

Patient Name : MRS GOURI RAJAK
UHID/ MR No : 8839
Visit Date : 27/01/2024
Sample Collected On : 27/01/2024 02:48PM
Ref. Doctor : SELF
Sponsor Name :

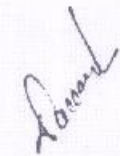
Age/Gender : 32 Y Female
OP Visit No : OPD-UNIT-II-1
Reported On : 27/01/2024 06:09PM

HAEMATOTOLOGY

Investigation	Observed Value	Unit	Biological Reference Interval
HEMOGRAM			
Haemoglobin(HB) Method: CELL COUNTER	9.8	gm/dl	12 - 16
Erythrocyte (RBC) Count Method: CELL COUNTER	4.40	mill/cu.mm.	4.20 - 6.00
PCV (Packed Cell Volume) Method: CELL COUNTER	29.40	%	39 - 52
MCV (Mean Corpuscular Volume) Method: CELL COUNTER	66.8	fL	76.00 - 100
MCH (Mean Corpuscular Haemoglobin) Method: CELL COUNTER	22.3	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	15.0	%	11 - 16
Total Leucocytes (WBC) Count Method: CELL COUNTER	7.24	cells/cumm	3.50 - 11.00
Neutrophils Method: CELL COUNTER	67	%	40.0 - 73.0
Lymphocytes Method: CELL COUNTER	24	%	15.0 - 45.0
Eosinophils Method: CELL COUNTER	02	%	1-6%
Monocytes	07	%	4.0 - 12.0
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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Ref. Doctor : SELF
Sponsor Name :

Age/Gender : 32 Y. Female
OP Visit No : OPD-UNIT-II-2
Reported On : 27/01/2024 06:09PM

HAEMATOLOGY

Investigation	Observed Value	Unit	Biological Reference Interval
Platelet Count Method: CELL COUNTER	475	lacs/cu.mm	150-400
ESR- Erythrocyte Sedimentation Rate Method: Westergren's Method	25	mm /HR	0 - 20

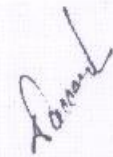
Blood Group (ABO Typing)

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

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DR DHANANJAY RAMCHANDRA PRASAD
M.D. PATHOLOGY

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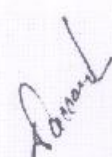
Age/Gender : 32 Y Female
OP Visit No : OPD-UNIT-II-2
Reported On : 27/01/2024 06:09PM

BIO CHEMISTRY

Investigation	Observed Value	Unit	Biological Reference Interval
GLUCOSE - (POST PRANDIAL)			
Glucose -Post prandial Method: REAGENT GRADE WATER	90.0	mg/dl	70-140
GLUCOSE (FASTING)			
Glucose- Fasting SUGAR REAGENT GRADE WATER	81.0	mg/dl	70 - 120
KFT - RENAL PROFILE - SERUM			
BUN-Blood Urea Nitrogen METHOD: Spectrophotometric	07	mg/dl	7 - 20
Creatinine METHOD: Spectrophotometric	0.76	mg/dl	0.6-1.4
Uric Acid Method: Spectrophotometric	3.2	mg/dL	2.6 - 7.2

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BIO CHEMISTRY

Investigation	Observed Value	Unit	Biological Reference Interval
LIPID PROFILE TEST (PACKAGE)			
Cholesterol - Total	123.0	mg/dl	Desirable: < 200 Borderline High: 200-239 High: >= 240
Triglycerides level	65.0	mg/dl	Normal : < 150 Borderline High : 150-199 Very High : >=500
Method: Spectrophotometric HDL Cholesterol	42.0	mg/dl	Major risk factor for heart disease: < 40 Negative risk factor for heart disease :>60
Method: Spectrophotometric LDL Cholesterol	68	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	13	mg/dl	6 - 38
Total Cholesterol/HDL Ratio Methode: Spectrophotometric	2.93		3.5 - 5

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DR DHANANJAY RAMCHANDRA PRASAD
M.D. PATHOLOGY



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Sponsor Name :

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Reported On : 27/01/2024 06:09PM

BIO CHEMISTRY

Investigation	Observed Value	Unit	Biological Reference Interval
LIVER FUNCTION TEST			
Bilirubin - Total Method: Spectrophotometric	0.7	mg/dl	0.1-1.2
Billirubin - Direct Method: Spectrophotometric	0.2	mg/dl	0.05-0.3
Bilirubin (Indirect) Method: Calculated	0.50	mg/dl	0 - 1
SGOT (AST) Method: Spectrophotometric	24	U/L	0 - 32
SGPT (ALT) Method: Spectrophotometric	30	U/L	0 - 33
ALKALINE PHOSPHATASE	78	U/L	25-147
Total Proteins Method: Spectrophotometric	6.7	g/dl	6 - 8
Albumin Method: Spectrophotometric	4.2	mg/dl	3.4 - 5.0
Globulin Method: Calculated	2.5	g/dl	1.8 - 3.6
A/G Ratio Method: Calculated	1.68	%	1.1 - 2.2

