



GPS Map Camera

Raipur, Chhattisgarh, India  
6j6w+c64, Krishna Nagar, Santoshi Nagar, Raipur, Mathpurena,  
Chhattisgarh 492001, India  
Lat 21.211106° Long 81.645671°  
15/11/24 10:08 AM GMT +05:30





भारत सरकार

Government of India



Aadhaar no. issued: 31/10/2013



रामेश्वरी

Rameshvari

जन्म तिथि/DOB: 01/01/1995

महिला/ FEMALE

आधार पहचान का प्रमाण है, नागरिकता या जन्मतिथि का नहीं।  
इसका उपयोग सत्यापन (ऑनलाइन प्रमाणीकरण, या क्यूआर कोड/  
ऑफ़लाइन एक्सएमएल की स्कैनिंग) के साथ किया जाना चाहिए।

**Aadhaar is proof of identity, not of citizenship  
or date of birth. It should be used with verification (online  
authentication, or scanning of QR code / offline XML).**

**4295 9204 7553**

मेरा **आधार**, मेरी पहचान



भारतीय विशिष्ट पहचान प्राधिकरण

Unique Identification Authority of India



पता:

द्वारा: विकाश कुमार सुर्याम, मकान न, ग्राम सुन्हादादर, गदा  
सारे मॉल., गदासरै, डिंडोरी,  
मध्य प्रदेश - 481882

Address:

C/O: Vikash Kumar Suryam, makan no,  
village sunahadadar, Gada Sarai Mal., PO:  
Gadasarai, DIST: Dindori,  
Madhya Pradesh - 481882



4295 9204 7553

VID : 9143 6983 6101 5686



1947



help@uidai.gov.in



www.uidai.gov.in

Details as on: 21/04/2024

R



MRS. RAMESHRI  
MEDWHEEL

Female 29 year( Chest

15/11/2024 10:59:56

SHRI SAI ADVANCE IMAGING & DIAGNOSTIC CENTER



A Unit of Diagnostic Care with Trust

# श्री साईं एडवांस इमेजिंग एण्ड डायग्नोस्टिक सेंटर PVT. LTD.

हर जीवन  अमूल्य है

पुराना धमतरी रोड, सब्जी बाजार के सामने,  
संतोषी नगर, रायपुर (छ.ग.) ☎ 0771-4023900

MRI | C.T. Scan | 4-D Colour USG | Digital X-Ray | Advanced Pathology | 2D Echo / E.C.G. / TMT / E.E.G / OPG / SPIRO

DATE- 15-Nov-24

PATIENT NAME ..... MRS. RAMESHWARI  
AGE/SEX ..... 29 YRS / FEMALE  
REF. BY ..... BANK OF BARODA

## **SONOGRAPHY OF THE ABDOMEN + PELVIS**

*PROCEDURE DONE BY ULTRASOUND MACHINE Canon Aplio a450 (4D COLOR DOPPLER)*

- LIVER** : The liver is normal in size, shape & contour with normal echotexture. No evidence of any Focal lesion or mass seen. The intrahepatic biliary ducts are normal. The CBD is normal in course, caliber & contour. Hepatic & portal vein appear normal in morphology.
- GALL BLADDER** : well distended & shows normal wall thickness. No obvious intraluminal calculus.
- PANCREAS** : appears normal in size, shape & echo pattern. Pancreatic duct appear normal.
- SPLEEN** : Spleen is normal size, shape and position. No focal lesion seen.
- KIDNEY** : Right kidney measures ~ 10.1 x 4.1 cm.  
Left kidney measures ~ 12.9 x 4.3 cm.  
Both Kidneys are normal size, shape and position.  
Renal parenchymal echogenicities are normal .  
No evidence of any calculus or pelvicalyceal dilation.
- URINARY BLADDER:** UB is well distended with normal wall thickness. No evidence of mass / calculus.
- UTERUS** : **Retroverted** normal in size & echotexture measures (7.6 x 4.4 x 4.6 cm & vol- 84.1 cc). No obvious focal lesion seen. Endometrium thickness is normal (7.4 mm).
- OVARY** : Right ovary measures ~3.2 x 2.7 cm.  
Left ovary measures ~3.4 x 1.6 cm.  
Both ovaries are normal in size, shape and echotexture.
- RETRO PERITONEUM** No evidence of lymphadenopathy / mass.
- FREE FLUID** : No free fluid seen in abdomen & peritoneal cavity.
- IMPRESSION** : **NO SIGNIFICANT ABNORMALITY DETECTED.**

Needs clinical correlation & other investigations.

Dr. Hulesh Mandale, MD  
Consultant Radiologist

Kindly Note:-

- The report and films are not valid for medico - legal purpose.
- Please Intimate us if any typing mistakes and send the report for correction within 7 days.
- कृपया अगली बार जांच के लिए आने पर पुराना रिपोर्ट साथ में लावे ।

सही जांच ही सही ईलाज का आधार है...

Email : shrisaiimaging@gmail.com, Website : www.shrisaidiagnostic.com



DATE- 15-Nov-24

PATIENT NAME ..... MRS. RAMESHWARI  
AGE/SEX ..... 29 YRS / FEMALE  
REF. BY ..... BANK OF BARODA

### **USG OF BOTH BREASTS**

- Both the breasts parenchyma appears normal in echotexture.
- No obvious mass lesion noted. No calcification is seen.
- Ductal system otherwise appears normal.
- Skin and subcutaneous tissue appears normal.
- Bilateral axillae are clear.

### **IMPRESSION:**

- ✂ No significant abnormality detected.

*Needs clinical correlation & other investigations.*

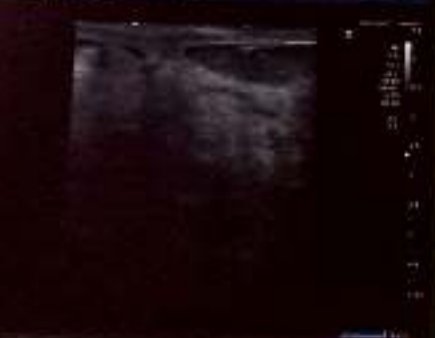


*Dr. Hulesh Mandle, MD  
Consultant Radiologist*

*Investigations have their limitation, solitary radiological / pathological and other investigations never confirm the final diagnosis of disease. They only help in diagnosing the disease in correlation to symptom and other related test please interpret accordingly*

