

G.S.V.M. MEDICAL COLLEGE, KANPUR

Lala Lajpat Rai and Associated Hospital, Kanpur
Department of Nephrology

12072

DISCHARGE-SLIP

25

Clinician Incharge Dr. Yashpal Patel JR. I.....
JR. II..... A. Rohit
JR. III..... A. Patel

Pts. Name Zareen Khan Age/Sex 24/11/ Ward/Bed
Address Mell road, kalyan Nagar, UP

B.H.T. No. : 260004446

Date of Admission 21/01/2016 Date of Discharge 28/01/2016

Result Discharge Date of Operation.....

Final Diagnosis LEO stage 3D / BLIN / Sicca syndrome / IgG4 (Lupus polyarthritis)

Operation performed

Pathological Rep HB TLC DLC ESR Urine Stool Sugar

Others :

Special Investigation (I) Ristological.....

(II) Radiological.....

(III) Biochemical.....

Summary - Pt was admitted to our side with the B/L Pedal edema 1 week. Pt was assessed investigated & managed conservatively. Pt is now being discharged.

Advice -

on Admision

BP - 120/70 mmHg

PR - 86 b.p.

RR - 18/

SpO₂ - 97.9 mmHg

Sign. of Clinical -

HR - 84V₁ R₄

Pupil - Bl + reactive

Plants - Bl + flexor

P (4)

I

C

L

U - Bl + Pedal edema (4)

on discharge

BP - 126/80 mmHg

PR - 82 b.p.

RR - 18/

SpO₂ - 98.1 mmHg

Sign. of JR. VII/III/

Dr. Rohit

JR. Medium

कृपया मरीज डिस्चार्ज होने के पश्चात मेडिकल बिलों के सत्यापन हेतु आवेदन पत्र दो माह

के भीतर ही प्रस्तुत करें अन्यथा स्वीकार नहीं किये जायेंगे।

नोट : कृपया इसे सुरक्षित रखें और हॉस्पिटल आते समय लाना न भूलें।



ALOK DIAGNOSTICS

IMAGING, PATHOLOGY & BIOPSY CENTRE



96 Slice CT Scan • 4D Ultrasound • Colour Doppler • Echo • Digital X-Ray • Pathology • Biopsy

Dr. Alok Kumar Sinha

MBBS (JIPMER) MD Radiodiagnosis, PDCC (SGPGI),
Fellowship Royal College of Radiology (I), London
Ex-Senior Resident SGPGI, Lucknow
Formerly in PGI, Chandigarh & CMC, Vellore
Consultant & Interventional Radiologist

Dr. Supriya Katiyar

MD Pathology, (K.G.M.U.), Lucknow
Ex-senior Resident, SGPGI, Lucknow
Histopathology, Cytology, Oncohematology
Consultant Pathologist

Name : MS. ZAREEN
Sex/Age : Female / 26 Years
Reg. Date : 24-Apr-2025 11:20 AM
Ref. By : Dr. YUVRAJ GULATI
Mobile No. : 6394940831

LAB ID : 000843
Sample ID : 11
Sample Date : 24-Apr-2025 11:21 AM
Print On : 24-Apr-2025 04:03 PM

Test Name	Result	Unit	Reference Range
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CYTOTOLOGY

FNAC

FNAC FROM LEFT CERVICAL LYMPH NODE

CYTO NO- C877/25

Gross :- Thick whitish material aspirated. Three smears prepared & stained with H & E and Leishman stain.

Microscopic Examination :- FNA smears are moderately cellular and show epithelioid granulomas comprising of epithelioid cells, histiocytes and lymphocytes in a background reactive lymphoid cells and rbc's. Mild neutrophilic infiltrate is also seen. No atypical cells are seen.

IMPRESSION :- FNAC FROM LEFT CERVICAL LYMPH NODE - s/o TUBERCULAR LYMPHADENITIS

Continue to page 2

Dr. Supriya Katiyar
MD Pathology
Consultant Pathologist

NOT VALID FOR MEDICOLEGAL PURPOSE

SPECIAL FACILITIES:- Hormones • FNAC • PAP Smear • Bone Marrow • Biopsy • Scrape Cytology

113/24-B, Inderjeet Jain Marg, Lane Next to Police Station, Swaroop Nagar, Kanpur • Mob.: 7052151801

घर से सैम्प्ल लेने/रिपोर्ट/जाँच सम्बन्धी जानकारी के लिए सम्पर्क करें : 7052151801



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 ☎ 011-46577957 ☎ 9654637718 ☎ hypatholab@gmail.com ☎ www.hypatholab.in

REPORT

PT Name : ZAREEN
 Ref By : DR. SELF
 Reg No : HL8900298903 / HYUP/F01/FS30
 Barcode : KN431096
 INV : HY FIT PACK -B

Age : 25 Year | Sex : Female
 Registered on : 06-04-2025 02:48 PM
 Received on : 06-04-2025 03:51 PM
 Reported on : 06-04-2025 04:36 PM

SAMPLE COLLECTED AT:

 SAMPLE : EDTA Blood

COMPLETE BLOOD COUNT (CBC)

TEST DESCRIPTION	RESULT	UNITS	BIOLOGICAL REFERENCE RANGE	METHOD
Hemoglobin	5.1	g/dL	12.5 - 14.5	SLS-Hemoglobin
Total Red Blood Cell Count	1.87	10 ⁶ /uL	3.82 - 4.8	Electrical Impedance
Hematocrit (HCT)	16.4	%	36 - 46	Calculated
Total Leucocytes Count	10.13	10 ³ /uL	4 - 10	Electrical Impedance
Neutrophils Percentage	85.6	%	40 - 80	Flow Cytometry
Lymphocyte Percentage	6.9	%	20 - 40	Flow Cytometry
Eosinophils Percentage	0.4	%	1 - 6	Flow Cytometry
Monocytes Percentage	6.8	%	2 - 10	Flow Cytometry
Basophils Percentage	0.3	%	0.0 - 1.0	Flow Cytometry
Neutrophils-Absolute Count	8.68	10 ³ /uL	1.8 - 7.8	Calculated
Lymphocytes-Absolute Count	0.70	10 ³ /uL	0.8 - 4.8	Calculated
Eosinophil-Absolute Count	0.04	10 ³ /uL	0.0 - 0.9	Calculated
Monocyte- Absolute Count	0.68	10 ³ /uL	0.50 - 1.00	Calculated
Basophils-Absolute Count	0.03	10 ³ /uL	0.0 - 0.20	Calculated
Mean Corpuscular Volume (MCV)	87.7	fL	80 - 96	Calculated
Mean RBC HISTOGRAM				
Mean Corpuscular Hemoglobin (MCH)	27.27	pg	27 - 32	Calculated
Mean Corpuscular Hemoglobin Concentration (MCHC)	31.1	g/dL	31.52 - 35.5	Calculated
Red Cell Distribution Width (RDW-CV)	12.4	%	12 - 15	Calculated
Platelet Count	205	10 ³ /uL	150 - 410	Electrical Impedance
Mean Platelet Volume (MPV)	12.1	fL	6 - 11	Calculated
Platelet haematocrit (PCT)	0.248	%	0.1 - 0.28	Calculated
Platelet Distribution Width (PDW)	16.2	fL	15 - 18	Calculated

—End of report—

19pmz

Dr. UPMA GUPTA (MD PATH)
 Consultant Pathologist

Dr. MOUSHMI MUKHERJEE (MD PATH)
 Director



नारायण पैथोलॉजी एवं बायोप्सी सेंटर

117/14, सर्वोदय नगर (निकट महेन्द्र हॉस्पिटल) कानपुर-208005
मो. 9335565892, 7052205888 • E-mail: neelima26sachan@gmail.com



Dr. Neelima Sachan

M.B.B.S., M.D. (Pathology)

Patient Name	Mr. ZAREEN KHAN	Registered On	09/04/2025 11:53:05
Patient ID	10251605 / NP- 94056	Collected On	09-04-2025 11:53:57
Gender / Age	Male / 25 Yrs	Received On	09-04-2025 11:53:59
Refd. By	Dr. YUVRAJ GULATI	Reported On	09-04-2025 13:12:57
Sample	Serum	Printed On	09-04-2025 16:25:48
Investigation	HBsAG (ELISA), HCV (ELISA), HIV (ELISA), KFT, LFT		

Investigation	Observed Value	Units	Biological Ref. Range
KIDNEY FUNCTION TEST			
Serum Creatinine Method: Jaffes/Enzymatic	15.74	mg/dL	0.70 - 1.40
Blood Urea Method: Uricase-GLDH	354.12	mg/dL	20.0 - 40.0
Blood Urea Nitrogen (BUN) Method: Calculated	165.3	mg/dL	5.0 - 20.0
Serum Uric Acid Method: Uricase-POD	9.85	mg/dL	3.40 - 7.00
Serum Phosphorous Method: UV Molybdate	6.20	mg/dL	2.50 - 5.00
Serum Sodium (Na+) Method: Ion-selective electrode direct	135.0	mmol/L	135.0 - 150.0
Serum Potassium (K+) Method: Ion-selective electrode direct	4.3	mmol/L	3.5 - 5.0
Calcium Ionized Method: Ion-selective electrode direct	5.1	mg/dL	4.0 - 5.4
Total Protein Method: Biuret	7.46	g/dL	6.2 - 7.8
Serum, Albumin Method: Bromocresol green (BCG)	4.05	g/dL	3.5 - 5.2
Globulin Method: Calculated	3.41	g/dL	2.3 - 3.5
A:G (Albumin:Globulin) Ratio Method: Calculated	1.19	Ratio	1.1 - 2.5

TECHNICIAN



Accredited Laboratory

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This report is to help Clinician for better patient management. This is not valid for medico legal purpose.
Please intimate us for any typing mistakes and send the report for correction within 7days.

