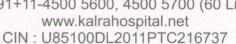


"Tulsi Dass Kalra Marg", Kirti Nagar, New Delhi-110015 Tel: 91+11-4500 5600, 4500 5700 (60 Lines)







3925 Bill No. UHID 157258 1442732 Dept. Ref. No. Mrs. SHRUTI Name

Sample Collection 29 Y/ 1 M/ 11 D/F Age/Sex 13/08/2022 11:50AM Date/Time Dr. R.N. KALRA Referred By 13/08/2022 03:01PM Result Date/Time

Patient Type Bed No.

Biological Reference Interval Result Type of Sample **Investigation Name** HB, TLC, DLC, ESR 12 - 15 13.5 gm/dL **EDTA** Haemoglobin (HB) (Colorimetric) 4000 - 10000 /µL 11140 **EDTA** Total Leucocytic Count (TLC) (Laser Based Flow Cytometry) Differential Leucocyte Count(DLC) % 40 - 80 **EDTA** 71 Neutrophils (Laser Based Flow Cytometry) 20 - 40 **EDTA** 24 Lymphocytes (Laser Based Flow Cytometry) 1 - 6 01 **EDTA** Eosinophils (Laser Based Flow Cytometry) 0/0 2 - 10 **EDTA** 04 Monocytes (Laser Based Flow Cytometry) 0 - 20 15 mm/1st hr EDTA ESR

End of the report

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Dr.ASHOK MALHOTRA MD (Biochemistry) Consultant Biochemist

(Westergrens Method)

Dr.MONIKA KOHLI MBBS, D.C.P. (Pathology) **Consultant Pathologist** 



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CIN: U85100DL2011PTC216737





UHID	
Name	

157258

: Mrs. SHRUTI

Age/Sex

29 Y/ 1 M/ 11 D/F

Referred By

Dr. R.N. KALRA

Patient Type :

0

Bill No.

Dept. Ref. No.

3925

Sample Collection

: 1442732

Date/Time

13/08/2022 11:50AM

Date/Time Result Date/Time

13/08/2022 03:01PM

Bed No.

.

Investigation Name	Type of Sample	Result	Units Biolog	gical Reference Interval
Blood Sugar Fasting (Hexokinase)	Plasma	84.8	mg/dL	74 - 100
Blood Urea (Urease GLDH)	Serum	15.7	mg/dL	15 - 50
Serum Creatinine (Alkaline Picrate Kinetic	Serum I DMS Standardized)	0.5	mg/dL	0.6 - 1.1
Serum Uric Acid (Uricase)	Serum	4.2	mg/dL	2.3 - 6.6

End of the report

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UHID 157258

Name Mrs. SHRUTI

Age/Sex Referred By

Patient Type

29 Y/ 1 M/ 11 D/F

Dr. R.N. KALRA

0

Sample Collection

Bill No.

Date/Time

Dept. Ref. No.

Result Date/Time

: 13/08/2022 11:50AM

13/08/2022 03:01PM

3925

1442732

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Investigation Name	Type of Sample	Result	Units Biolog	ical Reference Interval
Liver Function Test(LFT) Serum Bilirubin Total (Diazo Method)	Serum	0.4	mg/dL	0 - 2
Serum Bilirubin Direct	Serum	0.2	mg/dL	0 - 0.5
* Serum Bilirubin Indirect	Serum	0.2		
SGOT (UV Without P5P)	Serum	25.7	U/L	0 - 31
- SGPT (UV Without P5P)	Serum	26.5	U/L	0 - 34
Alkaline Phosphatase (PNPP AMP Buffer)	Serum	113.8	U/L	35 - 104
Protein (Biuret End Point)	Serum	7.3	g/dL	6.4 - 8.3
Albumin (Bromocresol Green)	Serum	4.7	g/dL	3.5 - 5.2
* Globulin	Serum	2.6	gm/dL	2 - 3.3
* A:G Ratio	Serum	1.8:1	Ratio	0.9 - 2
GGTP (Gamma Glutamyl-Carbox	Serum y-Nitroanilide)	14.2	U/L	0 - 38
	<b>V</b>			

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157258

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Dept. Ref. No.

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29 Y/ 1 M/ 11 D/F

Sample Collection Date/Time

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Referred By

Dr. R.N. KALRA

Result Date/Time

13/08/2022 03:01PM

Patient Type

0

Bed No.

