



अ० भा० आ० सं० अस्पताल / A.I.I.M.S. HOSPITAL
 बहिरंग रोगी विभाग / Out Patient Department
 अस्पताल के अन्दर धूम्रपान मना है / SMOKING IS PROHIBITED IN HOSPITAL PREMISES

एका/Unit _____
 विभाग/Dept. Med - IT

OPR-6
 UN-10-102 359919

| नाम/Name | लिंग/पुरु/स्त्री/पुत्री F/S/W/D of | लिंग Sex | उम्र Age | पता/Address |
|--------------------|---------------------------------------|-------------|-------------|-------------|
| Mrs Premada Sharma | | F | 65y | |

रिपोर्ट/Diagnosis

| दिनांक/Date | उपचार/Treatment |
|---------------------|--|
| 25.6.18 | ① CBC, FBM, H3A1C, RFI, LFI, T3, T4, TSH, Lipids, Na. K, Vit D, Vit B12, Urine $< \frac{2}{m}$ |
| BP 120/70 mmHg | ② Review with reports |
| 8.6.18 | 1) S. Amlosoafe 5mg 1on 2) low salt diet |
| ① . 8.19 | 3) cap zovit 1on |
| same in 6 months | < 3 months |

SANJEEV SINHA
 MD (Gen Med) AIIMS

DR. SANJEEV SINHA
 MBBS, MD (Gen Med) AIIMS
 Consultant Gen Med
 Professor
 Department of Medicine

Set AM
 2/1/19

CLEAN AND GREEN AIIMS / एम्स को यही संकल्प, स्वच्छता से काया कल्प

अंगदान-जीवन का बहुमूल्य उपहार / ORGAN DONATION - A GIFT OF LIFE

O.R.B.O., AIIMS, 26588360, 26593444, www.orbo.org Helpline - 1060 (24 hrs service)

20.6.18

T. Muscov - AM 5mg 100
Tab Kolomet - SL 50mg 100
Rivotril 0.5mg 100
Tab Udiliv 300mg 100
Cap A-2 gold 100
low salt & low fat diet

2 x 3 months
(S. Sinha)

Dr. SANJEEV SINHA
M.B.B.S., M.D. (Medicine), MNAMS
Consultant Physician
Professor
Department of Medicine
All India Institute of Medical Sciences
New Delhi-110029

2.11.18

11 Continue same treatment

BP - 130/80 mmHg 21 Tab Nephrosave 100 x 30 days
x 6 months

~~Self Adjusted~~
29/11/18

2
Dr. SANJEEV SINHA
M.B.B.S., M.D. (Medicine), MNAMS
Consultant Physician
Professor
Department of Medicine
All India Institute of Medical Sciences
New Delhi-110029



| | | | |
|-----------|-------------------------|-------------|-------------------------|
| Test No. | : 379346 | Bill No. | : 14612 |
| UHID | : 376459 | Dept No. | |
| Name | : Mrs. PREAMVADA SHARMA | Referred by | : Dr. A.I.I.M.S |
| Age / Sex | : | Result Date | : 21/09/19 1:07 pm |
| | | Print Date | : 21/09/2019 |
| | | BILL Date | : 21/09/2019 11:25:00AM |
| | | Company | : CGHS(CR) |

ARTERIAL COLOR DOPPLER

ARTERIAL COLOR DOPPLER BOTH LOWER LIMBS

Mild atherosclerotic intimal medial thickening with scattered tiny calcific foci noted involving bilateral lower limb arteries.

Both lower limbs including common femoral arteries, superficial femoral arteries, popliteal artery, posterior and anterior tibial arteries and dorsalis pedis arteries are normal in course and calibre.

No evidence of significant flow limiting stenosis / plaque noted.

Spontaneous flow noted on CDFI. No evidence of any thrombus / filling defect.

Spectral tracing reveals normal high resistance triphasic flow pattern.

No evidence of spectral broadening.

Impression :

Mild atherosclerotic intimal medial thickening with scattered tiny calcific foci noted involving lower limb arteries.

No evidence of significant flow limiting stenosis / plaque noted.

Advice : Clinical correlation.