Dr. Neelima Sachan
M.B.B.S., M.D. (Pathologist)
Reg. No. - 61268.

Dr. Neelima Sachan
M.D. (Pathology)

ARUN SHARMA DIAGNOSTIC CENTRE

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37/52, Gilish Bazar, Kotwali Chauraha, Shivala Road, (Opp. Bhalla Medical Store) Kanpur Ph.: 9415474552, 9838983373

DATE:-06.04.25

PATIENT'S NAME:-ZAREEN KHAN

REF.BY.DR:-NASIM ALAM

ULTRASOUND OF WHOLE ABDOMEN

LIVER IS ENLARGED IN SIZE, SHAPE AND POSITION. LIVER PARENCHYMAL ECHOPATTERN IS NORMAL. INTRAHEPATIC BILIARY & VASCULAR RADILCES ARE NORMAL. PORTAHEPATIS REVEALS NO ABNORMALITY. PORTAL VEIN IS NORMAL. DOMES OF DIAPHRAGM ARE NORMAL. NO FOCAL MASS / DEFECT SEEN.

GALL BLADDER IS NORMAL IN SIZE, SHAPE AND POSITION AND WALL THICKNESS WITH CLEAR DEMARCACTION FROM LIVER BELT. THERE IS NO CALCULUS OR MASS OR POLYP SEEN.

C.B.D. IS NORMAL IN COURSE AND CALIBRE IN ITS FULL LENGTH. NO CALCULUS OR MASS.

PANCREAS IS NORMAL IN SIZE, SHAPE AND POSITION WITH NORMAL ECHOPATTERN AND CLEARLY VISUALIZED ALL MARGINS OF PANCREAS. NO PANCREATIC CALCIFICATION.

RIGHT KIDNEY IS SMALL IN SIZE, SHAPE INCREASED CORTICAL PARENCHYMAL ECHOGENECITY. NO CALCULUS OR MASS SEEN. PELVI-CALYCES SYSTEM IS NORMAL. RENAL SINUSES IS NORMAL. CORTICO-MEDULLARY RATIO IS NORMAL EXCURSION WITH RESPIRATION IS NORMAL.

AP - 32 MM.

L - 73 MM.

LEFT KIDNEY IS SMALL IN SIZE, SHAPE INCREASED CORTICAL PARENCHYMAL ECHOGENECITY. NO CALCULUS OR MASS SEEN. PELVI-CALYCES SYSTEM IS NORMAL. RENAL SINUSES IS NORMAL. CORTICO-MEDULLARY RATIO IS NORMAL EXCURSION WITH RESPIRATION IS NORMAL.

AP - 37 MM.

L - 84 MM.

SPLEEN IS NORMAL IN SIZE, SHAPE AND POSITION WITH HOMOGENOUS ECHO PATTERN.

BOTH URETERS ARE NORMAL IN COURSE AND CALIBRE.

URINARY BLADDER SHOWS NORMAL FILLING WITH SMOOTH MARGINS. NO CALCULUS AND MASS SEEN IN BLADDER LUMEN. RESIDUAL URINE MEASURING ABOUT 4 ML.

UTERUS IS NORMAL. IN SIZE, SHAPE AND POSITION WALLS ARE SMOOTH AND CONTOUR IS MAINTAINED.

CERVIX IS NORMAL IN SIZE, SHAPE AND POSITION.

ADNEXAE ARE CLEAR & BOTH OVARYS ARE NORMAL.

THERE ARE EVIDENCE OF TWO PERI-PANCREATIC LYMPH NODES MEASURING ABOUT 17 X 13 MM. AND 23 X 12 MM. IN SIZE.

NO EVIDENCE OF ASCITES.

IMPRESSION:- 1. HEPATOMEGALY.

2. B/L CHRONIC RENAL MEDICAL DISEASE.

3. EVIDENCE OF TWO PERI-PANCREATIC LYMPH NODES.

Dr. ARUN SHARMA
M.D. RADIOLOGIST
M.R.I. & CT SCAN SPECIALIST

Kindly Note :

The science of Radiological diagnosis is based on the interpretation of various shadows produced by both the normal and abnormal tissues and are not always conclusive. Further biochemical and radiological investigation & clinically correlation is required to enable the clinician to reach the final diagnosis. The report and films are not valid for medico-legal purpose. Kindly inform any typing mistake immediately for the correction.

For any indiscernibility between report & clinical findings please inform immediately for further assessment.



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Name : Ms. Zareen Khan
Date: 20-Dec-25
Referred By : Dr. Yuvraj Gulati
Age / Sex: 25 Yrs. /F
Investigations : Ultrasound Whole Abdomen
Lab.No: 497605146

OBSERVATION

Liver Normal in size, shape and echogenicity.
No focal lesions.
Intra hepatic biliary radicles not dilated.
Portal vein is normal in course and caliber.

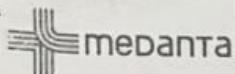
Gall Bladder Normal in distension and wall thickness.
No sizeable calculus or mass lesion.
CBD normal in course, caliber & clear in visualised region.

Pancreas Normal in size, shape and echogenicity.
No sizeable mass lesion.
Main Pancreatic duct not dilated.

Spleen Normal in size (9.4 cm in long axis.), shape and echogenicity. No focal lesion.
Splenic vein at hilum is normal caliber.

Retroperitoneum No sizeable retroperitoneal lymphadenopathy in visualised region. Visualised segment of aorta and IVC normal.

B/L Kidneys Right kidney: 6.7 cm. Left kidney : 6.8 cm.
Bilateral kidneys are small in size with increased echogenicity and loss of corticomedullary differentiation – Medical renal disease.
Pelvicalyceal systems and ureters not dilated.
No calculus or mass lesion.



Name: Mrs. Zareen Khan

UHID: ML10404949

Gender: Female

General Speciality

DOB: 11 Jan 2000 (25 years)

Doctor: Dr Vibhor Upadhyay

Ordered: 23 Sep 2025 13:55

Collected: 23 Sep 2025 14:14

Authorized: 24 Sep 2025 13:37

Specimen Type: SERUM

Specimen No: 81025275723

Department of Laboratory Medicine - BIOCHEMISTRY

Protein Electrophoresis

Colors Indicate: Abnormal Borderline Normal

Test name	23 Sep 2025	Unit	Your Value	Biological Ref. Interval
Protein Electrophoresis	0		-	-
REPORT ATTAC				

Please Note

1. Test results are to be clinically correlated.
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Authorized by

Dr Anuj Parkash
Associate Director & Head
MBBS, MD (Bio Chemistry)

Performed by

Dr Anuj Parkash
Associate Director & Head
MBBS, MD (Bio Chemistry)

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Fax: +911124331433

24X7 hot-line: +91(522)450450

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Email: info@medanta.org

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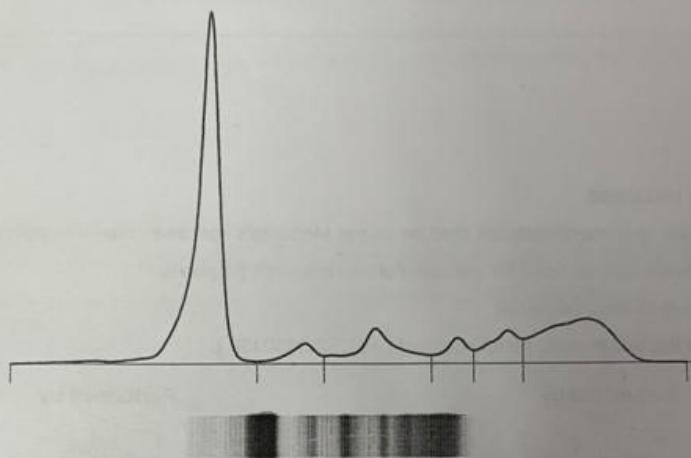
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Department of Laboratory Medicine - BIOCHEMISTRY
Serum Protein Electrophoresis

Name: MRS. ZAREEN KHAN
Specimen No.: 81025275723
No:17

Date : 24/9/2025
Age: 25
Sex: F

TP g/dl: 8.8
Ratio: 1.23



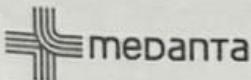
Fractions	%	Ref %	g/dl	Ref. g/dl
Albumin	55.1	55.8 - 66.1	4.8	4.0 - 4.8
Alpha 1	3.9	2.9 - 4.9	0.3	0.2 - 0.4
Alpha 2	9.5	7.1 - 11.8	0.8	0.5 - 0.9
Beta 1	4.0	4.7 - 7.2	0.4	0.3 - 0.5
Beta 2	6.8	3.2 - 6.5	0.6	0.2 - 0.5
Gamma	20.7	11.1 - 18.8	1.8	0.8 - 1.4

Report

Serum protein electrophoresis shows polyclonal expansion of gamma globulins. No M spike seen.

