



**Shekhar Hospital Pvt. Ltd.**  
B' Block, Ganga Marg, Indira Nagar, Lucknow  
Tel:0522-2352352, 53, 54, 55, 0522-4927272 Fax:0522-2352352  
Email:mail@shekharhospital.com Web:www.shekharhospital.com

**Credit Bill**

**Bill No :** SV:2023-44121 **Bill Date :** 16/03/2024  
**UHID :** OP:2023/016188 **Reg.Department :** MEDICINE  
**Aadharno No :** 662848290647 **Nominee Aadhararno No:** 9307706014  
**Name :** RITU SAXENA **Mobile No :** 48 Y / F  
**Address :** 04/231 , SEC - 4 , JANKIPURAM  
VISTAR , NIRALA NAGAR  
**City :** Lucknow  
**Department :** MEDICINE **Doctor:** MEDICINE DEPT.

S.No.	Test/Services	Rate	Qty	Discount	Amount
1.	MEDIWHEEL FULL BODY ANNUAL PLUS CHECK ADVANCED FEMALE	2600	1		2600.00
<b>Totals:</b>					<b>2600.00</b>

S.No.	Type	Instrument	Amount
1.	Others (MEDWHEEL (BOB))	CREDIT	2600.00

**Rs. Two Thousand Six Hundred Only**

User Name: ANDALI Date/Time 2024/3/16 9:33:22 AM

For SHPL  
Authorised Signatory

Link:<http://www.shekharhospital.com> UserId: [2052278] : Dynamic User Password : [2353362323444706]



UHID : OP:2023/016188  
 Name : Ms. RITU SAXENA Age : 48 Y , Sex - F  
 Patient Type : Normal Aadhaar No: 662848290647  
 Bill Date : 16/03/2024  
 Referred By. : MEDICINE DEPT.,  
 Collection Date/Time : 16/03/2024 10:03:57 AM Lab Refno : LB:2023/036631  
 Reporting Date/Time : 16/03/2024 12:47:27 PM

**HAEMATOLOGY Report**

Test Description	Result	Unit	Biological Reference Interval
<b>CBC</b>			
<b>HAEMOGLOBIN(HB)</b> Method : CALORIMETRIC /CYNAMETH HAEMOGLOBIN	<b>10.8*</b>	gm/dl	(M:13-17) (F:12-15)
<b>RBC COUNT</b> Method : FLOW CYTOMETRY	<b>3.70*</b>	million/cumm	(M) 4.5 - 5.5 (F) 3.8 - 4.8 (AT BIRTH) 5 - 7 ( 1 YR) 3.9 - 5.1 (2 - 12 YR) 4.0 - 5.2
<b>HCT</b> Method : CALCULATED	<b>32.5</b>	%	M :45 - 5% F: 41 - 5%
<b>MCV</b> Method : AUTOMATED ELECTRICAL RESISTANCE IMPEDANCE/ MANUAL	87.9	fl	83-101 fl
<b>MCH</b> Method : AUTOMATED ELECTRICAL RESISTANCE IMPEDANCE/ MANUAL	29.2	pg	27-32 pg
<b>MCHC</b> Method : AUTOMATED ELECTRICAL RESISTANCE IMPEDANCE/ MANUAL	33.2	gm/dl	31.5 - 34.5 gm
<b>TOTAL LEUKOCYTE COUNT (TLC) (1390)</b> Method : AUTOMATED ELECTRICAL RESISTANCE IMPEDANCE/ MANUAL Sample Type : Whole Blood (K2 EDTA WB)			
TOTAL LEUKOCYTE COUNT (TLC)	6000	/cmm	Adult (4000-10000) At birth (10000-26000) 1 Year (6000-16000) 2-7 years (6000-15000) 6-12Years (5000-13500)
<b>DIFFERENTIAL LEUCOCYTE COUNT (DLC)</b> Method : MANUAL / MICROSCOPIC Sample Type : Whole Blood (K2 EDTA WB)			
POLYMORPHS	67	%	40-70





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Referred By. : MEDICINE DEPT.,  
Collection Date/Time : 16/03/2024 10:04:02 AM Lab Refno : LB:2023/036632  
Reporting Date/Time : 16/03/2024 12:42:04 PM

