

wt - 66 kg

H - 158 cm

BP - 130/70

P - 100 mb

CBC - 12.7 / 4.63 / 7.51 / 245 / 10

HbA1c - 5.5

RBS - F - 73.0 / PP - 102.0

Creatinine - 0.80

U. Acid - 3.2

Lipid - 146.0 / 132.0 / 42.0 / 77.60

LFT - 19 / 23 / 75

VSS - wnl

Mrs. Priyanka Pariyadarshine

Age - 26 y / f

13/01/26

Person is fit ~~at~~ at time  
of examination

*[Signature]*  
Animesh



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

**PATIENT NAME: MRS. PRIYANKA PRIYADARSHIEE SAHOO**  
**REF BY: BOB**

**AGE / SEX: 26YRS/F**  
**DATE: 13.01.2024**

**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	8.98X3.87Cm	10.28x4.66Cm
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 ( 6.68 x 3.94 x 3.02 cm, Vol. – 41.618 cc ) and echotexture. Endometrial thickness 4.9 mm.

**Right Ovary:** Normal in size ( 3.08 x 1.96 cm), shape and echotexture.

**Left Ovary:** Normal in size ( 3.32 x 1.58 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.**



*Z. Dani*  
**Dr. Zeeshan Ateeb Dani**  
MBBS, MD  
Consultant Radiologist  
**DR. ZEESHAN ATEEB DANI**  
(MD)  
CONSULTANT RADIOLOGIST

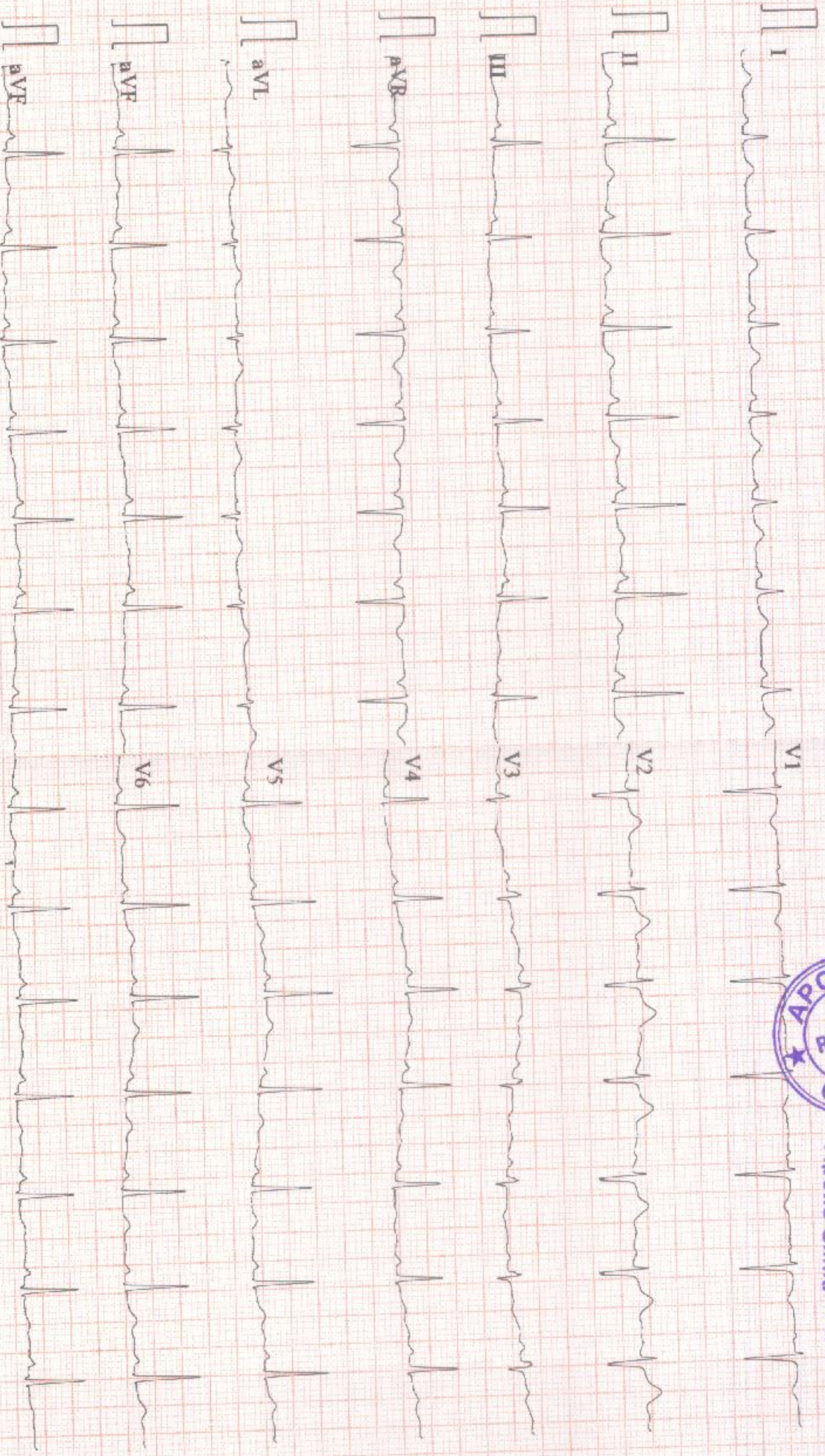
**This report is for perusal of the doctor only not the definitive diagnosis; findings have to be clinically correlated. Ultrasound has its limitations in obese patients and in retroperitoneal organs. All congenital abnormalities cannot be detected on ultrasound. This report is not for medico-legal purposes.**

ID: 284  
MRS PRIYANKA  
Female 26 Years

HR : 88 bpm  
P : 90 ms  
PR : 136 ms  
QRS : 78 ms  
QT/QTc : 354/429 ms  
P/QRS/T : 56/63/15 °  
RV5/SV1 : 1.118/0.967 mV

Diagnosis Information:

Sinus rhythm  
QRS changes V3/V4 may be due to LVH but cannot rule out anterior infarct  
Inferior T wave abnormality may be age and gender related  
: consider normal variant  
Abnormal ECG  
Report Confirmed by  
**Dr. Animesh Choudhary**  
MD Medicine  
Reg. No. CGMC 3583/2011  
Apollo Clinic Raipur



**NAME OF PATIENT: MRS. PRIYANKA**

**AGE: 26YRS / FEMALE**

**REFERRED BY: BOB**

**DATE: 13/01/2024.**

**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.**

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

Patient Name Mrs. Priyanka

Date 13/01/24

Sex/Age M/26y

MR No .....

Employee Id .....

EXTERNAL EXAMINATION				
SQUINT				
NYSTAGMUS				
COLOUR VISION				
FUNDUS:(RE):- <u>WNL</u> (LE):- <u>WNL</u>				
INDIVIDUAL COLOUR IDENTIFICATION <u>Good</u>				
DISTANT VISION:(RE):- <u>6/6</u> (LE):- <u>6/6</u>				
NEAR VISION:(RE):- <u>6/6</u> (LE):- <u>6/6</u>				
NIGHT BLINDNESS <u>NO</u>				
	SPH	CYL	AXIS	ADD
RIGHT	—————			
LEFT	—————			
REMARKS :-				



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

Priyanka Sahu / 26y / NF      13/1/24

No chief complaints  
M/U - PMS - R<sub>2</sub>/NF 2-3 days / 27-30 days  
LMP - 7/1/24.

