



Shree Ram Multispeciality Hospital (SRMH)

Lokah Samasta Sukhino Bhavantu

OPD - ID : 020240000430
UH-ID : SRMH-24031980

PT. TYPE : NEW REGISTRATION
PRINT DATE : 09-03-2024 / 10:05:16AM
TOKEN NO. : 2

PATIENT NAME : AZRA RIZVI	DEPARTMENT : OBS & GYNE
AGE / SEX : 31-Y 3-M 4-D / FEMALE	CONSULTANT : DR. ARPITA NAMDEV YADAV
DOB : 05-12-1992	CONSULT-DATE : 09-Mar-2024 - 09:57 AM
MOB-NO : 9039695349	COMPANY NAME : MEDIWHEEL FULL BODY HEALTH ANNUA
GUARDIAN NAME : W/o MR. SARIM RAXA	OPD PAID FEE : 0.00
ADDRESS : H NO. 34 FORTUNE RESIDENCY TATIBANDH, RAIPUR, CG	

Weight : 49 Kg Temp : 98.3 F B.P. : 120/80 Pulse : 90b/m SPO2 : 98.1



ClO Premenstrual Spotting

: 10 months

White discharge on 5th

H/O taking OCP : 3 cycle

AMP = 8/03/24

P.L.A.B.2

1st -> FNO/M/AIH/any

*2nd -> missed abortion
medicated abortion*

Past

*had Hypertension
taken metoprolol 20-22*

*MH = 2-3
28-30*

*3rd -> Missed abortion
DNE may 2024*

*Not taking any medicine
at present*

PA -> Sgt

Adv

FOLLOW-UP DATE :

ADVICE FOR ADMISSION

YES	NO
-----	----

Review



Near Railway Under Bridge, Basant Vihar Gate No. 1, Gondwara Chowk, Gudhiyari, Raipur (Chhattisgarh)

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Shree Ram Multispeciality Hospital (SRMH)

L o k a h S a m a s t a S u k h i n o B h a v a n t u

OPD - ID : 020240000430
UH-ID : SRMH-24031980

PT. TYPE : NEW REGISTRATION
PRINT DATE : 09-03-2024 / 10:53:51

TOKEN NO. : 2

PATIENT NAME	: AZRA RIZVI	DEPARTMENT	: DENTAL
AGE / SEX	: 31-Y 3-M 4-D / FEMALE	CONSULT-DATE	: 09-Mar-2024 - 09:57 AM
DOB	: 05-12-1992	COMPANY NAME	: MEDIWHEEL FULL BODY HEALTH ANNUAL PLUS
MOB-NO	: 9039695349	OPD PAID FEE	: 0.00
GUARDIAN NAME	: W/o MR. SARIM RAXA		
ADDRESS	: H NO. 34 FORTUNE RESIDENCY TATIBANDH, RAIPUR, CG		

Weight : 49kg Temp : 98.3 B.P. : 120/80 Pulse : 90b/min SPO2 : 98.1

Please indicate whether you are presently suffering from anyone of the following symptoms:

Oral Health Status:

- Yes No Dental Sealants Present on Permanent Molars
- Yes No Caries Experience / Restoration History : A filling (Temporary / Permanent) OR a Tooth that is missing because it was extracted as a result of caries .
- Yes No Untreated Caries/ Open Treatment Plan
- Yes No Urgent Treatment: abscess, Nerve Exposure, Advanced Disease State, Signs of Symptoms that include pain/ infection / swelling

Treatment Needs:

- Restorative Care- Fillings, crowns, etc.
- Preventative Care-prophylaxis, sealants, fluoride Treatment
- Sedation / Surgery Needs to Complete Treatment

Present chief complaints:- No. clo

Dr. Signature



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PATIENT NAME : AZRA RIZVI	DEPARTMENT : OPHTHALMOLOGIST	
AGE / SEX : 31-Y 3-M 4-D / FEMALE		
DOB : 05-12-1992	CONSULT-DATE : 09-Mar-2024 - 09:57 AM	
MOB-NO : 9039695349	COMPANY NAME : MEDIWHEEL FULL BODY HEALTH ANNUAL PLU	
GUARDIAN NAME : W/o MR. SARIM RAXA	OPD PAID FEE : 0.00	
ADDRESS : H NO. 34 FORTUNE RESIDENCY TATIBANDH, RAIPUR, CG		
Weight :	Temp :	B.P. :
		Pulse :
		SPO2 :



6/6
6/6

N.V. No

C.V. Normal



FOLLOW-UP DATE :

ADVICE FOR ADMISSION

YES	NO
-----	----

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PATIENT NAME : AZRA RIZVI	DEPARTMENT : ENT	
AGE / SEX : 31-Y 3-M 4-D / FEMALE	CONSULT-DATE : 09-Mar-2024 - 09:57 AM	
DOB : 05-12-1992	COMPANY NAME : MEDIWHEEL FULL BODY HEALTH ANNUAL PLUS	
MOB-NO : 9039695349	OPD PAID FEE : 0.00	
GUARDIAN NAME : W/o MR. SARIM RAXA		
ADDRESS : H NO. 34 FORTUNE RESIDENCY TATIBANDH, RAIPUR, CG		
Weight : 49 Kg Temp : 98.3 F B.P. : 120/70 Pulse : 90 6/70 SPO2 : 98 %		

