



श्री साई एडवांस इमेजिंग एंड डायग्नोस्टिक सेंटर

PVT.LTD.

हर जीवन  अमूल्य है

पुराना धमतरी रोड, सब्जी बाजार के सामने,
संतोषी नगर, रायपुर (छ.ग.) ☎ 0771-4023900

MRI | CT Scan | 4D Color USG | Digital X-Ray | Advance Pathology | 2D Echo / E.C.G. / TMT / E.E.G. / OPG / SPIRO

madhuleba Shrivastava 48 yr / F

CBC (N)

Hbalc - ↑ 110

KFT (N)

LFT - (N)

Urine - (N)

USG Abd - Hepatomegaly & fatty liver
Bulky uterus.

सही जाँच ही सही ईलाज का आधार है...

Email : shrisaiimaging@gmail.com, Website : www.shrisaidiagnostic.com



MRS MADHULIKA

41 year / F

..... cm / kg

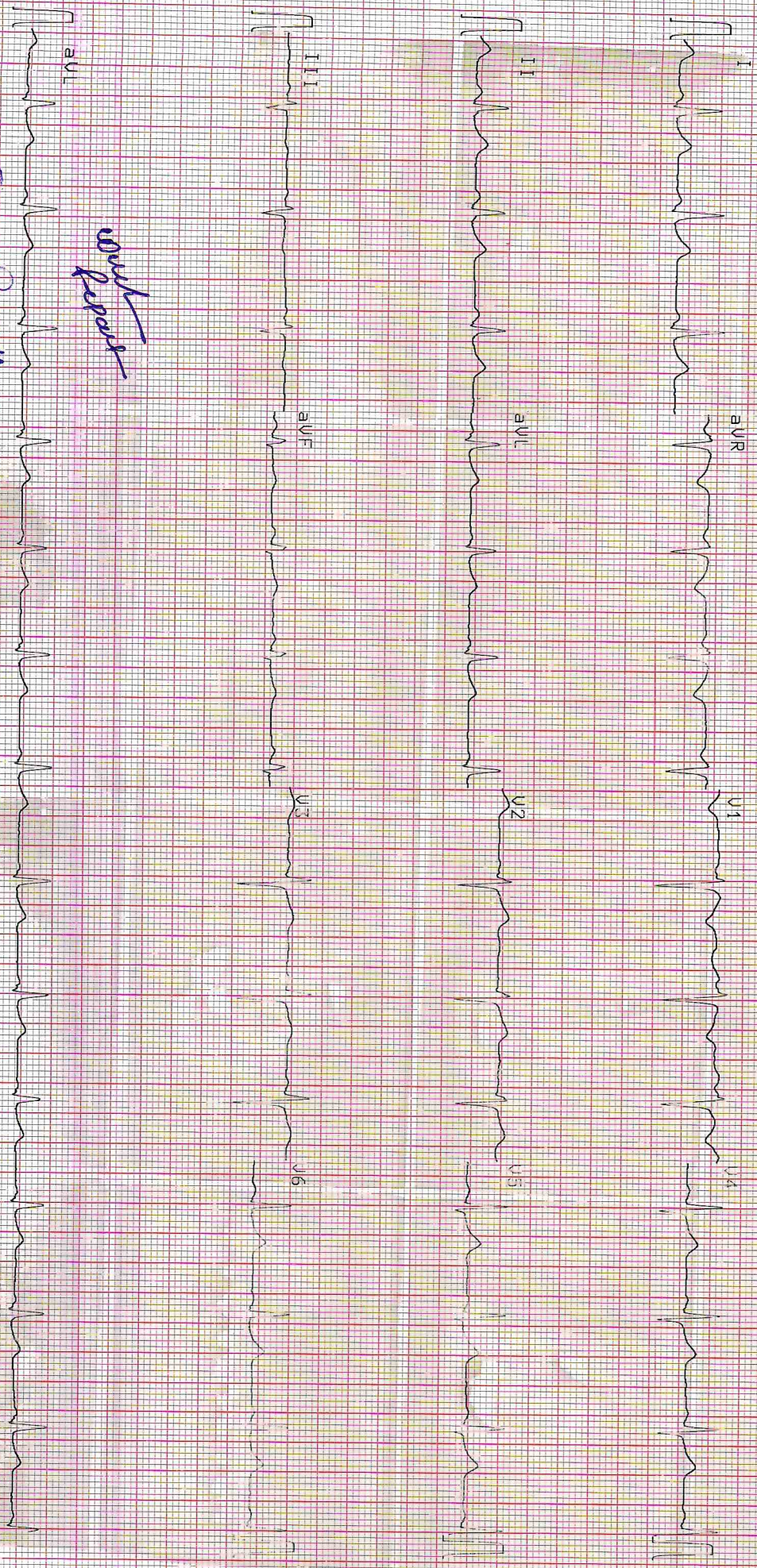
35 °
NORMAL ECG

UNCONFIRMED REPORT

Interval:	RR	PR	QR5	QT	QTc	P (I1)	S (V1)	R (V5)	Sokol.
	734 ms	112 ms	6 °	360 ms	424 ms	0.10 mV	-1.09 mV	0.73 mV	1.82 mV

10 mm/mV

10 mm/mV



Normal Report

DR. R. K. Kojouhar
MD, PGD, FCC (Cardiologist)
CGMC-68612007

Madhulika

25 mm/s F50 55F S85 SU 25 AUG 24 00:44:03 AT-2P US 4.14 (C) SCHILLER AG AT-2P US 4.14 CM

SCHILLER

Date No 2 1E7017NA



रामकथा

आँख, कान, नाक, गला एवं मल्टीस्पेशियलिटी हॉस्पिटल

24 घंटे आपातकालीन चिकित्सा सेवा उपलब्ध

OPD	:		PT. TYPE	:	NEWREGISTRATION
UH-ID	::		PRINT DATE	:	24-08-2024-2:30PM
PATIENT NAME	:	MRS.MADHULIKA	DEPARTMENT	:	ENT
AGE/SEX	:	41Y/F	CONSULTANT	:	DR.SANTOSH JAISWAL
DOB	:		CONSULTANT-DATE	:	24-08-2024-2:30PM
MOB-NO.	:	9454935953	COMPANY NAME	:	RAMKATHA HOSPITAL
COMPLAINT	:	ENT	TOKAN NO.	:	
