

MRS. SONIYA SADORIYA

34 YEARS /FEMALE

BOB

14-10-2023

Height: 165 Cms

Weight: 59 Kg

BP: - 110/70 mmhg

Pulse: - 75/- Regular

BMI: - 21.7 kg/m²

EYE: - NORMAL

The Medical Examiner should record the findings under one of the following categories:-

1. FIT
2. UNFIT on account of



Dr. D. S. Chhabra
MBBS, MD

Reg. No. - 5007
DR. D.S. CHHABRA

MBBS. MD.

MRS. SONIYA SADORIYA
BANK OF BARODA34 Years /F
14-10-2023

Test Name	Results	Normal Range
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BIOCHEMISTRY

FASTING BLOOD SUGAR	92.0	70 - 110 mg/dl
TOTAL PROTEIN	6.48	6.0 to 8.0 g/dl
ALBUMIN	3.57	3.2 to 5.0 g/dl
GLOBULIN	2.91	1.9 to 3.5
A:G RATIO	1.23	1.2 TO 2.3
GAMA GT	14.0	5 - 43 Iu/l
ALKALINE PHOSPHATE	91.0	Adult - 42 - 128 IU/L Child - 150 - 630 IU/L
URIC ACID	2.77	2.5 - 6.8 mg\dl
S.G.O.T	22.0	0 - 45 IU/L
S.G.P.T	15.0	0 - 45 IU/L
BUN	12.0	5 - 21 Mg/dl
CREATININE	0.86	0.6 - 1.4 mg\dl
TOTAL BILIRUBIN	0.84	0 - 1 mg/dl
DIRECT BILIRUBIN	0.19	<0.25 mg/dl
INDIRECT BILIRUBIN	0.65	< 1.0 mg/dl

DR. POOJA PRAPANNA
DR. POOJA PRAPANNA
M.D.

MRS. SONIYA SADORIYA

34 Years /F

BANK OF BARODA

14-10-2023

LIPID PROFILE

Test Name	Results	Normal Range
TOTAL LIPIDS	487	400 - 700 mg/dl
CHOLESTROL	172.0	<200 mg/dl- Desirable 200 - 239 mg/dl - Borderline High >240 Mg/dl High
HDL CHOLESTROL	38.0	35- 60 mg/dl
TRIGLYCERIDE	93.0	<150 mg/dl Normal 150 - 199 mg/dl Borderline High 200 - 499 mg/dl High
LDL CHOLESTROL	115.4	<100 mg/dl Optimal 100- 129 mg/dl Borderline high 160 - 189 mg/dl High
VLDL CHOLESTROL	18.6	<40 mg/dl
RISK RATIO	4.53	3 - 6

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MRS. SONIYA SADORIYA
BANK OF BARODA34 Years /F
14-10-2023**BLOOD GROUP**

Test Name	Results	Normal Range
BLOOD GROUP	: -	
"ABO " GROUP	"B"	
Rh (D) Factor	Positive	
	.	
	.	
	.	

(Cross matching & recheck of Blood Group is mandatory before any transfusion)

Dr. POOJA PRAPANNA
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M.D.

MRS. SONIYA SADORIYA**34 Years /F****BANK OF BARODA****14-10-2023****URINE EXAMINATION**

Test Name	Results	Normal Range
PHYSICAL EXAMINATION		
Quantity	30 ml	
Colour	Pale Yellow	
Appearance	Clear	
Deposits	Absent	
Specific Gravity	1.015	
Reaction	Acidic	
CHEMICAL EXAMINATION		
Albumin	Nil	
Sugar	Nil	
Ketones	Absent	
Bile Pigments	Negative	
Bile Salt	Negative	
Hematuria	Negative	
MICROSCOPIC EXAMINATION		
Pus Cells	1- 2 /hpf	
Red Blood Cells	Nil/hpf	
Epithelial Cell	1 - 2 /hpf	
Crystals	Nil	
Casts	Absent	

DR. POOJA PRAPANNA
DR. POOJA PRAPANNA
MD

M.D.

