

Patient Name : Miss.ARPITA TRIVEDI
Age/Gender : 30 Y O M O D /F
UHID/MR No : DSUS.000006976
Visit ID : DSUSOPV8119
Ref Doctor : APOLLO CLINIC
IP/OP NO :

Collected : 24/Mar/2024 12:13PM
Received : 24/Mar/2024 12:52PM
Reported : 24/Mar/2024 03:35PM
Status : Final Report
Client Name : PUP APOLLO CLINIC SAMRIDDI AR
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)	1.09	ng/mL	0.6-1.81	CLIA
THYROXINE (T4, TOTAL)	8.9	µg/dL	3.2-12.6	CLIA
THYROID STIMULATING HORMONE (TSH)	4.520	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 ***

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Patient Name : MISS ARPITA TRIVEDI
 UHID/ MR No : 9895
 Visit Date : 23/03/2024
 Sample Collected On : 23/03/2024 04:54PM
 Ref. Doctor : SELF
 Sponsor Name :

Age/Gender : 30 Y Female
 OP Visit No : OPD-UNIT-II-2
 Reported On : 23/03/2024 07:16PM

CLINICAL PATHOLOGY

Investigation
URINE ROUTINE EXAMINATION

Investigation	Observed Value	Unit	Biological Reference Interval
Physical Examination			
Volum of urine			
Appearance	Clear		Clear
Colour	Pale Yellow		Colourless
Specific Gravity	1.015		1.001 - 1.030
Reaction (pH)	6.0		
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	

End of Report
Results are to be corelated clinically

Signature

Lab Technician / Technologist
 Path

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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	0.3	mg/dl	0.05-0.3
Bilirubin (Indirect) Method: Calculated	0.60	mg/dl	0 - 1
SGOT (AST) Method: Spectrophotometric	14	U/L	0 - 32
SGPT (ALT) Method: Spectrophotometric	20	U/L	0 - 33
ALKALINE PHOSPHATASE	96	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

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Arvind

DR DHANANJAY RAMCHANDRA PRASAD
 M.D. PATHOLOGY

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Age/Gender : 30 Y Female
 OP Visit No : OPD-UNIT-II-4
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Investigation	BIO CHEMISTRY	Observed Value	Unit	Biological Reference Interval
LIPID PROFILE TEST (PACKAGE)				
Cholesterol - Total		141.0	mg/dl	Desirable: < 200 Borderline High: 200-239 High: >= 240
Triglycerides level		90.0	mg/dl	Normal : < 150 Borderline High : 150-199 Very High : >=500
Method: Spectrophotometric				
HDL Cholesterol		40.0	mg/dl	Major risk factor for heart disease: < 40 Negative risk factor for heart disease >60
Method: Spectrophotometric				
LDL Cholesterol		83	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	mg/dl	6 - 38
Total Cholesterol/HDL Ratio		3.53		3.5 - 5
Method: Spectrophotometric				

End of Report
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[Signature]
 DR DHANANJAY RAMCHANDRA PRASAD
 M.D. PATHOLOGY

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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 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

End of Report
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Dhananjay

DR DHANANJAY RAMCHANDRA PRASAD
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Investigation	Observed Value	Unit	Biological Reference Interval
GLUCOSE - (POST PRANDIAL)			
Glucose -Post prandial Method: REAGENT GRADE WATER	118.0	mg/dl	70-140
GLUCOSE (FASTING)			
Glucose- Fasting SUGAR REAGENT GRADE WATER	114.0	mg/dl	70 - 120
KFT - RENAL PROFILE - SERUM			
BUN-Blood Urea Nitrogen METHOD: Spectrophotometric	09	mg/dl	7 - 20
Creatinine METHOD: Spectrophotometric	0.71	mg/dl	0.6-1.4
Uric Acid Method: Spectrophotometric	3.20	mg/dL	2.6 - 7.2

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Lab Technician / Technologist
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Dhananjay
 DR DHANANJAY RAMCHANDRA PRASAD
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Investigation	Observed Value	Unit	Biological Reference Interval
Platelet Count Method: CELL COUNTER	231	lacs/cu.mm	150-400
ESR- Erythrocyte Sedimentation Rate Method: Westergren's Method	08	mm /HR	0 - 20
Blood Group (ABO Typing)			
Blood Group (ABO Typing)	O		
RhD factor (Rh Typing)	POSITIVE		

