DIAGNOSTIC REPORT

agilus diagnostics

PATIENT NAME : SHIKHA DEVI		**REF. DOCTOR :** DR. SADAR HOSPITAL
CODE/NAME & ADDRESS : CR00000045 BPL PATTEINS SADAR HOSPITAL, BOKORO, SADAR HOSPITAL, BOKORO, SECTOR - 1, BOKORO STEEL CITY, BOKORO 827001 7260813496	ACCESSION NO : **0707XG000723** PATIENT ID : SHIKF09028731 CLIENT PATIENT ID : ABHA NO :	AGE/SEX : 37 Years Female DRAWN : RECEIVED : 12/07/2024 11:31:25 REPORTED : 12/07/2024 17:26:17

Test Report Status **Final**	Results	Biological Reference Interval	Units

HAEMATOLOGY - CBC

CBC WITH ESR (CBC+PS+ESR) EDTA WHOLE BLOOD/SMEAR

BLOOD COUNTS,EDTA WHOLE BLOOD

HEMOGLOBIN (HB)	**8.3 Low**	12.0 - 15.0	g/dL
RED BLOOD CELL (RBC) COUNT	**2.55 Low**	3.8 - 4.8	mil/µL
WHITE BLOOD CELL (WBC) COUNT	4.40	4.0 - 10.0	thou/µL
PLATELET COUNT	150	150 - 410	thou/µL

RBC AND PLATELET INDICES

HEMATOCRIT (PCV)	**25.1 Low**	36 - 46	%
MEAN CORPUSCULAR VOLUME (MCV)	98.0	83 - 101	fL
MEAN CORPUSCULAR HEMOGLOBIN (MCH)	**32.6 High**	27.0 - 32.0	pg
MEAN CORPUSCULAR HEMOGLOBIN CONCENTRATION (MCHC)	33.1	31.5 - 34.5	g/dL
RED CELL DISTRIBUTION WIDTH (RDW)	**14.9 High**	11.6 - 14.0	%
MENTZER INDEX	38.4		
MEAN PLATELET VOLUME (MPV)	8.7	6.8 - 10.9	fL

WBC DIFFERENTIAL COUNT

NEUTROPHILS	65	40 - 80	%
LYMPHOCYTES	28	20 - 40	%
MONOCYTES	04	2 - 10	%
EOSINOPHILS	03	1 - 6	%
BASOPHILS	0	< 1 - 2	%
ABSOLUTE NEUTROPHIL COUNT	2.86	2.0 - 7.0	thou/µL
ABSOLUTE LYMPHOCYTE COUNT	1.23	1.0 - 3.0	thou/µL
ABSOLUTE MONOCYTE COUNT	**0.18 Low**	0.2 - 1.0	thou/µL
ABSOLUTE EOSINOPHIL COUNT	0.13	0.02 - 0.50	thou/µL
ABSOLUTE BASOPHIL COUNT	0	0.0 - 0.1	thou/µL
NEUTROPHIL LYMPHOCYTE RATIO (NLR)	2.3		

Sanjeew

Dr.Sanjeew Kumar
Consultant - Pathologist &
Laboratory Head

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ULR No.775000008370058-0707

DIAGNOSTIC REPORT

agilus diagnostics

PATIENT NAME : SHIKHA DEVI		**REF. DOCTOR :** DR. SADAR HOSPITAL
CODE/NAME & ADDRESS : CR00000045 BPL PATIETNS SADAR HOSPITAL, BOKORO, SADAR HOSPITAL, BOKORO, SECTOR - 1, BOKORO STEEL CITY, BOKORO 827001 7260813496	ACCESSION NO : **0707XG000723** PATIENT ID : SHIKF09028731 CLIENT PATIENT ID: ABHA NO :	AGE/SEX :37 Years Female DRAWN : RECEIVED : 12/07/2024 11:31:25 REPORTED : 12/07/2024 17:26:12

