

Patient Name Mrs Pratibha Srinivasa MRN : 181601 Age 34 Sex F Date/Time 10/02/24

Mob No. ....

**Investigations : (Please Tick)**

- CBC
- ESR
- CRP
- S-Vit D3
- S-Vit B12
- RBS
- B Sugar - F/PP
- HbA1C
- LFT/KFT
- PT
- INR
- RA Factor
- Anti CCP
- HLA B27
- ANA
- HIV
- HBsAg
- Anti HCV

- ESR ↑

**Vitals**

- B.P.
- HR
- SPO2
- Temp

**Medical Illness**

- Hypertension
- Diabetes
- Thyroid
- Cardiac Disease
- Drug Allergies

**Next Appointment/Follow up**

Signature :

**Dr. Bhawna Garg**  
MBBS, D.I.P.G.O., PGDHA  
MEDICAL CO ORDINATOR  
RJN Apollo Spectra Hospital  
Reg.No. MP18035

Patient NAME : Mrs. PRATIKA SHRIVASTAVA	Collected : 10/Feb/2024 10:03AM
Age/Gender : 34 Y 0 M 0 D /F	Received : 10/Feb/2024 10:30AM
UHID/MR NO : ILK.00037902	Reported : 10/Feb/2024 12:59PM
Visit ID : ILK.111403	Status : Final Report
Ref Doctor : Dr.ARCOFEMI HEALTHCARE LIMITED	Client Name : INSTA

**DEPARTMENT OF HEMATOLOGY**

**COMPLETE BLOOD COUNT- CBC / HAEMOGRAM , WHOLE BLOOD EDTA**

Haemoglobin (Hb%)	12.7	gm%	11.5-16.0	Cyanmeth
P.C.V (Hematocrit)	38.9	%	35-49	Cell Counter
RBC Count	4.9	Mill./cu mm	4.00-5.50	Cell Counter
Mean Corpuscular Volume(MCV)	79.0	fL	76-96	Calculated
Mean Corpuscular Hb. (MCH)	25.9	pg	27.0-32.0	Calculated
Mean Corp. Hb. Conc.(MCHC)	32.7	g/dl	30.0-35.0	Calculated
RDW	15.1	%	11-16	Calculated
Total WBC count (TLC)	8,800	/cu mm	4000-11000	Cell Counter

**Differential Count by Flowcytometry/Microscopy**

Neutrophils	68.7	%	50-70	Cell Counter
Lymphocytes	21.6	%	20-40	
Monocytes	5.6	%	01-10	Cell Counter
Eosinophils	3.2	%	01-06	Cell Counter
Basophils	0.9	%	00-01	Cell Counter

**Absolute Leucocyte Count**

Neutrophil (Abs.)	6,038	per cumm	2000 - 8000	Calculated
Lymphocyte (Abs.)	1899	per cumm	600-4000	Calculated
Monocyte (Abs.)	496	per cumm	0-600	Calculated
Eosinophil (Abs.)	283	per cumm	40-440	Calculated
Basophils (Abs.)	77	per cumm	0-110	Calculated
Platelet Count	3.10	Lac/cmm	1.50-4.00	Cell Counter

**ERYTHROCYTE SEDIMENTATION RATE (ESR)**

Erythrocyte Sedimentation Rate (ESR)	40	mm 1st hr.	0-20	Wester Green
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SIN NO : 10436010

*A.K. Rajan*

**DR. ASHOK KUMAR**  
M.D. (PATH)

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**DEPARTMENT OF HEMATOLOGY**

**BLOOD GROUPING(A,B,O) AND RH FACTOR , WHOLE BLOOD EDTA**

Blood Grouping	AB		Slide/Tube Agglutination
Rh (D) Type	POSITIVE		Slide/Tube Agglutination

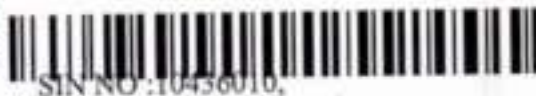
**BLOOD PICTURE - PERIPHERAL SMEAR EXAMINATION , WHOLE BLOOD EDTA**

**RBC'S** : Normocytic Normochromic RBC's.  
No cytoplasmic inclusions or hemoparasite seen.

**WBC'S** : Normal in number , morphology and distribution. No toxic granules seen.  
No abnormal cell seen.

**PLATELETS** : Adequate on smear .

**IMPRESSION** ; NORMOCYTIC NORMOCHROMIC BLOOD PICTURE.



SIN NO :10436010,

*A.K. Fojora*

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UHID/MR NO : ILK.00037902	Reported : 10/Feb/2024 11:06AM
Visit ID : ILK.111403	Status : Final Report
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**DEPARTMENT OF BIOCHEMISTRY-ROUTINE**

Test Name	Result	Unit	Bio. Ref. Range	Method
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**GLUCOSE - FASTING (FBS) , NAF PLASMA**

Fasting Glucose	89.0	mg/dL	65-110	God - Pod
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Ref.for Biological Reference Intervals: American Diabetic Assiosation.

**GLUCOSE, POST PRANDIAL (PP), 2 HOURS (POST MEAL) , FLUORIDE PLASMA**

Post Prandial Glucose	110.0	mg/dL	90-140	2hrs. after...gm glucose/lunch
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Ref.for Biological Reference Intervals: American Diabetic Assiosation.



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**DEPARTMENT OF BIOCHEMISTRY-ROUTINE**

Test Name	Result	Unit	Bio. Ref. Range	Method
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**GLYCOSYLATED HAEMOGLOBIN (GHB/HBA1C) , WHOLE BLOOD EDTA**

Glycosylated Haemoglobin HbA1c	6.1	%	Normal: <5.7 Pre-Diabetes: 5.7-6.4 Diabetes: 6.5	NEPHELOMETRY
Approximate mean plasma glucose	128.66			Calculated

Ref.for Biological Reference Intervals: American Diabetes Association.

**INTERPRETATION:**

The A1C test measures your average blood glucose for the past 2 to 3 months. Diabetes is diagnosed at an A1C of greater than or equal to 6.5%.

