



D-170, 170-A, 170-B, Sector 50, Noida 201301  
 Phones : 0120 - 4880000, 3120000



Patient NAME : M301425  
 Sample Coll. DATE : 03-Feb-2024 09:32 AM  
 UHID : 280968  
 IPD No. / Ward : /  
 Referring Doctor : Dr. Rakesh Malhotra (H)  
 Passport No. :  
 Age / Sex : 42 YRS / Female  
 Sample Receiving DATE : 03-Feb-2024 09:46 AM  
 Reporting DATE : 03-Feb-2024 10:28 AM  
 Approved DATE : 03-Feb-2024 10:53 AM

**DEPARTMENT OF HAEMATOLOGY**

**BLOOD GROUPING (ABO AND RH) (Automated EDTA)**

Date	Status	Unit	Bin Ref Interval
03/Feb/24 12:33PM			
Blood Group (agglutination method)	'W'		
Rh Type (agglutination method)	POSITIVE		

Prepared By : Mrs. Anita

Printed By : Mrs. Mala

These values are only indicative not confirmatory of diagnosis; Kindly correlate clinically.  
 (\*) Test conducted under NABL scope MC-3302, Neo Hospital Laboratory, Noida.



D-170, 170-A, 170-B, Sector 50, Noida 201301

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Certificate No. 14-2019-0540

M301425	Age / Sex	: 42 YRS / Female
Patient NAME	: Mrs. RUPALI SINGH	
Sample Coll. DATE	: 03-Feb-2024 12:35 PM	Sample Receiving DATE
UHID	: 280968	: 03-Feb-2024 12:59 PM
IPD No. / Ward	: /	Reporting DATE
Referring Doctor	: Dr. Rakesh Malhotra (H)	: 03-Feb-2024 01:18 PM
Passport No.	:	Approved DATE
		: 03-Feb-2024 01:21 PM

### DEPARTMENT OF BIOCHEMISTRY

#### Blood Sugar Fasting\* (Specimen - FLUOROIDE)

Date	Status	03/Feb/24 01:18PM	Unit	Bio Ref Interval
Blood Sugar Fasting (serum/plasma(post fast))		93.0	mg/dl	70-140

#### Blood Sugar Post Prandial\* (Specimen - FLUOROIDE)

Date	Status	03/Feb/24 01:21PM	Unit	Bio Ref Interval
Blood Sugar Post Prandial (serum/plasma (post fast))		95.0	mg/dl	70.0-140.0

Prepared By : Mrs. Anita

Printed By : Mrs. Mala

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D-170, 170-A, 170-B, Sector 50, Noida 201301

Phones : 0120 - 4880000, 3120000



Patient NAME	: M301425	Age / Sex	: 42 YRS - Female
Sample Coll. DATE	: 03-Feb-2024 09:32 AM	Sample Receiving DATE	: 03-Feb-2024 09:46 AM
U/HID	: 280968	Reporting DATE	: 03-Feb-2024 10:23 AM
IPD No. / Ward	: /	Approved DATE	: 03-Feb-2024 12:59 PM
Referring Doctor	: Dr. Rakesh Malhotra (H)		
Passport No.	:		

**DEPARTMENT OF HAEMATOLOGY**

**Complete Haemogram\* (Serum, EDTA)**

Date	Status	03 Feb 24 12:59 PM	Unit	Bio-Ref Interval
Haemoglobin (whole blood/photometric method)	L	6.6	g/dl	13.0-17
Total Leucocyte Count (TLC) (whole blood/impedance method)		5300	cells/c.mm	4000-10000
Neutrophil	H	70.8	%	45-70
Lymphocyte		21.1	%	20-40
Eosinophils	L	9.9	%	1.0-5.0
Monocytes		7.1	%	2.0-10.0
Basophils		0.1	%	0.0-1.0
Packed Cell Volume (PCV) (whole blood/calculated)	L	22.5	%	36-46
Red Blood Cell Count (whole blood/impedance method)		4.2	million/c.mm	3.8-4.8
Mean Cell Volume (MCV) (whole blood/calculated)	L	53.9	f	83-101
Mean Cell Haemoglobin (MCH) (whole blood/calculated)	L	15.8	pg	27-32
MCHC (whole blood/calculated)	L	29.3	g/dl	31.5-34.5
RDW - CV	H	19.5	%	11.0-16.0
Platelet Count (whole blood/impedance method)		3.0	lakh/c.mm	1.5-4.0
MPV (Mean Platelet Volume)		9.3	fL	6.5-12.0
ESR		15	mm/hr	0-15

**Interpretation :**

Complete Haemogram\* : EDTA Whole Blood-Tests done on Automated Five Part Cell Counter. (Hb is performed by photometric method,WBC,RBC,Platelet Count by impedance method,WBC differential by Flow Cytometry technology other parameters calculated) All Abnormal Haemograms are reviewed confirmed microscopically.

