:
Attending Ph:

Normal sinus rhythm
Normal ECG

QRS 70 ms
QT / QTcBaz 388 / 464 ms
PR 130 ms
P 88 ms
RR / PP 694 / 697 ms
P / QRS / T 53 / 55 / 29 degrees

