

Mrs. Jyoti Phawar - 29/12

Review medical checkup

RPT: 11/01/20

MC 84

P/M 1-1

U/L AD-1

U/S 8-2 (R) M

U/S 8/14/20 @  
No 13

P/M 8/14/20  
45-MP

CM 2F (R)

GM 7 - WNL

Dental - WNL

P/L 11/01/20

CBC - WNL

PPBS - 95

LDL - 172

HbA1c (R)

73/74/75/74 - WNL

U/Cr M / NAD

20 Ckch / WNL

GCY

HbMC 5.2  
U/F 7 - WNL

U/S 8 - 2nd

PPBS 88

- WNL

- GCY = WNL

D-7-D

Imp: no significant medical

Comorbidity noted with only

except with Dyslipidemia

Q 2) sup: neurologic plus <sup>or sup</sup> <sub>SM</sub>

Q 2b. 10 y <sup>10 y</sup> <sub>10 y</sub>

- low fat diet

- Regular exercise

Diagnosis

Mrs: Jyoti Shrawan 29/10

27/11/14

Review ENT checkup

ENT: TM - intact

CM - clear

nasal - (N) BIC

nasal cavity - clear

1 turbinate - (N)

septum - (N)

discharge - absent

Throat: PPH - (N)

tonsil - (A)

lymph - abs

Imp: NO abnormally detected clinically  
Nanwani

**EYE EXAMINATION**

**NAME:-** Mrs. Jyoti Sharma  
**AGE/SEX** 27 Y/F

**DATE:-** 27/11/21

**1. EXAMINATION OF EYES : (BY OPHTHALMOLOGIST)**

EXTRENAL, EXAMINATION	NAD			
SQUINT	NAD			
NYSTAGMUS	NAD			
COLOUR VISION	NORMAL			
FUDUS	NIL			
INDIVIDUAL COLOUR IDENTIFICATION	NORMAL			
DISTANT VISION	6/6 6/6			
NEAR VISION	NIL			
NIGHT BLINDNESS	NAD			
	SPH	CYL	AXIS	ADD
RIGHT				
LEFT				

**REMARK :-**

**Dr. Vikash Mishra**  
MBBS, MS (Oph.)  
Consultant-Ophthalmology  
We Care Super Speciality Hospital

*(Signature)*  
SIGNATURE

NAME MRS. JYOTI SHRAWAN

AGE 29Y/F

REF BY: DR. A SIDDIQUI

DATE: 27/11/2021

## ECHOCARDIOGRAPHY

### M-MODE

<u>MEASUREMENT</u>	<u>PT'S VALUE</u>	<u>NORMAL VALUE</u>
AO	24.1 mm	20-37 mm
LA	29.8 mm	19-40 mm
IVS (d)	7.3 mm	6-11 mm
LVID (d)	43.6 mm	35-50 mm
LVPW (d)	7.8 mm	6-11 mm
LVID (S)	24.3 mm	23-39 mm
EF	60%	

### 2 D ECHO & CFI

CHAMBERS	-	NORMAL
VALVES	-	NORMAL.
SEPTAE	-	IVS / IAS Intact
RWMA	-	NO RWMA PRESENT AT REST.
EF	-	60%

CLOT / VEGETATION/ PERICARDIAL EFFUSSION – NILL.

<b>VALVE</b> <b>(mmHg)</b>	<b>REGURGITATION</b>	<b>GRADIENT</b>
Mitral Valve	NILL	Not Significant
Aortic Valve	NILL	Not Significant
Tricuspid Valve	NILL	Not Significant
Pulmonary Valve	NILL	Not Significant

