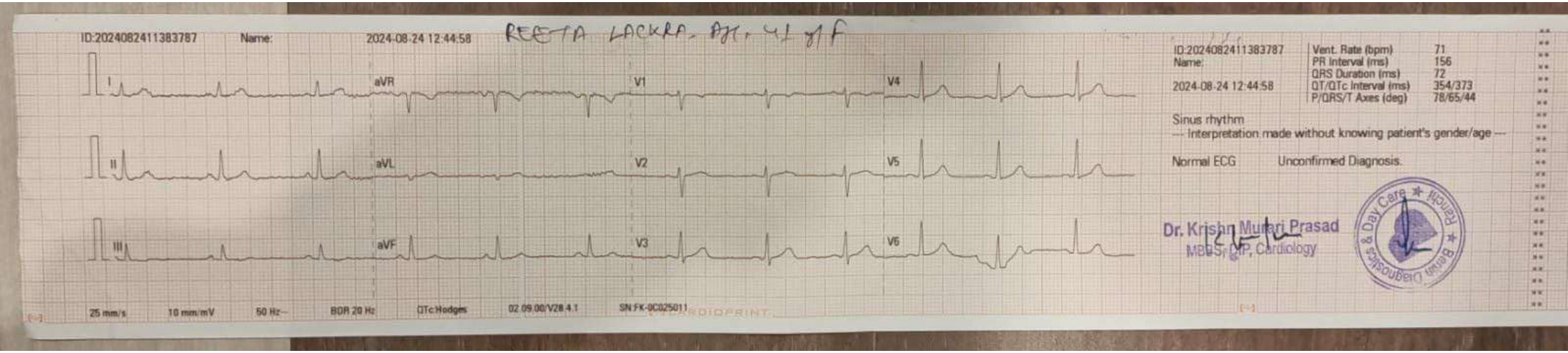
ID:2024082411383787
Name:
2024-08-24 12:44:58
REETA LACKRA, Age, 41 yrs F
I
II
III
aVR
aVL
aVF
V1
V2
V3
V4
V5
V6
25 mm/s
10 mm/mV
50 Hz
BDR 20 Hz
QTc:Hodges
02.09.00/V28.4.1
SN:FK-9C025011
RADIOPRINT
ID:2024082411383787
Name:
2024-08-24 12:44:58
Vent. Rate (bpm) 71
PR Interval (ms) 156
QRS Duration (ms) 72
QT/QTc Interval (ms) 354/373
P/QRS/T Axes (deg) 78/65/44
Sinus rhythm
--- Interpretation made without knowing patient's gender/age ---
Normal ECG
Unconfirmed Diagnosis.
Dr. Krishn Murari Prasad
MBBS, DM, Cardiology
Ranchi Brain Diagnostics & Day Care

INV. No.	QLSR-INV-H-06804/(2024-2025)(6766)	Patient ID	6804
Patient Name	**Mrs. REETA LACKRA**	Invoice Generated	26/08/2024 11:14 AM
Age/Gen	41 Years | Female	Sample Received	26/08/2024 11:14 AM
Referred By	**Dr. Self**	Report Generated	26/08/2024 12:24 PM
Source	BERLIN DIAG CGHS - (4)		

2 6 9 5 1

Report Of Biochemistry Examination

Investigation	Result	Unit(s)	Reference Range
GLUCOSE FASTING (FBS)			
Plasma Glucose(F) Method (GOD-POD Method)	90.6	mg/dL	65 - 110

Comments:

Fasting Blood Sugar/Glucose test a blood sample will be taken after an overnight fast. A fasting blood sugar level of 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.

GLYCOSYLATED HAEMOGLOBIN			
Whole blood HbA1c Method (HPLC)	5.2	%	Non diabetic level(< 6.0) Goal(< 7.0)
Whole blood eAG (Estimated AverageGlucose Level) Method (CALCULATION)	103	mg/dl	-

Note:

The Parameter indicates control over the last 90 Days

In the Blood, glucose adheres to haemoglobin (Hb) and make Glycosylated haemoglobin/HbA_1C, which provides a clue about the average blood glucose level over the last 8-12 weeks and it is an indicator for chronic glycaemic control along with effects of drug, diet and exercise.

