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Dr. Animesh Choudhary
MD (Internal Medicine), FCC, FAGE, PGDC, PGCDM, PGDDR
Ex Physician - AIIMS, New Delhi, Fortis Escorts Raipur
Reg. No. CGMC 3583/2011

• मधुमेह • वातरोग • गठियारोग • हृदयरोग • थायराइड • श्वसन रोग • दमा • मोटापा

29-04-24

Mrs Bilaso Bag 43Y/F

Ht - 156 cm

Wt - 82 kg

BP - 130/80

P - 94 b/m

CBC - 8.7 / 4.55 / 7.29 / 158 / 15

LFT - 20 / 14 / 112

Lipid - 126.0 / 75.0 / 39.0 / 72

FBS - 76.0 / PP - 126.0 / 4.21 - uric Acid

KFT - 11 / 0.97

HBA1C - 5.1

TSH - 2.360 T3 - 0.84 T4 - 8.8

Echo - No Rem

USG Abd - Bulky uterus

Adv
MRI - LS spine

Sr IRON Profile
Sr B12

- Tab Esomac D रात से × 10d

- Tab Willexia MR 80 × 5d

- Tab Newlim-P 75 1 tab 8 din रात में × 10d

- Tab RISHHBO3 सोमवार रात × 30d

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

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Dr. Ankita Agrawal
MBBS (Gold Medalist) MS (OBS & GYNAE), FMAS, DRM
MS OBS & Gynecology (PGIMS Rohtak)
Fellowship in Gynecology Endoscopy (Ahmedabad)
Diploma in Urogynaecology (Germany)
Diploma in ART and Reproductive Medicine (UKSH, Germany)
Ex. Consultant Gynecology (Shri Balaji Hospitals, Mova, Raipur)
Reg. No. CGMC 4071
Laparoscopic Surgeon & Infertility Specialist

29/03/2024.

T/ps. [illegible] 43F   LMP = 25/3/2024

No H/o DM/HTN

H/o ? kidney / ureteric stones.

Recurrent UTI.

P/A — soft, Nontender

USG — Ut Bulky 159.479 cc.

P/A Romeav.

Hb 8.7g%

S.FSH.

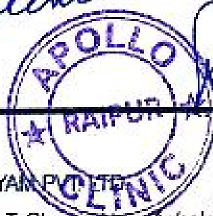
P/S — Cx regular.
a polypoidal mass
? Cx polyp or ? Endometrial pedunculated polyp.
Protruding through os.

P/V — Ut AV Bulky G.T
B/L fornices free

Haematinics as advised by Dr. [illegible]
(Physician opinion)

Urologist opinion for H/o ureteric stones

Plan for hysteroscopic guided EB + polypectomy



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27/4/24

Bulasa Bagh 43/F

Senqua-f toothpaste x 3 month

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PATIENT NAME: MRS. BOILASO BAGH	AGE / SEX: 43 YRS/F
REF BY: UNION BANK	DATE: -27.04.2024

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	10.83X4.20Cm	11.21x5.14Cm
CORTICAL ECHOGENICITY	Normal	Normal
CORTICOMEDULLARY DIFFERENTIATION	Maintained	Maintained
PCS	Not Dilated	Not Dilated
Any other remarks	Nil	Nil

Urinary bladder: Distended & normal.

Uterus is bulky in size (**11.78 x 5.40 x 4.79 cm, Vol. – 159.479 cc)** and echotexture.
Right Ovary: Normal in size (4.16 x 1.39 cm), shape and echotexture.
Left Ovary: Normal in size (4.62 x1.71 cm), shape and echotexture.
No evidence of free fluid in abdomen or pelvis.

IMPRESSION:

- **BULKY UTERUS**

Advised clinical correlation/further evaluation if clinically indicated.

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. Ultrasound has its limitations in obese patients and in retroperitoneal organs. All congenital abnormalities cannot be detected on ultrasound. This report is not for medico-legal purposes.

