

GST No : 06AADCD7944G1ZL

PAN No : AADCD7944G

**OPD Credit Bill**

Name : Mrs.SUKHVINDER Contact No. : 9999301079  
 Age/Sex : 48 YRS / Female Date : 19-Mar-2024 09:35 AM  
 MR No. : MR/24/001012 Credit Bill : OBL/23-24/00020303  
 Address : h.no-86 1st floor sec.6 -KARNAL, INDIA  
 Doctor : DR. PANKAJ GOYAL

Particulars	Units	Amount
<b>MEDIWHEEL FULL BODY FEMALE ABOVE 40 ( )</b>		1900.00
<b>CARDIAC INVESTIGATION</b>		
2D ECHO SCREENING ( )	1.00	
ECG CARDIO ( )	1.00	
<b>OPD CONSULTATION VISITS</b>		
DR. ANIL SHARMA ( )	1.00	
DR. PANKAJ GOYAL ( )	1.00	
DR. DEEPAK SHARMA ( )	1.00	
DR. ROHIT SADANA ( )	1.00	
<b>PATHOLOGY</b>		
BLOOD SUGAR FASTING ( )	1.00	
BLOOD SUGAR POST PRANDIAL ( )	1.00	
CREATININE SERUM ( )	1.00	
LFT(LIVER FUNCTION TEST) ( )	1.00	
LIPID PROFILE ( )	1.00	
UREA ( )	1.00	
URIC ACID, SERUM ( )	1.00	
STOOL ROUTINE EXAMINATION ( )	1.00	
URINE ROUTINE EXAMINATION ( )	1.00	
BLOOD GROUP AND RH TYPE ( )	1.00	
CBC(COMPLETE BLOOD COUNT) ( )	1.00	
ESR ( )	1.00	
HBA1C ( )	1.00	
TSH TOTAL ( )	1.00	
PAP SMEAR CONVENTIONAL ( )	1.00	
<b>RADIOLOGY</b>		
USG ABDOMEN ( )	1.00	

Total	1900.00
Discount	0.00
Amount Paid	0
Previous Bal.	0.00
To Receive	1900.00

0.00

Sponsored By : MEDIWHEEL  
 19-Mar-2024 09:35 AM

Prepared By : POOJA DHULL

Printed By : Miss. POOJA DHULL

**Thank You For Your Business.**




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**the health care providers the health care providers**

PANEL HOSPITAL : DELHI GOVT., CGHS, ECHS, MTNL, DJB, DTC, NDPL, MCD, NAFED, HUDCO, TRADE FAIR AUTHORITY OF INDIA, DDA, NDMC, PAWAN HANS HELICOPTER, IFFCO, METRO BHEL, MOTHER DAIRY, GAIL, VSNL, TCIL, IGL, TISCO, NPCC, NBCC, NTC, PEC, IREDA, IRCON, SCI, DU, SPG, MES, ESI, CERC, CRT, UGC, DERC, IGNOU, JNU, DTL, CPCB, FCI, NPC, ICAR, IARI, BSNL, BSES, DELHI POLICE, ALL MAJOR TPA'S (MEDICLAIM CASHLESS HOSPITALISATION) ETC.



**ECHOCARDIOGRAPHY REPORT**

MRS. SUKHWINDE4R	AGE:- 48Y/M	OPD NO:-0000
CONSULTANT:-DR. PREETI	DATE:- 19- 03 -2024	MR NO:-

**ECHO POOR WINDOW**

- Mitral valve .....**Normal**.....
- Pulmonary artery.....**Normal**.....
- Tricuspid valve ..... **Normal** .....
- Pulmonary valve.....**Normal**.....
- Aortic valve..... **Normal** .....

**2D RWMA**

- **No RWMA** (Regional wall motion abnormality at rest).

**COLOUR DOPPLER**

- .....**No**.....Significant vavular stenosis/regurgitation.

**COMMENTS AND SUMMARY**

- All cardiac chambers of .....**Normal**.....Size and shape .....**No**..... Dilation or hypertrophy.
- **No RWMA** (Regional wall motion abnormality at rest).
- .....**No**..... clot/ vegetation/ pericardial effusion.
- LV..... **LVEF 60%**..... systolic function.
- .....**No**.....Significant valvular stenosis/ regurgitation.

**FINAL IMPRESSION**

- EF AT REST.....**60%**.....

