

ID:

24-May-2024 PM12:45:02

Sex: M
Name:

Birth date: / month/ years

years

Medication:

Symptoms:

History:

Vent. rate 66 bpm

PR int 150 ms

QRS dur 86 ms

QT/QTc(E) int 354/368 ms

P/QRS/T axis -30/56/38 °

RV5/SV1 amp 1.17/0.50 mV

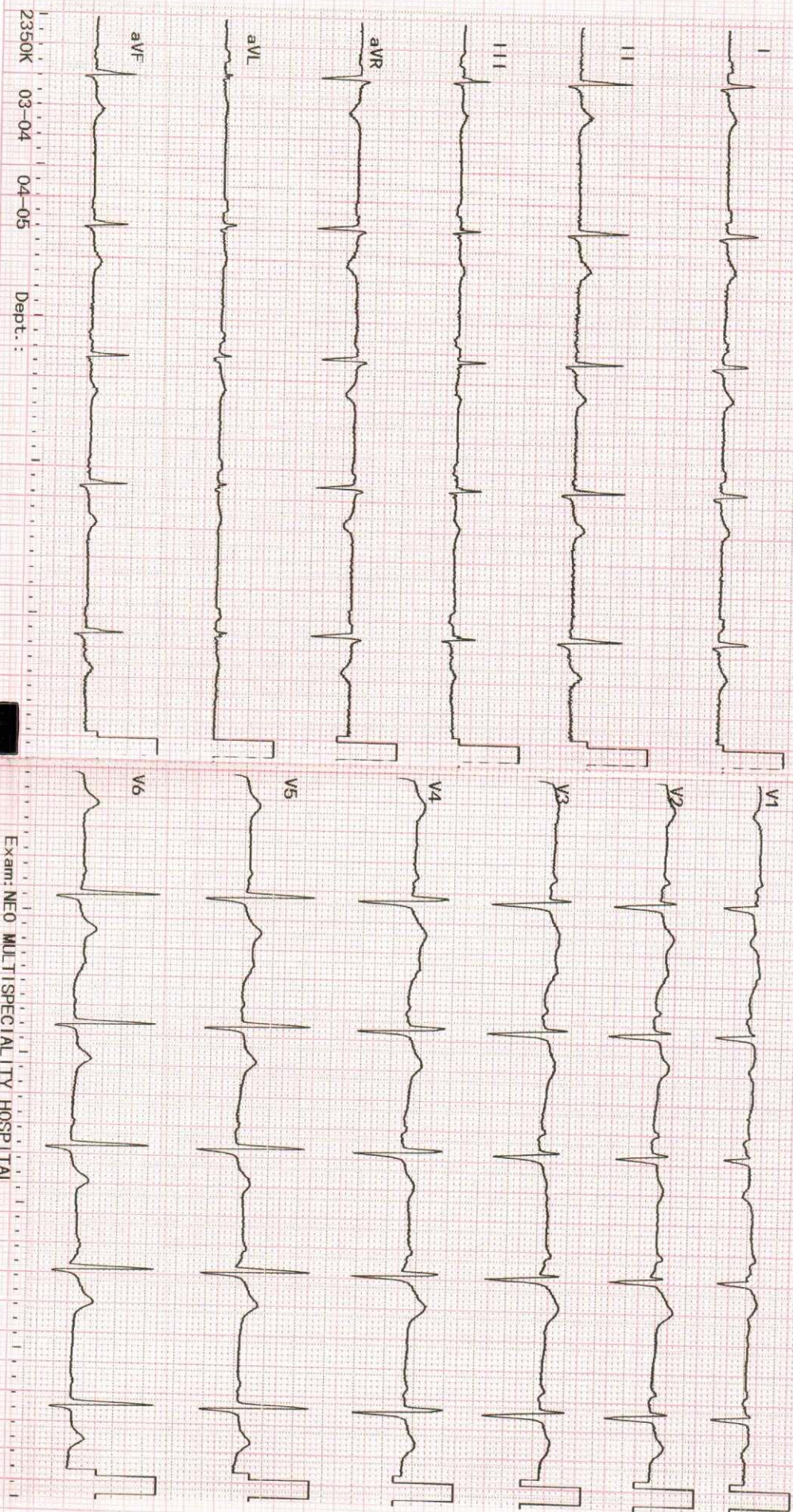
RV5+SV1 amp 1.67 mV

1100 Sinus rhythm
 1102 Sinus arrhythmia
 9110 ** normal ECG **
 Mrs. Aneshka

Unconfirmed Report
 Reviewed by:

10 mm/mV 25 mm/s Filter: H50 d 100 Hz

10 mm/mV





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Barcode No. : M334339		Age / Sex : 43.4 YRS / Female
Patient Name : Mrs. ANEESHA		Registration Date : 24-May-2024 10:52 AM
IPD No. :		Reporting Date : 24-May-2024 04:58 PM
UHID : 37199		Approved Date : 24-May-2024 04:58 PM
Referring Doctor : Dr. Rakesh Malhotra (H)		
Passport No. :		

DEPARTMENT OF CARDIOLOGY

ECHOCARDIOGRAPHY REPORT

MITRAL VALVE

Morphology AML-**Normal**/Thickening/Calcification/Flutter/Vegetation/Prolapse/SAM/Doming.
 PML-**Normal**/Thickening/Calcification/Prolapses/Paradoxical motion/Fixed.
 Subvalvular deformity Present/**Absent**. Score: _____
 Doppler **Normal**/Abnormal E/A=97/66, E>A A>E _____ S>D
 Mitral Stenosis Present/**Absent** RR Interval _____ msec
 EDG _____ mmHg MDG _____ mmHg MVA _____ cm²
 Mitral Regurgitation Absent/Trivial/**Mild**/Moderate/Severe.

TRICUSPID VALVE

Morphology **Normal**/Atresia/Thickening/Calcification/Prolapse/Vegetation/Doming.
 Doppler **Normal**/Abnormal TRICUSPID VALVE=141 cm/s.
 Tricuspid stenosis Present/**Absent** RR Interval _____ msec.
 EDG _____ mmHg MDG _____ mmHg
 Tricuspid regurgitation Absent/Trivial/**Mild**/Moderate/Severe Fragmented Signals
 Velocity _____ msec Pred.RVSP =mmHg

PULMONARY VALVE

Morphology **Normal**/Atresia/Thickening/Doming/Vegetation
 Doppler **Normal**/Abnormal PULMONARY VALVE= 90cm/s.
 Pulmonary stenosis Present/**Absent** Level
 Pulmonary regurgitation PSG _____ mmHg Pulmonary annulus _____ mm
 Early diastolic gradient _____ mmHg Present/**Absent**
 End diastolic gradient _____ mmHg

AORTIC VALVE

Morphology **Normal**/Thickening/Calcification/Restricted opening/Flutter/Vegetation
 No. of cusps 1/2/3/4
 Doppler **Normal**/Abnormal AORTIC VALVE=136cm/s.
 Aortic stenosis Present/**Absent** Level
 PSG _____ mmHg Aortic annulus _____ mm
 Aortic regurgitation Absent/Trivial/**Mild**/Moderate/Severe.

Prepared By : Mrs. Geeta

Printed By : Mrs. Geeta



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DEPARTMENT OF CARDIOLOGY

Measurements		Normal Valves	Measurements	Normal Valves
Aorta	3.3	(2.0-3.7 cm)	LA es	3.7 (1.9-4.0 cm)
LV es	2.2	(2.2-4.0 cm)	LV ed	4.0 (3.7-5.6 cm)
IVSed	1.0/1.5	(0.6-1.1 cm)	PW (LV)	1.0/1.6 (0.6-1.1 cm)
RVed		(0.7-2.6 cm)	RV Anterior Wall	(upto 5 cm)
LVVd (ml)			LVVs (ml)	
EF	60%	(54%-76%)	IVS motion	Normal/Flat/Paradoxical
IVS			Any Other	

CHAMBERS
LV

Normal/Enlarged/Clear/Thrombus/Hypertrophy, Contraction

- LA
- RA
- RV
- PERICARDIUM

Normal/Reduced/Regional wall motion abnormality: Nil
 Normal/Enlarged/Clear/Thrombus
 Normal/Enlarged/Clear/Thrombus
 Normal/Enlarged/Clear/Thrombus
 Normal/Thickening/Calcification/Effusion

COMMENTS & SUMMARY

No RWMA, LVEF-60%
 Normal cardiac chamber size
 Mild MR/TR (PASP=32mmHg)
 No AR/AS
 MIP-Normal
 Intact IAS/IVS
 No LA/LV clot
 No clot, vegetation, pericardial effusion.

IMPRESSION
Normal study.