**PULSE WAVE DOPPLER**

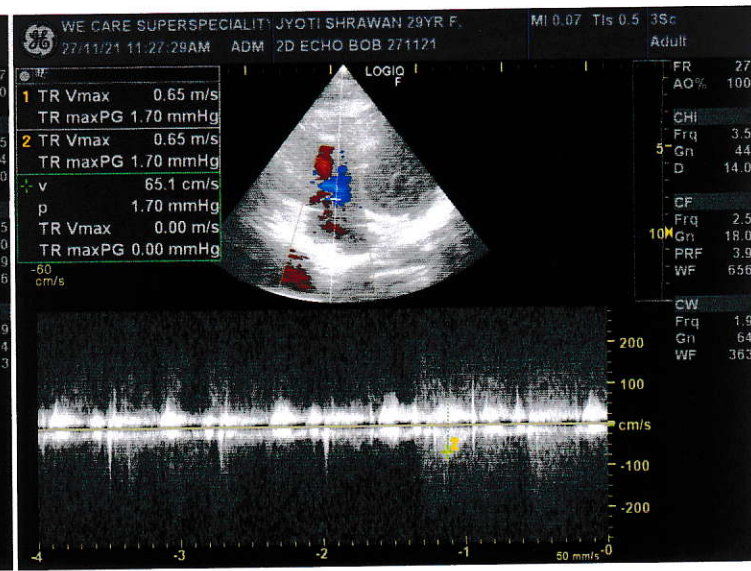
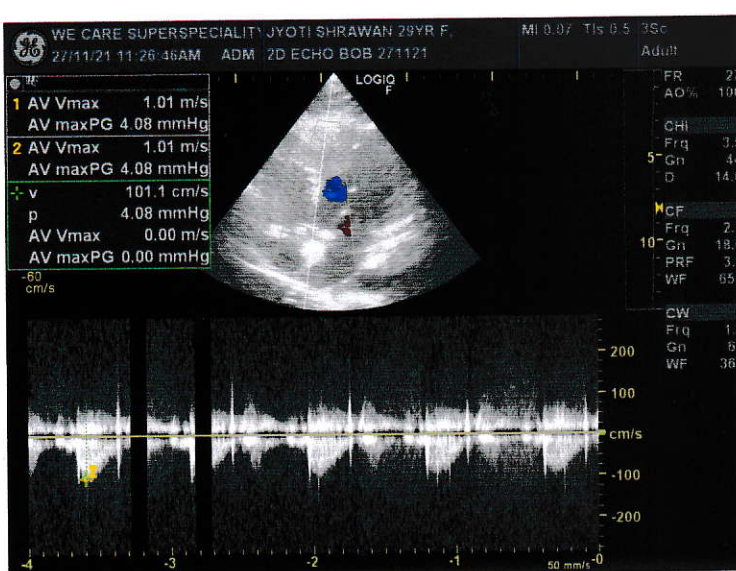
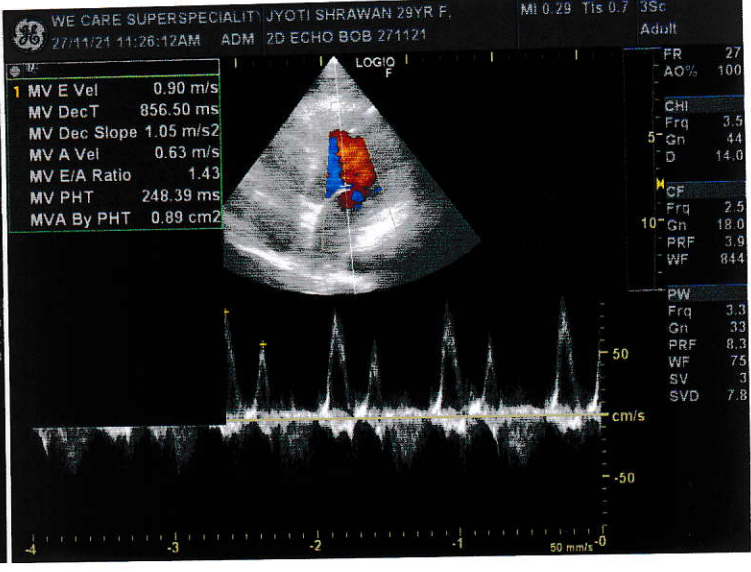
