

27-01-2024 02:05:24 PM

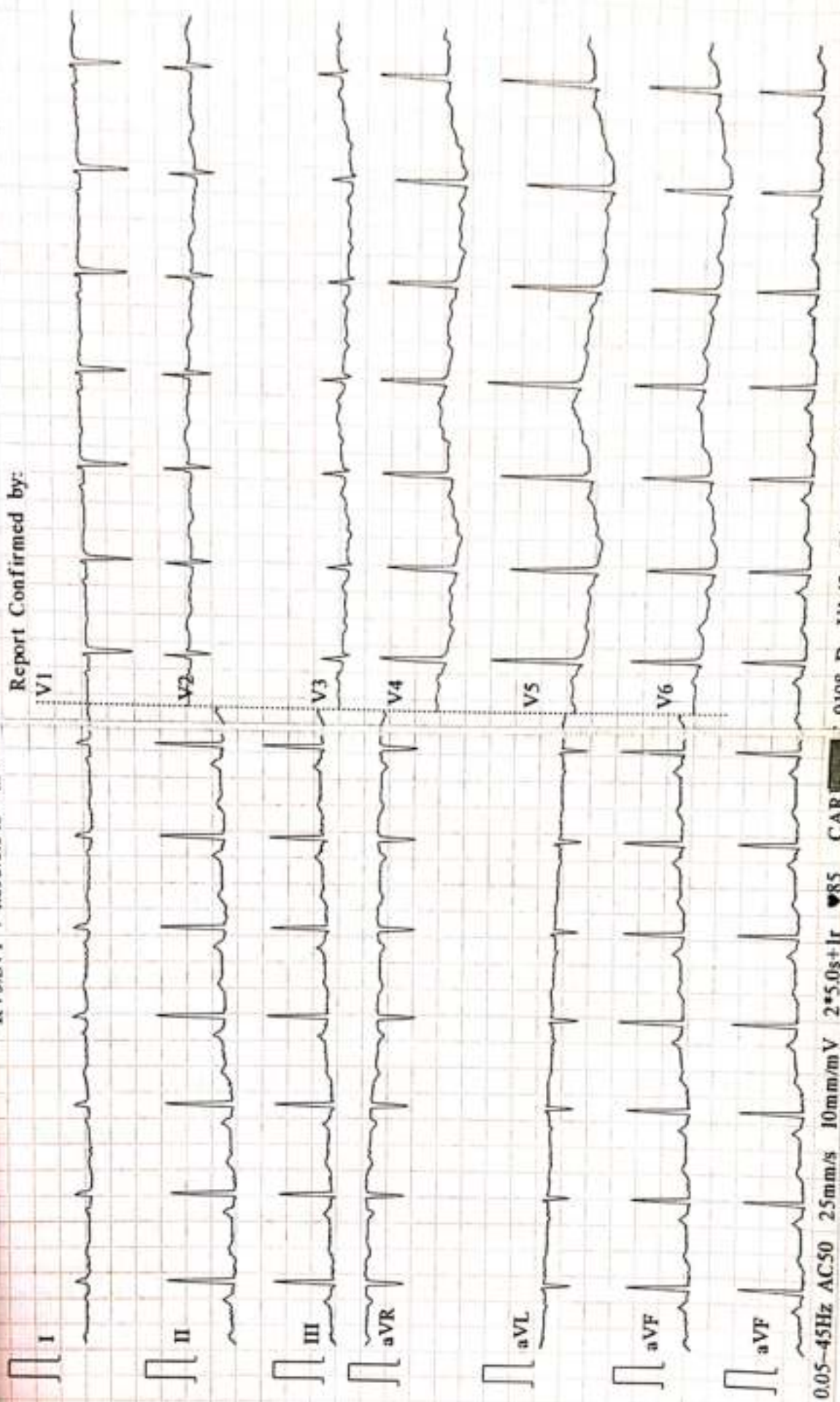
ID: 23

MRS SHASHI MALVI
Female 39Years

Diagnosis Information:

Sinus rhythm
Widespread ST-T abnormality is borderline for age and gender
Borderline ECG

HR	: 85	bpm
P	: 104	ms
PR	: 150	ms
QRS	: 80	ms
QT/QTc	: 366/436	ms
P-QRST	: 71/78/29	°
RV5/SV1	: 1.693/0.845	mV



0.05-45Hz AC50 25mm/s 10mm/mV 2*5.0s+1r 85 CAR

9108 D V1.43 Glasgow V28.6.0 APOLLO CLINIC RAIPUR

Patient Name : MRS SHASHI MALVI
 UHID/ MR No : 8842
 Visit Date : 27/01/2024
 Sample Collected On : 27/01/2024 02:56PM
 Ref. Doctor : SELF
 Sponsor Name :

Age/Gender : 39 Y Female
 OP Visit No : OPD-UNIT-II-1
 Reported On : 27/01/2024 06:56PM

