



L. N. MEDICAL COLLEGE & J. K. HOSPITAL

(A MCI APPROVED / ISO 9001:2008 CERTIFIED INSTITUTE)



DR. VIVEK TRIPATHI

MD, DM (CARDIOLOGY)

INTERVENTIONAL CARDIOLOGIST

Ex. ASSOCIATE PROFESSOR &

HOD CARDIOLOGY. (BMHRC. BHOPAL)

DEPARTMENT OF CARDIOLOGY

2D ECHO & COLOUR DOPPLER REPORT

Name: MRS. AKANSHA	Age/Sex: 35 Y/F	OPD No. 93920
Referred By: CARDIOLOGY	Date: 08.03.2025	IPD .No.

LV

RV Diameter	21.2	mm
IV septum (dia)	10.0	mm
LV diameter (dia)	42.0	mm
LV post. Wall (dia)	10.0	mm
LV diameter (sys)	28.4	mm
Ejection fraction	60	%

AORTA/LA

AO diameter	19.2	mm
Left atrium	32.1	mm

IMPRESSION

- No MR /No TR
- No Pericardial Effusion
- No LA / LV Clot
- No RWMA
- Normal LV Function
- LVEF= 60%

Dr. VIVEK TRIPATHI MD (DM Cardiologist)
Dept. of Cardiology



Reg. No. /NH/101/Apr. - 08

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RADIOLOGY REPORT


Patient Name	AKANKSHA SHARMA 35Y F			Age & Sex	&
Patient UHID		Patient ID	93920 OPD	Study Date	08-Mar-2025
Patient Type		Modality	DX	Report Date & Time	
Consulting Dr.				Referred By	
Study Name	CHEST				

CHEST X-RAY PA VIEW (MID INSPIRATORY SCAN)

- Trachea is **central** in position.
- Cardiac configuration & cardiothoracic ratio is **normal**.
- Costophrenic angle & cardiophrenic angles are **well defined and normal**.
- Diaphragm – **normal** in position & contour.
- Bones in view are **normal**.
- Soft tissue is **normal**.
- Lung fields are **normal** in translucency & lung markings on both sides.

IMPRESSION :- No obvious lung abnormality is seen.

Adv:-Correlate clinically.


Consultant radiologist
Department of Radiology
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PATHOLOGY REPORT

DEPARTMENT OF HAEMATOLOGY

NAME:	AKANSHA	AGE / SEX	35Y/F	DATE	08/03/2025
REF BY:	OPD	OPD / IPD NO:	93920	LAB NO:	08

HAEMATOTOLOGY

TEST :	TEST VALUE	UNITS	NORMAL VALUE
HAEMOGLOBIN	13.2	Gm%	M: 13.0-17.0, F :12.0-15.0
E.S.R. (Wintrobe)	08	Mm/FHR	M: 0-9 , F: 0-20
TOTAL LEUCOCYTE COUNT	6.4	10 ⁹ /L	4.0-11.0
DIFFERENTIAL			
POLYMORPHS	40	%	40-80
LYMPHOCYTES	50	%	20-40
MONOCYTES	08	%	2-10
EOSINOPHILS	02	%	1-6
BASOPHILS	00	%	0-1
PLATELET COUNT:	250	10 ⁹ /L	150-450

Due to technical limitation please correlate clinically. Not for medical legal purpose.

TECHNICIAN

PATHOLOGIST

(TUTOR)



