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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 - 130/80
P - 100/mt
H - 154 c.m
Wt - 64 kg

Mrs. Mona Kashyap
Age - 30y/F

15/03/24

CBC - 13.7/4.76/6.50/102
Lipid - 154/98/40/94.40 — Plenty of water
LFT - 24/29/114
Creat - 0.84
Urea - 09
T3 - 1.02
T4 - 9.5
TSH - 1.740
FBS - 76, PP - 85.0
HBA1C - 5.5
urine - w.n.l
No symptoms

Dr. Animesh Choudhary
MD Medicine
Reg. No. CGMC 358...

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Dr. Ankita Agrawal

MBBS (Gold Medalist) MS (OBS & GYNAE), FMAS, DRM
MS OBS & Gynecology (PGIMS Rohtak)
Fellowship in Gynecology Endoscopy (Ahmedabad)
Diploma in Urogynaecology (Germany)
Diploma in ART and Reproductive Medicine (UKSH, Germany)
Ex. Consultant Gynecology (Shri Balaji Hospitals, Mova, Raipur)
Reg. No. CGMC 4071
Laparoscopic Surgeon & Infertility Specialist

15/03/2024

Mrs. [illegible] Kashyap 30F
P2 (Both NVDs)

LMP = 27/Feb/2024
[illegible] for 2 days
Reg (N) flow

c/o [illegible]

[illegible]
& [illegible]

P/A – Soft
[illegible]

P/S Cx hypertrophied
[illegible]
Greenish mucoid d/s +nt

P/V – [illegible]
[illegible]
[illegible]

Urine 9S

HbA1c (5.5%)

Inj. Cervarix (0, 2, 6 mths)
IM 3 doses

PAP smear

Rx
Clingen forte 1 HS vaginal x 7 nights
Tab. Cefuroxime 500 mg BD x 5 days
Tab. Drotin M (SOS)
Uristat [illegible] sachet – (BD [illegible]) x 7 days
Cap. Rabini DSR (1—1) x 5d

F/u c reports

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Name Mona Kashyap Age 30y / F

C/o Dr Pronab Roy MS ENT

C/o cough & cold - 2 day
H/o Sneezing

Rx

On Examination Rt L
EAC clear clear

TM 

B/L Tm intact

Tab Montek LC Fx 10 days
———— 0

Nasivion Nasal drops 2 TDS
x day 00 00 00

Review after 5 day

Nose L/d B/L Mucus secretion No active intervention Required

Throat  PPW clear ENT Examination is WNL

APOLLO CLINIC RAIPUR

Pronab
15/3/24.

FULL LIQUID DIET ORAL

1) 1800 Calorie 30/40 gram protein, Low fat Diet

2) दूध, सूप, फलोफेरस, नारियल पानी, Glucose पानी, सोया पानी, दाल पानी, सब्जियों का पानी दें।

8 am	-	Milk /40ml (Lowfat)
10 am	-	Dal / water + salt (दाल पानी / 100ml + नमक)
12 O'clock	-	चावल / दलिया पानी / 100ml + नमक
2 pm	-	सोया पानी / 100ml + salt
4 pm	-	नारियल पानी / सूजी पानी / 100ml
6 pm	-	Veg boil पानी (लौकी / गाजर / पालक) / 100ml
8 pm	-	दलिया पानी / 100ml + salt
10 pm	-	Milk /100ml

1. Caught (कफ होने पर Milk Avoid करें) Coconut (नारियल पानी Avoid करें)
2. 2 hour Liquid diet दें।
3. पर्याप्त नमक / शक्कर / डाल सकते हैं।
4. सभी types के अनाज का पानी दें।
5. हल्का गर्म दें।

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PATIENT NAME: MRS. MONA KASHYAP | AGE / SEX: 30 YRS/F
REF BY: BOB | DATE: 15.03.2024

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	9.70X4.30Cm	10.06x4.30Cm
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 (8.48 x 4.20 x 3.13 cm, Vol. – 58.370 cc) 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.

