8 5119 28/9/17 (321)

हिन्दू राव अस्पताल
उत्तरी दिल्ली नगर निगम

Hindu Rao Hospital
Dr. J.S Karanwal Road,Malkaganj,Delhi-110007.
OUT-PATIENT

North Delhi Municipal Corp.

PAGE - 67

Patient Name	:Mrs TANU PRIYA JAISWAL		
Age/Sex	:25 Year(s) / Female	Bill Date	:22-Sep-2017 10:47 AM
Referred By	:	UHID	:HRH.0002178585
Receipt No	:MBRC2906055	Bill No.	:MBCS2926974

Sl.No	Services	Qty	Price(Rs.)	Amount(Rs.)
1	OPD Charges valid for 30 days	1	5.00	5.00
		Total Amount	:	5.00
		Paid Amount	:	5.00

Amount in words : Rupees Five Only
Cash for Rs. 5.00

Signature

UPT Neg 27/9/17

19/9/17 USG
UT RV. N size N outline and myometrial echo pattern.
ET - 6.5 mm. C N
B/L ovaries bulky multiple small follicles.
Rt ovary - 71x61 mm
Lt ovary - 65x57 mm
Rt adnexa 4 well defined cystic lesion c low level internal echo No abnormal vascularity 32x24 mm, 29x26 mm, 33x19 m, 36x25 m.
Rt adnexal endometriosis.
Lt adnexa 3 cystic lesion 28x26 m, 25x24 m, 34x24 m.
B/L adnexal endometriosis

23/8/17 Hb - 11.1
TLC - 14,000.
Urine - Alb +
Pus cells full field
19/9/17 TSH - 1.64
FSH, LH, S. prolactin
CBC ESR
G Blood
Fasting serum Insulin

C/O Pain in lower abdomen x 2 yrs. ↓ flow dysmenorrhea x 2 yrs
frequency & burning micturition x 1 week
No medical / surgical history
No significant family history
H/O 11 kg wt gain in 3 months ↑ wt gain (11 kg wt gain in 3 mon)
O/H. Married for 5 mth P0A0
LMP - 12/9/17 lasted 3 days
2-3d / 20-30d
18/8/17
Ph - ...
Fh - Grandmother had TB

O/E
Breast examination
B/L galactorrhea

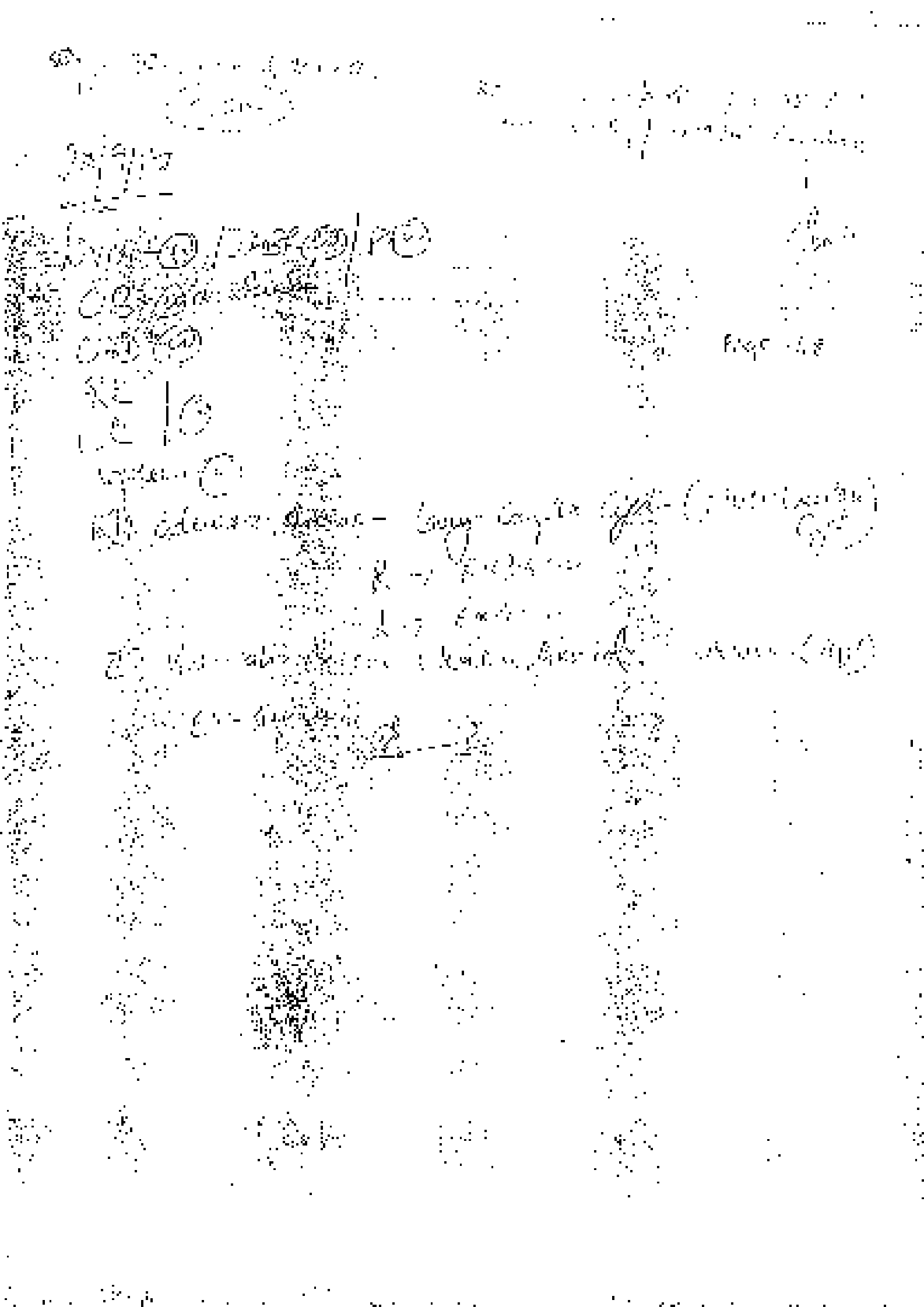
P/A Soft
P/S - brownish blood
P/V - UT RV bulky mobility restricted
4-5 cyst felt through Rt fornix & 3-4 cm cyst felt in left adnexa

(216)

Adv Drink plenty of water
Tab Endoreg 1 BD
Tab Ovables-MYO 1 OD
Tab Folic acid 1 OD x m
Sachet Calcitas 6000 IU weekly x 6 w
Tab Panto 1 OD
Tab Norflox 1 BD
Tab Asynacsr 1 BD
x 7 days

P.T.O

Self Attested
22/12/23



Dr Lal PathLabs

National Reference Lab: Sector-18, Block-E, Rohini, New Delhi - 110 085
Main Lab: "Eskay House", 54, Hanuman Road, New Delhi - 110 001
Tel: 011 - 3040-3210, 3988-5050, Fax: 011 - 3040-3204
E-mail: lalpathlabs@lalpathlabs.com Web: www.lalpathlabs.com

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

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

19-9 (2016)

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Name	**: Tanupriya**	**Age/Sex**	**: 25Yrs/ F**
Lab No.	**: 133 778 759**	**Ref. by**	**: Dr Girdhar**
Date	**: November 24, 2016**	**USG No.**	**: 976**
Investigation	**: Sonography examination of pelvis.**		

Urinary Bladder

Urinary bladder is physiologically well distended and normal.
No mass lesion, calculus or diverticulum noted in the urinary bladder.
Urinary bladder wall thickness is normal.

Uterus

Uterus is anteverted and appears normal in size, shape and echotexture.
It measures 73mm x 34mm x 54mm.
Endometrial echo is seen in midline and measures 6.3mm in thickness.
No myometrial mass lesion is seen.

Adnexa

Both ovaries are visualized.
Right ovary measures 57mm x 48mm x 62mm. Ovarian volume is *90ml.*
4 to 5 well defined oval thin walled cysts few of them showing internal echoes, largest measuring about 33mm x 36mm is seen in the right ovary- suggestive of hemorrhagic cysts.
Left ovary measures 67mm x 63mm x 65mm. Ovarian volume is *142ml.*
7 to 8 well defined oval thin walled cysts few of them showing internal echoes, largest measuring about 39mm x 29mm is seen in the left ovary -suggestive of hemorrhagic cysts.
Ovarian stroma appears normal on both sides.
No free fluid is seen in the abdomen & pelvis

Clinical and lab correlation is recommended for further evaluation.

Dr. Satish Puri	**Dr. Munish Singh**	**Dr Anup Kumar**	**Dr. Shashank Jain**
M.B.B.S, D.M.RD, MBA	M.B.B.S, D.M.RD	MD [Radiodiagnosis]	MD [Radiodiagnosis]
Consultant Radiologist	*Consultant Radiologist*	*Consultant Radiologist*	*Consultant Radiologist*

Self Attested @ 22/12/23

Dr Lal PathLabs
India's leading and most reputed diagnostic chain

PREET VIHAR DELHI 110092
Phone No: 011- 43585508 / 011- 30245844
Email_ID: radiology.preetvihar@lalpathlabs.com

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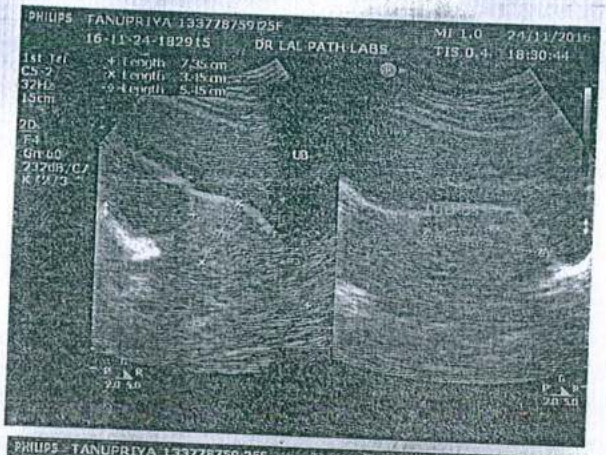
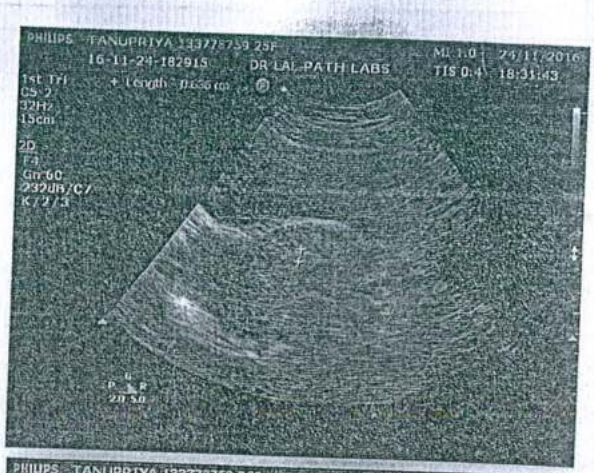
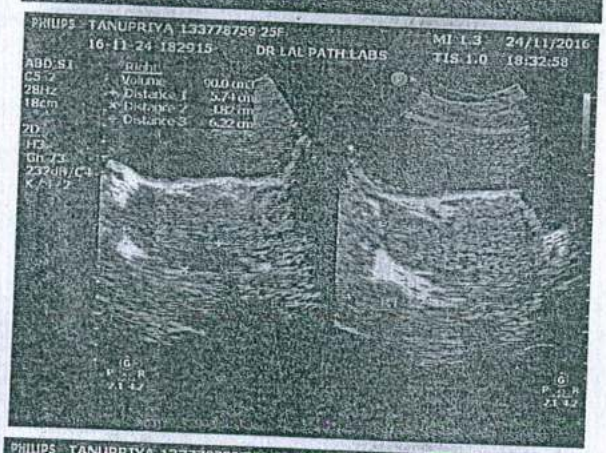
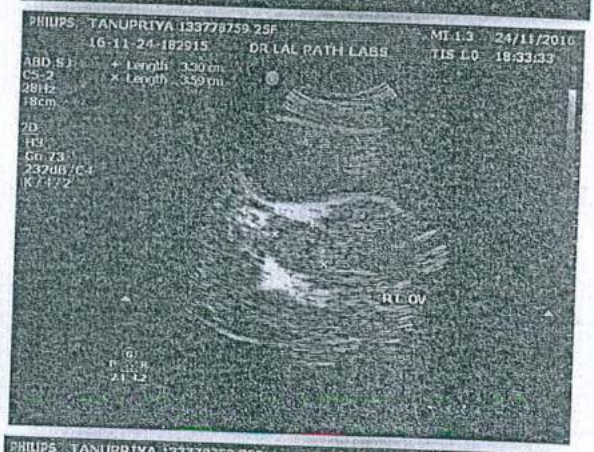
Patient ID: 16-11-24-182915
Name: TANUPRIYA 133778759 25F

