



Reg. No. NH/6333/DEC-2017

GREEN CITY HOSPITAL

Near V-Mart, DIG Bungalow, Berasia Road, Bhopal
AN ISO 2015-9001 & NABH CERTIFIED HOSPITAL



Pt. Name ...*Mrs. Ankita Sahu*.....

Age *31y* Sex *F* Date *26/8/23*.....

Bp - *90/60 mmHg*

P - *80/m*

SpO2 - *98%*

Ht - *162 cm*

Wt - *51 kg*

vision R - *6/6*

L - *6/6*

*USG JWNL
ECG JWNL*

- *No Haematological variations*
- *No P/v Discharges/ Burning*

Medically fit

26/8/23

DR. ASHISH JAIN
M.B.B.S., M.D., DTCO
Reg. No. MP-4465
GREEN CITY HOSPITAL BHOPAL



For Emergency / Ambulance Service Ph. : 0755-2733323


 भारत सरकार
 GOVERNMENT OF INDIA


 अंकिता साह
 Ankita Sahu
 जन्म तिथि/DOB: 20/12/1991
 महिला/ FEMALE
 Mobile No: 8269824585



8670 3587 9623
 VID : 9157 8155 8054 5714

मेरा आधार, मेरी पहचान

To be used only for Medical Health check-up only

8959082428


 भारतीय विशिष्ट पहचान प्राधिकरण
 UNIQUE IDENTIFICATION AUTHORITY OF INDIA

पता:
 C/O अंकुर साह, एच नं. 53, तीसरा फ्लोर,, साह
 बिल्डिंग, इतवारा रोड, हुजुर, भोपाल,
 मध्य प्रदेश- 462001

Address :
 C/O Ankur Sahu, H No. 53, 3rd Floor,,
 Sahu Building, Itwara Road, Huzur, Bhopal,
 Madhya Pradesh - 462001



Generation Date: 29/10/2019



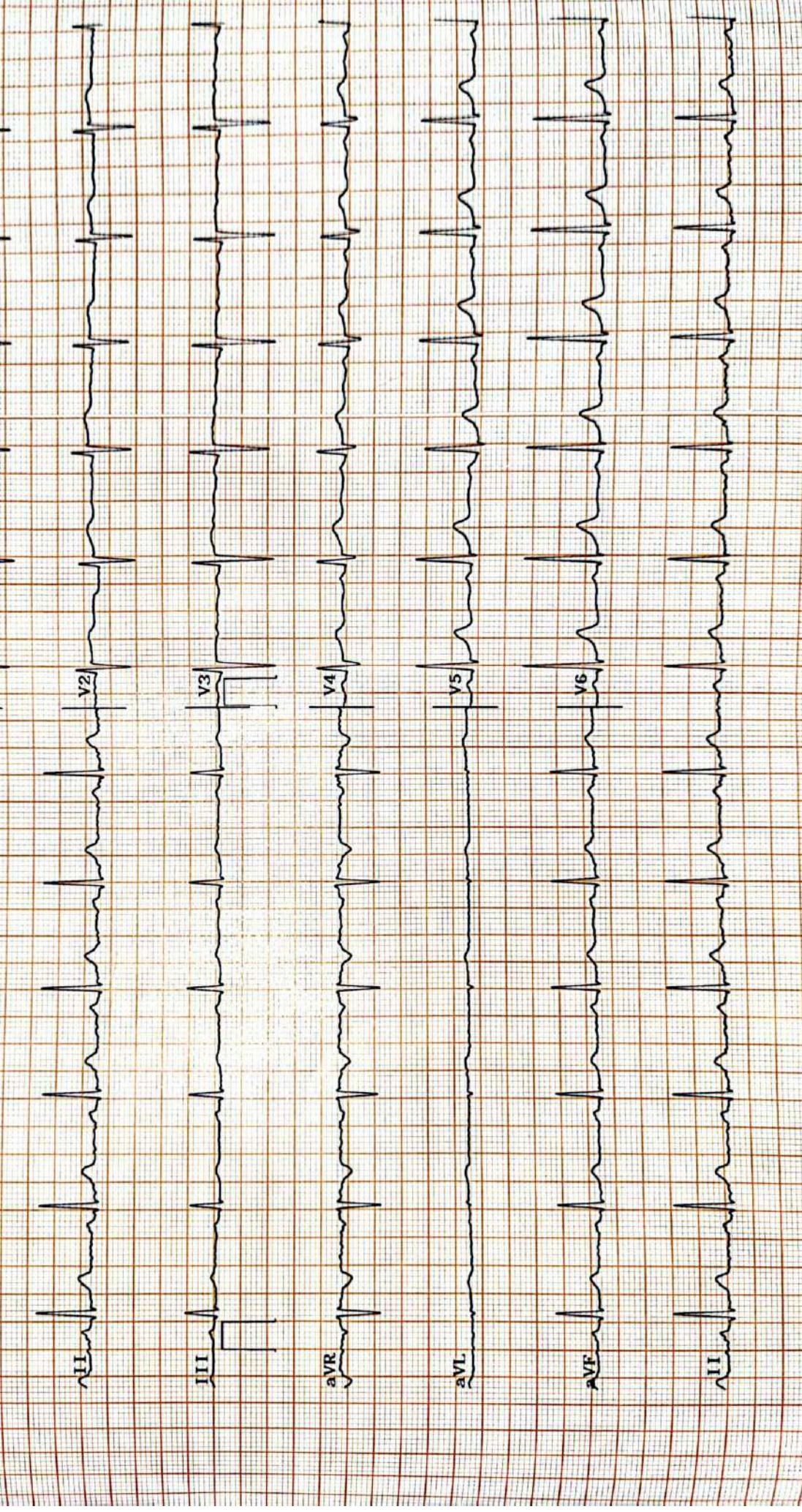
1947 help@uidai.gov.in www.uidai.gov.in P.O. Box No. 1947, Bhopal-462 001

