

Name: Miss Nisha Tiskey.

24/02/24

Age: 31y

for regular checkup

No H/O DM/Hyp

B.P. - 120/60

P - 80 bpm

WT - 59

H - 151 cm.

CBC - 11g / 5.46 / 6.46 / 297 / 10

HbA1c - 5.4

RBS - F - 94.0 - PP - 109.0

Creatinine - 0.71

Uric Acid - 3.4

Lipid Profile test - 141.0 / 106.0 / 45.0 / 74.80

LFT - 16 / 23 / 95

TSH - 5.730

- Cap metformin 2x1 300mg
- Cap ASHMBD3 2x1 430mg

Ad
- Hb electrophoresis
- Sr Iron type
- Sr vit B12

- MINTOP 5% 2ml 2x1 430mg



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

24/2/2024

Mrs. Nisha Tiskey, 31

WAF =

3 Feb 2024

MF x 8 dec 2023.
No menstrual complaints

PAH smear
Not wellly together done

PA - soft
Normal

Fuc Report




Mish. Nishu,

Dt. 3/1/24

1800 कैलोरी. 60 ग्राम प्रोटीन. हाई प्रोटीन डाइट चार्ट

7 AM →	गर्म पानी रोजाना
8 AM →	उबला (मुंग / चना 1 कटोरी)
9 AM →	उपमा / पोहा / इटली - 3 और उबला अंडा - 1
10 AM →	1 एप्पल Citrus fruits
12.0 CLOCK → LUNCH →	1 कटोरी राइस 1 कटोरी दाल 1 कटोरी वेज सोयाबड़ी / मुंग / चना और ग्रीन वेज 1 प्लेट सलाद
2 PM →	फूटा चना / गुड़
4 PM →	रोस्टेड पनीर (50 ग्राम) और उबला सोयाबड़ी (50 ग्राम)
6 PM →	उबला अंडा - 1 (वेज सुप 1 कप) पालक / गाजर
8 PM →	1 कटोरी राइस 1 कटोरी दाल 1 कटोरी वेज ग्रीन (दाल + सब्जी)
10 PM →	दूध 1 कप + अंजीर - 4

① Take 9 water 8 1/2 glass

② Take fiber + protein with



ECHOCARDIOGRAPHY REPORT

NAME : MISS. NISHA TIRKEY	Age/Sex: 31Yrs/female	ECG : SINUS RHYTHM
OPD/ IPD : OPD	STUDY DATE: 24 /02/2024	REGN. NO. : FRAI.00000
Ref.By Dr : BOB		

M-MODE MEASUREMENTS:-

	Patient Value (cm)	Normal Value (cm)		Patient Value (cm)	Normal Value (cm)
AorticRoot Diameter	2.8	2.0 – 3.7	IVS Thickness	ED = 0.8 ES = 1.1	0.6 – 1.1
AorticValve Opening	2.0	1.5 – 2.6	PW Thickness	ED = 0.8 ES = 1.1	0.6 – 1.1
LA Dimension	2.9	1.9 – 4.0	RA Dimension	---	2.6
LVID(D)	4.1	3.7 – 5.5	RV Dimension	---	2.6
LVID(s)	2.4	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.

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



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

NAME OF PATIENT: MISS. NISHA TIRKEY
REFERRED BY: BOB

AGE: 31YRS/FEMALE
DATE: 24/02/2024

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
MBBS, MD
DR. ZEESHAN ATEEB DANI
Reg. No. CGMC-2324/2018 (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: MISS. NISHA TIRKEY
REF BY: BOB

AGE / SEX: 31 YRS/F
DATE: 24.02.2024

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	10.56X3.84Cm	9.17x3.75Cm
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 (8.13 x 5.05 x 4.02 cm, Vol. – 86.418 cc) and echotexture. Endometrial thickness 6.6 mm.

Right Ovary: Normal in size (3.69 x 1.68 cm), shape and echotexture.

