

25/09/2023

Mrs. Ganga Bai 52F

P₄ (AINVDs)

No medical problems.

Wt =
menstruating
Lag (N) from
(as per pt)

P_{1A} abd++.

P_{1/2} - Cr dystrophies
Eis deferential erosion
& Alomena

T₁₀₀₀

vit B12 kula,
vit D₃ kula

PADomena

T_{ab}. Dicalis / supracal X 100 x 2ml

T_{ab}. zifi 200 mg QD x 5 days

T_{ab}. Anatural 500 mg OD x 5 days

Cligen forte 1HS vaginal sup x 7 nights

Cap. Rasam. DSK 1BBF x 5 days



MRS GANGA BAI SAHU
Female Years

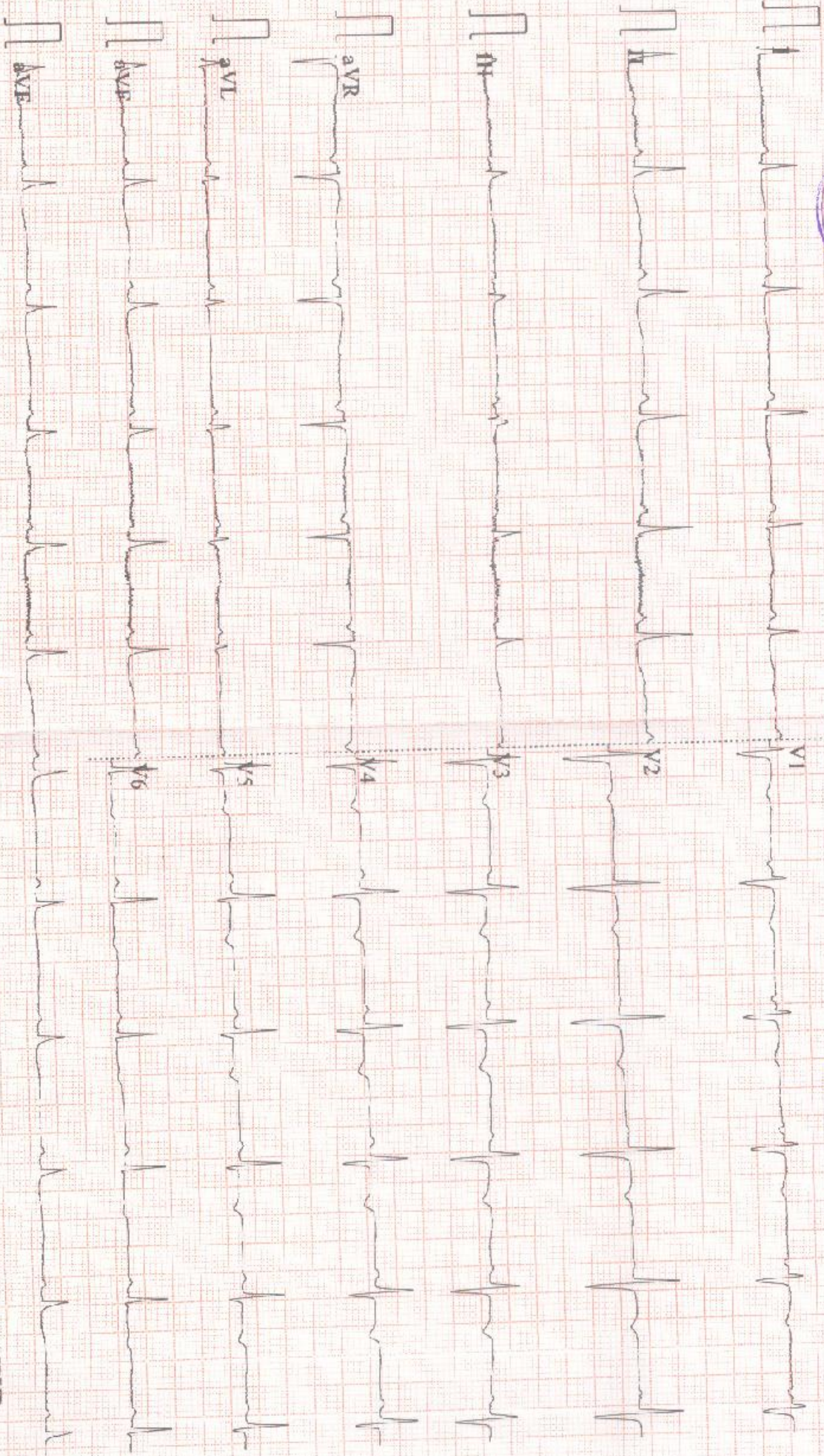


HR : 66 bpm
P : 94 ms
PR : 136 ms
QRS : 92 ms
QT/QTc : 420/440 ms
P/QRS/T : 32/43/26 °
RV5/SV1 : 0.819/0.563 mV

Diagnosis Information:
Sinus rhythm
Widespread ST-T abnormality is age and gender related
Abnormal ECG

Report Confirmed by:

Dr. Arka Sharma
MD Medicine
Reg. No.-CGMC 7971/2019
Apollo Clinic, Raipur

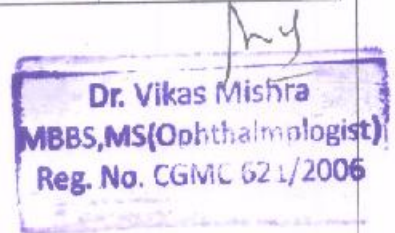


EXAMINATION OF EYES :- (BY OPHTHALMOLOGIST)

Patient Name Mrs. Changa bai sawy Date 28/09/23

Sex/Age 52y / F MR No Employee Id

EXTERNAL EXAMINATION				
SQUINT		NO		
NYSTAGMUS				
COLOUR VISION		NORMAL		
FUNDUS:(RE):-	<u>WNL</u>	(LE):- <u>WNL</u>		
INDIVIDUAL COLOUR IDENTIFICATION		<u>Good</u>		
DISTANT VISION:(RE):-	<u>6/12 e 6/6</u>	(LE):- <u>6/12 e 6/6</u>		
