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OPD PRESCRIPTION

MR NO. : 1678527	Token No : 17	Location : Haldwani
UHID NO : 65996		Issue Date : 12:01:24 pm 13/04/2024
Patient Name : Mrs. KOMAL BORA		Mobile No. : 9410306124
Age: Sex : 31 Years Female		Org. Name : Hospital
Relative name : W/O MR. SHANKAR SINGH MEHTA		Doctor Name : DR. (MAJ) SAURABH KUMAR
Address : ALMORA		Speciality : INTERNAL MEDICINE

INB

BP - 110/70 mmHg

SPO₂ - 97%

PR - 60/min

TR

For Routine checkup

Rx:

SYP LAVERIC 10ml

USG slo - Patteny liver

Adv

Gynaec Review.



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OUT PATIENT PRESCRIPTION

LOC SV NO. : 86985	Location : Haldwani
UHID NO. : 69996	Date : 13/04/2024
Patient Name : Mrs. KOMAL BORA	Mobile : 9410308124
Age : 31 Years	Org. name : Hospital
Sex : Female	Consultant : DR PRATIBHA TEWARI GYNAE
Relative name : W/OMR SHANKAR SINGH MEHTA	Speciality : Gynaecologist
Address : ALMORA	Token No. : 4 ✓ 9917714383

105

Pulse - 82/mn
BP - 110/70 mmHg
wt - 68.5 KG

40 - irregular periods.

1 year. Menicge.

LMP - 7 / April / 2024.

N/O - PLOD.

Adv...
Pap smea.

Rx -

- Tab. Mehtal SR . 1 OD
 - Tab ubi car 1 OD
 - Cap Nix rose . 1 OD
 - Cap Sizole DSR . 1 OD
- } x
3 day
=

@Dante ..



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OUT PATIENT PRESCRIPTION

Compony

LOC SV NO. : 87006
 UHID NO. : 69996
 Patient Name : Mrs. KOMAL BORA
 Age : 31 Years
 Sex : Female
 Relative name : W/OMR SHANKAR SINGH MEHTA
 Address : ALMORA

Location : Haldwani
 Date : 13/04/2024
 Mobile : 9410308124
 Org. name : Hospital
 Consultant : DR MAANSI SETHI ARORA
 Speciality : OPHTHALMOLOGIST
 Token No. : 36

12:56:46 pm

BP 110/70

P/R 82/min

Vu < 6/6
 (distance) 6/6

clo Routine eye test.
 glasses x 15 yrs.
 change x 1 yr.

AKR < -3.75 / -1.25 x 0°
 -4.25 / -1.00 x 2°

keratometry

Adv.

Retina check up

1/4/24 hyper myopia

BLE < -4.25 / -0.25 x 14°
 -4.50 / -0.25 x 108°

comfortable in own glass

Dr. MAANSI SETHI
 MBBS, MS Ophth (IHMCI New Delhi)
 Ex. Consultant St. Stephen's Hospital
 New Delhi Cont Ophthalmology
 UKMC Hand No. 12890
 Ujala Cygnus Central Hospital, Haldwani



DEPARTMENT OF RADIOLOGY & IMAGING

PT.NAME: MRS. KOMAL BORA

AGE/SEX-32Y/F

UHID NO- 69996

DATE: 13/APR/2024

REF.BY- DR. (MAJ) SAURABH MAYANK

SONOMAMMOGRAPHY REPORT

High resolution scanning of both breasts was performed with 8 – 10 mHz linear array transducer.

RIGHT BREAST:

- Anechoic lesion with post acoustic enhancement, measuring approx 5.5x10.4 mm is seen at 10 O'clock position of the right breast, around 3-4 cms from the nipple. No internal calcifications are seen.
- Rest of the breast parenchyma appears normal.
- Nipple areolar complex appears normal.
- AMF and PMF are intact.
- No abnormal skin thickening is seen.
- No enlarged axillary lymph nodes are seen.

