

wt - 64 kg
H - 158 cm
BP - 130/60
P - 74 bpm

Mrs. Lakshmi Mudali
Age - 40 y / F

05/04/24

CBC - Hb 11.0 / 14.18 / 6.74 | RBC 3.10 / 4.10
LFT - Bilirubin 2.6 / 2.2 / 6.6
Lipid - TG 130.0 / 101.0 / 35.0 | Chol 2.80
RBS - F - 84.0 | PP - 120.0
Creatinine - 0.75
Uric Acid - 4.52
HbA1c - 5.5
TSH - 1.980

No H10 DM 13 / H100
No food sugars

l
- 200 Ricketts 200 2124
+ 300



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

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KOB



Dr. Sudha Agrawal Choudhury

MBBS, MS(OBG), DNB, F.M.A.S., FRM (Gujarat University) DRM (Kiel University Germany)
Consultant Gynaecologist - Apollo Clinic Raipur
Specialist-Infertility (IUI, IVF) Ultrasonography (TVS, Doppler, 3D, 4D)
Formerly - AMRI Hospital (BBSR), IMS & SUM Medical college (BBSR), RKMS & VIMS (Kolkata)
Sumiran Women's Hospital (Ahmedabad), Nadkarni Testtube Baby Centre (Surat),
Dr. Nagar's Institute of Infertility & IVF (Ahmedabad)
Reg. No.: C.G.M.C/10775/2021
Laparoscopy Surgeon & Infertility Specialist

Ms. Lakshmi Medhali / 40yrs. 5/1/24

→ PIL
- No chief complaint-

Adv pap smear → Don



Dental Consultation.

Lakshmi mediti

40/m

mid Stein & Calculous

Pit & fissure Caries \bar{c} 8 + 8

Dr



CLS 13 Dr Pronab Roy MS ENT

Name: Lakshmi M Age 40y/F

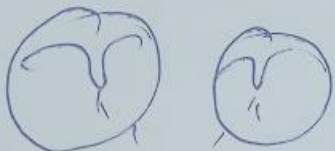
Op Facial pain 10yr

Also c/o rhinorrhoea 10yr

K/c/o Allergic Rhinosensitisation

On Ex Rt Lf
EAC clear clear

Stop ear buds

Im  Sp

Tab Montek Fx 100 H2

Nose BIC Intubant
LPA BIC clear

Aromyx nasal spray 2puffs

Throat  P/w clear

5day

Pronab
5/4/24
Rest ENT Examination is with

Pronab



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CLSIB Dr Pronab Roy MS ENT

Name: Lakshmi M Age 40y/F

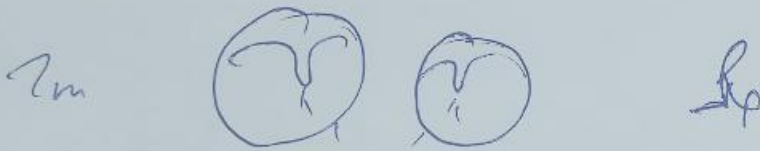
No Facial pain 10yr

Also c/o rhinorrhoea 10yr

K/c/o Allergic Rhinosinusitis

On Ex Rt Lf
EAC clear clear

Stop ear buds



Bic Trintal
Lf WNS

Tab Montek Fx 100 Hs

Nose LPA Bic clear

Aromyx nasal spray 2puffs

Throat (M) Pow clear

5day

Pronab

Rest ENT

5/4/24 Examination is with

Pronab



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ID: 114
MRS LAKSHMI MUDDILI
Female 40 years

