



भारत सरकार
Government of India

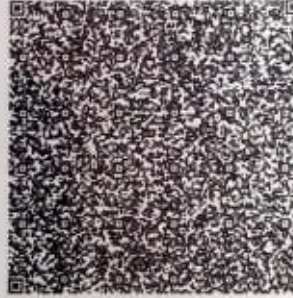
भारतीय विशिष्ट पहचान प्राधिकरण
Unique Identification Authority of India

नामांकन क्रम/ Enrolment No.: 0013/05036/08937

To
सुगन कुंवर परमार
Sugan Kunwar Parmar
W/O Suraj Singh Parmar
Gram Lasudlya Patla Mata
Post Khardoun Kalan
Tah Kala Pipal
Jeela Shajapur
Lasudalya Patla
Shajapur Madhya Pradesh - 465339
9753168783

Signature valid

Digital signed
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Date: 2022-04-12 02:12
UTC



आपका **आधार** क्रमांक / Your **Aadhaar** No. :

8585 0765 4632

VID : 9114 0949 5520 3140

मेरा **आधार**, मेरी पहचान



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Issue Date: 30/05/2012



सुगन कुंवर परमार
Sugan Kunwar Parmar
जन्म तिथि/DOB: 14/05/1969
महिला/ FEMALE

8585 0765 4632

VID : 9114 0949 5520 3140

मेरा **आधार**, मेरी पहचान



Laboratory Report

Patient Name : MRS SUGAN KUNWAR
PARMAR

Age/Gender : 55 Yrs/Female

Ref. Dr. : CMH HOSPITAL

Center : CMH OPD

Registration Date : 27/07/2024 12:19 PM

Collection Date : 27/07/2024 12:21 PM

Report Date : 30/07/2024 12:01 PM



CPL24/18640



HAEMATOTOLOGY REPORT

Test Description	Result	Unit	Biological Reference Ranges
HbA1c Glycosilated Haemoglobin	5.7	%	Non-diabetic: <= 6.0 Pre-diabetic: 6.0-7.0 Diabetic: >= 7.0
Estimated Average Glucose :	117	mg/dL	
Reference Range (Average Blood Sugar):			
Excellent control	: 90 - 120 mg/dl		
Good control	: 121 - 150 mg/dl		
Average control	: 151 - 180 mg/dl		
Action suggested	: 181 - 210 mg/dl		
Panic value	: > 211 mg/dl		

Interpretation & Remark:

- 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 detected (D10/ turbo is corrected for HbS and HbC trait).
- In known diabetic patients, following values can be considered as a tool for monitoring the glycemic control. Excellent Control - 6 to 7 %, Fair to Good Control - 7 to 8 %, Unsatisfactory Control - 8 to 10 % and Poor Control - More than 10 % .

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HAEMATOLOGY REPORT

Test Description	Result	Unit	Biological Reference Ranges
<u>BLOOD GROUP AND RH FACTOR</u>			
ABO Type	A		
Rh Factor	POSITIVE(+VE)		

BIOCHEMISTRY REPORT

Test Description	Result	Unit	Biological Reference Ranges
<u>RENAL FUNCTION TEST (RFT)</u>			
Blood Urea	16.2	mg/dl	15 - 50
Serum Creatinine	0.49	mg/dl	0.6 - 1.5
eGFR	110	ml/min	
Blood Urea Nitrogen-BUN	7.57	mg/dl	7 - 20
Serum Sodium	138.2	mmol/L	135 - 150
Serum Potassium	4.01	mmol/L	3.5 - 5.0
Chloride	98.0	mmol/L	94.0 - 110.0
Ionic Calcium	1.14	mmol/L	1.10 - 1.35
Uric Acid	5.2	mg/dl	2.6 - 6.0

NOTE : Please correlate with clinical conditions.



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M.D (Pathology)
Consultant Pathologist

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BIOCHEMISTRY REPORT

Test Description	Result	Unit	Biological Reference Ranges
LIVER FUNCTION TEST (LFT)			
TOTAL BILIRUBIN	0.62	mg/dl	0 - 1.2
DIRECT BILIRUBIN	0.08	mg/dL	0 - 0.3
INDIRECT BILIRUBIN	0.54	mg/dl	0.1 - 0.8
SGOT (AST)	13.5	U/L	0 - 35
SGPT (ALT)	16.5	U/L	0 - 45
ALKALINE PHOSPHATASE	83.0	U/L	64 - 147
GAMMA GLUTAMYL TRANSFERASE	21.6	IU/L	12 - 43
TOTAL PROTEIN	6.86	g/dl	6.4 - 8.3
SERUM ALBUMIN	4.10	g/dl	3.2 - 5.2
SERUM GLOBULIN	2.76	g/dl	1.8 - 3.6
A/G RATIO	1.49		1.2 - 2.2

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BIOCHEMISTRY REPORT

Test Description	Result	Unit	Biological Reference Ranges
<u>LIPID PROFILE</u>			
Cholesterol-Total	144.0	mg/dL	< 200 Desirable 200-239 Borderline High > 240 High
Triglycerides level	81.2	mg/dL	< 150 Normal 150-199 Borderline High 200-499 High > 500 Very High
HDL Cholesterol	37.1	mg/dL	< 40 Major Risk for Heart > 40 Normal
LDL Cholesterol	90.66	mg/dL	< 100 Optimal 100-129 Near/Above Optimal 130-159 Borderline high 160-189 High > 190 Very High
VLDL Cholesterol	16.24	mg/dL	6 - 38
CHOL/HDL RATIO	3.88		3.5 - 5.0
LDL/HDL RATIO	2.44		2.5 - 3.5

NOTE

8-10 hours fasting sample is required



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BIOCHEMISTRY REPORT

Test Description	Result	Unit	Biological Reference Ranges
Post-Prandial Blood Sugar	141.0	mg/dl	70 - 140

Method : Hexokinase

Interpretation:-

Normal: 70-140
Impaired Glucose Tolerance:140-200
Diabetes mellitus: >= 200
(on more than one occassion)

CLINICAL BIOCHEMISTRY REPORT

Test Description	Result	Unit	Biological Reference Ranges
Fasting Blood Sugar	91.0	mg/dl	Normal: 70-110

Method: GOD-POD

Impaired Fasting Glucose(IFG):
100-125

Diabetes mellitus: >= 126

Note:- An individual may show higher fasting glucose level in comparison to post prandial glucose level due to following reasons.The glycaemic index and response to food consumed, Changes in body composition, Increased insulin response and sensitivity,Alimentary hypoglycemia, Renal glycosuria, Effect of oral hypoglycaemics & Insulin treatment.



