

NAME : **MRS. SHALINI** AGE : 33 Years SEX : Female
 LAB REF NO. : **11902741** ACCESSION NO : **0001EC005730**
 COLLECTED ON : 01/03/2016 00:00 REGISTERED ON : 02/03/2016 02:21 REPORTED ON : 02/03/2016 11:29
Report Status : Final REFERRED BY DR. UPENDRA PANDEY

Tests	Results	Biological Reference Range	Units
NIROGYAM D PLUS			
COMPLETE BLOOD COUNT (CBC) BLOOD			
HEMOGLOBIN	8.0	Low 12.0-15.0	g/dL
METHOD : CYNAMETH HEMOGLOBIN			
HEMATOCRIT	26.2	Low 36.0-46.0	%
METHOD : AUTOMATED			
RBC COUNT	3.34	Low 3.80-4.80	10 ⁶ /uL
METHOD : IMPEDANCE			
MCV	78.3	Low 83.0-101.0	fL
MCH	23.9	Low 27.0-32.0	pg
MCHC	30.5	Low 31.5-34.5	g/dL
RDW-CV	24.0	High 11.6-14.0	%
METHOD : AUTOMATED			
PLATELET COUNT	240	150-410	10 ³ /uL
TOTAL LEUCOCYTE COUNT	6.1	4.0-11.0	10 ³ /uL
METHOD : IMPEDANCE			
DIFFERENTIAL LEUKOCYTE COUNT, BLOOD			
NEUTROPHILS	60.1	40.0 - 80.0	%
LYMPHOCYTES	30.2	20.0 - 40.0	%
MONOCYTES	5.7	2.0 - 10.0	%
EOSINOPHILS	3.3	1.0 - 6.0	%
BASOPHILS	0.7	<2.0	%
ABSOLUTE NEUTROPHIL COUNT	3.67	2.00-7.00	10 ³ /uL
ABSOLUTE LYMPHOCYTE COUNT	1.85	1.00-3.00	10 ³ /uL
ABSOLUTE MONOCYTE COUNT	0.35	0.20 - 1.00	10 ³ /uL
ABSOLUTE EOSINOPHIL COUNT	0.20	0.02-0.50	10 ³ /uL
ABSOLUTE BASOPHIL COUNT	0.04	0.02-0.10	10 ³ /uL
METHOD : VCS TECHNOLOGY			

Interpretation(s)

Note: The percentage counting of each type of differential leucocytes does not indicate correctly their absolute increase or decrease, hence as per recommendation of the International Council for Standardization in Hematology the differential leucocyte counts are reported as absolute number of each cell type per unit volume of blood.

ERYTHROCYTE SEDIMENTATION RATE, BLOOD

ESR **69** High 0 - 15 mm/hr
 METHOD : WESTERGREN AUTOMATED

HBA1C (GLYCOSYLATED HEMOGLOBIN), BLOOD

HBA1C **4.9** 4.3 - 6.4 %
 METHOD : HIGH PERFORMANCE LIQUID CHROMATOGRAPHY (HPLC).



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COLLECTED ON : 01/03/2016 00:00

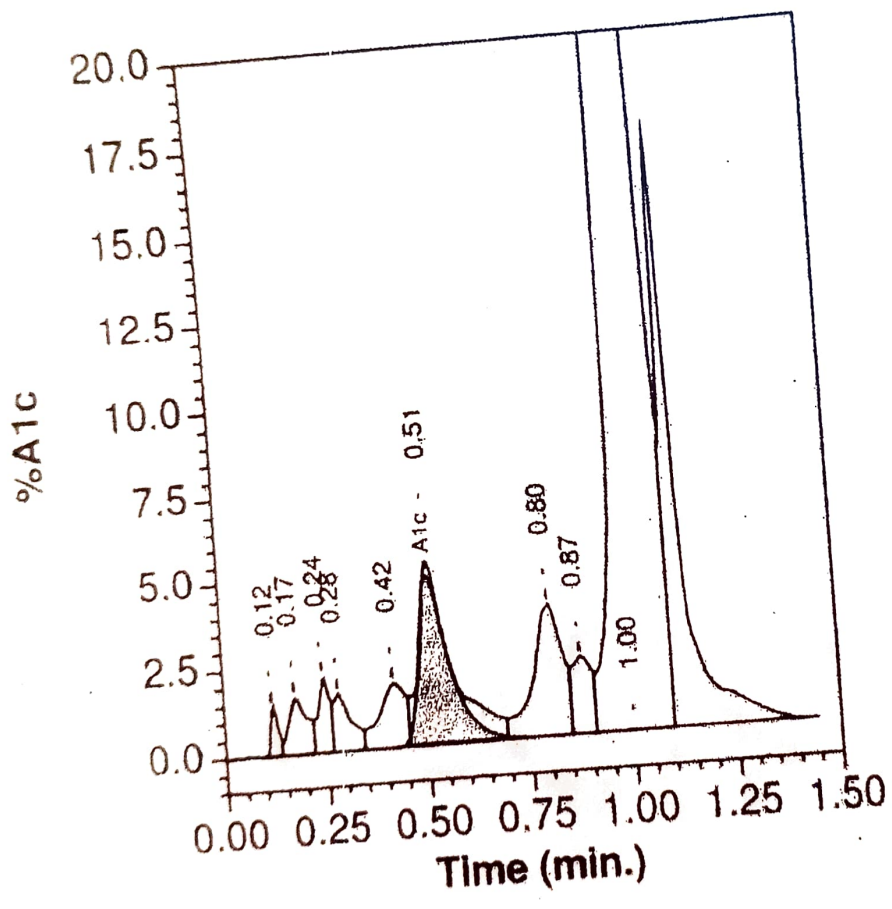
REGISTERED ON : 02/03/2016 02:21

REPORTED ON : 02/03/2016 11:29

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REFERRED BY DR. UPENDRA PANDEY

Tests	Results	Biological Reference Range	Units
MEAN PLASMA GLUCOSE	97		mg/dL



Interpretation(s)
GOOD CONTROL 6.4 - 7.0
FAIR CONTROL 7.0 - 8.0
ACTION SUGGESTED > 8.0

- NOTE:**
- Glycosylated hemoglobin (HbA1c) test is done to assess compliance with therapeutic regimen in diabetic patients.
 - A three monthly monitoring is recommended in clinical management of diabetes.
 - It is not affected by daily glucose fluctuations, exercise and recent food intake.
 - The HbA1c is linearly related to the average blood sugar over the past 1-3 months (but is heavily weighted to the past 2-4 weeks).
 - The HbA1c is strongly associated with the risk of development and progression of microvascular and nerve complications.
 - High HbA1c (>9.0-9.5%) is associated with very rapid progression of microvascular complications.
 - Any condition that shorten RBC life span like acute blood loss, hemolytic anemia falsely lower HbA1c results.

