

Dr. Veerottam Tomer

MBBS, MD (Chest), EDARM (Italy), FCCP (USA)
Interventional Pulmonologist, Bronchoscopist,
EBUS, Sleep and Critical care expert.
European Diploma in Adult Respiratory Medicine

MCI No. : 013682
MRT Rg.: 01008



Dr. SHIVRAJ MEMORIAL

CHEST & ALLERGY CENTRE

A-1, Adarsh Nagar, Meerut-250 001 India
Ph. : 0121-2665900, 09690600463
e-mail : veerottam@gmail.com
www.drveerottamtomer.com

3823 : MRS.SHEELA RANI (73y, Female) - 8750331133

Date: 14-Aug-2021

Notes: 14/8/21 FVC- 49% ,FEV1- 44% FEV1% -73% , +7%

BP 137 / 98 mmHg Pulse 100 bpm Temperature 97.7 F SPO2 97 %

[02-Jun-2021] Fasting Blood Sugar (FBS):113 Blood Urea:23 Serum Creatinine:0.8 eGFR - Creatinine Clearance:71.00
SGPT (AST):16 TSH (Thyroid Stimulating Hormone):4.6

[29-Jun-2021] X Ray - Chest PA:rt dome raised

[10-Aug-2021] HRCT Chest:rt dome of diaphragm with hiatus hernia , rt lower lobe fibrotic lesion

Complaints: BREATHLESSNESS ON MID EXERTION* 3 MONTHS. ORTHOPNEA. NO COUGH. NO FEVER.
RESTLESSNESS, GHABRAHAT, BURPING, ABDOMINAL DISCOMFORT, NUMBNESS IN BOTH LEGS *, LBA

PAST HISTORY: HO CABG 2013 ef- 45% / cholecystectomy 2016 / RT TKR 2014/ ATT 2019 for 15 months for pott.s spine/
hypothyroidism / htn 1992
no hemetamesis jan 2021 UGI - Hiatus hernia
no ho dm /br asthma

PERSONAL HISTORY: NON SMOKER ,NON ALCOHOLIC, NO TOBACCO CHEWER

CHEST EXAMINATION: B/L Vesicular breath sounds

Diagnosis: HYPERTENSION, CAD POST CABG 2013, POTT 'S SPINE TREATED CASE, HYPOTHYROIDISM, RIGHT
DOME OF DIAPHRAGM RAISED CAUSE ?, HIATUS HERNIA, AN

Rx

Medicine	Dosage	Timing - Freq. - Duration
1) SERLIFT 25 MG TABLET Composition : SERTRALINE 25 MG Timing : 1 - नाश्ते के बाद, 1 - रात - खाने के बाद	1 — 0 — 1	खाने के बाद - रोज - 5 दिन
2) DUOLIN INHALER Composition : IPRATROPIUM BROMIDE 20 MCG + LEVOSALBUTAMOL 50 MCG Timing : 1 - नाश्ते के बाद, 1 - दोपहर - खाने के बाद, 1 - रात - खाने के बाद Note : WITH ZEROSTAT MINI SPACER	1 — 1 — 1	खाने के बाद - रोज - 5 दिन
3) DIGIHALER SF 250 INHALER Composition : FLUTICASONE PROPIONATE 250 MCG + SALMETEROL 25 MCG Timing : 1 - नाश्ते के बाद, 1 - रात - खाने के बाद Note : WITH ZEROSTAT MINI SPACER	1 — 0 — 1	खाने के बाद - रोज - 5 दिन
4) DOXORIL 400MG TABLET Composition : DOXOFYLLINE 400 MG Timing : 1/2 - नाश्ते के बाद, 1/2 - रात - खाने के बाद	1/2 — 0 — 1/2	खाने के बाद - रोज - 5 दिन

FACILITIES :

- EBUS (Endo bronchial Ultrasound) guided FNAC of mediastinal lymph nodes.
- DLCO Test-(Diffusion Stud of Lungs) for Complete Lung Function Test.
- Computerized Pulmonary Function test with 6 minute walk test, DLCO, PFT, PFT Test.
- Video Bronchoscopy both Flexible and Rigid.
- Medical Thoracoscopy for Pleural Diseases.
- Sleep study for snoring disorder and obstructive sleep apnoea syndrome.

For Appointment contact :

09690600463

SUNDAY CLOSED

Consultation Fees valid for one visit only.



JASWANT RAI SPECIALITY HOSPITAL
Pathology & Blood Center

Opp. Sports Stadium,
Civil Lines, Meerut

Path. Lab. - 0121-2644577
Blood Center - 0121-2644677
Hospital - 0121-2663887, 2663888
E-mail: jrsh.path.bb@gmail.com



Name:	Mrs. SHEELA RANI	Registration No.:	194430
Age/Gender:	74 Y/Female	Registered:	07/Sep/2022 09:06AM
Patient ID:	012209070026	Sample Collection:	07/Sep/2022 09:25AM
BarcodeNo:	10169824	Reported:	07/Sep/2022 09:43AM
Referred By:	Dr. S.C AGGARWAL	Report Status:	Final
Collection Place:	OPD	UHID:	C/O DR. S.C AGARAWAL

HAEMATOLOGY

Test Name	Result	Unit	Biological Ref.Interval	Method
COMPLETE BLOOD COUNT				
HEMOGLOBIN	9.5	g/dl	12.0 - 15.0	Electronic Impedance
PCV	33.3	%	36-46	Calculated
TOTAL LEUCOCYTE COUNT	11,800	/cu.mm	4000 - 10000	Light Scattering
DIFFERENTIAL LEUCOCYTE COUNT				
NEUTROPHILS	78	%	40 - 80	Microscope
LYMPHOCYTES	14	%	20 - 40	Microscope
EOSINOPHILS	3	%	1 - 6	Microscope
MONOCYTES	5	%	2 - 10	Microscope
BASOPHILS	0	%	0 - 2	Microscope
BLAST CELLS	0.0	%		
IMMATURE CELLS	0.0	%		
RBC	4.4	Million/cu.mm	3.8 - 4.8	Electrical Impedance
MCV	74.8	fl	83 - 101	Electrical Impedance
MCH	21.3	pg	27 - 32	Calculated
MCHC	28.5	gm/dl	31 - 35	Calculated
PLATELET COUNT	2.95	Lac/cu.mm	1.5 - 4.10	Electrical/Microscope
MPV	11.70	FL	7 - 10.5	Electrical Impedance
PDW	16.00	FL	9.3 - 16	Electrical Impedance
RDW-SD	45.60	FL	40-55	Electrical Impedance
RDW-CV	16.00	%	11-15	CALCULATED
Glycated Hemoglobin (HbA1c)	5.8	%	4.1 - 6.5	

Dr. Priyanka Yadav
M.D. (Path)

Dr. Sonal Jindal
M.D. (Micro)

Dr. Shagun Aggarwal
M.D. (Micro)

Dr. Jyoti Singh
M.D. (Micro)

Dr. Shivangi Singhal
M.D. (Path)

- ❖ Test Values may vary with different lab standards, methods, kits used and other physiological & biological factors.
- ❖ The clinico pathological lab tests involve Man-Machine-Computer interface with slight chances of inadvertent discrepancy and should be immediately discussed & alleviated.
- ❖ Report purports for patients care and not for medicalegal documents.



JASWANT RAI SPECIALITY HOSPITAL
Pathology & Blood Center

Opp. Sports Stadium,
Civil Lines, Meerut

Path. Lab. - 0121-2644577
 Blood Center - 0121-2644677
 Hospital - 0121-2663887, 2663888
 E-mail: jrsh.path.bb@gmail.com



Name:	Mrs. SHEELA RANI	Registration No.:	194430
Age/Gender:	74 Y/Female	Registered:	07/Sep/2022 09:06AM
Patient ID:	012209070026	Sample Collection:	07/Sep/2022 09:25AM
BarcodeNo:	10169824	Reported:	07/Sep/2022 10:06AM
Referred By:	Dr. S.C AGGARWAL	Report Status:	Final
Collection Place:	OPD	UHID:	C/O DR. S.C AGARAWAL

BIOCHEMISTRY

Test Name	Result	Unit	Biological Ref.Interval	Method
SUGAR RANDOM	96.0	mg/dl	70 - 160	GOD/POD, Colorimetric
RENAL PROFILE				
UREA	22	mg/dl	10 - 45	Spectrophotometry, Urease method
CREATININE	0.7	mg/dl	0.7-1.3	Spectrophotometry, jaff kinetic
SODIUM	125	mmol/L	135 - 155	Direct ISE
POTASSIUM	4.1	mmol/L	3.5 - 5.5	Ion Selective electrode
CALCIUM	8.1	mc/dl	8.5 - 10.2	Spectrophotometry, Arsenazo method
URIC ACID	4.2	mg/dl	3.1 - 7.0	Uricase
PHOSPHORUS	4.10		4.0 - 5.5	Spectrophotometry-UV molybdate method
PROTEIN, TOTAL	6.6	gm/dL	6 - 8	Biuret
ALBUMIN	3.9	gm/dl	3.5 - 5.0	BCG
GLOBULIN	2.7	gm/dl	2.8 - 4.5	Calculated
A/G RATIO	1.4	Ratio	1.3 - 2.0	Calculated

Kindly correlate clinically.

Dr. Priyanka Yadav
M.D. (Path)

Dr. Sonal Jindal
M.D. (Micro)

Dr. Shagun Aggarwal
M.D. (Micro)

Dr. Jyoti Singh
M.D. (Micro)

Dr. Shivangi Singhal
M.D. (Path)

- ❖ Test Values may vary with different lab standards, methods, kits used and other physiological & biological factors.
- ❖ The clinico pathological lab tests involve Man-Machine-Computer interface with slight chances of inadvertent discrepancy and should be immediately discussed & alleviated.
- ❖ Report purports for patients care and not for medicalegal documents.

Wish you A Speedy Recovery
 ISO 9001:2008
 JASWANT RAI SPECIALITY HOSPITAL PVT. LTD



JASWANT RAI SPECIALITY HOSPITAL
Pathology & Blood Center

Opp. Sports Stadium,
Civil Lines, Meerut

Path. Lab. - 0121-2644577
 Blood Center - 0121-2644677
 Hospital - 0121-2663887, 2663888
 E-mail: jrsh.path.bb@gmail.com



Name:	Mrs. SHEELA RANI	Registration No.:	194430
Age/Gender:	74 Y/Female	Registered:	07/Sep/2022 09:06AM
Patient ID:	012209070026	Sample Collection:	07/Sep/2022 09:25AM
BarcodeNo:	10169824	Reported:	07/Sep/2022 05:26PM
Referred By:	Dr. S.C AGGARWAL	Report Status:	Final
Collection Place:	OPD	UHID:	C/O DR. S.C AGARAWAL

IMMUNOASSAY

Test Name	Result	Unit	Biological Ref.Interval	Method
Thyroid Profile				
T3, TOTAL	1.45	nmol/L	1.49 - 2.6	Chemiluminescence
T4, TOTAL	121.0	nmol/L	71.2 - 141	Chemiluminescence
TSH	6.72	µIU/ml	0.46 - 4.68	Chemiluminescence

TEST METHOD:

Thyroid panel by ENZYME LINK FLUORESCENT ASSAY (ELFA)

Thyrotropin or thyroid-stimulating hormone (TSH) is a glycoprotein with a molecular weight of 28,000 to 30,000 daltons. TSH is composed of two non-covalently bound alpha & beta peptide subunits.

TSH stimulates the thyroid glands to produce the main thyroid hormones T3 & T4.

Euthyroid : 0.25-5.0 micron IU/ml.
 Suggestive of hyperthyroid : <0.15 micron IU/ml.
 Suggestive of hypothyroid : > 7.0 micron IU/ml.

Reference range for thyroid for neonates and children (serum concentration):

Age	TSH(micron IU/ml)	TT3(nmol/l.)	TT4(nmol/l.)
1-4 days	1-19	1.5-11.4	142-277
1-4 wks	1.7-9.1	1.6-5.3	106-221
1-12mon	0.8-8.2	1.6-3.8	76-210
1-05yrs	0.7-5.7	1.6-4.1	94-193
6-10yrs	0.7-5.7	1.4-3.7	82-171
11-15yrs	0.7-5.7	1.3-3.3	71-151
15-18yrs	0.7-5.7	1.2-3.2	54-152

Kindly correlate clinically.

*** End Of Report ***

Dr. Priyanka Yadav
M.D. (Path)

Dr. Shagun Aggarwal
M.D (Micro)

Jyoti
Dr. Jyoti Singh
M.D. (Path)

Dr. Shvangi Singhal
M.D. (Path)

- ❖ Test Values may vary with different lab standards, methods, kits used and other physiological & biological factors.
- ❖ The clinico pathological lab tests involve Man-Machine-Computer interface with slight chances of inadvertent discrepancy and should be immediately discussed & alleviated.
- ❖ Report purports for patients care and not for medicalegal documents.