Pt. Name: **MRS. SONIYA SADORIYA**
Ref. By: **BANK OF BARODA**

Age/Sex: **34 Yrs /F**
Date: **14/Oct/2023**

CYTOPATHOLOGY

Material Received :- 1 Pap Smear Prepared.

Smear adequacy :- Satisfactory.

Fair no. clusters of superficial and intermediate squamous epithelial cells

Endocervical cells: Seen, with squamous metaplastic cells

Organism: Mixed flora (lactobacilli and coccobacilli seen)

Fungal hyphae seen morphology consistent with Candida

Inflammatory cells :- Mild Acute inflammatory cells seen.

Negative for intraepithelial lesion or malignancy

Advise: Follow up

DR. POOJA PRAPANNA
MD
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M.D.

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BANK OF BARODA

14-10-2023

HEAMOGRAM

Test Name	Results	Normal Range
Haemoglobin (HB)	12.7	11 - 16 gm%
R.B.C. Count	4.29	3.8 - 4.8 milli./cu.mm
PCV	37.6	36 - 46 %
MCV	87.65	80 - 98 fl
MCH	29.60	27 - 32 pg
MCHC	33.78	31.5 - 34.5 %
TOTAL WBC COUNT	5,900	4,000 to 11,000 /cu.mm
DIFFERENTIAL WBC COUNT	.	
Neutrophils	66	40 - 75 %
Lymphocytes	30	20 - 40 %
Monocytes	02	02 - 08 %
Eosinophils	02	01 - 05 %
Basophils	00	00 - 01 %
PLATELET COUNT	2.39	1.5 - 4 Lacs/cu.mm.
E.S.R	11	M- 0-10 at the end of 1 hr. F- 0-20 at the end of 1 hr

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34 Years /F

BANK OF BARODA

14-10-2023

Test Name	Results	Normal Range
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BIOCHEMISTRY

P.P. BLOOD SUGAR

124.0

upto 140 mg/dl

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BOB

14th Oct, 2023

X-RAY CHEST PA VIEW

Bony cage is normal.

Trachea is central. C.P. angles are clear.

Cardiac contour and cardiothoracic ratio are normal.

Lung fields are clear.

DR.D.S.CHHABRA.

M.D.

4D SONOGRAPHY • COLOR DOPPLER • ECHO • PATHOLOGY • DIGITAL X-RAY & OPG • TMT • ECG • HOLTER

MRS. SONIYA SADORIYA

34 Yrs/F

BOB

14th Oct, 2023

ABDOMINAL SONOGRAPHY

Liver is of normal size, shape, has smooth margins & regular contours and the parenchyma reveals normal echostructure. No focal lesion.

Gall bladder is of normal size, shape, has thin walls & the contents are clear fluid. No evidence of any calculus. Biliary tree is undilated.

Pancreas is normal, no focal / diffuse pathology. Spleen is normal.

Both kidneys are normal in size [measure about 11 cms. in length], shape and echostructure. No calculus in both. The collecting system and ureter on both side are undilated.

Urinary bladder is normal in size, shape and has thin walls.

Uterus is of normal size [measures about 8.5 x 5 x 4 cms. in diam.] and is retroflexed. The uterine outlines are smooth & regular and the myometrial & endometrial echopattern is normal. No mass.

Both ovaries are normal in size, shape and echostructure.

No adnexal / pelvic mass or cyst. No pelvic collection.

There is no ascitis. No obvious abdominal lymphadenopathy. No sub / supra diaphragmatic pathology on either side.

IMPRESSION :

Normal study.

DR.D.S.CHHABRA.

M.D.



LABORATORY REPORT



Name : SONIYA SADORIYA	Sex/Age : Female / 34 Years	Case ID : 31001603555
Ref. By :	Dis. At :	Pt. ID :
Bill. Loc. : UNIQUE DIAGNOSTIC CENTRE INDORE		Pt. Loc. :
Reg Date and Time : 14-Oct-2023 12:30	Sample Type : Whole Blood EDTA	Mobile No. :
Sample Date and Time : 14-Oct-2023 12:30	Sample Coll. By : non	Ref Id1 :
Report Date and Time : 14-Oct-2023 16:04	Acc. Remarks : -	Ref Id2 :

TEST	RESULTS	UNIT	BIOLOGICAL REF RANGE	REMARKS
Glycated Haemoglobin Estimation				
HbA1C <i>(IT)</i>	5.20	% of total Hb	4.80 - 6.00	
Estimated Avg Glucose (3 Mths) <i>Calculated</i>	102.54	mg/dL	Not available	

Please Note change in reference range as per ADA 2021 guidelines.

