

BP - 100/70
P - 88/5
H - 158 cm
wt - 60 kg

Mrs. Madhvi Singh
Age - 48 Y/A

12/02/24

CBC - 10.8/3.79/7.59/199
ESR - 30
HbA1c - 5.5
FBS - 89, PP - 97.0
Creat - 0.84
Urea - 0.9
Lipid - 125/89/40/67.20
LFT - 20/24/7
T3 - 1.12
T4 - 10.20
TSH - 2.570

R
- D₃ input once a week x 8 week
- cap CETRODIN 1/27 ^{नॉट 2075} x 30 d
- Tab ALF-HB D₃ ^{शक्ति x 100}

- sup ALH100 10d BD x 100d
(100)

- Tab gluc 2 BD + 1d
- cap ALHENT BD x 1d

Ad
→
S. M.D.
S. S. P. M. M.

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



12 Feb 2024

Mrs. Madhu Singh 48F.

P₂ (both IVDS).

H/O Lap. cholecystectomy

WAF =
menopausal for
last 1 yr

VAPS near

H/O Kapsle...



Soft
Nontend.

H/S - Exatrophic
vaginal mucosa
slightly inflamed



P/V

cer. v small cut
21/4/2024

Tab. Supracal - 150

BD - 2 mths



Dr. Sweety Lath

BDS (Cosmetic Dental Surgeon)



Dr. Vivek Lath

Chief Dental Consultant
BDS, MDS, Diplomate (WCOI, Japan)
Professor, MCDRC - Durg
Reg. No. CGDC/14/PG/45

- Consult for : Digital Dentistry • Fixed Teeth • RCT • Dental Implants • Gums Diseases • Dentures • Cosmetic Filling • Tooth Jewellery
- Digital OPG • Braces Treatment • Tooth Removal • Kids Dental Treatment • All Kind of Dental Surgeries

Mrs. Madhu Singh
48/F

6/2/2024

elc: Pt came for routine dental check up.