NEAR VISION:(RE):-	<u>2/18 e 6/18</u>	(LE):- <u>2/18 e 6/18</u>		
NIGHT BLINDNESS		NAD		
	SPH	CYL	AXIS	ADD
RIGHT	<u>+0.50</u>	<u>+0.75</u>	<u>150</u>	<u>+2.25</u>
LEFT	<u>+0.50</u>	<u>+1.0</u>	<u>20</u>	<u>+2.25</u>
REMARKS :-				



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ECHOCARDIOGRAPHY REPORT

NAME : MRS. GANGA BAI SAHU	Age/Sex: 52Yrs/Female	ECG : Sinus Rhythm
OPD/ IPD : OPD	STUDY DATE: 25/09/2023	REGN. NO. : FRAI.00000
Ref. By Dr : BOB		

M-MODE MEASUREMENTS:-

	Patient Value (cm)	Normal Value (cm)		Patient Value (cm)	Normal Value (cm)
Aortic Root Diameter	2.6	2.0 – 3.7	IVS Thickness	ED = 1.3 ES = 1.6	1.3 – 1.6
Aortic Valve Opening	1.8	1.5 – 2.6	PW Thickness	ED = 1.1 ES = 1.5	0.6 – 1.1
LA Dimension	3.2	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 , TRACE MR

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 : LV DIASTOLIC DYSFUNCTION GRADE I

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



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

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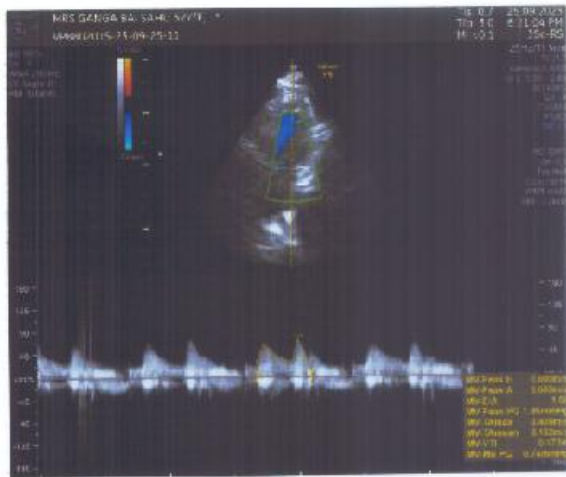
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PATIENT NAME: MRS. GANGA BAI SAHU
REF BY: BOB