Dr. Zeeshan Ateeb Dani
MBBS, MD
Consultant Radiologist
Reg. No. CGMC-252/2[illegible]

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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ID: 511
MRS MONA KASHYAP
Female 30Years

15-03-2024 12:38:07 PM

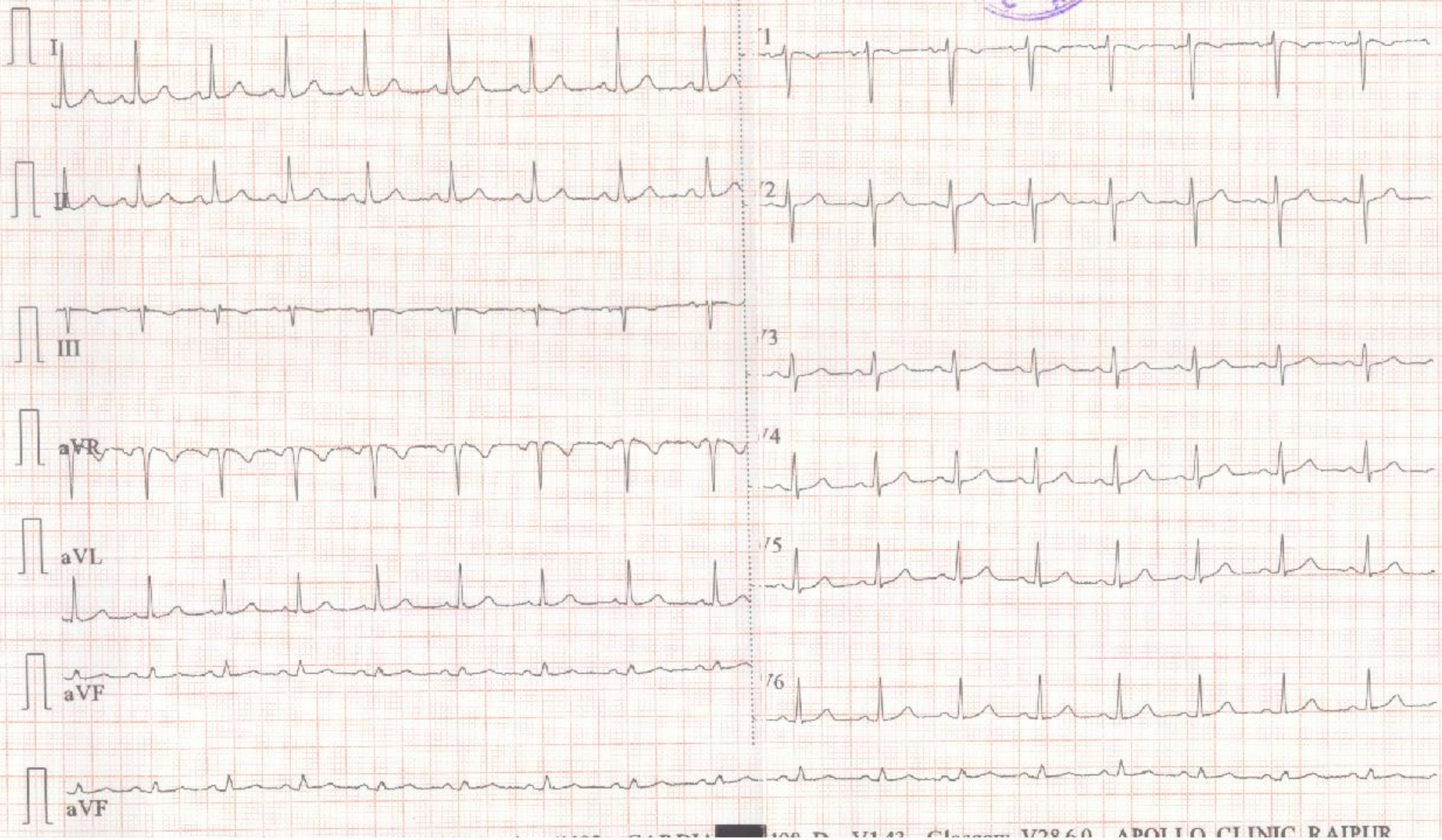
HR	:	102	bpm
P	:	94	ms
PR	:	134	ms
QRS	:	72	ms
QT/QTc	:	310/404	ms
P/QRS/T	:	34/16/21	°
RV5/SV1	:	0.727/0.900	mV

