



## Radiology Report

**Patient Name** : Mrs. LAKSHMI S R      **Age/Sex** : 47 Y/F      **Order Date** : 08-03-2025 09:03  
**Ref by** :      **MR No.** : PTH202500272910

### X RAY CHEST PA VIEW

#### FINDINGS:

- Lung fields are clear.
- No mediastinal shift.
- Both the hila appear normal.
- CP angles are normal.
- Cardiac diameter is within normal limits.
- Visible bony thoracic cage is normal.

**IMPRESSION:**  
**NORMAL STUDY.**

DR PRADEEP A V  
MBBS MD DNB FFM  
Ex SR AIIMS DELHI & NIMHANS  
**CONSULTANT RADIOLOGIST and  
FETAL MEDICINE SPECIALIST**

2025022009170496

ID: [Redacted]  
Name:  
Age:  
Gender:

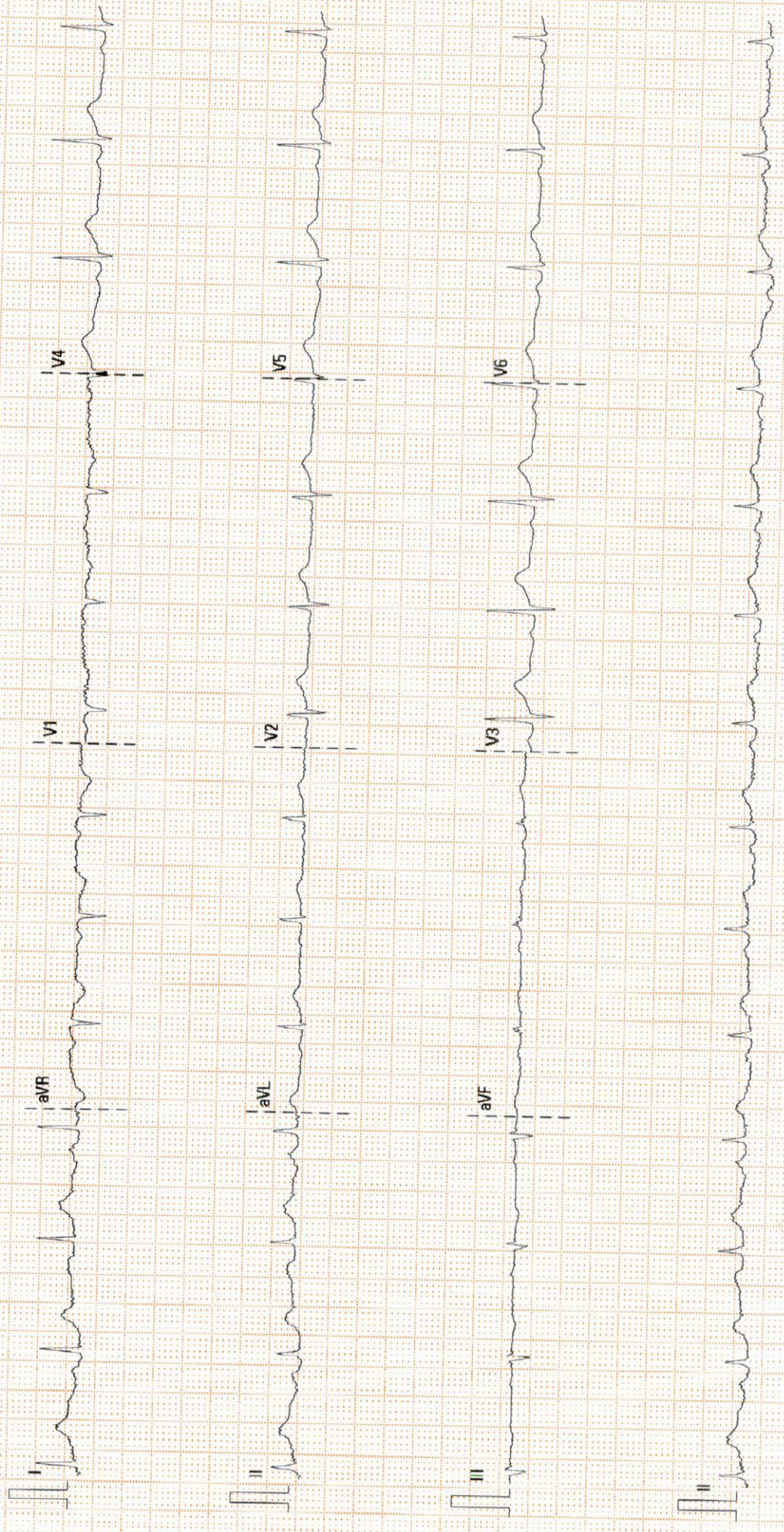
**Mrs. LAKSHMI S R**  
**Age/Sex: 47 Y/F**  
**PTID: PTH202500272910**  
**Birth Date: 03-05-1977**

