



भारत सरकार

GOVERNMENT OF INDIA

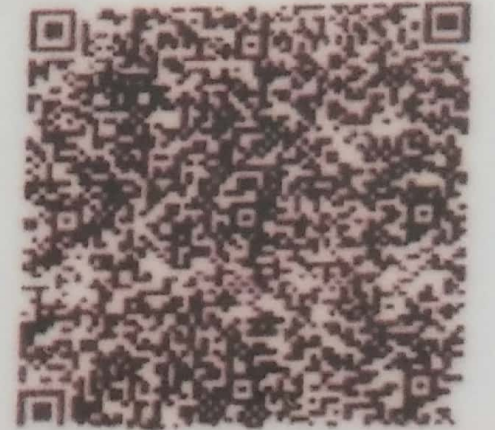


डैल्सिन टोप्पो

Delsin Toppo

जन्म तारीख/ DOB: 30-07-1987

स्त्री / FEMALE



**2391 2704 9140**

मेरा आधार, मेरी पहचान





भारतीय विशिष्ट पहचान प्राधिकरण  
UNIQUE IDENTIFICATION AUTHORITY OF INDIA

W/O रवि रंजन टोप्पो, प्लाट  
न 19,21,21 बेरखेडी खुर्द,  
बिहाइंड साक्षी ढाबा, हुजुर, सूरज  
नगर, भोपाल, हुजुर, मध्य  
प्रदेश, 462044

W/O Ravi Ranjan Toppo, plot no  
19,21,21 berkhedi khurd, behind  
sakshi dhaba, Huzur, Bhopal,  
Madhya Pradesh, 462044



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# CITI MULTI SPECIALITY HOSPITAL

MIG -215 216, Gautam Nagar, Govindpura, Bhopal-462023 (M.P.)  
Phone No. : 0755-4272669, 4250134



Patient Name : MRS DELSIN TOPPO



CMSH23/26583

Age/Gender : 30 Yrs/Female

Registration Date : 11/11/2023 11:09 AM

Ref. Dr. : Dr. APOLLO CLINIC

Collection Date : 11/11/2023 11:12 AM

Center : INSURANCE

Report Date : 11/11/2023 02:48 PM



## HAEMATOLOGY REPORT

Test Description	Result	Unit	Biological Reference Ranges
HbA1c Glycosilated Haemoglobin	5.4	%	Non-diabetic: <= 6.0 Pre-diabetic: 6.0-7.0 Diabetic: >= 7.0
Estimated Average Glucose :	108	mg/dL	
<b>Reference Range (Average Blood Sugar):</b>			
Excellent control	: 90 - 120 mg/dl		
Good control	: 121 - 150 mg/dl		
Average control	: 151 - 180 mg/dl		
Action suggested	: 181 - 210 mg/dl		
Panic value	: > 211 mg/dl		

### Interpretation & Remark:

- HbA1c is used for monitoring diabetic control. It reflects the estimated average glucose (eAG).
- 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%.
- Trends in HbA1c are a better indicator of diabetic control than a solitary test.
- 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.
- To estimate the eAG from the HbA1C value, the following equation is used:  $eAG(mg/dl) = 28.7 * A1c - 46.7$
- Interference of Haemoglobinopathies in HbA1c estimation.
  - For HbF > 25%, an alternate platform (Fructosamine) is recommended for testing of HbA1c.
  - Homozygous hemoglobinopathy is detected, fructosamine is recommended for monitoring diabetic status
  - Heterozygous state detected (D10/ turbo is corrected for HbS and HbC trait).
- In known diabetic patients, following values can be considered as a tool for monitoring the glycemic control. Excellent Control - 6 to 7 %, Fair to Good Control - 7 to 8 %, Unsatisfactory Control - 8 to 10 % and Poor Control - More than 10 % .

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Consultant Pathologist



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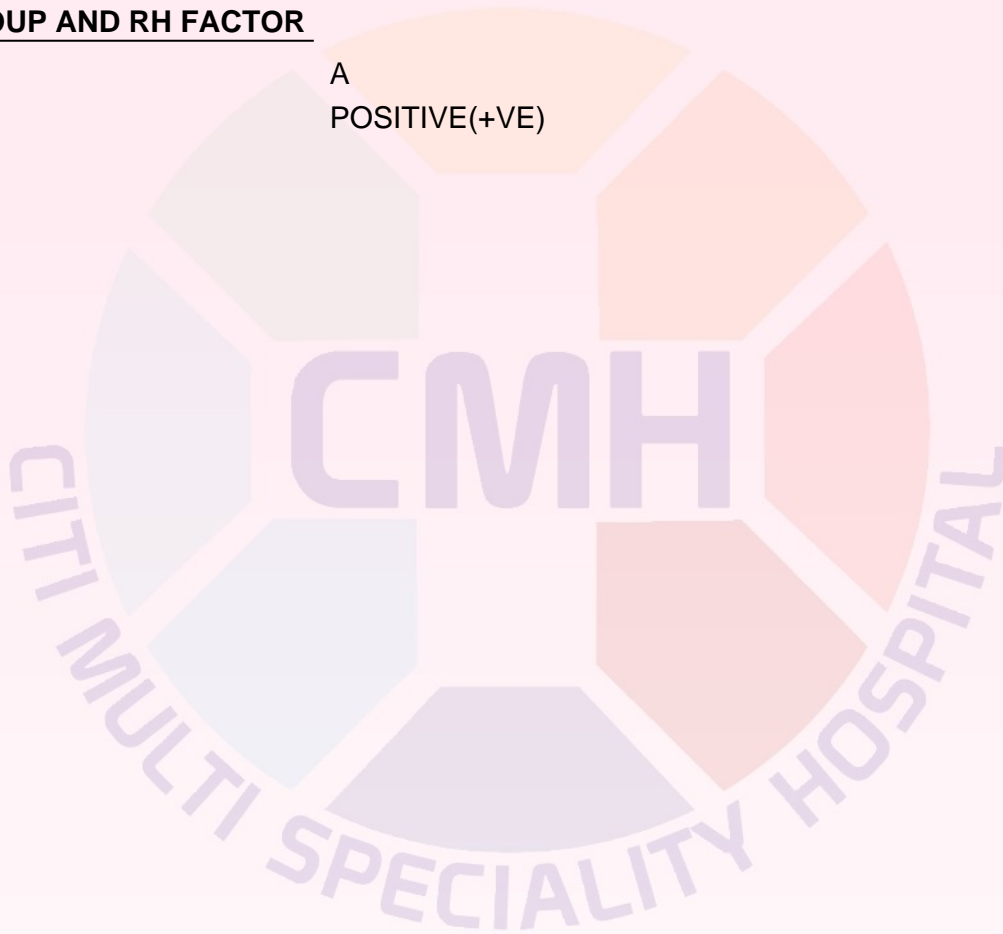
### BLOOD GROUP AND RH FACTOR

