

BP-130/80
PR-82 w
WT-59kg
HT-150cm

MISS. Annu Gupta
AGE- 33 YF

11/09/23

Annul Health check

CBC - 11.1 / 4.16 / 6.02
HbA1c - 5.5
RBS - 77.0 PP-133.0
Creatinine - 0.94
Uric Acid - 3.69
Lipid - 135.0 / 98.0 / 41.0 / 74.0
LFT - 181 / 21 / 66 U/L

- Tab Bilastine 20mg रात में 10 mg
- Tab Tryptomer 10mg रात में 2ml
30 days
- Cap BONDJOY plus नाटक के लिए
3 months
- Protein ex patch 1
Annul



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

11/09/2023

Ms. Annu Gupta 33F

UMP =

23/08/2023

prev. m/u = Reg N/Keno

Divorced 3-4 yrs back.

Pap smear

PIA - Soft
Natural



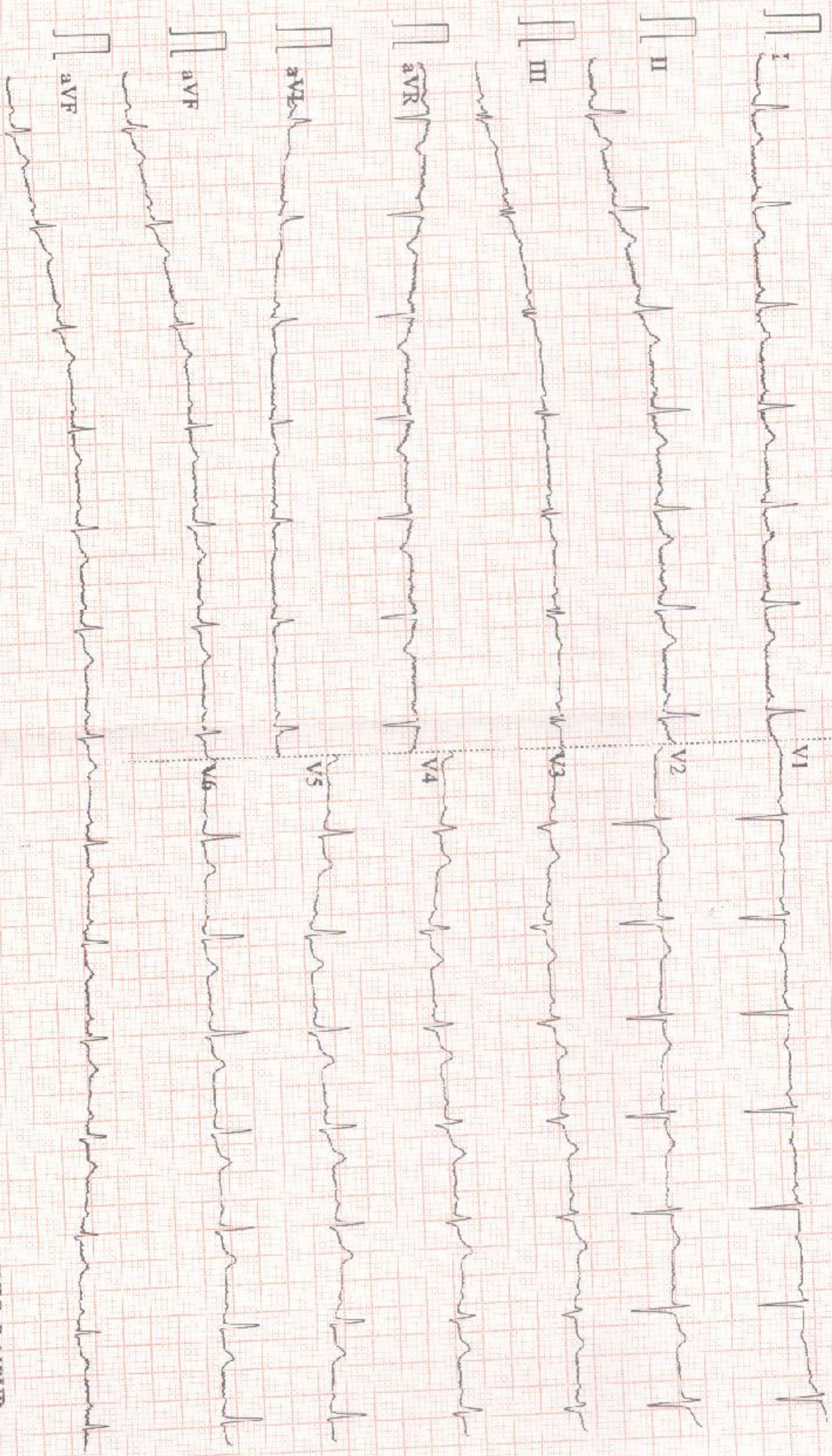
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ID: 620
MISS ANNU GUPTA
Female 33Years