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IMMUNOASSAY REPORT

Test Description	Result	Unit	Biological Reference Ranges
TRI-iodothyronin, (T3)	1.17	ng/mL	0.69 - 2.15
Thyroxin, (T4)	59.1	ng/mL	52 - 127
Thyroid Stimulating Hormone(TSH)- Serum	4.68	μIU/mL	0.3-4.5 Pregnancy (As per American Thyroid Association) First Trimester : 0.1-2.5 Second Trimester : 0.2-3.0 Third trimester : 0.3-3.0

Method : CLIA

INTERPRETATION

TSH	T3 / FT3	T4 / FT4	Suggested Interpretation for the Thyroid Function Tests Pattern
Within Range	Decreased	Within Range	• Isolated Low T3-often seen in elderly & associated Non-Thyroidal illness. In elderly the drop in T3 level can be upto 25%.
Raised	Within Range	Within Range	• Isolated High TSH especially in the range of 4.7 to 15 mIU/ml is commonly associated with Physiological & Biological TSH Variability. • Subclinical Autoimmune Hypothyroidism • Intermittent T4 therapy for hypothyroidism • Recovery phase after Non-Thyroidal illness"
Raised	Decreased	Decreased	• Chronic Autoimmune Thyroiditis • Post thyroidectomy, Post radioiodine • Hypothyroid phase of transient thyroiditis"
Raised or within Range	Raised	Raised or within Range	• Interfering antibodies to thyroid hormones (anti-TPO antibodies) • Intermittent T4 therapy or T4 overdose • Drug interference- Amiodarone, Heparin, Beta blockers, steroids, anti-epileptics"
Decreased	Raised or within Range	Raised or within Range	• Isolated Low TSH -especially in the range of 0.1 to 0.4 often seen in elderly & associated with Non-Thyroidal illness • Subclinical Hyperthyroidism • Thyroxine ingestion"
Decreased	Decreased	Decreased	• Central Hypothyroidism • Non-Thyroidal illness • Recent treatment for Hyperthyroidism (TSH remains suppressed)"
Decreased	Raised	Raised	• Primary Hyperthyroidism (Graves' disease), Multinodular goitre, Toxic nodule • Transient thyroiditis: Postpartum, Silent (lymphocytic), Postviral (granulomatous, subacute, DeQuervain's), Gestational thyrotoxicosis with hyperemesis gravidarum"
Decreased or within Range	Raised	Within Range	• T3 toxicosis • Non-Thyroidal illness



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URINE EXAMINATION REPORT

Test Description	Result	Unit	Biological Reference Ranges
URINE ROUTINE			
General Examination			
Colour	Pale Yellow		Pale Yellow
Transparency (Apperance)	Clear		Clear
Deposit	Absent		Absent
Reaction (pH)	Acidic		5.0-8.5
Specific Gravity	1.020		-1.005-1.030
Chemical Examination			
Urine Protein	Absent		Absent
Urine Ketones (Acetone)	Absent		Absent
Urine Glucose	Absent		Absent
Bile pigments	Absent		Absent
Bile salts	NIL		NIL
Urobilinogen	Normal		Normal
Nitrite	Negative		Negative
Microscopic Examination			
RBC's	NIL	/hpf	NIL
Leukocyte (Pus cells)	2-4	/hpf	0-5/hpf
Epithelial Cells	Occasional	/hpf	0-4/hpf
Crystals	Absent		Absent
Casts	Not Seen		Not Seen
Amorphous deposits	Absent		Absent
Bacteria	Not seen		Not seen
Yeast Cells	Not seen		Not seen

Note : 1. Chemical examination through Dipstick includes test methods as Protein (Protein Error Principle), Glucose (Glucose oxidase-Peroxidase), Ketone (Legals Test), Bilirubin (Azo- Diazo reaction), Urobilinogen (Diazonium ion Reaction) Nitrite (Griess Method). All abnormal results of chemical examination are confirmed by manual methods. 2. Pre-test conditions to be observed while submitting the sample- First void, mid-stream urine, collected in a clean, dry, sterile container is recommended for routine urine analysis, avoid contamination with any discharge from vaginal, urethra, perineum, as applicable, avoid prolonged transit time & undue exposure to sunlight. 3. During interpretation, points to be considered are Negative nitrite test does not exclude the urinary tract infections, Trace proteinuria can be seen with many physiological conditions like prolonged recumbency, exercise, high protein diet. False positive reactions for bile pigments, proteins, glucose and nitrites can be caused by peroxidase like activity by disinfectants, therapeutic dyes,



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CYTOLOGY REPORT

PAP SMEAR (CYTOPATHOLOGY)

Specimen

Cervical PAP smear

Grossing Description

unstained slide is received, PAP stain done.

Microscopic Description

Smear is satisfactory for evaluation.
Endocervical cells and metaplastic squamous cells are seen.
Many superficial, intermediate cells and few parabasal cells seen.
No significant inflammation seen.
Many lactobacilli are seen.
No parasites/ fungi.
No evidence of intraepithelial lesion or malignancy.

Diagnosis

Cervical smear - Negative for intraepithelial lesion or malignancy.
(The Bethesda System for the reporting of cervical cytology, 2014).
Note - The PAP test is a screening procedure to aid in the detection of cervical cancer and its precursors. Because false negative results may occur, regular PAP tests are recommended.
Cervical cancer screening guideline for average risk woman. American Cancer Society (ACS) /American Cancer Society for Colposcopy and Cervical pathology/American Society for Clinical Pathology (ASCP) Guidelines, 2012.

Population	ACS/ASCCP/ASCPs
Younger than 21 years	No screening.
21-29 years	Screening with cytology alone every 3 years is recommended.
30-65 years	Cytology and HPV testing ("co-testing") every 5 years. (preferred) or Cytology alone every 3 years (acceptable) is recommended.
Older than 65 years	Stop screening with adequate screening history

Note -

Women who have a history of cervical cancer, HIV infection, weakened immune system should not follow these routine guidelines.

If you have an abnormal cervical cancer screening test result, you may have additional testing/treatment. Your doctor will recommend when you can resume routine screening.