*** End Of Report ***




DR. SANJAY Kr. SHARMA
 MD, DM (Cardiology)
 FIMSA, FESC, FSCAI (USA)
 Consultant Clinical & Interventional
 Cardiology



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Certificate No. H-2018-0549

Barcode No.	: M334328		Age / Sex	: 43.4 YRS / Female
Patient Name	: Mrs. ANEESHA		Registration Date	: 24-May-2024 10:23 AM
IPD No.	:		Reporting Date	: 25-May-2024 05:54 PM
UHID	: 37199		Approved Date	: 25-May-2024 05:54 PM
Referring Doctor	: Dr. Rakesh Malhotra (H)			
Passport No.	:			

DEPARTMENT OF RADIOLOGY

X- RAY CHEST PA VIEW

Both lung fields are clear.

Hilar shadows are normal.

Both costophrenic angles are clear.

Cardiac silhouette is normal.

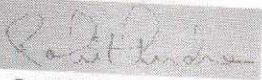
Bony thorax is normal.

Please correlate clinically

*** End Of Report ***

Dr. Vijay Singh Rawat
DMRD, MD Radiodiagnosis
Consultant Radiologist

Dr. Sagar Tomar
MD Radiodiagnosis, Fellow MSK MRI
(Consultant Radiologist)


Dr. Rohit Kundra
MD Radiodiagnosis
(Consultant Radiologist)

Dr. Harshita Tripathi
MD Radiodiagnosis
(Consultant Radiologist)

Prepared By : Mr. YOUNUS

The new health care destination

Printed By : Mr. YOUNUS

NAME:	ANEESHA	AGE/SEX:	43.4 YRS /Female
UHID:	37199	DATE	24-May-24
REF. BY:	DR.RAKESH MALHOTRA (H)		

USG WHOLE ABDOMEN

Liver is normal in size, shape and echotexture, measures 14.1 cm. No focal SOL noted. Vascular channels are clear. No evidence of IHBR dilatation.

Gall Bladder is well distended and reveals normal walls. No evidence of calculus or mass lesion. CBD & PV are normal.

Spleen is normal in size, shape and echotexture, measures 9.6 cm.

Pancreatic head appears normal, Rest of the pancreas is obscured by bowel gas shadows.

Both Kidneys are normal in size, shape, position & echogenicity. CMD is maintained. No evidence of calculus or hydronephrosis.

Right kidney - 10.2 x 3.8 cm

Left kidney - 10.2 x 5.6 cm

Urinary Bladder is well distended with normal wall thickness. No calculi / mass lesion noted. No diverticulum noted.

Uterus is normal in size, shape and echotexture. No focal lesion noted. Endometrial echo is normal (13.5 mm). Cervix is normal.

Both adnexa are clear.

No free fluid noted in peritoneal cavity.

IMPRESSION:

- **NO SIGNIFICANT ABNORMALITY.**

Please correlate clinically



DR. VIJAY SINGH RAWAT
 DMRD, MD RADIOLOGIST
 CONSULTANT RADIOLOGIST

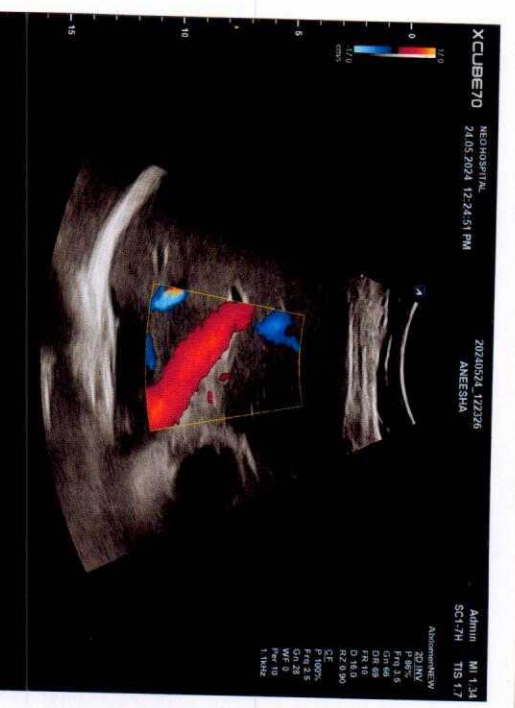
DR. SAGAR TOMAR
 MD RADIOLOGIST
 CONSULTANT RADIOLOGIST

DR. HARSHITA TRIPATHI
 MD RADIOLOGIST
 CONSULTANT RADIOLOGIST

DR. SHIVAM RASTOGI
 MD RADIOLOGIST
 CONSULTANT RADIOLOGIST

DR. ROHIT KUNDRA
 MD RADIOLOGIST
 CONSULTANT RADIOLOGIST

This is a professional opinion based on imaging findings and not the diagnosis. It should be correlated clinically and with other relevant investigations to arrive at a proper conclusion. Not valid for medico-legal purpose.



