



भारत सरकार
GOVERNMENT OF INDIA

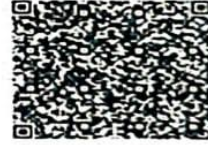


विद्या कुर्मी

Vidya Kurmi

जन्म तिथि/ DOB: 05/06/1988

महिला / FEMALE



7319 6115 0824

मेरा आधार, मेरी पहचान



भारतीय विशिष्ट पहचान प्राधिकरण
UNIQUE IDENTIFICATION AUTHORITY OF INDIA

पता:

D/O: अशोक कुमार कुर्मी,
वॉर्ड न. 04, ग्राम गौहर,
पोस्ट मंडी बामोरा, पंचायत
गौहर, बामोरा, सागर,
मध्य प्रदेश - 470111

Address:

D/O: Ashok Kumar Kurmi, Ward
no. 04, Gram Gauhar, Post
Mandi Bamora, Panchayat
Gauhar, Bamora, Sagar,
Madhya Pradesh - 470111

7319 6115 0824

MERA AADHAAR, MERI PEHACHAN





GREEN CITY HOSPITAL

Near V-Mart, DIG Bungalow, Berasia Road, Bhopal
Ph.: 0755-2733323

AN ISO 2015-9001 & NABH CERTIFIED HOSPITAL



VIDHYA KURMI

Age - 32y/F

Height - 158 cm

weight - 49.900 kg.

BP - 100/60 mmHg

Pulse - 75 b/m.

SpO₂ - 99%

NAD -

ENT - NAD


EYE - NAD

CNS - NAD

R/S - NAD

CHEST - B/L. Clear

OVER ALL HEALTH is Good. of pt fit for
all abnormality

DR.  ASHISH JAIN

M.B.B.S., M.D., DTCO

Reg. No. 4465

GREEN CITY HOSPITAL, BHOPAL

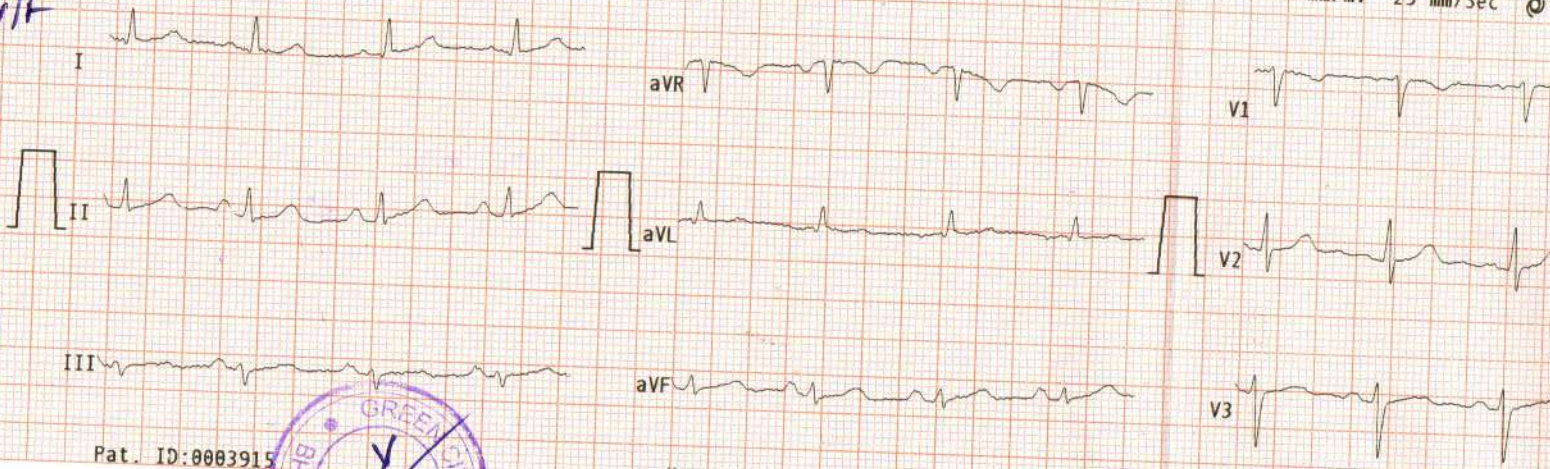
VIDYA KURMI

10 mm/mV 25 mm/Sec @ \approx 0.5 - 32Hz

BPL GenX3

10 mm/mV 25 mm/Sec @

Pat. Name : **VIDYA KURMI**
Pat. ID : 0003915
Referred By :
Consultant :
Age / Sex : 35 Years / Unknown
Date / Time : 22-10-2021 / 23:30
Pacemaker : No
BP Sys / Dia : 0/0 mmHg
Ht / Wt : 0cm / 0kg
Race : Indian
Drug 1 : No Medication
Drug 2 : No Medication
Clin. Diag. : Normal



