



GPS Map Camera

Raipur, Chhattisgarh, India  
6j6w+c64, Krishna Nagar, Santoshi Nagar, Raipur, Mathpurena,  
Chhattisgarh 492001, India  
Lat 21.211101° Long 81.645669°  
09/11/24 09:37 AM GMT +05:30





भारत सरकार

Government of India



Aadhaar no. issued: 01/10/2014



Anamika Verma

Date of Birth/DOB: 16/09/1989

Female/ FEMALE

आधार पहचान का प्रमाण है, नागरिकता या जन्मतिथि का नहीं।  
इसका उपयोग सत्यापन (ऑनलाइन प्रमाणीकरण, या क्यूआर कोड/  
ऑफलाइन 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).

5755 7113 4746

मेरा आधार, मेरी पहचान





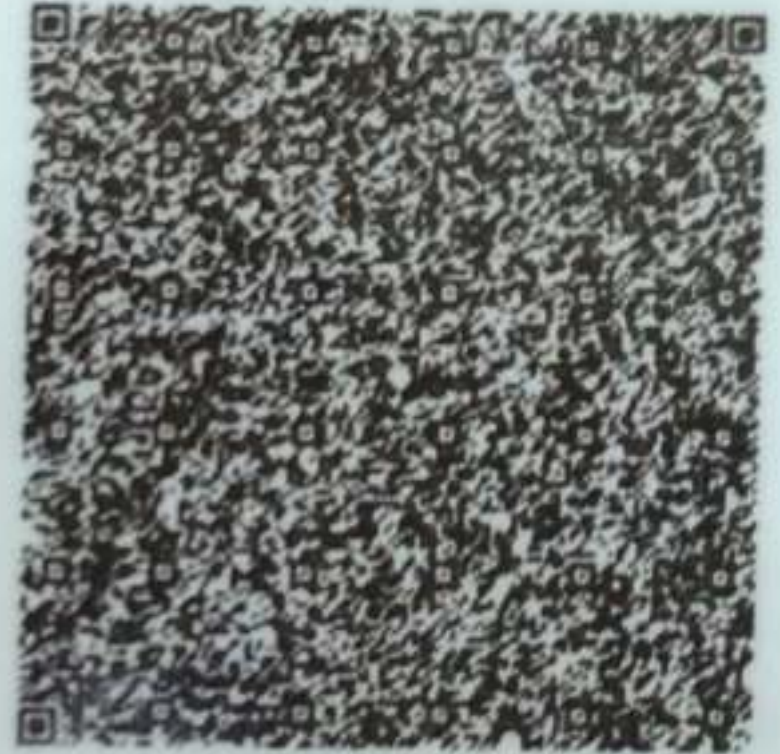
भारतीय विशिष्ट पहचान प्राधिकरण

Unique Identification Authority of India



Address:

C/O: Aashish Verma, K- 08, NEAR JYOTI  
KIRANA STORE, DUBEY COLONY MOWA,  
Sardhoo (sardhu), PO: Saddu, DIST: Raipur,  
Chhattisgarh - 492014

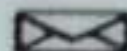


**5755 7113 4746**

**VID : 9101 0010 5507 4680**



1947



help@uidai.gov.in



www.uidai.gov.in

Details as on: 23/10/2024

HR: 64/min

35 year / F

..... cm / ..... kg

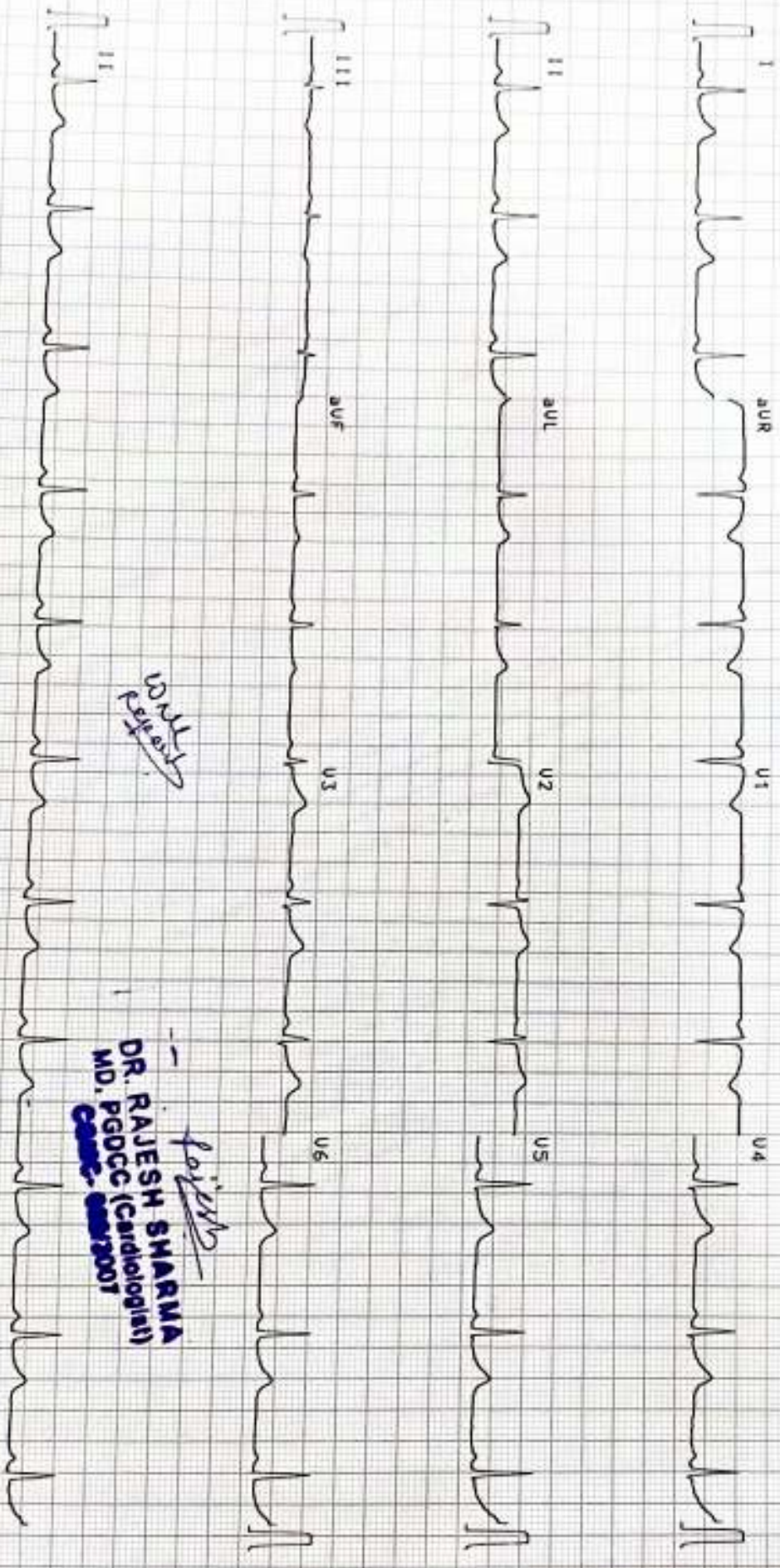
HR 64/min  
Axis: P 45°, QRS 25°, T 18°  
SINUS RHYTHM  
NORMAL ECG  
5.62

Intervals:  
RR 942 ms  
P 92 ms  
PR 126 ms  
QRS 68 ms  
QT 412 ms  
QTc 425 ms

10 mm/mV

18 mm/mV

UNCONFIRMED REPORT



*With T-wave Refractor*

*Rajesh*  
**DR. RAJESH SHARMA**  
MD, PGDCC (Cardiologist)  
Case: 2007

*Ankur*

125314

Fri, Nov

25 mm/s

SCHILLER

0.05-35Hz F50 SSF S85 Fr 08-NOV-24 22:20:33

RT-2plus 4.14 (C) SCHILLER AG

RT-2plus 4.14 CH

ck u  
0377

swel  
mag  
omerr

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A

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Part No 2.15/025M

CE 0123

...





