

OP Case Sheet

Dr. Ramya Jothi.M M.B.B.S; M.S.OG; MRCOG;
Consultant Obstetrician and Gynaecologist
(Specialist in Ultrasound, Laparoscopy & Infertility)



OP No: E-1

Name: Lalita Driyadharshani

Age: 31 Gender: M F Date: 24/06/23 Time: 5:18 (PM)

Vitals

Pulse 94 bpm; BP 144/68 mmhg; Temp 97.4 °F; Resp. Rate _____ / min;
Weight 69 kg; Height _____ cm; BMI _____ O2 Sat 98 %

Consciousness: Alert Responds to: Verbal Stimulus Pain Unresponsive

Past History

Nill HT DM Asthma IHD Kidney dis Others

Allergies:

Past Surgical History:

A₂ - 1 MTP
1 year; 19-8 weeks
For Fetal anomalies not seen.

Current Medication:

LMP:
May, 1st 2023
Last period: 28 days cycle.
Regular;
4 day: normal bleed.

Doctor Notes:

20/7/23

abt of vomiting -

comes for NT scan

MULTISPECIALITY HOSPITAL

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Blayup
19/02/2024

Diagnosis:

OP VALID TILL ONE WEEK

Investigations Available:

Investigations Ordered:

29/7/23 Double mark

→ UPT;

29/7 → Antenatal package
TORCH PANEL.

Medication: DRUG Name	Dose	Route	Frequency	M	A	E	N	Duration	Remarks
T. nitro-gem	1			✓				a 3rd.	
T. chrop	arrowg						M	today	
T. dydrochlor	10mg			✓			M		
Pray. BHCG 5000 U i.m. stat.									
<u>29/7/23 T. ergoni</u>	75mg				M			1 3rd	
<u>29/7/23 T. vitagmet</u>	1			✓				today	
T. chrop	1						M		
T. dydrochlor	1			✓		M		3rd	

Diet / Other Advice: T. ergoni 15mg.

Disposition: OP Admitted Referred out Time: Sign.of. Doctor

Review:

01/07/23 E-②

BP: 115/70

PR: 85

SpO2: 98.1

TEMP: 96.0°F

5241

20/07/23 E-05

BP: 105/70

SpO2: 99

Pulse: 94

Temp: 97.0°F

Weight: 62.8 kg.

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Bayer
17/07/24

Sign.of.Doctor

MITRA Multispeciality Hospital

+91 9989 105 108 DR Guest House, Near HDFC Bank, KALAHASTI Road, Tadka

OBSTETRICS USG FIRST TRIMESTER



Name:	Mrs. Lalita.	Date:	24/6/23
Age:	31/F	Mobile:	Time :

FINDINGS

BLADDER : filling (N)

UTERUS : antenatal

GESTATIONAL SAC : SHVA. 1.95 - 6W6d. TAC

CRL : 0.54 cm 6w2d.

CARDIAC ACTIVITY : 139 bpm.

YOLK SAC : 3.8 mm.

CERVIX : 3.9 cm

R/L 10 w.

20/22/7/23.

IMPRESSION:

SHVA. 6w2d.


Authorized Signature

DECLARATION : I Declare that while conducting USG the sex of the Fetus was not revealed in any manner

DISCLAIMER : 1) All Anomalies Can not be ruled out on USG due to mechanical limitations, maternal factors -(amount of liquor, obesity, Advanced - Gest.age) fetal factors (Position, late Appearance of few Anomalies)
2) Absence of Anomaly on USG doesn't absolutely rule out possibility of having one

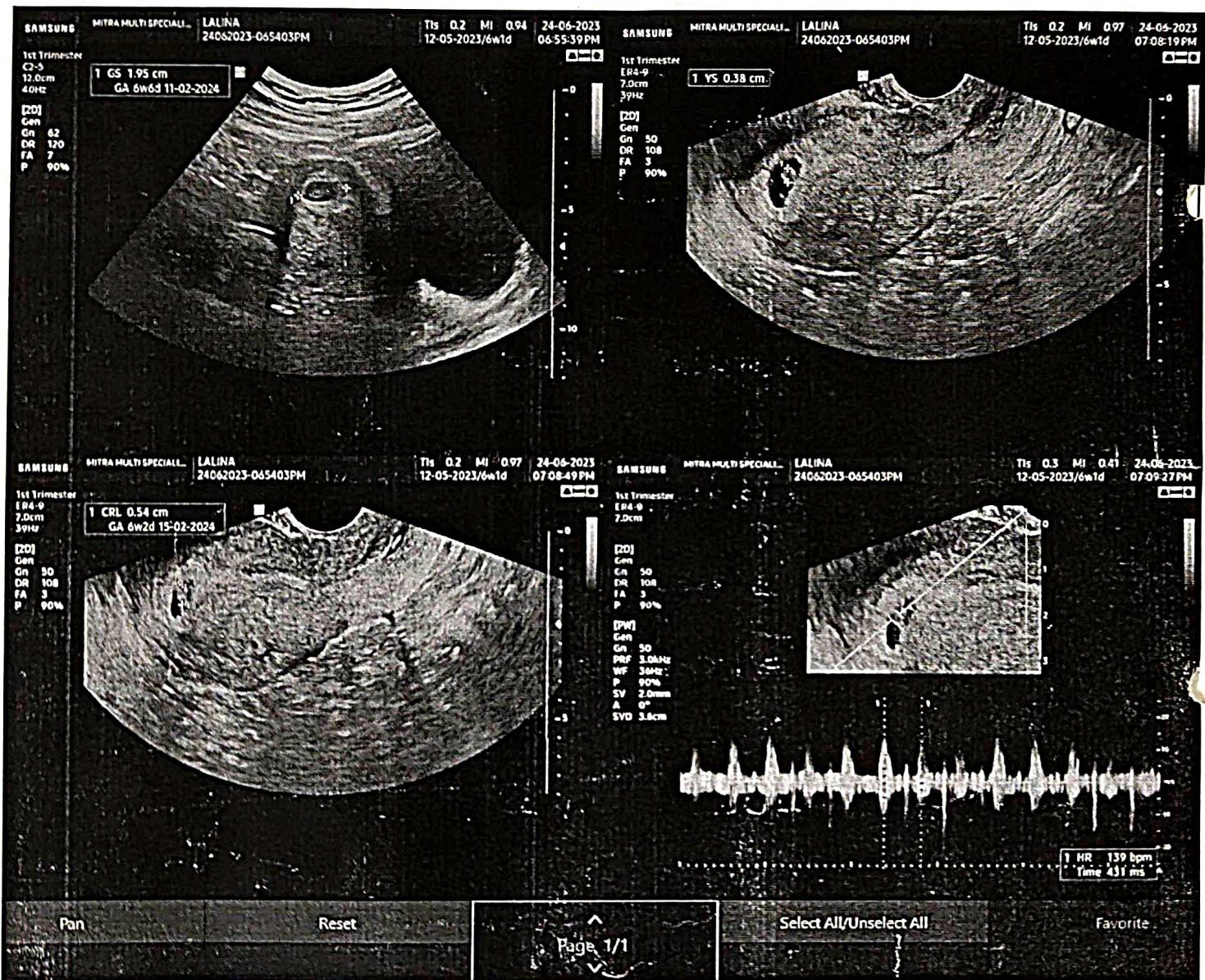
DR Guest House, Near HDFC Bank, KALAHASTI Road, Tada,
Andhra Pradesh , 524401

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Blaizam 19/02/2024





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Blaayat
12/02/2024



LARASSE CLINICAL LAB

ஏரஸை குரைகல் லாப்டரி

D.R.Guest House, Near HDFC Bank, Sri Kalahasti Road,
TADA-524401, Thirupathi dt.

HAEMATOLOGY

HAEMOGLOBIN	(M) 14-18 gms/dl
HAEMOGLOBIN	(F) 12-14 gms/dl
R.B.C. Count	4.5 to 6.0 millions/cumm
P.C.V.	(M) 42-48%
P.C.V.	(F) 37-42%
T.W.B.C. Count	4000 - 11,000 / cumm
D.C.	

NEUTROPHILS	50-70%
LYMPHOCYTES	20-40%
EOSINOPHILS	1-4%
MONOCYTES	1-7%
BASOPHILS	0-1%
E.S.R.	0-9 MM/1hour
A.E.C.	40-440 cekks / cumm
PLATE LET COUNT	1.5 - 4.0 lakhs / cumm
BLEEDING TIME	2-4 minits
CLOTTING TIME	3-7 minits
SMEAR FOR M.P. (QBC)	
SMEAR FOR M.F	
BLOOD GROUP	
RH TYPE	

SEROLOGY

WIDAL TEST	
SALMONELLA TYPHI 'H'	Dilutions
SALMONELLA TYPHI 'O'	Dilutions
S. PARATYPHY A(H)	Dilutions
S. PARATYPHY B(H)	Dilutions
BLOOD FOR VDRL	
RA FACTOR	
AOS TITRE	
C.R.P.: S SCRUB THYPUSS IgM:	
HBs Ag	
V.A.B.	
MANTOUX TEST (PPD)	
DENGUE IgG/IgM(NS1Ag)	
PREGNANCY TEST	
PREG COLOUR TEST	Positive

We undertake all types of Bio-Chemistry, Clinical Pathology, Haematology, Micro Biology and Serology Investigations

Name of the Patient : Lalina Priyadarshini

Age : 31

Sex : F

Referred by Dr. Damya Jothi gari

BIO CHEMISTRY

914

BLOOD SUGAR (F)	70-110 mg/dl
BLOOD SUGAR (P.P)	100-160 mg/dl
BLOOD SUGAR (R)	80-140 mg/dl
BLOOD UREA	10-40 mg/dl
SERUM CREATININE	(M) 0.7-1.4 mg/dl
SERUM CREATININE	(M) 0.8-1.2 mg/dl
S. URIC ACID	3.5-7.0 mg/dl

LIPID PROFILE

SERUM CHOLESTROL	140-240 mg/dl
TRIGLYCERIDES	40-160 mg/dl
H.D.L. CHOLESTEROL	30-70 mg/dl
L.D.L. CHOLESTEROL	upto 150 mg/dl
V.L.D.L. CHOLESTEROL	upto 30mg/dl

L.F.T.

SERUM BILIRUBIL (Total)	0.2 - 1.0 mg/dl
DIRECT BILIRUBIN	upto 0.4 mg/dl
INDIRECT BILURUBIN	0.2-0.8 mg/dl
SGOT	
SGPT	
ALKALINE PHOSPHATASE	

URINE EXAMINATION

ALBUMIN	
SUGAR	
BILE SALTS	
BILE PIGMENTS	
KETONE BODIES	
PUS CELLS	
R.B.C.	
SPITHELIAL CELLS	
CASTS	
CRYSTALS	
OVA	
CYST	
BENEDICTS	
OCCULT BOOD	
OTHERS	

FACES EXAMINATION

DATE	
	TECHNOLOGIST

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29/4/23

To do trouble maker.

- Buy. TT o. board in star
- T. dry bathoon long ✓ → ✗ today
- T. chop 200g → ✓ ✗ today.
- T. aspiri 45mg → ✓ ✗ today.
- T. Tencal sum ✓ → ✗ today.
- T. afternoon → ✓ ✗ today



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B Jayal 19/02/2024



LARASSE CLINICAL LAB

Name : Lalina Priyadarshini

Bill No : 9

Age : 31y / Female

Date : 29/06/2023

Doctor : Sri.Dr.Ramya Jyothi Garu MBBS,MS,O

S.No	Test Name	Results	Units	Ref. Range
BIO - CHEMISTRY				
1	S.Creatinine	: 0.9	mg/dl	05-1.5
2	UREA	: 20.6	mg/dl	14-40
3	S.Uric Acid	: 4.6	mg/dl	2.5-7.0
4	Hb A1C	: 4.1		<7.0
HEMATOLOGY				
5	BLOOD GROUP & Rh : Type <u>Complete Blood Picture</u>	: "B"(+)Ve		
6	T.L.C. Count	: 7500	Cells/cmm	4000-11000
7	Differential Count	:		
8	Poly Morphs	: 51	%	40-65
9	Lymphocytes	: 27	%	25-40
10	Eosinophils	: 10	%	1-6
11	Monocytes	: 12	%	2-4
12	Basophils	: 00	%	0-1
13	Haemoglobin	: 11.1	g/dl	M-13.5-18.0,F-12-16.5
14	Platelet Count	: 3.11	Lakhs/cmm	1.5-4.0
15	P C V	: 33.1	%	M-39-54,F-34-48
16	R B C .Count	: 4.39	Milli/cmm	M-4.5-6.0,F-3.9-5.4
17	M C V	: 75.3	fL	76-96
18	M C H	: 25.3	uug	26.32
19	M C H C	: 33.6	%	31-36
SEROLOGY				
20	H.I.V I&II (TRI - DOT)	: Negative		
21	H C V (TRI - DOT)	: Negative		
22	HBs Ag (Rapid)	: Negative		

Lab Technologist

----- End of Report -----

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+91 94418 69179



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Blayech

19/02/2024

BRANCHES
Naidupeta - Kota - Tada



Larasse Clinical Lab

Regional Laboratory - Rai Towers, Ground Floor, No.63,
First Avenue, 100 Feet Road, Ashok Nagar,
Chennai-600083
Ph : 04442129028

Patient Name : Mrs. LALINA PRIYADHARSHINI
 Age and Sex : 31 Yrs / Female
 Referring Doctor : NA
 Referring Customer : MITRA HOSPITAL
 Vial ID : N0674053
 Sample Type : Serum
 Client Address :

Reg. No. : 00792306250069
 PCC Code : PCL-AP-177A
 Sample Drawn Date : 25-Jun-2023 09:00 AM
 Registration Date : 25-Jun-2023 05:23 PM
 Report Date : 25-Jun-2023 06:23 PM
 Report Status : Final Report

CLINICAL BIOCHEMISTRY

Test Name	Obtained Value	Units	Bio. Ref. Intervals (Age/Gender specific)	Method
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Thyroid Profile

Tri-Iodothyronine Total (TT3)	174.83	ng/dL	35-193	CLIA
Thyroxine - Total (TT4)	10.44	μg/dL	4.6-10.5	CLIA
Thyroid Stimulating Hormone (TSH)	1.59	μIU/mL	0.4-4.2	CLIA

Pregnancy			
	TSH(μIU/mL)	TT3(ng/dL)	TT4(μg/dL)
1 Trimester	0.10-2.50	89.9-196.6	4.4-11.5
2 Trimester	0.2-3.00	86.1-217.4	4.9-12.2
3 Trimester	0.3-3.00	79.9-186	5.1-13.2

Interpretation:

- Assay results should be interpreted in context to the clinical condition and associated results of other investigations.
- Previous treatment with corticosteroid therapy may result in lower TSH levels while Thyroid hormone levels are normal.
- Results are invalidated if the client has undergone a radionuclide scan within 7-14 days before the test.
- Abnormal thyroid test findings often found in critically ill clients should be repeated after the critical nature of the condition is resolved.
- The production, circulation, and disposal of Thyroid hormone are altered throughout the stages of pregnancy.
- Hyperthyroidism (overactive thyroid):**
Hyperthyroidism (overactive Thyroid) occurs when your thyroid gland produces too much of the hormone Thyroxine. Hyperthyroidism can accelerate your body's metabolism, causing unintentional weight loss and a rapid or irregular heartbeat.
- Hypothyroidism (underactive thyroid):**
Hypothyroidism (underactive thyroid) is a condition in which your thyroid gland doesn't produce enough of certain crucial hormones. Hypothyroidism may not cause noticeable symptoms in the early stages. Over time, untreated Hypothyroidism can cause a number of health problems, such as obesity, joint pain, infertility and heart disease.