**Dr. PREETI**  
**DM (Cardiology)**  
**Reg. No. HN23089**  
**Park Hospital Karnal**

**DR. PREETI**

**SENIOR CONSULTANT**

**MD (MED), DM CARDIOLOGY**

(This is only professional opinion and not the diagnosis, Please correlate clinically)

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Diagnostics S. No. : LSHHI350386	MR No. : MR/24/001012
Patient Name : <b>Mrs. SUKHVINDER</b>	Doctor : Dr. PANKAJ GOYAL
Age/Sex : 48.10 YRS Sex : Female	Date : 19-Mar-2024 09:35 AM
OPD/IPD : OPD	Sample Collection : 19-Mar-2024 11:41 AM
IPDNo :	Reporting Date : 21-Mar-2024 02:53 PM
	ReferDoctor :

**OTHER INVESTIGATIONS**

PAP SMEAR Conventional

**BETHESDA SYSTEM OF REPORTING PAP SMEAR (2014)**

**Specimen Type:** Conventional

**Specimen Adequacy:** Satisfactory for evaluation (inflammation obscuring partially the morphology of cells)

Cytosmears prepared and examined show groups and dispersed parabasal, basal cells along with few intermediate, occasional superficial squamous epithelial cells and endocervical cells revealing degenerative changes in a dirty background of dense inflammation comprising predominantly polymorphs, few macrophages, RBCs and granular debris. The cells reveal mild nucleomegaly, hyperchromasia and distributed chromatin.

**Impression:** Atrophic menopausal smear with marked inflammation

Advise: Repeat PAP smear examination after the control of infection.  
Kindly Correlate Clinically.

LAB  
TECHNICIAN



**Dr. NIDHI KAUSHIK**  
MBBS, MD, DNB  
(PATHOLOGY)

**Dr. NISHTHA KHERA**  
MBBS, MD (PATHOLOGY)

**Dr. PARDIP KUMAR**  
CONSULTANT(MICROBIOLOGY)

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Patient NAME	: <b>Mrs. SUKHVINDER</b>	Doctor	: Dr. PANKAJ GOYAL
Age/Sex	: 48.10 YRS Sex : Female	Reporting DATE	: 19-Mar-2024 10:05 AM
Visit DATE	: 19-Mar-2024 09:35 AM		
OPD/IPD	: OPD	IPD NO	:

### ULTRASOUND

**Liver is normal in size ~14 cm and show raised echotexture.** There is no focal hepatic lesion present. CBD is normal in course & caliber at porta hepatis. There is no calculus defined in the CBD. Intra hepatic biliary radicals are normal.

**Gallbladder is partially distended. No calculus seen in lumen.**

Pancreas is normal in size & echopattern.

Spleen is normal in morphology and echotexture.

Both kidneys are normal in shape size contour & show normal echotexture with well maintained CMD. There is no hydronephrosis defined. Both ureters are obscured by bowel gas.

**Bladder is minimally distended**

No mass is defined in bladder.

**Pelvic organs are grossly normal.**

There is no free fluid present in the abdomen.

**Impression: Imaging features are suggestive of-**

*Grade 1 fatty liver*

**Dr. Pooja Thakur**  
Reg No. HN 20933  
Park Hospital

**Dr. Pooja Thakur**  
**MBBS,MD(Radio Diagnosis)**  
Regn. No. 20933  
Park Hospital, Karnal

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OPD/IPD : OPD	Sample Collection : 19-Mar-2024 09:45 AM
IPDNo :	Reporting Date : 19-Mar-2024 01:30 PM
	ReferDoctor :

### HAEMATOTOLOGY

Test Name	Status	Result	Biological Reference Interval	Unit
<b><u>BLOOD GROUP And RH TYPE</u></b>				
BLOOD GROUP ABO & Rh		"A" POSITIVE	-	
<b><u>BIO-CHEMISTRY</u></b>				
<b><u>BLOOD SUGAR FASTING</u></b>				
BLOOD SUGAR FASTING	H	112	70-110	mg/dl
<b><u>HAEMATOTOLOGY</u></b>				
<b><u>CBC(COMPLETE BLOOD COUNT)</u></b>				
HAEMOGLOBIN		11.5	11.0-15.0	gm/dl
TLC (Total Leucocyte Count)		7300	4000-11000	/cumm
NEUTROPHILS		56	45-75	%
LYMPHOCYTES		35	20-45	%
EOSINOPHILS		02	0-6	%
MONOCYTES		07	02-10	%
BASOPHILS		00	0-2	%
RBC		4.17	3.8-5.5	Millions/cmm
PCV/HAEMATOCRIT		35.4	35-45	%
MCV		84.9	76-96	fl
MCH		27.6	27-31	Picogram
MCHC		32.5	30-35	gm/dl
RDW		13.8	11.5-14.5	%



