सविता राठौर
Savita Rathore
जन्म तिथि / DOB : 01/07/1968
महिला / Female

3536 5114 7855

आधार - आम आदमी का अधिकार

पता:
D/O: लक्ष्मण प्रसाद राठौर, 127, वॉर्ड न.10, एमपीईबी ऑफिस के पास, जैतहरी, जैतहरी, जैतहरी, अनूपपुर, मध्य प्रदेश, 484330

Address:
D/O: Laxman Prasad Rathore, 127, ward no.10, MPEB office ke pass, jaithari, Jaithari, Jaithari, Anuppur, Madhya Pradesh, 484330

3536 5114 7855

1947
1800 300 1947

help@uidai.gov.in

www.uidai.gov.in

RIDDHI
DIAGNOSTICS PVT. LTD.

NAME	MISS. SAVITA RATHORE	AGE/SEX	35Y/FEMALE
REF BY.	DR. SELF	DATE	27– 11- 2023

X-RAY CHEST PA VIEW

FINDINGS :-

The lungs on the either side show equal translucency.

The peripheral pulmonary vasculature is normal.

No focal lung lesion is seen.

Bilateral CP angles are normal.

Both hila are normal in size, have equal density and bear normal relationship.

The heart and trachea are central in position and no mediastinal abnormality is visible.

The cardiac size is normal.

The domes of the diaphragms are normal in position,and show smooth outline.

IMPRESSION :- No significant abnormality detected.

ADVICE :- Clinical correlation and follow up.

Dr. Avinash. Rathod.
MBBS, DMRD.
Consultant Radiologist
Reg.no 2011/05/1616.

DATE: 27-11-2023

NAME : SAVITA RATHORE	AGE /SEX: 35 YRS/ F
LAB NO: C: 76 /23	REF. BY : RIDDHI DIAGNOSTICS

CYTOPATHOLOGY REPORT

Specimen :   Cervical / Vaginal smear for Papanicolau's staining

Specimen type: Conventional smear

Clinical History: White discahrge

Specimen Adequacy: Satisfactory for evaluation

Microscopic examination: Smears studied show mainly superficial and intermediate squamous cells. Squamous metaplastic cells seen. The background shows polymorphs , bacterial flora and mucus.

General Categorization: Negative for Intraepithelial Lesion and Malignancy.

Impression: **Negative for Intraepithelial Lesion and Malignancy (NILM).**

*** End of report***

THANKS FOR REFERRAL.

Consultant Pathologist
Dr.Chitrangi. P. Barpande
M.B.B.S., M.D.(Path)
CGMC: 3298/2011

These reports are for assisting Doctors/Physicians in their treatment and not for medico-legal purposes and should be co-related clinically

ANUSHKA DIAGNOSTICS

Prashant S. Barpande
nsultant Radiologist
.B.S, D.M.R.D
.B. (Radiodiagnosis), M.N.A.M.S.
-No.: CGMC-3232/2010

Dr. Chitrangi P. Barpande
Consultant Pathologist
MBBS, MD (Pathology)
Msc. (Medical Biochemistry)
Reg. No.: CGMC-3298/2011

Near Ganesh Chowk, Besides Lav Kush Phal Bhandar, Balram Talkies Road,
Nehru Nagar, Bilaspur (C.G.) Mobile : +91 7720044949, E-mail : anushka.diagnostics@gmail.com

NAME	: SAVITA RATHORE	AGE :35 YEARS	SEX : F
REF.BY	:RD .	DATE: 27-11-2023	

WHOLE ABDOMINAL SONOGRAPHY STUDY :

LIVER : Normal in Size- 14.1 cm, Normal in Shape.
No Focal Or Diffuse Lesion Seen.
IHBR's & CBD are Normal in Appearance.
Portal vein appears normal in caliber.

GALL BLADDER : Lumen Is Well Distended & Echo free. No Calculus Or Sludge Is Seen.
Wall thickness is normal(2 mm). No evidence of pericholecystic collection.

SPLEEN : Normal In Size- 9.5 cm, Normal In Shape & Echotexture.
No Focal Lesion Seen. Splenic Vein – Normal.

PANCREAS : Pancreas Normal In Size And Echotexture.

RIGHT KIDNEY : Normal in size(9.4 x 4 cm) shape position and echotexture seen.
Cortical Thickness & Corticomedullary Differentiation Normal.
No Calculus Seen. No Hydronephrosis.

