



PATIENT DETAILS

NAME:	PARIDHI SINGH	REFERENCE NO:	RWDTFSH010573
D / S / W O:		Age:	32 Yr
Address:	RAIPUR	Contact No:	
Sample received on:	26/08/2023 @ 21:30	Reported on:	26/08/2023 @ 22:50
Repeat Sample, if any:	NA	Reported on:	NA
Referred by:	APOLLO CLINIC	Hospital / Lab ID:	APOLLO CLINIC

HORMONAL ASSAY

Test	Specimen	Result	Units	Reference Range
#Thyroid Panel, TFT, TOTAL:				
• Triiodothyronine, T3	Blood, Serum	1.40	ng / ml	0.87 – 1.78
• Thyroxine, T4	""	9.08	µg / dL	6.0 – 12.2
• Thyroid stimulating hormone, TSH	""	2.55	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

Apollo Clinic
Lab Incharge

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Apollo Clinic @ Tiara Complex A.T. Classic Near Ashoka Ratan, VIP Estate, Shankar Nagar, Raipur (C.G.)

Method: Automated chemiluminescent based assay.

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

Online appointments: www.askapollo.com | Online reports: https://phr.apolloclinic.com

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Dr Mritunjai Saraf
MD Pathology, Consultant Pathologist

+91 96918 26363

(end of report)

0771 4033341/42

NOTE: Test results are as per the submitted sample & represent indicative values meant only to be clinically correlated and assist physicians to make medical decisions. Any discrepancy must be notified to the laboratory immediately. This report is not valid for medico-legal purposes.

Patient Name : MRS PARIDHI SINGH GANDHI
UHID/ MR No : 6325
Visit Date : 26/08/2023
Sample Collected On : 26/08/2023 02:26PM
Ref. Doctor : SELF
Sponsor Name :

Age/Gender : 32 Y Female
OP Visit No : OPD-UNIT-II-1
Reported On : 27/08/2023 12:53PM

HAEMATOLOGY

Investigation	Observed Value	Unit	Biological Reference Interval
HEMOGRAM			
Haemoglobin(HB) Method: CELL COUNTER	10.1	gm/dl	12 - 16
Erythrocyte (RBC) Count Method: CELL COUNTER	4.50	mill/cu.mm.	4.20 - 6.00
PCV (Packed Cell Volume) Method: CELL COUNTER	30.30	%	39 - 52
MCV (Mean Corpuscular Volume) Method: CELL COUNTER	67.3	fL	76.00 - 100
MCH (Mean Corpuscular Haemoglobin) Method: CELL COUNTER	22.4	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	15.6	%	11- 16
Total Leucocytes (WBC) Count Method: CELL COUNTER	6.16	cells/cumm	3.50 - 11.00
Neutrophils Method: CELL COUNTER	66	%	40.0 - 73.0
Lymphocytes Method: CELL COUNTER	26	%	15.0 - 45.0
Eosinophils Method: CELL COUNTER	03	%	1-6%
Monocytes	05	%	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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Dr. Dhananjay Ramchandra Prasad
 DR DHANANJAY RAMCHANDRA PRASAD
 M.D. PATHOLOGY

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UHID/ MR No : 6325
Visit Date : 26/08/2023
Sample Collected On : 26/08/2023 02:26PM
Ref. Doctor : SELF
Sponsor Name :

Age/Gender : 32 Y . Female
OP Visit No : OPD-UNIT-II-2
Reported On : 27/08/2023 12:53PM

HAEMATOLOGY

Investigation	Observed Value	Unit	Biological Reference Interval
Platelet Count Method: CELL COUNTER	213	lacs/cu.mm	150-400
ESR- Erythrocyte Sedimentation Rate Method: Westergren`s Method	30	mm /HR	0 - 20


Blood Group (ABO Typing)

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

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DR DHANANJAY RAMCHANDRA PRASAD
M.D. PATHOLOGY

Patient Name : MRS PARIDHI SINGH GANDHI
UHID/ MR No : 6325
Visit Date : 26/08/2023
Sample Collected On : 26/08/2023 02:26PM
Ref. Doctor : SELF
Sponsor Name :