09-09-2023 09:18:26 AM
HR 82 bpm
P 108 ms
PR 146 ms
QRS 82 ms
QT/QTc 348/407 ms
P/QRS/T 41/24/45 °
RV5/SV1 0.557/0.829 mV

Diagnosis Information:
Sinus rhythm
Normal ECG

Dr. Animesh Choudhary
MD Medicine
Reg. No. CGMC 3583/2016
Report Confirmed by Apollo Clinic Raipur



EXAMINATION OF EYES :- (BY OPHTHALMOLOGIST)

Patient Name Miss Anna Gupta

Date 9/09/23

Sex/Age F/ 33 years

MR No

Employee Id

EXTERNAL EXAMINATION				
SQUINT		N/D		
NYSTAGMUS				
COLOUR VISION		NORMAL		
FUNDUS:(RE):-	WNL	(LE):- WNL		
INDIVIDUAL COLOUR IDENTIFICATION		Good		
DISTANT VISION:(RE):-	6/18 e 6/6	(LE):- 6/12 e 6/6		
NEAR VISION:(RE):-	N/A	(LE):- N/A		
NIGHT BLINDNESS		N/A		
	SPH	CYL	AXIS	ADD
RIGHT	+2.50			
LEFT	+2.50			
REMARKS :-				

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



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PATIENT NAME: MRS. ANU GUPTA
REF BY: BOB

AGE / SEX: 33YRS/F
DATE: 09.09.2023

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	9.23X3.95Cm	9.52x4.23Cm
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 (6.68 x 4.23 x 4.08 cm, Vol. – 60 cc) and echotexture. Endometrial thickness 9.6 mm.

Right Ovary: Normal in size (3.61x 2.42 cm), shape and echotexture.

Left Ovary: Normal in size (4.30 x 2.07 cm), shape and echotexture.

No evidence of free fluid in abdomen or pelvis.

IMPRESSION:

USG abomen within normal limit.

Advised clinical correlation/further evaluation if clinically indicated.



Dr. Zeeshan Ateeb Dani
MBBS, MD
Consultant Radiologist
Reg. No. 40110
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. Ultrasound has its limitations in obese patients and in retroperitoneal organs. All congenital abnormalities cannot be detected on ultrasound. This report is not for medico-legal purposes.

NAME OF PATIENT: MISS. ANNU GUPTA

AGE 33YRS/FEMALE

REFERRED BY: BOB

DATE:09/09/2023.

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
MBBS, MD
Consultant Radiologist
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.

ECHOCARDIOGRAPHY REPORT

NAME : MISS ANNU GUPTA	Age/Sex: 33Yrs/female	ECG : Sinus Rhythm
OPD/ IPD : OPD	STUDY DATE: 09/09/2023	REGN. NO. : FRAI.00000
Ref. By Dr : BOB		

M-MODE MEASUREMENTS:-

	Patient Value (cm)	Normal Value (cm)		Patient Value (cm)	Normal Value (cm)
AorticRoot Diameter	2.6	2.0 – 3.7	IVS Thickness	ED = 0.9 ES = 1.2	0.6 – 1.1
AorticValve Opening	1.7	1.5 – 2.6	PW Thickness	ED = 0.9 ES = 1.2	0.6 – 1.1
LA Dimension	3.0	1.9 – 4.0	RA Dimension	---	2.6
LVID(D)	3.6	3.7 – 5.5	RV Dimension	---	2.6
LVID(s)	2.2	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 : TRACE TR

Aortic Valve : Normal

Pulmonary Valve : Pulmonary valve appears normal in morphology.