LEFT KIDNEY : Normal in size (9.1 x 4.2 cm) shape position and echotexture seen.
Cortical Thickness & Corticomedullary Differentiation Normal.
No Calculus Seen. No Hydronephrosis.

UTERUS : Uterus Is Anteverted And Appears normal In Size- 6.8 X 3 X 3.4 cm.
Normal In Shape & Echotexture.
Myometrium And Endometrium Appear To Be Normal.
Endometrial Thickness- 6 mm.

OVARIES : Appear Normal In Size. Normal In Shape And Echo Morphology.

- Cervix Appears Normal. No Evidence Of Adenexal Mass Lesion Seen.
- No Free Fluid In Pouch Of Douglas Seen. No Evidence Of Lymphadenopathy Seen.
- Visualized Bowel Loops Appears Normal. No Sonographic Evidence Of Appendicitis In
Present Scan.

URINARY BLADDER : Shows Normal Uniform Wall Thickness- 4 mm. And Echo free Lumen.
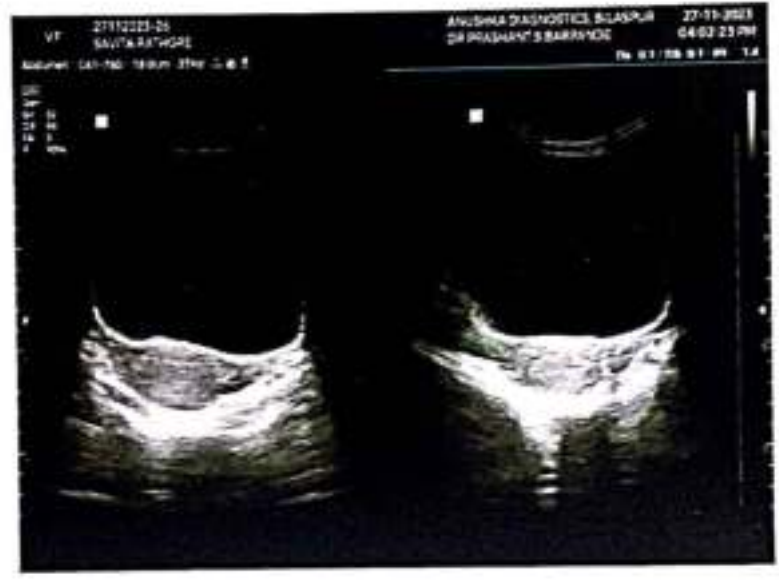
IMPRESSION :

- No Abnormal Sonographic Finding Detected.

Thanks For Referral.

DR. PRASHANT S. BARPANDE
MBBS, D.M.R.D, DNB (RADIODIAGNOSIS)
M.N.A.M.S ,CONSULTANT RADIOLOGIST
REG. NO.- CGMC-3232/10

डॉ. अनिरुद्ध कौशिक
एम.डी.(मेडिसीन), डी.एम. कार्डियोलॉजी (मुंबई)
इंटरवेंशनल कार्डियोलॉजी (ह्रदय रोग विशेषज्ञ)
भूतपूर्व अति. प्रोफेसर जे.जे.हॉस्पिटल (मुंबई)

2 D ECHO REPORT

Name:- MRS. SAVITA RATHOR	**Age/Sex:-35Y/F**
Ref. By :- RIDDHI DIAGNOSTC	**Date:-27/11/2023**

M Mode study (Dimensions in cm)

DOPPLER STUDY FINDINGS

Ao = 1.7	LA = 2.1
IVSd = 0.6	LVPWd = 0.7
LVIDd = 3.8	LVIDs = 2.4
EF = 68%	

GRADE I Diastolic Dysfunction

NO AS/AR/MS/MR

NO PAH

Description

Mitral valve Leaflets Normal, subvalvular apparatus Normal ,Mitral valve area Normal No e/o prolapse,calcification or vegetation