Please indicate whether you are presently suffering from anyone of the following symptoms:

	Yes	No
Ears, Nose, Mouth, Throat		
Ear pain	0	/
Ear itch	0	/
Ear drainage	0	/
Dizziness/ Loss of balance	0	/
Loss of Hearing	0	/
Popping Noise	0	/
Tinnitus	0	/
Nosebleeds	0	/
Post-nasal Drip	0	/
Sinus pain	0	/
Sinus pressure	0	/
Nasal congestion	0	/
Loss of smell/taste	0	/
Hoarseness	0	/
Sore Throat	0	/
Throat tickle	0	/
Dry Mouth / Throat	0	/
Throat clearing	0	/
Snoring	0	/

Present chief complaints:- No C/O.

Dr. Signature

To,

The Coordinator,
Mediwheel (Arcofemi Healthcare Limited)
Helpline number: 011- 41195959

Dear Sir / Madam,

Sub: Annual Health Checkup for the employees of Bank of Baroda

This is to inform you that the following spouse of our employee wishes to avail the facility of Cashless Annual Health Checkup provided by you in terms of our agreement.

PARTICULARS OF HEALTH CHECK UP BENEFICIARY	
NAME	AZRA RIZVI
DATE OF BIRTH	05-12-1992
PROPOSED DATE OF HEALTH CHECKUP FOR EMPLOYEE SPOUSE	09-03-2024
BOOKING REFERENCE NO.	23M163861100098124S
SPOUSE DETAILS	
EMPLOYEE NAME	MR. RAZA SARIM
EMPLOYEE EC NO.	163861
EMPLOYEE DESIGNATION	SINGLE WINDOW OPERATOR A
EMPLOYEE PLACE OF WORK	RAIPUR,RAIPUR MAIN
EMPLOYEE BIRTHDATE	12-06-1990

This letter of approval / recommendation is valid if submitted along with copy of the Bank of Baroda employee id card. This approval is valid from **07-03-2024** till **31-03-2024**. The list of medical tests to be conducted is provided in the annexure to this letter. Please note that the said health checkup is a **cashless facility** as per our tie up arrangement. We request you to attend to the health checkup requirement of our employee's spouse and accord your top priority and best resources in this regard. The EC Number and the booking reference number as given in the above table shall be mentioned in the invoice, invariably.

We solicit your co-operation in this regard.

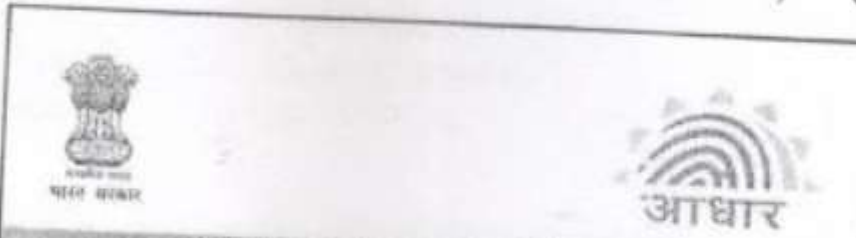
Yours faithfully,

Sd/-

**Chief General Manager
HRM Department
Bank of Baroda**

(Note: This is a computer generated letter. No Signature required. For any clarification, please contact Mediwheel (Arcofemi Healthcare Limited))

Add - M.NO. 34, Fortune Residency, Tadibandh Raipur



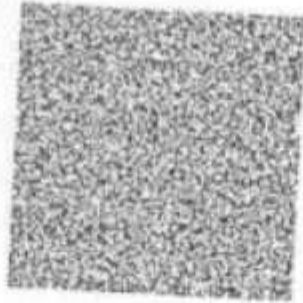
भारत सरकार
Government of India

भारतीय विशिष्ट पहचान प्राधिकरण
Unique Identification Authority of India

नामांकन क्रम/ Enrolment No.: 0648/17857/00365

To
अज़र रिज़वी
Azra Rizvi
C/O: Sarim Raza
behind B. P. Pujari school
rajatalab
Raipur
Raipur Chhattisgarh - 492001
6265206093

Signature Not Verified



आपका आधार क्रमांक / Your Aadhaar No. :

8275 1316 5738

VID : 9116 2747 8902 0580

मेरा आधार, मेरी पहचान



भारत सरकार
Government of India



अज़र रिज़वी
Azra Rizvi
जन्म तिथि/DOB: 05/12/1992
महिला/ FEMALE

Issue Date: 20-12-2011

8275 1316 5738

VID : 9116 2747 8902 0580

मेरा आधार, मेरी पहचान



सूचना

- आधार पहचान का प्रमाण है, नागरिकता का नहीं।
- सुरक्षित QR कोड / ऑफलाइन XML / ऑनलाइन ऑथेंटिकेशन से पहचान प्रमाणित करें।
- यह एक इलेक्ट्रॉनिक प्रक्रिया द्वारा बना हुआ पत्र है।

INFORMATION

- Aadhaar is a proof of identity, not of citizenship.
- Verify identity using Secure QR Code/ Offline XML/ Online Authentication.
- This is electronically generated letter.

