

Mrs. Pinku Pradhan  
Age - 40 y/f

BP - 120/70  
P - 88/4  
H - 152 c.m  
wt - 65 kg



**EXAMINATION OF EYES :- ( BY OPHTHALMOLOGIST )**


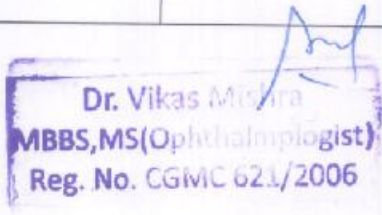
Patient Name Mrs. Rinky Pradhan

Date 27/01/24

Sex/Age f/40 year

MR No .....

Employee Id .....

<b>EXTERNAL EXAMINATION</b>				
SQUINT				
NYSTAGMUS				
COLOUR VISION				
NO				
FUNDUS:(RE):-		NORMAL		
<u>WNL</u>		(LE):- <u>WNL</u>		
INDIVIDUAL COLOUR IDENTIFICATION				
<u>Good</u>				
DISTANT VISION:(RE):-		(LE):-		
<u>6/6</u>		<u>6/6</u>		
NEAR VISION:(RE):-		(LE):-		
<u>N6</u>		<u>N6</u>		
NIGHT BLINDNESS				
<u>NAD</u>				
	SPH	CYL	AXIS	ADD
RIGHT	—————			
LEFT	—————			
REMARKS :-				
				

**Patient Name** : MRS RINKU PRADHAN  
**UHID/ MR No** : 8829  
**Visit Date** : 27/01/2024  
**Sample Collected On** : 27/01/2024 02:45PM  
**Ref. Doctor** : SELF  
**Sponsor Name** :

**Age/Gender** : 40 Y. Female  
**OP Visit No** : OPD-UNIT-II-2  
**Reported On** : 27/01/2024 07:17PM

### HAEMATOTOLOGY

Investigation	Observed Value	Unit	Biological Reference Interval
<b>CBC - COMPLETE BLOOD COUNT</b>			
Haemoglobin(HB) Method: CELL COUNTER	11.5	gm/dl	12 - 16
Erythrocyte (RBC) Count Method: CELL COUNTER	4.28	mill/cu.mm.	4.20 - 6.00
PCV (Packed Cell Volume) Method: CELL COUNTER	34.50	%	39 - 52
MCV (Mean Corpuscular Volume) Method: CELL COUNTER	80.6	fL	76.00 - 100
MCH (Mean Corpuscular Haemoglobin) Method: CELL COUNTER	26.9	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	13.9	%	11- 16
Total Leucocytes (WBC) Count Method: CELL COUNTER	6.09	cells/cumm	3.50 - 11.00
Neutrophils Method: CELL COUNTER	68	%	40.0 - 73.0
Lymphocytes Method: CELL COUNTER	26	%	15.0 - 45.0
Monocytes	04	%	4.0 - 12.0
Eosinophils Method: CELL COUNTER	02	%	1-6%
Basophils Method: CELL COUNTER	00	%	0.0 - 2.0

**End of Report**  
*Results are to be correlated clinically*

Lab Technician / Technologist  
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 M.D. PATHOLOGY

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 **0771 4033341**

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### HAEMATOLOGY


Investigation	Observed Value	Unit	Biological Reference Interval
Platelet Count	203	lacs/cu.mm	150-400
Method: CELL COUNTER			

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.

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### HAEMATOLOGY

Investigation	Observed Value	Unit	Biological Reference Interval
ESR- Erythrocyte Sedimentation Rate Method: Westergren's Method	10	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

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### BIO CHEMISTRY

Investigation	Observed Value	Unit	Biological Reference Interval
<b>GLUCOSE - (POST PRANDIAL)</b>			
Glucose -Post prandial Method: REAGENT GRADE WATER	103.0	mg/dl	70-140
<b>GLUCOSE (FASTING)</b>			
Glucose- Fasting SUGAR REAGENT GRADE WATER	96.0	mg/dl	70 - 120
<b>KFT - RENAL PROFILE - SERUM</b>			
BUN-Blood Urea Nitrogen METHOD: Spectrophotometric	08	mg/dl	7 - 20
<b>Creatinine</b> METHOD: Spectrophotometric	0.92	mg/dl	0.6-1.4
<b>Uric Acid</b> Method: Spectrophotometric	3.6	mg/dL	2.6 - 7.2

