

PID No. :- 202327517123287

Name :- Mrs ROSHANI SHUKLA

**Age/Sex** :- 28 Y / F

Ref. By. :- ARCOFEMI HEALTHCARE LTD



 Sample Received on/at :
 Reported on/at

 27/05/2023 10:05AM
 27/05/2023 11:55AM

	BIOCHEMISTRY		
Investigation	Observed Value	Unit	Biological Reference Range
BLOOD SUGAR F			
Glucose Fasting	84	mg/dl	60 - 110
BLOOD SUGAR PP			
Glucose PP	105	mg/dl	70 - 140
LFT (LIVER FUNCTION TEST)			
Bilirubin (Total)	0.75	mg/dL	<1.0
(Serum,Diazo)			
Bilirubin (Direct)	0.21	mg/dL	0 - 0.3
(Serum,Diazo)			
Bilirubin (Indirect)	0.54	mg/dL	UPTO 1.0
(Serum,Calculated)			
SGOT (AST)	28	U/L	5 -31
(Serum,Enzymatic)			
SGPT (ALT)	25	U/L	10 - 40
(Serum,Enzymatic			
Alkaline Phosphatase	158	U/L	80 - 290
(Serum,pNPP)			
Total Proteins	7.11	g/dL	6.4 - 8.3
(Serum,Biuret)	0.00		0.7.50
Albumin	3.99	g/dL	3.7 - 5.6
Globulin	3.12	g/dL	1.8 - 3.6
(Serum)			
A/G Ratio	1.28	g/dl	1.1 - 2.2
(Serum)			
Gamma GT	20	U/L	11 - 34
Szasz method			

----- End Of Report -----

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Dr. Ruprela's

Diagnostics & Imaain

**Lipid Profile (Fasting Sample Required) Cholesterol - Total** 148 Desirable <200 mg/dL Borderline High: 200-239 High:>=240 Normal: <150 Triglycerides Level 135 mg/dL Borderline High: 150-199 High: 200-499 Very High : >=500 **HDL Cholesterol** 41 Major risk factor for heart mg/dl Disease :<40 Negative risk factor for heart Disease:>=60 LDL Cholesterol 80 mg/dL **VLDL Cholesterol** 27 6-38 mg/dL LDL/HDL RATIO 2.5-3.5 1.95 3.5 - 5 CHOL/HDL RATIO 3.61

Note: Reference Interval as per National Cholesterol Education Program (NCEP) Adult Treatment Panel III Report.

#### **RFT (RENAL FUNCTION TEST)**

Renal	(Kidney)	<u>Function</u>	<u>Test</u>

Urea	25	mg/dL	15 - 43
(Serum)			
Creatinine	0.85	mg/dL	0.57 - 1.4
(Serum,Jaffe)			
Sodium	137	mmol/L	135 - 145
Potassium	3.88	mmol/L	3.5 - 5.1
Uric Acid	4.00	mg/dL	2.6 - 6
(Serum, Uricase)			
Chlorides	99	mmol/L	98 - 107

The performance of the Roche cobas c 111 was evaluated using sigma metrics. The calculations were performed using James O. Westgard methodology.[2] This approach uses an assays total allowable error (TEa), accuracy (bias), and precision (SD) to calculate a Sigma metric to characterize the performance of that assay.

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HBA1C

 HbA1c Value
 5.11
 %
 4-6=Normal Control 7-8=Fair Control
 6-7=Good Control 7-8=Fair Control

8-10=Unsatisfactory Control >10%=Poor Control

Diagnostics & Imagin

Glycosylated Hemoglobin/Glycated Hemoglobin/GlycoHemoglobin/HbA1c. [1]

Its primary use is to monitor diabetic patient's compliance and long term blood glucose level control. It is an index of diabetic control (direct relationship between poor control and development of complications). It predicts development and progression of diabetic microvascular complications.

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"अधुक निदान" स्वास्य जीवन की ओर...