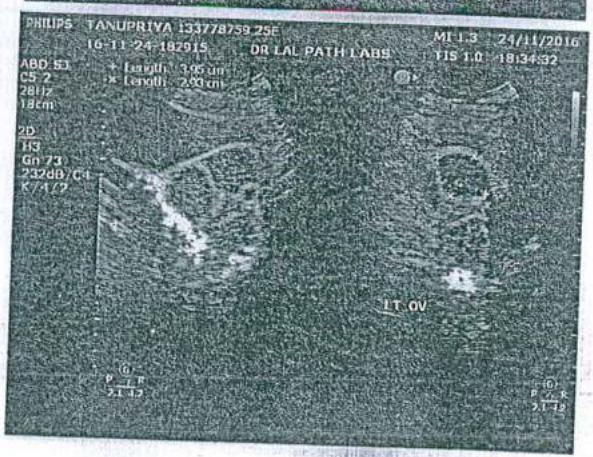
Date: 24-Nov-2016

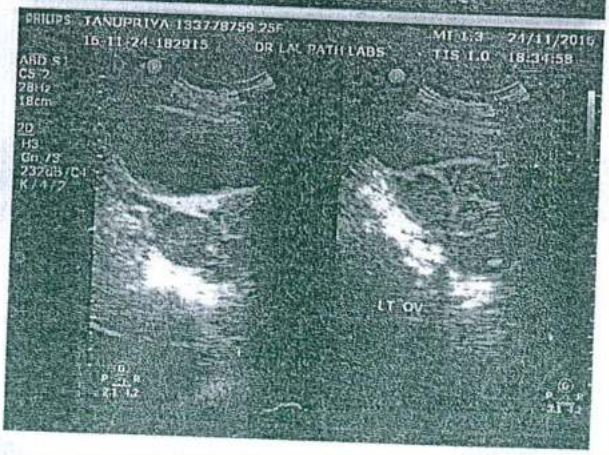












Self Attested
@
22/12/23

YASHODA
SUPERSPECIALITY HOSPITALS

OPD CONSULTATION

Patient Name: Ms Tanu Priya Age /Sex: 20+/ Regn. No.

Doctor's Name: D. Shoshi Anna

Date: 18/5/2013

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201 Yashoda Prescription

Height .... Weight .... Time ....

1. History : (Present/ Past/ family)

c/o Dysmenorrhoea
since menarche
gradual ↑
+ 60l 10-11 m

Slow Rheumtop
~~3-4~~ 4-5 d

2. General Examination :

BP : Temp : Pulse : R/R :

3. Systemic Examination :

CVS :

CNS :

RS:

P/A:

Others :

LMP
3 dg tol
16/5/2013

4. Investigations Advised :

- Pelvic U/S
- KBC Urea/E
- RBS
- TSH S Prolactin

5. Provisional/ Differential Diagnosis :

- Dysmenorrhoea

6. Treatment Advised :

Drotin M 1 Tab
~~0 - 0 - 0~~ × 2d

- Novelon 1 Tab daily 21d

Patient Education (Patient is briefed on the following)

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

Name and Sign. of Patient/ Attendant

IIIrd - M, Nehru Nagar, Ghaziabad - 201001 (U.P.) Ph.: 0120-4182000 (30 Lines) Fax : 0120-2752168
Website : www.yashodahospital.org, E-mail: info@yashodahospital.org

Self Attested
22/12/23

YASHODA
SUPER SPECIALITY HOSPITALS

INVESTIGATION REPORT

PAGE-72

Patient Name	: Ms TANU PRIYA	**Age / Sex**	: 20 Yrs Female/ F
OPD/IPD	: OPD	**Reg. No.**	:
Referred by	: Dr. SHASHI ARORA	**Receipt No.**	: 20383
Sample Date	: 18/05/2013 07:30PM	**Lab Ref No.**	: 614623
S. Received in Lab	: 18/05/2013 07:45PM	**Specimen**	: BLOOD
Result Date	: 18/05/2013 10:28PM	**Man.Lab No.**	: 868

HAEMATOLOGY

Investigation		Result	Unit	Biological Reference Interval
CBC (TOTAL HAEMOGRAM)				
HAEMOGLOBIN *(Colometric Method)*	(L)	**11.80**	gm/dl	12.0 - 14.0
TOTAL LEUCOCYTE COUNT (TLC)		8000	/cumm	4000 - 11000
ESR *(Westergren Method)*		20	mm/hr	0 - 20
PCV *(Automated Electrical Impedance)*	(L)	**35.4**	%	37 - 54
PLATELET COUNT *(Impedance Method)*		1.65	lacs/cmm	1.5 - 4.5
RBC COUNT *(Impedance Method)*		4.25	mill/cum	3.5 - 5.2
MCV *(Calculated)*		83.3	fl	80 - 97
MCH		27.7	pg	26.5 - 33.5
MCHC		33.3	g/dl	33.0 - 37.0
DIFFERENTIAL LEUCOCYTES COUNT				
SEGMENTED NEUTROPHILS		68	%	40 - 70
LYMPHOCYTES		28	%	20 - 40
EOSINOPHILS		02	%	1 - 6
MONOCYTES		02	%	1 - 7
BASOPHILS		00	%	0 - 2

End Of Report

Self Attested
24/12/23

TECHNOLOGIST **Dr.B.K.BUDHIRAJA** MD,CHIEF PATHOLOGIST

Dr.MEENU CHOPRA MD, CONSULTANT PATHOLOGIST

Dr.NEETU MASSAND MD, CONSULTANT PATHOLOGIST

CERTIFICATE NO: M-0280

YASHODA
SUPER SPECIALITY HOSPITALS

INVESTIGATION REPORT

Patient Name	: Ms TANU PRIYA	Age / Sex	: 20 Yrs Female/ F
OPD/IPD	: OPD	Reg. No.	:
Referred by	: Dr. SHASHI ARORA	Receipt No.	: 20383
Sample Date	: 18/05/2013 07:30PM	Lab Ref No.	: 614623
S. Received in Lab	: 18/05/2013 07:45PM	Specimen	: BLOOD
Result Date	: 18/05/2013 08:36PM	Man.Lab No.	: 868

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BIOCHEMISTRY

Investigation	Result	Unit	Biological Reference Interval
BLOOD SUGAR RANDOM, (SERUM) (GOD PAP METHOD)	96.5	mg/dl	85-140

CRITERIA FOR DIABETES MELLITUS

	Normal	Impaired Gluocuse Tolerance(IGT)	Diabetes Mellitus
Fasting Plasma Glucose	60 - 100	100 - 125	> 126
2 Hours Post Prandial	80 - 140	140 - 199	> 200

End Of Report

Self Attested
22/12/23

chnologist

Dr.B.K.BUDHIRAJA
MD
CHIEF PATHOLOGIST

Dr.MEENU CHOPRA
MD
CONSULTANT PATHOLOGIST

Dr.NEETU MASSAND
MD
CONSULTANT PATHOLOGIST

CERTIFICATE NO: M-0280

INVESTIGATION REPORT

Patient Name : Ms TANU PRIYA		Age / Sex :	20 Yrs Female/ F
OPD/IPD : OPD		Reg. No. :	
Referred by : Dr. SHASHI ARORA		Receipt No. :	20383
Sample Date : 18/05/2013 07:30PM		Lab Ref No. :	614623
S. Received in Lab : 18/05/2013 07:45PM		Specimen :	URINE
Result Date : 18/05/2013 10:25PM		Man.Lab No. :	868

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CLINICAL PATHOLOGY

Urine Examination, Routine

Method: Strip Method, Light Microscopy

Test Name	Result	Ref. Range
Colour	Pale Yellow	Pale Yellow
Transparency	S.Turbid	Clear
pH	6.0	4.6 - 8.0
S.Gravity	1.010	1.016-1.022
Deposit	Nil	Nil
Glucose	Nil	Nil
Protein	Trace	Nil
Bile Salt	Nil	Nil
Urobilinogen	Normal	Normal
Pus Cell	1-2/HPF	0 -5/HPF
RBC	3-4/HPF	0-3/HPF
Epithelial Cells	4-6/HPF	Nil
Cast	Nil	Nil
Crystal	Nil	Nil
Other	Nil	Nil

DONE BY: MANVINDER

End Of Report

Self Attested
@
22/12/23

Technologist

Dr.B.K.BUDHIRAJA
MD
CHIEF PATHOLOGIST

Dr.MEENU CHOPRA
MD
CONSULTANT PATHOLOGIST

Dr.NEETU MASSAND
MD
CONSULTANT PATHOLOGIST

CERTIFICATE NO: M-0280

Patient Name : Ms TANU PRIYA		Age / Sex :	20 Yrs Female/ F
OPD/IPD : OPD		Reg. No. :	
Referred by : Dr. SHASHI ARORA		Receipt No. :	20383
Sample Date : 18/05/2013 07:30PM		Lab Ref No. :	614623
S. Received in Lab : 18/05/2013 07:45PM		Specimen :	BLOOD
Result Date : 18/05/2013 10:26PM		Man.Lab No. :	868

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IMMUNOLOGY

TSH

Specimen : SERUM
Method : CMIA

Investigation Name	Result	Units	Biological Ref. Interval
ULTRASENSTIVE h TSH Serum	2.8950	uIU/mL	0.35 - 4.94

Note: TSH levels are subject to circadian variation, rising several hours before the onset of sleep, reaching peak levels between 11p.m to 6.a.m. Nadir concentrations are observed during the afternoon. Diurnal variation in TSH level approximates + - 50 % hence time of the day has influence on the measured serum TSH concentrations.

CHANGES IN ULTRASENSITIVE h TSH SECRETION:
* Glucocorticoids, servere non-thyroid illness, Dopaminergices. may lead to reduced TSH.
* Metoclopramide, noradrenaline, antidopaminergics, antidepressants. may lead to increased TSH.
* Depression : In certain major depressions, Low TSH associated with normal T3 and T4 Level is sometimes observed in the absence of endocrinopathy .
* Patient not receiving treatment.

Results are to be correlated with clinical findings of the patients.

End Of Report

Self Attested
22/12/23

Technologist

Dr.B.K.BUDHIRAJA
MD
CHIEF PATHOLOGIST

Dr.MEENU CHOPRA
MD
CONSULTANT PATHOLOGIST

Dr.NEETU MASSAND
MD
CONSULTANT PATHOLOGIST

CERTIFICATE NO: M-0280

INVESTIGATION REPORT

Patient Name : Ms TANU PRIYA		Age / Sex :	20 Yrs Female/ F
OPD/IPD : OPD		Reg. No. :	
Referred by : Dr. SHASHI ARORA		Receipt No. :	20383
Sample Date : 18/05/2013 07:30PM		Lab Ref No. :	614623
S. Received in Lab : 18/05/2013 07:45PM		Specimen :	BLOOD
Result Date : 18/05/2013 10:26PM		Man.Lab No. :	868

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IMMUNOLOGY

PROLACTIN

Specimen : SERUM
Method : CMIA

Investigation Name	RESULTS	Units	Biological Ref. Interval
S. PROLACTIN	8.38	ng/mL	Male : 3.46 - 19.40 Female: 5.18 - 26.53

INTERPRETATION

The normal range for plasma prolactin is 5.18-26.53 ng/ml for women and 3.46-19.40 ng/ml for men. There is an apparently estrogen related rise at puberty and a corresponding fall at meno pause. Prolactin level is increased progressively throughout pregnancy to ten to twenty times the non-pregnant value. The Prolactin concentration falls after delievery, decline to non-pregnant level by 3-4 weeks post partum. The decline is more gradual is suckling mothers taking several months to fall to adult levels by three months of age.

Hypoprolactictinemia in sheeshan's syndrome and in other types of hypo-pituitarism. Base-line prolactin measurements may not reliably differentiate from low normalvalues, but serum prolactin will not rise often TRH stimulation is affected patients.

Hyperpolactinemia is a much more common problem than prolactin deficiency. The principle direct symptom of prolactin excess is galactorrhea or nonpuerperal lactation, but the correlation between elevated levels and lactation is poor.

Overproduction of prolactin is the most common hormonal abnormality of pituitary neoplasm. Whether or not galactorrhea is found, serum prolactin should be measured in very patient with enlarged sella or with secondary amenorrhea.

Results are to be correlated with clinical findings of the patient.