ABO Type

A

Rh Factor

POSITIVE(+VE)



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<b>RENAL FUNCTION TEST (RFT)</b>			
Blood Urea	21.0	mg/dl	15 - 50
Serum Creatinine	0.68	mg/dl	0.6 - 1.5
eGFR	118	ml/min	
Blood Urea Nitrogen-BUN	9.81	mg/dl	7 - 20
Serum Sodium	138.4	mmol/L	135 - 150
Serum Potassium	4.18	mmol/L	3.5 - 5.0
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Chloride	101.0	mmol/L	94.0 - 110.0
Uric Acid	3.9	mg/dl	2.6 - 6.0

NOTE : Please correlate with clinical conditions.

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Test Description	Result	Unit	Biological Reference Ranges
<b>LIVER FUNCTION TEST (LFT)</b>			
TOTAL BILIRUBIN	0.56	mg/dl	0 - 1.2
DIRECT BILIRUBIN	0.18	mg/dL	0 - 0.3
INDIRECT BILIRUBIN	0.38	mg/dl	0.1 - 0.8
SGOT (AST)	18.0	U/L	0 - 35
SGPT (ALT)	15.0	U/L	0 - 45
ALKALINE PHOSPHATASE	81.0	U/L	64 - 147
GAMMA GLUTAMYL TRANSFERASE	27.0	IU/L	12 - 43
TOTAL PROTEIN	6.82	g/dl	6.4 - 8.3
SERUM ALBUMIN	4.01	g/dl	3.2 - 5.2
SERUM GLOBULIN	2.81	g/dl	1.8 - 3.6
A/G RATIO	1.43		1.2 - 2.2

**NOTE** : Please correlate with clinical conditions.

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## BIOCHEMISTRY REPORT

Test Description	Result	Unit	Biological Reference Ranges
<b>LIPID PROFILE</b>			
Cholesterol-Total	156.0	mg/dL	< 200 Desirable 200-239 Borderline High > 240 High
Triglycerides level	124.0	mg/dL	< 150 Normal 150-199 Borderline High 200-499 High > 500 Very High
HDL Cholesterol	43.1	mg/dL	< 40 Major Risk for Heart > 40 Normal
LDL Cholesterol	88.10	mg/dL	< 100 Optimal 100-129 Near/Above Optimal 130-159 Borderline high 160-189 High > 190 Very High
VLDL Cholesterol	24.80	mg/dL	6 - 38
CHOL/HDL RATIO	3.62		3.5 - 5.0
LDL/HDL RATIO	<b>2.04</b>		2.5 - 3.5

### NOTE

8-10 hours fasting sample is required

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## BIOCHEMISTRY REPORT

Test Description	Result	Unit	Biological Reference Ranges
Fasting Blood Sugar	85.0	mg/dl	Normal: 70-110

Impaired Fasting  
Glucose(IFG):

100-125

Diabetes mellitus:  $\geq 126$

Method : Hexokinase

**Note:-** 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.

Post-Prandial Blood Sugar	132.0	mg/dl	70 - 140
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After Taking Meal

Method : Hexokinase

### Interpretation:-

Normal: 70-140

Impaired Glucose Tolerance:140-200

Diabetes mellitus:  $\geq 200$

(on more than one occasion)

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## IMMUNOASSAY REPORT

Test Description	Result	Unit	Biological Reference Ranges
TRI-iodothyronin, (T3)	1.05	ng/mL	0.69 - 2.15
Thyroxin, (T4)	97.0	ng/mL	52 - 127
Thyroid Stimulating Hormone(TSH)- Serum	2.01	μIU/mL	0.3-4.5 Pregnancy (As per American Thyroid Association)  First Trimester : 0.1-2.5 Second Trimester : 0.2-3.0 Third trimester : 0.3-3.0

Method: CLIA

### INTERPRETATION

TSH	T3 / FT3	T4 / FT4	Suggested Interpretation for the Thyroid Function Tests Pattern
Within Range	Decreased	Within Range	• Isolated Low T3-often seen in elderly & associated Non-Thyroidal illness. In elderly the drop in T3 level can be upto 25%.
Raised	Within Range	Within Range	• Isolated High TSH especially in the range of 4.7 to 15 mIU/ml is commonly associated with Physiological & Biological TSH Variability. • Subclinical Autoimmune Hypothyroidism • Intermittent T4 therapy for hypothyroidism • Recovery phase after Non-Thyroidal illness"
Raised	Decreased	Decreased	• Chronic Autoimmune Thyroiditis • Post thyroidectomy, Post radioiodine • Hypothyroid phase of transient thyroiditis"
Raised or within Range	Raised	Raised or within Range	• Interfering antibodies to thyroid hormones (anti-TPO antibodies) • Intermittent T4 therapy or T4 overdose • Drug interference- Amiodarone, Heparin, Beta blockers, steroids, anti-epileptics"
Decreased	Raised or within Range	Raised or within Range	• Isolated Low TSH -especially in the range of 0.1 to 0.4 often seen in elderly & associated with Non-Thyroidal illness • Subclinical Hyperthyroidism • Thyroxine ingestion"
Decreased	Decreased	Decreased	• Central Hypothyroidism • Non-Thyroidal illness • Recent treatment for Hyperthyroidism (TSH remains suppressed)"
Decreased	Raised	Raised	• Primary Hyperthyroidism (Graves' disease), Multinodular goitre, Toxic nodule • Transient thyroiditis: Postpartum, Silent (lymphocytic), Postviral (granulomatous, subacute, DeQuervain's), Gestational thyrotoxicosis with hyperemesis gravidarum"
Decreased or within Range	Raised	Within Range	• T3 toxicosis • Non-Thyroidal illness

