

Mrs. Neha Gupta
Age - 39 y/f

BP - 100/60

P - 100/5

H - 151 cm

wt - 74 kg

BMI - 32.5



मेरी Pregnancy के करीब
में X-ray, Sonography, Gynaec
consultation

checkup नहीं
कराना चाहती।

Neeta Gupta

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

Mrs. Neha Gupta
S/F

(PREGNANCY - 2nd
5th month)

28/3/24

dc - pt came for routine Dental checkup.

dc - Deep occlusal facet on TG (mild sensitivity)

Adv - - RVC
- Ret crown TG (later).

By

ELSAZ Toothy path.



Apollo Clinic

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www.apolloclinic.com

Patient Name **MRS NEHA GUPTA**
 UHID/ MR No **9999**
 Visit Date **29/03/2024**
 Sample Collected On **29/03/2024 03:26PM**
 Ref. Doctor **SELF**
 Sponsor Name

Age/Gender **39 Y Female**
 OP Visit No **OPD-UNIT-II-2**
 Reported On **30/03/2024 01:24PM**

HAEMATOLOGY

Investigation	Observed Value	Unit	Biological Reference Interval
Platelet Count Method: CELL COUNTER	135	lacs/cu mm	150-400
ESR- Erythrocyte Sedimentation Rate Method: Westergren's Method	30	mm /HR	0 - 20

End of Report

Results are to be correlated clinically

Lab Technician / Technologist
 path



Patient Name : MRS NEHA GUPTA
 UHID/ MR No : 9999
 Visit Date : 29/03/2024
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 Ref. Doctor : SELF
 Sponsor Name :

Age/Gender : 39 Y Female
 OP Visit No : OPD-UNIT-II-2
 Reported On : 30/03/2024 01:24PM


BIO CHEMISTRY


Investigation	Observed Value	Unit	Biological Reference Interval
LIPID PROFILE TEST (PACKAGE)			
Cholesterol - Total	187.0	mg/dl	Desirable: < 200 Borderline High: 200-239 High: >= 240
Triglycerides level	112.0	mg/dl	Normal: < 150 Borderline High: 150-199 Very High: >=500
Method: Spectrophotometric HDL Cholesterol	40.0	mg/dl	Major risk factor for heart disease: < 40 Negative risk factor for heart disease: >60
Method: Spectrophotometric LDL Cholesterol	124.60	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	22.40	mg/dl	6 - 38
Total Cholesterol/HDL Ratio	4.68		3.5 - 5
Method: Spectrophotometric			

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BIO CHEMISTRY

Investigation	Observed Value	Unit	Biological Reference Interval
LIVER FUNCTION TEST			
Bilirubin - Total Method: Spectrophotometric	1.0	mg/dl	0.1-1.2
Bilirubin - Direct Method: Spectrophotometric	0.2	mg/dl	0.05-0.3
Bilirubin (Indirect) Method: Calculated	0.80	mg/dl	0 - 1
SGOT (AST) Method: Spectrophotometric	18	U/L	0 - 32
SGPT (ALT) Method: Spectrophotometric	24	U/L	0 - 33
ALKALINE PHOSPHATASE	118	U/L	25-147
Total Proteins Method: Spectrophotometric	6.1	g/dl	6 - 8
Albumin Method: Spectrophotometric	3.9	mg/dl	3.4 - 5.0
Globulin Method: Calculated	2.2	g/dl	1.8 - 3.6
A/G Ratio Method: Calculated	1.77	%	1.1 - 2.2

End of Report
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Lab Technician / Technologist
 path

(Signature)

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Patient Name	Mrs. NEHA GUPTA	Collected	29/Mar/2024 05:15PM
Age/Gender	39 Y 0 M 0 D /F	Received	29/Mar/2024 05:35PM
UHID/MR No	DSUS.0000007038	Reported	29/Mar/2024 09:39PM
Visit ID	DSUSOPV8184	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	Blo. Ref. Range	Method
HBA1C (GLYCATED HEMOGLOBIN) , WHOLE BLOOD EDTA				
HBA1C, GLYCATED HEMOGLOBIN	4.7	%		HPLC
ESTIMATED AVERAGE GLUCOSE (eAG)	88	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.

- HbA1C is recommended by American Diabetes Association for Diagnosing Diabetes and monitoring Glycemic Control by American Diabetes Association guidelines 2023.
- Trends in HbA1C values is a better indicator of Glycemic control than a single test.
- 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.
- 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.
- In cases of Interference of Hemoglobin variants in HbA1C, alternative methods (Fructosamine) estimation is recommended for Glycemic Control.
 - HbF > 25%
 - Homozygous Hemoglobinopathy (Hb Electrophoresis is recommended method for detection of Hemoglobinopathy)

