Nav Sharda Aspatal

UNIT - I : E-9, R.B.I. COLONY, NEAR PANI TANKI, KANKARBAGH, PATNA - 800 020.
UNIT -II : GAYTRI NAGAR, NEAR AZAD MEMORIAL SCHOOL, POSTAL PARK, ROAD NO.-1 PATNA - 20.
Timing : Kankarbagh : 8.00 A.M. - 10.30 A.M. / 4.00 P.M. - 06.30 P.M. Postal Park : 11.00 A.M. - 2.00 P.M. / 07.00 P.M - 9.00 P.M.
Mob. : 0612 2357912, 9852430443 (Kankarbagh), 8083552450 (Postal Park)
(24 HOURS EMERGENCY SERVICE)

Sandeep ... 9097081518

Date 22/4/2024

Mrs. Priti Tiwari 28yr
w/o Mr. Rajnish Tiwari
Add - Raja Bazar, Patna

MH - LMP 14.4.2024
P.C - regular.
O/H P2+0
TVD
LC - 7 yr

c/o - Backache
- Small amt of bleeding p/v - Aneclasi[?]
G - 7 mon.

O/E GC - ...
Pallor
Oedema / ...

Chest / CVS NAD

BP 110/70 mmHg
Wt - 59 kg
PR - 98/min.

P/A - ✓

P/S - } Strongly refused.
P/V

Adv RE
- HBsAg
- HIV
- USG of Lower abd
- CBC, RBS
- HbA1c
- T3 T4 TSH
- Sr. Bili.
- SGPT
- Sr. Creat.
- Routine CMU

Adv
- Tab Anleo DSR - 1x1 bd empty stomach - 7 d
- Tab Dox M DS (100 mg) - 1x2 bd - 7 d
- Tab Meben (400 mg) - 1x2 bd - 5 d
- Tab Actoss SP - 1x2 bd after food - 7 d.
- Ferronimic Plus - 1x2 bd - 1 mth

PTO

Pregnecare Cap - 1+0 | capsule -

2/5/2024

- Fer FCM - (500mg + 500mg) - 2 vials in 250 of NS slow IV

- BT - 150cc + 15cc of Packed cell to be transfused after proper grouping and cross matching

- Novamin (400mg) - 1 vial slow IV stat.

टार इमेजिंग एण्ड डायग्नोस्टिक सेन
कंकड़बाग सेंटर 0/79, डॉक्टर्स कॉलोनी, मेन रोड, कंकड़बाग, पटना–20 Ph.: 0612-2369999, 9334836386, 8434561939
टर पाया नं० : 73 & 74 के सामने, राजा बाजार, बेली रोड, पटना –14, Ph.: 0612-295-4444 | 4433 | 8092222424 | 2626 | 2727, 93348

Patient Name: - MRS.PRITI KUMARI **Age/Sex: - 28Yrs/F** **Date: - 25/04/2024**

Ref. by: - NAV SHARDA ASPATAL

USG of Lower Abdomen:

Both kidneys are normal in size and echotexture with maintained corticomedullary differentiation. No calculus or hydronephrosis seen. The right kidney measures 10.5x4.7 cm and the left kidney measures 11.0x5.3 cm.

The urinary bladder is normally distended and shows normal lumen and wall. No intraluminal mass or calculus is seen.

The uterus is bulky and inhomogeneous echotexture, measuring 7.9x4.6cm. Endometrium thickness 4.7 mm. No focal lesion seen in uterine cavity. Myometrium is normal in echotexture. Cervix is homogenous.

Bilateral adnexa clear.

There is no POD collection seen.

Conclusion:

Bulky and inhomogeneous echotexture of uterus.

Dr. Amresh Kumar
MBBS, MD
Consultant Star Imaging & Asia Lab

Dr. Rakesh Kumar
MBBS, MD (Radiodiagnosis)
Consultant Star Imaging

Dr. Manish Kumar
MBBS, MD(Radiodiagnosis)
Consultant Star Imaging

GYAM
H LAB

te Diagnostic Solution

N ISO 9001-2015 CERTIFIED)