NAME:	ANEESHA	AGE/SEX:	43 YRS /F
UHID:	37199	DATE	24-May-24
REF. BY:	DR. RAKESH MALHOTRA (H)		

USG BOTH BREAST

Ultrasound breast has been performed using High frequency probe.

Both Breasts reveal normal parenchymal echogenicity with both fatty and glandular tissues. There is no evidence of any focal abnormal lesion.

Nipple-areolar complex appears normal bilaterally.

Visualised axillary tail region appears normal bilaterally.

No focal lesion is noted in the axillary region bilaterally.

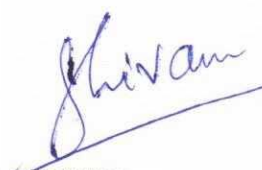
Underlying pectoralis region appears normal.

IMPRESSION:

- **NO SIGNIFICANT ABNORMALITY.**

Advice: Routine screening mammography

Please correlate clinically



DR. VIJAY SINGH RAWAT
 DMRD, MD RADIOLOGICAL
 CONSULTANT RADIOLOGIST

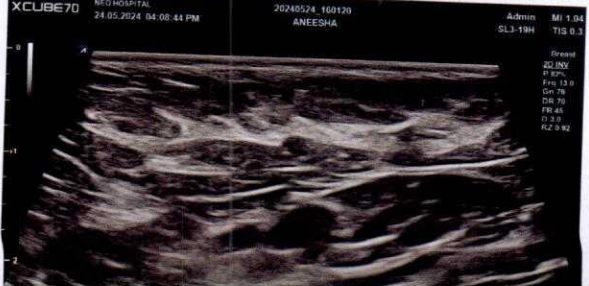
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Barcode No. : M334339  Age / Sex : 43.4 YRS / Female
Patient NAME : Mrs. ANEESHA
Sample Coll. DATE : 24-May-2024 11:05 AM Sample Receiving DATE : 24-May-2024 11:09 AM
UHID : 37199 Reporting DATE : 24-May-2024 06:08 PM
IPD No. / Ward : / Approved DATE : 24-May-2024 07:11 PM
Referring Doctor : Dr. Rakesh Malhotra (H)
Passport No. :


DEPARTMENT OF BIOCHEMISTRY

Blood Sugar Fasting* (Specimen : FLUORIDE)

Date	Status	24/May/24 06:08PM	Unit	Bio Ref Interval
Blood Sugar Fasting		99.0	mg/dl	70-100

Blood Sugar Post Prandial* (Specimen : FLUORIDE)

Date	Status	24/May/24 07:11PM	Unit	Bio Ref Interval
Blood Sugar Post Prandial		138.0	mg/dl	70.0-140.0

Barcode No. : M334339  Age / Sex : 43.4 YRS / Female
 Patient NAME : Mrs. ANEESHA
 Sample Coll. DATE : 24-May-2024 11:05 AM Sample Receiving DATE : 24-May-2024 11:09 AM
 UHID : 37199 Reporting DATE : 24-May-2024 11:59 AM
 IPD No. / Ward : / Approved DATE : 24-May-2024 07:46 PM
 Referring Doctor : Dr. Rakesh Malhotra (H)
 Passport No. :

DEPARTMENT OF HAEMATOLOGY

Complete Haemogram* (Specimen : EDTA)

Date	Status	24/May/24 07:46PM	Unit	Bio Ref Interval
Haemoglobin (whole blood/photometric method)	L	11.0	g/dl	13.0-17
Total Leucocyte Count (TLC) (whole blood/impedence method)		6700	cells/c.mm	4000-10000
Neutrophil		69.2	%	45-70
Lymphocyte		23.3	%	20-40
Eosinophils		1.2	%	1.0-5.0
Monocytes		6.2	%	2.0-10.0
Basophils		0.1	%	0.0-1.0
Packed Cell Volume (PCV) (whole blood,calculation)	L	34.8	%	36-46
Red Blood Cell Count (whole blood,impedence method)	H	5.4	million/c.mm	3.8-4.8
Mean Cell Volume (MCV) (whole blood,calculated)	L	64.9	fl	83-101
Mean Cell Haemoglobin (MCH) (whole blood,calculated)	L	20.4	pg	27-32
MCHC (whole blood,calculated)	L	31.4	g/dl	31.5-34.5
RDW - CV		15.1	%	11.0-16.0
Platelet Count (whole blood,impedence method)	L	1.20	lakh/c.mm	1.5-4.0
MPV (Mean Platelet Volume)	H	13.3	fL	6.5-12.0
ESR		05	mm/Hr	0-15

Interpretation :

Complete Haemogram* : EDTA Whole Blood-Tests done on Automated Five Part Cell Counter.(Hb is performed by photometric method,WBC,RBC,Platelet Count by impedance method,WBC differential by Flow Cytometry technology other parameters calculated) All Abnormal Haemograms are reviewed confirmed microscopically.




