



भारत सरकार

Government of India



ईश्वरी

Ishwari

जन्म तिथि/ DOB: 26/09/1979

महिला / FEMALE



3706 8277 3321

मेरा **आधार**, मेरी पहचान

GPS Map Camera

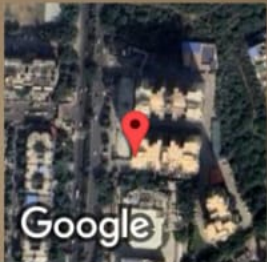
Ghaziabad, Uttar Pradesh, India

Tower-A, Saya Zenith, Indirapuram, Ghaziabad, Uttar Pradesh 201014,
India

Lat 28.637778°

Long 77.378938°

13/07/24 08:53 AM GMT +05:30



Google



Barcode No	: 258736	Registration	: 13/Jul/2024 06:45PM
Patient Name	: MRS. ISHWARI	Received	: 13/Jul/2024 06:53PM
Age/Gender	: 44 Y 0 M 0 D /F	Reported	: 13/Jul/2024 07:39PM
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
------------------	----------------	------	-----------------

COMPLETE BLOOD COUNT+ESR (CBC+ESR)

HAEMOGLOBIN (Hb) Colorimetric SLS	10.6	gm/dl	12.00-15.00
RED BLOOD CELLS- RBC COUNT Electrical Impedance	3.8	10 ⁶ /uL	4.50-5.50
PACKED CELL VOLUME (PCV) -HEMATOCRIT Calculated	30.8	%	36 - 46
MCV Calculated	80.2	fL	83-101
MCH Calculated	27.6	pg	27-32
MCHC Calculated	34.4	g/dl	32-36
RED CELL DISTRIBUTION WIDTH (RDW-CV) Whole blood EDTA,Flow Cytometry	12.1	%	11.5-14.5
RED CELL DISTRIBUTION WIDTH (RDW - SD) Whole Blood EDTA,Calculated	34.4	fl	39.0-46.0
PLATELET COUNT Electrical Impedance	227	10 ³ /uL	150-410
PLATELET DISTRIBUTION WIDTH (PDW) Whole Blood EDTA,Calculated	18.7	fL	9.00-17.00
PCT(PLATELETCRIT) Whole blood EDTA,Flow Cytometry	0.25	%	0.108-0.282
MEAN PLATELET VOLUME - MPV Calculated	10.9	fL	7.00-12.00
P-LCR	48		
P-LCC Calculated	107.89	%	30.0-90.0
TOTAL LEUKOCYTE COUNT (TLC) Laser - Based Flow Cytometry / Microscopy	7.54	10 ³ /uL	4.0-10.0
DIFFERENTIAL LEUKOCYTE COUNT			
Neutrophils Laser - Based Flow Cytometry / Microscopy	66.7	%	40-80



Vimla
Dr.Vimla
MBBS MD
Consultant Pathologist

Jehani
Dr.JEHAN NIZAMI
MBBS MD
Consultant Pathologist



Barcode No	: 258736	Registration	: 13/Jul/2024 06:45PM
Patient Name	: MRS. ISHWARI	Received	: 13/Jul/2024 06:53PM
Age/Gender	: 44 Y 0 M 0 D /F	Reported	: 13/Jul/2024 07:39PM
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
Lymphocytes Laser - Based Flow Cytometry / Microscopy	25.1	%	20-40
Eosinophils Laser - Based Flow Cytometry / Microscopy	3.3	%	1-6
Monocytes Laser - Based Flow Cytometry / Microscopy	4.4	%	2-10
Basophils Whole blood EDTA,Flow Cytometry	0.5	%	0.00-1.00
ABSOLUTE NEUTROPHIL COUNT Whole Blood EDTA,Calculated	5.03	10 ³ /μL	2.00-7.00
ABSOLUTE LYMPHOCYTE COUNT Calculated	1.89	10 ³ /μL	1.00-3.00
ABSOLUTE EOSINOPHIL COUNT Calculated	0.25	10 ³ /μL	0.02-0.50
ABSOLUTE MONOCYTE COUNT Calculated	0.33	10 ³ /μL	0.20-1.00
ABSOLUTE BASOPHIL COUNT Calculated	0.04	10 ³ /μL	0.02-0.10
ESR [WESTERGREIN] Sedimentation	35.00	mm/1st	0-15

INTERPRETATION:

A complete blood count (CBC), also known as a full blood count (FBC), is a set of medical laboratory tests that provide information about the cells in a person's blood. The CBC indicates the counts of white blood cells, red blood cells and platelets, the concentration of hemoglobin, and the hematocrit (the volume percentage of red blood cells). The red blood cell indices, which indicate the average size and hemoglobin content of red blood cells, are also reported, and a white blood cell differential, which counts the different types of white blood cells, may be included. The CBC is often carried out as part of a medical assessment and can be used to monitor health or diagnose diseases. The results are interpreted by comparing them to reference ranges, which vary with sex and age. Conditions like anemia and thrombocytopenia are defined by abnormal complete blood count results. The red blood cell indices can provide information about the cause of a person's anemia such as iron deficiency and vitamin B12 deficiency, and the results of the white blood cell differential can help to diagnose viral, bacterial and parasitic infections and blood disorders like leukemia. Not all results falling outside of the reference range require medical intervention.




Dr.Vimla
MBBS MD
Consultant Pathologist


Dr.JEHAN NIZAMI
MBBS MD
Consultant Pathologist



Barcode No	: 258736	Registration	: 13/Jul/2024 06:45PM
Patient Name	: MRS. ISHWARI	Received	: 13/Jul/2024 06:53PM
Age/Gender	: 44 Y 0 M 0 D /F	Reported	: 13/Jul/2024 08:42PM
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
------------------	----------------	------	-----------------

BLOOD GROUP ABO & RH

ABO Gel Columns agglutination	O		
Rh Typing Gel agglutination	POSITIVE		

COMMENTS:

The test will detect common blood grouping system A, B, O, AB and Rhesus (RhD). Unusual blood groups or rare subtypes will not be detected by this method. Further investigation by a blood transfusion laboratory, will be necessary to identify such groups.

Disclaimer: There is no trackable record of previous ABO & RH test for this patient in this lab. Please correlate with previous blood group findings.