End Of Report

Self Attested
22/12/13

Technologist

Dr.B.K.BUDHIRAJA
MD
CHIEF PATHOLOGIST

Dr.MEENU CHOPRA
MD
CONSULTANT PATHOLOGIST

Dr.NEETU MASSAND
MD
CONSULTANT PATHOLOGIST

CERTIFICATE NO: M-0280

YASHODA
SUPERSPECIALITY HOSPITALS

Sl. No.	: 1147		
Name	: MS. TANU PRIYA JI	Date	: 18/05/2013
Referred by	: Dr. SHASHI ARORA JI	Sex/Age	: 20 Y/F
		Reg. No.	: 20383/OPD

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PELVIC ULTRASOUND (TAS)

UTERUS is retroverted, bulky in size (measures 83 x 46 x 44 mm) & shows normal outline and myometrial echopattern. No focal SOL noted. Endometrium is in midline with thickness of 7.1 mm. Endometrial cavity is empty. Cervix appears normal.

BILATERAL OVARIES are normal in size and show multiple small follicles.

RIGHT OVARY measures 32 x 27 x 19 mm, volume- 8.7 cc.
LEFT OVARY measures 37 x 35 x 20 mm, volume- 13.7 cc.

Bilateral adenexa are clear.

No evidence of free fluid is seen in pouch of douglous.

IMPRESSION: FINDINGS ARE SUGGESTIVE OF –

- *BULKY UTERUS.*

Please correlate clinically.

DR. C.P.S CHAUHAN
MD (Radio-Diagnosis)
(Consultant Radiologist)

DR. JAWHAR DUTTA
MD (Radio-Diagnosis)
(Consultant Radiologist)

DR. MONICA SHEKHAWAT SISODIA
MBBS, DNB (Radio- Diagnosis)
(Consultant Radiologist)

DR. ZEBA BANO
D.M.R.D (Radio-Diagnosis)
(Consultant Radiologist)

Note: (1) This report is NOT valid for medico-legal purposes.
(2) In case of any discrepancy due to machine error or typing error, please get it rectified immediately.

Encoded by: **Sushil**

Self Attested
22/12/23

सारिका जैन
MBBS, MS (Obs & Gyn.)
गोल्ड मेडलिस्ट
Reg. No. MCI-4284
पूर्व:- असि. प्रोफेसर, सुभारती मेडिकल कॉलिज, मेरठ
स्त्री रोग विशेषज्ञ : सेंट जोसफ (मरियम) अस्पताल,गा.

क्लीनिक : जे-17, गोविन्द पुरम
गाजियाबाद
समय : प्रात: 10 से 5 रोजाना
(रविवार अवकाश)
मो :- 9958710296

PAGE - 78

18.4.13

Tanu Priya R/O - J-Block Govindpuram

- डिलिवरी
- सीजेरियन
- गर्भपात
- गर्भ निरोधन
- संतानहीनता
- मासिक धर्म की समस्याएं
- सभी गायनी ऑपरेशन

LMP - yesterday

Dizziness
Pain in Abdomen
Whole body ache
Dysmenorrhea ++
increasing.

Rx

Tab Pyricontin 1 BD
Cap Primosa 1 HS
सोते वक्त
× 1 mth

Tab Drotin DS 1 BD × 3 day.

(4) Tab Microdox DT 100 mg 1 BD × 20 day
Doxypal DKL

Syp Anycordial 2 ts TDS × 1 mth.

Jain

USG Lower Abd & Pelvis
Hb, TLC, DLC, ESR
Mantoux
Urine R/M

Self Attested
22/12/23

NOT FOR
MEDICOLEGAL PURPOSE

Rx

Tab DrotinDS 1 BD × 3day. (for pain)

(1) Tab Ultracet (4) Tab 505 1 BD × 3day.

(1) → Tab Pyricontin 1 BD
(2) — Cap Perimosa 1 OD | × 1 mth

PAGE - 79

(3) Syp Amycordial 2tsf TDS × 1 mth

Inv (1 . .13)
Hb - 11 . gm%
TLC - 8 0/m³
ESR - 20
PCV - 4
P. count .65
RBC - . .5
MCV - 8 . 3
MCH - 27.7.
DLC - $P_{68} L_{28} E_2 M_2$.
RBS - 96.5 mg/dl
Urine $<^{R}_{M}$ NAD.
TSH - 2.8 uIU/ml
S. PrL - 8.38 ng/ml

18.5.13
USG - 18.5.13
Bulky uterus

Rx
Tab Buscopa.. us 1 BD × 3 day
only from 1st day me...

Self Attested
22/12/23

Pagelo · 80

MC-2853

Patient Name	: TANNU PRIYA	**Lab No.**	: GZB230840668
Age / Sex	: 31 Y / F	**Registration On**	: 21-08-2023
Referred By	: SELF	**Collection Date**	: 21/Aug/2023 08:57AM
Patient ID	: UGZB.0000022893	**Received Date**	: 21/Aug/2023 12:21PM
Centre	: GHAZIABAD	**Approved Date**	: 21/Aug/2023 03:36PM

Test Name	Result	Biological Ref. Interval	Method
Glucose Fasting , *Sodium Fluoride*			
Blood Sugar Fasting	93 mg/dL	70 - 100	GOD/POD, colorimetric

Sample Type: Sodium Fluoride; A blood sample will be taken after 8 - 12 hours of fasting.
Method: Glucose oxidase hydrogen peroxidase
Technology: Dry Chemistry (VITROS MicroSlide, MicroSensor & Intellicheck Technology)
Analyzer: Fully Automated Integrated Biochemistry & ImmunoAssay Analyzer: VITROS 5600

American Diabetes Association (ADA) 2019 Criteria defining prediabetes
Fasting Plasma Glucose 100 mg/dL to 125 mg/dL (Impaired Fasting Glucose)
OR
2-hour Plasma Glucose during 75-g OGTT 140 mg/dL to 199 mg/dL (Impaired Glucose Tolerance)
OR
HbA1C 5.7-6.4%
ADA 2019 Criteria for the diagnosis of diabetes
Fasting Plasma Glucose >=126 mg/dL. Fasting is defined as no caloric intake for at least 8 h.*
OR
2-hour Plasma Glucose >=200 mg/dL during OGTT. The test should be performed as described by the WHO, using a glucose load containing the equivalent of 75-g anhydrous glucose dissolved in water.*
OR
HbA1C >=6.5%. The test should be performed in a laboratory using a method that is NGSP certified and standardized to the DCCT assay.*
OR
In a patient with classic symptoms of hyperglycemia or hyperglycemic crisis, a random plasma glucose >=200 mg/dL.
*In the absence of unequivocal hyperglycemia, diagnosis requires two abnormal test results from the same sample or in two separate test samples

---

Remarks: *Please correlate clinically.*
Note: Blood glucose level is maintained by a very complex integrated mechanism involving a critical interplay of the release of hormones and action of enzymes on key metabolic pathways. If postprandial glucose is lower than fasting glucose, it is termed as postprandial reactive hypoglycemia (PRH). The possible cause of PRH are high insulin sensitivity, exaggerated response of insulin and glucagon-like peptide 1, defects in counter-regulation, very lean individuals, anxious individuals, after massive weight reduction, women with lower body overweight physical activity prior test, hypoglycemic medication, deliberately eating less or eat a non-carbohydrate meal before testing.

Self Attested
22/12/23

Scan to Validate Report

House of Diagnostics Healthcare Pvt. Ltd., F-56, GF, Patel Nagar-1, Hapur Road, Ghaziabad, UP

MC-2853

Patient Name	: **TANNU PRIYA**	**Lab No.**	: GZB230840668
Age / Sex	: 31 Y / F	**Registration On**	: 21-08-2023
Referred By	: **SELF**	**Collection Date**	: 21/Aug/2023 08:57AM
Patient ID	: UGZB.0000022893	**Received Date**	: 21/Aug/2023 12:21PM
Centre	: GHAZIABAD	**Approved Date**	: 21/Aug/2023 03:36PM

Test Name	Result	Biological Ref. Interval	Method
Liver Function Test , *Serum*			
Total Protein	**7.9** g/dL	6.5-7.8	Biuret, No Serum Blank
Albumin	4.5 g/dL	3.9 - 5.0	Bromocresol Green
Globulin	3.4 gm/dL	2.0-3.5	Calculated
A/G Ratio	**1.32** Ratio	1.5-2.5	Calculated
Total Bilirubin	0.34 mg/dL	0.2-1.3	Azobilirubin/dyphylline
Conjugated Bilirubin	0.18 mg/dL	<0.3	Calculated
Unconjugated Bilirubin	0.16 mg/dL	<1.1	Spectrophotometry
SGOT (AST)	20 U/L	18-34	Enzymatic Colorimetric
SGPT (ALT)	17 U/L	4-35	UV with P5P
SGOT/SGPT Ratio	1.18 Ratio		Calculated
Alkaline Phosphatase	78 U/L	46 - 122	PNPP, AMP buffer
Gamma Glutamyl Transferase	**11** U/L	12 - 38	G-glutamyl-p-nitroanilide

The laboratory is **NABL Accredited** for tests in LFT

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

Sample Type: Serum
Analyzer: Fully Automated Biochemistry and ImmunoAssay Analyzer: VITROS 5600

Clinical Significance of LFT: The clinical suspicion of liver disease usually leads to the measurement of the liver function tests (LFT) which include measurement of several enzymes, serum bilirubin and albumin. These parameters may point to an underlying pathological process and direct further investigation. The aim of investigation in patients with suspected liver disease are:
· To detect hepatic abnormality · Measurement of severity of liver damage · Identify the specific cause
· Investigate possible complications

Remarks: Please correlate clinically.

Self Attested
22/12/23

Scan to Validate Report

MC-2853

Patient Name	: TANNU PRIYA	**Lab No.**	: GZB230840668
Age / Sex	: 31 Y / F	**Registration On**	: 21-08-2023
Referred By	: SELF	**Collection Date**	: 21/Aug/2023 08:57AM
Patient ID	: UGZB.0000022893	**Received Date**	: 21/Aug/2023 12:21PM
Centre	: GHAZIABAD	**Approved Date**	: 21/Aug/2023 03:36PM

Test Name	Result	Biological Ref. Interval	Method
Kidney Function Test, *Serum*			
Blood Urea	**14** mg/dL	15-36	Urease, Colorimetric
Blood Urea Nitrogen	**6.54** mg/dL	7 - 17	Calculated
Creatinine	0.5 mg/dL	0.5-1.04	Enzymatic
Uric Acid	4.2 mg/dL	2.5 - 6.2	Uricase , Colorimetric
Calcium	9.4 mg/dL	8.4 - 10.2	Arsenazo III
Phosphorus	**4.9** mg/dL	2.5 - 4.5	Phosphomolybdate reduction
BUN/Creatinine Ratio	13.08 Ratio		Calculated
Urea/Creatinine Ratio	28 Ratio		Calculated
Electrolytes			
Sodium	140 mmol/L	137-145	ISE Direct
Potassium	4.5 mmol/L	3.5 - 5.1	ISE Direct
Chloride	**108** mmol/L	98 - 107	ISE Direct

The laboratory is NABL Accredited for tests in KFT

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

Sample Type: Serum

Analyzer: Fully Automated Biochemistry and ImmunoAssay Analyzer: VITROS 5600

Remarks: Please correlate results clinically.

Self Attested
22/12/23

Scan to Validate Report

MC-2853

Patient Name	: TANNU PRIYA	**Lab No.**	: GZB230840668
Age / Sex	: 31 Y / F	**Registration On**	: 21-08-2023
Referred By	: SELF	**Collection Date**	: 21/Aug/2023 08:57AM
Patient ID	: UGZB.0000022893	**Received Date**	: 21/Aug/2023 12:21PM
Centre	: GHAZIABAD	**Approved Date**	: 21/Aug/2023 03:36PM

Test Name	Result	Biological Ref. Interval	Method
Lipid Profile , *Serum*			
Total Cholesterol	**218** mg/dL	147 - 266	Enzymatic (CHE/CHO/POD)
Triglyceride	**153** mg/dL	35-212	Enzymatic, Endpoint
HDL Cholesterol	69 mg/dL	31 - 70	Direct Measure, PTA / MgCl2
VLDL Cholesterol	31 mg/dL	5 - 40	Calculated
LDL Cholesterol	118 mg/dL	50-178	Friedewald Formula (Calculated)
Non-HDL Cholesterol	**149** mg/dL	< 130	Calculated
LDL / HDL Ratio	1.71 Ratio	1.5 - 3.5	Calculated
TC / HDL Ratio	3.16 Ratio	3.0 - 5.0	Calculated

Clinical Decision Limits*	Optimal	Above Optimal	Borderline High	High	Very High
Triglycerides	<150	-	150-199	200-499	>=500
Total Cholesterol	<200	200-239	-	>=239	-
LDL Cholesterol	<100	100-129	130-159	160-189	>=189
HDL Cholestrol	>45	-	40-45	<40	-
Non HDL Cholesterol**	<130	130 - 159	160 - 189	190 - 219	>=220

* Clinical Decision Limits are suggested from Tietz Fundamentals Of Clinical Chemistry And Molecular Diagnostics 8th Edition
** Suggested from National Lipid Association Recommendations for Patient Centered Management of Dyslipidemia: Part 1—Full Report (Volume 9, Issue 2, P129-169, March 01,2015, Terry A. Jacobson, MD et al.

