

22/07/23

Prabha Sahu
37y/F

e/o
DHJ

L
Amarty (H1) X OD X 1 mtr
(before breakfast)
Vitocin-44 X OD X 1 mtr



DR. P. P. S. R.
MBBS
Fellow
FIPM,
atology
(SA)
neumatology

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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. CCDC/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

Mr. Prabha Sahu
37/F

02/7/23

Pt has come for routine dental checkup.

O/E → Stain +
Mild catch in 7/34

Adv → Complete Oral Prophylaxis



1
4

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22/9/23

C/S/O Dr. Deepshikha/SNOT

Came for routine checkup

Ear - B/C intact
Nose - B/C ~~ITN~~
Throat - PND (+)

7 days. |
o/w N/D xylomet P2^o nos
+ 10-15 min
Steam Inhalation nos
T. Montegress AC HS



Dr

22/07/2023

Mr. Prashant Kumar - 37F
P2 (both sexes ♂ ♀)

LMP =
25/08/2023

PAP smear

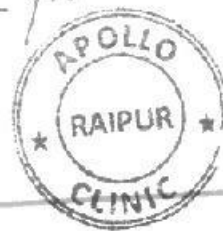
P14 - soft
Non-tender

VE - Urinary dry, No leucorrhoea

VS - vaginal mucosa pale
& atrophic
Cx small
mucoid d/s part

VP - ut R.V (N) size cont
3x4x3 cm

Uterine reports & Uterine tube 14S vaginal passing x7ly



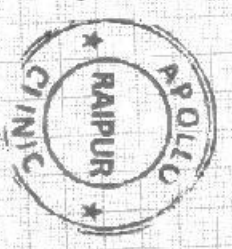
ID: 180
MRS PRABHA SAHI
Female 37Years

22-07-2023 10:44:24 AM

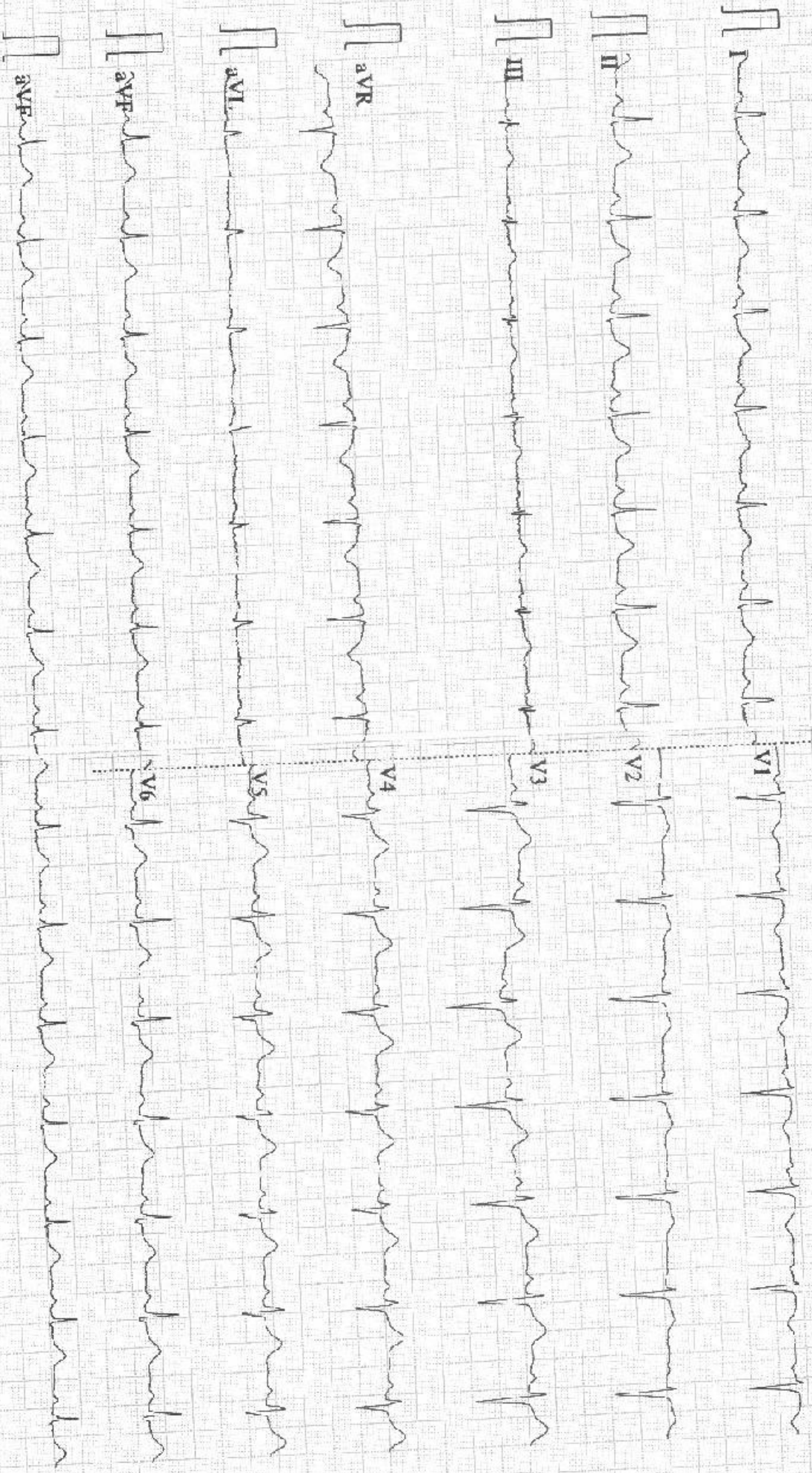
HR : 85 bpm
P : 104 ms
PR : 146 ms
QRS : 86 ms
QT/QTc : 384/457 ms
P:QRS/T : 36/39/50 °
RV5/SV1 : 0.324/0.815 mV

