





20/2/24

# ARTHRITIS RHEUMATISM & PAIN CLINIC

## DR P D RATH

MD FRCR, FRCP (Gen), FRCP (Rheum)  
Fellow of the Royal College of Physicians  
Fellow of the Royal College of Rheumatologists  
Fellow of the British Society for Rheumatology  
Fellow of the Indian Rheumatology Society

**DIRECTOR & HEAD OF DEPT RHEUMATOLOGY**  
SAS SUPER SPECIALITY HOSPITAL  
SASCT, BHUNT, PANCHWAL, NEW RAJUL

**SPECIALIST IN**  
RHEUMATOID ARTHRITIS  
GONORRHOEAL ARTHRITIS  
PSEUDOGOUT  
CRYSTALLINE DEPOSITION  
SLE  
SCLERODERMA  
OSG  
OSTEOPOROSIS  
CALCINOSIS

**CONSULTANT AT**  
SAS HEALTH CARE, NEW DELHI  
SASCT  
PANCHWAL  
SAS BHUNT

Consult at SASCT only  
Between 4:00pm to 8:00pm  
Not Consult on Sunday

APPOINTMENT FEES: 1000/- (Cash)  
1500/- (Credit Card)  
2000/- (Debit Card)  
2500/- (Insurance)  
2000/- (Government Employees)  
1000/- (Students)

RP - 12/187  
SP - 97.1  
PR - 8/66  
WT - 75kg

Shalini Singh 41 F  
D RA Panchwaj 20/2/24  
Sec. Spojit

CAUTION  
ALLERGENIC SUBSTANCES  
CONTAINED IN THIS PRESCRIPTION

Dr. Indrani  
10y B.D.

N. Iyengar 25y B.D.  
K. Raj Subrah 50y S.C.  
once a week

Prasanna  
K. Navaneeth 70 B.D.  
V. Ravi D B  
K. Pooja 34y B.D.

Dr. P.D. Rath  
SAS SUPER SPECIALITY HOSPITAL  
SASCT, BHUNT, PANCHWAL, NEW RAJUL

Dr. Manoj  
Dr. Anil  
Dr. Anil  
Dr. Anil  
Dr. Anil  
Dr. Anil

Dr. Anil  
Dr. Anil  
Dr. Anil  
Dr. Anil  
Dr. Anil

First Review to be Done Before  
Every Follow up as advised

PREVENTING YOU TO BELIEVE  
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Dr. P. D. Rath

# ARTHRITIS RHEUMATISM & PAIN CLINIC

## DR P D RATH

MD, FRCR, FRCP (UK), FRCP (Canada)  
FRCR (UK), FRCR (USA), ACP  
FRCR (UK) MRB, ULTRASOUND (UK, CAN, SPAIN)  
POST GRADUATE CERTIFICATE IN RHEUMATOLOGY  
JOHN HOPKINS UNIVERSITY (USA)  
DIRECTOR & HEAD OF DEPT RHEUMATOLOGY  
RAG SUPER-SPECIALITY HOSPITAL  
SHEFFIELD, SOUTH YORKSHIRE, NEW SOUTH

## SPECIALIST IN

OSTEOARTHRITIS  
OSTEOARTHRITIS  
RHEUMATOID ARTHRITIS  
GOUTY ARTHRITIS  
SLE  
SCLERODERMA  
DIPY  
OSTEOCHONDRODYSPLASIA  
TRIGGER FINGER

## CONSULTANT AT

WEST HEALTH CARE NEW SOUTH  
WARRINGTON  
PAIN CENTRE  
SHEFFIELD

Member of the British Society of Rheumatology  
Member of the British Society of Rheumatology  
Member of the British Society of Rheumatology  
Member of the British Society of Rheumatology

BP - 130/80  
FA - 106 bpm  
FB - 99%

Shalini Singh LIT

DR Rath Referral 1st pop 25  
Sec - 3/0/0

ENT

4. TB Igurat 25y  
4. TB Igurat 25y  
4. TB Igurat 25y

CECT  
HACT  
Chest

1. 4.5. Subcl 50y sc mac in  
100%

4. S. trachea RB BO

4. PAV - D @ Early stages

3. Heavy Pilo TB 4 Sy 7/14 BO

CRP ESR  
LAP S/GOT  
S/GM S/GW

CAUTION  
THIS IS A PRELIMINARY REPORT  
IT IS NOT INTENDED FOR  
LEGAL USE

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The clinical diagnosis, treatment and management of the patient is the responsibility of the patient's doctor.



Reg 1785

# ARTHRITIS RHEUMATISM & PAIN CLINIC

## DR P D RATH

DR P D RATH (FRACR) (FRACR) (FRACR)  
FRACR (FRACR) (FRACR) (FRACR)  
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### DIRECTOR & HEAD OF DEPTT RHEUMATOLOGY

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### SPECIALIST IN

- PHYSICIAN/PHYSICIAN
- PHYSICIAN/PHYSICIAN
- PHYSICIAN/PHYSICIAN
- PHYSICIAN/PHYSICIAN
- PHYSICIAN/PHYSICIAN
- PHYSICIAN/PHYSICIAN
- PHYSICIAN/PHYSICIAN
- PHYSICIAN/PHYSICIAN
- PHYSICIAN/PHYSICIAN
- PHYSICIAN/PHYSICIAN

