

MAC600 1.02 ID: 0000000045 8-Mar-2024 10:00:45

MAC600 1.02 12SL™ V239  
 33years Female  
 Vent. rate 73 bpm  
 QRS duration 66 ms  
 QT/QTc 364/401 ms  
 PR interval 152 ms  
 P duration 104 ms  
 RR interval 821 ms  
 P-R-T axes 60 30 26



Taha' Kannaiah

## REPORT

I.D. NO	U/08/03/04	March 8, 2024
PATIENT NAME	Ms. RUBI KANNAUJIYA	AGE /SEX 33 Y/ F
REF. BY	DIVYAMAN HOSPITAL	

### USG: WHOLE ABDOMEN (Female)

Liver -is normal in size (142.6 mm) with homogenous echotexture. No IHBR dilatation / focal SOL are seen.

Gall bladder - is distended. No calculus in lumen. Wall thickness is normal.  
CBD - normal. PV - normal. porta - normal

Pancreas is normal in thickness. Clearly defined margins are seen. Pancreatic duct is not dilated.

Spleen is normal in size (96.1 mm). No focal lesion is seen. Diaphragmatic movements are within normal limits on both sides.

Right kidney - normal in size, outline and cortical echotexture. Renal parenchymal width is normal. Cortico-medullary differentiation is normal. No backpressure changes are seen. Perinephric spaces are normal.

Left kidney - normal in size, outline and cortical echotexture. Renal parenchymal width is normal. Cortico-medullary differentiation is normal. No backpressure changes are seen. Perinephric spaces are normal.

Urinary bladder is fully distended. Wall is smooth and regular. Lumen is echofree.

Uterus is anteverted & normal in size measures (52.3x64.4x72.4 mm). Endometrial cavity is normal. Myometrium is normal. No evidence of myoma is seen. Cervix appears normal in size. No demonstrable growth. No evidence of fluid in POD.

Both adnexa and ovaries are normal.

No evidence of Ascites / Retroperitoneal Lymphadenopathy.

### IMPRESSION

- **NO SIGNIFICANT DIAGNOSTIC ABNORMALITY DETECTED.**

#### ADV - CLINICAL CORRELATION.

Note : All USG finding are dynamic in nature and are subjected to change with course of disease and time, prescribing clinician are advised to correlate USG finding with clinical findings.



Dr. Rahul Nayak  
M.B.B.S.(M.L.N),  
M.D.(Dr. RMLIMS, LKO)

#### उपलब्ध सुविधाएं



Siemens CT Scan

- CT Scan रीफाइन, ऐर, सेरा जरी
- CT Angiography
- Digital X-ray



Philips I.S.R MRI

- MRI Scan
- 4D Colour Dopler
- CT/USG Guided Biopsy/FNAC



Siemens Accuson S 52003

- ECG, ECO Cardiography
- Dr. Lal Path Lab
- 24 H Ambulance



Siemens X Ray

THIS REPORT IS NOT FOR MEDICO LEGAL PURPOSE



**REPORT**

I.D. NO	X/08/03/01	March 8, 2024
PATIENT NAME	MS. RUBY KANNUJIYA	AGE/SEX 33Y/F
REF. BY	DIVYAMAN HOSPITAL	

**X-RAY CHEST (PA VIEW)**

No active pulmonary parenchymal lesion is seen.

B/L c/p angle is clear.

Hilar shadows are normal.

Cardiac shadow is normal.

Trachea and mediastinum are normal in position.

Bones and soft tissues are normal

**IMPRESSION:**

➤ **NORMAL SCAN.**

ADV - CLINICAL CORRELATION.



