Dr. Ankita Agrawal

MBBS (Gold Medalist) MS (OBS & GYNAE), FMAS, DRM
MS OBS & Gynecology (PGIMS Rohtak)
Fellowship in Gynecology Endoscopy (Ahmedabad)
Diploma in Urogynaecology (Germany)
Diploma in ART and Reproductive Medicine (UKSH, Germany)
Ex. Consultant Gynecology (Shri Balaji Hospitals, Mova, Raipur)
Reg. No. CGMC 4071
Laparoscopic Surgeon & Infertility Specialist

28/3/2024

Mrs. Chanda Jha 38 F

USG = m/n reg [illegible]

P2 (previous)

P/A — Soft, Nontender

P/S — Cx [illegible], mucoid d/s T

P.A. Smear

Ask with Report

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Dr. Animesh Choudhary
MD (Internal Medicine), FCC, FAGE, PGDC, PGCDM, PGDDR
Ex Physician - AIIMS, New Delhi, Fortis Escorts Raipur
Reg. No. CGMC 3583/2011
• मधुमेह • वातरोग • गठियारोग • हृदयरोग • थायराइड • श्वसन रोग • दमा • मोटापा

28/03/24

Mrs. Chanda Jha 38Y/F

Ht - 168cm.
Wt - 75 kg
BP - 140/80
P -

No H/O HTN / DM
No fresh complaint

CBC - 11.9 | 4.16 | 4.92 | 165 | 25
FBS - 97.0 | PP - 107.0
KFT - 09 | 0.82 | 3.82
Lipid - 169.0 | 98.0 | 40.0 | 109.40
LFT - 15 | 19 | 110
HBA1C - 5.1
TSH - 3.240. T3 - 1.05 T4 - 16.0

Patient is fit at time of examination

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

C/o MB Dr Pronab Roy MS ENT

Name :: Chanda Jha Age 38y/F

C/o Throat irritation
FB Sensation
Also c/o cough
Also c/o oral ulcer.

On Ex Rfr

EAC Clear Clear

TM B/L Intact

Nose Fld B/L Clear

Throat (M+) PPW clear

Adv Vit B12 level.

Rx Tab Syprodine immuno plus
or
Tab A to Z 1 OD × 15 day

Mucopain ointment LA TID

ENT Examination is WNL

Pronab
28/3/24

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PATIENT NAME: MRS. CHANDA JHA	AGE / SEX: 38 YRS/F
REF BY: BOB	DATE: 28.03.2024

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	9.78X4.23Cm	10.62x4.24Cm
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 (9.66 x 4.69 x 4.09 cm, Vol. –97.022 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:

USG abomen within normal limit.