- आधार देश भर में मान्य है।
- आधार कई सरकारी और गैर सरकारी सेवाओं को पाना आसान बनाता है।
- आधार में मोबाइल नंबर और ईमेल ID अपडेट रखें।
- आधार को अपने स्मार्ट फोन पर रखें, mAadhaar App के साथ।

- Aadhaar is valid throughout the country.
- Aadhaar helps you avail various Government and non-Government services easily.
- Keep your mobile number & email ID updated in Aadhaar.
- Carry Aadhaar in your smart phone – use mAadhaar App.

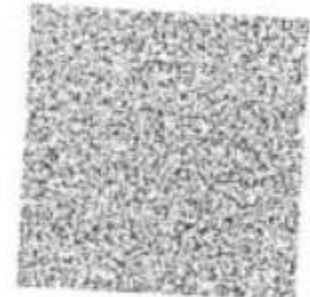


भारतीय विशिष्ट पहचान प्राधिकरण
Unique Identification Authority of India



पता:
श्री: सरिम राजा, पुजारी विद्यालय के पीछे, राजतालब,
रायपुर, रायपुर,
छत्तीसगढ़ - 492001

Address:
C/O: Sarim Raza, behind B. P. Pujari school,
rajatalab, Raipur, Raipur,
Chhattisgarh - 492001



8275 1316 5738

VID : 9116 2747 8902 0580

1047

help@uidai.gov.in

www.uidai.gov.in

2022695349



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Lokah Samasta Sukhino Bhavantu

PT. NAME : AZRA RIZVI
MOBILE NO : 9039695349
DOCTOR : SELF
REFERRED BY :

AGE / SEX : 31/FEMALE
UH ID NO. : SRMH-24031983
COLLECTION : 09-03-2024
REPORTING : 09-Mar-2024

TEST NO
333

HAEMATOLOGY

TEST NAME	RESULT	UNIT	NORMAL VALUES
CBC (COMPLETE BLOOD COUNT)			
HAEMOGLOBIN (Hb)	10.6	gm/dL	13.5 - 17.5
TOTAL RBC COUNT	4.29	Million/cumm	4.5 - 5.9
HAEMATOCRIT (PCV)	31.8	%	41.5 - 50.4
RBC INDICES			
MCV	74.4	fL	78 - 96
MCH	24.7	pg	27 - 32
MCHC	33.1	%	33 - 37
RDW	14.0	%	11 - 16
TOTAL WBC COUNT (TLC)	4200	/cumm	4000 - 11000
DIFFERENTIAL COUNT			
Neutrophils	58	%	40 - 70
Lymphocytes	33	%	22 - 48
Eosinophils	04	%	0 - 6
Monocytes	05	%	0 - 8
Basophils	00	%	00 -
PLATELET COUNT	1.28	/ μ L	1.50 - 4.50
PCT	0.13	%	0.10 - 0.28
MPV(MEAN PLATELET VOLUME)	10.7	fL	8 - 11
PDW	14.5	%	11 - 18

-- End Of Report --

LAB TECHNICIAN

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(MD PATHOLOGY)

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333

HAEMATOLOGY

TEST NAME	RESULT	UNIT	NORMAL VALUES
-----------	--------	------	---------------

BLOOD GROUPING AND RH TYPING

BLOOD GROUP

"A"

-

RH FACTOR


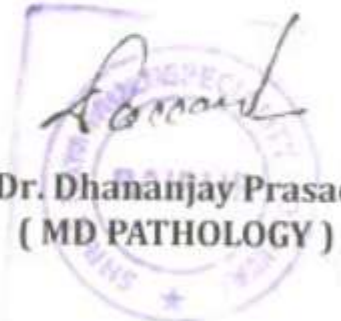
POSITIVE

-

-- End Of Report --


LAB TECHNICIAN

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HAEMATOLOGY

TEST NAME	RESULT	UNIT	NORMAL VALUES
ESR (ERYTHROCYTE SEDIMENTATION RATE)			
ESR	45	mm after 1 hrr	0 - 20

-- End Of Report --


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BIOCHEMISTRY

TEST NAME	RESULT	UNIT	NORMAL VALUES
LIVER FUNCTION TEST (LFT)			
BILIRUBIN TOTAL	2.28	mg/dL	0.2 - 1
BILIRUBIN DIRECT	1.53	mg / dl	0.1 - 0.6
BILIRUBIN INDIRECT	0.75	mg / dl	0.1 - 0.4
SGOT	26.9	U / L	10 - 55
SGPT	23.3	U / L	0 - 40
ALKALINE PHOSPHATASE	164.8	U / L	0 - 270
TOTAL PROTEIN	6.34	g / dl	6 - 8
ALBUMIN	3.63	g/dl	3.5 - 5.0
GLOBULIN	2.71	g / dl	2 - 3.5
A/G RATIO	0.92	g/dl	1 - 2.5

Clinical Significance:

Alanine transaminase (ALT)

ALT is an enzyme found in the liver that helps your body metabolize protein. When the liver is damaged, ALT is released into the bloodstream and levels increase.

Aspartate transaminase (AST)

AST is an enzyme that helps metabolize alanine, an amino acid. Like ALT, AST is normally present in blood at low levels. An increase in AST levels may indicate liver damage or disease or muscle damage.