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- 09-Nov-24

PATIENT NAME ..... MRS. ANAMIKA VERMA  
AGE/SEX ..... 35 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 ~ 10.4 x 3.9 cm.  
Left kidney measures ~ 10.8 x 4.4 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** : appears normal y uterus & measuring 7.8 x 4.7 x 5.1 cm & vol-100.5 cc.  
Centrally situated endometrium is normal (9.2 mm). Myometrium is normal.
- OVARY** : Right ovary measures ~2.6 x 1.4 cm.  
Left ovary measures ~2.8 x 2.0 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 Mandle, MD**  
Consultant Radiologist

#### Kindly Note:-

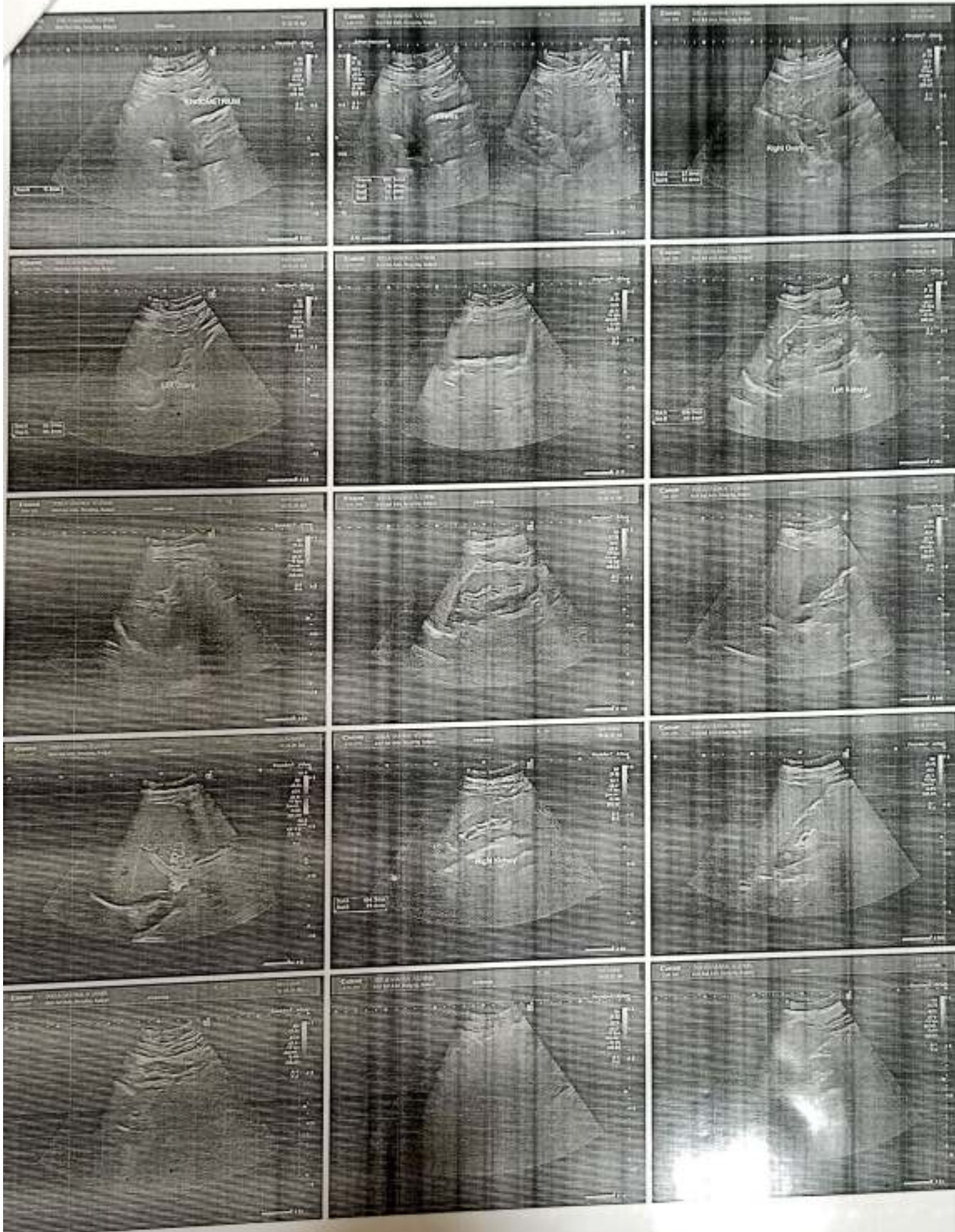
- The report and films are not valid for medico - legal purpose.
- Please Intimate us if any typing mistakes and send the report for correction within 7 days.
- कृपया अगली बार जांच के लिए आने पर पुराना रिपोर्ट साथ में लावे ।

सही जांच ही सही इलाज का आधार है...

Email : [shrisaimaging@gmail.com](mailto:shrisaimaging@gmail.com), Website : [www.shrisaidiagnostic.com](http://www.shrisaidiagnostic.com)

