



A ISO 9001: 2015 Certified Lab

Bal. 3180

# S.V. SCIENTIFIC PATHOLOGY

## Bharti Hospital

SONKH ROAD, KRISHNA NAGAR, MATHURA

DR. SHIKHA VYAS

D.C.P. (PATH.)

R.NO. 52957/ 17.08.2006

Date	25/02/2023	Srl No.	103	Sex	F
Name	MRS. JUHI	Age	33 Yrs.	OUT SIDE SAMPLE	
Ref. By	C/O BOB				

Investigation Name	Result Value	Unit	Biomedical Ref Range
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**HAEMATOLOGY - TEST REPORT**

HAEMOGLOBIN (HB)	13.2	gm/dl	11.5 - 16.0
TOTAL LEUCOCYTIC COUNT (TLC)	7,800	/cumm	4000 - 11000
DIFFERENTIAL LEUCOCYTE COUNT (DLC)			
NEUTROPHIL	59	%	40 - 80
LYMPHOCYTE	35	%	20 - 40
EOSINOPHIL	04	%	1 - 6
MONOCYTE	02	%	2 - 10
BASOPHIL	00	%	1 - 2
R B C	4.54	millions/cmm	3.8 - 4.8
P.C.V / HAEMATOCRIT	39.7	%	36.0 - 46.0
M C V	87.4	fl.	82.0 - 101.0
M C H	29.1	picogram	27.0 - 32.0
M C H C	33.2	gm/dl	31.5 - 34.5
PLATELET COUNT	274	$\times 10^3/\mu\text{L}$	150 - 450
MEAN PLATELET VOLUME	10.6	fl	7.5 - 11.5
RDW-CV	15.8	%	11.5 - 14.5
ERYTHROCYTE SED.RATE(WGN)	32	mm/1st hr.	0.00 - 20.0
Automated Mini ESR			
BLOOD GROUP ABO	" O "		
RH TYPING	POSITIVE		

The upper agglutination test for grouping has some limitations.  
For further confirmation Reverse typing card ( Dia clon ABO / D ) Method is suggested.

HbA1C (GLYCOSYLATED Hb)	5.21	%	
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Contd...2



All Tests have Technical Limitations. Collaborative clinicopathological interpretation is mandatory. In Case of disparity Test may be repeated immediately. Test marked with an (\*) are not accredited by NABL

**Mathura Lab Details :**

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METHOD : HIGH PERFORMANCE LIQUID CHROMATOGRAPHY. ( HPLC )  
( BIO-RAD DIASTAT )

**EXPECTED VALUES :-**

Metabolically healthy patients =	4.8 - 6.0 % HbA1c
Good Control =	5.5 - 6.8 % HbA1c
Fair Control =	6.8-8.2 % HbA1c
Poor Control =	>8.2 % HbA1c

HBA1C ESTIMATED AVERAGE GLUCOSE (eAG) 102.306

65.00 - 135.00

**REMARKS:-**

In vitro quantitative determination of HbA1c in whole blood is utilized in long term monitoring of glycoemia .The HbA1c level correlates with the mean glucose concentration prevailing in the course of the patient's recent history (approx - 6-8 weeks) and therefore provides much more reliable information for glycoemia monitoring than do determinations of blood glucose or urinary glucose.

It is recommended that the determination of HbA1c be performed at intervals of 4-6 weeks during diabetes mellitus therapy. Results of HbA1c should be assessed in conjunction with the patient's medical history, clinical examinations and other findings.

**Estimated average glucose (eAG) -** There is a predictable relationship between HbA1c and eAG. It helps people with diabetes to correlate their A1c to daily glucose monitoring levels. It reflects the average glucose levels in the past 2-3 months. The eAG calculation converts the A1c percentage to the same units used by glucometers-mg/dL. The following table shows the relationship of eAG and A1c.

