ECG report

ID	: 1	HR	: 67 bpm
Name	: PRIYANKA PARMAR	PR	: 124 ms
Gender	: F	QRS	: 82 ms
Age	: 31 Years	QT/QTc	: 390/402 ms
Dept	:	P/QRS/T	: 0/32/36 °
Bed No	:	RV5/SV1	: 1.088/0.823 mv
		RV5+SV1	: 1.911 mv

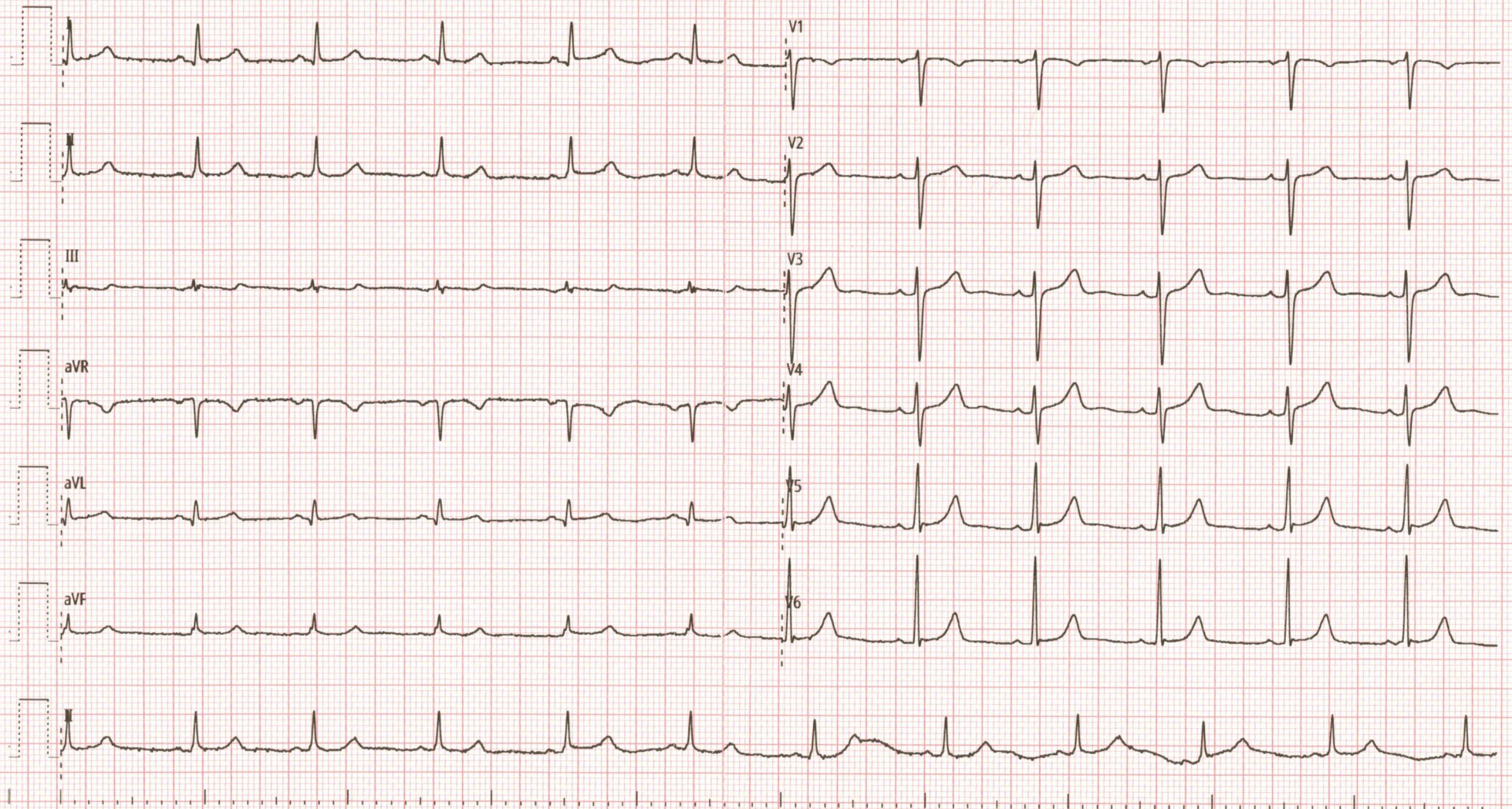
<<Interpretations >>
Sinus rhythm
Normal ECG

Confirm and sign:

DHS Multispeciality Hospital Ahmedabad

Normal ECG

DR. ARCHIT PARIKH
G - 39552
M. D. (General Medicine)
DHS MULTISPECIALITY HOSPITAL



