



# Dr. Animesh Choudhary

MD (Internal Medicine), FCC, FAGE, PGDC, PGCDM, PGDDR  
Ex Physician - AIIMS, New Delhi, Fortis Escorts Raipur  
Reg. No. CGMC 3583/2011

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Amey

Mrs. Mandisha Mishra 33y/fc

17/04/24

Wt - 70kg

H - 145cm

BP - 110/70

P - 94b/m

CBC - 10.3 | 4.24 | 659 | 98 | 25

Creatinine - 0.89

U.Acid - 4.23

RBS - F - 90.0 / PP - 102.0

Lipid - 128.0 | 78.0 | 40.0 | 92.40

LFT - 27 | 33 | 114

TSH - 5.900

HbA1c - 5.2

EKG - NSR

2D Echo - Mild mitral valve regurgitation

T3 - 1.18

T4 - 9.4

Anem

- ~~red tetra~~

- red HctHbD<sub>3</sub> 15-20  
x 30 dy



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

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ID: 84  
MRS MANISHA MITRA  
Female 33Ycars

01-04-2024 10:26:29 AM

HR : 84 bpm  
P : 92 ms  
PR : 132 ms  
QRS : 72 ms  
QT/QTc : 346/409 ms  
P/QRS/T : 55/44/10 °  
RV5/SVI : 0.72/10.923 mV

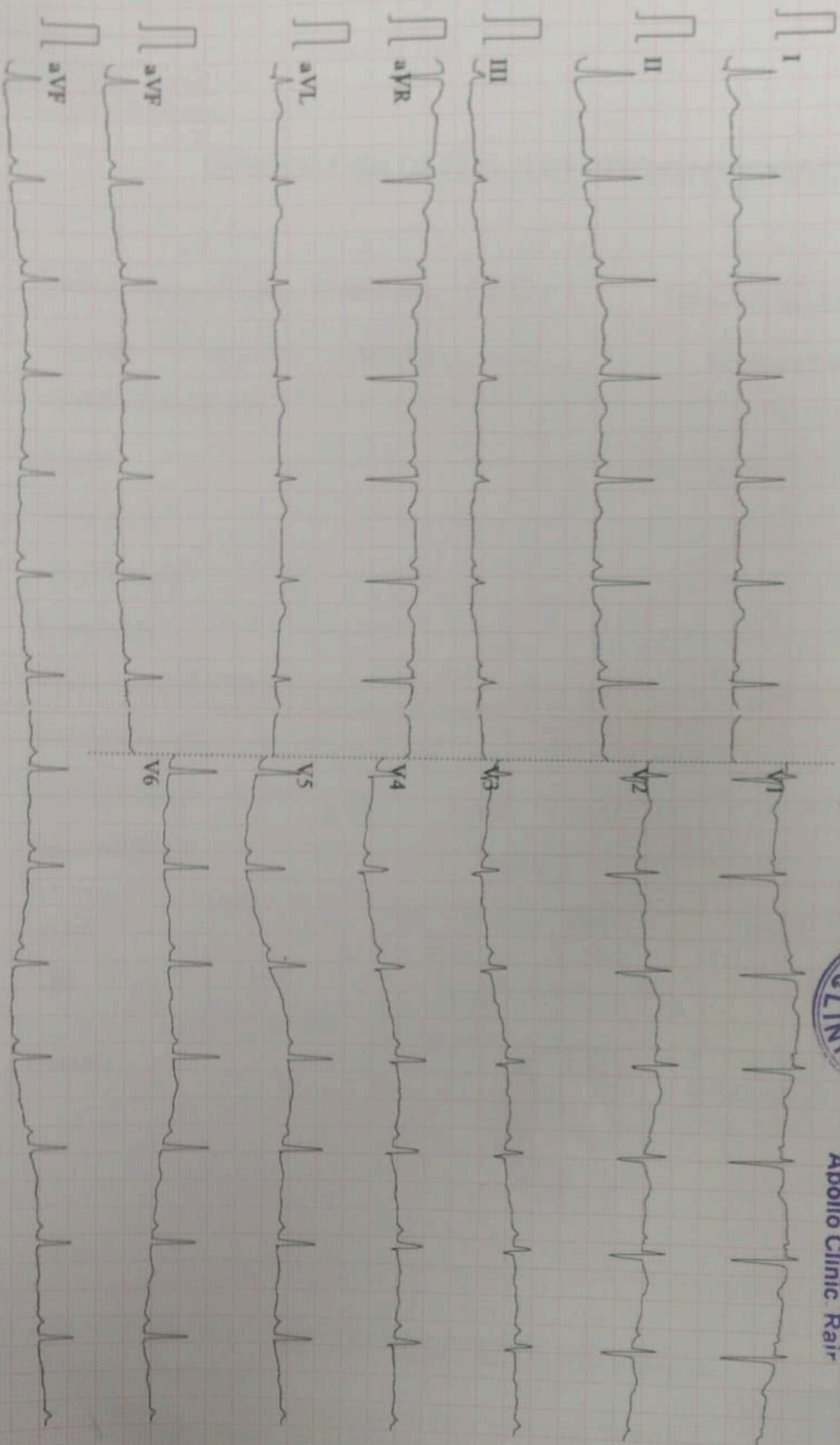
Diagnosis Information:  
Sinus rhythm  
Anterior T wave abnormality is borderline for age and gender  
Borderline ECG



