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I, Ms. Snehil Sukhit would not willing to go for Pap-smear test and Echo test as well.

Thanking You.

Snehil.

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Dr. Ankita Agrawal

MBBS (Gold Medalist) MS (OBS & GYNAE), FMAS, DRM
MS OBS & Gynecology (PGIMS Rohtak)
Fellowship in Gynecology Endoscopy (Ahmedabad)
Diploma in Urogynaecology (Germany)
Diploma in ART and Reproductive Medicine (UKSH, Germany)
Ex. Consultant Gynecology (Shri Balaji Hospitals, Mova, Raipur)
Reg. No. CGMC 4071
Laparoscopic Surgeon & Infertility Specialist

24/2/2024

Mrs - Suchil Surbhit

mf x 10yrs

LMP = 2 Jan 2024

H/o PCOD (20-25yrs)

P2 (Pre 2 LSCS) TT done 2yr back LCB

H/o Gest. Diabetes
High BP (on medication)

P/A —
Soft
Nontender

Pansheen

F/u SOS

RAIPUR APOLLO CLINIC

ID: 301

MRS SNEHIL SURBHIT

Female 35Years

24-02-2024 10:19:16 AM

HR	: 83	bpm	
P	: 92	ms	
PR	: 132	ms	
QRS	: 78	ms	
QT/QTc	: 346/407	ms	
P/QRS/T	: 63/37/13	°	
RV5/SV1	: 0.745/1.093	mV	

Diagnosis Information:

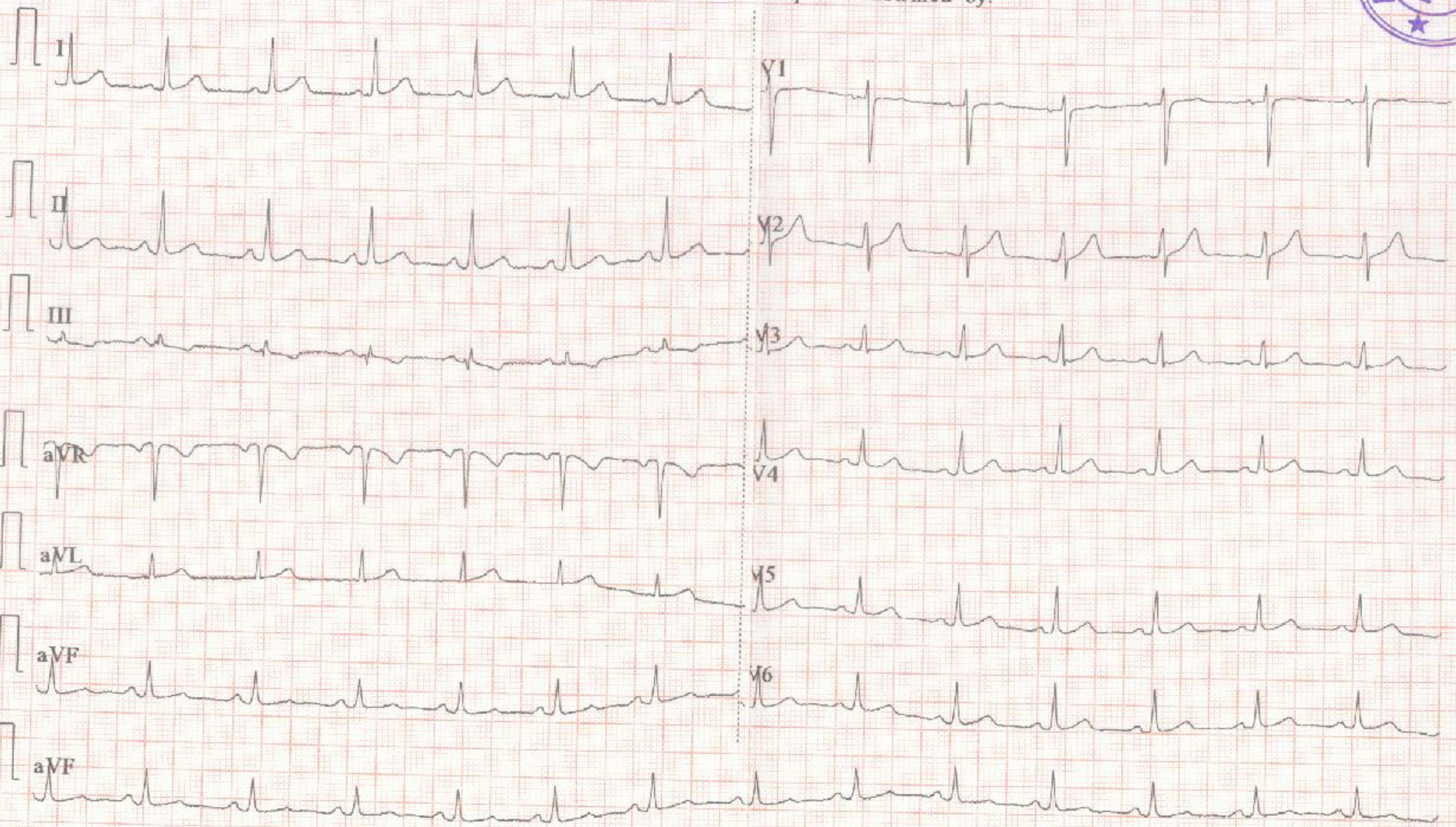
Sinus rhythm

Normal ECG

Dr. Ankit Sharma
MD Medicine
Reg. No.- CGMC 7971/2018
Apollo Clinic, Raipur

APOLLO RAIPUR CL

Report Confirmed by:



0.05~45Hz AC50 25mm/s 10mm/mV 2*5.0s+1r ♥83 CARDIA [redacted] 108 D V1.43 Glasgow V28.6.0 APOLLO CLINIC RAIPUR [redacted]

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EXAMINATION OF EYES :-(BY OPHTALMOLOGIST)

Patient Name .Mrs. Shehil Surbhit Date.24/02/24

Sex/Age F/35 Year MR No ..... Employee Id .....

EXTERNAL EXAMINATION	
SQUINT	NO
NYSTAGMUS	
COLOUR VISION	NORMAL
FUNDUS:(RE):- WNL	(LE):- WNL
INDIVIDUAL COLOUR IDENTIFICATION	Good
DISTANT VISION:(RE):- PC with E 6/6	(LE):- 6/6 E 6/6
NEAR VISION:(RE):- N6	(LE):- N6
NIGHT BLINDNESS	NAD

	SPH	CYL	AXIS	ADD
RIGHT	-4.50			
LEFT	-1.25			

REMARKS :-

APOLLO RAIPUR CLINIC

Dr. [illegible]
MBBS,MS(Ophthalmologist)
Reg. No. CGMC 02[illegible]/2006

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NAME OF PATIENT: MRS. SNEHIL SURBHIT **AGE: 35YRS/FEMALE**

REFERRED BY: BOB **DATE: 24/02/2024**

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.

APOLLO RAIPUR CLINIC

Dr. Zeeshan Ateeb Dani
MBBS, MD
Consultant
Reg. No. CGMC-

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.

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PATIENT NAME: MRS. SNEHIL SURBHIT **AGE / SEX: 35 YRS/F**
REF BY: BOB DATE: 24.02.2024

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: - POST OPERATIVE

Pancreas & Paraaortic Region: Normal.

Spleen: Is normal in size measures cm, and echotexture.

Kidneys	RIGHT	LEFT
SIZE	9.35X3.85Cm	8.96x5.22Cm
CORTICAL ECHOGENICITY	Normal	Normal
CORTICOMEDULLARY DIFFERENTIATION	Maintained	Maintained
PCS	Not Dilated	Not Dilated
Any other remarks	Nil	Nil

Urinary bladder: Distended & normal.

Uterus is normal in size (7.63 x 6.42 x3.61 cm, Vol. – 92.590 cc) and echotexture. Endometrial thickness 8.7 mm.
Right Ovary: Normal in size (3.65 x 2.33 cm), **POLYCYSTIC.**
Left Ovary: Normal in size (4.34 x 2.13 cm), **POLYCYSTIC.**.
No evidence of free fluid in abdomen or pelvis.

IMPRESSION:

- **GRADE - II FATTY LIVER**
- **BILATERAL POLYCYSTIC OVARIES**
- **GALL BLADDER POST OPERATIVE**

Advised clinical correlation/further evaluation if clinically indicated.