Diagnosis Information:
Sinus tachycardia
Normal ECG except for rate

Report Confirmed by:

APOLLO CLINIC RAIPUR

Dr. Animesh Choudhary
MD Medicine
Reg. No. CGMC 3583/20
Apollo Clinic, Raipur



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NAME OF PATIENT:MRS. MONA KASHYAP **AGE: 30YRS/FEMALE**

REFERRED BY: BOB **DATE: 15/03/2024**

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.

APOLLO CLINIC RAIPUR

Dr. Zeeshan Ateeb Dani
MBBS, MD
Consultant Radiologist
Reg. No. CGMC-2...

DR. ZEESHAN ATEEB DANI
(MD)
CONSULTANT RADIOLOGIST

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Patient Name	: **MRS MONA KASHYAP**	**Age/Gender**	: 30 Y Female
UHID/ MR No	: 9715	**OP Visit No**	: **OPD-UNIT-II-2**
Visit Date	: 15/03/2024	**Reported On**	: 15/03/2024 03:35PM
Sample Collected On	: 15/03/2024 03:18PM		
Ref. Doctor	: **SELF**		
Sponsor Name	:		

HAEMATOLOGY

Investigation	Observed Value	Unit	Biological Reference Interval
HEMOGRAM			
Haemoglobin(HB) Method: CELL COUNTER	13.7	gm/dl	12 - 16
Erythrocyte (RBC) Count Method: CELL COUNTER	4.76	mill/cu.mm.	4.20 - 6.00
PCV (Packed Cell Volume) Method: CELL COUNTER	41.10	%	39 - 52
MCV (Mean Corpuscular Volume) Method: CELL COUNTER	86.3	fL	76.00 - 100
MCH (Mean Corpuscular Haemoglobin) Method: CELL COUNTER	28.8	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	14.9	%	11- 16
Total Leucocytes (WBC) Count Method: CELL COUNTER	6.50	cells/cumm	3.50 - 11.00
Neutrophils Method: CELL COUNTER	56	%	40.0 - 73.0
Lymphocytes Method: CELL COUNTER	35	%	15.0 - 45.0
Eosinophils Method: CELL COUNTER	02	%	1-6%
Monocytes	07	%	4.0 - 12.0
Basophils Method: CELL COUNTER	00	%	0.0 - 2.0

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
Platelet Count Method: CELL COUNTER	102	lacs/cu.mm	150-400
ESR- Erythrocyte Sedimentation Rate Method: Westergren`s Method	15	mm /HR	0 - 20

Blood Group (ABO Typing)

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

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BIO CHEMISTRY

Investigation	Observed Value	Unit	Biological Reference Interval
GLUCOSE - (POST PRANDIAL)			
Glucose -Post prandial Method: REAGENT GRADE WATER	85.0	mg/dl	70-140
GLUCOSE (FASTING)			
Glucose- Fasting SUGAR REAGENT GRADE WATER	76.0	mg/dl	70 - 120
KFT - RENAL PROFILE - SERUM			
BUN-Blood Urea Nitrogen METHOD: Spectrophotometric	09	mg/dl	7 - 20
Creatinine METHOD: Spectrophotometric	0.84	mg/dl	0.6-1.4
Uric Acid Method: Spectrophotomatric	3.65	mg/dL	2.6 - 7.2

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BIO CHEMISTRY

Investigation	Observed Value	Unit	Biological Reference Interval
LIPID PROFILE TEST (PACKAGE)			
Cholesterol - Total	154.0	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: Spectrophotomatric HDL Cholesterol	40.0	mg/dl	Major risk factor for heart disease: < 40 Negative risk factor for heart disease :>60
Method: Spectrophotomatric LDL Cholesterol	94.40	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: Spectrophotomatric VLDL Cholesterol	19.60	mg/dl	6 - 38
Total Cholesterol/HDL Ratio	3.85		3.5 - 5
Methode: Spectrophotometric			