Pat. ID: 0003915



Hospital:

Pat. ID: 0003915

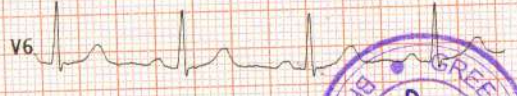
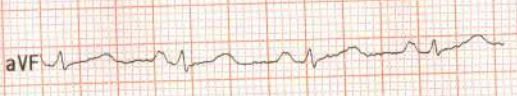
BPL GenX3

10 mm/mV 25 mm/Sec @ 0.5 - 32Hz

x3

Possible sequence error: V2,V3 omitted

Normal ECG



Disclaimer: This report does not replace the diagnosis of a trained physician

Hospital:.....

Pat. ID:0003915

Hospital:.....





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Reg. No. NH/6333/DEC-2017



PATHOLOGY REPORT

Name : Mrs. Vidhya Kurmi CORP Age : 32 Years Sex : Female
Advised By : GREEN CITY HOSPITAL Lab No. : OPD / 14 Date & : 23-Oct-2021
Time : 2:54 pm

HAEMOGRAM

Test Performed	Value Observed	Reference Range
Haemoglobin	12.5 gm%	11.5 - 16 gm%
R.B.C. count	4.07 mil./cmm	4.0 - 5.6 mil./cmm
Total WBC Count	7700 /cumm	4000 - 11000 /cumm
Packed Cell Volume	36.2 %	36 - 47 %

DIFFERENTIAL COUNT

Neutrophil	65 %	40 - 70 %
Lymphocytes	30 %	20 - 45 %
Monocytes	03 %	2 - 8 %
Eosinophil	02 %	1 - 5 %
Basophil	00 %	0 - 1 %

RBC Indices

MCV	89.0 fL	82 - 97 fL
MCH	30.7 pg	27 - 32 pg
MCHC	34.5 %	32 - 36 %

Platelets Indices

Platelet Count	2.18	1.5 - 4.5
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BLOOD GROUP

Test Performed	Value Observed	Reference Range
Blood Group	"B" Positive	

Technologist

Please Correlate clinically as well as with other investigative findings. This report is not valid for medico legal purpose.

For Emergency / Ambulance Service Contact No.: 8120401607, 0755-2733323



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Reg. No. NH/6333/DEC-2017

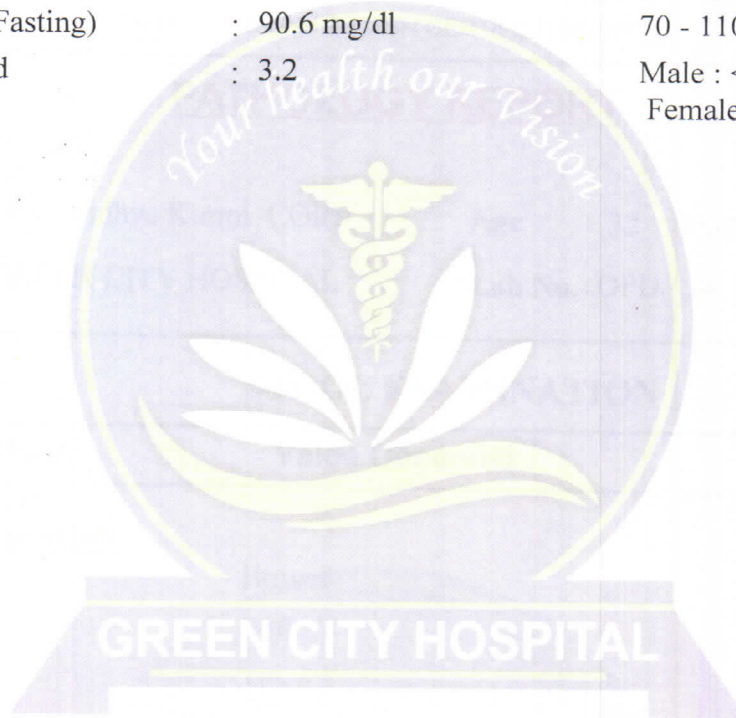


PATHOLOGY REPORT

Name : Mrs. Vidhya Kurmi CORP **Age** : 32 Years **Sex** : Female
Advised By : GREEN CITY HOSPITAL **Lab No.** : OPD / 14 **Date & Time** : 23-Oct-2021
: 2:57 pm

