

7389971166

Dr. Animesh Choudhary

MD (Internal Medicine), FCC, FAGE, PGDC, PGCDM, PGDDR
Ex Physician - AIIMS, New Delhi, Fortis Escorts Raipur
Reg. No. CGMC 3583/2011

• मधुमेह • वातरोग • गठियारोग • हृदयरोग • थायराइड • श्वसन रोग • दमा • मोटापा

BP - 160/110
P - 88/न
H - 158 C.M
wt - 58 kg

Mrs. Rashmi Dewangan
Age - 40 Y/A

13/04/24

CBC - 12.5/4.95/5.04/220
FBS - 90, PP - 130
Urea - 08
Creat - 0.98
Lipid - 161/99/41/100.20
LFT - 28/30/114
TB - 1.04
T4 - 9.3
TSH - 4.220

NO H10 DM/D/HMG
Early DM/HMG

Gluc / Gluc 10
- Tab Metformin
- Tab 40/17.5
रोग रोग

- Tab Sulphonyl ur रोग रोग
+ 30d


Plasma gr sdy 0 c BP chng

- Tab ~~Case~~ Acedol - 1p BD xref
- Cap

My - CAP
RT knee Lab
PM

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

I have a laceration so that I am not interested
in mammography and PAP Test.


Rashmi Dewangan Bujul

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
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
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 0771 4033341/42

NAME OF PATIENT; MRS. ROSHMI DEWANGAN

AGE: 40YRS/FEMALE

REFERRED BY: BOB

DATE: 13/04/2024

CHEST X - RAY PA VIEW

FINDINGS:

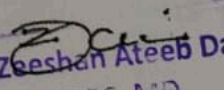
- Both the domes of diaphragm and CP angles are normal.
- Both the hila and mediastinum are normal.
- Both the lung fields are clear. No e/o focal parenchymal lesion.
- Cardio-thoracic ratio is normal.
- Soft tissues and bony cage are unremarkable.

IMPRESSION:

- NO SIGNIFICANT ABNORMALITY SEEN.

Advised: Clinical correlation and further evaluation if clinically indicated.




Dr. Zeeshan Ateeb Dani
MBBS, MD
Reg. No. CGMC (MD)
CONSULTANT RADIOLOGIST

DR. ZEESHAN ATEEB DANI
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. RASHMI DEWANGAN
REF BY :- BOB

AGE/SEX: 40 YRS/F
DATE:- 13.04.2024

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: - Distended & normal.

Pancreas & Paraaortic Region: Normal.

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

Kidneys	RIGHT	LEFT
SIZE	9.33X4.05Cm	10.97x4.55Cm
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 (7.49 x 5.29 x 3.90 cm, Vol. – 80.910 cc) and echotexture. Endometrial thickness 5.2 mm.

Right Ovary: Normal in size (4.36 x 2.07 cm), shape and echotexture.

Left Ovary: Normal in size (3.93 x 2.28 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, MCh
Consultant Radiologist
Reg. No. CGMC
DR. ZEESHAN ATEEB DANI
(MD)
CONSULTANT RADIOLOGIST

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ECHOCARDIOGRAPHY REPORT

NAME : MRS. RASHMI DEWANGAN	Age/Sex: 40rs/female	ECG : Sinus Rhythm
OPD/ IPD : OPD	STUDY DATE: 13/04/2024	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	2.8	2.0 – 3.7	IVS Thickness	ED = 0.9 ES = 1.2	0.6 – 1.1
Aortic Valve Opening	1.8	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)	4.5	3.7 – 5.5	RV Dimension	---	2.6
LVID(s)	2.9	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 : Normal.

FINAL IMPRESSION : NO RWMA AT REST.
NORMAL LV SYSTOLIC FUNCTION.
NORMAL CARDIAC CHAMBER AND NORMAL VALVES.
NO I/C CLOT VEGITATION OR PERICARDIAL EFFUSION.



