

22/07/23

Rakhi
SOM/F

clo
DHU

2
Cetafin (500) X ODAC X (not
X R (before breakfast)

Colostrin X BDC X 1 ml

DR. B.B. KUMAR
MBBS, MD (Medicine) FIPM,
Fellowship in Rheumatology
(John Hopkins USA)
Consultant dept. of Rheumatology



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Mrs. Katchi Kumari

50/F

22/9/23

G/S/B Dr. Deepshikha / Enr

Came for Routine checkup

Eag
nose | wnl
throat



os

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 **0771 403341/42**

22/07/2023

Ms. Rakhi Kumari 50+

P₂ MVD. ♀

last menses.

3-4 mths

back

No medical history

S.FSH

Hb = 10.9 g/l

P₁₄ -
left
Nodule

P₅ - Cx regular
mild cervical
erosion +

P_r - uterine M&S Cx T
214 gms

Balsmean

Dr. _____

Tab. Zifi 200 mg BD x 5 days

Tab. Anethal 500 mg OD x 5 days

Consoff CL pessary M&S x 3 mths



22/7/23

Mr. Katchu
50/F

Pt complains of food lodgment and mild
pain in both lower jaw.

O/E → Occlusal Caries c 7/7

Stains +
Calculus +

Impacted c 8/8
Generalised Attrition

Adv → Complete Oral Prophylaxis
Obturation c 7/7

T/E → A Enafix Toothpaste



24

300 - RVG

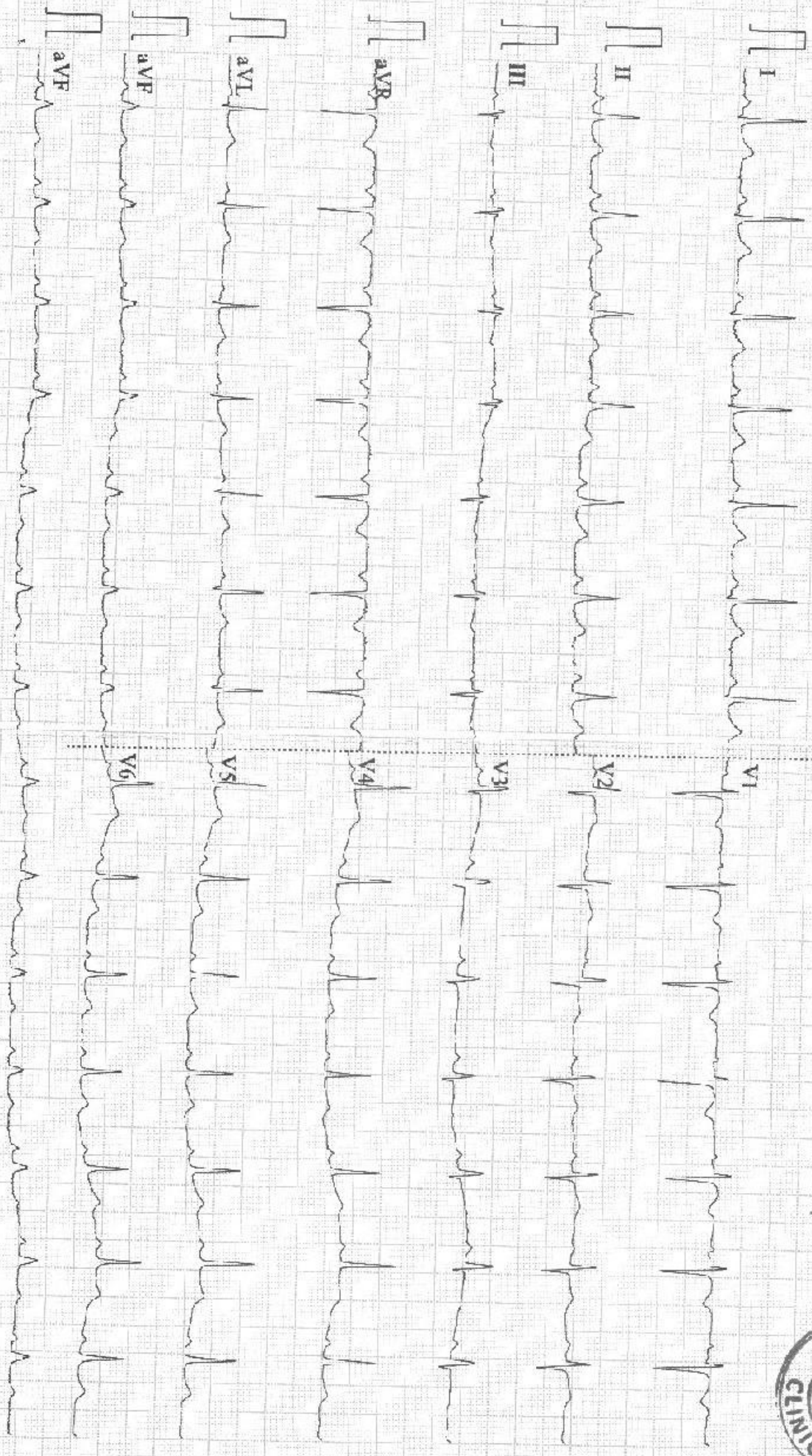


MRD KARHI
Female 50years

HR : 86 bpm
P : 94 ms
PR : 142 ms
QRS : 78 ms
QT/QTc : 348/417 ms
PQRST : 342/415 °
RV5aVI : 0.887/0.927 mV

Diagnosis Information:
Sinus rhythm
Anterior T wave abnormality is nonspecific
Borderline ECG

Dr. Ankit Sharma
MD Medicine
Report Confirmed by Reg. No. - CGMC 7971/2016
Apollo Clinic, Raipur