Vimla
Dr.Vimla
MBBS MD
Consultant Pathologist

Jehani
Dr.JEHAN NIZAMI
MBBS MD
Consultant Pathologist



Barcode No	: 258738	Registration	: 13/Jul/2024 06:45PM
Patient Name	: MRS. I SHWARI	Received	: 13/Jul/2024 06:53PM
Age/Gender	: 44 Y 0 M 0 D /F	Reported	: 13/Jul/2024 07:44PM
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	0.79	mg/dL	0.10 - 1.2
Diazo			
CONJUGATED (D. Bilirubin)	0.12	mg/dL	0.0 - 0.30
Diazo			
UNCONJUGATED (I.D. Bilirubin)	0.67	mg/dl	0.0 - 1.0
Calculated			
S.G.P.T	35	U/L	0-35
UV without P5P			
SGOT	32	U/L	0-40
UV without P5P			
ALKALINE PHOSPHATASE	94.00	U/L	42 - 98
AMP			
TOTAL PROTEINS	7.6	g/dL	6.4 - 8.3
Biuret			
ALBUMIN	4.5	g/dL	3.5 - 5.2
Bromocresol Green			
GLOBULIN	3.1	g/dL	2.30-4.50
Calculated			
A/ G RATIO	1.45		1.0-2.3
Calculated			

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 attack 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, Hyperparathyroidism, 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




 Dr.Vimla
 MBBS MD
 Consultant Pathologist


 Dr.JEHAN NIZAMI
 MBBS MD
 Consultant Pathologist



Barcode No	: 258738	Registration	: 13/Jul/2024 06:45PM
Patient Name	: MRS. ISHWARI	Received	: 13/Jul/2024 06:53PM
Age/Gender	: 44 Y 0 M 0 D /F	Reported	: 13/Jul/2024 07:44PM
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
------------------	----------------	------	-----------------

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,



Vimla
Dr. Vimla
MBBS MD
Consultant Pathologist

Jehani
Dr. JEHAN NIZAMI
MBBS MD
Consultant Pathologist



Barcode No	: 258738	Registration	: 13/Jul/2024 06:45PM
Patient Name	: MRS. ISHWARI	Received	: 13/Jul/2024 06:53PM
Age/Gender	: 44 Y 0 M 0 D /F	Reported	: 13/Jul/2024 08:02PM
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
------------------	----------------	------	-----------------

LIPID PROFILE

TOTAL CHOLESTEROL Cholesterol Oxidase,PAP	195.6	mg/dl	<200 Desirable~200 – 239 Borderline >240 High Risk
TRIGLYCERIDES GPO-TRINDER	357.88	mg/dL	Normal : <161~High : 161 - 199~Hyper Triglyceridemic : 200 - 499~Very High : >499
H D L CHOLESTEROL Direct Enzymatic Colorimetric	45	mg/dl	>40 Recommended Range
L D L CHOLESTEROL Calculated	79.02	mg/dl	70-130
VLDL Spectrophotometry/Calculated	71.58	mg/dl	0.00-45.0
T. CHOLESTEROL/ HDL RATIO Calculated	4.35	Ratio	3.40-4.40
LDL/ HDL RATIO Calculated	1.76	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.



Vimla
Dr.Vimla
MBBS MD
Consultant Pathologist

Jehan Nizami
Dr.JEHAN NIZAMI
MBBS MD
Consultant Pathologist



Barcode No	: 258736	Registration	: 13/Jul/2024 06:45PM
Patient Name	: MRS. ISHWARI	Received	: 13/Jul/2024 06:53PM
Age/Gender	: 44 Y 0 M 0 D /F	Reported	: 13/Jul/2024 08:03PM
Ref Doctor	: Dr.SELF	Client Code	: UP528
Collected By	: Dr.SELF	Client Add	: INDIRAPURAM
Sample Type	: WHOLE BLOOD EDTA		

BIOCHEMISTRY

Test Description	Observed Value	Unit	Reference Range
------------------	----------------	------	-----------------

HBA1C

HBA1c HPLC	6.6	%	
ESTIMATED AVG. GLUCOSE	142.72	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.



Vimla
Dr.Vimla
MBBS MD
Consultant Pathologist

Jehani
Dr.JEHAN NIZAMI
MBBS MD
Consultant Pathologist



Barcode No	: 258735	Registration	: 13/Jul/2024 06:45PM
Patient Name	: MRS. ISHWARI	Received	: 13/Jul/2024 06:53PM
Age/Gender	: 44 Y 0 M 0 D /F	Reported	: 13/Jul/2024 07:44PM
Ref Doctor	: Dr.SELF	Client Code	: UP528
Collected By	: Dr.SELF	Client Add	: INDIRAPURAM
Sample Type	: FLOURIDE PLASMA		

BIOCHEMISTRY

Test Description	Observed Value	Unit	Reference Range
------------------	----------------	------	-----------------

FASTING BLOOD SUGAR

Plasma Glucose Fasting Glucose Oxidase/Peroxidase	145.9	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.



Vimla
Dr.Vimla
MBBS MD
Consultant Pathologist

Jehani
Dr.JEHAN NIZAMI
MBBS MD
Consultant Pathologist



Barcode No	: 258733	Registration	: 13/Jul/2024 06:45PM
Patient Name	: MRS. ISHWARI	Received	: 13/Jul/2024 06:53PM
Age/Gender	: 44 Y 0 M 0 D /F	Reported	: 13/Jul/2024 08:13PM
Ref Doctor	: Dr.SELF	Client Code	: UP528
Collected By	: Dr.SELF	Client Add	: INDIRAPURAM
Sample Type	: FLOURIDE PLASMA (PP)		

BIOCHEMISTRY

Test Description	Observed Value	Unit	Reference Range
------------------	----------------	------	-----------------

PLASMA GLUCOSE - PP

Plasma Glucose PP Glucose Oxidase/Peroxidase	200.4	mg/dL	80-140
---	-------	-------	--------

INTERPRETATION:

Increased In

- Diabetes Mellitus
- Stress (e.g., emotion, burns, shock, anesthesia)
- Acute pancreatitis
- Chronic pancreatitis
- Wernicke encephalopathy (vitamin B1 deficiency)
- Effect of drugs (e.g. corticosteroids, estrogens, alcohol, phenytoin, thiazides)

Decreased In

- Pancreatic disorders
- Extrapaneatic tumors
- Endocrine disorders
- Malnutrition
- Hypothalamic lesions
- Alcoholism
- Endocrine disorders



Vimla
Dr.Vimla
MBBS MD
Consultant Pathologist

Jehani
Dr.JEHAN NIZAMI
MBBS MD
Consultant Pathologist



Barcode No	: 258738	Registration	: 13/Jul/2024 06:45PM
Patient Name	: MRS. ISHWARI	Received	: 13/Jul/2024 06:53PM
Age/Gender	: 44 Y 0 M 0 D /F	Reported	: 13/Jul/2024 07:44PM
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
------------------	----------------	------	-----------------

KIDNEY FUNCTION TEST

SERUM UREA Serum,Urease GLDH	36.76	mg/dL	19.0 - 45.0
SERUM CREATININE Enzymatic	0.94	mg/dL	0.7-1.30
SERUM URIC ACID Serum,Uricase	9.5	mg/dl	2.6 - 6.0
SERUM SODIUM ISE, Direct	142	mmol/L	135-150
SERUM POTASSIUM ISE, Direct	5.1	mmol/L	3.5-5.5
SERUM CHLORIDE ISE, Direct	105	mmol/L	94-110
Blood Urea Nitrogen (BUN) Calculated	17.18	mg/dl	8.00-23.0
UREA / CREATININE RATIO	39.11		
SERUM TOTAL CALCIUM BAPTA	8.59	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.Prenal 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



Vimla
Dr.Vimla
MBBS MD
Consultant Pathologist

Jehani
Dr.JEHAN NIZAMI
MBBS MD
Consultant Pathologist



Barcode No	: 258738	Registration	: 13/Jul/2024 06:45PM
Patient Name	: MRS. I SHWARI	Received	: 13/Jul/2024 06:53PM
Age/Gender	: 44 Y 0 M 0 D /F	Reported	: 13/Jul/2024 07:44PM
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
------------------	----------------	------	-----------------

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 inappropriate antidiuretic hormone) 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.