O/E

Vitals stable

P/v. Cx normal  
No discharge

Adv  
Pap smear



Patient Name : MRS PRIYANKA PRIYADARSHINE  
 UHID/ MR No : 8607  
 Visit Date : 13/01/2024  
 Sample Collected On : 13/01/2024 02:35PM  
 Ref. Doctor : SELF  
 Sponsor Name :

Age/Gender : 26 Y Female  
 OP Visit No : OPD-UNIT-II-2  
 Reported On : 13/01/2024 06:14PM

### HAEMATOLOGY

Investigation	Observed Value	Unit	Biological Reference Interval
<b>HEMOGRAM</b>			
Haemoglobin(HB) Method: CELL COUNTER	12.7	gm/dl	12 - 16
Erythrocyte (RBC) Count Method: CELL COUNTER	4.63	mill/cu.mm.	4.20 - 6.00
PCV (Packed Cell Volume) Method: CELL COUNTER	38.10	%	39 - 52
MCV (Mean Corpuscular Volume) Method: CELL COUNTER	82.3	fL	76.00 - 100
MCH (Mean Corpuscular Haemoglobin) Method: CELL COUNTER	27.4	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	13.8	%	11- 16
Total Leucocytes (WBC) Count Method: CELL COUNTER	7.51	cells/cumm	3.50 - 11.00
Neutrophils Method: CELL COUNTER	62	%	40.0 - 73.0
Lymphocytes Method: CELL COUNTER	27	%	15.0 - 45.0
Eosinophils Method: CELL COUNTER	06	%	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

Page 5 of 6

*(Signature)*  
 DR DHANANJAY RAMCHANDRA PRASAD  
 M.D. PATHOLOGY

\*THIS PAPER IS USED FOR CLINICAL REPORTING PURPOSE ONLY

Apollo Clinic

LICENSEE : SAMRIDDI AROGYAM PVT. LTD.

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

 +91 96918 26363

 0771 4033341/42

Patient Name : MRS PRIYANKA PRIYADARSHINE  
UHID/ MR No : 8607  
Visit Date : 13/01/2024  
Sample Collected On : 13/01/2024 02:35PM  
Ref. Doctor : SELF  
Sponsor Name :

Age/Gender : 26 Y Female  
OP Visit No : OPD-UNIT-II-1  
Reported On : 13/01/2024 06:14PM

### HAEMATOLOGY

Investigation	Observed Value	Unit	Biological Reference Interval
Platelet Count Method: CELL COUNTER	245	lacs/cu.mm	150-400
ESR- Erythrocyte Sedimentation Rate Method: Westergren's Method	10	mm /HR	0 - 20

### Blood Group (ABO Typing)

Blood Group (ABO Typing) : O  
RhD factor (Rh Typing) : POSITIVE

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

Lab Technician / Technologist  
path

Page 6 of 6

  
DR DHANANJAY RAMCHANDRA PRASAD  
M.D. PATHOLOGY



Patient Name : MRS PRIYANKA PRIYADARSHINE  
 UHID/ MR No : 8607  
 Visit Date : 13/01/2024  
 Sample Collected On : 13/01/2024 02:35PM  
 Ref. Doctor : SELF  
 Sponsor Name :

Age/Gender : 26 Y Female  
 OP Visit No : OPD-UNIT-II-2  
 Reported On : 13/01/2024 06:14PM

**BIO CHEMISTRY**

Investigation	Observed Value	Unit	Biological Reference Interval
HbA1c (Glycosalated Haemoglobin)	5.5	%	Non-diabetic: ≤5.6, Pre-Diabetic 5.7-6.4, Diabetic: ≥6.5

- HbA1c is used for monitoring diabetic control. It reflects the estimated average glucose (eAG).
  - 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%.
  - Trends in HbA1c are a better indicator of diabetic control than a solitary test.
  - Low glycosylated haemoglobin (below 4%) in a non-diabetic individual are often associated with systemic inflammation.
- HbA1c is used for monitoring diabetic control. It reflects the estimated average glucose (eAG).
  - 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%.
  - Trends in HbA1c are a better indicator of diabetic control than a solitary test.
  - Low glycosylated 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.
  - To estimate the eAG from the HbA1C value, the following equation is used:  $eAG(mg/dl) = 28.7 \cdot A1c - 46.7$
  - Interference of Haemoglobinopathies in HbA1c estimation.
    - For HbF > 25%, an alternate platform (Fructosamine) is recommended for testing of HbA1c.
    - Homozygous hemoglobinopathy is detected, fructosamine is recommended for monitoring diabetic status
    - Heterozygous state dete

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

Lab Technician / Technologist  
 path



Patient Name : MRS PRIYANKA PRIYADARSHINE  
 UHID/ MR No : 8607  
 Visit Date : 13/01/2024  
 Sample Collected On : 13/01/2024 02:35PM  
 Ref. Doctor : SELF  
 Sponsor Name :

Age/Gender : 26 Y Female  
 OP Visit No : OPD-UNIT-II-2  
 Reported On : 13/01/2024 06:14PM

### BIO CHEMISTRY

Investigation	Observed Value	Unit	Biological Reference Interval
<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	73.0	mg/dl	70 - 120
<b>KFT - RENAL PROFILE - SERUM</b>			
BUN-Blood Urea Nitrogen METHOD: Spectrophotometric	08	mg/dl	7 - 20
<b>Creatinine</b> METHOD: Spectrophotometric	0.80	mg/dl	0.6-1.4
<b>Uric Acid</b> Method: Spectrophotometric	3.2	mg/dL	2.6 - 7.2

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

Lab Technician / Technologist  
 path

Page 1 of 6

*Dhananjay*  
 DR DHANANJAY RAMCHANDRA PRASAD  
 M.D. PATHOLOGY

Patient Name : MRS PRIYANKA PRIYADARSHINE  
 UHID/ MR No : 8607  
 Visit Date : 13/01/2024  
 Sample Collected On : 13/01/2024 02:35PM  
 Ref. Doctor : SELF  
 Sponsor Name :

Age/Gender : 26 Y. Female  
 OP Visit No : OPD-UNIT-II-2  
 Reported On : 13/01/2024 06:14PM

**BIO CHEMISTRY**

Investigation	Observed Value	Unit	Biological Reference Interval
<b>LIPID PROFILE TEST (PACKAGE)</b>			
Cholesterol - Total	146.0	mg/dl	Desirable: < 200 Borderline High: 200-239 High: >= 240
Triglycerides level	132.0	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	77.60	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	26.40	mg/dl	6 - 38
Total Cholesterol/HDL Ratio	3.48		3.5 - 5
Method: Spectrophotometric			