Alkaline phosphatase (ALP)

ALP is an enzyme in the liver, bile ducts and bone. Higher-than-normal levels of ALP may indicate liver damage or disease, such as a blocked bile duct, or certain bone diseases.

Albumin and total protein

Albumin is one of several proteins made in the liver. Your body needs these proteins to fight infections and to perform other functions. Lower-than-normal levels of albumin and total protein might indicate liver damage or disease.

Bilirubin

Bilirubin is a substance produced during the normal breakdown of red blood cells. Bilirubin passes through the liver and is excreted in stool. Elevated levels of bilirubin (jaundice) might indicate liver damage or disease or certain types of anemia.

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BIOCHEMISTRY

TEST NAME	RESULT	UNIT	NORMAL VALUES
	CREATININE		
CREATININE	0.61	mg / dl	0.6 - 1.2

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BIOCHEMISTRY

TEST NAME	RESULT	UNIT	NORMAL VALUES
	URIC ACID		
URIC ACID	4.39	mg/dL	3.6 - 7.7

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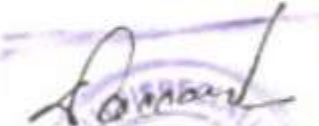
BIOCHEMISTRY

TEST NAME	RESULT	UNIT	NORMAL VALUES
LIPID PROFILE			
CHOLESTEROL	132.3	mg / dl	150 - 220
SERUM TRIGLYCERIDE	84.5	mg / dl	60 - 165
HDL	38.9	mg / dl	35 - 80
LDL	76.50	mg/dL	90 - 160
VLDL	16.90	mg/dl	20 - 50
CHOLESTEROL / HDL RATIO	3.40	mg/dl	3.5 - 5.5
LDL/HDL Ratio	1.97	mg/dl	2.5 - 3.5
TRIGLYCERIDES/HDL RATIO	2.17	mg/dl	2.0 - 4.0

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BIOCHEMISTRY

TEST NAME	RESULT	UNIT	NORMAL VALUES
BLOOD SUGAR - FASTING AND PP			
BLOOD SUGAR FASTING	79.2	mg/dL	60 - 120
BLOOD SUGAR PP	95.1	mg/dL	80 - 140

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CLINICAL PATHOLOGY

TEST NAME	RESULT	UNIT	NORMAL VALUES
URINE SUGAR FASTING AND PP			
URINE SUGAR - FASTING	Absent		Absent -
URINE SUGAR - PP	Absent		Absent -

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Shree Ram Multispeciality Hospital (SRMH)

L o k a h S a m a s t a S u k h i n o B h a v a n t u

PT. NAME : AZRA RIZVI	AGE / SEX : 31/FEMALE	TEST NO
MOBILE NO : 9039695349	UH ID NO. : SRMH-24031983	333
DOCTOR : SELF	COLLECTION : 09-03-2024	
REFERED BY :	REPORTING : 09-Mar-2024	

BIOCHEMISTRY

TEST NAME	RESULT	UNIT	NORMAL VALUES
HBA1c (GLYCOSYLATED HEAMOGLOBIN)			
HBA1c	5.20	%	Normal Range : <6% - Good Control : 6 - 7% - Fair Control : 7 - 8% - Unsatisfactory Control : 8-10% - Poor Control : >10% -
Estimated average plasma glucose	107.82	mg/dl	80 - 120

Interpretation: As per American Diabetes Association(ADA)

Non diabetic adults >= 18 years	<5.7
At risk (prediabetes)	5.7 - 6.4
Diagnosing Diabetes	>= 6.5
Therapeutic goals for glycemic control	Good of Therapy
	> 19 years - <7.0
	<19 years - <7.5

NOTE:

- HbA1c reflects long term fluctuations in the blood glucose concentration
- A diabetic patient who is recently under good control may still have a high concentration of HbA1c. Converse is true for a diabetic previously under good control but now poorly controlled.


Significance of Test:

HbA1c provides an index of average blood glucose levels over the past 8-12 weeks and is a much better indicator of long term glycemic control as compared to blood and urinary glucose determinations.

-- End Of Report --


LAB TECHNICIAN

Note : This Report is not for medicolegal purpose


Dr. Dhananjay Prasad
(MD PATHOLOGY)

📍 Near Railway Under Bridge, Basant Vihar Gate No. 1, Gondwara Chowk,
Gudhiyari, Raipur (Chhattisgarh)

☎ 0771-43 43 161, 0771-43 40 162, 📞 8404 8404 79

✉ shreeramhospital.op@gmail.com 🌐 www.srmhraipur.com





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MOBILE NO : 9039695349
DOCTOR : SELF
REFERRED BY :