Dr. Anuj Prakash / Dr. Charu Yadav

This is computer generated report, it does not require any signature.



Name: Mrs. Zareen Khan

UHID: ML10404949

General Speciality

Gender: Female

DOB: 11 Jan 2000 (25 years)

Doctor: Dr Vibhor Upadhyay

Ordered: 23 Sep 2025 13:55

Collected: 23 Sep 2025 14:14

Authzorized: 23 Sep 2025 16:47

Specimen Type: Serum

MC-7305



Specimen No: 81025275724

Department of Laboratory Medicine - BIOCHEMISTRY

Creatine phosphokinase

Colors Indicate: Abnormal Borderline Normal

Test name	23 Sep 2025	Unit	Your Value	Biological Ref. Interval
Creatine phosphokinase	84	U/L	Normal	30-135
[Methodology Used: creatinine phosphate/GK/GPO/POD]				

Please Note

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Authorized by

Dr Bhavana Bais
Senior Consultant

Performed by

Imran Ansari

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24X7 hot-line: +91(522)450450

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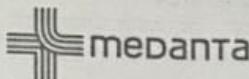
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Name: Mrs. Zareen Khan
Ordered: 23 Sep 2025 13:55
UHID: ML10404949
Collected: 23 Sep 2025 14:14
Gender: Female
Authzorized: 23 Sep 2025 16:47
General Speciality
DOB: 11 Jan 2000 (25 years)
Specimen Type: Serum
Doctor: Dr Vibhor Upadhyay
Specimen No: 81025275724
MC-7305



Department of Laboratory Medicine - BIOCHEMISTRY

C-Reactive Protein

Colors Indicate: Abnormal Borderline Normal

Test name	23 Sep 2025	Unit	Your Value	Biological Ref. Interval
C-Reactive Protein	3.2	mg/L	Normal	0-5

[Methodology Used: Non-competitive
Immunoroute Assay]

Please Note

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Authorized by

Dr Bhavana Bais
Senior Consultant

Performed by

Imran Ansari

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Regd. Office: Global Health Limited, E-18 Defence colony, New Delhi, 110024, India.

Password to access via QR code: 31492170

Tel: +911144114411

Fax: +911124331433

24X7 hot-line: +91(522)450450

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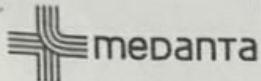
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Name: Mrs. Zareen Khan

Ordered: 23 Sep 2025 13:55

UHID: ML10404949

Collected: 23 Sep 2025 14:14

Gender: Female

Authorized: 24 Sep 2025 08:16

General Speciality

DOB: 11 Jan 2000 (25 years)

Specimen Type: Serum

Doctor: Dr Vibhor Upadhyay

Specimen No: 81025275724

Department of Laboratory Medicine - BIOCHEMISTRY

Free Light Chain Assay

Colors Indicate: Abnormal █ Borderline █ Normal █

Test name	23 Sep 2025	Unit	Your Value	Biological Ref. Interval
Kappa Free Light Chain	348.9	mg/L	High	2.37-20.73
Method : Immunoturbidimetric				
Lambda Free Light Chain	470.4	mg/L	High	4.23-27.69
Method : Immunoturbidimetric				
Kappa / Lambda Ratio	0.74		Normal	0.26-1.65

Please Note

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Authorized by

Dr Sarita Choudhary
Associate Consultant
MBBS, MD (Bio Chemistry)

Performed by

Vikas Rawat

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Tel: +911144114411

Fax: +911124331433

24X7 hot-line: +91(522)450450

Emergency: 1068

Email: info@medanta.org

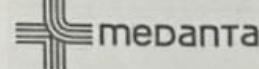
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Page 1 of 1





General Speciality

Name: Mrs. Zareen Khan

UHID: ML10404949

Gender: Female

DOB: 11 Jan 2000 (25 years)

Doctor: Dr Vibhor Upadhyay

Ordered: 23 Sep 2025 13:55

Collected: 23 Sep 2025 14:14

Authzorized: 23 Sep 2025 16:42

Specimen Type: Blood (EDTA)



MC-7305

Specimen No: 82025208922

Department of Laboratory Medicine - HEMATOLOGY

Erythrocyte Sedimentation Rate

Colors Indicate: Abnormal Borderline Normal

Test name	23 Sep 2025	Unit	Your Value	Biological Ref. Interval
Erythrocyte Sedimentation Rate	35	mm/hr	High	0-20

[Method: Optoelectrical Measurement]

Please Note

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5. In case of any query related to the test results, please contact [+91(522)450450].

Authorized by

Dr Sonal Dwivedi
Consultant
MBBS,MD

Performed by

Dheeraj Vishwakarma

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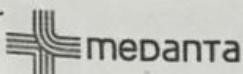
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CIN: L85110DL2004PLC128319



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Name: Mrs. Zareen Khan

Ordered: 23 Sep 2025 13:55

UHID: ML10404949

Collected: 23 Sep 2025 14:14

General Speciality

Gender: Female

Authzorized: 26 Sep 2025 14:05

DOB: 11 Jan 2000 (25 years)

Specimen Type: SERUM

Doctor: Dr Vibhor Upadhyay

Specimen No: 84025116492

Department of Laboratory Medicine - MICROBIOLOGY

ANCA- COMBI

ANCA IFA

Result	Positive for Atypical ANCA
Dilution	1:20

Method:- Indirect Immuno Fluorescence Assay [IIFT]

Test Substrate:- Ethanol Fixed Neutrophils.

Comment:-

The ANCA assays are performed first by indirect immunofluorescence providing a negative or positive result. Positive results are reported as a pattern: P (Perinuclear), C (Cytoplasmic) or Nuclear. The presence of a positive ANCA result is not disease-defining. The disease association (small vessel vasculitis) is with specific antibodies directed to one of two major granule proteins i.e. Myeloperoxidase (MPO) or Proteinase 3 (PR3). Hence all positive results are referred on for confirmatory testing [LIA OR ELISA] for the presence of IgG to these proteins. Tests for autoantibodies to other neutrophil granule proteins are not available. A negative result will generally be reported without further tests but very occasionally anti-MPO or anti-PR3 antibodies may be present with a negative ANCA. If the clinical features are strongly suggestive of small vessel vasculitis and the ANCA is negative then these tests may be undertaken on request. In combination ANCA and anti-MPO and PR3 antibodies are about 90% sensitive in detecting small vessel vasculitis. Thus a negative test does not exclude vasculitis.

ANCA Quantitative (IgG)

REMARK

ANCA Quantitative (IgG) test performed by Outsource Oncquest Laboratories.
Please see the report on page no.4

Antigen	Result	Interpretation
PR3 (IU/ml)		NA
MPO (IU/ml)		NA
GBM (U/ml)		NA

Interpretation :

PR3

< 2.0 IU/ml	Negative
2.0 \geq 3.0 IU/ml	Equivocal
> 3.0 IU/ml	Positive

MPO

< 3.5 IU/ml	Negative
3.5 \geq 5.0 IU/ml	Equivocal
> 5.0 IU/ml	Positive

GBM

< 7 U/ml	Negative
----------	----------

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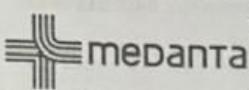
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General Speciality

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Ordered: **23 Sep 2025 13:55**

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Authzorized: **26 Sep 2025 14:05**

Specimen Type: **SERUM**

Specimen No: **84025116492**

Department of Laboratory Medicine - MICROBIOLOGY

7 μ 10 U/ml	Equivocal
> 10 U/ml	Positive

Method:- **FLUOROENZYMEIMMUNOASSAY(FEIA)**

Comments:

Antibodies to PR3 are highly sensitive (81%) and specific (97%) for granulomatosis with polyangiitis (GPA). Despite the strong association between PR3 antibodies and GPA, there is a small percentage of patients with microscopic polyangiitis and about 30% of eosinophilic granulomatosis with polyangiitis (EGPA) patients who are PR3 antibodies positive. PR3 antibodies may also occur in 20% to 30% of patients with necrotizing glomerulonephritis with no obvious extrarenal manifestations of small vessel vasculitis.

The clinical spectrum associated with anti-MPO includes necrotizing crescentic glomerulonephritis (NCGN) associated with systemic vasculitis, granulomatosis with polyangiitis (GPA) or a microscopic polyangiitis (MPA). Anti-MPO are detectable in 65% of patients with idiopathic NCGN, 45% of patients with MPA and 20% to 30% of patients with GPA. Additionally, anti-MPO are present in some 60% of patients with eosinophilic granulomatosis with polyangiitis.

