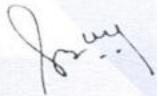


Patient Name : Mrs. ANBHAWATI	Reg No. : 7057/UHID22DL	Lab ID. : 7553/OPDPB22DL
Age / Gender : 52Y / Female	Date : 25-Mar-2023	
Mobile No. : 7982416825	Manual No.	Collected : 25-Mar-2023 10.20
Refd. By : Dr. INSURANCE		Received : 25-Mar-2023 10.21
Sample Type : EDTA whole blood	Sample ID : 23837	Report : 25-Mar-2023 14.31

TEST NAME	RESULT	UNIT	RANGE	METHOD
HEAMOTOLOGY				
COMPLETE BLOOD COUNT				
HEMOGLOBIN	14.5	g/dl	11.9-15	Colorimetric
TOTAL LEUCOCYTE COUNT	6.1	10 ³ /uL	4.0-11.0	Electrical impedance
DIFFERENTIAL LEUCOCYTE COUNT(DLC)				
Neutrophil	77	%	40-75	Electrical impedance
Lymphocyte	17	%	20-45	Electrical impedance
Eosinophil	04	%	1-6	Microscopy
Monocyte	02	%	2-10	Microscopy
Basophil	12	%	0-2	Microscopy
ESR	00	mm/1sthr	0-20	Westergren's
RBC COUNT	4.59	mili/cmm	3.8-5.5	Electrical impedance
PCV	43	%	35-45	Calculated
MCV	93.60	Fl	80-100	Calculated
MCH	31.6	Picogram	27.5-33.2	Calculated
MCHC	33.80	gm/dl	32-36	Calculated
PLATELET COUNT	155	10 ³ /uL	150-450	Electrical impedance

-----End of Report-----




Dr. Sangeeta B
DCP, DNB, PATHOLOGY,
DMC/25252

Lab Technician : ramshankar



BOOK APPOINTMENT



Patient Name : Mrs. ANBHAWATI	Reg No. : 7057/UHID22DL	Lab ID. : 7553/OPDPB22DL
Age / Gender : 52Y / Female	Date : 25-Mar-2023	
Mobile No. : 7982416825	Manual No.	Collected : 25-Mar-2023 10.20
Refd. By : Dr. INSURANCE		Received : 25-Mar-2023 10.21
Sample Type : EDTA whole blood	Sample ID : 23837	Report : 25-Mar-2023 14.31

TEST NAME	RESULT	UNIT	RANGE	METHOD
-----------	--------	------	-------	--------

HBA1C (GLYCOSYLATED HB)	5.7	%	4-6	PEIT
--------------------------------	-----	---	-----	------

Metabolically healthy patients 4.5 - 6.0 %
6.1 - 6.5 %

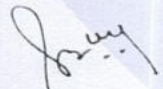
Good control :

Fair control : 6.6 - 7.0 %

Poor control : Above - >7.0 %

COMMENTS: HbA1c is an indicator of glycemic control. HbA1c represents average glycemia over the past six to eight weeks. Glycation of hemoglobin occurs over the entire 120 day life span of the red blood cell, but within this 120 days. Recent glycemia has the largest influence on the HbA1c value. Clinical studies suggest that a patient in stable control will have 50% of their HbA1c formed in the month before sampling, 25% in the month before that, and the remaining 25% in months two to four. Estimated Average Glucose mg/dl = (HbA1c x 35.6) - 77.3) Correlation between HbA1c and Mean Plasma Glucose (MPG) is not "perfect" but rather only this means that to predict or estimate average glucose from Hb-A1c or vice-versa is not "perfect" but gives a good working ballpark estimate. Afternoon and evening results correlate more closely to HbA1c than morning results, perhaps because morning fasting glucose levels vary much more than daytime glucose levels, which are easier to predict and control. As per IFCC recommendations 2007, HbA1c being reported as above maintaining traceability to both IFCC (mmol/mol) & NGSP (%) units.

-----End of Report-----



Dr. Sangeeta B
DCP, DNB, PATHOLOGY,
DMC/25252

Lab Technician : chand



BOOK APPOINTMENT



Patient Name : Mrs. ANBHAWATI

Reg No. : 7057/UHID22DL

Lab ID. : 7553/OPDPB22DL

Age / Gender : 52Y / Female

Date : 25-Mar-2023



Mobile No. : 7982416825

Manual No.

Collected : 25-Mar-2023 10.20

Refd. By : Dr. INSURANCE

Received : 25-Mar-2023 10.21

Sample Type : Serum

Sample ID : 23837

Report : 25-Mar-2023 14.31

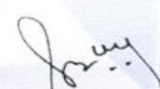
TEST NAME	RESULT	UNIT	RANGE	METHOD
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BIOCHEMISTRY

KIDNEY FUNCTION TEST

Blood Urea	15.1	mg/dl	15.0-45.0	urease
Serum Creatinine	0.6	mg/dl	07-1.3	Jaffes Kinetic
Serum Uric Acid	6.80	mg/dl	2.6-6.0	Uricase
Total Protein				
PROTEN	6.86	g/dl	6.4-8.3	Biuret
ALBUMIN	4.7	g/dl	3.4-4.8	Bcg
GLOBULIN	2.16	g/dl	2.3-3.5	
A/G RATIO	2.18	g/dl		
Calcium	10.2	mg/dl	8.6-10.2	Arsenazo
Sodium	139.4	mmol/L	136.0-149.0	ISE Indirect
Potassium	4.2	mmol/L	3.5-5.5	ISE Indirect
Chloride	103.2	mmol/L	98.0-109.0	ISE Indirect

