

BP - 140/90
P - 88/nt
H - 157C.m
wt - 85kg
CBC - 12.8 / 4.55 / 5.29 / 209
T3 - 0.96
T4 - 7.50
TSH - 9.530
ESR - 20
HbA1c - 5.7
PbSLOC, PP - 139.0
Lipid - 151 / 135 / 44 / 80
LFT - 25 / 29 / 85

Ms. Shrutti Dongraonkar
Age - 51 Yr

Low Hypothyroid (1.50)
HBM

1
- Tab Thyrox 50mg OD
- Tab Telma 40mg OD
- Cap RASHB 0.5 2x1
 Guanfacine 2x1
 7-30 day
वर्क 15/29/85



(Signature)
Dr. Animesh Choudhary
MD Medicine
Reg. No. CGMC 3583/2011
Apollo Clinic, Raipur

- 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. Shanti Dhangar
5/11

14/10/23

Pt complains of food lodgment in upper eight back region.

O/E → Calculus + , Stain +

Proximal Caries = 1/1

Food lodgment = $\frac{5}{567}$

Discoloration of rubber = $\frac{3}{}$

Ad:

Oral Prophylexis
Restoration = 1/1

Change of Crown = 5/56

Restoration = 3/

Yelan



ID: 883
MRS SHRUTI DONGAONKAR
Female 51Years

14-10-2023 10:36:45 AM
HR : 80 bpm
P : 98 ms
PR : 168 ms
QRS : 90 ms
QT/QTc : 380/439 ms
P/QRS/T : 56/43/-30 °
RV5/SV1 : 1.004/1.113 mV

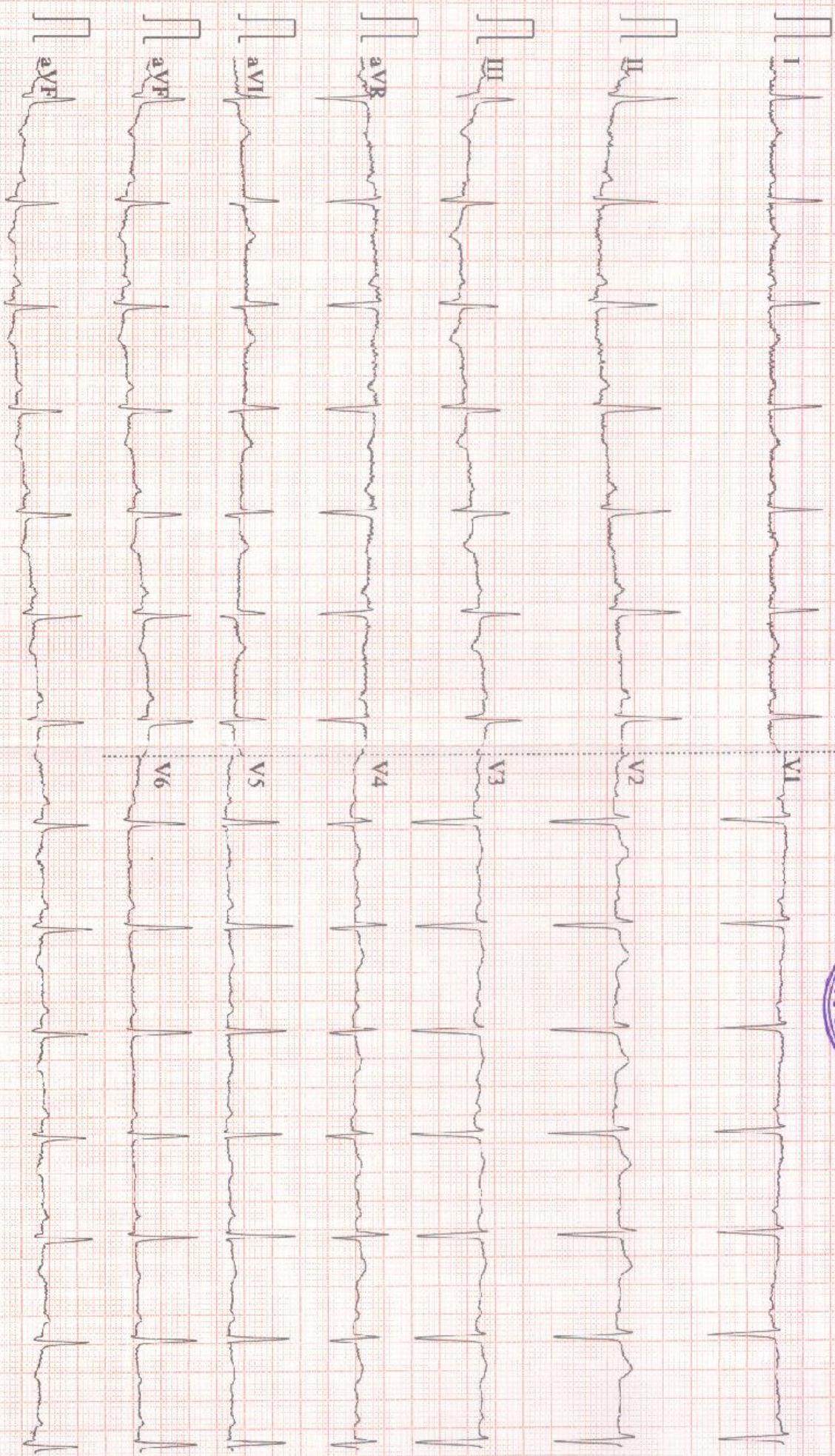
Diagnosis Information:

Sinus rhythm
Inferior infarct - age undetermined
Abnormal ECG

Report Confirmed



Dr. Animesh Choudhary
MD Medicine
Reg. No. CGMC 3583/2011
Apollo Clinic, Raipur



EXAMINATION OF EYES :- (BY OPHTHALMOLOGIST)

Patient Name Mrs. Shubhi Dongaonkar

Date 14/10/23

Sex/Age M. 1.51 year MR No

Employee Id

EXTERNAL EXAMINATION				
SQUINT		N/D		
NYSTAGMUS				
COLOUR VISION		NORMAL		
FUNDUS:(RE):-	<u>WNL</u>	(LE):- <u>WNL</u>		
INDIVIDUAL COLOUR IDENTIFICATION		<u>Good</u>		
DISTANT VISION:(RE):-	<u>6/6</u>	(LE):- <u>6/6</u>		
NEAR VISION:(RE):-	<u>N/A @ 6/6</u>	(LE):- <u>N/A @ 6/6</u>		
NIGHT BLINDNESS		<u>NAD</u>		
	SPH	CYL	AXIS	ADD
RIGHT				<u>+2.25</u>
LEFT				<u>+2.25</u>

REMARKS :-

M-4



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

PATIENT NAME: MRS. SHRUTI DONGAONKAR
REF BY: BOB

AGE / SEX: 51Y/F
DATE: 14/10/2023

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.



(MD)

CONSULTANT RADIOLOGIST

This report is for perusal of the doctor only not the definitive diagnosis; findings have to be clinically correlated. Ultrasound has its limitations in obese patients and In retroperitoneal organs. All congenital abnormalities cannot be detected on ultrasound. Sex of the fetus is not determined here. This report is not for medico-legal purposes.

* Only large obvious hypo/anechoic mass lesion can be diagnosed by USG. Mammography/breast MRI are much more sensitive and specific imaging modalities for evaluation of breast parenchyma & breast lesion. Advised further evaluation with these imaging modalities if clinically indicated/strong suspicion of breast lesion.

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PATIENT NAME: MRS. SHRUTI DONGAONKAR
REF BY: BOB

AGE / SEX: 51YRS/F
DATE: 14.10.2023

USG ABDOMEN

Liver: Liver is normal in size smooth in outline & 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 measures cm, and echotexture.