0.05~45Hz AC50 25mm/s 10mm/mV 2*5.0s+1r 86 CARD 9108 D V143 Glasgow V2860 APOLLO CLINIC RAIPUR

NAME OF PATIENT: MRS.RAKHI KUMARI

AGE:50YRS/FEMALE

REFERRED: BOB

DATE: 22/07/2023

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
Consultant Radiologist
Reg. No. CGMC-2334200
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.

EXAMINATION OF EYES :- (BY OPHTHALMOLOGIST)

Patient Name Mrs. Rakhi

Date 22/07/23

Sex/Age 50/f

MR No

Employee Id

EXTERNAL EXAMINATION				
SQUINT		NO		
NYSTAGMUS				
COLOUR VISION	NORMAL			
FUNDUS:(RE):-	<u>WNL</u>	(LE):- <u>WNL</u>		
INDIVIDUAL COLOUR IDENTIFICATION	<u>Good</u>			
DISTANT VISION:(RE):-	<u>6/12 E 6/6</u>	(LE):- <u>6/12 E 6/6</u>		
NEAR VISION:(RE):-	<u>M18 E 6/6</u>	(LE):- <u>M18 E 6/6</u>		
NIGHT BLINDNESS	<u>NAD</u>			
	SPH	CYL	AXIS	ADD
RIGHT		<u>-1.25</u>	<u>15°</u>	<u>+2.25</u>
LEFT		<u>-1.25</u>	<u>160°</u>	<u>+2.25</u>
REMARKS :-				



Dr. [Signature]
MBBS, MS (Ophthalmologist)
Reg. No. CGMC 621/2006

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PATIENT NAME:- MRS.RAKHI KUMARI
REF BY :- BOB

AGE/SEX:- 50YRS/F
DATE:-22.07.2023

USG ABDOMEN

Liver: Liver is normal in size , smooth in outline with 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 and echotexture.

Kidneys	RIGHT	LEFT
SIZE	9.58X3.95cm	9.27X4.16cm
CORTICAL ECHOGENICITY	Normal	Normal
CORTICOMEDULLARY DIFFERENTIATION	Maintained	Maintained
PCS	Not dilated	Not dilated
Any other remarks	Nil	Nil

Urinary bladder.- EMPTY

No free fluid in abdomen.