BIOCHEMISTRY

<u>Test Performed</u>	<u>Value Observed</u>	<u>Reference Range</u>
Blood Glucose(Fasting)	: 90.6 mg/dl	70 - 110 mg/dl
Serum Uric Acid	: 3.2	Male : < 7.0 mg/dl Female : < 6.0 mg/dl



Dr. Manal Asraf Ali
MBBS, DCP, DNB
Reg No. 19938

Technologist

Please Correlate clinically as well as with other investigative findings. This report is not valid for medico legal purpose.

For Emergency / Ambulance Service Contact No.: 8120401607, 0755-2733323

Patient Name : MRS VIDHYA KURMI
Age & Sex : 32 Years / Female
Referred By : GREEN CITY HOSPITAL

LAB No. : 0003439
Registration Date : 23/10/2021 06:08 pm
Report Date : 23/10/2021 07:38 pm

BIOCHEMISTRY

TEST	RESULT	UNITS	REFERENCE RANGE
HbA1c			
Glycosylated Haemoglobin % (Hb A1c)	: 4.1		Normal : 4.2 to 6.2 Good control: 5.5 to 6.8 Fair control : 6.8 to 7.6 Poor control : > 7.6 Unit : %
Mean Plasma Glucose	: 70.97		

NOTES:

1. The HbA1c test shows your average blood sugar for last 3 months.
2. The HbA1c test does not replace your day-to-day monitoring of blood glucose. Use this test result along with your daily test results to measure your overall diabetes control.

How does HbA1c works?

The HbA1c test measures the amount of sugar that attaches to protein in your red blood cells.

RBCs live for about 3 months, so this test shows your average blood sugar levels during that time.

Greater the level of sugar & longer it is high, the more sugar that will attach to RBCs.

Why is this test so important?

Research studies demonstrated that the closer to normal your HbA1c level was, the less likely your risk of developing the long-term complications of diabetes. Such problems include eye disease, nerve damage, heart and blood vessel disease and kidney problems.

Who should have the HbA1c test done?

Everyone with diabetes can benefit from taking this test. Knowing your HbA1c level helps you and your doctor decide if you need to change your diabetes management plan.

How often should you have a HbA1c test?

You should have this test done when you are first diagnosed with diabetes.

Then at least twice a year if your treatment goals are being met & blood glucose control is stable.

More frequent HbA1c testing (4 times / year) is recommended if your therapy has been recently changed or if you are not

Barcode :



***** End Of Report *****

Jaykiran

Dr. Jay Kiran Verma (MBBS, DNB)
Sr. Consultant Pathologist (Reg. No. 5659)
National Hospital, Bhopal
Formerly -
-Apollo Hospitals, Hyderabad



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Phone : 0755 - 4245014, +91-9630904774, +91 8839402126 Email | focusin.report@gmail.com

Patient Name : MRS VIDHYA KURMI
 Age & Sex : 32 Years / Female
 Referred By : GREEN CITY HOSPITAL

LAB No. : 0003439
 Registration Date : 23/10/2021 06:08 pm
 Report Date : 23/10/2021 07:38 pm

ENDOCRINOLOGY

TEST	RESULT	UNITS	REFERENCE RANGE
THYROID FUNCTION TEST (T3,T4,TSH)			
Total Triiodothyronine T3	: 148.6	ng/dl	58-159
Total Thyroxine T4	: 9.23	ug/dl	4.6-9.5
Thyroid Stimulating Hormones (TSH)	: 2.74	μIU/ml	Euthyroid: 0.25-5.0 Hyperthyroid : <0.15 Hypothyroid : >7.0

Note Three common ways in which there may be inadequate amounts of the thyroid hormone for normal metabolism. 1. Primary hypothyroidism, in which there is a raised TSH and a low T4 and low T3. This is due to failure of the thyroid gland, possibly due to autoantibody disease, possibly due to toxic stress or possibly due to iodine deficiency. 2. The second, the most common cause of thyroid failure, occurs at the pituitary level. In this condition there is inadequate thyroid stimulating hormone (TSH) produced from the pituitary and so one tends to see low or normal TSH, low T4s and variable T3s. This condition is most common in many patients with chronic fatigue syndrome, where there is a general suppression of the hypothalamic-pituitary-adrenal axis. 3. The third type of under-functioning is due to poor conversion of T4 to T3. This requires enzymes and co-factors, in particular selenium, zinc and iron. In this condition there are normal or possibly slightly raised levels of TSH, normal levels of T4 but low levels of T3. This requires micronutrients and also T3 to correct. Therefore, in any patient suspecting of thyroid problem routinely TSH, a Free T4 and a Free T3 are also advisable. Any patients who are taking T3 as part of their thyroid supplement need to have their T3 levels monitored as well as T4. T3 is much more quickly metabolized than T4 and blood tests should be done between 4-6 hours after their morning dose. The Guideline for pregnancy reference ranges for Total T3, T4, Ultra TSH Level in pregnancy