Self Attended
20/11/19

Dr. Paliwal
Radio Diagnosis
Department
& Imaging

Dr. A.K. Gupta
MBBS, DNB
Radio Diagnosis

Dr. Saurabh Banthia
MBBS, DMRD, DNB
Consultant Radio-Diagnosis

Dr. Anil
MD Radio

MAHAJAN IMAGING DEFENCE COLONY

Name SHARM, PREMVADA
Patient Id 81795
Age 63

Date 14/01/2017

Sex Female

Image 1

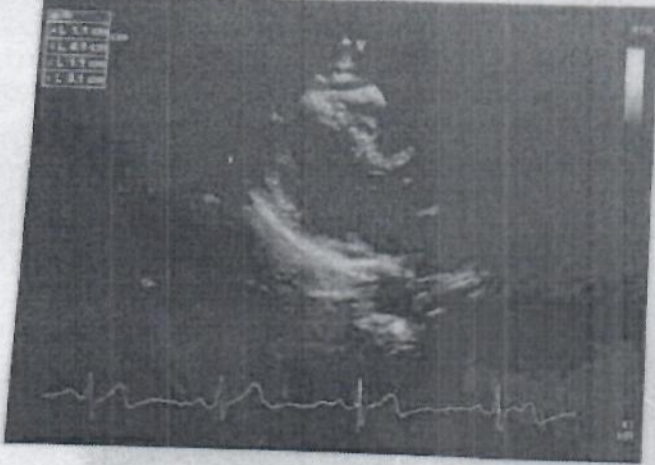


Image 2

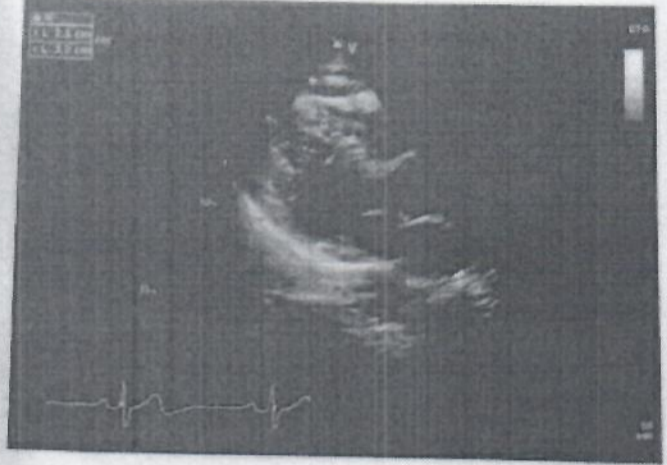


Image 3

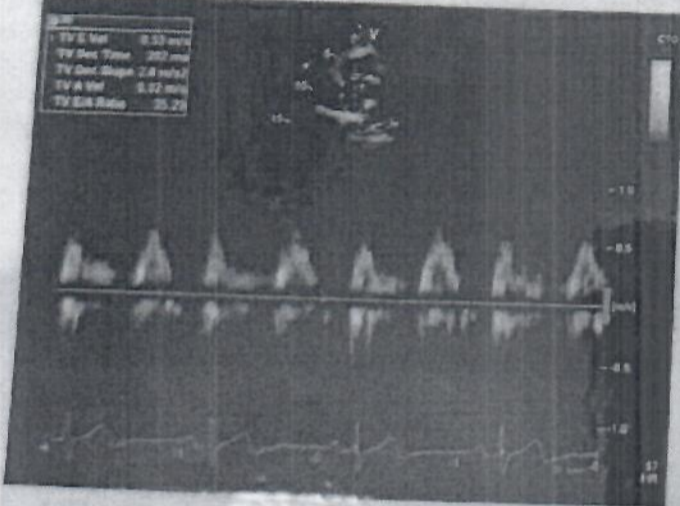


Image 4

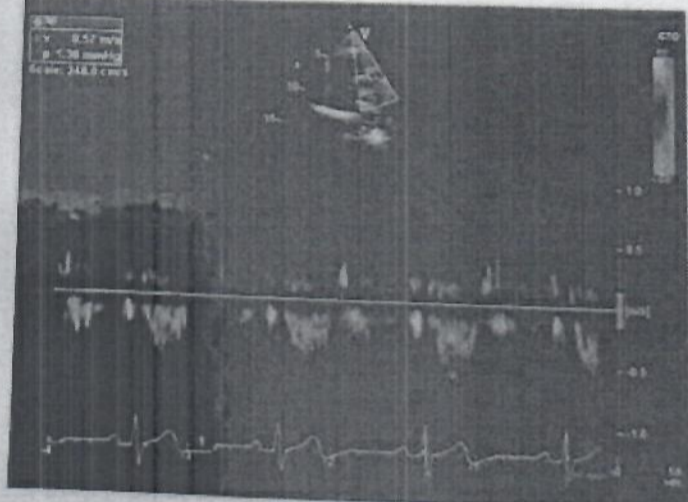
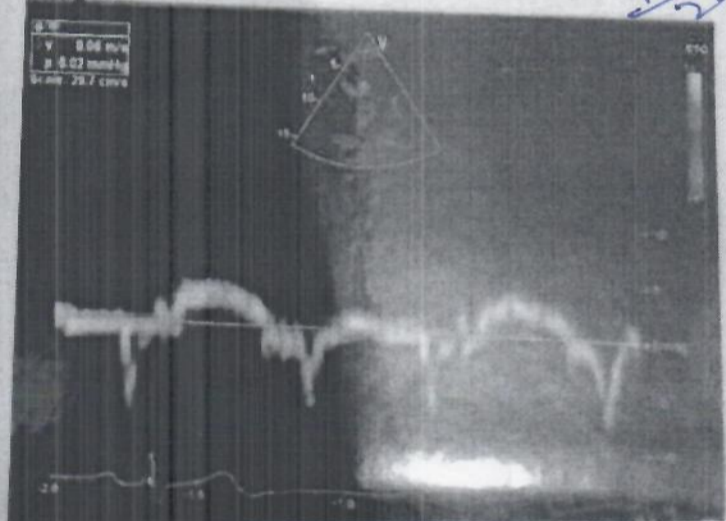


