

8308791463

08/07/23

**Apollo Clinic**  
Expertise. Closer to you.

Mrs. Desy Sushmita  
Age - 31 y/f

BP - 130/70  
P - 100/nt  
H - 150 cm  
Wt - 76 kg

CBC - 10.7 / 4.96 / 8.16 / 183

FBS - 101.0, PP - 130.0

creat - 0.77

Uric Acid - 3.0

Lipid - 147 / 105 / 42 / 104

LFT - 30 / 33 / 75

HbA1c - 5.5

Rx  
Colostravita x ODPC x 2 mts

**DR. B. B. KUMAR**  
MBBS, MD (MEDICINE)  
FELLOWSHIP IN RHEUMATOLOGY  
(JOHN HOPKINS USA)  
CONSULTANT DEPARTMENT OF RHEUMATOLOGY



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**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

Mrs. Devy Sushmita  
31 yrs. / F

08/07/23

e/c. Pt. came for routine dental check up

O/E - occlusal caries  $\bar{c}$   $\frac{87}{88} \mid \frac{8}{8}$

Partially erupted  $\bar{c}$   $\frac{8}{8} \mid -$

Adv. Restorant  $\bar{c}$   $\frac{87}{88} \mid \frac{8}{8}$



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08/07/2023

Mrs. Daisy Anshu 31F

ZMP = .  
30 Jun 2023

P1 (IVF conception)

MAx 5 yrs.

H/o Bx Tubal Blockage

(lastly 2-3 days)  
Breast feeding currently

Diagnostic  
H/o Laparoscopy =  
Endometriosis

H/o Endometriosis

P/A -  
Zifi  
Nontender

One Bldgp.

P/s -  
Co regular  
mucoid d/s + n

PAD mea

P/v -  
UL AV (N) size 6.7  
B/c free

Tab. zifi 200 mg B O X 5 days  
Tab. Amelval 100 mg B O X 5 days  
Cessof CL 1000 mg B O X 3 days  
Cp. Pasi 250 1 B O F - 5 days



**NAME OF PATIENT: MRS. DESY SUSHMITA**

**AGE :31YRS /FEMALE**

**REFERRED BY: BOB**

**DATE: 08/07/2023.**

**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  
Consultant Radiologist  
Reg. No. CGMC-2324/ JG  
**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. This report is not for medico-legal purposes.**

**PATIENT NAME: MRS.DESY SUSHMITA**  
**REF BY: BOB**

**AGE / SEX: 31YRS/F**  
**DATE: 08.07.2023**

**USG ABDOMEN**

**Liver:** Liver is enlarged in size 9.3 cm 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 enlarged in size measures 19.27 cm, and echotexture.

Kidneys	RIGHT	LEFT
SIZE	10.09X4.13Cm	11.49x4.27 Cm
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 ( 8.26 x 5.40 x 4.16 cm, Vol. – 97 cc ) and echotexture. Endometrial thickness 3 mm.

**Right Ovary:** Normal in size ( 3.37 x 1.43 cm), shape and echotexture.

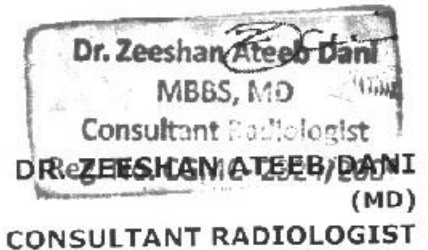
**Left Ovary:** Normal in size ( 3.45x 1.57cm), shape and echotexture.

No evidence of free fluid in abdomen or pelvis.

**IMPRESSION:**

- HEPATOMAGALY WITH GRADE – II FATTY LIVER .

Advised clinical correlation/further evaluation if clinically indicated.



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.

