



VID :- E/13262

PID No. :- 202410217127092

Name :- Mrs Komal Kumari

Age/Sex :- 27 Y / F

Ref. By. :- ARCOFEMI HEALTHCARE LIMITED

Sample Received on/at :

10/02/2024 10:46AM

Reported on/at

10/02/2024 7:52PM

BIOCHEMISTRY

Investigation	Observed Value	Unit	Biological Reference Range
GGT/GammaGT			
Gamma GT	18.9	U/L	11 - 34
Szasz method			
BLOOD SUGAR F			
Glucose Fasting	67	mg/dl	60 - 110
BLOOD SUGAR PP			
Glucose PP	84	mg/dl	70 - 140
LFT (LIVER FUNCTION TEST)			
Bilirubin (Total)	0.71	mg/dL	<1.0
(Serum, Diazo)			
Bilirubin (Direct)	0.14	mg/dL	0 - 0.3
(Serum, Diazo)			
Bilirubin (Indirect)	0.57	mg/dL	UPTO 1.0
(Serum, Calculated)			
SGOT (AST)	23	U/L	5 - 31
(Serum, Enzymatic)			
SGPT (ALT)	18	U/L	10 - 40
(Serum, Enzymatic)			
Alkaline Phosphatase	166	U/L	80 - 290
(Serum, pNPP)			
Total Proteins	7.11	g/dL	6.4 - 8.3
(Serum, Biuret)			
Albumin	4.25	g/dL	3.7 - 5.6
Globulin	2.86	g/dL	1.8 - 3.6
(Serum)			
A/G Ratio	1.49	g/dl	1.1 - 2.2
(Serum)			
Gamma GT	18.9	U/L	11 - 34
Szasz method			

----- End Of Report -----

Dr. Avishesh Kumar Singh
M.D. (Pathologist)



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Lipid Profile (Fasting Sample Required)

Cholesterol - Total	182	mg/dL	Desirable <200 Borderline High : 200-239 High :>=240
Triglycerides Level	141	mg/dL	Normal : <150 Borderline High :150-199 High : 200-499 Very High : >=500
HDL Cholesterol	39	mg/dl	Major risk factor for heart Disease :<40 Negative risk factor for heart Disease:>=60
LDL Cholesterol	114.80	mg/dL	
VLDL Cholesterol	28.20	mg/dL	6-38
LDL/HDL RATIO	2.94		2.5-3.5
CHOL/HDL RATIO	4.67		3.5 - 5

Note : Reference Interval as per National Cholesterol Education Program (NCEP) Adult Treatment Panel III Report.

RFT (RENAL FUNCTION TEST)

Renal (Kidney) Function Test

Urea (Serum)	21.1	mg/dL	15 - 43
Creatinine (Serum, Jaffe)	0.61	mg/dL	0.57 - 1.4
Sodium	141	mmol/L	135 - 145
Potassium	4.31	mmol/L	3.5 - 5.1
Uric Acid (Serum, Uricase)	4.85	mg/dL	2.6 - 6
Chlorides	101	mmol/L	98 - 107

The performance of the Roche cobas c 111 was evaluated using sigma metrics. The calculations were performed using James O. Westgard methodology.[2] This approach uses an assays total allowable error (TEa), accuracy (bias), and precision (SD) to calculate a Sigma metric to characterize the performance of that assay.

----- End Of Report -----

Dr. Avishesh Kumar Singh
M.D. (Pathologist)



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HBA1C

HbA1c Value	4.51	%	4-6=Normal Control	6-7=Good 7-8=Fair Control
			8-10=Unsatisfactory Control	>10%=Poor Control

Glycosylated Hemoglobin/Glycated Hemoglobin/GlycoHemoglobin/HbA1c. [1]

Its primary use is to monitor diabetic patient's compliance and long term blood glucose level control . It is an index of diabetic control (direct relationship between poor control and development of complications). It predicts development and progression of diabetic microvascular complications.

