

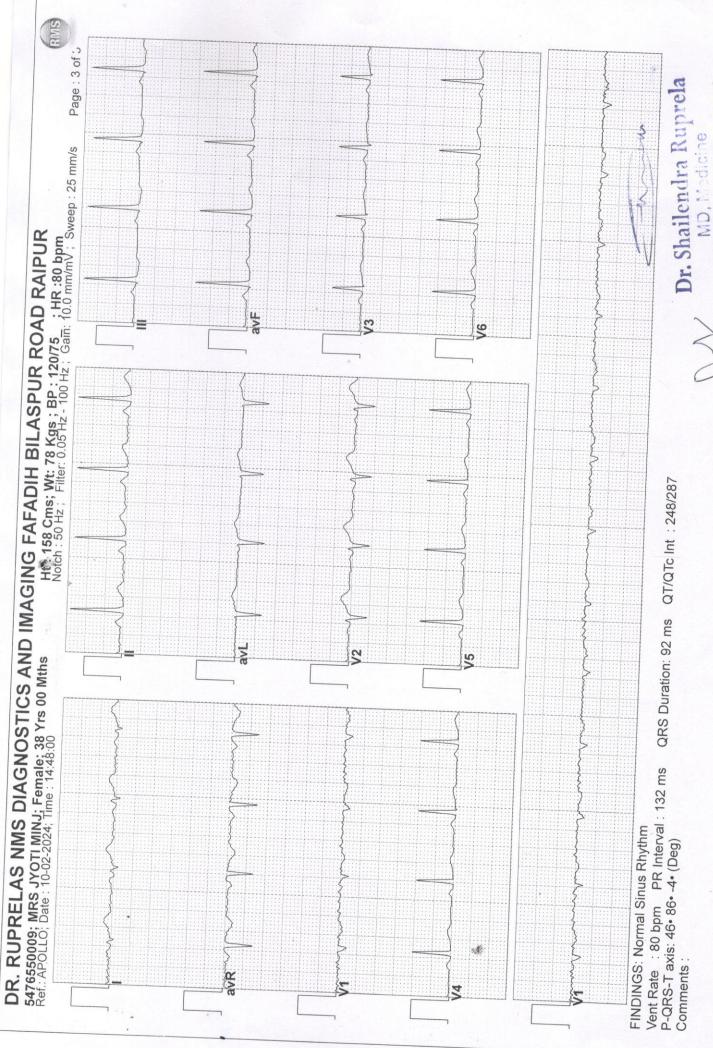


Dr. Shailendra Ruprela

Reg. No.: GG MC-511/2006







Reg. No.: CG MC-511/2006

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NAME

MRS. JYOTI MINJ

AGE/SEX

38 Y/F

REFERRED BY: ARCOFEMI HEALTHCARE LTD.

DATE

10.02.2024

PERIPHERAL SMEAR EXAMINATION

RBC: Macrocytic normochromic.

WBC: Total counts within normal range. No toxic granulation seen.

Band cells-9%, Neutrophils-46%, Lymphocytes-43%, Monocytes-2%.

Platelets: Appears adequate on smear.

Haemoparasite: No haemoparasite seen.







MRS. JYOTI MINJ

DATE: 10.02.2024

AGE: 38

SEX: FEMALE

HEIGHT: 158 cms

WEIGHT: 78 kgs

BMI: 31.1

BLOOD PRESSURE: 129/68 mmhg

MEDICAL HISTORY: NOT SIGNIFICANT

ADVICE:

- 1. DRINK MINIMUM 10 GLASSES OF WATER.
- 2. EXERCISE/BRISK WALK FOR MINIMUM 50 MINS DAILY.
- 3. INCREASE INTAKE OF FIBRE LIKE SALAD, FRUIT, SPROUTS.
- 4. TAKE GOOD SLEEP FOR 7-8 HOURS DAILY.
- 5. AVOID SPICY AND DEEP FRIED FOOD.
- 6. AVOID ALCOHOL, SMOKING, NICOTINE.
- 7. AVOID STRESS.
- 8. RELAX AND BE HAPPY.