Prepared By : Mrs. Ania

Printed By : Mrs. Mala

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Patient NAME	: M301425 Mrs. RUPALI SINGH	Age / Sex	: 42 YRS / Female
Sample Coll. DATE	: 03-Feb-2024 09:32 AM	Sample Receiving DATE	: 03-Feb-2024 09:36 AM
UHID	: 280968	Reporting DATE	: 03-Feb-2024 10:51 AM
IPD No. / Ward	: /	Approved DATE	: 03-Feb-2024 10:55 AM
Referring Doctor	: Dr. Rakesh Malhotra (H)		
Passport No.	:		

**DEPARTMENT OF IMMUNOLOGY**

**Free Thyroid Profile (FT3, FT4, TSH) (Serum) (DDUM)**

Date	Status	03/ Feb/24 11:17AM	Unit	Bio Ref Interval
FT3		3.57	pg/ml	1.4-5.8
FT4		0.94	ng/dL	0.87-1.71
TSH		2.42	µIU/ml	0.25-5.00

Interpretation :

Free Thyroid Profile (FT3, FT4, TSH) :

Interpretation:-

TSH	T3 / FT3	T4 / FT4	Suggested Interpretation for the Thyroid Function Tests Pattern
Within Range	Decreased	Within Range	. Isolated Low T3-often seen in elderly & associated Non-Thyroidal illness. In elderly the drop in T3 level can be upto 25%.
Raised	Within Range	Within Range	. Isolated High TSH especially in the range of 4.7 to 16 mIU/ml is commonly associated with Physiological & Biological TSH Variability. . Subclinical Autoimmune Hypothyroidism . Intermittent T4 therapy for hypothyroidism . Recovery phase after Non-Thyroidal illness
Raised	Decreased	Decreased	. Chronic Autoimmune Thyroiditis . Post thyroidectomy, Post radioiodine . Hypothyroid phase of transient thyroiditis
Raised or within Range	Raised	Raised or within Range	. Interfering antibodies to thyroid hormones (anti-TPO antibodies) . Intermittent T4 therapy or T4 overdose . Drug interference- Amiodarone, Heparin Beta blockers, statins, anti-epileptics
Decreased	Raised or within Range	Raised or within Range	. Isolated Low TSH- especially in the range of 0.1 to 0.4- often seen in elderly & associated with Non-Thyroidal illness . Subclinical Hypothyroidism . Thyroxine ingestion
Decreased	Decreased	Decreased	. Central Hypothyroidism . Non-Thyroidal illness . Recent treatment for Hyperthyroidism (TSH remains suppressed)
Decreased	Raised	Raised	. Primary Hyperthyroidism (Graves disease), Multinodular goiter, Toxic nodule . Transient thyroiditis Postpartum, Silent (lymphocytic), Postviral (granulomatous subacute, DeQuervain), Gestational thyrotoxicosis with hyperemesis gravidarum

Prepared By : Mrs. Anita

Printed By : Mrs. Mala

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Certificate No. 11-2010-0040

patient ID	: M301425	Age / Sex	: 42 YRS / Female
Patient NAME	: Mrs. RUPALI SINGH	Sample Receiving DATE	: 03-Feb-2024 09:46 AM
Sample Coll. DATE	: 03-Feb-2024 09:32 AM	Reporting DATE	: 03-Feb-2024 10:51 AM
UHID	: 280968	Approved DATE	: 03-Feb-2024 10:55 AM
IPD No. / Ward	: /		
Referring Doctor	: Dr. Rakesh Malhotra (H)		
Passport No.	:		

**DEPARTMENT OF IMMUNOLOGY**

Decreased or within Range	Raised	Within Range	. T3 toxicosis . Non-Thyroidal illness
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Certificate No. 14-2019-0040

Patient NAME : M301425  
 Sample Coll. DATE : 03-Feb-2024 09:32 AM  
 LHID : 280968  
 IPD No. / Ward : /  
 Referring Doctor : Dr. Rakesh Malhotra (H)  
 Passport No. :  
 Age / Sex : 47 YRS / Female  
 Sample Receiving DATE : 03-Feb-2024 09:46 AM  
 Reporting DATE : 03-Feb-2024 11:17 AM  
 Approved DATE : 03-Feb-2024 12:10 PM

DEPARTMENT OF BIOCHEMISTRY

**HbA1c** (Glycerol : F/G/S)

Date	Status	03Feb24 01:18PM	Unit	Bio Ref Interval
HbA1c		4.5	%	<5.7
AVERAGE BLOOD SUGAR		82.0	MG/DL	<117

Interpretation :

HbA1c:

Hba1c:

As per American Diabetes Association (ADA)	
Reference Group	HbA1c in %
Non-diabetic adults	<5.7%
Pre-diabetic	5.7-6.4%
Diabetic	>or = 6.5%
ADA Target	>7.0
Action suggested	>8.0

