

Pathkind Collection Center (Bhud Road)
Jeeempura, Bhud Road
Bhhood, Distt. Bulandashar, UP-203001, C-9720787466

Processed By
Pathkind Diagnostic Pvt. Ltd.
Ground Floor, Dev Sagar Lodge, Kala Aam Choraha
D M Road, Bulandshahr- 203001, Ph No - 7827949736

Name	: Mrs. SHALINI SINGH	Billing Date	: 14/01/2023 10:55:17
Age	: 42 Yrs	Sample Collected on	: 14/01/2023 11:00:43
Sex	: Female	Sample Received on	: 14/01/2023 12:30:36
P. ID No.	: P1105200005123	Report Released on	: 15/01/2023 11:35:58
Accession No	: 11052210131629	Barcode No.	: 992789579, 994298582, 994298583, 994298584
Referring Doctor	: SELF	Ref no.	:
Referred By	: Dr Rajesh Saxena C/O Pathkind CC Bhud Road		

Report Status - Final

Test Name	Result	Biological Ref. Interval	Unit
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Clinical Significance :

Urine routine examination and microscopy comprises of a set of screening tests that can detect some common diseases like urinary tract infections, kidney disorders, liver problems, diabetes or other metabolic conditions. Physical characteristics (colour and appearance), chemical composition (glucose, protein, ketone, blood, bilirubin and urobilinogen) and microscopic content (pus cells, epithelial cells, RBCs, casts and crystals) are analyzed and reported.

**** End of Report****

Dr. Faheem Javed

MD (Pathology)
Lab Head

This Test/s marked with (#) is/are not accredited by NABL

जांच सही तो इलाज सही





Pathkind Collection Center (Bhud Road)
 Najeempura, Bhud Road
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HEALTHKIND ADVANCE

BIOCHEMISTRY

Lipid Profile Direct

LDL Cholesterol (Direct) <i>Sample: Serum</i> <i>Method: Spectrophometry-Esterase/CO/Peroxidase</i>	100	Optimal : <100 Near Optimal : 100 - 129 Borderline High : 130 - 160 High : 161 - 189 Very High : >=190	mg/dL
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Microalbuminuria, Spot Urine

Method: Method : Immunoturbidometry

Urine Microalbumin <i>Sample: Urine</i>	6.00	0 - 20	mg/L
# Urine Creatinine	153.3	39 - 259	mg/dL
Albumin Creatinine Ratio, Spot Urine <i>Sample: Urine</i> <i>Method: Calculated</i>	3.9	Normal < 30 Microalbuminuria 30 - 300 Macroalbuminuria > 300	mg/g Creatinine

LDL Cholesterol (Direct)

Clinical Significance :

LDL Cholesterol is directly associated with increased incidence of coronary heart disease. Increased LDL levels are seen in familial hyperlipidemias, fat rich diet intake, hypothyroidism, Diabetes mellitus, multiple myeloma and porphyrias. Decreased LDL levels are seen in hypolipoproteinemias, hyperthyroidism, chronic anaemia, and **Reye's syndrome**. Undetectable LDL levels indicate abetalipoproteinemia.

Lipid Profile Direct

Proposed LDL-C goals in very high risk and extreme risk group patients by the Lipid Association of India.

Very High Risk group (VHRG)	Extreme Risk group	
	Category A	Category B
LDL-C goal of <50 mg/dl	LDL-C goal of <50 mg/dl	LDL-C goal of ≤30 mg/dl



The Test/s marked with (#) is are not accredited by NABL

जांच सही तो इलाज सही





ARTHRITIS RHEUMATISM & PAIN CLINIC

DR P D RATH

MD, FACR, FRCP (Edn), FRCP (Glasgow)
FNMS, FRCA, GCPR (USA)
DIPLOMA MSK ULTRASOUND (UCAM, SPAIN)
POST GRADUATE CERTIFICATE IN RHEUMATOLOGY
JOHN HOPKINS UNIVERSITY (USA)

DIRECTOR & HEAD OF DEPTT RHEUMATOLOGY

MAX SUPER SPECIALITY HOSPITAL
SAKET, SMART, PANCHSHEEL (NEW DELHI)

MEMBER BRITISH SOCIETY OF RHEUMATOLOGY
MEMBER EUROPEAN LUPUS SOCIETY
MEMBER NATIONAL OSTEOPOROSIS SOCIETY (UK)
AFSCUL OF FELLOWSHIP (BRALIN) INTERVENTIONAL PAIN MANAGEMENT

SPECIALIST IN

RHEUMATOID ARTHRITIS
OSTEOARTHRITIS
PSORIATIC ARTHRITIS
ANKYLOSING SPONDYLITIS
SLE
SCLERODERMA
GOUT
OSTEOPOROSIS
CHILDHOOD ARTHRITIS

CONSULTANT AT

MAX HEALTH CARE, NEW DELHI
SAKET
PANCHSHEEL
MAX SMART

To whomsoever it may concern

This is to certify that Mrs Shalini Singh is suffering from severe Refractory Rheumatoid Arthritis. She uses Advanced therapy (Biologics) to control her disease. Hence she needs to follow up regularly with me in NORDA for constant monitoring of her Disease Activity and tailoring of her treatment.