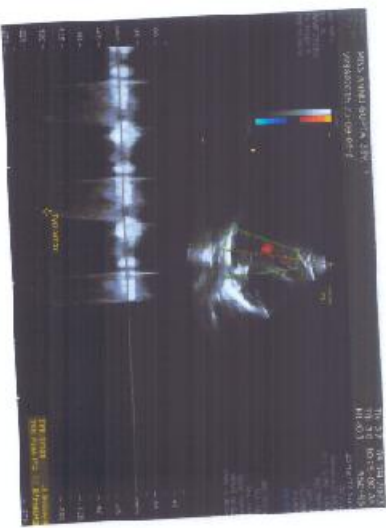
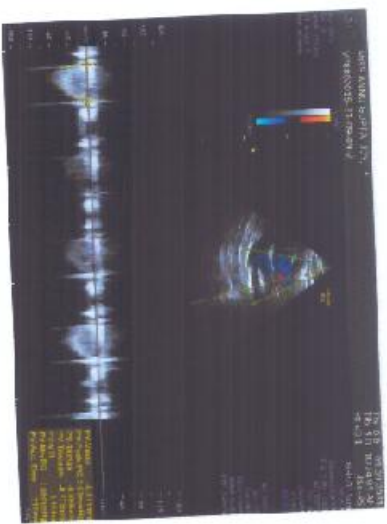
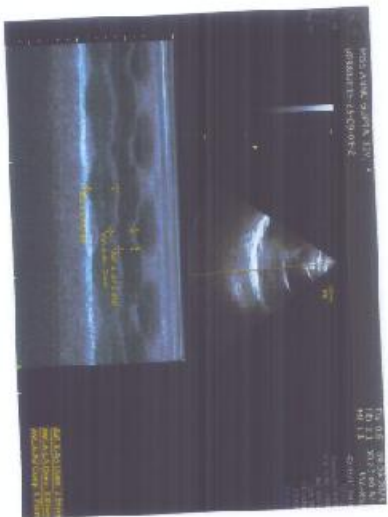
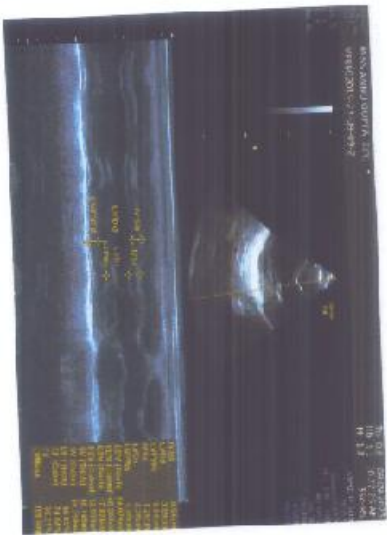
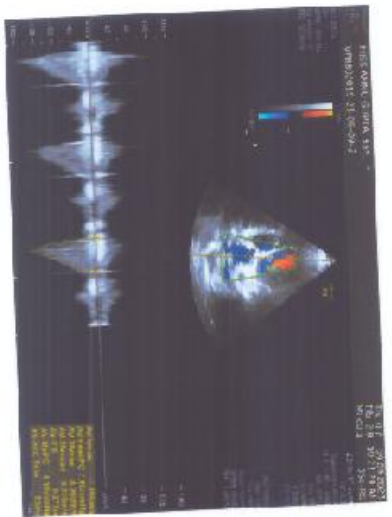
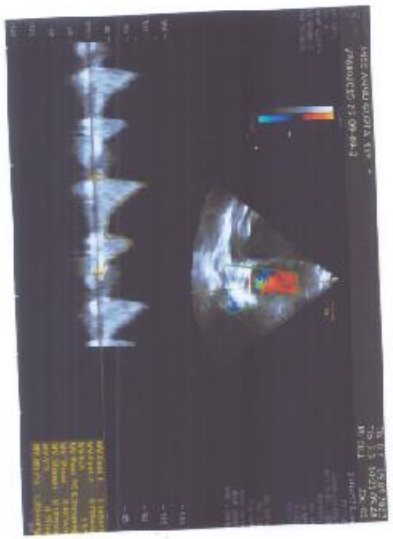
Systemic venous : IVC normal in size with normal Inspiratory collapse.

Diastolic Function : Normal.

FINAL IMPRESSION : NO RWMA AT REST.
NORMAL LV SYSTOLIC FUNCTION.
TRACE TRICUSPID REGURGITATION
NO I/C CLOT VEGITATION OR PERICARDIAL EFFUSION.



