

OPD Assessment Form (First visit/Follow-up)



Name	: MRS. KASUM LATA	UHID No.	: AFD000018347
HUSBAND	: SINGH MANPHOOL	Date	: 20-01-2023 09:58:51
Age / Gender	: 36 Yrs / FEMALE	Doctor / Unit	: DR. MUKUND SINGH /
CPG	: CORPORATE CASHAIMS2122_FD	Department	: INTERNAL MEDICINE_FD
Inst. Name	: Acrofemi Healthcare Ltd		
Address	: PALWAL, FARIDABAD, HARYANA, INDIA, Zip No.-121102		

PHC

Present Complaints:

BP (mm Hg)	200/70 mm/Hg
Pulse	88 b/m
RR SpO2	99%
Ht/Length	154 CM
Wt	54.6 kg
Pain Score (1-10)	

Past/Family History:

- Hypothyroidism - on Thyroxin
some of

History Given By : self
Clinical Findings : none

Any known Allergies
Not known

Provisional Diagnosis :

Hypothyroidism
Uterine fibroid

DR. MUKUND SINGH, MBBS, DNB, CONSULTANT-INTERNAL MEDICINE_FD, Reg. No: BMC-35607

Asian Fidelis Multispeciality Hospital OPD Timing: Mon - Sat : 10:00am-04:00pm.

Note :
Nature of illness, prognosis, potential side effects of medication used, risk of allergic reaction, need for follow-up & monitoring has been explained to the Patient/attendants in their own language.
WHEN TO OBTAIN URGENT CARE : In case high grade fever, recurrent vomiting, profuse diarrhea, severe oral ulcers, skin rash breathlessness, dizziness, loss of consciousness, bleeding from any site or new relevant/ alarming symptom

Hb = 10.8

Investigations Advised :

TLC = 10.4

ESR = 72

uterine fibroid

Ad- Gynecology Consultation.

1

Plan Of Care :

Thyroid profile }
HSAAC (Report awaited

Treatment Advice:

— Review Report

Nutritional Screening : Required (If required, please contact, the dietician)

Not Required

Dr. Mukund Singh
Consultant Internal Medicine
Asian Fidelis Multi Speciality Hospital
RPS Savana City, Sector-88
Faridabad - 121002, Haryana
MBBS, 2004 DNB (Medicine) 2010
MCI-1MR/1171006

Signature of Doctor / Consultant: _____ Date:..... Time:.....

NON INVASIVE CARDIOLOGY

Patient Name	: MRS. KASUM LATA	IPD No.	:
Age	: 36 Yrs 2 Hrs	UHID	: AFD000018347
Gender	: FEMALE	Bill No.	: AFDHC230000187
Ref. Doctor	: DR. PHC HEADAsian Fidelis	Bill Date	: 20-01-2023 10:01:15
Ward	:	Room No.	:
		Procedure Date	: 20-01-2023 12:51:46

ECHOCARDIOGRAPHY & COLOR DOPPLER REPORT

MEASUREMENTS	ABSOLUTE VALUE	NORMAL VALUE
Aortic Root Diameter	2.8	2.0-3.7cm < 2.2cm/M2
Aortic Valve Opening	N	1.5-2.6cm
Left Atrial Dimension	3.1	1.9-4.0cm < 2.2cm/M2
RV Dimensions	N	0.7-2.6cm
RV thickness	N	0.3-0.9cm
LV ED Dimension	4.8	3.7-5.6 cm < 3.2cm /M2
LV ES Dimension	2.9	2.2-4.0 cm
IVS thickness	ED - 0.8 ES-1.1	0.6-1.2cm
LVPW Thickness	ED - 0.6 ES-1.1	0.5-1.1cm
IVS/ LVPW Ratio	N	
Mitral Valve	DE-N EF -N	

INDICES OF LV FUNCTION		
EPSS		<9mm
FS%		24-42%
LV Ejection Fraction	60%	60+/-6%

IMAGING:

2D- imaging in PLAX.SAX and apical views revealed normal left ventricle. Movement of septum, posterior and lateral walls are normal. Global LVEF is 60%. Mitral valve opening is normal. No evidence of mitral valve prolapse is seen. Aortic valve has three cusps and its opening is not restricted. Tricuspid valve leaflets move normally, Pulmonary valve is normal. Interatrial and Interventricular septal are intact, No intracardiac mass or thrombus is seen. No pericardial pathology is observed.

NON INVASIVE CARDIOLOGY

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MORPHOLOGICAL DATA

Mitral Valve : AML PML	Normal	Interatrial Septum	Intact
Aortic Valve	Normal	Interventricular Septum	Intact
Tricuspid Valve	Normal	Pulmonary Artery	Normal
Pulmonary Valve	Normal	Aorta	Normal
Right Ventricle	Normal	Right Atrium	Normal
Left Ventricle	Normal	Left Atrium	Normal

DOPPLER STUDY

	m/s	m/s	
MITRAL VELOCITY	E-0.9	A-0.6	MR 0/4
TRICUSPID VELOCITY	2.2 m/s		TR 1/4
AORTIC VELOCITY	1.0 m/s		AR 0/4
PULMONARY VELOCITY	1.0 m/s		PR 0/4
PA Pressure	19+RAP		

NON INVASIVE CARDIOLOGY

Patient Name	: MRS. KASUM LATA	IPD No.	:	
Age	: 36 Yrs 2 Hrs	UHID	:	AFD000018347
Gender	: FEMALE	Bill No.	:	AFDHC230000187
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COLOUR FLOW MAPPING

Trace tricuspid regurgitation.

