



भारत निर्वाचन आयोग



ELECTION COMMISSION OF INDIA

मतदाता फोटो पहचान पत्र - ELECTOR PHOTO IDENTITY CARD



TJW1301712



निर्वाचक का नाम संध्या

ELECTOR'S NAME SANDHYA

पति का नाम अनिल कुमार

HUSBAND'S NAME ANIL KUMAR

लिंग / Sex: महिला / Female

TJW1301712

जनमतिथि/आयु/Date of Birth/Age 15/01/1997

पता २६६, ग्राम-पालसोडा तालसोडा, तालसोडा, जिला नीमच (म.प्र.) - 458441

Address: 266, GRAM-PALASODA PALASODA,
VILLAGE PALASODA, TEHSIL JEERAN,
DISTRICT NEEMUCH (M.P.) - 458441

Date : 15/12/2017

निर्वाचक रजिस्ट्रीकरण अधिकारी
Electoral Registration Officer

विधान सभा निर्वाचन क्षेत्र संख्या और नाम: 229-नीमच

Assembly Constituency No & Name: 229-Neemuch

भाग संख्या और नाम: 198-पालसोडा
Part No and Name: 198-Palasoda

नोट / Note :

1. इस कार्ड को धारण करने मात्र से यह कोई गारंटी नहीं है कि आप वर्तमान निर्वाचक तालसोडा में निर्वाचक हैं। कृपया अपना नाम प्रत्येक चुनाव से पहले संबंधित तालसोडा में जाँच लें।

More possession of Elector Photo Identity card is no guarantee of name being present in electoral rolls. Please check your name in the current electoral rolls before every election.

2. इस कार्ड से अतिरिक्त जनमतिथि को निर्वाचक तालसोडा में दर्जित करने के लिए आप किसी भी व्यक्ति से आयु के प्रमाण के रूप में नहीं धारण करें।

Date of birth mentioned in this card shall not be treated as a proof of age or date of birth for any purpose other than registration in electoral rolls.



Patient Name : MRS SANDHYA

Age/Gender : 26 Yrs/Female

Ref. Dr. : Dr. APOLLO CLINIC

Center : CMH OPD



CMSH24/470

Registration Date : 08/01/2024 08:55 AM

Collection Date : 08/01/2024 08:55 AM

Report Date : 08/01/2024 02:34 PM



HAEMATOLOGY REPORT

Test Description	Result	Unit	Biological Reference Ranges
HbA1c Glycosilated Haemoglobin	5.6	%	Non-diabetic: <= 6.0 Pre-diabetic: 6.0-7.0 Diabetic: >= 7.0

Estimated Average Glucose : 114 mg/dL

Reference Range (Average Blood Sugar):

- Excellent control : 90 - 120 mg/dl
- Good control : 121 - 150 mg/dl
- Average control : 151 - 180 mg/dl
- Action suggested : 181 - 210 mg/dl
- Panic value : > 211 mg/dl

Interpretation & Remark:

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 detected (D10/ turbo is corrected for HbS and HbC trait).
7. In known diabetic patients, following values can be considered as a tool for monitoring the glycemic control. Excellent Control - 6 to 7 %, Fair to Good Control - 7 to 8 %, Unsatisfactory Control - 8 to 10 % and Poor Control - More than 10 % .

Dr. Subhash Parmar
Consultant Pathologist



CITI MULTI SPECIALITY HOSPITAL

MIG -215 216, Gautam Nagar, Govindpura, Bhopal-462023 (M.P.)
Phone No. : 0755-4272669, 4250134



Patient Name : MRS SANDHYA

Age/Gender : 26 Yrs/Female

Ref. Dr. : Dr. APOLLO CLINIC

Center : CMH OPD



CMSH24/470

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HAEMATOLOGY REPORT

Test Description	Result	Unit	Biological Reference Ranges
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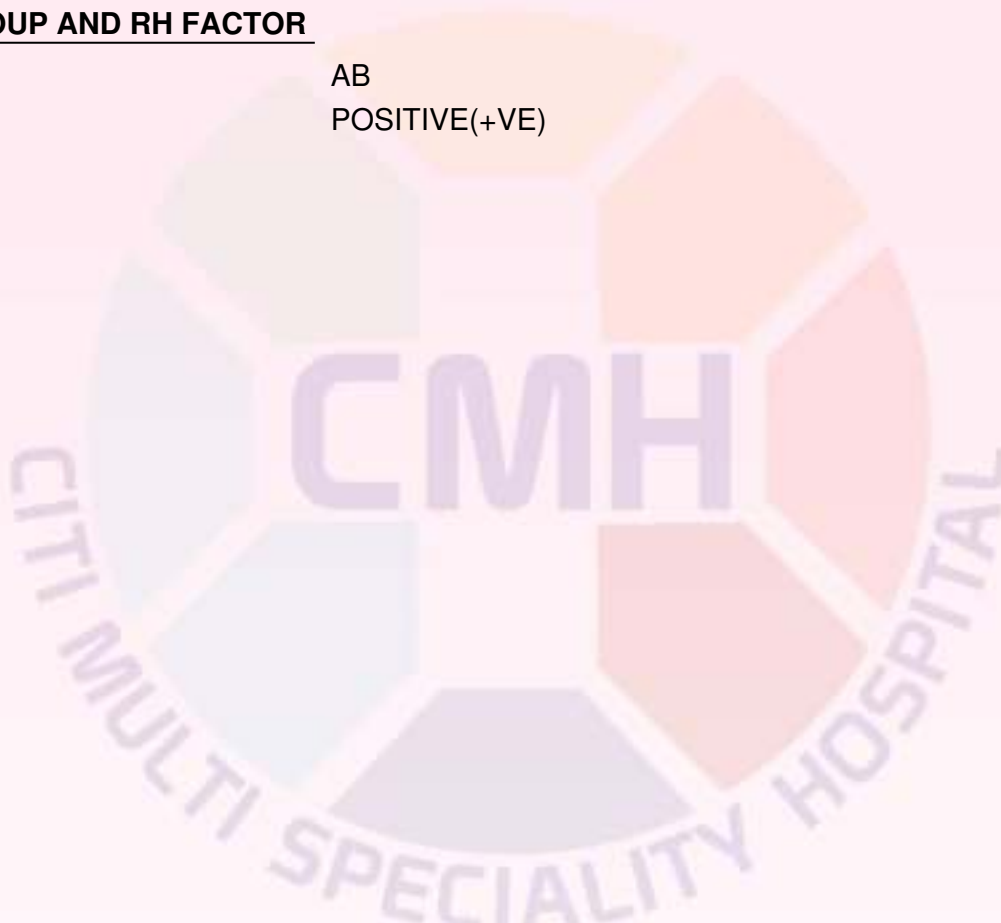
BLOOD GROUP AND RH FACTOR

