



॥ ॐ गणेशाय नमः ॥

# GANESH DIAGNOSTIC

**DR. LOKESH GOYAL**

MBBS (KGMC), MD (RADIOLOGY)

CONSULTANT INTERVENTIONAL RADIOLOGIST  
FORMER SR. REGISTRAR - APOLLO HOSPITAL, NEW DELHI  
LIFE MEMBER OF IRIA

Timings : 9:00 am to 9:00 pm, Sunday 9.00 am to 3.00 pm

☎ 8392957683, 6395228718

MRS. AASTHA KARN 28/F  
DR. NITIN AGARWAL, DM

23-03-2024

## REPORT

EXAMINATION PERFORMED: X-RAY CHEST

B/L lung fields are clear

Both of the CP angles are clear.

Both hila show a normal pattern .

Cardiac and mediastinal borders appear normal.

Visualized bony thorax and soft tissue of the chest wall appear normal.

**IMPRESSION ---NO SIGNIFICANT ABNORMALITY IS SEEN**

**Not for medico-legal purpose**

DR LOKESH GOYAL  
MD  
RADIODIAGNOSIS

डिजिटल एक्स-रे, मल्टी स्लाइस  
सी. टी. स्कैन सुविधा उपलब्ध है।



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**EXAMINATION PERFORMED ULTRASOUND WHOLE ABDOMEN**

The Liver is normal in size and outline. It shows uniform echopattern. No obvious focal pathology is seen. The intra and extra hepatic biliary passages are not dilated.

The Gall Bladder is normal in size, with no evidence of calculi. Walls are thin. The CBD appears normal.

The Pancreas is normal in size and echogenicity. Its outlines are distinct. No obvious focal lesion, calcification or ductal dilatation is seen.

Spleen is normal in size and echogenicity. There is no evidence of collaterals.

Right Kidney is normal in position, outline and echogenicity. No evidence of calculi or calyceal dilatation is seen. Renal mobility is not impaired. Perinephric space is clear.

Left Kidney is normal in position, outline and echogenicity. No evidence of calculi or calyceal dilatation is seen. Renal mobility is not impaired. Perinephric space is clear.

**No ascitis or pleural effusion. No retroperitoneal adenopathy.**

The Urinary Bladder is normal in size and outline. Walls are thin & smooth. There is no evidence of any obvious intraluminal or perivesical pathology.

The Uterus is anteverted and normal in size. The myometrial and endometrial echoes are normal.

B/L adenexa are clear. No adnexal mass or cyst seen.

**IMPRESSION:- NO SIGNIFICANT ABNORMALITY DETECTED**

**ADV—clinical correlation for bowel disorder**

**DR LOKESH GOYAL**  
MD  
RADIODIAGNOSIS

Every imaging has its limitations. This is a professional opinion, not a final diagnosis. For further confirmation of diagnosis, clinical-pathological correlation & relevant next line investigation (TVS for gynecological disorders) (endoscopy / CT scan for bowel pathologies) are required. In case of clinical discrepancy with the report or confusion, reexamination / reevaluation are suggested. Esp. for the surgical cases 2<sup>nd</sup> opinion is must. Your positive as well as negative feedbacks are most welcome for better results

