



SPECTRUM

Dr. Ashok S
B.Sc., M.B.B.S., D.O.M.S. HEALTH CARE
Consultant Ophthalmologist
KMC No: 31827

DATE: 13/01/24.

EYE EXAMINATION

NAME: Mrs. Sneha Gupta AGE: 45Y

GENDER: F / M

	RIGHT EYE	LEFT EYE
Vision	6/6	6/6
Vision With glass		
Color Vision	Normal	Normal
Anterior segment examination	Normal	Normal
Fundus Examination	Normal	Normal
Any other abnormality	Nil	Nil
Diagnosis/ impression	Normal	Normal

Sneha Gupta
Dr. ASHOK SARODHE
B.Sc., M.B.B.S., D.O.M.S.
Eye Consultant & Surgeon
KMC 31827
Consultant (Ophthalmologist)



NAME	AGE	GENDER
MU- Shachi Gupta	45yrs	female

P

DENTAL EXAMINATION REPORT:

8	7	6	5	4	3	2	1	1	2	3	4	5	6	7	8
8	7	6	5	4	3	2	1	1	2	3	4	5	6	7	8

C: CAVITY → none: but old amalgam fillings on $\frac{7}{6}$ to be refilled due to secondary caries

M: MISSING → none

O: OTHERS

ADVISED:

CLEANING / SCALING / ROOTS PLANNING / FLOSSING & POLISHING / OTHERS

REMARKS:

[Signature]
13/01/24

SIGNATURE OF THE DENTAL SURGEON

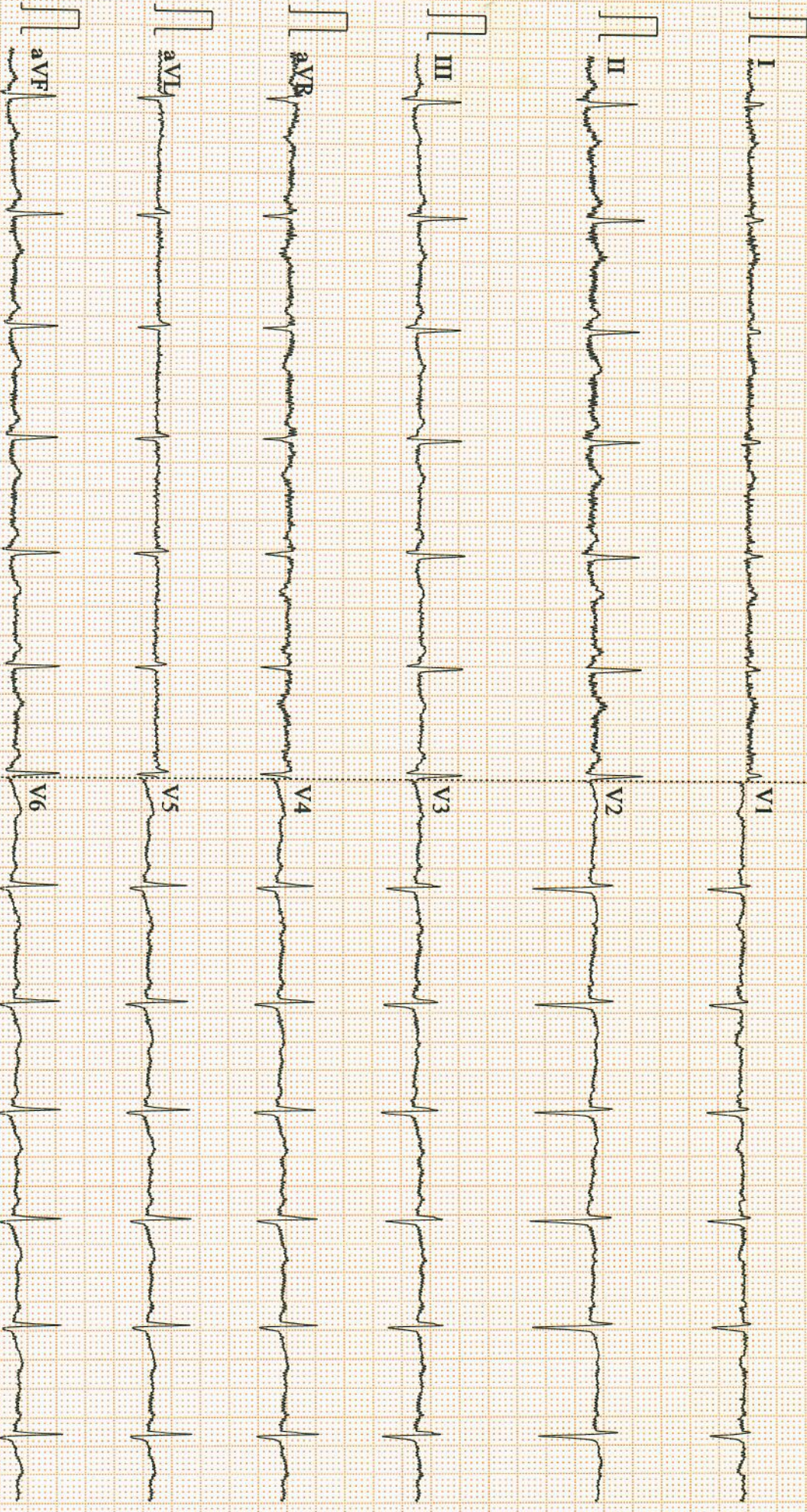
SEAL

DATE 13/01/24

Dr. SACHDEV NAGARKAR
B.D.S., F.A.G.E., F.P.F.A. (USA)
Reg. No : 2247/A



Report Confirmed by:





SPECTRUM DIAGNOSTICS

Bangalore

Patient ID : 0072

Name : SHASHI GUPTA

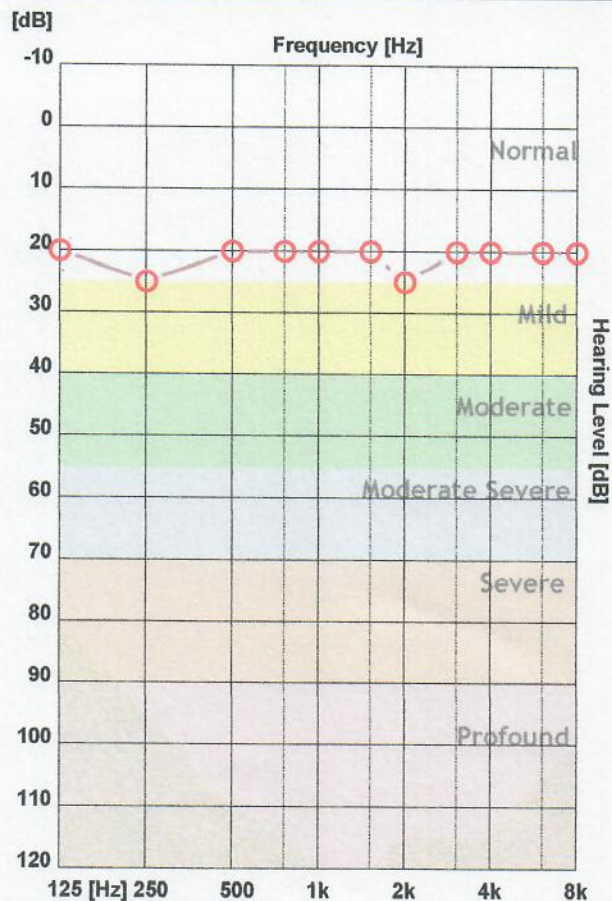
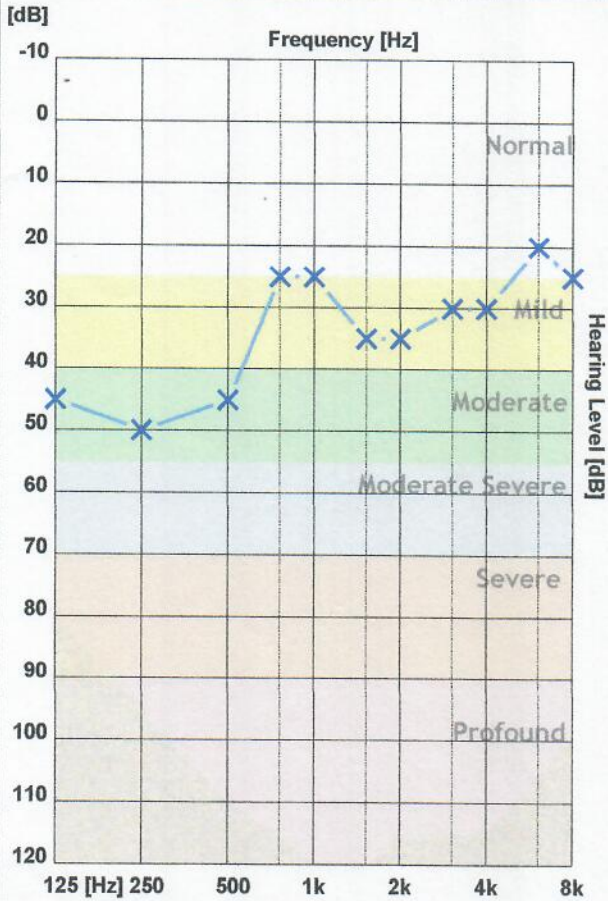
CR Number : 20240113130557

