

24/02/24

Name - miss Nancy Shanti Ekka

Age: - 31

BP - 130/80

P - 100 bpm

H - 158 cm

wt - 56 kg

CBC - 11.7 | 4.79 | 5.11 | 159 | 18

HAA/c - 5.5

RBS - F - 98.0 - PP - 127.0

Creatinine - 0.92

U. Acid. - 3.5

Lipid - 152.0 / 106.0 / 42.0 / 88.80

LFT - 18 | 26 | 74

TSH - 4.910

for creamed clump
10 weeks

- Cap Acelnich 1000
1000 x 300

- Cap Liquid D3 mee a
week x 8 week.

- Egg 1 पत्र

(Signature)



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

24/2/2024

Ms. Nainy Shanti EKka 31f

LMP =

1 Feb 2024

Unmarried female

PAP smear Not done

1
P/A - soft
No lutein

1
Fr. clots





ECHOCARDIOGRAPHY REPORT

NAME : MISS. NANCY SHRUTI EKKA	Age/Sex: 31Yrs/female	ECG : SINUS RHYTHM
OPD/ IPD : OPD	STUDY DATE: 24 /02/2024	REGN. NO. : FRAI.00000
Ref.By Dr : BOB		

M-MODE MEASUREMENTS:-

	Patient Value (cm)	Normal Value (cm)		Patient Value (cm)	Normal Value (cm)
AorticRoot Diameter	2.6	2.0 – 3.7	IVS Thickness	ED =0.9 ES = 1.2	0.6 – 1.1
AorticValve Opening	1.7	1.5 – 2.6	PW Thickness	ED =0.9 ES = 1.2	0.6 – 1.1
LA Dimension	2.9	1.9 – 4.0	RA Dimension	---	2.6
LVID(D)	4.4	3.7 – 5.5	RV Dimension	---	2.6
LVID(s)	2.4	2.2 – 4.0	TAPSE	----	1.6 – 2.6
LV EJECTION FRACTION	> 60%		(NORMAL VALUE: 55 – 60%)		

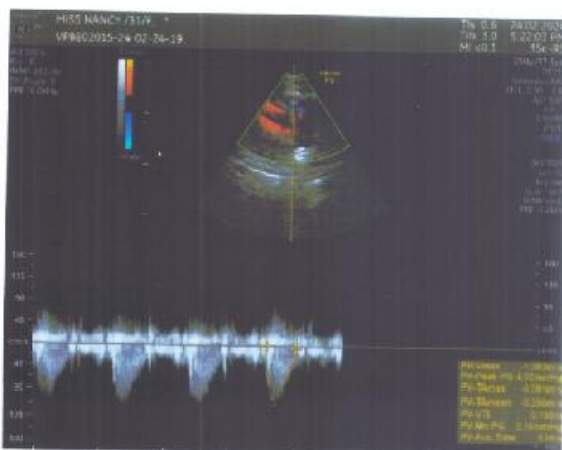
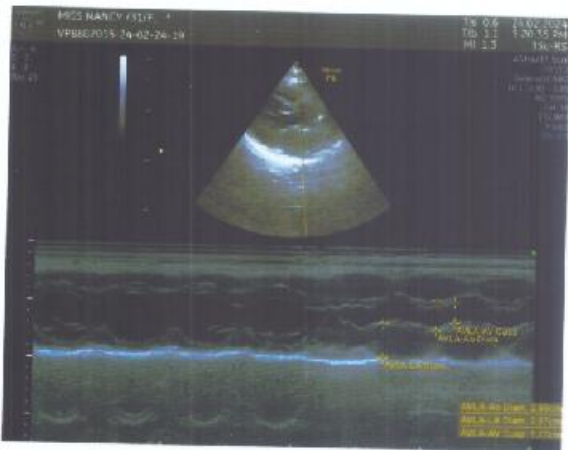
2D ECHO, COLOR FLOW & DOPPLER ASSESSMENT

Left Ventricle	: LV Size & contractility is Normal, NO RWMA, Calculated EF IS > 60%
Left Atrium	: LA Size Is Normal
Right Ventricle	: Normal
Right Atrium	: Normal
IAS/IVS	: Intact
Pericardium	: Normal, there is no Pericardial Effusion.
Mitral Valve	: E>A , Normal
Tricuspid Valve	: Normal
Aortic Valve	: Normal
Pulmonary Valve	: Pulmonary valve appears normal in morphology.
Systemic venous	: IVC normal in size with normal Inspiratory collapse.

