Marengo Asia Hospitals

NABH
OUR ACCREDITATIONS

DEPARTMENT OF LABORATORY SERVICES

Patient	Mrs. KRITIKA SINGH	**Lab No/ManualNo**	4113986/
UHIDNo/IPNO	400217386	**CollectionDate**	03/10/2024 3:22PM
Age/Gender	34 Years/Female	**Receiving Date**	03/10/2024 6:27PM
Bed No/Ward	OPD	**Report Date**	04/10/2024 8:24AM
Referred By	PHC Department	**Report Status**	Final
		Sample Quality	

Test Name	Result	Unit	Bio. Ref. Range	Method	Sample
		Biochemistry			
<u>*B12 VITAMIN</u>					Serum
Vit-B12	>1000	pg/mL	200 - 835	Chemiluminescence	

Vitamin B12 (cobalamin) is necessary for hematopoiesis and normal neuronal function. In humans, it is obtained only from animal proteins and requires intrinsic factor (IF) for absorption. The body uses its vitamin B12 stores very economically, reabsorbing vitamin B12 from the ileum and returning it to the liver; very little is excreted. Vitamin B12 deficiency may be due to lack of IF secretion by gastric mucosa (eg, gastrectomy, gastric atrophy) or intestinal malabsorption (eg, ileal resection, small intestinal diseases). Vitamin B12 deficiency frequently causes macrocytic anemia, glossitis, peripheral neuropathy, weakness, hyperreflexia, ataxia, loss of proprioception, poor coordination, and affective behavioral changes. These manifestations may occur in any combination; many patients have the neurologic defects without macrocytic anemia. Pernicious anemia is a macrocytic anemia caused by vitamin B12 deficiency that is due to a lack of IF secretion by gastric mucosa. Serum methylmalonic acid and homocysteine levels are also elevated in vitamin B12 deficiency states.

Interpretation :

A serum vitamin B12 level less than 180 pg/ml may cause megaloblastic anemia and peripheral neuropathies , Vitamin B12 levels less than 150 pg/ml is considered evidence of vitamin B12 deficiency.

Test Name	Result	Unit	Bio. Ref. Range	Method	Sample
					Serum
Vitamin D 25 Hydroxy (Total)	<8.00	ng/mL	30 - 100	Chemiluminescence	

Note-:This report has been issued by Department of Lab Services, North East Health Care Pvt Ltd .

Dr. Nutan Sood
MD (Pathology)
Senior Consultant,Laboratory Services,
Regd No: HN 012481

L-Low H-High CH - Critical High CL - Critical Low

North East Health Care Pvt Ltd
Registered Address: Pratiksha Hospital, Borbari, VIP Road, Guwahati 781 036, Assam, India
Correspondence Address: Marengo Asia Hospitals, Golf Course Ext. Road, Sushant Lok-2, Sector 56, Gurugram, Haryana - 122011
✆ 1800 309 9999 ✉ helpdesk@marengoasia.com CIN No. U85110AS2010PTC010063

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Referred By	PHC Department	**Report Status**	Final
		Sample Quality	

Reference Range

Status	**25- (OH) Vitamin D**
Deficient	< 20 ng/mL
Insufficient	20 - 30 ng/mL
Sufficient	30 - 100 ng/mL
Potential Toxicity	>100 ng/mL

Vitamin D is a critical nutrient to maintain strong bones. It is produced by the body in response to sunlight and occurs naturally in some foods. However, for some adults, factors such as restricted diet, frequent use of sunscreen and a sedentary lifestyle can lead to vitamin D deficiencies.

Comments

*Decreased Levels
· Inadequate exposure to sunlight
· Dietary deficiency
· Vitamin D malabsorption
· Severe Hepatocellular disease
· Drugs like Anticonvulsants
· Nephrotic syndrome

* Increased levels
· Vitamin D intoxication

End Of Report

Note-:This report has been issued by Department of Lab Services, North East Health Care Pvt Ltd .