Image 5



Image 6



*Self Attached
29/1/17*

MAHAJAN IMAGING DEFENCE COLONY

Name SHARM, PREMVADA
Patient Id 81795
Age 63

Date 14/01/2017

Sex Female

Image 1

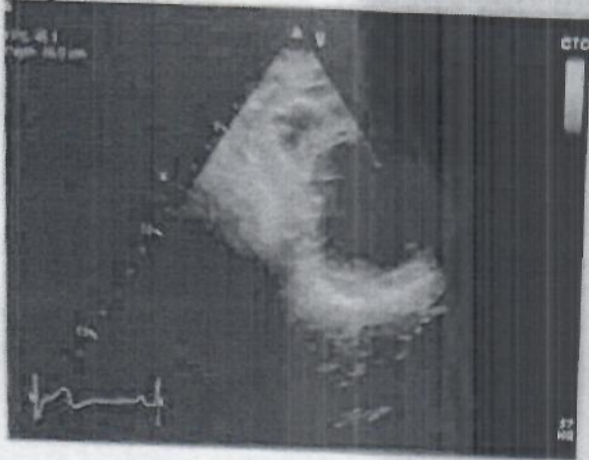


Image 2



Image 3



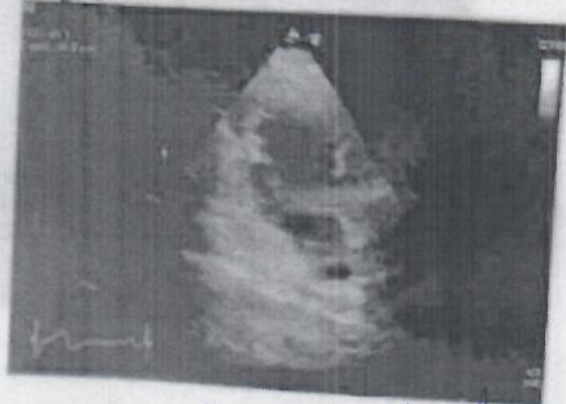
Image 4



Image 5



Image 6



Self Attached
29/1/17

Sex Female

Image 1

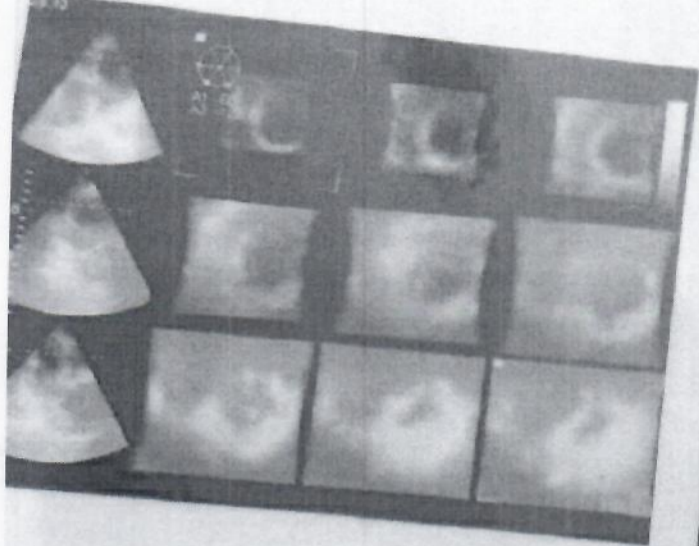


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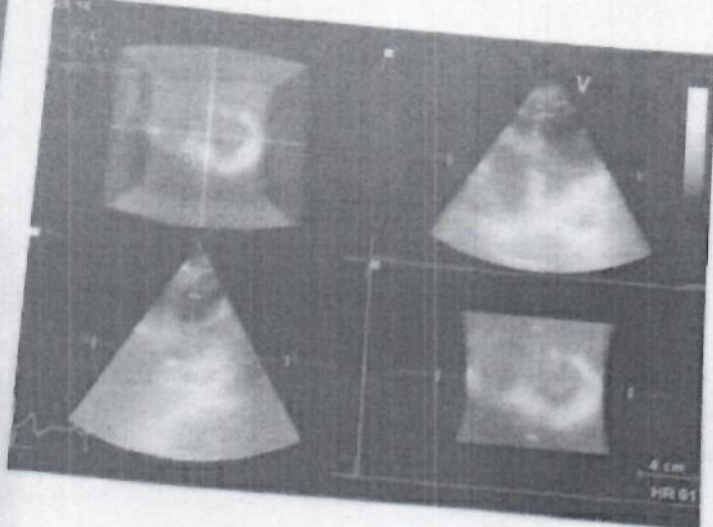


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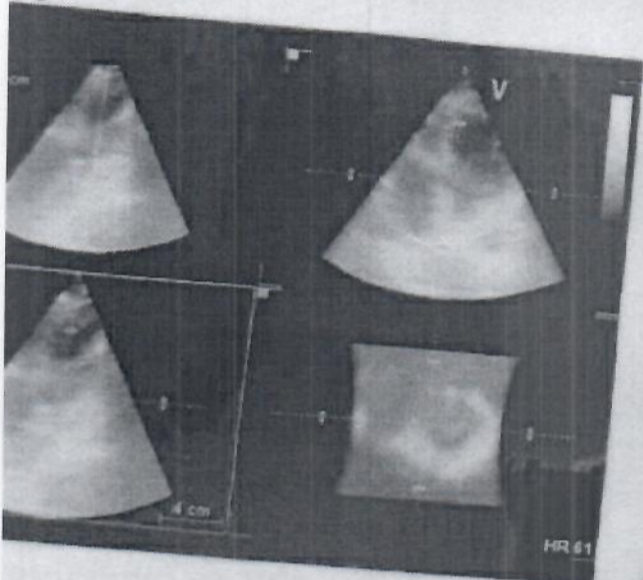