dm  
is  
ns  
TNS  
deg

Sinus rhythm  
--- Interpretation made without knowing patient's gender/age ---  
Normal ECG

Unconfirmed Diagnosis.

OTc: Hodges



25 mm/s    10 mm/mV    50 Hz    BDR 35 Hz

02.10.00/128 4 1    SN FN-32040880



Dec 20, 2021 - Dec 19, 2025



## COLOR DOPPLER ECHOCARDIOGRAPHY REPORT

**NAME: Mrs. LAKSHMI S R**

**AGE/GENDER: 47Y/FEMALE**

**PTID : PTH202500272910**

**DATE: 08/03/2025**

**REFERRED BY: PACKAGE**

**INDICATION: Cardiac Evaluation**

### VALVES:

MITRAL VALVE : Normal, Trace MR  
AORTIC VALVE : Trileaflet, Normal, No AS/AR  
TRICUSPID VALVE : Normal, Trace TR  
PULMONARY VALVE : Normal

### CHAMBERS:

LEFT ATRIUM : Normal  
RIGHT ATRIUM : Normal  
LEFT VENTRICLE : Normal in size, Normal LV Systolic Function  
RIGHT VENTRICLE : Normal

### SEPTAE:

IVS : Grossly Intact  
IAS : Grossly Intact

### GREAT ARTERIES:

AORTA : Grossly Normal  
PULMONARY ARTERY : Grossly Normal

PERICARDIUM : Nil

IVC : IVC 09mm, Normal and Collapsing >50%

**PEOPLE TREE HOSPITALS**  
A UNIT OF TMI HEALTHCARE PRIVATE LIMITED  
CIN: U85100KA2011PTC059175

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Dec 20, 2021 - Dec 19, 2025



### MEASUREMENTS :

AO – 1.8cm      LVID (d) – 4.9cm      IVS (d) – 10mm      PW (d) – 10mm

LA – 2.7cm      LVID (s) – 3.2cm      IVS (s) – 14mm      PW (s) – 13mm 5

EF – 60%

### DOPPLER DATA:

MITRAL VALVE : E – 0.66/sec, A – 0.62m/sec, E/A – 1.06m/sec

AORTIC VALVE : AV Vmax – 1.61m/sec

PULMONIC VALVE : PV Vmax – 1.01m/sec

TRICUSPID VALVE : TR Vmax – 2.33m/sec + RAP(5mmHg), PASP=26mmHg

REGIONAL WALL MOTION ABNORMALITIES -- None

### FINAL IMPRESSION:

- Normal Chambers & Dimensions
- No RWMA at Rest, LVEF- 60%
- Normal LV Systolic Function
- Preserved LV Diastolic Function
- Trace MR/TR
- No Clot/Vegetation/Effusion

**DR. VINODH KUMAR K**  
MBBS, MD(General Medicine), DM Cardiology  
FSCAI(USA), Interventional Cardiology(Spain)

**DR. K MANJUNATH**  
NON-INVASIVE CARDIOLOGIST

**Ashwini**  
Echocardiographer

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Patient Name : Mrs. LAKSHMI S R      Age/Sex : 47 Y/F      Order Date : 08-03-2025 09:03  
Ref by :      MR No. : PTH202500272910

### USG ABDOMEN AND PELVIS

**LIVER:** Normal in size (14.5cms), and shows diffuse increase in echopattern. No focal lesions seen. Intrahepatic biliary radicals are normal. Portal vein appears normal.