DR. RASHI SALUJA **CONSULTANT DIETICIAN**

FAFADIH, NEAR OVER BRIDGE, RUPRELA MARG (SINCE 1937), RAIPUR (C.G.) Ph.: 0771-4048886, 2888800, Mob.: 9406396296, Email: nmsdiagnostic.service@gmail.com, Website: www.nmsdiagnostics.co.in











THIS IS TO DECLARE THAT MRS. JYOTI MINJ AGE 38 YEAR/FEMALE HAS UNDERGONE GYNAECOLOGICAL EXAMINATION ON 10.02.2024 DURING HER EXAMINATION NO ABNORMALITIES WERE DETECTED.

HEIGHT:158cms,

WEIGHT: 78kg,

BP: 129/68 mmhg,

NO MENSTRUATION IRREREGULARITIES.

NO DISCHARGE / ITCHING PER VAGINA.

SHE APPEARS TO BE HEALTHY.

DR.PRIYANKA JAIN

MD(OBS. & GYNAE.)

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TO WHOM SO EVER IT MAY CONCERN

THIS IS TO DECLARE THAT MRS. JYOTI MINJ AGE-38/F HE UNDERGONE ENT EXAMINATION ON 10/02/2024. DURING HIS EXAMINATION NO SOFT AND HARD TISSUE ABNORMALITIES WERE DETECTED IN THE EAR, NOSE AND THROAT. NO DISCHARGE FOUND. NO SIGNIFICANT HISTORY.

NO LYMPH NODES WERE TENDER AND PALPABLE.

AIR AND BONE CONDUCTION TEST WERE NEGATIVE.

ADVISE: MAINTAIN GOOD HYGIENE AND FOLLOW UP

Dr. Anoop Rekha Mudgal
MS, ENT
Reg. No.: CGMC- 5083/2014

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TO WHOM SO EVER IT MAY CONCERN

THIS IS TO DECLARE THAT MRS. JYOTI MINJ AGE 38 Y/F HAS UNDERGONE DENTAL EXAMINATION ON 10.02.2024.

DURING HER INTRAORAL EXAMINATION NO HARD AND SOFT TISSUE ABNORMALITIES WERE DETECTED.

NO CAVITIES DETECTED.

CALCULUS +

STAINS +

HER EXTRAORAL EXAMINATION REVEALS NO ABNORMALITY.

ADVISE: ORAL PROPHYLAXIS,

MAINTAIN GOOD ORAL HYGIENE,

FOLLOW UP,

BRUSH TWICE DAILY.

Or. Poonam Ruprela
Consultant Dental Surgeon
CGDC/15/G/2169



TO WHOM SO EVER IT MAY CONCERN*

THIS IS TO DECLARE THAT MRS. JYOTI MINJ AGE 38 YEAR/FEMALE HAS UNDERGONE MEDICAL EXAMINATION ON 10.02.2024 DURING HER GENERAL EXAMINATION NO ABNORMALITIES WERE DETECTED.

SHE WAS FULLY ORIENTED , NO DISABILITY WITH NORMAL GAIT.

NO SIGNS OF PALPABLE OR ENLARGED LYMPH NODES.

NO GROWTH / SWELLING OBSERVED.

HER VITALS PARAMETERS ARE HEIGHT: 158cms, WEIGHT: 78kg, BP: 129/68mmhg,

HR: 69 bpm, BMI: 31.1

HER BOWEL HABITS ARE REGULAR. NO BURNING DURING MICTURITION.

ALL REFLEXES WERE NORMAL.

NO ABNORMALITIES WERE DETECTED DURING PALPATION, PERCUSSION AND AUSCULTATION OF VISCERA.

