

# भारत सरकार

Government of Ind

अशरफउल्नीशा असारी Ashrafunnisha Ansari जन्म तिथि / DOB: 16/01/1987 महिता / Female

# 4969 8615 4417 मेरा आधार, मेरी पहचान

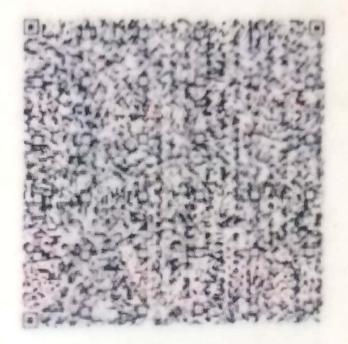




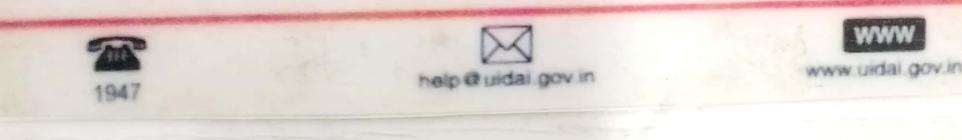
# Unique Identification Authority of India

पता: C/O मो शाहिद असारी, एच-52, सिंद्धार्थ नगर, नरेला शंकरी, हुजुर, मेल, भोपाल, मध्य प्रदेश, 462022

Address: C/O Mohd Shahid Ansari, H-52, Siddharth Nagar, Narela shankri, Huzur, Bhel, Bhopal, Madhya Pradesh, 462022



# 4969 8615 4417







#### Laboratory Report

Patient Name	: MRS ASHRAF ANSARI		
Age/Gender	: 37 Yrs/Female	Registration Date	
Ref. Dr.	: Dr. BOB	Collection Date	
Center	: CMH OPD	Report Date	

#### CPL24/21741

ration Date: 24/08/2024 01:49 PMtion Date: 24/08/2024 01:51 PMt Date: 24/08/2024 06:24 PM



#### HAEMATOLOGY REPORT

Test Description	Result	Unit	<b>Biological Reference Ranges</b>
HbA1c Glycosilated Haemoglobin	5.4	%	Non-diabetic: <= 6.0
,			Pre-diabetic: 6.0-7.0
			Diabetic: >= 7.0
Estimated Average Glucose :	108	mg/dL	
Reference Range (Average Blood Suga	ar):		

Excellent control	: 90 - 120 mg/dl
Good control	: 121 - 150 mg/dl
Average control	: 151 - 180 mg/dl
Action suggested	: 181 - 210 mg/dl
Panic value	: > 211 mg/dl

#### Interpretation & Remark:

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 detected (D10/ turbo is corrected for HbS and HbC trait).

7. In known diabetic patients, following values can be considered as a tool for monitoring the glycemic control. Excellent Control - 6 to 7 %, Fair to Good Control - 7 to 8 %, Unsatisfactory Control - 8 to 10 % and Poor Control - More than 10 %.





Dr. Sushil Kumar Sharma M.D (Pathology) Consultant Pathologist Reg. No.-MP-30165





## Laboratory Report

Patient Name	: MRS ASHRAF ANSARI	
Age/Gender	: 37 Yrs/Female	Re
Ref. Dr.	: Dr. BOB	Col
Center	: CMH OPD	Rep

#### **CPL24/21741** Registration Date : 24/08/2024 01:49 PM

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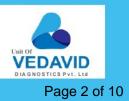


#### HAEMATOLOGY REPORT

of WBC series s late	<mark>ic mild aniso and</mark> poikilocytosis seen seen
of WBC series s late	
late	seen
V DEDODT	
Y REPORT	
Unit	Biological Reference Ranges
1LF	1DJ
mg/dl	15 - 50
mg/dl	0.6 - 1.5
ml/min	
mg/dl	7 - 20
mmol/L	135 - 150
mmol/L	3.5 - 5.0
mmol/L	94.0 - 110.0
mmol/L	1.10 - 1.35
ma/dl	2.6 - 6.0
	ml/min mg/dl mmol/L mmol/L mmol/L

**NOTE :** Please correlate with clinical conditions.





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Laboratory Report

Patient Name	: MRS ASHRAF ANSARI	CPL24/21741	
Age/Gender	: 37 Yrs/Female	Registration Date : 24/08/2024 01:49 PM	
Ref. Dr.	: Dr. BOB	Collection Date : 24/08/2024 01:51 PM	- 5
Center	: CMH OPD	Report Date : 24/08/2024 06:24 PM	<u>i</u>

