

wt - 85 kg  
H - 162 (cm)  
BP - 100/60  
P - 92 bpm

Mrs. Chervi Damane  
Age - 36 y / F

CBC - 9.8 | 4.98 | 6.85 | 330 | 35

LFT - 23 | 28 | 75

RBS - F - 100.0 / PP - 117.0

Urea Nitrogen - 0.85

Uric Acid - 3.6

HbA1c - 5.6

Lipid - 115.0 / 69.0 / 41.0 / 60.20

ECHO - Normal

USG Abd - Bulky uterus  
w/ fatty liver

Adv -  
- Sr. B12 level  
- Sr. IRON profile



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

31/03/2023

Mrs. Chelvi Damani 36F

UMI = 10/3/2023.

P<sub>2</sub>L<sub>1</sub>(Pse 2180)

M/H =  $\frac{3d-4d}{2d-3d}$

Reg N<sub>1</sub> tan  
afu mixed to med  
dysacrom

P<sub>1</sub> Akman

P/A

Job  
Nalend

P/S — ca regular  
mucoid d/s +nt

P/v — ut RNMPS C<sub>x</sub> ↑  
3/1 paper

Tas. cannot see pessary 145 x 60gms

P<sub>1</sub> atyur

P<sub>1</sub>



- 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

Mrs. Cheri Damoni

1/4/2023

36/F.

Cheri complains of pain in lower right  
back teeth region.

8/12/23 8 teeth + cal + P

GZE Restoration ✓  
(Pain!)

7

Impacted ✓

8

Adv.

RVG



*Dr. Sweety Lath*

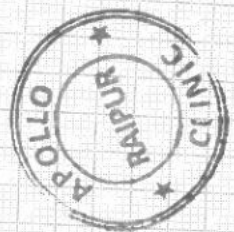
MRS CHERII DAMANI  
Female 36Years

01-04-2023 11:56:50 AM

HR : 80 bpm  
P : 108 ms  
PR : 160 ms  
QRS : 82 ms  
QT/QTc : 374/432 ms  
P/QRS/T : 43/9/32 °  
RV5/SV1 : 1.398/0.803 mV

Diagnosis Information:  
Sinus rhythm  
Normal ECG

Report Confirmed by:



Dr. Animesh Choudhary  
MD Medicine  
Reg. No. CGMC 3583/201-  
Apollo Clinic Raipur



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

Patient Name Mrs. Chetii Damani


Date 7/04/23

Sex/Age 36 Y / F

MR No .....

Employee Id .....

<b>EXTERNAL EXAMINATION</b>		<u>NAD</u>	
<b>SQUINT</b>			
<b>NYSTAGMUS</b>		<u>NO</u>	
<b>COLOUR VISION</b>		<u>NORMAL</u>	
<b>FUNDUS:(RE):-</b>	<u>WNL</u>	<b>(LE):-</b>	<u>WNL</u>
<b>INDIVIDUAL COLOUR IDENTIFICATION</b>		<u>WNL</u>	
<b>DISTANT VISION:(RE):-</b>	<u>6/6</u>	<b>(LE):-</b>	<u>6/6</u>
<b>NEAR VISION:(RE):-</b>	<u>6/6</u>	<b>(LE):-</b>	<u>6/6</u>
<b>NIGHT BLINDNESS</b>		<u>NAD</u>	
	<b>SPH</b>	<b>CYL</b>	<b>AXIS</b>
<b>RIGHT</b>			
<b>LEFT</b>			
<b>REMARKS :-</b>			

  
**Dr. Vikas Mishra**  
**MBBS, MS(Ophthalmologist)**  
**Reg. No. CGMC 621/2006**



**PATIENT NAME: MRS. CHERII DAMANI**  
**REF BY: BOB**

**AGE / SEX: 36YRS/F**  
**DATE: 01.04.2023**

**USG ABDOMEN**

**Liver:** Liver is normal in size cm 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	11.5X4.4Cm	11.7x4.7Cm
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 ( 7.8 x 6 x 5.1 cm, Vol – 127.1 cc ) and echotexture. Endometrial thickness 6 mm. **Well defined hypoechoic lesion** of size 12 x 7.6 mm noted in subcutaneous plane along the **left lateral aspect of cesarean scar likely :- Scar Endometriosis.**

**Right Ovary:** Normal in size ( 4.4 x 2.07 cm), shape and echotexture.

**Left Ovary:** Normal in size ( 3.39 x 2.17 cm), shape and echotexture.

No evidence of free fluid in abdomen or pelvis.

**IMPRESSION:**

- **BUKLY UTERUS**
- **GRADE - I FATTY LIVER**
- **SCAR ENDOMETRIOSIS**

**Advised clinical correlation/further evaluation if clinically indicated.**



**Dr. Zeeshan Ateeb Dani**  
MBBS, MD  
Consultant Radiologist  
Reg. No. CGMC- 2324/2009  
**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.