ISO 9001:2008

Wish you A Speedy Recovery



Clinic : 26, D.N. College Compound,
Opp. Canara Bank, Delhi Road, Meerut
Ph.: 0121 (c): 2522062 (R) : 2512741
TIMINGS : 1p.m. To 7p.m.
THURSDAY & SUNDAY CLOSED
Regn. No. : 31304

Dr. Amitabh Gautam

M.D. (Medicine)

Internist & Diabetologist

28/12/21

Mrs. Shweta Ranjani
74 yrs

- Essent
- Hypertension
- CAD
- ASTHMA
- ESRD
- L.A.S.A

- ① Tab Telma CT40
M
- ② Tab. Amtas 57
M
- ③ Tab. Moxova - 347
Σ
- ④ Tab. ELTroxin 50µg
M (weekly)
- ⑤ Cp Rabitmid bus / Resec
M (weekly)
- ⑥ Tab. Coxof 7507
M
- ⑦ Tab. Tide Phus 10
1/2 M

check



Clinic : 26, D.N. College Compound,
Opp. Canara Bank, Delhi Road, Meerut
Ph.: 0121 (c): 2522062 (R) : 2512741
TIMINGS : 1p.m. To 7p.m.
THURSDAY & SUNDAY CLOSED
Regn. No. : 31304

Dr. Amitabh Gautam

M.D. (Medicine)

Internist & Diabetologist

- Hypothyroid (50yr old age)
- ESS HT -> since 30yrs

(On Telma 40mg / Amtes 5mg)
Mucosives - 37

• CAD (CABG Dec. 2013)
EF - 55%

• At Trib - 2016

• L5 S1 Vert's

LA TT - Aug 19 to Dec 20

Co - 803 - 6mlms

(No wheeze +
dry cough +)

• Hiatus Hernia Jan '20

Haematemesis (17/11/20)

• Lap Chole - 2014

Mrs. Sheela Rani

27/12/24

74yrs

① Duocin + Budenik + Mucosist
+ Inlsochic
resulms

② Dr. Unicorn 4007

③ Sp. Rebel (Rabokind Plus)
M (conting)

④ Dr. Mountain Le

⑤ Dr. Loxof 7507
M

⑥ Dr. Tick Plus 10
h
n

X30y

Dr. Sanjay Teotia

M.D. (Medicine)

Consultant Physician & Diabetologist

Date: 04-May-2022

Patient Id : 15016

Mobile No. :

Address : ADM COMPOUND Meerut Uttar Pradesh

Patient Name: Mrs. SHEELA RANI

Age: 74y / Gender: Female

Diagnosis/Provisional Diagnosis : COAD, HYPERTENSION, CAD, SCH ON TREATMENT

Chief Complaints : COAD WITH ACUTE EXACERBATION

Notes :

ADVISED HOSPITALIZATION

Measurements:

SPO2 97 %

Rx :

Name	Dose	Frequency	Instructions	Days
• OMNACORTIL 20 MG (PREDNISOLONE)	1 TAB	Two Times a Day	After Breakfast And Dinner	5 Days
• BACTOCLAV 625 (AMOXICILLIN 500 MG + CLAVULANIC ACI)	1 TAB	Three Times a Day	After Meals	5 Days
• DOXOLIN 400 MG (DOXOPHYLLINE)	1/2 1 TAB	Two Times a Day	After Breakfast And Dinner	5 Days
ALLERCET 10 MG (CETRIZINE)	1 TAB	Once a Day	At Night After Dinner	5 Days
• TORSID 5 MG (TORSEMIDE 5)	1 TAB	Once a Day	After Breakfast	5 Days
• NEB. WITH TRAZLET /DUOLIN & BUNASE /BUDECORT 1 MG	1 RESPULE EACH	Two Times a Day		5 Days

Investigations: B. SUGAR R, HAEMOGRAM GBP, ESR, B. UREA, S. CREATININE, Na, K, S. BIL.- D & ID, SGPT, SGOT, ALK. PO4, (CONCESSION PLEASE),

CHEST X RAY PA, (CONCESSION PLEASE)

Next Visit :

नाम लिखवाने के लिए सुबह 8:15 के बाद सम्पर्क करें 9756601050

Specialist in Diabetes, Thyroid, Chest, Heart, Brain & Abdominal Diseases (DR. SANJAY TEOTIA)

Clinic: Sri Ram Plaza, Mangal Panday Nagar, Opp. S. B. I. Zonal Office, Garh Road, Meerut. Timings : 8:30 am to 2:00 pm
For Appointment Please Contact @ 9756601050 after 8:15 am and in case of Emergency Please Contact @ 9837100040

SUNDAY CLOSED

डॉ. अंकुर गुप्ता

सीनियर ई.एन.टी. कन्सलटेन्ट
एम.एस. (ई.एन.टी.), पी.जी.आई.एम.एस
(एम.सी.आई. रजि. नं. 34964)



Dr. Ankur Gupta

SR. E.N.T. CONSULTANT M.S. (E.N.T.), P.G.I.M.S.
VOICE, SINUS, EAR, ENDOSCOPY & MICROSCOPIC
SPECIALIST (MCI Reg. No. 34964)

FEVER.....
SPO₂.....
PULSE.....
COVID HISTORY.....

Ms. Shela Sami
74/F

on inhalers
- bronchodilators
- elboxin
- Anti H1N1
- PPI

Ch. Blockage of Ears
- nasal block
- cough

Sp. Seum c
shimla

① Tab. Mucolite SR 100.
② Oxycodone 800.
③ Furumist nasal spray
④ Tab. Allgoron 148.
- Spool water (lukewarm)

Sunday by Appointment

Ph. 0121-4032247, 2977182
9997811114, 7983363099
E-mail : kanaghospital@gmail.com
E-mail : ankurgupta1967@gmail.com

For any Query Dial : 9045053089



9368827037
9045053082
Audiology - 9045053083

Formerly at : Post Graduate Institute of Medical Sciences, RTK, Seth G. S. Medical College & KEM Hospital, Mumbai, Tata Memorial Hospital, Mumbai

Life Member : IMA, AOI, Indian Society of Otolaryngology, Sinus Endoscopy Society of India, Neuro Otolaryngologist & Equilibriometry Society of India, Association of Phonosurgeons of India

244-ए, सिविल लाइन्स, हजारी की प्याऊ, कुटिया चौराहा निकट मेरठ कालिज, मेरठ (उ०प्र०) Timings : Monday to Saturday 9.00 am. to 6.00 pm.

लवीना ई.एन.टी. केयर सेंटर, बच्चा पार्क, मेरठ। फोन: 0121-2527119, 4324912 समय: सुबह 9 बजे से सायं 6 बजे तक (सोमवार से शनिवार)

परामश शुल्क
एक बार ही मान्य है।

Dr. Ankur Gupta

M.B.B.S., M.S. (ENT)

Reg. No - 34964

रविवार अवकाश

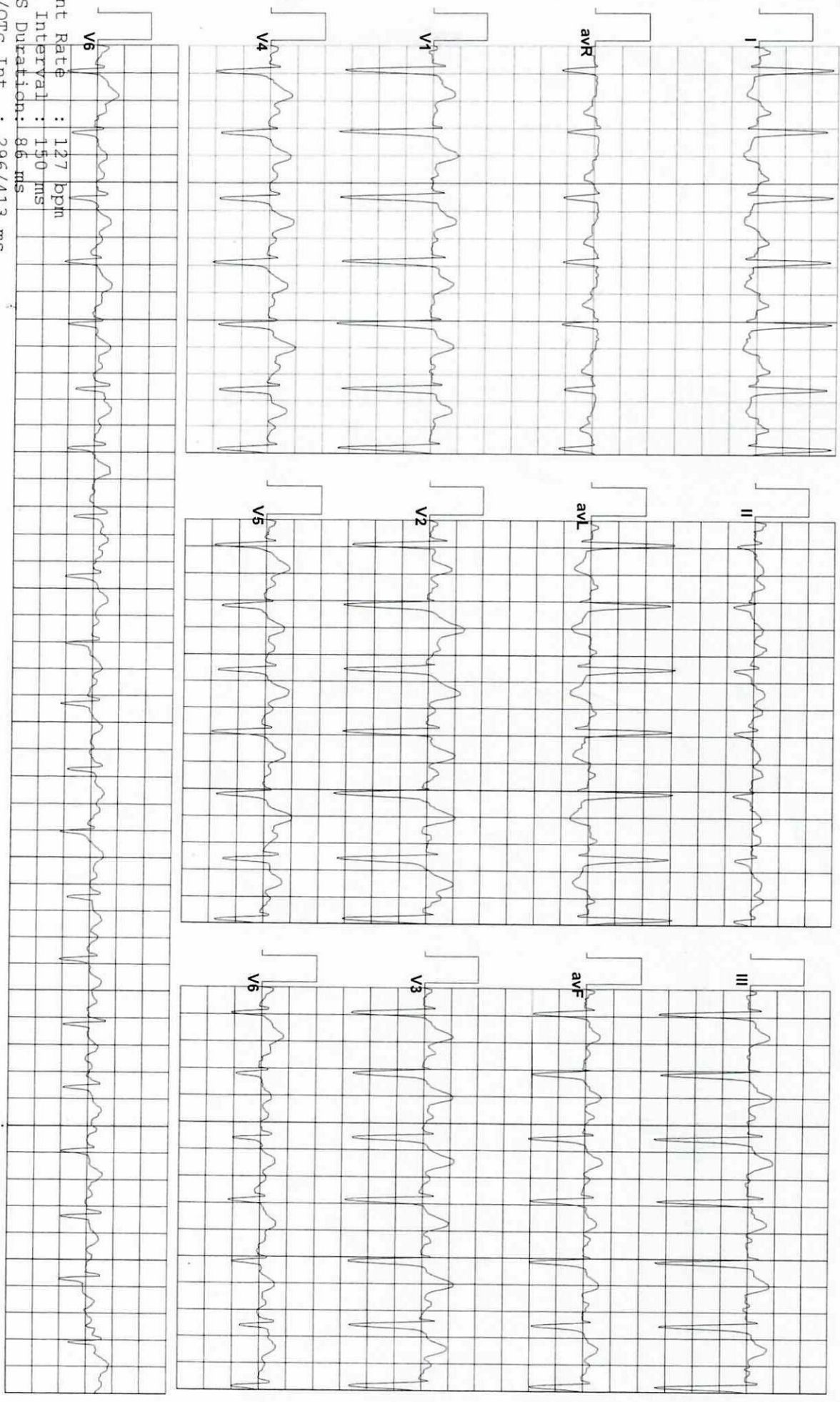
EMERGENCY 24 HOURS

NOT FOR MEDICO LEGAL USE

JASWANT RAI HOSPITAL

9 / MRS.SHEELA RANI / 74 Yrs / F/ 60Kgs./ Non Smoker
Heart Rate : 127 bpm / Tested On : 20-Jan-22 17:01:01 / HF 0.05 Hz - LF 100 Hz / Notch 50 Hz / Sn 1.00 Cm/mV / Sw 25 mm/s
Dr.: DR RAJEEV AGARWALA MD DM

ECG



Vent Rate : 127 bpm
PR Interval : 150 ms
QRS Duratidn: 86 ms
QT/QTc Int : 296/413 ms

P-QRS-T axis: 33.00 • -37.00 • 120.00 •

Allengers ECG (Pisces)(PIS215191030)



3823 : MRS.SHEELA RANI (73y, Female) - 8750331133

Date: 18-May-2022

Notes: 14/8/21 FVC- 49% ,FEV1- 44% FEV1% -73% , +7%
 PROXY

Complaints: BREATHLESSNESS EPISODIC, WHEZZING ON AND OFF

PAST HISTORY: HO CABG 2013 ef- 45% / cholecystectomy 2016 / RT TKR 2014/ ATT 2019 for 15 months for pott.s spine/
 hypothyroidism / htn 1992
 ho hemetamesis jan 2021 UGI - Hiatus hernia
 no ho dm /br asthma

PERSONAL HISTORY: NON SMOKER ,NON ALCOHOLIC, NO TOBACCO CHEWER

CHEST EXAMINATION: B/L Vesicular breath sounds

Diagnosis: HYPERTENSION, CAD POST CABG 2013, POTT 'S SPINE TREATED CASE, HYPOTHYROIDISM, RIGHT DOME OF DIAPHRAGM RAISED CAUSE ?, HIATUS HERNIA, AN, COPD