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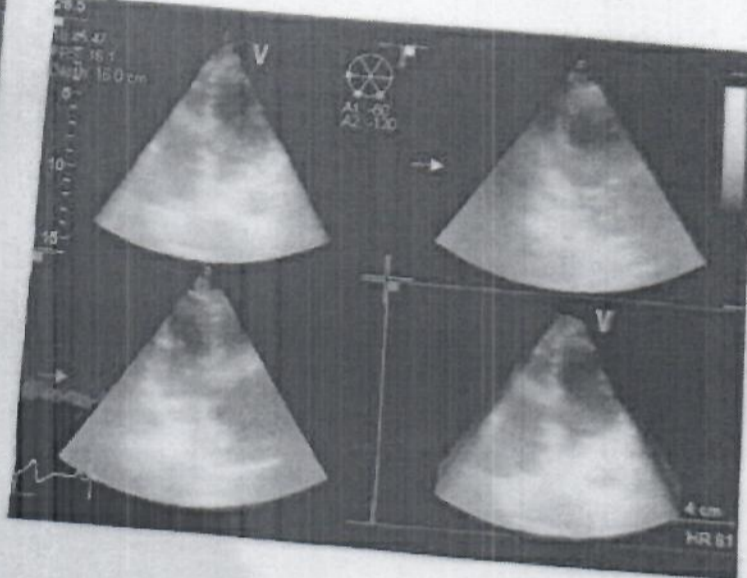
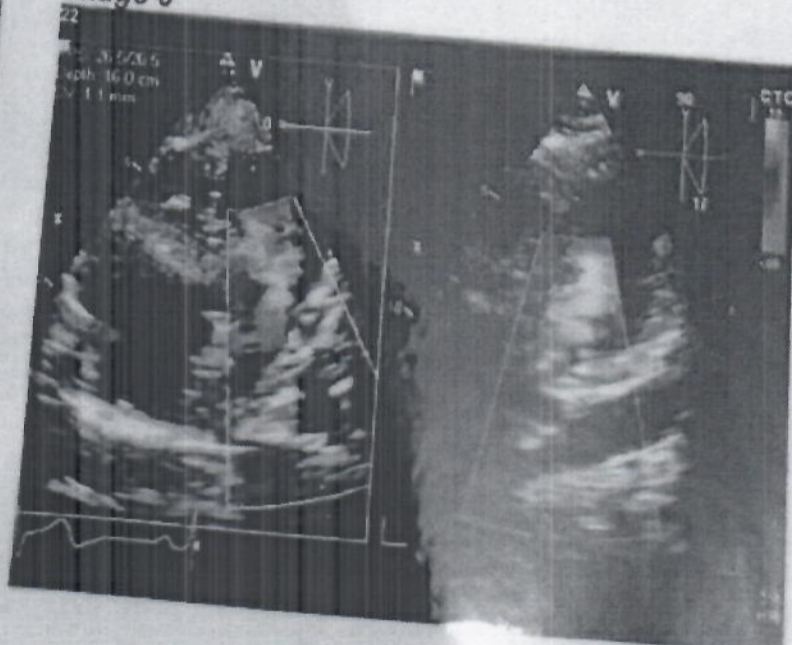
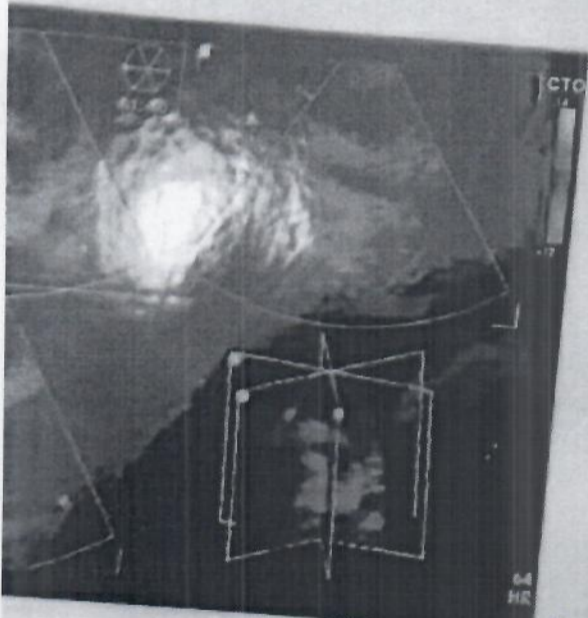


