

भारत सरकार  
GOVERNMENT OF INDIA

श्वेता कुमारी  
Shweta Kumari  
जन्म तिथि/ DOB: 24/03/1986  
लिंग / FEMALE



9106 1860 6024

आधार-आम आदमी का अधिकार

*Shweta*

SPSC PAIN AND SPINE HOSPITAL  
Plot No 453 Dwarka Sector-19  
New Delhi-110075


भारतीय विशिष्ट पहचान प्राधिकरण  
INDIAN IDENTIFICATION AUTHORITY OF INDIA

पता:  
सी-3/200, सेक्टर-16  
रोहिणी, दिल्ली नगरपालिका 19,  
दक्षिण पश्चिमी,  
दिल्ली - 110089

Address:  
G- 3/200, SECTOR-16 ROHINI,  
NORTH WEST 19, NEW DELHI,  
Delhi - 110089

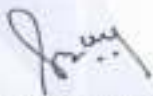
9106 1860 6024

Aadhaar-Aam Admi ka Adhikar

<b>Patient Name</b> : Mrs. SHWETA KUMARI	<b>Reg No.</b> : 3885/UHID23DL	<b>Lab ID.</b> : 3533/OPDPB23DL
<b>Age / Gender</b> : 37Y / Female	<b>Date</b> : 08-Sep-2023	
<b>Mobile No.</b> : 7011322857	<b>Manual No.</b>	<b>Collected</b> : 08-Sep-2023 10.05
<b>Refd. By</b> : Dr. INSURANCE		<b>Received</b> : 08-Sep-2023 10.08
<b>Sample Type</b> : Serum	<b>Sample ID</b> : 232843	<b>Report</b> : 08-Sep-2023 13.18

TEST NAME	RESULT	UNIT	RANGE	METHOD
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	<b>BIOCHEMISTRY</b>			
BUN	10.60	mg/dl	6-20	Urease-Gldh
-----End of Report-----				




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DMC/25252  
Lab Technician : SONUKUM



BOOK APPOINTMENT



<b>Patient Name</b> : Mrs. SHWETA KUMARI	<b>Reg No.</b> : 3885/UHID23DL	<b>Lab ID.</b> : 3533/OPDP823DL
<b>Age / Gender</b> : 37Y / Female	<b>Date</b> : 08-Sep-2023	
<b>Mobile No.</b> : 7011322857	<b>Manual No.</b>	<b>Collected</b> : 08-Sep-2023 12.56
<b>Refd. By</b> : Dr. INSURANCE		<b>Received</b> : 08-Sep-2023 12.56
<b>Sample Type</b> : Plasma(Sodium fluoride)	<b>Sample ID</b> : 232843	<b>Report</b> : 08-Sep-2023 13.18

TEST NAME	RESULT	UNIT	RANGE	METHOD
<b>BIOCHEMISTRY</b>				
Blood Sugar PP	125.9	mg/dl	70-150	GOD-POD

### INTERPRETATION:

2018 American Diabetes Association (ADA) Diabetes Guidelines

Criteria for Diabetes Diagnosis:

FPG > 126.0 mg/dl (Fasting is defined as no caloric intake for >8 hours)

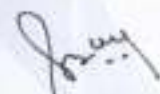
2-hr PG > 200 mg/dl during OGTT(75-G)\*

Using a glucose load containing the equivalent of 75g anhydrous glucose dissolved in water

Random PG < 200 mg/dl

in individuals with symptoms of hyperglycemia or hyperglycemic crisis

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



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<b>Mobile No.</b> : 7011322857	<b>Manual No.</b>	<b>Collected</b> : 08-Sep-2023 10.05
<b>Refd. By</b> : Dr. INSURANCE		<b>Received</b> : 08-Sep-2023 10.06
<b>Sample Type</b> : Plasma(Sodium fluoride)	<b>Sample ID</b> : 232843	<b>Report</b> : 08-Sep-2023 13.18

TEST NAME	RESULT	UNIT	RANGE	METHOD
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**BIOCHEMISTRY**

BLOOD SUGAR FASTING	98.1	mg/dl	74-100	GOD-POD
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**INTERPRETATION:**

