



~~आधार-आम आदमी का अधिकार~~



नम्रता कुमारी  
 Namrata Kumari  
 जन्म तिथि/ DOB: 27/06/1985  
 महिला / FEMALE



7914 3182 0773

आधार-आम आदमी का अधिकार



Blood

7992480798

N. Kumari

Dr. Jay soni  
 M.D. (General Medicine)  
 Reg. No: G-23899

12:40

Bp 120 / 70 ✓

✓MER

TMT / ZDEcho

pap. → skip



भारतीय विशिष्ट पहचान प्राधिकरण  
 NATIONAL AUTHORITY OF INDIA

पता:  
 W/O अमित सिन्हा, नई  
 कॉलोनी कायस्थ टोला  
 शेरपुर, नज़दीक शिव मंदिर  
 शेरपुर उर्फ नारायणपुर,  
 अनंत मुजफ्फरपुर  
 एम.आई.सी, शेरपुर उर्फ  
 नारायणपुर अनंत,  
 मुजफ्फरपुर,  
 बिहार - 842005

Address:  
 W/O Amit Sinha, new colony  
 kayastha tola shepur, near shiv  
 mandir shepur urf narayanpur,  
 anant muzaffarpur m.i.c. Shepur urf  
 Narayanpur Anant, Muzaffarpur,  
 Bihar - 842005

7914 3182 0773

Aadhaar-Aam Admi ka Adhikar



**LABORATORY REPORT**

<b>Name</b> :	Mrs. Namrata Kumari	<b>Reg. No</b> :	402100809
<b>Sex/Age</b> :	Female/38 Years	<b>Reg. Date</b> :	10-Feb-2024 05:11 PM
<b>Ref. By</b> :		<b>Collected On</b> :	
<b>Client Name</b> :	Mediwheel	<b>Report Date</b> :	10-Feb-2024 06:23 PM

**Medical Summary**

**GENERAL EXAMINATION**

Height (cms) : 164

Weight (kgs) : 78.6

Blood Pressure : 120/70mmHg

Pulse : 87/Min

No Clubbing/Cynosis/Pallor/Pedel Oedem

Systemic Examination:

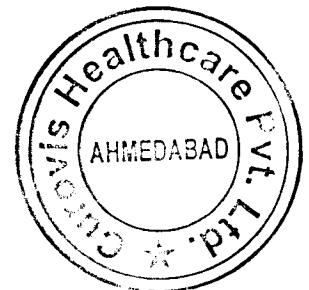
Cardio vascular System - S1,S2 Normal, No Murmur

Respiratory system - AEBE

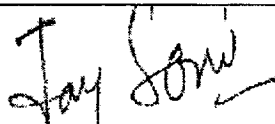
Central Nervous System - No FND

Abdomen - Soft, Non Tender, No Organomegaly

Epilepsy – N/A



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**Dr. Jay Soni**  
M.D, GENERAL MEDICINE

**DR. MUKESH LADDHA**

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## TEST REPORT

<b>Reg. No</b> : 402100809	<b>Ref Id</b> :	<b>Collected On</b> : 10-Feb-2024 09:11 AM
<b>Name</b> : Mrs. Namrata Kumari		<b>Reg. Date</b> : 10-Feb-2024 05:11 PM
<b>Age/Sex</b> : 38 Years / Female	<b>Pass. No.</b> :	<b>Tele No.</b> : 7992480798
<b>Ref. By</b> :		<b>Dispatch At</b> :
<b>Sample Type</b> : EDTA		<b>Location</b> : CHPL

Parameter	Results	Unit	Biological Ref. Interval
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### COMPLETE BLOOD COUNT (CBC)

Hemoglobin (Colorimetric method)	13.4	g/dL	12.5 - 16
Hematocrit (Calculated)	40.50	%	40 - 50
RBC Count (Electrical Impedance)	4.85	million/cmm	4.73 - 5.5
MCV (Calculated)	83.5	fL	83 - 101
MCH (Calculated)	27.6	Pg	27 - 32
MCHC (Calculated)	33.0	%	31.5 - 34.5
RDW (Calculated)	13.0	%	11.5 - 14.5
WBC Count <small>Flowcytometry with manual Microscopy</small>	<b>H 10820</b>	/cmm	4000 - 10000
MPV (Calculated)	11.4	fL	6.5 - 12.0

<u>DIFFERENTIAL WBC COUNT</u>	[ % ]		<u>EXPECTED VALUES</u>	[ Abs ]	<u>EXPECTED VALUES</u>
Neutrophils (%)	61	%	40 - 80	6600 /cmm	2000 - 7000
Lymphocytes (%)	32	%	20 - 40	3462 /cmm	1000 - 3000
Eosinophils (%)	02	%	0 - 6	541 /cmm	200 - 1000
Monocytes (%)	05	%	2 - 10	216 /cmm	20 - 500
Basophils (%)	0	%	0 - 2	0 /cmm	0 - 100