FINAL IMPRESSION

1. No RWMA, LVEF-60%.
2. Normal cardiac chamber dimension.
3. Trace tricuspid regurgitation (PASP-19+RAP)
4. Normal mitral inflow pattern.
5. No clot/mass/vegetation/PE.

DR. MITHILESH KUMAR
MD (DNB (Cardiology)).
Consultant Cardiologist
HMC-HN19723

For The perusal of a medical professional only
The content of this report is only an opinion based on images and is therefore subject to inherent technical limitations.

It is not the diagnosis & must be correlated clinically.

NOT FOR MEDICOLEGAL PURPOSES

.....End of Report.....

Prepare By.
MADHVI.S

FINAL REPORT

Bill No.	: AFDHC230000187	Bill Date	: 20-01-2023 10:01
Patient Name	: MRS. KASUM LATA	UHID	: AFD000018347
Age / Gender	: 36 Yrs 3 Hrs / FEMALE	Patient Type	: If PHC :
Ref. Consultant	: DR. PHC HEAD	Ward / Bed	: /
Sample ID	: AFD23001719	Current Ward / Bed	: /
		Receiving Date & Time	: 20-01-2023 13:06
		Reporting Date & Time	: 20-01-2023 14:33

HAEMATOLOGY REPORTING

Test (Methodology)	Flag	Result	UOM	Biological Reference Interval
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Sample Type: EDTA Whole Blood

MEDIWHEEL PKG FOR FEMALE BELOW 40YRS
CBC -1 (COMPLETE BLOOD COUNT)

Test	Flag	Result	UOM	Biological Reference Interval
TOTAL LEUCOCYTE COUNT (Flow Cytometry)		10.4	thousand/cumm	4 - 11
RED BLOOD CELL COUNT (Hydro Dynamic Focussing)		4.1	million/cumm	3.8 - 4.8
HAEMOGLOBIN (SLS Hb Detection)	L	10.8	g/dL	12 - 15
PACK CELL VOLUME (Cumulative Pulse Height Detection)	L	34.2	%	36 - 46
MEAN CORPUSCULAR VOLUME	L	82.8	fL	83 - 101
MEAN CORPUSCULAR HAEMOGLOBIN	L	26.1	pg	27 - 32
MEAN CORPUSCULAR HAEMOGLOBIN CONCENTRATION		31.5	g/dL	31.5 - 34.5
PLATELET COUNT (Hydro Dynamic Focussing)		218	thousand/cumm	150 - 400
RED CELL DISTRIBUTION WIDTH (S.D - RDW) (Particle Size Distribution)	H	53.3	fL	39 - 46
RED CELL DISTRIBUTION WIDTH (C.V.)	H	17.3	%	11.6 - 14

DIFFERENTIAL LEUCOCYTE COUNT

Test	Flag	Result	UOM	Biological Reference Interval
NEUTROPHILS		70	%	40 - 80
LYMPHOCYTES		24	%	20 - 40
MONOCYTES		5	%	2 - 10
EOSINOPHILS		1	%	1 - 5
BASOPHILS		0	%	0 - 1
ESR (Westergren)	H	72	mm 1st hr	0 - 20

**** End of Report ****
IMPORTANT INSTRUCTIONS

CL - Critical Low, CH - Critical High, H - High, L - Low


DR. REETU JADHAV NAGE
 MBBS, DCP, DNB (PATHOLOGY)
 CONSULTANT PATHOLOGIST

FINAL REPORT

Bill No.	: AFDHC230000187	Bill Date	: 20-01-2023 10:01
Patient Name	: MRS. KASUM LATA	UHID	: AFD000018347
Age / Gender	: 36 Yrs 2 Hrs / FEMALE	Patient Type	: If PHC :
Ref. Consultant	: DR. PHC HEAD	Ward / Bed	: /
Sample ID	: AFD23001691	Current Ward / Bed	: /
		Receiving Date & Time	: 20-01-2023 11:10
		Reporting Date & Time	: 20-01-2023 12:19

BIOCHEMISTRY REPORTING

Test (Methodology)	Flag	Result	UOM	Biological Reference Interval
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Sample Type: Serum

MEDIWHEEL PKG FOR FEMALE BELOW 40YRS
LIVER FUNCTION TESTS (LFT)

