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Dr. Animesh Choudhary
MD (Internal Medicine), FCC, FAGE, PGDC, PGCDM, PGDDI
Ex Physician - AIIMS, New Delhi, Fortis Escorts Raipu
Reg. No. CGMC 3583/201
• मधुमेह • वातरोग • गठियारोग • हृदयरोग • थायराइड • श्वसन रोग • दमा • मोटाप

Mrs Rina Kaushik 4741F 10/02/24

Ht - 148 cm
Wt - 73 kg
BP - 120/80
P - 100 b/m

for Regular chkup
No HTN DM / HPL

CBC - 12.4/4.5/6.35/138
ESR - 20
HBA1c - 5.6
FBS - 90, PP - 132
Creat - 0.93
Urea - 09
Lipid - 163/94/44/100
LFT - 18/23/71
USG. GPPL

℞
- Cap Metformin SR 500 mg 1/2 OD 30 cl
- Low carb diet
- duly exercise

Dr. Animesh Choudhary
MD Medicine
Reg. No. CGMC 3583/2011
Apollo Clinic Raipur

APOLLO RAIPUR CLINIC

Dr. Sweety Lath
BDS (Cosmetic Dental Surgeon)

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Dr. Vivek Lath
Chief Dental Consultant
BDS, MDS, Diplomate (WCOI, Japan)
Professor, MCDRC - Durg
Reg. No. CGDC/14/PG/45

• Consult for : Digital Dentistry • Fixed Teeth • RCT • Dental Implants • Gums Diseases • Dentures • Cosmetic Filling • Tooth Jewellery
• Digital OPG • Braces Treatment • Tooth Removal • Kids Dental Treatment • All Kind of Dental Surgeries

Mrs. Rina Kaushik 10/2/24
47/F

Pt has came for routine checkup.

O/E → ~~Stains~~ +
calculus +
Occlusal Pit, Caries - 8/8 / 8/8

Adv → Oral Prophylaxis
Restoration - 8/8 / 4/8

Yp

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ID: 153
MRS RINA KAUSHIK
Female 47Years

10-02-2024 10:59:39 AM

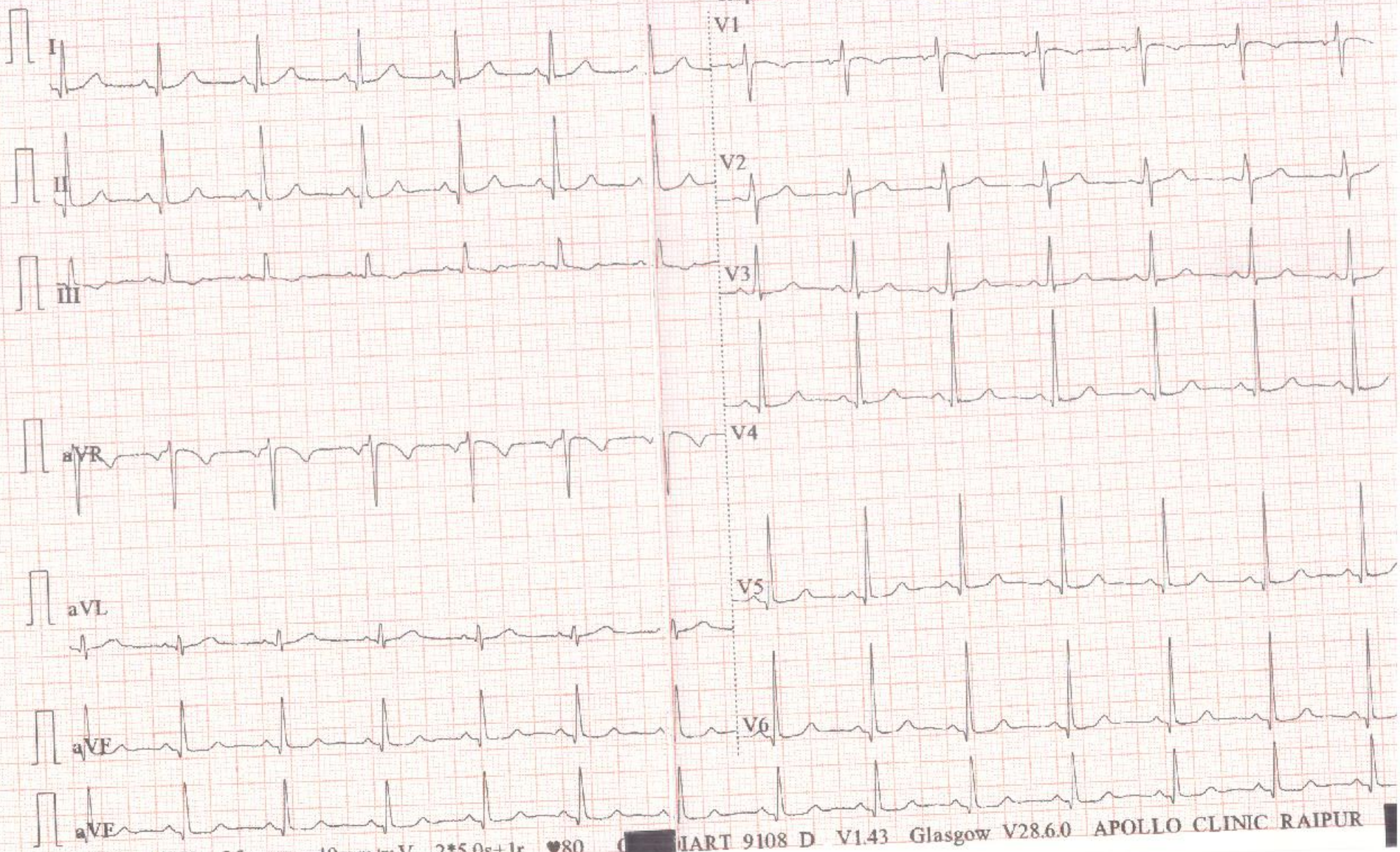
HR	: 80	bpm
P	: 94	ms
PR	: 124	ms
QRS	: 82	ms
QT/QTc	: 372/430	m
P/QRS/T	: 46/50/22	
RV5/SV1	: 1.672/0.682	m

