

Visit ID : MBAR37766	Registration : 25/Feb/2023 12:58PM
UHID/MR No : ABAR.0000037754	Collected : 25/Feb/2023 01:11PM
Patient Name : Mrs.PRIYA	Received : 25/Feb/2023 01:15PM
Age/Gender : 31 Y 0 M 0 D /F	Reported : 25/Feb/2023 05:13PM
Ref Doctor : Dr.NITIN AGARWAL	Status : Final Report
Client Name : MODERN PATH SERVICES, BAREILLY	Client Code : 2423
Client Add : 240,Sanjay Nagar Bareilly (UP)	Barcode No : A3576086

DEPARTMENT OF HORMONE ASSAYS

Test Name	Result	Unit	Bio. Ref. Range	Method
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THYROID PROFILE (T3,T4,ULTRASENSITIVE TSH)

Sample Type : SERUM

T3	1.39	ng/ml	0.61-1.81	CLIA
T4	8.5	ug/dl	5.01-12.45	CLIA
Ultrasensitive TSH	3.005	uIU/mL	0.55-4.78	CLIA

INTERPRETATION:

- Serum T3, T4 and TSH are the measurements form three components of thyroid screening panel and are useful in diagnosing various disorders of thyroid gland function.
- Primary hyperthyroidism is accompanied by elevated serum T3 and T4 values along with depressed TSH levels.
- Primary hypothyroidism is accompanied by depressed serum T3 and T4 values and elevated serum TSH levels.
- Normal T4 levels accompanied by high T3 levels are seen in patients with T3 thyrotoxicosis. Slightly elevated T3 levels may be found in pregnancy and in estrogen therapy while depressed levels may be encountered in severe illness, malnutrition, renal failure and during therapy with drugs like propanolol and propylthiouracil.
- Although elevated TSH levels are nearly always indicative of primary hypothyroidism, rarely they can result from TSH secreting pituitary tumors (secondary hyperthyroidism).
- Low levels of Thyroid hormones (T3, T4 & FT3, FT4) are seen in cases of primary, secondary and tertiary hypothyroidism and sometimes in non-thyroidal illness also.
- Increased levels are found in Grave's disease, hyperthyroidism and thyroid hormone resistance.
- TSH levels are raised in primary hypothyroidism and are low in hyperthyroidism and secondary hypothyroidism.

9. REFERENCE RANGE:

PREGNANCY	Ultrasensitive TSH in uIU/mL
1st Trimester	0.100 – 2.500
2nd Trimester	0.200 – 3.000
3rd Trimester	0.300 – 3.000

(Reference range recommended by the American Thyroid Association)

Comments :

- During pregnancy, Free thyroid profile (FT3, FT4 & Ultra-TSH) is recommended.
- TSH levels are subject to circadian variation, reaches peak levels between 2-4 AM and at a minimum between 6-10 PM. The variation of the day has influence on the measured serum TSH concentrations.

*** End Of Report ***



 Dr. Miti Gupta
 DNB ; MD [Pathology]


Dr. Nitin Agarwal

MD, DM (Cardiology)
Consultant Interventional Cardiologist
Cell : +91-94578 33777

Formerly at :
Escorts Heart Institute & Research Centre, Delhi
Dr. Ram Manohar Lohia Hospital, Delhi



APPLE
CARDIAC CARE
DR. NITIN AGARWAL'S HEART CLINIC

Peena Agarwal

Fatty
Liver

25/2/22

110/60
76-
92

b

T. Triglyceride (H)
cholesterol (H)

Answer to k H.H.

Q

Q

Q

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A-3, EKTA NAGAR, (OPP. CARE HOSPITAL) STADIUM ROAD, NEAR DELAPEER CHAURAHA, BAREILLY - 243 122 (U.P.)