BIOCHEMISTRY REPORT					
Test Description	Result	Unit	Biological Reference Ranges		
LIVER FUNCTION TEST (LFT)					
TOTAL BILIRUBIN	0.61	mg/dl	0 - 1.2		
DIRECT BILIRUBIN	0.15	mg/dL	0 - 0.3		
INDIRECT BILIRUBIN	0.46	mg/dl	0.1 - 0.8		
SGOT (AST)	58.0	U/L	0 - 35		
SGPT (ALT)	62.5	U/L	0 - 45		
ALKALINE PHOSPHATASE	124.0	U/L	64 - 147		
TOTAL PROTEIN	6.62	g/dl	6.4 - 8 <mark>.3</mark>		
SERUM ALBUMIN	3.91	g/dl	3.2 - 5.2		
SERUM GLOBULIN	2.71	g/dl	1. <mark>8 - 3</mark> .6		
A/G RATIO	1.44		1.2 - 2.2		
NOTE : Please correlate with clinical c	onditions.				





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Dr. Sushil Kumar Sharma M.D (Pathology) Consultant Pathologist Reg. No.-MP-30165



Laborator	y Report
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Patient Name	: MRS ASHRAF ANSARI		CPL24/21741	
Age/Gender	: 37 Yrs/Female	Registration Date	: 24/08/2024 01:49 PM	
Ref. Dr.	: Dr. BOB	Collection Date	: 24/08/2024 01:51 PM	Silar
Center	: CMH OPD	Report Date	: 24/08/2024 06:24 PM	ok ser

BIOCHEMISTRY REPORT			
Test Description	Result	Unit	Biological Reference Ranges
Cholesterol-Total	134.0	mg/dL	< 200 Desirable 200-239 Borderline High > 240 High
Triglycerides level	128.0	mg/dL	< 150 Normal 150-199 Borderline High 200-499 High > 500 Very High
HDL Cholesterol	38.1	mg/dL	< 40 Major Risk for Heart
LDL Cholesterol	70.30	mg/dL	< 100 Optimal 100-129 Near/Above Optimal 130-159 Borderline high 160-189 High > 190 Very High
VLDL Cholesterol	25.60	mg/dL	6 - 38
CHOL/HDL RATIO	3.52		3.5 - 5.0
LDL/HDL RATIO	1.85		2.5 - 3.5

8-10 hours fasting sample is required





Dr. Sushil Kumar Sharma M.D (Pathology) Consultant Pathologist Reg. No.-MP-30165



Patient Name : MRS ASHRAF ANSARI

#### YOUR HEALTH IS OUR PRIORITY

Ago/Conder	· 27 Vro/Eomolo		Pagiatratian Data	· 24/08/2024 01·40 DM	
Age/Gender	: 37 Yrs/Female		•	: 24/08/2024 01:49 PM	
Ref. Dr.	: Dr. BOB		Collection Date	: 24/08/2024 01:51 PM	
Center	: CMH OPD		Report Date	: 24/08/2024 06:24 PM	
		BIOCH	EMISTRY REPOR	<u>RT</u>	
Test Descript	tion	Result	Unit	Biological R	eference Ranges
Post-Prandial	Blood Sugar	94.0	mg/dl	70 - 140	
Method : Hexoki	nase				
Interpretation:-					
Normal: 70-140	T   (40.000				
Diabetes mellitu	se Tolerance: $140-200$				
(on more than o					
Gamma Gluta	myl Transferase	32.7	IU/L	12 - 43	
(GGT)-Serum	-	0211			
<b>、</b>		CLINICAL B	IOCHEMISTRY R	EPORT_	
Test Descript	tion	Result	Unit	Biological R	eference Ranges
Fasting Blood	<u>d Sugar</u>	81.0	mg/dl	Normal: 70-1	10
Method: GOD-POD	-		J. J		
				Impaired Fas	ting Glucose(IFG):
				100-125	
				100 120	

Laboratory Report

Diabetes mellitus: >= 126

**Note:-** An individual may show higher fasting glucose level in comparison to post prandial glucose level due to following reasons. The glycaemic index and response to food consumed, Changes in body composition, Increased insulin response and sensitivity, Alimentary hypoglycemia, Renal glycosuria, Effect of oral hypoglycaemics & Insulin treatment.



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Center	: CMH OPD

# Registration Date : 24/08/2024 01:49 PM Collection Date : 24/08/2024 01:51 PM Report Date : 24/08/2024 06:24 PM



#### IMMUNOASSAY REPORT

Test Description	Result	Unit	<b>Biological Reference Ranges</b>
TRI-IODOTHYRONIN, (T3)	1.15	ng/mL	0.69 - 2.15
THYROXIN, (T4)	97.3	ng/mL	52 - 127
Thyroid Stimulating Hormone(TSH)-	2.54	μIU/mL	0.3-4.5
Serum			Pregnancy (As per American Thyroid Association)