HAEMATOTOLOGY

Investigation	Observed Value	Unit	Biological Reference Interval
HEMOGRAM			
Haemoglobin(HB)	8.8	gm/dl	12 - 16
Method: CELL COUNTER			
Erythrocyte (RBC) Count	4.92	mill/cu.mm.	4.20 - 6.00
Method: CELL COUNTER			
PCV (Packed Cell Volume)	26.40	%	39 - 52
Method: CELL COUNTER			
MCV (Mean Corpuscular Volume)	53.7	fL	76.00 - 100
Method: CELL COUNTER			
MCH (Mean Corpuscular Haemoglobin)	17.9	pg	26 - 34
Method: CELL COUNTER			
MCHC (Mean Corpuscular Hb Conc.)	33.3	g/dl	32 - 35
Method: CELL COUNTER			
RDW (Red Cell Distribution Width)	16.2	%	11- 16
Method: CELL COUNTER			
Total Leucocytes (WBC) Count	4.63	cells/cumm	3.50 - 11.00
Method: CELL COUNTER			
Neutrophils	53	%	40.0 - 73.0
Method: CELL COUNTER			
Lymphocytes	38	%	15.0 - 45.0
Method: CELL COUNTER			
Eosinophils	04	%	1-6%
Method: CELL COUNTER			
Monocytes	05	%	4.0 - 12.0
Method: CELL COUNTER			
Basophils	00	%	0.0 - 2.0
Method: CELL COUNTER			

End of Report
 Results are to be correlated clinically

Lab Technician / Technologist
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 M.D. PATHOLOGY

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HAEMATOLOGY

Investigation	Observed Value	Unit	Biological Reference Interval
Platelet Count Method: CELL COUNTER	222	lacs/cu.mm	150-400
ESR- Erythrocyte Sedimentation Rate Method: Westergren's Method	26	mm /HR	0 - 20

Blood Group (ABO Typing)

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

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Age/Gender : 39 Y Female
OP Visit No : OPD-UNIT-II-2
Reported On : 27/01/2024 06:56PM

BIO CHEMISTRY

Investigation	Observed Value	Unit	Biological Reference Interval
HbA1c (Glycosalated Haemoglobin)	5.5	%	Non-diabetic: <=5.6, Pre-Diabetic 5.7-6.4, Diabetic: >=6.5

- HbA1c is used for monitoring diabetic control. It reflects the estimated average glucose (eAG).
 - 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%.
 - Trends in HbA1c are a better indicator of diabetic control than a solitary test.
 - Low glycated haemoglobin (below 4%) in a non-diabetic individual are often associated with systemic inflam
- HbA1c is used for monitoring diabetic control. It reflects the estimated average glucose (eAG).
 - 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%.
 - Trends in HbA1c are a better indicator of diabetic control than a solitary test.
 - 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.
 - To estimate the eAG from the HbA1C value, the following equation is used: $eAG(mg/dl) = 28.7 * A1c - 46.7$
 - Interference of Haemoglobinopathies in HbA1c estimation.
 - For HbF > 25%, an alternate platform (Fructosamine) is recommended for testing of HbA1c.
 - Homozygous hemoglobinopathy is detected, fructosamine is recommended for monitoring diabetic status
 - Heterozygous state dete

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Sponsor Name :

Age/Gender : 39 Y Female
OP Visit No : OPD-UNIT-II-5
Reported On : 27/01/2024 06:56PM

BIO CHEMISTRY

Investigation	Observed Value	Unit	Biological Reference Interval
GLUCOSE - (POST PRANDIAL)			
Glucose -Post prandial Method: REAGENT GRADE WATER	83.0	mg/dl	70-140
GLUCOSE (FASTING)			
Glucose- Fasting SUGAR REAGENT GRADE WATER	78.0	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: Spectrophotometric	4.6	mg/dL	2.6 - 7.2

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Sponsor Name :

Age/Gender : 39 Y Female
OP Visit No : OPD-UNIT-II-5
Reported On : 27/01/2024 06:56PM

BIO CHEMISTRY

Investigation	Observed Value	Unit	Biological Reference Interval
LIPID PROFILE TEST (PACKAGE)			
Cholesterol - Total	135.0	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: Spectrophotometric			
HDL Cholesterol	43.0	mg/dl	Major risk factor for heart disease: < 40 Negative risk factor for heart disease: >60
Method: Spectrophotometric			
LDL Cholesterol	77	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	15	mg/dl	6 - 38
Total Cholesterol/HDL Ratio	3.14		3.5 - 5
Method: Spectrophotometric			

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Patient Name : Mrs.SHASHI MALVI	Collected : 27/Jan/2024 05:17PM
Age/Gender : 39 Y 0 M 0 D /F	Received : 27/Jan/2024 05:38PM
UHID/MR No : DSUS.0000006233	Reported : 27/Jan/2024 07:02PM
Visit ID : DSUSOPV7264	Status : Final Report
Ref Doctor : APOLLO CLINIC	Client Name : PUP APOLLO CLINIC SAMRIDDI AR
IP/OP NO :	Patient location : Raipur,Raipur