Investigation Name	Type of Sample	Result	Units Biological Reference Interval	
Lipid Profile( Total cholester	ol,LDL,HDL,Triglycerides)			
Serum Cholesterol (Cholesterol Oxidase)	Serum	107.3	mg/dL	
Serum Triglyceride (Enyzmatic)	Serum	60.1	mg/dL	
Serum HDL Cholestrol (Direct Cholesterol)	Serum	49.4	mg/dL	
LDL (Enyzmatic)	Serum	54.0	mg/dL	
* VLDL (Calculated)	Serum	12.0	mg/dL	
* LDL/HDL	Serum	1.1:1	Ratio	
* T.Chol / HDL	Serum	2.1:1	Ratio	

As per National Lipid Association Recommendations (NLA - 2014)	Total Cholesterol in mg/dL	Triglyceride in mg/dL	in mg/dL	HDL Cholesterol in mg/dL	in mg/dL
Optimal	<200	<150	<100	0 - 40	<130
Above Optimal			100-129		130-159
Borderline High	200-239	150-199	130-159	-	160-189
High	>=240	200-499	160-189	> 59	190-219
Very High		>=500	>=190	-	>=220

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Dr.ASHOK MALHOTRA MD (Biochemistry) **Consultant Biochemist**  Dr.MONIKA KOHLI MBBS, D.C.P. (Pathology) **Consultant Pathologist** 

Dr.K.D.GANDHI MD (MICROBIOLOGIST) **Consultant Microbiologist** 

Note:-(\*)Marked Investigations are NON NABL Accredited.



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UHID Name 157258

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Age/Sex Referred By 29 Y/ 1 M/ 11 D/F Dr. R.N. KALRA

Patient Type

Bill No.

Dept. Ref. No. Sample Collection

Date/Time

Result Date/Time

3925

1442732 13/08/2022 11:50AM

13/08/2022 03:01PM

Bed No.

**Investigation Name** 

Type of Sample

Result

Units

**Biological Reference Interval** 

**BLOOD GROUP, ABO & RH TYPING** 

**ABO GROUP** 

Rh D

**EDTA** 

**EDTA** 

"0"

POSITIVE

Tube Agglutination

(Forward and Reverse Method)

End of the report

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Dr.K.D.GANDHI MD (MICROBIOLOGIST) **Consultant Microbiologist** 

Mary



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Age / Sex Referred by 29 Y/ 1 M/ 11 D Dr. R.N. KALRA

Patient Type

Bill No .

: 3925

Dept.Ref. No.

1442732

Sample Collection

: 13/08/2022 11:50AM

Date/Time

Result Date/Time

: 13/08/2022 03:01PM

T3, T4, TSH

Type of Sample: Serum

<b>Investigation Name</b>	Result	Unit	Reference Interval
T3	1.50	ng/mL	0.55 - 1.95
T4	8.91	μg/dL	4.66 - 9.33
TSH	3.31	μIU/mL	

CLASSIFICATION	TSH
Cord Blood	1.0 - 39.0
1 - 4 weeks	1.7 - 9.1
1-12 months	0.8 - 8.2
1-20 years	0.7 - 5.7
21 - 80 years	0.25 - 5.5
>80 years	0.25 - 5.5

T3 -Triiodothyronine (T3) is a hormone produced by thyroidal secretion (20%) and from the peripheral deiodination mechanism which converts T4 to T3 (80%). As T3 is physiologically much more active than T4, it plays an important part in maintaining euthyroidism. T3 circulates as a free hormone (0.3%) or bound to carrier proteins (> 99.7%) such as TBG (thyroxine binding globulin), albumin or prealbumin.

The free form is the physiologically active fraction which appears to have the most effect on metabolism control. T3 determination must be associated with other tests such as TSH and T4 assay, as well as with the clinical examination of the patient.

T4 - Thyroxine (T4) is a hormone secreted by the thyroid gland. It is predominantly bound to carrier proteins (99.9%), principally TBG (thyroxine binding globulin). The fraction that remains free is considered as the active part of the hormone.

The VIDAS T4 assay aids in assessing thyroid function, which is characterized by a decrease in thyroxine levels in patients with hypothyroidism and an increase in patients with hyperthyroidism. Since the T4 test depends on the concentration in carrier proteins, it is necessary to check the binding capacity of the thyroid hormones. This titer must also be associated with the other titers of the thyroid assessment, such as TSH and T3, as well as with the clinical examination of the

TSH - TSH is produced by thyrotropic cells in the anterior pituitary gland. It is secreted into the bloodstream according to a circadian rhythm, peaking at between 1 and 2 a.m. TSH stimulates the thyroid gland to produce the main thyroid hormones T3 and T4. In return, these thyroid hormones exert a negative-feedback effect on the pituitary gland, reducing TSH secretion. TSH secretion is also influenced by the central nervous system, via a hypothalamic neuropeptide, TRH, and neuromediators such as somatostatin or dopamine.

