

## Laboratory Report

Patient Name : MS MONIKA SHRIVASTAV



CPL24/7055

Age/Gender : 31 Yrs/Female

Registration Date : 22/03/2024 01:12 PM

Ref. Dr. : SELF

Collection Date : 22/03/2024 01:15 PM

Center : AP98

Report Date : 22/03/2024 03:13 PM



### HAEMATOLOGY REPORT

Test Description	Result	Unit	Biological Reference Ranges
<b>COMPLETE BLOOD COUNT</b>			
Haemoglobin	13.2	gm/dL	11.0 - 15.0
RBC Count	4.36	mil/cu.mm	3.50 - 5.50
Hematocrit HCT	37.3	%	37.0 - 47.0
Mean Corp Volume MCV	85.6	fL	80.0 - 100.0
Mean Corp Hb MCH	30.3	pg	27.0 - 34.0
Mean Corp Hb Conc MCHC	35.4	gm/dL	32.0 - 36.0
Platelet Count	2.81	lac/cmm	1.50 - 4.50
Total WBC Count /TLC	5.73	10 <sup>3</sup> /cu.mm	4.0 - 11.0
<b>DIFFERENTIAL LEUCOCYTE COUNT</b>			
Neutrophils	57	%	40 - 70
Lymphocytes	37	%	20 - 40
Monocytes	04	%	02 - 10
Eosinophils	02	%	01 - 06
Basophils	00	%	00 - 01
<b>Absolute Differential Count</b>			
Absolute Neutrophils Count	3.3	thou/mm <sup>3</sup>	2.00 - 7.00
Absolute Lymphocyte Count	2.1	thou/mm <sup>3</sup>	1.00 - 3.00
Absolute Monocytes Count	0.2	thou/mm <sup>3</sup>	0.20 - 1.00
Absolute Eosinophils Count	0.1	thou/mm <sup>3</sup>	0.02 - 0.50

**EDTA Whole Blood** - Tests done on Automated Three Part Cell Counter. (WBC, RBC Platelet count by impedance method, WBC differential by VCS technology other parameters calculated) All Abnormal Haemograms are reviewed confirmed microscopically.



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Consultant Pathologist

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### HAEMATOLOGY REPORT

Test Description	Result	Unit	Biological Reference Ranges
<b>ESR - ERYTHROCYTE SEDIMENTATION RATE</b>	12	mm/hr	0 - 20

Method: Wintrob's

#### INTERPRETATION :

1. It indicates presence and intensity of an inflammatory process, never diagnostic of a specific disease. Changes are more significant than a single abnormal test.
2. It is a prognostic test and used to monitor the course or response to treatment of diseases like tuberculosis, bacterial endocarditis, acute rheumatic fever, rheumatoid arthritis, SLE, Hodgkins disease, temporal arteritis, polymyalgia rheumatica.
3. It is also increased in pregnancy, multiple myeloma, menstruation, and hypothyroidism.



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### HAEMATOLOGY REPORT

Test Description	Result	Unit	Biological Reference Ranges
HbA1c Glycosilated Haemoglobin	5.3	%	Non-diabetic: <= 6.0 Pre-diabetic: 6.0-7.0 Diabetic: >= 7.0
Estimated Average Glucose :	105	mg/dL	
<b>Reference Range (Average Blood Sugar):</b>			
Excellent control	: 90 - 120 mg/dl		
Good control	: 121 - 150 mg/dl		
Average control	: 151 - 180 mg/dl		
Action suggested	: 181 - 210 mg/dl		
Panic value	: > 211 mg/dl		

#### Interpretation & Remark:

- HbA1c is used for monitoring diabetic control. It reflects the estimated average glucose (eAG).
- HbA1c has been endorsed by clinical groups & ADA (American Diabetes Association) guidelines 2017, for diagnosis of diabetes using a cut-off point of 6.5%.
- Trends in HbA1c are a better indicator of diabetic control than a solitary test.
- Low glycated haemoglobin (below 4%) in a non-diabetic individual are often associated with systemic inflammatory diseases, chronic anaemia (especially severe iron deficiency & haemolytic), chronic renal failure and liver diseases. Clinical correlation suggested.
- To estimate the eAG from the HbA1C value, the following equation is used:  $eAG(mg/dl) = 28.7 * A1c - 46.7$
- Interference of Haemoglobinopathies in HbA1c estimation.
  - For HbF > 25%, an alternate platform (Fructosamine) is recommended for testing of HbA1c.
  - Homozygous hemoglobinopathy is detected, fructosamine is recommended for monitoring diabetic status
  - Heterozygous state detected (D10/ turbo is corrected for HbS and HbC trait).
- In known diabetic patients, following values can be considered as a tool for monitoring the glycemic control. Excellent Control - 6 to 7 %, Fair to Good Control - 7 to 8 %, Unsatisfactory Control - 8 to 10 % and Poor Control - More than 10 % .



