



# दिव्यमान मल्टी स्पेशलिटी हॉस्पिटल



**Dr. Neena (Asthana) Srivastav**

M.B.B.S., D.O.G.  
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 बंदी)

PT Name : ANWANTIKA SINGH	Age : 30	Gender : Female
OPD No : 846	UHID : UHID823	Guardian : ASHTBHUJA
Under Dr. : DR. NEENA ASTHANA	Department : CBS & GYNAE	Qualification : MBBS DGO
Date : 23/02/2024	Address : RAPTINAGAR GORAKHPUR	Contact : 6386868448

C/o Medi wheel

Op 110/70mmHg  
Weight 70kg

o/h  
T/gto.

ap 24. heart (C)  
h/10  
Hypotension  
cephe.

L.M.I. 17/1/24.

• Sachchayan  
• Depano.

Ad  
(Injua MP 100mg  
3day)  
M/R 100mg

• Ferric sulfate 100mg  
144V

Day 23/2  
Fexofenadine 120mg  
x 2 capsules 1A D  
E-W (C)

23/2

### अन्य विभाग :-

- प्रसूति एवं स्त्री रोग
- मेडिसिन एवं आई.सी.यू.
- न्यूरोलॉजी
- जनसंख्या व परिवारकेंद्रीक सर्जरी
- शिशु, बाल रोग एवं एम.आई.सी.यू.
- अंतर्विदेशिक सर्जरी
- फ्लोरोलॉजी
- न्यूरोसर्जरी
- इन्फेक्शियस
- कार्डियोलॉजी
- माक, कान, घाला रोग
- घाली रोग
- पेट्रिजोबिरीय एवं रिट्रोविरी
- प्राकृतिक उपचार
- पैडियाट्रिअंसी एवं पेट्रिजोअंसी
- माइक्रोबाय ओ.टी., सी.आ

समय : सोमवार से शुक्रवार को दोपहर 10 बजे से शाम 04 बजे तक, शनिवार को दोपहर 02 बजे से शाम 04 बजे तक  
 सप्ताह सप्ताहके एवं पुश्तलाक हेतु नम्बर : 7925969999, 8173006932, 0551-2506300  
 24 घण्टे इमरजेंसी, एम.ए.ई. इंडीजी एवं पेट्रिजोअंसी की सुविधा

6-मैत्र - 0551-2506300

# MAN HOSPITAL Pvt. Ltd.

Pathology Division

पैथोलॉजी संकाय



Pathological Examination Report

PATIENT NAME	Mrs. AWANTIKA SINGH	SAMPLE COLLECTED ON	23-02-2024
AGE / SEX	30 Y / Female	REPORT RELEASED ON	23/02/2024
COLLECTED AT	Inside	REPORTING TIME	3:15:31PM
RECEIPT No.	16,407	PATIENT ID	16437
REFERRED BY Dr.	DMH		

INVESTIGATION COMPLETE BLOOD COUNT, Lipid Profile, KIDNEY FUNCTION TEST, LIVER FUNCTION TEST, Glycosylated Haemoglobin, Blood Sugar Random, T3 Triiodo Thyroid, T4 Thyroxine, TSH, Blood Group (ABO), Urine Examination Report.

Tests	Results	Biological Reference Range	Unit
<b>IMMUNOLOGY</b>			
T3 Triiodo Thyroid	1.19	(0.69 - 2.15)	ng/ml
T4 Thyroxine	104.6	(52 - 127) ng/ml	ng/ml
TSH	2.44	(0.3-4.5) uIU/ml	uIU/ml

Method : Sandwich Chemiluminescence Immunoassay.

Remarks:

- 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.
- A Decrease In Total Tri - Iodothyronine Values Is Found With Protein - Wasting Diseases, Certain Liver Diseases And Administration Of Testosterone, Diphenylhydantoin Or Salicylates.
- Total Serum Tetra - Iodothyronine Values May Be Elevated Under Conditions Such As Pregnancy Or Administration Of Oral Contraceptives.
- A Decrease In Total Tetra - Iodothyronine Values Is Found With Protein - Wasting Diseases, Certain Liver Diseases And Administration Of Testosterone, Diphenylhydantoin Or Salicylates.
- 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.
- Serum Tsh Values May Be Elevated By Pharmacological Intervention, Domperidone, Amiodazon, Iodide, Phenobarbital, Phenytoin Have Been Reported To Increase Tsh Levels.
- A Decrease In Tsh Values Has Been Reported With The Administration Of Propranolol, Methimazol, Dopamine, And D - Thyroxine.
- 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.