----- End Of Report -----

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CLINICAL PATHOLOGY

Investigation	Observed Value	Unit	Biological Reference Range
URINE R/M			
<u>Physical Examination</u>			
Specific Gravity	1.010		1.003-1.030
Appearance	Clear		Clear
Colour	Pale Yellow		Pale Yellow
pH (Reaction)	Acidic		
<u>Chemical Examination</u>			
Protein	NIL		NIL
Glucose	NIL		NIL
<u>Microscopic Examination</u>			
PUS CELLS	2-4	/hpf	0-5
Epithelial Cells	0-1	/hpf	0-5
RBC	Absent	/hpf	Absent
Bacteria	Absent		Absent
Crystals	Absent		Absent
Casts	Absent		Absent

Test Done by Urisys 1100 (ROCHE) Fully Automatic.

----- End Of Report -----

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Complete Blood Count (Haemogram)

Investigation	Observed Value	Unit	Biological Reference Range
CBC			
<u>Erythrocytes</u>			
Haemoglobin (Hb)	11.9	gm/dL	12.5 - 16.5
Erythrocyte (RBC) Count	4.26	mill/cu.mm	4.2 - 5.6
PCV (Packed Cell Volume)	36.3	%	36 - 47
MCV (Mean Corpuscular Volume)	85	fl	78 - 95
MCH (Mean Corpuscular Hb)	28.0	pg	26 - 32
MCHC (Mean Corpuscular Hb Concn.)	32.8	g/dL	32 - 36
RDW (Red Cell Distribution Width)	14.8	%	11.5 - 14
<u>Leucocytes</u>			
Total Leucocytes (WBC) Count	7200	cells/cu.mm	4000 - 11000
Neutrophils	65	%	40 - 75
Lymphocytes.	30	%	20 - 40
Monocytes	04	%	2-10
Eosinophils	01	%	1-6
Basophils	00	%	0 - 1
<u>Platelets-</u>			
Platelet count	179	x10 ⁹ /L	150 - 450
MPV (Mean Platelet Volume)	9.8	fL.	6 - 9.5
PCT (Platelet Haematocrit)	0.176	%	0.15 - 500
PDW (Platelet Distribution Width)	20.0	%	11 - 18

EDTA Whole Blood - Tests done on Automated ABX Micros ES60(HORIBA) Cell Counter. WBC, RBC & Platelet count by impedance method, WBC differential by VCS technology & other parameters calculated) All abnormal Haemograms are reviewed & confirmed microscopically. Differential count is based on approximately 10,000 cells.

----- End Of Report -----



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Hematology

Investigation	Observed Value	Unit	Biological Reference Range
Blood Group & RH Type Screening			
ABO Group	"O"		
Rh Type	"POSITIVE"		

Method: Column agglutination technology (CAT) is an automated. System for blood grouping which is superior in sensitivity to conventional tube method.

ESR

ESR - Erythrocyte Sedimentation Rate (Citrate Blood) Method: Westergren	20	mm at 1hr	0 - 20
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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.

----- End Of Report -----

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PATHOLOGY

Investigation	Observed Value	Unit	Biological Reference Range
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Urine Sugar Fasting

Urine Sugar (Fasting)

Absent

Absent

Thyroid Panel 1 (T3, T4, TSH)

T3

1.02

ng/dl

0.6-1.8

Remarks : 1. Decreased values of T3 (T4 and TSH normal) have minimal clinical significance and not recommended for diagnosis of hypothyroidism 2. Total T3 and T4 values may also be altered in other conditions due to changes in serum proteins or binding sites Pregnancy, Drugs (Androgens, Estrogens, O C pills, Phenytoin), Nephrosis etc. In such cases Free T3 and Free T4 give corrected values.

T4

7.14

ug/dl

4.5-12.6

Remark: 1. Total T3 and T4 values may also be altered in other conditions due to changes in serum proteins or binding sites Pregnancy, Drugs (Androgens, Estrogens, O C pills, Phenytoin) Nephrosis etc. In such cases Free T3 and Free T4 give corrected values.

