Name - Neelam gupta.

Age - 57y/f.

Height - 157cm.

Weight - 62kg.

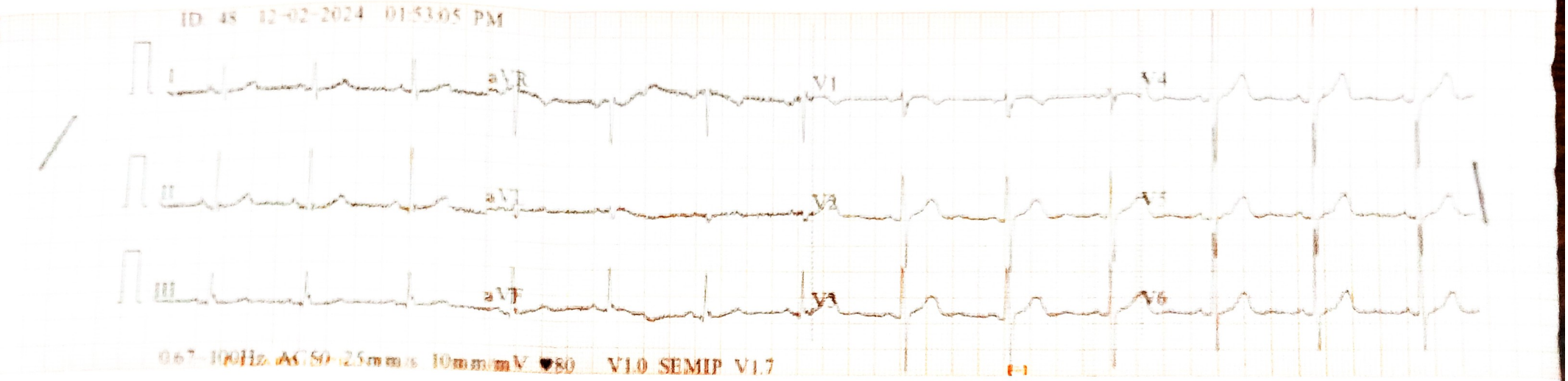
BMI - 25.2.

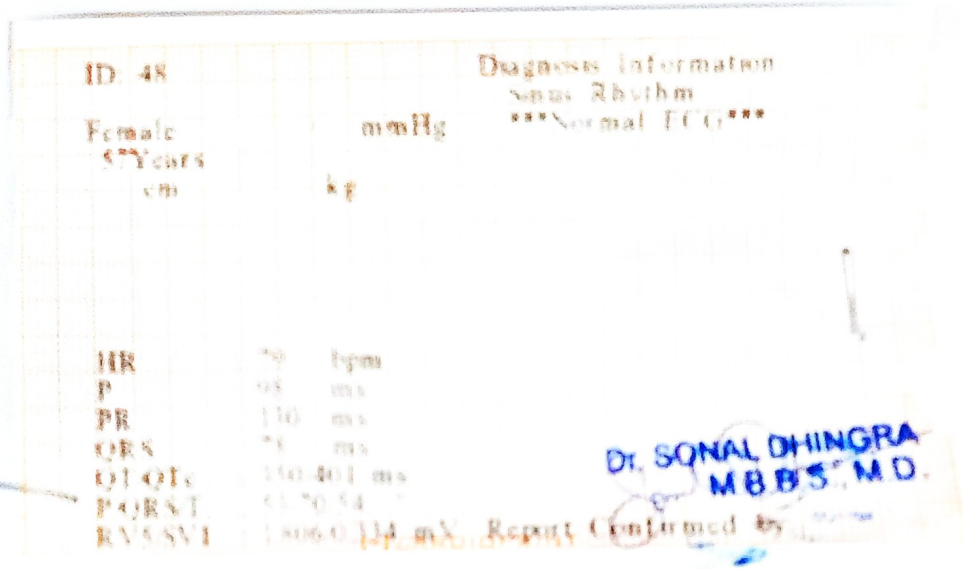
BP. - 134/83 mm Hg

Medication:- No Medication

Any History No History

Phone No - 9412507002
97566 23190.





