

MRS. VAISHALI VERMA

42 YEARS / FEMALE

BOB

19-11-2022

Height: 152 Cms

Weight: 76 Kg

BP: - 124/84 mmhg

Pulse: - 70/- Regular

BMI: - 32.9 kg/m²

EYE: - NORMAL

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

Overweight

Dr. D.S. Chhabra
DR. D.S. CHHABRA
M.B.B.S., M.D.
Reg. No.-5007
MBBS. MD.



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

MRS. VAISHALI VERMA**42 Years /F****BANK OF BARODA****19-11-2022****HEAMOGRAM**

Test Name	Results	Normal Range
Haemoglobin (HB)	12.0	11 - 16 gm%
R.B.C. Count	4.66	3.8 - 4.8 milli./cu.mm
PCV	36.5	36 - 46 %
MCV	78.33	80 - 98 fl
MCH	25.75	27 - 32 pg
MCHC	32.88	31.5 - 34.5 %
TOTAL WBC COUNT	10,200	4,000 to 11,000 /cu.mm
DIFFERENTIAL WBC COUNT	.	
Neutrophils	70	40 - 75 %
Lymphocytes	26	20 - 40 %
Monocytes	02	02 - 08 %
Eosinophils	02	01 - 05 %
Basophils	00	00 - 01 %
PLATELET COUNT	3.5	1.5 - 4 Laes/cu.mm.
E.S.R	10	M- 0-10 at the end of 1 hr. F- 0-20 at the end of 1 hr

Dr. POOJA PRAPANNA**DR. POOJA PRAPANNA****M.D.**

MRS. VAISHALI VERMA**42 Years /F****BANK OF BARODA****19-11-2022****BLOOD GROUP**

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

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

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MD
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BANK OF BARODA42 Years /F
19-11-2022**LIPID PROFILE**

Test Name	Results	Normal Range
TOTAL LIPIDS	515	400 - 700 mg/dl
CHOLESTROL	165.0	<200 mg/dl- Desirable 200 - 239 mg/dl - Borderline High >240 Mg/dl High
HDL CHOLESTROL	40.0	35- 60 mg/dl
TRIGLYCERIDE	135.0	<150 mg/dl Normal 150 - 199 mg/dl Borderline High 200 - 499 mg/dl High
LDL CHOLESTROL	98	<100 mg/dl Optimal 100- 129 mg/dl Borderline high 160 - 189 mg/dl High
VLDL CHOLESTROL	27	<40 mg/dl
RISK RATIO	4.12	3 - 6

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42 Years /F

BANK OF BARODA

19-11-2022

Test Name	Results	Normal Range
<u>BIOCHEMISTRY</u>		
FASTING BLOOD SUGAR	119.0	70 - 110 mg/dl
P.P. BLOOD SUGAR	183.0	upto 140 mg/dl
TOTAL BILIRUBIN	0.68	0 - 1 mg/dl
DIRECT BILIRUBIN	0.21	<0.25 mg/dl
INDIRECT BILIRUBIN	0.47	< 1.0 mg/dl
S.G.O.T	15.0	0 - 45 IU/L
S.G.P.T	32.0	0 - 45 IU/L
ALKALINE PHOSPHATE	105.0	Adult - 42 - 128 IU/L Child - 150 - 630 IU/L
GAMA GT	14.0	5 - 43 Iu/l
TOTAL PROTEIN	7.65	6.0 to 8.0 g/dl
ALBUMIN	4.33	3.2 to 5.0 g/dl
GLOBULIN	3.32	1.9 to 3.5
A:G RATIO	1.30	1.2 TO 2.3
CREATININE	1.12	0.6 - 1.4 mg\dl
URIC ACID	5.26	2.5 - 6.8 mg\dl
BUN	10.2	5 - 21 Mg/dl

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MRS. VAISHALI VERMA
BANK OF BARODA42 Years /F
19-11-2022**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	

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BANK OF BARODA

19th Nov, 2022

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.

MRS. VAISHALI VERMA

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19th Nov, 2022

ABDOMINAL SONOGRAPHY

Liver is of normal size, shape, has smooth margins & regular contours and the parenchyma is mildly hyperechoic in echostructure, **fatty changes (Grade I)**. 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. The Portal and splenic veins are normal in calibre.

Both Kidneys are normal in size [measure about 10.5 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 **multiparous** size, is **bulky** [measures about 9 x 7 x 6 cms. in diam.] and is **retroflexed**. The uterine outlines are smooth & regular and the myometrial echopattern appears normal. Endometrial echoes are 5 mms. and are central. Uterine cavity is empty. No definite mass could be visualised.

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:

Fatty changes in liver (Grade I).

The pelvic exam. was sub-optimal because of markedly thick abdominal wall. If required TVS exam. will be of help for more anatomical details of uterus.

