



VID :- E/13092

PID No. :- 202413117126770

Name :- Mrs Sunita Tiwari

Age/Sex :- 40 Y / F

Ref. By. :- ARCOFEMI HEALTHCARE LIMITED

Sample Received on/at :

13/01/2024 9:27AM

Reported on/at

13/01/2024 11:06AM

BIOCHEMISTRY

Investigation	Observed Value	Unit	Biological Reference Range
GGT/GammaGT			
Gamma GT	14.2	U/L	11 - 34
Szasz method			
BLOOD SUGAR F			
Glucose Fasting	74	mg/dl	60 - 110
BLOOD SUGAR PP			
Glucose PP	84	mg/dl	70 - 140
Urea			
Blood Urea	29.8	mg/dL	15 - 40
BUN-Blood Urea Nitrogen	14.7	mg/dL	9 - 20.0
(Serum,Urease)			
LFT (LIVER FUNCTION TEST)			
Bilirubin (Total)	0.77	mg/dL	<1.0
(Serum,Diazo)			
Bilirubin (Direct)	0.16	mg/dL	0 - 0.3
(Serum,Diazo)			
Bilirubin (Indirect)	0.61	mg/dL	UPTO 1.0
(Serum,Calculated)			
SGOT (AST)	13	U/L	5 -31
(Serum,Enzymatic)			
SGPT (ALT)	17	U/L	10 - 40
(Serum,Enzymatic)			
Alkaline Phosphatase	164	U/L	80 - 290
(Serum,pNPP)			
Total Proteins	7.3	g/dL	6.4 - 8.3
(Serum,Biuret)			
Albumin	4.1	g/dL	3.7 - 5.6
Globulin	3.20	g/dL	1.8 - 3.6
(Serum)			
A/G Ratio	1.28	g/dl	1.1 - 2.2
(Serum)			
Gamma GT	14.2	U/L	11 - 34
Szasz method			

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

Dr. Avishesh Kumar Singh
M.D. (Pathologist)

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Lipid Profile (Fasting Sample Required)

Cholesterol - Total	199	mg/dL	Desirable <200 Borderline High : 200-239 High :>=240
Triglycerides Level	140	mg/dL	Normal : <150 Borderline High :150-199 High : 200-499 Very High : >=500
HDL Cholesterol	46	mg/dl	Major risk factor for heart Disease :<40 Negative risk factor for heart Disease:>=60
LDL Cholesterol	125	mg/dL	
VLDL Cholesterol	28	mg/dL	6-38
LDL/HDL RATIO	2.72		2.5-3.5
CHOL/HDL RATIO	4.33		3.5 - 5

Note : Reference Interval as per National Cholesterol Education Program (NCEP) Adult Treatment Panel III Report.

RFT (RENAL FUNCTION TEST)

Renal (Kidney) Function Test

Urea (Serum)	29.8	mg/dL	15 - 43
Creatinine (Serum, Jaffe)	0.72	mg/dL	0.57 - 1.4
Sodium	139	mmol/L	135 - 145
Potassium	4.2	mmol/L	3.5 - 5.1
Uric Acid (Serum, Uricase)	3.98	mg/dL	2.6 - 6
Chlorides	101	mmol/L	98 - 107

The performance of the Roche cobas c 111 was evaluated using sigma metrics. The calculations were performed using James O. Westgard methodology.[2] This approach uses an assays total allowable error (TEa), accuracy (bias), and precision (SD) to calculate a Sigma metric to characterize the performance of that assay.

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



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HBA1C

HbA1c Value	4.46	%	4-6=Normal Control 6-7=Good Control 7-8=Fair Control 8-10=Unsatisfactory Control >10%=Poor Control
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Glycosylated Hemoglobin/Glycated Hemoglobin/GlycoHemoglobin/HbA1c. [1]

Its primary use is to monitor diabetic patient's compliance and long term blood glucose level control . It is an index of diabetic control (direct relationship between poor control and development of complications). It predicts development and progression of diabetic microvascular complications.

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

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CLINICAL PATHOLOGY

Investigation	Observed Value	Unit	Biological Reference Range
URINE R/M			
<u>Physical Examination</u>			
Specific Gravity	1.010		1.003-1.030
Appearance	Clear		Clear
Colour	Pale Yellow		Pale Yellow
pH (Reaction)	Acidic		
<u>Chemical Examination</u>			
Protein	NIL		NIL
Glucose	NIL		NIL
<u>Microscopic Examination</u>			
PUS CELLS	2-4	/hpf	0-5
Epithelial Cells	1-2	/hpf	0-5
RBC	Absent	/hpf	Absent
Bacteria	Absent		Absent
Crystals	Absent		Absent
Casts	Absent		Absent

Test Done by Urisys 1100 (ROCHE) Fully Automatic.

