

**Patient Name** : MRS POULOMI KARAR  
**UHID/ MR No** : 6329  
**Visit Date** : 26/08/2023  
**Sample Collected On** : 26/08/2023 02:35PM  
**Ref. Doctor** : SELF  
**Sponsor Name** :

**Age/Gender** : 31 Y. Female  
**OP Visit No** : OPD-UNIT-II-1  
**Reported On** : 27/08/2023 12:12PM

**BIO CHEMISTRY**

Investigation	Observed Value	Unit	Biological Reference Interval
<b>GLUCOSE - (POST PRANDIAL)</b>			
Glucose -Post prandial Method: REAGENT GRADE WATER	98.0	mg/dl	70-140
<b>GLUCOSE (FASTING)</b>			
Glucose- Fasting SUGAR REAGENT GRADE WATER	89.0	mg/dl	70 - 120
<b>KFT - RENAL PROFILE - SERUM</b>			
BUN-Blood Urea Nitrogen METHOD: Spectrophotometric	09	mg/dl	7 - 20
<b>Creatinine</b> METHOD: Spectrophotometric	0.78	mg/dl	0.6-1.4
<b>Uric Acid</b> Method: Spectrophotometric	3.2	mg/dL	2.6 - 7.2

**End of Report**  
*Results are to be corelated clinically*



**DR DHANANJAY RAMCHANDRA PRASAD**  
**M.D. PATHOLOGY**

Lab Technician / Technologist  
 path



**PATIENT DETAILS**

<b>NAME:</b>	<b>POULOMI KAR</b>	<b>REFERENCE NO:</b>	RWDTFSH010570
<b>D / S / W O:</b>		<b>Age:</b>	31 Yr
<b>Address:</b>	RAIPUR	<b>Contact No:</b>	
<b>Sample received on:</b>	26/08/2023 @ 21:30	<b>Reported on:</b>	26/08/2023 @ 22:50
<b>Repeat Sample, if any:</b>	NA	<b>Reported on:</b>	NA
<b>Referred by:</b>	APOLLO CLINIC	<b>Hospital / Lab ID:</b>	APOLLO CLINIC
		<b>Gender:</b>	FEMALE
		<b>STATUS:</b>	FINAL
		<b>STATUS:</b>	FINAL

**HORMONAL ASSAY**

Test	Specimen	Result	Units	Reference Range
<b># Thyroid Panel, TFT, TOTAL:</b>				
• Triiodothyronine, <b>T3</b>	Blood, Serum	1.33	ng / ml	0.87 – 1.78
• Thyroxine, <b>T4</b>	""	8.17	µg / dL	6.0 – 12.2
• Thyroid stimulating hormone, <b>TSH</b>	""	6.88	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

Apollo Clinic  
Lab Incharge

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Method: Automated chemiluminescent based assay.

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Dr Mritunjai Saraf  
MD Pathology, Consultant Pathologist

+91 96918 26363

(end of report)

0771 4033341/42

\*\*NOTE: Test results are as per the submitted sample & represent indicative values meant only to be clinically correlated and assist physicians to make medical decisions. Any discrepancy must be notified to our office 24x7. This report is not valid for medico-legal purposes.\*\*

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**Sponsor Name** :

**Age/Gender** : 31 Y Female  
**OP Visit No** : OPD-UNIT-II-2  
**Reported On** : 29/08/2023 11:53AM

**PAP SMEAR**

Investigation	Observed Value	Unit	Biological Reference Interval
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**PAP SMEAR**

**SPECIMEN** : Cervical smears.

**GROSS** : 03 Unstained slides received.

**ADEQUACY** : Satisfactory for evaluation.  
Transformation zone is not seen.

**MICROSCOPY** : Smears show superficial and intermediate squamous cells predominantly and few parabasal cells showing benign reactive cellular changes of inflammation. Background shows mild to moderate acute inflammatory cells infiltrate. No atypical cells seen.


**IMPRESSION** : Negative for Intraepithelial Lesion/Malignancy (NILM).with Reactive cellular changes associated with inflammation.

