

ID: 427
MRS SWAT GIRIPUNJE
Female 32Years

19-08-2023 09:55 AM
HR : 82 bpm
P : 92 ms
PR : 148 ms
QRS : 84 ms
QT/QTc : 356/416 ms
P/QRS/T : 54/71/20 °
RV5/SV1 : 1.365/0.843 mV

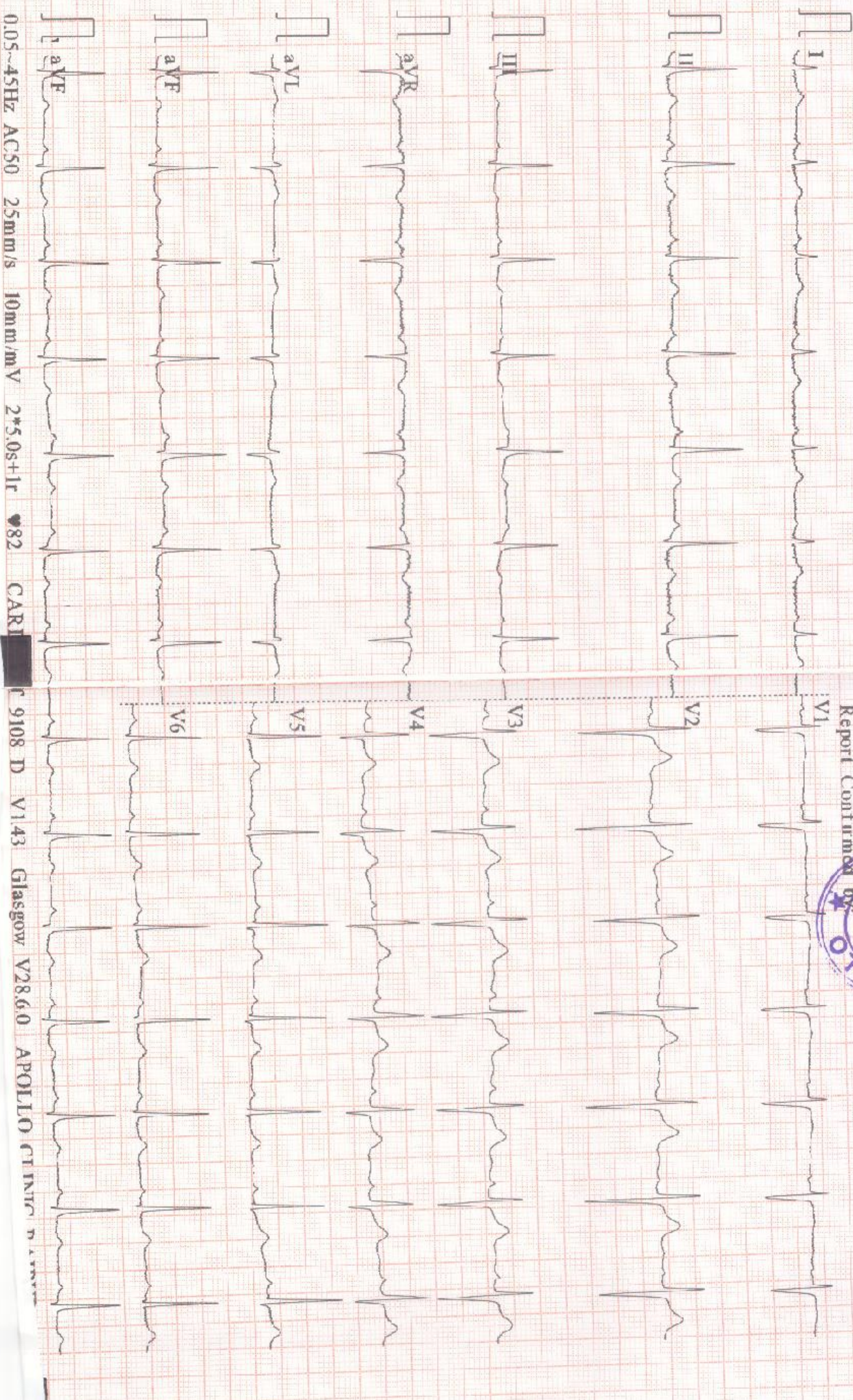
Diagnosis Information:

Sinus rhythm
Inferior T wave abnormality is nonspecific
Borderline ECG



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

Report Confirmed by



EXAMINATION OF EYES :- (BY OPHTHALMOLOGIST)

Patient Name Mrs. Swati Gujipune

Date 19/8/23

Sex/Age F/32y

MR No

Employee Id

EXTERNAL EXAMINATION				
SQUINT		NO		
NYSTAGMUS				
COLOUR VISION		NORMAL		
FUNDUS:(RE):-	wal	(LE):- wal		
INDIVIDUAL COLOUR IDENTIFICATION		Good		
DISTANT VISION:(RE):-	6/10 @ 6m	(LE):- 6/12 @ 6m		
NEAR VISION:(RE):-	NC	(LE):- NC		
NIGHT BLINDNESS		NAN		
	SPH	CYL	AXIS	ADD
RIGHT		-1.50	100°	
LEFT		-1.50	80°	
REMARKS :-				



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

PATIENT NAME: MRS. SWATI GIRIPUNJE
REF BY: BOB

AGE / SEX: 32YRS/F
DATE: 19.08.2023

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.