To Kater

28/4/23

Dr. P. D. Rath

MD, FACR, FRCP (Edn), FRCP (Glasgow)
FNMS, FRCA, GCPR (USA)
DIPLOMA MSK USG (UCAM, SPAIN)
Director & Head of Department - Rheumatology
CASE REG No 22141

MAX SAKET : Mon, & Fri - 4:00-7:00 pm, Wed - 4:00-6:00pm, Tue, Thu, Sat - 11:00-4:00 am

MAX PANCHSHEEL : Wed-11:00 am - 1:00 pm

MAX SMART : Mon, Fri - 3:00-4:00 pm, Wed-2:00-4:00 pm

AKSHAYAM HEALTH SERVICES

TREAT, HE CURES

Not valid for medical/legal purpose

This disease its prognosis, possible complications, treatment details and its complications have been explained to the patient in detail

Dr. Rishi
 Handa Sir
 for II opns

Dr. Sundeep Grover

MD (Medicine), DM (Clinical Immunology)
 Sanjay Gandhi PGI Lucknow
 IURF Fellowship in Rheumatology
 Royal Infirmary, Glasgow (U.K.)

Rheumatologist & Clinical Immunologist

e-mail: aicmeerut06@gmail.com, sundeep_grover@yahoo.co.in

Shalini Singh

RA
 established
 active

77C=4
 SX=1

dis active

- ⑥ Cap DeconubL
- ⑦ tab Dow (5m)
- ⑧ tab Compmed 40
- ⑨ Caluider on em 159
- ⑩ tab anal col 110

Need Biologics: preferably Rituximab
 in view of high dis active

① - 9mg Folic acid - 20
 1amp Bm in HC
 once a week in end

- ② tab Fofit
 1 tab once a day except end
- ③ tab Sarso (1000)
- ④ tab HWS (2m)
- ⑤ tab Dofra (G)
 1/2 on alt of
 1m
 1/2 tab twice
 a week
 Mon
 - Tue

Arthritis & Immunology Clinic

1, Saraswati Plaza, E.K. Road, Meerut

Appointment +91-9219884868

Time: Monday to Friday (10:30 AM to 7:30 PM);
 Saturday & Sunday Closed

(x 2m)

Handwritten signatures and marks at the bottom of the page.