ABO Type

AB

Rh Factor

POSITIVE(+VE)



Dr. Subhash Parmar
Consultant Pathologist



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BIOCHEMISTRY REPORT

Test Description	Result	Unit	Biological Reference Ranges
RENAL FUNCTION TEST (RFT)			
Blood Urea	21.0	mg/dl	15 - 50
Serum Creatinine	0.75	mg/dl	0.6 - 1.5
eGFR	110	ml/min	
Blood Urea Nitrogen-BUN	9.81	mg/dl	7 - 20
Serum Sodium	139.6	mmol/L	135 - 150
Serum Potassium	4.09	mmol/L	3.5 - 5.0
Ionic Calcium	1.13	mmol/L	1.10 - 1.35
Uric Acid	5.0	mg/dl	2.6 - 6.0

NOTE : Please correlate with clinical conditions.



Dr. Subhash Parmar
Consultant Pathologist



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BIOCHEMISTRY REPORT

Test Description	Result	Unit	Biological Reference Ranges
LIVER FUNCTION TEST (LFT)			
TOTAL BILIRUBIN	0.70	mg/dl	0 - 1.2
DIRECT BILIRUBIN	0.12	mg/dL	0 - 0.3
INDIRECT BILIRUBIN	0.58	mg/dl	0.1 - 0.8
SGOT (AST)	1.0	U/L	0 - 35
SGPT (ALT)	21.0	U/L	0 - 45
ALKALINE PHOSPHATASE	72.0	U/L	64 - 147
GAMMA GLUTAMYL TRANSFERASE	22.0	IU/L	12 - 43
TOTAL PROTEIN	7.01	g/dl	6.4 - 8.3
SERUM ALBUMIN	4.20	g/dl	3.2 - 5.2
SERUM GLOBULIN	2.81	g/dl	1.8 - 3.6
A/G RATIO	1.49		1.2 - 2.2

NOTE : Please correlate with clinical conditions.

Dr. Subhash Parmar
Consultant Pathologist



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BIOCHEMISTRY REPORT

Test Description	Result	Unit	Biological Reference Ranges
LIPID PROFILE			
Cholesterol-Total	131.0	mg/dL	< 200 Desirable 200-239 Borderline High > 240 High
Triglycerides level	85.0	mg/dL	< 150 Normal 150-199 Borderline High 200-499 High > 500 Very High
HDL Cholesterol	62.0	mg/dL	< 40 Major Risk for Heart > 40 Normal
LDL Cholesterol	52.00	mg/dL	< 100 Optimal 100-129 Near/Above Optimal 130-159 Borderline high 160-189 High > 190 Very High
VLDL Cholesterol	17.00	mg/dL	6 - 38
CHOL/HDL RATIO	2.11		3.5 - 5.0
LDL/HDL RATIO	0.84		2.5 - 3.5

NOTE

8-10 hours fasting sample is required

Dr. Subhash Parmar
Consultant Pathologist



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BIOCHEMISTRY REPORT

Test Description	Result	Unit	Biological Reference Ranges
<u>Fasting Blood Sugar</u>	91.0	mg/dl	Normal: 70-110 Impaired Fasting Glucose(IFG): 100-125 Diabetes mellitus: >= 126

Method : Hexokinase

Note:- An individual may show higher fasting glucose level in comparison to post prandial glucose level due to following reasons.

The glycaemic index and response to food consumed, Changes in body composition, Increased insulin response and sensitivity,

Alimentary hypoglycemia, Renal glycosuria, Effect of oral hypoglycaemics & Insulin treatment.

Post-Prandial Blood Sugar

105.0

mg/dl

70 - 140

Method : Hexokinase

Interpretation:-

Normal: 70-140

Impaired Glucose Tolerance:140-200

Diabetes mellitus: >= 200

(on more than one occassion)

**Dr. Subhash Parmar
Consultant Pathologist**



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Phone No. : 0755-4272669, 4250134



Patient Name : MRS SANDHYA

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IMMUNOASSAY REPORT

Test Description	Result	Unit	Biological Reference Ranges
TRI-iodothyronin, (T3)	1.79	ng/mL	0.69 - 2.15
Thyroxin, (T4)	87.1	ng/mL	52 - 127
Thyroid Stimulating Hormone(TSH)- Serum	3.86	µIU/mL	0.3-4.5 Pregnancy (As per American Thyroid Association)

