

Patient Name : Mrs.MAMTANJALI BISWAL	Collected : 01/Apr/2024 04:05PM
Age/Gender : 44 Y 0 M 0 D /F	Received : 01/Apr/2024 06:33PM
UHID/MR No : DSUS.0000007061	Reported : 01/Apr/2024 07:23PM
Visit ID : DSUSOPV8221	Status : Final Report
Ref Doctor : APOLLO CLINIC	Client Name : PUP APOLLO CLINIC SAMRIDDHI AR
IP/OP NO :	Patient location : Raipur,Raipur

DEPARTMENT OF BIOCHEMISTRY

Test Name	Result	Unit	Bio. Ref. Range	Method
HBA1C (GLYCATED HEMOGLOBIN) , WHOLE BLOOD EDTA				
HBA1C, GLYCATED HEMOGLOBIN	4.9	%		HPLC
ESTIMATED AVERAGE GLUCOSE (eAG)	94	mg/dL		Calculated

Comment:

Reference Range as per American Diabetes Association (ADA) 2023 Guidelines:

REFERENCE GROUP	HBA1C %
NON DIABETIC	<5.7
PREDIABETES	5.7 – 6.4
DIABETES	≥ 6.5
DIABETICS	
EXCELLENT CONTROL	6 – 7
FAIR TO GOOD CONTROL	7 – 8
UNSATISFACTORY CONTROL	8 – 10
POOR CONTROL	>10

Note: Dietary preparation or fasting is not required.

- HbA1C is recommended by American Diabetes Association for Diagnosing Diabetes and monitoring Glycemic Control by American Diabetes Association guidelines 2023.
- Trends in HbA1C values is a better indicator of Glycemic control than a single test.
- Low HbA1C in Non-Diabetic patients are associated with Anemia (Iron Deficiency/Hemolytic), Liver Disorders, Chronic Kidney Disease. Clinical Correlation is advised in interpretation of low Values.
- Falsely low HbA1c (below 4%) may be observed in patients with clinical conditions that shorten erythrocyte life span or decrease mean erythrocyte age. HbA1c may not accurately reflect glycemic control when clinical conditions that affect erythrocyte survival are present.
- In cases of Interference of Hemoglobin variants in HbA1C, alternative methods (Fructosamine) estimation is recommended for Glycemic Control
 - A: HbF >25%
 - B: Homozygous Hemoglobinopathy.
 (Hb Electrophoresis is recommended method for detection of Hemoglobinopathy)



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Patient Name : Mrs.MAMTANJALI BISWAL	Collected : 01/Apr/2024 04:05PM
Age/Gender : 44 Y 0 M 0 D /F	Received : 01/Apr/2024 04:40PM
UHID/MR No : DSUS.0000007061	Reported : 01/Apr/2024 06:11PM
Visit ID : DSUSOPV8221	Status : Final Report
Ref Doctor : APOLLO CLINIC	Client Name : PUP APOLLO CLINIC SAMRIDDI AR
IP/OP NO :	Patient location : Raipur,Raipur

DEPARTMENT OF IMMUNOLOGY

Test Name	Result	Unit	Bio. Ref. Range	Method
THYROID PROFILE TOTAL (T3, T4, TSH) , SERUM				
TRI-iodothyronine (T3, TOTAL)	1.34	ng/mL	0.6-1.81	CLIA
THYROXINE (T4, TOTAL)	10.0	µg/dL	3.2-12.6	CLIA
THYROID STIMULATING HORMONE (TSH)	2.540	µIU/mL	0.35-5.5	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

*** End Of Report ***

DR. MAIKAL KUMAR
M.B.B.S., M.D. (Pathology)
Consultant Pathologist

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Patient Name : MRS MAMATANJALI BISWAL
 UHID/ MR No : 10055
 Visit Date : 01/04/2024
 Sample Collected On : 01/04/2024 03:48PM
 Ref. Doctor : SELF
 Sponsor Name :

Age/Gender : 44 Y Female
 OP Visit No : OPD-UNIT-II-2
 Reported On : 03/04/2024 02:07PM