27/07/18

Shalini
 Singh
 27IF

Uo Mr AP Singh
 ADJ

RA
 established
 active

Rx

① My Folitax - 20
 1 amp 2m on sat
 once a week on sat

⑩ Cap Becosol L
 c - L

② tab Fofit
 o - L
 daily except Sunday

⑥ tab Dolo 500
 c -

③ tab Sarol (gm)
 o - o

⑦ Cap ~~Paracetamol~~ ~~Paracetamol~~
 c - L

④ tab Hios 500
 c - o

⑧ Calcitonin once a week

⑨ tab Shilcal
 c - o

⑤ tab Dyrin (G)
 c - L

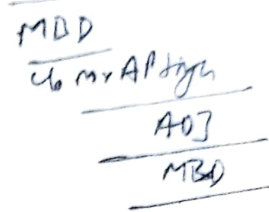
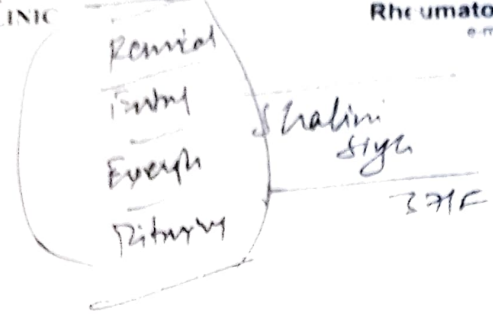
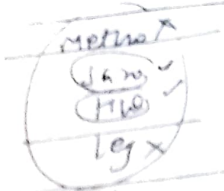
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Arthritis & Immunology Clinic
 1, Saraswati Plaza, E.K. Road, Meerut
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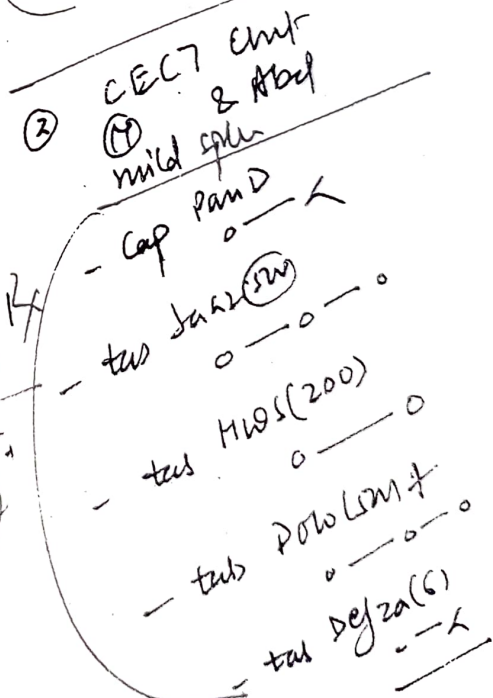
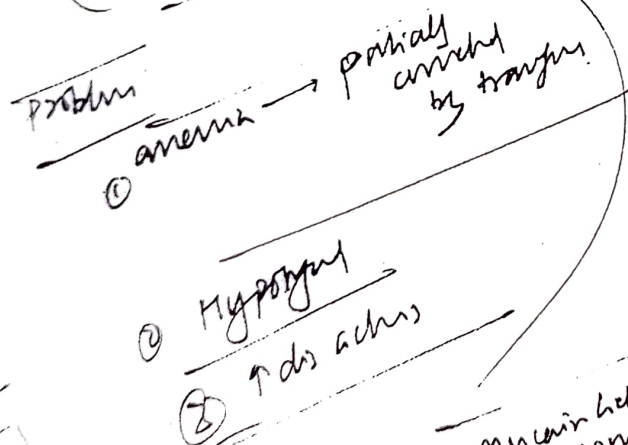
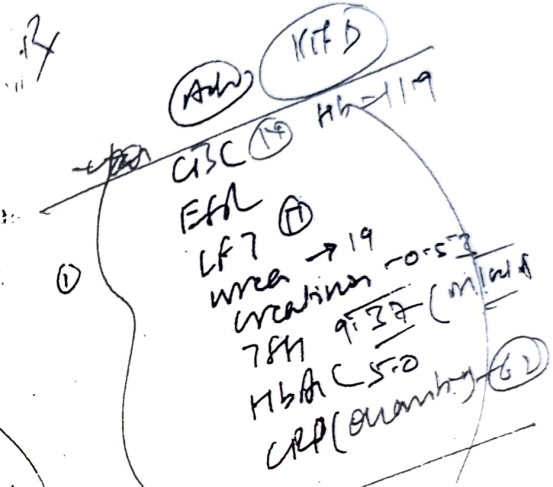
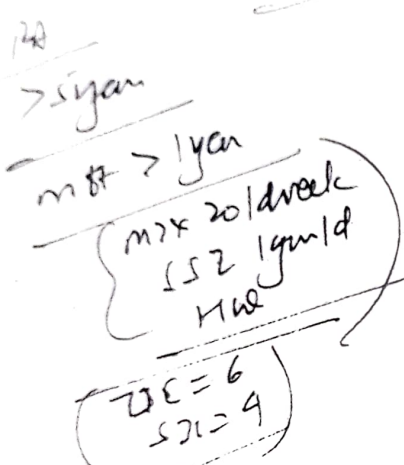
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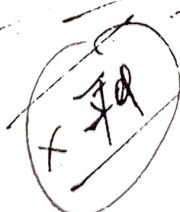
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13/07/18



eye Mucous hel 10ml SW



(Handwritten signatures)

Dr. (Lt General) Ved Chaturvedi

MD, DM

Senior Consultant Rheumatologist

Sir Ganga Ram Hospital, Rajinder Nagar, New Delhi-60

Ex-HOD

Rheumatology Department
 Army Hospital (Research & Referral) New Delhi
 President
 Delhi Rheumatology Association
 Past President
 Indian Rheumatology Association
 Vice President
 Musculoskeletal Ultrasound Society

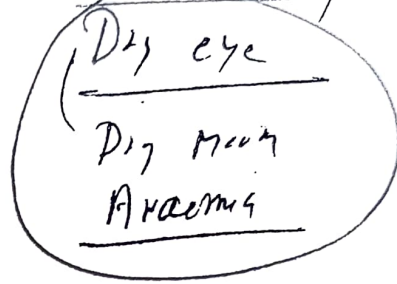
Ex-President's Honorary Physician

Ex-Director General Medical Services (Army)
 Ex-DG Hospital Service Armed Forces
 Ex-Chairman Army College of Medical Sciences
 Ex-Senior Consultant Medicine Armed Forces
 Member
 Bone & Joint Decade
 Ex Member
 Scientific Committee APLAR

Severe muscle clots / weakness



RR Hypokalemia
 stopper
 H₂O



7/8

IRON

TIBC

Fe²⁺

B-12 level

AB electrophoresis

Ro	SSA
La	SSB

Lip biopsy
 pt is refusing
 schematic

- Cop IRON + Folic acid

(Autism)
Haemoly

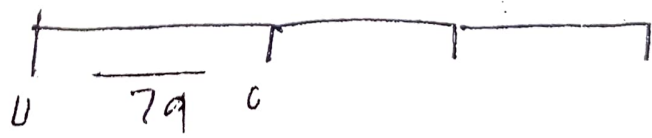
IBD

(A) / (B) / (C)