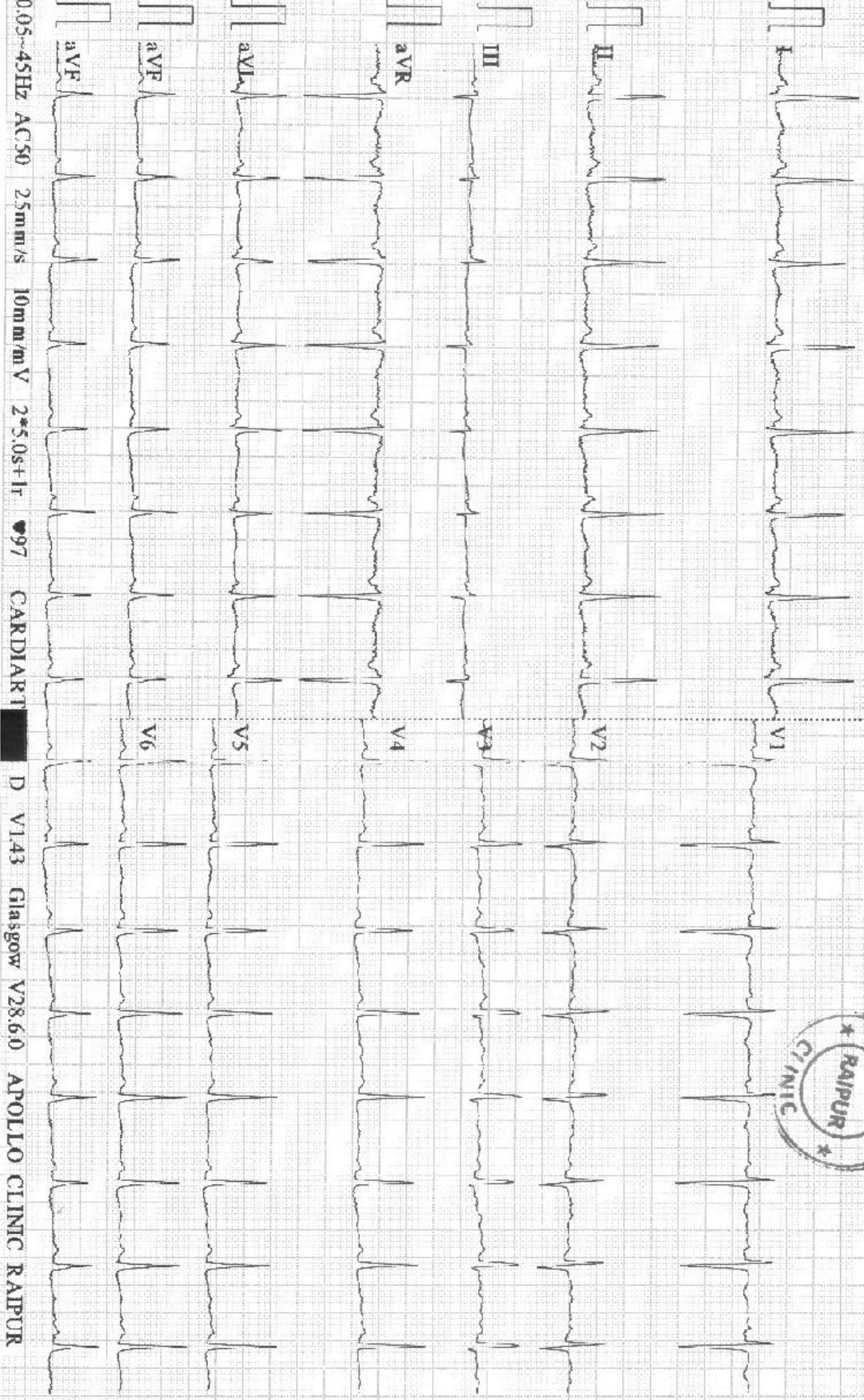
MRS DESY SUSHMITA  
Female 31Years

HR	: 97	bpm
P	: 94	ms
PR	: 120	ms
QRS	: 78	ms
QT/QTc	: 334/425	ms
P/QRS/T	: 26/27/-19	°
RV5/SV1	: 1.16/1.217	mV

Diagnosis Information:  
Sinus rhythm

Inferior and anterior ST-T abnormality is nonspecific  
Porderline ECG

Report Confirmed by:



**EXAMINATION OF EYES :- ( BY OPHTHALMOLOGIST )**

Patient Name Mrs. Devy Suchmita

Date 8/9/2023

Sex/Age F/31y

MR No .....

Employee Id .....

<b>EXTERNAL EXAMINATION</b>				
SQUINT		NO		
NYSTAGMUS				
COLOUR VISION		NORMAL		
FUNDUS:(RE):-	<u>WNL</u>	(LE):-	<u>WNL</u>	
INDIVIDUAL COLOUR IDENTIFICATION		<u>Good</u>		
DISTANT VISION:(RE):-	<u>6/6</u>	(LE):-	<u>6/6</u>	
NEAR VISION:(RE):-	<u>N6</u>	(LE):-	<u>N6</u>	
NIGHT BLINDNESS		<u>NAD</u>		
	SPH	CYL	AXIS	ADD
RIGHT				
LEFT				
REMARKS :-				



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

## ECHOCARDIOGRAPHY REPORT

NAME : MRS. DESY SUSHMITA	Age/Sex: 31Yrs/female	ECG : Sinus Rhythm
OPD/ IPD : OPD	STUDY DATE: 08/07/2023	REGN. NO. : FRAI.000005245
Ref.By Dr : BOB		

### M-MODE MEASUREMENTS:-

	Patient Value (cm)	Normal Value (cm)		Patient Value (cm)	Normal Value (cm)
AorticRoot Diameter	3.0	2.0 – 3.7	IVS Thickness	ED = 1.1 ES = 1.4	0.6 – 1.1
AorticValve Opening	1.7	1.5 – 2.6	PW Thickness	ED = 1.0 ES = 1.3	0.6 – 1.1
LA Dimension	3.0	1.9 – 4.0	RA Dimension	---	2.6
LVID(D)	3.9	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 : TRACE TR

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.  
TRACE TRICUSPID REGURGITATION.  
NO I/C CLOT VEGITATION OR PERICARDIAL EFFUSION.



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

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**Patient Name** : MRS DESY SUSHMITA  
**UHID/ MR No** : 5245  
**Visit Date** : 08/07/2023  
**Sample Collected On** : 08/07/2023 12:06PM  
**Ref. Doctor** : SELF  
**Sponsor Name** :

**Age/Gender** : 31 Y Female  
**OP Visit No** : OPD-UNIT-II-2  
**Reported On** : 08/07/2023 01:52PM

### HAEMATOLOGY

Investigation	Observed Value	Unit	Biological Reference Interval
Platelet Count Method: CELL COUNTER	189	lacs/cu.mm	150-400
ESR- Erythrocyte Sedimentation Rate Method: Westergren's Method	10	mm /HR	0 - 20
<b>Blood Group (ABO Typing)</b>			
Blood Group (ABO Typing)	O		
RhD factor (Rh Typing)	POSITIVE		

**End of Report**  
*Results are to be correlated clinically*

Lab Technician / Technologist  
 path

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*Dhananjay*  
**DR DHANANJAY RAMCHANDRA PRASAD**  
**M.D. PATHOLOGY**

**Patient Name** : MRS DESY SUSHMITA  
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**Reported On** : 08/07/2023 01:52PM

### BIO CHEMISTRY

Investigation	Observed Value	Unit	Biological Reference Interval
<b>GLUCOSE - (POST PRANDIAL)</b>			
Glucose -Post prandial Method: REAGENT GRADE WATER	130.0	mg/dl	70-140
<b>GLUCOSE (FASTING)</b>			
Glucose- Fasting SUGAR REAGENT GRADE WATER	101.0	mg/dl	70 - 120
<b>KFT - RENAL PROFILE - SERUM</b>			
BUN-Blood Urea Nitrogen METHOD: Spectrophotometric	08	mg/dl	7 - 20
<b>Creatinine</b> METHOD: Spectrophotometric	0.77	mg/dl	0.6-1.4
<b>Uric Acid</b> Method: Spectrophotometric	3.0	mg/dL	2.6 - 7.2

**End of Report**  
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Lab Technician / Technologist  
 path



**DR DHANANJAY RAMCHANDRA PRASAD**  
 M.D. PATHOLOGY

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**Sponsor Name** :

**Age/Gender** : 31 Y. Female  
**OP Visit No** : OPD-UNIT-II-1  
**Reported On** : 08/07/2023 01:52PM

**BIO CHEMISTRY**

Investigation	Observed Value	Unit	Biological Reference Interval
<b>LIPID PROFILE TEST (PACKAGE)</b>			
Cholesterol - Total	167.0	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	42.0	mg/dl	Major risk factor for heart disease: < 40 Negative risk factor for heart disease :>60
Method: Spectrophotometric LDL Cholesterol	104	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	3.98		3.5 - 5
Method: Spectrophotometric			