### CONSULTANT AT

- ARIZONA HEALTH CARE NETWORK
- ARIZONA HEALTH CARE NETWORK
- ARIZONA HEALTH CARE NETWORK
- ARIZONA HEALTH CARE NETWORK

5/14/2023

Shalini Patel - 41 F

Dr. P. D. Rath 5/11/23

1/12/10/10/10  
1/12/10/10/10

1. NO 2000  
90g Res

1. IRON-HD 30.
2. Tj Extraoral 20g 5c/level
3. Tj Follicular 20g 5c/level  
(WES)
4. Follicle 5g N/A/TH/SAT

10. HCG 30g 10

11. S. 2000 16 30.

12. D/Coin 20g 130.

13. Supplement 10 10

14. Urea 13 50k/level  
1000

15. CRP 10-0 30.

16. PPD-0 10

3 weeks  
Use esp  
esp 1000  
1000  
1000



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600 SOUTH SPECIALTY HOSPITAL  
3000 WEST WASHINGTON, SUITE 2000  
CHICAGO, ILLINOIS 60606

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# ARTHRITIS RHEUMATISM & PAIN CLINIC

## DR P D RATH

MD, MCh (Rheumatology) (MCh) (India)  
Fellow, Royal College of Rheumatology  
FRCR (Rheumatology), FRCR (Clinical Immunology)  
FRCR (Clinical Rheumatology), FRCR (Clinical Rheumatology)  
FRCR (Clinical Rheumatology), FRCR (Clinical Rheumatology)

### DIRECTOR & HEAD OF RUPTT RHEUMATOLOGY

MAX SURYA SPECIALTY HOSPITAL  
BANGALORE, KARNATAKA, INDIA

MEMBER, RHEUMATOLOGY SOCIETY OF INDIA  
MEMBER, RHEUMATOLOGY SOCIETY OF KARNATAKA  
MEMBER, RHEUMATOLOGY SOCIETY OF SOUTH INDIA  
MEMBER, RHEUMATOLOGY SOCIETY OF ASIA

### SPECIALIST IN

ALLERGOLOGY  
OSTEOARTHRITIS  
RHEUMATOID ARTHRITIS  
SCLERODERMA  
SLE  
MIXED CONNECTIVE TISSUE DYSREGULATION  
SYSTEMIC LUPUS ERYTHEMATOSUS  
CALCIUM METABOLISM

### CONSULTANT AT

MAX HEALTH CARE HOSPITALS  
BANGALORE  
MUMBAI  
CHENNAI

Shalini Singh 41 F

Dr P D Rath  
Specialist

14/4/20

CBE  
ESR  
Snot  
Sunt  
In blood

1. No. Folitran 20mg 500 (week)
2. Folic acid 5mg daily (week)
3. Hair fall 20.
4. No. Snot 20mg 500
5. No. Sunt 20mg 500
6. Snot vs 20.
7. Dyloin 50mg 2 (week)

Dr. P. D. Rath  
MD, MCh (Rheumatology) (MCh) (India)  
Fellow, Royal College of Rheumatology  
FRCR (Rheumatology), FRCR (Clinical Immunology)  
FRCR (Clinical Rheumatology), FRCR (Clinical Rheumatology)

3 Months



MAX SURYA | MD & MCh (Rheumatology) (MCh) (India) | Fellow, Royal College of Rheumatology  
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Rajid-4785

# ARTHRITIS RHEUMATISM & PAIN CLINIC

## DR P D RATH

MBBS, MD, FRCP (UK), FRCP (INDIA)  
FRCR (UK), FRCR (INDIA), FRCR (UK)  
FRCR (UK), FRCR (INDIA), FRCR (UK)  
FRCR (UK), FRCR (INDIA), FRCR (UK)  
FRCR (UK), FRCR (INDIA), FRCR (UK)

### DIRECTOR & HEAD OF DEPT. RHEUMATOLOGY

MAJOR SPECIALTY MEDICAL  
SARV BHARATI TRUST, NEW DELHI

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SARV BHARATI TRUST, NEW DELHI

### SPECIALIST IN

RA, SLE, PSYCHIATRY  
GONORRHOEA  
RHEUMATOID ARTHRITIS  
ANKYLOSING SPONDYLITIS  
SCLERODERMA  
SICKLE CELL  
DYSPLASIA  
DYSPLASIA  
DYSPLASIA

### CONSULTANT AT

MAJOR HEALTH CARE, NEW DELHI  
SARV BHARATI TRUST, NEW DELHI  
SARV BHARATI TRUST, NEW DELHI

CP 10/70  
P. 11/10/10  
SARV BHARATI

① - Stealing Exh. 19/4/10  
D. 11/10/10

1. HbA1c 10.0% @ 25/10  
2. HbA1c 10.0% @ 25/10  
3. HbA1c 10.0% @ 25/10  
4. HbA1c 10.0% @ 25/10  
5. HbA1c 10.0% @ 25/10

1. Thy. Failure from 20/10/10  
are good results

2. Kallitoxin sy. 10/10/10  
3. HbA1c 3.0% @  
4. HbA1c 3.0% @  
5. HbA1c 3.0% @

Dr. P. D. Rath  
MAJOR SPECIALTY MEDICAL  
SARV BHARATI TRUST, NEW DELHI

Imathi  
CPK 2500  
SLOT 10/10  
Subcutaneous

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**VITAMIN B12 DEFICIENCY**

Dr. MANJUNATH  
 100, JAYAPRASAD ROAD, NE 111A, 2ND FLOOR  
 600 016, CHENNAI, INDIA



Lab No: 123456  
 Date: 15/08/2024

NAME	MR. SRIKANTH	Age: 55 Years	Gender: Male	Report Status	Completed	Received	Reported
Lab No.	1234567				123456	123456	123456
Ref. No.	1	Ref No: 1234		Final			

Test Name	Result	Unit	Ref. Range
VITAMIN B12 (CYANOCOBALAMIN) SERUM	100.00	pg/ml	213.00 - 671.00

Note: To differentiate vitamin B12 & folic acid deficiency, measurement of Methylmalonic acid in urine & serum homocysteine level is suggested.