**ADVICE** : Clinical correlation.

**End of Report**  
Results are to be correlated clinically

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### HAEMATOLOGY

Investigation	Observed Value	Unit	Biological Reference Interval
<b>HEMOGRAM</b>			
Haemoglobin(HB) Method: CELL COUNTER	9.6	gm/dl	12 - 16
Erythrocyte (RBC) Count Method: CELL COUNTER	3.81	mill/cu.mm.	4.20 - 6.00
PCV (Packed Cell Volume) Method: CELL COUNTER	28.80	%	39 - 52
MCV (Mean Corpuscular Volume) Method: CELL COUNTER	75.6	fL	76.00 - 100
MCH (Mean Corpuscular Haemoglobin) Method: CELL COUNTER	25.2	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	15.6	%	11- 16
Total Leucocytes (WBC) Count Method: CELL COUNTER	7.56	cells/cumm	3.50 - 11.00
Neutrophils Method: CELL COUNTER	66	%	40.0 - 73.0
Lymphocytes Method: CELL COUNTER	26	%	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 correlated clinically*

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*Dr. Dhananjay Ramchandra Prasad*  
 DR DHANANJAY RAMCHANDRA PRASAD  
 M.D. PATHOLOGY

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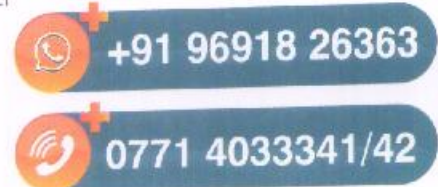
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### HAEMATOLOGY

Investigation	Observed Value	Unit	Biological Reference Interval
Platelet Count Method: CELL COUNTER	162	lacs/cu.mm	150-400
ESR- Erythrocyte Sedimentation Rate Method: Westergren's Method	25	mm /HR	0 - 20


### Blood Group (ABO Typing)

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

**End of Report**  
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**BIO CHEMISTRY**

Investigation	Observed Value	Unit	Biological Reference Interval
<b>LIPID PROFILE TEST (PACKAGE)</b>			
Cholesterol - Total	136.0	mg/dl	Desirable: < 200 Borderline High: 200-239 High: >= 240
Triglycerides level	101.0	mg/dl	Normal : < 150 Borderline High : 150-199 Very High : >=500
Method: Spectrophotometric HDL Cholesterol	46.0	mg/dl	Major risk factor for heart disease: < 40 Negative risk factor for heart disease :>60
Method: Spectrophotometric LDL Cholesterol	69.80	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	20.20	mg/dl	6 - 38
Total Cholesterol/HDL Ratio	2.96		3.5 - 5
Method: Spectrophotometric			

**End of Report**  
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**Age/Gender** : 31 Y. Female  
**OP Visit No** : OPD-UNIT-II-4  
**Reported On** : 27/08/2023 12:12PM

### BIO CHEMISTRY

Investigation	Observed Value	Unit	Biological Reference Interval
<b>LIVER FUNCTION TEST</b>			
<b>Bilirubin - Total</b> Method: Spectrophotometric	0.8	mg/dl	0.1-1.2
<b>Bilirubin - Direct</b> Method: Spectrophotometric	0.2	mg/dl	0.05-0.3
<b>Bilirubin (Indirect)</b> Method: Calculated	0.60	mg/dl	0 - 1
<b>SGOT (AST)</b> Method: Spectrophotometric	29	U/L	0 - 32
<b>SGPT (ALT)</b> Method: Spectrophotometric	32	U/L	0 - 33
<b>ALKALINE PHOSPHATASE</b>	75	U/L	25-147
<b>Total Proteins</b> Method: Spectrophotometric	6.8	g/dl	6 - 8
<b>Albumin</b> Method: Spectrophotometric	3.6	mg/dl	3.4 - 5.0
<b>Globulin</b> Method: Calculated	3.2	g/dl	1.8 - 3.6
<b>A/G Ratio</b> Method: Calculated	1.1	%	1.1 - 2.2

**End of Report**  
Results are to be correlated clinically

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**OP Visit No** : OPD-UNIT-II-2  
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### BIO CHEMISTRY

Investigation	Observed Value	Unit	Biological Reference Interval
<b>HbA1c (Glycosalated Haemoglobin)</b>	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:  $eAG(mg/dl) = 28.7 \times A1c - 46.7$
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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**OP Visit No** : OPD-UNIT-II-2  
**Reported On** : 27/08/2023 12:12PM