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24 HOURS **Helpline No. : +91 95481 32613**

PT. NAME	MR. NEELAM GUPTA	AGE/SEX	57Y/F	FILM
REF. BY	DR. SELF	DATE:	12/02/2024	01

X-RAY CHEST PA VIEW

- Both CP angles are normal.
- Trachea is normal in position.
- Cardiac size is within normal limits.
- Both hila are normal.
- Heart, aorta & mediastinum are normal
- Bony thoracic cage appears normal.

NORMAL STUDY

DR. MOHIT SHARMA
(MBBS)(DMRD) Chief consultant
Interventional Radiologist

Dr. Bhavna Sharma
M.D. Pathology

Dr. Swati Tiwari
M.D. Microbiology

Dr. Sonal Dhingra Anand
M.D. Pathology

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SANJAY EYE NURSING HOME

Regd No 01647
Dt. 30-04-2004

डॉ0 संजय गुप्ता

Dr. Sanjay Gupta

MBBS, DO(GNEC, MAMC, N. Delhi)
नेत्र रोग विशेषज्ञ / EYE SURGEON

आई. ओ. एल. भैंगापन, कॉन्टैक्ट लैन्स एवं फेको द्वारा मोतियाबिन्द ऑपरेशन विशेषज्ञ

भूतपूर्व रेजीडैन्ट सर्जन –

- गुरू तेगबहादुर अस्पताल, दिल्ली
- गुरूनानक आई सैन्टर, नई दिल्ली
- मोहन आई इन्स्टीट्यूट, नई दिल्ली

पूर्व मुख्य चिकित्साधिकारी एवं कन्सलटेन्ट
नेहरू नेत्र चिकित्सालय, मुज़फ्फरनगर

संजय आई नर्सिंग होम

के– 1252, निकट पी.वी.एस. मॉल
शास्त्री नगर, मेरठ ।

समय :
प्रात : 8 बजे से रात्रि 8:00 बजे तक

फोन : 0121–2760991
मोबाईल : 9412115353
E-mail : sanjayeyehospital@gmail.com

दिनांक 12/2/24

सुविधाएँ उपलब्ध :-

- कम्प्यूटर द्वारा चश्मे एवं काला मोतियाबिन्द की जाँच
- फेको द्वारा बिना इन्जेक्शन, बिना टाँके का मोतियाबिन्द ऑपरेशन
- येग लेज़र
- ए–स्कैन
- आँखो के घाव का इलाज
- भैंगापन, नासूर, पलकबन्दी, नाखूना एवं अन्य ऑपरेशन
- सभी ऑपरेशन दूरबीन द्वारा किये जाते है ।

नि:शुल्क आँखों की जांच

नि:शुल्क आँखों का ऑप्रेशन

आयुष्मान भारत के मरीजों के लिए

फोलडेबल लैन्स बिना टांके, फेको एवं दूरबीन द्वारा
नि:शुल्क सुविधा रात्रि ठहरने की
बाकी मरीजों के लिए न्यूनतम खर्च में

Mrs. Neelam Gupta
57/F
- Glaucoma Pt.
on Rx

6/9
20.02.24

Appt. Reconfirm

Sanjay

Meenakshi Diagnostics

73-C, Garh Road, Near Hotel Harmony Inn, Meerut-250002 (U.P.)
Ph. : 0121-2766666, 9458802222, 9458803333, 9458804444, 9458806666

Centre equipped with M.R.I. with upgraded software of 3T Platform, 500 Slice VHS C.T. Scan.
Digital X-Ray, Mammography, O.P.G., 4D / 5D Ultrasound & Colour Doppler, 2-D Echocardiography

Pt. Name	Mrs. Neelam Gupta	Age/Sex	57 YRS/F	Film
Ref. By	S D A Diagnostics	Date:	12.02.2024	

Patient identity can't be verified

USG WHOLE ABDOMEN

Liver: is normal in size with normal echotexture. No focal/diffuse mass lesion is seen. IHBRs are normal. Liver margins are smooth and regular.