PATIENT NAME	**MRS. PRIYANKA PARMAR**
AGE / SEX	**31 YRS/FEMALE**
REF. DOCTOR	**DR. DHS DOCTOR TEAM**
DATE	**09/11/2024**

2D ECHO CARDIOGRAPHY REPORT

Observation:

1. **Normal LV size with normal LV systolic function. LVEF: 65%.**
2. **No RWMA at rest.**
3. **Normal LV compliance.**
4. **Normal sized LA, RA and RV. Normal RV function.**
5. **All valves are normal in structure.**
6. **IAS and IVS are intact.**
7. **No PAH. RVSP = 24 mmHg.**
8. **No clot/ vegetation / pericardial effusion.**
9. **Doppler: Trivial MR, Trivial TR, No AR, No PR.**
10. **IVC is normal in size and well collapse on inspiration.**

Conclusion:

Normal LV systolic function.
No RWMA.
No PAH.

Measurements :

LVIDD	**44.0 mm**	**AO**	**22.0mm**
LVIDS	**26.0 mm**	**LA**	**28.0mm**
LVEF	**65%**		
IVSD/LVPWD	**09.0mm/09.0mm**		

DOPPLER STUDY:

Valves	velocity	Max gradient	Mean gradient	Area	Regurgitation
Aortic	1.1	5.2			No AR
Mitral	E:0.3 A: 0.2				Trivial MR
Pulmonary	0.3	3.1			No PR
Tricuspid	0.5	1.2			Trivial TR

Dr.ARCHIT PARIKH

DR. ARCHIT PARIKH
G - 30351
M. D.(General Medicine)
DHS MULTISPECIALTY HOSPITAL

PRIYANKA PARMAR
31 Y/F
HEALTH CHECK UP
09/11/2024

U.S.G. OF ABDOMEN AND PELVIS

Liver: appears normal in size & shows normal echopattern. No focal lesion is seen.
No dilated IHBR is seen. Portal vein and CBD appear normal in course and caliber.

Gall bladder: is moderately distended & appears normal. No calculus, sludge or mass is seen.
Gall bladder wall thickness appears normal.

Pancreas: appears normal in size & echopattern. No focal lesion is seen.

Spleen: appears normal in size and shows normal echotexture. No focal lesion is seen.

Both Kidneys appear normal in size, position and echopattern.
C-M differentiation is well preserved on either side.
No calculus or hydronephrosis on either side.
Cortical thickness appears normal on both sides.
No focal lesion is seen on either side.

Urinary bladder is moderately distended & appears normal. No calculus, internal echoes or mass is seen. Urinary bladder wall thickness appears normal.

Uterus appears normal in size & echopattern. No focal lesion is seen
No adnexal mass is seen on either side.

Para-aortic region appears normal. No abdominal lymphadenopathy is seen.
Bowel loops appear normal in caliber & show normal peristalsis.
No abnormal dilatation of bowel loops or wall thickening is seen.
No fluid collection or lump formation is seen in RIF. No ascites is seen.

IMPRESSION:

NO SIGNIFICANT ABNORMALITY IDENTIFIED

Clinical correlation suggested. Thanks for reference.

DR. BHADRESH CHUDASAMA
MD RADIOLOGY

TEST REPORT

Reg. No :	2411100088 **UHID :** UHID27880	**Reg. Date :**	09-Nov-2024
Name :	PRIYANKA VIKASKUMAR PARMAR	**Collected On :**	09-Nov-2024 08:45
Age/Sex :	31 Years / Female	**Report Date :**	09-Nov-2024
Ref. By :	MEDIWHEEL		

Parameter	Result	Unit	Reference Interval
COMPLETE BLOOD COUNT (CBC)			
Hemoglobin (SLS method)	13.1	g/dL	12.0 - 15.0
Hematrocrit (Electrical Impedance)	40.5	%	40 - 54
RBC Count (Electrical Impedance)	**5.38**	million/cmm	3.8 - 4.8
WBC Count (Flowcytometry)	5140	/cmm	4000 - 10000
Platelet Count (Electrical Impedance)	293000	/cmm	150000 - 410000
MCV (Calculated)	**75.4**	fL	83 - 101
MCH (Calculated)	**24.3**	Pg	27 - 32
MCHC (Calculated)	32.3	%	31.5 - 34.5
RDW (Calculated)	13.0	%	11.5 - 14.5
DIFFERENTIAL WBC COUNT			
Neutrophils (%)	52	%	38 - 70
Lymphocytes (%)	42	%	20 - 45
Monocytes (%)	05	%	2 - 8
Eosinophils (%)	01	%	1 - 4
Basophils (%)	00	%	0 - 1
Neutrophils (Absolute)	2673	/cmm	1800 - 7700
Lymphocytes (Absolute)	2159	/cmm	1000 - 3900
Monocytes (Absolute)	257	/cmm	200 - 800
Eosinophils (Absolute)	51	/cmm	20 - 500
Basophils (Absolute)	0	/cmm	0 - 100
Neutrophil-Lymphocyte Ratio(NLR)	1.21	/cmm	0.7 - 4.0
PERIPHERAL SMEAR EXAMINATION			
RBC Morphology	RBCs are Normochromic Normocytic.		
WBC Morphology	Total WBC and differential count is within normal.		
Platelets	Platelets are adequate with normal morphology.		
Parasites	Malarial parasite is not detected.		
ERYTHROCYTE SEDIMENTATION RATE			
ESR (After 1 hour)	12	mm/hr	0 - 21

