

PATIENT DETAILS

NAME:	SEEMA EKKA	REFERENCE NO:	RWDTFSH010568
D / S / W O:		Age:	40 Yr
Address:	RAIPUR	Contact No:	
Sample received on:	26/08/2023 @ 21:30	Reported on:	26/08/2023 @ 22:50
Repeat Sample, if any:	NA	Reported on:	NA
Referred by:	APOLLO CLINIC	Hospital / Lab ID:	APOLLO CLINIC
		Gender:	FEMALE
		STATUS:	FINAL
		STATUS:	FINAL

HORMONAL ASSAY

Test	Specimen	Result	Units	Reference Range
# Thyroid Panel, TFT, TOTAL:				
• Triiodothyronine, T3	Blood, Serum	1.51	ng / ml	0.87 – 1.78
• Thyroxine, T4	""	9.39	µg / dL	6.0 – 12.2
• Thyroid stimulating hormone, TSH	""	1.94	µIU / ml	0.4 – 5.0

Indicative Interpretation:

TSH	Free T4	Free or total T3	Probable Inference
High	Normal	Normal	Mild (subclinical) hypothyroidism
High	Low	Low or Normal	Hypothyroidism
Low	Normal	Normal	Mild (subclinical) hyperthyroidism
Low	High or normal	High or normal	Hyperthyroidism
Low	Low or normal	Low or normal	Non-thyroidal illness; pituitary (secondary) hypothyroidism
Normal	High	High	Thyroid hormone resistance syndrome

Miss. Seema Ekkia / 40y-

26/2/23.

epo Pain during menses.

M/H - PMS - Reg/NA, 2-3 days / 27-30 days.

LMP - 17/8/23.

Not a w/o DM, HTN, TCM.

OK

Pls do

Vitals - stable

By

Tab Meftal spas 1-1-1
AP x 2-3 days

- Hot water bag application

- Tab Bevon 1 cap daily x 1 month

TAS Normal.

V(4 5)



[Signature]

- 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

Miss Seema Ekka
40/f

26/8/23

Pt complains of pain in lower right back region of jaw.

O/E → Stains ++
 Calculus ++
 Deep Occlusal Caries \bar{c} 8/

Root Piece \bar{c} 5/
 Missing \bar{c} 6/

Adv → Complete Oral prophylaxis
 Extrⁿ \bar{c} 5/
 Bridge \bar{c} 6/
 RCT \bar{c} 8/

Med → Imoxyclav 625 mg $\xrightarrow{\quad}$ x 5 days

Ketrol - DT
S - O - S

Pantacid $\xrightarrow{\quad}$ x 5 days



Yeha



PATIENT NAME:- MRS. SEEMA EKKA
REF BY:- BOB

AGE / SEX: 40YRS/F
DATE: 26.08.2023

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 and normal.

Pancreas & Paraaortic Region: Normal.

Spleen: Is normal in size measures cm, and echotexture.

Kidneys	RIGHT	LEFT
SIZE	8.90x3.61Cm	8.63x4.46Cm
CORTICAL ECHOGENICITY	Normal	Normal
CORTICOMEDULLARY DIFFERENTIATION	Maintained	Maintained
PCS	Not Dilated	Not Dilated
Any other remarks	Nil	Nil

Urinary bladder : - Distended and &normal

Uterus is normal in size (6.89 X 3.97 X 2.70 cm, Vol. – 38 cc) and echotexture. Endometrial thickness 3.6 mm.


Bilateral Adnexa Normal.

No evidence of free fluid in abdomen or pelvis.

IMPRESSION:

USG abdomen within normal limits.