First Trimester : 0.1-2.5
Second Trimester : 0.2-3.0
Third trimester : 0.3-3.0

Method : CLIA

INTERPRETATION

TSH	T3 / FT3	T4 / FT4	Suggested Interpretation for the Thyroid Function Tests Pattern
Within Range	Decreased	Within Range	• Isolated Low T3-often seen in elderly & associated Non-Thyroidal illness. In elderly the drop in T3 level can be upto 25%.
Raised	Within Range	Within Range	• Isolated High TSH especially in the range of 4.7 to 15 mIU/ml is commonly associated with Physiological & Biological TSH Variability. • Subclinical Autoimmune Hypothyroidism • Intermittent T4 therapy for hypothyroidism • Recovery phase after Non-Thyroidal illness"
Raised	Decreased	Decreased	• Chronic Autoimmune Thyroiditis • Post thyroidectomy, Post radioiodine • Hypothyroid phase of transient thyroiditis"
Raised or within Range	Raised	Raised or within Range	• Interfering antibodies to thyroid hormones (anti-TPO antibodies) • Intermittent T4 therapy or T4 overdose • Drug interference- Amiodarone, Heparin, Beta blockers, steroids, anti-epileptics"
Decreased	Raised or within Range	Raised or within Range	• Isolated Low TSH -especially in the range of 0.1 to 0.4 often seen in elderly & associated with Non-Thyroidal illness • Subclinical Hyperthyroidism • Thyroxine ingestion"
Decreased	Decreased	Decreased	• Central Hypothyroidism • Non-Thyroidal illness • Recent treatment for Hyperthyroidism (TSH remains suppressed)"
Decreased	Raised	Raised	• Primary Hyperthyroidism (Graves' disease), Multinodular goitre, Toxic nodule • Transient thyroiditis: Postpartum, Silent (lymphocytic), Postviral (granulomatous, subacute, DeQuervain's), Gestational thyrotoxicosis with hyperemesis gravidarum"
Decreased or within Range	Raised	Within Range	• T3 toxicosis • Non-Thyroidal illness

Dr. Subhash Parmar
Consultant Pathologist



Patient Name : MRS SANDHYA



CMSH24/470

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URINE EXAMINATION REPORT

Test Description	Result	Unit	Biological Reference Ranges
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URINE ROUTINE

General Examination

Colour	Pale Yellow		Pale Yellow
Transparency (Apperance)	Clear		Clear
Deposit	Absent		Absent
Reaction (pH)	Acidic		5.0-8.5
Specific Gravity	1.025		-1.005-1.030

Chemical Examination

Urine Protein	Absent		Absent
Urine Ketones (Acetone)	Absent		Absent
Urine Glucose	Absent		Absent
Bile pigments	Absent		Absent
Bile salts	NIL		NIL
Urobilinogen	Normal		Normal
Nitrite	Negative		Negative

Microscopic Examination

RBC's	NIL	/hpf	NIL
Leukocyte (Pus cells)	2-4	/hpf	0-5/hpf
Epithelial Cells	1-2	/hpf	0-4/hpf
Crystals	Absent		Absent
Casts	Not Seen		Not Seen
Amorphous deposits	Absent		Absent
Yeast Cells	Not seen		Not seen

Note : 1. Chemical examination through Dipstick includes test methods as Protein (Protein Error Principle), Glucose (Glucose oxidase-Peroxidase), Ketone (Legals Test), Bilirubin (Azo- Diazo reaction), Urobilinogen (Diazonium ion Reaction) Nitrite (Griess Method). All abnormal results of chemical examination are confirmed by manual methods. 2. Pre-test conditions to be observed while submitting the sample- First void, mid-stream urine, collected in a clean, dry, sterile container is recommended for routine urine analysis, avoid contamination with any discharge from vaginal, urethra, perineum, as applicable, avoid prolonged transit time & undue exposure to sunlight. 3. During interpretation, points to be considered are Negative nitrite test does not exclude the urinary tract infections, Trace proteinuria can be seen with many physiological conditions like prolonged recumbency, exercise, high protein diet. False positive reactions for bile pigments, proteins, glucose and nitrites can be caused by peroxidase like activity by disinfectants, therapeutic dyes,

Dr. Subhash Parmar
Consultant Pathologist



CITI MULTI SPECIALITY HOSPITAL

MIG -215 216, Gautam Nagar, Govindpura, Bhopal-462023 (M.P.)
Phone No. : 0755-4272669, 4250134



Patient Name : MRS SANDHYA
Age/Gender : 26 Yrs/Female
Ref. Dr. : Dr. APOLLO CLINIC
Center : CMH OPD



CMSH24/470

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Test Description	Result	Unit	Biological Reference Ranges
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COMPLETE BLOOD COUNT

Haemoglobin	14.1	gm/dL	11.0 - 15.0
RBC Count	4.80	mil/cu.mm	3.50 - 5.50
Hematocrit HCT	37.8	%	37.0 - 47.0
Mean Corp Volume MCV	78.8	fL	80.0 - 100.0
Mean Corp Hb MCH	29.4	pg	27.0 - 34.0
Mean Corp Hb Conc MCHC	37.3	gm/dL	32.0 - 36.0
Platelet Count	2.42	lac/cmm	1.50 - 4.50
Total WBC Count /TLC	5.14	10 ³ /cu.mm	4.0 - 11.0

DIFFERENTIAL LEUCOCYTE COUNT

Neutrophils	60	%	40 - 70
Lymphocytes	35	%	20 - 40
Monocytes	03	%	02 - 10
Eosinophils	02	%	01 - 06
Basophils	00	%	00 - 01

Absolute Differential Count

Absolute Neutrophils Count	3.1	thou/mm ³	2.00 - 7.00
Absolute Lymphocyte Count	1.8	thou/mm ³	1.00 - 3.00
Absolute Monocytes Count	0.2	thou/mm ³	0.20 - 1.00
Absolute Eosinophils Count	0.1	thou/mm ³	0.02 - 0.50

EDTA Whole Blood - Tests done on Automated Three Part Cell Counter. (WBC, RBC Platelet count by impedance method, WBC differential by VCS technology other parameters calculated) All Abnormal Haemograms are reviewed confirmed microscopically.