2018 American Diabetes Association (ADA) Diabetes Guidelines

Criteria for Diabetes Diagnosis:

FPG > 126.0 mg/dl (Fasting is defined as no caloric intake for >8 hours)

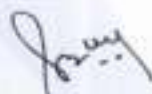
2-hr PG > 200 mg/dl during OGTT(75-G)\*

Using a glucose load containing the equivalent of 75g anhydrous glucose dissolved in water

Random PG < 200 mg/dl

in individuals with symptoms of hyperglycemia or hyperglycemic crisis

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




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<b>Patient Name</b> : Mrs. SHWETA KUMARI	<b>Reg No.</b> : 3885/UHID23DL	<b>Lab ID.</b> : 3533/OPDP823DL
<b>Age / Gender</b> : 37Y / Female	<b>Date</b> : 08-Sep-2023	
<b>Mobile No.</b> : 7011322857	<b>Manual No.</b>	<b>Collected</b> :08-Sep-2023 10.05
<b>Refd. By</b> : Dr. INSURANCE		<b>Received</b> :08-Sep-2023 10.06
<b>Sample Type</b> : EDTA whole blood	<b>Sample ID</b> : 232843	<b>Report</b> :08-Sep-2023 13.18

TEST NAME	RESULT	UNIT	RANGE	METHOD
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**HEAMOTOLOGY**

BLOOD GROUPING(A,B,O)&Rh  
FACTOR  
BLOOD GROUP ABO  
RH TYPING

"B"  
"POSITIVE"

Manual  
Manual

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




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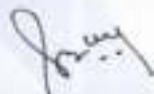


QR APPORTMENT



<b>Patient Name</b> : Mrs. SHWETA KUMARI	<b>Reg No.</b> : 3885/UHID23DL	<b>Lab ID.</b> : 3533/OPDPB23DL
<b>Age / Gender</b> : 37Y / Female	<b>Date</b> : 08-Sep-2023	
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TEST NAME	RESULT	UNIT	RANGE	METHOD
<b>HEAMATOLOGY</b>				
<b>COMPLETE BLOOD COUNT</b>				
HEMOGLOBIN	9.0	g/dl	11.9-15	Colorimetric
TOTAL LEUCOCYTE COUNT	6.3	10 <sup>3</sup> /uL	4.0-11.0	Electrical impedance
<b>DIFFERENTIAL LEUCOCYTE COUNT(DLC)</b>				
Neutrophil	68	%	40-75	Electrical impedance
Lymphocyte	23	%	20-45	Electrical impedance
Eosinophil	05	%	1-6	Microscopy
Monocyte	04	%	2-10	Microscopy
Basophil	00	%	0-2	Microscopy
ESR	26	mm/1sthr	0-20	Westergren's
RBC COUNT	3.74	mill/cmm	3.8-5.5	Electrical impedance
PCV	29	%	35-45	Calculated
MCV	76.50	Fl	80-100	Calculated
MCH	24.1	Picogram	27.5-33.2	Calculated
MCHC	31.60	gm/dl	32-36	Calculated
PLATELET COUNT	179	10 <sup>3</sup> /uL	150-450	Electrical impedance
-----End of Report-----				



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### HEAMOTOLOGY

<b>HbA1c (GLYCOSYLATED HB)</b>	5.6	%	4-6	PEIT
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Metabolically healthy patients 4.5 - 6.0 %  
6.1 - 6.5 %

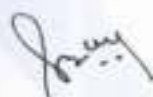
Good control :

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-----



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<b>Sample Type</b> : Serum	<b>Sample ID</b> : 232843	<b>Report</b> : 08-Sep-2023 13.18

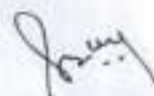
TEST NAME	RESULT	UNIT	RANGE	METHOD
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### BIOCHEMISTRY