**Dr. Rahul Nayak**  
M.B.B.S.(M.L.N),  
M.D.(Dr. RMLIMS, LKO)

**उपलब्ध सुविधाएं**



Siemens LL Scan

- CT Scan मलिन, रे, सिंग अदि
- CT Angiography
- Digital X-ray



Philips I.I.T MRI

- MRI Scan
- 4D Colour Dopler
- CT/USG Guided Biopsy/FNAC



Siemens Axiom S 5000

- ECG, ECO Cardiography
- Dr. Lal Path Lab
- 24 H Ambulance



Siemens X-Ray

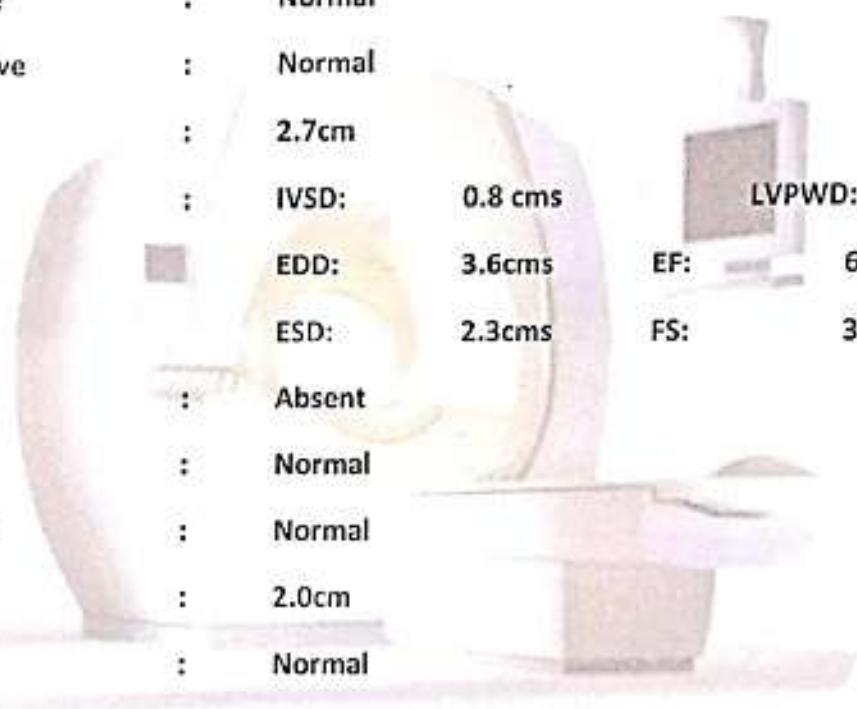
**THIS REPORT IS NOT FOR MEDICO LEGAL PURPOSE.**

**REPORT**

I.D. NO 11 : U/08/03/02  
PATIENT'S NAME : MS.RUBI KANNUJIYA  
REF BY Dr. : DIVYAMAN HOSPITAL  
March 8, 2024  
AGE/SEX : 33 YRS/F

**2D- ECHO**

Mitral Valve	:	Normal		
Tricuspid Valve	:	Normal		
Pulmonary Valve	:	Normal		
Left Atrium	:	2.7cm		
Left ventricle	:	IVSD: 0.8 cms	LVPWD:1.0	
		EDD: 3.6cms	EF: 68%	
		ESD: 2.3cms	FS: 33%	
RWMA	:	Absent		
Right Atrium	:	Normal		
Right Ventricle	:	Normal		
Aorta	:	2.0cm		
I.A.S.	:	Normal		
I.V.S.	:	Normal		
Pulmonary Artery	:	Normal		
Pericardium	:	Normal		
SVC, IVC	:	Normal		



Continued.....