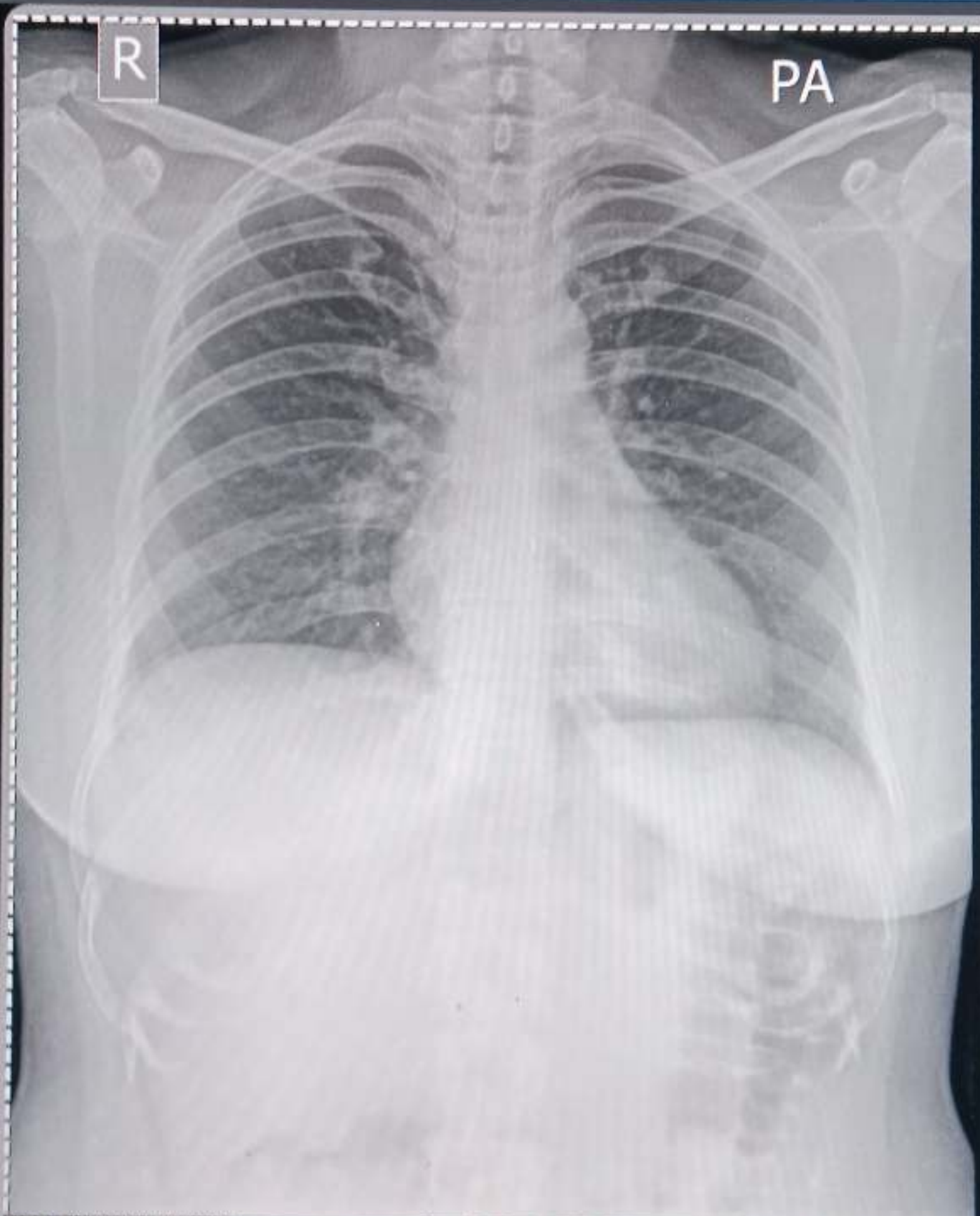


24 Study : Abdomen  
ANAMIKA VERMA 035Y / F



R

PA



MRS ANAMIKA VERMA

Female 35 year (Chest)

09/11/2024 10:11:57

MEDIWHEEL

SHRI SAI ADVANCE IMAGING & DIAGNOSTIC CENTER



Name : Mrs. Anamika verma      Age : 35 / Sex : F

Ref by :      Date : 09/11/2024

Complain Of : Routine checkup

Ocular H/O : Nil


Family Ocular H/O : Nil      Drug Allergy (If Any) : Not Aware

DISTANCE VISION :      RE 6/6      LE 6/6  
(with/without PGP)

NEAR VISION :      RE N.C      LE N.C  
(with/without PGP)

REFRECTION	EYE	SPH	CYL	AXIS	ADD	DISTANCE VISION	NEAR VISION
	RE	—	plus	—	—	6/6	N.C
	LE	—	plus	—	—	6/6	N.C

EXTERNAL EYE EXAMINATION :      RE      LE



SQUINT EVALUATION : (OU) Ortho  
 NYSTAGMUS : Absent  
 COLOUR VISION TEST : Normal  
 NYCTALOPIA (Night Blindness) : Absent



Anamika Verma, Age - 35/F, Ach - MCV9, Date  
9/11/24

Routine Checkup

H/O Thyroid : 4 years

VM < 6/6  
6/6

AR < -0.50 / +0.25 X 158  
+0.50 X 17

Ref < Plano - 6/6  
Plano - 6/6

Fuller Discs R/E

20p < 13 mmHg  
13 mmHg

*[Signature]*

*[Signature]*

# DIVYA JYOTI

## EYE & DENTAL HOSPITAL

Quality Care By An AIIMS (New Delhi) Alumni

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



**Dr. Nidhi Thakur Shrey**  
BDS  
Consultant Dental Surgeon  
Reg. No.- CGDC/118/2008

- Mrs. Anamika Verma, Age - 35/F, Add - MoVa, Date  
9/11/24

Pt came for routine check-up.

O/E - see case 6/1  
- nice color & status  
- Ant sup bit.  
- Empty to.  
Adv.

↳ Restore as needed.

↳ oral prophylaxis

↳

1

  
**Dr. NIDHI THAKUR SHREY**  
Dental Surgeon (BDS)  
Regd. No.-CGDC/118/2008  
Divya Jyoti Eye & Dental Hospital  
Santoshi Nagar, Raipur (C.G.)



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

Report



511 / MRS ANAMIKA VERMA / 35 Yrs / F / 158 Cms / 75 Kg / NonSmoker  
 Date: 09 - 11 - 2024 Refd By : MEDIWHEEL Examined By :

Stage	Time	Duration	Speed(mph)	Elevation	METS	Rate	%THR	BP	RPP	PVC	Comments
Supine	00:06	0:06	00.0	00.0	01.0	000	0 %	---	000	00	
Standing	00:12	0:06	00.0	00.0	01.0	000	0 %	---	000	00	
ExStart	01:33	1:21	00.0	00.0	01.0	098	53 %	---	000	00	
BRUCE Stage 1	04:33	3:00	01.7	10.0	04.7	133	72 %	120/80	159	00	
BRUCE Stage 2	07:33	3:00	02.5	12.0	07.1	149	81 %	128/88	190	00	
PeakEx	09:42	2:09	03.4	14.0	09.3	171	92 %	135/90	230	00	
Recovery	10:19	0:37	01.1	00.0	03.4	158	85 %	135/90	213	00	

**FINDINGS :**

Exercise Time : 08:09  
 Max HR Attained : 171 bpm 92% of Target 185  
 Max BP Attained : 135/90 (mm/Hg)  
 Max WorkLoad Attained : 9.3 Good response to induced stress  
 Test End Reasons : Test Complete, Heart Rate Achieved