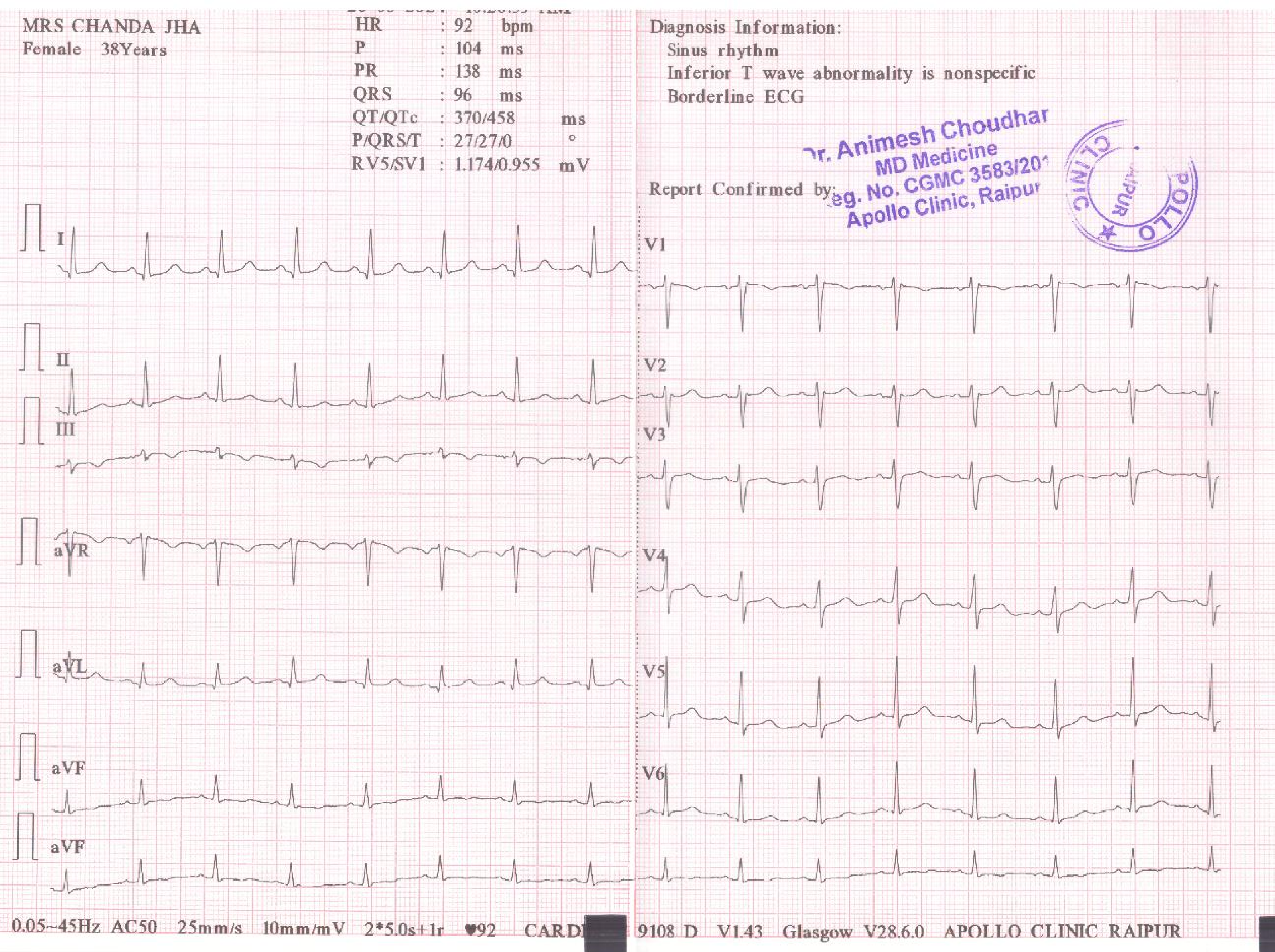
Advised clinical correlation/further evaluation if clinically indicated.

Dr. Zeeshan Ateeb Dani
MBBS, MD
Consultant
Reg. No.

RAIPUR CLINIC

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.



MRS CHANDA JHA
Female 38Years
HR : 92 bpm
P : 104 ms
PR : 138 ms
QRS : 96 ms
QT/QTc : 370/458 ms
P/QRS/T : 27/27/0 °
RV5/SV1 : 1.174/0.955 mV
Diagnosis Information:
Sinus rhythm
Inferior T wave abnormality is nonspecific
Borderline ECG
Report Confirmed by:
MD Medicine
Apollo Clinic, Raipur
I
II
III
aVR
aVL
aVF
aVF
V1
V2
V3
V4
V5
V6
0.05~45Hz AC50 25mm/s 10mm/mV 2*5.0s+1r ♥92
9108 D V1.43 Glasgow V28.6.0 APOLLO CLINIC RAIPUR

EXAMINATION OF EYES :-(BY OPHTALMOLOGIST)

Patient Name Mrs. Chanda Jha Date 28/03/24.

Sex/Age M/38 Year MR No .... Employee Id ....

EXTERNAL EXAMINATION	
SQUINT	NO
NYSTAGMUS	
COLOUR VISION	NORMAL
FUNDUS:(RE):- wnl	(LE):- wnl
INDIVIDUAL COLOUR IDENTIFICATION	Good
DISTANT VISION:(RE):- 6/6	(LE):- 6/6
NEAR VISION:(RE):- N6	(LE):- N6
NIGHT BLINDNESS	NAD

	SPH	CYL	AXIS	ADD
RIGHT				
LEFT				

REMARKS :-

Dr. Vikas Mishra
MBBS,MS(Ophthalmologist)
Reg. No. CGMC 621/2006

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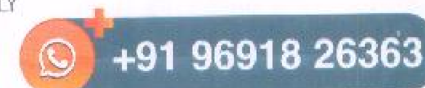