### CLINICAL PATHOLOGY

Investigation	Observed Value	Unit	Biological Reference Interval
<b>URINE ROUTINE EXAMINATION</b>			
<b>Physical Examination</b>			
Volum of urine	20ML		
Appearance	Clear		Clear
Colour	Pale Yellow		Colourless
Specific Gravity	1.020		1.001 - 1.030
Reaction (pH)	6.0		
<b>Chemical Examination</b>			
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
<b>Microscopic Examination</b>			
RBC (Urine)	0-1	/hpf	0 - 2
Pus cells	4-6	/hpf	0 - 5
Epithelial Cell	4-6	/hpf	0 - 5
Crystals	Not Seen	/hpf	Not Seen
Bacteria	Not Seen	/hpf	Not Seen
Budding yeast	Not Seen	/hpf	

**End of Report**  
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**DR DHANANJAY RAMCHANDRA PRASAD**  
 M.D. PATHOLOGY

**NAME OF PATIENT: MRS. POULOMI KARAR**

**AGE 31YRS/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

**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 . POULOMI KARAR  
REF BY: BOB

AGE / SEX: 31YRS/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 & normal.

**Pancreas & Paraaortic Region:** Normal.

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

Kidneys	RIGHT	LEFT
SIZE	10.45X3.43Cm	12.22x4.12Cm
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 ( 7.26 x 4.92 x 3.76 cm, Vol. – 70 cc ) and echotexture. Endometrial thickness 4.6 mm.

**Right Ovary:** Normal in size ( 3.72 x 1.55 cm), shape and echotexture.

**Left Ovary:** Normal in size ( 3.15 x 1.98 cm), shape and echotexture.

No evidence of free fluid in abdomen or pelvis.

**IMPRESSION:**

USG abomen within normal limit.

Advised clinical correlation/further evaluation if clinically indicated.



**DR. ZEESHAN ATEEB DANI**  
(MD)  
**CONSULTANT RADIOLOGIST**

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**EXAMINATION OF EYES :- ( BY OPHTHALMOLOGIST )**

Patient Name Mrs Pouloni Kuan

Date 26/8/23

Sex/Age 31/F

MR No .....

Employee Id .....

EXTERNAL EXAMINATION				
SQUINT				
NYSTAGMUS				
COLOUR VISION				
FUNDUS:(RE):-		(LE):-		
<u>WNL</u>		<u>WNL</u>		
INDIVIDUAL COLOUR IDENTIFICATION				
<u>Good</u>				
DISTANT VISION:(RE):-		(LE):-		
<u>6/6</u>		<u>6/6</u>		
NEAR VISION:(RE):-		(LE):-		
<u>NG</u>		<u>Nr</u>		
NIGHT BLINDNESS				
<u>NAD</u>				
	SPH	CYL	AXIS	ADD
RIGHT				
LEFT				
REMARKS :-				



Ms. Poulomi kasar / 31

26/8/23.

o/c Heavy bleedng during mens.  
since 1yr.

o/c - m/h 6yo.

- P/L - 3yr 9month / mch / us / drug wet.

o/c Hypothyroid & during pregnancy.

o/c  
PT 2000.

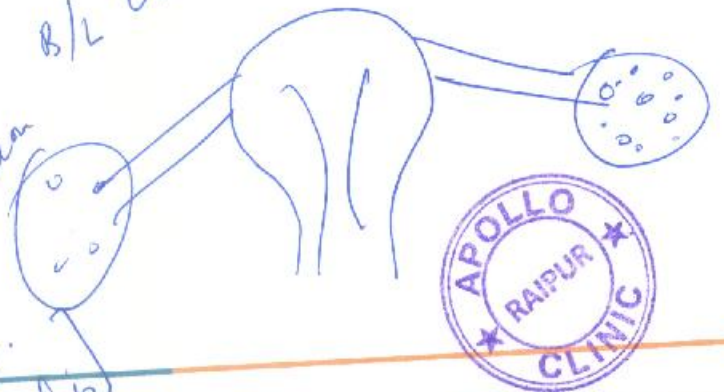
Vitals - stable

ket = ?

Adv  
TVS, pap smear.  
Iron study, Vc-D.