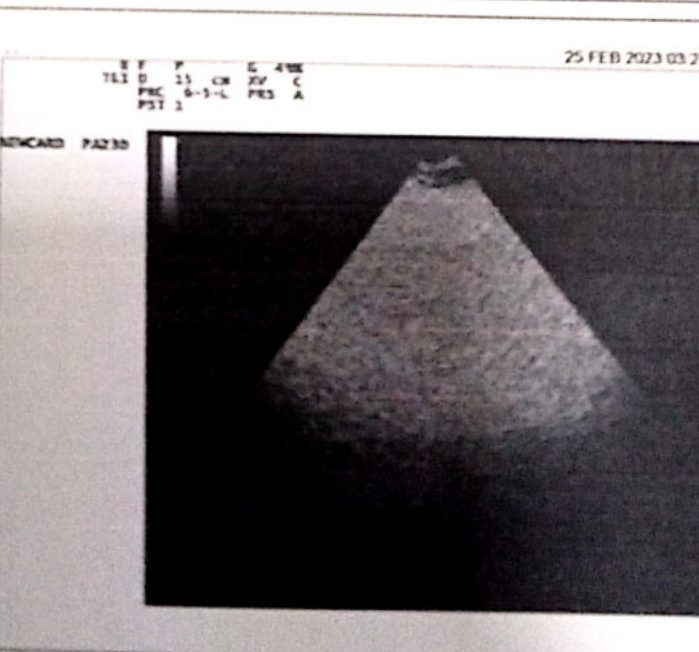
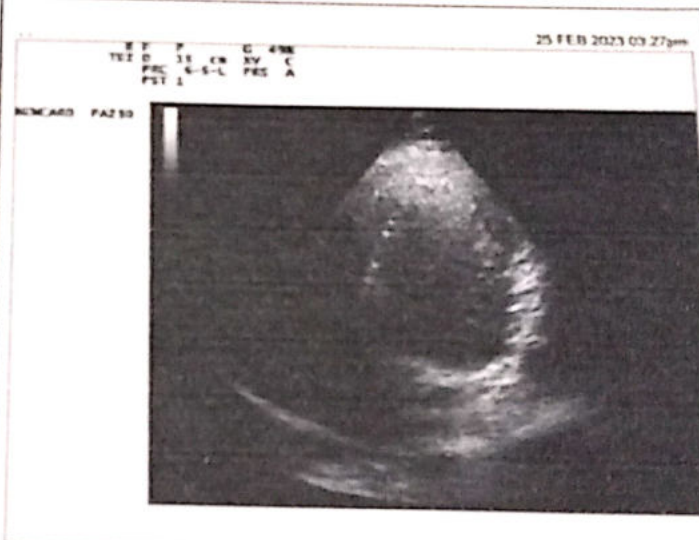
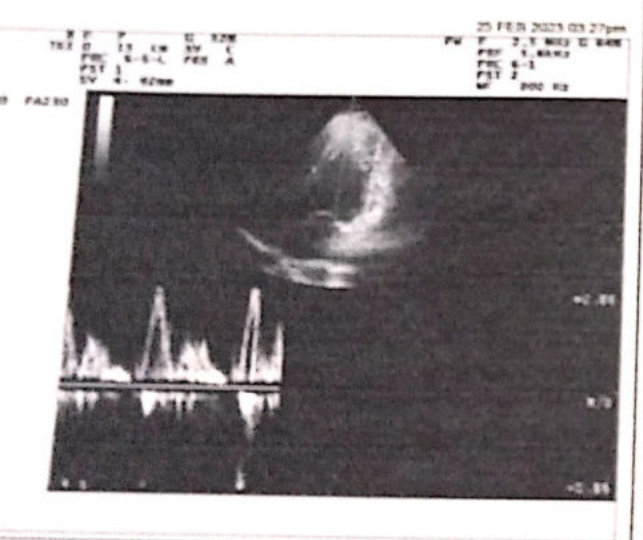
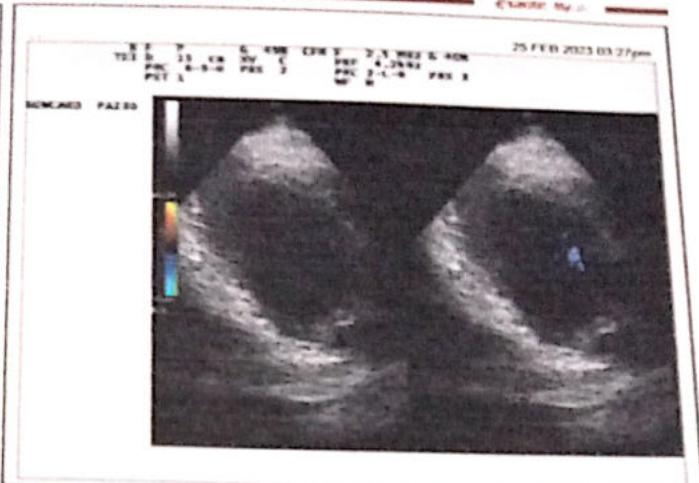
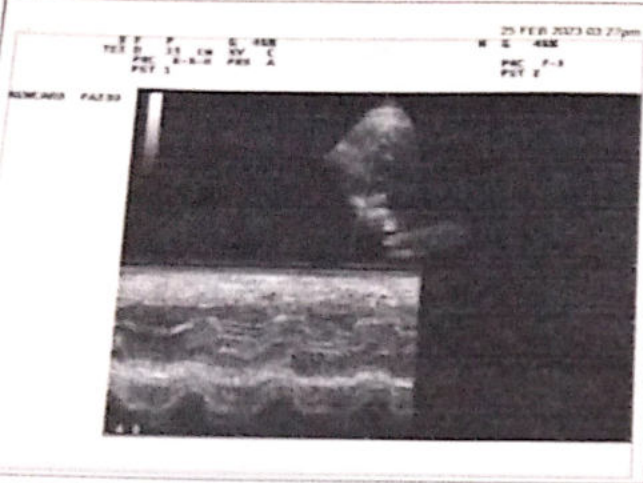
OPD Timings : 12.00 Noon to 04.00 pm, **Sunday** : 12.00 Noon to 3.00 pm