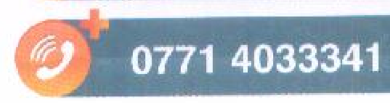

NAME OF PATIENT; MRS. CHANDA JHA **AGE: 38YRS/FEMALE**

REFERRED BY: BOB **DATE: 28/03/2024**

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
Reg. No. CGMC- 2324/200-

DR. ZEESHAN ATEEB DANI
(MD)
CONSULTANT RADIOLOGIST

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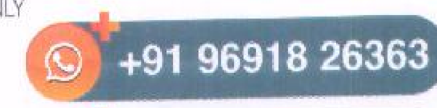
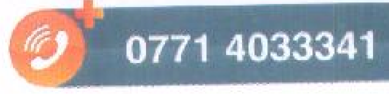




ECHOCARDIOGRAPHY REPORT

NAME : MRS. CHANDA JHA	Age/Sex: 38Yrs/female	ECG : Sinus Rhythm
OPD/ IPD : OPD	STUDY DATE: 28/03/2024	REGN. NO. : FRAI.0000020604
Ref.By Dr : BOB		

M-MODE MEASUREMENTS:-

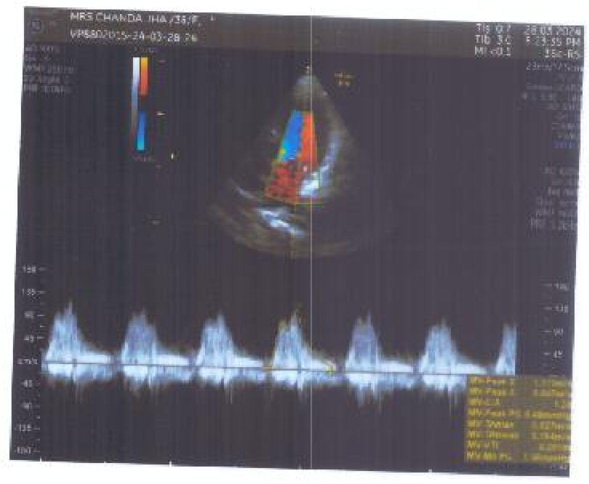
	Patient Value (cm)	Normal Value (cm)		Patient Value (cm)	Normal Value (cm)
AorticRoot Diameter	3.3	2.0 – 3.7	IVS Thickness	ED = 0.9 ES = 1.3	0.6 – 1.1
AorticValve Opening	1.7	1.5 – 2.6	PW Thickness	ED = 0.9 ES = 1.3	0.6 – 1.1
LA Dimension	3.7	1.9 – 4.0	RA Dimension	---	2.6
LVID(D)	4.7	3.7 – 5.5	RV Dimension	---	2.6
LVID(s)	3.0	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.
NORMAL CARDIAC CHEMBER AND NORMAL VALVES.
NO I/C CLOT VEGITATION OR PERICARDIAL EFFUSION.