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### HAEMATOLOGY REPORT

Test Description	Result	Unit	Biological Reference Ranges
<b>BLOOD GROUP AND RH FACTOR</b>			
ABO Type	B		
Rh Factor	POSITIVE(+VE)		

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### BIOCHEMISTRY REPORT

Test Description	Result	Unit	Biological Reference Ranges
<b>RENAL FUNCTION TEST (RFT)</b>			
Blood Urea	15.6	mg/dl	15 - 50
Serum Creatinine	0.61	mg/dl	0.6 - 1.5
eGFR	121	ml/min	
Blood Urea Nitrogen-BUN	7.29	mg/dl	7 - 20
Serum Sodium	141.3	mmol/L	135 - 150
Serum Potassium	4.51	mmol/L	3.5 - 5.0
Chloride	101.0	mmol/L	94.0 - 110.0
Ionic Calcium	1.16	mmol/L	1.10 - 1.35
Uric Acid	4.0	mg/dl	2.6 - 6.0

**NOTE** : Please correlate with clinical conditions.



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### BIOCHEMISTRY REPORT

Test Description	Result	Unit	Biological Reference Ranges
<b>LIVER FUNCTION TEST (LFT)</b>			
TOTAL BILIRUBIN	0.61	mg/dl	0 - 1.2
DIRECT BILIRUBIN	0.12	mg/dL	0 - 0.3
INDIRECT BILIRUBIN	0.49	mg/dl	0.1 - 0.8
SGOT (AST)	14.1	U/L	0 - 35
SGPT (ALT)	12.2	U/L	0 - 45
ALKALINE PHOSPHATASE	69.0	U/L	64 - 147
GAMMA GLUTAMYL TRANSFERASE	24.6	IU/L	12 - 43
TOTAL PROTEIN	7.31	g/dl	6.4 - 8.3
SERUM ALBUMIN	4.45	g/dl	3.2 - 5.2
SERUM GLOBULIN	2.86	g/dl	1.8 - 3.6
A/G RATIO	1.56		1.2 - 2.2

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### BIOCHEMISTRY REPORT

Test Description	Result	Unit	Biological Reference Ranges
<b>LIPID PROFILE</b>			
Cholesterol-Total	145.0	mg/dL	< 200 Desirable 200-239 Borderline High > 240 High
Triglycerides level	57.7	mg/dL	< 150 Normal 150-199 Borderline High 200-499 High > 500 Very High
HDL Cholesterol	62.0	mg/dL	< 40 Major Risk for Heart > 40 Normal
LDL Cholesterol	71.46	mg/dL	< 100 Optimal 100-129 Near/Above Optimal 130-159 Borderline high 160-189 High > 190 Very High
VLDL Cholesterol	11.54	mg/dL	6 - 38
CHOL/HDL RATIO	<b>2.34</b>		3.5 - 5.0
LDL/HDL RATIO	<b>1.15</b>		2.5 - 3.5

**NOTE**

8-10 hours fasting sample is required



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### CLINICAL BIOCHEMISTRY REPORT

Test Description	Result	Unit	Biological Reference Ranges
<b>Fasting Blood Sugar</b>	99.3	mg/dl	Normal: 70-110
			Impaired Fasting Glucose(IFG): 100-125
			Diabetes mellitus: $\geq 126$

Method: GOD-POD

**Note:-** An individual may show higher fasting glucose level in comparison to post prandial glucose level due to following reasons. The glycaemic index and response to food consumed, Changes in body composition, Increased insulin response and sensitivity, Alimentary hypoglycemia, Renal glycosuria, Effect of oral hypoglycaemics & Insulin treatment.



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### IMMUNOASSAY REPORT

Test Description	Result	Unit	Biological Reference Ranges
TRI-iodothyronin, (T3)	1.71	ng/mL	0.69 - 2.15
Thyroxin, (T4)	86.0	ng/mL	52 - 127
Thyroid Stimulating Hormone(TSH)- Serum	2.83	μIU/mL	0.3-4.5 Pregnancy (As per American Thyroid Association)

First Trimester : 0.1-2.5  
Second Trimester : 0.2-3.0  
Third trimester : 0.3-3.0