In normal individuals, 90% is the adult haemoglobin fraction and the rest 8% is formed by HbA. Reduction of HbA_1C value reduces diabetic and cardiological related morbidity and mortality.

The short life span of RBC in haemoglobinopathy and chemically modified derivatives of haemoglobin (carbamylated Hb in renal failure and acetylated Hb, who are taking aspirin) can affect the results. Iron deficiency anaemia, liver disease, opiate addiction may interfere the test value.

HPLC, ion exchange chromatography is the ideal method for HbA_1C estimation. The target goal is <7%.

Besides HbA_1C serum fructosamine can be measured.

American diabetes association guideline

	Reference range
Non diabetic adult > 18 years	: < 5.7%
Pediabetes	: 5.7% - 6.4%
Diagnosing diabetes	: > 6.5%

Lipid Profile			
Serum Triglyceride Method (Enzymatic,end point)	70.5	mg/dL	< 150

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INV. No.	QLSR-INV-H-06804/(2024-2025)(6766)	Patient ID	6804
Patient Name	**Mrs. REETA LACKRA**	Invoice Generated	26/08/2024 11:14 AM
Age/Gen	41 Years | Female	Sample Received	26/08/2024 11:14 AM
Referred By	**Dr. Self**	Report Generated	26/08/2024 12:24 PM
Source	BERLIN DIAG CGHS - (4)		

Report Of Biochemistry Examination

Investigation	Result	Unit(s)	Reference Range
Serum Cholesterol Method (Oxidase, Esterase, Peroxidase)	139.7	mg/dL	125 - 200
Serum HDL-Chol Method (PTA/MgC12, Reflectance photometry)	34.7	mg/dL	30 - 65
Serum LDL-Chol Method (Direct Homogeneous, Spectrophotometry)	90.9	mg/dL	85 - 150
Serum VLDL-Chol	14	mg/dL	5 - 40
Serum LDL/HDL Cholesterol Ratio Method (Calculated)	2.62		1.5 - 3.5
Serum Cholesterol/ HDL Ratio Method (Calculated)	4.03		Low Risk(0 - 3) High Risk(5 - 10)

Interpretation :

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. Lipid Association of India (LAI) recommends screening of all adults above the age of 20 years for Atherosclerotic Cardiovascular Disease (ASCVD) risk factors especially lipid profile. This should be done earlier if there is family history of premature heart disease, dyslipidemia, obesity or other risk factors.
3. Indians tend to have higher triglyceride levels & Lower HDL cholesterol combined with small dense LDL particles, a pattern known as atherogenic dyslipidemia.
4. Non HDL Cholesterol comprises the cholesterol carried by all atherogenic particles, including LDL, IDL, VLDL & VLDL remnants, Chylomicron remnants & Lp(a).
5. LAI recommends LDL cholesterol as primary target and Non HDL cholesterol as co-primary treatment

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Referred By	**Dr. Self**	Report Generated	26/08/2024 12:24 PM
Source	BERLIN DIAG CGHS - (4)		

Report Of Biochemistry Examination

Investigation	Result	Unit(s)	Reference Range

target.
6. Apolipoprotein B is an optional, secondary lipid target for treatment once LDL & Non HDL goals have been achieved.
7. Additional testing for Apolipoprotein B, hsCRP, Lp(a) & LP-PLA2 should be considered among patients with moderate risk for ASCVD for risk refinement