ADDRESS	:	JANJGIR CHAMPA			

WEIGHT - 65KG	TEMP-	BP-	PULSE -	SPO2-
---------------	-------	-----	---------	-------

Routine ENT
cheek cup
cherry is (R)

Can't see both NAD Tympanic membranes
both NAD

Nose - clear both

Oral cavity - NAD

Neck - NAD

Clinical ENT - Nothing Abnormal
detected

शुभम के-मार्ट के बाजू, बैंक ऑफ बड़ौदा के सामने, बोरिया रोड़, संतोषी नगर, रायपुर (छ.ग.)

Mob.: 0771-4001080, 9755232202 | Email: ramkathahospital@gmail.com

MRD No DJE10601

Patient : MRS.MADHULIKA / female / 44Yr(s)

Address: JANJGIR CHAPA

Contact Number : 9454935953

Date : 24-08-2024 03:39 PM

Presenting Complaint: BothEyes-BLURRING OF VISION Since 1 Month(s)

Medical History: DIABETES 3-4 YRS

Current Spectacle

Prescription:

	Right Eye				Left Eye			
	SPH	CYL	AXIS	V/A	SPH	CYL	AXIS	V/A
D.V	0.00				0.00			
N.V	+1.00				+1.00			

Vision:

Eye	Distance vision			Near vision	
	UCDVA	BCDVA	PH	UCNVA	BCNVA
Right	6/6				
Left	6/6				

Examination:

Eye Parts	Right Eye	Left Eye
ANTERIOR SEGMENT	NORMAL	NORMAL
POSTERIOR SEGMENT	NORMAL	NORMAL

Diagnosis:

BothEyes-REFRACTIVE ERROR

Prescription:

1 (CARBOXYMETHYL CELLULOSE 0.5%) [IRIVISC Eye Drops] (1)
Both Eyes- 2 TIMES A DAY (1drop ---0----1 drop) , 7 Day(s)



DR DINESH (CGMC/862/2007)

Dr. DINESH SHREY
MD (Ophthalmology) AIIMS
Regd.No.-CGMC/862/2007
Divya Jyoti Eye & Dental Hospital,
Santoshi Nagar, Raipur (C.G.)