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

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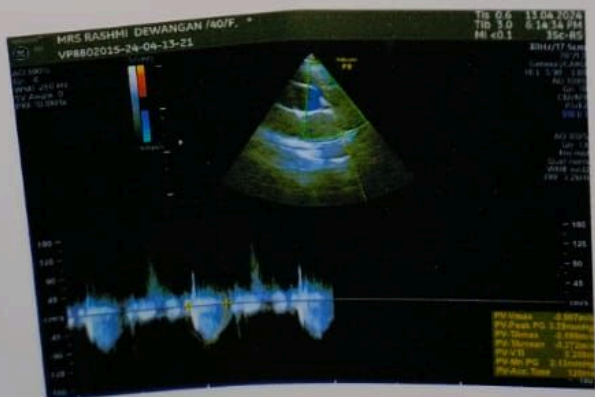
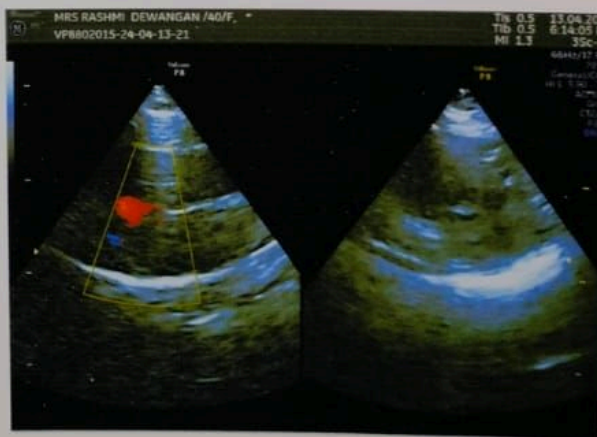
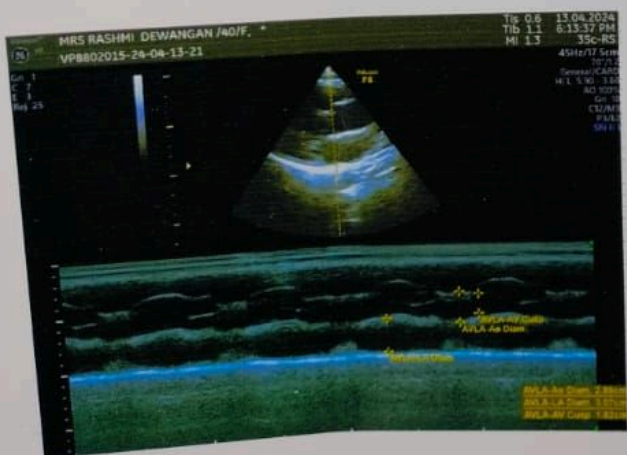