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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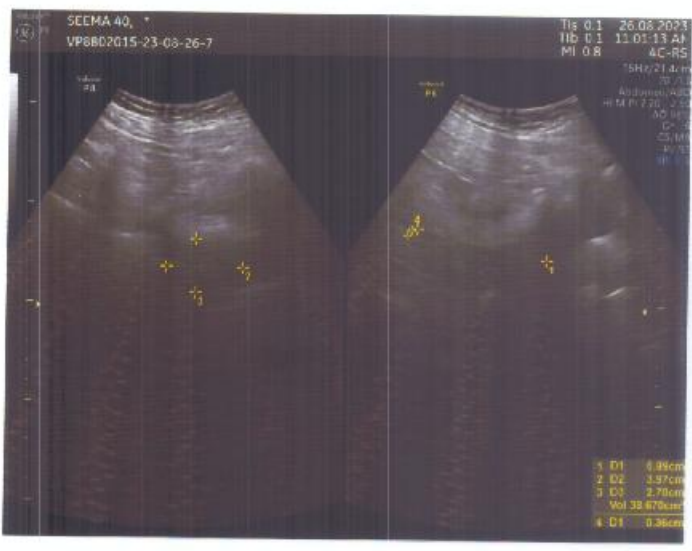
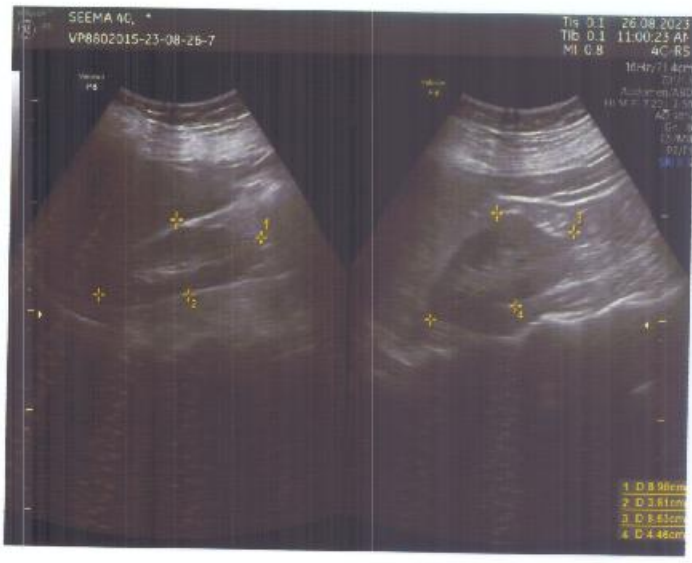
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Patient Name : MISS SEEMA EKKA
UHID/ MR No : 6327
Visit Date : 26/08/2023
Sample Collected On : 26/08/2023 02:30PM
Ref. Doctor : SELF
Sponsor Name :

Age/Gender : 40 Y. Female
OP Visit No : OPD-UNIT-II-2
Reported On : 26/08/2023 08:00PM

HAEMATOLOGY

Investigation	Observed Value	Unit	Biological Reference Interval
CBC - COMPLETE BLOOD COUNT			
Haemoglobin(HB) Method: CELL COUNTER	10.8	gm/dl	12 - 16
Erythrocyte (RBC) Count Method: CELL COUNTER	4.48	mill/cu.mm.	4.20 - 6.00
PCV (Packed Cell Volume) Method: CELL COUNTER	31.2	%	39 - 52
MCV (Mean Corpuscular Volume) Method: CELL COUNTER	69.6	fL	76.00 - 100
MCH (Mean Corpuscular Haemoglobin) Method: CELL COUNTER	24.1	pg	26 - 34
MCHC (Mean Corpuscular Hb Conc.) Method: CELL COUNTER	34.6	g/dl	32 - 35
RDW (Red Cell Distribution Width) Method: CELL COUNTER	15.6	%	11- 16
Total Leucocytes (WBC) Count Method: CELL COUNTER	6.80	cells/cumm	3.50 - 11.00
Neutrophils Method: CELL COUNTER	62	%	40.0 - 73.0
Lymphocytes Method: CELL COUNTER	31	%	15.0 - 45.0
Monocytes Method: CELL COUNTER	05	%	4.0 - 12.0
Eosinophils Method: CELL COUNTER	02	%	1-6%
Basophils Method: CELL COUNTER	00	%	0.0 - 2.0

End of Report
Results are to be correlated clinically

Lab Technician / Technologist
 path

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 DR DHANANJAY RAMCHANDRA PRASAD
 M.D. PATHOLOGY

Patient Name : MISS SEEMA EKKA
UHID/ MR No : 6327
Visit Date : 26/08/2023
Sample Collected On : 26/08/2023 02:30PM
Ref. Doctor : SELF
Sponsor Name :

Age/Gender : 40 Y. Female
OP Visit No : OPD-UNIT-II-1
Reported On : 26/08/2023 08:00PM

HAEMATOLOGY


Investigation	Observed Value	Unit	Biological Reference Interval
Platelet Count Method: CELL COUNTER	232	lacs/cu.mm	150-400

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 correlated clinically

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Visit Date : 26/08/2023
Sample Collected On : 26/08/2023 02:30PM
Ref. Doctor : SELF
Sponsor Name :