Jr. Animesh Choudhary  
MD Medicine  
Reg. No. CGMC 3583/2019  
Apollo Clinic Raipur

Report Confirmed

0.05-45Hz AC50 25mm/s 10mm/mV 2\*5.0s+1r 84 CA RT 9108 D V143 Glasgow V28.6.0 APOLLO CLINIC RAIPUR



Manisha Mittal

Calculus deposition  $\bar{c}$   $\overleftarrow{21^{12}}$

Erupting  $\bar{c}$   $\overleftarrow{8^{12}}$

Advice :  $\rightarrow$  Scaling

Rx Amoxy clav 625 mg  $\overleftarrow{21^{12}}$   
 $\overleftarrow{00}$  X 3 days.  
 Dolo 650  $\overleftarrow{00}$



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NAME OF PATIENT; MRS. MANISHA MITRA  
REFERRED BY: BOB

AGE: 33YRS/FEMALE

DATE: 01/04/2024

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  
**DR. ZEESHAN ATEEB DANI**  
Reg. No. CGM... (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.

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**EXAMINATION OF EYES :- ( BY OPHTHALMOLOGIST )**

Patient Name Mrs. Manisha Mittal

Date 1/04/24

Sex/Age M/33y ea

MR No .....

Employee Id .....

EXTERNAL EXAMINATION				
SQUINT				
NYSTAGMUS				
COLOUR VISION				
FUNDUS:(RE):- <u>WNL</u> (LE):- <u>WNL</u>				
INDIVIDUAL COLOUR IDENTIFICATION				
DISTANT VISION:(RE):- <u>6/12 6/6 6/6</u> (LE):- <u>6/9 6/6 6/6</u>				
NEAR VISION:(RE):- <u>N6</u> (LE):- <u>N6</u>				
NIGHT BLINDNESS				
	SPH	CYL	AXIS	ADD
RIGHT		-2.0	135	
LEFT		-0.50	55	
REMARKS :-				



Dr. Vikas Mittal  
MBBS, MS (Ophthalmologist)  
Reg. No. CGMC 624/2006

CRIB Dr Prabal Roy MSc (O7)