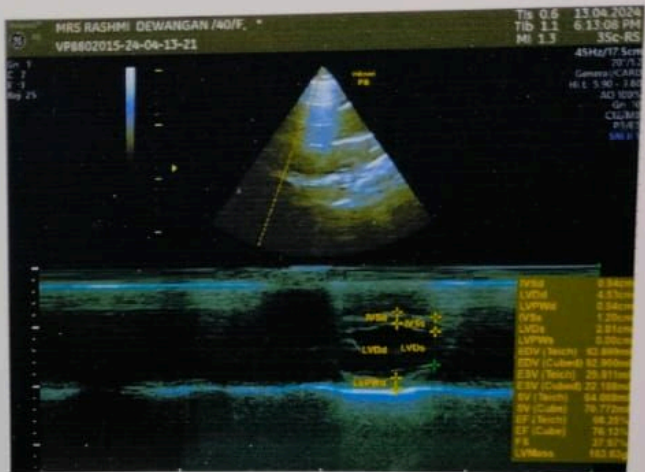
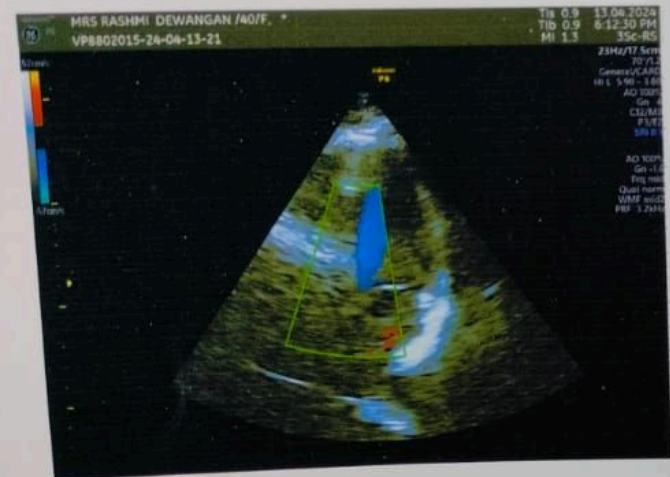
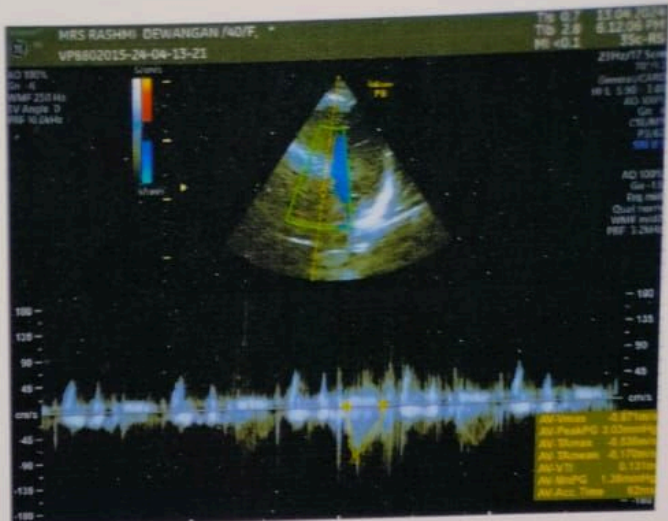
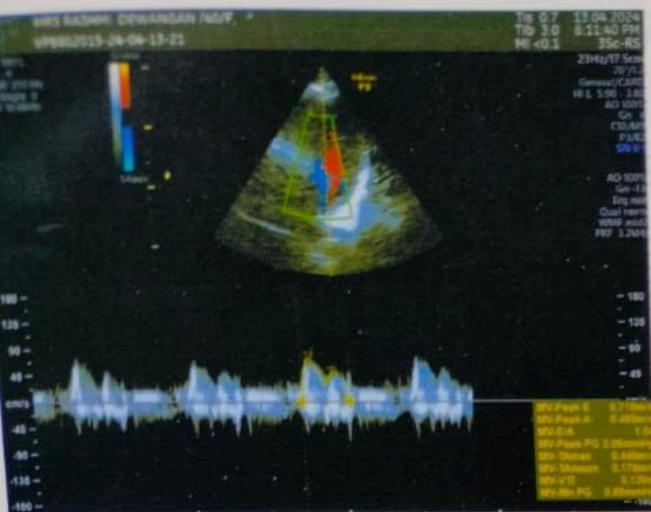
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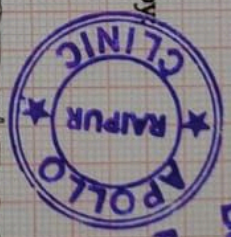