Age/Gender : 40 Y. Female
OP Visit No : OPD-UNIT-II-2
Reported On : 26/08/2023 08:00PM


BIO CHEMISTRY

Investigation	Observed Value	Unit	Biological Reference Interval
GLUCOSE - (POST PRANDIAL)			
Glucose -Post prandial Method: REAGENT GRADE WATER	94.0	mg/dl	70-140
GLUCOSE (FASTING)			
Glucose- Fasting SUGAR REAGENT GRADE WATER	82.0	mg/dl	70 - 120
KFT - RENAL PROFILE - SERUM			
BUN-Blood Urea Nitrogen METHOD: Spectrophotometric	08	mg/dl	7 - 20
Creatinine METHOD: Spectrophotometric	0.87	mg/dl	0.6-1.4
Uric Acid Method: Spectrophotometric	3.6	mg/dL	2.6 - 7.2

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Age/Gender : 40 Y. Female
OP Visit No : OPD-UNIT-II-2
Reported On : 26/08/2023 08:00PM

BIO CHEMISTRY

Investigation	Observed Value	Unit	Biological Reference Interval
LIPID PROFILE TEST (PACKAGE)			
Cholesterol - Total	144.0	mg/dl	Desirable: < 200 Borderline High: 200-239 High: >= 240
Triglycerides level	96.0	mg/dl	Normal : < 150 Borderline High : 150-199 Very High : >=500
Method: Spectrophotometric HDL Cholesterol	45.0	mg/dl	Major risk factor for heart disease: < 40 Negative risk factor for heart disease :>60
Method: Spectrophotometric LDL Cholesterol	79.80	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	19.20	mg/dl	6 - 38
Total Cholesterol/HDL Ratio	3.20		3.5 - 5
Method: Spectrophotometric			

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UHID/ MR No : 6327
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Sample Collected On : 26/08/2023 02:30PM
Ref. Doctor : SELF
Sponsor Name :

Age/Gender : 40 Y, Female
OP Visit No : OPD-UNIT-II-4
Reported On : 26/08/2023 08:00PM

BIO CHEMISTRY

Investigation	Observed Value	Unit	Biological Reference Interval
LIVER FUNCTION TEST			
Bilirubin - Total Method: Spectrophotometric	0.8	mg/dl	0.1-1.2
Bilirubin - Direct Method: Spectrophotometric	0.2	mg/dl	0.05-0.3
Bilirubin (Indirect) Method: Calculated	0.60	mg/dl	0 - 1
SGOT (AST) Method: Spectrophotometric	24	U/L	0 - 32
SGPT (ALT) Method: Spectrophotometric	29	U/L	0 - 33
ALKALINE PHOSPHATASE	85	U/L	25-147
Total Proteins Method: Spectrophotometric	6.7	g/dl	6 - 8
Albumin Method: Spectrophotometric	4.5	mg/dl	3.4 - 5.0
Globulin Method: Calculated	2.2	g/dl	1.8 - 3.6
A/G Ratio Method: Calculated	2.0	%	1.1 - 2.2

End of Report
Results are to be correlated clinically

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Ref. Doctor : SELF
Sponsor Name :

Age/Gender : 40 Y. Female
OP Visit No : OPD-UNIT-II-2
Reported On : 26/08/2023 08:00PM

BIO CHEMISTRY

Investigation	Observed Value	Unit	Biological Reference Interval
HbA1c (Glycosalated Haemoglobin)	5.3	%	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
Results are to be corelated clinically

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Ref. Doctor : SELF
Sponsor Name :

Age/Gender : 40 Y, Female
OP Visit No : OPD-UNIT-II-2
Reported On : 26/08/2023 08:00PM

HAEMATOLOGY

Investigation	Observed Value	Unit	Biological Reference Interval
ESR- Erythrocyte Sedimentation Rate Method: Westergren's Method	10	mm /HR	0 - 20

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) : B
RhD factor (Rh Typing) : POSITIVE

End of Report
Results are to be correlated clinically

Lab Technician / Technologist
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M.D. PATHOLOGY

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Ref. Doctor : SELF
Sponsor Name :

Age/Gender : 40 Y Female
OP Visit No : OPD-UNIT-II-2
Reported On : 26/08/2023 08:00PM

CLINICAL PATHOLOGY

Investigation	Observed Value	Unit	Biological Reference Interval
URINE ROUTINE EXAMINATION			
Physical Examination			
Volum of urine	25ML		
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	4-6	/hpf	0 - 5
Epithelial Cell	6-8	/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 correlated clinically

Lab Technician / Technologist
 path

Page 1 of 2

Adarsh
 DR DHANANJAY RAMCHANDRA PRASAD
 M.D. PATHOLOGY

NAME OF PATIENT: MISS. SEEMA EKKA

AGE 40YRS/FEMALE

REFERRED BY: BOB

DATE:26/08/2023.