Interpretation :

HbA1C level reflects the mean glucose concentration over previous 8-12 weeks and provides better indication of long term glycemic control. Levels of HbA1C may be low as result of shortened RBC life span in case of hemolytic anemia. Increased HbA1C values may be found in patients with polycythemia or post splenectomy patients. Patients with Homozygous forms of rare variant Hb(CC,SS,EE,SC) HbA1c can not be quantitated as there is no HbA. In such circumstances glycemic control can be monitored using plasma glucose levels or serum Fructosamine. The A1c target should be individualized based on numerous factors, such as age, life expectancy, comorbid conditions, duration of diabetes, risk of hypoglycemia or adverse consequences from hypoglycemia, patient motivation and adherence.

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

For test performed on specimens received or collected from non-NSRL locations, it is presumed that the specimen belongs to the patient named or identified as labeled on the container/test request and such verification has been carried out at the point generation of the said specimen by the sender. NSRL will be responsible Only for the analytical part of test carried out. All other responsibility will be of referring Laboratory.

Note:(LL-VeryLow,L-Low,H-High,HH-VeryHigh ,A-Abnormal)

Dr. Shobhna Agrawal
MD. Pathologist

Dr. A Mishra
M.D. Microbiology

Dr. Soma Yadav
M.D. (Pathology)

Printed On : 14-Oct-2023 16:14



LABORATORY REPORT



Name : Mrs. SONIYA SADORIYA	Sex/Age : Female / 34 Years	Case ID : 31001603508
Ref. By :	Dis. At :	Pt. ID :
Bill. Loc. : UNIQUE DIAGNOSTIC CENTRE INDORE		Pt. Loc. :
Reg Date and Time : 14-Oct-2023 10:44	Sample Type : Serum	Mobile No. :
Sample Date and Time : 14-Oct-2023 10:44	Sample Coll. By : non	Ref Id1 :
Report Date and Time : 14-Oct-2023 11:33	Acc. Remarks : -	Ref Id2 :

TEST	RESULTS	UNIT	BIOLOGICAL REF RANGE	REMARKS
Thyroid Function Test				
Triiodothyronine (T3) CMIA	86.66	ng/dL	58 - 159	
Thyroxine (T4) CMIA	6.90	µg/dL	5.5 - 11.0	
TSH CMIA	0.68	µIU/mL	0.4 - 4.2	

INTERPRETATIONS

- Circulating TSH measurement has been used for screening for euthyroidism, screening and diagnosis for hyperthyroidism & hypothyroidism. Suppressed TSH (<0.01 µIU/mL) suggests a diagnosis of hyperthyroidism and elevated concentration (>7 µIU/mL) suggest hypothyroidism. TSH levels may be affected by acute illness and several medications including dopamine and glucocorticoids. Decreased (low or undetectable) in Graves disease. Increased in TSH secreting pituitary adenoma (secondary hyperthyroidism), PPTH and in hypothalamic disease thyrotropin (tertiary hyperthyroidism). Elevated in hypothyroidism (along with decreased T4) except for pituitary & hypothalamic disease.
- Mild to modest elevations in patient with normal T3 & T4 levels indicates impaired thyroid hormone reserves & incipient hypothyroidism (subclinical hypothyroidism).
- Mild to modest decrease with normal T3 & T4 indicates subclinical hyperthyroidism.
- Degree of TSH suppression does not reflect the severity of hyperthyroidism, therefore, measurement of free thyroid hormone levels is required in patient with a suppressed TSH level.

CAUTIONS

Sick, hospitalized patients may have falsely low or transiently elevated thyroid stimulating hormone. Some patients who have been exposed to animal antigens, either in the environment or as part of treatment or imaging procedure, may have circulating antianimal antibodies present. These antibodies may interfere with the assay reagents to produce unreliable results.

