



# SHANYA SCANS & THERANOSTICS

Diagnostics | Interventions | Therapies

**BIGGEST DIAGNOSTICS & THERANOSTICS CENTER IN UTTAR PRADESH**

Name : SHANTI DEVI

Pat No. : 8209

Visit No. : 032310545

Age/Gender : 54-Year(s)/Female

Ref.Dr : NEUBERG THC

Registered on : 09-12-2023 10:05:38

Collected on : 09-12-2023 10:35:00

Reported on : 09-12-2023 17:58:38



032310545

POST PRANDIAL SUGAR  
(PLASMA - PP)

**250.10**

mg/dl

110 - 160 mg/dl

Dr. Siddhant Verma  
MBBS., MD  
Consultant Pathologist



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CIN NO.: U85100UP2020PTC128218

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Registered on : 09-12-2023 10:05:38  
Collected on : 09-12-2023 10:35:00  
Reported on : 09-12-2023 14:25:38



Test	Results	Units	Reference Range
<b>HEMATOLOGY</b>			
<b>CLINICAL LABORATORY REPORT</b>			
E.S.R. (WHOLE BLOOD / Method : Laser based flow cytometry)	52	%	1 - 20
Haemoglobin (WHOLE BLOOD)	10.1	gm/dl	11.0 - 14.0
Total Leucocytes Count (TLC) (WHOLE BLOOD)	7500	/cu mm	4000 - 11000
<b>DIFFERENTIAL COUNT (DC)</b>			
Polymorphs (WHOLE BLOOD)	63	%	40 - 75
Lymphocytes (WHOLE BLOOD)	31	%	20 - 40
Eosinophils (WHOLE BLOOD)	01	%	00 - 06
Monocytes (WHOLE BLOOD)	05	%	00 - 10
Basophil (WHOLE BLOOD)	00	%	00 - 2.00
Platelet Count (WHOLE BLOOD)	1.4	lac	1.5 - 4.5
RBC Count (WHOLE BLOOD)	3.12	million/mm <sup>3</sup>	3.80 - 4.80
P.C.V / HAEMATOCRIT (WHOLE BLOOD)	29.8	%	35 - 45
MCV (WHOLE BLOOD / Method : Calculated)	95.6	fl	80 - 100

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Test	Results	Units	Reference Range
HCT (WHOLE BLOOD)	32.3	pg	27 - 31
HbTC (WHOLE BLOOD)	33.8	gm/dl	33 - 37
RDW - CV (WHOLE BLOOD)	16.9	%	11.6 - 14.0
ABO RH BLOOD GROUPING (BLOOD)	A POSITIVE		
<b>BIOCHEMISTRY</b>			
FASTING BLOOD SUGAR (PLASMA - F)	172.20	mg/dl	70 - 100 mg/dl

Interpretation :

Glucose is a major source of energy for most cells of the body. Diabetes is diagnosed in persons with fasting blood glucose level more than or equal to 126 mg/dL.

Increased levels - Prediabetic, overactive thyroid gland, Pancreatic Cancer, Pancreatitis, (Pheochromocytoma, Acromegaly, Cushing Syndrome or Glucagonoma - rare causes) certain drugs like Corticosteroids, Oestrogen, Salicylates etc.

Decreased levels - Hypopituitarism, Hypothyroidism, Insulinoma, Increase dose of Insulin or other Diabetic Medication and certain drugs like Alcohol, Anabolic steroids, Clofibrate etc.

Glycosylated Hemoglobin (GHb/HbA1c) (WHOLE BLOOD / Method : Ion exchange HPLC (NCEP certified method))	6.4	%	5.7 - 6.4 <5.7 : Non Diabetic 5.7 - 6.4 : Borderline >6.4 : Diabetic
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Comments:

1. 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. Clinical studies suggest that a patient in stable control will

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Test	Results	Units	Reference Range
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- 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.
- Mean Plasma Glucose mg/dL =  $28.7 \times A1C - 46.7$ . Correlation between HbA1c and Mean Plasma Glucose (MPG) is not "perfect" but rather only this means that to predict or estimate average glucose from HbA1c 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.