LEFT BREAST:

- Breast parenchyma appears normal.
- Nipple areolar complex appears normal.
- AMF and PMF are intact.
- No abnormal skin thickening is seen.
- No enlarged axillary lymph nodes are seen.

IMPRESSION: -----

- ***Anechoic lesion with post acoustic enhancement in the right breast parenchyma—Likely right breast cyst.***

(Adv: Clinico-pathological correlation & Mammography for further evaluation).

DR. (MAJ) RAVINDER SINGH
MBBS, MD.
Consultant Radiologist

Number of images-03

This is a professional report based on imaging only and should always be related clinically and with other relevant investigations. This report not for medico-legal purpose. In case of any discrepancy due to machine error or typing error get it rectified immediately.



DEPARTMENT OF RADIOLOGY & IMAGING

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DATE: 13/APR/2024

REF.BY- DR. (MAJ) SAURABH MAYANK

USG WHOLE ABDOMEN

LIVER: is normal in size, measures approx 11.2 cms with increased echotexture.

PORTAL VEIN: is not dilated. Intrahepatic biliary radicals are not dilated.

GALL BLADDER: is partially distended with normal wall thickness.

CBD: is not dilated with clear lumen. No calculus is seen.

PANCREAS: Visualized part of pancreas is normal in size, shape with normal homogeneous echotexture. **MPD:** is not dilated.

SPLEEN: is normal in size (~8.7 cms) and has a normal homogeneous echotexture.

RIGHT KIDNEY: is normal in size and echotexture.

- o Cortical echogenicity is normal.
- o Cortico-medullary demarcation is maintained.
- o Parenchymal thickness appears normal.
- o Pelvicalyceal system is not dilated.

LEFT KIDNEY: is normal in size and echotexture.

- o Cortical echogenicity is normal.
- o Cortico-medullary demarcation is maintained.
- o Parenchymal thickness appears normal.
- o Pelvicalyceal system is not dilated.


-----PTO



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URETERS:

- The upper parts of both the ureters are not dilated.
- Bilateral vesico-ureteric junctions are not dilated.

URINARY BLADDER: is distended. Wall thickness is normal.

UTERUS: is anteverted and normal in size. Myometrium is normal.

Endometrial thickness is measures approx 6.2 mm. No free fluid seen in the POD.

Right ovary measures approx: 8.3 cc in volume.

Left ovary measures approx: 8.5 cc in volume.

Both ovaries: Multiple peripherally arranged small follicles (~6-8 mm) with increased echogenicity of central stroma are seen in both ovaries. No dominant follicle seen.

No free fluid is seen in the Morrison's pouch, perihepatic space, perisplenic space, para colic gutter and pelvic cavity.

IMPRESSION: *USG appearances are suggestive of -*

- **Grade I fatty liver.**
- **Sonography findings are suggestive of polycystic ovarian disease.**
(Adv- Clinical and lab correlation for further evaluation)

(Please correlate clinically)


DR. (MAJ) RAVINDER SINGH
MBBS, MD.
Consultant Radiologist

Number of images-07

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CARDIOLOGY

ECHOCARDIOGRAM REPORT

NAME: MRS. KOMAL BORA **AGE/SEX:** 31/F **DATE:** 13/04/2024

REFERRING DIAGNOSIS: To rule out structural heart disease

ECHOGENECITY : Normal

DIMENSIONS	NORMAL	NORMAL
AO (ed)	3.1cm (2.1 - 3.7cm)	
LA (es)	3.0cm (2.1 - 3.7 cm)	
IVSd	1.1cm (1.5 - 3.0 cm)	IVSs 0.7cm (0.6 - 1.2 cm)
LVIDd	4.0cm (3.6 - 5.2 cm)	LVIDs 1.0cm (0.6 - 1.2 cm)
LVPWd	2.8cm (2.3 - 3.9 cm)	LVPWs 1.8 CM (0.6 - 1.2 cm)
		EF 60% (60% - 85%)
		FS 18% (30% - 42%)

