

Mrs Laxmitani verma 3441F

10/03/24

BP - 100/70

P - 82 bpm

HI - 159 cm

wt - 45 kg

RBC - 13.6 / 4.53 / 7.52 / 231 / 10

HBALC - 5.4

FBS - 91.0 / PP - 124.0

KFT - 08 / 0.92 / 3.7

LFT - 18 / 24 / 81

Lipid - 138.0 / 94.0 / 44.0 / 75.20

TSH -

Left hand clump

center Healthy life style

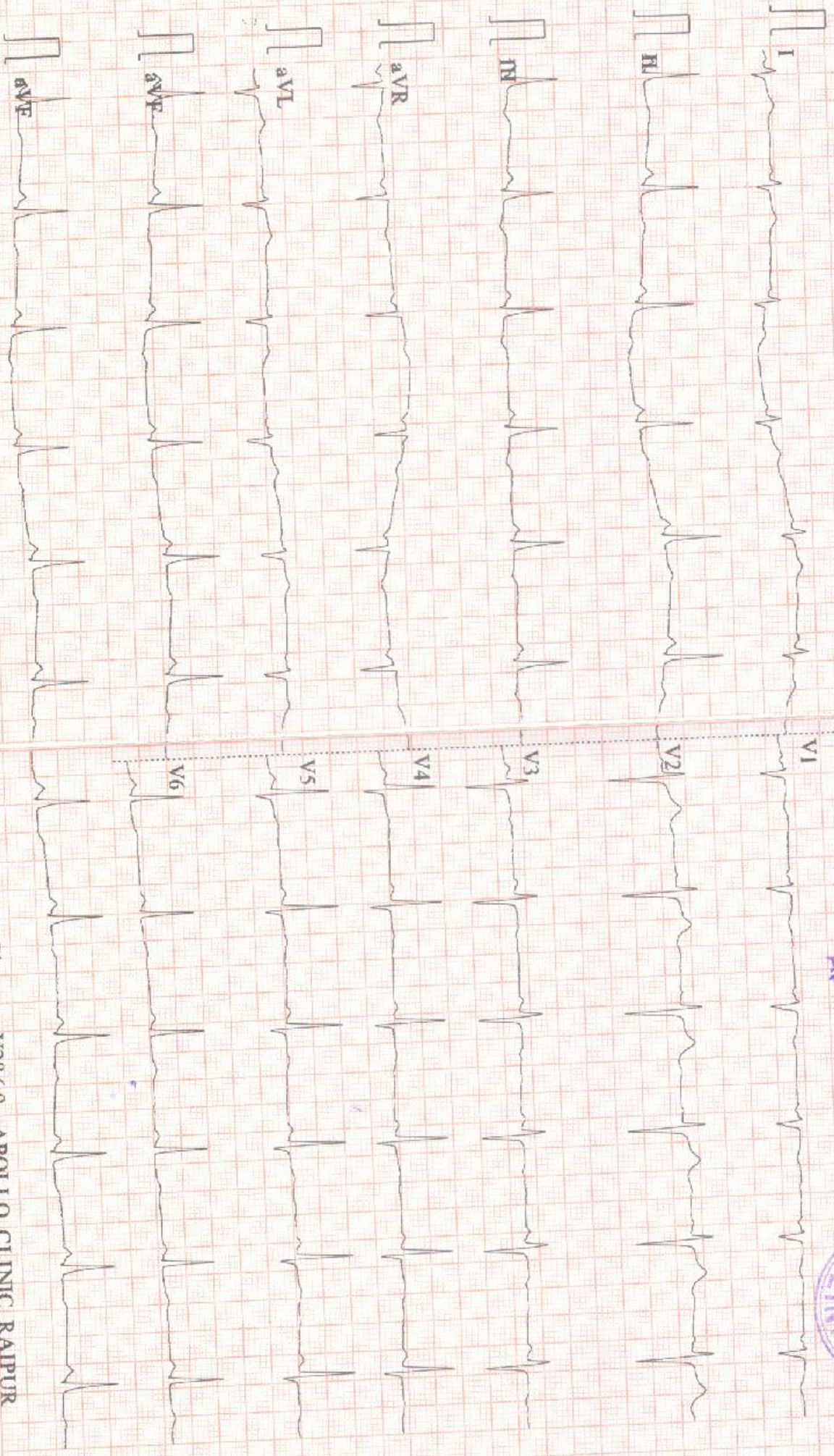
Animesh
Dr. Animesh Choudhary
MD Medicine
Reg. No. CGMC 3583/2011
Apollo Clinic, Raipur