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## URINE EXAMINATION REPORT

Test Description	Result	Unit	Biological Reference Ranges
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### URINE ROUTINE

#### General Examination

Colour	Pale Yellow		Pale Yellow
Transparency (Apperance)	Clear		Clear
Deposit	Absent		Absent
Reaction (pH)	Acidic		5.0-8.5
Specific Gravity	1.025		-1.005-1.030

#### Chemical Examination

Urine Protein	Absent		Absent
Urine Ketones (Acetone)	Absent		Absent
Urine Glucose	Absent		Absent
Bile pigments	Absent		Absent
Bile salts	NIL		NIL
Urobilinogen	Normal		Normal
Nitrite	Negative		Negative

#### Microscopic Examination

RBC's	NIL	/hpf	NIL
Leukocyte (Pus cells)	2-4	/hpf	0-5/hpf
Epithelial Cells	1-2	/hpf	0-4/hpf
Crystals	Absent		Absent
Casts	Not Seen		Not Seen
Amorphous deposits	Absent		Absent
Yeast Cells	Not seen		Not seen

**Note :** 1. Chemical examination through Dipstick includes test methods as Protein (Protein Error Principle), Glucose (Glucose oxidase-Peroxidase), Ketone (Legals Test), Bilirubin (Azo- Diazo reaction), Urobilinogen (Diazonium ion Reaction) Nitrite (Griess Method). All abnormal results of chemical examination are confirmed by manual methods. 2. Pre-test conditions to be observed while submitting the sample- First void, mid-stream urine, collected in a clean, dry, sterile container is recommended for routine urine analysis, avoid contamination with any discharge from vaginal, urethra, perineum, as applicable, avoid prolonged transit time & undue exposure to sunlight. 3. During interpretation, points to be considered are Negative nitrite test does not exclude the urinary tract infections, Trace proteinuria can be seen with many physiological conditions like prolonged recumbency, exercise, high protein diet. False positive reactions for bile pigments, proteins, glucose and nitrites can be caused by peroxidase like activity by disinfectants, therapeutic dyes,

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## COMPLETE BLOOD COUNT

Haemoglobin	12.2	gm/dL	11.0 - 15.0
RBC Count	4.09	mil/cu.mm	3.50 - 5.50
Hematocrit HCT	37.5	%	37.0 - 47.0
Mean Corp Volume MCV	91.7	fL	80.0 - 100.0
Mean Corp Hb MCH	29.8	pg	27.0 - 34.0
Mean Corp Hb Conc MCHC	32.5	gm/dL	32.0 - 36.0
Platelet Count	1.86	lac/cmm	1.50 - 4.50
Total WBC Count /TLC	7.09	10 <sup>3</sup> /cu.mm	4.0 - 11.0

## DIFFERENTIAL LEUCOCYTE COUNT

Neutrophils	55	%	40 - 70
Lymphocytes	40	%	20 - 40
Monocytes	03	%	02 - 10
Eosinophils	02	%	01 - 06
Basophils	00	%	00 - 01

## Absolute Differential Count

Absolute Neutrophils Count	3.9	thou/mm <sup>3</sup>	2.00 - 7.00
Absolute Lymphocyte Count	2.8	thou/mm <sup>3</sup>	1.00 - 3.00
Absolute Monocytes Count	0.2	thou/mm <sup>3</sup>	0.20 - 1.00
Absolute Eosinophils Count	0.1	thou/mm <sup>3</sup>	0.02 - 0.50

**EDTA Whole Blood** - Tests done on Automated Three Part Cell Counter. (WBC, RBC Platelet count by impedance method, WBC differential by VCS technology other parameters calculated) All Abnormal Haemograms are reviewed confirmed microscopically.

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Test Description	Result	Unit	Biological Reference Ranges
<b>ESR - ERYTHROCYTE SEDIMENTATION RATE</b>	15	mm/hr	0 - 20

Method: Wintrobess

## 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. It is also increased in pregnancy, multiple myeloma, menstruation, and hypothyroidism.

\*\*\*\* End of the report\*\*\*\*

*This report is not valid for medico legal aspects. This is just a professional opinion not the final. Kindly correlate clinically because of technical, lack of clinical information and physical findings, if any disparity noted please inform.*