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Tests	Results	Biological Reference Range	Units
GLUCOSE FASTING, PLASMA	99.0	70 - 110	mg/dL
GLUCOSE FASTING METHOD : SPECTROPHOTOMETRY, HEXOKINASE			
LIPID PROFILE, SERUM	189.0	<200.0 DESIRABLE 200.0 - 239.0 BORDERLINE >/=240.0 HIGH	mg/dL
CHOLESTEROL TOTAL METHOD : SPECTROPHOTOMETRY, CHOD- POD METHOD	119.0	<150 NORMAL 150 - 199 BORDERLINE 200 - 499 HIGH >/= 500 VERY HIGH	mg/dL
TRIGLYCERIDES METHOD : SPECTROPHOTOMETRY, GPO- POD METHOD	50.2	<40.0 LOW 40.0 - 60.0 NORMAL >/= 60.0 HIGH	mg/dL
CHOLESTEROL HDL, DIRECT METHOD : SPECTROPHOTOMETRY, DIRECT ENZYMATIC METHOD	115.0	High <100 OPTIMAL 100 - 129 NEAR OR ABOVE OPTIMAL 130 - 159 BORDERLINE HIGH 160 - 189 HIGH >/=190 VERY HIGH </= 30.0	mg/dL
CHOLESTEROL LDL, CALCULATED	23.8	3.3 - 4.4 LOW RISK 4.5 - 7.0 AVERAGE RISK 7.1 - 11.0 MODERATE RISK >11.0 HIGH RISK	Ratio
CHOL / HDL RATIO	3.8		
BILIRUBIN, SERUM METHOD : CALCULATED METHOD	0.40	0.30 - 1.20	mg/dL
BILIRUBIN TOTAL	0.06	0.00 - 0.30	mg/dL
BILIRUBIN DIRECT METHOD : VANADATE OXIDATION	0.34	0.20 - 1.00	mg /dL
BILIRUBIN INDIRECT METHOD : CALCULATED METHOD			
ALANINE AMINOTRANSFERASE (ALT/ SGPT), SERUM	65.0	High 10 - 49	IU/L
ALANINE AMINOTRANSFERASE (SGPT)			
ASPARTATE AMINOTRANSFERASE (AST/SGOT), SERUM	33.0	<34.0	IU/L
ASPARTATE AMINOTRANSFERASE (SGOT) METHOD : SPECTROPHOTOMETRY, UV WITHOUT PYRIDOXAL-5-PHOSPHATE			



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Tests	Results	Biological Reference Range	Units
ALKALINE PHOSPHATASE, SERUM	87.0	45 - 129	U/L
ALKALINE PHOSPHATASE METHOD : SPECTROPHOTOMETRY, PNP AMP KINETIC			
GAMMA GLUTAMYL TRANSFERASE (GGT), SERUM	15.0	< 38.0	U/L
GAMMA GLUTAMYL TRANSFERASE METHOD : SPECTROPHOTOMETRY, G-GLUTAMYL-CARBOXY-NITROANILIDE			
PROTEIN TOTAL, SERUM	7.0	5.7 - 8.2	g/dL
PROTEIN TOTAL METHOD : SPECTROPHOTOMETRY, BIURET			
ALBUMIN, SERUM	3.9	3.2 - 4.8	g/dL
ALBUMIN METHOD : SPECTROPHOTOMETRY, BROMOCRESOL GREEN			
GLOBULIN, SERUM	3.1	2.0 - 4.1	g/dL
GLOBULIN			
A:G RATIO	1.26	1.0 - 2.1	Ratio
A:G RATIO			
BLOOD UREA NITROGEN (BUN), SERUM	10.00	9.0 - 23.0	mg/dL
BLOOD UREA NITROGEN METHOD : SPECTROPHOTOMETRY, UREASE-GLDH			
CREATININE, SERUM	0.56	0.5 - 1.1	mg/dL
CREATININE METHOD : SPECTROPHOTOMETRY, JAFFE-KINETIC			
BUN/CREATININE RATIO	17.9	High 12 - 16	Ratio
BUN/CREATININE RATIO METHOD : CALCULATED METHOD			
URIC ACID, SERUM	4.5	2.6 - 6.0	mg/dL
URIC ACID METHOD : SPECTROPHOTOMETRY, URICASE			
CALCIUM, SERUM	8.70	8.6 - 10.4	mg/dL
CALCIUM METHOD : SPECTROPHOTOMETRY, ARSENAZO III			
SODIUM, SERUM	140.0	132 - 146	mmol/L
SODIUM			
POTASSIUM, SERUM	4.6	3.5 - 5.5	mmol/L
POTASSIUM			
CHLORIDE, SERUM	106.0	99 - 109	mmol/L
CHLORIDE METHOD : ISE, INDIRECT			



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Tests	Results	Biological Reference Range	Units
IRON PROFILE			
IRON	24.0	Low 50 - 170	µg/dL
METHOD : FERROZINE			
UNSATURATED IRON BINDING CAPACITY	360	High 155 - 300	µg/dL
METHOD : SPECTROPHOTOMETRY , NITROSO-PSAP			
TOTAL IRON BINDING CAPACITY	384.0	250 - 450	µg/dL
METHOD : CALCULATED METHOD			
% SATURATION	6.2	Low 13 - 45	%
MICROALBUMIN, RANDOM URINE			
MICROALBUMIN, RANDOM URINE	2.6	<20.0	mg/L
CREATININE, RANDOM URINE			
CREATININE, RANDOM URINE	66	UNDEFINED	mg/dL
METHOD : SPECTROPHOTOMETRY, JAFFE-KINETIC			
MICROALBUMIN/CREATININE RATIO			
MICROALBUMIN/CREATININE RATIO	3.94	<30.0 NORMAL 30.0 - 299.0 MICROALBUMINURIA >/=300.0 CLINICAL ALBUMINURIA	mg/g crea
METHOD : CALCULATED METHOD			
THYROID PROFILE, TOTAL, SERUM			
TRI-IODO THYRONIN, (T3)	132.5	60.0 - 181.0	ng/dL
THYROXIN, (T4)	11.80	3.20 - 12.6	µg/dL
THYROID STIMULATING HORMONE	9.24	High 0.35 - 5.50	µIU/mL