Age/Gender : 32 Y Female
OP Visit No : OPD-UNIT-II-1
Reported On : 27/08/2023 12:53PM


BIO CHEMISTRY

Investigation	Observed Value	Unit	Biological Reference Interval
GLUCOSE (FASTING)			
Glucose- Fasting	91.0	mg/dl	70 - 120
SUGAR REAGENT GRADE WATER			
KFT - RENAL PROFILE - SERUM			
BUN-Blood Urea Nitrogen	09	mg/dl	7 - 20
METHOD: Spectrophotometric			
Creatinine	0.98	mg/dl	0.6-1.4
METHOD: Spectrophotometric			
Uric Acid	3.7	mg/dL	2.6 - 7.2
Method: Spectrophotometric			

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DR DHANANJAY RAMCHANDRA PRASAD
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Age/Gender : 32 Y. Female
OP Visit No : OPD-UNIT-II-2
Reported On : 27/08/2023 12:53PM

BIO CHEMISTRY

Investigation	Observed Value	Unit	Biological Reference Interval
LIPID PROFILE TEST (PACKAGE)			
Cholesterol - Total	134.0	mg/dl	Desirable: < 200 Borderline High: 200-239 High: >= 240
Triglycerides level	88.0	mg/dl	Normal : < 150 Borderline High : 150-199 Very High : >=500
Method: Spectrophotometric			
HDL Cholesterol	45.0	mg/dl	Major risk factor for heart disease: < 40 Negative risk factor for heart disease :>60
Method: Spectrophotometric			
LDL Cholesterol	71.40	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	17.60	mg/dl	6 - 38
Total Cholesterol/HDL Ratio	2.98		3.5 - 5
Method: Spectrophotometric			

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Adminal
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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	19	U/L	0 - 32
SGPT (ALT) Method: Spectrophotometric	24	U/L	0 - 33
ALKALINE PHOSPHATASE	65	U/L	25-147
Total Proteins Method: Spectrophotometric	6.7	g/dl	6 - 8
Albumin Method: Spectrophotometric	4.4	mg/dl	3.4 - 5.0
Globulin Method: Calculated	2.3	g/dl	1.8 - 3.6
A/G Ratio Method: Calculated	1.91	%	1.1 - 2.2

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Ref. Doctor : SELF
Sponsor Name :

Age/Gender : 32 Y. Female
OP Visit No : OPD-UNIT-II-2
Reported On : 27/08/2023 12:53PM

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

- 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 inflam
- 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 corelated clinically

Lab Technician / Technologist
 path



DR DHANANJAY RAMCHANDRA PRASAD
 M.D. PATHOLOGY

Patient Name : MRS PARIDHI SINGH GANDHI
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Ref. Doctor : SELF
Sponsor Name :

Age/Gender : 32 Y . Female
OP Visit No : OPD-UNIT-II-2
Reported On : 27/08/2023 12:53PM

CLINICAL PATHOLOGY

Investigation	Observed Value	Unit	Biological Reference Interval
URINE ROUTINE EXAMINATION			
Physical Examination			
Volum of urine	20ML		
Appearance	Clear		Clear
Colour	Pale Yellow		Colourless
Specific Gravity	1.020		1.001 - 1.030
Reaction (pH)	6.0		
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	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 corelated clinically

Lab Technician / Technologist
path



Page 1 of 2

DR DHANANJAY RAMCHANDRA PRASAD
M.D. PATHOLOGY

PATIENT NAME: MRS. PARIDHI SINGH
REF BY: BOB

AGE / SEX: 32YRS/F
DATE: 26.08.2023

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. A small GB polyp seen largest measuring 2.9x3.6 mm in size

Pancreas & Paraaortic Region: Normal.