Liver Function Test (LFT)			
Serum Bilirubin (Total) Method (By Diphylline, Diazonium Salt)	0.58	mg/dL	0.2 - 1.3
Serum Bilirubin (Direct) Method (Diphylline, Diazonium Salt)	0.19	mg/dL	0.1 - 0.4
Serum Bilirubin (Indirect) Method (Calculated)	0.39	mg/dL	0.2 - 1.1
Serum SGOT Method (IFCC)	20.6	U/L	17 - 59
Serum SGPT Method (IFCC)	28.1	U/L	21 - 72
Alkaline phosphatase (ALP) Method (IFCC)	58.7	U/L	Adult (38 - 126)
Serum Total Protein Method (Biuret Method)	6.8	g/dL	Adult(6.2 - 8.2) Children(5.6 - 8.4)
Serum Albumin Method (BCG)	4.2	gm/dL	Newborn Children(2.4 - 4.8) Adult(3.5 - 5.0)
Serum Globulin Method (Calculated)	2.60	g/dL	Adult(2.3 - 3.6)
Serum A/G Ratio Method (BCG)	1.62		1.0 - 2.3

Note
1. In an asymptomatic patient, Non alcoholic fatty liver disease (NAFLD) is the most common cause of increased AST, ALT levels. NAFLD is considered as hepatic manifestation of metabolic syndrome.
2. In most type of liver disease, ALT activity is higher than that of AST; exception may be seen in Alcoholic Hepatitis, Hepatic Cirrhosis, and Liver neoplasia. In a patient with Chronic liver disease, AST:ALT ratio>1 is highly suggestive of advanced liver fibrosis.
3. In known cases of Chronic Liver disease due to Viral Hepatitis B & C, Alcoholic liver disease or NAFLD, Enhanced liver fibrosis (ELF) test may be used to evaluate liver fibrosis.

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Age/Gen	41 Years | Female	Sample Received	26/08/2024 11:14 AM
Referred By	**Dr. Self**	Report Generated	26/08/2024 12:24 PM
Source	BERLIN DIAG CGHS - (4)		

Report Of Biochemistry Examination

Investigation	Result	Unit(s)	Reference Range

4. In a patient with Chronic Liver disease, AFP and Des-gamma carboxyprothrombin (DCP)/PIVKA II can be used to assess risk for development of Hepatocellular Carcinoma.

Kidney Function Test (KFT)

Serum Urea Method (GLDH,Kinetic Assay)	20.4	mg/dL	Adult (17 - 43) New Born (8.4 - 25.8) Infant (10.8 - 38.4)
Serum Creatinine Method (Modified Jaffe, Kinetic)	0.85	mg/dL	Female: (0.72-1.18) Neonate : (0.26 - 1.01) Infant { 2months - less than 3 yrs} : (0.15- 0.37) Children { 3 yrs - less than 15 yrs} : (0.24 -0.73)
Serum Uric Acid Method (uricase-Colorimetric)	3.8	mg/dL	3.5 - 8.5
Serum Sodium Method (By Indirect ISE)	137.4	mmol/L	136 - 145
Serum Potassium Method (By Indirect ISE)	3.82	mmol/L	3.5 - 5.1
Serum Chloride Method (By Ion-selective Electrode)	100.4	mmol/L	98 - 107

~~~~~~ End of report ~~~~~~

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Patient Name	**Mrs. REETA LACKRA**	Invoice Generated	26/08/2024 11:14 AM
Age/Gen	41 Years | Female	Sample Received	26/08/2024 11:14 AM
Referred By	**Dr. Self**	Report Generated	26/08/2024 12:28 PM
Source	BERLIN DIAG CGHS - (4)		

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Report Of Immunology Examination

Investigation	Result	Unit(s)	Reference Range
(Thyroid Profile-I)			
Serum T3 Method (ECLIA)	0.98	ng/mL	(0.8 - 2.0) 11-15 Years (0.83 - 2.13) 1-10 Years (0.94 - 2.69) 1-12 Months (1.05 - 2.45) 1-7 Days (0.36 - 3.16) 1-4 Weeks (1.05 - 3.45)
Serum T4 Method (ECLIA)	8.46	µg/dL	(5.1 - 14.1) 1-12 Months (5.9 - 16) 1-7 Days (11 - 22) 1-4 Weeks (8.2 - 17) 1-10 Years (6.4 - 15) 11-15 Years (5.5 - 12)
Serum TSH Method (ECLIA)	1.64	µIU/mL	Up to 1 Week (0.7-11.0) 1 week-4 week (0.7- 11.0) 1-12 Months (0.7- 8.4) 1-19 Years (0.6-4.9) 19 Years Above (0.5-5.5) 1st Trimester (0.6 - 3.4) 2nd Trimester (0.37 - 3.6) 3rd Trimester(0.38 - 4.04)

Mild to moderate degree of elevation normal T3&T4 levels indicates impaired thyroid hormone reserves and indicates subclinical hypothyroidism.

Mild to moderate decrease with normal T3 & T4 indicates subclinical hyperthyroidism.

TSH measurement is used for screening & diagnosis of Euthyroidism, hypothyroidism & hyperthyroidism. Suppressed TSH (< 0.01 µ IU/ml) suggests diagnosis of hyperthyroidism.

Elevated concentration of TSH (>7 µ IU/ml) suggest diagnosis of hypothyroidism.

Please correlate clinically.