INAPPROPRIATE 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).



Vimla
Dr.Vimla
MBBS MD
Consultant Pathologist

Jehani
Dr.JEHAN NIZAMI
MBBS MD
Consultant Pathologist





Barcode No	: 258734	Registration	: 13/Jul/2024 06:45PM
Patient Name	: MRS. ISHWARI	Received	: 13/Jul/2024 06:53PM
Age/Gender	: 44 Y 0 M 0 D /F	Reported	: 13/Jul/2024 08:00PM
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	40 ML	ml	0-50
COLOUR visual	YELLOW		PALE YELLOW
TRANSPARENCY visual	SLIGHTLY TURBID		Clear
SPECIFIC GRAVITY ION exchange	1.025		1.010 - 1.030
CHEMICAL EXAMINATION			
pH Double Indicator	6.0		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	1-2	cells/HPF	0-5
RBCs Microscopy	NIL	Cells/HPF	Nil



Vimla
Dr.Vimla
MBBS MD
Consultant Pathologist

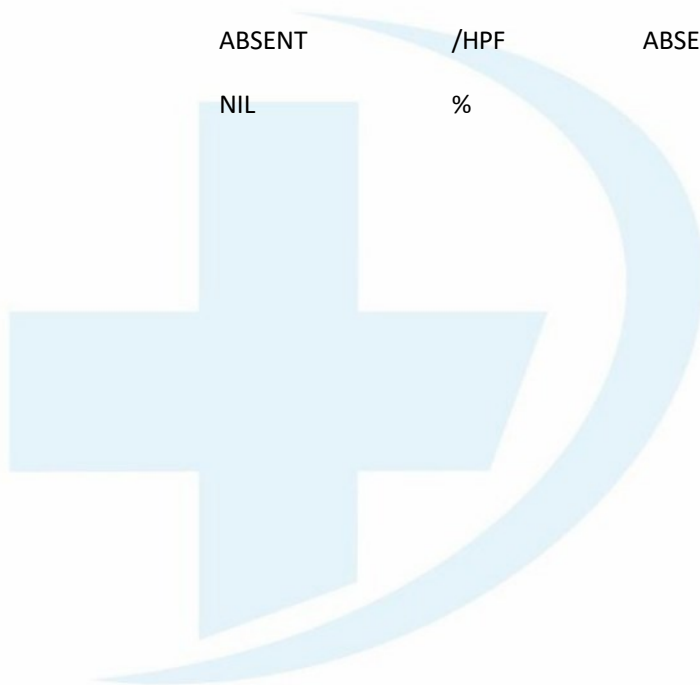
Jehani
Dr.JEHAN NIZAMI
MBBS MD
Consultant Pathologist



Barcode No	: 258734	Registration	: 13/Jul/2024 06:45PM
Patient Name	: MRS. ISHWARI	Received	: 13/Jul/2024 06:53PM
Age/Gender	: 44 Y 0 M 0 D /F	Reported	: 13/Jul/2024 08:00PM
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	0-1	Cells/HPF	0 - 5
CRYSTALS Microscopy	ABSENT	ABSENT	ABSENT
CASTS Microscopy	ABSENT	/HPF	ABSENT
OTHER	NIL	%	



Vimla
Dr.Vimla
MBBS MD
Consultant Pathologist

Jehani
Dr.JEHAN NIZAMI
MBBS MD
Consultant Pathologist





Barcode No	: 258738	Registration	: 13/Jul/2024 06:45PM
Patient Name	: MRS. ISHWARI	Received	: 13/Jul/2024 06:53PM
Age/Gender	: 44 Y 0 M 0 D /F	Reported	: 13/Jul/2024 07:56PM
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)

TRIODOXYRONE TOTAL (T3) CLIA	1.26	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 organs. T3 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 propranolol, 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	7.6	ug/dL	5.0 - 13.0
------------------------------	-----	-------	------------

Summary & Interpretation:

The hormone thyroxine (T4) is the main product secreted by the thyroid gland. The major part of total thyroxine (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 into 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	3.817	μIU/mL	0.35 - 4.75
---	-------	--------	-------------

Summary & Interpretation

TSH is formed in specific basophil cells of the anterior pituitary and is subject to a circadian 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 particularly 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 a minimum between 6-10 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 ***



Vimla
Dr. Vimla
MBBS MD
Consultant Pathologist

Jehan
Dr. JEHAN NIZAMI
MBBS MD
Consultant Pathologist

ID: 93

AGE: 45Y M D

160Cms 74Kg

ISHWARI FEMALE

CASE:

13/07/2024 09:12:09

HEALIC MULTISPECIALITY CLINIC
INDRAPURAM

RATE: 83 bpm SINUS RHYTHM

R-R: 717 ms

P-R: 148 ms

QRS: 72 ms

QT: 380 ms

QTc: 420 ms

--AXIS--

P: 72°

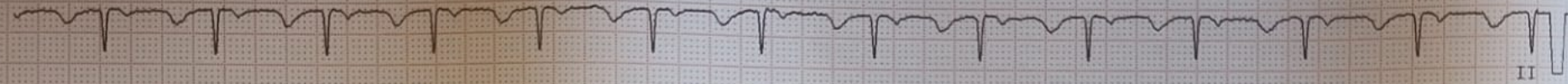
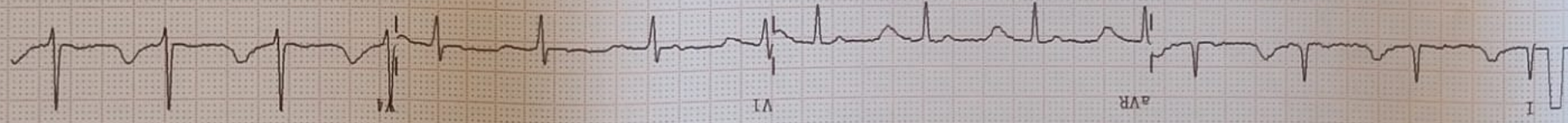
QRS: 43°

T: 31°

12 ST: REPORT FORMAT: 3x4+1L SM

REF:

Dr.





Patient Name: ISHWARI	RADIOGRAPH CHEST-PA VIEW DATE: 13-07-2024
Date of Birth/ Age: 44 YRS	
Gender: FEMALE	
Referred By: MEDIWHEEL	

Mid expiratory film.

Cardiac silhouette is normal in size.

Bilateral lung fields are grossly unremarkable.

Bilateral costophrenic angles and bilateral domes of the diaphragm are normal.

