





Department of Facial Surgery & Dentistry (For Appointment- +91-9754523000)

## General Examination Report

Name: Mrs. Ritu Shar	ma Age : 33y/F	Date: 03/08/2024	
Medical History: No. 1	Relevant Histoly		
Dental History: No	Relevant History		-
Habit History:	Relevant History.		_
Any other:			<del></del> )/:
	Oral examination	<u>on</u>	
1. Calculus/Stain/Plaque	2.Carious Teeth	3.Gum Disease	
4. Fractured Teeth	5.Missing Teeth	6.Mobile Teeth	
7. Occlusal Abnormalities	8.Precancerous lesion/	condition 9.Any Other Find	ing
	Treatment Advise	<u>d</u>	
1. Cleaning of Teeth 2.1	Filling/Preventive treatm	nent / 3.Removal of teeth	
4. Replacement of Teeth 5.0	Orthodontic treatment	6.Oral health couns	selling

Primary Tooth Structure

Permanent Tooth Structure



### A unit of Mediheal Healthcare Private Limited





**Patient Name:** 

MRS. RITU SHARMA [MRN-240800150]

Age / Gender:

33 Yr / F

Address:

41, Mainashree Park Colony Dewas, Kalma, Dewas, MADHYA PRADESH

HAEMATOLOGY

Req. Doctor:

**VONE HOSPITAL** 

Regn. ID:

WALKIN.24-25-7504

Request Date:

03-08-2024 09:41 AM

Reporting Date: 03-08-2024 03:36 PM

Reporting Status: Finalized

**Collection Date:** 

03-08-2024 10:08 AM | H-5601

Acceptance Date: 03-08-20

03-08-2024 10:08 AM | TAT: 05:28

[HH:MM]

Investigations	Result	Biological Reference Range
CBC		
Haemoglobin	15.3 gm% *	F 12 - 15 gm% (Age 1 - 100)
RBC Count	5.22 mill./cu.mm	F 4.6 - 6 mill./cu.mm (Age 1 - 100 )
Packed Cell Volume (PCV)	44.5 %	F 38 - 45 % (Age 1 - 100)
MCV	85.7 Cu.m.	76 - 96 Cu.m. (Age 1 - 100)
MCH	29.3 pg	27 - 32 pg (Age 1 - 100)
MCHC	33.9 %	30.5 - 34.5 % (Age 1 - 100)
Platelet Count	292 10^3/uL	150 - 450 10^3/uL (Age 1 - 100)
Total Leukocyte Count (TLC)	6.09 10^3/uL	4.5 - 11 10^3/uL (Age 1 - 100
Differential Leukocyte Count (DLC)		
Neutophils	63 %	40 - 70 % (Age 1 - 100)
Lymphocytes	33 %	20 - 40 % (Age 1 - 100)
Monocytes	03 %	2 - 10 % (Age 1 - 100)
Eosinophils	01 %	1 - 6 % (Age 1 - 100 )
Basophils	00 %	< 1 %
ESR (WINTROBE METHOD)	34 mm/hr *	F 0 - 19 mm/hr

END OF REPORT.

DR.QUTBUDDIN CHAHWALA M.D.PATHOLOGIST

Result relate to the sample as received.

V-ONE HOSPITAL Department of Laboratory Medicine.

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Reporting Date: 03-08-2024 03:38 PM

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03-08-2024 10:08 AM | TAT: 05:30

[HH:MM]

Investigations	Result	Biological Reference Range
HBA1C		
Glyco Hb (HbA1C)	5.5 %	4 - 6 %
Estimated Average Glucose	111.15 mg/dL	mg/dL

Interpretation: 1HbA1C has been endorsed by clinical groups and American Diabetes Association guidelines 2017 for diagnosing diabetes

using a cut off point of 6.5%

2.Low glycated haemoglobin in a non diabetic individual are often associated with systemic inflammatory diseases, chronic anaemia (especially severe iron deficiency and haemolytic), chronic renal failure and liver diseases. Clinical correlation suggested.

