

TRANS-THORACIC ECHO REPORT

Patient MRN : 2014000000173

Date: 14.04.2023

Patient Name: Ms.REVU TEJASWINI

Age/Gender: 31yrs/Female

M-MODE / 2D MEASUREMENTS

LVEF (>55)%

LVID(d) (40-56)mm : 44mm

LVID (s) mm : 30mm

TAPSE (>16) mm: 20mm

IVS (d) (6-10)mm

: 10mm

LV-EDV ml : --

LA (<39) mm

: 27mm

PWD (d) (6-10)mm

LV-ESV ml :--: 9mm

RA (<44)mm

: 31mm

RV (<35) mm

: 28mm

BSA m2:-

DOPPLER MEASUREMENTS

MITRAL VALVE

: E/A - 0.7/0.4 M/S, NORMAL LV DIASTOLIC FUNCTION, MR-TRIVIAL

AORTIC VALVE

: PG -4 MMHG/AR-TRIVIAL

TRICUSPID VALVE

: TR -TRIVIAL

PULMONARY VALVE : PG -3 MMHG

PA PRESSURE

: PASP-20 MMHG/ NORMAL PA PRESSURE.

SITUS SOLITUS, LEVOCARDIA, AV AND VA CONCORDANT, NORMAL GREAT ARTERY RELATIONSHIP

VALVES

MITRAL

: NORMAL

AORTIC

: NORMAL

TRICUSPID

: NORMAL

PULMONARY

: NORMAL

CHAMBERS

LV

: NORMAL SIZED, NORMAL LV SYSTOLIC FUNCTION.

RV

: NORMAL SIZED, NORMAL RV FUNCTION.

RWMA

: NO RWMA

LVOT

: NORMAL

LEFT ATRIUM

: NORMAL SIZED

RIGHT ATRIUM

: NORMAL SIZED



SEPTAE

IVS

: INTACT

IAS

: INTACT

ARTERIES & VEINS

AORTA

: AORTIC ANNULUS- 19 MM, ASCENDING AORTA- 27 MM,

NORMAL ARCH NORMAL SIZED.

PULMONARY ARTERY: NORMAL

IVC, SVC &CS

: IVC - 12 MM, NORMAL SIZED, COLLAPSING, NORMAL RA PRESSURE.

PULMONARY VEINS

: NORMAL

PERICARDIUM

: NORMAL

VEGETATION / THROMBUS / TUMOR: NIL

OTHER FINDINGS:

SINUS RHYTHM-80 BPM NO PREVIOUS ECHO REPORT

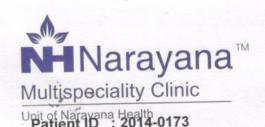
CONCLUSION

SN-FN-5B003398

NORMAL CHAMBER DIMENSIONS NORMAL PA PRESSURE NO RWMA NORMAL LV SYSTOLIC FUNCTION LVEF:- 60%

> CHANDANA V CARDIAC SONOGRAPHER





Patient Name

: Mrs. REVU TEJASWINI

Age

:31 Years

Referring Doctor

· PKG

Sex

: Female

Date

:14.04.2023

ULTRASOUND ABDOMEN AND PELVIS

FINDINGS:

Liver is normal in size (14.1cm) and echopattern. No intra or extra hepatic biliary duct dilatation. No focal lesions.

Portal vein is normal in size, course and caliber. CBD is not dilated.

Gall bladder is normal without evidence of calculi, wall thickening or pericholecystic fluid.

Pancreas to the extent visualized, appears normal in size, contour and echogenicity

Spleen is normal in size (9.8cm), shape, contour and echopattern. No evidence of mass or focal lesions.

Right Kidney is normal in size (measures 9.5 cm in length & 1.2 cm in parenchymal thickness), position, shape and echopattern. Corticomedullary differentiation is maintained. No evidence of calculi or hydronephrosis.