Aortic valve Trileaflet , Opening Amplitude is adequate ,NO significant AS/AR

Tricuspid Valve is normal ,No TR

Pulmonary Valve is normal

PA is normal in size

Normal chamber dimension,

NO Regional wall motion Abnormality

NO CLOT/VEGETATION/EFFUSION

Impression   **Normal Study**

Good LV/RV function

DR.ANIRUDDHA KAUSHIK
MD Medicine ,DM Cardiology
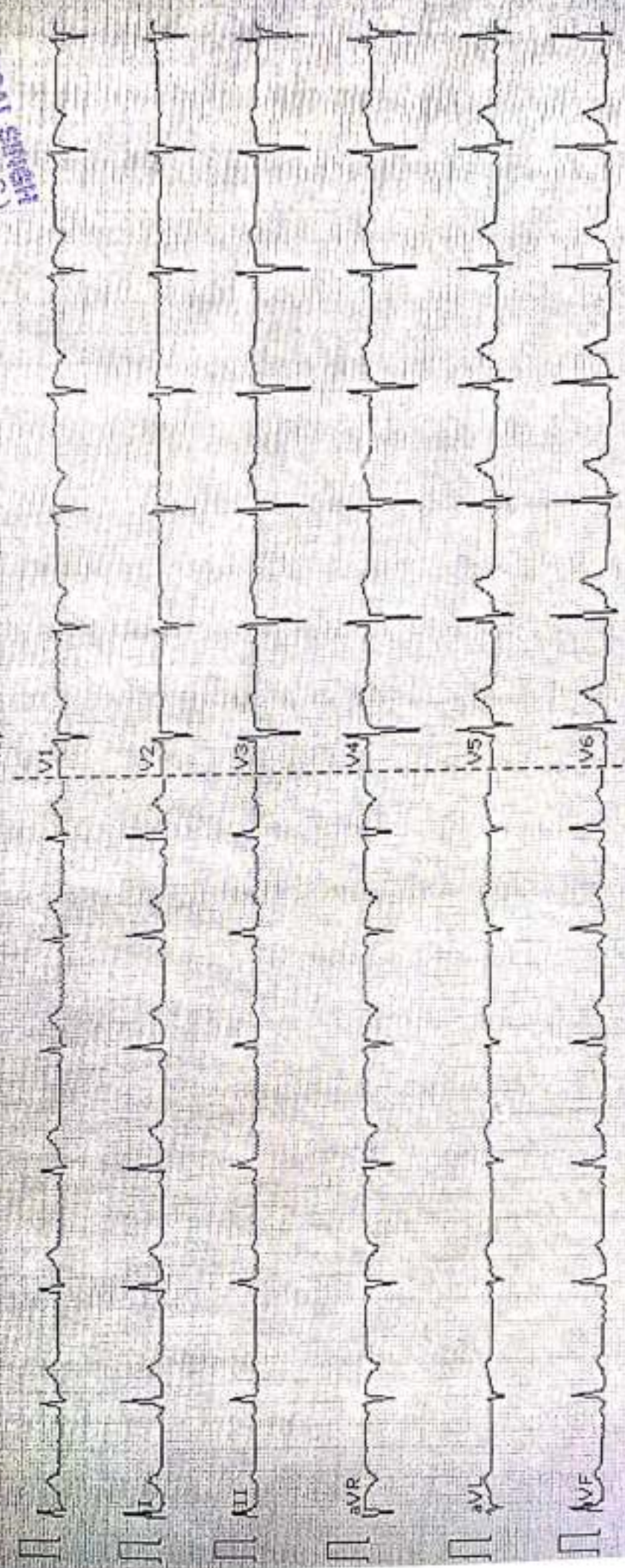
ID: 70
Sabita rathore
Female, 35Years
Req. No. :

27-11-2023 11:06:11 COPY
HR   : 79   bpm
P   : 86   ms
PR   : 110   ms
QRS   : 82   ms
QT/QTcBz: 350/402 ms
P/QRS/T : 68/70/39 °
RV5/SV1 : 0.869/0.763 mV

Diagnosis Information:
Sinus rhythm
Normal ECG

Report Confirmed by:

V1
V2
V3
V4
V5
V6

I
II
III
aVR
aVL
aVF

0.67~100Hz AC50 25mm/s 10mm/mV 2*5.0s CARDIART 9108 D V1.44 Glasgow V28.6.7 RIDDHI DIAGNOSTICS

RIDDHI
DIAGNOSTICS PVT. LTD.

Miss SAVITA RATHORE

PID NO. 2023271117615

AGE 35 Y / SEX Female

Reference: DR. SELF,.