No significant intra-abdominal lymphadenopathy seen.

IMPRESSION:

USG abdomen within normal limits



DR. ANIL WASTI

DR. ANIL WASTI
SONOLOGIST REG.NO. CGMC-1471

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0771 4033341/42

Patient Name : MRS RAKHI KUMARI
UHID/ MR No : 5543
Visit Date : 22/07/2023
Sample Collected On : 22/07/2023 01:05PM
Ref. Doctor : SELF
Sponsor Name :

Age/Gender : 50 Y Female
OP Visit No : OPD-UNIT-II-2
Reported On : 22/07/2023 03:32PM

HAEMATOLOGY

Investigation	Observed Value	Unit	Biological Reference Interval
CBC - COMPLETE BLOOD COUNT			
Haemoglobin(HB) Method: CELL COUNTER	10.9	gm/dl	12 - 16
Erythrocyte (RBC) Count Method: CELL COUNTER	3.83	mill/cu.mm.	4.20 - 6.00
PCV (Packed Cell Volume) Method: CELL COUNTER	32.70	%	39 - 52
MCV (Mean Corpuscular Volume) Method: CELL COUNTER	85.4	fL	76.00 - 100
MCH (Mean Corpuscular Haemoglobin) Method: CELL COUNTER	28.5	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	11.6	%	11- 16
Total Leucocytes (WBC) Count Method: CELL COUNTER	5.50	cells/cumm	3.50 - 11.00
Neutrophils Method: CELL COUNTER	68	%	40.0 - 73.0
Lymphocytes Method: CELL COUNTER	22	%	15.0 - 45.0
Monocytes Method: CELL COUNTER	07	%	4.0 - 12.0
Eosinophils Method: CELL COUNTER	03	%	1-6%
Basophils Method: CELL COUNTER	00	%	0.0 - 2.0

End of Report
Results are to be correlated clinically

Lab Technician / Technologist
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DR DHANANJAY RAMCHANDRA PRASAD
 M.D. PATHOLOGY

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Ref. Doctor : SELF
Sponsor Name :

Age/Gender : 50 Y. Female
OP Visit No : OPD-UNIT-II-2
Reported On : 22/07/2023 03:32PM

HAEMATOLOGY

Investigation	Observed Value	Unit	Biological Reference Interval
Platelet Count	125	lacs/cu.mm	150-400
Method: CELL COUNTER			

- As per the recommendation of International council for Standardization in Hematology, the differential leucocyte counts are additionally being reported as absolute numbers of each cell in per unit volume of blood.
- Test conducted on EDTA whole blood.

End of Report
Results are to be correlated clinically

Lab Technician / Technologist
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M.D. PATHOLOGY

Patient Name : MRS RAKHI KUMARI
UHID/ MR No : 5543
Visit Date : 22/07/2023
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Ref. Doctor : SELF
Sponsor Name :

Age/Gender : 50 Y Female
OP Visit No : OPD-UNIT-II-2
Reported On : 22/07/2023 03:32PM

BIO CHEMISTRY

Investigation	Observed Value	Unit	Biological Reference Interval
GLUCOSE - (POST PRANDIAL)			
Glucose -Post prandial Method: REAGENT GRADE WATER	170.0	mg/dl	70-140
GLUCOSE (FASTING)			
Glucose- Fasting SUGAR REAGENT GRADE WATER	117.0	mg/dl	70 - 120
KFT - RENAL PROFILE - SERUM			
BUN-Blood Urea Nitrogen METHOD: Spectrophotometric	10	mg/dl	7 - 20
Creatinine METHOD: Spectrophotometric	0.72	mg/dl	0.6-1.4
Uric Acid Method: Spectrophotometric	4.32	mg/dL	2.6 - 7.2