Test Report Status **Final**	Results	Biological Reference Interval	Units

HAEMATOLOGY

CBC WITH ESR (CBC+PS+ESR) EDTA WHOLE BLOOD/SMEAR

ERYTHROCYTE SEDIMENTATION RATE (ESR),EDTA BLOOD			
E.S.R	**84 High**	0 - 20	mm at 1 hr

Interpretation(s)
ERYTHROCYTE SEDIMENTATION RATE (ESR),EDTA BLOOD-**TEST DESCRIPTION :-**
Erythrocyte sedimentation rate (ESR) is a test that indirectly measures the degree of inflammation present in the body. The test actually measures the rate of fall (sedimentation) of erythrocytes in a sample of blood that has been placed into a tall, thin, vertical tube. Results are reported as the millimetres of clear fluid (plasma) that are present at the top portion of the tube after one hour. Nowadays fully automated instruments are available to measure ESR.

ESR is not diagnostic; it is a non-specific test that may be elevated in a number of different conditions. It provides general information about the presence of an inflammatory condition.CRP is superior to ESR because it is more sensitive and reflects a more rapid change.

TEST INTERPRETATION
Increase in: Infections, Vasculities, Inflammatory arthritis, Renal disease, Anemia, Malignancies and plasma cell dyscrasias, Acute allergy Tissue injury, Pregnancy, Estrogen medication, Aging.
Finding a very accelerated ESR**(>100 mm/hour)** in patients with ill-defined symptoms directs the physician to search for a systemic disease (Paraproteinemias, Disseminated malignancies, connective tissue disease, severe infections such as bacterial endocarditis).
In pregnancy BRI in first trimester is 0-48 mm/hr(62 if anemic) and in second trimester (0-70 mm /hr(95 if anemic). ESR returns to normal 4th week post partum.
Decreased in: Polycythermia vera, Sickle cell anemia

LIMITATIONS
False elevated ESR : Increased fibrinogen, Drugs(Vitamin A, Dextran etc), Hypercholesterolemia
False Decreased : Poikilocytosis,(SickleCells,spherocytes),Microcytosis, Low fibrinogen, Very high WBC counts, Drugs(Quinine, salicylates)

REFERENCE :
1. Nathan and Oski's Haematology of Infancy and Childhood, 5th edition;2. Paediatric reference intervals. AACC Press, 7th edition. Edited by S. Soldin;3. The reference for the adult reference range is "Practical Haematology by Dacie and Lewis,10th edition.

Sanjeew

Dr.Sanjeew Kumar
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ULR No.775000008370058-0707

DIAGNOSTIC REPORT

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PATIENT NAME : SHIKHA DEVI	**REF. DOCTOR :** SELF	
SHIKHA DEVI	ACCESSION NO : **0707XG000724**	AGE/SEX : 38 Years Female
	PATIENT ID : SHIKF020586707	DRAWN : 12/07/2024 11:34:41
	CLIENT PATIENT ID:	RECEIVED : 12/07/2024 11:36:16
	ABHA NO :	REPORTED : 12/07/2024 17:54:18

Test Report Status **Final**	Results	Biological Reference Interval	Units
BIOCHEMISTRY			
LIVER FUNCTION PROFILE, SERUM			
TOTAL PROTEIN	8.0	6.0 - 8.3	g/dL
ALBUMIN	4.7	3.2 - 5.0	g/dL
GLOBULIN	3.3	2.0 - 4.1	g/dL
ALBUMIN/GLOBULIN RATIO	1.4	1.0 - 2.1	RATIO
ASPARTATE AMINOTRANSFERASE(AST/SGOT)	25	0 - 45	U/L
ALANINE AMINOTRANSFERASE (ALT/SGPT)	16	0 - 45	U/L
ALKALINE PHOSPHATASE	**290 High**	39 - 118	U/L
GAMMA GLUTAMYL TRANSFERASE (GGT)	27	0 - 50	U/L
LACTATE DEHYDROGENASE	**451 High**	200 - 450	U/L
KIDNEY FUNCTION TEST			
BLOOD UREA NITROGEN (BUN), SERUM			
BLOOD UREA NITROGEN	**62 High**	6 - 22	mg/dL