Bony cage & soft tissues are grossly normal.

IMPRESSION:-- NO GROSS ABNORMALITY DETECTED

Please correlate clinically.

DR. ANANT SHARMA
CONSULTANT RADIOLOGIST

HEALIC



HEALIC

यहां प्र
(जन्म से पह

यह एक

HERE PR
DETER
(BOY OR GIR
IS NO
IT IS A PUN

GPS Map Camera

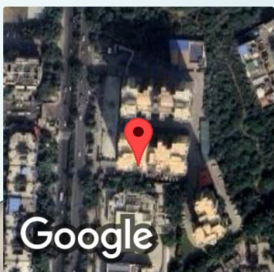
Ghaziabad, Uttar Pradesh, India

Tower-A, Saya Zenith, Indirapuram, Ghaziabad, Uttar Pradesh 201014, India

Lat 28.637716°

Long 77.379088°

13/07/24 09:46 AM GMT +05:30



Google



Barcode No	: 258742	Registration	: 13/Jul/2024 06:43PM
Patient Name	: MR. JAGAT SINGH	Received	: 13/Jul/2024 06:53PM
Age/Gender	: 47 Y 0 M 0 D /M	Reported	: 13/Jul/2024 07:43PM
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
------------------	----------------	------	-----------------

COMPLETE BLOOD COUNT+ESR (CBC+ESR)

HAEMOGLOBIN (Hb) Colorimetric SLS	14.2	gm/dl	13.00-17.00
RED BLOOD CELLS- RBC COUNT Electrical Impedance	4.6	10 ⁶ /uL	4.50-5.50
PACKED CELL VOLUME (PCV) -HEMATOCRIT Calculated	39.8	%	40-50
MCV Calculated	86	fL	83-101
MCH Calculated	30.6	pg	27-32
MCHC Calculated	35.6	g/dl	32-36
RED CELL DISTRIBUTION WIDTH (RDW-CV) Whole blood EDTA,Flow Cytometry	12.8	%	11.5-14.5
RED CELL DISTRIBUTION WIDTH (RDW - SD) Whole Blood EDTA,Calculated	40	fl	39.0-46.0
PLATELET COUNT Electrical Impedance	105	10 ³ /μL	150-410
PLATELET DISTRIBUTION WIDTH (PDW) Whole Blood EDTA,Calculated	18.8	fL	9.00-17.00
PCT(PLATELETCRIT) Whole blood EDTA,Flow Cytometry	0.09	%	0.108-0.282
MEAN PLATELET VOLUME - MPV Calculated	12.6	fL	7.00-12.00
P-LCR	59		
P-LCC Calculated	43.98	%	30.0-90.0
TOTAL LEUKOCYTE COUNT (TLC) Laser - Based Flow Cytometry / Microscopy	3.2	10 ³ /μL	4.0-10.0
DIFFERENTIAL LEUKOCYTE COUNT			
Neutrophils Laser - Based Flow Cytometry / Microscopy	44.2	%	40-80



Vimla
Dr.Vimla
MBBS MD
Consultant Pathologist

Jehani
Dr.JEHAN NIZAMI
MBBS MD
Consultant Pathologist



Barcode No	: 258742	Registration	: 13/Jul/2024 06:43PM
Patient Name	: MR. JAGAT SINGH	Received	: 13/Jul/2024 06:53PM
Age/Gender	: 47 Y 0 M 0 D /M	Reported	: 13/Jul/2024 07:43PM
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
Lymphocytes Laser - Based Flow Cytometry / Microscopy	42.2	%	20-40
Eosinophils Laser - Based Flow Cytometry / Microscopy	7.2	%	1-6
Monocytes Laser - Based Flow Cytometry / Microscopy	5.5	%	2-10
Basophils Whole blood EDTA,Flow Cytometry	0.9	%	0.00-1.00
ABSOLUTE NEUTROPHIL COUNT Whole Blood EDTA,Calculated	1.41	10 ³ /μL	2.00-7.00
ABSOLUTE LYMPHOCYTE COUNT Calculated	1.35	10 ³ /μL	1.00-3.00
ABSOLUTE EOSINOPHIL COUNT Calculated	0.23	10 ³ /μL	0.02-0.50
ABSOLUTE MONOCYTE COUNT Calculated	0.18	10 ³ /μL	0.20-1.00
ABSOLUTE BASOPHIL COUNT Calculated	0.03	10 ³ /μL	0.02-0.10
ESR [WESTERGREIN] Sedimentation	25.00	mm/1st	0-15

INTERPRETATION:

A complete blood count (CBC), also known as a full blood count (FBC), is a set of medical laboratory tests that provide information about the cells in a person's blood. The CBC indicates the counts of white blood cells, red blood cells and platelets, the concentration of hemoglobin, and the hematocrit (the volume percentage of red blood cells). The red blood cell indices, which indicate the average size and hemoglobin content of red blood cells, are also reported, and a white blood cell differential, which counts the different types of white blood cells, may be included. The CBC is often carried out as part of a medical assessment and can be used to monitor health or diagnose diseases. The results are interpreted by comparing them to reference ranges, which vary with sex and age. Conditions like anemia and thrombocytopenia are defined by abnormal complete blood count results. The red blood cell indices can provide information about the cause of a person's anemia such as iron deficiency and vitamin B12 deficiency, and the results of the white blood cell differential can help to diagnose viral, bacterial and parasitic infections and blood disorders like leukemia. Not all results falling outside of the reference range require medical intervention.




Dr. Vimla
MBBS MD
Consultant Pathologist


Dr. JEHAN NIZAMI
MBBS MD
Consultant Pathologist



Barcode No	: 258742	Registration	: 13/Jul/2024 06:43PM
Patient Name	: MR. JAGAT SINGH	Received	: 13/Jul/2024 06:53PM
Age/Gender	: 47 Y 0 M 0 D /M	Reported	: 13/Jul/2024 08:42PM
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
------------------	----------------	------	-----------------

BLOOD GROUP ABO & RH

ABO Gel Columns agglutination	O		
Rh Typing Gel agglutination	POSITIVE		

COMMENTS:

The test will detect common blood grouping system A, B, O, AB and Rhesus (RhD). Unusual blood groups or rare subtypes will not be detected by this method. Further investigation by a blood transfusion laboratory, will be necessary to identify such groups.

Disclaimer: There is no trackable record of previous ABO & RH test for this patient in this lab. Please correlate with previous blood group findings.