-----End of Report-----




Dr. Sangeeta B
DCP, DNB, PATHOLOGY,
DMC/25252

Lab Technician : ramshankar



BOOK APPOINTMENT



Patient Name : Mrs. ANBHAWATI	Reg No. : 7057/UHID22DL	Lab ID. : 7553/OPDPB22DL
Age / Gender : 52Y / Female	Date : 25-Mar-2023	
Mobile No. : 7982416825	Manual No.	Collected : 25-Mar-2023 10.20
Refd. By : Dr. INSURANCE		Received : 25-Mar-2023 10.21
Sample Type : Serum	Sample ID : 23837	Report : 25-Mar-2023 14.31

TEST NAME	RESULT	UNIT	RANGE	METHOD
-----------	--------	------	-------	--------

BIOCHEMISTRY

LIPID PROFILE

Total Cholesterol	233.00	mg/dl	123-199	CHOD-PAP
Triglycerides	115.0	mg/dl	35-135	Gpo
HDL Cholesterol Direct	49.4	mg/dl	42-88	Direct
Vldl	23	mg/dl	4.7-22.1	
LDL Cholesterol Direct	160.6	mg/dl	63-129	
Total Cholesterol/HDL Ratio	4.7		0.0-4.97	
LDL/HDL Ratio	3.3		0.0-3.55	

INTERPRETATION:-

Acceptable/Low Risk : < 200 mg/dL : < 130 mg/dL : < 4.5

Borderline High Risk : 200-239 mg/dL : 130-159 mg/dl : 4.5 - 6.0

High Risk : > 240 mg /dL : > 160 mg/dL : > 6.0

APO A1 & APO B: Recent studies have shown that Apolipoproteins A1 & B might be the best indicators of Coronary Artery.

COMMENTS:-

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


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DCP, DNB, PATHOLOGY,
DMC/25252

Lab Technician : ramshankar



BOOK APPOINTMENT



Patient Name : Mrs. ANBHAWATI	Reg No. : 7057/UHID22DL	Lab ID. : 7553/OPDPB22DL
Age / Gender : 52Y / Female	Date : 25-Mar-2023	
Mobile No. : 7982416825	Manual No.	Collected ; 25-Mar-2023 10.20
Refd. By : Dr. INSURANCE		Received ; 25-Mar-2023 10.21
Sample Type : Serum	Sample ID : 23837	Report : 25-Mar-2023 14.31

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 :-

CHOLESTEROL LDL-CHOLESTEROL CHO/HDL RATIO

Artery Disease risk in an individual. Patients who have normal lipid profile may have abnormal Apo A1 & Apo B values. Ratio of Apo B : Apo A1 is >1 in cases of increased CHD risk.

-----End of Report-----

Dr. Sangeeta B
DCP, DNB, PATHOLOGY,
DMC/25252

Lab Technician : ramshankar



BOOK APPOINTMENT



Patient Name : Mrs. ANBHAWATI

Reg No. : 7057/UHID22DL

Lab ID. : 7553/OPDPB22DL

Age / Gender : 52Y / Female

Date : 25-Mar-2023



Mobile No. : 7982416825

Manual No.

Collected : 25-Mar-2023 10.20

Refd. By : Dr. INSURANCE

Received : 25-Mar-2023 10.21

Sample Type : Serum

Sample ID : 23837

Report : 25-Mar-2023 14.31

TEST NAME	RESULT	UNIT	RANGE	METHOD
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BIOCHEMISTRY

LIVER FUNCTION TEST

Serum Bilirubin

Total Bilirubin	0.48	mg/dl	0.0-2.0	Diazo
Direct Bilirubin	0.22	mg/dl	0-0.4	Diazo
Indirect Bilirubin	0.26	mg/dl	0-0.8	Calculated

Total Protein

PROTEN	6.86	g/dl	6.4-8.3	Biuret
ALBUMIN	4.7	g/dl	3.4-4.8	Bcg
GLOBULIN	2.17	g/dl	2.3-3.5	
A/G RATIO	2.16	g/dl		
SGOT	26	U/L	0-31	IFCC
SGPT	23	U/L	0.0-34	IFCC

Gamma GT	22.4	U/L	0-38	Glupa-c
Alkaline Phosphatase	110	U/L	42-98	Amp

-----End of Report-----

Dr. Sangeeta B
DCP, DNB, PATHOLOGY,
DMC/25252

Lab Technician : ramshankar



BOOK APPOINTMENT



Patient Name : Mrs. ANBHAWATI

Reg No. : 7057/UHID22DL

Lab ID. : 7553/OPDPB22DL

Age / Gender : 52Y / Female

Date : 25-Mar-2023



Mobile No. : 7982416825

Manual No.

Collected : 25-Mar-2023 10.20

Refd. By : Dr. INSURANCE

Received : 25-Mar-2023 10.21

Sample Type : Serum

Sample ID : 23837

Report : 25-Mar-2023 14.31

TEST NAME	RESULT	UNIT	RANGE	METHOD
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HORMONES

THYROID PROFILE

T3	1.20	ng/dl		CLIA
----	------	-------	--	------

All values

Adults (euthyroid) 0.50-2.00

Newborns 0.73-2.88

6d - 3 mth 0.80-2.75

4 - 12 mth 0.86-2.65

1 - 6 yr 0.92-2.48

7 - 11 yr 0.93-2.31

12- 20 yr 0.91-2.18

Pregnancy

First trimester 0.05 - 3.70

Second trimester 1.7 - 4.3

Third trimester 0.4 - 3.9

T4	8.45	µg/dl		CLIA
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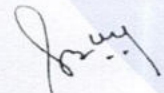
Adults - M - 4.4-10.8 µg/dl

F- 4.8 - 11.6 µg/dl

1st Trimester 7.3-15.00 µg/dl

2st Trimester 8.92-17.38

3st Trimester 7.98-17.70



Dr. Sangeeta B
DCP, DNB, PATHOLOGY,
DMC/25252

Lab Technician : chand



BOOK APPOINTMENT



Patient Name : Mrs. ANBHAWATI

Reg No. : 7057/UHID22DL

Lab ID. : 7553/OPDPB22DL

Age / Gender : 52Y / Female

Date : 25-Mar-2023



Mobile No. : 7982416825

Manual No.