## KIDNEY FUNCTION TEST

Urea (SERUM / Method : Urease Colorimetric)	31.1	mg/dl	19.0 - 44.0
CREATININE (SERUM / Method : Jaffe Compensated)	0.54	mg/dl	0.50 - 1.40
Uric Acid (SERUM / Method : Uricase Colorimetric)	5.15	mg/dl	2.6 - 7.0
Sodium (NA+) (SERUM / Method : Ion Selective Electrode)	138.2	mmol/L	135.0 - 145.0
CHLORIDE (CL-) (SERUM / Method : Direct ISE Method)	99	mmol/L	98 - 107
Potassium (K+) (SERUM / Method : Ion Selective Electrode)	3.99	mmol/L	3.50 - 5.50

### Interpretation:-

Kidney blood tests, or Kidney function tests, are used to detect and diagnose disease of the Kidney. The higher the blood levels of urea and creatinine, the less well the kidneys are working. The level of creatinine is usually used as a marker as to the severity of kidney failure. (Creatinine in itself is not harmful, but a high level indicates that the kidneys are not working properly. So, many other waste products will not be cleared out of the bloodstream.) You normally need treatment with dialysis if the level of creatinine goes higher than a certain value. Dehydration can also be a come for increases in urea level. Before and after starting treatment with certain medicines. Some medicines occasionally cause kidney damage (Nephrotoxic Drug) as aside-effect. Therefore, kidney function is often checked before and after starting treatment with certain medicines.

## LIVER FUNCTION TEST

Bilirubin Total (SERUM / Method : Diazotized Sulfanilic)	0.66	mg/dl	0.1 - 1.2
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Bilirubin Direct (SERUM / Method : Diazotized Sulfanilic)	0.18	mg/dl	0.0 - 0.25
Bilirubin Indirect (SERUM / Method : Diazotized Sulfanilic)	0.48	mg/dl	0.25 - 0.75
Alkaline Phosphatase (ALP) (SERUM / Method : IFCC)	<b>145.00</b>	U/L	30 - 120
SGOT (AST) (SERUM / Method : IFCC without pyridoxal phosphate)	29.90	U/L	< 40
SGPT (ALT) (SERUM / Method : IFCC without pyridoxal phosphate)	32.20	U/L	0.0 - 41.0
Protein Total. (SERUM / Method : Biuret)	7.11	g/dL.	6.0 - 8.0
Albumin (SERUM)	4.87	g/dL.	3.40 - 5.40
Globulin (SERUM / Method : Calculated)	<b>2.24</b>	g/dL	2.50-3.50
ALB/GLO Ratio (SERUM / Method : Spectrophotometry Method)	<b>2.18</b>		1.20-2.10
<b>LIPID PROFILE</b>			
SERUM CHOLESTEROL (SERUM / Method : By direct enzymatic method)	222.80	mg/ dl	Normal Value Optimal < 200 mg/ dl Border Line High Risk 200-239 mg/ dl High Risk > 240 mg/ dl
TRIGLYCERIDES (SERUM / Method : Spectrophotometry Method)	156.40	mg/dl	Optimal < 150 mg/ dl Border Line High Risk 150-199 mg/ dl High Risk 200-499 mg/ dl

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Protein Total. (SERUM / Method : Biuret)	7.11	g/dL.	6.0 - 8.0
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Test	Results	Units	Reference Range
LDL CHOLESTROL (SERUM / Method : By direct enzymatic method)	141.70	mg/dl	Very High Risk > 500 mg/ dl Optimal < 100 mg/ dl Near or Above Optimal 100-129 mg/dl Border Line High Risk 130-159 mg/ dl High Risk 160-189 mg/ dl Very High Risk > 190 mg/ dl
VLDL (SERUM / Method : Spectrophotometry Method)	31.28	mg/dl	0 - 30
HDL CHOLESTEROL (3RD GEN ) (SERUM / Method : By direct enzymatic method)	29.00	mg/dl	Optimal > 60 mg/ dl Border Line High Risk 40-60 mg/ dl High Risk < 40 mg/ dl

## HORMONE ASSAY REPORT

### Thyroid Profile (T3 T4 TSH)

(SERUM / Method : CLIA)

Triiodothyronine, Total (T3)	1.21	ng/ml	0.80 - 2.00
Thyroxine, Total (T4)	7.4	ug/dl	5.4 - 11.5
Thyroid Stimulating Hormone (TSH)	1.56	uIU/ mL	Non Pregnant: 0.45-4.50 Pregnant Female: I trimester: 0.1-2.5 II trimester: 0.2-3.0 III trimester: 0.3-3.0