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Patient Name	: **Mrs BILASO BAGH**		**Age/Gender**	: 43 Y . Female
UHID/ MR No	: 202429410042		**OP Visit No**	: **G/7368**
Visit Date	: 29/04/2024		**Reported On**	: 29/04/2024 09:54AM
Sample Collected On	: 29/04/2024 09:12AM			
Ref. Doctor	: **Self**			
Sponsor Name	:			

HAEMATOLOGY

Investigation	Observed Value	Unit	Biological Reference Interval
HEMOGRAM			
Haemoglobin(HB) Method: CELL COUNTER	**8.7**	gm/dl	12 - 16
Erythrocyte (RBC) Count Method: CELL COUNTER	4.55	mill/cu.mm.	4.20 - 6.00
PCV (Packed Cell Volume) Method: CELL COUNTER	**26.10**	%	39 - 52
MCV (Mean Corpuscular Volume) Method: CELL COUNTER	**57.4**	fL	76.00 - 100
MCH (Mean Corpuscular Haemoglobin) Method: CELL COUNTER	**19.1**	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	**19.3**	%	11- 16
Total Leucocytes (WBC) Count Method: CELL COUNTER	7.29	cells/cumm	3.50 - 11.00
Neutrophils Method: CELL COUNTER	62	%	40.0 - 73.0
Lymphocytes Method: CELL COUNTER	30	%	15.0 - 45.0
Eosinophils Method: CELL COUNTER	03	%	1-6%
Monocytes	05	%	4.0 - 12.0
Basophils Method: CELL COUNTER	00	%	0.0 - 2.0

End of Report
Results are to be corelated clinically

Lab Technician / Technologist
path

DR DHANANJAY RAMCHANDRA PRASAD
M.D. PATHOLOGY

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Ref. Doctor	: **Self**		
Sponsor Name	:		

HAEMATOLOGY

Investigation	Observed Value	Unit	Biological Reference Interval
Platelet Count Method: CELL COUNTER	158	lacs/cu.mm	150-400
ESR- Erythrocyte Sedimentation Rate Method: Westergren's Method	15	mm /HR	0 - 20

Blood Group (ABO Typing)

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

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Sponsor Name	:		

BIO CHEMISTRY

Investigation	Observed Value	Unit	Biological Reference Interval
LIVER FUNCTION TEST			
Bilirubin - Total Method: Spectrophotometric	0.5	mg/dl	0.1-1.2
Bilirubin - Direct Method: Spectrophotometric	0.1	mg/dl	0.05-0.3
Bilirubin (Indirect) Mathod: Calculated	0.40	mg/dl	0 - 1
SGOT (AST) Method: Spectrophotometric	20	U/L	0 - 32
SGPT (ALT) Method: Spectrophotometric	14	U/L	0 - 33
ALKALINE PHOSPHATASE	112	U/L	25-147
Total Proteins Method: Spectrophotometric	7.5	g/dl	6 - 8
Albumin Method: Spectrophotometric	4.2	mg/dl	3.4 - 5.0
Globulin Mathod: Calculated	3.3	g/dl	1.8 - 3.6
A/G Ratio Method: Calculated	1.27	%	1.1 - 2.2

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Patient Name	: Mrs BILASO BAGH			
UHID/ MR No	: 202429410042	Age/Gender	:	43 Y Female
Visit Date	: 29/04/2024	OP Visit No	:	G/7368
Sample Collected On	: 29/04/2024 09:12AM	Reported On	:	29/04/2024 09:54AM
Ref. Doctor	: Self			
Sponsor Name	:			

BIO CHEMISTRY

Investigation	Observed Value	Unit	Biological Reference Interval
LIPID PROFILE TEST (PACKAGE)			
Cholesterol - Total	126.0	mg/dl	Desirable: < 200 Borderline High: 200-239 High: >= 240
Triglycerides level	75.0	mg/dl	Normal : < 150 Borderline High : 150-199 Very High : >=500
Method: Spectrophotomatric			
HDL Cholesterol	39.0	mg/dl	Major risk factor for heart disease: < 40 Negative risk factor for heart disease :>60
Method: Spectrophotomatric			
LDL Cholesterol	72	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	15	mg/dl	6 - 38
Total Cholesterol/HDL Ratio	**3.23**		3.5 - 5
Methode: Spectrophotometric			

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UHID/ MR No	: 202429410042		OP Visit No	: G/7368
Visit Date	: 29/04/2024		Reported On	: 29/04/2024 09:54AM
Sample Collected On	: 29/04/2024 09:12AM			
Ref. Doctor	: Self			
Sponsor Name	:			

BIO CHEMISTRY

Investigation	Observed Value	Unit	Biological Reference Interval
BUN-Blood Urea Nitrogen METHOD: Spectrophotometric	11	mg/dl	7 - 20
Creatinine METHOD: Spectrophotometric	0.97	mg/dl	0.6-1.4

COMMENTS: 1. Creatinine is a waste product formed in the muscle from the high energy storage compound, creatine phosphate.
2. The amount of creatinine produced is fairly constant (unlike Urea), and is primarily a function of muscle mass.
3. It is not greatly affected by diet, age, sex or exercise.
4. Creatinine is removed from plasma by glomerular filtration and then excreted in urine without any appreciable resorption by the tubules; thus it is used to assess the renal function. However, serum creatinine levels do not start to rise until renal function has decreased by atleast 50%.

