

Ms. Vijay Laxmi Sharma
Age:- 40 Y/F

B.P - 130/80

P - 64/10

H - 150cm

Wt - 74 kg



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Apollo Clinic

LICENSEE : SAMR DDHI AROGYAM PVT LTD.

Apollo Clinic @ Tiara Complex A.T. Classic Near Ashoka Ratan, VIP Estate, Shankar Nagar, Raipur (C.G.)

Email : raipur1@apolloclinic.com | Website : www.apolloclinic.com

Online appointments: www.askapollo.com | Online reports: https://phr.apolloclinic.com



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0771 4033341/42

EXAMINATION OF EYES :- (BY OPHTHALMOLOGIST)

Patient Name Mrs. Vijay Lenoni

Date 4/11/23

Sex/Age 40/f

MR No

Employee Id

| | | | | |
|---|------------------|--------|-----------|-----|
| EXTERNAL EXAMINATION | | | | |
| SQUINT | - 126 | | | |
| NYSTAGMUS | - NO | | | |
| COLOUR VISION | - Normal | | | |
| FUNDUS:(RE):- | well (LE):- well | | | |
| INDIVIDUAL COLOUR IDENTIFICATION | | | | |
| DISTANT VISION:(RE):- | EPG-6/6 | (LE):- | - EPG-6/6 | |
| NEAR VISION:(RE):- | EPG-4/6 | (LE):- | - EPG-4/6 | |
| NIGHT BLINDNESS | | | | |
| | SPH | CYL | AXIS | ADD |
| RIGHT | - | - | - | |
| LEFT | - | - | - | |
| REMARKS :- | | | | |
| <p>EPG { 6/6 6/6 NV { 4/6 4/6</p> | | | | |

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



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Dr. Sweety Lath

BDS (Cosmetic Dental Surgeon)



Dr. Vivek Lath

Chief Dental Consultant
BDS, MDS, Diplomate (WCOI, Japan)
Professor, MCDRC - Durg
Reg. No. CGDC/14/PG/45

- Consult for : Digital Dentistry • Fixed Teeth • RCT • Dental Implants • Gums Diseases • Dentures • Cosmetic Filling • Tooth Jewellery
- Digital OPG • Braces Treatment • Tooth Removal • Kids Dental Treatment • All Kind of Dental Surgeries

Mrs Vijay Laxmi Sharma

40 y female

4/11/23 o/c-pt. Come for routine dental
Examination.

O/E - Calculus +
Stain ++
Restoration G

Advice - Complete oral prophylaxis



1
Σ



Patient Name : Mrs VIJAY LAXMI SHARMA
UHID/ MR No : 7488
Visit Date : 04/11/2023
Sample Collected On : 04/11/2023 04:02PM
Ref. Doctor : SELF
Sponsor Name :

Age/Gender : 40 Y, Female
OP Visit No : OPD-UNIT-II-2
Reported On : 05/11/2023 01:23PM


HAEMATOLOGY

| Investigation | Observed Value | Unit | Biological Reference Interval |
|--|----------------|-------------|-------------------------------|
| HEMOGRAM | | | |
| Haemoglobin(HB) Method: CELL COUNTER | 11.1 | gm/dl | 12 - 16 |
| Erythrocyte (RBC) Count Method: CELL COUNTER | 4.13 | mill/cu.mm. | 4.20 - 6.00 |
| PCV (Packed Cell Volume) Method: CELL COUNTER | 33.30 | % | 39 - 52 |
| MCV (Mean Corpuscular Volume) Method: CELL COUNTER | 80.6 | fL | 76.00 - 100 |
| MCH (Mean Corpuscular Haemoglobin) Method: CELL COUNTER | 26.9 | 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 | 15.2 | % | 11- 16 |
| Total Leucocytes (WBC) Count Method: CELL COUNTER | 6.43 | cells/cumm | 3.50 - 11.00 |
| Neutrophils Method: CELL COUNTER | 64 | % | 40.0 - 73.0 |
| Lymphocytes Method: CELL COUNTER | 29 | % | 15.0 - 45.0 |
| Eosinophils Method: CELL COUNTER | 02 | % | 1-6% |
| Monocytes Method: CELL COUNTER | 05 | % | 4.0 - 12.0 |
| Basophils Method: CELL COUNTER | 00 | % | 0.0 - 2.0 |

End of Report
Results are to be correlated clinically

Lab Technician / Technologist
path

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DR DHANANJAY RAMCHANDRA PRASAD
M.D. PATHOLOGY

Patient Name : Mrs VIJAY LAXMI SHARMA
UHID/ MR No : 7488
Visit Date : 04/11/2023
Sample Collected On : 04/11/2023 04:02PM
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Sponsor Name :

Age/Gender : 40 Y. Female
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Reported On : 05/11/2023 01:23PM

HAEMATOLOGY

| Investigation | Observed Value | Unit | Biological Reference Interval |
|--|----------------|------------|-------------------------------|
| Platelet Count Method: CELL COUNTER | 282 | lacs/cu mm | 150-400 |
| ESR- Erythrocyte Sedimentation Rate Method: Westergren's Method | 25 | mm /HR | 0 - 20 |