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Marengo Asia Hospitals

ECHOCARDIOGRAPHY REPORT

Name	:	Mrs. KRITIKA SINGH		
Age/Sex	:	34 Years / Female	UHID	: 400217386
Referring Physician	:	Self		
Indication	:	R/o CAD	Date	: 03/10/2024

M-Mode/2-D Description:

Doppler velocities (cm/sec)

Pulmonary valve		Aortic valve	
Max velocity	68	Max velocity	125
		Mean Velocity	
		Max PG	
		Mean PG	

Mitral valve			Tricuspid valve	
E	95	Max PG =	Max Velocity	51
A	51	Max Velocity =	TAPSE (> 1.5)	
DT		Mean PG =	E/E' (< 6)	
E/E'		Mean Velocity =		

Regurgitation

MR		TR	
Severity	Trace	Severity	Trace
Max Velocity		PASP	19 mmHg
AR		**PR**	
Severity	Nil	Severity	Nil

Measurements (mm):

	Observed Values	Normal Values
Aortic root diameter	26 mm	20-36 (22mm/M²)
Aortic Valve Opening	mm	15-26
Left Atrium size	27 mm	19-40

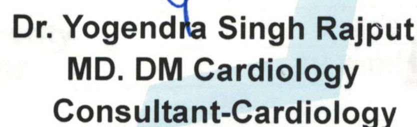
	End Diastole	End Systole	Normal Values
Left Ventricle size	45 mm	31 mm	(ED= 37-56)
Interventricular Septum	09 mm		(ED= 6-12)
Posterior Wall Thickness	09 mm		(ED= 5-10)
LV Ejection Fraction (%)	55.00%		55%-80%

KRITIKA SINGH,400217386

Final Interpretation:-

Study done at HR of ~ 75 bpm

- No LV Regional wall motion abnormality, LVEF ~ 55%
- Normal RV systolic function.
- Normal Cardiac chamber dimensions.
- Trace MR, No MS, No AS/AR.
- Trace TR with (RVSP~19 mmHg), No PS/PR.
- Normal mitral inflow pattern.
- No intra-cardiac clot/ Vegetation / Pericardial effusion seen.
- IVC normal in size with normal respiratory variation (RAP ~ 3 mmHg).



Dr. Anshul Goyal
MD, Medicine
Attending Consultant- Cardiology

Dr. Yogendra Singh Rajput
MD. DM Cardiology
Consultant-Cardiology

Patient ID :	400217386	Paient Name :	KRITIKA SINGH
Age :	34 Years	Sex :	F
Ref Physician :	DR. SELF	Modality/Study :	US
Study Date :	03-Oct-2024	Reported Date :	03-Oct-2024
Study :			

ULTRASOUND WHOLE ABDOMEN

LIVER is normal in size (12.6 cm) **and shows mildly raised echotexture.** No evidence of any focal lesion or IHBR dilation is present. Portal vein and CBD are not dilated.
Minimal perihepatic free fluid is seen.

GALL BLADDER *is contracted* **with thickened and edematous gall bladder wall, thickness measuring ~ 11.0 mm.**

SPLEEN is normal in size (11.4 cm) and echotexture. No focal lesion is seen.

PANCREAS is normal in size and echotexture. Peripancreatic fat planes are clear.

RIGHT KIDNEY: is normal in size (11.8 x 3.6 cm) and position and outline corticomedullary differentiation is maintained. There is no evidence of any focal lesion / calculus / backpressure changes.
LEFT KIDNEY: is normal in size (12.1 x 4.8 cm) and position and outline corticomedullary differentiation is maintained. There is no evidence of any focal lesion / calculus / backpressure changes.

URINARY BLADDER is partially distended and visualized lumen is echofree. Wall thickness is normal. No evidence of any focal lesion.

Uterus: Anteverted in position and normal in size, measuring ~ 10.0 x 4.8 x 3.6 cm. Myometrial echotexture is normal. There is no focal lesion.
Endometrial thickness is 9.8 mm.

Ovaries: Both ovaries are bulky and shows peripherally arranged follicles. ADV - Hormonal correlation
Right ovary measures ~ 3.2 x 2.3 x 2.3 cm, 9.33 cc in volume and shows a hemorrhagic cyst of size ~ 2.4 x 1.7 cm.
Left ovary measures ~ 3.5 x 2.4 x 2.0 cm, 9.24 cc in volume.

No evidence of any adnexal lesion.
Minimal free fluid in Pouch of Douglas and interbowel region.
Minimal right sided pleural effusion is seen.

