



भारत सरकार  
GOVERNMENT OF INDIA



दमयंती तेलुकला नंदा साहु  
Damayanti Telukala Nanda Sahu  
जन्म तारीख / DOB: 12/09/1980  
स्त्री / FEMALE



7828 9292 5835

सामान्य माणसनी अधिकार

*Telukala Damayanti*



**ZENA**  
Healthcare Services  
Professional | Accuracy | Precision

Professional Accuracy Precision

Regd. No. : 1834

# ZENA HEALTHCARE SERVICES

(A Unit of Zena Enterprises)

NAME:-DAMAYANTI TELUKALA  
AGE:-41YRS  
Patient ID:-3

REFERRAL:-MEDI-WHEEL  
DATE:-15.06.2022  
SEX:-FEMALE

**CHEST X-RAY PA VEIW SHOWS.**

- Both side lung fields are clear.
- Trachea within normal limit.
- Both costophrenic cardiophrenic angle are clear.
- Cardiac shadow within normal limit.
- Media stinum in position

**IMPRESSION:-NORMAL STUDY.**

*B. Pradhan*

**Dr. Bhagaban Pradhan  
M.D. (Radio diagnosis)  
Consultant Radiologist**

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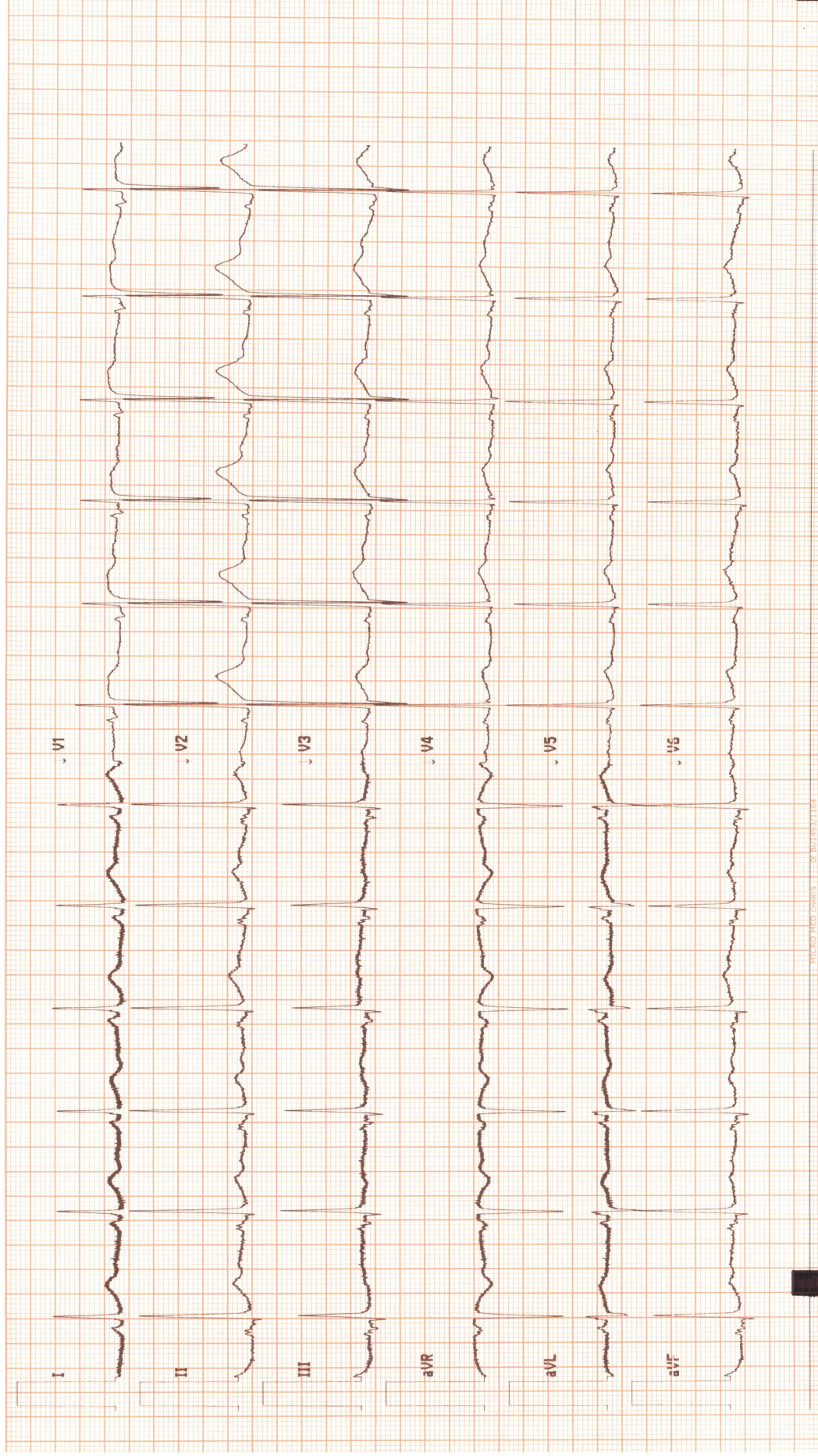
**Wishing Good Health**