Therapeutic goals for glycemic control (ADA)

-Adults:

- Goal of therapy: <7.0% HbA1c
- Action suggested: >8.0% HbA1c

-Pediatric patients:

- Toddlers and preschoolers: <6.5% (but >7.5%)
- School age (6-12 years): <8%
- Adolescents and young adults (13-19 years): <7.5%

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18, Vikas Nagar, Near Sai Baba Temple, Gwalior - 474009 (M.P.) Ph.: 0751-2454600, Mob. : 8269663137, Email: ipc.rjn@gmail.com

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**DEPARTMENT OF BIOCHEMISTRY-ROUTINE**

Test Name	Result	Unit	Bio. Ref. Range	Method
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**COMPLETE KIDNEY PROFILE (RFT/KFT) , SERUM**

Urea	18.17	mg/dL	13.0-43.0	Urease
Creatinine	0.5	mg/dL	0.5-1.3	Enzymatic
Uric Acid	3.8	mg/dL	2.6-6.0	Urease
Sodium	137.0	Meq/L	135-155	Direct ISE
Potassium	4.0	Meq/L	3.5-5.5	Direct ISE
Chloride	102.0	mmol/L	96-106	Direct ISE
Calcium	9.2	mg/dL	8.6-10.0	OCPC
Phosphorous	3.1	mg/dL	2.5-5.6	PMA Phenol
BUN	8.49	mg/dL	6.0-20.0	Reflect Spectrophoto



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**DEPARTMENT OF BIOCHEMISTRY-ROUTINE**

Test Name	Result	Unit	Bio. Ref. Range	Method
<b>LIPID PROFILE , SERUM</b>				
Type OF Sample	SERUM			
Total Cholesterol	186.0	mg/dl	up to 200	End Point
Total Triglycerides	74.0	mg/dL	Borderline High Risk : 150-199 High Risk: 200-499 Very High Risk: >500	End Point
HDL Cholesterol	65.0	mg/dL	Optimal: >55 Border Line High Risk: 35-55 High Risk:- <35	Reflect Spectrothoto
Non - HDL Cholesterol	121	mg/dL	<130	
LDL Cholesterol	106.2	mg/dL	63-167	Reflect Spectrothoto
VLDL Cholesterol	14.8	mg/dL	5.0-40.0	Reflect Spectrothoto
Chol / HDL Ratio	2.86		Low Risk : 3.3-4.4 Average Risk : 4.5-7.1 Moderate Risk : 7.2-11.0 High Risk : >11.0	CALCULATED

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**DEPARTMENT OF BIOCHEMISTRY-ROUTINE**

Test Name	Result	Unit	Bio. Ref. Range	Method
<b>LIVER FUNCTION TEST (LFT) WITH GGT , SERUM</b>				
Total Bilirubin	0.5	mg/dL	0.2-1.2	Jendrassik-Grof
Direct Bilirubin	0.1	mg/dL	0.0-0.3	Jendrassik-Grof
Indirect Bilirubin	0.4	mg/dL	0.0-0.9	Calculated
SGOT / AST	18.0	U/L	1-30	UV Kinetic (IFCC)
SGPT / ALT	17.0	U/L	1-34	UV Kinetic (IFCC)
Alkaline Phosphatase	99.0	U/L	43-115	PNPP
Gamma Glutaryl Transferase (GGT)	14.0	U/L	0.0-55.0	Reflect Spectrophoto
Total Protein	7.0	g/dl	6.4-8.3	Biuret
Albumin	4.4	g/dL	3.5-5.2	BCG
Globulin	2.6	g.dl	2.0-3.5	Calculated
A/G Ratio	1.69	%	1.0-2.3	Calculated



SIN NO : 10456010

*A.K. Ashok Kumar*

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**DEPARTMENT OF BIOCHEMISTRY-SPECIAL**

Test Name	Result	Unit	Bio. Ref. Range	Method
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**THYROID PROFILE-I, SERUM**

Trilodothyronine Total (TT3)	1.26	ng/dL	0.6-1.8	Chemiluminisence
Thyroxine (TT4)	10.26	µg/dL	4.5-10.9	Chemiluminisence
Thyroid Stimulating Hormone (TSH)	2.077	µIU/ml	0.35-5.50	Chemiluminisence

**COMMENT :-** Above mentioned reference ranges are standard reference ranges.

**AGE RELATED GUIDLINES FOR REFERENCE RANGES FOR TSH**

TSH	NEW BORN	INFANT	CHILD	ADULT
(u IU/ml)	0.52-38.9	1.7-9.1	0.7-6.4	0.3-5.6

**PREGNENCY RELATED GUIDLINES FOR REFERENCE RANGES FOR TSH**

TSH	1st Trimester	2nd & 3rd Trimester
(u IU/ml)	0.2 - 2.5	0.3 - 3.0

**NOTE :-** TSH levels are subject to circadian variation, reaching peak levels between 2-4 AM and at a minimum between 6-10 PM. Dose and time of drug intake also influence the test result.

**Ultrasensitive kits used.**

Serum T3/ FT3, T4/FT4 and TSH measurements form three components of thyroid screening panel.

- Primary hypothyroidism is accompanied by elevated serum T3 & T4 values alongwith depressed TSH level.
- Primary hypothyroidism is accompanied by elevated serum T3 & T4 values & elevated serum TSH level.
- Normal T3 & T4 levels with high TSH indicate mild / subclinical HYPOTHYROIDISM.
- slightly elevated T3 levels may be found in pregnancy and in estrogen therapy while depressed levels may be encountered in severe illness, malnutrition, renal failure and during therapy with drugs like propranolol.
- Although elevated TSH levels are nearly always indicative of primary hypothyroidism. Rarely they can result from TSH secreting pituitary tumours ( secondary hyperthyroidism).



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**DEPARTMENT OF CLINICAL PATHOLOGY**

Test Name	Result	Unit	Bio. Ref. Range	Method
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**CUE - COMPLETE URINE ANALYSIS , URINE**

**Physical Examination**

Colour	PALE YELLOW			Visual
Appearance	Clear			Visual
pH	6.0		5.0-7.5	Dipstick
Specific Gravity	1.010		1.002-1.030	Dipstick

**Chemical Examination**

Albumin Urine/ Protein Urine	NIL		NIL	Dipstick/Heat Test
Glucose Urine	NIL		NIL	Dipstick/Benedict
Urobilinogen	NIL		NIL	Dipstick/Ehrlichs
Ketones	NIL		NIL	Dipstick/Rotheras
Bile Salts	ABSENT		ABSENT	Dipstick
Bile Pigments	ABSENT		ABSENT	Dipstick/Fouchets
Nitrite	ABSENT		ABSENT	Dipstick

**Microscopic Examination.**

Pus Cells	2-3	/Hpf	0-5	
Epithelial Cells	5-7	Hpf	<10	
RBC	ABSENT	/Hpf	ABSENT	
Casts	ABSENT		ABSENT	
Crystals	ABSENT		ABSENT	
Bacteria	NORMALLY PRESENT		NORMALLY PRESENT	
Budding Yeast Cells	Absent		Absent	

\*\*\* End Of Report \*\*\*

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- CBC
- ESR
- CRP
- S-Vit D3
- S-Vit B12
- RBS
- B Sugar - F/PP
- HbA1C
- LFT/KFT
- PT
- INR
- RA Factor
- Anti CCP
- HLA B27
- ANA
- HIV
- HBsAg
- Anti HCV

Health check up  
 49 Ear (R) EAC - wax ⊕  
 (L) in TMJ  
 Nose (L) Ext - wax  
 DENT ⊕ side  
 muc congenital  
 Thru wax

**Vitals**

- B.P.
- P.R.
- SpO2
- Temp

R-  
 (Red Wax and Active - fluidity)  
 xed

**Medical Illness**

- Hypertension
- Diabetes
- Thyroid
- Cardiac Disease
- Drug Allergies

Tab Allergo - M - wax  
 (D)