Registration Date : 13-Jan-2024

Age : 45

Gender : Female

Operator : spectrum diagnostics

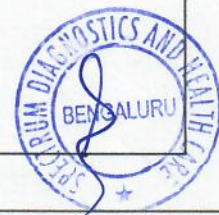


	125 Hz	250 Hz	500 Hz	750 Hz	1000 H	1500 H	2000 H	3000 H	4000 H	6000 H	8000 H
X - Air Left	45	50	45	25	25	35	35	30	30	20	25
O - Air Right	20	25	20	20	20	20	25	20	20	20	20
> - Bone Left											
< - Bone Right											

	Average	High	Mid	Low
AIR Left	33.18 dB	26.25 dB	31.67 dB	41.25 dB
AIR Right	20.91 dB	20.00 dB	21.67 dB	21.25 dB

Clinical Notes :

Right Ear:Normal
Left Ear:Normal



NAME AND LAB NO	MRS SHASHI GUPTA	REG -40019
AGE & SEX	45YRS	FEMALE
DATE AND AREA OF INTEREST	13.01.2024	ABDOMEN & PELVIS
REF BY	C/ O APOLO CLINIC	

USG ABDOMEN AND PELVIS

- LIVER:** Measures 14.0 cm. Normal in size with increased echotexture.
No e/o IHBR dilatation. No evidence of SOL.
Portal vein appears normal.
CBD appears normal. . No e/o calculus / SOL
- GALL BLADDER:** Surgically absent .
- SPLEEN:** Measures 8 cm. Normal in size and echotexture. No e/o SOL/ calcification.
- PANCREAS:** Normal in size and echotexture.
Pancreatic duct appears normal. No e/o calculus / calcifications.
- RETROPERITONEUM:** Poor window.
- RIGHT KIDNEY:** Measures 9.5 x4.5 cm. Right kidney is normal in size & echotexture
No evidence of calculus/ hydronephrosis.
- LEFT KIDNEY:** Measures 10.0x4.2 cm .Left kidney is normal in size & echotexture
No evidence of calculus/ hydronephrosis.
- URETERS:** Bilateral ureters are not dilated.
- URINARY BLADDER:** Well distended. No wall thickening/ calculi.
- UTERUS:** Anteverted, Enlarged in size 9.0 4.0 X4.8 cm and echotexture
Endometrium appears thickened measures 12 mm.
- OVARIES:** B/L ovaries normal in size and echotexture.