**End of Report**  
Results are to be correlated clinically

Lab Technician / Technologist  
path

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**Age/Gender** : 31 Y. Female  
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### HAEMATOLOGY

Investigation	Observed Value	Unit	Biological Reference Interval
<b>HEMOGRAM</b>			
Haemoglobin(HB) Method: CELL COUNTER	10.7	gm/dl	12 - 16
Erythrocyte (RBC) Count Method: CELL COUNTER	4.96	mill/cu.mm.	4.20 - 6.00
PCV (Packed Cell Volume) Method: CELL COUNTER	32.10	%	39 - 52
MCV (Mean Corpuscular Volume) Method: CELL COUNTER	64.7	fL	76.00 - 100
MCH (Mean Corpuscular Haemoglobin) Method: CELL COUNTER	21.6	pg	26 - 34
MCHC (Mean Corpuscular Hb Concn.) Method: CELL COUNTER	33.3	g/dl	32 - 35
RDW (Red Cell Distribution Width) Method: CELL COUNTER	13.6	%	11- 16
Total Leucocytes (WBC) Count Method: CELL COUNTER	8.16	cells/cumm	3.50 - 11.00
Neutrophils Method: CELL COUNTER	76	%	40.0 - 73.0
Lymphocytes Method: CELL COUNTER	20	%	15.0 - 45.0
Eosinophils Method: CELL COUNTER	01	%	1-6%
Monocytes	03	%	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  
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*Amend*  
**DR DHANANJAY RAMCHANDRA PRASAD**  
**M.D. PATHOLOGY**

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**BIO CHEMISTRY**

Investigation	Observed Value	Unit	Biological Reference Interval
<b>LIVER FUNCTION TEST</b>			
<b>Bilirubin - Total</b> Method: Spectrophotometric	0.7	mg/dl	0.1-1.2
<b>Bilirubin - Direct</b> Method: Spectrophotometric	0.2	mg/dl	0.05-0.3
<b>Bilirubin (Indirect)</b> Method: Calculated	0.50	mg/dl	0 - 1
<b>SGOT (AST)</b> Method: Spectrophotometric	30	U/L	0 - 32
<b>SGPT (ALT)</b> Method: Spectrophotometric	33	U/L	0 - 33
<b>ALKALINE PHOSPHATASE</b>	75	U/L	25-147
<b>Total Proteins</b> Method: Spectrophotometric	6.7	g/dl	6 - 8
<b>Albumin</b> Method: Spectrophotometric	4.3	mg/dl	3.4 - 5.0
<b>Globulin</b> Method: Calculated	2.4	g/dl	1.8 - 3.6
<b>A/G Ratio</b> Method: Calculated	1.79	%	1.1 - 2.2

**End of Report**  
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Lab Technician / Technologist  
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*Adarsh*  
DR DHANANJAY RAMCHANDRA PRASAD  
M.D. PATHOLOGY

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### BIO CHEMISTRY

Investigation	Observed Value	Unit	Biological Reference Interval
<b>HbA1c (Glycosalated Haemoglobin)</b>	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 glycated 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 glycated 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:  $eAG(mg/dl) = 28.7 * A1c - 46.7$
  - 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**  
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**DR DHANANJAY RAMCHANDRA PRASAD**  
**M.D. PATHOLOGY**

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### CLINICAL PATHOLOGY

Investigation	Observed Value	Unit	Biological Reference Interval
<b>URINE ROUTINE EXAMINATION</b>			
<b>Physical Examination</b>			
Volum of urine	25ML		
Appearance	Clear		Clear
Colour	Pale Yellow		Colourless
Specific Gravity	1.020		1.001 - 1.030
Reaction (pH)	6.0		
<b>Chemical Examination</b>			
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
<b>Microscopic Examination</b>			
RBC (Urine)	0-1	/hpf	0 - 2
Pus cells	4-6	/hpf	0 - 5
Epithelial Cell	2-4	/hpf	0 - 5
Crystals	Not Seen	/hpf	Not Seen
Bacteria	Not Seen	/hpf	Not Seen
Budding yeast	Not Seen	/hpf	

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