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

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Complete Blood Count (Haemogram)

Investigation	Observed Value	Unit	Biological Reference Range
CBC			
<u>Erythrocytes</u>			
Haemoglobin (Hb)	12.7	gm/dL	12.5 - 16.5
Erythrocyte (RBC) Count	4.81	mill/cu.mm	4.2 - 5.6
PCV (Packed Cell Volume)	36.1	%	36 - 47
MCV (Mean Corpuscular Volume)	75	fl	78 - 95
MCH (Mean Corpuscular Hb)	26.3	pg	26 - 32
MCHC (Mean Corpuscular Hb Concn.)	35.1	g/dL	32 - 36
RDW (Red Cell Distribution Width)	14.5	%	11.5 - 14
<u>Leucocytes</u>			
Total Leucocytes (WBC) Count	5600	cells/cu.mm	4000 - 11000
Neutrophils	54	%	40 - 75
Lymphocytes.	40	%	20 - 40
Monocytes	04	%	2-10
Eosinophils	02	%	1-6
Basophils	00	%	0 - 1
<u>Platelets-</u>			
Platelet count	258	x10 ⁹ /L	150 - 450
MPV (Mean Platelet Volume)	7.8	fL.	6 - 9.5
PCT (Platelet Haematocrit)	0.200	%	0.15 - 500
PDW (Platelet Distribution Width)	15.2	%	11 - 18

EDTA Whole Blood - Tests done on Automated ABX Micros ES60(HORIBA) Cell Counter. WBC, RBC & Platelet count by impedance method, WBC differential by VCS technology & other parameters calculated) All abnormal Haemograms are reviewed & confirmed microscopically. Differential count is based on approximately 10,000 cells.

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

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Hematology

Investigation	Observed Value	Unit	Biological Reference Range
Blood Group & RH Type Screening			
ABO Group	"B"		
Rh Type	"POSITIVE"		

Method: Column agglutination technology (CAT) is an automated. System for blood grouping which is superior in sensitivity to conventional tube method.

ESR

ESR - Erythrocyte Sedimentation Rate (Citrate Blood) Method: Westergren	29	mm at 1hr	0 - 20
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Interpretation:

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. It is also increased in pregnancy, multiple myeloma.

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



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PATHOLOGY

Investigation	Observed Value	Unit	Biological Reference Range
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Urine Sugar Fasting

Urine Sugar (Fasting)

Absent

Absent

Thyroid Panel 1 (T3, T4, TSH)

T3

1.12

ng/dl

0.6-1.8

Remarks : 1. Decreased values of T3 (T4 and TSH normal) have minimal clinical significance and not recommended for diagnosis of hypothyroidism 2. Total T3 and T4 values may also be altered in other conditions due to changes in serum proteins or binding sites Pregnancy, Drugs (Androgens, Estrogens, O C pills, Phenytoin), Nephrosis etc. In such cases Free T3 and Free T4 give corrected values.

T4

6.02

ug/dl

4.5-12.6

Remark: 1. Total T3 and T4 values may also be altered in other conditions due to changes in serum proteins or binding sites Pregnancy, Drugs (Androgens, Estrogens, O C pills, Phenytoin) Nephrosis etc. In such cases Free T3 and Free T4 give corrected values.

TSH

2.95

uIU/ml

0.25 - 5.5

Remarks : 1. 4.51 to 15 μ IU/mL - Suggested clinical co-relation or repeat the test with new sample as physiological factors can give falsely high TSH.

2. TSH values may be transiently altered because of non thyroidal illness like severe infections, liver disease, renal and heart failure, severe burns, trauma and surgery etc

3. Drugs that decrease TSH values e.g: L-dopa, Glucocorticoids Drugs that increase TSH values e.g Iodine, Lithium, Amiodarone

Remark

Method Used : ELFA (Enzyme Linked Fluorescence Assay) on Mini Vidas most Efficient Analyzer Internationally accepted most advanced technology with high quality result.

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

Dr. Avishesh Kumar Singh

M.D. (Pathologist)



भारतीय विशिष्ट पहचान प्राधिकरण
भारत सरकार
 Unique Identification Authority of India
Government of India

नामांकन क्रम / Enrollment No 2024/50732/00540

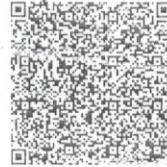
To,
 सुनीता तिवारी
 Sunita Tiwari
 W/O: Rajkumar Tiwari
 ward 10
 street 18 q.n. 1 a -
 NANDINI NAGAR Ahiwara
 Ahiwara
 Ahiwara Dhamdha Durg
 Chhattisgarh 490036
 9301985100

14/12/2013

Ref: 408 / 03A / 148065 / 148336 / P



SH731021565FT



आपका आधार क्रमांक / Your Aadhaar No. :

5056 0983 5747

आधार - आम आदमी का अधिकार



भारत सरकार
 Government of India



सुनीता तिवारी
 Sunita Tiwari
 पिता : आर.के. पाठक
 Father: R.K. Pathak
 जन्म तिथि / DOB : 30/01/1982
 महिला / Female



5056 0983 5747

आधार - आम आदमी का अधिकार

(Signature)