#### KIDNEY FUNCTION TEST

Blood Urea	22.7	mg/dl	15.0-45.0	urease
Serum Creatinine	0.6	mg/dl	0.7-1.3	Jaffes Kinetic
Serum Uric Acid	4.60	mg/dl	2.6-6.0	Uricase
<b>Total Protein</b>				
PROTEN	6.90	g/dl	6.4-8.3	Biuret
ALBUMIN	4.1	g/dl	3.4-4.8	Beg
GLOBULIN	2.80	g/dl	2.3-3.5	
A/G RATIO	1.46	g/dl		
Calcium	12.4	mg/dl	8.6-10.2	Arsenazo
Sodium	138.0	mmol/L	136.0-149.0	ISE Indirect
Potassium	3.9	mmol/L	3.5-5.5	ISE Indirect
Chloride	102.0	mmol/L	98.0-109.0	ISE Indirect

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



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<b>Sample Type</b> : Serum	<b>Sample ID</b> : 232843	<b>Report</b> : 08-Sep-2023 13.18

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### BIOCHEMISTRY

#### LIPID PROFILE

Total Cholesterol	158.00	mg/dl	123-199	CHOD-PAP
Triglycerides	83.0	mg/dl	35-135	Gpo
HDL Cholesterol Direct	53.2	mg/dl	42-88	Direct
Vldl	17	mg/dl	4.7-22.1	
LDL Cholesterol Direct	88.2	mg/dl	63-129	
Total Cholesterol/HDL Ratio	3.0		0.0-4.97	
LDL/HDL Ratio	1.7		0.0-3.55	

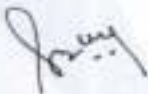
#### INTERPRETATION:-

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 isense. Elevation of triglycerides can be seen with obesity, medication, fast less than 12 hrs., alcohol intake, diabetes melitus, and




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<b>Mobile No.</b> : 7011322857	<b>Manual No.</b>	<b>Collected</b> : 08-Sep-2023 10.05
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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.

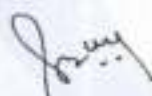
**HDL-CHOLESTEROL** level <35 mg/dL is associated with an increased risk of coronary vascular disease even in the face of desirable levels of cholesterol and LDL - cholesterol.

**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
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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-----




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<b>Age / Gender</b> : 37Y / Female	<b>Date</b> : 08-Sep-2023	
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TEST NAME	RESULT	UNIT	RANGE	METHOD
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### BIOCHEMISTRY

#### LIVER FUNCTION TEST

##### Serum Bilirubin

Total Bilirubin	0.70	mg/dl	0.0-2.0	Diazo
Direct Bilirubin	0.29	mg/dl	0-0.4	Diazo
Indirect Bilirubin	0.41	mg/dl	0-0.8	Calculated

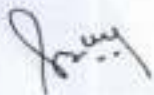
##### Total Protein

PROTEN	6.91	g/dl	6.4-8.3	Biuret
ALBUMIN	4.1	g/dl	3.4-4.8	Bcg
GLOBULIN	2.81	g/dl	2.3-3.5	
A/G RATIO	1.46	g/dl		

SGOT	24	U/L	0-31	IFCC
SGPT	16	U/L	0.0-34	IFCC

Gamma GT	19.0	U/L	0-38	Glupa-c
Alkaline Phosphatase	72	U/L	42-98	Amp

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




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### HORMONES

#### THYROID PROFILE

T3	1.25	ng/dl		CLIA
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#### 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	7.90	µg/dl		CLIA
----	------	-------	--	------

Adults - M - 4.4-10.8 µg/dl

F- 4.8 - 11.6 µg/dl

1<sup>st</sup> Trimester 7.3-15.00 µg/dl

2<sup>nd</sup> Trimester 8.92-17.38

3<sup>rd</sup> Trimester 7.98-17.70




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TSH 2.76  $\mu$ U/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-----




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<b>Mobile No.</b> : 7011322857	<b>Manual No.</b>	<b>Collected</b> : 08-Sep-2023 11.16
<b>Refd. By</b> : Dr. INSURANCE		<b>Received</b> : 08-Sep-2023 11.16
<b>Sample Type</b> : URINE	<b>Sample ID</b> : 232843	<b>Report</b> : 08-Sep-2023 13.18