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
(MD)
CONSULTANT RADIOLOGIST

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EXAMINATION OF EYES :- (BY OPHTHALMOLOGIST)

Patient Name Miss Seema EKKA

Date 26/08/23

Sex/Age 40/A

MR No

Employee Id

EXTERNAL EXAMINATION				
SQUINT		NO		
NYSTAGMUS				
COLOUR VISION		NORMAL		
FUNDUS:(RE):-		WNL	(LE):-	WNL
INDIVIDUAL COLOUR IDENTIFICATION		Good		
DISTANT VISION:(RE):-		6/6	(LE):-	6/6
NEAR VISION:(RE):-		18/60	(LE):-	18/60
NIGHT BLINDNESS		WNL		
	SPH	CYL	AXIS	ADD
RIGHT				+1.25
LEFT				+1.25
REMARKS :-				



ID: 528

MISS SEEMA EKKA

Female 40Years

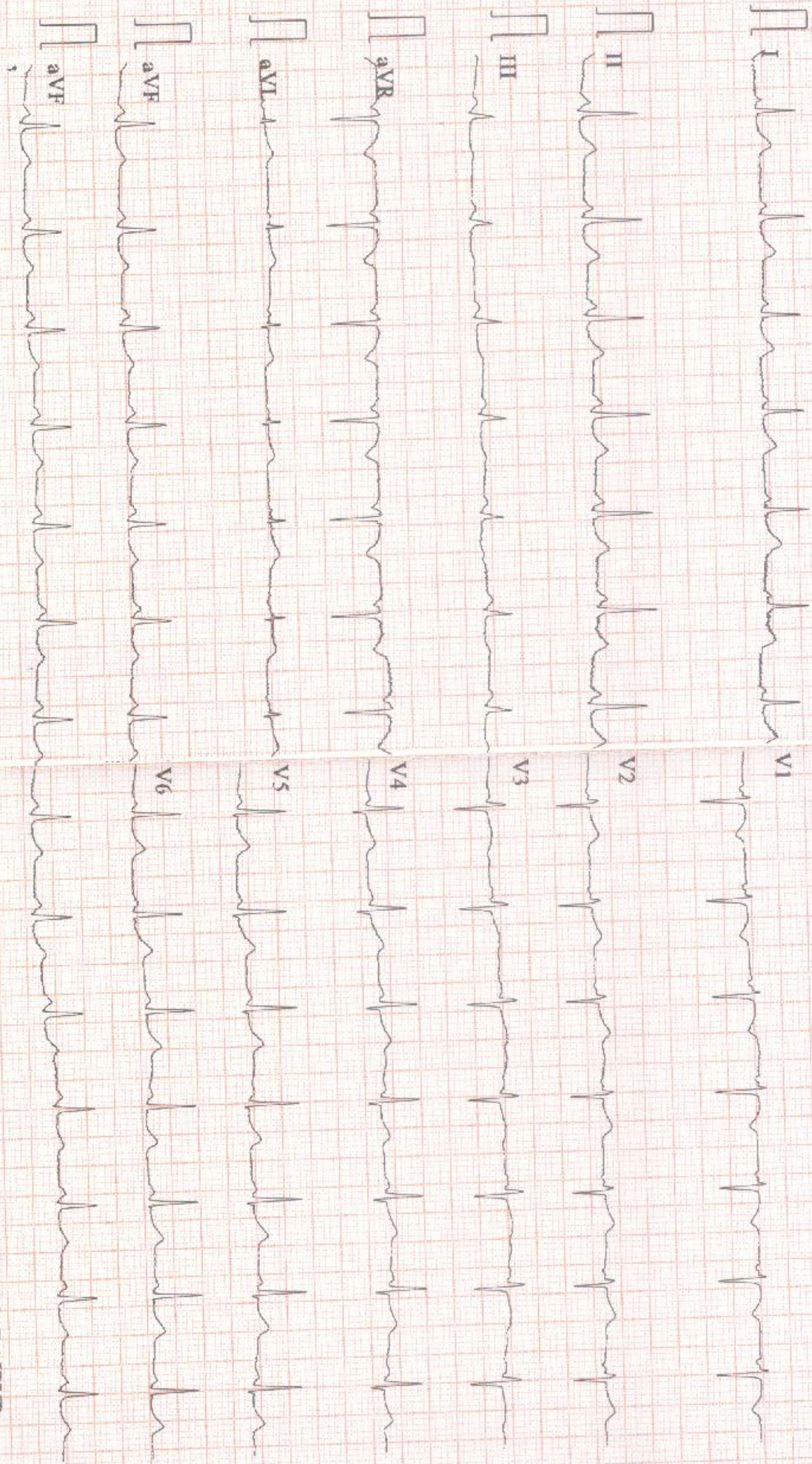
26-08-2023 11:31:30 AM

HR	: 85	bpm
P	: 92	ms
PR	: 106	ms
QRS	: 76	ms
QT/QTc	: 364/433	ms
P/QRS/T	: 59/49/33	°
RV5/SV1	: 0.864/0.720	mV

Diagnosis Information:

Sinus rhythm
 Short PR interval
 Borderline ECG

Report Confirmed by:





Stage	Time	Duration	Speed(kmph)	Elevation	METs	Rate	% THR	BP	RPP	PVC	Comments
Standing	00:18	0:18	00.0	00.0	01.0	097	54 %	130/80	126	00	
ExStart	00:22	0:04	00.0	00.0	01.0	097	54 %	130/80	126	00	
BRUCE Stage 1	03:22	3:00	02.7	10.0	04.7	133	74 %	132/82	175	00	
PeakEX	06:06	2:44	04.0	12.0	06.9	157	87 %	134/84	210	00	
Recovery	07:06	1:00	00.0	00.0	01.0	134	74 %	132/82	176	00	
Recovery	07:48	1:42	00.0	00.0	01.0	128	71 %	132/82	168	00	

FINDINGS :

- Exercise Time : 06:44
- Max HR Attained : 157 bpm 87% of Target 180
- Max BP Attained : 134/84 (mm/Hg)
- Max Workload Attained : 6.9 Fair response to induced stress
- Test End Reasons : Test Complete, Heart Rate Achieved

REPORT :

Report: Stress test is Negative for Reversible Myocardial Ischemia with fair function capacity.