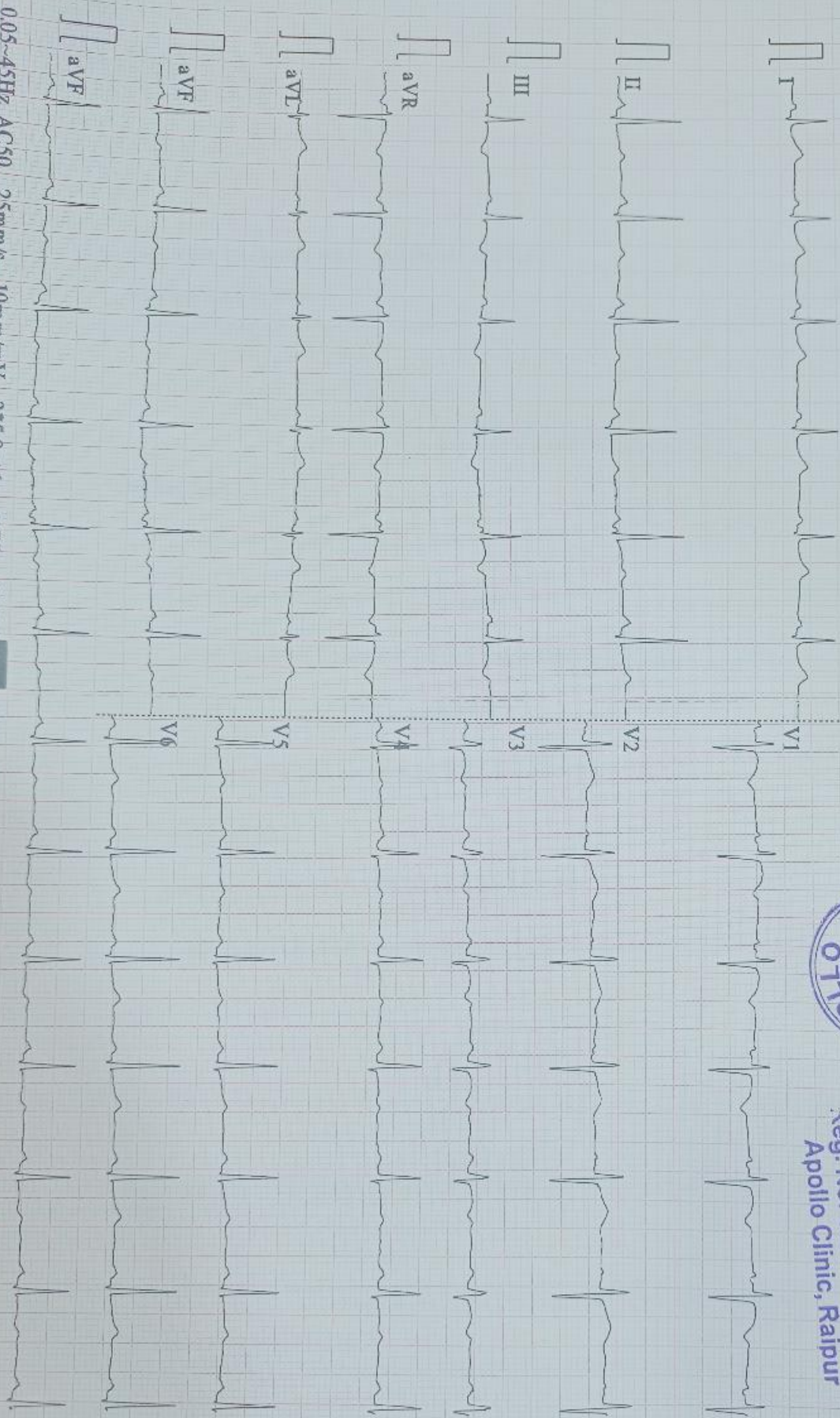
05-04-2024 10:40:33 AM
HR : 75 bpm
P : 106 ms
PR : 144 ms
QRS : 82 ms
QT/QTc : 394/441 ms
PQRS/T : 56/58/3
RV5/SV1 : 0.998/0.722 mV

Diagnosis Information:
Sinus rhythm
Inferior and anterior T wave abnormality is nonspecific
Borderline ECG

Report Confirmed



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



0.05~45Hz AC50 25mm/s 10mm/mV 2*5.0s+1r 75
CARI F 9108 D V1.43 Glasgow V28.6.0 APOLLO CLINIC RAIPUR

NAME OF PATIENT; MRS. LAKSHIMI MUDILI

AGE: 40YRS/FEMALE

REFERRED BY: BOB

DATE: 05/04/2024

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
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.