- Albuterol (1)

Placed medication (5 mg) 1000 X 1 M

Im Ethical 50 mg - (4)



- Ethroxim 75 mg (2)

Vocum 0 200

L40 - F PSC MORADABAD 2
 VIMAL GIRI NO.-1, DINDAYAL NAGAR-1,
 MORADABAD, PIN-244001 8045085500

Name: Mrs. SHALINI SINGH Collected: 20/9/2018 9:31:00AM
 Lab No.: 251558363 Age: 38 Years Gender: Female Received: 20/9/2018 9:41:04AM
 A/c Status: P Ref By: Dr. SUNDEEP GROVER Reported: 20/9/2018 2:37:50PM
 Report Status: Final

Test Name	Results	Units	Bio. Ref. Interval
COMPLETE BLOOD COUNT (CBC) (Impedance, Photometry, Calculated, DHSS, Flow Cytometry & Cytochemistry)			
Hemoglobin	10.90	g/dL	11.50 - 15.00
Packed Cell Volume (PCV)	31.00	%	36.00 - 46.00
RBC Count	3.82	mill/mm3	3.80 - 4.80
MCV	81.00	fL	80.00 - 100.00
MCH	28.60	pg	27.00 - 32.00
MCHC	35.20	g/dL	32.00 - 35.00
Red Cell Distribution Width (RDW)	14.80	%	11.50 - 14.50
Total Leukocyte Count (TLC)	7.30	thou/mm3	4.00 - 10.00
Differential Leucocyte Count (DLC)			
Segmented Neutrophils	66.10	%	40.00 - 80.00
Lymphocytes	27.90	%	20.00 - 40.00
Monocytes	4.50	%	2.00 - 10.00
Eosinophils	1.50	%	1.00 - 6.00
Basophils	0.00	%	<2.00
Absolute Leucocyte Count			
Neutrophils	4.83	thou/mm3	2.00 - 7.00
Lymphocytes	2.04	thou/mm3	1.00 - 3.00
Monocytes	0.33	thou/mm3	0.20 - 1.00
Eosinophils	0.11	thou/mm3	0.02 - 0.50
Basophils	0.00	thou/mm3	0.01 - 0.10
Platelet Count	215.0	thou/mm3	150.00 - 450.00

Note

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



Name: Mrs. SHALINI SINGH
 Lab ID: 206558069 Age: 32 Years Gender: Female
 A/c Status: P Ref By: LALJI PATH
 Collected: 25/2/2014 5:49:00PM
 Received: 26/2/2014 3:40:46AM
 Reported: 26/2/2014 5:25:39AM
 Report Status: Final

Test Name	Results	Units	Ref. Range
TSH (SERUM)	6.06	uIU/mL	0.35 - 5.50

Interpretation

REFERENCE GROUP.	REFERENCE RANGE IN uIU/mL (As per American Thyroid Association)
Adult Females (> 20 years)	0.35-5.50
PREGNANCY	
1st trimester	0.10-2.50
2nd trimester	0.20-3.00
3rd trimester	0.30-3.00

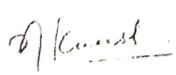
Note: TSH levels are subject to circadian variation, reaching peak levels between 2 - 4 a.m. and at a minimum between 6-10 pm. The variation is of the order of 50%, hence time of the day has influence on the measured serum TSH concentrations.

Clinical Use

- Diagnose Hypothyroidism and Hyperthyroidism
- Monitor T4 replacement or T4 suppressive therapy
- Quantify TSH levels in the subnormal range

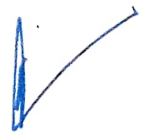
Increased Levels: Primary hypothyroidism, Subclinical hypothyroidism, TSH dependent Hyperthyroidism, Thyroid hormone resistance

Decreased Levels: Graves disease, Autonomous thyroid hormone secretion, TSH deficiency



Dr. Namdev K. Patil
 MD (Biochemistry)
 HOD Biochemistry

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




L-40 - F PSC MORADABAD 2
 VIMAL GIRI NO.-1, DINDAYAL NAGAR-1,
 MORADABAD, PIN-244001 9045055500

Name : Mrs. SHALINI SINGH
 Lab No. : 251558363 Age: 38 Years Gender: Female
 A/c Status : P Ref By : Dr. SUNDEEP GROVER
 Collected : 20/9/2018 9:31:00AM
 Received : 20/9/2018 9:41:04AM
 Reported : 20/9/2018 2:37:50PM
 Report Status : Final

Test Name	Results	Units	Bio. Ref. Interval
HbA1c (GLYCOSYLATED HEMOGLOBIN), BLOOD (HPLC)	4.7	%	