Pulmonary Veins : Normal

Doppler : MV A<E

AV:AJV: 1.2 m/sec

PV:PJV: 0.7 m/sec RVSP : 22 mm hg

**CONCLUSION:**

- NO RWMA OF LV
- NORMAL LV FUNCTION
- NORMAL SIZE CARDIAC CHAMBER
- MILD TR /MR
- NO PE/ NO CLOT

**DR. GAJENDRA PRASAD GUPTA**  
 M.D., D.M.(CARDIOLOGY)



**उपलब्ध सुविधाएं**



Siemens CT Scan

- CT Scan एंगिओ, हेड, सींग अदि
- CT Angiography
- Digital X-ray



Philips 1.5T MRI

- MRI Scan
- 4D Colour Dopler
- CT/USG Guided Biopsy/FNAC



Siemens X-Ray S 52000

- ECG, ECO Cardiography
- Di. Lat Path Lab
- 24 H Ambulance



Siemens X-Ray



# DIUYAMAN HOSPITAL Pvt. Ltd.

Pathology Division

पैथोलॉजी संकाय



Pathological Examination Report



PATIENT NAME	Mrs. RUBY KANNOJIYA	SAMPLE COLLECTED ON	08-03-2024
AGE / SEX	33 Y / Female	REPORT RELEASED ON	08/03/2024
COLLECTED AT	Inside	REPORTING TIME	12:05:56PM
RECEIPT No.	16,803	PATIENT ID	16833
REFERRED BY Dr.	DMH		

INVESTIGATION COMPLETE BLOOD COUNT, KIDNEY FUNCTION TEST, LIVER FUNCTION TEST, Blood Sugar Fasting, Lipid Profile., Blood Group (ABO), Glycosylated Haemoglobin, ESR Wintrobe, Urine Examination Report.,

Tests	Results	Biological Reference Range	Unit
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## HAEMATOLOGY

### COMPLETE BLOOD COUNT

Haemoglobin	9.6	Low (Men : 13.5-18.0 G%) (Women : 11.5-16.4 G%) (4000-11000 /cumm)	G%
Total Leukocyte Count (TLC)	8400		/cumm
Differential Leukocyte Count (DLC)			
Polymorph	66	(40-80)%	%
Lymphocyte	31	(20-40)%	%
Eosinophil	03	(01-6)%	%
Monocyte	00	Low (02-08)%	%
Basophil	00	(<1%)	%
R. B. C.	3.27	Low (4.2 - 5.5) million/cmm	million/ /Litre
P. C. V. (hemotocrite)	25.9	Low (36-50) Litre/Litre	fl
M. C. V.	79.4	Low (82-98) fl	Pg
M. C. H.	28.8	(27Pg - 32Pg)	g/dl
M. C. H. C.	36.2	High (21g/dl - 36g/dl)	/cumm
Platelete Count	1.92	(1.5-4.0 lacs/cumm)	mm
ESR Wintrobe			
Observed	15	20mm fall at the end of first hr.	mm

\*esr Is A Non Specific Phenomenon, Clinically Useful In Disorders Associated With An Increased Production Of Acute Phase Proteins.

\*elevated In Acute And Chronic Infections And Malignancies.

\*extremely High Esr Values Are Seen In Multiple Myeloma, Leukemia, Lymphoma, Breast And Lung Carcinomas, Rheumatoid Arthritis, Sle, Pulmonary Infarction.



Page 1 of 5

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सुविधाएँ : • सभी प्रकार की पैथोलॉजिकल जाँचें • बायोप्सी • एफ.एन.ए.मी. • पैप Smear • हॉर्मोन्स ( प्रतिदिन रिपोर्ट ) • सायटोलॉजी • बोन मैरो • HbA1c • स्पेशल टेस्ट ( 24 घंटे )

For Home Collection Dial : 9076655547

पता : वीर बहादुर सिंह स्पोर्ट्स कॉलेज के सामने, खजांची बरगदवा बाईपास रोड, राप्ती नगर-1, गोरखपुर - 273 003 मो. : 8173006932

Clinical correlation is essential for final diagnosis. In case of disparity test must be repeated. This report is not valid for medicolegal purpose.



# YAMAN HOSPITAL Pvt. Ltd.

Pathology Division

पैथोलॉजी संकाय



Pathological Examination Report

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Tests	Results	Biological Reference Range	Unit
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## BIOCHEMISTRY

Blood Sugar Fasting 102.6 (70 - 110)mg/dl

Reference Value :

Fasting ( Diabetics 110.0 Mg% Or More ) ( Impaired Glucose Tolerance 110-126 Mg% )  
 After 2hrs. Of 75 Gm Glucose (oral) ( 70-140 Mg% ) ( Impaired Glucose Tolerance 140-200 Mg% )  
 Random/casual (diabetics 200 Mg% Or More, With Presenting Symptoms.)