Refd. By : Dr. INSURANCE

Collected : 25-Mar-2023 10.20

Sample Type : Serum

Sample ID : 23837

Received : 25-Mar-2023 10.21

Report : 25-Mar-2023 14.31

TSH 1.10 μ IU/ml CLIA

Adults

21-100 yrs 0.42 - 5.45

Pediatric

0-12 Months 0.98-5.63

1-5 years 0.64-5.76

6-10 Years 0.51-4.82

11-14 Years 0.53-5.27

15-20 years 0.43-4.20

Pregnancy

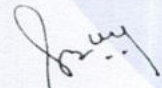
First trimester 0.1 - 2.5*

Second trimester 0.2 - 3*

Third trimester 0.3 - 3*

COMMENTS: Assay results should be interpreted in context to the clinical condition and associated results of other investigations. Previous treatment with corticosteroid therapy may result in lower TSH levels while thyroid hormone levels are normal. Results are invalidated if the client has undergone a radionuclide scan within 7-14 days before the test. Abnormal thyroid test findings often found in critically ill clients should be repeated after the critical nature of the condition is resolved. The production, circulation, and disintegration of thyroid hormones are altered throughout the stages of pregnancy

-----End of Report-----



Dr. Sangeeta B
DCP, DNB, PATHOLOGY,
DMC/25252

Lab Technician : chand



BOOK APPOINTMENT



Patient Name : Mrs. ANBHAWATI

Reg No. : 7057/UHID22DL

Lab ID. : 7553/OPDPB22DL

Age / Gender : 52Y / Female

Date : 25-Mar-2023



Mobile No. : 7982416825

Manual No.

Collected : 25-Mar-2023 10.20

Refd. By : Dr. INSURANCE

Received : 25-Mar-2023 10.21

Sample Type : URINE

Sample ID : 23837

Report : 25-Mar-2023 14.31

TEST NAME	RESULT	UNIT	RANGE	METHOD
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CLINICAL PATHOLOGY

URINE ROUTINE

MICROSCOPY

PHYSICAL EXAMINATION

QUANTITY

25.00 ml 10-30

COLOUR

PALE YELLOW

TRANSPARENCY

CLEAR

SPECIFIC GRAVITY

1.020 1.015-1.025

PH

6.5 5.5 - 7

CHEMICAL EXAMINATION

ALBUMIN

NIL

SUGAR

NIL

MICROSCOPIC EXAMINATION

PUS CELLS

2-3 /hpf MICROSCOPIC

RBC'S

NIL NIL

CASTS

NIL

CRYSTALS

NIL

EPITHELIAL CELLS

2-3

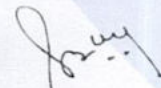
BACTERIA

NIL

OTHERS

NIL

-----End of Report-----




Dr. Sangeeta B
DCP, DNB, PATHOLOGY,
DMC/25252

Lab Technician : chand




BOOK APPOINTMENT





भारतीय विशिष्ट पहचान प्राधिकरण
UNIQUE IDENTIFICATION AUTHORITY OF INDIA

पता: W/O रमेश्वर महतो, म०
 न०-११७, गली न०-३, दीप पाल्सेव
 फ्लैट-३, विकास नगर, उमम नगर, वेस्ट
 दिल्ली, दिल्ली, 110059

Address: W/O Rameshwar Mahto,
 H NO-117, Gali NO-3, Deep
 Enclave Part-3, Vikas Nagar,
 UTTAM NAGAR, D. K. Mohan
 Garden, West Delhi, Delhi,
 110059

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P.O. Box No. 1947,
 Bangaluru-560 001

भारत सरकार
GOVERNMENT OF INDIA


अनुभाषी
 Anbhawati

जन्म वर्ष / Year of Birth : 1965
 महिला / Female



3575 8558 0748

आधार - आम आदमी का अधिकार





Radiology No.	: 7553/OPDPB22DL	Date	: 25-Mar-2023
Patient Name	: Mrs. ANBHAWATI	Age/Sex	: 52Y
Guardian Name	:	UHID No.	: 7057/UHID22DL
Consultant	: Dr. INSURANCE	Mobile No.	: 7982416825

X-RAY CHEST**Indication: Routine checkup.****Image quality:-**

No evidence of rotation.

PA view. Normal penetration.

Airway:- Trachea central.

Carina & bronchi are normal.

No hilar abnormality.

Lung fields:- Clear.**Cardiac:-** Cardiac borders are visible.

Normal heart size.

Diaphragm:- Costophrenic angles on right & left are normal.

Cardiophrenic angles on right & left are normal.

Diaphragm portion are normal.

Bony cage:- No evidence of bony lesion/fracture seen.

No evidence of cervical ribs seen.

Impression: No significant abnormality detected.