GBM antibodies occur in patients suffering from Goodpasture syndrome, anti-GBM disease and anti-neutrophil cytoplasmic antibodies (ANCA) associated vasculitis. Goodpasture syndrome refers to an anti-glomerular basement membrane (anti-GBM) disease that involves both the lungs and kidneys, often presenting as pulmonary hemorrhage and glomerulonephritis. Anti-GBM disease can also refer to the presence of renal disease without pulmonary involvement. For the diagnosis of both, Goodpasture syndrome and anti-GBM disease, the presence of GBM antibodies is required.

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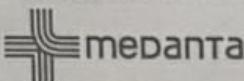
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Name: Mrs. Zareen Khan

Ordered: 23 Sep 2025 13:55

UHID: ML10404949

Collected: 23 Sep 2025 14:14

General Speciality

Gender: Female

Authorized: 25 Sep 2025 12:09

DOB: 11 Jan 2000 (25 years)

Specimen Type: SERUM

Doctor: Dr Vibhor Upadhyay

Specimen No: 84025116492

Department of Laboratory Medicine - MICROBIOLOGY

ANA/ANF , IFA IN Dil

Colors Indicate: Abnormal Borderline Normal

Test name	Result
ANA/ANF , IFA IN Dil	

ANTI NUCLEAR ANTIBODIES (ANA) - IMMUNOFLUORESCENCE ASSAY (IFA) REPORT
[SCREENING ASSAY]

Result:

TITRE/DILUTION USED PATTERN	INTERPRETATION
1:40 NUCLEAR FINE SPECKLED*	POSITIVE
1:80 NOT APPLICABLE	NEGATIVE
1:160 NOT APPLICABLE	NEGATIVE
1:320 NOT APPLICABLE	NEGATIVE

METHOD : INDIRECT IMMUNOFLUORESCENCE ASSAY(IIFA)
TEST SYSTEM: Hep 2 cell line
Screening for ANA by IFA is positive till 1:40 dilution.

COMMENT:
NUCLEAR FINE SPECKLED: The antigens associated are SS-A/Ro, SS-B/La, Mi-2, TIF1 γ , TIF1 β and Ku. The pattern is seen in distinct Systemic Autoimmune Rheumatic Diseases (SARD), mainly Sjogren's syndrome, SLE, subacute cutaneous lupus erythematosus, neonatal lupus erythematosus, , DM, Systemic Sclerosis(SSc), and SSc-Autoimmune myositis(AIM) overlap syndrome.

Limitations:
Diagnosis cannot be made on the basis of antinuclear antibody detection alone. These results must be interpreted in conjunction with the patient's history and symptoms, the physical findings, and other diagnostic procedures.
Treatment should not be initiated on the sole basis of a positive test for antinuclear antibodies. Clinical indications, other laboratory findings, and the clinical impression must be considered before any treatment is initiated.
Certain drugs, including procainamide and hydralazine, may induce a lupus erythematosus-like disease. Patients with drug-induced LE may demonstrate positive homogeneous or homogeneous/peripheral ANAs commonly directed against nuclear histones. A small percentage of patients with SLE may not demonstrate ANAs by indirect immunofluorescence but may have ANAs by other techniques. Although a high-titered ANA may be highly suggestive of connective tissue disease, it should not be considered diagnostic but rather viewed as a part of the overall clinical history of a patient. Staining patterns often change with progressive titration of sera. This phenomenon is generally due to the presence of more than one nuclear antibody. Positive ANAs are also seen in a small percentage of patients with infectious and/or neoplastic diseases

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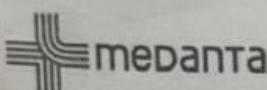
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Page 1 of 2



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UHID: ML10404949

Collected: 23 Sep 2025 14:14

Gender: Female

Authzorized: 25 Sep 2025 12:09

General Speciality

DOB: 11 Jan 2000 (25 years)

Specimen Type: SERUM

Doctor: Dr Vibhor Upadhyay

Specimen No: 84025116492

Department of Laboratory Medicine - MICROBIOLOGY

Test name	Result
<p>.There is an increasing incidence in positive ANA results in both males females as age increases. Normal females between 20-60 have 7% incidence of ANA: normal males, a 3% incidence. Normal males and females over 80 years of age have a 50% incidence of ANA. Although the predominant class of antinuclear antibodies (ANA) is immunoglobulin G, the presence of immunoglobulin E maybe of pathogenic importance in SLE. Identification of antibodies based only upon patterns could be misleading and should be confirmed using other serological tests such as ENA double gel diffusion tests, specific nDNA tests and histone tests.</p>	

Please Note

1. Test results are to be clinically correlated.
2. Storage and discard of biological specimen/materials shall be as per Medanta's specimen retention policy.
3. The biological specimen/ materials may be used for educational and research purposes.
4. Test results are not valid for medico-legal purposes.
5. In case of any query related to the test results, please contact [+91(522)450450].

Authorized by

Dr Teena Wadhwa
Associate Director
MBBS, MD (Microbiology)

Performed by

Anmol Gupta

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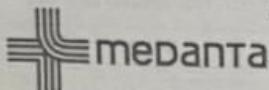
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Page 2 of 2



Name: Mrs. Zareen Khan

UHID: ML10404949

Gender: Female

General Speciality

DOB: 11 Jan 2000 (25 years)

Ordered: 23 Sep 2025 13:55

Collected: 23 Sep 2025 14:14

Authorized: 24 Sep 2025 15:31

Specimen Type: SERUM

Specimen No: 84025116492

Doctor: Dr Vibhor Upadhyay

Department of Laboratory Medicine - MICROBIOLOGY

ENA Profile (ANA Quantitative)

ANTIGEN	RESULT (U/ML)	INTERPRETATION
Nucleosome	<=6	Negative
dsDNA	<=6	Negative
Histones	<=6	Negative
Sm	<=6	Negative
RNP68kD/A/C	<=6	Negative
Sm/RNP	<=6	Negative
SSA/Ro 60kD	20	Positive
SSA/Ro 52kD	<=6	Negative
SSB	<=6	Negative
Sci-70	<=6	Negative
Ku	12	Equivocal
PM-Scl 100	<=6	Negative
Mi-2	<=6	Negative
Jo-1	<=6	Negative
PL-7	<=6	Negative
PL-12	<=6	Negative
SRP-54	<=6	Negative
Ribosomes P0	<=6	Negative
CENP-A/B	<=6	Negative
PCNA	<=6	Negative
sp100	<=6	Negative
gp210	<=6	Negative
M2 recombinant	<=6	Negative
M2 native	<=6	Negative
F-actin	<=6	Negative

Result: Positive

INTERPRETATION

<6	Negative
6-12	Equivocal
>12	Positive

Method : Immunodot Assay

Comments:

Immunology lab at Medanta-The Medicity uses Blue DiverQuantrix-ANA25 Screen IgG kit from D-tek, Belgium. Samples within 7-10 U/ML are weak titers that may occur in healthy patients and should not be used as the only serological finding to diagnose the disease. Such patients should be retested on a regular basis as these antibodies may also be early markers of the disease. This is a computer generated report. Signature is not required

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CIN: L85110DL2004PLC128319



Neuro Superspeciality Centre
113/47 Swaroop nagar, Kanpur.

9616861729, 9208327734

EMG/NCV/EP Report

Thu, Aug 28, 2025

ID : 1305

Name : ZAREEN KHAN

Sex/Age : Female/25

Height/Weight : /

**Address : KANPUR
NAGAR**

City / State :

Contact : /

Ref Physician :

Technician :

Tests Performed

MNCV: Lt. PTN, Lt. CPN, Rt. PTN, Rt. CPN, Rt. Median, Rt. Ulnar, Lt. Median, Lt. Ulnar

SNCV: Lt. Sural, Rt. Sural, Rt. Median, Rt. Ulnar, Lt. Median, Lt. Ulnar

FWave: Lt. PTN, Lt. CPN, Rt. PTN, Rt. CPN, Rt. Median, Rt. Ulnar, Lt. Median, Lt. Ulnar

Impression:

MNCS: NR in b/l PTN & b/l CPN,

Normal DL with decreased CMAP and normal CV in lt ulnar nerves,

Normal in all other nerves tested.

SNCS: NR in b/l sural nerves,

normal in All other nerves tested.

F-wave : NR in b/l PTN & b/l CPN,

Normal in all other nerves tested.

Report : NCS is s/o asymmetric sensory motor neuropathy involving lt upper and both lower limbs.



ZAREEN KHAN 1305 Thu, Aug
28, 2025

Motor Nerve Studies

N1 : Lt. PTN R1 : Abductor Hall.

	Stim Site	Lat I (ms)	Lat II (ms)	Dur (ms)	Amp	Area	Segments	Diff (ms)	Dist (mm)	NCV (m/s)	Curr (mA)
0	Ankle										100
1	Pop. Fossa										100

N1 : Lt. CPN R1 : EDB

	Stim Site	Lat I (ms)	Lat II (ms)	Dur (ms)	Amp	Area	Segments	Diff (ms)	Dist (mm)	NCV (m/s)	Curr (mA)
0	Ankle										96
1	Head of Fibula										96

N1 : Rt. PTN R1 : Abductor Hall.