The laboratory is NABL Accredited for tests in Lipid Profile

Analyzer: Fully Automated Integrated Biochemistry and ImmunoAssay Analyzer: VITROS 5600
Technology: Dry Chemistry (VITROS MicroSlide, MicroSensor & Intellicheck Technology)

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

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

Remarks: Please correlate results clinically.

Vitamin B12 , *Serum*			
Vitamin B-12	**205** pg/mL	239-931	ECLIA

The laboratory is NABL Accredited for Vitamin B12

Sample Type: Serum
Technology: VITROS Microwell, Microsensor and Intellicheck Technology
Analyzer: Fully Automated Integrated Biochemistry and ImmunoAssay Analyzer: VITROS 5600

Remarks: Please correlate results clinically.

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22/12/23

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MC-2853

Patient Name	: **TANNU PRIYA**	**Lab No.**	: GZB230840668
Age / Sex	: 31 Y / F	**Registration On**	: 21-08-2023
Referred By	: **SELF**	**Collection Date**	: 21/Aug/2023 08:57AM
Patient ID	: UGZB.0000022893	**Received Date**	: 21/Aug/2023 12:21PM
Centre	: GHAZIABAD	**Approved Date**	: 21/Aug/2023 03:36PM

Test Name	Result	Biological Ref. Interval	Method

Vitamin D, 25 - Hydroxy , *Serum*

25-OH Vitamin D (Total)	30.1 ng/mL	20 - 100	ECLIA

The laboratory is NABL Accredited for the Vitamin D (Total-25, Hydroxy)

Sample Type: Serum
Method: ECLIA (Enhanced Chemi-Luminescence ImmunoAssay)
Technology: VITROS Microwell, Microsensor, and Intellicheck Technology
Analyzer: Fully Automated Integrated Biochemistry and ImmunoAssay: VITROS 5600

Clinical Significance: The major circulating form of vitamin D is 25-hydroxyvitamin D (25(OH)D); thus, the total serum 25(OH)D level is currently considered the best indicator of vitamin D supply to the body from cutaneous synthesis and nutritional intake. The reference range of the total 25(OH)D level is 20-100 ng/mL.
There are two principal forms of vitamin D: D2 and D3. Many of the currently available assays measure and report on both vitamin D2 and D3 metabolites. This can be useful in studies evaluating the contribution of vitamin D2 and D3 to overall vitamin D status. 25-hydroxyvitamin D (25(OH)D) is the major circulating form of vitamin D; thus, the total serum 25(OH)D level is currently considered the best indicator of vitamin D supply to the body from cutaneous synthesis and nutritional intake.
One exception is that 25(OH)D levels do not indicate clinical vitamin D status in patients with chronic renal failure or type 1 vitamin D-dependent rickets or when calcitriol (1,25-dihydroxy vitamin D) is used as a supplement. Interpretation of 25(OH)D can be challenging owing to wide variability in patient's weight, ethnicity, assays, laboratory procedures and validation of reference ranges.
Vitamin D deficiency is defined by most experts as a serum 25(OH)D level of less than 20 ng/mL.
Vitamin D insufficiency has been defined as a serum 25(OH)D level of 20-29 ng/mL.
Vitamin D sufficiency has been defined as serum 25(OH)D levels of 30 100 ng/mL.
Vitamin D toxicity is observed when serum 25(OH)D levels are greater than 100 ng/mL.

Remarks: *Please correlate results clinically.*

Free Thyroid Test [FT3,FT4,TSH] , *Serum*

Free Triiodothyronine [FT3]	3.61 pg/mL	2.77 - 5.27	CLIA
Free Thyroxine [FT4]	1.05 ng/dL	0.78 - 2.19	CLIA
Thyroid Stimulating Hormone (TSH)	2.23 mIU/L	0.46-4.68	CLIA

The laboratory is NABL Accredited for FT3, FT4 and TSH

Note:
1. TSH Levels are subject to circadian variation, reaching peak levels between 2-4 AM and the minimum between 6-10 PM. The variation is of the order of 50-206% Hence time of the day has influence on the measured serum TSH concentrations (Reference:Tietz Textbook of Clinical Chemistry and Molecular Diagnostics - 5th Edition Page 123). Fluctuating TSH value must be Clinically correlated.
2. Circulating TSH levels are known to show a circadian rhythm & diurnal variation. The diagnosis based on one TSH value which fluctuates is not reliable. Clinical correlation is mandatory.
3. Values <0.03 uIU/mL need to be clinically correlated due to presence of a rare TSH variant in some individuals.

Clinical Use:
* Diagnose Hypothyroidism and Hyperthyroidism
* Monitor T4 replacement of T4 suppressive therapy
* Quantity TSH level sin the subnormal range

Technology: VITROS MicroWell, MicroSensor & Intellicheck
Analyzer: Fully Automated Integrated Biochemistry and ImmunoAssay Analyzer: Vitros 5600

Remarks: Please correlate results clinically, along with FT3 and FT4 levels.

Self Attested
22/12/23

Scan to Validate Report

MC-2853

Patient Name	: TANNU PRIYA	**Lab No.**	: GZB230840668
Age / Sex	: 31 Y / F	**Registration On**	: 21-08-2023
Referred By	: SELF	**Collection Date**	: 21/Aug/2023 08:57AM
Patient ID	: UGZB.0000022893	**Received Date**	: 21/Aug/2023 12:21PM
Centre	: GHAZIABAD	**Approved Date**	: 21/Aug/2023 03:36PM

Test Name	Result	Biological Ref. Interval	Method
Iron Profile , *Serum*			
Iron	**30** µg/dL	37-170	Pyridylazo Dye
Total Iron Binding Capacity	**524** µg/dL	265 - 497	Chromazurol B
Transferrin Saturation	**5.73** %	14 - 34	Calculated

The laboratory is NABL Accredited for tests in Iron Profile

Analyzer: Fully Automated Biochemistry and Immunology VITROS 5600
Technology:
- Iron: Dry Chemistry (VITROS MicroSlide, MicroSensor & Intellicheck Technology)
- TIBC: VITROS MicroTip, MicroSensor & Intellicheck Technology

Remarks: Please correlate with clinical conditions.

CA 19.9 , *Serum*			
CA 19.9	**115** U/mL	< 37.0	ECLIA

Clinical Significance :
- CA 19.9 isolated originally from colon cancer cell line has greatest utility in detecting pancreatic cancers and hence is the most useful circulating tumour marker for evaluating chronic pancreatic disorders.
- Increased levels are seen in
  - Pancreatic cancer.
  - Cancers of bile duct, stomach, colon and oesophagus
  - Some non-gastrointestinal cancers Hepatomas Non-malignant conditions like hepatitis, cirrhosis, acute cholangitis pancreatitis and cystic fibrosis.

Clinical Notes :
The specificity and positive predictive value for cancers increase with higher CA 19.9 values.Tumour size and histological grade affect the values, being higher in tumors > 3cms in diameter and in differentiated tumors. High levels suggest tumour is unresectable. Used in conjunction with CT scan and other imaging modalities to decide about tumor resection.Useful in predicting survival and recurrence after surgery. A persistent elevation following surgery may be indicative of occult metastasis or recurrence of disease.

Advise: CA 19.9 assay should be correlated with other diagnostic information in the management of cancer. The results obtained with different analytical techniques and different equipments cannot be used interchangeably due to difference in assay methods and reagent specificity. In course of monitoring, the assay method preferably should not be changed.

Remarks: Please correlate results with clinical conditions.

*** End Of Report ***

Dr. Geeta Tiwary
Consultant Pathologist
M.B.B.S., M.D. (Pathology)
DMC Reg. No.: 36388

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22/12/23

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SIN No:CL01404491,CL01404492

MC-2853

Patient Name	: **TANNU PRIYA**	**Lab No.**	: GZB230840668
Age / Sex	: 31 Y / F	**Registration On**	: 21-08-2023
Referred By	: **SELF**	**Collection Date**	: 21/Aug/2023 08:57AM
Patient ID	: UGZB.0000022893	**Received Date**	: 21/Aug/2023 12:21PM
Centre	: GHAZIABAD	**Approved Date**	: 21/Aug/2023 04:43PM

Test Name	Result	Biological Ref. Interval	Method
CA 125 Level , *Serum*	**133** U/mL	<35.0	ECLIA

Clinical Significance of CA125 Level:
Cancer antigen-125 (CA-125) is a glycoprotein that occurs in blood as high molecular weight entity. High concentrations of this antigen are associated with ovarian cancer and a range of benign and malignant diseases. Although the specificity and sensitivity of CA-125 assays are somewhat limited, especially in early diagnosis of Ovarian Cancer, the assay has found wide spread use in the differential diagnosis of adnexal masses, in monitoring disease progression and response to therapy in ovarian cancer, and in the early detection of recurrence after surgery or chemotherapy for ovarian cancer. Elevated serum CA-125 levels can be observed in patients with serious endometrioid, clear cell and un-differentiated ovarian carcinoma. The serum CA-125 is elevated in 1% of normal healthy women, 3% of normal healthy women with benign ovarian diseases, and 6% of patients with non-neoplastic conditions (including but not limited to first trimester pregnancy, menstruation, endometriosis uterine fibrosis, acute salpingitis, hepatic diseases, and inflammation of peritoneum or pericardium).

Remarks: Please correlate results with clinical conditions.

*** End Of Report ***

Dr. Shubhra Singhal
Consultant – Pathologist
M.B.B.S., M.D. (Pathology)
DMC Reg. No.: R/20605

Self Attested
@
22/12/23

Scan to Validate Report

SIN No:CL01404492

Patient Name	: TANNU PRIYA	**Lab No.**	: GZB230840668
Age / Sex	: 31 Y / F	**Registration On**	: 21-08-2023
Referred By	: SELF	**Collection Date**	: 21/Aug/2023 08:57AM
Patient ID	: UGZB.0000022893	**Received Date**	: 21/Aug/2023 12:40PM
Centre	: GHAZIABAD	**Approved Date**	: 21/Aug/2023 02:34PM

Test Name	Result	Biological Ref. Interval	Method
ESR , *EDTA Whole Blood*	14 mm/hr	<20	Modified Westergren

Laboratory is NABL Accredited for ESR (Erythrocyte Sedimentation Rate).

Clinical Notes for ESR:
Increased ESR is seen in:
- In any chronic infection
- Active rheumatic fever
- Acute myocardial infection
- Nephrosis
- All type of shocks

Decreased ESR is seen in:
- Newborn infants
- Polycythemia
- Congestive heart failure
- Sickel cell anaemia

Remarks: Please correlate results with clinical conditions.

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

Ruhani Kanwar

Dr. Ruhani Kanwar
Consultant Pathologist
M.B.B.S., M.D. (Pathology)
DMC Reg. No.: 88891

Self Attested
22/12/23

Scan to Validate Report

SIN No:ED00702175

MC-2853

Patient Name	: TANNU PRIYA	**Lab No.**	: GZB230840668
Age / Sex	: 31 Y / F	**Registration On**	: 21-08-2023
Referred By	: SELF	**Collection Date**	: 21/Aug/2023 08:57AM
Patient ID	: UGZB.0000022893	**Received Date**	: 21/Aug/2023 12:40PM
Centre	: GHAZIABAD	**Approved Date**	: 21/Aug/2023 03:30PM

Test Name	Result	Biological Ref. Interval	Method
Hb A1c , *EDTA Whole Blood*			
HbA1C	5.1 %	4.8-5.7	HPLC
90 Day Average Blood Glucose	100 mg/dl	90 - 120	Calculated

Biological Reference Range (ADA 2019 Guidelines):
Normal (Non-diabetic): <5.7%
Prediabetics (Predisposed to developing diabetes): 5.7 to 6.4%
Diabetic : >6.5%
Therapeutic goals for glycemic control (ADA 2019 Guidelines)
Adults :-
- Goal of therapy : < 7.0 % HbA1C
- Action Suggested > 8.0 % HbA1C

Pediatric Patients:
- Toddlers and Pre-school: < 8.5 % (But >7.5%)
- School Age (6-12 yrs): < 8 %
- Adolescents and young adults (13-19 years): <7.5%

Summary & Explanation of the Test: The concentration of HbA1c within red blood cells reflects the average level of blood sugar over the previous 3 months. The level of HbA1c, therefore, rises proportionately in patients with higher levels of blood sugar, such as those with uncontrolled or undiagnosed diabetes. The 90-Day Average Blood Sugar value is derived from HbA1c, this value estimates the average blood sugar level over the past 90 days.