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- 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.
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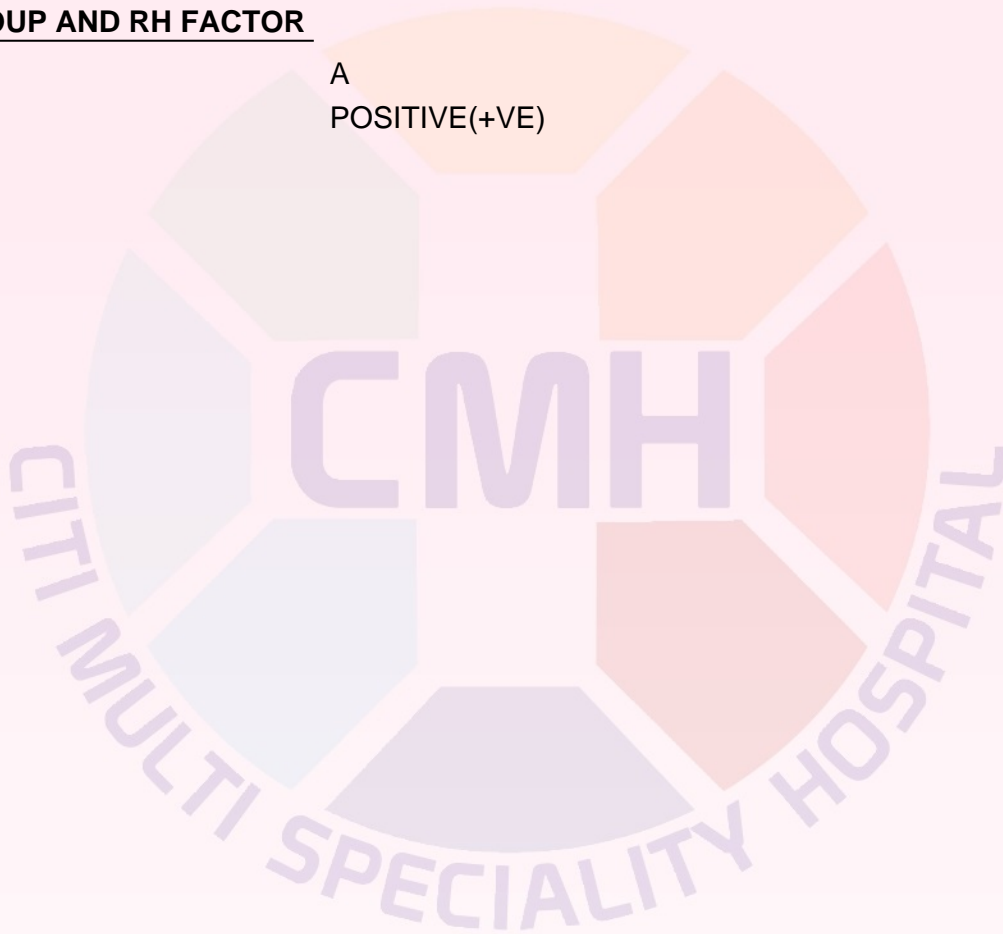
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LDL/HDL RATIO	2.04		2.5 - 3.5

### NOTE

8-10 hours fasting sample is required

Dr. Subhash Parmar  
Consultant Pathologist





# CITI MULTI SPECIALITY HOSPITAL

MIG -215 216, Gautam Nagar, Govindpura, Bhopal-462023 (M.P.)  
Phone No. : 0755-4272669, 4250134



Patient Name : MRS DELSIN TOPPO

Age/Gender : 30 Yrs/Female

Ref. Dr. : Dr. APOLLO CLINIC

Center : INSURANCE



CMSH23/26583

Registration Date : 11/11/2023 11:09 AM

Collection Date : 11/11/2023 11:12 AM

Report Date : 11/11/2023 02:48 PM



## BIOCHEMISTRY REPORT

Test Description	Result	Unit	Biological Reference Ranges
Fasting Blood Sugar	85.0	mg/dl	Normal: 70-110

Impaired Fasting  
Glucose(IFG):

100-125

Diabetes mellitus:  $\geq 126$

Method : Hexokinase

**Note:-** 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.

Post-Prandial Blood Sugar	132.0	mg/dl	70 - 140
---------------------------	-------	-------	----------

After Taking Meal

Method : Hexokinase

### Interpretation:-

Normal: 70-140

Impaired Glucose Tolerance:140-200

Diabetes mellitus:  $\geq 200$

(on more than one occasion)

Dr. Subhash Parmar  
Consultant Pathologist



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## IMMUNOASSAY REPORT

Test Description	Result	Unit	Biological Reference Ranges
TRI-iodothyronin, (T3)	1.05	ng/mL	0.69 - 2.15
Thyroxin, (T4)	97.0	ng/mL	52 - 127
Thyroid Stimulating Hormone(TSH)- Serum	2.01	μIU/mL	0.3-4.5 Pregnancy (As per American Thyroid Association)  First Trimester : 0.1-2.5 Second Trimester : 0.2-3.0 Third trimester : 0.3-3.0

Method: CLIA

### INTERPRETATION

TSH	T3 / FT3	T4 / FT4	Suggested Interpretation for the Thyroid Function Tests Pattern
Within Range	Decreased	Within Range	• Isolated Low T3-often seen in elderly & associated Non-Thyroidal illness. In elderly the drop in T3 level can be upto 25%.
Raised	Within Range	Within Range	• Isolated High TSH especially in the range of 4.7 to 15 mIU/ml is commonly associated with Physiological & Biological TSH Variability. • Subclinical Autoimmune Hypothyroidism • Intermittent T4 therapy for hypothyroidism • Recovery phase after Non-Thyroidal illness"
Raised	Decreased	Decreased	• Chronic Autoimmune Thyroiditis • Post thyroidectomy, Post radioiodine • Hypothyroid phase of transient thyroiditis"
Raised or within Range	Raised	Raised or within Range	• Interfering antibodies to thyroid hormones (anti-TPO antibodies) • Intermittent T4 therapy or T4 overdose • Drug interference- Amiodarone, Heparin, Beta blockers, steroids, anti-epileptics"
Decreased	Raised or within Range	Raised or within Range	• Isolated Low TSH -especially in the range of 0.1 to 0.4 often seen in elderly & associated with Non-Thyroidal illness • Subclinical Hyperthyroidism • Thyroxine ingestion"
Decreased	Decreased	Decreased	• Central Hypothyroidism • Non-Thyroidal illness • Recent treatment for Hyperthyroidism (TSH remains suppressed)"
Decreased	Raised	Raised	• Primary Hyperthyroidism (Graves' disease), Multinodular goitre, Toxic nodule • Transient thyroiditis: Postpartum, Silent (lymphocytic), Postviral (granulomatous, subacute, DeQuervain's), Gestational thyrotoxicosis with hyperemesis gravidarum"
Decreased or within Range	Raised	Within Range	• T3 toxicosis • Non-Thyroidal illness

Dr. Subhash Parmar  
Consultant Pathologist



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## URINE EXAMINATION REPORT

Test Description	Result	Unit	Biological Reference Ranges
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### URINE ROUTINE

#### General Examination

Colour	Pale Yellow		Pale Yellow
Transparency (Apperance)	Clear		Clear
Deposit	Absent		Absent
Reaction (pH)	Acidic		5.0-8.5
Specific Gravity	1.025		-1.005-1.030

