



MODERN PATHOLOGY & DIAGNOSTIC CENTRE

CLINIC :

1/4A, Vineet Khand, (Opp Jaipuria Management)
Gomti Nagar, Lucknow - 226 010
Ph.: 0522-4008184, 4308184 • 8112323230
Mob.: 7618884441, 9450389932, 8177063877

Dr. R. P. Rastogi
M.B.B.S., M.D. (Path & Bact)



DATE : 23/09/2023

NAME : Mr Ritesh Srivastava

GEN : 46 SEX : M

HEIGHT : 173 CMS

WEIGHT : 73 KGS

BMI : 24.4

Blood Pressure : 110/80


Dr. Smita Rastogi
MBBS, DCP
Reg. No. 37370

Dr. Sanjay Rastogi
M.B.B.S., DCP, CRIAT (BARC)

Dr. Smita Rastogi
M.B.B.S., DCP

Results, adhering to W.H.O. and International Federation of Clinical Chemists Quality Control Standards.

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भारत सरकार
GOVERNMENT OF INDIA

रितेश श्रीवास्तव
Ritesh Srivastava

जन्म वर्ष / Year of Birth : 1977
पुरुष / Male

2837 7671 8740

आधार — सामान्य माणसाचा अधिकार

भारतीय विशिष्ट ओळख प्राधिकरण
UNIQUE IDENTIFICATION AUTHORITY OF INDIA

पत्ता C/O एस.पी.श्रीवास्तव, ६४, तुलसी Address: C/O S.P.Srivastava, 64,
विहार, इंदिरा नगर, सेक्टर १४ सब स्टेशन TULSI VIHAR, INDIRA NAGAR,
जवळ, लखनऊ, इंदिरा नगर स.ओ. NEAR SECTOR 14 SUB
लखनऊ, उत्तर प्रदेश, 226016 STATION, LUCKNOW, Indira
Nagar S.O, Lucknow, Uttar
Pradesh, 226016

1947
1800 180 1947

help@uidai.gov.in

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www.uidai.gov.in

P.O. Box No. 1947,
Bengaluru-560 001





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DIAGNOSTIC CENTRE

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Ph.: 0522-4008184, 4308184 ☎ 8112323230
Mob.: 7618884441, 9450389932, 8177063877

Patient name: Mr Ritesh Srivastava
Ref By. : Apollo Health

Age/Sex 46/M
23/09/2023

E.C.G. REPORT

| | | |
|---------------------|---|----------------|
| 1. Rhythm | : | Sinus, Regular |
| 2. Atrial Rate | : | 86/mt |
| 3. Ventricular Rate | : | 86/mt |
| 4. P – Wave | : | Normal |
| 5. P R Interval | : | Normal |
| 6. Q R S | : | |
| Axis | : | Normal |
| R/S Ratio | : | Normal |
| Configuration | : | Normal |
| 7. Q T c Interval | : | Normal |
| 8. S-T Segment | : | Normal |
| 9. T-Wave | : | Normal |

FINAL IMPRESSION

E.C.G. is within normal limits.

Signature of Doctor

D. SANJAY MOHAN
MD

Reg. No. 44559

Dr. Sanjay Rastogi
M.B.B.S., DCP, CRIAT (BARC)

Dr. Smita Rastogi
M.B.B.S., DCP

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SAMPLE COLLECTION FACILITY AVAILABLE

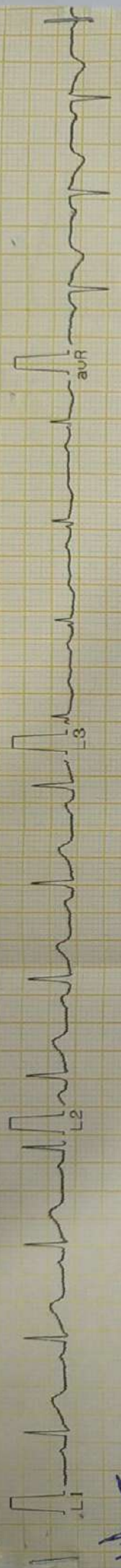
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Name Ritesh Sivasankar Age --- Yrs M/F M ECG SPEED 10mm/mV

25mm/s 0.1-35 Hz BLC

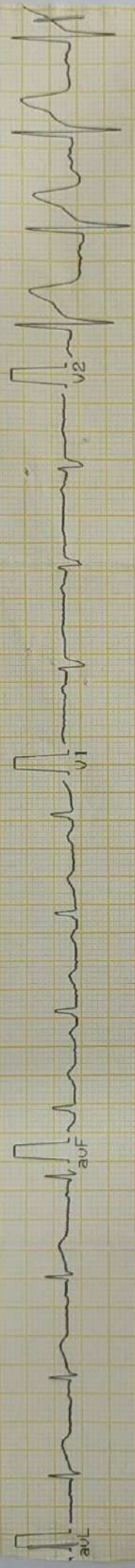


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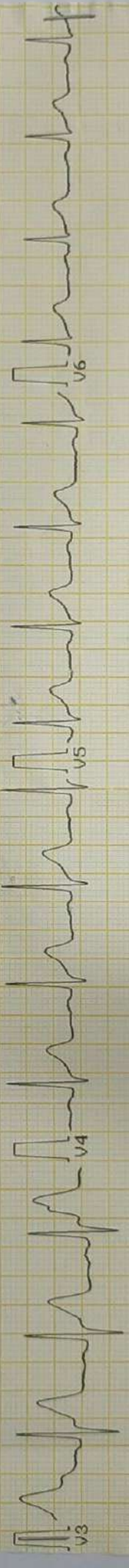
ClarityMed ECG50-1CH

Dr. ---

ECG CARDIOPRINT



ECG CARDIOPRINT



Dr. AMIT MOHAN
[Signature]
 Reg. No. 44559



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| | | |
|--|------------------|----------------------|
| TEST REQUEST ID :012309230010 | SAMPLE DATE | :23/Sep/2023 08:40AM |
| NAME :Mr. RITESH SRIVASTAVA | SAMPLE REC. DATE | :23/Sep/2023 08:40AM |
| AGE/SEX :46 YRS/MALE | REPORTED DATE | :23/Sep/2023 12:57PM |
| REFERRED BY : Apollo Health and Lifestyle Limited, | BARCODE NO | :01230010 |

XRAY CHEST PA

- Trachea is central in position.
- Bilateral lung fields are normally aerated.
- Both hilar shadows are normal.
- Left C.P. angle is indistinct.
- Cardiac shadow is within normal limits.
- Bony cage appears normal.

OPINION:

INDISTINCT LEFT C.P.ANGLE

Please correlate clinically.

*** End Of Report ***

Dr. Sanjay Rastogi
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DR. PANKAJ UPADHYAYA

Dr. Smita Rastogi
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SAFETY AND QUALITY AVAILABLE

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| | | | |
|--------|-------------------------|-----|-----------|
| Date | : 23-Sep-2023 | | |
| Name | : Mr. RITESH SRIVASTAVA | Age | : 46 Yrs. |
| Ref.By | : APOLLO HEALTH | Sex | : Male |

| | | | |
|------------------|----|------|---------|
| Serum Gamma G.T. | 34 | IU/L | 11 - 50 |
|------------------|----|------|---------|

| | | | |
|------------------|--------------|--|--|
| Blood Group & Rh | "B" Positive | | |
|------------------|--------------|--|--|

| | | | |
|------------|------|------|------------|
| KFT | | | |
| UREA | 19.2 | mg % | 15 - 50 |
| CREATININE | 0.81 | mg % | 0.5 - 1.5 |
| URIC ACID | 5.1 | mg % | 2 - 7 |
| CALCIUM | 9.8 | mg % | 8.8 - 10.0 |

| | | | |
|--------------------------------------|-----|-------|----------|
| Plasma Glucose - F GOD-POD Method | 104 | mg/dl | 70 - 110 |
|--------------------------------------|-----|-------|----------|

| | | | |
|---------------------------------------|-----|-------|-----------|
| Plasma Glucose - PP GOD POD Method | 171 | mg/dl | 110 - 170 |
|---------------------------------------|-----|-------|-----------|

| | | | |
|--------------------|------|------|--------------|
| LFT T&D | | | |
| Total Bilirubin | 0.49 | mg% | 0.2 - 1.0 |
| Direct Bilirubin | 0.16 | mg% | 0.0 to 0.40 |
| Indirect Bilirubin | 0.33 | mg% | 0.10 to 0.90 |
| S.G.P.T | 39 | IU/L | 5 - 40 |
| S.G.O.T | 32 | IU/L | 5 - 50 |
| ALP | 78 | IU/L | 40 to 129 |

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Date : 23-Sep-2023

Name : **Mr. RITESH SRIVASTAVA**

Age : 46 Yrs.

Ref.By : APOLLO HEALTH

Sex : Male

Urine Examination

PHYSICAL

| | |
|-------------------|--------|
| Colour | Straw |
| Turbidity | Nil |
| Deposit | Nil |
| Reaction | Acidic |
| *Specific Gravity | 1.010 |

CHEMICAL

| | |
|----------------|-----|
| Protein | Nil |
| Sugar | Nil |
| *Bile Salts | Nil |
| *Bile Pigments | Nil |
| Phosphate | Nil |

MICROSCOPIC

| | | |
|------------------|------------|------|
| Pus Cells | Nil | /hpf |
| Epithelial Cells | Occasional | /hpf |
| Red Blood Cells | Nil | /hpf |
| Casts | Nil | |
| Crystals | Nil | |
| Others | Nil | |

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| Name | : Mr. RITESH SRIVASTAVA | Sex | : Male |
| Ref.By | : APOLLO HEALTH | | |

LIPID PROFILE

| | | | |
|-------------------|------|-----|-----------|
| Triglycerids | 116 | mg% | 70 - 190 |
| S. Cholestrol S. | 154 | mg% | 130 - 230 |
| S. HDL Cholestrol | 40.8 | mg% | 35 - 75 |
| S. LDL Cholestrol | 90 | mg% | 75 - 150 |
| VLDL | 23.2 | mg% | 0 - 34 |
| Chol / HDL factor | 3.77 | | |
| LDL / HDL Factor | 2.21 | | |

COMMENTS

- * Triglycerides (TG) are the main dietary lipids. Cholesterol constitutes a small part of the dietary lipids, it is mostly synthesised in the liver. Both TG and Chol. are transported through the plasma by lipoproteins (Chylomicrons, VLDL, LDL, HDL).
- * LDL is the major cholesterol particle in plasma and high levels are strongly implicated in the formation of atheroma. An increase in the LDL leads to hypercholesterolemia, and there fore a risk factor for IHD. LDL increases with age particularly in females. Oestrogen lower LDL and raise HDL. Raised chol. in females is mostly due to disturbed thyroid function.
- * Increase in VLDL leads to hyperglyceridaemia. Raised TGs are associated with increased risk of CHD. Very high TGs increase the risk of Pancreatitis. Cholesterol is often raised due to Diabetes, Renal disease, Diuretic or Betablocker therapy.