Kidneys	RIGHT	LEFT
SIZE	9.66X5.21Cm	11.17x4.71Cm
CORTICAL ECHOGENICITY	Normal	Normal
CORTICOMEDULLARY DIFFERENTIATION	Maintained	Maintained
PCS	Not Dilated	Not Dilated
Any other remarks	Nil	Nil

Urinary bladder: Distended & normal.

Uterus is bulky in size (9.62 x 5.47 x 5.40 cm, Vol. – 148.784 cc) and echotexture. Endometrial thickness 2.6 mm.

Right Ovary: Normal in size (3.99 x 2.27 cm), shape and echotexture.

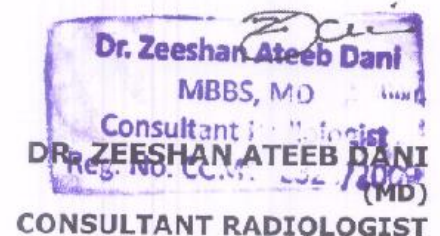
Left Ovary: Normal in size (3.54 x 1.20 cm), shape and echotexture.

No evidence of free fluid in abdomen or pelvis.

IMPRESSION:

- BULKY UTERUS

Advised clinical correlation/further evaluation if clinically indicated.



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ECHOCARDIOGRAPHY REPORT

NAME : MRS SHRUTI DONGAONKAR	Age/Sex: 51Yrs/Female	ECG : Sinus Rhythm
OPD/ IPD : OPD	STUDY DATE: 14/10/2023	REGN. NO. : FRAI.00000
Ref. By Dr : SELF		

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 = 1.2 ES = 1.5	0.6 – 1.1
Aortic Valve Opening	1.7	1.5 – 2.6	PW Thickness	ED = 1.2 ES = 1.5	0.6 – 1.1
LA Dimension	2.7	1.9 – 4.0	RA Dimension	---	2.6
LVID(D)	4.0	3.7 – 5.5	RV Dimension	---	2.6
LVID(s)	2.5	2.2 – 4.0	TAPSE	----	1.6 – 2.6
LV EJECTION FRACTION	> 60%		(NORMAL VALUE: 55 – 60%)		