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DIAGNOSTIC REPORT

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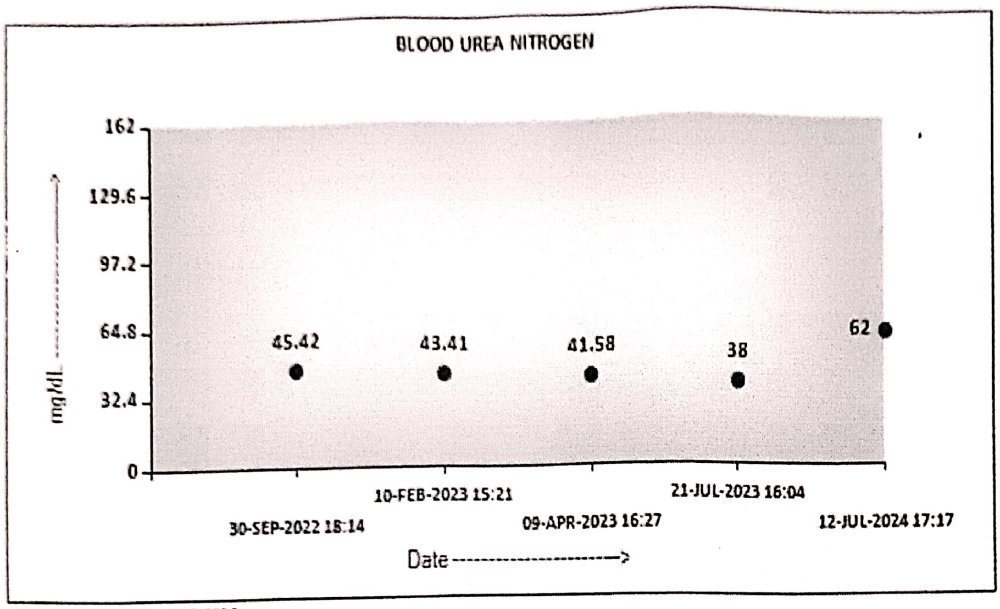
PATIENT NAME : SHIKHA DEVI	REF. DOCTOR : SELF	
SHIKHA DEVI	ACCESSION NO : 0707XG000724	AGE/SEX : 38 Years Female
	PATIENT ID : SHIKF020586707	DRAWN : 12/07/2024 11:34:41
	CLIENT PATIENT ID:	RECEIVED : 12/07/2024 11:36:16
	ABHA NO :	REPORTED : 12/07/2024 17:54:18

Test Report Status Final	Results	Biological Reference Interval	Units



CREATININE, SERUM

CREATININE	**6.78 High**	0.6 - 1.2	mg/dL

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ULR No.775000008370174-0707

PATIENT NAME : SHIKHA DEVI	REF. DOCTOR : SELF	
SHIKHA DEVI	ACCESSION NO : 0707XG000724	AGE/SEX : 38 Years Female
	PATIENT ID : SHIKF020586707	DRAWN : 12/07/2024 11:34:41
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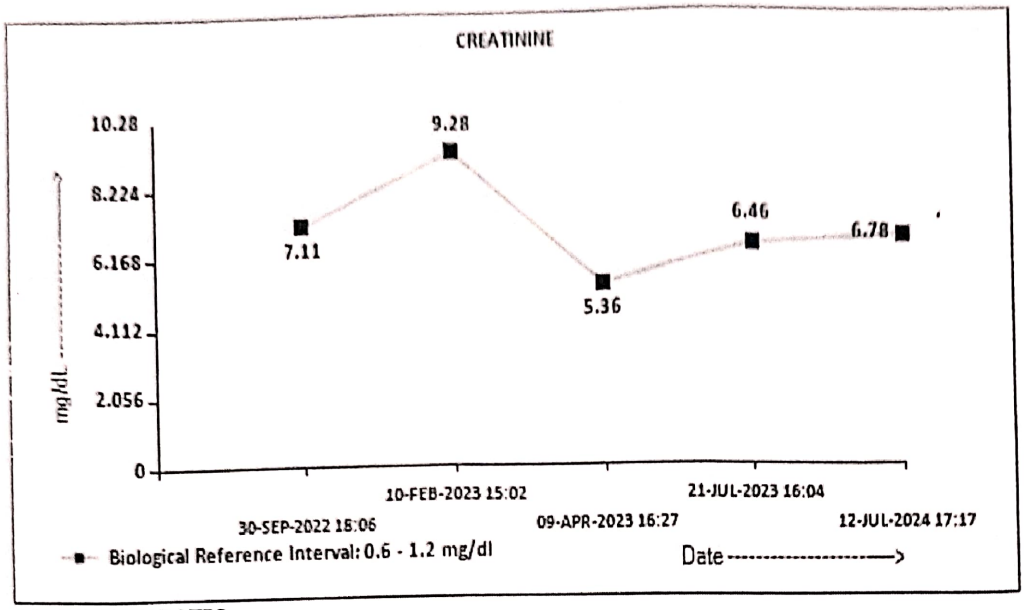
Test Report Status Final	Results	Biological Reference Interval	Units