BILIRUBIN-TOTAL (DPO)	H	1.24	mg/dL	0.2 - 1.0
BILIRUBIN-DIRECT (DPO)	H	0.28	mg/dL	0 - 0.2
BILIRUBIN-INDIRECT	H	0.96	mg/dL	0.2 - 0.8
S.PROTEIN-TOTAL (Biuret)		8.1	g/dL	6 - 8.1
ALBUMIN-SERUM (Dye Binding-Bromocresol Green)		4.2	g/dL	
S.GLOBULIN	H	3.9	g/dL	2.8-3.8
A/G RATIO	L	1.08		1.5 - 2.5
ALKALINE PHOSPHATASE (IFCC AMP BUFFER)		84.6	IU/L	42 - 98
ASPARTATE AMINO TRANSFERASE (IFCC)		21.9	IU/L	10 - 42
ALANINE AMINO TRANSFERASE (IFCC)		16.3	IU/L	10 - 40
GAMMA-GLUTAMYLTRANSPEPTID (IFCC)		24.4	IU/L	7 - 35
LACTATE DEHYDROGENASE (IFCC; L-P)		198.9	IU/L	0 - 248
CHOLESTROL-TOTAL (CHO-PD)		151	mg/dL	0 - 160
HDL CHOLESTROL (Enzymatic Immunoinhibition)		64	mg/dL	>45
CHOLESTROL-LDL DIRECT (Enzymatic Selective Protection)		88	mg/dL	0 - 100
S.TRYGLYCERIDES (GPO - PDD)		73	mg/dL	0 - 160
NON-HDL CHOLESTROL		87.0	mg/dL	0 - 125
TOTAL CHOLESTROL / HDL CHOLESTROL		2.4		½ Average Risk <3.3 Average Risk 3.3 - 4.4 2 Times Average Risk 4.5 - 7.1 3 Times Average Risk 7.2-11.0
LDL CHOLESTROL / HDL CHOLESTROL		1.4		½ Average Risk <1.5 Average Risk 1.5-3.2 2 Times Average Risk 3.3-5.0 3 Times Average Risk 5.1-6.1
CHOLESTROL-VLDL		15	mg/dL	10 - 35

Comments:

- Disorders of Lipid metabolism play a major role in atherosclerosis and coronary heart disease.
- There is an established relationship between increased total cholesterol & LDL cholesterol and myocardial infarction.
- HDL cholesterol level is inversely related to the incidence of coronary artery disease.
- Major risk factors which adversely affect the lipid levels are:
 - Cigarette smoking.
 - Hypertension.
 - Family history of premature coronary heart disease.
 - Pre-existing coronary heart disease.

**** End of Report ****
IMPORTANT INSTRUCTIONS

Page 1 of 3

FINAL REPORT

Bill No.	: AFDHC230000187	Bill Date	: 20-01-2023 10:01
Patient Name	: MRS. KASUM LATA	UHID	: AFD000018347
Age / Gender	: 36 Yrs 2 Hrs / FEMALE	Patient Type	: <input type="checkbox"/> If PHC <input type="checkbox"/>
Ref. Consultant	: DR. PHC HEAD	Ward / Bed	: /
Sample ID	: AFD23001691	Current Ward / Bed	: /
		Receiving Date & Time	: 20-01-2023 11:10
		Reporting Date & Time	: 20-01-2023 12:19

CL - Critical Low, CH - Critical High, H - High, L - Low



DR. REETU JADHAV NAGE
MBBS, DCP, DNB (PATHOLOGY)
CONSULTANT PATHOLOGIST

FINAL REPORT

Bill No.	: AFDHC230000187	Bill Date	: 20-01-2023 10:01
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Ref. Consultant	: DR. PHC HEAD	Ward / Bed	: /
Sample ID	: AFD23001691	Current Ward / Bed	: /
		Receiving Date & Time	: 20-01-2023 11:10
		Reporting Date & Time	: 20-01-2023 12:19

Sample Type: Serum

MEDIWHEEL PKG FOR FEMALE BELOW 40YRS
KFT/RFT- KIDNEY/RENAL PANEL 1

BLOOD UREA <small>Urease-GLO, Kinetic</small>		21	mg/dL	15 - 45
CREATININE-SERUM <small>(Modified Jaffe s Kinetic)</small>	L	0.5	mg/dL	0.6 - 1.1
SODIUM-SERUM <small>(Indirect Ion-Selective Electrode)</small>		141	m.mol/L	135 - 145
POTASSIUM-SERUM <small>(Indirect Ion-Selective Electrode)</small>		4.8	m.mol/L	3.5 - 5.1
CHLORIDE-SERUM <small>(Indirect Ion-Selective Electrode)</small>		102	m.mol/L	98 - 107

**** End of Report ****
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Ref. Consultant	: DR. PHC HEAD	Ward / Bed	: /
Sample ID	: AFD23001691	Current Ward / Bed	: /
		Receiving Date & Time	: 20-01-2023 11:10
		Reporting Date & Time	: 20-01-2023 12:19

BIOCHEMISTRY REPORTING

Test (Methodology)	Flag	Result	UOM	Biological Reference Interval
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Sample Type: Serum