DR.DEEPAN DAS
MBBS, DIP. CARDIOLOGY
CONSULTANT DEPT.OF NIC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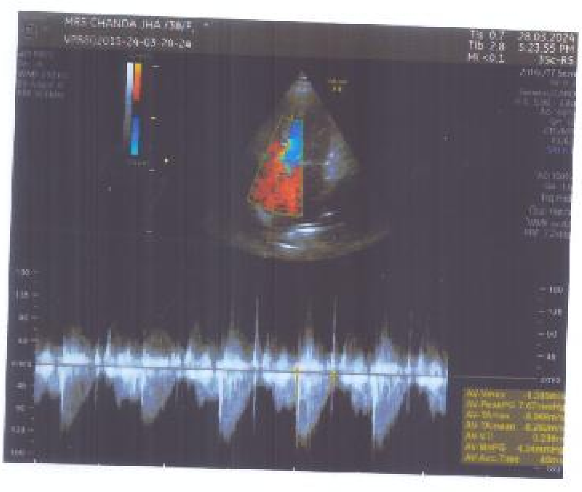
28.03.2024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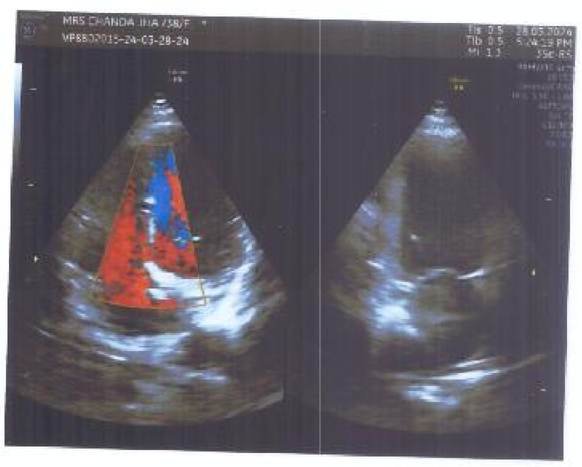
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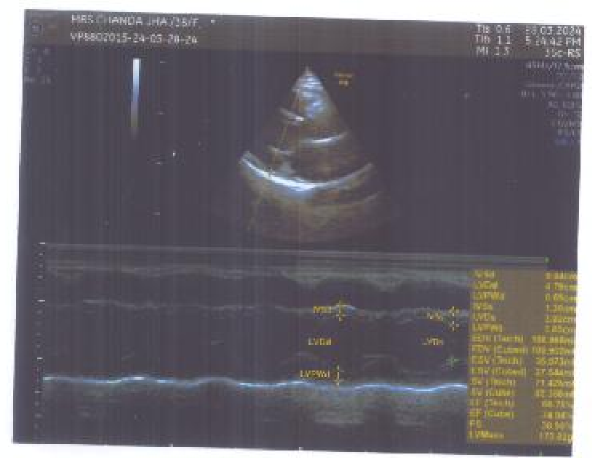
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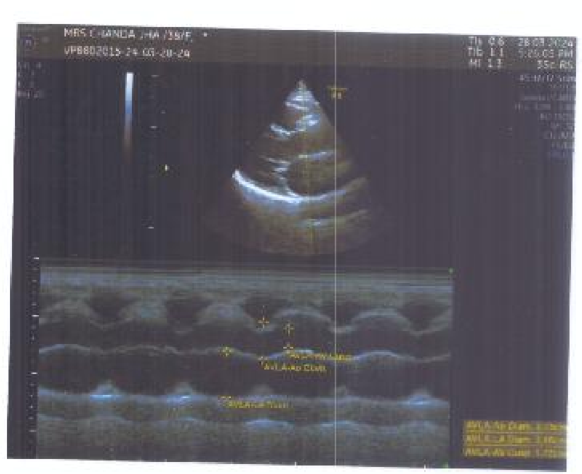
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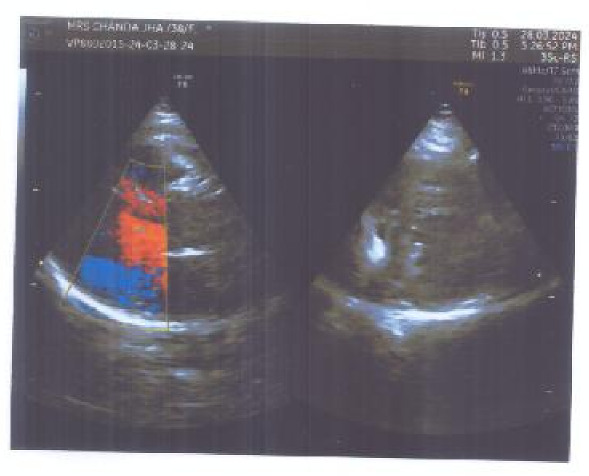
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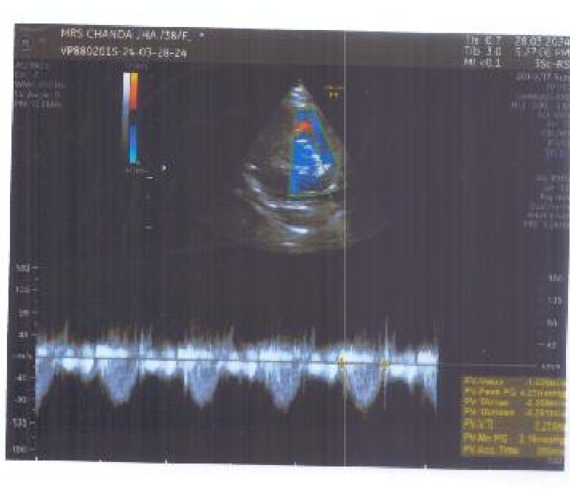
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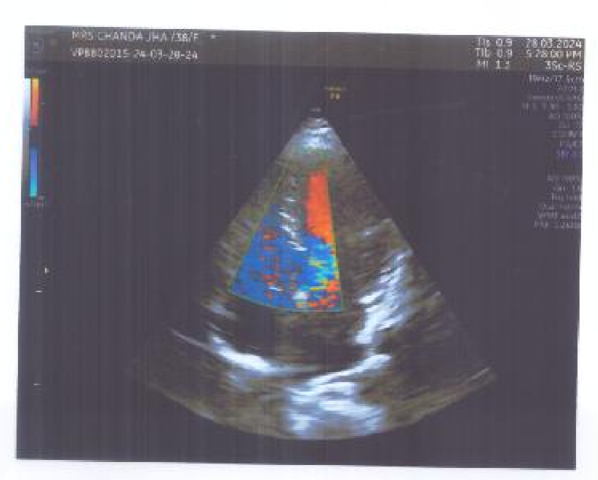
MRS CHANDA JHA /38/F
VP8802015-24-03-28-24
28.03.2024