**Next Appointment/Follow up**

Signature: [Signature]  
 RjN Apollo Spectra Hospitals



Patient ID 161901

02/10/2024

Female

34yrs Indian

Medic

BRUCE: Total Exercise Time 08:11

Max HR: 162 bpm 87% of max predicted 186 bpm HR at rest: 89

Max BP: 140/90 mmHg Max RPP: 22400 mmHg\*bpm

Maximum Workload: 11.20 METS

Max ST: -2.30 mm, 0.00 mV/s in II; EXERCISE STAGE 1 01:29

Arrhythmia: A:115, VPB:1, PVC:51, VTACH:1, RUN:2, CPVT:3

ST/HR index: 1.02  $\mu$ V/bpm

Location Number: \* 0

Test Reason:

Medical History:

Ref. MD: Ordering MD:

Technician: Test Type:

Comment:

Phase Name	Stage Name	Time in Stage	Speed (mph)	Grade (%)	Workload (METS)	HR (bpm)	BP (mmHg)	RPP (mmHg*bpm)	VE (/min)	ST Level (II mm)	Comment
PRETEST	SUPINE	00:40	0.50	0.00	1.1	92			2	-0.80	
EXERCISE	STAGE 1	03:00	2.20	10.00	5.7	126	120/80	15120	3	-0.85	
	STAGE 2	03:00	3.00	12.00	8.2	144	130/90	18720	7	-1.20	
	STAGE 3	02:12	3.80	14.00	11.2	162	140/90	22680	2	-1.10	
RECOVERY		02:04	0.00	0.00	1.0	118	130/90	15340	0	-0.60	

Test is Negative for Exercise Induced Ischemia.

Dr. Abhishek Sharma  
 MD, Cardiology  
 Interventional Cardiology  
 Director, Interventional Cardiology  
 Director, Cardiac Catheterization Lab



