



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:2023-44807 **Bill Date :** 23/03/2024
IHID : OP:2023/016486 **Reg.Department :** MEDICINE
Aadharno No : 843700781519 **Nominee Aadharo No:**
Name : SNEHLATA **Mobile No :** 9454039048
Address : C - 1083 / 4 , **Age/Sex :** 53 Y / F
INDIRA NAGAR **Claim Id:**
City : Lucknow
Department : MEDICINE **Doctor:** MEDICINE DEPT.

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

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

Rs. Two Thousand Six Hundred Only

Printer Name: ANJALI Date/Time 2024/3/23 8:57:01 AM

For SHPL
Authorised Signatory

Link: <http://www.shekharhospital.com> UserId: [2054438] : Dynamic User Password : [2757403636315110]



UHID : OP:2023/016486
Name : Mrs. SNEHLATA Age : 53 Y , Sex - F
Patient Type : Normal Aadhaar No: 843700781519
Bill Date : 23/03/2024
Referred By. : MEDICINE DEPT.,
Collection Date/Time : 23/03/2024 10:12:02 AM Lab Refno : LB:2023/037162
Reporting Date/Time : 23/03/2024 10:59:23 AM

HAEMATOLOGY Report

Test Description	Result	Unit	Biological Reference Interval
CBC			
HAEMOGLOBIN(HB) Method : CALORIMETRIC /CYNAMETH HAEMOGLOBIN	14.0	gm/dl	(M:13-17) (F:12-15)
RBC COUNT Method : FLOW CYTOMETRY	4.16*	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
HCT Method : CALCULATED	40.5	%	M :45 - 5% F: 41 - 5%
MCV Method : AUTOMATED ELECTRICAL RESISTANCE IMPEDANCE/ MANUAL	97.4	fl	83-101 fl
MCH Method : AUTOMATED ELECTRICAL RESISTANCE IMPEDANCE/ MANUAL	<u>33.7</u>	pg	27-32 pg
MCHC Method : AUTOMATED ELECTRICAL RESISTANCE IMPEDANCE/ MANUAL	<u>34.6</u>	gm/dl	31.5 - 34.5 gm
TOTAL LEUKOCYTE COUNT (TLC) (1390) 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)
DIFFERENTIAL LEUCOCYTE COUNT (DLC) Method : MANUAL / MICROSCOPIC Sample Type : Whole Blood (K2 EDTA WB)			
POLYMORPHS	60	%	40-70



UHID : OP:2023/016486
Name : Mrs. SNEHLATA Age : 53 Y , Sex - F
Patient Type : Normal Aadhaar No: 843700781519
Bill Date : 23/03/2024
Referred By. : MEDICINE DEPT.,
Collection Date/Time : 23/03/2024 10:12:02 AM Lab Refno : LB:2023/037162
Reporting Date/Time : 23/03/2024 10:59:23 AM

HAEMATOLOGY Report

Test Description	Result	Unit	Biological Reference Interval
LYMPHOCYTES	34	%	20-40
MONOCYTES	03	%	2-10
EOSINOPHILS	03	%	1-6
BASOPHILS	00	%	1-2
PLATELET COUNT	1,40,000	/cumm	1.5 - 4.5 Lacs New Born 1 - 4.50 Lacs
Method : AUTOMATED ELECTRICAL RESISTANCE IMPEDANCE/ MANUAL Sample Type : Whole Blood (K2 EDTA WB)			
MEDIWHEEL FULL BODY ANNUAL PLUS CHECK ADVANCED FEMALE -			
ESR - WESTERGREN	11 mm /first hour	mm	Male 0 - 15 Female 0 - 20
Sample Type : Whole Blood (K2 EDTA WB)			
BLOOD SUGAR (PP) (1465)			
Method : GOD-POD METHOD Sample Type : Flouride Plasma			
BLOOD SUGAR (PP) (149)	141.0	mg/dl	110-170

Machines Used: HAEMAT ANALYSER, Mindray BC 5150, Rayto 240, Fully Automated
Checked By: Shweta Awasthi



* Indicates Critical Values. ■ Indicates Out of TAT.
Report printed by : PRIYAM MISHRA Printed on : 06/04/2024 - 14:1:49
Page - 2 End of Report



UHID : OP:2023/016486
Name : Mrs. SNEHLATA **Age** : 53 Y , Sex - F
Patient Type : Normal **Aadhaar No**: 843700781519
Bill Date : 23/03/2024
Referred By. : MEDICINE DEPT.,
Collection Date/Time : 23/03/2024 10:12:09 AM **Lab Refno** : LB:2023/037163
Reporting Date/Time : 23/03/2024 2:00:35 PM