**Comments**

Vitamin B12 performs many important functions in the body but the most significant function is to act as a coenzyme for methylcobalamin in methylcobalamin. It also is the form of gene, methylcobalamin, which acts as a cofactor for the conversion of homocysteine to methionine. The most common cause of vitamin B12 deficiency is the atrophy of gastric mucosa or disease of terminal ileum. Common causes include pernicious anemia and demyelination of large nerve fibers of spinal cord. Normal body stores is sufficient to last for 3-5 years. Source of Vitamin B12 are liver, kidney, fish, meat, eggs, milk, cheese, yogurt.

**Increased Levels**

- Lack of intrinsic factor: Total or partial gastrectomy, Atrophic gastritis, gastric tumor antibodies
- Malabsorption: Regional ileitis, resected ileum, Tropical Sprue, Celiac disease, pancreatitis, Crohn's disease, bacterial overgrowth & schistosomiasis
- Lack of injected vitamin B12: Salt wasting
- Vitamin B12 deficiency: Myelodysplasia
- Congenital disorders: Orthotransferase & transcobalamin deficiency
- Increased demand: Pregnancy especially 3rd trimester

**Increased Levels**

Congenital heart failure, Congestive heart failure, Acute & Chronic Myeloid Leukemia, Polycythemia in Dehydration with high hematocrit, Liver disease, Drug induced hemolysis & Protein malnutrition

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 100% Effective

**Natural**  
 100% Pure  
 100% Natural  
 100% Effective

**Herbals**  
 100% Pure  
 100% Natural  
 100% Effective

End of report



**Dr. Manjunath**  
 100, JAYAPRASAD ROAD, NE 111A, 2ND FLOOR  
 600 016, CHENNAI, INDIA



22,000 E  
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 TEL: 908-761-1111  
 FAX: 908-761-1112

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**NAME:** MRS. BRADY  
**AGE:** 55 Yrs  
**SEX:** Female  
**LABORATORY ID:** 1180749  
**ACTUARY ID:** 00000000000000000000  
**CLINIC/PHYSICIAN:** HUNTERDON  
**PHYSICIAN:** DR. JAMES H. HUNTER  
**PHYSICIAN ID:** 00000000000000000000  
**PHYSICIAN:** HUNTERDON  
**PHYSICIAN ID:** 00000000000000000000  
**PHYSICIAN:** HUNTERDON  
**PHYSICIAN ID:** 00000000000000000000

**TEST:** **Result** **Reference** **Biological Reference Range** **Units**

**NEUTROPHILS**

**COMPLETE BLOOD COUNT (CBC) BLOOD**

HEMOGLOBIN	14.0	14.0-16.0	g/dL
HEMATOCRIT	39.3	36.0-46.0	%
RED BLOOD CELL COUNT	5.24	4.6-5.4	10 <sup>6</sup> /mm <sup>3</sup>
MEAN CORPUSCULAR VOLUME	75.0	86-102	fL
RDW	12.8	11.6-13.8	%
PLATELET COUNT	260	150-400	10 <sup>3</sup> /mm <sup>3</sup>
TOTAL LEUCOCYTE COUNT	6.1	4.8-10.8	10 <sup>3</sup> /mm <sup>3</sup>
<b>DIFFERENTIAL LEUCOCYTE COUNT, BLOOD</b>			
NEUTROPHILS	40.1	40.0-60.0	%
LYMPHOCYTES	57.9	20.0-40.0	%
MONOCYTES	1.0	1.0-6.0	%
EOSINOPHILS	0.0	0.0-5.0	%
PLATELETS	26.0	150-400	10 <sup>3</sup> /mm <sup>3</sup>
ABSOLUTE NEUTROPHIL COUNT	2.48	1.92-6.48	10 <sup>3</sup> /mm <sup>3</sup>
ABSOLUTE LYMPHOCYTE COUNT	3.64	0.96-4.32	10 <sup>3</sup> /mm <sup>3</sup>
ABSOLUTE MONOCYTE COUNT	0.06	0.00-0.65	10 <sup>3</sup> /mm <sup>3</sup>
ABSOLUTE EOSINOPHIL COUNT	0.00	0.00-0.54	10 <sup>3</sup> /mm <sup>3</sup>



**DIFFERENTIAL:**  
 The percentage count of each type of differential leucocyte does not always exactly total 100% because of rounding. There is a maximum of 0.5% discrepancy allowed for determination of rounding. The differential leucocyte counts are reported as either total V cell volume or cell count of total.