O/E . Missy \bar{c} $\frac{5}{56}$

Stain + Cal+

Adv

Crown/ Bridge \bar{c}

$\frac{5}{56}$

seal prophylaxis



Dr. Sweety Lath

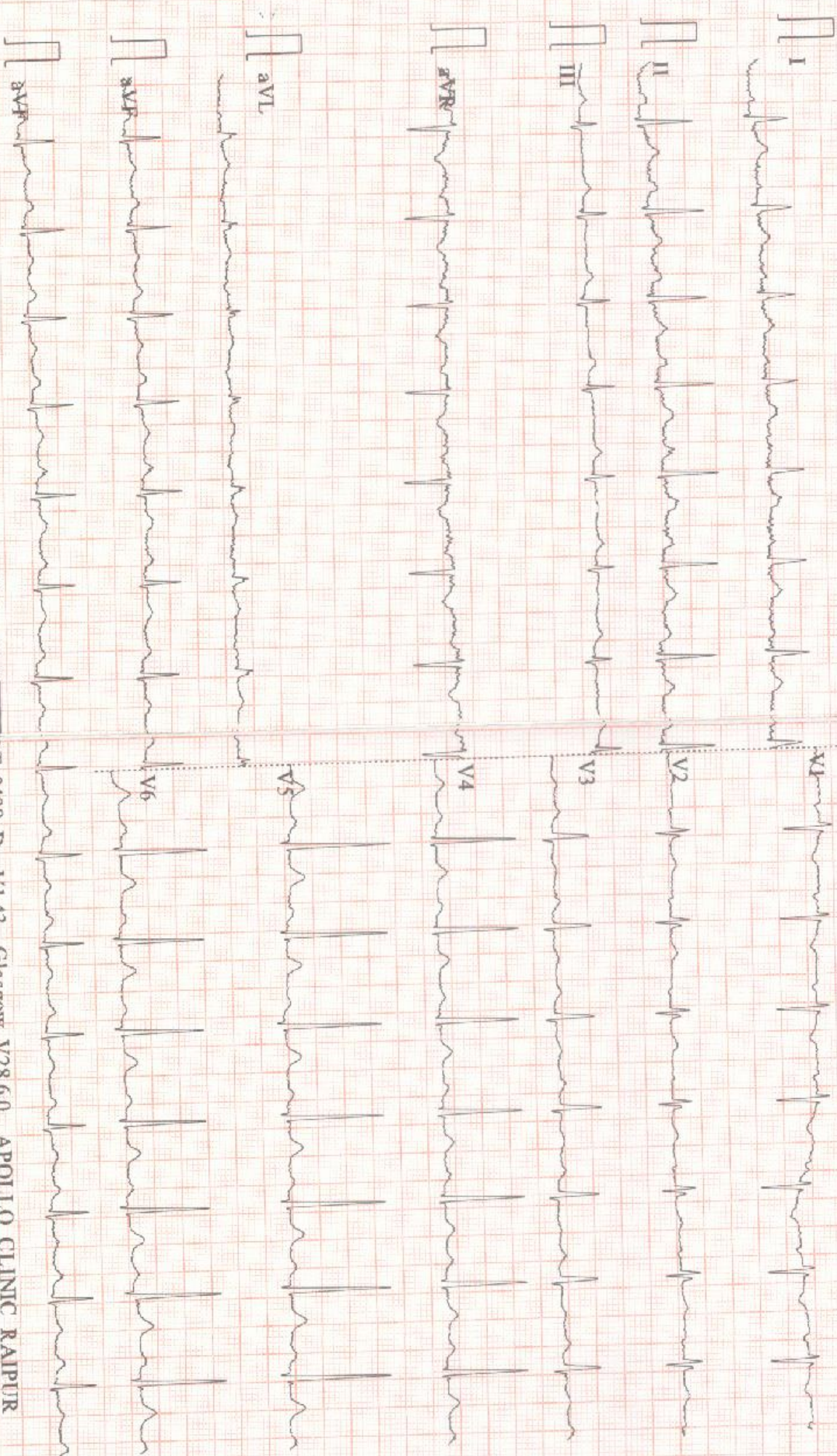
ID: 98
MRS MADHU SINGH
Female 48Years

06-02-2024 10:34:49 AM

HR	: 93	bpm
P	: 112	ms
PR	: 180	ms
QRS	: 78	ms
QT/QTc	: 334/416	ms
P/QRS/T	: 72/45/38	°
RV5/SV1	: 1.766/0.674	mV

Diagnosis Information:
Sinus rhythm
Normal ECG

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



RT 9108 D V143 Glasgow V28.6.0 APOLLO CLINIC RAIPUR

EXAMINATION OF EYES :- (BY OPHTHALMOLOGIST)

Patient Name Mrs. Madhu Singh


Date 6/02/24

Sex/Age M/48 year

MR No

Employee Id

EXTERNAL EXAMINATION				
SQUINT				
NO				
NYSTAGMUS				
COLOUR VISION				
NORMAL				
FUNDUS:(RE):-		(LE):-		
WNL		WNL		
INDIVIDUAL COLOUR IDENTIFICATION				
Good				
DISTANT VISION:(RE):-		(LE):-		
6/12 E 4/6		6/12 E 4/6		
NEAR VISION:(RE):-		(LE):-		
11/18 E 4/6		11/18 E 4/6		
NIGHT BLINDNESS				
NAD				
	SPH	CYL	AXIS	ADD
RIGHT	/	-0.75	100	+1.75
LEFT	/	-0.75	80	+1.75
REMARKS :-				


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



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PATIENT NAME: MRS. MADHU SINGH
REF BY: BOB

AGE / SEX: 48 YRS/F
DATE: 06.02.2024

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: - POST OPERATIVE

Pancreas & Paraaortic Region: Normal.

Spleen: Is normal in size measures cm, and echotexture.

Kidneys	RIGHT	LEFT
SIZE	10.39X4.54Cm	10.06x5.24Cm
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 (6.27 x 3.84 x 3.32 cm, Vol. – 41.854 cc) and echotexture. Endometrial thickness 5.4 mm.

Right Ovary: Normal in size (3.33 x 1.95 cm), shape and echotexture.

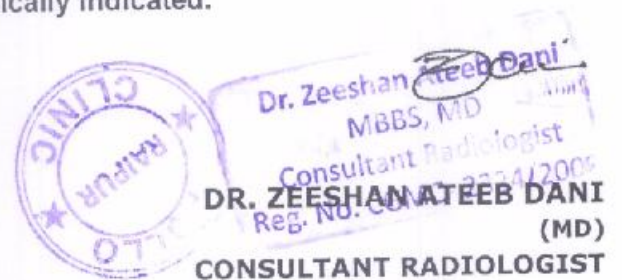
Left Ovary: Normal in size (3.92 x 2.30 cm), shape and echotexture.

No evidence of free fluid in abdomen or pelvis.

IMPRESSION:

- GRADE - FATTY LIVER
- GALL BLADDER POST OPERATIVE

Advised clinical correlation/further evaluation if clinically indicated.