### Interpretation (s):

TSH stimulates the production and secretion of the metabolically active thyroid hormones, thyroxine (T4), by interacting with a specific receptor on the thyroid cell surface. The synthesis and secretion of TSH is stimulated by Thyrotropin releasing hormone (TRH), in

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Visit No. : 032310595  
Age/Gender : 54-Year(s)/Female  
Ref.Dr : NEUBERG THC

Registered on : 09-12-2023 14:24:13  
Collected on : 09-12-2023 14:26:00  
Reported on : 09-12-2023 14:30:02



Test	Results	Units	Reference Range
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## CLINICAL LABORATORY REPORT

### CLINICAL PATHOLOGY

#### URINE EXAMINATION

##### PHYSICAL EXAMINATION

(URINE)

COLOUR	Pale Yellow		Pale Yellow
APPEARANCE	Clear		
SPECIFIC GRAVITY	1.020		1.010 - 1.030
pH	6.5		5.0 - 7.0

##### CHEMICAL EXAMINATION

(URINE)

PROTEIN	NIL		NIL
SUGAR	NIL		NIL
BILE SALTS	NIL		
BILE PIGMENT	NIL		

##### MICROSCOPIC EXAMINATION

(URINE)

PUS CELLS	1-2	/HPF	0 - 5
RBC'S	NIL	/HPF	NIL
EPITHELIAL CELLS	0-1	/HPF	0 - 2
CASTS	NIL	/LPF	NIL
BACTERIA	NIL	/HPF	NIL
OTHER	NIL		

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Test	Results	Units	Reference Range
CRYSTALS	NIL	/LPF	NIL
KETONE	Negative		

-- End of Report --

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UHID	SAN2300007760	Referred By	NEUBERG THC		

## USG SONOMAMMOGRAPHY BILATERAL

### RIGHT-

Normal heterogeneous fibroglandular parenchyma is seen.

No evidence of obvious mass lesion noted in the right breast.

Nipple-areolar complex appears normal.

No evidence of skin thickening noted.

Chest wall appears normal.

Few subcentimetric right axillary lymph nodes with maintained central fatty hila are seen (SAD ~ 8 mm). Two subcentimetric lymph nodes with maintained fatty hilum are seen in breast parenchyma in outer lower quadrant (SAD ~ 8mm).

### LEFT-

Normal heterogeneous fibroglandular parenchyma is seen.

No evidence of obvious mass lesion noted in the left breast.

Nipple-areolar complex appears normal.

No evidence of skin thickening noted.


Chest wall appears normal.

Few subcentimetric left axillary lymph nodes with maintained central fatty hila are seen. (SAD~ 7mm).

### IMPRESSION:

- Normal mammogram of both breasts - BIRADS 1.

*Please correlate clinically*

  
Dr. Rani Kanti R. Singh  
MBBS, DMRD, DNB  
(Radiodiagnosis)  
EX-SR (SGPGI)  
Consultant Radiologist

Dr. Nishant Yadav  
MBBS, DNB  
(APOLLO HOSPITAL, BBSR)  
EX-SR (KGMU)  
Consultant Radiologist

Dr. Shweta Tulsiani  
MBBS, MD  
Fellowship in Oncoimaging  
(Tata, Kolkata)  
Consultant Radiologist

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## X-RAY CHEST PA VIEW

### FINDINGS:

- Both lung fields are clear.
- Cardiac shadow appears to be within normal limits.
- Both hila are normal.
- Both domes of diaphragm are normal.
- Bilateral costophrenic and cardio-phrenic angles are clear.
- Visualized bones & soft tissue shadows are normal.


### IMPRESSION:

- No significant abnormality detected.