BUN/CREAT RATIO

BUN/CREAT RATIO	9.14	5.0 - 15.0	

URIC ACID, SERUM

URIC ACID	5.2	2.5 - 6.8	mg/dL

TOTAL PROTEIN, SERUM

TOTAL PROTEIN	8.0	6.0 - 8.3	g/dL

ALBUMIN, SERUM

ALBUMIN	4.7	3.2 - 5.0	g/dL

GLOBULIN

GLOBULIN	3.3	2.0 - 4.1	g/dL

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PATIENT NAME : SHIKHA DEVI	**REF. DOCTOR : SELF**	
SHIKHA DEVI	ACCESSION NO : **0707XG000724**	AGE/SEX : 38 Years Female
	PATIENT ID : SHIKF020586707	DRAWN : 12/07/2024 11:34:41
	CLIENT PATIENT ID:	RECEIVED : 12/07/2024 11:36:16
	ABHA NO :	REPORTED : 12/07/2024 17:54:18

Test Report Status **Final**	Results	Biological Reference Interval	Units
CALCIUM, SERUM			
CALCIUM	**7.5 Low**	8.4 - 10.4	mg/dL
ELECTROLYTES (NA/K/CL), SERUM			
SODIUM, SERUM	**133.7 Low**	137 - 145	mmol/L
POTASSIUM, SERUM	**5.02 High**	3.6 - 5.0	mmol/L
CHLORIDE, SERUM	101.4	98 - 107	mmol/L

Interpretation(s)

Sodium	Potassium	Chloride
Decreased in: CCF, cirrhosis, vomiting, diarrhea, excessive sweating, salt-losing nephropathy, adrenal insufficiency, nephrotic syndrome, water intoxication, SIADH. Drugs: thiazides, diuretics, ACE inhibitors, chlorpropamide, carbamazepine, antidepressants (SSRI), antipsychotics.	**Decreased in:** Low potassium intake, prolonged vomiting or diarrhea, RTA types I and II, hyperaldosteronism, Cushing's syndrome, osmotic diuresis (e.g., hyperglycemia), alkalosis, familial periodic paralysis, trauma (transient). Drugs: Adrenergic agents, diuretics.	**Decreased in:** Vomiting, diarrhea, renal failure combined with salt deprivation, over-treatment with diuretics, chronic respiratory acidosis, diabetic ketoacidosis, excessive sweating, SIADH, salt-losing nephropathy, porphyria, expansion of extracellular fluid volume, adrenalinsufficiency, hyperaldosteronism, metabolic alkalosis. Drugs: chronic laxative, corticosteroids, diuretics.
Increased in: Dehydration (excessivesweating, severe vomiting or diarrhea), diabetes mellitus, diabetesinsipidus, hyperaldosteronism, inadequate water intake. Drugs: steroids, licorice, oral contraceptives.	**Increased in:** Massive hemolysis, severe tissue damage, rhabdomyolysis, acidosis, dehydration, renal failure, Addison' s disease, RTA type IV, hyperkalemic familial periodic paralysis. Drugs: potassium salts, potassium- sparing diuretics, NSAIDs, beta-blockers, ACE inhibitors, high-dose trimethoprim-sulfamethoxazole.	**Increased in:** Renal failure, nephrotic syndrome, RTA, dehydration, overtreatment with saline, hyperparathyroidism, diabetes insipidus, metabolic acidosis from diarrhea (Loss of HCO3-), respiratory alkalosis, hyperadrenocorticism. Drugs: acetazolamide, androgens, hydrochlorothiazide, salicylates.
Interferences: Severe lipemia or hyperproteinemi, if sodium analysis involves a dilution step can cause spurious results. The serum sodium falls about 1.6 mEq/L for each 100 mg/dL increase in blood glucose.	**Interferences:** Hemolysis of sample, delayed separation of serum, prolonged fist clenching during blood drawing, and prolonged tourniquet placement. Very high WBC/PLT counts may cause spurious. Plasma potassium levels are normal.	**Interferences:** Test is helpful in assessing normal and increased anion gap metabolic acidosis and in distinguishing hypercalcemia due to hyperparathyroidism (high serum chloride) from that due to malignancy (Normal serum chloride)