MORPHOLOGICAL DATA

Mitral Valve: Normal	Interatrial septum : Intact
AML : Normal	Interventricular Septum : Intact
PML : Normal	Pulmonary Artery : Normal
Aortic Valve : Normal	Aorta : Normal
Tricuspid Valve : Normal	Right Atrium : Normal
Pulmonary Valve : Normal	Left Atrium : Normal
Right Ventricle : Normal	
Left Ventricle : Normal	

----P.T.O



2-D ECHOCARDIOGRAPHY FINDINGS :

LV normal in size with Normal contractions. No LV regional wall motion abnormality in basal state. RV normal in size with adequate contractions. LA and RA normal. Pericardium normal. No intracardiac mass seen on transthoracic echocardiography. Estimated LV ejection fraction is 60%.

COLOR FLOW MAPPING :

No MR. No TR

IMPRESSION :

1. LV Normal in size with Normal LV systolic function. (LVEF = 60%).
2. No LV regional wall motion abnormality in basal state.
3. Normal Color Flow.
4. Normal Cardiac Chamber Dimension.
5. RV normal in size with adequate systolic function.
6. Normal mitral inflow pattern.
7. No I/C Clot/Veg/PE.

DR. YOGESH NAGENDRA
MBBS, MD, DM (CARDIOLOGY)

NOTE : Echocardiography report given is that of the procedure done on that day and needs to be assessed in conjunction with the clinical findings. This is not for medicolegal purposes. No record of this report is kept in the hospital.

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Date	13/04/2024 2:57:23 PM	Srl No.	1051	UHID No.	OPD-69996
Name	Mrs. KOMAL BORA	Age	31 Yrs.	Printed on 15/04/2024 09:34 AM	
Ref. By	Dr. SAURABH MAYANK	Sex	F		

Test Name	Value	Unit	Normal Value
<u>COMPLETE HAEMOGRAM</u>			
Erba Mannheim Elite 580			
HAEMOGLOBIN (Hb)	12.7	gm / dL	11.5 - 16.5
TOTAL LEUCOCYTE COUNT (TLC)	7,770	cells / cu mm	4000 - 11000
<u>DIFFERENTIAL LEUCOCYTE COUNT (DLC)</u>			
NEUTROPHIL	54	%	40 - 75
LYMPHOCYTE	40	%	20 - 40
EOSINOPHIL	02	%	01 - 06
MONOCYTE	04	%	02 - 10
BASOPHIL	00	%	0 - 0
RBC COUNT	4.18	million / cu mm	3.8 - 4.8
P.C.V / HAEMATOCRIT	38.1	%	35 - 45
M C V	91.148	fl.	80 - 100
M C H	30.383	Picogram	27.0 - 31.0
M C H C	33.33	gm / dL	32 - 36
PLATELET COUNT	2,40,000	Lakh / cu mm	150000 - 400000
ESR	10	mm / 1st hr	0 - 20
VESMATIC EASY - AUTOMATED			

HAEMATOLOGY

BLOOD GROUP ABO	"AB"
RH TYPING	POSITIVE
Hb A1c	5.5 %

EXPECTED VALUES :-

Metabolically healthy patients	=	4.8 - 5.5 % HbA1c
Good Control	=	5.5 - 6.8 % HbA1c
Fair Control	=	6.8 - 8.2 % HbA1c
Poor Control	=	>8.2 % HbA1c

REMARKS:-

LAB TECHNICIAN

Contd...2

ADLP



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Ref. By	Dr. SAURABH MAYANK	Sex	F		

Test Name	Value	Unit	Normal Value
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In vitro quantitative determination of **HbA1c** in whole blood is utilized in long term monitoring of glycemia . The **HbA1c** level correlates with the mean glucose concentration prevailing in the course of the patient's recent history (approx - 6-8 weeks) and therefore provides much more reliable information for glycemia monitoring than do determinations of blood glucose or urinary glucose. It is recommended that the determination of **HbA1c** be performed at intervals of 4-6 weeks during Diabetes Mellitus therapy.