AGE / SEX: 52YRS/F
DATE: 23.09.2023

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	8.78X2.72Cm	8.51x3.58Cm
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 (7.83 x 4.67 x 3.85 cm, Vol. – 73 cc) and echotexture. Endometrial thickness 4.4 mm.

Right Ovary: Normal in size (3.33 x 1.95 cm), shape and echotexture.

Left Ovary: Normal in size (3.92 x 2.30 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.



Zeeshan

Dr. Zeeshan Ateeb Dani
DR. ZEESHAN ATEEB DANI
Consultant Radiologist (MD)
CONSULTANT RADIOLOGIST
Reg. No. CGMC-2324/2009

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.

PATIENT NAME: MRS. GANGA BAI SAHU
REF BY: BOB

AGE / SEX: 52Y/F
DATE: 23/09 /2023

SONOGRAPHY BILATERAL BREASTS

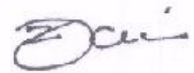
FINDINGS:

- Both breast tissues are symmetrical and appear normal in cm size and echotexture.
- 0.80x0.46cm size fibroadenoma at 12' O clock of right breast.
- Nipple, areola and subareolar region also appear normal.
- Bilateral axilla visualised normal without any evidence of lymphadenopathy.

IMPRESSION:

- **0.80X0.46CM SIZE FIBROADENOMA AT 12 O'CLOCK OF RIGHT BREAST**

Advised clinical correlation and further evaluation.



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. 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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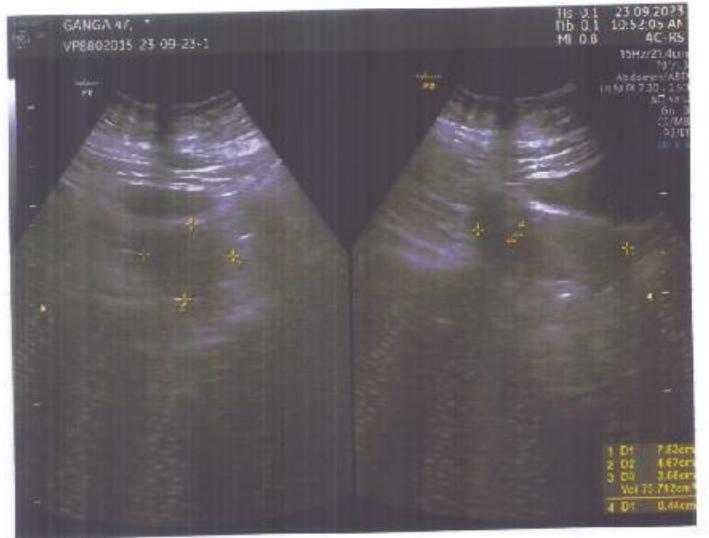
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PATIENT DETAILS

NAME:	GANGA BAI SAHU	REFERENCE NO:	RCCLBVBESH07715
D / S / W O:		Age:	52 yr
Address:	RAIPUR	Contact No:	Gender: FEMALE
Sample received on:	23/09/2023 @ 19:30	Reported on:	23/09/2023 @ 21:00
Repeat Sample, if any:	NA	Reported on:	NA
Referred by:	APOLLO CLINIC	Hospital / Lab ID:	APOLLO CLINIC