Medicine	Dosage	Timing - Freq. - Duration
1) SERLIFT 25 MG TABLET Composition : SERTRALINE 25 MG Timing : 1 - After Breakfast	1 — 0 — 0	After Food - Daily - 10 Days
2) DUOLIN INHALER Composition : IPRATROPIUM 20 MCG + LEVOSALBUTAMOL 50 MCG Timing : 1 - After Breakfast, 1 - After Lunch, 1 - After Dinner Note : WITH ZEROSTAT MINI SPACER	1 — 1 — 1	After Food - Daily - 10 Days
3) DIGIHALER SF 250 INHALER Composition : FLUTICASONE PROPIONATE 250 MCG + SALMETEROL 25 MCG Timing : 1 - After Breakfast, 1 - After Dinner Note : WITH ZEROSTAT MINI SPACER	1 — 0 — 1	After Food - Daily - 10 Days
4) DOXORIL 400MG TABLET Composition : DOXOFYLLINE 400 MG Timing : ½ - After Breakfast, ½ - After Dinner	½ — 0 — ½	After Food - Daily - 10 Days
5) EREST 0.25 Timing : 1 - After Dinner	0 — 0 — 1	After Dinner - Daily - 10 Days
6) DYTOR PLUS 5MG TABLET Composition : SPIRONOLACTONE 50 MG + TORASEMIDE 5 MG Timing : ½ - After Breakfast	1 — 0 — 0	After Breakfast - Daily - 10 Days <i>oj (10:00 am)</i>
7) BOMY PLUS SYRUP Timing : 1 - Before Breakfast, 1 - Before Lunch, 1 - Before Dinner	1 — 1 — 1	Before Food - Daily - 5 Days
8) PATROCAL D3 Timing : 1 - After Dinner	0 — 0 — 1	After Dinner - Daily - 10 Days

- GP Eco8/9in Av (75/20mg) 1x3
 - Tab Concor 1.25mg 1d
 (Bisoprolol)



3823 : MRS.SHEELA RANI (73y, Female) - 8750331133

Date: 18-May-2022

9) IPRASURE RESPULE (Dvo/in)	1 — 1 — 1	After Food - Daily - 10 Days
Timing : 1 - After Breakfast, 1 - After Lunch, 1 - After Dinner		
10) NEBZMART FB 1MG 2ML RESPULES	1 — 0 — 1	After Food - Daily - 10 Days
Composition : BUDESONIDE 1 MG + FORMOTEROL 20 MCG		
Timing : 1 - After Breakfast, 1 - After Dinner		
Note : NEBULIZATION (FOCALORT _{1mg})		
11) DEFCORT 6MG TABLET	1 — 0 — 0	After Breakfast - Daily - 10 Days
Composition : DEFLAZACORT 6 MG		
Timing : 1 - After Breakfast		
Note : STOP		
12) BILAHENZ - M TABLET	1 — 0 — 0	After Food - Daily - 10 Days
Timing : 1 - After Breakfast		

Advice:

Rest continue same treatment as advised by Dr Amitabh Gautam MD

Next Visit : 28-May-2022 - Saturday

Dr. VEEROTTAM TOMER

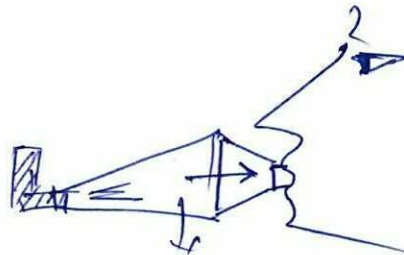
8/5/22

Bontheleur
Epondeii

Chat 8/5/22
No Rantun
acc apt

cep

15 li



2000 start - mini-spacer

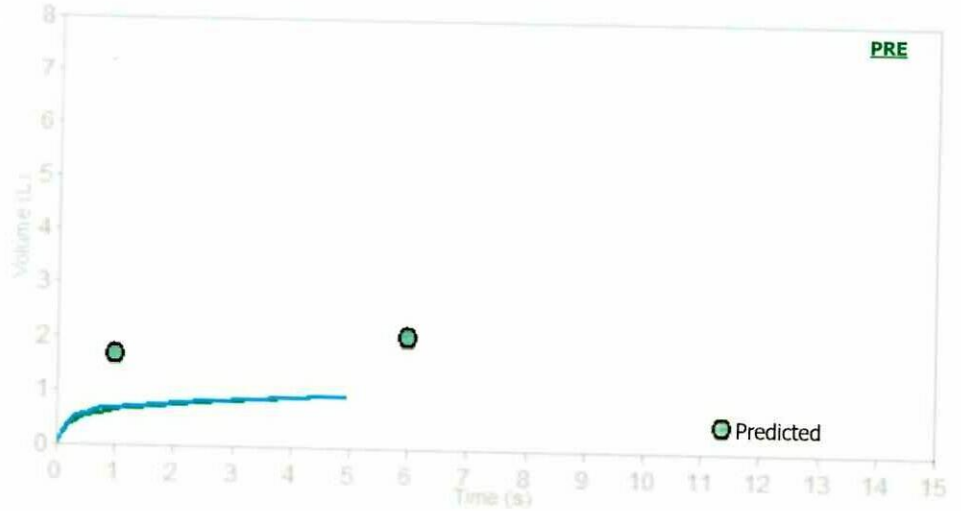
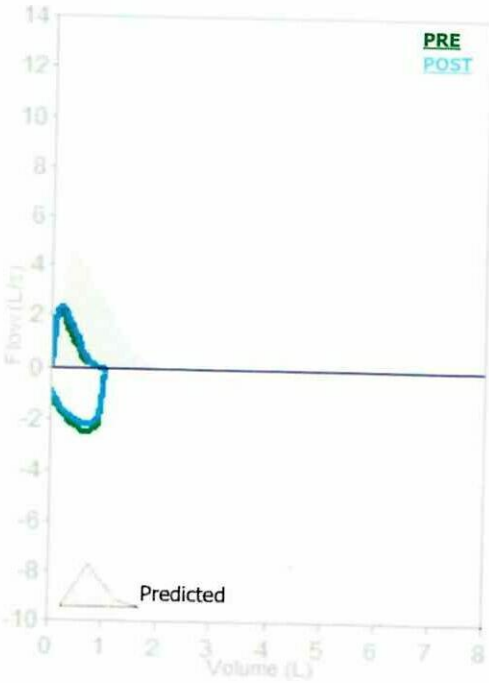
Pulmonary Function Test Results

DR SHIVRAJ MEMORIAL CHEST & ALLERGY CENTRE

Dr Veerottam Tomar MD(Chest), EDRM, ITALY, FCCP(USA)
 A-1, ADARSH NAGAR, MEERUT (UP). Ph: 9690600463.

Visit date 14-08-2021

Patient code	8750331133	Age	74
Surname	rani	Gender	Female
Name	sheela	Height, cm	148
Date of birth	01-09-1946	Weight, kg	71
Ethnic group	North indian	BMI	32.41
Smoke		Pack-Year	
Patient group			



PRE Trial date 14-08-2021 13:06:57

POST Bronchodilation with Salbutamol - 13:19:23

Parameters	LLN	Pred	Best	%Pred	Z-score	PRE # 1	PRE # 2	PRE # 3	POST	%Pred	%Chg
FVC L	1.08	2.03	0.99*	49	-1.81	0.99			0.99*	49	0
FEV1 L	1.03	1.65	0.73*	44	-2.45	0.73			0.78*	47	7
FEV1/FVC %	68.4	80.0	73.7*	92	-0.90	73.7			78.8*	98	7
PEF L/s	2.03	4.67	2.36*	51	-1.44	2.36			2.38*	51	1
ELA Years		74	100	135		100			98	132	-2
FEF2575 L/s	0.63	1.82	0.53	29	-1.79	0.53			0.73	40	38
FET s		6.00	4.90	82		4.90			4.93	82	1
FIVC L	1.08	2.03	1.22	60	-1.40	1.22			2.29	113	88
FEV1/VC %	68.4	80.0									

*Best values from all loops - BTPS 1.073 29 °C (84.2 °F) - Predicted ERS (ECCS) / Knudson

Conclusion / Medical report

Signature *Moderate obstructive lung disease with poor post bronchodilation response*
S
Dew
Dysrhythmic Imp. more at
Oral -

Instrument used
 Spirodoc S/N W10854

S.V.B.P. HOSPITAL & LLRM MEDICAL COLLEGE MEERUT
DEPARTMENT OF MEDICINE
COLOUR DOPPLER ECHOCARDIOGRAPHY REPORT

Date.....
 Name Mr/Ms Sharma Age/Sex 74y/F Echo no.....
 Consultant : Dr

Measurements

LA 3.4 mm PW EF (M-mode) 60%
 AO 2.1 mm
 RVID 1.7 mm
 LVIDd/s 45/30 mm
 IVSd/s mm

2D Echo Description:

Valves

Chambers:

(N)

Doppler Data:

MV Calcified mm of Hg
 Pg
Calcified ← AV Mild MS mm of Hg
 Pg
 TV mm of Hg
 Pg
 PV mm of Hg
 Pg

Segmental wall motion -nt
 Mass/veg/Thrombus/other -nt

pressure
 RVSP= +RAP mm of Hg

Others:

Final Impression: Fair/poor Echo Window

S/o

(N) LV dysfunction / No RWMA / LVEF 60%

Grade II diastolic dysfunction

Mitral annular Calcification + Mild MS

Trace AR

no PE / Mass / clt lugs

IVC (N)

Echocardiologist



Dr. Dheeraj Kumar Soni
 M.D., D.M. (Cardiology)
 Associate Professor And Head
 Department of Cardiology
 L.L.R.M. Medical College, Meerut
 Mob.: 9971406334

S.V.B.P. HOSPITAL & LLRM MEDICAL COLLEGE MEERUT
DEPARTMENT OF MEDICINE
COLOUR DOPPLER ECHOCARDIOGRAPHY REPORT

Date.....
 Name Mr/Mrs **Aman Deel Son** Age/Sex
 Consultant : Dr Echo no.....

Measurements

LA **36** mm PW **9/11** EF (M-mode)
 AO **21** mm
 RVID mm
 LVIDd/s **38/22** mm
 IVSd/s **9/11** mm

2D Echo Description:

Valves

(N)

Chambers:

(N)

Doppler Data:

MV mm of Hg
 Pg (N)
 AV mm of Hg
 Pg
 TV mm of Hg
 Pg (N)
 PV mm of Hg
 Pg

Segmental wall motion **-nt**

Mass/veg/Thrombus/other-----

-nt

pressure

RVSP= +RAPmm of Hg

Others:

Final Impression: Fair/poor Echo Window

S/o

(N) LU function / no RWT / LVEF 60%

(N) Valves

(N) diastolic function

no PE / Mass / clot lvs

Echocardiologist

Dr. Dheeraj Kumar Soni
 M.D., D.M. (Cardiology)
 Associate Professor And Head
 Department of Cardiology
 L.L.R.M. Medical College, Meerut
 Mob.: 9971406334



JASWANT RAI SPECIALITY HOSPITAL
Pathology & Blood Center

Opp. Sports Stadium,
Civil Lines, Meerut

Path. Lab. - 0121-2644577
 Blood Bank - 0121-2644677
 Hospital - 0121-2663887; 2663888
 E-mail: jrsh.path.bb@gmail.com



Name:	Mr. HARSH AGARWAL	Registration No.:	174501
Age/Gender:	46 Y/Male	Registered:	26/Apr/2022 09:37AM
Patient ID:	012204260040	Sample Collection:	26/Apr/2022 10:08AM
BarcodeNo:	10153079	Reported:	26/Apr/2022 10:39AM
Referred By:	Dr. S.C AGGARWAL	Report Status:	Interim
Collection Place:	OPD	UHID:	

HAEMATOLOGY

Test Name	Result	Unit	Biological Ref.Interval	Method
COMPLETE BLOOD COUNT				
HEMOGLOBIN	14.5	g/dL	13 - 17	Electronic Impedance
PCV	43.7	%	40 - 50	Calculated
TOTAL LEUCOCYTE COUNT	11,800	/cu.mm	4000 - 10000	Light Scattering
DIFFERENTIAL LEUCOCYTE COUNT				
NEUTROPHILS	62	%	40 - 80	Microscope
LYMPHOCYTES	31	%	20 - 40	Microscope
EOSINOPHILS	3	%	1 - 6	Microscope
MONOCYTES	4	%	2 - 10	Microscope
BASOPHILS	0	%	0 - 2	Microscope
BLAST CELLS	0.0	%		
IMMATURE CELLS	0.0	%		
RBC	5.5	Million/cu.mm	4.5 - 5.5	Electrical Impedance
MCV	79.9	fl	83 - 101	Electrical Impedance
MCH	26.5	pg	27 - 32	Calculated
MCHC	33.2	gm/dl	31 - 35	Calculated
PLATELET COUNT	2.73	Lac/cu.mm	1.5 - 4.10	Electrical/Microscope
MPV	11.90	FL	6.8 - 10.1	Electrical Impedance
PDW	15.50	FL	9.3 - 16	Electrical Impedance
RDW-SD	41.20	FL	40-55	Electrical Impedance
RDW-CV	14.10	%	11-15	CALCULATED
Glycated Hemoglobin (HbA1c)	6.7	%	4.1 - 6.0	



Dr. Sneha Wadhera
M.D.(Path)

Dr. Jaskirat Singh
M.D.(Path)

Dr. Shagun Aggarwal
M.D.(Micro)

Dr. Rashi Khemka
M.D.(Path)

- ❖ Test Values may vary with different lab standards, methods, kits used and other physiological & biological factors.
- ❖ The clinico pathological lab tests involve Man-Machine-Computer interface with slight chances of inadvertent discrepancy and should be immediately discussed & alleviated.
- ❖ Report purports for patients care and not for medicalegal documents.

