

Registered Office: Sector - 6, Dwarka (Near Telephone Exchange), New Delhi - 110 075 GSTIN: 07AAAAH3917LIZM PAN NO.: AAAAH3917L

BILL OF SUPPLY

Reg No. : MH011714024

Name Age/Sex

Address

: MRS NITU KUMARI : 35 Y / Female : PLOT NO 35A VIPIN GARDEN UTTAM NAGAR NEW

Department: INTERNAL MEDICINE MID Doctor I DR. TARUN KHURANA

Payor : Patient Epinode No : 003001306538 Episode Date: 19/02/2024 Bill No.

: MHD230CS0251296 : 19/02/2024 06:14PM : 7903371861 Bill Date

Phone

Particulars				
	Unit	Drice	BAC	Amount
REGISTRATION				
CONSULTATION INTERNAL MEDICINE	1	200.00	999311	200.00
		900.00	999311	900.00

Total : 1100.00

Amount Paid : 1100.00

(Received with thanks a sum of Rupees One Thousand One Hundred only)

Payment Details

Node Particulars Receipt Amt. Amt. Adjusted UPL 1100.00 1100.00 Total 1100.00

(Deepanka (Starma)

NOTE: ONE POLLOW UP VISIT WITH THE SAME DOCTOR WITHIN 3 DAYS WILL NOT BE CHARGE

POR APPOINTMENT PLEASE CALL ON +91 11 4967 4967 or 1800 102 5555 Contact for Home sample collection +91 7428769482 Contact for Pharmacy Home deleivery +91 8448486472

2000 Batch

TID

ApprCode :

: 000000000000000000104955394050181322 CType

Invoice : 2966623





2019 CONDENSATION CONDENSATION OF CONDENSATION E-2019 CONDENSATION PROVIDED N. 2019-0113/27/07/2019-2607/2021 IND18.8273/05/12/2015-04/12/2019



Website: www.hcmct.in, delhi.menipathospitals.com | Email: mallus@manipathospitals.com | Phone: 011-49674967 Managed by Manipal Hospitals Dwarka Pvt. Ltd.

Registered Office: Sector-6, Dwarka, New Delhi 110 075

Department Of Laboratory Medicine

Name

: MRS NITU KUMARI

Age

35 Yr(s) Sex :Female

Registration No

: MH011714024

Lab No

35240202922

Patient Episode

: O03001306538

Collection Date :

20 Feb 2024 08:56

Referred By

: DR. TARUN KHURANA

Reporting Date:

20 Feb 2024 11:09 ·

Receiving Date

: 20 Feb 2024 09:21

MICROBIOLOGY

Rheumatoid Factor

Specimen-Serum

Value

7.3

IU/ml

[Upto 12]

Result

Negative

Method

Immunoturbidometry

Technical Note:

RF is IgM antibodies directed against the Fc portion of immunoglobulin G and is seen in cases of rheumatoid arthritis and other connective tissue disorders. 3-5% of the healthy population can also give positive reactions in low titres.

Reference:Clinical diagnosis and management by laboratory methods.Henry J.B.20th edn.2001.

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-----END OF REPORT-----

Dr. Prerna Khurana Consultant Microbiologist

Piene Kumane

Registered Office: Sector-6, Dwarka, New Delhi 110 075

Department Of Laboratory Medicine

Name

: MRS NITU KUMARI

Age

35 Yr(s) Sex :Female

Registration No

: MH011714024

32240210632

Patient Episode

Lab No

: O03001306538

Collection Date:

20 Feb 2024 08:56

Referred By

: DR. TARUN KHURANA

Reporting Date:

20 Feb 2024 10:23

Receiving Date

: 20 Feb 2024 09:20

BIOCHEMISTRY

Test Name	Result	Unit	Biological Ref. Interval
BILIRUBIN-TOTAL (Diazonium Ion) BILIRUBIN - DIRECT (Diazotization) BILIRUBIN - INDIRECT (Calculated) SGOT/ AST (UV without P5P) SGPT/ ALT (UV without P5P) ALP (p-NPP, kinetic) * TOTAL PROTEIN (Biuret) SERUM ALBUMIN (BCG-dye) SERUM GLOBULIN (Calculated) ALB/GLOB (A/G) Ratio (Calculated)	0.23 0.13 0.10 # 19.2 15.2 96 8.4 # 4.6 3.8 # 1.21	mg/dl mg/dl U/L U/L U/L g/dl g/dl	[0.10-1.20] [0.00-0.30] [0.20-1.00] [10.0-35.0] [0.0-33.0] [37-98] [6.0-8.2] [3.5-5.2] [1.8-3.4] [1.10-1.80]