Telukala, Damayanti  
ID:  
DOB:  
41yr, Female

15-Jun-2022 12:12:12

SINUS RHYTHM  
NORMAL ECG  
Reviewed by -----

Vent rate: 72 BPM  
PR int: 128 ms  
QRS dur: 82 ms  
QT/QTc: 385/409 ms  
P-R-T axes: 10 59 41



**Patient Name :** MRS. DAMAYANTI TELUKALA

**Age / Gender :** 41 years / Female

**Patient ID :** 11729

**Referral :** MEDI WHEEL

**Collection Time :** 15/06/2022, 02:01 PM

**Reporting Time :** 16/06/2022, 12:09 PM

**Sample ID :**



Test Description	Value(s)	Reference Range	Unit
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**HbA1c, Glycosylated Hemoglobin**

<b>HbA1c (GLYCOSYLATED HEMOGLOBIN), BLOOD</b>	5.2		%
<b>Method : (HPLC, NGSP certified)</b>			
Estimated Average Glucose :	102.54	-	mg/dL

**Interpretation**

As per American Diabetes Association (ADA)	
Reference Group	HbA1c in %
Non diabetic adults >=18 years	<5.7
At risk (Prediabetes)	5.7 - 6.4
Diagnosing Diabetes	>= 6.5
Therapeutic goals for glycemic control	Age > 19 years Goal of therapy: < 7.0 Action suggested: > 8.0 Age < 19 years Goal of therapy: <7.5

**Note:**

1. Since HbA1c reflects long term fluctuations in the blood glucose concentration, a diabetic patient who is recently under good control may still have a high concentration of HbA1c. Converse is true for a diabetic previously under good control but now poorly controlled .
2. Target goals of < 7.0 % may be beneficial in patients with short duration of diabetes, long life expectancy and no significant cardiovascular disease. In patients with significant complications of diabetes, limited life expectancy or extensive co-morbid conditions, targeting a goal of < 7.0 % may not be appropriate.

**Comments**

HbA1c provides an index of average blood glucose levels over the past 8 - 12 weeks and is a much better indicator of long term glycemic control as compared to blood and urinary glucose determinations.

**ADA criteria for correlation between HbA1c & Mean plasma glucose levels.**

HbA1c(%)	Mean Plasma Glucose (mg/dL)
6	126
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13485

Test Description	Value(s)	Reference Range	Unit
10	240		
11	269		
12	298		

\*\*END OF REPORT\*\*

  
Lab technician

  
**Dr. Kundan Kumar Sahoo**  
CONSULTANT PATHOLOGIST /  
MICROBIOLOGIST

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Test Description	Value(s)	Reference Range	Unit
<b>LFT, Liver Function Test</b>			
Total Protein Method : Serum, Biuret, reagent blank end point	6.20	6.60 - 8.70	g/dL
Albumin Method : Serum, Bromocresol green	4.20	3.50 - 5.30	g/dL
Globulin Method : Serum, EIA	2	2.00-3.50	g/dL
A/G Ratio Method : Serum, EIA	2.10	1.2 - 2.2	
Bilirubin - Total Method : Serum, Jendrassik Grof	0.50	0.00 - 1.00	mg/dL
Bilirubin - Direct Method : Serum, Diazotization	0.21	0.00 - 0.20	mg/dL
Bilirubin - Indirect Method : Serum, Calculated	0.29	0.10 - 0.80	mg/dL
SGOT Method : Serum, UV with P5P, IFCC 37 degree	15.4	8 - 33	U/L
SGPT Method : Serum, UV with P5P, IFCC 37 degree	18.9	3 - 35	U/L
Alkaline Phosphatase Method : PNPP-AMP Buffer/Kinetic	102.4	80 - 306	U/L
GGT-Gamma Glutamyl Transpeptidase Method : Serum, G-glutamyl-carboxy-nitroanilide	12.5	< 38	U/L