VID: 600100/2739

Sample Received on/at:
27/11/2023 11:44AM

Reported on/at
28/11/2023 06:21PM

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CBC Haemogram

Test	Result	Unit	Reference
Haemoglobin(Hb)	11.3	gm/dl	11-15
Erythrocyte (RBC) Count	3.8	mill/cu.mm.	3.0-6.0
PCV (Packed Cell Volume)	**33.1**	%	36-45
MCV (Mean Corpuscular Volume)	87.1	fL	78 - 92
MCH (Mean Corpuscular Haemoglobin)	29.7	pg	27 - 32
MCHC (Mean Corpuscular Hb Concn.)	34.1	g/dl	32 - 36
Total Leucocytes Count (TLC)	6100	cells/cu.mm.	4000 - 11000

Differential Leucocyte Count (DLC)

Test	Result	Unit	Reference
Neutrophils	68	%	40-75
Lymphocytes	25	%	20-45
Monocytes	04	%	2 - 10
Eosinophils	03	%	1 - 6
Basophils	00	%	0 - 1
Absolute Neutrophil count	4148	/cu.mm	2000-7000
Absolute Lymphocyte count	1525	/cu.mm	1000-3000
Absolute Eosinophils Count	183	/cmm	20-500
Absolute Monocyte count	244	/cu.mm	200-1000
Absolute Basophil count	0	/cu.mm	0=200

Platelets

Test	Result	Unit	Reference
PLT Count	201,000	/cmm	150,000- 450,000

Remarks (CBC)

EDTA Whole Blood - Tests done on Automated Five Part Cell Cellenium 5D Retic.
(WBC, RBC Platelet count by impedance method, WBC differential by VCS technology other parameters calculated) All Abnormal Haemograms are reviewed confirmed microscopically.
Differential count is based on approximately 10,000 cells.

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Checked By
Sr. Technician

Dr. Digvijay Singh
MBBS, DCP (Pathologist)
Ex Resident AIIMS, New Delhi

Kamla Complex, Beside Tehsil Office
Nehru Chowk, Bilaspur (C.G.) 495001
Cont.No. : 07752 408222, +91 9630066355
E-mail : riddhidiagnosticsbilaspur@gmail.com

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HAEMATOLOGY

Investigation	Observed Value	Unit	Biological Reference Interval
ESR- Erythrocyte Sedimentation Rate			
ESR- Erythrocyte Sedimentation Rate (Citrate Blood)	13	mm/hr	0 - 15

Method: Westergren manual

Interpretation:-

1. It indicates presence and intensity of an inflammatory process, never diagnostic of a specific disease.
Changes are more significant than a single abnormal test.
2. 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,
polymyalgia rheumatica.
3. Also increased in pregnancy, multiple myeloma, menstruation & hypothyroidism

Blood Group ABO & Rh Typing
(EDTA Whole Blood)

Blood Group (ABO Typing)	"A"
RhD factor (Rh Typing)	Positive

HbA1c (Glycosylated Haemoglobin)

HbA1C-Glycated Haemoglobin	5.5	%	Less than 5.7% Non-diabetic Prediabetes 5.7% to 6.4% Diabetes 6.5% or Higher 6.4 to 7% Excellent control 7 to 8% fair to good control 8 to 10% Unsatisfactory control
Estimated Average Glucose (EAG)	111.15		

Interpretation & Remark:
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.

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E-mail : riddhidiagnosticsbilaspur@gmail.com

Miss SAVITA RATHORE

PID NO.2023271117615

AGE 35 Y / SEX Female

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VID: 600100/2739

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BIOCHEMISTRY

Investigation	Observed Value	Unit	Biological Reference Interval
Creatinine	0.7	mg/dl	0.6-1.2

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BUN Urea Nitrogen Serum

BUN-Blood Urea Nitrogen	8.7	mg/dl	7 - 20

(Serum,Urease)
Remark: In blood, Urea is usually reported as BUN and expressed in mg/dl. BUN mass units can be converted to urea mass units by multiplying by 2.14.

FBS (Fasting Blood Sugar)

Glucose- Fasting	97	mg/dl	Normal: 70-99 Impaired Tolerance: 100-125 Diabetes mellitus: >= 126

(on more than one occassion) (American diabetes association guidelines 2018)

Checked By
Sr. Technician

Page 1 of 7

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MBBS, DCP (Pathologist)
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PID NO.2023271117615

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IMMUNOASSAY

Investigation	Observed Value	Unit	Biological Reference Interval
Thyroid Panel-1(T3T4TSH)			
T3	1.63	ng/mL	0.69 - 2.15
T4	95.8	ng/ml	52 - 127
TSH	2.08	uIU/ml	0.3 - 4.5