TSH

2.11

uIU/ml

0.25 - 5.5

Remarks : 1. 4.51 to 15 μ IU/mL - Suggested clinical co-relation or repeat the test with new sample as physiological factors can give falsely high TSH.

2. TSH values may be transiently altered because of non thyroidal illness like severe infections, liver disease, renal and heart failure, severe burns, trauma and surgery etc

3. Drugs that decrease TSH values e.g: L-dopa, Glucocorticoids Drugs that increase TSH values e.g Iodine, Lithium, Amiodarone

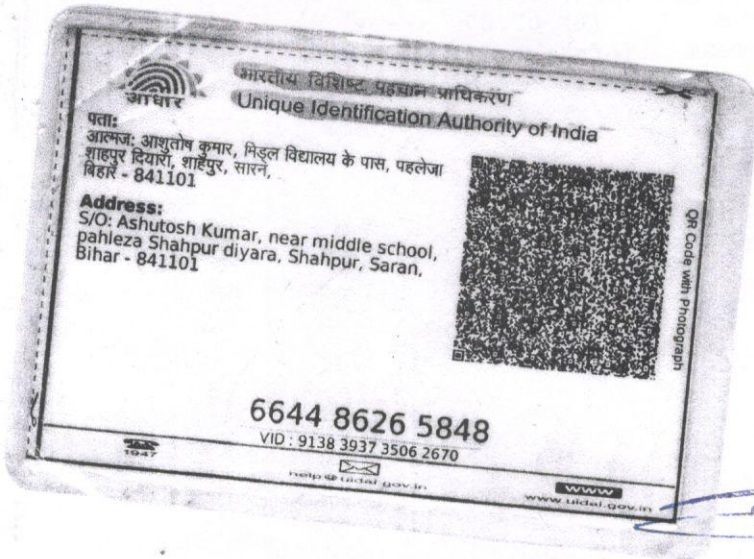
Remark

Method Used : ELFA (Enzyme Linked Fluorescence Assay) on Mini Vidas most Efficient Analyzer Internationally accepted most advanced technology with high quality result.

----- End Of Report -----

Dr. Avishesh Kumar Singh

M.D. (Pathologist)