BIO - CHEMISTRY Report

Test Description	Result	Unit	Biological Reference Interval
------------------	--------	------	-------------------------------

LFT (PROFILE)

BILIRUBIN (TOTAL)

Method : JENDRASSIK MODIFIED METHOD

Sample Type : SERUM

0.90 mg/dl Upto 1.0

BILIRUBIN DIRECT

Method : JENDRASSIK MODIFIED METHOD

Sample Type : SERUM

0.23 mg/dl Upto 0.25

BILIRUBIN INDIRECT

Method : JENDRASSIK MODIFIED METHOD

BILIRUBIN INDIRECT (SERUM)

0.67 mg/dl 0.2 - 0.8

SGPT (ALT)

Method : IFCC METHOD

Sample Type : SERUM

SGPT

27.0 IU/L Upto 49

SGOT (AST)

Method : IFCC METHOD

Sample Type : SERUM

SGOT

28.0 IU/L Men - Upto 46
Women - Upto 40

ALKALINE PHOSPHATASE (ALP)

Method : UV KINETIC

Sample Type : SERUM

ALKALINE PHOSPHATASE

192.0 U/L ADULT(>15Years) : 110-310 U/L
CHILD(<15Years) : 270-810 U/L

PROTEIN(TOTAL)

Method : Biuret method

Sample Type : SERUM

PROTEIN(TOTAL)*

8.0 gm/dl 6.0 - 8.5

ALBUMIN(1461)

Method : BROMOCRESOL METHOD

Sample Type : SERUM

ALBUMIN

4.5 gm/dl 3.2 - 5.5

LIPID (PROFILE)

CHOLESTROL(TOTAL) (SERUM)

Method : ENZYMATIC METHOD

Sample Type : SERUM

CHOLESTROL(TOTAL)

190.0 mg/dl Normal < 200
Borderline high 200 - 239
High >240



UHID : OP:2023/016486
 Name : Mrs. SNEHLATA Age : 53 Y , Sex - F
 Patient Type : Normal Aadhaar No: 843700781519
 Bill Date : 23/03/2024
 Referred By. : MEDICINE DEPT.,
 Collection Date/Time : 23/03/2024 10:12:09 AM Lab Refno : LB:2023/037163
 Reporting Date/Time : 23/03/2024 2:00:35 PM

BIO - CHEMISTRY Report

Test Description	Result	Unit	Biological Reference Interval
HDL (SERUM) Method : DIRECT HOMOGENOUS METHOD Sample Type : SERUM	51.0	mg/dl	Men - 35 - 55 Women - 45 - 65
LDL (SERUM) Method : DIRECT HOMOGENOUS METHOD Sample Type : SERUM	115.0	mg/dl	<100
VLDL (SERUM) Method : CALCULATED Sample Type : SERUM			
VLDL (SERUM)*	24.0	mg/dl	10-40 mg/dl
TRIGLYCERIDES (SERUM) Method : ENZYMATIC METHOD Sample Type : SERUM			
TRIGLYCERIDES	119.0	mg/dl	Upto 170
MEDIWHEEL FULL BODY ANNUAL PLUS CHECK ADVANCED FEMALE -			
BLOOD SUGAR FASTING(1465) Method : GOD-POD METHOD			
BLOOD SUGAR FASTING (SERUM)	91.0	mg/dl	70-110
RFT (PROFILE)			
BUN (BLOOD UREA NITROGEN) Method : UV KINETIC Sample Type : SERUM			
BUN	16.0	mg/dl	6 - 21
CREATININE Method : JAFFE KINETIC METHOD Sample Type : SERUM	0.60	mg/dl	0.5 - 1.4
SODIUM (NA+) Method : I.S.E. Sample Type : SERUM			
SODIUM (NA+)	139.9	mmol/L	136 - 146

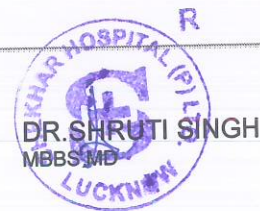


UHID : OP:2023/016486
Name : Mrs. SNEHLATA Age : 53 Y , Sex - F
Patient Type : Normal Aadhaar No: 843700781519
Bill Date : 23/03/2024
Referred By. : MEDICINE DEPT.,
Collection Date/Time : 23/03/2024 10:12:09 AM Lab Refno : LB:2023/037163
Reporting Date/Time : 23/03/2024 2:00:35 PM

