Dr. Yerrabothu Ramesh

MBBS, MD(General Medicine)
General physician and Diabetologist
Registration No. 03143

PRASAD HOSPITALS

Swetha 56y/F.

Non DM
Non HTN

2015 - laparoscopic appendicectomy
2021 - lap. cholecystectomy

USG Abdomen - (N)
Mammography (N)
Chest X-ray (N)
ECG - (N)
2D echo - N
T. Bilirubin - 1.5
TSH - N

-Adv-

Tab. Udiliv 300 mg 1Tab BD
1 x 3 days.

PRASAD HOSPITALS

Mrs. SWETHA		Collected : 09-11-2024 09:30		Lab ID : 41127501070	
DOB :		Received : 09-11-2024 09:49		Sample Quality : Adequate	
Age : 36 Years		Reported :		Location : HYDERABAD	
Gender : Female		Status : Provisional		Ref By : PRASAD HOSPITAL	
CRM : 223002533420				Client : Prasad Hospitals India Private Limited -Pragathi Nagar-BS11948	

Parameter	Result	Unit	Biological Ref. Interval
COMPLETE BLOOD COUNT (CBC), Whole Blood EDTA			
Erythrocytes			
Hemoglobin *Colorimetric method*	12.2	g/dL	12.0 - 15.0
Red Blood Cells *Electrical Impedance method*	4.47	10^6 Cells/µL	3.8 - 4.8
PCV (Hematocrit) *Calculated*	37.90	%	36 - 46
MCV(Mean Corpuscular Volume) *Calculated*	84.8	fL	83 - 101
MCH (Mean Corpuscular Hb) *Calculated*	27.2	Pg	27 - 32
MCHC (Mean Corpuscular Hb Concentration) *Calculated*	32.1	g/dL	31.5 - 34.5
Red Cell Distribution Width CV *Calculated*	12.80	%	11.6 - 14.6
Red Cell Distribution Width SD *Calculated*	41.10	fL	39 -46
Leucocytes			
WBC -Total Leucocytes Count *Flowcytometry*	7.50	10^3 Cells/µL	4- 10
Differential leucocyte count			
Neutrophils *Flowcytometry*	63.9	%	40 - 80
Lymphocytes *Flowcytometry*	30.6	%	20 - 40
Monocytes *Flowcytometry*	3.90	%	2-10
Eosinophils *Flowcytometry*	1.6	%	1-6
Basophils *Flowcytometry*	0.00	%	0-2
Absolute leucocyte count			
Neutrophils (Abs) *Flowcytometry*	4.79	10^3 Cells/µL	1.5 - 8.0

Processed At: LifeWell Diagnostics Pvt Ltd, Prasad Hospital, Plot no : 15, Aditya Nagar, Pragati Nagar, Besides Nexa Showroom, Kukatpally, Hyderabad - 500090

PRASAD HOSPITALS

VETHA		Collected	: 09-11-2024 09:30	Lab ID	: 41127501070
UB	:	Received	: 09-11-2024 09:49	Sample Quality	: Adequate
Age	: 36 Years	Reported	:	Location	: HYDERABAD
Gender	: Female	Status	: Provisional	Ref By	: PRASAD HOSPITAL
CRM	: 223002533420			Client	: Prasad Hospitals India Private Limited -Pragathi Nagar-BS11948

Lymphocytes (Abs) *Flowcytometry*	2.29		10^3 Cells/µL	1.0 - 4.8
Monocytes (Abs) *Flowcytometry*	L	**0.29**	10^3 Cells/µL	0.5 - 0.9
Eosinophils (Abs) *Flowcytometry*	L	**0.12**	10^3 Cells/µL	0.2 - 0.5
Basophils (Abs) *Flowcytometry*	0		10^3 Cells/µL	0.0 - 0.3
Platelets				
Platelet Count *Electrical Impedance method*	298.00		10^3/µL	150-410
MPV *Calculated*	9.7		fL	9 - 13
PDW *Calculated*	15.6		fL	10.0 - 17.9
PlateletCrit *Calculated*	H	**0.29**	%	0.22 - 0.44
PLCR (Platelet-Large Cell Ratio) *Calculated*	23.90		%	15.0 - 35.0

Clinical significance:
CBC is used as a screening tool in the diagnosis or monitoring of many diseases. RBCs, WBCs, and platelets are produced in the bone marrow and released into the peripheral blood. The primary function of the RBC is to deliver oxygen to tissues. WBCs are key components of the immune system. Platelets play a vital role in blood clotting.Abnormal cell counter results are confirmed by peripheral blood smear examination by trained pathologist.

PRASAD HOSPITALS

ETHA		Collected	: 09-11-2024 09:30	Lab ID	: 4112750[illegible]70
:		Received	: 09-11-2024 09:49	Sample Quality	: Adequate
Age	: 36 Years	Reported	:	Location	: HYDERABAD
Gender	: Female	Status	: Provisional	Ref By	: PRASAD HOSPITAL
CRM	: 223002533420			Client	: Prasad Hospitals India Private Limited -Pragathi Nagar-BS11948

Parameter	Result	Unit	Biological Ref. Interval
ESR, EDTA Blood *Westergren(Manual)*	08	mm/hr	<=12

Clinical significance :-

ESR is the measurement of sedimentation of red cells in diluted blood after standing for 1 hour. It is dependent on various physiologic and pathologic factors including hemoglobin concentration, ratio of plasma proteins, serum lipid concentration etc. Although ESR is a non-specific phenomenon, its measurement is useful in disorders associated with increased production of acute phase proteins. In RA & TB it provides an index of progess of the disease and it has considerable value in diagnosis of temporal arteritis & polymyalgia rheumatica. ESR can be low (0-1 mm) especially in polycythemia, hypofibrinogenaemia and in abdnormalities of red cells like sickle cells or speherocytosis etc.