Results of **HbA1c** should be assessed in conjunction with the patient's medical history, clinical examinations and other findings.

KIDNEY FUNCTION TEST (KFT)

Roche cobas c 311

BLOOD UREA Urease / GLDH	15.5	mg / dL	15.0 - 40.0
SERUM CREATININE Jaffe	0.62	mg / dL	0.6 - 1.2
SERUM URIC ACID Enzymatic	6.0	mg / dL	2.4 - 6.0
SODIUM ISE	138.2	mmol/L	136.0 - 145.0
POTASSIUM ISE	4.81	mmol/L	3.5 - 5.10
CALCIUM o-cresolphthaleine complexone	10.0	mg / dL	8.6 - 10.0
INORGANIC PHOSPHORUS molybdate UV	2.9	mg / dL	2.5 - 5.0
TOTAL PROTEIN Biuret	7.1	gm / dL	6.6 - 8.3
ALBUMIN BCP	4.0	gm / dL	3.5 - 5.5
TOTAL CHOLESTEROL CHOD-PAP	161.0	mg / dL	0.0 - 200.0

LIVER FUNCTION TEST (LFT)

Roche cobas c 311

BILIRUBIN TOTAL DPD	1.33	mg / dL	0 - 1.2
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LAB TECHNICIAN

Contd...3

[Handwritten Signature]

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Srl No. 1051

UHID No. OPD-69996

Name Mrs. KOMAL BORA

Age 31 Yrs.

Printed on 15/04/2024 09:34 AM

Ref. By Dr. SAURABH MAYANK

Sex F

Test Name	Value	Unit	Normal Value
CONJUGATED (D. Bilirubin) Jendrassik-Grof	0.11	mg / dL	0.00 - 0.30
UNCONJUGATED (I.D. Bilirubin)	1.22	mg / dL	0.00 - 0.70
TOTAL PROTEIN Biuret	7.1	gm / dL	6.6 - 8.3
ALBUMIN BCP	4.0	gm / dL	3.5 - 5.5
GLOBULIN	3.1	gm / dL	2.5 - 4.0
A/G RATIO	1.29	%	0.8 - 2.0
SGOT IFCC	22.4	IU / L	5.0 - 45.0
SGPT IFCC	20.9	IU / L	5.0 - 49.0
ALKALINE PHOSPHATASE IFCC	57.0	U / L	60.0 - 170.0
GAMMA GT IFCC	16.1	IU / L	6.0 - 42.0
LIPID PROFILE Roche cobas c 311			
TRIGLYCERIDES GPO-PAP	67.7	mg / dL	40.0 - 165.0
TOTAL CHOLESTEROL CHOD-PAP	161.0	mg / dL	0.0 - 200.0
HDL CHOLESTEROL DIRECT	47.7	mg / dL	40.0 - 79.4
V L D L	13.54	mg / dL	4.7 - 22.1
LDL CHOLESTEROL DIRECT	99.76	mg / dL	63.0 - 129.0
TOTAL CHOLESTEROL / HDL RATIO	3.375		0.0 - 4.97
LDL / HDL CHOLESTEROL RATIO	2.091		0.00 - 3.55

BIOCHEMISTRY

BLOOD SUGAR FASTING HEXOKINASE	79.4	mg / dL	60.0 - 110.0
BLOOD SUGAR PP HEXOKINASE	93.5	mg/dl	80.0 - 140.0

Contd...4

LAB TECHNICIAN



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Name **Mrs. KOMAL BORA**

Age **31 Yrs.**

Printed on **15/04/2024 09:34 AM**

Ref. By **Dr. SAURABH MAYANK**

Sex **F**

Test Name	Value	Unit	Normal Value
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THYROID PROFILE

