स्वामी कल्याण देव राजकीय जिला चिकित्सालय

जनपद - मुज़फ्फरनगर

बाह्य रोगी टिकट

20628

पंजीकरण संख्या- 0093918
रोगी का नाम- C.L.YADAV
आयु- 52
लिंग- Male
मोबाइल नंबर-

दिनाक- 09-Apr-2022
समय- 10:34:17
कमरा संख्या- 02
भुगतान- Paid

दिनाक	उपचार

चिकित्सा अधीक्षक
जिला चिकित्सालय बाँदा

स्वास्थ्य विभाग आपके शीघ्र स्वास्थ्य लाभ की कामना करता है।

नोट: यह पर्ची केवल 15 दिन तक मान्य है

TAX INVOICE

SOUTHDELHI MEDICOS

Page ORIGINAL

SHOP NO 37 G, SAFDARJUNG HOSP. GATE,OPP. AIIMS AUROBINDO MARG, NEW DELHI- 16
GST No: 07AERPG1033B1Z6 Ph. 26164570,08447806754,09910912619
D.L.No.: 20/117276),20B/117277),21/117278),21B/117279)

BILL NO. 150974 DATE : 05/12/2019
NAME: SHEELA Pr.By: Dr. ,AIIMS
ADDRESS:

Sr.	QTY.	PACK	DESCRIPTION	BATCH	EXPIRY	HSN	GST%	RATE	AMOUNT
1.	180	10TAB	CALCTRATE TAB	NT-19244	01/21	3004	12	140.00	2520.00
2.	90	10TAB	MGALIN TAB	CC9015	02/21	3004	12	147.00	1323.00
3.	12	BCAP	UPRISE D3 60K(8*8 CA	UPSB-19029	06/21	3004	12	258.85	388.28

NOTE: GST DETAILS

3400.12 X 12 %= 408.02 ,

CGST : 204.01
SGST : 204.01

Net Amt.: 4231.28
LESS DIS : 423.13
Paid Amt.(R/O): 3808.14

All disputes are subject to Delhi Jurisdiction.
Goods once sold will not be taken back.
(RETURNIG TIME - 2 PM TO 5 PM) NO RETURNING OF CUTTING STRIPS
E.& O.E.

For SOUTHDELHI MEDICOS

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Web: www.lalpathlabs.com. CIN No.: L74899DL1995PLC065388

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L60 - Yusuf Sarai – Lab
4/1-3, AUROBINDO MARG, YUSUF SARAI
DELHI

Name	: Mrs. SHEELA YADAV			Collected	: 27/9/2019 7:36:00AM
Lab No.	: 150840542	Age: 46 Years	Gender: Female	Received	: 27/9/2019 7:51:13AM
				Reported	: 27/9/2019 1:34:20PM
A/c Status	: P	Ref By : A.I.I.M.S. HOSPITAL		Report Status	: Final

Test Name	Results	Units	Bio. Ref. Interval
SWASTHFIT ADVANCE PACKAGE			
LIVER & KIDNEY PANEL, SERUM (Spectrophotometry, Indirect ISE)			
Bilirubin Total	0.53	mg/dL	0.30 - 1.20
Bilirubin Direct	0.10	mg/dL	<0.20
Bilirubin Indirect	0.43	mg/dL	<1.10
AST (SGOT)	29	U/L	<35
ALT (SGPT)	27	U/L	<35
GGTP	13	U/L	<38
Alkaline Phosphatase (ALP)	114	U/L	30 - 120
Total Protein	7.73	g/dL	6.40 - 8.30
Albumin	4.03	g/dL	3.50 - 5.20
A : G Ratio	1.09		0.90 - 2.00
Urea	25.00	mg/dL	17.00 - 43.00

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Test Name	Results	Units	Bio. Ref. Interval
Creatinine	0.60	mg/dL	0.51 - 0.95
Uric Acid	5.56	mg/dL	2.60 - 6.00
Calcium, Total	9.21	mg/dL	8.80 - 10.60
Phosphorus	3.42	mg/dL	2.40 - 4.40
Sodium	134.20	mEq/L	136.00 - 146.00
Potassium	4.59	mEq/L	3.50 - 5.10
Chloride	104.30	mEq/L	101.00 - 109.00