In cases of hyperthyroidism (Basedow's disease, thyroid adenoma, and inflammatory thyroiditis), TSH level is severely inhibited and may even be undetectable. In rare forms of high-origin hyperthyroidism, the TSH level is not reduced, since the negative-feedback control of the thyroid hormones has no effect. In cases of clear-cut primary hypothyroidism, TSH levels are always much higher than normal and thyroid hormone levels are low. In partial or mild hypothyroidism, a

moderate increase in the TSH level enables normal thyroid production to be maintained for many years without any apparent clinical symptoms

End Of Report

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Dr.ASHOK MALHOTRA MD (Biochemistry) Consultant Biochemist Dr.MONIKA KOHLI MBBS, D.C.P. (Pathology) **Consultant Pathologist** 





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UHID

157258

Name

Mrs. SHRUTI

Age / Sex

29 Y/ 1 M/ 11 D

Referred by

: Dr. R.N. KALRA .

Patient Type

Bill No .

Dept.Ref. No.

Sample Collection

Date/Time

Result Date/Time

: 3925 : 1442732

: 13/08/2022 11:50AM

: 13/08/2022 03:01PM

## Glycosylated Haemoglobin (HbA1C)

Type of Sample: EDTA

**Investigation Name** 

Type of Sample Result Units

**Biological Reference Interval** 

Glycosylated Haemoglobin (HbA1C)

**EDTA** 

5.10

4.8 - 5.7

(Gen-3)

#### Interpretation:-

According to the recommendations of the American Diabetes Association,

Values within 5.7 - 6.4% - may be at risk of developing diabetes. HbA1C (DCCT/NGSP)

Values above 6.5% - are suitable for the diagnosis of diabetes mellitus. HbA1C (DCCT/NGSP)

Diabetic patients with HbA1C levels below 7% (DCCT/NGSP) meet the goal of the American Diabetes Association.

Therapeutic action is suggested at levels above 8% HbA1C (DCCT/NGSP).

HbA1C levels may reach 20% (DCCT/NGSP) or more in poorly controlled diabetes.

HbA1C levels below the established reference range may indicate recent episodes of hypoglycaemia, the presence of Hb variants, or shortened lifetime of erythrocytes.

End Of Report

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Dr.MONIKA KOHLI MBBS, D.C.P. (Pathology) **Consultant Pathologist** 



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CIN: U85100DL2011PTC216737

UHID

:157258

Name

: Mrs. SHRUTI

Age / Sex

:29 Y/ 1 M/ 11 D/F

Referred by Patient type : Dr. R.N. KALRA :0

: 3925

Dept. Ref. No.

: 1442732

Sample Collection: 13/08/22 11:35AM

Date/Time

Result Date/Time :

MediWheel Full Body Health Checkup Female Below 40 Yrs (2D Echo)

**Urine Routine Examination** 

<b>Investigation Name</b>	Result	Unit Biological Reference Interval
Physical Examination:		
Colour	Pale Yellow	
Transparency	Clear	THE LONDINGS OF SHIPLES
Specific Gravity	1.005	1.005 - 1.030

## **Chemical Examination:**

HID.	:157258	6.5		Bill No.	5.0 - 8.5
PH	: Mrs. SHRUTI	0.5	*	Dept. Ref. No	: 1442732
Protein	:29 Y/ 1 M/ 11 D/F	Nil			Negative
Chicago	: Dr. R.N. KALRA	Nil		- Date/Time	Negative
Glucose				Result Date/Time	

#### Microscopic

c Examination:				
Pus-Cells	1-2	/HPF		2 3
Red Blood Cells 11 Body Hea	I Nil Checkup Female	BA /HRE 4	0 Yrs (	Nil Echo
	1-2	/HPF		2 - 3 (M)
Epithelial Cells	1-2			2 - 5 (F)
Cast Cutine Examination	Nil			Nil
	Nilsuit	Unit	Biological	Nilference
Crystalson Name	I VIII and the second s			

Remarks: Microscopic examination of urine is performed on centrifuged urinary sediment.

Disclaimer

-----End of the report -----

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MD (Biochemistry) **Consultant Biochemist** 

Aicroscopic Examination:

Dr. ASHOK MALHOTRA urine is performed on centrifuged Dr. MONIKA KOHLI MBBS, D.C.P. (Pathology) **Consultant Pathologist** 

MD (MICROBIOLOGIST) **Consultant Microbiologist** 



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UHID Name 157258

Mrs. SHRUTI

Age/Sex

29 Y/ 1 M/ 11 D/F

Referred By Patient Type

Dr. R.N. KALRA

Bill No.

Dept. Ref. No.

Sample Collection

Date/Time

Result Date/Time

Bed No.