**REPORT :** *TMT Negative*

*Rajesh*  
**DR. RAJESH SHARMA**  
 MD, PGDCC (Cardiologist)  
 CGMC- 696/2007

**SHRI SAI ADVANCE IMAGING AND DIAGNOSTIC CENTER**

511 / MRS ANAMIKA VERMA / 35 Yrs / F / 158 Cms / 75 Kg / HR : 0

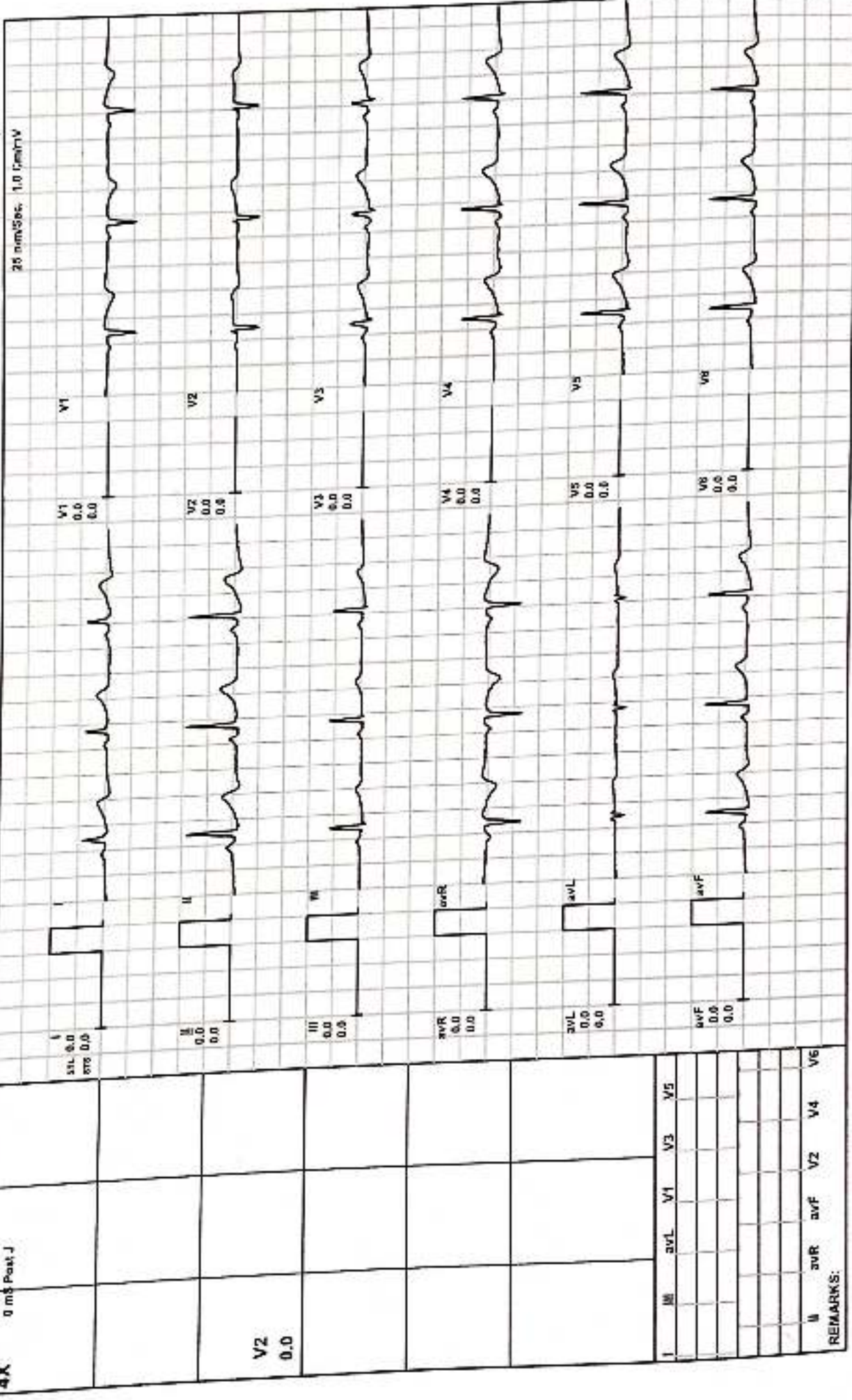
**BRUCE:Supine(0:07)**



Date: 09 - 11 - 2024

MEETS: 1.0V/0 bpm, 0% of THR BP: --- mmHg Raw ECG/BLC On/ Notch On/ HF 0.05 Hz/LF 100 Hz

ExTime: 00:00 0.0 mph 0.0%



REMARKS:





SHRI SAI ADVANCE IMAGING AND DIAGNOSTIC CENTER

511 / MRS ANAMIKA VERMA / 35 Yrs / F / 158 Cms / 75 Kg / HR : 0

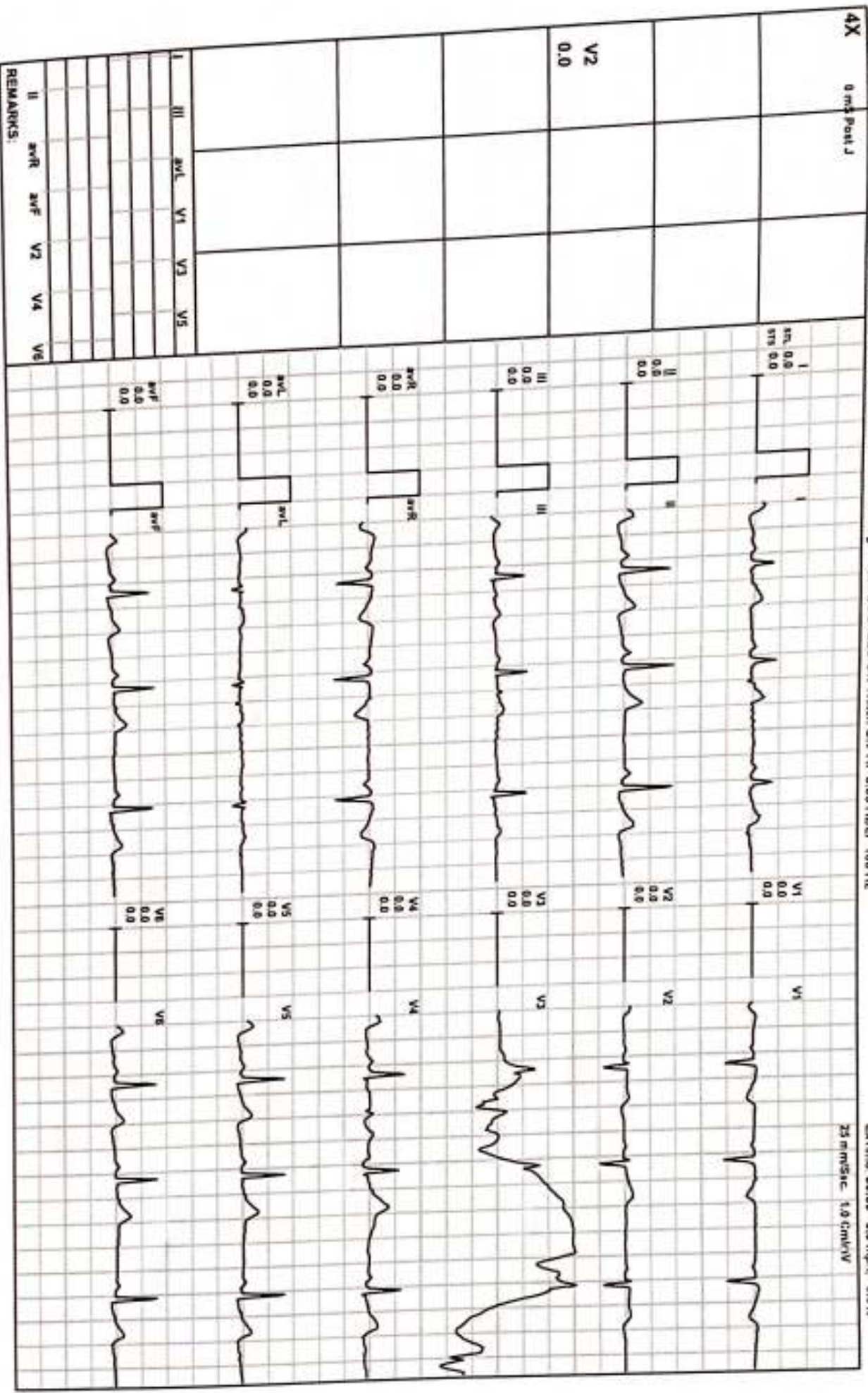
BRUCE: Standing(0:06)