Left Ovary: Normal in size (3.79 x 1.94 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
MBBS, MD

DR. ZEESHAN ATEEB DANI
Reg. No. CGMC-2324/2014 (MD)
CONSULTANT RADIOLOGIST

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MISS NISHA TIRKEY
Female 31Years

24-02-2024 11:54:48 AM COPY

HR : 80 bpm
P : 84 ms
PR : 134 ms
QRS : 76 ms
QT/QTc : 358/413 ms
PQRS/T : 38/85/54 °
RV5/SV1 : 0.806/0.447 mV

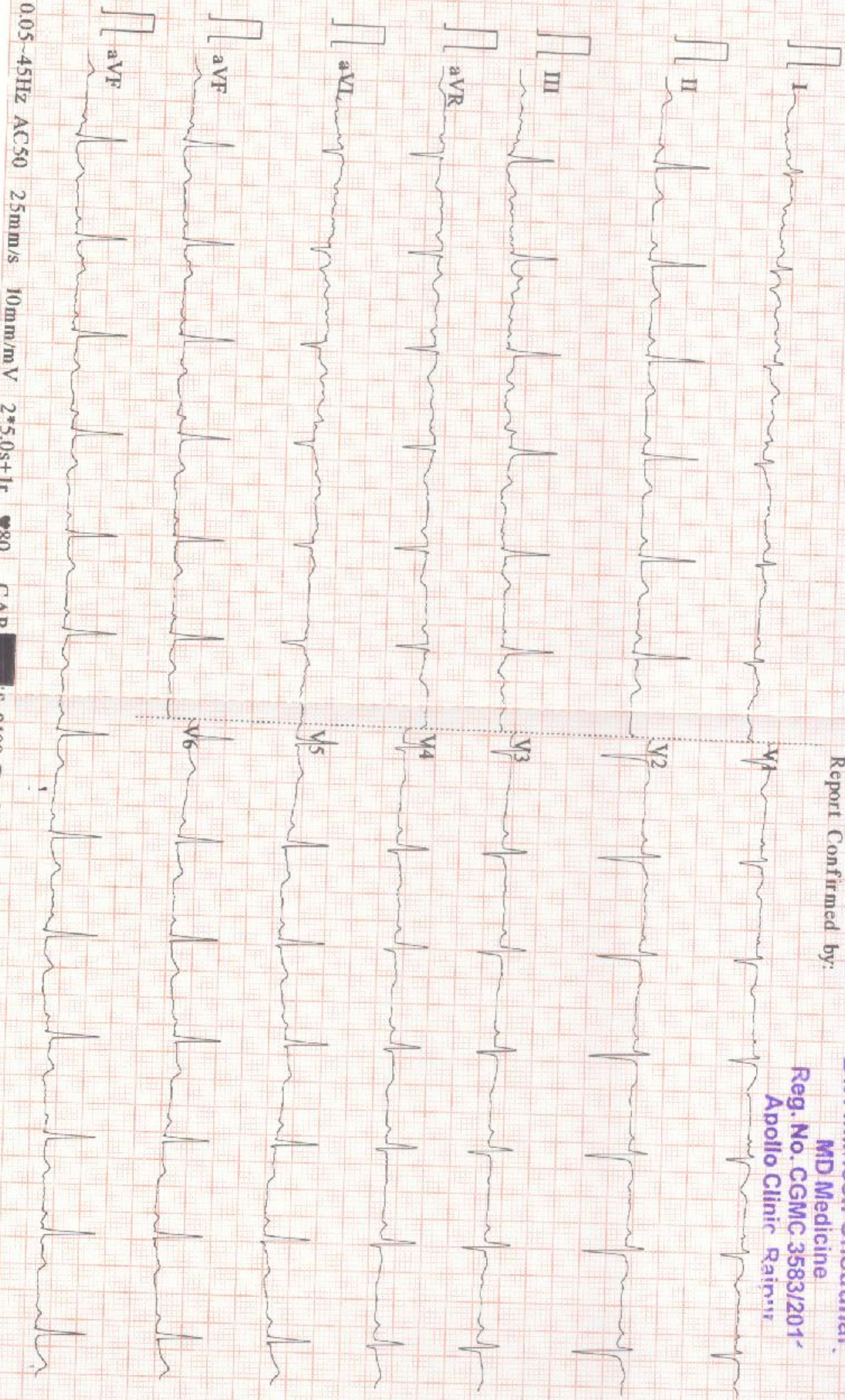
Diagnosis Information:

Sinus rhythm
Anterior T wave abnormality is borderline for age and gender
Borderline ECG



Report Confirmed by:

Dr. Animesh Choudhary
MD Medicine
Reg. No. CGMC 3583/2017
Apollo Clinic Raipur



0.05-45Hz AC50 25mm/s 10mm/mV 2*5.0s+1r 80 CAR 9108 D V1.43 Glasgow V28.6.0 APOLLO CLINIC RAIPUR

EXAMINATION OF EYES :- (BY OPHTHALMOLOGIST)

Patient Name Miss Nisha Tikey

Date 24.12.24


Sex/Age 31.7.16

MR No

Employee Id

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




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

Patient Name : MISS NISHA TIRKEY
UHID/ MR No : 9321
Visit Date : 24/02/2024
Sample Collected On : 24/02/2024 01:47PM
Ref. Doctor : SELF
Sponsor Name :

Age/Gender : 31 Y ^{Fe} Male
OP Visit No : OPD-UNIT-II-2
Reported On : 24/02/2024 05:18PM

HAEMATOLOGY

Investigation	Observed Value	Unit	Biological Reference Interval
HEMOGRAM			
Haemoglobin(HB) Method: CELL COUNTER	11.9	gm/dl	12 - 17
Erythrocyte (RBC) Count Method: CELL COUNTER	5.46	mill/cu.mm.	4.20 - 6.00
PCV (Packed Cell Volume) Method: CELL COUNTER	35.70	%	39 - 52
MCV (Mean Corpuscular Volume) Method: CELL COUNTER	65.4	fL	76.00 - 100
MCH (Mean Corpuscular Haemoglobin) Method: CELL COUNTER	21.8	pg	26 - 34
MCHC (Mean Corpuscular Hb Conc.) Method: CELL COUNTER	33.3	g/dl	32 - 35
RDW (Red Cell Distribution Width) Method: CELL COUNTER	15.4	%	11- 16
Total Leucocytes (WBC) Count Method: CELL COUNTER	6.46	cells/cumm	3.50 - 10.00
Neutrophils Method: CELL COUNTER	64	%	40.0 - 73.0
Lymphocytes Method: CELL COUNTER	25	%	15.0 - 45.0
Eosinophils Method: CELL COUNTER	05	%	1-6%
Monocytes	06	%	4.0 - 12.0
Basophils Method: CELL COUNTER	00	%	0.0 - 2.0

End of Report
Results are to be correlated clinically

Lab Technician / Technologist
path

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Dhananjay
DR DHANANJAY RAMCHANDRA PRASAD
M.D. PATHOLOGY

Patient Name : MISS NISHA TIRKEY
UHID/ MR No : 9321
Visit Date : 24/02/2024
Sample Collected On : 24/02/2024 01:47PM
Ref. Doctor : SELF
Sponsor Name :

Age/Gender : 31 Y. Male
OP Visit No : OPD-UNIT-II-2
Reported On : 24/02/2024 05:18PM

HAEMATOLOGY

Investigation	Observed Value	Unit	Biological Reference Interval
Platelet Count Method: CELL COUNTER	297	lacs/cu.mm	150-400
ESR- Erythrocyte Sedimentation Rate Method: Westergren's Method	10	mm /HR	0 - 10

Blood Group (ABO Typing)

Blood Group (ABO Typing) AB
RhD factor (Rh Typing) POSITIVE

End of Report
Results are to be correlated clinically

Lab Technician / Technologist
path

Page 6 of 6


DR DHANANJAY RAMCHANDRA PRASAD
M.D. PATHOLOGY

Patient Name : MISS NISHA TIRKEY
UHID/ MR No : 9321
Visit Date : 24/02/2024
Sample Collected On : 24/02/2024 01:47PM
Ref. Doctor : SELF
Sponsor Name :

Age/Gender : 31 Y Male
OP Visit No : OPD-UNIT-II-2
Reported On : 24/02/2024 05:18PM

BIO CHEMISTRY

Investigation	Observed Value	Unit	Biological Reference Interval
HbA1c (Glycosalated Haemoglobin)			
	5.4	%	Non- diabetic:<=5.6, Pre-Diabetic 5.7-6.4, Diabetic:>=6.5