First Trimester : 0.1-2.5 Second Trimester : 0.2-3.0 Third trimester : 0.3-3.0

# Method : CLIA

тѕн	T3 / FT3	T4 / FT4	Suggested Interpretation for the Thyroid Function Tests Pattern
Within Range	Decreased	Within Range	Isolated Low T3-often seen in elderly & associated Non-Thyroidal illness. In elderly the drop in T3 level can be upto 25%.
Raised	Within Range	Within Range	<ul> <li>Isolated High TSHespecially in the range of 4.7 to 15 mIU/ml is commonly associated with Physiological &amp; Biological TSH Variability.</li> <li>Subclinical Autoimmune Hypothyroidism</li> <li>Intermittent T4 therapy for hypothyroidism</li> <li>Recovery phase after Non-Thyroidal illness"</li> </ul>
Raised	Decreased	Decreased	•Chronic Autoimmune Thyroiditis •Post thyroidectomy,Post radioiodine •Hypothyroid phase of transient thyroiditis"
Raised or within Range	Raised	Raised or within Range	<ul> <li>Interfering antibodies to thyroid hormones (anti-TPO antibodies)</li> <li>Intermittent T4 therapy or T4 overdose</li> <li>Drug interference- Amiodarone, Heparin,Beta blockers,steroids,anti-epileptics"</li> </ul>
Decreased	Raised or within Range	Raised or within Range	<ul> <li>Isolated Low TSH -especially in the range of 0.1 to 0.4 often seen in elderly &amp; associated with Non-Thyroidal illness</li> <li>Subclinical Hyperthyroidism</li> <li>Thyroxine ingestion"</li> </ul>
Decreased	Decreased	Decreased	•Central Hypothyroidism •Non-Thyroidal illness •Recent treatment for Hyperthyroidism (TSH remains suppressed)"
Decreased	Raised	Raised	<ul> <li>Primary Hyperthyroidism (Graves' disease),Multinodular goitre, Toxic nodule</li> <li>Transient thyroiditis:Postpartum, Silent (lymphocytic), Postviral (granulomatous,subacute, DeQuervain's),Gestational thyrotoxicosis with hyperemesis gravidarum"</li> </ul>
Decreased or within Range	Raised	Within Range	•T3 toxicosis •Non-Thyroidal illness





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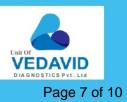
	URINE EXAMIN	IATION REPOR	
Test Description	Result	Unit	Biological Reference Ranges
URINE ROUTINE			
General Examination			
Colour	Pale Yellow		Pale Yellow
Transparency (Apperance)	Clear		Clear
Deposit	Absent		Absent
Reaction (pH)	Acidic		5.0-8.5
Specific Gravity	1.020		-1.005-1.030
Chemical Examination			
Urine Protein	Absent		Absent
Urine Ketones (Acetone)	Absent		Absent
Urine Glucose	Absent		Absent
Bile pigments	Absent		Absent
Bile salts	NIL		NIL
Urobilinogen	Normal		Normal
Nitrite	Negative		Negative
Microscopic Examination			
RBC's	NIL	/hpf	
Leukocyte (Pus cells)	2-4	/hpf	0-5/hpf
Epithelial Cells	1-2	/hpf	0-4/hpf
Crystals	Absent		Absent
Casts	Not Seen		Not Seen
Amorphous deposits	Absent		Absent
Bacteria	Not seen		Not seen
Yeast Cells	Not seen		Not seen

**Note :** 1. Chemical examination through Dipstick includes test methods as Protein (Protein Error Principle), Glucose (Glucose oxidase-Peroxidase), Ketone (Legals Test), Bilirubin (Azo- Diazo reaction), Urobilinogen (Diazonium ion Reaction) Nitrite (Griess Method). All abnormal results of chemical examination are confirmed by manual methods. 2. Pre-test conditions to be observed while submitting the sample- First void, mid-stream urine, collected in a clean, dry, sterile container is recommended for routine urine analysis, avoid contamination with any discharge from vaginal, urethra, perineum, as applicable, avoid prolonged transit time & undue exposure to sunlight. 3. During interpretation, points to be considered are Negative nitrite test does not exclude the urinary tract infections, Trace proteinuria can be seen with many physiological conditions like prolonged recumbency, exercise, high protein diet. False positive reactions for bile pigments, proteins, glucose and nitrites can be caused by peroxidase like activity by disinfectants, therapeutic dyes,