AGE / SEX : 31/FEMALE
UH ID NO. : SRMH-24031983
COLLECTION : 09-03-2024
REPORTING : 09-Mar-2024

TEST NO
333

CLINICAL PATHOLOGY

TEST NAME	RESULT	UNIT	NORMAL VALUES
URINE ROUTINE AND MICROSCOPY			
PHYSICAL EXAMINATION			
QUANTITY	20	ml	-
COLOUR	Yellow		Pale Yellow -
APPEARANCE	Turbid		Clear -
REACTION	Acitic		Acitic -
CHEMICAL EXAMINATION			
ALBUMIN	Trace(+)		Absent -
SUGAR	Absent		Absent -
KETONE	Absent		Absent -
BILE SALT	Absent		Absent -
BILE PIGMENT	Absent		Absent -
MICROSCOPIC EXAMINATION			
PUS CELLS	6-8	/hpf	2 - 5
EPITHELIAL CELLS	10-12	/hpf	1 - 5
RBC	4-6	/hpf	0 - 3
CAST	Nil	/lpf	Nil -
YEAST	Nil		Nil -
CRYSTAL	Nil	/lpf	Nil -
Bacteria	Present		Nil -
OTHERS	-		-

-- End Of Report --

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Mrs. AZRA RAZVI

Sample Collected At :

Registered : 09 Mar,24 05:25 PM

Age: 31 Years

Ref By : Dr.ARPITA NAMDEV Collected : 09 Mar,24 05:32 PM

Sex: Female

Reported : 10 Mar,24 7:48 PM

GAMAMA GLUTAMYL TRANSFERASE (GGT)

INVESTIGATION	RESULT	REFERENCE VALUE	UNIT
GAMMA – GLUTAMYL TRANSFERASE (GGT) , SERUM	16.08	12.00-18.00	U/L

GENDER	-	NORMAL RANGE(U/L)
MALE	-	12.00-18.00
FEMALE	-	6.00-29.00

COMMENTS:-

Gamma – Glutamyl Transferase (Ggt) Is An Enzyme That Is Found In Many Organs Throughtout The Body , With The Highest Concentrations Found In The Liver .Ggt Is Elevated In The Blood In Most Diseases That Cause Damage To The Liver Or Bile Ducts ,This Test Measures The Level Of Ggt In A Blood Samle.

DR. DHANANJAY PRASAD

(MD Pathology)

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Shree Ram Multispeciality Hospital (SRMH)

L o k a h S a m a s t a S u k h i n o B h a v a n t u

AZRA RAZVI

Age: 31 Years

Sex: Female

Sample Collected At:

Ref. By: Dr. ARPITA NAMDEV

Registered: 09 Mar, 24 05:26 PM

Collected: 09 Mar, 24 05:32 PM

Reported: 10 Mar, 24 07:49 PM

BUN / Creatinine Ratio PANAL

Investigation	Observed Value	Unit	Biological Reference Interval
BUN			
BUN	10.67	mg/dL	7.00 - 20.00
Serum Creatinine	0.92	mg/dL	0.55 - 1.20
BUN / Creatinine Ratio	14.65		10:1 - 20:1

Blood urea nitrogen (BUN) is a waste product produced when the liver breaks down protein. The kidneys then filter it out of the blood and eliminate it through urine. Creatinine is a waste product created by the breakdown of phosphocreatine, a molecule stored in muscle tissue. The kidneys filter creatinine from the blood, and its levels in the body reflect the efficiency of the kidney's excretory function. therefore, BUN and creatinine are useful markers in assessing kidney health because they help doctors evaluate the kidney's filtration rate.

Dr. D. Prasad
M.D.(Pathologist)

END OF REPORT
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Name : AZRA RIZVI
Age/Gender : 31 years / Female
Sample Type : Lbc Medium
Ref. Doctor : Arpita Namdeo

Collected : 09/03/2024, 05:36 PM
Received : 09/03/2024, 05:48 PM
Reported : 10/03/2024, 06:35 PM

HISTOPATHOLOGY

INVESTIGATION

RESULT

Liquid based cervico-vaginal cytology

(Method: Bethesda System for reporting Cervical cytology 2014)

Specimen identification	(LBC/569/2024)
Clinical Details / History	Not provided.
Sample Type	LBC smears.
Collection site of Specimen	Cervix.
Number of Smears Received /made	2
Adequacy of Specimen	Satisfactory for evaluation.
General Categorization	Negative for intraepithelial lesion or malignancy.
Interpretation / Result	Negative for intraepithelial lesion or malignancy.
Organisms	Nil.
Other Non-neoplastic changes	Includes typical repair- mild
Epithelial cell abnormalities	Nil
Other malignant neoplasms	Nil.
Remarks	Correlate clinically.

****END OF REPORT****

Swathi

Dr SWATHI VADDEPALLY
MD PATHOLOGIST



AZRA RIZVI
Age: 31 Years
Sex: Female

Sample Collected At:
Ref. By: Dr. ARPITA NAMDEV

Registered: 09 Mar, 24 05:20 PM
Collected: 09 Mar, 24 05:34 PM
Reported: 09 Mar, 24 07:44 PM

TFT

Thyroid Function Test (TFT)

Investigation	Observed Value	Unit	Biological Reference Interval
THYROID SERUM HORMONS			
Serum Triiodothyronine (T3)	0.92	ng/mL	0.89 - 1.87
Serum thyroxine (T4)	6.24	ug/dL	5.1 - 14.28
Thyroid Stimulating Hormone (TSH)	<0.10	μIU/mL	0.66 - 5.67