Interpretation

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

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

Comments

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

ADA criteria for correlation between HbA1c & Mean plasma glucose levels

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





L48 - F PSC MORADABAD 2
VIMAL GRI NO.-1, DINDAYAL NAGAR-1,
MORADABAD, PIN-244001 9045055500

Name : Mrs. SHALINI SINGH
Lab No. : 251558363 Age: 38 Years Gender: Female
A/c Status : P Ref By : Dr. SUNDEEP GROVER
Collected : 20/9/2018 9:31:00AM
Received : 20/9/2018 9:41:04AM
Reported : 20/9/2018 2:37:50PM
Report Status : Final

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



L40 - F PSC MORADABAD 2
 VIMAL GIRI NO.-1, DINDAYAL NAGAR-1,
 MORADABAD, PIN-244001 9045055500

Name : Mrs. SHALINI SINGH Collected : 20/9/2018 9:31:00AM
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 Report Status : Final

Test Name	Results	Units	Bio. Ref. Interval
LIPID SCREEN, SERUM (Spectrophotometry)			
Cholesterol, Total	182.00	mg/dL	<200.00
Triglycerides	99.00	mg/dL	<150.00
HDL Cholesterol	54.00	mg/dL	>50.00
LDL Cholesterol, Calculated	108.20	mg/dL	<100.00
VLDL Cholesterol, Calculated	19.80	mg/dL	<30.00

Interpretation

REMARKS	TOTAL CHOLESTEROL in mg/dL	TRIGLYCERIDE in mg/dL	LDL CHOLESTEROL in mg/dL
Optimal	<200	<150	<100
Above Optimal	-	-	100-129
Borderline High	200-239	150-199	130-159
High	>=240	200-499	160-189
Very High	-	>=500	>=190

Note

1. Measurements in the same patient can show physiological & analytical variations. Three serial samples 1 week apart are recommended for Total Cholesterol, Triglycerides, HDL & LDL Cholesterol.
2. ATP III recommends a complete lipoprotein profile as the initial test for evaluating cholesterol.
3. Friedewald equation to calculate LDL cholesterol is most accurate when Triglyceride level is <400 mg/dL. Measurement of Direct LDL cholesterol is recommended when Triglyceride level is >400 mg/dL.

ERYTHROCYTE SEDIMENTATION RATE (ESR) 41 mm/hr 0 - 20
 (Capillary photometry)



Lt Gen Ved Chaturvedi, PVSM, VSM (Veteran)
 Rheumatologist
 MD, DM

Indian Rheumatology & Arthritis Clinic
 316, Sector - 23, Gurgaon-122017 Haryana

Ex-HOD
 Rheumatology Department
 Army Hospital (Research & Referral) New Delhi

President
 Delhi Rheumatology Association

Past President
 Indian Rheumatology Association

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 Musculoskeletal Ultrasound Society

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 Ex-Chairman Army College of Medical Sciences
 Ex-Senior Consultant Medicine Armed Forces

Member
 Bone & Joint Decade

Ex Member
 Scientific Committee APLAR

Xray pelvis
 AP

• SKIN lesions - 7-8 yrs

• Tenosynovitis - Both hands
 ↳ fingers

Free

- FIB IN mobility to flex. 4th

finger

- pharyngitis

Psoriatic
 Arthritis

Dermatologist
 ↓
 DMC Hospital

R

Weekly ^{Saturday} ①

Td FOLITRAX 20mg / week

Td Folic acid 5mg / wk ^{Sunday}

Td Naproxen / Voltalein
 UV Cleon ① wk

TR
 DMC
 11b
 5/17
 5/17

E

Mobile : 9560001969 • E-mail : vedchaturvedi@hotmail.com

Ex HIC

↓

Dr. Bhavna Diagnostic Centre

75, Baldevpuri, Maholi Road, Mathura (U.P.) Ph: 0791000616, 9897472178; 0565-2490112
E-mail: drbhavnadiagnostic@gmail.com

Dr. Bhavna Gupta, DMRD
Consultant Radiologist
UPMC-Reg. No. 1887

Facilities Available:

- Routine Ultrasound
- Colour Doppler Studies of Obstetrics, Neck, Limbs, Abdo
- TVS, Level II Ultrasound
- Bio-Physical Profile for Uterine Occupancy in Infertility
- Follin Monitoring with Colour Doppler-Follicle Studies
- Soft Tissues & Small Parts (Orbit, Thyroid, Scrotum,
- Breast & Musculo-Skeletal)
- Ultrasound Guided FNA & Diagnostic Aspirations
- Postal ECHO
- Digital X-ray, IVP & HBB Studies
- Digital DPG

PATIENT NAME : MS. SHALINI

AGE/SEX : 32 Y/F

REF. BY : DR. UPENDRA PANDEY ; MBBS

DATE : 06-02-2014

DIGITAL X RAY CERVICO-DORSAL SPINE (AP & LATERAL VIEW)

- SHOWS LOSS OF CERVICAL LORDOSIS.
- SMALL ANTERIOR OSTEOPHYTES FROM CERVICAL & DORSAL VERTEBRAE.
- The vertebrae show normal alignment.
- The intervertebral disc spaces are normal at all the levels.
- The uncovertebral joints are normal.
- The prevertebral and pretracheal soft tissue spaces are normal.
- No abnormal paravertebral soft tissues shadow is seen.
- The atlanto-axial junction is normal.