- No evidence of ascites/pleural effusion.

IMPRESSION:

- Grade I fatty liver
- Bulky uterus with thickened endometrium.
Suggested clinical / lab correlation



DR PURNIMA PUJAR
MBBS MDRD



Name: MRS. SHASHI GUPTA	Age/Sex: 45Y/Female	Date of receipt: 13.01.2024 Date of report: 13.01.2024
Ref DR. Dr. APOLO CLINIC	LABREFNO: 1301240019	PAP No: 12 /24

CERVICAL PAP SMEAR REPORT

Clinical history	: Health check
Specimen	: 2 Convention PAP smears.
Specimen Adequacy	: Adequate for evaluation.
Description	: Seen are mixture of intermediate squamous cells, superficial squamous cells and endocervical cells.
Inflammation	: Neutrophilic exudate is noted.
Organism	: Dodderlein bacilli are seen.
Reactive changes	: Nil
Dysplastic changes	: Nil
Impression	: Negative for Squamous Intraepithelial Lesion/Malignancy.

Note: Enclosed: 2slides: preserve them carefully.

---End of report---



Dr. Nithun Reddy C, MD
Consultant Pathologist



Name	: MRS. SHASHI GUPTA	UHIP	: 1301240019	Bill Date	: 13-Jan-2024 08:24 AM
Age / Gender	: 45 years / Female			Sample Col. Date	: 13-Jan-2024 08:24 AM
Ref. By Dr.	: Dr. APOLO CLINIC			Result Date	: 13-Jan-2024 11:28 AM
Reg. No.	: 1301240019			Report Status	: Final
C/o	: Apollo Clinic				

Test Name	Result	Unit	Reference Value	Method
Glycosylated Haemoglobin (HbA1c)-Whole Blood EDTA	6.30	%	Non diabetic adults :<5.7 At risk (Prediabetes) : 5.7 - 6.4 Diagnosing Diabetes :>= 6.5 Diabetes Excellent Control : 6-7 Fair to good Control : 7-8 Unsatisfactory Control :8-10 Poor Control :>10	HPLC
Glycosylated Haemoglobin (HbA1c)				
Estimated Average Glucose(eAG)	134.11	mg/dL		Calculated

Note: 1. Since 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.

2. Target goals of < 7.0 % may be beneficial in patients with short duration of diabetes, long life expectancy and no significant cardiovascular disease. In patients with significant complications of diabetes, limited life expectancy or extensive co-morbid conditions, targeting a goal of < 7.0 % may not be appropriate.

Comments: 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.



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SCAN FOR LOCATION



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Test Name	Result	Unit	Reference Value	Method
LFT-Liver Function Test -Serum				
Bilirubin Total-Serum	0.96	mg/dL	0.2-1.0	Caffeine Benzoate
Bilirubin Direct-Serum	0.14	mg/dL	0.0-0.2	Diazotised Sulphanilic Acid
Bilirubin Indirect-Serum	0.82	mg/dL	0.0-1.10	Direct Measure
Aspartate Aminotransferase (AST/SGOT)-Serum	23.00	U/L	15.0-37.0	UV with Pyridoxal - 5 - Phosphate
Alanine Aminotransferase (ALT/SGPT)-Serum	30.00	U/L	Male:16.0-63.0 Female:14.0-59.0	UV with Pyridoxal - 5 - Phosphate
Alkaline Phosphatase (ALP)-Serum	80.00	U/L	Adult: 45.0-117.0 Children: 48.0-445.0 Infants: 81.90-350.30	PNPP,AMP-Buffer
Protein, Total-Serum	7.38	g/dL	6.40-8.20	Biuret/Endpoint-With Blank
Albumin-Serum	4.54	g/dL	3.40-5.00	Bromocresol Purple
Globulin-Serum	2.84	g/dL	2.0-3.50	Calculated
Albumin/Globulin Ratio-Serum	1.60	Ratio	0.80-1.20	Calculated
Gamma-Glutamyl Transferase (GGT)-Serum	39.00	U/L	Male: 15.0-85.0 Female: 5.0-55.0	Other g-Glut-3-carboxy-4 nitro