MEDIWHEEL PKG FOR FEMALE BELOW 40YRS

CHOLESTROL-TOTAL (CHO-POD)		151	mg/dL	0 - 160
HDL CHOLESTROL <small>Enzymatic Inhibition</small>		64	mg/dL	>45
CHOLESTROL-LDL DIRECT <small>Enzymatic Selective Protection</small>		88	mg/dL	0 - 100
S.TRYGLYCERIDES (GPO - POD)		73	mg/dL	0 - 160
NON-HDL CHOLESTROL		87.0	mg/dL	0 - 125
TOTAL CHOLESTROL / HDL CHOLESTROL		2.4		½Average Risk <3.3 Average Risk 3.3 - 4.4 2 Times Average Risk 4.5 - 7.1 3 Times Average Risk 7.2-11.0
LDL CHOLESTROL / HDL CHOLESTROL		1.4		½Average Risk <1.5 Average Risk 1.5-3.2 2 Times Average Risk 3.3-5.0 3 Times Average Risk 5.1-6.1
CHOLESTROL-VLDL		15	mg/dL	10 - 35

Comments:

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- There is an established relationship between increased total cholesterol & LDL cholesterol and myocardial infarction.
- HDL cholesterol level is inversely related to the incidence of coronary artery disease.
- Major risk factors which adversely affect the lipid levels are:
 1. Cigarette smoking.
 2. Hypertension.
 3. Family history of premature coronary heart disease.
 4. Pre-existing coronary heart disease.

**** End of Report ****
IMPORTANT INSTRUCTIONS

CL - Critical Low, CH - Critical High, H - High, L - Low


DR. REETU JADHAV NAGE
 MBBS, DCP, DNB (PATHOLOGY)
 CONSULTANT PATHOLOGIST



FINAL REPORT

Bill No.	: AFDHC230000187	Bill Date	: 20-01-2023 10:01
Patient Name	: MRS. KASUM LATA	UHID	: AFD000018347
Age / Gender	: 36 Yrs 3 Hrs / FEMALE	Patient Type	: If PHC :
Ref. Consultant	: DR. PHC HEAD	Ward / Bed	: /
Sample ID	: AFD23001713	Current Ward / Bed	: /
		Receiving Date & Time	: 20-01-2023 12:58
		Reporting Date & Time	: 20-01-2023 13:49

CLINICAL PATH REPORTING

Test (Methodology)	Flag	Result	UOM	Biological Reference Interval
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Sample Type: Urine

MEDIWHEEL PKG FOR FEMALE BELOW 40YRS

URINE, ROUTINE EXAMINATION

PHYSICAL EXAMINATION

QUANTITY		40 mL		
COLOUR		Pale yellow		Pale Yellow
TURBIDITY		Turbid		

CHEMICAL EXAMINATION

PH (Double pH indicator method)		6.5		5.0 - 8.5
PROTEINS (Protein-error-of-indicators)		Negative		Negative
SUGAR (GOD POB Method)		Negative		Negative
SPECIFIC GRAVITY, URINE (Apparent pKa change)		1.010		1.005 - 1.030

MICROSCOPIC EXAMINATION

LEUCOCYTES		Many	/HPF	0 - 5
RBC's		12-15		
EPITHELIAL CELLS		15-20		
CASTS		Nil		
CRYSTALS		Nil		

**** End of Report ****

IMPORTANT INSTRUCTIONS

CL - Critical Low, CH - Critical High, H - High, L - Low

DR. REETU JADHAV NAGE
MBBS, DCP, DNB (PATHOLOGY)
CONSULTANT PATHOLOGIST

DEPARTMENT OF RADIO-DIAGNOSIS & IMAGING

Report : XRAY

Patient Name	: MRS. KASUM LATA	IPD No.	:	
Age	: 36 Yrs 2 Hrs	UHID	:	AFD000018347
Gender	: FEMALE	Bill No.	:	AFDHC230000187
Ref. Doctor	: DR. PHC HEADAsian Fidelis	Bill Date	:	20-01-2023 10:01:15
Ward	:	Room No.	:	
		Print Date	:	20-01-2023 13:21:59

CHEST PA VIEW:

Cardiac shadow appears normal.

Both lung fields appear clear.

Both domes of diaphragm and both CP angles are clear.

Both hila appear normal.

Soft tissues and bony cage appear normal.

Please correlate clinically.

.....End of Report.....



DR. BHANOO CHAUDHARY, MBBS, MD
CONSULTANT

Prepare By.
BHANOO

Note : The information in this report is based on interpretation of images. This report is not the diagnosis and should be correlated with clinical details and other investigation.

