



RIDDHI

DIAGNOSTICS PVT. LTD.

Miss PRIYANKA CHETRY

Reference: SELF.

VID: 600100/2637

PID NO. 202391117419

AGE 32 Y / SEX Female

Sample Received on/at:

09/11/2023 12:13PM

Reported on/at

09/11/2023 01:59PM

These report are machine generated for assisting medical professionals in their diagnosis and treatments. Findings should be co-related clinically. This is not valid for medico-legal purposes / evidences.

CBC Haemogram

Haemoglobin(Hb)	12.2	gm/dl	11-15
Erythrocyte (RBC) Count	4.56	mill/cu.mm.	3.0-6.0
PCV (Packed Cell Volume)	36.5	%	36-45
MCV (Mean Corpuscular Volume)	80.0	fL	78 - 92
MCH (Mean Corpuscular Haemoglobin)	26.8	pg	27 - 32
MCHC (Mean Corpuscular Hb Concn.)	33.4	g/dl	32 - 36
Total Leucocytes Count (TLC)	7100	cells/cu.mm.	4000 - 11000
Differential Leucocyte Count (DLC)			
Neutrophils	58	%	40-75
Lymphocytes	37	%	20-45
Monocytes	03	%	2 - 10
Eosinophils	02	%	1 - 6
Basophils	00	%	0 - 1
Absolute Neutrophil count	4118	/cu.mm	2000-7000
Absolute Lymphocyte count	2627	/cu.mm	1000-3000
Absolute Eosinophils Count	142	/cmm	20-500
Absolute Monocyte count	213	/cu.mm	200-1000
Absolute Basophil count	0	/cu.mm	20-100
Platelets			
PLT Count	210,000	/cmm	150,000- 450,000


Remarks (CBC)

EDTA Whole Blood - Tests done on Automated Five Part Cell Cellenium 5D Retic.
(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.

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Checked By
Sr. Technician

Page 7 of 8


Dr. Digvijay Singh
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HAEMATOLOGY

Investigation	Observed Value	Unit	Biological Reference Interval
ESR- Erythrocyte Sedimentation Rate			
ESR- Erythrocyte Sedimentation Rate	12	mm/hr	0 - 15
(Citrate Blood)			

Method: Westergren manual

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. Also increased in pregnancy, multiple myeloma, menstruation & hypothyroidism

Blood Group ABO & Rh Typing

(EDTA Whole Blood)

Blood Group (ABO Typing)	"A"
RhD factor (Rh Typing)	POSITIVE

HbA1c (Glycosylated Haemoglobin)

HbA1C-Glycated Haemoglobin	5.8	%	Less than 5.7% Non-diabetic Prediabetes 5.7% to 6.4% Diabetes 6.5% or Higher 6.4 to 7% Excellent control 7 to 8% fair to good control 8 to 10% Unsatisfactory control
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Estimated Average Glucose (EAG) 119.76

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.

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BIOCHEMISTRY

Investigation	Observed Value	Unit	Biological Reference Interval
Creatinine (Serum, Jaffe)	0.9	mg/dl	0.6-1.2

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BUN Urea Nitrogen Serum

BUN-Blood Urea Nitrogen (Serum, Urease)	13.6	mg/dl	7 - 20
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Remark: In blood, Urea is usually reported as BUN and expressed in mg/dl. BUN mass units can be converted to urea mass units by multiplying by 2.14.

FBS (Fasting Blood Sugar)

Glucose- Fasting	88	mg/dl	Normal: 70-99 Impaired Tolerance: 100-125 Diabetes mellitus: \geq 126
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(on more than one occasion) (American diabetes association guidelines 2018)

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Lipid Profile

Cholesterol - Total	135	mg/dl	Desirable: < 200 Borderline High: 200-239 High: >= 240
Triglycerides level	115	mg/dl	40 - 140
HDL Cholesterol	49	mg/dl	Major risk factor for heart disease: < 35 Negative risk factor for heart disease :>800
LDL Cholesterol	63	mg/dl	Optimal:< 100 Near Optimal :100 – 129 Borderline High : 130-159 High : 160-189 Very High : >=190
VLDL Cholesterol	23	mg/dl	6 - 38
LDLC/HDLC Ratio	1.29		2.5 - 3.5
TCH/HDLC Ratio	2.76		0-5.0

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PP (Glucose-Post Prandial)

Glucose -Post prandial	109	mg/dl	Normal: 70-139 Impaired Tolerance: 140-199 Diabetes mellitus: >= 200
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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.