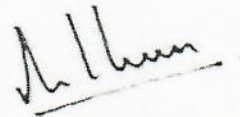
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Test Name	Result	Unit	Reference Value	Method
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Comments: Gamma-glutamyltransferase (GGT) is primarily present in kidney, liver, and pancreatic cells. Small amounts are present in other tissues. Even though renal tissue has the highest level of GGT, the enzyme present in the serum appears to originate primarily from the hepatobiliary system, and GGT activity is elevated in any and all forms of liver disease. It is highest in cases of intra- or posthepatic biliary obstruction, reaching levels some 5 to 30 times normal. GGT is more sensitive than alkaline phosphatase (ALP), leucine aminopeptidase, aspartate transaminase, and alanine aminotransferase in detecting obstructive jaundice, cholangitis, and cholecystitis; its rise occurs earlier than with these other enzymes and persists longer. Only modest elevations (2-5 times normal) occur in infectious hepatitis, and in this condition, GGT determinations are less useful diagnostically than are measurements of the transaminases. High elevations of GGT are also observed in patients with either primary or secondary (metastatic) neoplasms. Elevated levels of GGT are noted not only in the sera of patients with alcoholic cirrhosis but also in the majority of sera from persons who are heavy drinkers. Studies have emphasized the value of serum GGT levels in detecting alcohol-induced liver disease. Elevated serum values are also seen in patients receiving drugs such as phenytoin and phenobarbital, and this is thought to reflect induction of new enzyme activity.



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Test Name	Result	Unit	Reference Value	Method
KFT (Kidney Function Test) :				
Blood Urea Nitrogen (BUN)-Serum	9.12	mg/dL	7.0-18.0	GLDH,Kinetic Assay
Creatinine-Serum	0.67	mg/dL	Male: 0.70-1.30 Female: 0.55-1.02	Modified kinetic Jaffe
Uric Acid-Serum	8.22	mg/dL	Male: 3.50-7.20 Female: 2.60-6.00	Uricase PAP
Sodium (Na+)-Serum	140.6	mmol/L	135.0-145.0	Ion-Selective Electrodes (ISE)
Potassium (K+)-Serum	4.42	mmol/L	3.5 to 5.5	Ion-Selective Electrodes (ISE)
Chloride(Cl-)-Serum	102.60	mmol/L	94.0-110.0	Ion-Selective Electrodes (ISE)
Random Blood Sugar (RBS)-Plasma	99.00	mg/dL	70.0-140.0	Hexokinase



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Test Name	Result	Unit	Reference Value	Method
Thyroid function tests (TFT)- Serum				
Tri-Iodo Thyronine (T3)-Serum	0.99	ng/mL	Female: 0.60 - 1.81	Chemiluminescence Immunoassay (CLIA)
Thyroxine (T4)-Serum	7.30	µg/dL	Female: 5.50 - 12.10	Chemiluminescence Immunoassay (CLIA)
Thyroid Stimulating Hormone (TSH)-Serum	2.96	µIU/mL	Female: 0.35 - 5.50	Chemiluminescence Immunoassay (CLIA)

Comments:Triiodothyronine (T3) assay is a useful test for hyperthyroidism in patients with low TSH and normal T4 levels. It is also used for the diagnosis of T3 toxicosis. It is not a reliable marker for Hypothyroidism. This test is not recommended for general screening of the population without a clinical suspicion of hyperthyroidism.