HEMATOLOGY

Test	Specimen	Result	Units	Reference Range
# COMPLETE BLOOD COUNT:				Adult Males: 14 - 18 Adult Females: 12 -16 Child: 10 - 14
• Hemoglobin (Hb)	Whole blood	12.1	g / dL	
• WBC Count	""	6.66	thou / μ l	4.0 - 10.0
• RBC Count	""	4.86	million / μ l	3.8 - 4.8
• HCT	""	38.6	%	36 - 46
• MCV	""	79.4	fL	83.0 - 101.0
• MCH	""	24.9	Pg	27 - 32
• MCHC	""	31.3	g / dL	31.5 - 34.5
• Platelets (PLT)	""	293	thou / μ l	150 - 410
• RDW-SD	""	46.5	fL	40 - 55
• RDW-CV	""	15.9	%	11.6 - 14.0
• PDW	""	16.6	fL	8.3 - 25
• MPV	""	12.5	fL	6.8 - 10.9
• P-LCR	""	41.6	%	11.9 - 66.9
• PCT	""	0.31	%	0.15 - 0.62
• DIFFERENTIAL COUNT:				
• Neutrophils	""	61.9	%	40 - 75
• Lymphocytes	""	31.0	%	20 - 45
• Monocytes	""	3.8	%	2 - 10
• Eosinophils	""	1.9	%	1 - 5
• Basophils	""	1.4	%	0 - 1
• IG	""	0.1	%	0 - 0.5

Method: Automated electrical impedance, VCS & photometry based assay.0.4

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Dr Mritunjai Saraf
MD Pathology, Consultant Pathologist

(end of report)



PATIENT DETAILS

NAME:	GANGA BAI SAHU	REFERENCE NO:	RWDTFSH010682
D / S / W O:		Age:	52 Yr
Address:	RAIPUR	Contact No:	
Sample received on:	23/09/2023 @ 14:00	Reported on:	23/09/2023 @ 18:00
Repeat Sample, if any:	NA	Reported on:	NA
Referred by:	APOLLO CLINIC	Hospital / Lab ID:	APOLLO CLINIC

HORMONAL ASSAY

Test	Specimen	Result	Units	Reference Range
# Thyroid Panel, TET, TOTAL:				
• Triiodothyronine, T3	Blood, Serum	1.14	ng / ml	0.87 – 1.78
• Thyroxine, T4	""	8.67	µg / dL	6.0 – 12.2
• Thyroid stimulating hormone, TSH	""	3.28	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

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Apollo Clinic
Lab Incharge

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Dr Mritunjai Saraf
MD Pathology, Consultant Pathologist

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(end of report)

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NOTE: Test results are as per the submitted sample & represent indicative values meant only to be clinically correlated and assist physicians to make medical decisions. Any discrepancy must be notified to our office immediately. This report is not valid for medico-legal purposes.

Patient Name : MRS GANGA SAHU
UHID/ MR No : 6833
Visit Date : 23/09/2023
Sample Collected On : 23/09/2023 03:02PM
Ref. Doctor : SELF
Sponsor Name :

Age/Gender : 52 Y. Female
OP Visit No : OPD-UNIT-II-1
Reported On : 24/09/2023 10:07AM

HAEMATOLOGY

Investigation	Observed Value	Unit	Biological Reference Interval
Blood Group (ABO Typing)			
Blood Group (ABO Typing)	O		
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 : MRS GANGA SAHU
UHID/ MR No : 6833
Visit Date : 23/09/2023
Sample Collected On : 23/09/2023 03:02PM
Ref. Doctor : SELF
Sponsor Name :

Age/Gender : 52 Y. Female
OP Visit No : OPD-UNIT-II-2
Reported On : 24/09/2023 10:07AM

BIO CHEMISTRY

Investigation	Observed Value	Unit	Biological Reference Interval
GLUCOSE - (POST PRANDIAL)			
Glucose -Post prandial Method: REAGENT GRADE WATER	126.0	mg/dl	70-140
GLUCOSE (FASTING)			
Glucose- Fasting SUGAR REAGENT GRADE WATER	70.0	mg/dl	70 - 120
KFT - RENAL PROFILE - SERUM			
BUN-Blood Urea Nitrogen METHOD: Spectrophotometric	09	mg/dl	7 - 20
Creatinine METHOD: Spectrophotometric	0.89	mg/dl	0.6-1.4
Uric Acid Method: Spectrophotometric	4.1	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 : MRS GANGA SAHU
UHID/ MR No : 6833
Visit Date : 23/09/2023
Sample Collected On : 23/09/2023 03:02PM
Ref. Doctor : SELF
Sponsor Name :