Comments:-

- (i) Ethnicity, iodine intake, gender, age, body mass index and Exercise influences the reference range of Thyroid hormones and serum TSH concentrations.
- (ii) Changes in Thyroid Hormones (especially T3) and TSH may be seen as early as 24 hours after the onset of non-thyroid illness. (Poor nutrition/starvation, sepsis, burns, malignancy, myocardial infarction, post-surgery, and with chronic liver and renal disease)
- (iii) Serum total T4 and T3 concentrations increase to approximately 150% of non-pregnant values – this occurs during the first half of pregnancy and is maintained thereafter until parturition. Free T4 concentrations also change during pregnancy: in the first trimester a transient rise is often observed.
- (iv) Measurement of FT4 and FT3 is best avoided in patients receiving heparin therapy. (When indicated, blood sample should be taken 10 hours after the last injection of heparin, and analyzing it without delay, can reduce the risk of artifactual hyperthyroxinaemia.)
- (v) Phenytoin, carbamazepine and furosemide cause artifactual increase in free T4 (FT4) and decrease in total T4.

Dr. D. Prasad
M.D.(Pathologist)

END OF REPORT
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SHRI RAM IMAGING & DIAGNOSTIC CENTER

Ground Floor, Raheja Towers, Jail Road, Raipur
Ph. : 0771-4099090, Mo. : 9294870000

DR ANAND BANSAL

MBBS MD DNB(Radiodiagnosis)
(IMS BHU) (Gold Medalist)
Ex Senior Resident (AIIMS Raipur)
Ex Assistant Professor (Pt JNMC Raipur)
Reg. No. - CGMC 6359/2015

5D SONOGRAPHY -16 SLICE CT SCAN - DIGITAL X RAY - PATHOLOGY - BIOPSY

PATIENT NAME: AZRA RIVZVI	DATE: 09/03/2024
REF PHY: SHRIRAM MULTISPECIALITY HOSPITAL GUDHIYARI, PATIENT ID: 45913	AGE/SEX: 31 Years / FEMALE

USG WHOLE ABDOMEN

Liver: Liver is normal in size (10.7 cm), smooth in outline & raised echotexture.

Billiry system: IHBR's are not dilated. CBD is not dilated.

Liver vessels: Portal vein and hepatic veins are normal.

Gall bladder: Distended with anechoic lumen and normal wall thickness.

Pancreas & Paraaortic Region: Normal. Pancreatic duct not dilated.

Spleen: Is normal in size measures (10.4 cm) with normal echotexture.

Kidneys	RIGHT	LEFT
SIZE	11.7 x 4.2 cm	11.5 x 4.8 cm
CORTICAL ECHOGENICITY	Normal	Normal
CORTICOMEDULLARY DIFFERENTIATION	Maintained	Maintained
PELVICALYCEAL SYSTEM	Not dilated	Not dilated
URETER	Not dilated	Not dilated
CALCULUS	No	No

Urinary bladder: The urinary bladder shows physiological distention. It shows normal wall thickness.

Uterus is normal in size (7.2 x 5.5 x 3.6 cm, Vol. - 75 cc) and echotexture.

Endometrial thickness 5.9 mm.



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PATIENT NAME: AZRA RIVZVI	DATE: 09/03/2024
REF PHY: SHRIRAM MULTISPECIALITY HOSPITAL GUDHIYARI, PATIENT ID: 45913	AGE/SEX: 31 Years / FEMALE

Ovaries	Right	Left
Size	3.2 x 1.7 cm	4.4 x 2.5 cm
Shape	Normal	Normal
Echotexture	Normal	Normal
Any other remarks	Nil	Nil

No evidence of free fluid in abdomen or pelvis.
Bowel loops are grossly normal.

IMPRESSION:

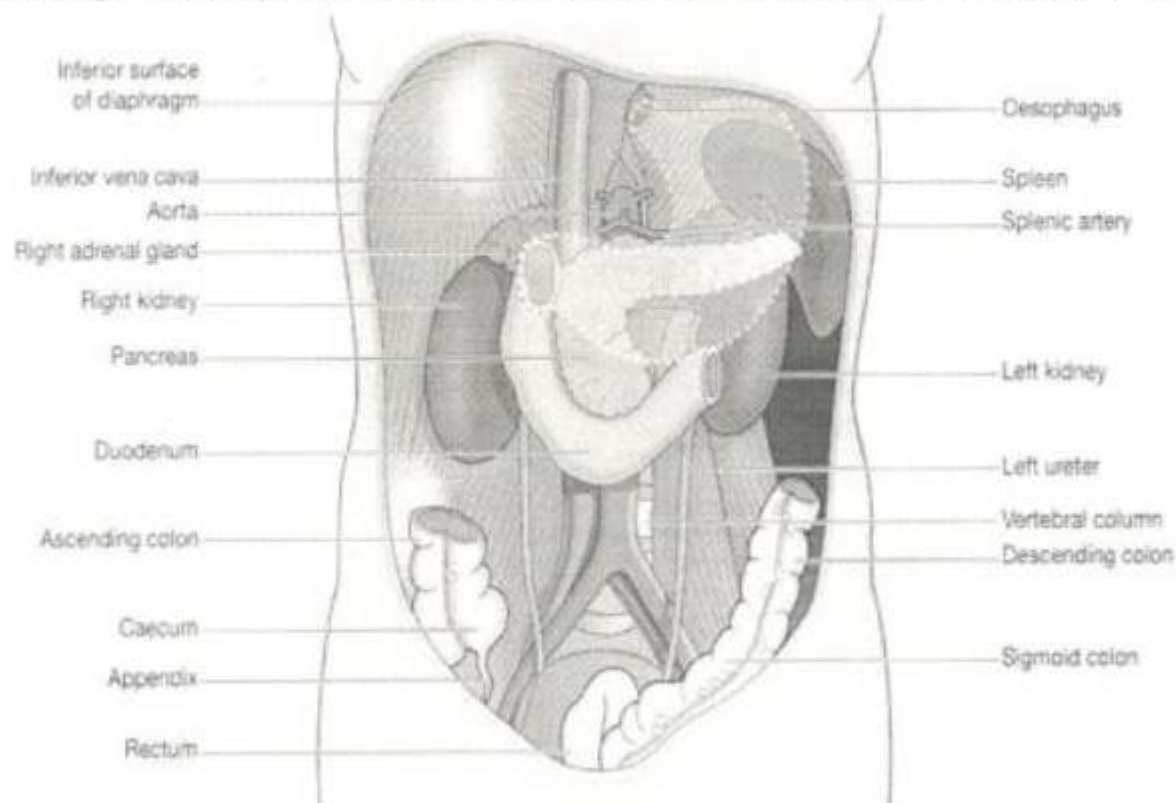
- GRADE – I FATTY LIVER CHANGES.