Interpretation(s)

LIVER FUNCTION PROFILE, SERUM-

Bilirubin is a yellowish pigment found in bile and is a breakdown product of normal heme catabolism. Bilirubin is excreted in bile and urine, and elevated levels may give yellow discoloration in jaundice. **Elevated levels** results from increased bilirubin production (eg, hemolysis and ineffective erythropoiesis), decreased bilirubin excretion (eg,

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ULR No.775000008370174-07

DIAGNOSTIC REPORT

MC-5746

agilus diagnostics

PATIENT NAME : SHIKHA DEVI	**REF. DOCTOR : SELF**	
CODE/NAME & ADDRESS : CR00000048 - KIT DOWN KIT DOWN SADAR HOSPITAL, BOKORO SADAR HOSPITAL, BOKORO, SECTOR - 1, BOKORO STEEL CITY, BOKARO 827001 7260813496	ACCESSION NO : **0031XG010354** PATIENT ID : SHIKF13078631 CLIENT PATIENT ID: ABHA NO :	AGE/SEX : 38 Years Female DRAWN : 12/07/2024 11:07:00 RECEIVED : 13/07/2024 12:18:33 REPORTED : 13/07/2024 14:26:41

CLINICAL INFORMATION :

0707XG000724

Test Report Status **Final**	Results	Biological Reference Interval	Units
BIOCHEMISTRY			
BILIRUBIN (TOTAL, DIRECT, INDIRECT), SERUM			
BILIRUBIN, TOTAL	0.40	0.2 - 1.2	mg/dL
METHOD : DIAZONIUM SALT			
BILIRUBIN, DIRECT	0.13	0.0 - 0.5	mg/dL
METHOD : DIAZO REACTION			
BILIRUBIN, INDIRECT	0.27	0.1 - 1.0	mg/dL
METHOD : CALCULATED			

Interpretation(s)
BILIRUBIN (TOTAL, DIRECT, INDIRECT), SERUM-Bilirubin is a yellowish pigment found in bile and is a breakdown product of normal heme catabolism. Bilirubin is excreted in bile and urine, and elevated levels may give yellow discoloration in jaundice.Elevated levels results from increased bilirubin production (eg, hemolysis and ineffective erythropoiesis), decreased bilirubin excretion (eg, obstruction and hepatitis), and abnormal bilirubin metabolism (eg, hereditary and neonatal jaundice). Conjugated (direct) bilirubin is elevated more than unconjugated (indirect) bilirubin in Viral hepatitis, Drug reactions, Alcoholic liver disease Conjugated (direct) bilirubin is also elevated more than unconjugated (indirect) bilirubin when there is some kind of blockage of the bile ducts like in Gallstones getting into the bile ducts, tumors & Scarring of the bile ducts. Increased unconjugated (indirect) bilirubin may be a result of Hemolytic or pernicious anemia, Transfusion reaction & a common metabolic condition termed Gilbert syndrome, due to low levels of the enzyme that attaches sugar molecules to bilirubin.