SHIVASTAVA, PRATIKSHA

Patient ID 161901

02/10/2024

1:22:32pm

Linked Medians

PRETEST

SUPINE

00:23

89 bpm

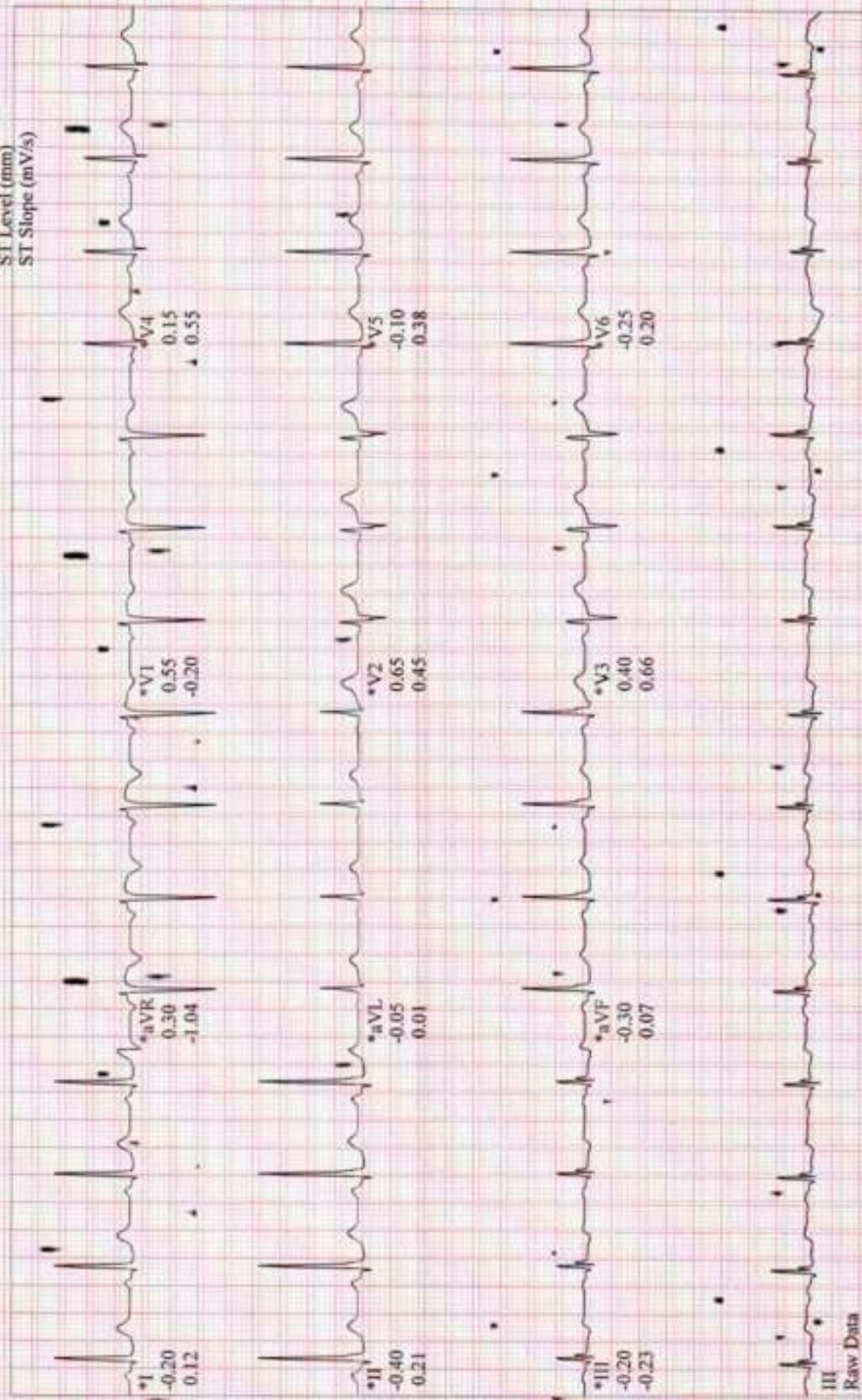
BRUCE

0.0 mph

0.0 %

RATAN JYOTI DALMIA HEART INSTITUTE

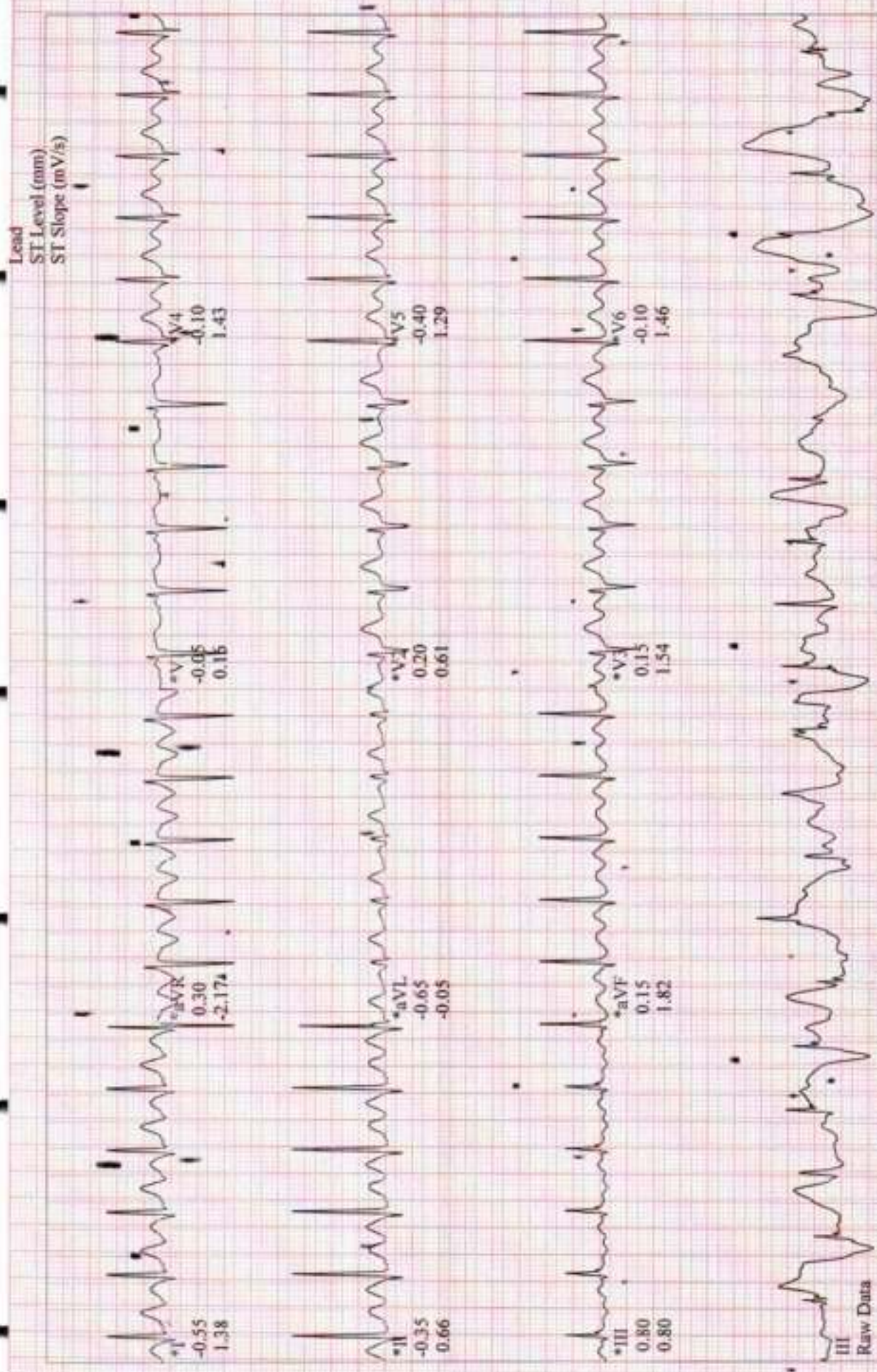
Lead  
ST Level (mm)  
ST Slope (mV/s)



III  
Raw Data

\*Computer Synthesized Rhythms





\*Computer Synthesized Rhythms



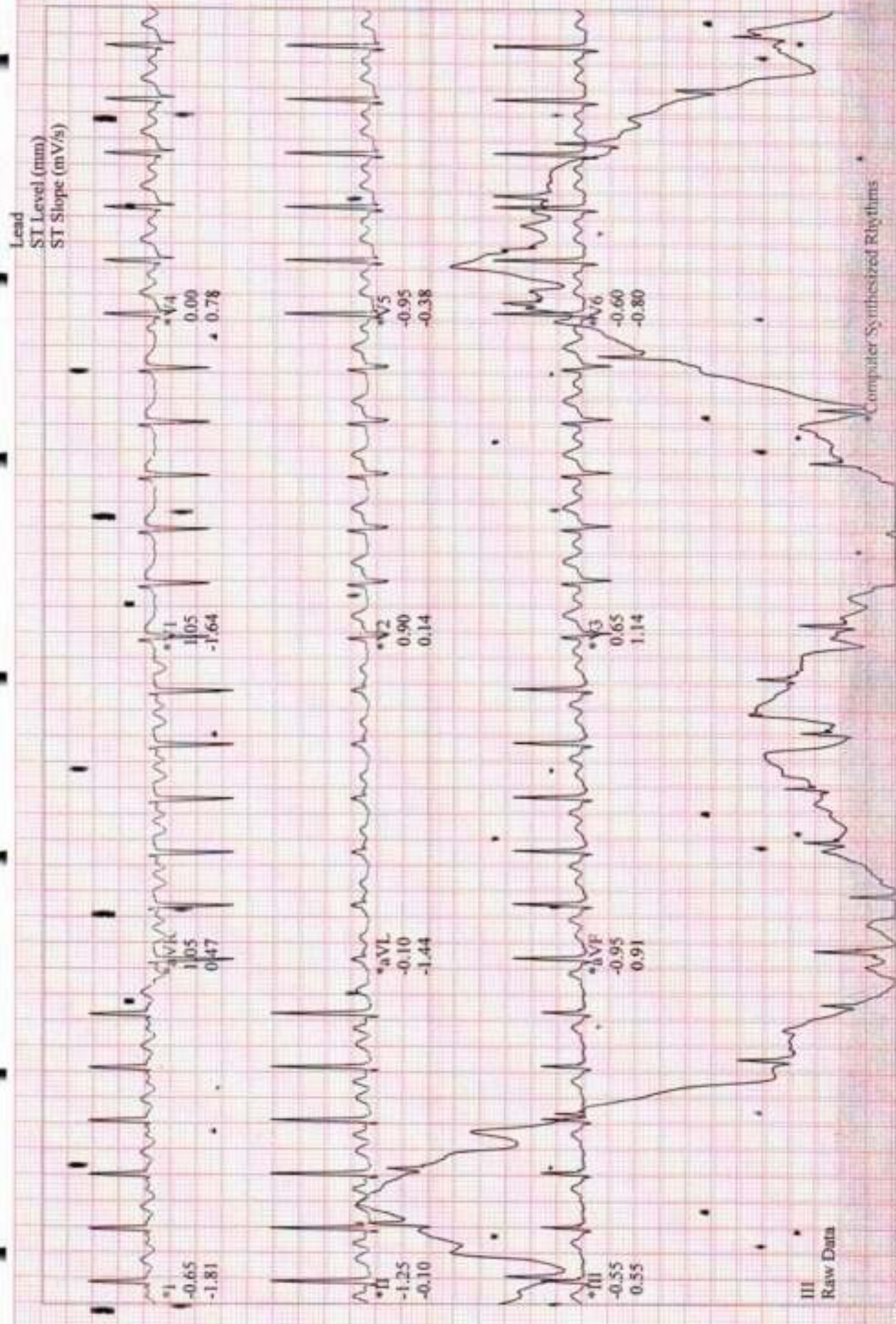
SIRIVASTAVA, PRATIKSHA  
Patient ID 161901  
02/10/2024  
1:28:38pm