Diagnosis Information:
Sinus rhythm
Normal ECG

Dr. Animesh Choudhary
MD Medicine
Reg. No. CGMC 3583/2011
Apollo Clinic, Raipur

APOLLO CLINIC RAIPUR

Report Confirmed by



0.05~45Hz AC50 25mm/s 10mm/mV 2*5.0s+1r ♥80 [redacted] IART 9108 D V1.43 Glasgow V28.6.0 APOLLO CLINIC RAIPUR

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NAME OF PATIENT: MRS. RINA KAUSHIK **AGE: 47YRS /FEMALE**

REFERRED BY: BOB **DATE: 10/02/2024.**

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 RAIPUR CLINIC

Dr. Zeeshan Ateeb Dani
MBBS, MD
Consultant Radiologist
Reg. No. CGMC- 2324/20

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. This report is not for medico-legal purposes.

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EXAMINATION OF EYES :-(BY OPHTALMOLOGIST)

Patient Name Mrs. Rina Koushik Date 10/02/23

Sex/Age 47/Fe MR No ..... Employee Id .....

EXTERNAL EXAMINATION		
SQUINT	NO	
NYSTAGMUS		
COLOUR VISION	NORMAL	
FUNDUS:(RE):-	WNL	(LE):- WNL
INDIVIDUAL COLOUR IDENTIFICATION	Good	
DISTANT VISION:(RE):-	6/60 E 6/6	(LE):- 6/60 E 6/6
NEAR VISION:(RE):-	N12 E 6/6	(LE):- N12 E 6/6
NIGHT BLINDNESS	NAD	

