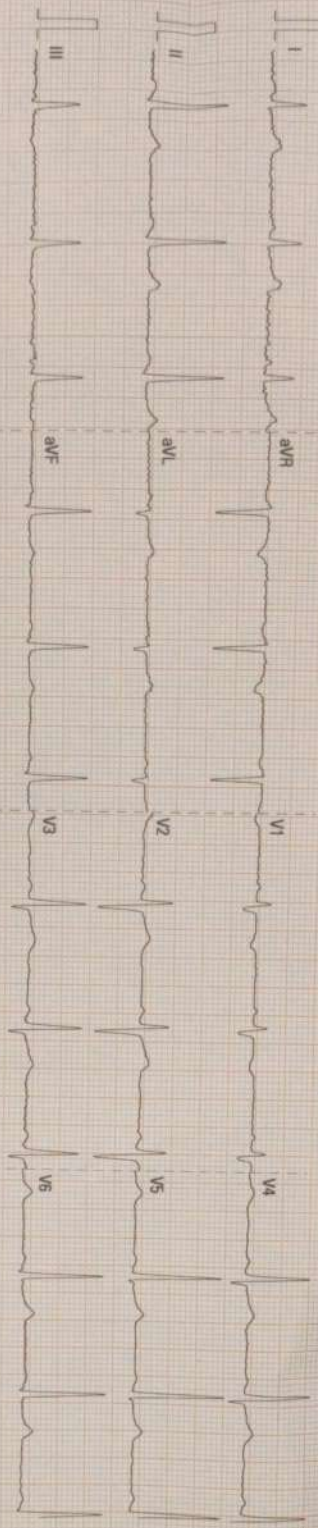


25 mm/s 0.02s 10 mm/mV 50 Hz BORN 20 Hr QTc Hodges 02 09 00 V28 4.1 SN FK 0002501 1

ID: 2024043012035809 Name: 2024-05-01 11:33:03

MISS. HASSIMAN KAVUR ARI 24/8/21



ID: 2024043012035809
 Name: MISS. HASSIMAN KAVUR ARI 24/8/21
 Vent. Rate (bpm) 59
 PR Interval (ms) 130
 QRS Duration (ms) 82
 QT/QTc Interval (ms) 386/402
 P/QRS/T Axes (deg) 31/56/21

Sinus rhythm
 Interpretation made without knowing patient's gender/age
 Normal ECG Unconfirmed Diagnosis

Dr. Krishp. Murari Prasad
 MBBS, DPM Cardiology



CAARDIPRINT

INV. No. QLSR-INV-E-01585/(2024-2025)(1571)
Patient Name **HARSIMRAN KAUR**
Age/Gen 24 Years | Female
Referred By **Dr. Self**
Source BERLIN DIAG CGHS OSS* - (3)

Patient ID 1585
Invoice Generated 01/05/2024 12:21 PM
Sample Received 01/05/2024 12:21 PM
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Report Of Biochemistry Examination

Investigation	Result	Unit(s)	Reference Range
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GLUCOSE FASTING (FBS)

Plasma Glucose(F) Method (GOD-POD Method)	81.4	mg/dL	65 - 110
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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.

GLUCOSE, POST PRANDIAL 2 HOURS

Plasma Glucose(PP) Method (GOD-POD Method)	118	mg/dL	75 - 140
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Note :

1. The diagnosis of Diabetes requires a fasting plasma glucose of $>$ or $=$ 126 mg/dL and/or a random / 2 hr post glucose value of $>$ or $=$ 200 mg/dL on at least 2 occasions
2. Very low glucose levels cause severe CNS dysfunction
3. Very high glucose levels ($>$ 450 mg/dL in adults) may result in Diabetic Ketoacidosis & is considered critical

