

7389971166

BP - 110/60
P - 100/110
H - 1580.m
wt - 65 Kg

Mrs. Manalika Bhaduri
Age - 33y/f

CBC - 11.2/3.80/4.84/137
ESR - 20
FBS - 87, PP - 105.0
Urea - 0.9
Creat - 0.90
Lipid - 142/91/43/8080
LFT - 15/10/75
HbA1c - 5.5

B
- Tab Remynol - 1 स्टा-मार्क
स्टार्क x 300mg
- Cap VITAMIN C 500 स्टा-मार्क
स्टार्क x 200mg

Dr. Animesh Choudhar
MD Medicine



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

EXAMINATION OF EYES :- (BY OPHTHALMOLOGIST)

Patient Name Mrs. Manalisha Bhaduri

Date 13/01/24

Sex/Age f/33 year

MR No

Employee Id

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

Dr. Vikas Mishra
 MBBS, MS(Ophthalmology) (AI) (AI)
 Reg. No. CGMC 621, RAIPUR



ID: 265

15-01-2024 11:17:39 AM

MRS MONALISA BHADURI
Female 33Years

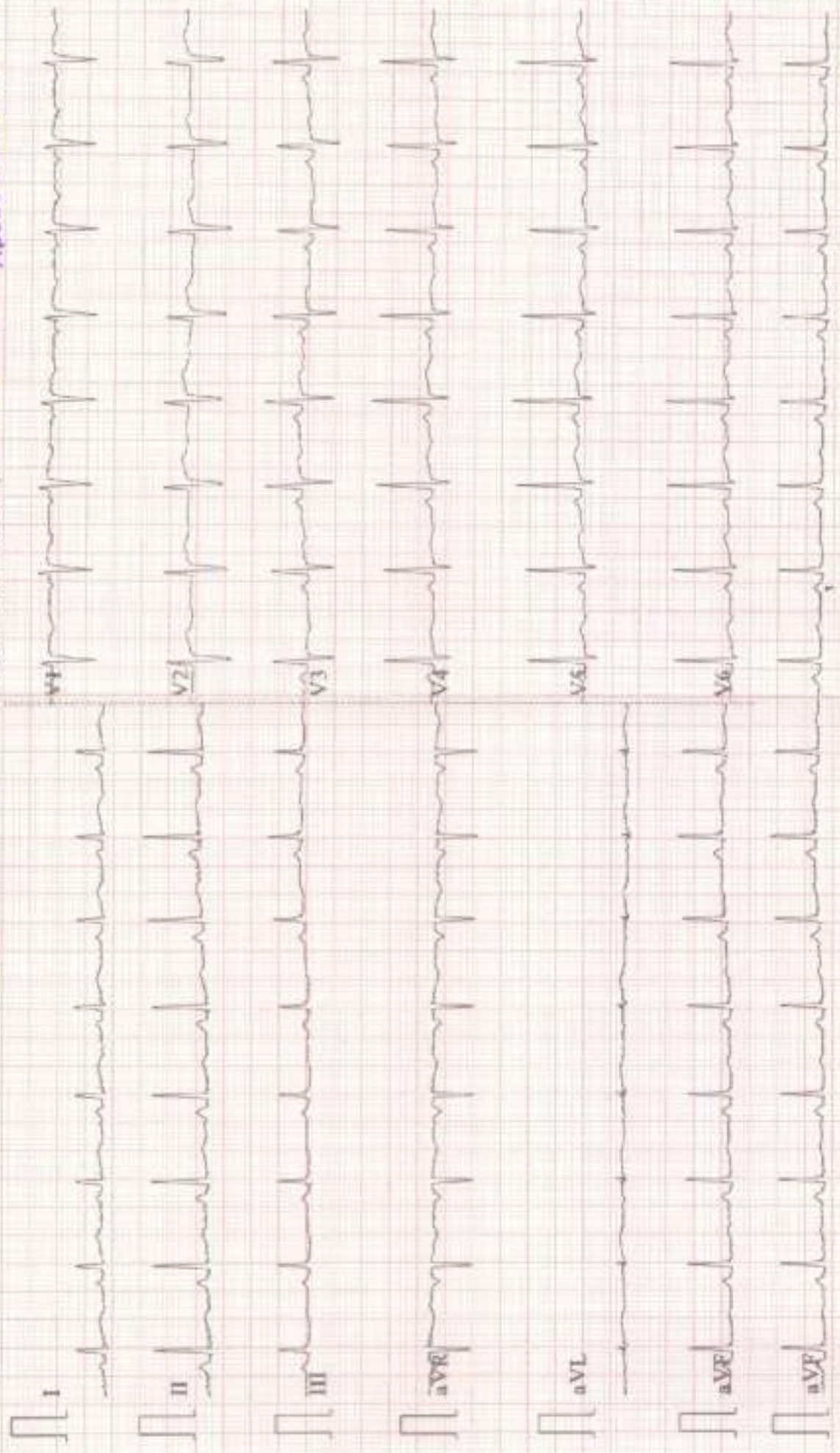
HR	: 96	bpm
P	: 92	ms
PR	: 136	ms
QRS	: 80	ms
QT/QTc	: 336/425	ms
P/QRST	: 60/61/31	°
RV5/SV1	: 1.115/0.764	mV

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



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

Report Confirmed by:



NAME OF PATIENT: MRS. MONALISA BHADURI

AGE: 33YRS / FEMALE

REFERRED BY: BOB

DATE: 13/01/2024.