SHE DOES NOT CARRY ANY COMMUNICABLE/TRANSFERRABLE DISEASE.

SHE APPEARS TO BE PHYSICALLY FIT AND WE WISH HER ALL THE BEST.

Dr. Shailendra Ruprela
MD, Medicine
Reg. No.: CG MC-511/2006

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NAME: MRS. JYOTI MINJ

REF. BY: ARCOFEMI HEALTHCARE LTD.

AGE: 38 Y/F

DATE: 10.02.2024

X-RAY CHEST PA VIEW

- The lungs on the either side show equal translucency.
- The peripheral pulmonary vasculature is normal.
- No focal lung lesion is seen.
- The pleural spaces are normal.
- The cardiac size is normal.
- The domes of the diaphragms are normal in position, and show smooth outline.
- 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.
- **IMPRESSION**: No evidence of pulmonary, pleural or cardiac pathology is noted. Radiograph of chest is within normal limits.

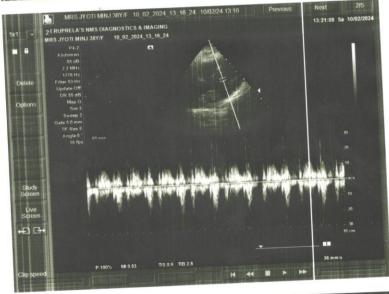
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NAME: MRS. JYOTI MINJ

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AGE: 38 Y/F

DATE: 10.02.2024

SONOGRAPHY OF WHOLE ABDOMEN & PELVIS

The Real time, B mode, gray scale sonography of the abdominal organs was performed.

LIVER: The liver is normal in size, shape and has smooth margins. It is uniformly isoechoic, has normally distributed and normal size biliary and portal radicles and is without solid or cystic mass lesion or calcification.

<u>GALL BLADDER</u>: The gall bladder is seen as a well distended, pear shaped bag with uniformly thin and regular walls, without, gall stones or mass lesions.

COMMON BILE DUCT: The common bile duct is normal in caliber.

PANCREAS: The pancreas is normal in size, shape, contours and echotexture.

No evidence of solid or cystic mass lesion is noted.

KIDNEYS: The kidneys are normal in size and have smooth renal margins.

Cortical echotexture is normal.

The central echocomplex does not show evidence of calculus or hydronephrosis.

URINARY BLADDER: The urinary bladder is well distended. No calculi/mass.

<u>SPLEEN</u>: The spleen is normal in size and shape. Its echotexture is homogeneous. No evidence offocal lesion is noted.

PELVIS: The uterus is anteteverted, & appears normal.

The uterine margins is smooth and does not reveal any contour abnormalities.

The uterine myometrium shows homogeneous echotexture.

The ovaries on the either side show normal echotexture.

The endometrial echo is in the midline.

No adnexal mass is seen.

No fluid is noted in the cul-de-sac.

IMPRESSION:

The sonography of abdomen and pelvis within normal limits.

Thanks for reference with regards.

Kindly NoteBL

Please Intimate us for any typing0 mistakes and send the report for correction within 7 days.

The science of Radiological diagnosis is based on the interpretation of various shadows produced by both the normal and abnormatissues and are not always conclusive. Further biochemical and radiological investigation & clinical correlation is required to enable the clinician to reach the final diagnosis.

The report and films are not valid for medico – legal purpose

Dr. Chhavi Jangde

Reg.No.:CGMC-5516/2014

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NAME: MRS. JYOTI MINJ

REF.BY: ARCOFEMI HEALTHCARE LTD.