rHA		Collected	: 09-11-2024 09:30	Lab ID	: [illegible]
:		Received	: 09-11-2024 09:49	Sample Quality	: Adequate
ge : 36 Years		Reported	:	Location	: HYDERABAD
Gender : Female		Status	: Provisional	Ref By	: PRASAD HOSPITAL
CRM : 223002533420				Client	: Prasad Hospitals India Private Limited -Pragathi Nagar-BS11948

HOSPITALS

Parameter	Result	Unit	Biological Ref. Interval
Blood Grouping & Rh typing, EDTA Blood *Slide/Tube Agglutination (Forward & Reverse)*	" O " Positive		

Clinical Significance:
The blood group is determined by the presence or absence of blood group antigens on the RBC's and accordingly the individual's blood group is A, B, AB or O. Other than A & B antigens, Rh(D) antigen is the important antigen in transfusion practice. Out of 43 blood group sysytems described, ABO & Rh systems are of major clinical importance. The ABO antigens, although most important in relation to transfusion, are also expressed on most endothelial and epithelial membranes and are important histocompatability antigens.

PRASAD HOSPITALS

THA		Collected	: 09-11-2024 09:30	Lab ID	: 411275010/0
:		Received	: 09-11-2024 09:49	Sample Quality	: Adequate
ge : 36 Years		Reported	:	Location	: HYDERABAD
Gender : Female		Status	: Provisional	Ref By	: PRASAD HOSPITAL
CRM : 223002533420				Client	: Prasad Hospitals India Private Limited -Pragathi Nagar-BS11948

Parameter	Result	Unit	Biological Ref. Interval
Blood Grouping & Rh typing, EDTA Blood *Slide/Tube Agglutination (Forward & Reverse)*	" O " Positive		

Clinical Significance:
The blood group is determined by the presence or absence of blood group antigens on the RBC's and accordingly the individual's blood group is A, B, AB or O. Other than A & B antigens, Rh(D) antigen is the important antigen in transfusion practice. Out of 43 blood group sysytems described, ABO & Rh systems are of major clinical importance. The ABO antigens, although most important in relation to transfusion, are also expressed on most endothelial and epithelial membranes and are important histocompatability antigens.

PRASAD HOSPITALS

VETHA		Collected : 09-11-2024 09:30		Lab ID : 411275010770	
B :		Received : 09-11-2024 09:49		Sample Quality : Adequate	
Age : 36 Years		Reported :		Location : HYDERABAD	
Gender : Female		Status : Provisional		Ref By : PRASAD HOSPITAL	
CRM : 223002533420				Client : Prasad Hospitals India Private Limited -Pragathi Nagar-BS11948	

Parameter	Result	Unit	Biological Ref. Interval
Total Protein, Serum *BIURET*	L **5.91**	gm/dL	6.4-8.8

Clinical Significance:-
Urinary protein levels may rise in healthy individual after vigorous exercise. In a random urine sample, a protein: creatinine ratio can be used to roughly approximate 24 hours excretion rate. False proteinuria may be due to contamination of urine with semen, menstrual blood etc.

Glucose (Fasting) Plasma *GOD-POD*	98.80	mg/dL	Normal: <100 Pre-Diabetic: 100-124 Diabetic =>125

Clinical significance:-

Fasting blood glucose may be used to screen for and diagnose prediabetes and diabetes. In some cases, there may be no early signs or symptoms of diabetes, so an FBG may be used to screen people at risk of diabetes. Screening can be useful in helping to identify it and allowing for treatment before the condition worsens or complications arise. If the initial screening result is abnormal, the test should be repeated. Repeat testing or certain other tests (e.g., hemoglobin A1c) can also be used to confirm diagnosis of diabetes.

Glucose (Post Prandial), Plasma *GOD-POD*	117.60	mg/dL	Normal: =<140 Pre-Diabetic: 140-199 Diabetic=>200

Clinical significance:-

A Postprandial Plasma Glucose Test is a blood test that measures blood glucose levels following a meal containing a set amount of carbohydrate. Postprandial Plasma Glucose Tests show how tolerant the body is to glucose. Measurements of plasma glucose levels are important for the screening of metabolic dysregulation, pre-diabetes, and diabetes. Additionally, plasma glucose PP levels can be used as a tool to monitor diabetes, screen for hypoglycemic episodes, guide treatment or lifestyle interventions and predict risk for comorbidities, such as cardiovascular or eye and kidney disease.

Total Cholesterol, Serum *CHOP-PAP*	186.00	mg/dL	Desirable: <200 Borderline: 200 - 239 High: >=240

Clinical significance :-

Lipoprotein metabolism profile analysis adds practical information about the etiology of cholesterol and/or triglyceride elevation. In some patients, increased serum lipids reflect elevated levels of intermediate-density lipoprotein (IDL), very-low-density lipoprotein (VLDL), lipoprotein a (Lp[a]), or even the abnormal lipoprotein complex-LpX. Patients must be fasting for at least 12 to 14 hours if a lipid screen is ordered. If total cholesterol is the only lipid test ordered, fasting is not necessary.

...VETHA		Collected : 09-11-2024 09:30		Lab ID : 411275010/0	
d :		Received : 09-11-2024 09:49		Sample Quality : Adequate	
Age : 36 Years		Reported :		Location : HYDERABAD	
Gender : Female		Status : Provisional		Ref By : PRASAD HOSPITAL	
CRM : 223002533420				Client : Prasad Hospitals India Private Limited -Pragathi Nagar-BS11948	

Creatinine, Serum — L **0.54** — mg/dL — 0.6 - 1.1
ENZYMATIC

Clinical significance :-

An increased level of creatinine may be a sign of poor kidney function. The measure of serum creatinine may also be used to estimate glomerular filtration rate (GFR). The formula for calculating GFR takes into account the serum creatinine count and other factors, such as age and sex. A GFR score below 60 suggests kidney disease. Creatinine clearance is usually determined from a measurement of creatinine in a 24-hour urine sample and from a serum sample taken during the same time period. However, shorter time periods for urine samples may be used. Accurate timing and collection of the urine sample is important.