CHEST X - RAY PA VIEW

FINDINGS:

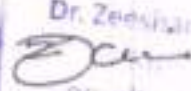
- Both the domes of diaphragm and CP angles are normal.
- Both the hila and mediastinum are normal.
- Both the lung fields are clear. No e/o focal parenchymal lesion.
- Cardio-thoracic ratio is normal.
- Soft tissues and bony cage are unremarkable.

IMPRESSION:

- NO SIGNIFICANT ABNORMALITY SEEN.

Advised: Clinical correlation and further evaluation if clinically indicated.




Dr. Zeeshan Ateeb Dani
CONSULTANT RADIOLOGIST
Reg. No. [illegible]
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. MONALISA BHADURI
REF BY: BOB

AGE / SEX: 33YRS/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	10.26X10.08Cm	10.08x3.91Cm
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 (7.91 x4.98 x 4.68 cm, Vol. – 96.527 cc) and echotexture. Endometrial thickness 6.3 mm.

Right Ovary: Normal in size (3.65 x 2.14 cm), shape and echotexture.

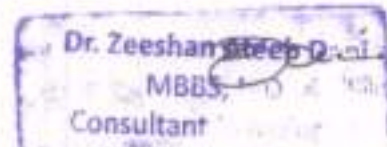
Left Ovary: Normal in size (4.14 x 2.39 cm), shape and echotexture.

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
(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.

Patient Name : MRS MONALISA BHADURI
 UHID/ MR No : 8602
 Visit Date : 13/01/2024
 Sample Collected On : 13/01/2024 02:16PM
 Ref. Doctor : SELF
 Sponsor Name :

Age/Gender : 33 Y Female
 OP Visit No : OPD-UNIT-II-5
 Reported On : 13/01/2024 05:50PM

HAEMATOLOGY

Investigation	Observed Value	Unit	Biological Reference Interval
HEMOGRAM			
Haemoglobin(HB) Method: CELL COUNTER	11.1	gm/dl	12 - 16
Erythrocyte (RBC) Count Method: CELL COUNTER	3.80	mill/cu.mm.	4.20 - 6.00
PCV (Packed Cell Volume) Method: CELL COUNTER	33.30	%	38 - 52
MCV (Mean Corpuscular Volume) Method: CELL COUNTER	87.6	fL	76.00 - 100
MCH (Mean Corpuscular Haemoglobin) Method: CELL COUNTER	29.2	Pg	25 - 34
MCHC (Mean Corpuscular Hb Concn.) Method: CELL COUNTER	33.3	g/dl	32 - 35
RDW (Red Cell Distribution Width) Method: CELL COUNTER	13.0	%	11- 18
Total Leucocytes (WBC) Count Method: CELL COUNTER	4.84	cells/cumm	3.50 - 11.00
Neutrophils Method: CELL COUNTER	68	%	40.0 - 73.0
Lymphocytes Method: CELL COUNTER	26	%	15.0 - 45.0
Eosinophils Method: CELL COUNTER	01	%	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



DR DHANANJAY RAMCHANDRA PRASAD
 M.D. PATHOLOGY

Patient Name : MRS MONALISA BHADURI
UHID/ MR No : 8602
Visit Date : 13/01/2024
Sample Collected On : 13/01/2024 02:16PM
Ref. Doctor : SELF
Sponsor Name :

Age/Gender : 33 Y Female
OP Visit No : OPD-UNIT-II-2
Reported On : 13/01/2024 05:50PM

HAEMATOLOGY

Investigation	Observed Value	Unit	Biological Reference Interval
Platelet Count Method: CELL COUNTER	187	lacs/cu.mm	150-400
ESR- Erythrocyte Sedimentation Rate Method: Westergren's Method	20	mm /HR	0 - 20
Blood Group (ABO Typing)			
Blood Group (ABO Typing)	A		
RhD factor (Rh Typing)	NEGATIVE		

End of Report
Results are to be correlated clinically

Lab Technician / Technologist
path

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DR DHANANJAY RAMCHANDRA PRASAD
M.D. PATHOLOGY

Patient Name : MRS MONALISA BHADURI
 UHID/ MR No : 8602
 Visit Date : 13/01/2024
 Sample Collected On : 13/01/2024 02:16PM
 Ref. Doctor : SELF
 Sponsor Name :

Age/Gender : 33 Y Female
 OP Visit No : OPD-UNIT-II-1
 Reported On : 13/01/2024 05:50PM