	SPH	CYL	AXIS	ADD
RIGHT	− 3.50	—	—	+1.75
LEFT	− 3.0	—	—	+1.75

REMARKS :-

APOLLO CLINIC RAIPUR

Dr. [illegible]
MBBS,MS(Ophthalmologist)
Reg. No. CGMC 621/2006

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Patient Name	: Mrs.RINA KAUSHIK	Collected	: 10/Feb/2024 05:43PM
Age/Gender	: 47 Y 0 M 0 D /F	Received	: 10/Feb/2024 05:47PM
UHID/MR No	: DSUS.0000006369	Reported	: 10/Feb/2024 06:45PM
Visit ID	: DSUSOPV7420	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)	1.23	ng/mL	0.6-1.81	CLIA
THYROXINE (T4, TOTAL)	8.70	µg/dL	3.2-12.6	CLIA
THYROID STIMULATING HORMONE (TSH)	3.180	µlU/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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Patient Name	: **MRS RINA KAUSHIK**	**Age/Gender**	: 47 Y. Female
UHID/ MR No	: 9060	**OP Visit No**	: **OPD-UNIT-II-2**
Visit Date	: 10/02/2024	**Reported On**	: 10/02/2024 06:52PM
Sample Collected On	: 10/02/2024 12:17PM		
Ref. Doctor	: **SELF**		
Sponsor Name	:		

CLINICAL PATHOLOGY

Investigation	Observed Value	Unit	Biological Reference Interval
Stool Examination :			
TEST	**RESULT**		
Physical Examination			
Colour	Brownish		
Consistancy	Semi-solid		
Mucus	Absent		
Blood	Absent		
Microscopic Examination			
Pus Cells	2 - 4	/ Hpf	
RBC cells	Absent	/ Hpf	
Ova	Not Found		
Epithelial cells	1- 2 /hpf		
Cyst	Not Found		
Chemical Examination			
Occult Blood	Negative		
Reducing substance	Negative		

End of Report
Results are to be corelated clinically

Lab Technician / Technologist
path

DR DHANANJAY RAMCHANDRA PRASA
M.D. PATHOLOGY

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Visit Date	: 10/02/2024	**Reported On**	: 10/02/2024 04:30PM
Sample Collected On	: 10/02/2024 12:17PM		
Ref. Doctor	: **SELF**		
Sponsor Name	:		

HAEMATOLOGY

Investigation	Observed Value	Unit	Biological Reference Interval
CBC - COMPLETE BLOOD COUNT			
Haemoglobin(HB) Method: CELL COUNTER	12.4	gm/dl	12 - 16
Erythrocyte (RBC) Count Method: CELL COUNTER	4.51	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	82.5	fL	76.00 - 100
MCH (Mean Corpuscular Haemoglobin) Method: CELL COUNTER	27.5	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	13.6	%	11- 16
Total Leucocytes (WBC) Count Method: CELL COUNTER	6.35	cells/cumm	3.50 - 11.00
Neutrophils Method: CELL COUNTER	65	%	40.0 - 73.0
Lymphocytes Method: CELL COUNTER	25	%	15.0 - 45.0
Monocytes	06	%	4.0 - 12.0
Eosinophils Method: CELL COUNTER	04	%	1-6%
Basophils Method: CELL COUNTER	00	%	0.0 - 2.0

End of Report

Results are to be corelated clinically

Lab Technician / Technologist

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HAEMATOLOGY

Investigation	Observed Value	Unit	Biological Reference Interval
Platelet Count	138	lacs/cu.mm	150-400

Method: CELL COUNTER

1. As per the recommendation of International council for Standardization in Hematology, the differential leucocyte counts are additionally being reported as absolute numbers of each cell in per unit volume of blood.
2. Test conducted on EDTA whole blood.

End of Report

Results are to be corelated clinically

Lab Technician / Technologist

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HAEMATOLOGY

Investigation	Observed Value	Unit	Biological Reference Interval
ESR- Erythrocyte Sedimentation Rate	20	mm /HR	0 - 20

Method: Westergren's Method

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. Also increased in pregnancy, multiple myeloma, menstruation & hypothyroidism

Blood Group (ABO Typing)

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

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BIO CHEMISTRY

Investigation	Observed Value	Unit	Biological Reference Interval
HbA1c (Glycosalated Haemoglobin)	5.6	%	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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BIO CHEMISTRY