Dr. Zeeshan Ateeb Dani
MBBS, MD
Consultant Radiologist
Reg. No. CD/12005
DR. ZEESHAN ATEEB DANI
(MD)
CONSULTANT RADIOLOGIST

This report is for perusal of the doctor only not the definitive diagnosis; findings have to be clinically correlated. Ultrasound has its limitations in obese patients and in retroperitoneal organs. All congenital abnormalities cannot be detected on ultrasound. This report is not for medico-legal purposes.

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PATIENT NAME: MRS. MADHU SINGH
REF BY: BOB

AGE / SEX: 48 Y/F
DATE: 06/02 /2024

SONOGRAPHY BILATERAL BREASTS

FINDINGS:

- Both breast tissues are symmetrical and appear normal in size and echotexture.
- No evidence of any focal mass lesion or any collection seen.
- Nipple, areola and subareolar region also appear normal.
- Bilateral axilla visualised normal without any evidence of lymphadenopathy.

IMPRESSION:

- **USG BREAST WITHIN NORMAL LIMITS.**

Advised clinical correlation and further evaluation.



Dr. Zeeshan Ateeb Dani
MBB, MD
Consultant Radiologist
Reg. No. CGMC, 2354/2006

DR. ZEESHAN ATEEB DANI

(MD)

CONSULTANT RADIOLOGIS

This report is for perusal of the doctor only not the definitive diagnosis; findings have to be clinically correlated. Ultrasound has its limitations in obese patients and in retroperitoneal organs. All congenital abnormalities cannot be detected on ultrasound. Sex of the fetus is not determined here. This report is not for medico-legal purposes.

* Only large obvious hypo/anechoic mass lesion can be diagnosed by USG. Mammography/breast MRI are much more sensitive and specific imaging modalities for evaluation of breast parenchyma & breast lesion. Advised further evaluation with these imaging modalities if clinically indicated/strong suspicion of breast lesion.

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NAME OF PATIENT: MRS. MADHU SINGH

AGE: 48YRS / FEMALE

REFERRED BY: BOB

DATE: 06/02/2024.

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
Consultant Radiologist
DR. ZEESHAN ATEEB DANI
Reg. No. CGMR
(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 : MRS MADHU SINGH
UHID/ MR No : 8993
Visit Date : 06/02/2024
Sample Collected On : 06/02/2024 11:40AM
Ref. Doctor : SELF
Sponsor Name :

Age/Gender : 48 Y. Female
OP Visit No : OPD-UNIT-II-2
Reported On : 06/02/2024 02:50PM

HAEMATOLOGY

Investigation	Observed Value	Unit	Biological Reference Interval
CBC - COMPLETE BLOOD COUNT			
Haemoglobin(HB) Method: CELL COUNTER	10.8	gm/dl	12 - 16
Erythrocyte (RBC) Count Method: CELL COUNTER	3.79	mill/cu.mm.	4.20 - 6.00
PCV (Packed Cell Volume) Method: CELL COUNTER	32.40	%	39 - 52
MCV (Mean Corpuscular Volume) Method: CELL COUNTER	85.5	fL	76.00 - 100
MCH (Mean Corpuscular Haemoglobin) Method: CELL COUNTER	28.5	pg	26 - 34
MCHC (Mean Corpuscular Hb Concn.) Method: CELL COUNTER	33.3	g/dl	32 - 35
RDW (Red Cell Distribution Width) Method: CELL COUNTER	13.7	%	11- 16
Total Leucocytes (WBC) Count Method: CELL COUNTER	7.59	cells/cumm	3.50 - 11.00
Neutrophils Method: CELL COUNTER	54	%	40.0 - 73.0
Lymphocytes Method: CELL COUNTER	36	%	15.0 - 45.0
Monocytes Method: CELL COUNTER	05	%	4.0 - 12.0
Eosinophils Method: CELL COUNTER	05	%	1-6%
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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DR DHANANJAY RAMCHANDRA PRASAD
M.D. PATHOLOGY

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Sponsor Name :

Age/Gender : 48 Y Female
OP Visit No : OPD-UNIT-II-2
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HAEMATOLOGY

Investigation	Observed Value	Unit	Biological Reference Interval
Platelet Count Method: CELL COUNTER	199	lacs/cu.mm	150-400

1. As per the recommendation of International council for Standardization in Hematology, the differential leucocyte counts are additionally being reported as absolute numbers of each cell in per unit volume of blood.
2. Test conducted on EDTA whole blood.

