AIC
ARTHRITIS & IMMUNOLOGY CLINIC

Dr. Sundeep Grover

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

Rheumatologist & Clinical Immunologist

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

Dr Rhini Handa Sir for II opinion

Shalini Singh

RA established active

TJC=4
SJC=1

dis active

Rx – Need Biologic: preferably Rituximab (in view of high dis active)

1. Inj Folitrax-20 1amp IM or SC once a week on Sunday
2. tab Folfit 1 tab once a day except Sunday
3. tab Saaz (1gm)
4. tab HCQS (200) 1—0
5. tab Defza (6) ½ on alt day ↓ 1m → ½ tab twice a week (Mon, Thu)
6. Cap Decosmol 0—1
7. tab Dolo (500) 1—0
8. tab Somprazd 40 1—1
9. Calcirol on every 15 d
10. tab Shelcal HD 1—0

[x 2m]

Arthritis & Immunology Clinic
1 Saraswati Plaza, E.K. Road, Meerut
Appointment: +91-9219884868
Timing: Monday to Friday (10:30 AM to 7:30 PM)
Saturday & Sunday Closed

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Rheumatologist & Clinical Immunologist
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27/02/18

Shalini Singh
37/F

40 Mr AP Singh
ADJ

RA
establishing
active

Rx

1. Inj. Folitrax - 20
   1 amp 9 am s/c
   once a week on Sunday
2. tab Folvite
   0 — 1
   daily except Sunday
3. tab Saaz (1 gm)
   0 — 0
4. tab HCQS (200)
   1 — 0
5. tab Defza (6)
   1 — 1
   1 2 od.
   1/2 — 2
   1 wd
   1/2 on alt day
6. tab Dolo (5m)
   1 — 0
7. Cap ~~[illegible]~~ Somprazole
   1 — 1
8. Calcirol once a week
9. tab Shelcal
   1 — 0
10. Cap Becosule Z
    0 — 1

(x2 m)

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Metho ×
SSZ ✓
HCQ ✓
Leg ×

Renal
Entry
Eyesight
Pituitary

Shalini Singh
37/F

MBD
46 mr AP Singh
ADJ
MBD

17/03/18

RA
> 5 year
mtt > 1 year
MTX 20/week
SSZ 1 gm/d
HCQ

TJC = 6
SJC = 4

Problem
① anemia → partially corrected by transfusion
② Hypo...
③ ↑ dis activity

Rx
Adv / KFT D
① CBC (N) Hb – 11.9
ESR
LFT (N)
urea → 19
creatinine – 0.53
TSH 9.37 (mild)
HbA1C 5.0
CRP (quantity) (6.2)

② CECT Chest & Abd
(N) mild splen...

Rx
– Cap PanD 0 — 1
– tab Sa... (500) 0 — 0 — 0
– tab HCQS (200) 0 — 0
– tab ... 0 — 0 — 0
– tab Defza (6) 0 — 1

Syp Mucaine gel (omit ...)

1 mid (S)

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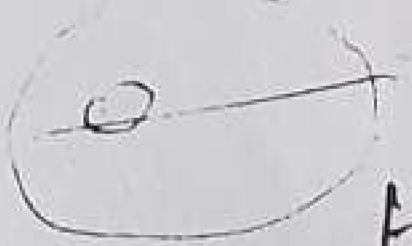
Dr. (Lt General) Ved Chaturvedi
MD, DM
Senior Consultant Rheumatologist
Sir Ganga Ram Hospital, Rajinder Nagar, New Delhi-60

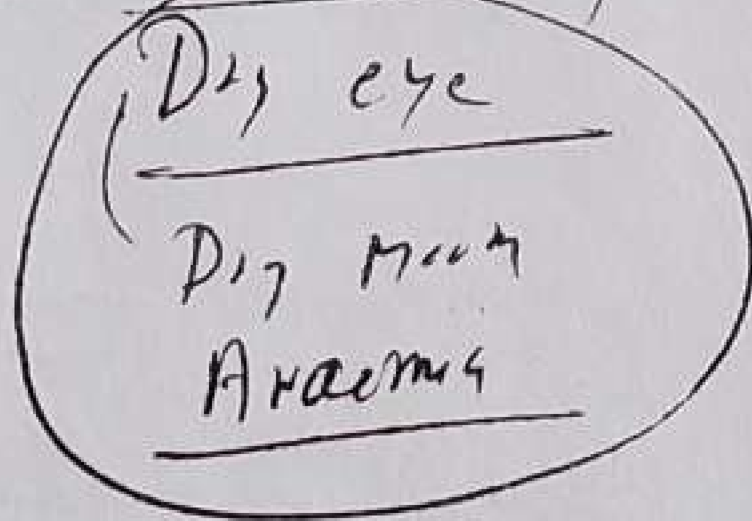
Ex-HOD
Rheumatology Department
Army Hospital (Research & Referral) New Delhi
President
Delhi Rheumatology Association
Past President
Indian Rheumatology Association
Vice President
Musculoskeltal Ultrasound Society