ISO 9001: 2008

Wish you A Speedy Recovery



JASWANT RAI SPECIALITY HOSPITAL
Pathology & Blood Center

Opp. Sports Stadium,
Civil Lines, Meerut

Path. Lab. - 0121-2644577
 Blood Bank - 0121-2644677
 Hospital - 0121-2663887, 2663888
 E-mail: jrsh.path.bb@gmail.com



Name:	Mr. HARSH AGARWAL	Registration No.:	174501
Age/Gender:	46 Y/Male	Registered:	26/Apr/2022 09:37AM
Patient ID:	012204260040	Sample Collection:	26/Apr/2022 10:08AM
BarcodeNo:	10153079	Reported:	26/Apr/2022 10:39AM
Referred By:	Dr. S.C AGGARWAL	Report Status:	Interim
Collection Place:	OPD	UHID:	

BIOCHEMISTRY

Test Name	Result	Unit	Biological Ref.Interval	Method
SUGAR - FASTING	108.0	mg/dL	65-110	GOD/POD, Colorimetric

h

ISO 9001: 2008
Wish you A Speedy Recovery

Dr. Sneha Wadhera
M.D.(Path)

Dr. Jaskirat Singh
M.D.(Path)

Dr. Shagun Aggarwal
M.D.(Micro)

Dr. Rashi Khemka
M.D.(Path)

- ❖ Test Values may vary with different lab standards, methods, kits used and other physiological & biological factors.
- ❖ The clinico pathological lab tests involve Man-Machine-Computer interface with slight chances of inadvertent discrepancy and should be immediately discussed & alleviated.
- ❖ Report purports for patients care and not for medicalegal documents.



JASWANT RAI SPECIALITY HOSPITAL
Pathology & Blood Center

Opp. Sports Stadium,
Civil Lines, Meerut

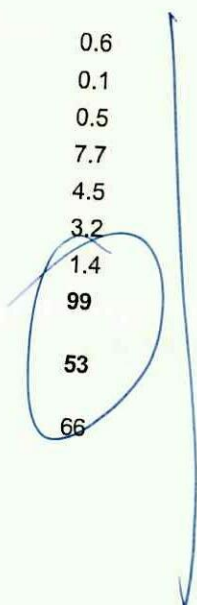
Path. Lab. - 0121-2644577
 Blood Bank - 0121-2644677
 Hospital - 0121-2663887, 2663888
 E-mail: jrsh.path.bb@gmail.com



Name: **Mr. HARSH AGARWAL**
 Age/Gender: 46 Y/Male
 Patient ID: 012204260040
 BarcodeNo: 10153079
 Referred By: Dr. S.C AGGARWAL
 Collection Place: OPD

Registration No.: 174501
 Registered: 26/Apr/2022 09:37AM
 Sample Collection: 26/Apr/2022 10:07AM
 Reported: 26/Apr/2022 10:39AM
 Report Status: Interim
 UHID:

Test Name	Result	BIOCHEMISTRY		
		Unit	Biological Ref.Interval	Method
LIVER FUNCTION TEST				
BILIRUBIN-TOTAL	0.6	mg/dL	0.2-1.1	
BILIRUBIN-DIRECT	0.1	mg/dL	0.1-0.4	Modified Diazo Method
BILIRUBIN-INDIRECT	0.5	mg/dL	0.2-0.6	Modified Diazo Method
PROTEIN, TOTAL	7.7	gm/dL	6 - 8	
ALBUMIN	4.5	gm/dl	3.5 - 5.0	Biuret
GLOBULIN	3.2	gm/dl	2.8 - 4.5	BCG
A/G RATIO	1.4	Ratio	1.3 - 2.0	Calculated
Serum ALT/SGPT	99	U/L	0-50	Calculated
Serum AST/SGOT	53	U/L	5 - 50	Spectrophotometry, IFCC kinetic
Alkaline Phosphatse	66	u/l	40-129 U/L at 37'c	spectrophotometry, IFCC Kinetic Kinetic IFCC Liquid Assay



ISO 9001: 2008
Wish you A Speedy Recovery

Dr. Sneha Wadhera
 M.D.(Path)

Dr. Jaskirat Singh
 M.D.(Path)

Dr. Shagun Aggarwal
 M.D.(Micro)

Dr. Rashi Khemka
 M.D.(Path)

- ❖ Test Values may vary with different lab standards, methods, kits used and other physiological & biological factors.
- ❖ The clinico pathological lab tests involve Man-Machine-Computer interface with slight chances of inadvertent discrepancy and should be immediately discussed & alleviated.
- ❖ Report purports for patients care and not for medicalegal documents.



JASWANT RAI SPECIALITY HOSPITAL
Pathology & Blood Center

Opp. Sports Stadium,
Civil Lines, Meerut

Path. Lab. - 0121-2644577
 Blood Bank - 0121-2644677
 Hospital - 0121-2663887, 2663888
 E-mail: jrsh.path.bb@gmail.com



Name:	Mr. HARSH AGARWAL	Registration No.:	174501
Age/Gender:	46 Y/Male	Registered:	26/Apr/2022 09:37AM
Patient ID:	012204260040	Sample Collection:	26/Apr/2022 10:35AM
BarcodeNo:	10153079	Reported:	26/Apr/2022 10:51AM
Referred By:	Dr. S.C AGGARWAL	Report Status:	Interim
Collection Place:	OPD	UHID:	

BIOCHEMISTRY

Test Name	Result	Unit	Biological Ref.Interval	Method
RENAL PROFILE				
UREA	26	mg/dl	10 - 45	Spectrophotometry, Urease method
CREATININE	0.8	mg/dl	0.7-1.3	Spectrophotometry, jaffe kinetic
SODIUM	151	mmol/L	135 - 155	Direct ISE
POTASSIUM	4.4	mmol/L	3.5 - 5.5	Ion Selective electrode
CALCIUM	10.0	mol/dl	8.5 - 10.2	Spectrophotometry, Arsenazo method
URIC ACID	6.9	mg/dl	2.4 - 6.0	Uricase
PHOSPHORUS	3.80		4.0 - 5.5	Spectrophotometry-LJV molybdate method
PROTEIN, TOTAL	7.7	gm/dL	6 - 8	Biuret
ALBUMIN	4.5	gm/dl	3.5 - 5.0	BCG
GLOBULIN	3.2	gm/dl	2.8 - 4.5	Calculated
AVG RATIO	1.4	Ratio	1.3 - 2.0	Calculated

Dr. Priyanka Yadav
M.D. (Path)

Dr. Sonal Jindal
M.D. (Micro)

Dr. Shagun Aggarwal
M.D. (Micro)

Dr. Jyoti Singh
M.D. (Micro)

Dr. Shivangi Singhal
M.D. (Path)

- ❖ Test Values may vary with different lab standards, methods, kits used and other physiological & biological factors.
- ❖ The clinico pathological lab tests involve Man-Machine-Computer interface with slight chances of inadvertent discrepancy and should be immediately discussed & alleviated.
- ❖ Report purports for patients care and not for medicalegal documents.



JASWANT RAI SPECIALITY HOSPITAL
Pathology & Blood Center

Opp. Sports Stadium,
Civil Lines, Meerut

Path. Lab. - 0121-2644577
 Blood Bank - 0121-2644677
 Hospital - 0121-2663887, 2663888
 E-mail: jrsh.path.bb@gmail.com



Name: **Mr. HARSH AGARWAL**
 Age/Gender: 46 Y/Male
 Patient ID: 012204260040
 BarcodeNo: 10153079
 Referred By: Dr. S.C AGGARWAL
 Collection Place: OPD

Registration No.: 174501
 Registered: 26/Apr/2022 09:37AM
 Sample Collection: 26/Apr/2022 10:08AM
 Reported: 26/Apr/2022 12:35PM
 Report Status: Interim
 UHID:

Test Name	Result	IMMUNOASSAY		
		Unit	Biological Ref.Interval	Method
Thyroid Profile				
T3, TOTAL	2.32	nmol/L	1.49 - 2.6	
T4, TOTAL	90.0	nmol/L	71.2 - 141	Chemiluminescence
TSH	3.60	μIU/ml	0.46 - 4.68	Chemiluminescence

TEST METHOD:

Thyroid panel by ENZYME LINK FLUORESCENT ASSAY (ELFA)

Thyrotropin or thyroid-stimulating hormone (TSH) is a glycoprotein with a molecular weight of 28,000 to 30,000 daltons. TSH is composed of two non-covalently bound alpha & beta peptide subunits. TSH stimulates the thyroid glands to produce the main thyroid hormones T3 & T4.

Euthyroid : 0.25-5.0 micron IU/ml.
 Suggestive of hyperthyroid : <0.15 micron IU/ml.
 Suggestive of hypothyroid : > 7.0 micron IU/ml.

Reference range for thyroid for neonates and children (serum concentration):

Age	TSH(micron IU/ml)	TT3(nmol/l.)	TT4(nmol/l.)
1-4 days	1-19	1.5-11.4	142-277
1-4 wks	1.7-9.1	1.6-5.3	106-221
1-12mon	0.8-8.2	1.6-3.8	76-210
1-05yrs	0.7-5.7	1.6-4.1	94-193
6-10yrs	0.7-5.7	1.4-3.7	82-171
11-15yrs	0.7-5.7	1.3-3.3	71-151
15-18yrs	0.7-5.7	1.2-3.2	54-152

Dr. Priyanka Yadav
 M.D. (Path)

Dr. Sonal Jindal
 M.D. (Micro)

Dr. Shagun Aggarwal
 M.D. (Micro)

Dr. Jyoti Singh
 M.D. (Micro)

Dr. Shivangi Singhal
 M.D. (Path)

- ❖ Test Values may vary with different lab standards, methods, kits used and other physiological & biological factors.
- ❖ The clinico pathological lab tests involve Man-Machine-Computer interface with slight chances of inadvertent discrepancy and should be immediately discussed & alleviated.
- ❖ Report purports for patients care and not for medicalegal documents.

ISO 9001: 2008

Wish you A Speedy Recovery



JASWANT RAI SPECIALITY HOSPITAL
Pathology & Blood Center

Opp. Sports Stadium,
Civil Lines, Meerut

Path. Lab. - 0121-2644577
 Blood Bank - 0121-2644677
 Hospital - 0121-2663887, 2663888
 E-mail: jrsh.path.bb@gmail.com



Name:	Mr. HARSH AGARWAL	Registration No.:	174501
Age/Gender:	46 Y/Male	Registered:	26/Apr/2022 09:37AM
Patient ID:	012204260040	Sample Collection:	26/Apr/2022 10:08AM
BarcodeNo:	10153079	Reported:	26/Apr/2022 12:35PM
Referred By:	Dr. S.C AGGARWAL	Report Status:	Interim
Collection Place:	OPD	UHID:	

Test Name	Result	Immunology Unit	Biological Ref.Interval	Method
VITAMIN D 25, HYDROXY	34.3	VITAMIN D 25 HYDROXY ng/ml	30-100 sufficient 20-29 InSufficient <20 deficient >100 potential toxicity	ELFA

*** End Of Report ***

Dr. Priyanka Yadav
M.D. (Path)

Dr. Sonal Jindal
M.D. (Micro)

Dr. Shagun Aggarwal
M.D. (Micro)

Dr. Jyoti Singh
M.D. (Micro)

Dr. Shivangi Singhal
M.D. (Path)

- ❖ Test Values may vary with different lab standards, methods, kits used and other physiological & biological factors.
- ❖ The clinico pathological lab tests involve Man-Machine-Computer interface with slight chances of inadvertent discrepancy and should be immediately discussed & alleviated.
- ❖ Report purports for patients care and not for medicalegal documents.

ISO 9001: 2008

Wish you A Speedy Recovery



JASWANT RAI SPECIALITY HOSPITAL
Pathology & Blood Center

Opp. Sports Stadium,
Civil Lines, Meerut

Path. Lab. - 0121-2644577
Blood Bank - 0121-2644677
Hospital - 0121-2663887, 2663888
E-mail: jrsh.path.bb@gmail.com



Name:	Mrs. SHEELA AGARWAL	Registration No.:	177631
Age/Gender:	74 Y/Female	Registered:	18/May/2022 10:35AM
Patient ID:	012205180040	Sample Collection:	18/May/2022 10:46AM
BarcodeNo:	10155693	Reported:	18/May/2022 11:25AM
Referred By:	Dr. S C AGARWAL	Report Status:	Final
Collection Place:	OPD	UHID:	

BIOCHEMISTRY

Test Name	Result	Unit	Biological Ref.Interval	Method
SUGAR RANDOM	191.0	mg/dl	70 - 160	GOD/POD, Colorimetric
Kindly correlate clinically.				