**GALL BLADDER:** Not visualized - post operative status

**PANCREAS:** Normal in size, shape & has uniform echogenicity.

**SPLEEN:** Normal in size and echopattern. No focal lesions seen.

**KIDNEYS:** Both the kidneys are normal in position, size, shape and contour. Cortical echogenicity is normal, corticomedullary differentiation is well maintained.

**RT.KIDNEY-** 10.6cm in length and 1.5cm in parenchymal thickness. No calculi / hydronephrosis seen.

**LT.KIDNEY-** 10.1cm in length and 1.2cm in parenchymal thickness. No calculi / hydronephrosis seen.

**URINARY BLADDER:** Normal in outline and wall thickness. No calculi or mucosal irregularity seen.

**UTERUS:** Anteverted and bulky in size with altered echopattern and loss of endomyometrial interface. No focal lesions seen. Endometrial thickness is 11.0mm. Uterine measurements: 11.3 x 5.3 x 8.4cms.

**OVARIES:** Normal.

No adnexal mass lesions. No fluid in POD.  
No free fluid / dilated / thickened bowel loops are noted.

#### IMPRESSION:

- Grade I hepatic steatosis.
- Bulky uterus with altered echopattern and loss of endomyometrial interface - possibility of adenomyosis to be ruled out.

\* Suggested clinical correlation.

DR MAHESH S  
CONSULTANT RADIOLOGIST



## Radiology Report

Patient Name : Mrs. LAKSHMI S R      Age/Sex : 47 Y/F      Order Date : 08-03-2025 09:03  
Ref by :      MR No. : PTH202500272910

### USG BREASTS

**Right breast:** Shows normal echotexture of glandular and adipose tissue.

Nipple and areola appear normal.

**Well defined hypoechoic lesion measuring 1.1 x 0.9cms noted in upper inner quadrant at 2'o clock position in intra mammaryzone about 2.5cms from the nipple areola complex.**

**No significant vascularity within the lesion.**

No ductal dilatation seen.

**Left breast:** Shows normal echotexture of glandular and adipose tissue.

No obvious focal lesions noted. Nipple and areola appear normal.

No ductal dilatation seen.

No evidence of enlarged lymphnodes seen in axillae.

### IMPRESSION:

**Well defined hypoechoic lesion in upper inner quadrant at 2'o clock position in intra mammaryzone of right breast as described - s/o fibro adenoma - BIRADS II**

DR MAHESH S  
CONSULTANT RADIOLOGIST

## LABORATORY INVESTIGATION REPORT

<b>Name</b>	: Mrs. LAKSHMI S R	<b>MR No</b>	: PTH202500272910
<b>Age/Sex</b>	: 47 Y/F	<b>Prescribing Dr</b>	:
<b>Mobile No</b>	: +919880160191	<b>Reported on</b>	: 08-03-2025 12:24
<b>Requesting Ward</b>	:		
<b>Referred By</b>	: DEEPAK (PRO)		

## HAEMATOLOGY

Parameters	Observed Values	Units	Reference Range	Sample
<b>BLOOD GROUPING &amp; RH TYPING, (Sample Received On:8 Mar, 2025 9:54:00 AM)</b>				
BLOOD GROUP	"B"			Plasma(EDTA)
RH Type	POSITIVE			
Note	Blood group done by forward grouping only. Suggested confirmation by forward and reverse typing method for the purpose of blood transfusion etc			

**DISCLAIMER** : The result obtained relate only to the sample given/received & tested. A single test result is not always indicative of a disease, it has to be correlated with clinical data for interpretation.