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Certificate No. N-2018-0649 Certificate No. MC-3302

Barcode No. : M334339  Age / Sex : 43.4 YRS / Female
 Patient NAME : Mrs. ANEESHA
 Sample Coll. DATE : 24-May-2024 11:05 AM Sample Receiving DATE : 24-May-2024 11:09 AM
 UHID : 37199 Reporting DATE : 24-May-2024 12:03 PM
 IPD No. / Ward : / Approved DATE : 24-May-2024 12:06 PM
 Referring Doctor : Dr. Rakesh Malhotra (H)
 Passport No. :

DEPARTMENT OF BIOCHEMISTRY

KFT (Kidney Function Test)* (Specimen : SERUM)

Date	Status	24/May/24 06:08PM	Unit	Bio Ref Interval
Blood Urea (urease with indicator dye)		23.8	mg/dl	15.0-37.0
Serum Creatinine (enzymatic(creatinine amidohydrolase))	L	0.5	mg/dl	0.52-1.04
Uric Acid (uricase/peroxidase)		4.1	mg/dl	2.5-6.2
Sodium (Na+) (direct ion selective mode)		137.0	mmol/L	137.0-145.0
Potassium (K+) (direct ion selective mode)		4.3	mmol/L	3.5-5.1
Chloride (Cl-) (direct ion selective mode)	L	94.0	mmol/L	98.0-107.0
Serum Calcium (arsenazo dye)		9.4	mg/dl	8.4-10.2
Phosphorus Serum (phosphomolybdate reduction)		3.3	mg/dl	2.5-4.5
Alkaline Phosphatase (ALP) (4-nitrophenyl phosphate(pnpp)/amp)		79.0	U/L	38.0-126.0
Total protein (biuret(alkaline cupric sulphate))		7.7	gm/dl	6.3-8.2
Albumin (bromocresol green dye binding)		4.2	gm/dl	3.5-5.0
Albumin/Globulin Ratio (Calculated) (calculated)		1.2	Ratio	1.0-2.1
eGFR (calculated)		134.4	mL/min	-

Lipid Profile* (Specimen : SERUM)

Date	Status	24/May/24 06:08PM	Unit	Bio Ref Interval
Total Cholesterol (serum/enzymatic(che, cho/pod))		102.0	mg/dl	<200
Triglyceride (serum/enzymatic(lipase/gk/gpo/pod)without correction for free glycerol)		78.0	mg/dl	<150.0
HDL Cholesterol (serum/phosphotungstic acid/mgcl2+enzymatic)	L	38.0	mg/dl	>40.0
LDL		48.4	mg/dl	<100.0

Prepared By : Mrs. Anita

Printed By : Mr. SHANE ALAM


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These values are only indicative not confirmatory of diagnosis. Kindly consult your doctor for further advice.



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 IPD No. / Ward : / Approved DATE : 24-May-2024 12:06 PM
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 Passport No. :

DEPARTMENT OF BIOCHEMISTRY

(calculation)
 VLDL 15.6 mg/dl <30
 (calculation)
 LDL/HDL Ratio 1.27 <3.6
 (calculation)
 Total Cholesterol : HDL Ratio 2.68 <5.0
 (calculation)

Interpretation :
 Lipid Profile* :

NATIONAL LIPID ASSOCIATION RECOMMENDATIONS (NLA-2014)	TOTAL CHOLESTEROL in mg/dL	TRIGLYCERIDE in mg/dL	LDL CHOLESTEROL in mg/dL	NON HDL CHOLESTEROL in mg/dL
Optimal	<200	<150	<100	<130
Above Optimal	-	-	100-129	130 - 159
Borderline High	200-239	150-199	130-159	160 - 189
High	>=240	200-499	160-189	190 - 219
Very High		>=500	>=190	>=220

Note:

1. Measurements in the same patient can show physiological & analytical variations. Three serial samples 1 week apart are recommended for Total Cholesterol, Triglycerides, HDL & LDL Cholesterol.
2. As per NLA-2014 guidelines, all adults above the age of 20 years should be screened for lipid status. Selective screening of children above the age of 2 years with a family history of premature cardiovascular disease or those with at least one parent with high total cholesterol is recommended.
3. Low HDL levels are associated with increased risk for Atherosclerotic Cardiovascular disease (ASCVD) due to insufficient HDL being available to participate in reverse cholesterol transport, the process by which cholesterol is eliminated from peripheral tissues.
4. NLA-2014 identifies Non HDL Cholesterol (an indicator of all atherogenic lipoproteins such as LDL, VLDL, IDL, Lp(a), Chylomicron remnants) along with LDL-cholesterol as co-primary target for cholesterol lowering therapy. Note that major risk factors can modify treatment goals for LDL & Non HDL.