End of Report
Results are to be correlated clinically

Lab Technician / Technologist
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DR DHANANJAY RAMCHANDRA PRASAD
M.D. PATHOLOGY

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Patient Name : MRS MADHU SINGH
UHID/ MR No : 8993
Visit Date : 06/02/2024
Sample Collected On : 06/02/2024 11:40AM
Ref. Doctor : SELF
Sponsor Name :

Age/Gender : 48 Y Female
OP Visit No : OPD-UNIT-II-2
Reported On : 06/02/2024 02:50PM

HAEMATOLOGY

Investigation	Observed Value	Unit	Biological Reference Interval
ESR- Erythrocyte Sedimentation Rate Method: Westergren's Method	30	mm /HR	0 - 20

1. It indicates presence and intensity of an inflammatory process, never diagnostic of a specific disease. Changes are more significant than a single abnormal test.
2. It is a prognostic test and used to monitor the course or response to treatment of diseases like tuberculosis, bacterial endocarditis, acute rheumatic fever, rheumatoid arthritis, SLE, Hodgkins disease, temporal arteritis, polymyalgia rheumatica.
3. Also increased in pregnancy, multiple myeloma, menstruation & hypothyroidism

Blood Group (ABO Typing)

Blood Group (ABO Typing) : B
RhD factor (Rh Typing) : POSITIVE

End of Report
Results are to be correlated clinically

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Patient Name : MRS MADHU SINGH
UHID/ MR No : 8993
Visit Date : 06/02/2024
Sample Collected On : 06/02/2024 11:40AM
Ref. Doctor : SELF
Sponsor Name :

Age/Gender : 48 Y. Female
OP Visit No : OPD-UNIT-II-2
Reported On : 06/02/2024 02:50PM

BIO CHEMISTRY

Investigation	Observed Value	Unit	Biological Reference Interval
HbA1c (Glycosalated Haemoglobin)	5.5	%	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 inflam
- 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 dete

End of Report
Results are to be correlated clinically

Lab Technician / Technologist
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Page 1 of 1

DR DHANANJAY RAMCHANDRA PRASAD
M.D. PATHOLOGY

Patient Name : MRS MADHU SINGH
UHID/ MR No : 8993
Visit Date : 06/02/2024
Sample Collected On : 06/02/2024 11:40AM
Ref. Doctor : SELF
Sponsor Name :

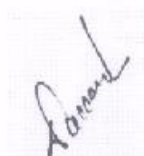
Age/Gender : 48 Y Female
OP Visit No : OPD-UNIT-II-2
Reported On : 06/02/2024 02:50PM

BIO CHEMISTRY

Investigation	Observed Value	Unit	Biological Reference Interval
GLUCOSE - (POST PRANDIAL)			
Glucose -Post prandial Method: REAGENT GRADE WATER	97.0	mg/dl	70-140
GLUCOSE (FASTING)			
Glucose- Fasting SUGAR REAGENT GRADE WATER	89.0	mg/dl	70 - 120
KFT - RENAL PROFILE - SERUM			
BUN-Blood Urea Nitrogen METHOD: Spectrophotometric	09	mg/dl	7 - 20
Creatinine METHOD: Spectrophotometric	0.84	mg/dl	0.6-1.4
Uric Acid Method: Spectrophotometric	3.65	mg/dL	2.6 - 7.2

End of Report
Results are to be correlated clinically

Lab Technician / Technologist
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 M.D. PATHOLOGY

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Patient Name : MRS MADHU SINGH
UHID/ MR No : 8993
Visit Date : 06/02/2024
Sample Collected On : 06/02/2024 11:40AM
Ref. Doctor : SELF
Sponsor Name :

Age/Gender : 48 Y Female
OP Visit No : OPD-UNIT-II-2
Reported On : 06/02/2024 02:50PM

BIO CHEMISTRY

Investigation	Observed Value	Unit	Biological Reference Interval
LIPID PROFILE TEST (PACKAGE)			
Cholesterol - Total	125.0	mg/dl	Desirable: < 200 Borderline High: 200-239 High: >= 240
Triglycerides level	89.0	mg/dl	Normal : < 150 Borderline High : 150-199 Very High : >=500
Method: Spectrophotometric			
HDL Cholesterol	40.0	mg/dl	Major risk factor for heart disease: < 40 Negative risk factor for heart disease :>60
Method: Spectrophotometric			
LDL Cholesterol	67.20	mg/dl	Optimal:< 100 Near Optimal :100 – 129 Borderline High : 130-159 High : 160-189 Very HI Optimal:< 100 Near Optimal :100 – 129 Borderline High : 130-159 High : 160-189 Very High : >=1
Method: Spectrophotometric			
VLDL Cholesterol	17.80	mg/dl	6 - 38
Total Cholesterol/HDL Ratio	3.13		3.5 - 5
Method: Spectrophotometric			