Glycation is nonenzymatic addition of sugar residue to amino groups of proteins. HbA1C is formed by condensation of glucose with n-terminal valine residue of each beta chain of hb a to form an unstable Schiff base. It is the major fraction, constituting approximately 80% of HbA1. Formation of glycated hemoglobin (GHb) is essentially irreversible and the concentration in the blood depends on both the lifespan of red blood cells (120 days) and the blood glucose concentration. The GHb concentration represents the integrated values for glucose over a period of 6 to 8 weeks. GHb values are free of day to day glucose fluctuations and are unaffected by recent exercise or food ingestion. Concentration of plasma glucose concentration in GHb depends on the time interval, with the most recent values providing a larger contribution than earlier values. The interpretation of GHb depends on RBC having normal life span. Patients with hemolytic disease or other conditions with shortened RBC survival exhibit a substantial reduction of GHb. High GHb is been reported in iron deficiency anaemia.

Prepared By : Mrs. Anita

Printed By : Mrs. Mala

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Certificate No. N-2019-0560

Lab No.	: M301425	Barcode	Age / Sex	: 42 YRS / Female
Patient NAME	: Mrs. RUPALI SINGH			
Sample Coll. DATE	: 03-Feb-2024 09:32 AM	Sample Receiving DATE	: 03-Feb-2024 09:56 AM	
UHID	: 280968	Receiving DATE	: 03-Feb-2024 10:31 AM	
IPD No. / Ward	: -	Approved DATE	: 03-Feb-2024 10:54 AM	
Referring Doctor	: Dr. Rakesh Malhotra (H)			
Passport No.	: -			

### DEPARTMENT OF BIOCHEMISTRY

#### KFT (Kidney Function Test)\* (Section - SC1106)

Date	Status	03Feb24 01:18PM	Unit	Bio Ref Interval
Blood Urea <small>(urease with indocyanine dye)</small>		15.0	mg/dl	18.0-37.0
Serum Creatinine <small>(enzymatic/creatinine aminolytic method)</small>		0.6	mg/dl	0.52-1.06
Uric Acid <small>(uricase/pectinase)</small>		3.7	mg/dl	2.0-6.2
Sodium (Na+) <small>(direct ion selective probe)</small>	L	136.0	mmol/L	137.0-145.0
Potassium (K+) <small>(direct ion selective probe)</small>		4.3	mmol/L	3.5-5.1
Chloride (Cl-) <small>(direct ion selective probe)</small>		104.0	mmol/L	98.0-107.0
Serum Calcium <small>(arsenazo dye)</small>		8.8	mg/dl	8.4-10.2
Phosphorus Serum <small>(phosphomolybdate reduction)</small>		3.4	mg/dl	2.5-4.5
Alkaline Phosphatase (ALP) <small>(4-nitrophenyl phosphate/arsenazo dye)</small>		83.0	U/L	38.0-126.0
Total protein <small>(buret/alkaline cupric sulphate)</small>		7.4	gm/dl	6.3-8.2
Albumin <small>(bromocresol green dye binding)</small>		4.2	gm/dl	3.5-5.0
Globulin (Calculated) <small>(calculated)</small>		3.2	gm/dl	2.0-3.8
Albumin/Globulin Ratio (Calculated) <small>(calculated)</small>		1.3	Ratio	1.0-2.1
eGFR <small>(calculated)</small>		109.6	ml/min	-

#### LFT (Liver Function Test) -Spectrophotometry\* (Section - SC1106)

Date	Status	03Feb24 01:18PM	Unit	Bio Ref Interval
Aspartate Transaminase (SGOT, AST) <small>(serum/biuret with pyruvate 2 phosphate/acetate dehydrogenase)</small>		23.0	U/L	14.0-36.0
SGPT, ALT (Alanine Transaminase) <small>(serum/biuret with pyruvate 2 phosphate/acetate dehydrogenase)</small>		20.0	U/L	<25.0
Alkaline Phosphatase (ALP)		83.0	U/L	38.0-126.0

Prepared By : Mrs. Anita

Printed By : Mrs. Mani

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Certificate No. 01-2018-2540

Barcode ID : M301425  
 Patient NAME : Mrs. RUPALI SINGH  
 Sample Coll. DATE : 03-Feb-2024 09:32 AM  
 LHID : 280968  
 IPD No. / Ward : /  
 Referring Doctor : Dr. Rakesh Malhotra (H)  
 Passport No. :  
 Age / Sex : 42 YRS / Female  
 Sample Receiving DATE : 03-Feb-2024 09:46 AM  
 Reporting DATE : 03-Feb-2024 10:51 AM  
 Approved DATE : 03-Feb-2024 10:54 AM

DEPARTMENT OF BIOCHEMISTRY

(Serum/Plasma/Whole blood/urine/CSF)