TSH ref range in pregnancy

First trimester
Second trimester
Third trimester

Reference range (microIU/ml)

0.24 - 2.00
0.43-2.2
0.8-2.5

Note:(LL-VeryLow,L-Low,H-High,HH-VeryHigh ,A-Abnormal)

Soma

Dr. Soma Yadav
M.D. (Pathology)

Dr. A Mishra
M.D. Microbiology

Printed On : 14-Oct-2023 11:42



LABORATORY REPORT



Name : Mrs. SONIYA SADORIYA	Sex/Age : Female / 34 Years	Case ID : 31001603508
Ref. By :	Dis. At :	Pt. ID :
Bill. Loc. : UNIQUE DIAGNOSTIC CENTRE INDORE		Pt. Loc. :
Reg Date and Time : 14-Oct-2023 10:44	Sample Type : Serum	Mobile No. :
Sample Date and Time : 14-Oct-2023 10:44	Sample Coll. By : non	Ref Id1 :
Report Date and Time : 14-Oct-2023 11:33	Acc. Remarks : -	Ref Id2 :

Interpretation Note:

Ultra sensitive-thyroid-stimulating hormone (TSH) is a highly effective screening assay for thyroid disorders. In patients with an intact pituitary-thyroid axis, s-TSH provides a physiologic indicator of the functional level of thyroid hormone activity. Increased s-TSH indicates inadequate thyroid hormone, and suppressed s-TSH indicates excess thyroid hormone. Transient s-TSH abnormalities may be found in seriously ill, hospitalized patients, so this is not the ideal setting to assess thyroid function. However, even in these patients, s-TSH works better than total thyroxine (an alternative screening test), when the s-TSH result is abnormal, appropriate follow-up tests T4 & free T3 levels should be performed. If TSH is between 5.0 to 10.0 & free T4 & free T3 level are normal then it is considered as subclinical hypothyroidism which should be followed up after 4 weeks & If TSH is > 10 & free T4 & free T3 level are normal then it is considered as overt hypothyroidism.

Serum triiodothyronine (T3) levels often are depressed in sick and hospitalized patients, caused in part by the biochemical shift to the production of reverse T3. Therefore, T3 generally is not a reliable predictor of hypothyroidism. However, in a small subset of hyperthyroid patients, hyperthyroidism may be caused by overproduction of T3 (T3 toxicosis). To help diagnose and monitor this subgroup, T3 is measured on all specimens with suppressed s-TSH and normal FT4 concentrations.

Normal ranges of TSH & thyroid hormones vary according trimester in pregnancy.

TSH ref range in Pregnancy	Reference range (microIU/ml)
First trimester	0.24 - 2.00
Second trimester	0.43-2.2
Third trimester	0.8-2.5

	T3	T4	TSH
Normal Thyroid function	N	N	N
Primary Hyperthyroidism	↑	↑	↓
Secondary Hyperthyroidism	↑	↑	↑
Grave's Thyroiditis	↑	↑	↑
T3 Thyrotoxicosis	↑	N	N/↓
Primary Hypothyroidism	↓	↓	↑
Secondary Hypothyroidism	↓	↓	↓
Subclinical Hypothyroidism	N	N	↑
Patient on treatment	N	N/↑	↓

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

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Note:(LL-VeryLow,L-Low,H-High,HH-VeryHigh ,A-Abnormal)

Dr. Soma Yadav
M.D. (Pathology)

Dr. A Mishra
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Printed On : 14-Oct-2023 11:42

DR. MAHENDRA CHOURASIYA
M.D.,D.M.
CONSULTANT CARDIOLOGIST

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Opp. M.Y.Hospital, M.Y.H. Road,
INDORE - 452 001. (M. P.).
Phone : 2704118. 4082228

ECHOCARDIOGRAPHY REPORT

NAME : MRS. SONIYA SADORIYA **Age** : 34 Yrs/ F
REFERRED BY : BANK OF BARODA **Date** : 14th Oct, 2023

ECHOCARDIOGRAPHIC OPINION

INTERPRETATION :-

- ** Normal sized cardiac chambers.
- ** Normal biventricular functions. LVEF : 60 %.
- ** Normal cardiac valves.