LIPID PROFILE

Serum Triglyceride Method (Enzymatic,end point)	67.6	mg/dL	$<$ 150
Serum Cholesterol Method (Oxidase, Esterase, Peroxidase)	125	mg/dL	125 - 200
Serum HDL-Chol Method (PTA/MgC12, Reflectance photometry)	32.25	mg/dL	30 - 65
Serum LDL-Chol Method (Direct Homogeneous, Spectrophotometry)	78.75	mg/dL	85 - 150
Serum VLDL-Chol	14	mg/dL	5 - 40
Serum LDL/HDL Cholesterol Ratio Method (Calculated)	2.44		1.5 - 3.5
Serum Cholesterol/ HDL Ratio Method (Calculated)	3.88		Low Risk(0 - 3) High Risk(5 - 10)

Interpretation :

NATIONAL LIPID	TOTAL CHOLESTEROL in	TRIGLYCERIDE	LDL	NON	HDL
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Report ID:- 2171 | Page 1/4



R. Verma
Dr. R. Verma
MBBS, MD(Pathology)

INV. No. QLSR-INV-E-01585/(2024-2025)(1571)
Patient Name **HARSIMRAN KAUR**
Age/Gen 24 Years | Female
Referred By **Dr. Self**
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Report Of Biochemistry Examination

Investigation	Result	Unit(s)	Reference Range
ASSOCIATION RECOMMENDATIONS (NLA-2014)	mg/dL	in mg/dL	CHOLESTEROL in mg/dL
Optimal	<200	<150	<100
Above Optimal	-	-	100- 129
Borderline High	200-239	150-199	130-159
High	>=240	200-499	160 - 189
Very High	-	>=500	190 - 219

Note :

- 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.
- 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.
- Indians tend to have higher triglyceride levels & Lower HDL cholesterol combined with small dense LDL particles, a pattern known as atherogenic dyslipidemia.
- Non HDL Cholesterol comprises the cholesterol carried by all atherogenic particles, including LDL, IDL, VLDL & VLDL remnants, Chylomicron remnants & Lp(a).
- LAI recommends LDL cholesterol as primary target and Non HDL cholesterol as co-primary treatment target.
- Apolipoprotein B is an optional, secondary lipid target for treatment once LDL & Non HDL goals have been achieved.
- Additional testing for Apolipoprotein B, hsCRP, Lp(a) & LP-PLA2 should be considered among patients with moderate risk for ASCVD for risk refinement

LIVER PROFILE (LFT)

Serum Bilirubin (Total) Method (By Diphylline, Diazonium Salt)	0.48	mg/dL	0.2 - 1.3
Serum Bilirubin (Direct) Method (Diphylline, Diazonium Salt)	0.17	mg/dL	0.1 - 0.4
Serum Bilirubin (Indirect) Method (Calculated)	0.31	mg/dL	0.2 - 1.1
Serum SGOT Method (IFCC)	23.4	U/L	17 - 59
Serum SGPT Method (IFCC)	12.4	U/L	21 - 72

Report ID:- 2171 | Page 2/4



R. Verma
Dr. R. Verma
MBBS, MD(Pathology)

INV. No. QLSR-INV-E-01585/(2024-2025)(1571)
Patient Name **HARSIMRAN KAUR**
Age/Gen 24 Years | Female
Referred By **Dr. Self**
Source BERLIN DIAG CGHS OSS* - (3)

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Report Of Biochemistry Examination

Investigation	Result	Unit(s)	Reference Range
Alkaline phosphatase (ALP) Method (IFCC)	78.3	U/L	Adult (38 - 126)
Serum Total Protein Method (Biuret Method)	7.0	g/dL	Adult(6.2 - 8.2) Children(5.6 - 8.4)
Serum Albumin Method (BCG, Dye Binding Method)	4.4	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)	1.69		1.0 - 2.3

Note

- 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.
- 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.
- 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.
- 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)	24.3	mg/dL	Adult (17 - 43) New Born (8.4 - 25.8) Infant (10.8 - 38.4)
Serum Creatinine Method (Modified Jaffe, Kinetic)	0.59	mg/dL	Male: (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)	3.0	mg/dL	3.5 - 8.5
Serum Sodium Method (By Indirect ISE)	138.6	mmol/L	136 - 145