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Uric Acid

Uric Acid	5.41	mg/dL	2.6 - 6.2
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BUN/Creatinine Ratio

BUN/Creatinine Ratio 15.1 10-20:1

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LFT-Liver Function Test

Bilirubin - Total (Serum, Diazo)	0.39	mg/dl	0.1 - 1.2
Bilirubin - Direct (Serum, Diazo)	0.14	mg/dl	0 - 0.2
Bilirubin (Indirect) (Serum, Calculated)	0.25	mg/dl	0 - 1
Total Proteins (Serum, Biuret)	7.22	g/dl	6.6-8.8
Albumin (Serum, Bromocresol green)	3.89	g/dl	3.5 - 5.2
Globulin (Serum)	3.33	g/dl	1.8 - 3.6
A/G Ratio (Serum)	1.17	%	1.1 - 2.2
SGOT (AST) (Serum, Enzymatic)	15	U/L	0 - 31
SGPT (ALT) (Serum, Enzymatic)	22	U/L	0 - 34
Alkaline Phosphatase (Serum, pNPP)	93	U/L	35 - 104
Gamma-glutamyltransferase (GGT)	21	U/L	<32

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IMMUNOASSAY


Investigation	Observed Value	Unit	Biological Reference Interval
Thyroid Panel-1(T3T4TSH)			
T3	1.42	ng/mL	0.69 - 2.15
T4	107	ng/ml	52 - 127
TSH	3.16	uIU/ml	0.3 - 4.5

Method: CLIA

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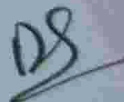
Stool Routine Microscopic

Colour	Greenish Yellow	Straw
Consistency	Semisolid	
Reaction (pH)	5.5	5.0 - 8.0
Blood	Absent	Absent
Mucus	Absent	
Ova	Ova not seen.	Absent
Cyst	Absent	Absent
Fat Globules	Present	Absent
Pus Cell.	0-2 /hpf	1-5
RBCs (STOOL)	Nil / hpf	
Bacteria	Absent	Absent

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NAME	MRS. PRIYANKA CHETRY	AGE/SEX	32Y/FEMALE
REF BY.	DR. SELF	DATE	09- 11- 2023

X-RAY CHEST PA VIEW

FINDINGS :-

Suboptimal evaluation due to under exposed x-ray.

The lungs on the either side show equal translucency.

The peripheral pulmonary vasculature is normal.

No focal lung lesion is seen.

Bilateral CP angles are normal.

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.

The cardiac size is normal.

The domes of the diaphragms are normal in position, and show smooth outline.