Urea, Serum — L **13.40** — mg/dL — 15-48
UREASE/GLDH

Clinical Significance:
Urea is the final breakdown product of the amino acids found in proteins. High urea levels suggest poor kidney function. This may be due to acute or chronic kidney disease. However, there are many things besides kidney disease that can affect urea levels such as decreased blood flow to the kidneys as in congestive heart failure, shock, stress, recent heart attack or severe burns; bleeding from the gastrointestinal tract; conditions that cause obstruction of urine flow; or dehydration

Blood Urea Nitrogen (BUN), Serum — 6.26 — mg/dL — 6 -20
Calculated

Clinical significance:

Increased blood urea nitrogen (BUN) may be due to prerenal causes (cardiac decompensation, water depletion due to decreased intake and excessive loss, increased protein catabolism, and high protein diet), renal causes (acute glomerulonephritis, chronic nephritis, polycystic kidney disease, nephrosclerosis, and tubular necrosis), and postrenal causes (eg, all types of obstruction of the urinary tract, such as stones, enlarged prostate gland, tumors). The determination of serum BUN currently is the most widely used screening test for the evaluation of kidney function.

Uric Acid, Serum — 2.70 — mg/dL — 2.3-6.6
URICASE-POD

Clinical significance:-

Uric acid is the final product of purine metabolism in humans. The major causes of hyperuricemia are increased purine synthesis, inherited metabolic disorder, excess dietary purine intake, increased nucleic acid turnover, malignancy, cytotoxic drugs, and decreased excretion due to chronic renal failure or increased renal reabsorption. Hypouricemia may be secondary to severe hepatocellular disease with reduced purine synthesis, defective renal tubular reabsorption, overtreatment of hyperuricemia with allopurinol, as well as some cancer therapies (eg, 6-mercaptopurine).

Bilirubin - Total, Serum — H **1.53** — mg/dL — 0.1 - 1.3
DIAZO

Clinical Significance:
Bilirubin is one of the most commonly used tests to assess liver function. The most commonly occurring form of unconjugated hyperbilirubinemia is that seen when there is excess hemolysis (pre-hepatic jaundice).Conjugated (direct) bilirubin is elevated more than unconjugated (indirect) bilirubin when there is blockage of the bile ducts. Both conjugated and unconjugated bilirubins are increased in hepatitis and space-occupying lesions of the liver; and obstructive lesions such as carcinoma of the head of the pancreas, common bile duct, or ampulla of Vater.

Bilirubin - Direct, Serum — H **0.57** — mg/dL — <0.3
DIAZO

Clinical Significance:
Bilirubin is one of the most commonly used tests to assess liver function. The most commonly occurring form of unconjugated hyperbilirubinemia is that seen when there is excess hemolysis (pre-hepatic jaundice).Conjugated (direct) bilirubin is elevated more than unconjugated (indirect) bilirubin when there is blockage of the bile ducts. Both conjugated and unconjugated bilirubins are increased in hepatitis and space-occupying lesions of the liver; and obstructive lesions such as carcinoma of the head of the pancreas, common bile duct, or ampulla of Vater.

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PRASAD HOSPITALS

ETHA		Collected : 09-11-2024 09:30		Lab ID : 41127501070	
:		Received : 09-11-2024 09:49		Sample Quality : Adequate	
Age : 36 Years		Reported :		Location : HYDERABAD	
Gender : Female		Status : Provisional		Ref By : PRASAD HOSPITAL	
CRM : 223002533420				Client : Prasad Hospitals India Private Limited -Pragathi Nagar-BS11948	

Bilirubin - Indirect, Serum *Calculated*	0.96	mg/dL	0.2-1

Clinical Significance:
Hemoglobin is released from RBCs and broken down to heme and globin molecules. Heme is then catabolized to form biliverdin, which is transformed into bilirubin. This form of bilirubin is called unconjugated (indirect) bilirubin. The total serum bilirubin level is the sum of the conjugated (direct) and unconjugated (indirect) bilirubin. These are separated out when fractionation or differentiation of the total bilirubin to its direct and indirect parts is requested from the laboratory. Normally the unconjugated bilirubin makes up 70% to 85% of the total bilirubin.

PRASAD HOSPITALS

NETHA		Collected	: 09-11-2024 09:30	Lab ID	: 41127501070
UB	:	Received	: 09-11-2024 09:49	Sample Quality	: Adequate
Age	: 36 Years	Reported	:	Location	: HYDERABAD
Gender	: Female	Status	: Provisional	Ref By	: PRASAD HOSPITAL
CRM	: 223002533420			Client	: Prasad Hospitals India Private Limited -Pragathi Nagar-BS11948

Parameter	Result	Unit	Biological Ref. Interval
HBA1C by HPLC			
HbA1c By HPLC,EDTA Blood *HPLC*	5.1	%	NORMAL: 4.5-5.6 AT RISK : 5.7-6.5 DIABETIC: 6.6-7.0 UNCONTROLLED: 7.1-8.9 Critically high: >= 9.0
Estimated Average Glucose(eAG) *Calculated*	99.34	mg/dL	70-126

Clinical significance :

Hemoglobin A1c (HbA1c) is a result of the nonenzymatic attachment of a hexose molecule to the N-terminal amino acid of the hemoglobin molecule. HbA1c estimation is useful in evaluating the long-term control of blood glucose concentrations in patients with diabetes, for diagnosing diabetes and to identify patients at increased risk for diabetes (prediabetes). The ADA recommends measurement of periodic HbA1c measurements to keep the same within the target range.The presence of hemoglobin variants can interfere with the measurement of hemoglobin A1c (HbA1c).