~~~~~~ End of report ~~~~~~

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INV. No.	QLSR-INV-H-06804/(2024-2025)(6766)	Patient ID	6804
Patient Name	**Mrs. REETA LACKRA**	Invoice Generated	26/08/2024 11:14 AM
Age/Gen	41 Years | Female	Sample Received	26/08/2024 11:14 AM
Referred By	**Dr. Self**	Report Generated	26/08/2024 03:26 PM
Source	BERLIN DIAG CGHS - (4)		

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Report Of Haematology Examination

Investigation	Result	Unit(s)	Reference Range
ERYTHROCYTE SEDIMENTATION RATE			
ESR Method (Westergren & Manual)	24	mm	< 20

Note

1. C-Reactive Protein (CRP) is the recommended test in acute inflammatory conditions.
2. Test conducted on EDTA whole blood at 37°C.
3. ESR readings are auto- corrected with respect to Hematocrit (PCV) values

COMPLETE BLOOD COUNT			
Haemoglobin (Hb)% Method (By Sahlis Method)	**9.3**	gm%	Adult Men (13 - 18) Adult Women (11.5 - 16.5) Children (11 - 13) Children (1-6) : (12 - 14) Children (6-12) : (12 - 14)
PCV	**31.2**	%	35 - 45
Total Platelets Count (PC)	1.9	Lacs Per cmm	1.5 - 4
Total RBC (Red Cell Count)	4.8	mill./uL	Women (4.2 - 5.4) Male (4.7 - 6.1) Children (4.6 - 4.8)
Total Leucocyte Count (TLC) Method (Flow Cytometry)	7,500	Per cmm	Adult :- (4,000 - 11,000) New Born (10,000 - 26,000) (1-4) Years : (6,000 - 18,000) (5-7) Years : (5,000 - 15,000) (8-12) Years : (4,500 - 12,500)
MCV	**64.0**	fL	76 - 96
MCH	**19.1**	pg	22 - 32
MCHC	**29.7**	g/dL	30 - 35
Differential count of Leucocytes			
Neutrophils	63	%	40 - 70
Lymphocytes	33	%	15 - 40
Monocytes	00	%	00 - 6
Eosinophils	04	%	0.5 - 7
Basophils	00	%	00 - 01

Comment :

CBC is a powerful diagnostic tool in various hematological and non-hematological conditions. It can be

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INV. No.	QLSR-INV-H-06804/(2024-2025)(6766)	Patient ID	6804
Patient Name	**Mrs. REETA LACKRA**	Invoice Generated	26/08/2024 11:14 AM
Age/Gen	41 Years | Female	Sample Received	26/08/2024 11:14 AM
Referred By	**Dr. Self**	Report Generated	26/08/2024 03:26 PM
Source	BERLIN DIAG CGHS - (4)		

Report Of Haematology Examination

Investigation	Result	Unit(s)	Reference Range

used to diagnose various conditions like anemia, hemoglobinopathies, infections. leukemia, nutritional deficiencies, parasitemias, etc. For microcytic indices, a Mentzer index of less than 13 suggests that the patient may have thalassemia trait, and an index of more than 13 suggests that the patient may have iron deficiency.