**DR.D.S.CHHABRA.**

M.D.



LABORATORY REPORT



Name : Mrs. VAISHALI VERMA	Sex/Age : Female / 42 Years	Case ID : 21101605301
Ref. By :	Dis. At :	Pt. ID :
Bill. Loc. : UNIQUE DIAGNOSTIC CENTRE INDORE		Pt. Loc. :
Reg Date and Time : 19-Nov-2022 13:56	Sample Type : Whole Blood EDTA	Mobile No. :
Sample Date and Time : 19-Nov-2022 16:41	Sample Coll. By : non	Ref Id1 :
Report Date and Time : 19-Nov-2022 17:39	Acc. Remarks	Ref Id2 :

TEST	RESULTS	UNIT	BIOLOGICAL REF RANGE	REMARKS
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BIOCHEMICAL INVESTIGATIONS

Glycated Haemoglobin Estimation

HbA1C <i>(IT)</i>	H	7.10	% of total Hb	4.80 - 6.00
Estimated Avg Glucose (3 Mths) <i>Calculated</i>		157.07	mg/dL	

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.

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

Page 1 of 3



Dr. Sushma Chourasia
MD Path

Dr. A Mishra
M.D. Microbiology

Dr. Soma Yadav
M.D. (Pathology)

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LABORATORY REPORT



Name : Mrs. VAISHALI VERMA	Sex/Age : Female / 42 Years	Case ID : 21101605301
Ref. By :	Dis. At :	Pt. ID :
Bill. Loc. : UNIQUE DIAGNOSTIC CENTRE INDORE		Pt. Loc. :
Reg Date and Time : 19-Nov-2022 13:56	Sample Type : Serum	Mobile No. :
Sample Date and Time : 19-Nov-2022 13:56	Sample Coll. By : non	Ref Id1 :
Report Date and Time : 19-Nov-2022 15:16	Acc. Remarks	Ref Id2 :

TEST	RESULTS	UNIT	BIOLOGICAL REF RANGE	TEST REMARK
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Thyroid Function Test

Triiodothyronine (T3) <small>CMIA</small>	122.65	ng/dL	58 - 159	
Thyroxine (T4) <small>CMIA</small>	11.0	µg/dL	5.5 - 11.0	
TSH <small>CMIA</small>	1.627	µIU/mL	0.4 - 4.2	

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/↑	↓

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

Soma

Dr. Soma Yadav
M.D. (Pathology)


Dr. A Mishra
M.D. Microbiology

Page 2 of 3

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भारत निर्वाचन आयोग
ELECTION COMMISSION OF INDIA
भारतीय राष्ट्रीय चयन आयोग
भारतीय राष्ट्रीय चयन आयोग

ST11267434



निर्वाचक का नाम : वैशाली वर्मा
ELECTOR'S NAME : VAISHALI VERMA

पति का नाम : गोविंद कुमार वर्मा
HUSBAND'S NAME : GANESH KUMAR VERMA

Dr. D. S. Chhabra
M.B.B.S., M.L.
Reg. No.-5007

लिंग / Sex: महिला / Female ST11267434
जन्मतिथि/आयु/Date of Birth/Age : 04/01/1980
पता : 843-13, स्क्रीन 114 पार्ट वन बंगलॉ 01 पिन 804 नगर,
इन्दौर, महाराष्ट्र प्रदेश, मिला इन्दौर (म.प्र.) - 452010

Address: 843-13, SCH. 114 PART 1 BANGLOW
HOUSE NO 01 TO 804, INDORE, TEHSIL
INDORE, DISTRICT INDORE (M.P.) - 452010

Date : 11/02/2021

निर्वाचक रजिस्ट्रार अधिकारी
Electoral Registration Officer

विधान सभा निर्वाचन क्षेत्र संख्या और नाम: 205-इन्दौर-2
Assembly Constituency No & Name: 205-Indore-2

भाग संख्या और नाम: 102-इन्दौर
Part No and Name: 02-Muzammapur

नोट / Note:

- इस प्रमाणपत्र को प्रदान करने को धारण करने से यह कोई गारंटी नहीं है कि आप वर्तमान निर्वाचक मसाले में निर्वाचक हैं। कृपया अपने नाम प्रत्येक चुनाव से पहले वर्तमान निर्वाचक नामावली में जांचें।
Mere possession of Elector Photo Identity card is no guarantee of name being present in electoral rolls. Please check your name in the current electoral rolls before every election.
- इस कार्ड में उल्लिखित जानकारी को निर्वाचक मसाले में पंजीकरण के अभाव में किसी भी स्थिति में मातृ या प्रमाणपत्र के प्रमाण के रूप में नहीं माना जाएगा।
Date of birth mentioned in this card shall not be treated as proof of age or date of birth for any purpose other than registration in electoral rolls.