Shot on OnePlus  
By gaurav



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Tests	Results	Biological Reference Range	Unit
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**CLINICAL PATHOLOGY**

**Urine Examination Report**

**PHYSICAL**

Volume	20	-	ml
Colour	STRAW	-	-
Appearance	CLEAR	-	-

**CHEMICAL**

Reaction PH	6.5	(4.5-8.0)	-
Specific Gravity	1.010	(1.01-1.025)	-
Proteins	NIL	NIL	-
Sugar	NIL	NIL	-
Blood	NIL	NIL	-
Phosphates/urates	NIL	NIL	-
Ketone Bodies	NIL	NIL	-
Chyle	NIL	-	-
Bile Pigment (Bilirubin)	NIL	NIL	-
Bile Salt	NIL	-	-
Urobilinogen	Normal	-	-

**MICROSCOPICAL**

R B C	Absent	0-2 /hpf	/hpf
Pus Cells	2-3	0-5 /hpf	/hpf
Epithelial Cells	1-2	-	-
Crystals	Nil	-	-
Yeast Cells	Absent	-	-
Casts	Absent	-	-
BACTERIA	Absent	-	-

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

THANKS FOR REFERENCE

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

TECHNICIAN  
16437

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

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सिंह स्पेशलिटी कॉलेज के सामने, खन्नांची बरगदवा बाईपास रोड, राजी नगर-1, गोरखपुर - 273 003 मो. : 8173006932



# AMAN HOSPITAL Pvt. Ltd.

Pathology Division

पैथोलॉजी संकाय



Pathological Examination Report

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Tests	Results	Biological Reference Range	Unit
<b>LIVER FUNCTION TEST</b>			
Bilirubin (Total)	0.8	(0.10 - 1.20)mg/dl	mg/dl
Bilirubin (Direct)	0.3	(0.00-0.40)mg/dl	mg/dl
Bilirubin (in Direct)	0.5	(0.00-0.70) mg/dl	mg/dl
SGOT (AST)	39.6	0-40	IU/L
SGPT (ALT)	40.2	0.0-42.0	IU/L
Serum Alkaline Phosphatase	130.6	80.0-290.0	U/L
Serum Total Protein	6.5	6.0-7.8	gm/dl
Serum Albumin	3.7	3.5-5.0	gm/dl
Serum Globulin	2.8	2.3-3.5	gm/dl
A/G Ratio	1.32	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.

<b>KIDNEY FUNCTION TEST</b>			
Blood Urea	35.9	15.0-45.0	mg/dl
Serum Creatinine	0.8	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	139.1	136.0-149.0	mmol/l
Serum Potassium	3.8	3.5-5.5	mmol/l
Serum Calcium	8.7	8.0-10.5	mg/dl

Shot on OnePlus  
By gaurav

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Tests	Results	Biological Reference Range	Unit
<b>Glycosylated Haemoglobin</b>			
HbA1c	5.6	(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. "A"  
Rh(D) POSITIVE

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Pathology Division



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Pathological Examination Report

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Tests	Results	Biological Reference Range	Unit
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## BIOCHEMISTRY

Blood Sugar Random	98.1	70-160 mg/dl	mg/dl
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Method: enzymatic-colorimetric God-pod Method, end Point.  
Reference Value :  
Fasting ( Diabetes 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 (diabetes 200 Mg% Or More; With Presenting Symptoms.)

### Lipid Profile.

Total Cholestrol	178.5	125-200mg/dl Normal Value	mg/dL
H D L Cholestrol	44.5	(30-70 mg%)	mg%
Triglyceride	128.9	(60-165mg/dL)	mg/dL
V L D L	25.78	(5-40mg%)	mg%
L D L Cholestrol	108.22		mg/dl

50 Optimal  
50-100 Near/Above Optimal

TC/HDL	4.2	(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 Cholestrol ,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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**REPORT**

I.D. NO U/23/02/07  
PATIENT NAME Ms. AWANTIKA SINGH  
REF. BY DIVYAMAN HOSPITAL

February 23, 2024  
AGE /SEX 31 Y / F

**USG: WHOLE ABDOMEN (Female)**

Liver - is enlarged in size (179.6 mm) with grade-I fatty 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 (96.0 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 (37.6x49.0x61.8 mm). Endometrial cavity is normal. ET- 7.6mm.  
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 (right measures approx 20.6x26.7x36.3mm volume 10.4cc & left measures approx 19.6x27.7x37.8 mm volume 10.7cc) are normal.

No evidence of Ascites / Retroperitoneal Lymphadenopathy.

**IMPRESSION**

- **HEPATOMEGALY WITH FATTY LIVER GRADE-I.**

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)

THIS REPORT IS NOT FOR MEDICO LEGAL PURPOSES





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Ph. Manager : 8417000898  
Ph. Directors : 9415212566, 9415211286  
E-mail : knspl.gkp@gmail.com

## REPORT

### AORTIC VALVE

Morphology **Normal/Thickening/Calcification/Restricted opening/Flutter/Vegetation**  
No of cusps 1/2/3/4

Doppler **Normal/Abnormal**  
Aortic stenosis Present/Absent Level  
PSG\_ mmHg Aortic annulus\_ mm  
Aortic regurgitation Absent/Trivial/Mild/Moderate/Severe.