3.In known diabetic patients, following values can be considered as a tool for monitoring the glycemic control. Excellent control-6-7 %

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[HH:MM]

nvestigations	Result	Biological Reference Range
BLOOD GROUP		
ABO GROUP	0	
RH FACTOR	Positive	

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BIOCHEMISTRY

Request Date :

03-08-2024 09:41 AM

Reporting Date: 03-08-2024 03:45 PM Reporting Status: Finalized

Collection Date:

03-08-2024 10:08 AM | BIO6727

Acceptance Date :

03-08-2024 10:08 AM | TAT: 05:37

[HH:MM]

		Biological Reference Range
Investigations	Result	
URIC ACID	4.4 mg/dL	F 2.6 - 6 mg/dL
BUN	10.73 mg/dL	5 - 20 mg/dL
BUN	0.61 mg/dL *	0.7 - 1.4 mg/dL
CREATININE	17.59	10 - 20
BUN / CREATINE RATIO	9.60 U/L	F 9 - 39 U/L
GGT(GAMMA GLUTAMYL TRANSFERASE)	OF DEDORT	

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Request Date:

03-08-2024 09:41 AM

Reporting Date: 03-08-2024 03:52 PM Reporting Status: Finalized

Collection Date:

03-08-2024 10:08 AM | BIO6727 03-08-2024 10:08 AM | TAT: 05:44

[HH:MM]

Acceptance Date: Biological Reference Range Result Investigations **Lipid Profile** 0 - 200 mg/dL 199.0 mg/dL Total Cholesterol 150 - 200 mg/dL 100.7 mg/dL \* Tryglyceride 35 - 79 mg/dL 58.6 mg/dL HDL Cholesterol 5 - 40 mg/dL 20.14 mg/dL VLDL (Calculated) 0 - 130 mg/dL 120.26 mg/dL LDL 0 - 53.40 Total Cholesterol /HDL 0.3 - 52.05 LDL/HDL

END OF REPORT.

DR.QUTBUDDIN CHAHWALA M.D.PATHOLOGIST

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Reporting Date: 03-08-2024 03:54 PM

Reporting Status: Finalized

Patient Name :

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BIOCHEMISTRY

Request Date :

**Collection Date:** 

03-08-2024 09:41 AM

03-08-2024 10:08 AM | BIO6727

Acceptance Date:

03-08-2024 10:08 AM | TAT: 05:46

[HH:MM]

	D14	Biological Reference Range
nvestigations	Result	
LFT	13.2 U/L	0 - 40 U/L
SGOT	11.0 U/L	F 0 - 31 U/L
SGPT	0.86 mg/dL	0 - 1.1 mg/dL
TOTAL BILIRUBIN	0.25 mg/dL *	0 - 0.2 mg/dL
DIRECT BILIRUBIN	0.61 mg/dL	0.2 - 0.8 mg/dL
INDIRECT BILIRUBIN	7.62 mg/dL	6.6 - 8.8 mg/dL
TOTAL PROTEIN	4.46 mg/dL	3.5 - 5.5 mg/dL
S.ALBUMIN	3.16 mg/dL	2 - 3.5 mg/dL
GLOBULIN	1.41	1.1 - 1.5
A.G.RATIO  ALKALINE PHOSPHATASE	70.0 U/L	F 35 - 104 U/L CHILD 54 - 369 U/L
PT INR		
PT	14.1 sec	13 - 15 sec
CONTROL	12.8 sec	
INR	1.12 *	0.8 - 1.1
HBSAG	Non Reactive	
ALT / AST RATIO	0.83	< 1.5
AST / ALT RATIO	1.2 *	< 1

END OF REPORT.

DR.QUTBUDDIN CHAHWALA M.D.PATHOLOGIST

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V-ONE HOSPITAL Department of Laboratory Medicine.

452 001, MP, INDIA. E:info@vonehospital.com 131 35888888, 4238111 | M: +91 93299 22500

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VONE HOSPITAL

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IMMUNOLOGY

equest Date :

03-08-2024 09:41 AM

03-08-2024 10:08 AM | PATH5026

Acceptance Date:

ollection Date:

03-08-2024 10:08 AM | TAT: 05:36

[HH:MM]

Investigations	Result	Biological Reference Range
Thyroid Profile		
T3	0.84 ng/dL	0.58 - 1.62 ng/dL (Age 1 - 100)
T4	8.15 ug/dl	5 - 14.5 ug/dl (Age 1 - 100 )
TSH	2.09 uIU/ml	0.35 - 5.1 uIU/ml (Age 1 - 100