Total Bili- Source: Wallach"s Interpretation of Diagnostic tests, 9th ed
Direct Bili - Source: Tietz Text book of Clinical Chemistry & Molecular Diagnostics, 4th ed

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

Dr.Anwesha Chatterjee
Pathologist

chaitali ray.

Dr. Chaitali Ray, PHD
Biochemist

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Tel : 9111591115, Fax : 30203412
CIN - U74899PB1995PLC045956

ULR No.31000005059595-0031

DIAGNOSTIC REPORT

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CODE/NAME & ADDRESS : CR00000045 BPL PATIENTS SADAR HOSPITAL, BOKORO, SADAR HOSPITAL, BOKORO, SECTOR - 1, BOKORO STEEL CITY, BOKORO 827001 7260813496	ACCESSION NO : **0707XG000723** PATIENT ID : SHIKF09028731 CLIENT PATIENT ID : ABHA NO :	AGE/SEX : 37 Years Female DRAWN : RECEIVED : 12/07/2024 11:31:25 REPORTED : 12/07/2024 17:26:12

Test Report Status **Final**	Results	Biological Reference Interval	Units
EIA - INFECTIOUS SECTION			
HEPATITIS C ANTIBODIES, SERUM			
HEPATITIS C ANTIBODIES	NON REACTIVE	NON REACTIVE	

Interpretation(s)
HEPATITIS C ANTIBODIES, SERUM-**Hepatitis C Virus (HCV)** is a blood borne flavivirus. It is one of the most important causes of post-blood transfusion as well as community acquired non-A non-B hepatitis and chronic liver failure. Although the majority of infected individuals may be asymptomatic, HCV infection may develop into chronic hepatitis, cirrhosis and/or increased risk of hepatocellular carcinoma.
Notes & Limitations: HCV antibody is typically not detected until approximately 14 weeks after infection (or 5 weeks after appearance of the first biochemical marker of illness) and is almost always detectable by the late convalescent stage of infection. A negative result may also be observed due to loss of HCV antigen, years following resolution of infection. Infants born to hepatitis C infected mothers may have delayed seroconversion to anti-HCV. Hence a negative result should be evaluated cautiously with respect to clinical findings. It is to be noted that absence of HCV antibodies after 14 weeks of exposure is strong evidence against HCV infection.Presence of HCV antibodies does not imply an active Hepatitis C infection but is indicative of both past and/or recent infection .It has been reported that as many as 90% of individuals receiving intravenous commercial immunoglobulin test falsely positive for HCV antibody. Also,patients with autoimmune liver disease may show a false positive HCV antibody result. Hence it is advisable to confirm a positive antibody result with a supplemental test. A positive result when followed by a positive supplemental test (i.e. HCV-RNA-PCR) suggests active hepatitis C infection.

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agilus diagnostics

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	PATIENT ID : SHIKF020586707	DRAWN : 12/07/2024 11:34:41
	CLIENT PATIENT ID :	RECEIVED : 12/07/2024 11:36:16
	ABHA NO :	REPORTED : 12/07/2024 17:54:18

Test Report Status **Final**	Results	Biological Reference Interval	Units
EIA - INFECTIOUS SECTION			
HEPATITIS B SURFACE ANTIGEN, SERUM			
HEPATITIS B SURFACE ANTIGEN	NON REACTIVE	NON REACTIVE	