Dr. Subhash Parmar
Consultant Pathologist



CITI MULTI SPECIALITY HOSPITAL

MIG -215 216, Gautam Nagar, Govindpura, Bhopal-462023 (M.P.)
Phone No. : 0755-4272889, 4250134



Patient Name : MRS SANDHYA

Age/Gender : 26 Yrs/Female

Ref. Dr. : Dr. APOLLO CLINIC

Center : CMH OPD



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Test Description	Result	Unit	Biological Reference Ranges
ESR - ERYTHROCYTE SEDIMENTATION RATE	15	mm/hr	0 - 20

Method: Wintrob's

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, menstruation, and hypothyroidism.

**** End of the report****

This report is not valid for medico legal aspects. This is just a professional opinion not the final. Kindly correlate clinically because of technical, lack of clinical information and physical findings, if any disparity noted please inform.

Dr. Subhash Parmar
Consultant Pathologist

MER- MEDICAL EXAMINATION REPORT

Date of Examination	08/01/2024		
NAME	SANDHYA		
AGE	26	Gender	F
HEIGHT(cm)	169 cm	WEIGHT (kg)	56 kg
B.P.	120/80 mmHg	PULSE - 69 bpm	
EKG	WNL	SPO2 - 100 %	
X Ray	NORMAL		
Vision Checkup	Color Vision : No		
	Far Vision Ratio : No		
	Near Vision Ratio : No		
Present Ailments	No. Any present ailments		
Details of Past ailments (If Any)	No. Any past ailments		
Comments / Advice : She / He is Physically Fit	She is physically fit.		

Dr. SARYASACHI GUPTA
 MBBS (Gold Medalist), MD (Med.), RCGP (U.K.)
 Reg. No. 11671

Signature with Stamp of Medical Examiner

CERTIFICATE OF MEDICAL FITNESS

This is to certify that I have conducted the clinical examination

of MRS. SANDHYA on 08-1-2024

After reviewing the medical history and on clinical examination it has been found that he/she is

	Tick
<ul style="list-style-type: none">• Medically Fit	<input checked="" type="checkbox"/>
<ul style="list-style-type: none">• Fit with restrictions/recommendations <p>Though following restrictions have been revealed, in my opinion, these are not impediments to the job.</p> <p>1.....</p> <p>2.....</p> <p>3.....</p> <p>However the employee should follow the advice/medication that has been communicated to him/her.</p> <p>Review after _____</p>	<input checked="" type="checkbox"/>
<ul style="list-style-type: none">• Currently Unfit. <p>Review after _____ recommended</p>	<input checked="" type="checkbox"/>
<ul style="list-style-type: none">• Unfit	<input type="checkbox"/>

Dr. SANDYASACHI GUPTA
(Gold Medalist), MD (Med.), RCGP (U.K.)
Reg. No. 11671
Medical Officer
The Apollo Clinic, (Location)

This certificate is not meant for medico-legal purposes



CITI MULTI SPECIALITY HOSPITAL

MIG -215 216, Gautam Nagar, Govindpur, Bhopal-462023 (M.P.)
Phone No. : 0755 - 4250134
Mobile No. : 7771006660, 8319214664, 9303135719