### PERIPHERAL SMEAR STUDY

RBC Morphology : Normocytic and Normochromic.  
WBC Morphology : Normal

### PLATELET COUNTS

Platelet Count (Electrical Impedance) : 256000 /cmm 150000 - 450000  
Electrical Impedance  
Platelets : Platelets are adequate with normal morphology.  
Parasites : Malarial parasite is not detected.  
Comment : -

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**Dr. Purvish Darji**  
MD (Pathology)

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**TEST REPORT**

Reg. No	: 402100809	Ref Id	:	Collected On	: 10-Feb-2024 09:11 AM
Name	: Mrs. Namrata Kumari			Reg. Date	: 10-Feb-2024 05:11 PM
Age/Sex	: 38 Years / Female	Pass. No.	:	Tele No.	: 7992480798
Ref. By	:			Dispatch At	:
Sample Type	: EDTA			Location	: CHPL

Parameter	Result	Unit	Biological Ref. Interval
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**HEMATOLOGY**

**BLOOD GROUP & RH**

Specimen: EDTA and Serum; Method: Forward Reverse Tube Agglutination

ABO	"O"
Rh (D)	Positive
Note	-


**ERYTHROCYTE SEDIMENTATION RATE [ESR]**

<b>ESR 1 hour</b> <i>Westergreen method</i>	08	mm/hr	ESR AT 1 hour : 3-12
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**ERYTHRO SEDIMENTATION RATE, BLOOD -**

Erythrocyte sedimentation rate (ESR) is a non-specific phenomenon and is clinically useful in the diagnosis and monitoring of disorders associated with an increased production of acute phase reactants. The ESR is increased in pregnancy from about the 3rd month and returns to normal by the 4th week post partum. ESR is influenced by age, sex, menstrual cycle and drugs (eg. corticosteroids, contraceptives). It is especially low (<1mm) in polycythaemia, hypofibrinogenemia or congestive cardiac failure and when there are abnormalities of the red cells such as poikilocytosis, spherocytosis or sickle cells.

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**TEST REPORT**

Reg. No : 402100809      Ref Id :      Collected On : 10-Feb-2024 09:11 AM  
Name : Mrs. Namrata Kumari      Reg. Date : 10-Feb-2024 05:11 PM  
Age/Sex : 38 Years / Female      Pass. No. :      Tele No. : 7992480798  
Ref. By :      Dispatch At :  
Sample Type : Serum, Flouride PP      Location : CHPL


Parameter	Result	Unit	Biological Ref. Interval
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**BIO - CHEMISTRY**

<b>Fasting Blood Sugar (FBS)</b> <i>GOD-POD Method</i>	<b>145.30</b>	mg/dL	70 - 110
<b>Post Prandial Blood Sugar (PPBS)</b> <i>GOD-POD Method</i>	<b>185.9</b>	mg/dL	70 - 140

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Age/Sex : 38 Years / Female      Pass. No. :      Tele No. : 7992480798  
Ref. By :      Dispatch At :  
Sample Type : Serum      Location : CHPL

Parameter	Result	Unit	Biological Ref. Interval
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**Lipid Profile**

Cholesterol	256.00	mg/dL	Desirable: <200.0 Borderline High: 200-239 High: >240.0
<i>Enzymatic, colorimetric method</i> Triglyceride	186.40	mg/dL	Normal: <150.0 Borderline: 150-199 High: 200-499 Very High : > 500.0
<i>Enzymatic, colorimetric method</i> HDL Cholesterol	54.80	mg/dL	Low: <40 High: >60
<i>Accelerator selective detergent method</i> LDL	163.92	mg/dL	Optimal: <100.0 Near Optimal: 100-129 Borderline High: 130-159 High : 160-189 Very High : >190.0
<i>Calculated</i> VLDL	<b>37.28</b>	mg/dL	15 - 35
<i>Calculated</i> LDL / HDL RATIO	2.99		0 - 3.5
<i>Calculated</i> Cholesterol /HDL Ratio	4.67		0 - 5.0
<i>Calculated</i>			

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Age/Sex : 38 Years / Female      Pass. No. :      Tele No. : 7992480798  
Ref. By :      Dispatch At :  
Sample Type : Serum      Location : CHPL


Parameter	Result	Unit	Biological Ref. Interval
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**LFT WITH GGT**

Total Protein	7.74	gm/dL	1Day: 3.4-5.0 1Day to 1Month: 4.6-6.8 2 to 12Months: 4.8-7.6 >=1Year : 6.0-8.0 Adults : 6.6-8.7
<i>Biuret Reaction</i>			
Albumin	5.34	g/dL	
<i>By Bromocresol Green</i>			
Globulin (Calculated)	2.40	g/dL	2.3 - 3.5
A/G Ratio (Calculated)	2.23		0.8 - 2.0
SGOT	47.00	U/L	0 - 40
<i>UV without P5P</i>			
SGPT	51.4	U/L	0 - 40
<i>UV without P5P</i>			
Alkaline Phosphatase	139.2	IU/l	42 - 98
<i>P-nitrophenyl phosphatase-AMP Buffer, Multiple-point rate</i>			
Total Bilirubin	0.62	mg/dL	0.3 - 1.2
<i>Vanadate Oxidation</i>			
Direct Bilirubin	0.16	mg/dL	0.0 - 0.4
<i>Vanadate Oxidation</i>			
Indirect Bilirubin	0.46	mg/dL	0.0 - 1.1
<i>Calculated</i>			
GGT	55.20	U/L	< 38
<i>SZASZ Method</i>			