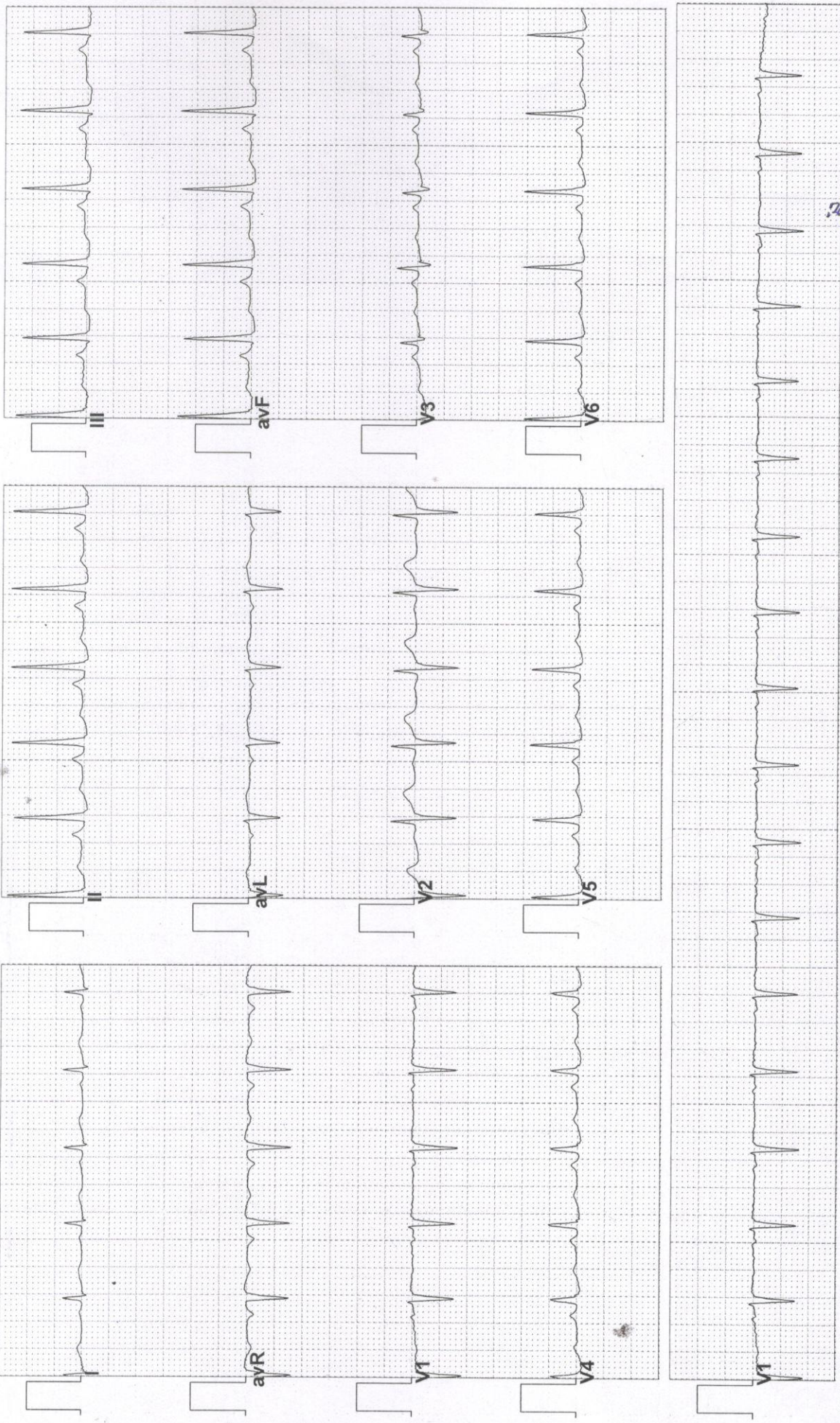
Komal Kumari

Dr. Shailendra Ruprela
MD, Medicine
Reg. No.: CG MC-511/2006

DR. RUPRELAS NMS DIAGNOSTICS AND IMAGING FAFADIH BILASPUR ROAD RAIPUR

5476550005; MRS KOMAL KUMARI; Female; 27 Yrs 00 Mths
Ref.: APOLLO; Date : 10-02-2024; Time : 14:01:19

Ht : 161 Cms; Wt: 72 Kgs ; BP : 118/72 ; HR : 107 bpm
Noch : 50 Hz ; Filter: 0.05Hz - 100 Hz ; Gain: 10.0 mm/mV ; Sweep : 25 mm/s



FINDINGS: Abnormal ECG with Indication of Sinus Tachycardia
Vent Rate : 107 bpm PR Interval : 112 ms QRS Duration: 98 ms QT/QTc Int : 313/420
P-QRS-T axis: 75• 80• -30• (Deg)
Comments :

Dr. Shailendra Ruprela

MD, Medicine

Reg. No.: CG MC-511/2006

Komal Kumari



Dr. Ruprela's
NMS Diagnostics & Imaging
"अचूक निदान" स्वस्थ जीवन की ओर...

NAME : MRS. KOMAL KUMARI
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DATE : 10.02.2024

PERIPHERAL SMEAR EXAMINATION

RBC : Macrocytic normochromic .

WBC: Total counts within normal range. No toxic granulation seen.
Band cells-9%, Neutrophils-46%, Lymphocytes-43%, Monocytes-2%.

Platelets: Appears adequate on smear.

Haemoparasite: No haemoparasite seen.