#### **CLINICAL PATHOLOGY**

Investigation	Observed Value	Unit	Biological Reference Range
URINE R/M			
Physical Examination			
Specific Gravity	1.025		1.003-1.030
Appearance	Clear		Clear
Colour	Pale Yellow		Pale Yellow
pH (Reaction)	Acidic		
Chemical Examination			
Protein	NIL		NIL
Glucose	NIL		NIL
Microscopic Examination			
500 0500			
PUS CELLS	0-1	/hpf	0-5
Epithelial Cells	0-2	/hpf	0-5
RBC	Absent	/hpf	Absent
Bacteria	Absent		Absent
Crystals	Absent		Absent
Casts	Absent		Absent

Test Done by Urisys 1100 (ROCHE) Fully Automatic.

----- End Of Report -----

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#### **Complete Blood Count (Haemogram)**

-		2,	
Investigation	Observed Value	Unit	Biological Reference Range
CBC			
<b>Erythrocytes</b>			
Haemoglobin (Hb)	10.5	gm/dL	12.5 - 16.5
Erythrocyte (RBC) Count	3.46	mill/cu.mm	4.2 - 5.6
PCV (Packed Cell Volume)	30.3	%	36 - 47
MCV (Mean Corpusculer Volume)	87	fl	78 - 95
MCH (Mean Corpusculer Hb)	30.4	pg	26 - 32
MCHC (Mean Corpuscular Hb Concn.)	34.7	g/dL	32 - 36
RDW (Red Cell Distribution Width)	14.0	%	11.5 - 14
<u>Leucocytes</u>			
Total Leucocytes (WBC) Count	6000	cells/cu.mm	4000 - 11000
Neutrophils	60	%	40 - 75
Lymphocytes.	35	%	20 - 40
Monocytes	04	%	2-10
Eosinophils	01	%	1-6
Basophils	00	%	0 - 1
Platelets-			
Platelet count	188	x10^9/L	150 - 450
MPV (Mean Platelet Volume)	8.7	fL.	6 - 9.5
PCT ( Platelet Haematocrit)	0.163	%	0.15 - 500
PDW (Platelet Distribution Width)	17.1	%	11 - 18

EDTA Whole Blood - Tests done on Automated ABX Micros ES60(HORIBA) Cell Counter. WBC, RBC & Platelet count by impedance method, WBC differential by VCS technology & other parameters calculated) All abnormal Haemograms are reviewed & confirmed microscopically. Differential count is based on approximately 10,000 cells.

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#### **Hematology**

Investigation Observed Value Unit Biological Reference Range

**Blood Group & RH Type Screening** 

ABO Group "O

Rh Type "POSITIVE"

Method: Column agglutination technology (CAT) is an automated. System for blood grouping which is superior in sensitivity to conventional tube method.

----- End Of Report -----

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#### **PATHOLOGY**

Investigation Observed Value Unit Biological Reference Range
Thyroid Panel 1 (T3, T4, TSH)
T3 0.74 ng/dl 0.6-1.8

Remarks: 1. Decreased values of T3 (T4 and TSH normal) have minimal clinical significance and not recommended for diagnosis of hypothyroidism 2. Total T3 and T4 values may also be altered in other conditions due to changes in serum proteins or binding sites Pregnancy, Drugs (Androgens, Estrogens, O C pills, Phenytoin), Nephrosis etc. In such cases Free T3 and Free T4 give corrected values.

T4 8.20 ug/dl 4.5-12.6

Remark:1.Total T3 and T4 values may also be altered in other conditions due to changes in serum proteins or binding sites Pregnancy, Drugs (Androgens, Estrogens, O C pills, Phenytoin) Nephrosis etc. In such cases Free T3 and Free T4 give corrected values.

TSH 3.25 uIU/ml 0.25 - 5.5

Remarks: 1.4.51 to 15 µIU/mL - Suggested clinical co-relation or repeat the test with new sample as physiological factors can give falsely high TSH.