DOORBIN ADVANCED HOSPITAL

4-D COLOUR
SONOGRAPHY
DIGITAL X-RAY

मेन रोड डूमरतराई, शास. श्री राम (मिन्टू) स्कूल के पास, नया घमतरी रोड (कमल विहार चौक)
रायपुर (छ.ग.) 492001, फोन नं. : 9770485613

(Maternity and Fetal Medicine Center)

21/8/24

madhulika uyaik

AD - NO fresh complain

came for Routine
checkup

PA soft
PIS - ~~CO~~
NO

& vagina @
discharge

Adv pap's smear

↓ all aspects pap's smear
taken send for cytology

BL

MRI | CT Scan | 4D Color USG | Digital X-Ray | Advance Pathology | 2D Echo / E.C.G. / TMT / E.E.G. / OPG / SPIRO

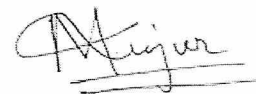
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 PT. AGE/SEX :- 41 Y / F Report Released On :- 25/08/2024
 MOBILE NO :- Accession On :- 10
 Ref. By. :- SELF Patient Unique ID No. :- 10181
 Company :- ARCOFEMI HEALTH CARE LTD. TPA :- MEDIWHEEL

HAEMATOLOGY

Description	Result	Unit	Biological Ref. Range
BLOOD GROUP			
BLOOD GROUP	" AB "		
Rh	Positive		

NOTE :- This technique is used for preliminary ABO grouping specimen should Be Further Tested by Tube Method For Confirmation.

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DR. MAIKAL KUJUR MBBS, MD
 PATHOLOGY (AIIMS, NEW DELHI)
 REG. NO. : CG MCI-2996/2010

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CBC WITH ESR

W.B.C. Indices

		/cumm	4000 - 11000
TOTAL WBC COUNT	8300	%	40 - 70
NEUTROPHILS	68	%	20 - 52
LYMPHOCYTES	26	%	4 - 12
MONOCYTES	04	%	1 - 6
EOSINOPHILS	02	%	0 - 1
BASOPHILS	00		

R.B.C. Indices

		gm/dL	12.5 - 16.5
HAEMOGLOBIN	13.0	Mill/cumm	4.2 - 5.5
RBC COUNT	4.3	%	37.5 - 49.5
HEMATOCRIT (PCV)	38.1	fL	80 - 95
MCV	88.0	pg	26 - 32
MCH	30.1	g/dl	32 - 36
MCHC	34.2	%	11.5 - 15.5
RDW-CV	12.9		

Platelet Indices

		PL	50000-400000
PLATELET COUNT	193000	fL	7.0 - 11.0
MPV	12.3	%	12 - 18
PDW	16.7	%	13 - 43
P-LCR	43.6	after 1 hr	0 - 20
ESR	11		Correlate Clinically
Advice			

--- End Of Report ---

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Maikal
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HAEMATOLOGY

Description	Result	Unit	Biological Ref. Range
HbA1c (Glycosylated Haemoglobin)			
HbA1C-Glycosylated Haemoglobin	11.0	%	Normal Range : <6% Good Control : 6 - 7% Fair Control : 7 - 8% Unsatisfactory Control : 8 -10% Poor Control : >10%

Clinical Significance :

Hemoglobin A1c (HbA1c) level reflects the mean glucose concentration over the previous period (approximately 8-12 weeks) and provides a much better indication of long-term glycemic control than blood and urinary glucose determinations. American Diabetes Association (ADA) include the use of HbA1c to diagnose diabetes, using a cutpoint of 6.5%. The ADA recommends measurement of HbA1c 3-4 times per year for type 1 and poorly controlled type 2 diabetic patients, and 2 times per year for well-controlled type 2 diabetic patients) to assess whether a patient's metabolic control has remained continuously within the target range. Falsely low HbA1c results may be seen in conditions that shorten erythrocyte life span, and may not reflect glycemic control in these cases accurately.