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PATIENT NAME: MRS. LAKSHMI MUDILI
REF BY: BOB

AGE / SEX: 40 YRS/F
DATE: 05.04.2024

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	8.26X3.65Cm	8.37x3.67Cm
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 (7.46 x 3.23 x 3.53 cm, and echotexture. Endometrial thickness 6.3 mm.

Right Ovary: Normal in size (1.96 x 2.09 cm), shape and echotexture.

Left Ovary: Normal in size (2.77 x 2.06 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.



(Handwritten signature)

DR. ANIL WASTI
SONOLOGIST REG.NO. CGMC-1471

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PATIENT NAME: MRS. LAKSHMI MUDILI
REF BY: BOB

AGE / SEX: 40 Y/F
DATE: 05/04 /2024

SONOGRAPHY BILATERAL BREASTS

FINDINGS:

- Both breast tissues are symmetrical and appear normal in size and echotexture.
- No evidence of any focal mass lesion or any collection seen.
- Nipple, areola and subareolar region also appear normal.
- Bilateral axilla visualised normal without any evidence of lymphadenopathy.

IMPRESSION:

- **USG BREAST WITHIN NORMAL LIMITS.**

Advised clinical correlation and further evaluation.



DR. ANIL WASTI
SONOLOGIST REG.NO. CGMC-1471

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*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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EXAMINATION OF EYES :- (BY OPHTHALMOLOGIST)

Patient Name Ms. Lakshmi. Machili

Date 5.1.4.24

Sex/Age 40Y/1F

MR No

Employee Id

EXTERNAL EXAMINATION				
SQUINT				
NYSTAGMUS				
COLOUR VISION				
FUNDUS:(RE):- <u>WNL</u> (LE):- <u>WNL</u>				
INDIVIDUAL COLOUR IDENTIFICATION				
DISTANT VISION:(RE):- <u>9/12 e 6/6</u> (LE):- <u>9/12 e 6/6</u>				
NEAR VISION:(RE):- <u>N3 e 6/6</u> (LE):- <u>N3 e 6/6</u>				
NIGHT BLINDNESS				
	SPH	CYL	AXIS	ADD
RIGHT	<u>+0.75</u>	<u>+0.50</u>	<u>120</u>	<u>+1.25</u>
LEFT	<u>+0.75</u>	<u>+0.50</u>	<u>10</u>	<u>+1.25</u>
REMARKS :-				

