

Laboratory Report

Patient Name : MRS NISHA
Age/Gender : 49 Yrs/Female
Ref. Dr. :
Center : CMH OPD

 **CPL24/20200**
Registration Date : 10/08/2024 03:44 PM
Collection Date : 10/08/2024 03:48 PM
Report Date : 11/08/2024 12:37 PM



HAEMATOLOGY REPORT

Test Description	Result	Unit	Biological Reference Ranges
COMPLETE BLOOD COUNT			
Haemoglobin	13.1	gm/dL	11.0 - 15.0
RBC Count	4.32	mil/cu.mm	3.50 - 5.50
Hematocrit HCT	39.3	%	37.0 - 47.0
Mean Corp Volume MCV	91.0	fL	80.0 - 100.0
Mean Corp Hb MCH	30.3	pg	27.0 - 34.0
Mean Corp Hb Conc MCHC	33.3	gm/dL	32.0 - 36.0
Platelet Count	1.70	lac/cmm	1.50 - 4.50
Total WBC Count /TLC	6.1	10 ³ /cu.mm	4.0 - 11.0
DIFFERENTIAL LEUCOCYTE COUNT			
Neutrophils	85	%	40 - 70
Lymphocytes	11	%	20 - 40
Monocytes	02	%	02 - 10
Eosinophils	02	%	01 - 06
Basophils	00	%	00 - 01
Absolute Differential Count			
Absolute Neutrophils Count	5.2	thou/mm ³	2.00 - 7.00
Absolute Lymphocyte Count	0.7	thou/mm ³	1.00 - 3.00
Absolute Monocytes Count	0.1	thou/mm ³	0.20 - 1.00
Absolute Eosinophils Count	0.1	thou/mm ³	0.02 - 0.50

EDTA Whole Blood - Tests done on Automated Three Part Cell Counter. (WBC, RBC Platelet count by impedance method, WBC differential by VCS technology other parameters calculated) All Abnormal Haemograms are reviewed confirmed microscopically.




Dr. Sushil Kumar Sharma
M.D (Pathology)
Consultant Pathologist
Reg. No.-MP-30165

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Test Description	Result	Unit	Biological Reference Ranges
ESR - ERYTHROCYTE SEDIMENTATION RATE	17	mm/hr	0 - 20

Method: Wintrob's

INTERPRETATION :

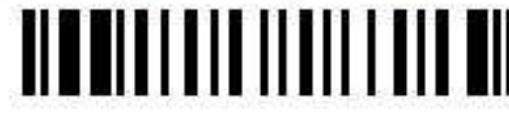
1. It indicates presence and intensity of an inflammatory process, never diagnostic of a specific disease. Changes are more significant than a single abnormal test.
2. It is a prognostic test and used to monitor the course or response to treatment of diseases like tuberculosis, bacterial endocarditis, acute rheumatic fever, rheumatoid arthritis, SLE, Hodgkins disease, temporal arteritis, polymyalgia rheumatica.
3. It is also increased in pregnancy, multiple myeloma, menstruation, and hypothyroidism.




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Test Description	Result	Unit	Biological Reference Ranges
HbA1c Glycosilated Haemoglobin	5.3	%	Non-diabetic: <= 6.0 Pre-diabetic: 6.0-7.0 Diabetic: >= 7.0
Estimated Average Glucose :	105	mg/dL	
Reference Range (Average Blood Sugar):			
Excellent control	: 90 - 120 mg/dl		
Good control	: 121 - 150 mg/dl		
Average control	: 151 - 180 mg/dl		
Action suggested	: 181 - 210 mg/dl		
Panic value	: > 211 mg/dl		

Interpretation & Remark:

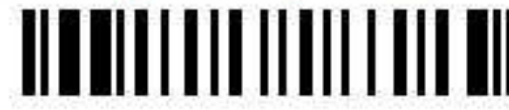
- HbA1c is used for monitoring diabetic control. It reflects the estimated average glucose (eAG).
- HbA1c has been endorsed by clinical groups & ADA (American Diabetes Association) guidelines 2017, for diagnosis of diabetes using a cut-off point of 6.5%.
- Trends in HbA1c are a better indicator of diabetic control than a solitary test.
- Low 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.
- To estimate the eAG from the HbA1C value, the following equation is used: $eAG(mg/dl) = 28.7 * A1c - 46.7$
- 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 detected (D10/ turbo is corrected for HbS and HbC trait).
- In known diabetic patients, following values can be considered as a tool for monitoring the glycemic control. Excellent Control - 6 to 7 %, Fair to Good Control - 7 to 8 %, Unsatisfactory Control - 8 to 10 % and Poor Control - More than 10 % .




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HAEMATOTOLOGY REPORT

Test Description	Result	Unit	Biological Reference Ranges
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BLOOD GROUP AND RH FACTOR

ABO Type : O
Rh Factor : POSITIVE(+VE)

Peripheral Blood Smear

Parasites : No Parasite Seen.

BIOCHEMISTRY REPORT

Test Description	Result	Unit	Biological Reference Ranges
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RENAL FUNCTION TEST (RFT)

Blood Urea	26.0	mg/dl	15 - 50
Serum Creatinine	0.72	mg/dl	0.6 - 1.5
eGFR	99	ml/min	
Blood Urea Nitrogen-BUN	12.15	mg/dl	7 - 20
Serum Sodium	137.0	mmol/L	135 - 150
Serum Potassium	4.61	mmol/L	3.5 - 5.0
Chloride	97.5	mmol/L	94.0 - 110.0
Uric Acid	5.1	mg/dl	2.6 - 6.0

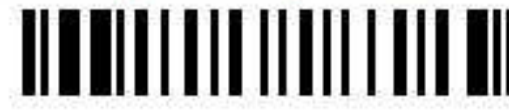
NOTE : Please correlate with clinical conditions.




