



## OPD PRESCRIPTION

MR.NO	: 26350	Date&Time	: 25/02/2023 9.56 AM
Name	: Mrs. ANUSHKA GAUTAM	Sex	: Female
Doctor Name	: Dr. Chand Kishore	Age	: 30Years 1Months 17Days
Speciality	: Medicine	Mobile No	: 9855162755
Address	: NEAR GAI MARBLE STORE SADORA, Noshera, Ambala, Yamuna Nagar, Haryana	Panel	: MEDIWHEEL

B.p-100/70  
 Pulse- 100/min  
 SpO2- 99%  
 Temp-

= CHOLELITHIASIS. LDL=126 mg/l.

30 MINS BRISK walk  
 Surgery Ref.

T/FR.

Δ - Cholelithiasis



27/02/23

Review USG w/A  
 empty stomach



*[Signature]*  
 27/2/23



## DEPARTMENT OF BIOCHEMISTRY

**Patient Name** : Mrs. ANUSHKA GAUTAM  
**MR No** : 26350  
**Age/Sex** : 30 Years / Female  
**Type** : OPD  
**TPA/Corporate** : MEDIWHEEL  
**IP No.** :  
**Current Bed no.** :

**Bill Date** : 25/02/2023 9.56.39 AM  
**Reporting Date** : 25/02/2023 12.43.25 PM  
**Sample ID** : 124170  
**Bill/Req. No.** : 23239162  
**Ref Doctor** : Dr. EMO

Test	Result	Bio. Ref. Interval	Units
<b>BLOOD GLUCOSE FASTING AND PP</b>			
PLASMA GLUCOSE(FASTING)	<u>113</u> ? H	70 - 110	mg/dl
PLASMA POST-GLUCOSE	122	80 - 150	mg/dL

## BLOOD GROUP

BLOOD GROUP " O " RH POSITIVE

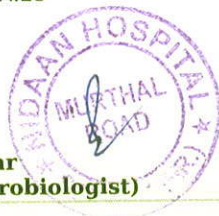
## COMPLETE HAEMOGRAM

### CBC

HAEMOGLOBIN	13.0		12.0 - 16.5	g/dL
TOTAL LEUCOCYTE COUNT	8300		4000 - 11000	/cumm
RED BLOOD CELL COUNT	4.32		4.0 - 6.0	millions/cumm
PCV (HAEMATOCRIT)	39.6		35.0 - 47.0	%
MEAN CORPUSCULAR VOLUME	91.6		78 - 98	fL
MEAN CORPUSCULAR HAEMOGLOBIN	32.1		26.5 - 32.5	Picogrames
MEAN CORPUSCULAR HB CONC	32.8		32 - 37	g/dL
PLATELET COUNT	<u>0.90</u> ? L		1.50 - 4.50	Lakh/cumm
NEUTROPHILS	51		40 - 73.0	%
LYMPHOCYTES	<b>43</b>	H	20 - 40	%
EOSINOPHILS	01		0.0 - 6.0	%
MONOCYTES	05		2.0 - 10.0	%
BASOPHILS	00		0.0 - 1.0	%
ABSOLUTE NEUTROPHIL	4233		2000 - 7000	cells/cumm
ABSOLUTE LYMPHOCYTE	<b>3569</b>	H	1000 - 3000	cells/cumm
ABSOLUTE EOSINOPHIL	83		20 - 500	cells/cumm
ABSOLUTE MONOCYTES	415		200 - 1000	cells/cumm
ABSOLUTE BASOPHILS	<b>0</b>	L	20 - 100	cells/cumm

Checked By :

Dr. Pradip Kumar  
 (Consultant Microbiologist)



Dr. Nisha Rana  
 (Consultant Pathologist)



## DEPARTMENT OF HAEMATOLOGY

**Patient Name** : Mrs. ANUSHKA GAUTAM  
**MR No** : 26350  
**Age/Sex** : 30 Years / Female  
**Type** : OPD  
**TPA/Corporate** : MEDIWHEEL  
**IP No.** :  
**Current Bed no.** :