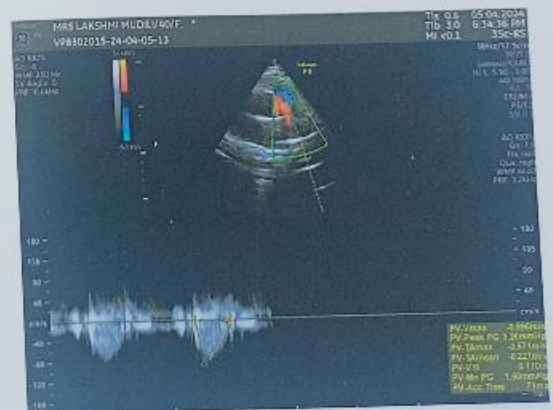
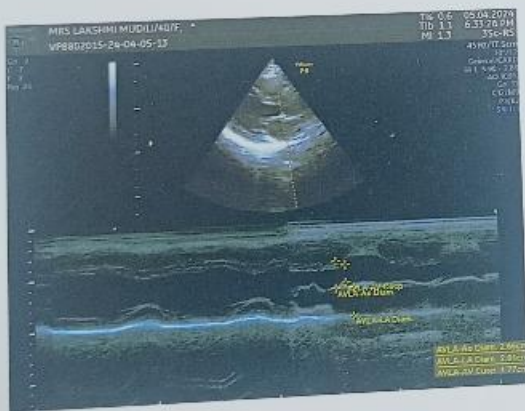
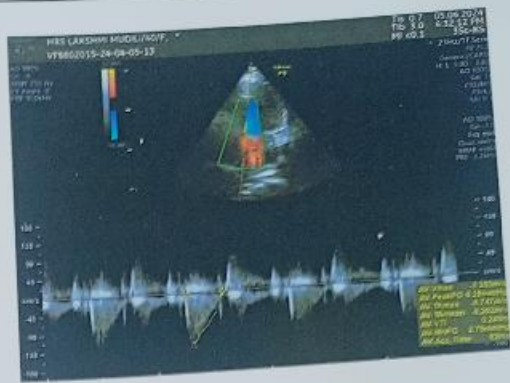
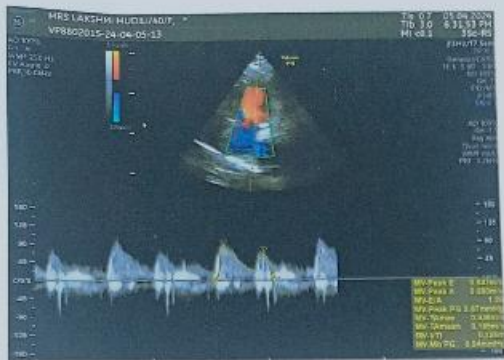


Dr. Vikas Mishra
MBBS, MS (Ophthalmologist)
Reg. No. CGMC 624/2006

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ECHOCARDIOGRAPHY REPORT

NAME : MRS. LAKSHMI MUDILI	Age/Sex: 40Yrs/female	ECG : Sinus Rhythm
OPD/ IPD : OPD	STUDY DATE: 05/04/2024	REGN. NO. : FRAI.0000020604
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	2.8	1.9 – 4.0	RA Dimension	---	2.6
LVID(D)	4.3	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 , 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.

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. DEEPA DAS
 MBBS, DIP, CARDIOLOGY
 CONSULTANT DEPT. OF NIC

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IVC (15mm) >50% Inspiratory collapse

ECHOCARDIOGRAPHY REPORT

NAME : MRS. LAKSHMI MUDILI	Age/Sex: 40Yrs/female	ECG : Sinus Rhythm
OPD/ IPD : OPD	STUDY DATE: 05/04/2024	REGN. NO. : FRAI.0000020604
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	2.8	1.9 - 4.0	RA Dimension	---	2.6
LVID(D)	4.3	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, 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.

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


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IVC (15mm) >50% Inspiratory collapse

Patient Name : MRS LAKSHMI MUDILI
UHID/ MR No : 10116
Visit Date : 05/04/2024
Sample Collected On : 05/04/2024 05:17PM
Ref. Doctor : SELF
Sponsor Name :

Age/Gender : 40 Y Female
OP Visit No : OPD-UNIT-II-2
Reported On : 05/04/2024 05:37PM

HAEMATOLOGY

Investigation	Observed Value	Unit	Biological Reference Interval
HEMOGRAM			
Haemoglobin(HB) Method: CELL COUNTER	11.0	gm/dl	12 - 16
Erythrocyte (RBC) Count Method: CELL COUNTER	4.18	mill/cu.mm.	4.20 - 6.00
PCV (Packed Cell Volume) Method: CELL COUNTER	33	%	39 - 52
MCV (Mean Corpuscular Volume) Method: CELL COUNTER	78.9	fL	76.00 - 100
MCH (Mean Corpuscular Haemoglobin) Method: CELL COUNTER	26.3	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	13.5	%	11- 16
Total Leucocytes (WBC) Count Method: CELL COUNTER	6.74	cells/cumm	3.50 - 11.00
Neutrophils Method: CELL COUNTER	60	%	40.0 - 73.0
Lymphocytes Method: CELL COUNTER	28	%	15.0 - 45.0
Eosinophils Method: CELL COUNTER	07	%	1-6%
Monocytes	05	%	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
path