Vimla
Dr.Vimla
MBBS MD
Consultant Pathologist

Jehani
Dr.JEHAN NIZAMI
MBBS MD
Consultant Pathologist



Barcode No	: 258741	Registration	: 13/Jul/2024 06:43PM
Patient Name	: MR. JAGAT SINGH	Received	: 13/Jul/2024 06:53PM
Age/Gender	: 47 Y 0 M 0 D /M	Reported	: 13/Jul/2024 07:42PM
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	0.71	mg/dL	0.10 - 1.2
Diazo			
CONJUGATED (D. Bilirubin)	0.15	mg/dL	0.0 - 0.30
Diazo			
UNCONJUGATED (I.D. Bilirubin)	0.56	mg/dl	0.0 - 1.0
Calculated			
S.G.P.T	19	U/L	0-35
UV without P5P			
SGOT	24	U/L	0-40
UV without P5P			
ALKALINE PHOSPHATASE	94.00	U/L	53 - 128
AMP			
TOTAL PROTEINS	7.6	g/dL	6.4 - 8.3
Biuret			
ALBUMIN	4.2	g/dL	3.5 - 5.2
Bromocresol Green			
GLOBULIN	3.4	g/dL	2.30-4.50
Calculated			
A/ G RATIO	1.24		1.0-2.3
Calculated			

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 atck 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, Hyperparathyroidism, 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



Vimla
Dr.Vimla
MBBS MD
Consultant Pathologist

Jehani
Dr.JEHAN NIZAMI
MBBS MD
Consultant Pathologist



Barcode No	: 258741	Registration	: 13/Jul/2024 06:43PM
Patient Name	: MR. JAGAT SINGH	Received	: 13/Jul/2024 06:53PM
Age/Gender	: 47 Y 0 M 0 D /M	Reported	: 13/Jul/2024 07:42PM
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
------------------	----------------	------	-----------------

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,



Vimla
Dr. Vimla
MBBS MD
Consultant Pathologist

Jehani
Dr. JEHAN NIZAMI
MBBS MD
Consultant Pathologist



Barcode No	: 258741	Registration	: 13/Jul/2024 06:43PM
Patient Name	: MR. JAGAT SINGH	Received	: 13/Jul/2024 06:53PM
Age/Gender	: 47 Y 0 M 0 D /M	Reported	: 13/Jul/2024 07:42PM
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
------------------	----------------	------	-----------------

LIPID PROFILE


TOTAL CHOLESTEROL Cholesterol Oxidase,PAP	153	mg/dl	<200 Desirable~200 – 239 Borderline >240 High Risk
TRIGLYCERIDES GPO-TRINDER	126.71	mg/dL	Normal : <161~High : 161 - 199~Hyper Triglyceridemic : 200 - 499~Very High : >499
H D L CHOLESTEROL Direct Enzymatic Colorimetric	41	mg/dl	>40 Recommended Range
L D L CHOLESTEROL Calculated	86.66	mg/dl	70-130
VLDL Spectrophotometry/Calculated	25.34	mg/dl	0.00-45.0
T. CHOLESTEROL/ HDL RATIO Calculated	3.73	Ratio	3.40-4.40
LDL/ HDL RATIO Calculated	2.11	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.




Dr.Vimla
MBBS MD
Consultant Pathologist


Dr.JEHAN NIZAMI
MBBS MD
Consultant Pathologist



Barcode No	: 258742	Registration	: 13/Jul/2024 06:43PM
Patient Name	: MR. JAGAT SINGH	Received	: 13/Jul/2024 06:53PM
Age/Gender	: 47 Y 0 M 0 D /M	Reported	: 13/Jul/2024 08:03PM
Ref Doctor	: Dr.SELF	Client Code	: UP528
Collected By	: Dr.SELF	Client Add	: INDIRAPURAM
Sample Type	: WHOLE BLOOD EDTA		

BIOCHEMISTRY

Test Description	Observed Value	Unit	Reference Range
------------------	----------------	------	-----------------

HBA1C

HBA1c HPLC	4.8	%	
ESTIMATED AVG. GLUCOSE	91.06	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.




Dr. Vimla
MBBS MD
Consultant Pathologist


Dr. JEHAN NIZAMI
MBBS MD
Consultant Pathologist



Barcode No	: 258739	Registration	: 13/Jul/2024 06:43PM
Patient Name	: MR. JAGAT SINGH	Received	: 13/Jul/2024 06:53PM
Age/Gender	: 47 Y 0 M 0 D /M	Reported	: 13/Jul/2024 07:42PM
Ref Doctor	: Dr.SELF	Client Code	: UP528
Collected By	: Dr.SELF	Client Add	: INDIRAPURAM
Sample Type	: FLOURIDE PLASMA		

BIOCHEMISTRY

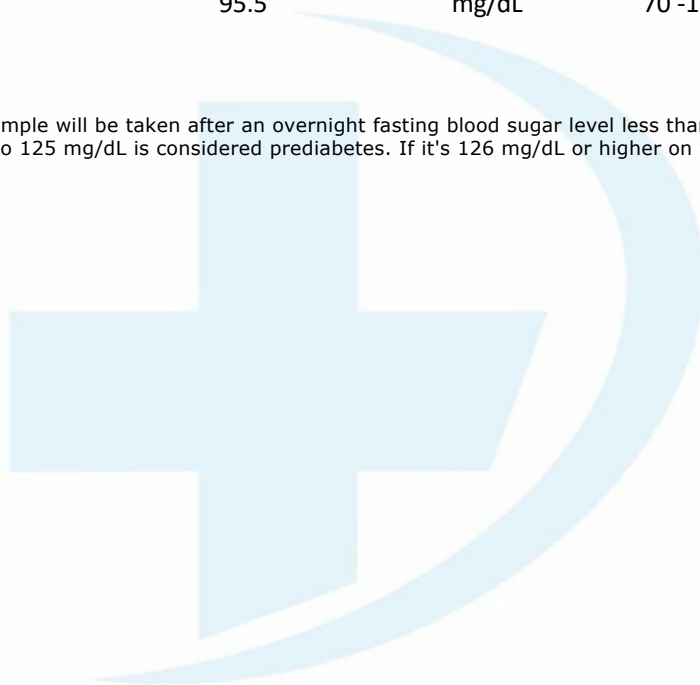
Test Description	Observed Value	Unit	Reference Range
------------------	----------------	------	-----------------

FASTING BLOOD SUGAR

Plasma Glucose Fasting Glucose Oxidase/Peroxidase	95.5	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.



Vimla
Dr.Vimla
MBBS MD
Consultant Pathologist

Jehani
Dr.JEHAN NIZAMI
MBBS MD
Consultant Pathologist



Barcode No	: 258740	Registration	: 13/Jul/2024 06:43PM
Patient Name	: MR. JAGAT SINGH	Received	: 13/Jul/2024 06:53PM
Age/Gender	: 47 Y 0 M 0 D /M	Reported	: 13/Jul/2024 08:14PM
Ref Doctor	: Dr.SELF	Client Code	: UP528
Collected By	: Dr.SELF	Client Add	: INDIRAPURAM
Sample Type	: FLOURIDE PLASMA (PP)		

BIOCHEMISTRY

Test Description	Observed Value	Unit	Reference Range
------------------	----------------	------	-----------------

PLASMA GLUCOSE - PP

Plasma Glucose PP Glucose Oxidase/Peroxidase	112.4	mg/dL	80-140
---	-------	-------	--------

INTERPRETATION:

Increased In

- Diabetes Mellitus
- Stress (e.g., emotion, burns, shock, anesthesia)
- Acute pancreatitis
- Chronic pancreatitis
- Wernicke encephalopathy (vitamin B1 deficiency)
- Effect of drugs (e.g. corticosteroids, estrogens, alcohol, phenytoin, thiazides)

Decreased In

- Pancreatic disorders
- Extrapancreatic tumors
- Endocrine disorders
- Malnutrition
- Hypothalamic lesions
- Alcoholism
- Endocrine disorders



Vimla
Dr.Vimla
MBBS MD
Consultant Pathologist

Jehani
Dr.JEHAN NIZAMI
MBBS MD
Consultant Pathologist



Barcode No	: 258741	Registration	: 13/Jul/2024 06:43PM
Patient Name	: MR. JAGAT SINGH	Received	: 13/Jul/2024 06:53PM
Age/Gender	: 47 Y 0 M 0 D /M	Reported	: 13/Jul/2024 07:42PM
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
------------------	----------------	------	-----------------

KIDNEY FUNCTION TEST

SERUM UREA Serum,Urease GLDH	26.74	mg/dL	19.0 - 45.0
SERUM CREATININE Enzymatic	0.95	mg/dL	0.7-1.30
SERUM URIC ACID Serum,Uricase	7.2	mg/dL	3.5-7.2
SERUM SODIUM ISE, Direct	145	mmol/L	135-150
SERUM POTASSIUM ISE, Direct	4.2	mmol/L	3.5-5.5
SERUM CHLORIDE ISE, Direct	108	mmol/L	94-110
Blood Urea Nitrogen (BUN) Calculated	12.5	mg/dl	8.00-23.0
UREA / CREATININE RATIO	28.15		
SERUM TOTAL CALCIUM BAPTA	9.35	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.Prenal 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



Vimla
Dr.Vimla
MBBS MD
Consultant Pathologist

Jehani
Dr.JEHAN NIZAMI
MBBS MD
Consultant Pathologist



Barcode No	: 258741	Registration	: 13/Jul/2024 06:43PM
Patient Name	: MR. JAGAT SINGH	Received	: 13/Jul/2024 06:53PM
Age/Gender	: 47 Y 0 M 0 D /M	Reported	: 13/Jul/2024 07:42PM
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
------------------	----------------	------	-----------------

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 inappropriate antidiuretic hormone) 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.

INAPPROPRIATE 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).



Vimla
Dr.Vimla
MBBS MD
Consultant Pathologist

Jehani
Dr.JEHAN NIZAMI
MBBS MD
Consultant Pathologist



Barcode No	: 258737	Registration	: 13/Jul/2024 06:43PM
Patient Name	: MR. JAGAT SINGH	Received	: 13/Jul/2024 06:53PM
Age/Gender	: 47 Y 0 M 0 D /M	Reported	: 13/Jul/2024 08:00PM
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	20 ML	ml	0-50
COLOUR visual	YELLOW		PALE YELLOW
TRANSPARENCY visual	SLIGHTLY TURBID		Clear
SPECIFIC GRAVITY ION exchange	1.025		1.010 - 1.030
CHEMICAL EXAMINATION			
pH Double Indicator	6.0		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	6-8	cells/HPF	0-5
RBCs Microscopy	NIL	Cells/HPF	Nil



Vimla
Dr.Vimla
MBBS MD
Consultant Pathologist

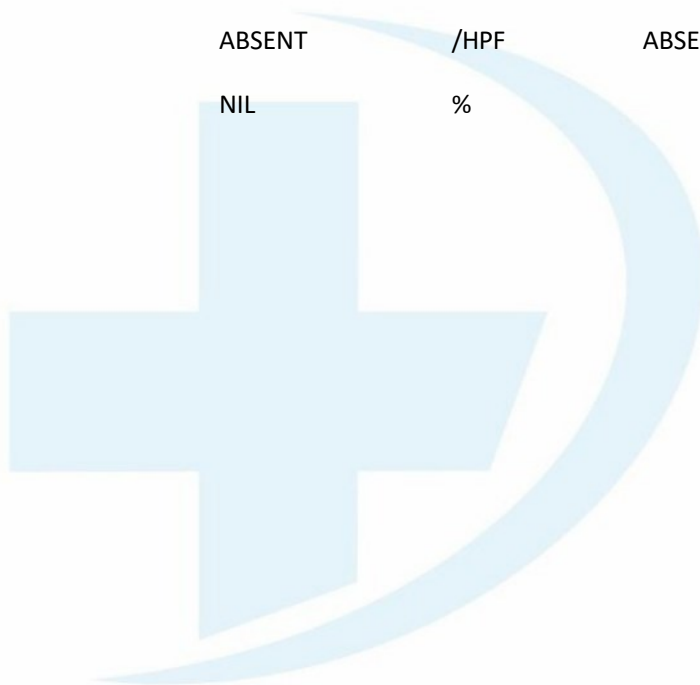
Jehani
Dr.JEHAN NIZAMI
MBBS MD
Consultant Pathologist



Barcode No	: 258737	Registration	: 13/Jul/2024 06:43PM
Patient Name	: MR. JAGAT SINGH	Received	: 13/Jul/2024 06:53PM
Age/Gender	: 47 Y 0 M 0 D /M	Reported	: 13/Jul/2024 08:00PM
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	2-3	Cells/HPF	0 - 5
CRYSTALS Microscopy	ABSENT	ABSENT	ABSENT
CASTS Microscopy	ABSENT	/HPF	ABSENT
OTHER	NIL	%	



Vimla
Dr.Vimla
MBBS MD
Consultant Pathologist

Jehani
Dr.JEHAN NIZAMI
MBBS MD
Consultant Pathologist





Barcode No	: 258741	Registration	: 13/Jul/2024 06:43PM
Patient Name	: MR. JAGAT SINGH	Received	: 13/Jul/2024 06:53PM
Age/Gender	: 47 Y 0 M 0 D /M	Reported	: 13/Jul/2024 07:56PM
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)

TRIODOXYRONE TOTAL (T3) CLIA	1.58	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 organs. T3 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 propranolol, 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	9.4	ug/dL	5.0 - 13.0
------------------------------	-----	-------	------------

Summary & Interpretation:

The hormone thyroxine (T4) is the main product secreted by the thyroid gland. The major part of total thyroxine (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 into 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	9.559	μIU/mL	0.35 - 4.75
---	-------	--------	-------------

Summary & Interpretation

TSH is formed in specific basophil cells of the anterior pituitary and is subject to a circadian 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 particularly 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 a minimum between 6-10 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