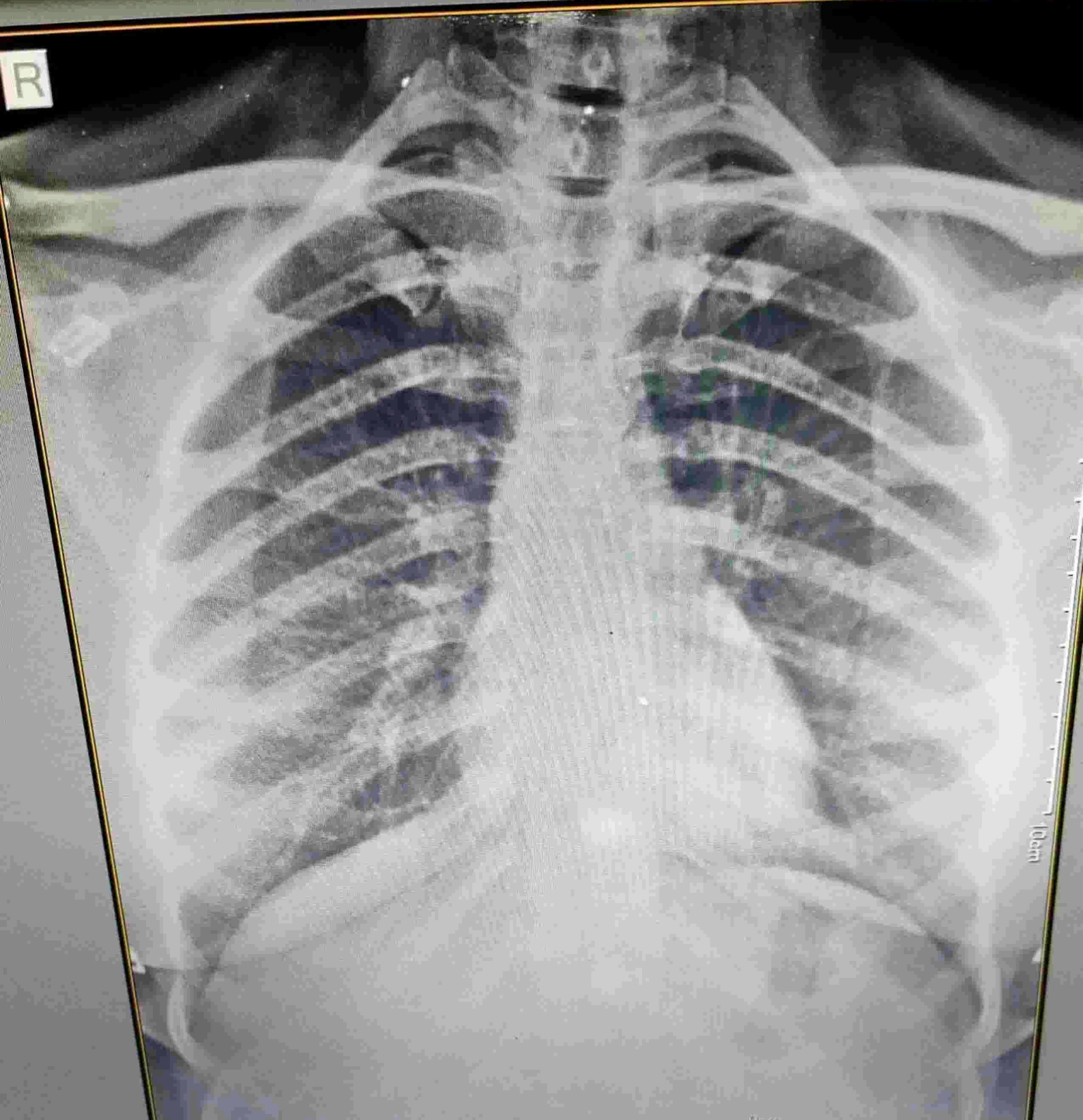
IMPRESSION :- No significant abnormality detected.

ADVICE :- Clinical correlation and follow up.

Dr. Avinash. Rathod.
MBBS, DMRD.
Consultant Radiologist
Reg.no 2011/05/1616.

Disclaimer: It is an online interpretation of medical imaging based on clinical data. modern machines/procedures have their own limitation. If there is any clinical discrepancy, this investigation may be repeated or reassessed by other tests. Patients identification in online reporting is not established, so in no way can this report be utilized for any medico legal purpose. Any error in typing should be corrected immediately.