Total Protein (Serum/Plasma/Whole blood/urine/CSF)	7.4	gm/dl	6.3-8.2
Albumin (Serum/Plasma/Whole blood/urine/CSF)	4.2	gm/dl	3.5-5.0
Globulin (Calculated) (calculated)	3.2	gm/dl	2.0-3.8
Albumin/Globulin Ratio (Calculated) (calculated)	1.3	Ratio	1.0-2.1
GGT (Gamma Glutamyl Transpeptidase) (Serum/Plasma/Whole blood/urine/CSF)	14.0	U/L	12-31-40.0

Interpretation :

LFT (Liver Function Test) -Spectrophotometry\* : Note:

1. In an asymptomatic patient, Non alcoholic fatty liver disease (NAFLD) is the most common cause of increased AST, ALT levels. NAFLD is considered as hepatic manifestation of metabolic syndrome.
2. In most type of liver disease, ALT activity is higher than that of AST; exception may be seen in Alcoholic Hepatitis, Hepatic Cirrhosis, and Liver neoplasia. In a patient with Chronic liver disease, AST:ALT ratio>1 is highly suggestive of advanced liver fibrosis.
3. In known cases of Chronic Liver disease due to Viral Hepatitis B & C, Alcoholic liver disease or NAFLD, Enhanced liver fibrosis (ELF) test may be used to evaluate liver fibrosis.
4. In a patient with Chronic Liver disease, AFP and Des-gamma carboxyprothrombin (DCP/PIVKA II) can be used to assess risk for development of Hepatocellular Carcinoma.

Lipid Profile\* (Serum) - ROUTINE

Date	Status	03/Feb/24 01:18PM	Unit	Bio Ref Interval
Total Cholesterol (Serum/Plasma/Whole blood/urine/CSF)		98.0	mg/dl	<200
Triglyceride (Serum/Plasma/Whole blood/urine/CSF) *specimen for free glycerol		41.0	mg/dl	<100.0
HDL Cholesterol (Serum/Plasma/Whole blood/urine/CSF)		48.0	mg/dl	>40.0
LDL (calculated)		41.8	mg/dl	<100.0
VLDL (calculated)		8.2	mg/dl	<30
LDL/HDL Ratio (calculated)		0.87		<1.0
Total Cholesterol : HDL Ratio (calculated)		2.04		<1.0

Interpretation :

Lipid Profile\* :

Prepared By : Mrs. Anita

Printed By : Mrs. Mala

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Certificate No. N-2018-0349

M301425	Barcode	Age / Sex	: 42 YRS / Female
Patient NAME	: Mrs. RUPALI SINGH	Sample Receiving DATE	: 03-Feb-2024 09:06 AM
Sample Coll. DATE	: 03-Feb-2024 09:32 AM	Reporting DATE	: 03-Feb-2024 10:51 AM
UHID	: 280968	Approved DATE	: 03-Feb-2024 10:54 AM
IPD No. / Ward	: /		
Referring Doctor	: Dr. Rakesh Malhotra (H)		
Passport No.	:		

DEPARTMENT OF BIOCHEMISTRY

NATIONAL LIPID ASSOCIATION RECOMMENDATIONS (NLA-2014)	TOTAL CHOLESTEROL in mg/dL	TRIGLYCERIDE in mg/dL	LDL CHOLESTEROL in mg/dL	NON HDL CHOLESTEROL in mg/dL
Optimal	<200	<150	<100	<130
Above Optimal	-	-	100-129	130-159
Borderline High	200-239	150-199	130-159	160-189
High	>=240	200-499	160-189	190-219
Very High		>=500	>=190	>=220

Note:

1. Measurements in the same patient can show physiological & analytical variations. Three serial samples 1 week apart are recommended for Total Cholesterol, Triglycerides, HDL & LDL Cholesterol.
2. As per NLA-2014 guidelines, all adults above the age of 20 years should be screened for lipid status. Selective screening of children above the age of 2 years with a family history of premature cardiovascular disease or those with at least one parent with high total cholesterol is recommended.
3. Low HDL levels are associated with increased risk for Atherosclerotic Cardiovascular disease (ASCVD) due to insufficient HDL being available to participate in reverse cholesterol transport, the process by which cholesterol is eliminated from peripheral tissues.
4. NLA-2014 identifies Non HDL Cholesterol (an indicator of all atherogenic lipoproteins such as LDL, VLDL, IDL, Lp(a), Chylomicron remnants) along with LDL-cholesterol as co-primary target for cholesterol lowering therapy. Note that major risk factors can modify treatment goals for LDL & Non HDL.