Dr. Harshita Surange
MBBS, DMRD (RADIO DIAGNOSIS)
DIPLOMA IN MSK, UCAM (Spain)
Reg. No. MCI/16522, DMC/18402



BOOK APPOINTMENT

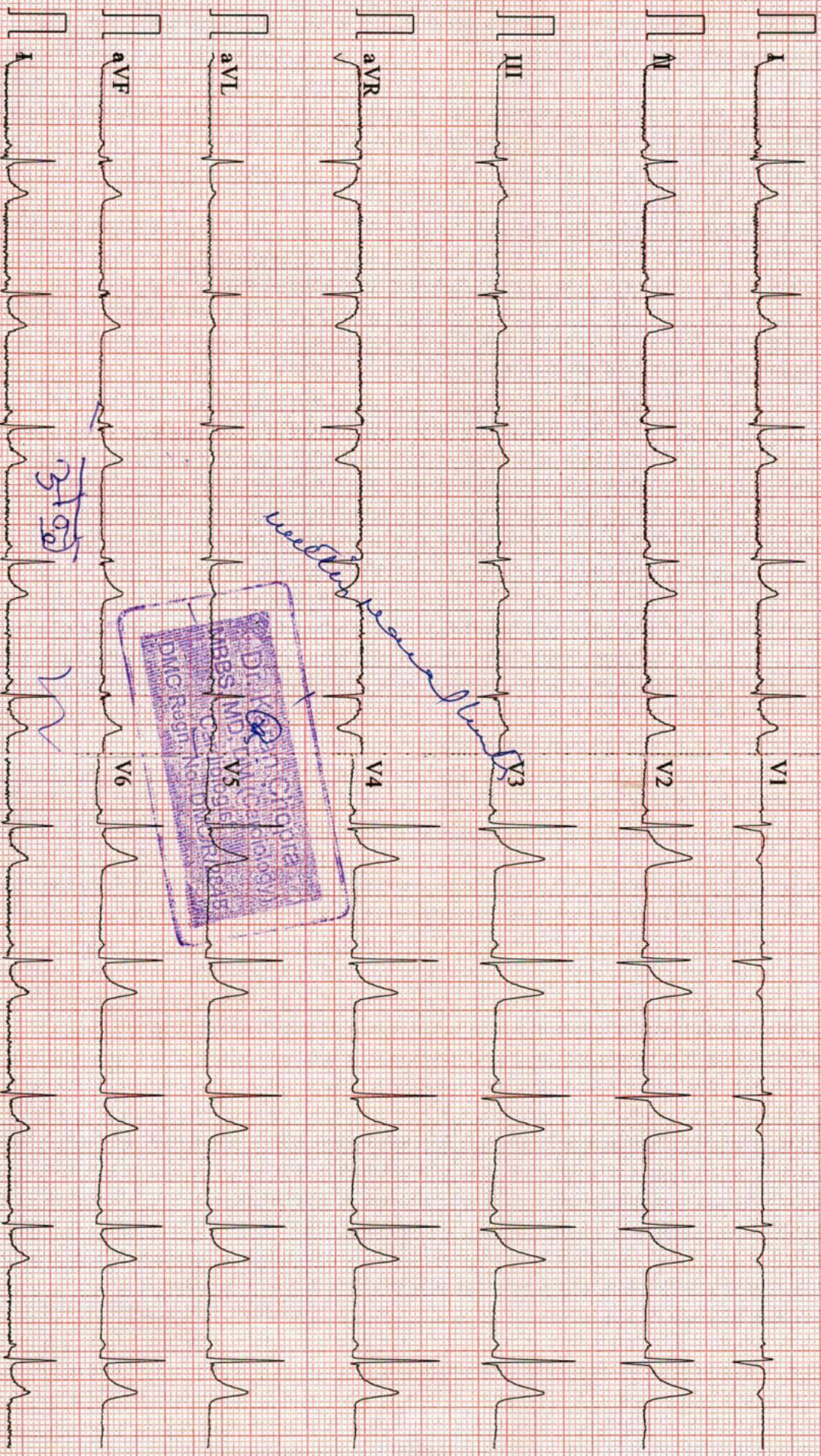


Anbhawati
Female 52 Years
Req. No. :

HR	: 62	bpm
P	: 92	ms
PR	: 128	ms
QRS	: 68	ms
QT/QTcBz	: 352/358	ms
P/QRST	: 55/21/51	°
RV5/SV1	: 1335/0.504	mV

Diagnosis Information:
 Sinus rhythm
 Tall T waves - consider acute ischemia or hyperkalemia
 Borderline ECG

Report Confirmed by:



IPSC PAIN AND SPINE HOSPITAL

PLOT-453 NEAR SBI BANK SECTOR-19
DWARKA NEW DELHI-110075, PH: 9555437357

PANBHWATI

ID : 3747

DATE : 25-03-2023

AGE/SEX : 52 / F

HT/WT : 0 / 0

REF. BY :

TREADMILL TEST REPORT

PROTOCOL : Bruce

HISTORY : Checkup/Physical fitness,

INDICATION :

MEDICATION :

PHASE	TOTAL TIME	STAGE TIME	SPEED Km/Hr	GRADE %	H.R. bpm	B.P. mmHg	RPP X100	ST LEVEL (MM)			METS	
								II	V1	V5		
SUPINE					74	120 / 80	88	2	0.2		1.6	
STANDING					83	120 / 80	99	2	0.2		1.7	
HYPERTENT					74	120 / 80	88	1.9	0.4		1.6	
Stage 1	2:55	0:37	2.7	10	124	130 / 90	161	2.2	0.4		2	4.67
PR-EXERCISE	3:33	0:33		12	141	130 / 90	183	1.2	0.2		0.4	
RECOVERY	4:39	0:55			108	130 / 90	140	1.8	0		1.6	
RECOVERY	5:39	1:55			91	130 / 90	118	0.7	0.2		0.7	
RECOVERY	6:39	2:55			83	120 / 80	99	0.6	0.2		0.6	