	Stim Site	Lat I (ms)	Lat II (ms)	Dur (ms)	Amp	Area	Segments	Diff (ms)	Dist (mm)	NCV (m/s)	Curr (mA)
0	Ankle										100
1	Pop. Fossa										100

N1 : Rt. CPN R1 : EDB

	Stim Site	Lat I (ms)	Lat II (ms)	Dur (ms)	Amp	Area	Segments	Diff (ms)	Dist (mm)	NCV (m/s)	Curr (mA)
0	Ankle										100
1	Head of Fibula										100

ZAREEN KHAN 1305 Thu, Aug
28, 2025

N1 : Rt. Median R1 : APB

	Stim Site	Lat I (ms)	Lat II (ms)	Dur (ms)	Amp	Area	Segments	Diff (ms)	Dist (mm)	NCV (m/s)	Curr (mA)
0	Wrist	2.85	9.37	6.52	7.82	26.48	APB-Wrist	2.85			64
1	Elbow	7.57	13.57	6.00	7.69	20.97	Wrist-Elbow	4.72	250.00	52.97	71

N1 : Rt. Ulnar R1 : ADM

	Stim Site	Lat I (ms)	Lat II (ms)	Dur (ms)	Amp	Area	Segments	Diff (ms)	Dist (mm)	NCV (m/s)	Curr (mA)
0	Wrist	2.81	8.47	5.66	6.28	16.19	ADM-Wrist	2.81			100
1	Elbow	7.57	13.28	5.70	5.99	18.68	Wrist-Elbow	4.76	250.00	52.52	97

N1 : Lt. Median R1 : APB

	Stim Site	Lat I (ms)	Lat II (ms)	Dur (ms)	Amp	Area	Segments	Diff (ms)	Dist (mm)	NCV (m/s)	Curr (mA)
0	Wrist	3.45	9.26	5.81	5.53	18.18	APB-Wrist	3.45			49
1	Elbow	7.95	13.99	6.04	5.02	17.44	Wrist-Elbow	4.50	250.00	55.56	49

N1 : Lt. Ulnar R1 : ADM

	Stim Site	Lat I (ms)	Lat II (ms)	Dur (ms)	Amp	Area	Segments	Diff (ms)	Dist (mm)	NCV (m/s)	Curr (mA)
0	Wrist	3.34	8.55	5.21	4.54	13.50	ADM-Wrist	3.34			72
1	Elbow	7.72	13.35	5.62	4.35	13.08	Wrist-Elbow	4.38	250.00	57.08	73

Sensory Nerve Studies

N1 : Lt. Sural R1 : Ankle

	Stim Site	Lat I (ms)	Lat II (ms)	Dur (ms)	Amp	Area	Segments	Diff (ms)	Dist (mm)	NCV (m/s)	Curr (mA)
0	Calf										42

N1 : Rt. Sural R1 : Ankle

	Stim Site	Lat I (ms)	Lat II (ms)	Dur (ms)	Amp	Area	Segments	Diff (ms)	Dist (mm)	NCV (m/s)	Curr (mA)
0	Calf										25

N1 : Rt. Median R1 : 2nd digit

	Stim Site	Lat I (ms)	Lat II (ms)	Dur (ms)	Amp	Area	Segments	Diff (ms)	Dist (mm)	NCV (m/s)	Curr (mA)
0	Wrist	3.33	4.87	1.55	14.61	10.55	2nd digit-Wrist	3.33	140.00	42.04	18

N1 : Rt. Ulnar R1 : 5th digit

	Stim Site	Lat I (ms)	Lat II (ms)	Dur (ms)	Amp	Area	Segments	Diff (ms)	Dist (mm)	NCV (m/s)	Curr (mA)
0	Wrist	2.87	4.48	1.60	11.45	10.87	5th digit-Wrist	2.87	120.00	41.81	29

N1 : Lt. Median R1 : 2nd digit

	Stim Site	Lat I (ms)	Lat II (ms)	Dur (ms)	Amp	Area	Segments	Diff (ms)	Dist (mm)	NCV (m/s)	Curr (mA)
0	Wrist	2.98	4.80	1.83	13.86	12.73	2nd digit-Wrist	2.98	140.00	46.98	25

N1 : Lt. Ulnar R1 : 5th digit

	Stim Site	Lat I (ms)	Lat II (ms)	Dur (ms)	Amp	Area	Segments	Diff (ms)	Dist (mm)	NCV (m/s)	Curr (mA)
0	wrist	2.65	4.65	2.00	10.60	8.48	5th digit-wrist	2.65	120.00	45.28	3

ZAREEN KHAN 1305 Thu, Aug
28, 2025

F-Wave Studies

Nerve: Lt. PTN Rec Site : Abductor Hall.

M Lat(ms)	F-min Lat(ms)	F-max Lat(ms)	F mean Lat(ms)	F-M Lat(ms)	Distance(mm)	F- Velocity(m/s)			
					0.0				

Nerve: Lt. CPN Rec Site : EDB

M Lat(ms)	F-min Lat(ms)	F-max Lat(ms)	F mean Lat(ms)	F-M Lat(ms)	Distance(mm)	F- Velocity(m/s)			
					0.0				

Nerve: Rt. PTN Rec Site : Abd. Hell.

M Lat(ms)	F-min Lat(ms)	F-max Lat(ms)	F mean Lat(ms)	F-M Lat(ms)	Distance(mm)	F- Velocity(m/s)			
					0.0				

Nerve: Rt. CPN Rec Site : EDB

M Lat(ms)	F-min Lat(ms)	F-max Lat(ms)	F mean Lat(ms)	F-M Lat(ms)	Distance(mm)	F- Velocity(m/s)			
					0.0				

ZAREEN KHAN 1305 Thu, Aug
28, 2025

Nerve: Rt. Median Rec Site : APB

M Lat(ms)	F-min Lat(ms)	F-max Lat(ms)	F mean Lat(ms)	F-M Lat(ms)	Distance(mm)	F-Velocity(m/s)
3.56	27.06	31.12	29.09	23.50	0.0	

Nerve: Rt. Ulnar Rec Site : ADM

M Lat(ms)	F-min Lat(ms)	F-max Lat(ms)	F mean Lat(ms)	F-M Lat(ms)	Distance(mm)	F-Velocity(m/s)
2.56	29.69	34.31	32.00	27.12	0.0	

Nerve: Lt. Median Rec Site : APB

M Lat(ms)	F-min Lat(ms)	F-max Lat(ms)	F mean Lat(ms)	F-M Lat(ms)	Distance(mm)	F-Velocity(m/s)
3.12	25.81	30.87	28.34	22.69	0.0	

Nerve: Lt. Ulnar Rec Site : ADM

M Lat(ms)	F-min Lat(ms)	F-max Lat(ms)	F mean Lat(ms)	F-M Lat(ms)	Distance(mm)	F-Velocity(m/s)
3.12	27.75	31.44	29.59	24.62	0.0	

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MNCV All Nerves

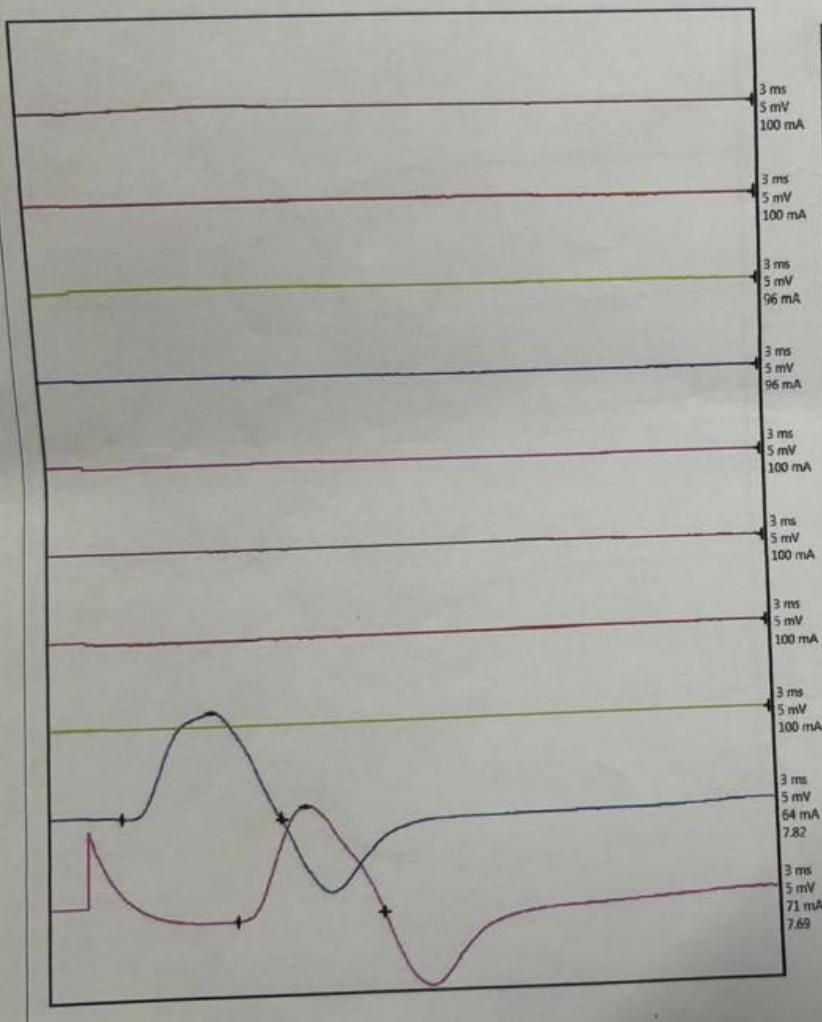
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ID : 1305