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BIOCHEMISTRY REPORT

Test Description	Result	Unit	Biological Reference Ranges
LIVER FUNCTION TEST (LFT)			
TOTAL BILIRUBIN	0.78	mg/dl	0 - 1.2
DIRECT BILIRUBIN	0.13	mg/dL	0 - 0.3
INDIRECT BILIRUBIN	0.65	mg/dl	0.1 - 0.8
SGOT (AST)	24.4	U/L	0 - 35
SGPT (ALT)	16.3	U/L	0 - 45
ALKALINE PHOSPHATASE	85.7	U/L	64 - 147
GAMMA GLUTAMYL TRANSFERASE	21.7	IU/L	12 - 43
TOTAL PROTEIN	6.77	g/dl	6.4 - 8.3
SERUM ALBUMIN	4.02	g/dl	3.2 - 5.2
SERUM GLOBULIN	2.75	g/dl	1.8 - 3.6
A/G RATIO	1.46		1.2 - 2.2

NOTE : Please correlate with clinical conditions.




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BIOCHEMISTRY REPORT

Test Description	Result	Unit	Biological Reference Ranges
LIPID PROFILE			
Cholesterol-Total	211.0	mg/dL	< 200 Desirable 200-239 Borderline High > 240 High
Triglycerides level	127.8	mg/dL	< 150 Normal 150-199 Borderline High 200-499 High > 500 Very High
HDL Cholesterol	37.8	mg/dL	< 40 Major Risk for Heart > 40 Normal
LDL Cholesterol	147.64	mg/dL	< 100 Optimal 100-129 Near/Above Optimal 130-159 Borderline high 160-189 High > 190 Very High
VLDL Cholesterol	25.56	mg/dL	6 - 38
CHOL/HDL RATIO	5.58		3.5 - 5.0
LDL/HDL RATIO	3.91		2.5 - 3.5

NOTE

8-10 hours fasting sample is required




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BIOCHEMISTRY REPORT

Test Description	Result	Unit	Biological Reference Ranges
Post-Prandial Blood Sugar <i>Method: Hexokinase</i>	82.1	mg/dl	70 - 140
Interpretation:- Normal: 70-140 Impaired Glucose Tolerance:140-200 Diabetes mellitus: >= 200 (on more than one occassion)			
Gamma Glutamyl Transferase (GGT)-Serum	15.8	IU/L	12 - 43

CLINICAL BIOCHEMISTRY REPORT

Test Description	Result	Unit	Biological Reference Ranges
Fasting Blood Sugar <i>Method: GOD-POD</i>	82.1	mg/dl	Normal: 70-110 Impaired Fasting Glucose(IFG): 100-125 Diabetes mellitus: >= 126

Note:- An individual may show higher fasting glucose level in comparison to post prandial glucose level due to following reasons. The glycaemic index and response to food consumed, Changes in body composition, Increased insulin response and sensitivity, Alimentary hypoglycemia, Renal glycosuria, Effect of oral hypoglycaemics & Insulin treatment.




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SEROLOGY & IMMUNOLOGY REPORT

Test Description	Result	Unit	Biological Reference Ranges
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RA FACTOR (QUANTITATIVE)

RHEUMATOID FACTOR (RF)	14.6	IU/ml	0 - 20
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Interpretation :

Less than 20 -- Negative	50 - 100 -- elevated
20 - 50 -- Slightly elevated	More than 100 -- Highly elevated

R.A.Factor has been demonstrated in approximately 80 % of the patients with Rheumatoid arthritis.

In early or subclinical chronic phase of the disease, there may be false negative results hence, delayed appearance of Rheumatoid factor.

False positive results can occur in hepatitis sarcoidosis, cirrhosis of liver, sjogren's syndrome, acute bacterial and viral infection. As with all other diagnosis of rheumatoid should be made on test result in conjunction with complete clinical evaluation.




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IMMUNOASSAY REPORT

Test Description	Result	Unit	Biological Reference Ranges
TRI-iodothyronin, (T3)	1.28	ng/mL	0.69 - 2.15
Thyroxin, (T4)	69.4	ng/mL	52 - 127
Thyroid Stimulating Hormone(TSH)- Serum	2.93	μIU/mL	0.3-4.5 Pregnancy (As per American Thyroid Association) First Trimester : 0.1-2.5 Second Trimester : 0.2-3.0 Third trimester : 0.3-3.0