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Test Description	Value(s)	Reference Range	Unit
<b>Lipid Profile</b>			
Cholesterol-Total Method : Spectrophotometry	138.0	Desirable level   < 200 Borderline High   200-239 High   >or = 240	mg/dL
Triglycerides Method : Serum, Enzymatic, endpoint	98.4	Normal: < 150 Borderline High: 150-199 High: 200-499 Very High: >= 500	mg/dL
HDL Cholesterol Method : Serum, Direct measure-PEG	<b>30.0</b>	Normal: > 40 Major Risk for Heart: < 40	mg/dL
LDL Cholesterol Method : Enzymatic selective protection	88.32	Optimal < 100 Near / Above Optimal 100-129 Borderline High 130-159 High 160-189 Very High >or = 190	mg/dL
VLDL Cholesterol Method : Serum, Enzymatic	19.68	6 - 38	mg/dL
CHOL/HDL Ratio Method : Serum, Enzymatic	4.60	3.5 - 5.0	
LDL/HDL Ratio Method : Serum, Enzymatic	2.94	2.5 - 3.5	

**Note:**

8-10 hours fasting sample is required.

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13485

Test Description	Value(s)	Reference Range	Unit
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**Thyroid Profile ( T3, T4, TSH )**

T3-Total Method : CLIA	1.33	0.87 - 2.73	ng/dL
T4-Total Method : CLIA	7.8	6.09 - 12.23	ug/dL
TSH-Ultrasensitive Method : CLIA	2.5	0.45 - 4.5 First Trimester : 0.1-2.5 Second Trimester : 0.2-3.0 Third trimester : 0.3-3.0	uIU/mL

**Interpretation**

TSH	T3	T4	Suggested Interpretation for the Thyroid Function Tests Pattern
Raised	Within range	Within range	Raised Within Range Within Range .Isolated High TSH especially in the range of 4.7 to 15 mIU/ml is commonly associated with Physiological & Biological TSH Variability. Subclinical Autoimmune Hypothyroidism. Intermittent L4 therapy for hypothyroidism .Recovery phase after Non-Thyroidal illness"
Raised	Decreased	Decreased	Chronic Autoimmune Thyroiditis Post thyroidectomy, Post radioiodine Hypothyroid phase of transient thyroiditis"
Raised or within range	Raised	Raised or within range	Interfering antibodies to thyroid hormones (anti-TPO antibodies) Intermittent L4 therapy or T4 overdose •Drug interference- Amiodarone, Heparin, Beta blockers, steroids, anti-epileptics.
Decreased	Raised or within range	Raised or within range	Isolated Low TSH -especially in the range of 0.1 to 0.4 often seen in elderly & Range Range associated with Non-Thyroidal illness .Subclinical Hyperthyroidism .Thyroxine ingestion'
Decreased	Decreased	Decreased	Central Hypothyroidism .Non-Thyroidal illness .Recent treatment for Hyperthyroidism (TSH remains suppressed)"
Decreased	Raised	Raised	Primary Hyperthyroidism (Graves' disease). Multinodular goitre, Toxic nodule •Transient thyroiditis: Postpartum, Silent (lymphocytic), Postviral (granulomatous, subacute, DeQuervain's), Gestational thyrotoxicosis with hyperemesis gravidarum"
Decreased Within Rang	Raised	Within range	T3 toxicosis •Non-Thyroidal illness
Within range	Decreased	Within range	Isolated Low T3-often seen in elderly & associated Non-Thyroidal illness In elderly the drop in T3 level can be upto 25%.