Name : ZAREEN KHAN

Sex/Age : Female/25

Height/Weight : /



Segment	Diff (ms)	Dist (mm)	CV (m/s)
Lt. PTN			
Lt. CPN			
Rt. PTN			
Rt. CPN			
Rt. Median			
APB-Wrist	2.85		
Wrist-Elbow	4.72	250.00	52.97
Rt. Ulnar			
ADM-Wrist	2.81		
Wrist-Elbow	4.76	250.00	52.52
Lt. Median			
APB-Wrist	3.45		
Wrist-Fibrew	4.50	250.00	55.56
Lt. Ulnar			
ADM-Wrist	3.34		
Wrist-Fibrew	4.38	240.00	57.08

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MNCV All Nerves

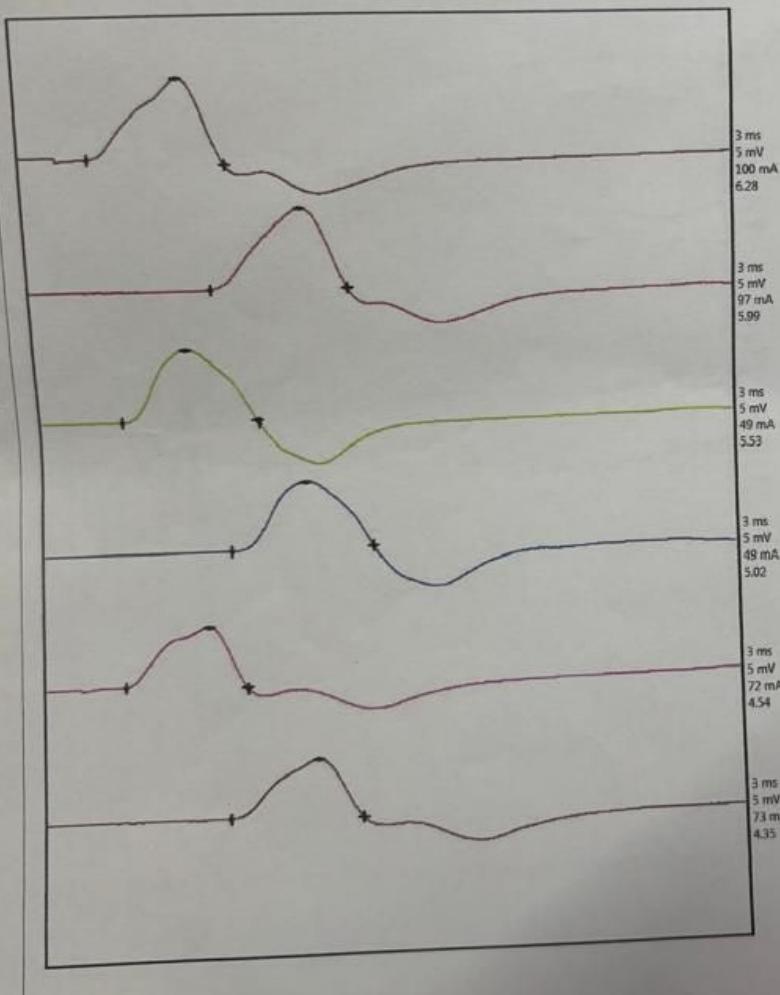
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SNCV All Nerves

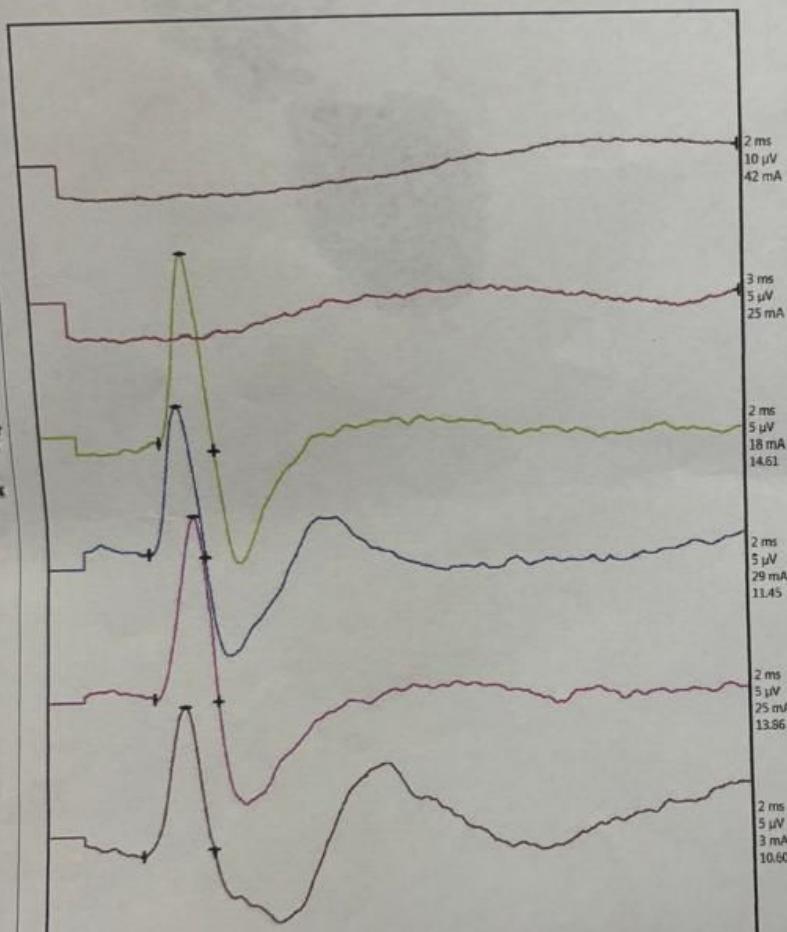
Thu, Aug 28, 2025

ID : 1305

Name : ZAREEN KHAN

Sex/Age : Female/25

Height/Weight : /



Segment	Diff (ms)	Dist (mm)	CV (m/s)
Lt. Sural			
Rt. Sural			
Rt. Median			
2nd digit-Wrist	3.33	140.00	42.04
Rt. Ulnar			
5th digit-Wrist	2.87	120.00	41.81
Lt. Median			
2nd digit-Wrist	2.98	140.00	46.98
Lt. Ulnar			
5th digit-wrist	2.65	120.00	45.28



Name : Ms. ZAREEN KHAN
 Lab No. : 487336798
 Ref By : DR YUVRAJ GULATI
 Collected At : 2/1/2026 12:23:00PM
 A/c Status : P
 Collected at : RITESH OMAR

Age : 25 Years
 Gender : Female
 Reported : 2/1/2026 3:54:35PM
 Report Status : Final
 Processed at : Paliwal Diagnostics Pvt. Ltd.
 117/H-1/02 ,Pandu Nagar Kanpur, Uttar
 Pradesh - 208005

Test Report

Test Name	Results	Units	Bio. Ref. Interval
COMPLETE BLOOD COUNT (CBC) (SLS METHOD, SHEATH FLOW DC DETECTION METHOD, FLUORESCENT FLOW CYTOMETRY & CALCULATED + Microscopic)			
Hemoglobin	9.30	g/dL	12.00 - 15.00
Packed Cell Volume (PCV)	29.20	%	36.00 - 46.00
RBC Count	2.91	mill/mm ³	3.80 - 4.80
MCV	100.30	fL	83.00 - 101.00
Mentzer Index	34.5		
MCH	32.00	pg	27.00 - 32.00
MCHC	31.80	g/dL	31.50 - 34.50
Red Cell Distribution Width (RDW)	12.20	%	11.60 - 14.00
Total Leukocyte Count (TLC)	1.04 (Critical)*	thou/mm ³	4.00 - 10.00
Differential Leucocyte Count (DLC)			
Segmented Neutrophils	64.40	%	40.00 - 80.00
Lymphocytes	32.70	%	20.00 - 40.00
Monocytes	2.90	%	2.00 - 10.00
Eosinophils	0.00	%	1.00 - 6.00
Basophils	0.00	%	<2.00
Absolute Leucocyte Count			
Neutrophils	0.67	thou/mm ³	2.00 - 7.00
Lymphocytes	0.34	thou/mm ³	1.00 - 3.00
Monocytes	0.03	thou/mm ³	0.20 - 1.00
Eosinophils	0.00	thou/mm ³	0.02 - 0.50



Patient Name : Ms. Zareen Khan
Age / Sex : 25 yrs / f
Address : Kanpur
Phone No. :
Consultant Name : Dr. Y Gulati
C/FIR No. : —

Location : Kanpur
UHID No. : 46933
Loc IP No. : 58914
DOA : 09/04/2025
DOD : 22/04/2025
Discharge Type : PD
Surgery Date : —

All Diagnosis
KD - GIL Small kidney stage V-D /
RRT Initiated.