TYPES OF HYPERLIPOPROTEINEMIAS

| | |
|---|---|
| TYPE 1: Normal cholesterol TG greatly raised | TYPE 3: Cholesterol increased TG increased |
| TYPE 2a: Cholesterol increased LDL increased TG normal | TYPE 4: Cholesterol normal /increased VLDL increased TG increased |
| TYPE 2b Chol. increased VLDL raised TG increased LDL increased | TYPE 5: Cholesterol increased LDL reduced VLDL increased TG frealtly increased |

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| Ref.By | : APOLLO HEALTH | Sex | : Male |

THYROID TEST

| | | | |
|-----------------------------------|------|---------|--------------|
| Tri-iodothyronine (T3) | 1.28 | nmol/L | 0.50 to 2.50 |
| Thyroxine (T4) | 7.10 | mcg/dL | 5.0 to 12.5 |
| Thyroid Stimulating Hormone (TSH) | 5.1 | mIU/ ml | 0.3 to 6.0 |

=====

COMMENTS

=====

- 1) Primary hyperthyroidism is accompanied by elevated Serum T3 and T4 values along with depressed TSH levels.
- 2) Primary Hypothyroidism is accompanied by depressed serum T3 and T4 values and elevated serum TSH levels.
- 3) Normal T4 levels accompanied by high T3 levels are seen in patients with T3 thyrotoxicosis.
- 4) Slightly elevated T3 levels may be found in pregnancy and estrogen therapy, while depressed levels maybe encountered in severe illness, malnutrition, renal failure and during therapy with drugs like propranolol and propylthiouracil.
- 5) Elevated TSH levels may also be indicative of TSH secreting Pituitary Tumour.

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Page 1
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| Ref.By | : APOLLO HEALTH | Sex | : Male |

Glycosylated Haemoglobin

| | | | |
|--|---------------|---|------------|
| Glycosylated Haemoglobin | 5.8 | % | 4.5 TO 6.0 |
| ===== | | | |
| INTERPRETATION AND COMMENTS | | | |
| ===== | | | |
| NON DIABETIC : | 4.5 to 6.0 % | | |
| GOOD CONTROL: | 6.0 to 7.0 | | |
| FAIR CONTROLLED | 7.0 AND 8.0 | | |
| UNCONTROLLED | 8.0 AND ABOVE | | |
| <p>Glycosylated haemoglobin is the adducted glucose in the haemoglobin of the red blood cells, this adduction is stable for the life time of the RBC (i.e 120 days). There fore the measure of glycosylated haemoglobin reflects the average blood glucose concentration over the preseding several weeks. The sudden change in blood glucose level would not effect the glycosylated haemoglobin level ,which serves as a better marker of long term metabolic control and the efficacy of therapy.</p> | | | |

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Page 5 (End Of Report)
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| | | | |
|------------|------|-----|---------|
| Hæmoglobin | 13.2 | gm% | 14 - 17 |
|------------|------|-----|---------|

| | | | |
|-----------------------|------|-------------|------------|
| Total Leucocyte Count | 7600 | Cells/cumm. | 4000-11000 |
|-----------------------|------|-------------|------------|

| Differential Leucocyte Count | | | |
|------------------------------|----|---|---------|
| Polymorphs | 61 | % | 45 - 70 |
| Lymphocytes | 34 | % | 20 - 45 |
| Eosinophils | 03 | % | 0 - 6 |
| Monocytes | 02 | % | 0 - 8 |
| Basophils | 00 | % | 0 - 1 |

| Erythrocyte Sedimentation Rate (Wintrobe) | | | |
|---|------|---------------|---------|
| ESR | 12 | mm in 1st Hr. | 0 - 9 |
| PCV | 40.6 | cc% | 40 - 52 |
| Corrected ESR | 02 | mm in 1st Hr. | 0 - 9 |

| | | | |
|----------------|------|------------|-----------|
| Platelet Count | 1.80 | lakh/cumm. | 1.5 - 4.0 |
|----------------|------|------------|-----------|

| | | | |
|-----------------|------|-------------|--------------|
| Red Cells Count | 4.48 | million/cmm | 3.90 to 5.80 |
|-----------------|------|-------------|--------------|

| Absolute values | | | |
|-----------------|------|--------|---------|
| MCV | 78.1 | fL | 77 - 97 |
| MCH | 30.4 | pg | 27 - 31 |
| MCHC | 32.0 | gm /dl | 31 - 34 |

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General Blood Picture

RBCs RBCs are Normocytic & Normochromic.
No Normoblasts are seen.

WBCs TLC is within normal range.
DLC shows normal counts.
No immature cells of WBC seen.

PLATELETS Platelets are adequate in number and morphology.

OTHERS No haemoparasites are seen.

IMPRESSION Normal GBP

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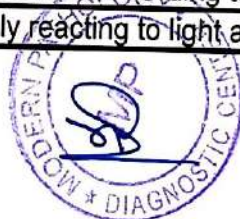
Registration Date 23/09/2023
Name : Mr Ritesh Srivastava
Ref By: Apollo Health

Age : 46 Sex: M

Dr. H. S. Kholia
M.B.B.S., D.O.M.S.
Consultant Ophthalmologist
Registration No.: 34062 (M.C.I., U.P.)

EYES EXAMINATION REPORT

| EYE SIGHT | DISTANT VISION | | NEAR VISION | |
|--------------------------|---|------|-------------|------|
| | RIGHT | LEFT | RIGHT | LEFT |
| WITHOUT GLASSES | 6/6 | 6/6 | N-6 | N-6 |
| WITH GLASSES | | | | |
| POWER OF GLASSES IF USED | | | | |
| FUNDUS | NORMAL | | | |
| COLOR VISION | Present Normal according to ISHIIHARA'S CHART | | | |
| PUPILS | Normally reacting to light and accommodation | | | |



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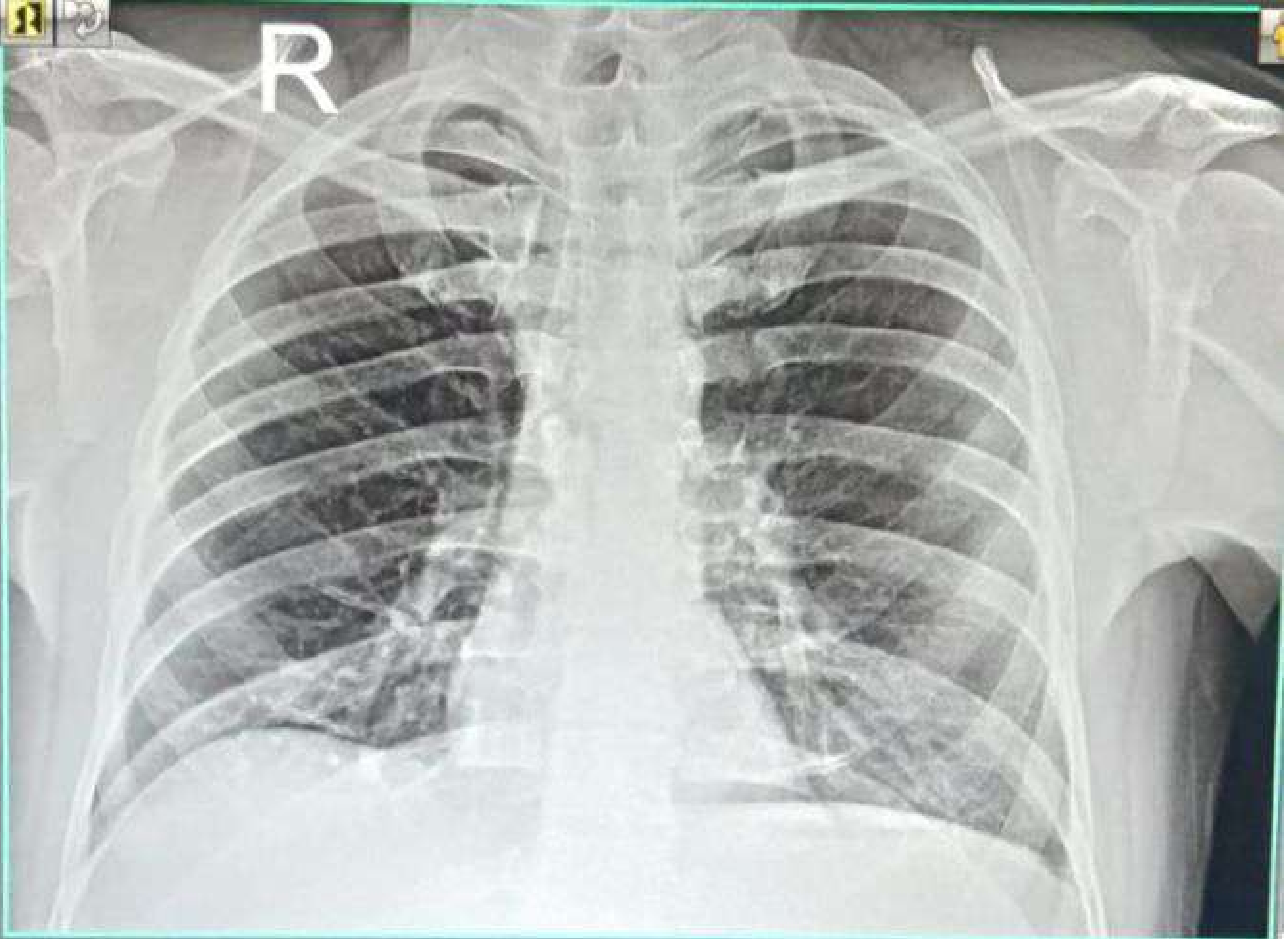
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23092301919 MRI RITESH SRIVASTAVA 46 YRS M SELF CHEST PA
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DATE : 23/09/2023