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*Dhananjay*  
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### BIO CHEMISTRY


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

- 1.HbA1c is used for monitoring diabetic control. It reflects the estimated average glucose (eAG).
- 2.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%.
3. Trends in HbA1c are a better indicator of diabetic control than a solitary test.
4. Low glycated haemoglobin(below 4%) in a non-diabetic individual are often associated with systemic inflam

- 1.HbA1c is used for monitoring diabetic control. It reflects the estimated average glucose (eAG).
- 2.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%.
3. Trends in HbA1c are a better indicator of diabetic control than a solitary test.
4. Low glycated 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.
5. To estimate the eAG from the HbA1C value, the following equation is used:  $eAG(mg/dl) = 28.7 \times A1c - 46.7$
6. Interference of Haemoglobinopathies in HbA1c estimation.
  - A. For HbF > 25%, an alternate platform (Fructosamine) is recommended for testing of HbA1c.
  - B. Homozygous hemoglobinopathy is detected, fructosamine is recommended for monitoring diabetic status
  - C. Heterozygous state dete

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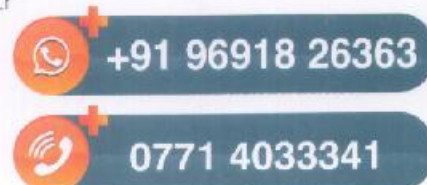
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### BIO CHEMISTRY

Investigation	Observed Value	Unit	Biological Reference Interval
<b>LIPID PROFILE TEST (PACKAGE)</b>			
Cholesterol - Total	131.0	mg/dl	Desirable: < 200 Borderline High: 200-239 High: >= 240
Triglycerides level	92.0	mg/dl	Normal : < 150 Borderline High : 150-199 Very High : >=500
Method: Spectrophotometric			
HDL Cholesterol	46.0	mg/dl	Major risk factor for heart disease: < 40 Negative risk factor for heart disease :>60
Method: Spectrophotometric			
LDL Cholesterol	66.60	mg/dl	Optimal:< 100      Near Optimal :100 – 129 Borderline High : 130-159 High : 160-189      Very HiOptimal:< 100      Near Optimal :100 – 129 Borderline High : 130-159 High : 160-189      Very High : >=1
Method: Spectrophotometric			
VLDL Cholesterol	18.40	mg/dl	6 - 38
Total Cholesterol/HDL Ratio	2.85		3.5 - 5
Method: Spectrophotometric			

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**Age/Gender** : 40 Y. Female  
**OP Visit No** : OPD-UNIT-II-1  
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### BIO CHEMISTRY

Investigation	Observed Value	Unit	Biological Reference Interval
<b>LIVER FUNCTION TEST</b>			
<b>Bilirubin - Total</b> Method: Spectrophotometric	0.6	mg/dl	0.1-1.2
<b>Bilirubin - Direct</b> Method: Spectrophotometric	0.2	mg/dl	0.05-0.3
<b>Bilirubin (Indirect)</b> Method: Calculated	0.40	mg/dl	0 - 1
<b>SGOT (AST)</b> Method: Spectrophotometric	31	U/L	0 - 32
<b>SGPT (ALT)</b> Method: Spectrophotometric	41	U/L	0 - 33
<b>ALKALINE PHOSPHATASE</b>	75	U/L	25-147
<b>Total Proteins</b> Method: Spectrophotometric	6.7	g/dl	6 - 8
<b>Albumin</b> Method: Spectrophotometric	4.5	mg/dl	3.4 - 5.0
<b>Globulin</b> Method: Calculated	2.2	g/dl	1.8 - 3.6
<b>A/G Ratio</b> Method: Calculated	2.0	%	1.1 - 2.2