*Please correlate clinically*

Dr. Rani Kunti R. Singh  
MBBS, DMRD, DNB  
(Radiodiagnosis)  
EX-SR (SGPGI)  
Consultant Radiologist

Dr. Nishant Yadav  
MBBS, DNB  
(APOLLO HOSPITAL, BBSR)  
EX-SR (KGMU)  
Consultant Radiologist

  
Dr. Shweta Tulsiani  
MBBS, MD  
Fellowship in Oncoimaging  
(Tata, Kolkata)  
Consultant Radiologist



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## 2D ECHO WITH COLOUR DOPPLER REPORT M-MODE ECHO MEASUREMENTS

### MITRAL VALVE STUDY

MVA 2D	Normal			Cm <sup>2</sup>	BY PHT	Normal		cm <sup>2</sup>
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### LA/AO STUDY

AO Root	2.94	cm	LA Diameter	3.62	cm
Ao Valve opening	1.70	cm			

### LV STUDY

IVS (ED)	0.90	cm	IVS (ES)	1.36	cm
LVID (ED)	4.86	cm	LVID (ES)	3.05	cm
LVPW (ED)	0.90	cm	LVPW(ES)	1.36	cm
LVEF	67	%	FS	37	%

### 2D OBSERVATION

Mitral valve	Normal	Left ventricle	Normal
AO valve	Normal	Right ventricle	Normal
Pulmonary valve	Normal	Left atrium	Normal
Tricuspid valve	Normal	Right atrium	Normal
Ventricular septum	Intact	Pericardium	Normal
Atrial septum	Intact		

Others: No pericardial Effusion.

### DOPPLER STUDIES

	Velocity		Pattern	Gradient	Leak
Mitral E Wave	0.80	m/sec	E > A		0/4
A Wave	0.73	m/sec			
Aortic	1.36	m/sec	Normal		0/4
Pulmonary	1.13	m/sec	Normal		0/4
Tricuspid E Wave		m/sec	Normal		1/4
A Wave		m/sec			

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## CONCLUSION

- NO RWMA.
- LEFT VENTRICLE EF- 67%.
- NO EVIDENCE OF LV DIASTOLIC DYSFUNCTION.
- NO MR/AR/PR.
- TRIVIAL TR, NO PAH.
- IAS/IVS INTACT.
- IVC NORMAL SIZE WITH > 50 % RESPIRATORY VARIATION.
- NO CLOT/VEGETATION/PERICARDIAL EFFUSION.

DR. ANUPAM MEHROTRA  
MD Medicine DM Cardiology

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UHID	SAN2300007760	Referred By	NEUBERG THC		

## USG WHOLE ABDOMEN

**LIVER** is mildly enlarged in size (~ 15.8 cm) and shows homogenously increased echogenicity. No evidence of focal space occupying lesion. No evidence of intrahepatic biliary radicles dilatation. Hepatic and Portal Veins shows normal caliber.

**GALL BLADDER:** is normal and shows smooth walls. No evidence of sludge/calculus. No pericholecystic free fluid / inflammation seen. Common Bile Duct shows normal caliber

**SPLEEN:** is normal in size (~ 10.2 cm) and shows normal echotexture.

**PANCREAS:** shows normal in size, shape and parenchymal echotexture. Main pancreatic duct is not dilated. No peripancreatic inflammatory changes.

**KIDNEYS:** Both kidneys are normal in size, shape and location and shows normal echotexture with maintained cortico-medullary differentiation. No evidence of calculus/ No hydronephrosis seen. Perinephric regions appear normal.

Right kidney measures - 9.5x4.0 cm. Left kidney measures - 10.3x4.1 cm.

**URINARY BLADDER:** is normally distended with echofree lumen, and shows normal wall thickness. No evidence of diverticulum or calculus.

**UTERUS:** - is post-menopausal and atrophic. Bilateral adnexa are clear.

No free fluid in POD. No evidence of ascites.

No retroperitoneal / abdominal lymphadenopathy seen.

### IMPRESSION:

- Mild Hepatomegaly with Grade I fatty changes in liver

Please correlate clinically

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प्लॉट नंबर TC-49-V-VIII लोहिया अस्पताल आधार बिल्डिंग के सामने, पॉलिटेक्निक चौराहा पेट्रोल पंप के पीछे, विभूति खंड, गोमती नगर, लखनऊ  
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LD 7758  
AGE: 54 Y M D  
Cms