Blood Group (ABO Typing)

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

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DR DHANANJAY RAMCHANDRA PRASAD
M.D. PATHOLOGY

Patient Name : Mrs VIJAY LAXMI SHARMA
UHID/ MR No : 7488
Visit Date : 04/11/2023
Sample Collected On : 04/11/2023 04:02PM
Ref. Doctor : SELF
Sponsor Name :

Age/Gender : 40 Y. Female
OP Visit No : OPD-UNIT-II-1
Reported On : 05/11/2023 01:23PM


BIO CHEMISTRY

| Investigation | Observed Value | Unit | Biological Reference Interval |
|------------------------------------|----------------|-------|-------------------------------|
| Glucose Random | 74.0 | mg/dl | 70.0-140.0 |
| Method: REAGENT GRADE WATER | | | |
| KFT - RENAL PROFILE - SERUM | | | |
| BUN-Blood Urea Nitrogen | 10 | mg/dl | 7 - 20 |
| METHOD: Spectrophotometric | | | |
| Creatinine | 1.0 | mg/dl | 0.6-1.4 |
| METHOD: Spectrophotometric | | | |
| Uric Acid | 3.9 | mg/dL | 2.6 - 7.2 |
| Method: Spectrophotometric | | | |

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DR DHANANJAY RAMCHANDRA PRASAD
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Patient Name : Mrs VIJAY LAXMI SHARMA
UHID/ MR No : 7488
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Sample Collected On : 04/11/2023 04:02PM
Ref. Doctor : SELF
Sponsor Name :

Age/Gender : 40 Y. Female
OP Visit No : OPD-UNIT-II-2
Reported On : 05/11/2023 01:23PM

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

End of Report

Results are to be created clinically

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DR DHANANJAY RAMCHANDRA PRASAD
M.D. PATHOLOGY

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UHID/ MR No : 7488
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Sample Collected On : 04/11/2023 04:02PM
Ref. Doctor : SELF
Sponsor Name :

Age/Gender : 40 Y. Female
OP Visit No : OPD-UNIT-II-1
Reported On : 05/11/2023 01:23PM

BIO CHEMISTRY

| Investigation | Observed Value | Unit | Biological Reference Interval |
|--|----------------|-------|---|
| LIPID PROFILE TEST (PACKAGE) | | | |
| Cholesterol - Total | 156.0 | mg/dl | Desirable: < 200 Borderline High: 200-239 High: >= 240 |
| Triglycerides level | 142.0 | mg/dl | Normal : < 150 Borderline High : 150-199 Very High : >=500 |
| Method: Spectrophotometric HDL Cholesterol | 43.0 | mg/dl | Major risk factor for heart disease: < 40 Negative risk factor for heart disease :>60 |
| Method: Spectrophotometric LDL Cholesterol | 84.60 | 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 | 28.40 | mg/dl | 6 - 38 |
| Total Cholesterol/HDL Ratio | 3.63 | | 3.5 - 5 |
| Method: Spectrophotometric | | | |

End of Report
Results are to be correlated clinically

Lab Technician / Technologist
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Dr. Dhananjay Ramchandra Prasad
DR DHANANJAY RAMCHANDRA PRASAD
 M.D. PATHOLOGY

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Visit Date : 04/11/2023
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Ref. Doctor : SELF
Sponsor Name :

Age/Gender : 40 Y. Female
OP Visit No : OPD-UNIT-II-1
Reported On : 05/11/2023 01:23PM

BIO CHEMISTRY

| Investigation | Observed Value | Unit | Biological Reference Interval |
|---|----------------|-------|-------------------------------|
| LIVER FUNCTION TEST | | | |
| Bilirubin - Total Method: Spectrophotometric | 0.7 | mg/dl | 0.1-1.2 |
| Bilirubin - Direct Method: Spectrophotometric | 0.2 | mg/dl | 0.05-0.3 |
| Bilirubin (Indirect) Method: Calculated | 0.50 | mg/dl | 0 - 1 |
| SGOT (AST) Method: Spectrophotometric | 27 | U/L | 0 - 32 |
| SGPT (ALT) Method: Spectrophotometric | 32 | U/L | 0 - 33 |
| ALKALINE PHOSPHATASE | 78 | U/L | 25-147 |
| Total Proteins Method: Spectrophotometric | 6.8 | g/dl | 6 - 8 |
| Albumin Method: Spectrophotometric | 4.3 | mg/dl | 3.4 - 5.0 |
| Globulin Method: Calculated | 2.5 | g/dl | 1.8 - 3.6 |
| A/G Ratio Method: Calculated | 1.75 | % | 1.1 - 2.2 |

End of Report
Results are to be correlated clinically

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Dhananjay
DR DHANANJAY RAMCHANDRA PRASAD
M.D. PATHOLOGY

Patient Name : Mrs VIJAY LAXMI SHARMA
UHID/ MR No : 7488
Visit Date : 04/11/2023
Sample Collected On : 04/11/2023 04:02PM
Ref. Doctor : SELF
Sponsor Name :

Age/Gender : 40 Y. Female
OP Visit No : OPD-UNIT-II-1
Reported On : 05/11/2023 01:23PM