Prepared By : Mrs. Anita

Printed By : Mrs. Mala

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Certificate No. H-2019-0548

Barcode No. :	M301425	Age / Sex :	42 YRS / Female
Patient NAME :	Mrs. RUPALI SINGH		
Sample Coll. DATE :	03-Feb-2024 09:32 AM	Sample Receiving DATE :	03-Feb-2024 09:46 AM
UHID :	280968	Reporting DATE :	03-Feb-2024 01:35 PM
IPD No. / Ward :	-	Approved DATE :	03-Feb-2024 04:09 PM
Referring Doctor :	Dr. Rakesh Malhotra (H)		
Passport No. :	-		

### DEPARTMENT OF CLINICAL PATHOLOGY

#### Urine for Sugar Fasting\* (Ureaemia - U10182)

Date	Status	Unit	Bio Ref Interval
03Feb24 05:40PM			
Urine for Sugar Fasting	NIL		

Prepared By : Mrs. Anita

Printed By : Mrs. Mala

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Certificate No. H-2018-0146

Barcode No.	: M301423	Age Sex	: 42 YRS / Female
Patient NAME	: Mrs. RUPALI SINGH		
Sample Coll. DATE	: 03-Feb-2024 12:35 PM	Sample Receiving DATE	: 03-Feb-2024 12:59 PM
UHID	: 280968	Reporting DATE	: 03-Feb-2024 05:40 PM
IPD No. / Ward	: /	Approved DATE	: 03-Feb-2024 05:54 PM
Referring Doctor	: Dr. Rakesh Malhotra (H)		
Passport No.	:		

DEPARTMENT OF CLINICAL PATHOLOGY

Urine for Sugar PP\* (Quantitative) (U/MC)

Date	Status	Unit	High Level Interval
03/02/24 05:54PM			
Urine for Sugar PP	NL		

Prepared By : Mrs. Anita

Printed By : Mrs. Mula

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Certificate No. N-2016-0540

Barcode	: M301425	Age / Sex	: 42 YRS / Female
Patient NAME	: Mrs. RUPALI SINGH	Sample Receiving DATE	: 03-Feb-2024 12:31 PM
Sample Coll. DATE	: 03-Feb-2024 12:17 PM	Reporting DATE	: 03-Feb-2024 07:27 PM
UHID	: 280968	Approved DATE	: 03-Feb-2024 07:28 PM
IPD No. / Ward	:		
Referring Doctor	: Dr. Rakesh Malhotra (H)		
Passport No.	:		

DEPARTMENT OF CYTOLOGY

PAP SMEAR REPORT

Smears are adequate for evaluation.  
Endocervical cells are seen.  
Benign reactive cellular changes associated with inflammation are not seen.  
No protozoal or fungal elements are noted.  
Background shows dense acute inflammatory cells.

**Impression:** Negative for intraepithelial lesion/malignancy

Prepared By : Mrs. Anita

Printed By : Mrs. Mala

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email : [info@neohospital.com](mailto:info@neohospital.com) website : [www.neohospital.com](http://www.neohospital.com)



Patient NAME : M301425 Mrs. RUPALI SINGH Age / Sex : 42 YRS / Female  
 Sample Coll. DATE : 03-Feb-2024 10:19 AM Sample Receiving DATE : 03-Feb-2024 11:04 AM  
 UHD : 280968 Reporting DATE : 03-Feb-2024 01:36 PM  
 IPD No. / Ward : / Approved DATE : 03-Feb-2024 04:22 PM  
 Referring Doctor : Dr. Rakesh Malhotra (II)  
 Passport No. :

DEPARTMENT OF CLINICAL PATHOLOGY

URINE ROUTINE

SAMPLE: URINE

	OBSERVED VALUE	UNIT	REFERENCE RANGE
<b>PHYSICAL EXAMINATION</b>			
VOLUME (visual observation)	00	ml	N/A
COLOUR (visual observation)	PALE YELLOW		PALE YELLOW
TRANSPARENCY (APPEARANCE) (visual observation)	S.TURBID		CLEAR
SPECIFIC GRAVITY (automated multistrips/colour reaction/Plu change)	1.000		1.000 TO 1.030
pH (automated multistrips double indicator method)	7.5		5-7
<b>CHEMICAL EXAMINATION</b>			
PROTEIN (ALBUMIN) (automated multistrips/protein error of pH/orthotoluidine/acid method)	NL		NL
GLUCOSE (automated multistrips/enzyme reaction) benedict's method	NL		NL
KETONE BODIES (automated multistrips/rutisera method)	NEGATIVE		NEGATIVE
BILIRUBIN (automated multistrips/fouchet's method)	NEGATIVE		NEGATIVE
UROBILINEX (5) (automated multistrips/ortho aldehyde method)	NORMAL		NORMAL (1mg/dL)
BLOOD (automated multistrips/benzidine method)	ABSENT		ABSENT
<b>MICROSCOPIC EXAMINATION</b>			
PUS CELLS (light microscopy)	1-2	/hpf	0-5
RED BLOOD CELLS (light microscopy)	0	/hpf	0-3
EPITHELIAL CELLS (light microscopy)	5-10	/hpf	0-5
CASTS (light microscopy)	ABSENT		ABSENT
CRYSTALS (light microscopy)	ABSENT		ABSENT