Some of the factors that influence HbA1c and its measurement [Adapted from Gallagher et al (24)]

1. Erythropoiesis

Increased HbA1c: iron, vitamin B12 deficiency, decreased erythropoiesis.
Decreased HbA1c: administration of erythropoietin, iron, vitamin B12, reticulocytosis, chronic liver disease.

2. Altered Haemoglobin

Genetic or chemical alterations in hemoglobin: hemoglobinopathies, HbF, methemoglobin, may increase or decrease HbA1c.

3. Glycation

Increased HbA1c: alcoholism, chronic renal failure, decreased intraerythrocytic pH.
Decreased HbA1c: aspirin, vitamin C and E, certain hemoglobinopathies, increased intra-erythrocyte pH.
Variable HbA1c: genetic determinants.

4. Erythrocyte destruction

Increased HbA1c: increased erythrocyte life span: Splenectomy.
Decreased A1c: decreased erythrocyte life span: hemoglobinopathies, splenomegaly, rheumatoid arthritis or drugs such as antiretrovirals, ribavirin, and dapsone.

5. Assays

Increased HbA1c: hyperbilirubinemia, carbamylated hemoglobin, alcoholism, large doses of aspirin, chronic opiate use.
Variable HbA1c: hemoglobinopathies.
Decreased HbA1c: hypertriglyceridemia.
Increased HbA1c can also occur in iron & vitamin B12 deficiency, decreased erythropoiesis, alcoholism, chronic renal failure, decreased intraerythrocytic Ph, splenectomy, hyperbilirubinemia, carbamylated hemoglobin, alcoholism, large doses of aspirin, chronic opiate use.
Decreased HbA1c can occur in the administration of erythropoietin, iron, vitamin B12, reticulocytosis, chronic liver disease, aspirin, vitamin C and E, certain hemoglobinopathies, increased intra-erythrocyte pH, hemoglobinopathies, splenomegaly, rheumatoid arthritis or drugs such as antiretrovirals, ribavirin, and dapsone, hypertriglyceridemia.

Remarks: *Please correlate results with clinical conditions.*

*** End Of Report ***

Dr. Geeta Tiwary
Consultant Pathologist
M.B.B.S., M.D. (Pathology)
DMC Reg. No.: 36388

Self Attested
22/12/23

Scan to Validate Report

SIN No:ED00702175

Patient Name	: TANNU PRIYA	**Lab No.**	: GZB230840668
Age / Sex	: 31 Y / F	**Registration On**	: 21-08-2023
Referred By	: SELF	**Collection Date**	: 21/Aug/2023 08:57AM
Patient ID	: UGZB.0000022893	**Received Date**	: 21/Aug/2023 12:31PM
Centre	: GHAZIABAD	**Approved Date**	: 21/Aug/2023 03:30PM

Test Name	Result	Biological Ref. Interval	Method
Urine R/M , *Urine Sample*			
Physical Examination			
Urine Quantity	7.5 mL	7 - 8	Physical Examination
Urine Colour	Pale Yellow	Pale Yellow	Physical Examination
Urinary Transparency	Clear	Clear	Physical Examination
Biochemical Examination			
Urinary pH	**5.5** pH	6 .0 - 8.0 pH	bromothymol blue
Urinary Specific Gravity	1.015	1.005 - 1.030	Ethyleneglycol-bis t.a.a.
Urinary Protein	Negative	Negative	Tetrachlorophenol
Urinary Glucose	Negative	Negative	glucose-oxidase-peroxidase
Urinary Ketones	Negative	Negative	Sodium Nitroprusside
Urobilinogen	Negative	Negative	Methoxybenzene Diazonium
Urine Bilirubin	Negative	Negative	Dichlorobenzene-diazonium
Urinary Nitrites	Negative	Negative	hydroxy
Blood [In Urine]	Negative	Negative	Tetramethylbenzidine
Leukocyte esterase	Negative	Negative	indoxyl-ester-diazonium
Microscopic Examination			
Pus Cells [In Urine]	1-2 /HPF	1 - 2 /HPF	Flow Micro Imaging
Epithelial Cells (Squamous)	3-4 /HPF	0-2/HPF	Flow Micro Imaging
Epithelial Cells (Non-Squamous)	NIL /HPF	0-2/HPF	Flow Micro Imaging
Urinary RBC	NIL /HPF	NIL /HPF	Flow Micro Imaging
Hyaline Casts	NIL /LPF	0-2/LPF	Flow Micro Imaging
Pathological Casts	NIL /LPF	0-1/LPF	Flow Micro Imaging
Yeast Cells	NIL /HPF	0-1/HPF	Flow Micro Imaging
Crystals	NIL /HPF	NIL/HPF	Flow Micro Imaging
Other Morphology	NIL	NIL	Microscopy

Remarks on Sample Quantity: The Urine quantity is observed after transfer to a VACUETTE® Urinalysis Vacutainer Tube for preservation of sample.
Microscopy: Microscopy may have supplemented automated measurements, wherever necessary.

Advise: *Please correlate results clinically.*

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

In case of any discrepancy due to typing error, kindly get it rectified immediately.This is professional opinion, not a diagnosis.

Self Attested
22/12/23

Dr. Geeta Tiwary
Consultant Pathologist
M.B.B.S., M.D. (Pathology)
DMC Reg. No.: 36388

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MC-2853

Patient Name	: **TANNU PRIYA**	**Lab No.**	: GZB230840668
Age / Sex	: 31 Y / F	**Registration On**	: 21-08-2023
Referred By	: **SELF**	**Collection Date**	: 21/Aug/2023 08:57AM
Patient ID	: UGZB.0000022893	**Received Date**	: 21/Aug/2023 12:40PM
Centre	: GHAZIABAD	**Approved Date**	: 21/Aug/2023 03:00PM

Test Name	Result	Biological Ref. Interval	Method
CBC , *EDTA Whole Blood*			
Hemoglobin	**8.9** gm/dL	12.0 - 15.0	Photometric Measurement
Total RBC	4.08 million/µL	3.8 - 4.8	Coulter Principle
Platelet Count	371 X 10^3 / µL	150 - 410 x 10^3/µL	Impedance
Total Leucocyte Count (WBC)	8.13 X 10^3 / µL	4.0 - 10.0	Coulter Principle
Differential Leucocyte Count (DLC)			
Neutrophils	72 %	40 - 80	Flow Cytometry
Lymphocytes	21 %	20 - 40	Flow Cytometry
Monocytes	05 %	2 - 10	Flow Cytometry
Eosinophils	02 %	1 - 6	Flow Cytometry
Basophils	00 %	0 - 1	Flow Cytometry
Absolute Neutrophil Count	5.85 X 10^3 / µL	2.0 - 7.5	Flow Cytometry
Absolute Lymphocyte Count	1.71 X 10^3 / µL	1.0 - 4.0	Flow Cytometry
Absolute Monocyte Count	0.41 X 10^3 / µL	0.2 - 1.0	Flow Cytometry
Absolute Eosinophil Count	0.16 X 10^3 / µL	0.04 - 0.44	Flow Cytometry
Absolute Basophil Count	0.01 X 10^3 / µL	0.00 - 0.30	Flow Cytometry
Indices			
Hematocrit	**29.6** %	36 - 46	Calculated
Mean Corpuscular Volume (MCV)	**72.4** fL	83 - 101	Calculated
Mean Corp. Hemoglobin (MCH)	**21.9** pg	27 - 32	Calculated
MCH Concentration (MCHC)	**30.2** g/dl	31.5 - 34.5	Calculated
Red Cell Dist. Width (RDW-CV)	**21.7** %	11.5 - 14.5	Calculated
Red Cell Dist. Width (RDW-SD)	**58.0** fL	39 - 46	Calculated
Mean Platelet Volume (MPV)	10.9 fL	7-5 - 12.0	Calculated
Neutrophil-Lymphocyte Ratio (NLR)	3.43 Ratio		Calculated
Mentzer Index	17.75 Index		Calculated

Remarks: *Please correlate with clinical conditions.*

Self Attested
22/12/23

*** End Of Report ***

Dr. Geeta Tiwary
Consultant Pathologist
M.B.B.S., M.D. (Pathology)
DMC Reg. No.: 36388

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SIN No:ED00702175

H·O·D
HOUSE of DIAGNOSTICS
MC-2853

Patient Name	: TANNU PRIYA	**Lab No.**	: GZB230839982
Age / Sex	: 31 Y / F	**Registration On**	: 14-08-2023
Referred By	: Dr. VIVEK MARVA	**Collection Date**	: 14/Aug/2023 06:53PM
Patient ID	: UGZB.0000022893	**Received Date**	: 15/Aug/2023 01:14PM
Centre	: GHAZIABAD	**Approved Date**	: 15/Aug/2023 02:41PM

Test Name	Result	Biological Ref. Interval	Method
Kidney Function Test , *Serum*			
Blood Urea	**13** mg/dL	15-36	Urease, Colorimetric
Blood Urea Nitrogen	**6.07** mg/dL	7 - 17	Calculated
Creatinine	0.5 mg/dL	0.5-1.04	Enzymatic
Uric Acid	4.9 mg/dL	2.5 - 6.2	Uricase , Colorimetric
Calcium	9.0 mg/dL	8.4 - 10.2	Arsenazo III
Phosphorus	4.5 mg/dL	2.5 - 4.5	Phosphomolybdate reduction
BUN/Creatinine Ratio	12.14 Ratio		Calculated
Urea/Creatinine Ratio	26 Ratio		Calculated
Electrolytes			
Sodium	140 mmol/L	137-145	ISE Direct
Potassium	4.2 mmol/L	3.5 - 5.1	ISE Direct
Chloride	**108** mmol/L	98 - 107	ISE Direct

The laboratory is NABL Accredited for tests in KFT
Technology: Dry Chemistry (VITROS MicroSlide, MicroSensor and Intellicheck Technology)
Sample Type: Serum
Analyzer: Fully Automated Biochemistry and ImmunoAssay Analyzer: VITROS 5600
Remarks: Please correlate results clinically.

*** End Of Report ***

In case of any discrepancy due to typing error, kindly get it rectified immediately.This is professional opinion, not a diagnosis.

Dr.Pankaj Tayal
Consultant Pathologist
M.B.B.S., D.N.B. (Pathology)
DMC Reg. 83771

self Attested
22/12/23

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SIN No:CL01392734

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302, GAGAN VIHAR (PARWANA ROAD), NEXT TO GUDDI BAKERY, DELHI-51
MON-SAT : 9.45 TO 1.30 P.M.
MON-FRI : 5.30 TO 7.30 P.M. SUN MORN : 9.00 TO 12.00 NOON
SAT-SUN Evening Closed

DR. S. MUKHERJEE
M.B.B.S., D.C.H., M.D. (RADIO-DIAGNOSIS) M.I.E.U.M.B
CONSULTANT ULTRASONOLOGIST & RADIOLOGIST
MCI - 5276, DMC - 14012, PNDT - 198/2012
FORMERLY :
MAX HOSPITAL, NOIDA
SRL - RANBAXY
L.N.J.P. (IRWIN) HOSPITAL & SAFDARJUNG HOSPITAL
MAULANA AZAD MEDICAL COLLEGE
DR. R. M. LOHIA (WILLINGDON) HOSPITAL

TARUN PRIYA JAISWAL 32/F DR. M V SINGH 6/8/2023

ULTRASOUND WHOLE ABDOMEN TVS

Liver-Liver shows normal architecture and shows **mildly increased size of 141mm normal echoes.** Portal vein 8mm, common duct 1mm. IHBR are normal

GB is well distended with no calculi in lumen. **GB wall thickness 1mm normal.**

Pancreas –is showing normal size, echoes. Peri-panc fascial planes are normal. No duct dilatation seen at exam. No calcification seen in pancreas.