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Test Description	Result	Unit	Biological Reference Ranges
COMPLETE BLOOD COUNT			
Haemoglobin	12.9	gm/dL	11.0 - 15.0
RBC Count	4.15	mil/cu.mm	3.50 - 5.50
Hematocrit HCT	41.2	%	37.0 - 47.0
Mean Corp Volume MCV	99.3	fL	80.0 - 100.0
Mean Corp Hb MCH	31.1	pg	27.0 - 34.0
Mean Corp Hb Conc MCHC	31.3	gm/dL	32.0 - 36.0
Platelet Count	3.19	lac/cmm	1.50 - 4.50
Total WBC Count /TLC	8.3	10 ³ /cu.mm	4.0 - 11.0
DIFFERENTIAL LEUCOCYTE COUNT			
Neutrophils	74	%	40 - 70
Lymphocytes	21	%	20 - 40
Monocytes	03	%	02 - 10
Eosinophils	02	%	01 - 06
Basophils	00	%	00 - 01
Absolute Differential Count			
Absolute Neutrophils Count	6.1	thou/mm ³	2.00 - 7.00
Absolute Lymphocyte Count	1.7	thou/mm ³	1.00 - 3.00
Absolute Monocytes Count	0.2	thou/mm ³	0.20 - 1.00
Absolute Eosinophils Count	0.2	thou/mm ³	0.02 - 0.50

EDTA Whole Blood - Tests done on Automated Three Part Cell Counter. (WBC, RBC Platelet count by impedance method, WBC differential by VCS technology other parameters calculated) All Abnormal Haemograms are reviewed confirmed microscopically.



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Test Description	Result	Unit	Biological Reference Ranges
ESR - ERYTHROCYTE SEDIMENTATION RATE	11	mm/hr	0 - 20

Method: Wintrob's

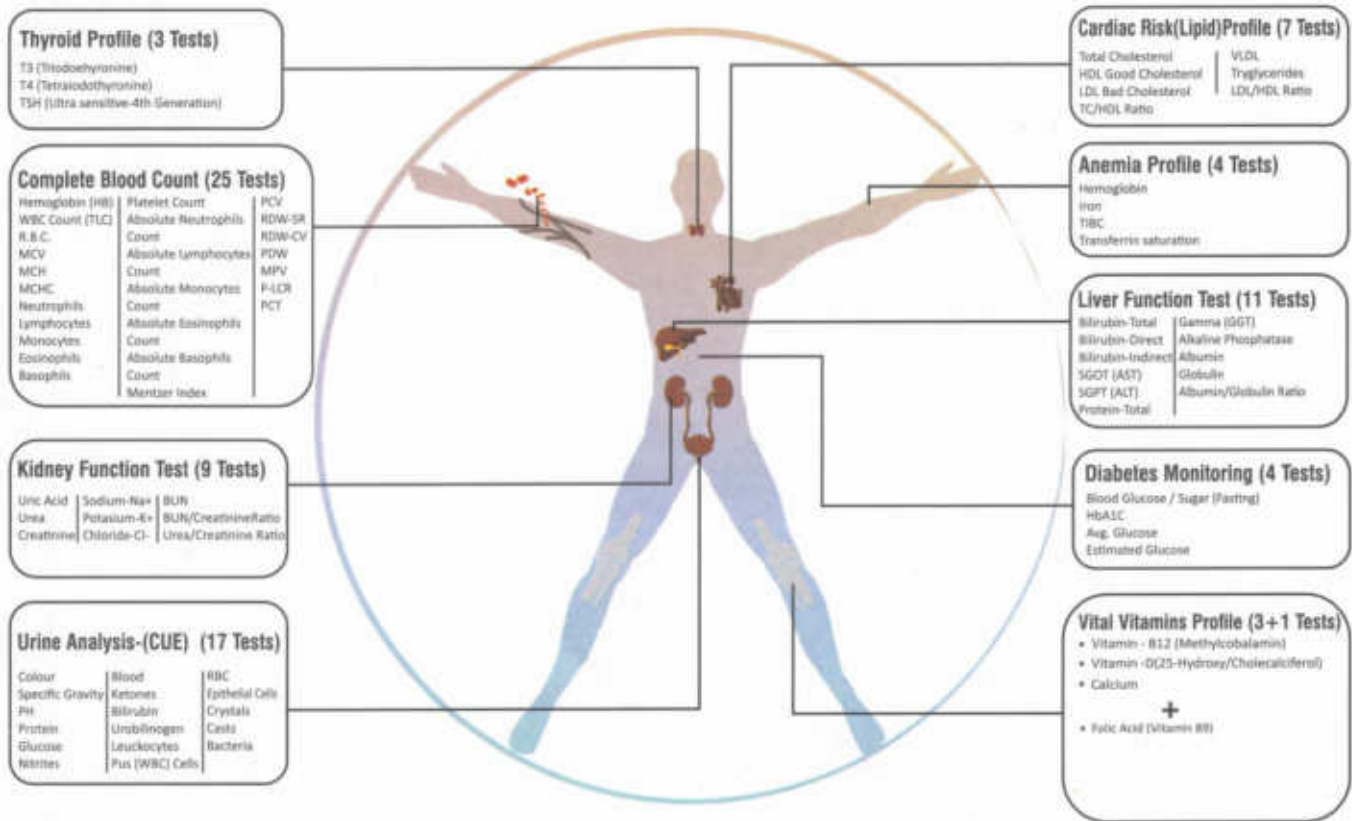
INTERPRETATION :

1. It indicates presence and intensity of an inflammatory process, never diagnostic of a specific disease. Changes are more significant than a single abnormal test.
2. It is a prognostic test and used to monitor the course or response to treatment of diseases like tuberculosis, bacterial endocarditis, acute rheumatic fever, rheumatoid arthritis, SLE, Hodgkins disease, temporal arteritis, polymyalgia rheumatica.
3. It is also increased in pregnancy, multiple myeloma, menstruation, and hypothyroidism.

**** End of the report****

This report is not valid for medico legal aspects. This is just a professional opinion not the final. Kindly correlate clinically because of technical, lack of clinical information and physical findings, if any disparity noted please inform.