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Bhayak
12/02/2024

Policy



9441752153, 9441859179



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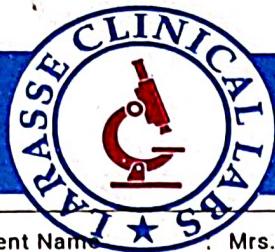
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Page 1 of 2

R. Akhilesh

DR. AKHILESH R.
MBBS. MD - PATHOLOGY

possible remedial action.



Regional Laboratory - Rai Towers, Ground Floor, No:63
First Avenue, 100 Feet Road, Ashok Nagar,
Chennai - 600083
Ph: 044-2229028

Larasse Clinical Lab

Patient Name : Mrs. LALINA PRIYADHARSHINI
Age and Sex : 31 Yrs / Female
Referring Doctor : NA
Referring Customer : MITRA HOSPITAL
Vial ID : N0674053
Sample Type : Serum
Client Address :

Reg. No. : 00792306250069
PCC Code : PCL-AP-177A
Sample Drawn Date : 25-Jun-2023 09:00 AM
Registration Date : 25-Jun-2023 05:23 PM
Report Date : 25-Jun-2023 07:07 PM
Report Status : Final Report

IMMUNOLOGY AND SEROLOGY

Test Name	Obtained Value	Units	Bio. Ref. Intervals (Age/Gender specific)	Method
TORCH 10 PROFILE (IgG&IgM)				
Toxoplasma gondii IgG Antibody	11.700	IU/mL	<0.81:Negative 0.81-1.21 Equivocal >1.21 :Positive	CLIA
Toxoplasma gondii IgM Antibody	0.830	AU/mL	Neg: < 2, Gray Zone: 2 - 2.6, Pos: > 2.6	CLIA
Rubella Virus IgG Antibody	0.583	IU/mL	0 - 2	CLIA
Rubella Virus IgM Antibody	0.260	AU/mL	Neg: < 2, Gray Zone: 2 - 3.0, Pos: > 3.0	CLIA
Cytomegalovirus IgG Antibody	5.530	AU/mL	0 - 2	CLIA
Cytomegalovirus IgM Antibody	0.760	AU/mL	Neg: < 2, Gray Zone: 2 - 4.2, Pos: > 4.2	CLIA
Herpes Simplex Virus 1 IgG Antibody	39.200	IU/mL	0 - 2	CLIA
Herpes Simplex Virus 1 IgM Antibody	0.980	AU/mL	Neg: < 2, Gray Zone: 2 - 4.0, Pos: > 4.0	CLIA
Herpes Simplex Virus 2 IgG Antibody	0.810	AU/mL	0 - 2	CLIA
Herpes Simplex Virus 2 IgM Antibody	0.430	AU/mL	Neg: < 2, Gray Zone: 2 - 4.0, Pos: > 4.0	CLIA

Comments:

Toxoplasma gondii IgG Antibody - The Chemiluminescent Immunoassay(CLIA) is for qualitative determination of IgG-class antibodies to Toxoplasma gondii in human serum. The border-line samples should be retested with a fresh sample. The serum sample obtained during the acute phase of infection, when only IgM antibodies are present, may be negative by this test. The test results must be interpreted in conjunction with the patient clinical information and other laboratory results.

Toxoplasma gondii IgM Antibody - The Chemiluminescent Immunoassay(CLIA) is for qualitative determination of IgM-class antibodies to Toxoplasma gondii in human serum. The border-line samples should be retested with a fresh sample. The test results must be interpreted in conjunction with the patient clinical information and other laboratory results.

Rubella Virus IgG Antibody - The Chemiluminescent Immunoassay(CLIA) is for qualitative determination of IgG-class antibodies to Rubella in human serum. This assay is used for qualitative determination of IgG-class antibodies to Rubella virus in human serum. Primary in utero Rubella infections can lead to severe sequelae for the fetus, particularly if infection occurs within the first 4 months of gestation. Congenital Rubella syndrome is often associated with hearing loss, cardiovascular and ocular defects. Serum samples drawn early during acute phase of infection may be negative for IgG-class antibodies to this virus. The presence of anti-Rubella-IgG antibodies does not exclude the possibility of a recent or ongoing infection. Testing for IgM-class antibodies to Rubella should be performed and if required Rubella avidity should be tested for IgG antibodies. The border-line samples should be tested with fresh sample preferably after 2-4 weeks for determining correct status of patient. The serum sample obtained during the acute phase of infection, when only IgM antibodies are present, may be negative by this test. The test results must be interpreted in conjunction with the patient clinical information and other laboratory results. Avidity testing is recommended if clinically relevant.

Rubella Virus IgM Antibody - The Chemiluminescent Immunoassay(CLIA) is for qualitative determination of IgM-class antibodies to Rubella in human serum. This assay is used for qualitative determination of IgM-class antibodies to Rubella virus in human serum. Primary in utero Rubella infections can lead to severe sequelae for the fetus, particularly if infection occurs within the first 4 months of gestation. Congenital Rubella syndrome is often associated with hearing loss, cardiovascular and



R. Akhilesh

DR. AKHILESH R.
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Page 2 of 2

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Regional Laboratory - Raj Towers, Ground Floor, No:63,
First Avenue, 100 Feet Road, Ashok Nagar,
Chennai - 600080
Ph. - 04442129028

Larasse Clinical Lab

Patient Name : Mrs. LALINA PRIYADHARSHINI
 Age and Sex : 31 Yrs / Female
 Referring Doctor : NA
 Referring Customer : MITRA HOSPITAL
 Vial ID : N0674053
 Sample Type : Serum
 Client Address :

Reg. No. : 00792306250069
 PCC Code : PCL-AP-177A
 Sample Drawn Date : 25-Jun-2023 09:00 AM
 Registration Date : 25-Jun-2023 05:23 PM
 Report Date : 25-Jun-2023 07:07 PM
 Report Status : Final Report

IMMUNOLOGY AND SEROLOGY

Test Name	Obtained Value	Units	Bio. Ref. Intervals (Age/Gender specific)	Method
Cytomegalovirus IgG Antibody				
Cytomegalovirus IgM Antibody				
Herpes Simplex Virus 1 IgG Antibody				
Herpes Simplex Virus 1 IgM Antibody				
Herpes Simplex Virus 2 IgG Antibody				
Herpes Simplex Virus 2 IgM Antibody				

ocular defects. In recent infections detection of specific IgM antibodies in a serum sample collected within the first few days after rash onset can provide evidence of a current or recent Rubella virus infection. However, IgM may persist for longer period along with appearance of IgG antibodies therefore it is important to distinguish IgM reactivity caused by primary infection from that caused by IgM persistence or cross-reactivity with other antigens. The border-line samples should be retested with a fresh sample. The specimen collected earlier than 5 days after onset of symptoms may not contain sufficient IgM antibody to be positive in the test. The test results must be interpreted in conjunction with the patient clinical information and other laboratory results.

Cytomegalovirus IgG Antibody - The Chemiluminescent Immunoassay(CLIA) is for qualitative determination of IgG-class antibodies to Cytomegalovirus in human serum. In early phase of acute infection CMV IgG antibodies may be negative and it is recommended to test simultaneously for IgM class of antibodies. The border-line samples should be retested with a fresh sample at an interval of 2 to 4 weeks. A significant increase in anti CMV IgG titer is indicative of recent infection or reactivation of a latent infection. It is useful to test the avidity of IgG class antibody as it has been shown that avidity is low in acute phase testing and increase over a period of time. The test results must be interpreted in conjunction with the patient clinical information and other laboratory results.

Cytomegalovirus IgM Antibody - The Chemiluminescent Immunoassay(CLIA) is for qualitative determination of IgM-class antibodies to Cytomegalovirus in human serum. Positive CMV IgM results indicate a recent infection primary infection , reactivation of earlier infection or in reinfection. IgM antibody response in secondary (reactivation) CMV infections may be seen in occasionally in mononucleosis patients, pregnant women, and transplant patients. Equivocal CMV IgM results may occur during acute infection or may be due to nonspecific binding reactions. Repeat testing after 10 – 14 days is recommended if clinically indicated. Sera drawn very early during the acute stage of infection may have undetectable levels of cytomegalovirus(CMV) IgM. In immunocompromised patients impaired immune response may be responsible for nonreactive IgM due to delayed seroconversion and does not rule out recent infections. CMV IgM antibodies should not be used as sole test for diagnosing CMV. Results should be interpreted in light of clinical presentation and other laboratory findings.

Herpes Simplex Virus 1 IgG Antibody - The Chemiluminescent Immunoassay(CLIA) is for qualitative determination of IgG-class antibodies to Herpes Simplex Virus Type1 in human serum. The border-line samples should be retested with a fresh sample. The serum sample obtained during the acute phase of infection, when only IgM antibodies are present, may be negative by this test. The test results must be interpreted in conjunction with the patient clinical information and other laboratory results. The Herpes simplex 1 specific IgG is important to establish the serological state of the patient.

Herpes Simplex Virus 1 IgM Antibody - The Chemiluminescent Immunoassay(CLIA) is for qualitative determination of IgM-class antibodies to Herpes Simplex Virus Type1 in human serum. The border-line samples should be retested with a fresh sample. The test results must be interpreted in conjunction with the patient clinical information and other laboratory results. The assay of specific IgM is important for the diagnosis of neonatal infection and encephalitis caused by HSV. The presence of specific IgM indicates viral activity in progress and it is not possible to distinguish between primary infection and reactivation.

Herpes Simplex Virus 2 IgG Antibody - The Chemiluminescent Immunoassay(CLIA) is for qualitative determination of IgG-class antibodies to Herpes Simplex Virus Type2 in human serum. The border-line samples should be retested with a fresh sample. The serum sample obtained during the acute phase of infection, when only IgM antibodies are present, may be negative by this test. The test results must be interpreted in conjunction with the patient clinical information and other laboratory results. The Herpes simplex 2 specific IgG is important to establish the serological state of the patient.

Herpes Simplex Virus 2 IgM Antibody - The Chemiluminescent Immunoassay(CLIA) is for qualitative determination of IgM-class antibodies to Herpes Simplex Virus Type 2 in human serum. The border-line samples should be retested with a fresh sample. The test results must be interpreted in conjunction with the patient clinical information and other laboratory results. The assay of specific IgM is important for the diagnosis of neonatal infection and encephalitis caused by HSV. The presence of specific IgM indicates viral activity in progress and it is not possible to distinguish between primary infection and reactivation.

Correlate Clinically.

Result rechecked and verified for abnormal cases.

*** End Of Report ***



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DR. AKHILESH R.
MBBS, MD - PATHOLOGY

Page 3 of 3

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OBSTETRICS USG

FIRST TRIMESTER



Name: Mrs. Falima.	Date: 00/04/23
Age: 31F. Mobile:	Time :

FINDINGS

BLADDER : Filling (N)

UTERUS : Anteverted

GESTATIONAL SAC : SHUG.

CRL : 4.10cm - 11W1d.