नम्बर लगाने के लिए फोन करें : 09458888448, 07599031977

VALID FOR 5 DAYS.

पर्वत पाँच दिन के लिये मान्य





A Venture of Apple Cardiac Care

A-3, Ekta Nagar, Stadium Road,
(Opp. Care Hospital),
Bareilly - 243 122 (U.P.) India
Tel. : 07599031977, 09458888448



**APPLE
PATHOLOGY**
TRUSTED RESULT

E1111111

Reg.NO. : 116
NAME : **Mrs. PRIYA**
REFERRED BY : Dr.Nitin Agarwal (D M)
SAMPLE : BLOOD URINE

DATE : **25/02/2023**
AGE : 31 Yrs.
SEX : FEMALE

TEST NAME	RESULTS	UNITS	BIOLOGICAL REF. RANGE
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HAEMATOTOLOGY

COMPLETE BLOOD COUNT (CBC)

HAEMOGLOBIN	12.3	gm/dl	12.0-15.0
TOTAL LEUCOCYTE COUNT	5,700	/cumm	4,000-11,000
DIFFERENTIAL LEUCOCYTE COUNT(DLC)			
Neutrophils	67	%	40-75
Lymphocytes	30	%	20-45
Eosinophils	03	%	01-08
Monocytes	00	%	01-06
Basophils	00	%	00-02
TOTAL R.B.C. COUNT	4.25	million/cumm	3.5-6.5
P.C.V./ Haematocrit value	36.7	%	35-54
M C V	86.4	fL	76-96
M C H	28.9	pg	27.00-32.00
M C H C	33.5	g/dl	30.50-34.50
PLATELET COUNT	2.62	lacs/mm ³	1.50 - 4.50
E.S.R (WINTROBE METHOD)			
-in First hour	14	mm	00- 20

BIOCHEMISTRY

Gamma Glutamyl Transferase (GGT)	32	U/L	11-50
BLOOD SUGAR F.	110	mg/dl	60-100

HAEMATOTOLOGY

Report is not valid for medicolegal purpose



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AGE : 31 Yrs.
SEX : FEMALE

TEST NAME	RESULTS	UNITS	BIOLOGICAL REF. RANGE
GLYCOSYLATED HAEMOGLOBIN	5.9		

EXPECTED RESULTS :

Non diabetic patients	: 4.0% to 6.0%
Good Control	: 6.0% to 7.0%
Fair Control	: 7.0% to -8%
Poor Control	: Above 8%

***ADA: American Diabetes Association**

The glycosylated hemoglobin assay has been validated as a reliable indicator of mean blood glucose levels for a period of 8-12 week period prior to HBA1C determination. ADA recommends the testing twice a year in patients with stable blood glucose, and quarterly, if treatment changes, or if blood glucose levels are unstable.

