

Mrs. Poonam Rai

29/03/24

Age:- 37 years

KMO Hypo Thyroid  
(50M)

B.P. - 110/60

P. - 76 bpm

H - 154 cm

wt - 75 kg / 73 kg

CBC - 11.2 / 4.35 / 6.20 / 252

FBS - 106.0

Creatinine - 0.76

urea - 08

LFT - 17 / 22 / 114

Lipid - 149 / 77 / 43 / 90.60

HbA1c - 5.6

T3 - 1.0

T4 - 10.7

TSH - 2.060

→ Cesp Liquid 3 once a week  
+ 8ml

→ Cesp ~~caps~~ swallow 1c after  
Dinn

→ Cesp MFT 10 नाटक के बाद  
+ 300g

→ MINIP 5% 2ml 1-2g  
+ 3men



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

29/3/2024

Mrs. Poonam Rai 37F

LMA =

24/03/2024

P<sub>0</sub>

LCB x 3 yrs

Levothyroxine (on 50 mg daily)

PA smear

PA soft  
montana

TSN = 2-060

O+ve Bldgr.

P<sub>1</sub> - Cr hypertrophied, cervical  
mucoid dist. soon.

P<sub>2</sub> - PA smear  
WAV MPS C ↑  
Cr soft hypertrophied  
B/L to per



tbl. Zifi 200 mg BD — 5 days

tbl. Amoxicillin 500 mg OD x 5 days

tbl. clausate as per sy. 145 x 6 nights

cap. Levodopa (1-1) x 5 days

*(Signature)*



ID: 625  
MRS POONAM RAI  
Female 37 Years

23-03-2024 10:42:14 AM

HR : 57 bpm  
P : 104 ms  
PR : 132 ms  
QRS : 92 ms  
QT/QTc : 408/398 ms  
P/QRS/T : 34/48/29 °  
RV5/SV1 : 0.66/0.558 mV



Diagnosis Information:  
Sinus bradycardia with sinus arrhythmia  
Normal ECG except for rate

Report Confirmed



Dr. Animesh Choudhary  
MD Medicine  
Reg. No. CGMC 3583/20  
Apollo Clinic, Raipur



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

Patient Name Mrs. Poojam Rai

Date 23.10.24

Sex/Age Female

MR No .....

Employee Id .....

EXTERNAL EXAMINATION				
SQUINT				
NO				
NYSTAGMUS				
COLOUR VISION				
NORMAL				
FUNDUS:(RE):- <u>coml</u> (LE):- <u>coml</u>				
INDIVIDUAL COLOUR IDENTIFICATION				
Good				
DISTANT VISION:(RE):- <u>6/60 6/6</u> (LE):- <u>6/60 6/6</u>				
NEAR VISION:(RE):- <u>no</u> (LE):- <u>no</u>				
NIGHT BLINDNESS				
NAD				
	SPH	CYL	AXIS	ADD
RIGHT	-5.0	-1.0	180	/
LEFT	-5.0	-1.0	180	
REMARKS :-				

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



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Apollo Clinic

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- Digital OPG • Braces Treatment • Tooth Removal • Kids Dental Treatment • All Kind of Dental Surgeries

Mrs. Poonam Redi.  
37/F

G/C - Pt came for regular checkup

O/E - Proximal caries  $\bar{c}$   $\frac{8}{+}$

Advice: Extraction  $\bar{c}$   $\frac{8}{+}$

Prevention.



**PATIENT NAME: MRS. POONAM RAI**  
**REF BY: UNION BANK**

**AGE / SEX: 37 YRS/F**  
**DATE: 23.03.2024**

**USG ABDOMEN**

**Liver:** Liver is normal in size smooth in outline & hyper-echoic 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	9.78X4.26Cm	10.89x5.44Cm
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 ( 8.55 x 3.95 x 4.88 cm, and echotexture. Endometrial thickness 6.5 mm.

**Right Ovary:** Normal in size ( 2.20 x1.75 cm), shape and echotexture.

**Left Ovary:** Normal in size ( 2.09 x 2.19 cm), shape and echotexture.

No evidence of free fluid in abdomen or pelvis.