End of Report
Results are to be correlated clinically

Lab Technician / Technologist
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Patient Name : MRS MADHU SINGH
UHID/ MR No : 8993
Visit Date : 06/02/2024
Sample Collected On : 06/02/2024 11:40AM
Ref. Doctor : SELF
Sponsor Name :

Age/Gender : 48 Y Female
OP Visit No : OPD-UNIT-II-1
Reported On : 06/02/2024 02:50PM


BIO CHEMISTRY


Investigation	Observed Value	Unit	Biological Reference Interval
LIVER FUNCTION TEST			
Bilirubin - Total Method: Spectrophotometric	0.8	mg/dl	0.1-1.2
Bilirubin - Direct Method: Spectrophotometric	0.2	mg/dl	0.05-0.3
Bilirubin (Indirect) Method: Calculated	0.60	mg/dl	0 - 1
SGOT (AST) Method: Spectrophotometric	20	U/L	0 - 32
SGPT (ALT) Method: Spectrophotometric	24	U/L	0 - 33
ALKALINE PHOSPHATASE	71	U/L	25-147
Total Proteins Method: Spectrophotometric	6.7	g/dl	6 - 8
Albumin Method: Spectrophotometric	4.5	mg/dl	3.4 - 5.0
Globulin Method: Calculated	2.2	g/dl	1.8 - 3.6
A/G Ratio Method: Calculated	2.0	%	1.1 - 2.2

End of Report
Results are to be correlated clinically

Lab Technician / Technologist
path




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UHID/ MR No : 8993
Visit Date : 06/02/2024
Sample Collected On : 06/02/2024 11:40AM
Ref. Doctor : SELF
Sponsor Name :

Age/Gender : 48 Y Female
OP Visit No : OPD-UNIT-II-2
Reported On : 06/02/2024 02:50PM

CLINICAL PATHOLOGY

Investigation	Observed Value	Unit	Biological Reference Interval
URINE ROUTINE EXAMINATION			
Physical Examination			
Volum of urine	20ML		
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)	0-1	/hpf	0 - 2
Pus cells	2-4	/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 corelated clinically

Lab Technician / Technologist
 path



DR DHANANJAY RAMCHANDRA PRASAD
M.D. PATHOLOGY



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Patient Name : Mrs.MADHU SINGH	Collected : 06/Feb/2024 09:06PM
Age/Gender : 48 Y 0 M 0 D /F	Received : 06/Feb/2024 09:16PM
UHID/MR No : DSUS.0000006327	Reported : 06/Feb/2024 09:45PM
Visit ID : DSUSOPV7367	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)	1.12	ng/mL	0.6-1.81	CLIA
THYROXINE (T4, TOTAL)	10.20	µg/dL	3.2-12.6	CLIA
THYROID STIMULATING HORMONE (TSH)	2.570	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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Apollo Clinic
DR. MANJIV KUMAR
M.B.B.S, M.D (Pathology)
Consultant Pathologist

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Apollo Clinic @ Dara Complex A.T. Classic Near Ashoka Ratan, VIP Estate, Shankar Nagar, Raipur (C.G.)
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 **0771 4033341**

ECHOCARDIOGRAPHY REPORT

NAME : MRS. MADHU SINGH	Age/Sex: 48Yrs/female	ECG : Sinus Rhythm
OPD/ IPD : OPD	STUDY DATE: 12/02/2024	REGN. NO. : FRAI.0000020604
Ref.By Dr : BOB		

M-MODE MEASUREMENTS:-

	Patient Value (cm)	Normal Value (cm)		Patient Value (cm)	Normal Value (cm)
AorticRoot Diameter	2.6	2.0 – 3.7	IVS Thickness	ED = 0.8 ES = 1.2	0.6 – 1.1
AorticValve Opening	1.9	1.5 – 2.6	PW Thickness	ED = 0.8 ES = 1.2	0.6 – 1.1
LA Dimension	2.9	1.9 – 4.0	RA Dimension	---	2.6
LVID(D)	4.3	3.7 – 5.5	RV Dimension	---	2.6
LVID(s)	2.7	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	: TRACE PR
Systemic venous	: IVC normal in size with normal Inspiratory collapse.
Diastolic Function	: Normal.

FINAL IMPRESSION : NO RWMA AT REST.
 NORMAL LV SYSTOLIC FUNCTION.
 TRACE PULMONARY REGURGITATION.
 LV DIASTOLIC DYSFUNCTION GRADE I
 NO I/C CLOT VEGITATION OR PERICARDIAL EFFUSION.



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