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Test Name	Results	Units	Bio. Ref. Interval
URINE EXAMINATION, ROUTINE; URINE, R/E (Automated Strip Test, Microscopy)			
Physical			
Colour	Light Yellow		Pale yellow
Specific Gravity	<=1.005		1.001 - 1.030
pH	6.5		5.0 - 8.0
Chemical			
Proteins	Nil		Nil
Glucose	Nil		Nil
Ketones	Nil		Nil
Bilirubin	Nil		Nil
Urobilinogen	Normal		Normal
Leucocyte Esterase	Negative		Negative
Nitrite	Negative		Negative
Microscopy			
R.B.C.	Negative		Negative
Pus Cells	2-3 WBC/HPF		0-5 WBC / hpf
Epithelial Cells	Few		Few
Casts	Nil		Nil /lpf
Crystals	Nil		Nil
Others	Nil		-

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Test Name	Results	Units	Bio. Ref. Interval

IMPORTANT INSTRUCTIONS

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

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Test Name	Results	Units	Bio. Ref. Interval
HbA1c (GLYCOSYLATED HEMOGLOBIN), BLOOD (HPLC)			
HbA1c	5.2	%	
Estimated average glucose (eAG)	103	mg/dL	

Interpretation

As per American Diabetes Association (ADA)

Reference Group	HbA1c in %
Non diabetic adults >=18 years	4.0 - 5.6
At risk (Prediabetes)	5.7 - 6.4
Diagnosing Diabetes	>= 6.5
Therapeutic goals for glycemic control	. Goal of therapy: < 7.0 . Action suggested: > 8.0

Note

1. Since HbA1c reflects long term fluctuations in the blood glucose concentration, a diabetic patient who is recently under good control may still have a high concentration of HbA1c. Converse is true for a diabetic previously under good control but now poorly controlled
2. Target goals of < 7.0 % may be beneficial in patients with short duration of diabetes, long life expectancy and no significant cardiovascular disease. In patients with significant complications of diabetes, limited life expectancy or extensive co-morbid conditions, targeting a goal of < 7.0 % may not be appropriate
3. Any condition that shortens erythrocyte survival such as sickle cell disease, pregnancy (second and third trimesters), hemodialysis, recent blood loss or transfusion, or erythropoietin will falsely lower HbA1c results regardless of the assay method
4. In patients with HbA1c level between 7-8%, Glycemark (1,5 Anhydroglucitol) test may be done to identify those with more frequent and extreme hyperglycemic excursions

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Test Name	Results	Units	Bio. Ref. Interval

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. This single test can be used both for diagnosing & monitoring diabetes. ADA recommends measurement of HbA1c 3-4 times per year in Type 1 diabetes and poorly controlled Type 2 diabetes patients. In well controlled Type 2 diabetes patients, the test can be performed twice a year.

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Test Name	Results	Units	Blo. Ref. Interval
HEMOGRAM (Electrical Impedence, Flow cytometry, SLS & Capillary photometry)			
Hemoglobin	11.70	g/dL	11.50 - 15.00
Packed Cell Volume (PCV)	38.10	%	36.00 - 46.00
RBC Count	**5.06**	mill/mm3	3.80 - 4.80
MCV	**75.30**	fL	80.00 - 100.00
MCH	**23.10**	pg	27.00 - 32.00
MCHC	**30.70**	g/dL	32.00 - 35.00
Red Cell Distribution Width (RDW)	**16.10**	%	11.50 - 14.50
Total Leukocyte Count (TLC)	**10.75**	thou/mm3	4.00 - 10.00
Differential Leucocyte Count (DLC)			
Segmented Neutrophils	45.10	%	40.00 - 80.00
Lymphocytes	**50.00**	%	20.00 - 40.00
Monocytes	3.80	%	2.00 - 10.00
Eosinophils	1.00	%	1.00 - 6.00
Basophils	0.10	%	<2.00
Absolute Leucocyte Count			
Neutrophils	4.85	thou/mm3	2.00 - 7.00
Lymphocytes	**5.38**	thou/mm3	1.00 - 3.00
Monocytes	0.41	thou/mm3	0.20 - 1.00
Eosinophils	0.11	thou/mm3	0.02 - 0.50
Basophils	0.01	thou/mm3	0.01 - 0.10
Platelet Count	186.0	thou/mm3	150.00 - 450.00