ID: 150
MRS. LAXMI RANI VERMA
Female 43Years

10-02-2024 10:27:36 AM

HR : 70 bpm
P : 100 ms
PR : 116 ms
QRS : 94 ms
QT/QTc : 388/419 ms
P/QRS/T : 73/85/-29
RV5/SV1 : 1.014/0.423 mV



Diagnosis Information:

Sinus rhythm
Inferior and anterior ST-T abnormality is nonspecific
Borderline ECG

Report Confirmed by

Dr. Animesh Choudhary
MD Medicine 3583201
Apollo Clinic, Raipur



0.05-45Hz AC50 25mm/s 10mm/mV 2*5.0s+1r 70 CAR

9108 D V143 Glasgow V28.60 APOLLO CLINIC RAIPUR

EXAMINATION OF EYES :- (BY OPHTHALMOLOGIST)

Patient Name Mrs. Laxmi Rani verma

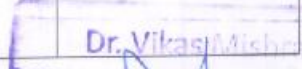
Date 10/02/23

Sex/Age 34y/fe

MR No

Employee Id

EXTERNAL EXAMINATION				
SQUINT		NO		
NYSTAGMUS				
COLOUR VISION		NORMAL		
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>N6</u>		(LE):- <u>N6</u>		
NIGHT BLINDNESS		NAD		
	SPH	CYL	AXIS	ADD
RIGHT	—————			
LEFT	—————			
REMARKS :-				


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



NAME OF PATIENT: MRS. LAXMIRANI VERMA
REFERRED BY: BOB

AGE: 34YRS / FEMALE
DATE: 10/02/2024.

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.

PATIENT NAME: MRS . LAXMI RANI VERMA
REF BY: BOB

AGE / SEX: 34 YRS/F
DATE: 10.02.2024

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 12.23 cm, and echotexture.

Kidneys	RIGHT	LEFT
SIZE	9.89X3.57Cm	8.67x3.63Cm
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 (8.94 x 5.20 x 4.30 cm,) and echotexture. Endometrial thickness 7.5 mm.

Right Ovary: Normal in size (3.32 x 1.90 cm), shape and echotexture.

Left Ovary: Normal in size (3.91 x 2.31 cm), shape and echotexture.

No evidence of free fluid in abdomen or pelvis.

IMPRESSION:

- MILD SPENOMEGALY

Advised clinical correlation/further evaluation if clinically indicated.



Dr. Zeeshan Ateeb Dani
MBBS, MD
Consultant Radiologist
Reg. No. CGMC-2274/1094
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.

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+91 96918 26363

0771 4033341

Patient Name : MRS RANI LAXMI VERMA
UHID/ MR No : 9057
Visit Date : 10/02/2024
Sample Collected On : 10/02/2024 12:07PM
Ref. Doctor : SELF
Sponsor Name :

Age/Gender : 34 Y. Female
OP Visit No : OPD-UNIT-II-1
Reported On : 10/02/2024 04:19PM

