

Dr. Anub Roy M.SENT.

Name ANUPAM PRIYAMVADA Age:- 35Y1F

No Active ENT Complaint

On Exo Rt Lt

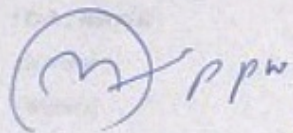
Ear clear clear



Nose B/C clear

All BU

Throat



ENT Examination WNL

Anub

29/3/24



ECHOCARDIOGRAPHY REPORT

NAME : MRS. ANUPAM PRIYAMVADA	Age/Sex: 35Yrs/female	ECG : Sinus Rhythm
OPD/ IPD : OPD	STUDY DATE: 29/03/2024	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 = 1.3	0.6 – 1.1
AorticValve Opening	1.8	1.5 – 2.6	PW Thickness	ED = 0.9 ES = 1.3	0.6 – 1.1
LA Dimension	3.2	1.9 – 4.0	RA Dimension	---	2.6
LVID(D)	3.7	3.7 – 5.5	RV Dimension	---	2.6
LVID(s)	2.3	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 CHEMBER AND NORMAL VALVES.
NO I/C CLOT VEGITATION OR PERICARDIAL EFFUSION.



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

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PATIENT NAME: MRS. ANUPAM PRIYAMVADA
REF BY: BOB

AGE / SEX: 35 YRS/F
DATE: 01.04.2024

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	10.37X3.70Cm	10.28x4.11Cm
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 (7.99 x 4.59 x 4.31 cm, and echotexture. Endometrial thickness 5.4 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.



Z. Dani
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. 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.

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NAME OF PATIENT; MRS. ANUPAM PRIYAMVADA

REFERRED BY: BOB

AGE: 35YRS/FEMALE

DATE: 29/03/2024

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
DR. ZEESHAN ATEEB DANI
(MD)
CONSULTANT RADIOLOGIST

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ID: 685
MRS ANUPAM PRIYAMVADA
Female 35Years

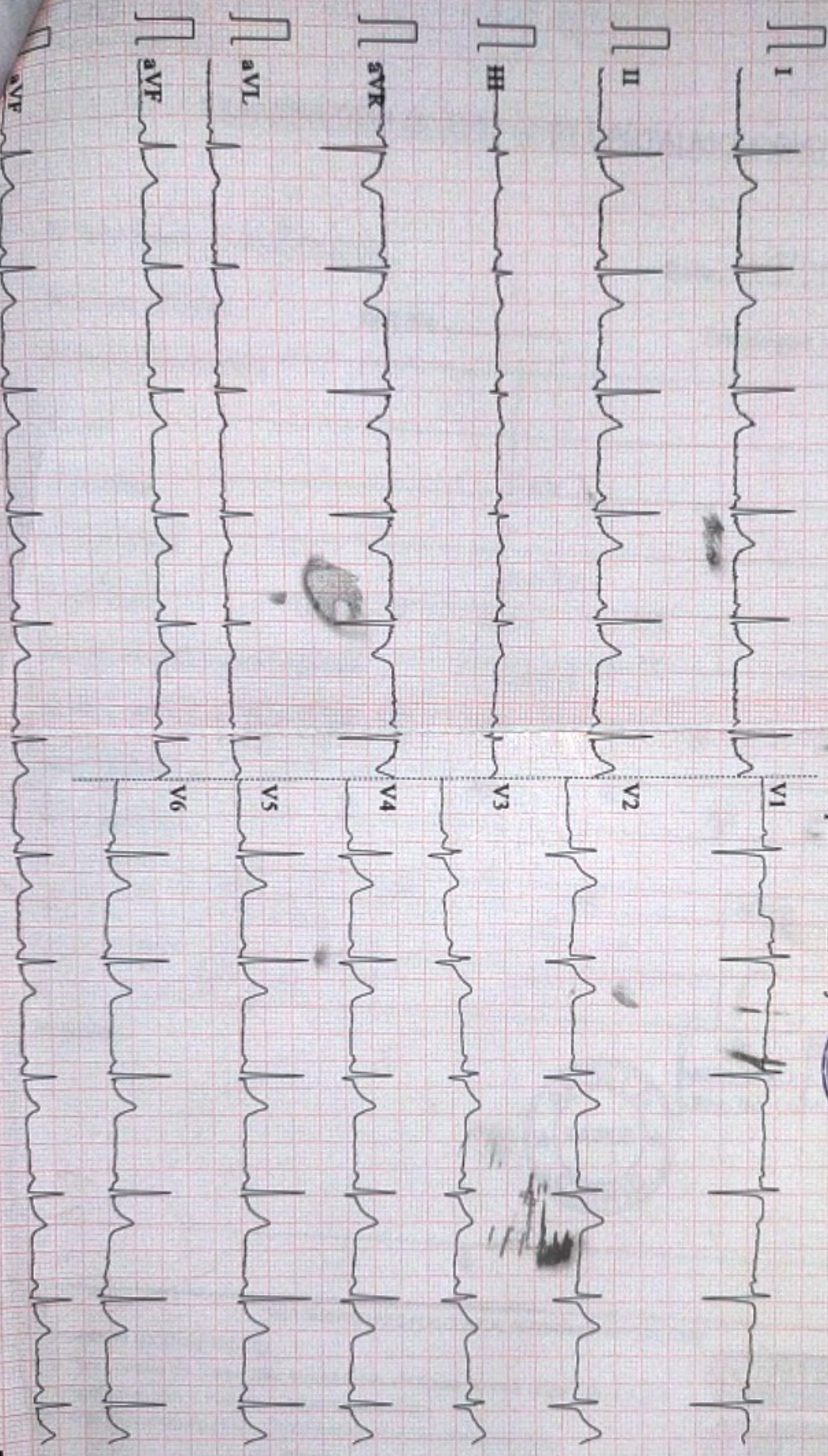
29-03-2024 10:18:04 AM
HR : 72 bpm
P : 98 ms
PR : 128 ms
QRS : 74 ms
QT/QTc : 360/394 ms
PQRST : 63/38/45 °
RV5/SV1 : 1.184/0.951 mV