**IMPRESSION:**

- **FREE FLUID IN CUL – SAC**
- **LIVER : FATTY DIPOSITION GRADE – I**

**Advised clinical correlation/further evaluation if clinically indicated.**




**DR. ANIL WASTI**

**SONOLOGIST REG.NO. CGMC-1471**

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Email : raipur1@apolloclinic.com | Website : www.apolloclinic.com

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**91 96018 25363**



CISIB Dr PRONAB ROY MSc ENT

Pt Poonam Roy Age: 37y 1F

No active Complaint

on Examination Rt Lb

EAC Clear Clear



Nose Bih TM intact

FLW Bil clear

Throat:  ppw clear

ENT Examination WNL



Pronab

23/3/24

Patient Name : MRS POONAM RAI  
 UHID/ MR No : 9911  
 Visit Date : 23/03/2024  
 Sample Collected On : 23/03/2024 06:01PM  
 Ref. Doctor : SELF  
 Sponsor Name :

Age/Gender : 37 Y. Female  
 OP Visit No : OPD-UNIT-II-2  
 Reported On : 24/03/2024 11:14AM

### HAEMATOLOGY

Investigation	Observed Value	Unit	Biological Reference Interval
<b>HEMOGRAM</b>			
Haemoglobin(HB)	11.2	gm/dl	12 - 16
Method: CELL COUNTER			
Erythrocyte (RBC) Count	4.35	mill/cu.mm.	4.20 - 6.00
Method: CELL COUNTER			
PCV (Packed Cell Volume)	33.60	%	39 - 52
Method: CELL COUNTER			
MCV (Mean Corpuscular Volume)	77.2	fL	76.00 - 100
Method: CELL COUNTER			
MCH (Mean Corpuscular Haemoglobin)	25.7	pg	26 - 34
Method: CELL COUNTER			
MCHC (Mean Corpuscular Hb Concn.)	33.3	g/dl	32 - 35
Method: CELL COUNTER			
RDW (Red Cell Distribution Width)	15.0	%	11- 16
Method: CELL COUNTER			
Total Leucocytes (WBC) Count	6.20	cells/cumm	3.50 - 11.00
Method: CELL COUNTER			
Neutrophils	69	%	40.0 - 73.0
Method: CELL COUNTER			
Lymphocytes	26	%	15.0 - 45.0
Method: CELL COUNTER			
Eosinophils	01	%	1-6%
Method: CELL COUNTER			
Monocytes	04	%	4.0 - 12.0
Method: CELL COUNTER			
Basophils	00	%	0.0 - 2.0
Method: CELL COUNTER			

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

Lab Technician / Technologist  
 path



**DR DHANANJAY RAMCHANDRA PRASAD**  
 M.D. PATHOLOGY



Patient Name : MRS POONAM RAI  
UHID/ MR No : 9911  
Visit Date : 23/03/2024  
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### HAEMATOLOGY


Investigation	Observed Value	Unit	Biological Reference Interval
Platelet Count Method: CELL COUNTER	252	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

**End of Report**  
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**BIO CHEMISTRY**

Investigation	Observed Value	Unit	Biological Reference Interval
<b>GLUCOSE (FASTING)</b>			
Glucose- Fasting	106.0	mg/dl	70 - 120
SUGAR REAGENT GRADE WATER			
<b>KFT - RENAL PROFILE - SERUM</b>			
BUN-Blood Urea Nitrogen	08	mg/dl	7 - 20
METHOD: Spectrophotometric			
<b>Creatinine</b>	0.76	mg/dl	0.6-1.4
METHOD: Spectrophotometric			
<b>Uric Acid</b>	3.62	mg/dL	2.6 - 7.2
Method: Spectrophotometric			

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*Dhananjay*  
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**BIO CHEMISTRY**

Investigation	Observed Value	Unit	Biological Reference Interval
<b>LIVER FUNCTION TEST</b>			
<b>Bilirubin - Total</b> Method: Spectrophotometric	0.8	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	0.60	mg/dl	0 - 1
<b>SGOT (AST)</b> Method: Spectrophotometric	17	U/L	0 - 32
<b>SGPT (ALT)</b> Method: Spectrophotometric	22	U/L	0 - 33
<b>ALKALINE PHOSPHATASE</b>	114	U/L	25-147
<b>Total Proteins</b> Method: Spectrophotometric	6.2	g/dl	6 - 8
<b>Albumin</b> Method: Spectrophotometric	3.8	mg/dl	3.4 - 5.0
<b>Globulin</b> Method: Calculated	2.4	g/dl	1.8 - 3.6
<b>A/G Ratio</b> Method: Calculated	1.58	%	1.1 - 2.2