APOLLO RAIPUR CLINIC

Dr. Zeeshan Ateeb Dani
MBBS, MD
Consultant Radiologist

DR. ZEESHAN ATEEB DANI
(MD)
CONSULTANT RADIOLOGIST

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PCOD (polycystic ovarian disease)

1800 कैलोरी 40 ग्राम प्रोटीन कम वसा वाला आहार, कम सोडियम, उच्च फाइबर आहार (एक महीने डाइट चार्ट फॉलो करें)

- 1.प्रयाप्त सही समय पर सोना
- 2.वजन नियत करे
- 3. रोजाना व्यायाम करें
- 4. सभी मिठाइयों से बचें
- 5. उच्च फाइबर आहार लें
- 6. सोया उत्पाद से बचें
- 7. जंक फूड से बचें
- 8. उच्च जीआई भोजन से बचें
- 9. पानी का सेवन प्रतिदिन 8 से 10 गिलास
- 10. नमकीन भोजन से बचें

सुबह 7 बजे, गर्म पानी दैनिक दिनचर्या नींबू का रस के साथ या(मेथी पानी भी ले सकते हैं)
सुबह 8 बजे, मैरी बिस्किट के सांथ काली चाय
सुबह 10 बजे, सब्जी दलिया, ओट्स उपा, (एक सेब)
दोपहर 12 से 1 बजे (दोपहर का भोजन)
चोकर वाली (रोटी 2,)दाल,(1कटोरी)हरी सब्जियां (लोउकी, कद्दू, कच्चा पपीता,बीन्स)1कटोरी सलाद (खीरा, गाजर) लंच से पहले सलाद ले
दोपहर 2 बजे सेब 1, जाम, (बॉयल वेज 1कटोरी)
शाम 4 बजे काली चाय मैरी बिस्कुट 2
6 बजें हरी सब्जियों का सूप (1 कप) लोउकी, गाजर, पालक, करेला,टमाटर)
8 बजे। हल्का आहार लें
सब्जियां दलिया (1कटोरी)

या

सब्जियां खिचड़ी (1कटोरी) दाल 1कटोरी
रात 10 बजे दूध पियें बिना शक्कर और क्रीम, हल्दी मिला कर (1 कप)

प्रतिबंधित भोजन -

- चीनी, अतिरिक्त नमक, परिरक्षक भोजन, मैदा भोजन, मिठाई, आलू, शहद, जैम, जेली, डीप फ्राई भोजन, नमकीन भोजन, तैलीय भोजन, जंक फूड,

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Patient Name	: MRS SNEHIL SURBHIT	**Age/Gender**	: 35 Y. Female
UHID/ MR No	: 9319	**OP Visit No**	: OPD-UNIT-II-2
Visit Date	: 24/02/2024	**Reported On**	: 24/02/2024 04:53PM
Sample Collected On	: 24/02/2024 01:43PM		
Ref. Doctor	: SELF		
Sponsor Name	:		

HAEMATOLOGY

Investigation	Observed Value	Unit	Biological Reference Interval
HEMOGRAM			
Haemoglobin(HB) Method: CELL COUNTER	13.4	gm/dl	12 - 16
Erythrocyte (RBC) Count Method: CELL COUNTER	4.67	mill/cu.mm.	4.20 - 6.00
PCV (Packed Cell Volume) Method: CELL COUNTER	40.20	%	39 - 52
MCV (Mean Corpuscular Volume) Method: CELL COUNTER	86.1	fL	76.00 - 100
MCH (Mean Corpuscular Haemoglobin) Method: CELL COUNTER	28.7	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	13.1	%	11- 16
Total Leucocytes (WBC) Count Method: CELL COUNTER	8.16	cells/cumm	3.50 - 11.00
Neutrophils Method: CELL COUNTER	66	%	40.0 - 73.0
Lymphocytes Method: CELL COUNTER	25	%	15.0 - 45.0
Eosinophils Method: CELL COUNTER	04	%	1-6%
Monocytes	05	%	4.0 - 12.0
Basophils Method: CELL COUNTER	00	%	0.0 - 2.0

End of Report

Results are to be corelated clinically

Lab Technician / Technologist

path

DR DHANANJAY RAMCHANDRA PRASAD
M.D. PATHOLOGY

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Patient Name	: **MRS SNEHIL SURBHIT**	**Age/Gender**	: 35 Y Female
UHID/ MR No	: 9319	**OP Visit No**	: **OPD-UNIT-II-2**
Visit Date	: 24/02/2024	**Reported On**	: 24/02/2024 04:53PM
Sample Collected On	: 24/02/2024 01:43PM		
Ref. Doctor	: **SELF**		
Sponsor Name	:		