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*Kundan*  
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Test Description	Value(s)	Reference Range	Unit
<b>Complete Blood Count</b>			
Hemoglobin (Hb)	14.0	12.0 - 15.0	gm/dL
Erythrocyte (RBC) Count	<b>5.38</b>	3.8 - 4.8	mil/cu.mm
Packed Cell Volume (PCV)	<b>49.3</b>	36 - 46	%
Mean Cell Volume (MCV)	91.64	83 - 101	fL
Mean Cell Haemoglobin (MCH)	<b>26.02</b>	27 - 32	pg
Mean Corpuscular Hb Concn. (MCHC)	<b>28.40</b>	31.5 - 34.5	g/dL
Red Cell Distribution Width (RDW)	<b>17.4</b>	11.6 - 14.0	%
Total Leucocytes (WBC) Count	9100	4000-10000	cell/cu.mm
Neutrophils	66	40 - 80	%
Lymphocytes	29	20 - 40	%
Monocytes	03	2 - 10	%
Eosinophils	02	1 - 6	%
Basophils	<b>0</b>	1-2	%
Platelet Count	187	150 - 410	10 <sup>3</sup> /ul
Mean Platelet Volume (MPV)	<b>13.1</b>	7.2 - 11.7	fL
PCT	<b>0.19</b>	0.2 - 0.5	%
PDW	<b>17.4</b>	9.0 - 17.0	%

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Test Description	Value(s)	Reference Range	Unit
<b><u>Glucose, Random (RBS)</u></b>			
Glucose Random Method : Hexokinase	102	70.00 - 140.00	mg/dL
<b><u>Creatinine</u></b>			
Creatinine Method : Serum, Jaffe	0.70	0.60 - 1.30	mg/dL
<b><u>BUN, Serum</u></b>			
BUN-Blood Urea Nitroge Method : Serum, Urease	10.4	10 - 50	mg/dL
<b><u>Uric acid, Serum</u></b>			
Uric Acid Method : Uricase, Colorimetric	5.2	3.4 - 7.0	mg/dL
<b><u>Blood Group ABO &amp; Rh Typing, Blood</u></b>			
Blood Group (ABO typing) Method : Manual-Hemagglutination	"A"		
RhD Factor (Rh Typing) Method : Manual hemagglutination	Positive		

**ESR, Erythrocyte Sedimentation Rate**

<b>ESR - Erythrocyte Sedimentation Rate</b> Method : EDTA Whole Blood, Manual Westergren	07	0 - 20	mm/hr
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**Interpretation:**

- It indicates presence and intensity of an inflammatory process. It does not diagnose a specific disease. Changes in the ESR are more significant than the abnormal results of a single test.
- It is a prognostic test and used to monitor the course or response to treatment of diseases like tuberculosis, bacterial endocarditis, acute rheumatic fever, rheumatoid arthritis, SLE, Hodgkins disease, temporal arteritis and polymyalgia rheumatica.
- It is also increased in pregnancy, multiple myeloma, menstruation, and hypothyroidism.

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<b>HbA1c (GLYCOSYLATED HEMOGLOBIN), BLOOD</b>	5.2		%
<b>Method :</b> (HPLC, NGSP certified)			
Estimated Average Glucose :	102.54	-	mg/dL

**Interpretation**

As per American Diabetes Association (ADA)	
Reference Group	HbA1c in %
Non diabetic adults >=18 years	<5.7
At risk (Prediabetes)	5.7 - 6.4
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Therapeutic goals for glycemic control	Age > 19 years Goal of therapy: < 7.0 Action suggested: > 8.0 Age < 19 years Goal of therapy: <7.5

**Note:**

1. Since HbA1c reflects long term fluctuations in the blood glucose concentration, a diabetic patient who is recently under good control may still have a high concentration of HbA1c. Converse is true for a diabetic previously under good control but now poorly controlled .
2. Target goals of < 7.0 % may be beneficial in patients with short duration of diabetes, long life expectancy and no significant cardiovascular disease. In patients with significant complications of diabetes, limited life expectancy or extensive co-morbid conditions, targeting a goal of < 7.0 % may not be appropriate.

**Comments**

HbA1c provides an index of average blood glucose levels over the past 8 - 12 weeks and is a much better indicator of long term glycemic control as compared to blood and urinary glucose determinations.