Interpretation: Ultra sensitive-thyroid±stimulating hormone (TSH) is a highly effective screening assay for thyroid disorders. In patients with an intact pituitary-thyroid axis, sTSH provides a physiologic indicator of the functional level of thyroid hormone activity. Increased s-TSH indicates inadequate thyroid hormone, and suppressed s-TSH indicates excess thyroid hormone. Transient s-TSH abnormalities may be found in seriously ill, hospitalized patients, so this is not the ideal

setting to assess thyroid function. However, even in these patients, s-TSH works better than total thyroxine (an alternative screening test). when the s-TSH result is abnormal, appropriate follow-up tests T4 & free T3 levels should be performed. If TSH is between 5.0 to 10.0 & free T4 & free T3 level are normal

then it is considered as subclinical hypothyroidism which should be followed up after 4 weeks & If TSH is > 10 & free T4 & free T3 level

are normal then it is considered as overt hypothyroidism. Serum triiodothyronine (T3) levels often are depressed in sick and hospitalized patients, caused in part by the biochemical shift to the production of reverse T3. Therefore, T3 generally is not a reliable predictor of hypothyroidism. However, in a small subset of hyperthyroid patients, hyperthyroidism may be caused by overproduction of T3 (T3 toxicosis). To help diagnose and monitor this subgroup, T3 is measured on all specimens with suppressed s-TSH and normal FT4 concentrations.

Normal ranges of TSH & thyroid hormons vary according trimesper in pregnancy. TSH ref range in Pregnacy Reference range (microIU/ml)

First triemester 0.24 - 2.00 Second triemester 0.43-2.2

END OF REPORT.

DR.QUTBUDDIN CHAHV M.D.PATHOLO

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Reporting Date: 03-08-2024 03:39 PM

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WALKIN.24-25-7504



CLINICAL PATHOLOGY

Request Date :

03-08-2024 09:41 AM

**Collection Date:** 

03-08-2024 10:08 AM | CP-2429

Acceptance Date:

03-08-2024 10:08 AM | TAT: 05:31

[HH:MM]

Result	Biological Reference Range
	Pale Yellow
	Absent
	Clear
	Acidic
1.015	1.001 - 1.035
Absent	Absent
Trace	Absent
NC	
1-2 /hpf	Nil/hpf
2-3 /hpf	2-3/hpf
2-3 /hpf	3-4/hpf
Absent	Absent
Absent	Absent
Absent	Absent
	Absent Absent Absent Absent Trace ON  1-2 /hpf 2-3 /hpf 2-3 /hpf Absent Absent Absent Absent

END OF REPORT.

Result relate to the sample as received.

V-ONE HOSPITAL Department of Laboratory Medicine.

The Test -- "

DR.QUTBUDDIN CHAHWALA M.D.PATHOLOGIST

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Reporting Date: 03-08-2024 03:39 PM

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#### CLINICAL PATHOLOGY

Request Date:

03-08-2024 09:41 AM

20

**Collection Date:** 

03-08-2024 10:08 AM | CP-2429

Acceptance Date:

03-08-2024 10:08 AM | TAT: 05:31

[HH:MM]

nvestigations	Result	Biological Reference Range
Urine Routine		
PHYSICAL EXAMINATION		
Quantity	30 ml	
Colour	Pale yellow	Pale Yellow
Deposit	Absent	Absent
Clearity	Clear	Clear
Reaction	Acidic	Acidic
Specific Gravity	1.015	1.001 - 1.035
CHEMICAL EXAMINATION		
Albumin	Absent	Absent
Sugar	Absent	Absent
Bile Salt	Absent	Absent
Bile Pigment	Absent	Absent
Keton	Absent	Absent
Blood	Trace	Absent
MICROSCOPY EXAMINATION		
Red Blood Cells	1-2 /hpf	Nil/hpf
Pus Cells	2-3 /hpf	2-3/hpf
Epithelial Cells	2-3 /hpf	3-4/hpf
Casts	Absent	Absent
Crystals	Absent	Absent
Bacteria	Absent	Absent

END OF REPORT.

DR.QUTBUDDIN CHAHWALA M.D.PATHOLOGIST

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V-ONE HOSPITAL Department of Laboratory Medicine.

The Test results are for diagnostic purpose only, not for medico legal purpose.

Page 1 of 1





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**VONE HOSPITAL** 

Regn. Number: WALKIN.24-25-7504

Request Date: 03-08-2024 09:41 AM

Reporting Date: 03-08-2024 04:59 PM Report Status: Finalized

#### X-RAY CHEST AP

Size and shape of heart are normal.

C.P. angles are clear.

Lung fields are clear.

Soft tissues and rib cage are normal.

**END OF REPORT** 





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#### USG WHOLE ABDOMEN

Liver is normal in size (13.8 cm) and shape. Its echogenicity is normal. Margins are smooth and regular. The portal vein and biliary radicals are normal in calibre.

GB is well distended. Wall thickness is normal with echofree lumen. CBD is within normal limits.

Pancreas is normal in size, shape and echo pattern.

Bilateral kidneys are normal in shape, size and echotexture. Corticomedullary differentiation is maintained. No evidence of any calculus or hydronephrosis seen.

Rt. Kidney length: 9.3 cm Lt. Kidney length: 9.9 cm

Spleen is normal in size and echopattern.