Advised clinical correlation/further evaluation if clinically indicated.


DR ANAND BANSAL
MD DNB RADIODIAGNOSIS
CONSULTANT RADIOLOGIST
CGMC 2015/6359

Typist: DEKUMAR SAHU

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





ECHOCARDIOGRAPHY REPORT

Name	Mrs. Azra Rizvi	Age / Sex	31 years / Female
Date	09/03/2024	UHID no	24031980

PULMOANRY VELOCITY ; 0.76 m/s

AORTIC VELOCITY : 1.21 m/s

TRICUSPID VELOCITY : 1.86 m/s


PASP : 19 mmHg + RAP

M-Measurement Value

Aorta	2.6	LVEDD	3.8
LA	3.4	IVSD	0.9
LVEF	>60%	LVPWD	0.9

FINAL IMPRESSION

- Normal Cardiac Chambers & Dimension
- NO RWMA
- Normal LV Systolic Function
- LVEF >60%
- Trace TR, PASP 19 mmHg + RAP
- No Clot/PE / Vegetation


Dr. Nikhil Motiramani
(MBBS, MD, DM Card)

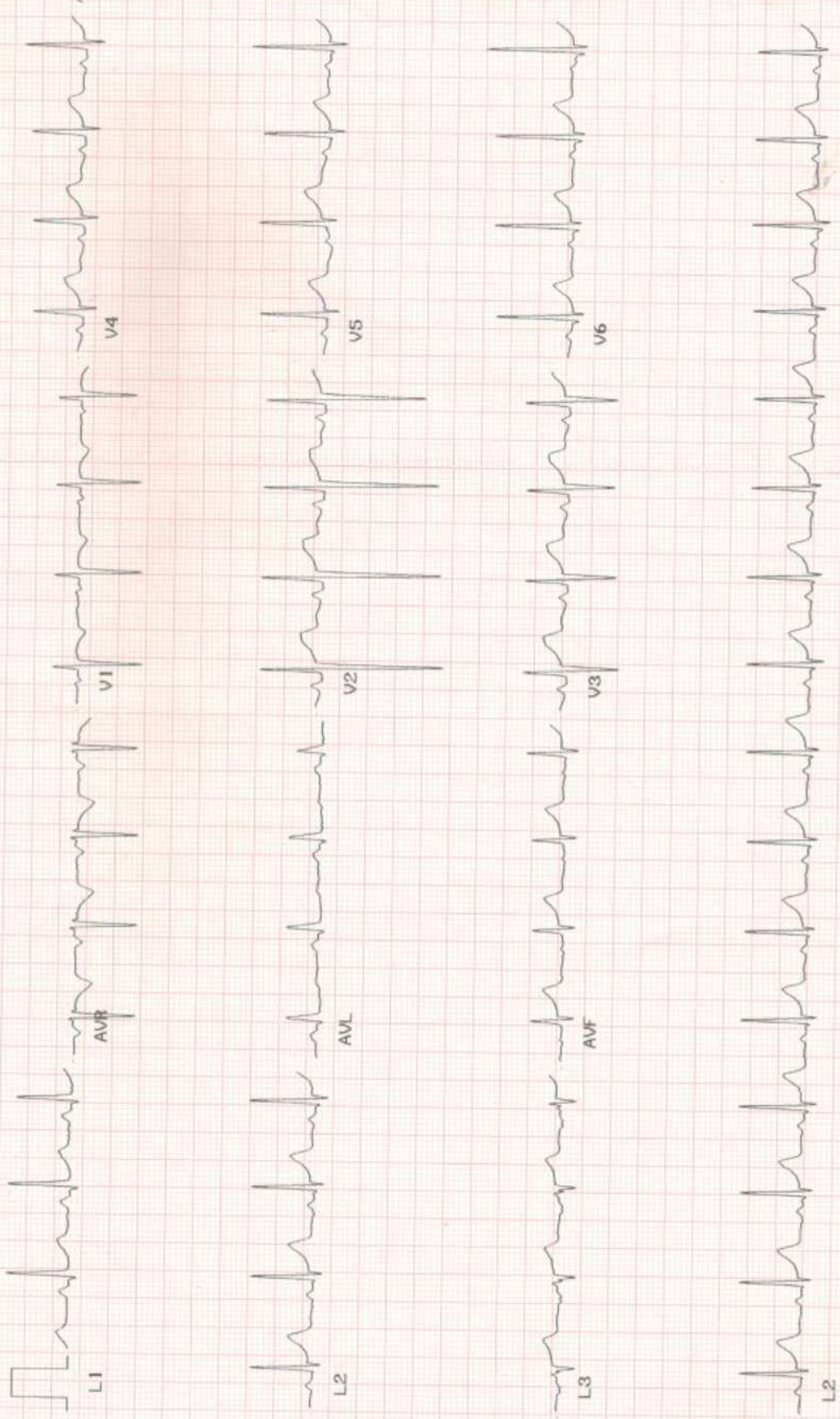
Dr. Raghvesh Ojha

(MBBS, Dip Card)



mrs ajra
M 38Y 490Kg
10:38 AM
09/03/2024

25 mm/s	P	=	75 ms	QT/QTc	=	79%	To be clinically correlated:	HR =	95bpm
10mm/mV	QRS	=	65 ms	QT/RR	=	50%	Sinus		
0.1 - 35Hz	PR	=	127 ms	QRS axis	=	00°	Mild Left Axis Deviation		
50Hz ReJ-Y	QT	=	317 ms	P axis	=	-04°	Normal ECG		
AUTO 12LS BLC-Y	QTc	=	399 ms	T axis	=	55°			



PatientName :AZRARIZVI
PatientId :40102423161
Age/DOB/Gender :31Year--/FEMALE
Ref.DoctorName :SELF

RegisteredOn :09/03/202404:32pm
SampleCollectedOn :09/03/202403:52pm
ReportedOn :10/03/202412:40pm

Hb Electrophoresis By HPLC

<u>Investigation</u>	<u>Result</u>	<u>Units</u>	<u>BiologicalReferenceInterval</u>
Hb A	90.9	%	92.4 - 97.6
P3	4.4	%	
Hb A2	3.9	%	1.5 - 3.5
Hb F	<0.8	%	0.0 - 1.0
Hb S	00	%	
LA1c/CHb-	00		
Unknown Peak	00	%	

Impression:

Findings are No hemoglobinopathies seen
Please Correlate Clinically

Remark:

SampleType:EDTA

Method:High-PerformanceLiquidChromatography

Disclaimer:

1)The above result relate only to the specimens and should be always correlate with clinical findings and other laboratory markers.2)Improper specimen collection, handling. Storage and transportation may result in false negative/Positive results.

--EndOfReport--