Left Kidney is normal in size (measures 9.9cm in length & 1.4 cm in parenchymal thickness), position, shape and echopattern. Corticomedullary differentiation is maintained. No evidence of calculi or hydronephrosis.

Retroperitoneum - Obscured by bowel gas.

Urinary Bladder is well distended. Wall thickness is normal. No evidence of calculi, mass or mural lesion.

Uterus is anteverted and normal in size, measures 6.5 X 3.6 X 5.1 cm. Myometrial and endometrial echoes are normal. Endometrium measures -8.5 mm. Endometrial cavity is empty.

Both ovaries are normal in size and echopattern.

Right ovary: measures 2.3 X 1.7 cm. Left ovary: measures 2.2 X 1.9 cm.

Both adnexa: Normal. No mass is seen.

There is no ascites or pleural effusion.

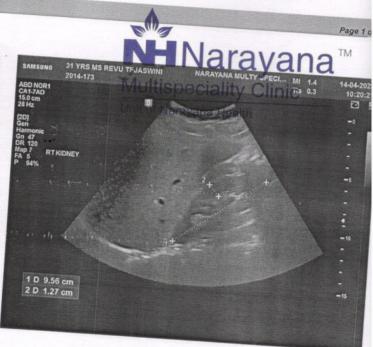
IMPRESSION:

UNREMARKABLE STUDY OF ABDOMEN AND PELVIS

Dr. Ananthalakshmi.S Sonologist





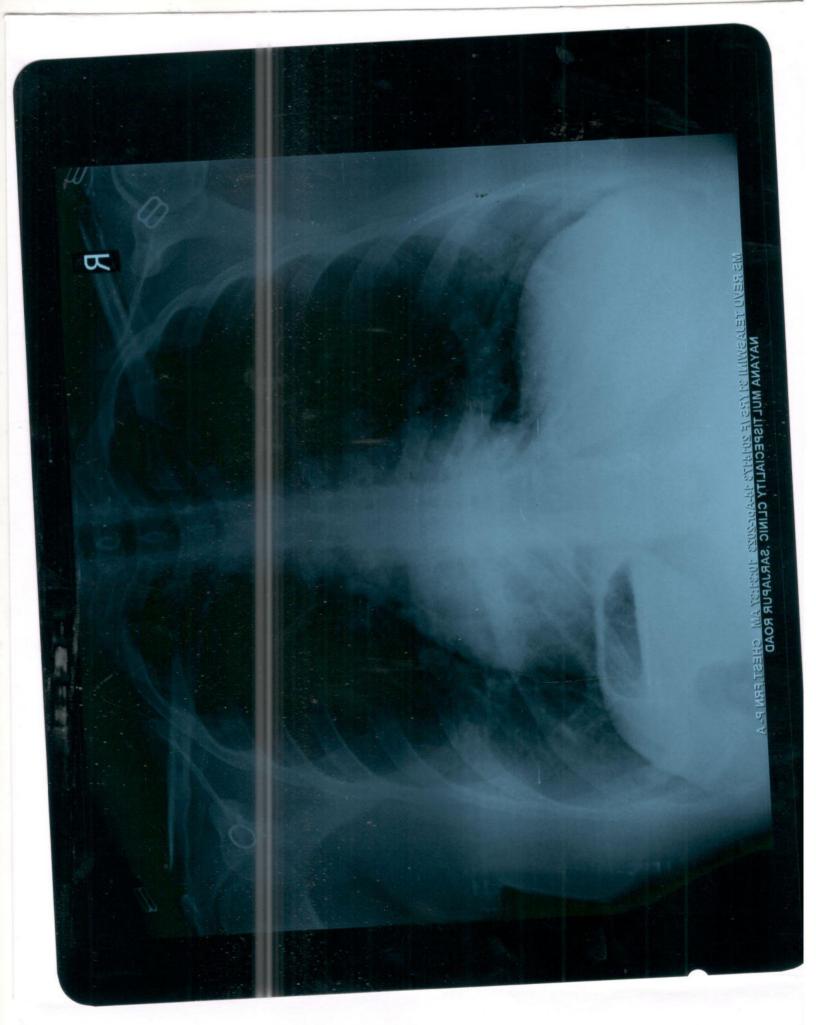


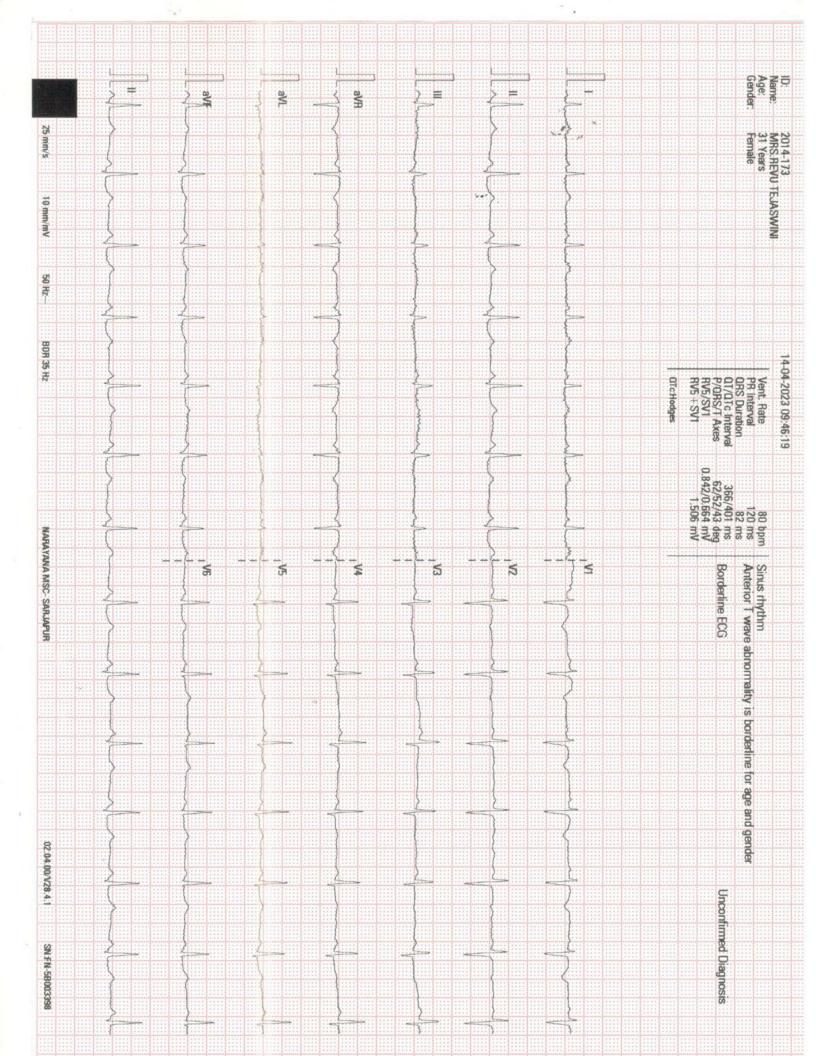












TO WHOMSOVER IT MAY CONCERN

Package/Health Ched	not taken service /TMT/X-Ray/Investiga kup)	tion/Consultation	on against (Package Name	
Name) against Invoid dated 141 \$418	e number TARO			
Patient Sign 9666140375	Dept Sign 3 47415	Unit He	ead Sign/Seal	
Mobile Number	EC Number	EC Nui	mber	

Patient Name: Ms Revu Tejaswini MRN: 2014000000173 Gender/Age: FEMALE, 31y (30/04/1991)

Collected On: 14/04/2023 08:47 AM Received On: 14/04/2023 10:59 AM Reported On: 14/04/2023 11:59 AM