- HbA1c is used for monitoring diabetic control. It reflects the estimated average glucose (eAG).
 - 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%.
 - Trends in HbA1c are a better indicator of diabetic control than a solitary test.
 - Low glycosylated haemoglobin (below 4%) in a non-diabetic individual are often associated with systemic inflammation.
- HbA1c is used for monitoring diabetic control. It reflects the estimated average glucose (eAG).
 - 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%.
 - Trends in HbA1c are a better indicator of diabetic control than a solitary test.
 - Low glycosylated 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.
 - To estimate the eAG from the HbA1C value, the following equation is used: $eAG(mg/dl) = 28.7 * A1c - 46.7$
 - Interference of Haemoglobinopathies in HbA1c estimation.
 - For HbF > 25%, an alternate platform (Fructosamine) is recommended for testing of HbA1c.
 - Homozygous hemoglobinopathy is detected, fructosamine is recommended for monitoring diabetic status
 - Heterozygous state detected

End of Report
Results are to be correlated clinically

Lab Technician / Technologist
 path

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DR DHANANJAY RAMCHANDRA PRASAD
 M.D. PATHOLOGY

Apollo Clinic

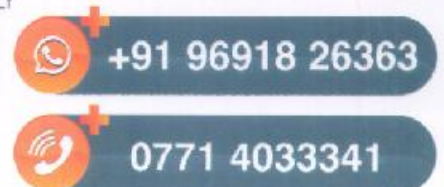
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Email : raipur1@apolloclinic.com | Website : www.apolloclinic.com

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



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Sponsor Name :

Age/Gender : 31 Y Male
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Reported On : 24/02/2024 05:18PM

BIO CHEMISTRY

Investigation	Observed Value	Unit	Biological Reference Interval
GLUCOSE - (POST PRANDIAL)			
Glucose -Post prandial Method: REAGENT GRADE WATER	109.0	mg/dl	70-140
GLUCOSE (FASTING)			
Glucose- Fasting SUGAR REAGENT GRADE WATER	94.0	mg/dl	70 - 120
KFT - RENAL PROFILE - SERUM			
BUN-Blood Urea Nitrogen METHOD: Spectrophotometric	07	mg/dl	7 - 20
Creatinine METHOD: Spectrophotometric	0.71	mg/dl	0.6-1.4
Uric Acid Method: Spectrophotometric	3.4	mg/dL	2.6 - 7.2

End of Report
Results are to be correlated clinically

Lab Technician / Technologist
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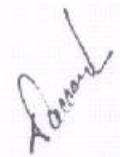
Age/Gender : 31 Y. Male
OP Visit No : OPD-UNIT-II-2
Reported On : 24/02/2024 05:18PM

BIO CHEMISTRY

Investigation	Observed Value	Unit	Biological Reference Interval
LIPID PROFILE TEST (PACKAGE)			
Cholesterol - Total	141.0	mg/dl	Desirable: < 200 Borderline High: 200-239 High: >= 240
Triglycerides level	106.0	mg/dl	Normal : < 150 Borderline High : 150-199 Very High : >=500
Method: Spectrophotometric HDL Cholesterol	45.0	mg/dl	Major risk factor for heart disease: < 40 Negative risk factor for heart disease :>60
Method: Spectrophotometric LDL Cholesterol	74.80	mg/dl	Optimal:< 100 Near Optimal :100 – 129 Borderline High : 130-159 High : 160-189 Very High : >=190
Method: Spectrophotometric VLDL Cholesterol	21.20	mg/dl	6 - 38
Total Cholesterol/HDL Ratio	3.13		3.5-5
Method: Spectrophotometric			

End of Report
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Sample Collected On : 24/02/2024 01:47PM
Ref. Doctor : SELF
Sponsor Name :


Age/Gender : 31 Y. Male
OP Visit No : OPD-UNIT-II-2
Reported On : 24/02/2024 05:18PM

BIO CHEMISTRY

Investigation	Observed Value	Unit	Biological Reference Interval
LIVER FUNCTION TEST			
Bilirubin - Total Method: Spectrophotometric	0.7	mg/dl	0.1- 1.2
Bilirubin - Direct Method: Spectrophotometric	0.2	mg/dl	0.05-0.3
Bilirubin (Indirect) Method: Calculated	0.50	mg/dl	0 - 1
SGOT (AST) Method: Spectrophotometric	16	U/L	0 - 40
SGPT (ALT) Method: Spectrophotometric	23	U/L	0 - 41
ALKALINE PHOSPHATASE	95	U/L	25-147
Total Proteins Method: Spectrophotometric	6.5	g/dl	6 - 8
Albumin Method: Spectrophotometric	4.4	mg/dl	3.4 - 5.0
Globulin Method: Calculated	2.1	g/dl	1.8 - 3.6
A/G Ratio Method: Calculated	2.0	%	1.1 - 2.2