RESULTS

EXERCISE DURATION : 3:33

MAX HEART RATE : 141 bpm

MAX BLOOD PRESSURE : 130 / 90 mm Hg

REASON OF TERMINATION : Achieved THR,

BP RESPONSE : Normal,

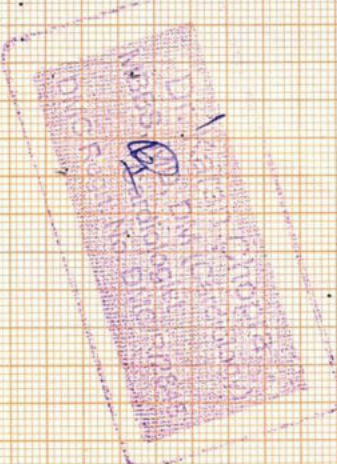
ARRHYTHMIA : None,

H.R. RESPONSE : Normal Chronotropic Response,

IMPRESSIONS

Negative for Provocable myocardial ischemia,

MAX WORK LOAD : 5.22 METS



Technician :

IPSC PAIN AND SPINE HOSPITAL

ANBHAWATI
 I.D. 3747
 Age 52/F
 Date 25-03-2023

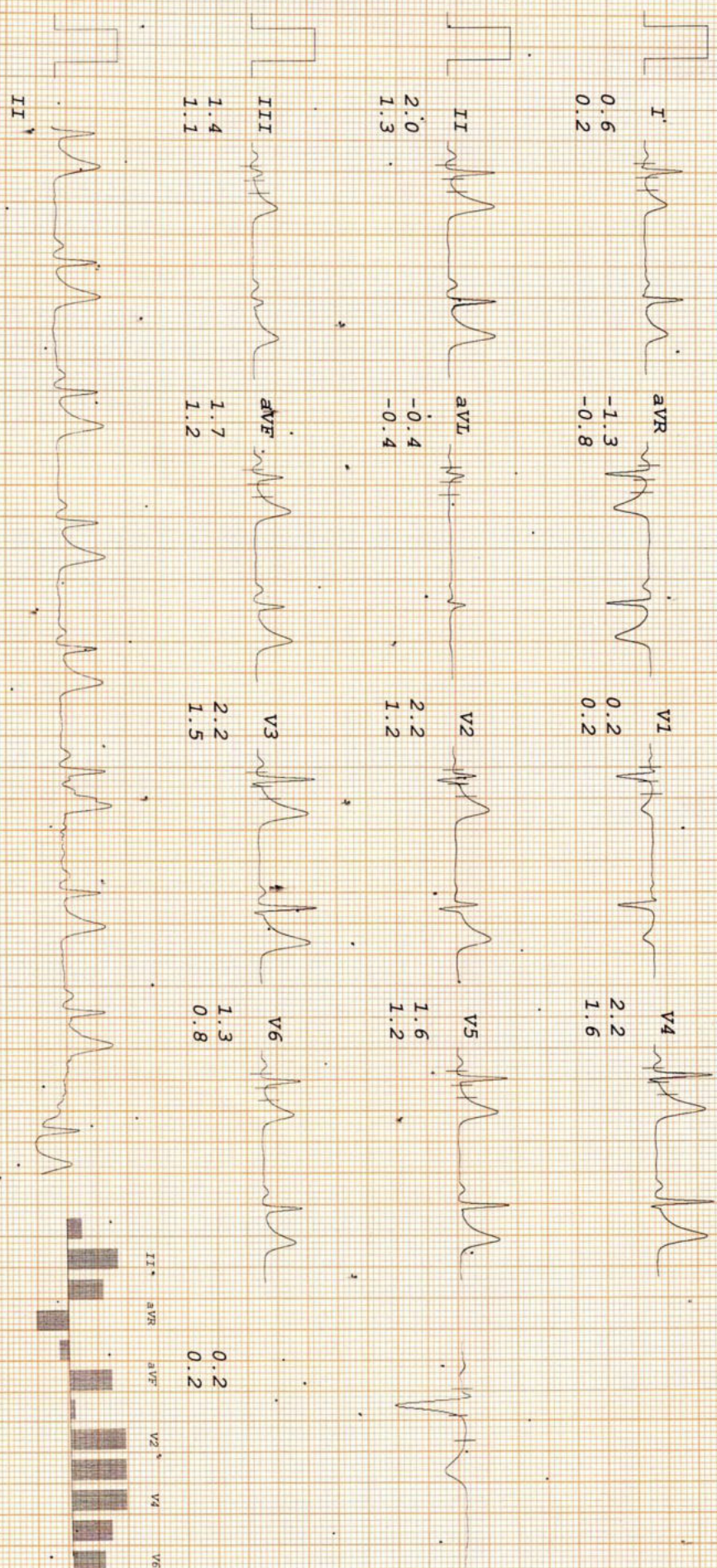
RATE 74bpm
 B.P. 120/80

PRETEST
 SUPINE

ST @ 10mm/mV
 80ms PostJ

LINKED MEDIAN

Mag. X 2



IPSC PAIN AND SPINE HOSPITAL

ANBHAWATI
 I.D. 3747
 Age 52/F
 Date 25-03-2023