### **Kindly Note:-**

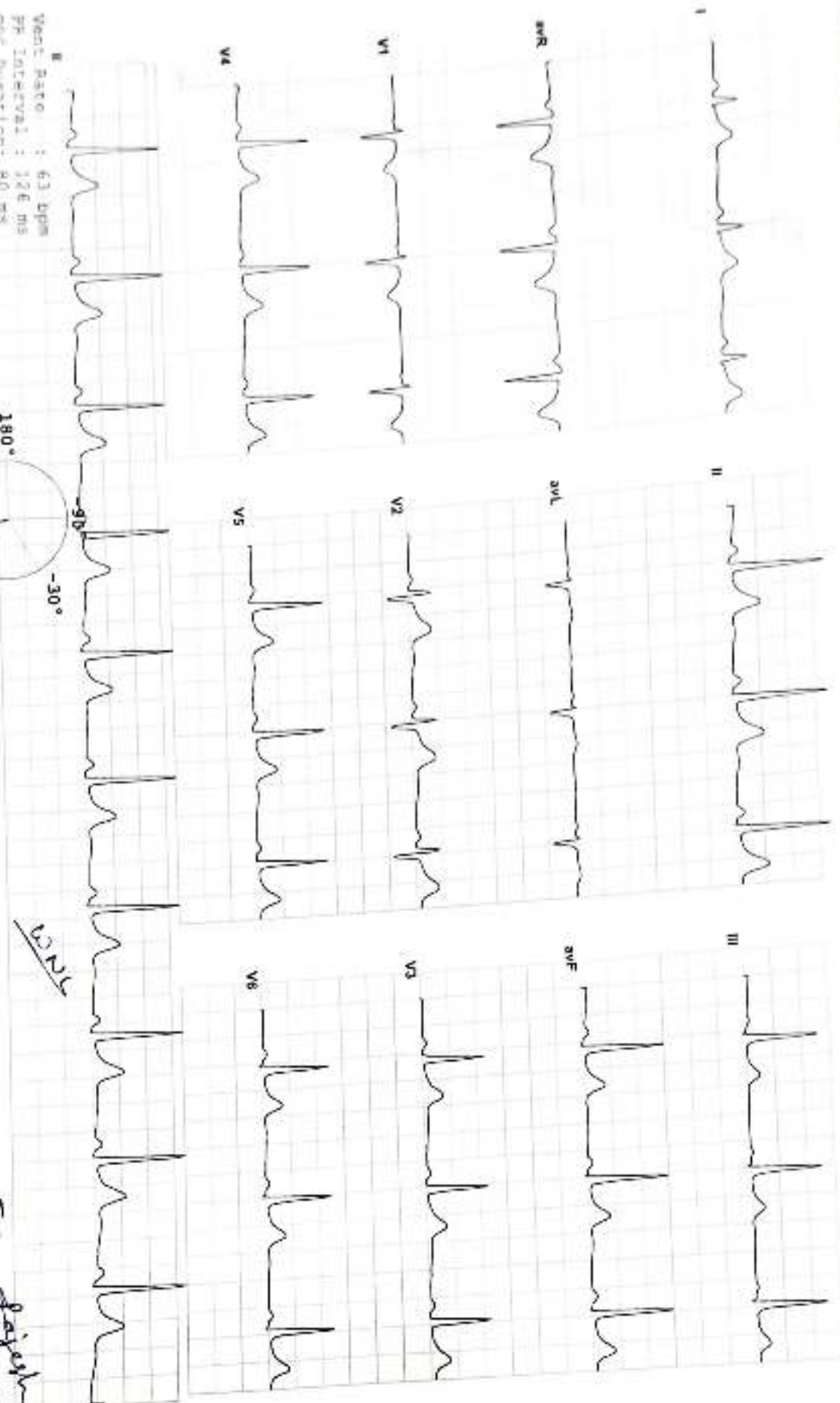
- *The report and films are not valid for medico – legal purpose.*
- *Please Intimate us if any typing mistakes and send the report for correction within 7 days.*



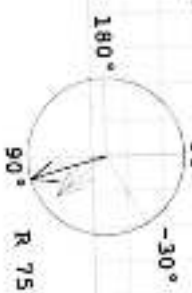
**SHRI SAI ADVANCE IMAGING AND DIAGNOSTIC CENTER**

736 / MRS. RAMESHRI SURYAM / 29 Yrs / F / 162Cms. / 60Kgs. / Non Smoker  
 Heart Rate : 63 bpm / Tested On : 15-Nov-24 11:21:49 / HF 0.05 Hz - LF 35 Hz / Notch 50 Hz / Sn 1.00 Cm/mV / Sw 25 mm/s  
 / Reled By: MEDIWHEEL

**ECG**



Heart Rate : 63 bpm  
 PR Interval : 126 ms  
 QRS Duration : 80 ms  
 QT/QTc Int : 406/411 ms  
 P-QRS-T axis : 53.00° 75.00° 53.00°



Axis  
 R 75.00° T 53.00° P 53.00°

Reported By:

**DR. RAJESH SHARMA**  
 MD, PGDCC (Cardiologist)  
 CGMC- 886/2007





# रामकथा

आँख, कान, नाक, गला एवं मल्टीस्पेशियलिटी हॉस्पिटल

24 घंटे आपातकालीन चिकित्सा सेवा उपलब्ध

PT. MRS. RAMESHWARI

AGE/SEX - 29Y/F

WEIGHT -

EO Routine ENT

Examination

DATE

15-11-24

ENT - Clinically every parts appear to be normal.

Dr. Jaisree Jaiswal

MS (ENT)

Rg. No. CGMC 4162/2012



**Dr. Dinesh Shrey**  
MD (AIIMS) New Delhi  
Consultant Eye Surgeon  
Reg. No. - CGMC/862/2007



**COMET**  
EYE HOSPITAL  
"Think Eye - Think Us"  
An Apollo Health Services Company

[www.cometeyehospitals.com](http://www.cometeyehospitals.com)

MRD No: DJE11334

Patient: MRS. RAMESHWARI / female / 29Yrs

Date: 15-11-2024 01:31 PM

Address: PAMGARH

Contact Number: 9669356654

Presenting Complaint: ROUTINE CHECK UP

Vision:

Eye	Distance vision			Near vision	
	UCDVA	BCDVA	PH	UCNVA	BCNVA
Right	6/12P				
Left	6/9P				

Final Prescription Spectacle Correction:

	Right Eye				Left Eye			
	SPH	CYL	AXIS	V/A	SPH	CYL	AXIS	V/A
D.V	-0.5			6/6	-0.25	-0.25	90	6/6

Examination:

Eye Parts	Right Eye	Left Eye
ANTERIOR SEGMENT	NORMAL	NORMAL
POSTERIOR SEGMENT	NORMAL	NORMAL

Diagnosis:

BothEyes-REFRACTIVE ERROR

Prescription:

1 [LUBRISKY Eye Drops] (L)  
Both Eyes- 2 TIMES A DAY ( 1drop ---0---1 drop) . 7 Day(s)



DR DINESH (CGMC/862/2007)

**SHRISAI ADVANCE IMAGING AND DIAGNOSTIC CENTER**  
**RADHAKRISHNA VIHAR SANTOSHI NAGAR EMAIL:**

519 / MRS. RAMESHRI SURYAM / 29 Yrs / F / 157 Cms / 55 Kg / NonSmoker  
 Date: 15 - 11 - 2024 Refd By : MEDIWHEEL Examined By:

Report

AC-101

Stage	Time	Duration	Speed(mph)	Elevation	METS	Rate	%THR	BP	RPP	PVC	Comments
Supine	00:09	0:09	00.0	00.0	01.0	086	35 %	110/72	072	00	
Standing	00:51	0:42	00.0	00.0	01.0	075	39 %	110/72	082	00	
ExStart	01:02	0:11	00.0	00.0	01.0	071	37 %	110/72	078	00	
BRUCE Stage 1	04:02	3:00	01.7	10.0	04.7	133	70 %	118/78	156	00	
BRUCE Stage 2	07:02	3:00	02.5	12.0	07.1	144	75 %	122/82	175	00	
PeakEx	08:21	1:19	03.4	14.0	08.5	166	87 %	122/82	202	00	
Recovery	09:21	1:00	01.1	00.0	01.2	148	76 %	120/80	175	00	
Recovery	09:33	1:12	01.1	00.0	01.0	144	75 %	117/77	168	00	

**FINDINGS :**

Exercise Time : 07:19  
 Max HR Attained : 166 bpm 87% of Target 191  
 Max BP Attained : 122/82 (mm/Hg)  
 Max Workload Attained : 8.5 Fair response to induced stress  
 Test End Reasons : Test Complete, Heart Rate Achieved