CARDIAC ACTIVITY : 162 bpm - regular NT - 0.12cm

YOLK SAC : 4.6 mm

CERVIX : 3.87 cm

IMPRESSION:

STO

11W1d

Authorized Signature

DECLARATION : I Declare that while conducting USG the sex of the Fetus was not revealed in any manner

DISCLAIMER : 1) All Anomalies Can not be ruled out on USG due to mechanical limitations, maternal factors -(amount of liquor, obesity, Advanced - Gest. age) fetal factors (Position, late Appearance of few Anomalies)
2) Absence of Anomaly on USG doesn't absolutely rule out possibility of having one

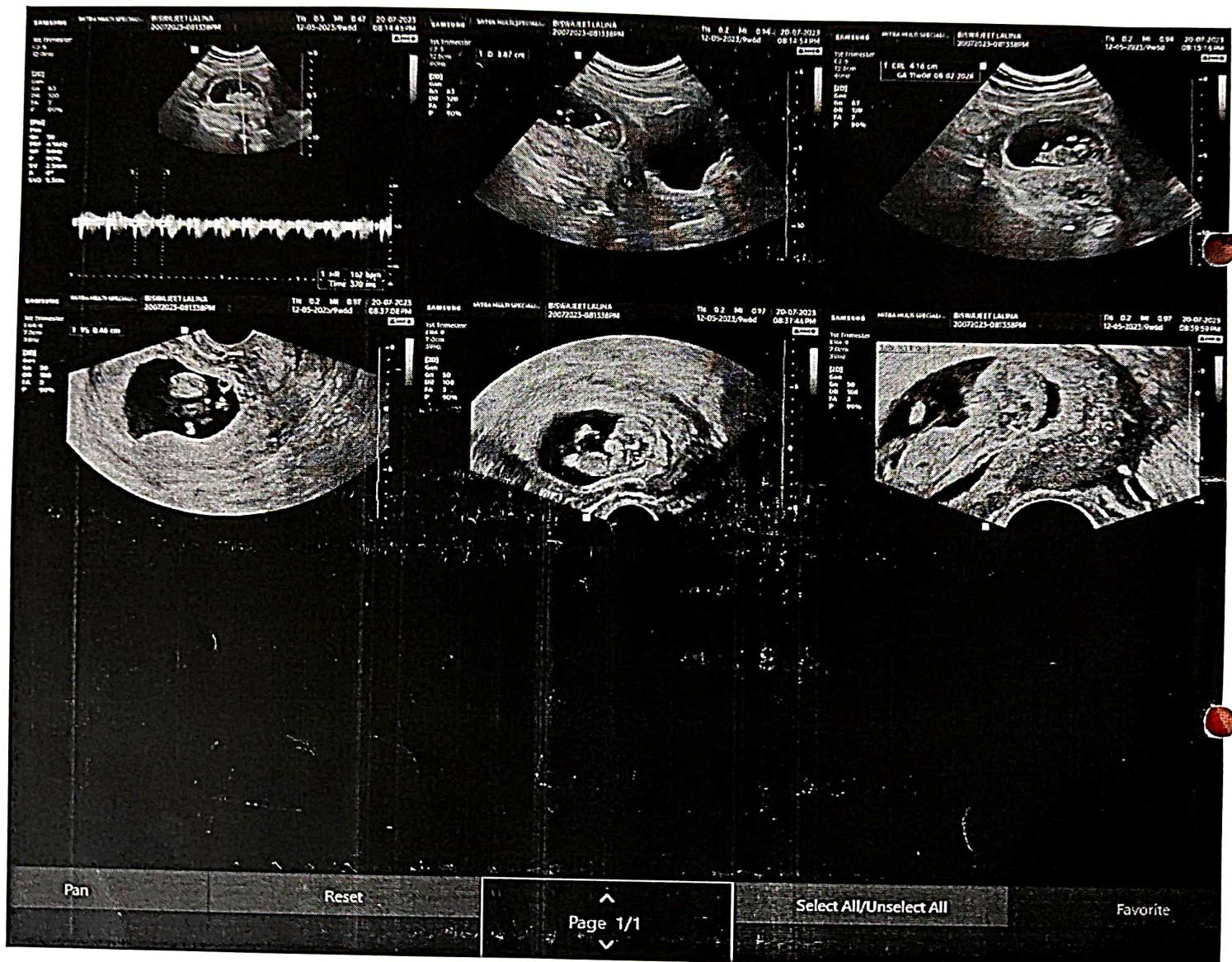
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Andhra Pradesh , 524401

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మిత్ర మెడిస్చినాలిటీస్ హాస్పిటల్

claimed for United India Insurance Co. Ltd under VERIZON GROUP policy Blayal
19/02/2024



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Policy

Bhayal
19/02/2024



Pathcare Labs Pvt Ltd

Larasse Clinical Lab

Printed

5-9-013

Date of report: 31-Jul-23

Patient data		
Name Birthday Age at delivery Gestational age	Mrs. LALINA 18-Jul-91 32.6 12 + 1	Patient ID Sample ID Sample Date
00792307300070 M0693913 30-Jul-23		
Correction factors		
Fetuses Weight Smoker	1 62 no	IVF diabetes Origin no Asian
Previous trisomy 21 pregnancies unknown		
Biochemical data		
Parameter PAPP-A fb-hCG	Value 1.6 mIU/ml 50.1 ng/ml	Corr. MoM 0.50 1.22
Ultrasound data		
Risks at term		Gestational age Method Scan date
Age risk Biochemical T21 risk Combined trisomy 21 risk Trisomy 13/18 + NT	1:675 1:513 1:2071 <1:10000	Crown rump length in mm Nuchal translucency MoM Nasal bone Sonographer Qualifications in measuring NT
10 + 5 CRL Robinson 20-Jul-23 41 1.04 unknown NA MD		
Trisomy 21		
<p>The calculated risk for Trisomy 21 (with nuchal translucency) is below the cut off, which indicates a low risk.</p> <p>After the result of the Trisomy 21 test (with NT) it is expected that among 2071 women with the same data, there is one woman with a trisomy 21 pregnancy and 2070 women with not affected pregnancies.</p> <p>The calculated risk by PRISCA depends on the accuracy of the information provided by the referring physician. Please note that risk calculations are statistical approaches and have no diagnostic value!</p> <p>The patient combined risk presumes the NT measurement was done according to accepted guidelines (Prenat Diagn 18: 511-523 (1998)).</p> <p>The laboratory can not be held responsible for their impact on the risk assessment! Calculated risks have no diagnostic value!</p>		
<p>The graph shows the calculated risk for Trisomy 21 (with nuchal translucency) as a function of age. The y-axis represents the risk ratio, ranging from 1:10 down to <1:10000. The x-axis represents age, ranging from 13 to 49. A yellow band at the bottom represents the 'Cut off' level, and a green area above it represents the 'Below Cut Off' region. The graph shows that the calculated risk for most women is below the cut-off line, indicating a low risk.</p>		
Trisomy 13/18 + NT <p>The calculated risk for trisomy 13/18 (with nuchal translucency) is < 1:10000, which represents a low risk.</p>		

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Sign of Physician

below cut off

Below Cut Off, but above Age Risk

above cut off

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B bayal
14/02/2024



PATHCARE DIAGNOSTICS
PLOT NO. 6 & 7, FLOOR NO. 2, GREENLANDS
BLOOMFIELD HYPERBOND, TIRUPATI
TIRUPATI - AP - 517 401
9841140812/9841140813

Larasse Clinical Lab

Patient Name: Mrs. LALINA
 Age and Sex: 31 Yrs / Female
 Referring Doctor: NA
 Referring Customer: MITRA HOSPITAL
 Vial ID: MD693913
 Sample Type: Serum
 Client Address:

Reg. No: 00792307300070
 PCC Code: PCL AP 275
 Sample Drawn Date: 30-Jul-2023 02:10 PM
 Registration Date: 31-Jul-2023 08:31 AM
 Report Date: 31-Jul-2023 05:10 PM
 Report Status: Final Report

CLINICAL BIOCHEMISTRY

Test Name	Obtained Value	Units	Bio. Ref. Intervals (Age/Gender specific)	Method
-----------	----------------	-------	--	--------

[PDF Attached](#)

Dual Marker with Graph

Free -Beta -HCG	50.1	ng/mL	< 2 : Non-Pregnant 5.4 - 393.4 : Pregnant	CLIA
PAPP-A	1.60	mlU/mL	< 0.1 : Non-Pregnant 0.1-19.5 : Pregnant	CLIA

Test Interpretation

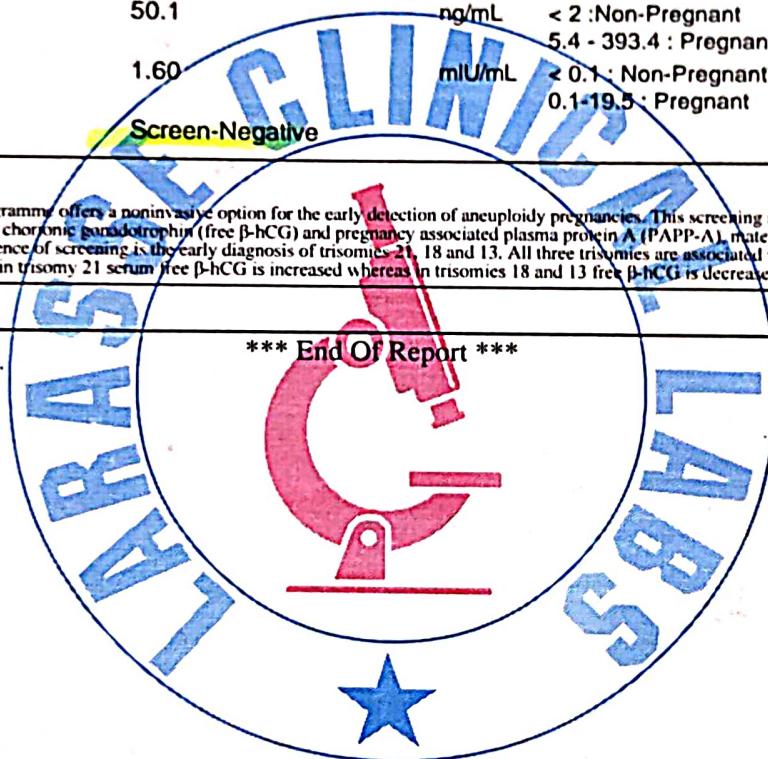
Screen-Negative

Comments:-

The first trimester screening programme offers a noninvasive option for the early detection of aneuploidy pregnancies. This screening is done by a combination of two biochemical markers i.e. serum free β -human chorionic gonadotrophin (free β -hCG) and pregnancy associated plasma protein A (PAPP-A), maternal age and fetal nuchal translucency (NT) thickness. A beneficial consequence of screening is the early diagnosis of trisomies 21, 18 and 13. All three trisomies are associated with increased maternal age, increased fetal NT and decreased PAPP-A, but in trisomy 21 serum free β -hCG is increased whereas in trisomies 18 and 13 free β -hCG is decreased.

Correlate Clinically.

*** End Of Report ***



Claimed for United India Insurance Co. Ltd under VERIZON Group Policy
 Blayyer
 12/02/2024

9441152153, 9441862153



larasseclinicallab@gmail.com

Opp: Extra Mart, NAIDUPET, KOTA, TADA, Tirupati Dt.

P. Satyanarayana
DR. P SATYANARYANA
MD BIOCHEMISTRY

Antenatal

USG @ mmH

- SHUG
- FH 2.90cm - 18wbd.
- FT 141bpm
- Cervix 3.19cm
- AFI - 9.8cm Just adequate



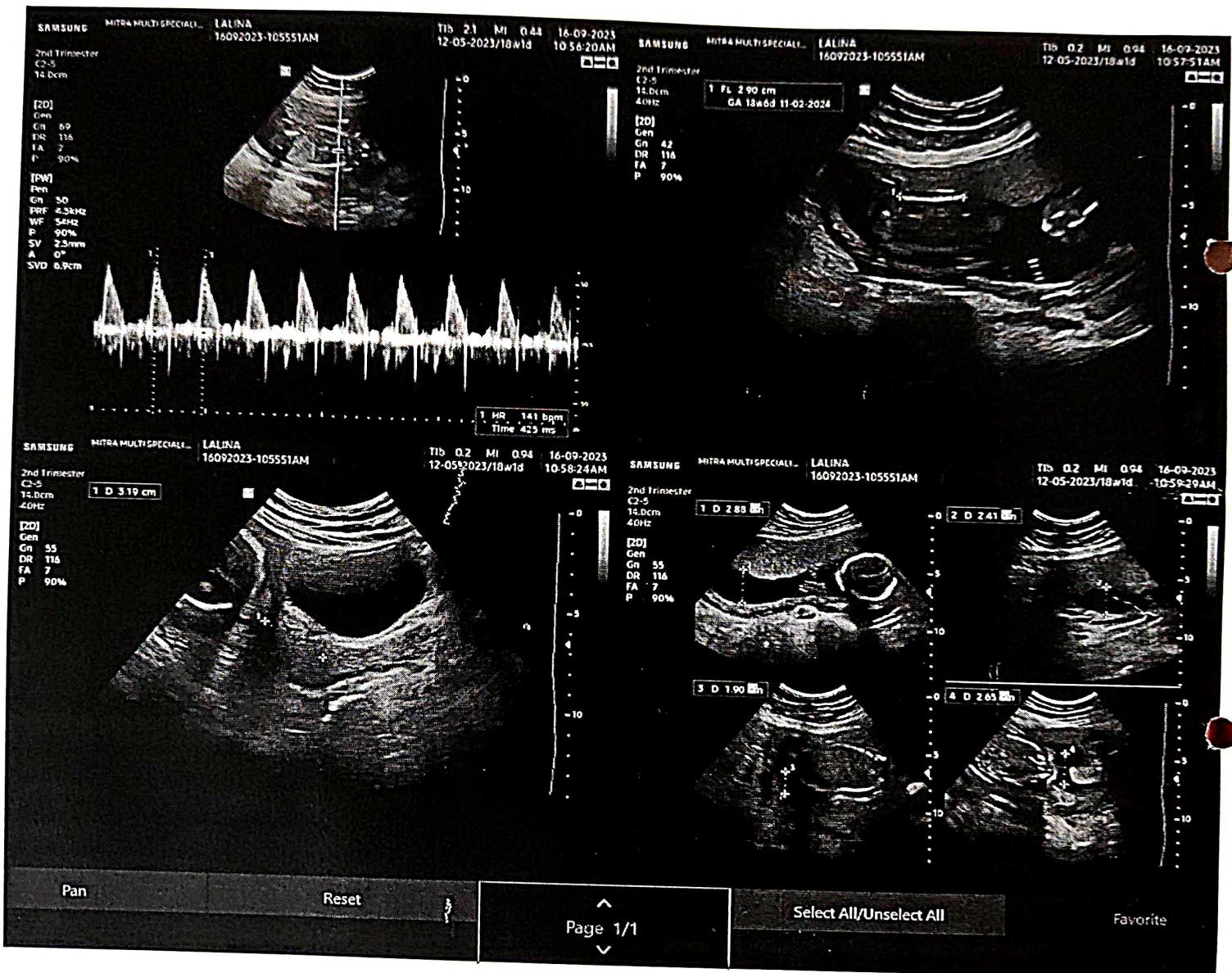
Claimed for United India Insurance Co. Ltd. under VERIZON
GROUP policy

