



PATIENT DETAILS

NAME:	PRASANNA	REFERENCE NO:	RWDTFSH010537
D / S / W O:		Age:	34 Yr
Address:	RAIPUR	Contact No:	
Sample received on:	12/08/2023 @ 16:30	Reported on:	12/08/2023 @ 22:00
Repeat Sample, if any:	NA	Reported on:	NA
Referred by:	APOLLO CLINIC	Hospital / Lab ID:	APOLLO CLINIC
		Gender:	FEMALE
		STATUS:	FINAL
		STATUS:	FINAL

HORMONAL ASSAY

Test	Specimen	Result	Units	Reference Range
Thyroid Panel, TFT, TOTAL:				
• Triiodothyronine, T3	Blood, Serum	1.42	ng / ml	0.87 – 1.78
• Thyroxine, T4	""	9.04	µg / dL	6.0 – 12.2
• Thyroid stimulating hormone, TSH	""	1.90	µIU / ml	0.4 – 5.0

Indicative Interpretation:

TSH	Free T4	Free or total T3	Probable Inference
High	Normal	Normal	Mild (subclinical) hypothyroidism
High	Low	Low or Normal	Hypothyroidism
Low	Normal	Normal	Mild (subclinical) hyperthyroidism
Low	High or normal	High or normal	Hyperthyroidism
Low	Low or normal	Low or normal	Non-thyroidal illness; pituitary (secondary) hypothyroidism
Normal	High	High	Thyroid hormone resistance syndrome

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Apollo Clinic
Lab Incharge

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Email - raipur1@apolloclinic.com | Website - www.apolloclinic.com

Method: Automated chemiluminescent based assay. Online appointments: www.askapollo.com | Online reports: https://hr.apolloclinic.com

NOTE: Test results are for the submitted sample & represent indicative values only, to be clinically correlated and used by the physician to make medical decisions. Any discrepancy must be notified in email within 24 hrs of reporting time. This report is not valid for medico-legal purposes.

Dr Mritunjai Saraf
MD, Pathology, Consultant Pathologist

+91 96918 26363

(end of report)
0771 4033341/42

Mrs. Prasanna 3441F

12/08/23

Ht - 151cm.

Wt - 55kg

BP - 120/70

P - 80b/min

CBC - 9.9 / 3.56 / 5.20 / 227

ESR - 10

HBA1c - 5.5

FBS - 84.0 / PP - 108.0

Creat - 0.86

Lipid - 176.0 / 105.0 / 44.0 / 111

LFT - 21 / 24

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Dr. Animesh Choudhary

Dr. Animesh Choudhary
MD Medicine
Reg. No. CGMC 3583/2011
Apollo Clinic, Raipur

Ad
OBS, OPINION



Dr. Sweety Lath

BDS (Cosmetic Dental Surgeon)



Dr. Vivek Lath

Chief Dental Consultant
BDS, MDS, Diplomate (WCOI, Japan)
Professor, MCDRC - Durg
Reg. No. CGDC/14/PG/45

- Consult for : Digital Dentistry • Fixed Teeth • RCT • Dental Implants • Gums Diseases • Dentures • Cosmetic Filling • Tooth Jewellery
- Digital OPG • Braces Treatment • Tooth Removal • Kids Dental Treatment • All Kind of Dental Surgeries