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



Patient Name : MISS ANNU GUPTA
UHID/ MR No : 6537
Visit Date : 09/09/2023
Sample Collected On : 09/09/2023 01:11PM
Ref. Doctor : SELF
Sponsor Name :

Age/Gender : 33 Y Female
OP Visit No : OPD-UNIT-II-2
Reported On : 09/09/2023 05:43PM

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	4.16	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	80.0	fL	76.00 - 100
MCH (Mean Corpuscular Haemoglobin) Method: CELL COUNTER	26.7	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	13.6	%	11- 16
Total Leucocytes (WBC) Count Method: CELL COUNTER	6.02	cells/cumm	3.50 - 11.00
Neutrophils Method: CELL COUNTER	62	%	40.0 - 73.0
Lymphocytes Method: CELL COUNTER	29	%	15.0 - 45.0
Eosinophils Method: CELL COUNTER	02	%	1-5%
Monocytes	07	%	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
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DR DHANANJAY RAMCHANDRA PRASAD
M.D. PATHOLOGY

Patient Name : MISS ANNU GUPTA
UHID/ MR No : 6537
Visit Date : 09/09/2023
Sample Collected On : 09/09/2023 01:11PM
Ref. Doctor : SELF
Sponsor Name :

Age/Gender : 33 Y. Female
OP Visit No : OPD-UNIT-II-2
Reported On : 09/09/2023 05:43PM

HAEMATOLOGY

Investigation	Observed Value	Unit	Biological Reference Interval
Platelet Count Method: CELL COUNTER	239	lacs/cu.mm	150-400
ESR- Erythrocyte Sedimentation Rate Method: Westergren's Method	35	mm /HR	0 - 20
Blood Group (ABO Typing)			
Blood Group (ABO Typing)	B		
RhD factor (Rh Typing)	POSITIVE		

End of Report
Results are to be correlated clinically

Lab Technician / Technologist
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 DR DHANANJAY RAMCHANDRA PRASAD
 M.D. PATHOLOGY

Patient Name : MISS ANNU GUPTA
UHID/ MR No : 6537
Visit Date : 09/09/2023
Sample Collected On : 09/09/2023 01:11PM
Ref. Doctor : SELF
Sponsor Name :

Age/Gender : 33 Y. Female
OP Visit No : OPD-UNIT-II-1
Reported On : 09/09/2023 05:43PM

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 inflammation and liver diseases. Clinical correlation suggested.
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 correlated clinically

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 DR DHANANJAY RAMCHANDRA PRASAD
 M.D. PATHOLOGY

Patient Name : MISS ANNU GUPTA
 UHID/ MR No : 6537
 Visit Date : 09/09/2023
 Sample Collected On : 09/09/2023 01:11PM
 Ref. Doctor : SELF
 Sponsor Name :

Age/Gender : 33 Y Female
 OP Visit No : OPD-UNIT-II-4
 Reported On : 09/09/2023 05:43PM

BIO CHEMISTRY

Investigation	Observed Value	Unit	Biological Reference Interval
GLUCOSE - (POST PRANDIAL)			
Glucose -Post prandial Method: REAGENT GRADE WATER	133.0	mg/dl	70-140
GLUCOSE (FASTING)			
Glucose- Fasting SUGAR REAGENT GRADE WATER	77.0	mg/dl	70 - 120
KFT - RENAL PROFILE - SERUM			
BUN-Blood Urea Nitrogen METHOD: Spectrophotometric	10	mg/dl	7 - 20
Creatinine METHOD: Spectrophotometric	0.94	mg/dl	0.6-1.4
Uric Acid Method: Spectrophotometric	3.69	mg/dL	2.6 - 7.2

End of Report
 Results are to be correlated clinically

Lab Technician / Technologist
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 DR DHANANJAY RAMCHANDRA PRASAD
 M.D. PATHOLOGY

Patient Name : MISS ANNU GUPTA
UHID/ MR No : 6537
Visit Date : 09/09/2023
Sample Collected On : 09/09/2023 01:11PM
Ref. Doctor : SELF
Sponsor Name :

Age/Gender : 33 Y. Female
OP Visit No : OPD-UNIT-II-2
Reported On : 09/09/2023 05:43PM