Prepared By : Mrs. Anita

The new health care destination


Printed By : Mr. SHANE ALAM

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IPD No. / Ward	: /	Approved DATE	: 24-May-2024 06:51 PM	
Referring Doctor	: Dr. Rakesh Malhotra (H)			
Passport No.	:			

DEPARTMENT OF CLINICAL PATHOLOGY

Urine for Sugar Fasting* (Specimen : URINE)

Date	Status	Unit	Bio Ref Interval
Urine for Sugar Fasting	24/May/24 06:51PM NIL		

Prepared By : Mrs. Anita

The new health care destination


Printed By : Mr. SHANE ALAM

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Barcode No. : M334339  Age / Sex : 43.4 YRS / Female
Patient NAME : Mrs. ANEESHA
Sample Coll. DATE : 24-May-2024 11:05 AM Sample Receiving DATE : 24-May-2024 11:11 AM
UHID : 37199 Reporting DATE : 24-May-2024 06:11 PM
IPD No. / Ward : / Approved DATE : 24-May-2024 06:51 PM
Referring Doctor : Dr. Rakesh Malhotra (H)
Passport No. :

DEPARTMENT OF CLINICAL PATHOLOGY

Urine for Sugar PP* (Specimen : URINE)

Date	Status	Unit	Bio Ref Interval
24/May/24 06:51PM	NIL		

Urine for Sugar PP



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 Passport No. :

DEPARTMENT OF BIOCHEMISTRY

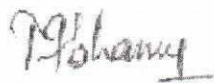
LFT PANEL (LIVER FUNCTION TEST) (Specimen: SERUM)

Date	Status	24/May/24 06:08PM	Unit	Bio Ref Interval
Bilirubin Total		1.1		
Bilirubin Direct	H	0.5	mg/dl	0.2-1.3
Bilirubin Indirect		0.6	mg/dl	0.0-0.3
Aspartate Transaminase (SGOT, AST)		29.0	mg/dl	0.0-1.1
SGPT, ALT (Alanine Transaminase)		24.0	U/l	14.0-36.0
Alkaline Phosphatase (ALP)		79.0	U/L	<35.0
Total protein		7.7	U/L	38.0-126.0
Albumin		4.2	gm/dl	6.3-8.2
Albumin/Globulin Ratio (Calculated)		1.2	gm/dl	3.5-5.0
GGT (Gamma Glutamyl Transpeptidase)		17.0	Ratio	1.0-2.1
			U/L	12.0-43.0

*** End Of Report ***

Dr. Ruchika Butola
 M.B.B.S., M.D.
 (Consultant Microbiologist)


Dr. Israr Ahmad
 M.B.B.S., M.D.
 (Consultant Pathologist)


 Dr. Manju Bhamu
 M.B.B.S., D.N.B
 (Consultant Pathologist)

Dr. Ankita Singhal
 M.B.B.S., MD
 (Consultant Microbiology)

Prepared By : Mrs. Anita


Printed By : Mr. SHANE ALAM

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UHID	: 37199	Reporting DATE	: 24-May-2024 12:14 PM	
IPD No. / Ward	: /	Approved DATE	: 24-May-2024 04:06 PM	
Referring Doctor	: Dr. Rakesh Malhotra (H)			
Passport No.	:			

DEPARTMENT OF HAEMATOLOGY

BLOOD GROUPING (ABO AND RH) (Specimen : EDTA)

Date	Status	Unit	Bio Ref Interval
	24/May/24 07:41PM		
Blood Group (agglutination method)	"O"	-	-
Rh Type (agglutination method)	POSITIVE	-	-

Barcode No.	: M334339		Age / Sex	: 43.4 YRS / Female
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UHID	: 37199		Reporting DATE	: 24-May-2024 04:01 PM
IPD No. / Ward	: /		Approved DATE	: 24-May-2024 04:30 PM
Referring Doctor	: Dr. Rakesh Malhotra (H)			
Passport No.	:			

DEPARTMENT OF IMMUNOLOGY

Free Thyroid Profile (FT3, FT4, TSH) (Specimen : SERUM)