### BIO - CHEMISTRY Report

Test Description	Result	Unit	Biological Reference Interval
<b>LIPID (PROFILE)</b>			
<b>CHOLESTROL(TOTAL) (SERUM)</b>			
Method : ENZYMATIC METHOD			
Sample Type : SERUM			
CHOLESTROL(TOTAL)	120.0	mg/dl	Normal < 200 Borderline high 200 - 239 High >240
<b>HDL (SERUM)</b>	48.0	mg/dl	Men - 35 - 55 Women - 45 - 65
Method : DIRECT HOMOGEOMOUS METHOD			
Sample Type : SERUM			
<b>LDL (SERUM)</b>	54.0	mg/dl	<100
Method : DIRECT HOMOGEOMOUS METHOD			
Sample Type : SERUM			
<b>VLDL (SERUM)</b>			
Method : CALCULATED			
Sample Type : SERUM			
VLDL (SERUM)*	18.0	mg/dl	10-40 mg/dl
<b>TRIGLYCERIDES (SERUM)</b>			
Method : ENZYMATIC METHOD			
Sample Type : SERUM			
TRIGLYCERIDES	91.0	mg/dl	Upto 170
<b>MEDIWHEEL FULL BODY ANNUAL PLUS CHECK ADVANCED FEMALE</b>			
<b>BLOOD SUGAR FASTING</b>	109.0	mg/dl	70-110
Method : GOD-POD METHOD			
Sample Type : Flouride Plasma			
<b>BLOOD SUGAR (PP)</b>			
Method : GOD-POD METHOD			
Sample Type : Flouride Plasma			
BLOOD SUGAR (PP) (SERUM)	<b>172.0</b>	mg/dl	110-170
<b>LFT(PROFILE)</b>			
Method : IFCC METHOD			
Sample Type : SERUM			
BILIRUBIN (TOTAL)	0.70	mg/dl	0.2 - 1.2



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## BIO - CHEMISTRY Report

Test Description	Result	Unit	Biological Reference Interval
BILIRUBIN (DIRECT)	0.21	mg/dl	Upto 0.25
BILIRUBIN (INDIRECT)	0.49	mg/dl	Upto 0.7
SGPT(ALT)	20.0	IU/L	Upto 49
SGOT (AST)	17.0	IU/L	Upto 43
ALKALINE PHOSPHATASE (ALP)	220.0	IU/L	(A) 100 - 250 (C) 250 - 770
PROTEIN (TOTAL)	7.1	gm/dl	(A) 6.4 - 7.8 (C) 5.6 - 7.5
ALBUMIN	4.1	gm/dl	(A) 3.5 - 5.2 (C) 3.8 - 5.4
<b>RFT/KFT</b>			
Sample Type : SERUM			
BUN (SERUM)	11.5	mg/dl	5 - 21 mg/dl
CREATININE	0.56	mg/dl	(M) 0.7 - 1.1 (F) 0.6 - 0.9
SODIUM (NA+)	139.4	mmol/L	136 - 146
POTASSIUM (K+)	4.42	mmol/L	3.5 - 5.5

**Machines Used:** AUTO - ANALYSER OPTIMA - 1, Rayto  
240, Fully Autometed

**Checked By:** Shweta Awasthi

DR. ANKITA KATARA  
PANDEY  
MD, PATHOLOGY

\* Indicates Critical Values. ■ Indicates Out of TAT.

Report printed by : PRIYAM MISHRA Printed on : 06/04/2024 - 14:11:5



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 Bill Date : 16/03/2024  
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 Collection Date/Time : 16/03/2024 10:04:22 AM Lab Refno : LB:2023/036637  
 Reporting Date/Time : 16/03/2024 12:58:04 PM

### HORMONE Report

Sl.No.	Test	Result	Reference Values
THYROID PROFILE ( TOTAL T3, T4 & TSH)			
Sample Type : Serum			
1.	TOTAL T3 (TRIIODOTYRONINE)	1.83	0.92-2.33 nmol/l
2.	TOTAL T4 (TYROXINE)	112.84	60-120 nmol/l
3.	TSH (THYROID STIMULATING HORMONE)	0.92	Euthyroid 0.25-5 ulU/ml Hyperthyroid <0.15 ulU/ml Hypothyroid >7.0 ulU/m
<b>Comments: INTERPRETATION (AS PER KIT INSERT)</b>			
Serum T3, T4 & TSH measurements from three components of Thyroid screening panel, useful in diagnosing various disorders of Gland function.			
Thyroid			
1. Primary HypoThyroidism is accompanied by depressed serum T values and elevated serum TSH level 3 & T4			
.2. Primary Hyper Thyroidism is accompanied by elevated serum T levels along with depressed TSH values 3 & T4			
.3. Normal T4 levels are accompanied by increased T3 in patient T3 Thyrotoxicosis with			
4. Slightly elevated T3 levels may be found in pregnancy and estherapy, while depressed levels may be encountered in severe illness, renal failure and during therapy with drugs like propranolol and			
5. Although elevated TSH levels are nearly always indicative of hypothyroidism, and may be seen in secondary thyrotoxicosis.			
REMARKS: Normal/Reference ranges given are as per kit literature. Correlation is advised. Clinical			
Note:- Maximum reading in our instrument is 100. In case of reading greater than 100, instrument given result with greater than (>) sign.			