Chief Complaint with History of present illness

Breathing difficulty.
On and off fever.
Loss of appetite.
Low urine output.
Generalised weakness.

Relevant clinical Findings

TEMP.	Afebrile
PULSE	98/m
BP	132/100 mmHg
SPO2	99% RA
CHEST	B6 Adeq. AE
CVS	HB Awd.
P/A	80-90
CNS	Conscious
LOCAL	
EXAMINATION	

Past History :

Detail of Surgery / procedure if any

Course in the hospital:

This Patient was admitted in this Hospital with above mentioned complaints. She was investigated for the same and treated accordingly. Total 2 session of Haemodialysis done and 3 unit PRBC transfused during Dialysis.



DISCHARGE SUMMARY

UHID : 20250541776
Patient Name: Mr. . ZAREEN KHAN Department: PMSSY- NEPHROLOGY
Age /Sex: 29 Years 0 Months 5 Days 0 Hours / Male Unit: DR YUVRAJGULATI PMSSY
NEPHROLOGY
S/O : MD JAFAR Ward: PMSSY
Billing Type : PMSSY MLC Patient: NO
IPD Admission ID :: 202564814 Discharge Type: Normal Discharge
Treating Doctor: Bed No: F
Mobile No:
Drug Allergy :- *not known*
Date of Admission: 10/10/2025 11:33:34 AM
Operation Date:
Date of Discharge : 15/10/2025 02:59:00 PM
Address : KANPUR, UTTAR PRADESH, INDIA
Surgeon : Asst.Surgeon :
Procedure : Operative Findings :
Consulting Doctor :

Diagnosis : CKD STAGE VD WITH LEFT CERVICAL TUBERCULAR LYMPHADENITIS WITH ?SJOGEN RELATED AUTOIMMUNE NEUROPATHY *Anti R ossa +ve KFL free light chain Tdt ANA +ve ANCA +ve*

ICD Code:
Admitted For: Generalised weakness for 6 months Reduced appetite for 6 months Difficulty in walking for 3 months
Physical Findings: Pallor Icterus lymphadenopathy Clubbing Cyanosis Edema not present
Condition During Discharge: Stable

Brief Summary of the Case: The patient was admitted with chief complaints of Generalised weakness for 6 months, Reduced appetite for 6 months, Difficulty in walking for 3 months. The patient was admitted evaluated and managed conservatively. Currently patient is stable so is being discharged on medications and advise for followup.

Category	Test Name	Observation
Note:	Hb 9.5 TLC 7500 PLC 1.62 lac Urea/creat 88/8.1 Total bilirubin 0.5 Direct 0.2 Indirect 0.3 SGOT/SGPT 66/42 HbA1C 4.1% Creatine phosphokinase 84 Kappa free light chain 348.9 Lambda free light chain 470.4 Kappa/Lambda ratio 0.74 PR3 negative MPO negative GBM negative NCV s/o assymetrical sensory motor neuropathy involving left upper and bilateral lower limbs	0

Treatment Given :

Advice on Discharge:

1. Tab Ceftum 250 mg BD for 7 days
2. Tab PANTOP 40 MG OD/AC
3. TAB ONDEM 4 MG TDS

Take care



DISCHARGE SUMMARY

UHID: 20250643490
Patient Name: Mr. ZAREEN KHAN
Age /Sex: 25 Years 0 Months 2 Days 0 Hours / Male
S/O: MOHD JAFAR
Billing Type: PMSSY
IPD Admission ID: 202578279
Treating Doctor:
Mobile No:
Department: PMSSY- NEPHROLOGY
Unit: DR YUVRAJGULATI PMSSY
NEPHROLOGY
Ward: PMSSY
MLC Patient: NO
Discharge Type: Normal Discharge
Bed No: F
Drug Allergy :-

Date of Admission: 05/12/2025 12:56:05 PM
Operation Date:
Date of Discharge: 07/12/2025 01:57:00 AM
Address: MALL ROAD, UTTAR PRADESH, INDIA
Surgeon:
Asst.Surgeon:
Procedure:
Operative Findings

Consulting Doctor:

Diagnosis: KNOWN CASE OF AUTOIMMUNE NEPHROPATHY SJOGREN /CHRONIC KIDNEY DISEASE (STAGE 5 DION
MAINTENANCE HEMODIALYSIS (6/12/2025)

ICD Code: ICD-10
Admitted For: "PAIN IN ALL 4 LIMB , DIFFICULTY IN BREATHY SWELLING ON FACE /BODY AND DECREASE URINE OUT PUT FOR
1 WEEK
Physical Findings: Pallor icterus clubbing Cyanosis Lymphadenopathy edema not present. E4V5M6 S1S2 Present Per abdomen soft
tender Pallor (+), Icterus (-), Clubbing (-), Cyanosis (-), Lymphadenopathy (-), Edema (-), E6V5M6, S1 S2 Present.
P/A Soft & N.T (Soft and Non-Tender)

Condition During Discharge: SATISFACTORY

Brief Summary of the Case:

The above-mentioned patient was admitted to our side with "PAIN IN ALL 4 LIMB , DIFFICULTY IN BREATHY SWELLING ON FACE /BODY AND DECREASE URINE OUT PUT FOR 1 WEEK For which patient was evaluated, investigated and managed conservatively, now patient's condition is improved , so now patient is discharged with proper advice, treatment and follow-up

Category Test Name

Hb:- 12.2 g/dL TLC :- 5700 cells/mm³, plg :- 0.65 lac cells/mm³, RBC:- 3.71 million cells/mm³, S. Urea:- 130, S. creatinine:- 6.6 mg/dL S. bilirubin:- 0.5 mg/dL S. Albumin:- 3.2 SGOT/SGPT:- 24/32, S. Alkaline phosphatase:- 119, S. Na⁺:- 136.7 meq/L S. K⁺:- 4.57 meq/L S. Calcium++:- 4.2 mg/dL * HbA1c: 4.9% (Non-Diabetic Level) * Serology HBsAg, HIV-1, and HCV are Non-Reactive

Observation



DISCHARGE SUMMARY

UHID : 20250665980
Patient Name: Miss. ZAREEN KHAN Department: PMSSY- NEPHROLOGY
Age /Sex: 25 Years 0 Months 0 Days 0 Hours / Unit: DR SARBABHAUM TRIPATHY
Female
D/O: MOHD JAFAR KHAN Ward: PMSSY
Billing Type: PMSSY MLC Patient: NO
IPD Admission ID :: 202581325 Discharge Type: Normal Discharge
Treating Doctor: Bed No: F
Mobile No:
Drug Allergy :-
Date of Admission: 17/12/2025 01:00:12 PM
Operation Date:
Date of Discharge : 17/12/2025 09:13:00 PM
Address : MALL ROAD, UTTAR PRADESH, INDIA
Surgeon : Asst.Surgeon :
Procedure : Operative Findings :
Consulting Doctor :

Diagnosis : KNOWN CASE OF AUTOIMMUNE NEPHROPATHY SJOGREM/CHRONIC KIDNEY DISEASE (STAGE 5 D)ON MAINTENANCE HEMODIALYSIS (17/12/2025)

D Code: PAIN IN ALL 4 LIMB , DIFFICULTY IN BREATHY SWELLING ON FACE /BODY AND DECREASE URINE OUT PUT
Admitted For: FOR 1 WEEK
Physical Findings: General Exam :- wnl systematic Exam :- wnl Local Exam :- wnl
Condition During Charge: SATISFACTORY

Summary of the Case:

The above-mentioned patient was admitted to our side with PAIN IN ALL 4 LIMB , DIFFICULTY IN BREATHY SWELLING ON FACE /BODY AND DECREASE URINE OUT PUT FOR 1 WEEK For which patient was evaluated, investigated and managed conservatively, now patient's condition is improved , so now patient is discharged with proper advice, treatment and follow-up

Category	Test Name	Observation
1	Hb:- 11.60 g/dL, TLC :- 4.52 cells/mm3, plc :- 1.21 lac cells/mm3, RBC:- 3.53 million cells/mm3, S. Urea:- 123.42, S. creatinine:- 5.57 mg/dl, S.bilirubin :- 0.42 mg/dL, S. Albumin :- 3.61, SGOT/SGPT:- 15.0/26.0, S. Alkaline phosphate:- 53.00, S. Na+:- 135.32 meq/L, S. K+ :- 3.89 meq/L, S.Calcium++:- 8.66 mg/dl. Other report findings: Uric Acid 7.69, Phosphorus 4.05, Protein Total 6.08, GFR Category G5. CBC comments note Macrocytes + and reduced platelets	0

Treatment Given:



DISCHARGE SUMMARY

UHID : 20250626199
Patient Name: Miss. ZAREEN KHAN Department: PMSSY- NEPHROLOGY
Age /Sex: 25 Years 0 Months 4 Days 0 Hours / Unit: DR YUVRAJGULATI PMSSY
Female NEPHROLOGY
D/O: MOHD JAFAR KHAN Ward: PMSSY
Billing Type: PMSSY MLC Patient: NO
IPD Admission ID :: 202576455 Discharge Type: Normal Discharge
Treating Doctor: Bed No: F
Mobile No:
Date of Admission: 28/11/2025 11:43:58 AM
Operation Date:
Date of Discharge : 30/11/2025 09:55:00 PM
Address : MALL ROAD, UTTAR PRADESH, INDIA
Surgeon : Asst.Surgeon :
Procedure : Operative Findings
Consulting Doctor :

Drug Allergy :-

Diagnosis : KNOWN CASE OF AUTOIMMUNE NEPHROPATHY SJOGREN SYNDROME /CHRONIC KIDNEY DISEASE
(STAGE 5D)ON MAINTENANCE HEMODIALYSIS (29/11/2025)

ICD Code:
Admitted For: Pain in all 4 limb difficulty in breathy Swelling on face / body and decreased urine output - x 1 week.
Physical Findings: Physical Examination Format Pallor icterus clubbing Cyanosis Lymphadenopathy edema not present. E4V5M6
S1S2 Present Per abdomen soft tender
Condition During Discharge : SATISFACTORY

Brief Summary of the Case:

The above-mentioned patient was admitted to our side with "Pain in all 4 limb difficulty in breathy Swelling on face / body and decreased urine output - x 1 week For which patient was evaluated, investigated and managed conservatively, now patient's condition is improved, so now patient is discharged with proper advice, treatment and follow-up

Category	Test Name	Observation
Note :	I Hb:- 12.2	g/dL (Latest), TLC :- 11400

Treatment Given :

Note : IV ANTIBIOTICS AND SUPPORTIVE TREATMENT GIVEN

Advice on Discharge:

1st dose of RITUXIMAB DONE

Adv

Dr. Umesh Paliwal, M.D. (Path.) Managing Director & Chief Consultant

Dr. Mridula Paliwal, Ph.D. (Mol. Bio & Biotech) Chief of Lab



Name : Ms. ZAREEN KHAN
 Lab No. : 487336812
 Ref By : DR YUVRAJ GULATI
 Collected : 31/1/2026 1:54:00PM
 A/c Status : P
 Collected at : RITESH OMAR

Age : 25 Years
 Gender : Female
 Reported : 31/1/2026 8:27:09PM
 Report Status : Final
 Processed at : Paliwal Diagnostics Pvt. Ltd.
 117/H-1/02, Pandu Nagar Kanpur, Uttar
 Pradesh - 208005

Test Report

Test Name	Results	Units	Bio. Ref. Interval
COMPLETE BLOOD COUNT (CBC) (SLS METHOD, SHEATH FLOW DC DETECTION METHOD, FLUORESCENT FLOW CYTOMETRY & CALCULATED + Microscopic)			
Hemoglobin			
Hemoglobin	9.70	g/dL	12.00 - 15.00
Packed Cell Volume (PCV)	32.90	%	36.00 - 46.00
RBC Count	3.11	mill/mm3	3.80 - 4.80
MCV	105.80	fL	83.00 - 101.00
Mentzer Index	34.0		
MCH	31.20	pg	27.00 - 32.00
MCHC	29.50	g/dL	31.50 - 34.50
Red Cell Distribution Width (RDW)	18.90	%	11.60 - 14.00
Total Leukocyte Count (TLC)	7.12	thou/mm3	4.00 - 10.00
Differential Leucocyte Count (DLC)			
Segmented Neutrophils	90.00	%	40.00 - 80.00
Lymphocytes	8.30	%	20.00 - 40.00
Monocytes	1.40	%	2.00 - 10.00
Eosinophils	0.00	%	1.00 - 6.00
Basophils	0.30	%	<2.00
Absolute Leucocyte Count			
Neutrophils	6.41	thou/mm3	2.00 - 7.00
Lymphocytes	0.59	thou/mm3	1.00 - 3.00
Monocytes	0.10	thou/mm3	0.20 - 1.00
Eosinophils	0.00	thou/mm3	0.02 - 0.50

Page 1 of 4



Dr. Umesh Paliwal, M.D. (Path.) Managing Director & Chief Consultant

Dr. Mridula Paliwal, Ph.D. (Mol. Bio & Biotech) Chief of Lab

Name : Ms. ZAREEN KHAN
 Lab No. : 487336812
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 117/H-1/02 ,Pandu Nagar Kanpur, Uttar
 Pradesh - 208005



Test Report

Test Name	Results	Units	Bio. Ref. Interval
Basophils	0.02	thou/mm ³	0.02 - 0.10
Platelet Count	245	thou/mm ³	150.00 - 410.00
Mean Platelet Volume	11.5	fL	6.5 - 12.0

Comment

In anaemic conditions Mentzer index is used to differentiate Iron Deficiency Anaemia from Beta- Thalassemia trait. If Mentzer Index value is >13, there is probability of Iron Deficiency Anaemia. A value <13 indicates likelihood of Beta- Thalassemia trait and Hb HPLC is advised to rule out the Thalassemia trait.

Note

- 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
- Test conducted on EDTA whole blood

Sparsely distributed RBCs.

anisocytosis +++,

Macrocytes + ,

WBC is normal in number.

Platelets are adequate.

Advised:

Serum vit. B12 & folate levels (Test Code - Z125)



Dr. Umesh Paliwal, M.D. (Path.) Managing Director & Chief Consultant

Dr. Mridula Paliwal, Ph.D. (Mol. Bio & Biotech) Chief of Lab

Name : Ms. ZAREEN KHAN

Age : 25 Years

Lab No. : 487336812

Gender : Female

Ref By : DR YUVRAJ GULATI

Reported : 31/1/2026 8:27:14PM

Collected

Report Status : Final

Collected at : RITESH OMAR

Processed at : Paliwal Diagnostics Pvt. Ltd.

Digitized by

117/H-1/02 ,Pandu Nagar Kanpur, Uttar Pradesh - 208005

The logo consists of a circular emblem with a stylized six-pointed star in the center, surrounded by a ring of text. Below the emblem is a small rectangular label with the text "MC-T287".

Test Report

Test Name	Results	Units	Bio. Ref. Interval
KIDNEY PANEL; KFT, SERUM (PDPL)			
Urea (Urease UV)	235.01	mg/dL	17.00 - 43.00
Urea Nitrogen Blood (Calculated)	109.75	mg/dL	6.00 - 20.00
Creatinine (Modified Jaffe, Kinetic)	7.71	mg/dL	0.51 - 0.95
Result Rechecked, Please Correlate Clinically.			
GFR Estimated (CKD EPI Equation 2021)	7	mL/min/1.73m ²	>59
GFR Category (KDIGO Guideline 2012)	G5		
BUN/Creatinine Ratio (Calculated)	14		
Uric Acid (Uricase / POD)	12.11	mg/dL	2.60 - 6.00
Result Rechecked, Please Correlate Clinically.			
Alkaline Phosphatase (ALP) (IFCC, AMP - BUFFER)	86.20	U/L	30 - 120
Protein Total (Biuret)	5.78	g/dL	6.40 - 8.30
Albumin (BCG)	3.19	g/dL	3.50 - 5.20
Globulins, Total (Calculated)	2.59	gm/dL	2.0 - 3.5
A : G Ratio (Calculated)	1.23		0.90 - 2.00
Calcium, Total (Arsenazo III)	8.95	mg/dL	8.80 - 10.60
Phosphorus (Molybdate UV)	8.56	mg/dL	2.40 - 4.40
Sodium (Indirect ISE)	134.96	mEq/L	136.00 - 146.00
Potassium (Indirect ISE)	4.98	mEq/L	3.50 - 5.10



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 117/H-1/02 ,Pandu Nagar Kanpur, Uttar
 Pradesh - 208005



Test Report

Test Name	Results	Units	Bio. Ref. Interval
 Parul Joshi  Dr. Paliwal MCI-11179	 Dr Umesh Paliwal MD, Pathology Managing Director Paliwal - Dr Lal PathLabs Ltd		

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



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IMPORTANT INSTRUCTIONS

• Test results released pertain to the specimen submitted. • All test results are dependent on the quality of the sample received by the Laboratory. • Laboratory investigations are only a tool to facilitate in arriving at a diagnosis and should be clinically correlated by the Referring Physician. • Report delivery may be delayed due to unforeseen circumstances. Inconvenience is regretted. • Certain tests may require further testing at additional cost for derivation of exact value. Kindly submit request within 72 hours post reporting. • Test results may show interlaboratory variations. • The Courts/Forum at Delhi shall have exclusive jurisdiction in all disputes/claims concerning the test(s) & or results of test(s). • Test results are not valid for medico legal purposes. • This is computer generated medical diagnostic report that has been validated by Authorized Medical Practitioner/Doctor. • The report does not need physical signature.

(#) Sample drawn from outside source.

If Test results are alarming or unexpected, client is advised to contact the Customer Care immediately for possible remedial action.

Tel: +91-11-49885050, Fax: +91-11-2788-2134, E-mail: lalpathlabs@lalpathlabs.com

Page 4 of 4

