



ओ माओ आओ संओ अस्पताल/A.I.I.M.S. HOSPITAL
बहिरंग रोगी विभाग /Out Patient Department
आरक्षण व अन्वय सुचक नं ११/REGISTRATION IS PROHIBITED IN HOSPITAL PREMISES

OPR-6

रोग/आर 1 B.O. clinic
रोग/विभाग Gastro (OPD) रोगी/पंजीयन नं./O.P.D. Regn. No. 102091651

नाम/Name	रोगी/पंजीयन नं./O.P.D. Regn. No.	लिंग/Sex	उम्र/Age	रोग/Address
Akamshar Singh	(7)	male	35/y	

रोग/Diagnosis Gastrology उपचार/Treatment

7/11/2020

Adm
No med. req.

- AFP - 2.79
- HBV-DNA - 20
- HBV-DNA 20 - 1.7 x 10⁶
- Conurbation. factor - S-82
- LFT -
- AST - 21 -
- ALP - 58

HBsAg - ve.
Anti H BeAg + ve.

for. after 6 months.

Adm - AFP
- HBV-DNA
- USG-Abd.



अ० भा० आ० सं० अस्पताल / A.I.I.M.S. HOSPITAL
बहिरंग रोगी विभाग / Out Patient Department

अस्पताल के अन्दर

IN HOSPITAL PREMISES

शरीरभाषा चतुर्धनसंज्ञक

OPR-6

एकक/Unit _____


विभाग/Dept. _____

निकृत् सं०/O.P.D. Regn. No. _____

नाम/Name	पता/Address

निदान/Diagnosis

Chronic HBV infection

दिनांक/Date	उपचार/Treatment
<p>Absent on call 12:10 AM</p> <p>USG ab (1)</p>	<p>HBV-DNA < 20 (Oct 18)</p> <p>GT/PT: 31/45</p> <p>Non cirrhotic</p>
<p></p> <p>SAMAGRA AGARWAL Jr Resident Dept. of Gastroenterology Institute of Medical Sciences AIIMS, New Delhi-110029</p>	<p>Adv</p> <p>1) Wt reduction</p> <p>2) R/A 6 months HBV-DNA LFT</p>

CLEAN AND GREEN AIIMS / एम्स का यही संकल्प, स्वच्छता से काया कल्प

अंगदान-जीवन का बहुमूल्य उपहार / ORGAN DONATION - A GIFT OF LIFE

O.R.B.O., AIIMS, 26588360, 26593444, www.orbo.org Helpline - 1060 (24 hrs service)

12/04/2018

AFP - 2.6

Hb₂A_{1c} - neg

HbA_{1c} - 190 IU/ml

AB3 - 91

U/L - 20/0.6

TP/A - 8.0/4.2

TiB₁ - 0.7

OT/PT - (41/61)

A/P - 80

T.C - 152

HDL - 58

TC - 65

Hb - 13.0

TLC - 8.36

Plat - 217

USG (WNL)

ADV

- Contn follow up e

} AFP / timexon / LFT

} USG Abdom exam bn

- HBV DNA yearly

- family screen and vaccine

Don't know



एम्स आर ओ आर अस्पताल / AIIMS HOSPITAL
 इतिहास लेखी विभाग / Out Patient Department

उपचार

PATIAL PPTW: 25

उपचार लेखी विभाग

General



DeptSeq: 175

रोग/Unit

FO UNID: 102091651

Dept: Gastroenterology

रोग/Dept.

Dept. Regn. 2016/013/0016625

Unit: Unit-I

Name: AKANSHA SINGH

Room: 3 Gastro

W/O GYANENDER SINGH, 34Y 7M 20, F

F/S

Ph: 9968081847

Days: MON - FRI

नाम/Name

B 51 LOHIA NAGAR GZB, UTTAR PRADESH, INDIA

App. Date: 13/03/2018

Appt. ID:



2018030609032

निदान/Diagnosis

दिनांक/Date	उपचार/Treatment
	<u>Continuation of previous</u> <u>Asymptomatic.</u>
U/cre- 20/0.6	
OT/PT/ALP- 41/61/80.	
Reli- 0.7.	
TP/AB- 8.0/4.2	
<u>Adv</u>	
- AFP	
- HBV DNA.	
- USG Abd.	
R/A was	

CLEAN AND GREEN AIIMS / एम्स के सभी संकल्प, स्वच्छता से काया कल्प

अंगदान-जीवन का बहुमूल्य उपहार/ORGAN DONATION - A GIFT OF LIFE

O.R.B.O., AIIMS, 26588360. 26593444, www.orbo.org Helpline - 1060 (24 hrs service)



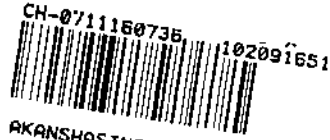
अ० भा० आ० सं० अस्पताल / A.I.I.M.S. HOSPITAL बहिरंग रोगी विभाग / Out Patient Department

अस्पताल के अन्दर धूम्रपान मना है / SMOKING IS PROHIBITED IN HOSPITAL PREMISES

रोगी का प्रकार: खट्टे (सामान्य) General



DeptSeq: 120



AKANSHASINGH

एकक/Unit

रो

UHID: 102091651

Dept: Gastroenterology

विभाग/Dept

Dept. Regn. 2016/013/0016625

Unit: Unit-I

Name: AKANSHA SINGH

Room: 3 Gastro

नाम/N: M/O GYANENDER SINGH, 33Y 17D, F

H/10

Ph: 9968081847

Days: MON - FRI

B 51 LOHIA NAGAR GZB, UTTAR PRADESH, INDIA

App. Date: 22/08/2016

Appt. ID:



2016080501275

निदान/Diagnosis

दिनांक/Date

उपचार/Treatment

15/7

Go incidentally detected HBV DNA

HBsAg +ve 15/7/16

ALT - 212 - 0.53

AST - 33

ALP - 45

Ultrason - Mild fatty infiltration of liver

Advice

HBV DNA -

Ant

HBsAg / Anti HBsAg

HIV / Anti HCV.

Fibroscan ~~Complete~~

FU & reports

~~15-14-2016
22/8/16~~

CLEAN AND GREEN AIIMS / पूमा का यही संकल्प, समझता से काया कल्प

अंगदान-जीवन का बहुमूल्य उपहार / ORGAN DONATION - A GIFT OF LIFE

O.R.B.O., AIIMS, 26388350, 26393444, www.orbo.org Helpline - 1060 (24 hrs serv)

General

DeptSeq: 206
 Dept: Gastroenterolog
 Unit: Unit-I
 Room: 3 Gastro
 F/12
 Days: MON - FRI
 App. Date: 22/09/2016
 PO UHID: 102091651
 Dept. Regn. 2016/013/0016625
 Name: AKANSHA SINGH
 W/O GYANENDER SINGH, 33Y 1M 17D, F
 Ph: 9968081847
 B 51 LOHIA NAGAR GZB, UTTAR PRADESH,
 INDIA
 Appt. ID: 2016092003650

27/8

HBsAg -ve
 Anti HBsAg +ve.
 Anti HCV -ve
 Anti HIV -ve
 HBV DNA = 80 IU/ml.
 Bil - 0.53.
 ALT - 48
 AST - 33
 ALP - 97

Advice

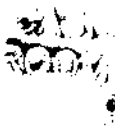
- No med req.,
- HBsAg / Anti HBsAg
 - HBV DNA
 - AFP
 - LFT
 - FT Fibroscan
 - USG Abdomen
 - FU after 6 months

General

DeptSeq: 421
 Dept: Gastroenterolog
 Unit: Unit-I
 Room: 3 Gastro
 F/2B
 Days: MON - FRI
 App. Date: 04/11/2016
 PO UHID: 102091651
 Dept. Regn. 2016/013/0016625
 Name: AKANSHA SINGH
 W/O GYANENDER SINGH, 33Y 2M 30D, F
 Ph: 9968081847
 B 51 LOHIA NAGAR GZB, UTTAR PRADESH,
 INDIA
 Appt. ID: 2016110400140



Ken



7/11/16

LSM - 4.1 ± 0.7 (KPA)
 CUP - 283 ± 44 (db) m

2

UFC

②
6/30/16

CLINICAL MICROBIOLOGY DIVISION

Department of Laboratory Medicine All India Institute of Medical Sciences
 Phone : 26588700-Ext. 4397 Ansari Nagar, New Delhi-29 (India)

HIV & HEPATITIS VIRAL MARKERS REPORT

Name of Patient Aransh Sines Age / Sex M/33 State

Hospital Reg. / UHID No. 102091651 OPD / Ward Gen Bed

Treating Unit Referred From (Hospital)

Diagnosis / Clinical Details HIV ⊕

Indication for the test : Donor Safety / Screening / Diagnosis / Voluntary / Medical Board / Others.

Has the test been done earlier Yes No

If yes name of the Laboratory, Lab No. and Results

H-14744
24/01/16

mku
Signature of Doctor



ALL INDIA INSTITUTE OF MEDICAL SCIENCES (AIIMS)
New Delhi

Lab Centre::Clinical Chemistry

UHID:	102091651	Sample No:	CU1-0711160736
Name:	Mrs. AKANSHA SINGH, Female	Lab Ref No :	782
Ward Name:		Verification Time:	07/11/2016 07:23 pm

Report

Test Name	Result	Comment	Normal Range
UREA	16 mg%		10.00-50.00
CREATININE	0.6 mg%		0.50-1.80
CALCIUM	8.9 mg%		9.00-11.50
PHOSPHATE	3.7 mg%		2.50-4.50
URIC ACID	3.9 mg%		2.00-7.40
CHOLESTEROL TOTAL	0.7 mg%		0.10-1.00
TOTAL PROTEIN	7.1 gm%		6.60-8.70
ALBUMIN	4.3 gm%		3.80-4.00
GLOBULIN	2.8 gm%		4.00-5.50
SGOT (AST)	58 IU/L		0.00-50.00
SGPT (ALT)	78 IU/L		0.00-50.00
ALK PHOS (ALP)	196 IU/L		0.00-0.00

Over All Comment :

S32 - Walk in Mainlab
 Paliwal Diagnostic Pvt Ltd, 117/H-1/02 Pandu
 Nagar Kanpur- 0512-2335500,2235821
 KANPUR

Dr. Umesh Paliwal M.D. (Path.) Managing Director & Chief Consultant
Dr. Mridula Paliwal Ph.D. (Mol. Bio & Biotech) Chief of Lab

Name : Mrs. AKANSHA SINGH
 Lab No. : 288650973 Age: 34 Years Gender: Female
 A/c Status : P Ref By : AIIMS HOSPITAL
 Collected : 19/8/2020 8:05:00AM
 Received : 19/8/2020 8:08:04AM
 Reported : 21/8/2020 1:21:13PM
 Report Status : Final

Test Name	Results	Units	Bio. Ref. Interval
LIVER PANEL 1; LFT, SERUM (Spectrophotometry)			
AST (SGOT)	21	U/L	<35
ALT (SGPT)	23	U/L	<35
GGTP	11	U/L	<38
Alkaline Phosphatase (ALP)	58	U/L	30 - 120
Bilirubin Total	0.75	mg/dL	0.30 - 1.20
Bilirubin Direct	0.14	mg/dL	<0.30
Bilirubin Indirect	0.60	mg/dL	<1.10
Protein Total	6.37	g/dL	6.40 - 8.30
Albumin	3.45	g/dL	3.50 - 5.20
Globulins, Total	2.92	g/dL	2.50 - 5.50
A : G Ratio	1.18		0.90 - 2.00



If test results are alarming or unexpected, Client is advised to contact the laboratory immediately for possible remedial action
 @ Test conducted at Referral Lab.