NAME : Mr Ritesh Srivastava

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HEIGHT : 173 CMS

WEIGHT : 73 KGS

BMI : 24.4

Blood Pressure : 110/80


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पुरुष / Male

2837 7671 8740

आधार — सामान्य माणसाचा अधिकार

भारतीय विशिष्ट ओळख प्राधिकरण
UNIQUE IDENTIFICATION AUTHORITY OF INDIA

पत्ता C/O एस.पी.श्रीवास्तव, ६४, तुलसी Address: C/O S.P.Srivastava, 64,
विहार, इंदिरा नगर, सेक्टर १४ सब स्टेशन TULSI VIHAR, INDIRA NAGAR,
जवळ, लखनऊ, इंदिरा नगर स.ओ. NEAR SECTOR 14 SUB
लखनऊ, उत्तर प्रदेश, 226016 STATION, LUCKNOW, Indira
Nagar S.O, Lucknow, Uttar
Pradesh, 226016

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Bengaluru-560 001





MODERN PATHOLOGY & DIAGNOSTIC CENTRE

DIAGNOSTIC CENTRE

Dr. R. P. Rastogi
M.B.B.S., M.D. (Path & Bact)



CLINIC :

1/4A, Vineet Khand, (Opp Jaipuria Management)
Gomti Nagar, Lucknow - 226 010
Ph.: 0522-4008184, 4308184 ☎ 8112323230
Mob.: 7618884441, 9450389932, 8177063877

Patient name: Mr Ritesh Srivastava
Ref By. : Apollo Health

Age/Sex 46/M
23/09/2023

E.C.G. REPORT

| | | |
|---------------------|---|----------------|
| 1. Rhythm | : | Sinus, Regular |
| 2. Atrial Rate | : | 86/mt |
| 3. Ventricular Rate | : | 86/mt |
| 4. P – Wave | : | Normal |
| 5. P R Interval | : | Normal |
| 6. Q R S | : | |
| Axis | : | Normal |
| R/S Ratio | : | Normal |
| Configuration | : | Normal |
| 7. Q T c Interval | : | Normal |
| 8. S-T Segment | : | Normal |
| 9. T-Wave | : | Normal |

FINAL IMPRESSION

E.C.G. is within normal limits.

Signature of Doctor

D. SANJAY MOHAN
MD

Reg. No. 44559

Dr. Sanjay Rastogi
M.B.B.S., DCP, CRIAT (BARC)

Dr. Smita Rastogi
M.B.B.S., DCP

Results, adhering to W.H.O. and International Federation of Clinical Chemists Quality Control Standards.

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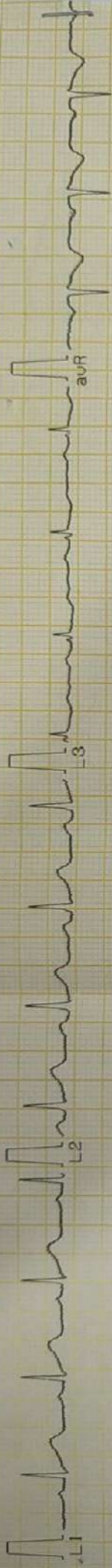
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Name Ritesh Srivastava Age Yrs M/F M/F 10mm/mV

25mm/s

0.1-35 Hz

BLC

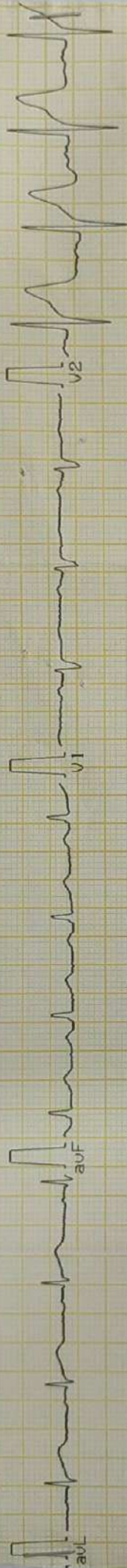


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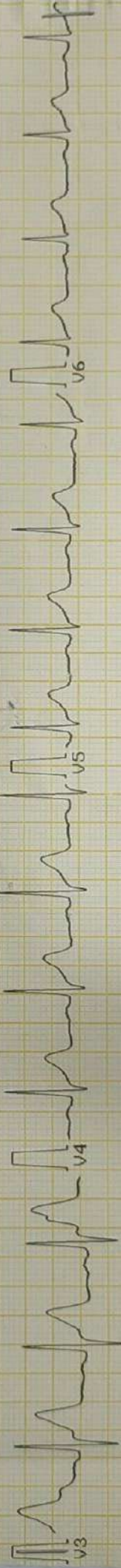
ClarityMed ECG50-1CH

Dr.

ECG CARDIOPRINT



ECG CARDIOPRINT



Dr. AMIT MOHAN

Reg. No. 44559



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Mob.: 7618884441, 9450389932, 8177063877



| | | |
|--|------------------|----------------------|
| TEST REQUEST ID :012309230010 | SAMPLE DATE | :23/Sep/2023 08:40AM |
| NAME :Mr. RITESH SRIVASTAVA | SAMPLE REC. DATE | :23/Sep/2023 08:40AM |
| AGE/SEX :46 YRS/MALE | REPORTED DATE | :23/Sep/2023 12:57PM |
| REFERRED BY : Apollo Health and Lifestyle Limited, | BARCODE NO | :01230010 |

XRAY CHEST PA

- Trachea is central in position.
- Bilateral lung fields are normally aerated.
- Both hilar shadows are normal.
- Left C.P. angle is indistinct.
- Cardiac shadow is within normal limits.
- Bony cage appears normal.

OPINION:

INDISTINCT LEFT C.P.ANGLE

Please correlate clinically.

*** End Of Report ***

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DR. PANKAJ UPADHYAYA

Dr. Smita Rastogi
M.B.B.S., DCP

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Mob.: 7618884441, 9450389932, 8177063877

| | | | |
|--------|-------------------------|-----|-----------|
| Date | : 23-Sep-2023 | | |
| Name | : Mr. RITESH SRIVASTAVA | Age | : 46 Yrs. |
| Ref.By | : APOLLO HEALTH | Sex | : Male |

| | | | |
|------------------|----|------|---------|
| Serum Gamma G.T. | 34 | IU/L | 11 - 50 |
|------------------|----|------|---------|

| | | | |
|------------------|--------------|--|--|
| Blood Group & Rh | "B" Positive | | |
|------------------|--------------|--|--|

| KFT | | | |
|------------|------|------|------------|
| UREA | 19.2 | mg % | 15 - 50 |
| CREATININE | 0.81 | mg % | 0.5 - 1.5 |
| URIC ACID | 5.1 | mg % | 2 - 7 |
| CALCIUM | 9.8 | mg % | 8.8 - 10.0 |

| | | | |
|--------------------------------------|-----|-------|----------|
| Plasma Glucose - F GOD-POD Method | 104 | mg/dl | 70 - 110 |
|--------------------------------------|-----|-------|----------|

| | | | |
|---------------------------------------|-----|-------|-----------|
| Plasma Glucose - PP GOD POD Method | 171 | mg/dl | 110 - 170 |
|---------------------------------------|-----|-------|-----------|

| LFT T&D | | | |
|--------------------|------|------|--------------|
| Total Bilirubin | 0.49 | mg% | 0.2 - 1.0 |
| Direct Bilirubin | 0.16 | mg% | 0.0 to 0.40 |
| Indirect Bilirubin | 0.33 | mg% | 0.10 to 0.90 |
| S.G.P.T | 39 | IU/L | 5 - 40 |
| S.G.O.T | 32 | IU/L | 5 - 50 |
| ALP | 78 | IU/L | 40 to 129 |

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| | | | |
|--------|--------------------------------|-----|-----------|
| Date | : 23-Sep-2023 | | |
| Name | : Mr. RITESH SRIVASTAVA | Age | : 46 Yrs. |
| Ref.By | : APOLLO HEALTH | Sex | : Male |

Urine Examination

| | | | |
|--------------------|------------|------|--|
| PHYSICAL | | | |
| Colour | Straw | | |
| Turbidity | Nil | | |
| Deposit | Nil | | |
| Reaction | Acidic | | |
| *Specific Gravity | 1.010 | | |
| CHEMICAL | | | |
| Protein | Nil | | |
| Sugar | Nil | | |
| *Bile Salts | Nil | | |
| *Bile Pigments | Nil | | |
| Phosphate | Nil | | |
| MICROSCOPIC | | | |
| Pus Cells | Nil | /hpf | |
| Epithelial Cells | Occasional | /hpf | |
| Red Blood Cells | Nil | /hpf | |
| Casts | Nil | | |
| Crystals | Nil | | |
| Others | Nil | | |

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| | | | |
|--------|--------------------------------|-----|-----------|
| Date | : 23-Sep-2023 | Age | : 46 Yrs. |
| Name | : Mr. RITESH SRIVASTAVA | Sex | : Male |
| Ref.By | : APOLLO HEALTH | | |

LIPID PROFILE

| | | | |
|-------------------|------|-----|-----------|
| Triglycerids | 116 | mg% | 70 - 190 |
| S. Cholestrol S. | 154 | mg% | 130 - 230 |
| S. HDL Cholestrol | 40.8 | mg% | 35 - 75 |
| S. LDL Cholestrol | 90 | mg% | 75 - 150 |
| VLDL | 23.2 | mg% | 0 - 34 |
| Chol / HDL factor | 3.77 | | |
| LDL / HDL Factor | 2.21 | | |

COMMENTS

- * Triglycerides (TG) are the main dietary lipids. Cholesterol constitutes a small part of the dietary lipids, it is mostly synthesised in the liver. Both TG and Chol. are transported through the plasma by lipoproteins (Chylomicrons, VLDL, LDL, HDL).
- * LDL is the major cholesterol particle in plasma and high levels are strongly implicated in the formation of atheroma. An increase in the LDL leads to hypercholesterolemia, and there fore a risk factor for IHD. LDL increases with age particularly in females. Oestrogen lower LDL and raise HDL. Raised chol. in females is mostly due to disturbed thyroid function.
- * Increase in VLDL leads to hyperglyceridaemia. Raised TGs are associated with increased risk of CHD. Very high TGs increase the risk of Pancreatitis. Cholesterol is often raised due to Diabetes, Renal disease, Diuretic or Betablocker therapy.