**REVISED TIMINGS**

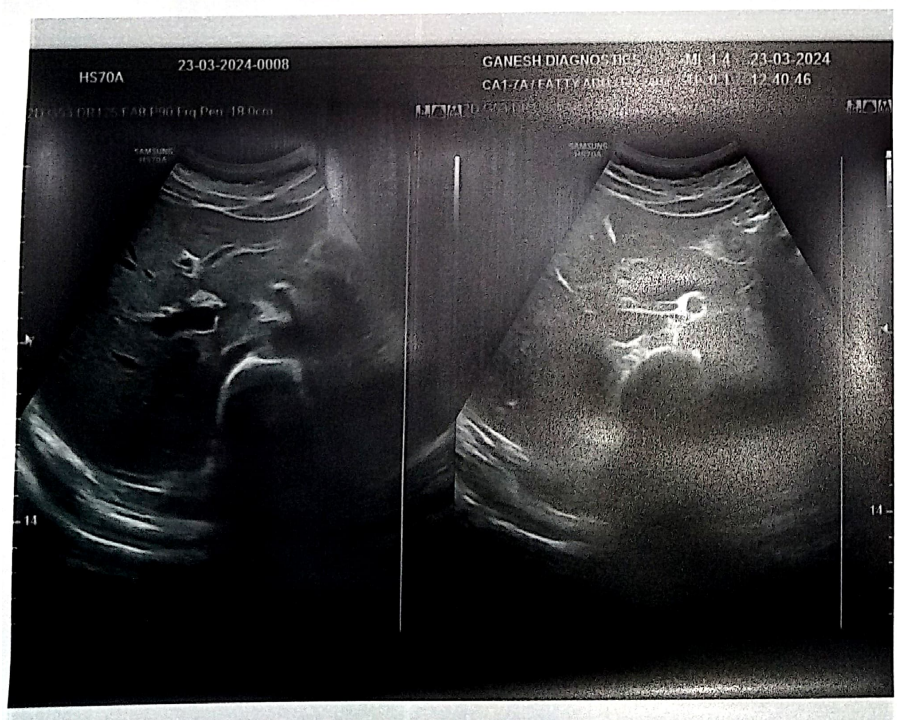
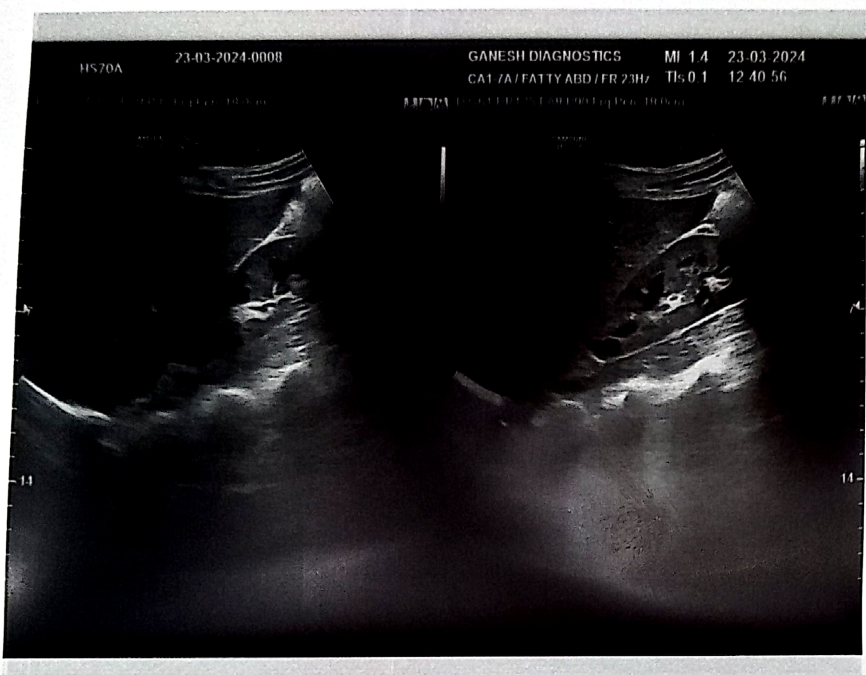
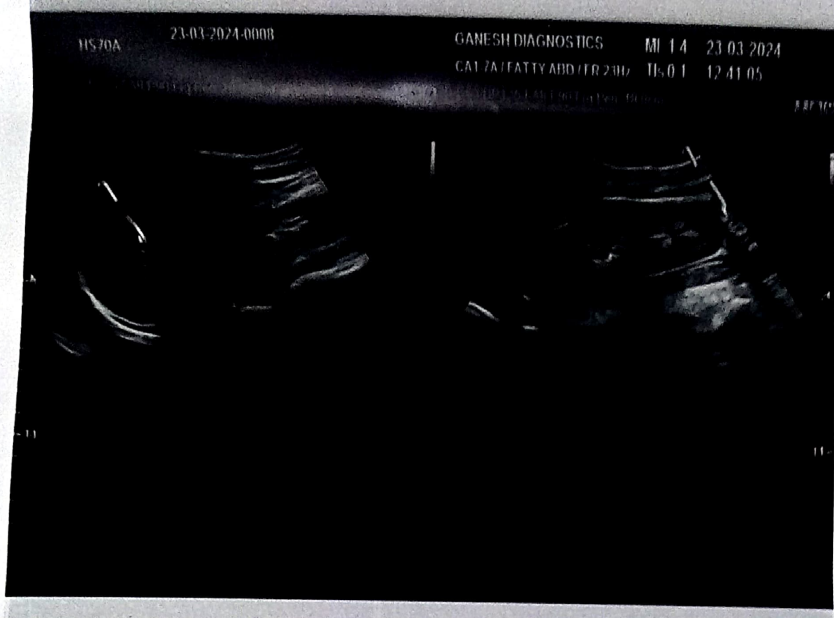
9:00 AM – 4:00 PM / 7:00 PM – 9.00 PM SUNDAY 10:00AM -4:00 PM

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**No ascitis or pleural effusion. No retroperitoneal adenopathy.**

The Urinary Bladder is normal in size and outline. Walls are thin & smooth. There is no evidence of any obvious intraluminal or perivesical pathology.

**The Prostate is mildly enlarged in size and volume 35 cc. Homogenous parenchyma. Median lobe is not projecting.** The Seminal Vesicles are normally visualized.

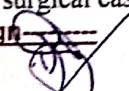
Bowel loops are non-dilated; gas filled & show normal peristaltic activity.

IMPRESSION:- MILDLY ENLARGED PROSTATE

ADV—URINE EXAMINATION

DR LOKESH GOYAL  
MD  
RADIODIAGNOSIS

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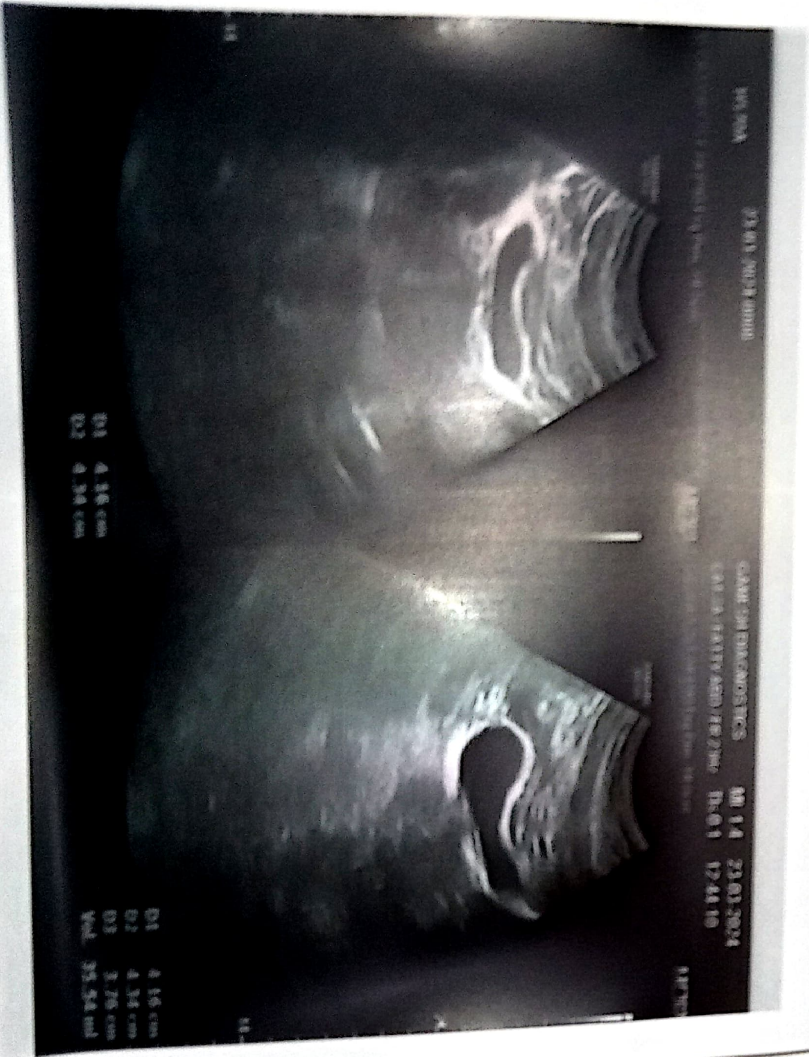
Counter sign 