Miss Basana
34 yrs. / F

12/08/23

C/E - Pt. came for routine dental checkup

POH - Restoration \bar{c} $\frac{+}{7}$

O/E - Palatal Pit \bar{c} $\frac{+}{6}$

Stains⁺
Calculus⁺⁺

Adv - complete oral prophylaxis / scaling
Restoration \bar{c} $\frac{+}{6}$

Dr. Basanta



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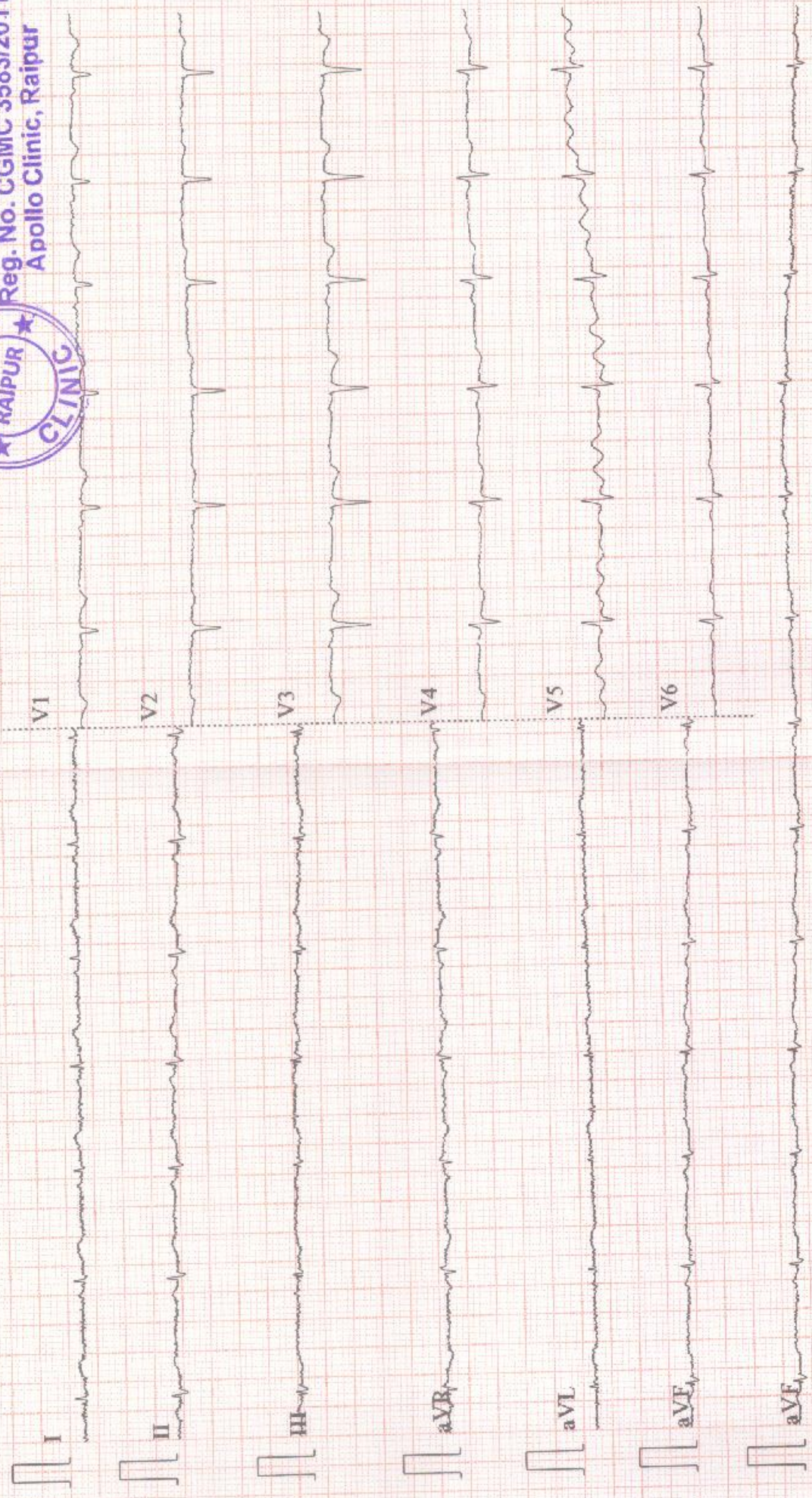
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MRS PRASANA
Female 34Years

Diagnosis Information:

Sinus arrhythmia
Indeterminate axis
Possible anteroseptal infarct - age undetermined
Inferior/lateral ST-T abnormality is borderline for age and gender

Generalized low QRS voltages
Abnormal ECG
Report Confirmed by:



EXAMINATION OF EYES :- (BY OPHTHALMOLOGIST)

Patient Name Mrs. Prasanna

Date 12/08/2022

Sex/Age M. 34 years

MR No

Employee Id

EXTERNAL EXAMINATION				
SQUINT				
NYSTAGMUS				
COLOUR VISION				
FUNDUS:(RE):- <u>wnr</u> (LE):- <u>wnr</u>				
INDIVIDUAL COLOUR IDENTIFICATION <u>Good</u>				
DISTANT VISION:(RE):- <u>6/12 24 6/6</u> (LE):- <u>6/9 24 6/6</u>				
NEAR VISION:(RE):- <u>NC</u> (LE):- <u>NC</u>				
NIGHT BLINDNESS <u>NAD</u>				
	SPH	CYL	AXIS	ADD
RIGHT		<u>-1.0</u>	<u>100</u>	
LEFT		<u>-0.50</u>	<u>75</u>	
REMARKS :-				