Name Manuha Mitra 33y1F

No Active Complaint

On Ex Re If

EAC Wax Clear

Tr



Adv

Nose

Intranasal

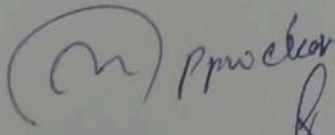
Sol: wax 4 drops @ho

oooo oooo oooo oooo

1-1 B/c ua

to 5day

Throat



Rest

ENT Examination u wnl



Prabal

114124

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PATIENT NAME: MRS. MANISHA MITRA  
REF BY: BOB

AGE / SEX: 33 YRS/F  
DATE: 01.04.2024

**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	8.73X4.82Cm	9.87x4.92Cm
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 ( 8.65 x 5.04 x 1.10 cm, and echotexture. Endometrial thickness 5.4 mm.

**Right Ovary:** Normal in size ( 3.64 x 1.55 cm), shape and echotexture.

**Left Ovary:** Normal in size ( 3.76 x 1.91 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 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.

## ECHOCARDIOGRAPHY REPORT

NAME : MRS. MANISHA MITRA	Age/Sex: 33Yrs/female	ECG : Sinus Rhythm
OPD/ IPD : OPD	STUDY DATE: 01/04/2024	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 = 1.2	0.6 – 1.1
AorticValve Opening	1.7	1.5 – 2.6	PW Thickness	ED = 0.9 ES = 1.2	0.6 – 1.1
LA Dimension	3.4	1.9 – 4.0	RA Dimension	---	2.6
LVID(D)	4.6	3.7 – 5.5	RV Dimension	---	2.6
LVID(s)	2.7	2.2 – 4.0	TAPSE	----	1.6 – 2.6
LV EJECTION FRACTION	> 60%		(NORMAL VALUE: 55 – 60%)		

### 2D ECHO, COLOR FLOW & DOPPLER ASSESSMENT

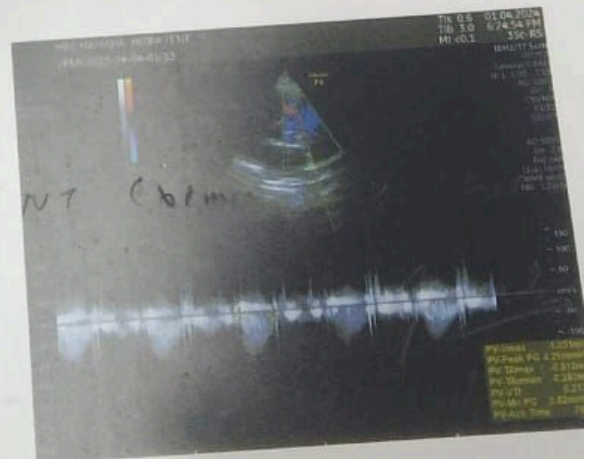
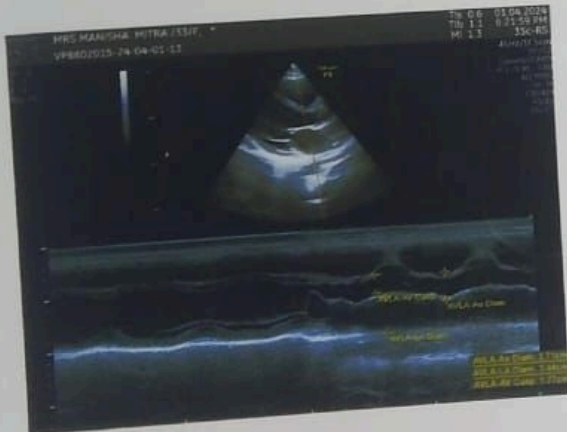
- Left Ventricle : LV Size & contractility is Normal, NO RWMA, Calculated EF IS > 60%
- Left Atrium : LA Size Is Normal
- Right Ventricle : Normal
- Right Atrium : Normal
- IAS/IVS : Intact
- Pericardium : Normal, there is no Pericardial Effusion.
- Mitral Valve : E>A , THICK MVL WITH MILDLY RESTRICTED PML MOBILITY WITH TRACE MR, NO MS
- Tricuspid Valve : MILD TR (PASP- 28mmHg)
- Aortic Valve : Normal
- Pulmonary Valve : Pulmonary valve appears normal in morphology.
- Systemic venous : IVC normal in size with normal Inspiratory collapse.