Method : CLIA

### INTERPRETATION

TSH	T3 / FT3	T4 / FT4	Suggested Interpretation for the Thyroid Function Tests Pattern
Within Range	Decreased	Within Range	• Isolated Low T3-often seen in elderly & associated Non-Thyroidal illness. In elderly the drop in T3 level can be upto 25%.
Raised	Within Range	Within Range	• Isolated High TSH especially in the range of 4.7 to 15 mIU/ml is commonly associated with Physiological & Biological TSH Variability. • Subclinical Autoimmune Hypothyroidism • Intermittent T4 therapy for hypothyroidism • Recovery phase after Non-Thyroidal illness"
Raised	Decreased	Decreased	• Chronic Autoimmune Thyroiditis • Post thyroidectomy, Post radioiodine • Hypothyroid phase of transient thyroiditis"
Raised or within Range	Raised	Raised or within Range	• Interfering antibodies to thyroid hormones (anti-TPO antibodies) • Intermittent T4 therapy or T4 overdose • Drug interference- Amiodarone, Heparin, Beta blockers, steroids, anti-epileptics"
Decreased	Raised or within Range	Raised or within Range	• Isolated Low TSH -especially in the range of 0.1 to 0.4 often seen in elderly & associated with Non-Thyroidal illness • Subclinical Hyperthyroidism • Thyroxine ingestion"
Decreased	Decreased	Decreased	• Central Hypothyroidism • Non-Thyroidal illness • Recent treatment for Hyperthyroidism (TSH remains suppressed)"
Decreased	Raised	Raised	• Primary Hyperthyroidism (Graves' disease), Multinodular goitre, Toxic nodule • Transient thyroiditis: Postpartum, Silent (lymphocytic), Postviral (granulomatous, subacute, DeQuervain's), Gestational thyrotoxicosis with hyperemesis gravidarum"
Decreased or within Range	Raised	Within Range	• T3 toxicosis • Non-Thyroidal illness



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### URINE EXAMINATION REPORT

Test Description	Result	Unit	Biological Reference Ranges
<b>URINE ROUTINE</b>			
<b>General Examination</b>			
Colour	Pale Yellow		Pale Yellow
Transparency (Apperance)	Clear		Clear
Deposit	Absent		Absent
Reaction (pH)	Acidic		5.0-8.5
Specific Gravity	1.020		-1.005-1.030
<b>Chemical Examination</b>			
Urine Protein	Absent		Absent
Urine Ketones (Acetone)	Absent		Absent
Urine Glucose	Absent		Absent
Bile pigments	Absent		Absent
Bile salts	NIL		NIL
Urobilinogen	Normal		Normal
Nitrite	Negative		Negative
<b>Microscopic Examination</b>			
RBC's	NIL	/hpf	NIL
Leukocyte (Pus cells)	Occasional	/hpf	0-5/hpf
Epithelial Cells	1-2	/hpf	0-4/hpf
Crystals	Absent		Absent
Casts	Not Seen		Not Seen
Amorphous deposits	Absent		Absent
Bacteria	Not seen		Not seen
Yeast Cells	Not seen		Not seen

**Note :** 1. Chemical examination through Dipstick includes test methods as Protein (Protein Error Principle), Glucose (Glucose oxidase-Peroxidase), Ketone (Legals Test), Bilirubin (Azo- Diazo reaction), Urobilinogen (Diazonium ion Reaction) Nitrite (Griess Method). All abnormal results of chemical examination are confirmed by manual methods. 2. Pre-test conditions to be observed while submitting the sample- First void, mid-stream urine, collected in a clean, dry, sterile container is recommended for routine



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urine analysis, avoid contamination with any discharge from vaginal, urethra, perineum, as applicable, avoid prolonged transit time & undue exposure to sunlight. 3. During interpretation, points to be considered are Negative nitrite test does not exclude the urinary tract infections, Trace proteinuria can be seen with many physiological conditions like prolonged recumbency, exercise, high protein diet. False positive reactions for bile pigments, proteins, glucose and nitrites can be caused by peroxidase like activity by disinfectants, therapeutic dyes,

\*\*\*\* End of the report\*\*\*\*

*This report is not valid for medico legal aspects. This is just a professional opinion not the final. Kindly correlate clinically because of technical, lack of clinical information and physical findings, if any disparity noted please inform.*