AGE/SEX: 38 Y/F

DATE: 10.02.2024

ECHO - CARDIOGRAPHY

normal value (cm)

M-MODE	MEASL	JREMENTS:
--------	-------	-----------

		,	,
Aortic Root	2.	.9	2.0-3.7
Left Atrial Dimension	2.	.8	1.9-4.0
Left Ventricular ED	3.	.7	3.7-5.6
Left Ventricular ES	3.	.2	2.2-4.0
Intervenrticular Septal	ED: 0.8	ES: 0.9	0.6-1.2
LEFT VENT PW	ED: 0.8	ES: 0.9	0.6-1.2

Patient value (cm)

2 D ECHO

All cardiac chambers normal. **CHAMBERS**

NORMAL VALVE

SEPTAE IVS/IAS INTACT

RWMA NO 60 % EF (OVARALL)(LV) **CLOT/ VEGETATION** NIL NIL PER. EFFUSION

CONTINUOUS WAVE & PULSE WAVE DOPPLER

Gradient(mm Hg) Valve Regurgitation

Not Significant Mitral Valve NIL **Not Significant** NIL **Aortic Valve** PASP= **Tricuspid Valve** NIL

Pulmonary Valve Nil **Not Significant**

PULSE WAVE DOPPLER

MITRAL VALVE INFLOW **Waves DT** m sec

IMPRESSION -

- NO RWMA AT REST, LVEF=60%
- NORMAL BIVENTRICULAR FUNCTION
- NORMAL CHAMBERS DIMENSION.
- NO CLOT/VEGETATION/PERICARDIAL EFFUSION.
- **NORMAL VALVES**

MBBS,MD,PGDCC

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Age/Sex :- 38 Y / F

PID No. :- 202410217127099

Name :- Mrs Jyoti Minj

Ref. By. :- ARCOFEMI HEALTHCARE LIMITED

Dr. Ruprela's

NS

Diagnostics & Imagin
"अयुक निरान" स्थास जीवन की ओर...

 Sample Received on/at :
 Reported on/at

 10/02/2024 11:54AM
 11/02/2024 10:53AM

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	BIOCHEMISTRY		
Investigation	Observed Value	Unit	Biological Reference Range
GGT/GammaGT			
Gamma GT	18.5	U/L	11 - 34
Szasz method			
BLOOD SUGAR F			
Glucose Fasting	75	mg/dl	60 - 110
BLOOD SUGAR PP			
Glucose PP	86	mg/dl	70 - 140
LFT (LIVER FUNCTION TEST)			
Bilirubin (Total)	0.52	mg/dL	<1.0
(Serum,Diazo)		_	
Bilirubin (Direct)	0.12	mg/dL	0 - 0.3
(Serum,Diazo)			
Bilirubin (Indirect)	0.40	mg/dL	UPTO 1.0
(Serum,Calculated)			
SGOT (AST)	21	U/L	5 -31
(Serum,Enzymatic)			
SGPT (ALT)	16	U/L	10 - 40
(Serum,Enzymatic	405		00.000
Alkaline Phosphatase	185	U/L	80 - 290
(Serum,pNPP) Total Proteins	6.98	g/dL	6.4 - 8.3
(Serum,Biuret)	0.90	g/uL	0.4 - 0.3
Albumin	3.96	g/dL	3.7 - 5.6
Globulin	3.02	g/dL	1.8 - 3.6
(Serum)	0.02	grac	1.5 5.5
A/G Ratio	1.31	g/dl	1.1 - 2.2
(Serum)		g	
Gamma GT	18.5	U/L	11 - 34
Szasz method			

----- End Of Report -----

PID No. :- 202410217127099

Name :- Mrs Jyoti Minj

 Age/Sex
 :- 38 Y / F
 Sample Received on/at :
 Reported on/at

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 :- ARCOFEMI HEALTHCARE LIMITED
 10/02/2024 11:54AM
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Dr. Ruprela's

Diagnostics & Imaain

Lipid Profile (Fasting Sample Required) Cholesterol - Total 188 Desirable <200 mg/dL Borderline High: 200-239 High :>=240 Normal: <150 Triglycerides Level 162 mg/dL Borderline High: 150-199 High: 200-499 Very High: >=500 **HDL Cholesterol** 43 Major risk factor for heart mg/dl Disease :<40 Negative risk factor for heart Disease:>=60 LDL Cholesterol 112.60 mg/dL **VLDL Cholesterol** 32.40 6-38 mg/dL LDL/HDL RATIO 2.62 2.5-3.5 3.5 - 5 CHOL/HDL RATIO 4.37

Note: Reference Interval as per National Cholesterol Education Program (NCEP) Adult Treatment Panel III Report.