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TERMINATION IS A CRIME

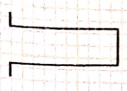


CARDIART

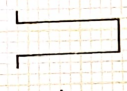
Pat. ID Asthma

28/5/24

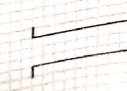
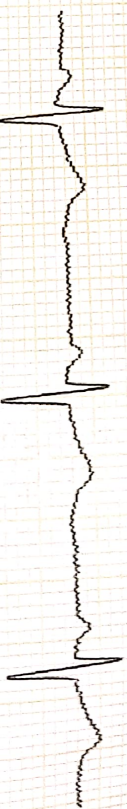
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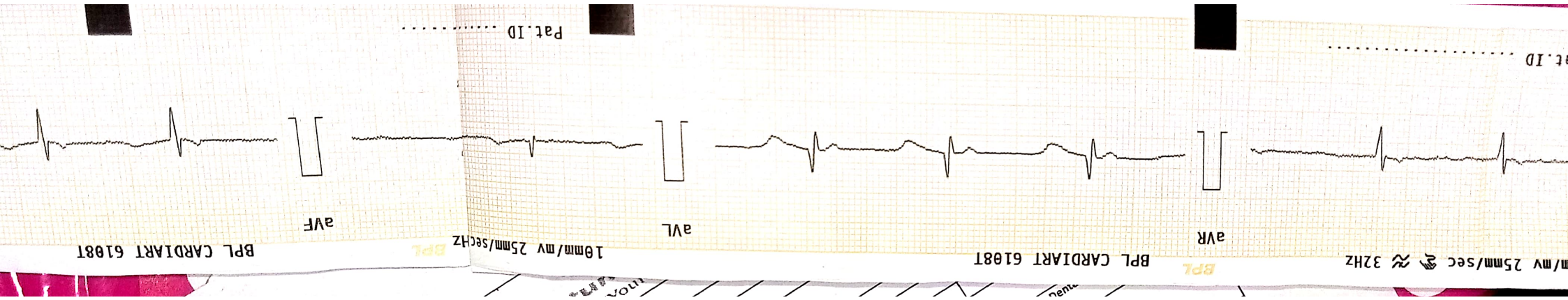


II



III

BPL CARDIART 6108T



BPL CARDIART 6108T

aVF

BPL 10mm/mv 25mm/sec

aVL

BPL CARDIART 6108T

aVR

BPL

32HZ 25mm/sec



10mm/mv 25mm/sec Hz BPL

BPL CARDIART 6108T

10mm/mv 25mm/sec 32Hz

aVF

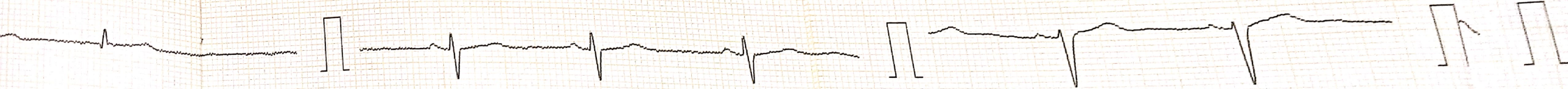
V1

V2

V6

Pat. ID .....

Pat. ID .....



BPL CARDIART 6108T

BPL

10mm/mv 25mm/sec 32Hz

V3

4

BPL CARDIART 6108T

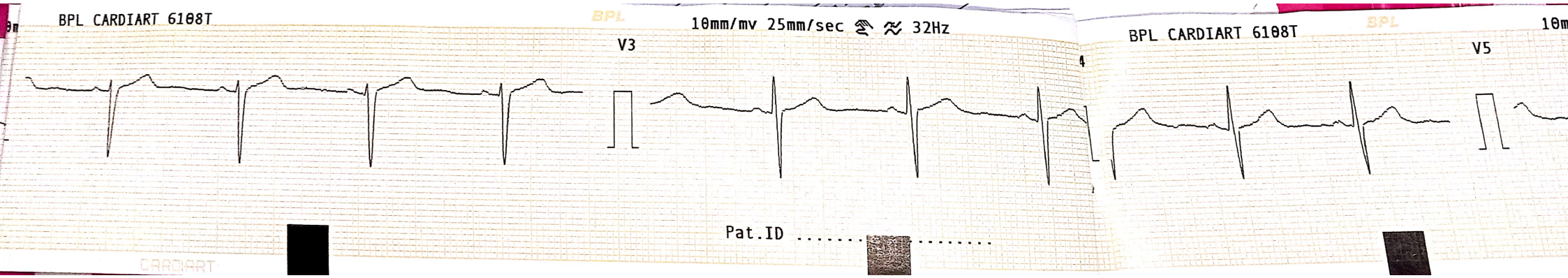
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10m