Apollo Clinic

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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

+91 96918 26363

0771 4033341/42

## ECHOCARDIOGRAPHY REPORT

NAME : MRS. CHERII DAMANI	Age/Sex: 36Yrs/Female	ECG : Sinus Rhythm
OPD/ IPD : OPD	STUDY DATE: 01/04/2023	REGN. NO. : FRAI.0000020604
Ref.By Dr : BOB		

### 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 = 1.0 ES = 1.4	0.6 – 1.1
AorticValve Opening	1.9	1.5 – 2.6	PW Thickness	ED = 1.0 ES = 1.4	0.6 – 1.1
LA Dimension	3.0	1.9 – 4.0	RA Dimension	---	2.6
LVID(D)	4.6	3.7 – 5.5	RV Dimension	---	2.6
LVID(s)	2.7	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. DEEPAN DAS  
MBBS, DIP. CARDIOLOGY  
CONSULTANT DEPT. OF NIC

Apollo Clinic

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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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0771 4033341/42





**Patient Name** : Mr. MRS CHERII DAMANI  
**UHID/ MR No** : 3600  
**Visit Date** : 01/04/2023  
**Sample Collected On** : 01/04/2023 03:58PM  
**Ref. Doctor** : SELF  
**Sponsor Name** :

**Age/Gender** : 36 Y. Female  
**OP Visit No** : OPD-UNIT-II-2  
**Reported On** : 01/04/2023 07:18PM

**BIO CHEMISTRY**


Investigation	Observed Value	Unit	Biological Reference Interval
<b>LIPID PROFILE TEST (PACKAGE)</b>			
Cholesterol - Total	115.0	mg/dl	Desirable: < 200 Borderline High: 200-239 High: >= 240
Triglycerides level	69.0	mg/dl	Normal : < 150 Borderline High : 150-199 Very High : >=500
Method: Spectrophotometric HDL Cholesterol	41.0	mg/dl	Major risk factor for heart disease: < 40 Negative risk factor for heart disease :>60
Method: Spectrophotometric LDL Cholesterol	60.20	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	13.80	mg/dl	6 - 38
Total Cholesterol/HDL Ratio	2.80		3.5 - 5
Method: Spectrophotometric			

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

Lab Technician / Technologist path



**DR. PRIYANKA R. SAHAI**  
MBBS MD  
PATHOLOGIST

 **+91 96918 26363**  
 **0771 4033341/42**

**Patient Name** : MRS CHERII DAMANI  
**UHID/ MR No** : 3600  
**Visit Date** : 01/04/2023  
**Sample Collected On** : 01/04/2023 03:58PM  
**Ref. Doctor** : SELF  
**Sponsor Name** :

**Age/Gender** : 36 Y. Female  
**OP Visit No** : OPD-UNIT-II-2  
**Reported On** : 01/04/2023 04:25PM

**BIO CHEMISTRY**

Investigation	Observed Value	Unit	Biological Reference Interval
<b>LFT WITH GGT</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	23	U/L	0 - 32
<b>SGPT (ALT)</b> Method: Spectrophotometric	28	U/L	0 - 33
<b>Alkaline Phosphatase</b> Method: Spectrophotometric	75	U/L	25-140
<b>Total Proteins</b> Method: Spectrophotometric	6.6	g/dl	6 - 8
<b>Albumin</b> Method: Spectrophotometric	4.4		3.4 - 5.0
<b>Globulin</b> Method: Calculated	2.2	g/dl	1.8 - 3.6
<b>GGT(IFCC)</b> Method: Spectrophotometric	46	U/L	5-80
<b>Albumin, Globulin Ratio</b> Method: Calculated	2	g/dl	1.1 - 2.2

**End of Report**  
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path



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**Age/Gender** : 36 Y. Female  
**OP Visit No** : OPD-UNIT-II-2  
**Reported On** : 01/04/2023 04:25PM

**BIO CHEMISTRY**

Investigation	Observed Value	Unit	Biological Reference Interval
<b>FBS ( FASTING BLOOD SUGAR)</b>			
Blood Sugar (Fasting)	100.0	mg/dl	70 - 110
METHOD: REAGENT GRADE WATER			
<b>GLUCOSE - (POST PRANDIAL)</b>			
Glucose -Post prandial	117.0	mg/dl	70-140
Method: REAGENT GRADE WATER			
<b>KFT - RENAL PROFILE - SERUM</b>			
<b>BUN-Blood Urea Nitrogen</b>	08	mg/dl	7 - 20
METHOD: Spectrophotometric			
<b>Creatinine</b>	0.85	mg/dl	0.6-1.4
METHOD: Spectrophotometric			
<b>Uric Acid</b>	3.6	mg/dL	2.6 - 7.2
Method: Spectrophotometric			