Interpretation(s)

The synthesis and secretion of TSH is stimulated by Thyrotropin releasing hormone (TRH), in response to low levels of circulating thyroid hormones. Elevated levels of T3 and T4 suppress the production of TSH via a classic negative feedback mechanism. Failure at any level of regulation of the hypothalamic-pituitary-thyroid axis will result in either underproduction (hypothyroidism) or overproduction (hyperthyroidism) of T4 and/or T3.

Clinical Condition	T3 Levels	T4 Levels	TSH Levels
Primary hypothyroidism	Reduced	Reduced	Increased (Significantly)
Subclinical Hypothyroidism	Normal or Low Normal	Normal or Low Normal	High
Primary hyperthyroidism	Increased	Increased	Reduced (at times undetectable)
Subclinical Hyperthyroidism	Normal or High Normal	Normal or High Normal	Reduced

Limitations:

T3 and T4 circulates in reversibly bound form with Thyroid binding globulins (TBG), and to a lesser extent albumin and Thyroid binding Pre Albumin, so conditions in which TBG and protein levels alter such as pregnancy, excess estrogens, androgens, steroids may falsely affect the T3 and T4 levels. Normal levels of T4 can also be seen in Hyperthyroid patients with : T3 Thyrotoxicosis, hypoproteinemia or ingestion of certain drugs. Serum T4 levels in neonates and infants are higher than values in the normal adult, due to the increased concentration of TBG in neonate serum. TSH may be normal in central hypothyroidism, recent rapid correction of hyperthyroidism or hypothyroidism, pregnancy, phenytoin therapy. Autoimmune disorders may produce spurious results. Various drugs can interfere with the test result. TSH has a diurnal rhythm so value may vary if sample collection is done at different times of the day.
Reference Intervals for T3, T4 & TSH from TIETZ Textbook of CLINICAL CHEMISTRY & MOLECULAR DIAGNOSTICS- 5th Edition

Age	Reference Intervals (ng/dL)	Age	Reference Intervals (µg/dL)	Age	Reference Intervals (µIU/mL)
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 Email : HARSHITPATHMATHURA@GMAIL.COM

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Tests	Results	Biological Reference Range	Units
Children	Children	Children	
1 - 3 Days	1 - 3 Days	0 - 4 Days	1.0 - 39.0
1 - 11 Months	1 - 2 Week	2 weeks - 5 months	1.7 - 9.1
1 - 5 Years	1 - 4 Months	6 months - 20 Years	0.7 - 6.4
6 - 10 Years	4 Months - 1 Year	> 55 years	0.5 - 8.9
11 - 15 Years	1 - 5 Years	Pregnancy	
Adolescents	5 - 10 Years	First Trimester	0.3 - 4.5
15 - 20 years	11 - 15 Years	Second Trimester	0.5 - 4.6
Pregnancy		Third Trimester	0.8 - 5.2
First Trimester			
Second & Third Trimester			

25-HYDROXY VITAMIN D, SERUM

25-HYDROXY VITAMIN D

26.8

Low <20.0 DEFICIENCY
 20.0 - 30.0 INSUFFICIENCY
 30.0 - 100.0 SUFFICIENCY
 >100.0 TOXICITY

ng/mL

METHOD : CHEMILUMINESCENCE (CLIA)

Interpretation(s)

Uses for Vitamin D assay:

- Diagnosis of Vitamin D deficiency
- Differential Diagnosis of causes of Rickets and Osteomalacia
- Monitoring Vitamin D replacement therapy
- Diagnosis of Hypervitaminosis D

LIMITATION:

Various methods are available for measuring circulating concentrations of 25-OH vitamin D. The studies report reasonable correlation between methods, but with significant differences, the reasons for which are not well understood. Vitamin D values must be interpreted within the clinical context of each patient.

VITAMIN B12, SERUM

VITAMIN B12

526

211 - 911

pg/mL

METHOD : CHEMILUMINESCENCE (CLIA)

Interpretation(s)

Uses of Vitamin B12 assay :

- Investigation of macrocytic anaemia
- Work up of deficiencies seen in Megaloblastic Anemia
- Assistance in Diagnosis of CNS Disorders
- Evaluation of Alcoholism
- Evaluation of Malabsorption syndrome

Limitation:

- The evaluation of Macrocytic Anemia requires simultaneous measurement of both Vitamin B12 and folate levels.
- Patients taking B12 supplementation may have misleading results

URINE ROUTINE EXAMINATION

COLOUR	PALE YELLOW	
APPEARANCE	CLEAR	
PH	8.0	High 4.5 - 7.5
SPECIFIC GRAVITY	1.015	
GLUCOSE	NOT DETECTED	NOT DETECTED
PROTEIN	NOT DETECTED	NOT DETECTED
KETONES	NOT DETECTED	NOT DETECTED



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METHOD : FERROZINE			
UNSATURATED IRON BINDING CAPACITY	360	High 155 - 300	µg/dL
METHOD : SPECTROPHOTOMETRY, NITROSO-PSAP			
TOTAL IRON BINDING CAPACITY	384.0	250 - 450	µg/dL
METHOD : CALCULATED METHOD			
% SATURATION	6.2	Low 13 - 45	%
MICROALBUMIN, RANDOM URINE			
MICROALBUMIN, RANDOM URINE	2.6	<20.0	mg/L
CREATININE, RANDOM URINE			
CREATININE, RANDOM URINE	66	UNDEFINED	mg/dL
METHOD : SPECTROPHOTOMETRY, JAFFE-KINETIC			
MICROALBUMIN/CREATININE RATIO			
MICROALBUMIN/CREATININE RATIO	3.94	<30.0 NORMAL 30.0 - 299.0 MICROALBUMINURIA >=300.0 CLINICAL ALBUMINURIA	mg/g creat
METHOD : CALCULATED METHOD			
THYROID PROFILE, TOTAL, SERUM			
TRI IODO THYRONIN, (T3)	132.5	60.0 - 181.0	ng/dL
THYROXIN, (T4)	11.80	3.20 - 12.6	µg/dL
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Interpretation(s)