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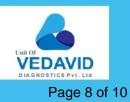




			atory Poport			
			atory Report			FET 201924-7-37-22 (5. FET
Patient Name	: MRS ASHRAF ANS	SARI		CPL24/	21741	
Age/Gender	: 37 Yrs/Female		Registration Date	: 24/08/2	024 01:49 PM	
Ref. Dr.	: Dr. BOB		Collection Date	: 24/08/2	024 01:51 PM	
Center	: CMH OPD		Report Date	: 24/08/2	2024 06:24 PM	
Test Descripti	on	Result	Unit		<b>Biological Ref</b>	erence Ranges
COMPLETE B						
Haemoglobin		9.3	gm/dL	_	11.0 - 15.0	
RBC Count		3.18	mil/cu	ı.mm	3.50 - 5.50	
Hematocrit HC	г	27.9	%		37.0 - 47.0	
Mean Corp Vol	ume MCV	87.7	fL		80.0 - 100.0	
Mean Corp Hb	МСН	29.2	pg		27.0 - 34.0	
Mean Corp Hb	Conc MCHC	33.3	gm/dL	-	32.0 - 36.0	
Platelet Count		2.89	lac/cm	nm	1.50 - 4.50	
Total WBC Cou	int /TLC	7.5	10^3/0	cu.mm	4.0 - <mark>11.0</mark>	
DIFFERENTIA	L LEUCOCYTE COUN	т				
Neutrophils		65	%		40 - 70	
Lymphocytes		29	%		20 - 40	
Monocytes		04	%		02 - 10	
Eosinophils		02	%		01 - 06	
Basophils		00	%		00 - 01	
Absolute Diffe	rential Count					
Absolute Neutro	ophils Count	4.9	thou/n	nm3	2.00 - 7.00	
Absolute Lympl	hocyte Count	2.2	thou/n	nm3	1.00 - 3.00	
Absolute Mono	cytes Count	0.3	thou/n	nm3	0.20 - 1.00	
Absolute Eosin	ophils Count	0.1	thou/n	nm3	0.02 - 0.50	

**EDTA Whole Blood -** Tests done on Automated Three Part Cell Counter. (WBC, RBC Platelet count by impedance method, WBC differential by VCS technology other parameters calculated) All Abnormal Haemograms are reviewed confirmed microscopically.







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#### Laboratory Report

Patient Name	: MRS ASHRAF ANSARI		CPL24/21741	国家委員(ASC) 法基本(法法)
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Test Description	Result	Unit	Biological Reference Ranges
ESR - ERYTHROCYTE SEDIMENTATION RATE	14	mm/hr	0 - 20

Method: Wintrobes

#### INTERPRETATION :

1. It indicates presence and intensity of an inflammatory process, never diagnostic of a specific disease. Changes are more significant than a single abnormal test.

2. It is a prognostic test and used to monitor the course or response to treatment of diseases like tuberculosis, bacterial endocarditis, acute rheumatic fever, rheumatoid arthritis, SLE, Hodgkins disease, temporal arteritis, polymyalgia rheumatica.

3. It is also increased in pregnancy, multiple myeloma, menstruation, and hypothyroidism.

\*\*\*\* End of the report\*\*\*\*

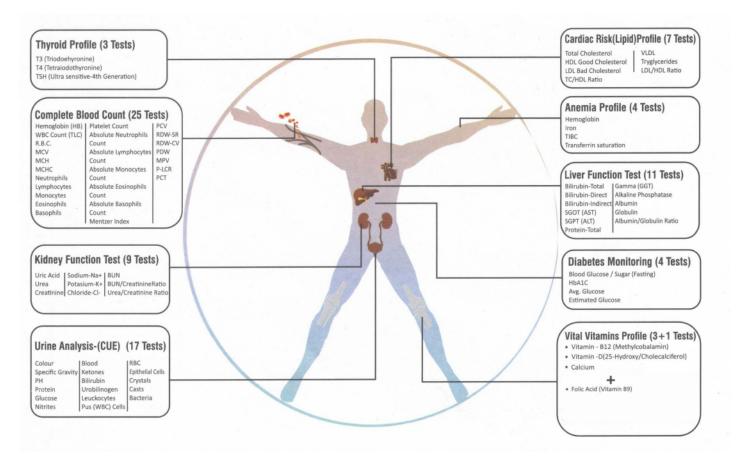
This report is not valid for medico legal aspects. This is just a professional opinion not the final. Kindly correlate clinically because of technical, lack of clinical information and physical findings, if any disparity noted please inform.





Dr. Sushil Kumar Sharma M.D (Pathology) Consultant Pathologist Reg. No.-MP-30165

# BODY CARE



# **CONDITIONS OF REPORTING**

- 1. Individual laboratory investigations should not be considered as conclusive and should be used along with other relevant clinical examinations to achieve the final diagnosis. Therefore these reported results are for the information of referring clinician only
- 2. The values of a laboratory investigation are dependent on the quality of the sample as well as the assay procedures used. Further all samples collected outside Citi Pathlabs labs / patient centers are required to be prepared, stored, labelled and brought as per the guidelines of Citi Pathlabs. Citi Pathlabs cannot be held liable for incorrect results of any samples which are not as per the guidelines issued
- 3. Electronic images in the report are created by electronic processing. Citi Pathlabs makes no expressed or implied warranties or representations with respect to it and takes no responsibility for the authenticity, quality and size of the image, affected possibly due to a computer virus or other contamination
- 4. Citi Pathlabs confirms that all tests have been carried out with reasonable care, clinical safety & technical integrity A. However due to certain factors such as reagent inconsistency, machine breakdown etc. beyond its control which could affect the testing, it does not make any representation or give any warranty about the accuracy of the reported results B. The test results are to be used for help in diagnosing / treating medical diseases & not for forensic applications. Hence these results cannot be used for medico legal purposes
- 5. Partial representation of report is not allowed.
- 6. All dispute / claims concerning to this report are subject to Bhopal jurisdiction only.