---End of Report---

VERIFIED BY  
Bindhu B R



**DR SOWMYA T M | DNB,PDF(Oncopathology)**  
**Consultant Pathologist**  
**KMC NO 85654**

## LABORATORY INVESTIGATION REPORT

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<b>Age/Sex</b>	: 47 Y/F	<b>Prescribing Dr</b>	:
<b>Mobile No</b>	: +919880160191	<b>Reported on</b>	: 08-03-2025 10:20
<b>Requesting Ward</b>	:		
<b>Referred By</b>	: DEEPAK (PRO)		

## HAEMATOTOLOGY

Parameters	Observed Values	Units	Reference Range	Sample
<b>COMPLETE BLOOD COUNTS (AUTOMATED) ( CBC),</b>				
<b>(Sample Received On:8 Mar, 2025 9:54:00 AM)</b>				
HAEMOGLOBIN (AUTOMATED)	11.6	g/dL	11.5- 16	Plasma(EDTA)
TC (TOTAL COUNT) (AUTOMATED)	7240	Cell/mm <sup>3</sup>	4000 - 11000	
NEUTROPHILS	56.1	%	40-75	
LYMPHOCYTES	34.3	%	20-45	
EOSINOPHILS	4.8	%	1 - 6	
MONOCYTES	4.7	%	1 - 10	
BASOPHILS	0.1	%	0 - 1	
RBC COUNT	4.63	Million cell/mm <sup>3</sup>	3.7 - 5.6	
PLATELET COUNT	264000	Cells/mm <sup>3</sup>	150000 - 450000	
PCV	35.4	%	34 - 48	
MCV	76.5	fL	75-95	
MCH	<b>25.1</b>	pg	30 - 35	
MCHC	32.8	g/dL	30 - 35	

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---End of Report---



VERIFIED BY  
Lakshmi O

**DR SOWMYA T M | DNB,PDF(Oncopathology)**  
**Consultant Pathologist**  
**KMC NO 85654**



### LABORATORY INVESTIGATION REPORT

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<b>Age/Sex</b>	: 47 Y/F	<b>Prescribing Dr</b>	:
<b>Mobile No</b>	: +919880160191	<b>Reported on</b>	: 08-03-2025 11:29
<b>Requesting Ward</b>	:		
<b>Referred By</b>	: DEEPAK (PRO)		

### HAEMATOTOLOGY

Parameters	Observed Values	Units	Reference Range	Sample
<b>ESR</b> (Sample Received On:8 Mar, 2025 9:54:00 AM)	<b>48</b>	mm/hr	0 - 20	Plasma(EDTA)

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---End of Report---

VERIFIED BY  
Bindhu B R



**DR SURAKSHA RAO B | MBBS, MD**  
Consultant Pathologist  
KMC No. 81288

### LABORATORY INVESTIGATION REPORT

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<b>Age/Sex</b>	: 47 Y/F	<b>Prescribing Dr</b>	:
<b>Mobile No</b>	: +919880160191	<b>Reported on</b>	: 08-03-2025 12:06
<b>Requesting Ward</b>	:		
<b>Referred By</b>	: DEEPAK (PRO)		