Reference range: Cord: (37 Weeks): 0.5-1.41, Children:1-3 Days: 1.0-7.40,1-11 Months: 1.05-2.45,1-5 Years: 1.05-2.69,6-10 Years: 0.94-2.41,11-15 Years: 0.82-2.13,Adolescents (16-20 Years): 0.80-2.10

Reference range: Adults: 20-50 Years: 0.70-2.04, 50-90 Years: 0.40-1.81,

Reference range in Pregnancy: First Trimester : 0.81-1.90,Second Trimester : 1.0-2.60

Increased Levels: Pregnancy, Graves disease, T3 thyrotoxicosis, TSH dependent Hyperthyroidism, increased Thyroid-binding globulin (TBG).

Decreased Levels: Nonthyroidal illness, hypothyroidism , nutritional deficiency, systemic illness, decreased Thyroid-binding globulin (TBG).

Comments:Total T4 levels offer a good index of thyroid function when TBG is normal and non-thyroidal illness is not present. This assay is useful for monitoring treatment with synthetic hormones (synthetic T3 will cause low total T4).It also helps to monitor treatment of Hyperthyroidism with Thiouracil or other anti-thyroid drugs.

Reference Range: Males : 4.6-10.5,Females : 5.5-11.0,> 60 Years: 5.0-10.70,Cord :7.40-13.10,Children:1-3 Days :11.80-22.60,1-2 Weeks : 9.90-16.60,1-4 Months: 7.20-14.40,1-5 Years : 7.30-15.0,5-10 Years: 6.4-13.3

1-15 Years: 5.60-11.70,Newborn Screen:1-5 Days: >7.5,6 Days : >6.5

Increased Levels: Hyperthyroidism, increased TBG, familial dysalbuminemic hyperthyroxinemia,Increased transthyretin, estrogen therapy, pregnancy.

Decreased Levels: Primary hypothyroidism, pituitary TSH deficiency, hypothalamic TRH deficiency, non thyroidal illness, decreased TBG.

Comments:TSH is a glycoprotein hormone secreted by the anterior pituitary. TSH is a labile hormone & is secreted in a pulsatile manner throughout the day and is subject to several non-thyroidal pituitary influences. Significant variations in TSH can occur with circadian rhythm, hormonal status, stress, sleep deprivation, caloric intake, medication & circulating antibodies. It is important to confirm any TSH abnormality in a fresh specimen drawn after ~ 3 weeks before assigning a diagnosis, as the cause of an isolated TSH abnormality.

Reference range in Pregnancy: I- trimester:0.1-2.5; II -trimester:0.2-3.0; III- trimester:0.3-3.0

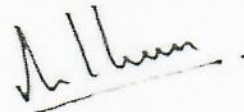
Reference range in Newborns: 0-4 days: 1.0-39.0; 2-20 Weeks:1.7-9.1

Increased Levels: Primary hypothyroidism, Subclinical hypothyroidism, TSH dependent Hyperthyroidism and Thyroid hormone resistance.

Decreased Levels: Graves disease, Autonomous thyroid hormone secretion, TSH deficiency



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Reg. No.	: 1301240019		1301240019	Report Status	: Final
C/o	: Apollo Clinic				

Test Name	Result	Unit	Reference Value	Method
Lipid Profile-Serum				
Cholesterol Total-Serum	235.00	mg/dL	Female: 0.0 - 200	Cholesterol Oxidase/Peroxidase
Triglycerides-Serum	319.00	mg/dL	Female: 0.0 - 150	Lipase/Glycerol Dehydrogenase
High-density lipoprotein (HDL) Cholesterol-Serum	46.00	mg/dL	Female: 40.0 - 60.0	Accelerator/Selective Detergent
Non-HDL cholesterol-Serum	189	mg/dL	Female: 0.0 - 130	Calculated
Low-density lipoprotein (LDL) Cholesterol-Serum	170.00	mg/dL	Female: 0.0 - 100.0	Cholesterol esterase and cholesterol oxidase
Very-low-density lipoprotein (VLDL) cholesterol-Serum	64	mg/dL	Female: 0.0 - 40	Calculated
Cholesterol/HDL Ratio-Serum	5.11	Ratio	Female: 0.0 - 5.0	Calculated