ARTERIAL BLOOD GAS ANALYSIS

SAMPLE TYPE	ABG		
FO2(I)	21.00	%	
T	37.00	*C	
BLOOD GAS VALUES			
pH	7.454		7.350 - 7.500
PCO2	37.70		35 - 45.0
PO2	72.20		83 - 108
Oximetry Values			
ctHB	9.90	g/dl	12.0 - 16.0
sO2	98.90	%	91.0 - 98.0
FO2HB	96.80	%	
FCOHB	1.6	%	
FHHB	1.10	%	
FMetHB	0.50	%	
Electrolyte Values			
cNa+	129.00	mmol/L	135 - 145
cK+	3.50	mmol/L	3.5 - 4.5
cCa2+	0.99	mmol/L	1.15 - 1.29
cCL-	91.00	mmol/L	98 - 106
Metabolite Values.			
cGlu.	193.00	mg/dl	70 - 105
cLac.	2.30	mmol/L	0.5 - 1.5
cCrea	1.34	mg/dl	0.20 - 1.50
ctBil	0.10	mg/dl	0.1 - 1.0
Temperature Corrected Values			

Dr. Priyanka Yadav
M.D. (Path)

Dr. Sonal Jindal
M.D. (Micro)

Dr. Shagun Aggarwal
M.D. (Micro)

Dr. Jyoti Singh
M.D. (Micro)

Dr. Shivangi Singhal
M.D. (Path)

- ❖ Test Values may vary with different lab standards, methods, kits used and other physiological & biological factors.
- ❖ The clinico pathological lab tests involve Man-Machine-Computer interface with slight chances of inadvertent discrepancy and should be immediately discussed & alleviated.
- ❖ Report purports for patients care and not for medicalegal documents.



JASWANT RAI SPECIALITY HOSPITAL
Pathology & Blood Center

Opp. Sports Stadium,
Civil Lines, Meerut

Path. Lab. - 0121-2644577
 Blood Bank - 0121-2644677
 Hospital - 0121-2663887, 2663888
 E-mail: jrsh.path.bb@gmail.com



Name:	Mrs. SHEELA AGARWAL	Registration No.:	177631
Age/Gender:	74 Y/Female	Registered:	18/May/2022 10:35AM
Patient ID:	012205180040	Sample Collection:	18/May/2022 10:46AM
BarcodeNo:	10155693	Reported:	18/May/2022 11:25AM
Referred By:	Dr. S C AGARWAL	Report Status:	Final
Collection Place:	OPD	UHID:	

BIOCHEMISTRY

Test Name	Result	Unit	Biological Ref.Interval	Method
pH(T)	7.454			
pCO2(T)	37.70	mmHg		
pO2(T)	72.20	mmHg		
Acid Base Status				
cBase(Ecf)c	2.40	mmol/L		Calculated Values
cHCO2-(P.st)c	26.7	mmol/L		Calculated Values
Arion Gapc	0.40	mmol/L		Calculated Values
ArionGap.K+c	3.10	mmol/L		Calculated Values
BO2C	13.40	vol%		Calculated Values
Hctc	30.50	%		Calculated Values
cBase(B)c	2.50	mmol/L		Calculated Values
cBase(Ecf)c.	2.40	mmol/L		Calculated Values
cHCO3-(P)c	26.00	mmol/L		Calculated Values
ctCO2(B)C	53.80	vol%		Calculated Values
ctCO2(P)c	61.00	vol%		Calculated Values
ctO2c	13.50	vol%		Calculated Values
Baro.	733.00	mmHg		Calculated Values
pO2(a)lFO2(l)c	344.00	mmHg		Calculated Values
pO2(a.T)lFO2(l)c	344.00	mmHg		Calculated Values
cBase(B.ox)c.	2.50	mmol/L		Calculated Values
cBase(Ecf.ox)c	2.40	mmol/L		Calculated Values

Kindly correlate clinically.

*** End Of Report ***

Dr. Priyanka Yadav
 M.D. (Path)

Dr. Sonal Jindal
 M.D. (Micro)

Dr. Shagun Aggarwal
 M.D. (Micro)

Dr. Jyoti Singh
 M.D. (Micro)

Dr. Shivangi Singhal
 M.D. (Path)

- ❖ Test Values may vary with different lab standards, methods, kits used and other physiological & biological factors.
- ❖ The clinico pathological lab tests involve Man-Machine-Computer interface with slight chances of inadvertent discrepancy and should be immediately discussed & alleviated.
- ❖ Report purports for patients care and not for medicalegal documents.



Health Care Imaging Centre

43, Shivaji Road, Near N.A.S. College, (Opp. Shankar Ashram) Meerut. (U.P.)
Ph.: 0121-2652434, 2650506 Helpline : 9760011538, 8923000078

- 3 Tesla Platform MRI (HD)
- Multi-Slice Cardiac C.T.
- 3D & 4D Ultrasound
- Digital O.P.G.
- Digital X-Rays
- DEXA Scan (BMD)
- Digital Mammography

HCIC No. :	012108001660	Reg. Date :	10 Aug 2021
Patient Name :	Mrs. SHEELA RANI	Report Date :	11 Aug 2021
Age/Sex :	73 YRS/FEMALE	Referred By :	SELF

MRI LUMBO-SACRAL SPINE

PROCEDURE: Using the High Definition coil, High Resolution images of the L.S. spine acquired using twin gradient 16 channel 3.0 Tesla platform system with zoom gradient coil in T2, T1W Sagittal & STIR Coronal, followed by transaxial T1 and T2 at the I/V disk levels.

Follow up case of Pott's spine.

FINDINGS:

- Kyphoscoliosis of spine is noted with convexity towards right.
- T2/STIR hyperintense fluid collection noted at L5-S1 IV disc level with irregularity of contiguous endplates and schmorl's node. No definite altered signal intensity suggestive of Marrow edema noted. No definite pre & paravertebral collection is noted.
- STIR hyperintense signals are also seen in the IV disc spaces at L3-L4 & L4-L5 levels suggestive of discitis. However, no definite pre, paravertebral or anterior epidural collection is seen.
- Mild hyperintense signals are seen along bilateral facet joints at L3-L4, L4-L5 & L5-S1 levels suggestive of facet arthropathy.
- Mild edema is noted in posterior subcutaneous soft tissue.
- Anterior & posterior osteophytes are seen at multiple levels.
- Type I/II modic endplate changes with endplate irregularity are seen at multiple levels.
- Disc desiccation are seen at multiple levels.
- Reduced IV disc spaces are seen at D9-D10 to D12-L1 levels.
- **At D9-D10:** Diffuse disc bulge is seen indenting the thecal sac without definite nerve root compression.
- **At D10-D11:** Diffuse disc bulge is seen indenting the thecal sac with bilateral lateral recess narrowing with grade I compression on bilateral traversing nerve roots.
- **At D11-D12 & D12-L1 & L1-L2:** Postero-central disc bulges are seen indenting the thecal sac with bilateral lateral recess and neural foramina narrowing with grade I compression on bilateral traversing nerve roots.
- **At L2-L3:** Diffuse disc bulge is seen indenting the thecal sac with bilateral lateral recess narrowing with grade I compression on bilateral exiting nerve roots. Canal diameter is 13.1 mm.
- **At L3-L4:** Postero-central and right paracentral disc protrusion with annulus tear is seen indenting the thecal sac causing bilateral lateral recess & neural foraminal narrowing with grade I compression on bilateral traversing & exiting nerve roots. Canal diameter is 11.5 mm.
- **At L4-L5 & L5-S1:** Postero-central disc protrusion are seen indenting the thecal sac causing with bilateral lateral recess & neural foraminal narrowing with grade I compression on bilateral traversing & exiting nerve roots. Canal diameter is 10.2 & 8.5 mm respectively.


Dr. Sanjay Gupta,
MD (Radio-diagnosis)

Dr. Mukta Mital,
MD


Dr. Annie Agarwal
MD

Dr. MeenaBembi,
DMRD

Dr. Shalabh Bansal,
DMRD, FRCR (U.K.)

Please correlate clinically

Note: Impression is a Professional opinion & not a Diagnosis. All Modern Machines/Procedures have their limitations. If there is variance clinically this examination may be repeated or reevaluated by other investigations. Typing errors sometimes are inevitable. Not for medico-legal purposes. Patient's identity cannot be verified.

RINKU

Result Entered By :



Health Care Imaging Centre

43, Shivaji Road, Near N.A.S. College, (Opp. Shankar Ashram) Meerut. (U.P.)
Ph.: 0121-2652434, 2650506

Helpline : 9760011538, 8923000078

- 3 Tesla Platform MRI (HD)
- Multi-Slice Cardiac C.T.
- 3D & 4D Ultrasound
- Digital O.P.G.
- Digital X-Rays
- DEXA Scan (BMD)
- Digital Mammography

HCIC No. :	012108001660	Reg. Date :	10 Aug 2021
Patient Name :	Mrs. SHEELA RANI	Report Date :	11 Aug 2021
Age/Sex :	73 YRS/FEMALE	Referred By :	SELF

- Ligamentum flavum hypertrophy is seen at L5-S1 levels.
- Spinal canal stenosis is seen at L1-L2, L3-L4, L4-L5 & L5-S1 levels.
- The imaged portion of distal cord and conus medullaris are normal. Filum terminale is normal. Bilateral S.I. Joints are normal.

OPINION: MR features are suggestive of:

- **Kyphoscoliosis of spine with convexity towards right.**
- **T2/STIR hyperintense fluid collection at L5-S1 IV disc level with irregularity of contiguous endplates and schmorl's node. No definite altered signal intensity suggestive of Marrow edema noted. No definite pre & paravertebral collection is noted.**
- **STIR hyperintense signals also noted in the IV disc spaces at L3-L4 & L4-L5 levels.**
- Likely To be degenerative pseudo-discitis, however clinical correlation and close follow up is advised to rule out recurrent infection.
- **Degenerative changes in lumbosacral spine in form of anterior & posterior osteophytes, Type I/II modic endplate changes with endplate irregularity, disc desiccation and reduced IV disc spaces and multi-level osseo-faceto-ligamentary hypertrophy.**
- **Diffuse disc bulge at D9-D10 level indenting the thecal sac without definite nerve root compression.**
- **Diffuse disc bulge at D10-D11 level indenting the thecal sac with bilateral lateral recess narrowing with mild compression on bilateral traversing nerve roots.**
- **Postero-central disc bulges at D11-D12, D12-L1 & L1-L2 levels indenting the thecal sac with bilateral lateral recess and neural foramina narrowing with mild compression on bilateral traversing nerve roots.**
- **Diffuse disc bulge at L2-L3 level indenting the thecal sac with bilateral lateral recess narrowing with mild compression on bilateral exiting nerve roots.**
- **Postero-central and right paracentral disc protrusion with annulus tear at L3-L4 level indenting the thecal sac causing bilateral lateral recess & neural foraminal narrowing with mild compression on bilateral traversing & exiting nerve roots.**
- **Postero-central disc protrusion at L4-L5 & L5-S1 levels indenting the thecal sac causing with bilateral lateral recess & neural foraminal narrowing with mild compression on bilateral traversing & exiting nerve roots.**
- **Spinal canal stenosis at L1-L2, L3-L4, L4-L5 & L5-S1 levels.**

As compared to previous scan dated 11.11.2020, hyperintense signals on STIR images at L3-L4, L4-L5 and L5-S1 discs is a new finding. Rest of the findings are same as of previous scan.

Dr. Sanjay Gupta,
MD (Radio-diagnosis)

Dr. Mukta Mital,
MD

Dr. Annie Agarwal
MD

Dr. MeenaBembi,
DMRD

Dr. Shalabh Bansal,
DMRD, FRCR (U.K.)

Please correlate clinically

Note: Impression is a Professional opinion & not a Diagnosis. All Modern Machines/Procedures have their limitations. If there is variance clinically this examination may be repeated or reevaluated by other investigations. Typing errors sometimes are inevitable.
Not for medico-legal purposes. Patient's identity cannot be verified.
RINKU
Result Entered By :



Health Care Imaging Centre

43, Shivaji Road, Near N.A.S. College, (Opp. Shankar Ashram) Meerut. (U.P.)
Ph.: 0121-2652434, 2650506 Helpline : 9760011538, 8923000078

- 3 Tesla Platform MRI (HD)
- Multi-Slice Cardiac C.T.
- 3D & 4D Ultrasound
- Digital O.P.G.
- Digital X-Rays
- DEXA Scan (BMD)
- Digital Mammography

HCIC No. :	012108001661	Reg. Date :	10 Aug 2021
Patient Name :	Mrs. SHEELA RANI	Report Date :	10 Aug 2021
Age/Sex :	73 YRS/FEMALE	Referred By :	SELF

HRCT THORAX

Protocol: Thin sections were taken from thoracic inlet to the level of diaphragm without the administration of intravenous contrast on multislice. Thereafter sagittal and coronal reconstructions in the mediastinal and lung window were obtained for further references.

FINDINGS:

Post CABG status with sternotomy sutures in midline.

Few thin fibrotic bands are seen in apical basal segment of right lower lobe. Fibro-parenchymal opacities are also noted at right lung base. Right hemidiaphragm is elevated. Subtle ground glass haze is seen in posterior segment of right upper lobe --- likely artefactual.