RATE 83bpm
 B.P. 120/80

PRETEST
 STANDING

ST @ 10mm/mV
 80ms PostJ

LINKED MEDIAN

Mag. X 2



IPSC PAIN AND SPINE HOSPITAL

ANBHAWATI

I.D. 3747
Age 52/F
Date 25-03-2023

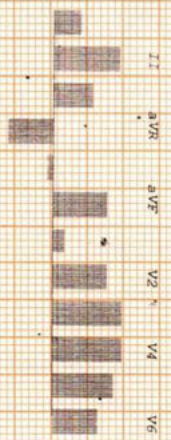
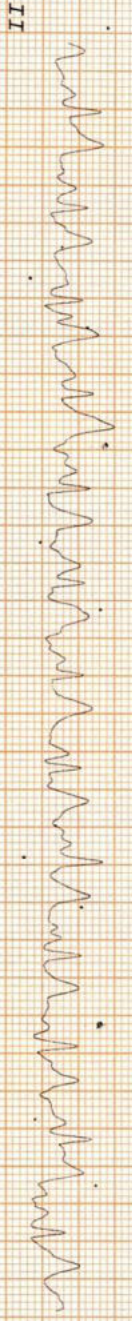
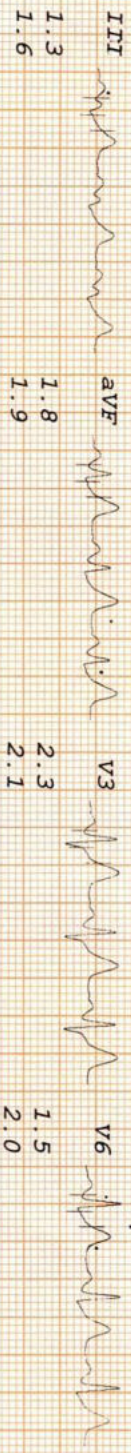
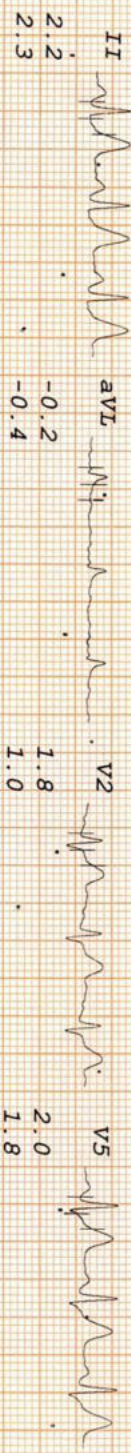
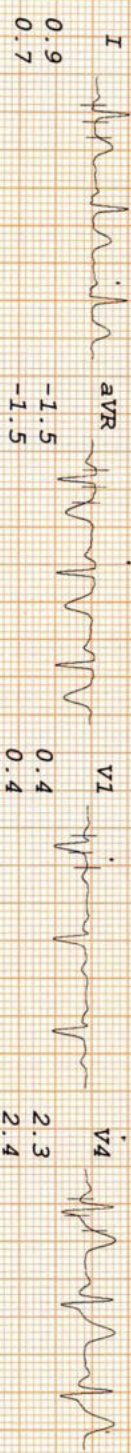
RATE 124bpm
B.P. 130/90

Bruce
Stage 1
TOTAL TIME 2:55
PHASE TIME 2:55

ST @ 10mm/mV
80ms PostJ
Speed 2.7 km/hr
SLOPE 10.8

LINKED MEDIAN

Mag. X 1.2



IPSC PAIN AND SPINE HOSPITAL

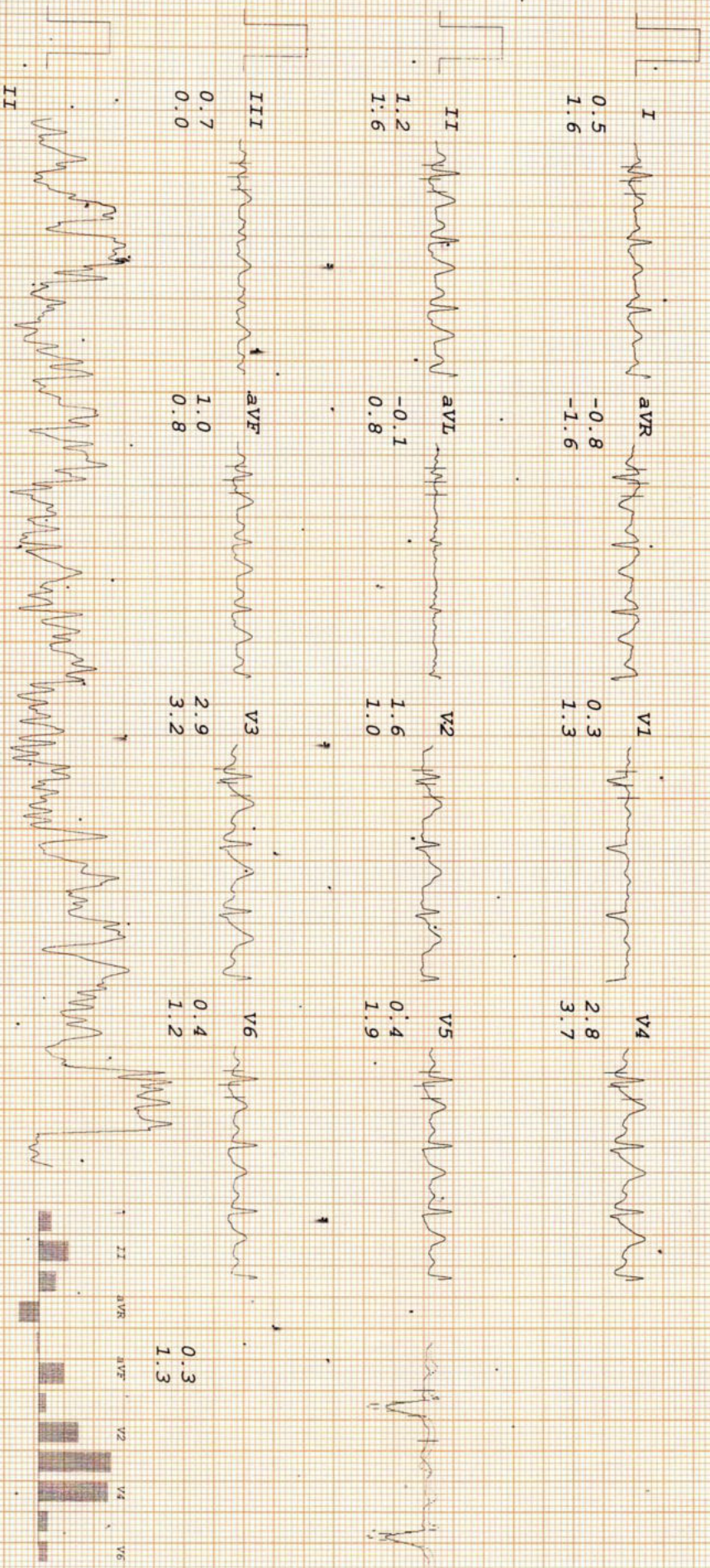
ANBHAWATI
 I.D. 3747
 Age 52/F
 Date 25-03-2023