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Report Of Biochemistry Examination

Investigation	Result	Unit(s)	Reference Range
Serum Potassium Method (By Indirect ISE)	3.98	mmol/L	3.5 - 5.1
Serum Chloride Method (By Ion-selective Electrode)	103	mmol/L	98 - 107

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



INV. No. QLSR-INV-E-01585/(2024-2025)(1571)  
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Referred By **Dr. Self**  
Source BERLIN DIAG CGHS OSS\* - (3)

Patient ID 1585  
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Report Generated 02/05/2024 04:44 PM



**Report Of Clini Patho Examination**

| Investigation                        | Result      | Unit(s) | Reference Range |
|--------------------------------------|-------------|---------|-----------------|
| <b>URINE FOR ROUTINE EXAMINATION</b> |             |         |                 |
| <b>Light Microscopy</b>              |             |         |                 |
| <b>Physical Examination</b>          |             |         |                 |
| Colour                               | Pale Yellow |         | Pale Yellow     |
| Urine Appearance                     | Transparent |         |                 |
| Urine Deposit                        | Absent      |         |                 |
| Urine Specific Gravity               | 1.020       |         | 1.010 - 1.030   |
| Urine Reaction                       | Acidic      |         |                 |
| <b>Chemical Examination</b>          |             |         |                 |
| Urine Glucose (Sugar)                | Absent      |         |                 |
| Urine Protein (Albumin)              | Absent      |         |                 |
| Urine pH                             | 6.0         |         | 6.0             |
| Urine Ketone Body                    | Absent      |         |                 |
| Urine Blood                          | Negative    |         |                 |
| Urine Phosphate (Amorphous deposits) | Absent      |         |                 |
| <b>Microscopic Examination</b>       |             |         |                 |
| 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      |         |                 |
| Urine Spermatozoa                    | Absent      | /HPF    |                 |

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



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Report Of Clini Patho Examination