TYPES OF HYPERLIPOPROTEINEMIAS

| | |
|---|---|
| TYPE 1: Normal cholesterol TG greatly raised | TYPE 3: Cholesterol increased TG increased |
| TYPE 2a: Cholesterol increased LDL increased TG normal | TYPE 4: Cholesterol normal /increased VLDL increased TG increased |
| TYPE 2b Chol. increased VLDL raised TG increased LDL increased | TYPE 5: Cholesterol increased LDL reduced VLDL increased TG frealtly increased |

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| | | | |
|--------|--------------------------------|-----|-----------|
| Date | : 23-Sep-2023 | | |
| Name | : Mr. RITESH SRIVASTAVA | Age | : 46 Yrs. |
| Ref.By | : APOLLO HEALTH | Sex | : Male |

THYROID TEST

| | | | |
|-----------------------------------|------|---------|--------------|
| Tri-iodothyronine (T3) | 1.28 | nmol/L | 0.50 to 2.50 |
| Thyroxine (T4) | 7.10 | mcg/dL | 5.0 to 12.5 |
| Thyroid Stimulating Hormone (TSH) | 5.1 | mIU/ ml | 0.3 to 6.0 |

=====

COMMENTS

=====

- 1) Primary hyperthyroidism is accompanied by elevated Serum T3 and T4 values along with depressed TSH levels.
- 2) Primary Hypothyroidism is accompanied by depressed serum T3 and T4 values and elevated serum TSH levels.
- 3) Normal T4 levels accompanied by high T3 levels are seen in patients with T3 thyrotoxicosis.
- 4) Slightly elevated T3 levels may be found in pregnancy and estrogen therapy, while depressed levels maybe encountered in severe illness, malnutrition, renal failure and during therapy with drugs like propranolol and propylthiouracil.
- 5) Elevated TSH levels may also be indicative of TSH secreting Pituitary Tumour.

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M.B.B.S., M.D. (Path & Bact)



| | | | |
|--------|--------------------------------|-----|-----------|
| Date | : 23-Sep-2023 | | |
| Name | : Mr. RITESH SRIVASTAVA | Age | : 46 Yrs. |
| Ref.By | : APOLLO HEALTH | Sex | : Male |

Glycosylated Haemoglobin

| | | | |
|--|---------------|---|------------|
| Glycosylated Haemoglobin | 5.8 | % | 4.5 TO 6.0 |
| ===== | | | |
| INTERPRETATION AND COMMENTS | | | |
| ===== | | | |
| NON DIABETIC : | 4.5 to 6.0 % | | |
| GOOD CONTROL: | 6.0 to 7.0 | | |
| FAIR CONTROLLED | 7.0 AND 8.0 | | |
| UNCONTROLLED | 8.0 AND ABOVE | | |
| <p>Glycosylated haemoglobin is the adducted glucose in the haemoglobin of the red blood cells, this adduction is stable for the life time of the RBC (i.e 120 days). There fore the measure of glycosylated haemoglobin reflects the average blood glucose concentration over the preseding several weeks. The sudden change in blood glucose level would not effect the glycosylated haemoglobin level ,which serves as a better marker of long term metabolic control and the efficacy of therapy.</p> | | | |

Dr. Sanjay Rastogi
Page 5 (End Of Report)
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| | | | |
|--------|--------------------------------|-----|-----------|
| Date | : 23-Sep-2023 | | |
| Name | : Mr. RITESH SRIVASTAVA | Age | : 46 Yrs. |
| Ref.By | : APOLLO HEALTH | Sex | : Male |

| | | | |
|------------|------|-----|---------|
| Hæmoglobin | 13.2 | gm% | 14 - 17 |
|------------|------|-----|---------|

| | | | |
|-----------------------|------|-------------|------------|
| Total Leucocyte Count | 7600 | Cells/cumm. | 4000-11000 |
|-----------------------|------|-------------|------------|

| Differential Leucocyte Count | | | |
|------------------------------|----|---|---------|
| Polymorphs | 61 | % | 45 - 70 |
| Lymphocytes | 34 | % | 20 - 45 |
| Eosinophils | 03 | % | 0 - 6 |
| Monocytes | 02 | % | 0 - 8 |
| Basophils | 00 | % | 0 - 1 |

| Erythrocyte Sedimentation Rate (Wintrobe) | | | |
|---|------|---------------|---------|
| ESR | 12 | mm in 1st Hr. | 0 - 9 |
| PCV | 40.6 | cc% | 40 - 52 |
| Corrected ESR | 02 | mm in 1st Hr. | 0 - 9 |

| | | | |
|----------------|------|------------|-----------|
| Platelet Count | 1.80 | lakh/cumm. | 1.5 - 4.0 |
|----------------|------|------------|-----------|

| | | | |
|-----------------|------|-------------|--------------|
| Red Cells Count | 4.48 | million/cmm | 3.90 to 5.80 |
|-----------------|------|-------------|--------------|

| Absolute values | | | |
|-----------------|------|--------|---------|
| MCV | 78.1 | fL | 77 - 97 |
| MCH | 30.4 | pg | 27 - 31 |
| MCHC | 32.0 | gm /dl | 31 - 34 |

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| | | | |
|--------|--------------------------------|-----|-----------|
| Date | : 23-Sep-2023 | | |
| Name | : Mr. RITESH SRIVASTAVA | Age | : 46 Yrs. |
| Ref.By | : APOLLO HEALTH | Sex | : Male |

General Blood Picture

| | |
|-------------------|---|
| RBCs | RBCs are Normocytic & Normochromic. No Normoblasts are seen. |
| WBCs | TLC is within normal range. DLC shows normal counts. No immature cells of WBC seen. |
| PLATELETS | Platelets are adequate in number and morphology. |
| OTHERS | No haemoparasites are seen. |
| IMPRESSION | Normal GBP |

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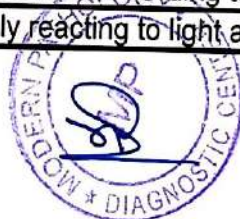
Registration Date 23/09/2023
Name : Mr Ritesh Srivastava
Ref By: Apollo Health

Age : 46 Sex: M

Dr. H. S. Kholia
M.B.B.S., D.O.M.S.
Consultant Ophthalmologist
Registration No.: 34062 (M.C.I., U.P.)

EYES EXAMINATION REPORT

| EYE SIGHT | DISTANT VISION | | NEAR VISION | |
|--------------------------|--|------|-------------|------|
| | RIGHT | LEFT | RIGHT | LEFT |
| WITHOUT GLASSES | 6/6 | 6/6 | N-6 | N-6 |
| WITH GLASSES | | | | |
| POWER OF GLASSES IF USED | | | | |
| FUNDUS | NORMAL | | | |
| COLOR VISION | Present Normal according to ISHIHARA'S CHART | | | |
| PUPILS | Normally reacting to light and accommodation | | | |



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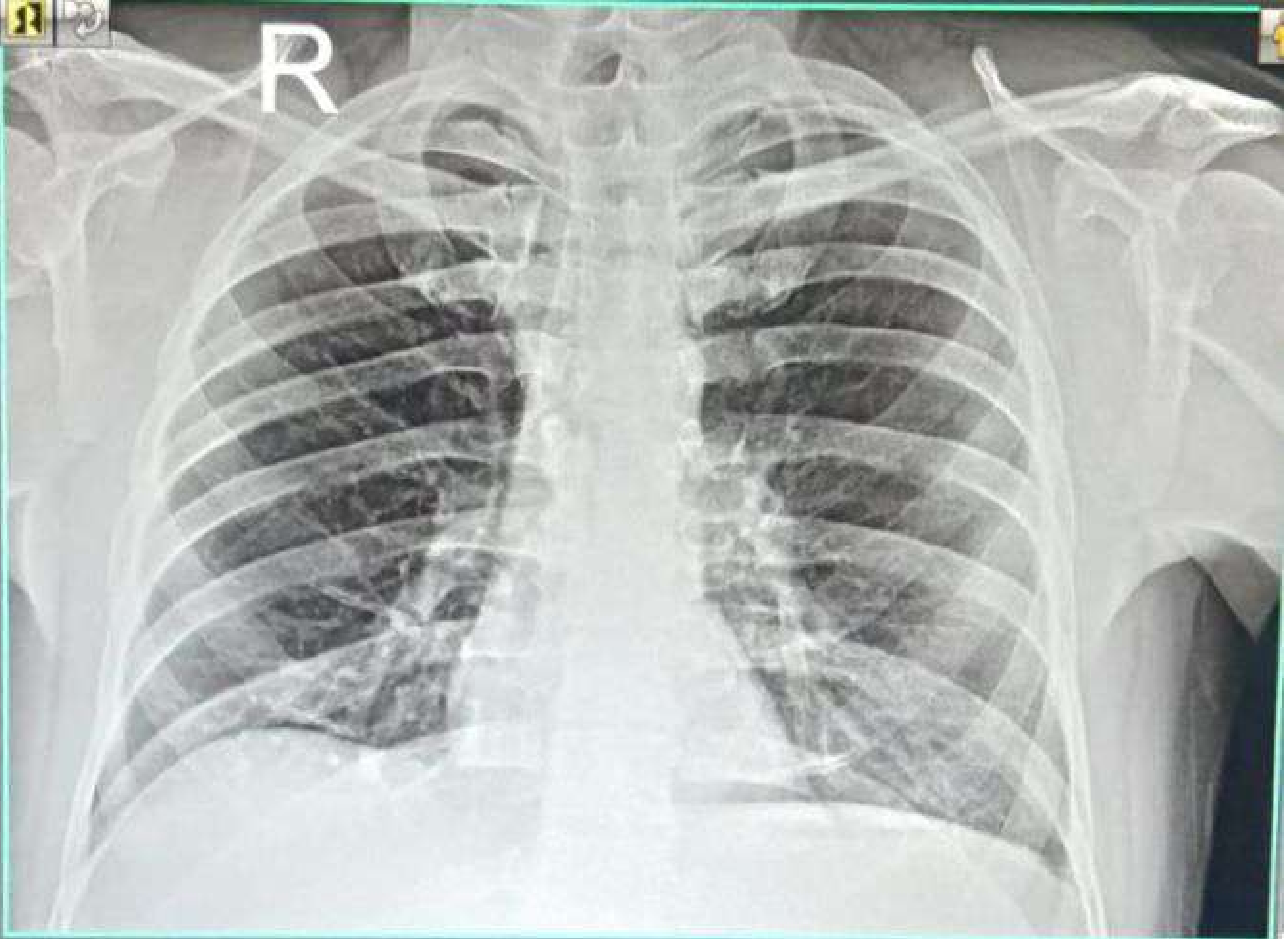
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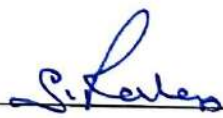
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23092301919 MRI RITESH SRIVASTAVA 46 YRS M SELF CHEST PA
09/23/2023 MODERN PATHOLOGY & DIAGNOSTIC CENTRE GOMTI NAGAR LUCKNOW