Diagnosis Information:
Sinus rhythm
Normal ECG

Report Confirmed by:



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



50 25mm/s 10mm/mV 2*5.0s+1r 72 CA

RT 9108 D V143 Glasgow V28.60 APOLLO CLINIC RAIPUR

EXAMINATION OF EYES :- (BY OPHTHALMOLOGIST)

Patient Name Mrs Anupam

Date 29/3/24

Sex/Age 35/A

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>5/60 E 6/6</u> (LE):- <u>5/60 E 6/6</u>				
NEAR VISION:(RE):- <u>NC</u> (LE):- <u>NC</u>				
NIGHT BLINDNESS				
	SPH	CYL	AXIS	ADD
RIGHT	<u>-3.50</u>			
LEFT	<u>-3.0</u>			

REMARKS :-



Dr. Vinod Kumar
MBBS, MS (Ophthalmologist)
Reg. No. CGMC 624/2006

Patient Name : MRS PRIYAMVADA ANUPAM
UHID/ MR No : 10000
Visit Date : 29/03/2024
Sample Collected On : 29/03/2024 03:28PM
Ref. Doctor : SELF
Sponsor Name :

Age/Gender : 35 Y. Female
OP Visit No : OPD-UNIT-II-2
Reported On : 30/03/2024 01:29PM

HAEMATOLOGY

Investigation	Observed Value	Unit	Biological Reference Interval
HEMOGRAM			
Haemoglobin(HB)	12.4	gm/dl	12 - 16
Method: CELL COUNTER			
Erythrocyte (RBC) Count	4.48	mill/cu.mm.	4.20 - 6.00
Method: CELL COUNTER			
PCV (Packed Cell Volume)	37.20	%	39 - 52
Method: CELL COUNTER			
MCV (Mean Corpuscular Volume)	83.0	fL	76.00 - 100
Method: CELL COUNTER			
MCH (Mean Corpuscular Haemoglobin)	27.7	pg	26 - 34
Method: CELL COUNTER			
MCHC (Mean Corpuscular Hb Concn.)	33.3	g/dl	32 - 35
Method: CELL COUNTER			
RDW (Red Cell Distribution Width)	15.1	%	11- 16
Method: CELL COUNTER			
Total Leucocytes (WBC) Count	8.90	cells/cumm	3.50 - 11.00
Method: CELL COUNTER			
Neutrophils	77	%	40.0 - 73.0
Method: CELL COUNTER			
Lymphocytes	18	%	15.0 - 45.0
Method: CELL COUNTER			
Eosinophils	01	%	1-6%
Method: CELL COUNTER			
Monocytes	04	%	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