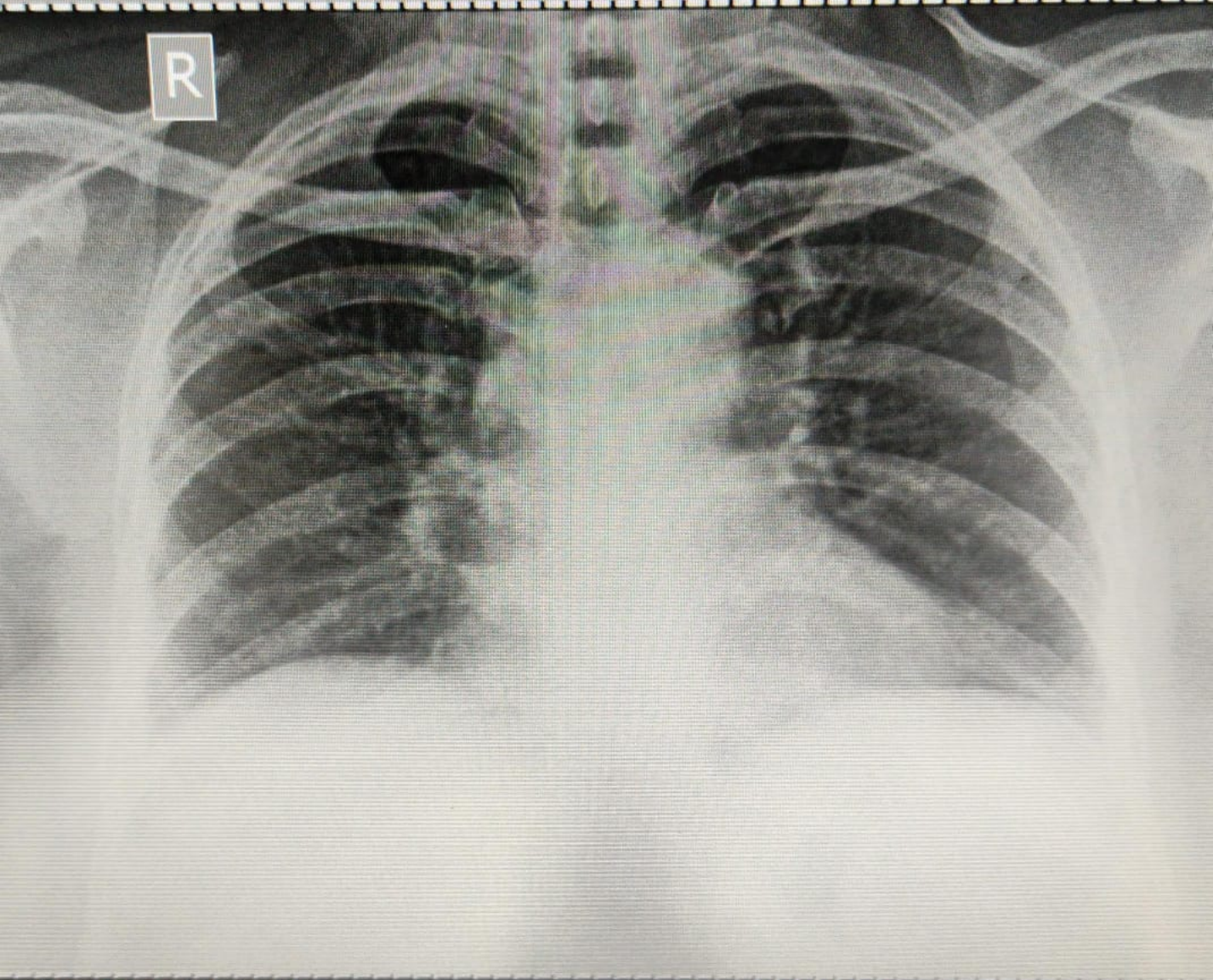
*** End Of Report ***



Vimla
Dr. Vimla
MBBS MD
Consultant Pathologist

Jehan Nizami
Dr. JEHAN NIZAMI
MBBS MD
Consultant Pathologist

R



ISHWARI 44 YRS Female

Chest PA

67.5 % 02

MEDIWHEEL

13/07/2024 09:35:49 AM

HEALIC MULTISPECIALTY CLINIC- INDIRAPURAM



Patient Name: JAGAT SINGH	RADIOGRAPH CHEST-PA VIEW DATE: 13-07-2024
Date of Birth/ Age: 47 YRS	
Gender: MALE	
Referred By: MEDI WHEEL	

Cardiac silhouette is normal in size.

Bilateral lung fields are grossly unremarkable.

Bilateral costophrenic angles and bilateral domes of the diaphragm are normal.

Bony cage & soft tissues are grossly normal.

IMPRESSION:- NO GROSS ABNORMALITY DETECTED

Please correlate clinically.

DR. ANANT SHARMA
CONSULTANT RADIOLOGIST

ID: 93
AGE: 47 Y M D
Cms 59KG

CASE: JAGAT SINGH
MALE

13/07/2024 09:28:20
HEALIC MULTISPECIALITY CLINIC
INDRAPURAM

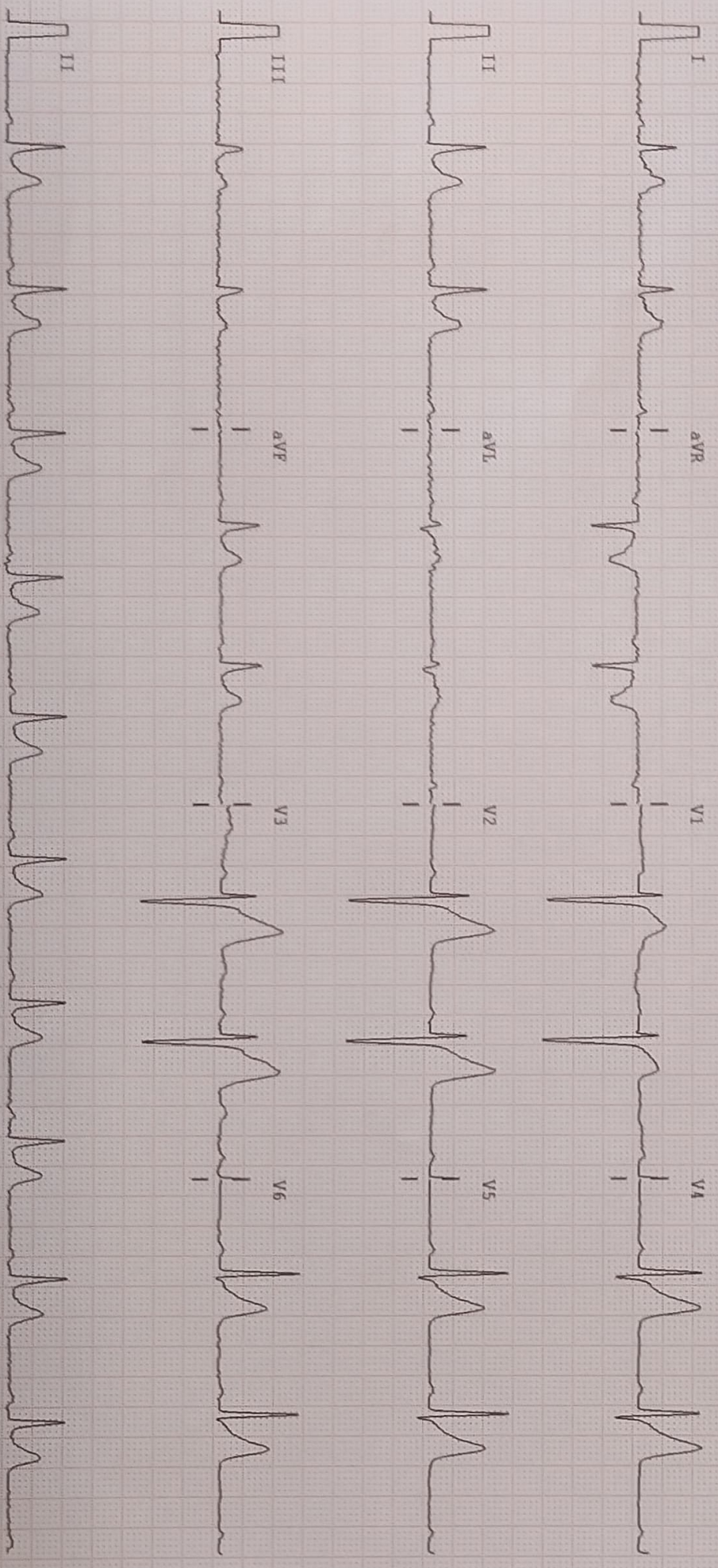
RATE : 63 bpm SINUS RHYTHM
P-R : 946 ms
P-R : 174 ms
QRS : 88 ms
QT : 364 ms
QTc : 369 ms