**ERYTHROCYTE SEDIMENTATION RATE, BLOOD**  
 ESR: 40 (Normal 0-20)

**HAEMOGLOBIN (Hb) POLYMERIZED HEMOGLOBIN, BLOOD**  
 Hb: 4.6 (Normal 0.0-1.0)

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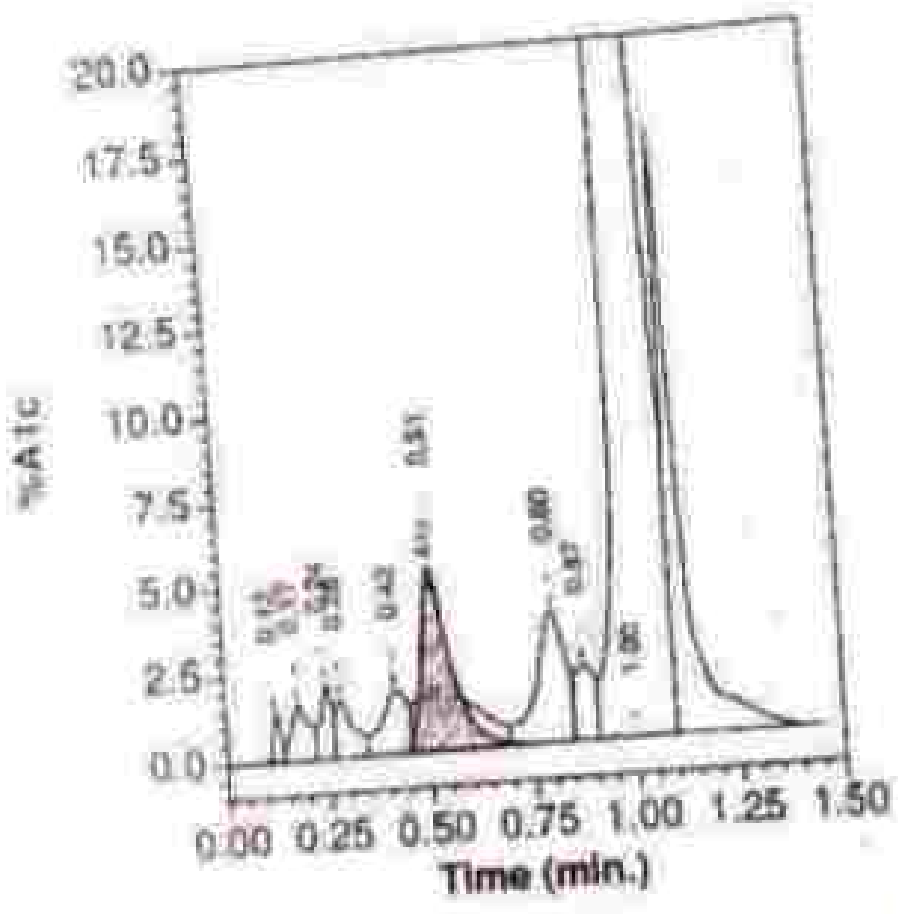




NAME: **MR. SHAM**  
 ID: **12345**  
 ADDRESS: **123 Main St**  
 CITY: **LAHORE**

RECORD NO: **12345**  
 ANALYSIS DATE: **2023-10-27**  
 ANALYSIS TIME: **10:30 AM**  
 ANALYST: **MR. ALI**  
 METHOD: **GC-MS**  
 SAMPLE NO: **001**  
 ANALYSIS TYPE: **QUALITATIVE**

DATE: **2023-10-27**  
 TIME: **10:30 AM**  
 LAB: **Diagno LABS**



Method: **GC-MS**  
 Column: **DB-5**  
 Carrier Gas: **N2**  
 Inlet Temp: **250°C**  
 Oven Temp: **100°C**

**Notes:**  
 1. The chromatogram shows several peaks, with the most prominent peak at 0.95 minutes.  
 2. The peak at 0.95 minutes is identified as **THC** based on its retention time and mass spectrum.  
 3. The presence of other peaks suggests a complex sample matrix.  
 4. The results are consistent with the sample being analyzed.

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 Address: **123 Main St, Lahore, Pakistan**











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TEST NAME	ANA (SCLERODERMA)	AGE	SEX	DOB	PHYSICIAN	LABORATORY	DATE
TEST RESULT	NEGATIVE	AGE	SEX	DOB	PHYSICIAN	LABORATORY	DATE

TEST NAME	ANA (SCLERODERMA)	RESULTS	DATE	REF. NO.
TEST RESULT	NEGATIVE	RESULTS	DATE	REF. NO.

**Interpretation:**

ANA (SCLERODERMA)	NEGATIVE
ANA (SCLERODERMA)	NEGATIVE
ANA (SCLERODERMA)	NEGATIVE
ANA (SCLERODERMA)	NEGATIVE

ANA (SCLERODERMA) is the most sensitive screening test for autoantibodies in patients suspected of having the disease. They are a heterogeneous group of autoantibodies directed against ds-DNA, histone, SSA/SSB, SCL-70, Jo-1 & Centromere. ANA is found in over 90% of patients with Scleroderma. Primary biliary cirrhosis (PBC) is found in over 50% of patients with Scleroderma. ANA has also been detected in individuals taking certain drugs like hydralazine, procainamide, methyldopa, and some anti-HIV drugs.

TEST NAME	ANA (SCLERODERMA)	RESULTS	DATE	REF. NO.
TEST RESULT	NEGATIVE	RESULTS	DATE	REF. NO.

**Interpretation:**

ANA (SCLERODERMA)	NEGATIVE
ANA (SCLERODERMA)	NEGATIVE
ANA (SCLERODERMA)	NEGATIVE
ANA (SCLERODERMA)	NEGATIVE

ANA (SCLERODERMA) is the most sensitive screening test for autoantibodies in patients suspected of having the disease. They are a heterogeneous group of autoantibodies directed against ds-DNA, histone, SSA/SSB, SCL-70, Jo-1 & Centromere. ANA is found in over 90% of patients with Scleroderma. Primary biliary cirrhosis (PBC) is found in over 50% of patients with Scleroderma. ANA has also been detected in individuals taking certain drugs like hydralazine, procainamide, methyldopa, and some anti-HIV drugs.