RFT (RENAL FUNCTION TEST)

Renal (Kidney) Function Test

Urea	26.5	mg/dL	15 - 43
(Serum)			
Creatinine	0.89	mg/dL	0.57 - 1.4
(Serum,Jaffe)			
Sodium	139	mmol/L	135 - 145
Potassium	4.00	mmol/L	3.5 - 5.1
Uric Acid	4.56	mg/dL	2.6 - 6
(Serum,Uricase)			
Chlorides	103	mmol/L	98 - 107

The performance of the Roche cobas c 111 was evaluated using sigma metrics. The calculations were performed using James O. Westgard methodology.[2] This approach uses an assays total allowable error (TEa), accuracy (bias), and precision (SD) to calculate a Sigma metric to characterize the performance of that assay.

----- End Of Report -----

Age/Sex :- 38 Y / F

HBA1C HbA1c Value

PID No. :- 202410217127099

Name :- Mrs Jyoti Minj

Ref. By. :- ARCOFEMI HEALTHCARE LIMITED

Dr. Ruprela's Diagnostics & Imagin

Sample Received on/at:

%

10/02/2024 11:54AM

Reported on/at

11/02/2024 10:53AM

4-6=Normal Control

6-7=Good

7-8=Fair

Control

8-10=Unsatisfactory Control >10%=Poor Control

Glycosylated Hemoglobin/Glycated Hemoglobin/GlycoHemoglobin/HbA1c. [1]

Its primary use is to monitor diabetic patient's compliance and long term blood glucose level control. It is an index of diabetic control (direct relationship between poor control and development of complications). It predicts development and progression of diabetic microvascular complications.

5.36

----- End Of Report -----

PID No. :- 202410217127099

Name :- Mrs Jyoti Minj

Age/Sex :- 38 Y / F

Sample Received on/at : Reported on/at : 10/03/2024 11:54AM 11/03/2024 10:53

Ref. By. :- ARCOFEMI HEALTHCARE LIMITED 10/02/2024 11:54AM 11/02/2024 10:53AM

CLINICAL PATHOLOGY

Investigation	Observed Value	Unit	Biological Reference Range
URINE R/M			
Physical Examination			
Specific Gravity	1.015		1.003-1.030
Appearance	Clear		Clear
Colour	Pale Yellow		Pale Yellow
pH (Reaction)	Acidic		
Chemical Examination			
Protein	NIL		NIL
Glucose	NIL		NIL
Microscopic Examination			
DUC OFFI C	4.5	// f	0.5
PUS CELLS	4-5	/hpf	0-5
Epithelial Cells	2-4	/hpf	0-5
RBC	Absent	/hpf	Absent
Bacteria	Absent		Absent
Crystals	Absent		Absent
Casts	Absent		Absent

Test Done by Urisys 1100 (ROCHE) Fully Automatic.

----- End Of Report -----

Dr. Avishesh Kumar Singh M.D. (Pathologist)

Diagnostics & Imagin

VID

PID No.