MINI VIDAS : BIOMERIEUX

T3 ELFA Method	1.03	ng / mL	0.60 - 1.81
T4 ELFA Method	7.02	ug / dL	4.5 - 10.9
TSH ELFA Method	2.06	uIU / mL	0.35 - 5.50

REFERENCE RANGE

PAEDIATRIC AGE GROUP

0-3 DAYS	1.0 - 20	uIU / mL
3-30 DAYS	0.5 - 6.5	uIU / mL
1 MONTH -5 MONTHS	0.5 - 6.0	uIU / mL
6 MONTHS- 18 YEARS	0.5 - 4.5	uIU / mL

ADULTS 0.35 - 5.50 uIU / mL

Note: TSH levels are subject to circadian variation, rising several hours before the onset of sleep, reaching peak levels between 11 pm to 6 am. Nadir concentrations are observed during the afternoon. Diurnal variation in TSH level approximates $\pm 50\%$, hence time of the day has influence on the measured serum TSH concentration.

Assay performed on enhanced chemi luminescence system (Centaur-Siemens)

Serum T3,T4 & TSH measurements form the three components of Thyroid screening panel, useful in diagnosing various disorders of Thyroid gland function.

1. Primary hypothyroidism is accompanied by depressed serum T3 and T4 values and elevated serum TSH level.

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Contd...5



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Ref. By	Dr. SAURABH MAYANK	Sex	F		

- | Test Name | Value | Unit | Normal Value |
|---|-------|------|--------------|
| 2. Primary hyperthyroidism is accompanied by elevated serum T3 and T4 levels along with depressed TSH values. | | | |
| 3. Normal T4 levels are accompanied by increased T3 in patients with T3 thyrotoxicosis. | | | |
| 4. Slightly elevated T3 levels may be found in pregnancy and estrogen therapy, while depressed levels may be encountered in severe illness, renal failure and during therapy with drugs like propranolol and propyl thiouracil. | | | |
| 5. Although elevated TSH levels are nearly always indicative of primary hypothyroidism, and may be seen in secondary thyrotoxicosis. | | | |

URINE EXAMINATION TEST

PHYSICAL EXAMINATION

COLOUR	PALE YELLOW		
TRANSPARENCY	SLIGHTLY TURBID		
SPECIFIC GRAVITY	Q.N.S.		Q.N.S.
PH	6.0		6.0

CHEMICAL EXAMINATION

ALBUMIN	NIL
SUGAR	NIL

MICROSCOPIC EXAMINATION

PUS CELLS	1 - 2	/ HPF	
RBCs	NIL	/ HPF	NIL
CASTS	NIL	/ HPF	NIL
CRYSTALS	NIL		NIL
EPITHELIAL CELLS	0 - 1	/ HPF	
BACTERIA	NIL		NIL
OTHERS	NIL		NIL