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

Severe Muscle cramps / weakness



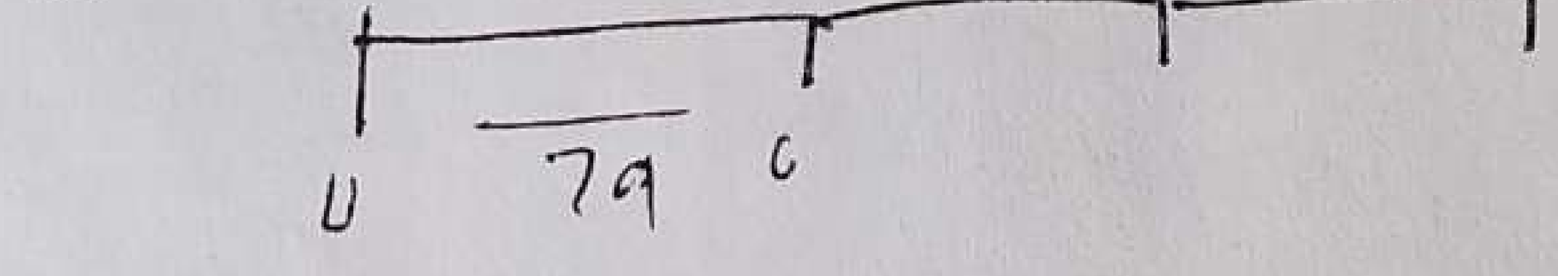
Hypothyroidism
RA stiffness



Dry eye
Dry mouth
Anaemia

S. Iron
TIBC
S. Ferritin
B12 level
Hb electrophoresis
Ro / SSA
La / SSB
Lip biopsy
pt is refusing
Schirmer's

- Cap Iron + Folic acid — 1 BD (after food)
(Autrin)
Haemup
- Albendazole (1)
Prednisolone (5 mg) — 7 days X 1 M
- Inj Enbrel 50 mg - (4)



0 — 7d — c

- Eltroxin 75 mg OD
Vorcum (1) 200

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

B12 1-1
X-ray chest / HbsAg / HCV / Mantoux Test

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

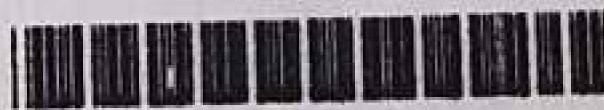
L40 - F PSC MORADABAD 2
VIMAL GIRI NO.-1,DINDAYAL NAGAR-1,
MORADABAD,PIN-244001 9045855500

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

Test Name	Results	Units	Bio. Ref. Interval
SWASTHFIT SUPER 2 PACKAGE			
LIVER & KIDNEY PANEL, SERUM			
(Spectrophotometry, Indirect ISE)			
Bilirubin Total	0.38	mg/dL	0.30 - 1.20
Bilirubin Direct	0.06	mg/dL	<0.20
Bilirubin Indirect	0.32	mg/dL	<1.10
AST (SGOT)	21	U/L	<35
ALT (SGPT)	15	U/L	<35
GGTP	13	U/L	<38
Alkaline Phosphatase (ALP)	76	U/L	30 - 120
Total Protein	7.26	g/dL	6.40 - 8.30
Albumin	3.64	g/dL	3.50 - 5.20
A : G Ratio	1.01		0.90 - 2.00
Urea	19.00	mg/dL	17.00 - 43.00
Creatinine	0.51	mg/dL	0.51 - 0.95
Uric Acid	5.40	mg/dL	2.60 - 6.00
Calcium, Total	8.27	mg/dL	8.80 - 10.60
Phosphorus	4.06	mg/dL	2.40 - 4.40
Sodium	137.00	mEq/L	136.00 - 146.00
Potassium	3.98	mEq/L	3.50 - 5.10
Chloride	104.00	mEq/L	101.00 - 109.00
THYROID PROFILE,TOTAL, SERUM			
(CLIA)			
T3, Total	1.19	ng/mL	0.60 - 1.81
T4, Total	**14.80**	ug/dL	5.01 - 12.45
TSH	3.20	uIU/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



If test results are alarming or unexpected, client is advised to contact the laboratory immediately for possible remedial action.
@ Tests conducted at National Reference Lab, New Delhi, a CAP (7171001), NABL (MC-2113) and ISO (FS 60411) accredited laboratory

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

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

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

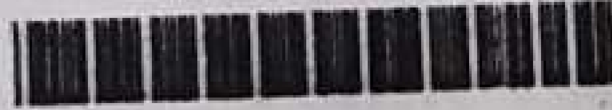
Test Name	Results	Units	Bio. Ref. Interval
3rd Trimester	0.30-3.00		

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



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VIMAL GIRI NO.-1,DINDAYAL NAGAR-1,
MORADABAD,PIN-244001 9045055500

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

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

Note

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

If test results are alarming or unexpected, client is advised to contact the laboratory immediately for possible remedial action.
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L40 - F PSC MORADABAD 2
VIMAL GIRI NO.-1.DINDAYAL NAGAR-1,
MORADABAD,PIN-244001 9045055500

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

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

Interpretation

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

Note: 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 .

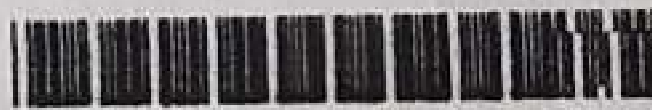
2. Target goals of < 7.0 % may be beneficial in patients with short duration of diabetes, long life expectancy and no significant cardiovascular disease. In patients with significant complications of diabetes, limited life expectancy or extensive co-morbid conditions, targeting a goal of < 7.0 % may not be appropriate.