Date	Status	24/May/24 06:08PM	Unit	Bio Ref Interval
FT3		2.78	pg/ml	1.4-5.6
FT4		0.84	ng/dL	0.67-1.71
TSH		2.61	µIU/ml	0.25-5.00

Interpretation :
 Free Thyroid Profile (FT3, FT4, TSH) :

Interpretation:-


TSH	T3 / FT3	T4 / FT4	Suggested Interpretation for the Thyroid Function Tests Pattern
Within Range	Decreased	Within Range	. Isolated Low T3-often seen in elderly & associated Non-Thyroidal illness. In elderly the drop in T3 level can be upto 25%.
Raised	Within Range	Within Range	.Isolated High TSH especially in the range of 4.7 to 15 mIU/ml is commonly associated with Physiological & Biological TSH Variability. .Subclinical Autoimmune Hypothyroidism .Intermittent T4 therapy for hypothyroidism .Recovery phase after Non-Thyroidal illness
Raised	Decreased	Decreased	.Chronic Autoimmune Thyroiditis .Post thyroidectomy, Post radioiodine .Hypothyroid phase of transient thyroiditis
Raised or within Range	Raised	Raised or within Range	.Interfering antibodies to thyroid hormones (anti-TPO antibodies) .Intermittent T4 therapy or T4 overdose .Drug interference- Amiodarone, Heparin, Beta blockers, steroids, anti-epileptics
Decreased	Raised or within Range	Raised or within Range	.Isolated Low TSH -especially in the range of 0.1 to 0.4 often seen in elderly & associated with Non-Thyroidal illness .Subclinical Hyperthyroidism .Thyroxine ingestion
Decreased	Decreased	Decreased	.Central Hypothyroidism .Non-Thyroidal illness .Recent treatment for Hyperthyroidism (TSH remains suppressed)
Decreased	Raised	Raised	.Primary Hyperthyroidism (Graves disease), Multinodular goitre, Toxic nodule .Transient thyroiditis: Postpartum, Silent (lymphocytic), Postviral (granulomatous, subacute, DeQuervains), Gestational thyrotoxicosis with hyperemesis gravidarum



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Certificate No. H-2018-0549

Barcode No.	: M334339		Age / Sex	: 43.4 YRS / Female
Patient NAME	: Mrs. ANEESHA			
Sample Coll. DATE	: 24-May-2024 11:05 AM	Sample Receiving DATE	: 24-May-2024 11:09 AM	
UHID	: 37199	Reporting DATE	: 24-May-2024 04:01 PM	
IPD No. / Ward	: /	Approved DATE	: 24-May-2024 04:30 PM	
Referring Doctor	: Dr. Rakesh Malhotra (H)			
Passport No.	:			

DEPARTMENT OF IMMUNOLOGY

Decreased or within Range	Raised	Within Range	.T3 toxicosis .Non-Thyroidal illness
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Certificate No. H-2018-0549

Barcode No.	: M334339		Age / Sex	: 43.4 YRS / Female
Patient NAME	: Mrs. ANEESHA			
Sample Coll. DATE	: 24-May-2024 11:05 AM		Sample Receiving DATE	: 24-May-2024 11:09 AM
UHID	: 37199		Reporting DATE	: 24-May-2024 01:10 PM
IPD No. / Ward	: /		Approved DATE	: 24-May-2024 02:10 PM
Referring Doctor	: Dr. Rakesh Malhotra (H)			
Passport No.	:			

DEPARTMENT OF BIOCHEMISTRY

HbA1c (Specimen : EDTA)

Date	Status	24/May/24 06:08PM	Unit	Bio Ref Interval
HbA1c		4.9	%	<5.7
AVERAGE BLOOD SUGAR		93.0	MG/DL	<117

Interpretation :
 HbA1c :
 Hba1c:

As per American Diabetes Association (ADA)

Reference Group	HbA1c in %
Non- diabetic adults	<5.7%
Pre- diabetic	5.7-6.4 %
Diabetic	>or = 6.5%
ADA Target	>7.0
Action suggested	>8.0

Glycation is nonenzymatic addition of sugar residue to amino groups of proteins. HbA1C is formed by condensation of glucose with n-terminal valine residue of each beta chain of hb a to form an unstable schiff base. It is the major fraction, constituting approximately 80% of HbA1. Formation of glycated hemoglobin (GHb) is essentially irreversible and the concentration in the blood depends on both the lifespan of red blood cells(120 days) and the blood glucose concentration. the GHb concentration represents the integrated values for glucose over a period of 6 to 8 weeks. GHb values are free of day to day glucose fluctuations and are unaffected by recent exercise or food ingestion. Concentration of plasma glucose concentration in GHb depends on the time interval, with the most recent values providing a larger contribution than earlier values. The interpretation of GHb depends on RBC having normal life span. Patients with hemolytic disease or other conditions with shortened RBC survival exhibit a substantial reduction of GHb. High GHb is been reported in iron deficiency anaemia.