Handwritten Signature

Patient Name : MRS LAKSHMI MUDILI
 UHID/ MR No : 10116
 Visit Date : 05/04/2024
 Sample Collected On : 05/04/2024 05:17PM
 Ref. Doctor : SELF
 Sponsor Name :

Age/Gender : 40 Y Female
 OP Visit No : OPD-UNIT-II-2
 Reported On : 05/04/2024 05:37PM

HAEMATOLOGY

Investigation	Observed Value	Unit	Biological Reference Interval
Platelet Count Method: CELL COUNTER	253	lacs/cu.mm	150-400
ESR- Erythrocyte Sedimentation Rate Method: Westergren's Method	10	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
 path

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Dhananjay
 DR DHANANJAY RAMCHANDRA PRASAD
 M.D. PATHOLOGY

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Patient Name : MRS LAKSHMI MUDILI
 UHID/ MR No : 10116
 Visit Date : 05/04/2024
 Sample Collected On : 05/04/2024 05:17PM
 Ref. Doctor : SELF
 Sponsor Name :

Age/Gender : 40 Y. Female
 OP Visit No : OPD-UNIT-II-1
 Reported On : 05/04/2024 05:37PM

BIO CHEMISTRY

Investigation	Observed Value	Unit	Biological Reference Interval
LIVER FUNCTION TEST			
Bilirubin - Total Method: Spectrophotometric	0.9	mg/dl	0.1-1.2
Bilirubin - Direct Method: Spectrophotometric	0.2	mg/dl	0.05-0.3
Bilirubin (Indirect) Method: Calculated	0.70	mg/dl	0 - 1
SGOT (AST) Method: Spectrophotometric	16	U/L	0 - 32
SGPT (ALT) Method: Spectrophotometric	22	U/L	0 - 33
ALKALINE PHOSPHATASE	66	U/L	25-147
Total Proteins Method: Spectrophotometric	6.2	g/dl	6 - 8
Albumin Method: Spectrophotometric	4.0	mg/dl	3.4 - 5.0
Globulin Method: Calculated	2.2	g/dl	1.8 - 3.6
A/G Ratio Method: Calculated	1.81	%	1.1 - 2.2

End of Report
Results are to be correlated clinically

Lab Technician / Technologist
path

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DR DHANANJAY RAMCHANDRA PRASAD
M.D. PATHOLOGY

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Patient Name : MRS LAKSHMI MUDILI
 UHID/ MR No : 10116
 Visit Date : 05/04/2024
 Sample Collected On : 05/04/2024 05:17PM
 Ref. Doctor : SELF
 Sponsor Name :

Age/Gender : 40 Y Female
 OP Visit No : OPD-UNIT-II-2
 Reported On : 05/04/2024 05:37PM

BIO CHEMISTRY

Investigation	Observed Value	Unit	Biological Reference Interval
LIPID PROFILE TEST (PACKAGE)			
Cholesterol - Total	130.0	mg/dl	Desirable: < 200 Borderline High: 200-239 High: >= 240
Triglycerides level	91.0	mg/dl	Normal : < 150 Borderline High : 150-199 Very High : >=500
Method: Spectrophotometric HDL Cholesterol	39.0	mg/dl	Major risk factor for heart disease: < 40 Negative risk factor for heart disease :>60
Method: Spectrophotometric LDL Cholesterol	72.80	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: Spectrophotometric VLDL Cholesterol	18.20	mg/dl	6 - 38
Total Cholesterol/HDL Ratio Methode: Spectrophotometric	3.33		3.5 - 5