**Bill Date** : 25/02/2023 9.56.39 AM  
**Reporting Date** : 25/02/2023 11.20.15 AM  
**Sample ID** : 124170  
**Bill/Req. No.** : 23239162  
**Ref Doctor** : Dr. EMO

Test	Result	Bio. Ref. Interval	Units
RDW-CV	13.8	11.5 - 14.5	%
E.S.R.	15	0 - 15	mm/hr

### HBA1C

HBA1C	5.1		%
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**Note** : HBA1c result is suggestive of Diabetes/ higher than glycemic goal in a known Diabetic patient.

Please note, glycemic goal should be individualized based on duration of diabetes, age/life expectancy, comorbid conditions, known CVD or advanced microvascular complications, hypoglycaemia unawareness, and individual patient considerations.

Please Correlate Clinically.

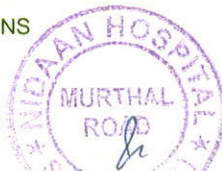
### KFT(KIDNEY FUNCTION TEST)/RFT/Renal Profile

SERUM UREA	20	13.0 - 45.0	mg/dL
SERUM CREATININE	0.8	0.5 - 1.2	mg/dL
SERUM URIC ACID	2.6	2.5 - 6.8	mg/dL
SERUM SODIUM	138	130 - 149	mmol/L
SERUM POTASSIUM	4.2	3.5 - 5.5	mmol/L

### LFT(LIVER FUNCTION TEST)

LFT			
TOTAL BILIRUBIN	0.6	0.1 - 1.2	mg/dL
DIRECT BILIRUBIN	0.2	0.00 - 0.30	mg/dL
INDIRECT BILIRUBIN	0.4	Adult: 0 - 0.8	mg/dL
SGOT (AST)	24	0.0 - 45	IU/L
SGPT (ALT)	27	00 - 45.00	IU/L
ALP	68	41 - 137	U/L
TOTAL PROTEINS	6.6	6.0 - 8.2	g/dL

Checked By :



**Dr. Pradip Kumar**  
(Consultant Microbiologist)

**Dr. Nisha Rana**  
(Consultant Pathologist)



## DEPARTMENT OF BIOCHEMISTRY

<b>Patient Name</b> :	Mrs. ANUSHKA GAUTAM	<b>Bill Date</b> :	25/02/2023	9.56.39 AM
<b>MR No</b> :	26350	<b>Reporting Date</b> :	25/02/2023	12.43.51 PM
<b>Age/Sex</b> :	30 Years / Female	<b>Sample ID</b> :	124170	
<b>Type</b> :	OPD	<b>Bill/Req. No.</b> :	23239162	
<b>TPA/Corporate</b> :	MEDIWHEEL	<b>Ref Doctor</b> :	Dr. EMO	
<b>IP No.</b> :				
<b>Current Bed no.</b> :				

Test	Result	Bio. Ref. Interval	Units
ALBUMIN	4.2	3.20 - 5.00	g/dL
GLOBULIN	2.4	2.0 - 3.50	g/dL
A/G RATIO	1.75		

## LIPID PROFILE

### LIPID PROFILE

SERUM CHOLESTROL	199	0 - 200	mg/dl
SERUM TRIGLYCERIDES	82	Up to 150	mg/dl
HDL CHOLESTEROL	56	30 - 60	mg/dl
VLDL CHOLESTEROL	16.4	*Less than 30	mg/dL
LDL CHOLESTEROL	<u>126.6</u>	Optimal <100, Above Opt. 100-129 -high 160-189	mg/dl
LDL CHOLESTEROL/HDL RATIO	2.26	Desirable Level : 0.5 - 3.0 Borderline Risk : 3.0 - 6.0 High Risk : > 6.0	

## URINE ROUTINE EXAMINATION

### PHYSICAL EXAMINATION

VOLUME	20		ml
COLOUR	Pale Yellow	Pale Yellow	
APPEARANCE	Clear	Clear	
SPECIFIC GRAVITY	1.030		