Method: CLIA

INTERPRETATION

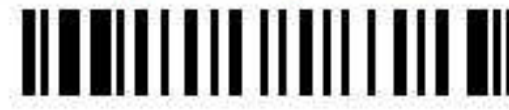
TSH	T3 / FT3	T4 / FT4	Suggested Interpretation for the Thyroid Function Tests Pattern
Within Range	Decreased	Within Range	• Isolated Low T3-often seen in elderly & associated Non-Thyroidal illness. In elderly the drop in T3 level can be upto 25%.
Raised	Within Range	Within Range	• Isolated High TSH especially in the range of 4.7 to 15 mIU/ml is commonly associated with Physiological & Biological TSH Variability. • Subclinical Autoimmune Hypothyroidism • Intermittent T4 therapy for hypothyroidism • Recovery phase after Non-Thyroidal illness"
Raised	Decreased	Decreased	• Chronic Autoimmune Thyroiditis • Post thyroidectomy, Post radioiodine • Hypothyroid phase of transient thyroiditis"
Raised or within Range	Raised	Raised or within Range	• Interfering antibodies to thyroid hormones (anti-TPO antibodies) • Intermittent T4 therapy or T4 overdose • Drug interference- Amiodarone, Heparin, Beta blockers, steroids, anti-epileptics"
Decreased	Raised or within Range	Raised or within Range	• Isolated Low TSH -especially in the range of 0.1 to 0.4 often seen in elderly & associated with Non-Thyroidal illness • Subclinical Hyperthyroidism • Thyroxine ingestion"
Decreased	Decreased	Decreased	• Central Hypothyroidism • Non-Thyroidal illness • Recent treatment for Hyperthyroidism (TSH remains suppressed)"
Decreased	Raised	Raised	• Primary Hyperthyroidism (Graves' disease), Multinodular goitre, Toxic nodule • Transient thyroiditis: Postpartum, Silent (lymphocytic), Postviral (granulomatous, subacute, DeQuervain's), Gestational thyrotoxicosis with hyperemesis gravidarum"
Decreased or within Range	Raised	Within Range	• T3 toxicosis • Non-Thyroidal illness




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URINE EXAMINATION REPORT

Test Description	Result	Unit	Biological Reference Ranges
URINE ROUTINE			
General Examination			
Colour	Pale Yellow		Pale Yellow
Transparency (Apperance)	Clear		Clear
Deposit	Absent		Absent
Reaction (pH)	Acidic		5.0-8.5
Specific Gravity	1.025		-1.005-1.030
Chemical Examination			
Urine Protein	Absent		Absent
Urine Ketones (Acetone)	Absent		Absent
Urine Glucose	Absent		Absent
Bile pigments	Absent		Absent
Bile salts	NIL		NIL
Urobilinogen	Normal		Normal
Nitrite	Negative		Negative
Microscopic Examination			
RBC's	NIL	/hpf	NIL
Leukocyte (Pus cells)	2-4	/hpf	0-5/hpf
Epithelial Cells	1-2	/hpf	0-4/hpf
Crystals	Absent		Absent
Casts	Not Seen		Not Seen
Amorphous deposits	Absent		Absent
Bacteria	Not seen		Not seen
Yeast Cells	Not seen		Not seen

Note : 1. Chemical examination through Dipstick includes test methods as Protein (Protein Error Principle), Glucose (Glucose oxidase-Peroxidase), Ketone (Legals Test), Bilirubin (Azo- Diazo reaction), Urobilinogen (Diazonium ion Reaction) Nitrite (Griess Method). All abnormal results of chemical examination are confirmed by manual methods. 2. Pre-test conditions to be observed while submitting the sample- First void, mid-stream urine, collected in a clean, dry, sterile container is recommended for routine




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urine analysis, avoid contamination with any discharge from vaginal, urethra, perineum, as applicable, avoid prolonged transit time & undue exposure to sunlight. 3. During interpretation, points to be considered are Negative nitrite test does not exclude the urinary tract infections, Trace proteinuria can be seen with many physiological conditions like prolonged recumbency, exercise, high protein diet. False positive reactions for bile pigments, proteins, glucose and nitrites can be caused by peroxidase like activity by disinfectants, therapeutic dyes,

**** End of the report****

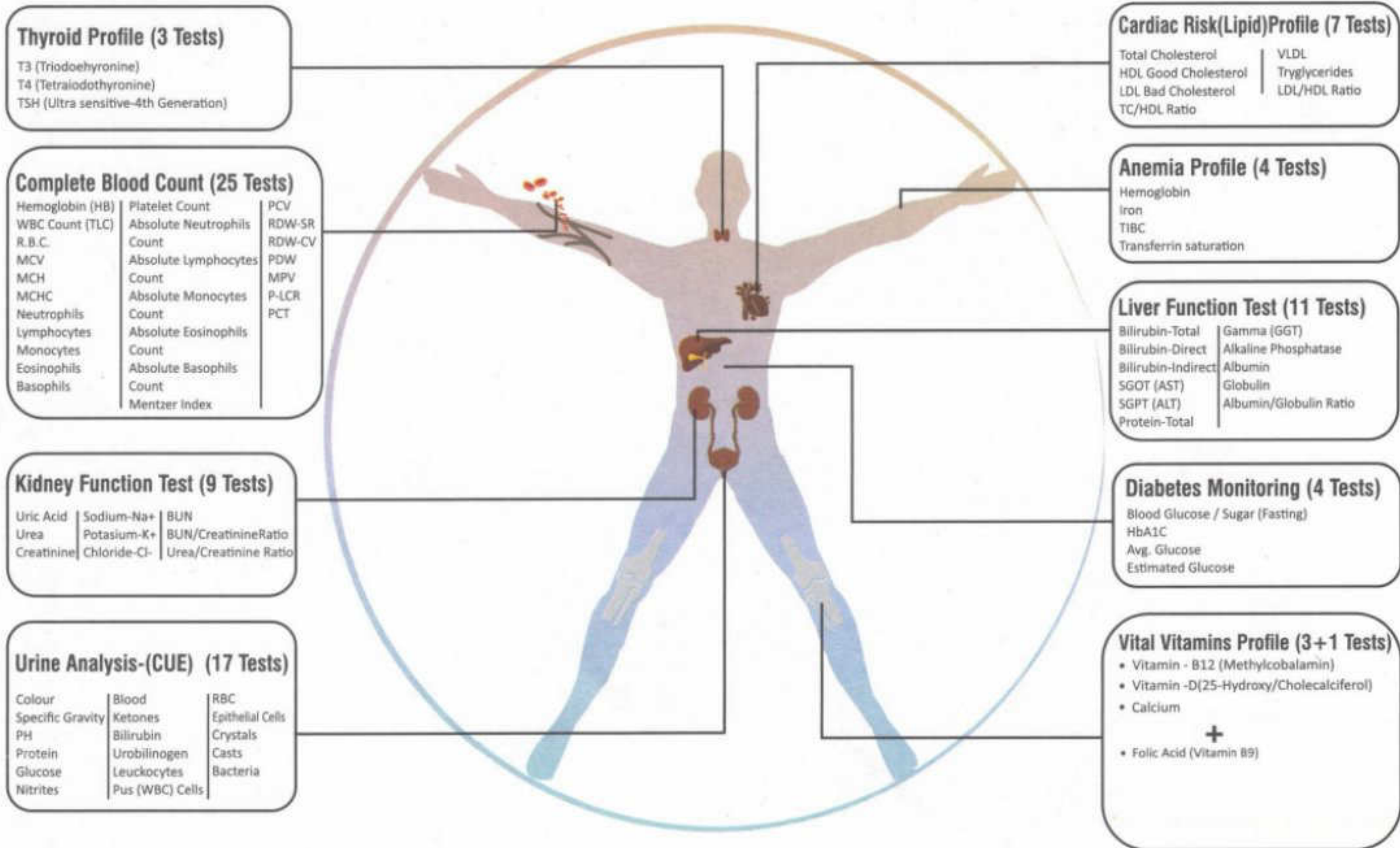
This report is not valid for medico legal aspects. This is just a professional opinion not the final. Kindly correlate clinically because of technical, lack of clinical information and physical findings, if any disparity noted please inform.