Rate 141bpm
 B.P. 130/90
 Bruce
 PR-EXERCISE
 TOTAL TIME 3:33
 PHASE TIME 0:33

ST @ 10mm/mV
 80ms PostJ
 Speed 4 km/hr
 SLOPE 12 %

LINKED MEDIAN

Mag. X 2



IPSC PAIN AND SPINE HOSPITAL

ANEHAWATI

I.D. 3747
Age 52/F
Date 25-03-2023

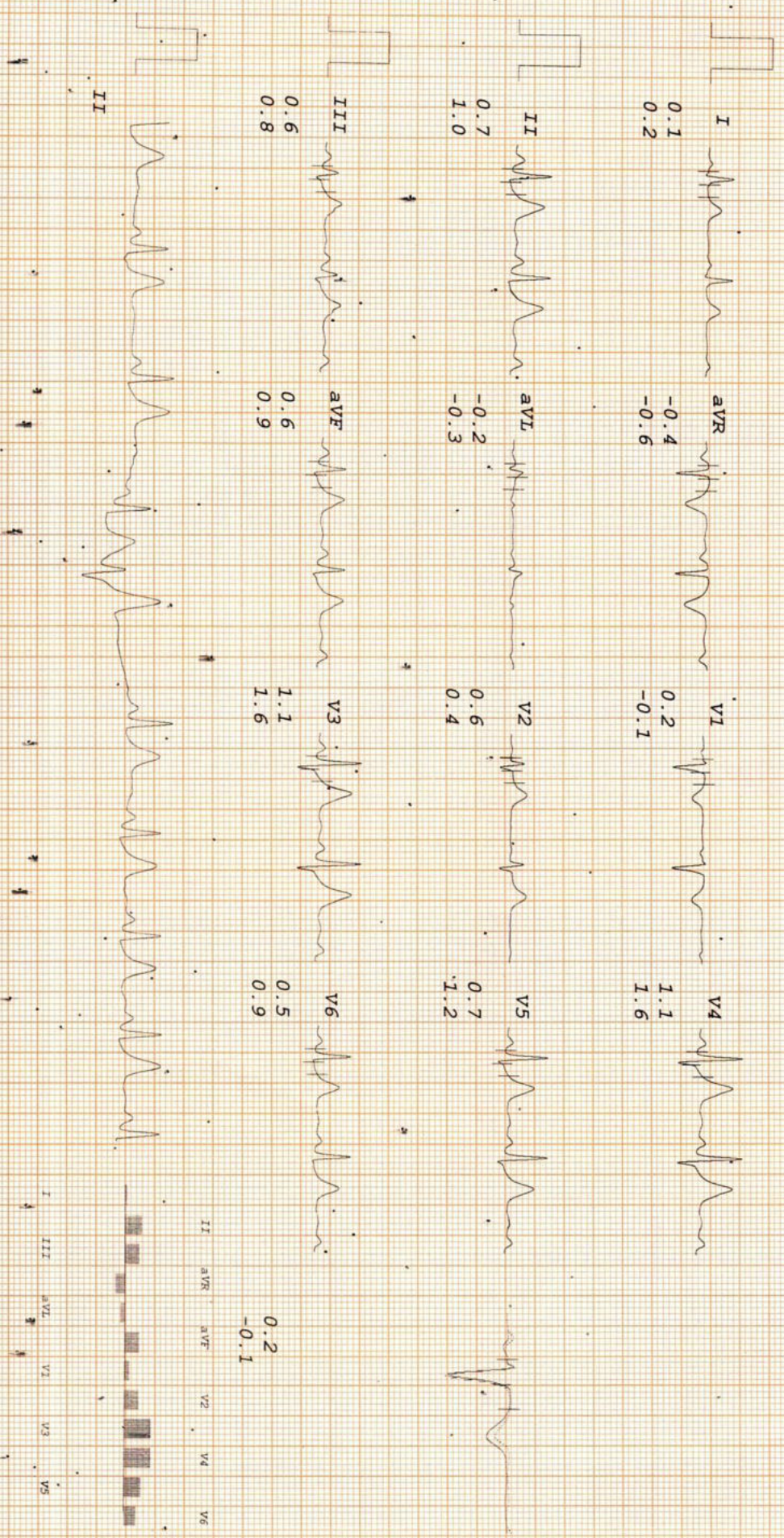
RATE 91bpm
B.P. 130/90

Bruce
RECOVERY
TOTAL TIME 5:39
PHASE TIME 1:55

ST @ 10mm/mV
80ms PostJ

LINKED MEDIAN

Mag. X 2



IPSC PAIN AND SPINE HOSPITAL

AMBHWATI

I.D. 3747
Age 52/F
Date 25-03-2023

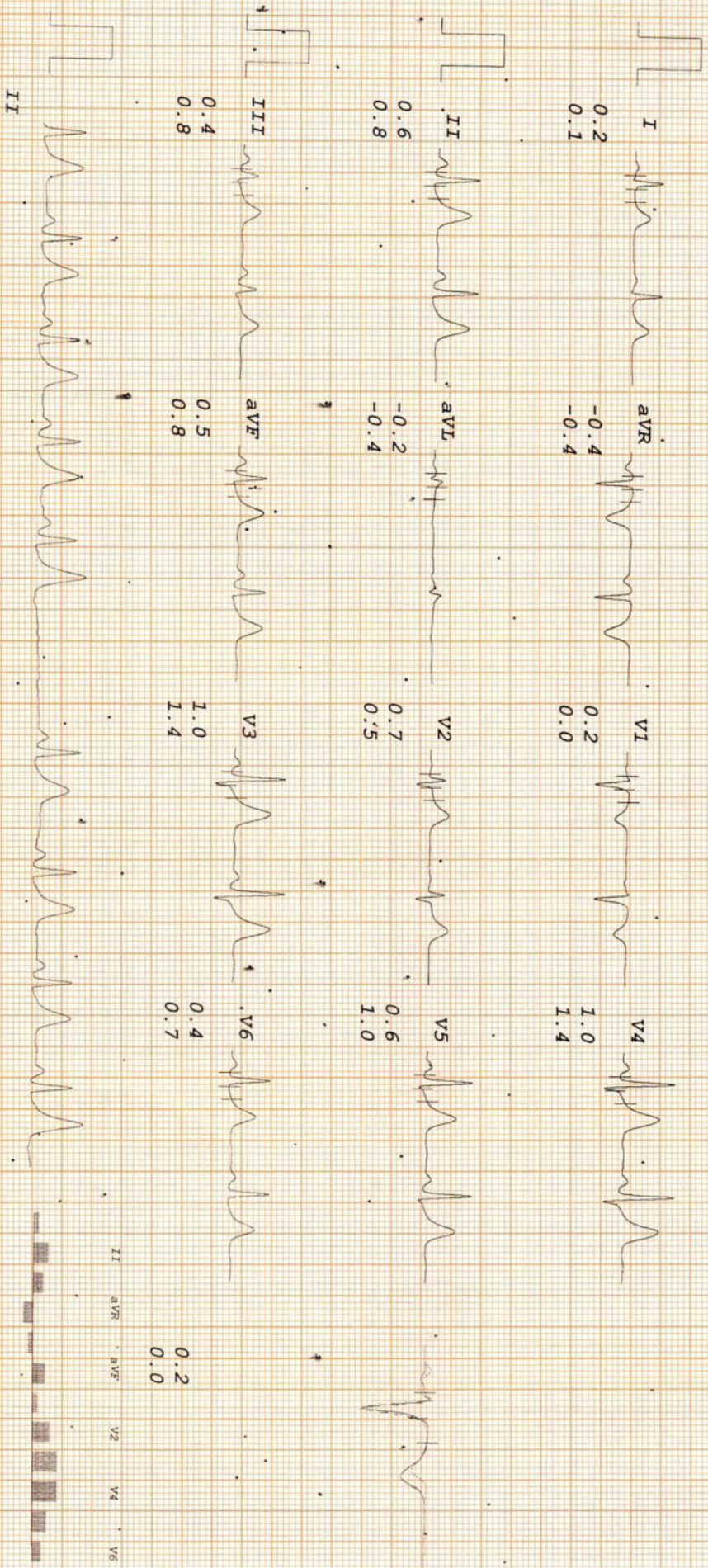
RATE 83bpm
B.P. 120/80

Bruce
RECOVERY
TOTAL TIME 6:39
PHASE TIME 2:55

ST 10mm/mv
80ms PostJ

LINKED MEDIAN

Mag. X 2



Radiology No.	: 7553/OPDPB22DL	Date	: 25-Mar-2023
Patient Name	: Mrs. ANBHAWATI	Age/Sex	: 52Y
Guardian Name	:	UHID No.	: 7057/UHID22DL
Consultant	: Dr. INSURANCE	Mobile No.	: 7982416825

ULTRASOUND OF WHOLE ABDOMEN

Convex Probe was used.

The liver is normal in size, contour and echotexture. Intrahepatic bile ducts and CBD are not dilated. Hepatic portal veins and the IVC appear normal in caliber.

Gall bladder is adequately distended with normal intraluminal fluid contents. No evidence of calculus / wall thickness noted.

Pancreas is of normal size and contour with normal echotexture.

Right kidney is normal in size and position .It shows normal movements with respiration. Cortical thickness is normal .

No calculus, mass or hydronephrotic changes seen.

Right kidney measures- 9.23x3.53cm

Renal artery pulsation appear normal.

Left kidney is normal in size and position .It shows normal movements with respiration. Cortical thickness is normal .

No calculus, mass or hydronephrotic changes seen.

Left kidney measures- 10.13x3.96cm

Renal artery pulsation appear normal.



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BOOK APPOINTMENT





Radiology No.	: 7553/OPDPB22DL	Date	: 25-Mar-2023
Patient Name	: Mrs. ANBHAWATI	Age/Sex	: 52Y
Guardian Name	:	UHID No.	: 7057/UHID22DL
Consultant	: Dr. INSURANCE	Mobile No.	: 7982416825

Spleen is of normal size and shape. Ecotexture is normal. No focal lesion is seen.
No evidence of retro-peritoneal lymphadenopathy/ ascites/ pleural effusion noted.

Uterus and ovaries shows involutinal changes.

No free fluid is seen in the pouch of douglas.

Urinary bladder does not show any calculus or mass lesion.

Impression: Essentially Normal Scan

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BOOK APPOINTMENT