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

Lab Technician / Technologist  
 path



Patient Name : MRS PRIYANKA PRIYADARSHINE  
UHID/ MR No : 8607  
Visit Date : 13/01/2024  
Sample Collected On : 13/01/2024 02:35PM  
Ref. Doctor : SELF  
Sponsor Name :

Age/Gender : 26 Y Female  
OP Visit No : OPD-UNIT-II-1  
Reported On : 13/01/2024 06:14PM

### CLINICAL PATHOLOGY

Investigation	Observed Value	Unit	Biological Reference Interval
<b>URINE ROUTINE EXAMINATION</b>			
<b>Physical Examination</b>			
Volum of urine	25ML		
Appearance	Clear		Clear
Colour	Pale Yellow		Colourless
Specific Gravity	1.020		1.001 - 1.030
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		Absent
<b>Microscopic Examination</b>			
RBC (Urine)	0-1	/hpf	0 - 2
Pus cells	4-6	/hpf	0 - 5
Epithelial Cell	4-6	/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

Page 1 of 2

DR DHANANJAY RAMCHANDRA PRASAD  
M.D. PATHOLOGY

Patient Name : MRS PRIYANKA PRIYADARSHINE  
 UHID/ MR No : 8607  
 Visit Date : 13/01/2024  
 Sample Collected On : 13/01/2024 02:35PM  
 Ref. Doctor : SELF  
 Sponsor Name :

Age/Gender : 26 Y. Female  
 OP Visit No : OPD-UNIT-II-2  
 Reported On : 13/01/2024 06:14PM

### BIO CHEMISTRY

Investigation	Observed Value	Unit	Biological Reference Interval
<b>LIVER FUNCTION TEST</b>			
<b>Bilirubin - Total</b> Method: Spectrophotometric	0.8	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	0.60	mg/dl	0 - 1
<b>SGOT (AST)</b> Method: Spectrophotometric	19	U/L	0 - 32
<b>SGPT (ALT)</b> Method: Spectrophotometric	23	U/L	0 - 33
<b>ALKALINE PHOSPHATASE</b>	75	U/L	25-147
<b>Total Proteins</b> Method: Spectrophotometric	6.5	g/dl	6 - 8
<b>Albumin</b> Method: Spectrophotometric	4.3	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	1.95	%	1.1 - 2.2

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

Lab Technician / Technologist  
 path

Page 3 of 6

*(Signature)*  
 DR DHANANJAY RAMCHANDRA PRASAD  
 M.D. PATHOLOGY

44 / MRS PRIYANKA PRIVADARSHINEE SAHOO / 26 Yrs / F / 153 Cms / 66 Kg  
 Date: 13 / 01 / 2024

Stage	Time	Duration	Speed(kmph)	Elevation	METS	Rate	%THR	BP	RPP	PVC	Comments
Supine	00:15	0:15	00.0	00.0	01.0	099	51%	120/80	118	00	
ExStart	00:22	0:07	00.0	00.0	01.0	100	52%	120/80	120	00	
BRUCE Stage 1	03:22	3:00	02.7	10.0	04.7	174	90%	122/82	212	00	
PeakEx	05:04	1:42	04.0	12.0	06.1	181	93%	124/84	224	00	
Recovery	05:34	0:30	00.8	00.0	01.7	176	91%	124/84	218	00	
Recovery	06:04	1:00	00.8	00.0	01.0	169	87%	124/84	209	00	
Recovery	06:42	1:39	00.0	00.0	01.0	150	77%	122/82	183	00	

**FINDINGS :**

Exercise Time : 04:42  
 Max HR Attained : 181 bpm 93% of Target 194  
 Max BP Attained : 124/84 (mm/Hg)  
 Max Workload Attained : 6.1 Fair response to induced stress  
 Test End Reasons : Test Complete, Heart Rate Achieved , Test Complete, Heart Rate Achieved , Test Complete , Test Compl

**REPORT :**

STRESS TEST IS NEGATIVE FOR REVERSIBLE MYOCARDIAL ISCHEMIA WITH FAIR FUNCTION CAPACITY



Doctor : DR DEEPA DAS MBBS DIP CARDIO

BRUCE:Supine(0:16)