MER- MEDICAL EXAMINATION REPORT

| | | | |
|---|------------------------------|-------------|---------------|
| Date of Examination | 23/9/23 | | |
| NAME | Swaraj SRIVASTAVA | | |
| AGE | 44 | Gender | R |
| HEIGHT(cm) | 167 | WEIGHT (kg) | 75 Bmi - 26.9 |
| B.P. | 110/84 | | |
| EKG | Normal | | |
| X Ray | Normal | | |
| Vision Checkup | Using Power Lens for Reading | | |
| Present Ailments | No | | |
| Details of Past ailments (If Any) | None | | |
| Comments / Advice : She /He is Physically Fit | Medicines Nil | | |


 Signature with Stamp of Medical Examiner
 Dr. Shilpa Rastogi
 MBBS, DCP
 Reg. No. 37370



भारत सरकार
GOVERNMENT OF INDIA

स्वाती श्रीवास्तव
Swati Srivastava

जन्म वर्ष / Year of Birth : 1979
स्त्री / Female

9547 8527 6236

आधार - सामान्य माणसाचा अधिकार



Swati



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Pradesh, 226016

1947
1800 180 1947

help@uidai.gov.in

www.uidai.gov.in

P.O. Box No. 1947,
Bangalore-560 091

Dear sir

You have been informed that ent gynac, and diet consultation facility is not available at our centre. If you are ready then your test can be start

Swathi
23.9.23





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Gomti Nagar, Lucknow - 226 010
Ph.: 0522-4008184, 4308184 • 8112323230
Mob.: 7618884441, 9450389932, 8177063877

Patient name: Mrs Swati Srivastava
Ref By. : Apollo Health

Age/Sex 44/F
23/09/2023

E.C.G. REPORT

| | | |
|---------------------|---|----------------|
| 1. Rhythm | : | Sinus, Regular |
| 2. Atrial Rate | : | 74/mt |
| 3. Ventricular Rate | : | 74/mt |
| 4. P – Wave | : | Normal |
| 5. P R Interval | : | Normal |
| 6. Q R S | : | |
| Axis | : | Normal |
| R/S Ratio | : | Normal |
| Configuration | : | Normal |
| 7. Q T c Interval | : | Normal |
| 8. S-T Segment | : | Normal |
| 9. T-Wave | : | Normal |

FINAL IMPRESSION

E.C.G. is within normal limits.

Signature of Doctor
Dr. Smita Rastogi
MD
Reg. No. 44559

Dr. Sanjay Rastogi
M.B.B.S., DCP, CRIAT (BARC)

Dr. Smita Rastogi
M.B.B.S., DCP

Results, adhering to W.H.O. and International Federation of Clinical Chemists Quality Control Standards.

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MODERN PATHOLOGY & DIAGNOSTIC CENTRE

Dr. R. P. Rastogi
M.B.B.S., M.D. (Path & Bact)



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| | | |
|--|------------------|----------------------|
| TEST REQUEST ID :012309230012 | SAMPLE DATE | :23/Sep/2023 08:44AM |
| NAME :Mrs. SWATI SRIVASTAVA | SAMPLE REC. DATE | :23/Sep/2023 08:44AM |
| AGE/SEX :44 YRS/FEMALE | REPORTED DATE | :23/Sep/2023 03:36PM |
| REFERRED BY : Apollo Health and Lifestyle Limited, | BARCODE NO | :01230012 |

XRAY CHEST PA

- Trachea is central in position.
- Bilateral lung fields are normally aerated.
- Both hilar shadows are normal.
- Both C.P. angles are clear.
- Cardiac shadow is within normal limits.
- Bony cage appears normal.

OPINION: NORMAL STUDY.

Please correlate clinically.

*** End Of Report ***

Dr. Sanjay Rastogi
M.B.B.S., DCP, CRIAT (BARC)

DR. PANKAJ UPADHYAYA

Dr. Smita Rastogi
M.B.B.S., DCP

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Checked By: FAISHAL

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Mob.: 7618884441, 9450389932, 8177063877

Dr. R. P. Rastogi
M.B.B.S., M.D. (Path & Bact)



Date : 23-Sep-2023

Name : **Mrs. SWATI SRIVATAVA**

Age : 44 Yrs.

Ref.By : APOLLO HEALTH

Sex : Female

| | | | |
|-------------|------|-----|---------|
| Haemoglobin | 11.2 | gm% | 11 - 14 |
|-------------|------|-----|---------|

| | | | |
|-----------------------|------|-------------|------------|
| Total Leucocyte Count | 4100 | Cells/cumm. | 4000-11000 |
|-----------------------|------|-------------|------------|

Differential Leucocyte Count

| | | | |
|-------------|----|---|---------|
| Polymorphs | 64 | % | 45 - 70 |
| Lymphocytes | 30 | % | 20 - 45 |
| Eosinophils | 02 | % | 0 - 6 |
| Monocytes | 04 | % | 0 - 8 |
| Basophils | 00 | % | 0 - 1 |

Erythrocyte Sedimentation Rate (Wintrobe)

| | | | |
|---------------|-------------|---------------|---------|
| ESR | 18 | mm in 1st Hr. | 0 - 19 |
| PCV | 33.8 | cc% | 40 - 52 |
| Corrected ESR | 06 | mm in 1st Hr. | 0 - 19 |

| | | | |
|----------------|------|------------|-----------|
| Platelet Count | 2.29 | lakh/cumm. | 1.5 - 4.0 |
|----------------|------|------------|-----------|

| | | | |
|-----------------|------|-------------|--------------|
| Red Cells Count | 4.11 | million/cmm | 3.90 to 4.60 |
|-----------------|------|-------------|--------------|

Absolute values

| | | | |
|------|------|--------|---------|
| MCV | 82.3 | fL | 77 - 97 |
| MCH | 27.4 | pg | 27 - 31 |
| MCHC | 31.3 | gm /dl | 31 - 34 |

Dr. Sanjay Rastogi
Page 1 (End of Report)
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| | | | |
|--------|------------------------|-----|-----------|
| Date | : 23-Sep-2023 | | |
| Name | : Mrs. SWATI SRIVATAVA | Age | : 44 Yrs. |
| Ref.By | : APOLLO HEALTH | Sex | : Female |

| KFT | | | |
|------------|------|------|------------|
| UREA | 18.4 | mg % | 15 - 50 |
| CREATININE | 0.72 | mg % | 0.5 - 1.5 |
| URIC ACID | 5.1 | mg % | 2 - 6 |
| CALCIUM | 9.5 | mg % | 8.8 - 10.0 |

| | | | |
|--------------------------------------|----|-------|----------|
| Plasma Glucose - F GOD-POD Method | 92 | mg/dl | 70 - 110 |
|--------------------------------------|----|-------|----------|

| | |
|------------------|--------------|
| Blood Group & Rh | "A" Positive |
|------------------|--------------|

| LFT T&D | | | |
|--------------------|------|------|--------------|
| Total Bilirubin | 0.51 | mg% | 0.2 - 1.0 |
| Direct Bilirubin | 0.24 | mg% | 0.0 to 0.40 |
| Indirect Bilirubin | 0.27 | mg% | 0.10 to 0.90 |
| S.G.P.T | 18 | IU/L | 5 - 40 |
| S.G.O.T | 12 | IU/L | 5 - 50 |
| ALP | 74 | IU/L | 35 to 104 |

| | | | |
|------------------|----|------|---------|
| Serum Gamma G.T. | 18 | IU/L | 11 - 50 |
|------------------|----|------|---------|

Page 1
Dr. Sanjay Rastogi
M.B.B.S., DCP, CRIAT (BARC)

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Dr. R. P. Rastogi
M.B.B.S., M.D. (Path & Bact)



| | | | |
|--------|------------------------|-----|-----------|
| Date | : 23-Sep-2023 | | |
| Name | : Mrs. SWATI SRIVATAVA | Age | : 44 Yrs. |
| Ref.By | : APOLLO HEALTH | Sex | : Female |

LIPID PROFILE

| | | | |
|-------------------|-------|-----|-----------|
| Triglycerids | 144 | mg% | 70 - 190 |
| S. Cholestrol S. | 193 | mg% | 130 - 230 |
| S. HDL Cholestrol | 40.4 | mg% | 35 - 75 |
| S. LDL Cholestrol | 123.8 | mg% | 75 - 150 |
| VLDL | 28.8 | mg% | 0 - 34 |
| Chol / HDL factor | 4.78 | | |
| LDL / HDL Factor | 3.06 | | |

COMMENTS

- * Triglycerides (TG) are the main dietary lipids. Cholesterol constitutes a small part of the dietary lipids, it is mostly synthesised in the liver. Both TG and Chol. are transported through the plasma by lipoproteins (Chylomicrons, VLDL, LDL, IDL, HDL).
- * LDL is the major cholesterol particle in plasma and high levels are strongly implicated in the formation of atheroma. An increase in the LDL leads to hypercholesterolemia, and therefore a risk factor for IHD. LDL increases with age particularly in females. Oestrogen lower LDL and raise HDL. Raised chol. in females is mostly due to disturbed thyroid function.
- * Increase in VLDL leads to hyperglyceridaemia. Raised TGs are associated with increased risk of CHD. Very high TGs increase the risk of Pancreatitis. Cholesterol is often raised due to Diabetes, Renal disease, Diuretic or Betablocker therapy.

