

Miss - ALPNA KUMARI
~~Miss ALPNA - KUMARI~~
Age - 30y/f

BP - 110/70 mm of Hg

P - 70 b/m

H - 159 cm

Wt - 56 kg



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Apollo Clinic

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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

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EXAMINATION OF EYES :- (BY OPHTHALMOLOGIST)

Patient Name Miss Alpha

Date 4/11/23

Sex/Age 30/f

MR No

Employee Id

| | | | | |
|--|--------------|--------|-------|-----|
| EXTERNAL EXAMINATION | | | | |
| SQUINT | - No | | | |
| NYSTAGMUS | - No | | | |
| COLOUR VISION | - normal | | | |
| FUNDUS:(RE):- | lllll (LE):- | | lllll | |
| INDIVIDUAL COLOUR IDENTIFICATION | | | | |
| DISTANT VISION:(RE):- | 6/6 | (LE):- | 6/6 | |
| NEAR VISION:(RE):- | N/6 | (LE):- | N/6 | |
| NIGHT BLINDNESS | | | | |
| | SPH | CYL | AXIS | ADD |
| RIGHT | - | - | - | |
| LEFT | - | - | - | |
| <p>REMARKS :-</p> <p style="margin-left: 20px;"> <i>Vm</i> { 6/6 <i>6/6</i> <i>N/6</i> { <i>N/6</i> <i>N/6</i> </p> | | | | |

Dr. Vikas Mishra
MBBS, MS (Ophthalmologist)
Reg. No. CGMC 624/2006



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

Miss Alpha Kumari
30/F

5/11/2023

Ch: Pt complain of stains in teeth -

O/E stain ++ Cal ++

Adv oral prophylaxis



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Patient Name : MISS ALPNA KUMARI
 UHID/ MR No : 7484
 Visit Date : 04/11/2023
 Sample Collected On : 04/11/2023 03:52PM
 Ref. Doctor : SELF
 Sponsor Name :

Age/Gender : 30 Y Female
 OP Visit No : OPD-UNIT-II-2
 Reported On : 05/11/2023 01:07PM


HAEMATOLOGY

| Investigation | Observed Value | Unit | Biological Reference Interval |
|--|----------------|-------------|-------------------------------|
| HEMOGRAM | | | |
| Haemoglobin(HB) Method: CELL COUNTER | 13.3 | gm/dl | 12 - 16 |
| Erythrocyte (RBC) Count Method: CELL COUNTER | 4.52 | mill/cu.mm. | 4.20 - 6.00 |
| PCV (Packed Cell Volume) Method: CELL COUNTER | 39.90 | % | 39 - 52 |
| MCV (Mean Corpuscular Volume) Method: CELL COUNTER | 88.3 | fL | 76.00 - 100 |
| MCH (Mean Corpuscular Haemoglobin) Method: CELL COUNTER | 29.4 | 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 | 13.5 | % | 11 - 16 |
| Total Leucocytes (WBC) Count Method: CELL COUNTER | 8.71 | cells/cumm | 3.50 - 11.00 |
| Neutrophils Method: CELL COUNTER | 69 | % | 40.0 - 73.0 |
| Lymphocytes Method: CELL COUNTER | 23 | % | 15.0 - 45.0 |
| Eosinophils Method: CELL COUNTER | 02 | % | 1-6% |
| Monocytes Method: CELL COUNTER | 06 | % | 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

Page 5 of 6


 DR DHANANJAY RAMCHANDRA PRASAD
 M.D. PATHOLOGY

Patient Name : MISS ALPNA KUMARI
 UHID/ MR No : 7484
 Visit Date : 04/11/2023
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 Ref. Doctor : SELF
 Sponsor Name :

Age/Gender : 30 Y Female
 OP Visit No : OPD-UNIT-II-2
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HAEMATOLOGY

| Investigation | Observed Value | Unit | Biological Reference Interval |
|--|----------------|------------|-------------------------------|
| Platelet Count Method: CELL COUNTER | 257 | lacs/cu.mm | 150-400 |
| ESR- Erythrocyte Sedimentation Rate Method: Westergren's Method | 10 | mm /HR | 0 - 20 |
| Blood Group (ABO Typing) | | | |
| Blood Group (ABO Typing) | O | | |
| RhD factor (Rh Typing) | POSITIVE | | |

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Page 6 of 6


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Patient Name : MISS ALPNA KUMARI
 UHID/ MR No : 7484
 Visit Date : 04/11/2023
 Sample Collected On : 04/11/2023 03:52PM
 Ref. Doctor : SELF
 Sponsor Name :

Age/Gender : 30 Y Female
 OP Visit No : OPD-UNIT-II-1
 Reported On : 05/11/2023 01:07PM


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 | 87.0 | mg/dl | 70 - 120 |
| KFT - RENAL PROFILE - SERUM | | | |
| BUN-Blood Urea Nitrogen METHOD: Spectrophotometric | 08 | mg/dl | 7 - 20 |
| Creatinine METHOD: Spectrophotometric | 0.75 | mg/dl | 0.6-1.4 |
| Uric Acid Method: Spectrophotometric | 3.6 | mg/dL | 2.6 - 7.2 |