TEST NAME	RESULT	UNIT	RANGE	METHOD
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### CLINICAL PATHOLOGY

#### URINE ROUTINE

#### MICROSCOPY

#### PHYSICAL EXAMINATION

QUANTITY

30.00 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

3-4 NIL

CASTS

NIL

CRYSTALS

NIL

EPITHELIAL CELLS

2-3

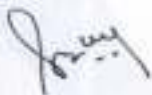
BACTERIA

NIL

OTHERS

NIL

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



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<b>Radiology No.</b>	: 3533/OPDPB23DL	<b>Date</b>	: 08-Sep-2023
<b>Patient Name</b>	: <b>Mrs. SHWETA KUMARI</b>	<b>Age/Sex</b>	: 37Y Female
<b>Guardian Name</b>	:	<b>UHID No.</b>	: 3885/UHID23DL
<b>Referred By</b>	: Dr. INSURANCE	<b>Mobile No.</b>	: <b>7011322857</b>

### 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- 9.70x3.58cm**

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- 11.20x5.04cm**

Renal artery pulsation appear normal.



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



BOOK APPOINTMENT



<b>Radiology No.</b>	: 3533/OPDPB23DL	<b>Date</b>	: 08-Sep-2023
<b>Patient Name</b>	: <b>Mrs. SHWETA KUMARI</b>	<b>Age/Sex</b>	: 37Y Female
<b>Guardian Name</b>	:	<b>UHID No.</b>	: 3885/UHID23DL
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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 is anteverted and is normal in size. Myometrium shows normal echo-pattern.  
No mass or lesion is noted.

**Endometrial** is normal measuring 6mm and is in mid line.

**Both ovaries** are visualized and are normal with subcentemetric follicles.

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 APPPOINTMENT





shweta kumari  
Female 37Years  
Req. No. :

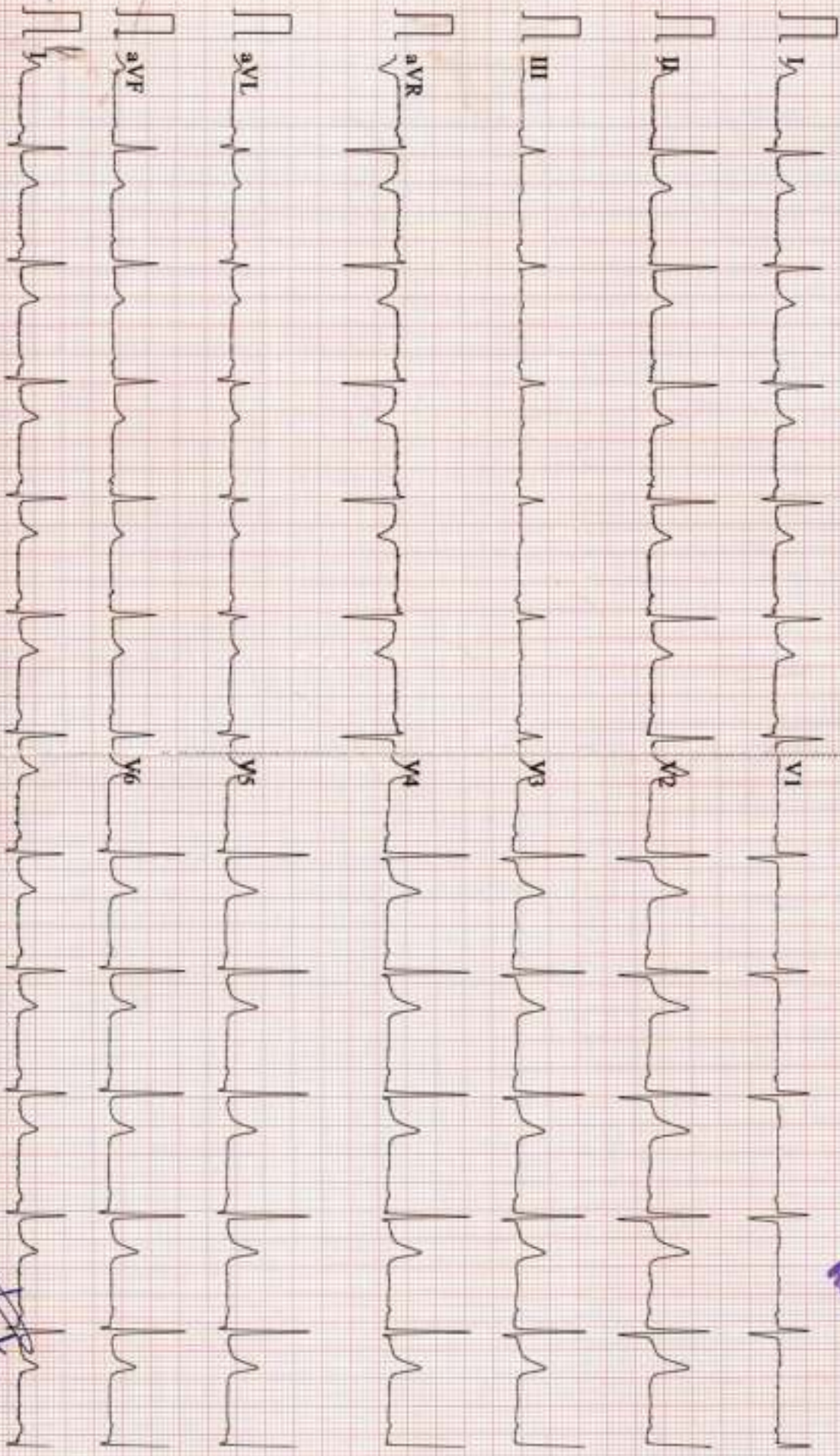
HR : 70 bpm  
P : 100 ms  
PR : 150 ms  
QRS : 74 ms  
QT/QTcBz : 374/404 ms  
PQRST : 17/54/37 °  
RV5/SV1 : 1.458/0.504 mV