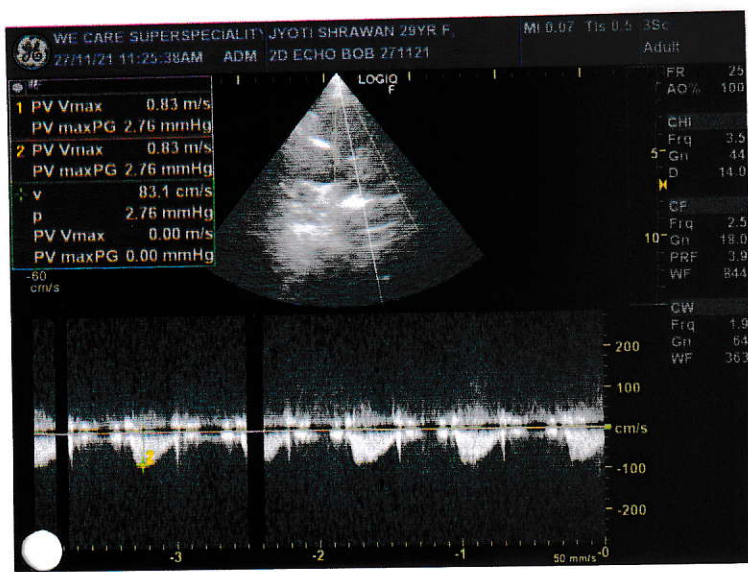
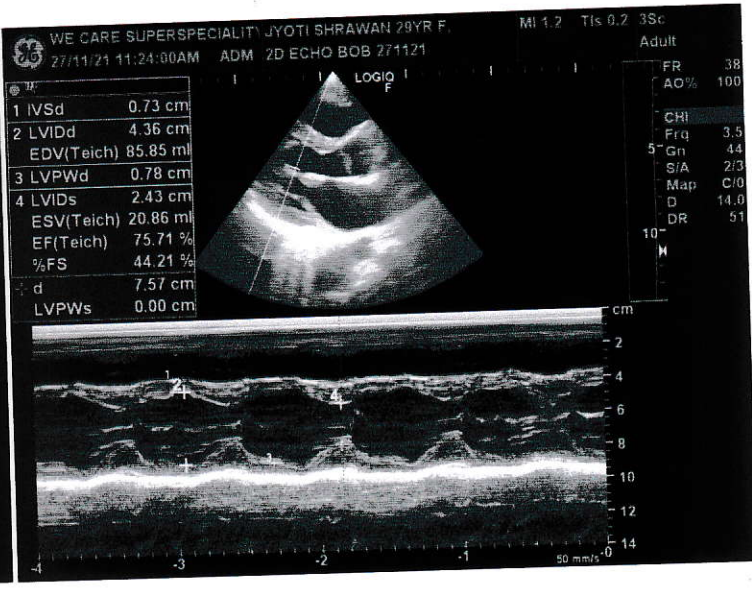
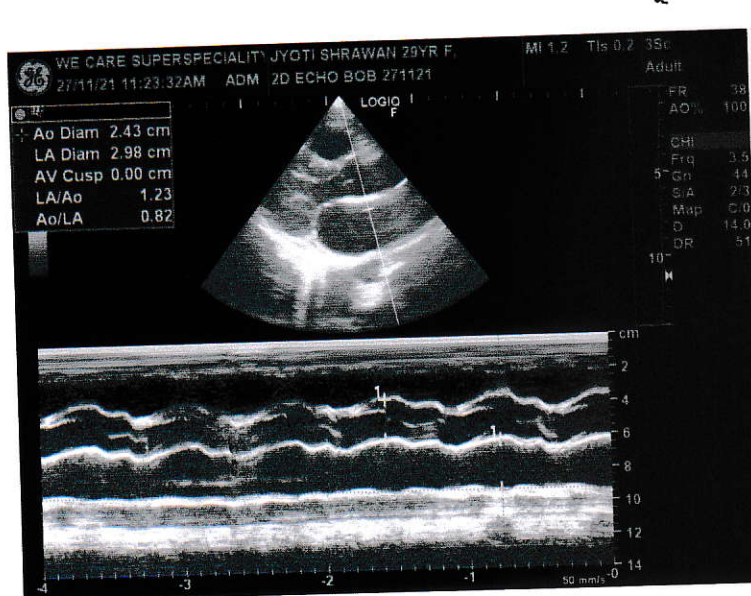
- **Mitral Valve inflow shows E Wave < A Wave.**