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Clinical Condition	T3 Levels	T4 Levels	TSH Levels
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Limitations:

T3 and T4 circulates in reversibly bound form with Thyroid binding globulins (TBG), and to a lesser extent albumin and Thyroid binding Pre Albumin, so conditions in which TBG and protein levels alter such as pregnancy, excess estrogens, androgens, steroids may falsely affect the T3 and T4 levels. Normal levels of T4 can also be seen in Hyperthyroid patients with : T3 Thyrotoxicosis, hypoproteinemia or ingestion of certain drugs. Serum T4 levels in neonates and infants are higher than values in the normal adult, due to the increased concentration of TBG in neonate serum. TSH may be normal in central hypothyroidism, recent rapid correction of hyperthyroidism or hypothyroidism, pregnancy, phenytoin therapy. Autoimmune disorders may produce spurious results. Various drugs can interfere with the test result. TSH has a diurnal rhythm so values may vary if sample collection is done at different times of the day.

Reference intervals for T3, T4 & TSH from TIETZ Textbook of CLINICAL CHEMISTRY & MOLECULAR DIAGNOSTICS- 5th Edition

T3	T4	TSH			
Age	Reference Intervals (ng/dL)	Age	Reference Intervals (µg/dL)	Age	Reference Intervals (µIU/mL)

12/3/16
11:34
P.12

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Name	Mrs. SHALINI SINGH	Collected	11/8/2015 7:48:00PM
Lab No.	215626683	Received	11/8/2015 7:46:21PM
Age	34 Years	Reported	18/8/2015 10:06:50AM
Gender	Female	Report Status	Final
Ref By	Dr Lt Gen V P CHATURVEDI VSM		

Test Name	Results	Units	Blo. Ref. Interval
ANTI NUCLEAR ANTIBODY / FACTOR (ANA/ANF), SERUM (IFA)	21.43	Units	<20.00

Interpretation

RESULT IN UNITS	REMARKS
<20	Negative
20-60	Moderate positive
>60	Strong positive

Comments

Antinuclear antibodies are the most sensitive screening test for autoantibodies in patients suspected of connective tissue diseases. They are a heterogeneous group of autoantibodies directed against ds-DNA, histones, SSA / Ro, SSB / La, Sm, Sm / RNP, Scl-70, Jo-1 & Centromere. ANA 's have also been detected in patients with Autoimmune Hepatitis (80%), Primary biliary cirrhosis (60%), Alcohol related liver disease (50%), Viral hepatitis B (40%). Presence of ANA has also been detected in individuals taking certain drugs like Hydralazine, Isoniazid, Chlorpromazine; family of SLE patients; healthy and elderly persons

ANTI - ds DNA ANTIBODY, SERUM (EIA)	11.57	IU/mL	<30.00
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Interpretation

RESULT IN IU/mL	REMARKS
<30	Negative
30-75	Equivocal
>75	Positive

Comments

Anti double stranded DNA (ds DNA) antibodies are specific for SLE observed in 40-90% of these patients with active disease. American Rheumatoid arthritis association considers the presence of ds-DNA antibody as a diagnostic criteria for SLE. These antibodies are directly involved in the disease process being deposited as DNA / Anti DNA immune complexes. This test is used for diagnosis and monitoring of SLE with high levels being associated with exacerbation of disease activity and lower levels correlating with remission. They may be raised in patients with Discoid lupus erythematosus. All SLE patients may not show elevated ds-DNA antibodies especially those at the peak of SLE exacerbation. In some cases the level may remain elevated even during the remission phase of the disease.

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(Hony) Brig. Dr. Arvind Lal
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Vandana Lal
 Dr. Vandana Lal
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 Chief of Pathology
 SHRIKUMARI AWARD WINNER

Name	Mrs. SHALINI SINGH	Collected	11/6/2015 7:46:00PM
Lab No.	215626683	Received	11/6/2015 7:46:21PM
Age	34 Years	Reported	18/6/2015 10:06:50AM
Gender	Female	Report Status	Final
A/c Status	P	Ref By	Dr Lt Gen V P CHATURVEDI VSM

Test Name	Results	Units	Blo. Ref. Interval
<20	Negative		
20-39	Weak Positive		
40-80	Moderate Positive		
>80	Strong Positive		

Comments

SSM/La antibodies are primarily considered as a serological marker of Primary Sjogren's syndrome and are detected in nearly 90% of these patients. They are also seen in 6-15% cases of ANA positive SLE patients. Presence of both SSB / La & SSA/Ro antibodies in SLE patients shows a lower incidence of renal disease and lower levels of concomitant Anti DNA antibodies. Detection of this antibody can precede the development of symptoms of Sicca syndrome by several years.

Ritu

Dr. Ritu Nayyar
 M.B.B.S., D.C.P.
 Consultant Microbiologist

Nimmi Kansal

Dr. Nimmi Kansal
 MD (Biochemistry)
 HOD Blochem & IA

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

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Anil
(Hon'y) Brig. Dr. Anil Lal
MBBS, DCP
Anil Lal
LABORATORY INCHARGE TO THE PRINCIPAL OF MHA

Vandana Lal
Dr. Vandana Lal
M.D (PATH), IFCAP
Chief of Pathology
SHEKHAHA WARD WARDER

Name	Mrs. SHALINI SINGH	Collected	21/4/2015 4:52:00PM
Lab No.	214853099	Received	21/4/2015 4:51:54PM
Age	30 Years	Reported	22/4/2015 1:11:20PM
Gender	Female	Report Status	Final
Ref By	Dr UPENDRA PANDEY MBBS		

Test Name	Results	Units	Blo. Ref. Interval
BLOOD PICTURE; PERIPHERAL BLOOD SMEAR EXAMINATION (Microscopy)	Normocytic normochromic RBCs anisocytosis +, TLC and DLC are within normal limits. Platelets are adequate. No Hemoparasites seen Followup and clinical correlation		

Dr Lal Path Labs
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 SHIKHAR AWARD WINNER