BODY CARE



CONDITIONS OF REPORTING

- Individual laboratory investigations should not be considered as conclusive and should be used along with other relevant clinical examinations to achieve the final diagnosis. Therefore these reported results are for the information of referring clinician only
- The values of a laboratory investigation are dependent on the quality of the sample as well as the assay procedures used. Further all samples collected outside Citi Pathlabs labs / patient centers are required to be prepared, stored, labelled and brought as per the guidelines of Citi Pathlabs. Citi Pathlabs cannot be held liable for incorrect results of any samples which are not as per the guidelines issued
- Electronic images in the report are created by electronic processing . Citi Pathlabs makes no expressed or implied warranties or representations with respect to it and takes no responsibility for the authenticity , quality and size of the image , affected possibly due to a computer virus or other contamination
- Citi Pathlabs confirms that all tests have been carried out with reasonable care, clinical safety & technical integrity
A. However due to certain factors such as reagent inconsistency , machine breakdown etc. beyond its control which could affect the testing , it does not make any representation or give any warranty about the accuracy of the reported results
B. The test results are to be used for help in diagnosing / treating medical diseases & not for forensic applications. Hence these results cannot be used for medico - legal purposes
- Partial representation of report is not allowed.
- All dispute / claims concerning to this report are subject to Bhopal jurisdiction only.

For Any Enquiry

Citi Pathlabs
 Flat No. 004, Shivaay South City Complex,
 Phase-2, G-3 Gulmohar Colony, Bhopal (M.P.)
 citipathlabs@gmail.com
 9454786340, 9407658222

MIR- MEDICAL EXAMINATION REPORT

Date of Examination	27-7-24		
NAME	SUGAN KUNWAR PARMAR		
AGE	55	Gender	F
HEIGHT(cm)	147	WEIGHT (kg)	70
B.P.	120/80		
ECG	WNL		
X Ray	Normal.		
Vision Checkup	<u>Color Vision</u> : Normal. <u>Far Vision Ratio</u> : No <u>Near Vision Ratio</u> : No.		
Present Ailments	No Any present ailments.		
Details of Past ailments (If Any)	No. Any past ailments.		
Comments / Advice : She /He is Physically Fit	She is physically fit.		

Dr. SABYANACHIL GUPTA
 MSBS (Gold Medalist), MD (Med), RCGP (U.K.)
 Reg. No. 11671

Signature with Stamp of Medical Examiner

CERTIFICATE OF MEDICAL FITNESS

This is to certify that I have conducted the clinical examination

of MRS. SUGAN PARMAR on 27-7-24

After reviewing the medical history and on clinical examination it has been found that he/she is

	Tick
<ul style="list-style-type: none">• Medically Fit	<input checked="" type="checkbox"/>
<ul style="list-style-type: none">• Fit with restrictions/recommendations <p>Though following restrictions have been revealed, in my opinion, these are not impediments to the job.</p> <p>1.....</p> <p>2.....</p> <p>3.....</p> <p>However the employee should follow the advice/medication that has been communicated to him/her.</p> <p>Review after _____</p>	<input checked="" type="checkbox"/>
<ul style="list-style-type: none">• Currently Unfit. <p>Review after _____ recommended</p>	<input checked="" type="checkbox"/>
<ul style="list-style-type: none">• Unfit	<input checked="" type="checkbox"/>

Dr. SABYASACHI GUPTA
MBBS (Gen Med) MD (Med) DCCP (C)

Reg. No. 11671

Dr. _____
Medical Officer
The Apollo Clinic, (Location)

This certificate is not meant for medico-legal purposes



CITI MULTI SPECIALITY HOSPITAL

MIG - 215 216, Gautam Nagar, Govindpura, Bhopal-462023 (M.P.)
Phone No. : 0755 - 4250134
Mobile No. : 7771008660, 8319214664, 9303135719



DIET CHART FOR PATIENTS/ आहार तालिका

Date: 27.7.24

Dietician Name: DR. OM. PRAKASH Email: citimultispecialityhospital@gmail.com
 Patient Name: MRS. SUGAN Diagnosis: _____ Age/Sex: _____
 Height (cm): 147 Weight (Kg) 70 BMI _____
 Type of Diet: High protein, Low salt
 Total Kcal: _____ Kcal/day Total Protein: _____ g/day
 Total Fat: _____ g/day Total Fluids: _____ Liter

7AM →	Tea चाय/ Milk दूध / coffee काफी / Biscuit बिस्किट/ Toast टोस्ट / Bread ब्रेड (गेहूं वाली)	
10 AM →	Milk दूध/ Soup सूप/ Poha पोहा/ Daliya दलिया/ bread ब्रेड + Egg अंडा / Idli इडली / Upma उपमा / अनू पराठा/ पनीर	
2PM →	Roti रोटी / Rice चावल (माट रहित) / Khichri खिचड़ी / Sabji सब्जी / Dal दाल / Curd दही (ताजा) / Salad सलाद	
3PM →	Fruit फल / अंकुरित अनाज (मूंग/चना/मोड) / Sattu सतू / Fruit Chaat फ्रूट चाट / Coconut Water नारियल पानी / Butter Milk छाछ	
5PM →	Tea चाय/ Milk दूध / coffee काफी / Chana +Puffed Rice चना + मुरमुरा / Dhokla डोकला / Uttapam उत्तपम / Cheela चीला/ Green Chutney हरी चटनी/ मद्याने	
7PM →	Roti रोटी / Rice चावल / Khichri खिचड़ी / Sabji सब्जी / Dal दाल / Curd दही (ताजा) / Salad सलाद/ Daliya दलिया	
11PM →	Milk दूध/ Butter Milk छाछ / Dry fruit / Milk Shake मिल्क शेक / Fruit फल / वादाम + अखरोट	
Only Oil : _____ gm/day Salt नमक: 2-3 gm/day 5 gm = 1 चम्मच (छोटा)		Ghee : _____ gm/day

Signature

Empanelled with : State Government, M.P.Police, ESIC, HPCL, Punjab National Bank, Indian Bank Food Corporation of India, Ayushman Bharat

संतुलित आहार व नियम

- आहार 2 बार के स्थान पर 4 से 6 भाग में विभाजित करके खाएँ, पेट भर न खाएँ तथा बहुत भूख लगाने की राह माँ देखें।
- भोजन हमेशा सीधे बैठकर धीरे - धीरे अच्छे से चबाकर खाएँ तथा भोजन के समय टी.वी. न देखें।
- रात का भोजन सोने से लगभग 1 से 2 घंटे पहले कर लें तथा भोजन के बाद न तो आराम करें और न ही सीधे झुके।
- यथा संभव सुबह एवं शाम दोनों समय कम से कम आधा घंटा पैदल चलें या हल्का व्यायाम करें।
- अपना वजन नियंत्रित रखें एवं मोटापे से बचें, फास्ट फूड के स्थान पर संतुलित आहार लें।