End of Report
Results are to be correlated clinically

Lab Technician / Technologist
path

Page 3 of 6

Dr. Dhananjay Ramchandra Prasad
DR DHANANJAY RAMCHANDRA PRASAD
M.D. PATHOLOGY

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Sample Collected On : 27/01/2024 02:48PM
Ref. Doctor : SELF
Sponsor Name :

Age/Gender : 32 Y Female
OP Visit No : OPD-UNIT-II-2
Reported On : 27/01/2024 06:09PM

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 glycated haemoglobin (below 4%) in a non-diabetic individual are often associated with systemic inflam
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 - 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 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.
 - 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 corelated clinically

Lab Technician / Technologist
 path

Page 4 of 6

Dhananjay
DR DHANANJAY RAMCHANDRA PRASAD
M.D. PATHOLOGY

Patient Name : Mrs.GOURI RAJAK	Collected : 27/Jan/2024 05:19PM
Age/Gender : 32 Y 0 M 0 D /F	Received : 27/Jan/2024 05:38PM
UHID/MR No : DSUS.0000006234	Reported : 27/Jan/2024 07:02PM
Visit ID : DSUSOPV7265	Status : Final Report
Ref Doctor : Dr.SELF	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
THYROID PROFILE TOTAL (T3, T4, TSH) , SERUM					
TRI-iodothyronine (T3, TOTAL)	1.29	Normal	ng/mL	0.7-2.04	CLIA
THYROXINE (T4, TOTAL)	9.20	Normal	µg/dL	5.48-14.28	CLIA
THYROID STIMULATING HORMONE (TSH)	3.060	Normal	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

1. 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.
2. 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.
3. 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.
4. 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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IP/OP NO	:	Patient location	: Raipur,Raipur

DEPARTMENT OF IMMUNOLOGY





Apollo Clinic
DR. MAIKAL KUIJUR
M.B.B.S, M.D(Pathology)
Consultant Pathologist

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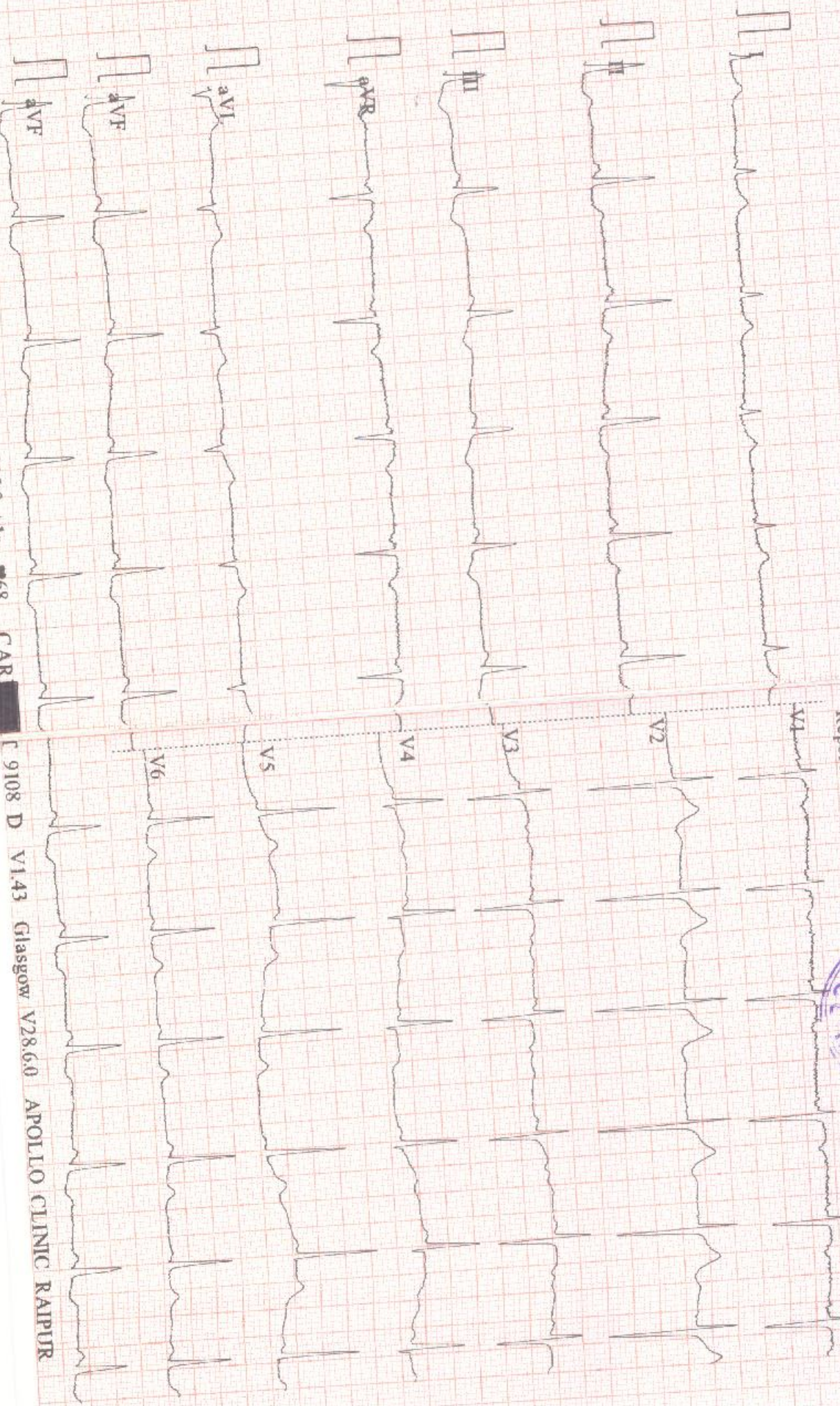
ID: 19
MR GOURI RAIJAK
Male 32 Years