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Haryana, India  
122001



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Fax: +91 122 414 4145  
Email: info@lalpathlabs.com

NAME	M/S. SHALINI SHARMA	Collected	21/03/2018	24/03/2018
LAB NO.	210000101	Age: 34 Years	Gender: Female	Reported
AC. NAME	R	Ref By: Dr. Shalini P. Chaturvedi MBBS	Report Status	Final

Test Name	Results	Units	Ref. Int. Interval
ANA	negative		
ANA	Weak positive		
ANA	Moderate positive		
ANA	Strong positive		

### Comments

ANA antibodies are generally considered as a serological marker of Primary Sjogren's syndrome and are detected in nearly 80% of these patients. They are also seen in 5-10% cases of ANA positive SLE patients. Titers of both IgG/IgA & IgM/IgG antibodies in SLE patients show a lower incidence of high titers compared to cases of idiopathic Ant DNA synthesis. Deficiency of this antibody can precede the development of symptoms of Sjogren syndrome by several years.

*Shalini*  
Dr. Shalini P. Chaturvedi  
MBBS, MD, DM, FRCR  
Senior Consultant

*M. K. Singh*  
Dr. M. K. Singh  
MBBS, MD, DM, FRCR  
Senior Consultant

— End of Report —

✓

21/03/2018



# In Lab Path Labs


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 PUNE-411004


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 PUNE-411004

C-101, MIDC INDUSTRIAL ESTATE  
 4TH FLOOR, WAKHURDA,  
 PUNE-411004

NAME	MR. SHALIN BHOIR			Gender	Female	Lab No.	SHALIN BHOIR
AGE	34 Years	DOB	12/05/1989	Ref No.	SHALIN BHOIR	Test No.	SHALIN BHOIR
REF BY	DR. UPENDRA FADNIS WARD			Request	Free		

Test Name	Result	Unit	Ref. Int. Range
ANTI-CCP (CYCLIC CITRULLINATED PEPTIDE)	+ 250 U	U/ml	< 20

- Notes:**
- Sensitivity of this assay is 70.0% and specificity is 98.2%
  - Specificity for Anti-CCP antibodies in Juvenile arthritis patients has not been established

**REFERENCE:**

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

- clinical uses:**
- Diagnosis of early Rheumatoid arthritis - Anti-CCP antibodies are detected in approximately 50-60% cases of Rheumatoid arthritis usually after 3-6 months of symptoms
  - Prognosis of severity of disease - Early Rheumatoid arthritis patients with Anti-CCP positivity may develop a more severe form of the disease as compared with Anti-CCP negative patients
  - It is useful to clearly distinguish Rheumatoid arthritis from Polymyositis rheumatica and erosive SLE

Reference Range	0-20	U/ml	0.58 - 1.85
-----------------	------	------	-------------

Reference Range	Reference Range of TSH (as per American Thyroid Association)
Reference Range	
0-10 mIU/L	0.45-4.50
0-20 mIU/L	0.35-4.00
0-30 mIU/L	0.30-3.00

- Notes:**
- TSH levels are raised by thyroid resistance, resulting with levels between 2 - 4.5 mIU/L and at a minimum between 0.10 mIU/L. The variation is of the order of 50%, hence time of the day has influence on the measured serum TSH concentrations
  - Values > 0.03 mIU/L need to be clinically correlated due to presence of a late TSH value in some patients




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NAME	ALLIANCE HOSPITAL	Collected	2020/05/15 10:30 AM
AGE	45 YRS	Received	2020/05/15 10:30 AM
SEX	Male	Reported	2020/05/15 10:30 AM
TESTS	TESTS: 01 UPPER PANEL	Report Date	Final

TESTS: 01 UPPER PANEL

- OBJECTIVE**
- 1. Thyroid dysfunction and hyperthyroidism
  - 2. Check T4 replacement or T4 suppressive therapy
  - 3. Verify TSH levels in the normal range

**RELEVANT HISTORY:** Primary hyperthyroidism, Subacute thyroiditis, TSH dependent hypocholesterolemia, Thyroid hormone resistance

**RELEVANT HISTORY:** Graves disease, Autoimmune thyroid hormone secretion, TSH deficiency

*Rishi*  
 Rishi  
 Rishi

*Arvind*  
 Arvind  
 Arvind

*[Signature]*  
 [Signature]  
 [Signature]

End of report

✓

4







Dr. Anil Singhal  
**ORTHO CARE**  
Multi-specialty Hospital and Trauma Centre

Reg. No. ANR20210210

Page 2

Patient Name	Dr. Anil Singhal	Ref. No.	ANR20210210
Age	45	Sex	Male
Address	...	Phone	...
...	...	...	...

Dr. ANIL SINGHAL (ORTHOPEDIC AND SPORTS) REG. NO. UPNOC 20260



Particulars: (1) Elbow and (2) Hand  
 Note: All on ground  
 Note: Hyperextension joint

# Epitelson (1)  
 @ Unicap # 2nd Malware



AKPLOS  
 AB-PWIS  
 GRIP Capitation by two headless screws + titanium plates



Acetabular  
 Acetabular  
 Acetabular  
 Acetabular

SIGNATURE OF THE DOCTOR

*[Handwritten Signature]*



PHYSICIAN OFFICE  
**ORTHOCARE**

PHYSICIAN OFFICE

**CLAIM**

APR 2011	PHYSICIAN OFFICE	0000	APR 2011
1000000000	1000000000	1000000000	1000000000
1000000000	1000000000	1000000000	1000000000
1000000000	1000000000	1000000000	1000000000
1000000000	1000000000	1000000000	1000000000
1000000000	1000000000	1000000000	1000000000