--- End Of Report ---

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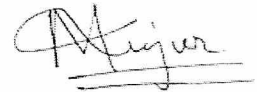
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BIO CHEMISTRY

Description	Result	Unit	Biological Ref. Range
FASTING BLOOD SUGAR	252.0	mg/dL	70 - 110
POST PRANDIAL BLOOD SUGAR	359.0	mg/dl	70 - 140

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BIO CHEMISTRY

Description	Result	Unit	Biological Ref. Range
KFT - KIDNEY FUNCTION TEST			
Urea	22.9	mg/dL	15 - 45
Serum Creatinine	0.8	mg/dl	0.52 - 1.04
Uric Acid	4.8	mg/dL	2.5 - 6.2
Serum Sodium	136.9	mmol/L	135 - 155
Serum Potassium	3.7	mmol/L	3.5 - 5.3

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BIO CHEMISTRY

Description	Result	Unit	Biological Ref. Range
LIVER FUNCTION TEST			
Bilirubin - Total	0.78	mg/dl	0.2 - 1.3
Bilirubin - Direct	0.20	mg/dl	0 - 0.3
Bilirubin (Indirect)	0.58	mg/dl	0 - 1.1
SGOT (AST)	22.3	U/L	14 - 36
SGPT (ALT)	40.0	U/L	9 - 52
Alkaline phosphatase (ALP)	108.0	U/L	38 - 126
Total Proteins	6.5	g/dl	6.3 - 8.2
Albumin	3.9	g/dl	3.5 - 5.0
Globulin	2.60	g/dl	2.3 - 3.6
A/G Ratio	1.50		1.1 - 2.0
Gamma GT	26.8	U/L	<38

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Clinical Significance :

Alanine transaminase (ALT)

ALT is an enzyme found in the liver that helps your body metabolize protein. When the liver is damaged, ALT is released into the bloodstream and levels increase.

Aspartate transaminase (AST)

AST is an enzyme that helps metabolize alanine, an amino acid. Like ALT, AST is normally present in blood at low levels. An increase in AST levels may indicate liver damage or disease or muscle damage.

Alkaline phosphatase (ALP)

ALP is an enzyme in the liver, bile ducts and bone. Higher-than-normal levels of ALP may indicate liver damage or disease, such as a blocked bile duct, or certain bone diseases.

Albumin and total protein

Albumin is one of several proteins made in the liver. Your body needs these proteins to fight infections and to perform other functions. Lower-than-normal levels of albumin and total protein might indicate liver damage or disease.

Bilirubin.

Bilirubin is a substance produced during the normal breakdown of red blood cells. Bilirubin passes through the liver and is excreted in stool. Elevated levels of bilirubin (jaundice) might indicate liver damage or disease or certain types of anemia.

--- End Of Report ---

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BIO CHEMISTRY

Description	Result	Unit	Biological Ref. Range
Lipid Profile			
Cholesterol	230.0	mg/dl	Desirable : <200 Borderline :200 - 239 High : >=240
Triglycerides	160.0	mg/dl	<150 : Normal 150-199 : Borderline - High 200-499 : High >500 : Very High
HDL	41.0	mg/dl	<40 : Low 40-60 :Optimal >60 : Desirable
LDL	157	mg/dl	<100 : Normal 100-129 : Desirable 130-159 : Borderling-High 160-189 : High >190 : Very High
VLDL	32	mg/dl	7 - 40
Cholesterol/HDL Ratio	5.61		0 - 5.0
LDL/HDL Ratio	3.8	ratio	0 - 3.5

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Clinical Significance :

Total Cholesterol

Serum cholesterol is elevated in hereditary hyperlipoproteinemias and in other metabolic diseases. Moderate-to-markedly elevated values are also seen in cholestatic liver disease, risk factor for cardiovascular disease. Low levels of cholesterol may be seen in disorders like hyperthyroidism, malabsorption, and deficiencies of apolipoproteins.