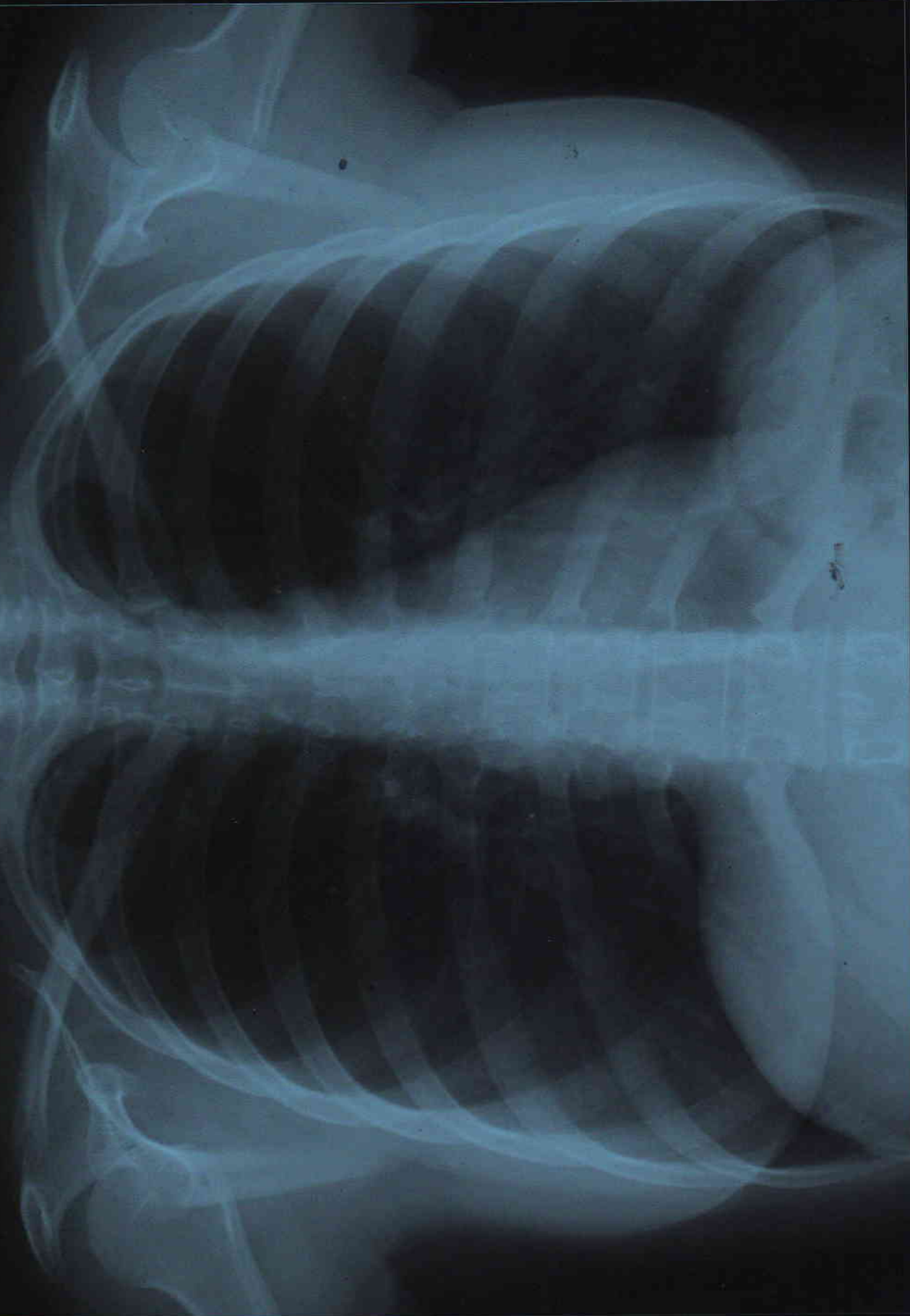
| Investigation | Result | Unit(s) | Reference Range |
|--------------------------------------|-------------|---------|-----------------|
| URINE FOR ROUTINE EXAMINATION | | | |
| Light Microscopy | | | |
| Physical Examination | | | |
| Colour | Pale Yellow | | Pale Yellow |
| Urine Appearance | Transparent | | |
| Urine Deposit | Absent | | |
| Urine Specific Gravity | 1.020 | | 1.010 - 1.030 |
| Urine Reaction | Acidic | | |
| Chemical Examination | | | |
| Urine Glucose (Sugar) | Absent | | |
| Urine Protein (Albumin) | Absent | | |
| Urine pH | 6.0 | | 6.0 |
| Urine Ketone Body | Absent | | |
| Urine Blood | Negative | | |
| Urine Phosphate (Amorphous deposits) | Absent | | |
| 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 | | |
| Urine Spermatozoa | Absent | /HPF | |

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



R

PA VIEW



HARSIMRAN KAUR AGE 24/F MEDIWHEEL BER/202421871 CHEST PA VIEW 01/05/2024  
BERLIN DIAGNOSTICS & DAY CARE, BARIATU ROAD, RANCHI.



|              |                |               |               |
|--------------|----------------|---------------|---------------|
| Patient Name | HARSIMRAN KAUR | Patient ID    | BER/202421871 |
| Age/Gender   | 24Years / F    | Study Date    | 01-May-2024   |
| Referred By  | MEDIWHEEL      | Reported Date | 01-May-2024   |

## X – RAY CHEST PA VIEW

### FINDINGS :-

Both lung fields under vision appear normal.

Cardiac size appears normal.

Both costophrenic angles are clear.

Hilar regions are normal.

Both domes appear normal in position.

Bony thorax under vision appears normal.

IMPRESSION :- NORMAL STUDY.



Dr Japan Shah  
MD Radiology REG-22667

Date Reported: 01-May-2024