Name: Mrs. SHALINI SINGH
 Lab No.: 214853099 Age: 30 Years Gender: Female
 A/c Status: P Ref By: Dr UPENDRA PANDEY MBBS
 Collected: 21/4/2015 4:52:00PM
 Received: 21/4/2015 4:51:54PM
 Reported: 22/4/2015 1:11:23PM
 Report Status: Final

Test Name	Results	Units	Blo. Ref. Interval
ANTI CCP (CYCLIC CITRULLINATED PEPTIDE), SERUM (CMIA)	> 200.0	U/mL	<5.00

Note

- Sensitivity of this assay is 70.6% and specificity is 98.2%
- Specificity of Anti CCP antibodies in Juvenile arthritis patients has not been established

Comments

Anti CCP antibodies are useful for evaluating patients suspected of Rheumatoid arthritis. Positive results occur in 60-80% of Rheumatoid arthritis patients depending on disease severity. The positive predictive value of Anti CCP antibodies for Rheumatoid arthritis is far greater than Rheumatoid factor. False positive results are uncommon. Upto 30% patients with seronegative Rheumatoid arthritis also show Anti CCP antibodies.

Clinical Uses

- For diagnosis of early Rheumatoid arthritis - Anti CCP antibodies are detected in approximately 50-60% patients of Rheumatoid arthritis usually after 3-6 months of symptoms
- Prediction of severity of disease - Early Rheumatoid arthritis patients with Anti CCP positivity may develop a more erosive form of the disease as compared with Anti CCP negative patients
- To differentiate elderly onset Rheumatoid arthritis from Polymyalgia rheumatica and erosive SLE

TSH, SERUM (CLIA)	5.23	uIU/mL	0.35 - 5.50
----------------------	------	--------	-------------

Interpretation

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

Note

- TSH levels are subject to circadian variation, reaching peak levels between 2 - 4.a.m. and at 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.
- Values <0.03 uIU/mL need to be clinically correlated due to presence of a rare TSH variant in some individuals

IMAGING
 REQUIRED

PATIENT'S NAME	MRS. SHALINI SINGH	DATE	29/03/2014
REFERRED BY	DR. UPENDRA PANDEY	AGE/SEX	30Y/F

MRI : RIGHT WRIST

IMAGING SEQUENCES (NCMR)

AXIAL: T1 & TSE T2 Wis.; SAGITTAL: TSE T2 Wis.; CORONAL: STIR & T1 Wis.

There is evidence of minimal edema seen dorsal to the carpals, deep to the extensor retinaculum. No sizable collection or focal lesion seen.

Articulation and alignment of inferior radio-ulnar, radio-carpal, ulno-carpal and intercarpal joints are maintained. Carpo-metacarpal joints are also normally visualized. No definite erosion is noted in periarticular regions.

All the visualized bones, viz. lower shaft of radius, ulna, carpal bones, and metacarpals are showing normal cortical outline and marrow signal intensity. No focal or diffuse area of altered signal intensity is observed.

Flexor and extensor tendons are displaying normal thickness, and signal intensity. Flexor retinaculum and carpal tunnel are showing normal MR morphology and signal intensity.

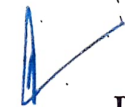
Periarticular musculotendinous attachments are normally visualized. Muscles around wrist joint are showing normal intensity and inter-muscular fat planes.

Vascular flow voids around wrist joint are normally visualized. No significant neural-perineural abnormality is detected.

IMPRESSION

- MR images revealed minimal edema dorsally deep to the extensor retinaculum - inflammatory/nonspecific.


 Dr. ANIL KUMAR
 Consultant Radiologist



 Dr. AJAY BULLAGAN
 Consultant Radiologist

Please correlate clinically
 KINDLY LET US KNOW THE FOLLOW UP OF THE PATIENT
 * NOT VALID FOR MEDICOLEGAL PURPOSE
 (A Unit of HARI MANOHAR MEDI DIAGNOSTIC Pvt. Ltd.)



Lal Path Labs

National Institute of Accreditation and Certification (NIAC) New Delhi: 110 085
 Ministry of Health and Family Welfare, Government of India
 ISO 9001:2008
 ISO 15189:2013


 (Hon'y) Dr. Avind Lal
 M.B.B.S., D.C.P.
 Pathologist
 EMERITARY PHYSICIAN TO THE GOVERNMENT OF INDIA



Vandana Lal
 Dr. Vandana Lal
 M.D (PATH), IPCAP
 Chief of Pathology
 SIROGANI AWARD WINNER

INPATIENT

Name: Mrs. SHALINI SINGH
 Lab No.: 208007173
 Age: 30 Years
 Gender: Female
 Ref By: LALJI PATH LAB

Collected: 21/3/2014 12:30:00PM
 Received: 22/3/2014 1:43:31AM
 Reported: 22/3/2014 11:52:41AM
 Report Status: Final

Test Name	Results	Units	Ref. Range
ANTI-CYCLIC CITRULLINATED PEPTIDE), SERUM (CMIA)	145.80	U/mL	<5.00



- Note
- Sensitivity of this assay is 70.6% and specificity is 98.2%
 - Specificity of Anti CCP antibodies in Juvenile arthritis patients has not been established

Comment:
 Anti CCP antibodies are useful for evaluating patients suspected of Rheumatoid arthritis. Positive results occur in 60-80% of Rheumatoid arthritis patients depending on disease severity. The positive predictive value of Anti CCP antibodies for Rheumatoid arthritis is far greater than Rheumatoid factor. False positive results are uncommon. Upto 30% patients with seronegative Rheumatoid arthritis also show Anti CCP antibodies.