REPORT : Twp Negative

**DR. RAJESH SHARMA**  
 MD. PGDC  
 CGMC  
 36/2-01

Doctor : self

**SHRI SAI ADVANCE IMAGING AND DIAGNOSTIC CENTER**

519 / MRS. RAMESHRI SURYAM / 29 YRS / F / 157 Cms / 55 Kg / HR : 66

Date: 15 - 11 - 2024

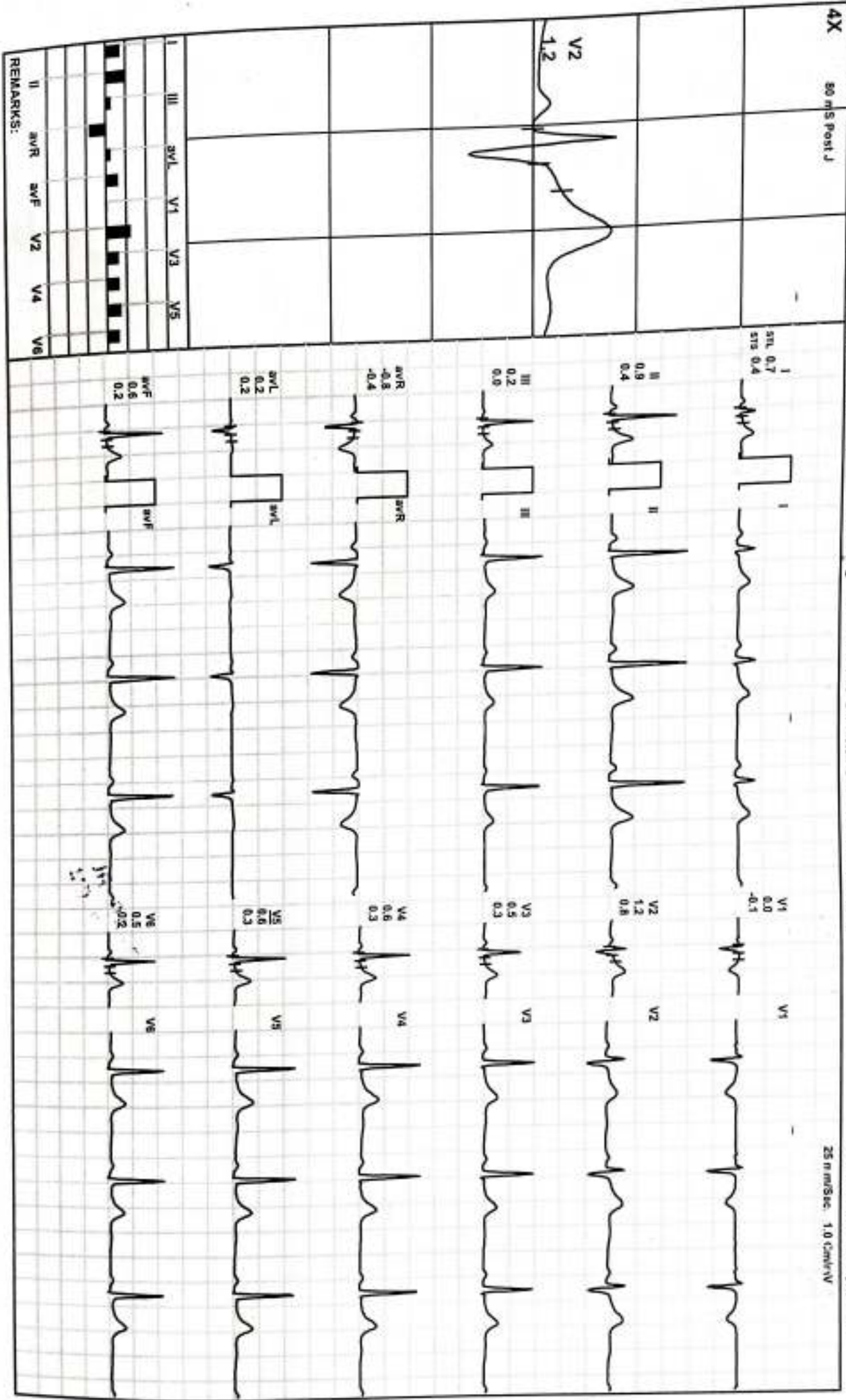
METS: 1.0/ 66 bpm 35% of THR BP: 110/72 mmHg Raw ECG/ BLC On/ Nch On/ HF 0.05 Hz/LF 100 Hz

BRUCE:Supine(0:09)

ACHPL

ExTime: 00:00 0.0 mph, 0.0%

25 mm/Sec. 1.0 Cm/mV



REMARKS:  
 I aVR aVL aVF V1 V2 V3 V4 V5 V6

# SHRI SAI ADVANCE IMAGING AND DIAGNOSTIC CENTER

BRUCE: Standing(0:42)

519 / MRS. RAMESHRI SURYAM / 29 YRS / F / 157 Cms / 55 Kg / HR : 75

ACGIDL

Date: 15 - 11 - 2024

METS: 1.0/ 75 bpm 39% of THR BP 110/72 mmHg Raw ECG/ BLC On/ Notch On/ HF 0.05 Hz/ LF 100 Hz

EXTime: 00:00 0.0 mgh 0.0%

25 mm/Sec. 1.0 Cm/V

4X 80 ms Post J

I  
STL 3.2  
STB 0.6



V1  
-0.1  
0.4



II  
-1.1  
2.5



V2  
2.5  
2.1



V2  
2.5



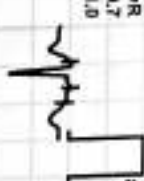
III  
-2.1  
1.5



V3  
1.4  
1.2



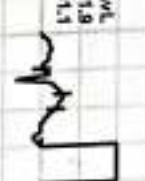
aVR  
-0.7  
-1.0



V4  
1.4  
1.8



aVL  
1.9  
-1.1



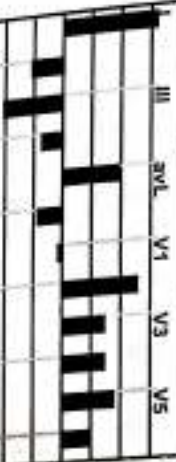
V5  
1.8  
0.8



aVF  
-0.9  
1.8



V6  
1.0  
1.8



REMARKS:

SHRI SAI ADVANCE IMAGING AND DIAGNOSTIC CENTER

S19 / MRS. RAMESHRI SURYAM / 29 Yrs / F / 157 Cms / 55 Kg / HR : 71

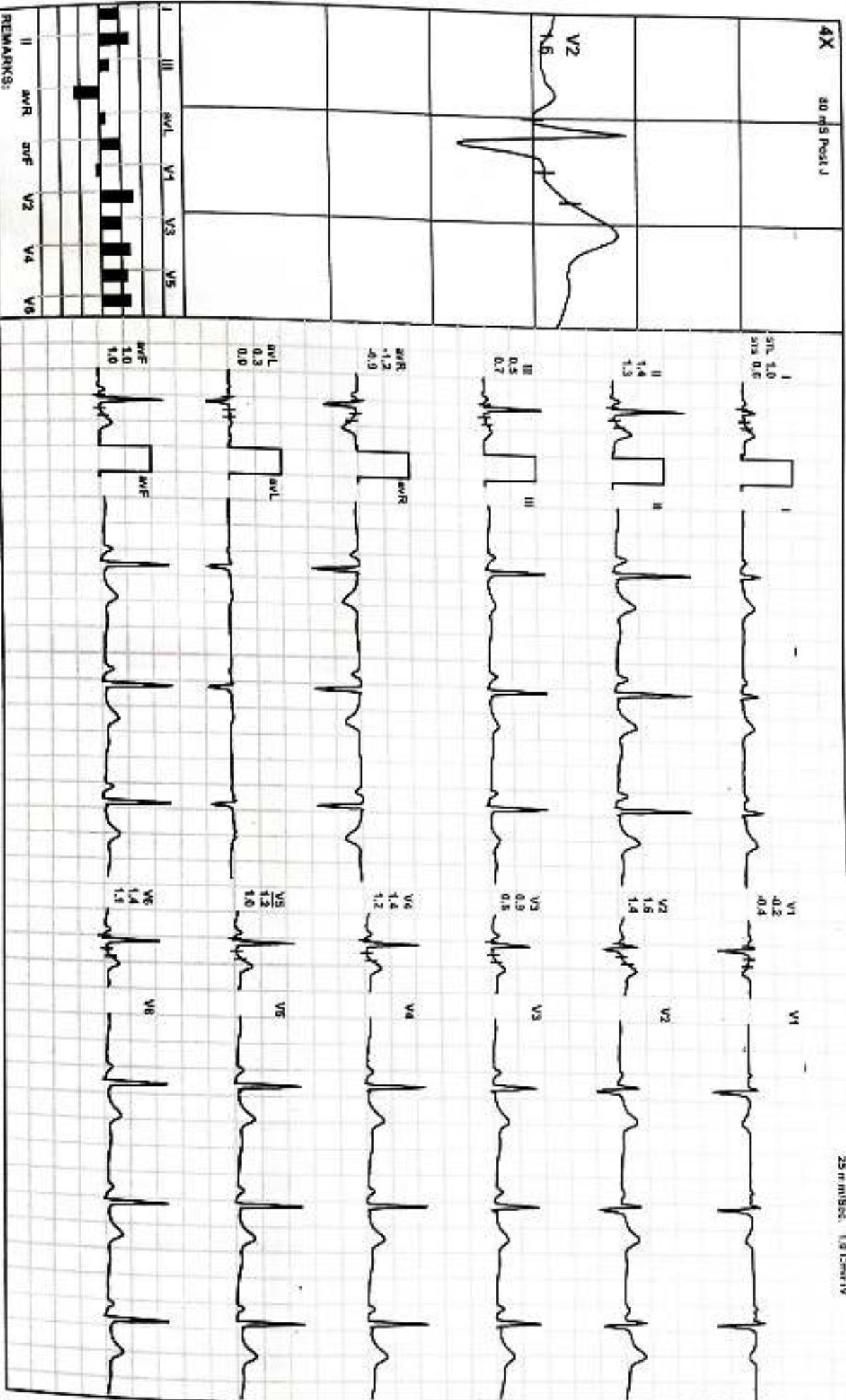
Date: 15 - 11 - 2024

MEETS: 1.0V 74 bpm 37% of THR BP: 110/72 mmHg Raw ECG/BLG On/ Natch On/ HF 0.05 Hz/ LF 100 Hz