Barcode: 012304140736 Specimen: Serum Consultant: Dr. Sharma Vasant Kumar(GENERAL MEDICINE)

Sample adequacy: Satisfactory Visit No: OP-001 Patient Mobile No: 9666140375

BIOCHEMISTRY

Test	Result	Unit	Biological Reference Interval
SERUM CREATININE			
Serum Creatinine (Two Point Rate - Creatinine Aminohydrolase)	0.75	mg/dL	0.6-1.0
eGFR (Calculated)	90.2	mL/min/1.73m ²	Indicative of renal impairment < 60 Note:eGFR is inaccurate for Hemodyamically unstable patients eGFR is not applicable for less than 18 years of age.
Blood Urea Nitrogen (BUN) (Endpoint /Colorimetric – Urease)	9	mg/dL	7.0-17.0
Serum Uric Acid (Colorimetric - Uricase,Peroxidase)	4.1	mg/dL	2.5-6.2
LIPID PROFILE (CHOL,TRIG,HDL,LDL,VLDL)			
Cholesterol Total (Colorimetric - Cholesterol Oxidase)	221 H	mg/dL	Desirable: < 200 Borderline High: 200-239 High: > 240
Triglycerides (Colorimetric - Lip/Glycerol Kinase)	88	mg/dL	Normal: < 150 Borderline: 150-199 High: 200-499 Very High: > 500
HDL Cholesterol (HDLC) (Colorimetric: Non HDL Precipitation Phosphotungstic Acid Method)	40	mg/dL	40.0-60.0
Non-HDL Cholesterol (Calculated)	181.0 H	mg/dL	Desirable: < 130 Above Desirable: 130-159 Borderline High: 160-189 High: 190-219 Very High: => 220
LDL Cholesterol (Colorimetric)	155	mg/dL	Optimal: < 100 Near to above optimal: 100-129 Borderline High: 130-159 High: 160-189 Very High: > 190
VLDL Cholesterol (Calculated)	17.6	mg/dL	0.0-40.0

Patient Name: Ms Revu Tejaswini MRN: 20140000	000173 Gender/	'Age : FEMALE , 31y (30/0	04/1991)
Cholesterol /HDL Ratio (Calculated)	5.6 H	-	0.0-5.0
THYROID PROFILE (T3, T4, TSH)			
Tri Iodo Thyronine (T3) (Enhanced Chemiluminesence)	1.07	ng/mL	0.97-1.69
Thyroxine (T4) (Enhanced Chemiluminesence)	7.98	μg/dl	5.53-11.0
TSH (Thyroid Stimulating Hormone) (Enhanced Chemiluminesence)	3.653	μIU/mL	> 18 Year(s): 0.4 -4.5 Pregnancy: 1st Trimester: 0.129-3.120 2nd Trimester: 0.274-2.652 3rd Trimester: 0.312-2.947
LIVER FUNCTION TEST(LFT)			
Bilirubin Total (Colorimetric -Diazo Method)	0.30	mg/dL	0.2-1.3
Conjugated Bilirubin (Direct) (Dual Wavelength - Reflectance Spectrophotometry)	0.10	mg/dL	0.0-0.3
Unconjugated Bilirubin (Indirect) (Calculated)	0.2	mg/dL	0.0-1.1
Total Protein (Colorimetric - Biuret Method)	7.90	gm/dL	6.3-8.2
Serum Albumin (Colorimetric - Bromo-Cresol Green)	4.30	gm/dL	3.5-5.0
Serum Globulin (Calculated)	3.61 H	gm/dL	2.0-3.5
Albumin To Globulin (A/G)Ratio (Calculated)	1.2	-	1.0-2.1
SGOT (AST) (Multipoint-Rate With P-5-P (pyridoxal-5-phosphate))	22	U/L	14.0-36.0
SGPT (ALT) (Multipoint-Rate With P-5-P (pyridoxal-5-phosphate))	17	U/L	<35.0
Alkaline Phosphatase (ALP) (Multipoint-Rate - P- nitro Phenyl Phosphate, AMP Buffer)	76	U/L	38.0-126.0
Gamma Glutamyl Transferase (GGT) (Multipoint Rate - L-glutamyl-p-nitroanilide (Szasz Method))	16	U/L	12.0-43.0