Name

Age/Sex :- 38 Y / F Sample Received on/at: Reported on/at 10/02/2024 11:54AM 11/02/2024 10:53AM Ref. By. :- ARCOFEMI HEALTHCARE LIMITED

:- E/13269 Diagnostics & Imagin :- 202410217127099 :- Mrs Jyoti Minj

Complete Blood Count (Haemogram)

•	•	**	
Investigation	Observed Value	Unit	Biological Reference Range
CBC			
Erythrocytes			
Haemoglobin (Hb)	10.6	gm/dL	12.5 - 16.5
Erythrocyte (RBC) Count	4.65	mill/cu.mm	4.2 - 5.6
PCV (Packed Cell Volume)	34.1	%	36 - 47
MCV (Mean Corpusculer Volume)	73	fl	78 - 95
MCH (Mean Corpusculer Hb)	22.8	pg	26 - 32
MCHC (Mean Corpuscular Hb Concn.)	31.2	g/dL	32 - 36
RDW (Red Cell Distribution Width)	15.9	%	11.5 - 14
<u>Leucocytes</u>			
Total Leucocytes (WBC) Count	6600	cells/cu.mm	4000 - 11000
Neutrophils	56	%	40 - 75
Lymphocytes.	38	%	20 - 40
Monocytes	04	%	2-10
Eosinophils	02	%	1-6
Basophils	00	%	0 - 1
Platelets-			
Platelet count	183	x10^9/L	150 - 450
MPV (Mean Platelet Volume)	9.6	fL.	6 - 9.5
PCT (Platelet Haematocrit)	0.175	%	0.15 - 500
PDW (Platelet Distribution Width)	15.6	%	11 - 18

EDTA Whole Blood - Tests done on Automated ABX Micros ES60(HORIBA) Cell Counter. 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.

----- End Of Report -----

PID No. :- 202410217127099

Name :- Mrs Jyoti Minj

Age/Sex :- 38 Y / F

Sample Received on/at : Reported on/at

Ref. By. :- ARCOFEMI HEALTHCARE LIMITED 10/02/2024 11:54AM 11/02/2024 10:53AM

Hematology

Dr. Ruprela's

Diagnostics & Imagin

Investigation Observed Value Unit Biological Reference Range

Blood Group & RH Type Screening

ABO Group "B

Rh Type "POSITIVE"

Method: Column agglutination technology (CAT) is an automated. System for blood grouping which is superior in sensitivity to conventional tube method.

ESR

ESR - Erythrocyte Sedimentation Rate 40 mm at 1hr 0 - 20

(Citrate Blood) Method: Westergren

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.

----- End Of Report -----

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Age/Sex :- 38 Y / F



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PATHOLOGY

Investigation	Observed Value	Unit	Biological Reference Range
Urine Sugar Fasting			
Urine Sugar (Fasting)	Absent		Absent
Thyroid Panel 1 (T3, T4, TSH)			
Т3	1.14	ng/dl	0.6-1.8

Remarks :1. Decreased values of T3 (T4 and TSH normal) have minimal clinical significance and not recommended for diagnosis of hypothyroidism 2. Total T3 and T4 values may also be altered in other conditions due to changes in serum proteins or binding sites Pregnancy, Drugs (Androgens, Estrogens, O C pills, Phenytoin), Nephrosis etc. In such cases Free T3 and Free T4 give corrected values.

T4 8.56 ug/dl 4.5-12.6

Remark:1.Total T3 and T4 values may also be altered in other conditions due to changes in serum proteins or binding sites Pregnancy,Drugs (Androgens,Estrogens,O C pills, Phenytoin) Nephrosis etc. In such cases Free T3 and Free T4 give corrected values.

TSH 2.68 uIU/ml 0.25 - 5.5

Remarks : 1.4.51 to 15 μ IU/mL - Suggested clinical co-relation or repeat the test with new sample as physiological factors can give falsely high TSH.

- 2.TSH values may be transiently altered because of non thyroidal illness like severe infections, liver disease, renal and heart failure, severe burns, trauma and surgery etc
- 3.Drugs that decrease TSH values e.g:L-dopa,Glucocorticoids Drugs that increase TSH values e.g lodine,Lithium,Amiodarone

Remark

Method Used: ELFA (Enzyme Linked Fluorescence Assay) on Mini Vidas most Efficient Analyzer Internationally accepted most advanced technology with high quality result.

----- End Of Report -----