#### Chemical Examination

Urine Protein	Absent		Absent
Urine Ketones (Acetone)	Absent		Absent
Urine Glucose	Absent		Absent
Bile pigments	Absent		Absent
Bile salts	NIL		NIL
Urobilinogen	Normal		Normal
Nitrite	Negative		Negative

#### Microscopic Examination

RBC's	NIL	/hpf	NIL
Leukocyte (Pus cells)	2-4	/hpf	0-5/hpf
Epithelial Cells	1-2	/hpf	0-4/hpf
Crystals	Absent		Absent
Casts	Not Seen		Not Seen
Amorphous deposits	Absent		Absent
Yeast Cells	Not seen		Not seen

**Note :** 1. Chemical examination through Dipstick includes test methods as Protein (Protein Error Principle), Glucose (Glucose oxidase-Peroxidase), Ketone (Legals Test), Bilirubin (Azo- Diazo reaction), Urobilinogen (Diazonium ion Reaction) Nitrite (Griess Method). All abnormal results of chemical examination are confirmed by manual methods. 2. Pre-test conditions to be observed while submitting the sample- First void, mid-stream urine, collected in a clean, dry, sterile container is recommended for routine urine analysis, avoid contamination with any discharge from vaginal, urethra, perineum, as applicable, avoid prolonged transit time & undue exposure to sunlight. 3. During interpretation, points to be considered are Negative nitrite test does not exclude the urinary tract infections, Trace proteinuria can be seen with many physiological conditions like prolonged recumbency, exercise, high protein diet. False positive reactions for bile pigments, proteins, glucose and nitrites can be caused by peroxidase like activity by disinfectants, therapeutic dyes,

Dr. Subhash Parmar  
Consultant Pathologist





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Test Description	Result	Unit	Biological Reference Ranges
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## COMPLETE BLOOD COUNT

Haemoglobin	12.2	gm/dL	11.0 - 15.0
RBC Count	4.09	mil/cu.mm	3.50 - 5.50
Hematocrit HCT	37.5	%	37.0 - 47.0
Mean Corp Volume MCV	91.7	fL	80.0 - 100.0
Mean Corp Hb MCH	29.8	pg	27.0 - 34.0
Mean Corp Hb Conc MCHC	32.5	gm/dL	32.0 - 36.0
Platelet Count	1.86	lac/cmm	1.50 - 4.50
Total WBC Count /TLC	7.09	10 <sup>3</sup> /cu.mm	4.0 - 11.0

## DIFFERENTIAL LEUCOCYTE COUNT

Neutrophils	55	%	40 - 70
Lymphocytes	40	%	20 - 40
Monocytes	03	%	02 - 10
Eosinophils	02	%	01 - 06
Basophils	00	%	00 - 01

## Absolute Differential Count

Absolute Neutrophils Count	3.9	thou/mm <sup>3</sup>	2.00 - 7.00
Absolute Lymphocyte Count	2.8	thou/mm <sup>3</sup>	1.00 - 3.00
Absolute Monocytes Count	0.2	thou/mm <sup>3</sup>	0.20 - 1.00
Absolute Eosinophils Count	0.1	thou/mm <sup>3</sup>	0.02 - 0.50

**EDTA Whole Blood** - Tests done on Automated Three Part Cell Counter. (WBC, RBC Platelet count by impedance method, WBC differential by VCS technology other parameters calculated) All Abnormal Haemograms are reviewed confirmed microscopically.

Dr. Subhash Parmar  
Consultant Pathologist

Sister Concern : Citi Hospital, 115, Zone-II, M.P. Nagar, Bhopal - 462011. Ph. : 0755-4287772-73



# CITI MULTI SPECIALITY HOSPITAL

MIG -215 216, Gautam Nagar, Govindpura, Bhopal-462023 (M.P.)  
Phone No. : 0755-4272669, 4250134



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Test Description	Result	Unit	Biological Reference Ranges
<b>ESR - ERYTHROCYTE SEDIMENTATION RATE</b>	15	mm/hr	0 - 20

Method: Wintrobess

### 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. It is also increased in pregnancy, multiple myeloma, menstruation, and hypothyroidism.

\*\*\*\* End of the report\*\*\*\*

*This report is not valid for medico legal aspects. This is just a professional opinion not the final. Kindly correlate clinically because of technical, lack of clinical information and physical findings, if any disparity noted please inform.*



Dr. Subhash Parmar  
Consultant Pathologist

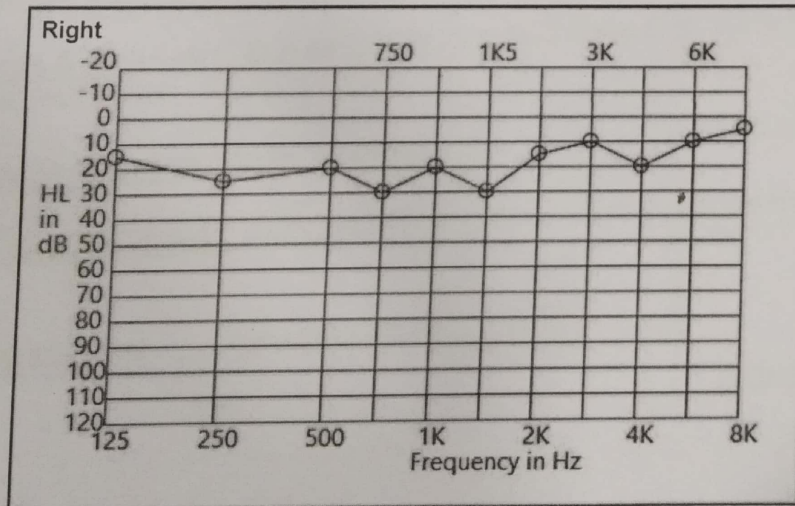
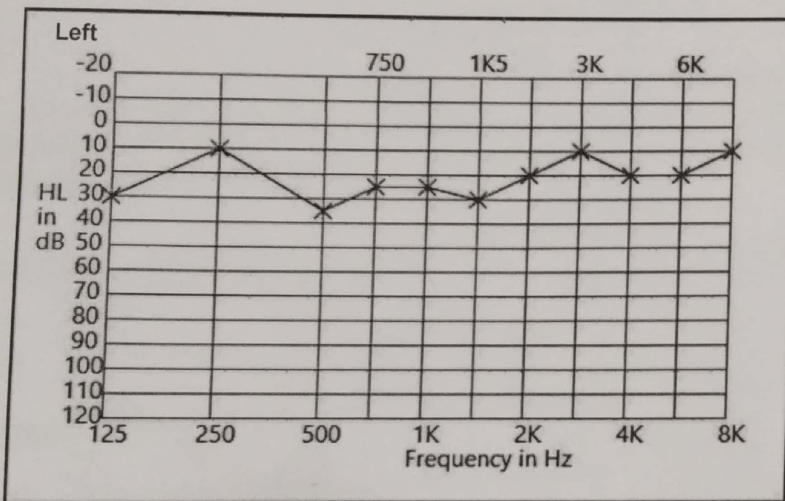
# CITI MULTISPECIALITY HOSPITAL