- Clinical Uses**
- Diagnosis of early Rheumatoid arthritis - Anti CCP antibodies are detected in approximately 50-60% patients of Rheumatoid arthritis usually after 3-6 months of symptoms
 - Prediction of severity of disease - Early Rheumatoid arthritis patients with Anti CCP positivity may develop a more erosive form of the disease as compared with Anti CCP negative patients
 - To differentiate elderly onset Rheumatoid arthritis from Polymyalgia rheumatica and erosive SLE


 Dr. Avind Lal
 M.B.B.S., D.C.P.
 Pathologist

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



Dr. Anil Singhal
ORTHOCARE
Multispeciality Hospital and Trauma Centre

Reg. No. RMEE2337376

UHID : 16412

Patient Name : Mrs. Shalini Singh
Age/Sex : 43 Y Female
W/o : Abhay Pratap Singh
Mobile No : 6395945511
Address : Sushila Vihar 1st
Bulandshahr

OPD Date : 29-10-2023 12:35
OPD No : OPD-17430/23-24
Panel : Cash
Token No : 24
Valid For : 7 Days

DR. ANIL KUMAR SINGHAL MS (ORTHO) DNB (PMR) REG NO. UPMCI 30290

PAIN SCORE 0-10 NUMERICAL RATING



Rx

Chief Complaints & Present Illness :-

Provisional Diagnosis :-

c/o Pain and swelling

Past History :-

(+) elbow and (+) Ankle

from self injury

Allergy :-

A/H/O - fall on ground.

K/O/O - Hypothyroidism (RA)

Physical Examination :-

Treatment :-

Temp :

Pulse :

BP :

R/R :

SpO2 :

Pain Score :-

Rx,

mg. Diclo top 1ml/del

Capitelux (

medup # dot malva

Local Examination :-

Investigation :-

Screening for Nutritional Needs :-

Follow Up :-

Asymptomatic

AKPWSU ✓

ABPWSE ✓

ORIF Capitelux by two headless
screws + tubular system

Signature Of The Doctor



Meg of elbow
stare eye
Aceto + Para
Cymul f...
sulcal sw...
SU...
sz...
cap Ad...
306
203



OPD BILL

Name : Mrs. Shalini Singh UHID : 16412
Age/Sex : 43 y /Female OPD No : OPD-17445/23-24
Mobile No : 6395945511 Bill Date : 29-10-2023 13:11
Consultant : Dr. Anil Kumar Singhal Bill No : 17893/23-24
Department : Orthopedic Panel : Cash
Address : Sushila Vihar 1st Bulandshahr Token No : N/A

Services

S.No	Date	Description	Code	Unit	Rate	Dis%	Dis	Amt(Rs)
1	29-10-2023	Additional Service Plaster		1	3,500.00	0	0	3,500.00

Gross Amount : ₹3,500.00
Discount : ₹0.00
Net Amount : ₹3,500.00

Payments

S.No	Type	Date	Receipt no	Category	Mode	Note	Amount(Rs.)
1	Payment	29-10-2023	16335/23-24	Paid	PhonePe		3,500.00

Paid Amount : ₹3,500.00
Cash Due : ₹0.00
Prepared By : Preeti Solanki

Printed By : Preeti Solanki
Print Time : 29-10-2023 13:12



OPD BILL

4. Name : Mrs. Shalini Singh UHID : 16412
Age/Sex : 43 y /Female OPD No : OPD-17430/23-24
5. Mobile No : 6395945511 Bill Date : 29-10-2023 12:35
Consultant : Dr. Anil Kumar Singhal Bill No : 17878/23-24
Department : Orthopedic Panel : Cash
Address : Sushila Vihar 1st Bulandshahr Token No : 24

Services

S.No	Date	Description	Code	Unit	Rate	Dis%	Dis	Amnt(Rs.)
1	29-10-2023	Registration Registration Charges		1	100.00	0	0	100.00
2	29-10-2023	Consultation Consultation - Dr. Anil Kumar Singhal		1	400.00	0	0	400.00

Gross Amount : ₹500.00
Discount : ₹0.00
Net Amount : ₹500.00

Payments

S.no	Type	Date	Receipt no	Category	Mode	Note	Amount(Rs.)
1	Payment	29-10-2023	16321/23-24	Paid	Cash		500.00

Paid Amount : ₹500.00
Cash Due : ₹0.00
Prepared By : Preeti Solanki

Printed By : Preeti Solanki
Print Time : 29-10-2023 12:36

OPD CONSULTATION

Patient Name Dr. Shalini Singh Age/Sex 43y/f Regn. No. _____
 Doctor's Name _____ Date & Time 30/10/23

1. Present Complaint's:-

2. Past History

ADHIT

3. Family History

4. Allergy if any :

5. General Examination:

BP : _____ Pulse : _____
 Temp : _____ R/R : _____

6. NUTRITIONAL SCREENING :

Height _____ Weight _____
 Pallor/Koilonychia/Edema/Dermatitis

7. Systemic Examination :

Surgery - ORIF in Herbert
Pre-OP on tomorrow
ORIF in CC screw (LH)

9. Provisional/ Differential Diagnosis :

A: # Lateral collateral ligament (LCL) tear
at elbow

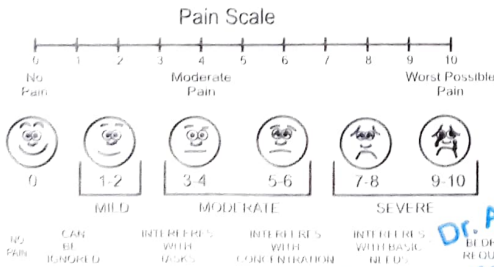
10. Investigation :

NICE at elbow
 CBC LFT KFT ~~STON~~
 Blood Group HIV HBsAg
 HCV PT with INR HbA1C
 RT PCR for Covid-19 ECHO
 CXR ECG Ur Routine & Culture
 • Physician Fitness
 • PAC

11. Treatment Advised :

NO 8 BM c/r
2L. pyrexia L BD
2L. aciloc L BD
2L. emet L BD

8. Pain:



Patient Education (Patient is briefed on the following)

Proposed Care Plan () Yes () No
 Expected Outcome () Yes () No
 Possible Complication () Yes () No

12. Next Follow-up Visit

Dr. AHMED ABDUL GAFFAR
 MBBS, MS (Orthopaedics)
 Fellowship in Arthroplasty, Robotic
 Joint Replacement & Sports Medicine
 Senior Consultant, Orthopaedics
 DMC- 83059

DR. AJAY PANWAR
 Consultant Orthopaedics & Joint Replacement
 MS DNB (Ortho) FRCR (UK)
 Fellowship in Arthroplasty & Fellowship in Sports
 DMC Reg. No. 10117
 Consultant Sign. & Stamp
 Yashoda Hospital & Cancer Institute
 11th Floor, Nehru Nagar, Ghaziabad