HAEMATOLOGY

Investigation	Observed Value	Unit	Biological Reference Interval
HEMOGRAM			
Haemoglobin(HB) Method: CELL COUNTER	13.6	gm/dl	12 - 16
Erythrocyte (RBC) Count Method: CELL COUNTER	4.53	mill/cu.mm.	4.20 - 6.00
PCV (Packed Cell Volume) Method: CELL COUNTER	40.80	%	39 - 52
MCV (Mean Corpuscular Volume) Method: CELL COUNTER	90.1	fL	76.00 - 100
MCH (Mean Corpuscular Haemoglobin) Method: CELL COUNTER	30.0	pg	26 - 34
MCHC (Mean Corpuscular Hb Conc.) Method: CELL COUNTER	33.3	g/dl	32 - 35
RDW (Red Cell Distribution Width) Method: CELL COUNTER	12.5	%	11- 16
Total Leucocytes (WBC) Count Method: CELL COUNTER	7.52	cells/cumm	3.50 - 11.00
Neutrophils Method: CELL COUNTER	49	%	40.0 - 73.0
Lymphocytes Method: CELL COUNTER	44	%	15.0 - 45.0
Eosinophils Method: CELL COUNTER	01	%	1-6%
Monocytes	06	%	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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Dhananjay
DR DHANANJAY RAMCHANDRA PRASA
M.D. PATHOLOGY

Apollo Clinic

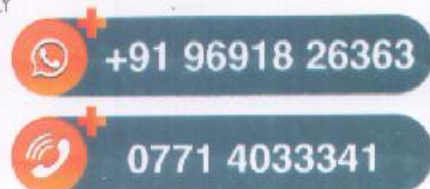
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HAEMATOLOGY

Investigation	Observed Value	Unit	Biological Reference Interval
Platelet Count Method: CELL COUNTER	231	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) : A
RhD factor (Rh Typing) : POSITIVE

End of Report
Results are to be corelated clinically

Lab Technician / Technologist
path



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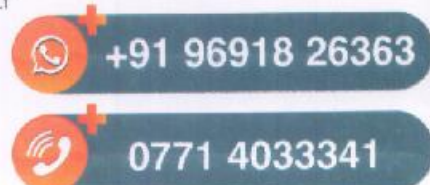
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BIO CHEMISTRY

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

- 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 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 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 dete

End of Report
Results are to be correlated clinically

Lab Technician / Technologist
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DR DHANANJAY RAMCHANDRA PRASA
M.D. PATHOLOGY

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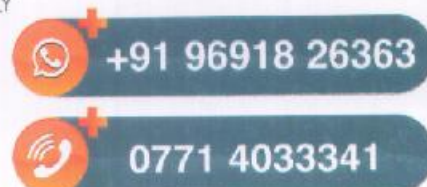
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Sample Collected On : 10/02/2024 12:07PM
Ref. Doctor : SELF
Sponsor Name :

Age/Gender : 34 Y. Female
OP Visit No : OPD-UNIT-II-2
Reported On : 10/02/2024 04:19PM

BIO CHEMISTRY

Investigation	Observed Value	Unit	Biological Reference Interval
GLUCOSE - (POST PRANDIAL)			
Glucose -Post prandial Method: REAGENT GRADE WATER	124.0	mg/dl	70-140
GLUCOSE (FASTING)			
Glucose- Fasting SUGAR REAGENT GRADE WATER	91.0	mg/dl	70 - 120
KFT - RENAL PROFILE - SERUM			
BUN-Blood Urea Nitrogen METHOD: Spectrophotometric	08	mg/dl	7 - 20
Creatinine METHOD: Spectrophotometric	0.92	mg/dl	0.6-1.4
Uric Acid Method: Spectrophotometric	3.7	mg/dL	2.6 - 7.2

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
LIPID PROFILE TEST (PACKAGE)			
Cholesterol - Total	138.0	mg/dl	Desirable: < 200 Borderline High: 200-239 High: >= 240
Triglycerides level	94.0	mg/dl	Normal : < 150 Borderline High : 150-199 Very High : >=500
Method: Spectrophotometric HDL Cholesterol	44.0	mg/dl	Major risk factor for heart disease: < 40 Negative risk factor for heart disease :>60
Method: Spectrophotometric LDL Cholesterol	75.20	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	18.80	mg/dl	6 - 38
Total Cholesterol/HDL Ratio	3.14		3.5 - 5
Method: Spectrophotometric			

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 Results are to be correlated clinically