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HAEMATOLOGY

Investigation	Observed Value	Unit	Biological Reference Interval
HEMOGRAM			
Haemoglobin(HB) Method: CELL COUNTER	12.4	gm/dl	12 - 16
Erythrocyte (RBC) Count Method: CELL COUNTER	4.28	mill/cu.mm.	4.20 - 6.00
PCV (Packed Cell Volume) Method: CELL COUNTER	37.20	%	39 - 52
MCV (Mean Corpuscular Volume) Method: CELL COUNTER	86.9	fL	76.00 - 100
MCH (Mean Corpuscular Haemoglobin) Method: CELL COUNTER	29.0	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	12.7	%	11- 16
Total Leucocytes (WBC) Count Method: CELL COUNTER	5.54	cells/cumm	3.50 - 11.00
Neutrophils Method: CELL COUNTER	60	%	40.0 - 73.0
Lymphocytes Method: CELL COUNTER	27	%	15.0 - 45.0
Eosinophils Method: CELL COUNTER	03	%	1-6%
Monocytes	10	%	4.0 - 12.0
Basophils Method: CELL COUNTER	00	%	0.0 - 2.0


End of Report

Results are to be correlated clinically

(Handwritten Signature)

Lab Technician / Technologist
path

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PATIENT NAME: MISS. ARPITA TRIVEDI
REF BY: BOB

AGE / SEX: 30 YRS/F
DATE: 23.03.2024

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	8.75X4.43Cm	10.94x5.44Cm
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 (7.02 x 3.67 x 3.88 cm, and echotexture. Endometrial thickness 1.05 mm.

Right Ovary: Normal in size (2.66 x 1.96 cm), shape and echotexture.

Left Ovary: Normal in size (2.71 x 2.08 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

This report is for perusal of the doctor only and 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 medical legal purpose.

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NAME OF PATIENT; MISS. ARPITA TRIVEDI
REFERRED BY: BOB

AGE: 30YRS/FEMALE
DATE: 23/03/2024

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 Radiologist
DR. ZEESHAN ATEEB DANI
Reg. No. CGMC-25297
(MD)
CONSULTANT RADIOLOGIST

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EXAMINATION OF EYES :- (BY OPHTHALMOLOGIST)

Patient Name Miss Anpita Trivedi

Date 23/03/24

Sex/Age M/30y

MR No

Employee Id

EXTERNAL EXAMINATION				
SQUINT				
NYSTAGMUS		NO		
COLOUR VISION		NORMAL		
FUNDUS:(RE):-	<u>WNL</u>	(LE):- <u>WNL</u>		
INDIVIDUAL COLOUR IDENTIFICATION		<u>Good</u>		
DISTANT VISION:(RE):-	<u>6/24 E 6/6</u>	(LE):- <u>6/24 E 6/6</u>		
NEAR VISION:(RE):-	<u>NG</u>	(LE):- <u>NG</u>		
NIGHT BLINDNESS		<u>NAD</u>		
	SPH	CYL	AXIS	ADD
RIGHT	<u>-1.50</u>			
LEFT	<u>-1.50</u>			

REMARKS :-

Dr. Vikas Mishra
MBBS, MS (Ophthalmologist)
Reg. No. CGMC 621/2006



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Age: 27

Name: Nam Sao

Gender: Male



Miss Arpita Tawedi

Partially erupted \bar{c} 8^+

occlusal curves \bar{c} $+6$

Advice : Restoration \bar{c} $+6$



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Age: 27



CISUB Dr Proneb Roy MS ENT

Name ARPITA TRIVEDI 29y1 F

No Active Complaints

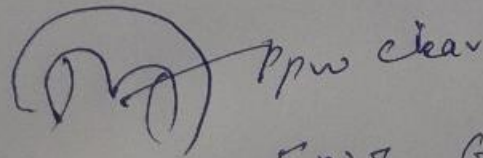
OR Examination Rt Lf

PAE clear clear



Noise BIC TM intact

Throat: A/D BIC clear



ENT Examination + WNL



Proneb
23/3/24

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0771 40333

Gender: Male



Miss Anpita Trivedi
Age - 30y

WT - 71kg
H - 161cm
BP - 120/80
P - 82bpm



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