Date: 09 - 11 - 2024

METS: 1.0/ 0 bpm 0% of THR BP: --- mmHg Raw ECG/ BLC On/ Noch On/ HF 0.05 Hz/ LF 100 Hz

Extra: 00:00 0.0 mph 0.0%



AX	0 m/s Post J		
V2	0.0		
I	0.0	0.0	0.0
II	0.0	0.0	0.0
III	0.0	0.0	0.0
aVR	0.0	0.0	0.0
aVL	0.0	0.0	0.0
aVF	0.0	0.0	0.0
V1	0.0	0.0	0.0
V2	0.0	0.0	0.0
V3	0.0	0.0	0.0
V4	0.0	0.0	0.0
V5	0.0	0.0	0.0
V6	0.0	0.0	0.0

REMARKS:

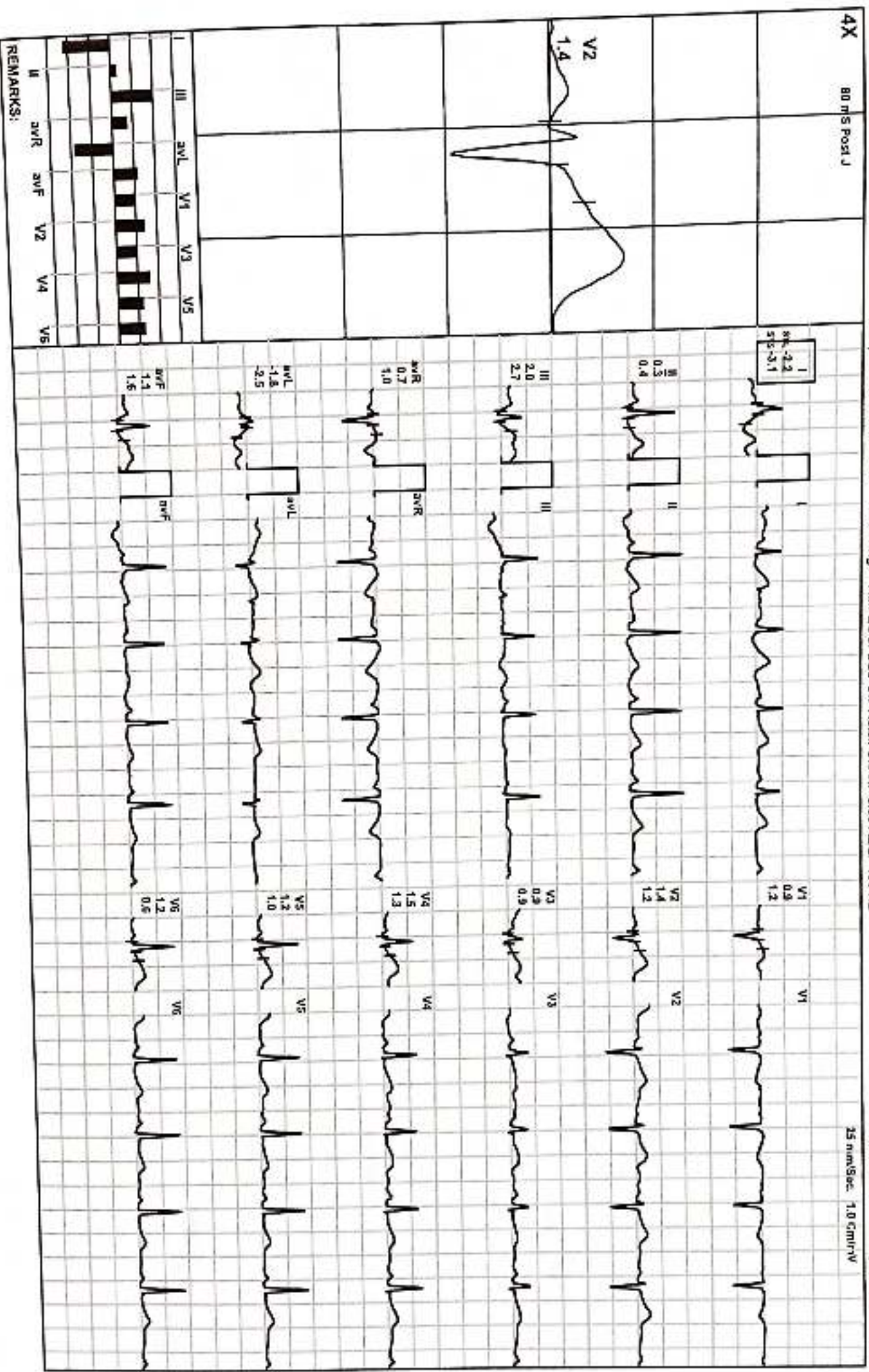


Date: 09 - 11 - 2024

METS: 1.0/ 98 bpm 53% of THR BP: -/- mmHg Raw ECG/ BLC On/ Natch On/ HF 0.05 Hz/LF 100 Hz

EXTime 00:00 0.0 mpr, 0.0%

25 mm/Sec 1.0 cm/mV



REMARKS:

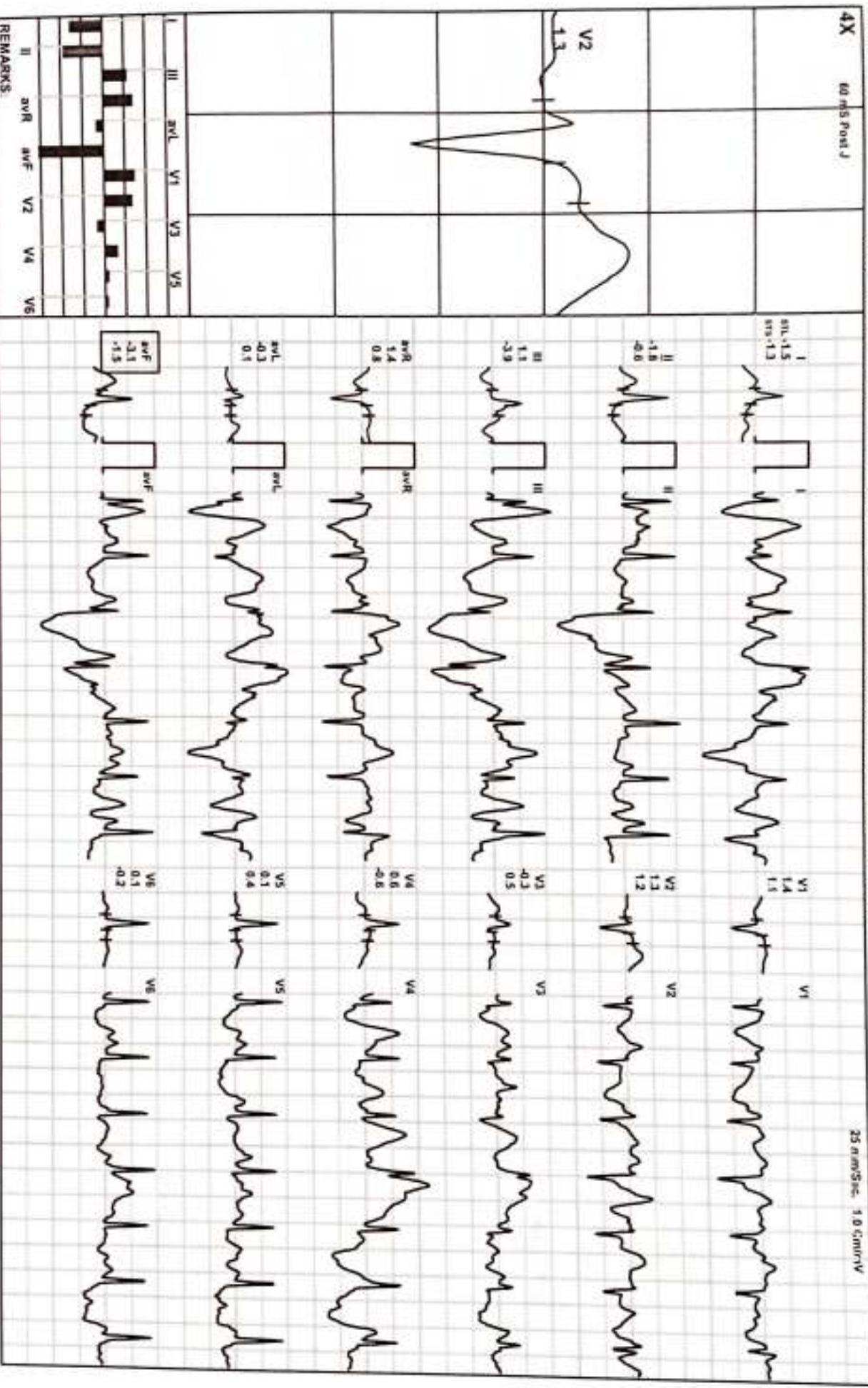


Date: 09-11-2024

METS: 4.7133 bpm 72% of THR BP: 120/80 mmHg Raw ECG/BLC ON NICH ON HF 0.05 HALL F 100 Hz

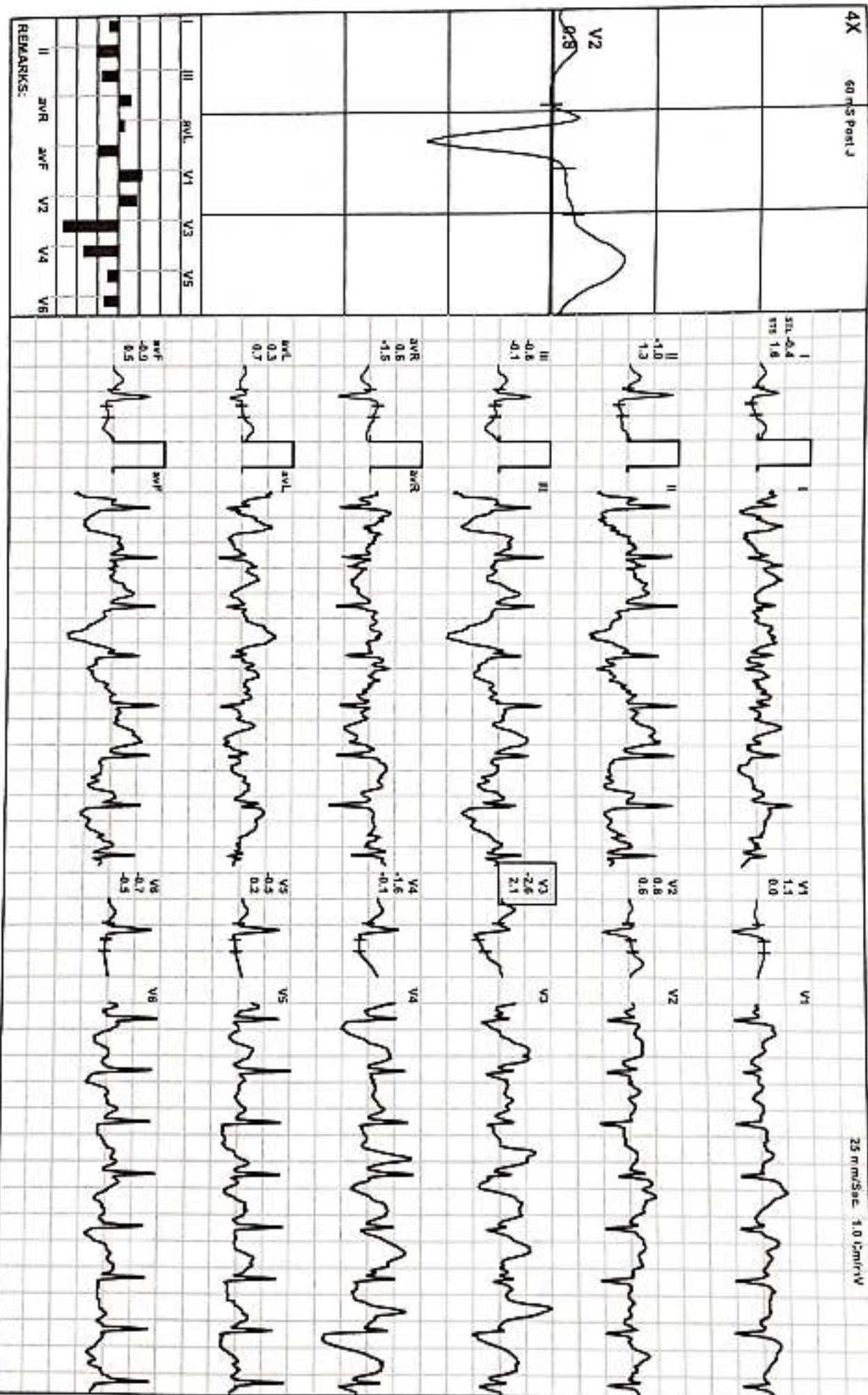
ExTime: 03:00 1.7 bpm 10.0%

25 mm/Sec 1.0 cm/1V



REMARKS:





REMARKS:



511 / MRS ANAMIKA VERMA / 35 Yrs / F / 158 Cms / 75 Kg / HR : 171

Date: 09 - 11 - 2024

METS: 9.3/ 171 bpm 92% of THR BP: 135/90 mmHg Raw ECG/ BLC On/ Notch On/ HF 0.05 Hz/LF 100 Hz

ExTime: 08:09 3.4 mph 14.0%





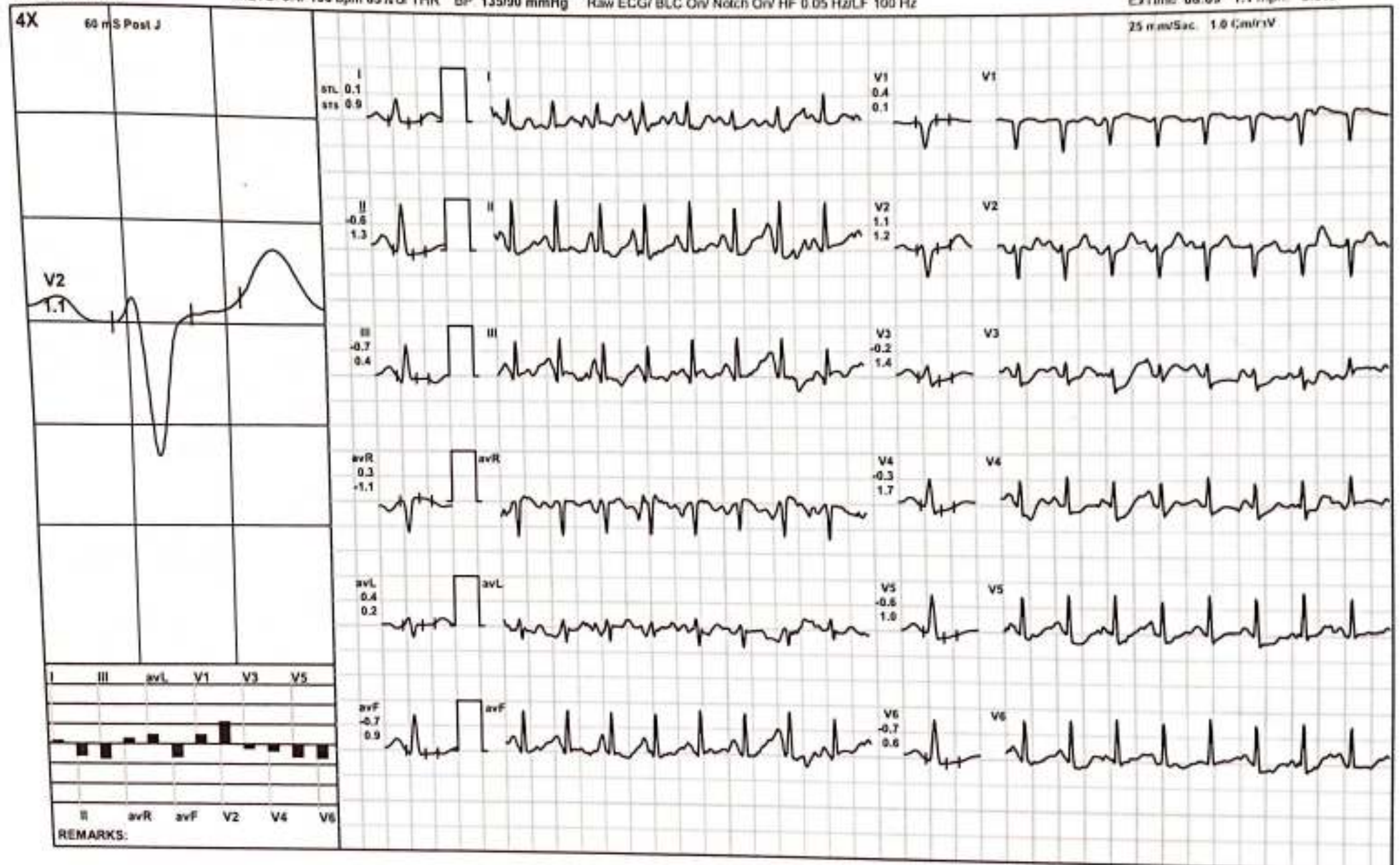


Date 09 - 11 - 2024

METS: 3.4/ 158 bpm 85% of THR BP 135/90 mmHg Raw ECG/ BLC On/ Notch On/ HF 0.05 Hz/LF 100 Hz

ExTime 08:09 1.1 mph 0.0%

25 mm/Sec. 1.0 cm/mV







# SHRI SAI ADVANCE IMAGING AND DIAGNOSTIC CENTER Median Measurement Summary

RADHAKRISHNA VIHAR SANTOSHI NAGAR

511 / MRS ANAMIKA VERMA / 35 Yrs / Female / 158 Cm / 75 Kg / Non Smoker



Time (Min.)	HR (bpm)	PR Int (mS)	QRS Wid (mS)	QRS Axis (Deg.)	QTC (mS)	P(μV) (Max)	R(μV) (Max)	S(μV) (Min)	T(μV) (Max)	Min. J (μV)	Leads for (J & PJ)	Min. Post JRR Var (μV)	(%)	VEB (Counts)	Missed Beats (Counts)
00 : 30	82	210	60	56	376	-628	977	-638	638	-46	II	-68	0.00	0	0
01 : 00	79	124	62	58	452	200	1013	-624	-320	-13	III	-50	0.00	0	0
01 : 30	83	236	64	63	341	250	880	-558	327	49	I	-195	0.00	0	0
02 : 00	120	122	76	71	331	322	1168	-568	508	-239	avL	-355	0.00	0	0
02 : 30	129	144	64	60	403	238	930	-700	-241	-5	III	-174	0.00	0	0
03 : 00	138	144	64	47	403	-630	995	-637	-618	-45	V6	-111	0.00	0	0
03 : 30	137	138	54	3	345	624	917	-511	556	45	I	-129	0.00	0	0
04 : 00	135	162	100	52	228	324	876	-648	-369	-299	II	-366	0.00	0	0
04 : 30	136	174	56	65	402	206	994	-591	-401	-299	II	-366	0.00	0	0
05 : 00	142	132	52	44	366	-260	893	-477	-393	-299	II	-366	0.00	0	0
05 : 30	148	120	76	35	175	595	818	-526	835	-55	V4	-307	0.00	0	0
05 : 00	149	125	74	70	403	-376	871	-531	515	-394	V4	-404	0.00	0	0
06 : 30	149	118	66	67	381	263	920	-517	-307	-237	V4	-309	0.00	0	0
07 : 00	152	122	52	62	329	310	910	-537	346	-87	I	-214	0.00	0	0
07 : 30	152	128	70	42	424	350	818	-509	-420	-258	V4	-315	0.00	0	0
08 : 00	163	116	52	67	413	271	878	-546	224	-210	V4	-195	0.00	0	0
08 : 30	165	100	50	74	264	343	925	-568	-257	-87	II	-261	0.00	0	0
09 : 00	169	106	50	64	368	322	874	-548	-392	-212	V4	-189	0.00	0	0
09 : 30	171	108	50	68	366	308	800	-549	-398	-175	V5	-173	0.00	0	0
10 : 00	160	112	52	84	314	314	840	-557	270	-112	II	-92	0.00	0	0