Diagnosis Information:
Sinus rhythm
Normal ECG

Dr. Ankit Sharma
MD Medicine
Reg. No. - CGMC 7971/2018
Apollo Clinic, Raipur



Report Confirmed by:



005.45Hz AC50 25mm/s 10mm/mV 2*5.0s+1r 85 CARD 9108 D V1.43 Glasgow V28.60 APOLLO CLINIC RAIPUR

EXAMINATION OF EYES :- (BY OPHTHALMOLOGIST)

Patient Name Mrs. Poojha Sahu

Date 23/07/23

Sex/Age 34/41

MR No

Employee Id

EXTERNAL EXAMINATION		
SQUINT		NIO
NYSTAGMUS		
COLOUR VISION	NORMAL	
FUNDUS:(RE):-	WNL	(LE):- WNL
INDIVIDUAL COLOUR IDENTIFICATION	Good	
DISTANT VISION:(RE):-	6/6	(LE):- 6/6
NEAR VISION:(RE):-	N6	(LE):- N6
NIGHT BLINDNESS	NAD	
	SPH	CYL
RIGHT		
LEFT		
REMARKS :-		



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

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NAME OF PATIENT: MRS. PRABHA SAHU

AGE: 37 YRS / FEMALE

REFERRED: BOB

DATE: 22/07/2023

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, FRCR (UK)
Consultant Radiologist
Reg. No. GMC 233470
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 PRABHA SAHU
UHID/ MR No : 5545
Visit Date : 22/07/2023
Sample Collected On : 22/07/2023 01:13PM
Ref. Doctor : SELF
Sponsor Name :

Age/Gender : 37 Y. Female
OP Visit No : OPD-UNIT-II-2
Reported On : 22/07/2023 03:32PM

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)	6.5		
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	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	

End of Report
Results are to be correlated clinically

Lab Technician / Technologist
 path



DR DHANANJAY RAMCHANDRA PRASAD
 M.D. PATHOLOGY

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Sponsor Name :

Age/Gender : 37 Y. Female
OP Visit No : OPD-UNIT-II-4
Reported On : 22/07/2023 03:32PM

HAEMATOLOGY

Investigation	Observed Value	Unit	Biological Reference Interval
HEMOGRAM			
Haemoglobin(HB) Method: CELL COUNTER	12.2	gm/dl	12 - 16
Erythrocyte (RBC) Count Method: CELL COUNTER	4.74	mill/cu.mm.	4.20 - 6.00
PCV (Packed Cell Volume) Method: CELL COUNTER	36.60	%	39 - 52
MCV (Mean Corpuscular Volume) Method: CELL COUNTER	77.2	fL	76.00 - 100
MCH (Mean Corpuscular Haemoglobin) Method: CELL COUNTER	25.7	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	13.3	%	11- 16
Total Leucocytes (WBC) Count Method: CELL COUNTER	8.67	cells/cumm	3.50 - 11.00
Neutrophils Method: CELL COUNTER	59	%	40.0 - 73.0
Lymphocytes Method: CELL COUNTER	34	%	15.0 - 45.0
Eosinophils Method: CELL COUNTER	02	%	1-8%
Monocytes Method: CELL COUNTER	04	%	4.0 - 12.0
Basophils Method: CELL COUNTER	00	%	0.0 - 2.0

End of Report
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Sample Collected On : 22/07/2023 01:13PM
Ref. Doctor : SELF
Sponsor Name :

Age/Gender : 37 Y Female
OP Visit No : OPD-UNIT-II-2
Reported On : 22/07/2023 03:32PM

HAEMATOLOGY

Investigation	Observed Value	Unit	Biological Reference Interval
Platelet Count Method: CELL COUNTER	281	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
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DR DHANANJAY RAMCHANDRA PRASAD
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Visit Date : 22/07/2023
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Ref. Doctor : SELF
Sponsor Name :

Age/Gender : 37 Y. Female
OP Visit No : OPD-UNIT-II-4
Reported On : 22/07/2023 03:32PM