METHOD : ADVANCED IMMUNO ASSAY.

BLOOD GROUP

Blood Group : O
Rh : POSITIVE

BIOCHEMISTRY

BLOOD UREA NITROGEN	17	mg/dL.	5 - 25
SERUM CREATININE	0.6	mg/dL.	0.5-1.4
URIC ACID	7.5	mg/dl	3.0-6.0

CLINICAL SIGNIFICANCE:

Analysis of synovial fluid plays a major role in the diagnosis of joint disease.

SERUM SODIUM (Na)	136	m Eq/litre.	135 - 155
SERUM POTASSIUM (K)	4.5	m Eq/litre.	3.5 - 5.5

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 SEX : FEMALE

TEST NAME	RESULTS	UNITS	BIOLOGICAL REF. RANGE
SERUM CALCIUM	9.0	mg/dl	8.5 - 10.5
LIVER PROFILE			
SERUM BILIRUBIN			
TOTAL	0.7	mg/dL	0.3-1.2
DIRECT	0.4	mg/dL	0.2-0.6
INDIRECT	0.3	mg/dL	0.1-0.4
SERUM PROTEINS			
Total Proteins	6.7	Gm/dL	6.4 - 8.3
Albumin	4.2	Gm/dL	3.5 - 5.5
Globulin	2.5	Gm/dL	2.3 - 3.5
A : G Ratio	1.68		0.0-2.0
SGOT	24	IU/L	0-40
SGPT	20	IU/L	0-40
SERUM ALK.PHOSPHATASE	74	IU/L	00-115

NORMAL RANGE : BILIRUBIN TOTAL

Premature infants, 0 to 1 day: <8 mg/dL. Premature infants, 1 to 2 days: <12 mg/dL. Adults: 0.3-1 mg/dL.

Premature infants, 3 to 5 days: <16 mg/dL. Neonates, 0 to 1 day: 1.4-8.7 mg/dL.

Neonates, 1 to 2 days: 3.4-11.5 mg/dL. Neonates, 3 to 5 days: 1.5-12 mg/dL. Children 6 days to 18 years: 0.3-1.2 mg/dL.

COMMENTS-

Total and direct bilirubin determination in serum is used for the diagnosis, differentiation and follow-up of jaundice. Elevation of SGPT is found in liver and kidney diseases such as infectious or toxic hepatitis, IM and cirrhosis. Organs rich in SGOT are heart, liver and skeletal muscles. When any of these organs are damaged, the serum SGOT level rises in proportion to the severity of damage. Elevation of Alkaline Phosphatase in serum or plasma is found in hepatitis, biliary obstructions, hyperparathyroidism, steatorrhea and bone diseases.

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 REFERRED BY : Dr.Nitin Agarwal (D M)
 SAMPLE : BLOOD URINE

DATE : 25/02/2023
 AGE : 31 Yrs.
 SEX : FEMALE

TEST NAME	RESULTS	UNITS	BIOLOGICAL REF. RANGE
LIPID PROFILE			
SERUM CHOLESTEROL	203	mg/dL.	130 - 200
SERUM TRIGLYCERIDE	215	mg/dl.	30 - 160
HDL CHOLESTEROL	49	mg/dL.	30-70
VLDL CHOLESTEROL	43	mg/dL.	15 - 40
LDL CHOLESTEROL	111	mg/dL.	00-130
CHOL/HDL CHOLESTEROL RATIO	4.14	mg/dl	
LDL/HDL CHOLESTEROL RATIO	2.27	mg/dl	

INTERPRETATION
 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 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.