**FINAL IMPRESSION :** THICKENED MITRAL VALVE- ? RHEUMATIC  
TRACE MR , NO MS  
MILD TR (PASP-28mmhg)  
NORMAL BIVENTRICULAR SYSTOLIC FUNCTION.  
NO I/C CLOT VEGITATION OR PERICARDIAL EFFUSION.



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






Patient Name	: Mrs.MANISHA MITRA	Collected	: 01/Apr/2024 04:15PM
Age/Gender	: 33 Y 0 M 0 D /F	Received	: 01/Apr/2024 04:40PM
UHID/MR No	: DSUS.0000007067	Reported	: 01/Apr/2024 06:11PM
Visit ID	: DSUSOPV8227	Status	: Final Report
Ref Doctor	: APOLLO CLINIC	Client Name	: PUP APOLLO CLINIC SAMRIDDHI AR
IP/OP NO	:	Patient location	: Raipur,Raipur

**DEPARTMENT OF IMMUNOLOGY**  
\*\*\* End Of Report \*\*\*



  
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DR. MAIKAL KUJUR



Address: Apollo Clinic, A.T. Classic Near Ashoka Ratan, VIP Estate, Shankar Nagar, Raipur (C.G.)  
M.B.B.S., M.D. Pathology  
Consultant Pathologist

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 0771 4033341/42

TO WHOM IT MAY CONCERN

Mrs Manisha Mitra w/o Mr. Abhishek Mitra, unable to to pay Suman  
test as she is currently out of town. She will do the test  
as she came back from Kolkata.

Thanks & regards,

Abhishek Mitra,

(Aunt of Mrs Manisha Mitra)

Dated:- 17/04/2024.

MOR. No: 98045-26616

Patient Name : Mrs.MANISHA MITRA	Collected : 01/Apr/2024 04:15PM
Age/Gender : 33 Y 0 M 0 D /F	Received : 01/Apr/2024 04:40PM
UHID/MR No : DSUS.0000007067	Reported : 01/Apr/2024 06:11PM
Visit ID : DSUSOPV8227	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
<b>THYROID PROFILE TOTAL (T3, T4, TSH) , SERUM</b>				
TRI-iodothyronine (T3, TOTAL)	1.18	ng/mL	0.6-1.81	CLIA
THYROXINE (T4, TOTAL)	9.4	µg/dL	3.2-12.6	CLIA
THYROID STIMULATING HORMONE (TSH)	<b>5.900</b>	µIU/mL	0.35-5.5	CLIA

Kindly correlate with Free T3-T4 and clinically.

**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

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Consultant Pathologist

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Patient Name : Mrs.MANISHA MITRA	Collected : 01/Apr/2024 04:15PM
Age/Gender : 33 Y 0 M 0 D /F	Received : 01/Apr/2024 06:37PM
UHID/MRNo : DSUS.0000007067	Reported : 01/Apr/2024 07:43PM
VisitID : DSUSOPV8227	Status : FinalReport
RefDoctor : APOLLOCLINIC	ClientName : PUPAPOLLOCLINICSAMRIDDHIAR
IP/OPNO :	Patientlocation : Raipur,Raipur

**DEPARTMENT OF BIOCHEMISTRY**

TestName	Result	Unit	Bio.Ref.Range	Method
<b>HBA1C (GLYCATED HEMOGLOBIN), WHOLE BLOOD EDTA</b>				
HBA1C, GLYCATED HEMOGLOBIN	5.2	%		HPLC
ESTIMATED AVERAGE GLUCOSE (eAG)	108	mg/dL		Calculated

**Comment:**

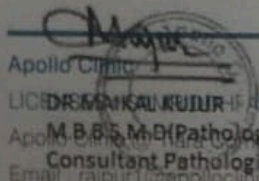
Reference Range as per American Diabetes Association (ADA) 2023 Guidelines:

REFERENCE GROUP	HBA1C %
NONDIABETIC	<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.