BIO CHEMISTRY

Investigation	Observed Value	Unit	Biological Reference Interval
HbA1c (Glycosalated Haemoglobin)	5.8	%	Non-diabetic: ≤5.6, Pre-Diabetic 5.7-6.4, Diabetic: ≥6.5


1. HbA1c is used for monitoring diabetic control. It reflects the estimated average glucose (eAG).
 2. 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%.
 3. Trends in HbA1c are a better indicator of diabetic control than a solitary test.
 4. Low glycated haemoglobin (below 4%) in a non-diabetic individual are often associated with systemic inflammation.
1. HbA1c is used for monitoring diabetic control. It reflects the estimated average glucose (eAG).
 2. 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%.
 3. Trends in HbA1c are a better indicator of diabetic control than a solitary test.
 4. 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.
 5. To estimate the eAG from the HbA1C value, the following equation is used: $eAG(mg/dl) = 28.7 * A1c - 46.7$
 6. Interference of Haemoglobinopathies in HbA1c estimation.
 - A. For HbF > 25%, an alternate platform (Fructosamine) is recommended for testing of HbA1c.
 - B. Homozygous hemoglobinopathy is detected, fructosamine is recommended for monitoring diabetic status
 - C. Heterozygous state dete


End of Report
Results are to be correlated clinically

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Ref. Doctor : SELF
Sponsor Name :

Age/Gender : 37 Y Female
OP Visit No : OPD-UNIT-II-2
Reported On : 22/07/2023 03:32PM

BIO CHEMISTRY

Investigation	Observed Value	Unit	Biological Reference Interval
LIPID PROFILE TEST (PACKAGE)			
Cholesterol - Total	118.0	mg/dl	Desirable: < 200 Borderline High: 200-239 High: >= 240
Triglycerides level	62.0	mg/dl	Normal : < 150 Borderline High : 150-199 Very High : >=500
Method: Spectrophotometric HDL Cholesterol	40.0	mg/dl	Major risk factor for heart disease: < 40 Negative risk factor for heart disease :>60
Method: Spectrophotometric LDL Cholesterol	65.60	mg/dl	Optimal:< 100 Near Optimal :100 – 129 Borderline High : 130-159 High : 160-189 Very HI Optimal:< 100 Near Optimal :100 – 129 Borderline High : 130-159 High : 160-189 Very High : >=1
Method: Spectrophotometric VLDL Cholesterol	12.40	mg/dl	6 - 38
Total Cholesterol/HDL Ratio	2.95		3.5 - 5
Method: Spectrophotometric			

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ECHOCARDIOGRAPHY REPORT

NAME : MRS. PRABHA SAHU	Age/Sex: 37Yrs/Female	ECG : Sinus Rhythm
OPD/ IPD : OPD	STUDY DATE: 22/07/2023	REGN. NO. : FRAI.00000
Ref.By Dr : BOB		

M-MODE MEASUREMENTS:-

	Patient Value (cm)	Normal Value (cm)		Patient Value (cm)	Normal Value (cm)
AorticRoot Diameter	2.6	2.0 – 3.7	IVS Thickness	ED = 1.0	0.6 – 1.1
AorticValve Opening	1.7	1.5 – 2.6	PW Thickness	ED = 1.0	0.6 – 1.1
LA Dimension	3.4	1.9 – 4.0	RA Dimension	---	2.6
LVID(D)	4.2	3.7 – 5.5	RV Dimension	---	2.6
LVID(s)	2.6	2.2 – 4.0	TAPSE	----	1.6 – 2.6
LV EJECTION FRACTION	50%		(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 CHAMBER AND NORMAL VALVES.
 NO I/C CLOT VEGITATION OR PERICARDIAL EFFUSION.

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

PATIENT NAME:- MRS. PRABHA
REF BY :- BOB

AGE/SEX:-37YRS/F
DATE:-22.07.2023

USG ABDOMEN

Liver: Liver is normal in size , smooth in outline with hyper-echoic 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 and echotexture.

Kidneys	RIGHT	LEFT
SIZE	9.35X4.20cm	9.15X4.39cm
CORTICAL ECHOGENICITY	Normal	Normal
CORTICOMEDULLARY DIFFERENTIATION	Maintained	Maintained
PCS	Not dilated	Not dilated
Any other remarks	Nil	Nil

Urinary bladder.- Distended & normal.

No free fluid in abdomen.

Uterus is normal in size (9.03x 4.29 x 4.69 cm) and echotexture.

Right Ovary: Normal in size (2.98 x 2.03 cm), shape and echotexture.

Left Ovary: Normal in size (2.44 x2.05 cm), shape and echotexture.

No evidence of free fluid in abdomen or pelvis.

IMPRESSION:

USG abdomen within normal limits except :

Liver : fatty deposition : grd: I




DR. ANIL WASTI
SONOLOGIST REG.NO. CGMC-1471

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.