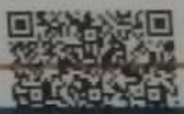


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Patient Name	Mrs. NEHA GUPTA	Collected	29/Mar/2024 05:15PM
Age/Gender	39 Y 0 M 0 D F	Received	29/Mar/2024 05:16PM
UHID/MR No	DSUS.0000007038	Reported	29/Mar/2024 09:41PM
Visit ID	DSUSOPV8184	Status	Final Report
Ref Doctor	APOLLO CLINIC	Client Name	PUP APOLLO CLINIC SAMRIDHI AR
IPIOP NO		Patient location	Raipur, Raipur

DEPARTMENT OF IMMUNOLOGY
*** End Of Report ***



*THIS PAPER IS USED FOR CLINICAL REPORTING PURPOSE ONLY

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DR. MANOJ KULKARNI
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Patient Name : MRS NEHA GUPTA
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 Visit Date : 29/03/2024
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 Ref. Doctor : SELF
 Sponsor Name :

Age/Gender : 39 Y Female
 OP Visit No : OPD-UNIT-II-2
 Reported On : 30/03/2024 01:24PM

CLINICAL PATHOLOGY

Investigation	Observed Value	Unit	Biological Reference Interval
URINE ROUTINE EXAMINATION			
Physical Examination			
Volum of urine	30ML		Clear
Appearance	Slightly Turbid		Colourless
Colour	Pale Yellow		1.001 - 1.030
Specific Gravity	1.015		
Reaction (pH)	6.5		
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	4 - 6	/hpf	0 - 5
Epithelial Cell	6 - 8	/hpf	0 - 5
Crystals	Calcium Oxalate(++)	/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

ID: 710
MRS NEHA GUPTA
Female 39Y ears

29-03-2024 01:33:31 PM

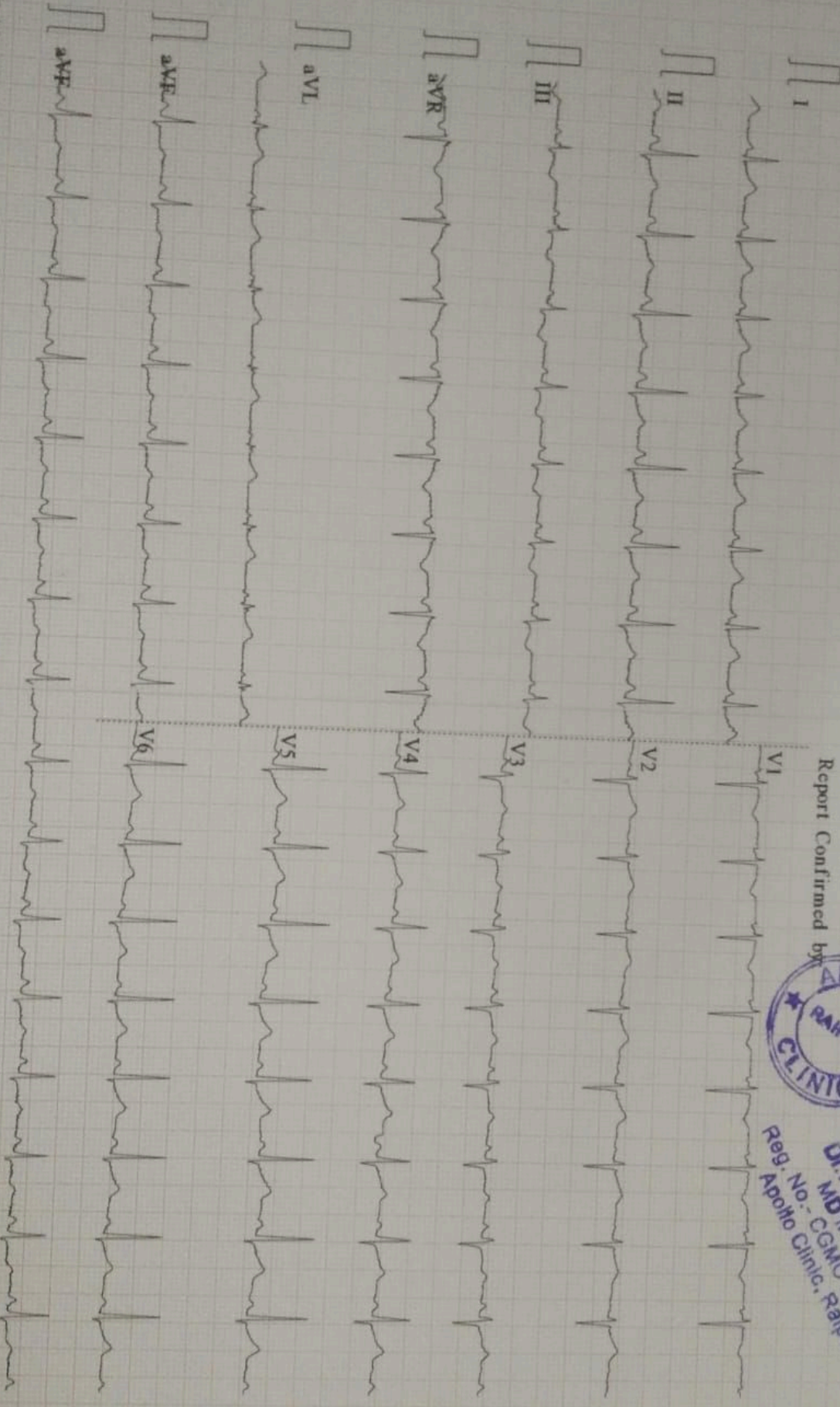
HR : 100 bpm
P : 88 ms
PR : 110 ms
QRS : 82 ms
QT/QTc : 342/442 ms
PQRS/T : 58/51/11 °
RV5/SV1 : 1.016/0.761 mV