Bhayal
19/02/2024

MITRA Multispeciality Hospital

Reg No. NLR 1853

DR Guest House, Near HDFC Bank, KALAHASTI Road,
Tada, Andhra Pradesh , 524401
www.mitrahospital.in enquiry@mitrahospital.in



Claimed for United India Insurance Co. Ltd. under VERIZON
GROUP policy

B Jayach
14/02/2024

OP Case Sheet

Dr. Ramya Jothi.M M.B.B.S; M.S.OG; MRCOG;
Consultant Obstetrician and Gynaecologist
(Specialist In Ultrasound, Laparoscopy & Infertility)



OP No: M-14

Name: Mrs. Lalina

Age: 31 Gender: M F Date: 16/09/23 Time: 10:25 (AM)

Vitals	Pulse <u>91</u> bpm; BP <u>127/77</u> mmhg; Temp <u>97.4</u> °F;
	Resp.Rate _____ / min; O2 Sat <u>99</u> %
	Weight <u>64.3</u> kg; Height _____ cm; BMI _____
Consciousness: <input type="checkbox"/> Alert	Responds to: <input type="checkbox"/> Verbal Stimulus <input type="checkbox"/> Pain <input type="checkbox"/> Unresponsive
Past History <input type="checkbox"/> Nill <input type="checkbox"/> HT <input type="checkbox"/> DM <input type="checkbox"/> Asthma <input type="checkbox"/> IHD <input type="checkbox"/> Kidney dis <input type="checkbox"/> Others	

Allergies:

Past Surgical History:

BOH

Current Medication:

Doctor Notes:

do not able to feel
Baby movements

Investigations Available:

Investigations Ordered:

- T. ETOP 300mg & 200mg
- T. Anjionil 15 mg
- T. Chrotecor 0.5 mg

0-0-1
0-1-0
0-0-1

today.

→ T. Anjionil 15 mg x 21 day

Diagnosis:

Medication: DRUG Name	Dose	Route	Frequency	M	A	E	N	Duration	Remarks

Diet / Other Advice:

Disposition: OP Admitted Referred out Time: Sign.of. Doctor

Review: OP No: E-16 Date: 06/10/23 Time: 6/11/PM

Vitals

Pulse _____ bpm; BP _____ mmhg; Temp _____ °F; Resp.Rate _____ / min; O2 Sat _____ %

To continue

Tos | calcui | amni | chrp | soong

Medication: DRUG Name	Dose	Route	Frequency	M	A	E	N	Duration	Remarks

Diet / Other Advice: Claimed for United India Insurance co. Ltd under
VERIZON GROUP policy

Disposition: OP Admitted Referred out Time: Sign.of. Doctor

Blayell

19/02/2021

MITRA Multispeciality Hospital

+91 9989 105 108 DR Guest House, Near HDFC Bank, KALAHASTI Road, Tada



Patient Name	MRS. LALINA PRIYADHARSHNI	Age / Sex	32 / Female
Patient ID	APL 28748	Visit Date	6 October 2023

Anomaly Scan Report Summary

Comments

Dear. Dr. RAMYA JOTHI MITRA HOSPITAL MBBS, MS, OG, MRCOG., Madam.,
Thank you for referring your patient Mrs. Lalina priyadharshini for anomaly scan.

Index pregnancy

Natural conception.

Non Consanguineous Marriage

EDD by LMP	16/ 02/ 2024	EDD by Scan	16/ 02/ 2024
------------	--------------	-------------	--------------

Significant medical history if any - (None),

obstetric code	G -2	L -0	A -1	P - 0
----------------	------	------	------	-------

Technically difficult scan due to maternal adiposity and fetal position.

Present scan revealed active fetus showing good cardiac activity and fetal movements. Adequate liquor expected for present gestational age seen.

No other obvious structural defects / markers of aneuploidy seen in present scan. Fetal heart revealed normal veno-atrial, atrioventricular and Ventriculoarterial concordance.

Her BP today is 100/ 60 mmHg.

Impression:

- ❖ Single intrauterine live pregnancy in variable presentation with fetal biometry corresponding to 21 weeks 0days gestation and estimated fetal weight 469 gms.
- ❖ Normal study expected for present gestational age.
- ❖ Placenta position – Anterior.

Claimed for United India Insurance Co. Ltd under Verizon Group policy

Bhayak
17/02/2024



Patient Name	MRS. LALINA PRIYADHARSHNI	Age / Sex	32 / Female
Patient ID	APL 28748	Visit Date	6 October 2023

- ❖ Grading of placental maturity – Grade I.
- ❖ Normal appearing cervix (measuring 4.0 cm) with closed internal OS and absence of funnelling seen.
- ❖ Normal Mean uterine artery doppler pulsatility index for the gestation.

Conclusion:

- 4 Essentially Normal study

Plan:

- o Suggested follow up growth scans 28, 32 and 36 weeks' gestation to check interval growth and fetal wellbeing.

Best wishes


DR. LAKSHMI NARAYANAN.,
Consultant radiologist.

Claimed for United India Insurance Co. Ltd under VERIZON GROUP policy

2 | Page



Patient name	Mrs. LALINA PRIYADHARSHINI	Age/Sex	32 Years / Female
Patient ID	APL28748	Visit no	1
Referred by	Dr. RAMYA JOTHI MITRA HOSPITAL MBBS, MS, OG, MRCOG.,	Visit date	06/10/2023
LMP date	12/05/2023, LMP EDD: 16/02/2024[21W]		

OB - 2/3 Trimester Scan Report

Indication(s)

ANOMALY SCAN

Real time B-mode ultrasonography of gravid uterus done.

Route: Transabdominal

Single intrauterine gestation

Maternal

Cervix measured **4.00 cm** in length.

Right Uterine	0.59	●—(2%)
Left Uterine	1.2	—●—(64%)
Mean PI	0.895	—●—(29%)

Fetus

Survey

Presentation - variable

Placenta - **Anterior**

Liquor - Normal

Umbilical cord - **Two arteries and one vein**

Fetal activity present

Cardiac activity present

Fetal heart rate - 139 bpm

Biometry(Hadlock, Mediscan)

BPD 51.6 mm 21W 4D (64%ile) *	HC 198.5 mm 22W (75%ile) *	AC 163.7 mm 21W 3D (56%ile) *	FL 39.6 mm 22W 5D (82%ile) *	EFW BPD,HC,AC,FL 469 grams (83%ile) *
5% 50% 95%	5% 50% 95%	5% 50% 95%	5% 50% 95%	5% 50% 95%

Long bones	Right (mm)	Left (mm)
Tibia	32.8, 21W 4D	34.1, 22W 1D
Fibula	31.8, 21W	33.4, 21W 5D

Claimed for United India Insurance Co. Ltd under VERIZON Group Policy Blayal

PC PNNDT Reg No: PNA/7545/2022 "AS PER PNNDT ACT, I have neither detected nor disclosed the sex of fetus of the pregnant woman to anybody". Report typed by Mehalav V

19/02/2024



Mrs. LALINA PRIYADHARSHINI / APL28748 / 06/10/2023 / Visit No 1

Humerus	35.5, 22W	—●— (79%)	33.4, 20W 6D	—●— (43%)
Radius	29, 21W	—●— (50%)	28.9, 21W	—●— (49%)
Ulna	32, 20W 5D	—●— (38%)	30.8, 20W 1D	—●— (22%)

Foot Length : 37.4 mm

TCD : 21.8 mm

Aneuploidy Markers

Nasal Bone : 9.3 mm - Nasal bone seen

Nuchal Fold : 4.4 mm - Normal

Fetal Anatomy

Head

Cisterna magna measured 7.5 mm

Midline falx seen.

Both lateral ventricles appeared normal.

Posterior fossa appeared normal.

No identifiable intracranial lesion seen.

Neck

Fetal neck appeared normal.

Spine

Entire spine visualised in longitudinal and transverse axis.

Vertebrae and spinal canal appeared normal

Face

Fetal face seen in the coronal and profile views.

Both orbits, nose and mouth appeared normal

Thorax

Both lungs seen.

No evidence of pleural or pericardial effusion.

No evidence of SOL in the thorax.

Heart

Heart appears in the mid position.

Normal cardiac situs. Four chamber view normal.

Outflow tracts appeared normal.

Abdomen

Abdominal situs appeared normal.

Stomach and bowel appeared normal.

Normal bowel pattern appropriate for the gestation seen.

Claimed for United India Insurance Co. Ltd under VERIZON Group Policy
PC PNDT Reg No: PNA/7545/2022 "AS PER PPNDT ACT, I have neither detected nor disclosed the sex of fetus of the pregnant women to anybody". Report typed by Mehalu V

B Jayashri
9/02/2024



Mrs. LALINA PRIYADHARSHINI / APL28748 / 06/10/2023 / Visit No 1

No evidence of ascites.

Abdominal wall intact.

KUB

Right and Left kidneys appeared normal.

Bladder appeared normal

Extremities

The legs were extended.

The femora and tibiae were appropriate for age.

Both the humerus, radius and ulna were viewed.

For the given foetal position and liquor volume, there is no gross evidence of congenital anomalies detected.

Impression

Single gestation corresponding to a gestational age of 21 Weeks

Gestational age assigned as per LMP

Placenta - Anterior

Presentation - variable

Liquor - Normal

Estimated fetal weight according to BPD,HC,AC,FL :- 469 + / - 46.9 gms.

No evidence of detectable gross congenital anomalies at the present gestation and fetal position.

Suggested fetal echo between 22 - 24 weeks to rule out major cardiac anomalies.

Suggested repeat scan at 27 weeks to assess the interval growth.

Disclaimer

I Dr.LAKSHMI NARAYANAN., MBBS.,MDRD., DNBRD., declare that while conducting ultrasonography on this patient i have neither detected nor disclosed the sex of her fetus to anybody in any manner.

All congenital anomalies are not identified on USG evaluation. This report should be interpreted in the light of clinical background. Subtle cardiac, ear, cosmetic limb appearance (Eg. Polydactyly and syndactyly), GI fistula anomalies, cataracts, umbilical cord knots, small dorsal dermal sinus, tongue anomalies, occult spine bifida, isolated, cleft palate, 20% of cardiac anomalies may not be detected by USG. Some anomalies appear only in later gestation. Serial scans are necessary.

All anomalies cannot be ruled out by this scan since assessment of legal anomalies depend on fetal position at the time of scan, adequacy of liquor and maternal BMI, hence this report has limitation and is not for medico legal purposes. Always suggested second opinion if clinically indicated.

Dr.LAKSHMI NARAYANAN., MBBS.,MDRD.,DNBRD.,

Consultant Radiologist.

Reg No : 113432.

claimed for United India Insurance Co. Ltd under VERIZON Group Policy
PC PNNDT Reg No: PNA/7545/2022 "AS PER PNNDT ACT, I have neither detected nor disclosed the sex of fetus of the pregnant woman to anybody"
Report typed by Mehalu V