Interpretation Notes

Patient Name: Ms Revu Tejaswini MRN: 20140000000173 Gender/Age: FEMALE, 31y (30/04/1991)

Indirect Bilirubin result is a calculated parameter (Indirect Bilirubin = Total Bilirubin - Direct Bilirubin).

Indirect bilirubin result includes the delta bilirubin fraction also. Delta Bilirubin is the bilirubin which is covalently bound to albumin.

Delta Bilirubin is not expected to be present in healthy adults or neonates.

-- End of Report-

Dr. Anushre Prasad MBBS,MD, Biochemistry Consultant Biochemistry

Note

- Abnormal results are highlighted.
- Results relate to the sample only.
- Kindly correlate clinically.

(Lipid Profile, -> Auto Authorized)

(, -> Auto Authorized)

(CR, -> Auto Authorized)

(LFT, -> Auto Authorized)

(Uric Acid, -> Auto Authorized)

(Blood Urea Nitrogen (Bun) -> Auto Authorized)

W

Mrs. Latha B S MSc, Mphil, Biochemistry Incharge, Consultant Biochemistry





Patient Name: Ms Revu Tejaswini MRN: 20140000000173 Gender/Age: FEMALE, 31y (30/04/1991)

Collected On: 14/04/2023 08:47 AM Received On: 14/04/2023 10:58 AM Reported On: 14/04/2023 11:22 AM

Barcode: 012304140734 Specimen: Plasma Consultant: Dr. Sharma Vasant Kumar(GENERAL MEDICINE)

Sample adequacy: Satisfactory Visit No: OP-001 Patient Mobile No: 9666140375

BIOCHEMISTRY

Test	Result	Unit	Biological Reference Interval
Fasting Blood Sugar (FBS) (Colorimetric - Glucose Oxidase Peroxidase)	85	mg/dL	70 to 99 : Normal 100 to 125 : Pre-diabetes =>126 : Diabetes ADA standards 2020

-- End of Report-

Dr. Anushre Prasad MBBS,MD, Biochemistry Consultant Biochemistry

Note

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- Results relate to the sample only.
- Kindly correlate clinically.
 (Fasting Blood Sugar (FBS) -> Auto Authorized)



Mrs. Latha B S





Patient Name: Ms Revu Tejaswini MRN: 20140000000173 Gender/Age: FEMALE, 31y (30/04/1991)

Collected On: 14/04/2023 08:47 AM Received On: 14/04/2023 10:58 AM Reported On: 14/04/2023 11:11 AM

Barcode: 022304140465 Specimen: Whole Blood Consultant: Dr. Sharma Vasant Kumar(GENERAL MEDICINE)