HAEMATOLOGY

Investigation	Observed Value	Unit	Biological Reference Interval
Platelet Count Method: CELL COUNTER	244	lacs/cu.mm	150-400
ESR- Erythrocyte Sedimentation Rate Method: Westergren`s Method	15	mm /HR	0 - 20

Blood Group (ABO, Typing)

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

End of Report
Results are to be corelated clinically

Lab Technician / Technologist
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Patient Name	: **MRS SNEHIL SURBHIT**	**Age/Gender**	: 35 Y Female
UHID/ MR No	: 9319	**OP Visit No**	: **OPD-UNIT-II-2**
Visit Date	: 24/02/2024	**Reported On**	: 24/02/2024 04:53PM
Sample Collected On	: 24/02/2024 01:43PM		
Ref. Doctor	: **SELF**		
Sponsor Name	:		

BIO CHEMISTRY

Investigation	Observed Value	Unit	Biological Reference Interval
GLUCOSE - (POST PRANDIAL)			
Glucose -Post prandial Method: REAGENT GRADE WATER	**210.0**	mg/dl	70-140
GLUCOSE (FASTING)			
Glucose- Fasting SUGAR REAGENT GRADE WATER	**168.0**	mg/dl	70 - 120
KFT - RENAL PROFILE - SERUM			
BUN-Blood Urea Nitrogen METHOD: Spectrophotometric	10	mg/dl	7 - 20
Creatinine METHOD: Spectrophotometric	0.98	mg/dl	0.6-1.4
Uric Acid Method: Spectrophotomatric	4.5	mg/dL	2.6 - 7.2

End of Report

Results are to be corelated clinically

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Patient Name	: **MRS SNEHIL SURBHIT**	**Age/Gender**	: 35 Y Female
UHID/ MR No	: 9319	**OP Visit No**	: **OPD-UNIT-II-2**
Visit Date	: 24/02/2024	**Reported On**	: 24/02/2024 04:53PM
Sample Collected On	: 24/02/2024 01:43PM		
Ref. Doctor	: **SELF**		
Sponsor Name	:		

BIO CHEMISTRY

Investigation	Observed Value	Unit	Biological Reference Interval
LIPID PROFILE TEST (PACKAGE)			
Cholesterol - Total	173.0	mg/dl	Desirable: < 200 Borderline High: 200-239 High: >= 240
Triglycerides level	126.0	mg/dl	Normal : < 150 Borderline High : 150-199 Very High : >=500
Method: Spectrophotomatric			
HDL Cholesterol	45.0	mg/dl	Major risk factor for heart disease: < 40 Negative risk factor for heart disease :>60
Method: Spectrophotomatric			
LDL Cholesterol	102.80	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: Spectrophotomatric			
VLDL Cholesterol	25.20	mg/dl	6 - 38
Total Cholesterol/HDL Ratio	3.84		3.5 - 5
Methode: Spectrophotometric			

End of Report
Results are to be corelated clinically

Lab Technician / Technologist
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Patient Name	: **MRS SNEHIL SURBHIT**	**Age/Gender**	: 35 Y Female
UHID/ MR No	: 9319	**OP Visit No**	: **OPD-UNIT-II-2**
Visit Date	: 24/02/2024	**Reported On**	: 24/02/2024 04:53PM
Sample Collected On	: 24/02/2024 01:43PM		
Ref. Doctor	: **SELF**		
Sponsor Name	:		

BIO CHEMISTRY

Investigation	Observed Value	Unit	Biological Reference Interval
LIVER FUNCTION TEST			
Bilirubin - Total Method: Spectrophotometric	0.8	mg/dl	0.1-1.2
Bilirubin - Direct Method: Spectrophotometric	0.2	mg/dl	0.05-0.3
Bilirubin (Indirect) Mathod: Calculated	0.60	mg/dl	0 - 1
SGOT (AST) Method: Spectrophotometric	21	U/L	0 - 32
SGPT (ALT) Method: Spectrophotometric	25	U/L	0 - 33
ALKALINE PHOSPHATASE	95	U/L	25-147
Total Proteins Method: Spectrophotometric	6.7	g/dl	6 - 8
Albumin Method: Spectrophotometric	4.3	mg/dl	3.4 - 5.0
Globulin Mathod: Calculated	2.4	g/dl	1.8 - 3.6
A/G Ratio Mathod: Calculated	1.79	%	1.1 - 2.2