**DETAILS**

DATE	TIME	DESCRIPTION	CODE	UNIT	RATE	AMOUNT	STATUS
04/01/11	10:00	PHYSICIAN OFFICE	1000	1	1000.00	1000.00	PAID

**GRAND TOTAL** \$1,000.00  
**PAID AMOUNT** \$1,000.00

**PAYMENTS**

DATE	TIME	DESCRIPTION	CODE	UNIT	RATE	AMOUNT	STATUS
04/01/11	10:00	PHYSICIAN OFFICE	1000	1	1000.00	1000.00	PAID

**GRAND TOTAL** \$1,000.00  
**PAID AMOUNT** \$1,000.00

PHYSICIAN OFFICE  
 1000000000

PHYSICIAN OFFICE  
 1000000000





# THE ORTHOPEDIC INSTITUTE OF FLORIDA ORTHOCARE

10001  
11  
1111

## INVOICE

Account No.	10001	DATE	11/11/11
Invoice No.	1111	DATE	11/11/11
Product Code	1111	DATE	11/11/11
Item Code	1111	DATE	11/11/11
Quantity	1	DATE	11/11/11
Unit Price	1111	DATE	11/11/11
Total	1111	DATE	11/11/11

## DETAILS

LINE	QTY	DESCRIPTION	UNIT	PRICE	TOTAL	TAX	AMOUNT
1	1	1111		1111	1111		1111
2	1	1111		1111	1111		1111

Gross Amount: 1111  
 Discount: 0  
 Net Amount: 1111

## PAYMENT

DATE	AMOUNT	BALANCE	STATUS
11/11/11	1111	0	PAID

Net Amount: 1111  
 Cash on Hand: 0  
 Total: 1111

1111



athkind

NATIONAL REFERENCE LAB  
ADVANCED DIAGNOSTICS PVT. LTD.  
F-10, Phase-III, Main Road, Sector-17, Gurgaon-122002  
Gurgaon, Haryana-122002  
Phone: 01292-500000  
Fax: 01292-500001  
E-mail: info@athkind.com  
www.athkind.com

Dr. Fakhri Ahmad  
Dr. Fakhri Ahmad  
Dr. Fakhri Ahmad

Name	: Mrs. Shilpa Singh	Rolling No.	: 2024/2022/0001/17
Age	: 32 Yrs	Sample Collection no.	: 2024/2022/11/0001
Sex	: Female	Sample Received no.	: 18/01/2024/11/0001
P ID No.	: P180200010	Report Received no.	: 18/01/2024/11/0001
Accession No.	: 110423010001	Report No.	: 18/0001/11/0001/0001
Referring Center	: (H)		
Received By	: Dr. Fakhri Ahmad, CEO, National Ref. Lab, Gurgaon	Ref No.	

Report Status - Final

Test Name	Result	Biological Ref. Interval	Unit
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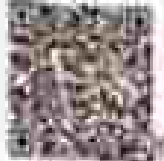
**Interpretation:**  
This report provides an overview of the results of the HIV-1 screening test. The test result was positive. The laboratory must confirm the result. Please consult your physician, dentist or other healthcare provider. Physical characteristics (sex and appearance) should be confirmed. (Please provide name, blood number and date of birth) and laboratory address (post code, telephone, fax, TSP, email and website) are analyzed for security.

Final Report

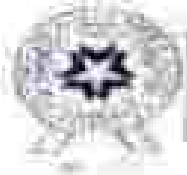
Dr. Fakhri Ahmad  
CEO, National Ref. Lab



जाय सही तो इलाज सही



ATHKIND



HealthKIND ADVANCE  
 HealthKIND ADVANCE  
 HealthKIND ADVANCE

Name	MR. SHARAD KUMAR	DOB	1978-08-15
Age	42 Yrs	Gender	Male
Height	175 cm	Weight	75 kg
Blood Pressure	130/80 mmHg	Heart Rate	72 bpm
Diabetes	No	Smoking	No
Family History	No	Medication	No

Report Status - Final

Test Name	Result	Biological Reference Interval	Unit
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HEALTHKIND ADVANCE  
 BIOCHEMISTRY

Lipid Profile Direct

<b>LDL Cholesterol (Direct)</b> <small>Direct method, Homocysteine independent</small>	192	Optimal < 100 Near Optimal 100 - 129 Borderline High 130 - 159 High 160 - 189 Very High ≥ 190	mg/dL
---	-----	---	-------

Microalbuminuria, Spot Urine

<b>Urine Microalbumin</b> <small>Spot Urine</small>	600	0 - 29	mg/dL
<b>Urine Creatinine</b> <b>Albumin Creatinine Ratio, Spot Urine</b> <small>Spot Urine</small>	24.1	30 - 300 Normal < 30 Microalbuminuria 30 - 300 Macroalbuminuria > 300	mg/dL mg/dL Creatinine

LDL Cholesterol (Direct)

**CLINICAL SIGNIFICANCE:**  
 LDL cholesterol is directly associated with increased likelihood of coronary heart disease. Elevated LDL levels are one of several abnormalities, in addition to high triglycerides, elevated glucose, and high uric acid, that are associated with the metabolic syndrome. Elevated LDL levels are also associated with cardiovascular disease events and kidney dysfunction. Lowering LDL levels reduces cardiovascular risk.

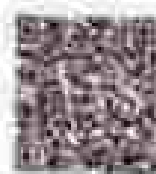
Lipid Profile Direct

Elevated LDL-C leads to very high risk and coronary risk grade depends by the Lipid Association of India.