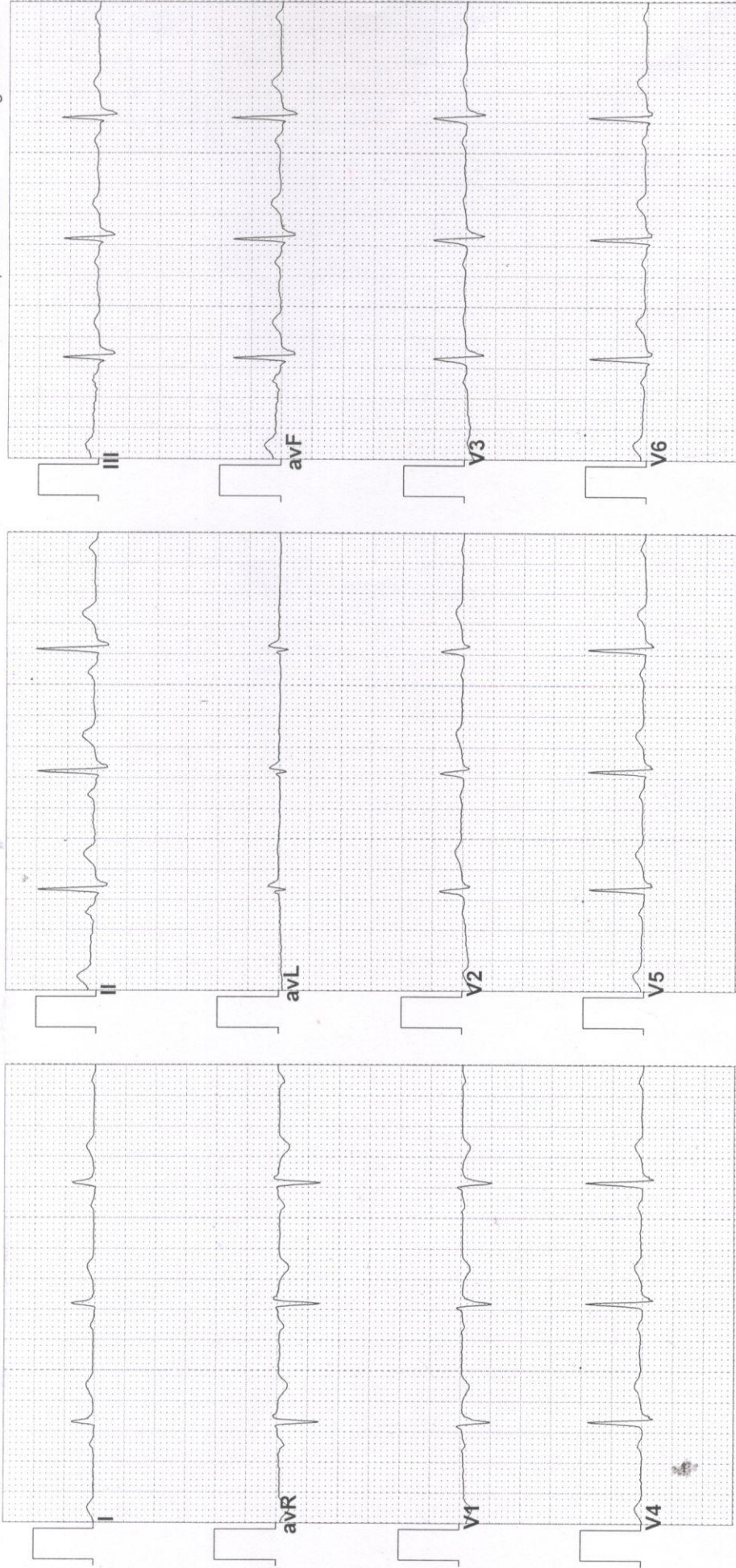
Dr. Shailendra Ruprela
 MD, Medicine
 Reg. No.: CG MC-511/2006

Sunita Tiwari

DR. RUPRELAS NMS DIAGNOSTICS AND IMAGING FAFADIH BILASPUR ROAD RAIPUR

5476549796; MRS SUNITA TIWARI; Female; 40 Yrs 00 Mths
Ref.: APOLLO; Date : 13-01-2024; Time : 09:33:53

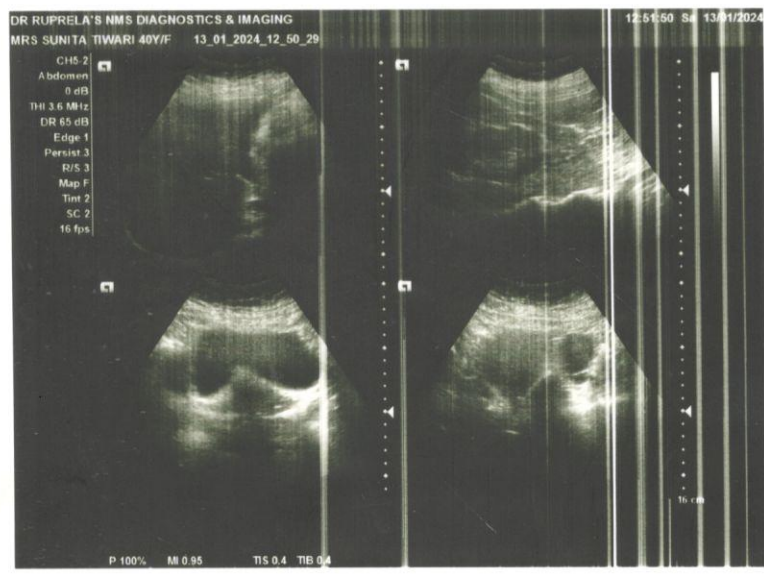
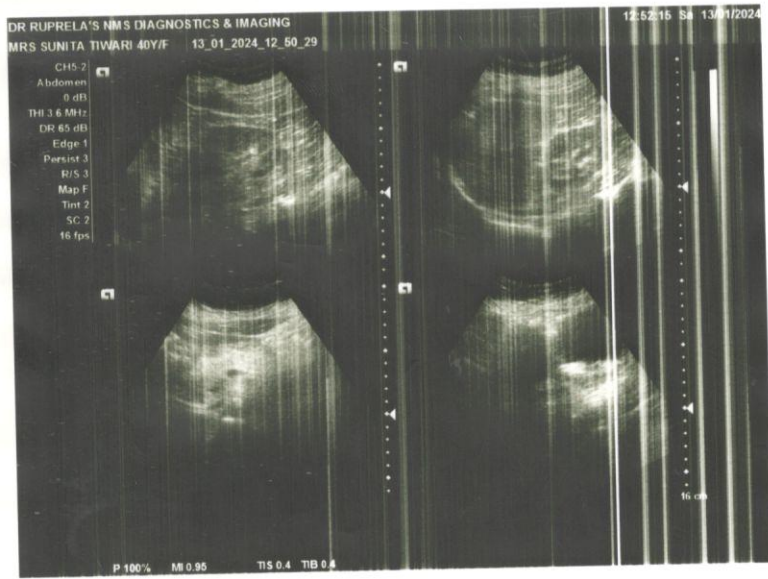
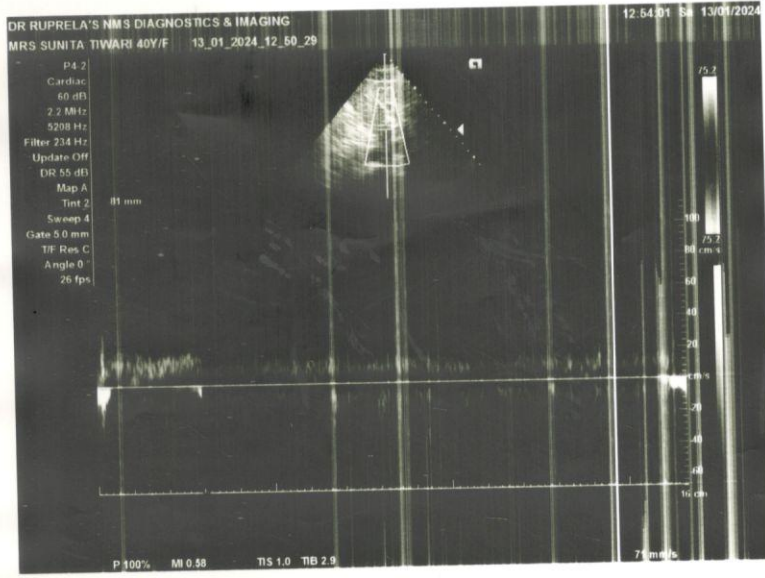
Ht: 146 Cms; Wt: 67 Kgs; BP : 107/76 ; HR : 75 bpm
Notch : 50 Hz ; Filter: 0.05 Hz - 100 Hz ; Gain: 10.0 mm/mV ; Sweep : 25 mm/s