S32 - Walk In Mainlab
 Paliwal Diagnostic Pvt Ltd, 117/H-1/02 Pandu
 Nagar Kanpur- 0512-2335500,2235821
 KANPUR

Dr. Umesh Paliwal
 M.D. (Path.) Managing Director & Chief Consultant

Dr. Mridula Paliwal
 Ph.D. (Mol. Bio & Biotech) Chief of Lab

Name	: Mrs. AKANSHA SINGH	Collected	: 19/8/2020 8:05:00AM
Lab No.	: 288650973	Age: 34 Years	Gender: Female
A/c Status	: P	Ref By : AIIMS HOSPITAL	Report Status : Final
		Received	: 19/8/2020 8:08:04AM
		Reported	: 21/8/2020 1:21:13PM

Test Name	Results	Units	Bio. Ref. Interval
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infection			
AFP (ALPHA FETOPROTEIN), TUMOR MARKER, SERUM *	2.79	ng/mL	<10.00
(CMIA)			

Note

1. This test is not recommended to screen cancers in the general population.
2. False negative/positive results are observed in patients receiving mouse monoclonal antibodies for diagnosis or therapy.
3. Use of AFP as a tumor marker is not recommended in pregnant females.
4. AFP values regardless of levels should not be interpreted as absolute evidence for the presence or absence of disease. All values should be correlated with clinical findings and results of other investigations.

Clinical Use

- Useful for determining prognosis and monitoring therapy for Hepatocellular carcinoma. Level of AFP is a prognostic indicator of survival. Elevated AFP and serum bilirubin levels in these patients is associated with shorter survival time.
- An aid in the management of Germ cell (Non-Seminomatous) tumors. Measurement of AFP levels in combination with HCG levels are useful in classifying and staging Germ cell tumors
- To predict tumor recurrence/presence of residual tumor

Increased Levels

- Germ cell (Non-Seminomatous) tumors
- Primary hepatocellular carcinoma (70%)
- Teratocarcinoma
- Gastrointestinal tract cancers with or without liver metastasis
- Benign hepatic conditions like Acute Viral Hepatitis, Chronic active hepatitis and Cirrhosis
- Ataxia telangiectasia

* Not in NABL scope



Page 3 of 4

If test results are alarming or unexpected, Client is advised to contact the laboratory immediately for possible remedial action
 @ Test conducted at Referral Lab.

S32 - Walk in Mainlab
 Paliwal Diagnostic Pvt Ltd, 117/H-1/02 Pandu
 Nagar Kanpur- 0512-2335500,2235821
 KANPUR

Dr. Umesh Paliwal M.D. (Path.) Managing Director & Chief Consultant
Dr. Mridula Paliwal Ph.D. (Mol. Bio & Biotech) Chief of Lab

Name : Mrs. AKANSHA SINGH Collected : 19/8/2020 8:05:00AM
 Lab No. : 288650973 Age: 34 Years Gender: Female Received : 19/8/2020 8:08:04AM
 A/c Status : P Ref By : AIIMS HOSPITAL Reported : 21/8/2020 1:21:13PM
 Report Status Final

Test Name Results Units Bio. Ref. Interval
 • Hereditary tyrosinemia

Ranjit Gautam

Dr Ranjit Gautam
 DCP, Pathology
 Consultant Pathologist
 Dr Lal PathLabs Ltd

Umesh Paliwal

Dr Umesh Paliwal
 MD, Pathology
 Chief of Laboratory
 PDPL - Dr Lal PathLabs Ltd

Atul Thakur

Dr Atul Thakur
 PhD, Biotechnology
 HOD Molecular Diagnostics
 NRL - Dr Lal PathLabs Ltd

Shabab Malik

Dr Shabab Malik
 MD, Microbiology
 National Head - Microbiology &
 Serology
 NRL - Dr Lal PathLabs Ltd

-----End of report-----

IMPORTANT INSTRUCTIONS

*Test results released pertain to the specimen submitted.*All test results are dependent on the quality of the sample received by the Laboratory.
 *Laboratory investigations are only a tool to facilitate in arriving at a diagnosis and should be clinically correlated by the Referring Physician *Sample repeats are accepted on request of Referring Physician within 7 days post reporting.*Report delivery may be delayed due to unforeseen circumstances Inconvenience is regretted *Certain tests may require further testing at additional cost for derivation of exact value Kindly submit request within 72 hours post reporting.*Test results may show interlaboratory variations.*The Courts/Forum at Delhi shall have exclusive jurisdiction in all disputes/claims concerning the test(s) & or results of test(s)*Test results are not valid for medico legal purposes *Contact customer care Tel No. +91-11-39885050 for all queries related to test results
 (#) Sample drawn from outside source.

* Not in NABL scope



If test results are alarming or unexpected, Client is advised to contact the laboratory immediately for possible remedial action
 @ Test conducted at Referral Lab.

Dr. Umesh Paliwal
M.D.(Path.) Managing Director & Chief Consultant
Dr. Mridula Paliwal
Ph.D (Mol. Bio & Biotech) Chief of Lab

Paliwal Diagnostics (P) Ltd.

ISO 9001:2015 Certified
117/A-1/02, Pandu Nagar (Opp. J.K. Temple), Kanpur-208 005
Tel.: 0512 - 3915-220, 2235-821, 3262-052, 2232-962

Parakh Diagnostic Centre

37/17, Westcott Building Campus, The Mall, Kanpur-208001
Phone No. 9512-2335500, 2363605, 2304005, 9919406571

K01 - Parakh Lab Home Visit
37/17 Westcott Building The Mall Kanpur
PH-2363605, 3915227



Paliwal

Diagnostics
(P) Ltd

in association with
Dr Lal PathLabs

Name : Mrs. AKANKSHA SINGH
Lab No. : 26419011 Age: 34 Years Gender: Female
A/c Status : P Ref By : Dr. SELF
Collected : 26/4/2019 9:32:00AM
Received : 26/4/2019 9:33:08AM
Reported : 26/4/2019 1:03:56PM
Report Status : Final

Test Name	Results	Units	Bio. Ref. Interval
LIVER PANEL 1; LFT, SERUM (Spectrophotometry)			
AST (SGOT)	31	U/L	15.00 - 37.00
ALT (SGPT)	45	U/L	30 - 65
GGTP	26	U/L	5 - 55
Alkaline Phosphatase (ALP)	85	U/L	50 - 136
Bilirubin Total	0.40	mg/dL	<1.00
Bilirubin Direct	0.07	mg/dL	0.00 - 0.30
Bilirubin Indirect	0.33	mg/dL	<1.10
Protein Total	6.67	g/dL	6.40 - 8.30
Albumin	3.28	g/dL	3.50 - 5.20
Globulins, Total	3.39	g/dL	2.50 - 5.50
A : G Ratio	0.97		0.90 - 2.00

Dr. Ajay Narang
MD, Pathology
Consultant Pathologist
Dr Lal PathLabs Ltd

Dr. Umesh Paliwal
MD, Pathology
Chief of Laboratory
PDPL - Dr Lal PathLabs Ltd

-----End of report -----



For more information, please contact the laboratory immediately for possible remedial action.
This laboratory is an ISO 9001:2015 certified laboratory and NABL (MC-273) accredited laboratory.

K01 - Parakh Lab Home Visit
 37/17 WestCott Building The Mall Kanpur
 PH-2363805, 3915227



In association with
Dr Lal PathLabs

Name : Mrs. AKANKSHA SINGH
 Lab No. : 264193011 Age: 34 Years Gender: Female
 A/c Status : P Ref By : DR. SELF

Collected : 26/4/2019 9:32:00AM
 Received : 26/4/2019 9:33:08AM
 Reported : 26/4/2019 1:03:56PM
 Report Status : Final

Test Name

Results

Units

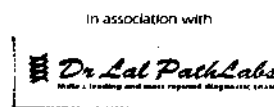
Bio. Ref. Interval

IMPORTANT INSTRUCTIONS

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 *Laboratory investigations are only a tool to facilitate in arriving at a diagnosis and should be clinically correlated by the Referring Physician. *Sample repeats are accepted on request of Referring Physician within 7 days post reporting. *Report delivery may be delayed due to unforeseen circumstances. Inconvenience is regretted. *Certain tests may require further testing at additional cost for derivation of exact value. Kindly submit request within 72 hours post reporting. *Test results may show interlaboratory variations. *The Courts/Forum at Delhi shall have exclusive jurisdiction in all disputes/claims concerning the test(s) & or results of test(s). *Test results are not valid for medico legal purposes. *Contact customer care Tel.No. +91-11-39885050 for all queries related to test results.
 (*) Sample drawn from outside source.



K01 - Parakh Lab Home Visit
37/17 WestCott Building The Mall Kanpur
PH-2363605, 3915227



Name : Mrs. AKANKSHA SINGH

Lab No. : 259252692 Age: 35 Years Gender: Female

A/c Status : P Ref By : AIIMS

Collected : 25/10/2018 9:58:00AM

Received : 25/10/2018 10:12:02AM

Reported : 27/10/2018 10:19:19AM

Report Status : Final

Test Name	Results	Units	Bio. Ref. Interval
HEPATITIS B VIRAL (HBV DNA) QUANTITATIVE, REAL TIME PCR @ (Real Time PCR – Taqman technology)	<20	IU/mL	

Interpretation

RESULT in IU/mL	REMARKS
Target not detected	Sample provided does not contain HBV DNA
< 20	HBV DNA detected, but below the lower limit of linear range of the assay. These results should be interpreted with caution
>=20 to < 1.7x10 ⁸	HBV DNA detected within the linear range of the assay
>= 1.7 x 10 ⁸	HBV DNA detected above the linear range of the assay

Note

1. Linear reporting range of the assay is 20 - 1.7 x 10⁸ IU/mL
2. Conversion factor: 1 IU/mL = 5.82 copies / mL
3. Test conducted on Serum / Plasma
4. This test is not intended for use as a screening test for the presence of HBV in blood or blood products or as a diagnostic test to confirm the presence of HBV infection
5. HBV genotyping and Drug resistance is recommended in positive cases if value is >2000 IU/mL

Comments

Hepatitis B Virus (HBV) is a member of Hepadna virus family transmitted primarily by body fluids especially serum; sexual transmission and transmission from mother to baby. Majority of the infected individuals recover completely; about 1-2% have persistent viral replication leading to chronic hepatitis. Frequency of chronic HBV infection is 5-10% in immunocompromised patients and 80% in neonates.