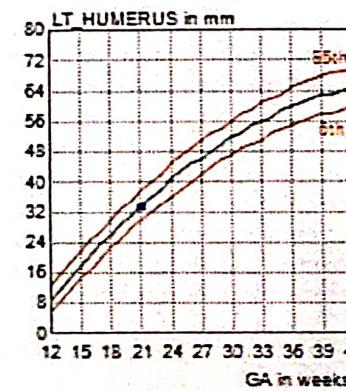
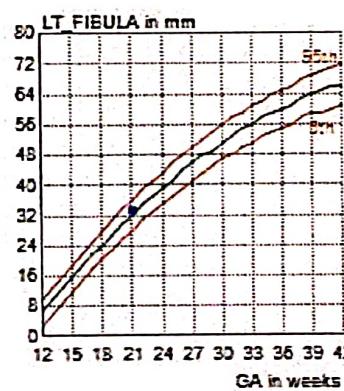
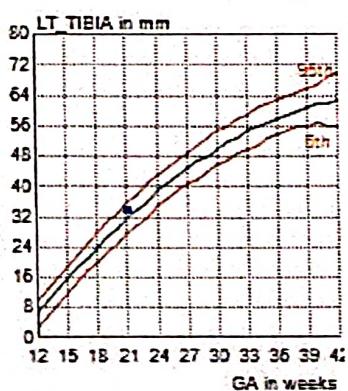
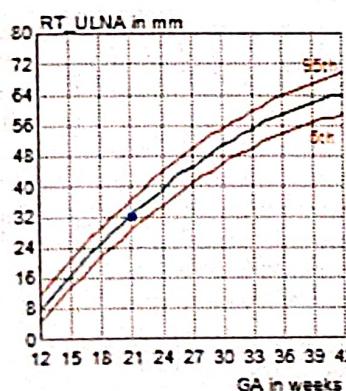
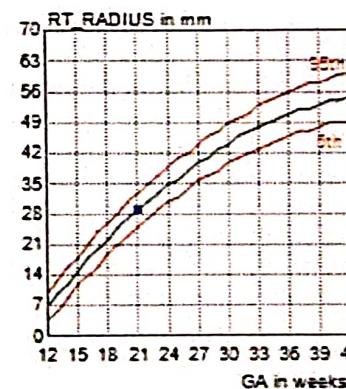
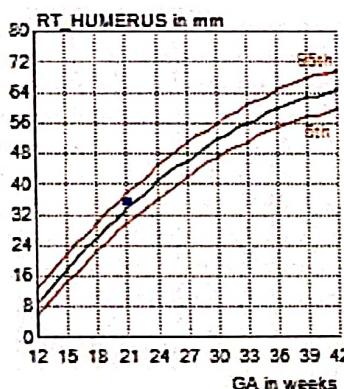
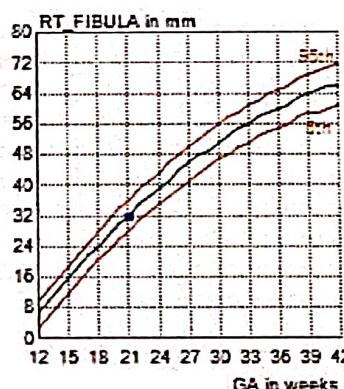
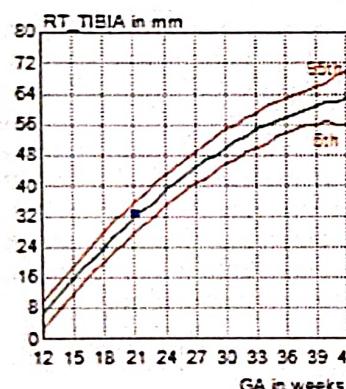
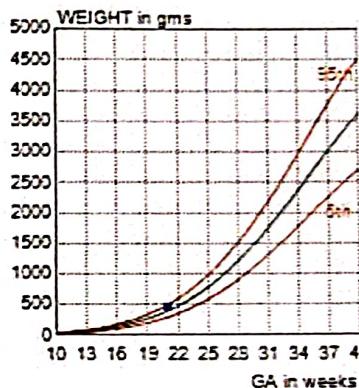
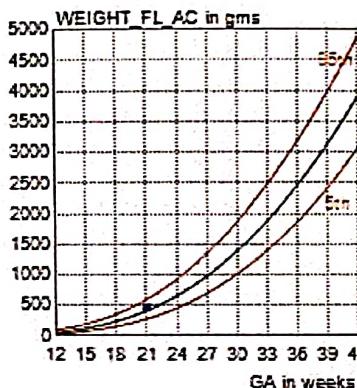
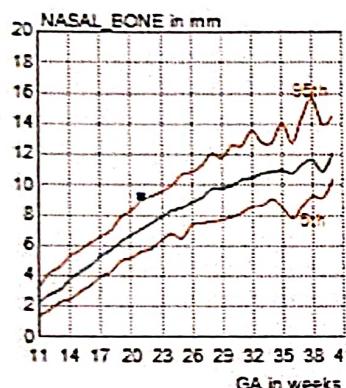
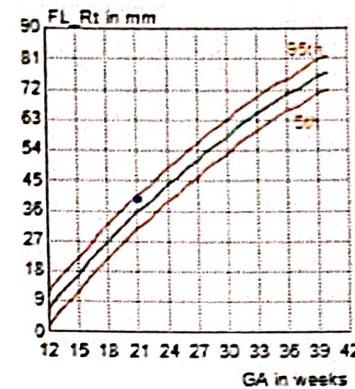
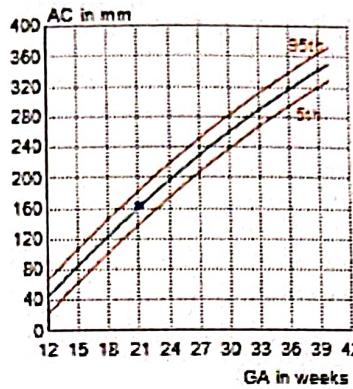
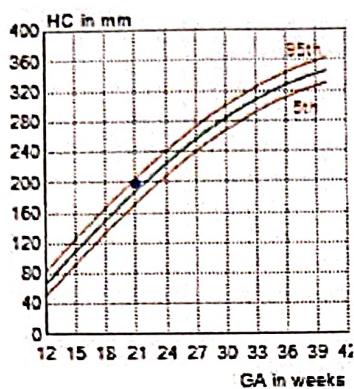
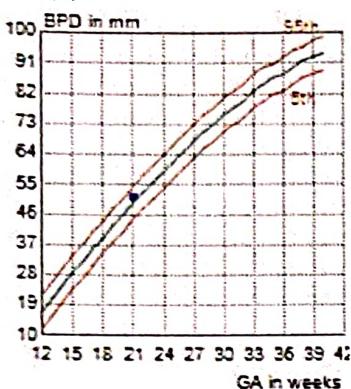
B. Jayaram

1st/10/2024

APPLE SCANS & LABS

Patient name	Mrs. LALINA PRIYADHARSHINI	Age/Sex	32 Years / Female
Patient ID	APL28748	Visit no	1
Referred by	Dr. RAMYA JOTHI MITRA HOSPITAL MBBS, MS, OG, MRCOG.,	Visit date	06/10/2023

Visit(s) used : 06/10/2023

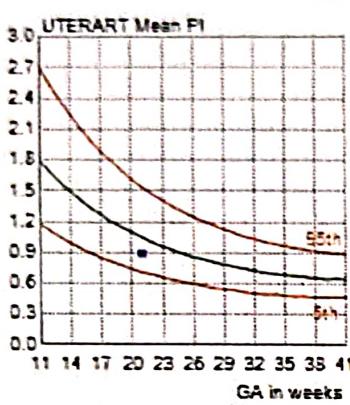
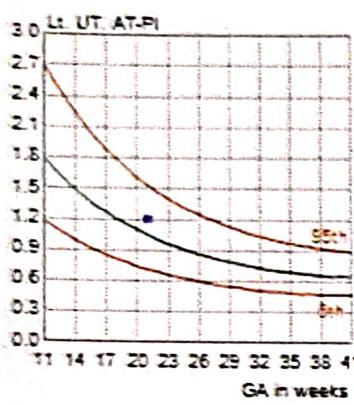
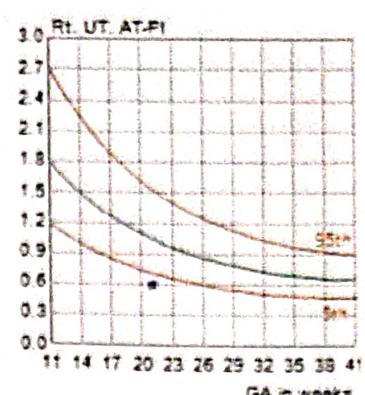
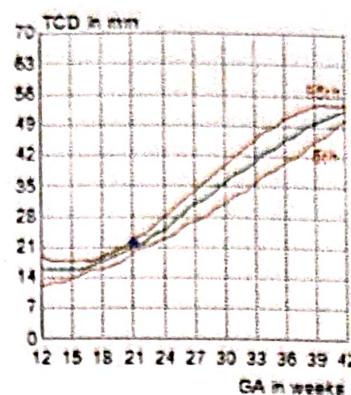
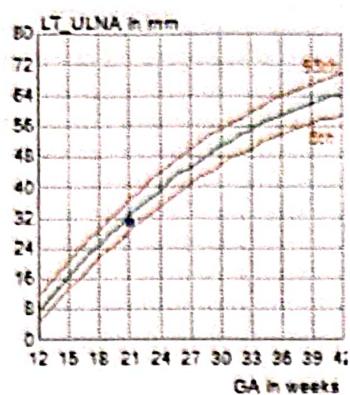
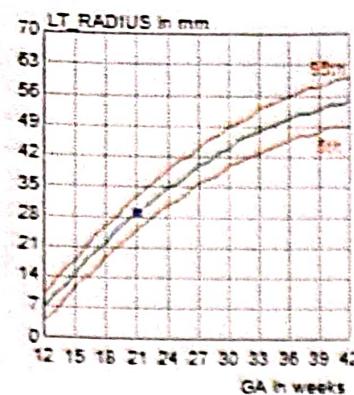


Claimed for United India Insurance Co. Ltd under VERTIZON GROUP policy Blayer
19/02/2024