HAEMATOLOGY

Investigation	Observed Value	Unit	Biological Reference Interval
HEMOGRAM			
Haemoglobin(HB) Method: CELL COUNTER	11.1	gm/dl	12 - 16
Erythrocyte (RBC) Count Method: CELL COUNTER	3.81	mill/cu.mm.	4.20 - 6.00
PCV (Packed Cell Volume) Method: CELL COUNTER	33.30	%	39 - 52
MCV (Mean Corpuscular Volume) Method: CELL COUNTER	87.4	fL	76.00 - 100
MCH (Mean Corpuscular Haemoglobin) Method: CELL COUNTER	29.1	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	16.3	%	11- 16
Total Leucocytes (WBC) Count Method: CELL COUNTER	5.07	cells/cumm	3.50 - 11.00
Neutrophils Method: CELL COUNTER	53	%	40.0 - 73.0
Lymphocytes Method: CELL COUNTER	40	%	15.0 - 45.0
Eosinophils Method: CELL COUNTER	02	%	1-6%
Monocytes	05	%	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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HAEMATOLOGY

Investigation	Observed Value	Unit	Biological Reference Interval
Platelet Count Method: CELL COUNTER	176	lacs/cu.mm	150-400
ESR- Erythrocyte Sedimentation Rate Method: Westergren's Method	30	mm /HR	0 - 20

End of Report
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DR DHANANJAY RAMCHANDRA PRASAD
M.D. PATHOLOGY

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UHID/ MR No : 10055
Visit Date : 01/04/2024
Sample Collected On : 01/04/2024 03:48PM
Ref. Doctor : SELF
Sponsor Name :

Age/Gender : 44 Y Female
OP Visit No : OPD-UNIT-II-2
Reported On : 03/04/2024 01:52PM

HAEMATOLOGY

Investigation	Observed Value	Unit	Biological Reference Interval
Blood Group (ABO Typing)			
Blood Group (ABO Typing)	B		
RhD factor (Rh Typing)	POSITIVE		

End of Report

Results are to be correlated clinically

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Patient Name : MRS MAMATANJALI BISWAL
UHID/ MR No : 10055
Visit Date : 01/04/2024
Sample Collected On : 01/04/2024 03:48PM
Ref. Doctor : SELF
Sponsor Name :
Age/Gender : 44 Y Female
OP Visit No : OPD-UNIT-II-2
Reported On : 03/04/2024 01:52PM

BIO CHEMISTRY

Investigation	Observed Value	Unit	Biological Reference Interval
GLUCOSE - (POST PRANDIAL)			
Glucose -Post prandial Method: REAGENT GRADE WATER	135.0	mg/dl	70-140
GLUCOSE (FASTING)			
Glucose- Fasting SUGAR REAGENT GRADE WATER	92.0	mg/dl	70 - 120
KFT - RENAL PROFILE - SERUM			
BUN-Blood Urea Nitrogen METHOD: Spectrophotometric	10	mg/dl	7 - 20
Creatinine METHOD: Spectrophotometric	0.98	mg/dl	0.6-1.4
Uric Acid Method: Spectrophotometric	4.88	mg/dL	2.6 - 7.2

End of Report
Results are to be correlated clinically

Lab Technician / Technologist
path

Dr. Dhananjay Ramchandra Prasad

Patient Name : MRS MAMATANJALI BISWAL Age/Gender : 44 Y. Female
 UHID/ MR No : 10055 OP Visit No : OPD-UNIT-II-2
 Visit Date : 01/04/2024 Reported On : 03/04/2024 01:52PM
 Sample Collected On : 01/04/2024 03:48PM
 Ref. Doctor : SELF
 Sponsor Name :