Uses

- Monitoring response to therapy in chronic HBV infection
- Predict response to favourable treatment outcome
- A valuable tool when used in conjunction with other serological markers in the management of HBV infection



H.O.D

HOUSE of DIAGNOSTICS

NABH Accredited
Medical Imaging Services



Certificate No. MIS-2016-0027

NABL Accredited
Laboratory Services



Certificate No. M-0928

Lab Serial No. : 211803000027	Category : GENERAL
Patient Name : Mrs. AKANKSHA SINGH	Reg. Date : 04-Mar-18 09:18 AM
Age/Sex : 34 YRS / F	Sample.coll.Date : 04-Mar-18 09:18AM
Referred By : Dr. SELV	Report Date : 04-Mar-2018 03:33PM
TestName : BASIC CARE PACKAGE	
Center :	

Test Name	Observed Value	Unit	Biological Ref Interval
LFT - LIVER FUNCTION TEST			
TOTAL PROTEIN	8.0	g/dL	6.3 - 8.2
ALBUMIN	4.2	g/dl	3.2 - 4.8
GLOBULIN	3.8	g/dl	2.5 - 3.4
A/G Ratio	1.11		0.9 - 2.0
TOTAL BILIRUBIN	0.7	mg/dL	0.2-1.3
CONJUGATED BILIRUBIN	0.4	mg/dl	0.0 - 0.4
UNCONJUGATED BILIRUBIN	0.3	mg/dl	0 - 0.9
SGOT (AST)	41	U/L	14-36
SGPT (ALT)	61	U/L	9-52
ALKALINE PHOSPHATASE	80	U/L	42-98
GAMMA GLUTAMYL TRANSFERASE	14	U/L	12-43

House Of Diagnostics laboratory is NABL Accredited for all tests in Liver Function Test (LFT)

Technology: Dry Chemistry (VITROS MicroSlide, MicroSensor and Intellicheck Technology)

Sample Type: Serum

Analyzer: Fully Automated Biochemistry and ImmunoAssay Analyzer: VITROS 5600

Methods: Total Protein: Biuret Serum Blank; Albumin: Bromocresol Green; Globulin : Calculated; A/G Ratio: Calculated; Total Bilirubin: Dyphilline Diazonium; Conjugated Bilirubin: Calculated; Unconjugated Bilirubin: Spectrophotometry; SGOT (AST): Enzyme, Colorimetric; SGPT (ALT): UV with P5P; Alkaline Phosphatase: PNP, AMP Buffer; Gamma Glutamyl Transferase (GGT): G-G-P Nitroanilide.

Clinical Significance of LFT: The clinical suspicion of liver disease usually leads to the measurement of the liver function tests (LFT) which include measurement of several enzymes, serum bilirubin and albumin. These parameters may point to an underlying pathological process and direct further investigation. The aim of investigation in patients with suspected liver disease are:

- To detect hepatic abnormality - Measurement of severity of liver damage - Identify the specific cause
- Investigate possible complications

Remarks: Please correlate clinically.

LIPID PROFILE

TOTAL CHOLESTROL	152	mg/dl	125 - 200
HDL CHOLESTROL	58	mg/dl	35 - 80
LDL CHOLESTEROL	81	mg/dl	30 - 100
TRIGLYCERIDE	65	mg/dl	25 - 200
VLDL CHOLESTEROL	13	mg/dl	5 - 40
LDL / HDL RATIO	1.4		1.5 - 3.5
TC / HDL RATIO	2.62		3.0 - 5.0

House Of Diagnostics laboratory is NABL Accredited for all tests in Lipid Profile

Ashima Jain

Dr. Ashima Jain
Consultant Pathologist
M.D., MD (Pathology)
UMC Reg. No. 12413

Page 2 of 5

House Of Diagnostics LLP

15-16 Hargobind Enclave, Vikas Marg, Near Metro Pillar # 119, Delhi - 110092

houseofdiagnostics.com

011 4018 0000

info@houseofdiagnostics.com

H.O.D

HOUSE of DIAGNOSTICS

NABH Accredited
Medical Imaging Services



Certificate No. MIS-2016-0027

NABL Accredited
Laboratory Services



Certificate No. M-0928

Lab Serial No. : 211803000027	Category : GENERAL
Patient Name : Mrs. AKANKSHA SINGH	Reg. Date : 04-Mar-18 09:18 AM
Age/Sex : 34 YRS / F	Sample.coll.Date : 04-Mar-18 09:18AM
Referred By : Dr. SELF	Report Date : 04-Mar-2018 01:07PM
TestName : BASIC CARE PACKAGE	
Center :	

Test Name	Observed Value	Unit	Biological Ref Interval
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HAEMATOLOGY

CBC

TOTAL LEUCOCYTE COUNT (WBC)	8.36	X 10 ³ / μ L	4.0-10.0
DIFFERENTIAL LEUCOCYTE COUNT			
NEUTROPHILS	64	%	40-80
LYMPHOCYTES	29	%	20-40
MONOCYTES	04	%	2-10
EOSINOPHILS	03	%	1-6
BASOPHILS	00	%	0-1
ABSOLUTE NEUTROPHIL COUNT	5.35	X 10 ³ / μ L	2.0-7.5
ABSOLUTE LYMPHOCYTE COUNT	2.42	X 10 ³ / μ L	1.0-4.0
ABSOLUTE MONOCYTE COUNT	0.33	X 10 ³ / μ L	0.2-1.0
ABSOLUTE EOSINOPHIL COUNT	0.25	X 10 ³ / μ L	0.04-0.44
ABSOLUTE BASOPHIL COUNT	0.0	X 10 ³ / μ L	0.00-0.30
TOTAL RBC	4.92	million/ μ L	3.8-4.8
HEMOGLOBIN	13.5	gm/dl	12.0-15.0
PLATELET COUNT	251	X 1000 / micL	150-450
HEMATOCRIT	41.9	%	36-46
MEAN CORPUSCULAR VOLUME (MCV)	85.2	fL	83-101
MEAN CORP. HEMOGLOBIN (MCH)	27.4	pg	27-32
MCH CONCENTRATION (MCHC)	32.2	g/dl	31.5-34.5
RED CELL DIST. WIDTH (RDW-CV)	14.6	%	11.5-14.5
RED CELL DIST. WIDTH (RDW-SD)	45.3	fL	39 - 46

House Of Diagnostics laboratory is NABL Accredited for Complete Blood Count (CBC)

Remarks: Please correlate with clinical conditions.

Sample Type: EDTA Whole Blood Sample

Technology: Fully Automated Haematology Analyzer: SYSMEX XN-550

Methods : Total Leucocyte Count : Flow Cytometry ; Differential Leucocyte Counts : Fluorescence Flow Cytometry/Microscopy ; Hemoglobin : Cyanide Free SLS Method ; Platelet Count, Total RBC : Impedance Method with Hydrodynamic Focussing ; Haematocrit, MCV, MCH, MCHC: Calculated

*** End Of Report ***

Ashima Jain

Dr. Ashima Jain
Consultant Pathologist
MBBS, MD (Pathology)
DMC Reg. No. 42113

Page 4 of 5

House Of Diagnostics LLP

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H.O.D

HOUSE of DIAGNOSTICS

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Certificate No. MAS-2016-0027

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Certificate No. M-0928

Lab Serial No.	: 211803000033	Category	: GENERAL
Patient Name	: Mrs. AKANKSHA SINGH	Reg. Date	: 04-Mar-18 10:28 AM
Age/Sex	: 34 YRS / F	Sample.coll.Date	: 04-Mar-18 10:28AM
Referred By	: Dr. SELF	Report Date	: 04-Mar-2018 07:57PM
TestName	: HBS AG		
Center	:		

Test Name	Observed Value	Unit	Biological Ref Interval
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IMMUNOLOGY

Hepatitis B Surface Antigen(HBS Ag)	3530 REACTIVE
-------------------------------------	---------------

Reference Range for Hepatitis B Surface Antigen :-

Negative :- < 0.90
Borderline :- > 0.90 - < 1.0
Reactive :- > 1.0

Important Note:

This is a screening test for Hepatitis B Surface Antigen. Advised confirmation with HBs RNA test.

Sample Type: Serum

Method: ECLIA (Enhanced Chemi-Luminescence ImmunoAssay Testing)

Analyzer: Fully Automated ImmunoAssay Analyzer: Vitrus ECI

Remarks: Please correlate results with clinical significance

*** End Of Report ***

In case of any discrepancy, please contact the laboratory immediately. Since there is limited clinical interaction with the patient/physician, the report is not valid medico-legally.

Ashima Jain

Dr. Ashima Jain
Consultant Pathologist
MBBS MD (Pathology)
DNC Reg. No. 42413

Page 5 of 5

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Certificate No. M-0928

Lab Serial No. : 211803000027	Category : GENERAL
Patient Name : Mrs. AKANKSHA SINGH	Reg. Date : 04-Mar-18 09:18 AM
Age/Sex : 34 YRS / F	Sample.coll.Date : 04-Mar-18 09:18AM
Referred By : Dr. SELF	Report Date : 04-Mar-2018 03:33PM
TestName : BASIC CARE PACKAGE	
Center :	

Test Name	Observed Value	Unit	Biological Ref Interval
-----------	----------------	------	-------------------------

Technology: Dry Chemistry (VITROS MicroSlide, MicroSensor & Intellicheck Technology)

Sample Type: Serum

Analyzer: Fully Automated Integrated Biochemistry and ImmunoAssay Analyzer: VITROS 5600

Methods: Tot. Cholesterol: Cholesterol OEP; HDL Cholesterol Direct, Pta Mgcl2; LDL Cholesterol: Calculated; Triglyceride: Enzymatic, End Point; VLDL Cholesterol: Calculated; LDL / HDL Ratio: Calculated; TC / HDL Ratio: Calculated

Reports of Lipid Profile are best obtained with 10 hours fasting.