Triglycerides

Increased serum triglyceride levels are a risk factor for atherosclerosis. Hyperlipidemia may be inherited or may be due to conditions like biliary obstruction, diabetes mellitus, nephrotic syndrome, renal failure, certain metabolic disorders or drug induced.

LDL Cholesterol (Direct) - LDL Cholesterol is directly associated with increased incidence of coronary heart disease, familial hyperlipidemias, fat rich diet intake, hypothyroidism, Diabetes mellitus, multiple myeloma and porphyrias. Decreased LDL levels are seen in hypolipoproteinemias, hyperthyroidism, chronic anaemia, and Reye's syndrome. Undetectable LDL levels indicate abetalipoproteinemia

HDL Cholesterol - High-density lipoprotein (HDL) is an important tool used to assess risk of developing coronary heart disease. Increased levels are seen in persons with more physical activity. Very high levels are seen in case of metabolic response to medications like hormone replacement therapy. Low HDL cholesterol correlates with increased risk for coronary heart disease (CHD). Very low levels are seen in Tangier disease, cholestatic liver disease and in association with decreased hepatocyte function.

--- End Of Report ---

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BIO CHEMISTRY

Description	Result	Unit	Biological Ref. Range
THYROID (T3, T4, TSH)			
T3 (Triiodothyronine)	136.9	ng/dl	126 - 258 1Yr - 5 Yr 96 - 227 : 6 Yr - 15 Yr 91 - 164 : 16 Yr- 18 Yr 60 - 181 : > 18 years Pregnancy : 1st Trimester
T4 (Thyroxine)	5.8	ug/dl	4.6 - 10.9 Pregnancy : 4.6 - 16.5 : 1st Trimester 2nd & 3rd Trimester : 100 - 250
TSH	3.7	uiU/mL	0.46 - 8.10 : 1 Yr - 5 Yrs 0.36 - 5.80 : 6 Yrs - 18 Yrs 0.35 - 5.50 : 18 yrs - 55 Yrs 0.50 - 8.90 : > 55 Yrs Pregnancy Ranges

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CLINICAL PATHOLOGY

Description	Result	Unit	Biological Ref. Range
URINE R/M			
Appearance	Turbid		Clear
Specific Gravity	1.025		1.003 - 1.030
Urine Glucose(Sugar)	Present 3 +		Not Detected
Microscopic Examination			
Epithelial cells	08-10	/HPF	0 - 5
PUS CELLS	05-06	/HPF	0 - 5
RBC (Urine)	Absent	/HPF	0 - 3
Casts	Absent		Not Detected
Crystals	Absent		Not Detected
Bacteria	Present		Not Detected
Reaction (pH)	Acidic		
Chemical Examination			
Others	CANDIDA PRESENT		
Physical Examination			
Colour	Pale Yellow		Pale Yellow
Urine Protein(Albumin)	Nil		Not Detected

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DATE – 24-Aug-24

PATIENT NAME MRS. MADHULIKA SHRIVASH
AGE/SEX 41 YRS / FEMALE
REF. BY SELF

COLOUR DOPPLER ECHOCARDIOGRAPHY

PROCEDURES: M-MODE/2D/DOPPLER/COLOUR/CONTRAST.

MEASUREMENTS:

AO ~ 1.8 CMS
LA ~ 3.3 CMS.
LVDd ~ 4.2 CMS.
LVDs ~ 2.6 CMS.
IVSd ~ 1.0 CMS.
LVPWd ~ 1.0 CMS.

DOPPLER

E ~ 0.7 M/SEC.
A ~ 0.5 M/SEC.
AO ~ 1.2 M/SEC.

- NORMAL LV AND RV SIZE AND FUNCTION
- NORMAL PERICARDIUM. NO PERICARDIAL EFFUSION.
- NORMAL PA & AORTA.

OPINION:-

- ☞ NORMAL CHAMBER SIZE.
- ☞ NO RWMA. EF 60%.
- ☞ NORMAL COLOUR FLOW
- ☞ GOOD LV SYSTOLIC FUNCTION.
- ☞ NO CLOT/MASS/PE.