**IMPRESSION.**

- NO RWMA PRESENT AT REST.
  - NORMAL BIVENTRICULAR SYSTOLIC FUNCTION.
  - GLOBAL LVEF 60%.
  - NO AS/MS/TR/NO AR/NO MR.
- NO INTRACARDIAC CLOT, VEGETATION.

  
**Dr. ANIS SIDDIQUI (MD, PGCCDM)**

**DR. ANIS SIDDIQUI**  
**MBBS MD (Internal Medicine)**  
Reg. No.-CGMC380/05  
**DEPT. OF GENERAL MEDICINE**  
**WE CARE HOSPITAL, RAIPUR (C.G.)**



27-11-2021 09:17:39 AM

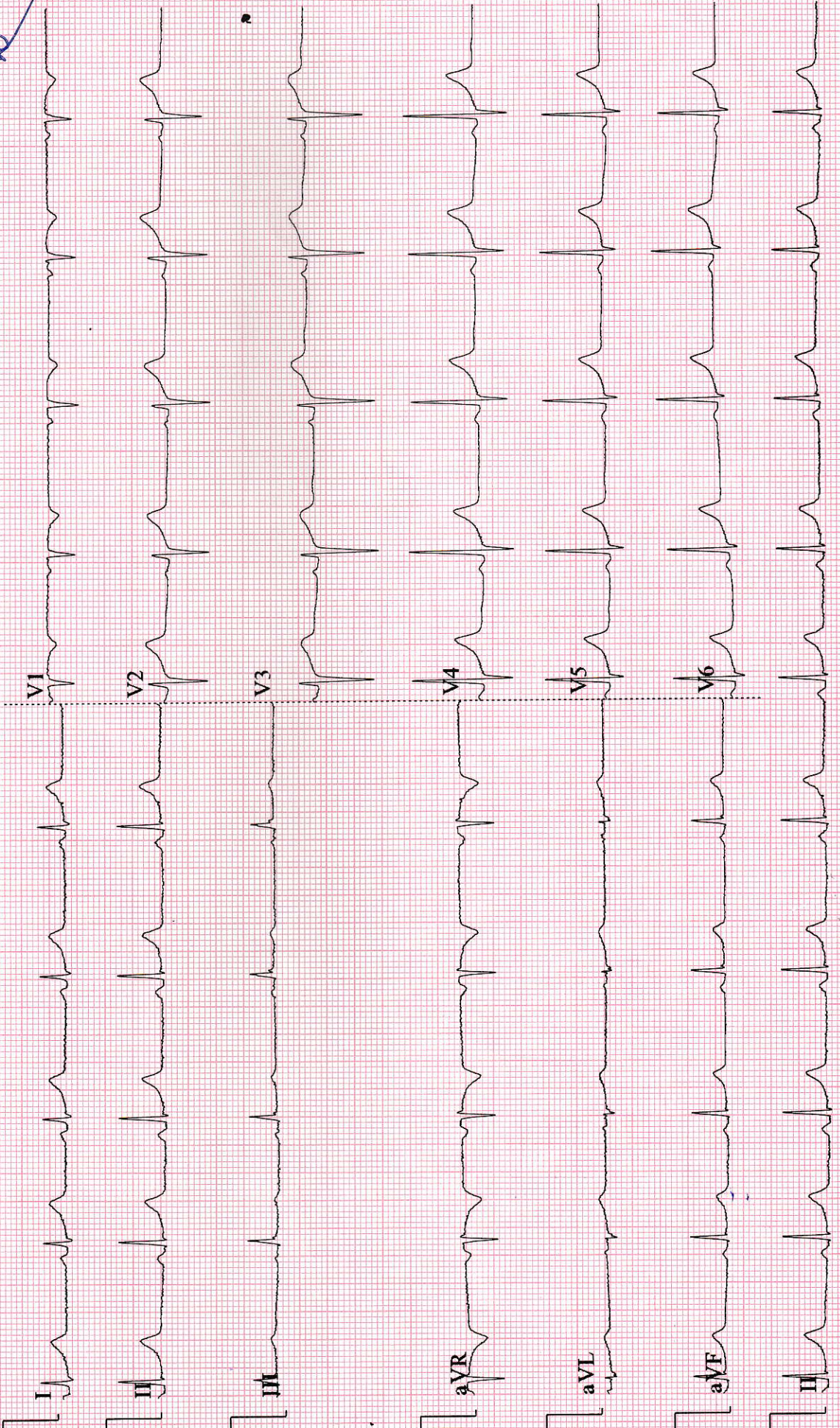
RS JOYTI SHRAWAN  
male 29Years

Diagnosis Information:  
Sinus Bradycardia with Sinus Arrhythmia  
QS Wave in lead V1