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### BIO CHEMISTRY


Investigation	Observed Value	Unit	Biological Reference Interval
HbA1c (Glycosalated Haemoglobin)	5.6	%	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:  $eAG(mg/dl) = 28.7 * A1c - 46.7$
  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

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

Lab Technician / Technologist  
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Page 3 of 6

  
DR DHANANJAY RAMCHANDRA PRASAD  
M.D. PATHOLOGY

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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	30ML		
Appearance	Clear		Clear
Colour	Pale Yellow		Colourless
Specific Gravity	1.015		1.001 - 1.030
Reaction (pH)	6.5		
<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	2 - 4	/hpf	0 - 5
Epithelial Cell	2 - 4	/hpf	0 - 5
Crystals	Not Seen	/hpf	Not Seen
Bacteria	Not Seen	/hpf	Not Seen
Budding yeast	Not Seen	/hpf	

**End of Report**

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M.D. PATHOLOGY

Patient Name : MRS POONAM RAI  
 UHID/ MR No : 9911  
 Visit Date : 23/03/2024  
 Sample Collected On : 23/03/2024 06:01PM  
 Ref. Doctor : SELF  
 Sponsor Name :

Age/Gender : 37 Y, Female  
 OP Visit No : OPD-UNIT-II-2  
 Reported On : 24/03/2024 11:14AM

**BIO CHEMISTRY**

Investigation	Observed value	Unit	Biological Reference Interval
<b>LIPID PROFILE TEST (PACKAGE)</b>			
Cholesterol - Total	149.0	mg/dl	Desirable: < 200 Borderline High: 200-239 High: >= 240
Triglycerides level	77.0	mg/dl	Normal : < 150 Borderline High : 150-199 Very High : >=500
Method: Spectrophotometric HDL Cholesterol	43.0	mg/dl	Major risk factor for heart disease: < 40 Negative risk factor for heart disease :>60
Method: Spectrophotometric LDL Cholesterol	90.60	mg/dl	Optimal:< 100      Near Optimal :100 – 129 Borderline High : 130-159 High : 160-189      Very HiOptimal:< 100      Near
Method: Spectrophotometric VLDL Cholesterol	15.40	mg/dl	Optimal:100-129 Borderline High : 130-159 High : 160-189      Very High >=1
Total Cholesterol/HDL Ratio	3.47		6 - 38 3.5 - 5
Method: Spectrophotometric			

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

Lab Technician / Technologist  
 path



Patient Name : Mrs.POONAM RAI	Collected : 24/Mar/2024 12:28PM
Age/Gender : 37 Y 0 M 0 D /F	Received : 24/Mar/2024 12:52PM
UHID/MR No : DSUS.0000006984	Reported : 24/Mar/2024 03:35PM
Ref Doctor : APOLLO CLINIC	Client Name : FUP APOLLO CLINIC SAMRIDDHI AR
IP/OP NO :	Patient location : Raipur,Raipur

**DEPARTMENT OF IMMUNOLOGY**

Test Name	Result	Unit	Bio. Ref. Range	Method
<b>THYROID PROFILE TOTAL (T3, T4, TSH) , SERUM</b>				
TRI-IODOTHYRONINE (T3, TOTAL)	1	ng/mL	0.6-1.81	CLIA
THYROXINE (T4, TOTAL)	10.7	µg/dL	3.2-12.6	CLIA
THYROID STIMULATING HORMONE (TSH)	2.060	µIU/mL	0.35-5.5	CLIA

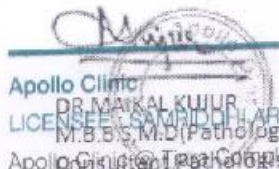
**Comment:**

<b>For pregnant females</b>	<b>Bio Ref Range for TSH in uIU/ml (As per American Thyroid Association)</b>
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 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


\*\*\* End Of Report \*\*\*



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