MIG 216, Gautam Nagar

BHOPAL

462023

<b>Name</b>	<b>Case No.</b>	<b>Age</b>	<b>Sex</b>	<b>Phone No.</b>
MRS. DELSIN TOPPO	11	36	Fema	9713901087
<b>Address</b>	<b>Referred By</b>		<b>Date &amp; Time</b>	
BARKHEDI KHURD BHADBHADAB ROAD BHOPAL	APOLLO CLINIC		11/11/23	



Interpretation

*NORMAL STUDY*

Doctor/Audiologist

Dr. Sahyasachi Gupta  
 MBBS (Gold Medalist) MD (Med.) RCGP (UK)  
 Reg No.: 11671

CITI MULTISPECIALITY HOSPITAL  
 MIG-216, Gautam Nagar,  
 Govindpura, Bhopal (M.P.)  
 Ph.: 0755-4250134, 4272669





# CITI MULTI SPECIALITY HOSPITAL

MIG -215 216, Gautam Nagar, Govindpura, Bhopal-462023 (M.P.)  
Phone No. : 0755 - 4250134  
Mobile No. : 7222909795, 7222909796, 9303135719



Name of Patient : MRS. DELSIN TOPPO

AGE/SEX : 36Y/F

Date : 11/11/2023

## USG ABDOMEN & PELVIS

Liver : Liver is normal in size, shape and have smooth contour. Hepatic parenchyma is homogenous in echotexture but more echogenic and showing fatty infiltrations. Intra and extra hepatic biliary and vascular channels are normal. No gross or diffuse mass lesions seen.

Gall Bladder : Normal in size, shape and echotexture.

Spleen : Normal in size, shape and echotexture.

Pancreas : Normal in size, shape and echotexture.

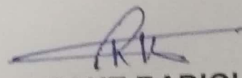
Kidneys : Normal in size, shape and echotexture.

Uterus & Ovaries : BULKY UTERUS AND OVARIES IS NORMAL IN SIZE, SHAPE AND ECHOPATTERN.

Retroperitoneum: No lymphadenopathy seen. No free fluid or ascites seen.

IVC & ABDOMINAL AORTA: IVC and abdominal aorta are normal.

IMPRESSION : GRADE I FATTY LIVER.

  
CONSULTANT RADIOLOGIST

1

For Emergency Contact: 7771008660  
Sister Concern: Citi Hospital, 115 Zone II MP Nagar, Bhopal 462011, Ph: 0755-487772-73

Empanelled with : State Government, M.P. Police, ESIC, HPCL, Punjab National Bank, Indian Bank  
Food Corporation of India, Ayushman Bharat









# CITI MULTI SPECIALITY HOSPITAL

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Phone No. : 0755 - 4250134  
Mobile No. : 7222909795, 7222909796, 9303135719



NAME- MRS. DELSIN TAPPO

AGE-36Y/F

REF. BY -APOLLO CLINIC

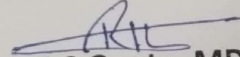
DATE-11/11/2023

## 2D- ECHO COLOUR DOPPLER EVALUATION:-

- ❖ All cardiac valve are normal
- ❖ Normal great vessel relationship
- ❖ Normal Four chambered heart
- ❖ No intracardiac shunt
- ❖ NORMAL LV SIZE WITH NORMAL LV FUNCTION LVEF-61%
- ❖ No LV thrombus or clot seen
- ❖ No pericardium effusion.

### ❖ FINAL IMPRESSION

- ❖ NORMAL LV SIZE WITH NORMAL LV FUNCTION LVEF-61%

  
Dr. S S Gupta, MD

Consultant Echocardiologis

For Emergency Contact: 7771008660

Sister Concern: Citi Hospital, 115 Zone II MP Nagar, Bhopal 462011, Ph: 0755-487772- 73

Empanelled with : State Government, M.P.Police, ESIC, HPCL, Punjab National Bank, Indian Bank  
Food Corporation of India, Ayushman Bharat





**CITI MULTI SPECIALITY HOSPITAL**  
**MIG-215-216 GAUTAM NAGAR GOVINDPURA, BHOPAL**  
**MOB-7987913713**

Name: MRS. DELSIN TAPPO 36

Patient Id: 111123-135031

Date: 11/11/2023

Birthdate: 01/01/1987

Sex: Female

Accession #:

Perf.Physician:

Ref.Physician:

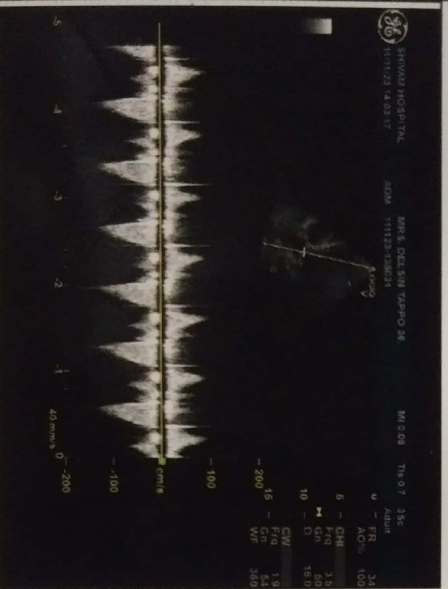
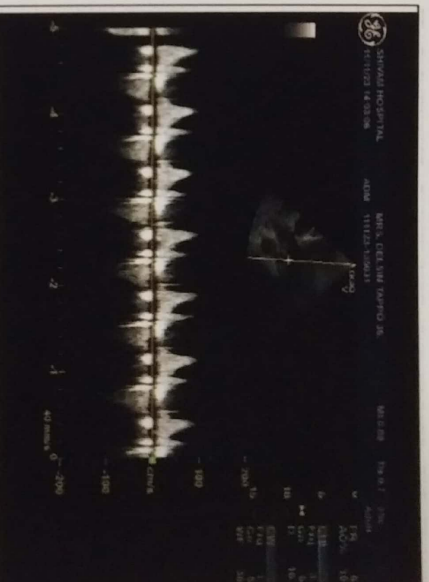
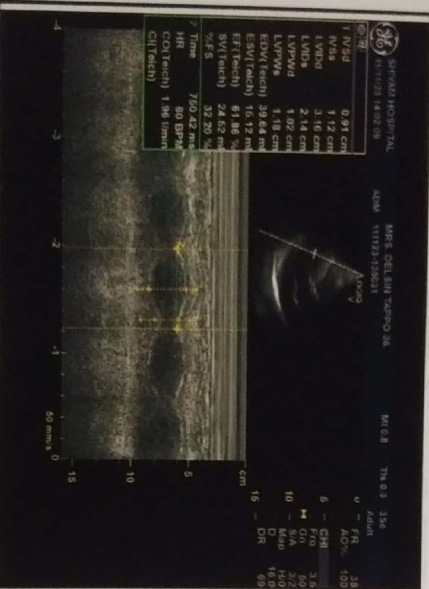
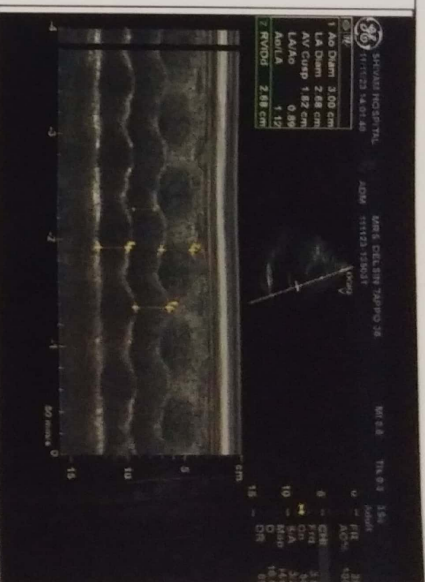
Operator: ADM

**M-MODE & PW**

D-E Excursion	1.28 cm
E-F Slope	0.09 m/s
EPSS	0.48 cm
Ao Diam	3.00 cm
LA Diam	2.68 cm
AV Cusp	1.82 cm
LA/Ao	0.89
Ao/LA	1.12
RVIDd	2.68 cm
IVSd	0.91 cm
LVIDd	3.16 cm
LVPWd	1.02 cm
IVSs	1.12 cm
LVIDs	2.14 cm
LVPWs	1.18 cm
EDV(Teich)	39.64 ml
ESV(Teich)	15.12 ml
EF(Teich)	61.86 %
%FS	32.20 %
SV(Teich)	24.52 ml
Time	750.42 ms
HR	80 BPM
CO(Teich)	0.00 l/min

Print Date: 11/11/2023







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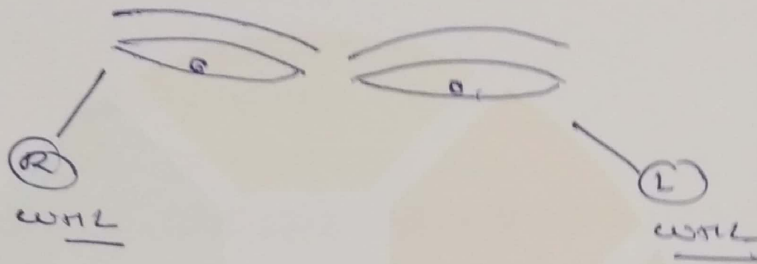


DCLSH-TOPPO  
3G/FG

11/11/23

clg

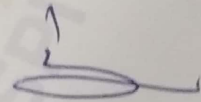
= NO - COMPLAINT  
in BOTH - EYE



clg

VA { (R) = NAD  
(L) = NAD

- NO - COMPLAINT in BOTH - EYE
- NO - WATER - DISCHARGE in BOTH EYE
- CLEAR - VISION in BOTH EYE







# CITI MULTI SPECIALITY HOSPITAL

MIG-215 216, Gautam Nagar, Govindpura, Bhopal-462023 (M.P.)  
Phone No. : 0755-4250134  
Mobile No. : 7222909795, 7222909796, 9303135719



Patient- Name:	MRS. DELSIN	Age/Sex:	36 Y/F
Referred. By:	INS	Date:	11-11-2023

## X-RAY CHEST PA VIEW

- Bilateral Lungs Fields Appear Clear.
- Bilateral Hilar Shadows Appear Clear.
- Bilateral CP Angels Appear Clear.
- Both The Domes Of Diaphragm Appear normal in shape and position.
- Visualized bony cage and soft tissue appear normal.

## IMPRESSION

No Significant Abnormality.