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Reported On : 10/02/2024 04:19PM

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	18	U/L	0 - 32
SGPT (ALT) Method: Spectrophotometric	24	U/L	0 - 33
ALKALINE PHOSPHATASE	81	U/L	25-147
Total Proteins Method: Spectrophotometric	6.7	g/dl	6 - 8
Albumin Method: Spectrophotometric	4.5	mg/dl	3.4 - 5.0
Globulin Method: Calculated	2.2	g/dl	1.8 - 3.6
A/G Ratio Method: Calculated	2.0	%	1.1 - 2.2

End of Report
Results are to be correlated clinically

Lab Technician / Technologist
path

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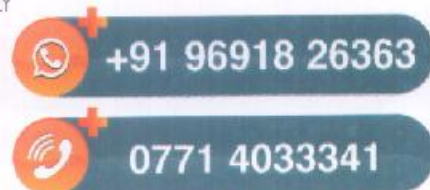
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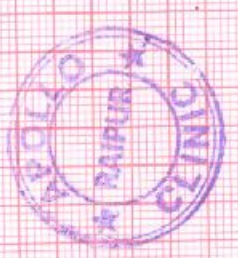


Time	Duration	Speed(Kmph)	Elevation	METS	Rate	%THR	BP	RPP	PVC	Comments
00:09	0:09	00.0	00.0	01.0	098	53%	100/70	098	00	
00:12	0:03	00.0	00.0	01.0	098	53%	100/70	098	00	
03:12	3:00	02.7	10.0	04.7	135	73%	110/72	148	00	
06:09	2:57	04.0	12.0	07.1	160	86%	118/76	188	00	
06:39	0:30	00.8	00.0	01.7	147	79%	118/76	173	00	
07:09	1:00	00.8	00.0	01.0	132	71%	120/80	158	00	
07:53	1:43	00.0	00.0	01.0	116	62%	118/78	136	00	

INDINGS :

Exercise Time : 05:57
 Max HR Attained : 160 bpm 86% of Target 186
 Max BP Attained : 120/80 (mm/Hg)
 Max WorkLoad Attained : 7.1 Fair response to induced stress
 Test Objective : GHDFEWASFSAFD ASSAS
 Test End Reasons : Test Complete, Heart Rate Achieved