IMPRESSION :

- LOSS OF CERVICAL LORDOSIS.
- SHOWS EARLY DEGENERATIVE CHANGES IN CERVICAL & DORSAL SPINE – SPONDYLITIS.

ADVICE: KINDLY CORRELATE CLINICALLY.

Thanks for the Reference

Kindly let us know the follow up of the pati

STRICTLY NOT FOR MEDICO-LEGAL PURPOSE

Disclaimer: The science of radiological diagnosis is based on the interpretation of various shadows produced by both normal and abnormal tissues and neither complete nor accurate. Further pathological and radiological investigations with clinical correlations are required to enable the clinician to reach a final diagnosis. If any report is attached for review, please intimate us for any typing mistakes and send the report to the concerned person.

Lt Gen Ved Chaturvedi, PVSM, VSM (Veteran)
 Rheumatologist MD, DM

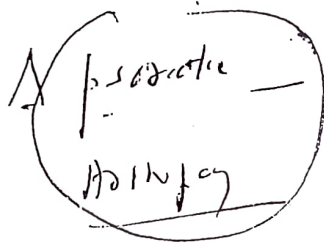
Indian Rheumatology & Arthritis Clinic
 316, Sector - 23, Gurgaon - 122017 Haryana

Ex-HOD
 Rheumatology Department
 Army Hospital (Research & Referral) New Delhi
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 Member
 Bone & Joint Decade
 Ex Member
 Scientific Committee APLAR

Xray pelvis

AP



• SKIN lesions - 7-8 yrs

• Tenosynovitis - Both hands
 ↳ frozen

Freeze

• FIB (Mobility) to flex. H₂O

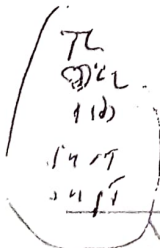
free

• phytosunary

• Dermatology

↓
 Derm Hospital

(S)



Ex HIC

R

• Td_R FOLITRAX 20M / week
 - Saturday
 - Weekly (10/10/10)

• Td_R Folic ACID 5mg / week
 - Sunday

• Td_R Naproxen / Voltalen
 • UV CLEAN (10/10)

Mobile: 9560001969 • E-mail: vedchaturvedi@hotmail.com



(II)

Dr. (Lt General) Ved Chaturvedi

MD, DM

Senior Consultant Rheumatologist

Sir Ganga Ram Hospital, Rajinder Nagar, New Delhi-60

Self

Ex-HOD
 Rheumatology Department
 Army Hospital (Research & Referral) New Delhi
 President
 Delhi Rheumatology Association
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 Ex-Senior Consultant Medicine Armed Forces
 Member
 Bone & Joint Decade
 Ex Member
 Scientific Committee APLAR

Salini | 34 yr

25704116

Δ-?PSA +?Psoriasis + Hypothyroidism

Hlo / photosensitivity
Multiple joint Pain

R_y

Tab Etanaxim (75mg) 1 cr ✓

Tab Levogon 1-1 ✓

Tab folitex (20mg) once a wk ✓

Tab folvits (5mg) 5 day / 1 week

Tab Naproxen (500mg) (sus)

Tab (alten-D) 1 cr

D3 once, 1 once a wk & Milk

ANA ✓

CRP ✓

Peripheral
Stream of
Retic
count

ESR

Clinic : Sir Ganga Ram Hospital, Rajinder Nagar, New Delhi-60, Private OPD, Room No.F-86, 1st Floor, 12- 2 pm (Mon to Sat)
Tel. : 4225 1129, 4225 1130, 4225 4000 • Mobile : 9560001969 • E-mail : vedchaturvedi@hotmail.com

ARTHRITIS IS TREATABLE : REPORT EARLY TO QUALIFIED RHEUMATOLOGIST

Dr. (Lt General) Ved Chaturvedi

MD, DM

Senior Consultant Rheumatologist

Sir Ganga Ram Hospital, Rajinder Nagar, New Delhi-60

Ex-HOD
Rheumatology Department
Army Hospital (Research & Referral) New Delhi
President
Delhi Rheumatology Association
Past President
Indian Rheumatology Association
Vice President
Musculoskeletal Ultrasound Society

Ex-President's Honorary Physician
Ex-Director General Medical Services (Army)
Ex-DG Hospital Service Armed Forces
Ex-Chairman Army College of Medical Sciences
Ex-Senior Consultant Medicine Armed Forces
Member
Bone & Joint Decade
Ex Member
Scientific Committee APLAR