Sample adequacy: Satisfactory Visit No: OP-001 Patient Mobile No: 9666140375

HEMATOLOGY

Test	Result	Unit	Biological Reference Interval
COMPLETE BLOOD COUNT (CBC)			
Haemoglobin (Hb%) (Photometric Measurement)	13.2	g/dL	12.0-15.0
Red Blood Cell Count (Electrical Impedance)	4.82 H	million/μl	3.8-4.8
PCV (Packed Cell Volume) / Hematocrit (Calculated)	41.2	%	36.0-46.0
MCV (Mean Corpuscular Volume) (Derived)	85.5	fL	83.0-101.0
MCH (Mean Corpuscular Haemoglobin) (Calculated)	27.4	pg	27.0-32.0
MCHC (Mean Corpuscular Haemoglobin Concentration) (Calculated)	32.0	%	31.5-34.5
Red Cell Distribution Width (RDW) (Derived)	13.8	%	11.6-14.0
Platelet Count (Electrical Impedance Plus Microscopy)	386	$10^3/\mu$ L	150.0-450.0
Total Leucocyte Count(WBC) (Electrical Impedance)	8.8	$10^3/\mu$ L	4.0-10.0
DIFFERENTIAL COUNT (DC)			
Neutrophils (VCS Technology Plus Microscopy)	58.5	%	40.0-75.0
Lymphocytes (VCS Technology Plus Microscopy)	32.1	%	20.0-40.0
Monocytes (VCS Technology Plus Microscopy)	6.3	%	2.0-10.0
Eosinophils (VCS Technology Plus Microscopy)	2.6	%	1.0-6.0
Basophils (VCS Technology Plus Microscopy)	0.5	%	0.0-2.0

Patient Name: Ms Revu Tejaswini MRN: 201	.4000000173	Gender/Age : FEMALE , 31y (30)	/04/1991)
Absolute Neutrophil Count (Calculated)	5.15	x10 ³ cells/μl	2.0-7.0
Absolute Lympocyte Count (Calculated)	2.83	x10 ³ cells/μl	1.0-3.0
Absolute Monocyte Count (Calculated)	0.56	x10 ³ cells/μl	0.2-1.0
Absolute Eosinophil Count (Calculated)	0.23	x10 ³ cells/μl	0.02-0.5
Absolute Basophil Count (Calculated)	0.05	-	-

As per the recommendation of International Council for Standardization in Hematology, the differential counts are additionally being reported as absolute numbers.

Interpretation Notes

• Haemoglobin , RBC Count and PCV: If below reference range, indicates Anemia. Further evaluation is suggested .

RBC Indices aid in typing of anemia.

WBC Count: If below reference range, susceptibility to infection.

If above reference range- Infection*

If very high in lakhs-Leukemia

Neutrophils -If above reference range-acute infection, mostly bacterial

Lymphocytes -If above reference range-chronic infection/ viral infection

Monocytes -If above reference range- TB, Typhoid, UTI

Eosinophils -If above reference range -Allergy, cough, Common cold, Asthma & worms

Basophils - If above reference range, Leukemia, allergy

Platelets: If below reference range- bleeding disorder, Dengue, drug- induced, malignancies

* In bacterial infection with fever total WBC count increases.

Eg Tonsillitis, Sinusitis, Bronchitis, Pneumonia, Appendicitis, UTI-12000-25000 cells/cumm.

In typhoid and viral fever WBC may be normal.

DISCLAIMER: All the laboratory findings should mandatorily interpreted in correlation with clinical findings by a medical expert.

-- End of Report-

Dr. Deepak M B

MD, PDF, Hematopathology

Consultant

Patient Name: Ms Revu Tejaswini MRN: 2014000000173 Gender/Age: FEMALE, 31y (30/04/1991)

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Final Report

DEPARTMENT OF LABORATORY MEDICINE

Patient Name: Ms Revu Tejaswini MRN: 20140000000173 Gender/Age: FEMALE, 31y (30/04/1991)

Collected On: 14/04/2023 08:47 AM Received On: 14/04/2023 11:08 AM Reported On: 14/04/2023 11:41 AM

Barcode: 1B2304140014 Specimen: Whole Blood Consultant: Dr. Sharma Vasant Kumar(GENERAL MEDICINE)

Sample adequacy: Satisfactory Visit No: OP-001 Patient Mobile No: 9666140375

NARAYANA HRUDAYALAYA BLOOD CENTRE

Test Result Unit

BLOOD GROUP & RH TYPING

Blood Group (Column Agglutination Technology)

RH Typing (Column Agglutination Technology) Positive -

-- End of Report-

7

Dr. Prathip Kumar B R
MBBS,MD, Immunohaematology & Blood Transfusion
Consultant

- Abnormal results are highlighted.
- Results relate to the sample only.
- Kindly correlate clinically.