6-Channel + 1 Rhythm Report Hosp: Prescribed by:

Heart Rate: 76 bpm
PR/RR Int.: 156/789 ms
QRS Dur: 96 ms
QT/QTc: 378/425 ms
P-R-T axes: 60 60 43
SV1/RV5/R+S: 0.83/1.07/1.90mV

ID :
Name: ANKITA SAHU
Age : 32 years
Sex : Female
H : 0 cm / W : 0 kg

** Analysis Result # (To be finally confirmed by physician)
Normal Sinus Rhythm
[Normal ECG]






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PATHOLOGY REPORT

Patient Name : Mrs. Ankita Sahu Corp	 Perm.Pat. ID : 3353
Age : 31 Years Gender : Female	Sample Date : 26-Aug-2023 9:57 am
Mobile No. : 0 Lab ID : CORP/3	Authorise Date : 26-Aug-2023 10:14 am
Referring Dr. : Dr.Green City Hospital	Printed Date : 26/08/2023 10:24 am
Collected From :	Collected By :

HAEMATOLOGY

TestName(S)	Result	Unit	Biological Ref. Range	Method
Complete Blood Count				
HAEMOGLOBIN	13.2	gm/dl	11-15	
RBC Count	4.18	mil/cumm	3.8-4.8	
Total WBC Count	4900	/cumm	4000-11000	
PCV	35.6 (L)	%	36-46	
Differential Count				
Neutrophils	56	%	40-80	
Lymphocytes	38	%	20-40	
Monocytes	03	%	2-8	
Eosinophil	03	%	1-6	
Basophils	0.00	%	0-1	
RBC Indices				
MCV	85.17	fl	83-101	
MCH	31.58	picograms	27-32	
MCHC	37.08 (H)	g/dl	31.5-34.5	
Platelet Indices				
PLATELET COUNT	2.31	Lacs/cumm	1.5-4.5	
ESR	13	mm/Fhr	0-20	
Blood Group	" AB " POSITIVE			

Interpretation :-

Note: - (L) - Low, (H) - High

End Of Report

Checked By :



Authorised By :



Page 1 of 1

Dr. Pritha Dutta
MD (Biochemistry)


Technologist

Please Correlate clinically as well as with other investigative findings. This report is not valid for medico legal purpose.