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MC-5516

DEPARTMENT OF CLINICAL PATHOLOGY

PATHOLOGY REPORT

NAME:	AKANSHA	AGE/SEX:	35Y/F	DATE:	08/03/2025
REF BY:	OPD	OPD/IPD NO:	93920	LAB NO:	08

URINE ANALYSIS

PHYSICAL EXAMINATION	RESULT	RANGE	METHOD
VOLUME	25		VISUAL INSPECTION
COLOUR	PALE YELLOW		VISUAL INSPECTION
APPEARANCE	CLEAR		VISUAL INSPECTION
CHEMICAL EXAMINATION(DIPSTICK METHOD)			
GLUCOSE	ABSENT	ABSENT	GLUCOSE OXIDASE/PEROXIDASE REACTION
ALBUMIN	ABSENT	ABSENT	TETRABROMPHENOL BLUE INDICATOR
KETONE	ABSENT	ABSENT	SODIUM NITROPRUSSIDE REACTION
pH	6.0	4.8 TO 8.0	DOUBLE INDICATOR PRINCIPLE
MICROSCOPIC EXAMINATION			
WBC	2-3	ABSENT	MICROSCOPY
RBC	ABSENT	ABSENT	MICROSCOPY
EPITH CELLS	1-2	ABSENT	MICROSCOPY
CASTS	ABSENT	ABSENT	MICROSCOPY
CRYSTAL	ABSENT	ABSENT	MICROSCOPY
BACTERIA	ABSENT	ABSENT	MICROSCOPY
FUNGUS	ABSENT	ABSENT	MICROSCOPY
AMORPHOUS MATERIAL	ABSENT	ABSENT	MICROSCOPY

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L. N. MEDICAL COLLEGE & J. K. HOSPITAL**CLINICAL BIOCHEMISTRY LABORATORY**
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MC-5516

PATHOLOGY REPORT

Name	AKANSHA	Age/sex	35Y/F	Date	8/3/2025
Ref by	OPD	OPD NO.	93920	LAB NO	08
TEST	RESULT	REFERENCE INTERVAL *			
<u>PLASMA GLUCOSE</u>					
Fasting	84	70 - 110 mg/dL			
Postprandial	130	< 140 mg/dL			
Random		60 - 145 mg/dL			
<u>RENAL FUNCTION TESTS</u>					
Serum Urea	31	15 - 39 mg/dL			
Serum Creatinine	0.70	0.55 - 1.30 mg/dL			
<u>SERUM ELECTROLYTES</u>					
Sodium		135 - 145 mmol/L			
Potassium		3.5 - 5.0 mmol/L			
Chloride		98 - 110 mmol/L			
<u>SERUM LIVER FUNCTION TESTS</u>					
Total Bilirubin	0.3	0.2 - 1.0 mg/dL			
Direct Bilirubin	0.10	0.0 - 0.2 mg/dL			
Indirect Bilirubin	0.20	0.1 - 0.9 mg/dL			
SGOT/AST	22	15 - 37 U/L			
SGPT/ALT	22	12 - 78 U/L			
Alkaline Phosphatase	52	46 - 116 U/L			
Total Protein	7.6	6.4 - 8.2 g/dL			
Albumin	4.4	3.1 - 5.0 g/dL			
Globulin	3.1	2.3 - 4.1 g/dL			
Albumin/Globulin Ratio	1.4	> 0.85			
<u>SERUM LIPID PROFILE</u>					
Total Cholesterol	246	< 200 mg/dL			
Triglycerides	134	< 150 mg/dL			
HDL-Cholesterol	35	< 40 (low); > 60 mg/dL (high)			
LDL-Cholesterol	208	< 130 mg/dL			
VLDL-Cholesterol	27	< 30 mg/dL			
<u>CARDIAC MARKERS</u>					
Serum CK-MB		< 5.1 ng/mL			
Troponin -I		< 0.04 ng/ml (-ve); ≥ 0.04 ng/ml (+ve)			
<u>OTHERS</u>					
Serum Total Calcium		8.5 - 10.1 mg/dL			
Serum Uric Acid		2.6-6(F); 3.5-7.2 mg/dL (M)			
Serum Amylase		25-115 U/L			
Serum Lipase		≤ 60 U/L			
CRP		< 5.0 mg/L			
LDH		130-250 U/L			

*Reference interval given is of adults


TECHNICIAN
Provisional Report
 Department of Biochemistry
CLINICAL BIOCHEMIST
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CLINICAL BIOCHEMISTRY LABORATORY**PATHOLOGY REPORT**