Dr. DHANANJAY PRASAD
MD PATHOLOGY



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PT. NAME : AZRA RIZVI
MOBILE NO : 9039695349
DOCTOR : SELF
REFERED BY :

AGE / SEX : 31/FEMALE
UH ID NO. : SRMH-24031983
COLLECTION : 09-03-2024
REPORTING : 09-Mar-2024

TEST NO
333

HAEMATOLOGY

TEST NAME	RESULT	UNIT	NORMAL VALUES
PT - INR (PROTHROMBIN TIME)			
PT (PROTHROMBIN TIME)	10.5	seconds	12 - 16
CONTROL	13.0	seconds	-
INR	0.71		0.84 - 1.20

Clinical Significance

The Prothrombin Time (PT) and its derived measure of Prothrombin Ratio (PR) And International Normalised Ratio (INR) are measure of the extrinsic pathway of coagulation. They are used to determine the clotting tendency of blood, in the measure of warfarin dosage, liver damage and vitamin K status. The reference range of PT is usually around 11.4 – 15.1 seconds the normal for INR is 0.8 – 1.2. PT measures factor II , V, VII , X and fibrinogen. It is used in conjunction with the activated Partial Thromboplastin Time (aPTT) which measures the intrinsic pathway. The INR is the ratio of a patient's PT to a normal (control) sample, raised to the power of the ISI value for the control sample used. INR is a sensitive test and if not correlates clinically it can be due to sampling error. Please repeat the test in such cases

-- End Of Report --

LAB TECHNICIAN

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24/7
Emergency
Services







PATIENT NAME: AZRA RIZVI	DATE: 09/03/2024
PATIENT ID: SRMH-24031980	AGE/SEX: 31Years/Female

RADIOGRAPH CHEST PA VIEW.

FINDINGS:

- Bilateral lung parenchyma is clear.
- Both apices free.
- Trachea in mid line.
- C T ratio within normal limits.
- Both hila are normal.
- Both costo & cardiophrenic angles are clear.
- Bony cage normal.
- Soft tissue appears normal.

IMPRESSION : No significant abnormality detected.

DR ANAND BANSAL
MD DNB RADIODIAGNOSIS
CONSULTANT RADIOLOGIST
CGMC 2015/6359

Typist: HRITIK CHANDANKAR

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