**Citi**  
PATHLABS

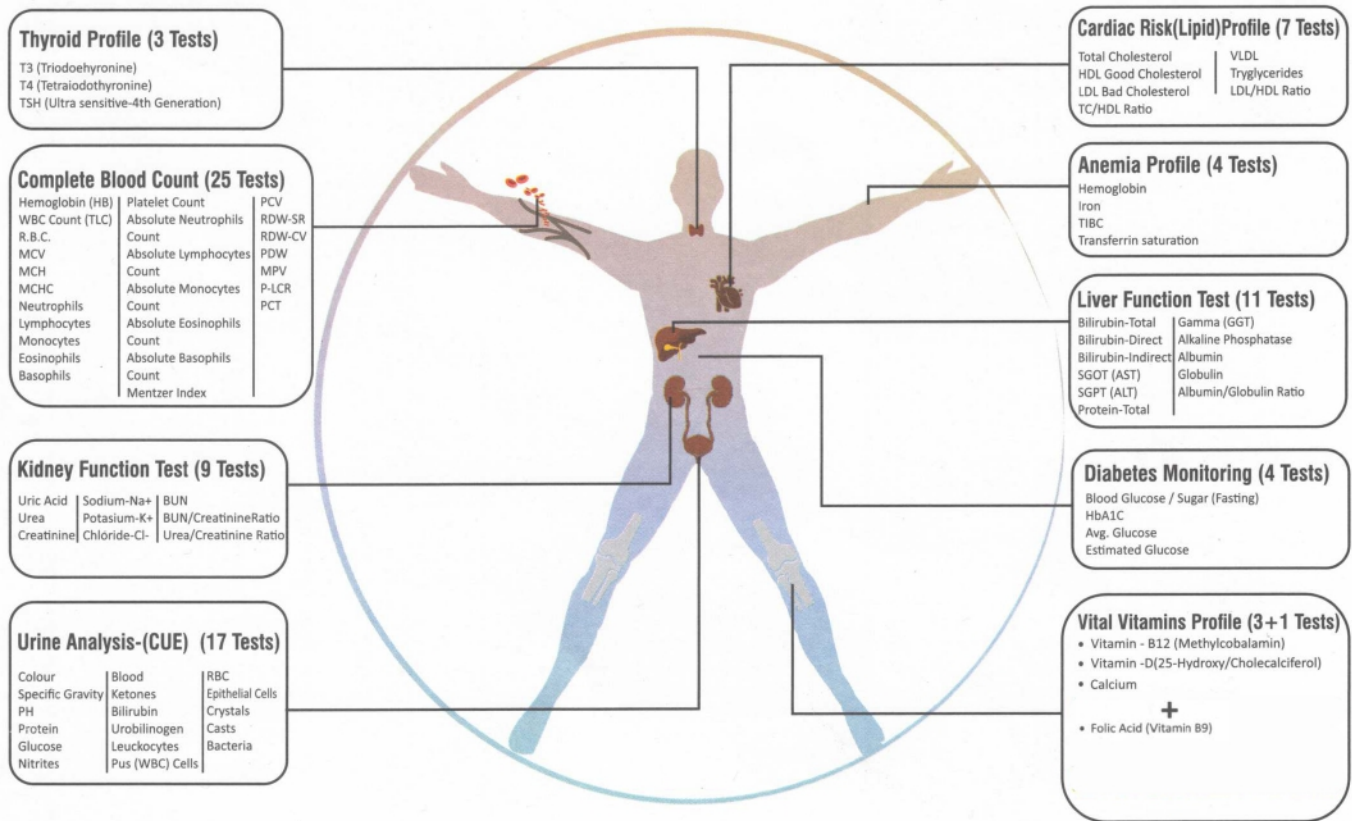


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# BODY CARE



## CONDITIONS OF REPORTING

- Individual laboratory investigations should not be considered as conclusive and should be used along with other relevant clinical examinations to achieve the final diagnosis. Therefore these reported results are for the information of referring clinician only
- The values of a laboratory investigation are dependent on the quality of the sample as well as the assay procedures used. Further all samples collected outside Citi Pathlabs labs / patient centers are required to be prepared, stored, labelled and brought as per the guidelines of Citi Pathlabs. Citi Pathlabs cannot be held liable for incorrect results of any samples which are not as per the guidelines issued
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- Citi Pathlabs confirms that all tests have been carried out with reasonable care, clinical safety & technical integrity  
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**B.** The test results are to be used for help in diagnosing / treating medical diseases & not for forensic applications. Hence these results cannot be used for medico - legal purposes
- Partial representation of report is not allowed.
- All dispute / claims concerning to this report are subject to Bhopal jurisdiction only.

### For Any Enquiry

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 Phase-2, G-3 Gulmohar Colony, Bhopal (M.P.)  
 citipathlabs@gmailcom  
 9454786340, 9407658222



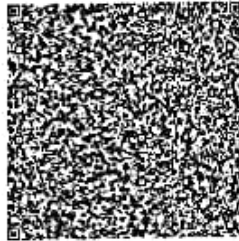


भारत सरकार  
Government of India

भारतीय विशिष्ट पहचान प्राधिकरण  
Unique Identification Authority of India

नामांकन क्रम/ Enrolment No.: 0648/05747/58804

To  
मोनिका श्रीवास्तव  
Monika Shrivastav  
C/O: Naman Shrivastava,  
216 LIG,  
B - Sector,  
Rajeev Nagar,  
VTC: Bhopal,  
PO: Ayodhya Nagar,  
Sub District: Huzar,  
District: Bhopal,  
State: Madhya Pradesh,  
PIN Code: 462041,  
Mobile: 9669703160



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Date: 2023.10.18 17:22  
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5661 0861 6803

VID : 9122 3042 4789 6853

मेरा आधार, मेरी पहचान



भारत सरकार  
Government of India



मोनिका श्रीवास्तव  
Monika Shrivastav  
जन्म तिथि/DOB: 31/07/1992  
महिला/ FEMALE

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

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मेरा आधार, मेरी पहचान



Government of India



सूचना / INFORMATION

- आधार पहचान का प्रमाण है, नागरिकता या जन्मतिथि का नहीं। जन्मतिथि आधार नंबर धारक द्वारा प्रस्तुत सूचना और विनियमों में विनिर्दिष्ट जन्मतिथि के प्रमाण के दस्तावेज पर आधारित है।
- इस आधार पर को यूआईडीएआई द्वारा नियुक्त प्रमाणीकरण एजेंसी के जरिए ऑनलाइन प्रमाणीकरण के द्वारा सत्यापित किया जाना चाहिए या ऐप स्टोर में उपलब्ध एमआधार या आधार क्यूआर कोड स्कैनर ऐप से क्यूआर कोड को स्कैन करके या [www.uidai.gov.in](http://www.uidai.gov.in) पर उपलब्ध सुरक्षित क्यूआर कोड रीडर का उपयोग करके सत्यापित किया जाना चाहिए।
- आधार विशिष्ट और सुरक्षित है।
- पहचान और पते के समर्थन में दस्तावेजों को आधार के लिए नामांकन की तारीख से प्रत्येक 10 वर्ष में कम से कम एक बार आधार में अपडेट करना चाहिए।
- आधार विभिन्न सरकारी और गैर-सरकारी फायदा/सेवाओं का लाभ लेने में सहायता करता है।
- आधार में अपना मोबाइल नंबर और ईमेल आईडी अपडेट रखें।
- आधार सेवाओं का लाभ लेने के लिए एमआधार ऐप डाउनलोड करें।
- आधार/बायोमेट्रिक्स का उपयोग न करने के समय सुरक्षा मुनिश्चित करने के लिए आधार/बायोमेट्रिक्स लॉक/अनलॉक सुविधा का उपयोग करें।
- आधार की मांग करने वाले सहमति लेने के लिए बाध्य हैं।
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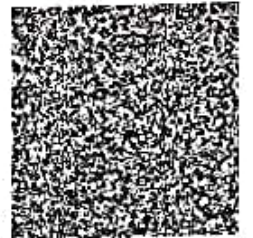


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पता:  
द्वारा: मोनिका श्रीवास्तव, 216 एनआईजी, बी - सेक्टर, राजीव  
नगर, भोपाल, अयोध्या नगर, भोपाल,  
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Address:  
C/O: Naman Shrivastava, 216 LIG, B -  
Sector, Rajeev Nagar, Bhopal, PO: Ayodhya  
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Madhya Pradesh - 462041