APPLE SCANS & LABS

Mrs. LALINA PRIYADHARSHINI / APL28748 / 06/10/2023 / Visit No 1

Visit(s) used : 06/10/2023

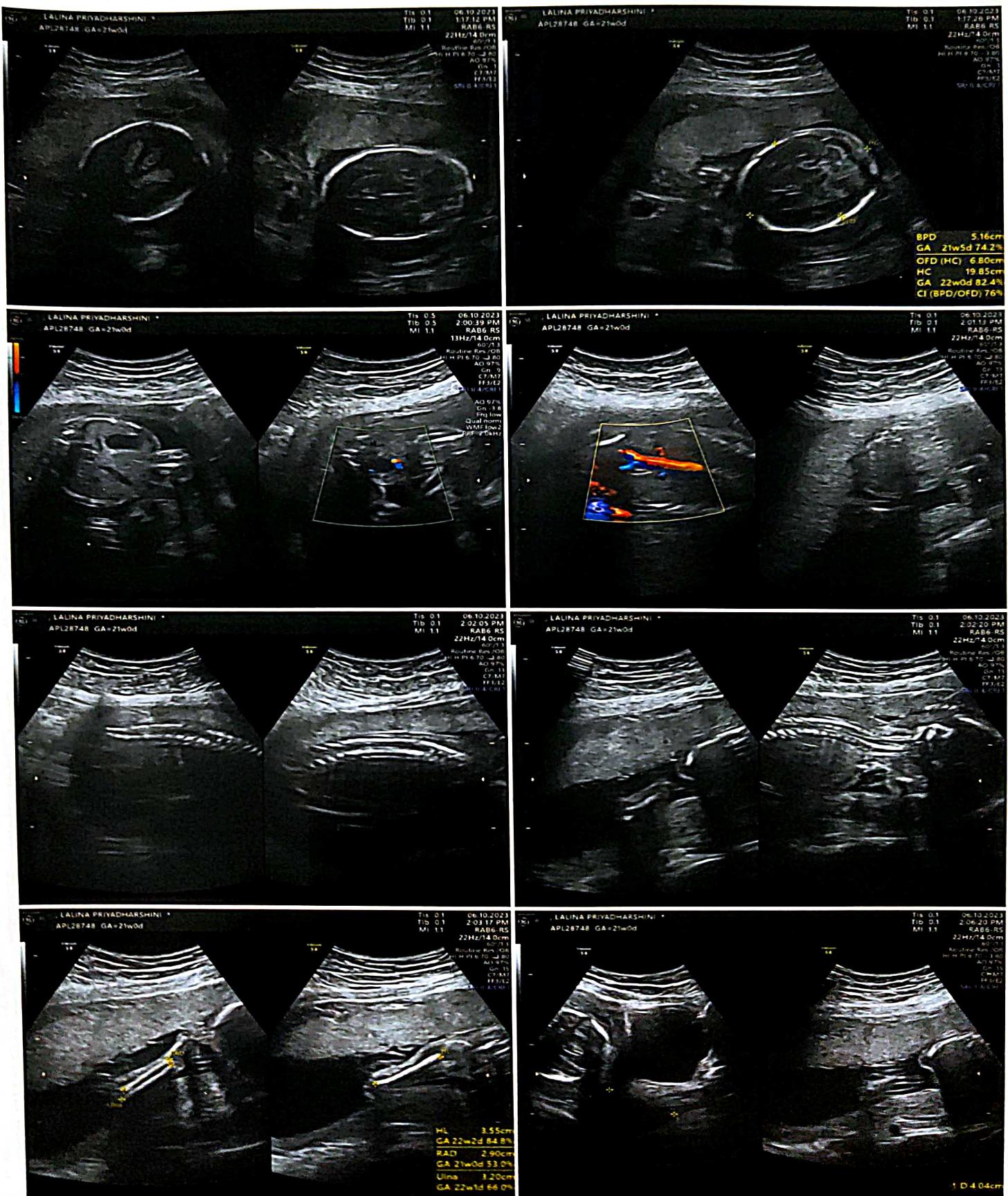


Claimed for United India Insurance Co-Ltd under VERIZON CTAQF policy

Bhayankar
19/02/2024

APPLE SCANS & LABS

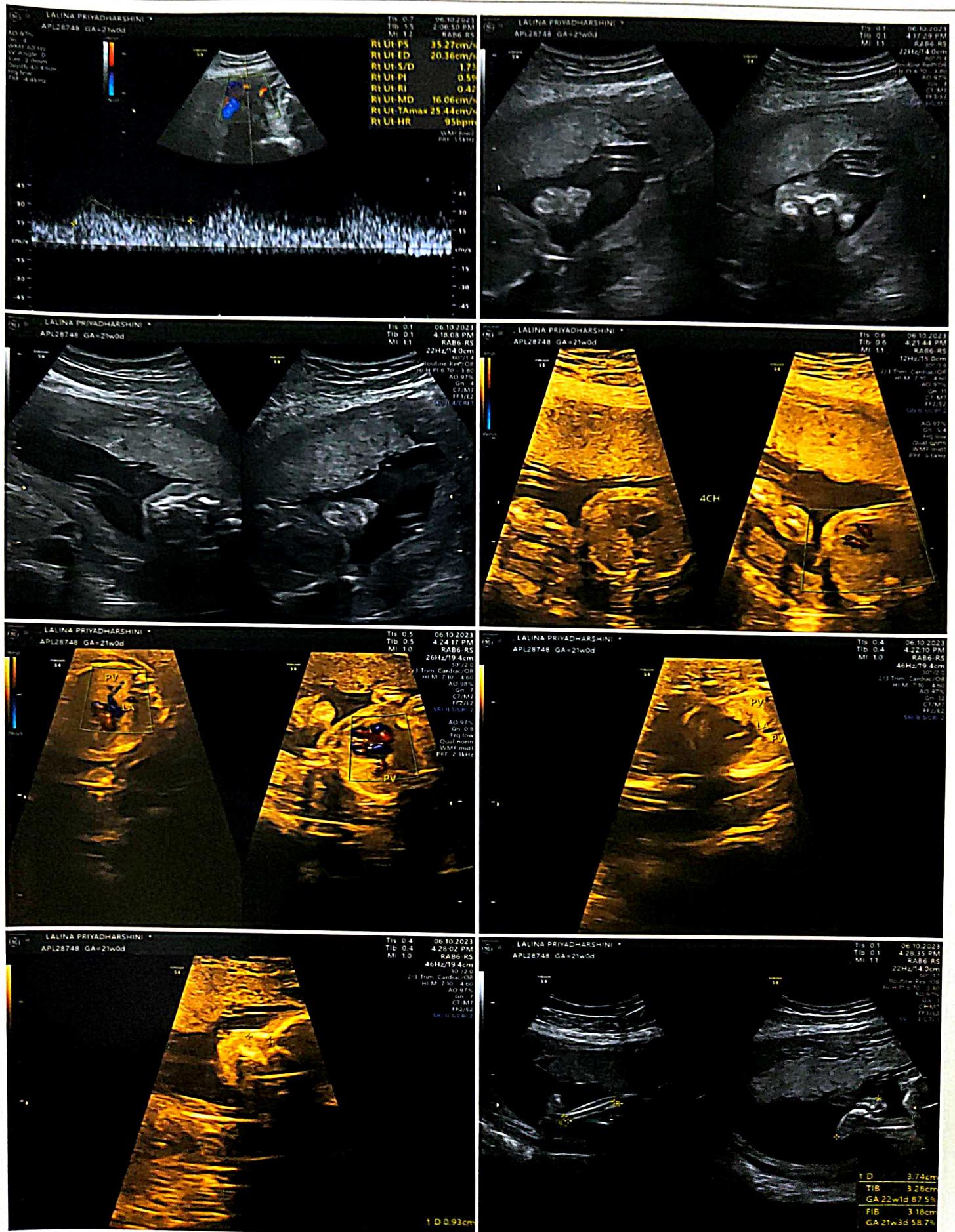
Patient name	Mrs. LALINA PRIYADHARSHINI	Age/Sex	32 Years / Female
Patient ID	APL28748	Visit no	1
Referred by	Dr. RAMYA JOTHI MITRA HOSPITAL MBBS, MS, OG, MRCOG.,	Visit date	06/10/2023



Claimed for United India Insurance Co-Ltd under VERIZON Health policy Blanck 19-02-2024

APPLE SCANS & LABS

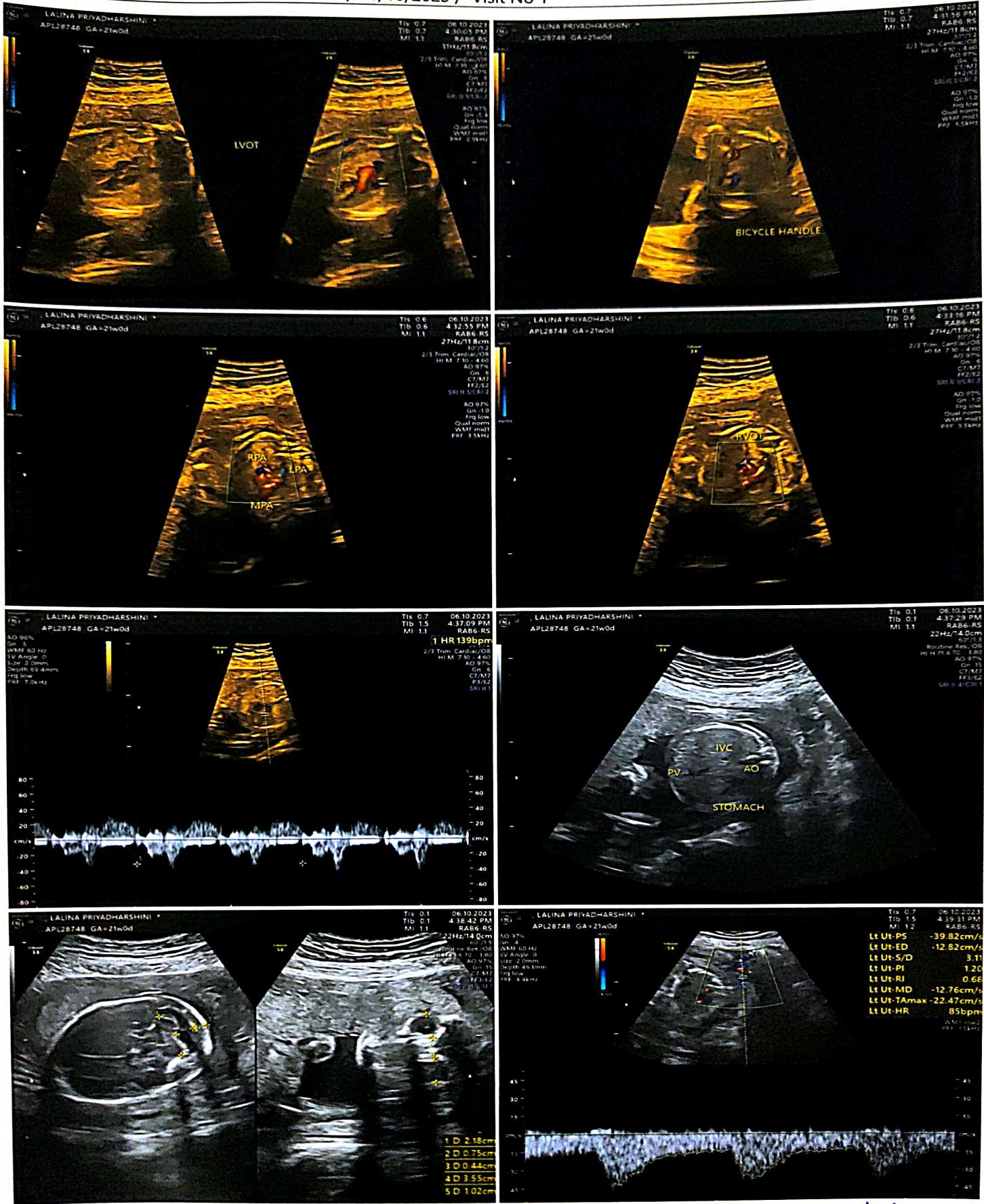
Mrs. LALINA PRIYADHARSHINI / APL28748 / 06/10/2023 / Visit No 1



claimed for United India Insurance Co. Ltd under VERTZON Group Policy No. 19-02-2024

APPLE SCANS & LABS

Mrs. LALINA PRIYADHARSHINI / APL28748 / 06/10/2023 / Visit No 1



Claimed for United India Insurance Co Ltd under VERIZON Group Policy *B Dayal* 14/01/2024

OP Case Sheet

Dr. Ramya Jothi.M M.B.B.S; M.S.OG; MRCOG;

Consultant Obstetrician and Gynaecologist
(Specialist in Ultrasound, Laparoscopy & Infertility)



OP No: M - 5

Name: Mrs. Lalita

Age: 31 Gender: M F Date: 18/11/23 Time: 10:20 (AM)

Vitals

Pulse 106 bpm; BP 116/80 mmHg; Temp 97.5 °F;

Resp. Rate 18 / min; O2 Sat 97 %

Weight 68.3 kg; Height cm; BMI

Consciousness: Alert Responds to: Verbal Stimulus Pain Unresponsive

Past History

Nill HT DM Asthma IHD Kidney dis Others

Allergies:

Past Surgical History:

Current Medication:

Doctor Notes:

Investigations Available:

Abd

To control chwp/ cramp [unstated]
Temp calm

— Proj. Postostize in stat
— paracetamol

Investigations Ordered:

To do
— GTT
— HB

Diagnosis: Claimed for United India Insurance Co. Ltd under VERTICON Group policy

B Jayach
14/02/2024

OP VALID TILL ONE WEEK

41820/

Medication: DRUG Name	Dose	Route	Frequency	M	A	E	N	Duration	Remarks

Diet / Other Advice:

Disposition: <input type="checkbox"/> OP <input type="checkbox"/> Admitted <input type="checkbox"/> Referred out	Time:	Sign.of. Doctor
--	-------	--------------------

REVIEW

OP No: — M-6

Date: 14/11/24

Time: 10: 53 AM

Vitals

Pulse 100 bpm; BP 120/70 mmhg; Temp 96.2 °F; Resp.Rate _____ / min; O2 Sat 98 %

Wt:-72.8

Able to perseris fm well.

To do
etc.

FHR-148

Medication: DRUG Name	Dose	Route	Frequency	M	A	E	N	Duration	Remarks

Diet / Other Advice:

Disposition: <input type="checkbox"/> OP <input type="checkbox"/> Admitted <input type="checkbox"/> Referred out	Time:	Sign.of. Doctor
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MITRA Multispeciality Hospital

+91 9989 105 108 DR Guest House, Near HDFC Bank, KALAHASTI Road, Tada

claimed for United India Insurance Co. Ltd under VERIZON Group policy Blayels 19/02/2024

OBSTETRICS USG

SECOND / THIRD TRIMESTER



Name:	Mrs. Talima w/o Biswajeet	Date:	18/11/23
Age:	Mobile:	Time :	

REAL TIME B AND M MODE OBSTETRICS ULTRASOUND

SINGLE LIVE FETUS IN UTERUS: Cephalic

HEAD	ABDOMEN	FEMUR
4.09 cm	23.01 cm	5.11 cm

BPD	AC	FL
29w 3d.	24w 3d	24w 5d

FETAL HEART : 148 bpm

PLACENTA : Anterior

LIQUOR : adequate

UA RI - 0.7

EFW : 1094g to 1144g.

EGA : 27w - 28w

Congenital Anomalies could not be seen in later trimester due to fetal position, correlate with TIFFA report

CERVICAL LENGTH:

12/12/23

IMPRESSION:

SIUGR 27-28w

Authorized Signature

DECLARATION : I declare that sex of fetus was not revealed in any manner

DISCLAIMER : 1) This is growth scan, it is not possible to rule out or visualise all fetal Anomalies

2) All Anomalies Can not be ruled out on USG due to mechanical limitations, maternal factors - (amount of liquor, obesity, Advanced - Gest. age) fetal factors (Position, late Appearance of few Anomalies)

3) Absence of Anomaly on USG doesn't absolutely rule out possibility of having one

DR Guest House, Near HDFC Bank, KALAHASTI Road, Tada,
Andhra Pradesh , 524401

www.mitrahospital.in, enquiry@mitrahospital.in

+91 9989 105 108

మిత్ర మ్యూన్సిపాలిటీ హాస్పిటల్

Claimed for United India Insurance Co. Ltd under VERIZON Group Policy Blayal 19/6/23

MITRA MULTI SPECIALITY HOSPITAL, TADA

ID	18112023-110255AM	Name	BISWAJEET LALINA
Date of Birth(Age)		Gender	
Indication			Exam Date 18-11-2023
Diag. Physician	DR M RAMYA JOTHI	Ref. Physician	Operator

OB

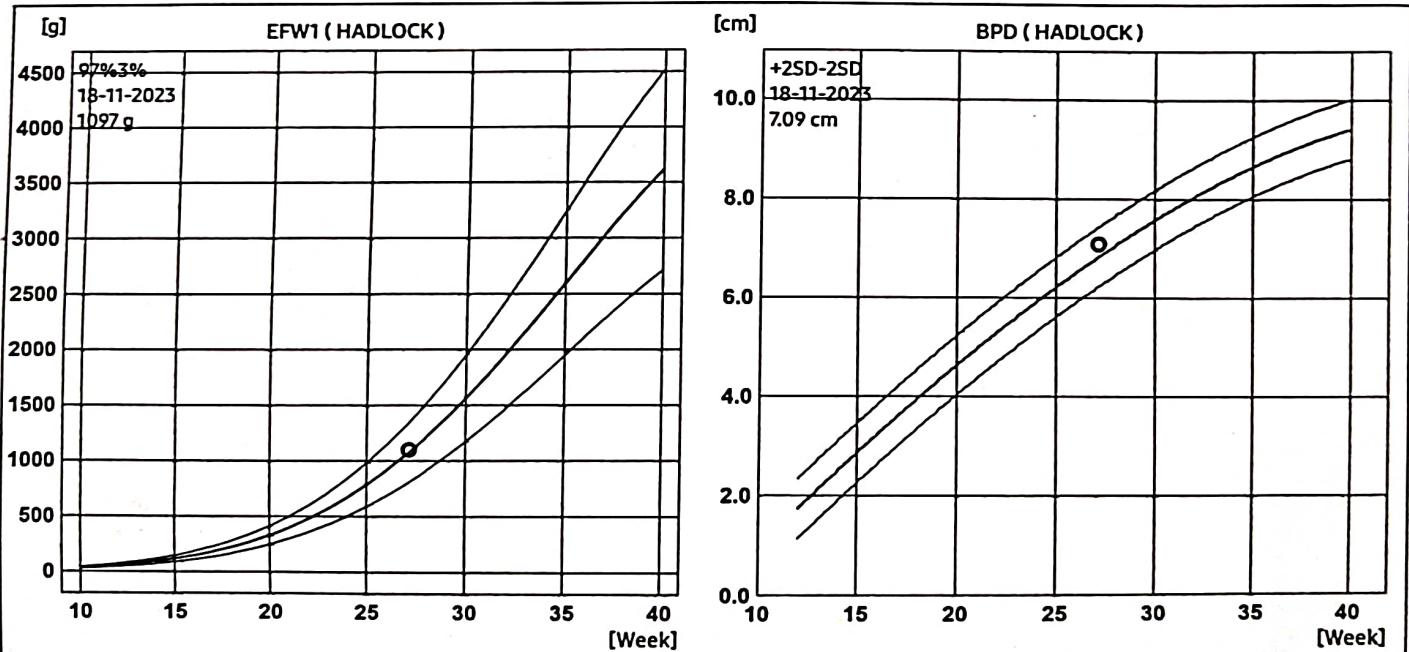
LMP	12-05-2023	GA(LMP)	27w1d	EDD(LMP)	16-02-2024	Gravida	Para
Composit GA	Average	GA(AUA)	27w5d	EDD(AUA)	12-02-2024	Ectopic	Aborta
EFW1	HADLOCK2	BPD,AC,FL	1097 g	(2lb 7oz)	27w2d	HADLOCK	