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BIO CHEMISTRY

Investigation	Observed Value	Unit	Biological Reference Interval
LIVER FUNCTION TEST			
Bilirubin - Total Method: Spectrophotometric	0.6	mg/dl	0.1-1.2
Bilirubin - Direct Method: Spectrophotometric	0.2	mg/dl	0.05-0.3
Bilirubin (Indirect) Mathod: Calculated	0.40	mg/dl	0 - 1
SGOT (AST) Method: Spectrophotometric	24	U/L	0 - 32
SGPT (ALT) Method: Spectrophotometric	29	U/L	0 - 33
ALKALINE PHOSPHATASE	114	U/L	25-147
Total Proteins Method: Spectrophotometric	6.4	g/dl	6 - 8
Albumin Method: Spectrophotometric	3.9	mg/dl	3.4 - 5.0
Globulin Mathod: Calculated	2.5	g/dl	1.8 - 3.6
A/G Ratio Mathod: Calculated	1.56	%	1.1 - 2.2

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BIO CHEMISTRY

Investigation	Observed Value	Unit	Biological Reference Interval
HbA1c (Glycosalated Haemoglobin)			
	5.5	%	Non- diabetic:<=5.6, Pre-Diabetic 5.7-6.4, Diabetic:>=6.5

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*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

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Sample Collected On	: 15/03/2024 03:18PM		
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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	1.010		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)	1 - 2	/hpf	0 - 2
Pus cells	**8 - 10**	/hpf	0 - 5
Epithelial Cell	**1 5 - 20**	/hpf	0 - 5
Crystals	Not Seen	/hpf	Not Seen
Bacteria	Seen	/hpf	Not Seen
Budding yeast	Not Seen	/hpf	

End of Report

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Patient Name	: Mrs.MONA KASHYAP	Collected	: 15/Mar/2024 12:26PM
Age/Gender	: 30 Y 0 M 0 D /F	Received	: 15/Mar/2024 12:30PM
UHID/MR No	: DSUS.0000006814	Reported	: 15/Mar/2024 01:49PM
Visit ID	: DSUSOPV7950	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)	1.02	ng/mL	0.6-1.81	CLIA
THYROXINE (T4, TOTAL)	9.5	µg/dL	3.2-12.6	CLIA
THYROID STIMULATING HORMONE (TSH)	1.740	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 ***

DR MAIKAL KUJUR
M.B.B.S,M.D(Pathology)
Consultant Pathologist

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ECHOCARDIOGRAPHY REPORT

NAME : MRS. MONA KASHYAP	Age/Sex: 30Yrs/female	ECG : Sinus Rhythm
OPD/ IPD : OPD	STUDY DATE: 15/03/2024	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 = 1.2	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	3.2	1.9 – 4.0	RA Dimension	---	2.6
LVID(D)	4.0	3.7 – 5.5	RV Dimension	---	2.6
LVID(s)	2.4	2.2 – 4.0	TAPSE	----	1.6 – 2.6
LV EJECTION FRACTION		> 60%	(NORMAL VALUE: 55 – 60%)		

2D ECHO, COLOR FLOW & DOPPLER ASSESSMENT

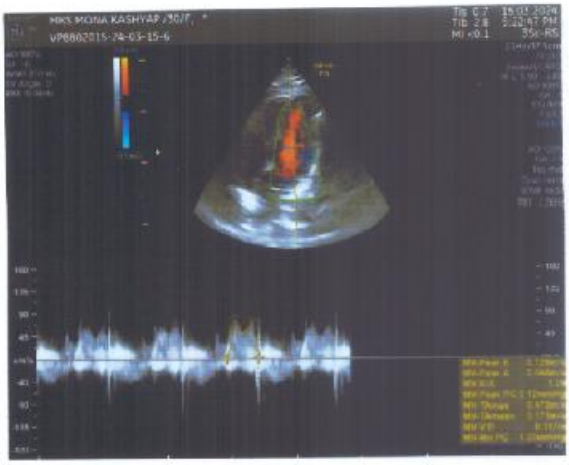
Left Ventricle	: LV Size & contractility is Normal, NO RWMA, Calculated EF IS > 60%
Left Atrium	: LA Size Is Normal
Right Ventricle	: Normal
Right Atrium	: Normal
IAS/IVS	: Intact
Pericardium	: Normal, there is no Pericardial Effusion.
Mitral Valve	: E>A , Normal
Tricuspid Valve	: Normal
Aortic Valve	: Normal
Pulmonary Valve	: Pulmonary valve appears normal in morphology.
Systemic venous	: IVC normal in size with normal Inspiratory collapse.