TVS - ut bulky,  
R/L R/O  
B/L Ovaris polycystic

Insulin Resistance  
Dist  
FBS + P  
↓ 2hr  
PPBS + PP.  
Insulin





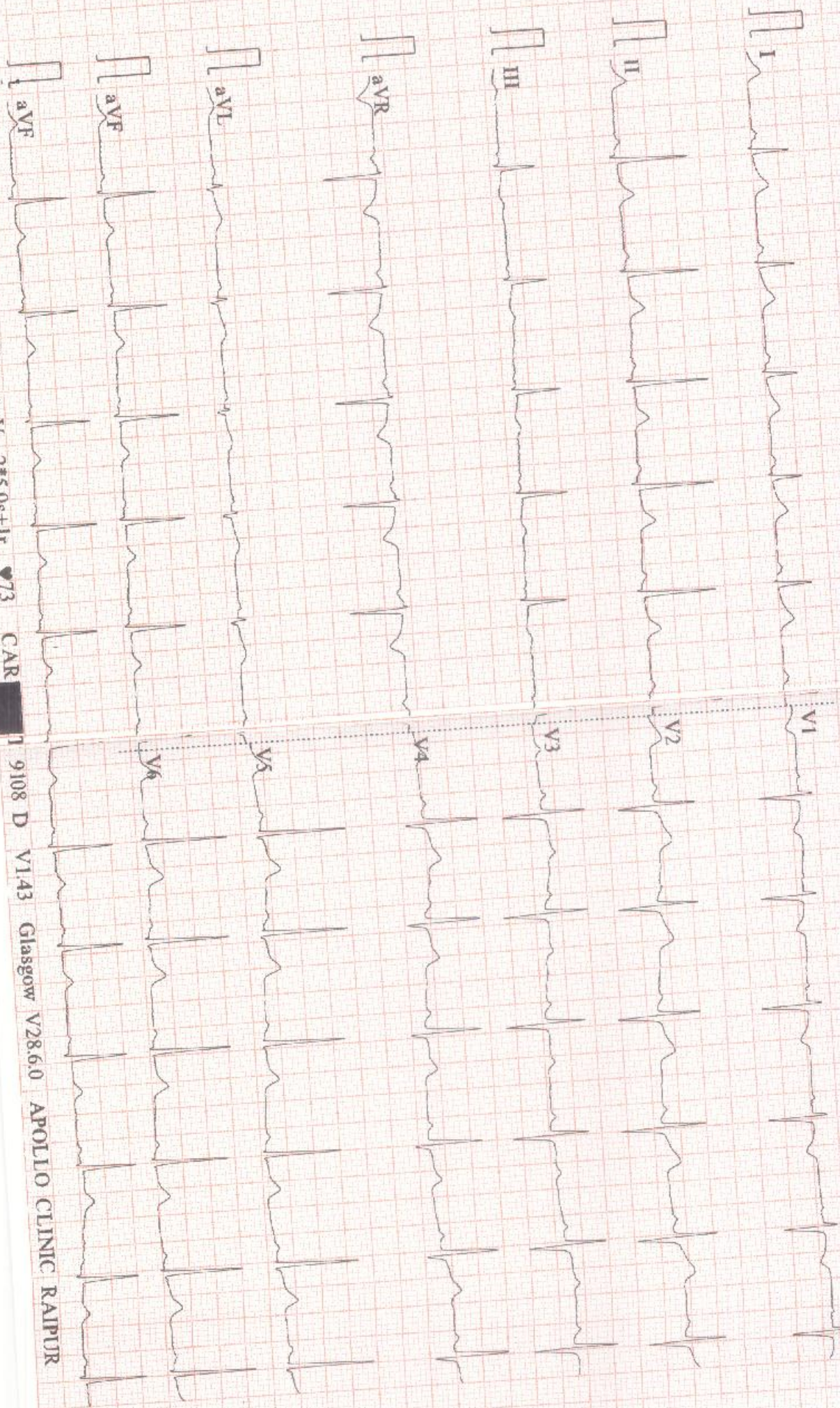
ID: 525  
MRS POLUMI  
Female 31Years

26-08-2023 11:01:53 AM

HR : 73 bpm  
P : 106 ms  
PR : 138 ms  
QRS : 84 ms  
QT/QTc : 396/437 ms  
P/QRS/T : 23/62/34  
RV5/SV1 : 1.507/0.805 mV