Patient Name : Mrs. Shalini
Age / Gender : 43Y / Female
Refd. By : Dr. Ajay Panwar/Dr. Ahmed
Uhid No. : Abdul Ghaffar
50887/UHID23HO

Reg No. : 111921/OPDPB23HO
Date : 30-Oct-2023
Specimen : BLOOD CITRATE
Manual No. : 239
Sample Id : 23186332

Lab No. : 111921/OPDPB23HO
Collected : 30-Oct-2023 17.17
Received : 30-Oct-2023 20.00
Report : 30-Oct-2023 19.43



TEST NAME	RESULT	UNIT	RANGE	LEVEL
HAEMATOLOGY				
PROTHROMBIN TIME				
Patient Value (PT)	13.0	Seconds	9.3 - 13.1	WNL
Mean Normal Prothrombin Time (MNPT)	11.2	Seconds		
International Normalized Ratio(INR)	1.16	Seconds		

- NOTE:** 1. INR is the parameter of choice in monitoring adequacy of oral anticoagulant therapy. INR reference range applied to the patients not on anticoagulant therapy.
2. Prolonged INR suggests potential bleeding disorder/bleeding complication.
3. Results should be clinically correlated.
4. Test conducted on citrated plasma.

Recommended Therapeutic range for Oral Anticoagulant therapy.

INR 2.0-3.0: * Treatment of venous thrombosis & pulmonary embolism.

* Prophylaxis of venous thrombosis (High risk surgery).

* Prevention of systemic embolism in tissue heart valves, Acute MI, valvular heart disease & Atrial fibrillation.

INR 2.5-3.5: * Mechanical prosthetic valves

* Systemic recurrent embolism

Comments: Prothrombin time measures the extrinsic coagulation pathway which consists of activated factor VII (VIIa), Tissue factor and proteins of the common pathway (Factors X, V, II & Fibrinogen). This assay is used to control long term oral anticoagulant therapy, evaluation of liver function & to evaluate coagulation disorders specially factors involved in the extrinsic pathway like Factors V, VII, X, prothrombin & fibrinogen.

-----End of Report-----

Dr. BRIG. AJAY MALIK
CHIEF PATHOLOGIST

Dr. SHUCHI GHAI
CONSULTANT
PATHOLOGIST

Dr. TANVI ARORA
CONSULTANT
PATHOLOGIST

Dr. SHREYA CHAUDHURI
CONSULTANT
MICROBIOLOGIST

Dr. MADHUSMITA DAS
MICROBIOLOGIST

Prepared By : ashwani

Yashoda Hospital & Research
Centre Ltd.

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✉ info@yashodahealthcare.com

🌐 www.yashodahealthcare.com

YH/HRM/LH/V2

Patient Name : Mrs. Shalini	Reg No. : 111921/OPDPB23HO	Lab No. : 111921/OPDPB23HO	  MC-3022
Age / Gender : 43Y / Female	Date : 30-Oct-2023		
Refd. By : Dr. Ajay Panwar/Dr. Ahmed	Specimen : BLOOD CITRATE	Collected : 30-Oct-2023 17.17	
Uhid No. : 50887/UHID23HO	Manual No. : 239	Received : 30-Oct-2023 20.00	
	Sample Id : 23186332	Report :	

TEST NAME	RESULT	UNIT	RANGE	LEVEL
HAEMATOLOGY				
PROTHROMBIN TIME				
Patient Value (PT)	13.0	Seconds	9.3 - 13.1	WNL
Mean Normal Prothrombin Time (MNPT)	11.2	Seconds		
International Normalized Ratio(INR)	1.16	Seconds		

- NOTE:** 1. INR is the parameter of choice in monitoring adequacy of oral anticoagulant therapy. INR reference range applied to the patients not on anticoagulant therapy.
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-----End of Report-----

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Prepared By : ashwani

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Ph - 98107 05772, 0120-4466000

YH/HRM/LH/V2

Patient Name : Mrs. Shalini	Reg No. : 15948/IPD23HO	Lab No. : 116394/LAB23HO		
Age / Gender : 43Y / Female	Date : 30-Oct-2023	Collected : 30-Oct-2023 17.17		
Refd. By : Dr. Ajay Panwar/Dr. Ahmed Abdul Ghaffar	Specimen : BLOOD	Received : 30-Oct-2023 18.04		
Uhid No. : 50887/UHID23HO	Manual : 239	Report : 30-Oct-2023 18.48		
	Sample : 23186373	MC-3022		

TEST NAME	RESULT	UNIT	RANGE	LEVEL
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IMMUNOLOGY

TSH ULTRASENSITIVE Method: CMIA	0.7999	uIU/ml	0.35 - 4.94	WNL
------------------------------------	--------	--------	-------------	-----

CHILDREN

PRE MATURE-28-36 WEEKS :	0.7 - 27
BIRTH-4 DAYS :	1.0 - 39
5 DAYS - 5 MONTHS :	1.7 - 9.1
5 MONTHS - 20 YEARS :	0.7 - 6.4
ADULTS :	0.35 - 4.94

PREGNANCY

Ist Trimester :	0.10 - 2.50
IInd Trimester :	0.20 - 3.00
IIIrd Trimester :	0.30 - 3.00

Note: TSH levels are subject to circadian variation, reaching peak between 2 - 4am and minimum between 6 - 10pm. The variation is of the order of 50%, hence time of the day has influence on the measured serum TSH concentration.

Clinical use:

Diagnose hypothyroidism and hyperthyroidism.
Monitor T4 replacement or T4 suppressive therapy.
Quantify TSH levels in the subnormal range.