Though HbA1C is a direct measure of long term sugar levels, diabetes is not the only cause of high value. Sleep disorders, gum disease, H.Pylori infection, chronic inflammation, and anemia can also increase HbA1c. Iron deficiency anemia as well as B12 or folate deficiency anemia may cause A1c to be falsely elevated. Several medical and substance have also been reported to falsely elevated A1c including lead poisoning, chronic ingestion of alcohol, salicylates and opioids. Ingestion of vitamin C may increase A1C when measured by electrophoresis.

*** End Of Report ***

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These values are only indicative not confirmatory of diagnosis. Kindly


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Barcode No. : M334339  Age / Sex : 43.4 YRS / Female
 Patient NAME : Mrs. ANEESHA
 Sample Coll. DATE : 24-May-2024 11:05 AM Sample Receiving DATE : 24-May-2024 11:09 AM
 UHID : 37199 Reporting DATE : 24-May-2024 06:10 PM
 IPD No. / Ward : / Approved DATE : 24-May-2024 06:48 PM
 Referring Doctor : Dr. Rakesh Malhotra (H)
 Passport No. :

DEPARTMENT OF CLINICAL PATHOLOGY

STOOL EXAMINATION REPORT

SAMPLE: STOOL

	OBSERVED VALUE	UNIT	REFERENCE RANGE
PHYSICAL EXAMINATION			
COLOUR	BROWNISH	NA	YELLOW TO BROWN
CONSISTENCY	SEMI LOOSE	NA	SOFT TO FIRM
MUCOUS	ABSENT	NA	ABSENT
BLOOD	ABSENT	NA	ABSENT
MICROSCOPIC EXAMINATION			
PUS CELL (light microscopy)	1-2	/HPF	NIL
RED BLOOD CELLS (light microscopy)	NIL	/HPF	NIL
TROPHOZOITE(light microscopy)	ABSENT	-	ABSENT
CYSTS(light microscopy)	ABSENT	-	ABSENT
OVA (light microscopy)	ABSENT	-	ABSENT
OTHERS(light microscopy)	-	-	-

*** End Of Report ***



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Barcode No. : M334339  Age / Sex : 43.4 YRS / Female
 Patient NAME : Mrs. ANEESHA
 Sample Coll. DATE : 24-May-2024 11:05 AM Sample Receiving DATE : 24-May-2024 11:09 AM
 UHID : 37199 Reporting DATE : 24-May-2024 04:27 PM
 IPD No. / Ward : / Approved DATE : 24-May-2024 06:52 PM
 Referring Doctor : Dr. Rakesh Malhotra (H)
 Passport No. :

DEPARTMENT OF CLINICAL PATHOLOGY

URINE ROUTINE

SAMPLE: URINE

	OBSERVED VALUE	UNIT	REFERENCE RANGE
PHYSICAL EXAMINATION			
VOLUME(visual observation)	15	mL	N/A
COLOUR(visual observation)	PALE YELLOW		PALE YELLOW
TRANSPARENCY (APPEARANCE)(visual observation)	S.TURBID		CLEAR
SPECIFIC GRAVITY(automated multistrips,colour reaction/Pka change)	1.030		1.005 TO 1.030
pH(automated multistrips double indicator method)	6.0		5-7
CHEMICAL EXAMINATION			
PROTEIN (ALBUMIN)automated multistrips)protein error of pH),sulphosalicylic acid method.	NIL		NIL
GLUCOSE(automated multistrips,(enzyme reaction) benedicts method	NIL		NIL
KETONE BODIES(automated multistrips,rotheras method)	NEGATIVE		NEGATIVE
BILIRUBIN(automated multistrips,fouchets method)	NEGATIVE		NEGATIVE
UROBILINOGEN(automated multistrips,ehrlachs aldehyde method)	NORMAL		NORMAL (1mg/dL)
BLOOD(automated multistrips ,bencidine method)	ABSENT		ABSENT
MICROSCOPIC EXAMINATION			
PUS CELLS(light microscopy)	1-2	/hpf	0-5
RED BLOOD CELLS(light microscopy)	0	/hpf	0-3
EPITHELIAL CELLS(light microscopy)	4-5	/hpf	0-5
CASTS(light microscopy)	ABSENT		ABSENT

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