### Lipid Profile.

Total Cholestrol	165.4	125-200mg/dl Normal Value	mg/dL
H D L Cholestrol	41.2	(30-70 mg%)	mg%
Triglyceride	130.9	(60-165mg/dL)	mg/dL
V L D L	26.18	(5-40mg%)	mg%
L D L Cholestrol	98.02		mg/dl

50 Optimal  
50-100 Near/Above Optimal

TC/HDL 4.0 (3.0-5.0)

LDL/HDL 2.1 (1.5-3.5)

Comment/interpretation

Lipid Profile Is A Panel Of Blood Tests That Serves As An Initial Board Medical Screening Tool For Abnormalities In Lipids, The Result Of This Tests Can Identify Certain Genetic Diseases And Can Determine Approximate Risks Of Cardiovascular Diseases, Certain Forms Of Pancreatitis And Other Diseases.

Note::

1. Measurement In The Same Patient Can Show Physiological & Analytical Variations. Three Serial Samples 1 Week Apart Are Recommended For Total Cholestral ,triglycerides,hdl& Ldl Cholestrol.
2. Atp Iii Recommends A Complete Lipoprotein Profile As The Initial Test For Evaluating Cholestrol.
3. Friedewald Equation To Calculate Ldl Cholesterol Is Most Accurate When Triglyceride Level Is <400 Mg/dl. Measurement Of Direct Ldl Cholesterol Is Recommended When Triglyceride Level Is >400 Mg/dl.



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Tests	Results	Biological Reference Range	Unit
<b>LIVER FUNCTION TEST</b>			
Bilirubin (Total)	0.9	(0.10 - 1.20)mg/dl	mg/dl
Bilirubin (Direct)	0.4	(0.00-0.40)mg/dl	mg/dl
Bilirubin (in Direct)	0.5	(0.00-0.70) mg/dl	mg/dl
SGOT (AST)	26.1	0-40	IU/L
SGPT (ALT)	33.5	0.0-42.0	IU/L
Serum Alkaline Phosphatase	168.5	80.0-290.0	U/L
Serum Total Protein	6.4	6.0-7.8	gm/dl
Serum Albumin	3.6	3.5-5.0	gm/dl
Serum Globulin	2.8	2.3-3.5	gm/dl
A/G Ratio	1.29	High	

**Comments/interpretation:**

-liver Function Test Aid In Diagnosis Of Various Prehepatic, Hepatic And Post Hepatic Causes Of Dysfunction Like Hemolytic Anemias, Viral & Alcoholic Hepatitis And Cholestasis Of Obstructive Causes.  
 -the Tests Encompasses Hepatic Excretory, Synthetic Function And Also Hepatic Parenchymal Cell Damage.  
 -It Helps In Evaluating Severity, Monitoring Therapy And Assessing Prognosis Of Liver Disease And Dysfunction.

**KIDNEY FUNCTION TEST**

Blood Urea	22.9	15.0-45.0	mg/dl
Serum Creatinine	0.7	0.7-1.4	mg/dl
Serum Uric Acid	5.8	Male-3.5-7.2 Female-2.5-6.0	mg/dl
Serum Sodium	139.2	136.0-149.0	mmol/L
Serum Potassium	4.0	3.5-5.5	mmol/L
Serum Calcium	8.5	8.0-10.5	mg/dl







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<b>Glycosylated Haemoglobin</b>			
HBA1c	5.7	(4.3-6.4)	%

Method: Ion Exchange High Performance Liquid Chromatography By Bio-rad D-10.