Clinical Significance:

- Triglyceride: Very high levels of Triglyceride can be indicative of a significantly higher risk of coronary vascular disease. Elevation of triglyceride can be seen with fasting less than 12 hours, obesity medication, alcohol intake, diabetes mellitus or pancreatitis.
- Total Cholesterol: its fractions and triglycerides are the important plasma lipids identifying cardiovascular risk factor and in the management of cardiovascular disease. Values above 220 mg/dl are associated with increased risk of CHD regardless of HDL & LDL value.
- HDL - Cholesterol: Low levels of HDL are associated with an increased risk of coronary vascular disease, even in the face of desirable levels of Cholesterol and LDL-Cholesterol
- LDL - Cholesterol: levels can be strikingly altered by thyroid, renal and liver disease as well as hereditary factors. In case Triglyceride levels are more than 400 mg/dl, the patient is advised for a direct-LDL Cholesterol test.

Remarks: Please correlate results clinically.

Ashima Jain

Dr. Ashima Jain
Consultant Pathologist
MBBS, MD (Pathology)
DMC Reg No: 12413

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Certificate No. M-0928

Lab Serial No. : 211803000086	Category : GENERAL
Patient Name : Mrs. AKANKSHA SINGH	Reg. Date : 13-Mar-18 12:09 PM
Age/Sex : 34 YRS / F	Sample coll.Date : 13-Mar-18 12:09PM
Referred By : Dr. AIIMS	Report Date : 13-Mar-2018 06:56PM
TestName : AFP - ALPHA FETO PROTEIN	
Center :	

Test Name	Observed Value	Unit	Biological Ref Interval
-----------	----------------	------	-------------------------

IMMUNOLOGY

ALPHA FETO PROTEIN	2.61	ng/mL	0.0-8.10
--------------------	------	-------	----------

Biological Reference Range*:

- Males and Non-Pregnant Females : 0.0 - 8.1 ng/ml

- During Pregnancy

Pregnancy Weeks	Normal Range (ng/ml)	Median Value (ng/ml)
15	16.3 - 70.7	25.2
16	21.2 - 92.0	35.4
17	24.2 - 105	40.3
18	27.7 - 120	46.2
19	34.5 - 149	57.5
20	39.0 - 170	65.5

Clinical Significance of AFP:

Maternal Testing : AFP synthesized by liver, yolk sac and GIT, is a major component of fetal plasma, reaching a peak concentration of 3mg/mL at 12 weeks of gestation. Following birth, it clears from circulation, falling to 100 ng/ ml. by 150 days and reaching adult values by end of 1 year. During pregnancy: Maternal serum AFP (MS AFP) levels rise through the third trimester. Elevated or depressed AFP levels may indicate fetal problems. Elevated MS AFP levels during the second trimester of pregnancy are often associated with one of the most common types of birth defects, open neural tube defects (NTDs).

Cancer Management : Elevated serum AFP levels are observed also in hepatocellular cancer malignant germ cell tumors of the ovary & testis and teratocarcinoma of the testis; patients with gastrointestinal pancreatic, and pulmonary cancers. It is a sensitive indicator of relapse/ response to therapy in testicular tumors containing embryonal/ endodermal sinus elements. Failure of AFP to return to normal within approx. one month after surgery may suggest presence of residual tumour. Increased levels can also be seen in physiological conditions (normal pregnancy), benign liver diseases (cirrhosis and hepatitis), ataxia telangiectasia, other malignancies like pancreatic, gastric, colonic and bronchogenic.

Clinical Notes:

A difference of > 20% between two measurements is considered to be medically significant. The assay is used only as an adjunct to diagnosis and monitoring/diagnosis should be confirmed by other tests/procedures. AFP is not recommended as a screening procedure for cancer detection in general population.

Sample Type: Serum

Method: ECLIA (Enhanced Chemiluminescence Immuno Assay Testing)

Technology: VITROS MicroWell, MicroSensor and Intellieck Technology

Analyzer: Fully Automated Integrated Biochemistry and Immunology Analyzer: VITROS 5600

Remarks: Please correlate results with clinical conditions.

Ashima Jain

Dr. Ashima Jain

Consultant Pathologist

MBBS, MCh, FRCR, FRCR

011-4018-0000

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Certificate No. M-0926

Lab Serial No.	: 211803000086	Category	: GENERAL
Patient Name	: Mrs. AKANKSHA SINGH	Reg. Date	: 13-Mar-18 12:09 PM
Age/Sex	: 34 YRS / F	Sample coll.Date	: 13-Mar-18 12:09PM
Referred By	: Dr. AIIMS	Report Date	: 16-Mar-2018 09:44AM
TestName	: HBV DNA by PCR [QUANTITATIVE]		
Center	:		

Test Name	Observed Value	Unit	Biological Ref Interval
-----------	----------------	------	-------------------------

POLYMERASE CHAIN REACTION (PCR)

HBV DNA by PCR [QUANTITATIVE]

PDF Attachment: Attached

*** End Of Report ***

In case of any discrepancy, please contact the laboratory immediately. Since there is limited clinical interaction with the patient/physician, the report is not valid medico-legally.

Dr. Geetanjali
Consultant Pathologist
M.B.B.S., M.D. (Pathology)
BMC Reg. No. 52507

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Hepatitis B Virus (HBV), DNA (Quantitative)

Test Code : INX09

SID : C03180170
Barcode : 72089186
Patient Name : **AKANSHA SINGH**
Age : 34 Years Gender : Female
Ref. Physician : SELF

Client Details
HOUSE OF DIAGNOSTICS
15 &16, Hargovind Enclave, Main Vikas Marg, Opp.
Metro Pillar No. 119, Near Karkarduma Metro
Station, New Delhi - 92
Delhi

Collected On : 13-Mar-2018 12:05 PM
Received in Lab : 14-Mar-2018
Reported On : 15-Mar-2018 3:45 PM

Sample Plasma
Method Real Time Polymerase Chain Reaction (RT-PCR)

Test Description	Results (IU/ml)
Hepatitis B Virus, DNA (Quantitative)	199
Log10 Value	2.30

Interpretation:

- Linear reportable Range: 20 IU/ml (1.3 log₁₀ IU/ml) to 100000000 IU/ml (8 log₁₀ IU/ml).
- **"Target Not Detected"** Result indicates HBV DNA is not detected from the patient's specimen by this assay.
- A **Positive** result will be reported as with quantification expressed in IU/ml. It indicates the degree of active HBV viral replication in the patient.
- **"Below 20 IU/ml"** Result indicates that HBV DNA level is below the lower limit of quantification of this assay. (When clinically indicated, follow-up testing by this assay is recommended in 1 to 2 months).
- **"More than 100000000 IU/ml"** result indicates HBV DNA is detected in the assay, but could not accurately quantify by this assay indicating that HBV DNA level is above the higher quantification limit of this assay.
- Log value is a measurement used to describe HBV DNA and expresses the viral load values as power of ten (written log₁₀). The scale is used because large change can only be captured on graphs or diagrams by using log scale. This turns large numbers of IU/ml into manageable figures.

Conversion factor: IU/ml = 4.53 copies/ml

Test Utilizations:

- To determine and quantify HBV viral load, so as to decide the treatment strategy in Acute Hepatitis B infection.
- This test is used to assess viral response to therapy as measured by changes in the HBV DNA copy numbers.
- Indicators of chronic hepatitis when still positive 6 months after diagnosis of acute HBV infection.
- Demonstrate viral replication in patient with mutant HBV.
- Viral loads are predictive of future risk of developing cirrhosis, hepato-cellular carcinoma.

Disclaimers:

- The report represents only the specimen received in our laboratory.
- HBV DNA titers vary greatly from levels as high as 10000 millions copies/ml during acute HBV infection, to very low levels in Hbe antigen negative chronic carriers and in patients undergoing antiviral therapy and in those with occult HBV infection.
- Indeterminate results may be obtained because of presence of PCR inhibitors in sample. Test should be repeated with fresh sample, in such cases.
- This assay should not be used for blood donor screening or for the screening of human cells, tissues and cell based products.

References:

1. EASL clinical practice guidelines: Management of chronic hepatitis B. J Hepatol 2012;57:167-185
2. WHO Hepatitis B fact sheet N204 July 2012.

----- **END OF REPORT** -----

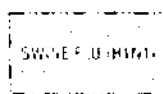
Shalmali

Dr. Shalmali Dharma
Ph.D. (Applied Biology)



Certificate No. M-8872
NABL Accredited Laboratory

Page 1 / 1



Sonal

Dr. Sonal Bangde
MBBS, M.D. (Microbiology)

K01 - Parakh Lab Home Visit
37/17 WestCott Building The Mall Kanpur
PH-2363605, 3915227



In association with

Name : Mrs. AKANKSHA SINGH
Lab No. : 259252692 Age: 35 Years Gender: Female
A/c Status : P Ref By : AIIMS

Collected : 25/10/2018 9:58:00AM
Received : 25/10/2018 10:12:02AM
Reported : 27/10/2018 10:19:19AM
Report Status : Final

Test Name	Results	Units	Bio. Ref. Interval
LIVER PANEL 1; LFT, SERUM (Spectrophotometry)			
AST (SGOT)	30	U/L	15.00 - 37.00
ALT (SGPT)	46	U/L	30 - 65
GGTP	22	U/L	5 - 55
Alkaline Phosphatase (ALP)	72	U/L	50 - 136
Bilirubin Total	0.52	mg/dL	<1.00
Bilirubin Direct	0.10	mg/dL	0.00 - 0.30
Bilirubin Indirect	0.42	mg/dL	<1.10
Protein Total	7.09	g/dL	6.40 - 8.30
Albumin	3.35	g/dL	3.50 - 5.20
Globulins. Total	3.74	g/dL	2.50 - 5.50
A : G Ratio	0.90		0.90 - 2.00
LIPID PROFILE, BASIC, SERUM (Spectrophotometry, Calculated)			
Cholesterol Total	152.00	mg/dL	<200.00
Triglycerides	103.00	mg/dL	<150.00
HDL Cholesterol	50.73	mg/dL	>50.00
LDL Cholesterol	80.67	mg/dL	<100.00
VLDL Cholesterol	20.60	mg/dL	<30.00
Non-HDL Cholesterol	101.27	mg/dL	<130.00

Interpretation

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



If test results are alarming or unexpected, Client is advised to contact the laboratory immediately for possible remedial action.

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K01 - Parakh Lab Home Visit
 37/17 WestCott Building The Mall Kanpur
 PH-2363605, 3915227



Name : Mrs. AKANKSHA SINGH
 Lab No. : 259252692 Age: 35 Years Gender: Female
 A/c Status : P Ref By : AIIMS
 Collected : 25/10/2018 9:58:00AM
 Received : 25/10/2018 10:12:02AM
 Reported : 27/10/2018 10:19:19AM
 Report Status : Final

Test Name Results Units Bio. Ref. Interval
 Note

- 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.
- 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.
- 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.
- 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.
- Apolipoprotein B is an optional, secondary lipid target for treatment once LDL & Non HDL goals have been achieved.
- Additional testing for Apolipoprotein B, hsCRP, Lp(a) & LP-PLA2 should be considered among patients with moderate risk for ASCVD for risk refinement.