	Total T3	Total T4	Ultra Tsh
First Trimester	0.86-1.87	6.60-12.4	0.30-4.50
2nd Trimester	1.0-2.60	6.60-15.5	0.50-4.60
3rd Trimester	1.0-2.60	6.60-15.5	0.80-5.20

The guideline for age related reference ranges for T3, T4, & Ultra TSH

	Total T3	Total T4	Ultra Tsh
Cord Blood	0.30-0.70	1-3 day	8.2-19.9
		Birth-4 day:	1.0-38.9
New Born	0.75-2.60	1 Week	6.0-15.9
		2-20 Week	1.7-9.1
1-5 Years	1.0-2.60	1-12 Months	6.8-14.9
		20 Week-20 years	0.7-6.4
5-10 Years	0.90-2.40	1-3 Years	6.8-13.5
		10-15 Years	0.80-2.10
3-10 Years	5.5-12.8		

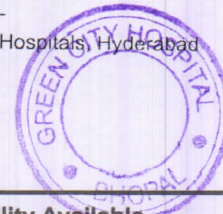
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Date: 23.10.2021

PATIENT'S NAME: MRS. VIDHYA

AGE: 32Y

REF. BY: GREEN CITY HOSPITAL

SEX: FEMALE

Ultrasonography : Whole Abdomen

Liver: Is normal in size, shape and echotexture measures 14.2 cm in long axis in mid clavicular line. Margins are smooth and regular. Intra and extra hepatic biliary and vascular channels are normal. No evidence of any focal or diffuse mass lesion seen.

Gall Bladder: Reveal a clear anechoic lumen. Its wall of normal thickness. No pericholecystic pathology seen.

- CBD & PV are of normal calibre.

Right Kidney: Normal in size, shape & echotexture measures 10.2 x 4.1 cm. Cortical echotexture appears to be normal. Cortico-medullary differentiation is maintained. No hydronephrosis, calculus or scarring seen.

Left Kidney: Normal in size, shape & echotexture measures 10.2 x 4.1 cm. Cortical echotexture appears to be normal. Cortico-medullary differentiation is maintained. No hydronephrosis, calculus or scarring seen.

Spleen: Is normal in size, shape and echotexture.

Pancreas: Appear to be normal in shape, size & echotexture. Pancreatic duct is not dilated.

Urinary Bladder: Is central smooth in contour and reveal a clear lumen. Their walls are of normal thickness.

Uterus: Is anteverted and normal in size shape and echotexture measures 7.2 x 4.2 x 3.5 cm. Endometrial echo is in midline measures 10 mm. Cervix appears normal.

Right Ovary: Visualized normal in size, shape and echotexture.

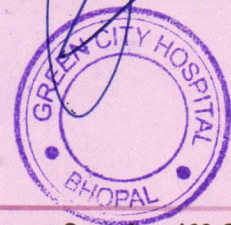
Left Ovary: Visualized normal in size, shape and echotexture.

- No evidence of obvious adnexal mass lesion is seen.
- No evidence of any free fluid/lymphadenopathy.
- No evidence of bowel wall thickening noted.

Impression: USG Study Reveals:

- No remarkable abnormality detected.

Dr. Ritesh Kumawat
MBBS, DMRD, DNB (Radio Diagnosis)
Consultant Radiologist
Reg. No: MP - 12614





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Name of Patient: MS. VIDYA KURMI	Age/Sex: 32 Y/F	Procedure Date: 23-10-2021
Ref. By: Green City Hospital		Reporting Date: 23-10-2021