Dr. Avishesh Kumar Singh
MD (Pathologist)



FAFADIH, NEAR OVER BRIDGE, RUPRELA MARG (SINCE 1937), RAIPUR (C.G.)

Ph.: 0771-4048886, 2888800, Mob.: 9406396296, Email : nmsdiagnostic.service@gmail.com, Website : www.nmsdiagnostics.co.in



NAME : MRS. KOMAL KUMARI

AGE : 27 Y/SEX/F

Ref. By : ARCOFEMI HEALTHCARE LTD.

DATE : 10.02.2024

Complain Of : No Complaints

Ocular H/O: Nil

Family Ocular H/O: Nil

Drug Allergy (If Any): Not Aware

DISTANCE VISION:
(With / without PGP)

RE 6/6 **LE** 6/6

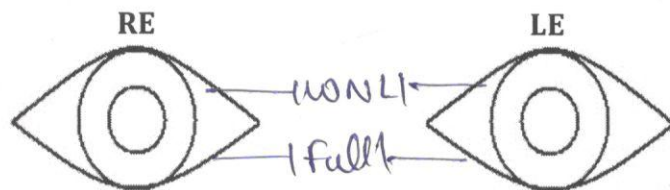
NEAR VISION:
(With / without PGP)

RE N/6 **LE** N/6

REFRACTION:

EYE	SPH	CYL	AXIS	ADD	VISION
RE	_____	PLAIN	_____	6/6	N/6
LE	_____	PLAIN	_____	6/6	N/6

EXTERNAL EYE EXAMINATION:



EOM: NAD

SQUINT EVALUATION: ABSENT

NYSTAGMUS: ABSENT

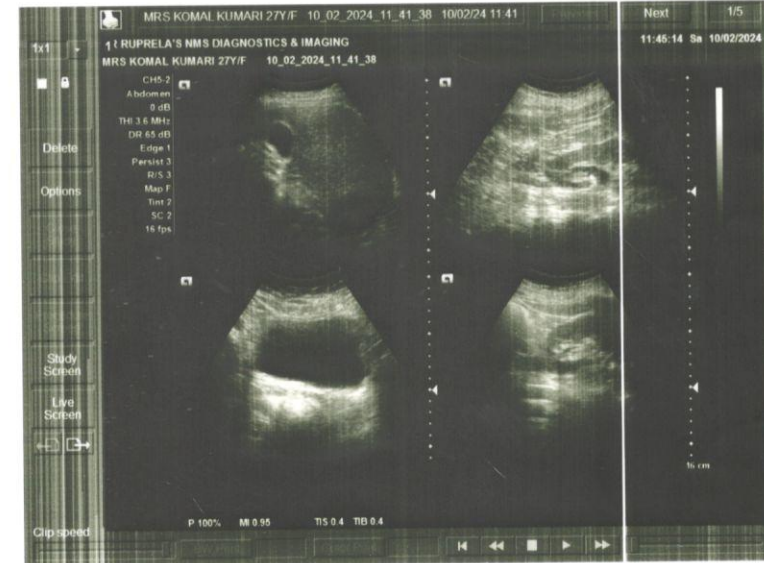
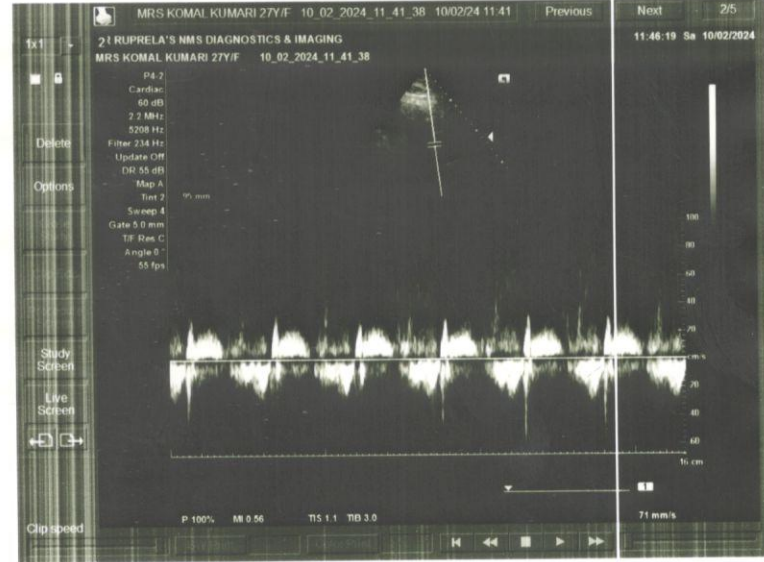
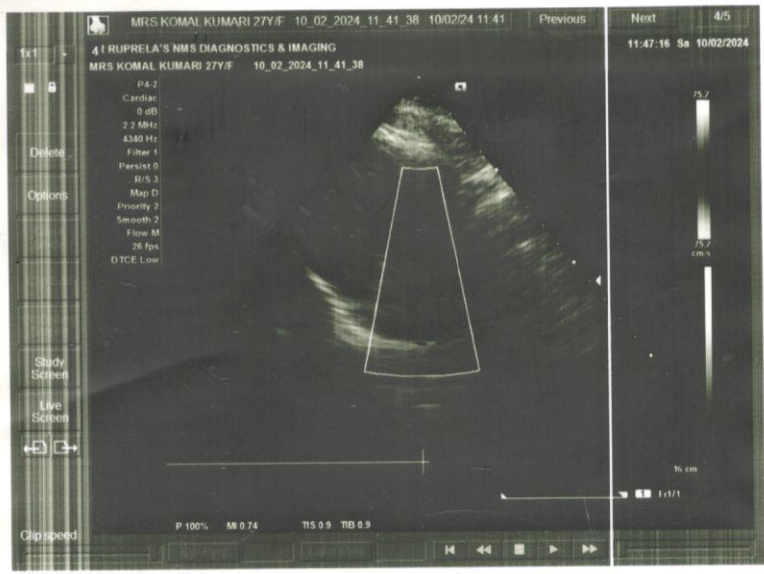
COLOR VISION TEST: NORMAL