Uric Acid

Uric Acid Method: Spectrophotomatric	4.21	mg/dL	2.6 - 7.2

GLUCOSE - (POST PRANDIAL)

Glucose -Post prandial Method: REAGENT GRADE WATER	126.0	mg/dl	70-140

GLUCOSE (FASTING)

Glucose- Fasting SUGAR REAGENT GRADE WATER	76.0	mg/dl	70 - 120

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Patient Name	: **Mrs BILASO BAGH**		**Age/Gender**	: 43 Y Female
UHID/ MR No	: 10408		**OP Visit No**	: OPD-UNIT-II-2
Visit Date	: 27/04/2024		**Reported On**	: 29/04/2024 10:00AM
Sample Collected On	: 27/04/2024 01:48PM			
Ref. Doctor	: **SELF**			
Sponsor Name	:			

BIO CHEMISTRY

Investigation	Observed Value	Unit	Biological Reference Interval
HbA1c (Glycosalated Haemoglobin)			
	5.1	%	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

End of Report
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Patient Name	: Mrs.BILASO BAGH	Collected	: 27/Apr/2024 12:32PM
Age/Gender	: 43 Y 0 M 0 D /F	Received	: 27/Apr/2024 01:20PM
UHID/MR No	: DSUS.0000007334	Reported	: 27/Apr/2024 03:00PM
Visit ID	: DSUSOPV8546	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)	0.84	ng/mL	0.6-1.81	CLIA
THYROXINE (T4, TOTAL)	8.8	µg/dL	3.2-12.6	CLIA
THYROID STIMULATING HORMONE (TSH)	2.360	µIU/mL	0.35-5.5	CLIA

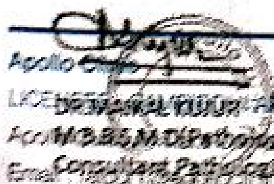
Comment:

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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Sponsor Name	:		

CLINICAL PATHOLOGY

Investigation	Observed Value	Unit	Biological Reference Interval
URINE ROUTINE EXAMINATION			
Physical Examination			
Volum of urine	30ML		
Appearance	Slightly Turbid		Clear
Colour	Pale Yellow		Colourless
Specific Gravity	1.020		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	1-2	/hpf	0 - 5
Epithelial Cell	6-7	/hpf	0 - 5
Crystals	Not Seen	/hpf	Not Seen
Bacteria	Seen	/hpf	Not Seen
Budding yeast	Not Seen	/hpf	

End of Report

Results are to be corelated clinically

Lab Technician / Technologist
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EXAMINATION OF EYES :-(BY OPHTALMOLOGIST)

Patient Name ..Mrs. Bilaso Bagh

Date 27/04/24......

Sex/Age F/43 year

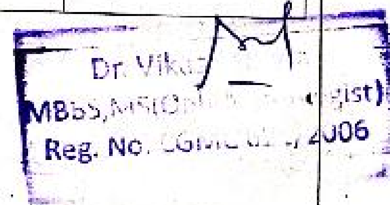
MR No ....

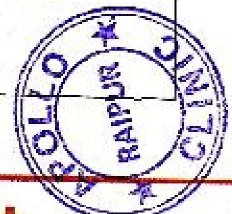
Employee Id ....

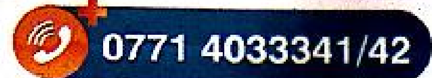
EXTERNAL EXAMINATION	
SQUINT	NO
NYSTAGMUS	
COLOUR VISION	NORMAL
FUNDUS:(RE):- WNL	(LE):- WNL.
INDIVIDUAL COLOUR IDENTIFICATION	Good
DISTANT VISION:(RE):- 6/60 c̄ G 6/6	(LE):- 6/60 c̄ 6/6
NEAR VISION:(RE):- N18 c̄ G N6	(LE):- N18 c̄ G N6
NIGHT BLINDNESS	NAD

	SPH	CYL	AXIS	ADD
RIGHT	+3.0	—	—	+1.50
LEFT	+3.0	—	—	+1.50

REMARKS :-







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PATIENT NAME: MRS. BILASO BAGH	AGE / SEX: 43Y/F
REF BY: UNION BANK	DATE: 27/04 /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.