Patient Name: Ms Revu Tejaswini MRN: 2014000000173 Gender/Age: FEMALE, 31y (30/04/1991)

Collected On: 14/04/2023 08:47 AM Received On: 14/04/2023 10:53 AM Reported On: 14/04/2023 11:54 AM

Barcode: 032304140106 Specimen: Urine Consultant: Dr. Sharma Vasant Kumar(GENERAL MEDICINE)

Sample adequacy: Satisfactory Visit No: OP-001 Patient Mobile No: 9666140375

CLINICAL PATHOLOGY

Test Result Unit

Urine For Sugar (Post Prandial) (Enzyme

Method (GOD POD))

Not Present -

Urine For Sugar (Fasting) (Enzyme Method (GOD Not Present

POD))

-- End of Report-

Hena S

Dr. Hema S MD, DNB, Pathology Associate Consultant

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- Kindly correlate clinically.





Patient Name: Ms Revu Tejaswini MRN: 20140000000173 Gender/Age: FEMALE, 31y (30/04/1991)

Collected On: 14/04/2023 08:47 AM Received On: 14/04/2023 10:53 AM Reported On: 14/04/2023 11:53 AM

Barcode: 032304140106 Specimen: Urine Consultant: Dr. Sharma Vasant Kumar(GENERAL MEDICINE)

Sample adequacy : Satisfactory Visit No : OP-001 Patient Mobile No : 9666140375

CLINICAL PATHOLOGY

	CLINICALIAI	IIOLOGI	
Test	Result	Unit	Biological Reference Interval
URINE ROUTINE & MICROSCOPY			
PHYSICAL EXAMINATION			
Colour	STRAW	-	-
Appearance	Clear	-	-
CHEMICAL EXAMINATION			
pH(Reaction) (pH Indicator Method)	6.5	-	4.5-7.5
Sp. Gravity (Refractive Index)	1.014	-	1.002 - 1.030
Protein (Automated Protein Error Or Ph Indicator)	Not Present	-	Not Present
Urine Glucose (Enzyme Method (GOD POD))	Not Present	-	Not Present
Ketone Bodies (Nitroprusside Method)	Not Present	-	Not Present
Bile Salts (Azo Coupling Method)	Not Present	-	Not Present
Bile Pigment (Bilirubin) (Azo Coupling Method)	Not Present	-	Not Present
Urobilinogen (Azo Coupling Method)	Normal	-	Normal
Urine Leucocyte Esterase (Measurement Of Leukocyte Esterase Activity)	Present +	-	Not Present
Blood Urine (Peroxidase Reaction)	Not Present	-	Not Present
Nitrite (Gries Method)	Not Present	-	Not Present
MICROSCOPIC EXAMINATION			
Pus Cells	0.3	/hpf	0-5

Patient Name: Ms Revu Tejaswini	MRN: 2014000000173	Gender/Age : FEMALE ,	31y (30/04/1991)	
RBC	2.7	/hpf	0-4	
Epithelial Cells	0.6	/hpf	0-6	
Crystals	0.0	/hpf	0-2	
Casts	0.00	/hpf	0-1	
Bacteria	78.0	/hpf	0-200	
Yeast Cells	0.0	/hpf	0-1	
Mucus	Not Pr	esent -	Not Present	

Interpretation Notes

Since the analytical methodology of Urine Microscopy is Flow cytometry based and FDA approved the results of automated urine
microscopy which includes RBCs, WBCs Epithelial cells etc are being reported in decimal fraction. Rounding off the value to
nearest whole number is suggested.

-- End of Report-



Dr. Hema S MD, DNB, Pathology Associate Consultant

- Abnormal results are highlighted.
- Results relate to the sample only.
- Kindly correlate clinically.