PRASAD HOSPITALS

METHA		Collected	: 09-11-2024 09:30	Lab ID	: 411275016/0
ID	:	Received	: 09-11-2024 09:49	Sample Quality	: Adequate
Age	: 36 Years	Reported	:	Location	: HYDERABAD
Gender	: Female	Status	: Provisional	Ref By	: PRASAD HOSPITAL
CRM	: 223002533420			Client	: Prasad Hospitals India Private Limited -Pragathi Nagar-BS11948

Parameter	Result	Unit	Biological Ref. Interval

THYROID FUNCTION TEST

Tri Iodo Thyronine (T3 Total), Serum
CLIA

0.98 ng/mL

Non Pregnant: 0.7-2.04
Pregnancy:
1st trimester: 0.81-1.9
2nd trimester: 1.0-2.60
3rd trimester: 1.0-2.60

Clinical significance:-
Triiodothyronine (T3) values above 3.07 ng/mL in adults or over age related cutoffs in children are consistent with hyperthyroidism or increased thyroid hormone-binding proteins. Abnormal levels (high or low) of thyroid hormone-binding proteins (primarily albumin and thyroid-binding globulin) may cause abnormal T3 concentrations in euthyroid patients. Please note that Triiodothyronine (T3) is not a reliable marker for hypothyroidism. Therapy with amiodarone can lead to depressed T3 values.

Thyroxine (T4), Serum
CLIA

10.68 µg/dL 5.5-11.0

Clinical significance:-

Thyroxine (T4) is synthesized in the thyroid gland. High T4 are seen in hyperthyroidism and in patients with acute thyroiditis. Low T4 are seen in hypothyroidism, myxedema, cretinism, chronic thyroiditis, and occasionally, subacute thyroiditis. Increased total thyroxine (T4) is seen in pregnancy and patients who are on estrogen medication. These patients have increased total T4 levels due to increased thyroxine-binding globulin (TBG) levels. Decreased total T4 is seen in patients on treatment with anabolic steroids or nephrosis (decreased TBG levels).

Thyroid Stimulating Hormone (TSH), Serum
CLIA

0.952 µIU/mL

Nonpregnant: 0.4-5.5
Pregnancy:
First Trimester: 0.3-4.5
Second Trimester: 0.5-4.6
Third trimester: 0.8-5.2

Clinical significance:
In primary hypothyroidism, TSH (thyroid-stimulating hormone) levels will be elevated. In primary hyperthyroidism, TSH levels will be low. TSH estimation is especially useful in the differential diagnosis of primary (thyroid) from secondary (pituitary) and tertiary (hypothalamus) hypothyroidism. In primary hypothyroidism, TSH levels are significantly elevated, while in secondary and tertiary hypothyroidism, TSH levels are low or normal. Elevated or low TSH in the context of normal free thyroxine is often referred to as subclinical hypo- or hyperthyroidism, respectively.

Pregnancy	American Thyroid Association	American European Endocrine	Thyroid society Association
1st trimester	< 2.5	< 2.5	< 2.5
2nd trimester	< 3.0	< 3.0	< 3.0
3rd trimester	< 3.5	< 3.0	< 3.0

PRASAD HOSPITALS

METHA	:	Collected	: 09-11-2024 09:30	Lab ID	: 411275010/0
	:	Received	: 09-11-2024 09:49	Sample Quality	: Inadequate
Age	: 36 Years	Reported	:	Location	: HYDERABAD
Gender	: Female	Status	: Provisional	Ref By	: PRASAD HOSPITAL
CRM	: 223002533420			Client	: Prasad Hospitals India Private Limited -Pragathi Nagar-BS11948

Parameter	Result	Unit	Biological Ref. Interval

URINE ROUTINE EXAMINATION

PHYSICAL EXAMINATION			
Colour *Visual*	Pale Yellow		Pale Yellow
Volume *Visual*	20	ml	
Specific Gravity *Dip Stick (Bromthymol blue)*	1.025		1.015 - 1.025
Appearance *Visual*	Clear		Clear
pH *Dip Stick (Double Indicators)*	6.0		5.0 -8.0
BIOCHEMICAL EXAMINATION			
Protein, Urine *Dip Stick (Protein Error of Indicators)*	**Trace**		Negative
Glucose *Dip Stick (GOP-POD)*	Negative		Negative
Ketones *Dip Stick (Sodium nitroprusside)*	Absent		Negative
Urobilinogen *Dip Stick (Ehrlich)*	Normal		Normal
Bilirubin *Dip Stick (Azo-coupling reaction)*	Negative		Negative
Nitrite *Dip Stick (Diazotization)*	Negative		Negative
Blood *Dip Stick (Peroxidase)*	Negative		Negative
Leukocyte Esterase *Strip Based*	Negative		Negative
MICROSCOPIC EXAMINATION			
Pus cells *Microscopy*	2 - 3	/hpf	0-5
Epithelial Cells *Microscopy*	3 - 4	/hpf	0-2

: 36 Years	Collected : 09-11-2024 09:30	Lab ID	: 4112250070
: Female	Received : 09-11-2024 09:49	Sample Quality	: Adequate
: 223002533420	Reported :	Location	: HYDERABAD
	Status : Provisional	Ref By	: PRASAD HOSPITAL
		Client	: Prasad Hospitals India Private Limited -Pragathi Nagar-BS11948

RBCs *Microscopy*	Nil	/hpf	Nil
Casts *Microscopy*	Nil		Nil
Crystals *Microscopy*	Nil		Nil
Yeast cells *Microscopy*	Absent		Absent
Bacteria *Microscopy*	Absent		Absent

Clinical Significance:
A urinalysis alone usually doesn't provide a definite diagnosis. Depending on the reason your provider recommended this test, you might need follow-up for unusual results. Evaluation of the urinalysis results with other tests can help your provider determine next steps.
Getting standard test results from a urinalysis doesn't guarantee that you're not ill. It might be too early to detect disease or your urine could be too diluted.

Pending Services
LBC-PAP Smear, Cervical/vaginal Swab.