Linked Medians  
EXERCISE  
STAGE 2  
05:50

144 bpm  
130-90 mmHg

BRUCE  
3.0 mph  
12.0 %

RATAN JYOTI DALMIA HEART INSTITUTE



III  
Raw Data

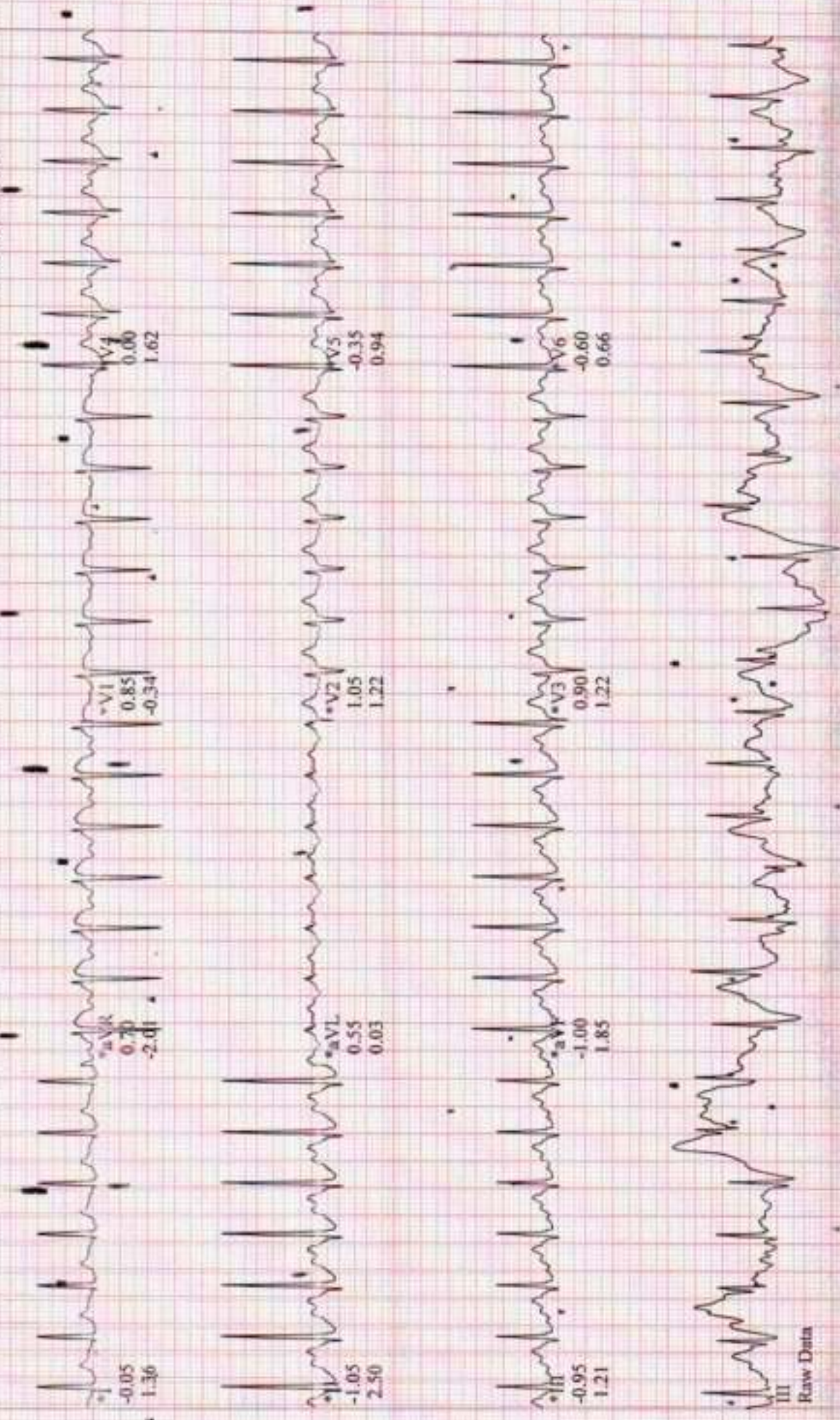
Computer Synthesized Rhythms



160 bpm  
140/90 mmHg

Lead

ST Level (mm)  
ST Slope (mV/s)