Increased levels:

Primary hypothyroidism
Subclinical hypothyroidism
TSH dependent Hyperthyroidism

Decreased levels:

Graves disease
Autonomous thyroid hormone secretion
TSH deficiency

-----End of Report-----

Dr. BRIG. AJAY MALIK
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Prepared By : rajnish

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YH/HRM/LH/V2

Location:

30-10-2023-17:20:27

yashoda hospital
nehru nagar

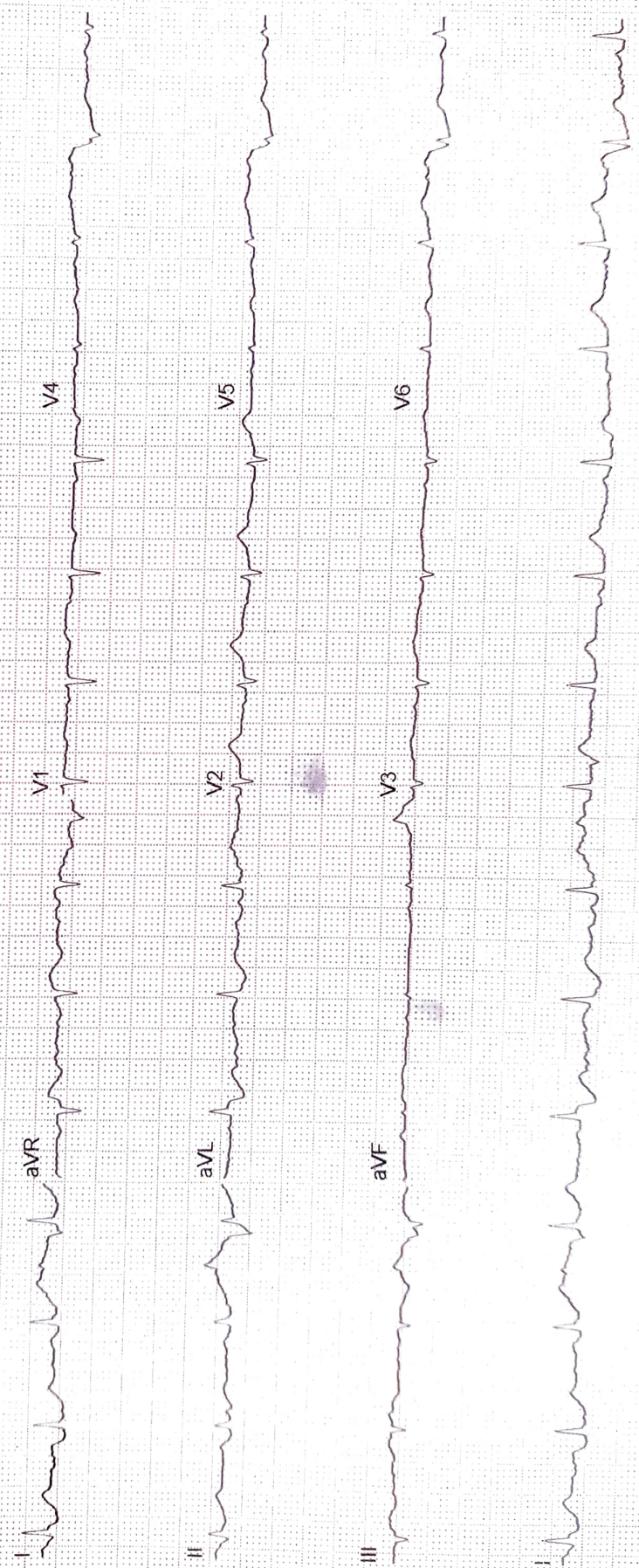
86 bpm
-/- mmHg

Room:
Order Number:
Indication:
Medication:
Medication:

Normal sinus rhythm
Low voltage QRS
Cannot rule out Anterior infarct, age undetermined
Abnormal ECG

QRS 64 ms
QT/QTc/Baz 382 / 457 ms
PR 140 ms
P 84 ms
RR/PP 694 / 697 ms
P / QRS / T 46 / 13 / 15 degrees

Technician:
Ordering Ph:
Referring Ph:
Attending Ph:



GE MAC2000 1.1 12SL™ V241

25 mm/s 10 mm/mV

ADS 0.56-20 Hz 50 Hz Unconfirmed
4x2 5x3_25_R1

Patient Name : Mrs. Shalini
Age / Gender : 43Y / Female
Refd. By : Dr. Ajay Panwar/Dr. Ahmed
Uhid No. : Abdul Ghaffar
50887/UHID23HO

Reg No. : 111921/OPDPB23HO
Date : 30-Oct-2023
Specimen : WHOLE BLOOD EDTA
Manual No. : 239
Sample Id : 23186332

Lab No. : 111921/OPDPB23HO
Collected : 30-Oct-2023 17.17
Received : 30-Oct-2023 20.00
Report : 30-Oct-2023 18.40



TEST NAME	RESULT	UNIT	RANGE	LEVEL
HAEMATOLOGY				
COMP.HAEMOGRAM(CBC)				
HAEMOGLOBIN (Spectrophotometry)	8.00	g/dl	12.0 - 15.0	Low
TOTAL LEUCOCYTE COUNT (TLC) (Impedence Method)	7.39	X10 ³ /mm ³	4.0 - 10.0	WNL
PLATELET COUNT (Impedence Method)	244.00	X10 ³ /mm ³	150 - 410	WNL
HEMATOCRIT (HCT) (Numeric Intregation)	25.3	dl/dl	36.0 - 46.0	Low
RBC COUNT (Impedence Method)	3.46	x10 ¹² /μl	3.8 - 4.8	Low
MCV (Numeric integration)	73	fL	83.0 - 101.0	Low
MCH (Calculated)	23.10	pg	27.0 - 32.0	Low
MCHC (Calculated)	31.60	g/dl	31.5 - 34.5	WNL
RED DISTRIBUTION WIDTH (RDW) (Calculated)	16.9	%	11.5 - 14.5	High
MPV (Calculated)	10.6	fL	7.2-11.1	WNL
DLC (DIFFERENTIAL LEUCOCYTE COUNT)				
SEGMENTED NEUTROPHILS (Flow cytometry / Light Microscopy)	61.6	%	40.0 - 80.0	WNL
LYMPHOCYTES (Flow cytometry / Light Microscopy)	29.8	%	20.0 - 40.0	WNL
MONOCYTES (Flow cytometry / Light Microscopy)	6.4	%	2.0 - 10.0	WNL
EOSINOPHILS (Flow cytometry / Light Microscopy)	2.2	%	1.0 - 6.0	WNL
BASOPHILS (Flow cytometry / Light Microscopy)	0.0	%	<1.0 - 2.0	WNL
#ATYPICAL LYMPHOCYTES (Flow cytometry / Light Microscopy)	1.5	%	0.5 - 2.8	WNL

Dr. BRIG. AJAY MALIK
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Dr. MADHUSMITA DAS
MICROBIOLOGIST

Prepared By : NSB001

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