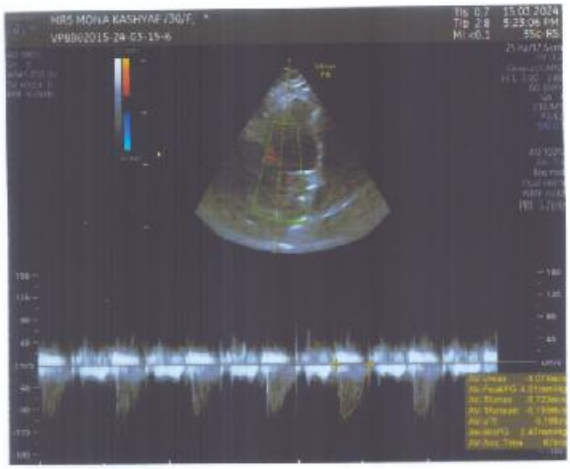
FINAL IMPRESSION : NO RWMA AT REST.
NORMAL LV SYSTOLIC FUNCTION.
NORMAL CARDIAC CHEMBER AND NORMAL VALVES.
NO I/C CLOT VEGITATION OR PERICARDIAL EFFUSION.

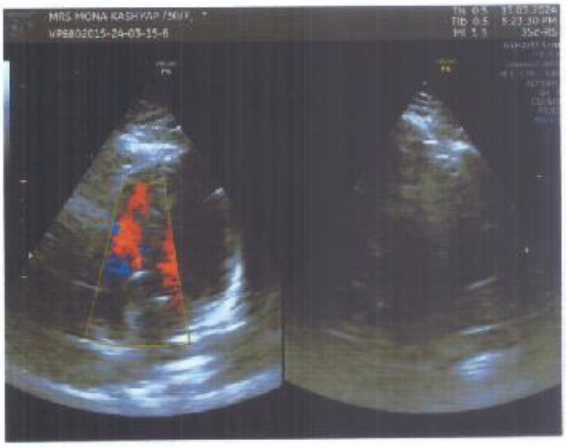
APOLLO RAIPUR CLINIC

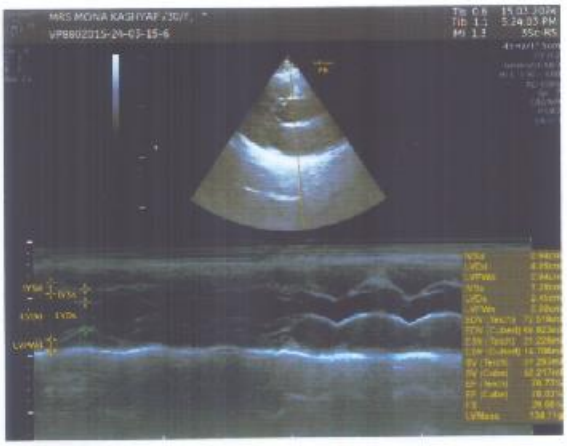
DR.DEEPAN DAS
MBBS, DIP. CARDIOLOGY
CONSULTANT DEPT.OF NIC

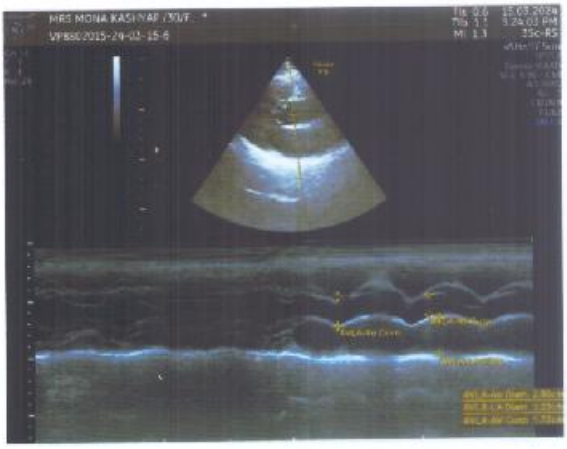
Apollo Clinic
LICENSEE : SAMRIDDHI AROGYAM PVT. LTD.
Apollo Clinic @ Tiara Complex A.T. Classic Near Ashoka Ratan, VIP Estate, Shankar Nagar, Raipur (C.G.)
Email : raipur1@apolloclinic.com | Website : www.apolloclinic.com
Online appointments: www.askapollo.com | Online reports: https://phr.apolloclinic.com