### Comments/interpretations:

Glycosylated Haemoglobin Is Proportional To Mean Plasma Glucose Level During Previous 6-12 Weeks. For People Without Diabetes, The Normal Range For The Hemoglobin A1c Level Is Between 4% And 5.6%. Hemoglobin A1c Levels Between 5.7% And 6.4% Mean You Have A Higher Chance Of Getting Diabetes. Levels Of 6.5% Or Higher Mean You Have Diabetes. recommended Goal Of Hba1c Is <7%. The Higher The Hemoglobin A1c, The Higher Your Risk Of Having Complications Related To Diabetes. A Combination Of Diet, Exercise, And Medication Can Bring Levels Down. People With Diabetes Should Have An A1c Test Every 3 Months To Make Sure Their Blood Sugar Is In Their Target Range. If Your Diabetes Is Under Good Control, You May Be Able To Wait Longer Between The Blood Tests. But Experts Recommend Checking At Least Two Times A Year. People With Diseases Affecting Hemoglobin, Such As Anemia, May Get Misleading Results With This Test. Other Things That Can Affect The Results Of The Hemoglobin A1c Include Supplements Such As Vitamins C And E And High Cholesterol Levels. Kidney Disease And Liver Disease May Also Affect The Test. People With Diseases Affecting Hemoglobin, Such As Anemia, May Get Misleading Results With This Test. Other Things That Can Affect The Results Of The Hemoglobin A1c Include Supplements Such As Vitamins C And E And High Cholesterol Levels. Kidney Disease And Liver Disease May Also Affect The Test.

### SEROLOGY

#### Blood Group (ABO)

A.B.O.	"O"
Rh(D)	POSITIVE





# DIYAMAN HOSPITAL Pvt. Ltd.

Pathology Division

पैथोलॉजी संकाय



Pathological Examination Report



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## CLINICAL PATHOLOGY

### Urine Examination Report

#### PHYSICAL

Volume	20		
Colour	LIGHT YELLOW	-	ml
Appearance	CLEAR	-	-

#### CHEMICAL

Reaction PH	6.0		
Specific Gravity	1.030	(4.5-8.0)	
Proteins	NIL	High (1.01-1.025)	
Sugar	NIL	NIL	
Blood	NIL	NIL	
Phosphates/urates	NIL	NIL	
Ketone Bodies	NIL	NIL	
Chyle	NIL	NIL	
Bile Pigment (Bilirubin)	NIL	-	
Bile Salt	NIL	NIL	
Urobilinogen	Normal	-	

#### MICROSCOPICAL

R B C	Absent		
Pus Cells	4-5	0-2 /hpf	/hpf
Epithelial Cells	1-2	0-5 /hpf	/hpf
Crystals	Nil		
Yeast Cells	Absent		
Casts	Absent		
BACTERIA	Absent		

\*\*\* End of Report \*\*\*

THANKS FOR REFERENCE  
 Consultant Pathologist  
 DR.S. SRIVASTAVA M.D(PATH)

TECHNICIAN  
 16833



Consultant Pathologist  
 DR.VASUNDHARA SINGH M.D (PATH)



# DIYAMAN HOSPITAL Pvt. Ltd.

पैथोलॉजी संकाय

Pathology Division



Pathological Examination Report



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# दिव्यमान मल्टी स्पेशलिटी हॉस्पिटल



**Dr. Neena (Asthana) Srivastav**

M.B.B.S., D.G.O.  
Obstetrician, Gynaecologist & Surgeon  
(O.P.D. Closed on Saturday)

**डॉ. नीना (अस्थाना) श्रीवास्तव**

एम.बी.बी.एस, डी.जी.ओ.  
प्रसूति, स्त्री रोग विशेषज्ञ एवं सर्जन  
(ओ.पी.डी. शनिवार बन्दी)

PT Name. : MRS RUBI KANNAUJIYA	Age. : 33 YEAR	Gender. : Female
OPD No. : 1032	UHID. : UHID961	Guardian. : MR SUDHIR KUMAR
Under Dr. : DR. NEENA ASTHANA	Department. : OBS & GYNAE	Qualification. : MBBS DGO
Date. : 08-03-2024	Address. : KALILABAD SANTKABIR NAGAR	Contact : 9307035514