ExTime: 00:00 0.0 mph 0.0%  
25 mm/Sec 1.9 Cm/IV

ExStart

AC/PL



REMARKS:

519 / MRS. RAMESHRI SURYAM / 29 Yrs / F / 157 Cms / 55 Kg / HR : 133

BRUCE: Stage 1(3:00)

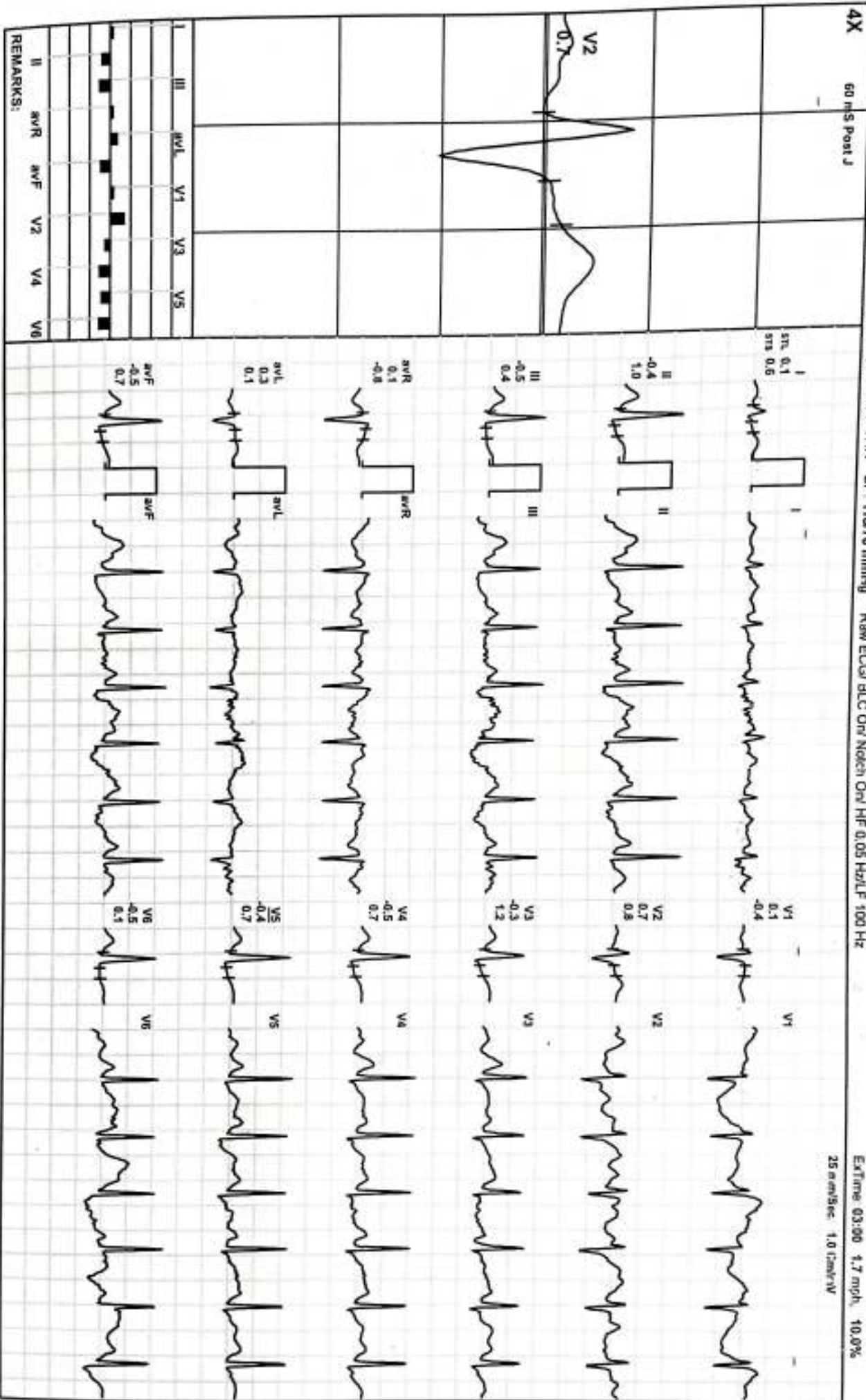


Date: 15 - 11 - 2024

METS: 4.7 / 133 bpm 70% of THR BP: 118/78 mmHg Raw ECG/ BLC On/ Nock On/ HF 0.05 Hz/ LF 100 Hz

ExTime: 03:00 4.7 mph 10.0%

25 mV/Sec 1.0 Cm/1V



# SHRI SAI ADVANCE IMAGING AND DIAGNOSTIC CENTER

519 / MRS. RAMESHRI SURYAM / 29 Yrs / F / 157 Cms / 55 Kg / HR : 144

BRUCE: Stage 2(3:00)