R



CHEST PA
MRS. PRIYANKA,
SELF

35Y Female

09/11/2023 10:11:53 AM

09-11-2023 11:09:43

ID: 49

priyanka chetry
Male
Years
Req. No. :

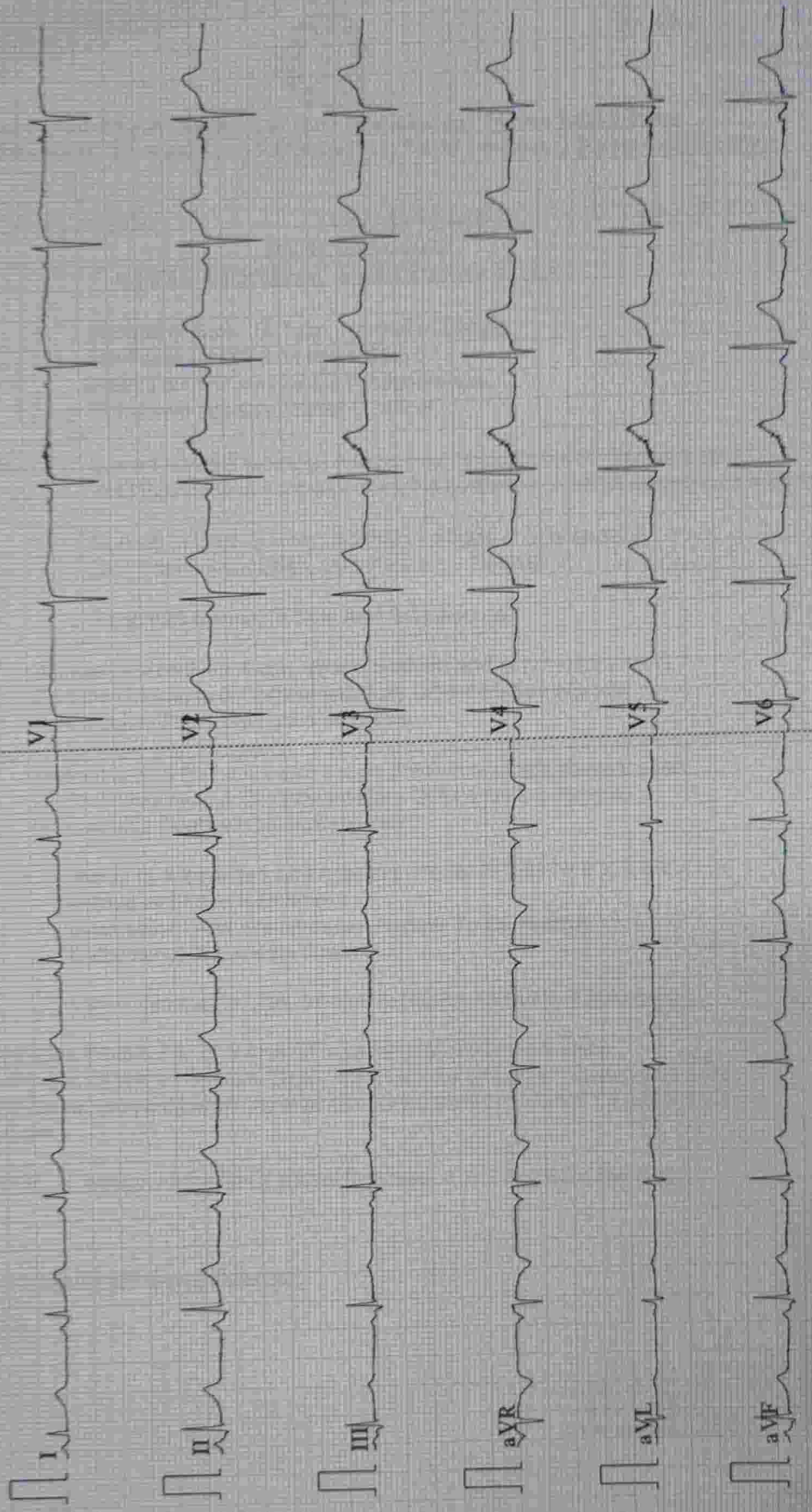
HR : 72 bpm
P : 94 ms
PR : 120 ms
QRS : 74 ms
QT/QTcBz : 394/432 ms
P/QRS/T : 43/60/51 °
RV5/SV1 : 0.975/0.857 mV