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



Doctor : DR DEEPAN DAS MBBS DIP CARDIO

87 / MRS LAXMI RANI VERMA / 34 Yrs / F / 159 Cms / 45 Kg / HR : 98

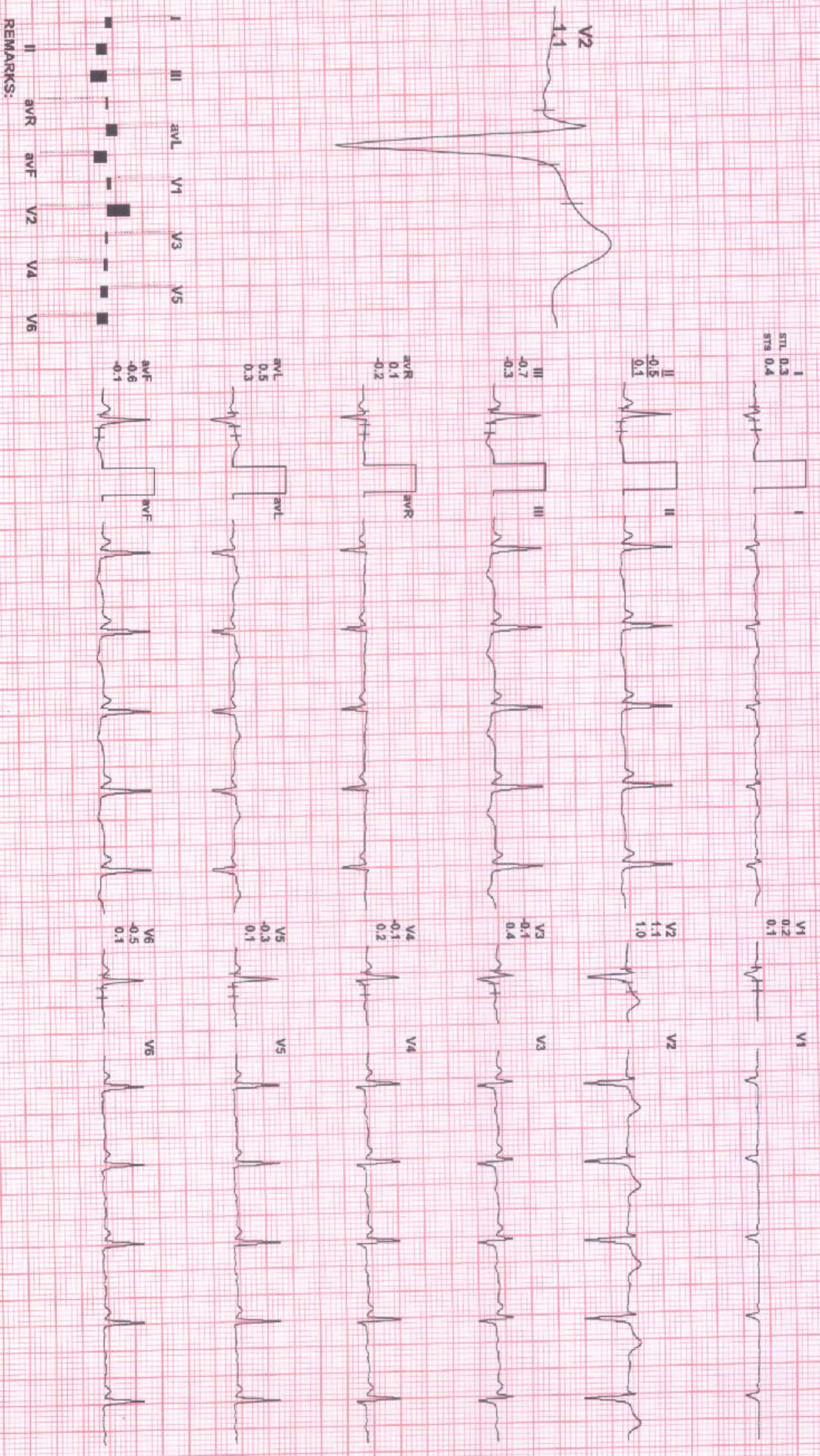
Date: 10 / 02 / 2024

METS: 1.0/ 98 bpm 53% of THR BP: 100/70 mmHg Combined Medians/ BLC On/ Notch On/ HF 0.05 Hz/LF 35 Hz

ExTime: 00:00 0.0 Km/h, 0.0%

4X 80 ms Post J

25 mm/Sec, 1.0 Cm/mV



REMARKS:

DR.U.C:supriya(v.02)