BIO CHEMISTRY

Investigation	Observed Value	Unit	Biological Reference Interval
GLUCOSE - (POST PRANDIAL)			
Glucose -Post prandial Method: REAGENT GRADE WATER	105.0	mg/dl	70-140
GLUCOSE (FASTING)			
Glucose- Fasting SUGAR REAGENT GRADE WATER	87.0	mg/dl	70 - 120
KFT - RENAL PROFILE - SERUM			
BUN-Blood Urea Nitrogen METHOD: Spectrophotometric	09	mg/dl	7 - 20
Creatinine METHOD: Spectrophotometric	0.90	mg/dl	0.6-1.4
Uric Acid Method: Spectrophotometric	3.5	mg/dL	2.6 - 7.2

End of Report
Results are to be correlated clinically

Lab Technician / Technologist
 path

Page 1 of 6

Handwritten Signature
 DR DHANANJAY RAMCHANDRA PRASAD
 M.D. PATHOLOGY

Patient Name : MRS MONALISA BHADURI
 UHID/ MR No : 8602
 Visit Date : 13/01/2024
 Sample Collected On : 13/01/2024 02:16PM
 Ref. Doctor : SELF
 Sponsor Name :

Age/Gender : 33 Y Female
 OP Visit No : OPD-UNIT-II-2
 Reported On : 13/01/2024 05:50PM

BIO CHEMISTRY

Investigation	Observed Value	Unit	Biological Reference Interval
LIPID PROFILE TEST (PACKAGE)			
Cholesterol - Total	142.0	mg/dl	Desirable: < 200 Borderline High: 200-239 High: >= 240
Triglycerides level	91.0	mg/dl	Normal : < 150 Borderline High : 150-199 Very High : >=500
Method: Spectrophotometric HDL Cholesterol	43.0	mg/dl	Major risk factor for heart disease: < 40 Negative risk factor for heart disease >60
Method: Spectrophotometric LDL Cholesterol	80.80	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	18.20	mg/dl	6 - 38
Total Cholesterol/HDL Ratio Method: Spectrophotometric	3.30		3.5 - 5

End of Report
Results are to be correlated clinically

Lab Technician / Technologist
 path

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DR DHANANJAY RAMCHANDRA PRASAD
 M.D. PATHOLOGY

Patient Name : MRS MONALISA BHADURI
 UHID/ MR No : 8602
 Visit Date : 13/01/2024
 Sample Collected On : 13/01/2024 02:16PM
 Ref. Doctor : SELF
 Sponsor Name :

Age/Gender : 33 Y Female
 OP Visit No : OPD-UNIT-II-4
 Reported On : 13/01/2024 05:50PM

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	15	U/L	0 - 32
SGPT (ALT) Method: Spectrophotometric	10	U/L	0 - 33
ALKALINE PHOSPHATASE	75	U/L	25-147
Total Proteins Method: Spectrophotometric	6.6	g/dl	6 - 8
Albumin Method: Spectrophotometric	4.2	mg/dl	3.4 - 5.0
Globulin Method: Calculated	2.4	g/dl	1.8 - 3.6
A/G Ratio Method: Calculated	1.75	%	1.1 - 2.2

End of Report
 Results are to be correlated clinically

Lab Technician / Technologist
 path



DR DHANANJAY RAMCHANDRA PRASAD
 M.D. PATHOLOGY

Patient Name : MRS MONALISA BHADURI
 UHID/ MR No : 8602
 Visit Date : 13/01/2024
 Sample Collected On : 13/01/2024 02:16PM
 Ref. Doctor : SELF
 Sponsor Name :

Age/Gender : 33 Y Female
 OP Visit No : OPD-UNIT-II-2
 Reported On : 13/01/2024 05:50PM

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

- 1.HbA1c is used for monitoring diabetic control. It reflects the estimated average glucose (eAG).
 - 2.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%.
 3. Trends in HbA1c are a better indicator of diabetic control than a solitary test.
 4. Low glycated haemoglobin(below 4%) in a non-diabetic individual are often associated with systemic inflam
- 1.HbA1c is used for monitoring diabetic control. It reflects the estimated average glucose (eAG).
 - 2.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%.
 3. Trends in HbA1c are a better indicator of diabetic control than a solitary test.
 4. 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.
 5. To estimate the eAG from the HbA1C value, the following equation is used: $eAG(mg/dl) = 28.7 * A1c - 46.7$
 6. Interference of Haemoglobinopathies in HbA1c estimation.
 - A. For HbF > 25%, an alternate platform (Fructosamine) is recommended for testing of HbA1c.
 - B. Homozygous hemoglobinopathy is detected, fructosamine is recommended for monitoring diabetic status
 - C. Heterozygous state dete

End of Report

Results are to be correlated clinically

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DR DHANANJAY RAMCHANDRA PRASAD
M.D. PATHOLOGY

Patient Name : MRS MONALISA BHADURI
UHID/ MR No : 8602
Visit Date : 13/01/2024
Sample Collected On : 13/01/2024 02:16PM
Ref. Doctor : SELF
Sponsor Name :

Age/Gender : 33 Y Female
OP Visit No : OPD-UNIT-II-1
Reported On : 13/01/2024 05:50PM


CLINICAL PATHOLOGY

Investigation	Observed Value	Unit	Biological Reference Interval
URINE ROUTINE EXAMINATION			
Physical Examination			
Volum of urine	20ML		
Appearance	Clear		Clear
Colour	Pale Yellow		Colourless
Specific Gravity	1.020		1.001 - 1.030
Reaction (pH)	6.0		
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	2-4	/hpf	0 - 5
Epithelial Cell	6-8	/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