Comments

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

ADA criteria for correlation between HbA1c & Mean plasma glucose levels

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



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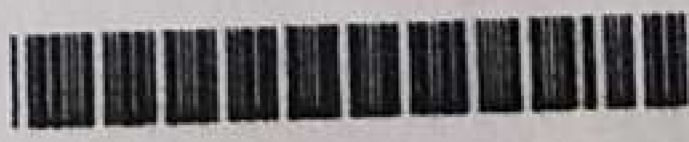
					Received	: 20/9/2018 9:41:04AM
Lab No.	: 251558363	Age: 38 Years	Gender:	Female	Reported	: 20/9/2018 2:37:50PM
A/c Status	P	Ref By :	Dr. SUNDEEP GROVER		Report Status	: Final

Test Name | Results | Units | Bio. Ref. Interval

9	212
10	240
11	269
12	298



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A/c Status	: P	**Ref By :** Dr. SUNDEEP GROVER		**Report Status**	: Final

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

Interpretation

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

Note

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

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

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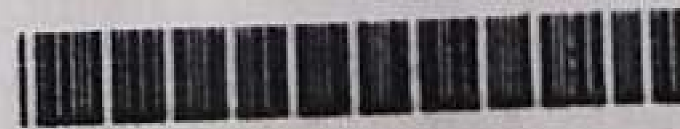
Lab No.	:	251558363	Age: 38 Years	Gender:	Female	Received	: 20/9/2018 9:41:04AM
						Reported	: 20/9/2018 2:37:50PM
A/c Status	:	P	Ref By :	Dr. SUNDEEP GROVER		Report Status	: Final

Test Name	Results	Units	Bio. Ref. Interval

Note

1. C-Reactive Protein (CRP) is the recommended test in acute inflammatory conditions.
2. Test conducted on EDTA whole blood at 37°C.



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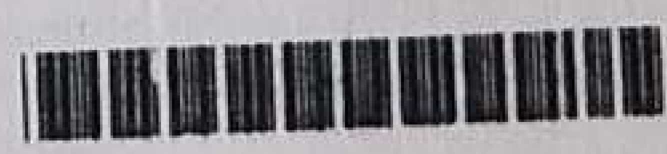
Lab No.	: 251558363	Age: 38 Years	Gender: Female	Received	: 20/9/2018 9:41:04AM
				Reported	: 20/9/2018 2:37:50PM
A/c Status	: P	Ref By :	Dr. SUNDEEP GROVER	Report Status	: Final

Test Name	Results	Units	Bio. Ref. Interval
URINE EXAMINATION, ROUTINE; URINE, R/E (Dipstick, Microscopy)			
Physical			
Colour	Light Yellow		Pale yellow
Specific Gravity	1.010		1.001 - 1.030
pH	6		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	+(in small numbers)		Few
Casts	Nil		Nil /lpf
Crystals	Nil		Nil
Others	Nil		-

Dr.Manish Kumar Singh
MD Pathology
Chief of Lab

End of report



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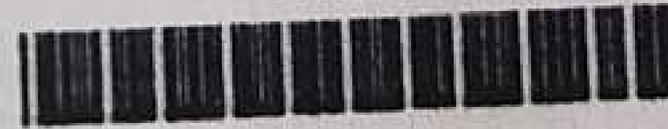
L40 - F PSC MORADABAD 2
VIMAL GIRI NO.-1,DINDAYAL NAGAR-1,
MORADABAD,PIN-244001 Ph-05916555502

Name	: Mrs. SHALINI SINGH			**Collected**	: 4/7/2018 10:43:00AM
Lab No.	: 248281723	**Age:** 38 Years	**Gender:** Female	**Received**	: 4/7/2018 11:13:42AM
				Reported	: 5/7/2018 10:38:27AM
A/c Status	: P	**Ref By :** Dr. SUNDEEP GROVER		**Report Status**	: Final

Test Name	Results	Units	Bio. Ref. Interval
SWASTH SUPER 4			
LIVER & KIDNEY PANEL, SERUM			
(Spectrophotometry, Indirect ISE)			
Bilirubin Total	0.47	mg/dL	0.30 - 1.20
Bilirubin Direct	0.09	mg/dL	<0.20
Bilirubin Indirect	0.38	mg/dL	<1.10
AST (SGOT)	23	U/L	<35
ALT (SGPT)	19	U/L	<35
GGTP	17	U/L	<38
Alkaline Phosphatase (ALP)	70	U/L	30 - 120
Total Protein	7.00	g/dL	6.40 - 8.30
Albumin	3.79	g/dL	3.50 - 5.20
A : G Ratio	1.18		0.90 - 2.00
Urea	22.00	mg/dL	17.00 - 43.00
Creatinine	0.54	mg/dL	0.51 - 0.95
Uric Acid	4.60	mg/dL	2.60 - 6.00
Calcium, Total	8.51	mg/dL	8.80 - 10.60
Phosphorus	4.25	mg/dL	2.40 - 4.40
Sodium	**134.00**	mEq/L	136.00 - 146.00
Potassium	3.92	mEq/L	3.50 - 5.10
Chloride	103.00	mEq/L	101.00 - 109.00
THYROID PROFILE,TOTAL, SERUM			
(CLIA)			
T3, Total	1.33	ng/mL	0.60 - 1.81
T4, Total	**14.70**	ug/dL	5.01 - 12.45
TSH	4.80	uIU/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



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Tests conducted at National Reference Lab, New Delhi, a CAP (7171001), NABL (MC-2113) and ISO (FS 60411) accredited labora

L40 - F PSC MORADABAD 2
VIMAL GIRI NO.-1,DINDAYAL NAGAR-1,
MORADABAD,PIN-244001 Ph-05916555502

Name	: Mrs. SHALINI SINGH			Collected	: 4/7/2018 10:43:00AM
Lab No.	: 248281723	Age: 38 Years	Gender: Female	Received	: 4/7/2018 11:13:42AM
				Reported	: 5/7/2018 10:38:27AM
A/c Status	: P	Ref By : Dr. SUNDEEP GROVER		Report Status	: Final