Patient- Name:	MRS. SANDHYA	Age/Sex:	26Y/F
Referred. By:	INS	Date:	08.01.2024

X-RAY CHEST PA VIEW

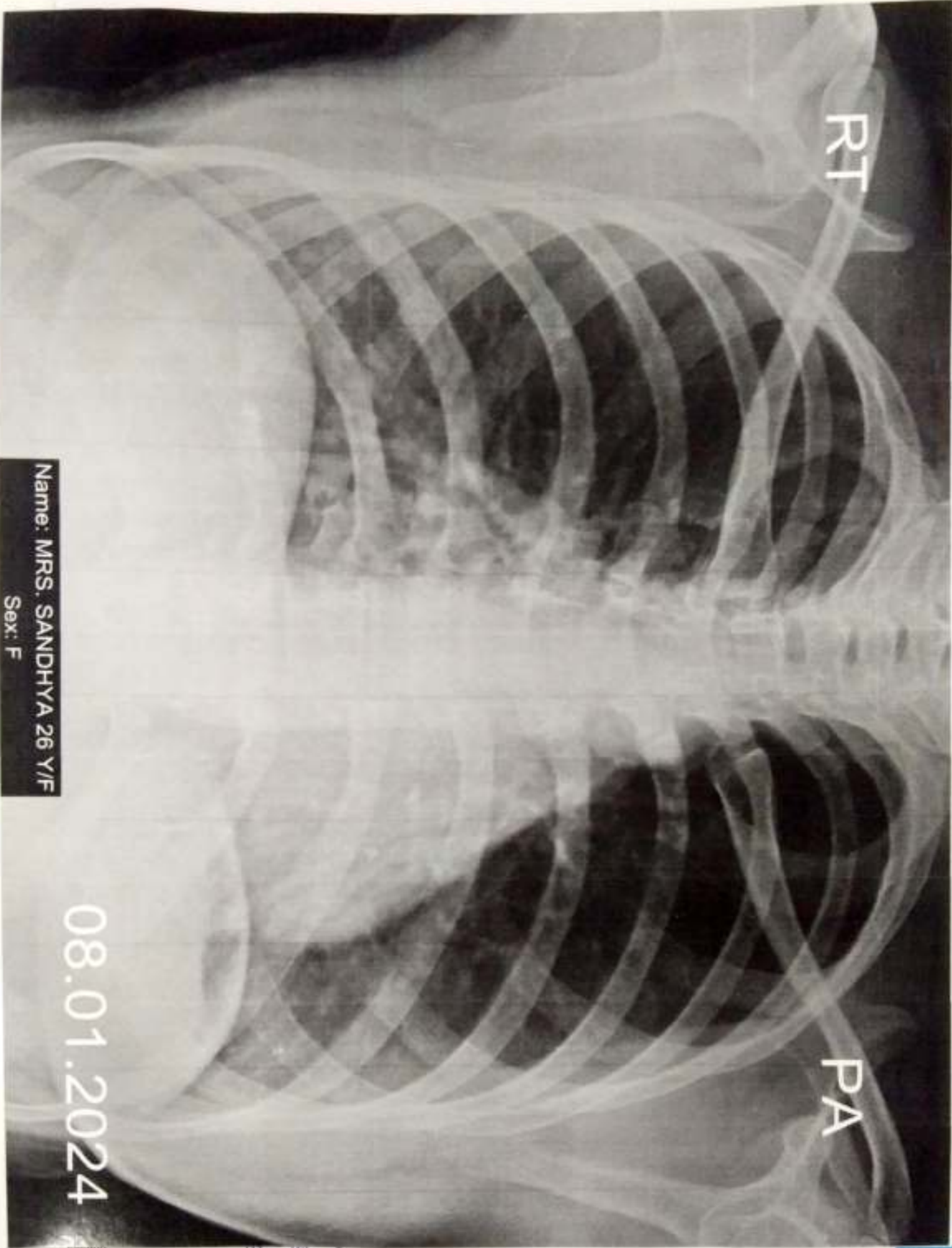
- Bilateral Lungs Fields Appear Clear.
- Bilateral Hilar Shadows Appear Clear.
- Bilateral CP Angels Appear Clear.
- Both The Domes Of Diaphragm Appear normal in shape and position.
- Visualized bony cage and soft tissue appear normal.

IMPRESSION

No Significant Abnormality.

Dr. SANJAY..
CONSULTANT RADIOLOGIST

Empanelled with : State Government, M.P.Police, ESIC, HPCL, Punjab National Bank, Indian Bank
Food Corporation of India, Ayushman Bharat



RT

PA

Name: MRS. SANDHYA 26 Y/F
Sex: F

08.01.2024

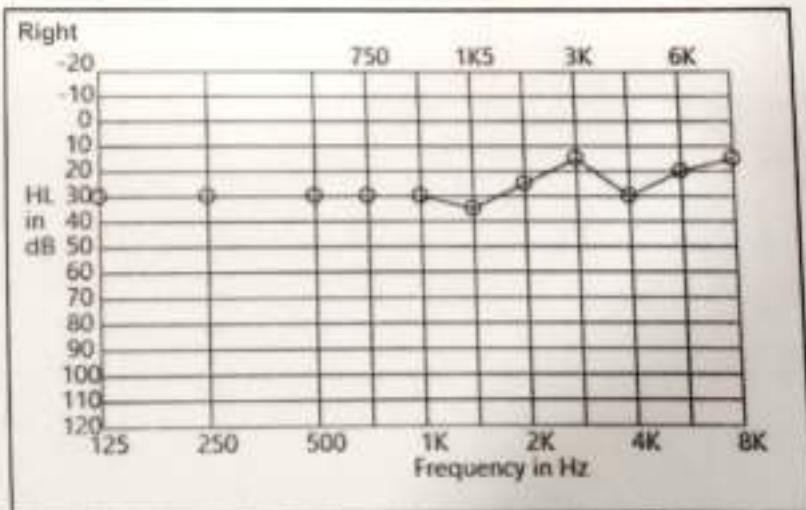
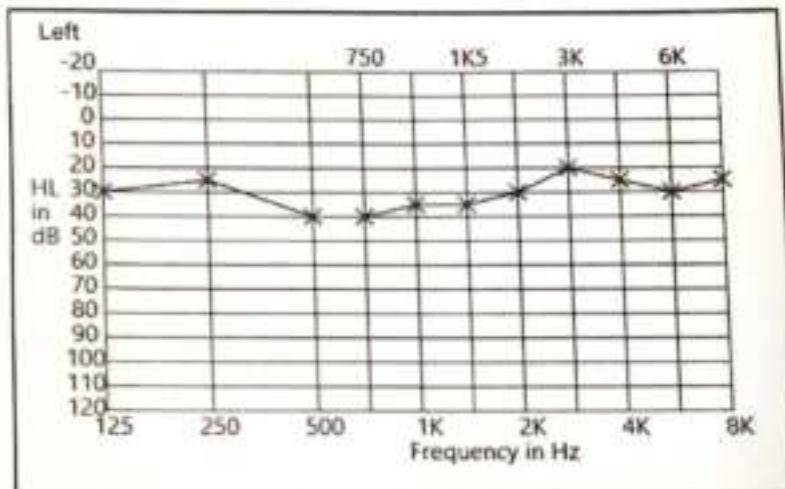
CITI MULTISPECIALITY HOSPITAL

MIG 216. Gautam Nagar

BHOPAL

462023

Name	Case No.	Age	Sex	Phone No.
MRS SANDHYA	22	26	Female	8269903847
Address	Referred By	Date & Time		
NEEMUCH	MEDIWHEEL	08/01/24		



Interpretation *Normal Hearing Study*

Dr. Sabyasachi Gupta
Doctor/Audiologist

Dr. Sabyasachi Gupta
MBS (Gold Medalist), MD (Med), RCGP (U.K.)