लिवर के स्वास्थ्य हेतु भोजन का चयन :

- गेहूँ के आटे में 1.3 के अनुपात में सोयाबीन आटा व चना आटा मिलाकर उपयोग करें।
- खाने के ऊपर से नमक का उपयोग न करें, चिप्स, प्रोसेस्ड चीज, कड़क चाय, काफी, आचार, पापड़, टमेटो केचप, कोक, कार्बोनेटेड ड्रिंक्स का सेवन कम करें एवं अल्कोहल, तम्बाकू का सेवन न करें।
- आहार में अंकुरित अनाज का उपयोग करें, सोया मिल्क तथा नारियल तेल को भोजन में शामिल करें।

नोट :

1. किसी भी चीज में ऊपर से नमक न डालें।
2. अत्यधिक तेज मसालों का उपयोग न करें।
3. अत्यधिक तली हुई चीजें जैसे समोसा, कचोरी, सेव, पपड़, भजिया, आदि का उपयोग न करें।
4. खाने में अंकुरित अनाज, सोयाबिन, पनीर, दालें, दूध व दूध से बने पदार्थ, सत्तू पाउडर, सिके चने आदि का उपयोग करें।

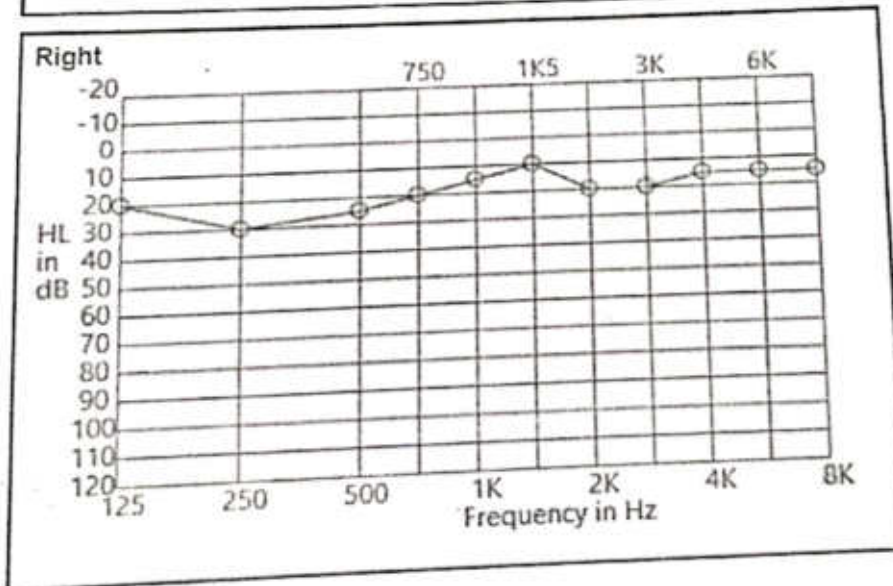
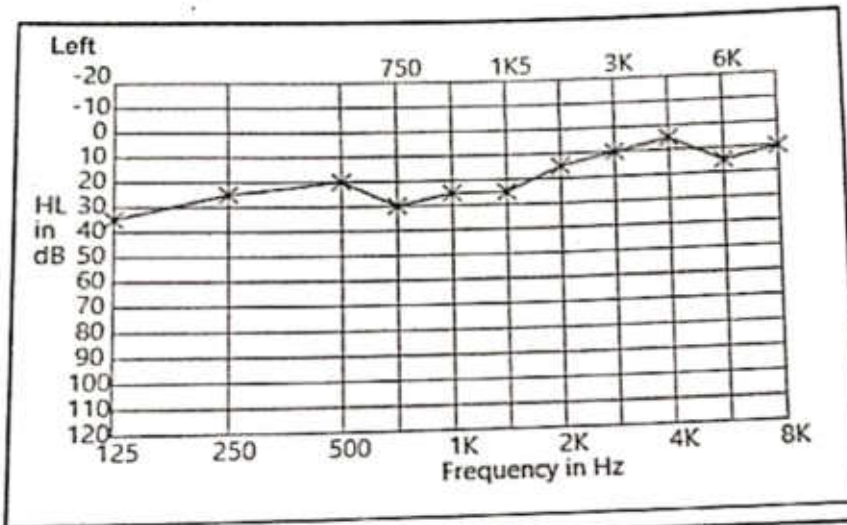
CITI MULTISPECIALITY HOSPITAL

MIG 216, Gautam Nagar

BHOPAL

462023

Name	Case No.	Age	Sex	Phone No.
MRS SUGAN PARMAR	110	55	Female	9753008077
Address	Referred By		Date & Time	
BHOPAL			27/07/24	



Interpretation

NORMAL HEARING

Doctor/Audiologist **DR. SABYASACHI GUPTA**
MBBS (Gold Medalist), MD (Med.), RCGP (U.K.)
Reg. No. 11671



CITI MULTI SPECIALITY HOSPITAL

MIG -215 216, Gautam Nagar, Govindpura, Bhopal-462023 (M.P.)
Phone No. : 0755 - 4250134
Mobile No. : 7771008660, 8319214664, 9303135719



Patient's Name : MRS. SUGAN PARMAR
Age/Sex : 55YR/ F
DATE : 27/07/2024

USG ABDOMEN

Liver : Liver is normal in size, shape and have smooth contour. Hepatic parenchyma is increased in echotexture with Grade I fatty liver. Intra and extra hepatic biliary and vascular channels are normal. No gross or diffuse mass lesions seen.

Gall Bladder : Gall bladder Normal in size, shape and echotexture
Spleen : is normal in size and normal in shape and echotexture.

Pancreas : Normal in size, shape and echotexture.

Kidneys : Both the kidney are normal in size, shape, axe and position. Cortico medullary differentiation are normal .No caliceal dilatation seen on either side.

Urinary bladder : Urinary bladder is normal and contents are echofree.

Uterus : Uterus is normal in size, shape, weight and echotexture.

Retroperitoneum: No lymphadenopathy seen. No free fluid or ascitis seen.