27-01-2024 12:18:05 PM

HR : 68 bpm
P : 94 ms
PR : 112 ms
QRS : 78 ms
QT/QTc : 376/400 ms
P/QRS/T : 67/68/-33 °
RV5/SV1 : 1.512/1.227 mV

Diagnosis Information:
Sinus rhythm
Widespread ST-T abnormality may be due to myocardial
ischemia
Abnormal ECG

Report Confirmed by:



ACTV, ACS0 25mm/s 10mm/mV 2*5.0s+1r 68 CAR

F 9108 D V143 Glasgow V28.60 APOLLO CLINIC RAIPUR

EXAMINATION OF EYES :- (BY OPHTHALMOLOGIST)

Patient Name Mrs. Goudi Rajari

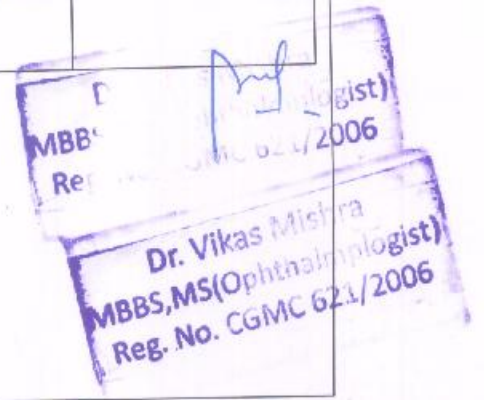
Date 27/1/24

Sex/Age 32/F

MR No

Employee Id

EXTERNAL EXAMINATION				
SQUINT				
NYSTAGMUS				
COLOUR VISION				
FUNDUS:(RE):- <u>WNL</u> (LE):- <u>WNL</u>				
INDIVIDUAL COLOUR IDENTIFICATION <u>Good</u>				
DISTANT VISION:(RE):- <u>6/6</u> (LE):- <u>6/6</u>				
NEAR VISION:(RE):- <u>N6</u> (LE):- <u>N6</u>				
NIGHT BLINDNESS <u>NAD</u>				
	SPH	CYL	AXIS	ADD
RIGHT	—————			
LEFT				
REMARKS :-				



NAME OF PATIENT: MRS. GOURI RAJAK

AGE: 32YRS / FEMALE

REFERRED BY: BOB

DATE: 27/01/2024.

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, M
DR. ZEESHAN ATEEB DANI
(MD)
Reg. No. CGMC
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. GOURI RAJAK
REF BY: BOB

AGE / SEX: 32 YRS/F
DATE: 27.01.2024

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: - Distended & normal.

Pancreas & Paraaortic Region: Normal.

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

Kidneys	RIGHT	LEFT
SIZE	9.35X3.29Cm	8.81x4.57Cm
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 (7.49 x 4.98 x 3.97 cm, Vol. – 77.535 cc) and echotexture. Endometrial thickness 6.5 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:

USG abomen within normal limit.

Advised clinical correlation/further evaluation if clinically indicated.



Dr. Zeeshan Ateeb Dani
M
Consultant Radiologist
Reg. No. 11000
DR. ZEESHAN ATEEB DANI
(MD)
CONSULTANT RADIOLOGIST

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Ms. Gouri Rayak
Age - 32y

Wt - 37kg

H - 153cm

BP - 120/70

P - 82mf

BMI - 15.81



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