Image 6



Self Administered
for
29/1/79

MAHAJAN IMAGING DEFENCE COLONY

Name SHARM, PREMVADA
Patient Id 81795
Age 63

Date 14/01/2017

Sex Female

Image 1

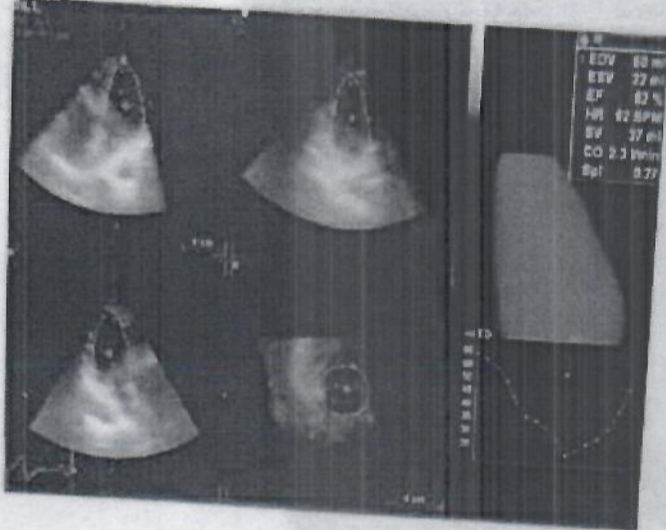


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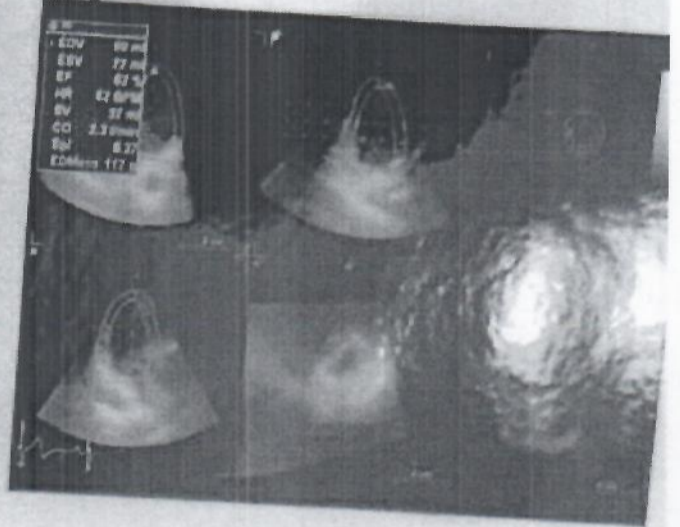


Image 3



Image 4

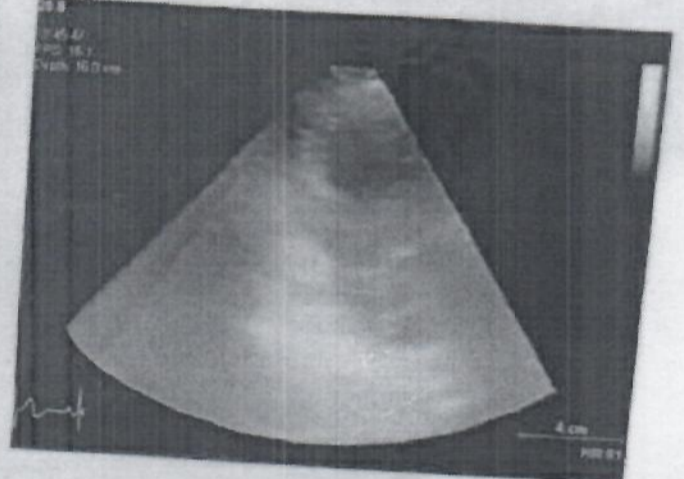


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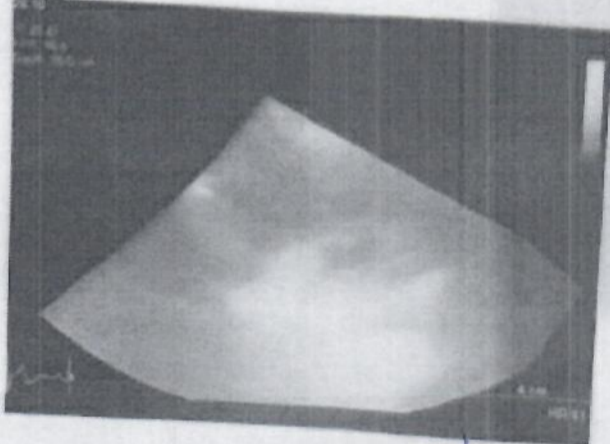
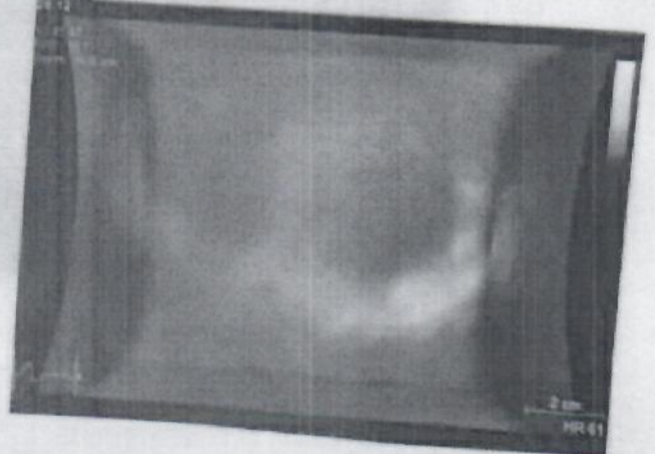