Citi
PATHLABS



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BODY CARE



CONDITIONS OF REPORTING

- Individual laboratory investigations should not be considered as conclusive and should be used along with other relevant clinical examinations to achieve the final diagnosis. Therefore these reported results are for the information of referring clinician only
- The values of a laboratory investigation are dependent on the quality of the sample as well as the assay procedures used. Further all samples collected outside Citi Pathlabs labs / patient centers are required to be prepared, stored, labelled and brought as per the guidelines of Citi Pathlabs. Citi Pathlabs cannot be held liable for incorrect results of any samples which are not as per the guidelines issued
- Electronic images in the report are created by electronic processing . Citi Pathlabs makes no expressed or implied warranties or representations with respect to it and takes no responsibility for the authenticity , quality and size of the image , affected possibly due to a computer virus or other contamination
- Citi Pathlabs confirms that all tests have been carried out with reasonable care, clinical safety & technical integrity
A. However due to certain factors such as reagent inconsistency , machine breakdown etc. beyond its control which could affect the testing , it does not make any representation or give any warranty about the accuracy of the reported results
B. The test results are to be used for help in diagnosing / treating medical diseases & not for forensic applications. Hence these results cannot be used for medico - legal purposes
- Partial representation of report is not allowed.
- All dispute / claims concerning to this report are subject to Bhopal jurisdiction only.

For Any Enquiry

Citi Pathlabs

Flat No. 004, Shivaay South City Complex,

Phase-2, G-3 Gulmohar Colony, Bhopal (M.P.)

citipathlabs@gmailcom

9454786340, 9407658222

MER- MEDICAL EXAMINATION REPORT

Date of Examination	10-08-2024		
NAME	NISHA		
AGE	49	Gender	F
HEIGHT(cm)	154	WEIGHT (kg)	69
B.P.	110/70		
EKG	WNL		
X Ray	Normal		
Vision Checkup	Color Vision : NO Far Vision Ratio : NO Near Vision Ratio : NO		
Present Ailments	No Any Present Ailments		
Details of Past ailments (If Any)	No Any Past Ailment's		
Comments / Advice : She /He is Physically Fit	She is physically fit		

Dr. SBYASACHI GUPTA
 MBBS (Gold Medal) / MD (Med) / RCGP (U.K.)
 Reg. No. 11671

Signature with Stamp of Medical Examiner

CERTIFICATE OF MEDICAL FITNESS

This is to certify that I have conducted the clinical examination

of NISHA on 10/08/2024

After reviewing the medical history and on clinical examination it has been found that he/she is

	Tick
<ul style="list-style-type: none"> • Medically Fit 	✓
<ul style="list-style-type: none"> • Fit with restrictions/recommendations <p>Though following restrictions have been revealed, in my opinion, these are not impediments to the job.</p> <p>1.....</p> <p>2.....</p> <p>3.....</p> <p>However the employee should follow the advice/medication that has been communicated to him/her.</p> <p>Review after _____</p>	✓
<ul style="list-style-type: none"> • Currently Unfit. <p>Review after _____ recommended</p>	✓
<ul style="list-style-type: none"> • Unfit 	✓

Dr. SABYASACHI GUPTA
MBBS (Gold Medalist), MD (Med.), RCGP (UK)

Reg. No. 11671

Dr. _____
Medical Officer
The Apollo Clinic, (Location)