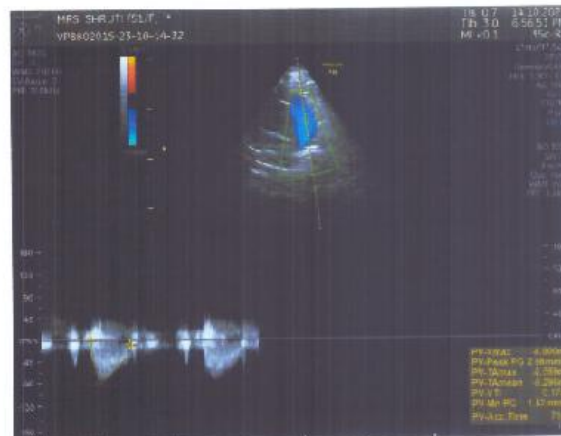
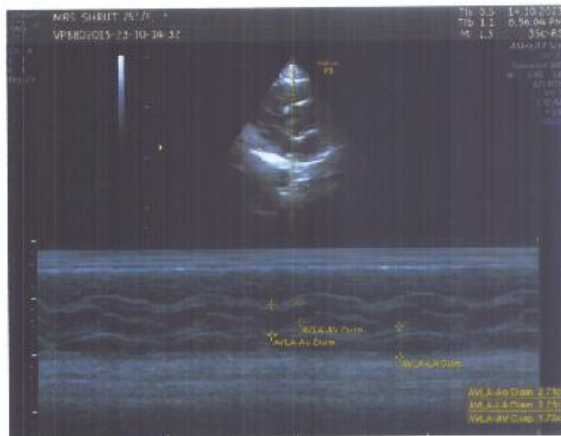
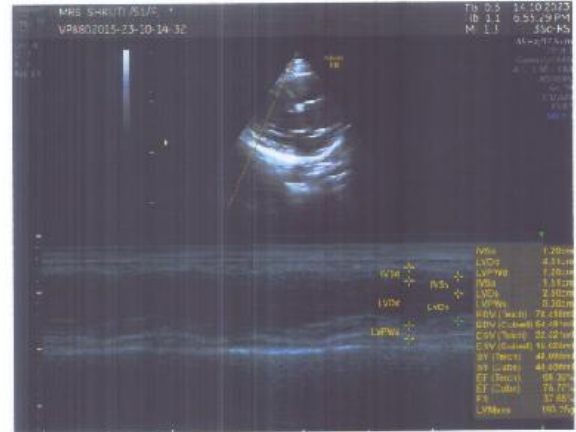
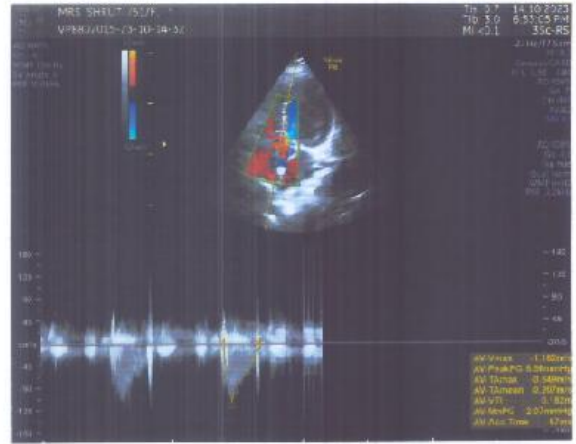
2D ECHO, COLOR FLOW & DOPPLER ASSESSMENT

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 , Normal
Tricuspid Valve	: Normal
Aortic Valve	: Normal
Pulmonary Valve	: Pulmonary valve appears normal in morphology.
Systemic venous	: IVC normal in size with normal Inspiratory collapse.
Diastolic Function	: LV DIASTOLIC DYSFUNCTION GRADE I

FINAL IMPRESSION : NO RWMA AT REST.
NORMAL LV SYSTOLIC FUNCTION.
MILD CONCENTRIC LVH /DRA -I.
NO I/C CLOT VEGITATION OR PERICARDIAL EFFUSION.



DR. DEEPAN DAS
MBBS, DIP. CARDIOLOGY
CONSULTANT DEPT. OF NIC



NAME OF PATIENT: MRS. SHRUTI DONGAONKAR

AGE 51/FEMALE

REFERRED BY: BOB

DATE:14/10/2023.

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
M.B.B.S, MD
Consultant Radiologist
Reg. No. CGMC 2017/2003
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.

Patient Name : Mrs.SHRUTI DONGAONKAR	Collected : 14/Oct/2023 02:46PM
Age/Gender : 51 Y 0 M 0 D /F	Received : 14/Oct/2023 02:57PM
UHID/MR No : DSUS.0000005237	Reported : 14/Oct/2023 04:09PM
Visit ID : DSUSOPV6040	Status : Final Report
Ref Doctor : APOLLO CLINIC	Client Name : PUP APOLLO CLINIC SAMRIDHI 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-IODOETHYRONINE (T3, TOTAL)	0.96	ng/mL	0.6-1.81	CLIA
THYROXINE (T4, TOTAL)	7.50	µg/dL	3.2-12.6	CLIA
THYROID STIMULATING HORMONE (TSH)	9.530	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	0.5 - 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/Thyrocytoma

*** End Of Report ***

Sandhya Verma

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

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Patient Name : MRS SHRUTI DONGAONKAR
UHID/ MR No : 7210
Visit Date : 14/10/2023
Sample Collected On : 14/10/2023 01:29PM
Ref. Doctor : SELF
Sponsor Name :

