





शारदा यादव Sharda Yadav जन्म तिथि/ DOB: 15/06/1987 महिला / FEMALE



4527 9362 7735

मेरा आधार, मेरी पहचान

Shonda Yadov Medical) Dr. NATWAGARMAL MRES, MD MR. DMCR.1436



D/O विजय पाल यादव, २९५, तरुण एन्कलेव, पीतम पुरा, नॉर्थ वेस्ट दिल्ली, दिल्ली - 110034

Address:

D/O Vijay Pal Yadav, 295,TARUN ENCLAVE, PITAM PURA, North West Delhi, Delhi - 110034

ONEPLUS ULTRASOUND LAB 47 Harsh Vihar, Pitam Pura, Delhi-110034 Ph. 011-42480101, 9599913051

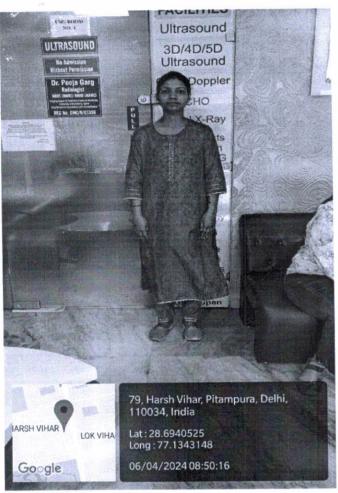








P.O. Box No. Mail oneplusul@gmail.com



Shanda Yerdan medical)
06/4/24 (Jos medical)



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Pathologist & Director MBBS, MD, FAGE Ex. Chief of Lab Dr. Lal Path labs.

Dr. Pooja (Garg) Agarwal

Radiologist & Director MBBS (MAMC) DMRD (MAMC) Imaging Expert In Fetal And Maternal Medicine, University of Barcelona, Spain Fetal Medicine Foundation (UK) Accreditation

 Name
 : Mrs. SHARDA YADAV
 Age/Sex
 : 36 YRS/Female

 Ref. By
 : Dr. MEDIWHEEL
 Lab No
 : 012404060005

 Date
 : 06-Apr-2024
 Patient ID
 : LSHHI133460

ECHOCARDIOGRAPHY & COLOUR DOPPLER STUDY M-MODE, 2D, PULSE WAVE, CONTINUOUS WAVE, COLOUR FLOW IMAGING PARAMETERS (ADULT VALUES)

Aortic Root Diameter	1.7	cm	(2.0 - 3.7 cm)
Left Atrial Diameter	2.3	cm	(1.9 - 4.0 cm)
Right Ventricular Inner Diameter (Diastole)	1.6	cm	(0.7 - 2.6 cm)
Inter Ventricular Septum Thickness (Diastole)	0.6	cm	(0.6 - 1.1 cm)
Left Ventricular Inner Diameter (Diastolic)	4.8	cm	(3.7 - 5.6 cm)
LV Posterior Wall Thickness (Diastole)	0.7	cm	(0.6 - 1.1 cm)
Left Ventricular Inner Diameter (Systolic)	3.3	cm	(2.2 – 4.0 cm)
END DIASTOLIC VOLUME	109	ml	89-133ml

END DIASTOLIC VOLUME	109	ml	89-133ml
END SYSTOLIC VOLUME	45	ml	23-45ml
EJECTION FRACTION	58	%	(54-76%)

MITRAL VALVE

Anterior mitral leaflet is thin, no calcification, no subvalvular pathology, no anterior mitral leaflet flutter, no B – hump, no prolapse, EPSS> 0.5 cm, no mitral annular calcification, no systolic anterior motion. Posterior mitral leaflet is thin, no calcification, moves posteriorly during diastole.

TRICUSPID VALVE

Thin, opening well, no prolapse.

AORTIC VALVE

Thin, trileaflet, opens fully, central closure, no systolic flutter.

Dr. AJAY JAIN M.B.B.S., M.D (Med.) Reg No DMC/R/1267

PULMONARY VALVE

Thin, normal EF slope, normal a wave. No doming.

PULSE Doppler

Mitral diastolic flow shows E > A wave with normal deceleration slope.

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Name	: Mrs. SHARDA YADAV	Age/Sex	: 36 YRS/Female	

Aortic forward velocity	117	cm/sec
Pulmonary forward velocity	· N	cm/sec

Colour Doppler

No Mitral Regurgitation. No Aortic Regurgitation. No Tricuspid Regurgitation. No Pulmonary Regurgitation.

No REGIONAL WALL MOTION ABNORMALITY

No regional Wall Motion Abnormalities. No Concentric left ventricular hypertrophy

COMMENTS

No LA, LAA, LV CLOT seen.

No vegetation on any valve.

No intra cardiac mass.

Normal pericardium; no pericardial effusion.

IAS / IVS intact.

IMPRESSION

· No regional wall motion abnormality.

No Concentric left ventricular hypertrophy.

Normal LV diastolic function.

Dr. AJAY JAIN

• Normal LV systolic function.

M.B.B.S., M.D. (Med.) Reg No DMC/R/1267

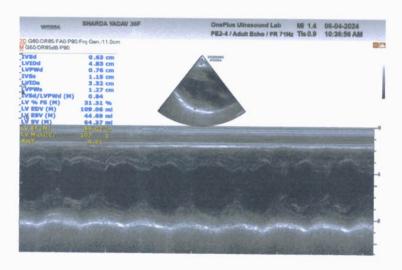
Dr. Ajay Jain MD (Medicine)

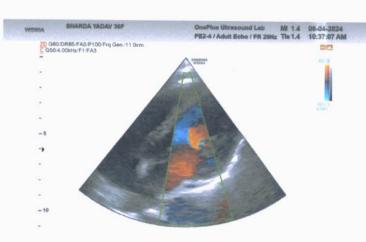
The above impression is just an opinion of the imaging findings & not a final diagnosis. Due to technical limitations there may be false positivorfalse negative interpretation in a small fraction of cases. Thus the report needs correlation with clinical status, lab or other relevant investigation

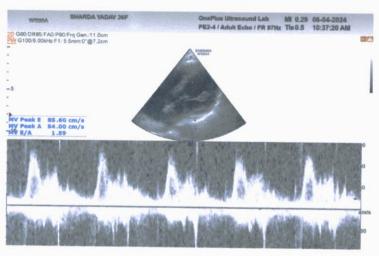
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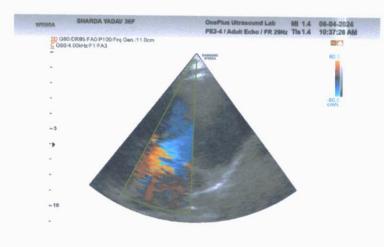


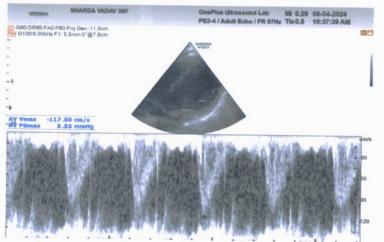


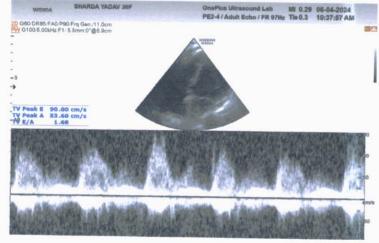


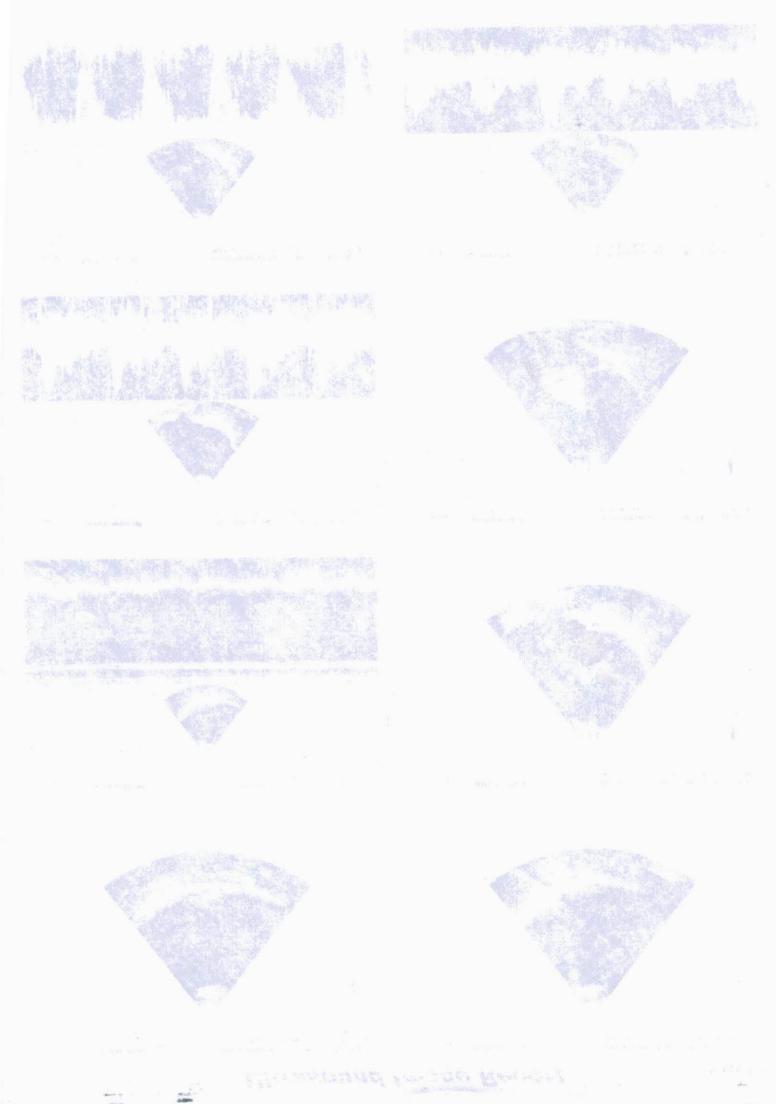














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To mediwheel

Sir

Unable to do Bloodsugan PP due to Personal reasons. Please close my medical check up report.

Thouk You Sharda Yadar Shurda Yadar 86/04/24 DI. NITTAT A GAR MAL MEBS, MO

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Dr. Nitin Agarwal
** End Of Report ***
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NABL MC - 6036



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:133460

:Dr. MEDIWHEEL

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LAB NO.

:10168948

:06/Apr/2024 08:44AM

:06/Apr/2024 08:57AM :06/Apr/2024 02:47PM

:012404060005

Test Name

Result

Unit

Ref. Range

HAEMATOLOGY

MediWheel Health checkup < 40 Female

Sample Type:EDTA Blood

Glycosylated Hemoglobin (HbA1c)

5.2

%

Non Diabetic adults < 5.7 Prediabetic (at risk) 5.7-6.4

Diabetes >6.4

Estimated average blood glucose (eag)

103

CALCULATED

Reference range (mg/dl):

90 - 120:Excellent control, 121 - 150:Good Control, 151 - 180:Average Control, 181 - 210:Action Suggested

>211:Panic value

Checked By.

Dr. NITIN AGARWAL MBBS. MD No. DMC-R-1436

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Pageago486f4



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HAEMATOLOGY

BLOOD GROUP (ABO)

Forward and Reverse grouping (Slide & Tube)

Rh typing

0

POSITIVE

NOTE:

- * Apart from major A,B,H antigens which are used for ABO grouping and Rh typing, many minor blood group antigens exist. Agglutination may also vary according to titre of antigen and antibody.
- * So before transfusion, reconfirmation of blood group as well as cross-matching is needed.
- * Presence of maternal antibodies in newborns, may interfere with blood grouping.
- * Auto agglutination (due to cold antibody, falciparum malaria, sepsis, internal malignancy etc.) may also cause erroneous result.

Checked By.

Dr. WITH AGARYMAL MPRS, MD Rogn No. DM 436

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47, Harsh Vihar, Pitampura, Delhi-34 👚 011-4248 0101, 9599913051

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Page 2 of 8





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Test Name Result Unit Ref. Range

HAEMATOLOGY					
CBC					
Haemoglobin Non cyanide Hb analysis	10.4	g/dl	12.0-15.0 4000-10000		
Total Leucocyte Count Electrical Impedance	5200	/cumm	4000-10000		
Differential leucocyte count	78 S S	0/	40-80		
Neutrophils Electrical Impedance & Microscopic	81.7	%	20-40		
Lymphocyte	13.20	70	20-40		
Electrical Impedance & Microscopic Monocytes Electrical Impedance & Microscopic	3.00	%	2-10		
Electrical Impedance & Microscopic Eosinophils	2.0	%	1-6		
Electrical Impedance & Microscopic Basophils	0.1	%	0-2		
Electrical Impedance & Microscopic	320 20 20	million/cumm	4.5 - 5.5		
RBC Count Electrical Impedance	3.90	%	36-46		
Hematocrit(PCV)	32.6	70	00 40		
Flow Cytometry MCV	82.7	fl	83-101		
Calculated MCH	26.4	pg	27-32		
Calculated MCHC	31.9	g/dL	31.5-34.5		
RDW-CV	16.1	%	11.4-14.0		
Calculated Platelet count	162000	/cumm	150000-410000		
Electrical Impedance	BIOCHEMISTRY				
Sample Type:Fluoride F			70.400 (-1)		
Blood sugar fasting GOD-POD	81	mg/dl	70-100 mg/dl Dr. NITW AGARWAL		

Checked By.

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MBBS, MD
DR. NITIN AGARWAL
MBBS, MD
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MBBS, MD(PATHOLOGIST)

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Test Name	Result	Unit	Ref. Range
Sample Type:Serum			1 2 1 4
Bun (blood urea nitrogen)	12.10	mg/dl	8.9-21.6
Calculated	4.6	mg/dl	3.5-7.2
Uric Acid, serum Uricase- PAP		mg/dl	0.71-1.16
Creatinine, serum Enzymatic	0.6		APPER DE SIGNASSIA
Enzymane	LFT(LIVER FUNC	TION TEST)	
Bilirubin Total	0.62	mg/dl	0.1-0.9
Modified tab Bilirubin Conjugated	0.24	mg/dl	0-0.4
Diazotied sulfanilic acid	0.38	mg/dl	up to 0.7
Bilirubin Unconjugated Calculated	27	U/L	0-46
SGOT (AST) Tris buffer			0-49
SGPT (ALT)	16	U/L	
Tris buffer Alkaline phosphatase	94	U/L	40-129
Amp buffer GAMMA GT	28	U/L	10-45
Szasz Method	7.2	gm/dl	6.60 - 8.70
Total Protein Biuret		g/dL	3.0-5.2
Albumin serum BCG	4.1		1.8-3.4
Globulin	3.10	gm/dl	
Calculated Albumin/Globulin Ratio	1.32		1.10 - 2.50
Calculated	LIPID PR	OFILE	
	134	mg/dl	50-200
Cholesterol CHOD-PAP		mg/dL	25-150
Triglycerides GPO-PAP	62		
HDL Cholesterol	46	mg/dL	Dr.4 NH PIN AGARWAL MBBS; MD
Selective Inhibition			No. DMC-R-1436

Checked By.

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Page 4 of 8

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Test Name	Result	Unit	Ref. Range
LDL cholesterol	76	mg/dL	<130
Calculated VLDL cholesterol	12.4	mg/dL	5-40
Calculated Cholesterol/HDL Ratio Calculated	2.9		Low Risk 3.3-4.97 Average Risk 4.4-7.1
· ·			Moderate Risk 7.1-11.0 High Risk >11.0
LDL/HDL Ratio	1.6		0 - 3.55

LDL Cholesterol	Total Cholesterol	HDL Cholesterol
<100 Optimal	<200 Desirable	<40 Low
100-129 Near optimal	200-239 Borderline high	>60 High
130-159 Borderline high	>240 High	
160-189 High		
>190 Very high		

According to NCEP, ATP-III Guidelines

	DOIN/Creatifilite	Tutio	
UREA	26.00	mg/dl	15-45
UREASE-GLDH Bun (blood urea nitrogen)	12.15	mg/dl	8.9-21.6
Calculated CREATININE	0.60	mg/dl	0.30-1.10
ENZYMATIC Bun/Creatinine Ratio	20.25		10.0 - 20.0

BUN/Creatinine ratio

Checked By.

Calculated

Dr. NITIN AGARWAL MBBS. MD 7. No. DMC-R-1436 DR. NITIN AGARWAL MBBS,MD(PATHOLOGIST)

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ENDOCRINOLOGY THYROID PROFILE(T3,T4,TSH)

Triiodothyronine total [t3]	1.90	ng/dl	0.52-1.9
Thyroxine total [t4]	10.60	μg/dl	4.8-11.6
ECLIA TSH (Thyroid Stimulating Hormone) Enzyme linked fluorescent assay	0.07	μlU/ml	0.25-5.0

AGE WISE VARIATION IN TSH

AGE 1-4 weeks 1-12 mths	TSH(μIU/mI) 1.00 - 19.0 1.70 - 9.1	AGE 16-20 yrs 21 - 80 yrs	TSH(µIU/mI) 0.25 - 5.0 0.25 - 5.0
1-5 yrs	0.80 - 8.2	Ist trimester	0.25 - 5.0
6-10 yrs	0.25 - 5.0	II nd trimester	0.50 - 5.0
11-15 yrs	0.25 - 5.0	II rd trimester	0.4 - 6.0

Reference ranges - Interpretation of Diagnostic tests - (Jacques Wallach)

- 1. Primary hypothyroidism is accompanied by depressed serum T3 and T4 values and elevated serum TSH level.
- 2. Primary hyperthyroidism is accompanied by elevated serum T3 and T4 levels along with depressed TSH values.
- 3. Slightly elevated T3 levels may be found in pregnancy and estrogen therapy, while depressed levels may be encountered in severe illness, renal failure and during therapy with drugs like propranolol and propyl thiouracil.
- 4. Although elevated TSH levels are nearly always indicative of primary hypothyroidism, and may be seen in secondary thyrotoxicosis

Checked By.

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CLINICAL PATHOLOGY URINE ROUTINE (Strip/microscopy)

Sample Type:Urine

Physical examination

• 1	PALE YELLOW		PALE YELLOW
Colour	CLEAR		CLEAR
Transparency			1.005-1.030
Sp.gravity BROMOTHYMOL BLUE	1.015		5.0-8.0
pH Double Indicators Test	6.00		ACIDIC
Reaction	ACIDIC		ACIDIC
Chemical examination			1
Urine protein	NIL		NIL
Protein Ionization Urine sugar	NIL		NIL
Oxidation Reaction	NEGATIVE		NEGATIVE
Bilirubin, urine			NORMAL
Urobilinogen P-Aminobenzoic Acid and Phenazopyridine Reaction	NORMAL		NEGATIVE
Ketones Acetoacetate and Dicholcrobenzene Reaction	NEGATIVE		NEGATIVE
Microscopic examination			
Pus cells.	6-8	/HPF	1-2
Microscopy Epithelial cells	3-5	/HPF	0-5
Microscopy		/UDF	NIL
R.B.C.	NIL	/HPF	NIL
Microscopy	NIL	/HPF	NIL
Casts Microscopy	1412		
Crystals	NIL	/HPF	NIL
Microscopy	NIL	/HPF	NIL DE NITW
Bacteria Microscopy	INIL	an filati	QI. NIT

Checked By.

Regn. No. DMC-R-1436

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AGARWAL MBBS. MD

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/HPF

/HPF

/HPF

Ref. Range

Others.

NII

NIL

STOOL ROUTINE(MANUAL METHOD/MICROSCOPY)

Sample Type:Stool

Physical (examination
------------	-------------

Colour Consistency Blood Mucus Chemical examination, stool

Double Indicators Test

Microscopic examination

Pus cells Microscopy R.B.C. Microscopy Ova Microscopy

Cysts Microscopy Bacteria

Microscopy Others

BROWNISH

SEMI LOOSE **ABSENT**

ABSENT

5.50

0 - 1

NIL

ABSENT

NIL

NIL

PRESENT

Brownish

Semi Formed

Absent

Absent

5.0-8.0

10-11

NIL

NIL

NII

NIL

*** End Of Report ***

Checked By.

Dr. NITIN AGARWAL MBBS, MD Ragn. No. DMC-K-1436

DR. NITIN AGARWAL MBBS,MD(PATHOLOGIST)

47, Harsh Vihar, Pitampura, Delhi-34 @ 011-4248 0101, 9599913051

■ Email: oneplusul@gmail.com @www.oneplusul.in

Page 8 of 8

Clinical correlation is essential for final diagnosis.
 If test results are unsatisfactory please contact personally or on phone. This report is for perusal of doctors only.
 All disputes are subject to Delhi jurisdiction only.
 Not for medico legal case. All congenital anomalies in a foetus may not be diagnosed in routine obstetric ultrasound.



Date

Dr. Nitin Agarwal

Pathologist & Director MBBS, MD, FAGE Ex. Chief of Lab Dr. Lal Path labs.

Dr. Pooja (Garg) Agarwal

Radiologist & Director MBBS (MAMC) DMRD (MAMC) Imaging Expert In Fetal And Maternal Medicine, University of Barcelona, Spain Fetal Medicine Foundation (UK) Accreditation

Name : Mrs. SHARDA YADAV Ref. By : Dr. MEDIWHEEL

Age/Sex Lab No : 06-Apr-2024

: 012404060005 Patient ID : LSHHI133460

: 36 YRS/Female

X-ray-Chest PA view

Bony cage and soft tissues are normal.

Cardiothoracic ratio is normal.

Mediastinum is normal.

Both hila are normal.

Both costophrenic angles are clear.

Both domes of diaphragm are normal.

Prominent bronchovascular markings are noted in bilateral lung fields.

No parenchymal lesion seen.

Please correlate clinically.

DR. POOJA GARG RADIÓLOGIST REG NO- DMC/R/03398

Dr. PUL 'A GARG M.B.B.S., D.M.R.D. Reg No DMC/R/03398 Radiologist

Type By: anubha

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Patient Name Nys. Sharda E.C.G. REPORT Age 37 47 Date 06 04 2000

2000

P-R. Interval



S. No.

Referred By DR. Name Mys. Shorda

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Routine Ultrasound

Conclusion :

- Color Doppler Real Time 3D/4D/5D Ultrasound
- Digital X-Ray

CARDIOLOGIST

- Amniocentesis, Chorionic Villous Sampling
 Home Sample Collection Facility
 - All Lab Tests • ECG • Echo • TMT
 - Fully Automated Lab Facility
 - Interventional Procedures
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