Patient Name: Ms Revu Tejaswini MRN: 20140000000173 Gender/Age: FEMALE, 31y (30/04/1991)

Collected On: 14/04/2023 08:47 AM Received On: 14/04/2023 10:59 AM Reported On: 14/04/2023 11:35 AM

Barcode: 012304140735 Specimen: Whole Blood Consultant: Dr. Sharma Vasant Kumar(GENERAL MEDICINE)

Sample adequacy: Satisfactory Visit No: OP-001 Patient Mobile No: 9666140375

BIOCHEMISTRY

Test	Result	Unit	Biological Reference Interval
HBA1C			
HbA1c (HPLC NGSP Certified)	5.3	%	Normal: 4.0-5.6 Prediabetes: 5.7-6.4 Diabetes: => 6.5 ADA standards 2020
Estimated Average Glucose (Calculated)	105.41	-	-

Interpretation:

- 1. HbA1C above 6.5% can be used to diagnose diabetes provided the patient has symptoms. If the patient does not have symptoms with HbA1C>6.5%, repeat measurement on further sample. If the repeat test result is <6.5%, consider as diabetes high risk and repeat measurement after 6 months.
- 2. HbA1C measurement is not appropriate in diagnosing diabetes in children, suspicion of type 1 diabetes, symptoms of diabetes for less than 2 months, pregnancy, hemoglobinopathies, medications that may result sudden increase in glucose, anemia, renal failure, HIV infection, malignancies, severe chronic hepatic, and renal disease.
- 3. Any sample with >15% should be suspected of having a haemoglobin variant.

-- End of Report-

Mrs. Latha B S MSc, Mphil, Biochemistry

Incharge, Consultant Biochemistry

Dr. Anushre Prasad MBBS,MD, Biochemistry

Consultant Biochemistry

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Patient Name: Ms Revu Tejaswini MRN: 20140000000173 Gender/Age: FEMALE, 31y (30/04/1991)

Collected On: 14/04/2023 08:47 AM Received On: 14/04/2023 10:58 AM Reported On: 14/04/2023 11:59 AM

Barcode: 022304140464 Specimen: Whole Blood - ESR Consultant: Dr. Sharma Vasant Kumar(GENERAL MEDICINE)

Sample adequacy: Satisfactory Visit No: OP-001 Patient Mobile No: 9666140375

HEMATOLOGY

Test	Result	Unit	Biological Reference Interval
Erythrocyte Sedimentation Rate (ESR)	12	mm/1hr	0.0-12.0

(Westergren Method)

Interpretation Notes

ESR high - Infections, chronic disorders,, plasma cell dyscrasias.
 DISCLAIMER:All the laboratory findings should mandatorily interpreted in correlation with clinical findings by a medical expert

-- End of Report-

Shahili

Dr. Shalini K S DCP, DNB, Pathology Consultant

- Abnormal results are highlighted.
- Results relate to the sample only.
- Kindly correlate clinically.





Patient Name: Ms Revu Tejaswini MRN: 20140000000173 Gender/Age: FEMALE, 31y (30/04/1991)

Collected On: 14/04/2023 10:52 AM Received On: 14/04/2023 01:02 PM Reported On: 14/04/2023 01:39 PM

Sample adequacy: Satisfactory Visit No: OP-001 Patient Mobile No: 9666140375

BIOCHEMISTRY

TestResultUnitBiological Reference IntervalPost Prandial Blood Sugar (PPBS) (Colorimetric - Glucose Oxidase Peroxidase)98mg/dL70 to 139 : Normal 140 to 199 : Pre-diabetes =>200 : Diabetes ADA standards 2020

-- End of Report-

Mrs. Latha B S

MSc, Mphil, Biochemistry

Incharge, Consultant Biochemistry

Dr. Anushre Prasad MBBS,MD, Biochemistry Consultant Biochemistry

- Abnormal results are highlighted.
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 (Post Prandial Blood Sugar (PPBS) -> Auto Authorized)