X-RAY CHEST

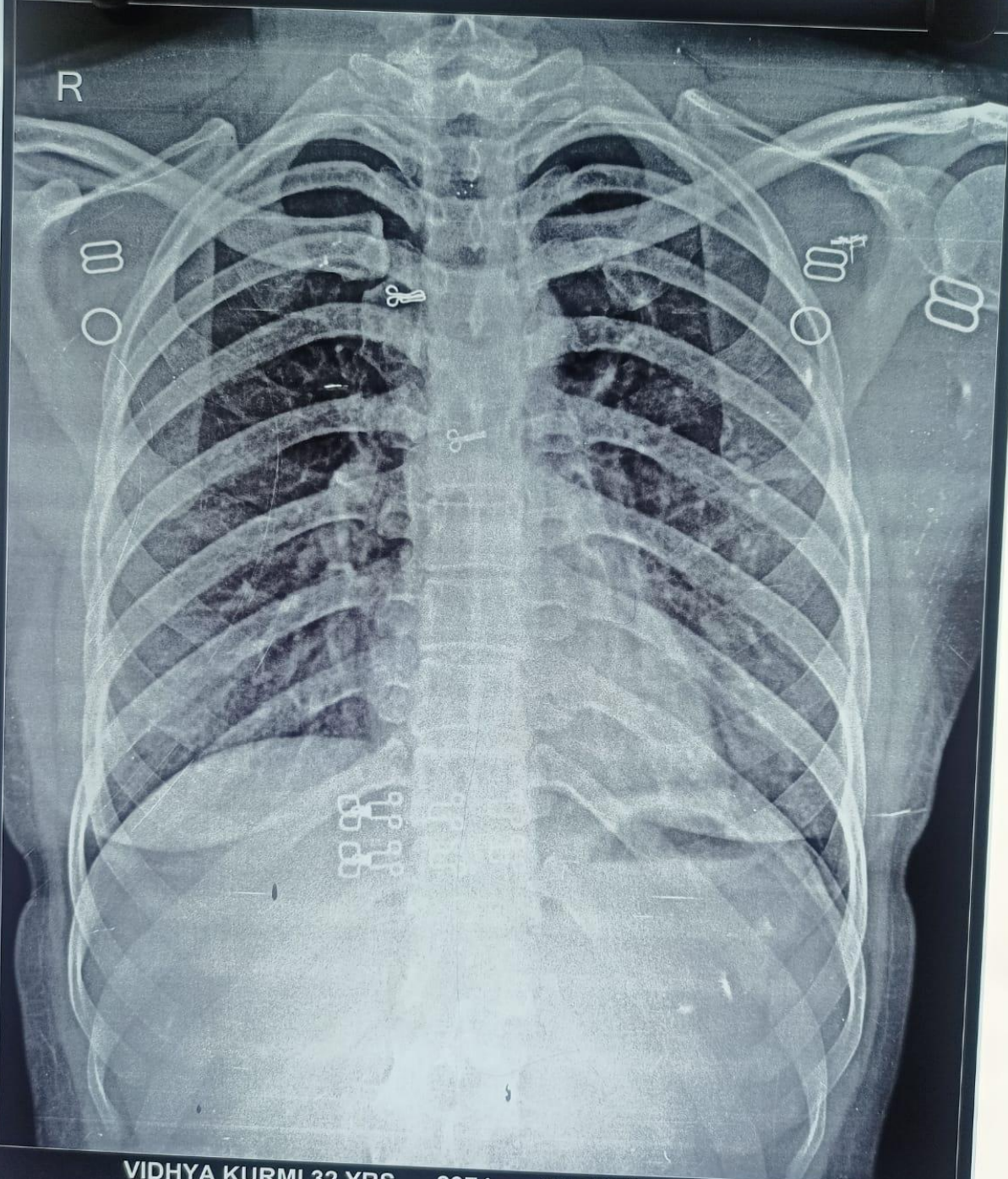
- Bilateral lung parenchyma is clear.
- Bilateral hilar shadow is normal.
- Trachea midline is normal.
- Bilateral CP angle are clear.
- Cardio thoracic ratio is normal.

Impression: No remarkable abnormality seen in present study.

**DR. NITIN KHANTAL
CONSULTANT RADIOLOGIST**



SCIENCE OF RADIOLOGICAL DAIGNOSIS IS BASED ON INTERPRETATION OF VARIOUS SHADOW PRODUCED BY BOTH NORMAL AND ABNORMAL TISSUES, DISSIMILAR DIVERSE DISEASES PRODUCE SIMILAR SHADOWS, HENCE THIS REPORT REPRESENT VARIOUS POSSIBILITIES AND NOT MEANT FOR MEDICO-LEGAL PURPOSES



VIDHYA KURMI 32 YRS... 2974 CHEST PA 23-Oct-21
GREEN CITY HOSPITAL, D.I.G. BUNGLOW, BHOPAL