Bp 120/60 mmHg

*Fucherry*

*S. M. K. W. S.*

Weight 46-kg

o/h  
P1  
by - 24-4 months  
MI - 4y - Dr. Shivas  
M14 - key  
- @flew  
5/30

*Alc*

W11 - 29/2  
U10w1  
8/3/24  
CWL

H396  
T11  
H397  
H398  
H399  
H400

H357  
H358  
H359



**:- अन्य विभाग :-**

- प्रसूति एवं स्त्री रोग
- मेडिसिन एवं आई.सी.यू.
- न्यूरोलॉजी
- जनरल व लैप्रोस्कोपिक सर्जरी
- शिशु, बाल रोग एवं एन.आई.सी.यू.
- ऑर्थोपेडिक सर्जरी
- यूरोलॉजी
- न्यूरोसर्जरी
- डायलिसिस
- कार्डियोलॉजी
- नाक, कान, गला रोग
- छाती रोग
- फिजियोथेरेपी एवं रिहैबिलिटेशन
- प्राकृतिक उपचार
- रेडियोलॉजी एवं पैथोलॉजी
- माइयूलर ओ.टी., सी.आर्म

समय : सोमवार से शुक्रवार को दोपहर 10 बजे से शाम 04 बजे तक, रविवार को दोपहर 02 बजे से शाम 04 बजे तक  
 नम्बर लगाने एवं पूछताछ हेतु नम्बर : 7525969999, 8173006932, 0551-2506300  
 नोट : प्रसूति एवं स्त्री रोग विभाग को अलावा सभी ओ.पी.डी. की सेवाएँ रविवार को बन्द रहेंगी।

24 घण्टे इमरजेंसी, एक्स-रे, ई.सी.जी.,  
 ई.ई.जी. एवं पैथोलॉजी की सुविधा उपलब्ध

पता : वीर बहादुर सिंह स्पोर्ट्स कॉलेज के सामने, राजाजी बरगदवा बाईपास रोड, राप्ती नगर फेज-1, गोरखपुर -273003 ई-मेल - dmhgkp@gmail.com





# दिव्यमान हॉस्पिटल प्राइवेट लिमिटेड



• ईमेल : dmhgkp@gmail.com • फोन नं० : 0551-2506300 • मो० : 7525968999, 8173006932

**RUBI**

PT Name. : MRS. RUBI KANNAUJIYA      Age. : 33 YEAR      Gender. : Female  
 OPD No. : 1026      UHID. : UHID958      Guardian. : MR SUDHIR CHAUDHARI  
 Refr. Dr. : DR ASHOK KUMAR SRIVASTAVA      Department. : GENERAL MEDICINE      Qualification. : MBBS MD  
 Date. : 08-03-2024      Address. : SANTKABIR NAGAR      Contact : 9307035514