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Page 1 of 6


 DR DHANANJAY RAMCHANDRA PRASAD
 M.D. PATHOLOGY

Patient Name : MISS ALPNA KUMARI
 UHID/ MR No : 7484
 Visit Date : 04/11/2023
 Sample Collected On : 04/11/2023 03:52PM
 Ref. Doctor : SELF
 Sponsor Name :

Age/Gender : 50 Y. Female
 OP Visit No : OPD-UNIT-II-2
 Reported On : 05/11/2023 01:07PM

BIO CHEMISTRY

| Investigation | Observed Value | Unit | Biological Reference Interval |
|----------------------------------|----------------|------|--|
| HbA1c (Glycosalated Haemoglobin) | 5.4 | % | 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 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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Page 4 of 6

Prasad
 DR DHANANJAY RAMCHANDRA PRASAD
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 UHID/ MR No : 7484
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 Sample Collected On : 04/11/2023 03:52PM
 Ref. Doctor : SELF
 Sponsor Name :

Age/Gender : 30 Y. Female
 OP Visit No : OPD-UNIT-II-2
 Reported On : 05/11/2023 01:07PM

BIO CHEMISTRY

| Investigation | Observed Value | Unit | Biological Reference Interval |
|--|----------------|-------|--|
| LIPID PROFILE TEST (PACKAGE) | | | |
| Cholesterol - Total | 110.0 | 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 | 42.0 | mg/dl | Major risk factor for heart disease: < 40 Negative risk factor for heart disease :>60 |
| Method: Spectrophotometric LDL Cholesterol | 54.80 | 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 | 2.62 | | 3.5 - 5 |
| Method: Spectrophotometric | | | |

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Sponsor Name :

Age/Gender : 30 Y. Female
OP Visit No : OPD-UNIT-II-2
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BIO CHEMISTRY

| Investigation | Observed Value | Unit | Biological Reference Interval |
|---|----------------|-------|-------------------------------|
| LIVER FUNCTION TEST | | | |
| Bilirubin - Total Method: Spectrophotometric | 0.6 | mg/dl | 0.1-1.2 |
| Bilirubin - Direct Method: Spectrophotometric | 0.2 | mg/dl | 0.05-0.3 |
| Bilirubin (Indirect) Method: Calculated | 0.40 | mg/dl | 0 - 1 |
| SGOT (AST) Method: Spectrophotometric | 21 | U/L | 0 - 32 |
| SGPT (ALT) Method: Spectrophotometric | 26 | U/L | 0 - 33 |
| ALKALINE PHOSPHATASE | 78 | 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 |

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Page 3 of 6

Dr. Dhananjay Ramchandra Prasad
DR DHANANJAY RAMCHANDRA PRASAD
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 UHID/ MR No : 7484
 Visit Date : 04/11/2023
 Sample Collected On : 04/11/2023 03:52PM
 Ref. Doctor : SELF
 Sponsor Name :

Age/Gender : 30 Y. Female
 OP Visit No : OPD-UNIT-II-2
 Reported On : 05/11/2023 01:07PM


CLINICAL PATHOLOGY

| Investigation | Observed Value | Unit | Biological Reference Interval |
|----------------------------------|----------------|------|-------------------------------|
| URINE ROUTINE EXAMINATION | | | |
| Physical Examination | | | |
| Volum of urine | 25ML | | |
| Appearance | Clear | | Clear |
| Colour | Pale Yellow | | Colourless |
| Specific Gravity | 1.020 | | 1.001 - 1.030 |
| Reaction (pH) | 6.0 | | |
| 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 | 2-4 | /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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| | |
|----------------------------------|--|
| Patient Name : Miss.ALPNA KUMARI | Collected : 05/Nov/2023 11:46AM |
| Age/Gender : 30 Y O M O D /F | Received : 05/Nov/2023 12:14PM |
| UHID/MR No : DSUS.00C0005451 | Reported : 05/Nov/2023 03:06PM |
| Visit ID : DSUSCPV6292 | 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 | | | | |
|---|-------|--------|----------|------|
| TRIHODOTHYRONINE (T3, TOTAL) | 1.21 | ng/mL | 0.6-1.81 | CLIA |
| THYROXINE (T4, TOTAL) | 8.20 | µg/dL | 3.2-12.6 | CLIA |
| THYROID STIMULATING HORMONE (TSH) | 3.410 | µIU/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 |

1. 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.
2. 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.
3. 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.
4. 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 | T3 Thyrotoxicosis, Non thyroidal causes |
| High | High | High | High | Pituitary Adenoma; TSHoma/Thyrotropinoma |

*** End Of Report ***

Sandhya Verma
Dr. SANDHYA VERMA
MBBS, MD, (Pathology)
Apollo Consultant Pathologist

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