- 2.TSH values may be transiently altered because of non thyroidal illness like severe infections, liver disease, renal and heart failure, severe burns, trauma and surgery etc
- 3.Drugs that decrease TSH values e.g:L-dopa, Glucocorticoids Drugs that increase TSH values e.g lodine, Lithium, Amiodarone

Remark

Method Used: ELFA (Enzyme Linked Fluorescence Assay) on Mini Vidas most Efficient Analyzer Internationally accepted most advanced technology with high quality result.

----- End Of Report -----





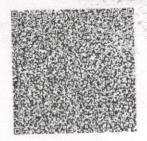
# Government of India

# भारतीय विशिष्ट पहचान प्राधिकरण Unique Identification Authority of India

नामांकन ऋम/ Enrolment No.: 0013/18013/16722

रोशनी शुक्ला Roshani Shukla C/O: Abhay Shukla Shiv Vatika Teachers Colony, Kota Raipur Chhattisgarh - 492001 9407921523





आपका आधार क्रमांक / Your Aadhaar No. :

8757 2695 5573 VID: 9155 6962 5818 8412

मेरा आधार, मेरी पहचान



Government of India



Date:

रोशनी शुक्ला Roshani Shukla जन्म तिथि/DOB: 28/08/1994 महिला/ FEMALE

8757 2695 5573 VID: 9155 6962 5818 8412

मेरा आधार, मेरी पहचान







#### स्चना

- 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

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- This is electronically generated letter.
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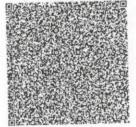


भारतीय विशिष्ट पहचान प्राधिकरण Unique Identification Authority of India



पता: द्वारा: अभय शुक्ला, शिव वाटीका, टीचर्स कॉलोनी , कोटा, रायपुर, रायपुर, छत्तीसगढ - 492001

Address: C/O: Abhay Shukla, Shiv Vatika, Teachers Colony , Kota, Raipur, Raipur, Chhattisgarh - 492001



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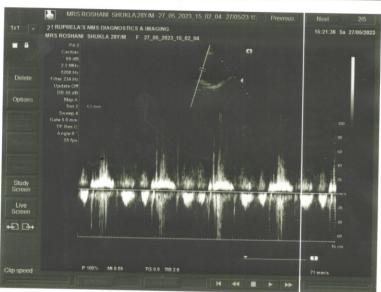
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Dr. Shailendra Ruprela MD, Medicine Reg. No.: CG MC-511/2006







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normal value (cm)

NAME: MRS. ROSHANI SHUKLA REF.BY: ARCOFEMI HEALTHCARE

AGE/SEX: 28 Y/F DATE: 27/05/2023

#### **ECHO - CARDIOGRAPHY**

#### **M-MODE MEASUREMENTS:**

	·,	arae (erri)
2	.8	2.0-3.7
3	.1	1.9-4.0
4	.6	3.7-5.6
3	.4	2.2-4.0
ED: 0.8	ES: 0.9	0.6-1.2
ED: 0.8	ES: 0.9	0.6-1.2
	3 4 3 ED : 0.8	2.8 3.1 4.6 3.4 ED: 0.8 ES: 0.9

Patient value (cm)

#### 2 D ECHO

**CHAMBERS** All cardiac chambers normal.

VALVE NORMAL

**SEPTAE IVS/IAS INTACT** 

**RWMA** NO EF (OVARALL)(LV) 60 % **CLOT/ VEGETATION** NIL PER. EFFUSION NIL

**CONTINUOUS WAVE & PULSE WAVE DOPPLER** 

Valve Regurgitation Gradient(mm Hg)

Mitral Valve NIL **Not Significant Aortic Valve** NIL **Not Significant Tricuspid Valve** NIL PASP= **Pulmonary Valve** Nil **Not Significant** 

**PULSE WAVE DOPPLER** 

MITRAL VALVE INFLOW **Waves DT** m sec

#### **IMPRESSION** -

- NO RWMA AT REST, LVEF=60%
- NORMAL BIVENTRICULAR FUNCTION
- NORMAL CHAMBERS DIMENSION.
- NO CLOT/VEGETATION/PERICARDIAL EFFUSION.
- **NORMAL VALVES**



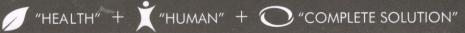
DR AJAY HALWAI MBBS, MD, PGDCC

FAFADIH, NEAR OVER BRIDGE, RUPRELA MARG (SINCE 1937), RAIPUR (C.G.)