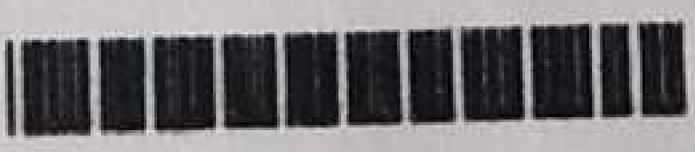
Test Name	Results	Units	Bio. Ref. Interval
3rd Trimester	0.30-3.00		

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



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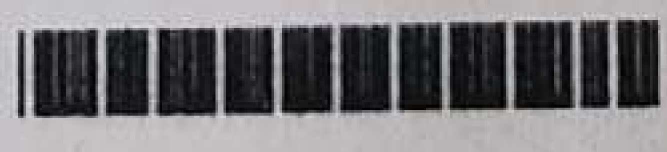
L40 - F PSC MORADABAD 2
VIMAL GIRI NO.-1,DINDAYAL NAGAR-1,
MORADABAD,PIN-244001 Ph-05916555502

Name	:	Mrs. SHALINI SINGH				Collected	: 4/7/2018 10:43:00AM
Lab No.	:	248281723	Age: 38 Years	Gender:	Female	Received	: 4/7/2018 11:13:42AM
						Reported	: 5/7/2018 10:38:27AM
A/c Status	:	P	Ref By :	Dr. SUNDEEP GROVER		Report Status	: Final

Test Name	Results	Units	Bio. Ref. Interval
COMPLETE BLOOD COUNT (CBC) (Impedence, Photometry, Calculated, DHSS, Flow Cytometry & Cytochemistry)			
Hemoglobin	11.00	g/dL	11.50 - 15.00
Packed Cell Volume (PCV)	33.40	%	36.00 - 46.00
RBC Count	3.67	mill/mm3	3.80 - 4.80
MCV	91.00	fL	80.00 - 100.00
MCH	29.90	pg	27.00 - 32.00
MCHC	32.80	g/dL	32.00 - 35.00
Red Cell Distribution Width (RDW)	14.60	%	11.50 - 14.50
Total Leukocyte Count (TLC)	9.20	thou/mm3	4.00 - 10.00
Differential Leucocyte Count (DLC)			
Segmented Neutrophils	73.10	%	40.00 - 80.00
Lymphocytes	20.80	%	20.00 - 40.00
Monocytes	3.90	%	2.00 - 10.00
Eosinophils	2.20	%	1.00 - 6.00
Basophils	0.00	%	<2.00
Absolute Leucocyte Count			
Neutrophils	6.73	thou/mm3	2.00 - 7.00
Lymphocytes	1.91	thou/mm3	1.00 - 3.00
Monocytes	0.36	thou/mm3	0.20 - 1.00
Eosinophils	0.20	thou/mm3	0.02 - 0.50
Basophils	0.00	thou/mm3	0.01 - 0.10
Platelet Count	155.0	thou/mm3	150.00 - 450.00

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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VIMAL GIRI NO.-1,DINDAYAL NAGAR-1,
MORADABAD,PIN-244001 Ph-05916555502

Name	: Mrs. SHALINI SINGH		**Collected**	: 4/7/2018 10:43:00AM
			Received	: 4/7/2018 11:13:42AM
Lab No.	: 248281723	**Age:** 38 Years **Gender:** Female	**Reported**	: 5/7/2018 10:38:27AM
A/c Status	: P	**Ref By :** Dr. SUNDEEP GROVER	**Report Status**	: Final

Test Name	Results	Units	Bio. Ref. Interval
HbA1c (GLYCOSYLATED HEMOGLOBIN), BLOOD @ (HPLC, NGSP certified)	4.8	%	

Interpretation

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

Note: 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 .

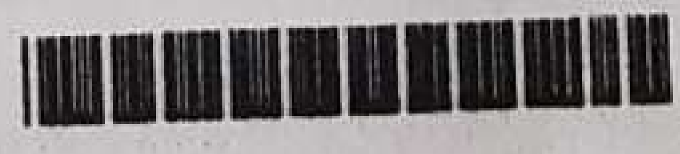
2. Target goals of < 7.0 % may be beneficial in patients with short duration of diabetes, long life expectancy and no significant cardiovascular disease. In patients with significant complications of diabetes, limited life expectancy or extensive co-morbid conditions, targeting a goal of < 7.0 % may not be appropriate.

Comments

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

ADA criteria for correlation between HbA1c & Mean plasma glucose levels

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



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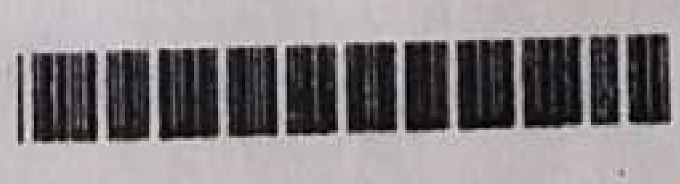
Test Name	Results	Units	Bio. Ref. Interval

8	183
9	212
10	240
11	269
12	298



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VIMAL GIRI NO.-1,DINDAYAL NAGAR-1,
MORADABAD,PIN-244001 Ph-05916555502

Name	: Mrs. SHALINI SINGH	Collected	: 4/7/2018 10:43:00AM
Lab No.	: 248281723 Age: 38 Years Gender: Female	Received	: 4/7/2018 11:13:42AM
A/c Status	: P Ref By : Dr. SUNDEEP GROVER	Reported	: 5/7/2018 10:38:27AM
		Report Status	: Final