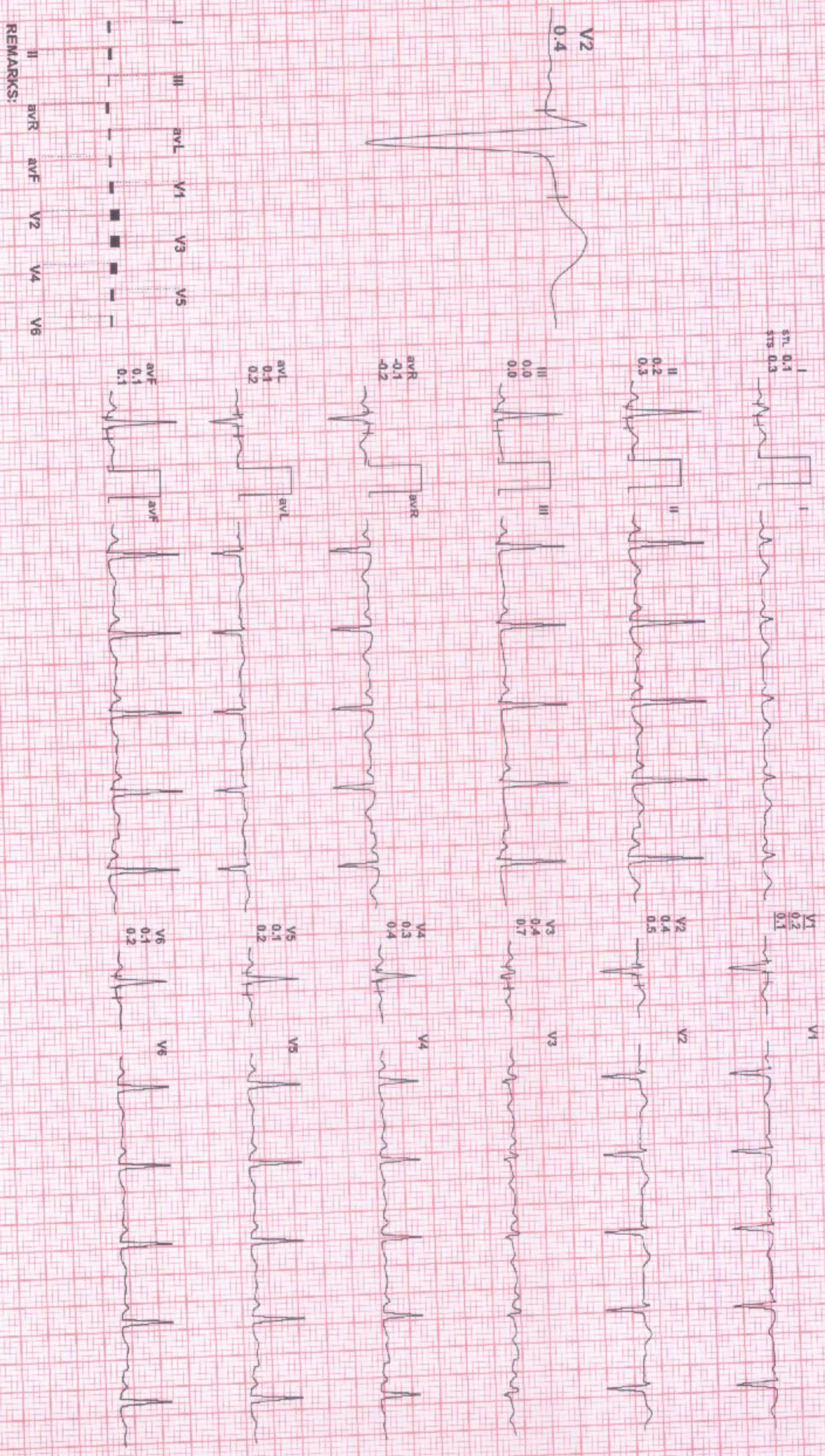


44 / MRS PRIYANKA PRIYADARSHINEE SAHOO / 26 Yrs / F / 153 Cms / 66 Kg / HR : 99

Date: 13 / 01 / 2024 METS: 1.0/ 99 bpm 51% of THR BP: 120/80 mmHg Combined Medians/ BLC On/ Natch On/ HF 0.05 Hz/LF 35 Hz

ExtIme: 00:00 0.0 Km/h 0.0%  
25 mm/Sec. 1.0 Cm/mV

4X 80 mS PostJ



REMARKS:

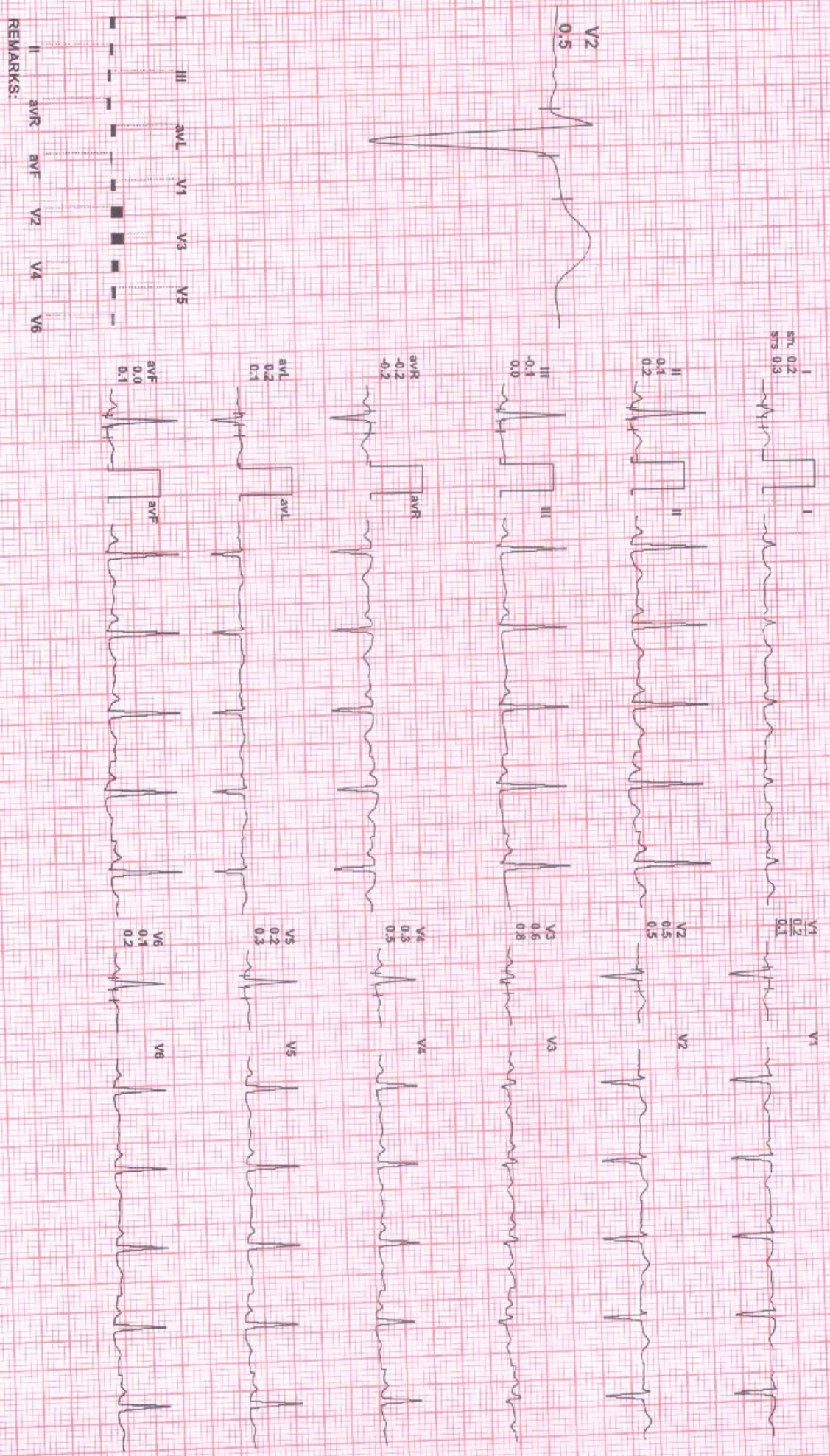
44 / MRS PRIYANKA PRIYADARSHINEE SAHOO / 26 Yrs / F / 153 Cms / 66 Kg / HR : 100

Date: 13 / 01 / 2024

METS: 1.0/ 100 bpm 52% of THR BP: 120/80 mmHg Combined Medians/ BLC On/ Notch On/ HF 0.05 Hz/ LF 35 Hz

EXTime: 00:00 0.0 Km/h 0.0%  
25 mm/Sec. 1.0 Cm/mV

4X 80 mS Paper J





44 / MRS PRIYANKA PRIYADARSHINEE SAHOO / 26 Yrs / F / 153 Cms / 66 Kg / HR : 174

BRUCE: Stage 1(3:00)