DR. PRASHANT MADHARIA
MBBS, MD (Physician), PGDCC (CARDIOLOGY)

Investigations have their limitation, solitary radiological / pathological and other investigations never confirm the final diagnosis of disease. They only help in diagnosing the disease in correlation to symptom and other related test please interpret accordingly.



PATIENT NAME
AGE/SEX
REF. BY

MRS. MADHULIKA SHRIVASTAVA
44 YEARS / FEMALE
MEDIWHEEL

DATE: 24-Aug-24

SONOGRAPHY OF THE ABDOMEN + PELVIS

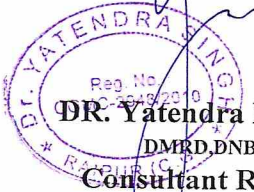
PROCEDURE DONE BY ULTRASOUND MACHINE Canon Apilo a450 (4D COLOR DOPPLER)

- LIVER** : The liver enlarged in size 19.2 cm with raised echotexture. No evidence of any Focal lesion or mass seen. The intrahepatic biliary ducts are normal. The CBD is normal in course, caliber & contour. Hepatic & portal vein appear normal in morphology.
- GALL BLADDER** : well distended & shows normal wall thickness. No obvious intraluminal calculus.
- PANCREAS** : appears normal in size, shape & echo pattern. Pancreatic duct appear normal.
- SPLEEN** : Spleen is normal size, shape and position. No focal lesion seen.
- KIDNEY** : Right kidney measures ~12.0 x 4.0 cm
Left kidney measures ~ 10.5 x 5.0 cm
Both Kidneys are normal size, shape and position.
Renal parenchymal echogenicities are normal .
No evidence of any calculus or pelvicalyceal dilation.
- URINARY BLADDER:** UB is well distended with normal wall thickness. No evidence of mass /calculus.
- UTERUS** : **Anteverted bulky uterus & measuring 9.5 x 4.6 x 5.6 cm & vol-131.5 cc**
Centrally situated endometrium is normal (4.6 mm). Myometrium is normal.
- OVARY** : Right ovary measures ~3.1 x 2.5 cm.
Left ovary measures ~3.3 x 2.1 cm.
Both ovaries are normal in size, shape and echotexture.
- RETRO PERITONEUM** No evidence of lymphadenopathy / mass.
- FREE FLUID** : No free fluid seen in abdomen & peritoneal cavity.

IMPRESSION :

- Mild hepatomegaly with fatty liver grade- I
- Mild bulky uterus.

Needs clinical correlation & other investigations.