3925

1442732

13/08/2022 02:34PM

13/08/2022 05:27PM

**Investigation Name** 

Type of Sample

Result

**Biological Reference Interva** 

Blood Sugar PP (Hexokinase) Plasma

128.7

mg/dL

80 - 140

End of the report

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Dr.ASHOK MALHOTRA MD (Biochemistry) Consultant Biochemist

Dr.MONIKA KOHLI MBBS, D.C.P. (Pathology) **Consultant Pathologist** 



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: Dr. R.N. KALRA :0

Bill No.

3925

Dept. Ref. No.

: 1442732

Sample Collection: 13/08/22 11:35AM

Date/Time

Result Date/Time :

MediWheel Full Body Health Checkup Female Below 40 Yrs (2D Echo)

## **Investigation Name**

#### Result

## Stool Routine Examination

### Macroscopic Examination:

Colour

Brownish

Consistency

Semi Solid

Blood

Nil

Mucus

Nil

Reaction

Alkaline

Microscopic Examination:

Pus - Cells

4-6

/HPF

Red Blood Cells

Nil

/HPF

Ova

Nil

Cyst

Nil

Others

Bacteria

-End of the Report -

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Dr. ASHOK MALHOTRA MD (Biochemistry) Consultant Biochemist

Dr. MONIKA KOHLI MBBS, D.C.P. (Pathology) **Consultant Pathologist** 

MD (MICROBIOLOGIST) Consultant Microbiologist

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Patient Type

Age / Sex

: 29 Y/ 1 M/ 11 D/F

Referred by

: Dr. R.N. KALRA

Bill No .

: 3925

Date

: 13/08/2022

## 2D Echo with Colour Doppler M-MODE STUDY

Left Ventricle:

ESD: 2.4

cm

(3.5 - 4.4 cm)

Aortic Valve Root Left Atrium

:2.5cm :3.8cm (2.0-3.5 cm)

EDD: 3.8

(3.5 - 5.7 cm)

N

Aortic valve opening

(1.9-4.0 cm): cm (2.0-3.7 cm)

Right ventricle:

(0.9-1.1 cm)

Wall Thickness:

Septum: 0.8 cm

(0.6-1.1 cm)

Pericardial effusion: Nil

Posterior wall:0.7 cm (0.6-1.1 cm)

#### LV WALL MOTION

Apical	Ant. N	Inferior N	Posterior -	Ant. Septal	Septal N	Lat.
Mid	N	N	N	N	N	N
Basal	N		N	N	N	N
Apex	Normal, No LV clot					

## LV FUNCTION INDICES

EF: 60%(By volume method)

## TWO DIMENSIONAL STUDY

## COLOR DOPPLER/DOPPLER STUDIES

Valves

Mitral m/sec Normal

Normal/(E)-0.79m/sec, A-0.64

(DT=msec)

Aortic

Normal

勒

Normal/1.4 m/sec

Tricuspid

Normal

Normal

Pulmonic

Normal

Normal/m/sec

## INTERPRETATION & CONCLUSION:

LA/AO is ratio is normal.

No thrombus /vegetation

LV is of normal size with normal systolic function (EF= 60%) Normal LV diastolic function.



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UHID

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0

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Referred by

: Dr. R.N. KALRA

Bill No .

: 3925

Date

: 13/08/2022

## 2D Echo with Colour Doppler

LV shows no regional wall motion abnormality

RV is of normal size and has normal function

Pericardium is normal. There is no pericardial effusion.

No SAM/MVP

IAS and IVS are intact

Doppler flow velocities are normal across mitral, aortic, pulmonary and tricuspid valves.

Color Doppler flow study shows normal pattern across valves and chambers. No regurgitation.

FINAL IMPRESSION:

Normal LV systolic function Normal LV diastolic function. No RWMA. LVEF- 60% No MR

No PE/Veg/Clot

End Of Report

Dr. VIKAS THAKRAN.

MBBS, MD, DM INTERVENTIONAL CARDIOLOGIST Dr.ANKIT KALRA.

MBBS,MD(MED),DNB(CARDIO **INTERVENTIONAL CARDIOLOGIST**  Dr.RAMESH RAIKAR

MBBS, MD, DNB (CARDIOLOGY) INTERVENTIONAL CARDIOLOGIST



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MBBS,MD(MED),DNB(CARDIO INTERVENTIONAL CARDIOLOGIST Dr.RAMESH RAIKAR

MBBS, MD, DNB (CARDIOLOGY) INTERVENTIONAL CARDIOLOGIST



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MBBS,MD(MED),DNB(CARDIO INTERVENTIONAL CARDIOLOGIST Dr. RAMESH RAIKAR

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