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

Kidneys	RIGHT	LEFT
SIZE	9.36X4.23Cm	9.78x4.06Cm
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 (7.09x 4.92 x 4.02 cm, Vol. – 73 cc) and echotexture. Endometrial thickness 5.7 mm.

Right Ovary: Normal in size (2.70 x 1.60 cm), shape and echotexture.

Left Ovary: Normal in size (2.70 x 1.50 cm), shape and echotexture.

No evidence of free fluid in abdomen or pelvis.

IMPRESSION:

- GALL BLADDER POLYP .

Advised clinical correlation/further evaluation if clinically indicated.



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.

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 0771 4033341/42



NAME OF PATIENT: MRS. PARIDHI SINGH GANDHI

AGE 32YRS/FEMALE

REFERRED BY: BOB

DATE: 26/08/2023.

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
(MD)
CONSULTANT RADIOLOGIST

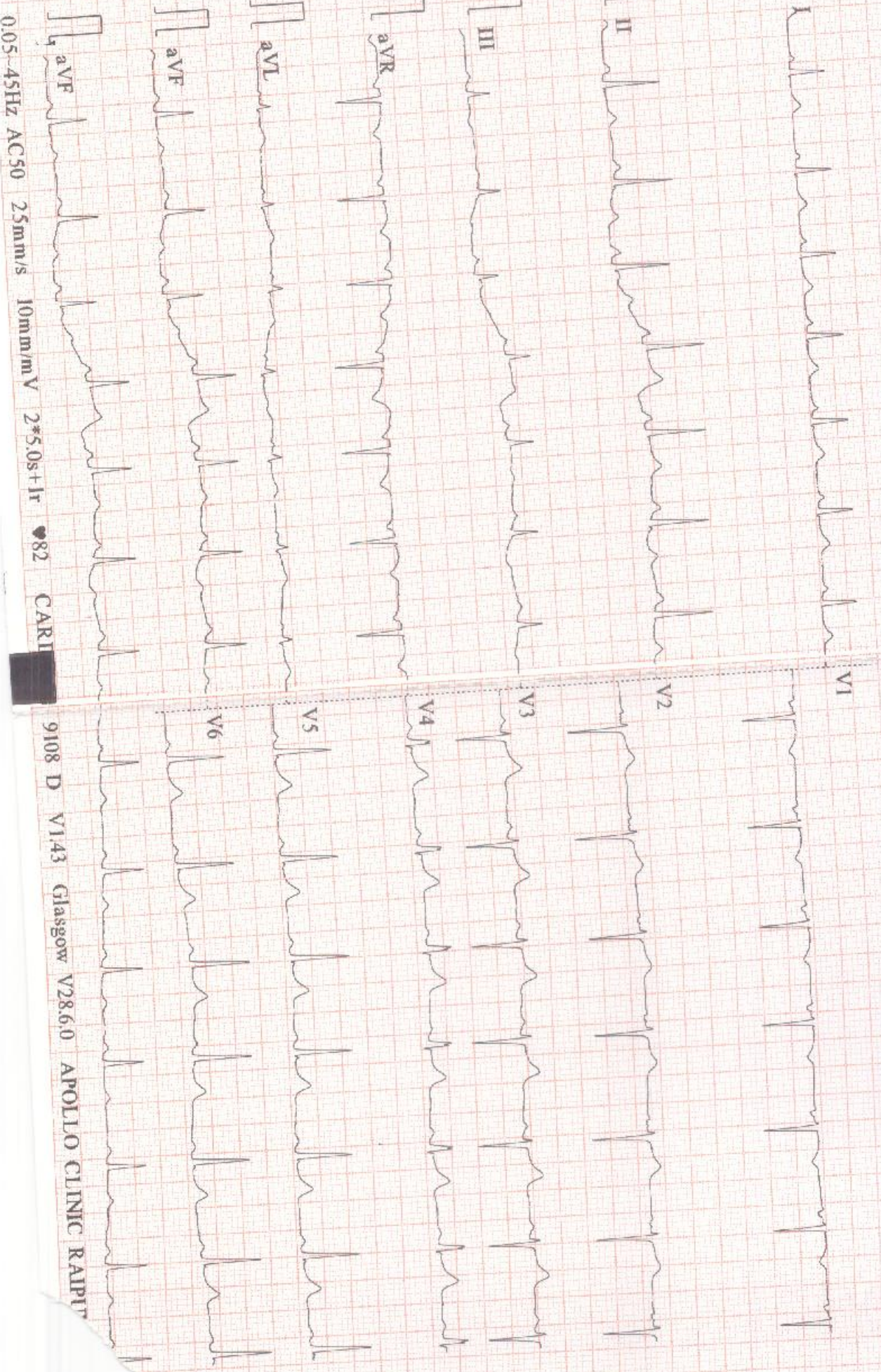
This report is for perusal of the doctor only not the definitive diagnosis; findings have to be clinically correlated. This report is not for medico-legal purposes.