Image 6



Sent Anshul
✓
29/1/17

Image 1

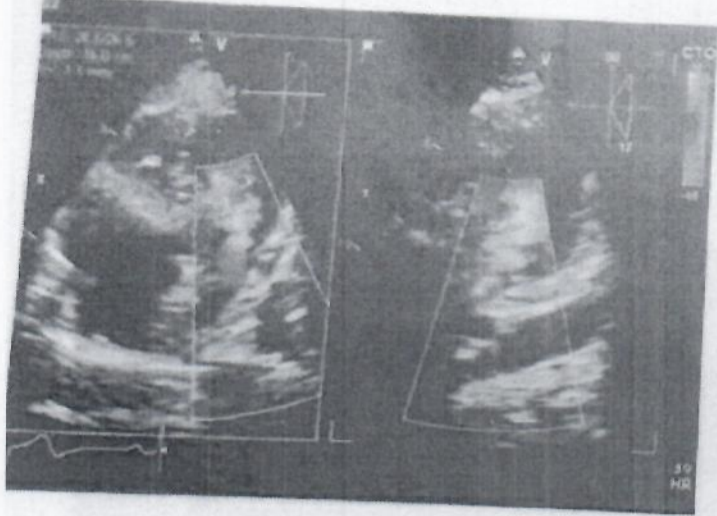


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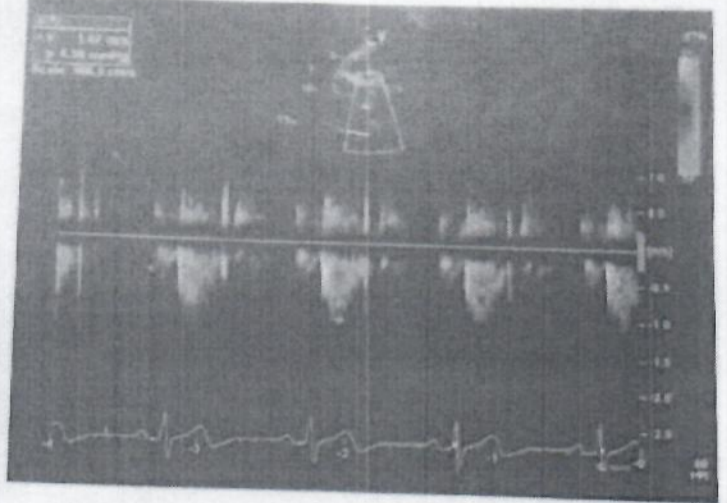


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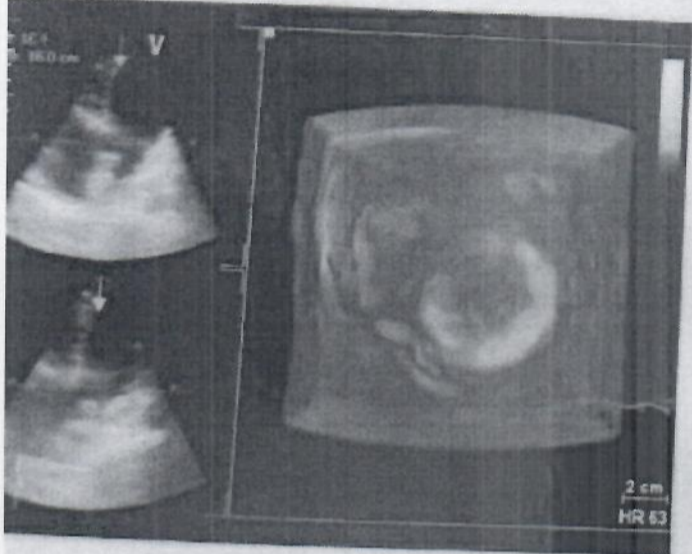


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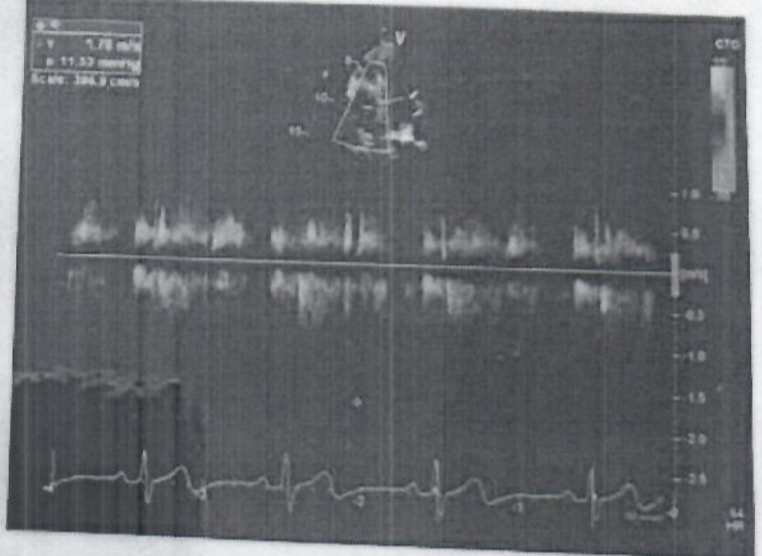