Rest of both lungs are normal in volume attenuation and bronchovascular pattern. There is no honey combing / septal thickening. There is no bronchiectasis.

Trachea and main stem bronchi are normal.

There is no significant mediastinal or hilar lymphadenopathy.

Atherosclerotic changes with multiple calcified plaques are noted in aortic arch and descending thoracic aorta.

There is evidence of large hiatus hernia producing retro-cardiac opacity.

Main pulmonary artery and aorta have normal caliber.

Heart size is mildly enlarged. There is no pericardial effusion. *Calcification is seen in coronary arteries.*

There is no pleural effusion.

No focal aggressive bony lesion is seen. *Degenerative osteoporotic changes are seen in visualized spine with vacuum phenomenon at multiple IV discs.*

UPPER ABDOMEN

Renal margins appear lobulated.

Liver, pancreas, spleen appear unremarkable.

Surgical clips are seen in gall bladder fossa.

Medial limb of both adrenal gland appear bulky (R>L).

Note is made of epigastric hernia with herniation of omental fat through it.

IMPRESSION:

- Few thin fibrotic bands in superior segment of right lower lobe. Fibro-parenchymal opacities at right lung base—Post Infective Sequelae.
- Mildly elevated right hemidiaphragm.
- Large hiatus hernia.

As compared to previous CT dated 13-Feb-2021, no significant change is seen.

Dr. Sanjay Gupta
MD (Radio-diagnosis)

Dr. Annie Agarwal
MD

Dr. Mukta Mital,
MD

Dr. Meena Bambi
DMRD

Dr. Shalabh Bansal,
DMRD, FRCR (U.K.)

Note: Impression is a Professional opinion & not a Diagnosis. All Modern Machines/Procedures have their limitations. If there is variance clinically this examination may be repeated or reevaluated by other investigations. Typing errors sometimes are inevitable. Not for medico-legal purposes. Patient's identity cannot be verified.



Health Care Imaging Centre

43, Shivaji Road, Near N.A.S. College, (Opp. Shankar Ashram) Meerut. (U.P.)
Ph.: 0121-2652434, 2650506 Helpline : 9760011538, 8923000078

- 3 Tesla Platform MRI (HD)
- Multi-Slice Cardiac C.T.
- 3D & 4D Ultrasound
- Digital O.P.G.
- Digital X-Rays
- DEXA Scan (BMD)
- Digital Mammography

HCIC No. :	012201002833	Reg. Date :	20 Jan 2022
Patient Name :	Mrs. SHEELA	Report Date :	20 Jan 2022
Age/Sex :	48 YRS/FEMALE	Referred By :	SELF

HRCT THORAX

PROTOCOL: Serial plain non-contrast axial sections were obtained in the spiral mode on a multislice CT- scanner from the thoracic inlet to the level of diaphragm. Thereafter coronal and sagittal reformats were done for further references.

FINDINGS:

Both lungs are normal in volume attenuation and bronchovascular pattern. There is no honey combing / septal thickening. There is no bronchiectasis. No emphysema or any mosaic attenuation is seen. There is no ground glass opacity.

Trachea & main stem bronchi are normal. There is no significant mediastinal or hilar lymphadenopathy. Age related calcifications are seen in the thoracic aorta. Main pulmonary artery is normal in caliber. Heart is normal in size. Sternal sutures are noted in situ. Coronary artery calcifications are seen. There is no pericardial thickening or effusion. There is no pleural effusion or thickening.

*****Note is made of diffusely osteopenic spine with spinal degenerative changes.**

Note is made of

- A large hiatus hernia measuring 6.7 x 6.5 x 8 cm is noted.
- A large defect measuring 3.8 x 7 cm in ML and CC dimension is noted in the midline in the epigastric region (post op), with ventral herniation of the omental fat.
- GB: not seen (post op). Surgical clips are seen in the GB fossa.
- B/L adrenal glands are mildly bulky.

IMPRESSION:

- Normal study of HRCT Thorax.
- Large hiatus hernia.
- Large defect in the midline in the epigastric region (post op), with ventral herniation of the omental fat.
- Mildly bulky bilateral adrenal glands.

Dr. Sanjay Gupta,
MD (Radio-diagnosis)

Dr. Archita Goel
MD (Radio-Diagnosis)

Dr. Meena Bembi,
DMRD

Dr. Annie Agarwal
MD

Dr. Mukta Mital
MD

Please correlate clinically

Note: Impression is a Professional opinion & not a Diagnosis. All Modern Machines/Procedures have their limitations. If there is variance clinically this examination may be repeated or reevaluated by other investigations. Typing errors sometimes are inevitable. Not for medico-legal purposes. Patient's identity cannot be verified.

Result Entered By : RUCHIHIC



Health Care Imaging Centre

43, Shivaji Road, Near N.A.S. College, (Opp. Shankar Ashram) Meerut. (U.P.)
Ph.: 0121-2652434, 2650506 Helpline : 9760011538, 8923000078

- 3 Tesla Platform MRI (HD)
- Multi-Slice Cardiac C.T.
- 3D & 4D Ultrasound
- Digital O.P.G.
- Digital X-Rays
- DEXA Scan (BMD)
- Digital Mammography

HCIC No. :	012201002821	Reg. Date :	20 Jan 2022
Patient Name :	Mrs. SHEELA RANI	Report Date :	20 Jan 2022
Age/Sex :	76 YRS/FEMALE	Referred By :	SELF

X-RAY CHEST P. A. VIEW

- Sternotomy wiring is seen in-situ.
- Bronchovascular markings are prominent bilaterally.
- Mild haziness is seen in upper zone of left lung & left peri-hilar region.
- Right dome of diaphragm is elevated.
- Trachea is normal in position.
- Both costophrenic and cardiophrenic angles are normal.
- Left dome of diaphragm is normal.
- Cardiothoracic ratio is within normal limits.

Dr. Sanjay Gupta,
MD (Radio-diagnosis)

Dr. Meena Bembi,
DMRD

Dr. Annie Agarwal
MD

Dr. Mukta Mital
MD

Please correlate clinically

Note: Impression is a Professional opinion & not a Diagnosis. All Modern Machines/Procedures have their limitations. If there is variance clinically this examination may be repeated or reevaluated by other investigations. Typing errors sometimes are inevitable. Not for medico-legal purposes. Patient's identity cannot be verified.

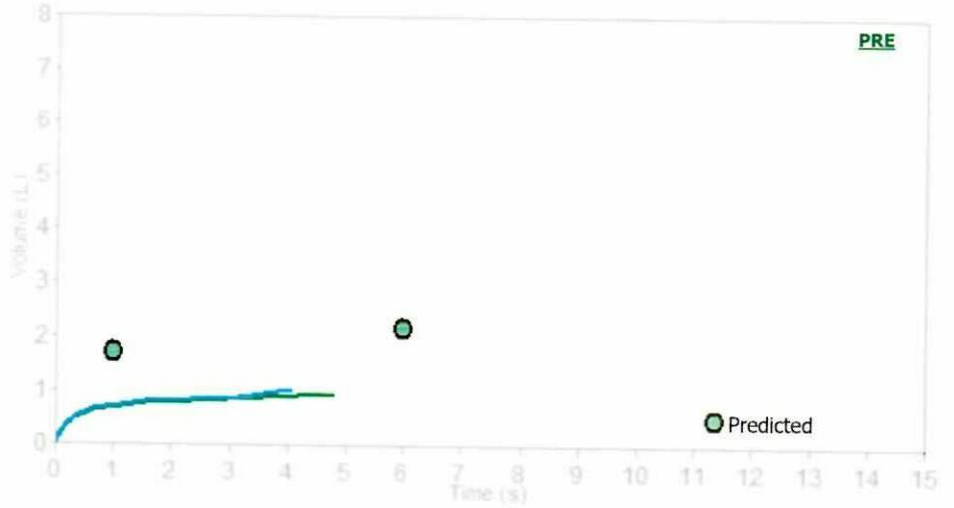
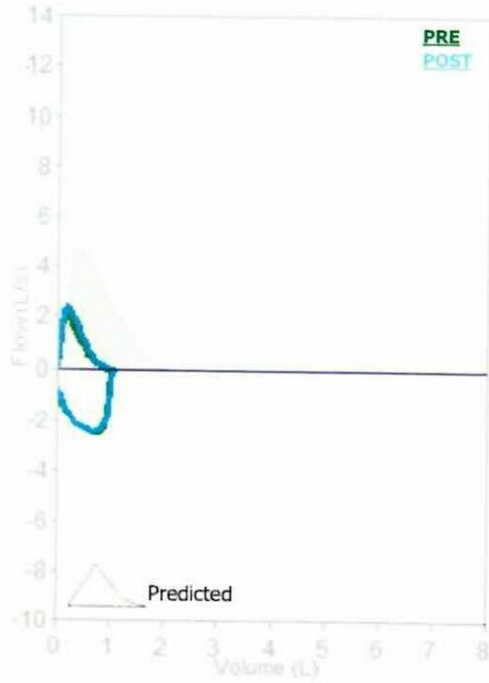
Pulmonary Function Test Results

DR SHIVRAJ MEMORIAL CHEST & ALLERGY CENTRE

Dr Veerottam Tomar MD(Chest), EDRM, ITALY, FCCP(USA)
 A-1, ADARSH NAGAR, MEERUT (UP). Ph: 9690600463.

Visit date 13-05-2022

Patient code 0011	Age	74
Surname RANI	Gender	Female
Name SHILA	Height, cm	152
Date of birth 11-11-1947	Weight, kg	72
Ethnic group North indian	BMI	31.16
Smoke	Pack-Year	
Patient group		



PRE Trial date 13-05-2022 09:41:47

POST Bronchodilation with Salbutamol - 09:54:04

Parameters	LLN	Pred	Best	%Pred	Z-score	PRE # 1	PRE # 2	PRE # 3	POST	%Pred	%Chg
FVC L	1.19	2.14	0.98*	46	-2.02	0.98			1.06*	50	8
FEV1 L	1.08	1.70	0.75*	44	-2.53	0.75			0.81*	48	8
FEV1/FVC %	67.8	79.4	76.5*	96	-0.41	76.5			76.4*	96	0
PEF L/s	2.22	4.86	2.21*	45	-1.65	2.21			2.48*	51	12
ELA Years		74	101	136		101			99	134	-2
FEF2575 L/s	0.63	1.82	0.58	32	-1.72	0.58			0.64	35	10
FET s		6.00	4.80	80		4.80			4.09	68	-15
FIVC L	1.19	2.14	1.12	52	-1.78	1.12			1.22	57	9
FEV1/VC %	67.8	79.4									

*Best values from all loops - BTPS 1.063 31 °C (87.8 °F) - Predicted ERS (ECCS) / Knudson

Conclusion / Medical report

Signature

Moderate obstructive lung disease with fixed part bronchodilation response.

Instrument used
 Spirodoc S/N W10854



JASWANT RAI SPECIALITY HOSPITAL
Pathology & Blood Center

Opp. Sports Stadium,
Civil Lines, Meerut

Path. Lab. - 0121-2644577
Blood Bank - 0121-2644677
Hospital - 0121-2663887, 2663888
E-mail: jrsh.path.bb@gmail.com



Name:	Mrs. SHELA RANI	Registration No.:	176164
Age/Gender:	74 Y/Female	Registered:	08/May/2022 08:51AM
Patient ID:	012205080021	Sample Collection:	08/May/2022 09:06AM
BarcodeNo:	10154462	Reported:	08/May/2022 10:04AM
Referred By:	Dr. S.C AGGARWAL	Report Status:	Final
Collection Place:	OPD	UHID:	

HAEMATOLOGY

Test Name	Result	Unit	Biological Ref.Interval	Method
COMPLETE BLOOD COUNT				
HEMOGLOBIN	11.1	g/dl	12.0 - 15.0	Electronic Impedance
PCV	34.3	%	36-46	Calculated
TOTAL LEUCOCYTE COUNT	12,800	/cu.mm	4000 - 10000	Light Scattering
DIFFERENTIAL LEUCOCYTE COUNT				
NEUTROPHILS	85	%	40 - 80	Microscope
LYMPHOCYTES	11	%	20 - 40	Microscope
EOSINOPHILS	0	%	1 - 6	Microscope
MONOCYTES	4	%	2 - 10	Microscope
BASOPHILS	0	%	0 - 2	Microscope
BLAST CELLS	0.0	%		
IMMATURE CELLS	0.0	%		
RBC	4.8	Million/cu.mm	3.8 - 4.8	Electrical Impedance
MCV	71.2	fl	83 - 101	Electrical Impedance
MCH	23.0	pg	27 - 32	Calculated
MCHC	32.4	gm/dl	31 - 35	Calculated
PLATELET COUNT	3.64	Lac/cu.mm	1.5 - 4.10	Electrical/Microscope
MPV	10.80	FL	7 - 10.5	Electrical Impedance
PDW	12.50	FL	9.3 - 16	Electrical Impedance
RDW-SD	39.90	FL	40-55	Electrical Impedance
RDW-CV	15.50	%	11-15	CALCULATED

Dr. Priyanka Yadav
M.D. (Path)

Dr. Sonal Jindal
M.D. (Micro)

Dr. Shagun Aggarwal
M.D. (Micro)

Dr. Jyoti Singh
M.D. (Micro)

Dr. Shivangi Singhal
M.D. (Path)

- ❖ Test Values may vary with different lab standards, methods, kits used and other physiological & biological factors.
- ❖ The clinico pathological lab tests involve Man-Machine-Computer interface with slight chances of inadvertent discrepancy and should be immediately discussed & alleviated.
- ❖ Report purports for patients care and not for medicalegal documents.