This certificate is not meant for medico-legal purposes



भारत सरकार

Government of India



आधार

Issue Date: 19/01/2014



Nisha Karambelkar

Nisha Karambelkar

जन्म तिथि/DOB: 05/07/1975

महिला/ FEMALE

4199 6606 9754

VID : 9179 1614 0335 4052

मेरा आधार, मेरी पहचान



भारतीय विशिष्ट पहचान प्राधिकरण

Unique Identification Authority of India

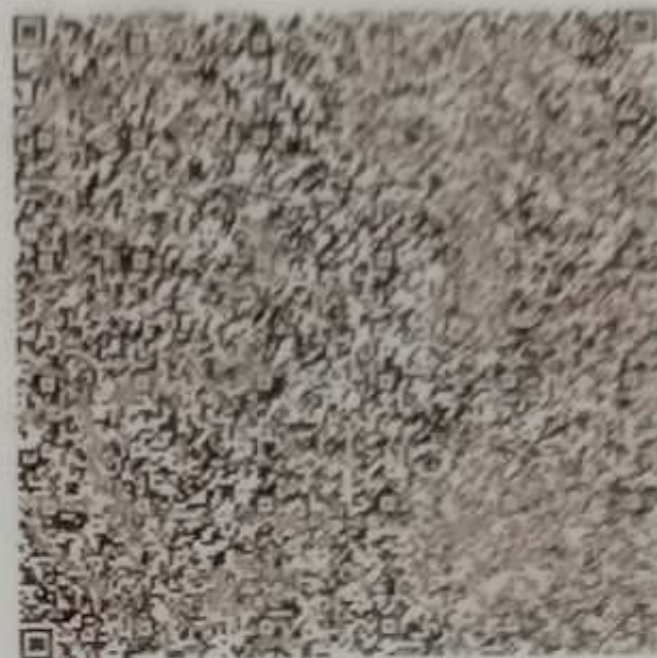


पता:

W/O: Subodh A Karambelkar, MIG 24, 2A
SECTOR, BEHIND LITTLE FLOWER SHCOOL,
SAKET NAGAR, BHOPAL, Huzur, Bhopal,
Madhya Pradesh - 462024

Address:

W/O: Subodh A Karambelkar, MIG 24, 2A
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Madhya Pradesh - 462024

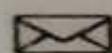


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Download Date: 25/01/2023



CITI MULTI SPECIALITY HOSPITAL

MIG -215 216, Gautam Nagar, Govindpura, Bhopal-462023 (M.P.)
Phone No. : 0755 - 4250134
Mobile No. : 7771008660, 8319214664, 9303135719



Date: 30/08/2024

DIET CHART FOR PATIENTS/ आहार तालिका

Dietician Name: _____ Email: citimultispecialityhospital@gmail.com
Patient Name: MRS. NISHA Diagnosis: _____ Age/Sex: 49/f
Height (cm): 154 Weight (Kg) 65kg BMI _____
Type of Diet: High protein, Low salt
Total Kcal: _____ Kcal/day Total Protein: _____ g/day
Total Fat: _____ g/day Total Fluids: _____ Liter

8 AM .	Tea चाय/ Milk दूध / coffee काफी / Biscuit बिस्किट/ Toast टोस्ट / Bread ब्रेड (गेहूं वाली)	
10 AM	Milk दूध/ Soup सूप/ Poha पोहा/ Daliya दलिया/ bread ब्रेड + Egg अंडा / Idli इडली / Upma उप्पमा / आलू पराठा/ पनीर	
12 Noon	Roti रोटी / Rice चावल (माइ रहित) / Khichri खिचड़ी / Sabji सब्जी / Dal दाल / Curd दही (ताजा) / Salad सलाद	
2 PM .	Fruit फल / अंकुरित अनाज (मूंग/चना/मोड) / Sattu सत्तू / Fruit Chaat फ्रूट चाट / Coconut Water नारियल पानी / Butter Milk छाछ	
4 PM .	Tea चाय/ Milk दूध / coffee काफी / Chana +Puffed Rice चना + मुरमुरा / Dhokla डोकला / Uttapam उत्तपम / Cheela चीला/ Green Chutney हरी चटनी/ मसूने	
8 PM	Roti रोटी / Rice चावल / Khichri खिचड़ी / Sabji सब्जी / Dal दाल / Curd दही (ताजा) / Salad सलाद/ Daliya दलिया	
10 PM	Milk दूध/ Butter Milk छाछ / Dry fruit / Milk Shake मिल्क शेक / Fruit फल / बादाम + अखरोट	
Only Oil : _____ gm/day		Salt नमक: 2-3 gm/day
		5 gm = 1 चम्मच (छोटा)
		Ghee : _____ gm/day

Empanelled with : State Government, M.P. Police, ESIC, HPCL, Punjab National Bank, Indian Bank Food Corporation of India, Ayushman Bharat



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Phone No. : 0755 - 4250134
Mobile No. : 7771008660, 8319214864, 9303135719



Name of Patient;- MRS. NISHA
Age/Sex : 49/F
Date : 10/08/2024
USG ABDOMEN

Liver : The liver is normal in size, shape, and normal in echogenicity. No intra hepatic biliary radical dilation seen.

Gall Bladder : Gall bladder Normal in size, shape and echotexture.

Spleen . Normal in size, shape and echotexture.

Kidneys : Both the kidneys are normal in size, shape, axis and position. Cortico medullary differentiation are both kidney fine concretion .

Urinary bladder : Normal size, shape and echotexture.


Uterus & Ovaries: .SIMPLE CYSTE IN LEFT OVARIE

Pancreas : Normal in size, shape and echotexture.

IVC & ABDOMINAL AORTA:-IVC and abdominal aorta are normal.

Retroperitoneum: No lymphadenopathy seen. No free fluid or ascites seen.

IMPRESSION:
SIMPLE CYSTE IN LEFT OVARIE


CONSULTANT RADIOLOGIST

Disclaimer:-The science of radiology is based upon interpretation of shadows of normal and abnormal tissue. This is neither complete nor accurate, hence, findings should always be interpreted in to the light of clinic-pathological correlation. This is a professional opinion, not a diagnosis. In case of any discrepancy a review can be asked.