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PLATELETS 2.18 1.5-4.5

**BIO-CHEMISTRY**

**CREATININE SERUM**

CREATININE 1.0 0.6-1.4 mg/dl

**HAEMATOLOGY**

**ESR**

ESR H 145 0-20 mm/1sthr

**BIO-CHEMISTRY**

**LFT(LIVER FUNCTION TEST)**

BILIRUBIN (TOTAL)	0.50	0.1-1.2	mg/dl
BILIRUBIN DIRECT	0.20	0.0-0.3	mg/dl
BILIRUBIN INDIRECT	0.30	0.1-0.9	mg/dl
SGOT (AST)	25	0-40.0	IU/L
SGPT (ALT)	30	0-40	IU/L
ALK.PHOSPHATASE	96	48.0-119	IU/L
TOTAL PROTEIN	7.0	6.0-8.0	gm/dl
ALBUMIN	4.3	3.20-5.0	gm/dl
GLOBULIN	2.7	2.30-3.80	gm/dl
A/G Ratio	1.5	1.0-1.60	

**LIPID PROFILE**

TOTAL CHOLESTEROL	H 275	0-250	mg/dL
TRIGLYCERIDE	H 251	0-161	mg/dL
HDL-CHOLESTEROL	52	30.0-60.0	mg/dL
LDL CHOLESTEROL	H 172.8	0-130	mg/dL



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VLDL	H	<b>50.2</b>	0-40	mg/dL
LDL / HDL RATIO		3.32	0.0-35.0	
<b>UREA</b>				
BLOOD UREA		22	10.0-45.0	mg/dl
<b>URIC ACID, SERUM</b>				
URIC ACID		6.2	2.5-6.2	mg/dl

**CLINICAL PATHOLOGY**

**URINE ROUTINE EXAMINATION**

VOLUME	45	-	ml
COLOUR	P.YELLOW	-	
APPEARANCE	CLEAR	-	
URINE pH	6.5	5.5-8.5	
SPECIFIC GRAVITY	1.020	-	
KETONE	NEG	-	
URINE PROTEIN	NEG	-	
URINE SUGAR	NEG	-	
PUS CELLS	1-2	1-2	/HPF
RBC CELLS	NIL	-	
EPITHELIAL CELLS	5-7	2-3	/HPF
CRYSTALS	NIL	-	
CASTS	NIL	-	



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ITDOSE INFOSYSTEMS PVT. LTD.

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		ReferDoctor :	

**BIO-CHEMISTRY**

Test Name	Status	Result	Biological Reference Interval	Unit
<b><u>BLOOD SUGAR POST PRANDIAL</u></b>				
BLOOD SUGAR PP		118	80-140	mg/dl

LAB  
TECHNICIAN

*Nidhi*  
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MBBS, MD, DNB  
(PATHOLOGY)

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<b>Lab No.</b>	012403200153	<b>Age/Gender</b>	48 YRS/FEMALE	<b>Coll. On</b>	20/Mar/2024 08:35AM
<b>Name</b>	Ms. SUKHVINDER	<b>Reg. On</b>		<b>Reg. On</b>	20/Mar/2024
<b>Ref. Dr.</b>		<b>Approved On</b>		<b>Approved On</b>	20/Mar/2024 10:21AM
<b>Rpt. Centre</b>	Self,undefined	<b>Printed On</b>		<b>Printed On</b>	21/Mar/2024 02:38PM

Test Name	Value	Unit	Biological Reference Interval
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<b>HbA1c (Glycosylated haemoglobin), EDTA whole blood</b> <i>Method : HPLC</i>	5.40	%	< 5.7
<b>Estimated average plasma Glucose</b> <i>Method : Calculated</i>	108.28	mg/dL	65 - 136

The test is approved by NGSP for patient sample testing.

**Interpretation:**

Metabolically normal patients	%	< 5.7
Pre-diabetic	%	5.7 - 6.4
Diabetic	%	> 6.4

Glycosylated hemoglobin or HbA1C is a reliable indicator of mean plasma glucose levels for a period of 8-12 weeks preceding the date on which the test is performed and is a more reliable indicator of overall blood sugar control in known diabetic patients than blood sugar levels. A value of less than 5.7 % is usually seen in metabolically normal patients, however diabetics with very good control can also yield similar values. The HbA1c test, thus can not be used to differentiate between diabetic patients with very good control over the plasma glucose levels from metabolically normal, non-diabetic subjects as both groups may reveal very similar values in the assay.