For Any Enquiry Citi Pathlabs Flat No. 004, Shivaay South City Complex, Phase-2, G-3 Gulmohar Colony, Bhopal (M.P.) citipathlabs@gmailcom 9454786340, 9407658222

# MER- MEDICAL EXAMINATION REPORT

Date of ExaminationASHRAFNAME37GenderAGE37GenderHEIGHT(cm)VS8WEIGHT (kg)B.P.110 (300)ECGWNLX RayNoRMALVision CheckupColor Vision :	F 78
AGE     37     Gender       AGE     38     WEIGHT (kg)       HEIGHT(cm)     10     10       B.P.     110     10       ECG     WNL       X Ray     NORMAL	F 18
HEIGHT(cm)     US8     WEIGHT (kg)       B.P.     110 (70       ECG     WNL       X Ray     NORMAL	78
B.P. IIO (70 ECG WNL X Ray NORMAL Vicion Checkup	
X Ray NORMAL Vision Checkup	
Vision Checkup	
Vision Checkup	
Far Vision Ratio       No         Near Vision Ratio       No	
	escat ailborats. st ailborats. sicully fit.
Details of Past ailments (If Any) No. Any page	st ailments.
Comments / Advice : She / He is Physically Fit She is physically Fit	sicully fit.

Dr. SABYAS CHI GUPTA MBBS (Gold Medaliki) DD (Med.), RCGP. (U.K.) Reg. No. 11671

Signature with Stamp of Medical Examiner



# CERTIFICATE OF MEDICAL FITNESS

This is to certify that I have conducted the clinical examination

of MRS Ashraj	Andani	on 24-8-24
,		ut to the instign it has been found

After reviewing the medical history and on clinical examination it has been found that he/she is

	Т	ì
Medically Fit		١
Fit with restrictions/recommendations		
Though following restrictions have been not impediments to the job.	revealed, in my opinion, these are	
1		1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
2		
3		No one
However the employee should follow the been communicated to him/her.	e advice/medication that has	
Review after		
Currently Unfit.	recommended	T
Review after	recommended	
Unfit	Dr. SABYASASHI GUPT.	° P
	Reg. Wo.11671	()
	Dr Medical Officer	-
	The Apollo Clinic, (Location)	

This certificate is not meant for medico-legal purposes







Patient Name :	MRS.ASHRAF ANSARI	Age /sex :	37 Y/F
Referred .By:	INS	Date	24.08.2024

# **X-RAY CHEST PA VIEW**

- Bilateral Lungs Fields Appear Clear .

- Bilateral Hilar Shadows Appear Clear .

---- Bilateral CP Angels Appear Clear .

PETERCHENE

- Both The Domes of Diaphragm Appear normal in Shape and position

- Visualized bony cage and soft tissue appear normal.