Interpretation(s)
HEPATITIS B SURFACE ANTIGEN, SERUM-**Hepatitis B** is caused by infection with HBV, a enveloped DNA agent that is classified as hepadnavirus. This test detects the presence of viral surface antigen i.e HBsAg also known as "Australia antigen" in serum sample and is indicative of HBV infection, either acute or chronic.
Test Utility: HBsAg is the first serologic marker appearing in the serum 6-16 weeks following hepatitis B viral infection. In typical HBV infection, HBsAg will be detected 2-4 weeks before the liver enzyme levels (ALT) become abnormal and 3-5 weeks before patient develops jaundice. In acute cases HBsAg usually disappears 1-2 months after the onset of symptoms. Persistence of HBsAg for more than 6 months indicates development of either a chronic carrier state,or chronic liver disease.The presence of HBsAg is frequently associated with infectivity. HBsAg when accompanied by Hepatitis Be antigen and/or hepatitis B viral DNA almost always indicates infectivity.
Limitations: For diagnostic purposes, results should be used in conjunction with patient history and other hepatitis markers for diagnosis of acute or chronic infection. If the antibody results are inconsistent with clinical evidence, additional testing is suggested to confirm the result.HBsAg detection will only indicate the presence of surface antigens in the serum and should not be used as the sole criteria for diagnosis, staging or monitoring of HBV infection. This test may be negative during "window period" i.e after disappearance of anti-HBsAg antibody.The current assay being a highly sensitive test may yield a small percentage of false positive reports. Hence all HBsAg positive specimens should be confirmed with an assay based upon Neutralisation of Human anti Hepatitis B Surface antibody.

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ULR No.775000008370174-0707

SADAR HOSPITAL BOKARO
CAMP 2 BOKARO

Registration No : 20240043856
Visit No : 2/ Last Visit Date : 10/07/2024 12.00 AM / Token No : 51
Room No : Main Building A,OPD Block,Ground,G.Medicine OPD 9

Dr. Sanjay Kumar

Medicine OPD

Name : **Mrs. Shikha Devi**
Sex/Age : **38Y 5D / F**
Department : Medicine

Registration Amount : **Rs. 0**
Mobile No : **7992310416**
Address :BARI COPERATIVE(JHARKHAND)
Date of Registration : 15/07/2024 10.27 AM

Patient Type : General
Guardian Name : MAHESH PRASAD(Husband)

MLC Patient : NO

Last Complete Collection Date/Amount : 10/07/2024 12.00 AM/Rs. 5

CBS-114
15/7/24

Report for Blood Exam :-
HIV - Non-Reactive

15/7/24

Prepared By: Mr.
Narendra Kumar Sinha

Date Time: 15/07/2024 10.27 AM

OPD SLIP

मुस्कान हॉस्पीटल
एण्ड रिसर्च सेन्टर

Dr. S. C. Munshi
MBBS, DCH, MD (Paeds)
Consultant Paediatrician & Neonatologist
Time : 9:30 am to 01:30 pm
(Sunday Off)

Dr. Irfan Ansari
MBBS, MS (Gen. Surgery)
Consultant Laparoscopic & Cancer Surgeon
Time : 10:30 am to 02:30 pm
(Friday Evening Off)

Dr. Md. Shahnawaj Anwar
MBBS, MD (Med.)
Consultant Physician
Cardiologist & Diabetologist
Time : 11:00 am to 02:30 pm
07:00 pm to 08:00 pm
(Sunday Evening Off)

Dr. Manoj Kr. Srivastava
MBBS, AFMC (PUNE)
Child Specialist, General Physician & Surgeon
Time : 11:30 am to 02:00 pm

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Undertaking
Muskan SUPERSPECIALITY Centre
Plot No. : S-3, City Centre,
Beside M-Bazar, Sector - IV,
Bokaro Steel City (Jharkhand)
[Near Samarjit Gas Agency]
Ph. : 06542-231335, 08877080738

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- Variceal Band Ligation.
- Sclerotherapy
- Colonoscopy
- ERCP.

Eye Department :
- Phaco Surgery & OCT etc.
- Ben Franklin Optical Point

Neuro Surgery Deparment :
- OPD.

MUSKAN Hospital &Research Centre

Name : Shikha Devi

Age/Sex : F/37

Weight

Date 13 APR 2024

BP - 130/70 mmHg
HR - 94/m
SpO2 - 98%
Chest
CVS | NAD

Rx
Moxovas 0.2 mg OD
Prazopoll XL 5 mg OD
Nicardia Retard 20 mg OD
Dytor 10 mg OD
Cardivas CR 20 mg OD
Atorsedal 20 mg
Folvite 5 mg
Shelcal 0S
Tonoferon
K-Bind sachet 15 g OD 6 day
Febuxo 40 mg
Dengu 40 mg S/C weekly

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