AROGYAM

★ R.K Estate Raja Bazar, Patna
@Pillar No.- 62 Opp (IGIMS)
Mob:- 9546034567, 9386288288, 7250637776
Email.- arogyampathloab101@gmail.com
★ Achlasamam, Purani Bazar,
Lakhisarai- 8113111
Mob:- 6299069668, 9430695247, 7250637776

ient Name : MRS. PRITI TIWARI
Age/Sex : 30Y/Female
Ref. By : DR VIJAY KUMAR,MS
Location : RAJA BAZAR PATNA -14

Test Report

Registration No. : 984732947
Transaction Id : 6457
Collection Date : 26/04/2024 15:32
Reporting Date : 26/04/2024 16:30

679597442

Test Done	Result	UNIT	Normal Value
HAEMATOLOGY			
CBC (COMPLETE BLOOD COUNT)			
TOTAL W.B.C. COUNT	**7300**	Cells/cumm	4,000 - 11,000
RBC COUNT (Red Blood Cells)	**3.49**	Millions/Cumm	4.0 - 6.5
PLATLETS COUNT	**1.52**	Lakhs Cells/Cumm	1.5 - 5.0 Lakhs cells/Cumm
Differential Count of WBC			
Polymorphs Neutrophil	50	%	45 - 65
Lymphocytes	38	%	
Eosinophils	04	%	2 - 6
Monocytes	**08**	%	3 - 5
Basophil	00	%	0 - 1
Haemoglobin	**5.8 / 39.73%**	g/dl	Men : 13 - 18 g/dl Women : 12 - 16 g/dl

A decreases in hemoglobin below normal range is an indications of anemia. An increases in hemoglobin concentration occurs in hemoconcentration due to loss of body fluid in severe diarrhea and vomiting. High values are also observed in congenital heart disease(Due to reduce oxygen supply) in emphysema and also in polycythemia . Hemoglobin concentration drops during pregnancy due to hemodilution.

PCV (Haematocrit)	**24.7**	%	42 - 52
MCV	**70.7**	fl	82-98
MCH	27	pq	27-32
MCHC	33	gm%	32-36
Red Cell Distribution Width (RDW)-CV	**14.2**	fL	11.0-16.0
Red Cell Distribution Width (RDW)-SD	**49.5**	fl	35 - 56
MPV	12.0	FL	6.5 - 12
PDW	**18.2**		9 - 17
PCT	0.183	%	0.108 - 0.282

C B C done with Fully Automatic 6- Part Blood Cell Counter (HORIBA YUMIZEN H 500)
:- Rechecked & conferned by parallel runs of standerd & Control sera & Microscopic.
:- Please Correlate Clinically

Continue On Page - 2

Lab. Tech.

DR.SAURABH KR.SINGH
MD PATH P**Pathologist**

YAM
H LAB

Diagnostic Solution

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★ Achlasamam, Purani Ba
Lakhisarai- 8113
Mob:- 6299069668, 9430695247, 72506

AROGYAM

Test Report

t Name	: MRS. PRITI TIWARI	Registration No	: 984732947
e/Sex	: 30Y/Female	Transaction Id	: 6457
Ref. By	: DR VIJAY KUMAR,MS	Collection Date	: 26/04/2024 15:32
Location	: RAJA BAZAR PATNA -14	Reporting Date	: 26/04/2024 16:30

679597442

Test Done	Result	UNIT	Normal Value
BIOCHEMISTRY			
Plasma Glucose (Fasting)	79	mg/dl	70 - 110

Rechecked & confermed by parallel runs of standerd & Control sera.

* Fluctuations in plasma glucose asseys do occur commonly, freqently & at short intervals. Other causes of trsnsient glucose intolerance must be ruled out before an unequivocal diagnosis of DM is made. A single / isolated sugar in plasma glucose does not necessarity mean diabetes & it needs further follw up. Conditions like impared fasting glucose (IFG) or impaired glucose tolerance (IGT) should also be considered. common couse of inter- assay variations are : normal variation - up to 10 % for FPG & up to 30 % for PPPG, blood samples given at improper timing, exercise before giving blood sample, anxiety/ stress (clinically apparent or inapparent), prior carbohydrate / dietary excess or deprivation, acute illness or ifection, alcohol, conditions increasing or decreasing glucose absorption/ delaying gastric emptying, Drugs (insuline agonists & antagonists, steroids, phenytoin, beta adrenergic agents, indomethacin, penta midine, thiazide, frussemide interferon, lithium, phenothiazines, tricylics, haloperidol, INH, Cimetidin), pregnency & glycemic index of carbohydrate diet- (that depends on nature of carbohydrate,methods of cooking, associated food components & dilution during ingestion)

* wide fluctutions may occur due to somogyis effect / dawn phenomenon / insulin resistance/ overinsulinisation/ underinsulinization/" Honeymoon period"/ Nephropathy In cases of abnormality of fluctuation, repest test is advised in unstressed conditions & without alteration in diet, drug or excercise schedule. Correlate with HbA1C which is more stable & better index of diabetic control.