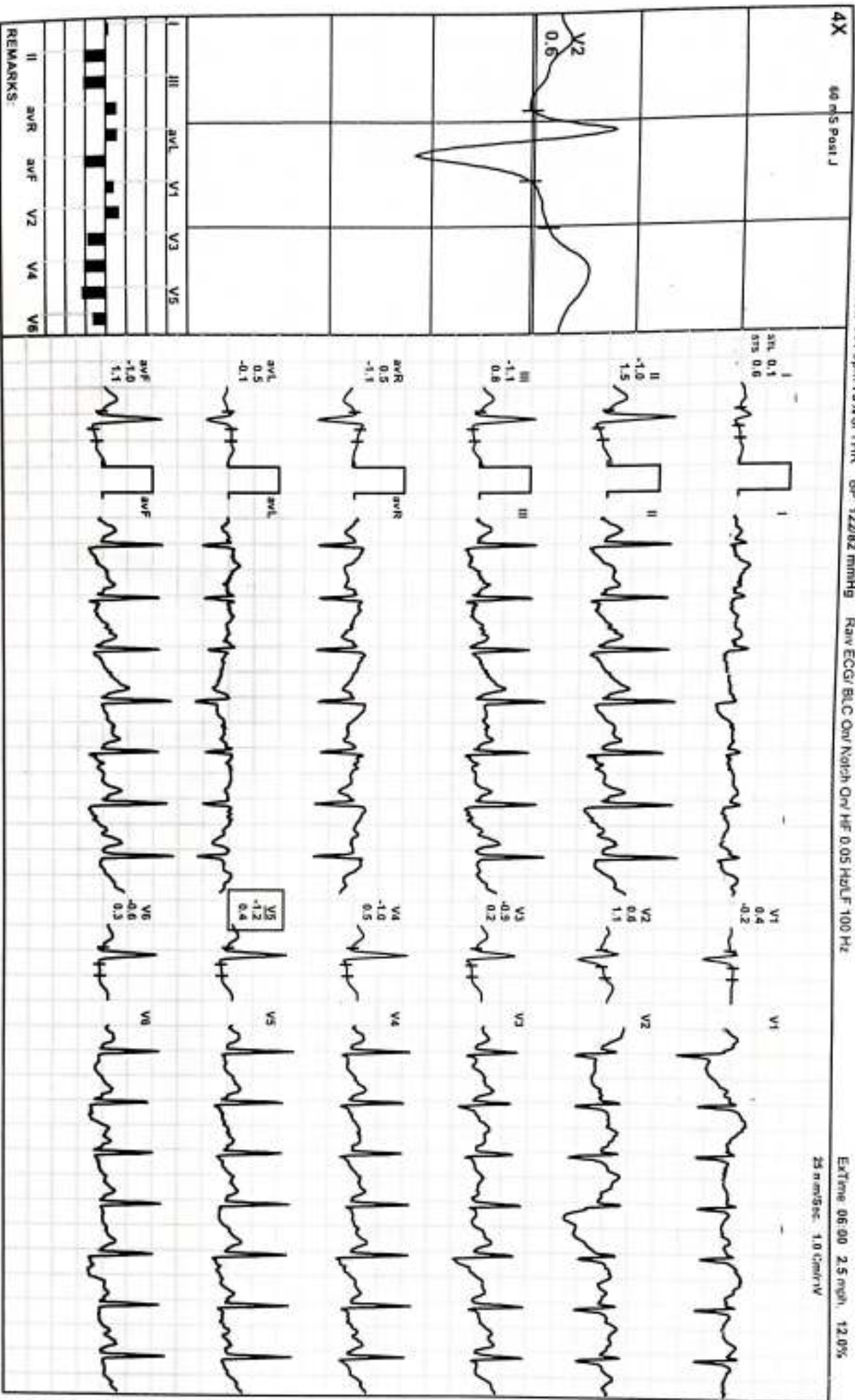


Date: 15 - 11 - 2024

NETS 7.5/ 144 bpm 75% of THR BP: 122/82 mmHg Raw ECG/ BLC On/ Natch On/ HF 0.05 Hz/ LF 100 Hz

Extreme 06:00 2.5 mph 12.0%

25 mm/Sec 1.0 Cm/IV



REMARKS:



**HARI SAI ADVANCE IMAGING AND DIAGNOSTIC CENTER**

**PeakEx**

ACAPL

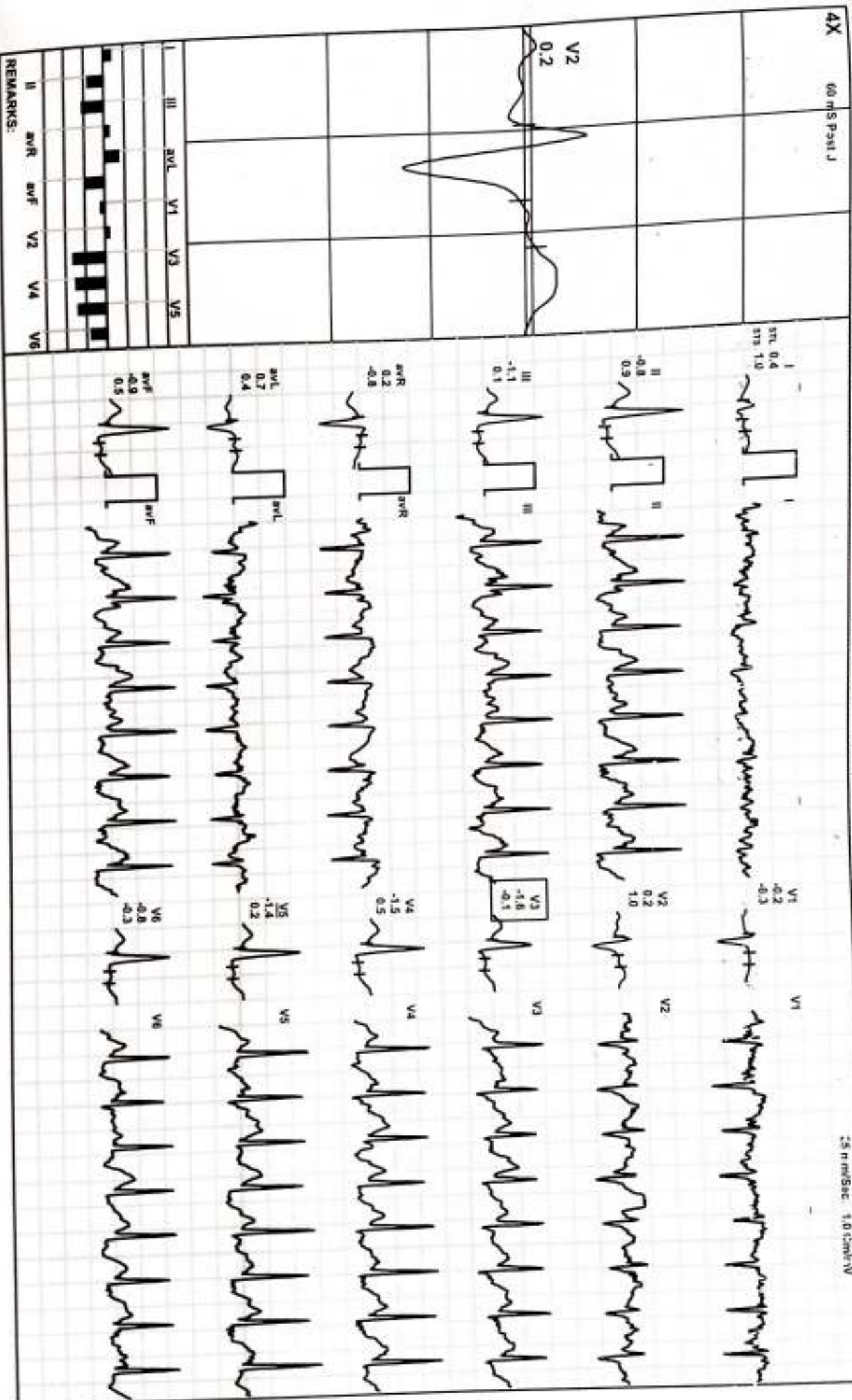
319 / MRS. RAMESHRI SURYAM / 29 Yrs / F / 157 Cms / 55 Kg / HR : 166

Date: 15 - 11 - 2024

METS: 8.5/ 166 bpm 87% of THR BP: 122/82 mmHg Raw ECG/ BLC 2mV Notch ON HF 0.05 Hz/ LF 100 Hz

Extreme 07:19 3.4 mgH 14.0%

25 mm/Sec 1.0 cm/mV



REMARKS:

**SHRI SAI ADVANCE IMAGING AND DIAGNOSTIC CENTER**

519 / MRS. RAMESHRI SURYAM / 29 Yrs / F / 157 Cms / 55 Kg / HR : 146

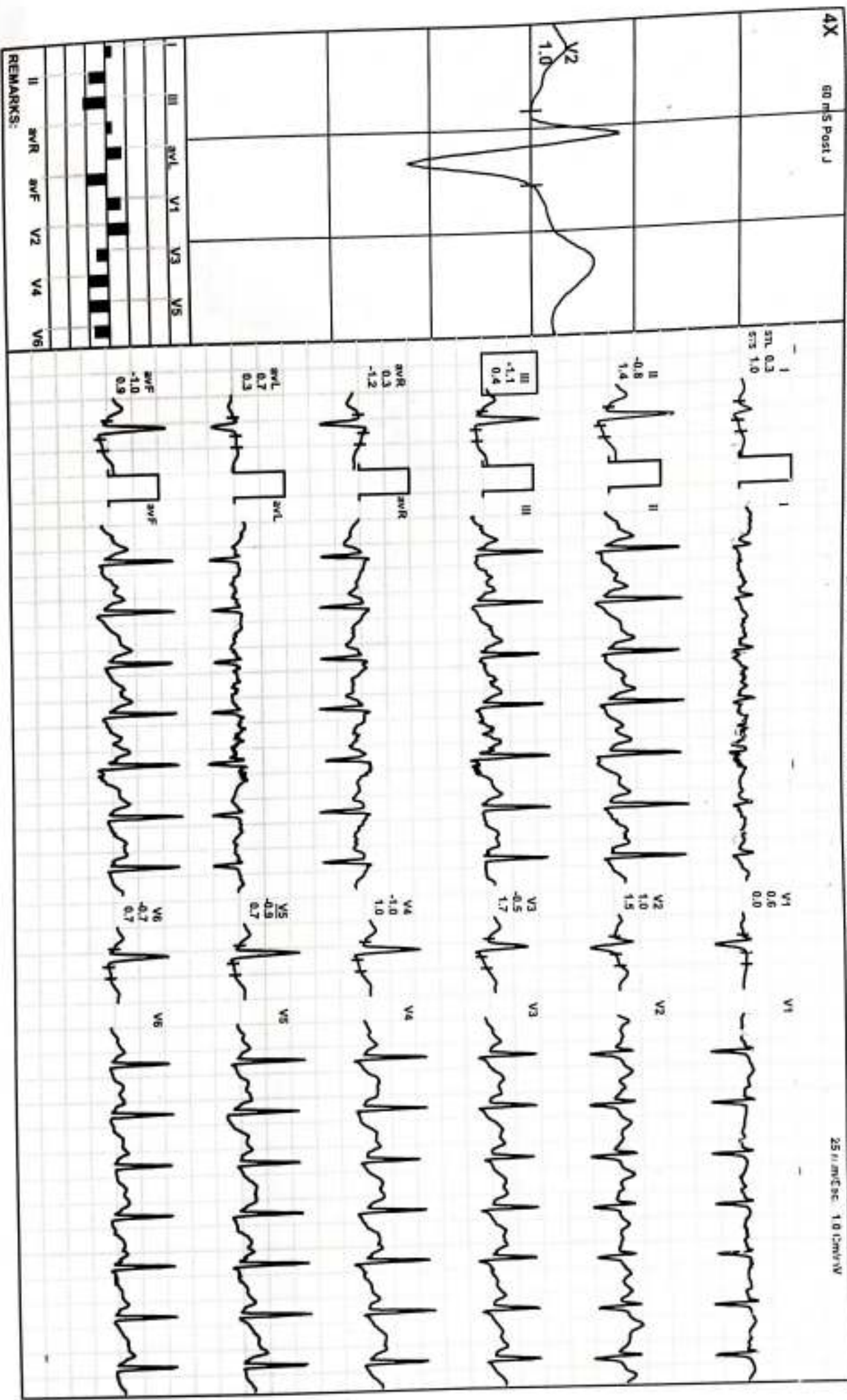
Recovery(1:00)

Date: 15 - 11 - 2024

MEETS 1.20 146 bpm 76% of THR BP: 120/80 mmHg Raw ECG BLC Cal/Noch On/ HF 0.05 Hz/LF 100 Hz

EXTIME: 07:19 1.1 mgn 0.9%

25 // mv/Sec. 1.0 CM/V



I	II	III	aVR	aVL	aVF	V1	V2	V3	V4	V5	V6

REMARKS:

**SHRI SAI ADVANCE IMAGING AND DIAGNOSTIC CENTER**

S19 / MRS. RAMESHRI SURYAM / 29 Yrs / F / 157 Cms / 56 Kg / HR : 144

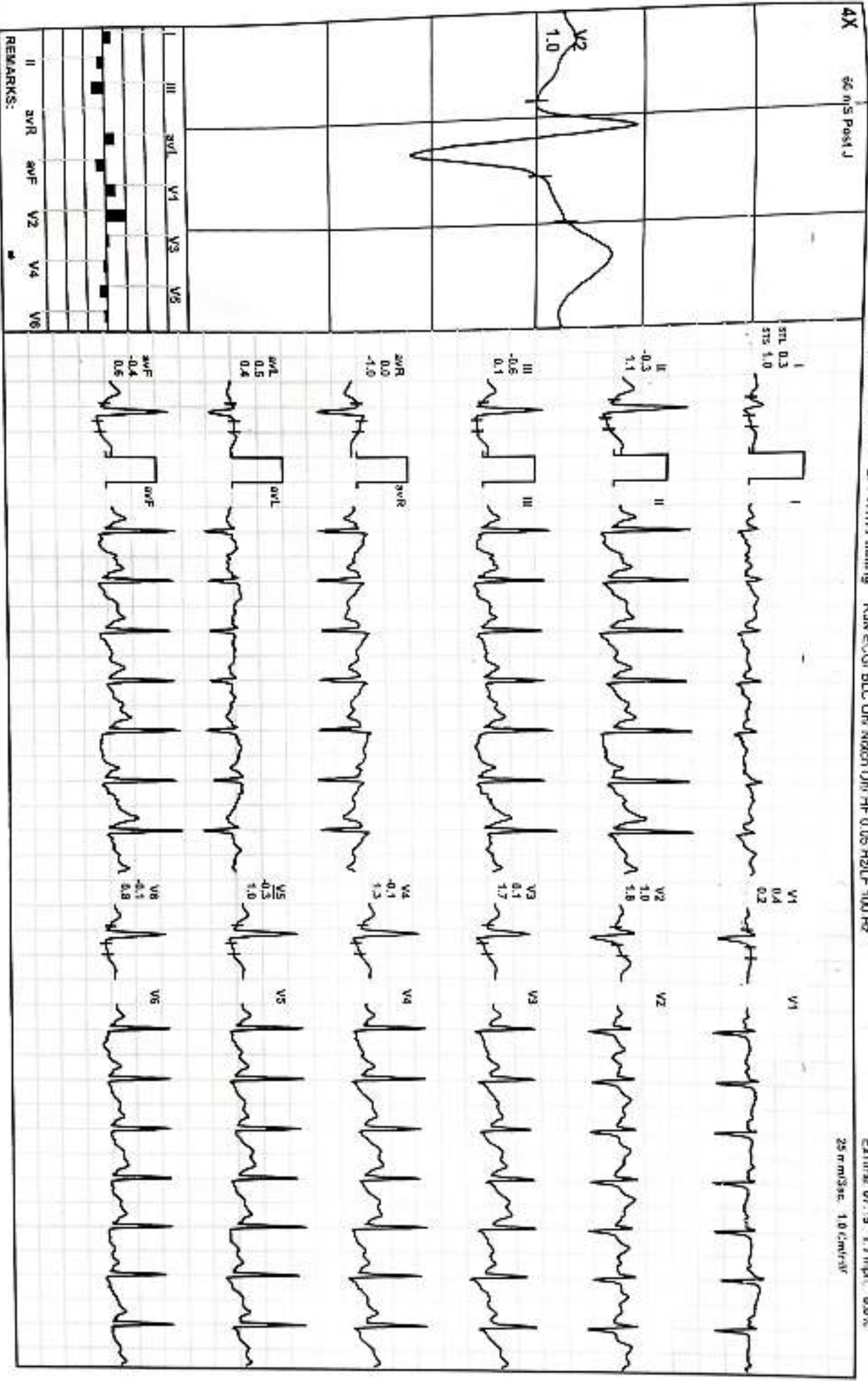
Recovery(1:12)

Date: 15 - 11 - 2024

METS: 1.0/ 144 bpm 75% of THR BP: 117/77 mmHg Raw ECG/ BLC On/ NACH On/ HF 0.06 Hz/ LF 100 Hz

Estime: 07:19 1.1 mph 0.0%

29 r/m/3sec 1.0 cm/rV



REMARKS:

**HRI SAI ADVANCE IMAGING AND DIAGNOSTIC CENTER**

**ST Measurements**

919 / MRS. RAMESHRI SURYAM / 29 Yrs / F / 157 Cms / 55 Kg / HR : 139

Date 15 - 11 - 2024

Protocol : BRUCE

	I	II	III	avR	avL	avF	V1	V2	V3	V4	V5	V6	I	II	III	avR	avL	avF	V1	V2	V3	V4	V5	V6	STS(mv/sec)
STL(mm)Supine	0.7	0.9	0.2	-0.8	0.2	0.6	0.0	1.2	0.5	0.6	0.6	0.5	0.4	0.4	0.0	-0.4	0.2	0.2	-0.1	0.8	0.3	0.3	0.3	0.2	0.2
60 @ms Standing	3.2	-1.1	-2.1	-0.7	1.9	-0.9	-0.1	2.5	1.4	1.4	1.8	1.0	0.6	2.5	1.6	-1.0	-1.1	1.8	0.4	2.1	1.2	1.8	0.8	1.6	
ExStart	1.0	1.4	0.5	-1.2	0.3	1.0	-0.2	1.6	0.9	1.4	1.2	1.4	0.6	1.3	0.7	-0.9	0.0	1.0	-0.4	1.4	0.8	1.2	1.0	1.1	
Stage 1	0.1	-0.4	-0.5	0.1	0.3	-0.5	0.1	0.7	-0.3	-0.5	-0.4	-0.5	0.6	1.0	0.4	-0.8	0.1	0.7	-0.4	0.8	1.2	0.7	0.7	0.1	
Stage 2	0.1	-1.0	-1.1	0.5	0.5	-1.0	0.4	0.6	-0.9	-1.0	-1.2	-0.6	0.6	1.5	0.8	-1.1	-0.1	1.1	-0.2	1.1	0.2	0.5	0.4	0.3	
PeakEx	0.4	-0.8	-1.1	0.2	0.7	-0.9	-0.2	0.2	-1.6	-1.5	-1.4	-0.8	1.0	0.9	0.1	-0.8	0.4	0.5	-0.3	1.0	-0.1	0.5	0.2	-0.3	
Recovery	0.3	-0.8	-1.1	0.3	0.7	-1.0	0.6	1.0	-0.5	-1.0	-0.9	-0.7	1.0	1.4	0.4	-1.2	0.3	0.9	0.0	1.5	1.7	1.0	0.7	0.7	
Recovery	0.3	-0.3	-0.6	0.0	0.5	-0.4	0.4	1.0	0.1	-0.1	-0.3	-0.1	1.0	1.1	0.1	-1.0	0.4	0.6	0.2	1.8	1.7	1.3	1.0	0.8	

STL(μVs)	I	II	III	avR	avL	avF	V1	V2	V3	V4	V5	V6	I	II	III	avR	avL	avF	V1	V2	V3	V4	V5	V6
Supine	8.7	13.2	4.5	-10.9	2.0	8.8	-3.4	12.6	7.9	9.2	9.7	8.5	8.8	-2.8	15.5	10.3	8.1	13.2	5.5					
Standing	23.0	-7.9	-16.0	-5.7	15.1	-6.9	-2.8	15.5	10.3	8.1	13.2	5.5	8.8	-2.8	15.5	10.3	8.1	13.2	5.5					
ExStart	11.1	16.2	5.2	-13.7	2.9	10.7	-3.8	15.1	11.2	14.3	13.8	13.4	10.7	-3.8	15.1	11.2	14.3	13.8	13.4					
Stage 1	-0.3	-4.3	-3.9	2.3	1.7	-4.1	1.5	2.5	-3.8	-4.8	-4.0	-3.7	-4.1	1.5	2.5	-3.8	-4.8	-4.0	-3.7					
Stage 2	0.1	-8.3	-7.7	4.5	3.5	-8.0	2.8	2.0	-5.4	-6.9	-7.5	-4.0	-8.0	2.8	2.0	-5.4	-6.9	-7.5	-4.0					
PeakEx	0.7	-4.6	-5.1	2.0	2.7	-4.8	-0.5	-0.8	-8.1	-8.5	-7.3	-2.9	-4.8	-0.5	-0.8	-8.1	-8.5	-7.3	-2.9					
Recovery	0.1	-7.0	-7.0	3.4	3.6	-7.0	3.9	3.8	-6.0	-7.3	-6.4	-5.0	-7.0	3.9	3.8	-6.0	-7.3	-6.4	-5.0					
Recovery	-0.1	-7.2	-7.1	3.7	3.5	-7.2	4.1	4.8	-3.7	-5.7	-4.8	-4.9	-7.2	4.1	4.8	-3.7	-5.7	-4.8	-4.9					

# RI SAI ADVANCE IMAGING AND DIAGNOSTIC CENTER Median Measurement Summary

RADHAKRISHNA VIHAR SANTOSHI NAGAR

19 / MRS. RAMESHRI SUPPYAM / 29 Yrs / Female / 157 Cm / 55 Kg / Non Smoker

AC-01

Time	HR	PR Int	QRS WID	QRS Axis	QTC	P(VV)	R(VV)	S(VV)	T(VV)	Min. J Leads for	Min. Post JPR Var	VEB	Messed Beats
(Min.)	(bpm)	(mS)	(mS)	(Deg.)	(mS)	(Max)	(Max)	(Min)	(Max)	(uV) (J & P)	(uV)	(Counts)	(Counts)
00:30	65	324	65	65	426	699	1450	-807	902	-143	-224	0	0
01:00	71	302	66	17	408	333	1476	-849	427	16	-63	0	0
01:30	92	232	52	90	453	769	1390	-590	397	-224	-39	0	0
02:00	122	144	50	80	447	297	1287	-594	-229	-87	-67	0	0
02:30	133	146	46	83	135	330	1276	-566	-194	-41	-74	0	0
03:00	138	138	50	83	142	319	1277	-567	-210	99	-89	0	0
03:30	140	132	48	82	169	355	1297	-584	-211	100	-118	0	0
04:00	133	136	48	82	136	350	1245	-591	-199	-20	-114	0	0
04:30	144	132	48	83	204	346	1292	-753	-237	-165	-109	0	0
05:00	149	126	50	88	379	364	1258	-574	-229	-153	-150	0	0
05:30	151	120	50	84	152	349	1248	-530	-286	-47	-175	0	0
06:00	149	124	48	86	142	379	1319	-628	286	-176	-136	0	0
06:30	150	122	48	86	208	376	1357	-600	-220	26	-149	0	0
07:00	144	124	49	88	174	378	1272	-610	-225	-34	-129	0	0
07:30	159	116	48	85	297	360	1353	-925	-256	17	-183	0	0
08:00	164	110	49	86	152	364	1262	-706	-272	-47	-160	0	0
08:30	165	110	48	87	170	370	1304	-594	-264	-14	-175	0	0
09:00	154	116	48	87	292	407	1357	-761	-236	-114	-109	0	0
09:30	144	126	50	83	414	404	1380	-640	287	64	-102	0	0



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Ref. By.	:- SELF	Patient Unique ID No.	:- 10602
Company	:- ARCOFEMI HEALTH CARE LTD.	TPA	:- -

## BIO CHEMISTRY

Description	Result	Unit	Biological Ref. Range
FASTING BLOOD SUGAR	86.2	mg/dL	70 - 110
POST PRANDIAL BLOOD SUGAR	99.8	mg/dl	70 - 140
Cholesterol	148.5	mg/dl	Desirable : <200 Borderline :200 - 239 High : >=240
Triglycerides	130.4	mg/dl	<150 : Normal 150-199 : Borderline - High 200-499 : High >500 : Very High
HDL	44.2	mg/dl	<40 : Low 40-60 :Optimal >60 : Desirable
LDL	78.22	mg/dl	<100 : Normal 100-129 : Desirable 130-159 : Borderling-High 160-189 : High >190 : Very High
VLDL	26.08	mg/dl	7 - 40
Cholesterol/HDL Ratio	3.36		0 - 5.0
LDL/HDL Ratio	1.76	ratio	0 - 3.5

### Clinical Significance :

#### Total Cholesterol

Serum cholesterol is elevated in hereditary hyperlipoproteinemias and in other metabolic diseases. Moderate-to-markedly elevated values are also seen in cholestatic liver disease, risk factor for cardiovascular disease. Low levels of cholesterol may be seen in disorders like hyperthyroidism, malabsorption, and deficiencies of apolipoproteins.

#### Triglycerides

Increased serum triglyceride levels are a risk factor for atherosclerosis. Hyperlipidemia may be inherited or may be due to conditions like biliary obstruction, diabetes mellitus, nephrotic syndrome, renal failure, certain metabolic disorders or drug induced.

LDL Cholesterol (Direct) - LDL Cholesterol is directly associated with increased incidence of coronary heart disease, familial hyperlipidemias, fat rich diet intake, hypothyroidism, Diabetes mellitus, multiple myeloma and porphyrias. Decreased LDL levels are seen in hypolipoproteinemias, hyperthyroidism, chronic anaemia, and Reye's syndrome.