BIO CHEMISTRY

Investigation	Observed Value	Unit	Biological Reference Interval
LIPID PROFILE TEST (PACKAGE)			
Cholesterol - Total	135.0	mg/dl	Desirable: < 200 Borderline High: 200-239 High: >= 240
Triglycerides level	98.0	mg/dl	Normal : < 150 Borderline High : 150-199 Very High : >=500
Method: Spectrophotometric HDL Cholesterol	41.0	mg/dl	Major risk factor for heart disease: < 40 Negative risk factor for heart disease :>60
Method: Spectrophotometric LDL Cholesterol	74.40	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	19.60	mg/dl	6 - 38
Total Cholesterol/HDL Ratio	3.29		3.5 - 5
Method: Spectrophotometric			

End of Report
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Lab Technician / Technologist
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 DR DHANANJAY RAMCHANDRA PRASAD
 M.D. PATHOLOGY

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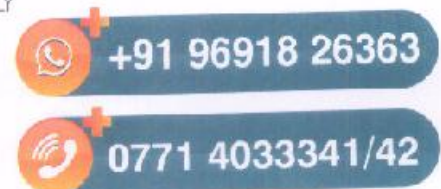
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UHID/ MR No : 6537
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Ref. Doctor : SELF
Sponsor Name :

Age/Gender : 33 Y. Female
OP Visit No : OPD-UNIT-II-2
Reported On : 09/09/2023 05:43PM

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) Method: Calculated	0.60	mg/dl	0 - 1
SGOT (AST) Method: Spectrophotometric	18	U/L	0 - 32
SGPT (ALT) Method: Spectrophotometric	21	U/L	0 - 33
ALKALINE PHOSPHATASE	66	U/L	25-147
Total Proteins Method: Spectrophotometric	6.3	g/dl	6 - 8
Albumin Method: Spectrophotometric	4.0	mg/dl	3.4 - 5.0
Globulin Method: Calculated	2.3	g/dl	1.8 - 3.6
A/G Ratio Method: Calculated	1.73	%	1.1 - 2.2

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 : MISS ANNU GUPTA
UHID/ MR No : 6537
Visit Date : 09/09/2023
Sample Collected On : 09/09/2023 01:11PM
Ref. Doctor : SELF
Sponsor Name :

Age/Gender : 33 Y. Female
OP Visit No : OPD-UNIT-II-2
Reported On : 09/09/2023 05:43PM

CLINICAL PATHOLOGY

Investigation	Observed Value	Unit	Biological Reference Interval
URINE ROUTINE EXAMINATION			
Physical Examination			
Volum of urine			
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	Occasional	/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
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Lab Technician / Technologist
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PATIENT DETAILS

NAME:	ANNU GUPTA	REFERENCE NO:	RWDTFSHC10613
D / S / W O:		Age:	33 Yr
Address:	RAIPUR	Contact No:	
Sample received on:	09/09/2023 @ 18:30	Reported on:	09/09/2023 @ 22:10
Repeat Sample, if any:	NA	Reported on:	NA
Referred by:	APOLLO CLINIC	Hospital / Lab ID:	APOLLO CLINIC
		Gender:	FEMALE
		STATUS:	FINAL
		STATUS:	FINAL

HORMONAL ASSAY

Test	Specimen	Result	Units	Reference Range
# Thyroid Panel, TFT, TOTAL				
• Triiodothyronine, T3	Blood, Serum	1.17	ng / ml	0.87 – 1.78
• Thyroxine, T4	""	8.05	µg / dL	6.0 – 12.2
• Thyroid stimulating hormone, TSH	""	3.90	µIU / ml	0.4 – 5.0

Indicative Interpretation:

TSH	Free T4	Free or total T3	Probable Inference
High	Normal	Normal	Mild (subclinical) hypothyroidism
High	Low	Low or Normal	Hypothyroidism
Low	Normal	Normal	Mild (subclinical) hyperthyroidism
Low	High or normal	High or normal	Hyperthyroidism
Low	Low or normal	Low or normal	Non-thyroidal illness; pituitary (secondary) hypothyroidism
Normal	High	High	Thyroid hormone resistance syndrome

Apollo Clinic
Lab Incharge

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Dr Mritunjai Saraf
MD Pathology, Consultant, Raipur, C.G.

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(end of report)

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