7/8

Iron

FLC

Psoriasis

B-12

Ab electrophoresis

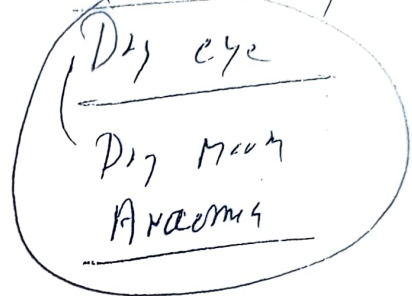
Ro	SSA
La	SSB

Lip biopsy
pt is referring
schwann's



Myopathies
Rk
stammer
H-tin

Severe muscle clots/watery



- Cap Iron + Folic acid
(Autism)
Haemys

- Albendazole (1)
Phenyltolonam (5M)
IM Embrel 80mg (4)



- PETHOXIN 75 mg (1)
Kovam (1) 200

A

S61 - CPL-HANUMAN ROAD (MAIN LAB)
 ESKAY HOUSE, 54, HANUMAN ROAD, NEW
 DELHI - 110001
 DELHI

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



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

Name : Ms. SHALINI SINGH
 Lab No. : 122379690 Age: 34 Years Gender: Female
 A/c Status : P Ref By : Dr. (LT GENERAL) VED CHATURVEDI

Collected : 25/4/2016 2:41:00PM
 Received : 25/4/2016 2:44:39PM
 Reported : 25/4/2016 10:28:44PM
 Report Status : Final

Test Name	Results	Units	Blo. Ref. Interval
COMPLETE BLOOD COUNT (CBC) (Electrical Impedence, Flow cytometry & SLS)			
Hemoglobin	7.90	g/dL	11.50 - 15.00
Packed Cell Volume (PCV)	27.40	%	36.00 - 46.00
RBC Count	3.42	mill/mm ³	3.80 - 4.80
MCV	80.10	fL	80.00 - 100.00
MCH	23.10	pg	27.00 - 32.00
MCHC	28.80	g/dL	32.00 - 35.00
Red Cell Distribution Width (RDW)	22.00	%	11.50 - 14.50
Total Leukocyte Count (TLC)	7.55	thou/mm ³	4.00 - 10.00
Differential Leucocyte Count (DLC)			
Segmented Neutrophils	68.70	%	40.00 - 80.00
Lymphocytes	25.20	%	20.00 - 40.00
Monocytes	4.00	%	2.00 - 10.00
Eosinophils	2.00	%	1.00 - 6.00
Basophils	0.10	%	<2.00
Absolute Leucocyte Count			
Neutrophils	5.19	thou/mm ³	2.00 - 7.00
Lymphocytes	1.90	thou/mm ³	1.00 - 3.00
Monocytes	0.30	thou/mm ³	0.20 - 1.00
Eosinophils	0.15	thou/mm ³	0.02 - 0.50
Basophils	0.01	thou/mm ³	0.01 - 0.10
Platelet Count	262.0	thou/mm ³	150.00 - 450.00

Note

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



Lal Path Labs

SS-1 PL-HANUMAN ROAD (MAIN LAB)
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 FARM TO INDUSTRY TESTAMENT TO THE PRESIDENT OF INDIA



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Chief of Pathology
 SHROGHANI AWARD WINNER

Name : Ms. SHALINI SINGH
 Lab No. : 122379690 Age: 34 Years Gender: Female
 A/c Status : P Ref By : Dr. (LT GENERAL) VED CHATURVEDI
 Collected : 25/4/2016 2:41:00PM
 Received : 25/4/2016 2:44:39PM
 Reported : 25/4/2016 10:28:46PM
 Report Status : Final

Test Name	Results	Units	Blo. Ref. Interval
BLOOD PICTURE; PERIPHERAL BLOOD SMEAR EXAMINATION (Microscopy)	anisocytosis ++, Normocytic normochromic to microcytic hypochromic RBCs + TLC and DLC are within normal limits. No abnormal/immature cells seen . Platelets are adequate. No Hemoparasites seen Advised: Serum Iron studies. Followup and clinical correlation Result Rechecked, Please Correlate Clinically.		



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S61 - LPL-HANUMAN ROAD (MAIN LAB)
ESKAY HOUSE, 54, HANUMAN ROAD, NEW
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MBBS, D.C.P.
Pathology & Med
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Dr. Vandana Lal
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Chief of Pathology
SIERCAM AWARD WINNER

Name: Ms. SHALINI SINGH
Lab No.: 122379690 Age: 34 Years Gender: Female
A/c Status: P Ref By: Dr. (LT GENERAL) VED CHATURVEDI
Collected: 25/4/2016 2:41:00PM
Received: 25/4/2016 2:44:39PM
Reported: 25/4/2016 10:28:50PM
Report Status: Final