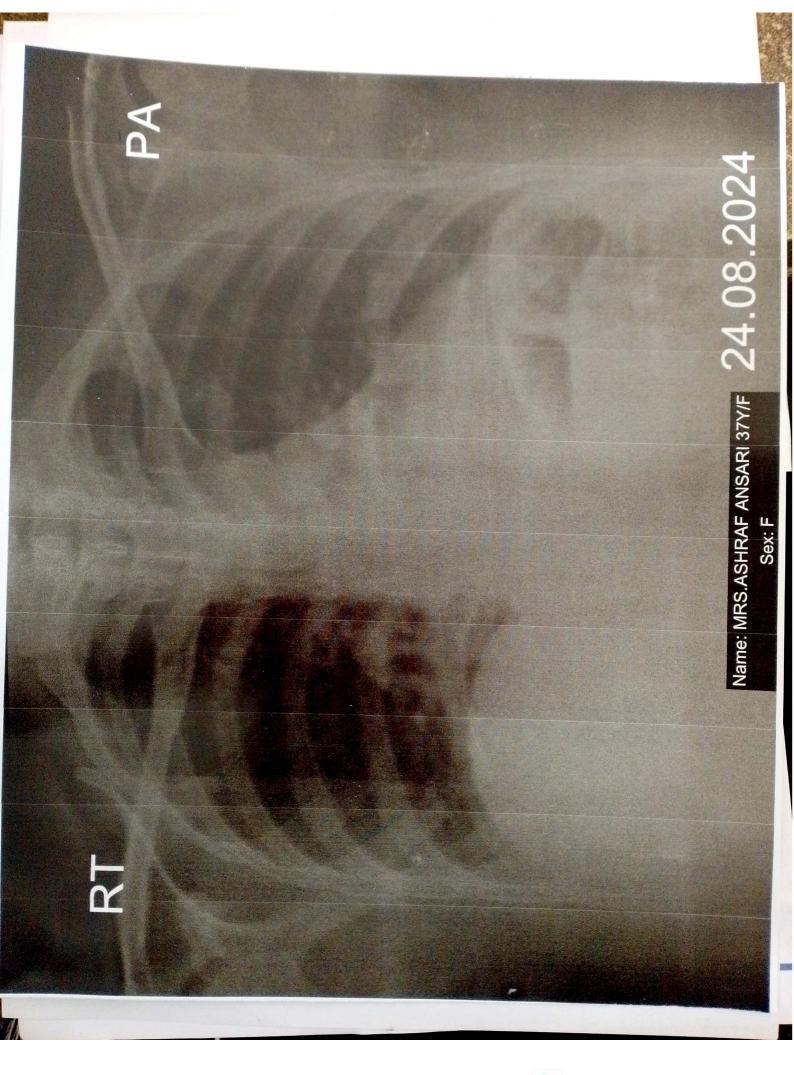
# **IMPRESSION**

NO Significant Abnormality Seen.

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DF DADHANIA PRINALBEN MD RADIODIAGNOSIS CONSULTANT RADIOLOGIST.







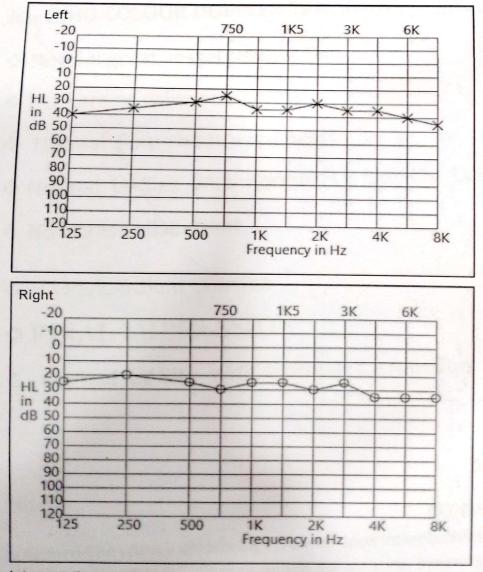
#### CITI MULTISPECIALITY HOSPITAL

MIG 216. Gautam Nagar

#### BHOPAL

#### 462023

Name	Case No.	Age	Sex	Phone No.
MRS. ASHRAF ANSARI	24/8	37	Fema	9340469426
Address		Referre	d By	Date & Time
NIJAMUDDIN COLONY NEAR PIPLANI BHEL BHOP.		HEALTH	HASSURE	24/08/2024



#### Interpretation

NORMAL HEARING STUDY

Doctor/Audiologist ACHI GUPTA 1), MD (Med.), RCGP (U.K.) DR. S. S. GUPTA INDE No. 11671





CITI MULTI SPECIALITY HOSPITAL MIG -215 216, Gautam Nagar, Govindpura, Bhopal-462023 (M.P.) Phone No. : 0755 - 4250134 Mobile No. : 7771008660,8319214664, 9303135719



#### NAME – MRS. ASHRAF ANSARI

AGE /SEX- 37Y/F

#### **REF:BY- HEALTH ASSURE**

DATE- 24/08/2024

#### 2D- ECHO COLOUR DOPPLER EVALUATION:-

- Normal great vessel relationship
- ALL cardiac valve are Normal
- Normal Four chambered heart
- ✤ Normal LV Size with normal LV function LVEF- 71%
- No intracardiac shunt.
- ✤ No Pericardium effusion

# **\* FINAL IMPRESSION**

Normal LV Size with Normal LV function LVEF- 71% \*\*\*

> Dr. SABYASACHA GUPTA MBBS (Gold Medalist), MD (Med.), RCGP (U.K.) Reg. Nor DR. S. S. GUPTA (M.D.)