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

PRASAD HOSPITALS

DEPARTMENT OF CARDIOLOGY

NAME: MRS SWETHA SEX: F AGE: 36YRS

DONE BY: Dr. SRAVAN KUMAR V DM DATE: 09/11/2024

REPORT OF 2D ECHOCARDIOGRAM WITH COLOUR DOPPLER

Mitral Valve	: NORMAL
Aortic Valve	: NORMAL
Pulmonary Valve	: NORMAL
Tricuspid Valve	: NORMAL
Right Atrium	: NORMAL
Right Ventricle	: NORMAL.
Left Atrium	: 3.0cm
Left Ventricle	: NO LVH, NO RWMA
LV DIMENSIONS	: IDd 4.4cm/ESd:2.8cm.
	IVSd: 1.1cm **EF:** 62%
	PWd: 1.0m **FS:** 32%
IAS/IVS	: INTACT
Aorta	: 2.8cm
Pulmonary Artery	: NORMAL
IVC	: NORMAL
Pulmonary Veins	: NORMAL
Pericardium	: NORMAL
Others	: NO LV CLOT

DOPPLER

Mitral Valve	: E/A: 0.7/0.4m/sec
Aortic Valve	: 1.2m/s
Pulmonary Valve	: 0.8m/s
Tricuspid Valve	: 2.0m/s, RVSP 21+RAP