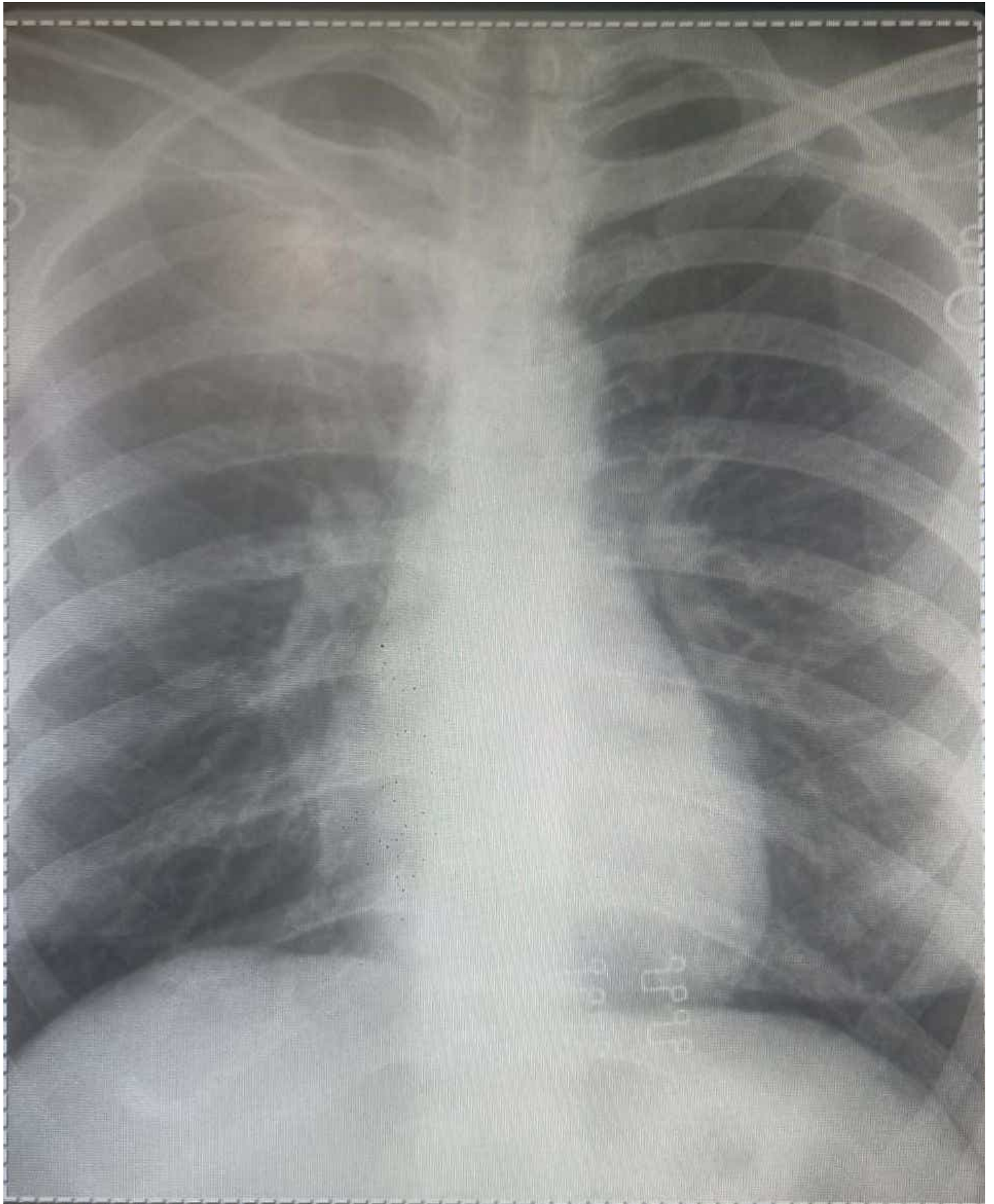


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monika shrivastav /31 year

Dr. sachin jain

ALEXIS HOSPITAL BHOPAL M.P

PA Chest

22/03/2024 10:34:52

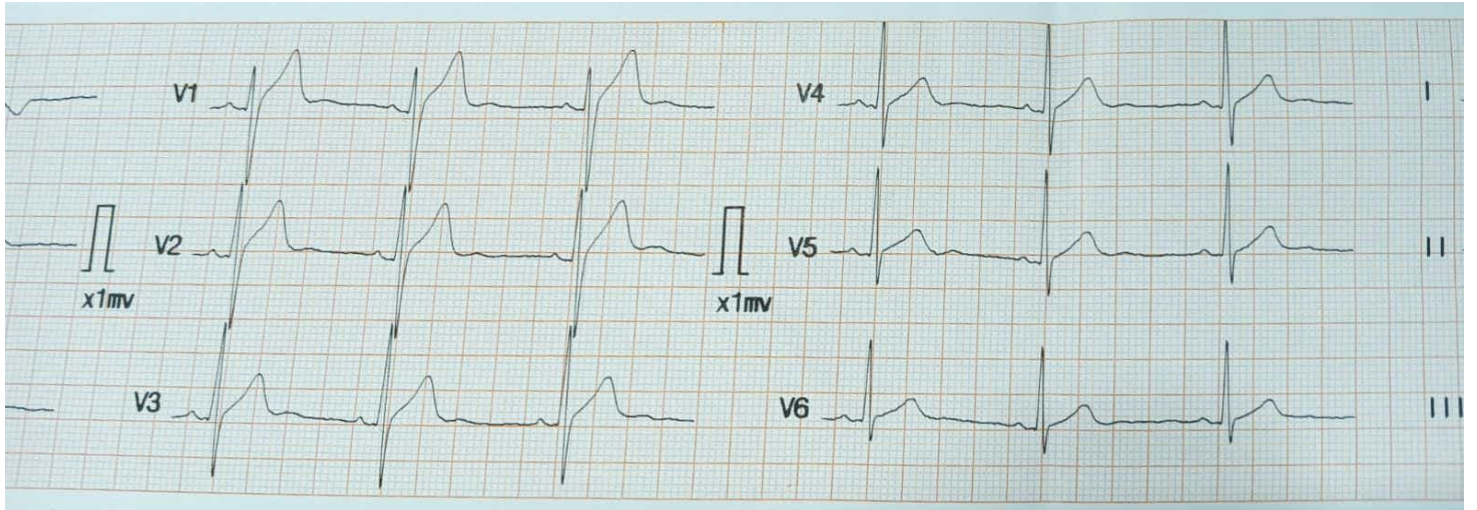
monika

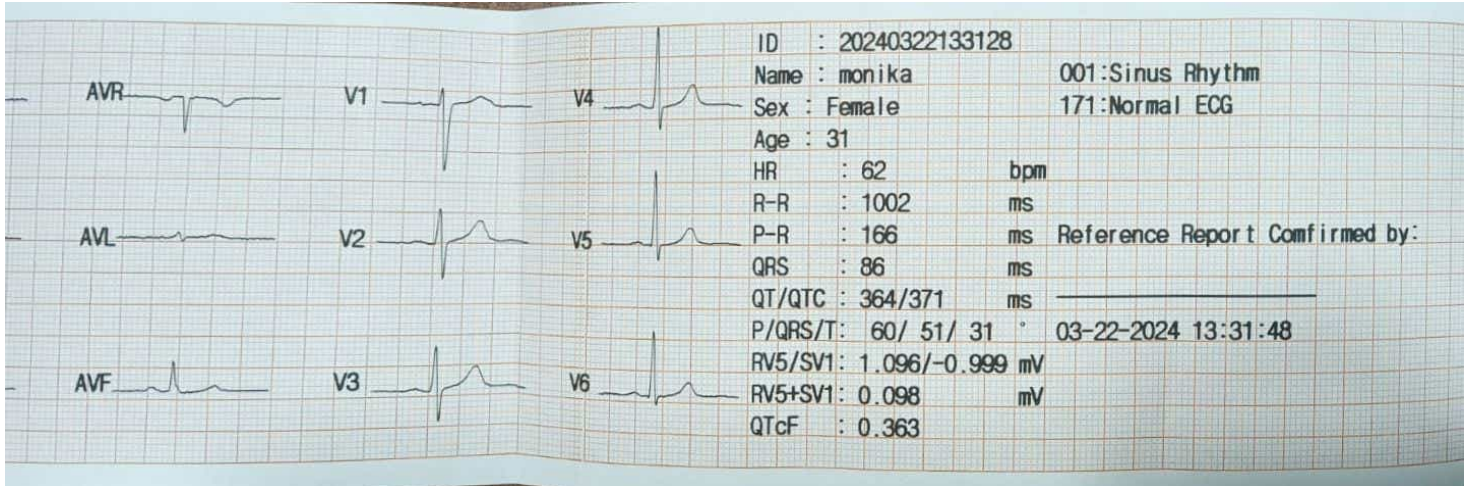
age - 31

B.P. :- 110/70

Weight :- 62

Height :- 5.5





ID : 20240322133128

Name : monika

Sex : Female

Age : 31

HR : 62 bpm

R-R : 1002 ms

P-R : 166 ms

QRS : 86 ms

QT/QTc : 364/371 ms

P/QRS/T : 60/ 51/ 31 °

RV5/SV1 : 1.096/-0.999 mV

RV5+SV1 : 0.098 mV

QTcF : 0.363

001:Sinus Rhythm

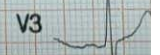
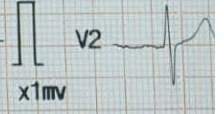
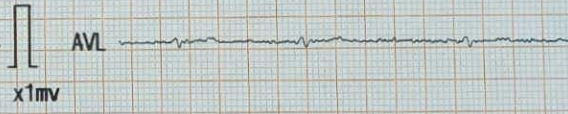
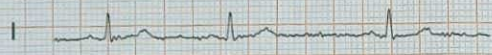
171:Normal ECG

Reference Report Confirmed by:

03-22-2024 13:31:48



ID:20240322133128 Name:monika 25mm/s 0.5-35Hz AC: 50Hz 10mm/mv



Organization: \_\_\_\_\_ Doctor: sachin





# ISHANT DIAGNOSTIC & IMAGING CENTRE

*A Complete Diagnostic Solution Under One Roof*