Raw Data

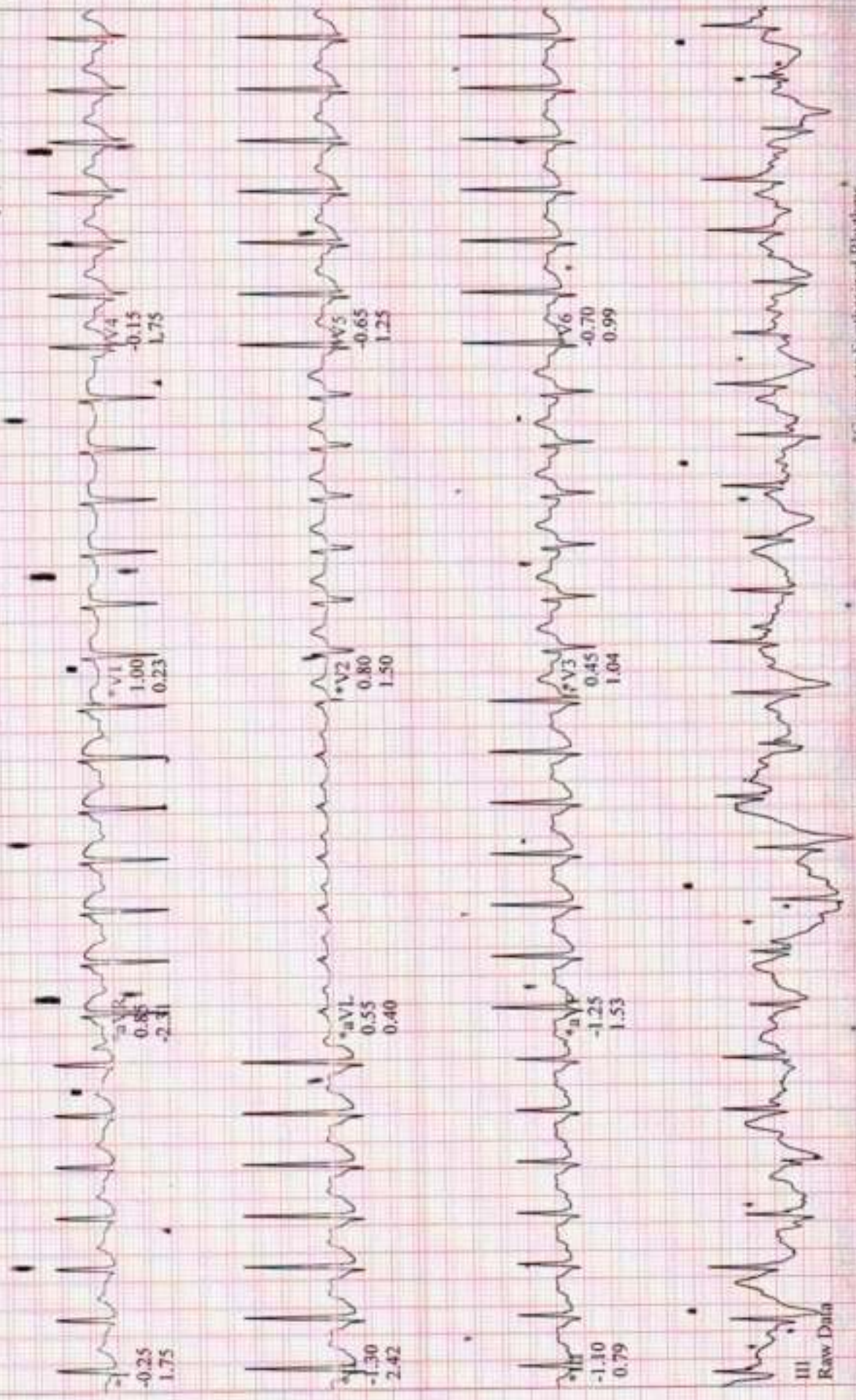
\*Computer Synthesized Rhythms



Linked Medians (PEAK EXERCISE )  
EXERCISE BRUCE  
STAGE 3 3.8 mph  
08:12 14.0 %

SPRIVASTAVA, PRATIKSSA  
Patient ID 161901  
02/10/2024  
1:30:59pm  
162 bpm  
140/90 mmHg

Lead  
ST Level (mm)  
ST Slope (mV/s)



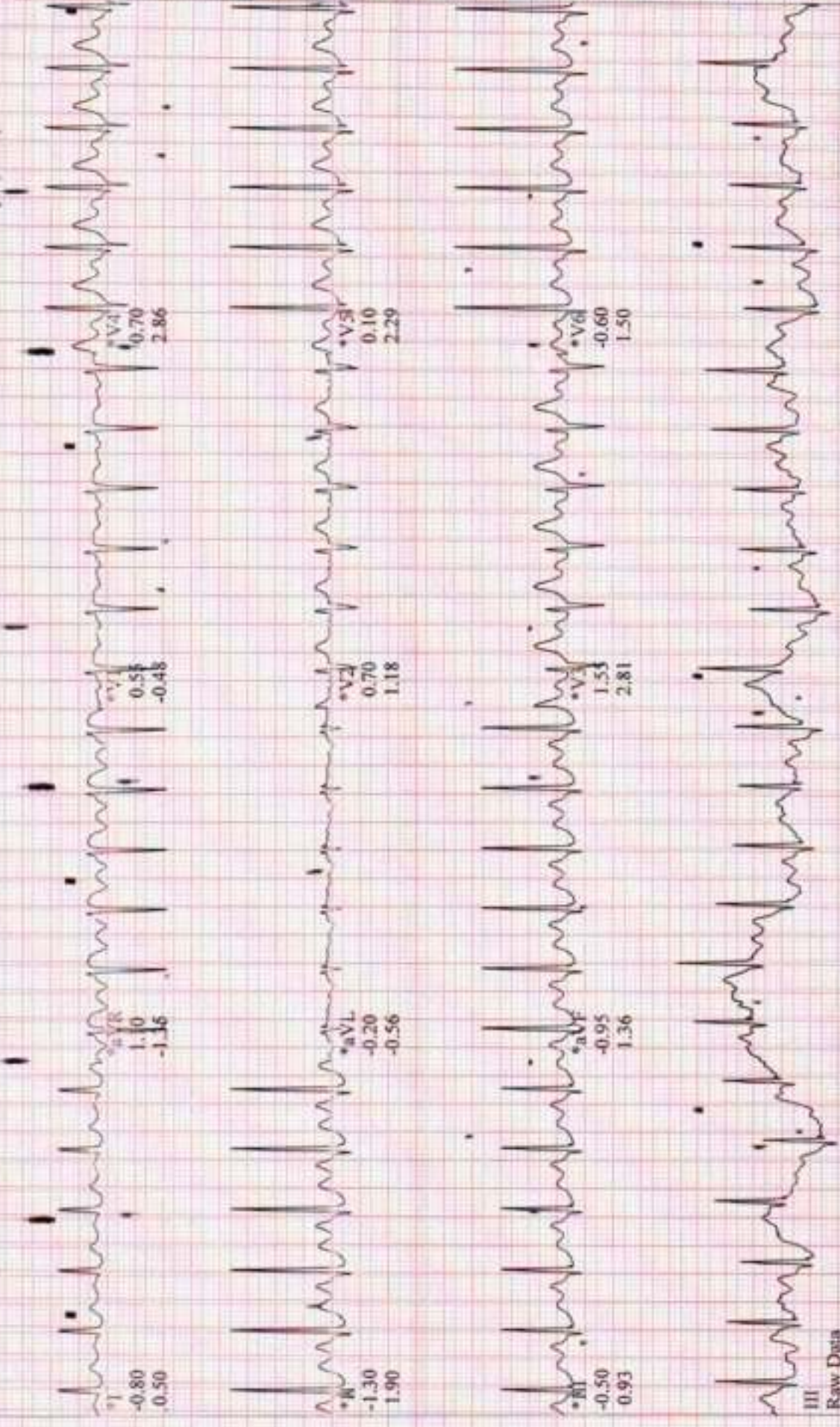
\*Computer Synthesized Rhythms\*



Lead

ST Level (mm)

ST Slope (mV/s)