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M.D. PATHOLOGY

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UHID/ MR No : 5543
Visit Date : 22/07/2023
Sample Collected On : 22/07/2023 01:05PM
Ref. Doctor : SELF
Sponsor Name :

Age/Gender : 50 Y: Female
OP Visit No : OPD-UNIT-II-2
Reported On : 22/07/2023 03:32PM

BIO CHEMISTRY

Investigation	Observed Value	Unit	Biological Reference Interval
HbA1c (Glycosalated Haemoglobin)	6.0	%	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 correlated clinically

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M.D. PATHOLOGY

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Sponsor Name :

Age/Gender : 50 Y. Female
OP Visit No : OPD-UNIT-II-2
Reported On : 22/07/2023 03:32PM

BIO CHEMISTRY

Investigation	Observed Value	Unit	Biological Reference Interval
LIPID PROFILE TEST (PACKAGE)			
Cholesterol - Total	129.0	mg/dl	Desirable: < 200 Borderline High: 200-239 High: >= 240
Triglycerides level	66.0	mg/dl	Normal : < 150 Borderline High : 150-199 Very High : >=500
Method: Spectrophotometric HDL Cholesterol	40.0	mg/dl	Major risk factor for heart disease: < 40 Negative risk factor for heart disease :>60
Method: Spectrophotometric LDL Cholesterol	75.80	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	13.20	mg/dl	6 - 38
Total Cholesterol/HDL Ratio	3.23		3.5 - 5
Method: Spectrophotometric			

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M.D. PATHOLOGY

Patient Name : MRS RAKHI KUMARI
UHID/ MR No : 5543
Visit Date : 22/07/2023
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Ref. Doctor : SELF
Sponsor Name :

Age/Gender : 50 Y. Female
OP Visit No : OPD-UNIT-II-2
Reported On : 22/07/2023 03:32PM

BIO CHEMISTRY

Investigation	Observed Value	Unit	Biological Reference Interval
LIVER FUNCTION TEST			
Bilirubin - Total Method: Spectrophotometric	1.0	mg/dl	0.1-1.2
Bilirubin - Direct Method: Spectrophotometric	0.2	mg/dl	0.05-0.3
Bilirubin (Indirect) Method: Calculated	0.80	mg/dl	0 - 1
SGOT (AST) Method: Spectrophotometric	29	U/L	0 - 32
SGPT (ALT) Method: Spectrophotometric	18	U/L	0 - 33
ALKALINE PHOSPHATASE	63	U/L	25-147
Total Proteins Method: Spectrophotometric	6.2	g/dl	6 - 8
Albumin Method: Spectrophotometric	4.0	mg/dl	3.4 - 5.0
Globulin Method: Calculated	2.2	g/dl	1.8 - 3.6
A/G Ratio Method: Calculated	1.81	%	1.1 - 2.2

End of Report
Results are to be correlated clinically

Lab Technician / Technologist
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DR DHANANJAY RAMCHANDRA PRASAD
M.D. PATHOLOGY

Patient Name : MRS RAKHI KUMARI
UHID/ MR No : 5543
Visit Date : 22/07/2023
Sample Collected On : 22/07/2023 01:05PM
Ref. Doctor : SELF
Sponsor Name :

Age/Gender : 50 Y. Female
OP Visit No : OPD-UNIT-II-2
Reported On : 22/07/2023 03:32PM

HAEMATOLOGY

Investigation	Observed Value	Unit	Biological Reference Interval
ESR- Erythrocyte Sedimentation Rate Method: Westergren's Method	35	mm /HR	0 - 20

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 Typing)


Blood Group (ABO Typing) A
 RhD factor (Rh Typing) POSITIVE


End of Report
Results are to be correlated clinically


Lab Technician / Technologist
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DR DHANANJAY RAMCHANDRA PRASAD
 M.D. PATHOLOGY