Diagnosis Information:

Sinus rhythm
Normal ECG

Report Confirmed by:

S. S. S.
20/11/2023



ANUSHKA DIAGNOSTICS

Dr. Prashant S. Barpande
Consultant Radiologist
M.B.B.S, D.M.R.D
D.N.B. (Radiodiagnosis), M.N.A.M.S.
Reg. No.: CGMC-3232/2010



Dr. Chitangi P. Barpande
Consultant Pathologist
MBBS, MD (Pathology)
Msc. (Medical Biochemistry)
Reg. No.: CGMC-3298/2011

Near Ganesh Chowk, Besides Lav Kush Phal Bhandar, Balram Talkies Road,
Nehru Nagar, Bilaspur (C.G.) Mobile : +91 7720044949, E-mail : anushka.diagnostics@gmail.com

NAME : PRIYANKA CHETRY AGE : 35 YEARS SEX : F
REF. BY : RD DATE : 09-11-2023


WHOLE ABDOMINAL SONOGRAPHY STUDY :

- LIVER** : Normal in Size- 14.1 cm, Normal in Shape.
No Focal Or Diffuse Lesion Seen.
IHBR's & CBD are Normal in Appearance.
Portal vein appears normal in caliber.
- GALL BLADDER** : Lumen Is Well Distended & Echo free. No Calculus Or Sludge Is Seen.
Wall thickness is normal(2 mm). No evidence of pericholecystic collection.
- SPLEEN** : Normal In Size- 9.5 cm, Normal In Shape & Echotexture.
No Focal Lesion Seen. Splenic Vein – Normal.
- PANCREAS** : Pancreas Normal In Size And Echotexture.
- RIGHT KIDNEY** : Normal in size(9.4 x 4 cm) shape position and echotexture seen.
Cortical Thickness & Corticomedullary Differentiation Normal.
No Calculus Seen. No Hydronephrosis.
- LEFT KIDNEY** : Normal in size (9.1 x 4.2 cm) shape position and echotexture seen.
Cortical Thickness & Corticomedullary Differentiation Normal.
No Calculus Seen. No Hydronephrosis.
- UTERUS** : Uterus Is Anteverted And Appears normal In Size- 6.9 X 3.2 X 4 cm.
Normal In Shape & Echotexture.
Myometrium And Endometrium Appear To Be Normal.
Endometrial Thickness- 6 mm.
- OVARIES** : Appear Normal In Size. Normal In Shape And Echo Morphology.
- Cervix Appears Normal. No Evidence Of Adenexal Mass Lesion Seen.
 - No Free Fluid In Pouch Of Douglas Seen. No Evidence Of Lymphadenopathy Seen.
 - Visualized Bowel Loops Appears Normal. No Sonographic Evidence Of Appendicitis In Present Scan.
- URINARY BLADDER** : Shows Normal Uniform Wall Thickness- 4 mm. And Echo free Lumen.

IMPRESSION :