Fetal Biometry

	m1	m2	m3	GA		
BPD	7.09	7.09		cm	Last	28w3d
FL	5.11	5.11		cm	Last	27w3d
AC	23.01	24.06	23.01	cm	Last	27w3d

2D Calculations

FL/AC	22.2	%	(20 % - 24 %)
FL/BPD	72.1	%	(71 % - 87 %)



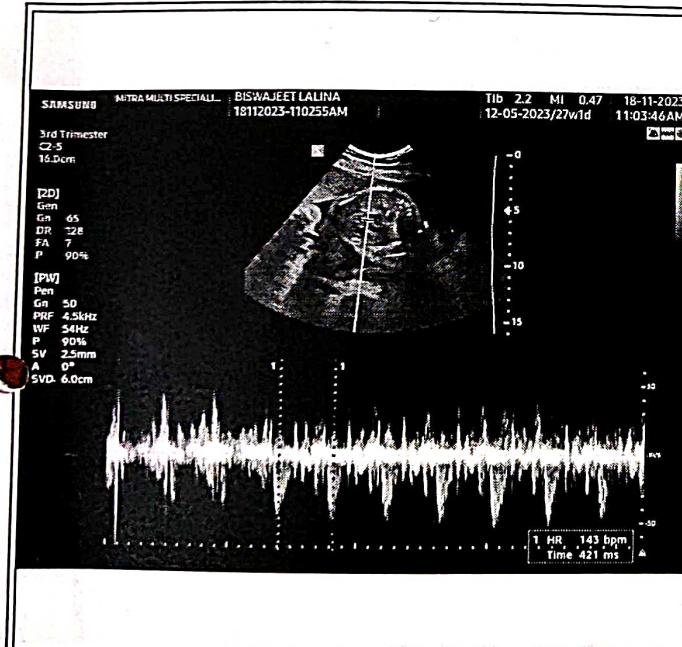
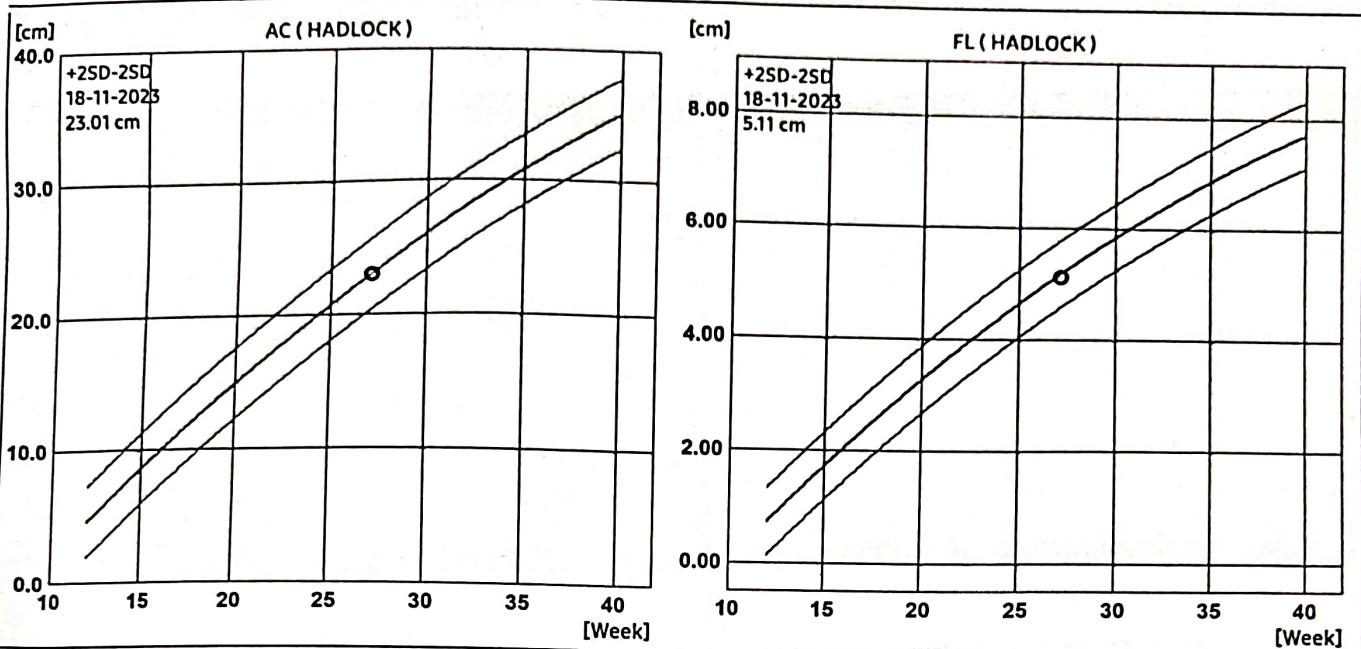
18-11-2023

-1-

Claimed for United India Insurance co. Ltd under VERIZON Group Policy

By Dr Jayashri
19/01/2024

MITRA MULTI SPECIALITY HOSPITAL, TADA



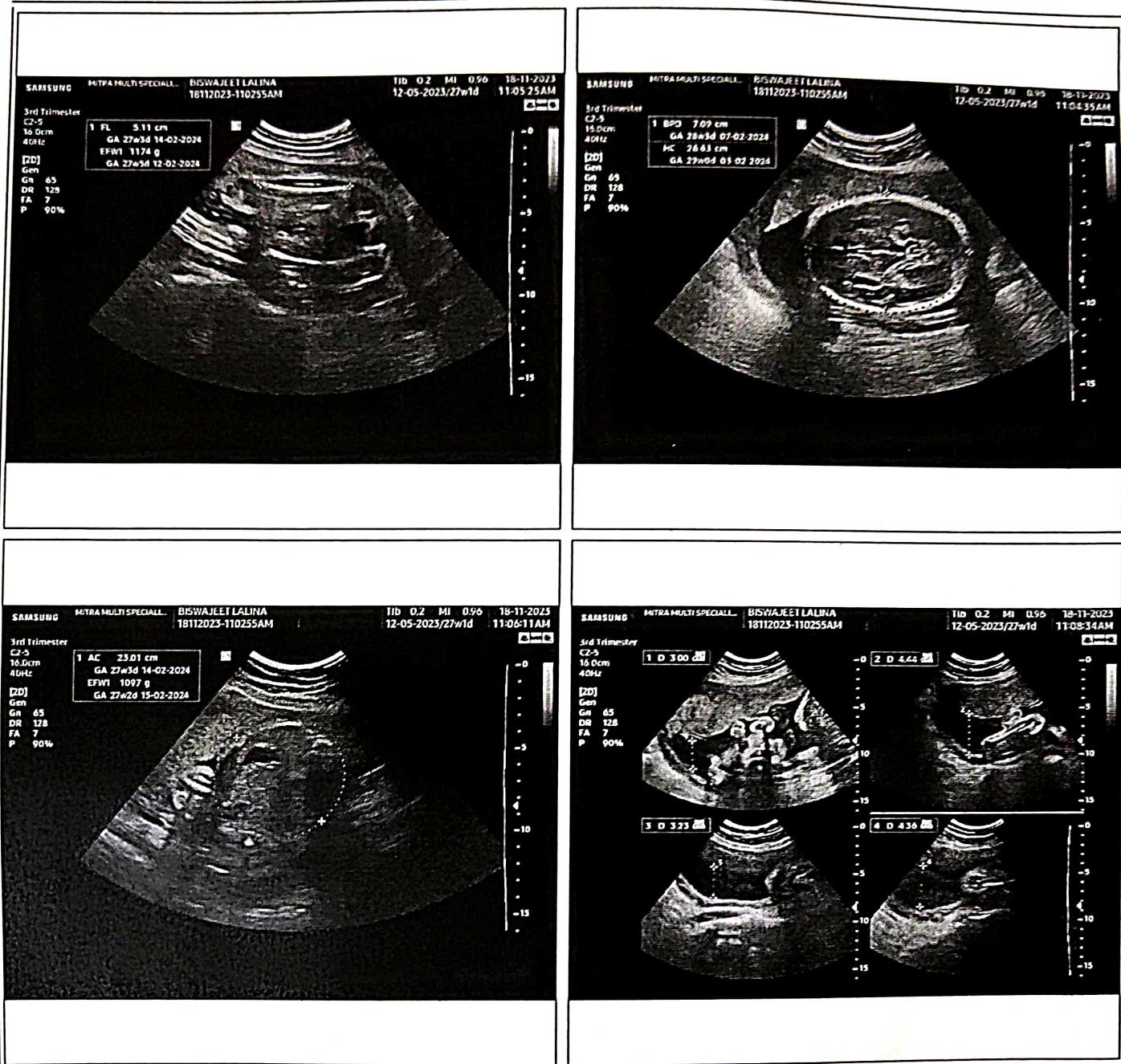
18-11-2023

- 2 -

Claimed for United India Insurance Co. Ltd under VERIZON Group Policy

Bhayak
14/02/2024

MITRA MULTI SPECIALITY HOSPITAL, TADA



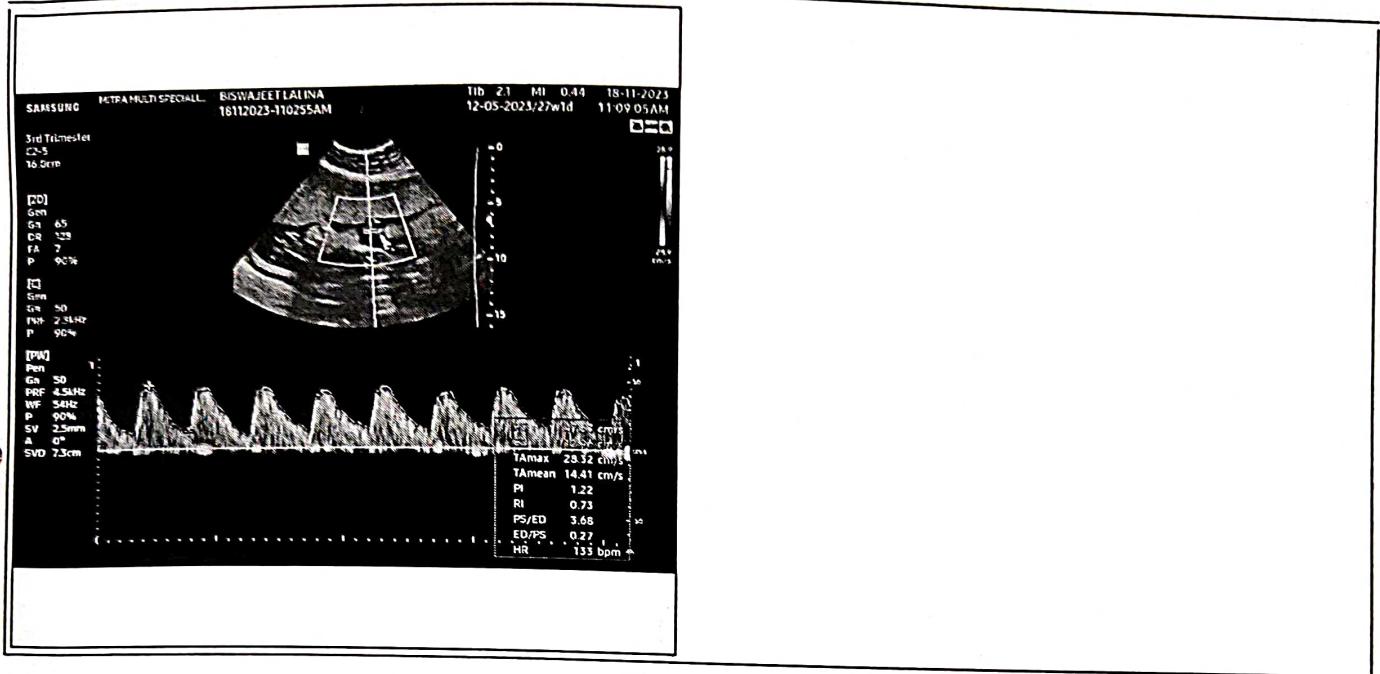
18-11-2023

- 3 -

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B Jayash
19/02/2024

MITRA MULTI SPECIALITY HOSPITAL, TADA



Diag. Physician:

DR M RAMYA JOTHI

Operator:

18-11-2023

-4-

Claimed for United India Insurance under VERIZON Group policy
Co-ctd
Bhayal
19/02/2024



LARASSE CLINICAL LAB

Name : Lalina

Bill No : 3

Age : 32y / Female

Date : 13/12/2023

Doctor : Sri.Dr.Ramya Jyothi Garu MBBS,MS,O

S.No	Test Name	Results	Units	Ref. Range
BIO - CHEMISTRY				
1	Blood Sugar (F)	: 91	mg/dl	70-110
2	1 Hour Glucose	: 159	mg/dl	< 160
3	2.Hours Glucose	: 112	mg/dl	< 160
HEMATOLOGY				
4	Haemoglobin	: 11.5	gm/dl	12-14.0

Lab Technologist



+91 94417 52153

+91 94418 69179



larasseclinicallab@gmail.com

claimed for United India Insurance co. Ltd under VERIZON Group policy

BRANCHES
Naidupeta - Kota - Tada

19/02/2024

OP Case Sheet



OP No: A-4

Name: Lalina

Age: 32 Gender: M F Date: 15/12/23 Time: 2:22 (PM)

Vitals	Pulse <u>87</u> bpm; BP <u>121/81</u> mmhg; Temp <u>97.8</u> °F, Resp.Rate _____ / min;
	Weight <u>70.8</u> kg; Height _____ cm; BMI _____ O2 Sat <u>98</u> , %
Consciousness:	<input type="checkbox"/> Alert <input type="checkbox"/> Responds to: <input type="checkbox"/> Verbal Stimulus <input type="checkbox"/> Pain <input type="checkbox"/> Unresponsive

Past History Nill HT DM Asthma IHD Kidney dis Others

Allergies:

Past Surgical History:

Current Medication:

Doctor Notes:

Review of Growth scan -

bdv.