Page 4 of 5

Dhananjay
DR DHANANJAY RAMCHANDRA PRASAD
 M.D. PATHOLOGY

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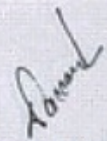
Age/Gender : 35 Y Female
OP Visit No : OPD-UNIT-II-4
Reported On : 30/03/2024 01:29PM

HAEMATOLOGY

Investigation	Observed Value	Unit	Biological Reference Interval
Platelet Count Method: CELL COUNTER	145	lacs/cu.mm	150-400
ESR- Erythrocyte Sedimentation Rate Method: Westergren's Method	15	mm /HR	0 - 20

End of Report
Results are to be correlated clinically

Lab Technician / Technologist
 path



Patient Name : MRS PRIYAMVADA ANUPAM
UHID/ MR No : 10000
Visit Date : 29/03/2024
Sample Collected On : 29/03/2024 03:28PM
Ref. Doctor : SELF
Sponsor Name :

Age/Gender : 35 Y Female
OP Visit No : OPD-UNIT-II-5
Reported On : 30/03/2024 01:29PM

BIO CHEMISTRY

Investigation	Observed Value	Unit	Biological Reference Interval
GLUCOSE - (POST PRANDIAL)			
Glucose -Post prandial Method: REAGENT GRADE WATER	108.0	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	10	mg/dl	7 - 20
Creatinine METHOD: Spectrophotometric	0.83	mg/dl	0.6-1.4
Uric Acid Method: Spectrophotometric	4.02	mg/dL	2.6 - 7.2

End of Report
Results are to be correlated clinically

Lab Technician / Technologist
 path

Dhananjay

Patient Name : MRS PRIYAMVADA ANUPAM
UHID/ MR No : 10000
Visit Date : 29/03/2024
Sample Collected On : 29/03/2024 03:28PM
Ref. Doctor : SELF
Sponsor Name :

Age/Gender : 35 Y Female
OP Visit No : OPD-UNIT-II-2
Reported On : 30/03/2024 01:29PM

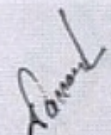
BIO CHEMISTRY

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	17	U/L	0 - 32
SGPT (ALT) Method: Spectrophotometric	23	U/L	0 - 33
ALKALINE PHOSPHATASE	28	U/L	25-147
Total Proteins Method: Spectrophotometric	6.4	g/dl	6 - 8
Albumin Method: Spectrophotometric	4.3	mg/dl	3.4 - 5.0
Globulin Method: Calculated	2.1	g/dl	1.8 - 3.6
A/G Ratio Method: Calculated	2.0	%	1.1 - 2.2

End of Report

Results are to be correlated clinically

Lab Technician / Technologist
path



Patient Name : MRS PRIYAMVADA ANUPAM
UHID/ MR No : 10000
Visit Date : 29/03/2024
Sample Collected On : 29/03/2024 03:28PM
Ref. Doctor : SELF
Sponsor Name :
Age/Gender : 35 Y Female
OP Visit No : OPD-UNIT-II-2
Reported On : 30/03/2024 02:04PM

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
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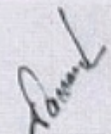
- 1.HbA1c is used for monitoring diabetic control. It reflects the estimated average glucose (eAG).
- 2.HbA1c has been endorsed by clinical groups & ADA (American Diabetes Association) guidelines 2017, for diagnosis of diabetes using a cut-off point of 6.5%.
3. Trends in HbA1c are a better indicator of diabetic control than a solitary test.
4. Low glycated haemoglobin(below 4%) in a non-diabetic individual are often associated with systemic inflam