ID: 526
MRS PARIDHI
Female 32Years

26-08-2023 11:09:00 AM
HR : 82 bpm
P : 98 ms
PR : 130 ms
QRS : 70 ms
QT/QTc : 370/433 ms
P/QRS/T : 52/54/28
RV5/SV1 : 1.08/0.928 mV

Diagnosis: Intermittent
Sinus arrhythmia
Normal ECG

Report Confirmed by:



0.05-45Hz AC50 25mm/s 10mm/mV 2*5.0s+1r 82 CARI

9108 D V143 Glasgow V28.6.0 APOLLO CLINIC RAIPIT

ECHOCARDIOGRAPHY REPORT

NAME : MRS PARIDHI	Age/Sex: 31Yrs/Female	ECG : Sinus Rhythm
OPD/ IPD : OPD	STUDY DATE: 26/08/2023	REGN. NO. : FRAI.00
Ref.By Dr : SELF		

M-MODE MEASUREMENTS:-

	Patient Value (cm)	Normal Value (cm)		Patient Value (cm)	Normal Value (cm)
AorticRoot Diameter	2.7	2.0 – 3.7	IVS Thickness	ED = 0.9 ES = 1.2	0.6 – 1.1
AorticValve Opening	1.7	1.5 – 2.6	PW Thickness	ED = 0.9 ES = 1.2	0.6 – 1.1
LA Dimension	2.9	1.9 – 4.0	RA Dimension	---	2.6
LVID(D)	3.6	3.7 – 5.5	RV Dimension	---	2.6
LVID(s)	2.2	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

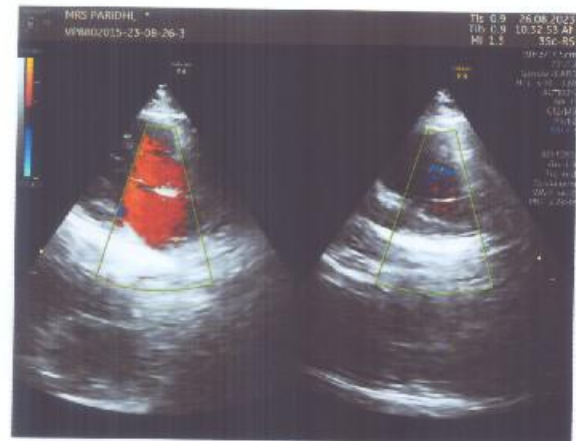
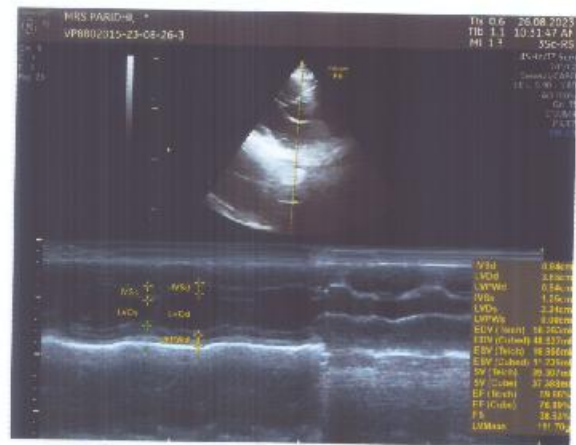
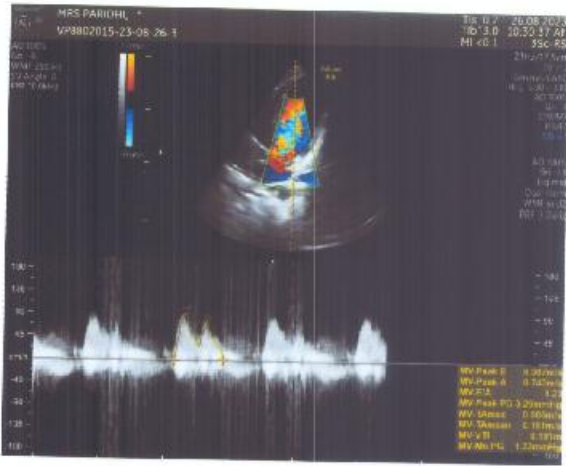
Pulmonary Valve : Pulmonary valve appears normal In morphology.