- HbA1C is recommended by American Diabetes Association for Diagnosing Diabetes and monitoring Glycemic Control by American Diabetes Association guidelines 2023.
- Trends in HbA1C values is a better indicator of Glycemic control than a single test.
- 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.
- Falsely low HbA1c (below 4%) may be observed in patients with clinical conditions that shorten erythrocyte lifespan or decrease mean erythrocyte age. HbA1c may not accurately reflect glycemic control when clinical conditions that affect erythrocyte survival are present.
- 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)

\*\*\*End Of Report\*\*\*



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Patient Name : Mrs MANISHA MITRA  
UHID/ MR No : 20243410017  
Visit Date : 03/04/2024  
Sample Collected On : 03/04/2024 06:37PM  
Ref. Doctor : self  
Sponsor Name :

Age/Gender : 33 Y Female  
OP Visit No : G/7100  
Reported On : 17/04/2024 07:40PM

**HAEMATOLOGY**

Investigation	Observed Value	Unit	Biological Reference Interval
<b>HEMOGRAM</b>			
Haemoglobin(HB) Method: CELL COUNTER	10.3	gm/dl	12 - 16
Erythrocyte (RBC) Count Method: CELL COUNTER	4.24	mill/cu.mm.	4.20 - 6.00
PCV (Packed Cell Volume) Method: CELL COUNTER	30.90	%	39 - 52
MCV (Mean Corpuscular Volume) Method: CELL COUNTER	72.9	fL	76.00 - 100
MCH (Mean Corpuscular Haemoglobin) Method: CELL COUNTER	24.3	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	15.6	%	11- 16
Total Leucocytes (WBC) Count Method: CELL COUNTER	6.59	cells/cumm	3.50 - 11.00
Neutrophils Method: CELL COUNTER	58	%	40.0 - 73.0
Lymphocytes Method: CELL COUNTER	34	%	15.0 - 45.0
Eosinophils Method: CELL COUNTER	03	%	1-6%
Monocytes	05	%	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

*Amend*

Patient Name : Mrs MANISHA MITRA  
 UHID/ MR No : 20243410017  
 Visit Date : 03/04/2024  
 Sample Collected On : 03/04/2024 06:37PM  
 Ref. Doctor : self  
 Sponsor Name :

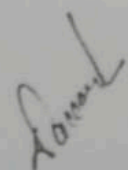
Age/Gender : 33 Y Female  
 OP Visit No : G/7100  
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### HAEMATOLOGY

Investigation	Observed Value	Unit	Biological Reference Interval
Platelet Count Method: CELL COUNTER	98	lacs/cu.mm	150-400
ESR- Erythrocyte Sedimentation Rate Method: Westergren's Method	25	mm /HR	0 - 20

**End of Report**  
*Results are to be corelated clinically*

Lab Technician / Technologist  
 path



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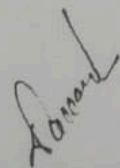
Age/Gender : 33 Y Female  
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### BIO CHEMISTRY

Investigation	Observed Value	Unit	Biological Reference Interval
<b>Creatinine</b> METHOD: Spectrophotometric	0.89	mg/dl	0.6-1.4
<b>BUN-Blood Urea Nitrogen</b> METHOD: Spectrophotometric	07	mg/dl	7 - 20
<b>Uric Acid</b> Uric Acid Method: Spectrophotometric	4.23	mg/dL	2.6 - 7.2
<b>GLUCOSE - (POST PRANDIAL)</b> Glucose -Post prandial Method: REAGENT GRADE WATER	102.0	mg/dl	70-140
<b>GLUCOSE (FASTING)</b> Glucose- Fasting SUGAR REAGENT GRADE WATER	90.0	mg/dl	70 - 120