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**Age/Sex** : 38 Years / Female      **Reg. Date** : 10-Feb-2024 05:11 PM  
**Pass. No.** :      **Tele No.** : 7992480798  
**Ref. By** :      **Dispatch At** :  
**Sample Type** : Serum      **Location** : CHPL

**Parameter**      **Result**      **Unit**      **Biological Ref. Interval**


**BIO - CHEMISTRY**

**Uric Acid**      2.96      mg/dL      2.6 - 6.0  
*Enzymatic, colorimetric method*

**Creatinine**      0.56      mg/dL      0.6 - 1.1  
*Enzymatic Method*

**BUN**      5.90      mg/dL      6.0 - 20.0  
*UV Method*

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Age/Sex : 38 Years / Female      Pass. No. :      Tele No. : 7992480798  
Ref. By :      Dispatch At :  
Sample Type : EDTA      Location : CHPL

Parameter	Result	Unit	Biological Ref. Interval
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**HEMOGLOBIN A1 C ESTIMATION**  
Specimen: Blood EDTA

*Hb A1C	7.9	% of Total Hb	Normal : < 5.7 % Pre-Diabetes : 5.7 % - 6.4 % Diabetes : 6.5 % or higher
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*Boronate Affinity with Fluorescent Quenching*

Mean Blood Glucose	180.03	mg/dL
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*Calculated*

**Degree of Glucose Control Normal Range:**

Poor Control >7.0% \*

Good Control 6.0 - 7.0 %\*\*Non-diabetic level < 6.0 %

\* High risk of developing long term complication such as retinopathy, nephropathy, neuropathy, cardiopathy, etc.

\* Some danger of hypoglycemic reaction in Type I diabetics.

\* Some glucose intolerant individuals and "subclinical" diabetics may demonstrate HbA1c levels in this area.

**EXPLANATION :-**

\*Total haemoglobin A1 c is continuously synthesised in the red blood cell through its 120 days life span. The concentration of HBA1c in the cell reflects the average blood glucose concentration it encounters.

\*The level of HBA1c increases proportionately in patients with uncontrolled diabetes. It reflects the average blood glucose concentration over an extended time period and remains unaffected by short-term fluctuations in blood glucose levels.

\*The measurement of HbA1c can serve as a convenient test for evaluating the adequacy of diabetic control and in preventing various diabetic complications. Because the average half life of a red blood cell is sixty days, HbA1c has been accepted as a measurement which reflects the mean daily blood glucose concentration, better than fasting blood glucose determination, and the degree of carbohydrate imbalance over the preceding two months.


\*It may also provide a better index of control of the diabetic patient without resorting to glucose loading procedures.

**HbA1c assay Interferences:**

\*Erroneous values might be obtained from samples with abnormally elevated quantities of other Haemoglobins as a result of either their simultaneous elution with HbA1c(HbF) or differences in their glycation from that of HbA(HbS)

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**TEST REPORT**

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<b>Ref. By</b> :		<b>Dispatch At</b> :
<b>Sample Type</b> : Serum		<b>Location</b> : CHPL

Parameter	Result	Unit	Biological Ref. Interval
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**IMMUNOLOGY**

**THYROID FUNCTION TEST**

<b>T3 (Triiodothyronine)</b> <small>CHEMILUMINESCENT MICROPARTICLE IMMUNOASSAY</small>	0.99	ng/mL	0.86 - 1.92
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Triiodothyronine (T3) is a hormone synthesized and secreted by the thyroid gland in response to the pituitary hormone TSH (thyroid stimulating hormone) and is regulated by a negative feedback mechanism involving the thyroid gland, pituitary gland and hypothalamus.

In the circulation, 99.7% of T3 is reversibly bond to transport proteins, primarily thyroxine-binding globulin (TBG) and to a lesser extent albumin and prealbumin. The remaining unbound T3 is free in the circulation and is metabolically active.

In hypothyroidism and hyperthyroidism, F T3 (free T3) levels parallel changes in total T3 levels. Measuring F T3 is useful in certain conditions such as normal pregnancy and steroid therapy, when altered levels of total T3 occur due to changes in T3 binding proteins, especially TBG.

<b>T4 (Thyroxine)</b> <small>CHEMILUMINECENT MICROPARTICLE IMMUNOASSAY</small>	9.60	µg/dL	3.2 - 12.6
---	------	-------	------------

Thyroxin (T4) is a hormone synthesized and secreted by the thyroid gland in response to the pituitary hormone TSH (thyroid stimulating hormone) and is regulated by a negative feedback mechanism involving the thyroid gland, pituitary gland and hypothalamus. In the circulation, 99.95% of T4 is reversibly bond to transport proteins, primarily thyroxine-binding globulin (TBG) and to a lesser extent albumin and thyroxine-binding prealbumin. The remaining unbound T4 is free in the circulation and is both metabolically active and a precursor to triiodothyronine (T3).