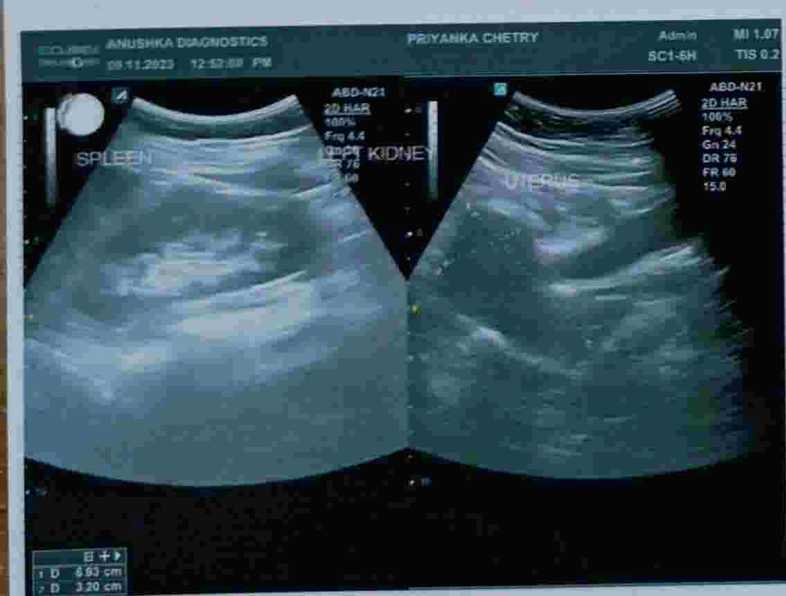
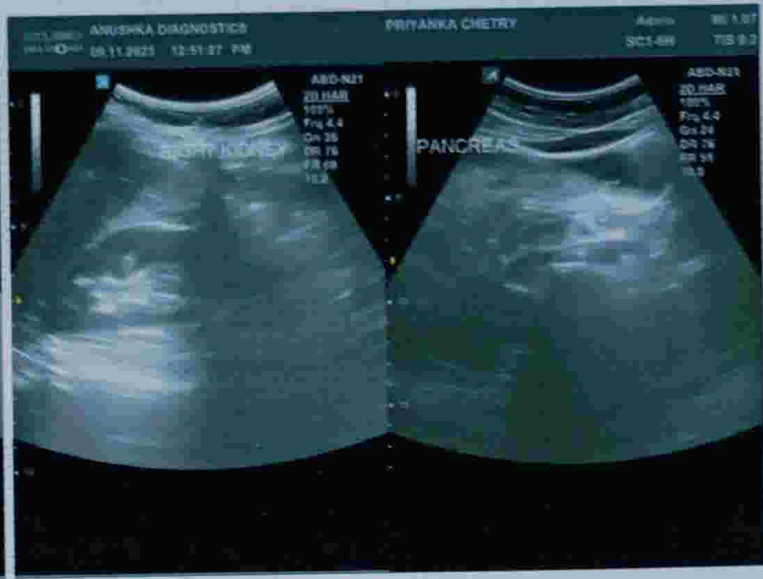
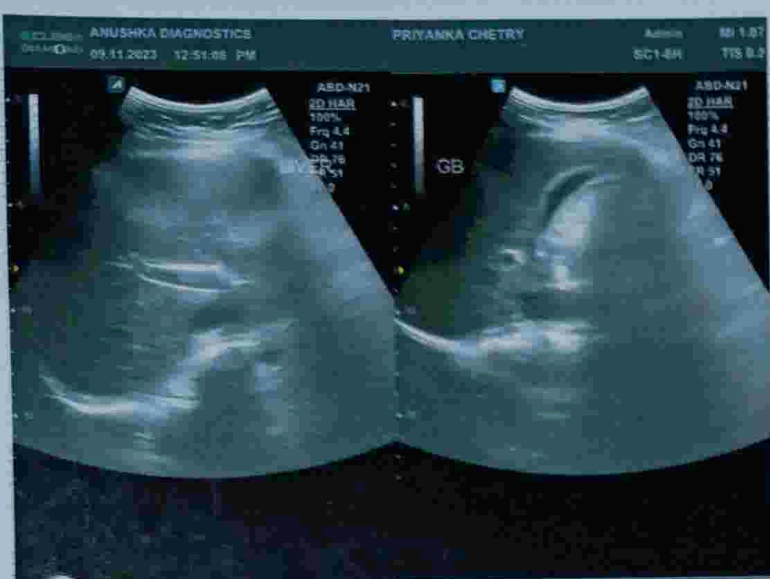
- No Abnormal Sonographic Finding Detected.

Thanks For Referral.