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Test Name	Results	Units	Bio. Ref. Interval
ESR	52	mm/hr	0.00 - 20.00

Note

1. 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

2. Test conducted on EDTA whole blood

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Test Name	Results	Units	Bio. Ref. Interval
SWASTHFIT VITAMIN PACKAGE			
VITAMIN B12; CYANOCOBALAMIN, SERUM (Chemiluminescent Immunoassay)	560.00	pg/mL	211.00 - 911.00

Notes

1. To differentiate vitamin B12 & folate deficiency, measurement of Methyl malonic acid & Homocysteine levels in serum is suggested
2. The diagnosis of B12 deficiency cannot be solely based on serum B12 levels. Further testing for folic acid, intrinsic factor blocking antibodies, holotranscobalamin (active B12), homocysteine, and/or methylmalonic acid is suggested for symptomatic patients with hematological or neurological abnormalities
3. The concentration of Vitamin B12 obtained with different assay methods cannot be used interchangeably due to differences in assay methods and reagent specificity

Comments

Vitamin B12 performs many important functions in the body, but the most significant function is to act as co-enzyme for reducing ribonucleotides to deoxyribonucleotides, a step in the formation of genes. Inadequate dietary intake is not the commonest cause for cobalamine deficiency. The most common cause is malabsorption either due to atrophy of gastric mucosa or diseases of terminal ileum. Cobalamine deficiency leads to Megaloblastic anemia and demyelination of large nerve fibres of spinal cord. Normal body stores are sufficient to last for 3-6 years. Sources of Vitamin B12 are liver, shellfish, fish, meat, eggs, milk, cheese & yogurt.

Decreased Levels

- **Lack of Intrinsic factor:** Total or partial gastrectomy, Atrophic gastritis, Intrinsic factor antibodies
- **Malabsorption:** Regional ileitis, resected bowel, Tropical Sprue, Celiac disease, pancreatic insufficiency, bacterial overgrowth & achlorhydria
- **Loss of ingested vitamin B12:** fish tapeworm
- **Dietary deficiency:** Vegetarians
- **Congenital disorders:** Orotic aciduria & transcobalamine deficiency
- **Increased demand**: Pregnancy specially last trimester

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Increased Levels

Chronic renal failure, Congestive heart failure, Acute & Chronic Myeloid Leukemia, Polycythemia vera, Carcinomas with liver metastasis, Liver disease, Drug induced cholestasis & Protein malnutrition

VITAMIN D, 25 - HYDROXY, SERUM (Chemiluminescence)	75.59	nmol/L	75.00 - 250.00

Interpretation

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

Note

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

Comments

Vitamin D promotes absorption of calcium and phosphorus and mineralization of bones and teeth. Deficiency in children causes Rickets and in adults leads to Osteomalacia. It can also lead to Hypocalcemia and

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Tetany. Vitamin D status is best determined by measurement of 25 hydroxy vitamin D, as it is the major circulating form and has longer half life (2-3 weeks) than 1,25 Dihydroxy vitamin D (5-8 hrs).

Decreased Levels

- Inadequate exposure to sunlight
- Dietary deficiency
- Vitamin D malabsorption
- Severe Hepatocellular disease
- Drugs like Anticonvulsants
- Nephrotic syndrome

Increased levels

Vitamin D intoxication

GLUCOSE, FASTING (F), PLASMA (Hexokinase)	94.00	mg/dL	70.00 - 100.00

LIPID PROFILE, SCREEN (Spectrophotometry)			
Cholesterol, Total	187.00	mg/dL	<200.00
Triglycerides	81.00	mg/dL	<150.00
HDL Cholesterol	53.70	mg/dL	>50.00
LDL Cholesterol, Calculated	**117.10**	mg/dL	<100.00
VLDL Cholesterol,Calculated	16.20	mg/dL	<30.00
Non-HDL Cholesterol	**133**	mg/dL	<130