IMPRESSION:

- **Grade I fatty liver.**
- **Thickened and edematous gall bladder wall, likely reactive.**
- **Minimal ascites.**
- **Right ovarian hemorrhagic cyst**
- **ADV - TVS pelvis at day 2-6 of next cycle**

Please correlate clinically.

Dr. Rushil Jain
Consultant
Dept. of Radiology
MT-A/SJ

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Patient ID :	400217386	Paient Name :	KRITIKA SINGH
Age :	34 Years	Sex :	F
Ref Physician :	DR. SELF	Modality/Study :	US
Study Date :	03-Oct-2024	Reported Date :	03-Oct-2024
Study :			

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- Thickened and edematous gall bladder wall, likely reactive.
- Minimal ascites.
- Right ovarian hemorrhagic cyst
- ADV - TVS pelvis at day 2-6 of next cycle

Please correlate clinically.

Dr. Rushil Jain
Consultant
Dept. of Radiology
MT-A/SJ

NABH H-2019-0615

Patient ID :	400217386	Paient Name :	KRITIKA SINGH
Age :	34 Years	Sex :	F
Ref Physician :		Modality/Study :	CR
Study Date :	03-Oct-2024	Reported Date :	03-Oct-2024
Study :	Chest		

Investigation: Radiograph of Chest (PA View)

Result:

Lung parenchyma is normal.
Bilateral hilar shadow appear normal.
Cardiomediastinal contour is maintained.
Cardiophrenic & costophrenic angles are normal.
Domes of diaphragm are normal.

Please correlate clinically.

Dr. Rushil Jain
Consultant
Dept. of Radiology

Dental

3/10/24 Mrs. Kritika.

O/E Root stumps 8 | 8

Carious 6 | 6
7 | 7.

P/t Adv. Restoration 6 | 6
7 | 7.

Adv. IOPA & proceed to
required Tx.

Lid 34237 X 2. → 400x2 = 800/-

Lid 973 X4 → 1800 X4

7200/-

UHID - 400217386

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KRITIKA SINGH, 34/F 3/10/24

wellness patient.

O/G

Vn < 6/6(P) / 6/6 OU

BG mod dry eyes.

BG KrAc & fundus clear

BG corr given

Corrⁿ	
RE	-3.75 Dsph 6/6
LE	-2.75 Dsph 6/6

℞

BG. [- PEGATEARS e/d by.
1 - 1 - 1 Always.

Dr. RUPAL GUPTA
MBBS, MS, DO (Ophthal)
Senior Eye Surgeon
Regd. No. HN-3130

NABH H-2019-0615

400217386 kritika singh 03-Oct-24 9:05:02 AM
34 Years Female MARENGO ASIA HOSPITALS

EMERGENCY

Rate	74	. Sinus rhythm...............................normal P axis, V-rate 50- 99
		. Borderline short PR interval.............................PR int <120mS
PR	119	. Baseline wander in lead(s) V5
QRSD	74	
QT	340	
QTc	378	