Patient Name	: Mrs CHANDA JHA	Age/Gender	: 38 Y Female
UHID/ MR No	: 9965	OP Visit No	: OPD-UNIT-II-2
Visit Date	: 28/03/2024	Reported On	: 28/03/2024 06:29PM
Sample Collected On	: 28/03/2024 03:10PM		
Ref. Doctor	: SELF		
Sponsor Name	:		

HAEMATOLOGY

Investigation	Observed Value	Unit	Biological Reference Interval
HEMOGRAM			
Haemoglobin(HB) Method: CELL COUNTER	**11.9**	gm/dl	12 - 16
Erythrocyte (RBC) Count Method: CELL COUNTER	**4.16**	mill/cu.mm.	4.20 - 6.00
PCV (Packed Cell Volume) Method: CELL COUNTER	**35.70**	%	39 - 52
MCV (Mean Corpuscular Volume) Method: CELL COUNTER	85.8	fL	76.00 - 100
MCH (Mean Corpuscular Haemoglobin) Method: CELL COUNTER	28.6	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	12.4	%	11- 16
Total Leucocytes (WBC) Count Method: CELL COUNTER	4.92	cells/cumm	3.50 - 11.00
Neutrophils Method: CELL COUNTER	57	%	40.0 - 73.0
Lymphocytes Method: CELL COUNTER	35	%	15.0 - 45.0
Eosinophils Method: CELL COUNTER	02	%	1-6%
Monocytes	06	%	4.0 - 12.0
Basophils Method: CELL COUNTER	00	%	0.0 - 2.0

End of Report

Results are to be corelated clinically

Lab Technician / Technologist

path

DR DHANANJAY RAMCHANDRA PRASA
M.D. PATHOLOGY

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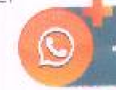
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Sponsor Name	:		

HAEMATOLOGY

Investigation	Observed Value	Unit	Biological Reference Interval
Platelet Count Method: CELL COUNTER	165	lacs/cu.mm	150-400
ESR- Erythrocyte Sedimentation Rate Method: Westergren`s Method	**25**	mm /HR	0 - 20

Blood Group (ABO Typing)

Blood Group (ABO Typing)	AB
RhD factor (Rh Typing)	POSITIVE

End of Report

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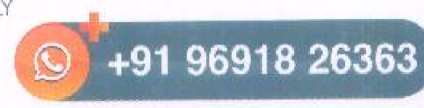

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Sample Collected On	: 28/03/2024 03:10PM		
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Sponsor Name	:		

BIO CHEMISTRY

Investigation	Observed Value	Unit	Biological Reference Interval
GLUCOSE - (POST PRANDIAL)			
Glucose -Post prandial Method: REAGENT GRADE WATER	107.0	mg/dl	70-140
GLUCOSE (FASTING)			
Glucose- Fasting	97.0	mg/dl	70 - 120
SUGAR REAGENT GRADE WATER			
KFT - RENAL PROFILE - SERUM			
BUN-Blood Urea Nitrogen METHOD: Spectrophotometric	09	mg/dl	7 - 20
Creatinine METHOD: Spectrophotometric	0.82	mg/dl	0.6-1.4
Uric Acid Method: Spectrophotomatric	3.82	mg/dL	2.6 - 7.2

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Lab Technician / Technologist

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Sponsor Name	:		