Dr. Zeeshan Ateeb Dani

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. BILASO BAGH	Age/Sex: 43Yrs/female	ECG : SINUS RHYTHM
OPD/ IPD : OPD	STUDY DATE: 27 /04/2024	REGN. NO. : FRAI.00000
Ref.By Dr : UNION BANK		

M-MODE MEASUREMENTS:-

	Patient Value (cm)	Normal Value (cm)		Patient Value (cm)	Normal Value (cm)
AorticRoot Diameter	2.9	2.0 – 3.7	IVS Thickness	ED = 1.1 ES = 1.5	0.6 – 1.1
AorticValve Opening	1.7	1.5 – 2.6	PW Thickness	ED = 1.0 ES = 1.4	0.6 – 1.1
LA Dimension	3.4	1.9 – 4.0	RA Dimension	---	2.6
LVID(D)	4.4	3.7 – 5.5	RV Dimension	---	2.6
LVID(s)	2.9	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.
NORMAL CARDIAC CHEMBER AND NORMAL VALVES.
NO I/C CLOT VEGITATION OR PERICARDIAL EFFUSION.

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

*THIS PAPER IS USED FOR CLINICAL REPORTING PURPOSE ONLY

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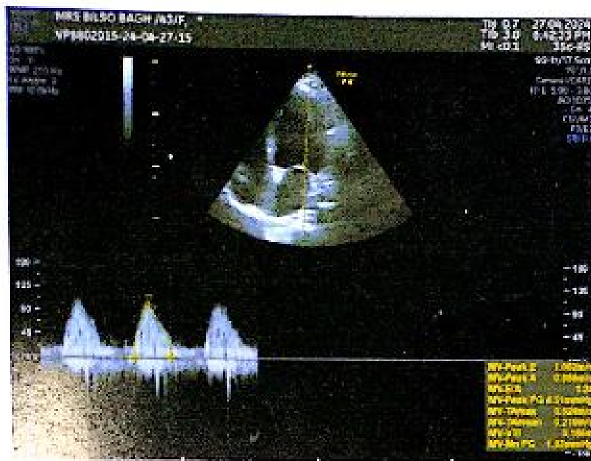