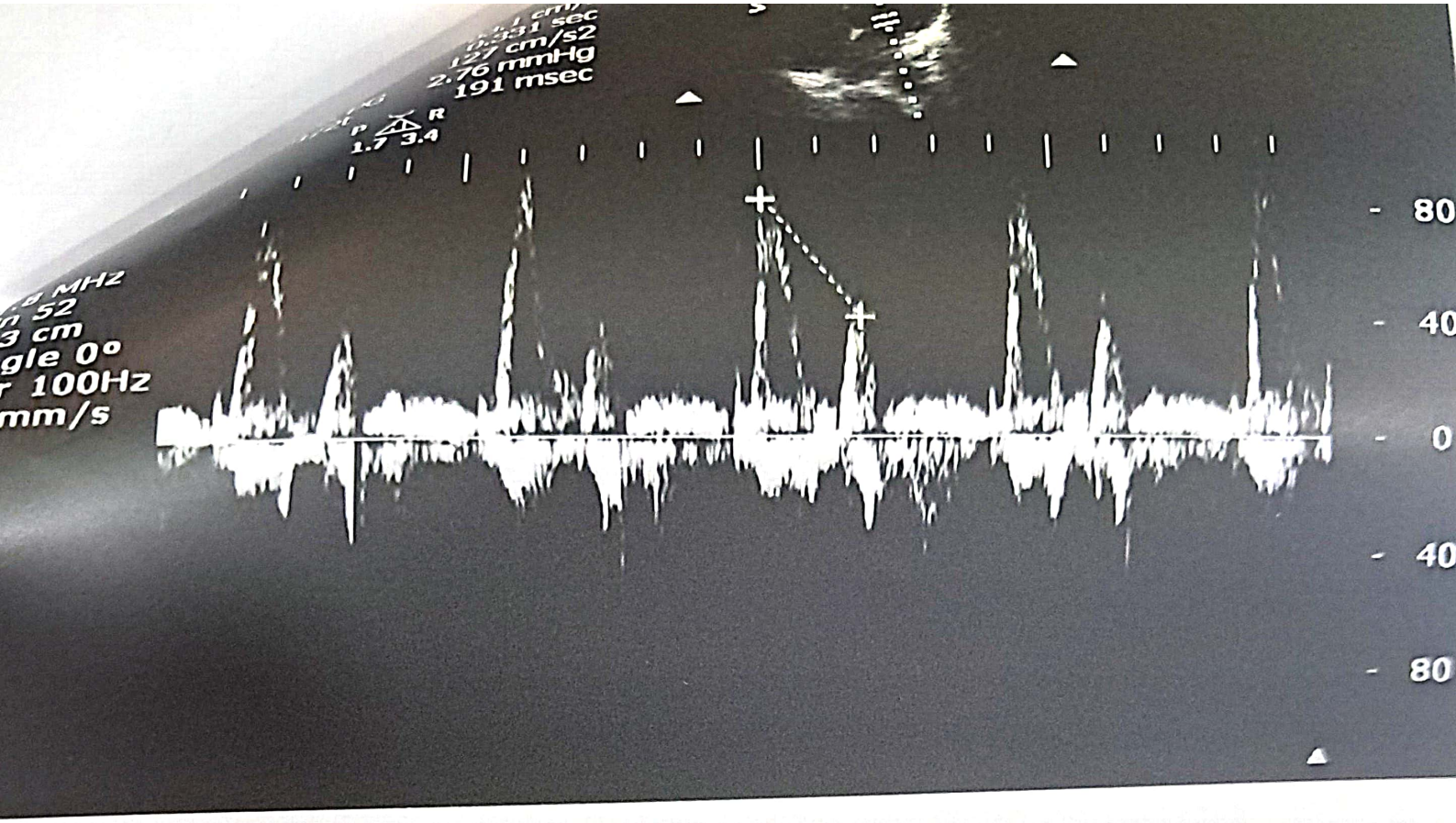
Color Doppler

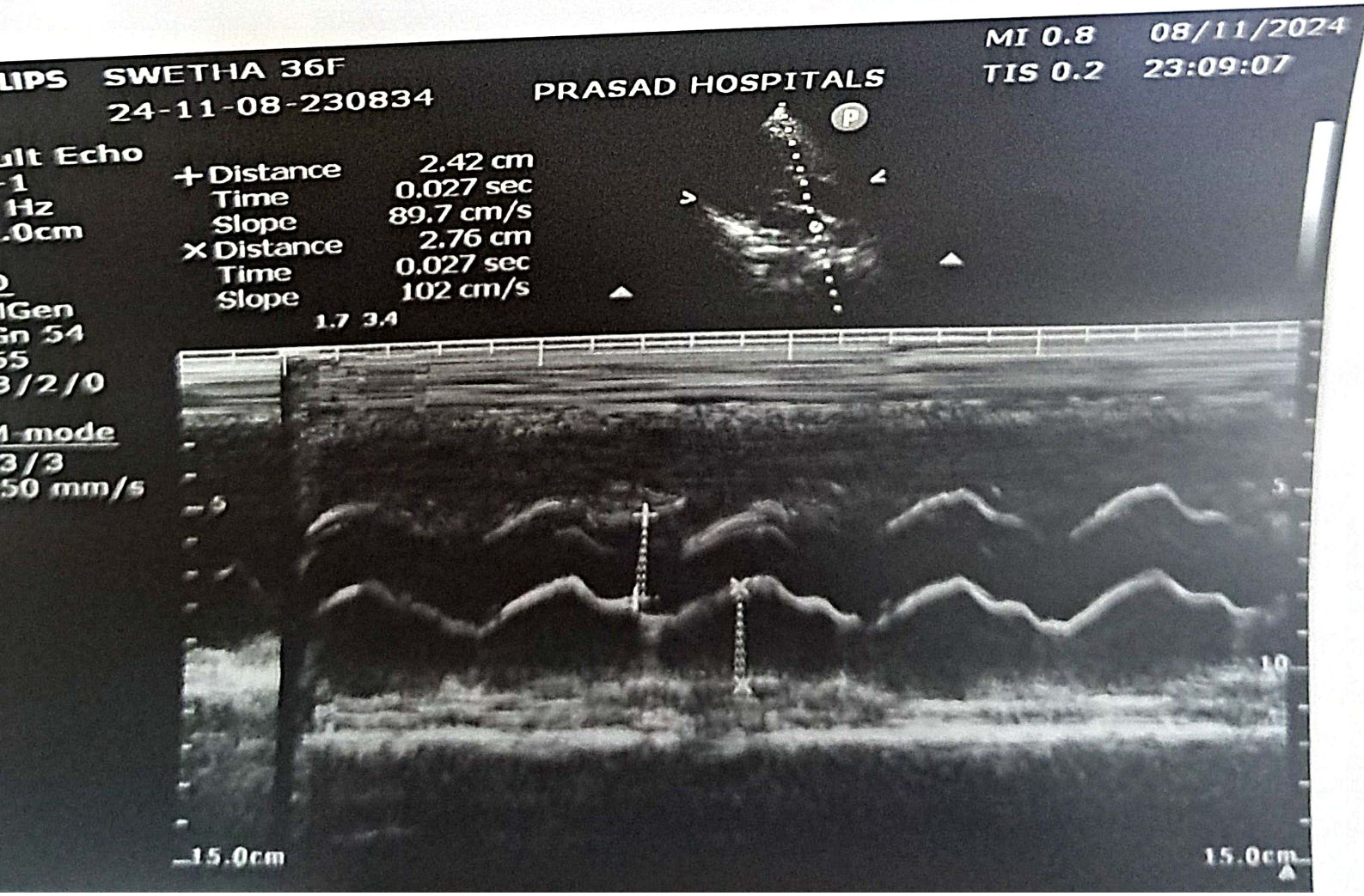
MR: NIL TR:1+ AR: NIL PR: NIL

CONCLUSION

NORMAL SIZED CARDIAC CHAMBERS
NO RWMA OF LV
NORMAL LV SYSTOLIC FUNCTION
NORMAL LV FILLING PATTERN
NO MR/ NO AR
TRIVIAL TR, NO PAH
NO PE, VEGETATION/CLOT

DR. SRAVAN KUMAR V
MBBS, MD, DM (CARDIOLOGIST)


2.76 mmHg
191 msec
1.7 3.4
80
40
0
40
80


SWETHA 36F
24-11-08-230834
PRASAD HOSPITALS
MI 0.8
TIS 0.2
08/11/2024
23:09:07
+ Distance 2.42 cm
Time 0.027 sec
Slope 89.7 cm/s
× Distance 2.76 cm
Time 0.027 sec
Slope 102 cm/s
1.7 3.4
15.0cm
15.0cm

2024-11-9 9:59:59 ID:00003270

ID Card:

Name:SWETHA Gender:Female

Age:36 Height(cm):