Image 5

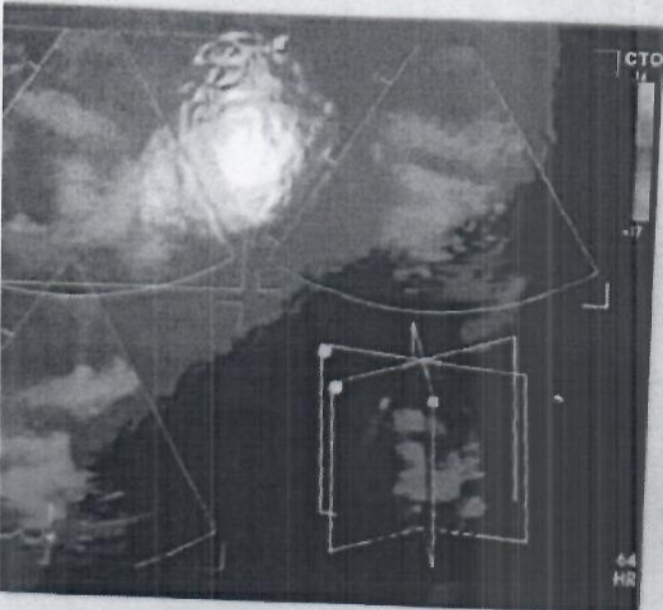
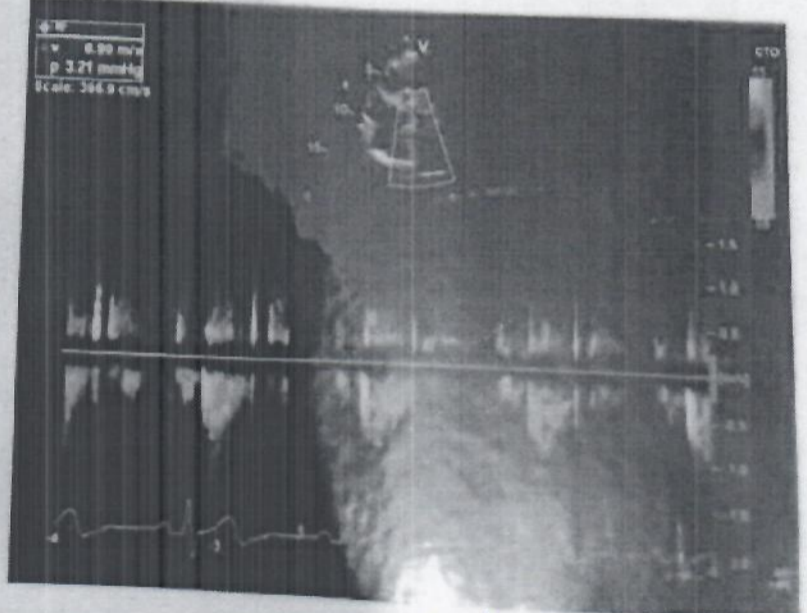


Image 6



Salt Adusted
 29/1/79

MAHAJAN IMAGING

From X-rays to Molecular Imaging

E-19, Defence Colony, Main Ring Road, New Delhi-24
☎ 011-49248000, info@mahajanimaging.com
www.mahajanimaging.com
CIN : U85199DL1999PTC101010



| | | | |
|--------------|------------------------|-------------|---------------|
| Patient Name | : MRS. PREMVADA SHARMA | Reg. Date | : 14/JAN/2017 |
| Age/Sex | : 63 YRS/F | Report Date | : 14/JAN/2017 |
| Referred By | : DR SANJEEV SINHA | Print Date | : 14/JAN/2017 |

RWMA - Absent

DOPPLER:

| | | | |
|-----------|-----------|----|-----|
| MV | 0.86m/sec | MR | 1/4 |
| TV | 0.53m/sec | TR | 1/4 |
| AV | 1.07m/sec | AR | 0/4 |
| PV | 0.57m/sec | PR | 0/4 |
| E/e ratio | 14.33 | | |

COLOUR FLOW MAPPING:

Trivial TR/MR noted

FINAL IMPRESSION:

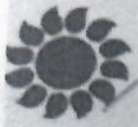
- Borderline concentric LVH noted.
- Trivial MR/TR noted.
- Grade-I LV diastolic dysfunction noted.
- Normal LV systolic function noted.
- No RWMA; LVEF=60%

Please correlate clinically.

Dr. Aashna Treohan
MBBS PGDCC Cardiology
Consultant- NIC (Cardiology)

Self Attestation
29/1/17

Note: (Echocardiography report given is that of the procedure done on that day and needs to be assessed in conjunction with the clinical findings. This is not for medico legal purposes. No record of this report is kept in the hospital).



| | | | |
|--------------|------------------------|-------------|---------------|
| Patient Name | : MRS. PREMVADA SHARMA | Reg. Date | : 14/JAN/2017 |
| Age/Sex | : 63 YRS/F | Report Date | : 14/JAN/2017 |
| Referred By | : DR SANJEEV SINHA | Print Date | : 14/JAN/2017 |

ECHOCARDIOGRAPHY & COLOR DOPPLER REPORT

| Measurements | Absolute Value | Normal |
|-----------------------|----------------|--------------------------------------|
| Aortic root diameter | 31 | Absolute /M2 20 -37 mm < 22mm /M2 |
| Aortic valve opening | N | |
| Left atrial dimension | 30 | 19 -40 mm < 22 mm /M2 |
| RV Dimension | N | 07 -26 mm |
| RV Thickness | N | 03 -09 mm |
| LV ED Dimension | 41 | 37 -56 mm < 32 mm /M2 |
| LV ES Dimension | 25 | 22 -40 mm |
| IVS Thickness | 11 | 06 -12 mm |
| LVPW Thickness | 11 | 05 - 11 mm |
| IVS / LVPW Ratio | N | |

| INDICES OF LV FUNC. | | |
|----------------------|---------------------|---------|
| EPSS | N | < 9 mm |
| FS % | N | 24-42 % |
| LV Ejection fraction | 60% | > 55 % |
| MV Dec T | 180ms | |
| MV Dec Slope | 4.8m/s ² | |

IMAGING: (FAIR ECHOGENIC WINDOW)

- LA/LV/RA/RV are all normal sized.
- **Borderline concentric LVH noted.**
- Mitral and aortic valves are essentially normal.
- **Trivial MR/TR noted with normal gradients.**
- **Grade-I LV diastolic dysfunction noted.**
- Normal LV systolic function noted
- No RWMA; LVEF=60%
- Normal pericardium seen.