Gall Bladder: is partially distended. Tiny immobile nondependent echogenic lesion of size ~4.6x2.5 mm is seen arising from posterior wall of gall bladder---Suggestive of polyp. Walls are normal.

CBD is normal in its proximal part with distal smooth tapering most end of CBD could not be visualized---due to overlying bowel gases.

Portal vein is normal in calibre.

Pancreas: is normal in size and echotexture. No peripancreatic collection is seen. Pancreatic duct is not dilated.

Spleen: is normal in size measuring ~9.8 x 3.9 cm with normal echotexture.

Right kidney appears to be normal in size, shape, position, contour and cortical echotexture. No calculus/hydronephrosis is seen. Corticomedullary differentiation is maintained. Renal margins are regular. Renal cortical thickness is normal.

Left kidney: appears to be normal in size, shape, position, contour and cortical echotexture. No calculus/hydronephrosis is seen. Corticomedullary differentiation is maintained. Renal margins are regular. Renal cortical thickness is normal.

Urinary bladder: is well distended. Walls are normal. No calculus/focal mass is seen.

Uterus is anteverted, measuring ~6.4x2.1x3.4 m. Myometrial echotexture is normal. No mass lesion is seen. Endometrial thickness is normal.

Both ovaries are normal in size and echotexture.

Adnexal sites are clear.

No free fluid is seen in pouch of douglas.

IMPRESSION – USG findings are suggestive of :-

- **Likely small gall bladder polyp.**

Please correlate clinically.

ADV: Follow up.

Dr. Sandeep Singh Soam
MD

==========

Dr. Sandeep Sirohi DMRD | **Dr. Mohd. Saalim** MD | **Dr. Sandeep Singh Soam** MD | **Dr. Renu Diwakar** MBBS | **Dr. Mohd. Qasim** DMRD

Note : All congenital anomalies may not be diagnosed in routine USG. The USG findings should always be considered in correlation with clinical and other investigations findings to reach the final diagnosis. Kindly intimate us for any typing mistakes and return the report for correction within 7 days. ***Not valid for medico-legal purpose.***

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Age/ Gender	: 57Y / Female		Receiving Time	: 12-Feb-2024 9:54AM	
Referred By	: Dr. SELF		Reporting Time	: 12-Feb-2024 10:56AM	
Sample By	:				

Test Name	Results	Units	Biological Ref-Interval
	HAEMATOLOGY		
COMPLETE BLOOD COUNT			
HAEMOGLOBIN (Colorimetry)	**11.20**	g/dl	12-16.5
TOTAL LEUCOCYTE COUNT (Electric Impedence)	6300.00	/Cum m	4000-11000
DIFFERENTIAL LEUCOCYTE COUNT (Microscopy)			
Neutrophils	65.00	%	44-68
Lymphocytes	31.00	%	25- 44
Eosinophils	2.00	%	0.0- 4.0
Monocytes	2.00	%	0.0-7.0
Basophils	0.00	%	0.0-1.0
Immature Cells	00	%	
Absolute Count			
Neutrophils Count (calculated)	4095.00	/cumm	2000-7000
Lymphocytes Count (calculated)	1953.00	/cumm	1000-3000
Eosinophils Count (calculated)	126.00	/cumm	40-440
Monocytes Count (calculated)	**126.00**	/cumm	200-1000
Basophils Count (calculated)l	0.00	/cumm	0-30
TOTAL R.B.C. COUNT (Electric Impedence)	**5.51**	10^6/uL	3.50-5.50
Haematocrit Value (P.C.V.) (Calculated)	**36.60**	%	37.0-54.0
MCV (Calculated)	**66.00**	fL	76-98
MCH	**20.30**	pg	27-32

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Test Name	Results	Units	Biological Ref-Interval
(Calculated)			
MCHC	**30.60**	g/dl	31-35
(Calculated)			
RDW-CV	**15.80**	%	11.5 - 14.5
(Calculated)			
Platelet Count	255	Thousand/cumm	150-450
(Electric Impedence)			
MPV	**9.60**	fL	11.5-14.5
(Calculated)			
PDW	16.40	fL	9.0-17.0
(Calculated)			
E.S.R	18.00	mm	00-20
(Wintrobe methrod)			
Peripheral Smear	..		
BLOOD GROUP			
Blood Group	B		
Rh Status	POSITIVE		
	.		
GLYCATED HAEMOGLOBIN (HbA1c	5.60	%	4.5-6.0
ESTIMATED AVERAGE GLUCOSE	114.02	mg/dl	