In hypothyroidism and hyperthyroidism, F T4 (free T4) levels parallel changes in total T4 levels. Measuring FT4 is useful in certain conditions such as normal pregnancy and steroid therapy, when altered levels of total T4 occur due to changes in T4 binding proteins, especially TBG.

**Limitations:**

1. The anticonvulsant drug phenytoin may interfere with total and F T4 levels due to competition for TBG binding sites.
2. F T4 values may be decreased in patients taking carbamazepine.
3. Thyroid autoantibodies in human serum may interfere and cause falsely elevated F T4 results.

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**Ref. By** :      **Dispatch At** :  
**Sample Type** : Serum      **Location** : CHPL

**TSH**      2.400       $\mu$ IU/ml      0.35 - 5.50  
*CHEMILUMINECENT MICROPARTICLE IMMUNOASSAY*


Thyroid stimulating hormone (TSH) is synthesized and secreted by the anterior pituitary in response to a negative feedback mechanism involving concentrations of FT3 (free T3) and FT4 (free T4). Additionally, the hypothalamic tripeptide, thyrotropin-releasing hormone (TRH), directly stimulates TSH production. TSH stimulates thyroid cell production and hypertrophy, also stimulate the thyroid gland to synthesize and secrete T3 and T4. Quantification of TSH is significant to differentiate primary (thyroid) from secondary (pituitary) and tertiary (hypothalamus) hypothyroidism. In primary hypothyroidism, TSH levels are significantly elevated, while in secondary and tertiary hypothyroidism, TSH levels are low.

TSH levels During Pregnancy :  
First Trimester : 0.1 to 2.5  $\mu$ IU/mL  
Second Trimester : 0.2 to 3.0  $\mu$ IU/mL  
Third trimester : 0.3 to 3.0  $\mu$ IU/mL

Reference : Carl A. Burtis, Edward R. Ashwood, David E. Bruns. Tietz Textbook of Clinical Chemistry and Molecular Diagnostics. 5th Edition. Philadelphia: WB Saunders, 2012:2170

----- End Of Report -----

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MD (Pathology)

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**LABORATORY REPORT**

**Name** : Mrs. Namrata Kumari  
**Sex/Age** : Female/38 Years  
**Ref. By** :  
**Client Name** : Mediwheel

**Reg. No** : 402100809  
**Reg. Date** : 10-Feb-2024 05:11 PM  
**Collected On** :  
**Report Date** : 10-Feb-2024 05:24 PM

**Electrocardiogram**

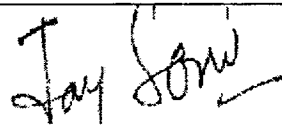
**Findings**

Normal Sinus Rhythm.

Within Normal Limit.



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**Dr. Jay Soni**  
M.D, GENERAL MEDICINE

**DR. MUKESH LADDHA**

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NRPRITR  
KUMARI  
S2

38 years / 79 kg  
Female

164 cm

HR 87/min

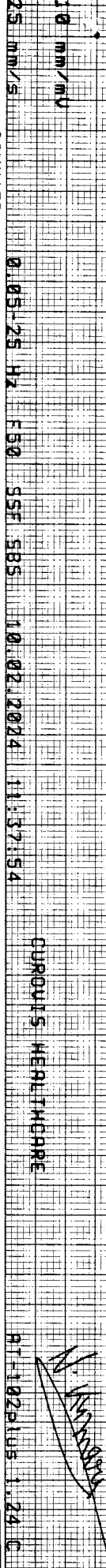
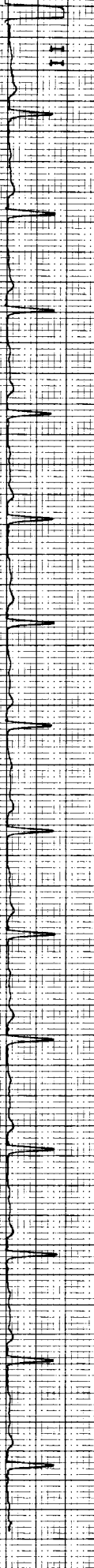
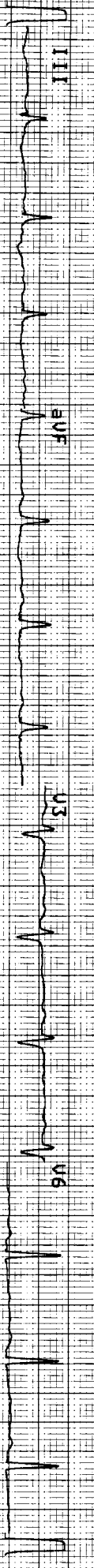
Axix: 45°