DEPARTMENT OF RADIO-DIAGNOSIS & IMAGING

Report : ULTRASOUND

Patient Name	: MRS. KASUM LATA	IPD No.	:	
Age	: 36 Yrs	UHID	:	AFD000018347
Gender	: FEMALE	Bill No.	:	AFDHC230000187
Ref. Doctor	: DR. PHC HEAD Asian Fidelis	Bill Date	:	20-01-2023 10:01:15
Ward	:	Room No.	:	
		Print Date	:	20-01-2023 11:06:57

USG WHOLE ABDOMEN

FINDINGS:

- Liver is normal in size (longitudinal span 12.8 cm), contour and echotexture. No evidence of any focal lesion is seen. No dilated intrahepatic biliary radicles are seen. Common duct and portal vein are normal in course and caliber.
- The gall bladder is partially contracted (? Post-prandial status).
- *Visualized Pancreas is normal in size and parenchymal echogenicity. Rest of the pancreas and retroperitoneal structures are obscured by overlying bowel gas shadows.*
- Spleen is normal in size and echo pattern with no focal lesion.
- Right kidney is normal in size, shape and position. The right kidney measures ~ 10.5 x 4.2 cm. **The left kidney is enlarged in size and measures ~ 12.0 x 4.9 cm. Adv. KFT correlation.** No evidence of any hydronephrosis is noted on either side. Normal corticomedullary differentiation is maintained bilaterally. The cortical thickness is within normal limits. No focal lesion/calculus noted in either kidney.
- The Urinary Bladder is well distended and shows anechoic contents. No focal lesion/calculus seen. There is no evidence of any obvious intraluminal or perivesical pathology.
- Uterus is anteverted and is normal in size measuring ~ 8.6 x 3.7 x 4.8 cm. The endometrium measures ~ 5.9 mm and appears normal. The uterine cavity is empty. The cervical endometrium is thin and regular. **An intramural subserosal fibroid of size ~ 2.2 x 1.5 cm is seen in the posterior myometrium. Adv. TVS scan for further evaluation.**
- Both ovaries are normal in size and echotexture. Right ovary measures 2.6 x 2.1 cm. Left ovary measures 2.0 x 1.7 cm.
- No ascites/retroperitoneal lymphadenopathy/pleural effusion.

IMPRESSION:

- **Enlarged left kidney. Adv. KFT correlation.**
- **Posterior wall uterine fibroid as described. Adv. TVS for further evaluation.**

Please correlate clinically.

.....End of Report.....



Prepare By.
BHANOO

DR. BHANOO CHAUDHARY, MBBS, MD
CONSULTANT

Note : The information in this report is based on interpretation of images. This report is not the diagnosis and should be correlated with clinical details and other investigation.

Mrs Kusum Lata
ID: Opd

18.01.2023 11:41:30
ASIAN FIDELIS HOSPITAL
SEC-89 FARIDABAD HARYANA
RPS CITY

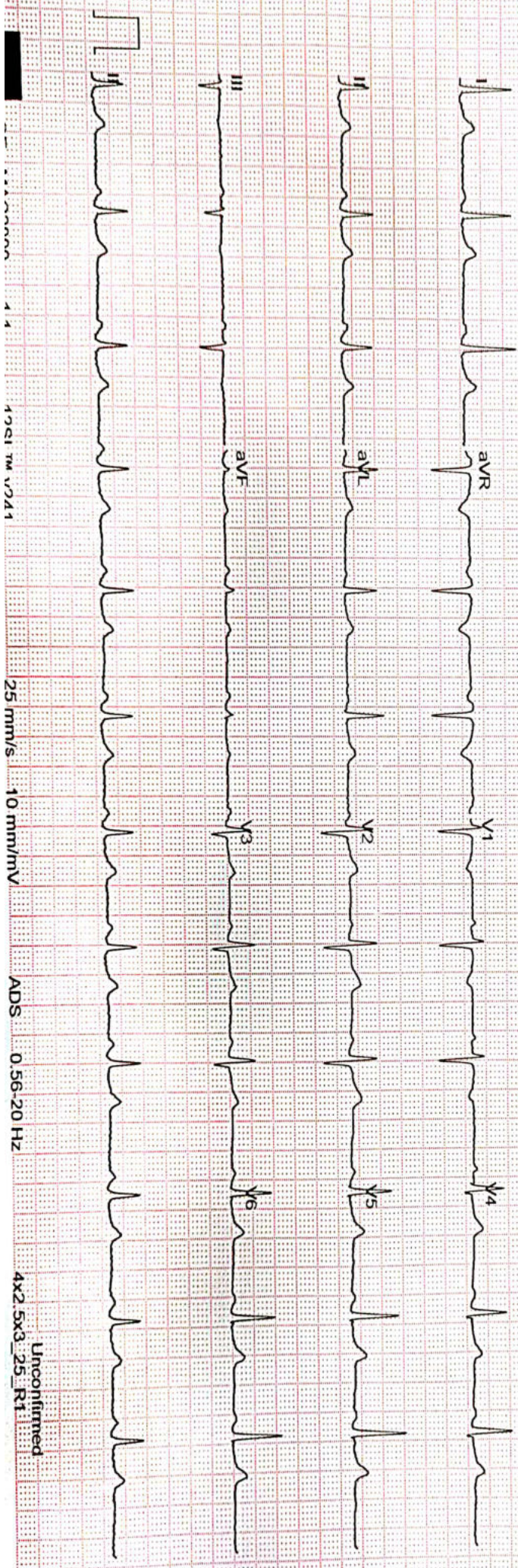
Location:
Room:
Order Number:
Indication:
Medication 1:
Medication 2:
Medication 3:

Technician:
Ordering Ph:
Referring Ph:
Attending Ph:

72 bpm
— / — mmHg

QRS : 66 ms
QT / QTcBaz : 382 / 418 ms
PR : 134 ms
P : 94 ms
RR / PP : 830 / 833 ms
P / QRS / T : 40 / 9 / 23 degrees

Normal sinus rhythm
Minimal voltage criteria for LVH, may be normal variant
Borderline ECG



1251 TM V241

25 mm/s 10 mm/mV

ADS 0.56-20 Hz

4x2.5x3.25 R1

Unconfirmed

1/1

OPD Assessment Form (First visit/Follow-up)



Name : MRS. KASUM LATA
 HUSBAND : SINGH MANPHOOL
 Age / Gender : 36 Yrs 4 Hrs / FEMALE
 CPG : CASHVAIMS2122_FD
 Inst. Name :
 Address : PALWAL, FARIDABAD, HARYANA, INDIA, Zip No.-121102

UHID No. : AFD000018347
 Date : 20-01-2023 15:34:48
 Doctor / Unit : DR. CHANCHAL GUPTA / DR. MALA DIXIT /
 Department : OBS / GYNAE

Present Complaints:

C/O Menorrhagia - 3mt

UMP -> 28-12-2022

Postmenstrual spotting

MH -> 3-4 days of flow
 26-30

Past/Family History:

flb postmenstrual spotting

On 13-13 - ALL NVD

B/L Breast - NAD

History Given By : LIB-24

Clinical Findings :

K1110 Hypothyroidism
 on Tal Thyronorm
 50mg od.

PA - soft

PS - Cervical erosion +
 Bleeds on touch

Operated for Renal Stone in 2016

PV. Ut N/C FIM Rx pre-

Provisional Diagnosis :

Laparoscopic tubectomy - 1 yr back

DR. CHANCHAL GUPTA / DR. MALA DIXIT, MBBS, DNB, FMAS, FICOG, Sr. Consultant & Head-OBS / GYNAE, Reg. No:HN

Note :

Nature of illness, prognosis, potential side effects of medication used, risk of allergic reaction, need for follow-up & monitoring has been explained to the Patient/attendants in their own language.

WHEN TO OBTAIN URGENT CARE : In case high grade fever, recurrent vomiting, profuse diarrhea, severe oral ulcers, skin rash breathlessness, dizziness, loss of consciousness, bleeding from any site or new relevant/ alarming symptom

Investigations Advised :

201-23

USG - An intramural-subserosal fibroid of 2.2x1.5 cms in posterior myometrium
BIL Ovaries (N)

Plan Of Care :

Paps smear

Treatment Advice:

Advice

- Cansept CL vaginal pessary 1x1x1 PV x 3 days
- Paps smear - Pt refused today.
- Tab Doxy 100mg . . . }
- Tab Cindemylin 300mg . . . }
- ★ Tab Drotin 800 for pain x 7 days
- Tab Pan 40mg . (BBT) x 7 days
- R/A 7 days

[Signature]
(DR. MANISH)

Nutritional Screening : Required (If required, please contact, the dietician)
Not Required

Signature of Doctor / Consultant:..... Date:..... Time:.....

FINAL REPORT

Bill No.	: AFBCB230000223	Bill Date	: 20-01-2023 13:58
Patient Name	: MRS. KASUM LATA	UHID	: AFD000018347
Age / Gender	: 36 Yrs 6 Hrs / FEMALE	Patient Type	: <input type="checkbox"/> If PHC <input type="checkbox"/>
Ref. Consultant	: DR. PHC HEAD	Ward / Bed	: /
Sample ID	: AFB23023278	Current Ward / Bed	: /
		Receiving Date & Time	: 20-01-2023 14:40
		Reporting Date & Time	: 20-01-2023 16:52

SEROLOGY REPORTING

Test (Methodology)	Flag	Result	UOM	Biological Reference Interval
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Sample Type: Serum

*THYROID PROFILE (FT3+FT4+TSH)

FREE-TRI IODO THYRONINE (FT3) (ECLIA)		2.33	pg/mL	2.0-4.4
FREE -THYROXINE (FT4) (ECLIA)		1.08	ng/dL	0.9-1.7
THYROID STIMULATING HORMONE (TSH) (ECLIA)	H	7.70	mIU/L	0.27-4.20

**** End of Report ****

IMPORTANT INSTRUCTIONS

CL - Critical Low, CH - Critical High, H - High, L - Low

DR. RAMESH CHANDNA
MD, MICROBIOLOGY, PGDHHM
Chairman (Quality, Safety, LAB Services
& Blood Bank)

DR. UMA RANI
MD, PATHOLOGY
DIRECTOR

Shilpa
DR. SHILPA GUPTA
MD, PATHOLOGY
Associate Director

DR. SHARMILA RAI
MD, PATHOLOGY
Consultant

FINAL REPORT

Bill No.	: AFBCB230000223	Bill Date	: 20-01-2023 13:58
Patient Name	: MRS. KASUM LATA	UHID	: AFD000018347
Age / Gender	: 36 Yrs 1 Days / FEMALE	Patient Type	: <input type="checkbox"/> If PHC <input type="checkbox"/>
Ref. Consultant	: DR. PHC HEAD	Ward / Bed	: /
Sample ID	: AFB23023277	Current Ward / Bed	: /
		Receiving Date & Time	: 20-01-2023 14.40
		Reporting Date & Time	: 21-01-2023 12:57