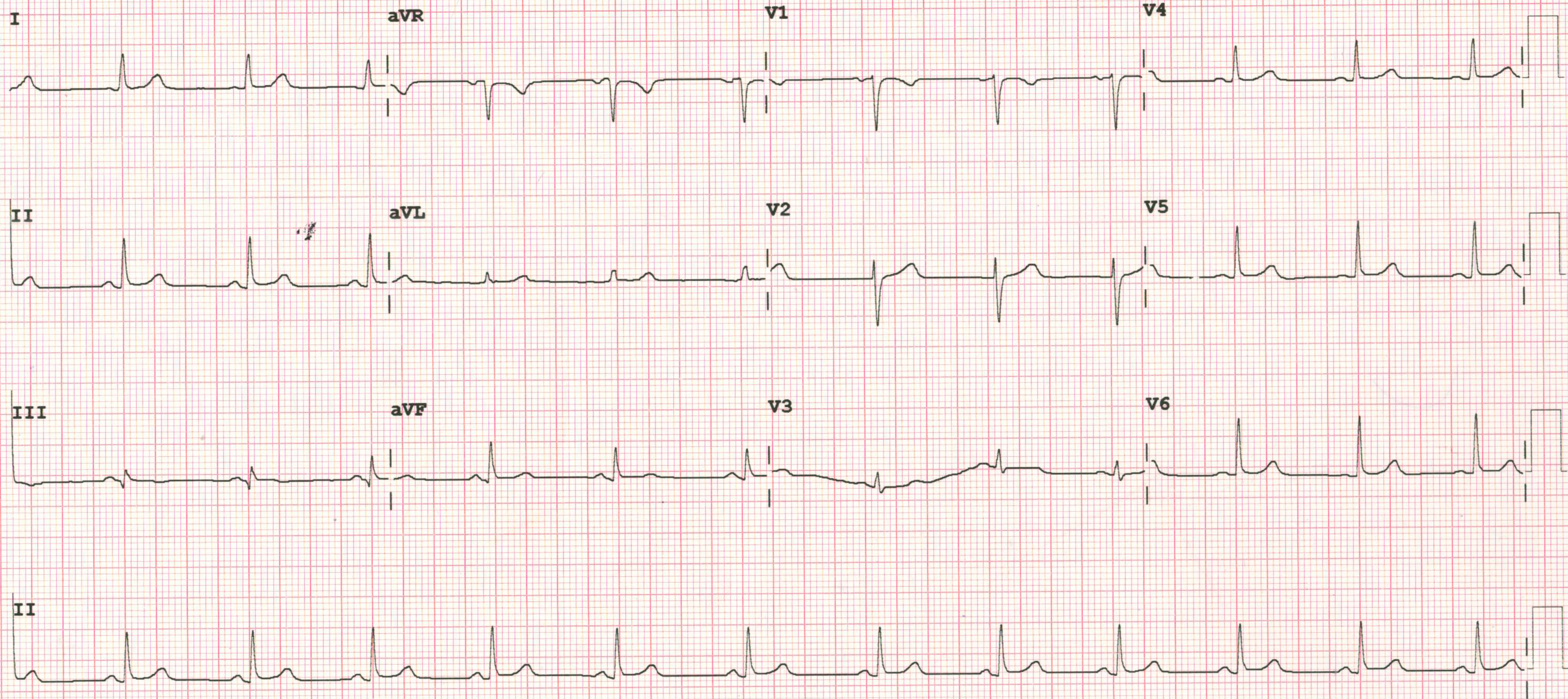
--AXIS--

P	87
QRS	41
T	28

12 Lead; Standard Placement

- OTHERWISE NORMAL ECG -

Unconfirmed Diagnosis



Device: Speed: 25 mm/sec Limb: 10 mm/mV Chest: 10.0 mm/mV F 50~ 0.50- 40 Hz W 100B CL P?

ARROW CE

Visit ID	**: MPR455185**	Collected	: 03/Oct/2024 03:03PM
UHID/MR No	: APR4.0000054057	Reported	: 03/Oct/2024 04:35PM
Patient Name	**: Mrs.KRITIKA SINGH 400217386**	Status	: Final Report
Age/Gender	: 34 Y 0 M 0 D /F	Client Code	: 2802
Ref Doctor	: Dr.SELF	Barcode No	: A5631465
Client Name	: NORTH EAST HEALTHCARE PVT LTD		

DEPARTMENT OF BIOCHEMISTRY

Test Name	Result	Unit	Bio. Ref. Range	Method
LIVER FUNCTION TEST				
Sample Type : SERUM				
TOTAL BILIRUBIN	**7.3**	mg/dl	0.3-1.2	Diazonium salt(Colorimetric)/ Jendrassik
CONJUGATED (D. Bilirubin)	**5.48**	mg/dl	0.00-0.30	Jendrassik & Groff
UNCONJUGATED (I.D. Bilirubin)	**1.82**	mg/dl	0.10-1.00	Calculated
TOTAL PROTEINS	6.3	g/dl	5.7-8.2 g/dl	Biuret
ALBUMIN	**3.03**	gm/dl	3.5-5.0	BCG
GLOBULIN	3.27	gm/dl	2.0-4.1	Calculated
A/G RATIO	**0.93**		1.0-2.0	Calculated
SGOT	**1,239**	U/L	<34	Modified IFCC
SGPT	**1,800**	U/L	10.0-35.0	Enzymatic,IFFC
GGT	**47**	U/L	<38 U/L	Modified IFCC
ALKALINE PHOSPHATASE	**131**	U/I	30-120	