BIO CHEMISTRY

Investigation	Observed Value	Unit	Biological Reference Interval
LIPID PROFILE TEST (PACKAGE)			
Cholesterol - Total	169.0	mg/dl	Desirable: < 200 Borderline High: 200-239 High: >= 240
Triglycerides level	98.0	mg/dl	Normal : < 150 Borderline High : 150-199 Very High : >=500
Method: Spectrophotomatric			
HDL Cholesterol	40.0	mg/dl	Major risk factor for heart disease: < 40 Negative risk factor for heart disease :>60
Method: Spectrophotomatric			
LDL Cholesterol ·	109.40	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: Spectrophotomatric			
VLDL Cholesterol	19.60	mg/dl	6 - 38
Total Cholesterol/HDL Ratio	4.23		3.5 - 5
Methode: Spectrophotometric			

End of Report

Results are to be corelated clinically

Lab Technician / Technologist

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BIO CHEMISTRY

Investigation	Observed Value	Unit	Biological Reference Interval
LIVER FUNCTION TEST			
Bilirubin - Total Method: Spectrophotometric	0.6	mg/dl	0.1-1.2
Bilirubin - Direct Method: Spectrophotometric	0.2	mg/dl	0.05-0.3
Bilirubin (Indirect) Mathod: Calculated	0.40	mg/dl	0 - 1
SGOT (AST) Method: Spectrophotometric	15	U/L	0 - 32
SGPT (ALT) Method: Spectrophotometric	19	U/L	0 - 33
ALKALINE PHOSPHATASE	110	U/L	25-147
Total Proteins Method: Spectrophotometric	6.2	g/dl	6 - 8
Albumin Method: Spectrophotometric	3.8	mg/dl	3.4 - 5.0
Globulin Mathod: Calculated	2.4	g/dl	1.8 - 3.6
A/G Ratio Mathod: Calculated	1.58	%	1.1 - 2.2

End of Report

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Lab Technician / Technologist

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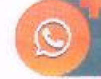
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Ref. Doctor	: SELF				
Sponsor Name	:				

CLINICAL PATHOLOGY

Investigation	Observed Value	Unit	Biological Reference Interval
URINE ROUTINE EXAMINATION			
Physical Examination			
Volum of urine	25ML		
Appearance	Clear		Clear
Colour	Pale Yellow		Colourless
Specific Gravity	1.020		1.001 - 1.030
Reaction (pH)	5.0		
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 .	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 corelated clinically

Lab Technician / Technologist

path

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Apollo Clinic @ Tiara Complex A.T. Classic Near Ashoka Ratan, VIP Estate, Shankar Nagar, Raipur (C.G.)
Email : raipur1@apolloclinic.com | Website : www.apolloclinic.com
Online appointments: www.askapollo.com | Online reports: https://phr.apolloclinic.com

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0771 4033341

Patient Name	: Mrs.CHANDA JHA	Collected	: 28/Mar/2024 12:29PM
Age/Gender	: 38 Y 0 M 0 D /F	Received	: 28/Mar/2024 01:40PM
UHID/MR No	: DSUS.0000006997	Reported	: 28/Mar/2024 03:18PM
Visit ID	: DSUSOPV8141	Status	: Final Report
Ref Doctor	: APOLLO CLINIC	Client Name	: PUP APOLLO CLINIC SAMRIDDHI AR
IP/OP NO	:	Patient location	: Raipur,Raipur

DEPARTMENT OF BIOCHEMISTRY

Test Name	Result	Unit	Bio. Ref. Range	Method
HBA1C (GLYCATED HEMOGLOBIN) , *WHOLE BLOOD EDTA*				
HBA1C, GLYCATED HEMOGLOBIN	5.1	%		HPLC
ESTIMATED AVERAGE GLUCOSE (eAG)	100	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)

M.B.B.S, M.D(Pathology)
Consultant Pathologist
SIN No:BI19010509

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Patient Name	: Mrs.CHANDA JHA	Collected	: 28/Mar/2024 12:29PM
Age/Gender	: 38 Y 0 M 0 D /F	Received	: 28/Mar/2024 01:04PM
UHID/MR No	: DSUS.0000006997	Reported	: 28/Mar/2024 04:14PM
Visit ID	: DSUSOPV8141	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)	1.05	ng/mL	0.6-1.81	CLIA
THYROXINE (T4, TOTAL)	10.0	µg/dL	3.2-12.6	CLIA
THYROID STIMULATING HORMONE (TSH)	3.240	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

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

*** End Of Report ***

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Consultant Pathologist

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