Kidneys RK 97x48mm (CT 26 mm) LK 98x50 mm (CT 22mm) Both kidneys show normal cortical thickness and normal echoes. B/L **pelvic-calyceal system is normal**

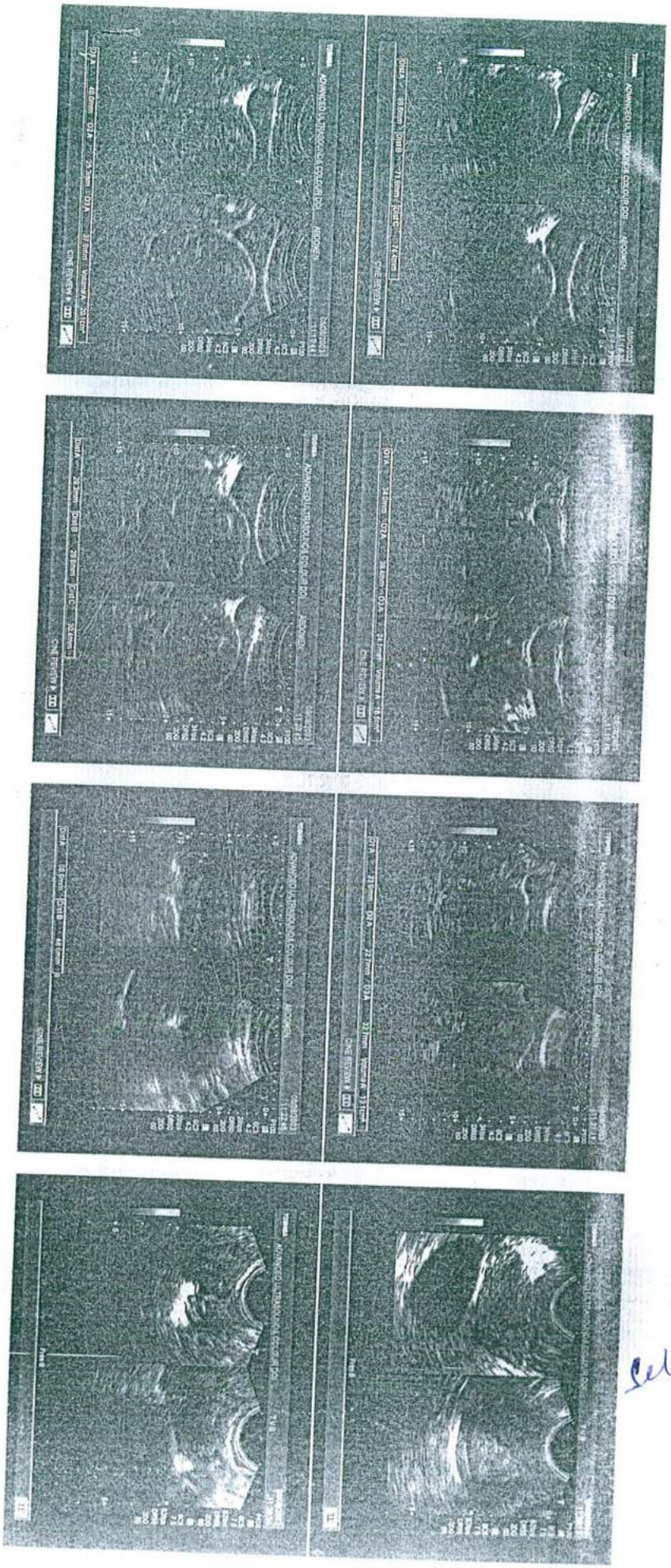
Spleen - shows normal echoes and normal size of **105mm.** Splenic vein 5 mm, collaterals not seen. No collection seen. No intra/ extra capsular fluid seen at exam

Bladder is distended and shows anechoic lumen. UB thickness of 2mm Pre void=-150cc.Post void=---cc

Uterus is bulky shows utero-cervical measurements of 100x72x74mm with ET 9mm and is pushed anteriorly by a echogenic posterior myometrial mass with striations of 29x29x30mm.Myometrium is non homogenous with a left sided anterior fibroid of 18x17mm .Right ovary 40x25x38mm (20cc) and shows cystic echoes with internal echoes in POD. Left ovary 34x23x33 mm (13cc), cystic echoes. Cervix 38x27mm and shows a 10x6.5mm hypo-echoes focus posterior wall. Sliding sign negative – ? rectal adenomyosis

Imp: Antero-left lat wall fibroid and post wall endometriosis.Ovarian endometriosis (kissing ovaries). Mild hepatomegaly.

Self Attested
22/12/23



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22/12/23

H·O·D
HOUSE of DIAGNOSTICS

MC-2853

Patient Name	: **TANU PRIYA**	**Lab No.**	: NEH23075184
Age / Sex	: 30 Y / F	**Registration On**	: 08-07-2023
Referred By	: **Dr. SARITA TIWARI**	**Collection Date**	: 08/Jul/2023 08:41AM
Patient ID	: UNEH.0000000246	**Received Date**	: 08/Jul/2023 12:59PM
Centre	: BTC NEHRU NAGAR	**Approved Date**	: 08/Jul/2023 03:52PM

Test Name	Result	Biological Ref. Interval	Method
CA 19.9 , *Serum*			
CA 19.9	**128** U/mL	< 37.0	ECLIA

Clinical Significance :
- CA 19.9 isolated originally from colon cancer cell line has greatest utility in detecting pancreatic cancers and hence is the most useful circulating tumour marker for evaluating chronic pancreatic disorders.
- Increased levels are seen in
  - Pancreatic cancer.
  - Cancers of bile duct, stomach, colon and oesophagus
  - Some non-gastrointestinal cancers Hepatomas Non-malignant conditions like hepatitis, cirrhosis, acute cholangitis pancreatitis and cystic fibrosis.

Clinical Notes :
The specificity and positive predictive value for cancers increase with higher CA 19.9 values.Tumour size and histological grade effect the values, being higher in tumors > 3cms in diameter and in differentiated tumors. High levels suggest tumour is unresectable. Used in conjunction with CT scan and other imaging modalities to decide about tumor resection.Useful in predicting survival and recurrence after surgery. A persistent elevation following surgery may be indicative of occult metastasis or recurrence of disease.

Advise: CA 19.9 assay should be correlated with other diagnostic information in the management of cancer. The results obtained with different analytical techniques and different equipments cannot be used interchangeably due to difference in assay methods and reagent specificity. In course of monitoring, the assay method preferably should not be changed.

Remarks: Please correlate results with clinical conditions.

CA 125 Level , *Serum*	**182** U/mL	<35.0	ECLIA

Clinical Significance of CA125 Level:
Cancer antigen-125 (CA-125) is a glycoprotein that occurs in blood as high molecular weight entity. High concentrations of this antigen are associated with ovarian cancer and a range of benign and malignant diseases. Although the specificity and sensitivity of CA-125 assays are somewhat limited, especially in early diagnosis of Ovarian Cancer, the assay has found wide spread use in the differential diagnosis of adnexal masses, in monitoring disease progression and response to therapy in ovarian cancer, and in the early detection of recurrence after surgery or chemotherapy for ovarian cancer. Elevated serum CA-125 levels can be observed in patients with serious endometrioid, clear cell and un-differentiated ovarian carcinoma. The serum CA-125 is elevated in 1% of normal healthy women, 3% of normal healthy women with benign ovarian diseases, and 6% of patients with non-neoplastic conditions (including but not limited to first trimester pregnancy, menstruation, endometriosis uterine fibrosis, acute salpingitis, hepatic diseases, and inflammation of peritoneum or pericardium).

Remarks: Please correlate results with clinical conditions.

*** End Of Report ***

Dr. Rajeev Ranjan
Consultant Lab-Medicine
M.B.B.S., M.D. (Lab-Medicine)
DMC Reg. No.: 55900

Self Attested
22/12/23

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H·O·D
HOUSE of DIAGNOSTICS

MC-2853

Patient Name	: TANU PRIYA	**Lab No.**	: NEH23075184
Age / Sex	: 30 Y / F	**Registration On**	: 08-07-2023
Referred By	: Dr. SARITA TIWARI	**Collection Date**	: 08/Jul/2023 08:41AM
Patient ID	: UNEH.0000000246	**Received Date**	: 08/Jul/2023 01:07PM
Centre	: BTC NEHRU NAGAR	**Approved Date**	: 08/Jul/2023 02:10PM

Test Name	Result	Biological Ref. Interval	Method
CBC , *EDTA Whole Blood*			
Hemoglobin	**7.9** gm/dL	12.0 - 15.0	Photometric Measurement
Total RBC	3.84 million/µL	3.8 - 4.8	Coulter Principle
Platelet Count	385 X 10^3 / µL	150 - 410 x 10^3/µL	Impedance
Total Leucocyte Count (WBC)	8.01 X 10^3 / µL	4.0 - 10.0	Coulter Principle
Differential Leucocyte Count (DLC)			
Neutrophils	66 %	40 - 80	Flow Cytometry
Lymphocytes	25 %	20 - 40	Flow Cytometry
Monocytes	05 %	2 - 10	Flow Cytometry
Eosinophils	04 %	1 - 6	Flow Cytometry
Basophils	00 %	0 - 1	Flow Cytometry
Absolute Neutrophil Count	5.29 X 10^3 / µL	2.0 - 7.5	Flow Cytometry
Absolute Lymphocyte Count	2 X 10^3 / µL	1.0 - 4.0	Flow Cytometry
Absolute Monocyte Count	0.4 X 10^3 / µL	0.2 - 1.0	Flow Cytometry
Absolute Eosinophil Count	0.32 X 10^3 / µL	0.04 - 0.44	Flow Cytometry
Absolute Basophil Count	0.01 X 10^3 / µL	0.00 - 0.30	Flow Cytometry
Indices			
Hematocrit	**26.7** %	36 - 46	Calculated
Mean Corpuscular Volume (MCV)	**69.6** fL	83 - 101	Calculated
Mean Corp. Hemoglobin (MCH)	**20.7** pg	27 - 32	Calculated
MCH Concentration (MCHC)	**29.7** g/dl	31.5 - 34.5	Calculated
Red Cell Dist. Width (RDW-CV)	**16.1** %	11.5 - 14.5	Calculated
Red Cell Dist. Width (RDW-SD)	42.5 fL	39 - 46	Calculated
Mean Platelet Volume (MPV)	11.4 fL	7-5 - 12.0	Calculated
Neutrophil-Lymphocyte Ratio (NLR)	2.64 Ratio		Calculated
Mentzer Index	18.13 Index		Calculated

Remarks: *Please correlate with clinical conditions.*

*** End Of Report ***

In case of any discrepancy due to typing error, kindly get it rectified immediately.This is professional opinion, not a diagnosis.

Dr. Rajeev Ranjan
Consultant Lab-Medicine
M.B.B.S., M.D. (Lab-Medicine)
DMC Reg. No.: 55900

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24/12/23

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H·O·D
HOUSE of DIAGNOSTICS

Patient Name	: **TANU PRIYA**	**Lab No.**	: GZB230428628
Age / Sex	: 30 Y / F	**Registration On**	: 22-04-2023
Referred By	: **Dr. SARITA TIWARI**	**Collection Date**	: 22/Apr/2023 09:34AM
Patient ID	: UNEH.0000000246	**Received Date**	: 22/Apr/2023 03:49PM
Centre	: GHAZIABAD	**Approved Date**	: 23/Apr/2023 06:06PM

Test Name	Result	Biological Ref. Interval	Method
TB Gold , *Lithium Heparin*			
Quantiferon-Tb Gold	NEGATIVE		
Tb (Qft) Ifn- Gamma Levels	0.00 IU/ML	0.00 - 0.35	ELISA
Test Details (For Reference Only)			
Tb Antigen Tube	0.02 IU/ML		ELISA
Tb Nil Tube	0.02 IU/ML		ELISA

Interpretation:

Nil tube in IU/ml	Antigen tube - Nil tube in IU/ml	Final result	Interpretation
<= 8.00	<0.35	Negative	M.tuberculosis infection unlikely
	> = 0.35 & <25% of Nil tube	Negative	M. tuberculosis infection unlikely
	> = 0.35 & > = 25% of Nil tube	Positive	M. tuberculosis infection likely
> 8.00	Any result	Indeterminate	This may be due to excessive levels of circulating gamma interferon or presence of heterophile antibodies.

Notes:
1. This assay cannot differentiate between Latent infection and Active Tuberculosis.
2. Magnitude of measured Gamma Interferon cannot be correlated with stage or degree of infection, level of immune responsiveness or likelihood of progression to active disease.
3. False negative results may be obtained if a sample is taken prior to development of immune response.
4. CDC recommends repeat tests after 8 - 10 weeks in case of high suspicion of tuberculosis.
5. Immunocompromised patients can also show false negativity.
6. Negative result does not preclude the possibility of Mycobacterium tuberculosis infection / disease.