BIO - CHEMISTRY Report

Test Description	Result	Unit	Biological Reference Interval
POTASSIUM (K+) Method : I.S.E. Sample Type : SERUM	4.39	mmol/L	3.5 - 5.5

Machines Used: AUTO - ANALYSER OPTIMA - 1, HDC
Lyte Semi Autometed, Rayto 240, Fully
Autometed, SEMI AUTO - ANALYZER
Checked By: Shweta Awasthi



* Indicates Critical Values. ■ Indicates Out of TAT.
Report printed by : PRIYAM MISHRA Printed on : 06/04/2024 - 14:2:1
End of Report

UHID : OP:2023/016486
Name : Mrs. SNEHLATA
Patient Type : Normal
Bill Date : 23/03/2024
Referred By : MEDICINE DEPT.,
Collection Date/Time : 23/03/2024 10:12:25 AM
Reporting Date/Time : 23/03/2024 2:00:54 PM
Age : 53 Y , Sex - F
Aadhaar No: 843700781519
Lab Refno : LB:2023/037167

BIO - CHEMISTRY Report

Test Name	Results	Units	Bio.Ref.Interval
HbA1c (Glycosylated Hemoglobin)	5.8	%	Blood @ (HPLC)
Interpretation As per American Diabetes Association (ADA)			
Reference Group	HbA1c in %		
Non diabetic adults >=18 years	4.0 - 6.0		
At risk	>=6.0 to <= 6.5		
Diagnosing Diabetes	> 6.5		
Therapeutic goals for glycemic Control	Age > 19 years Goal of therapy: <7.0 Action suggested: >8.0		
	Age < 19 years Goal of therapy: <7.5		
Note: 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			



UHID : OP:2023/016486
Name : Mrs. SNEHLATA Age : 53 Y , Sex - F
Patient Type : Normal Aadhaar No: 843700781519
Bill Date : 23/03/2024
Referred By. : MEDICINE DEPT.,
Collection Date/Time : 23/03/2024 10:12:25 AM Lab Refno : LB:2023/037167
Reporting Date/Time : 23/03/2024 2:00:54 PM

BIO - CHEMISTRY Report

controlled.

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

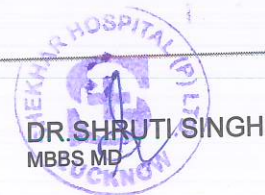
8-12 weeks and is a much better indicator of long term glycemic control

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: Shweta Awasthi





UHID : OP:2023/016486
Name : Mrs. SNEHLATA Age : 53 Y , Sex - F
Patient Type : Normal Aadhaar No: 843700781519
Bill Date : 23/03/2024
Referred By. : MEDICINE DEPT.,
Collection Date/Time : 23/03/2024 10:12:17 AM Lab Refno : LB:2023/037165
Reporting Date/Time : 23/03/2024 2:09:31 PM

HORMONE Report

Sl.No.	Test	Result	Reference Values
THYROID PROFILE (TOTAL T3, T4 & TSH)			
Sample Type : Serum			
1.	TOTAL T3 (TRIIODOTYRONINE)	1.59	0.92-2.33 nmol/l
2.	TOTAL T4 (TYROXINE)	98.0	60-120 nmol/l
3.	TSH (THYROID STIMULATING HORMONE)	3.31	Euthyroid 0.25-5 uIU/ml Hyperthyroid <0.15 uIU/ml Hypothyroid >7.0 uIU/m

Comments: INTERPRETATION (AS PER KIT INSERT)

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 thioamides
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. SHRUTI SINGH
MBBS MD

* Indicates Critical Values. ■ Indicates Out of TAT.

Report printed by : PRIYAM MISHRA Printed on : 06/04/2024 - 14:2:57



UHID : OP:2023/016486
Name : Mrs. SNEHLATA Age : 53 Y , Sex - F
Patient Type : Normal Aadhaar No: 843700781519
Bill Date : 23/03/2024
Referred By. : MEDICINE DEPT., Lab Refno : LB:2023/037166
Collection Date/Time : 23/03/2024 10:12:21 AM
Reporting Date/Time : 23/03/2024 4:07:22 PM ■

CLINICAL PATHOLOGY Report

Sample Type : Urine

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

Checked By: SATYAM PATHAK

DR. ANKITA KATARA PANDEY
MD, PATHOLOGY

* Indicates Critical Values. ■ Indicates Out of TAT.

Report printed by : PRIYAM MISHRA Printed on : 06/04/2024 - 14:3:8

End of Report