EXPECTED RESULTS :

Non diabetic patients & Stabilized diabetics	:	4.5 % to 6.0 %
Good Control of diabetes	:	6.1 % to 7.0 %
Fair Control of diabetes	:	7.1 % to 8.0 %
Poor Control od diabetes	:	8 % and above

The glycosylated hemoglobin assay has been validated as a reliable indicator of mean blood glucose levels for a period of 8-12 week period prior to HBA1C determination.ADA recommends the testing twice a year in patients with stable blood glucose, and quarterly, if treatment changes, or if blood glucose levels are unstable.

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Sample By	:			

Test Name	Results	Units	Biological Ref-Interval
	BIOCHEMISTRY		
BLOOD GLUCOSE FASTING (GOD/POD method)	104.00	mg/dl	70 - 110
BLOOD GLUCOSE P.P. (GOD/POD method) After 2.0 hrs of meal	132.00	mg/dl	70-140

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Sample By	:			

Test Name	Results	Units	Biological Ref-Interval
LIVER PROFILE			
SERUM BILIRUBIN			
TOTAL (Diazo)	0.59	mg/dl	0.30-1.20
DIRECT (Diazo)	**0.21**	mg/dl	0.00-0.20
INDIRECT (Calculated)	0.38	mg/dl	0.20-1.00
S.G.P.T. (IFCC method)	28.00	U/L	0-45
S.G.O.T. (IFCC method)	33.00	U/L	0-45
SERUM ALKALINE PHOSPHATASE (4-nitrphenylphosphate to 2-amino-2-methyl-1propan	79.00	IU/L.	35-145
SERUM PROTEINS			
TOTAL PROTEINS (Biuret)	6.20	Gm/dL.	6.0-8.0
ALBUMIN (Bromocresol green Dye)	3.70	Gm/dL.	3.5-5.2
GLOBULIN (Calculated)	2.50	Gm/dL.	2.5-3.5
A : G RATIO (Calculated)	**1.48**		1.5-2.5

LIVER FUNCTION TESTS CHECK THE LEVEL OF CERTAIN ENZYMES AND PROTEINS IN BLOOD

Levels that are higher or lower than normal can indicate liver problems. Some common liver function tests include :

Alanine transaminase (ALT). ALT is an enzyme found in the liver and When the liver is damaged, ALT is released into the bloodstream and levels increase.

Aspartate transaminase (AST). AST is an enzyme that helps metabolize alanine,an amino acid. AST is normally present in blood at low levels. An increase in AST levels may indicate liver damage or disease or muscle damage.

Alkaline phosphatase (ALP). ALP is an enzyme in the liver, bile ducts and bone.

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Test Name	Results	Units	Biological Ref-Interval
RENAL PROFILE			
BLOOD UREA (Urease Glutamate dehydrogenase)	24.0	mg/dl	10-50
SERUM CREATININE (Jaffe`s)	0.80	mg/dL.	0.6-1.2
SERUM URIC ACID (Urecase method)	4.7	mg/dL.	3.5-7.5
SERUM SODIUM (Na) (ISE Direct)	141.0	mmol/l	135 - 155
SERUM POTASSIUM (K) (ISE Direct)	4.00	mmol/l	3.5 - 5.5
SERUM CALCIUM (Arsenazo)	9.3	mg/dl	8.5-10.1
SERUM PROTEIN			
TOTAL PROTEINS (Biuret)	6.20	Gm/dL.	6.0-8.0
SERUM ALBUMIN (Bromocresol green Dye)	3.70	Gm/dL.	3.5-5.2
GLOBULIN (Calculated)	2.50	Gm/dL.	2.5-3.5
A : G RATIO (Calculated)	**1.48**	Gm/dL.	1.5-2.5