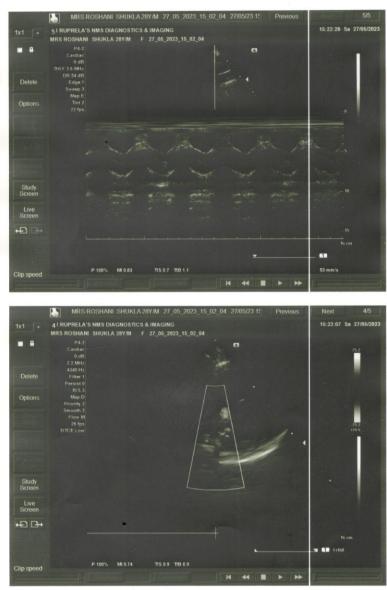














NAME: MRS. ROSHANI SHUKLA REF. BY: ARCOFEMI HEALTHCARE

AGE : 28Y/F DATE: 27.05.20:

# SONOGRAPHY OF WHOLE ABDOMEN & PELVIS

The Real time, B mode, gray scale sonography of the abdominal organs was performed.

LIVER: The liver is normal in size, shape and has smooth margins. It is uniformly isoechoic, has normally distributed and normal size biliary and portal radicles and is without solid or cystic mass lesion or calcification.

GALL BLADDER: The gall bladder is seen as a well distended, pear shaped bag with uniformly thin and regular walls, without, gall stones or mass lesions.

**COMMON BILE DUCT**: The common bile duct is normal in caliber.

PANCREAS: The pancreas is normal in size, shape, contours and echotexture.

No evidence of solid or cystic mass lesion is noted.

KIDNEYS: The kidneys are normal in size and have smooth renal margins.

Cortical echotexture is normal.

The central echocomplex does not show evidence of calculus or hydronephrosis.

**URINARY BLADDER**: The urinary bladder is well distended. No calculi/mass.

**SPLEEN**: The spleen is normal in size and shape. Its echotexture is homogeneous. No evidence offocal lesion is noted.

#### PELVIS:

The uterus is anteteverted, & appears normal.

The uterine margins is smooth and does not reveal any contour abnormalities.

The uterine myometrium shows homogeneous echotexture.

The ovaries on the either side show normal echotexture.

The endometrial echo is in the midline.

No adnexal mass is seen.

No fluid is noted in the cul-de-sac.

#### **IMPRESSION:**

The sonography of abdomen and pelvis within normal limits.

Thanks for reference with regards.

#### Kindly NoteBL

Please Intimate us for any typing0 mistakes and send the report for correction within 7 days.