- 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: $eAG(mg/dl) = 28.7 \cdot A1c - 46.7$
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

Lab Technician / Technologist
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Patient Name : MRS PRIYAMVADA ANUPAM
UHID/ MR No : 10000
Visit Date : 29/03/2024
Sample Collected On : 29/03/2024 03:28PM
Ref. Doctor : SELF
Sponsor Name :
Age/Gender : 35 Y. Female
OP Visit No : OPD-UNIT-II-1
Reported On : 30/03/2024 02:04PM

IMMUNO ASSAY

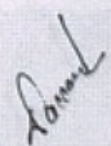
Investigation	Observed Value	Unit	Biological Reference Interval
T3, T4, TSH			
T3 (Total) by CLIA,serum	0.54	ng/mL	0.87-1.78
Clinical Use - Diagnose and monitor treatment of Hyperthyroidism Increased Levels: Pregnancy, Graves disease, T3 thyrotoxicosis, TSH dependent Hyperthyroidism, Increased TBG Decreased Levels: Nonthyroidal illness, Hypothyroidism, Nutritional deficiency, Systemic illness, Decreased TBG			
T4(Total) by CLIA,serum	6.7	mcg/dl	6.09-12.23
Clinical Use - Diagnose Hypothyroidism and Hyperthyroidism when overt and / or due to pituitary or hypothalamic disease Increased Levels: Hyperthyroidism, Increased TBG, Familial dysalbuminemic hyperthyroxinemia, Increased Transthyretin, Estrogen therapy, Pregnancy Decreased Levels: Primary hypothyroidism, Pituitary TSH deficiency, Hypothalamic TRH deficiency, Non thyroidal illness, Decreased TBG.			
TSH (Ultrasensitive) CLIA Serum	1.080	mIU/ml	0.34- 6.0
Initial test of thyroid function in patients with suspected thyroid dysfunction - Assess thyroid status in patients with abnormal total T4 concentrations - Distinguish Euthyroid hyperthyroxinemias from hypothyroidism Increased Levels: Thyroid hormone resistance, Hyperthyroidism Decreased Levels: Primary hypothyroidism, Secondary hypothyroidism Clinical Use - Initial test of thyroid function in patients with suspected thyroid dysfunction			

Note: Total T3 & T4 levels measure the hormone which is in the bound form and is not available to most tissues. In addition severe systemic illness which affects the thyroid binding proteins can falsely alter Total T4 levels in the absence of a primary thyroid disease. Hence Free T3 & T4 levels are recommended for accurate assessment of thyroid dysfunction.

End of Report

Results are to be correlated clinically

Lab Technician / Technologist
path



DR DHANANJAY RAMCHANDRA PRASAD
M.D. PATHOLOGY

Patient Name : MRS PRIYAMVADA ANUPAM
UHID/ MR No : 10000
Visit Date : 29/03/2024
Sample Collected On : 29/03/2024 03:28PM
Ref. Doctor : SELF
Sponsor Name :
Age/Gender : 35 Y. Female
OP Visit No : OPD-UNIT-II-2
Reported On : 30/03/2024 01:29PM

CLINICAL PATHOLOGY

Investigation	Observed Value	Unit	Biological Reference Interval
URINE ROUTINE EXAMINATION			
Physical Examination			
Volum of urine	30ML		
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	Not Seen

End of Report
Results are to be corelated clinically

Lab Technician / Technologist
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Dhananjay

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Reported On : 30/03/2024 01:29PM

BIO CHEMISTRY

Investigation	Observed Value	Unit	Biological Reference Interval
LIPID PROFILE TEST (PACKAGE)			
Cholesterol - Total	169.0	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	44.0	mg/dl	Major risk factor for heart disease: < 40 Negative risk factor for heart disease :>60
Method: Spectrophotometric			
LDL Cholesterol	105.40	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	3.84		3.5 - 5
Method: Spectrophotometric			

End of Report
Results are to be correlated clinically

Lab Technician / Technologist
path