For Emergency / Ambulance Service Contact No.: 8120401607, 0755-2733323




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BIOCHEMISTRY

TestName(S)	Result	Unit	Biological Ref. Range	Method
Blood Sugar - Fasting	92.0	mg/dl	70-110	Rare Care
SERUM UREA	15.2	mg/dl	15-40	
Blood Sugar - PP	118.5	mg/dl	70-140	post blood
Serum Creatinine	0.55 (L)	mg/dl	0.6-1.4	Enzymatic

Interpretation :-

Serum Uric Acid

3.6

mg/dL

2.5-6.0

Interpretation :-

A uric acid blood test, also known as a serum uric acid measurement, determines how much uric acid is present in your blood. The test can help determine how well your body produces and removes uric acid. Uric acid is a chemical produced when your body breaks down foods that contain organic compounds called purines. Foods and beverages with a high purine content include:
liver, anchovies, mackerel, dried beans, beer, wine
Purines are also created through the natural process of cell breakdown in the body. Most uric acid is dissolved in the blood, filtered through the kidneys, and expelled in the urine. Sometimes the body produces too much uric acid or doesn't filter out enough of it. Hyperuricemia is the name of the disorder that occurs when you have too much uric acid in your body.

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BIOCHEMISTRY

TestName(S)	Result	Unit	Biological Ref. Range	Method
<u>Liver Function Test</u>				
Bilirubin - Total	0.58	mg/dl	0.1-1.2	Jendrassik & Grof
Bilirubin - Direct	0.15	mg/dl	0.0-0.4	Jendrassik & Grof
Bilirubin - Indirect	0.43	mg/dl	0.1-1.0	Calculated
SGOT	24.4	IU/L	05-40	Kinetic UV
SGPT	18.3	IU/L	05-40	Kinetic UV
Alkaline Phosphatase	221.3	IU/L	60-306	Enzymatic - Kinetic
Total Protein	6.4	gm/dl	6.0-8.0	Biuret Endpoint
Albumin	4.3	gm/dl	3.2-5.5	Bromocresol Green
Globulin	2.10 (L)	gm/dl	2.3-3.5	Calculated
Albumin Globulin Ratio	2.05		-	Calculated

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Referring Dr. : Dr.Green City Hospital

Collected From :

Perm.Pat. ID : 3353

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BIOCHEMISTRY

TestName(S)	Result	Unit	Biological Ref. Range	Method
LIPID PROFILE				
Serum Appearance	Clear		##	
S. Cholesterol	151.0	mg/dL	125-200	CHOD-PAP
S. Triglycerides	65.6	mg/dL	40-140	GPO-TOPS
HDL Cholesterol	51.8	mg/dL	42-88	Selective Inhibition
LDL Cholesterol	86.08	mg/dl	85-130	Calculated
VLDL Cholesterol	13.12	mg/dl	10-50	Calculated
S.Cholesterol/HDLC Ratio	2.92 (L)		3.0-6.0	Calculated
LDLC/HDLC RATIO	1.66 (L)		2.5-3.5	Calculated

Interpretation :-

Note : - Blood normally contains more than one type of fat. The typical lipid panel measures two main types of blood fat, cholesterol and triglycerides. Their functions and the effect of high levels on your health can be quite different. While both contribute to premature cardiovascular disease, high levels of triglycerides have also been found to increase your chance of having a heart attack or stroke even when the LDL-Cholesterol is not elevated (see below). Triglycerides can also cause an acute medical condition called pancreatitis when triglycerides are extremely high.