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DR DHANANJAY RAMCHANDRA PRASAD
 M.D. PATHOLOGY



Stage	Time	Duration	Speed(Kmph)	Evulsion	METS	Rate	%THR	BP	RPE	PVC	Comments
Staircase	00:13	0:13	00.0	00.0	01.0	111	53%	110/60	122	00	
ExStart	00:18	0:05	02.7	10.0	01.1	108	56%	110/60	118	00	
BRUCE Stage 1	03:18	3:00	02.7	10.0	04.7	149	80%	118/76	175	00	
PeakEx	05:13	1:55	04.0	12.0	06.2	169	90%	122/82	206	00	
Recovery	05:43	0:30	00.8	00.0	01.7	162	87%	122/82	197	00	
Recovery	06:13	1:00	00.8	00.0	01.0	147	79%	124/84	182	00	
Recovery	06:50	1:38	00.0	00.0	01.0	134	72%	122/82	163	00	

FINDINGS :

Exercise Time : 04:55
 Max HR Attained : 169 bpm (90% of Target 187)
 Max BP Attained : 124/84 (mmHg)
 Max Workload Attained : 8.2 Fair response to induced stress
 Test End Reasons : Test Complete, Test Complete, Heart Rate Achieved

REPORT :

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



Doctor : DR DEEPAK DAS, MBBS DIP CARDIO

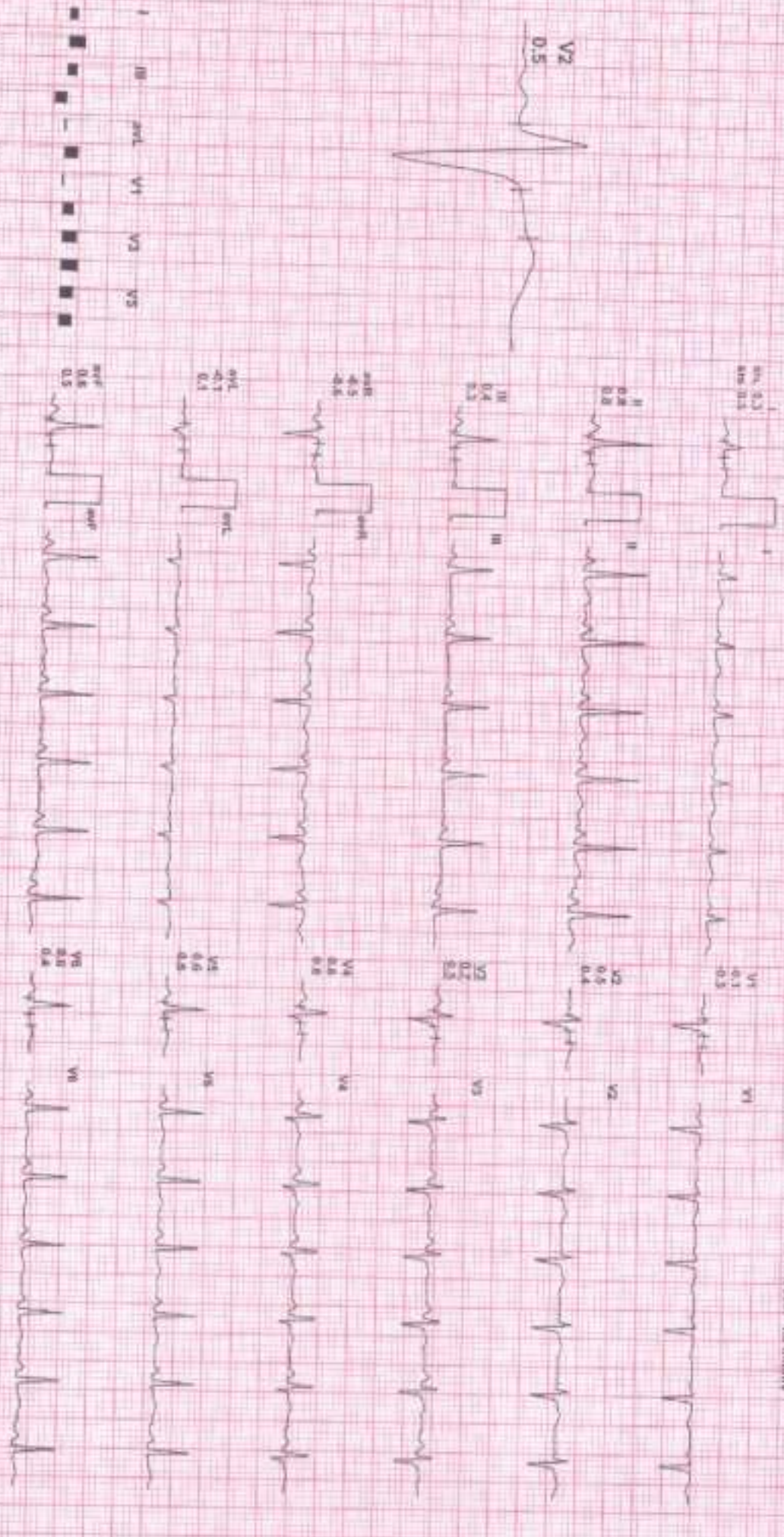
42 / MRS MONALISA BHADURI / 33 Yrs / F / 158 Cms / 65 Kg / HR : 111