NAME	AKANSHA	AGE/SEX	35Y/F	DATE	08.03.2025
REF BY	OPD	IPD/OPD NO.	93920	LAB NO.	08

THYROID PROFILE, TOTAL, SERUM (CLIA- Chemiluminescent immunoassay)			
TEST NAME	RESULTS	UNITS	REF. RANGE
T3	0.82	ng/mL	0.58 – 1.62
T4	9.51	µg/dL	5.00 – 14.5
TSH	8.13	µIU/mL	0.35 – 5.10

Interpretation

PREGNANCY	REFERENCE RANGE for TSH in µIU/ml (As per American Thyroid Association)
1 st Trimester	0.10-2.50
2 nd Trimester	0.20-3.00
3 rd Trimester	0.30-3.00

Note :-

1. TSH levels are subjected to circadian variation, reaching peak levels between 2-4 a.m. and at a minimum between 6-10p.m. The variation is of the order of 50%, hence time of the day has influence on the measured serum TSH concentrations.
2. Fasting sample is desirable for serum TSH estimation.
3. Recommended test for T3 and T4 is unbound fraction or free levels as it is metabolically active.
4. Physiological rise in Total T3 /T4 levels is seen in pregnancy and in patients on steroid therapy.

Clinical Use

- Primary Hypothyroidism
- Hyperthyroidism
- Hypothalamic – Pituitary hypothyroidism
- Inappropriate TSH secretion
- Non thyroidal illness
- Autoimmune thyroid disease
- Pregnancy associated thyroid disorders
- Thyroid dysfunction in infancy and early childhood.


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PATHOLOGY REPORT

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35 Years

AKANSHA
Female

3/8/2025 12:41:04 PM

L.N. M.C JK HOSPITAL

CARDIOLOGI (142)

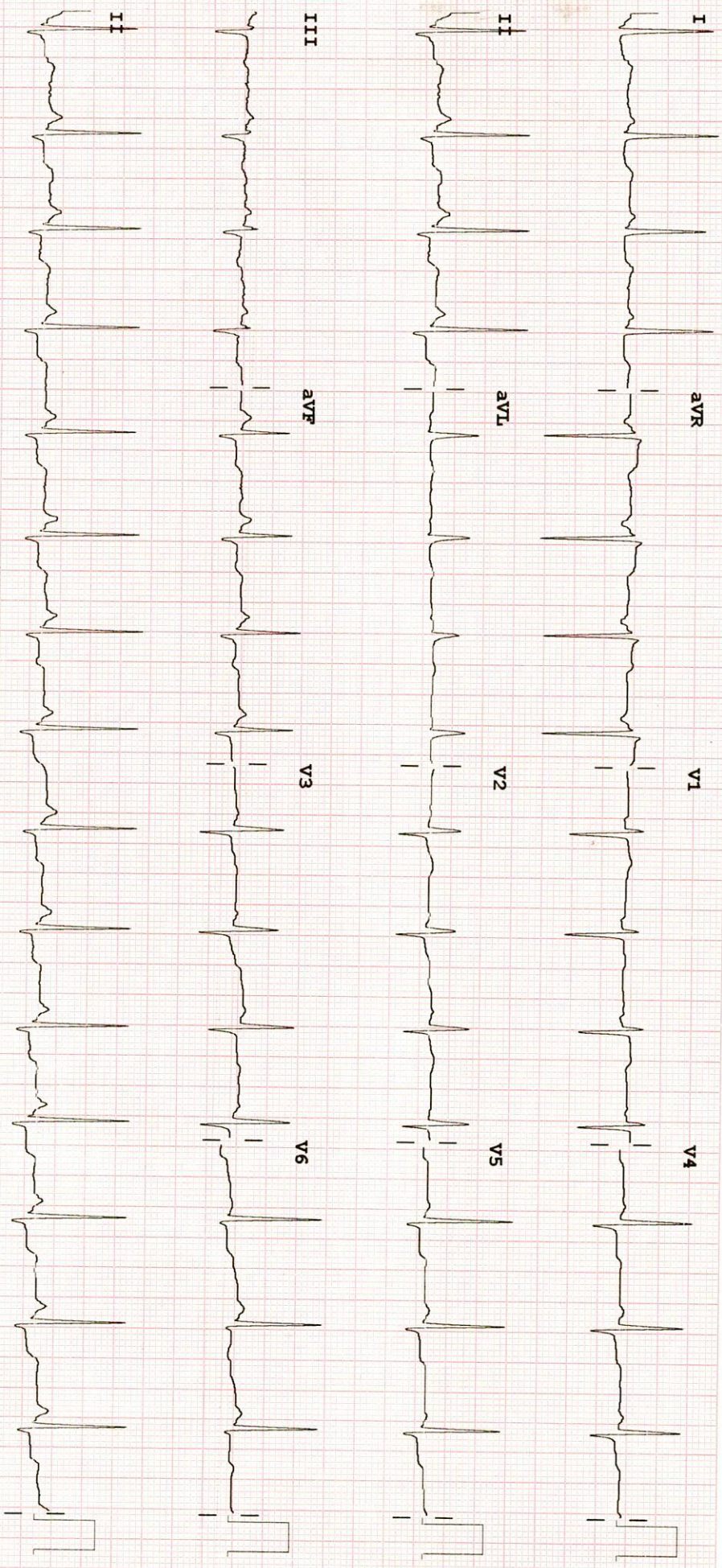
Rate	91	Normal P axis, V-rate 50-99
PR	121	Consider right atrial enlargement
QRSD	92	Nonspecific repol abnormality, inferior leads. ST dep, T neg, II III avF
QT	305	Baseline wander in lead(s) II, III, avR, avL, avF, V6
QTc	376	