Undetectable LDL levels indicate abetalipoproteinemia

HDL Cholesterol - High-density lipoprotein (HDL) is an important tool used to assess risk of developing coronary heart disease. Increased levels are seen in persons with more physical activity. Very high levels are seen in case of metabolic response to medications like hormone replacement therapy. Low HDL cholesterol correlates with increased risk for coronary heart disease (CHD). Very low levels are seen in Tangier disease, cholestatic liver disease and in association with decreased hepatocyte function.

CHECKED BY

DR. MAIKAL KUJUR MBBS, MD

PATHOLOGY (AIIMS, NEW DELHI)

REG. NO. : CG MCI-2996/2010

सही जॉब ही सही डॉलाज का आधार है...



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Bilirubin - Total	0.60	mg/dl	0.2 - 1.3
Bilirubin - Direct	0.15	mg/dl	0 - 0.3
Bilirubin (Indirect)	0.45	mg/dl	0 - 1.1
SGOT (AST)	25.8	U/L	14 - 36
SGPT (ALT)	22.4	U/L	9 - 52
Alkaline phosphatase (ALP)	90.4	U/L	38 - 126
Total Proteins	7.4	g/dl	6.3 - 8.2
Albumin	4.3	g/dl	3.5 - 5.0
Globulin	<b>3.10</b>	g/dl	2.3 - 3.6
A/G Ratio	1.39		1.1 - 2.0
Gamma GT	26.7	U/L	<38

**Clinical Significance :**

**Alanine transaminase (ALT)**

ALT is an enzyme found in the liver that helps your body metabolize protein . When the liver is damaged, ALT is released into the bloodstream and levels increase .

**Aspartate transaminase (AST)**

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

**Alkaline phosphatase (ALP)**

ALP is an enzyme in the liver, bile ducts and bone. Higher-than-normal levels of ALP may indicate liver damage or disease , such as a blocked bile duct, or certain bone diseases.

**Albumin and total protein**

Albumin is one of several proteins made in the liver. Your body needs these proteins to fight infections and to perform other functions . Lower-than-normal levels of albumin and total protein might indicate liver damage or disease.

**Bilirubin.**

Bilirubin is a substance produced during the normal breakdown of red blood cells. Bilirubin passes through the liver and is excreted in stool. Elevated levels of bilirubin (jaundice) might indicate liver damage or disease or certain types of anemia.

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Urea	24.6	mg/dL	10 - 50
Creatinine	0.80	mg/dL	0.52 - 1.04
Uric Acid	3.8	mg/dL	2.5 - 6.2
Sodium (Na)	138.5	mmol/L	137 - 145
Pottasium (K)	4.3	mmol/L	3.5 - 5.1

**Clinical Significance :**

**SERUM UREA**

Serum urea concentration reflects the balance between urea production in the liver and urea elimination by the kidneys, in urine; so increased serum urea can be caused by increased urea production, decreased urea elimination, or a combination of the two.

**CREATININE**

Creatinine is a nitrogenous waste product formed in muscle from creatine phosphate. Endogenous production of creatinine is proportional to muscle mass and body weight.

Exogenous creatinine (from ingestion of meat) has little effect on daily creatinine excretion. Serum creatinine is inversely correlated with glomerular filtration rate (GFR). Increased levels of Serum Creatinine is associated with renal dysfunction.

**URIC ACID**

The uric acid blood test is used to detect high levels of this compound in the blood in order to help diagnose gout. The test is also used to monitor uric acid levels in people undergoing chemotherapy or radiation treatment for cancer. Rapid cell turnover from such treatment can result in an increased uric acid level. The uric acid urine test is used to help diagnose the cause of recurrent kidney stones and to monitor people with gout for stone formation.

**SODIUM**

It may also be elevated in the urine when the body is losing too much sodium; in this case, the blood level would be normal to low. Decreased urinary sodium levels may indicate dehydration, congestive heart failure, liver disease, or nephrotic syndrome. Increased urinary sodium levels may indicate diuretic use or Addison disease.

**POTASSIUM**

If blood potassium levels are low due to insufficient intake, then urine concentrations will also be low. Decreased urinary potassium levels may be due to certain drugs such as NSAIDs, beta blockers, and lithium or due to the adrenal glands producing too little of the hormone aldosterone. Increased urinary potassium levels may be due to kidney disease, eating disorders such as anorexia, or muscle damage.

T3 ( Triiodothyronine )	133.42	ng/dl	126 - 258 1Yr - 5 Yr 96 - 227 : 6 Yr - 15 Yr 91 - 164 : 16 Yr- 18 Yr 60 - 181 : > 18 years Pregnancy : 1st Trimester
T4 (Thyroxine)	8.45	ug/dl	4.6 - 10.9 Pregnancy : 4.6 - 16.5 : 1st Trimester 2nd & 3rd Trimester : 100 - 250
TSH	1.38	uiU/mL	0.46 - 8.10 : 1 Yr - 5 Yrs 0.36 - 5.80 : 6 Yrs - 18 Yrs 0.35 - 5.50 : 18 yrs - 55 Yrs 0.50 - 8.90 : > 55 Yrs Pregnancy Ranges

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## CLINICAL PATHOLOGY

Description	Result	Unit	Biological Ref. Range
<b>STOOL EXAMINATION</b>			
<b><u>Physical Examination</u></b>			
Consistency	Semisolid		
Colour	Pale Yellow		Pale Yellow
Reaction.	<b>Alkaline</b>		
Blood	<b>Absent</b>		
Mucus	Absent		
Worms	Absent		
<b><u>Microscopic Examination</u></b>			
Ova	<b>Nil</b>		
Cyst	<b>Nil</b>		
Epithelial cell	<b>3-4</b>	/HPF	0 - 1
PUS CELLS	<b>1-2</b>	/HPF	0 - 5
Trophozoite	<b>Nil</b>		
Vegetable Material	<b>Absent</b>		
Other Findings			

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## HAEMATOLOGY

Description	Result	Unit	Biological Ref. Range
<b>BLOOD GROUP</b>			
BLOOD GROUP	" A "		
Rh	Positive		

NOTE :- This technique is used for preliminary ABO grouping specimen should Be Further Tested by Tube Method For Confirmation.

### W.B.C. Indices

TOTAL WBC COUNT	4900	/cumm	4000 - 11000
NEUTROPHILS	75	%	40 - 70
LYMPHOCYTES	18	%	20 - 52
MONOCYTES	05	%	4 - 12
EOSINOPHILS	02	%	1 - 6
BASOPHILS	00	%	0 - 1

### R.B.C. Indices

HAEMOGLOBIN	8.3	gm/dL	12.5 - 16.5
RBC COUNT	4.29	Mill/cumm	4.2 - 5.5
HEMATOCRIT (PCV)	26.6	%	37.5 - 49.5
MCV	61.6	fL	80 - 95
MCH	19.3	pg	26 - 32
MCHC	31.20	g/dl	32 - 36
RDW-CV	21.4	%	11.5 - 16.5

### Platelet Indices

PLATELET COUNT	219000	/ $\mu$ L	150000-400000
MPV	9.3	fl	7.0 - 11.0
PDW	15.6	%	12 - 18
P-LCR	29.2	%	13 - 43
ESR	18	after 1 hr	0 - 20
Advice			Correlate Clinically

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HbA1C-Glycosylated Haemoglobin	5.0	%	Normal Range : <6% Good Control : 6 - 7% Fair Control : 7 - 8% Unsatisfactory Control : 8 -10% Poor Control : >10%

#### Clinical Significance :

Hemoglobin A1c (HbA1c) level reflects the mean glucose concentration over the previous period (approximately 8-12 weeks) and provides a much better indication of long-term glycemic control than blood and urinary glucose determinations. American Diabetes Association (ADA) include the use of HbA1c to diagnose diabetes, using a cutpoint of 6.5%. The ADA recommends measurement of HbA1c 3-4 times per year for type 1 and poorly controlled type 2 diabetic patients, and 2 times per year for well-controlled type 2 diabetic patients) to assess whether a patient's metabolic control has remained continuously within the target range. Falsely low HbA1c results may be seen in conditions that shorten erythrocyte life span, and may not reflect glycemic control in these cases accurately.

--- End Of Report ---

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