**Machines Used:** VIDAS / MINI VIDAS

**Checked By:** Shweta Awasthi

DR. ANKITA KATARA PANDEY  
MD, PATHOLOGY

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End of Report



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Bill Date : 16/03/2024  
Referred By. : MEDICINE DEPT.,  
Collection Date/Time : 16/03/2024 10:04:19 AM Lab Refno : LB:2023/036636  
Reporting Date/Time : 16/03/2024 4:02:58 PM ■

**CLINICAL PATHOLOGY Report**

**Sample Type : Urine**

<u>TEST</u> <u>VALUE</u>	<u>VALUE</u>	<u>UNIT</u>	<u>NORMAL</u>
<b>PHYSICAL EXAMINATION</b>			
APPEARANCE	CLEAR		CLEAR
COLOUR	STRAW		PALE
PH	6.0 (ACIDIC)		4.8-7.4
SPECIFIC GRAVITY	1.010		1.010-
1.022			
<b>CHEMICAL EXAMINATION</b>			
ALBUMIN	NIL		NEGATIVE
GLUCOSE	NIL		NEGATIVE
BLOOD	<b>MODERATE</b>		NEGATIVE
LEUCOCYTE ESTERASE	NIL		NEGATIVE
NITRITE	NIL		NEGATIVE
<b>MICROSCOPIC EXAMINATION</b>			
RBCs	<b>16-18</b>	/HPF	0-5
DYSMORPHIC RBCs	ABSENT		
PUS CELLS	0-1	/HPF	0-5
EPITHELIAL CELLS	3-4	/HPF	<5
CASTS	NIL		ABS
CRYSTALS	NIL		ABS
BACTERIA	NIL		ABS
OTHERS	NIL		

Checked By: Shweta Awasthi

DR. ANKITA KATARA PANDEY  
MD, PATHOLOGY

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**BIO - CHEMISTRY Report**

Test Name	Results	Units	Bio.Ref.Interval
HbA1c (Glycosylated Hemoglobin)	6.8	%	Blood @ (HPLC)
<b>Interpretation</b> <b>As per American Diabetes Association (ADA)</b>			
<b>Reference Group</b>	<b>HbA1c in %</b>		
Non diabetic adults >=18 years	4.0 - 6.0		
At risk	>=6.0 to <= 6.5		
Diagnosing Diabetes	> 6.5		
Therapeutic goals for glycemc	Age > 19 years		
Control	Goal of therapy: <7.0 Action suggested: >8.0		
	Age < 19 years Goal of therapy: <7.5		
<b>Note:</b> 1. Since HbA1c reflects long term fluctuations in the blood glucose concentration, a diabetic patient who is recently under good control may still have a high concentration of HbA1c. Converse is true for a diabetic previously under good control but now poorly controlled.			





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### BIO - CHEMISTRY Report

2.Target goals of <7.0% may be beneficial in patients with short duration of diabetes, long life expectancy and no significant cardiovascular disease. In patients with significant complications of diabetes, limited life expectancy or extensive co-morbid conditions targeting a goal of <7.0% may not be appropriate.

#### Comments

HbA1c provides an index of average blood glucose levels over the past 8-12 weeks and is a much better indicator of long term glycemic control as compared to blood and urinary glucose determinations.

#### **ADA criteria for correlation between HbA1c & Mean plasma glucose levels**

HbA1c (%)	Mean Plasma Glucose (mg/dl)
6	126
7	154
8	183
9	212
10	240
11	269
12	298

**Machines Used:** AUTO - ANALYSER OPTIMA - 1  
**Checked By:** Shashank Srivastava

DR. SHRUTI SINGH  
MD, PATHOLOGY

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Report printed by : PRIYAM MISHRA Printed on : 16/03/2024 - 12:35:17



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**HAEMATOLOGY Report**

Test Description	Result	Unit	Biological Reference Interval
<b>1418 BLOOD GROUP &amp; RH TYPE-</b> Method : METHYL RESORSINOL METHOD			
BLOOD GROUPING	"AB"		
RH TYPING	<b>POSITIVE</b>	(as per sample collection)	

Checked By: Shashank Srivastava

DR. ANKITA KATARA PANDEY  
MD, PATHOLOGY