Test Name	Results	Units	Blo. Ref. Interval
RETICULOCYTE COUNT, WHOLE BLOOD @ (Automated)	3.24	%	0.50 - 2.50
ANTI NUCLEAR ANTIBODY / FACTOR (ANA/ANF), SERUM @ (EIA)	8.85	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 heterogenous 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

Ritu

Dr. Ritu Nayar
MD, Microbiology
Consultant Microbiologist

Nimmi

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

Sheetal

Dr. Sheetal Waghmare
MBBS, MD(PATH)
Consultant Pathologist

Vandana Lal

Dr. Vandana Lal
MD (Pathology); IFCAP
Chief of Pathology


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-L - MATHURA CC 4
 OPP. CNG PENTRO PUMP, NR BALA JI DHABA
 BYE PASS NH2, MATHURA, UP
 MATHURA


 (Hon'y) Brig. Dr. Arvind Lal
 M.B.B.S., D.C.P.
Padma Shri
PADEMA SHRI PURASKRANTI BY THE PRESIDENT OF INDIA


 Dr. Vandana Lal
 M.D (PATH), IFCAP
Chief of Pathology
SHRI MAHA AWARDEE

Name	: Mrs. SHALINI	Collected	: 22/6/2016 6:57:00PM
Lab No.	: 228310962	Received	: 22/6/2016 7:25:32PM
Age	: 34 Years	Reported	: 23/6/2016 3:28:52PM
Gender	: Female	Report Status	: Final
A/c Status	: P	Ref By	: SELF

Test Name	Results	Units	Bio. Ref. Interval
HEMOGLOBIN HPLC/ELECTROPHORESIS (HPLC)			
Hb F	<1.00	%	<1.50
Peak 2	3.90	%	<9.60
Hb Adult	88.00	%	83.24 - 90.79
Hb A2	2.40	%	1.50 - 3.50
Others (Non Specific)	4.30	%	<10.00
Hemoglobin	7.80	g/dL	11.50 - 15.00
RBC Count	3.55	mill/mm ³	3.80 - 4.80
Packed Cell Volume (PCV)	32.50	%	36.00 - 46.00
MCV	91.50	fL	80.00 - 100.00
MCH	22.00	pg	27.00 - 32.00
RDW	22.50	%	11.50 - 14.50

Suggestive Interpretation
 Normal Hb chromatographic pattern




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LPL - MATURA CC 4
 OPP. CNG PENTRO PUMP, NR BALAJI DHABA
 BYE PASS NH2, MATHURA, UP
 MATHURA

Anil
 (Hon) Brig. Dr. Arvind Lal
 M.B.B.S., D.C.P.
 V. Volume (Med)
 FELLOW NATIONAL PHYSICIAN TO THE DEPARTMENT OF INDIA

Vandana Lal
 Dr. Vandana Lal
 M.D (PATH), IFCAP
 Chief of Pathology
 SHRIMPATI ANANDI KUMAR

Name	Mrs. SHALINI	Collected	22/8/2016 6:57:00PM
Lab No.	228310962	Received	22/8/2016 7:25:32PM
Age: 34 Years	Gender: Female	Reported	23/8/2016 3:28:54PM
A/c Status : P	Ref By : SELF	Report Status	Final

Test Name	Results	Units	Blo. Ref. Interval
FERRITIN, SERUM (CLIA)	4.90	ng/mL	10.00 - 291.00

Note: Increase in serum ferritin due to inflammatory conditions (Acute phase response) can mask a diagnostically low result

Comments
 Serum ferritin appears to be in equilibrium with tissue ferritin and is a good indicator of storage iron in normal subjects and in most disorders. In patients with some hepatocellular diseases, malignancies and inflammatory diseases, serum ferritin is a disproportionately high estimate of storage iron because serum ferritin is an acute phase reactant. In such disorders iron deficiency anemia may exist with a normal serum ferritin concentration. In the presence of inflammation, persons with low serum ferritin are likely to respond to iron therapy.

Increased Levels

- Iron overload - Hemochromatosis, Thalassemia & Sideroblastic anemia
- Malignant conditions - Acute myeloblastic & Lymphoblastic leukemia, Hodgkin's disease & Breast carcinoma
- Inflammatory diseases - Pulmonary infections, Osteomyelitis, Chronic UTI, Rheumatoid arthritis, SLE, burns
- Acute & Chronic hepatocellular disease

Decreased Levels

Iron deficiency anemia

HEPATITIS C VIRUS (HCV), RAPID SCREENING TEST, SERUM (ICT)	Non-Reactive
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Note

1. Reactive results suggest Asymptomatic / Infective state / Carrier state
2. Result may be Non reactive if an individual has not seroconverted at the time of testing

HEPATITIS B SURFACE ANTIGEN; HBsAg, SERUM (CMIA)	Non Reactive	Non Reactive
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Note

1. All Reactive results are tested additionally by Specific antibody Neutralization assay. For further confirmation Molecular assays are recommended
2. Discrepant results may be observed during pregnancy, patients receiving mouse monoclonal

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