IVC & ABDOMINAL AORTA:-IVC and abdominal aorta are normal.

IMPRESSION :- Grade I fatty liver

CONSULTANT SONOLOGIST

Disclaimer:-The science of radiology is based upon interpretation of shadows of normal and abnormal tissue. This is neither complete nor accurate, hence, findings should always be interpreted in to the light of clinic-pathological correlation. This is a professional opinion, not a diagnosis. In case of any discrepancy a review can be asked.

For Emergency Contact: 7771008660

Sister Concern: Citi Hospital, 115 Zone II MP Nagar, Bhopal 462011, Ph: 0755-487772- 73

Empanelled with : State Government, M.P.Police, ESIC, HPCL, Punjab National Bank, Indian Bank
Food Corporation of India, Ayushman Bharat





CITI MULTI SPECIALITY HOSPITAL

MIG -215 216, Gautam Nagar, Govindpura, Bhopal-462023 (M.P.)
Phone No. : 0755 - 4250134
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NAME –MRS. SUGAN PARMAR

AGE – 55Y/F

REF: BY- APOLLO CLINIC

DATE- 27/07/2024

2D- ECHO COLOUR DOPPLER EVALUATION:-

- ❖ Normal great vessel relationship
- ❖ Normal Four chambered heart
- ❖ ALL cardiac valve are normal
- ❖ Normal LV Size with slightly reduced LVEF- 54%
- ❖ No intracardiac shunt
- ❖ No LV thrombus or clot seen
- ❖ No Pericardium effusion
- ❖ FINAL IMPRESSION
- ❖ Normal LV Size with slightly reduced LVEF- 54%

DR S.S. GUPTA [MD]

CONSULTANT ECHOCARDIOLOGIST

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Food Corporation of India, Ayushman Bharat

CITI MULTI SPECIALITY HOSPITAL
MIG-215-216 GAUTAM NAGAR GOVINDPURA, BHOPAL
MOB-7987913713

Name: MRS SUGAN FARMAR 55

Patient Id: 270724-111944

Date: 27/07/2024

Birthdate:

Sex: Female

Accession #:

Perf.Physician:

Ref.Physician:

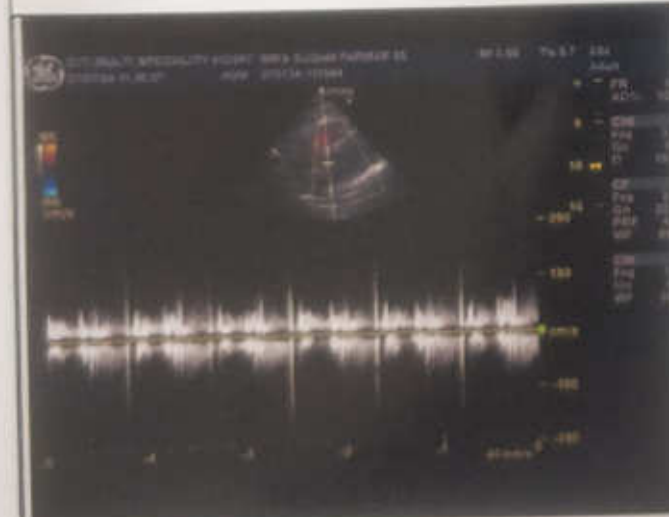
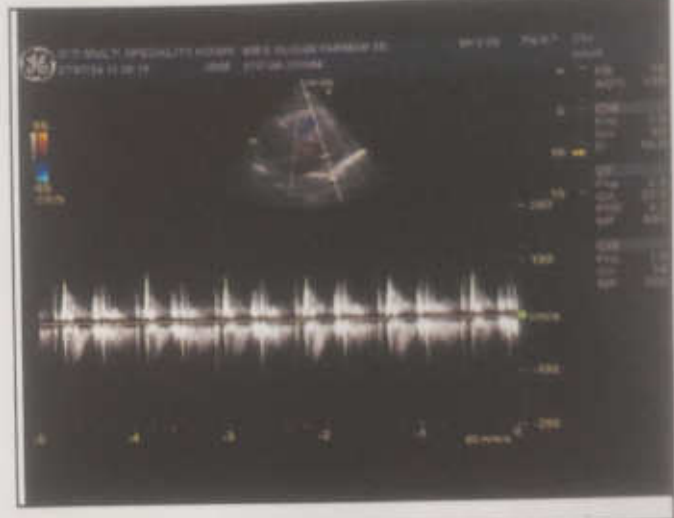
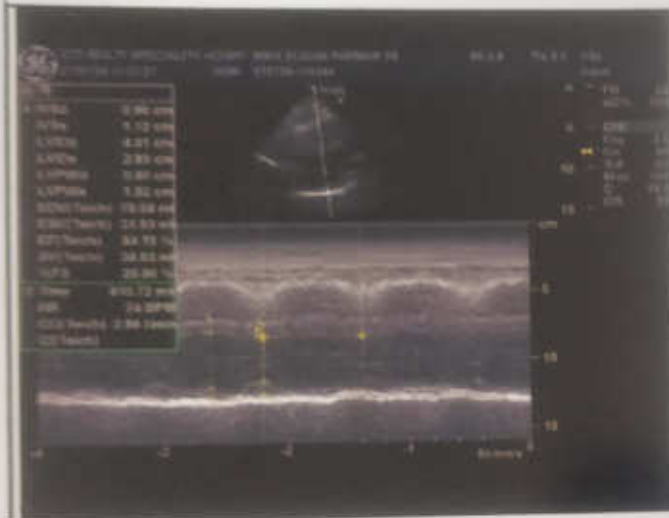
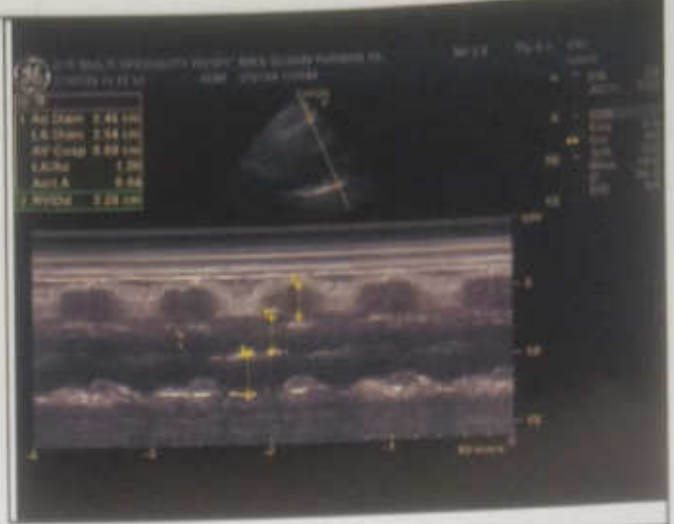
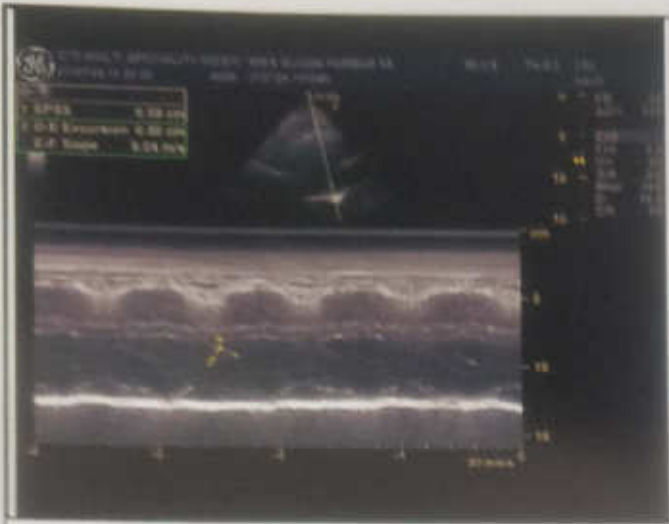
Operator: ADM

M-MODE & PW

D-E Excursion	0.80 cm
E-F Slope	0.04 m/s
EPSS	0.59 cm
Ao Diam	2.46 cm
LA Diam	2.94 cm
AV Cusp	0.80 cm
LA/Ao	1.20
Ao/LA	0.84
RVIDd	2.25 cm
IVSd	0.96 cm
LVIDd	4.01 cm
LVPWd	0.80 cm
IVSs	1.12 cm
LVIDs	2.89 cm
LVPWs	1.02 cm
EDV(Teich)	70.56 ml
ESV(Teich)	31.93 ml
EF(Teich)	54.75 %
%FS	28.00 %
SV(Teich)	38.63 ml
Time	810.72 ms
HR	74 BPM
CO(Teich)	0.00 l/min

Print Date: 7/







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Phone No. : 0755 - 4250134
Mobile No. : 7771008660, 8319214664, 9303135719



Patient Name :	MISS SUGAN KUNWAR PARMAR	Age /sex :	55 Y/F
Referred .By:	INS	Date	27.07.2024

X-RAY CHEST PA VIEW

- Bilateral Lungs Fields Appear Clear .
- Bilateral Hilar Shadows Appear Clear .
- Bilateral CP Angels Appear Clear .
- Both The Domes of Diaphragm Appear normal in Shape and position .
- Visualized bony cage and soft tissue appear normal .

IMPRESSION

NO Significant Abnormality Seen.