Test Name	Results	Units	Bio. Ref. Interval
LIPID SCREEN, SERUM (Spectrophotometry)			
Cholesterol, Total	170.00	mg/dL	<200.00
Triglycerides	113.00	mg/dL	<150.00
HDL Cholesterol	52.00	mg/dL	>50.00
LDL Cholesterol, Calculated	95.40	mg/dL	<100.00
VLDL Cholesterol,Calculated	22.60	mg/dL	<30.00

Interpretation

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

Note

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

VITAMIN B12; CYANOCOBALAMIN, SERUM	1113.00	pg/mL	211.00 - 911.00

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Lab No.	: 248281723	Age: 38 Years	Gender: Female	Received	: 4/7/2018 11:13:42AM
A/c Status	: P	Ref By : Dr. SUNDEEP GROVER		Reported	: 5/7/2018 10:38:27AM
				Report Status	: Final

Test Name	Results	Units	Bio. Ref. Interval

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

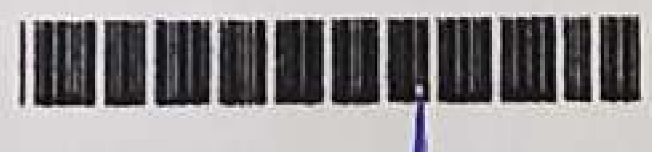
Vitamin B12 performs many important functions in the body, but the most significant function is to act as co-enzyme for reducing ribonucleotides to deoxyribonucleotides, a step in the formation of genes. Inadequate dietary intake is not the commonest cause for cobalamine deficiency. The most common cause 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

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



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MORADABAD.PIN-244001 Ph-05916555502

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Lab No.	: 248281723	Age: 38 Years Gender: Female	Received	: 4/7/2018 11:13:42AM
			Reported	: 5/7/2018 10:38:27AM
A/c Status	: P	Ref By : Dr. SUNDEEP GROVER	Report Status	: Final

Test Name	Results	Units	Bio. Ref. Interval
VITAMIN D, 25 - HYDROXY, SERUM @ (CLIA)	55.28	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 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

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Name	:	Mrs. SHALINI SINGH			Collected	: 4/7/2018 10:43:00AM
Lab No.	:	248281723	Age: 38 Years	Gender: Female	Received	: 4/7/2018 11:13:42AM
					Reported	: 5/7/2018 10:38:27AM
A/c Status	:	P	Ref By :	Dr. SUNDEEP GROVER	Report Status	: Final

Test Name	Results	Units	Bio. Ref. Interval

- Vitamin D malabsorption
- Severe Hepatocellular disease
- Drugs like Anticonvulsants
- Nephrotic syndrome

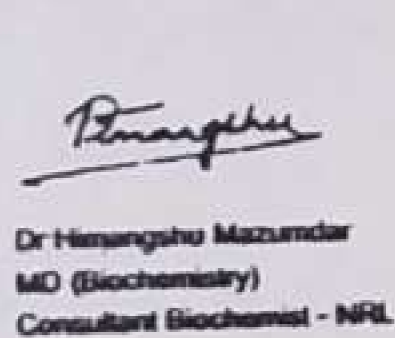
Increased levels

Vitamin D intoxication

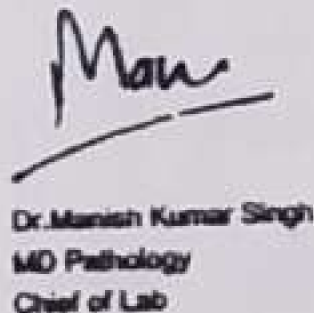
Test Name	Results	Units	Bio. Ref. Interval
ERYTHROCYTE SEDIMENTATION RATE (ESR) (Capillary photometry)	43	mm/hr	0 - 20

Note

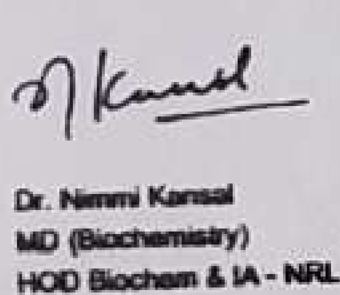
1. C-Reactive Protein (CRP) is the recommended test in acute inflammatory conditions.
2. Test conducted on EDTA whole blood at 37°C.



Dr Himangshu Mazumdar
MD (Biochemistry)
Consultant Biochemist - NRL



Dr.Manish Kumar Singh
MD Pathology
Chief of Lab



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

End of report

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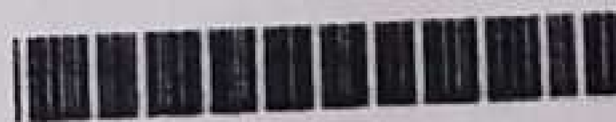

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TMU HOSPITAL

(Associated Hospital with Teerthanker Mahaveer Medical College & Research Centre)
Delhi Road, Moradabad-244001 (U.P.)

Tel : 0591-2476816
: 0591-2360777
URL : www.tmu.ac.in

DEPARTMENT OF RADIOLOGY

Patient Name	Mrs Shalini Singh		
Age/Gender	37 Yrs/Female	Request Date	26/03/2018 10:52AM
IP No.		Ack. Date	26/03/2018 11:34AM
CR No.	1803260354		
Bed No/Ward	OPD	Report Date	26/03/2018 1:10PM
Referred By	INTERNAL MEDICINE	Lab No	529934
Report Status			

DEPARTMENT OF RADIOLOGY

~~CT WHOLE ABDOMEN PLAIN.~~

CECT THORAX AND ABDOMEN:

Subcentimetric upper right paratracheal lymph nodes measuring approx 8.0mm in short axis diameter & few tiny prevascular lymph nodes are seen.