Dr. Vikas Mishra
MBBS, MS(Ophthalmologist)
Reg. No. CGMC 621/2006

PATIENT NAME: MRS. PRASANA
REF BY: BOB

AGE / SEX: 34YRS/F
DATE: 12.08.2023

USG ABDOMEN

Liver: Liver is normal in size smooth in outline & echotexture. IHBR's are not dilated. CBD is not dilated. Portal vein and hepatic veins are normal.

Gall bladder: - Distended & normal.

Pancreas & Paraaortic Region: Normal.

Spleen: Is normal in size measures cm, and echotexture.

Kidneys	RIGHT	LEFT
SIZE	10.72X3.54Cm	9.53x4.27Cm
CORTICAL ECHOGENICITY	Normal	Normal
CORTICOMEDULLARY DIFFERENTIATION	Maintained	Maintained
PCS	Not Dilated	Not Dilated
Any other remarks	Nil	Nil

Urinary bladder: Distended & normal.

Uterus is normal in size (8.29 x 4.87 x 3.90cm, Vol. – 82.442cc) and echotexture. Endometrial thickness 7.3 mm.

Right Ovary: Normal in size (3.92 x 2.10 cm), shape and echotexture.

Left Ovary: Normal in size (4.35 x 2.27cm), shape and echotexture.

No evidence of free fluid in abdomen or pelvis.

IMPRESSION:

MILD FREE FLUID IN POD S/O PID



Dr. Zeeshan Ateeb Dani
MBBS, MD
Consultant Radiologist
DR. ZEESHAN ATEEB, DANI
(MD)
CONSULTANT RADIOLOGIST

This report is for perusal of the doctor only not the definitive diagnosis; findings have to be clinically correlated. Ultrasound has its limitations in obese patients and in retroperitoneal organs. All congenital abnormalities cannot be detected on ultrasound. This report is not for medico-legal purposes.

NAME OF PATIENT: MRS. PRASANA

AGE 34YRS / FEMALE

REFERRED BY: BOB

DATE: 12/08/2023.

CHEST X - RAY PA VIEW

FINDINGS:

- Both the domes of diaphragm and CP angles are normal.
- Both the hila and mediastinum are normal.
- Both the lung fields are clear. No e/o focal parenchymal lesion.
- Cardio-thoracic ratio is normal.
- Soft tissues and bony cage are unremarkable.

IMPRESSION:

- **NO SIGNIFICANT ABNORMALITY SEEN.**

Advised: Clinical correlation and further evaluation if clinically indicated.




Dr. Zeeshan Ateeb Dani
MBBS, MD
DR. ZEESHAN ATEEB DANI
Reg. No. CGMC-237470 (MD)
CONSULTANT RADIOLOGIST

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ECHOCARDIOGRAPHY REPORT

NAME : MRS.PRASANA	Age/Sex: 34Yrs/Female	ECG : Sinus Rhythm
OPD/ IPD : OPD	STUDY DATE: 12/08/2023	REGN. NO. : FRAI.0000020604
Ref.By Dr : BOB		

M-MODE MEASUREMENTS:-

	Patient Value (cm)	Normal Value (cm)		Patient Value (cm)	Normal Value (cm)
AorticRoot Diameter	2.8	2.0 – 3.7	IVS Thickness	ED = 1.0 ES = 1.4	0.6 – 1.1
AorticValve Opening	1.7	1.5 – 2.6	PW Thickness	ED = 0.9 ES = 1.3	0.6 – 1.1
LA Dimension	2.9	1.9 – 4.0	RA Dimension	---	2.6
LVID(D)	4.0	3.7 – 5.5	RV Dimension	---	2.6
LVID(s)	2.4	2.2 – 4.0	TAPSE	----	1.6 – 2.6
LV EJECTION FRACTION	> 60%		(NORMAL VALUE: 55 – 60%)		

2D ECHO, COLOR FLOW & DOPPLER ASSESSMENT

Left Ventricle	: LV Size & contractility is Normal, NO RWMA, Calculated EF IS > 60%
Left Atrium	: LA Size Is Normal
Right Ventricle	: Normal
Right Atrium	: Normal
IAS/IVS	: Intact
Pericardium	: Normal, there is no Pericardial Effusion.
Mitral Valve	: E>A , Normal
Tricuspid Valve	: Normal
Aortic Valve	: Normal
Pulmonary Valve	: Pulmonary valve appears normal in morphology.
Systemic venous	: IVC normal in size with normal Inspiratory collapse.
Diastolic Function	: Normal.