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



EXAMINATION OF EYES :- (BY OPHTHALMOLOGIST)

Patient Name Mrs Parvati Singh

Date 26/7/23

Sex/Age 32/6

MR No

Employee Id

EXTERNAL EXAMINATION																	
SQUINT		NO															
NYSTAGMUS																	
COLOUR VISION		NORMAL															
FUNDUS:(RE):-	WNL	(LE):- WNL															
INDIVIDUAL COLOUR IDENTIFICATION		Good															
DISTANT VISION:(RE):-	6/9 24/6	(LE):- 6/12 24/6															
NEAR VISION:(RE):-	N6	(LE):- N6															
NIGHT BLINDNESS		NAD															
	SPH	CYL															
RIGHT	-0.75																
LEFT	-1.25																
<table border="1"> <thead> <tr> <th></th> <th>SPH</th> <th>CYL</th> <th>AXIS</th> <th>ADD</th> </tr> </thead> <tbody> <tr> <td>RIGHT</td> <td>-0.75</td> <td></td> <td></td> <td></td> </tr> <tr> <td>LEFT</td> <td>-1.25</td> <td></td> <td></td> <td></td> </tr> </tbody> </table>				SPH	CYL	AXIS	ADD	RIGHT	-0.75				LEFT	-1.25			
	SPH	CYL	AXIS	ADD													
RIGHT	-0.75																
LEFT	-1.25																
REMARKS :-																	

[Handwritten Signature]

Ms. Poojika Singh/32y-

26/2/23.

H/O wet gais

Falhi - DM.

* Delay M/F - 3 months

- Bleeding whole month of April → followed by

Oligomenorrhoea this month.

- Acne all over the face.

UMP - 1 week back.

[Vit D,
B12 / Sr. products,
TVS]

Patient Name : MRS PARIDHI SINGH GANDHI **Age/Gender** : 32 Y Female
UHID/ MR No : 6325 **OP Visit No** : OPD-UNIT-II-2
Visit Date : 26/08/2023 **Reported On** : 29/08/2023 11:59AM
Sample Collected On : 26/08/2023 02:26PM
Ref. Doctor : SELF
Sponsor Name :

PAP SMEAR

Investigation	Observed Value	Unit	Biological Reference Interval
---------------	----------------	------	-------------------------------

PAP SMEAR

SPECIMEN : Cervical smears.

GROSS : 02 Unstained slides received.

ADEQUACY : Satisfactory for evaluation.
Transformation zone is not seen.

MICROSCOPY : Scanty cellular smears show superficial and intermediate squamous cells predominantly and few parabasal cells.No atypical cells seen.

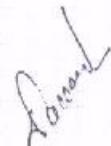
IMPRESSION : Negative for Intraepithelial Lesion/Malignancy (NILM).

ADVICE : Clinical correlation.

End of Report
Results are to be correlated clinically

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