FINAL IMPRESSION : NO RWMA AT REST.
NORMAL LV SYSTOLIC FUNCTION.
NORMAL CARDIAC CHEMBER AND NORMAL VALVES.
NO I/C CLOT VEGITATION OR PERICARDIAL EFFUSION.



DR. DEEPAN DAS
MBBS, DIP. CARDIOLOGY
CONSULTANT DEPT. OF NIC



NAME OF PATIENT: MISS. NANCY SHRUTI EKKA
REFERRED BY: BOB

AGE: 31YRS/FEMALE
DATE: 24/02/2024

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
Reg. No. CGMC-2324/20(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: MISS. NANCY SHRUTI EKKA
REF BY: BOB

AGE / SEX: 31 YRS/F
DATE: 24.02.2024

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 normal in size measures cm, and echotexture.

Kidneys	RIGHT	LEFT
SIZE	10.35X4.25Cm	11.58x3.79Cm
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 (8.18 x 4.82 x 3.87 cm, Vol. – 79.893 cc) and echotexture. Endometrial thickness 2.7 mm.

Right Ovary: Normal in size (3.02 x 2.07 cm), shape and echotexture.

Left Ovary: Normal in size (3.52 x 2.04 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.



Zee
Dr. Zeeshan Ateeb Dani
MBBS, MD
DR. ZEESHAN ATEEB DANI
(MD)
Reg. No. CGMC-23344
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.

EXAMINATION OF EYES :- (BY OPHTHALMOLOGIST)

Patient Name MISS...NANKY...SHUKI' EKKA


Date 24.1.2024


Sex/Age 31Y/F

MR No

Employee Id

EXTERNAL EXAMINATION				
SQUINT	NIO			
NYSTAGMUS				
COLOUR VISION	NORMAL			
FUNDUS:(RE):-	<u>WNL</u>	(LE):-	<u>WNL</u>	
INDIVIDUAL COLOUR IDENTIFICATION	<u>Good</u>			
DISTANT VISION:(RE):-	<u>6/10 e 6/6</u>	(LE):-	<u>6/12 e 6/6</u>	
NEAR VISION:(RE):-	<u>N6</u>	(LE):-	<u>N6</u>	
NIGHT BLINDNESS	<u>NAD</u>			
	SPH	CYL	AXIS	ADD
RIGHT	—————→			
LEFT				
REMARKS :-				


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





Aish. Pangy
3/3

- .00 am. - दूध + प्रोटीन पाउडर / सोया पाउडर
- .00 am. - सैंडविच (पनीर/चीज) / पनीर पराठा / ब्रेड (आटे वाला)
+ आमलेट / उबला अण्डा / दाल का चीला (मूंग, उड़द, चना) / उबला हुआ कार्न
- 1.00 am. - मिल्क शेक / बादाम शेक / बनाना शेक / फल / अंकुरित सलाद
- .00 pm. - 2-3 रोटी + 1 कप चावल
1 कप दाल + 1 कप दही
1 कप सब्जी (बीन्स / राजमा / पनीर / सोयाबीन)
1 प्लेट सलाद / दही सलाद / रायता
- .00 pm. - चाय + बिस्किट / ड्राय फ्रुट्स / मूंगफली चिकी / दूध + केला
- .00 pm. - सुप (पालक / भिक्स वेज) / टमाटर
- .00 pm. - 2-3 रोटी + 1 कप चावल
1 कप दाल + 1 कप सब्जी
1 प्लेट सलाद
- .00 pm. - दूध + प्रोटीन पाउडर / सोया पाउडर
- योग करें - अनाज, दालें, फल (अंगूर / तरबूज / केला), ड्रायफ्रुट्स, हरी सब्जियाँ,
हरी पत्तेदार सब्जी, राजमा,
छोले, बीन्स, कच्चा लहसुन, कच्चा प्याज, सोयाबीन, दूध, पनीर, दही, मटा, चीज,
अंडा, मछली, चिकन,
- हेज करें - तेलीय भोजन, मिर्च, मसालेदार भोजन, अचार, चटनी, मुरब्बा, कोल्ड ड्रिंक्स,
फास्ट फूड, मैदे से बने खाद्य पदार्थ