FINAL IMPRESSION : NO RWMA AT REST.
NORMAL LV SYSTOLIC FUNCTION.
NORMAL CARDIAC CHEMBER AND NORMAL VALVES.
NO I/C CLOT VEGITATION OR PERICARDIAL EFFUSION.



DR. DEEPAN DAS
MBBS, DIP. CARDIOLOGY
CONSULTANT DEPT. OF NIC

Apollo Clinic

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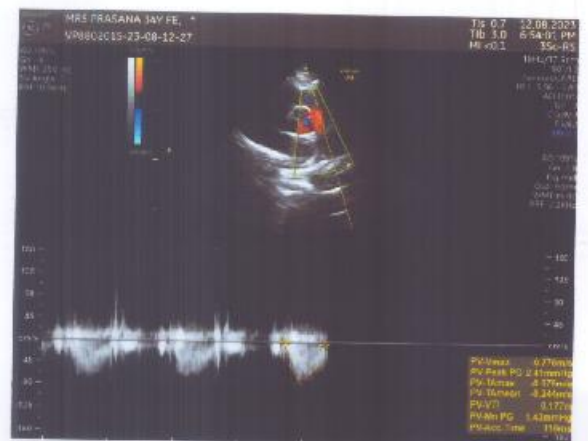
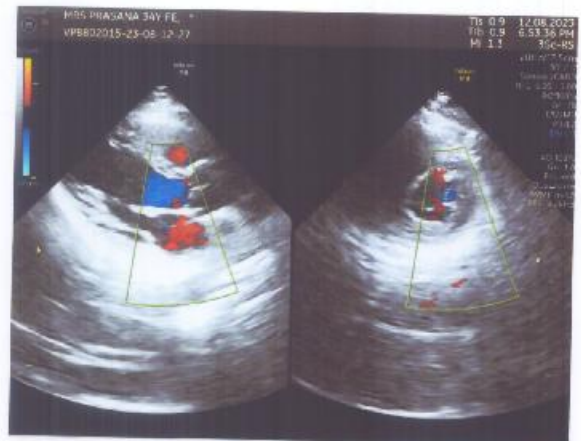
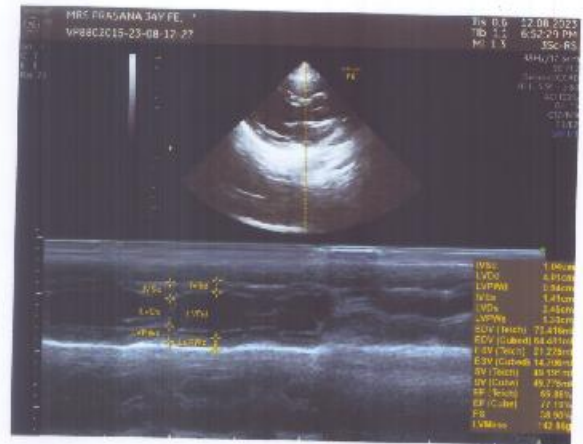
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 **+91 96918 26363**

 **0771 4033341/42**



Patient Name : MRS PRASANA
UHID/ MR No : 5964
Visit Date : 12/08/2023
Sample Collected On : 12/08/2023 02:37PM
Ref. Doctor : SELF
Sponsor Name :


Age/Gender : 34 Y. Female
OP Visit No : OPD-UNIT-II-2
Reported On : 12/08/2023 06:10PM