NYCTALOPIA (Night Blindness): ABSENT


Dr. Vaibhav Sharma
Ophthalmologist
Reg. No. MCI/10-37782

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NAME : MRS. KOMAL KUMARI
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DATE: 10.02.2024

ECHO - CARDIOGRAPHY

M-MODE MEASUREMENTS:

	Patient value (cm)	normal value (cm)
Aortic Root	2.6	2.0-3.7
Left Atrial Dimension	3.2	1.9-4.0
Left Ventricular ED	3.8	3.7-5.6
Left Ventricular ES	3.1	2.2-4.0
Interventricular Septal	ED : 0.8 ES : 0.9	0.6-1.2
LEFT VENT PW	ED : 0.8 ES : 0.9	0.6-1.2

2 D ECHO

CHAMBERS	- All cardiac chambers normal.
VALVE	- NORMAL
SEPTAE	- IVS/IAS INTACT
RWMA	- NO
EF (OVARALL)(LV)	- 60 %
CLOT/ VEGETATION	- NIL
PER. EFFUSION	- NIL

CONTINUOUS WAVE & PULSE WAVE DOPPLER

Valve	Regurgitation	Gradient(mm Hg)
Mitral Valve	NIL	Not Significant
Aortic Valve	NIL	Not Significant
Tricuspid Valve	NIL	PASP=
Pulmonary Valve	Nil	Not Significant

PULSE WAVE DOPPLER

MITRAL VALVE INFLOW > Waves DT m sec

IMPRESSION -

- NO RWMA AT REST, LVEF=60%
- NORMAL BIVENTRICULAR FUNCTION
- NORMAL CHAMBERS DIMENSION.
- NO CLOT/VEGETATION/PERICARDIAL EFFUSION.
- NORMAL VALVES


DR AJAY HALWAI
MBBS,MD,PGDCC

FAFADIH, NEAR OVER BRIDGE, RUPRELA MARG (SINCE 1937), RAIPUR (C.G.)