Pancreas & Paraaortic Region: Normal.

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

Kidneys	RIGHT	LEFT
SIZE	10.44X3.58Cm	11.07x3.96Cm
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 (7.93 x 4.97 x 4.64 cm, Vol. – 95.752 cc) and echotexture. Endometrial thickness 5.8 mm.

Right Ovary: Normal in size (3.33 x 1.21 cm), shape and echotexture.

Left Ovary: Normal in size (3.17 x 1.85 cm), shape and echotexture.

No evidence of free fluid in abdomen or pelvis.

IMPRESSION:

USG abomen within normal limit.

Advised clinical correlation/further evaluation if clinically indicated.



Dr. Zeeshan Ateeb Dani
MBBS, MD
Consultant Radiologist
DR. ZEESHAN ATEEB DANI
Reg. No. CGMC-25047-14
(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. SWATI GIRIPUNJE

AGE 32YRS/FEMALE

REFERRED BY: BOB

DATE: 19/08/2023.

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
MBBS, MD
DR. ZEESHAN ATEEB DANI
Reg. No. CGMC-25119 (MG)
CONSULTANT RADIOLOGIST

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ECHOCARDIOGRAPHY REPORT

NAME : MRS SWATI GIRIPUNJE	Age/Sex: 32Yrs/Female	ECG : Sinus Rhythm
OPD/ IPD : OPD	STUDY DATE: 19/08/2023	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 = 0.9 ES = 1.3	0.6 – 1.1
AorticValve Opening	1.7	1.5 – 2.6	PW Thickness	ED = 0.9 ES = 1.3	0.6 – 1.1
LA Dimension	3.2	1.9 – 4.0	RA Dimension	---	2.6
LVID(D)	4.2	3.7 – 5.5	RV Dimension	---	2.6
LVID(s)	2.5	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 CHAMBER AND NORMAL VALVES.
NO I/C CLOT VEGITATION OR PERICARDIAL EFFUSION.



DR. DEEPAN DAS
MBBS, DIR, CARDIOLOGY
CONSULTANT DEPT. OF NIC

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PATIENT DETAILS

NAME:	SWATI	REFERENCE NO:	RWDTFSH010555
D / S / W O:		Age:	32 Yr
Address:	RAIPUR	Contact No:	
Sample received on:	19/08/2023 @ 14:30	Reported on:	19/08/2023 @ 18:00
Repeat Sample, if any:	NA	Reported on:	NA
Referred by:	APOLLO CLINIC	Hospital / Lab ID:	APOLLO CLINIC
		Gender:	FEMALE
		STATUS:	FINAL
		STATUS:	FINAL

HORMONAL ASSAY

Test	Specimen	Result	Units	Reference Range
# Thyroid Panel, TFT, TOTAL:				
• Triiodothyronine, T3	Blood, Serum	1.11	ng / ml	0.87 – 1.78
• Thyroxine, T4	"	8.25	µg / dL	6.0 – 12.2
• Thyroid stimulating hormone, TSH	"	6.07	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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Method: Automated chemiluminescent based assay.

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Dr Mritunjai Saraf
MD Pathology, Consultant Pathologist

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(end of report)

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Patient Name : MRS SWATI GIRIPUNJE
UHID/ MR No : 6159
Visit Date : 19/08/2023
Sample Collected On : 19/08/2023 11:39AM
Ref. Doctor : SELF
Sponsor Name :

Age/Gender : 32 Y Female
OP Visit No : OPD-UNIT-II-2
Reported On : 19/08/2023 06:19PM

HAEMATOLOGY

Investigation	Observed Value	Unit	Biological Reference Interval
HEMOGRAM			
Haemoglobin(HB) Method: CELL COUNTER	10.5	gm/dl	12 - 16
Erythrocyte (RBC) Count Method: CELL COUNTER	3.98	mill/cu.mm.	4.20 - 6.00
PCV (Packed Cell Volume) Method: CELL COUNTER	31.50	%	39 - 52
MCV (Mean Corpuscular Volume) Method: CELL COUNTER	79.1	fL	76.00 - 100
MCH (Mean Corpuscular Haemoglobin) Method: CELL COUNTER	26.4	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	14.8	%	11- 16
Total Leucocytes (WBC) Count Method: CELL COUNTER	6.23	cells/cumm	3.50 - 11.00
Neutrophils Method: CELL COUNTER	52	%	40.0 - 73.0
Lymphocytes Method: CELL COUNTER	43	%	15.0 - 45.0
Eosinophils Method: CELL COUNTER	01	%	1-6%
Monocytes	04	%	4.0 - 12.0
Basophils Method: CELL COUNTER	00	%	0.0 - 2.0