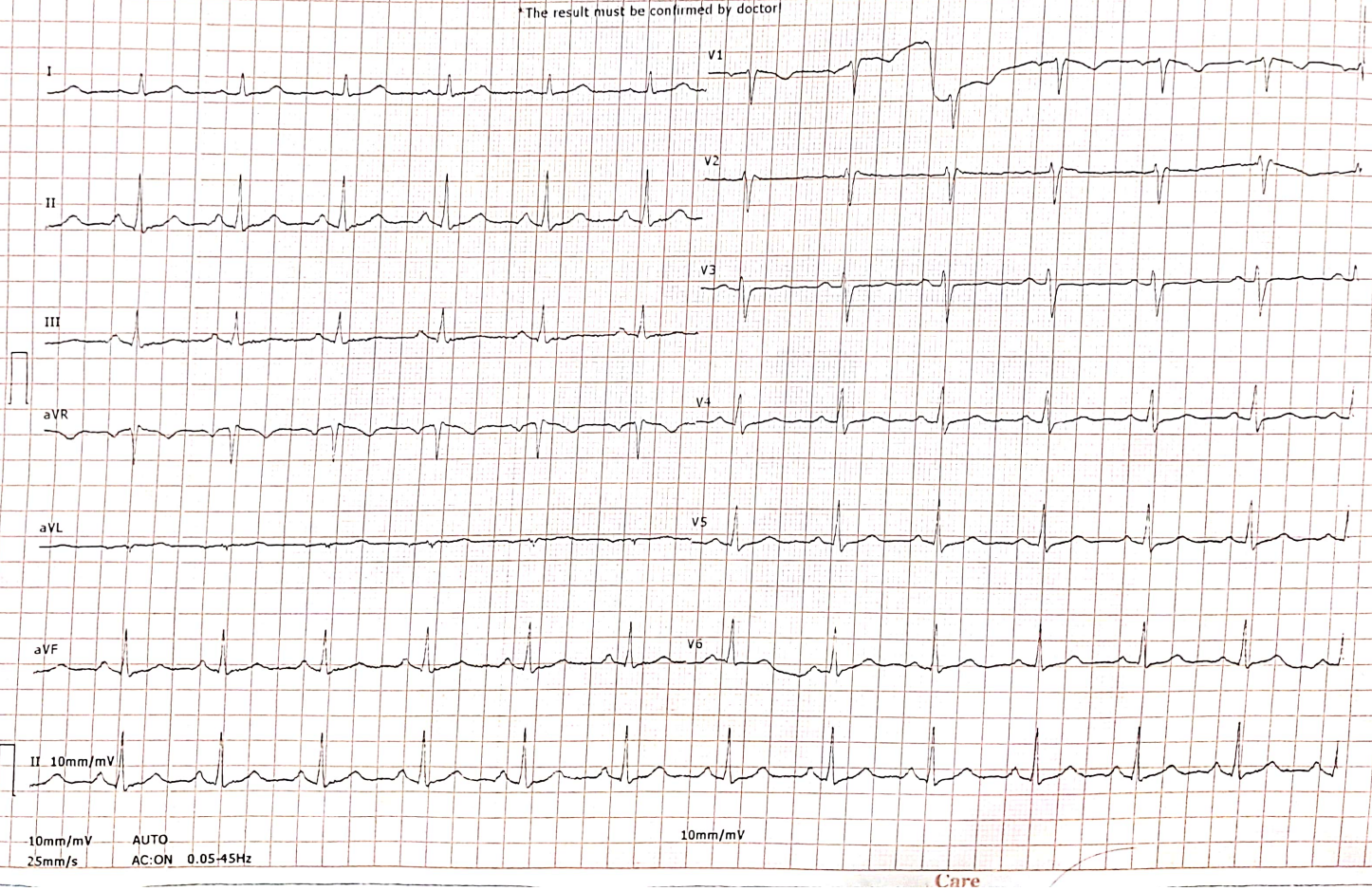
Weight(Kg): BP(mmHg): /

HR	bpm	77
P-R	ms	160
Q-R-S	ms	103
QT/QTc	ms	370/416
P/QRS/T AXES	deg	68/65/68
RV5/SV1	mV	0.79/0.60
RV5+SV1	mV	1.39

801 Sinus Rhythm
** NORMAL ECG **

Report Confirmed by:

*The result must be confirmed by doctor!



10mm/mV AUTO
25mm/s AC:ON 0.05-45Hz

Care

PRASAD HOSPITALS

Patient Name	SWETHA 36Y/F	Date of Birth	
Patient ID	OP 29501	Age	
Referral Dr		Sex	Female
Study Date Time	9 Nov 2024 12:05pm	Report Date Time	9 Nov 2024 12:47pm

PLAIN RADIOGRAPH OF CHEST- PA VIEW

FINDINGS:

CARDIA : Cardiac size is normal.

Cardiac silhouette is normal.

Both domes of diaphragm are normal in position.

LUNGS : Both lungs appear clear.

Trachea and visualized major bronchi are normal in caliber and orientation.

Both hemi thoraces are of equal and normal volume.

HILA : Mediastinal silhouette appears normal.

Bilateral hilar shadows appear normal.

CP ANGLES : Bilateral costophrenic and cardiophrenic angles appear clear.

BONE CAGE : Visualized bilateral ribs and clavicles are intact.

IMPRESSION :

No abnormal radiographic changes in the chest.

Suggested clinical correlation; Kindly discuss if needed.

Dr. Meenu Chandran
Consultant Radiologist

PRASAD HOSPITALS

PATIENT NAME: SWETHA
REF BY DR: PRASD HOSPITALTS

36YRS/FEMALE
09/11/2024

USG REPORT – BOTH BREASTS

Sonography of both breasts done

RIGHT BREAST:

Parenchyma

Skin Thickness normal

Sub cutaneous fat normal.

No ductal Dilatation.

No focal lesion seen.

Fibroglandular echogenicity normal.

Nipple areolar complex normal.

Retromammary

Retromammary area appeared normal

Axillary Tail

Axillary Tail: Normal.

Axillary Nodes

No significant enlargement of axillary node seen

LEFT BREAST:

Parenchyma

Skin Thickness normal

No ductal Dilatation.

No focal lesion seen.

Fibroglandular echogenicity normal.

Nipple areolar complex normal.

Retromammary

Retromammary area appeared normal

PRASAD HOSPITALS

Axillary Tail

Axillary Tail: Normal.

Axillary Nodes

No significant enlargement of axillary node seen.

USG REPORT – BOTH BREASTS

IMPRESSION:

- **Right breast parenchyma is normal.**
- **Right axilla normal.**
- **Left breast parenchyma is normal.**
- **Left axilla normal.**
    - **Suggested clinical correlation for further evaluation.**

BI – RADS SCORE IS: RIGHT BREAST: I LEFT BREAST : I

NOTE: **BI – RADS SCORING KEY**

O – Needs additional evaluation, I – Negative, II – Benign findings, III – Probably benign
IV – Suspicious abnormality – Biopsy to be considered, V – Highly suggestive of malignancy,
VI – Known biopsy proven malignancy.