Diagnosis Information:  
Sinus rhythm  
Normal ECG

Report Confirmed by:

*Signature*

**DR. ANIL SAHOO**  
MD, PGDCC  
Regn. No. 33201



0.67-45Hz ACS0 25mm/s 10mm/mV 2\*5.0s+1r CARDIART 91

V1.44 Glasgow V28.6.7

*Signature*

CARDIART



<b>Radiology No.</b>	: 3533/OPDPB23DL	<b>Date</b>	: 08-Sep-2023
<b>Patient Name</b>	: Mrs. SHWETA KUMARI	<b>Age/Sex</b>	: 37Y Female
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<b>Referred By</b>	: Dr. INSURANCE	<b>Mobile No.</b>	: 7011322857

## ECHO-DOPPLER REPORT

### Final Interpretation

- No RWMA, LVEF-60-65%
- Trace TR (RVSP- 14 mm Hg)
- Normal mitral inflow pattern
- Grade 1 DD
- No Clot/ Veg/ PE
- IVC normal size with preserved respiratory variation

### M-Mode/2-D Description

- Left Atrium: Normal
- Right Atrium: Normal
- Right Ventricle: Normal
- Aortic Valve: Normal
- Mitral Valve: Normal
- Tricuspid valve: Normal
- Pulmonary Valve: Normal
- Main Pulmonary artery & its branches: Normal
- Pericardium: Normal

### Measurements (mm):

	Observed Values		Normal Values
<b>Aortic root diameter</b>	30		20-36 (22mm/M <sup>2</sup> )
<b>Aortic Valve Opening</b>			15-26
<b>Left Atrium size</b>	38		19-40
	<b>End Diastole</b>	<b>End Systole</b>	<b>Normal Values</b>
<b>Left Ventricle size</b>	45	36	(ED= 37-56)
<b>Inter ventricular Septum</b>	11	14	(ED= 6-12)
<b>Posterior Wall Thickness</b>	10	12	(ED= 5-10)
<b>LV Ejection Fraction (%)</b>	60-65%		55%-80%



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Doppler velocities (cm/sec)

Pulmonary valve		Aortic valve	
<b>Max velocity</b>	59	<b>Max velocity</b>	119
Mitral valve		Tricuspid valve	
<b>E</b>	97	<b>Max PG =</b>	<b>Max Velocity</b>
<b>A</b>	73		188
<b>DT</b>		<b>Mean PG =</b>	<b>Mean Velocity</b>
<b>E/A</b>			14