DR. PRASHANT S. BARPANDE
MBBS, D.M.R.D, DNB (RADIO DIAGNOSIS)
M.N.A.M.S., CONSULTANT RADIOLOGIST
REG. NO.- CGMC-3232/10



बेटी बचाओ - बेटी पढ़ाओ



MAX CLINIC

DR ASHISH KUMAR SHARMA CARDIOLOGY

7827762050

Fax

Patient Information

ID:	RIDHI_DIAGNOSTICS				
Name:	PRIYANKA	Birthdate:	01/01/1988	Exam Date:	20/11/2023
Age:	35	Sex:	F	Referring MD:	

Measurements

M

Teichholz (M)

IVSd	1.00 cm	LVIDd	3.95 cm	LVPWd	0.80 cm
IVSs	1.25 cm	LVIDs	2.50 cm	LVPWs	1.40 cm
EDV	67.94 cm ³	ESV	22.32 cm ³	SV	45.62 cm ³
EF	67.14 %	FS	36.71 %	LV Mass-c	107.49 g

Ao/LA (M)

Ao Dm	2.70 cm	LA Dm	3.30 cm	LA/Ao	1.22
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Comments

Normal chamber size and wall thickness.
No left or right ventricular hypertrophy.
Satisfactory LV and RV systolic function.
No regional wall motion abnormality. Estimated LVEF-67 %.
Normal cardiac valves. Aortic valve tri-leaflet. No significant valvular dysfunction.
Normal left ventricular diastolic function.
Trace tricuspid regurgitation signal to estimate pulmonary artery pressure-N
No intra-cardiac mass or thrombosis.
Atrial septum intact. No intra-cardiac shunt.
Aortic root and arch not dilated.
No coarctation of aorta. No pericardial effusion.

Imp: Normal echocardiographic findings.

Referring MD:

Operator



Print Date : 20/11/2023



MRS PRIYANKA CHETRY

AGE: 32 YRS / FEMALE

MARITAL STATUS: MARRIED

Blood Pressure : Systolic: 110 Diastolic 80 Pulse:74

SPO2: 99

Height: 157cm

Weight: 63.2 Kg

Chest: E89 I91 cm

Hip: 88cm

ABD:79cm

ANNUAL HEALTH CHECKUP REPORTS AND ANALYSIS

PATHOLOGY	TESTS	VALUES	REMARK
CBC	Hb%	12.2	Normal
	TLC	7100	Normal
	DLC	WNL	Normal
	RBC	4.56	Normal
	WBC	WNL	Normal
	BLOOD INDICES	WNL	Normal
	PLATLET COUNS	210000	Normal
ESR		12	Normal
BLOOD GROUP		A POSITIVE	
SUGAR	FASTING	88	WNL
	PP	109	WNL
HbA1C		5.8%	WNL
BUN / CREATININE RATIO		15.1	WNL
BUN/UREA		13.6	WNL
LIPID PROFILE	CHOLESTEROL	135	WNL
	TRIGLYCERIDE	115	WNL
	HDL,LDL,VLDL,& RATIO	49/63/23/1.29/2.76	WNL
Total Thyroid Function	T3	1.42	WNL
	T4	107	WNL
	TSH	3.16	WNL
Liver Finction Test	ALK PHOSPHATE	93	WNL
	SGOT	15	WNL
	SGPT	22	WNL
Kidney Function SR CREAT		0.9	WNL
	URIC ACID	5.41	WNL
URINE SUGAR PP		ABSENT	WNL
URINE SUGAR FASTING		NIL	WNL
URINE R/M		WNL	Normal
RADIOLOGY			
ECG		NORMAL STUDY	✓
XRAY Chest		NO SIGNIFFICANT ABNORMALITY DETECTED	✓
		NO ABNORMAL SONOGRAPHIC FINDING DETECED	✓
USG		DETECED	✓
2D ECHO/TMT		NORMAL STUDY	✓
USG MEMO		---	
CONSULTATION			
PHYSICIAN		DONE	
OPHTHAL		DONE	✓ COLOR VISION NORMAL, FAR VISION RT EYE 4/6 FAR VISION LT EYE 6/6, NEAR VISION NORMAL.
DENTAL			
GYNAECOLOGIST		---	

Dr. VATSAL SINGH
CIMS, Bilaspur (C.G.)
CGMC-8519/2018