### BIOCHEMISTRY

Parameters	Observed Values	Units	Reference Range	Sample
<b>GLUCOSE - FASTING SUGAR( FBS),</b> (Sample Received On:8 Mar, 2025 9:54:00 AM)				
Lab ID No: LAB602514				
FASTING BLOOD SUGAR[GOD-POD]	<b>150</b>	mg/dL	70 - 106	Serum
<b>THYROID PROFILE (T3 T4 TSH),</b> (Sample Received On:8 Mar, 2025 9:54:00 AM)				
Lab ID No: LAB602514				
T3[Chemiluminescence]	1.070	ng/mL	0.970 - 1.69	Serum
T4[Chemiluminescence]	8.520	ug/dL	5.53 - 11.0	
TSH[Chemiluminescence]	1.117	micIU/mL	0.4001 - 4.049	
			1st Trimester : > 0.1298 - 3.120	
			2nd Trimester : >0.2749	
			-2.652	
			3rd Trimester :> 0.3127 -2.947	
<b>LIPID PROFILE (CHOL,TGL,LDL ,HDL),</b> (Sample Received On:8 Mar, 2025 9:54:00 AM)				
Lab ID No: LAB602514				
CHOLESTEROL- TOTAL[CHOD-POD]	134.00	mg/dL	Desirable : <200 Borderline High : 200 - 239 High : >/=240	Serum
TRYGLYCERIDES[GPO]	<b>283</b>	mg/dL	<150	
CHOLESTEROL - LDL[Calculated]	49.4	mg/dL	Up to 130	
CHOLESTEROL - HDL[Polymer detergent]	<b>28.0</b>	mg/dL	Low : <40 High : >/=60	
CHOLESTEROL - VLDL[Calculated]	<b>56.60</b>	mg/dL	<40	
LDL : HDL RATIO	1.76		<3.5	
Lab ID No: LAB602514				
<b>URIC ACID - SERUM[Uricase POD]</b> (Sample Received On:8 Mar, 2025 9:54:00 AM)	6.10	mg/dL	2.5 - 6.5	Serum
Lab ID No: LAB602514				
<b>BUN (BLOOD UREA NITROGEN)[Urease]</b> (Sample Received On:8 Mar, 2025 9:54:00 AM)	<b>6.54</b>	mg/dL	7 - 20	Serum
Lab ID No: LAB602514				
<b>CREATININE- SERUM,</b> (Sample Received On:8 Mar, 2025 9:54:00 AM)				
Lab ID No: LAB602514				
CREATININE - SERUM[Creatinine Amidohydrolase]	0.70	mg/dL	0.5 - 1.2	Serum
<b>LIVER FUNCTION TEST (TBIL,DBIL,PROTEIN,ALB,OT,PT,ALP,GGT),</b> (Sample Received On:8 Mar, 2025 9:54:00 AM)				
Lab ID No: LAB602514				
BILIRUBIN- TOTAL[Reflectance Spectrophotometry]	1.0	mg/dL	0.2 - 1.3	Serum
BILIRUBIN- DIRECT[Reflectance Spectrophotometry]	0.3	mg/dL	0 - 0.3	
BILIRUBIN- INDIRECT[Reflectance Spectrophotometry]	<b>0.7</b>	mg/dL	0 - 0.6	
TOTAL PROTEIN[Biuret]	7.60	g/dL	6.4 - 8.3	
ALBUMIN[Bromocresol Green]	4.30	g/dL	3.5 - 5	
GLOBULIN	<b>3.4</b>	g/dL	2 - 3	
A:G RATIO	1.3		0.8 - 2.5	
SGOT (AST)[Multipoint Rate with P-5-P]	22.00	U/L	14 - 36	
SGPT (ALT)[Multipoint Rate with P-5-P]	26.00	U/L	< 35	

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GGT[-glutamyl-p-nitroanilide]	20.00	IU/L	12 - 43
ALP[Enzymatic ]	76.00	U/L	38 - 126

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---End of Report---

VERIFIED BY  
Naveenkumar P N



**Mr. SREENIVAS H L | M.Sc-Medical  
Biochemistry  
Clinical Biochemist**

### LABORATORY INVESTIGATION REPORT

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<b>Mobile No</b>	: +919880160191	<b>Reported on</b>	: 08-03-2025 12:39
<b>Requesting Ward</b>	:		
<b>Referred By</b>	: DEEPAK (PRO)		

### BIOCHEMISTRY

Parameters	Observed Values	Units	Reference Range	Sample
<b>FASTING URINE SUGAR</b> (Sample Received On:8 Mar, 2025 9:54:00 AM)	NIL			Urine

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---End of Report---

VERIFIED BY  
Nutan N



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<b>Age/Sex</b>	: 47 Y/F	<b>Prescribing Dr</b>	:
<b>Mobile No</b>	: +919880160191	<b>Reported on</b>	: 08-03-2025 13:29
<b>Requesting Ward</b>	:		
<b>Referred By</b>	: DEEPAK (PRO)		