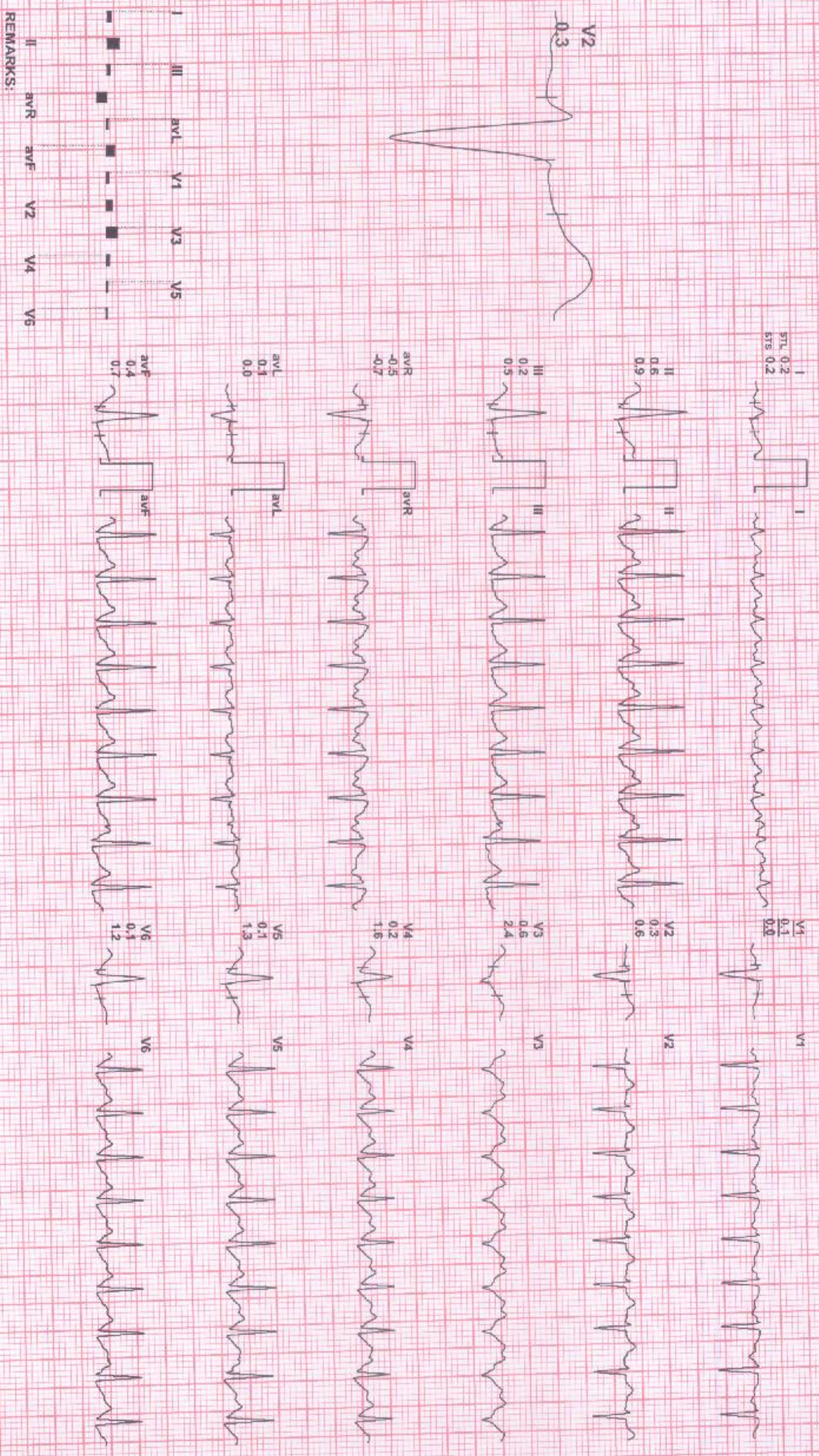
Date: 13/01/2024

MEETS: 4.7/174 bpm 90% of THR BP: 122/82 mmHg Combined Medians/ BLC On/ Notch On/ HF: 0.05 Hz/LF 35 Hz

EXTime: 03:00 2.7 Km/h, 10.0%

AX 60ms Post J

25 mm/Sec. 1.0 cm/mV



REMARKS:

44 / MRS PRIYANKA PRIYADARSHINEE SAHOO / 26 Yrs / F / 153 Cms / 66 Kg / HR : 181

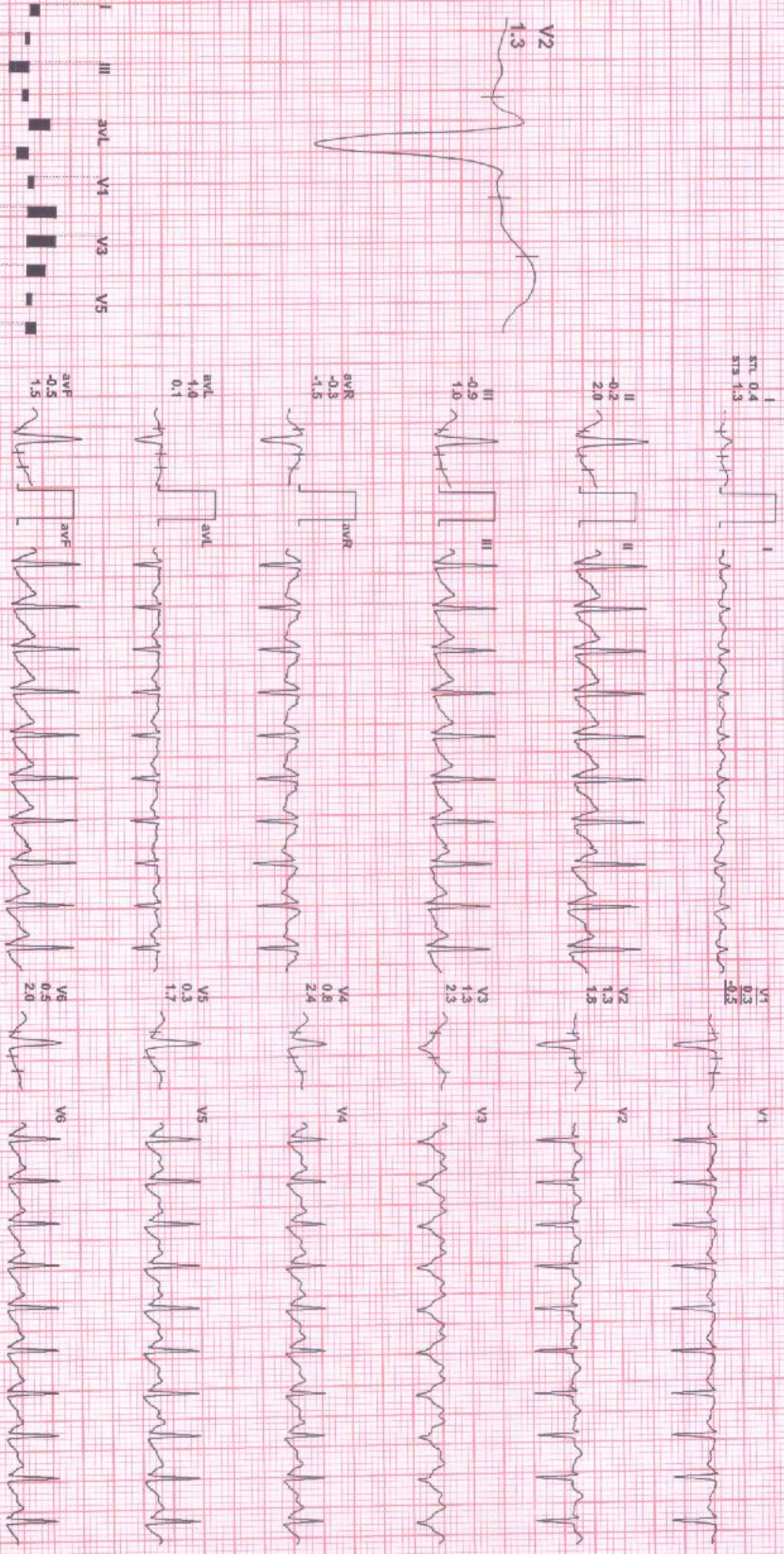
Date: 13/01/2024

METS: 6.1/181 bpm 93% of THR BP: 124/84 mmHg Combined Medians/ BLC On/ NaCh On/ HF 0.05 Hz/LF 35 Hz