Date: 13 / 01 / 2024

METS: 1.80 111 bpm 59% of TPR BP: 110/60 mmHg Contained Modern BIC QW March Ov HF 0.05 Hz LF 35 Hz

ExTime: 00:00 0.0 Kmph 0.0% 25 mm/Sec 1.0 Cal/cmV

4X 12 ms Paper J



REMARKS: avR avL V2 V4 V6 V8

BRUCE:Supine(0:14)



42 / MRS MONALISA BHADURI / 33 Yrs / F / 158 Cms / 65 Kg / HR : 108

Date: 13 / 01 / 2024

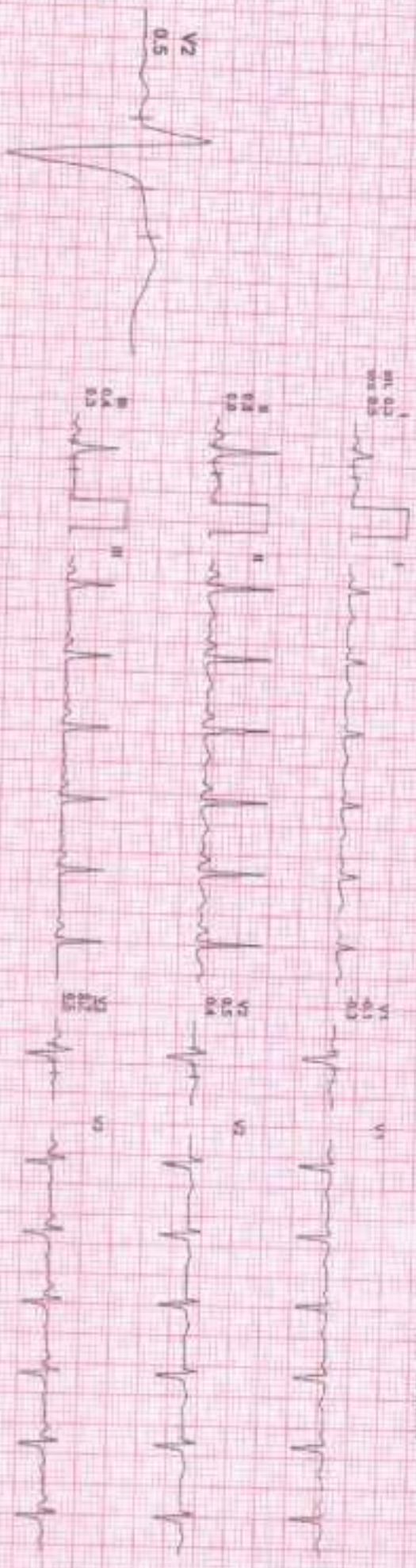
MEETS - 1.5/108 bpm SpO2 of THR BP- 110/60 mmHg

Confounder Medication/BLD OVR Nocton OVR HF 0.05 H2AT F 35 Hz

EXTIMEC 00-30 2.7 Kmph, 10.0%

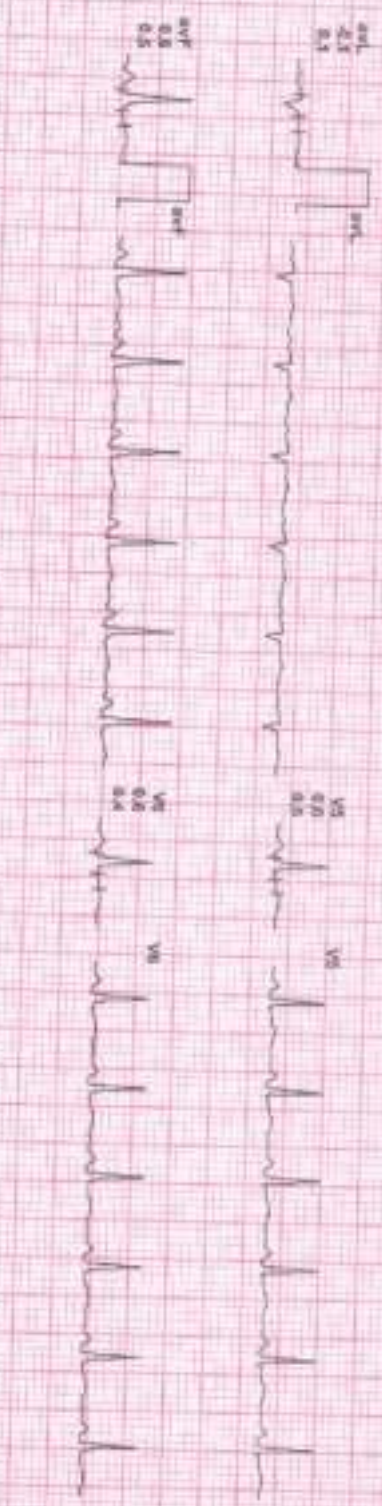
25 mm/30sec 1.8 Cm/1mm

4X III and Frontal



I II III aVR aVL aVF V1 V2 V3 V4 V5 V6

REMARKS:



ExStart



42 / MRS MOMALISA BHADURI / 33 Yrs / F / 158 Cms / 65 Kg / HR : 149

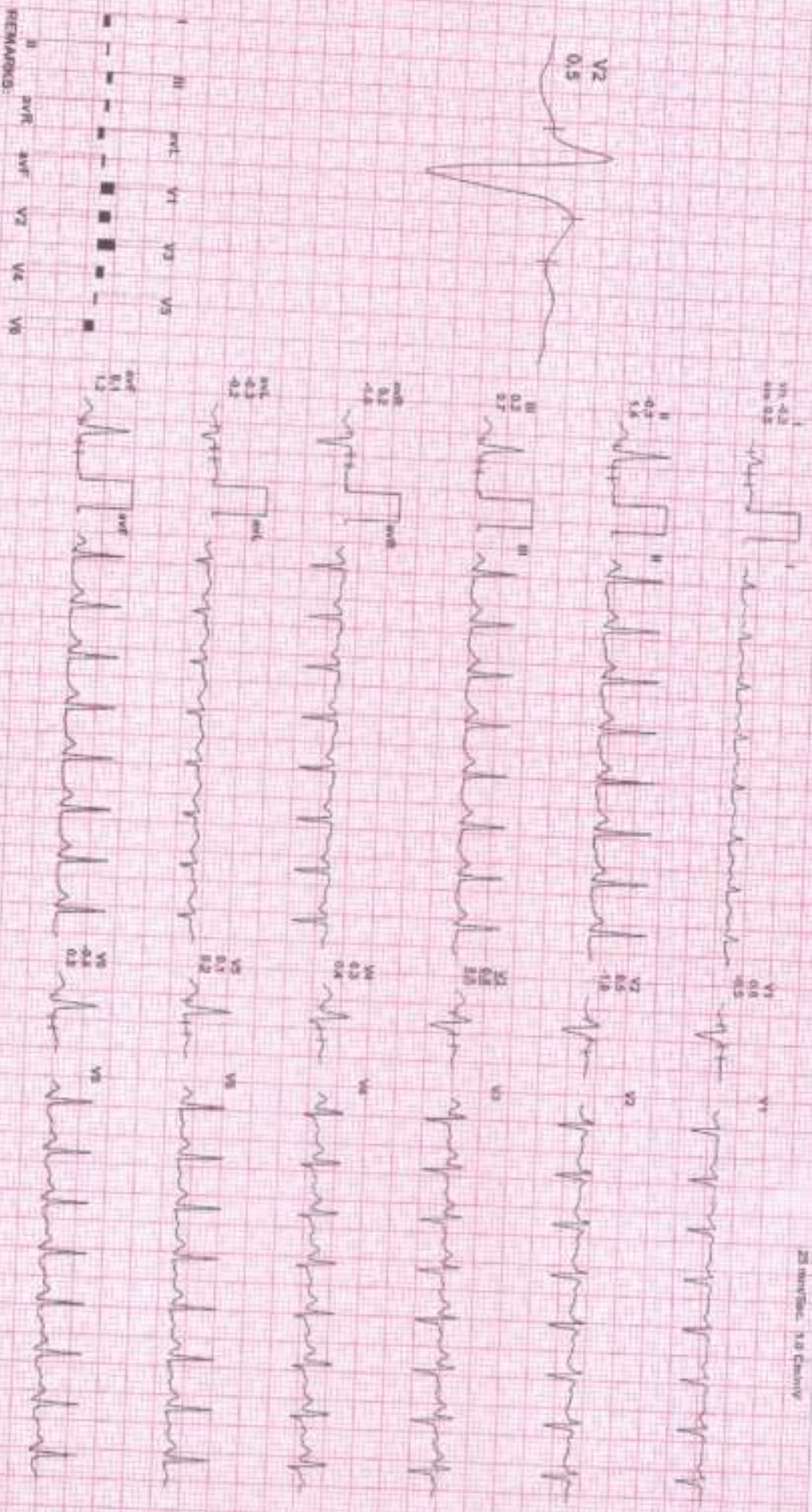
Date: 13/01/2024

MEETS: 4.7/149 bpm 80% of THR BP: 118/78 mmHg

Conducted by: Dr. C. M. Nishu Div HF 0.05 Hz/UF 35 Hz

ESTIME: 03:00 2.7 Km/HR 10.0%

4X 120 mm paper J



REMARKS: I II III aVR aVL aVF V1 V2 V3 V4 V5 V6

BRUCE: Stage 1(3:00)