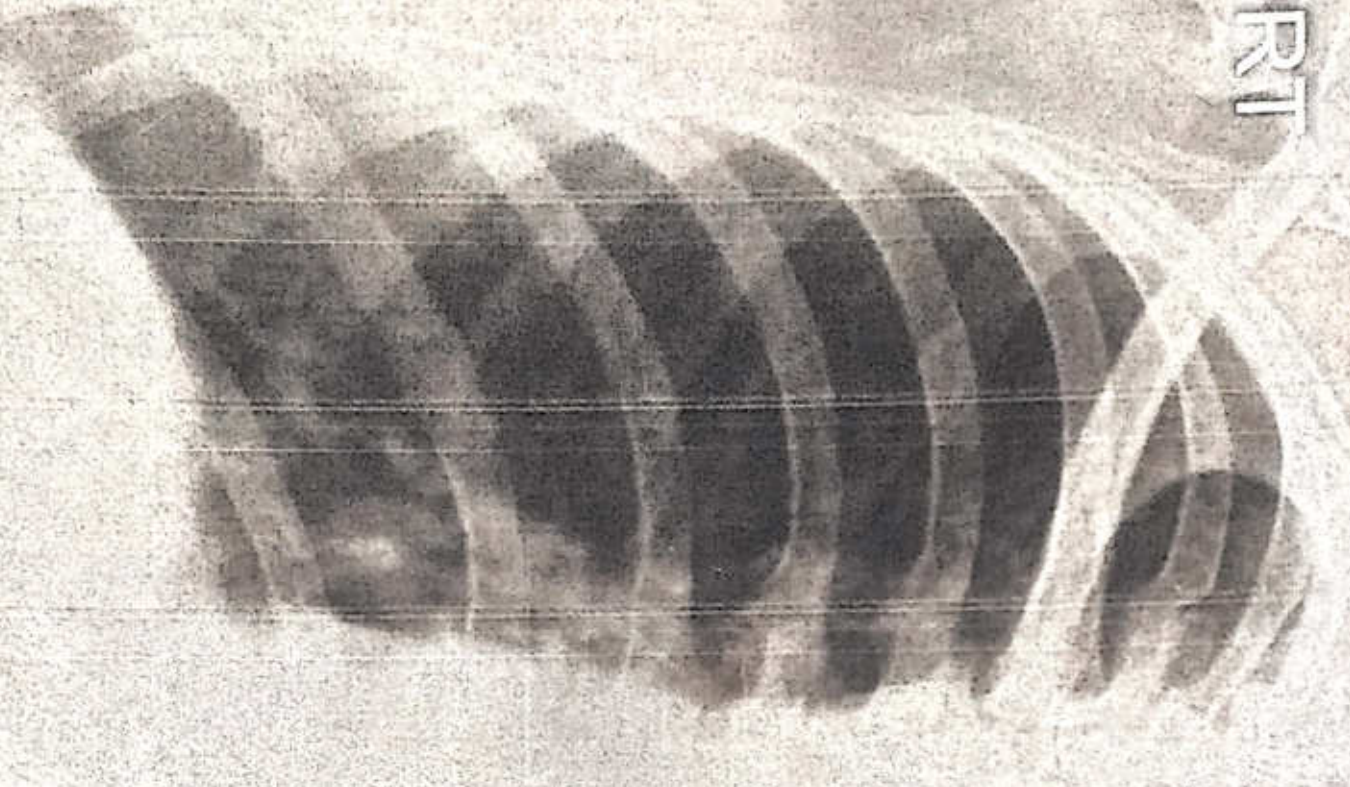
Prinal

Dr. DADHANIA PRINALBEN
MD RADIO DIAGNOSIS
CONSULTANT RADIOLOGIST

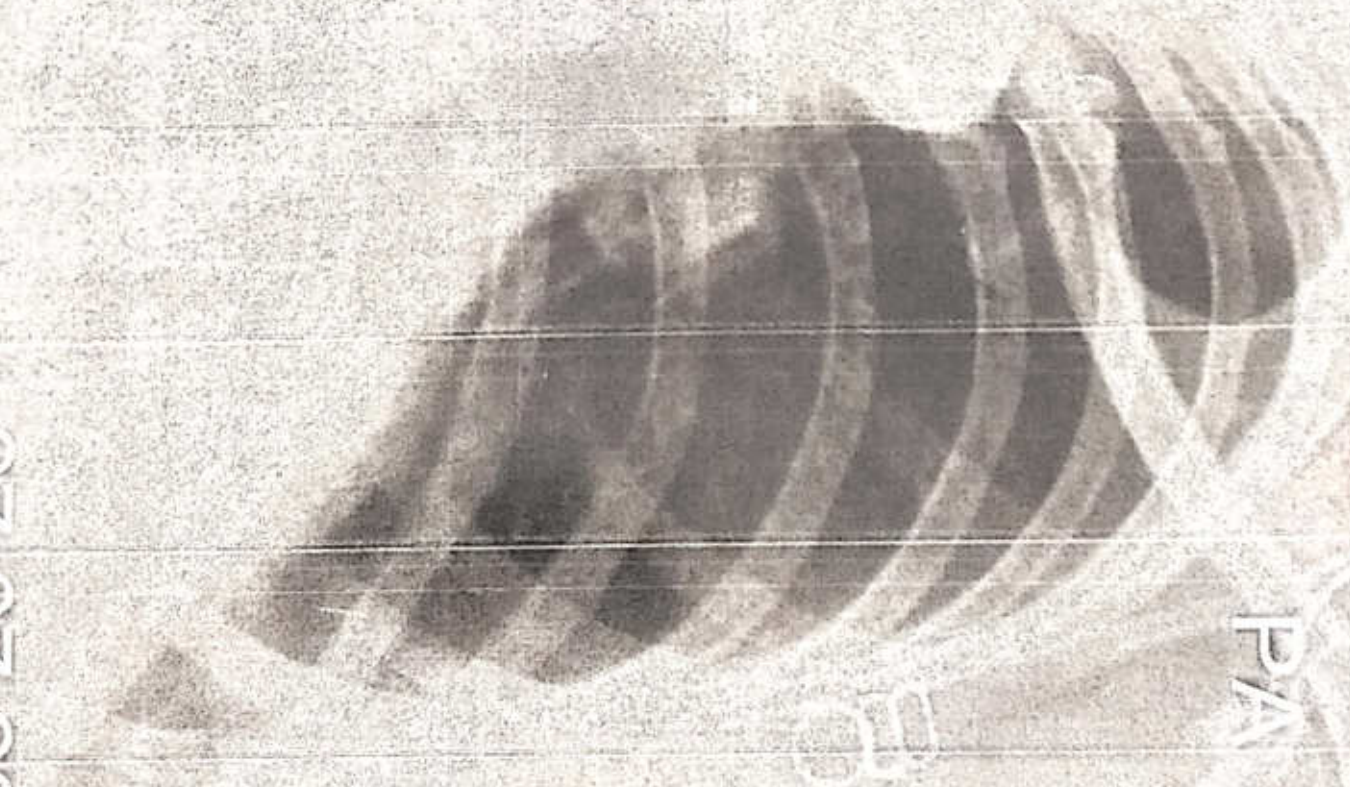
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Food Corporation of India, Ayushman Bharat



RT



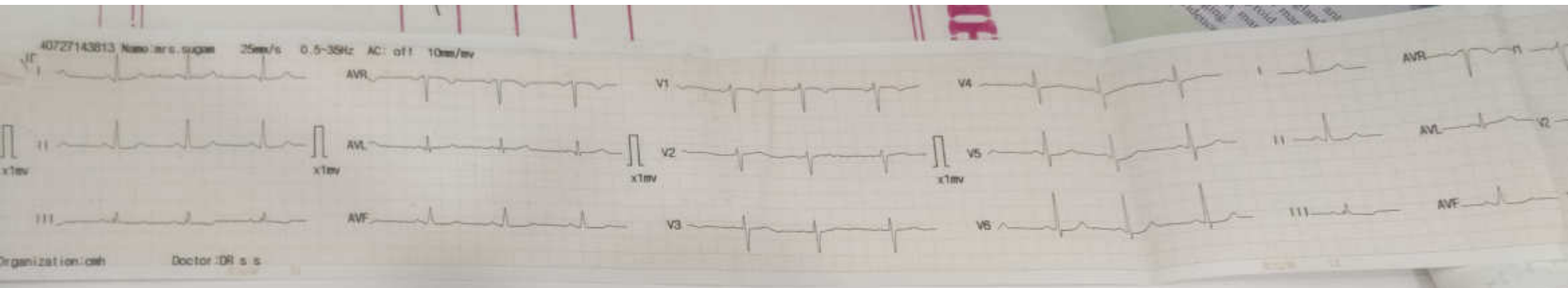
PA



Name: MISS. SUGAN KUNWAR PARMAR 65 Y/F

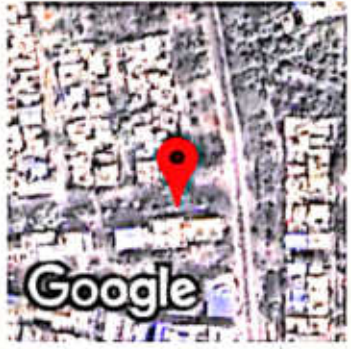
Sex: F

27/07/2024





GPS Map Camera



Bhokra, Madhya Pradesh, India
MPC, Gautam Nagar Housing Board Colony, Bhokra, Madhya Pradesh
462024 India
Lat: 23° 23' 06.9"
Long: 77° 41' 45"
2024/07/11 AM 09:11:05