ID: 174
MRS RASHMI DEWANGAN
Female 40Years

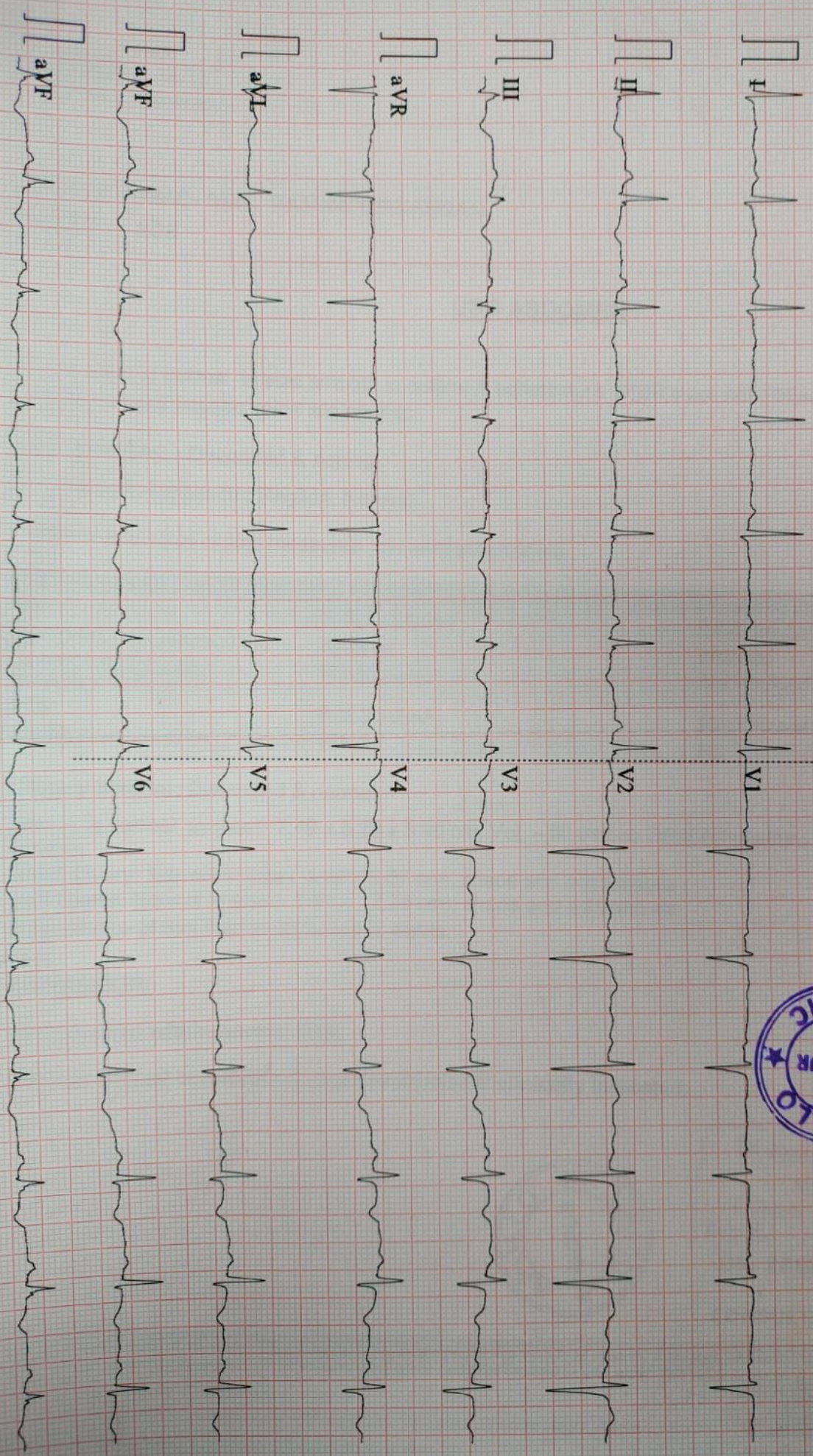
13-04-2024 01:04:34 PM
HR : 75 bpm
P : 114 ms
PR : 170 ms
QRS : 104 ms
QT/QTc : 388/434 ms
P/QRS/T : 54/31/-64 °
RV5/SV1 : 0.590/0.659 mV

Diagnosis Information:
Sinus rhythm
Widespread T wave abnormality may be due to myocardial ischemia
Abnormal ECG

Report Confirmed by



Dr. Animesh Choudhary
MD Medicine
Reg. No. CGMC 3583/21
Apollo Clinics Raipur



Patient Name : MRS RASHMI DEWANGAN
UHID/ MR No : 10230
Visit Date : 13/04/2024
Sample Collected On : 13/04/2024 06:01PM
Ref. Doctor : SELF
Sponsor Name :

Age/Gender : 40 Y Female
OP Visit No : OPD-UNIT-II-2
Reported On : 13/04/2024 06:17PM