V5

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CARDIART





CARDIART 6108T

BPL

10mm/mv 25mm/sec 32Hz

BPL CARDIART 6108T

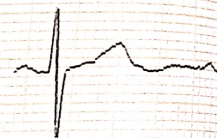
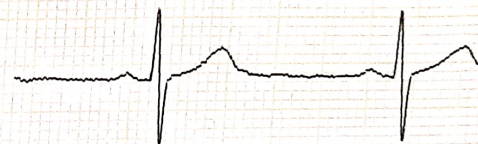
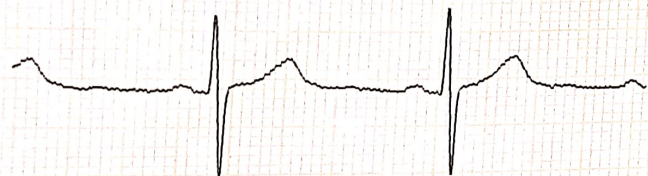
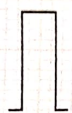
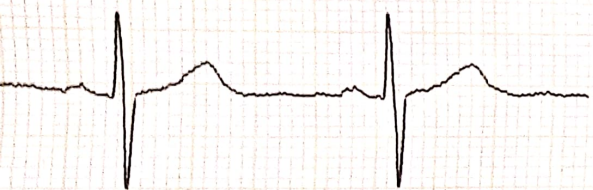
BPL

10mm/mv 25mm/sec

V5

V6

V6



Pat.ID .....

Pat.ID .



<b>NAME</b>	Mrs. AASTHA KAR	<b>AGE/SEX</b>	35 Y/F
<b>Ref. By</b>	DR. NITIN AGARWAL (DM)	<b>DATE</b>	23/03/2024

**ECHOCARDIOGRAPHY AND COLOUR DOPPLER STUDY**

<u>MEASUREMENTS</u>	<u>VALUE</u>	<u>NORMAL DIMENSIONS</u>
LVID (d)	4.5 cm	( 3.7 -5.6 cm)
LVID (s)	2.4 cm	( 2.2 -3.9 cm)
RVID (d)	2.4 cm	( 0.7 -2.5 cm)
IVS (ed)	1.0 cm	( 0.6 -1.1 cm)
LVPW (ed)	1.0 cm	( 0.6 -1.1 cm)
AO	2.0 cm	( 2.2 -3.7 cm)
LA	3.2 cm	( 1.9 -4.0 cm)
<b><u>LV FUNCTION</u></b>		
EF	60 %	( 54 -76 % )
FS	30 %	( 25 -44 %)

**LEFT VENTRICLE**

: No regional wall motion abnormality  
 No concentric left Ventricle Hypertrophy

**MITRAL VALVE**

: Thin, PML moves posteriorly during Diastole  
 No SAM, No Subvalvular pathology seen.  
 No mitral valve prolapse calcification .

**TRICUSPID VALVE**

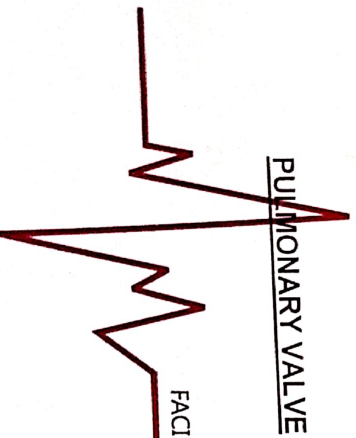
: Thin, opening wells. No calcification, No doming .  
 No Prolapse.  
 Tricuspid inflow velocity= 0.7 m/sec

**AORTIC VALVE**

: Thin, tricuspid, opening well, central closer,  
 no flutter.  
 No calcification  
 Aortic velocity = 1.3 m/sec