**End of Report**  
 Results are to be corelated clinically

Lab Technician / Technologist  
 path





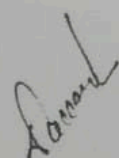

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OP Visit No : G/7100  
Reported On : 17/04/2024 07:40PM

### BIO CHEMISTRY

Investigation	Observed Value	Unit	Biological Reference Interval
<b>LIPID PROFILE TEST (PACKAGE)</b>			
Cholesterol - Total	128.0	mg/dl	Desirable: < 200 Borderline High: 200-239 High: >= 240
Triglycerides level	78.0	mg/dl	Normal : < 150 Borderline High : 150-199 Very High : >=500
Method: Spectrophotometric			
HDL Cholesterol	40.0	mg/dl	Major risk factor for heart disease: < 40 Negative risk factor for heart disease :>60
Method: Spectrophotometric			
LDL Cholesterol	72.40	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	15.60	mg/dl	6 - 38
Total Cholesterol/HDL Ratio	3.20		3.5 - 5
Method: Spectrophotometric			

**End of Report**  
Results are to be correlated clinically



DR DHANANJAY RAMCHANDRA PRASAD  
M.D. PATHOLOGY

Patient Name : Mrs MANISHA MITRA  
UHID/ MR No : 20243410017  
Visit Date : 03/04/2024  
Sample Collected On : 03/04/2024 06:37PM  
Ref. Doctor : self  
Sponsor Name :

Age/Gender : 33 Y Female  
OP Visit No : G/7100  
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**BIO CHEMISTRY**

Investigation	Observed Value	Unit	Biological Reference Interval
<b>LIVER FUNCTION TEST</b>			
<b>Bilirubin - Total</b> Method: Spectrophotometric	0.7	mg/dl	0.1-1.2
<b>Bilirubin - Direct</b> Method: Spectrophotometric	0.2	mg/dl	0.05-0.3
<b>Bilirubin (Indirect)</b> Method: Calculated	0.50	mg/dl	0 - 1
<b>SGOT (AST)</b> Method: Spectrophotometric	27	U/L	0 - 32
<b>SGPT (ALT)</b> Method: Spectrophotometric	33	U/L	0 - 33
<b>ALKALINE PHOSPHATASE</b>	114	U/L	25-147
<b>Total Proteins</b> Method: Spectrophotometric	6.0	g/dl	6 - 8
<b>Albumin</b> Method: Spectrophotometric	3.8	mg/dl	3.4 - 5.0
<b>Globulin</b> Method: Calculated	2.2	g/dl	1.8 - 3.6
<b>A/G Ratio</b> Method: Calculated	1.72	%	1.1 - 2.2

**End of Report**  
Results are to be correlated clinically

*Dhananjay*

Technician / Technologist

Patient Name : Mrs MANISHA MITRA  
 UHID/ MR No : 20243410017  
 Visit Date : 03/04/2024  
 Sample Collected On : 03/04/2024 06:37PM  
 Ref. Doctor : self  
 Sponsor Name :

Age/Gender : 33 Y Female  
 OP Visit No : G/7100  
 Reported On : 17/04/2024 07:40PM

**CLINICAL PATHOLOGY**

Investigation	Observed Value	Unit	Biological Reference Interval
<b>URINE ROUTINE EXAMINATION</b>			
<b>Physical Examination</b>			
Volum of urine	25ML		Clear
Appearance	Clear		Colourless
Colour	Pale Yellow		1.001 - 1.030
Specific Gravity	1.000		
Reaction (pH)	6.0		
<b>Chemical Examination</b>			
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		
<b>Microscopic Examination</b>			
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

*[Signature]*

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 M.D. PATHOLOGY