Raw Data

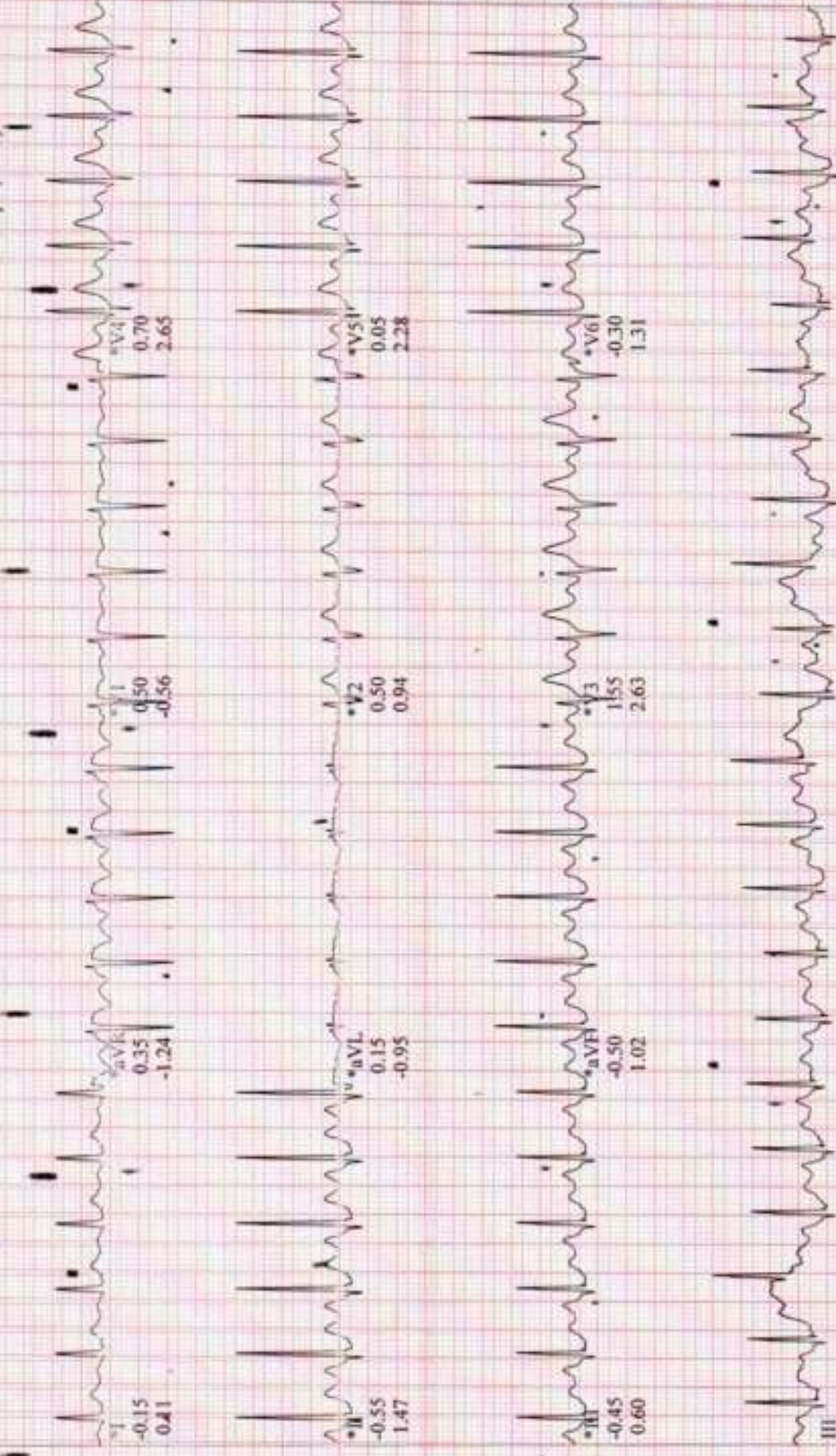
\*Computer Synthesized Rhythms



Lead

ST Level (mm)

ST Slope (mV/s)



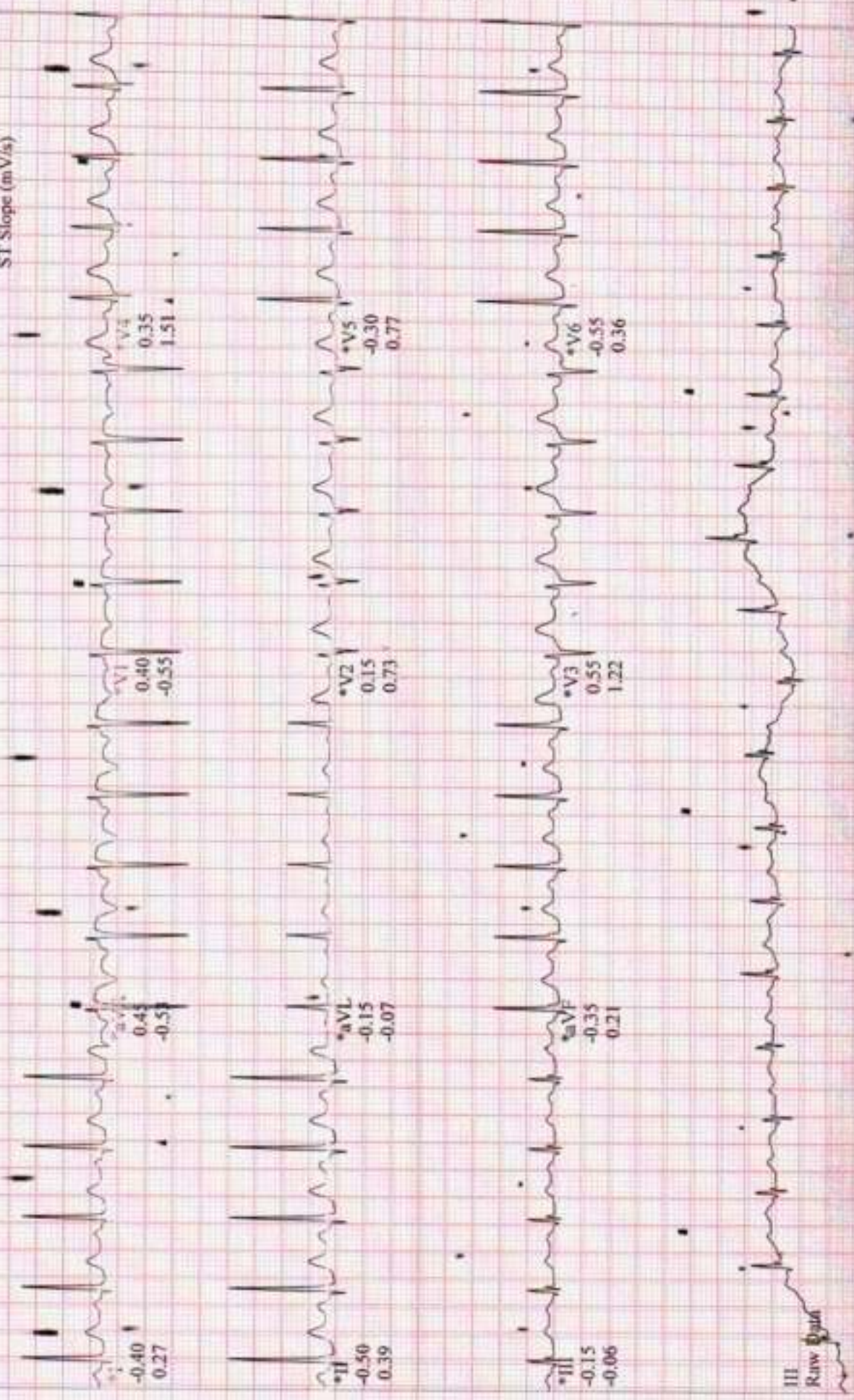
Raw Data

\*Computer Synthesized Rhythm



Lead

ST Level (mm)  
ST Slope (mV/s)





**PATIENT NAME** - PRATI KSHA SHRIVASTAVA 34Y/F  
**REFERRED BY** - HEALTH CHECKUP  
**DATE** - 10/02/2024  
**INVESTIGATION** - USG WHOLE ABDOMEN

**IMAGING FINDINGS:-**

**Liver** appears normal in size, position, shape and margin. Parenchyma shows increased echogenicities. The intrahepatic biliary and portal venous radicles appear normal. Hepatic veins and portal vein are normal.