--AXIS--
P 61
QRS 13
T -80

12 Lead, Standard Placement

- ABNORMAL ECG -

Unconfirmed Diagnosis



Device: Syneal 25 mm/sec
Gain: 10 mm/mV
Filter: 10.0 mm/mV
P 50 0.50-100 Hz W 1000 0.1

PHILIPS

ER M2483A



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RADIOLOGY REPORT

Name : Mrs. Akansha Sharma	Age / Sex : 35 Yrs/ Female
Ref. By : CGHS	Date : 08/03/2025
Patient ID: 93920	

USG ABDOMEN & PELVIS

LIVER : Normal in size 14.7cm with **raised echotexture** - no e/o focal lesion. The intrahepatic biliary channels are unremarkable. Portal & hepatic venous channels are normal in appearance. The portal vein and common bile duct are normal in caliber.

GB : Wall smooth and thin –contents are echofree. There is no evidence of pericholecystic collection.

SPLEEN : Normal in size **7.4cm**, shape and shows homogenous parenchymal echotexture.

PANCREAS: Visualized region shows normal contour & homogenous parenchymal echotexture. No obvious retroperitoneal adenopathy -Aorta and IVC are normal in caliber.

KIDNEY : Normal in size shape and location. Corticomedullary differentiation is maintained & pelvicalyceal system is compact. No evidence of obstructive changes in the collecting system

ILIAC FOSSA : Normal in appearance – no obvious lymphadenopathy or free fluid seen in the abdominal cavity. Normal caliber bowel loops showing visible peristalsis evident.

UR.BLADDER: Wall is smooth in outline and intraluminal contents are echofree.

UTERUS: Normal anteverted uterus (9.4x4.1 cm)–Myometrium appears homogenous with no e/o focal lesion. Endometrial lining is central and normal in thickness. **ET-6.7mm**. Bilateral ovaries are normal in shape size and volume. Bilateral adnexa &POD clear

- **Bulky cervix measuring 3.0cm with nabothian cyst noted within s/o cervicitis.**

IMPRESSION : Ultrasonography study of abdomen and pelvis reveals –

- **Fatty liver grade I/II.**
- **Cervicitis.**

ADVICE : Clinical correlation



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