Measurements	Values (Cm)	Measurements	Values (Cm)
Aorta :	2.84	LAcs :	3.34
Lves :		Lved :	3.97
IVSed :	1.09	PW (LV):	
RVed :		RV Anterior wall	
EF :	60%	IVC	

IVSmotion **Normal/Flat/Paradoxical/Other**

### CHAMBERS

LV	<b>Normal/Enlarged/Clear/Thrombus/Hypertrophy/RWMA</b>
LA	<b>Normal/Enlarged/Clear/Thrombus</b>
RA	<b>Normal/Enlarged/Clear/Thrombus</b>
RV	<b>Normal/Enlarged/Clear/Thrombus</b>
Pericardium	<b>Normal/Thickening/Calcification/Effusion</b>

### IMPRESSION

- NO RWMA AT REST
- NORMAL LV FUNCTION
- LVEF 60% 2D,
- NORMAL SIZE CARDIAC CHAMBER
- NO I/C CLOT/VEG
- NO PERICARDIAL EFFUSION.

Shot on OnePlus  
By gaurav  
Cardiologist



Shot on OnePlus  
By gaurav

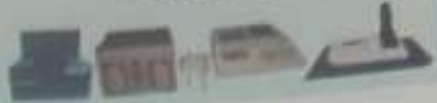
# SHYAMAN HOSPITAL Pvt. Ltd.

Pathology Division

पैथोलॉजी संकाय



Pathological Examination Report



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Tests	Results	Biological Reference Range	Unit
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## HAEMATOLOGY

### COMPLETE BLOOD COUNT

Haemoglobin	9.7	Low (Men :13.5-18.0 G%) (Women :11.5-16.4 G%) (4000-11000 /cumm)	G% /cumm
Total Leukocyte Count (TLC)	7300		
<b>Differential Leukocyte Count (DLC)</b>			
Polymorph	70	(40-80)%	%
Lymphocyte	27	(20-40)%	%
Eosinophil	03	(01-6)%	%
Monocyte	00	Low (02-08)%	%
Basophil	00	(<1%)	%
R. B. C.	4.47	(4.2 - 5.5) million/cmm	million/ /Litre
P. C. V. (hemotocrite)	27.1	Low (36-50) Litre/Litre	%
M. C. V.	60.4	Low (82-98) fl	fL
M. C. H.	21.3	Low (27Pg - 32Pg)	Pg
M. C. H. C.	35.2	(21g/dl - 36g/dl)	g/dl
Platelete Count	2,23	(1.5-4.0 lacs/cumm)	/cumm

Shot on OnePlus  
By gaurav

**REPORT**

ID. NO	X/23/02/02	February 23, 2024
PATIENT NAME	MS. AWANTIKA SINGH	AGE/SEX 31 Y/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**



- CT Scan यंत्रण, CT, सीट आदि
- CT Angiography
- Digital X-ray



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



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



Seating 3.8m

THIS REPORT IS NOT FOR MEDICO LEGAL PURPOSE

**REPORT**

I.D. NO 11 : U/23/02/08 February 23, 2024  
 Patient's Name: : MS. AWANTIKA SINGH AGE/SEX :31 YRS / F  
 Ref by Dr. : DIVYAMAN HOSPITAL

**2D- ECHO**

**MITRAL VALVE**

Morphology **AML-** Normal/Thickening/Calcification/Flutter/Vegetation/Prolapse/Sam/Doming.  
**PML-** Normal/Thickening/Calcification/Prolapse/Paradoxical motion/Fixed.  
 Subvalvular deformity Present/Absent Score :  
 Doppler **Normal/Abnormal** E>A A>E  
 Mitral Stenosis Present/Absent RR Interval\_ msec  
 EDG\_ mmHg MDG\_ mmHg MVA\_ cm2  
 Mitral Regurgitation Absent/Trivial/Mild/Moderate/Severe.

**TRICUSPID VALVE**

Morphology **Normal/Atresia/Thickening/Calcification/Prolapse/Vegetation/Doming.**  
 Doppler **Normal/Abnormal.**  
 Tricuspid stenosis Present/Absent RR Interval\_ msec.  
 EDG\_ mmHg MDG\_ mmHg  
 Tricuspid regurgitation/Absent/Trivial/Mild/Moderate/Severe Frangmemed signals.  
 Velocity\_ msec. Pred. RVSP=RAP+\_ mmHg

**PULMONARY VALVE**

Morphology **Normal/Atresis/Thickening/Doming/Vegetation.**  
 Doppler **Normal/Abnormal**  
 Pulmonary stenosis Present/Absent Level  
 PSG\_ mmHg Pulmonary annulus\_ mm  
 Pulmonary regurgitation Present/Absent  
 Early diastolic gradient\_ mmHg. End diastolic gradient\_ mmHg

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