* Hyperglycemia may not necessaerilly corelate with glycosuria & vice versa (In cases of Raised renal threshold/ Lowered blood glucose,PP capillary glucose (estimated by glucosemeters in SMBG) is 20 - 25 % (about 36 mg/dl) higher than venous plasma glucose. Fasting capillary & venous plasma glucose are mostly identical, but in 15 % cases fasting capillary glucose is higher (about 20 mg/dl) than fasting venous plasma glucose.

** Reference range should be considered in absence of precipitating factors.

FOR PRECISRE RESULTS (F) BLOOD SHOULD BE GIVEN AFTER 8 - 10 Hrs. OF OVERNIGHT FASTING & (PP) SAMPLE AT 2 Hrs. AFTER 75 gms GLUCOSE / LUNCH.AVOID EXCERCISE & SMOKING BEFORE GIVING BLOOD SAMPLE

*****END OF REPORT*****

Lab. Tech.

DR.SAURABH KR SINGH

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AROGYAM

Test Report

Patient Name	: MRS. PRITI TIWARI	Registration No.	: 984732947
Age/Sex	: 30Y/Female	Transaction Id	: 6457
Ref. By	: DR VIJAY KUMAR,MS	Collection Date	: 26/04/2024 15:32
Location	: RAJA BAZAR PATNA -14	Reporting Date	: 29/04/2024 18:59

679597442

Test Done	Result	UNIT	Normal Value
CLINICAL PATHOLOGY			
URINE ROUTINE EXAMINATION			
Physical Examination			
Volume	20 ml	ml	
Colour	PALE YELLOW		
Appearance	CLEAR		
Sediments	ABSENT		
Specific Gravity	1.015		
Chemical Examination			
PH	6.0		
Reaction	ACIDIC		
Sugar	NIL		
Protein	NIL		ABSENT
Ketone Bodies	NIL		
Nitrite	NEGATIVE		
Leucocytes (WBC)	ABSENT=00	Leuco/µL	NIL
Erythrocytes (RBC)	NEGATIVE	Ery/µL	
Microscopic Examination			
Erythrocytes	Nil		
Pus cells	0-1/HPF		
Epithelial Cells	1-2/HPF	/HPF	
Cast	ABSENT		
Crystals	ABSENT		

Continue On Page - 4

Lab. Tech.

DR.SAURABH KR.SINGH

YAM
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Age Sex	: 30Y/Female	Transaction Id	: 6457
Ref. By	: DR VIJAY KUMAR,MS	Collection Date	: 26/04/2024 15:32
Location	: RAJA BAZAR PATNA -14	Reporting Date	: 29/04/2024 18:59

679597442

Test Done	Result	UNIT	Normal Valu
MICRO-BIOLOGY			
URINE CULTURE & SENSITIVITY			
AEROBIC CULTURE REPORT			
ORGANISM ISOLATED	No Growth		
Gram's Staining	No any micro organism found.		
Media Used	C.L.E.D Agar		
Incubation Duration	48 Hrs.		
Incubation Temperature	37°C		
Note:			

- Inhibition Zone
(>+++)Highly Sensitive: > 20 mm : (++) Moderate Sensitive : 10 mm- 20 mm : (R) Resistant : < 10 mm
* Following aerbic and anaerobic incubation on macconkeys cled media and brain heart infusion agar.
* Nitrite , negative in this sample of urine . SUGGEST: Absence of significant bacteriuria.
* Rechecked and confirmed by parallel inoculation on 2 different set of media.
OTHERS: Absence of microbial growth in single clinical sample does not necessarily rule out clinical or subclinical infection.
SUGGESTED: Repeat culture on 2 / 3 occasions.

*****END OF REPORT*****

ECHS POLYCLINIC

Chakkar Maidan, Muzaffarpur

Ph. : 0621-2211143

Name..... Priti Tiwary .....Date 29/04/2024

Advised by..... MO .....OPD No. .....LAB No.....