URINE EXAMINATION

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<u>TEST NAME</u>	<u>RESULTS</u>	<u>UNITS</u>	<u>BIOLOGICAL REF. RANGE</u>
URINE EXAMINATION REPORT			
PHYSICAL EXAMINATION			
pH	6.0		
TRANSPARENCY			
Volume	20	ml	
Colour	Light Yellow		
Appearance	Clear		Nil
Sediments	Nil		
Specific Gravity	1.020		1.015-1.025
Reaction	Acidic		
BIOCHEMICAL EXAMINATION			
UROBILINOGEN	Nil		NIL
BILIRUBIN	Nil		NEGATIVE
URINE KETONE	Nil		NEGATIVE
Sugar	Nil		Nil
Albumin	Nil		Nil
Phosphates	Absent		Nil
MICROSCOPIC EXAMINATION			
Red Blood Cells	Nil	/H.P.F.	
Pus Cells	6-8	/H.P.F.	
Epithelial Cells	3-5	/H.P.F.	
Crystals	NIL		NIL
Casts	NIL	/H.P.F.	
DEPOSITS	NIL		
Bacteria	NIL		
Other	NIL		

BIOCHEMISTRY

Report is not valid for medicolegal purpose

Apple Cardiac Care
Appt. Stadium Road,
Gurgaon Hospital,
Gurgaon - 243 122 (U.P.) India
079990031977, 09458886448



REQ. NO. : 116
NAME : Mrs. PRIYA
REFERRED BY : Dr. Nishu Agarwal (D.M.)
SAMPLE : BLOOD URINE

DATE : 25/02/2023
AGE : 31 Yrs.
SEX : FEMALE

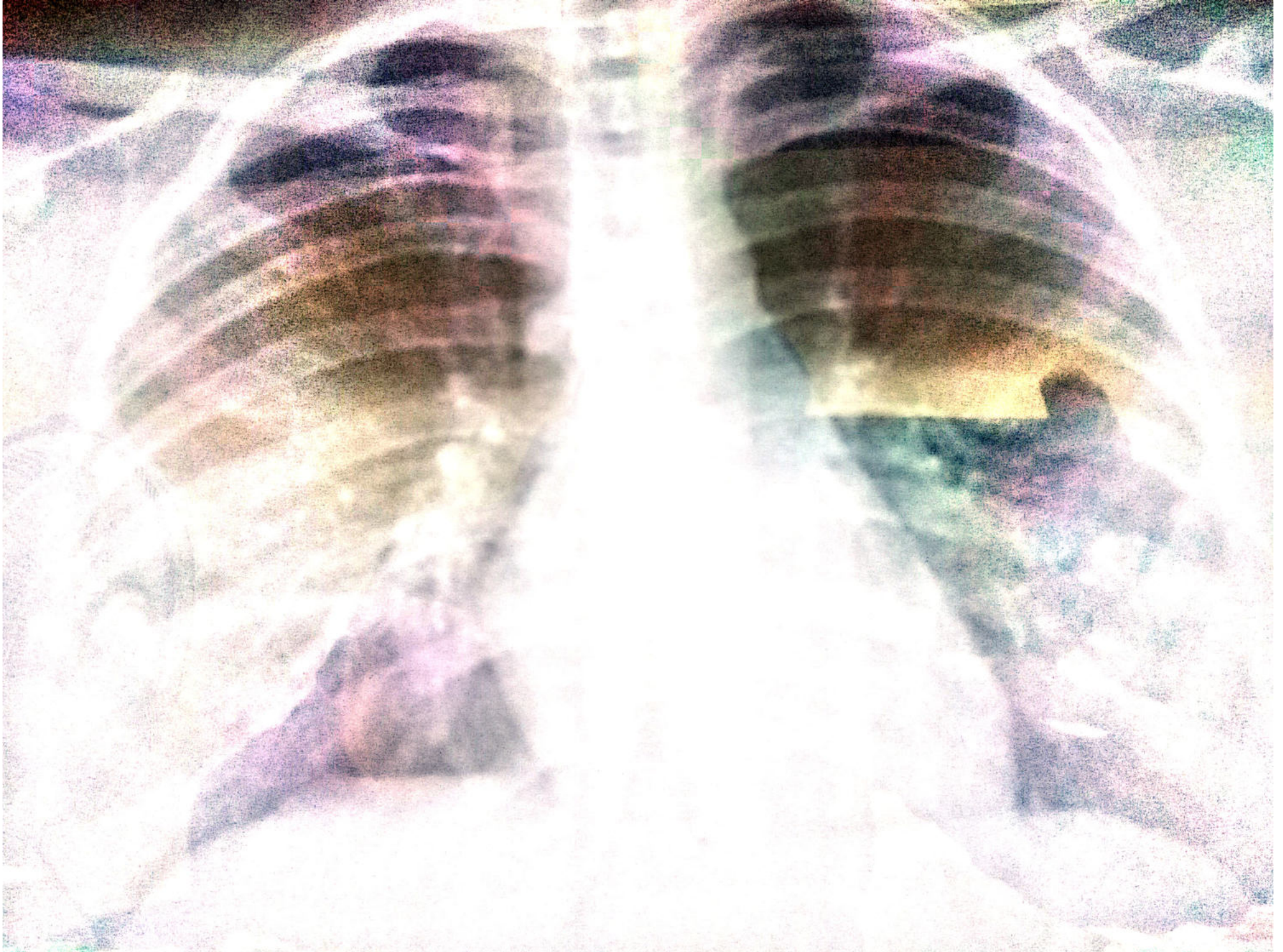
TEST NAME	RESULTS	UNITS	BIOLOGICAL REF. RANGE
BLOOD SUGAR, P.P.	116	mg/dl	80-140