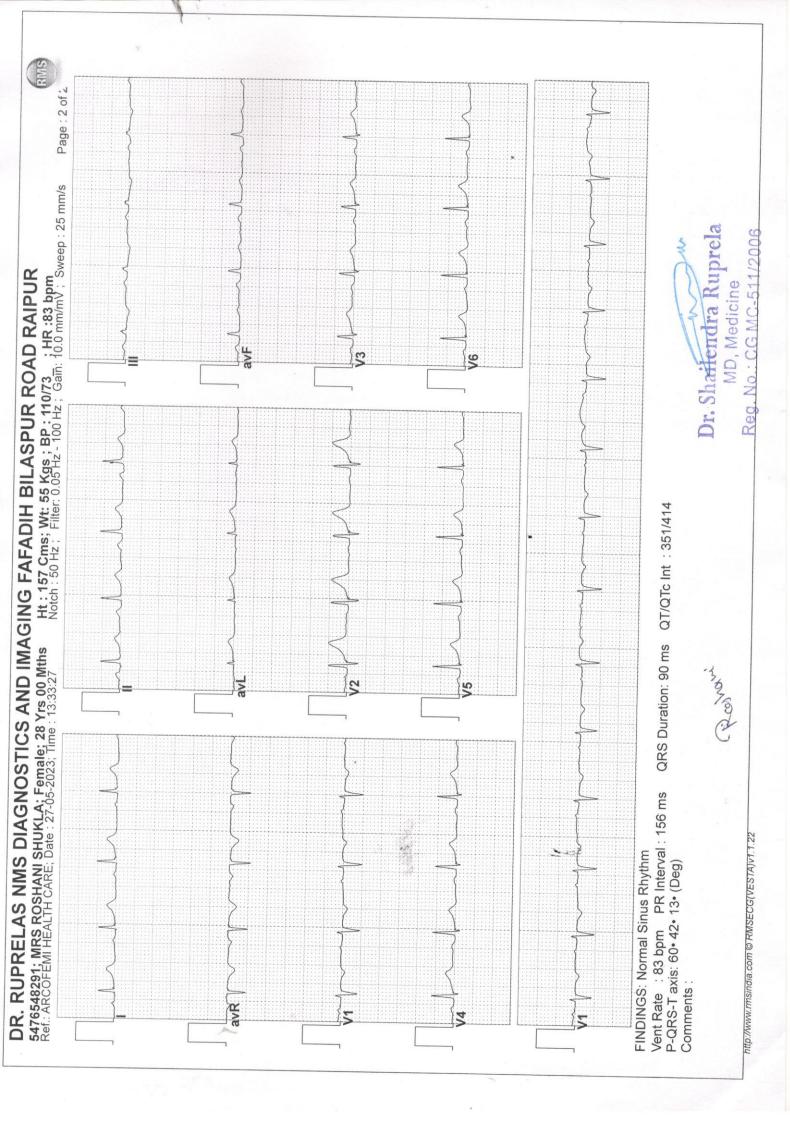
The science of Radiological diagnosis is based on the interpretation of various shadows produced by both the normal and abnormal tissues and are not always conclusive. Further biochemical and radiological investigation & clinical correlation is required to enable the clinician to reach the final diagnosis.

The report and films are not valid for medico – legal purpose

Dr. Chhavi Jangde

Reg.No.:CGMC-5516/2014

FAFADIH, NEAR OVER BRIDGE, RUPRELA MARG (SINCE 1937), RAIPUR (C.G.)





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AGE/SEX: 28Y/F DATE-27.05.2023

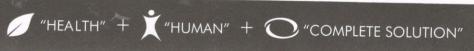
### X-RAY CHEST PA VIEW

- The lungs on the either side show equal translucency.
- The peripheral pulmonary vasculature is normal.
- No focal lung lesion is seen.
- The pleural spaces are normal.
- Both hila are normal in size, have equal density and bear normal relationship.
- The heart and trachea are central in position and no mediastinal abnormality is visible.
- The cardiac size is normal.
- The domes of the diaphragms are normal in position, and show smooth outline.
- <u>IMPRESSION</u>: No evidence of pulmonary, pleural or cardiac pathology is noted.
  - radiograph of chest is within normal limits.





FAFADIH, NEAR OVER BRIDGE, RUPRELA MARG (SINCE 1937), RAIPUR (C.G.)







#### MRS. ROSHANI SHUKLA

DATE: 27.05.2023

AGE: 28

SEX: FEMALE

HEIGHT: 157cms

WEIGHT: 55kgs

BMI: 22.3

BLOOD PRESSURE: 110/73 mmHg

Medical History: Not Significant

#### ADVICE:

1. DRINK MINIMUM 10 GLASSES OF WATER.

EXERCISE / BRISK WALK FOR MINIMUM 50 MINS DAILY.