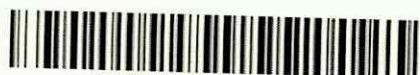


JASWANT RAI SPECIALITY HOSPITAL

Pathology & Blood Center

Opp. Sports Stadium,
Civil Lines, Meerut

Path. Lab. - 0121-2644577
Blood Bank - 0121-2644677
Hospital - 0121-2663887, 2663888
E-mail: jrsh.path.bb@gmail.com



Name:	Mrs. SHELA RANI	Registration No.:	176164
Age/Gender:	74 Y/Female	Registered:	08/May/2022 08:51AM
Patient ID:	012205080021	Sample Collection:	08/May/2022 09:06AM
BarcodeNo:	10154462	Reported:	08/May/2022 10:04AM
Referred By:	Dr. S.C AGGARWAL	Report Status:	Final
Collection Place:	OPD	UHID:	

IMMUNOASSAY

Test Name	Result	Unit	Biological Ref.Interval	Method
Thyroid Profile				
T3, TOTAL	1.52	nmol/L	1.49 - 2.6	Chemiluminescence
T4, TOTAL	138.0	nmol/L	71.2 - 141	Chemiluminescence
TSH	3.06	μIU/ml	0.46 - 4.68	Chemiluminescence

TEST METHOD:

Thyroid panel by ENZYME LINK FLUORESCENT ASSAY (ELFA)

Thyrotropin or thyroid-stimulating hormone (TSH) is a glycoprotein with a molecular weight of 28,000 to 30,000 daltons. TSH is composed of two non-covalently bound alpha & beta peptide subunits. TSH stimulates the thyroid glands to produce the main thyroid hormones T3 & T4.

Euthyroid : 0.25-5.0 micron IU/ml.
Suggestive of hyperthyroid : <0.15 micron IU/ml.
Suggestive of hypothyroid : > 7.0 micron IU/ml.

Reference range for thyroid for neonates and children (serum concentration):

Age	TSH(micron IU/ml)	TT3(nmol/l.)	TT4(nmol/l.)
1-4 days	1-19	1.5-11.4	142-277
1-4 wks	1.7-9.1	1.6-5.3	106-221
1-12mon	0.8-8.2	1.6-3.8	76-210
1-05yrs	0.7-5.7	1.6-4.1	94-193
6-10yrs	0.7-5.7	1.4-3.7	82-171
11-15yrs	0.7-5.7	1.3-3.3	71-151
15-18yrs	0.7-5.7	1.2-3.2	54-152

*** End Of Report ***

Dr. Priyanka Yadav
M.D. (Path)

Dr. Sonal Jindal
M.D. (Micro)

Dr. Shagun Aggarwal
M.D. (Micro)

Dr. Jyoti Singh
M.D. (Micro)

Dr. Shivangi Singhal
M.D. (Path)

- ❖ Test Values may vary with different lab standards, methods, kits used and other physiological & biological factors.
- ❖ The clinico pathological lab tests involve Man-Machine-Computer interface with slight chances of inadvertent discrepancy and should be immediately discussed & alleviated.
- ❖ Report purports for patients care and not for medicalegal documents.



JASWANT RAI SPECIALITY HOSPITAL
Pathology & Blood Center

Opp. Sports Stadium,
Civil Lines, Meerut

Path. Lab. - 0121-2644577
 Blood Bank - 0121-2644677
 Hospital - 0121-2663887, 2663888
 E-mail: jrsh.path.bb@gmail.com



Name:	Mrs. SHEELA RANI	Registration No.:	174497
Age/Gender:	74 Y/Female	Registered:	26/Apr/2022 09:31AM
Patient ID:	012204260036	Sample Collection:	26/Apr/2022 09:45AM
BarcodeNo:	10153075	Reported:	26/Apr/2022 10:00AM
Referred By:	Dr. S.C AGGARWAL	Report Status:	Final
Collection Place:	OPD	UHID:	

HAEMATOLOGY

Test Name	Result	Unit	Biological Ref.Interval	Method
COMPLETE BLOOD COUNT				
HEMOGLOBIN	10.4	g/dl	12.0 - 15.0	Electronic Impedance
PCV	33.2	%	36-46	Calculated
TOTAL LEUCOCYTE COUNT	11,600	/cu.mm	4000 - 10000	Light Scattering
DIFFERENTIAL LEUCOCYTE COUNT				
NEUTROPHILS	76	%	40 - 80	Microscope
LYMPHOCYTES	18	%	20 - 40	Microscope
EOSINOPHILS	1	%	1 - 6	Microscope
MONOCYTES	5	%	2 - 10	Microscope
BASOPHILS	0	%	0 - 2	Microscope
BLAST CELLS	0.0	%		
IMMATURE CELLS	0.0	%		
RBC	4.5	Million/cu.mm	3.8 - 4.8	Electrical Impedance
MCV	73.9	fl	83 - 101	Electrical Impedance
MCH	23.2	pg	27 - 32	Calculated
MCHC	31.3	gm/dl	31 - 35	Calculated
PLATELET COUNT	4.51	Lac/cu.mm	1.5 - 4.10	Electrical/Microscope
MPV	10.40	FL	7 - 10.5	Electrical Impedance
PDW	11.30	FL	9.3 - 16	Electrical Impedance
RDW-SD	44.80	FL	40-55	Electrical Impedance
RDW-CV	16.50	%	11-15	CALCULATED
Glycated Hemoglobin (HbA1c)	6.1	%	4.1 - 6.0	



Dr. Sneha Wadhera
M.D.(Path)

Dr. Jaskirat Singh
M.D.(Path)

Dr. Shagun Aggarwal
M.D.(Micro)

Dr. Rashi Khemka
M.D.(Path)

- ❖ Test Values may vary with different lab standards, methods, kits used and other physiological & biological factors.
- ❖ The clinico pathological lab tests involve Man-Machine-Computer interface with slight chances of inadvertent discrepancy and should be immediately discussed & alleviated.
- ❖ Report purports for patients care and not for medicalegal documents.



JASWANT RAI SPECIALITY HOSPITAL
Pathology & Blood Center

Opp. Sports Stadium,
Civil Lines, Meerut

Path. Lab. - 0121-2644577
 Blood Bank - 0121-2644677
 Hospital - 0121-2663887, 2663888
 E-mail: jrsh.path.bb@gmail.com



Name:	Mrs. SHEELA RANI	Registration No.:	174497
Age/Gender:	74 Y/Female	Registered:	26/Apr/2022 09:31AM
Patient ID:	012204260036	Sample Collection:	26/Apr/2022 09:45AM
BarcodeNo:	10153075	Reported:	26/Apr/2022 10:25AM
Referred By:	Dr. S.C AGGARWAL	Report Status:	Final
Collection Place:	OPD	UHID:	

Test Name	Result	BIOCHEMISTRY		
		Unit	Biological Ref.Interval	Method
SUGAR - FASTING				
SUGAR - FASTING	111.0	mg/dL	65-110	GOD/POD, Colorimetric
IRON	20.00	µg/dl	50 - 170	Ferrozyme

Comments:-

Iron is an essential trace mineral element which forms an important component of hemoglobin, metallocompounds and Vitamin A. Deficiency of iron, leads to microcytic hypochromic anemia. The toxic effects of iron are deposition of iron in various organs of the body and hemochromatosis.

Total Iron Binding capacity (TIBC) is a direct measure of the protein Transferrin which transports iron from the gut to storage sites in the the bone marrow. In iron deficiency anemia, serum iron is reduced and TIBC increases.

Transferrin Saturation occurs in idiopathic hemochromatosis and transfusional hemosiderosis where no unsaturated iron binding capacity is available for iron mobilization. Similar is seen in congenital deficiency of Transferrin.

Dr. Sneha Wadhera
M.D.(Path)

Dr. Jaskirat Singh
M.D.(Path)

Dr. Shagun Aggarwal
M.D.(Micro)

Dr. Rashi Khemka
M.D.(Path)

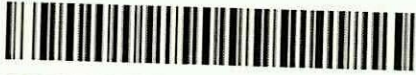
- ❖ Test Values may vary with different lab standards, methods, kits used and other physiological & biological factors.
- ❖ The clinico pathological lab tests involve Man-Machine-Computer interface with slight chances of inadvertent discrepancy and should be immediately discussed & alleviated.
- ❖ Report purports for patients care and not for medicalegal documents.



JASWANT RAI SPECIALITY HOSPITAL
Pathology & Blood Center

Opp. Sports Stadium,
Civil Lines, Meerut

Path. Lab. - 0121-2644577
 Blood Bank - 0121-2644677
 Hospital - 0121-2663887, 2663888
 E-mail: jrsh.path.bb@gmail.com



Name:	Mrs. SHEELA RANI	Registration No.:	174497
Age/Gender:	74 Y/Female	Registered:	26/Apr/2022 09:31AM
Patient ID:	012204260036	Sample Collection:	26/Apr/2022 09:45AM
BarcodeNo:	10153075	Reported:	26/Apr/2022 10:25AM
Referred By:	Dr. S.C AGGARWAL	Report Status:	Final
Collection Place:	OPD	UHID:	

BIOCHEMISTRY

Test Name	Result	Unit	Biological Ref.Interval	Method
LIVER FUNCTION TEST				
BILIRUBIN-TOTAL	0.4	mg/dL	0.2-1.1	Modified Diazo Method
BILIRUBIN-DIRECT	0.1	mg/dL	0.1-0.4	Modified Diazo Method
BILIRUBIN-INDIRECT	0.3	mg/dL	0.2-0.6	Modified Diazo Method
PROTEIN, TOTAL	6.6	gm/dL	6 - 8	Biuret
ALBUMIN	3.5	gm/dl	3.5 - 5.0	BCG
GLOBULIN	3.1	gm/dl	2.8 - 4.5	Calculated
A/G RATIO	1.1	Ratio	1.3 - 2.0	Calculated
Serum ALT/SGPT	33	U/L	0-50	Spectrophotometry, IFCC kinetic
Serum AST/SGOT	34	U/L	5 - 50	spectrophotometry, IFCC Kinetic
Alkaline Phosphatse	76	u/l	40-129 U/L at 37°C	Kinetic IFCC Liquid Assay



Dr. Sneha Wadhwa
M.D.(Path)

Dr. Jaskirat Singh
M.D.(Path)

Dr. Shagun Aggarwal
M.D.(Micro)

Dr. Rashi Khemka
M.D.(Path)

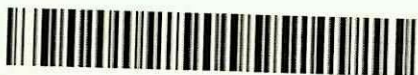
- ❖ Test Values may vary with different lab standards, methods, kits used and other physiological & biological factors.
- ❖ The clinico pathological lab tests involve Man-Machine-Computer interface with slight chances of inadvertent discrepancy and should be immediately discussed & alleviated.
- ❖ Report purports for patients care and not for medicalegal documents.



JASWANT RAI SPECIALITY HOSPITAL
Pathology & Blood Center

Opp. Sports Stadium,
Civil Lines, Meerut

Path. Lab. - 0121-2644577
 Blood Bank - 0121-2644677
 Hospital - 0121-2663887, 2663888
 E-mail: jrsh.path.bb@gmail.com



Name:	Mrs. SHEELA RANI	Registration No.:	174497
Age/Gender:	74 Y/Female	Registered:	26/Apr/2022 09:31AM
Patient ID:	012204260036	Sample Collection:	26/Apr/2022 09:45AM
BarcodeNo:	10153075	Reported:	26/Apr/2022 10:25AM
Referred By:	Dr. S.C AGGARWAL	Report Status:	Final
Collection Place:	OPD	UHID:	

Test Name	Result	Unit	Biological Ref.Interval	Method
BIOCHEMISTRY				
RENAL PROFILE				
UREA	23	mg/dl	10 - 45	Spectrophotometry, Urease method
CREATININE	0.7	mg/dl	0.7-1.3	Spectrophotometry, jaffes kinetic
SODIUM	144	mmol/L	135 - 155	Direct ISE
POTASSIUM	5.0	mmol/L	3.5 - 5.5	Ion Selective electrode
CALCIUM	9.2	mol/dl	8.5 - 10.2	Spectrophotometry, Arsenazo method
URIC ACID	4.7	mg/dl	3.1 - 7.0	Uricase
PHOSPHORUS	4.40		4.0 - 5.5	Spectrophotometry-UV molybdate method
PROTEIN, TOTAL	6.6	gm/dL	6 - 8	Biuret
ALBUMIN	3.5	gm/dl	3.5 - 5.0	BCG
GLOBULIN	3.1	gm/dl	2.8 - 4.5	Calculated
A/G RATIO	1.1	Ratio	1.3 - 2.0	Calculated



Dr. Sneha Wadhera
M.D.(Path)

Dr. Jaskirat Singh
M.D.(Path)

Dr. Shagun Aggarwal
M.D.(Micro)

Dr. Rashi Khemka
M.D.(Path)

- ❖ Test Values may vary with different lab standards, methods, kits used and other physiological & biological factors.
- ❖ The clinico pathological lab tests involve Man-Machine-Computer interface with slight chances of inadvertent discrepancy and should be immediately discussed & alleviated.
- ❖ Report purports for patients care and not for medicalegal documents.