**ADA criteria for correlation between HbA1c & Mean plasma glucose levels.**

HbA1c(%)	Mean Plasma Glucose (mg/dL)
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**Urine(R/M) Routine Examination of Urine**

**General Examination**

Colour	PALE YELLOW	Pale Yellow	
Transparency (Appearance)	CLEAR	Clear	
Deposit	Absent	Absent	
Reaction (pH)	Acidic 5.5	4.5 - 7.0	
Specific gravity	1.010	1.005 - 1.030	

**Chemical Examination**

Urine Protein (Albumin)	Absent	Absent	
Urine Glucose (Sugar)	Absent	Absent	


**Microscopic Examination**

Red blood cells	Absent	0-4	/hpf
Pus cells (WBCs)	2 - 4 /HPF	0-9	/hpf
Epithelial cells	1 - 2 /HPF	0-4	/hpf
Crystals	Absent	Absent	
Cast	Absent	Absent	
Amorphous deposits	Absent	Absent	
Bacteria	Absent	Absent	
Trichomonas Vaginalis	Absent	Absent	
Yeast cells	Absent	Absent	

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OFFICE OF THE SUPERINTENDENT  
**DR. B. N. BOSE S. D. HOSPITAL**  
 BARRACKPORE, 24-PARGANAS (N)

PERMANENT  
 HANDICAPPED

2502

I. C. ISSUED

Child Development Project Office  
 Titagarh, 24 Parganas (N)

Certificate issued as per Order No. HF/O/GA/107/W-02/98 dt. 15.1.98 and No. 2101-SW/1A-14/97-8th July, 1999 in exercise of the power conferred by sub-Sections (1) & (2) of Section 73 of the persons with Disabilities ( Equal Opportunities, Protection of Rights and Full Participation ) Act, 95 ( 1 of 1996 ), the Governor is pleased hereby to make the following Rules.

28

Form of Medical Certificate for Oculary/Oto. Rhinolarygeologically Orthopaedically Physically Handicapped Personnels.

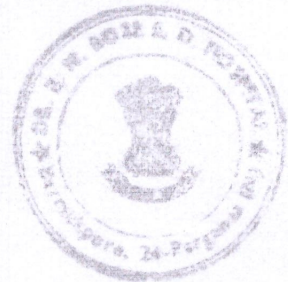
Date.....23/05/02

Certified that we have examined Sri/Smt. Telukala Damayanti  
 .....aged about 21 (Telukala) years. Son/Daughter/Wife  
 of Late Telukala Nanda Sahu  
 (Address) S. V. Path Jitagarh P. S. Titagarh  
(N) - 24 Pgs. to day (23/05/02)  
 and have found that Sri/Smt. Telukala Damayanti  
 is blind / deaf / orthopaedically handicapped has got Right eye deaf  
Left eye blind

The disability is reportedly / congenital caused by injury or disease and in our opinion impairment is such as is not likely to respond to medicine, physiotherapy or remedial exercise.

His/Her permanent partial disability calculated according to Manual for Orthopaedic or American Academy of Orthopaedic Surgeons, U. S. A. published by A. L. M. Corporation of India and as per G. O. No. 4080-SW DP-6/87 dt. 27-9-89 is/are approximately 55% (Right eye)

Telukala Damayanti  
 Signature/L. T. I. of the Candidate attested



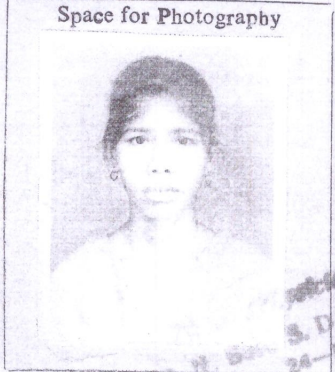
Signature of the Members of Medical Board

Asst. 3/1/02

Asst. 3/1/02

Superintendent  
 Dr. B. N. Bose S. D. Hospital  
 Barrackpore, 24-Parganas (N)

Chairman of Medical Board and Superintendent  
 Dr. B. N. Bose S. D. Hospital  
 Barrackpore, 24-Parganas (N)



[Signature]  
 M. O. (Physician)  
 Dr. B. N. Bose S. D. Hospital  
 Barrackpore, 24-Parganas (N)

[Signature]  
 Orthopaedic (Surgeon)  
 Dr. B. N. Bose S. D. Hospital  
 Barrackpore, 24-Parganas (N)

[Signature]  
 M. O. (Eye Surgeon)  
 Dr. B. N. Bose S. D. Hospital  
 Barrackpore, 24-Parganas (N)

[Signature]  
 M. O. (E. N. T.)  
 Dr. B. N. Bose S. D. Hospital  
 Barrackpore, 24-Parganas (N)