Dr. Mahendra Chourasiya
M.D., D.M. (Cardio)

DR. MAHENDRA CHOURASIYA. M.D.,D.M.

TWO DIMENSIONAL ECHOCARDIOGRAPHY

M Mode examination revealed normal movement of both mitral leaflets during diastole.

No SAM or mitral valve prolapse is seen.

Aortic cusps are not thickened and enclosure line is central.

Tricuspid valve is normal, pulmonary valve is normal, aortic root is normal in size, dimensions of left atrium and left ventricle are normal.

2 - D imaging in PLAX, SAX and apical views revealed a normal sized left ventricle.

Movement of septum, anterior, posterior, inferior and lateral walls is normal. Global LVEF is 60 %.

Mitral valve opening is normal. No evidence of mitral valve prolapse is seen.

Aortic valve has three cusps and its opening is not restricted.

Right atrium and right ventricle are normal in size.

Tricuspid valve leaflets move normally.

Pulmonary valve is normal.

Interatrial and interventricular septa are intact.

No intracardiac mass or thrombus is seen.

No pericardial pathology is observed.

MEASUREMENTS :

[C]	DIMENSIONS	OBSERVED VALUES	Normal Values (For Adults)
1.	Aortic Root diameter	: 2.4 cms.	2.0-3.7 cm < 2.2 cm / M ²
2.	Aortic Valve Opening	: 1.8 cms.	1.5-2.6 cm
3.	Right Ventricular Dimension	: --	
4.	Left Atrial Dimension	: 2.4 cms.	1.9-4.0 cm < 2.2 cm / M ²
5.	Left Ventricular ED Dimension	: 3.6 cms.	3.7-5.6 cm < 3.2 cm / M ²
6.	Left Ventricular ES Dimension	: 2.3 cms.	2.2-4.0 cm
7.	Inter Ventricular ED Septal thickness	: 1.2 cms.	0.6-1.2 cm
8.	Left Ventricular ED PW thickness	: 1.0 cms.	0.5-1.0 cm
9.	IVS / LVPW	: 01	< 1.3

[E] INDICES OF LEFT VENTRICULAR FUNCTION

1.	Mitral E - Septal Separation	: 0.5	< 0.9- cm
2.	Left Ventricular Ejection Fraction	: 60 %	60 - 80 %

DOPPLER

	Peak Flow Velocity (M/Sec.)	Peak Gradient (mmHg.)	Regurgitation
MV	Normal	--	Normal
TV	Normal	--	Normal
AV	Normal	--	Normal
PV	Normal	--	Normal

PASP : Normal



भारत सरकार
GOVERNMENT OF INDIA



सोनिया सदौरिया
Soniya Sadoriya
DOB: 18-08-1989
Gender: Female



9320 7190 9967

आधार - आम आदमी का अधिकार



Dr. D. S. Chhab
M.B.B.S.
Reg. No. 5007



भारतीय विशिष्ट पहचान प्राधिकरण
UNIQUE IDENTIFICATION AUTHORITY OF INDIA

W/O गौरव सादोरिया, 26, पद्मावती
कॉलोनी, सेंट. पाल विद्यालय के पास,
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P.O. Box No.1947,
Bengaluru-560 001

10mm/mV 0.25-35Hz AC50

14-10-2023 09:19:22

Mrs. Soniya Sadaniya



CARDIART

ID	: 231014-0919
Name	: 34 yr
Age	: Female
Sex	: Female
BP	: mmHg
Height	: cm
Weight	: kg
HR	: 70 bpm
P Dur	: 84 ms
PR int	: 117 ms
QRS Dur	: 91 ms
QT/QTc int	: 361/391 ms
P/QRS/T axis	: 20/65/45 °
RV5/SV1 amp	: 1.364/0.521 mV
RV5+SV1 amp	: 1.885 mV
RV6/SV2 amp	: 1.154/0.372 mV

Dr. Mahendra Chourasiya
 M.D., D.M. (Cardio)