HAEMATOLOGY

Investigation	Observed Value	Unit	Biological Reference Interval
HEMOGRAM			
Haemoglobin(HB) Method: CELL COUNTER	9.9	gm/dl	12 - 16
Erythrocyte (RBC) Count Method: CELL COUNTER	3.56	mill/cu.mm.	4.20 - 6.00
PCV (Packed Cell Volume) Method: CELL COUNTER	29.70	%	39 - 52
MCV (Mean Corpuscular Volume) Method: CELL COUNTER	83.4	fL	76.00 - 100
MCH (Mean Corpuscular Haemoglobin) Method: CELL COUNTER	27.8	pg	26 - 34
MCHC (Mean Corpuscular Hb Conc.) Method: CELL COUNTER	33.3	g/dl	32 - 35
RDW (Red Cell Distribution Width) Method: CELL COUNTER	14.6	%	11- 16
Total Leucocytes (WBC) Count Method: CELL COUNTER	5.20	cells/cumm	3.50 - 11.00
Neutrophils Method: CELL COUNTER	50	%	40.0 - 73.0
Lymphocytes Method: CELL COUNTER	38	%	15.0 - 45.0
Eosinophils Method: CELL COUNTER	04	%	1-6%
Monocytes	08	%	4.0 - 12.0
Basophils Method: CELL COUNTER	00	%	0.0 - 2.0

End of Report
Results are to be correlated clinically

Lab Technician / Technologist
 path



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HAEMATOLOGY


Investigation	Observed Value	Unit	Biological Reference Interval
Platelet Count Method: CELL COUNTER	227	lacs/cu.mm	150-400
ESR- Erythrocyte Sedimentation Rate Method: Westergren's Method	10	mm /HR	0 - 20

Blood Group (ABO Typing)

Blood Group (ABO Typing) : A
RhD factor (Rh Typing) : POSITIVE

End of Report
Results are to be correlated clinically

Lab Technician / Technologist
path



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DR DHANANJAY RAMCHANDRA PRASAD
M.D. PATHOLOGY

Patient Name : MRS PRASANA
UHID/ MR No : 5964
Visit Date : 12/08/2023
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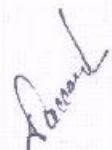
BIO CHEMISTRY

Investigation	Observed Value	Unit	Biological Reference Interval
HbA1c (Glycosalated Haemoglobin)	5.5	%	Non- diabetic:<=5.6, Pre-Diabetic 5.7-6.4, Diabetic:>=6.5

- HbA1c is used for monitoring diabetic control. It reflects the estimated average glucose (eAG).
 - HbA1c has been endorsed by clinical groups & ADA (American Diabetes Association) guidelines 2017, for diagnosis of diabetes using a cut-off point of 6.5%.
 - Trends in HbA1c are a better indicator of diabetic control than a solitary test.
 - Low glyated haemoglobin(below 4%) in a non-diabetic individual are often associated with systemic inflam
- HbA1c is used for monitoring diabetic control. It reflects the estimated average glucose (eAG).
 - HbA1c has been endorsed by clinical groups & ADA (American Diabetes Association) guidelines 2017, for diagnosis of diabetes using a cut-off point of 6.5%.
 - Trends in HbA1c are a better indicator of diabetic control than a solitary test.
 - Low glyated haemoglobin(below 4%) in a non-diabetic individual are often associated with systemic inflammatory diseases, chronic anaemia(especially severe iron deficiency & haemolytic), chronic renal failure and liver diseases. Clinical correlation suggested.
 - To estimate the eAG from the HbA1C value, the following equation is used: $eAG(mg/dl) = 28.7 \cdot A1c - 46.7$
 - Interference of Haemoglobinopathies in HbA1c estimation.
 - For HbF > 25%, an alternate platform (Fructosamine) is recommended for testing of HbA1c.
 - Homozygous hemoglobinopathy is detected, fructosamine is recommended for monitoring diabetic status
 - Heterozygous state dete

End of Report
Results are to be corelated clinically

Lab Technician / Technologist
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DR DHANANJAY RAMCHANDRA PRASAD
 M.D. PATHOLOGY

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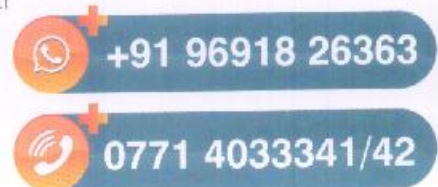
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Ref. Doctor : SELF
Sponsor Name :

Age/Gender : 34 Y. Female
OP Visit No : OPD-UNIT-II-2
Reported On : 12/08/2023 06:10PM