INSURANCE

Reg. No. 11671



CITI MULTI SPECIALITY HOSPITAL

MO - 215 216, Gautam Nagar, Govindpura, Bhopal-462023 (M.P.)
Phone No. - 0755 - 4288134
Mobile No. - 7771000660, 8219214684, 9303135719



02/11/2024

SANDHYA
PG/FC

c/o
no. complaint
in GUL



c/c
VA { R.E. - 20/20
L.E. - 20/20

- no. any fresh complaint in Both GUL
- no. water-discharge in GUL
- clear vision in Both GUL

[Signature]



CITI MULTI SPECIALITY HOSPITAL

MIG - 215 216, Gautam Nagar, Goundpura, Bhopal-462023 (M.P.)
Phone No. : 0755 - 4250134
Mobile No. : 7771008600, 8319214604, 9303135719



DIET CHART FOR PATIENTS/ आहार तालिका

Date: 8/01/2024

Dietician Name: Dr. P. P. Verma Email: citimultispecialityhospital@gmail.com
 Patient Name: Mrs. Suresh Diagnosis: _____ Age/Sex: 26. F
 Height (cm): 164 cm Weight (Kg) 56 BMI 19.9
 Type of Diet: High protein, Low salt
 Total Kcal: _____ Kcal/day Total Protein: 9-3 g/day
 Total Fat: 2-4 g/day Total Fluids: 4-5 Liter

Tea चाय/ Milk दूध / coffee काफी / Biscuit बिस्किट/ Toast टोस्ट / Bread ब्रेड (मेहू वाली)	<u>Breack.</u> <u>Tea. coffee.</u> <u>Biscuit. मेहू.</u> <u>upm idli.</u> <u>dry fruit.</u> <u>hence roti rice.</u> <u>curd. Seefcel.</u> <u>Sebji</u>
Milk दूध/ Soup सूप/ Poha पोहा/ Daliya दलिया/ bread ब्रेड + Egg अंडा / Idli इडली / Upma उपमा / आलू परांठा/ फनीर	
Roti रोटी / Rice चावल (साठ रहित) / Khichri खिचड़ी / Sabji सब्जी / Dal दाल / Curd दही (ताजा) / Salad सलाद	
Fruit फल / अंकुरित जनाव (सूय/चना/मोड़) / Sattu सतु / Fruit Chaat फ्रूट चाट / Coconut Water नारियल पानी / Butter Milk बटर	
Tea चाय/ Milk दूध / coffee काफी / Chana + Puffed Rice चना + मूसुरा / Dhokla डोकला / Uttapam उत्तापम / Cheela चीला / Green Chutney हरी चटनी/ मखाने	<u>DINNER :-</u> <u>Khichdi</u> <u>Dry paneer</u> <u>milk</u>
Roti रोटी / Rice चावल / Khichri खिचड़ी / Sabji सब्जी / Dal दाल / Curd दही (ताजा) / Salad सलाद/ Daliya दलिया	
Milk दूध/ Butter Milk बटर / Dry fruit / Milk Shake मिस्क शेक / Fruit फल / बादाम + अखरोट	
Only Oil : <u>1-1.5</u> gm/day <u>Tea spoon</u>	Salt नमक: <u>2-3</u> gm/day 5 gm = 1 चम्मच (छोटा)
Ghee : <u>2-3</u> gm/day	

Empanelled with : State Government, M.P. Police, ESIC, HPCL, Punjab National Bank, Indian Bank Food Corporation of India, Ayushman Bharat

संतुलित आहार व नियम

- आहार 2 बार के स्थान पर 4 से 6 भाग में विभाजित करके खाये, पेट भर न खाये तथा बहुत भूख लगाने की राह मौं देखें।
- भोजन हमेशा सीधे बैठकर धीरे - धीरे अच्छे से चबाकर खाये तथा भोजन के समय टी.वी. न देखें।
- रात का भोजन सोने से लगभग 1 से 2 घंटे पहले कर लें तथा भोजन के बाद न तो आराम करें और न ही सीधे झुके।
- यथा संभव सुबह एवं शाम दोनों समय कम से कम आधा घंटा पैदल चले या हल्का व्यायाम करें।
- अपना वजन नियंत्रित रखें एवं मोटापे से बचें, फास्ट फूड के स्थान पर संतुलित आहार लें।

लिवर के स्वास्थ्य हेतु भोजन का चयन :

- गेहूं के आटे में 1:3 के अनुपात में सोयाबीन आटा व चना आटा मिलाकर उपयोग करें।
- खाने के ऊपर से नमक का उपयोग न करें, चिप्स, प्रोसेस्ड चीज, कड़क चाय, काफी, आचार, पापड़, टमेटो केचप, कोक, कार्बोनेटेड ड्रिंक्स का सेवन कम करें एवं अल्कोहल, तम्बाकू का सेवन न करें।
- आहार में अंकुरित अनाज का उपयोग करें, सोया भिन्क तथा नारियल तेल को भोजन में शामिल करें।

नोट :

1. किसी भी चीज में ऊपर से नमक न डालें।
2. अत्यधिक तेज मसालों का उपयोग न करें।
3. अत्यधिक तली हुई चीजें जैसे समोसा, कचोरी, सेब, पपड़, भजिया, आदि का उपयोग न करें।
4. खाने में अंकुरित अनाज, सोयाबिन, पनीर, दालें, दूध व दूध से बने पदार्थ, सचू पाउडर, सिके चने आदि का उपयोग करें।



CITI MULTI SPECIALITY HOSPITAL

MIG -215 216, Gautam Nagar, Govindpura, Bhopal-462023 (M.P.)
Phone No. : 0755 - 4250134
Mobile No. : 7771008660, 8319214664, 9303135719



Name of Patient : MRS. SANDHYA
Age/Sex : 26YEAR/F
Date : 08/01/2024

USG ABDOMEN

Liver : The liver is normal in size, shape, and normal in echogenicity. No intra hepatic biliary radical dilation seen.