--AXIS--
P : 29°
QRS : 50°
T : 46°

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

REF: MEDIRHEELL

Dr.





HEALIC



सर्व पूर्व लिंग निर्धारण
के लड़का या लड़की नहीं
किया जाता,
क़रीबी अपराध है ।

NATAL SEX
Determination
(Before Birth)
is
Prohibited,
Unlawful &
Offensive Act.

 **GPS Map Camera**

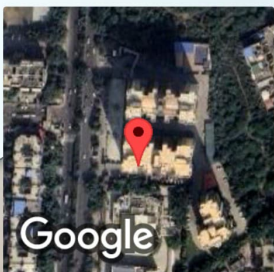
Ghaziabad, Uttar Pradesh, India

Tower-A, Saya Zenith, Indirapuram, Ghaziabad, Uttar Pradesh 201014,
India

Lat 28.637735°

Long 77.379048°

13/07/24 09:46 AM GMT +05:30



Google

आयकर विभाग
INCOME TAX DEPARTMENT



भारत सरकार
GOVT. OF INDIA

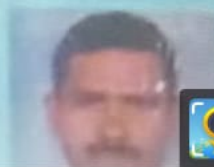
JAGAT SINGH

SISH RAM

02/04/1977

Permanent Account Number

BHXPS1648P



GPS Map Camera

Ghaziabad, Uttar Pradesh, India

Tower-A, Saya Zenith, Indirapuram, Ghaziabad, Uttar Pradesh 201014, India

Lat 28.637779°

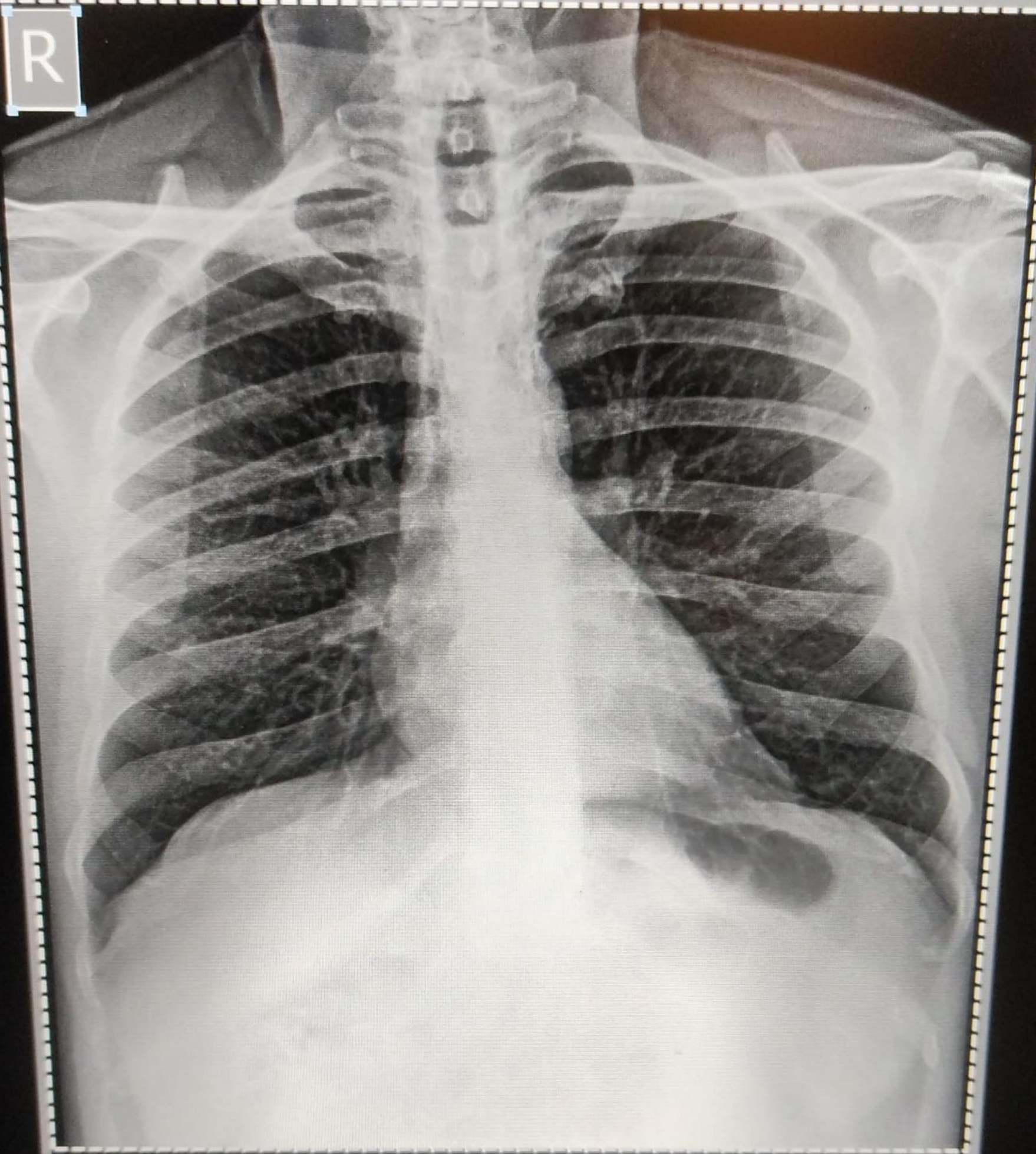
Long 77.378937°

13/07/24 08:53 AM GMT +05:30



Google

R



JAGAT SINGH 47 YRS Male

MEDIWHEEL

Chest PA

53.6 % 01

13/07/2024 09:25:52 AM

HEALIC MULTISPECIALTY CLINIC- INDIRAPURAM