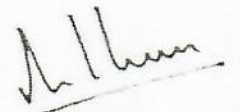
Interpretation:

Parameter	Desirable	Borderline High	High	Very High
Total Cholesterol	<200	200-239	>240	
Triglycerides	<150	150-199	200-499	>500
Non-HDL cholesterol	<130	160-189	190-219	>220
Low-density lipoprotein (LDL) Cholesterol	<100	100-129	160-189	>190

Comments: As per Lipid Association of India (LAI), for routine screening, overnight fasting preferred but not mandatory. Indians are at very high risk of developing Atherosclerotic Cardiovascular (ASCVD). Among the various risk factors for ASCVD such as dyslipidemia, Diabetes Mellitus, sedentary lifestyle, Hypertension, smoking etc., dyslipidemia has the highest population attributable risk for MI both because of direct association with disease pathogenesis and very high prevalence in Indian population. Hence monitoring lipid profile regularly for effective management of dyslipidemia remains one of the most important healthcare targets for prevention of ASCVD. In addition, estimation of ASCVD risk is an essential, initial step in the management of individuals requiring primary prevention of ASCVD. In the context of lipid management, such a risk estimate forms the basis for several key therapeutic decisions, such as the need for and aggressiveness of statin therapy.



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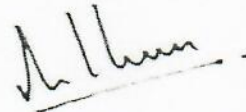
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C/o	: Apollo Clinic				

Test Name	Result	Unit	Reference Value	Method
Urine Routine Examination-Urine				
Physical Examination				
Colour	Pale Yellow		Pale Yellow	Visual
Appearance	Clear		Clear	Visual
Reaction (pH)	5.5		5.0-7.5	Dipstick
Specific Gravity	1.015		1.000-1.030	Dipstick
Biochemical Examination				
Albumin	Negative		Negative	Dipstick/Precipitation
Glucose	Negative		Negative	Dipstick/Benedicts
Bilirubin	Negative		Negative	Dipstick/Fouchets
Ketone Bodies	Negative		Negative	Dipstick/Rotheras
Urobilinogen	Normal		Normal	Dipstick/Ehrlachs
Nitrite	Negative		Negative	Dipstick
Microscopic Examination				
Pus Cells	1-2	hpf	0.0-5.0	Microscopy
Epithelial Cells	2-3	hpf	0.0-10.0	Microscopy
RBCs	Absent	hpf	Absent	Microscopy
Casts	Absent		Absent	Microscopy
Crystals	Absent		Absent	Microscopy
Others	Absent		Absent	Microscopy

Comments: The kidneys help infiltration of the blood by eliminating waste out of the body through urine. They also regulate water in the body by conserving electrolytes, proteins, and other compounds. But due to some conditions and abnormalities in kidney function, the urine may encompass some abnormal constituents, which are not normally present. A complete urine examination helps in detecting such abnormal constituents in urine. Several disorders can be detected by identifying and measuring the levels of such substances. Blood cells, bilirubin, bacteria, pus cells, epithelial cells may be present in urine due to kidney disease or infection. Routine urine examination helps to diagnose kidney diseases, urinary tract infections, diabetes and other metabolic disorders.