Interpretation

REMARKS	TOTAL CHOLESTEROL	TRIGLYCERIDE	LDL CHOLESTEROL	NON HDL CHOLESTEROL

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Test Name	Results in mg/dL	Units in mg/dL	Bio. Ref. Interval in mg/dL
Optimal	<200	<150	<100	<130
Above Optimal	-	-	100-129	130 - 159
Borderline High	200-239	150-199	130-159	160 - 189
High	>=240	200-499	160-189	190 - 219
Very High	-	>=500	>=190	>=220

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. NLA-2014 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
4. NLA-2014 identifies Non HDL Cholesterol(an indicator of all atherogeniclipoproteins such as LDL , VLDL, IDL, Lpa, Chylomicron remnants)along with LDL-cholesterol as co- primary target for cholesterol lowering therapy. Note that major risk factors can modify treatment goals for LDL &Non HDL.
5. Apolipoprotein B is an optional, secondary lipid target for treatment once LDL & Non HDL goals have been achieved
6. Additional testing for Apolipoprotein B, hsCRP,Lp(a) & LP-PLA2 should be considered among patients with moderate risk for ASCVD for risk refinement

Treatment Goals as per Lipid Association of India 2016

RISK CATEGORY	TREATMENT GOAL		CONSIDER THERAPY	
	LDL CHOLESTEROL (LDL-C)(mg/dL)	NON HDL CHLOESTEROL (NON HDL-C) (mg/dL)	LDL CHOLESTEROL (LDL-C)(mg/dL)	NON HDL CHLOESTEROL (NON HDL-C) (mg/dL)
Very High	<50	<80	>=50	>=80
High	<70	<100	>=70	>=100
Moderate	<100	<130	>=100	>=130
Low	<100	<130	>=130*	>=160*

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Test Name	Results	Units	Bio. Ref. Interval
*In low risk patient, consider therapy after an initial non-pharmacological intervention for at least 3 months			
C-REACTIVE PROTEIN; CRP, SERUM (Immunoturbidimetry)	4.00	mg/L	<6.00

Comments

CRP is an acute phase reactant which is used in inflammatory disorders for monitoring course and effect of therapy. It is most useful as an indicator of activity in Rheumatoid arthritis, Rheumatic fever, tissue injury or necrosis and infections. As compared to ESR, CRP shows an earlier rise in inflammatory disorders which begins in 4-6 hrs, the intensity of the rise being higher than ESR and the recovery being earlier than ESR. Unlike ESR, CRP levels are not influenced by hematologic conditions like Anemia, Polycythemia etc.

NABL ACCREDITED MC-2011

L60 - Yusuf Sarai – Lab
4/1-3, AUROBINDO MARG, YUSUF SARAI
DELHI

Name	: Mrs. SHEELA YADAV	Collected	: 27/9/2019 7:36:00AM
Lab No.	: 150840542 Age: 46 Years Gender: Female	Received	: 27/9/2019 7:51:13AM
A/c Status	: P Ref By : A.I.I.M.S. HOSPITAL	Reported	: 27/9/2019 1:34:20PM
		Report Status	: Final

Test Name	Results	Units	Bio. Ref. Interval
THYROID PROFILE,TOTAL, SERUM (Chemiluminescent Immunoassay)			
T3, Total	1.25	ng/mL	0.60 - 1.81
T4, Total	7.50	ug/dL	5.01 - 12.45
TSH	1.82	ulU/mL	0.35 - 5.50

Interpretation

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

Note

1. TSH levels are subject to circadian variation, reaching peak levels between 2 - 4.a.m. and 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.
2. Recommended test for T3 and T4 is unbound fraction or free levels as it is metabolically active.
3. Physiological rise in Total T3 / T4 levels is seen in pregnancy and in patients on steroid therapy.