Lipid Profile Direct	Coronary Risk grade	
	Category A	Category B
LDL-C level (mg/dL)	LDL-C level of 100 mg/dL	LDL-C level of 130 mg/dL



जय सही तो इलाज सही







Laboratory Investigation Report

Patient Name	Ms. Susan Singh	Sex	Female - Adolescent/Young Adults
Age/Sex	21Y11M02S.F	Other Name	
Accountable	MS00024579 (04/20/23)	Collection Date/Time	25Apr 2024 12:20PM
Ref Order	RPO 001	Reporting Date/Time	25Apr 2024 05:47PM

Clinical Biochemistry

TESTS ORDERED

Creatinine, Serum

Date	Time	Result	Unit	Ref. Interval
25Apr2024	12:20PM	193.0µmol/L	µmol/L	48-131
Method		MDRD		
eGFR by MDRD		25.28	ml/min/1.73m <sup>2</sup>	
eGFR by CKD-EPI 2001		26.72	ml/min/1.73m <sup>2</sup>	

Ref. Range

eGFR - Estimated Glomerular Filtration Rate is calculated by MDRD equation which is most accurate for GFRs < 90ml/min/1.73m<sup>2</sup> or CKD equation is used for adult population only.

Category	Reference Interval (ml/min/1.73m <sup>2</sup> )	Comment
G1	≥90	Normal to High
G2	60-89	Mild Decrease
G3a	45-59	Mild to Moderate Decrease
G3b	30-44	Moderate to Severe Decrease
G4	15-29	Severe Decrease
G5	<15	Kidney Failure

GGT - Aspartate Aminotransferase, Serum

Date	Time	Result	Unit	Ref. Interval
25Apr2024	12:20PM	10.58	U/L	0-50
GGT - Aspartate Transaminase (AST)				

Interpretation

Results are to be reported with units that represent the unit accepted by the CC as units including reference intervals provided should represent the unit accepted by the CC.

For Further Information: MAX Lab 24/7 Support Line: 1-800-368-5777 (Toll Free) or 416-291-1111 (Local)

Page 2 of 2

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Laboratory Investigation Report

Patient Name	Mrs. Susan Siga	Sex	Female
Age	42 Y 11 M 05 D	Other Test ID	
Accountable	MR00024579 (MAGNIFY)	Collection Date/Time	15-Apr-2024 12:28PM
Ref Date	RPO Ref	Reporting Date/Time	15-Apr-2024 05:47PM

Clinical Biochemistry

\*\*\*\*\*

SCPT - Ascorbic Acids Transferase, Serum

Date	15-Apr-2024 14-Jun-22	Unit	U/L	Ref. Int. Interval
	12:28PM - 09:03PM			
SCPT - Ascorbic Transferase (ACT)	16.77 15.2	U/L		10-40

Interpretation

Increased Ascorbic Acid Transferase (ACT) activity may indicate liver disease, but also may be seen in acute alcoholism, acute myocardial infarction, and other conditions.

Results available without findings

End Of Report

Pratik Saha  
Dr. Pratik Saha, M.D.  
Medical Director & Quality Manager  
Pathology

Sigman  
Dr. Ashish Shergill, MD  
Assistant Director (Pathology)

Pratik Saha  
Dr. Pratik Saha, M.D.  
Medical Director & Quality Manager  
Pathology

Sigman  
Dr. Mukher Shergill, MD  
Assistant Director (Pathology)

Vijaya Lakshmi  
Dr. Vijaya Lakshmi, M.D.  
Assistant Director (Pathology)

MAX Lab is a part of the MAX Health Services, a subsidiary of the MAX Group of Companies.

Report

For more information, please contact our customer support team at 1-800-555-1234. The release of this report may be restricted by certain state laws.

MAX Lab is committed to providing high-quality laboratory services. We are ISO 15189 certified and adhere to strict quality control standards. Our results are accurate and reliable, and we are committed to providing excellent customer service.





Laboratory Investigation Report

Patient Name	Mrs. Susan Singh	Sex	Female - Adolescent from General
Age/Sex	12Y11M05D.F	Other Referral	N
Location	16100024109 (KASIKART)	Collection Date/Time	16Apr2024 12:29PM
Ref Doctor	R.P.O. Saini	Reporting Doctor	16Apr2024 12:29PM

Hematology

11850410910 (KASIKART)

Complete Haemogram, Peripheral smear and ESR/ESDA

Date	15/Apr/2024 14/Jan/22	Unit	Ref. Ref. Interval
	12:22PM	09:03PM	
Haemoglobin	11.4	9.1	g/dl 12.0-16.0
Packed Cell Volume	33.3	31.7	% 40-50
Total Leucocyte Count (TLC)	7.4	7.15	10 <sup>9</sup> /L 4.0-10.0
HbC Index	4.29	3.50	10-12.0 3.5-4.8
MCV	79.4	80.3	fL 80-101
MCH	34.3	33.3	pg 27-37
MCHC	30.6	28.7	g/dl 31.5-34.8
Platelet Count	106	104	10 <sup>9</sup> /L 150-400
MPV	102	108	fL 73-112
PDW	17.8	18.1	% 11.5-14.8

Differential Cell Count

	15/Apr/2024 14/Jan/22	Unit	Ref. Ref. Interval
	12:22PM	09:03PM	
Neutrophils	50.8	40	% 40-70
Lymphocytes	24.0	13	% 20-40
Monocytes	4.2	16	% 2-10
Eosinophils	2.3	10	% 1-5
Basophils	1.4	10	% 0-2

Abscise Leukocyte Count

	15/Apr/2024 14/Jan/22	Unit	Ref. Ref. Interval
	12:22PM	09:03PM	
Absolute Neutrophil Count	4.18	7.38	10 <sup>9</sup> /L 2.0-7.0
Absolute Lymphocyte Count	2.5	1.2	10 <sup>9</sup> /L 1.0-3.0
Absolute Monocyte Count	0.5	0.27	10 <sup>9</sup> /L 0.2-1.0
Absolute Eosinophil Count	0.17		10 <sup>9</sup> /L 0.0-0.5
Absolute Basophil Count	0.03		10 <sup>9</sup> /L 0.0-0.1
ESR (Modified Westergren) 1h		79	mm/h 0-12