BIO CHEMISTRY

Investigation	Observed Value	Unit	Biological Reference Interval
GLUCOSE - (POST PRANDIAL)			
Glucose -Post prandial Method: REAGENT GRADE WATER	130.0	mg/dl	70-140
GLUCOSE (FASTING)			
Glucose- Fasting SUGAR REAGENT GRADE WATER	99.0	mg/dl	70 - 120
KFT - RENAL PROFILE - SERUM			
BUN-Blood Urea Nitrogen METHOD: Spectrophotometric	08	mg/dl	7 - 20
Creatinine METHOD: Spectrophotometric	0.98	mg/dl	0.6-1.4
Uric Acid Method: Spectrophotometric	4.25	mg/dL	2.6 - 7.2

End of Report

Results are to be correlated clinically

Lab Technician / Technologist
path

Dhananjay



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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	26	U/L	0 - 32
SGPT (ALT) Method: Spectrophotometric	30	U/L	0 - 33
ALKALINE PHOSPHATASE	114	U/L	25-147
Total Proteins Method: Spectrophotometric	6.0	g/dl	6 - 8
Albumin Method: Spectrophotometric	3.8	mg/dl	3.4 - 5.0
Globulin Method: Calculated	2.2	g/dl	1.8 - 3.6
A/G Ratio Method: Calculated	1.72	%	1.1 - 2.2

End of Report
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Lab Technician / Technologist
path

Page 3 of 5

DR DHANANJAY RAMCHANDRA PRASAD
M.D. PATHOLOGY

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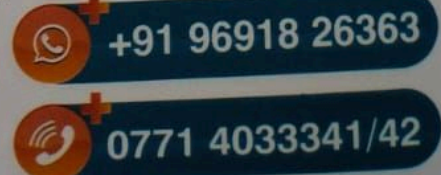
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Patient Name : Mrs.RASHMI DEWANGAN	Collected : 13/Apr/2024 02:08PM
Age/Gender : 40 Y 0 M 0 D /F	Received : 13/Apr/2024 02:27PM
UHID/MR No : DSUS.0000007215	Reported : 13/Apr/2024 03:21PM
Visit ID : DSUSOPV8403	Status : Final Report
Ref Doctor : APOLLO 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)	1.04	ng/mL	0.6-1.81	CLIA
THYROXINE (T4, TOTAL)	9.3	µg/dL	3.2-12.6	CLIA
THYROID STIMULATING HORMONE (TSH)	4.220	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	0.3 - 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 ***



Patient Name : MRS RASHMI DEWANGAN
UHID/ MR No : 10230
Visit Date : 13/04/2024
Sample Collected On : 13/04/2024 06:01PM
Ref. Doctor : SELF
Sponsor Name :

Age/Gender : 40 Y Female
OP Visit No : OPD-UNIT-II-2
Reported On : 13/04/2024 06:17PM

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	1.015		1.001 - 1.030
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	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 correlated clinically

Lab Technician / Technologist
path

Dhananjay

Patient Name : MRS RASHMI DEWANGAN
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Sample Collected On : 13/04/2024 06:01PM
Ref. Doctor : SELF
Sponsor Name :

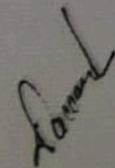
Age/Gender : 40 Y Female
OP Visit No : OPD-UNIT-II-1
Reported On : 13/04/2024 06:17PM

BIO CHEMISTRY

Investigation	Observed Value	Unit	Biological Reference Interval
LIPID PROFILE TEST (PACKAGE)			
Cholesterol - Total	161.0	mg/dl	Desirable: < 200 Borderline High: 200-239 High: >= 240
Triglycerides level	99.0	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	100.20	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	19.80	mg/dl	6 - 38
Total Cholesterol/HDL Ratio	3.93		3.5 - 5
Method: Spectrophotometric			