Diagnosis Information:  
Sinus rhythm  
Normal ECG

Report Confirmed by:



AG15 AC15 AG 50 25mm/s 10mm/mV 2\*5.0s+1r 73 CAR

9108 D V1.43 Glasgow V28.60 APOLLO CLINIC RAIPUR



## ECHOCARDIOGRAPHY REPORT

NAME : MRS POULOMI KARAR	Age/Sex: 31Yrs/Female	ECG : Sinus Rhythm
OPD/ IPD : OPD	STUDY DATE: 26/08/2023	REGN. NO. : FRAI.00000
Ref. By Dr : SELF		

### M-MODE MEASUREMENTS:-

	Patient Value (cm)	Normal Value (cm)		Patient Value (cm)	Normal Value (cm)
AorticRoot Diameter	2.6	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	3.5	1.9 – 4.0	RA Dimension	---	2.6
LVID(D)	4.9	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.
Diastolic Function	: Normal.

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

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

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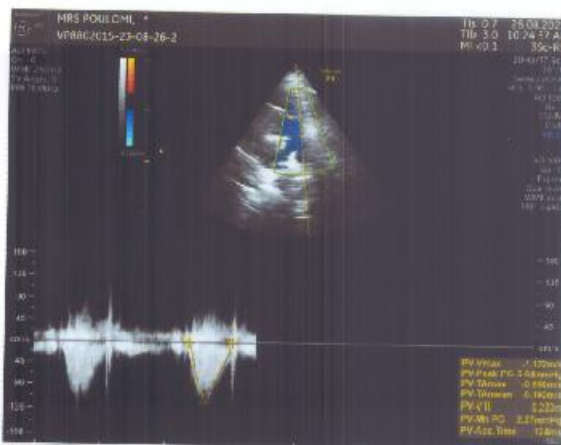
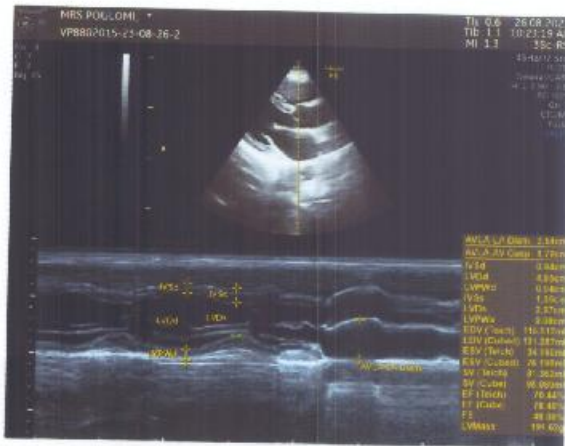
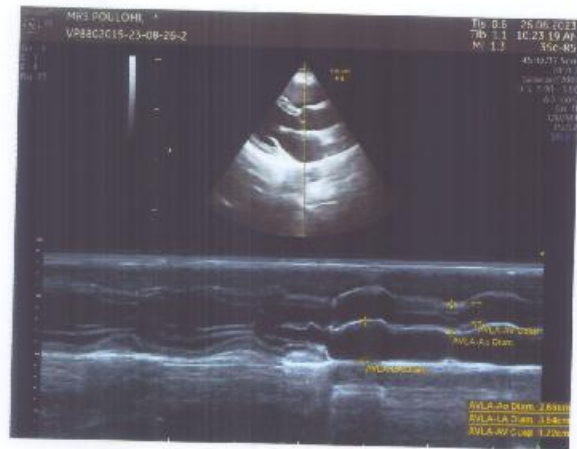
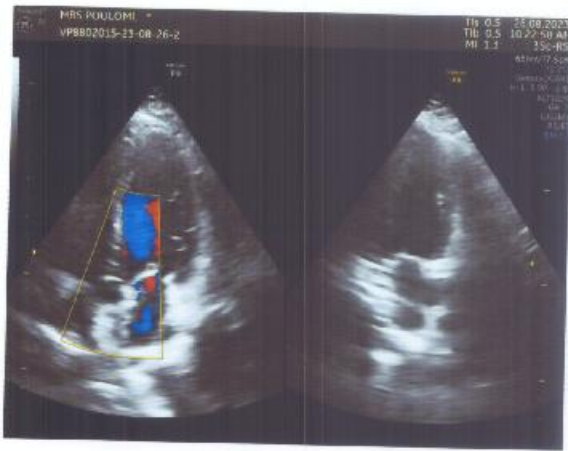
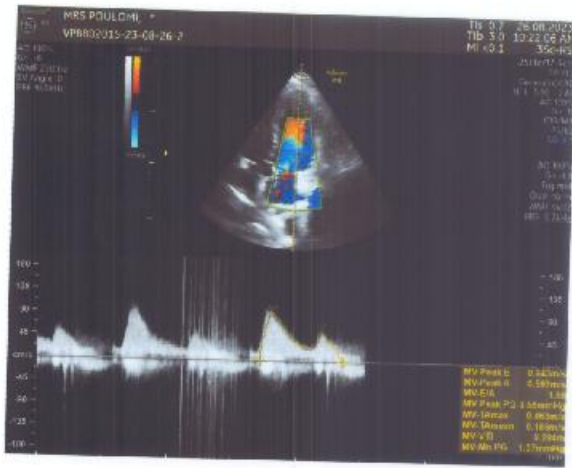
Apollo Clinic @ Tiara Complex A.T. Classic Near Ashoka Ratan, VIP Estate, Shankar Nagar, Raipur (C.G.)