BIO CHEMISTRY

Investigation	Observed Value	Unit	Biological Reference Interval
LIPID PROFILE TEST (PACKAGE)			
Cholesterol - Total	167.0	mg/dl	Desirable: < 200 Borderline High: 200-239 High: >= 240
Triglycerides level	99.0	mg/dl	Normal : < 150 Borderline High : 150-199 Very High : >=500
Method: Spectrophotometric			
HDL Cholesterol	40.0	mg/dl	Major risk factor for heart disease: < 40 Negative risk factor for heart disease :>60
Method: Spectrophotometric			
LDL Cholesterol	107.20	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	19.80	mg/dl	6 - 38
Total Cholesterol/HDL Ratio	4.18		3.5 - 5
Method: Spectrophotometric			

End of Report
Results are to be correlated clinically

Lab Technician / Technologist
path

Dhananjay

Patient Name : MRS MAMATANJALI BISWAL
UHID/ MR No : 10055
Visit Date : 01/04/2024
Sample Collected On : 01/04/2024 03:48PM
Ref. Doctor : SELF
Sponsor Name :

Age/Gender : 44 Y Female
OP Visit No : OPD-UNIT-II-2
Reported On : 03/04/2024 01:52PM

BIO CHEMISTRY

Investigation	Observed Value	Unit	Biological Reference Interval
LIVER FUNCTION TEST			
Bilirubin - Total Method: Spectrophotometric	0.6	mg/dl	0.1-1.2
Bilirubin - Direct Method: Spectrophotometric	0.2	mg/dl	0.05-0.3
Bilirubin (Indirect) Method: Calculated	0.40	mg/dl	0 - 1
SGOT (AST) Method: Spectrophotometric	19	U/L	0 - 32
SGPT (ALT) Method: Spectrophotometric	28	U/L	0 - 33
ALKALINE PHOSPHATASE	110	U/L	25-147
Total Proteins Method: Spectrophotometric	6.3	g/dl	6 - 8
Albumin Method: Spectrophotometric	3.9	mg/dl	3.4 - 5.0
Globulin Method: Calculated	2.4	g/dl	1.8 - 3.6
A/G Ratio Method: Calculated	1.62	%	1.1 - 2.2

End of Report
Results are to be correlated clinically

Lab Technician / Technologist
path



Patient Name : MRS MAMATANJALI BISWAL
UHID/ MR No : 10055
Visit Date : 01/04/2024
Sample Collected On : 01/04/2024 03:48PM
Ref. Doctor : SELF
Sponsor Name :

Age/Gender : 44 Y Female
OP Visit No : OPD-UNIT-II-1
Reported On : 03/04/2024 01:52PM

CLINICAL PATHOLOGY

Investigation	Observed Value	Unit	Biological Reference Interval
URINE ROUTINE EXAMINATION			
Physical Examination			
Volum of urine	20ML		
Appearance	Slightly Turbid		Clear
Colour	Pale Yellow		Colourless
Specific Gravity	1.020		1.001 - 1.030
Reaction (pH)	5.0		
Chemical Examination			
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
Microscopic Examination			
RBC (Urine)	0-1	/hpf	0 - 2
Pus cells	1 - 2	/hpf	0 - 5
Epithelial Cell	1 - 2	/hpf	0 - 5
Crystals	Not Seen	/hpf	Not Seen
Bacteria	Not Seen	/hpf	Not Seen
Budding yeast	Not Seen	/hpf	

End of Report
Results are to be correlated clinically

Lab Technician / Technologist
 path



NAME OF PATIENT; MRS. MAMATANJALI BISWAL

AGE: 44YRS/FEMALE

REFERRED BY: UNION BANK

DATE: 01/04/2024

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, MD
Consultant
Reg. DR. ZEESHAN ATEEB DANI
(MD)
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.

ECHOCARDIOGRAPHY REPORT

NAME : MRS. MAMTANJALI BISWAL	Age/Sex: 44Yrs/female	ECG : Sinus Rhythm
OPD/ IPD : OPD	STUDY DATE: 01/04/2024	REGN. NO. : FRAI.00000
Ref.By Dr : UNION BANK		