FINDINGS: Normal Sinus Rhythm
Vent Rate : 75 bpm PR Interval : 160 ms QRS Duration: 104 ms QT/QTc Int : 346/387
P-QRS-T axis: 60° 34° 50° (Deg)
Comments :

Dr. Shalendra Rupprela
MD, Medicine
Reg. No.: CG MC-511/2006

Sunita Tiwari





NAME : MRS. SUNITA TIWARI
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AGE/SEX : 40 Y/F
DATE: 13.01.2024

ECHO - CARDIOGRAPHY

M-MODE MEASUREMENTS:

	Patient value (cm)	normal value (cm)	
Aortic Root	3.5	2.0-3.7	
Left Atrial Dimension	3.8	1.9-4.0	
Left Ventricular ED	2.6	3.7-5.6	
Left Ventricular ES	2.3	2.2-4.0	
Interventricular Septal	ED : 0.8	ES : 0.9	0.6-1.2
LEFT VENT PW	ED : 0.8	ES : 0.9	0.6-1.2

2 D ECHO

CHAMBERS	- All cardiac chambers normal.
VALVE	- NORMAL
SEPTAE	- IVS/IAS INTACT
RWMA	- NO
EF (OVARALL)(LV)	- 60 %
CLOT/ VEGETATION	- NIL
PER. EFFUSION	- NIL

CONTINUOUS WAVE & PULSE WAVE DOPPLER

Valve	Regurgitation	Gradient(mm Hg)
Mitral Valve	NIL	Not Significant
Aortic Valve	NIL	Not Significant
Tricuspid Valve	NIL	PASP=
Pulmonary Valve	Nil	Not Significant

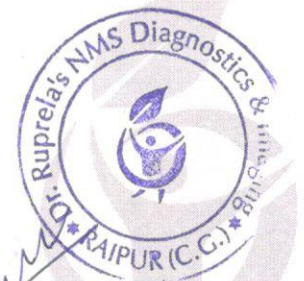
PULSE WAVE DOPPLER

MITRAL VALVE INFLOW	> Waves DT	m sec
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IMPRESSION -