**PULMONARY VALVE**

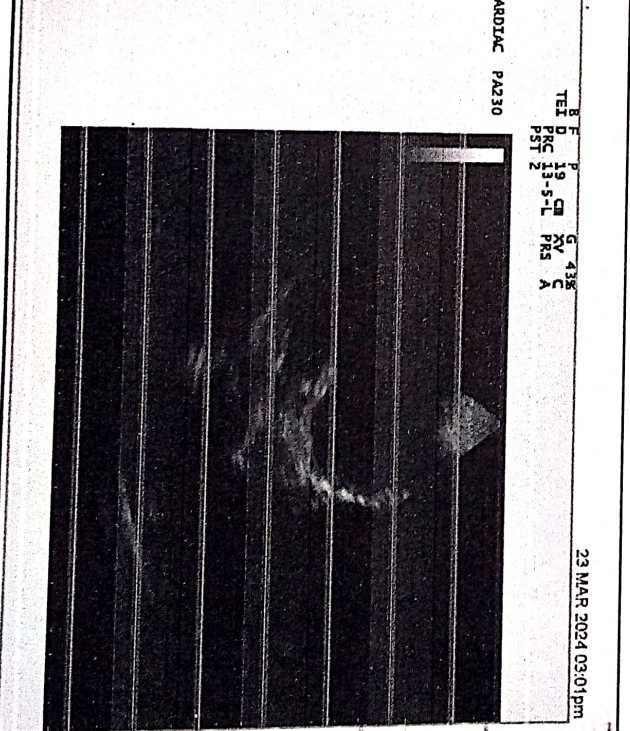
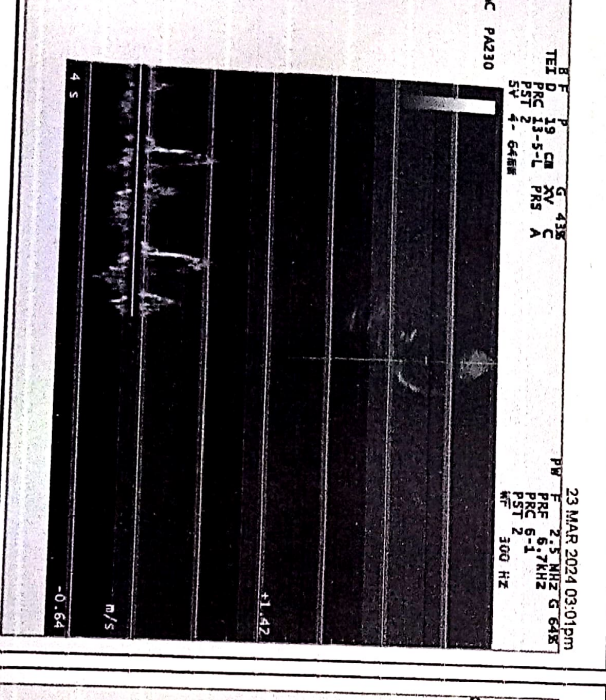
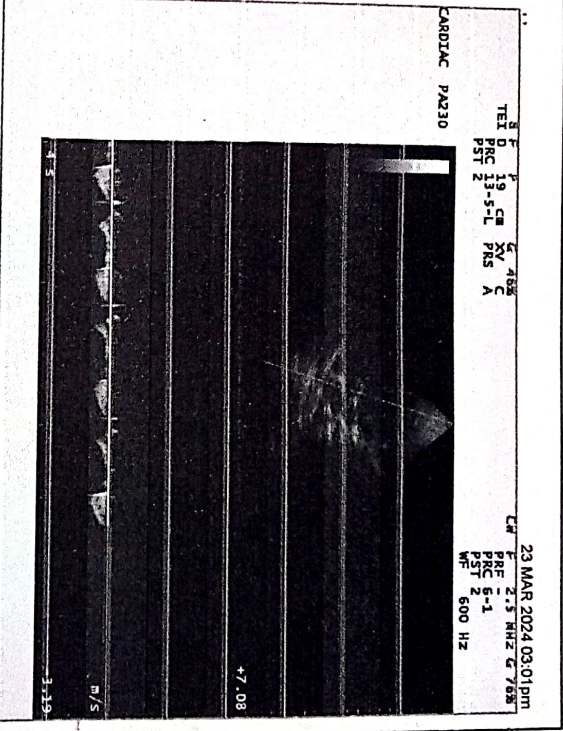
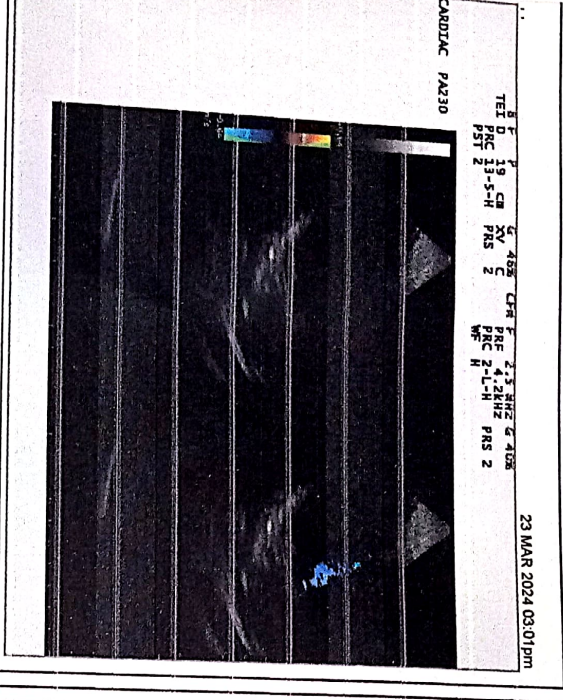
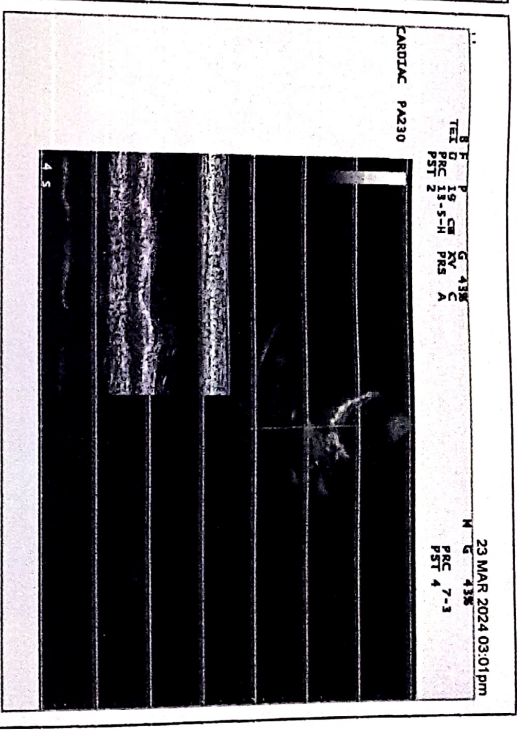
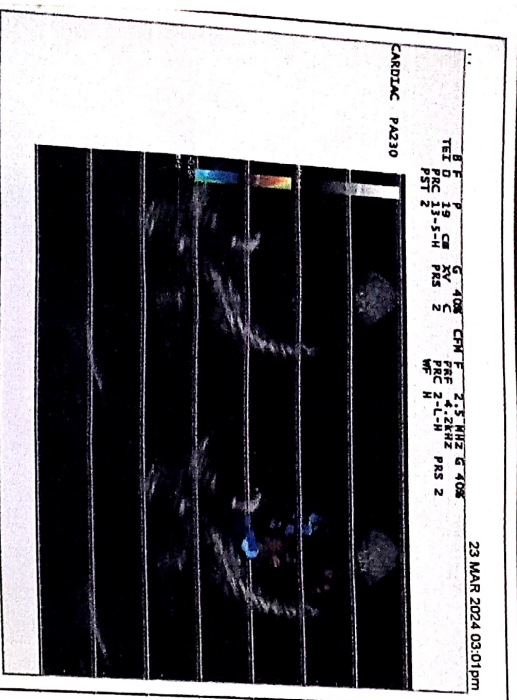
: Thin, opening well, Pulmonary artery is normal  
 EF slope is normal.  
 Pulmonary Velocity = 0.9 m/sec