**Gall Bladder** is well distended. GB wall and lumen content appears normal. No echogenic focus within GB lumen. Visualized **CBD** is of normal caliber.

**Spleen** appears normal in size (~8.6cm), position, shape, echotexture and margin. No any focal lesion within splenic parenchyma. Splenic vein is normal and undilated.

**Pancreas** is well visualized, appears normal in size, shape and echotexture. Pancreatic duct is not dilated. No USG evidence of obvious measurable focal lesion.

**Both Kidneys:** Measurements are right kidney -10x2.9cm and left kidney -10x4.4cm. Both kidneys are normal in position, size, shape, surface, echotexture and cortico-medullary differentiation. Bilateral PC systems are compact. No significant calculus or hydronephrosis on either side. Ureters are undilated on either side.

**Urinary Bladder** is partially distended

**TAS:-**

**Uterus** is anteverted, appears normal in size measures ~7.4x3.8cm, position and echotexture. No obvious measurable myometrial focal lesion. Endometrium is linear, regular and normal in thickness (~6.7mm). No abnormal endometrial collection. **Cervix** is normal. **POD** is clear.

**Both Ovaries** are normal in size, shape and echotexture. No abnormal measurable mass or cyst in adnexal region.

No obvious ascites.

**OPINION:- Features are suggestive of-**

- Grade I fatty liver

**Suggested clinical correlation/Follow up imaging.**

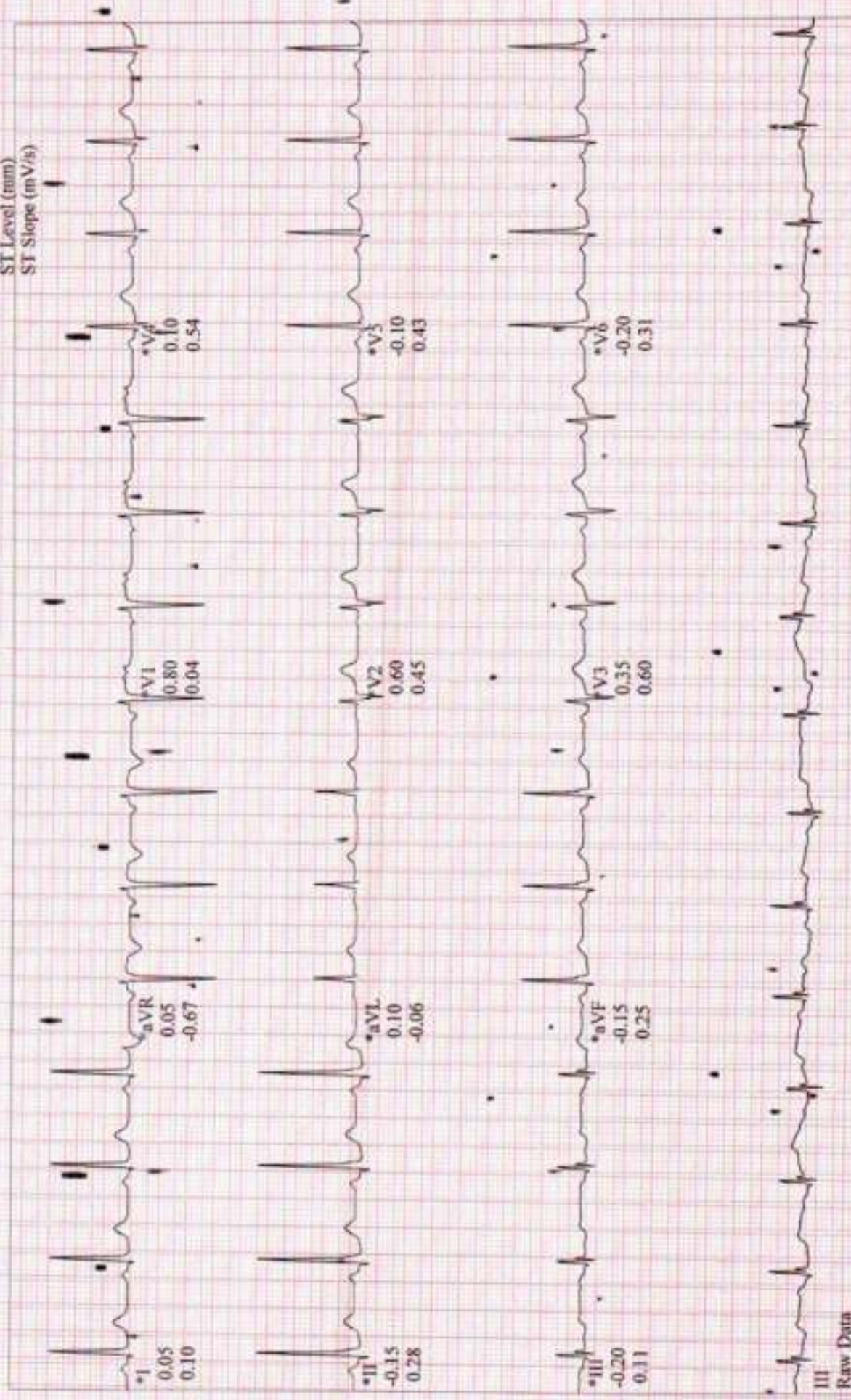
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**DR. SAKSHI CHAWLA**  
(MD RADIODIAGNOSIS)

Disclaimer: The science of radiology is based upon interpretation of shadows of normal and abnormal tissue. This is neither complete nor accurate; hence, findings should always be interpreted in to the light of clinico-pathological correlation. This is a professional opinion, not a diagnosis. Not meant for medico legal purposes. For any kind of typing error, please intimate us within 7 days of reporting.



Lead  
ST Level (mm)  
ST Slope (mV/s)



Raw Data

\*Computer Synthesized Rhythms



<b>Patient Name</b>	<b>PRATI KSHA SHRIVASTAVA</b>	<b>Age</b>	<b>34Yrs</b>
<b>Date</b>	<b>10-02-2024</b>	<b>Sex</b>	<b>FEMALE</b>

### CHEST X RAY (PA VIEW)

Both lung fields appear clear.

Both costo-phrenic angles appear clear.

Cardiothoracic ratio is normal.

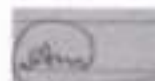
Both domes of diaphragm appear normal.

Thoracic soft tissue and skeletal system appear unremarkable.

#### **IMPRESSION:**

- **No significant abnormality is noted**

*Please correlate clinically and with related investigations may be more informative.*



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Consultant Radiologist

RMC-NO-26828/14866