Treatment Goals as per NLA 2014

RISK CATEGORY	NON HDL CHOLESTEROL (NON HDL-C) (mg/dL)	LDL CHOLESTEROL (LDL-C) (mg/dL)	APOLIPOPROTEIN B (mg/dL)
Low/Moderate/High	<130	<100	<90
Very High	<100	<70	<80



If test results are alarming or unexpected, Client is advised to contact the laboratory immediately for possible remedial action.
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K01 - Parakh Lab Home Visit
 37/17 WestCott Building The Mall Kanpur
 PH-2363605, 3915227



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 India's leading and most reported diagnostic chain

Name : Mrs. AKANKSHA SINGH
 Lab No. : 259252692 Age: 35 Years Gender: Female
 A/c Status : P Ref By : AIIMS
 Collected : 25/10/2018 9:58:00AM
 Received : 25/10/2018 10:12:02AM
 Reported : 27/10/2018 10:19:19AM
 Report Status : Final

Test Name	Results	Units	Bio. Ref. Interval
HbA1c (GLYCOSYLATED HEMOGLOBIN), BLOOD * (Boronate Affinity)	5.4	%	

Interpretation

As per American Diabetes Association (ADA)	
Reference Group	HbA1c in %
Non diabetic adults >=18 years	<5.7
At risk (Prediabetes)	5.7 - 6.4
Diagnosing Diabetes	>= 6.5
Therapeutic goals for glycaemic control	Age > 19 years . Goal of therapy: < 7.0 . Action suggested: > 8.0
	Age < 19 years . Goal of therapy: <7.5

- Note:**
1. Since HbA1c reflects long term fluctuations in the blood glucose concentration, a diabetic patient who is recently under good control may still have a high concentration of HbA1c. Converse is true for a diabetic previously under good control but now poorly controlled.
 2. Target goals of < 7.0 % may be beneficial in patients with short duration of diabetes, long life expectancy and no significant cardiovascular disease. In patients with significant complications of diabetes, limited life expectancy or extensive co-morbid conditions, targeting a goal of < 7.0 % may not be appropriate.

Comments

HbA1c provides an index of average blood glucose levels over the past 8 - 12 weeks and is a much better indicator of long term glycaemic control as compared to blood and urinary glucose determinations.

ADA criteria for correlation between HbA1c & Mean plasma glucose levels

HbA1c(%)	Mean Plasma Glucose (mg/dL)
6	126
7	154
8	183

* Not in NABL scope



Paliwal
Managing Director & Chief Consultant
Jia Paliwal
Bio & Biotech Chief of Lab

Paliwal Diagnostics (P) Ltd.

ISO 9001:2015 Certified
117/11-1/02, Pandu Nagar (Opp. J.K. Temple), Kanpur-208 005
Tel. : 0512 - 3915-220, 2235-821, 2262-062, 2232-062

Parakh Diagnostic Centre

37/17, Westcott Building Campus, The Mall, Kanpur-208001
Phone No. 0512-2335500, 2363605, 2304005, 9919406571

K01 - Parakh Lab Home Visit
37/17 WestCott Building The Mall Kanpur
PH-2363605, 3915227



In association with



Name : Mrs. AKANKSHA SINGH
Lab No. : 259252692 Age: 35 Years Gender: Female
A/c Status : P Ref By : AIIMS

Collected : 25/10/2018 9:58:00AM
Received : 25/10/2018 10:12:02AM
Reported : 27/10/2018 10:19:19AM
Report Status : Final

Test Name	Results	Units	Bio. Ref. Interval
9	212		
10	240		
11	269		
12	298		

* Not in NABL scope



Page 4 of 6

If test results are alarming or unexpected, Client is advised to contact the laboratory immediately for possible remedial action.

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S32 - Walk in Maintab
Paliwal Diagnostic Pvt Ltd, 117/H-1/02 Pandu
Nagar Kanpur- 0512-2335500,2235821
KANPUR

Dr. Umesh Paliwal
M.D. (Path.) Managing Director & Chief Consultant

Dr. Mridula Paliwal
Ph.D. (Mol. Bio & Biotech) Chief of Lab

Name	Mrs. AKANSHA SINGH	Collected	: 19/8/2020 8:05:00AM
Lab No.	288650973	Received	: 19/8/2020 8:08:04AM
Age:	34 Years	Reported	: 21/8/2020 1:21:13PM
Gender:	Female	Report Status	: Final
A/c Status	P	Ref By :	AIIMS HOSPITAL

Test Name	Results	Units	Bio. Ref. Interval
HEPATITIS B VIRAL (HBV DNA) QUANTITATIVE, REAL TIME PCR @ (Real Time PCR – Taqman technology)	Target Not Detected	IU/mL	

Interpretation

RESULT in IU/mL	REMARKS
Target not detected	Sample provided does not contain HBV DNA
< 20	HBV DNA detected, but below the lower limit of linear range of the assay. These results should be interpreted with caution
>=20 to < 1.7x10 ⁸	HBV DNA detected within the linear range of the assay
>= 1.7 x 10 ⁸	HBV DNA detected above the linear range of the assay

Note

1. Linear reporting range of the assay is 20 - 1.7 x 10⁸ IU/mL
2. Conversion factor: 1 IU/mL = 5.82 copies / mL
3. Test conducted on Serum / Plasma
4. This test is not intended for use as a screening test for the presence of HBV in blood or blood products or as a diagnostic test to confirm the presence of HBV infection
5. HBV genotyping and Drug resistance is recommended in positive cases if value is >2000 IU/mL

Comments

Hepatitis B Virus (HBV) is a member of Hepadna virus family transmitted primarily by body fluids especially serum; sexual transmission and transmission from mother to baby. Majority of the infected individuals recover completely; about 1-2% have persistent viral replication leading to chronic hepatitis. Frequency of chronic HBV infection is 5-10% in immunocompromised patients and 80% in neonates.

Uses

- Monitoring response to therapy in chronic HBV infection
- Predict response to favourable treatment outcome
- A valuable tool when used in conjunction with other serological markers in the management of HBV

* Not in NABL scope



If test results are alarming or unexpected, Client is advised to contact the laboratory immediately for possible remedial action.
@ Test conducted at Referral Lab.

Paliwal
Managing Director & Chief Consultant
Ula Paliwal
Bio & Biotech Chief of Lab

Paliwal Diagnostics (P) Ltd.

ISO 9001:2015 Certified
117/H-1/02, Pandu Nagar (Opp. J.K. Temple), Kanpur-208 005
Tel.: 0512 - 3915-220, 2235-821, 3262-052, 2232-062

Parakh Diagnostic Centre

37/17, Westcott Building Campus, The Mall, Kanpur-208001
Phone No. 0512-2335500, 2363605, 2304005, 9919406571

K01 - Parakh Lab Home Visit
37/17 WestCott Building The Mall Kanpur
PH-2363605, 3915227



Name : Mrs. AKANKSHA SINGH
Lab No. : 259252692 Age: 35 Years Gender: Female
A/c Status : P Ref By : AIIMS

Collected : 25/10/2018 9:58:00AM
Received : 25/10/2018 10:12:02AM
Reported : 27/10/2018 10:19:19AM
Report Status : Final

Test Name	Results	Units	Bio. Ref. Interval
-----------	---------	-------	--------------------

Atul Thatai

Dr. Atul Thatai
PhD (Biotechnology)
HOD Molecular Diagnostics - NRL

Shalabh Malik

Dr. Shalabh Malik
MD (Microbiology)
National Head - Microbiology &
Serology - NRL

Ajay Narang

Dr. Ajay Narang
MD
Consultant Pathologist

Umesh Paliwal

Dr. Umesh Paliwal
MD Path.
Chief of Lab

-----End of report -----

IMPORTANT INSTRUCTIONS

*Test results released pertain to the specimen submitted.*All test results are dependent on the quality of the sample received by the Laboratory.
*Laboratory investigations are only a tool to facilitate in arriving at a diagnosis and should be clinically correlated by the Referring Physician.*Sample repeats are accepted on request of Referring Physician within 7 days post reporting.*Report delivery may be delayed due to unforeseen circumstances. Inconvenience is regretted.*Certain tests may require further testing at additional cost for derivation of exact value. Kindly submit request within 72 hours post reporting.*Test results may show interlaboratory variations.*The Courts/Forum at Delhi shall have exclusive jurisdiction in all disputes/claims concerning the test(s) & or results of test(s).*Test results are not valid for medico legal purposes. *Contact customer care Tel No. +91-11-39885050 for all queries related to test results.



If test results are alarming or unexpected, Client is advised to contact the laboratory immediately for possible remedial action.
© Tests conducted at National Reference Lab, New Delhi, a CAP (7171001), ISO (FS 60411) and NABL (MC-2113) accredited laboratory.

Name :- Mr. Avansha Singh Date 25/10/18 AGE: 35y Gender :- M F
 BP:- 110/80 PULSE :- 87/min WEIGHT :- _____ HEIGHT :- _____ BMI:- _____ BMF :- _____

Investigation

CBC

Urine RE
ME

S F
PP

RBS

Lipid Profile

RFT With SE

LFT WITH SP Function

Thyroid Function Test

X-ray

USG

T-CHO

TMT

Other Investigation

Clu - B/L Clu

CVS - S, (N)

SL MIT (N)

No uncom

EKG - WNL

2D-echo - No RWMA

(N) bivent-junct

No PT (noting)

Adx

→ T₃ / T₄ / TSH

→ Vit D

→ S. creat / ur

→ FBS / PPBS

→ Lipid Profile

→ CBR

40 off & on palpitation

K440 PCOD - I have been prescribed Tab Metformin but she takes it occasionally

→ Review & reports

find



Heart Centre

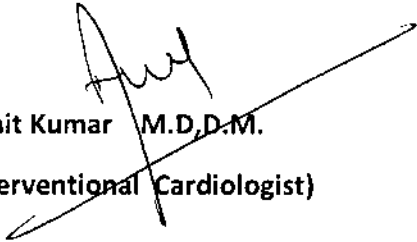
Mariampur Hospital, Shastri Nagar, Kanpur

Measurements :

95171 33355	✉ info.kanpur@karepartners.com		24 HOURS EMERGENCY CALL : 1 800 843 0005
	Observed values (cms.)		Normal values (cms.)
Aortic root diameter (Ao)	1.75		2.0 - 3.7
Aortic valve opening	-		1.5 - 2.6
Left atrium size (LA)	3.18		1.9 - 4.0
	End Diastole (cms.)	End Systole (cms.)	Normal values (cms.)
LV size (LVID)	3.52	2.40	(LVIDed = 3.5-5.7)
Inter ventricular septum (IVS)	1.17	1.68	(IVSd = 0.6-1.1)
Posterior wall Thickness (LVPW)	1.12	1.58	(LVPWd = 0.6-1.1)
LV ejection fraction (%) (EF)	61.0%		(56%-78%)