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DATE : 10.02.2024

SONOGRAPHY OF WHOLE ABDOMEN & PELVIS

The Real time, B mode, gray scale sonography of the abdominal organs was performed.

LIVER :The liver is normal in size, shape and has smooth margins. It is uniformly isoechoic , has normally distributed and normal size biliary and portal radicles and is without solid or cystic mass lesion or calcification.

GALL BLADDER :The gall bladder is seen as a well distended, pear shaped bag with uniformly thin and regular walls, without, gall stones or mass lesions.

COMMON BILE DUCT :The common bile duct is normal in caliber.

PANCREAS :The pancreas is normal in size, shape, contours and echotexture.
No evidence of solid or cystic mass lesion is noted.

KIDNEYS :The kidneys are normal in size and have smooth renal margins.
Cortical echotexture is normal.

The central echocomplex does not show evidence of calculus or hydronephrosis.

URINARY BLADDER :The urinary bladder is well distended. No calculi/mass.

SPLEEN : The spleen is normal in size and shape. Its echotexture is homogeneous. No evidence of focal lesion is noted.

PELVIS : The uterus is antetverted, & appears normal.

The uterine margins is smooth and does not reveal any contour abnormalities.

The uterine myometrium shows homogeneous echotexture.

The ovaries on the either side show normal echotexture.

The endometrial echo is in the midline.

No adnexal mass is seen.

No fluid is noted in the cul-de-sac.

IMPRESSION :

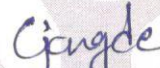
The sonography of abdomen and pelvis within normal limits.

Thanks for reference with regards.

Kindly Note

- ✓ **Please Intimate us for any typing mistakes and send the report for correction within 7 days.**
- ✓ The science of Radiological diagnosis is based on the interpretation of various shadows produced by both the normal and abnormal tissues and are not always conclusive . Further biochemical and radiological investigation & clinical correlation is required to enable the clinician to reach the final diagnosis .

The report and films are not valid for medico – legal purpose


Dr. Chhavi Jangde
MD
Reg.No.:CGMC-5516/2014

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NMS Diagnostics & Imaging

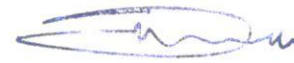
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X-RAY CHEST PA VIEW

- The lungs on the either side show equal translucency.
- The peripheral pulmonary vasculature is normal.
- No focal lung lesion is seen.
- The pleural spaces are normal.
- The cardiac size is normal.
- The domes of the diaphragms are normal in position, and show smooth outline.
- Both hila are normal in size, have equal density and bear normal relationship.
- The heart and trachea are central in position and no mediastinal abnormality is visible.
- **IMPRESSION** : No evidence of pulmonary, pleural or cardiac pathology is noted.
Radiograph of chest is within normal limits.



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"HEALTH" +



"HUMAN" +



"COMPLETE SOLUTION" =



TO WHOM SO EVER IT MAY CONCERN

THIS IS TO DECLARE THAT MRS. KOMAL KUMARI AGE 27 Y/F HAS UNDERGONE DENTAL EXAMINATION ON 10.02.2024.

DURING HER INTRAORAL EXAMINATION NO HARD AND SOFT TISSUE ABNORMALITIES WERE DETECTED.

NO CAVITIES DETECTED.

CALCULUS +

STAINS +


HER EXTRAORAL EXAMINATION REVEALS NO ABNORMALITY.

ADVISE: ORAL PROPHYLAXIS,

MAINTAIN GOOD ORAL HYGIENE,

FOLLOW UP,

BRUSH TWICE DAILY.