Doctor : DR DEEPAN DAS MBBS DIP.CARDIO

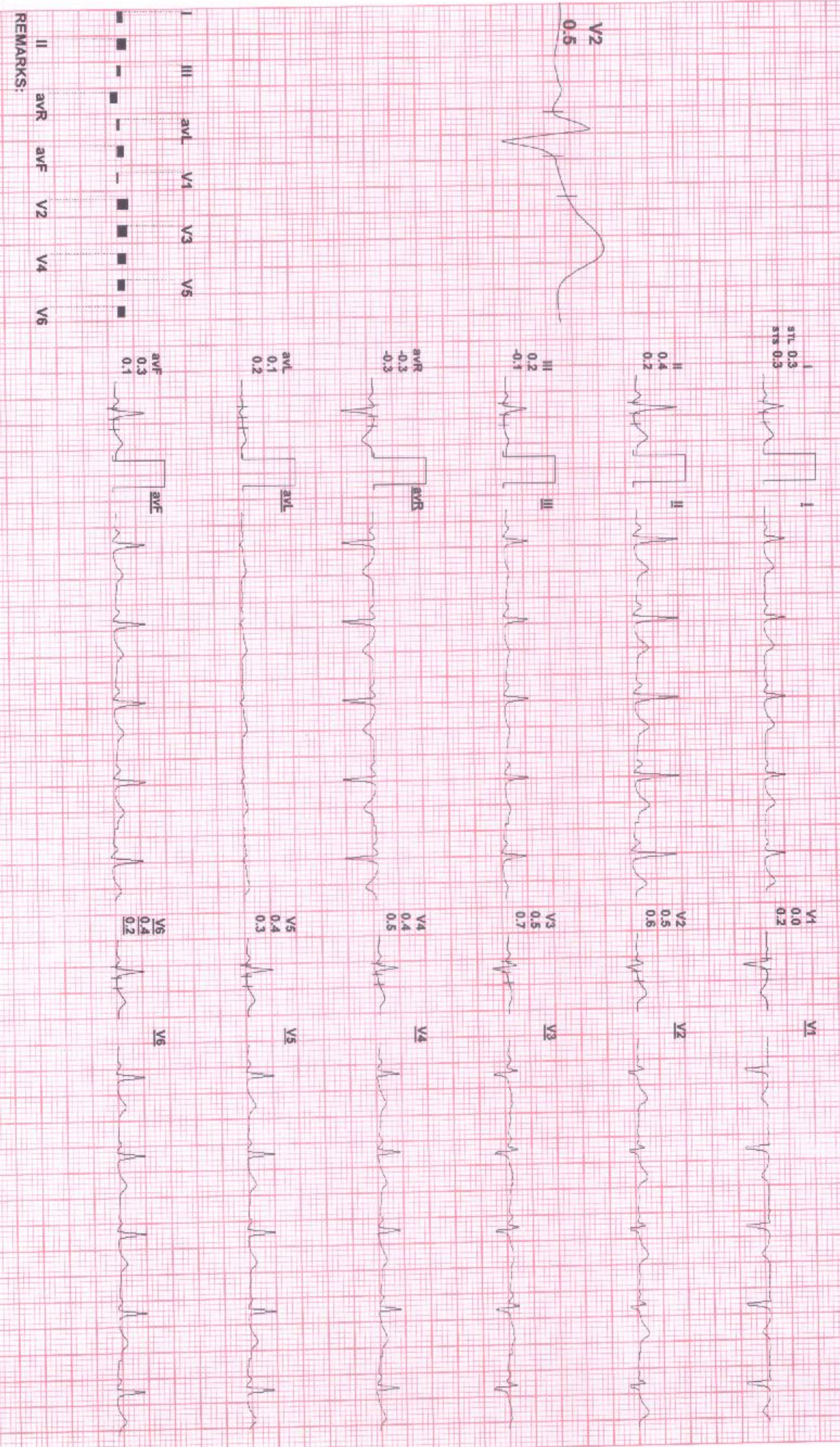


MRS SEEMA EKKA / 40 Yrs / F / 155 Cms / 65 Kg / HR : 97

Date: 26-08-2023 12:26:56 PM METS: 1.0/ 97 bpm 54% of THR BP: 130/80 mmHg Combined Medians/ BLC On/ Notch On/ HF 0.05 Hz/LF 20 Hz

4X 80 mS Post J

EXTime: 00:00 0.0 Km/h, 0.0%
25 mm/Sec. 1.0 Cm/mV



REMARKS:

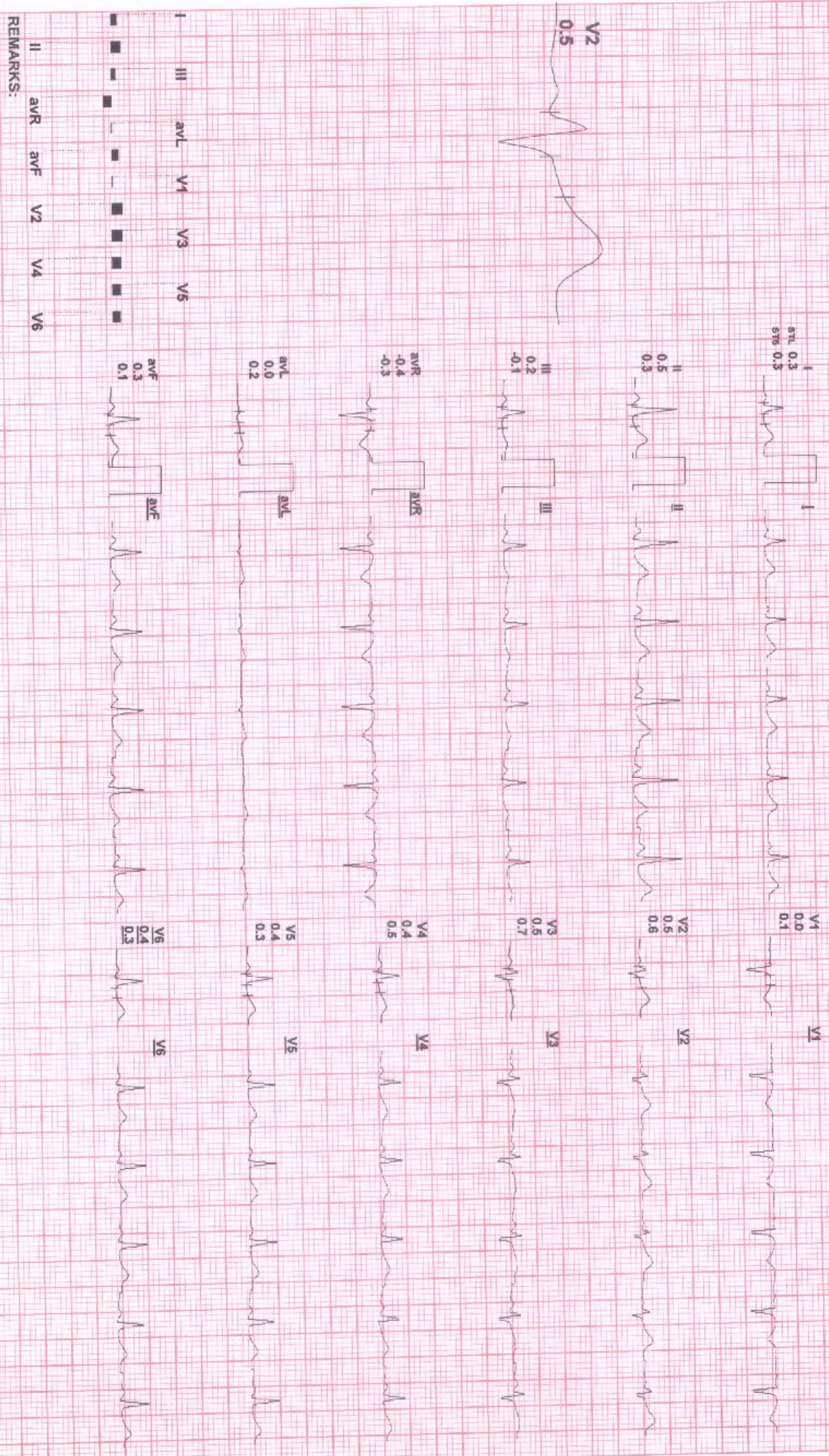


MRS SEEMA EKKA / 40 Yrs / F / 155 Cms / 65 Kg / HR : 97

Date: 26-06-2023 12:26:56 PM METS: 1.0/ 97 bpm 54% of THR BP: 130/80 mmHg Combined Medians/ BLC On/ Notch On/ HF: 0.05 HZ/LF: 20 HZ

EXTime: 00:00 0.0 Kmph, 0.0%
25 mm/Sec, 1.0 Cm/mV

4X 80 mS Post J



REMARKS:



MRS SEEMA EKKA / 40 Yrs / F / 155 Cms / 65 Kg / HR : 133

Date: 26 - 08 - 2023 12:26:56 PM METS: 4.71/133 bpm 74% of THR BP: 132/82 mmHg Combined Medians/ BLC On/ Notch On/ HF 0.05 Hz/LF 20 Hz

EXTime: 03:00 2.7 Kmph, 10.0%
25 mm/Sec. 1.0 Cm/mV

4X 60 MS Post J

I 1.6
STI 1.6
STs 2.9



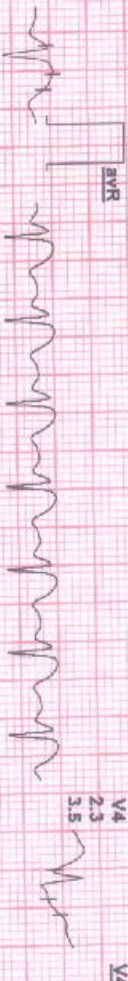
II 1.4
III 3.6



III 2.6
aVF 1.5



aVR -1.4
aVL -3.1



aVL -1.2
aVF 1.1



aVF 2.5
aVL 2.8



REMARKS:



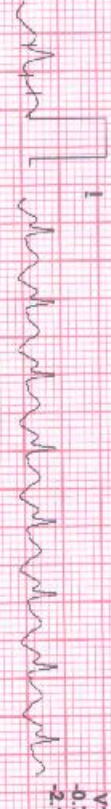
MRS SEEMA EKKA / 40 Yrs / F / 155 Cms / 65 Kg / HR : 157

Date: 26 - 08 - 2023 12:26:56 PM METS: 6.9/ 157 bpm 87% of THR BP: 134/84 mmHg Combined Medians/ BLC Or/ Notch Or/ HF 0.05 Hz/LF 20 Hz