HbA1c (%)	eAG (mg/dL)
5	97
6	126
7	154
8	183
9	212
10	240
11	269
12	298



Contd...3

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Investigation Name	Result Value	Unit	Biomedical Ref Range
--------------------	--------------	------	----------------------

### BIOCHEMISTRY - TEST REPORT

BLOOD SUGAR FASTING	87.9	mg/dl	
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#### REFERENCE RANGE :

Normal	:	< 110
Impaired Glucose Tolerance	:	110 - 125
Diabetes Mellitus	:	≥126

CREATININE	0.67	mg/dl	0.50 - 1.30
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Neonates(premature): 0.29 - 1.04  
 Neonates(Full term): 0.24 - 0.85  
 2 - 12 Months : 0.17 - 0.42  
 1 - <3 Yrs : 0.24 - 0.41  
 3 - <5 Yrs : 0.31 - 0.47  
 5 - <7 Yrs : 0.32 - 0.59  
 7 - <9 Yrs : 0.40 - 0.60  
 9 - <11 Yrs : 0.39 - 0.73  
 11 - <13 Yrs : 0.53 - 0.79  
 13 - <15 Yrs : 0.57 - 0.87

URIC ACID	3.30	mg/dl	2.4 - 5.70
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BLOOD UREA NITROGEN (BUN)	12.3	mg/dl	5.0 - 21.0
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#### LIPID PROFILE

SERUM CHOLESTEROL	165.8	mg/dl	
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Optimal	< 200	mg/dl
Border Line High Risk	200 - 239	mg/dl
High Risk	> 240	mg/dl

Contd...4



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Srl No. 103

Name MRS. JUHI

Age 33 Yrs.

Sex F

Ref. By C/O BOB

OUT SIDE SAMPLE

Investigation Name	Result Value	Unit	Biomedical Ref Range
<b>TRIGLYCERIDES</b>	127.4	mg/dL	
Optimal	< 150	mg/dl	
Border Line High Risk	150 - 199	mg/dl	
High Risk	200 - 499	mg/dl	
Very High Risk	> 500	mg/dl	
<b>H D L CHOLESTEROL( direct )</b>	46.9	mg/dL	
	<b>Male</b>		<b>Female</b>
Optimal>	55 mg/dl		> 65 mg/dl
Border Line High Risk	35 - 55 mg/dl		45 - 65 mg/dl
High Risk	< 35 mg/dl		< 45 mg/dl
<b>L D L CHOLESTEROL ( DIRECT )</b>	93.42	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	
<b>V L D L</b>	25.48	mg/dl	25.0 - 40.0
<b>SERUM CHOLESTEROL/HDL RATIO</b>	3.535		
<b>LDL / HDL CHOLESTEROL RATIO</b>	1.992		0.00 - 3.55

**R.O. risk factor**

Risk Factor of Coronary Heart Disease.

Positive Risk Factors

1. Age - Males &gt;45 Yrs.

Females &gt;55 Yrs. or premature menopause

without estrogen replacement therapy.

2. Family history of premature coronary heart disease.

3. Cigarette smoking.

4. Hypertension (&gt;140/90 mm Hg or on antihypertensive medication)

5. Low HDL Cholesterol &lt;30 mg/dl

6. Diabetes mellitus

Negative Risk Factor

Contd...5



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Date 25/02/2023  
Name MRS. JUHI  
Ref. By C/O BOB

Srl No. 103  
Age 33 Yrs.

Sex F  
OUT SIDE SAMPLE

Investigation Name	Result Value	Unit	Biomedical Ref Range
--------------------	--------------	------	----------------------

1. High HDL Cholesterol >60 mg/dl

**BIOCHEMISTRY - TEST REPORT****L.F.T / LIVER FUNCTION TEST**

TOTAL BILIRUBIN	0.48	mg/dl	0.20 - 1.00
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**Reference range**

Reference range according to Thomas  
Total bilirubin : up to 1.1 mg/dl

Reference range according to Sherlock and Meites  
Adults and children : up to 1.0 mg/dl

**New born****Age of new born**

24 hours

48 hours

3 - 5 days

**Age of new born**

24 hours

48 hours

3-5 days

**Premature**

1.0 - 6.0 mg/dl

6.0 - 8.0 mg/dl

10.0 - 15.0 mg/dl

**Full term**

2.0 - 6.0 mg/dl

6.0 - 7.0 mg/dl

4.0 - 12.0 mg/dl

CONJUGATED (D. Bilirubin)	0.25	mg/dl	0.1 - 0.4
UNCONJUGATED (I.D. Bilirubin)	0.23	mg/dl	0.2 - 0.7
TOTAL PROTEINS	6.92	gm/dl	6.0 - 8.2
ALBUMIN	3.87	gm/dl	3.5 - 5.2
GLOBULIN	3.05	gm/dl	2.3 - 3.5
A/G RATIO	1.269	gm/dl	0.8 - 2.0
S.G.O.T (AST)	21.4	U/L	0.0 - 35.0
S G.P.T (ALT)	18.5	U/L	0.0 - 45.0
ALKALINE PHOSPHATASE OPTIMIZED	68.9	U/L	0 - 0

Contd...6



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Date: 25/02/2023      Srl No. 103  
Name: MRS. JUHI      Age: 33 Yrs.      Sex: F  
Ref. By: C/O BOB      OUT SIDE SAMPLE

Investigation Name	Result Value	Unit	Biomedical Ref Range
<b>Expected Values :</b>			
Aged 1 Day	< 250	U/L	
Aged 2 to 5 Days	< 231	U/L	
Aged 6 Days to 6 Months	< 449	U/L	
Aged 7 Months to 1 Year	< 426	U/L	
Aged 1 - 3 Yrs	< 281	U/L	
Aged 4 - 6 Yrs	< 269	U/L	
Aged 7 - 12 Yrs	< 300	U/L	
Aged 13 - 17 Yrs ( Male)	< 390	U/L	
Aged 13 - 17 Yrs ( Female)	< 187	U/L	
Men ( Adult)	40 - 129	U/L	
Women ( Adult)	35 - 104	U/L	

GGTP      22.40      U/L      0.80 - 55.0

### IMMUNOLOGY - SEROLOGY TEST REPORT

HBsAg      NON REACTIVE

Method :- 3<sup>rd</sup> Generation sandwich immunoassay  
LIMITATIONS

As with all diagnostic tests all results must be considered with other clinical information available . A definite clinical diagnosis should only be made after all clinical and laboratory findings have been evaluated.

This test kit cannot detect less than 1 ng/mL of HBsAg in specimens. If the test result is negative and clinical symptoms persist additional follow -up testing using other clinical methods is suggested. A negative results at any time does not preclude the possibility of Hepatitis B infection.

\*\*\*\* Report Completed\*\*\*\*



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BILLNO	5759	REF. DOCTOR	C/O. BOB
PATIENT NAME	MRS. JUHI	AGE	32 Year 0 Month
REGNo Mo	NO	SEX	F
		PRINT DATE:	25/02/2023 5:33:02PM

TEST	VALUE	UNIT	NORMAL VALUE
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### URINE ROUTINE MICROSCOPIC

#### PHYSICAL EXAMINATION

QUANTITY	20	ml
COLOUR	PALE YELLOW	
TRANSPARENCY	CLEAR	
SPECIFIC GRAVITY	1.015	
pH	6.0	

#### CHEMICAL EXAMINATION

ALBUMIN	NIL
REDUCING SUGAR	NIL
BILE SALTS	NIL
BILE PIGMENT	NIL
KETONE	NIL

#### MICROSCOPIC EXAMINATION

PUS CELLS	2-3	/HPF	2 - 3
EPITHELIAL CELLS	3-4	/HPF	2 - 3
RBCs	NIL	/HPF	2 - 3
CRYSTALS	NIL		
CASTS	NIL		
BACTERIA	NIL		
OTHERS	NIL		



*Shikha*  
DR. SHIKHA VYAS  
DCP(PATH)  
R.No.52957/17.08.2006

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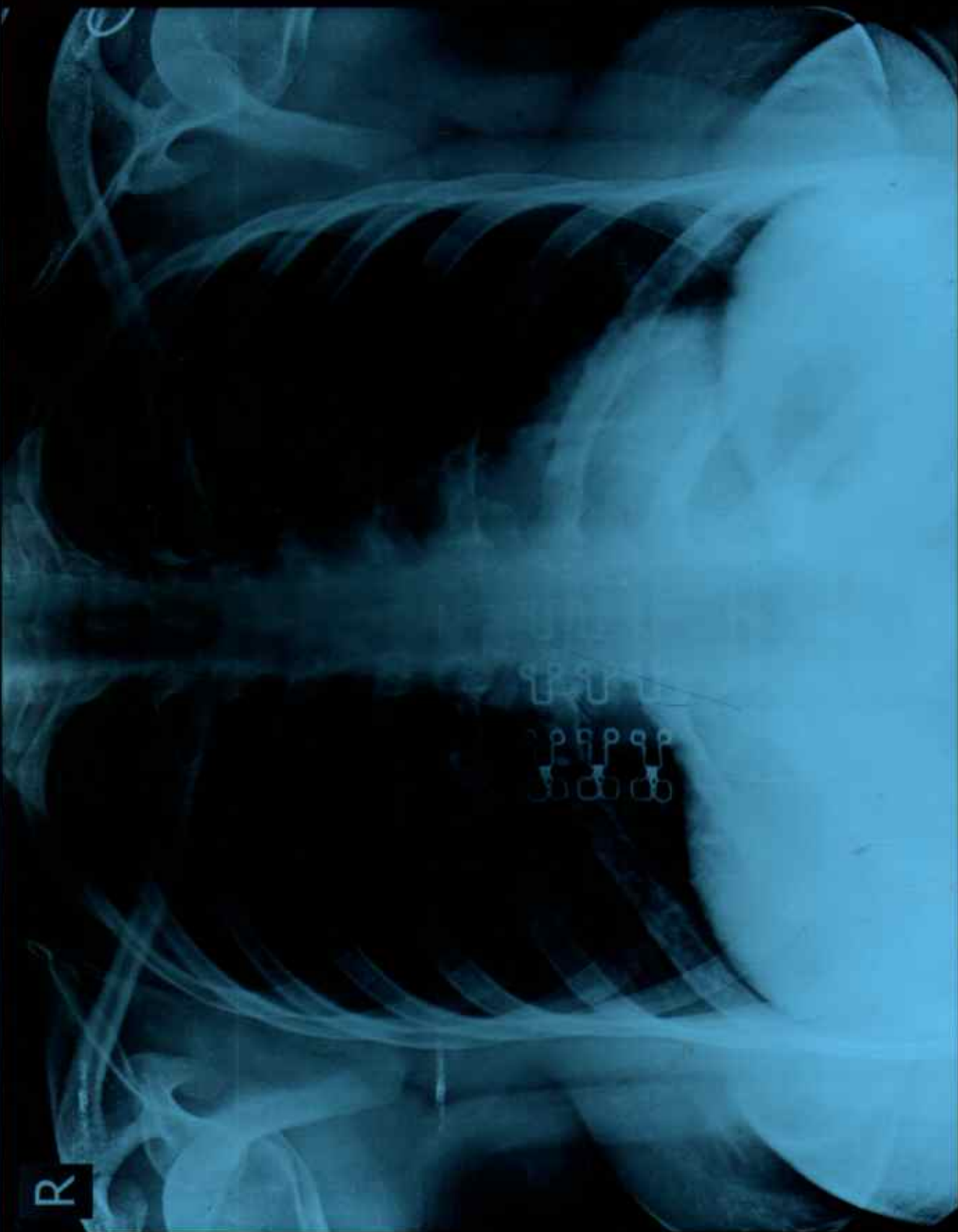
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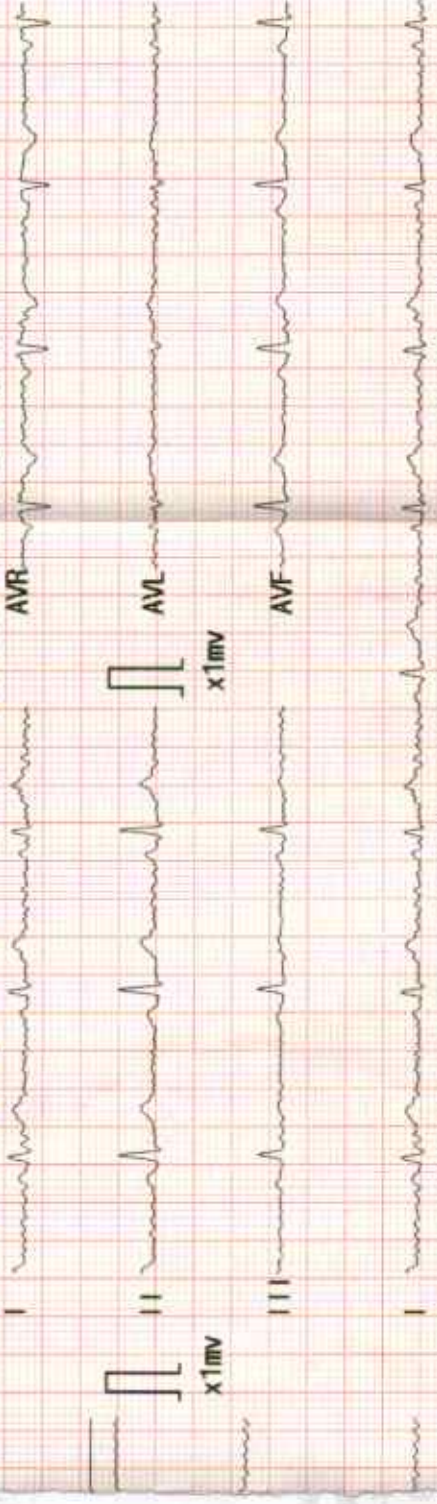
JUHI MASIH 32Y FEMALE  
CHEST PA

26/02/2023 12:05:30

BHARTI HOSPITAL SONKH ROAD, KRISHNA NAGAR MATHURA



50 ID: 20230225085351 Name: juhi 25mm/s 0.5-25Hz AC: 50Hz 10mm/mv



x1mv

x1mv

Organization: Doctor:

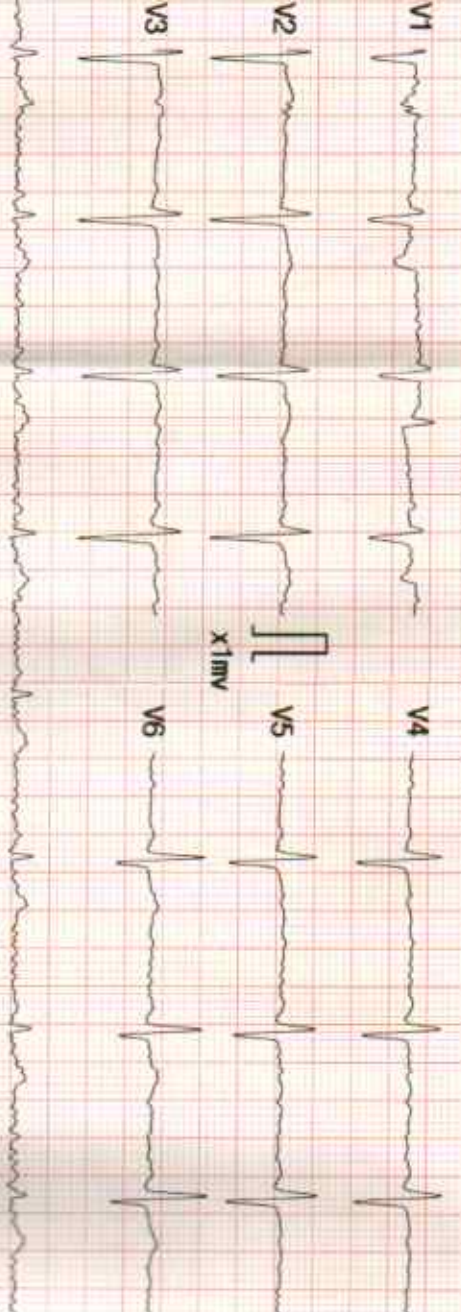
01-42-100-5305-25-50

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01-42-100-5305-25-50

CARDIART



ID : 20230225085351  
Name : Juhl  
Sex : Female  
Age : 32  
HR : 69 bpm  
R-R : 863 ms  
P-R : 150 ms  
QRS : 93 ms  
QT/QTc : 362/390 ms  
P/QRS/T : 80/ 65/ 46  
RV5/SV1 : 0.474/-0.512 mV  
RV5+SV1 : -0.039 mV  
QTcf : 0.419

001: Sinus Rhythm  
171: Normal ECG

Reference Report Confirmed by:

02-25-2023 08:54:10

BPL-07



# Bharti Hospital

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REG...NO : 2023-202506

NAME : MRS. JUHI

REF...BY: DR. BHARTI GARG (M.D.)

Date : .....

DATE : 25/02/2023

AGE /SEX: 33 Y/F

## 2D REAL TIME GENERAL SONOLOGICAL STUDY OF WHOLE ABDOMEN

**LIVER:** Is normal in size & parenchymal echotexture. Margins are regular. Intra hepatic bile ducts (IHD) are not dilated. No focal mass seen. Portal Vein & C.B.D. is normal in caliber.

**GALL BLADDER:** No calculi/mass lesion is seen in its lumen. No pericholecystic collection is seen.

**SPLEEN:** is normal in size and shape. Echotexture appears normal.

**PANCREAS:** Shows normal size and echotexture. No focal mass / peripancreatic collection is seen.

**RIGHT KIDNEY:** Shows normal position, size, shape and contour. Cortical echotexture is normal. CMD is maintained. No calculus /hydronephrosis is seen.

**LEFT KIDNEY:** Shows normal position, size, shape and contour. Cortical echotexture is normal. CMD is maintained. No hydronephrosis,

No free fluid/ retroperitoneal adenopathy is seen.

**U.BLADDER:** is normal in distension and in wall thickness. Lumen is clear. No calculus or mass lesion is seen.

**UTERUS:** is normal in size and echotexture. Endometrial thickness is 8.0mm. No focal or diffuse mass lesion is seen. Cervix appears normal.