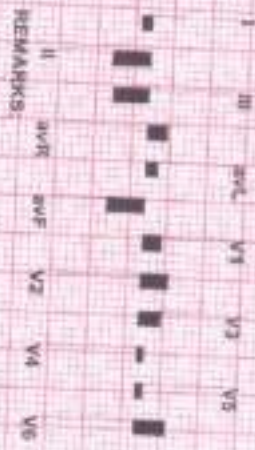


42 / MRS KOMALISA BHADURI / 33 Yrs / F / 158 Cms / 65 Kg / HR : 169
Date: 12 / 01 / 2024

NETS: 6.2 / 169 bpm 90% of THIR Sp- 122/82 mmHg Conduction Method/ BLC DIV/ NOKOH DIV/ HF 0.05 Hz/ LF 35 Hz

PEAKEX
ACIPIL

4X 50 mm Paper J



Extra: 04.58 4.0 Vmax 12.0%
25 mm/sec 1.25 Convex

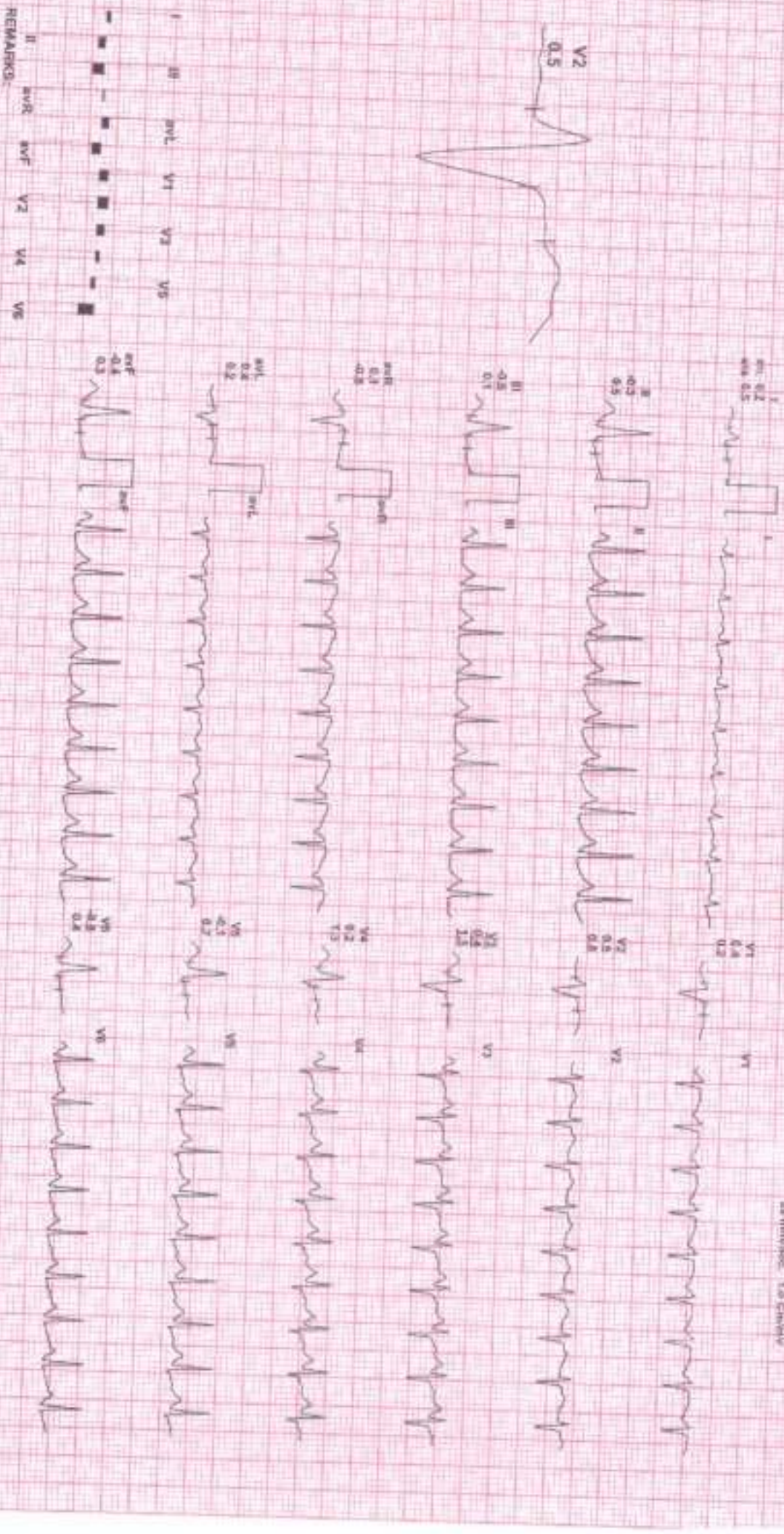
42 / MRS MONALISA BHADURI / 33 Yrs / F / 158 Cms / 65 Kg / HR : 162

Date: 13 / 01 / 2024

MEETS: 1.71 162 bpm 87% of THr BP: 122/82 mmHg Combined Medicines B/C On/Notch On/ Off 0.05 Hx/L F 35 Hz

Extreme 04:25 0.8 Km/hk 0.0%
28 mm/sec 1.0 Cm/hk

4X kg and Paper J



REMARKS: I II aVR aVL V1 V2 V3 V4 V5 V6

Recovery(0:30)