HEMATOLOGY		
Haemoglobin	g%	14.5gms=100%
WBC		
Total Cunt of WBC	/cumn	4.000-1000/cumn
Diff Cunt of WBC	%	
Neutrophils	%	55-70%
Lymphocytes	%	25-40%
Eosinophils	%	1-7%
Monocytes	%	1-8%
Basophils		0-1%
ESR	Mm/hr	
1st hr.		0-20mn/hr
2nd		
Mean	Mill/mn3	
R.B.C. Count	Laca/mm3	4-5mill/3
Platelet Count		1.5-3.0 lacs/mn3
A.E.C.	Min. sec.	
Bleeding Time	Min. sec.	1-3min
Clotting Time		1-6min
Parasites : MP		
Parasites : M/F		

Comments on Blood Film (PBS)

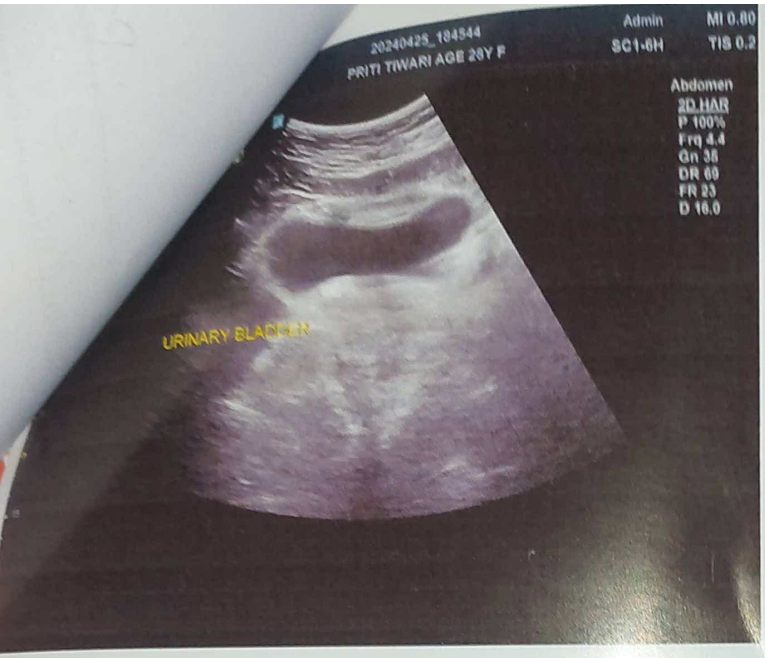
SEROLOGY		
	Results	
R.A. Factor		
ABO Grouping		
R.H. Factor		
HIV I II	Negative	
HBS-Ag	Negative	
Other (HCV)	Negative	

BIOCHEMISTRY		
Blood Sugar Fasting	Mg/dl	60-110mg/dl
Blood Sugar P.P/G.T.T.	Mg/dl	70-140mg/dl
Blood Sugar Random	Mg/dl	70-140mg/dl
Urea/BUn	27 Mg/dl	10-45/7-16mg/dl
Creatinine	0.70 Mg/dl	0.6-1.4 md/dl
Uric Acid	Mg/dl	2.9-7.2 mg/dl
Total Protein	Mg/dl	6.8-8.4 mg/dl
Albumin	Mg/dl	3.5-5.0 mg/dl
Globulin	Mg/dl	2.5-3.5 mg/dl
A/g Ratio	Mg/dl	1.2-1.5:1
Billrubin (Total)	0.60 Mg/dl	0.1-1.2
Billrubin (Direct)	0.20 Mg/dl	0.0-0.4 mg/dl
Billrubin (Indirect)	0.40 Mg/dl	2.2-1.8 mg/dl
Alkaline Phasphate	KA Unit/dl	3.5-12 KA unit/dl
S.G.O.T.	22 U/ml	5-40 U/L
S.G.O.T.	10 U/ml	upto 50 U/ml
Cholestrerol	Mg/dl	150-205 U/ml
Triglycerides	Mg/dl	60-150 U/ml
HDL Cholestrerol	Mg/dl	30-60 mg/dl
LDL Cholestrerol	Mg/dl	90-140 mg/dl
VLDL Cholestrerol	Mg/dl	12-34 mg/dl

SEROLOGY	
Widal :	
O	
H	
AH	
BH	
V.D.R.L.-	
R.P.R.	