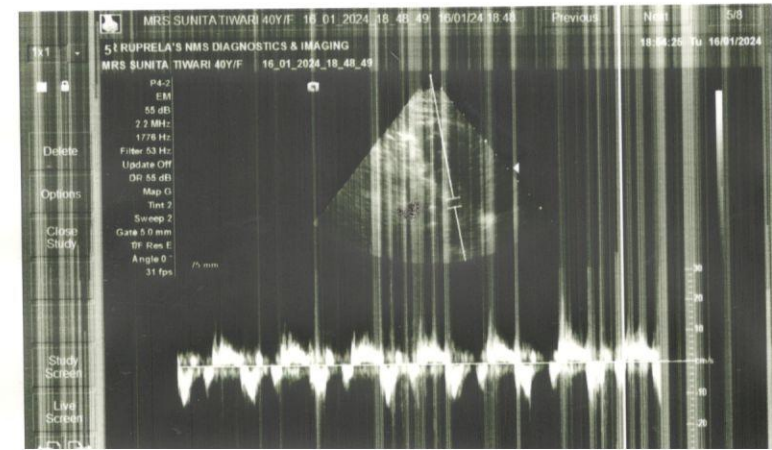
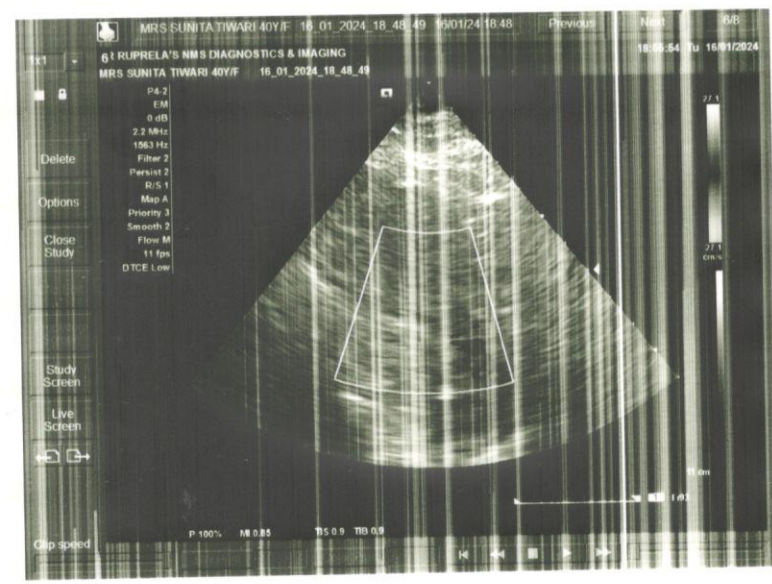
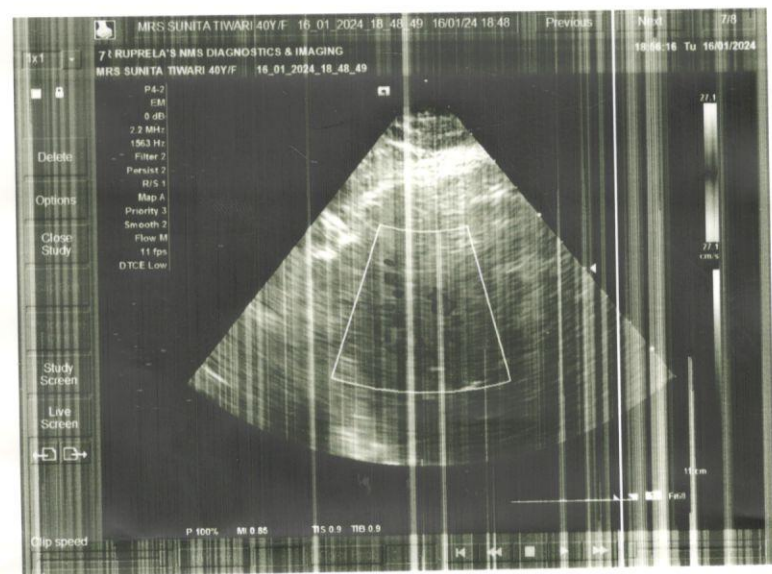
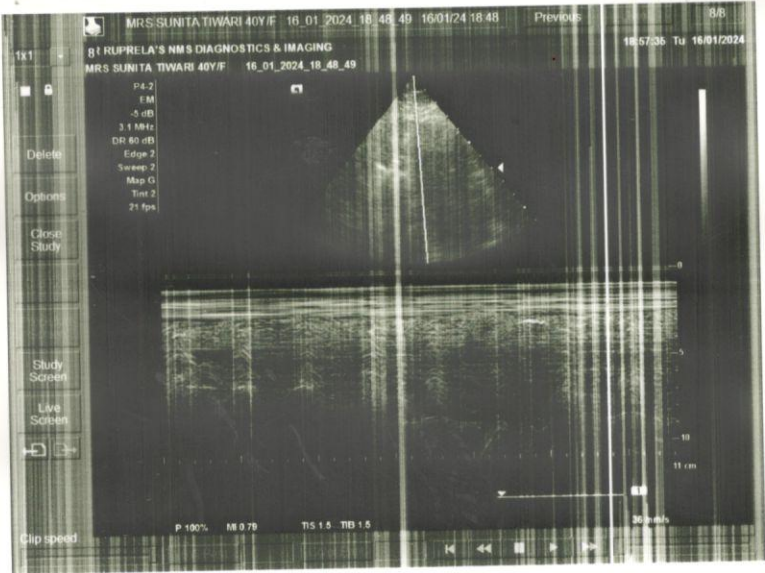
- NO RWMA AT REST, LVEF=60%
- NORMAL BIVENTRICULAR FUNCTION
- NORMAL CHAMBERS DIMENSION.
- NO CLOT/VEGETATION/PERICARDIAL EFFUSION.
- NORMAL VALVES