#### CONSULTANT ECHOCARDIOLOGIST

Disclaimer:-The science of radiology is based upon interpretation of shadows of normal and abnormal tissue. This is neither complete nor accurate, hence, findings should always be interpreted in to the light of clinic-pathological correlation. This is a professional opinion, not a diagnosis. In case of any discrepancy a review can be asked

For Emergency Contact: 7771008660

Sister Concern: Citi Hospital, 115 Zone II MP Nagar, Bhopal 462011, Ph: 0755-487772-73 Empanelled with : State Government, M.P.Police, ESIC, HPCL, Punjab National Bank, Indian Bank Food Corporation of India, Ayushman Bharat



#### CITI MULTI SPECIALITY HOSPITAL MIG-215-216 GAUTAM NAGAR GOVINDPURA, BHOPAL MOB-7987913713

Name: ASHRAF ANSARI 37Y Birthdate: Perf.Physician:

Patient Id: 240824-131000 Sex: Female **Ref.Physician:** 

Date: 24/08/2024 Accession #: **Operator:** ADM

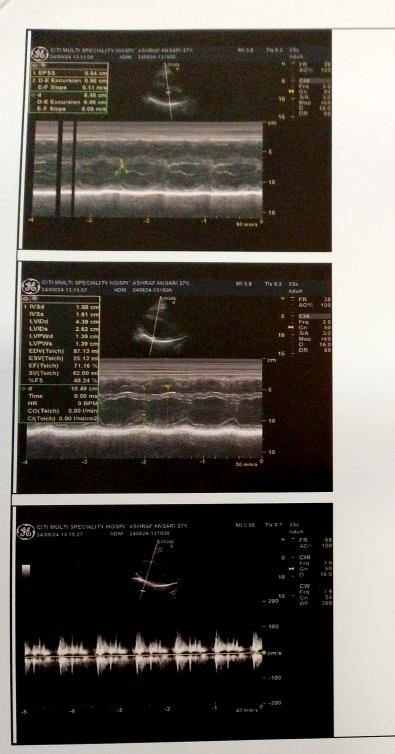
M-MODE & PW D-E Excursion E-F Slope EPSS IVSd LVIDd LVPWd IVSs LVIDs LVPWs EDV(Teich) ESV(Teich) EF(Teich) %FS SV(Teich)	0.96 cm 0.11 m/s 0.64 cm 1.50 cm 4.39 cm 1.39 cm 1.61 cm 2.62 cm 1.39 cm 87.13 ml 25.13 ml 71.16 % 40.24 % 62.00 ml

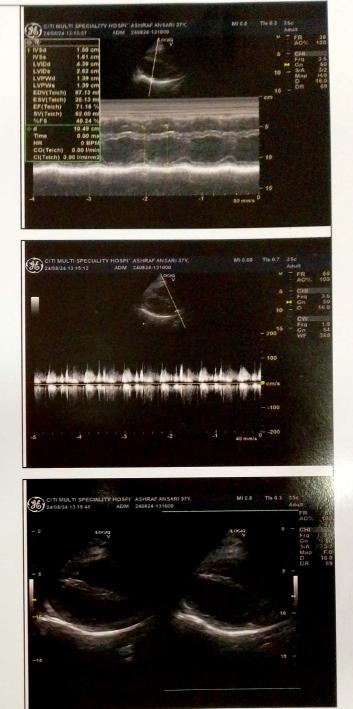
Print Date: 8/24/2024



#### ASHRAF ANSARI 37Y

#### 240824-131000





Print Date: 8/24/2024



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ITI MULTI SPECIALITY HOSPITAL -215 216, Gautam Nagar, Govindpura, Bhopal-462023 (M.P.) Phone No. : 0755 - 4250134 Mobile No. : 7771008660,8319214664, 9303135719



Name of Patient ; MRS. ASHRAF ANSARI Age/Sex 37YEAR/F Date 24/08/2024

#### USG ABDOMEN

Liver : The liver is normal in size, shape, and normal in echogenecity. No intra hepatic biliary radical dilation seen.

Gall Bladder : Gall bladder Normal in size shape and echotexture .

Spleen . Normal in size, shape and echotexture.

Kidneys : Both the kidneys are normal in size, shape, axis and position. Cortico medullary differentiation are both kidney fine concretion.

**Urinary bladder** : Normal size, shape and echotexture.

Uterus & Ovaries: Normal in size, shape and echotexture

**Pancreas** : Normal in size, shape and echotexture.

**IVC & ABDOMINAL AORTA**:-IVC and abdominal aorta are normal.

Retroperitoneum: No lymphadenopathy seen. No free fluid or ascites seen.