For Emergency Contact: 7771008660

Sister Concern: Citi Hospital, 115 Zone II MP Nagar, Bhopal 462011, Ph: 0755-487772- 73

Empanelled with : State Government, M.P.Police, ESIC, HPCL, Punjab National Bank, Indian Bank
Food Corporation of India, Ayushman Bharat





CITI MULTI SPECIALITY HOSPITAL

MIG -215 216, Gautami Nagar, Govindpura, Bhopal-462023 (M.P.)
Phone No. : 0755 - 4250134
Mobile No. : 7771008660, 9319214664, 9303135719



NAME –MRS. NISHA KARAMBELKAR

AGE – 49Y/F

REF: BY- APOLLO CLINIC

DATE- 10/08/2024

2D- ECHO COLOUR DOPPLER EVALUATION:-

- ❖ Normal great vessel relationship
- ❖ Normal Four chambered heart
- ❖ ALL cardiac valve are normal
- ❖ Normal LV Size with Normal LV function LVEF- 72%
- ❖ No intracardiac shunt
- ❖ No LV thrombus or clot seen
- ❖ No Pericardium effusion
- ❖ FINAL IMPRESSION
- ❖ Normal LV Size with Normal LV function LVEF- 72%

DR S.S.GUPTA[MD]

CONSULTANT ECHOCARDIOLOGIST

Disclaimer:-The science of radiology is based upon interpretation of shadows of normal and abnormal tissue. This is neither complete nor accurate, hence, findings should always be interpreted in to the light of clinic-pathological correlation. This is a professional opinion, not a diagnosis. In case of any discrepancy a review can be ask

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CITI MULTI SPECIALITY HOSPITAL
MIG-215-216 GAUTAM NAGAR GOVINDPURA, BHOPAL
MOB-7987913713

Name: MRS NISHA 49Y

Birthdate:

Perf.Physician:

Patient Id: 100824-115019

Sex: Female

Ref.Physician:

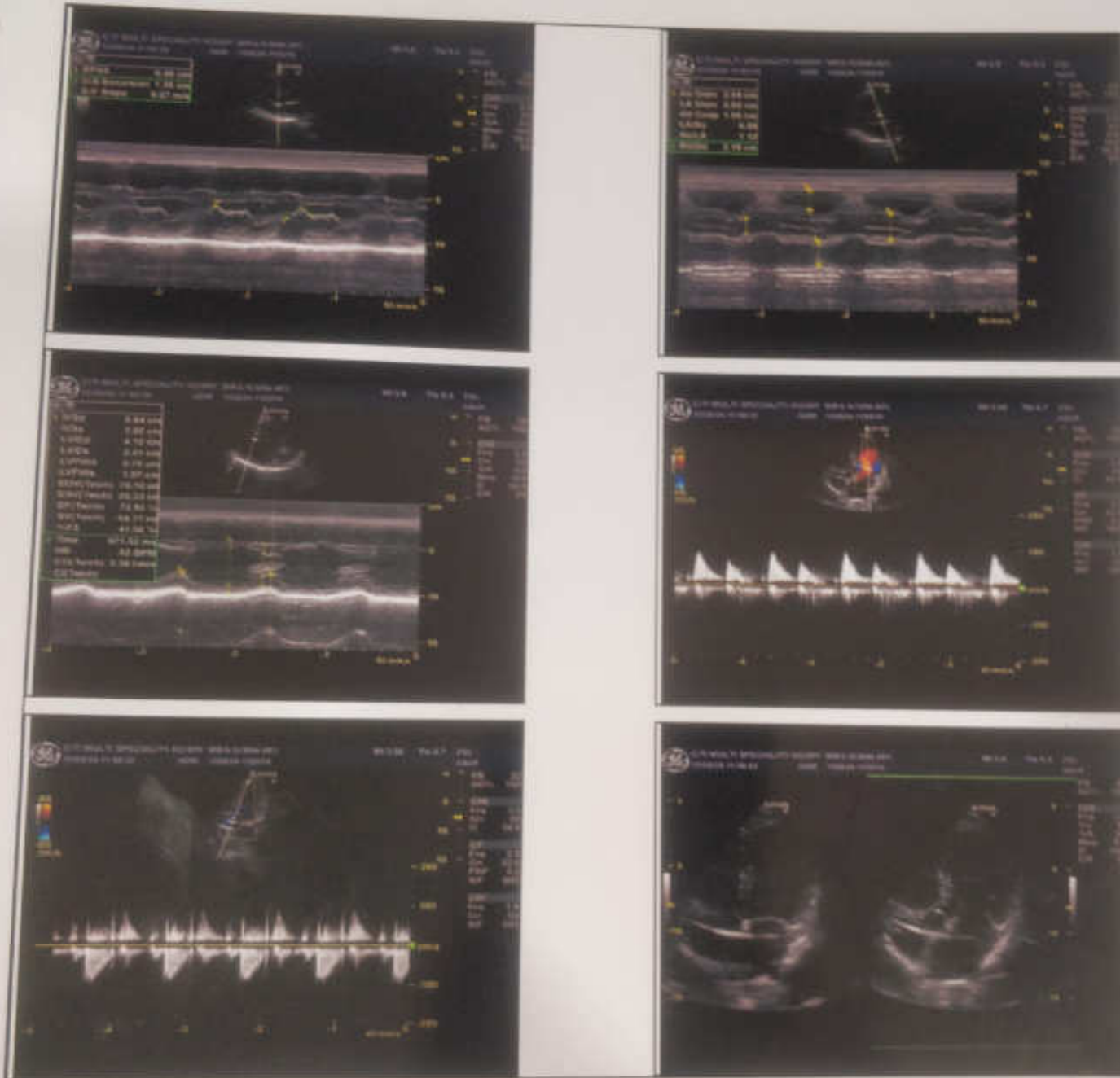
Date: 10/08/2024

Accession #:

Operator: ADM

M-MODE & PW

D-E Excursion	1.28 cm
E-F Slope	0.07 m/s
EPSS	0.48 cm
Ao Diam	2.94 cm
LA Diam	2.62 cm
AV Cusp	1.66 cm
LA/Ao	0.89
Ao/LA	1.12
RVIDd	2.19 cm
IVSd	0.64 cm
LVIDd	4.12 cm
LVPWd	0.75 cm
IVSs	1.02 cm
LVIDs	2.41 cm
LVPWs	1.07 cm
EDV(Teich)	75.10 ml
ESV(Teich)	20.33 ml
EF(Teich)	72.93 %
%FS	41.56 %
SV(Teich)	54.77 ml
Time	971.52 ms
HR	62 BPM
CO(Teich)	0.00 l/min





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Phone No. : 0755 - 4250134
Mobile No. : 7771008660, 8319214664, 9303135719



Patient Name :	MRS NISHA	Age /sex :	49Y/F
Referred .By:	INS	Date	10.08.2024

X-RAY CHEST PA VIEW

WORD REMEMBERS WHERE YOU LEFT OFF - EVEN ON ANOTHER DEVICE.

- Bilateral Lungs Fields Appear Clear .
- Bilateral Hilar Shadows Appear Clear .
- Bilateral CP Angels Appear Clear .
- Both The Domes of Diaphragm Appear normal in Shape and position
- Visualized bony cage and soft tissue appear normal .

IMPRESSION

NO Significant Abnormality Seen.

Prinal

DR DAUHANIA PRINAL BEN
MD RADIODIAGNOSIS
CONSULTANT RADIOLOGIST

Empanelled with : State Government, M.P.Police, ESIC, HPCL, Punjab National Bank, Indian Bank
Food Corporation of India, Ayushman Bharat

RT

PA

MO

MO

10.08.2024

Name: MRS NISHA 49 Y/F
Sex: F



CITI MULTI SPECIALITY HOSPITAL

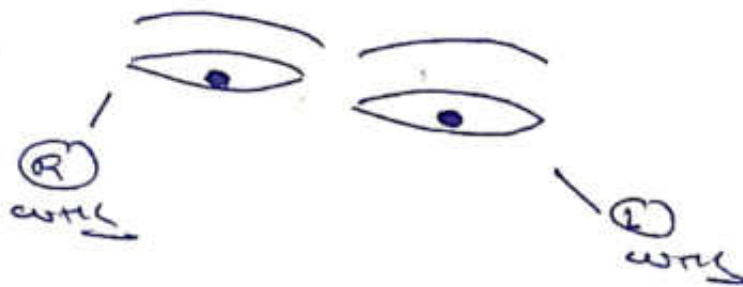
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Phone No. : 0755 - 4250134
Mobile No. : 7771008660, 8319214664, 9303135719



Mishra - KARANB FLICAR
49/PC

10.8.24

clo
no, complaint
in eye
2



o/c
V.A. R.E. 2/2000
L.O. 2/2000

2 NO, ANY FRESH COMPLAINT in
R.E. & L.E.
2 distance vision & near vision
clear in both eye.
2 NO, WATER DISCHARGE in eye.
2

Empanelled with : State Government, M.P. Police, ESIC, HPCL, Punjab National Bank, Indian Bank
Food Corporation of India, Ayushman Bharat

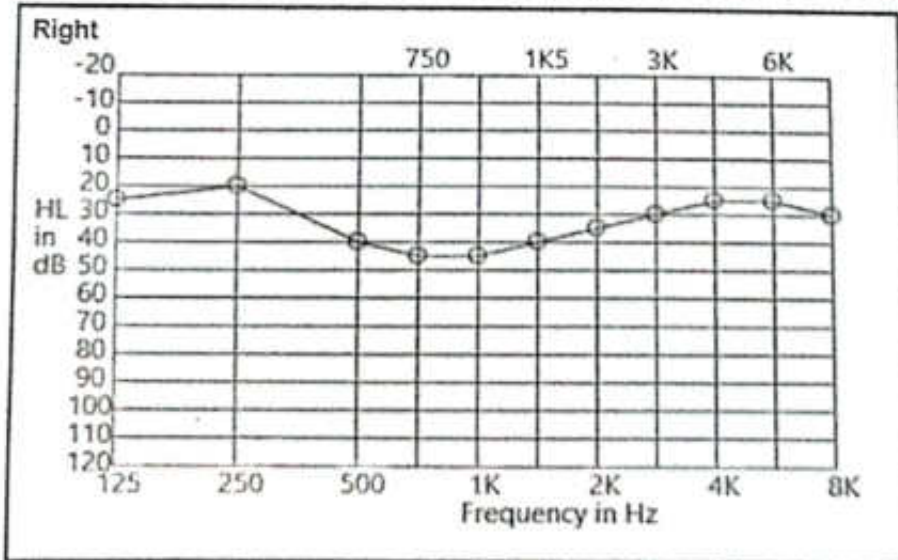
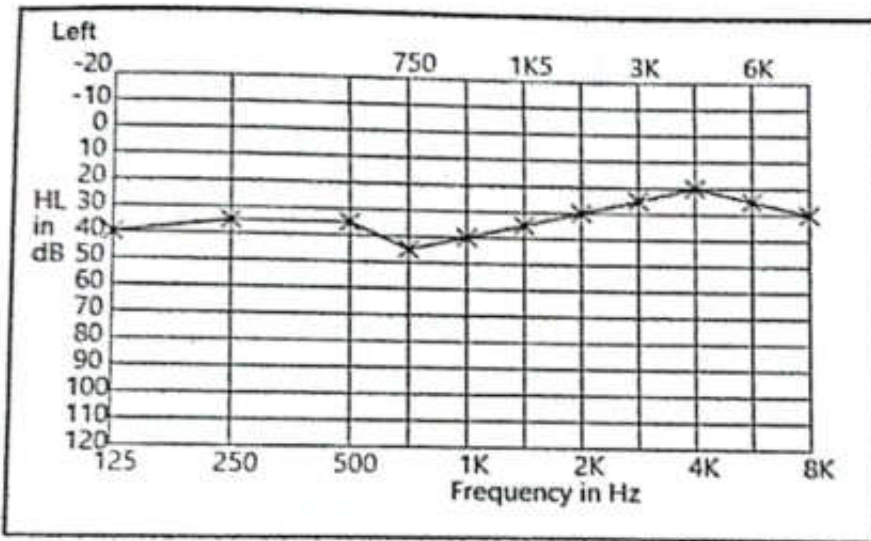
CITI MULTISPECIALITY HOSPITAL