Prepared By : Mrs. Anita

Printed By : Mrs. Mala

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Certificate No. N-2019-4504

Patient NAME : M301425  
 Mrs. RUPALI SINGH  
 Sample Coll. DATE : 03-Feb-2024 10:19 AM  
 UHID : 280968  
 IPD No. / Ward : /  
 Referring Doctor : Dr. Rakesh Malhotra (H)  
 Passport No. :  
 Age / Sex : 42 YRS / Female  
 Sample Receiving DATE : 03-Feb-2024 11:04 AM  
 Reporting DATE : 03-Feb-2024 01:36 PM  
 Approved DATE : 03-Feb-2024 04:22 PM

### DEPARTMENT OF CLINICAL PATHOLOGY

KITERS (light microscopy)

Note: 1. Chemical examination through Dipstick includes test methods as Protein (Protein Error Principle), Glucose (GOD-POD), Ketone (Legal Test), Bilirubin (Azo-Dialcyl reaction), Urobilinogen (Diazonium ion Reaction). All abnormal results of chemical examination are confirmed by manual methods.

2. Pre-test conditions to be observed while submitting the sample- First void and second void collect in a clean, dry, sterile container is recommended for routine urine analysis, avoid contamination with any discharge from vaginal orifice, perineum, as applicable. Avoid prolonged transit time & avoid exposure to sunlight.

3. During interpretation, Trace proteinuria can be seen with many physiological conditions like prolonged recumbency, exercise, high protein diet. False positive reactions for bile pigments, proteins, glucose can be caused by peroxidase like activity by disinfectants, therapeutic dyes, ascorbic acid and certain drugs.

4. All urine samples are checked for adequacy and suitability before examination.

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

Dr. Ruchika Bhatia  
M.B.B.S., M.D.  
(Consultant Microbiologist)

Dr. Jyoti Singh  
M.B.B.S., M.D.  
(Consultant Pathologist)

*Jyoti Singh*  
Dr. Manu Bhatia  
M.B.B.S., M.D.  
(Consultant Pathologist)

Dr. Jyoti Singh  
M.B.B.S., M.D.  
(Consultant Microbiologist)

Prepared By : Mrs. Anita

Printed By : Mrs. Mala

These values are only indicative not confirmatory of diagnosis; Kindly correlate clinically.  
(\* ) Test conducted under NABL scope MC-3302, Neo Hospital Laboratory, Noida.

NAME:	RUPALI SINGH	AGE/SEX:	42 YRS / Female
UHID:	280968	DATE	3-Feb-24
REF. BY:	DR. RAKESH MALHOTRA (H)		

**USG WHOLE ABDOMEN**

**Liver** is normal in size, shape and echotexture, measures 14.1 cm. No focal SOL noted. Vascular channels are clear. No evidence of IHBR dilatation.

**Gall Bladder** is well distended and reveals normal walls. No evidence of calculus or mass lesion. CBD & PV are normal.

**Spleen** is normal in size, shape and echotexture, measures 9.8 cm.

**Pancreatic** head appears normal, Rest of the pancreas is obscured by bowel gas shadows.

**Both Kidneys** are normal in size, shape, position & echogenicity. CMD is maintained. No evidence of calculus or hydronephrosis.

**Right kidney** - 9.0 X 4.1 cm

**Left kidney** - 9.7 X 5.1 cm

**Urinary Bladder** is well distended with normal wall thickness. No calculi / mass lesion noted. No diverticulum noted.

**Uterus** is normal in size, shape and echotexture. No focal lesion noted. Endometrial echo is normal (8.4 mm). Cervix is normal.

**Both adnexa** are clear.

No free fluid noted in peritoneal cavity.

**IMPRESSION:**

- NO SIGNIFICANT ABNORMALITY.

Please correlate clinically.



DR. VIJAY SINGH RAWAT  
 DMRD, MD RADIODIAGNOSIS  
 CONSULTANT RADIOLOGIST

DR. SAGAR TOMAR  
 MD RADIODIAGNOSIS  
 CONSULTANT RADIOLOGIST

DR. SHIVAM RASTOGI  
 MD RADIODIAGNOSIS  
 CONSULTANT RADIOLOGIST

DR. ROHIT KUNDRA  
 MD RADIODIAGNOSIS  
 CONSULTANT RADIOLOGIST

This is a professional opinion based on imaging findings and not the diagnosis. It should be correlated clinically and with other relevant investigations to arrive at a proper conclusion. Not valid for medico-legal purpose.