DR. Yatendra Nath Singh
DMRD, DNB, EDiR
Consultant Radiologist

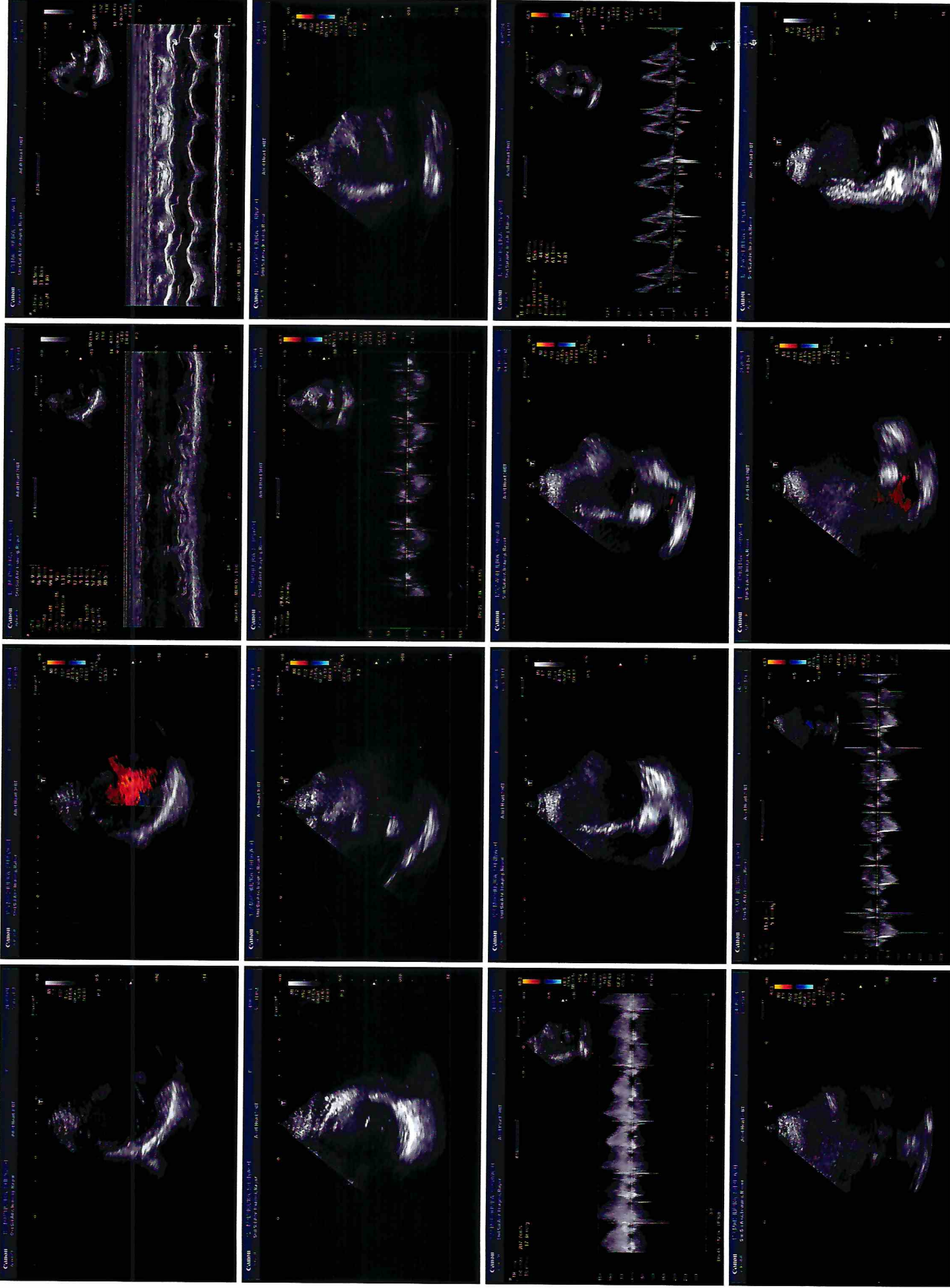
Investigations have their limitation; solitary radiological / pathological and other investigations never confirm the final diagnosis of disease. They only help in diagnosing the disease in correlation to symptom and other related test please interpret accordingly.

पुराना धमतरी रोड, सब्जी बाजार के सामने, संतोषी नगर, रायपुर (छ.ग.)

सही जाँच ही सही ईलाज का आधार है...