42 / MRS MONALISA BHADURI / 33 Yrs / F / 158 Cms / 65 Kg / HR : 147

Date: 13 / 01 / 2024

MEETS: 1.00 147 bpm 79% of THR Sp: 124/84 mmHg Contraind Meds: Nil O2 Sat: 98% HR: 0.00 Hz LF: 25 Hz

4X 56 mV Trace J

EXTIME: 04:55 0.5 Comp: 0.0%
25 mm/sec 1.0 Cm/mV

Recovery(1:00)



REMARKS:

42 / MRS MONALISA BHADURI / 33 Yrs / F / 158 Cms / 65 Kg / HR : 134

Date: 13/01/2024

MEETS: 1.60 134 bpm 72% of THR BP: 122/82 mmHg Combined Modem/ ECG Drive Natch On/ HF 0.05 Hz/ 35 Hz

Recovery(1:38)

AC/DR

4X 90 ms paper J

ExTime: 04:55 0.0 Km/h 0.0%



REMARKS:

Patient Name : Mrs.MONALISA BHADURI	Collected : 13/Jan/2024 06:05PM
Age/Gender : 33 Y 0 M 0 D /F	Received : 13/Jan/2024 08:46PM
UHID/MR No : DSUS.0000006103	Reported : 13/Jan/2024 09:17PM
Visit ID : DSUSOPV7109	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	340	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. MAIKAL KUJUR
M.B.B.S, M.D.(Pathology)
Consultant Pathologist

*THIS PAPER IS USED FOR CLINICAL REPORTING PURPOSE ONLY

APOLLO CLINIC
LICENSURE: SAMPURNA HEALTHCARE (INDIA) PVT. LTD.

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

E-MAIL: Dr.Maikal@apolloclinic.com | Website : www.apolloclinic.com

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



+91 96918 26363

0771 4033341/42

Patient Name : Mrs.MONALISA BHADURI	Collected : 13/Jan/2024 08:05PM
Age/Gender : 33 Y 0 M 0 D /F	Received : 13/Jan/2024 08:38PM
UHID/MR No : DSUS.000006103	Reported : 13/Jan/2024 09:13PM
Visit ID : DSUS0PV7109	Status : Final Report
Ref Doctor : APOLLO CLINIC	Client Name : PUP APOLLO CLINIC SAMRIDDHI AR
IPI/OP NO :	Patient location : Raipur,Raipur

DEPARTMENT OF IMMUNOLOGY

Test Name	Result	Unit	Bio. Ref. Range	Method
VITAMIN D (25 - OH VITAMIN D) , SERUM	19.04	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.

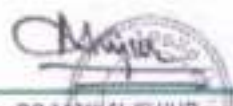
Vitamin D from sunshine on the skin or from dietary intake is converted predominantly by the liver into 25-hydroxy vitamin D, which has a long half-life and is stored in the adipose tissue. The metabolically active form of vitamin D, 1,25-di-hydroxy vitamin D, which has a short life, is then synthesized 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.




+91 96918 26363

0771 4033341/42

Patient Name : Mrs.MONALISA BHADURI	Collected : 13/Jan/2024 06:05PM
Age/Gender : 33 Y 0 M 0 D /F	Received : 13/Jan/2024 06:17PM
UHID/MR No : DSUS.0000006103	Reported : 13/Jan/2024 07:29PM
Visit ID : DSUSOPV7109	Status : Final Report
Ref Doctor : APOLLO CLINIC	Client Name : PUP APOLLO CLINIC SAMRIDDHI AR
IP/CP NO :	Patient location : Raipur Raipur

DEPARTMENT OF IMMUNOLOGY

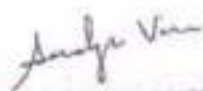
Test Name	Result	Unit	Bio. Ref. Range	Method
THYROID PROFILE TOTAL (T3, T4, TSH) , SERUM				
TRI-IODOTHYRONINE (T3, TOTAL)	1.03	ng/mL	0.6-1.81	CLIA
THYROXINE (T4, TOTAL)	8.90	µg/dL	3.2-12.6	CLIA
THYROID STIMULATING HORMONE (TSH)	2.600	µU/mL	0.35-5.5	CLIA

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



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

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+91 96918 26363

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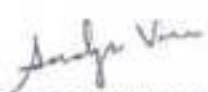
Patient Name : Mrs.MONALISA BHADURI	Collected : 13/Jan/2024 08:05PM
Age/Gender : 33 Y 0 M 0 D /F	Received : 13/Jan/2024 07:10PM
UHID/MR No : DSUS.0000006103	Reported : 13/Jan/2024 08:00PM
Visit ID : DSUSOPV7109	Status : Final Report
Ref Doctor : APOLLO CLINIC	Client Name : PUP APOLLO CLINIC SAMRIDDHI AR
IP/OP NO :	Patient location : Raipur,Raipur

DEPARTMENT OF BIOCHEMISTRY

Test Name	Result	Unit	Bio. Ref. Range	Method
CALCIUM , SERUM	10.00	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.

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Consultant Pathologist

Apollonagar 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://pfr.apolloclinic.com

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