Method: CLIA

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Page 7 of 7

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VID: 600100/2739

Sample Received on/at:
27/11/2023 11:44AM

Reported on/at
28/11/2023 06:21PM

BUN/Creatinine Ratio

BUN/Creatinine Ratio	12.4	10-20:1

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LFT-Liver Function Test

Bilirubin - Total (Serum,Diazo)	0.4	mg/dl	0.1 - 1.2
Bilirubin - Direct (Serum,Diazo)	0.15	mg/dl	0 - 0.2
Bilirubin (Indirect) (Serum,Calculated)	0.25	mg/dl	0 - 1
Total Proteins (Serum,Biuret)	7.6	g/dl	6.6-8.8
Albumin (Serum,Bromocresol green)	4.3	g/dl	3.5 - 5.2
Globulin (Serum)	3.30	g/dl	1.8 - 3.6
A/G Ratio (Serum)	1.30	%	1.1 - 2.2
SGOT (AST) (Serum,Enzymatic)	24	U/L	0 - 31
SGPT (ALT) (Serum,Enzymatic)	15	U/L	0 - 34
Alkaline Phosphatase	84	U/L	35 – 104
Gamma-glutamyltransferase (GGT)	14	U/L	<32

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AGE 35 Y / SEX Female

Reference: DR. SELF,.

VID: 600100/2739

Sample Received on/at:
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Reported on/at
28/11/2023 06:21PM

Lipid Profile

Test	Value		Unit	Reference
Cholesterol - Total	155	✓	mg/dl	Desirable: < 200 Borderline High: 200-239 High: >= 240
Triglycerides level	118	✓	mg/dl	40 - 140
HDL Cholesterol	46	✓	mg/dl	Major risk factor for heart disease: < 35 Negative risk factor for heart disease :>800
LDL Cholesterol	85.40	✓	mg/dl	Optimal < 100 Near Optimal :100 – 129 Borderline High : 130-159 High : 160-189 Very High : >=190
VLDL Cholesterol	23.60	✓	mg/dl	6 - 38
LDLC/HDLC Ratio	**1.86**			2.5 - 3.5
TCH/HDLC Ratio	3.37	✓		0-5.0

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PP (Glucose-Post Prandial)

Test	Value		Unit	Reference
Glucose -Post prandial	127	✓	mg/dl	Normal: 70-139 Impaired Tolerance: 140-199 Diabetes mellitus: >= 200

An individual may show higher fasting glucose level in comparison to post prandial glucose level due to following reasons

The glycaemic index and response to food consumed, Changes in body composition, Increased insulin response and sensitivity. Alimentary hypoglycemia, Renal glycosuria, Effect of oral hypoglycaemics & Insulin treatment.

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Uric Acid

Test	Value		Unit	Reference
Uric Acid	4.1	✓	mg/dL	2.6 - 6.2

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AGE 35 Y / SEX Female

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28/11/2023 06:21PM

CLINICAL PATHOLOGY

Investigation	Observed Value	Unit	Biological Reference Interval
Urine Examination Routine			
Volume	30	ml	
Colour	Pale yellow		Straw
Transparency	Clear		Clear
Reaction (pH)	5.5		5.0 - 8.0
Specific Gravity	1.016		1.010 - 1.030
Chemical Examination			
Urine Protein(Albumin)	Nil		Nil
Urine Glucose(Sugar)	Nil		Nil
Microscopic Examination			
Pus cells	0-1	/hpf	0 - 5
Red Blood Cells	Nil	/hpf	Nil
Epithelial Cell	0-3	/hpf	0 - 4
Crystals	Nil	/hpf	Nil
Casts	Nil	/hpf	Nil

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Urine - Sugar PP

Urine S(PP)	Absent		Absent

Urine Sugar - Fasting

Urine - Glucose	Nil		Nil

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E-mail : riddhidiagnosticsbilaspur@gmail.com

ID: 70
savita rathore
Female 35Years
Req. No. :

27-11-2023   11:06:11   COPY
HR   : 79   bpm
P   : 86   ms
PR   : 110   ms
QRS   : 82   ms
QT/QTcBz : 350/402   ms
P/QRS/T   : 68/70/39   °
RV5/SV1   : 0.869/0.763 mV