SpO2 120/60mmHg Pulse 81      Spo2      Weight 46 kg      Temp

eyes 25/25

lung ✓

114/51 MP

REG-WM

Beta WM

USG Abdomen-MAD

Hb 9.6%

LFT (M) REBS 103.6 u/L

KFT (M) Urea-MAD

hep profile (M) Hb A1c 3.7%

Blood group O+ve

asy. chit - MAD

No

tab Bandy Plus 15

App on next due to m

*[Signature]*

8/3/2024



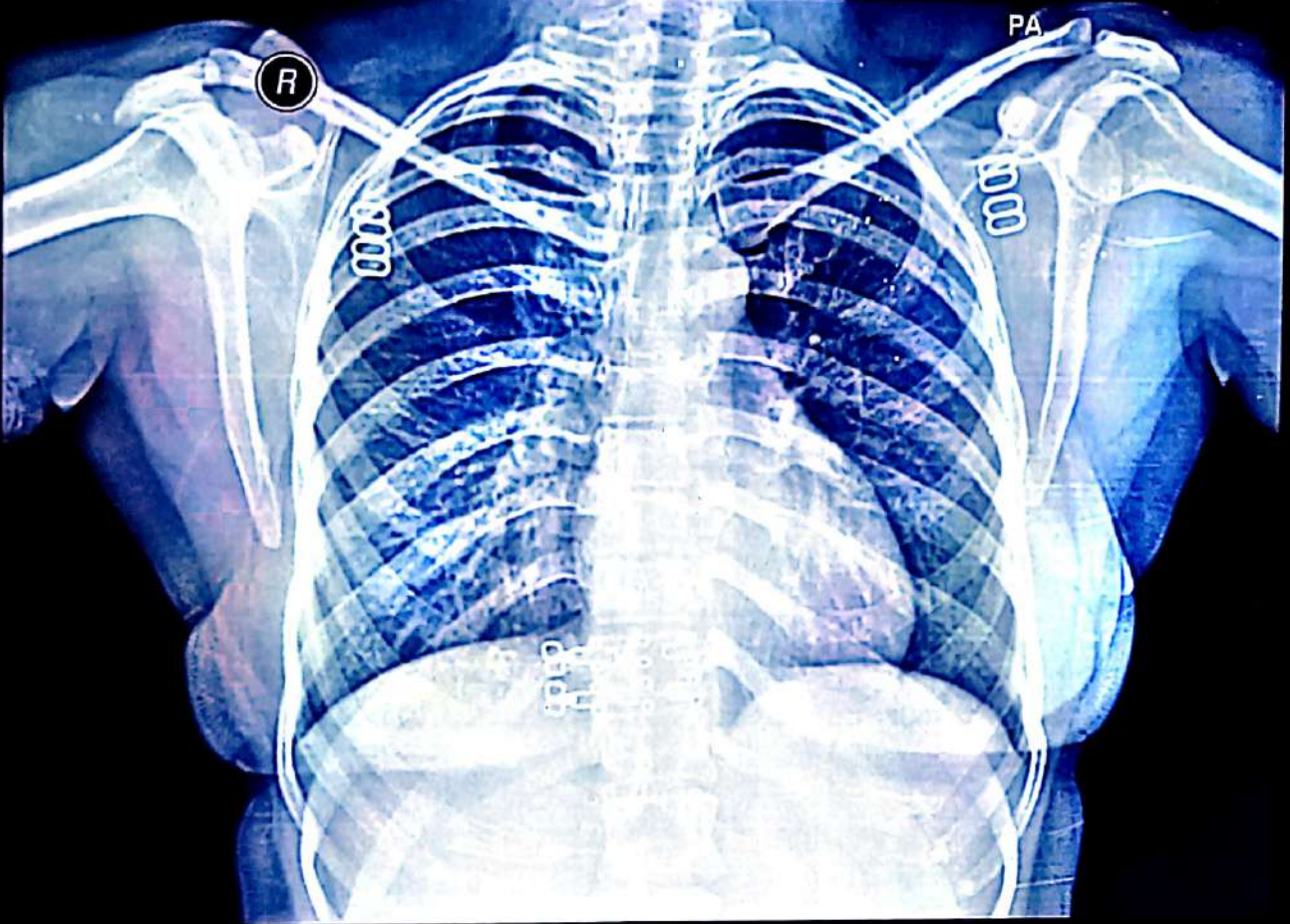
**:- अन्य विभाग :-**

- प्रसूति एवं स्त्री रोग
- शिशु, बाल रोग एवं एन.आई.सी.यू.
- डायलिसिस
- फिजियोथेरेपी एवं रिहैबिलिटेशन
- मेडिसिन एवं आई.सी.यू.
- ऑर्थोपेडिक सर्जरी
- कार्डियोलॉजी
- प्राकृतिक उपचार
- न्यूरोलॉजी
- यूरोलॉजी
- नाक, कान, गला रोग
- रेडियोलॉजी एवं पैथोलॉजी
- जनरल व लैप्रोस्कोपिक सर्जरी
- न्यूरोसर्जरी
- छाती रोग
- माइव्हालर ओ.टी., सी.आर्म

**इमरजेंसी 24 घण्टे**

पता : वीर बहादुर सिंह स्पोर्ट्स कॉलेज के सामने, अजायी बरगदवा बाईपास रोड, राप्ती नगर फेज-1, गोरखपुर -273003  
 रजि. आफिस : 731-एच, शारदा शिवालय, आनन्द बिहार कॉलोनी, राप्ती नगर फेज-1, पोस्ट आफिस-आरोग्य मन्दिर, गोरखपुर-273003