\*Disclaimer: This is an electronically validated report. If any discrepancy is found, it should be confirmed by the user.  
Processing Centre : Prognosis Laboratories,515-516, Sector-19, Dwarka, Behind Gupta Properties.



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**Dr. Smita Sadwani**  
MD(Biochemistry)  
Technical Director

**Dr. Mayank Gupta**  
MD, DNB Pathology  
Consultant Pathologist

**Dr. Deepak Sadwani**  
MD(Pathology)  
Lab Director

**Dr. Moushmi Mukherjee**  
MBBS,MD (Pathology)  
Consultant Pathologist



<b>Lab No.</b>	012403200153	<b>Age/Gender</b>	48 YRS/FEMALE	<b>Coll. On</b>	20/Mar/2024 08:35AM
<b>Name</b>	Ms. SUKHVINDER			<b>Reg. On</b>	20/Mar/2024
<b>Ref. Dr.</b>				<b>Approved On</b>	20/Mar/2024 09:39AM
<b>Rpt. Centre</b>	Self,undefined			<b>Printed On</b>	21/Mar/2024 02:38PM

Test Name	Value	Unit	Biological Reference Interval
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<b>TSH (Thyroid Stimulating Hormone), serum</b> Method : ECLIA	2.83	uIU/ml	0.27 - 4.2
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**Interpretation:**

1. Primary hyperthyroidism is accompanied by elevated serum FT3 and FT4 values alongwith depressed TSH levels.
2. Primary hypothyroidism is accompanied by depressed serum FT3 and FT4 values and elevated serum TSH levels.
3. High FT3 levels accompanied by normal FT4 levels and depressed TSH levels may be seen in T3 toxicosis.
4. Central hypothyroidism occurs due to pituitary or thalamic malfunction (secondary and tertiary hypothyroidism respectively). This relatively rare but important condition is indicated by presence of low serum FT3 and FT4 levels, in conjunction with TSH levels that are paradoxically either low/normal or are not elevated to levels that are expected.

The following ranges are recommended for pregnant females:

First trimester	uIU/ml	0.1 - 2.5
Second trimester	uIU/ml	0.2 - 3.0
Third trimester	uIU/ml	0.3 - 3.0

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



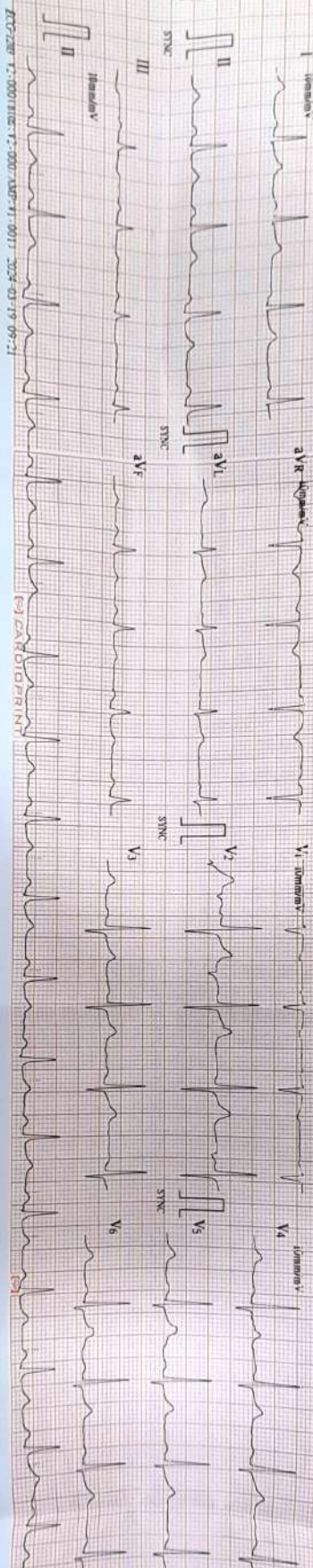
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MD(Pathology)  
Lab Director

**Dr. Moushmi Mukherjee**  
MBBS,MD (Pathology)  
Consultant Pathologist



ID : 3518  
 NAME : Subhadrachari  
 HR : 83  
 RR : 72  
 PR : 164  
 QRS : 83  
 QT/QTc : 351/413  
 P/QTST : 88/49.42  
 RS/ST1 : 1-040-0-470  
 RS/ST1 : 1-510

sex : Female  
 Age : 47/4  
 19/12/14

Uncontrolled report verified by  
 Dr. [Signature]

2017-2018 T: 0001 R102 T: 0007 ADP-11-0011 2024-03-19 09:21  
 (9) CARDIOPHILIN