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Referring Dr. : Dr.Green City Hospital

Collected From :



Perm.Pat. ID : 3353

Sample Date : 26-Aug-2023 9:57 am

Authorise Date : 26-Aug-2023 10:23 am

Printed Date : 26/08/2023 10:23 am

Collected By :

CLINICAL PATHOLOGY

TestName(S)	Result	Unit	Biological Ref. Range	Method
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URINE ROUTINE MICROSCOPY

PHYSICAL EXAMINATION

Volume	20 ml	-	
Colour	Pale Yellow		
Appearance	Clear	-	
Specific gravity	1.015		1.005-1.035

CHEMICAL EXAMINATION

Reaction (pH)	Acidic		4.5-8.0
Albumin	Negative		Negative
Sugar	Negative		Negative

MICROSCOPIC EXAMINATION

PUS(WBC) Cells	5-6	/hpf	0-3
RBC	Nil	/hpf	0-2
Epithelial Cells	2-3	/hpf	0-2
Casts	Nil		Nil
Crystals	Nil		Nil
Bacteria	Nil		-
Protozoa	Absent		

Note: - (L) - Low; (H) - High

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Mobile No. : 0 Lab ID: CORP/3	Authorise Date : 26-Aug-2023 10:23 am
Referring Dr. : Dr.Green City Hospital	Printed Date : 26/08/2023 10:25 am
Collected From :	Collected By :

CLINICAL PATHOLOGY

TestName(S)	Result	Unit	Biological Ref. Range	Method
Urine Sugar (PP)	Nil			

Note: - (L) - Low; (H) - High

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Dr. Pritha Dutta
MD (Biochemistry)

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CLINICAL PATHOLOGY

TestName(S)	Result	Unit	Biological Ref. Range	Method
STOOL EXAMINATION				
Physical Examination				
Colour	LIGHT BROWN			
Consistency	Soft			
Mucus	Trace			
Blood	nil			
Chemical Examination				
Reaction	Acidic			
Occult blood	Absent			
Fat Globules	Absent			
Microscopic Examination				
RBC	Absent	/hpf	-	
Pus cells	2-3	/hpf	-	
Epithelial cells	1-2			
Veg. cells / Fibres	Few+	/hpf	-	
	LIGHT BROWN			
IMPRESSION	No Abnormality detected			

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For Emergency / Ambulance Service Contact No.: 8120401607, 0755-2733323

Date: 26.08.2023

PATIENT'S NAME: MRS. ANKITA
REF. BY: SELFG

AGE: 32Y
SEX: FEMALE

Ultrasonography : Whole Abdomen

Liver: Is normal in size, shape and echotexture measures 14.2 cm in long axis in mid clavicular line. Margins are smooth and regular. Intra and extra hepatic biliary and vascular channels are normal. No evidence of any focal or diffuse mass lesion seen.

Gall Bladder: Reveal a clear anechoic lumen. Its wall of normal thickness. No pericholecystic pathology seen. CBD & PV are of normal calibre.

Right Kidney: Normal in size, shape & echotexture measures 10.2 x 4.1 cm. Cortical echotexture appears to be normal. Cortico-medullary differentiation is maintained. No hydronephrosis, calculus or scarring seen.

Left Kidney: Normal in size, shape & echotexture measures 10.2 x 4.1 cm. Cortical echotexture appears to be normal. Cortico-medullary differentiation is maintained. No hydronephrosis, calculus or scarring seen. Solitary renal calculus noted of size 5.2 mm at interpole region with few renal concretions. **Spleen:** Is normal in size, shape and echotexture.

Pancreas: Appear to be normal in shape, size & echotexture. Pancreatic duct is not dilated.

Urinary Bladder: Is central smooth in contour and reveal a clear lumen. Their walls are of normal thickness.

Uterus: Is anteverted and normal in size shape and echotexture measures 6.6 x 4.2 x 3.5 cm. Endometrial echo is in midline measures 8 mm. Cervix appears bulky measures 3.3 cm with mild pelvic congestion s/o ? cervicitis with PID. Anterior myometrial c section scarring noted

Right Ovary: Visualized normal in size, shape and echotexture.