M-MODE MEASUREMENTS:-

	Patient Value (cm)	Normal Value (cm)		Patient Value (cm)	Normal Value (cm)
AorticRoot Diameter	2.7	2.0 – 3.7	IVS Thickness	ED = 1.0 ES = 1.4	0.6 – 1.1
AorticValve Opening	1.7	1.5 – 2.6	PW Thickness	ED = 1.0 ES = 1.4	0.6 – 1.1
LA Dimension	3.3	1.9 – 4.0	RA Dimension	---	2.6
LVID(D)	4.0	3.7 – 5.5	RV Dimension	---	2.6
LVID(s)	2.5	2.2 – 4.0	TAPSE	---	1.6 – 2.6
LV EJECTION FRACTION	> 60%		(NORMAL VALUE: 55 – 60%)		

2D ECHO, COLOR FLOW & DOPPLER ASSESSMENT

- Left Ventricle : LV Size & contractility is Normal, NO RWMA, Calculated EF IS > 60%
- Left Atrium : LA Size Is Normal
- Right Ventricle : Normal
- Right Atrium : Normal
- IAS/IVS : Intact
- Pericardium : Normal, there is no Pericardial Effusion.
- Mitral Valve : E>A , Normal
- Tricuspid Valve : Normal
- Aortic Valve : Normal
- Pulmonary Valve : Pulmonary valve appears normal in morphology.
- Systemic venous : IVC normal in size with normal Inspiratory collapse.

FINAL IMPRESSION : NO RWMA AT REST.
NORMAL LV SYSTOLIC FUNCTION.
NORMAL CARDIAC CHEMBER AND NORMAL VALVES.
NO I/C CLOT VEGITATION OR PERICARDIAL EFFUSION.



DR. DEEPA DAS
MBBS, DIP. CARDIOLOGY
CONSULTANT DEPT. OF NIC

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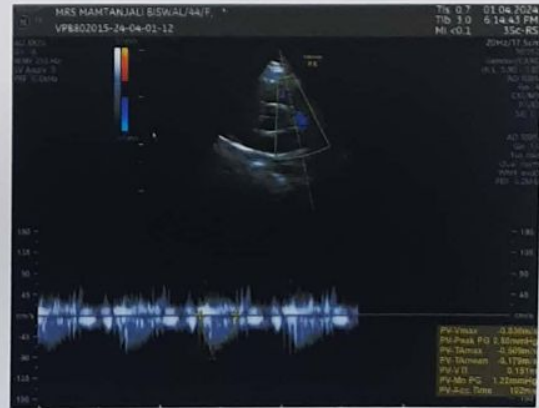
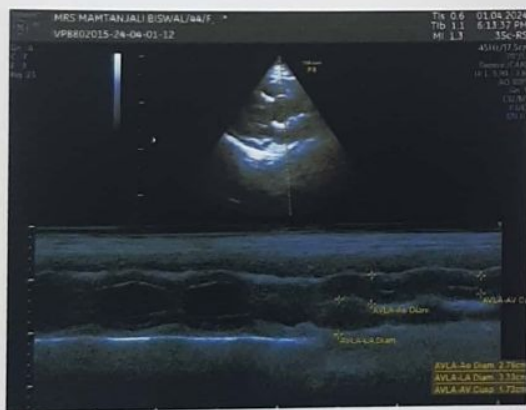
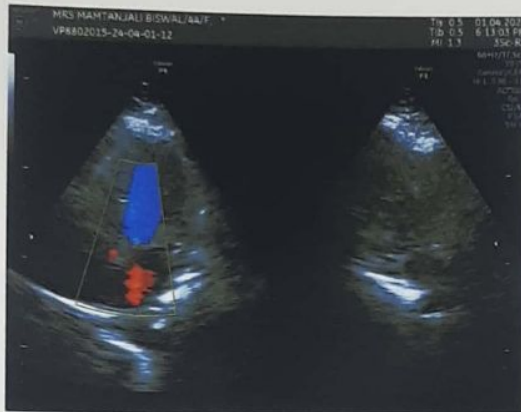
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IVC (15mm) > 50% Inspiratory collapse



EXAMINATION OF EYES :- (BY OPHTHALMOLOGIST)