DEPARTMENT OF IMMUNOLOGY

Test Name	Result	Status	Unit	Bio. Ref. Range	Method
THYROID PROFILE TOTAL (T3, T4, TSH) , SERUM					
TRI-IODOTHYRONINE (T3, TOTAL)	1	Normal	ng/mL	0.7-2.04	CLIA
THYROXINE (T4, TOTAL)	8.10	Normal	µg/dL	5.48-14.28	CLIA
THYROID STIMULATING HORMONE (TSH)	3.460	Normal	µIU/mL	0.34-5.60	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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Age/Gender : 39 Y Female
 OP Visit No : OPD-UNIT-II-2
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CLINICAL PATHOLOGY

Investigation	Observed Value	Unit	Biological Reference Interval
URINE ROUTINE EXAMINATION			
Physical Examination			
Volum of urine	25ML		
Appearance	Clear		Clear
Colour	Pale Yellow		Colourless
Specific Gravity	1.020		1.001 - 1.030
Reaction (pH)	5.0		
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	2-4	/hpf	0 - 5
Epithelial Cell	2-4	/hpf	0 - 5
Crystals	Not Seen	/hpf	Not Seen
Bacteria	Not Seen	/hpf	Not Seen
Budding yeast	Not Seen	/hpf	

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ECHOCARDIOGRAPHY REPORT

NAME : MRS SHASHI MALVI	Age/Sex: 39Yrs/Female	ECG : Sinus Rhythm
OPD/ IPD : OPD	STUDY DATE: 29/01/2024	REGN. NO. : FRAI.0000020604
Ref. By Dr : BOB		

M-MODE MEASUREMENTS:-

	Patient Value (cm)	Normal Value (cm)		Patient Value (cm)	Normal Value (cm)
Aortic Root Diameter	2.9	2.0 – 3.7	IVS Thickness	ED = 0.9 ES = 1.2	0.6 – 1.1
Aortic Valve Opening	1.7	1.5 – 2.6	PW Thickness	ED = 0.9 ES = 1.2	0.6 – 1.1
LA Dimension	3.0	1.9 – 4.0	RA Dimension	---	2.6
LVID(D)	3.9	3.7 – 5.5	RV Dimension	---	2.6
LVID(s)	2.4	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.
Diastolic Function	: Normal.

FINAL IMPRESSION : NO RWMA AT REST.
NORMAL LV SYSTOLIC FUNCTION.
NORMAL CARDIAC CHAMBER AND NORMAL VALVES.
NO I/C CLOT VEGITATION OR PERICARDIAL EFFUSION.

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

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NAME OF PATIENT: MRS. SHASHI MALVI

AGE: 39YRS / FEMALE

REFERRED BY: BOB

DATE: 27/01/2024.

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.



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.



PATIENT NAME: MRS. SHASHI MAVLI
REF BY: BOB

AGE / SEX: 39 YRS/F
DATE: 27.01.2024

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: - A stone largest size 0.39 CM.

Pancreas & Paraaortic Region: Normal.

Spleen: Is enlarged in size measures 16.96 cm, and echotexture.

Kidneys	RIGHT	LEFT
SIZE	10.19X3.48Cm	10.82x3.68Cm
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 (7 x 4.6 x 3.7 cm, Vol. – 66 cc) and echotexture. Endometrial thickness 5.4 mm.

Right Ovary: Normal in size (3.94 x2.72 cm), shape and echotexture.

Left Ovary: Normal in size (3.51 x 1.67 cm), shape and echotexture.

No evidence of free fluid in abdomen or pelvis.

IMPRESSION:

- GALL BALDDER STONE 0.39 CM
- 2CM DEFECT IN UMBILICAL REGION

Advised clinical correlation/further evaluation if clinically indicated.



DR. ZEESHAN ATEEB DANI
(MD)
CONSULTANT RADIOLOGIST

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29/Jan/2024

Mrs. Shachi Malvi 39f.

WMP = 15 days back

MC x 10 yrs
 9 yrs ♀ UCE (Adu)
 3 yrs ♂ UCE (Adu)

H/O vaginismus
 Burning in vagina : last 1 yr.

M/H = 5d /
 28-32d.
 heavy flow.

P/A - T₃ scar + n-
 Soft
 Non-tender

PAP smear

P/C - Ex regular
 mucoid + 2+ n-

P/V - ut-AU (N) size.
 Cod soft mass

Kc -

- Tab. Flucon 150mg OD x 3 days
- Tab. Zifi 500mg RD x 5 days
- Tab. Gabap 500mg OD x 5 days

Change to 1H3 vaginal pessary x 7 nights
 Ref. (can see 1st)

VAGINISMUS

Leidit - ointment (2-3 application) for 2 weeks.
✓ 1st. dose (x →) x 1st time -