Sex: M

Birth date:

kg

mmHg

years

Medications:  
 Symptoms:  
 History:  
 Vent. rate  
 PR int  
 QRS dur  
 QT/QTc(E) int  
 P/QRS/T axis  
 RV5/SV1 amp  
 RV5+SV1 amp

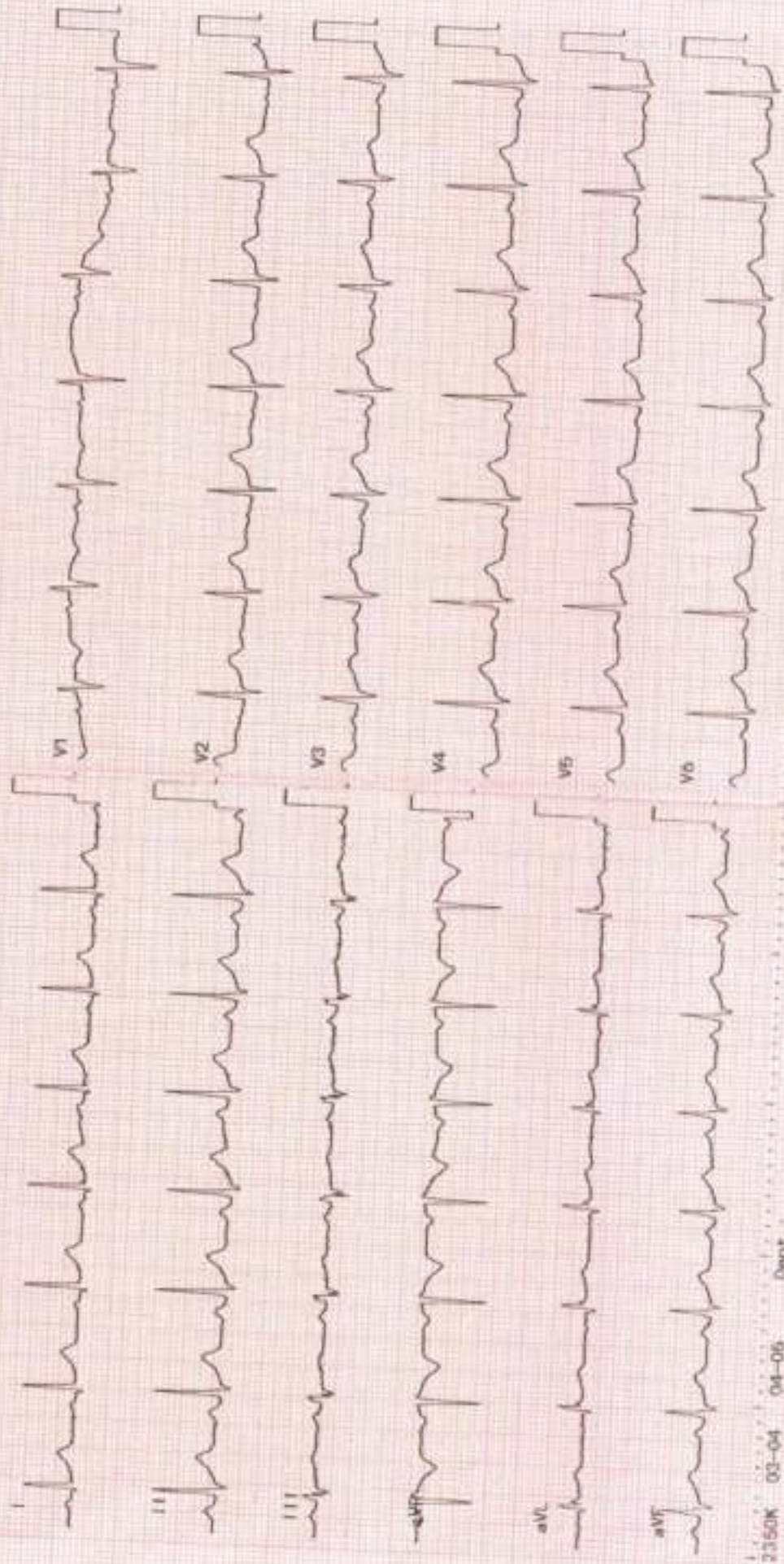
89 bpm  
 148 ms  
 84 ms  
 350/397 ms  
 57/39/40  
 0.92/0.60 mV  
 1.52 mV

Mr. Rupali Singh  
 Age - 42/r-

Unconfirmed Report  
 Reviewed by:

10 mc/mV 25 mm/s Filter: H50 d 100 Hz

10 mc/mV





D-170, 170-A, 170-B, Sector 50, Noida 201301

Phones : 0120 - 4880000, 3120000

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Barcode No.	: M301425		Age / Sex	: 42 YRS / Female
Patient Name	: Mrs. RUPALI SINGH		Registration Date	: 03-Feb-2024 09:13 AM
IPD No.	:		Reporting Date	: 03-Feb-2024 01:50 PM
UHD	: 280968		Approved Date	: 03-Feb-2024 01:50 PM
Referring Doctor	: Dr. Rakesh Malhotra (H)			
Passport No.	:			