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PATIENT DETAILS

NAME:	RAKHI	REFERENCE NO:	RWDTFSH010514
D/S/W O:		Age:	50 Yr
Address:	RAIPUR	Contact No:	
Sample received on:	22/07/2023 @ 14:30	Reported on:	22/07/2023 @ 17:00
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	1.35	ng / ml	0.87 – 1.78
• Thyroxine, T4	""	8.82	µg / dL	6.0 – 12.2
• Thyroid stimulating hormone, TSH	""	1.90	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

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Lab Incharge

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Dr Mritunjai Saraf
MD Pathology, Consultant Pathologist

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(end of report)

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PATIENT DETAILS

NAME:	PRABHA SAHU	REFERENCE NO:	RWDTFSH010515
D / S / W O:		Age:	37 Yr
Address:	RAIPUR	Contact No:	
Sample received on:	22/07/2023 @ 14:30	Reported on:	22/07/2023 @ 17:00
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	1.31	ng / ml	0.87 – 1.78
• Thyroxine, T4	---	9.11	µg / dL	6.0 – 12.2
• Thyroid stimulating hormone, TSH	---	2.84	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

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Dr Mritunjai Saraf
MD Pathology, Consultant Pathologist

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(end of report)

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NOTE: Test results are given in a limited format & represent indicative values only. It is not to be used for clinical decision making. Any discrepancy must be notified within 24 hrs of reporting time. This report is not valid for medico-legal purposes.

PATIENT NAME:- MRS. RAKHI KUMARI
REF BY :- BOB

AGE/SEX:- 50YRS/F
DATE:-22.07.2023

SONOGRAPHY BILATERAL BREASTS


FINDINGS:

- Both breast tissues are symmetrical and appear normal in size and echotexture.
- No evidence of any focal mass lesion or any collection seen.
- Nipple, areola and subareolar region also appear normal.
- Bilateral axilla visualised normal without any evidence of lymphadenopathy.

IMPRESSION:

- **USG BREAST WITHIN NORMAL LIMITS.**

Advised clinical correlation and further evaluation.



DR. ANIL WASTI
SONOLOGIST REG.NO. CGMC-1471

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 Unique Identification Authority of India
 Government of India

नियोजनी ओळख / Enrollment No.: 1528/88294/00270

श.मी.
 Rakhi
 W/O: Santosh Kumar
 10/A, B-ranno Sadan At Arsande
 Post Kanke Boriya Lower, Moram Road
 Arsande
 Kanke
 Kanke Ranchi
 Jharkhand 834006
 7493872020

3003/2017
 28733444



ML29/334441FH



तुमारे आधार नंबर / Your Aadhaar No. :

9736 0981 1095

मारो आधार, मारी ओळख



भारत सरकार
 Government of India



श.मी.
 Rakhi
 जन्म तारीख / DOB : 15/08/1973
 स्त्री / Female



9736 0981 1095

मारो आधार, मारी ओळख



ECHOCARDIOGRAPHY REPORT

NAME : MRS. RAKHI KUMARI	Age/Sex: 50Yrs/Female	ECG : Sinus Rhythm
OPD/ IPD : OPD	STUDY DATE: 22/07/2023	REGN. NO. : FRAI.0000020604
Ref. By Dr : BOB		

M-MODE MEASUREMENTS:-

	Patient Value (cm)	Normal Value (cm)		Patient Value (cm)	Normal Value (cm)
Aortic Root Diameter	2.7	2.0 - 3.7	IVS Thickness	ED = 1.0 ES = 1.3	0.6 - 1.1
Aortic Valve Opening	1.7	1.5 - 2.6	PW Thickness	ED = 1.0 ES = 1.3	0.6 - 1.1
LA Dimension	3.4	1.9 - 4.0	RA Dimension	---	2.6
LVID(D)	3.9	3.7 - 5.5	RV Dimension	---	2.6
LVID(s)	2.4	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, TRACE MR

Tricuspid Valve : TRACE TR

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.
TRACE MR & TRACE TR.
NO I/C CLOT VEGETATION OR PERICARDIAL EFFUSION.



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