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

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Parameter	Result	Unit	Reference Interval
FBS			
Fasting Blood Sugar (FBS)	89.9	mg/dL	70 - 110
Glucose Oxidase-Peroxidase			
PPBS			
Post Prandial Blood Sugar (PPBS)	134.1	mg/dL	110 - 140
Glucose Oxidase-Peroxidase			

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

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HEMOGLOBIN A1 C ESTIMATION

Specimen: Blood EDTA

Parameter	Result	Unit	Biological Reference Interval
Hb A1C *HPLC, NGSP Certified*	5.5	%	>8 : Action Suggested , 7-8 : Good Control , <7 : Goal , 6-7 : Near Normal Glycemia, <6 : Non-diabetic Level
Mean Blood Glucose *Calculated*	111.15	mg/dL	
SGPT *Optimized UV-IFCC*	15.2	U/L	1 - 45
SGOT *Optimized UV-IFCC*	14.3	U/L	1 - 35
Total Bilirubin *DCA method*	0.50	mg/dL	0 - 2.0
Direct Bilirubin *DCA method*	0.30	mg/dL	0.0 - 0.4
INDIRECT BILIRUBIN *Calculated*	0.20	mg/dL	0.0 - 1.6
Alkaline Phosphatase *PNP-AMP Buffer, Multiple-point rate*	60	U/L	53 - 128
Total Protein	6.66	g/dL	6.4 - 8.2
Albumin *By Bromocresol Green*	3.59	g/dL	3.5 - 5.2
Globulin *Calculated*	3.07	g/dL	2.3 - 3.5
A/G Ratio *Calculated*	1.17		0.8 - 2.0
GGT	14.1	U/L	1 - 55

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Parameter	Result	Unit	Biological Reference Interval

Criteria for the diagnosis of diabetes:

1. HbA1c >/= 6.5 *Or
2. Fasting plasma glucose >126 gm/dL. Fasting is defined as no caloric intake at least for 8 hrs.Or
3. Two hour plasma glucose >/= 200mg/dL during an oral glucose tolerence test by using a glucose load containing equivalent of 75 gm anhydrous glucosedissolved in water.Or
4. In a patient with classic symptoms of hyperglycemia or hyperglycemic crisis, a random plasma glucose >/= 200 mg/dL.

*In the absence of unequivocal hyperglycemia, criteria 1-3 should be confirmed by repeat testing. American diabetes association. Standards of medical care in diabetes 2011. Diabetes care 2011;34;S11.

Importance of HbA1C (Glycated Hb.) in Diabetes Mellitus:

- HbA1C, also known as glycated heamoglobin, is the most important test for the assessment of long term blood glucose control(also called glycemic control).
- HbA1C reflects mean glucose concentration over pas 6-8 weeks and provides a much better indication of longterm glycemic control than blood glucose determination.
- HbA1c is formed by non-enzymatic reaction between glucose and Hb. This reaction is irreversible and therefore remains unaffected by short term fluctuations in blood glucose levels.
- Long term complications of diabetes such as retinopathy (Eye-complications), nephropathy (kidney-complications) and neuropathy (nerve complications), are potentially serious and can lead to blindness, kidney failure, etc.- Glyemic control monitored by HbA1c measurement using HPLC method (GOLD STANDARD) is considered most important.

(Ref. National Glycohaemoglobin Standardization Program - NGSP).