FACILITIES : ECG | COLOUR DOPPLER | ECHO CARDIOGRAPHY  
 TMT | HOLTER MONITORING | PATHOLOGY



1/5



V



**ON DOPPLER INTERROGATION THERE WAS :**

- No mitral regurgitation
- No tricuspid regurgitation
- No aortic regurgitation
- No pulmonary regurgitation

MITRAL FLOW

E= 0.8 m/sec

A= 0.6 m/sec

**ON COLOUR FLOW:**

- No mitral regurgitation
- No tricuspid regurgitation
- No aortic regurgitation
- No pulmonary regurgitation

**COMMENTS:**

- No LA /LV clot
- No pericardial effusion
- No intracardiac mass
- IAS/IVS Intact
- Inferior vena cava – normal in size with normal respiratory variation

**FINAL IMPRESSION**

- NO REGIONAL WALL MOTION ABNORMALITY
- NORMAL LV DIASTOLIC FUNCTION
- NORMAL LV SYSTOLIC FUNCTION (LVEF~60%)
- NORMAL CARDIAC CHAMBER DIMENSIONS
- NORMAL VALVULAR COLOUR FLOW PATTERN



**DR.NITIN AGARWAL**  
**DM (Cardiology)**  
**Consultant Cardiologist**

This opinion is to be correlated with the clinically findings and if required, please re-evaluate / reconfirm with further investigation.





4674 / MR. ANURAG KUMAR KARN / 36 Yrs / M / 168 Cms / 60 Kg Date: 23-Mar-2024 Refd By : NITIN AGARWAL (DM) Examined By: DR . NITIN AGARWAL

Stage	Time	Duration	Speed(mph)	Elevation	METs	Rate	% THR	BP	RPP	PVC	Comments
Supine	00:06	0:06	00.0	00.0	01.0	095	52 %	120/70	114	00	
Standing	00:22	0:16	00.0	00.0	01.0	096	52 %	120/70	115	00	
HV	00:38	0:16	00.0	00.0	01.0	098	53 %	120/70	117	00	
ExStart	01:09	0:31	00.0	00.0	01.0	095	52 %	120/70	114	00	
BRUCE Stage 1	04:09	3:00	01.7	10.0	04.7	156	85 %	125/75	195	00	
BRUCE Stage 2	07:09	3:00	02.5	12.0	07.1	175	95 %	128/78	224	00	
PeakEx	09:08	1:59	03.4	14.0	09.2	184	100 %	130/80	239	00	
Recovery	09:38	0:30	00.0	00.0	04.1	170	92 %	130/80	221	00	
Recovery	10:08	1:00	00.0	00.0	01.1	149	81 %	128/78	190	00	
Recovery	11:08	2:00	00.0	00.0	01.0	131	71 %	128/78	167	00	
Recovery	11:19				00.0	000	0 %	—/—	000	00	

**FINDINGS :**

**Exercise Time** : 07:59  
**Max HR Attained** : 184 bpm 100% of Target 184  
**Max BP Attained** : 130/80  
**Max WorkLoad Attained** : 9.2 Good response to induced stress  
**Test End Reasons** : Test Complete, Heart Rate Achieved, Test Complete, Heart Rate Achieved, Test Complete, heart Rate Ach

**REPORT** This is Sample Report 3

Heart Rate 96.0 bpm  
 Systolic BP 130.0 mmHg  
 Diastolic BP 80.0 mmHg  
 Maximum Depression 0.3  
 Exercise Time 07:59 Mins.  
 Ectopic Beats 0.0  
 METS 9.2



# A Venture of Apple Cardiac Care

A-3, Ekta Nagar, Stadium Road,  
(Opp. Care Hospital),  
Bareilly - 243 122 (U.P.) India  
Tel. : 07599031977, 09458888448



**APPLE**  
**PATHOLOGY**  
TRUSTED RESULT

Reg.NO. : 153  
NAME : **Mr. ANURAG KUMAR KARN**  
REFERRED BY : Dr.Nitin Agarwal (D M)  
SAMPLE : BLOOD

DATE : **23/03/2024**  
AGE : 37 Yrs.  
SEX : MALE

<u>TEST NAME</u>	<u>RESULTS</u>	<u>UNITS</u>	<u>BIOLOGICAL REF. RANGE</u>
<b>HAEMATOLOGY</b>			
COMPLETE BLOOD COUNT (CBC)			
HAEMOGLOBIN	13.6	gm/dl	12.0-18.0
TOTAL LEUCOCYTE COUNT	7,100	/cumm	4,000-11,000
DIFFERENTIAL LEUCOCYTE COUNT(DLC)			
Neutrophils	70	%	40-75
Lymphocytes	27	%	20-45
Eosinophils	03	%	01-08
TOTAL R.B.C. COUNT	4.23	million/cumm	3.5-6.5
P.C.V./ Haematocrit value	42.3	%	35-54
M C V	85.3	fL	76-96
M C H	30.2	pg	27.00-32.00
M C H C	32.2	g/dl	30.50-34.50
PLATELET COUNT	2.02	lacs/mm <sup>3</sup>	1.50 - 4.50
E.S.R (WINTROBE METHOD)			
-in First hour	13	mm	00 - 15
<b>BLOOD GROUP</b>			
Blood Group	B		
Rh	POSITIVE		
<b>BIOCHEMISTRY</b>			
BLOOD SUGAR F.	87	mg/dl	60-100

## HAEMATOLOGY





Reg. NO. : 153  
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<u>TEST NAME</u>	<u>RESULTS</u>	<u>UNITS</u>	<u>BIOLOGICAL REF. RANGE</u>
GLYCOSYLATED HAEMOGLOBIN(HBA1C)	5.7		

**EXPECTED RESULTS :**

Non diabetic patients	: 4.0% to 6.0%
Good Control	: 6.0% to 7.0%
Fair Control	: 7.0% to 8.0%
Poor Control	: Above 8.0%

\*ADA: American Diabetes Association

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.