CLINICAL PATHOLOGY

| Investigation | Observed Value | Unit | Biological Reference Interval |
|----------------------------------|----------------|------|-------------------------------|
| URINE ROUTINE EXAMINATION | | | |
| Physical Examination | | | |
| Volum of urine | 30ML | | |
| Appearance | Clear | | Clear |
| Colour | Pale Yellow | | Colourless |
| Specific Gravity | 1.020 | | 1.001 - 1.030 |
| Reaction (pH) | 5.0 | | |
| Chemical Examination | | | |
| Protein(Albumin) Urine | Absent | | Absent |
| Glucose(Sugar) Urine | Absent | | Absent |
| Blood | Absent | | Absent |
| Leukocytes | Absent | | Absent |
| Ketone Urine | Absent | | Absent |
| Bilirubin Urine | Absent | | Absent |
| Urobilinogen | Absent | | Absent |
| Nitrite (Urine) | Absent | | Absent |
| Microscopic Examination | | | |
| RBC (Urine) | 0-1 | /hpf | 0 - 2 |
| Pus cells | 4-6 | /hpf | 0 - 5 |
| Epithelial Cell | 2-4 | /hpf | 0 - 5 |
| Crystals | Not Seen | /hpf | Not Seen |
| Bacteria | Not Seen | /hpf | Not Seen |
| Budding yeast | Not Seen | /hpf | |

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Annal
DR DHANANJAY RAMCHANDRA PRASAD
M.D. PATHOLOGY

| | |
|--|--|
| Patient Name : Mrs. VIJAY LAXMI SHARMA | Collected : 05/Nov/2023 11:53AM |
| Age/Gender : 40 Y 0 M 0 D / F | Received : 05/Nov/2023 12:14PM |
| UHID/MR No : DSUS.0000005455 | Reported : 05/Nov/2023 03:06PM |
| Visit ID : DSUSOPV6297 | Status : Final Report |
| Ref Doctor : APOLLO CLINIC | Client Name : PUP APOLLO CLINIC SAMRIDDHI AR |
| IP/OP NO : | Patient location : Raipur, Raipur |

DEPARTMENT OF IMMUNOLOGY

| Test Name | Result | Unit | Bio. Ref. Range | Method |
|-----------|--------|------|-----------------|--------|
|-----------|--------|------|-----------------|--------|

THYROID PROFILE TOTAL (T3, T4, TSH), SERUM

| | | | | |
|-----------------------------------|-------|--------|----------|------|
| TRI-IODOTHYRONINE (T3, TOTAL) | 1.09 | ng/mL | 0.6-1.81 | CLIA |
| THYROXINE (T4, TOTAL) | 8.70 | ug/dL | 3.2-12.6 | CLIA |
| THYROID STIMULATING HORMONE (TSH) | 3.180 | uIU/mL | 0.35-5.5 | CLIA |

Comment:

| | |
|-----------------------------|--|
| For pregnant females | Bio Ref Range for TSH in uIU/ml (As per American Thyroid Association) |
| First trimester | 0.1 - 2.5 |
| Second trimester | 0.2 - 3.0 |
| Third trimester | 0.3 - 3.0 |

- TSH is a glycoprotein hormone secreted by the anterior pituitary. TSH activates production of T₃ (Triiodothyronine) and its prohormone T₄ (Thyroxine). Increased blood level of T₃ and T₄ inhibit production of TSH.
- TSH is elevated in primary hypothyroidism and will be low in primary hyperthyroidism. Elevated or low TSH in the context of normal free thyroxine is often referred to as sub-clinical hypo- or hyperthyroidism respectively.
- Both T₄ & T₃ provides limited clinical information as both are highly bound to proteins in circulation and reflects mostly inactive hormone. Only a very small fraction of circulating hormone is free and biologically active.
- Significant variations in TSH can occur with circadian rhythm, hormonal status, stress, sleep deprivation, medication & circulating antibodies.

| TSH | T3 | T4 | FT4 | Conditions |
|-------|------|------|------|---|
| High | Low | Low | Low | Primary Hypothyroidism, Post Thyroidectomy, Chronic Autoimmune Thyroiditis |
| High | N | N | N | Subclinical Hypothyroidism, Autoimmune Thyroiditis, Insufficient Hormone Replacement Therapy. |
| N/Low | Low | Low | Low | Secondary and Tertiary Hypothyroidism |
| Low | High | High | High | Primary Hyperthyroidism, Goitre, Thyroiditis, Drug effects, Early Pregnancy |
| Low | N | N | N | Subclinical Hyperthyroidism |
| Low | Low | Low | Low | Central Hypothyroidism, Treatment with Hyperthyroidism |
| Low | N | High | High | Thyroiditis, Interfering Antibodies |
| N/Low | High | N | N | T ₃ Thyrotoxicosis, Non thyroidal causes |
| High | High | High | High | Pituitary Adenoma, TSHoma/Thyrotropinoma |

*** End Of Report ***

Sandhya Verma
Dr. SANDHYA VERMA

MBBS, MD (Pathology)

Consultant Pathologist

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