End of Report
Results are to be correlated clinically

Lab Technician / Technologist
path



DR DHANANJAY RAMCHANDRA PRASAD
M.D. PATHOLOGY

Patient Name : MRS RASHMI DEWANGAN
UHID/ MR No : 10230
Visit Date : 13/04/2024
Sample Collected On : 13/04/2024 06:01PM
Ref. Doctor : SELF
Sponsor Name :

Age/Gender : 40 Y Female
OP Visit No : OPD-UNIT-II-2
Reported On : 13/04/2024 06:17PM

HAEMATOLOGY

Investigation	Observed Value	Unit	Biological Reference Interval
Platelet Count Method: CELL COUNTER	220	lacs/cu.mm	150-400
ESR- Erythrocyte Sedimentation Rate Method: Westergren's Method	14	mm /HR	0 - 20

Blood Group (ABO Typing)

Blood Group (ABO Typing) : A
RhD factor (Rh Typing) : POSITIVE

End of Report

Results are to be corelated clinically

Lab Technician / Technologist
path

DR DHANANJAY RAMCHANDRA PRASAD
M.D. PATHOLOGY

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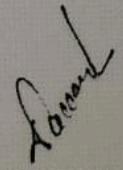
HAEMATOLOGY

Investigation	Observed Value	Unit	Biological Reference Interval
HEMOGRAM			
Haemoglobin(HB)	12.5	gm/dl	12 - 16
Method: CELL COUNTER			
Erythrocyte (RBC) Count	4.95	mill/cu.mm.	4.20 - 6.00
Method: CELL COUNTER			
PCV (Packed Cell Volume)	37.50	%	39 - 52
Method: CELL COUNTER			
MCV (Mean Corpuscular Volume)	75.8	fL	76.00 - 100
Method: CELL COUNTER			
MCH (Mean Corpuscular Haemoglobin)	25.3	pg	26 - 34
Method: CELL COUNTER			
MCHC (Mean Corpuscular Hb Conc.)	33.3	g/dl	32 - 35
Method: CELL COUNTER			
RDW (Red Cell Distribution Width)	13.3	%	11- 16
Method: CELL COUNTER			
Total Leucocytes (WBC) Count	5.04	cells/cumm	3.50 - 11.00
Method: CELL COUNTER			
Neutrophils	58	%	40.0 - 73.0
Method: CELL COUNTER			
Lymphocytes	32	%	15.0 - 45.0
Method: CELL COUNTER			
Eosinophils	04	%	1-6%
Method: CELL COUNTER			
Monocytes	06	%	4.0 - 12.0
Basophils	00	%	0.0 - 2.0
Method: CELL COUNTER			

End of Report

Results are to be correlated clinically

Lab Technician / Technologist
path




EXAMINATION OF EYES :- (BY OPHTHALMOLOGIST)

Patient Name Mrs Rashmi Devaran

Date 13/04/24

Sex/Age 40/F

MR No

Employee Id

EXTERNAL EXAMINATION		
SQUINT		
NYSTAGMUS		NO
COLOUR VISION		NORMAL
FUNDUS:(RE):-	WNL	(LE):- WNL
INDIVIDUAL COLOUR IDENTIFICATION		Good.
DISTANT VISION:(RE):-	6/6	(LE):- 6/6
NEAR VISION:(RE):-	N6	(LE):- N6
NIGHT BLINDNESS		NAD
	SPH	CYL
RIGHT	—————	
LEFT	—————	

REMARKS :-

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



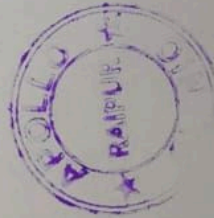
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Rashmi Dewangan
40/f.

H/o orthodontic t/t.

calculus e + + e site.

Advice & safety



Dr. Bushra
☎ 7828251782

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CLINIC Dr Pranab Roy M.S ENT

Name:- Rashmi Dabangan Age 24y 1f

No Active Complaints

ON Ex. RE 4

EAC Clear wax



BU 1mintab

Ext: wax ear drop 4 drops @inc
oooo oooo oooo oooo 5day

Nose K/D Buckler

Throat (M) p/w clear

ENT Examination is WNL



Pranab
13/4/24

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