TYPES OF HYPERLIPOPROTEINEMIAS

| | |
|---|--|
| TYPE 1: Normal cholesterol TG greatly raised | TYPE 3: Cholesterol increased TG increased |
| TYPE 2a: Cholesterol increased LDL increased TG normal | TYPE 4: Cholesterol normal /increased VLDL increased TG increased |
| TYPE 2b Chol. increased VLDL raised TG increased LDL increased | TYPE 5: Cholesterol increased LDL reduced VLDL increased TG greatly increased |

Page 2 **Dr. Sanjay Rastogi**
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Mob.: 7618884441, 9450389932, 8177063877

Date : 23-Sep-2023
Name : **Mrs. SWATI SRIVATAVA** Age : 44 Yrs.
Ref.By : APOLLO HEALTH Sex : Female

THYROID TEST

| | | | |
|-----------------------------------|------|---------|--------------|
| Tri-iodothyronine (T3) | 1.60 | nmol/L | 0.50 to 2.50 |
| Thyroxine (T4) | 7.51 | mcg/dL | 5.0 to 12.5 |
| Thyroid Stimulating Hormone (TSH) | 5.31 | mIU/ ml | 0.3 to 6.0 |

COMMENTS

- 1) Primary hyperthyroidism is accompanied by elevated Serum T3 and T4 values along with depressed TSH levels.
- 2) Primary Hypothyroidism is accompanied by depressed serum T3 and T4 values and elevated serum TSH levels.
- 3) Normal T4 levels accompanied by high T3 levels are seen in patients with T3 thyrotoxicosis.
- 4) Slightly elevated T3 levels may be found in pregnancy and estrogen therapy, while depressed levels maybe encountered in severe illness, malnutrition, renal failure and during therapy with drugs like propranolol and propylthiouracil.
- 5) Elevated TSH levels may also be indicative of TSH secreting Pituitary Tumour.

Page 3
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Date : 23-Sep-2023

Name : Mrs. SWATI SRIVATAVA

Age : 44 Yrs.

Ref.By : APOLLO HEALTH

Sex : Female

Glycosylated Haemoglobin

Glycosylated Haemoglobin 5.4 % 4.5 TO 6.0

INTERPRETATION AND COMMENTS

NON DIABETIC : 4.5 to 6.0 %
GOOD CONTROL: 6.0 to 7.0
FAIR CONTROLLED 7.0 AND 8.0
UNCONTROLLED 8.0 AND ABOVE

Glycosylated haemoglobin is the adducted glucose in the haemoglobin of the red blood cells, this adduction is stable for the life time of the RBC (i.e 120 days). There fore the measure of glycosylated haemoglobin reflects the average blood glucose concentration over the preseding several weeks. The sudden change in blood glucose level would not effect the glycosylated haemoglobin level ,which serves as a better marker of long term metabolic control and the efficacy of therapy.

Dr. Sanjay Rastogi
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Dr. R. P. Rastogi
M.B.B.S., M.D. (Path & Bact)



| | | | |
|--------|------------------------|-----|-----------|
| Date | : 23-Sep-2023 | | |
| Name | : Mrs. SWATI SRIVATAVA | Age | : 44 Yrs. |
| Ref.By | : APOLLO HEALTH | Sex | : Female |

Urine Examination

| PHYSICAL | | |
|-------------------|--------|------|
| Colour | Straw | |
| Turbidity | Nil | |
| Deposit | Nil | |
| Reaction | Acidic | |
| *Specific Gravity | 1.010 | |
| CHEMICAL | | |
| Protein | Nil | |
| Sugar | Nil | |
| *Bile Salts | Nil | |
| *Bile Pigments | Nil | |
| Phosphate | Nil | |
| MICROSCOPIC | | |
| Pus Cells | Nil | /hpf |
| Epithelial Cells | Few | /hpf |
| Red Blood Cells | Nil | /hpf |
| Casts | Nil | |
| Crystals | Nil | |
| Others | Nil | |

Dr. Sanjay Rastogi
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Ph.: 0522-4008184, 4308184 • 8112323230
Mob.: 7618884441, 9450389932, 8177063877

SAMPLE DATE : 23/9/2023
NAME : Mrs Swati Srivastava
AGE/SEX : 44/YRS/FEMALE
REFERRED BY : Apollo Health

| Test Name | Result | Bio. Ref. Range | Unit |
|-----------|--------|-----------------|------|
|-----------|--------|-----------------|------|

CLINICAL PATHOLOGY TEST REPORT

PAP

GROSS:

Smears collected from the ecto and the endo cervix. Slides prepared and stained with PAP stain.

MICROSCOPIC:

Smears studied show adequate representing material, comprising mainly of squamous epithelial cells. These cells have abundant pale pink eosinophilic cytoplasm and normal appearing round to oval nuclei. Smears from the endocervix show fair number of "stripped nuclei" of the endometrial cells. Occasional small cluster of the endometrial cells are seen. These cells have indistinct cellular borders, scanty basophilic cytoplasm and oval nuclei with clumped chromatin. Smears from both the sites are mildly infiltrated with inflammatory cells, mostly polymorphs

**IMPRESSION: SMEARS SUGGESTIVE OF NORMAL PAP SMEAR
WITH MODERATE INFLAMMATION**

*** End Of Report ***

Dr. Sanjay Rastogi
M.B.B.S., DCP, CRIAT (BARC)

Dr. Smita Rastogi
M.B.B.S., DCP

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| | | |
|--|------------------|----------------------|
| TEST REQUEST ID :012309230012 | SAMPLE DATE | :23/Sep/2023 08:44AM |
| NAME :Mrs. SWATI SRIVASTAVA | SAMPLE REC. DATE | :23/Sep/2023 08:44AM |
| AGE/SEX :44 YRS/FEMALE | REPORTED DATE | :23/Sep/2023 01:01PM |
| REFERRED BY : Apollo Health and Lifestyle Limited, | BARCODE NO | :01230012 |

USG WHOLE ABDOMEN-FEMALE

Liver: is normal in size (149 mm). Parenchymal echogenicity is normal. No focal echovariant lesion is seen. Intrahepatic biliary radicles are not dilated.

Gall Bladder: is well distended. Lumen is anechoic. Wall is of normal thickness.

CBD: is normal in diameter. Portal vein is normal in diameter.

Pancreas: is normal in size, shape and echotexture. No focal echovariant lesion is seen. Pancreatic duct is not dilated.

Spleen: is normal in size (117 mm), shape and echotexture. No focal echovariant lesion is seen. Splenic vein is normal.

Both Kidneys: are normal in size (RK- 106 x 44 mm & LK – 125 x 53 mm), shape, position and excursion. Parenchymal echogenicity and echotexture is normal with maintained corticomedullary differentiation. No mass, cyst or calculi is seen. Pelvicalyceal systems are not dilated. Ureters are not dilated.

Urinary bladder: is well distended. Lumen is anechoic. Wall is of normal thickness. No mass or calculus is seen.

Uterus is normal in size (80 x 44 x 43 mms), shape and echotexture. It is anteverted. Myometrium is homogenous. No focal mass is seen. Endometrial thickness is normal 5.2 mm. Cervix appears normal in size, shape and echotexture. No evidence of collection in cervical canal.

Bilateral Ovaries and adnexae Both ovaries are normal in size (RO - 32 x 27 mms & LO - 27 x 26 mms), shape and echotexture. No adnexal solid or cystic mass lesion is seen.

Both iliac fossae are clear. No obvious bowel pathology is noted.
There is no free fluid in peritoneal cavity.

OPINION: NORMAL STUDY.

*** End Of Report ***

Dr. Sanjay Rastogi
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DR. PANKAJ UPADHYAYA
Consultant Radiologist

Dr. Smita Rastogi
M.B.B.S., DCP

Print Date Time: 23/09/2023 11:01 PM
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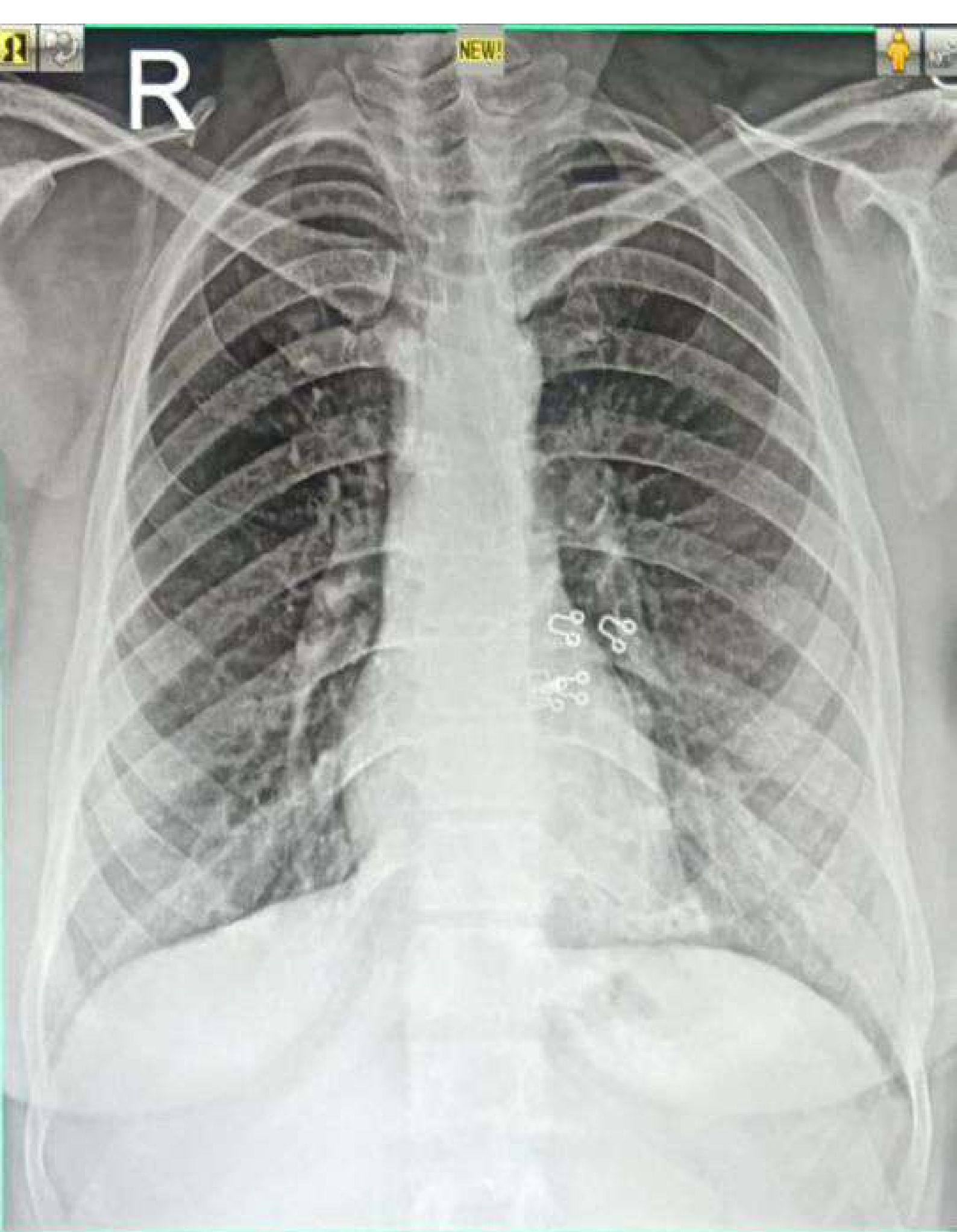
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23082301920 MRS SWATI SRIVASTAVA 44 YRS F SELF CHEST PA
09/23/2023 MODERN PATHOLOGY & DIAGNOSTIC CENTRE GOMTI NAGAR LUCKNOW