HAEMATOLOGY REPORTING

Test (Methodology)	Flag	Result	UOM	Biological Reference Interval
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Sample Type: EDTA Whole Blood

*GLYCATED HAEMOGLOBIN (HBA1C)

HBA1C (HPLC)		5.2	%	4.27 - 6.07
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INTERPRETATION:

HbA1c %	Degree of Glucose Control
>8%	Action suggested due to high risk of developing long term complications like Retinopathy, Nephropathy, Cardiopathy and Neuropathy
7.1 - 8.0	Fair Control
<7.0	Good Control

- Note:
- 1.A three monthly monitoring is recommended in diabetics.
 - 2.Since HbA1c concentration represents the integrated values for blood glucose over the preceding 6 - 10 weeks and is not affected by daily glucose fluctuation, exercise and recent food intake, it is a more useful tool for monitoring diabetics.

**** End of Report ****

IMPORTANT INSTRUCTIONS

CL - Critical Low, CH - Critical High, H - High, L - Low

DR. RAMESH CHANDNA
MD, MICROBIOLOGY, PGDHMM
Chairman (Quality, Safety, LAB Services & Blood Bank)

DR. UMA RANI
MD, PATHOLOGY
DIRECTOR

DR. SHILPA GUPTA
MD, PATHOLOGY
Associate Director

Sharmila Rai
DR. SHARMILA RAI
MD, PATHOLOGY
Consultant

FINAL REPORT

Bill No.	: AFDHC230000187	Bill Date	: 20-01-2023 10:01
Patient Name	: MRS. KASUM LATA	UHID	: AFD000018347
Age / Gender	: 36 Yrs 1 Days / FEMALE	Patient Type	: <input type="checkbox"/> If PHC <input type="checkbox"/>
Ref. Consultant	: DR. PHC HEAD	Ward / Bed	: /
Sample ID	: AFD23001720	Current Ward / Bed	: /
		Receiving Date & Time	: 20-01-2023 13:06
		Reporting Date & Time	: 21-01-2023 10:54

BLOOD BANK REPORTING

Test (Methodology)	Flag	Result	UOM	Biological Reference Interval
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Sample Type: EDTA Whole Blood

MEDIWHEEL PKG FOR FEMALE BELOW 40YRS

BLOOD GROUP (ABO & RH)

ABO GROUP	"O"
RH TYPE	POSITIVE

Forward grouping done by Slide method.

**** End of Report ****

IMPORTANT INSTRUCTIONS

CL - Critical Low, CH - Critical High, H - High, L - Low



DR. REETU JADHAV NAGE
 MBBS, DCP, DNB (PATHOLOGY)
 CONSULTANT PATHOLOGIST

FINAL REPORT

Bill No. :	AFDHC230000187	Bill Date :	20-01-2023 10:01
Patient Name :	MRS. KASUM LATA	UHID :	AFD000018347
Age / Gender :	36 Yrs 2 Hrs / FEMALE	Patient Type :	If PHC :
Ref. Consultant :	DR. PHC HEAD	Ward / Bed :	/
Sample ID :	AFD23001691	Current Ward / Bed :	/
		Receiving Date & Time :	20-01-2023 11:10
		Reporting Date & Time :	20-01-2023 12:19

BIOCHEMISTRY REPORTING

Test (Methodology)	Flag	Result	UOM	Biological Reference Interval
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Sample Type: Serum

MEDIWHEEL PKG FOR FEMALE BELOW 40YRS
LIVER FUNCTION TESTS (LFT)

BILIRUBIN-TOTAL (DPD)	H	1.24	mg/dL	0.2 - 1.0
BILIRUBIN-DIRECT (DPD)	H	0.28	mg/dL	0 - 0.2
BILIRUBIN-INDIRECT	H	0.96	mg/dL	0.2 - 0.8
S.PROTEIN-TOTAL (Biuret)		8.1	g/dL	6 - 8.1
ALBUMIN-SERUM (Dye Binding-Bromocresol Green)		4.2	g/dL	
S.GLOBULIN	H	3.9	g/dL	2.8-3.8
A/G RATIO	L	1.08		1.5 - 2.5
ALKALINE PHOSPHATASE (IFCC AMP BUFFER)		84.6	IU/L	42 - 98
ASPARTATE AMINO TRANSFERASE (IFCC)		21.9	IU/L	10 - 42
ALANINE AMINO TRANSFERASE (IFCC)		16.3	IU/L	10 - 40
GAMMA-GLUTAMYLTRANSPEPTID (IFCC)		24.4	IU/L	7 - 35
LACTATE DEHYDROGENASE (IFCC; L-P)		198.9	IU/L	0 - 248
CHOLESTROL-TOTAL (CHO-POD)		151	mg/dL	0 - 160
HDL CHOLESTROL (Enzymatic Immuno-inhibition)		64	mg/dL	>45
CHOLESTROL-LDL DIRECT (Enzymatic Selective Protection)		88	mg/dL	0 - 100
S.TRYGLYCERIDES (GPO - POD)		73	mg/dL	0 - 160
NON-HDL CHOLESTROL		87.0	mg/dL	0 - 125
TOTAL CHOLESTROL / HDL CHOLESTROL		2.4		½Average Risk <3.3 Average Risk 3.3 - 4.4 2 Times Average Risk 4.5 - 7.1 3 Times Average Risk 7.2-11.0
LDL CHOLESTROL / HDL CHOLESTROL		1.4		½Average Risk <1.5 Average Risk 1.5-3.2 2 Times Average Risk 3.3-5.0 3 Times Average Risk 5.1-6.1
CHOLESTROL-VLDL		15	mg/dL	10 - 35