Investigation	Observed Value	Unit	Biological Reference Interval
GLUCOSE - (POST PRANDIAL)			
Glucose -Post prandial Method: REAGENT GRADE WATER	132.0	mg/dl	70-140
GLUCOSE (FASTING)			
Glucose- Fasting SUGAR REAGENT GRADE WATER	90.0	mg/dl	70 - 120
KFT - RENAL PROFILE - SERUM			
BUN-Blood Urea Nitrogen METHOD: Spectrophotometric	09	mg/dl	7 - 20
Creatinine METHOD: Spectrophotometric	0.93	mg/dl	0.6-1.4
Uric Acid Method: Spectrophotomatric	3.1	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	163.0	mg/dl	Desirable: < 200 Borderline High: 200-239 High: >= 240
Triglycerides level	94.0	mg/dl	Normal : < 150 Borderline High : 150-199 Very High : >=500
Method: Spectrophotomatric HDL Cholesterol	44.0	mg/dl	Major risk factor for heart disease: < 40 Negative risk factor for heart disease :>60
Method: Spectrophotomatric LDL Cholesterol	100.20	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	18.80	mg/dl	6 - 38
Total Cholesterol/HDL Ratio Methode: Spectrophotometric	3.70		3.5 - 5

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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	18	U/L	0 - 32
SGPT (ALT) Method: Spectrophotometric	23	U/L	0 - 33
ALKALINE PHOSPHATASE	71	U/L	25-147
Total Proteins Method: Spectrophotometric	6.8	g/dl	6 - 8
Albumin Method: Spectrophotometric	4.3	mg/dl	3.4 - 5.0
Globulin Mathod: Calculated	2.5	g/dl	1.8 - 3.6
A/G Ratio Mathod: Calculated	1.72	%	1.1 - 2.2

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CLINICAL PATHOLOGY

Investigation	Observed Value	Unit	Biological Reference Interval
URINE ROUTINE EXAMINATION			
Budding yeast	Not Seen	/hpf	
Physical Examination			
Chemical Examination			
Microscopic Examination			
Volum of urine			
RBC (Urine)	0-1	/hpf	0 - 2
Specific Gravity	1.020		1.001 - 1.030
Reaction (pH)	6.0		
Nitrite (Urine)	Absent		Absent
Bilirubin Urine	Absent		Absent
Ketone Urine	Absent		Absent
Leukocytes	Absent		Absent
Blood	Absent		Absent
Glucose(Sugar) Urine	Absent		Absent
Protein(Albumin) Urine	Absent		Absent
Urobilinogen	Absent		Absent
Appearance	Clear		Clear
Crystals	Not Seen	/hpf	Not Seen
Bacteria	Not Seen	/hpf	Not Seen
Pus cells	4-6	/hpf	0 - 5
Epithelial Cell	2-4	/hpf	0 - 5
Colour	Pale Yellow		Colourless

End of Report

Results are to be corelated clinically

Lab Technician / Technologist

path

DR DHANANJAY RAMCHANDRA PRASA
M.D. PATHOLOGY

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PATIENT NAME: MRS. RINA KAUSHIK	AGE / SEX: 47 Y/F
REF BY: BOB	DATE: 10/02 /2024

SONOGRAPHY BILATERAL BREASTS

FINDINGS:

- Both breast tissues are symmetrical and appear normal in size and echotexture.
- No evidence of any focal mass lesion or any collection seen.
- Nipple, areola and subareolar region also appear normal.
- Bilateral axilla visualised normal without any evidence of lymphadenopathy.

IMPRESSION:

- **USG BREAST WITHIN NORMAL LIMITS.**

Advised clinical correlation and further evaluation.

APOLLO RAIPUR CLINIC

Dr. Zeeshan Ateeb Dani
MBBS, MD
Consultant Radiologist
Reg. No. CGMC- 2324/2009

DR. ZEESHAN ATEEB DANI

(MD)
CONSULTANT RADIOLOGIS

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. Sex of the fetus is not determined here. This report is not for medico-legal purposes.

*Only large obvious hypo/anechoic mass lesion can be diagnosed by USG. Mammography/breast MRI are much more sensitive and specific imaging modalities for evaluation of breast parenchyma & breast lesion. Advised further evaluation with these imaging modalities if clinically indicated/strong suspicion of breast lesion.

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ECHOCARDIOGRAPHY REPORT

NAME : MRS. RINA KAUSHIK	Age/Sex: 47Yrs/Female	ECG : Sinus Rhythm
OPD/ IPD : OPD	STUDY DATE: 10/02/2024	REGN. NO. : FRAI.0000
Ref.By Dr : BOB		

M-MODE MEASUREMENTS:-

	Patient Value (cm)	Normal Value (cm)		Patient Value (cm)	Normal Value (cm)
AorticRoot Diameter	2.7	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	3.1	1.9 – 4.0	RA Dimension	---	2.6
LVID(D)	3.7	3.7 – 5.5	RV Dimension	---	2.6
LVID(s)	2.3	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.
LV DIASTOLIC DYSFUNCTION GRADE I
NO I/C CLOT VEGITATION OR PERICARDIAL EFFUSION.