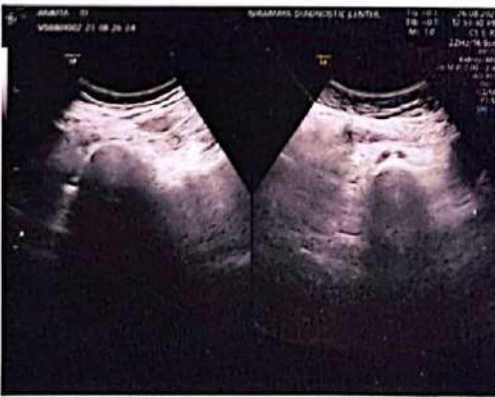
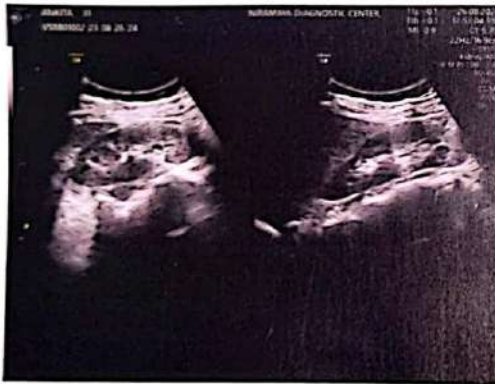
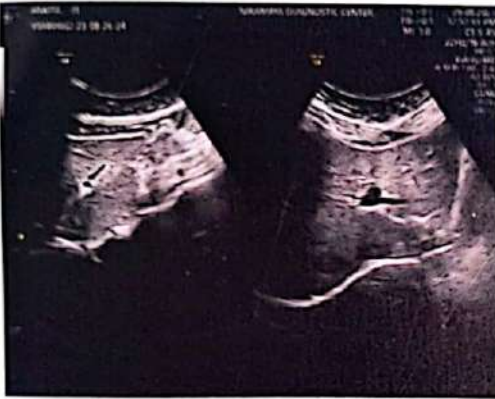
Left Ovary: Visualized normal in size, shape and echotexture.

- No evidence of obvious adnexal mass lesion is seen.
- No evidence of any free fluid/lymphadenopathy.
- No evidence of bowel wall thickening noted.