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

Lab Technician / Technologist  
 path



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**Ref. Doctor** : SELF  
**Sponsor Name** :

**Age/Gender** : 36 Y. Female  
**OP Visit No** : OPD-UNIT-II-2  
**Reported On** : 01/04/2023 04:25PM

**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 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

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

Lab Technician / Technologist  
 path



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**Visit Date** : 01/04/2023  
**Sample Collected On** : 01/04/2023 03:58PM  
**Ref. Doctor** : SELF  
**Sponsor Name** :

**Age/Gender** : 36 Y. Female  
**OP Visit No** : OPD-UNIT-II-2  
**Reported On** : 01/04/2023 04:25PM

### CLINICAL PATHOLOGY

Investigation	Observed Value	Unit	Biological Reference Interval
<b>Stool Routine Examination (stool R/E)</b>			
<b>Physical Examination</b>			
Colour (Stool)	Yellow		
Consistency	Semisolid		
Mucus	Absent		Absent
Visible Blood	Absent		Absent
<b>Chemical Examination</b>			
<b>Occult Blood</b>	Negative		Negative
Reaction(ph)	Alkaline		Alkaline
<b>Microscopic Examination</b>			
Epithelial cell(stool)	4-6	/hpf	
Pus Cells (Stool)	2-4	/hpf	0 - 5
RBC	0-1	/hpf	Absent
Macrophages	Not Seen		Not Seen
Fat Globules	Absent		
Cysts	Not Seen		Not Seen
Helminthic Ova	Not Seen		Not Seen
Bacteria	Not Seen	/hpf	Not Seen

Advice :-

Result pertain to a portion of stool sample examined

#### End of Report

Results are to be correlated clinically

Lab Technician / Technologist  
path.



**DR. PRIYANKA R. SAHAI**  
MBBS MD  
PATHOLOGIST

Page 4 of 8

**Patient Name** : MRS CHERII DAMANI  
**UHID/ MR No** : 3600  
**Visit Date** : 01/04/2023  
**Sample Collected On** : 01/04/2023 03:58PM  
**Ref. Doctor** : SELF  
**Sponsor Name** :

**Age/Gender** : 36 Y. Female  
**OP Visit No** : OPD-UNIT-II-1  
**Reported On** : 01/04/2023 04:25PM

**CLINICAL PATHOLOGY**

Investigation	Observed Value	Unit	Biological Reference Interval
<b>URINE ROUTINE EXAMINATION</b>			
<b>Physical Examination</b>			
Volum of urine			
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	6-8	/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	

**End of Report**

*Results are to be corelated clinically*

Lab Technician / Technologist  
path



**DR. PRIYANKA R. SAHAI**  
MBBS MD  
PATHOLOGIST

**Patient Name** : MRS CHERII DAMANI  
**UHID/ MR No** : 3600  
**Visit Date** : 01/04/2023  
**Sample Collected On** : 01/04/2023 03:58PM  
**Ref. Doctor** : SELF  
**Sponsor Name** :

**Age/Gender** : 36 Y Female  
**OP Visit No** : OPD-UNIT-II-2  
**Reported On** : 01/04/2023 04:25PM

### CLINICAL PATHOLOGY

Investigation	Observed Value	Unit	Biological Reference Interval
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**End of Report**

*Results are to be correlated clinically*

Lab Technician / Technologist  
path



**DR. PRIYANKA R. SAHAI**  
MBBS MD  
PATHOLOGIST



**PATIENT DETAILS**

<b>NAME:</b>	<b>CHERRI DAMINI</b>	<b>REFERENCE NO:</b>	<b>RWDTFSL010455</b>
<b>D / S / W O:</b>		<b>Age:</b> 36 Yr	<b>Gender:</b> FEMALE
<b>Address:</b>	<b>RAIPUR</b>	<b>Contact No:</b>	
<b>Sample received on:</b>	<b>01/04/2023 @ 14:30</b>	<b>Reported on:</b>	<b>01/04/2023 @ 17:20</b>
<b>Repeat Sample, if any:</b>	<b>NA</b>	<b>Reported on:</b>	<b>NA</b>
<b>Referred by:</b>	<b>APOLLO CLINIC</b>	<b>Hospital / Lab ID:</b>	<b>APOLLO CLINIC</b>
		<b>STATUS:</b>	<b>FINAL</b>
		<b>STATUS:</b>	<b>FINAL</b>

**HORMONAL ASSAY**

Test	Specimen	Result	Units	Reference Range
<b># Thyroid Panel, TFT, TOTAL:</b>				
• Triiodothyronine, <b>T3</b>	Blood, Serum	1.04	ng / ml	0.87 – 1.78
• Thyroxine, <b>T4</b>	""	7.39	µg / dL	6.0 – 12.2
• Thyroid stimulating hormone, <b>TSH</b>	""	5.81	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



