

BP - 110/80
P - 82 bpm
H - 164 cm
WT - 73 kg

Mrs. D. Pushpa Sheshadri
Age - 47 y/f

12/03/24

KW Hypotensive (50%)

CBC - 12.7/4.35/5.920/38000

ESR - 10

FBS - 109, PP - 164.0 HbA1c - 6.8

Urea - 12

Creat - 0.98

Lipid - 118/99/36/62.20

LFT - 24/30/12100

HbA1c - 6.8

T3 - 0.86

T4 - 8.6

TSH - 5.83

- Tab THYROX 50 + 12.5% 3
- Tab Valium 5 mg by PRN
- Cap VITAMIN C AND 1000 mg
- Cap OTC x 300

Cap Tendemet 80 x 300

Tab Aceidol-SP 80 x 300

Cap Carodan 100 RTN
→ 3 months



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

Mrs Pushpa Age 47y/F

E/1/B Dr Pronal Roy M.S ENT

Come for Routine ENT Examination

No Active ENT Complaints

On Examination R Lfo

clear clear

EAC

7m



TM intact | TM intact

Nose L/R BCC clear

Throat (M) PPHW clear

ENT Examination u WNL



Pronal
12/31/24

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Pushpa shankarajali

u7/f.

H/O

Rc +

Crown

Σ

7

Partially

erupted

Σ

8

Advice

oral prophylaxis



EXAMINATION OF EYES :- (BY OPHTHALMOLOGIST)

Patient Name Mrs. D. Pushpa Shestodari

Date 4/3/24

Sex/Age 47/11F

MR No

Employee Id

EXTERNAL EXAMINATION				
SQUINT		NO		
NYSTAGMUS				
COLOUR VISION		NORMAL		
FUNDUS:(RE):-		WNL	(LE):- WNL	
INDIVIDUAL COLOUR IDENTIFICATION		Good		
DISTANT VISION:(RE):-		6/9 6/6	(LE):- 6/9 6/6	
NEAR VISION:(RE):-		18 6/6	(LE):- 18 6/6	
NIGHT BLINDNESS		None		
	SPH	CYL	AXIS	ADD
RIGHT	-0.50	-0.50	90	+1.75
LEFT	-0.50	-0.50	90	+1.75
REMARKS :-				



Dr. Vikas [Signature]
MBBS, MS(Ophthalmologist)
Reg. No. CGMC 621/2006

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MRKS D PUSHPA SHESHADRI
Female 47Years

HR : 83 bpm
P : 82 ms
PR : 124 ms
QRS : 80 ms
QT/QTc : 384/452 ms
P/QRS/T : 56/29/45 °
RV5/SV1 : 1.068/0.806 mV

Diagnosis Information:

Sinus rhythm
Anterior T wave abnormality is nonspecific
Borderline ECG

Report Confirmed by



Dr. Animesh Choudhary
MD Medicine
Reg. No. CGMC 3583/2014
Apollo Clinic, Raipur



0.05-45Hz AC50 25mm/s 10mm/mV 2*5.0s+1r 83 CARD

9108 D V1.43 Glasgow V28.6.0 APOLLO CLINIC RAIPUR

PATIENT NAME: MRS. D. PUSHPA SHESHADRI
REF BY: BOB

AGE / SEX: 47 YRS/F
DATE: 11.03.2024

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	11.03X4.23Cm	10.28x4.31Cm
CORTICAL ECHOGENICITY	Normal	Normal
CORTICOMEDULLARY DIFFERENTIATION	Maintained	Maintained
PCS	Not Dilated	Not Dilated
Any other remarks	Nil	Nil

Urinary bladder: Distended & normal.

Uterus is bulky in size (7.54 x 5.71 x 4.55 cm, Vol. – 102.795 cc) and echotexture. Endometrial thickness 5.1 mm.

Right Ovary: Normal in size (3.33 x 1.95 cm), shape and echotexture.

Left Ovary: Normal in size (3.92 x 2.30 cm), shape and echotexture.

No evidence of free fluid in abdomen or pelvis.

IMPRESSION:

- GRADE - I FATTY LIVER
- BULKY UTERUS

Advised clinical correlation/further evaluation if clinically indicated.



Dr. Zeeshan Ateeb Dani
MBBS, M.D.
Consultant Radiologist
Reg. No. CCMS
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. Ultrasound has its limitations in obese patients and in retroperitoneal organs. All congenital abnormalities cannot be detected on ultrasound. This report is not for medico-legal purposes.

NAME OF PATIENT: MRS.D.PUSHPA.SHESHADRI

AGE: 47 YRS/FEMALE

REFERRED BY: BOB

DATE: 11/03/2024

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 Radiologist
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. D. PUSHPA SHESHADRI	Age/Sex: 47Yrs/female	ECG : Sinus Rhythm
OPD/ IPD : OPD	STUDY DATE: 12/03/2024	REGN. NO. : FRAI.0000020604
Ref.By Dr : BOB		

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 = 0.9 ES = 1.2	0.6 – 1.1
AorticValve Opening	1.9	1.5 – 2.6	PW Thickness	ED = 0.9 ES = 1.2	0.6 – 1.1
LA Dimension	2.9	1.9 – 4.0	RA Dimension	---	2.6
LVID(D)	3.7	3.7 – 5.5	RV Dimension	---	2.6
LVID(s)	2.2	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.
LV DIASTOLIC DYSFUNCTION GRADE I
NO I/C CLOT VEGITATION OR PERICARDIAL EFFUSION.

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



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Patient Name : Mrs.D PUSHPA SHESHADRI
 Age/Gender : 47 Y 0 M 0 D /F
 UHID/MR No : DSUS.0000006743
 Visit ID : DSUSOPV7864
 Ref Doctor : APOLLO CLINIC
 IP/OP NO :

Collected : 11/Mar/2024 04:06PM
 Received : 11/Mar/2024 04:42PM
 Reported : 11/Mar/2024 05:16PM
 Status : Final Report
 Client Name : PUP APOLLO CLINIC SAMRIDDI AR
 Patient location : Raipur,Raipur

DEPARTMENT OF HAEMATOLOGY

Test Name	Result	Unit	Bio. Ref. Range	Method
COMPLETE BLOOD COUNT (CBC) , WHOLE BLOOD EDTA				
HAEMOGLOBIN	12.7	g/dL	12-15	Spectrophotometer
PCV	37.40	%	36-46	Electronic pulse & Calculation
RBC COUNT	4.35	Million/cu.mm	3.8-4.8	Electrical Impedance
MCV	86.1	fL	83-101	Calculated
MCH	29.2	pg	27-32	Calculated
MCHC	34.0	g/dL	31.5-34.5	Calculated
R.D.W	13.7	%	11.6-14	Calculated
TOTAL LEUCOCYTE COUNT (TLC)				
DIFFERENTIAL LEUCOCYTIC COUNT (DLC)				
NEUTROPHILS	53.7	%	40-80	Electrical Impedance
LYMPHOCYTES	39.0	%	20-40	Electrical Impedance
EOSINOPHILS	2.2	%	1-6	Electrical Impedance
MONOCYTES	4.5	%	2-10	Electrical Impedance
BASOPHILS	0.6	%	<1-2	Electrical Impedance
CORRECTED TLC	5,920	Cells/cu.mm	4000-10000	Calculated
ABSOLUTE LEUCOCYTE COUNT				
NEUTROPHILS	3179.04	Cells/cu.mm	2000-7000	Calculated
LYMPHOCYTES	2308.8	Cells/cu.mm	1000-3000	Calculated
EOSINOPHILS	130.24	Cells/cu.mm	20-500	Calculated
MONOCYTES	266.4	Cells/cu.mm	200-1000	Calculated
BASOPHILS	35.52	Cells/cu.mm	0-100	Calculated
Neutrophil lymphocyte ratio (NLR)	1.38		0.78- 3.53	Calculated
PLATELET COUNT	380000	cells/cu.mm	150000-410000	Electrical impedance



Patient Name : MRS D PUSHPA SHESHADRI
UHID/ MR No : 9644
Visit Date : 11/03/2024
Sample Collected On : 11/03/2024 01:47PM
Ref. Doctor : SELF
Sponsor Name :

Age/Gender : 47 Y Male
OP Visit No : OPD-UNIT-II-1
Reported On : 12/03/2024 02:15PM

HAEMATOLOGY

Investigation	Observed Value	Unit	Biological Reference Interval
ESR- Erythrocyte Sedimentation Rate Method: Westergren's Method	10	mm /HR	0 - 10

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

End of Report
Results are to be correlated clinically

Lab Technician / Technologist
 path



DR DHANANJAY RAMCHANDRA PRASAD
 M.D. PATHOLOGY

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Patient Name : MRS D PUSHPA SHESHADRI
UHID/ MR No : 9644
Visit Date : 11/03/2024
Sample Collected On : 11/03/2024 01:47PM
Ref. Doctor : SELF
Sponsor Name :

Age/Gender : 47 Y. Male
OP Visit No : OPD-UNIT-II-2
Reported On : 12/03/2024 03:58PM

BIO CHEMISTRY

Investigation	Observed Value	Unit	Biological Reference Interval
GLUCOSE - (POST PRANDIAL)			
Glucose -Post prandial Method: REAGENT GRADE WATER	164.0	mg/dl	70-140
GLUCOSE (FASTING)			
Glucose- Fasting SUGAR REAGENT GRADE WATER	109.0	mg/dl	70 - 120
KFT - RENAL PROFILE - SERUM			
BUN-Blood Urea Nitrogen METHOD: Spectrophotometric	12	mg/dl	7 - 20
Creatinine METHOD: Spectrophotometric	0.98	mg/dl	0.6-1.4
Uric Acid Method: Spectrophotometric	4.1	mg/dL	2.6 - 7.2

End of Report
Results are to be correlated clinically

Lab Technician / Technologist
 path

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 M.D. PATHOLOGY

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Patient Name : MRS D PUSHPA SHESHADRI
 UHID/ MR No : 9644
 Visit Date : 11/03/2024
 Sample Collected On : 11/03/2024 01:47PM
 Ref. Doctor : SELF
 Sponsor Name :

Age/Gender : 47 Y Male
 OP Visit No : OPD-UNIT-II-2
 Reported On : 11/03/2024 05:30PM

BIO CHEMISTRY

Investigation	Observed Value	Unit	Biological Reference Interval
LIPID PROFILE TEST (PACKAGE)			
Cholesterol - Total	118.0	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	36.0	mg/dl	Major risk factor for heart disease: < 40 Negative risk factor for heart disease :>60
Method: Spectrophotometric LDL Cholesterol	62.20	mg/dl	Optimal:< 100 Near Optimal :100 – 129 Borderline High : 130-159 High : 160-189 Very High : >=190
Method: Spectrophotometric VLDL Cholesterol	19.80	mg/dl	6 - 38
Total Cholesterol/HDL Ratio	3.28		3.5-5
Method: Spectrophotometric			

End of Report
 Results are to be correlated clinically

Lab Technician / Technologist
 path



DR DHANANJAY RAMCHANDRA PRASAD
 M.D. PATHOLOGY

Patient Name : MRS D PUSHPA SHESHADRI
UHID/ MR No : 9644
Visit Date : 11/03/2024
Sample Collected On : 11/03/2024 01:47PM
Ref. Doctor : SELF
Sponsor Name :

Age/Gender : 47 Y Male
OP Visit No : OPD-UNIT-II-2
Reported On : 11/03/2024 05:30PM

BIO CHEMISTRY

Investigation	Observed Value	Unit	Biological Reference Interval
LIVER FUNCTION TEST			
Bilirubin - Total Method: Spectrophotometric	0.7	mg/dl	0.1- 1.2
Bilirubin - Direct Method: Spectrophotometric	0.2	mg/dl	0.05-0.3
Bilirubin (Indirect) Method: Calculated	0.50	mg/dl	0 - 1
SGOT (AST) Method: Spectrophotometric	24	U/L	0 - 40
SGPT (ALT) Method: Spectrophotometric	30	U/L	0 - 41
ALKALINE PHOSPHATASE	121.0	U/L	25-147
Total Proteins Method: Spectrophotometric	6.9	g/dl	6 - 8
Albumin Method: Spectrophotometric	3.7	mg/dl	3.4 - 5.0
Globulin Method: Calculated	3.2	g/dl	1.8 - 3.6
A/G Ratio Method: Calculated	1.6	%	1.1 - 2.2


End of Report
Results are to be correlated clinically

Lab Technician / Technologist
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DR DHANANJAY RAMCHANDRA PRASAD
M.D. PATHOLOGY

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 **0771 4033341**

Patient Name : Mrs.D PUSHPA SHESHADRI
 Age/Gender : 47 Y 0 M 0 D /F
 UHID/MR No : DSUS.0000006743
 Visit ID : DSUSOPV7864
 Ref Doctor : APOLLO CLINIC
 IP/OP NO :

Collected : 11/Mar/2024 04:06PM
 Received : 11/Mar/2024 04:41PM
 Reported : 11/Mar/2024 07:52PM
 Status : Final Report
 Client Name : PUP APOLLO CLINIC SAMRIDDHI AR
 Patient location : Raipur,Raipur

DEPARTMENT OF BIOCHEMISTRY

Test Name	Result	Unit	Bio. Ref. Range	Method
HBA1C (GLYCATED HEMOGLOBIN) , WHOLE BLOOD EDTA				
HBA1C, GLYCATED HEMOGLOBIN	6.8	%		HPLC
ESTIMATED AVERAGE GLUCOSE (eAG)	148	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.

1. HbA1C is recommended by American Diabetes Association for Diagnosing Diabetes and monitoring Glycemic Control by American Diabetes Association guidelines 2023.

2. Trends in HbA1C values is a better indicator of Glycemic control than a single test.

3. 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.

4. 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.

5. 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)



Patient Name : Mrs.D PUSHPA SHESHADRI	Collected : 11/Mar/2024 04:06PM
Age/Gender : 47 Y 0 M 0 D /F	Received : 11/Mar/2024 04:24PM
UHID/MR No : DSUS.000006743	Reported : 11/Mar/2024 05:52PM
Visit ID : DSUSOPV7864	Status : Final Report
Ref Doctor : APOLLO CLINIC	Client Name : PUP APOLLO CLINIC SAMRIDDHI 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)	0.86	ng/mL	0.6-1.81	CLIA
THYROXINE (T4, TOTAL)	8.6	µg/dL	3.2-12.6	CLIA
THYROID STIMULATING HORMONE (TSH)	5.83	µIU/mL	0.35-5.5	CLIA

Kindly correlate with Free T3-T4 and clinically ; kindly repeat the test if clinical discrepancy exist with fresh sample.

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

1. 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.
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
High	High	High	High	Pituitary Adenoma; TSHoma/Thyrotropinoma



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Patient Name	: Mrs.D PUSHPA SHESHADRI	Collected	: 11/Mar/2024 04:06PM
Age/Gender	: 47 Y 0 M 0 D /F	Received	: 11/Mar/2024 04:24PM
UHID/MR No	: DSUS.0000006743	Reported	: 11/Mar/2024 05:52PM
Visit ID	: DSUSOPV7864	Status	: Final Report
Ref Doctor	: APOLLO CLINIC	Client Name	: PUP APOLLO CLINIC SAMRIDDI AR
IP/OP NO	:	Patient location	: Raipur,Raipur

DEPARTMENT OF IMMUNOLOGY

*** End Of Report ***



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0771 4033341

Patient Name : MRS D PUSHPA SHESHADRI
 UHID/ MR No : 9644
 Visit Date : 11/03/2024
 Sample Collected On : 11/03/2024 01:47PM
 Ref. Doctor : SELF
 Sponsor Name :

Age/Gender : 47 Y. Male
 OP Visit No : OPD-UNIT-II-2
 Reported On : 11/03/2024 05:30PM

CLINICAL PATHOLOGY

Investigation	Observed Value	Unit	Biological Reference Interval
URINE ROUTINE EXAMINATION			
Physical Examination			
Volum of urine	30ML		
Appearance	Clear		Clear
Colour	Pale Yellow		Colourless
Specific Gravity	1.025		1.001 - 1.030
Reaction (pH)	6.0		
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	10-12	/hpf	0 - 5
Epithelial Cell	Occasional	/hpf	0 - 5
Crystals	Not Seen	/hpf	Not Seen
Bacteria	Not Seen	/hpf	Not Seen
Budding yeast	Not Seen	/hpf	Not Seen

End of Report
 Results are to be correlated clinically

Lab Technician / Technologist
 path

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Dhananjay
 DR DHANANJAY RAMCHANDRA PRASAD
 M.D. PATHOLOGY

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 0771 4033341

Patient Name : MRS D PUSHPA SHESHADRI
UHID/ MR No : 9644
Visit Date : 11/03/2024
Sample Collected On : 11/03/2024 01:47PM
Ref. Doctor : SELF
Sponsor Name :

Age/Gender : 47 Y . Male
OP Visit No : OPD-UNIT-II-2
Reported On : 11/03/2024 05:30PM

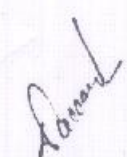
HAEMATOLOGY

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

End of Report
Results are to be corelated clinically

Lab Technician / Technologist
path

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DR DHANANJAY RAMCHANDRA PRASAD
M.D. PATHOLOGY

no diet consultation has been

taken by us, according to our
will.

(R. Sheshadri Iyer & D. Pushpa
Sheshadri) -

12/3/2024.