---(End of Report)---

Shweta

Dr. Shweta Agarwal, M.D.
(Pathologist)

Report is not valid for medicolegal purpose







NAME:	: PRIYA AGARWAL	Patient ID.:	: 343248
Age/Gender:	: 31 Y/Female	Registered	: 25/Feb/2023 11:12AM
Lab NO:	: 012302250083	Reported	: 25/Feb/2023 01:01PM
BarcodeNo.:	: 10394696	Report STATUS:	: Final
Ref Doctor	: Dr. NITIN AGARWAL CARDIO		

ULTRASOUND WHOLE ABDOMEN

TECHNIQUE: - Real time trans-abdominal sonographic images were obtained in multiple projections.

FINDINGS:-

LIVER is moderately enlarged in size (~17.5cm) with grade I fatty changes. No surface nodularity/focal lesion are seen. Intrahepatic biliary radicals are not dilated. Portal vein is normal in diameter.

GALL BLADDER is well distended and normal in wall thickness. No gallbladder sludge seen. No evidence of any mass or calculus is seen. No pericholecystic fluid is seen. Sonographic Murphy sign is absent. Common bile duct is normal in calibre.

PANCREAS: The pancreatic head and proximal body are imaged and are normal in size and echotexture. No focal lesion is seen. The distal pancreatic body and tail are obscured by overlying bowel gas.

SPLEEN is normal in size & echotexture. No focal lesion is seen.

BOTH KIDNEYS are normal in anatomical location, size and outline. Parenchymal-cortical thickness and echogenicity are normal. The corticomedullary differentiation is maintained. No obvious calculus or hydronephrosis is seen. Perirenal spaces appear normal.

URINARY BLADDER appears well distended, contents are echofree. Walls are smooth and normal in wall thickness. No calculus or mass lesion seen within the bladder or at UV junctions.

UTERUS is normal in size, outline and normal in position, not low lying. Myometrial echotexture is normal. No evidence of any focal/diffuse lesion in myometrium is seen.

ENDOMETRIAL echo-complex is central in position & regular in outline measuring approx. 4mm in thickness. No collection is seen in the endometrial canal.

OVARIES & ADNEXA Both ovaries appear normal in size and echopattern. Both adnexa are clear. No adnexal mass is seen on either side. No free fluid is seen in cul-de-sac. No ascites is seen. **Bowel loops** grossly appear normal.

IMPRESSION:

- Moderate hepatomegaly with grade I fatty changes.