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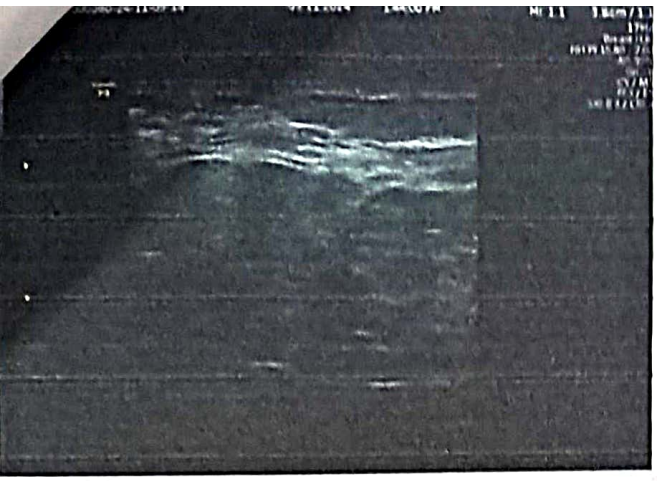

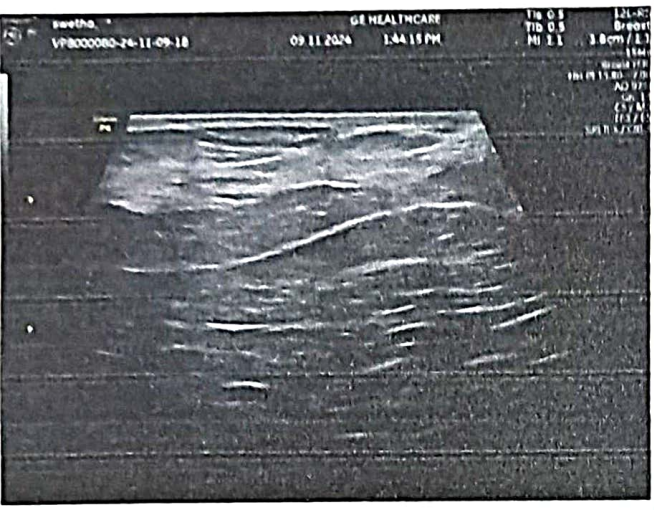
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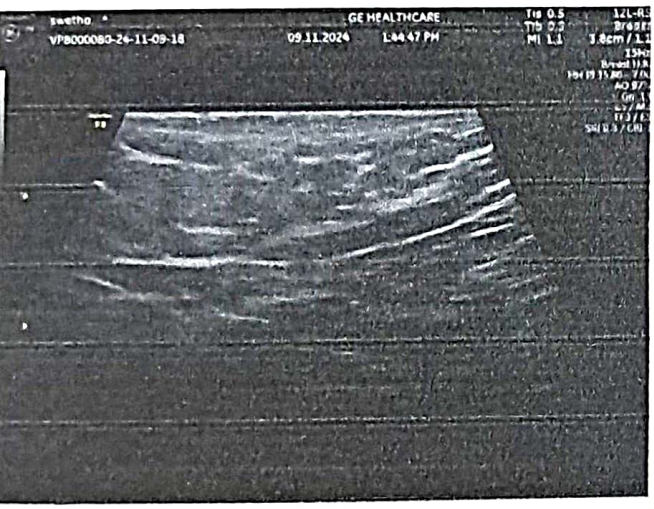
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PRASAD HOSPITALS

PATIENT NAME: SWETHA 36YRS/FEMALE

REF BY DR. PRASAD HOSPITALS 09/11/2024

ULTRA SOUND SCAN ABDOMEN

LIVER:	Normal in size, Normal shape & echo texture. No focal lesion seen. No IHBD, Portal vein is normal and CBD normal
GALL BLADDER:	not visualized post cholecystectomy status.
PANCREAS:	Normal in size, shape and echo pattern. Main pancreatic duct normal.
SPLEEN:	Normal in size with normal echo texture. No focal lesion seen. Splenic Veins normal.
RIGHT KIDNEY	Normal in size, with normal shape and echogenicity. Corticomedullary differentiation is well maintained Pelvicalyceal system is normal. No focal lesion seen. No e/o renal calculi
LEFT KIDNEY:	Normal in size, with normal shape and echogenicity. Corticomedullary differentiation is well maintained Pelvicalyceal system is normal. No focal lesion seen. No e/o renal calculi
BLADDER:	Well, distended with normal wall thickness. No evidence of calculi.
UTERUS:	Uterus measures: 7.8 x 3.9 x 4.5 cm Anteverted appears normal in size, shape and echogenicity. Endo myometrial junction is normal. E.T 9 mm.
RIGHT OVARY:	Normal in size with normal echo texture. 2.9 x 1.3 cm
LEFT OVARY:	Normal in size with normal echo texture. 2.4 x 1.3 cm

IMPRESSION: No significant abnormality detected.

For clinical correlation

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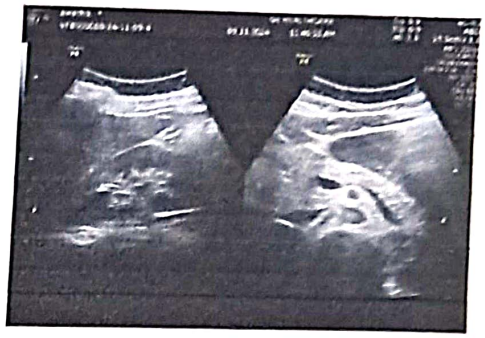
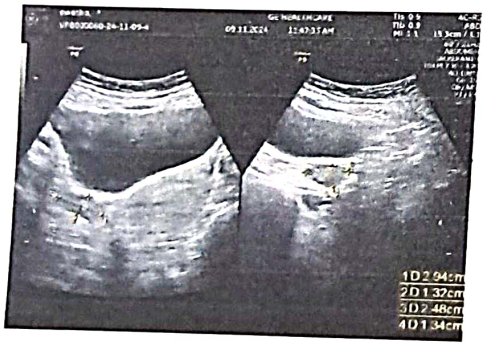



1D 7.85cm
2D 3.88cm


1D 4.52cm


1D 2.94cm
2D 1.32cm
3D 2.48cm
4D 1.34cm