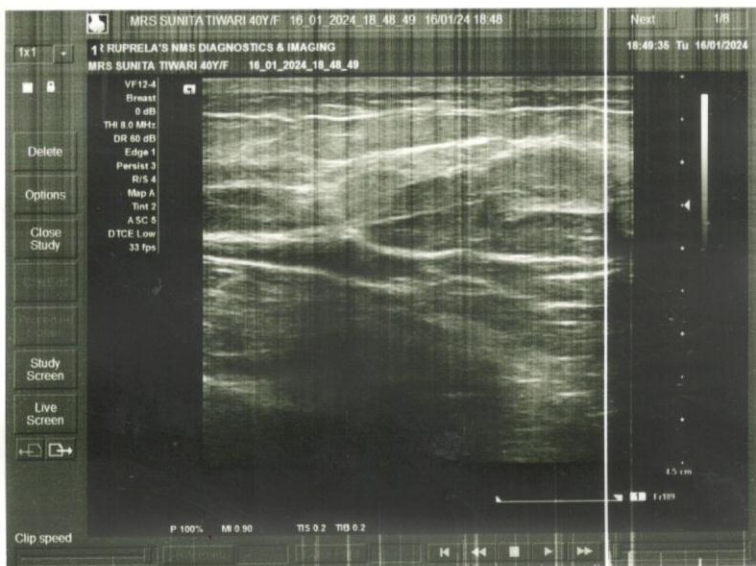
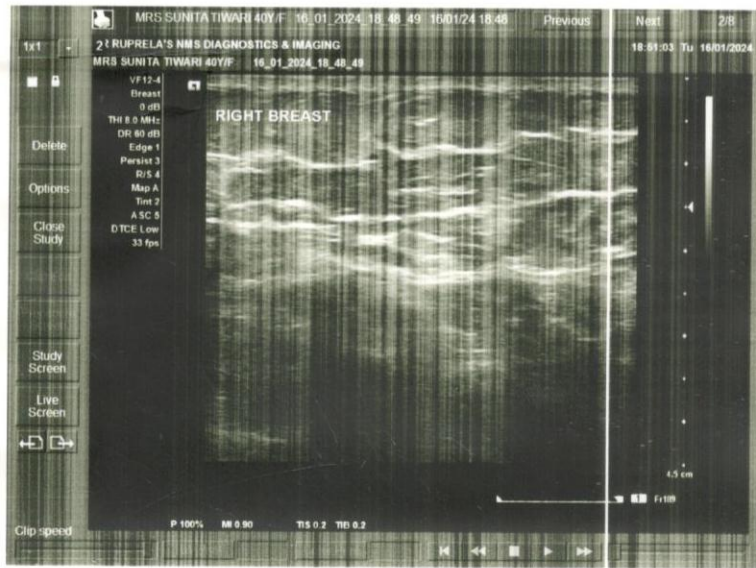
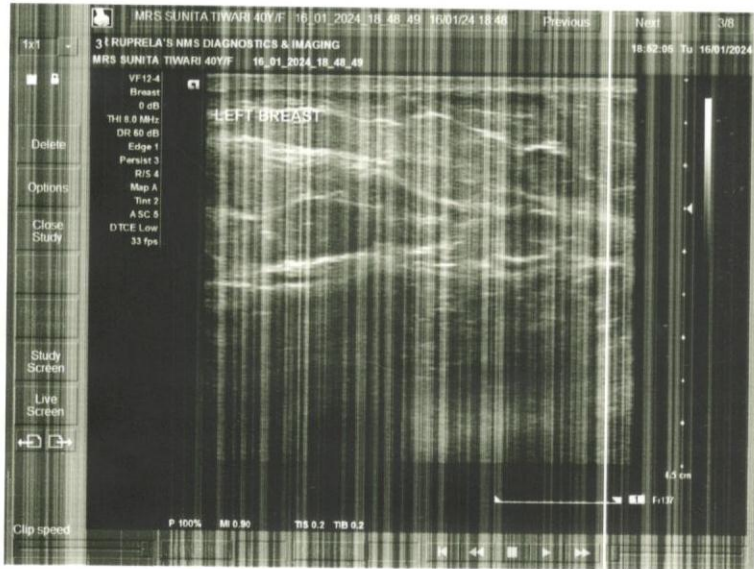
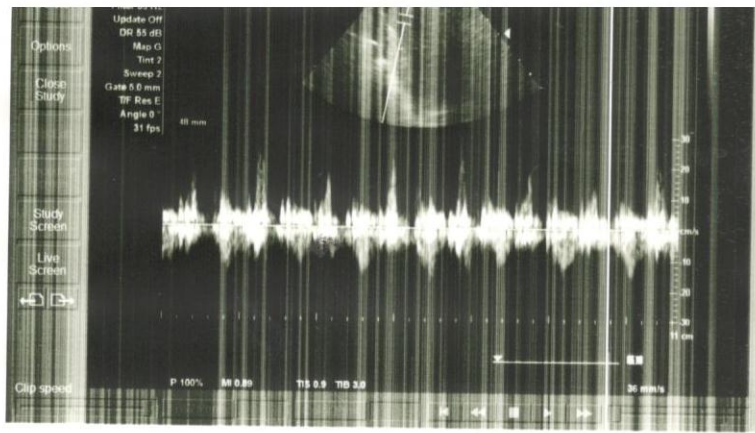
DR AJAY HALWAI
MBBS,MD,PGDCC



FAFADIH, NEAR OVER BRIDGE, RUPRELA MARG (SINCE 1937), RAIPUR (C.G.)

Ph.: 0771-4048886, 2888800, Mob.: 9406396296, Email : nmsdiagnostic.service@gmail.com, Website : www.nmsdiagnostics.co.in







Dr. Ruprela's
NMS Diagnostics & Imaging
"अचूक निदान" स्वस्थ जीवन की ओर...

NAME : MRS. SUNITA TIWARI
REF. BY: ARCOFEMI HEALTHCARE LTD.

AGE : 40 Y / F
DATE : 13.01.2024

SONO-MAMMOGRAPHY OF BOTH BREAST

The sonography of both breast and axillary region was done using high frequency transducer

- The breast parenchyma is normal in echotexture for age.
- No focal lesion on sono mammography.
- Skin and subcutaneous fat unremarkable.
- Nippo-areolar complex is normal.
- Anterior mammary fascia and posterior mammary fascia is intact.
- There is no evidence of enlarged intramammary or axillary lymphnodes.
- The retromammary region consisting of fat, ribs, and muscles is normal.