RUBI KANNAUJIYA 33Y/F/X080301/F/08-Mar-2024



KT MRI & CT SCAN CENTRE, GORAKHPUR, PH-8417000900









PATIENT NAME	Mrs. RUBY KANOJIYA	SAMPLE COLLECTED ON	09-03-2024
AGE / SEX	33 Y / Female	REPORT RELEASED ON	09/03/2024
COLLECTED AT	Inside	REPORTING TIME	4:28:52PM
RECEIPT No.	16,854	PATIENT ID	16884
REFERRED BY Dr.	DMH		

INVESTIGATION	T3 Triiodo Thyroid, T4 Thyroxine, TSH,,
---------------	---

Tests	Results	Biological Reference Range	Unit
<b>IMMUNOLOGY</b>			
T3 Triiodo Thyroid	1.06	(0.69 - 2.15)	ng/ml
T4 Thyroxine	108.2	(52 - 127) ng/ml	ng/ml
TSH	1.93	(0.3-4.5) uIU/ml	uIU/ml

Method : Sandwich Chemluminescence Immunoassay.

Remarks:

1. Total Serum T3 And T4 Concentration Is Dependent Upon A Multiplicity Of Factors. Thyroid Gland Function And Its Regulation, Thyroxine Binding Globulin (tbg) Concentration And The Binding Of T3 & T4 To Tbg. Thus, Total T3 & T4 Concentration Alone Is Not Sufficient To Assess The Clinical Status.
2. A Decrease In Total Tri - Iodothyronine Values Is Found With Protein - Wasting Diseases, Certain Liver Diseases And Administration Of Testosterone, Diphenylhydantoin Or Salicylates.
3. Total Serum Tetra - Iodothyronine Values May Be Elevated Under Conditions Such As Pregnancy Or Administration Of Oral Contraceptives.
4. A Decrease In Total Tetra - Iodothyronine Values Is Found With Protein - Wasting Diseases, Certain Liver Diseases And Administration Of Testosterone, Diphenylhydantoin Or Salicylates.
5. Serum Tsh Concentration Is Dependent Upon A Multiplicity Of Factors: Hypothalamus Gland Function, Thyroid Gland Function, And The Responsiveness Of Pituitary To Trh. Thus, Tsh Concentration Alone Is Not Sufficient To Assess The Clinical Status.
6. Serum Tsh Values May Be Elevated By Pharmacological Intervention, Domperidone, Amiodazon, Iodide, Phenobarbital, Phenytoin Have Been Reported To Increase Tsh Levels.
7. A Decrease In Tsh Values Has Been Reported With The Administration Of Propranolol, Methimazol, Dopamine, And D - Thyroxine.
8. Genetic Variations Or Degradation Of Intact Tsh Into Subunits May Affect The Binding Characteristics Of The Antibodies And Influence The Final Result. Such Sampes Normally Exhibit Different Results Among Various Assay Systems Due To The Reactivity Of The Antibodies Involved.

THANKS FOR REFERENCE

\*\*\* End of Report \*\*\*

Consultant Pathologist  
DR.S. SRIVASTAVA M.D(PATH)

TECHNICIAN  
16884

Consultant Pathologist  
DR.VASUNDHARA SINGH M.D (PATH)

Page 1 of 1

Fully Computerised Lab Equipped with Modern Technologies

सुविधाएँ : • सभी प्रकार की पैथोलॉजिकल जांचें • बायोप्सी • एफ.एन.ए.सी. • पैप स्मैजर • हॉर्मोन्स ( प्रतिदिन रिपोर्ट ) • साइटोलॉजी • योन मैरो • HbA1c • स्पेशल टेस्ट ( 24 घंटे )

For Home Collection Dial : 9076655547

पता : वीर बहादुर सिंह स्पोर्ट्स कॉलेज के सामने, अज्ञांची बागदवा बाईपास रोड, राप्ती नगर-1, मोरछपुर - 273 003 मो. : 8173006932

Clinical correlation is essential for final diagnosis. In case of disparity test must be repeated. This report is not valid for medicolegal purpose.