MIG 216, Gautam Nagar

BHOPAL

462023

Name	Case No.	Age	Sex	Phone No.
MRS. NISHA KAMARBELKAR	10/08	49	Male	9926366448
Address	Referred By	Date & Time		
SAKET NAGAR BHOPAL	BOB	10/08/2024		

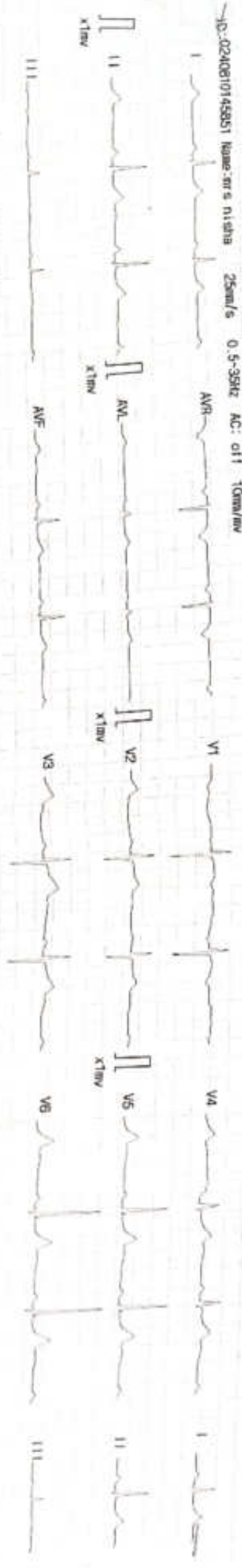


Interpretation

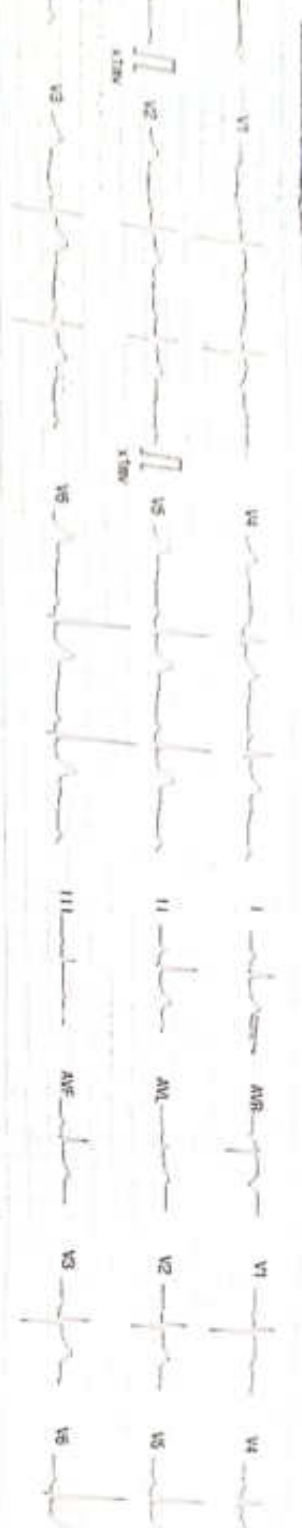
NORMAL HEARING TEST

Doctor/Audiologist
DR. S. S. GUPTA
M.D. (Med.) RCGP (U.K.)
Reg. No. 11671

NO: 0240810145851 Name: Mrs. Nishtha 25mm/s 0.5-35Hz AC: 011 10mm/mv
Organization: omh Doctor: DR s s



HEART RATE: 101

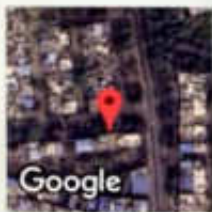


ID : 3334281948001
 Name : Mrs. Nisha
 Sex : Female
 Age : 48
 HR : 101
 PR : 178
 QRS : 80
 ST/QT : 431/421
 2/ORS/T : 44/ 47/ 40
 R/S/ST : 1.237/ -1.012/ 84
 S/S+S/T : 0.210
 QTcF : 0.407

08-10-2024 14:59:11
 Dr. SANYAM KISHOR GUPTA
 Medical Officer, Nisha Health Care
 Reg. No. 118273



GPS Map Camera



Bhopal, Madhya Pradesh, India
M216, Gautam Nagar, Housing Board Colony, Bhopal, Madhya Pradesh 462024, India
Lat 23.235014°
Long 77.441106°
10/08/24 10:58 AM GMT +05:30