Peripheral Smear Examination

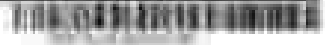
**RBC:** - Mild Anisopoikilocytosis Predominantly Normocytic Normochromic  
**WBC:** - Counts within normal limits  
**Platelet:** - Adequate



Laboratory Investigation Report

Print Name	Mr. Ryan Gray	Case	2nd - Adolescent Team Services
Age/Gender	42 Y / M / CS, F	Other Notable	N
Accountable	Mr. Ryan Gray (00000000000000000000)	Collection Date/Time	04/20/2024 12:00PM
Ref Code	RPO 000	Reporting Date/Time	04/20/2024 09:00PM

Heroinology



Kindly review with clinical findings

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

*Ryan Gray*  
 Ryan Gray  
 Mr. Ryan Gray (00000000000000000000)  
 000000

*Vivian Gray*  
 Vivian Gray  
 Mr. Ryan Gray (00000000000000000000)  
 000000

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Laboratory Investigation Report

Print Name	Mr. Ryan Gray	Case	Def. - Unknown Person - Sexual
Age/Sex	42 Y / M / 175.1	Other Ref ID	1
Account ID	10100024579 (04/20/2019)	Collection Date/Time	04/20/2024 12:00PM
Ref Code	RPO 001	Reporting Date/Time	04/20/2024 12:00PM

Serology

Anti-CCP (Anti Cyclic Citrullinized Protein), Serum

Date: 20 Apr 2024  
12:00PM  
Anti-CCP  
Part 1

118.00 (Reference Interval)

U/L  
418.5  
U/L  
0-175

Comment / Interpretation

This test is to be done in conjunction with rheumatoid factor (RF) and/or testing.

Kindly correlate with clinical findings.

End Of Report

Dr. Prakash K. Desai, MD  
Senior Consultant  
Rheumatology & Immunology

Dr. Anshu Desai, MD  
Senior Consultant  
Rheumatology & Immunology

Dr. Anshu Desai, MD  
Senior Consultant  
Rheumatology

Dr. Prakash K. Desai, MD  
Senior Consultant  
Rheumatology





**Client**

**Pathkind Collection Center (Blood Bank)**  
 Naraina Park, Blood Front  
 Street, Dist. Gurugram, Haryana, 122008

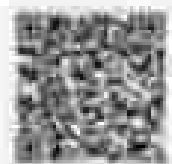
**Processed By**

**Pathkind Diagnostics Pvt. Ltd.**  
 Ground Floor, One Stop Labs, Saket Park, Dwarka  
 Dist. West, Gurugram - 122008, Ph No - 987340766

<b>Name</b>	1. Mrs. SHALINI SINGH	<b>Testing Date</b>	14/01/2023 10:56:27
<b>Age</b>	42 Yrs	<b>Sample Collected on</b>	14/01/2023 11:00:43
<b>Sex</b>	Female	<b>Sample Received on</b>	14/01/2023 12:00:06
<b>P-ID No.</b>	P1205700025523	<b>Report Released on</b>	04/01/2023 15:10:57
<b>Accession No.</b>	11052210111029	<b>Barcode No.</b>	004200002
<b>Referring Doctor</b>	Self	<b>Ref No.</b>	
<b>Referred By</b>	Dr Rajesh Kumar CO Pathkind CC Blood Front		

**Report Status - Preliminary Report**

Test Name	Result	Biological Ref. Interval	Unit
<b>Lymphocytes</b> <small>Sample: Whole Blood EDTA Method: CD 45 Fluorescence &amp; Microscopy</small>	33	20-40	%
<b>Eosinophils</b> <small>Sample: Whole Blood EDTA Method: CD 45 Fluorescence &amp; Microscopy</small>	01	01-06	%
<b>Monocytes</b> <small>Sample: Whole Blood EDTA Method: CD 45 Fluorescence &amp; Microscopy</small>	02	02-10	%
<b>Basophils</b> <small>Sample: Whole Blood EDTA Method: CD 45 Fluorescence &amp; Microscopy</small>	00	00-03	%
<b>Absolute Neutrophil Count</b> <small>Sample: Whole Blood EDTA</small>	5900	2000-7000	/mm <sup>3</sup>
<b>Absolute Lymphocyte Count</b> <small>Sample: Whole Blood EDTA</small>	2150	1000-3000	/mm <sup>3</sup>
<b>Absolute Eosinophil Count</b> <small>Sample: Whole Blood EDTA</small>	90	20-500	/mm <sup>3</sup>
<b>Absolute Monocyte Count</b> <small>Sample: Whole Blood EDTA</small>	100 L	200-1000	/mm <sup>3</sup>
<b>Absolute Basophil Count</b> <small>Sample: Whole Blood EDTA</small>	00 L	20-100	/mm <sup>3</sup>
<b>DLC Performed By</b> <small>Sample: Whole Blood EDTA</small>	RTB, Sreer		
<b>Platelet Count</b> <small>Sample: Whole Blood EDTA Method: Impedance</small>	280	150-450	thous/mm <sup>3</sup>
<b>MPV (Mean Platelet Volume)</b> <small>Sample: Whole Blood EDTA Method: Coulter</small>	10.3	8.8-10.8	fL



Pathkind Diagnostics Pvt. Ltd.

Page No. 1 of 2