Blood Grouping (A B O) and Rh Type

Whole blood Blood Group	″A″
Whole blood Rh Type	Positive

Note:

1. Both forward and reverse grouping performed.
2. Test conducted on EDTA whole blood.

~~~~~~ End of report ~~~~~~

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BERLIN DIAGNOSTICS & DAY CARE

Certificate No. PESHCO-2022-6684

INV. No.	QLSR-INV-H-06804/(2024-2025)(6766)	Patient ID	6804
Patient Name	**Mrs. REETA LACKRA**	Invoice Generated	26/08/2024 11:14 AM
Age/Gen	41 Years | Female	Sample Received	26/08/2024 11:14 AM
Referred By	**Dr. Self**	Report Generated	06/09/2024 11:36 AM
Source	BERLIN DIAG INS CORP - (4)		

2 9 3 6 7

Report Of Clini Patho Examination

Investigation	Result	Unit(s)	Reference Range
Urine Routine and Microscopic Examination (R/M)			
Physical Examination			
Colour	Straw		Pale Yellow
Urine Appearance	Transparent		
Urine Deposit	Absent		
Urine Specific Gravity	1.025		1.010 - 1.030
Urine Reaction	Acidic		
Chemical Examination			
Urine Glucose (Sugar)	Absent	gm%	
Urine Protein (Albumin)	Absent		
Urine pH	6.0		6.0
Urine Ketone Body	Absent		
Urine Blood	Negative		
Urine Phosphate (Amorphous deposits)	Absent		
Urine Microscopic Examination			
Urine Red blood cells	Absent	/HPF	0-2
Urine Pus Cells	1-2	/HPF	0-5
Urine Epithelial cells	2-4	/HPF	0-4
Urine Bacteria	Absent		
Urine Cast	Absent	/HPF	
Urine Crystals	Absent	/HPF	
Urine Yeast cells	Absent		

~~~~~~ End of report ~~~~~~

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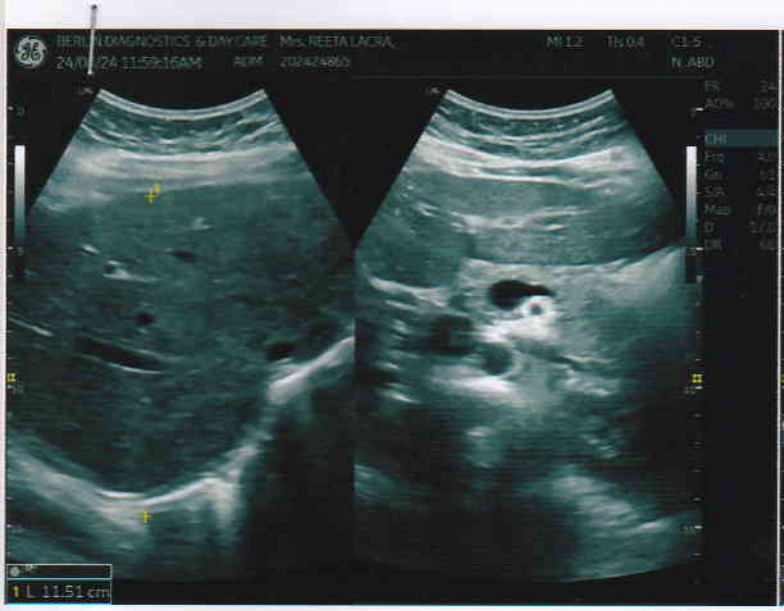
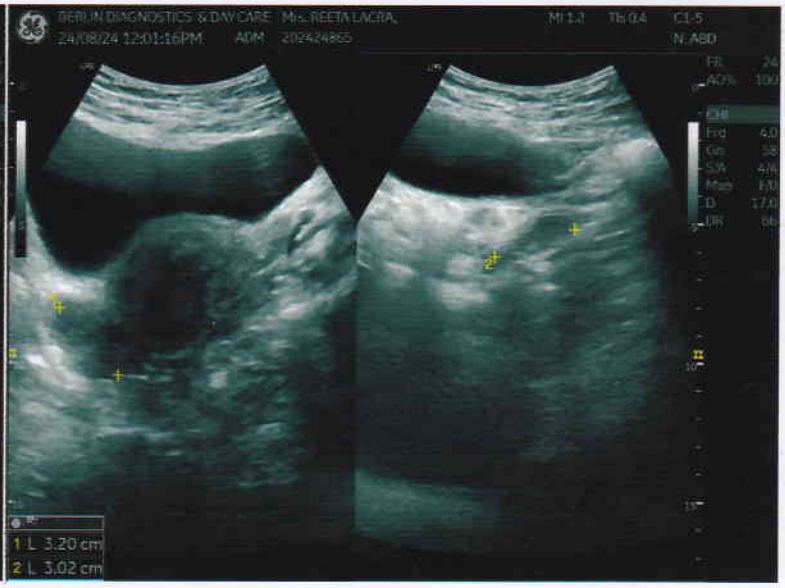