Intervals:  
RR 698 ms  
P 110 ms  
T -7°

PR 168 ms  
QR5 84 ms  
QT 420 ms  
QTc 512 ms  
(Bazett)  
10 mm/mV

10 mm/mV

10 mm/mV



10 mm/mV

25 mm/s  
0.05-25 Hz FS0 SSF:585 10.02.2024 11:37:54

CURIOUS HEALTHCARE

*N. Kumari*

RT: 1024115 1.24 C



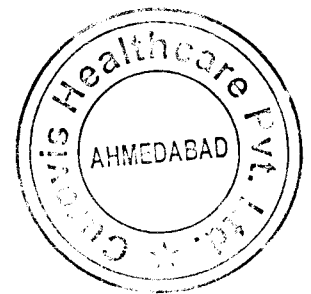
**LABORATORY REPORT**

**Name** : Mrs. Namrata Kumari  
**Sex/Age** : Female/38 Years  
**Ref. By** :  
**Client Name** : Mediwheel

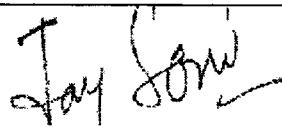
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**Report Date** : 10-Feb-2024 05:24 PM

**2D Echo Colour Doppler**

1. No LVH.
2. Normal sized LA, LV, RA, RV.
3. Normal LV systolic function, LVEF: 65%.
4. No RWMA.
5. Normal LV compliance.
6. All cardiac valves are structurally normal.
7. Trivial MR, Trace TR, No PR, No AR.
8. No PAH, RVSP: 21 mm Hg.
9. IAS/IVS: Intact.
10. No clot/vegetation/pericardial effusion.
11. No coarctation of aorta.



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**Dr. Jay Soni**  
M.D, GENERAL MEDICINE

**DR. MUKESH LADDHA**

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**LABORATORY REPORT**

Name : Mrs. Namrata Kumari  
Sex/Age : Female/38 Years  
Ref. By :  
Client Name : Mediwheel

Reg. No : 402100809  
Reg. Date : 10-Feb-2024 05:11 PM  
Collected On :  
Report Date : 10-Feb-2024 08:36 PM

**X RAY CHEST PA**

Both lung fields appear clear.

No evidence of any active infiltrations or consolidation.

Cardiac size appears within normal limits.

Both costo-phrenic angles appear free of fluid.

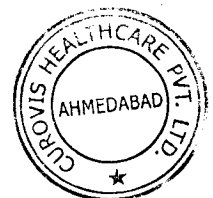
Both domes of diaphragm appear normal.

**COMMENT: No significant abnormality is detected.**

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**DR DHAVAL PATEL**  
Consultant Radiologist  
MB,DMRE  
Reg No:0494



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R



**NAMRATA KUMARI 38/Y**

**10/02/2024**

**CUROVIS HEALTHCARE**





**LABORATORY REPORT**

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Sex/Age	: Female/38 Years	Reg. Date	: 10-Feb-2024 05:11 PM
Ref. By	:	Collected On	:
Client Name	: Mediwheel	Report Date	: 10-Feb-2024 08:35 PM

**USG ABDOMEN**

**Liver** appears normal in size & increased echogenicity. No evidence of focal solid or cystic lesion seen. No evidence of dilatation of intra-hepatic biliary or portal radicals. PV is normal in caliber.

**Gall bladder** is normally distended. No evidence of calculus or mass seen. Gall bladder wall thickness appears normal.

**Pancreas** Visualized portion appears normal in size and echopattern. No evidence of focal lesions.

**Spleen** appears normal in size & echopattern.

**Both kidneys** are normal in size, shape and position. C.M. differentiation on both sides is maintained. No evidence of hydronephrosis, calculus or solid mass on either side.

**Urinary bladder** is partially distended. No evidence of calculus or mass lesion.

**Uterus shows 15 x 9 mm sized posterior wall intramural uterine fibroid.** No adnexal mass is seen.

No evidence of ascites.