Urinary bladder is normal in shape and size. Lumen appears echofree. Wall thickness is normal.

Uterus is anteverted, normal in size, measuring app 6.4x4.7x3.2 cm. Myometrial echotexture is homogenous.

Endometrial echoes are 6 mm thick & central. Cervix is normal in size and echotexture.

Bilateral ovaries are normal in size and position.

No obvious adnexal lesion seen.

No free fluid in pouch of Douglas.

No evidence of ascites / pleural effusion.

Visualized bowel loops are normal in course and calibre.

## IMPRESSION:-

No significant abnormality detected.

DR. RAVINDRA SINGH

Consultant Radiologist

2/1, Residency Area, AB Road, Geeta Bhavan Square, 450 001 NAD INIDIA Frinfo@vonehosnital.com

Reg No.: NH/4126/Sep-2021

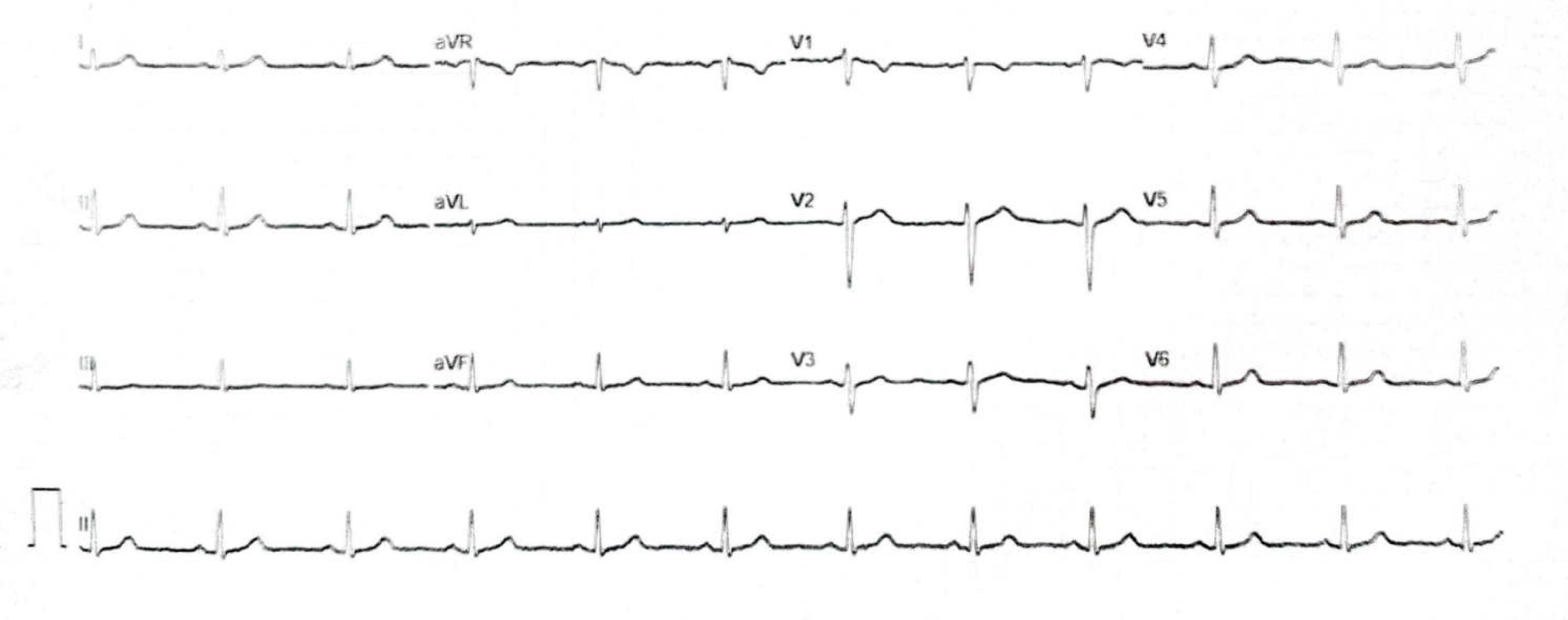
ID: ma ritu

03 08 2024 10 15 05 AM Wilder Hispital AB Read Geeta Bhawan

69 ppm -1 - mmHg

Female

84 ms ORS QT/QTcBaz 392 / 420 ms 138 ms 98 ms P/QRS/T 874 / 859 ms 57 / 72 / 41 degrees Normal sinus rhythm Normal ECG



25 mm/s 10 mm/mV ADS 0 56-40 Hz

Unconfirmed 50 Hz 4x2 5x3 25 R1