→ Dapple, M. Pionts.

To contain the see

soon calcu | stop.



To stop expansion in last of December

Diagnosis: Claimed for United India Insurance Co. Ltd under VERIZON Group policy

OP VALID TILL ONE WEEK

Blayen
19/02/2024

Diet / Other Advice:

Disposition: OP Admitted Referred out Time: *10/10/2013*

Review: M-02 on 07/01/2024

wt: 71.8

EP: 128 | 81

Pulse: 102

$\text{SPO}_2: 98$

Temp: 98.2

→ Able to procure for well

104

Claimed for United India Insurance Co. Ltd under
VERIZON GROUP Policy

Sign.of.Doctor

MITRA Multispeciality Hospital

MITRA Multispeciality Hospital
91 9989 105 108 DR Guest House, Near HDFC Bank, KALAHASTI Road, Tada
*B Jayach
14/02/2024*

OBSTETRICS USG

SECOND / THIRD TRIMESTER



Name: LALINA · priyadarshini

Date: 15/12/23

Age: 32y 1f Mobile:

Time : 4.30 pm

REAL TIME B AND M MODE OBSTETRICS ULTRASOUND

SINGLE LIVE FETUS IN UTERUS: Cephalic presentation

HEAD	ABDOMEN HC 29.5 cm 32 w 4d	FEMUR
BPD 8.2 cm 33 w 2d	AC 27.1 cm 31 w 1d	FL 6.0 cm 31 w 2d

FETAL HEART : 150 b/min

PLACENTA : Anterior more towards Right Lateral

LIQUOR : 11 - 12

EFW : 1810g

EGA : 32 w 0 days

Congenital Anomalies could not be seen in later trimester due to fetal position, correlate with TIFFA report

CERVICAL LENGTH:

IMPRESSION: Doppler parameters are within normal limits.


Authorized Signature

DECLARATION : I declare that sex of fetus was not revealed in any manner

DISCLAIMER : 1) This is growth scan, it is not possible to rule out or visualise all fetal Anomalies

2) All Anomalies Can not be ruled out on USG due to mechanical limitations, maternal factors - (amount of liquor, obesity, Advanced - Gest.age) fetal factors (Position, late Appearance of few Anomalies)

3) Absence of Anomaly on USG doesnt absolutely rule out possibility of having one

DR Guest House, Near HDFC Bank, KALAHASTI Road, Tada,
Andhra Pradesh , 524401

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మిత్ర మెడిస్పెషలిటీ మెడిస్పెటల్

Claimed for United India Insurance Co. Ltd under VERIZON Group Policy Blayach
19/11/2024

Ultrasound Image Report

Page 1/2

Patient

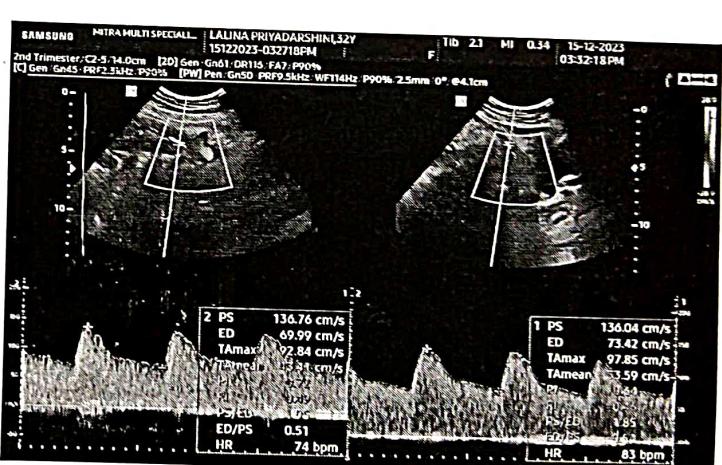
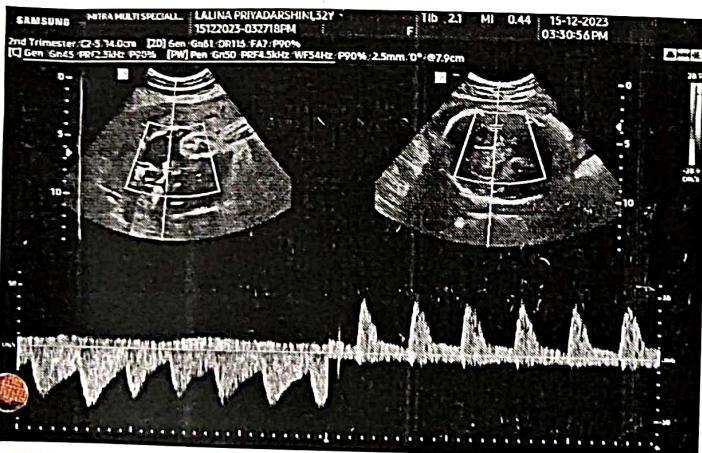
ID
Name
Birth Date
Gender

15122023-032718PM
LALINA PRIYADARSHINI, 32Y
Female

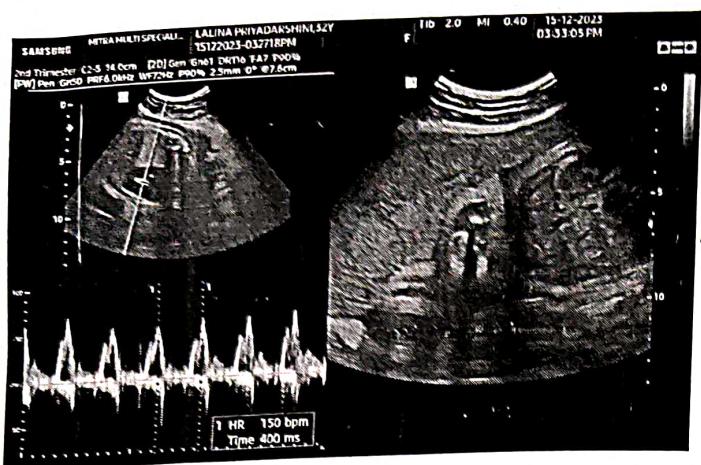
Exam

Accession #
Exam Date
Description
Operator

15-12-2023



claimed for United India Insurance Co. Ltd under VERIZON Group Policy B Jayalakshmi 19/02/2024



Claimed for United India Insurance Co. Ltd Under VERIZON Group Policy

Bayerh
19/02/2024

OBSTETRICS USG

SECOND / THIRD TRIMESTER



Name: Mrs. Lalima	Date: 7/1/24
Age: 30/F Mobile:	Time :

REAL TIME B AND M MODE OBSTETRICS ULTRASOUND

SINGLE LIVE FETUS IN UTERUS: cephalic

HEAD	ABDOMEN	FEMUR
8.8 cm	31.24 cm	6.95 cm
BPD 35 w 4d.	AC 35 w 1d.	FL 35 w 5d

FETAL HEART : 146 bpm

PLACENTA : Anterior Gr II

LIQUOR : adequate

EFW : 2.698 kg ± 260g DA - RI - 0.69

EGA : 35w 3d.

CERVICAL LENGTH:

IMPRESSION:

SHUG 35 w 3d.

Authorized Signature

DECLARATION : I declare that sex of fetus was not revealed in any manner

DISCLAIMER : 1) This is growth scan, it is not possible to rule out or visualise all fetal Anomalies

2) All Anomalies Can not be ruled out on USG due to mechanical limitations, maternal factors - (amount of liquor, obesity, Advanced - Gest. age) fetal factors (Position, late Appearance of few Anomalies)

3) Absence of Anomaly on USG doesn't absolutely rule out possibility of having one

4) Congenital Anomalies could not be seen in later trimester due to fetal position, correlate with TIFFA report

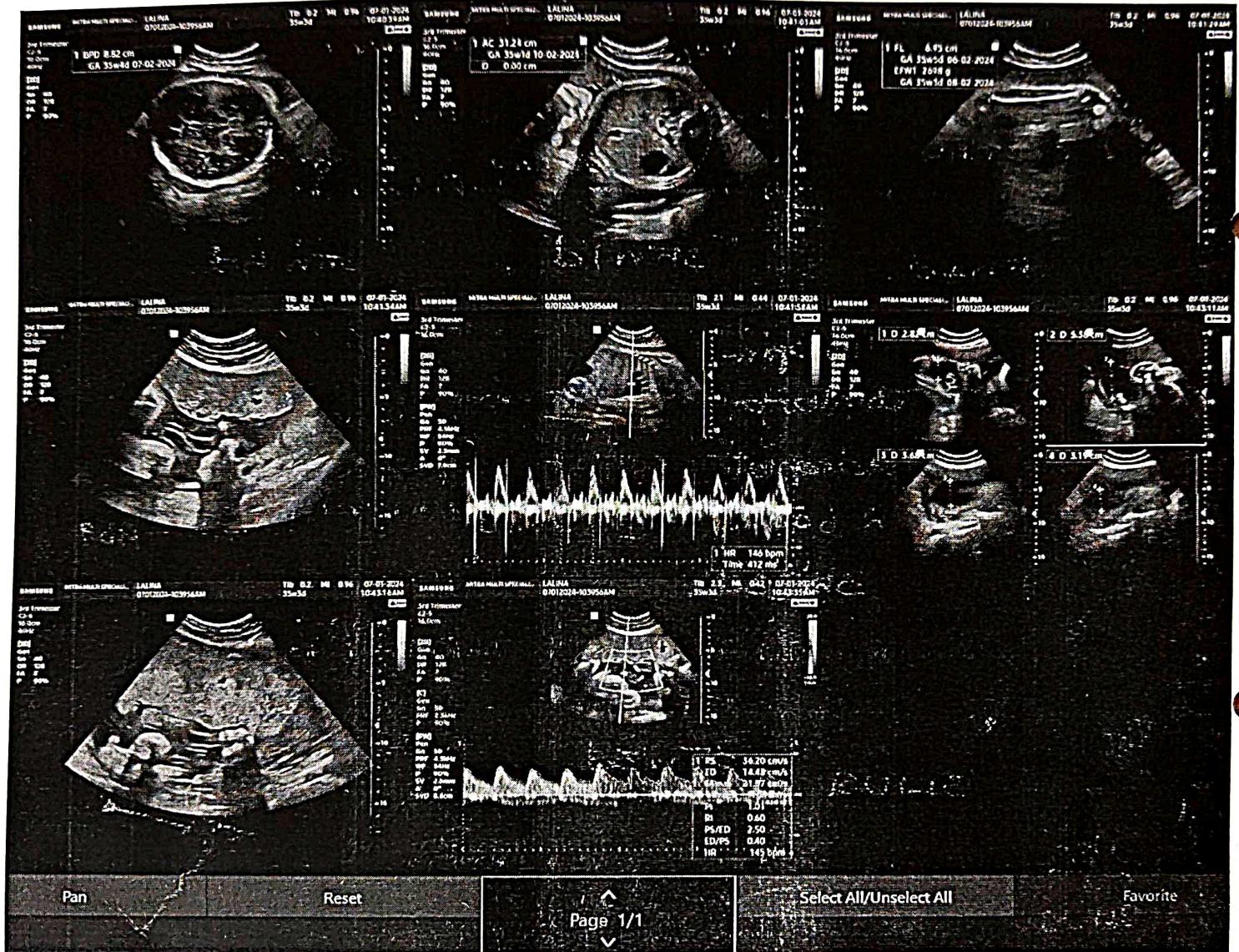
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Claimed for United India Insurance Co. Ltd under VERTICON Group Policy Blayach 19/02/2024





Claimed for United India Insurance Co. Ltd under VERIZON Group policy

Bhayani
19/02/2024

OP Case Sheet

Admission 09/11/24



OP No: M-02

Name: Mrs. Lalina

Age: 32 Gender: M F Date: 21/01/2024 Time: 11:12 (AM)

Vitals

Pulse 100 bpm; BP 106/75 mmhg; Temp 96.8 °F; Resp.Rate _____ / min;
Weight 72.8 kg; Height _____ cm; BMI _____ O2 Sat 98 %

Consciousness: Alert Responds to: Verbal Stimulus Pain Unresponsive

Past History

Nill HT DM Asthma IHD Kidney dis Others

Allergies:

Past Surgical History:

Current Medication:

Doctor Notes:

able to perceive fm well

O/E pt Eric fail

abdominal

P° | PFE°

Pl/A uterus b/m

+H/P.

VSC

BHUC

JOP

FHR good TISPECIALITY HOSPITAL

AFI - 8-9 cm

Intt adequate

TD1st

Diagnosis: Claimed for United India Insurance ^{co. ltd} under VERIZON Group policy B Jayesh

OP VALID TILL ONE WEEK

19-02-2024

Investigations Available:

Investigations Ordered:

Diet / Other Advice:

Disposition: OP Admitted Referred out Time:

Review: E-18 1312ky No complaint.

BP!-126/93 OIE pt. Cuofau -

para: 80 P/A 80ft

SpO₂ + 98

Item: 96.6

cos: - 67.1

Claimed for United India Insurance Co. Ltd under VERIZON Group Policy

Sign.of.Doctor

MITRA Multispeciality Hospital

B) Jayant
19/02/2024 +

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