### CHEMICAL EXAMINATION

REACTION	Acidic		
BLOOD	NIL		
ALBUMIN	NIL	NIL	
GLUCOSE	NIL	NIL	

### MICROSCOPIC EXAMINATION

PUS CELL	3-5	2-4	/HPF
RED BLOOD CELLS	Nil	NIL	/HPF

Checked By :

Dr. Pradip Kumar  
(Consultant Microbiologist)



Dr. Nisha Rana  
(Consultant Pathologist)



## DEPARTMENT OF CLINICAL PATHOLOGY

**Patient Name** : Mrs. ANUSHKA GAUTAM  
**MR No** : 26350  
**Age/Sex** : 30 Years / Female  
**Type** : OPD  
**TPA/Corporate** : MEDIWHEEL  
**IP No.** :  
**Current Bed no.** :  
**Bill Date** : 25/02/2023 9.56.39 AM  
**Reporting Date** : 25/02/2023 12.17.26 PM  
**Sample ID** : 124170  
**Bill/Req. No.** : 23239162  
**Ref Doctor** : Dr. EMO

Test	Result	Bio. Ref. Interval	Units
EPITHELIAL CELLS	1-2	2-4	/HPF
CASTS	NIL	NIL	
CRYSTALS	NIL	NIL	

**Note** : Albumin test positive by Multistrip Method is confirmed by Sulphosalicylic acid method.

\*\*\*\*\* END OF THE REPORT \*\*\*\*\*

Checked By :



**Dr. Pradip Kumar**  
(Consultant Microbiologist)

**Dr. Nisha Rana**  
(Consultant Pathologist)

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Sonipat, Haryana- 131001, Ph.: 0130 -2400000, Mob.: +91 7533033001, 7531919191, 8944000000  
(This is only professional opinion and not the diagnosis, Please correlate clinically)



# Prognosis Laboratories

National Reference Lab.: 515-516, Sector-19, D.D.A. Plotted Development, Dwarka, New Delhi-110075

☎ 8130192290 🌐 www.prlworld.com ✉ care@prlworld.com



<b>Lab No.</b>	012302250676	<b>Age/Gender</b>	30 YRS/FEMALE	<b>Coll. On</b>	25/Feb/2023 05:25PM
<b>Name</b>	Ms. ANUSHKA 26350			<b>Reg. On</b>	25/Feb/2023
<b>Ref. Dr.</b>	NIDAAN HOSPITAL			<b>Approved On</b>	25/Feb/2023 07:49PM
<b>Rpt. Centre</b>	NIDAAN HOSPITAL			<b>Printed On</b>	27/Feb/2023 10:51AM

Test Name	Value	Unit	Biological Reference Interval
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### Thyroid profile, Total (T3,T4,TSH)

T3 (Triiodothyronine) , serum Method : ECLA	1.20	ng/mL	0.80 - 2.0
T4 (Thyroxine) , serum Method : ECLA	5.43	ug/dL	5.1 - 14.1
TSH (Thyroid Stimulating Hormone) , serum Method : ECLA	<b>4.57</b>	uIU/ml	0.27 - 4.2

#### Interpretation:

- Primary hyperthyroidism is accompanied by elevated serum T3 and T4 values alongwith depressed TSH levels
- Primary hypothyroidism is accompanied by depressed serum T3 and T4 values and elevated serum TSH levels.
- High T3 levels coupled with normal T4 and suppressed TSH may be seen in T3 toxicosis.

**Note:** Total T3 and total T4 are highly bound to plasma proteins and are amenable to fluctuations with plasma protein content as well as due to binding defects in the thyroid hormone binding proteins.