Clinical Use

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

Dr Lal PathLabs
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Regd. Office/National Reference Lab: Dr. Lal PathLabs Ltd., Block E, Sector-18, Rohini, New Delhi - 110085
Tel: +91-11-30244-100, 3988-5050, Fax: +91-11-2788-2134, E-mail: lalpathlabs@lalpathlabs.com
Web: www.lalpathlabs.com, CIN No.: L74899DL1995PLC065388

NABL ACCREDITED MC-2011

L60 - Yusuf Sarai – Lab
4/1-3, AUROBINDO MARG, YUSUF SARAI
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Test Name	Results	Units	Bio. Ref. Interval

Dr Neha Tyagi
MD Pathology
Chief of Laboratory
Dr Lal PathLabs Ltd

Dr Bhavika Rishi
MD, Pathology
Consultant Pathologist
Dr Lal PathLabs Ltd

Dr Rachna Malik
MD, Pathology
Consultant Pathologist
Dr Lal PathLabs Ltd

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

IMPORTANT INSTRUCTIONS

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

सामान्यतः प्रयोग किए जाने वाले संक्षेपाक्षर / GENERALLY USED ABBREVIATIONS		
a/c = Account / खाता	Csh = Cash / नकदी	Pos = Point of Sale/ पॉइंट ऑफ सेल
adj = Adjustment / समायोजन	dep = Deposit / जमा	Pr = Principal/ मूलधन
Amt = Amount / राशि	Dft = Draft / ड्राफ्ट	proc = Processing Charge/ प्रक्रिया प्रभार
Ar = Arrear/ बकायाराशि	dish/dsh = Dishonor/ अस्वीकृत	rd = Recurring Deposit/ आवर्ती जमा
bal = Balance/ शेष	DR = Debit / नामे	ret/rtn = Return / वापसी
Capn = Capitalisation / पूंजीकरण	DOB = Date of Birth / जन्म तारीख	Rnd = Round off/ पूर्णांकित
Chg/ch = Charge/ प्रभार	eft = Electronic Fund Transfer/ इलेक्ट्रानिक फंड ट्रांसफर	sb = Savings Bank/ बचत बैंक
Chq = Cheque/ चेक	Inop = Inoperative / निष्क्रिय	SC = Short Credit/ शॉर्ट क्रेडिट
CIF = Customer Information File/ ग्राहक सूचना फाइल	Ins = Insurance / बीमा	SI/So/SORD = Standing Instruction/ स्थायी अनुदेश
Clos = Closure/ समापती	Int / In = interest / ब्याज	S/D/W/H/o= Son/ Daughter/ Wife/Husband of / सुपुत्र / सुपुत्री / पत्नी / पति
Coll = Collection/ संग्रहण	lon/loan/ऋण	tr/trf/xfer = Transfer/ अंतरण
Comm. = Commission/ कमीशन	min = Minimum/ न्यूनतम	txn = Transaction/ लेनदेन
COR/CORR = Correction/संशोधन	os = Outstanding / बकायाराशि	Wdl = Withdrawal/ आहरण
CR = Credit/ जमा	P&T = Postal Charges / डाक प्रभार	+MOD bal = Total balance (SB+linked MOD a/c)/ कुल जमा शेष (बचत बैंक+लाइनव

Branch: BANDA Code: 21
COURT COMPOUND

SBI भारतीय स्टेट बैंक
STATE BANK OF INDIA

Email:sbi.00021@sbi.co.in
Phone No.: 220228
IFSC: SBIN0000021

Buss. Hrs:10:00:00-16:00:0
MICR: 210002302

Name: CHHOTE LAL YADAV
S/D/H/o : SHREE
CIF Number : 80823350679
Account No.: 10961705708
A/c Type : SB CSP SILVER
Address : TYPE-IV/377 MAGH MELA GODOWN COLONY
ALLAHABAD
ALLAHABAD
Phone No. :
Email :
D.O.B.(If Minor):
PPO Number :

MOP: SINGLE
A/c Opening Dt: 15/07/2006
Nom Reg No:
Customer's PAN: ABUPY6641(
Date of Issue: 06/11/2023
CONTINUATION

शाखा
BRAN