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### CLINICAL PATHOLOGY

Investigation	Observed Value	Unit	Biological Reference Interval
<b>URINE ROUTINE EXAMINATION</b>			
<b>Physical Examination</b>			
Volum of urine	25ML		
Appearance	Slightly Turbid		Clear
Colour	Pale Yellow		Colourless
Specific Gravity	1.020		1.001 - 1.030
Reaction (pH)	6.0		
<b>Chemical Examination</b>			
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
<b>Microscopic Examination</b>			
RBC (Urine)	0-1	/hpf	0 - 2
Pus cells	6-8	/hpf	0 - 5
Epithelial Cell	15-18	/hpf	0 - 5
Crystals	Not Seen	/hpf	Not Seen
Bacteria	Seen	/hpf	Not Seen
Budding yeast	Not Seen	/hpf	

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Patient Name : Mr.RINKU PRADHAN	Collected : 27/Jan/2024 05:20PM
Age/Gender : 40 Y 0 M 0 D /M	Received : 27/Jan/2024 05:38PM
UHID/MR No : DSUS.0000006235	Reported : 27/Jan/2024 07:02PM
Visit ID : DSUSOPV7266	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	Status	Unit	Bio. Ref. Range	Method
<b>THYROID PROFILE TOTAL (T3, T4, TSH) , SERUM</b>					
TRI-IODOTHYRONINE (T3, TOTAL)	1.25	Normal	ng/mL	0.7-2.04	CLIA
THYROXINE (T4, TOTAL)	9.90	Normal	µg/dL	5.48-14.28	CLIA
THYROID STIMULATING HORMONE (TSH)	<b>8.330</b>	High	µIU/mL	0.34-5.60	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





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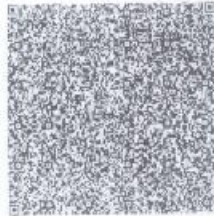
Enrolment No.: 2084/63104/02765

To  
Rinku Pradhan  
C/O Shashi Bhushan Pradhan  
rajdhani vihar Colony  
house no.G-30  
Sardhu (Sardhu)  
Saddu  
Raipur Chhattisgarh - 492007  
7032069789

Download Date: 28/10/2019

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आपका आधार क्रमांक / Your Aadhaar No. :

9267 7854 3498

VID : 9140 9164 4471 0960

मेरा आधार, मेरी पहचान



भारत सरकार  
Government of India



Rinku Pradhan  
Date of Birth/DOB: 03/12/1982  
Female/ FEMALE

9267 7854 3498

VID : 9140 9164 4471 0960

मेरा आधार, मेरी पहचान



सूचना

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- पहचान का प्रमाण ऑनलाइन ऑथेंटिकेशन द्वारा प्राप्त करें |
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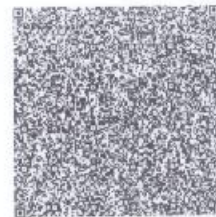
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VID : 9140 9164 4471 0960



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I Rinky hadhoo tuesday delise that  
just few month earlier I have done  
the following tests. So I don't Required  
these tests.

- ① ECG tests
- ② X ray chest
- ③ ultrasound
- ④ Sonography
- ⑤ ~~Gen~~ Gynae consultant
- ⑥ ECG

Thanking you.

Rinky hadhoo



wt - 65 kg  
H - 152 cm  
BP - 120/70  
P - 80 mt

Mrs. Rinku Prasadhan  
Age - 40y / F

17/02/24

CRP - 11.5 / 4.28 / 6.09 / 203 / 10  
RBS - F - 96.0 / PP - 103.0  
U.Acid - 3.6  
Creatinine - 0.92  
HbA1c - 5.4  
Lipid - 131.0 / 92.0 / 46.0 / 66.60  
LFT - 31 / 41 / 75  
TSH - 8.330

(  
- tab THYROX 75mg  
का 4 बार रोज  
- tab RISEHBO<sub>3</sub> स्टोर 211  
430 days

Dr. Animesh Choudhar  
MD Medicine  
Reg. No. CGMC 3583/2014  
Apollo Clinic, Raipur