Comments:
This assay is an indirect test for Mycobacterium tuberculosis infection including disease and is intended for use in conjunction with risk assessment, radiography and other medical and diagnostic evaluation.

Advise: Please Correlate results clinically

*** End Of Report ***

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Dr. Shaheen Ramzan Bhat
Consultant Microbiologist
M.D. (Microbiology)
DMC Reg. No.: R/20785

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24/12/23

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HOUSE of DIAGNOSTICS

MC-2853

Patient Name	: TANU PRIYA	**Lab No.**	: NEH23044597
Age / Sex	: 30 Y / F	**Registration On**	: 17-04-2023
Referred By	: Dr. SARITA TIWARI	**Collection Date**	: 17/Apr/2023 05:26PM
Patient ID	: UNEH.0000000246	**Received Date**	: 18/Apr/2023 01:32PM
Centre	: BTC NEHRU NAGAR	**Approved Date**	: 18/Apr/2023 03:51PM

Test Name	Result	Biological Ref. Interval	Method
CA 19.9 , *Serum*			
CA 19.9	**114** U/mL	< 37.0	ECLIA

Clinical Significance :
- CA 19.9 isolated originally from colon cancer cell line has greatest utility in detecting pancreatic cancers and hence is the most useful circulating tumour marker for evaluating chronic pancreatic disorders.
- Increased levels are seen in
  - Pancreatic cancer.
  - Cancers of bile duct, stomach, colon and oesophagus
  - Some non-gastrointestinal cancers Hepatomas Non-malignant conditions like hepatitis, cirrhosis, acute cholangitis pancreatitis and cystic fibrosis.

Clinical Notes :
The specificity and positive predictive value for cancers increase with higher CA 19.9 values.Tumour size and histological grade affect the values, being higher in tumors > 3cms in diameter and in differentiated tumors. High levels suggest tumour is unresectable. Used in conjunction with CT scan and other imaging modalities to decide about tumor resection.Useful in predicting survival and recurrence after surgery. A persistent elevation following surgery may be indicative of occult metastasis or recurrence of disease.

Advise: CA 19.9 assay should be correlated with other diagnostic information in the management of cancer. The results obtained with different analytical techniques and different equipments cannot be used interchangeably due to difference in assay methods and reagent specificity. In course of monitoring, the assay method preferably should not be changed.

Remarks: Please correlate results with clinical conditions.

CA 125 Level , *Serum*	**173** U/mL	<35.0	ECLIA

Clinical Significance of CA125 Level:
Cancer antigen-125 (CA-125) is a glycoprotein that occurs in blood as high molecular weight entity. High concentrations of this antigen are associated with ovarian cancer and a range of benign and malignant diseases. Although the specificity and sensitivity of CA-125 assays are somewhat limited, especially in early diagnosis of Ovarian Cancer, the assay has found wide spread use in the differential diagnosis of adnexal masses, in monitoring disease progression and response to therapy in ovarian cancer, and in the early detection of recurrence after surgery or chemotherapy for ovarian cancer. Elevated serum CA-125 levels can be observed in patients with serious endometrioid, clear cell and un-differentiated ovarian carcinoma. The serum CA-125 is elevated in 1% of normal healthy women, 3% of normal healthy women with benign ovarian diseases, and 6% of patients with non-neoplastic conditions (including but not limited to first trimester pregnancy, menstruation, endometriosis uterine fibrosis, acute salpingitis, hepatic diseases, and inflammation of peritoneum or pericardium).

Remarks: Please correlate results with clinical conditions.

*** End Of Report ***

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Dr. Rajeev Ranjan
Consultant Lab-Medicine
M.B.B.S., M.D. (Lab-Medicine)
DMC Reg. No.: 55900

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22/12/23

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HOUSE of DIAGNOSTICS

MC-2853

Patient Name	: TANU PRIYA	**Lab No.**	: NEH22113835
Age / Sex	: 30 Y / F	**Registration On**	: 27-11-2022
Referred By	: SELF	**Collection Date**	: 27/Nov/2022 08:33AM
Patient ID	: UNEH.0000000246	**Received Date**	: 27/Nov/2022 11:43AM
Centre	: BTC NEHRU NAGAR	**Approved Date**	: 27/Nov/2022 01:35PM

Test Name	Result	Biological Ref. Interval	Method
CA 125 Level , *Serum*	**106** U/mL	<35.0	ECLIA

Clinical Significance of CA125 Level:
Cancer antigen-125 (CA-125) is a glycoprotein that occurs in blood as high molecular weight entity. High concentrations of this antigen are associated with ovarian cancer and a range of benign and malignant diseases. Although the specificity and sensitivity of CA-125 assays are somewhat limited, especially in early diagnosis of Ovarian Cancer, the assay has found wide spread use in the differential diagnosis of adnexal masses, in monitoring disease progression and response to therapy in ovarian cancer, and in the early detection of recurrence after surgery or chemotherapy for ovarian cancer. Elevated serum CA-125 levels can be observed in patients with serious endometrioid, clear cell and undifferentiated ovarian carcinoma. The serum CA-125 is elevated in 1% of normal healthy women, 3% of normal healthy women with benign ovarian diseases, and 6% of patients with non-neoplastic conditions (including but not limited to first trimester pregnancy, menstruation, endometriosis uterine fibrosis, acute salpingitis, hepatic diseases, and inflammation of peritoneum or pericardium).

Remarks: Please correlate results with clinical conditions.

*** End Of Report ***

Dr.Pankaj Tayal
Consultant Pathologist
M.B.B.S., D.N.B. (Pathology)
DMC Reg. 83771

Self Attested
22/12/22

H·O·D
HOUSE of DIAGNOSTICS

Patient Name	: **TANU PRIYA**	**Lab No.**	: NEH22113835
Age / Sex	: 30 Y / F	**Registration On**	: 27-11-2022
Referred By	: **SELF**	**Collection Date**	: 27/Nov/2022 08:33AM
Patient ID	: UNEH.0000000246	**Received Date**	: 27/Nov/2022 11:41AM
Centre	: BTC NEHRU NAGAR	**Approved Date**	: 27/Nov/2022 01:25PM

Test Name	Result	Biological Ref. Interval	Method
Anti Mullerian Hormone , *Serum*			
Anti Mullerian Hormone	0.99 ng/mL	0.17-7.37	CLIA

Biological Reference Interval:
Optimal Fertility : 4.0 - 6.8 ng/mL
Satisfactory Fertility : 2.2 - 4.0 ng/mL
Low Fertility : 0.3 - 2.2 ng/mL
Very Low / Undetectable : 0.0 - 0.3 ng/mL
High Level : >6.8 ng/mL

Suggested Reference Ranges as Per Beckman Coulter AMH IFU:

Gender	Reference Group Age Range (years)	95% Reference Interval (ng/mL)
Females	18-25	0.96-13.34
Females	26-30	0.17-7.37
Females	31-35	0.07-7.35
Females	36-40	0.03-7.15
Females	41-45	<3.27
Females	≥ 46	<1.15
Males	>18	0.73-16.05

Clinical Significance :
AntiMullerian hormone (AMH), also known as mullerian-inhibiting substance, is a dimeric glycoprotein hormone belonging to the transforming growth factor-beta family. It is produced by sertoli cells of the testis in males and by ovarian granulosa cells in females. In women, antimullerian hormone (AMH) levels represent the ovarian follicular pool and could be a useful marker of ovarian reserve. A serum level of AMH strongly correlates with antral follicle count and reflect the size of primordial follicle pool thus may be useful as a predictor of ovarian responsiveness. AMH may permit the identification of both the extremes of ovarian stimulation thus a possible role for its measurement has been suggested in the individualization of treatment strategies.

Clinical Applications :
*To assess ovarian status including follicle development, ovarian reserve, and ovarian responsiveness, as part of evaluation for infertility and assisted reproduction protocols
*To assess menopausal status, including premature ovarian failure.
*To assess ovarian function in patients with polycystic ovarian syndrome.
*To evaluate infants with ambiguous genitalia and other intersex conditions.
*To evaluate testicular function in infants and children.
*To diagnose and monitor patients with antimullerian hormone-secreting ovarian granulosa cell tumors.

Remarks: Please correlate results with clinical conditions.

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

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Dr.Pankaj Tayal
Consultant Pathologist
M.B.B.S., D.N.B. (Pathology)
DMC Reg. 83771

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22/12/23

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TRANSMED DIAGNOSTICS

42 - 43, 2ND FLOOR, SAB MALL, OPP. MAX HOSPITAL, SECTOR - 27, NOIDA
TIMINGS : 8.00 AM - 9.00 PM (SUN : 8.00 AM - 1.00 PM) (US, DOPPLERS, DEXA, TMT, ECHO ONLY ON APPOINTMENTS)
HELPLINE & APPOINTMENTS : 9997379997, 9818247755, 9958760504, 0120-4350043, 4350030
NEW BRANCH AT : MANVI WOMEN'S CLINICS, A-759, SECTOR - 19, NOIDA

Name	:Mrs. TANU PRIYA JAISWAL	Ref by.	:Dr. CHITRA SETYA MD
Registered On	:21/11/2022 01:17:37 PM	Age	:30 (Y)

ULTRASOUND REPORT

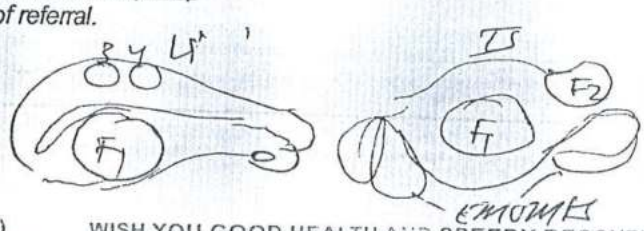
PELVIC ULTRASOUND EXAM

TAS / TVS

- Urinary bladder is adequately distended with normal outlines, walls & lumen.
- No primary or secondary signs of acute RIF inflammatory focus.
- Uterus is central, retroverted in position & of bulky of size approx. : 9.99 x 7.61 x 6.27 cm & shows a well defined hypoechoic, heterotextured myometrial mass lesion noted in posterior mid corpus region of size 6.44 x 5.82 x 4.84 cm (Vol. 94.8 ml) extending submucosally. Lt. cornual subserous 3.37 x 3.34 cm & smaller intramural fibroids noted in anterior mid corpus region of sizes 2.27 cm & 2.09 cm on TVS. No abnormal vascularity noted in fibroids on TVS Doppler. Uterine cavity is empty.
- Endometrial stripe is central & of thickness : 1.02 cm (Cycle D - 12)
- Few nabothian folllicles noted in Cervical lip of size 1.37 cm & less. Endocervical canal seen to be within normal.
- Both the Ovaries are not separetely seen from B/L multiloculated thick, regular wa[illegible]d cystic lesions with enechoic to homogeneously low intensity contents with largest loculi[illegible] Rt. of size 4.85 x 3.74 x 2.05 cm (Vol. 19.5 ml) & 2.72 & 2.44 cm. Lt. side composite size [illegible]4 x 4.54 x 3.76 cm (Vol. 40.5 ml) with no abnormal lesional or perilesional vascularity note[illegible]
- No free fluid or collection seen in the pelvis.

Impression: Bulky & retroverted uterus shows a large submucosal fibroid in posterio[illegible] mid corpus region of size approx. 94.8 gms. Smaller Lt. cornual & anterior wall intramural fibroids noted above.
. Nabothian follicles cervix - to be correlated with Chronic Cervicitis.
B/L Endometriotic cysts with loculations. .Adv. Ca -125 levels.
Follow up exam/ interval TVS exam indicated to assess regression
No other significant abnormality noted in pelvic ultrasonography.

End Of Report (Digital Film of 8 x 2 Spots)
Thanks for the courtesy of referral.



WISH YOU GOOD HEALTH AND SPEEDY RECOVERY

24/11/22

DR. RADHA ROKKAM. DCP
CONSULTANT PATHOLOGISTS (3220)

DR. S. SAHAI. MD
RADIOLOGISTS & SONOLOGIST (UPMC-60481)

PAGE - 100

DATE ---------- 8.7.22
NAME---------- TANUPRIYA.
AGE/SEX---------- F
REFD.BY---------- DR.V.MARWAH.
INVESTIGATION---- PELVIC SCAN..TVS/ TAS

Uterus is AV – Enlarged in size. Wall asymmetry present due to multiple fibroids in posterior wall.
Contour is irregular and myometrial echoes are heterogenous.
Multiple intramural fibroids present ..FIGO 4 and 5 in classification. Fibromyoma is not indenting the endometrial echo.Various sizes are ..62x51x62mm..vol..103cc, 24x22mm, 24x23mm,22x21mm and 34x32mm mostly in posterior and left lateral walls.
Cervix and cervical canal --- appear normal in texture, except for a 5x4mm similar lesion.
Endometrial echoes are seen and the cavity is empty. ET is 5.7mms.