### BIOCHEMISTRY

Parameters	Observed Values	Units	Reference Range	Sample
<b>GLYCATED HEMOGLOBIN ( HBA1C ), (Sample Received On:8 Mar, 2025 9:54:00 AM)</b>				
GLYCATED HEMOGLOBIN (HBA1C)[Nephelometry]	<b>7.2</b>	%	"Non-Diabetic HbA1c < 5.6 Fasting plasma glucose <100 Pre - Diabetes HbA1c 5.7 - 6.4 Fasting plasma glucose 100 - 125 Diabetes HbA1c > 6.5 Fasting plasma glucose > 126"	Plasma(EDTA)
ESTIMATED AVERAGE GLUCOSE	<b>160</b>	mg/dL		

**Note :** Any condition altering red cell life will alter the GHB values. Low Hb% values may not correlate with GHB. GHB value should not be taken as a sole criteria for diagnosis. GHB gives average Blood Glucose level for the period of 10 - 12 wks & it need not correlate with blood sugar levels. For Geriatric group, HbA1c reference range depends upon comorbid conditions.

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<b>Age/Sex</b>	: 47 Y/F	<b>Prescribing Dr</b>	:
<b>Mobile No</b>	: +919880160191	<b>Reported on</b>	: 08-03-2025 13:28
<b>Requesting Ward</b>	:		
<b>Referred By</b>	: DEEPAK (PRO)		

### BIOCHEMISTRY

Parameters	Observed Values	Units	Reference Range	Sample
<b>GLUCOSE POST PRANDIAL SUGAR ( PPBS ), (Sample Received On:8 Mar, 2025 12:18:00 PM)</b> POST PRANDIAL BLOOD SUGAR[GOD-POD]	<b>149</b>	mg/dL	70 - 140	Serum

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<b>Age/Sex</b>	: 47 Y/F	<b>Prescribing Dr</b>	:
<b>Mobile No</b>	: +919880160191	<b>Reported on</b>	: 08-03-2025 13:56
<b>Requesting Ward</b>	:		
<b>Referred By</b>	: DEEPAK (PRO)		

### BIOCHEMISTRY

Parameters	Observed Values	Units	Reference Range	Sample
<b>POST PRANDIAL URINE SUGAR</b> (Sample Received On:8 Mar, 2025 12:18:00 PM)	NIL			Urine

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Nutan N



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Clinical Biochemist**

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<b>Age/Sex</b>	: 47 Y/F	<b>Prescribing Dr</b>	:
<b>Mobile No</b>	: +919880160191	<b>Reported on</b>	: 08-03-2025 14:02
<b>Requesting Ward</b>	:		
<b>Referred By</b>	: DEEPAK (PRO)		

### CLINICAL PATHOLOGY

Parameters	Observed Values	Units	Reference Range	Sample
<b>URINE ROUTINE AND MICROSCOPY (QUALITATIVE METHOD), (Sample Received On:8 Mar, 2025 9:54:00 AM)</b>				
PHYSICAL EXAMINATION				
Volume	25	mL	NA	Urine
Colour	PALE YELLOW		Pale Yellow	
Appearance	CLEAR		Clear	
CHEMICAL EXAMINATION(Automated)[Reagent Strip Method]				
pH	6.0		5.0 - 8.0	
Specific Gravity	1.010		1.001 - 1.035	
Albumin	NIL		TRACE, - 0.15g/L PRESENT(1+) - 0.3g/L PRESENT(2+) - 1.0g/L PRESENT(3+) - 3.0g/L PRESENT(4+) - 20g/L	
Sugar	NIL		TRACE - 100mg/dl PRESENT(1+) - 200mg/dl PRESENT(2+) - 500mg/dl PRESENT(3+) - 1000mg/dl PRESENT(4+)2000mg/dl	
Ketone Bodies	NIL		NIL	
Nitrite	Negative		NA	
Bilirubin	Negative		Negative	
Urobilinogen	Normal		Normal	
MICROSCOPY[Manual Method]				
RBCs	1-2	/hpf	0 - 3/HPF	
Pus Cells	2-3	/hpf	0 - 5/HPF	
Epithelial Cells	1-2	/hpf	0 - 2/HPF	
Casts	NIL		NIL	
Crystals	NIL		NIL	
Others	NIL			

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VERIFIED BY  
Nagesh N



**DR SURAKSHA RAO B | MBBS, MD**  
Consultant Pathologist  
KMC No. 81288