Lung parenchyma is normal.

Trachea and major bronchi are normal.

Visualized major vessels show normal contrast opacification.

Visualized bones are normal.

Visualized sections of the thyroid gland are normal in attenuation.

LIVER:- Liver is normal in size and attenuation. No focal lesion is seen. It show homogenous contrast enhancement. No intrahepatic biliary radicle dilatation is noted. Hepatic veins & portal radicles show homogenous contrast enhancement.

GALL BLADDER:- Gall bladder is normally distended. Wall thickness is normal. No calculus / mass is seen. (however C.T. is not the modality of choice to rule out biliary calculi).

CBD:- CBD is normal in course and caliber.

PANCREAS:- Pancreas is normal in outline and attenuation. Pancreatic duct is not dilated.

SPLEEN:- Spleen is mildly enlarged in size measuring approx 13.6cm. No focal lesion seen.

RIGHT KIDNEY:- Right kidney is normal in size and attenuation. Homogeneous contrast uptake and normal contrast excretion is noted. Cortico-medullary differentiation is maintained. No pelvi-calyceal dilatation is noted. No calculus / mass is seen. Right ureter appear normal in course and caliber.

LEFT KIDNEY:- Left kidney is normal in size and attenuation. Homogeneous contrast uptake and normal contrast excretion is noted. Cortico-medullary differentiation is maintained. No pelvi-calyceal dilatation is noted. No calculus / mass is seen. Left

P.T.O.

Dr Lal PathLabs

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

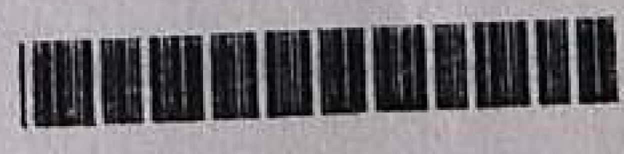
L40 - F PSC MORADABAD 2
VIMAL GIRI NO.-1,DINDAYAL NAGAR-1,
MORADABAD,PIN-244001 Ph-05916555502

Name : Mrs. SHALINI SINGH		Collected	: 23/3/2018 10:59:00AM
Lab No. : 248628306	Age: 37 Years Gender: Female	Received	: 23/3/2018 11:13:53AM
A/c Status : P	Ref By : Dr.SANDEEP GROVER	Reported	: 23/3/2018 4:48:48PM
		Report Status	: Final

Test Name	Results	Units	Bio. Ref. Interval
URINE EXAMINATION, ROUTINE; URINE, R/E (Dipstick, Microscopy)			
Physical			
Colour	Light Yellow		Pale yellow
Specific Gravity	1.020		1.001 - 1.030
pH	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	3-4 WBC/HPF		0-5 WBC / hpf
Epithelial Cells	+(in small numbers)		Few
Casts	Nil		Nil /lpf
Crystals	Nil		Nil
Others	Nil		-

Dr.Manish Kumar Singh
MD Pathology
Chief of Lab

End of report



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Lal PathLabs

Regd. Office/National Reference Lab: Dr. Lal PathLabs Ltd., Block E, Sector-18, Rohini, New Delhi - 1
Tel: +91-11-30244-100, 3988-5050, Fax: +91-11-2788-2134, E-mail: lalpathlabs@lalpathlabs.co
Web: www.lalpathlabs.com, CIN No.: L74899DL1995PLC065388

L40 - F PSC MORADABAD 2
VIMAL GIRI NO.-1,DINDAYAL NAGAR-1,
MORADABAD,PIN-244001 Ph-05916555502

Name	Mrs. SHALINI SINGH			Collected	: 22/3/2018 10:01:00AM
Lab No.	: 242143108	Age: 37 Years	Gender: Female	Received	: 22/3/2018 10:24:26AM
A/c Status	: P	Ref By : Dr.SANDEEP GROVER		Reported	: 22/3/2018 2:54:11PM
				Report Status	: Final

Test Name	Results	Units	Bio. Ref. Interval
HEMOGLOBIN; Hb, BLOOD (Photometric)	11.60	g/dL	11.50 - 15.00
UREA, SERUM (Urease UV)	19.00	mg/dL	17.00 - 43.00
CREATININE, SERUM (Compensated Jaffe's reaction, IDMS traceable)	0.53	mg/dL	0.51 - 0.95

Dr Manish Kumar Singh
MD Pathology
Chief of Lab

End of report

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RSG IMA BLOOD BANK

IMA Bhawan, 110-Civil Lines, Bareilly
Ph. 2422900, Mob. 9837041039

...No. : 194398
...Name: Shalini Singh
...ferred By : C P SHARMA
Patient's Blood Group : A
Donor's Group/Rh : A / Positive , PRBC
Donor's Group/Rh : A / Positive , PRBC
Nature of Transfusion : (Planned/Emergency/Other)
Premedication given(Date/Time):
Date/Time of Transfusion started:

Age : 37 Yrs
Ward No. :
Rh : Positive
Bag No. : 222093
Bag No. : 222105
Type :
Date/Time of Transfusion completion:

Date : 26-Feb-2018 01:15 AM
Sex : F
Bed No. :
Collection Date : 17-Feb-2018
Collection Date : 17-Feb-2018

PATIENT'S GROUP

Cell Grouping				Serum Grouping			Group	
Anti-A	Anti-B	Anti-AB	Anti-D	A-Cells	B-Cells	O-Cells	ABO	Rh(D)
+	-	+	+	-	+	-	A	Positive

CROSS-MATCH

Bag No	Blood Group	IgM Antibodies (Saline)		IgG Antibodies(IAT)		Compatible	
		Major	Minor	Major	Minor	Yes	No
222093	A-Positive	Yes	-	Yes	-	Yes	-
222105	A-Positive	Yes	-	Yes	-	Yes	-

CLINICAL OBSERVATION

	Pre Transfusion	During Transfusion	Post Transfusion	Remarks
Pulse				
Respiration				
Temperature				
Rigor				
Allergic reaction				
Pain in lumber region				
Haematuria				
Level of conciousness				
Others				

This Blood has been tested and found Negative for HIV(I/II & Sub type),HbsAg,HCV,VDRL & MP.
In case of any reaction with this blood following transfusion, kindly fill the clinical observation table and send it along with patient's Blood sample and post transfusion void urine.