HR : 50 bpm  
P : 71 ms  
PR : 133 ms  
QRS : 76 ms  
QT/QTc : 398/393 ms  
P/QRS/T : 50/64/41 °  
RV5/SV1 : 1.141/0.499 mV

Done

Report Confirmed by:





PATIENT NAME : MRS. JYOTI SHRAWAN  
UHID NO. : 30823  
AGE / SEX : 29 Y Female  
CONSULTANT : DR ANIS SIDDIQUI

RECEIPT NO. : PAC/26  
SAMPLE RECEIVED ON / AT : 27/11/2021 09:30AM  
SAMPLE REPORTED ON / AT : 27/11/2021 03:15PM

**COMPLETE BLOOD COUNT(CBC)**

**RBC**

Haemoglobin (HB)	12.5	gm%	12 - 14
Haematocrit (HCT)	35.5	%	35 - 50
RBC Count	4.56	millions/cumm	4 - 5
MCV	<b>77.9</b>	fL	78 - 92
MCH	27.4	pg	27 - 32
MCHC	35.2	g/dl	32 - 36
RDW-CV	14.3	%	11 - 16

**WBC.**

Total Leucocyte Count (TLC) 6700 4000 - 11000

**Differential Leucocyte Count (DLC)**

Neutrophils	56	%	40 - 75
Lymphocytes	38	%	20 - 40
Monocytes	05	%	0 - 8
Eosinophils	01	%	
Basophils	00	%	0 - 1

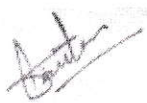
**PLATELETS**

PLT Count	1.94	lakhs/cmm	1.0 - 4.0
MPV	<b>12.1</b>	fl	8 - 11

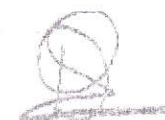
Advice

The test results are to be used for help in diagnosing/treating medical diseases & not for forensic applications. These result cannot be used fo medico-legal purposes. These reported results are for the information of referring clinical only.

Test Done By MEDONIC M-SERIES Fully Automatic.


  
Test Done By  
Senior Technologist  
SATYANARAYAN SINGH

  
Report Checked By  
Technician


  
Pathologist  
Dr. D. Prashant  
M.D. (Pathologist)

PATIENT NAME : MRS. JYOTI SHRAWAN	RECEIPT NO. : PAC/26
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HAEMATOLOGY			
TEST	RESULT	UNIT	REF. RANGE
<b>HbA1c (Glycosalated Haemoglobin)</b>			
HbA1C-Glycosalated Haemoglobin	5.20	%	4 to 6% Non-diabetic 6 to 7% Excellent control 7 to 8% fair to good control 8 to 10% Unsatisfactory control Above 10% poor Control
The test results are to be used for help in diagnosing/treating medical diseases & not for forensic applications. These result cannot be used for medico-legal purposes. These reported results are for the information of referring clinical only.			
<i>The test has been performed on fully-Automated Biochemistry Analyser "ERBA EM 200"</i>			
ESR	17	mm at 1hr	up to 20 mm(1 hr)
<b>Blood Group</b>			
ABO Group SLIDE METHOD.	AB Rh Positive		
The test results are to be used for help in diagnosing/treating medical diseases & not for forensic applications. These result cannot be used for medico-legal purposes. These reported results are for the information of referring clinical only.			
<i>Machine Footer</i>			

  
**Test Done By**  
Senior Technologist  
SATYANARAYAN SINGH


  
**Report Checked By**  
Technician

  
**Pathologist**  
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BIO CHEMISTRY			
TEST	RESULT	UNIT	REF. RANGE
BSPP	95		<140 mg/dl
Urine SUGAR(PP)	Nil		ABSENT
<b>GGT(GAMMA GT)</b>			
GGT(GAMMA GT)	27	U/L	<38
<b>LFT(Liver Function Test )</b>			
Bilirubin - Total	0.51	mg/dl	0.2 - 1.3
Bilirubin - Direct	0.20	mg/dl	Adult : 0.0 - 0.4 Neonatal : - 0.0 - 0.6
Bilirubin (Indirect)	0.31	mg/dl	Adult : 0.0 - 0.9 Neonatal : 0.6 - 10.5
Total Proteins	6.60	g/dl	6.4 - 8.3 g/dl
Albumin	4.72	g/dl	3.5 - 5.2 g/dl
Globulin	<b>1.88</b>	g/dl	2.3 - 3.6
A/G Ratio	<b>2.51</b>		1.10 - 2.20
Alkaline Phosphatase	40	U/L	4 - 15 Yrs 54 - 369 20 - 59 Yrs 42 - 98 Yrs 53 - 141
SGOT (AST)	21	U/L	upto 31 U/L
SGPT (ALT)	17	U/L	upto 34 U/L