APOLLO RAIPUR CLINIC

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

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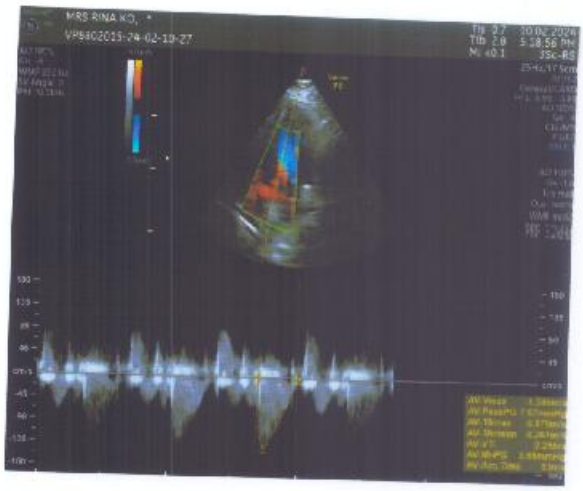

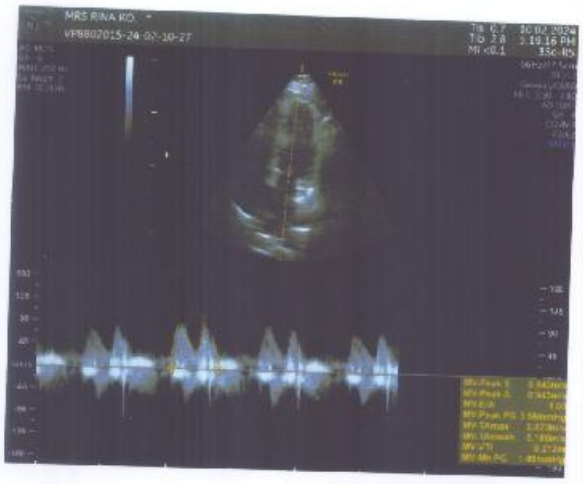

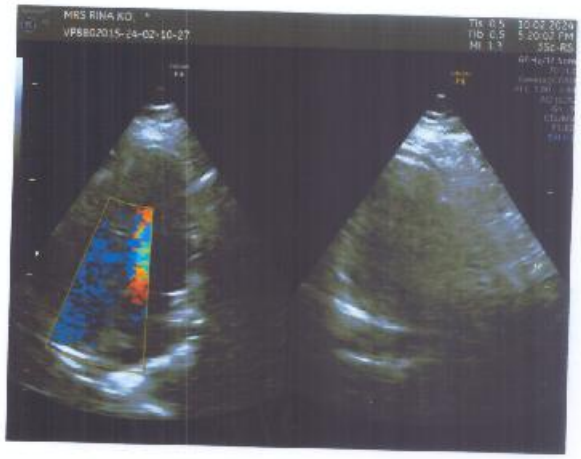

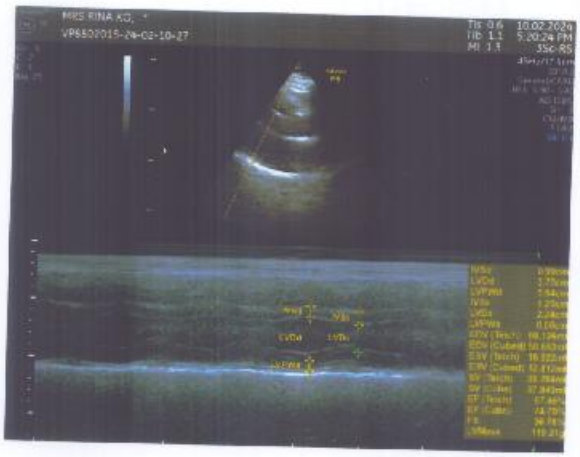

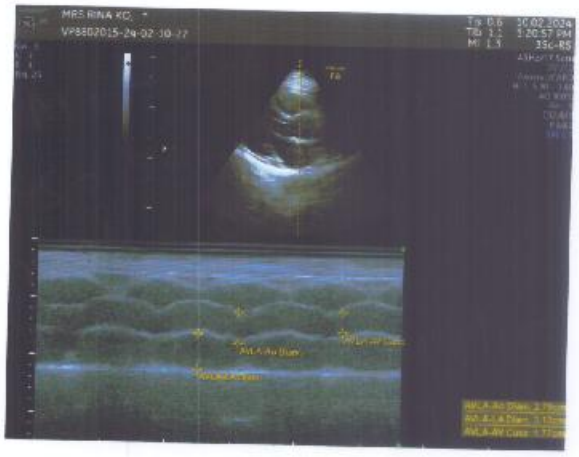

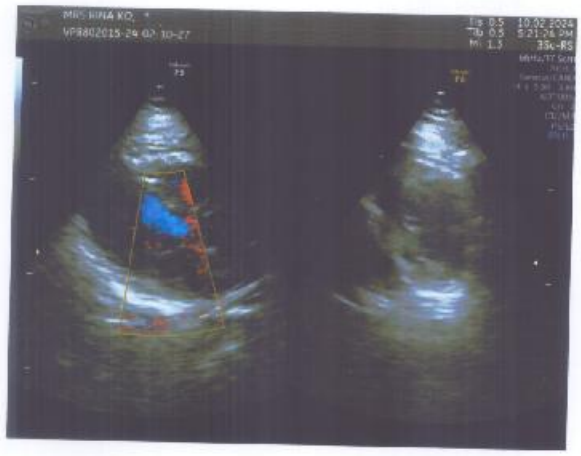

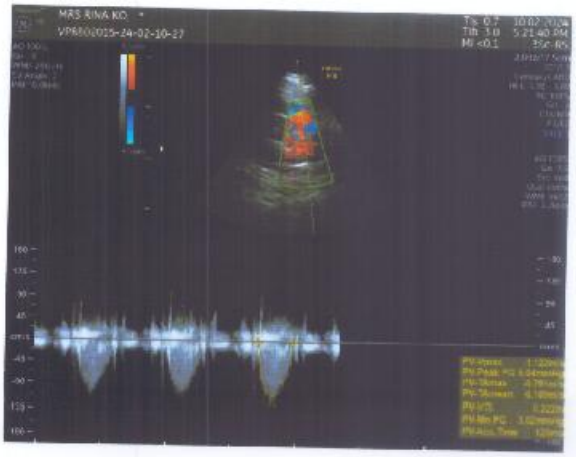

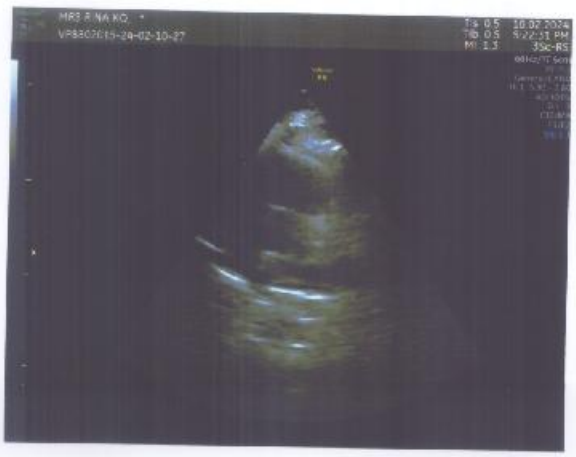

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PATIENT NAME: MRS . RINA KAUSHIK
AGE / SEX: 47 YRS/F
REF BY: BOB
DATE: 10.02.2024

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	9.72X3.99Cm	10.26x4.29Cm
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 (9.11 x 4.34 x 3.83 cm, Vol. – 79.288 cc) and echotexture. Endometrial thickness 2.8 mm.
Right Ovary: Normal in size (3.31 x 1.93 cm), shape and echotexture.
Left Ovary: Normal in size (3.92 x 2.25 cm), shape and echotexture.
No evidence of free fluid in abdomen or pelvis.

IMPRESSION:

- GRADE – I FATTY LIVER

Advised clinical correlation/further evaluation if clinically indicated.

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