MER- MEDICAL EXAMINATION REPORT

| | | | |
|---|--------------------------------|-------------|---------------|
| Date of Examination | 23/9/23 | | |
| NAME | Swaraj SRIVASTAVA | | |
| AGE | 44 | Gender | R |
| HEIGHT(cm) | 167 | WEIGHT (kg) | 75 Bmi - 26.9 |
| B.P. | 110/84 | | |
| ECG | Normal | | |
| X Ray | Normal | | |
| Vision Checkup | Using Power Lenses for Reading | | |
| Present Ailments | No | | |
| Details of Past ailments (If Any) | None | | |
| Comments / Advice : She /He is Physically Fit | Medicines Nil | | |

S. K. Verma

Signature with Stamp of Medical Examiner

Dr. Shilpa K. Rastogi
MBBS, DCP
Reg. No. 37370



भारत सरकार
GOVERNMENT OF INDIA

स्वाती श्रीवास्तव
Swati Srivastava

जन्म वर्ष / Year of Birth : 1979
स्त्री / Female

9547 8527 6236

आधार - सामान्य माणसाचा अधिकार

Swati



भारतीय विशिष्ट ओळख प्राधिकरण
UNIQUE IDENTIFICATION AUTHORITY OF INDIA

पता C/O एम.पी. श्रीवास्तव, ६४, तुलसी
विहार इंदिरा नगर, सेक्टर १४ सब स्टेशन
जवळ, लखनऊ, इंदिरा नगर स.ओ.
लखनऊ, उत्तर प्रदेश, 226016

Address: C/O S.P. Srivastva, 64,
TULSI VIHAR INDIRA NAGAR,
NEAR SECTOR 14 SUB
STATION, LUCKNOW, Indira
Nagar S.O, Lucknow; Uttar
Pradesh, 226016

1947
1800 180 1947

help@uidai.gov.in

www.uidai.gov.in

P.O. Box No. 1947,
Bangalore-560 091

Dear sir

You have been informed that ent gynac, and diet consultation facility is not available at our centre. If you are ready then your test can be start

Swathi
23.9.23





MODERN PATHOLOGY & DIAGNOSTIC CENTRE

DIAGNOSTIC CENTRE

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Patient name: Mrs Swati Srivastava
Ref By. : Apollo Health

Age/Sex 44/F
23/09/2023

E.C.G. REPORT

| | | |
|---------------------|---|----------------|
| 1. Rhythm | : | Sinus, Regular |
| 2. Atrial Rate | : | 74/mt |
| 3. Ventricular Rate | : | 74/mt |
| 4. P – Wave | : | Normal |
| 5. P R Interval | : | Normal |
| 6. Q R S | : | |
| Axis | : | Normal |
| R/S Ratio | : | Normal |
| Configuration | : | Normal |
| 7. Q T c Interval | : | Normal |
| 8. S-T Segment | : | Normal |
| 9. T-Wave | : | Normal |

FINAL IMPRESSION

E.C.G. is within normal limits.

Signature of Doctor
Dr. Smita Rastogi
MD
Reg. No. 44559

Dr. Sanjay Rastogi
M.B.B.S., DCP, CRIAT (BARC)

Dr. Smita Rastogi
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| TEST REQUEST ID :012309230012 | SAMPLE DATE | :23/Sep/2023 08:44AM |
| NAME :Mrs. SWATI SRIVASTAVA | SAMPLE REC. DATE | :23/Sep/2023 08:44AM |
| AGE/SEX :44 YRS/FEMALE | REPORTED DATE | :23/Sep/2023 03:36PM |
| REFERRED BY : Apollo Health and Lifestyle Limited, | BARCODE NO | :01230012 |

XRAY CHEST PA

- Trachea is central in position.
- Bilateral lung fields are normally aerated.
- Both hilar shadows are normal.
- Both C.P. angles are clear.
- Cardiac shadow is within normal limits.
- Bony cage appears normal.

OPINION: NORMAL STUDY.

Please correlate clinically.

*** End Of Report ***

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DR. PANKAJ UPADHYAYA

Dr. Smita Rastogi
M.B.B.S., DCP

Results, adhering to W.H.O. and International Federation of Clinical Chemists Quality Control Standards.

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Mob.: 7618884441, 9450389932, 8177063877

Dr. R. P. Rastogi
M.B.B.S., M.D. (Path & Bact)



Date : 23-Sep-2023

Name : **Mrs. SWATI SRIVATAVA**

Age : 44 Yrs.

Ref.By : APOLLO HEALTH

Sex : Female

| | | | |
|-------------|------|-----|---------|
| Haemoglobin | 11.2 | gm% | 11 - 14 |
|-------------|------|-----|---------|

| | | | |
|-----------------------|------|-------------|------------|
| Total Leucocyte Count | 4100 | Cells/cumm. | 4000-11000 |
|-----------------------|------|-------------|------------|

Differential Leucocyte Count

| | | | |
|-------------|----|---|---------|
| Polymorphs | 64 | % | 45 - 70 |
| Lymphocytes | 30 | % | 20 - 45 |
| Eosinophils | 02 | % | 0 - 6 |
| Monocytes | 04 | % | 0 - 8 |
| Basophils | 00 | % | 0 - 1 |

Erythrocyte Sedimentation Rate (Wintrobe)

| | | | |
|---------------|-------------|---------------|---------|
| ESR | 18 | mm in 1st Hr. | 0 - 19 |
| PCV | 33.8 | cc% | 40 - 52 |
| Corrected ESR | 06 | mm in 1st Hr. | 0 - 19 |

| | | | |
|----------------|------|------------|-----------|
| Platelet Count | 2.29 | lakh/cumm. | 1.5 - 4.0 |
|----------------|------|------------|-----------|

| | | | |
|-----------------|------|-------------|--------------|
| Red Cells Count | 4.11 | million/cmm | 3.90 to 4.60 |
|-----------------|------|-------------|--------------|

Absolute values

| | | | |
|------|------|--------|---------|
| MCV | 82.3 | fL | 77 - 97 |
| MCH | 27.4 | pg | 27 - 31 |
| MCHC | 31.3 | gm /dl | 31 - 34 |

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Page 1 (End of Report)
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Date : 23-Sep-2023
Name : **Mrs. SWATI SRIVATAVA** Age : 44 Yrs.
Ref.By : APOLLO HEALTH Sex : Female

| KFT | | | |
|------------|------|------|------------|
| UREA | 18.4 | mg % | 15 - 50 |
| CREATININE | 0.72 | mg % | 0.5 - 1.5 |
| URIC ACID | 5.1 | mg % | 2 - 6 |
| CALCIUM | 9.5 | mg % | 8.8 - 10.0 |

Plasma Glucose - F
GOD-POD Method 92 mg/dl 70 - 110

Blood Group & Rh "A" Positive

| LFT T&D | | | |
|--------------------|------|------|--------------|
| Total Bilirubin | 0.51 | mg% | 0.2 - 1.0 |
| Direct Bilirubin | 0.24 | mg% | 0.0 to 0.40 |
| Indirect Bilirubin | 0.27 | mg% | 0.10 to 0.90 |
| S.G.P.T | 18 | IU/L | 5 - 40 |
| S.G.O.T | 12 | IU/L | 5 - 50 |
| ALP | 74 | IU/L | 35 to 104 |

Serum Gamma G.T. 18 IU/L 11 - 50

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| | | | |
|--------|------------------------|-----|-----------|
| Date | : 23-Sep-2023 | | |
| Name | : Mrs. SWATI SRIVATAVA | Age | : 44 Yrs. |
| Ref.By | : APOLLO HEALTH | Sex | : Female |

LIPID PROFILE

| | | | |
|-------------------|-------|-----|-----------|
| Triglycerids | 144 | mg% | 70 - 190 |
| S. Cholestrol S. | 193 | mg% | 130 - 230 |
| S. HDL Cholestrol | 40.4 | mg% | 35 - 75 |
| S. LDL Cholestrol | 123.8 | mg% | 75 - 150 |
| VLDL | 28.8 | mg% | 0 - 34 |
| Chol / HDL factor | 4.78 | | |
| LDL / HDL Factor | 3.06 | | |

COMMENTS

- * Triglycerides (TG) are the main dietary lipids. Cholesterol constitutes a small part of the dietary lipids, it is mostly synthesised in the liver. Both TG and Chol. are transported through the plasma by lipoproteins (Chylomicrons, VLDL, LDL, IDL, HDL).
- * LDL is the major cholesterol particle in plasma and high levels are strongly implicated in the formation of atheroma. An increase in the LDL leads to hypercholesterolemia, and therefore a risk factor for IHD. LDL increases with age particularly in females. Oestrogen lower LDL and raise HDL. Raised chol. in females is mostly due to disturbed thyroid function.
- * Increase in VLDL leads to hyperglyceridaemia. Raised TGs are associated with increased risk of CHD. Very high TGs increase the risk of Pancreatitis. Cholesterol is often raised due to Diabetes, Renal disease, Diuretic or Betablocker therapy.

TYPES OF HYPERLIPOPROTEINEMIAS

| | |
|---|--|
| TYPE 1: Normal cholesterol TG greatly raised | TYPE 3: Cholesterol increased TG increased |
| TYPE 2a: Cholesterol increased LDL increased TG normal | TYPE 4: Cholesterol normal /increased VLDL increased TG increased |
| TYPE 2b Chol. increased VLDL raised TG increased LDL increased | TYPE 5: Cholesterol increased LDL reduced VLDL increased TG greatly increased |

Page 2 **Dr. Sanjay Rastogi**
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Date : 23-Sep-2023

Name : **Mrs. SWATI SRIVATAVA**

Age : 44 Yrs.