METHOD : ADVANCED IMMUNO ASSAY.

**BIOCHEMISTRY**

SERUM CREATININE	0.9	mg/dL.	0.5-1.4
URIC ACID	7.1	mg/dl	3.5-8.0

**CLINICAL SIGNIFICANCE:**

Analysis of synovial fluid plays a major role in the diagnosis of joint disease.

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<u>TEST NAME</u>	<u>RESULTS</u>	<u>UNITS</u>	<u>BIOLOGICAL REF. RANGE</u>
<b>LIVER PROFILE</b>			
SERUM BILIRUBIN			
TOTAL	0.9	mg/dL	0.3-1.2
DIRECT	0.5	mg/dL	0.2-0.6
INDIRECT	0.4	mg/dL	0.1-0.4
SERUM PROTEINS			
Total Proteins	7.6	Gm/dL	6.4 - 8.3
Albumin	4.2	Gm/dL	3.5 - 5.5
Globulin	3.4	Gm/dL	2.3 - 3.5
A : G Ratio	1.24		0.0-2.0
SGOT	39	IU/L	0-40
SGPT	40	IU/L	0-40
SERUM ALK.PHOSPHATASE	72	IU/L	00-115

**NORMAL RANGE : BILIRUBIN TOTAL**

Premature infants. 0 to 1 day: <8 mg/dL    Premature infants. 1 to 2 days: <12 mg/dL    Adults: 0.3-1 mg/dL.  
Premature infants. 3 to 5 days: <16 mg/dL    Neonates, 0 to 1 day: 1.4-8.7 mg/dL  
Neonates, 1 to 2 days: 3.4-11.5 mg/dL    Neonates, 3 to 5 days: 1.5-12 mg/dL    Children 6 days to 18 years: 0.3-1.2 mg/dL

**COMMENTS--**

Total and direct bilirubin determination in serum is used for the diagnosis, differentiation and follow-up of jaundice. Elevation of SGPT is found in liver and kidney diseases such as infectious or toxic hepatitis, IM and cirrhosis. Organs rich in SGOT are heart, liver and skeletal muscles. When any of these organs are damaged, the serum SGOT level rises in proportion to the severity of damage. Elevation of Alkaline Phosphatase in serum or plasma is found in hepatitis, biliary obstructions, hyperparathyroidism, steatorrhea and bone diseases.

URINE EXAMINATION







Reg.NO. : 153  
NAME : **Mr. ANURAG KUMAR KARN**  
REFERRED BY : Dr.Nitin Agarwal (D M)  
SAMPLE : BLOOD

DATE : **23/03/2024**  
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SEX : MALE

<u>TEST NAME</u>	<u>RESULTS</u>	<u>UNITS</u>	<u>BIOLOGICAL REF. RANGE</u>
<b>URINE EXAMINATION REPORT</b>			
<b>PHYSICAL EXAMINATION</b>			
pH	6.0		
TRANSPARENCY			
Volume	20	ml	
Colour	Light Yellow		
Appearance	Clear		Nil
Sediments	Nil		
Specific Gravity	1.020		1.015-1.025
Reaction	Acidic		
<b>BIOCHEMICAL EXAMINATION</b>			
UROBILINOGEN	Nil		NIL
BILIRUBIN	Nil		NEGATIVE
URINE KETONE	Nil		NEGATIVE
Sugar	Nil		Nil
Albumin	Nil		Nil
Phosphates	Absent		Nil
<b>MICROSCOPIC EXAMINATION</b>			
Red Blood Cells	Nil	/H.P.F.	
Pus Cells	2-3	/H.P.F.	
Epithelial Cells	2-3	/H.P.F.	
Crystals	NIL		NIL
Casts	Nil	/H.P.F.	
DEPOSITS	NIL		
Bacteria	NIL		
Other	NIL		



**A Venture of Apple Cardiac Care**  
A-3, Ekta Nagar, Stadium Road,  
(Opp. Care Hospital),  
Bareilly - 243 122 (U.P.) India  
Tel. : 07599031977, 09458888448



**APPLE**  
**PATHOLOGY**  
TRUSTED RESULT

Reg.NO. : 153  
NAME : **Mr. ANURAG KUMAR KARN**  
REFERRED BY : Dr.Nitin Agarwal (D M)  
SAMPLE : BLOOD

DATE : **23/03/2024**  
AGE : 37 Yrs.  
SEX : MALE

**TEST NAME**

**RESULTS**

**UNITS**

**BIOLOGICAL REF. RANGE**

--{End of Report}--

*Shweta Agarwal*  
**Dr. Shweta Agarwal, M.D.**  
(Pathologist)

**A Venture of Apple Cardiac Care**

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**APPLE**  
**PATHOLOGY**  
TRUSTED RESULT

Reg.NO. : 0154  
NAME : **Mrs. AASTHA KARN**  
REFERRED BY : Dr.Nitin Agarwal (D M)  
SAMPLE : BLOOD