Gall Bladder : Gall bladder Normal in size shape and echotexture .

Spleen . Normal in size, shape and echotexture.

Kidneys : Both the kidneys are normal in size, shape, axis and position. Cortico medullary differentiation are both kidney fine concretion .

Urinary bladder : Normal size, shape and echotexture.

Uterus & Ovaries: Normal in size, shape and echotexture

Pancreas : Normal in size, shape and echotexture.

IVC & ABDOMINAL AORTA:-IVC and abdominal aorta are normal.

Retroperitoneum: No lymphadenopathy seen. No free fluid or ascites seen.

IMPRESSION:

NORMAL STUDY

CONSULTANT RADIOLOGIST

For Emergency Contact: 7771008660

Sister Concern: Citi Hospital, 115 Zone II MP Nagar, Bhopal 462011, Ph: 0755-487772- 73

Empanelled with : State Government, M.P.Police, ESIC, HPCL, Punjab National Bank, Indian Bank
Food Corporation of India, Ayushman Bharat



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CITI MULTI SPECIALITY HOSPITAL

MIG -215 216, Gautam Nagar, Govindpura, Bhopal-462023 (M.P.)
Phone No. : 0755 - 4255134
Mobile No. : 7771008660, 5319214664, 5303135715



NAME:-SANDHYA

AGE – 26Y/F

REF: BY- MEDIWHEEL

DATE- 08/01/2024

2D- ECHO COLOUR DOPPLER EVALUATION:-

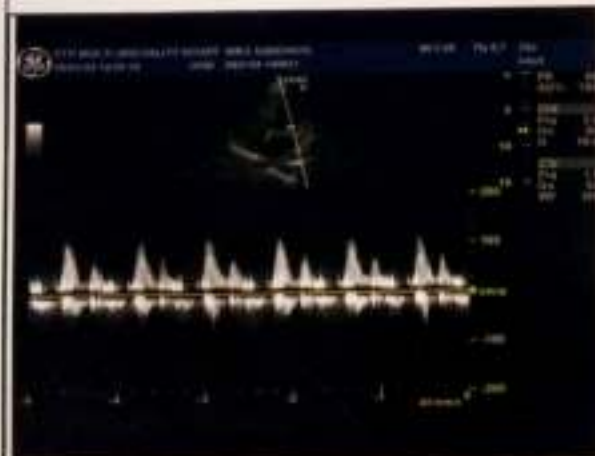
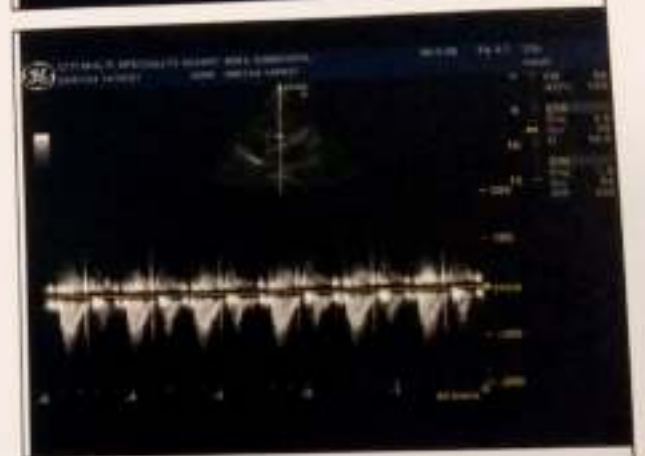
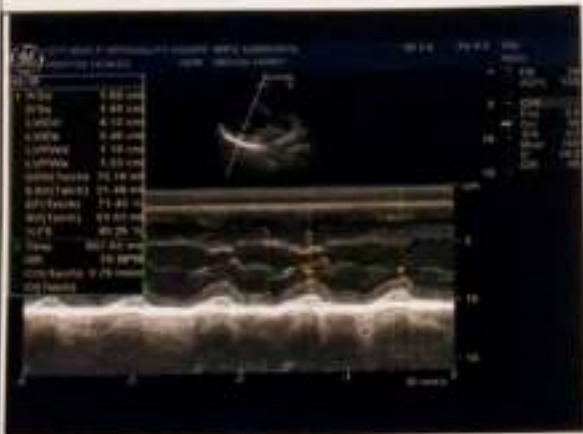
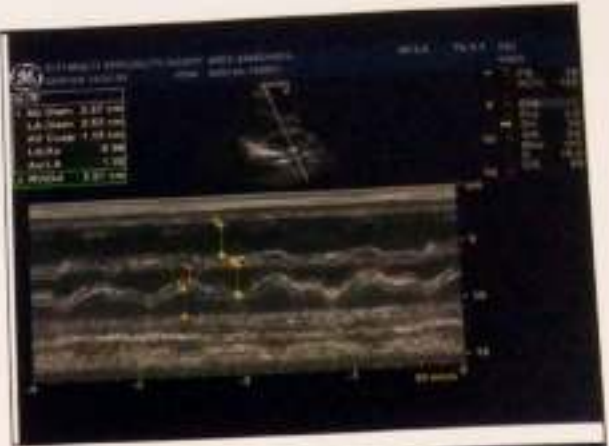
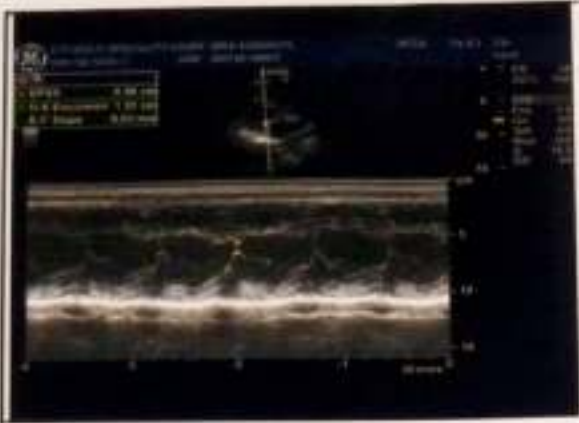
- ❖ Normal great vessel relationship
- ❖ ALL cardiac valve are normal
- ❖ Normal Four chambered heart
- ❖ Normal LV size normal LV function LVEF-71%
- ❖ No intracardiac shunt
- ❖ No LV thrombus or clot seen
- ❖ No Pericardium effusion
- ❖ FINAL IMPRESSION
- ❖ Normal LV size normal LV function LVEF-71%