+91 96918 26363
0771 4033341

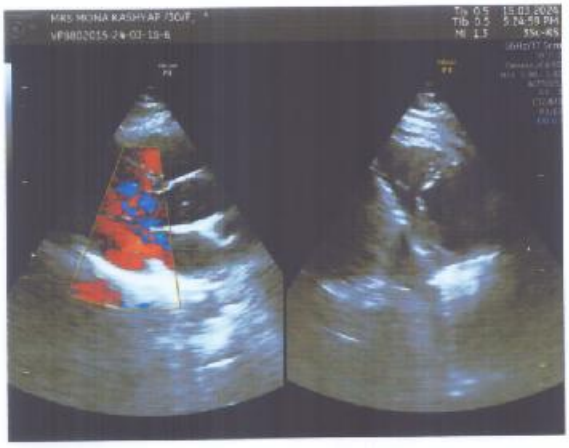


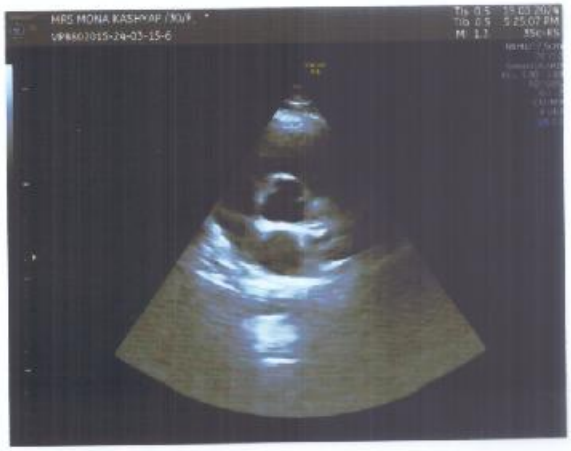


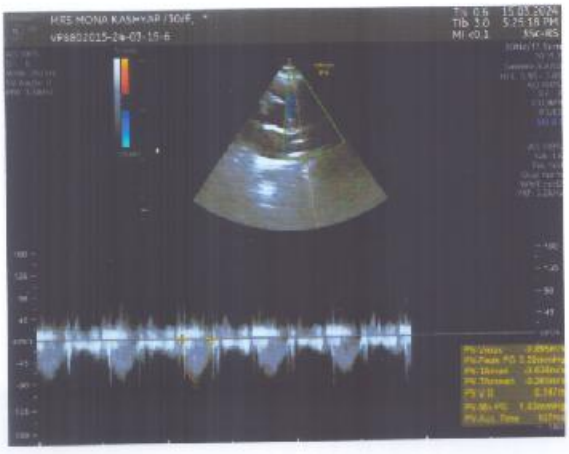












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I, Skip my dental and Eye checkup for doctor's unavailability

— Mona Kashyap

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Apollo Clinic @ Tiara Complex A.T. Classic Near Ashoka Ratan, VIP Estate, Shankar Nagar, Raipur (C.G.)
Email : raipur1@apolloclinic.com | Website : www.apolloclinic.com
Online appointments: www.askapollo.com | Online reports: https://phr.apolloclinic.com
+91 96918 26363
0771 4033341