Liver function test aids in diagnosis of various pre hepatic, hepatic and post hepatic causes of dysfunction like hemolytic anemia's, viral and alcoholic hepatitis and cholestasis of obstructive causes.

Pagel of 6



Begistered Office: Sector 6, Dwarke, New Delhi 110 D/6

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Age

35 Yr(s) Sex :Female

Registration No

: MH011714024

Lab No

32240210632

Patient Episode

: O03001306538

Collection Date :

20 Feb 2024 08;56

Referred By

: DR. TARUN KHURANA

Reporting Date:

20 Feb 2024 10:22

Receiving Date : 2

: 20 Feb 2024 09:20

BIOCHEMISTRY

Test Name	Result	Unit B	iological Ref. Interval
KIDNEY PROFILE (Serum)			
BUN (Urease/GLDH)	9.00	mg/dl	[6.00-20.00]
SERUM CREATININE (Jaffe's method)	0.61	mg/dl	[0.60-1.40]
SERUM URIC ACID (Uricase)	4.4	mg/dl	[2.6-6.0]
SERUM CALCIUM (NM-BAPTA)	9.17	mg/dl	[8.00-10.50]
SERUM PHOSPHORUS (Molybdate, UV)	3.2	mg/dl	[2.5-4.5]
SERUM SODIUM (ISE)	134.0	mmol/1	[134.0-145.0]
SERUM POTASSIUM (ISE)	4.84	mmo1/1	[3.50-5.20]
SERUM CHLORIDE (ISE Indirect)	98.8	mmol/L	[95.0-105.0]
eGFR	117.8	ml/min/1.73sq	

Technical Note

eGFR which is primarily based on Serum Creatinine is a derivation of CKD-EPI 2009 equation normalized tol.73 sq.m BSA and is not applicable to individuals below 18 years. eGFR tends to be less accurate when Serum Creatinine estimation is indeterminate e.g. patients at extremes of muscle mass, on unusual diets etc. and samples with severe Hemolysis / Icterus / Lipemia.

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: MH011714024

Patient Episode

: O03001306538

Referred By Receiving Date

: 20 Feb 2024 09:20

: DR. TARUN KHURANA

Age

35 Yr(s) Sex :Female

Lab No

32240210632

Collection Date:

20 Feb 2024 08:56

Reporting Date:

20 Feb 2024 10:24

BIOCHEMISTRY

THYROID PROFILE, Serum

Specimen Type : Serum

Tillodothyronine (ECLIA)			
T4 - Thyroxine (ECLIA) Thyroid Stimulating Hormone (ECLIA)	1.250	ng/ml	[0.800-2.040]
	8.400	µg/dl	[5.500-11.000]
	3.560	µIU/mL	[0.340-4.250]

lst Trimester:0.6 - 3.4 micIU/mL 2nd Trimester:0.37 - 3.6 micIU/mL 3rd Trimester:0.38 - 4.04 micIU/mL

Note: TSH levels are subject to circadian variation, reaching peak levels between 2-4.a.m.and at a minimum between 6-10 pm.Factors such as change of seasons hormonal fluctuations, Ca or Fe supplements, high fibre diet, stress and illness

- · References ranges recommended by the American Thyroid Association
- 1) Thyroid. 2011 Oct;21(10):1081-125.PMID .21787128
- 2) http://www.thyroid-info.com/articles/tsh-fluctuating.html

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-----END OF REPORT-----

Dr. Neelam Singal CONSULTANT BIOCHEMISTRY

Registered Office: Sector-6, Dwarka, New Delhi 110 075

Department Of Laboratory Medicine

: MRS NITU KUMARI

Age

35 Yr(s) Sex :Female

Registration No

: MH011714024

Lab No

33240206533

Patient Episode

: O03001306538

Collection Date:

20 Feb 2024 08:57

Referred By

: DR. TARUN KHURANA

Reporting Date:

20 Feb 2024 10:51

Receiving Date

: 20 Feb 2024 09:35

HAEMATOLOGY

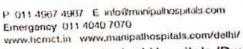
Test Name	Result	Unit B	iological Ref. Interval
COMPLETE BLOOD COUNT (EDTA Blood)			
WBC Count (Flow cytometry)	7360	/cu.mm	[4000-10000]
RBC Count (Impedence)	3.68 #	million/cu.mm	[3.80-4.80]
Haemoglobin (SLS Method)	10.7 #	g/dL	[12.0-15.0]
Haematocrit (PCV)	34.4 #	*	[36.0-46.0]
(RBC Pulse Height Detector Method)			ananay is more and a
MCV (Calculated)	93.5	fL	[83.0-101.0]
MCH (Calculated)	29.1	pg	[25.0-32.0]
MCHC (Calculated)	31.1 #	g/dL	[31.5-34.5]
Platelet Count (Impedence)	196000	/cu.mm	[150000-410000]
RDW-CV (Calculated)	13.6	8	[11.6-14.0]
DIFFERENTIAL COUNT			20 20
Neutrophils (Flowcytometry)	53.1	운	[40.0-80.0]
Lymphocytes (Flowcytometry)	37.0	8	[20.0-40.0]
Monocytes (Flowcytometry)	7.7	95	[2.0-10.0]
Eosinophils (Flowcytometry)	1.9	%	[1.0-6.0]
Basophils (Flowcytometry)	0.3 #	8	[1.0-2.0]
1G	0.10	e _o	
Neutrophil Absolute(Flouroscence fl	ow cytometry)	3.9 /cu m	
Lymphocyte Absolute(Flouroscence fl	ow cytometry)	2.7 /cu m	
Monocyte Absolute(Flouroscence flow	cytometry)	0.6 /cu m	m [0.2-1.2]×10
Eosinophil Absolute(Flouroscence fl	low cytometry)	0.1 /cu m	
Easophil Absolute(Flouroscence flow	v cytometry)	0.0 /cu m	m [0.0-0.1]×10'

Complete Blood Count is used to evaluate wide range of health disorders, including anemia, infection, and leukemia. Abnormal increase or decrease in cell counts as revealed may indicate that an underlying medical condition that calls for further evaluation.

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-----END OF REPORT-----

Dr.Lakshita singh





Registered Office: Sector-8, Dwarka, New Delhi 110 075

Department Of Laboratory Medicine

: MRS NITU KUMARI

Registration No Patient Episode

: MH011714024

: O03001306538

Referred By

Receiving Date

: DR. TARUN KHURANA : 20 Feb 2024 10:15

Age

35 Yr(s) Sex :Female

Lab No

38240202366

Collection Date:

20 Feb 2024 08:56

Reporting Date:

20 Feb 2024 14:10

CLINICAL PATHOLOGY

Test Name ROUTINE URINE ANALYSIS	Result	Piolost - 1
MACROSCOPIC DESCRIPTION		Biological Ref. Interval
Colour (Visual)		
Appearance (Visual)	PALE YELLOW	(Pale Yellow - Yellow)
CHEMICAL EXAMINATION	CLEAR	101100)
Reaction[pH]	5201 W	
(Reflectancephotometry(Indicator M	6.5	(5.0-9.0)
Specific Gravity		
(Reflectancephotometry(Indicator M	1.005	(1.003-1.035)
Bilirubin		
Protein/Albumin	Negative	NEGATIVE
(Reflectance photometry(Indicator	Negative	(NEGATIVE-TRACE)
Glucose	NOT DETECTED	
(Reflectance photometry (GOD-POD/B	NOT DETECTED	(NEGATIVE)
Ketone Bodies	NOT DETECTED	81
(Reflectance photometry(Legal's Te	st)/Manual Bothores	(NEGATIVE)
Urobilinogen	NORMAL	(Manual)
Reflactance photometry/Diazonium s		(NORMAL)
Nitrite	NEGATIVE	NEGATIVE
Reflactance photometry/Griess test		NEGATIVE
Leukocytes	NII.	NEGATIVE
Reflactance photometry/Action of Es		MEGRITUE
BLOOD	NIL	NEGATIVE
(Reflectance photometry (peroxidase)	300000000000000000000000000000000000000	REGRITVE
MICROSCOPIC EXAMINATION (Manual)		ppy on centrifuged urine
WEC/Pus Cells	0-1 /hpf	(4-6)
Red Blood Cells	NIL	(1-2)
Epithelial Cells	1-2 /hpf	(2-4)
Casts	NIL	(NIL)
	NIL	(NIL)
Crystals	NIL	(MID)
Bacteria	NIL	
Yeast cells	MITT	
Interpretation:		