1. Take protein with Boil 2 Milk, curd, सोयाबीन add a bit
2. घनी अधिकतर पीव)
3. add 2 time Milk.



ID: 312
MISS NANCY SHRUTI EKKA
Female 31Years

24-02-2024 12:01:09 PM

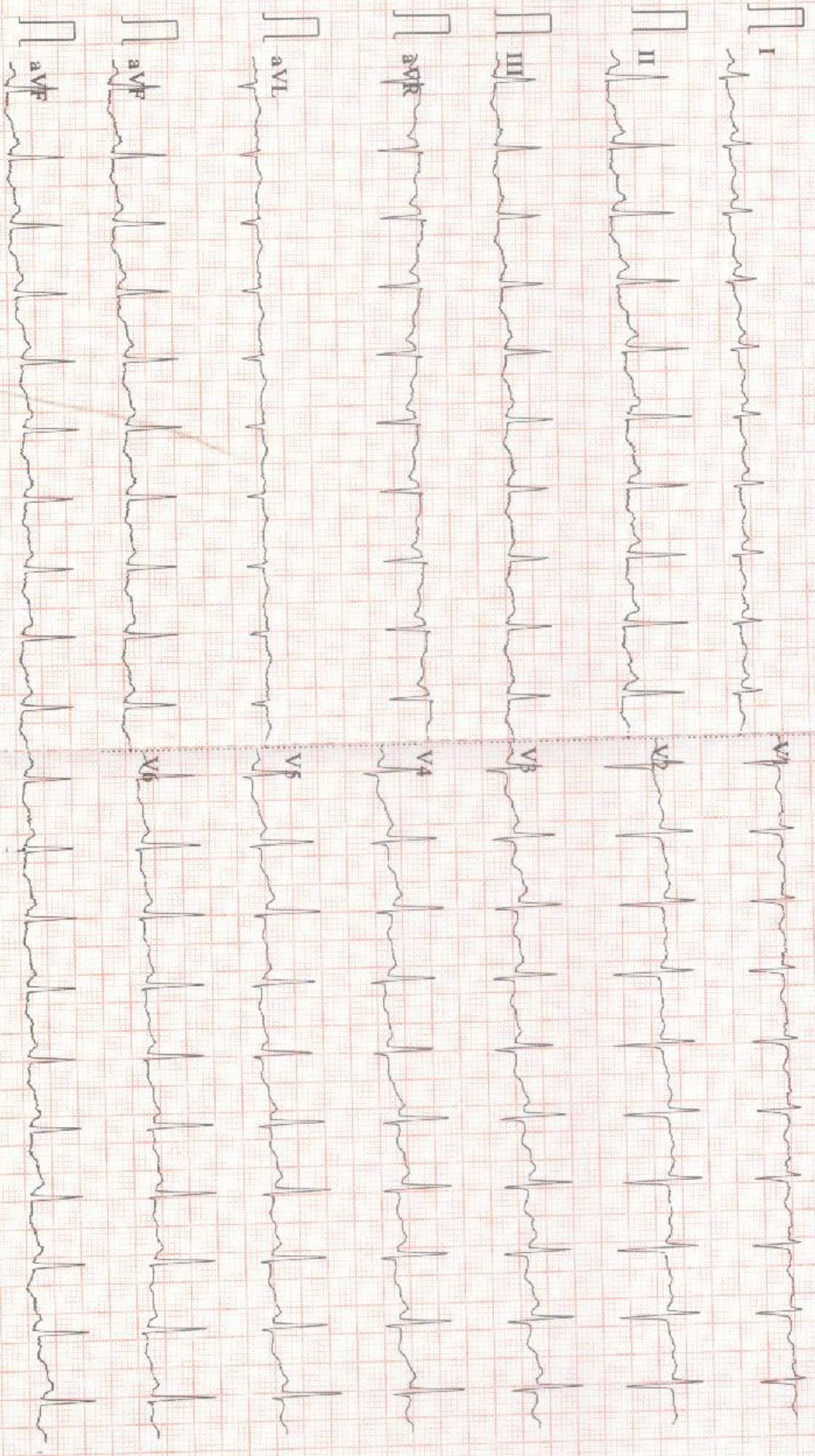
HR : 120 bpm
P : 102 ms
PR : 120 ms
QRS : 80 ms
QT/QTc : 316/447 ms
PQRS/T : 56/74-14 °
RV5/SVI : 0.957/0.601 mV