Dr. SANJAY..  
CONSULTANT RADIOLOGIST

**Empanelled with :** State Government, M.P. Police, ESIC, HPCL, Punjab National Bank, Indian Bank  
Food Corporation of India, Ayushman Bharat



PA

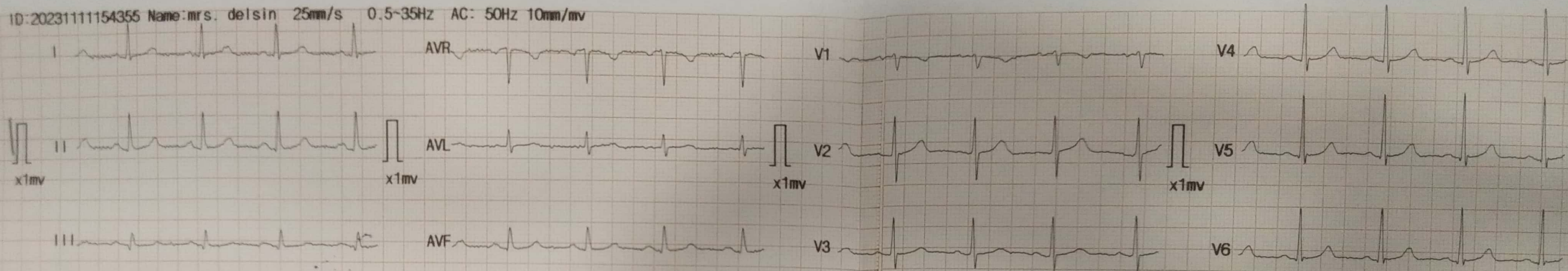
RT

11/11/023

Name: MRS. DELSIN 36 Y/F  
Sex: F

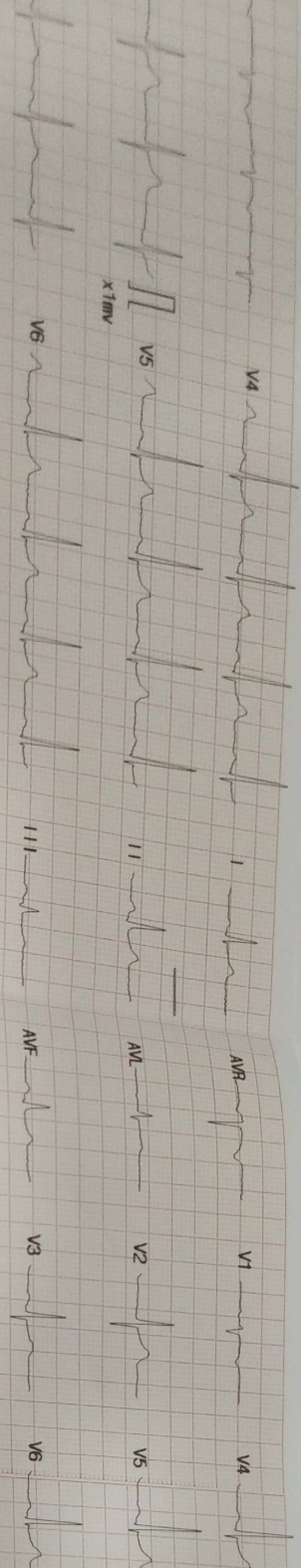


ID:20231111154355 Name:mrs. delsin 25mm/s 0.5-35Hz AC: 50Hz 10mm/mv



Organization:mr ashok Doctor:dr s.s gupta





ID : 20231111154355  
 Name : mrs. dejsin  
 Sex : Female  
 Age : 36  
 HR : 85 bpm  
 R-R : 738 ms  
 P-R : 154 ms  
 QRS : 82 ms  
 QT/QTc : 366/437 ms  
 P/QRS/T : 69/ 47/ 43 ms  
 RV5/SV1 : 1.328/-0.278 mV  
 RV5+SV1 : 1.050 mV  
 QTcf : 0.495

001: Sinus Rhythm  
 T77: Normal ECG  
 C11: MULTISPECIALTY HOSPITAL  
 WING - 218, Gaudian Nagar,  
 Gandhinagar, Chennai (M. 5)  
 Ph.: 07855420194, 4272889  
 Reference Report Confirmed by:  
 11-11-2023 15:44:15



CODE RED	FIRE	MS/ OPERATION MANAGER ADMINISTRATOR/ GUARD/ FLOOR INCHARGE/ MAINTENANCE	CODE RED - FIRE DETECTED AT "LOCATION" PLEASE ACTIVATE EMERGENCY RESPONSE TEAM
CODE YELLOW	DISASTER	MS/ ADMINISTRATOR/ NURSE/ OPERATION MANAGER/ GUARD/ MAINTENANCE	CODE YELLOW ACTIVATE CENTRAL COMMAND CENTRE
CODE PURPLE	GRIEVANCE/ DISCIPLINARY ACTION	MS/ ADMINISTRATOR/ HR MANAGER/DNS	CODE PURPLE - ACTIVATE IMMEDIATE
CODE PINK	CHILD ABDUCTION	ADMINISTRATOR/ NURSE/ OPERATION MANAGER/ GUARD/ MAINTENANCE	CODE PINK - ACTIVATE IMMEDIATE
CODE BLACK	BOMB THREAT	MS/ ADMINISTRATOR/ NURSE/ OPERATION MANAGER/ GUARD/ MAINTENANCE	CODE BLACK - ACTIVATE CENTRAL COMMAND CENTRE

3. Call for help

4. Get treated

5. ID source

6. Get follow

\* Complete annual blood borne pathogen training.

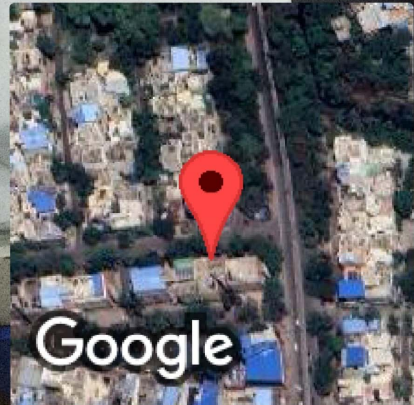
your hepatitis B vaccines.

related injuries to your  
are appropriate follow-

information ,contact  
national health and



 **GPS Map Camera**



**Bhopal, Madhya Pradesh, भारत**

M-160, M-160, Gautam Nagar, Housing Board Colony, Gautam Nagar, Housing Board Colony, Bhopal, Madhya Pradesh 462023, भारत

Lat 23.235111°  
Long 77.44114°

11/11/23 02:47 PM GMT +05:30