Lab Tech Signature

MO Signature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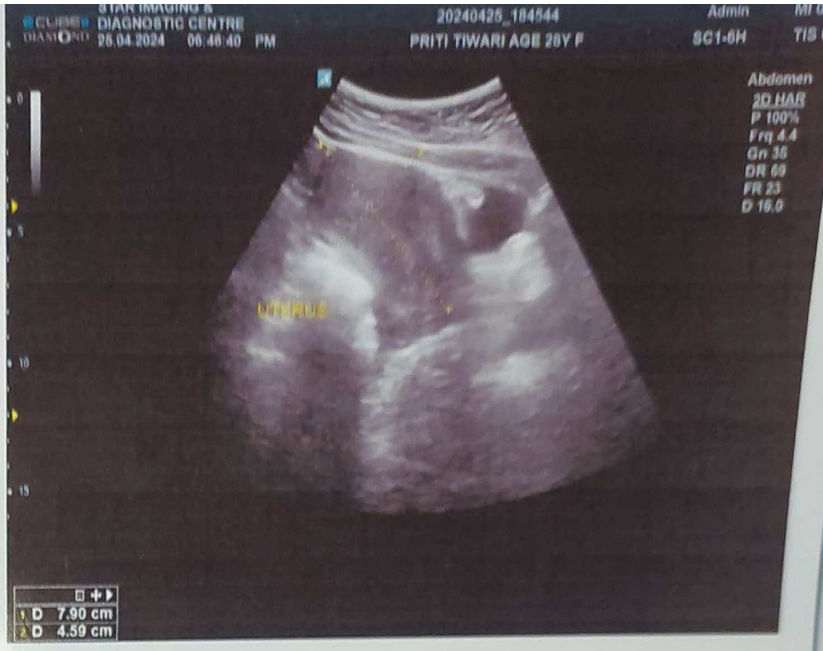
PRITI TIWARI AGE 28Y F
Admin
MI 0.80
SC1-6H
TIS 0.2
Abdomen
2D HAR
P 100%
Frq 4.4
Gn 35
DR 69
FR 23
D 16.0
URINARY BLADDER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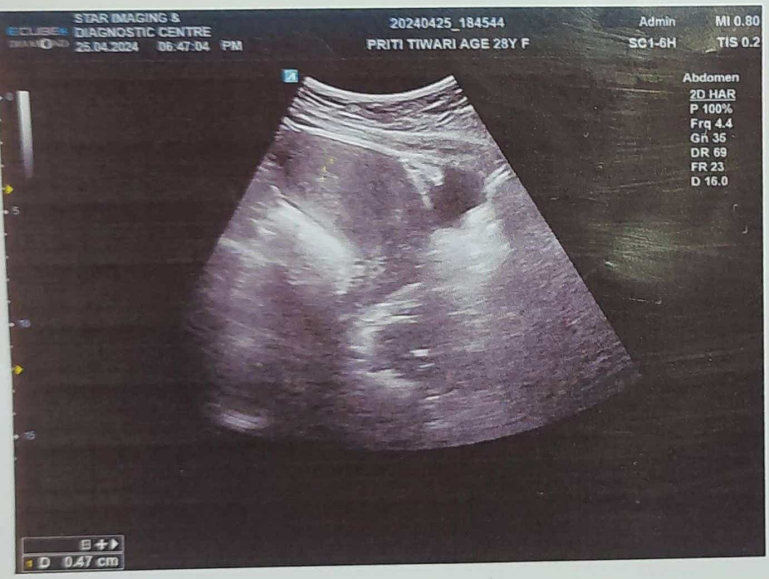
PRITI TIWARI AGE 28Y F
Admin
SC1-6H
Abdomen
2D HAR
P 100%
Frq 4.4
Gn 35
DR 69
FR 23
D 16.0
UTERUS
D 7.90 cm
D 4.59 cm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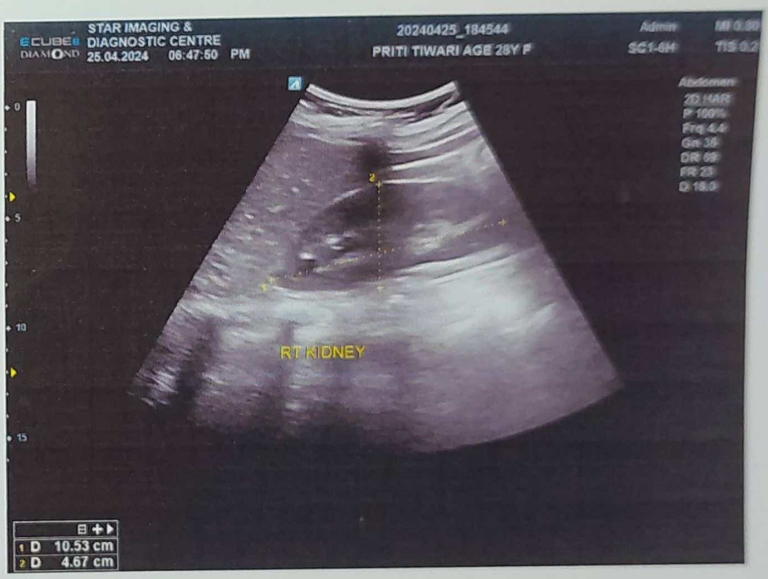
PRITI TIWARI AGE 28Y F
Admin
MI 0.80
SC1-6H
TIS 0.2
Abdomen
2D HAR
P 100%
Frq 4.4
Gn 35
DR 69
FR 23
D 16.0
D 0.47 cm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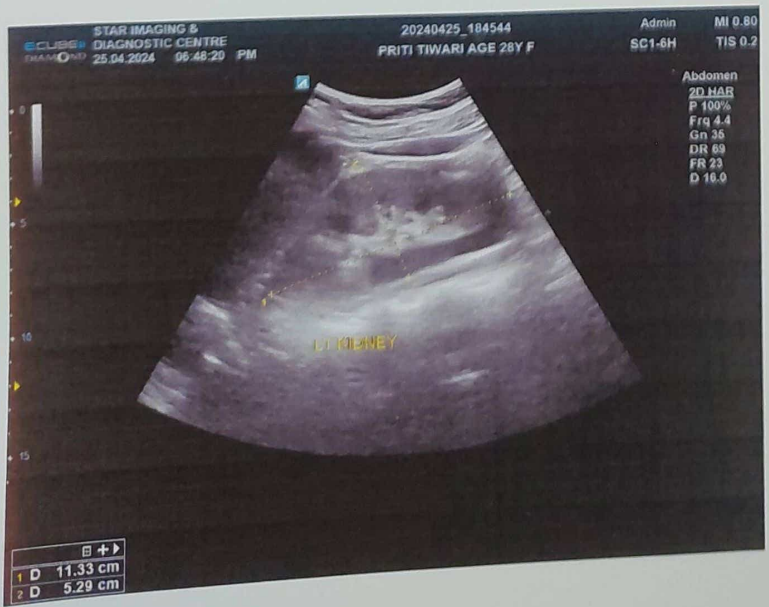
PRITI TIWARI AGE 28Y F
RT KIDNEY
D 10.53 cm
D 4.67 cm


STAR IMAGING &
DIAGNOSTIC CENTRE
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PRITI TIWARI AGE 28Y F
Admin
MI 0.80
SC1-6H
TIS 0.2
Abdomen
2D HAR
P 100%
Frq 4.4
Gn 35
DR 69
FR 23
D 16.0
LT KIDNEY
D 11.33 cm
D 5.29 cm

PALAS
Diagnostic Center
(Campus of Nav Sharda Aspatal)

GAYTRI NAGAR, NEAR AZAD MEMORIAL SCHOOL,
POSTAL PARK, ROAD NO.-1 PATNA - 20.
Mob. 8083552450

Dr. Dileep Kumar
M.B.B.S., M.D. (Pat)

PATIENT NAME	: MRS. PRITI TIWARI	**PATIENT ID:** 24637
COL DATE	: 02-05-2024 **REPORTING DATE:**02-05-2024	**AGE SEX:** 28 YRS/F
REF.BY	: DR. NAV SHARDA HOSPITAL	

TEST NAME	RESULT	REF.RANGE	Unit
BLOOD GROUP	: 'O'		
Rh Typing	POSITIVE		

Note: Do always cross – matching before blood transfusion.

....END OF REPORT....