CASE: 2  
K9

MRS. SHANTI DEVI  
FEMALE

09/12/2023 15:09:34  
SHANYA SCAN AND THERONOSTIC CENTRE  
NEAR LOHIYA HOSPITAL LUCKNOW

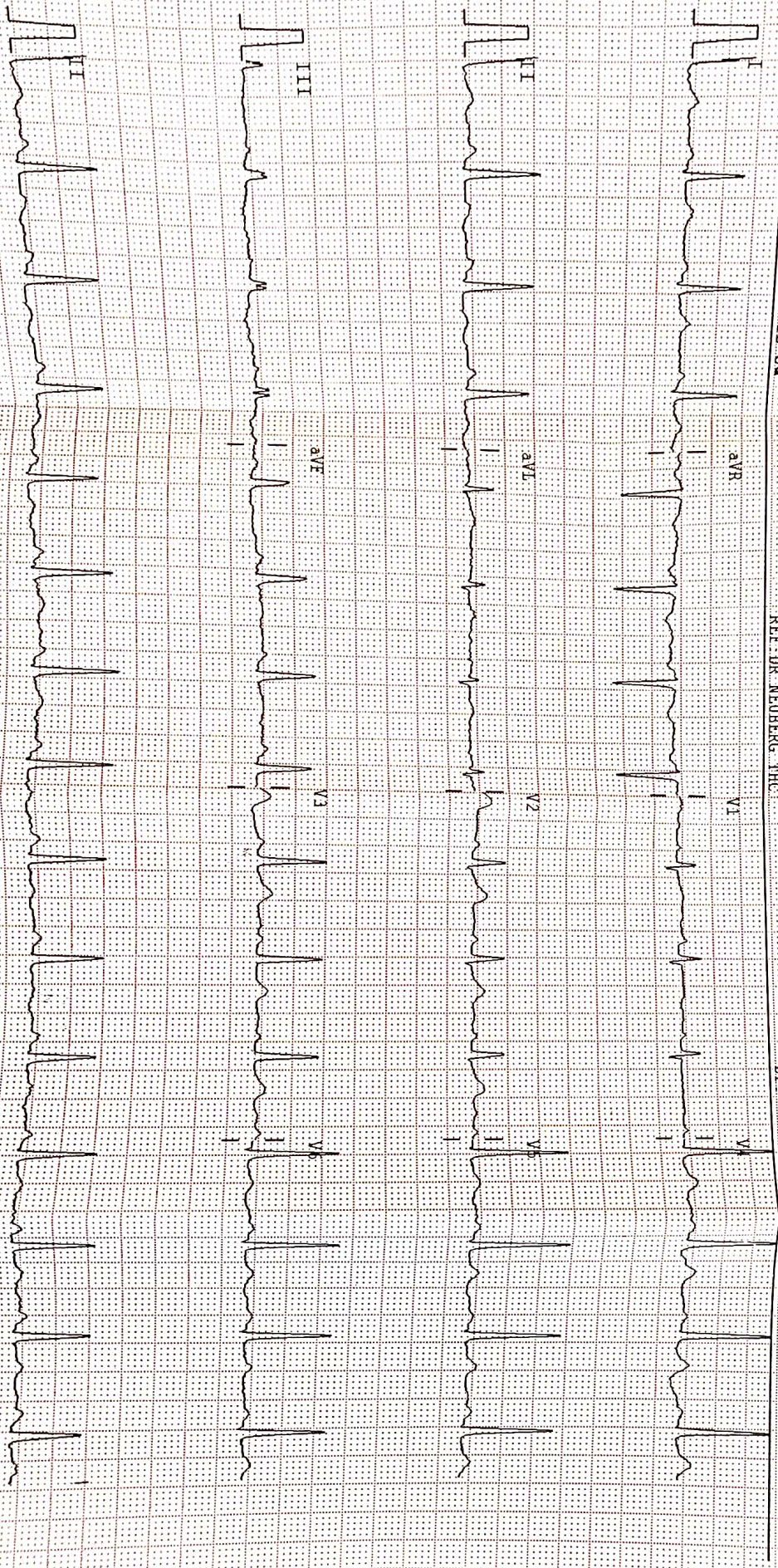
RATE 87 bpm  
R-R 687 ms  
P-R 142 ms  
QRS 84 ms  
QT 348 ms  
QTc 395 ms

---AXIS---  
P 60°  
QRS 48°  
T 11°  
NORMAL ECG

12 SL. REPORT FORMAT: 3x4+11 SQ

REF: DR. NEUBERG, THC

Dr.



25mm/sec 10 mm/mV Notch: ON BLC: ON 0.05-35 Hz ALLENGERS PISCES 1012/VER: 1.11 CLINICALLY CORRELATE THE FINDINGS