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Patient Name : MISS NISHA TIRKEY
UHID/ MR No : 9321
Visit Date : 24/02/2024
Sample Collected On : 24/02/2024 01:47PM
Ref. Doctor : SELF
Sponsor Name :

Age/Gender : 31 Y. Male
OP Visit No : OPD-UNIT-II-2
Reported On : 24/02/2024 05:18PM

CLINICAL PATHOLOGY

Investigation	Observed Value	Unit	Biological Reference Interval
URINE ROUTINE EXAMINATION			
Physical Examination			
Volum of urine	30ML		
Appearance	Clear		Clear
Colour	Pale Yellow		Colourless
Specific Gravity	1.020		1.001 - 1.030
Reaction (pH)	6.0		
Chemical Examination			
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
Microscopic Examination			
RBC (Urine)	NIL	/hpf	0 - 2
Pus cells	1-2	/hpf	0 - 5
Epithelial Cell	Occasional	/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 correlated clinically

Lab Technician / Technologist
 path

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Dr. Anand
DR DHANANJAY RAMCHANDRA PRASAD
M.D. PATHOLOGY

Patient Name : Miss.NISHA TIRKEY	Collected : 24/Feb/2024 05:23PM
Age/Gender : 31 Y O M O D /F	Received : 24/Feb/2024 05:27PM
UHID/MR No : DSUS.0000006539	Reported : 24/Feb/2024 06:21PM
Visit ID : DSUSOPV7619	Status : Final Report
Ref Doctor : APOLLO CLINIC	Client Name : PUP APOLLO CLINIC SAMRIDDHI AR
IP/OP NO :	Patient location : Raipur,Raipur

DEPARTMENT OF IMMUNOLOGY

Test Name	Result	Unit	Bio. Ref. Range	Method
THYROID PROFILE TOTAL (T3, T4, TSH) , SERUM				
TRI-iodothyronine (T3, TOTAL)	1.05	ng/mL	0.6-1.81	CLIA
THYROXINE (T4, TOTAL)	11.90	µg/dL	3.2-12.6	CLIA
THYROID STIMULATING HORMONE (TSH)	5.730	µIU/mL	0.35-5.5	CLIA

Comment:

For pregnant females	Bio Ref Range for TSH in uIU/ml (As per American Thyroid Association)
First trimester	0.1 - 2.5
Second trimester	0.2 - 3.0
Third trimester	0.3 - 3.0

- TSH is a glycoprotein hormone secreted by the anterior pituitary. TSH activates production of T3 (Triiodothyronine) and its prohormone T4 (Thyroxine). Increased blood level of T3 and T4 inhibit production of TSH.
- TSH is elevated in primary hypothyroidism and will be low in primary hyperthyroidism. Elevated or low TSH in the context of normal free thyroxine is often referred to as sub-clinical hypo- or hyperthyroidism respectively.
- Both T4 & T3 provides limited clinical information as both are highly bound to proteins in circulation and reflects mostly inactive hormone. Only a very small fraction of circulating hormone is free and biologically active.
- Significant variations in TSH can occur with circadian rhythm, hormonal status, stress, sleep deprivation, medication & circulating antibodies.

TSH	T3	T4	FT4	Conditions
High	Low	Low	Low	Primary Hypothyroidism, Post Thyroidectomy, Chronic Autoimmune Thyroiditis
High	N	N	N	Subclinical Hypothyroidism, Autoimmune Thyroiditis, Insufficient Hormone Replacement Therapy.
N/Low	Low	Low	Low	Secondary and Tertiary Hypothyroidism
Low	High	High	High	Primary Hyperthyroidism, Goitre, Thyroiditis, Drug effects, Early Pregnancy
Low	N	N	N	Subclinical Hyperthyroidism
Low	Low	Low	Low	Central Hypothyroidism, Treatment with Hyperthyroidism
Low	N	High	High	Thyroiditis, Interfering Antibodies
N/Low	High	N	N	T3 Thyrotoxicosis, Non thyroidal causes
High	High	High	High	Pituitary Adenoma; TSHoma/Thyrotropinoma

*** End Of Report ***

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