**IMPRESSION:** 

NORMAL STUDY

**CONSULTAN FRADIOLOGIST** 

Disclaimer:-The science of radiology is based upon interpretation of shadows of normal and abnormal tissue. This is neither complete nor accurate, hence, findings should always be interpreted in to the light of clinic-pathological correlation. This is a professional opinion, not a diagnosis. In case of any discrepancy a review can be asked

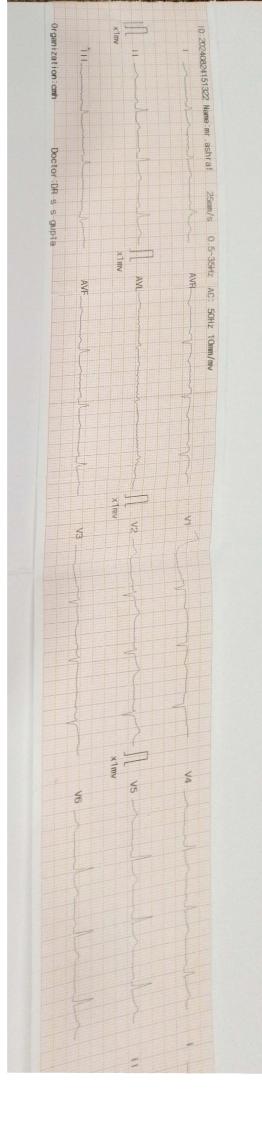
For Emergency Contact: 7771008660 Sister Concern: Citi Hospital, 115 Zone II MP Nagar, Bhopal 462011, Ph: 0755-487772-73



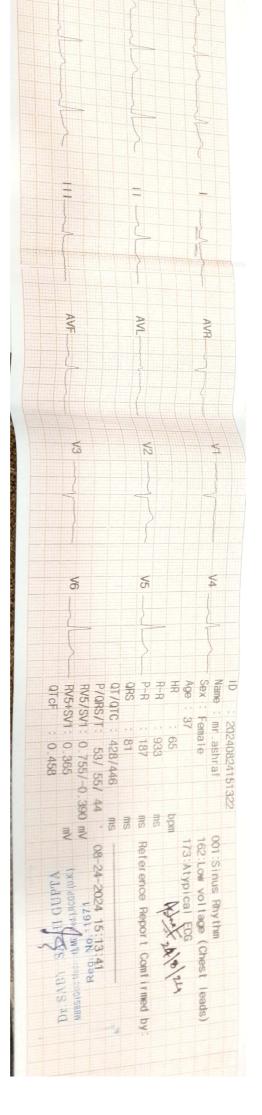
















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I am willingly not doing this PAP Smean test.









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Distinging M	PATIENTS/ आहार तालकिा		Da	ite: 248-24
Patient Name: AShra.	- mgno.	sis:	com	cialityhospital@gmail. Age/Sex: <u>37</u> ]F
Type of Diet: High protein,	Height (cm), 1=0	Weight (Kg)	78 - BMI	
Total Kcal: Total Fat:	Kcal/day g/day		al Protein: Il Fluids:	g/day Liter

Only Oil :	Milk दूध/ Butter Milk छांछ / Dry fruit / Milk Shake मिल्क शेक / Fruit फल / बादाम + अखरोट gm/day Salt नमक: 2-3 gm/day 5 gm = 1 चम्मच (छोटा)	Bed time . Ghee : gm/day
	Roti रोटी / Rice चावल / Khichri खिचड़ी / Sabji सब्जी / Dal दाल / Curd दही (ताजा) / Salad सलाद/ Daliya दलिया	9.'oorm
	Tea चाय/ Milk दूध / coffee काफी / Chana +Puffed Rice चना + मुरमुरा / Dhokla ढोकला / Uttapam उत्तपम / Cheela चीला/ Green Chutney हरी चटनी/ मखाने	6:00 pm
	Fruit फल / अंकुरित अनाज (मूंग/चना/मोढ) / Sattu सत्तू / Fruit Chaat फ्रूट चाट / Coconut Water नारियल पानी / Butter Milk छांछ	ЧРт
	Roti रोटी / Rice चावल (माड रहित) / Khichri खिचड़ी / Sabji सब्जी / Dal दाल / Curd दही (ताजा) / Salad सलाद	11:30-12.00Pm
	Milk दूध/ Soup सूप/ Poha पोहा/ Daliya दलिया/ bread ब्रेड + Egg अंडा / Idli इडली / Upma उपमा / आलू पराठा/ पनी <mark>र</mark>	9:00 Am
	Tea चाय/ Milk दूध / coffee काफी / Bi <mark>scuit विस्किट/ Toast</mark> टोस्ट / Bread ब्रेड (गेहूं वाली)	7: 30 Am



**CITI MULTI SPECIALITY HOSPITAL** CMH 16, Gautam Nagar, Govindpura, Bhopal-462023 (M.P.) Phone No. : 0755-4272669, 4250134 Mobile No.: 7222909795, 7222909796, 7222909800, 9303135719 ECIALIT Dr. Sabyasachi Gupta Ashrad Ansari M.B.B.S., M.D. Dr. Oujwal Gupta Reg. No. 11671 37111 M.B.B.S. Reg. No. MP-23369 X 94 0812027 Both Ene Normat No glasses Regurement Both Eye No then s Both Eye. No theh Sister Concern: Citi Hospital, 115,Zone-II, M.P. Nagar, Bhopal-462011, Ph.: 7771008660