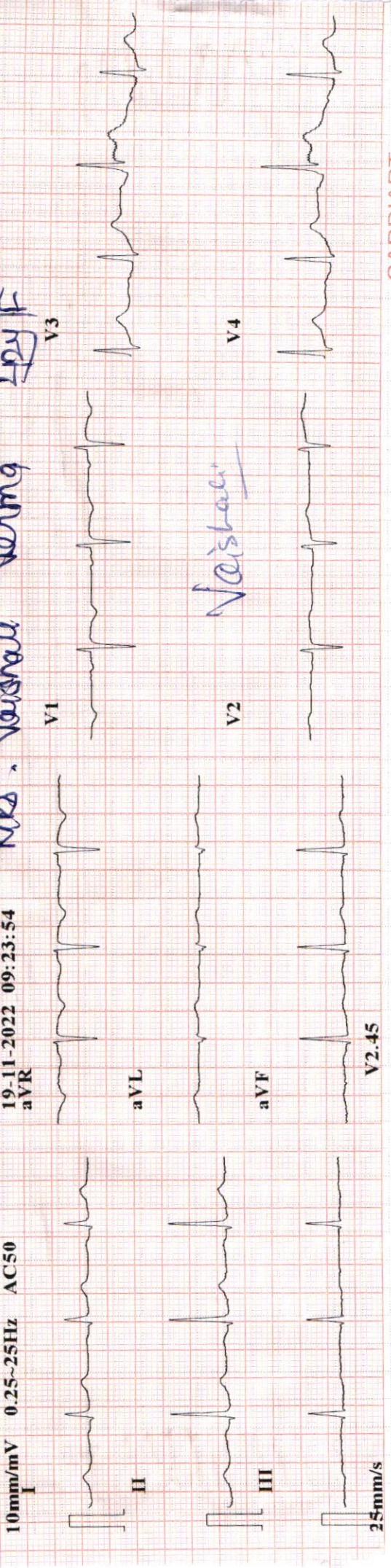
Vaishali



19-11-2022 09:23:54

Mrs. Vaishali Verma

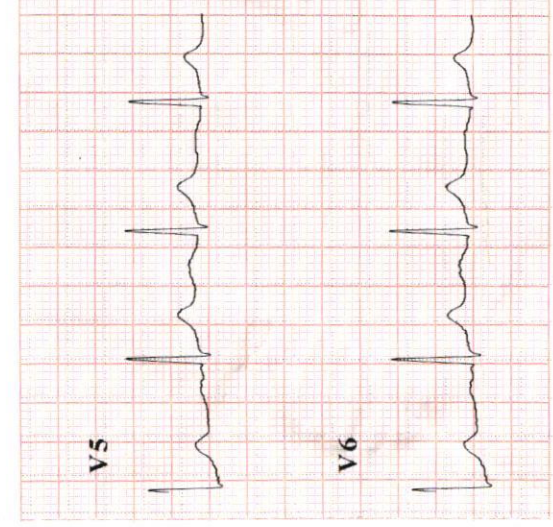
BPL-02



CARDIART

BPL-02

ID	: 221119-0923
Name	:
Age	: 42 yr
Sex	: Female
BP	: mmHg
Height	: cm
Weight	: kg
HR	: 86 bpm
P Dur	: 206 ms
PR int	: 264 ms
QRS Dur	: 81 ms
QT/QTc int	: 342/411 ms
P/QRS/T axis	: 46/59/18 °
RV5/SV1 amp	: 0.990/0.800 mV
RV5+SV1 amp	: 1.790 mV
RV6/SV2 amp	: 1.066/0.526 mV



BPL-02

YML

Dr. Malvendra Chourasiya
M.D. D.M. (Cardio)



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

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INDORE - 452 001. (M. P.).
Phone : 2704118. 4082228

ECHOCARDIOGRAPHY REPORT

NAME : **MRS. VAISHALI VERMA** **Age** : **42 Yrs./ F**
REFERRED BY : **BANK OF BARODA** **Date** : **19th Nov, 2022**

ECHOCARDIOGRAPHIC OPINION

INTERPRETATION :-

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

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

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	: 2.9 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	: 3.0 cms.	1.9-4.0 cm < 2.2 cm / M ²
5. Left Ventricular ED Dimension	: 3.7 cms.	3.7-5.6 cm < 3.2 cm / M ²
6. Left Ventricular ES Dimension	: 2.2 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



UNIQUE DIAGNOSTIC CENTRE INDORE

19 Nov 2022

Name : MRS. VAISHALI VERMA

Age : 42 Yrs./ F

Ref.by : BANK OF BARODA

Done by : DR.MAHENDRA CHOURASIYA M.D.,D.M.