**** End Of Report ****

LAB TECHNICIAN




DR. ANAMIKA YADAV
MBBS DNB PATHOLOGY
UK-9464

Komal Bora

09-03-2024-07:46:05 PRINT
ID: 69437

Male Years

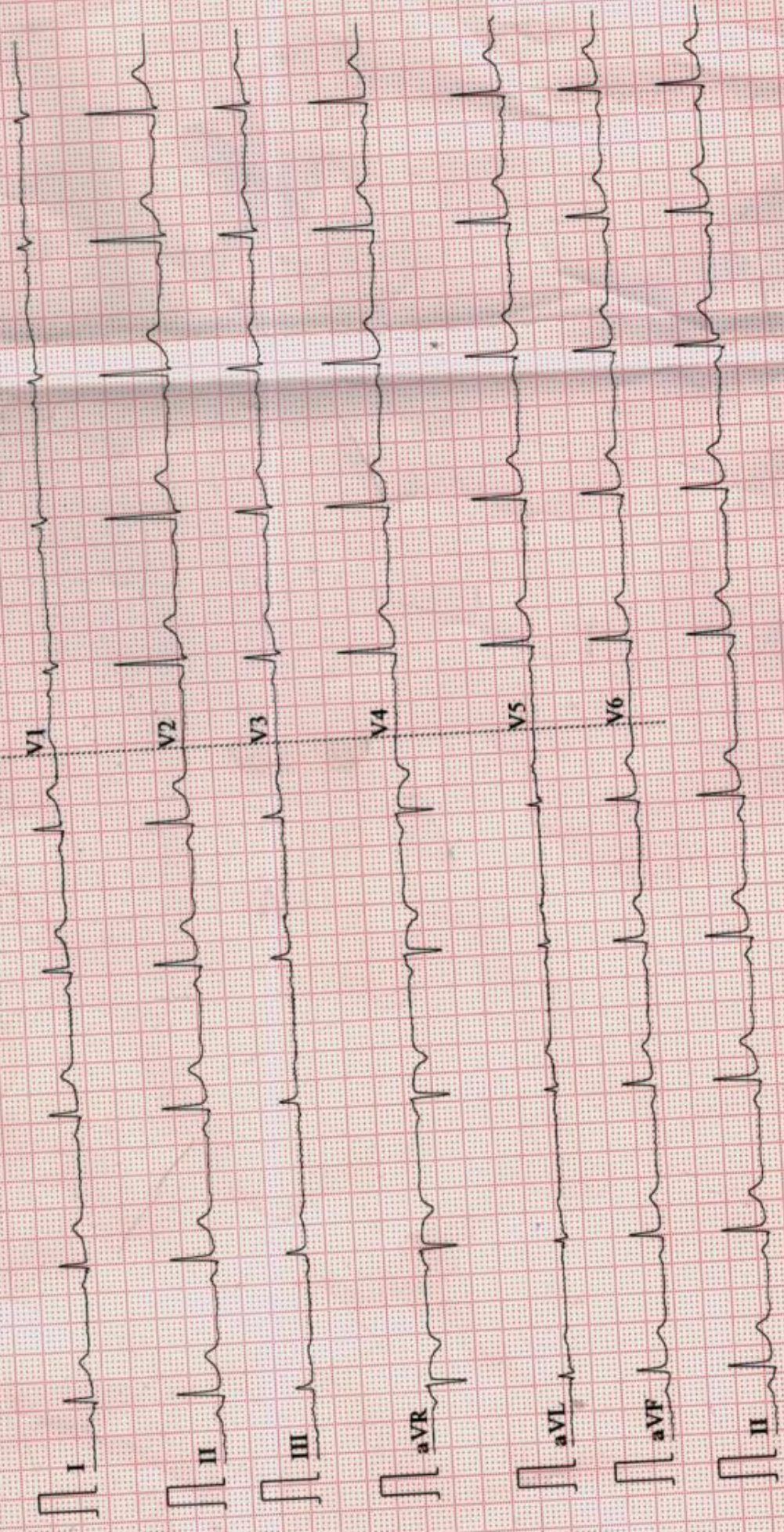
Diagnosis Information:

Sinus Rhythm
Normal ECG

HR : 60 bpm
P : 123 ms
PR : 174 ms
QRS : 76 ms
QT/QTc : 401/402 ms
P/QRS/T : 49/58/48 °
RV5/SVI : 0.899/0.134 mV

HR
P
PR
QRS
QT/QTc
P/QRS/T
RV5/SVI

Report Confirmed by:



V2.02 SEMIP V1.7 CENTRAL HOSPITAL, HALDWANI

0.67-25Hz 2.5mm/s 10mm/mV 2*5s+1r ♡60

RECEIVED AT THE HOSPITAL HAIR (WANI) DR 2 MAY 1968