*No evidence of lymph adenopathy.*


*No evidence of dilated small bowel loops.*

**COMMENTS :**

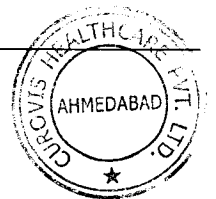
**Grade I fatty liver.**

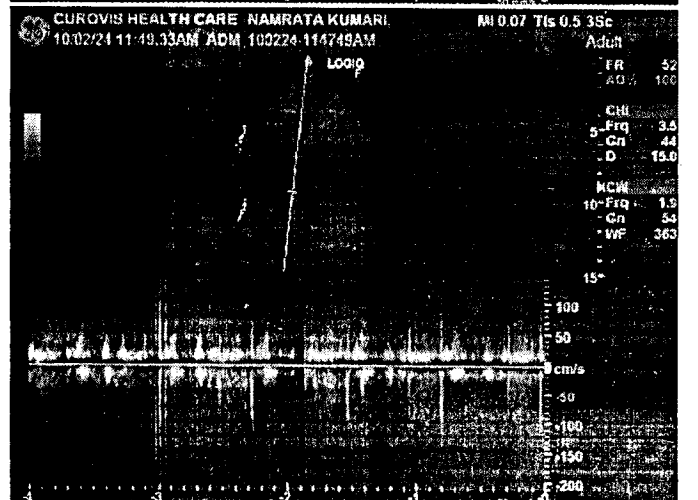
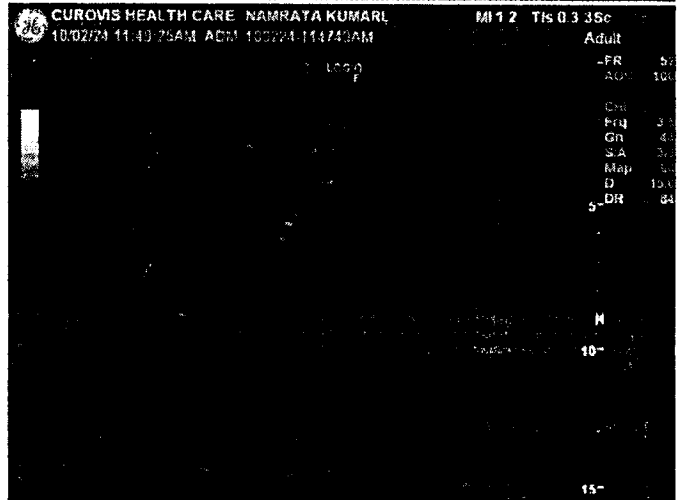
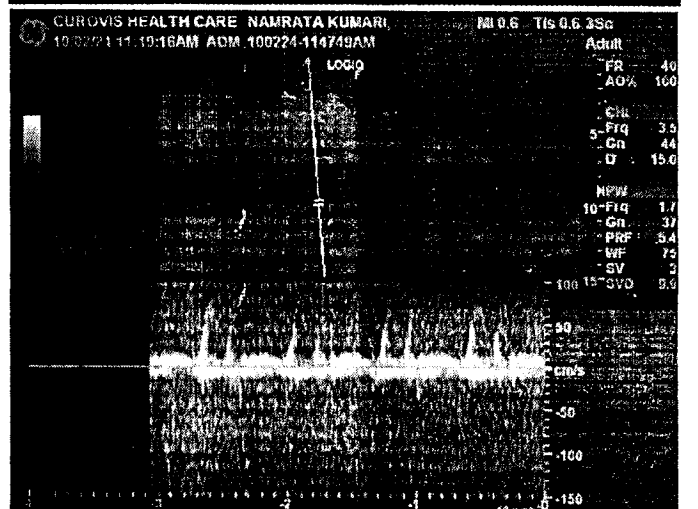
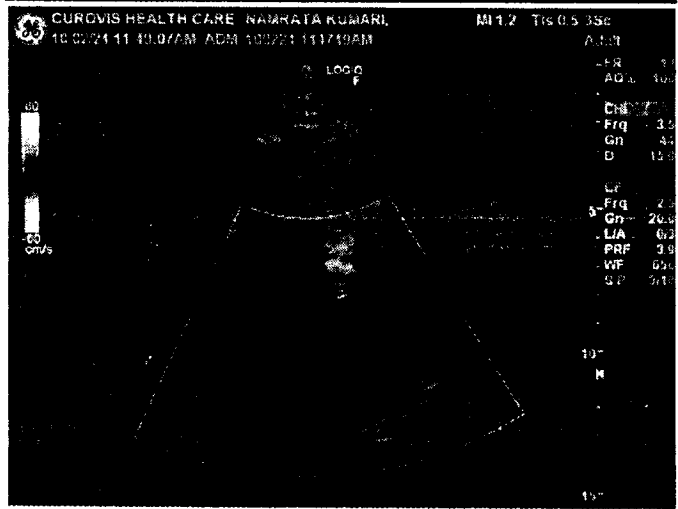
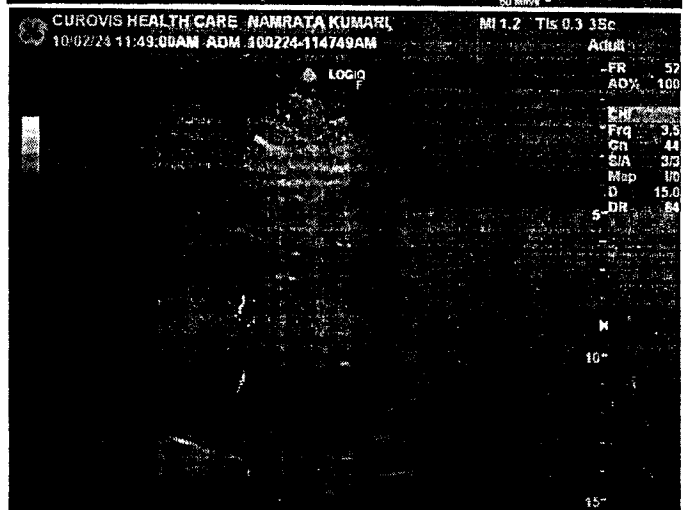
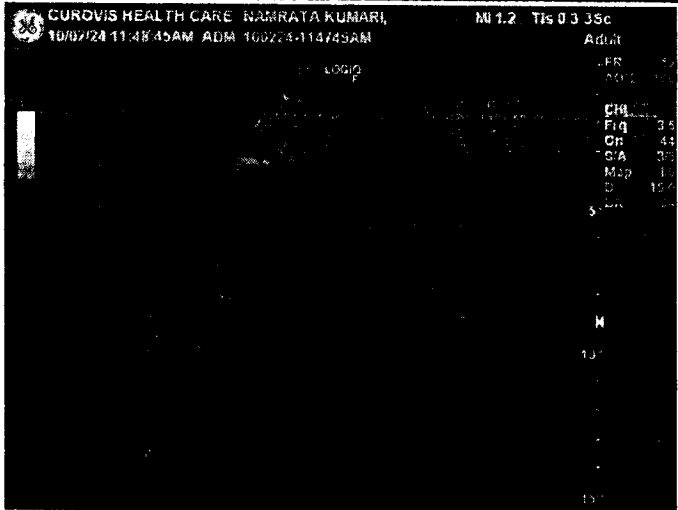
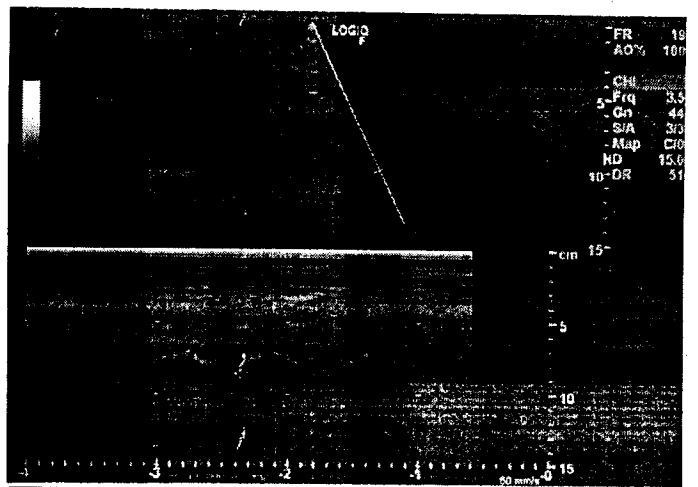
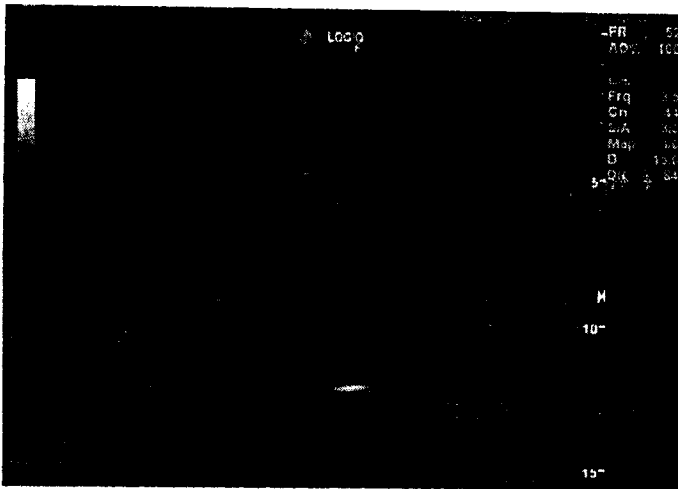
**Posterior wall intramural uterine fibroid.**