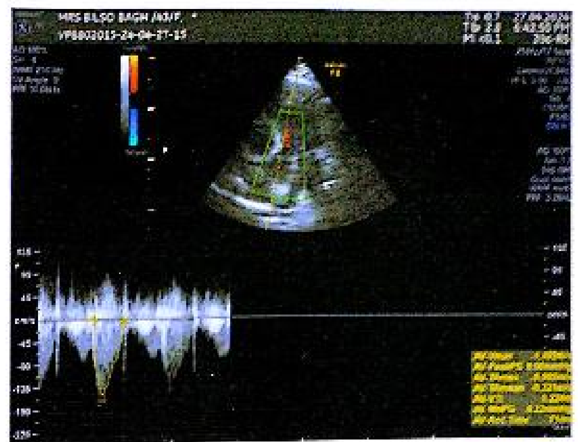

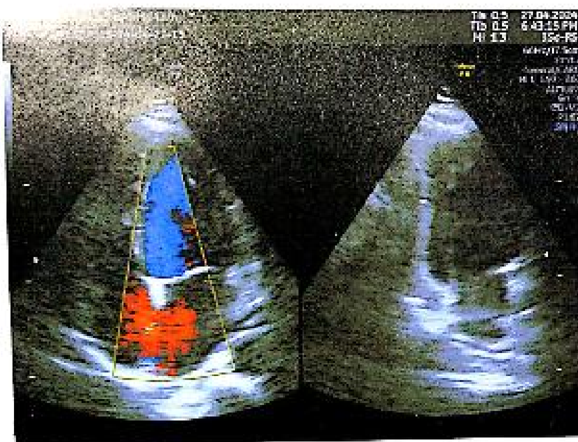

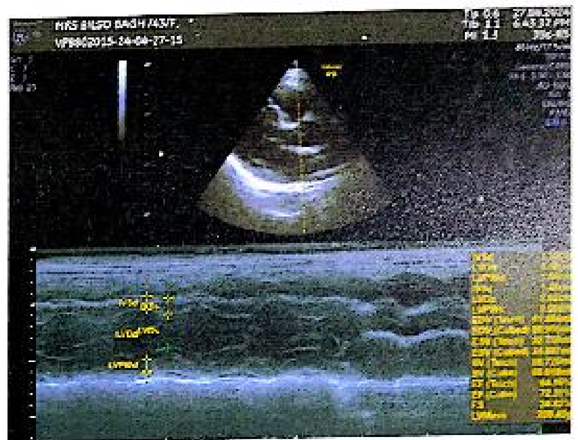

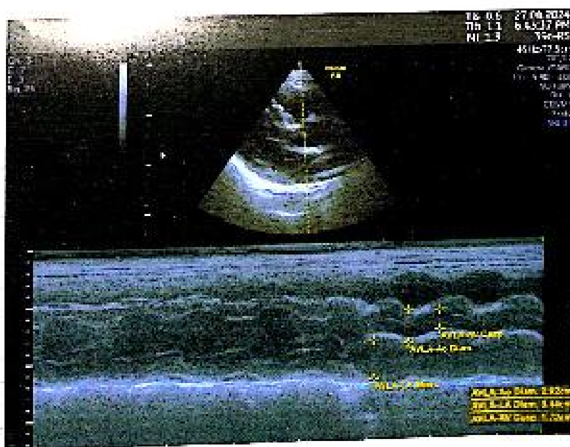

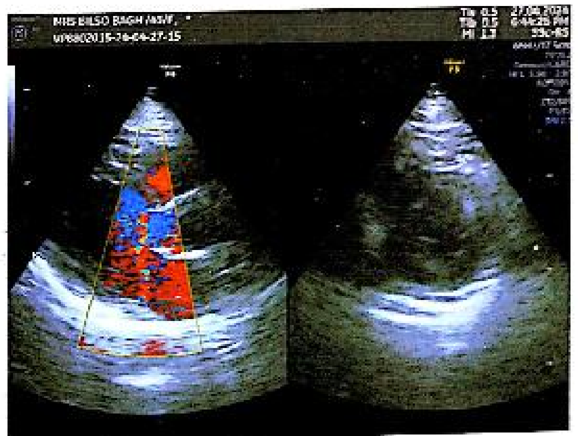

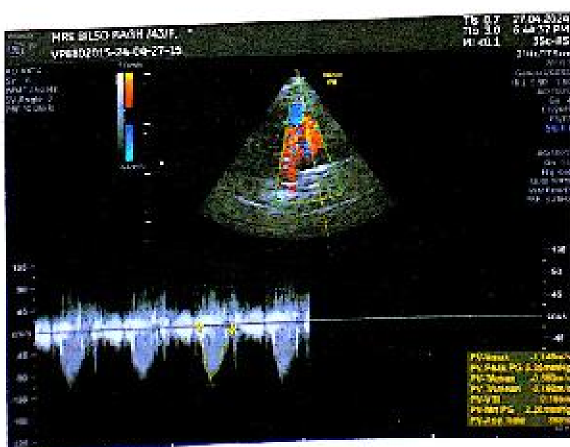

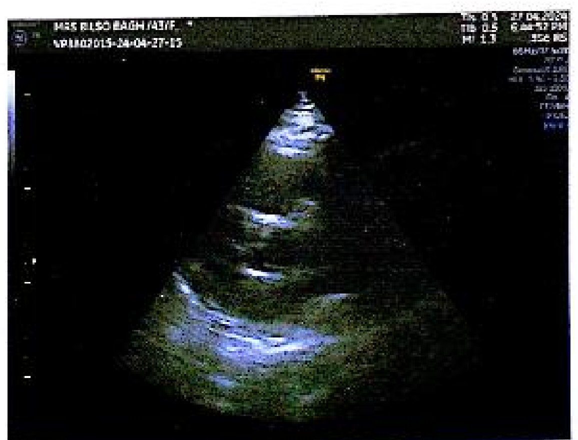

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NAME OF PATIENT: MRS. BILASO BAGH | **AGE: 43YRS/FEMALE**

REFERRED BY: UNION BANK | **DATE: 27/04/2024.**

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.

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ID: 272
MRS BILASO BAGH
Female 43Years

27-04-2024 11:47:02 AM

HR	: 88	bpm
P	: 122	ms
PR	: 148	ms
QRS	: 78	ms
QT/QTc	: 364/441	ms
P/QRS/T	: 55/25/2	°
RV5/SV1	: 0.821/0.783	mV

Diagnosis Information:
Sinus rhythm
Inferior and anterior T wave abnormality is nonspecific
Borderline ECG

Report Confirmed by:

I
II
III
aVR
aVL
aVF
V1
V2
V3
V4
V5
V6
aVF

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