End of Report
Results are to be correlated clinically

Lab Technician / Technologist
path

Patient Name : MRS LAKSHMI MUDILI
 UHID/ MR No : 10116
 Visit Date : 05/04/2024
 Sample Collected On : 05/04/2024 05:17PM
 Ref. Doctor : SELF
 Sponsor Name :

Age/Gender : 40 Y. Female
 OP Visit No : OPD-UNIT-II-2
 Reported On : 05/04/2024 05:37PM

BIO CHEMISTRY

Investigation	Observed Value	Unit	Biological Reference Interval
GLUCOSE - (POST PRANDIAL)			
Glucose -Post prandial Method: REAGENT GRADE WATER	120.0	mg/dl	70-140
GLUCOSE (FASTING)			
Glucose- Fasting SUGAR REAGENT GRADE WATER	84.0	mg/dl	70 - 120
KFT - RENAL PROFILE - SERUM			
BUN-Blood Urea Nitrogen METHOD: Spectrophotometric	07	mg/dl	7 - 20
Creatinine METHOD: Spectrophotometric	0.75	mg/dl	0.6-1.4
Uric Acid Method: Spectrophotometric	4.52	mg/dL	2.6 - 7.2

End of Report
 Results are to be correlated clinically

Lab Technician / Technologist
 path



Patient Name : MRS LAKSHMI MUDILI
UHID/ MR No : 10116
Visit Date : 05/04/2024
Sample Collected On : 05/04/2024 05:17PM
Ref. Doctor : SELF
Sponsor Name :

Age/Gender : 40 Y. Female
OP Visit No : OPD-UNIT-II-2
Reported On : 05/04/2024 05:37PM

CLINICAL PATHOLOGY

Investigation	Observed Value	Unit	Biological Reference Interval
URINE ROUTINE EXAMINATION			
Physical Examination			
Volum of urine	30ML		
Appearance	Slightly Turbid		Clear
Colour	Pale Yellow		Colourless
Specific Gravity	1.010		1.001 - 1.030
Reaction (pH)	5.5		
Chemical Examination			
Protein(Albumin) Urine	Absent		Absent
Glucose(Sugar) Urine	Absent		Absent
Blood	Present+		Absent
Leukocytes	Absent		Absent
Ketone Urine	Absent		Absent
Bilirubin Urine	Absent		Absent
Urobilinogen	Absent		Absent
Nitrite (Urine)	Absent		Absent
Microscopic Examination			
RBC (Urine)	2 - 4	/hpf	0 - 2
Pus cells	2 - 4	/hpf	0 - 5
Epithelial Cell	6 - 8	/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

Ramchand

Patient Name	: Mrs.LAKSHMI MUDILI	Collected	: 05/Apr/2024 12:45PM
Age/Gender	: 40 Y 0 M 0 D /F	Received	: 05/Apr/2024 01:36PM
UHID/MR No	: DSUS.0000007116	Reported	: 05/Apr/2024 04:30PM
Visit ID	: DSUSOPV8283	Status	: Final Report
Ref Doctor	: APOLLO CLINIC	Client Name	: PUP APOLLO CLINIC SAMRIDDI 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	5.5	%		HPLC
ESTIMATED AVERAGE GLUCOSE (eAG)	111	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 glycaemic 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
 - A: HbF >25%
 - B: Homozygous Hemoglobinopathy.
 (Hb Electrophoresis is recommended method for detection of Hemoglobinopathy)



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Patient Name : Mrs.LAKSHMI MUDILI	Collected : 05/Apr/2024 12:45PM
Age/Gender : 40 Y 0 M 0 D /F	Received : 05/Apr/2024 01:21PM
UHID/MR No : DSUS.0000007116	Reported : 05/Apr/2024 02:58PM
Visit ID : DSUSOPV8283	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)	1.23	ng/mL	0.6-1.81	CLIA
THYROXINE (T4, TOTAL)	7.3	µg/dL	3.2-12.6	CLIA
THYROID STIMULATING HORMONE (TSH)	1.980	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

- 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.
- 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.
- 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.
- 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 ***