Age/Gender : 52 Y Female
OP Visit No : OPD-UNIT-II-2
Reported On : 24/09/2023 10:07AM

BIO CHEMISTRY

Investigation	Observed Value	Unit	Biological Reference Interval
LIPID PROFILE TEST (PACKAGE)			
Cholesterol - Total	129.0	mg/dl	Desirable: < 200 Borderline High: 200-239 High: >= 240
Triglycerides level	92.0	mg/dl	Normal : < 150 Borderline High : 150-199 Very High : >=500
Method: Spectrophotometric			
HDL Cholesterol	46.0	mg/dl	Major risk factor for heart disease: < 40 Negative risk factor for heart disease :>60
Method: Spectrophotometric			
LDL Cholesterol	64.60	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	18.40	mg/dl	6 - 38
Total Cholesterol/HDL Ratio	2.80		3.5 - 5
Method: Spectrophotometric			

End of Report
Results are to be correlated clinically

Lab Technician / Technologist
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Sample Collected On : 23/09/2023 03:02PM
Ref. Doctor : SELF
Sponsor Name :

Age/Gender : 52 Y Female
OP Visit No : OPD-UNIT-II-2
Reported On : 24/09/2023 10:07AM

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	21	U/L	0 - 32
SGPT (ALT) Method: Spectrophotometric	28	U/L	0 - 33
ALKALINE PHOSPHATASE	74	U/L	
Total Proteins Method: Spectrophotometric	6.8	g/dl	6 - 8
Albumin Method: Spectrophotometric	4.5	mg/dl	3.4 - 5.0
Globulin Method: Calculated	2.3	g/dl	1.8 - 3.8
A/G Ratio Method: Calculated	1.95	%	1.1 - 2.2

End of Report
Results are to be correlated clinically

Lab Technician / Technologist
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Sponsor Name :

Age/Gender : 52 Y. Female
OP Visit No : OPD-UNIT-II-2
Reported On : 24/09/2023 10:07AM

BIO CHEMISTRY

Investigation	Observed Value	Unit	Biological Reference Interval
HbA1c (Glycosalated Haemoglobin)	5.6	%	Non-diabetic: ≤5.6, Pre-Diabetic 5.7-6.4, Diabetic: ≥6.5

- HbA1c is used for monitoring diabetic control. It reflects the estimated average glucose (eAG).
- 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%.
- Trends in HbA1c are a better indicator of diabetic control than a solitary test.
- Low glycated haemoglobin (below 4%) in a non-diabetic individual are often associated with systemic inflam

- HbA1c is used for monitoring diabetic control. It reflects the estimated average glucose (eAG).
- 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%.
- Trends in HbA1c are a better indicator of diabetic control than a solitary test.
- 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.
- To estimate the eAG from the HbA1C value, the following equation is used: $eAG(mg/dl) = 28.7 \times A1c - 46.7$
- Interference of Haemoglobinopathies in HbA1c estimation.
 - For HbF > 25%, an alternate platform (Fructosamine) is recommended for testing of HbA1c.
 - Homozygous hemoglobinopathy is detected, fructosamine is recommended for monitoring diabetic status
 - Heterozygous state dete

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 : MRS GANGA SAHU
UHID/ MR No : 6833
Visit Date : 23/09/2023
Sample Collected On : 23/09/2023 03:02PM
Ref. Doctor : SELF
Sponsor Name :

Age/Gender : 52 Y. Female
OP Visit No : OPD-UNIT-II-2
Reported On : 24/09/2023 10:07AM

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)	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	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	

End of Report
Results are to be corelated clinically

Lab Technician / Technologist
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चाहता है

डॉ. डॉ. सुमित शर्मा
रामे शर्मा



Dr. Shri
2-10-2023