Patient Name Mrs. Mananjali Biswal

Date 1.10.2024

Sex/Age f/44 year

MR No

Employee Id

EXTERNAL EXAMINATION				
SQUINT				
NYSTAGMUS				
COLOUR VISION				
FUNDUS:(RE):- <u>WNL</u> (LE):- <u>WNL</u>				
INDIVIDUAL COLOUR IDENTIFICATION				
DISTANT VISION:(RE):- <u>6/12 E 4 6/6</u> (LE):- <u>6/12 E 4 6/6</u>				
NEAR VISION:(RE):- <u>N18 E 4 N6</u> (LE):- <u>N18 E 4 N6</u>				
NIGHT BLINDNESS				
	SPH	CYL	AXIS	ADD
RIGHT	<u>+0.75</u>			<u>+1.75</u>
LEFT	<u>+0.75</u>			<u>+1.75</u>

REMARKS :-

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



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PATIENT NAME: MRS. MAMATANJALI BISWAL
REF BY: UNION BANK

AGE / SEX: 44 Y/F
DATE: 23/03 /2024

SONOGRAPHY BILATERAL BREASTS

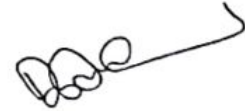
FINDINGS:

- Both breast tissues are symmetrical and appear normal in size and echotexture.
- No evidence of any focal mass lesion or any collection seen.
- Nipple, areola and subareolar region also appear normal.
- Bilateral axilla visualised normal without any evidence of lymphadenopathy.

IMPRESSION:

- **USG BREAST WITHIN NORMAL LIMITS.**

Advised clinical correlation and further evaluation.



DR. ANIL WASTI
SONOLOGIST REG.NO. CGMC-1471

This report is for perusal of the doctor only not the definitive diagnosis; findings have to be clinically correlated. Ultrasound has its limitations in obese patients and in retroperitoneal organs. All congenital abnormalities cannot be detected on ultrasound. Sex of the fetus is not determined here. This report is not for medico-legal purposes.

* Only large obvious hypo/anechoic mass lesion can be diagnosed by USG. Mammography/breast MRI are much more sensitive and specific imaging modalities for evaluation of breast parenchyma & breast lesion. Advised further evaluation with these imaging modalities if clinically indicated/strong suspicion of breast lesion.

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REF BY: UNION BANK

AGE / SEX: 44 YRS/F
DATE: 01.04.2024

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	8.62X4.07Cm	8.99x4.57Cm
CORTICAL ECHOGENICITY	Normal	Normal
CORTICOMEDULLARY DIFFERENTIATION	Maintained	Maintained
PCS	Not Dilated	Not Dilated
Any other remarks	Nil	Nil

Urinary bladder: EMPTY

Uterus is normal in size (8.02 x 3.19 x 4.07 cm, and echotexture. Endometrial thickness 5.6 mm.

Right Ovary: Normal in size (2.41 x 1.79 cm), shape and echotexture.

Left Ovary: Normal in size (2.78 x 2.22 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.



(Handwritten signature)

DR. ANIL WASTI
SONOLOGIST REG.NO. CGMC-1471

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Mamta Jali

Beswal

R

Chlorhexidene

mouthwash

Tongue

clean

Dr. Bushla

78 2825178 2



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ID: 81
MRS MAMATANI ALI BISWAL
Female 44 Years

01-04-2024 10:10:50 AM

HR : 95 bpm
P : 102 ms
PR : 148 ms
QRS : 84 ms
QT/QTc : 354/445 ms
P/QRS/T : 41/18/11 °
RV5/SVI : 0.494/0.537 mV