4X 80 MS Post J

EXTime: 04:43 4.0 Km/h 12.0%  
25 mm/Sec. 1.0 Cm/mV

PeaKEx



REMARKS:



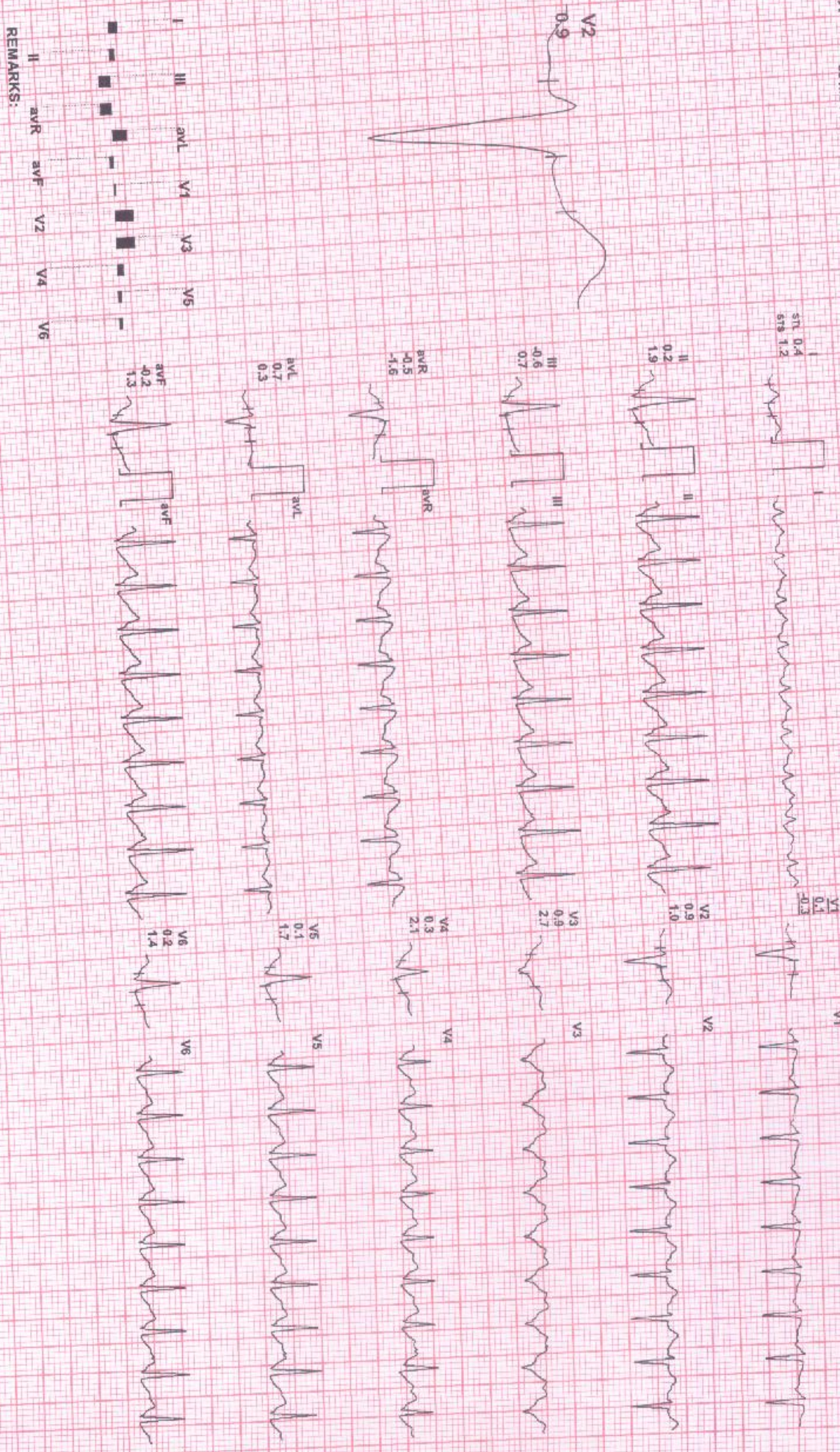
44 / MRS PRIYANKA PRIYADARSHINEE SAHOO / 26 Yrs / F / 153 Cms / 66 Kg / HR : 176

Date: 13 / 01 / 2024

METS: 1.7/ 176 bpm 91% of THR BP: 124/84 mmHg Combined Medians/ Bl C On/ Natch On/ HF 0.05 Hz/LF 35 Hz

EXTime: 04:42 0.8 Km/h, 0.0%  
25 min/Sec: 1.0 Ch/min

4X 60 ms Post J



REMARKS:

Recovery(1:00)