BIO CHEMISTRY

Investigation	Observed Value	Unit	Biological Reference Interval
GLUCOSE - (POST PRANDIAL)			
Glucose -Post prandial Method: REAGENT GRADE WATER	108.0	mg/dl	70-140
GLUCOSE (FASTING)			
Glucose- Fasting SUGAR REAGENT GRADE WATER	84.0	mg/dl	70 - 120
KFT - RENAL PROFILE - SERUM			
BUN-Blood Urea Nitrogen METHOD: Spectrophotometric	08	mg/dl	7 - 20
Creatinine METHOD: Spectrophotometric	0.86	mg/dl	0.6-1.4
Uric Acid Method: Spectrophotometric	3.2	mg/dL	2.6 - 7.2

End of Report
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Lab Technician / Technologist
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BIO CHEMISTRY

Investigation	Observed Value	Unit	Biological Reference Interval
LIPID PROFILE TEST (PACKAGE)			
Cholesterol - Total	176.0	mg/dl	Desirable: < 200 Borderline High: 200-239 High: >= 240
Triglycerides level	105.0	mg/dl	Normal : < 150 Borderline High : 150-199 Very High : >=500
Method: Spectrophotometric HDL Cholesterol	44.0	mg/dl	Major risk factor for heart disease: < 40 Negative risk factor for heart disease :>60
Method: Spectrophotometric LDL Cholesterol	111	mg/dl	Optimal:< 100 Near Optimal :100 – 129 Borderline High : 130-159 High : 160-189 Very HiOptimal:< 100 Near Optimal :100 – 129 Borderline High : 130-159 High : 160-189 Very High : >=1
Method: Spectrophotometric VLDL Cholesterol	21	mg/dl	6 - 38
Total Cholesterol/HDL Ratio	4		3.5 - 5
Method: Spectrophotometric			

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Lab Technician / Technologist
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Age/Gender : 34 Y . Female
OP Visit No : OPD-UNIT-II-2
Reported On : 12/08/2023 06:10PM

BIO CHEMISTRY


Investigation	Observed Value	Unit	Biological Reference Interval
LIVER FUNCTION TEST			
Bilirubin - Total Method: Spectrophotometric	0.8	mg/dl	0.1-1.2
Bilirubin - Direct Method: Spectrophotometric	0.2	mg/dl	0.05-0.3
Bilirubin (Indirect) Method: Calculated	0.60	mg/dl	0 - 1
SGOT (AST) Method: Spectrophotometric	21	U/L	0 - 32
SGPT (ALT) Method: Spectrophotometric	24	U/L	0 - 33
ALKALINE PHOSPHATASE	75	U/L	25-147
Total Proteins Method: Spectrophotometric	6.6	g/dl	6 - 8
Albumin Method: Spectrophotometric	4.3	mg/dl	3.4 - 5.0
Globulin Method: Calculated	2.3	g/dl	1.8 - 3.6
A/G Ratio Method: Calculated	1.86	%	1.1 - 2.2

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Results are to be correlated clinically

Lab Technician / Technologist
path

Page 3 of 6

DR DHANANJAY RAMCHANDRA PRASAD
M.D. PATHOLOGY



Patient Name : MRS PRASANA
UHID/ MR No : 5964
Visit Date : 12/08/2023
Sample Collected On : 12/08/2023 02:37PM
Ref. Doctor : SELF
Sponsor Name :

Age/Gender : 34 Y. Female
OP Visit No : OPD-UNIT-II-1
Reported On : 12/08/2023 06:10PM

CLINICAL PATHOLOGY

Investigation	Observed Value	Unit	Biological Reference Interval
URINE ROUTINE EXAMINATION			
Physical Examination			
Volum of urine	30ML		
Appearance	Clear		Clear
Colour	Pale Yellow		Colourless
Specific Gravity	1.020		1.001 - 1.030
Reaction (pH)	5.0		
Chemical Examination			
Protein(Albumin) Urine	Absent		Absent
Glucose(Sugar) Urine	Absent		Absent
Blood	Absent		Absent
Leukocytes	Absent		Absent
Ketone Urine	Absent		Absent
Bilirubin Urine	Absent		Absent
Urobilinogen	Absent		Absent
Nitrite (Urine)	Absent		Absent
Microscopic Examination			
RBC (Urine)	0-1	/hpf	0 - 2
Pus cells	6-8	/hpf	0 - 5
Epithelial Cell	4-6	/hpf	0 - 5
Crystals	Not Seen	/hpf	Not Seen
Bacteria	Not Seen	/hpf	Not Seen
Budding yeast	Not Seen	/hpf	

End of Report

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Lab Technician / Technologist
path