DR. S. S. GUPTA (M.D.)

CONSULTANT ECHOCARDIOLOGIST

For Emergency Contact: 7771008660

Sister Concern: Citi Hospital, U5 Zone II MP Nagar, Bhopal-462011, Ph. 0755-48772802
Empanelled with : State Government, M.P. Police, ESIC, HPCL, Punjab National Bank, Indian Bank
Food Corporation of India, Ayushman Bharat



CITI MULTI SPECIALITY HOSPITAL
MIG-215-216 GAUTAM NAGAR GOVINDPURA, BHOPAL
MOB-7987913713

Name: MRS SANDHAYA

Patient Id: 080124-140031

Date: 06/01/2024

Birthdate: 01/01/1998

Sex: Female

Accession #:

Perf. Physician:

Ref. Physician:

Operator: ADM

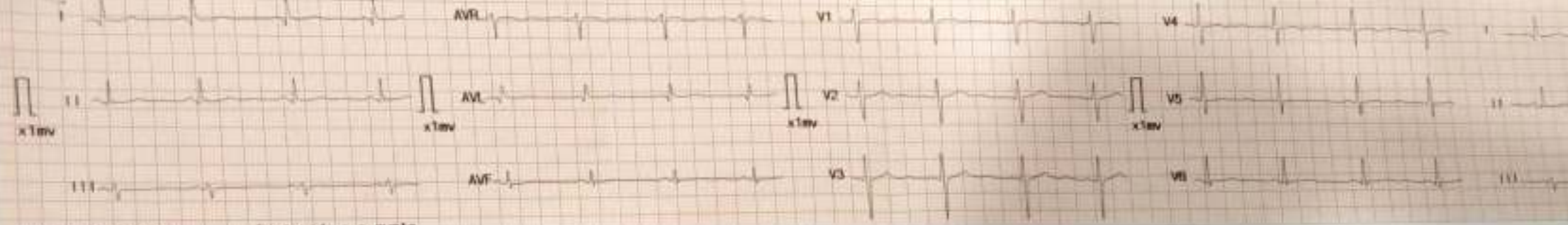
M-MODE & PW

D-E Excursion	1.23 cm
E-F Slope	0.03 m/s
EPSS	0.86 cm
Ao Diam	2.57 cm
LA Diam	2.52 cm
AV Cusp	1.12 cm
LA/Ao	0.98
Ao/LA	1.02
RVIDd	2.57 cm
IVSd	1.02 cm
LVIDd	4.12 cm
LVPWd	1.18 cm
IVSs	1.55 cm
LVIDs	2.46 cm
LVPWs	1.23 cm
EDV(Teich)	75.10 ml
ESV(Teich)	21.48 ml
EF(Teich)	71.40 %
%FS	40.26 %
SV(Teich)	53.62 ml
Time	857.62 ms
HR	70 BPM
CO(Teich)	0.00 l/min

Print Da



ID: 20240108135641 Name: Mrs. Sandhya 25mm/s 0.5-35Hz AC: off 10mm/mv



Organization: csh Doctor: dr. s. s. Gupta



ID: 20240128126641
 Name: Mr. Sandeep
 Sex: Female
 Age: 26
 HR: 72
 PR: 124
 QT: 392/407
 P/QTc: 53/28/44
 RS/SQT: 0.741/-0.509 mV
 SRS/SQT: 0.132
 QTcF: 0.446

007 S: Normal Sinus Rhythm
 ECG Interpretation: ECG
 175, Mipha, Anuradha, EDG

Dr. SARYASACHIN CHETANI
 Senior Consultant
 Cardiology
 Performance Report Generated by:

01-08-2024 13:57:00

Report it.

3. Call for help


4. Get treated

5. ID source patient

6. Get follow-up care

- Dispose of sharps disposal containers.
- Complete annual blood borne pathogen training.
- Get your hepatitis B vaccines.
- Report all sharp related injuries to supervisor & insure appropriately.
- OSHA Program information in the office of occupational health & safety.



 **GPS Map Camera**



Google

Bhopal, Madhya Pradesh, India
6CMR+XFG, Gautam Nagar, Housing Board Colony, Bhopal, Madhya Pradesh 462023, India
Lat 23.235029°
Long 77.441163°
08/01/24 09:54 AM GMT +05:30