DATE : **23/03/2024**  
AGE : 28 Yrs.  
SEX : FEMALE

<u>TEST NAME</u>	<u>RESULTS</u>	<u>UNITS</u>	<u>BIOLOGICAL REF. RANGE</u>
<b>HAEMATOLOGY</b>			
COMPLETE BLOOD COUNT (CBC)			
HAEMOGLOBIN	12.7	gm/dl	12.0-15.0
TOTAL LEUCOCYTE COUNT	5,700	/cumm	4,000-11,000
DIFFERENTIAL LEUCOCYTE COUNT(DLC)			
Neutrophils	75	%	40-75
Lymphocytes	23	%	20-45
Eosinophils	02	%	01-08
TOTAL R.B.C. COUNT	4.21	million/cumm	3.5-6.5
P.C.V./ Haematocrit value	39.6	%	35-54
M C V	79.3	fL	76-96
M C H	28.3	pg	27.00-32.00
M C H C	32.6	g/dl	30.50-34.50
PLATELET COUNT	1.75	lacs/mm <sup>3</sup>	1.50 - 4.50
E.S.R (WINTROBE METHOD)			
-in First hour	14	mm	00- 20
<b>BLOOD GROUP</b>			
Blood Group	O		
Rh	POSITIVE		





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<u>TEST NAME</u>	<u>RESULTS</u>	<u>UNITS</u>	<u>BIOLOGICAL REF. RANGE</u>
GLYCOSYLATED HAEMOGLOBIN(HBA1C)	5.5		

EXPECTED RESULTS :

Non diabetic patients	: 4.0% to 6.0%
Good Control	: 6.0% to 7.0%
Fair Control	: 7.0% to -8%
Poor Control	: Above 8%

**\*ADA: American Diabetes Association**

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.

METHOD : ADVANCED IMMUNO ASSAY.

**BIOCHEMISTRY**

BLOOD SUGAR F.	79	mg/dl	60-100
BLOOD UREA NITROGEN	18	mg/dL.	5 - 25
URIC ACID	5.2	mg/dl	3.0-6.0

CLINICAL SIGNIFICANCE:

Analysis of synovial fluid plays a major role in the diagnosis of joint disease.

SERUM CREATININE	0.6	mg/dL.	0.5-1.4
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<u>TEST NAME</u>	<u>RESULTS</u>	<u>UNITS</u>	<u>BIOLOGICAL REF. RANGE</u>
<b>LIVER PROFILE</b>			
SERUM BILIRUBIN			
TOTAL	0.9	mg/dL	0.3-1.2
DIRECT	0.5	mg/dL	0.2-0.6
INDIRECT	0.4	mg/dL	0.1-0.4
SERUM PROTEINS			
Total Proteins	6.9	Gm/dL	6.4 - 8.3
Albumin	4.0	Gm/dL	3.5 - 5.5
Globulin	2.9	Gm/dL	2.3 - 3.5
A : G Ratio	1.38		0.0-2.0
SGOT	21	IU/L	0-40
SGPT	15	IU/L	0-40
SERUM ALK.PHOSPHATASE	79	IU/L	00-115

**NORMAL RANGE : BILIRUBIN TOTAL**  
 Premature infants. 0 to 1 day: <8 mg/dL    Premature infants. 1 to 2 days: <12 mg/dL    Adults: 0.3-1 mg/dL.  
 Premature infants. 3 to 5 days: <16 mg/dL    Neonates, 0 to 1 day: 1.4-8.7 mg/dL  
 Neonates, 1 to 2 days: 3.4-11.5 mg/dL    Neonates, 3 to 5 days: 1.5-12 mg/dL    Children 6 days to 18 years: 0.3-1.2 mg/dL

**COMMENTS--**  
 Total and direct bilirubin determination in serum is used for the diagnosis,differentiation and follow -up of jaundice.Elevation of SGPT is found in liver and kidney diseases such as infectious or toxic hepatitis,IM and cirrhosis.Organs rich in SGOT are heart,liver and skeletal muscles. When any of these organs are damaged,the serum SGOT level rises in proportion to the severity of damage.Elevation of Alkaline Phosphatase in serum or plasma is found in hepatitis ,biliary obstructions,hyperparathyroidism,steatorrhea and bone diseases.





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<u>TEST NAME</u>	<u>RESULTS</u>	<u>UNITS</u>	<u>BIOLOGICAL REF. RANGE</u>
<b>LIPID PROFILE</b>			
SERUM CHOLESTEROL	166	mg/dL.	130 - 200
SERUM TRIGLYCERIDE	99	mg/dl.	30 - 160
HDL CHOLESTEROL	52	mg/dL.	30-70
VLDL CHOLESTEROL	19.8	mg/dL.	15 - 40
LDL CHOLESTEROL	94.20	mg/dL.	00-130
CHOL/HDL CHOLESTEROL RATIO	3.19	mg/dl	0-4
LDL/HDL CHOLESTEROL RATIO	1.81	mg/dl	0-3

**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 in defining cardiovascular risk factors and in the management 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.

Gamma Glutamyl Transferase (GGT) 31 U/L 11-50

**URINE EXAMINATION**

Reg NO. : 0154  
 NAME : Mrs. AASTHA KARN  
 REFERRED BY : Dr. Nitin Agarwal (D M)  
 SAMPLE : BLOOD

DATE : 23/03/2024  
 AGE : 28 Yrs.  
 SEX : FEMALE

TEST NAME	RESULTS	UNITS	BIOLOGICAL REF. RANGE
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<u>TEST NAME</u>	<u>RESULTS</u>	<u>UNITS</u>	<u>BIOLOGICAL REF. RANGE</u>
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--{End of Report}--

**Dr. Shweta Agarwal, M.D.**  
(Pathologist)