....
Lab Technician

Blood once issued will in no case be exchanged or taken back.
Please check the Blood Group/Rh of Patient and Bag before transfusion.
Blood Bank is not responsible for mistakes occuring due to wrong sampling.
Printed by ADMIN on 26-Feb-2018 1:30:20 AM

Software Solution By VinDec - 09335102124

(II)

Dr. (Lt General) Ved Chaturvedi

MD, DM

Senior Consultant Rheumatologist

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

Self

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

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

Salini | 34 yr

25/04/16

Δ - ?PSA + ?Psoriasis + Hypothyroidism

H/o ? photosensitivity
Multiple joint Pain

Adv
Iv
S. ANA
CBC c̄
Peripheral smear &
Retic count

Urine RE

Rx
Tab Eltroxin (75 mg) 1 OD
Tab Lenogen 1-1
Tab Folitrax (20 mg) once a wk
Tab Folvite (5 mg) 5 day/1 week
Tab Naproxen (500 mg) 1 (SOS)
Tab Calcium-D 1 OD
D3 once. 1 once a wk c̄ Milk

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

ARTHRITIS IS TREATABLE : REPORT EARLY TO QUALIFIED RHEUMATOLOGIST

Dr 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

LPL - MATHURA F PSC
13 C, BRIJ ENCLAVE, SONKH
ADDA, MATHURA, UP 281001
MATHURA

(Hony) Brig. Dr. Arvind Lal
M.B.B.S., D.C.P.
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Dr. Vandana Lal
M.D (PATH), IPCAP
Chief of Pathology
SHIROMANI AWARD WINNER

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

Test Name	Results	Units	Bio. Ref. Interval

<20	Negative
20-39	Weak Positive
40-80	Moderate Positive
>80	Strong Positive

Comments

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

Ritu
Dr. Ritu Nayar
MD, Microbiology
Consultant Microbiologist

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

End of report

If test results are alarming or unexpected, Client is advised to contact the laboratory immediately for possible remedial action.
@ Tests conducted at National Reference Lab, New Delhi, a CAP [7171001], ISO (FS 60411) and NABL (M-0061) accredited laborator

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

Test Name	Results	Units	Bio. Ref. interval
PROTEIN, TOTAL, RANDOM URINE (Spectrophotometry)	15.60	mg/dL	<14.00

Note

1. Excretion of total protein in individuals is highly variable with or without kidney disease.
2. Conditions affecting protein excretion other than kidney disease are urinary tract infection, diet, menstruation & physical activity.

Test Name	Results	Units	Bio. Ref. interval
SSA/Ro ANTIBODY, SERUM (EIA)	1.57	Units	<20.00

Interpretation

RESULT IN UNITS	REMARKS
<20	Negative
20-39	Weak Positive
40-80	Moderate Positive
>80	Strong Positive

Comments

Patients with SLE may have antibodies to SSA/Ro alone or may have both SSA/Ro & SSB/La antibodies. Presence of SSA/Ro antibody alone is commonly seen in association with HLA DR2 in patients less than 22 years of age at onset. Presence of both SSA/Ro & SSB/La in SLE is associated with HLA DR3 and is seen in older patients more than 50 years of age at onset. SLE patients with SSA/Ro antibodies develop a much more serious renal disease and have a higher incidence of concomitant Anti DNA antibodies.

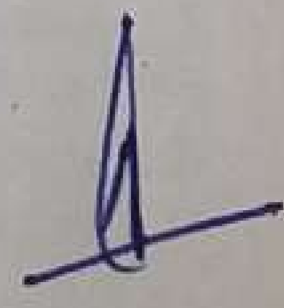
Increased levels

- Subacute cutaneous Lupus erythematosus
- Neonatal Lupus erythematosus syndrome with congenital heart block and cutaneous lesions
- Homozygous C2 & C4 deficiency with SLE like disease
- Primary Sjogren's syndrome vasculitis, Rheumatoid factor positivity & severe systemic symptoms
- ANA negative SLE patients
- SLE with Interstitial pneumonitis

Test Name	Results	Units	Bio. Ref. interval
SSB/La ANTIBODY, SERUM (EIA)	1.22	Units	<20.00

Interpretation

RESULT IN UNITS	REMARKS



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

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

Interpretation

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

Comments

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

Test Name	Results	Units	Bio. Ref. Interval
ANTI - ds DNA ANTIBODY, SERUM (EIA)	11.57	IU/mL	<30.00

Interpretation

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

Comments

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

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Lal PathLabs

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

Name : Mrs. SHALINI SINGH		Collected	: 21/3/2014 12:30:00PM
Lab No. 208007173	Age: 30 Years Gender: Female	Received	: 22/3/2014 1:43:31AM
		Reported	: 22/3/2014 11:52:41AM
A/c Status : P	Ref By : LALJI PATH LAB	Report Status	: Final