Comments:

- Disorders of Lipid metabolism play a major role in atherosclerosis and coronary heart disease.
- There is an established relationship between increased total cholesterol & LDL cholesterol and myocardial infarction.
- HDL cholesterol level is inversely related to the incidence of coronary artery disease.
- Major risk factors which adversely affect the lipid levels are:
 - Cigarette smoking.
 - Hypertension.
 - Family history of premature coronary heart disease.
 - Pre-existing coronary heart disease.

**** End of Report ****
IMPORTANT INSTRUCTIONS



FINAL REPORT

Bill No.	: AFDHC230000187	Bill Date	: 20-01-2023 10:01
Patient Name	: MRS. KASUM LATA	UHID	: AFD000018347
Age / Gender	: 36 Yrs 2 Hrs / FEMALE	Patient Type	: <input type="checkbox"/> PHC <input type="checkbox"/>
Ref. Consultant	: DR. PHC HEAD	Ward / Bed	: /
Sample ID	: AFD23001691	Current Ward / Bed	: /
		Receiving Date & Time	: 20-01-2023 11:10
		Reporting Date & Time	: 20-01-2023 12:19

CL - Critical Low, CH - Critical High, H - High, L - Low



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FINAL REPORT

Bill No.	: AFDHC230000187	Bill Date	: 20-01-2023 10:01
Patient Name	: MRS. KASUM LATA	UHID	: AFD000018347
Age / Gender	: 36 Yrs 2 Hrs / FEMALE	Patient Type	: <input type="checkbox"/> If PHC <input type="checkbox"/>
Ref. Consultant	: DR. PHC HEAD	Ward / Bed	: /
Sample ID	: AFD23001691	Current Ward / Bed	: /
		Receiving Date & Time	: 20-01-2023 11:10
		Reporting Date & Time	: 20-01-2023 12:19

Sample Type: Serum

MEDIWHEEL PKG FOR FEMALE BELOW 40YRS
KFT/RFT- KIDNEY/RENAL PANEL 1

BLOOD UREA <small>Urease-GLDH Kinetic</small>		21	mg/dL	15 - 45
CREATININE-SERUM <small>(Modified Jaffe s Kinetic)</small>	L	0.5	mg/dL	0.6 - 1.1
SODIUM-SERUM <small>(Indirect Ion-Selective Electrode)</small>		141	m.mol/L	135 - 145
POTASSIUM-SERUM <small>(Indirect Ion-Selective Electrode)</small>		4.8	m.mol/L	3.5 - 5.1
CHLORIDE-SERUM <small>(Indirect Ion-Selective Electrode)</small>		102	m.mol/L	98 - 107
GLUCOSE-PLASMA (FASTING) <small>(UV Hexokinase)</small>		85.6	mg/dL	70 - 100

Note: A diagnosis of diabetes mellitus is made if fasting blood glucose exceeds 126 mg/dL.
 (As per American Diabetes Association recommendation)

**** End of Report ****
IMPORTANT INSTRUCTIONS

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FINAL REPORT

Bill No.	: AFDHC230000187	Bill Date	: 20-01-2023 10:01
Patient Name	: MRS. KASUM LATA	UHID	: AFD000018347
Age / Gender	: 36 Yrs 4 Hrs / FEMALE	Patient Type	: If PHC :
Ref. Consultant	: DR. PHC HEAD	Ward / Bed	: /
Sample ID	: AFD23001737	Current Ward / Bed	: /
		Receiving Date & Time	: 20-01-2023 14:16
		Reporting Date & Time	: 20-01-2023 15:21

BIOCHEMISTRY REPORTING

Test (Methodology)	Flag	Result	UOM	Biological Reference Interval
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Sample Type: Plasma

MEDIWHEEL PKG FOR FEMALE BELOW 40YRS

GLUCOSE-PLASMA (POST PRANDIAL) (UV Hexokinase)	H	153.1	mg/dL	70 - 140
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Note: A diagnosis of diabetes mellitus is made if 2 hour post load glucose exceeds 200 mg/dL.
 (As per American Diabetes Association recommendation)

**** End of Report ****
IMPORTANT INSTRUCTIONS

CL - Critical Low, CH - Critical High, H - High, L - Low


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