PT. NAME	:- MRS. ANAMIKA VERMA	Sample Collected On	:- 09/11/2024
PT. AGE/SEX	:- 35 Y / F	Report Released On	:- 09/11/2024
MOBILE NO	:-	Accession On	:- 10
Ref. By.	:- SELF	Patient Unique ID No.	:- 10571
Company	:- ARCOFEMI HEALTH CARE LTD.	TPA	:- -

## BIO CHEMISTRY

Description	Result	Unit	Biological Ref. Range
FASTING BLOOD SUGAR	80.3	mg/dL	70 - 110
POST PRANDIAL BLOOD SUGAR	95.9	mg/dl	70 - 140
Cholesterol	156.2	mg/dl	Desirable : <200 Borderline : 200 - 239 High : >=240
Triglycerides	120.4	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	87.92	mg/dl	<100 : Normal 100-129 : Desirable 130-159 : Borderling-High 160-189 : High >190 : Very High
VLDL	24.08	mg/dl	7 - 40
Cholesterol/HDL Ratio	3.53		0 - 5.0
LDL/HDL Ratio	1.98	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...





<b>PT. NAME</b>	<b>:- MRS. ANAMIKA VERMA</b>	<b>Sample Collected On</b>	<b>:- 09/11/2024</b>
<b>PT. AGE/SEX</b>	<b>:- 35 Y / F</b>	<b>Report Released On</b>	<b>:- 09/11/2024</b>
<b>MOBILE NO</b>	<b>:-</b>	<b>Accession On</b>	<b>:- 10</b>
<b>Ref. By.</b>	<b>:- SELF</b>	<b>Patient Unique ID No.</b>	<b>:- 10571</b>
<b>Company</b>	<b>:- ARCOFEMI HEALTH CARE LTD.</b>	<b>TPA</b>	<b>:- -</b>

Bilirubin - Total	0.55	mg/dl	0.2 - 1.3
Bilirubin - Direct	0.12	mg/dl	0 - 0.3
Bilirubin (Indirect)	0.43	mg/dl	0 - 1.1
SGOT (AST)	26.4	U/L	14 - 36
SGPT (ALT)	22.0	U/L	9 - 52
Alkaline phosphatase (ALP)	78.2	U/L	38 - 126
Total Proteins	7.5	g/dl	6.3 - 8.2
Albumin	4.2	g/dl	3.5 - 5.0
Globulin	<b>3.30</b>	g/dl	2.3 - 3.6
A/G Ratio	1.27		1.1 - 2.0
Gamma GT	28.2	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.

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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MOBILE NO	:-	Accession On	:- 10
Ref. By.	:- SELF	Patient Unique ID No.	:- 10571
Company	:- ARCOFEMI HEALTH CARE LTD.	TPA	:- -

Urea	26.4	mg/dL	10 - 50
Creatinine	0.87	mg/dL	0.52 - 1.04
Uric Acid	3.8	mg/dL	2.5 - 6.2
Sodium (Na)	140.3	mmol/L	137 - 145
Pottasium (K)	4.1	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 )	180.2	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	2.61	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

CHECKED BY

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PATHOLOGY (AIIMS, NEW DELHI)

REG. NO. : CG MCI-2996/2010

सही जॉब ही सही डॉलाज का आधार है...





PT. NAME	:- MRS. ANAMIKA VERMA	Sample Collected On	:- 09/11/2024
PT. AGE/SEX	:- 35 Y / F	Report Released On	:- 09/11/2024
MOBILE NO	:-	Accession On	:- 10
Ref. By.	:- SELF	Patient Unique ID No.	:- 10571
Company	:- ARCOFEMI HEALTH CARE LTD.	TPA	:- -

## 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>Absent</b>	/HPF	0 - 1
PUS CELLS	Absent	/HPF	0 - 5
Trophozoite	<b>Nil</b>		
Vegetable Material	Absent		
Other Findings			
Appearance	Clear		Clear
Specific Gravity	1.020		1.003 - 1.030
Urine Glucose(Sugar)	<b>Nil</b>		Not Detected
<b><u>Microscopic Examination</u></b>			
Epithelial cells	2-3	/HPF	0 - 5
PUS CELLS	1-2	/HPF	0 - 5
RBC (Urine)	Absent	/HPF	0 - 3
Casts	<b>Absent</b>		Not Detected
Crystals	<b>Absent</b>		Not Detected
Bacteria	<b>Absent</b>		Not Detected
Reaction (pH)	<b>Acidic</b>		
<b><u>Chemical Examination</u></b>			
<b><u>Physical Examination</u></b>			
Colour	Pale Yellow		Pale Yellow
Urine Protein(Albumin)	<b>Nil</b>		Not Detected

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Company	:- ARCOFEMI HEALTH CARE LTD.	TPA	:- -

## HAEMATOLOGY

Description	Result	Unit	Biological Ref. Range
<b>BLOOD GROUP</b>			
BLOOD GROUP	" O "		
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	6900	/cumm	4000 - 11000
NEUTROPHILS	71	%	40 - 70
LYMPHOCYTES	24	%	20 - 52
MONOCYTES	04	%	4 - 12
EOSINOPHILS	01	%	1 - 6
BASOPHILS	00	%	0 - 1

### R.B.C. Indices

HAEMOGLOBIN	12.3	gm/dL	12.5 - 16.5
RBC COUNT	4.19	Mill/cumm	4.2 - 5.5
HEMATOCRIT (PCV)	35.2	%	37.5 - 49.5
MCV	83.8	fL	80 - 95
MCH	29.2	pg	26 - 32
MCHC	34.94	g/dl	32 - 36
RDW-CV	13.4	%	11.5 - 16.5

### Platelet Indices

PLATELET COUNT	287000	/ $\mu$ L	150000-400000
MPV	8.3	fl	7.0 - 11.0
PDW	15.8	%	12 - 18
P-LCR	15.6	%	13 - 43
ESR	18	after 1 hr	0 - 20
Advice			Correlate Clinically

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PT. AGE/SEX	:- 35 Y / F	Report Released On	:- 09/11/2024
MOBILE NO	:-	Accession On	:- 10
Ref. By.	:- SELF	Patient Unique ID No.	:- 10571
Company	:- ARCOFEMI HEALTH CARE LTD.	TPA	:- -
HbA1C-Glycosylated Haemoglobin	5.1	%	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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सही जाँच ही सही इलाज का आधार है...