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

Note

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

Comments

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

Clinical Uses

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

Dr Nimmi Kansal
MD (Biochemistry)
HOD Biochem & IA

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

If test results are alarming or unexpected, Client is advised to contact the laboratory immediately for possible remedial action
@ Tests conducted at National Reference Lab, New Delhi, a CAP (7171001), ISO (FS 60411) and NABL (M-0061) accredited lab

	Mrs. SHALINI SINGH	Collected	: 25/2/2014 5:49:00PM
Lab No.	206558069 Age: 32 Years Gender: Female	Received	: 26/2/2014 3:40:46AM
		Reported	: 26/2/2014 5:25:39AM
A/c Status	: P Ref By : LALJI PATH	Report Status	: Final

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

Interpretation

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

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

Clinical Use

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

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

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

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

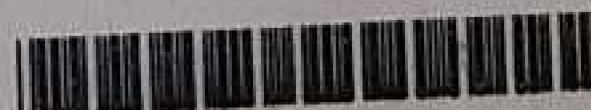
End of report

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

Test Name	Results	Units	Bio. Ref. Interval
COMPLETE BLOOD COUNT (CBC) (Electrical Impedence Flow cytometry & SLS)			
Hemoglobin	7.90	g/dL	11.50 - 15.00
Packed Cell Volume (PCV)	27.40	%	36.00 - 46.00
RBC Count	3.42	mill/mm3	3.80 - 4.80
MCV	80.10	fL	80.00 - 100.00
MCH	23.10	pg	27.00 - 32.00
MCHC	28.80	g/dL	32.00 - 35.00
Red Cell Distribution Width (RDW)	22.00	%	11.50 - 14.50
Total Leukocyte Count (TLC)	7.55	thou/mm3	4.00 - 10.00
Differential Leucocyte Count (DLC)			
Segmented Neutrophils	68.70	%	40.00 - 80.00
Lymphocytes	25.20	%	20.00 - 40.00
Monocytes	4.00	%	2.00 - 10.00
Eosinophils	2.00	%	1.00 - 6.00
Basophils	0.10	%	<2.00
Absolute Leucocyte Count			
Neutrophils	5.19	thou/mm3	2.00 - 7.00
Lymphocytes	1.90	thou/mm3	1.00 - 3.00
Monocytes	0.30	thou/mm3	0.20 - 1.00
Eosinophils	0.15	thou/mm3	0.02 - 0.50
Basophils	0.01	thou/mm3	0.01 - 0.10
Platelet Count	262.0	thou/mm3	150.00 - 450.00

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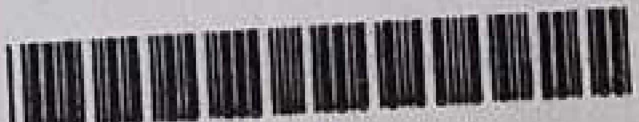
Name	Ms. SHALINI SINGH			Collected	25/4/2016 2:41:00PM
Lab No.	122379690	Age: 34 Years	Gender: Female	Received	25/4/2016 2:44:39PM
				Reported	25/4/2016 10:28:46PM
A/c Status	P	Ref By :	Dr. (LT GENERAL) VED CHATURVEDI	Report Status	Final

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



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

(Hony) Brig. Dr. Arvind Lal
M.B.B.S., D.C.P.
Padma Shri
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Name	: **Ms. SHALINI SINGH**		**Collected**	: 25/4/2016 2:41:00PM
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			Reported	: 25/4/2016 10:28:50PM
A/c Status	: P	**Ref By :** Dr. (LT GENERAL) VED CHATURVEDI	**Report Status**	: Final

Test Name	Results	Units	Bio. Ref. Interval
RETICULOCYTE COUNT, WHOLE BLOOD @ (Automated)	**3.24**	%	0.50 - 2.50
ANTI NUCLEAR ANTIBODY / FACTOR (ANA/ANF), SERUM @ (EIA)	8.85	Units	<20.00

Interpretation

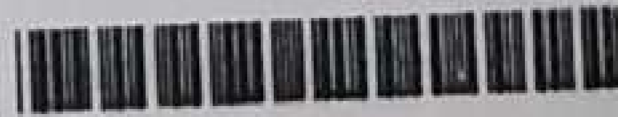
RESULT IN UNITS	REMARKS
<20	Negative
20-60	Moderate positive
>60	Strong positive

Comments

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

Dr. Ritu Nayar MD, Microbiology Consultant Microbiologist	Dr. Nimmi Kansal MD (Biochemistry) HOD Biochem & IA	Dr. Sheetal Waghmare MBBS, MD(PATH) Consultant Pathologist	Dr.Vandana Lal MD (Pathology),IFCAP Chief of Pathology

---End of report ---



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

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

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

President
Delhi Rheumatology Association

Past President
Indian Rheumatology Association

Vice President
Musculoskeltal Ultrasound Society

Ex-President's Honorary Physician
Ex-Director General Medical Services (Army)
Ex-DG Hospital Service Armed Forces
Ex-Chairman Army College of Medical Sciences
Ex-Senior Consultant Medicine Armed Forces

Member
Bone & Joint Decade

Ex Member
Scientific Committee APLAR

Xray pelvis
AP

• Skin lesions - 7-8 yrs

• Tenosynovitis -- Both hand [illegible] finger

Forearm

- [illegible] inability to flex. 4th finger

- photo-[illegible]

Δ Psoriatic Arthritis

• Prednisolone
↓
Basic hospital [illegible]

Rx

Tab FOLITRAX 20 mg/week - weekly ① Saturday every

• Tab Folic acid 5 mg /w Sunday

• Tab Naproxen/Voveran ① [illegible]

• UV Clean

[illegible]

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