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C/o	: Apollo Clinic				

Test Name	Result	Unit	Reference Value	Method
Complete Haemogram-Whole Blood EDTA				
Haemoglobin (HB)	12.80	g/dL	Male: 14.0-17.0 Female: 12.0-15.0 Newborn: 16.50 - 19.50	Spectrophotometer
Red Blood Cell (RBC)	4.64	million/cumm	3.50 - 5.50	Volumetric Impedance
Packed Cell Volume (PCV)	38.40	%	Male: 42.0-51.0 Female: 36.0-45.0	Electronic Pulse
Mean corpuscular volume (MCV)	82.60	fL	78.0- 94.0	Calculated
Mean corpuscular hemoglobin (MCH)	27.50	pg	27.50-32.20	Calculated
Mean corpuscular hemoglobin concentration (MCHC)	33.30	%	33.00-35.50	Calculated
Red Blood Cell Distribution Width SD (RDW-SD)	46.50	fL	40.0-55.0	Volumetric Impedance
Red Blood Cell Distribution CV (RDW-CV)	17.00	%	Male: 11.80-14.50 Female: 12.20-16.10	Volumetric Impedance
Mean Platelet Volume (MPV)	11.50	fL	8.0-15.0	Volumetric Impedance
Platelet	1.65	lakh/cumm	1.50-4.50	Volumetric Impedance
Platelet Distribution Width (PDW)	21.20	%	8.30 - 56.60	Volumetric Impedance
White Blood cell Count (WBC)	8490.00	cells/cumm	Male: 4000.0-11000.0 Female 4000.0-11000.0 Children: 6000.0-17500.0 Infants : 9000.0-30000.0	Volumetric Impedance



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C/o	: Apollo Clinic				

Test Name	Result	Unit	Reference Value	Method
Neutrophils	65.10	%	40.0-75.0	Light scattering/Manual
Lymphocytes	30.90	%	20.0-40.0	Light scattering/Manual
Eosinophils	0.90	%	0.0-8.0	Light scattering/Manual
Monocytes	3.00	%	0.0-10.0	Light scattering/Manual
Basophils	0.10	%	0.0-1.0	Light scattering/Manual
Absolute Neutrophil Count	5.52	10 ³ /uL	2.0- 7.0	Calculated
Absolute Lymphocyte Count	2.62	10 ³ /uL	1.0-3.0	Calculated
Absolute Monocyte Count	0.26	10 ³ /uL	0.20-1.00	Calculated
Absolute Eosinophil Count	80.00	cells/cumm	40-440	Calculated
Absolute Basophil Count	0.01	10 ³ /uL	0.0-0.10	Calculated
Erythrocyte Sedimentation Rate (ESR)	26	mm/hr	Female : 0.0-20.0 Male : 0.0-10.0	Westergren

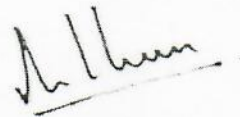
Peripheral Smear Examination-Whole Blood EDTA

Method: (Microscopy-Manual)

RBC'S : Normocytic Normochromic.
WBC'S : Are normal in total number, morphology and distribution.
Platelets : Adequate in number and normal in morphology.
No abnormal cells or hemoparasites are present.
Impression : Normocytic Normochromic Blood picture.



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SCAN FOR LOCATION



Name	: MRS. SHASHI GUPTA	UHID	: 1301240019	Bill Date	: 13-Jan-2024 08:24 AM
Age / Gender	: 45 years / Female			Sample Col. Date	: 13-Jan-2024 08:24 AM
Ref. By Dr.	: Dr. APOLO CLINIC			Result Date	: 13-Jan-2024 02:28 PM
Reg. No.	: 1301240019			Report Status	: Final
C/o	: Apollo Clinic				

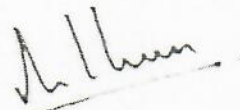
Test Name	Result	Unit	Reference Value	Method
Blood Group & Rh Typing-Whole Blood EDTA				
Blood Group	A			Slide/Tube agglutination
Rh Type	Positive			Slide/Tube agglutination

Note: Confirm by tube or gel method.

Comments: ABO blood group system, the classification of human blood based on the inherited properties of red blood cells (erythrocytes) as determined by the presence or absence of the antigens A and B, which are carried on the surface of the red cells. Persons may thus have type A, type B, type O, or type AB blood.



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