Regurgitation

MR		TR	
<b>Severity</b>	nil	<b>Severity</b>	trace
<b>Max Velocity</b>		<b>PASP</b>	14
AR		PR	
<b>Severity</b>	nil	<b>Severity</b>	nil

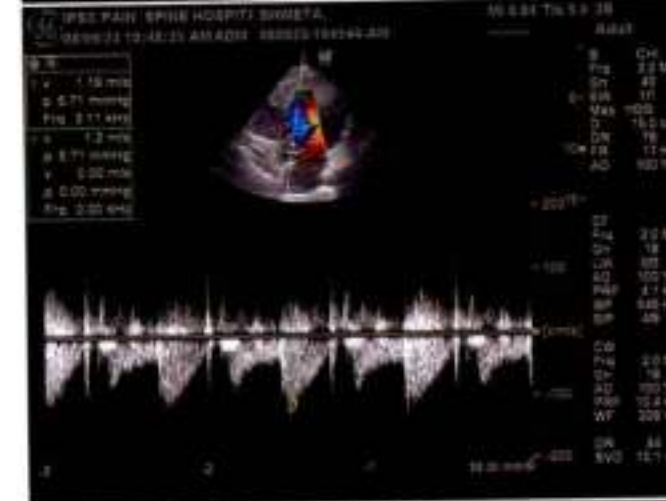
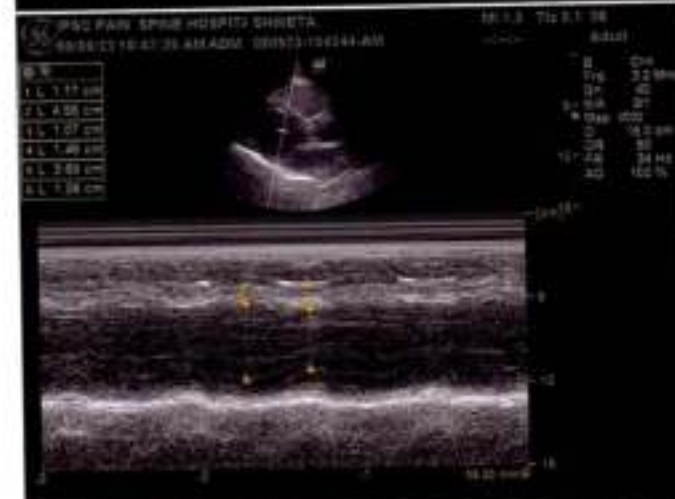
**DR ANIL SAHOO**  
(CARDIOLOGY)



BOOK APPOINTMENT







<b>Radiology No.</b>	: 3533/OPDP823DL	<b>Date</b>	: 08-Sep-2023
<b>Patient Name</b>	: Mrs. SHWETA KUMARI	<b>Age/Sex</b>	: 37Y Female
<b>Guardian Name</b>	:	<b>UHID No.</b>	: 3885/UHID23DL
<b>Referred By</b>	: Dr. INSURANCE	<b>Mobile No.</b>	: 7011322857

## X-RAY CHEST

**Indication:** H/O-Routine check-up.

**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.



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453, Sector 19, Pocket 1, Dwarka, New Delhi, Delhi, 110075, India

New Delhi  
Delhi  
India

2023-09-08(Fri) 09:42(am)

31°C  
88°F





भारतीय पहचान प्रमाण प्रणाली  
UNIQUE IDENTIFICATION AUTHORITY OF INDIA

पता:

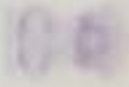
Address:

प्लॉट-3/200, सेक्टर-16  
रोहिणी, रोहिणी सेक्टर १५,  
उत्तर पश्चिमी,  
दिल्ली - 110089

G- 3/200, SECTOR-16 ROHINI,  
Rohini Sector 15, North West Delhi,  
Delhi - 110089

9106 1860 6024

**Aadhaar-Aam Admi ka Adhikar**



भारत सरकार  
GOVERNMENT OF INDIA



श्वेता कुमारी

Shweta Kumari

जन्म तिथि/ DOB: 24/03/1986

लिंग / FEMALE



9106 1860 6024

आधार-आम आदमी का अधिकार