ACHPL

87 / MRS LAXMI RANI VERMA / 34 Yrs / F / 159 Cms / 45 Kg / HR : 98

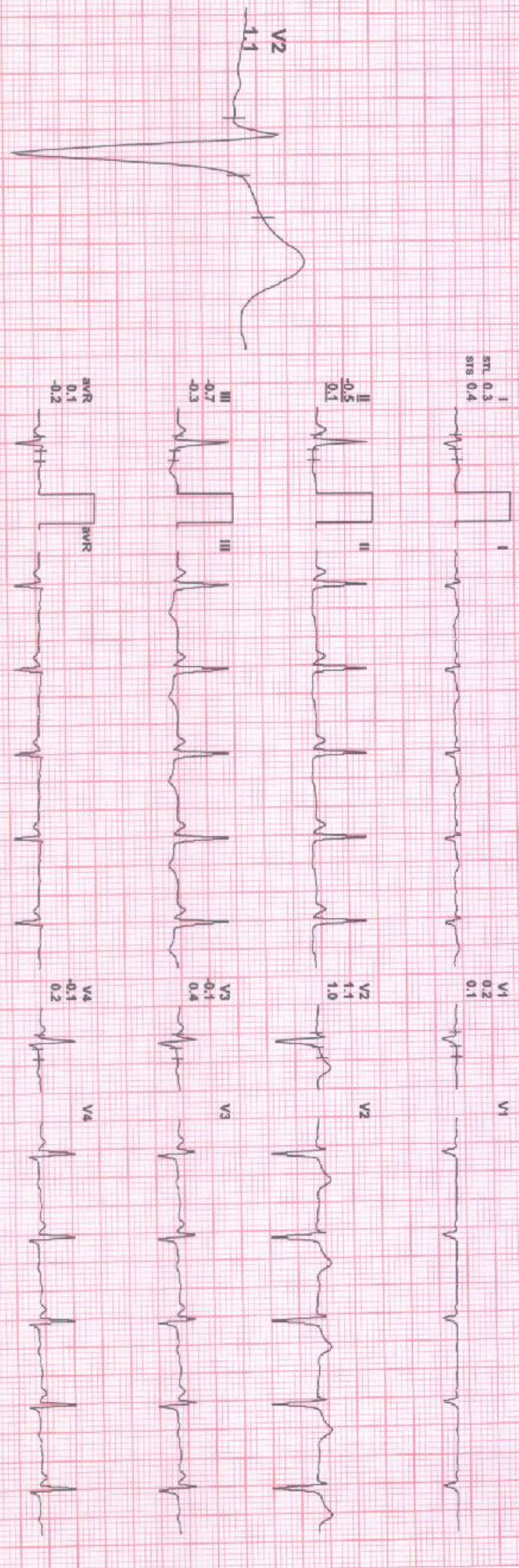
Date: 10 / 02 / 2024

METS: 1.0/ 98 bpm 53% of THR BP: 100/70 mmHg Combined Medians/ BLC On/ Notch On/ HF 0.05 HZLF 35 HZ

EXTime: 00:00 0.0 Kmph, 0.0%

4X 80 mS Post J

25 mm/Sec. 1.0 Cm/mV



REMARKS:

ExStart
ACHPL

87 / MRS LAXMI RANI VERMA / 34 Yrs / F / 159 Cms / 45 Kg / HR : 135

Date: 10 / 02 / 2024

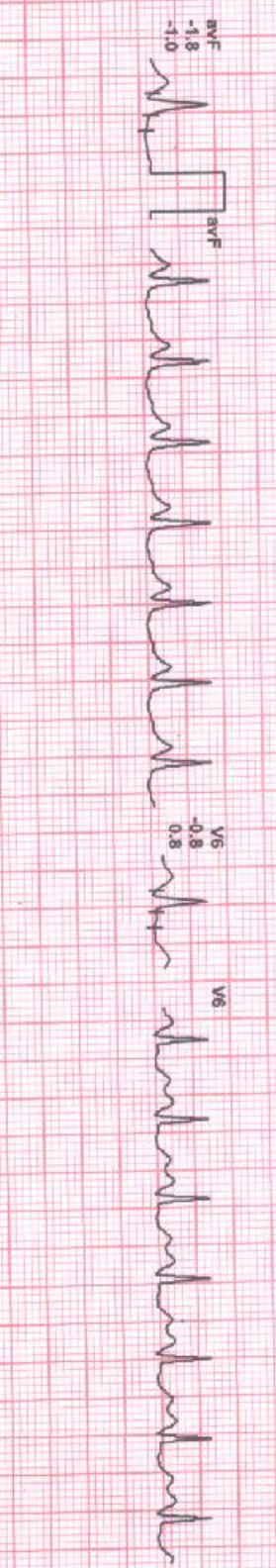
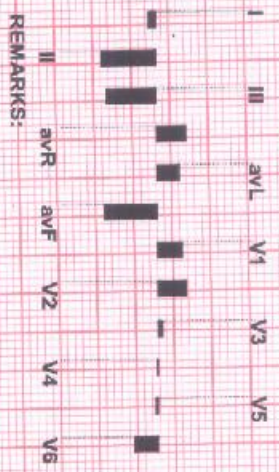
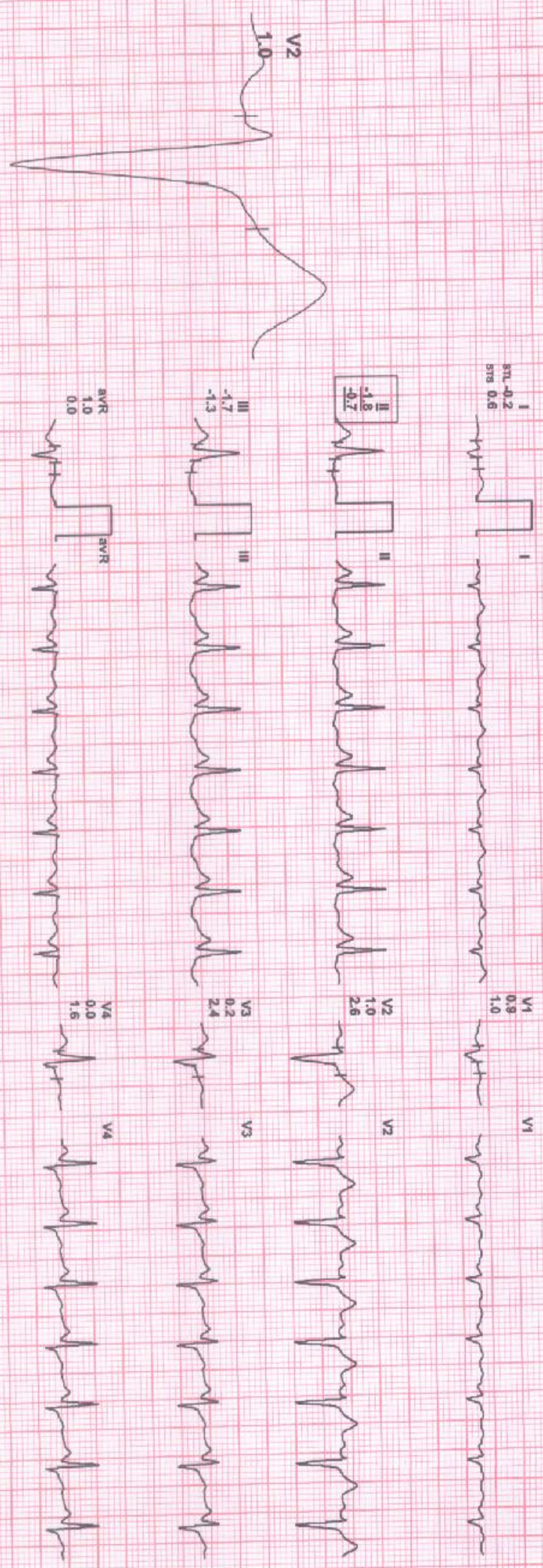
METS: 4.7 / 135 bpm 73% of THR BP: 110/72 mmHg

Combined Medians/ BLC On/ Notch On/ HF 0.05 HZLF 35 HZ

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

4X 60 MS Post J

25 mmSec. 1.0 Cm/mV



REMARKS:

87 / MRS LAXMI RANI VERMA / 34 Yrs / F / 159 Cms / 45 Kg / HR : 160

PeaKEx

ACHPL

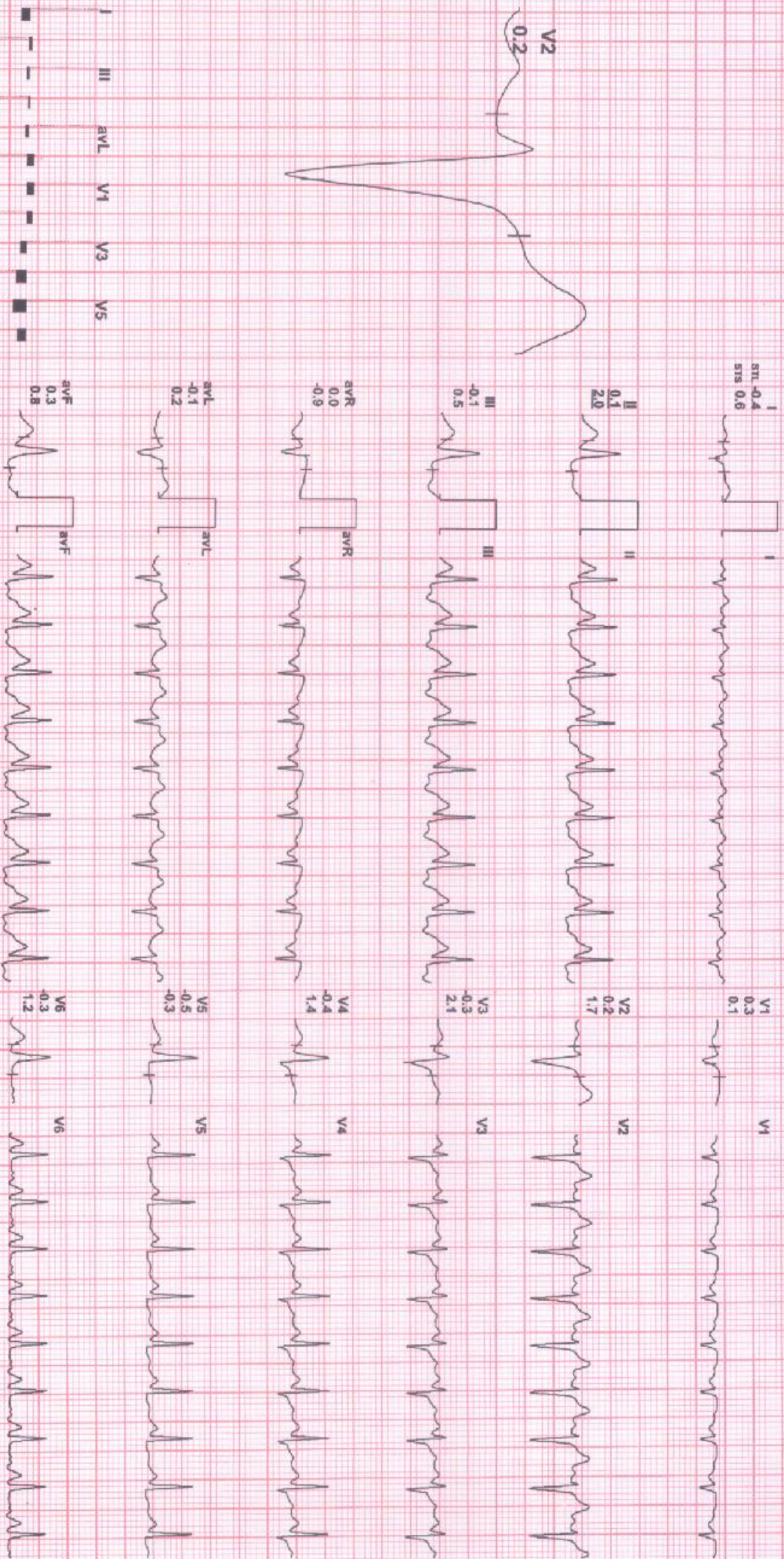
Date: 10 / 02 / 2024

METS: 7.1 / 160 bpm 86% of THR BP: 118/76 mmHg Combined Medians/ BLC On/ Notch On/ HF 0.05 HZLF 35 HZ

EXTime: 05:57 4.0 Kmph, 12.0%

4X 60 mS Post J

25 mm/Sec. 1.0 Cm/mV



REMARKS:

Date: 10 / 02 / 2024

METS: 1.71 147 bpm 79% of THR BP: 118/76 mmHg Combined Medians/ BLC On/ Notch On/ HF 0.05 Hz/LF 35 Hz

EXTime: 05:57 0.8 Kmph, 0.0%

4X 60 MS Post J

25 mm/Sec. 1.0 Cm/mV