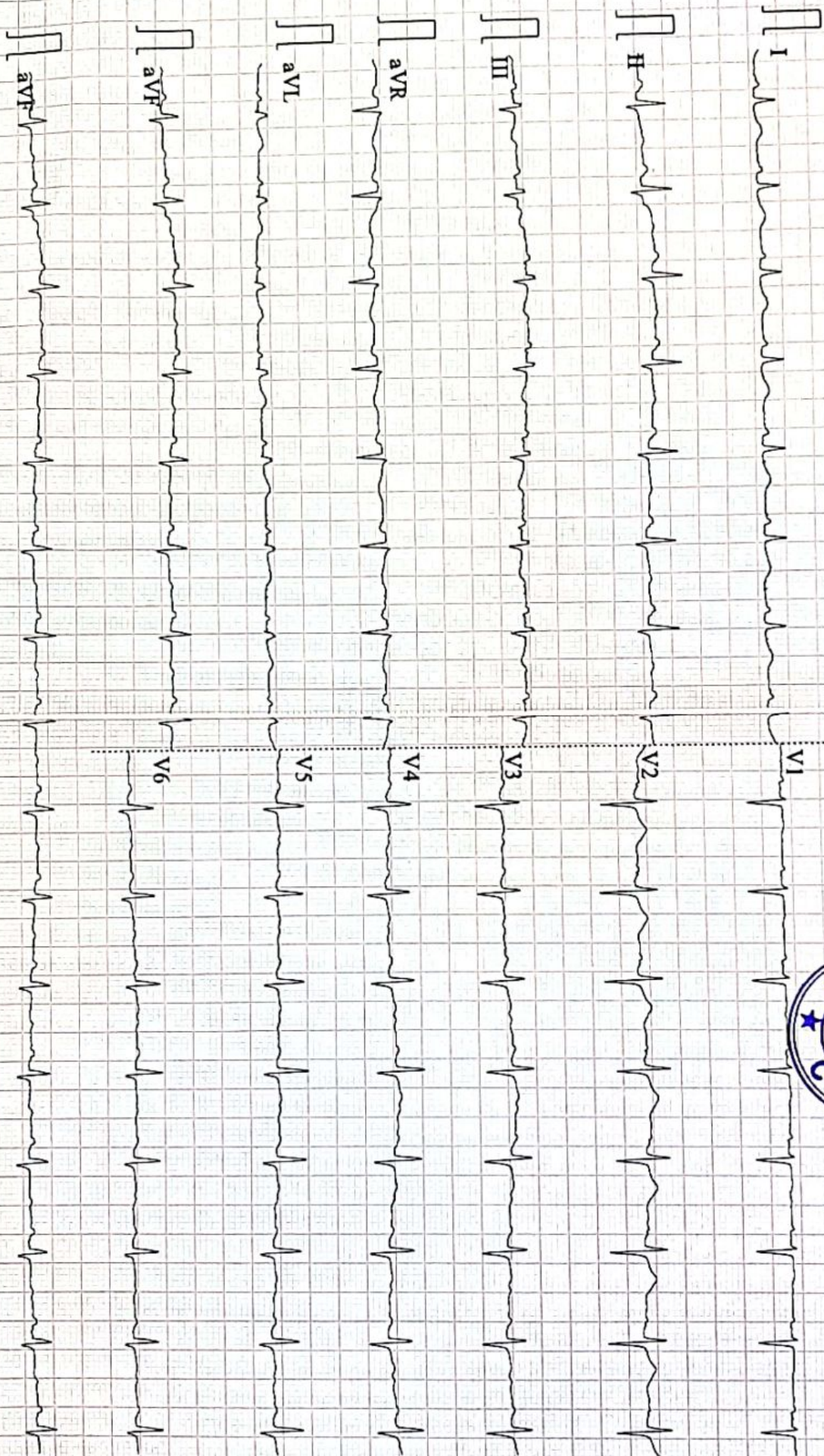
Diagnosis Information:

Sinus rhythm
Anterior T wave abnormality is nonspecific
Borderline ECG

Report Confirmed



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

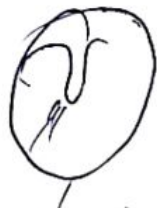


CI/GB Dr Prasad Roy MSEN

Name:- Mantoujai Biswal Age:- 44 F

No Active Complaints

Only Rt If
EAC Clear Clear
Ear
Nose
Throat



No Rt ear Ex 2016

A Rt ear CSOM

Adv Symptomless

Rt ear ENT Examination is white

Prasad
1/24/24



RD-100/70
P-100/45
H-157 157 C.M
WT-69 kg