Diagnosis Information:
Sinus tachycardia
Inferior T wave abnormality is nonspecific
Borderline ECG

Report Confirmed by



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



0.05-45Hz AC50 25mm/s 10mm/mV 2*5.0s+1r 100 CAR
CT 9108 D VI43 Glasgow V28.6.0 APOLLO CLINIC RAIPUR

Patient Name : MRS NEHA GUPTA
 UHID/ MR No : 9999
 Visit Date : 29/03/2024
 Sample Collected On : 29/03/2024 03:26PM
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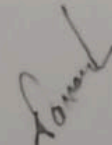
Age/Gender : 39 Y Female
 OP Visit No : OPD-UNIT-II-4
 Reported On : 30/03/2024 01:24PM

HAEMATOLOGY

Investigation	Observed Value	Unit	Biological Reference Interval
HEMOGRAM			
Haemoglobin(HB) Method: CELL COUNTER	10.3	gm/dl	12 - 16
Erythrocyte (RBC) Count Method: CELL COUNTER	3.44	mill/cu mm	4.20 - 6.00
PCV (Packed Cell Volume) Method: CELL COUNTER	30.90	%	39 - 52
MCV (Mean Corpuscular Volume) Method: CELL COUNTER	89.8	fL	76.00 - 100
MCH (Mean Corpuscular Haemoglobin) Method: CELL COUNTER	29.9	pg	26 - 34
MCHC (Mean Corpuscular Hb Conc.) Method: CELL COUNTER	33.3	g/dl	32 - 35
RDW (Red Cell Distribution Width) Method: CELL COUNTER	15.6	%	11 - 16
Total Leucocytes (WBC) Count Method: CELL COUNTER	11.14	cells/cumm	3.50 - 11.00
Neutrophils Method: CELL COUNTER	78	%	40.0 - 73.0
Lymphocytes Method: CELL COUNTER	16	%	15.0 - 45.0
Eosinophils Method: CELL COUNTER	02	%	1-6%
Monocytes Method: CELL COUNTER	04	%	4.0 - 12.0
Basophils Method: CELL COUNTER	00	%	0.0 - 2.0

End of Report
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Lab Technician / Technologist
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DR DHANANJAY RAMCHANDRA PRASAD
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 UHID/ MR No : 9999
 Visit Date : 29/03/2024
 Sample Collected On : 29/03/2024 03:26PM
 Ref. Doctor : SELF
 Sponsor Name :

Age/Gender : 39 Y Female
 OP Visit No : OPD-UNIT-II-1
 Reported On : 30/03/2024 01:24PM

BIO CHEMISTRY

Investigation	Observed Value	Unit	Biological Reference Interval
GLUCOSE - (POST PRANDIAL)			
Glucose -Post prandial Method: REAGENT GRADE WATER	156.0	mg/dl	70-140
KFT - RENAL PROFILE - SERUM			
BUN-Blood Urea Nitrogen METHOD: Spectrophotometric	08	mg/dl	7 - 20
Creatinine METHOD: Spectrophotometric	0.70	mg/dl	0.6-1.4
Uric Acid Method: Spectrophotometric	4.62	mg/dL	2.6 - 7.2

End of Report
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Handwritten Signature

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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)	1.96	ng/mL	0.6-1.81	CLIA
THYROXINE (T4, TOTAL)	9.0	µg/dL	3.2-12.6	CLIA
THYROID STIMULATING HORMONE (TSH)	3.200	µIU/mL	0.35-5.5	CLIA

Result is rechecked. Kindly correlate with Free T3-T4 and clinically.

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



Apollo Clinic
DR MANAL KUJUR
 LICED (M.D. Pathology)
 Consultant Pathologist

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LICED (M.D. Pathology) Apollo Clinic, A.T. Classic Near Ashoka Ratan, VIP Estate, Shankar Nagar, Raipur (C.G.)

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Online reports: https://rphr.apolloclinic.com



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To,
Apollo Clinic
Shankar Nagar Raipur

Sub: unable to attend for ecco test

I wish to inform you that Mahesh Kumar Gupta e.c. 75249
is unable to attend your clinic for echo test
due to my pregnancy. Hence request you to
provide other test report.

Yours truly
Neelam Gupta