Doppler :

Valve	Velocity(cm/sec)	Gradient (mmHg)		Valve Area (cm ²)	Regurgitation (trivial,mild, moderate,severe)
		Peak	Mean		
Aortic	109	4.76	-	-	-
Mitral	E:-97.1 A:-60.0	-	-	By Planimetry = By PHT =	-
Pulmonary	107	4.57	-	-	-
Tricuspid	-	-	-	-	-


 Dr Amit Kumar M.D,D.M.
 (Sr. Interventional Cardiologist)

Dr Neeraj Varyani M.D.,D.M.
 (Sr. Interventional Cardiologist)

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24 Hr. Emergency For Heart Patient | Angiography | Angioplasty | Echo Cardiography
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Kare Partners Group India Private Limited, Registered Office Address: A-273, 2nd Floor, Defence Colony, New Delhi-110024,
 CIN: U85100DL2012PTC231228, Tel: 91-172-2211308 / 91-172-2211309

K01 - Walk in Parakh
PARAKH - 37/17 WestCott Building The Mall
Kanpur PH-2363605, 3915227



In association with



Name : Mrs. AKANKSHA . SINGH
Lab No. : 259252687 Age: 35 Years Gender: Female
A/c Status : P Ref By : Dr. AMIT KUMAR
Collected : 26/10/2018 10:46:00AM
Received : 26/10/2018 10:49:36AM
Reported : 26/10/2018 6:38:21PM
Report Status : Final

Test Name	Results	Units	Bio. Ref. Interval
SODIUM + POTASSIUM, SERUM			
SODIUM, SERUM (Indirect ISE)	136.00	mEq/L	136.00 - 146.00
POTASSIUM, SERUM (Indirect ISE)	4.50	mEq/L	3.50 - 5.10
GLUCOSE, FASTING (F), PLASMA (GOD-POD)	97.00	mg/dL	70.00 - 100.00
VITAMIN D, 25 - HYDROXY, SERUM (Chemiluminescence)	18.74	nmol/L	75.00 - 250.00

Interpretation

LEVEL	REFERENCE RANGE IN nmol/L	COMMENTS
Deficient	< 50	High risk for developing bone disease
Insufficient	50-74	Vitamin D concentration which normalizes Parathyroid hormone concentration
sufficient	75-250	Optimal concentration for maximal health benefit
Potential intoxication	>250	High risk for toxic effects

Note

- The assay measures both D2 (Ergocalciferol) and D3 (Cholecalciferol) metabolites of vitamin D.
- 25 (OH)D is influenced by sunlight, latitude, skin pigmentation, sunscreen use and hepatic function.
- Optimal calcium absorption requires vitamin D 25 (OH) levels exceeding 75 nmol/L.
- It shows seasonal variation, with values being 40-50% lower in winter than in summer.
- Levels vary with age and are increased in pregnancy.
- A new test Vitamin D, Ultrasensitive by LC-MS/MS is also available

Comments



Dr. Paliwal
Managing Director & Chief Consultant
Dr. Aridula Paliwal
(Mol. Bio & Biotech) Chief of Lab

Paliwal Diagnostics (P) Ltd.

ISO 9001:2015 Certified
117/H-1/02, Pandu Nagar (Opp: J.K. Temple), Kanpur-208 005
Tel : 0512 - 3915-220, 2235-821, 3262-052, 2232-962

Parakh Diagnostic Centre

37/17, Westcott Building Campus, The Mall, Kanpur-208001
Phone No. 0512-2335500, 2363605, 2304005, 9919406571

K01 - Walk in Parakh
PARAKH - 37/17 WestCott Building The Mall
Kanpur PH-2363605, 3915227



Name : Mrs. AKANKSHA . SINGH
Lab No. : 259252687 Age: 35 Years Gender: Female
A/c Status : P Ref By : Dr. AMIT KUMAR
Collected : 26/10/2018 10:46:00AM
Received : 26/10/2018 10:49:36AM
Reported : 26/10/2018 6:38:21PM
Report Status : Final

Test Name	Results	Units	Bio. Ref. Interval
COMPLETE BLOOD COUNT (CBC) (Electrical Impedence, Manual)			
Hemoglobin	12.10	g/dL	11.50 - 15.00
Packed Cell Volume (PCV)	35.90	%	36.00 - 46.00
RBC Count	4.06	mil/mm ³	3.80 - 4.80
MCV	88.40	fL	80.00 - 100.00
MCH	29.80	pg	27.00 - 32.00
MCHC	33.70	g/dL	32.00 - 35.00
Red Cell Distribution Width (RDW)	15.00	%	11.50 - 14.50
Total Leukocyte Count (TLC)	8.82	thou/mm ³	4.00 - 10.00
Differential Leucocyte Count (DLC)			
Segmented Neutrophils	60.40	%	40.00 - 80.00
Lymphocytes	33.70	%	20.00 - 40.00
Monocytes	3.50	%	2.00 - 10.00
Eosinophils	1.80	%	1.00 - 6.00
Basophils	0.60	%	<2.00
Absolute Leucocyte Count			
Neutrophils	5.33	thou/mm ³	2.00 - 7.00
Lymphocytes	2.97	thou/mm ³	1.00 - 3.00
Monocytes	0.31	thou/mm ³	0.20 - 1.00
Eosinophils	0.16	thou/mm ³	0.02 - 0.50
Basophils	0.05	thou/mm ³	0.01 - 0.10
Platelet Count	232.0	thou/mm ³	150.00 - 450.00

Note

- As per the recommendation of International council for Standardization in Hematology, the differential leucocyte counts are additionally being reported as absolute numbers of each cell in per unit volume of blood
- Test conducted on EDTA whole blood



Test results are alarming or unexpected, Client is advised to contact the laboratory immediately for possible remedial action.

Dr. Ash Paliwal
Managing Director & Chief Consultant
Aridula Paliwal
(Mol. Bio & Biotech) Chief of Lab

Paliwal Diagnostics (P) Ltd.
ISO 9001:2015 Certified
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Kanpur PH-2363605, 3915227



Name	: Mrs. AKANKSHA . SINGH	Collected	: 26/10/2018 10:46:00AM
Lab No.	: 259252687	Age: 35 Years	Gender: Female
A/c Status	: P	Ref By : Dr. AMIT KUMAR	Report Status : Final
		Received	: 26/10/2018 10:49:36AM
		Reported	: 26/10/2018 6:38:21PM

Test Name	Results	Units	Bio. Ref. Interval
THYROID PROFILE, TOTAL, SERUM (Chemiluminescent immunoassay)			
T3. Total	2.08	ng/mL	0.60 - 1.81
T4. Total	14.00	ug/dL	5.01 - 12.45
TSH	3.38	uIU/mL	0.35 - 5.50

Interpretation

PREGNANCY	REFERENCE RANGE for TSH IN uIU/mL (As per American Thyroid Association)
1st Trimester	0.10-2.50
2nd Trimester	0.20-3.00
3rd Trimester	0.30-3.00

Note

1. TSH levels are subject to circadian variation, reaching peak levels between 2 - 4 a.m. and a minimum between 6-10 pm . The variation is of the order of 50%, hence time of the day has influence on the measured serum TSH concentrations.
2. Recommended test for T3 and T4 is unbound fraction or free levels as it is metabolically active.
3. Physiological rise in Total T3 / T4 levels is seen in pregnancy and in patients on steroid therapy.

Clinical Use

- Primary Hypothyroidism
- Hyperthyroidism
- Hypothalamic - Pituitary hypothyroidism
- Inappropriate TSH secretion
- Nonthyroidal illness
- Autoimmune thyroid disease
- Pregnancy associated thyroid disorders
- Thyroid dysfunction in infancy and early childhood



If test results are alarming or unexpected, Client is advised to contact the laboratory immediately for possible remedial action.
Tests conducted at National Reference Lab, New Delhi, a CAP (7171001), ISO (FS 60411) and NABL (MC-2113) accredited laboratory.



Gen Diagnostics

General, Genetic And Allied Pathological Testing Laboratory



Lab Report

Lab No. : 021608270181	Req. No. : 470306
Patient Name : Mrs. AKANSHA	Reg. Date : 27-Aug-2016 04:54 PM
Age / Sex : 33 Yrs / F	Sample Coll. Date : 27-Aug-16 04:57PM
ClientCode/Name : GH010667 SOHAN NURSING HOME	Sample Rec. Date : 27-Aug-16 04:58PM
	Report Date : 01-Sep-2016 07:23PM

MOLECULAR BIOLOGY

Test Name	Observed Value	Unit	Reference Range
Hepatitis B Virus DNA PCR (Quantitative)			
HBV DNA QUANTITATIVE	80	IU/mL	

Comment: Diagnosis of acute or chronic hepatitis B virus (HBV) infection is based on the presence of HBV serologic markers such as hepatitis B surface antigen (HBsAg) and hepatitis B core IgM antibody (anti-HBc IgM), the presence of HBV DNA detected by molecular assays. Although the diagnosis of acute and chronic HBV infection is usually made by serologic methods; detection and quantification of HBV DNA in serum or plasma are useful to diagnose some cases of early acute HBV infection (before the appearance of HBsAg), distinguish active from inactive HBV infection and monitor a patient's response to anti-HBV therapy

An **Undetected** result indicates that hepatitis B virus (HBV) DNA was not detected in the specimen.

A **Detected** result with the comment, **HBV DNA level is <12 IU/mL. This assay cannot accurately quantify HBV DNA below this level.** indicates that the HBV DNA level is below the lower limit of quantification for this assay.

A quantitative result expressed in IU/mL indicates the degree of active HBV viral replication in the patient. Monitoring HBV levels over time is important for assessing disease progression or monitoring a patient's response to anti-HBV therapy.

A **Detected** result with the comment, **HBV DNA level is >100,000,000 IU/mL. HBV DNA above this level.** indicates that the HBV DNA level is above the upper limit of quantification for this assay

Method: Real Time PCR

(Signature)
Dr. Anvita Singh
M.B.B.S , MD (Pathology)

Hepatitis B + ve

AGRAWAL MATERNITY CENTRE

☎ 0120-2829496

R-12/44, Raj Nagar, (Near ALT Centre), GHAZIABAD - 201 002

DR. Shalini Agrawal
M.B.B.S., M.D.
Consultant Obstetrician & Gynaecologist
● SHIVAM HOSPITAL

DR. Atul Kumar Agrawal
M.B.B.S., M.S.
Consultant General & Laproscopic Surgeon
● SHIVAM HOSPITAL
● BHAGWATI UPCHAR KENDRA

Ref. No.