Diagnosis Information:
Sinus tachycardia
Widespread ST-T abnormality is age and gender related
Abnormal ECG

Report Confirmed by



Dr. Animesh Choudhary
MD Medicine
Reg. No. CGMC 3583/201
Apollo Clinic, Raipur



0.05-45Hz AC50 25mm/s 10mm/mV 2*5.0s+1r 120 CARD

9108 D V1.43 Glasgow V28.6.0 APOLLO CLINIC RAIPUR

Patient Name : MISS NANCY SHRUTI EKKA
 UHID/ MR No : 9320
 Visit Date : 24/02/2024
 Sample Collected On : 24/02/2024 01:46PM
 Ref. Doctor : SELF
 Sponsor Name :

Age/Gender : 31 Y. Female
 OP Visit No : OPD-UNIT-II-2
 Reported On : 24/02/2024 05:10PM

HAEMATOLOGY

Investigation	Observed Value	Unit	Biological Reference Interval
HEMOGRAM			
Haemoglobin(HB) Method: CELL COUNTER	11.7	gm/dl	12 - 16
Erythrocyte (RBC) Count Method: CELL COUNTER	4.79	mill/cu.mm.	4.20 - 6.00
PCV (Packed Cell Volume) Method: CELL COUNTER	35.10	%	39 - 52
MCV (Mean Corpuscular Volume) Method: CELL COUNTER	73.3	fL	76.00 - 100
MCH (Mean Corpuscular Haemoglobin) Method: CELL COUNTER	24.4	pg	26 - 34
MCHC (Mean Corpuscular Hb Concn.) Method: CELL COUNTER	33.3	g/dl	32 - 35
RDW (Red Cell Distribution Width) Method: CELL COUNTER	15.3	%	11 - 16
Total Leucocytes (WBC) Count Method: CELL COUNTER	5.11	cells/cumm	3.50 - 11.00
Neutrophils Method: CELL COUNTER	65	%	40.0 - 73.0
Lymphocytes Method: CELL COUNTER	28	%	15.0 - 45.0
Eosinophils Method: CELL COUNTER	01	%	1-8%
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



DR DHANANJAY RAMCHANDRA PRASAD
M.D. PATHOLOGY



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Patient Name : MISS NANCY SHRUTI EKKA
UHID/ MR No : 9820
Visit Date : 24/02/2024
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HAEMATOLOGY

Investigation	Observed Value	Unit	Biological Reference Interval
Platelet Count Method: CELL COUNTER	159	lacs/cu.mm	150-400
ESR- Erythrocyte Sedimentation Rate Method: Westergren's Method	18	mm /HR	0 - 20

Blood Group (ABO Typing)

Blood Group (ABO Typing) : B
RhD factor (Rh Typing) : POSITIVE

End of Report
Results are to be correlated clinically

Lab Technician / Technologist
path



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DR DHANANJAY RAMCHANDRA PRASAD
M.D. PATHOLOGY

Apollo Clinic

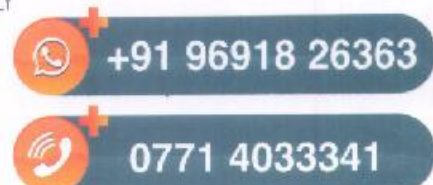
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Email : raipur1@apolloclinic.com | Website : www.apolloclinic.com

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



Patient Name : MISS NANCY SHRUTI EKKA
UHID/ MR No : 9320
Visit Date : 24/02/2024
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Sponsor Name :

Age/Gender : 31 Y. Female
OP Visit No : OPD-UNIT-II-2
Reported On : 24/02/2024 05:10PM

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: $eAG(mg/dl) = 28.7 \times A1c - 46.7$
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
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Lab Technician / Technologist
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Page 4 of 6

Dhananjay
DR DHANANJAY RAMCHANDRA PRASAD
M.D. PATHOLOGY

Apollo Clinic

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

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 Visit Date : 24/02/2024
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BIO CHEMISTRY