The following ranges are recommended for pregnant females:

Gestation period	TSH (uIU/ml)
First trimester	0.1 - 2.5
Second trimester	0.2 - 3.0
Third trimester	0.3 - 3.0

**\*Disclaimer:** This is an electronically validated report, if any discrepancy found should be confirmed by user.  
This test was performed at Prognosis Laboratories, 515-516, Sector 19, Dwarka, New Delhi-110075.  
\*\*\* End Of Report \*\*\*

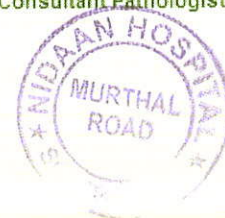


Dr. Smita Sadwani  
MD(Biochemistry)  
Technical Director

Dr. Anita  
MD Pathology  
Sr. Consultant Pathologist

Dr. Deepak Sadwani  
MD(Pathology)  
Lab Director

Dr. Moushmi Mukherjee  
MBBS,MD (Pathology)  
Consultant Pathologist



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#### OUR FOOTPRINT

Delhi NCR | Gujarat | Punjab | Haryana | Uttar Pradesh | J&K



# Nidaan Hospital



Patient Id	26350	Name	ANUSHKA 30 YRS	Accession No	-
Study Date	25-Feb-2023	Age		Gender	Female

## X - RAY CHEST PA VIEW

### FINDINGS :-

**Mild Prominent bronchovascular markings noted at bilateral lung fields.**

Trachea is in midline.

Cardiac silhouette maintained.

Both CP angles are clear.

Rest of lung parenchyma are normal.

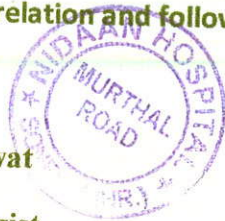
Bony cage and soft tissues are normal.

The domes of the diaphragms are normal in position, and show smooth outline.

**IMPRESSION :- Mild Prominent bronchovascular markings noted at bilateral lung fields.**

**ADVICE :- Clinical correlation and follow up.**

  
**Dr. Manjeet Sehrawat**  
MBBS, MD, PDCC  
Consultant Radiologist



Sonapat, Haryana- 131001, Ph.: 0130 -2400000, Mob.: +91 7533033001, 7531919191, 8944000000  
(This is only professional opinion and not the diagnosis, Please correlate clinically)

the **health** care providers

the **health** care providers



## DEPARTMENT OF RADIOLOGY

<b>Patient Name</b>	Mrs. ANUSHKA GAUTAM	<b>Billed Date</b>	: 25/02/2023	9.56 AM
<b>Reg No</b>	26350	<b>Reported Date</b>	: 25/02/2023	
<b>Age/Sex</b>	30 Years 1 Months 15Days / Female	<b>Req. No.</b>	: 23239162	
<b>Ref. Doctor</b>	Self	<b>Consultant Doctor</b>	: Dr. EMO	
<b>Type</b>	OPD			

### USG WHOLE ABDOMEN

#### **FINDINGS:**

**LIVER** is normal in size (13.3 cm) and normal in echotexture. No evidence of any focal lesion or IHBR dilation is present. Portal vein and CBD are normal in caliber at porta.

**GALL BLADDER** appears contracted. **Multiple echogenic foci with posterior acoustic shadowing are noted within the gall bladder, largest measuring ~ 7.0 mm--suggestive of calculi--features suggestive of cholelithiasis--suggested follow up scan (in fasting state)**

**SPLEEN** is normal in size (7.8 cm) and normal in echotexture. No focal lesion is seen.

**PANCREAS:** Head and body of pancreas are normal in size and echotexture. Tail of pancreas is obscured by bowel gas shadows.

**RIGHT KIDNEY** is normal in size 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 and position and outline. Corticomedullary differentiation is maintained. There is no evidence of any focal lesion / calculus / backpressure changes.

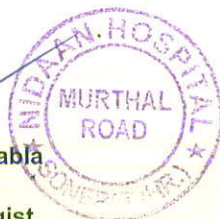
**URINARY BLADDER** is partially distended and grossly normal.

**UTERUS & OVARIES** could not be assessed due to poor acoustic window.

No free fluid seen in the abdomen.

**To be correlate clinically**

Dr. Harleen Singh Pabla  
MBBS,MD,DNB  
Consultant Radiologist



Dr. Manjeet Sehrawat  
MBBS,MD,PDCC  
Consultant Radiologist