Diagnosis Information:
    Sinus rhythm
    Normal ECG

Report Confirmed by:
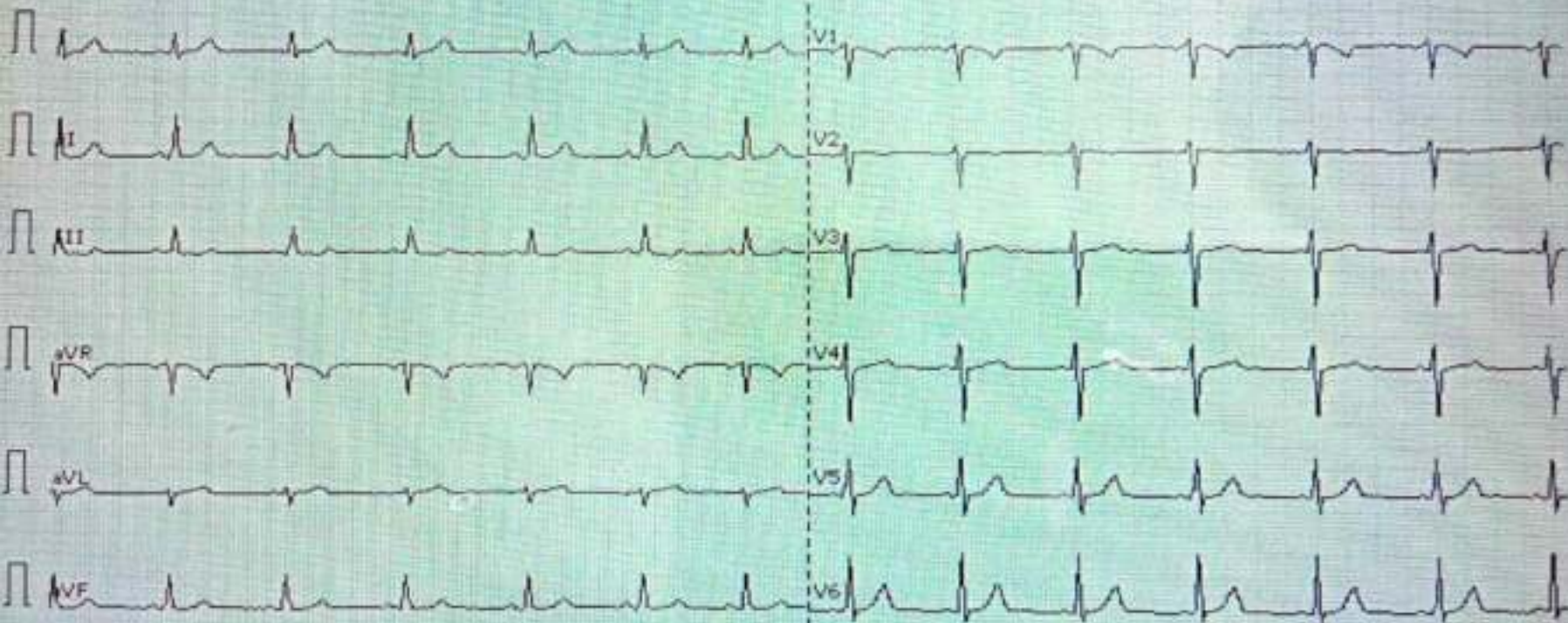
भारतीय विशिष्ट पहचान प्राधिकरण
Unique Identification Authority of India

पता:
D/O: लक्ष्मन प्रसाद राठौर, 127, वॉर्ड न.10, एमपीईबी ऑफीस के पास, जैतहरी, जैठारी, जैतहरी, अनूपपुर, मध्य प्रदेश, 484330

Address:
D/O: Laxman Prasad Rathore, 127, ward no.10, MPEB office ke pass, jaithari, Jaithari, Jaithari, Anuppur, Madhya Pradesh, 484330

3536 5114 7855

सविता राठौर
Savita Rathore
जन्म तिथि / DOB : 01/07/1988
महिला / Female
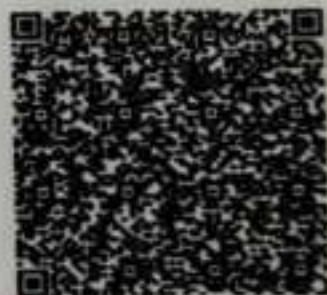
3536 5114 7855

आधार - आम आदमी का अधिकार

Miss SAVITA RATHORE	**Reference:** DR. SELF,.	**VID:** 600100/2739
PID NO. 2023271117615		**Sample Received on/at:** 27/11/2023 11:44AM
AGE 35 Y / SEX Female		**Reported on/at** 27/11/2023 03:33PM

BIOCHEMISTRY

Investigation	Observed Value	Unit	Biological Reference Interval
Creatinine	0.7	mg/dl	0.6-1.2

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BUN Urea Nitrogen Serum

BUN-Blood Urea Nitrogen	8.7	mg/dl	7 - 20

(Serum,Urease)
Remark: In blood, Urea is usually reported as BUN and expressed in mg/dl. BUN mass units can be converted to urea mass units by multiplying by 2.14.