*Self Attestd
Saini*

Cont.

L28 - Greater Noida
 SH.# G-18 to 21,
 114,115 & 116
 MSX T ALPHA 1, ALPHA COMMERCIAL BELT
 NOIDA

| | | | |
|--------------|-----------------------------------|-------------------------|-----------------------|
| Name : | CGHS-4313123.MS. PREAMVADA SHARMA | Collected : | 19/10/2019 11:13:00AM |
| Lab No. : | 150196093 | Age: 66 Years | Gender: Female |
| A/c Status : | P | Ref By : Dr. RAHUL PUNJ | Report Status : Final |
| | | Received : | 19/10/2019 11:14:50AM |
| | | Reported : | 19/10/2019 4:00:29PM |

| Test Name | Results | Units | Bio. Ref. Interval |
|---------------------------------------|----------|-------|--------------------|
| TYPHI DOT/ SALMONELLA TYPHI IgM (ICT) | Negative | | |

Note

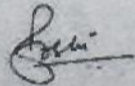
1. Low titre of IgM antibodies to S.typhi may persist for about 4 months post infection in endemic areas
2. All results to be clinically correlated

Comment

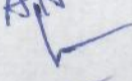
Accurate diagnosis of Typhoid fever at an early stage is not only important for etiological diagnosis, but also to identify and treat potential carriers and prevent acute typhoid fever outbreaks. The conventional Widal test detects antibodies to S.typhi in patient serum from the second week of onset of symptoms whereas early rising antibodies predominantly IgM in nature detected by this assay serve as a marker for recent infection.

Detectable IgM response

| Onset of fever | Percent positive |
|----------------|------------------|
| 4-6 days | 43.5 |
| 6-9 days | 92.9 |
| >9 days | 99.5 |



Dr Parul Joshi
 MD, Pathology
 Chief of Laboratory
 Dr Lal PathLabs Ltd

Sult Attached

 27/10/19

-----End of report-----



L28 - Greater Noida
SH# G-18 to 21,
114,115 & 116
MSX T ALPHA 1, ALPHA COMMERCIAL BELT
NOIDA

Name : CGHS-4313123.MS. PREAMVADA SHARMA
Lab No. : 150196012 Age: 66 Years Gender: Female
A/c Status : P Ref By : CGHS

Collected 22/10/2019 9:13:00AM
Received 22/10/2019 9:14:50AM
Reported 22/10/2019 3:57:43PM
Report Status Final

| Test Name | Results | Units | Bio. Ref. Interval |
|--|---------|-------|--------------------|
| GLUCOSE, FASTING (F), PLASMA (Hexokinase) | 96.00 | mg/dL | 70.00 - 100.00 |

Collected
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29/10/19





| | | | |
|--------------|------------------------|-------------|---------------|
| Patient Name | : MRS. PREMVADA SHARMA | Reg. Date | : 14/JAN/2017 |
| Age/Sex | : 63 YRS/F | Report Date | : 14/JAN/2017 |
| Referred By | : DR SANJEEV SINHA | Print Date | : 14/JAN/2017 |

ECHOCARDIOGRAPHY & COLOR DOPPLER REPORT

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| INDICES OF LV FUNC. | | |
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- Normal LV systolic function noted.
- No RWMA: LVEF=60%

Self Adjusted
H
20/1/17

Cont.../2.

L28 - Greater Noida
 SH # G-18 to 21,
 114,115 & 116
 MSX T ALPHA 1, ALPHA COMMERCIAL BELT
 NOIDA

Name : CGHS-4313123.MS. PREAMVADA SHARMA
 Lab No. : 150196094 Age: 66 Years Gender: Female
 A/c Status : P Ref By : Dr. RAHUL PUNJ

Collected : 19/10/2019 11:11:00AM
 Received : 19/10/2019 11:14:36AM
 Reported : 19/10/2019 6:44:58PM
 Report Status : Final

| Test Name | Results | Units | Bio. Ref. Interval |
|--|---------|-------|--------------------|
| LIVER PANEL 1; LFT,SERUM (Spectrophotometry) | | | |
| AST (SGOT) | 27 | U/L | <35 |
| ALT (SGPT) | 21 | U/L | <35 |
| AST ALT Ratio | 1.29 | | <1.00 |
| GGTP | 13 | U/L | <38 |
| Alkaline Phosphatase (ALP) | 96 | U/L | 30 - 120 |
| Bilirubin Total | 0.55 | mg/dL | 0.20 - 1.10 |
| Bilirubin Direct | 0.11 | mg/dL | <0.20 |
| Bilirubin Indirect | 0.44 | mg/dL | <1.10 |
| Total Protein | 7.17 | g/dL | 6.40 - 8.10 |
| Albumin | 3.91 | g/dL | 3.20 - 4.60 |
| A G Ratio | 1.20 | | 0.90 - 2.00 |

Self Alt-st-1
29/10/19

Note

- In an asymptomatic patient, Non alcoholic fatty liver disease (NAFLD) is the most common cause of increased AST, ALT levels. NAFLD is considered as hepatic manifestation of metabolic syndrome.



test results are alarming or unexpected, client is advised to contact the laboratory immediately for possible remedial action @ Tests conducted at Referral Lab.