ExTime: 05:44 4.0 Km/Ph, 12.0%
25 mm/Sec, 1.0 Cm/mv

4X 60 mS Post J

I
STL 0.7
STS 1.8



V1
-0.7
-2.1



II
0.2
-0.2



V2
1.1
0.2



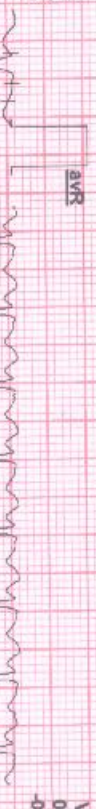
III
-0.4
-2.3



V3
0.4
0.1



aVR
-0.4
-0.9



V4
0.1
-0.4



aVL
1.2
2.3



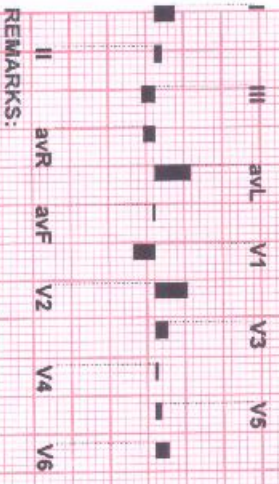
V5
0.2
-0.2



aVF
0.0
-1.2



V6
0.4
-1.1



REMARKS:



MRS SEEMA EKKA / 40 Yrs / F / 155 Cms / 65 Kg / HR : 134

Date: 26 - 08 - 2023 12:26:56 PM METS: 1.0/134 bpm 74% of THR BP: 132/82 mmHg Combined Medians/ BLC On/ Notch On/ HF 0.05 Hz/LF 20 Hz

4X 60 mS Post J

ExTime: 05:44 0.0 Km/h, 0.0%
25 mm/Sec. 1.0 Cm/mV

I
STL 0.5
STS 1.4



V1
0.0
0.1

V1

-0.1

V1

II
0.1
1.1



V2
1.1
2.0

V2

V2
1.1

III
-0.5
-0.3



V3
0.5
1.3

V3

aVR
-0.3
-1.2



V4
0.2
0.9

V4

aVL
0.6
0.9



V5
0.2
0.9

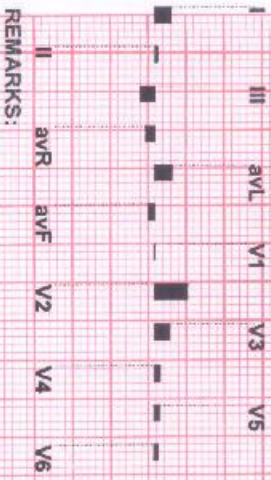
V5

aVF
-0.2
0.4



V6
0.1
0.8

V6



REMARKS:

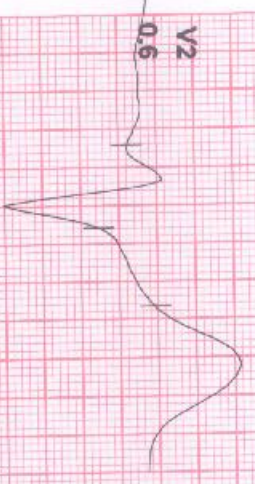


MRS SEEMA EKKA / 40 Yrs / F / 155 Cms / 65 Kg / HR : 128

Date: 26 - 08 - 2023 12:26:56 PM METS: 1.0/ 128 bpm 71% of THR BP- 132/82 mmHg Combined Medians/ BLC On/ Notch On/ HF 0.05 H/L/F 20 Hz

4X 80 ms Post J

ExTime: 05:44 0.0 Kmph, 0.0% 25 mm/Sec. 1.0 Cm/mV



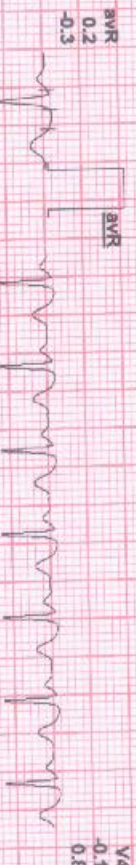
I 0.1
aVL 0.1
aVR 0.6



II 0.1
aVF 0.5
V1 0.2
V2 0.7



III 0.5
V3 0.1
V4 1.4



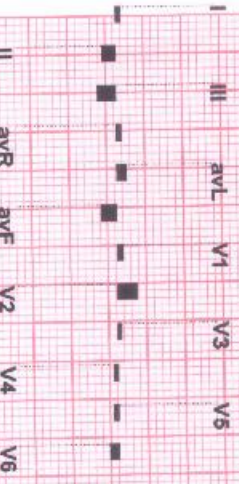
aVR 0.2
aVL 0.3
V4 0.1
V5 0.5



aVL 0.3
aVF 0.5



aVF 0.2
V5 0.2
V6 0.2



REMARKS: