

WT - 56 kg
H - 150 cm
BP - 110/60
P - 82 bpm

Mrs. Anika Kuroni
Age - 30y/fe

09/03/24

No MID DM/HTN

CBC - 11.6 | 3.65 | 5.24 | 195 | 20

RBS - F-85.0/PP-111.0

Creatinine - 0.87

U. Acid - 4.0L

HbA1c - 5.4

Lipid - 163.0 | 93.0 | 42.0 | 102.40

LFT - 25 | 30 | 115

TSH - 2.38

⊕
- cep VITAMIN and other test + body



↓
Dr. Ankit Sharma
MD Medicine
Reg. No. - CGMC 7971/2018
Apollo Clinic Raipur

Anita Kumari

Age 30/.

C/O Dreddy white building 00000



NAME OF PATIENT: MRS. ANITA KUMARI

AGE: 30YRS/FEMALE

REFERRED BY: BOB

DATE: 08/03/2024

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
Reg. No. CGMC-2324/200

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.

PATIENT NAME: MRS . ANITA KUMARI

REF BY: BOB

AGE / SEX: 30 YRS/F

DATE: 08.03.2024

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 enlarged in size measures 12.43 cm, and echotexture.

Kidneys	RIGHT	LEFT
SIZE	8.52X3.90Cm	10.65x3.96Cm
CORTICAL ECHOGENICITY	Normal	Normal
CORTICOMEDULLARY DIFFERENTIATION	Maintained	Maintained
PCS	Not Dilated	Not Dilated
Any other remarks	Nil	Nil

Urinary bladder: Distended & normal.

Uterus is normal in size (4.53 x3.07 x7.95 cm, Vol. – 57.890 cc) and echotexture. Endometrial thickness 5.4 mm.

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

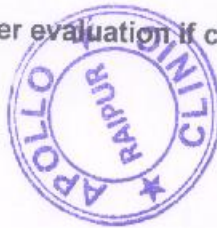
Left Ovary: Normal in size (3.92 x 2.30 cm), shape and echotexture.

No evidence of free fluid in abdomen or pelvis.

IMPRESSION:

- SPENOMEGALY

Advised clinical correlation/further evaluation if clinically indicated.



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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. 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.

Patient Name : MRS ANITA KUMARI
UHID/ MR No : 9602
Visit Date : 08/03/2024
Sample Collected On : 08/03/2024 03:16PM
Ref. Doctor : SELF
Sponsor Name :

Age/Gender : 30 Y. Female
OP Visit No : OPD-UNIT-II-2
Reported On : 08/03/2024 06:15PM

HAEMATOTOLOGY

Investigation	Observed Value	Unit	Biological Reference Interval
HEMOGRAM			
Haemoglobin(HB) Method: CELL COUNTER	11.6	gm/dl	12 - 16
Erythrocyte (RBC) Count Method: CELL COUNTER	3.65	mill/cu.mm.	4.20 - 6.00
PCV (Packed Cell Volume) Method: CELL COUNTER	34.80	%	39 - 52
MCV (Mean Corpuscular Volume) Method: CELL COUNTER	95.3	fL	76.00 - 100
MCH (Mean Corpuscular Haemoglobin) Method: CELL COUNTER	31.8	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	14.7	%	11- 16
Total Leucocytes (WBC) Count Method: CELL COUNTER	5.24	cells/cumm	3.50 - 11.00
Neutrophils Method: CELL COUNTER	59	%	40.0 - 73.0
Lymphocytes Method: CELL COUNTER	35	%	15.0 - 45.0
Eosinophils Method: CELL COUNTER	02	%	1-6%
Monocytes Method: CELL COUNTER	04	%	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	195	lacs/cu.mm	150-400
ESR- Erythrocyte Sedimentation Rate Method: Westergren's Method	20	mm /HR	0 - 20
Blood Group (ABO Typing)			
Blood Group (ABO Typing)	B		
RhD factor (Rh Typing)	POSITIVE		

End of Report
Results are to be correlated clinically

Lab Technician / Technologist
path

Page 8 of 8


DR DHANANJAY RAMCHANDRA PRASAD
M.D. PATHOLOGY

Patient Name : MRS ANITA KUMARI
UHID/ MR No : 9602
Visit Date : 08/03/2024
Sample Collected On : 08/03/2024 03:16PM
Ref. Doctor : SELF
Sponsor Name :

Age/Gender : 30 Y Female
OP Visit No : OPD-UNIT-II-2
Reported On : 08/03/2024 06:15PM

BIO CHEMISTRY

Investigation	Observed Value	Unit	Biological Reference Interval
GLUCOSE - (POST PRANDIAL)			
Glucose -Post prandial Method: REAGENT GRADE WATER	111.0	mg/dl	70-140
GLUCOSE (FASTING)			
Glucose- Fasting SUGAR REAGENT GRADE WATER	85.0	mg/dl	70 - 120
KFT - RENAL PROFILE - SERUM			
BUN-Blood Urea Nitrogen METHOD: Spectrophotometric	09	mg/dl	7 - 20
Creatinine METHOD: Spectrophotometric	0.87	mg/dl	0.6-1.4
Uric Acid Method: Spectrophotometric	4.01	mg/dL	2.6 - 7.2

End of Report
Results are to be corelated clinically

Lab Technician / Technologist
 path



Patient Name : MRS ANITA KUMARI
UHID/ MR No : 9602
Visit Date : 08/03/2024
Sample Collected On : 08/03/2024 03:16PM
Ref. Doctor : SELF
Sponsor Name :

Age/Gender : 30 Y Female
OP Visit No : OPD-UNIT-II-2
Reported On : 08/03/2024 06:15PM

BIO CHEMISTRY

Investigation	Observed Value	Unit	Biological Reference Interval
---------------	----------------	------	-------------------------------

HbA1c (Glycosalated Haemoglobin)

5.4

%

Non- diabetic:<=5.6, Pre-Diabetic 5.7-6.4, Diabetic:>=6.5

- 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 inflam
- 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: $eAG(mg/dl) = 28.7 * A1c - 46.7$
 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 dete

End of Report

Results are to be corelated clinically

Lab Technician / Technologist
path



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DR DHANANJAY RAMCHANDRA PRASAD
M.D. PATHOLOGY

Patient Name : MRS ANITA KUMARI
UHID/ MR No : 9602
Visit Date : 08/03/2024
Sample Collected On : 08/03/2024 03:16PM
Ref. Doctor : SELF
Sponsor Name :

Age/Gender : 30 Y. Female
OP Visit No : OPD-UNIT-II-2
Reported On : 08/03/2024 06:15PM

BIO CHEMISTRY

Investigation	Observed Value	Unit	Biological Reference Interval
LIPID PROFILE TEST (PACKAGE)			
Cholesterol - Total	163.0	mg/dl	Desirable: < 200 Borderline High: 200-239 High: >= 240
Triglycerides level	93.0	mg/dl	Normal : < 150 Borderline High : 150-199 Very High : >=500
Method: Spectrophotometric			
HDL Cholesterol	42.0	mg/dl	Major risk factor for heart disease: < 40 Negative risk factor for heart disease :>60
Method: Spectrophotometric			
LDL Cholesterol	102.40	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	18.60	mg/dl	6 - 38
Total Cholesterol/HDL Ratio	3.88		3.5 - 5
Method: Spectrophotometric			

End of Report
Results are to be correlated clinically

Lab Technician / Technologist
path

Page 2 of 8

DR DHANANJAY RAMCHANDRA PRASAD
M.D. PATHOLOGY

Apollo Clinic

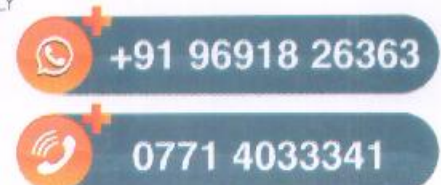
*THIS PAPER IS USED FOR CLINICAL REPORTING PURPOSE ONLY

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Online appointments: www.askapollo.com | Online reports: https://phr.apolloclinic.com



Patient Name : MRS ANITA KUMARI
UHID/ MR No : 9602
Visit Date : 08/03/2024
Sample Collected On : 08/03/2024 03:16PM
Ref. Doctor : SELF
Sponsor Name :

Age/Gender : 30 Y. Female
OP Visit No : OPD-UNIT-II-2
Reported On : 08/03/2024 06:15PM

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	25	U/L	0 - 32
SGPT (ALT) Method: Spectrophotometric	30	U/L	0 - 33
ALKALINE PHOSPHATASE	115	U/L	25-147
Total Proteins Method: Spectrophotometric	6.6	g/dl	6 - 8
Albumin Method: Spectrophotometric	4.3	mg/dl	3.4 - 5.0
Globulin Method: Calculated	2.3	g/dl	1.8 - 3.6
A/G Ratio Method: Calculated	1.86	%	1.1 - 2.2

End of Report
Results are to be correlated clinically

Lab Technician / Technologist
path

Page 3 of 8

DR DHANANJAY RAMCHANDRA PRASAD
M.D. PATHOLOGY

Patient Name : MRS ANITA KUMARI
UHID/ MR No : 9602
Visit Date : 08/03/2024
Sample Collected On : 08/03/2024 03:16PM
Ref. Doctor : SELF
Sponsor Name :

Age/Gender : 30 Y. Female
OP Visit No : OPD-UNIT-II-2
Reported On : 08/03/2024 06:15PM

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	1.015		1.001 - 1.030
Reaction (pH)	7.5		
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	4 - 6	/hpf	0 - 5
Epithelial Cell	2 - 4	/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



Patient Name : Mrs.ANITA KUMARI	Collected : 08/Mar/2024 03:48PM
Age/Gender : 30 Y 0 M 0 D /F	Received : 08/Mar/2024 04:38PM
UHID/MR No : DSUS.0000006699	Reported : 08/Mar/2024 06:50PM
Visit ID : DSUSOPV7811	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)	1.53	ng/mL	0.6-1.81	CLIA
THYROXINE (T4, TOTAL)	9.6	µg/dL	3.2-12.6	CLIA
THYROID STIMULATING HORMONE (TSH)	2.38	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 ***

Page 1 of 1



Apollo Clinic
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Apollo Clinic, Tara Complex A.T. Classic Near Ashoka Ratan, VIP Estate, Shankar Nagar, Raipur (C.G.)

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Original No: D07141766 | www.askapollo.com | Online reports: https://phr.apolloclinic.com



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0771 4033341

ID: 458

08-03-2024 01:14:02 PM COPY

MRS ANITA KUMARI

Female 30Years

Diagnosis Information:

Sinus rhythm

Normal ECG

HR	: 71	bpm
P	: 76	ms
PR	: 114	ms
QRS	: 84	ms
QT/QTc	: 356/387	ms
P/QRS/T	: 46/47/21	°
RV5/SVI	: 0.733/0.643	mV

Report Confirmed

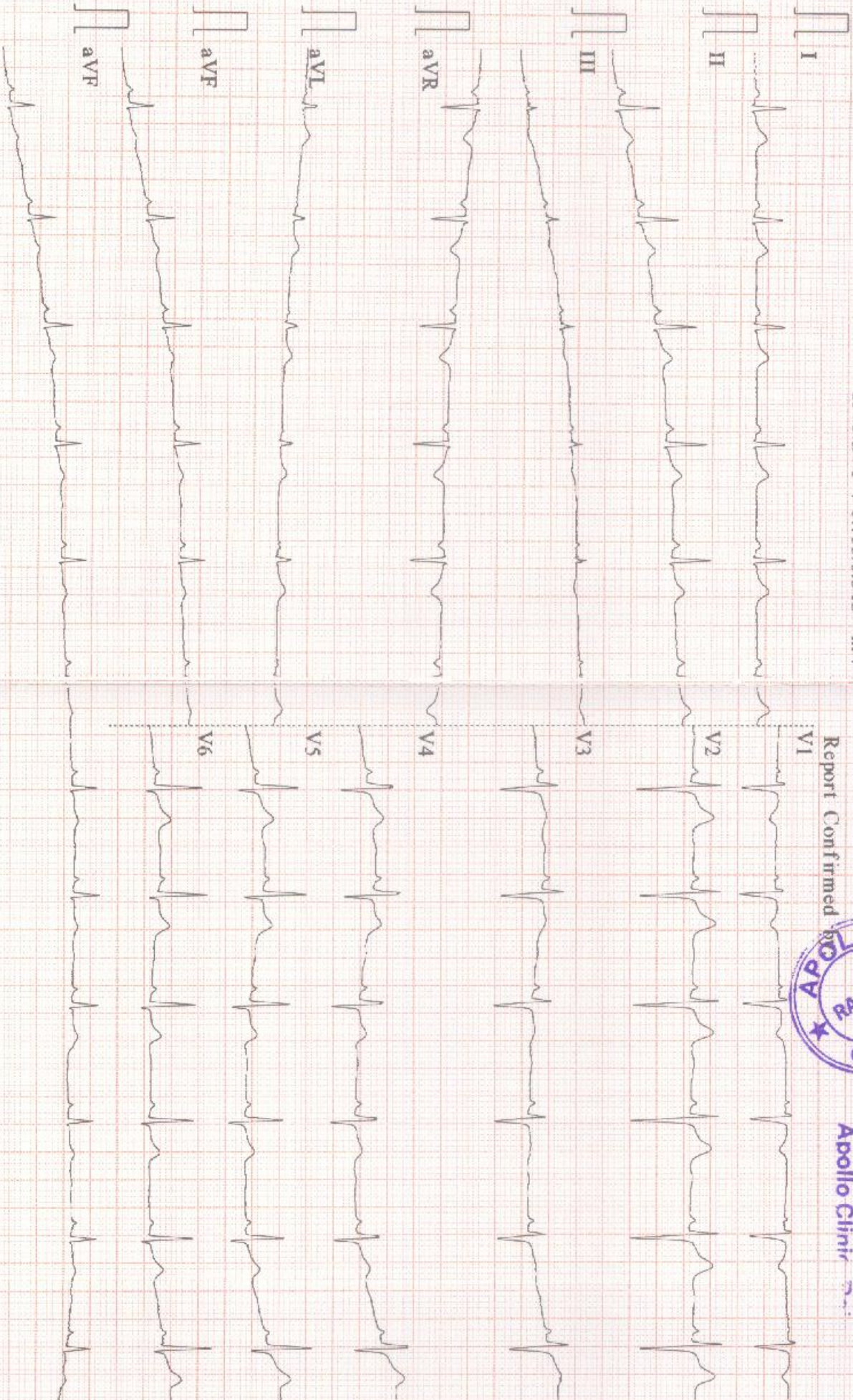


Dr. Animesh Choudhary

MD Medicine

Reg. No. CGMC 35837

Apollo Clinic



ECHOCARDIOGRAPHY REPORT

NAME : MRS. ANITA KUMARI	Age/Sex: 30Yrs/Female	ECG : Sinus Rhythm
OPD/ IPD : OPD	STUDY DATE: 08/03/2024	REGN. NO. : FRAI.00000
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 = 1.3	0.6 – 1.1
AorticValve Opening	1.7	1.5 – 2.6	PW Thickness	ED = 0.9 ES = 1.3	0.6 – 1.1
LA Dimension	2.8	1.9 – 4.0	RA Dimension	---	2.6
LVID(D)	4.4	3.7 – 5.5	RV Dimension	---	2.6
LVID(s)	2.9	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 , TRACE MR
Tricuspid Valve	: TRACE TR
Aortic Valve	: Normal
Pulmonary Valve	: Pulmonary valve appears normal in morphology.
Systemic venous	: IVC normal in size with normal Inspiratory collapse.
Diastolic Function	: Normal.

FINAL IMPRESSION : NO RWMA AT REST.
NORMAL LV SYSTOLIC FUNCTION.
TRACE MR & TRACE TR.
NO I/C CLOT VEGITATION OR PERICARDIAL EFFUSION.



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