Alcoholia - 32

Dated 25/8/24

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500g x 4

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Levofloxacin 500

TIMINGS : Morning 10.00 A.M. to 1.00 P.M.
Sunday Evening Closed

Evening 5.00 P.M. to 8.00 P.M.

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AGRAWAL MATERNITY CENTRE ☎ 0120-2829496
R-12/44, Raj Nagar, (Near ALT Centre), GHAZIABAD - 201 002

DR. Shalini Agrawal
M.B.B.S., M.D.
Consultant Obstetrician & Gynaecologist
● SHIVAM HOSPITAL

DR. Atul Kumar Agrawal
M.B.B.S., M.S.
Consultant General & Laproscopic Surgeon
● SHIVAM HOSPITAL
● BHAGWATI UPCHAR KENDRA

Ref. No.

Dated... 8/13/2016

Mrs Anshu Prasad

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Dr. Kallu Palak
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TIMINGS : Morning 10.00 A.M. to 1.00 P.M. Evening 5.00 P.M. to 8.00 P.M.
Sunday Evening Closed

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AGRAWAL MATERNITY CENTRE

R-12/44, Raj Nagar, (Near ALT Centre), GHAZIABAD - 201 002

☎ 0120-2829496

DR. Shalini Agrawal

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M.B.B.S., M.S.
Consultant General & Laproscopic Surgeon

● SHIVAM HOSPITAL
● BHAGWATI UPCHAR KENDRA

Ref. No.

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Sunday Evening Closed

Evening 5.00 P.M. to 8.00 P.M.

S14 - LPL-GHAZIABAD
 C-30, RDC, NEAR KRISHNA SAGAR,
 RAJNAGAR, GHAZIABAD, U.P.
 GHAZIABAD

Arvind Lal
 (Hon'y) Brig. Dr. Arvind Lal
 M.B.B.S., D.C.P.
Padma Shri
 HONORARY PHYSICIAN TO THE PRESIDENT OF INDIA



Vandana Lal
 Dr. Vandana Lal
 M.D (PATH), IFCAP
Chief of Pathology
 SHROMANI AWARD WINNER

Name : Mrs. AKANSHA SINGH Collected : 15/7/2016 2:54:00PM
 Lab No. : 231123502 Age: 32 Years Gender: Female Received : 15/7/2016 2:57:06PM
 A/c Status : P Ref By : Dr.SHALINI AGARWAL Reported : 15/7/2016 8:36:12PM
 Report Status : Final

Test Name	Results	Units	Bio. Ref. Interval
HEPATITIS B SURFACE ANTIGEN;HBsAg, SERUM @ (CMIA)	Reactive		Non Reactive

Note

- All Reactive results are tested additionally by Specific antibody Neutralization assay . For further confirmation Molecular assays are recommended
- Discrepant results may be observed during pregnancy, patients receiving mouse monoclonal antibodies for diagnosis or therapy & mutant forms of HBsAg
- For diagnostic purposes, results should be used in conjunction with clinical history and other hepatitis markers for Acute or Chronic infection
- For monitoring HBsAg levels, Quantitative HBsAg assay is recommended

Comment

Hepatitis B Virus (HBV) is a member of the Hepadna virus family causing infections of the liver with extremely variable clinical features. Hepatitis B is transmitted primarily by body fluids especially serum and also spread effectively sexually and from mother to baby. In most individuals HBV hepatitis is self limiting, but 1-2% normal adolescents and adults develop Chronic Hepatitis. Frequency of chronic HBV infection is 5-10% in immunocompromised patients and 80% in neonates. The initial serological marker of acute infection is HBsAg which typically appears 2-3 months after infection and disappears 12-20 weeks after onset of symptoms. Persistence of HBsAg for more than six months indicates development of carrier state or Chronic liver disease.

Uses

- Routine screening of blood and blood products to prevent transmission of Hepatitis B virus (HBV) to recipients
- To diagnose suspected HBV infection and monitor the status of infected individuals
- To evaluate the efficacy of antiviral drugs
- For Prenatal Screening of pregnant women

Ritu

Dr. Ritu Nayar
 MD, Microbiology
 Consultant Microbiologist

-----End of report-----





AMAN DIAGNOSTIC CENTRE

Phone : 9891565756
9891515252

Dr. AMAN GARG
M.B.B.S., D.M.R.D.
Reg. No. 39525 (U.P.)

J-77, PATEL NAGAR-I, OPP. G.D.A.
AND ROADWAYS BUS STAND,
GHAZIABAD.

Ex-Radiologist
APOLLO HOSPITAL, New Delhi.

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Name : Mrs. Akansha Singh Age/Sex: 33 Yrs/F
Ref. By : Dr. Shalini Aggarwal
Date : 15-07-2016

ULTRASOUND WHOLE ABDOMEN (FEMALE)

- The **Liver** is normal in size and outline. It shows coarse echotexture echotexture. No obvious focal pathology is noted. Intra hepatic biliary passages are not dilated. Portal Vein is normal. No evidence of collaterals at Porta.
- The **CBD** is normal.
- The **Gall Bladder** is normal in size, has normal wall thickness .No evidence of calculus.
- The **Pancreas** is normal.
- **Spleen** is normal in size and echogenicity. Splenic Vein is normal. No evidence of collaterals at Porta.
- **Both Kidneys** are normal in size, position, outline and show normal cortical echogenicity. Cortico-medullary differentiation is maintained .No evidence of calculus or hydronephrosis on either side.
- Right kidney measures 95x40 mm. Left kidney measures 103x40 mm.
- Bilateral **Costophrenic angles** show no pleural effusion.
- The **Urinary Bladder** is normal in size & outline. There is no evidence of any obvious intraluminal abnormality.
- The **Uterus** is anteverted ,normal in shape, size (measures 76x36 mm) and position. The myometrial and endometrial echoes are normal. The endometrium thickness measures 7 mm.
- **Both Ovaries** are enlarged is size, normal in shape and show multiple small cysts of 5 mm or less than 5 mm size arranged at the periphery suggestive of Bilateral Polycystic Ovaries.
- Right ovary measures 40x21x19 mm and volume is 8 cc.
- Left ovary measures 38x16x27 mm and volume is 8 cc.
- There is no evidence of free fluid in Pouch of Douglas.
- The Cervix appears normal.
- There is no evidence of ascites or obvious lymphadenopathy.
- **Bowel loops** are unremarkable.

IMPRESSION: -CHRONIC LIVER DISEASE.

-BILATERAL POLYCYSTIC OVARIES (P.C.O.D.).

SUGGESTION: -L.F.T.

Dr. AMAN GARG
D.M.R.D.

(Consultant Radiologist)

Radiological & Laboratory findings are only professional opinion and not the diagnosis, they are always considered in conjunction with clinical and other investigatory findings where applicable. All congenital anomalies in a fetus may not be diagnosed in obstetric ultrasound. We are not liable for missing congenital anomaly. Identity of the patient has not been established.
TIMINGS : 10.00 A.M. TO 3.00 P.M., 6.00 P.M. TO 8.00 P.M. SATURDAY 10.00 A.M. TO 3.00 P.M., SUNDAY 10.00 A.M. TO 1.00 P.M.



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Name : Mrs. Akansha Age/Sex: 33 Yrs/F
Ref. By : Self
Date : 29-02-2016

ULTRASOUND WHOLE ABDOMEN (FEMALE)

- Liver is normal in size and outline. It shows changes of mild diffuse fatty infiltration. No obvious focal pathology is noted. Intra hepatic biliary passages are not dilated.
- The CBD is normal.
- The Gall Bladder is normal in size, has normal wall thickness. No evidence of calculus.
- The Pancreas is normal.
- Spleen is normal in size and echogenicity.
- Both Kidneys are normal in size, position, outline and show normal cortical echogenicity. Cortico-medullary differentiation is maintained. No evidence of calculus or hydronephrosis on either side.
- Right kidney measures 95x40 mm. Left kidney measures 103x40 mm.
- Bilateral Costophrenic angles show no pleural effusion.
- The Urinary Bladder is normal in size & outline. There is no evidence of any obvious intraluminal abnormality.
- The Uterus is anteverted, normal in shape, size (measures 76x36 mm) and position. The myometrial and endometrial echoes are normal. The endometrium thickness measures 7 mm.
- Both Ovaries are enlarged in size, normal in shape and show multiple small cysts of 5 mm or less than 5 mm size arranged at the periphery suggestive of Bilateral Polycystic Ovaries.
- Right ovary measures 40x21x19 mm and volume is 8 cc.
- Left ovary measures 38x16x27 mm and volume is 8 cc.
- There is no evidence of free fluid in Pouch of Douglas.
- The cervix appears normal.
- Bowel loops are unremarkable.

**IMPRESSION: -MILD (GRADE I) DIFFUSE FATTY INFILTRATION OF LIVER.
-BILATERAL POLYCYSTIC OVARIES (P.C.O.D.).**

SUGGESTION: -PLEASE CORRELATE WITH CLINICAL AND LAB FINDINGS.

Dr. AMAN GARG

D.M.R.D.

(Consultant Radiologist)
Radiological & Laboratory findings are only professional opinion and not the diagnosis, they are always considered in conjunction with clinical and other investigatory findings where applicable. All congenital anomalies in a fetus may not be diagnosed in obstetric ultrasound. We are not liable for missing congenital anomaly. Identity of the patient has not been established.
TIMINGS : 10.00 A.M. TO 3.00 P.M., 6.00 P.M. TO 3.00 P.M. SATURDAY 10.00 A.M. TO 3.00 P.M., SUNDAY 10.00 A.M. TO 1.00 P.M.



VrindaTM

DIAGNOSTICS

NEHRU NAGAR / KAVI NAGAR / VAISHALI

☉ 3.0 TESLA MRI ☉ 128 SLICE CARDIAC CT ☉ 4D ULTRASOUND ☉ NABL ACCREDITED LAB ☉ OPG
☉ D.R. X-RAY SYSTEM ☉ COLOR DOPPLER/ECHO ☉ TMT/ECG ☉ MAMMOGRAPHY ☉ PHARMACY

Balance: 0

Lab No. :	101508120021	Reg. Date :	12 Aug 2015
Patient Name :	Mrs.AKANSHA SINGH	Report Date :	12 Aug 2015
Age/Sex :	32 YRS/FEMALE	Referred By :	SELF

ULTRA SOUND SCAN OF ABDOMEN

Liver is of normal in size and reveals increased parenchymal echotexture suggestive of grade 1 fatty infiltration. No focal space occupying lesion is seen within liver parenchyma. Intra hepatic biliary channels are not dilated.

Gall bladder is of normal size. Wall is not thickened. No calculus or mass lesion is seen in gall bladder. Common bile duct is not dilated.

Pancreas is of normal size and contour. Echo-pattern is normal. No focal lesion is seen within pancreas.