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Department Of Laboratory Medicine

: MRS NITU KUMARI

Registration No

: MH011714024

Patient Episode

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Referred By Receiving Date

: DR. TARUN KHURANA

: 20 Feb 2024 10:15

Age

35 Yr(s) Sex :Female

Ph

Lab No

38240202366

Collection Date: 20 Feb 2024 08:56

Reporting Date: 20 Feb 2024 14:10

CLINICAL PATHOLOGY

URINALYSIS-Routine urine analysis assists in screening and diagnosis of various metabolic , urological, kidney and liver disorders

Protein: Elevated proteins can be an early sign of kidney disease. Urinary protein excretion can also be temporarily elevated by strenuous exercise, orthostatic proteinuria, dehydration, uring tract infections and acute illness with fever

Glucose: Uncontrolled diabetes mellitus can lead to presence of glucose in urine.

Other causes include pregnancy, hormonal disturbances, liver disease and certain medications. Ketones: Uncontrolled diabetes mellitus can lead to presence of ketones in urine.

Ketones can also be seen in starvation, frequent vomiting, pregnancy and strenuous exercise. Blood: Occult blood can occur in urine as intact erythrocytes or haemoglobin, which can occur in various urological, nephrological and bleeding disorders.

Leukocytes: An increase in leukocytes is an indication of inflammation in urinary tract or kidne; Most Common cause is bacterial urinary tract infection.

Nitrite: Many bacteria give positive results when their number is high. Nitrite concentration our infection increases with length of time the urine specimen is retained in bladder prior to collection.

pH: The kidneys play an important role in maintaining acid base balance of the body. Conditions the body producing acidosis/alkalosis or ingestion of certain type of food can affect the pH of urine.

Specific gravity: Specific gravity gives an indication of how concentrated the urine is. Increase Specific gravity is seen in conditions like dehydration, glycosuria and proteinuria while decrease Specific gravity is seen in excessive fluid intake, renal failure and diabetes insipidus. Bilirubin: In certain liver diseases such as biliary obstruction or hepatitis,

bilirubin gets excreted in urine.

Urobilinogen: Positive results are seen in liver diseases like hepatitis and cirrhosis and in case of hemolytic anemia.

Page 6 of 6

----END OF REPORT----

Dr. Priyanka Bhatia CONSULTANT PATHOLOGY

Registered Office: Sector-6, Dwarka, New Delhi- 110075





HEALTH CHECK RECORD

Hospital No:

MH011714024

Name:

MRS NITU KUMARI

Date:

Doctor Name: DR. TARUN KHURANA 23/02/2024 07:16PM

Visit No:

Age/Sex: 35 Yrs/Female

Specialty: INTERNAL MEDICINE MHD

OPD Notes:

FOR REVIEW

HB - 10.6

TSH - 3.56

ADV

CAP OROFER XT OD - FOR 1 MONTH

RCST

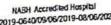
Dr. Tarun Khurana

Seek medical help if:

· The initial symptoms get aggravated

 Any new symptoms (like breathlessness, bleeding etc.) is causing concern. In case of emergencies contact 011-40407070

















Website: www.hcmct.in, delhi.manipalhospitals.com | Email: mailus@manipalhospitals.com | Phone: 011-49674967 H-2019-0640/09/06/2019-08/06/2022 MC/3228/04/09/2019-03/09/2021 E-2019-0026/27/07/2019-26/07/2021 Managed by Manipal Hospitals Dwarka Pvt. Ltd.

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