End of Report
Results are to be corelated clinically

Lab Technician / Technologist
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Patient Name	: **MRS SNEHIL SURBHIT**	**Age/Gender**	: 35 Y Female
UHID/ MR No	: 9319	**OP Visit No**	: **OPD-UNIT-II-4**
Visit Date	: 24/02/2024	**Reported On**	: 24/02/2024 04:53PM
Sample Collected On	: 24/02/2024 01:43PM		
Ref. Doctor	: **SELF**		
Sponsor Name	:		

CLINICAL PATHOLOGY

Investigation	Observed Value	Unit	Biological Reference Interval
URINE ROUTINE EXAMINATION			
Physical Examination			
Volum of urine	20ML		
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	Occasional	/hpf	0 - 5
Crystals	Not Seen	/hpf	Not Seen
Bacteria	Not Seen	/hpf	Not Seen
Budding yeast	Not Seen	/hpf	

End of Report

Results are to be corelated clinically

Lab Technician / Technologist
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Patient Name	: Mrs.SNEHIL SURBHIT	Collected	: 24/Feb/2024 04:04PM
Age/Gender	: 35 Y 0 M 0 D /F	Received	: 24/Feb/2024 04:45PM
UHID/MR No	: DSUS.0000006530	Reported	: 24/Feb/2024 06:06PM
Visit ID	: DSUSOPV7610	Status	: Final Report
Ref Doctor	: APOLLO CLINIC	Client Name	: PUP APOLLO CLINIC SAMRIDDHI AR
IP/OP NO	:	Patient location	: Raipur,Raipur

DEPARTMENT OF BIOCHEMISTRY

Test Name	Result	Unit	Bio. Ref. Range	Method
HBA1C (GLYCATED HEMOGLOBIN) , *WHOLE BLOOD EDTA*				
HBA1C, GLYCATED HEMOGLOBIN	7.4	%		HPLC
ESTIMATED AVERAGE GLUCOSE (eAG)	166	mg/dL		Calculated

Comment:

Reference Range as per American Diabetes Association (ADA) 2023 Guidelines:

REFERENCE GROUP	HBA1C %
NON DIABETIC	<5.7
PREDIABETES	5.7 – 6.4
DIABETES	≥ 6.5
DIABETICS	
EXCELLENT CONTROL	6 – 7
FAIR TO GOOD CONTROL	7 – 8
UNSATISFACTORY CONTROL	8 – 10
POOR CONTROL	>10

Note: Dietary preparation or fasting is not required.

1. HbA1C is recommended by American Diabetes Association for Diagnosing Diabetes and monitoring Glycemic Control by American Diabetes Association guidelines 2023.
2. Trends in HbA1C values is a better indicator of Glycemic control than a single test.
3. Low HbA1C in Non-Diabetic patients are associated with Anemia (Iron Deficiency/Hemolytic), Liver Disorders, Chronic Kidney Disease. Clinical Correlation is advised in interpretation of low Values.
4. Falsely low HbA1c (below 4%) may be observed in patients with clinical conditions that shorten erythrocyte life span or decrease mean erythrocyte age. HbA1c may not accurately reflect glycemic control when clinical conditions that affect erythrocyte survival are present.
5. In cases of Interference of Hemoglobin variants in HbA1C, alternative methods (Fructosamine) estimation is recommended for Glycemic Control
   A: HbF >25%
   B: Homozygous Hemoglobinopathy.
   (Hb Electrophoresis is recommended method for detection of Hemoglobinopathy)

Apollo Clinic
DR.MAYKAL KUJUR
M.B.B.S,M.D(Pathology)
Consultant Pathologist

*THIS PAPER IS USED FOR CLINICAL REPORTING PURPOSE ONLY

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Patient Name	: Mrs.SNEHIL SURBHIT	Collected	: 24/Feb/2024 04:04PM
Age/Gender	: 35 Y 0 M 0 D /F	Received	: 24/Feb/2024 05:27PM
UHID/MR No	: DSUS.0000006530	Reported	: 24/Feb/2024 06:21PM
Visit ID	: DSUSOPV7610	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)	0.9	ng/mL	0.6-1.81	CLIA
THYROXINE (T4, TOTAL)	6.50	µg/dL	3.2-12.6	CLIA
THYROID STIMULATING HORMONE (TSH)	1.420	µlU/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 ***

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*THIS PAPER IS USED FOR CLINICAL REPORTING PURPOSE ONLY

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