Ref.By : APOLLO HEALTH

Sex : Female

THYROID TEST

| | | | |
|-----------------------------------|------|---------|--------------|
| Tri-iodothyronine (T3) | 1.60 | nmol/L | 0.50 to 2.50 |
| Thyroxine (T4) | 7.51 | mcg/dL | 5.0 to 12.5 |
| Thyroid Stimulating Hormone (TSH) | 5.31 | mIU/ ml | 0.3 to 6.0 |

COMMENTS

- 1) Primary hyperthyroidism is accompanied by elevated Serum T3 and T4 values along with depressed TSH levels.
- 2) Primary Hypothyroidism is accompanied by depressed serum T3 and T4 values and elevated serum TSH levels.
- 3) Normal T4 levels accompanied by high T3 levels are seen in patients with T3 thyrotoxicosis.
- 4) Slightly elevated T3 levels may be found in pregnancy and estrogen therapy, while depressed levels maybe encountered in severe illness, malnutrition, renal failure and during therapy with drugs like propranolol and propylthiouracil.
- 5) Elevated TSH levels may also be indicative of TSH secreting Pituitary Tumour.

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Date : 23-Sep-2023

Name : **Mrs. SWATI SRIVATAVA**

Age : 44 Yrs.

Ref.By : APOLLO HEALTH

Sex : Female

Glycosylated Haemoglobin

Glycosylated Haemoglobin 5.4 % 4.5 TO 6.0

INTERPRETATION AND COMMENTS

NON DIABETIC : 4.5 to 6.0 %
GOOD CONTROL: 6.0 to 7.0
FAIR CONTROLLED 7.0 AND 8.0
UNCONTROLLED 8.0 AND ABOVE

Glycosylated haemoglobin is the adducted glucose in the haemoglobin of the red blood cells, this adduction is stable for the life time of the RBC (i.e 120 days). There fore the measure of glycosylated haemoglobin reflects the average blood glucose concentration over the preseding several weeks. The sudden change in blood glucose level would not effect the glycosylated haemoglobin level ,which serves as a better marker of long term metabolic control and the efficacy of therapy.

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Date : 23-Sep-2023

Name : **Mrs. SWATI SRIVATAVA**

Age : 44 Yrs.

Ref.By : APOLLO HEALTH

Sex : Female

Urine Examination

PHYSICAL

| | |
|-------------------|--------|
| Colour | Straw |
| Turbidity | Nil |
| Deposit | Nil |
| Reaction | Acidic |
| *Specific Gravity | 1.010 |

CHEMICAL

| | |
|----------------|-----|
| Protein | Nil |
| Sugar | Nil |
| *Bile Salts | Nil |
| *Bile Pigments | Nil |
| Phosphate | Nil |

MICROSCOPIC

| | | |
|------------------|-----|------|
| Pus Cells | Nil | /hpf |
| Epithelial Cells | Few | /hpf |
| Red Blood Cells | Nil | /hpf |
| Casts | Nil | |
| Crystals | Nil | |
| Others | Nil | |

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Ph.: 0522-4008184, 4308184 • 8112323230
Mob.: 7618884441, 9450389932, 8177063877

SAMPLE DATE : 23/9/2023
NAME : Mrs Swati Srivastava
AGE/SEX : 44/YRS/FEMALE
REFERRED BY : Apollo Health

| Test Name | Result | Bio. Ref. Range | Unit |
|-----------|--------|-----------------|------|
|-----------|--------|-----------------|------|

CLINICAL PATHOLOGY TEST REPORT

PAP

GROSS:

Smears collected from the ecto and the endo cervix. Slides prepared and stained with PAP stain.

MICROSCOPIC:

Smears studied show adequate representing material, comprising mainly of squamous epithelial cells. These cells have abundant pale pink eosinophilic cytoplasm and normal appearing round to oval nuclei. Smears from the endocervix show fair number of "stripped nuclei" of the endometrial cells. Occasional small cluster of the endometrial cells are seen. These cells have indistinct cellular borders, scanty basophilic cytoplasm and oval nuclei with clumped chromatin. Smears from both the sites are mildly infiltrated with inflammatory cells, mostly polymorphs

**IMPRESSION: SMEARS SUGGESTIVE OF NORMAL PAP SMEAR
WITH MODERATE INFLAMMATION**

*** End Of Report ***

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| | | |
|--|------------------|----------------------|
| TEST REQUEST ID :012309230012 | SAMPLE DATE | :23/Sep/2023 08:44AM |
| NAME :Mrs. SWATI SRIVASTAVA | SAMPLE REC. DATE | :23/Sep/2023 08:44AM |
| AGE/SEX :44 YRS/FEMALE | REPORTED DATE | :23/Sep/2023 01:01PM |
| REFERRED BY : Apollo Health and Lifestyle Limited, | BARCODE NO | :01230012 |

USG WHOLE ABDOMEN-FEMALE

Liver: is normal in size (149 mm). Parenchymal echogenicity is normal. No focal echovariant lesion is seen. Intrahepatic biliary radicles are not dilated.

Gall Bladder: is well distended. Lumen is anechoic. Wall is of normal thickness.

CBD: is normal in diameter. Portal vein is normal in diameter.

Pancreas: is normal in size, shape and echotexture. No focal echovariant lesion is seen. Pancreatic duct is not dilated.

Spleen: is normal in size (117 mm), shape and echotexture. No focal echovariant lesion is seen. Splenic vein is normal.

Both Kidneys: are normal in size (RK- 106 x 44 mm & LK – 125 x 53 mm), shape, position and excursion. Parenchymal echogenicity and echotexture is normal with maintained corticomedullary differentiation. No mass, cyst or calculi is seen. Pelvicalyceal systems are not dilated. Ureters are not dilated.

Urinary bladder: is well distended. Lumen is anechoic. Wall is of normal thickness. No mass or calculus is seen.

Uterus is normal in size (80 x 44 x 43 mms), shape and echotexture. It is anteverted. Myometrium is homogenous. No focal mass is seen. Endometrial thickness is normal 5.2 mm. Cervix appears normal in size, shape and echotexture. No evidence of collection in cervical canal.

Bilateral Ovaries and adnexae Both ovaries are normal in size (RO - 32 x 27 mms & LO - 27 x 26 mms), shape and echotexture. No adnexal solid or cystic mass lesion is seen.

Both iliac fossae are clear. No obvious bowel pathology is noted.
There is no free fluid in peritoneal cavity.

OPINION: NORMAL STUDY.

*** End Of Report ***

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Consultant Radiologist

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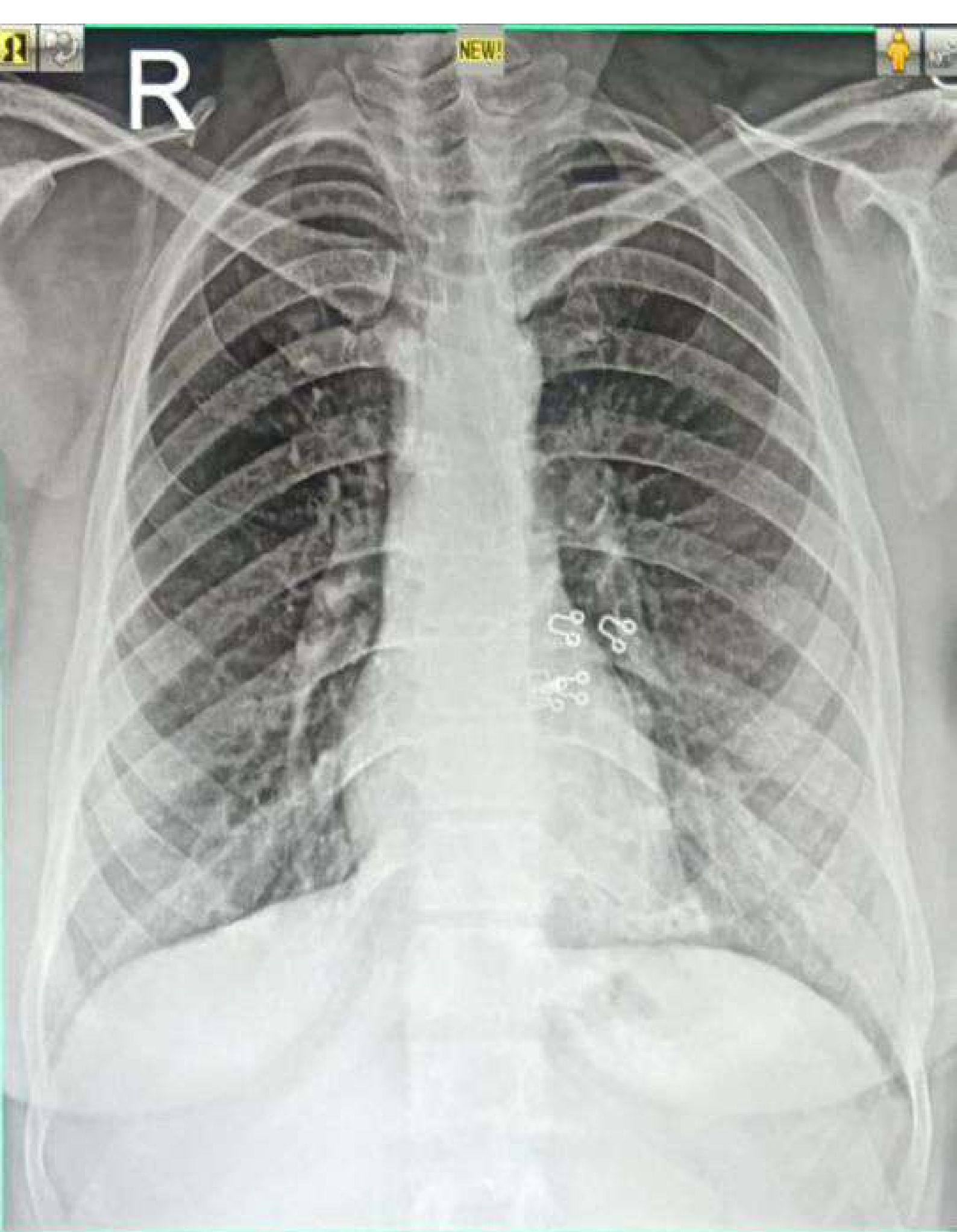
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