Age/Gender : 51 Y. Female
OP Visit No : OPD-UNIT-II-2
Reported On : 14/10/2023 02:27PM

HAEMATOLOGY

Investigation	Observed Value	Unit	Biological Reference Interval
CBC - COMPLETE BLOOD COUNT			
Haemoglobin(HB) Method: CELL COUNTER	12.8	gm/dl	12 - 16
Erythrocyte (RBC) Count Method: CELL COUNTER	4.35	mill/cu.mm.	4.20 - 6.00
PCV (Packed Cell Volume) Method: CELL COUNTER	38.40	%	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	13.6	%	11- 16
Total Leucocytes (WBC) Count Method: CELL COUNTER	5.29	cells/cumm	3.50 - 11.00
Neutrophils Method: CELL COUNTER	64	%	40.0 - 73.0
Lymphocytes Method: CELL COUNTER	30	%	15.0 - 45.0
Monocytes	04	%	4.0 - 12.0
Eosinophils Method: CELL COUNTER	02	%	1-6%
Basophils Method: CELL COUNTER	00	%	0.0 - 2.0

End of Report
Results are to be correlated clinically

Lab Technician / Technologist
 path



Page 6 of 7

DR DHANANJAY RAMCHANDRA PRASAD
 M.D. PATHOLOGY

Patient Name : MRS SHRUTI DONGAONKAR
UHID/ MR No : 7210
Visit Date : 14/10/2023
Sample Collected On : 14/10/2023 01:29PM
Ref. Doctor : SELF
Sponsor Name :

Age/Gender : 51 Y Female
OP Visit No : OPD-UNIT-II-1
Reported On : 14/10/2023 02:27PM

HAEMATOLOGY


Investigation	Observed Value	Unit	Biological Reference Interval
Platelet Count Method: CELL COUNTER	209	lacs/cu.mm	150-400

1. 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.
2. Test: conducted on EDTA whole blood.

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 SHRUTI DONGAONKAR
UHID/ MR No : 7210
Visit Date : 14/10/2023
Sample Collected On : 14/10/2023 01:29PM
Ref. Doctor : SELF
Sponsor Name :

Age/Gender : 51 Y Female
OP Visit No : OPD-UNIT-II-2
Reported On : 14/10/2023 02:27PM

HAEMATOLOGY

Investigation	Observed Value	Unit	Biological Reference Interval
ESR- Erythrocyte Sedimentation Rate Method: Westergren's Method	20	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) B
RhD factor (Rh Typing) POSITIVE

End of Report
Results are to be correlated clinically

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DR DHANANJAY RAMCHANDRA PRASAD
M.D. PATHOLOGY

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Patient Name : MRS SHRUTI DONGAONKAR
UHID/ MR No : 7210
Visit Date : 14/10/2023
Sample Collected On : 14/10/2023 01:29PM
Ref. Doctor : SELF
Sponsor Name :

Age/Gender : 51 Y. Female
OP Visit No : OPD-UNIT-II-2
Reported On : 14/10/2023 02:27PM

BIO CHEMISTRY

Investigation	Observed Value	Unit	Biological Reference Interval
HbA1c (Glycosalated Haemoglobin)	5.7	%	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 glycosylated 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 glycosylated 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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Dr. Dhananjay Ramchandra Prasad
DR DHANANJAY RAMCHANDRA PRASAD
M.D. PATHOLOGY

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Sponsor Name :

Age/Gender : 51 Y. Female
OP Visit No : OPD-UNIT-II-2
Reported On : 14/10/2023 02:27PM