ADVISED: - CLINICAL & LAB CORRELATION.
Thanks for referrals

*** End Of Report ***

Tests Requested:USG Whole Abdomen,SINGLE VIEW



Dr. Mohit Agarwal
MBBS, MD (Radiodiagnosis)
Consultant Radiologist
Ex-Safdarjung Hospital & VMHC, New Delhi

Dr. Iram Pasha
Dr. Iram Pasha
MBBS, MD (Radiodiagnosis)
Ex-SGPGI, Lucknow
Consultant Radiologist.

This report is prepared for professional clinical & diagnostic purposes. All our members/medical staff are fully qualified. If there is a variance clinically this examination may be repeated or reevaluated by other investigations. If test results are alarming or find any typographical error then contact the laboratory immediately for possible remedial action.



NAME: : PRIYA AGARWAL
 Age/Gender: : 31 Y/Female
 Lab NO: : 012302250083
 BarcodeNo.: : 10394696
 Ref Doctor : Dr. NITIN AGARWAL CARDIO

Patient ID.: : 343248
 Registered : 25/Feb/2023 11:12AM
 Reported : 25/Feb/2023 12:59PM
 Report STATUS: : Final

DIGITAL X-RAY CHEST (PA VIEW)

TECHNIQUE: - PA VIEW

FINDINGS:-

Both the lung fields appear clear. No focal lesion seen.

Both domes of diaphragm and CP angles appear normal.

Trachea appears central.

Both hila appear normal.

CT ratio is within normal limits.

PLEASE CORRELATE CLINICALLY.

Thanks for referrals

*** End Of Report ***

Tests Requested:USG Whole Abdomen,SINGLE VIEW

Result Awaited:USG Whole Abdomen,

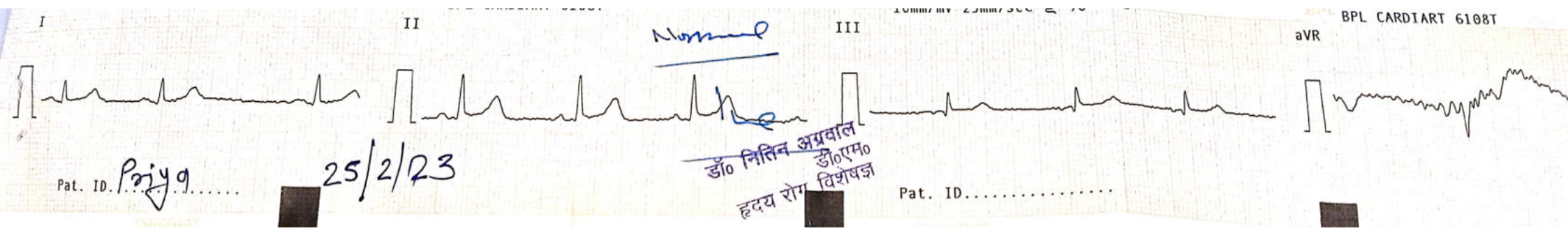


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Note: Impression is a professional opinion & not a diagnosis. All modern machines/procedures have their limitations, if there is a variance clinically this examination may be repeated or re-evaluated by other investigations. If test results are alarming or find any typographical error then contact the laboratory immediately for possible remedial action.





Pat. ID. Priya.....

25/2/23

Normal

डॉ० नितिन अग्रवाल
डॉ०एम०
हृदय रोग विशेषज्ञ

Pat. ID.....

BPL CARDIART 6108T
aVR

PT 6108T

10mm/mV 25mm/sec 25Hz

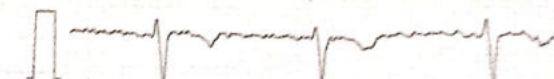
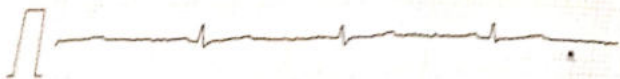
BPL CARDIART 61081

10mm/mV 25mm/sec 25Hz

aVL

aVF

V1



Pat. ID.....

Pat. ID.....

10mm/mV 25mm/sec 25Hz



Pat. ID.....

BPL CARDIART 6188T

V4



V5

10mm/mV 25mm/sec 25Hz



Pat. ID.....

BPL CARDIART 6188T

V6