### DEPARTMENT OF CARDIOLOGY

#### ECHOCARDIOGRAPHY REPORT

##### 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=117/75, E>A A>E S>D  
 Mitral Stenosis **Present/Absent** RR Interval \_\_\_\_\_ msec  
 EDG \_\_\_\_\_ mmHg MDG \_\_\_\_\_ mmHg MVA \_\_\_\_\_ cm<sup>2</sup>  
 Mitral Regurgitation **Absent/Trivial/Mild/Moderate/Severe.**

##### TRICUSPID VALVE

Morphology **Normal/Atresia/Thickening/Calcification/Prolapse/Vegetation/Doming.**

Doppler **Normal/Abnormal** TRICUSPID VALVE=141 cm/s.  
 Tricuspid stenosis **Present/Absent** RR Interval \_\_\_\_\_ msec  
 EDG \_\_\_\_\_ mmHg MDG \_\_\_\_\_ mmHg  
 Tricuspid regurgitation **Absent/Trivial/Mild/Moderate/Severe** Fragmented Signals  
 Velocity \_\_\_\_\_ msec Pred.RVSP =mmHg

##### PULMONARY VALVE

Morphology **Normal/Atresia/Thickening/Doming/Vegetation**

Doppler **Normal/Abnormal** PULMONARY VALVE= 76cm/s.  
 Pulmonary stenosis **Present/Absent** Level  
 Pulmonary regurgitation **Present/Absent** Pulmonary annulus \_\_\_\_\_ mm  
 Early diastolic gradient \_\_\_\_\_ mmHg End diastolic gradient \_\_\_\_\_ mmHg

##### AORTIC VALVE

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

Doppler **Normal/Abnormal** AORTIC VALVE=175cm/s.  
 Aortic stenosis **Present/Absent** Level  
 PSG \_\_\_\_\_ mmHg Aortic annulus \_\_\_\_\_ mm  
 Aortic regurgitation **Absent/Trivial/Mild/Moderate/Severe.**

Prepared By : Mrs. Geeta

Printed By : Mrs. Geeta



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Barcode No. : M301425		Age / Sex : 42 YRS / Female
Patient Name : Mrs. RUPALI SINGH		Registration Date : 03-Feb-2024 09:13 AM
IPD No. :		Reporting Date : 03-Feb-2024 01:50 PM
UHD : 280968		Approved Date : 03-Feb-2024 01:50 PM
Referring Doctor : Dr. Rakesh Malhotra (H)		
Passport No. :		

### DEPARTMENT OF CARDIOLOGY

#### Measurements

Aorta 3.1  
 LV es 2.4  
 IVSed 1.0/1.5  
 RVed  
 LVVd (ml)  
 EF 60%  
 IVS

#### Normal Valves

(2.0-3.7 cm)  
 (2.2-4.0 cm)  
 (0.6-1.1 cm)  
 (0.7-2.6 cm)  
 (54%-76%)

#### Measurements

LA es 2.9  
 LV ed 3.8  
 PW (LV) 1.0/1.6  
 RV Anterior Wall  
 LVVs (ml)  
 IVS motion  
 Any Other

#### Normal Valves

(1.9-4.0 cm)  
 (3.7-5.6 cm)  
 (0.6-1.1 cm)  
 (upto 5 cm)

Normal/Flat/Paradoxical

#### CHAMBERS

LV

Normal/Enlarged/Clear/Thrombus/Hypertrophy, Contraction

LA

Normal/Reduced/Regional wall motion abnormality: Nil

RA

Normal/Enlarged/Clear/Thrombus

RV

Normal/Enlarged/Clear/Thrombus

PERICARDIUM

Normal/Enlarged/Clear/Thrombus

Normal/Thickening/Calcification/Effusion

#### COMMENTS & SUMMARY

No RWMA, LVEF-60%  
 Normal cardiac chamber size  
 No MR/TR  
 No AR/AS  
 MIP-Normal  
 Intact IAS/IVS  
 No LA/LV clot  
 No clot, vegetation, pericardial effusion.

#### IMPRESSION

Normal study.

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

DR. SANJAY Kr. SHARMA

MD, DM (Cardiology)

FIMSA, FESC, FSCAI (USA)

Consultant Clinical & Interventional  
Cardiology



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Barcode No.	: M301425	Barcode	Age / Sex	: 42 YRS / Female
Patient Name	: Mrs. RUPALI SINGH		Registration Date	: 03-Feb-2024 09:13 AM
IPD No.	:		Reporting Date	: 03-Feb-2024 07:40 PM
UHID	: 280968		Approved Date	: 03-Feb-2024 07:40 PM
Referring Doctor	: Dr. Rakesh Malhotra (H)			
Passport No.	:			

DEPARTMENT OF RADIOLOGY

**X- RAY CHEST PA VIEW**

- Both lung fields are clear.
- Hilar shadows are normal.
- Both costophrenic angles are clear.
- Cardiac silhouette is normal.
- Bony thorax is normal.

Please correlate clinically

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

Dr. Vijay Singh Rawat  
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Prepared By : Mr. YOUNUS

Printed By : Mrs. PRATIMA SHARMA