Spleen is of normal size and shape. Echotexture is normal. No focal lesion is seen.

Right kidney is normal in size, shape & echotexture. Cortico-medullary differentiation is maintained. No focal lesion seen. Collecting system does not show any dilatation/calculus.

Left kidney is normal in size, shape & echotexture. Cortico-medullary differentiation is maintained. No focal lesion seen. Collecting system does not show any dilatation/calculus.

No enlarged nodes are visualised. No retro-peritoneal lesion is identified.

Urinary bladder is normal in distension and wall thickness. No calculi seen.

Uterus is anteverted and measures 8.00 x 5.72 x 2.53 cms. Myometrium shows normal echo-pattern. No focal space occupying lesion is seen. Endometrial echo is normal. Endometrial thickness is 0.66 cms.

Right ovary measures 3.86 x 2.24 x 2.08 cms. Volume is 9.42 cc.

Left ovary measures 3.66 x 2.44 x 1.80 cms. Volume is 8.45 cc.

Both ovaries show increased stromal echogenicity with multiple small peripherally arranged follicles suggestive of polycystic ovarian disease.

No adnexal mass is seen.


No free fluid is seen in pouch of Douglas.

IMPRESSION :

1. Grade 1 fatty infiltration of liver.
2. Bilateral PCOD.

PLEASE CORRELATE CLINICALLY.

DR.CHARU GUPTA
DMRD,DNB(RADIODIAGNOSIS)
CONSULTANT RADIOLOGIST


DR.ACHITA GUPTA
MBBS,DNB(RADIODIAGNOSIS)
CONSULTANT RADIOLOGIST

DR.PRABHAT KUMAR DAS
MBBS,DMRD(RADIODIAGNOSIS)
CONSULTANT RADIOLOGIST

DR.SUBHASH SYLONIA
MBBS,MD(RADIODIAGNOSIS)
CONSULTANT RADIOLOGIST

III-B/10, Nehru Nagar, Ghaziabad Ph. : 4575277-282

5/5, Gaur Galaxy, Vaishali, Ghaziabad Ph. : 4575285 - 290, 0120-2689410, 2689411 ☎ KF-84, Kavi Nagar, Ghaziabad Ph. : 0120-2750588 ✉ E-mail : info@vrindadiagnostic.com
Pathological and Radiological findings are only professional opinions and not the diagnosis. They are always considered in conjunction with clinical and other investigatory findings where applicable.
Findings on the blood samples collected from outside the lab are not liable to challenge

Dr. Saroj Srivastava

M.B.B.S., M.S., F.A.C.O.G., F.I.C.M.C.H., P.G.D.M.L.S., LL.B.
Diplomate American Board of Ob. & Gyn.
Consultant Obstetrician & Gynaecologist
U.P. Med., Reg. No. 27635

R/N- 4342

11.45

SAROJ NURSING HOME

B-55, Mandir Marg, Mahanagar Extension
Lucknow - 226 006
Phone : 2371848, 2385501
Fax : 0522 - 2372123
E-mail : sarojnh@sancharnet.in

Mrs Aranksha Singh - 24yr
Mo Mrs Gyanendra Singh (Plb Reg + UP)

Dated: 16.4.07

PRIMI @ 39 wks
cord around neck

According to USG - 30.4.07 (FDD)

Hebatic B Antinuclear → ~~est~~
skit to baby

Admit on 15.4.07 at 8 p.m. for induction
(रिपोर्ट रता कर)

~~mg Betnesol given on 10/4/07~~

h

हमेशा सब पर्चे, रिपोर्ट साथ लायें।

Consultation Hours :-

	Morning (11 To 1 P.M.)	Evening (6 To 8 P.M.)
MONDAY TO FRIDAY	First Come, First Served	By Appointment
SATURDAY & SUNDAY	By Appointment	Closed. (For emergency call the hospital)

डा० सरोज जब छुट्टी पर होंगी तब उनकी सहयोगी (स्त्री रोग विशेषज्ञ) द्वारा इलाज उपलब्ध होगा।

AP - 110/80
PR - 113
O2 - 99%
WT - 73kg (1kg 12wks?)
FNS - (7)
F.T. covered

M.M - 5-6
UO ← a/vc delayed cycle
ecc pain

R.N - NAD
Post N - NAD
DP - NAD

3/3 - Ull - 36w 2d

FWT - 2.86kg

loop of cord near
nape of neck

PR post mid cavity
gt away
from os

deep flow (6)

HIV I, II Neg
HBeAg Positive
HBsAb N/R
HBeAg 0.55 Neg

2/4 Hct 13.5
TLC 11,800
DLC 11-280-0
RAA - 86
PC - 2.10
BU - 21
SC 0.80
SNa 139
SK 3.7

SBR 0.78

S. calc PA - 437↑ (1W-280)

SEPT 18

PT 13.6

PC 100%

UACR NAD acc procedure

TSN 37 (7)

B+ve

3wks delayed
conception

MF X 16 1/2 yrs
10000

DUMP - 10/7/06
EAO - 17/4/07

GA - 39 wks

1/4 - Pelvis assessed
Seems adequate
for fetal glenoid
os closed.

CSB. An. S.S.

P/V os patulous
Effacement 25-30%
v/o getting engaged

Dr. Saroj Srivastava

MB.B.S., M.S., F.A.C.O.G., F.I.C.M.CH, PGD.M.L.S., LL.B.
Diplomate American Board of Ob. & Gyn.
Consultant Obstetrician & Gynaecologist
U.P. Med., Reg. No. 27635

R/ 8663
12:55 pm

SAROJ NURSING HOME

B-55, Mandir Marg, Mahanagar Extn.
Lucknow - 06, Mobile : 9335188244
Phone : 2321848, 2385501, 2338043
Fax : 0522 - 2332123
E-mail : sarojnh@sancharnet.in

NEW ADDITIONAL HIGH-TECH FACILITIES

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- TIFFA & screening to R/o birth defects
- Fetal surveillance BPD, CD, NST, cardiotocography
- Specialised Lab for HR Preg. & Neonates like bilirubinometer and blood gases.

CONSULTATION HOURS

MONDAY TO FRIDAY
Morning (11 AM to 2 PM)
First Come, First Served

Evening (7 P.M. To 9 P.M.)
By Appointment

SATURDAY & SUNDAY
(11 AM to 2 PM)
By Appointment

SATURDAY & SUNDAY
evening closed
For Emergency call the Hospital

सभी पर्चे व रिपोर्ट साथ लायें।

नोट- डॉ० सरोज जब छुट्टी पर होंगी तब उनकी सहयोगी (स्त्री रोग विशेषज्ञ) द्वारा इलाज उपलब्ध होगा।

Mm. Akansha Singh - 26/F. Dated: 26.4.10

Previous LSCS with cord around neck.

Adv: Crossmatch one unit blood.

- LSCS under GA/LA on 30.4.10
- Admit on 29.4.10.
- Crossmatch one unit blood
- HbsAg Positive carrier pr.

Continue (A) / (B) / (C) as before —
⇒ T. bact ointment - locally

USG & CD

SLE

LOA

Ant Gr II Placenta

APL 10

CD: (N)

3 weeks delayed concepⁿ

2873 gm

1 kg (1 kg in 8 days)

- 130/80

- 98b

- 96/min

- ST

G2 P001

I : LSCS 40 weeks

Not in labour 3.5kg
Cord around neck

LMP : 19.7.09

2 weeks delayed concept

30 weeks

Occasional pain lower abdomen

Gr. A.S.

GcNAD

NO Oedema

P/A : 33 cm

34 weeks size

Vx

Hd free at birth

f uterus not irritable



MOHAN PATHOLOGY & X-RAYS



Near Civil Hospital, Station Road, CHANDAUSI - 202412, Distt. Moradabad (U.P.) Phone : 05921-250902

Dr. Shyam Goani Saxena
M.B.B.S. (Lko.) M.D. (Pathology)
MCI - 12100 (U.P.)

Founder of the Lab
Dr. R.M. Saxena, Ex. A.M.C.
Dr. Madhusudan Saxena
BAMS, (DMB-11800 U.P.)

Dr. Monika
M.D. (Physi)
MCI - 8028 (U.P.)

NAME : MRS. RESHU
AGE/SEX : 26 Year Female
REF. BY : DR. VANDANA SAXENA, MBBS
DATE : 02/10/2009
LAB.NO. : 96

Investigation	Results	Units	Normal Values
HAEMOGLOBIN (CYAN METHOD):	12.5	Gm/dL	12.0 - 15.0
BLOOD GROUP :			
BLOOD GROUP (Major) :	'B'		
Rh FACTOR (ANTI-D) :	POSITIVE		
BILIRUBIN :			
Total :	0.6	mg/dL	0.2 - 1.0
S.G.P.T. :	64.9	U/L	Up to 49 (37 C)
V.D.R.L. :	NON REACTOR (NEGATIVE)		
AUSTRALIA ANTIGEN (HBsAg):	REACTIVE		NONREACTIVE

THE ASSAY IS BASED ON IMMUNOCHROMATOGRAPHIC METHOD. THE TEST DEVICE "HEPACARD" BELONGS TO J. MITRA & Co. WITH A SENSITIVITY OF 0.5 ng/mL. TEST DEVICE ISSUED WITH REPORT. HBsAg APPEARS BEFORE THE ONSET OF SYMPTOMS, PEAKS DURING OVERT DISEASE, AND THEN DECLINES TO UNDETECTABLE LEVEL IN 3 TO 6 MONTHS.

--END OF THE REPORT--

Dr. Monika Rajvanshi
M.D.
Consultant Radiologists

Carv
Dr. Shyam Goani Saxena
M.B.B.S. (Lko.), M.D. (Path)
Pathologist

- * This is not a diagnosis but a professional opinion. Report is not valid for medico legal purpose. Every test has their technical limitations, in case of any disparity, the test may be repeated immediately.
- * Facilities available : Haematology (C.B.C., G.B.P. & Bone marrow), Cytology (F.N.A.C.), Histo Pathology, PAP Smear, High vaginal swab, Bio-chemistry (by chemistry analyzer), HbA1c, Electrolytes, Hormonal Assay (T3, T4, TSH etc.) Infertility profile, ELISA Test (including Typhidot, TB IgG, IgM, IgA, TORCH Profile, Dengue IgG/IgM), Mycology (Fungus culture), Bacteriology (Culture & Sensitivity).
- * 300mA, 100mA, X-Rays units for all types of plain & contrast X-Ray (IVP, HSG, Barium meal etc.)

Lab Equipped with:

MS-9-3H
Cell Counter

AIA-600
Hormone

RA-50
Chemistry

ELISA

Electrolyte

HEMOCUE
Micro-Albumin

Hb-201+
Hb

ESSENTIA
Glucose