IMPRESSION.

Normal sono-mammography study of both breast.

Thanks for reference
With regards

Kindly Note

- ✓ Please Intimate us for any typing mistakes and send the report for correction within 7 days.
- ✓ The science of Radiological diagnosis is based on the interpretation of various shadows produced by both the normal and abnormal tissues and are not always conclusive . Further biochemical and radiological investigation & clinical correlation is required to enable the clinician to reach the final diagnosis .
The report and films are not valid for medico – legal purpose .

Chavde
Dr. Chhavi Jangde
MD
Reg.No.:CGMC-5516/2014

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X-RAY CHEST PA VIEW

- The lungs on the either side show equal translucency.
- The peripheral pulmonary vasculature is normal.
- No focal lung lesion is seen.
- The pleural spaces are normal.
- The cardiac size is normal.
- The domes of the diaphragms are normal in position, and show smooth outline.
- Both hila are normal in size, have equal density and bear normal relationship.
- The heart and trachea are central in position and no mediastinal abnormality is visible.
- **IMPRESSION : No evidence of pulmonary, pleural or cardiac pathology is noted.**
Radiograph of chest is within normal limits.



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"HEALTH" +



"HUMAN" +



"COMPLETE SOLUTION" =





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SONOGRAPHY OF WHOLE ABDOMEN & PELVIS

The Real time, B mode, gray scale sonography of the abdominal organs was performed.

LIVER :The liver is normal in size , shape and has smooth margins. It is uniformly isoechoic , has normally distributed and normal size biliary and portal radicles and is without solid or cystic mass lesion or calcification.

GALL BLADDER :The gall bladder is seen as a well distended, pear shaped bag with uniformly thin and regular walls, without, gall stones or mass lesions.

COMMON BILE DUCT :The common bile duct is normal in caliber.

PANCREAS :The pancreas is normal in size, shape, contours and echotexture.
No evidence of solid or cystic mass lesion is noted.

KIDNEYS :The kidneys are normal in size and have smooth renal margins.
Cortical echotexture is normal.

The central echocomplex does not show evidence of calculus or hydronephrosis.

URINARY BLADDER :The urinary bladder is well distended. No calculi/mass.

SPLEEN : The spleen is normal in size and shape. Its echotexture is homogeneous. No evidence of focal lesion is noted.

PELVIS :

- The uterus is antetverted, & appears normal.
- The uterine margins is smooth and does not reveal any contour abnormalities.
- The uterine myometrium shows homogeneous echotexture.
- The ovaries on the either side show normal echotexture.
- The endometrial echo is in the midline.
- No adnexal mass is seen.
- No fluid is noted in the cul-de-sac.

IMPRESSION :

The sonography of abdomen and pelvis within normal limits.

Thanks for reference with regards.

Kindly Note!

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- ✓ The science of Radiological diagnosis is based on the interpretation of various shadows produced by both the normal and abnormal tissues and are not always conclusive . Further biochemical and radiological investigation & clinical correlation is required to enable the clinician to reach the final diagnosis .

The report and films are not valid for medico – legal purpose

Chhavi Jangde
Dr. Chhavi Jangde
MD
Reg.No.:CGMC-5516/2014

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PERIPHERAL SMEAR EXAMINATION

RBC : Macrocytic normochromic .

WBC: Total counts within normal range. No toxic granulation seen.
Band cells-9%, Neutrophils-46%, Lymphocytes-43%, Monocytes-2%.

Platelets: Appears adequate on smear.

Haemoparasite: No haemoparasite seen.

Dr. Avishesh Kumar Singh
MD (Pathologist)



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TO WHOM SO EVER IT MAY CONCERN

THIS IS TO DECLARE THAT MRS. SUNITA TIWARI AGE 40 YEAR/FEMALE HAS UNDERGONE MEDICAL EXAMINATION ON 13.01.2024 DURING HER GENERAL EXAMINATION NO ABNORMALITIES WERE DETECTED.

SHE WAS FULLY ORIENTED , NO DISABILITY WITH NORMAL GAIT.

NO SIGNS OF PALPABLE OR ENLARGED LYMPH NODES.

NO GROWTH / SWELLING OBSERVED.

HER VITALS PARAMETERS ARE HEIGHT: 146cms, WEIGHT:67kg, BP:104/76mmhg, HR: 75 bpm, BMI: 31.4

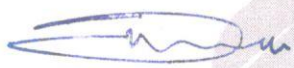
HER BOWEL HABITS ARE REGULAR. NO BURNING DURING MICTURITION.

ALL REFLEXES WERE NORMAL.

NO ABNORMALITIES WERE DETECTED DURING PALPATION, PERCUSSION AND AUSCULTATION OF VISCERA.

SHE DOES NOT CARRY ANY COMMUNICABLE/TRANSFERRABLE DISEASE.

SHE APPEARS TO BE **PHYSICALLY FIT** AND WE WISH HER ALL THE BEST.



Dr. Shailendra Ruprela
MD, Medicine
Reg. No.: CG MC-511/2006

FAFADIH, NEAR OVER BRIDGE, RUPRELA MARG (SINCE 1937), RAIPUR (C.G.)

Ph.: 0771-4048886, 2888800, Mob.: 9406396296, Email : nmsdiagnostic.service@gmail.com, Website : www.nmsdiagnostics.co.in



Dr. Ruprela's
NMS Diagnostics & Imaging

THIS IS TO DECLARE THAT MRS. SUNITA TIWARI AGE 40 YEAR/FEMALE HAS UNDERGONE GYNAECOLOGICAL EXAMINATION ON 13.01.2024 DURING HER EXAMINATION NO ABNORMALITIES WERE DETECTED.