BIO CHEMISTRY

Investigation	Observed Value	Unit	Biological Reference Interval
GLUCOSE - (POST PRANDIAL)			
Glucose -Post prandial Method: REAGENT GRADE WATER	139.0	mg/dl	70-140
GLUCOSE (FASTING)			
Glucose- Fasting SUGAR REAGENT GRADE WATER	106.0	mg/dl	70 - 120
KFT - RENAL PROFILE - SERUM			
BUN-Blood Urea Nitrogen METHOD: Spectrophotometric	09	mg/dl	7 - 20
Creatinine METHOD: Spectrophotometric	0.84	mg/dl	0.6-1.4
Uric Acid Method: Spectrophotometric	4.6	mg/dL	2.6 - 7.2

End of Report
Results are to be correlated clinically

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 Visit Date : 14/10/2023
 Sample Collected On : 14/10/2023 01:29PM
 Ref. Doctor : SELF
 Sponsor Name :

Age/Gender : 51 Y. Female
 OP Visit No : OPD-UNIT-II-1
 Reported On : 14/10/2023 02:27PM

BIO CHEMISTRY


Investigation	Observed Value	Unit	Biological Reference Interval
LIPID PROFILE TEST (PACKAGE)			
Cholesterol - Total	151.0	mg/dl	Desirable: < 200 Borderline High: 200-239 High: >= 240
Triglycerides level	135.0	mg/dl	Normal : < 150 Borderline High : 150-199 Very High : >=500
Method: Spectrophotometric HDL Cholesterol	44.0	mg/dl	Major risk factor for heart disease: < 40 Negative risk factor for heart disease :>60
Method: Spectrophotometric LDL Cholesterol	80	mg/dl	Optimal:< 100 Near Optimal :100 – 129 Borderline High : 130-159 High : 160-189 Very HI Optimal:< 100 Near Optimal :100 – 129 Borderline High : 130-159 High : 160-189 Very High : >=1
Method: Spectrophotometric VLDL Cholesterol	27	mg/dl	6 - 38
Total Cholesterol/HDL Ratio	3.43		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
 M.D. PATHOLOGY

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 **0771 4033341/42**

Patient Name : MRS SHRUTI DONGAONKAR
UHID/ MR No : 7210
Visit Date : 14/10/2023
Sample Collected On : 14/10/2023 01:29PM
Ref. Doctor : SELF
Sponsor Name :

Age/Gender : 51 Y. Female
OP Visit No : OPD-UNIT-II-1
Reported On : 14/10/2023 02:27PM

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	25	U/L	0 - 32
SGPT (ALT) Method: Spectrophotometric	29	U/L	0 - 33
ALKALINE PHOSPHATASE	85	U/L	
Total Proteins Method: Spectrophotometric	6.7	g/dl	6 - 8
Albumin Method: Spectrophotometric	4.3	mg/dl	3.4 - 5.0
Globulin Method: Calculated	2.4	g/dl	1.8 - 3.6
A/G Ratio Method: Calculated	1.79	%	1.1 - 2.2

End of Report
Results are to be correlated clinically

Lab Technician / Technologist
path

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Dhananjay
DR DHANANJAY RAMCHANDRA PRASAD
M.D. PATHOLOGY

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 Sponsor Name :

Age/Gender : 51 Y Female
 OP Visit No : OPD-UNIT-II-2
 Reported On : 14/10/2023 02:27PM

CLINICAL PATHOLOGY

Investigation	Observed Value	Unit	Biological Reference Interval
URINE ROUTINE EXAMINATION			
Physical Examination			
Volum of urine	20ML		Clear
Appearance	Clear		Colourless
Colour	Pale Yellow		1.001 - 1.030
Specific Gravity	1.020		
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)	2-4	/hpf	0 - 2
Pus cells	4-6	/hpf	0 - 5
Epithelial Cell	6-8	/hpf	0 - 5
Crystals	Not Seen	/hpf	Not Seen
Bacteria	Seen	/hpf	Not Seen
Budding yeast	Not Seen	/hpf	

End of Report
 Results are to be correlated clinically

Lab Technician / Technologist
 path

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