This is an electronically authenticated report



**DR DHAVAL PATEL**  
Consultant Radiologist  
MB,DMRE  
Reg No:0494





NAMRATA KUMARI 100224-114749AM

10/02/2024

CUROVIS HEALTH CARE



Accuracy, Care. Forever



### LABORATORY REPORT

Name : Mrs. Namrata Kumari  
Sex/Age : Female/38 Years  
Ref. By :  
Client Name : Mediwheel

Reg. No : 402100809  
Reg. Date : 10-Feb-2024 05:11 PM  
Collected On :  
Report Date : 10-Feb-2024 08:37 PM

### BILATERAL MAMMOGRAM :-

(Dedicated digital mammography with Craniocaudal and media lateral oblique view was performed.)

- Normal fibroglandular breast parenchyma is noted in breast on either side.
- No evidence of clustered micro calcification.
- No evidence of mass or architectural distortion is seen.
- No evidence of skin thickening or nipple retraction is seen.
- No evidence of axillary lymphadenopathy.

#### COMMENT :

- **No significant abnormality detected. (BIRADS - I).**
- **No direct or indirect sign of malignancy seen.**

#### **BIRADS Categories:**

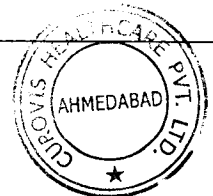
- 0 Need imaging evaluation.
- I Negative
- II Benign finding
- III probably benign finding.
- IV Suspicious abnormality.
- V Highly suggestive of malignancy.