Dr. Poonam Ruprela
Consultant Dental Surgeon
CGDC/15/G/2169

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TO WHOM SO EVER IT MAY CONCERN

THIS IS TO DECLARE THAT MRS. KOMAL KUMARI AGE-27/F HE UNDERGONE ENT EXAMINATION ON 10/02/2024. DURING HIS EXAMINATION NO SOFT AND HARD TISSUE ABNORMALITIES WERE DETECTED IN THE EAR, NOSE AND THROAT. NO DISCHARGE FOUND. NO SIGNIFICANT HISTORY.

NO LYMPH NODES WERE TENDER AND PALPABLE.

AIR AND BONE CONDUCTION TEST WERE NEGATIVE.

ADVISE: MAINTAIN GOOD HYGIENE AND FOLLOW UP

Anoop
Dr. Anoop Rekha Mudgal
MS, ENT
Reg. No.: CGMC- 5083/2014

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TO WHOM SO EVER IT MAY CONCERN

THIS IS TO DECLARE THAT MRS. KOMAL KUMARI AGE 27 YEAR/FEMALE HAS UNDERGONE MEDICAL EXAMINATION ON 10.02.2024 DURING HER GENERAL EXAMINATION NO ABNORMALITIES WERE DETECTED.

SHE WAS FULLY ORIENTED , NO DISABILITY WITH NORMAL GAIT.

NO SIGNS OF PALPABLE OR ENLARGED LYMPH NODES.

NO GROWTH / SWELLING OBSERVED.

HER VITALS PARAMETERS ARE HEIGHT: 161cms, WEIGHT: 72kg, BP: 118/72mmhg, HR: 89 bpm, BMI: 27.8

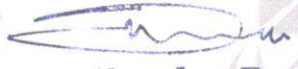
HER BOWEL HABITS ARE REGULAR. NO BURNING DURING MICTURITION.

ALL REFLEXES WERE NORMAL.

NO ABNORMALITIES WERE DETECTED DURING PALPATION, PERCUSSION AND AUSCULTATION OF VISCERA.

SHE DOES NOT CARRY ANY COMMUNICABLE/TRANSFERRABLE DISEASE.

SHE APPEARS TO BE **PHYSICALLY FIT** AND WE WISH HER ALL THE BEST.


Dr. Shailendra Ruprela
MD, Medicine
Reg. No.: CG MC-511/2006

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"अचूक निदान" स्वस्थ जीवन की ओर...

THIS IS TO DECLARE THAT MRS. KOMAL KUMARI AGE 27 YEAR/FEMALE HAS UNDERGONE GYNAECOLOGICAL EXAMINATION ON 10.02.2024 DURING HER EXAMINATION NO ABNORMALITIES WERE DETECTED.

HEIGHT:161cms,

WEIGHT: 72kg,

BP: 118/72 mmhg,

NO MENSTRUATION IRRREGULARITIES.

NO DISCHARGE / ITCHING PER VAGINA.

SHE APPEARS TO BE HEALTHY.

DR.PRIYANKA JAIN

MD(OBS. & GYNAE.)



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"अचूक निदान" स्वस्थ जीवन की ओर...

MRS. KOMAL KUMARI

DATE : 10.02.2024

AGE : 27

SEX : FEMALE

HEIGHT : 161 cms

WEIGHT : 72 kgs

BMI : 27.8

BLOOD PRESSURE : 118/72 mmhg

MEDICAL HISTORY : NOT SIGNIFICANT

ADVICE :

1. DRINK MINIMUM 10 GLASSES OF WATER.
2. EXERCISE/BRISK WALK FOR MINIMUM 50 MINS DAILY.
3. INCREASE INTAKE OF FIBRE LIKE SALAD, FRUIT, SPROUTS.
4. TAKE GOOD SLEEP FOR 7-8 HOURS DAILY.
5. AVOID SPICY AND DEEP FRIED FOOD.
6. AVOID ALCOHOL, SMOKING, NICOTINE.
7. AVOID STRESS.
8. RELAX AND BE HAPPY.


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