**Dr. Ishant Jatav**

MBBS, MD ( Radiodiagnosis)

Reg. No. MP-15210

Director (Consultant Radiologist)

- EX-CONSULTANT RADIOLOGIST CHL, APOLLO, INDORE
- EX-CONSULTANT RADIOLOGIST BANSAI HOSPITAL, BHOPAL
- EXPERTISED IN ALL CT & MRI IMAGING
- TRAINED IN CHEST & NEURO IMAGING

## Final Interpretation

1. Normal cardiac chambers.
2. No concentric LVH
3. Normal cardiac valves
4. No RWMA
5. LVEF = 60%
6. Trivial TR.
7. Mild MR
8. Normal pericardium.
9. No Intracardiac clot/mass/pericardial pathology.
10. No ASD/No PDA/No VSD

**CONSULTANT SIGNATURE.**

ISHANT DIAGNOSTIC

CT-SCAN | 3D & 4D ULTRASOUND | COLOUR DOPPLER | ECHOCARDIOGRAPHY | DIGITAL X-RAY | HI-TECH PATHOLOGY | DIGITAL O.P.G. | TMT.

This Report is an opinion not the final diagnosis. It should be correlated clinically with history and examination of the patient. In case of any discrepancy & Typing mistake review can be asked within 3 days. Not valid for medicolegal purpose. Pre-Natal Sex Determination is not done here. It is a punishable act.

Add.:1: H.No. 215 B Indrapuri, B-Sector, Raisen Road Infront of Mandakini Parishar, Bhopal  
Add.2 : 19, Roop Nagar Colony, Bypass Road, Karond, Near Raksha Hospital & Infront of Kalyan Hospital, Bhopal  
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## TRANSTHORACIC ECHO-DOPPLER REPORT

<b>PT.NAME:</b>	<b>MRS MONIKA SHRIVASTAV</b>	<b>AGE/SEX:</b>	<b>31 YEARS/FEMALE</b>
<b>REF. BY:</b>	<b>MEDIWHEEL</b>	<b>DATE:</b>	<b>22/03/2024</b>

### M-Mode/2-D Description:

- ❖ Left Ventricle: It is normal sized. LVEF =60%
- ❖ Left Atrium: It is normal sized.
- ❖ Right Atrium: It is normal sized.
- ❖ Right Ventricle: It is normal sized.
- ❖ Aortic Valve: Aortic cusps are Normal.
- ❖ Mitral Valve: It opens normally.Mild MR
- ❖ Tricuspid valve: It appears normal.Trivial TR
- ❖ Pulmonic Valve: It appears normal.
- ❖ Main Pulmonary artery & its branches: Appear normal.
- ❖ Pericardium: There is no pericardial effusion.
- ❖ Intact septum :No ASD/No PDA/No VSD.

### Measurements (mm):

	Observed Values		Normal Values
Aortic root diameter	31 mm		20-36 (22mm/M <sup>2</sup> )
Aortic Valve Opening	21 mm		15-26
Left Atrium size	32 mm		19-40
	End Diastole	End Systole	Normal Values
Left Ventricle size	41mm	23 mm	(ED= 37-56)
Interventricular Septum	10.8mm		(ED= 6-12)
Posterior Wall Thickness	10.7mm		(ED= 5-10)
LV Ejection Fraction (%)	64%		55%-80%

CT-SCAN | 3D & 4D ULTRASOUND | COLOUR DOPPLER | ECHOCARDIOGRAPHY | DIGITAL X-RAY | HI-TECH PATHOLOGY | DIGITAL O.P.G. | TMT.

This Report is an opinion not the final diagnosis. It should be correlated clinically with history and examination of the patient. In case of any discrepancy & Typing mistake review can be asked within 3 days. Not valid for medicolegal purpose. Pre-Natal Sex Determination is not done here. It is a punishable act.

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PT.NAME:	MRS MONIKA SHRIVASTAV	AGE/SEX:	31 YEARS/FEMALE
REF. BY:	MEDIWHEEL	DATE:	22/03/2024

### **USG WHOLE ABDOMEN**

**LIVER:** Is normal in size, shape, and normal in echotexture. Margins are smooth and regular. Intra and extra hepatic biliary and vascular channels are normal. No evidence of any focal or diffuse mass lesion seen.

**GALL BLADDER:** Contracted. Its walls are of normal thickness. No pericholecystic pathology seen. CBD & PV are of normal calibre.

**RIGHT KIDNEY:** Normal in size, shape echotexture. Cortical echotexture appears to be normal. Cortico- medullary differentiation is maintained. No hydronephrosis, calculus or scarring seen.

**LEFT KIDNEY:** Normal in size shape echotexture. Cortical echotexture appears to be normal. Cortico- medullary differentiation is maintained. No hydronephrosis, calculus or scarring seen.

**URETER -** Bilateral ureters are not dilated, no ureteric calculus seen.

**SPLEEN:** Normal in size, shape & echotexture. No SOL or mass seen.

**PANCREAS:** Is normal in size, shape and echotexture. No SOL or mass seen.

**URINARYBLADDER:** Is central smooth in contour & reveal a clear lumen. Its walls are of normal thickness. No calculus and mass lesion seen.

**UTERUS:** Is anteverted. It is normal in size shape & normal in echotexture. Endometrial echocomplex is thickend (ET 13 MM). Cervical & vaginal region is normal. POD is clear.

**ADNEXA:** Evidence of multiple follicles seen in bilateral ovaries arranged in periphery seprated with thick stroma with Volume of bilateral ovaries also mild enlarged.

- Right ovary measuring- 2.6X1.7X3.0CM (volume-7cc).
- Leftovarymeasuring-2.9X1.2X3.0CM (volume-6.4cc) No lesion seen.
- No evidence of retroperitoneal lymphadenopathy / Ascites seen.

**IMPRESSION: - USG STUDY REVEALS:**

- > **BILATERAL MILD POLYCYSTIC OVARIAN DISEASE. (PCOD).**
- > **ENDOMETRIAL CAVITY IS THICKEND AND HOMOGENOUS (ET 13 MM).**

Advice: Hormonal (FSH/LH) correlation.

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