ISO 9001:2008

Wish you A Speedy Recovery



JASWANT RAI SPECIALITY HOSPITAL
Pathology & Blood Center

Opp. Sports Stadium,
Civil Lines, Meerut

Path. Lab. - 0121-2644577
 Blood Bank - 0121-2644677
 Hospital - 0121-2663887, 2663888
 E-mail: jrsh.path.bb@gmail.com



Name:	Mrs. SHEELA RANI	Registration No.:	174497
Age/Gender:	74 Y/Female	Registered:	26/Apr/2022 09:31AM
Patient ID:	012204260036	Sample Collection:	26/Apr/2022 09:45AM
BarcodeNo:	10153075	Reported:	26/Apr/2022 12:32PM
Referred By:	Dr. S.C AGGARWAL	Report Status:	Final
Collection Place:	OPD	UHID:	

Test Name	Result	IMMUNOASSAY		
		Unit	Biological Ref.Interval	Method
Thyroid Profile				
T3, TOTAL	1.58	nmol/L	1.49 - 2.6	Chemiluminescence
T4, TOTAL	139.0	nmol/L	71.2 - 141	Chemiluminescence
TSH	2.47	µIU/ml	0.46 - 4.68	Chemiluminescence

TEST METHOD:

Thyroid panel by ENZYME LINK FLUORESCENT ASSAY (ELFA)

Thyrotropin or thyroid-stimulating hormone (TSH) is a glycoprotein with a molecular weight of 28,000 to 30,000 daltons. TSH is composed of two non-covalently bound alpha & beta peptide subunits. TSH stimulates the thyroid glands to produce the main thyroid hormones T3 & T4.

Euthyroid : 0.25-5.0 micron IU/ml.
 Suggestive of hyperthyroid : <0.15 micron IU/ml.
 Suggestive of hypothyroid : > 7.0 micron IU/ml.

Reference range for thyroid for neonates and children (serum concentration):

Age	TSH(micron IU/ml)	TT3(nmol/l.)	TT4(nmol/l.)
1-4 days	1-19	1.5-11.4	142-277
1-4 wks	1.7-9.1	1.6-5.3	106-221
1-12mon	0.8-8.2	1.6-3.8	76-210
1-05yrs	0.7-5.7	1.6-4.1	94-193
6-10yrs	0.7-5.7	1.4-3.7	82-171
11-15yrs	0.7-5.7	1.3-3.3	71-151
15-18yrs	0.7-5.7	1.2-3.2	54-152

Dr. Priyanka Yadav
 M.D. (Path)

Dr. Sonal Jindal
 M.D. (Micro)

Dr. Shagun Aggarwal
 M.D. (Micro)

Dr. Jyoti Singh
 M.D. (Micro)

Dr. Shivangi Singhal
 M.D. (Path)

- ❖ Test Values may vary with different lab standards, methods, kits used and other physiological & biological factors.
- ❖ The clinico pathological lab tests involve Man-Machine-Computer interface with slight chances of inadvertent discrepancy and should be immediately discussed & alleviated.
- ❖ Report purports for patients care and not for medicalegal documents.



JASWANT RAI SPECIALITY HOSPITAL
Pathology & Blood Center

Opp. Sports Stadium,
Civil Lines, Meerut

Path. Lab. - 0121-2644577
 Blood Bank - 0121-2644677
 Hospital - 0121-2663887, 2663888
 E-mail: jrsh.path.bb@gmail.com



Name:	Mrs. SHEELA RANI	Registration No.:	174497
Age/Gender:	74 Y/Female	Registered:	26/Apr/2022 09:31AM
Patient ID:	012204260036	Sample Collection:	26/Apr/2022 09:45AM
BarcodeNo:	10153075	Reported:	26/Apr/2022 12:32PM
Referred By:	Dr. S.C AGGARWAL	Report Status:	Final
Collection Place:	OPD	UHID:	

Test Name	Result	Immunology Unit	Biological Ref.Interval	Method
VITAMIN D 25, HYDROXY	28.8	<u>VITAMIN D 25 HYDROXY</u> nmol/L	30-100 sufficient 20-29 InSufficient <20 deficient >100 potential toxicity	ELFA

Kindly correlate clinically.

*** End Of Report ***

Dr. Priyanka Yadav
M.D. (Path)

Dr. Sonal Jindal
M.D. (Micro)

Dr. Shagun Aggarwal
M.D. (Micro)

Dr. Jyoti Singh
M.D. (Micro)

Dr. Shivangi Singhal
M.D. (Path)

- ❖ Test Values may vary with different lab standards, methods, kits used and other physiological & biological factors.
- ❖ The clinico pathological lab tests involve Man-Machine-Computer interface with slight chances of inadvertent discrepancy and should be immediately discussed & alleviated.
- ❖ Report purports for patients care and not for medicalegal documents.

ISO 9001:2008

Wish you A Speedy Recovery



JASWANT RAI SPECIALITY HOSPITAL
Pathology & Blood Center

Opp. Sports Stadium,
Civil Lines, Meerut

Path. Lab. - 0121-2644577
 Blood Center - 0121-2644677
 Hospital - 0121-2663887, 2663888
 E-mail: jrsh.path.bb@gmail.com




Name: Mrs. SHEELA RANI
 Age/Gender: 75 Y/Female
 Patient ID: 012210010015
 BarcodeNo: 10172914
 Referred By: Dr. VIROTAM TOMAR
 Collection Place: OPD

Registration No.: 198093
 Registered: 01/Oct/2022 08:19AM
 Sample Collection: 01/Oct/2022 08:55AM
 Reported: 01/Oct/2022 09:27AM
 Report Status: Final
 UHID:

Test Name	Result	BIOCHEMISTRY		
		Unit	Biological Ref.Interval	Method
SODIUM	128	mmol/L	135 - 155	Direct ISE
POTASSIUM	4.1	mmol/L	3.5 - 5.5	
CARDIAC PROFILE(CP5)				
CKMB	1.2	ng/mL	0-4.3	Ion Selective electrode
TROPONIN I	0.05	ng/ml	0.0 - 0.4	
Brain Natriuretic Peptide	41.6	ng/ml	0 - 100	
Myoglobin	93.8	ng/ml	0 - 107	
D-DIMER	496.0	ng/ml	0 - 600	

*** End Of Report ***

ISO 9001: 2008
Wish you A Speedy Recovery


 Dr. Sneha Wadhwa
 M.D.(Path)

Dr. Jaskirat Singh
 M.D.(Path)

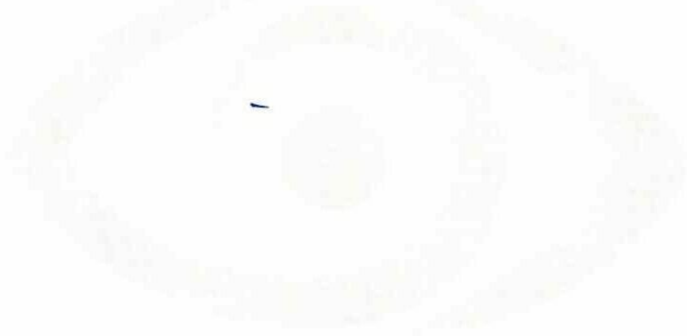
Dr. Shagun Aggarwal
 M.D.(Micro)

Dr. Rashi Khemka
 M.D.(Path)

- ❖ Test Values may vary with different lab standards, methods, kits used and other physiological & biological factors.
- ❖ The clinico pathological lab tests involve Man-Machine-Computer interface with slight chances of inadvertent discrepancy and should be immediately discussed & alleviated.
- ❖ Report purports for patients care and not for medicalegal documents.

— fch,

- VIGAMOX - ed. QIP B/t
.....



Shakeel Ahmad



Opp. LLRM Medical College, Near Venkateshwara
Residency, Garh Road, Meerut.
E-mail : visioncareindiasseh@gmail.com,
visit us at : www.visioncareindia.in
Empanelled Under C.G.H.S., Ayushman Bharat PMJAY &
All Important TPAs.

Please Scan QR Code for online appointment, other informations, navigation, youtube, facebook and instagram

Dr. Shakeel Ahmad
MBBS, MS (Gold Medalist)
Consultant Eye Surgeon
MCI Registration Number- 24706
Head, Cataract, Cornea & Refractive Services
Visioncare Super Speciality Eye Hospital



JASWANT RAI SPECIALITY HOSPITAL

Opp. Sports Stadium, Mawana Road, Meerut - 250001

Ph. +91121-2663887, 2663888, 2651700

E-mail: jrsh_mrt@yahoo.com

ECHOCARDIOGRAM REPORT

NAME: MRS. SHEELA RANI

AGE/SEX: 74Y/FEMALE

Referring Diagnosis : CAD/POST CABG/COPD

DATE: 20/01/2022

Referred By : DR. AMITABH GAUTAM MD

Echogenicity : ECHO WINDOW POOR

DIMENSIONS	MEASURING	NORMAL/M2
AO	29 mm	(12 - 22)
LA	29 mm	(12 - 22)
LVID (Diast)	44 mm	(24 - 32)
LVID (Systo)	27 mm	(14 - 26)
IVS (Diast)	11 mm	(6 -- 12 mm)
IVS (Systo)	14 mm	(6 -- 30 mm)
LVPW (Diast)	11 mm	(8 -- 13 mm)
LVPW (Systo)	20 mm	(8 -- 30 mm)
LVEF	55%-60%	(50 - 75 %)
LVFS	30%	(25 -- 45 %)

MORPHOLOGICAL DATA

MITRAL VALVE	: MAC	INTERATRIAL SEPTUM	: INTACT
AORTIC VALVE	: NORMAL	INTERVENTRICULAR SEPTUM	: INTACT
TRICUSPID VALVE	: NORMAL	PULMONARY ARTERY	: NORMAL
PULMONARY VALVE	: NORMAL	AORTA	: NORMAL
RIGHT VENTRICLE	: NORMAL	RIGHT ATRIUM	: NORMAL
LEFT VENTRICLE	: NORMAL	LEFT ATRIUM	: NORMAL



JASWANT RAI SPECIALITY HOSPITAL

Opp. Sports Stadium, Mawana Road, Meerut - 250001

Ph. +91121-2663887, 2663888, 2651700

E-mail: jrsh_mrt@yahoo.com

ECHOCARDIOGRAM REPORT

NAME : MRS. SHEELA RANI

ECHOCARDIOGRAPHY AND COLOUR DOPPLER FINDINGS:

Mitral Annular Calcification Present. Aortic valve is normal. Aortic root is normal. End Diastolic vols, End systolic vols are normal. 2DLVEF-55%-60%. Interatrial septum is Intact. RV is Normal. RA is normal. PA is Normal. Normal LV/RV Systolic Function. No PE/Clot/Vegetation. Tachycardia present during study ? AF present

COLOUR FLOW MAPPING:

*. Mild AR

DOPPLER STUDIES:

*. MVIV = E /A = 0.9/0.8 m/s

*. Aortic flow velocity= 1.41 m/s

FINAL REPORT:

- *. No RWMA
- *. Mitral Annular Calcification Present
- *. Mild AR
- *. Normal LV/RV Systolic function
- *. 2DLVEF-55%-60%
- *. No PE/Clot/Vegetation
- *. Tachycardia present during study. ? AF present


DR. RAJEEV AGARWALA
MD DM (CARDIOLOGY)


DR. RAKESH MAURYA
MD DM (CARDIOLOGY)

No record of this report is kept in the Hospital. Collect your report within 2 weeks.

SMT SHEELARANI
22-01-20-164529 JASWANT RAI HOSPITAL, MI TIS 1.0 1/20/2022 4:49:26 PM

ADULT + Vel 141 cm/s
PG 7.96 mmHg



IT SHEELARANI
-01-20-164529 JASWANT RAI HOSPITAL, MI TIS 0.5 1/20/2022 4:47:16 PM

- + IVSd (MM) 1.10 cm
- X LVIDd (MM) 4.40 cm
- ⊕ LVPWd (MM) 1.10 cm
- ⊖ IVSs (MM) 1.49 cm
- Δ LVIDs (MM) 2.75 cm
- ⊕ LVPWs (MM) 2.09 cm