FBS (Fasting Blood Sugar)

Glucose- Fasting	97	mg/dl	Normal: 70-99 Impaired Tolerance: 100-125 Diabetes mellitus: >= 126

(on more than one occassion) (American diabetes association guidelines 2018)

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AGE 35 Y / SEX Female		**Reported on/at** 27/11/2023 03:33PM

Lipid Profile

Cholesterol - Total	155	mg/dl	Desirable: < 200 Borderline High: 200-239 High: >= 240
Triglycerides level	118	mg/dl	40 - 140
HDL Cholesterol	46	mg/dl	Major risk factor for heart disease: < 35 Negative risk factor for heart disease :>800
LDL Cholesterol	85.40	mg/dl	Optimal:< 100 Near Optimal :100 – 129 Borderline High : 130-159 High : 160-189 Very High : >=190
VLDL Cholesterol	23.60	mg/dl	6 - 38
LDLC/HDLC Ratio	**1.86**		2.5 - 3.5
TCH/HDLC Ratio	3.37		0-5.0

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Uric Acid	4.1	mg/dL	2.6 - 6.2

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Miss SAVITA RATHORE	**Reference:** DR. SELF,.	**VID:** 600100/2739
PID NO. 2023271117615		**Sample Received on/at:** 27/11/2023 11:44AM
AGE 35 Y / SEX Female		**Reported on/at** 27/11/2023 03:33PM

BUN/Creatinine Ratio

BUN/Creatinine Ratio	12.4		10-20:1

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LFT-Liver Function Test

Bilirubin - Total (Serum,Diazo)	0.4	mg/dl	0.1 - 1.2
Bilirubin - Direct (Serum,Diazo)	0.15	mg/dl	0 - 0.2
Bilirubin (Indirect) (Serum,Calculated)	0.25	mg/dl	0 - 1
Total Proteins (Serum,Biuret)	7.6	g/dl	6.6-8.8
Albumin (Serum,Bromocresol green)	4.3	g/dl	3.5 - 5.2
Globulin (Serum)	3.30	g/dl	1.8 - 3.6
A/G Ratio (Serum)	1.30	%	1.1 - 2.2
SGOT (AST) (Serum,Enzymatic)	24	U/L	0 - 31
SGPT (ALT) (Serum,Enzymatic)	15	U/L	0 - 34
Alkaline Phosphatase	84	U/L	35 – 104
Gamma-glutamyltransferase (GGT)	14	U/L	<32

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CLINICAL PATHOLOGY

Investigation	Observed Value	Unit	Biological Reference Interval
Urine Examination Routine			
Volume	30	ml	
Colour	Pale yellow		Straw
Transparency	Clear		Clear
Reaction (pH)	5.5		5.0 - 8.0
Specific Gravity	1.016		1.010 - 1.030
Chemical Examination			
Urine Protein(Albumin)	Nil		Nil
Urine Glucose(Sugar)	Nil		Nil
Microscopic Examination			
Pus cells	0-1	/hpf	0 - 5
Red Blood Cells	Nil	/hpf	Nil
Epithelial Cell	0-3	/hpf	0 - 4
Crystals	Nil	/hpf	Nil
Casts	Nil	/hpf	Nil

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Urine - Sugar PP

Urine S(PP)	Absent		Absent

Urine Sugar - Fasting

Urine - Glucose	Nil		Nil

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HAEMATOLOGY

Investigation	Observed Value	Unit	Biological Reference Interval
ESR- Erythrocyte Sedimentation Rate			
ESR- Erythrocyte Sedimentation Rate (Citrate Blood)	13	mm/hr	0 - 15

Method: Westergren manual

Interpretation:-

1. It indicates presence and intensity of an inflammatory process, never diagnostic of a specific disease. Changes are more significant than a single abnormal test.
2. 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, polymyalgia rheumatica.
3. Also increased in pregnancy, multiple myeloma, menstruation & hypothyroidism

Blood Group ABO & Rh Typing
(EDTA Whole Blood)

Blood Group (ABO Typing)	"A"		
RhD factor (Rh Typing)	Positive		

HbA1c (Glycosylated Haemoglobin)

HbA1C-Glycated Haemoglobin	5.5	%	Less than 5.7% Non-diabetic Prediabetes 5.7% to 6.4% Diabetes 6.5% or Higher 6.4 to 7% Excellent control 7 to 8% fair to good control 8 to 10% Unsatisfactory control
Estimated Average Glucose (EAG)	111.15		

Interpretation & Remark:
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.