3. - INCREASE INTAKE OF FIBRE LIKE SALAD, FRUIT, SALAD, SPROUTS.

TAKE GOOD SLEEP FOR 7-8 HOURS DAILY.

5. AVOID SPICY AND DEEP FRIED FOOD.

AVOID ALCOHOL, SMOKING, NICOTINE.

AVOID STRESS. 7.

8. RELAX AND BE HAPPY.

CONSULTANT DIETICIAN



FAFADIH, NEAR OVER BRIDGE, RUPRELA MARG (SINCE 1937), RAIPUR (C.G.)











#### TO WHOM SO EVER IT MAY CONCERN

THIS IS TO DECLARE THAT MRS. ROSHNI SHUKLA AGE 28 YEAR/FEMALE HAS UNDERGONE MEDICAL EXAMINATION ON 27.05.2023 DURING HER GENERAL EXAMINATION NO ABNORMALITIES WERE DETECTED.

SHE WAS FULLY ORIENTED, NO DISABILITY WITH NORMAL GAIT.

NO SIGNS OF PALPABLE OR ENLARGED LYMPH NODES.

NO GROWTH / SWELLING OBSERVED.

HER VITALS PARAMETERS ARE HEIGHT: 157 cms, WEIGHT: 55kg, BP:110/73mmhg, HR:83 bpm, BMI:22.3

HER BOWEL HABITS ARE REGULAR. NO BURNING DURING MICTURITION.

ALL REFLEXES WERE NORMAL.

NO ABNORMALITIES WERE DETECTED DURING PALPATION, PERCUSSION AND AUSCULTATION OF VISCERA.

SHE DOES NOT CARRY ANY COMMUNICABLE/TRANSFERRABLE DISEASE.

SHE APPEARS TO BE PHYSICALLY FIT AND WE WISH HER ALL THE BEST.

Dr. Shailendra Ruprela MD, Medicine Reg. No.: CG MC-511/2006

FAFADIH, NEAR OVER BRIDGE, RUPRELA MARG (SINCE 1937), RAIPUR (C.G.)
Ph.: 0771-4048886, 2888800, Mob.: 9406396296, Email : nmsdiagnostic.service@gmail.com, Website : www.nmsdiagnostics.co.in





Patient's Name: MRS. ROSHANI SHUKLA

Age/Sex: 28/Female

Referred by. :ARCOFEMI HEALTHCARE LTD

Date: 27.05.2023

#### **PAP SMEAR**

Conventional cervical smears are satisfactory and adequate for opinion. Smears show superficial and intermediate cells, fair number of polymorphs and bacteria in the background. No endocervical cells are sampled.

Negative for Intraepithelial lesion or malignancy.

\*END OF REPORT\*

Dr Avishesh Kumar Singh MD (Pathologist)

FAFADIH, NEAR OVER BRIDGE, RUPRELA MARG (SINCE 1937), RAIPUR (C.G.) Ph.: 0771-4048886, 2888800, Mob.: 9406396296, Email: nmsdiagnostic.service@gmail.com, Website: www.nmsdiagnostics.co.in





Name

MRS. ROSHANI SHUKLA

Age/Sex

28 Y/F

Referred By.:

ARCOFEMI HEALTHCARE LTD

Date

: 27.05.2023

## PERIPHERAL SMEAR EXAMINATION

RBC: Macrocytic normochromic.

WBC: Total counts within normal range. No toxic granulation seen.

Band cells -9%, Neutrophils – 46%, Lymphocytes – 43%, Monocytes – 2%.

Platelets: Appears adequate on smear.

Haemoparasite: No haemoparasite seen.

IMPRESSION: NORMAL PERIPHERAL SMEAR FINDINGS.

ADVISED - Please correlate clinically.

Dr Avishesh Kumar Singh

MD(Pathologist)

-

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