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**SATYANARAYAN SINGH**

  
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**Lipid Profile**

Total Cholesterol	<b>240</b>	mg/dl	Desirable : <200 Borderline : 200 - 239 High : $\geq$ 240
Triglycerides	<b>141</b>	mg/dl	Normal: <161 High: 161 - 199 Hypertriglyceridemic 200 - 499 Very High : > 499
<i>Note: The National Cholesterol Education Program Adult Treatment Panel III ((NCEP-ATP III) report.</i>			
HDL Cholesterol	<b>39.6</b>	mg/dl	42-88
LDL Cholesterol	<b>172.20</b>	mg/dl	60 - 165
<i>Note: The National Cholesterol Education Program Adult Treatment Panel III ((NCEP-ATP III) report.</i>			
VLDL Cholesterol	28.20	mg/dl	20 - 50
Total Cholesterol/HDL Ratio	6.06		0 - 5.1
LDLC/HDLC Ratio	4.35		2.5 - 3.5

Correlates with Lipid Profile:

1. Fasting state: Fasting should begin 12 to 14 Hrs before the sample collection. This includes all beverages, although water is permitted. No alcohol should be taken 24 before sample collection.
2. Drugs: Cholesterol and Triglyceride lowering agents. Please repeat with fresh sample if clinically indicated.

*The test has been performed on fully-Automated Biochemistry Analyser "ERBA EM 200"*


**KFT(KIDNEY FUNCTION TEST)**

Urea	22	mg/dL	15 - 45
Serum Creatinine	0.60	mg/dl	0.50 - 0.90 mg/dL
Uric Acid	3.5	mg/dL	2.6 - 6.0

*Test Done By MICRO LAB 300 Fully Automatic.*

  
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Senior Technologist  
SATYANARAYAN SINGH

  
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**PATHOLOGY**

TEST	RESULT	UNIT	REF. RANGE
BSF (Fasting Sample Required)	88		<110 mg/dl




  
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Senior Technologist  
SATYANARAYAN SINGH

  
**Report Checked By**  
Technician


  
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AGE / SEX : 29 Y Female	SAMPLE REPORTED ON / AT : 27/11/2021 03:19PM
CONSULTANT : DR ANIS SIDDIQUI	

THYROID HORMONES			
TEST	RESULT	UNIT	REF. RANGE
<b>THYROID HORMONES</b>			
T3 ( Triiodothyronine )	1.68	ng/ml	0.5 - 2.0
Remarks:1. Decreased values of T3 (T4 and TSH normal) have minimal clinical significance and not recommended for diagnosis of hypothyroidism 2. Total T3 and T4 values may also be altered in other conditions due to changes in serum proteins or binding sites, pregnancy, Drugs (Androgens, Estrogens, O C pills, Phenytoin), Nephrosis etc.			
T4 (Thyroxine)	9.8	µg/dl	4.8 - 11.6
Remark:1. Total T3 and T4 values may also be altered in other conditions due to changes in serum proteins or binding sites, pregnancy, Drugs (Androgens, Estrogens, O C pills, Phenytoin), Nephrosis etc.			
TSH	2.09	µIU/ml	0.39- 6.16 µIU/ml
Remarks:1. 4.51 to 15 µIU/ml - Suggested clinical co-relation or repeat the test with new sample as physiological factors can give falsely high TSH. 2. TSH values may be transiently altered because of non thyroidal illness like severe infection, liver disease, renal and heart failure, severe burns, trauma and surgery etc. 3. Drugs that decreases TSH values e.g. L-dopa, Glucocorticoids Drugs that increases TSH values e.g. Iodine, Lithium, Amiodarone.			
METHOD - ELISA ACCUBIND			