The false negative mammography is approximately 10%. Management of a palpable abnormality must be based upon clinical grounds

----- End Of Report -----

This is an electronically authenticated report

DR DHAVAL PATEL  
Consultant Radiologist  
MB,DMRE  
Reg No:0494



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L-CC

R-CC

L-CC

R-MLO

NAMRATA KUMARI 38/Y

10/02/2024

CUROVIS HEALTHCARE

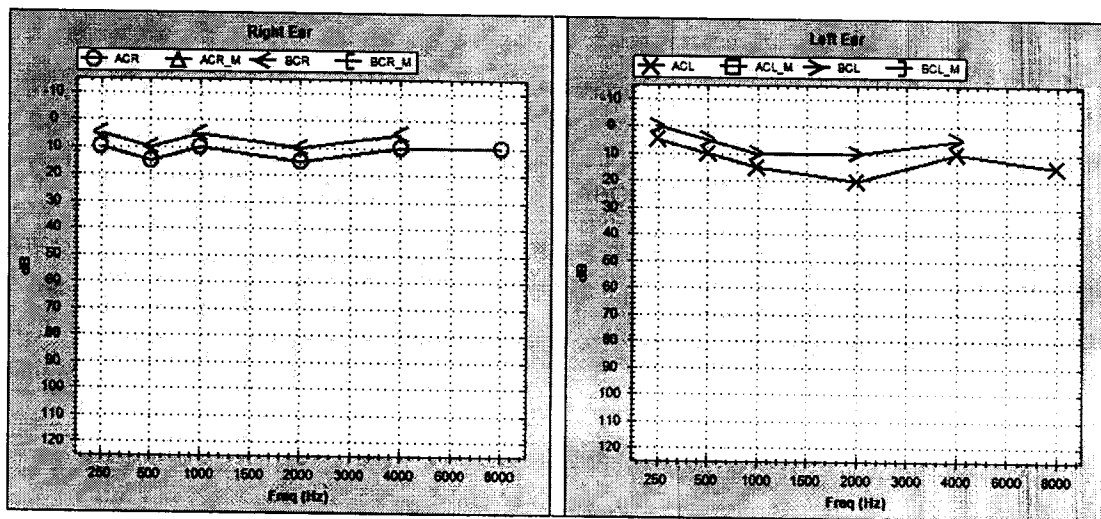


## LABORATORY REPORT

Name : Mrs. Namrata Kumari  
 Sex/Age : Female/38 Years  
 Ref. By :  
 Client Name : Mediwheel

Reg. No : 402100809  
 Reg. Date : 10-Feb-2024 05:11 PM  
 Collected On :  
 Report Date : 10-Feb-2024 07:02 PM

## AUDIOGRAM

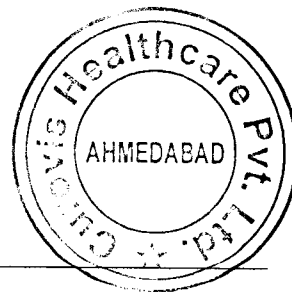


EAR	MODE	Air Conduction		Bone Conduction		Colour Code
		Masked	UnMasked	Masked	UnMasked	
LEFT		◻	×	◻	>	Blue
RIGHT		△	○	◻	<	Red

NO RESPONSE : Add ↓ below the respective symbols

Threshold In dB	RIGHT	LEFT
AIR CONDUCTION	10.5	10.5
BONE CONDUCTION		
SPEECH		

Comments: -Bilateral Hearing Sensitivity Within Normal Limits.



This is an electronically authenticated report

Dr Kejal Patel  
 MB,DO(Ophth)

Page 4 of 6



## LABORATORY REPORT

**Name** : Mrs. Namrata Kumari  
**Sex/Age** : Female/38 Years  
**Ref. By** :  
**Client Name** : Mediwheel

**Reg. No** : 402100809  
**Reg. Date** : 10-Feb-2024 05:11 PM  
**Collected On** :  
**Report Date** : 10-Feb-2024 07:02 PM

### Eye Check - Up

No Eye Complaints

#### RIGHT EYE

SP: -0.75

CY: -0.50

AX: 110

#### LEFT EYE

SP : -0.50

CY : -0.50

AX :82

	Without Glasses	With Glasses
Right Eye	6/9	N.A
Left Eye	6/9	N.A

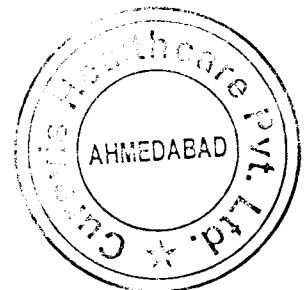
Near Vision: Right Eye - N/6, Left Eye - N/6

Fundus Examination - Within Normal Limits.

ColorVision : Normal

Comments: Normal

----- End Of Report -----



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**Dr Kejal Patel**  
 MB,DO(Ophth)