End of Report
Results are to be correlated clinically

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 M.D. PATHOLOGY

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Patient Name : MRS SWATI GIRIPUNJE
UHID/ MR No : 6159
Visit Date : 19/08/2023
Sample Collected On : 19/08/2023 11:39AM
Ref. Doctor : SELF
Sponsor Name :

Age/Gender : 32 Y Female
OP Visit No : OPD-UNIT-II-1
Reported On : 19/08/2023 06:19PM

HAEMATOLOGY

Investigation	Observed Value	Unit	Biological Reference Interval
Platelet Count Method: CELL COUNTER	306	lacs/cu.mm	150-400
ESR- Erythrocyte Sedimentation Rate Method: Westergren's Method	30	mm /HR	0 - 20

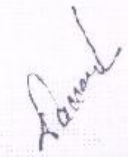
Blood Group (ABO Typing)

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

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Patient Name : MRS SWATI GIRIPUNJE
UHID/ MR No : 6159
Visit Date : 19/08/2023
Sample Collected On : 19/08/2023 11:39AM
Ref. Doctor : SELF
Sponsor Name :

Age/Gender : 32 Y. Female
OP Visit No : OPD-UNIT-II-4
Reported On : 19/08/2023 06:19PM

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

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Patient Name : MRS SWATI GIRIPUNJE
UHID/ MR No : 6159
Visit Date : 19/08/2023
Sample Collected On : 19/08/2023 11:39AM
Ref. Doctor : SELF
Sponsor Name :

Age/Gender : 32 Y. Female
OP Visit No : OPD-UNIT-II-2
Reported On : 19/08/2023 06:19PM

BIO CHEMISTRY

Investigation	Observed Value	Unit	Biological Reference Interval
GLUCOSE - (POST PRANDIAL)			
Glucose -Post prandial Method: REAGENT GRADE WATER	92.0	mg/dl	70-140
GLUCOSE (FASTING)			
Glucose- Fasting SUGAR REAGENT GRADE WATER	85.0	mg/dl	70 - 120
KFT - RENAL PROFILE - SERUM			
BUN-Blood Urea Nitrogen METHOD: Spectrophotometric	08	mg/dl	7 - 20
Creatinine METHOD: Spectrophotometric	0.86	mg/dl	0.6-1.4
Uric Acid Method: Spectrophotometric	3.6	mg/dL	2.6 - 7.2

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Patient Name : MRS SWATI GIRIPUNJE
UHID/ MR No : 6159
Visit Date : 19/08/2023
Sample Collected On : 19/08/2023 11:39AM
Ref. Doctor : SELF
Sponsor Name :


Age/Gender : 32 Y Female
OP Visit No : OPD-UNIT-II-7
Reported On : 19/08/2023 06:19PM

BIO CHEMISTRY

Investigation	Observed Value	Unit	Biological Reference Interval
LIPID PROFILE TEST (PACKAGE)			
Cholesterol - Total	127.0	mg/dl	Desirable: < 200 Borderline High: 200-239 High: >= 240
Triglycerides level	95.0	mg/dl	Normal : < 150 Borderline High : 150-199 Very High : >=500
Method: Spectrophotometric			
HDL Cholesterol	44.0	mg/dl	Major risk factor for heart disease: < 40 Negative risk factor for heart disease :>60
Method: Spectrophotometric			
LDL Cholesterol	64	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	19	mg/dl	6 - 38
Total Cholesterol/HDL Ratio	2.89		3.5 - 5
Method: Spectrophotometric			

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Results are to be correlated clinically

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Patient Name : MRS SWATI GIRIPUNJE
UHID/ MR No : 6159
Visit Date : 19/08/2023
Sample Collected On : 19/08/2023 11:39AM
Ref. Doctor : SELF
Sponsor Name :

Age/Gender : 32 Y. Female
OP Visit No : OPD-UNIT-II-2
Reported On : 19/08/2023 06:19PM

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	25	U/L	0 - 32
SGPT (ALT) Method: Spectrophotometric	32	U/L	0 - 33
ALKALINE PHOSPHATASE	85	U/L	25-147
Total Proteins Method: Spectrophotometric	6.6	g/dl	6 - 8
Albumin Method: Spectrophotometric	4.2	mg/dl	3.4 - 5.0
Globulin Method: Calculated	2.4	g/dl	1.8 - 3.6
A/G Ratio Method: Calculated	1.75	%	1.1 - 2.2

End of Report
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Lab Technician / Technologist
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