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CBC Haemogram

Haemoglobin(Hb)	11.3	gm/dl	11-15
Erythrocyte (RBC) Count	3.8	mill/cu.mm.	3.0-6.0
PCV (Packed Cell Volume)	**33.1**	%	36-45
MCV (Mean Corpuscular Volume)	87.1	fL	78 - 92
MCH (Mean Corpuscular Haemoglobin)	29.7	pg	27 - 32
MCHC (Mean Corpuscular Hb Concn.)	34.1	g/dl	32 - 36
Total Leucocytes Count (TLC)	6100	cells/cu.mm.	4000 - 11000
Differential Leucocyte Count (DLC)			
Neutrophils	68	%	40-75
Lymphocytes	25	%	20-45
Monocytes	04	%	2 - 10
Eosinophils	03	%	1 - 6
Basophils	00	%	0 - 1
Absolute Neutrophil count	4148	/cu.mm	2000-7000
Absolute Lymphocyte count	1525	/cu.mm	1000-3000
Absolute Eosinophils Count	183	/cmm	20-500
Absolute Monocyte count	244	/cu.mm	200-1000
Absolute Basophil count	0	/cu.mm	0=200

Platelets

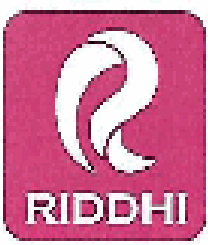|			
PLT Count	201,000	/cmm	150,000- 450,000

Remarks (CBC)
EDTA Whole Blood - Tests done on Automated Five Part Cell Cellenium 5D Retic.
(WBC, RBC Platelet count by impedance method, WBC differential by VCS technology other parameters calculated) All Abnormal Haemograms are reviewed confirmed microscopically.
Differential count is based on approximately 10,000 cells.

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IMMUNOASSAY

Investigation	Observed Value	Unit	Biological Reference Interval
Thyroid Panel-1(T3T4TSH)			
T3	1.63	ng/mL	0.69 - 2.15
T4	95.8	ng/ml	52 - 127
TSH	2.08	uIU/ml	0.3 - 4.5

Method: CLIA

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MS SAVITA RATHORE

AGE: 35 YRS / FEMALE

MARITAL STATUS: MARRIED

Blood Pressure : Systolic: 111 Diastolic 70   Pulse:87   SPO2: 99

Height: 159cm   Weight: 38.8Kg   Chest: E74 I79 cm   Hip: 79cm   ABD:74cm

ANNUAL HEALTH CHECKUP REPORTS AND ANALYSIS

PATHOLOGY	TESTS	VALUES	REMARK
CBC	Hb%	11.3	
	TLC	6100	
	DLC	WNL	
	RBC	3.8	
	WBC	WNL	
	BLOOD INDICES	WNL	
	PLATLET COUNS	201000	
ESR		13	
BLOOD GROUP		A POSITIVE	
SUGAR	FASTING	97	
	PP	127	
HbA1C		5.5%	
CYTOPATHOLOGY	PAP SMEAR	NEGATIVE FO INTRAEPITHELIAL LESION & MALIGNANCY (NILM)	
BUN / CREATININE RATIO		12.4	
BUN/UREA		8.7	
LIPID PROFILE	CHOLESTEROL	155	
	TRIGLYCERIDE	118	
	HDL,LDL,VLDL,& RATIO	46/85.40/23.60/1.86/3.37	
Total Thyroid Function	T3	1.63	
	T4	95.8	
	TSH	2.08	
Liver Finction Test	ALK PHOSPHATE	84	
	SGOT	24	
	SGPT	15	
Kidney Function SR CREAT		0.7	
URIC ACID		4.1	
URINE SUGAR PP		ABSENT	
URINE SUGAR FASTING		NIL	
URINE R/M		WNL	
RADIOLOGY			
ECG		NORMAL STUDY	
XRAY Chest		NO SIGNIFFICANT ABNORMALITY DETECTED	
USG		NO ABNORMAL SONOGRAPHIC FINDING DETECED	
2D ECHO/TMT		NORMAL STUDY, GOOD LV/RV/FUNCTION	
USG MEMO		---	
CONSULTATION			
PHYSICIAN		DONE	
OPTHAL		DONE	COLOR VISION NORMAL, FAR VISION NORML, NEAR VISION NORMAL.
DENTAL			
GYNAECOLOGIST		---	

Dr. VATSAL SINGH

CIMS, Bilaspur (C.G.)

CGMC-8519/2018

OPD-1

OPD-2

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