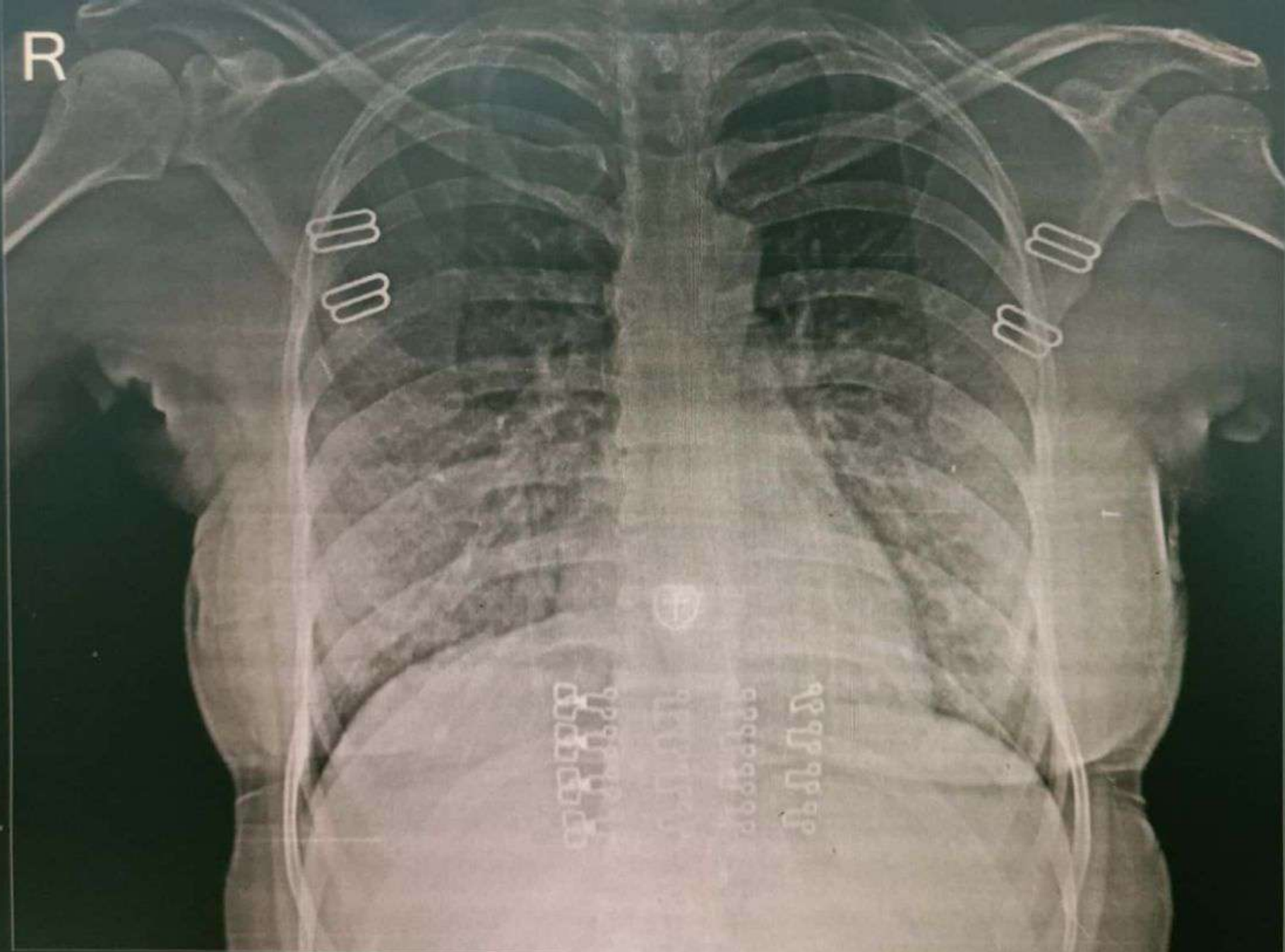
Impression: USG Study Reveals:

- Solitary left renal calculus 5.2 mm at interpole region with few renal concretions.
- Bulky Cervix 3.3 cm with mild pelvic congestion s/o ? cervicitis with PID and Anterior myometrial c section scarring noted.

Dr. Ritesh Kumawat
MBBS, DMRD, DNB (Radio Diagnosis)
Consultant Radiologist
Reg. No: MP - 12614



R



MRS ANKITA SAHU 31 YRS.... 35805 CHEST PA 26-Aug-23
GREEN CITY HOSPITAL, D.I.G. BUNGLOW, BHOPAL



Reg. No. NH/6333/DEC-2017

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Ph.: 0755-2733323

AN ISO 2015-9001 & NABH CERTIFIED HOSPITAL



Name Of Patient: Mrs. ANKITA SAHU	Age/Sex:31Y/F	Procedure Date : 26-08-2023
Ref. By: Green City Hospital	Reliance Industries Limited	Reporting Date : 26-08-2023

X-RAY CHEST

- Bilateral lung parenchyma is clear. Reliance Industries Limited
- Bilateral Hilary shadow is normal.
- Trachea midline is normal.
- Bilateral CP angle are clear.
- Cardio thoracic ratio is normal.

Impression: No remarkable abnormality seen in present study.

**DR. NITIN KHANTAL
CONSULTANT RADIOLOGIST**



SCIENCE OF RADIOLOGICAL DAIGNOSIS IS BASED ON INTERPRETATION OF VARIOUS SHADOW PRODUCED BY BOTH NORMAL AND ABNORMAL TISSUES, DISSIMILAR DIVERSE DISEASES PRODUCE SIMILAR SHADOWS, HENCE THIS REPORT REPRESENT VARIOUS POSSIBILITIES AND NOT MEANT FOR MEDICO-LEGAL PURPOSES