Investigation	Observed Value	Unit	Biological Reference Interval
GLUCOSE - (POST PRANDIAL)			
Glucose -Post prandial Method: REAGENT GRADE WATER	127.0	mg/dl	70-140
GLUCOSE (FASTING)			
Glucose- Fasting SUGAR REAGENT GRADE WATER	98.0	mg/dl	70 - 120
KFT - RENAL PROFILE - SERUM			
BUN-Blood Urea Nitrogen METHOD: Spectrophotometric	09	mg/dl	7 - 20
Creatinine METHOD: Spectrophotometric	0.92	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



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 M.D. PATHOLOGY

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UHID/ MR No : 9320
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Age/Gender : 31 Y. Female
OP Visit No : OPD-UNIT-II-2
Reported On : 24/02/2024 05:10PM

BIO CHEMISTRY

Investigation	Observed Value	Unit	Biological Reference Interval
LIPID PROFILE TEST (PACKAGE)			
Cholesterol - Total	152.0	mg/dl	Desirable: < 200 Borderline High: 200-239 High: >= 240
Triglycerides level	106.0	mg/dl	Normal : < 150 Borderline High : 150-199 Very High : >=500
Method: Spectrophotometric HDL Cholesterol	42.0	mg/dl	Major risk factor for heart disease: < 40 Negative risk factor for heart disease :>60
Method: Spectrophotometric LDL Cholesterol	88.80	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	21.20	mg/dl	6 - 38
Total Cholesterol/HDL Ratio	3.62		3.5 - 5
Method: Spectrophotometric			

End of Report
Results are to be correlated clinically

Lab Technician / Technologist
 path




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UHID/ MR No : 9320
Visit Date : 24/02/2024
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Ref. Doctor : SELF
Sponsor Name :

Age/Gender : 31 Y Female
OP Visit No : OPD-UNIT-II-2
Reported On : 24/02/2024 05:10PM

BIO CHEMISTRY

Investigation	Observed Value	Unit	Biological Reference Interval
LIVER FUNCTION TEST:			
Bilirubin - Total Method: Spectrophotometric	0.8	mg/dl	0.1-1.2
Bilirubin - Direct Method: Spectrophotometric	0.2	mg/dl	0.05-0.3
Bilirubin (Indirect) Method: Calculated	0.60	mg/dl	0 - 1
SGOT (AST) Method: Spectrophotometric	18	U/L	0 - 32
SGPT (ALT) Method: Spectrophotometric	26	U/L	0 - 33
ALKALINE PHOSPHATASE	74	U/L	25-147
Total Proteins Method: Spectrophotometric	6.8	g/dl	6 - 8
Albumin Method: Spectrophotometric	4.5	mg/dl	3.4 - 5.0
Globulin Method: Calculated	2.3	g/dl	1.8 - 3.6
A/G Ratio Method: Calculated	1.95	%	1.1 - 2.2

End of Report
Results are to be correlated clinically

Lab Technician / Technologist
path



DR DHANANJAY RAMCHANDRA PRASA
M.D. PATHOLOGY

Patient Name : MISS NANCY SHRUTI EKKA
UHID/ MR No : 9320
Visit Date : 24/02/2024
Sample Collected On : 24/02/2024 01:46PM
Ref. Doctor : SELF
Sponsor Name :

Age/Gender : 31 Y. Female
OP Visit No : OPD-UNIT-II-4
Reported On : 24/02/2024 05:10PM

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	Occasional	/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

Arvind

Patient Name	: Miss.NANCY SHRUTI EKKA	Collected	: 24/Feb/2024 05:25PM
Age/Gender	: 31 Y 0 M 0 D /F	Received	: 24/Feb/2024 05:27PM
UHID/MR No	: DSUS.000006540	Reported	: 24/Feb/2024 06:21PM
Visit ID	: DSUSOPV7620	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
THYROID PROFILE TOTAL (T3, T4, TSH) , SERUM				
TRI-IODOTHYRONINE (T3, TOTAL)	1.41	ng/mL	0.6-1.81	CLIA
THYROXINE (T4, TOTAL)	12.20	µg/dL	3.2-12.6	CLIA
THYROID STIMULATING HORMONE (TSH)	4.910	µIU/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

*** End Of Report ***