INTERPRETATION:

Urea is the end product of protein metabolism. It reflects on funcioning of the kidney in the body. Creatinine is the end product of creatine metabolism. It is a measure of renal function and eleveted levels are observed in patients typically with 50% or greater impairment of renal function. Sodium is critical in maintaining water & osmotic equilibrium in extracellular fluids. Disturbances in acid base and water balance are typically reflected in the sodium concentrations . Potassium is an essential element involved in critical cell functions. Potassium levels are influenced by electrolyte intake ,excretion and other means of elemination, exercise, hydration and medications. Calcium imbalance my cause a spectrum of disease . High concentrations are seen in Hyperparathyroidism, Malignancy & Sarcoidosis. Low levels may be due to protein deficiency, renal insufficiency and Hypoparathyroidism. Repeat measurement is recommended if the values are outside the reference range.

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Test Name	Results	Units	Biological Ref-Interval
LIPID PROFILE			
SERUM CHOLESTEROL (CHOD - PAP)	187.0	mg/dl	125-200
SERUM TRIGLYCERIDE (GPO-PAP)	136.0	mg/dl	50-150
HDL CHOLESTEROL (Direct Method)	41.0	mg/dl	30-80
VLDL CHOLESTEROL (Calculated)	27.2	mg/dl	5-35
LDL CHOLESTEROL (Calculated)	118.8	mg/dL.	70-130
LDL/HDL RATIO (Calculated)	2.9		0.0-4.9
CHOL/HDL CHOLESTROL RATIO (Calculated)	**4.6**		1.5-3.0

INTERPRETATION

TRIGLYCERIDE level > 250mg/dL is associated with an approximately 2-fold greater risk of coronary vascular disease. Elevation of triglycerides can be seen with obesity, medication, fast less than 12 hrs., alcohol intake, diabetes melitus,and pancreatitis.

CHOLESTEROL, its fractions and triglycerides are the important plasma lipids indefining cardiovascular risk factors and in the managment 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.

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Sample By	:				

Test Name	Results	Units	Biological Ref-Interval
HORMONE			
THYRIOD PROFILE			
Triiodothyronine (T3) (FIA)	0.91	ng/dl	0.52-1.85
Thyroxine (T4) (FIA)	7.12	ug/dl	4.8-11.6
THYROID STIMULATING HORMONE (TSH) (FIA)	4.38	mIU/L	0.50-5.50

Interpretation Note:
Thyroid Stimulating Hormone (TSH) is a highly effective screening assay for thyroid disorders. In patients with an intact pituitarythyroid axis, TSH provides a physiologic indicator of the functional level of thyroid hormone activity. Increased TSH indicates inadequate thyroid hormone, and suppressed s-TSH indicates excess thyroid hormone.Transient s-TSH abnormalities may be found in seriously ill, hospitalized patients, so this is not the ideal setting to assess thyroid function. However, even in these patients, s-TSH works better than total thyroxine (an alternative screening test). when the s-TSH result is abnormal, appropriate follow-up tests T4 & free T3 levels should be performed. If TSH is between 5.0 to 10.0 & free T4 & free T3 level are normal then it is considered as subclinical hypothyroidism which should be followed up after 4 weeks & If TSH is > 10 & free T4 & free T3 level are normal then it is considered as overt hypothyroidism.
Serum triiodothyronine (T3) levels often are depressed in sick and hospitalized patients, caused in part by the biochemical shift to the production of reverse T3. Therefore, T3 generally is not a reliable predictor of hypothyroidism. However, in a small subset of hyperthyroid patients, hyperthyroidism may be caused by overproduction of T3 (T3 toxicosis). To help diagnose and monitor this subgroup, T3 is measured on all specimens with suppressed s-TSH and normal FT4 concentrations.

Normal ranges of TSH & thyroid hormons vary according trimesper in pregnancy.

TSH ref range in Pregnacy	**Reference range (microIU/ml)**
First triemester	0.24 - 2.00
Second triemester	0.43-2.2
Third triemester	0.8-2.5

----------{END OF REPORT }----------

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