44 / MRS PRIYANKA PRIYADARSHINEE SAHOO / 26 Yrs / F / 153 Cms / 66 Kg / HR : 169

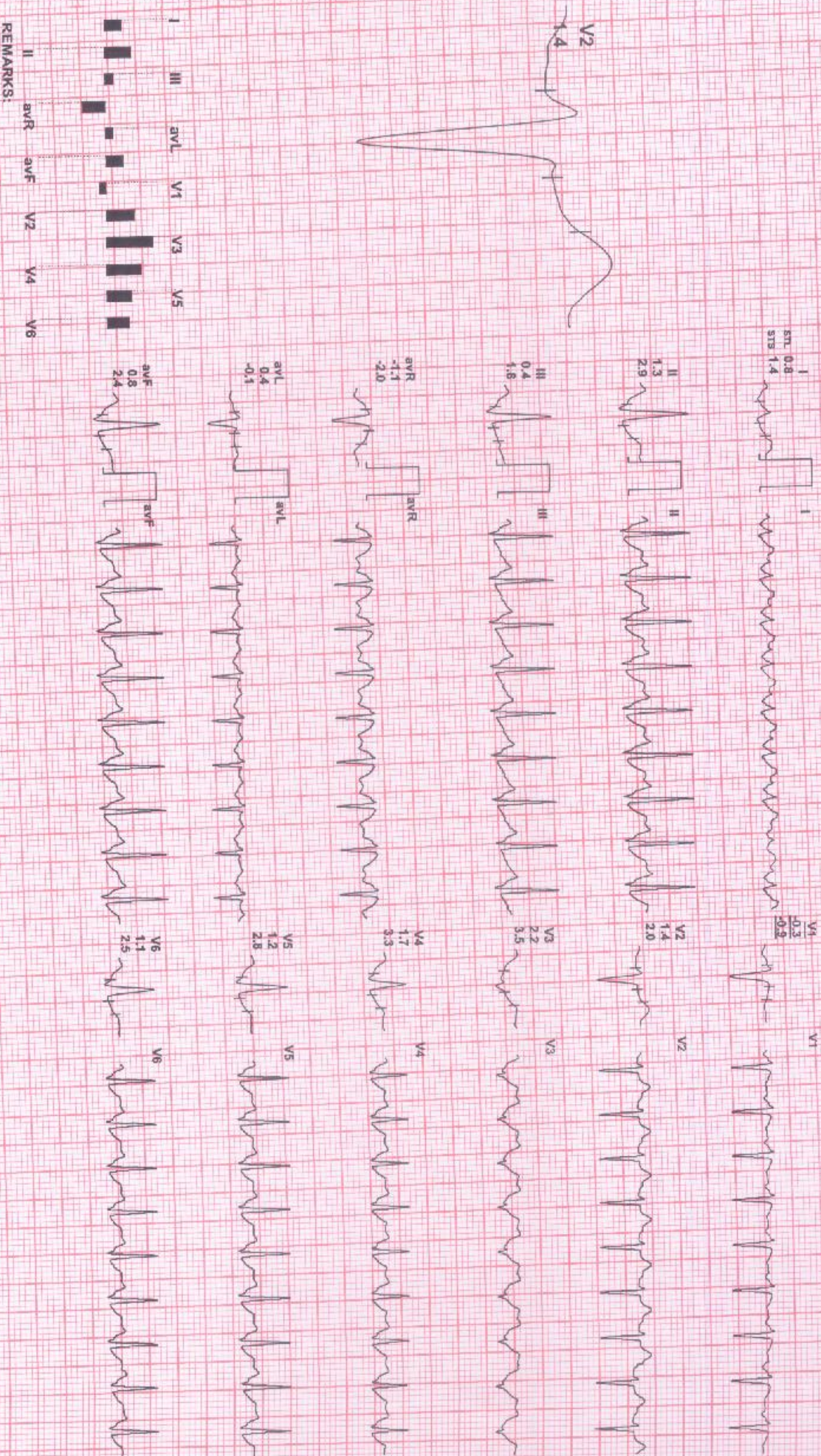
Date: 13 / 01 / 2024

MEETS: 1.0/ 169 bpm 87% of THR BP: 124/84 mmHg Combined Medians/ BLC On/ Notch On/ HF 0.05 Hz/LF 35 Hz

EXTime: 04:42 0.8 Km/h, 0.0%

29 mm/Sec. 1.0 Cm/mV

4X 60ms-Post V



REMARKS:



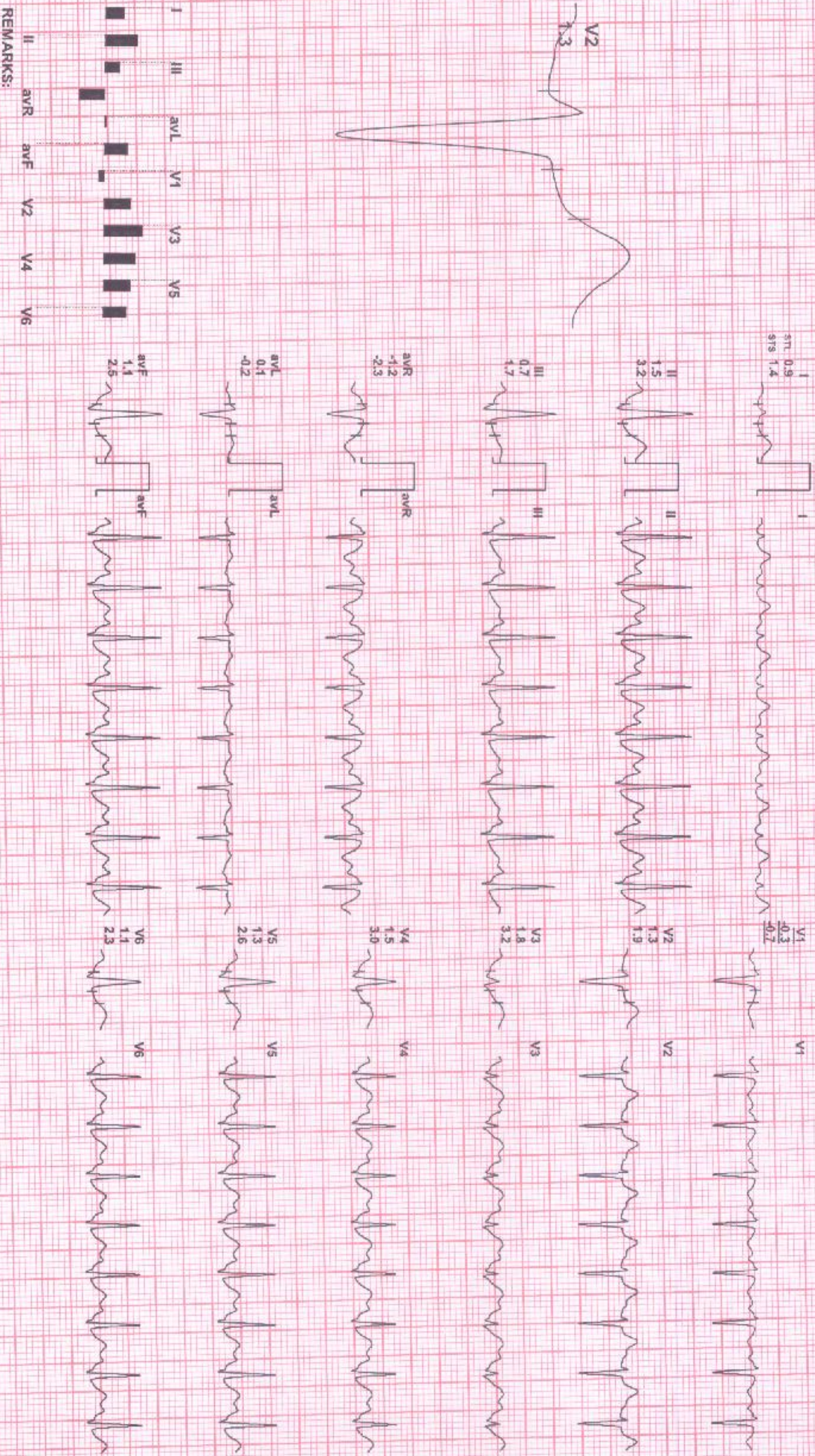
Date: 13/01/2024

METS: 1.0/ 150 bpm 77% of THR BP- 122/82 mmHg Combined Medians/ BLC On/ Natch On/ HF 0.05 Hz/L F 35 HZ

ExTime: 04:42 0.0 Km/h, 0.0%

4X 60 ms Post J

25 mm/Sec 1.0 cm/mV



REMARKS:

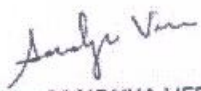
Patient Name : Mrs.PRIYANKA PRIYADARSHINEE SAHOO	Collected : 13/Jan/2024 05:29PM
Age/Gender : 26 Y 0 M 0 D /F	Received : 13/Jan/2024 07:10PM
UHID/MR No : DSUS.0000006098	Reported : 13/Jan/2024 08:00PM
Visit ID : DSUSOPV7104	Status : Final Report
Ref Doctor : APOLLO CLINIC	Client Name : PUP APOLLO CLINIC SAMRIDDI AR
IP/OP NO :	Patient location : Raipur,Raipur

**DEPARTMENT OF BIOCHEMISTRY**

Test Name	Result	Unit	Bio. Ref. Range	Method
CALCIUM , SERUM	9.90	mg/dL	8.4 - 10.2	Arsenazo-III

**Comments:-**

Serum calcium measurements are done to monitor and diagnose disorders of skeletal system, parathyroid gland, kidney, muscular disorders, and abnormal vitamin D and protein levels.