Email : raipur1@apolloclinic.com | Website : www.apolloclinic.com

Online appointments: www.askapollo.com | Online reports: https://phr.apolloclinic.com

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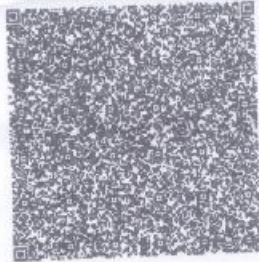
भारत सरकार  
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भारतीय विशिष्ट पहचान प्राधिकरण  
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Enrolment No.: 0000/00680/18110

To  
POULOMI CHINE  
w/o Jayanta Kumar Chine  
Chaitapur  
Dainan Anantanagar  
Hooghly West Bengal - 712406  
9830803559

Signature Not Verified  
Date: 2012-12-26 09:55:17  
UTC



आपका आधार क्रमांक / Your Aadhaar No. :

**7320 2371 6117**

VID : 9109 6201 2675 0881

मेरा आधार, मेरी पहचान



भारत सरकार  
Government of India



POULOMI CHINE  
Date of Birth/DOB: 13/12/1991  
Female/ FEMALE

Issue Date: 26/11/2012

**7320 2371 6117**

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मेरा आधार, मेरी पहचान



सत्यमेव जयते  
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### सूचना

- आधार पहचान का प्रमाण है, नागरिकता का नहीं।
- सुरक्षित QR कोड / ऑफलाइन XML / ऑनलाइन ऑथेंटिकेशन से पहचान प्रमाणित करें।
- यह एक इलेक्ट्रॉनिक प्रक्रिया द्वारा बना हुआ पत्र है।

### INFORMATION

- Aadhaar is a proof of identity, not of citizenship.
- Verify identity using Secure QR Code/ Offline XML/ Online Authentication.
- This is electronically generated letter.

- आधार देश भर में मान्य है।
- आधार कई सरकारी और गैर सरकारी सेवाओं को पाना आसान बनाता है।
- आधार में मोबाइल नंबर और ईमेल ID अपडेट रखें।
- आधार को अपने स्मार्ट फोन पर रखें, mAadhaar App के साथ।

- Aadhaar is valid throughout the country.
- Aadhaar helps you avail various Government and non-Government services easily.
- Keep your mobile number & email ID updated in Aadhaar.
- Carry Aadhaar in your smart phone – use mAadhaar App.

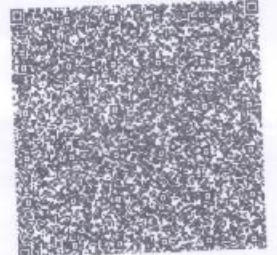


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Address:  
w/o Jayanta Kumar Chine, Chaitapur, Dainan  
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