BERLIN DIAGNOSTICS & DAY CARE Mrs. REETA LACRA,
ADM
N ABD
1 L 11.51 cm


BERLIN DIAGNOSTICS & DAY CARE Mrs. REETA LACRA,
24/08/24 11:59:43AM ADM
N ABD
1 L 9.12 cm


BERLIN DIAGNOSTICS & DAY CARE Mrs. REETA LACRA,
24/08/24 12:00:27PM ADM
N ABD
1 L 9.34 cm


BERLIN DIAGNOSTICS & DAY CARE Mrs. REETA LACRA,
24/08/24 12:00:65PM ADM
N ABD
1 L 5.88 cm
2 L 4.33 cm
3 L 0.71 cm


BERLIN DIAGNOSTICS & DAY CARE Mrs. REETA LACRA,
24/08/24 12:00:59PM ADM
N ABD
1 L 1.09 cm


BERLIN DIAGNOSTICS & DAY CARE Mrs. REETA LACRA,
24/08/24 12:01:16PM ADM
N ABD
1 L 3.20 cm
2 L 3.02 cm

BERLIN DIAGNOSTICS & DAY CARE

Certificate No. PESHCO-2022-8684

Patient Name	MRS. REETA LACKRA	Requested By	MEDIWHEEL
MRN	BER/2024/OPD24865	Procedure Date	24.08.2024
Age/Sex	41Y/FEMALE	Hospital	BERLIN DIAGNOSTICS & DAY CARE

USG WHOLE ABDOMEN

Liver : The liver is normal in size (11.5 cm) and outline. It shows a uniform echopattern. No obvious focal or diffuse pathology is seen. The intra and extra hepatic biliary passage are not dilated. The portal vein is normal in caliber at the porta hepatis.

Gall bladder : The gall bladder is normal in size, has normal wall thickness with no evidence of calculi.

CBD : The CBD is of normal caliber.

Pancreas : The pancreas is normal in size and echogenicity with distinct outline. No obvious focal lesion is seen.

Kidneys : Both kidneys were normal in position:

Right kidney measures 9.1 cm
Left kidney measures 9.3 cm
The renal cortical thickness and corticomedullary differentiation were adequate on both sides. No evidence of renal calculus or hydronephrosis seen on either side.

Spleen : The spleen is normal in size and echogenicity.

Urinary Bladder : The urinary bladder is normal in size. Its walls show a smooth outline. There is no evidence of any intraluminal or perivesical abnormality.

Uterus : The uterus is normal in size measuring 5.8 x 4.3 cm. Its outline is smooth. **An approx. 10 mm size fibroid is seen in posterior uterine wall.** No evidence of free fluid in the pouch of douglas. ET measures ~7.1 mm.

Right ovary measures :3.2 cm
Left ovary measures :3.0 cm
Both ovaries are normal in size and show uniform parenchymal echogenicity and smooth outline. There is no evidence of any mass lesion arising from or within either ovary.

No significant probe tenderness in RIF.

No evidence of pleural effusion on either side.

No evidence of ascites or lymphadenopathy seen.

IMPRESSION: POSTERIOR WALL UTERINE FIBROID.

Please correlate clinically.

Dr. Ambuj Srivastav
M.D. Consultant Radiologist.