  
**Test Done By**  
Senior Technologist  
SATYANARAYAN SINGH

**Report Checked By**  
Technician


  
**Pathologist**  
Dr. D. Prashant  
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CLINICAL PATHOLOGY			
TEST	RESULT	UNIT	REF. RANGE
URINE SUGAR(F)			
Urine Sugar (Fasting)	Nil		ABSENT



  
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**ROUTINE URINE ANALYSIS TEST**

TEST	RESULT	UNIT	REF. RANGE
<b>Urine Routine ANALYSIS TEST</b>			
<b>General Examination</b>			
Volume	20	ml	10 - 50
Colour	Straw		Pale Yellow
Appearance	Clear		Clear
pH	<b>5.0</b>		5.5 - 8.0
<b>Chemical Examination</b>			
Urine Protein(Albumin)	Absent	g/L	Absent
Urine Glucose(Sugar)	Absent	mmol/L	Absent
Urine Ketons(Acetone)	Absent	mmol/L	Absent
Specific Gravity	1.005		
<b>Microscopic Examination</b>			
Pus cells	1-2	/hpf	<5
RBC (Urine)	1-2	/hpf	Nil
Epithelial cell	<b>8-10</b>		0-4
Casts	Absent		Absent
Crystals	Absent		Absent

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**SATYANARAYAN SINGH**

  
**Report Checked By**  
Technician

  
**Pathologist**  
Dr. D. Prashant  
M.D. (Pathologist)





**PATIENT'S NAME: JYOTI SHRAWAN 27YR F**  
**REFERRED BY: DR A SIDDIQUI**  
**MRD NO: XR CHEST 30823 PS 26**

**STUDY TIME: 27-11-21**  
**REPORT TIME: 27/11/21 1:15 PM**  
**PRINT TIME: 27/11/21 2:44 PM**

**STUDY: XRAY OF THE CHEST PA VIEW**

**INDICATION:** Routine Health check up. No complaints otherwise.

**COMPARISON:** None.

**OBSERVATIONS & CONCLUSION:**

NO ACUTE BONY PATHOLOGY IS SEEN.

NO PULMONARY INFILTRATE, COLLAPSE OR CONSOLIDATION, EFFUSION, OR PNEUMOTHORAX IS SEEN.

TRACHEA IS IN MIDLINE.

NO CARDIOMEGALY IS SEEN.

THE SOFT TISSUES DEMONSTRATE NO ACUTE PATHOLOGY.

**DR NEERAJ GAUTAM**  
**DNB RADIODIAGNOSIS**  
**CONSULTANT RADIOLOGIST**

**PATIENT'S NAME: JYOTI SHRAWAN 29YR F**  
**REFERRED BY: DR A SIDDIQUI**  
**MRD NO: USG ABD 27121**

**STUDY TIME: 27-11-21**  
**REPORT TIME: 27/11/21 2:47 PM**  
**PRINT TIME: 27/11/21 2:48 PM**

**STUDY: USG OF THE ABDOMEN**

**INDICATION:** Routine health check up

**COMPARISON:** None.

**OBSERVATIONS:**

Liver is normal in size measuring 146 mm in craniocaudal extent, and normal in parenchymal echogenicity. No obvious focal lesion is seen. Intrahepatic biliary radicles are not dilated.

Spleen is normal measuring 97 mm in size. No focal lesion is seen.

Pancreas appears normal in size and echopattern. Pancreatic duct is not dilated. No obvious pancreatic parenchymal calcifications are seen either.

Gall bladder is well distended. No calculus is seen. Wall thickness is normal. CBD is normal.

Portal vein is normal. IVC and aorta are unremarkable

Right kidney measures 102 X 44 mm in size. Left kidney measures 101 X 48 mm in size. Both kidneys are normal in size, shape, position and echogenicity. Corticomedullary differentiation is maintained. No focal lesion is noted. No evidence of calculus or hydronephrosis is noted.

Urinary bladder is collapsed. (Patient not willing / able to hold any further). Uterus and bilateral ovaries cannot be commented upon.

No free fluid is seen. No significant lymphadenopathy is seen.

**CONCLUSION:**

***No significant abnormality detected.***

**DR NEERAJ GAUTAM**  
**DNB RADIODIAGNOSIS**  
**CONSULTANT RADIOLOGIST**