Test Name	Result	Unit	Bio. Ref. Range	Method
PLASMA GLUCOSE - FASTING				
Sample Type : FLOURIDE PLASMA				
Plasma Glucose Fasting	78	mg/dl	60-110	Glucose Oxidase/Peroxidase

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

Visit ID	**: MPR455185**	Collected	: 03/Oct/2024 03:03PM
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Patient Name	**: Mrs.KRITIKA SINGH 400217386**	Status	: Final Report
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Ref Doctor	: Dr.SELF	Barcode No	: A5631465
Client Name	: NORTH EAST HEALTHCARE PVT LTD		

DEPARTMENT OF BIOCHEMISTRY

Test Name	Result	Unit	Bio. Ref. Range	Method
SERUM CREATININE				
Sample Type : Serum				
SERUM CREATININE	0.83	mg/dl	0.55-1.2	Jaffe, alkaline picrate, kinetic with blank rate correction

Increased In:

- Diet: ingestion of creatinine (roast meat), Muscle disease: gigantism, acromegaly,
- Impaired kidney function.

Decreased In:

- Pregnancy: Normal value is 0.4-0.6 mg/dL. A value >0.8 mg/dL is abnormal and should alert the clinician to further diagnostic evaluation.
- Creatinine secretion is inhibited by certain drugs (e.g., cimetidine, trimethoprim).

Test Name	Result	Unit	Bio. Ref. Range	Method
SERUM UREA				
Sample Type : SERUM				
SERUM UREA	**10.70**	mg/dL	19-49	Urease GLDH
SERUM URIC ACID				
Sample Type : Serum				
SERUM URIC ACID	**3**	mg/dL	3.1-7.8	URICASE

LH - MDRC | GUR - VER - 020322

Visit ID	**: MPR455185**
UHID/MR No	: APR4.0000054057
Patient Name	**: Mrs.KRITIKA SINGH 400217386**
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Ref Doctor	: Dr.SELF
Client Name	: NORTH EAST HEALTHCARE PVT LTD

Collected	: 03/Oct/2024 03:03PM
Reported	: 03/Oct/2024 04:06PM
Status	: Final Report
Client Code	: 2802
Barcode No	: A5631465

DEPARTMENT OF HORMONE ASSAYS

Test Name	Result	Unit	Bio. Ref. Range	Method
THYROID PROFILE (FT3,FT4,TSH)				
Sample Type : SERUM				
FT3	**1.94**	pg/ml	2.3-4.2	CLIA
FT4	1.18	ng/dl	0.89-1.76	CLIA
TSH	1.149	uIU/mL	0.55-4.78	CLIA

INTERPRETATION:

-Measurement of Free T3 is often employed to help confirm a diagnosis of hypothyroidism where an elevated free or total T4 has been encountered.
-Free thyroxine (FT4) is a better indicator of thyroid hormone action as it is not affected by changes in thyroxine binding globulin. In mild to moderate systemic illness, FT4 is generally normal or slightly raised and TSH is normal in patients without thyroid disease.
-Low levels of thyroid hormones (FT3, FT4) are seen in cases of primary, secondary and tertiary hypothyroidism and sometimes in nonthyroidal illness also.
-Increased levels are found in Graves's disease, hyperthyroidism and thyroid hormone resistance.
-TSH levels are raised in primary hypothyroidism and are low in hyperthyroidism and secondary hypothyroidism.

In Pregnancy, reference range for FT3 in pg/mL:
First trimester- 2.11-3.83
Second and Third trimester- 1.96-3.38

In Pregnancy, reference range for FT4 in ng/dL:
First trimester- 0.7-2.0
Second and Third trimester- 0.5-1.6
(Pregnancy reference values as per American Thyroid Association)

NOTE:
-TSH levels are subject to circadian variation, reaches peak levels between 2-4 AM and is at a minimum between 6-10 PM. The variation of the day has influence on the measured serum TSH concentrations.

***** End Of Report *****

Dr. Kanika Yadav
MBBS, DCP ; MD [Path]
Consultant Pathologist
Reg. No. - 011681

363-364/4, NEW RAILWAY ROAD JAWAHAR NAGAR, GURUGRAM, Mobile:8586988847 Landline:01246712000