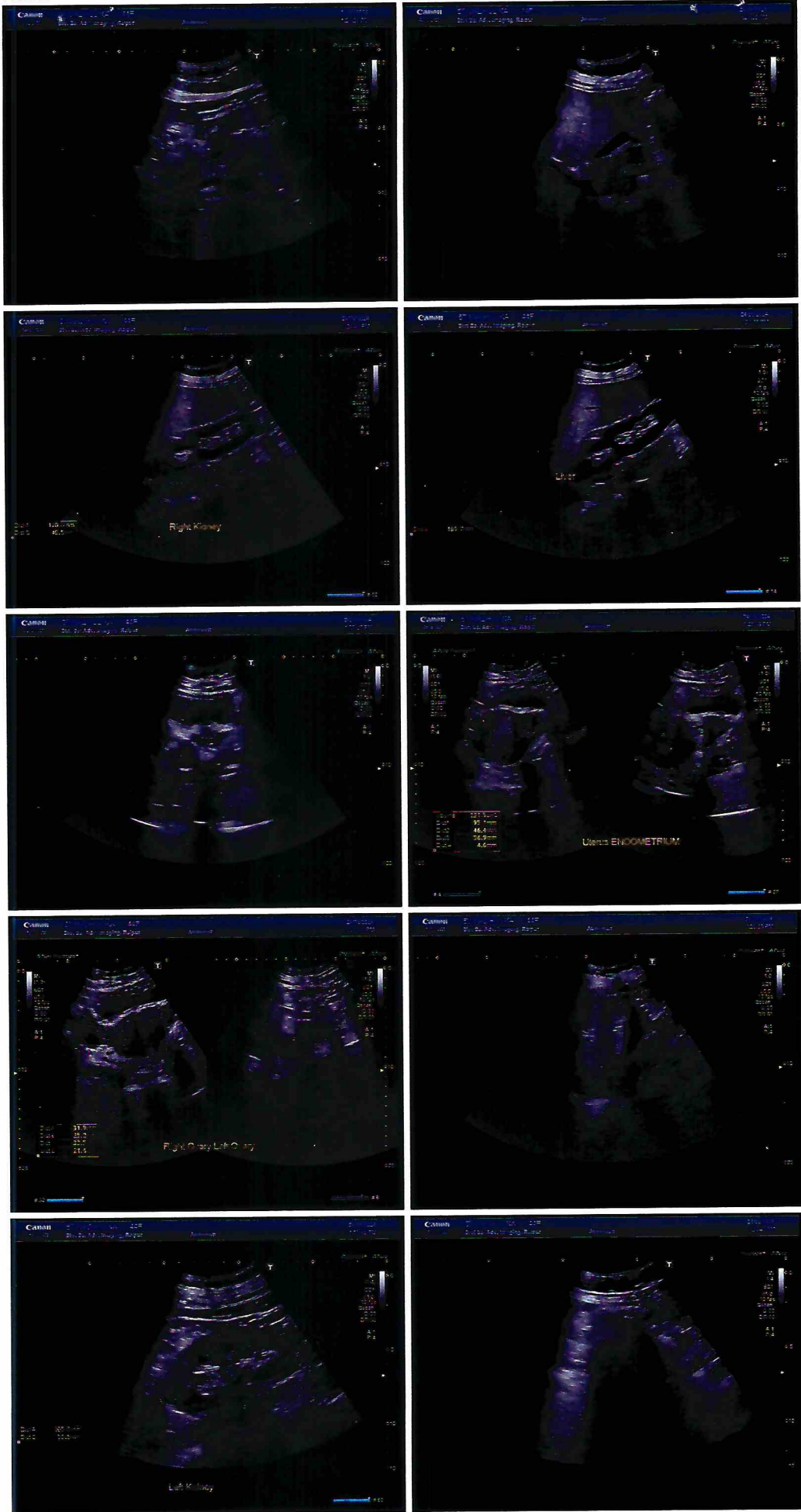
SHRI SAI ADVANCE IMAGING & DAIGNOSTIC CENTER, SANTOSHI NAGAR

24 Aug 2024 Study : Adult Heart
Name : MADHULIKA SHRIVASH / F



SHRI SAI ADVANCE IMAGING & DAIGNOSTIC CENTER, SANTOSHI NAGA R

24 Aug 2024 Study : Abdomen
Name : MADHULIKA 44F





PT. NAME	:- MRS. MADHULIKA SHRIVASTAVA	Sample Collected On	:- 24/08/2024
PT. AGE/SEX	:- 41 Y / F	Report Released On	:- 25/08/2024
MOBILE NO	:-	Accession On	:- 10
Ref. By.	:- SELF	Patient Unique ID No.	:- 10181
Company	:- ARCOFEMI HEALTH CARE LTD.	TPA	:- MEDIWHEEL

CYTOLOGY

REPORT ON CERVICAL /VAGINAL PAP SMEAR

GROSS :- Whitish material.

MICROSCOPY:- Smears show many superficial cells, few intermediate cells.
Few endocervical cells seen. Occasional polymorphs seen.
Evidence of dysplasia/malignancy not seen.

DR. MAIKAL KUJUR MBBS, MD
PATHOLOGY (AIIMS, NEW DELHI)
REG. NO. : CG MCI-2996/2010

Checked by