HEIGHT:146cms,

WEIGHT: 67kg,

BP: 104/76 mmhg,

NO MENSTRUATION IRRREGULARITIES.

NO DISCHARGE / ITCHING PER VAGINA.

SHE APPEARS TO BE HEALTHY.

DR. PRIYANKA JAIN

MD(OBS. & GYNAE.)



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 "HEALTH" +  "HUMAN" +  "COMPLETE SOLUTION" = 



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"अचूक निदान" स्वस्थ जीवन की ओर..

TO WHOM SO EVER IT MAY CONCERN

THIS IS TO DECLARE THAT MRS. SUNITA TIWARI AGE-40/F HE UNDERGONE ENT EXAMINATION ON 13/01/2024. DURING HIS EXAMINATION NO SOFT AND HARD TISSUE ABNORMALITIES WERE DETECTED IN THE EAR, NOSE AND THROAT. NO DISCHARGE FOUND. NO SIGNIFICANT HISTORY.

NO LYMPH NODES WERE TENDER AND PALPABLE.

AIR AND BONE CONDUCTION TEST WERE NEGATIVE.

ADVISE: MAINTAIN GOOD HYGIENE AND FOLLOW UP

Anoop
Dr. Anoop Rekha Mudgal
MS, ENT
Reg. No.: CGMC- 5083/2014

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TO WHOM SO EVER IT MAY CONCERN

**THIS IS TO DECLARE THAT MRS. SUNITA TIWARI AGE 40 Y/F HAS UNDERGONE
DENTAL EXAMINATION ON 13.01.2024.**

**DURING HIS INTRAORAL EXAMINATION NO HARD AND SOFT TISSUE
ABNORMALITIES WERE DETECTED.**

NO CAVITIES DETECTED.

CALCULUS +

STAINS +


HIS EXTRAORAL EXAMINATION REVEALS NO ABNORMALITY.

ADVISE: ORAL PROPHYLAXIS,

MAINTAIN GOOD ORAL HYGIENE,

FOLLOW UP,

BRUSH TWICE DAILY.


Dr. Poonam Ruprela
Consultant Dental Surgeon
CGDCR/16/2169

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Dr. Ruprela's
NMS Diagnostics & Imaging

"अच्छक नलदलन" स्वस्थ जीवन की ओर...

Patient's Name: Mrs SUNITA TIWARI

Age/Sex: 40/Female

Referred by. : ARCOFEMI HEALTHCARE LIMITED

Date: 13.01.2024

PAP SMEAR

Conventional cervical smears are satisfactory and adequate for opinion. Smears show superficial and intermediate cells, fair number of polymorphs and bacteria in the background. No endocervical cells are sampled.
Negative for Intraepithelial lesion or malignancy.

END OF REPORT

Dr Avishesh Kumar Singh
MD (Pathologist)



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NAME : MRS. SUNITA TIWARI

AGE : 40 Y/SEX/F

Ref. By : ARCOFEMI HEALTHCARE LTD.

DATE : 13.01.2024

Complain Of: No Complaints

Ocular H/O: Nil

Family Ocular H/O: Nil

Drug Allergy (If Any): Not Aware

DISTANCE VISION:

(With / without PGP)

RE 6/6 LE 6/6

NEAR VISION:

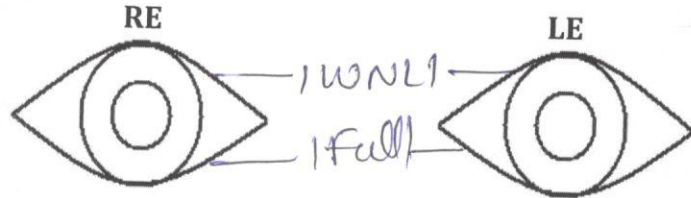
(With / without PGP)

RE N/9 LE N/9

REFRACTION:

EYE	SPH	CYL	AXIS	ADD	VISION
RE	+1.00	_____	_____	6/6	N/6
LE	+1.00	_____	_____	6/6	N/6

EXTERNAL EYE EXAMINATION:




EOM: NAD

SQUINT EVALUATION: ABSENT

NYSTAGMUS: ABSENT

COLOR VISION TEST: NORMAL

NYCTALOPIA (Night Blindness): ABSENT


Dr. Vaibhav Sharma
Ophthalmologist
Reg. No. MCI/10-37782

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MRS. SUNITA TIWARI

DATE : 13.01.2024

AGE : 40

SEX : FEMALE

HEIGHT : 146 cms

WEIGHT : 67 kgs

BMI : 31.4

BLOOD PRESSURE : 104/76 mmhg

MEDICAL HISTORY : NOT SIGNIFICANT

ADVICE :

1. DRINK MINIMUM 10 GLASSES OF WATER.
2. EXERCISE/BRISK WALK FOR MINIMUM 50 MINS DAILY.
3. INCREASE INTAKE OF FIBRE LIKE SALAD, FRUIT, SPROUTS.
4. TAKE GOOD SLEEP FOR 7-8 HOURS DAILY.
5. AVOID SPICY AND DEEP FRIED FOOD.
6. AVOID ALCOHOL, SMOKING, NICOTINE.
7. AVOID STRESS.
8. RELAX AND BE HAPPY.


DR. RASHI SALUJA
CONSULTANT DIETICIAN