Rt.ovary shows two cystic masses 24x20x21mm..41cc and 19x14x14mm..1.8cc volume, with low-level internal echoes and ground glass appearance , Consistent with endometriomas.
Lt.ovary has a 10x10x92mm..vol...0.7cc and 19x15x14mm..vol..1.8cc, similar complex cystic mass with ground glass appearance
Rt.sided dilated tubular lesions is noted in rt.adnexa favouring dilated fallopia tubes. Rt.sided hydrosalpinx has lowlevel internal echoes s/o haematosalpinx ....Rtl Fallopian tube Endometriosis.
Sliding sign Absent .. Deep Infilterating Endometriosis.
Color score is 1 ..no internal vascularity.
Cul-de-sac has no free fluid.
Urinary Bladder has smooth wall of normal thickness and does not show any space occupying lesion or a calculus .

IMPRESSION:: -
MULTIPLE FIBROMYOMAS UTERUS.
DEEP INFILTERATING ENDOMETRIOSIS.
COMPLEX CYSTIC MASSES BOTH ADNEXAE WITH GROUND GLASS APPEARANCE AND NO VASCULARITY – S/O ENDOMETRIOSIS BOTH OVARIES AND RT. FALLOPIAN TUBES.

Self Attested
24/12/23

Note : This is a routine obstetrical ultrasound, mainly done for estimation of gestational age, amount of liquor, placental position and general well being of the fetus & not for the evaluation of all congenital anomalies. Moreover, the relations in relation to fetal heart and limbs are extremely difficult due to constant changing position of the fetus & overlapping of various parts. The Detection of Fetal Anomalies is Dependent on Fetal Position, Amount of Liquor, Gestational age of Fetus & the Maternal abdominal Wall Thickness. Hence a Normal Scan Does not necessarily mean a congenitally Normal fetus.

THIS IS A PROFESSIONAL OPINION NOT THE FINAL DIAGNOSIS. THIS SHOULD BE INTERPRETED IN THE LIGHT OF CLINICAL BACKGROUND.

DR. NEENA VERMA

PAGE-101

Self Att
22/
22/

H·O·D
HOUSE of DIAGNOSTICS

Patient Name	: **TANU PRIYA**	**Lab No.**	: NEH22052345
Age / Sex	: 29 Y / F	**Registration On**	: 01-05-2022
Referred By	: **Dr. ABHA MAJUMDAR**	**Collection Date**	: 01/May/2022 10:42AM
Patient ID	: UNEH.0000000246	**Received Date**	: 01/May/2022 04:33PM
Centre	: BTC NEHRU NAGAR	**Approved Date**	: 01/May/2022 06:46PM

Test Name	Result	Biological Ref. Interval	Method
VDRL (RPR) , *Serum*			
RPR/VDRL	Negative		Rapid chromatography

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

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Dr.Pankaj Tayal
Consultant Pathologist
M.B.B.S., D.N.B. (Pathology)
DMC Reg. 83771

Self Attested
22/12/23

H·O·D
HOUSE of DIAGNOSTICS

MC-2853

Patient Name	: TANU PRIYA	**Lab No.**	: NEH22052345
Age / Sex	: 29 Y / F	**Registration On**	: 01-05-2022
Referred By	: Dr. ABHA MAJUMDAR	**Collection Date**	: 01/May/2022 10:42AM
Patient ID	: UNEH.0000000246	**Received Date**	: 01/May/2022 04:11PM
Centre	: BTC NEHRU NAGAR	**Approved Date**	: 01/May/2022 06:50PM

ADVANCE CARE

Test Name	Result	Biological Ref. Interval	Method
Hb A1c , *EDTA Whole Blood*			
HbA1C	5.6 %	4.8-5.7	HPLC
90 Day Average Blood Glucose	114 mg/dl	90 - 120	Calculated

Biological Reference Range (ADA 2019 Guidelines):
Normal (Non-diabetic): <5.7%
Prediabetics (Predisposed to developing diabetes): 5.7 to 6.4%
Diabetic : >6.5%
Therapeutic goals for glycemic control (ADA 2019 Guidelines)
Adults:-
- Goal of therapy : < 7.0 % HbA1C
- Action Suggested > 8.0 % HbA1C
Pediatric Patients:
- Toddlers and Pre-school : < 8.5 % (But >7.5%)
- School Age (6-12 yrs): < 8 %
- Adolescents and young adults (13-19 years): <7.5%

Summary & Explanation of the Test: The concentration of HbA1c within red blood cells reflects the average level of blood sugar over the previous 3 months. The level of HbA1c, therefore, rises proportionately in patients with higher levels of blood sugar, such as those with uncontrolled or undiagnosed diabetes. The 90-Day Average Blood Sugar value is derived from HbA1c, this value estimates the average blood sugar level over the past 90 days.
Some of the factors that influence HbA1c and its measurement [Adapted from Gallagher et al (24)]
1. Erythropoiesis
Increased HbA1c: iron, vitamin B12 deficiency, decreased erythropoiesis.
Decreased HbA1c: administration of erythropoietin, iron, vitamin B12, reticulocytosis, chronic liver disease.
2. Altered Haemoglobin
Genetic or chemical alterations in hemoglobin: hemoglobinopathies, HbF, methemoglobin, may increase or decrease HbA1c.
3. Glycation
Increased HbA1c: alcoholism, chronic renal failure, decreased intraerythrocytic pH.
Decreased HbA1c: aspirin, vitamin C and E, certain hemoglobinopathies, increased intra-erythrocyte pH.
Variable HbA1c: genetic determinants.
4. Erythrocyte destruction
Increased HbA1c: increased erythrocyte life span: Splenectomy.
Decreased A1c: decreased erythrocyte life span: hemoglobinopathies, splenomegaly, rheumatoid arthritis or drugs such as antiretrovirals, ribavirin, and dapsone.
5. Assays
Increased HbA1c: hyperbilirubinemia, carbamylated hemoglobin, alcoholism, large doses of aspirin, chronic opiate use.
Variable HbA1c: hemoglobinopathies.
Decreased HbA1c: hypertriglyceridemia.
Increased HbA1c can also occur in iron & vitamin B12 deficiency, decreased erythropoiesis, alcoholism, chronic renal failure, decreased intraerythrocytic Ph, splenectomy, hyperbilirubinemia, carbamylated hemoglobin, alcoholism, large doses of aspirin, chronic opiate use.
Decreased HbA1c can occur in the administration of erythropoietin, iron, vitamin B12, reticulocytosis, chronic liver disease, aspirin, vitamin C and E, certain hemoglobinopathies, increased intra-erythrocyte pH, hemoglobinopathies, splenomegaly, rheumatoid arthritis or drugs such as antiretrovirals, ribavirin, and dapsone, hypertriglyceridemia.

Remarks: *Please correlate results with clinical conditions.*

*** End Of Report ***

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24/12/23

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HOUSE of DIAGNOSTICS

MC-2853

Patient Name	: TANU PRIYA	**Lab No.**	: NEH22052345
Age / Sex	: 29 Y / F	**Registration On**	: 01-05-2022
Referred By	: Dr. ABHA MAJUMDAR	**Collection Date**	: 01/May/2022 10:42AM
Patient ID	: UNEH.0000000246	**Received Date**	: 01/May/2022 04:11PM
Centre	: BTC NEHRU NAGAR	**Approved Date**	: 01/May/2022 06:50PM

ADVANCE CARE

Test Name	Result	Biological Ref. Interval	Method
CBC , *EDTA Whole Blood*			
Hemoglobin	**9.7** gm/dL	12.0 - 15.0	Photometric Measurement
Total RBC	4.02 million/µL	3.8 - 4.8	Coulter Principle
Platelet Count	247 X 10^3 / µL	150 - 410 x 10^3/µL	Coulter Principle
Total Leucocyte Count (WBC)	9.4 X 10^3 / µL	4.0 - 10.0	Coulter Principle
Differential Leucocyte Count (DLC)			
Neutrophils	72 %	40 - 80	VCSn/Microscopy
Lymphocytes	20 %	20 - 40	VCSn/Microscopy
Monocytes	06 %	2 - 10	VCSn/Microscopy
Eosinophils	02 %	1 - 6	VCSn/Microscopy
Basophils	00 %	0 - 1	VCS /Microscopy
Absolute Neutrophil Count	6.77 X 10^3 / µL	2.0 - 7.5	VCS Microscopy
Absolute Lymphocyte Count	1.88 X 10^3 / µL	1.0 - 4.0	VCS croscopy
Absolute Monocyte Count	0.56 X 10^3 / µL	0.2 - 1.0	VCS croscopy
Absolute Eosinophil Count	0.19 X 10^3 / µL	0.04 - 0.44	VCS croscopy
Absolute Basophil Count	0.01 X 10^3 / µL	0.00 - 0.30	VCS croscopy
Indices			
Hematocrit	**31.2** %	36 - 46	Calc d
Mean Corpuscular Volume (MCV)	**77.5** fL	83 - 101	Calc ed
Mean Corp. Hemoglobin (MCH)	**24.2** pg	27 - 32	Calc ed
MCH Concentration (MCHC)	**31.2** g/dl	31.5 - 34.5	Calc ed
Red Cell Dist. Width (RDW-CV)	**15.5** %	11.5 - 14.5	Calc ed
Red Cell Dist. Width (RDW-SD)	42.4 fL	39 - 46	Calc ted
Mean Platelet Volume (MPV)	10.1 fL	7-5 - 12.0	Calc ted
Neutrophil-Lymphocyte Ratio (NLR)	3.60		Calculated

Remarks: *Please correlate with clinical conditions.*

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Scan to Validate Report

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House of Diagnostics, 14/15/16 Hargovind Enclave, Delhi-110092

H·O·D
HOUSE of DIAGNOSTICS

Patient Name	: **TANU PRIYA**	**Lab No.**	: NEH22052345
Age / Sex	: 29 Y / F	**Registration On**	: 01-05-2022
Referred By	: **Dr. ABHA MAJUMDAR**	**Collection Date**	: 01/May/2022 10:42AM
Patient ID	: UNEH.0000000246	**Received Date**	: 01/May/2022 04:34PM
Centre	: BTC NEHRU NAGAR	**Approved Date**	: 01/May/2022 07:14PM

VIRAL MARKERS

Test Name	Result	Biological Ref. Interval	Method
HIV 1 and 2 , *Serum*			
Anti HIV 1&2	0.12 NON-REACTIVE	<0.90	ECLIA

Important Note: This is a screening test for antibodies to HIV. A reactive result is not conclusive of AIDS, and requires further confirmation with HIV Westernblot method.

Remarks: Please correlate results with clinical significance

Hepatitis B Surface Antigen(HBs Ag) , *Serum*	0.27 NON-REACTIVE	<0.90	ECLIA

Important Note: This is a screening test for Hepatitis B Surface Antigen. Advised confirmation with HBV DNA test by PCR.

Remarks: Please correlate results with clinical significance

Anti HCV , *Serum*			
Anti Hepatitis C Virus (Anti-HCV)	0.01 NON-REACTIVE	<0.90	ECLIA

Clinical Significance: This is a screening test for antibodies to the Hepatitis C Virus. A reactive result should be further confirmed with HCV RNA. Hepatitis C virus (HCV), a hepatotropic RNA virus, is transmitted primarily via the blood route. The major modes of transmission of the virus include injection drug use, unsafe injection practices, blood transfusion, etc. HCV causes chronic hepatitis in about 80% of those infected by it. The mainstay in diagnosing infection with HCV is to initially screen high-risk groups for antibodies to HCV (anti-HCV). HCV causes acute hepatitis which is mostly subclinical, but which gradually evolves into chronic hepatitis in about 60% of those infected. HCV infected people are at risk of developing chronic liver disease (CLD), cirrhosis, and primary hepatocellular carcinoma (HCC). The US Center for Disease Control and Prevention (CDC) recommends screening all individuals with risk factors for HCV infection for antibodies to HCV (anti-HCV). The "serologic window" between HCV infection and the detection of specific antibodies varies from patient to patient, seroconversion occurs on an average at 6-8 weeks after the onset of infection. In patients with spontaneously resolving the infection, anti-HCV may persist throughout life, or decrease slightly while remaining detectable, or gradually disappear after several years. Anti-HCV persists indefinitely in patients who develop chronic infection, although antibodies may become undetectable in hemodialysis patients or in cases of profound immunosuppression.

Remarks: *Please correlate results with clinical conditions.*

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

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