**Dr. SANDHYA VERMA**

MBBS, MD, (Pathology)  
Consultant Pathologist

\*THIS PAPER IS USED FOR CLINICAL REPORTING PURPOSE ONLY

LIC. GYAM PVT. LTD.

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



+91 96918 26363

0771 4033341/42

Patient Name : Mrs.PRIYANKA PRIYADARSHINEE SAHOO	Collected : 13/Jan/2024 05:29PM
Age/Gender : 26 Y 0 M 0 D /F	Received : 13/Jan/2024 06:17PM
UHID/MR No : DSUS.0000006098	Reported : 13/Jan/2024 07:29PM
Visit ID : DSUSOPV7104	Status : Final Report
Ref Doctor : APOLLO CLINIC	Client Name : PUP APOLLO CLINIC SAMRIDDHI AR
IP/OP NO :	Patient location : Raipur,Raipur

**DEPARTMENT OF IMMUNOLOGY**

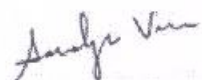
Test Name	Result	Unit	Bio. Ref. Range	Method
<b>THYROID PROFILE TOTAL (T3, T4, TSH) , SERUM</b>				
TRI-IODOTHYRONINE (T3, TOTAL)	1.32	ng/mL	0.6-1.81	CLIA
THYROXINE (T4, TOTAL)	12.20	µg/dL	3.2-12.6	CLIA
THYROID STIMULATING HORMONE (TSH)	4.940	µIU/mL	0.35-5.5	CLIA

**Comment:**

<b>For pregnant females</b>	<b>Bio Ref Range for TSH in uIU/ml (As per American Thyroid Association)</b>
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



**Dr. SANDHYA VERMA**

MBBS, MD, (Pathology)

Consultant Pathologist

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



+91 96918 26363

0771 4033341/42

Patient Name : Mrs.PRIYANKA PRIYADARSHINEE SAHOO	Collected : 13/Jan/2024 05:29PM
Age/Gender : 26 Y 0 M 0 D /F	Received : 13/Jan/2024 08:38PM
UHID/MR No : DSUS.0000006098	Reported : 13/Jan/2024 09:08PM
Visit ID : DSUSOPV7104	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
VITAMIN D (25 - OH VITAMIN D) , SERUM	4.20	ng/mL	30-100	CLIA

**Comment:**

**BIOLOGICAL REFERENCE RANGES**

VITAMIN D STATUS	VITAMIN D 25 HYDROXY (ng/mL)
DEFICIENCY	<10
INSUFFICIENCY	10 – 30
SUFFICIENCY	30 – 100
TOXICITY	>100

The biological function of Vitamin D is to maintain normal levels of calcium and phosphorus absorption. 25-Hydroxy vitamin D is the storage form of vitamin D. Vitamin D assists in maintaining bone health by facilitating calcium absorption. Vitamin D deficiency can also cause osteomalacia, which frequently affects elderly patients.

Vitamin D Total levels are composed of two components namely 25-Hydroxy Vitamin D2 and 25-Hydroxy Vitamin D3 both of which are converted into active forms. Vitamin D2 level corresponds with the exogenous dietary intake of Vitamin D rich foods as well as supplements. Vitamin D3 level corresponds with endogenous production as well as exogenous diet and supplements.

Vitamin D from sunshine on the skin or from dietary intake is converted predominantly by the liver into 25-hydroxy vitamin D, which has a long half-life and is stored in the adipose tissue. The metabolically active form of vitamin D, 1,25-di-hydroxy vitamin D, which has a short life, is then synthesized in the kidney as needed from circulating 25-hydroxy vitamin D. The reference interval of greater than 30 ng/mL is a target value established by the Endocrine Society.

**Decreased Levels:**

- Inadequate exposure to sunlight.
- Dietary deficiency.
- Vitamin D malabsorption.
- Severe Hepatocellular disease.
- Drugs like Anticonvulsants.
- Nephrotic syndrome.

**Increased levels:**

- Vitamin D intoxication.



  
**DR. MANKAL KUJUR**  
 M.B.B.S, M.D(Pathology)  
 Consultant Pathologist

\*THIS PAPER IS USED FOR CLINICAL REPORTING PURPOSE ONLY

LICENCEE, SAMBARKANARAGYAM PVT. LTD.

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

Enquiry No. 106890166 | Clinic.com | Website : www.apolloclinic.com

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

 **+91 96918 26363**

 **0771 4033341/42**



Patient Name : Mrs.PRIYANKA PRIYADARSHINEE SAHOO	Collected : 13/Jan/2024 05:29PM
Age/Gender : 26 Y 0 M 0 D /F	Received : 13/Jan/2024 06:17PM
UHID/MR No : DSUS.0000006098	Reported : 13/Jan/2024 08:44PM
Visit ID : DSUSOPV7104	Status : Final Report
Ref Doctor : APOLLO CLINIC	Client Name : PUP APOLLO CLINIC SAMRIDDHI AR
IP/OP NO :	Patient location : Raipur,Raipur

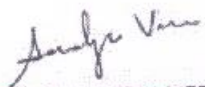
**DEPARTMENT OF IMMUNOLOGY**

Test Name	Result	Unit	Bio. Ref. Range	Method
VITAMIN B12 , SERUM	166	pg/mL	180-914	CLIA

**Comment:**

- Vitamin B12 deficiency frequently causes macrocytic anemia, glossitis, peripheral neuropathy, weakness, hyperreflexia, ataxia, loss of proprioception, poor coordination, and affective behavioral changes.
- The most common cause of deficiency is malabsorption either due to atrophy of gastric mucosa or diseases of terminal ileum. Patients taking vitamin B12 supplementation may have misleading results.
- A normal serum concentration of B12 does not rule out tissue deficiency of vitamin B12 .
- The most sensitive test for B12 deficiency at the cellular level is the assay for MMA. If clinical symptoms suggest deficiency, measurement of MMA and homocysteine should be considered, even if serum B12 concentrations are normal.
- Increased levels can be seen in Chronic renal failure, Congestive heart failure, Leukemias, Polycythemia vera, Liver disease etc.

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



**Dr. SANDHYA VERMA**  
MBBS, MD, (Pathology)  
Consultant Pathologist

\*THIS PAPER IS USED FOR CLINICAL REPORTING PURPOSE ONLY



+91 96918 26363

0771 4033341/42