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Parameter	Result	Unit	Reference Interval
RENAL FUNCTION TEST			
Creatinine *Enzymatic ,IDMS Traceable*	0.67	mg/dL	0.6 - 1.1
Urea *Urease-GLDH, enzmatic UV*	24.3	mg/dL	13.0 - 40.0
BUN *Calculated*	11.36	mg/dL	7 - 23
Uric Acid *Enzymatic using TBHBA*	3.4	mg/dL	2.6 - 6.2
Sodium *Direct ISE*	138.3	mmol/L	137 - 145
Potassium *Direct ISE*	4.52	mmol/L	3.6 - 5.0
Chloride *Direct ISE*	95.3	mmol/L	94 - 110
Ionized Calcium *Direct ISE*	4.89	mg/dL	4.4 - 5.4

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Parameter	Result	Unit	Reference Interval
URINE ROUTINE EXAMINATION			
PHYSICAL EXAMINATION			
Quantity	10 cc		
Colour	Pale Yellow		
Clarity	Clear		
CHEMICAL EXAMINATION (BY REFLECTANCE PHOTOMETRIC METHOD)			
pH	7.0		4.6 - 8.0
Sp. Gravity	1.015		1.002 - 1.03
Protein	Nil		
Glucose	Nil		
Ketone Bodies	Nil		
Urobilinogen	Nil		
Bilirubin	Nil		
Nitrite	Nil		
Leucocytes	Nil		
Blood	Nil		
MICROSCOPIC EXAMINATION (MANUAL BY MICROSCOPY)			
Leucocytes (Pus Cells)	1 - 5/hpf		
Erythrocytes (Red Cells)	Nil		
Epithelial Cells	1-2/hpf		
Amorphous Material	Nil		
Casts	Nil		
Crystals	Nil		
Bacteria	Nil		
Yeast	Nil		
T. Vaginalis	Nil		
Spermatozoa	Nil		

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Parameter	Result	Unit	Biological Reference Interval
LIPID PROFILE			
Cholesterol *CHOD-PAP method*	192	mg/dL	Desirable : < 200.0 Borderline High : 200-239 High : > 240.0
Triglyceride *Enzymatic with GPO method*	89.5	mg/dL	Normal : < 150.0 Borderline : 150-199 High : 200-499 Very High : > 500.0
VLDL *Calculated*	17.90	mg/dL	15 - 35
LDL CHOLESTEROL	124.00	mg/dL	Optimal : < 100.0 Near / above optimal : 100-129 Borderline High : 130-159 High : 160-189 Very High : >190.0
HDL Cholesterol *Magnetic Cholesterol Oxidase*	50.1	mg/dL	Low : < 40 High : > 60
Cholesterol /HDL Ratio *Calculated*	3.83		0 - 5.0
LDL / HDL RATIO *Calculated*	2.48		0 - 3.5
Total Lipids *Calculated*	523.00		400 - 1000

- Pre-analytical requirements for given tests are -Fasting status anywhere between 10-12 hours before collection. Avoid alcohol beverages before lipid panel - minimum 24 hrs.
- Lipid profile results can be erroneous if pre-analytical requirements are not met properly.
- Any medical decision based on test results is to be taken with 2 or more consecutive results suggesting pattern.
- Please note that any lipid lowering drug may interfere in results estimation.
- Sudden commencement or sudden withdrawal of Lipid lowering drug will interfere with test result.

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Parameter	Result	Unit	Biological Reference Interval
THYROID FUNCTION TEST			
T3 (Triiodothyronine) *CMIA*	0.79	ng/mL	0.6 - 1.81
T4 (Thyroxine) *CMIA*	4.89	µg/dL	4.5 - 12.5
TSH *ELFA-Enzyme Linked Fluorescent Assay*	3.710	µIU/ml	0.35 - 4.94

Thyroid stimulating hormone (TSH) is synthesized and secreted by the anterior pituitary in response to a negative feedback mechanism involving concentrations of FT3 (free T3) and FT4 (free T4). Additionally, the hypothalamic tripeptide, thyrotropin-relasing hormone (TRH),directly stimulates TSH production. TSH stimulates thyroid cell production and hypertrophy, also stimulate the thyroid gland to synthesize and secrete T3 and T4.Quantification of TSH is significant to differentiate primary (thyroid) from secondary (pituitary) and tertiary(hypothalamus) hypothyroidism.In primary hypothyroidism, TSH levels are significantly elevated, while in secondary and tertiaryhypothyroidism, TSH levels are low.

TSH levels During Pregnancy :
First Trimester :0.1 to 2.5 µIU/mL
Second Trimester : 0.2 to 3.0 µIU/mL
Third trimester : 0.3 to 3.0 µIU/mL

Referance : Carl A.Burtis,Edward R.Ashwood,David E.Bruns. Tietz Textbook of Clinical Chemistry and Molecular Diagnostics. 5th Eddition.
Philadelphia: WB Sounders,2012:2170

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Parameter	Result	Unit	Reference Interval

BLOOD GROUP & RH

SPECIMEN: EDTA AND SERUM; METHOD: HAEMAGGLUTINATION

ABO	'B'		
Rh (D)	Positive		

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