Both ovaries are normal in size and echotexture.

Cul de sac is clear.

**NOTE-** Excessive Gas is Present in Abdomen.

**IMPRESSION:** No Abnormality Detected.

SONOLOGIST

Best efforts were made during investigation, however in case of any Confusion/ Confirmation review can be done, free of cost. Not valid for medico-legal purpose.

Facilities

ICU, Facility for Medical & Cardiac Emergency, ECG, Nebulizer, Centralized Oxygen, Monitor BIPAP, Defibrillator, Echo Cardiography, TMT, X-ray, PFT, Computerised Pathology

यहें भूषण-रहित तरीक़ासे नहीं किया जाता है। यह एक दृष्टिकोण अपराम है।

This Report is only A Professional Opinion & Should Be Clinically Co-related

NOT VALID FOR MEDICO-LEGAL PURPOSE

सभी प्रकार के हेल्थ चेकअप पैकेज उपलब्ध





# Bharti Hospital

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Date : .....

REG...NO: 2023-202501

NAME: MRS. JUHI

REF...BY: BOB

DATE: 25/02/2023

AGE: 33 Y/F

## ECHO CARDIOGRAPHY REPORT

### Measurements

Aortic root diameter:	31 mm	(20-37mm)
Aortic valve diameter:	23 mm	(15-26mm)
LV dimension:		(19-40mm)
LVD(systolic):	33 mm	(22-40mm)
LVD(diastolic):	46 mm	(37-56mm)
RVD(diastolic):	18 mm	(7-23mm)
IVST	ES: 12.7	ED: 11.8
LVPWT	ES: 12.2	ED: 9.0
LA(diastolic):	30.8mm	(19-40mm)

### INDICES OF LV FUNCTION:

EPSS		(< 9mm)
Fractional shortening	30%	(24-42%)
Ejection fraction	60%	(50-70%)

### IMAGING:

M mode examination revealed normal movements of both mitral leaflets during diastole(DE-18mm,EF-130mm/sec). No mitral valve prolapse is seen.

Aortic cusps are not thickened and closure line is central, tricuspid and pulmonary valves are normal. Aortic root is normal in size.

Dimension of left atrium and left ventricle are normal.

**2D imaging in PLAX, SAX and apical view** revealed a normal size left ventricle.

No regional wall motion abnormality present.

Global LVEF is 60%.

Mitral valve opening is normal. No mitral valve prolapse is seen.

Aortic valve has three cusps and its opening is not restricted.

Tricuspid valve leaflets move normally. Pulmonary valve is normal.

Interatrial and interventricular septa are intact.

**No intra cardiac mass or thrombus is seen. No pericardial effusion is seen.**

Facilities

ICU, Facility for Medical & Cardiac Emergency, ECG, Nebulizer, Centralized Oxygen, Monitor BIPAP, Defibrillator, Echo Cardiography, TMT, X-ray, PFT, Computerised Pathology

सर्व ध्यान-सिद्ध परीक्षण नहीं किया जाता है। यह एक दृष्टिकोण अपराम है।

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Date : .....

## DOPPLER :

MV	1.10/0.53m/sec.	MR : nil
AV	0.97 m/sec.	AR : nil
TV	0.45 m/sec.	TR : nil
PV	0.64 m/sec.	PR : nil

## COLOUR FLOW

Normal flow signals are seen across all cardiac valves.  
No flow signals are seen across IAS and IVS.

## FINAL DIAGNOSIS :

Normal cardiac chamber dimension  
No regional wall motion abnormality is present.  
Systolic left ventricle function is normal with EF 60%.  
Diastolic left ventricle function is normal.  
Colour flow through all the valves is normal with no structural abnormality.  
No intracardiac thrombus or mass is seen.  
No pericardial effusion is present.

DR. BHARTI GUPTA (M.D)

All congenital heart defect can not be detected by transthoracic echocardiography.  
In case of disparity test should be repeated at higher cardiac centre. Not valid for  
medico-legal purpose.

Facilities

ICU, Facility for Medical & Cardiac Emergency, ECG, Nebulizer, Centralized Oxygen, Monitor  
BIPAP, Defibrillator, Echo Cardiography, TMT, X-ray, PFT, Computerised Pathology

यहाँ भूज-सिंग परीक्षण नहीं किया जाता है। यह एक दृश्यदीर्घ अपराध है।

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