

Radiology No. : 3847/OPDPB23DL
Patient Name : **Mrs. SARLA**
Guardian Name :
Referred By : Dr. .

Date : 21-Sep-2023
Age/Sex : 56Y Female
UHID No. : 4147/UHID23DL
Mobile No. : **7678234065**

X-RAY CHEST

Indication: Routine check-up.

Image quality:-

No evidence of rotation.

PA view. Normal penetration.

Airway:- Trachea central.

Carina & bronchi are normal.

No hilar abnormality.

Lung fields:- B/L apical capping is seen. Rest of lung fields are clear.

Cardiac:- Cardiac borders are visible.

Normal heart size.

Diaphragm:- Costophrenic angles on right & left are normal.

Cardiophrenic angles on right & left are normal.

Diaphragm portion are normal.

Bony cage:- No evidence of bony lesion/fracture seen.

Cervical rib is seen on right.

Please correlate clinically.



Dr. Harshita Surange
MBBS, DMRD (RADIODIAGNOSIS)
DIPLOMA IN MSK, UCAM (Spain)
Reg. No. MCI/16522, DMC/18402



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ULTRASOUND OF WHOLE ABDOMEN

Convex and linear Probe was used.

The liver is normal in size, contour and echotexture. Intrahepatic bile ducts and CBD are not dilated. Hepatic portal veins and the IVC appear normal in caliber.

Gall bladder is adequately distended with normal intraluminal fluid contents. No evidence of calculus / wall thickness noted.

Pancreas is of normal size and contour with normal echotexture.

Right kidney is normal in size and position .It shows normal movements with respiration. Cortical thickness is normal .

No calculus, mass or hydronephrotic changes seen.

Right kidney measures-92 x 44mm.

Renal artery pulsation appear normal.

Left kidney is normal in size and position .It shows normal movements with respiration. Cortical thickness is normal .

No calculus, mass or hydronephrotic changes seen.

Left kidney measures-96 x 45mm.

Renal artery pulsation appear normal.



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Spleen is of normal size and shape. Ecotexture is normal. No focal lesion is seen.
No evidence of retro-peritoneal lymphadenopathy/ ascites/ pleural effusion noted.

Uterus and ovaries show involutinal changes.

No free fluid is seen in the pouch of douglas.

Urinary bladder does not show any calculus or mass lesion.

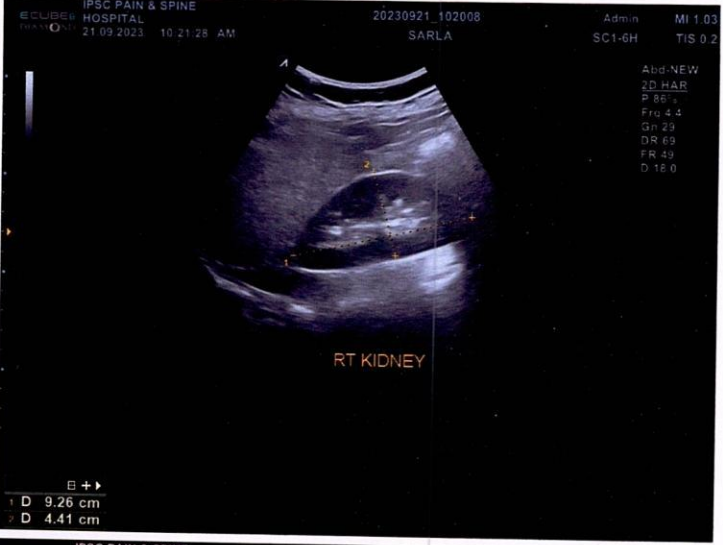
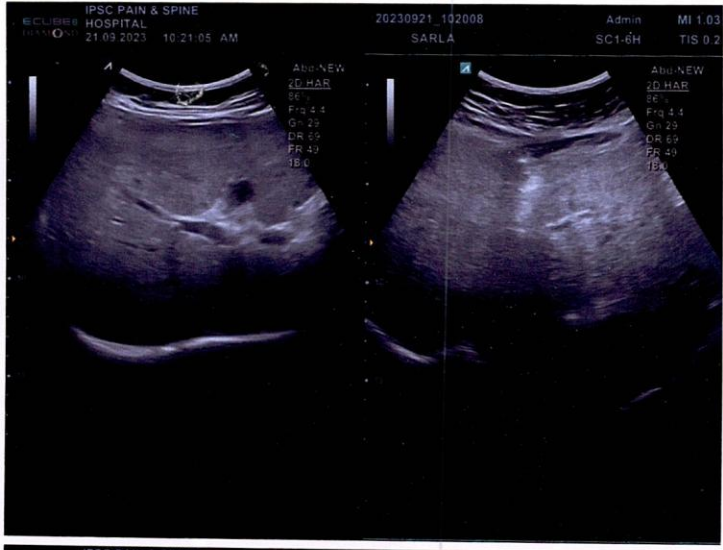
Impression: Normal scan

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2D-ECHO-DOPPLER REPORT

Final Interpretation

- No RWMA, LVEF-60-65%
- Trace TR (RVSP-6 mm Hg)
- Grade 1 DD
- No Clot/ Veg/ PE
- IVC normal size with preserved respiratory variation

M-Mode/2-D Description

- Left Atrium: Normal
- Right Atrium: Normal
- Right Ventricle: Normal
- Aortic Valve: Normal
- Mitral Valve: Normal
- Tricuspid valve: Normal
- Pulmonary Valve: Normal
- Main Pulmonary artery & its branches: Normal
- Pericardium: Normal

Measurements (mm):

	Observed Values		Normal Values
Aortic root diameter	28		20-36 (22mm/M ²)
Aortic Valve Opening			15-26
Left Atrium size	32		19-40
	End Diastole	End Systole	Normal Values
Left Ventricle size	41	24	(ED= 37-56)
Inter ventricular Septum	10	12	(ED= 6-12)
Posterior Wall Thickness	9	12	(ED= 5-10)
LV Ejection Fraction (%)	60-65%		55%-80%



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Doppler velocities (cm/sec)

Pulmonary valve		Aortic valve	
Max velocity	76	Max velocity	92
Mitral valve		Tricuspid valve	
E	55	Max Velocity	125
A	79	Mean Velocity	
DT		Mean PG	6
E/A			

Regurgitation

MR		TR	
Severity	nil	Severity	trace
Max Velocity		PASP	6
AR		PR	
Severity	nil	Severity	nil

DR ANIL SAHOO
(CARDIOLOGIST)



BOOK APPOINTMENT



mus sarla
Female 56Years
Req. No. :

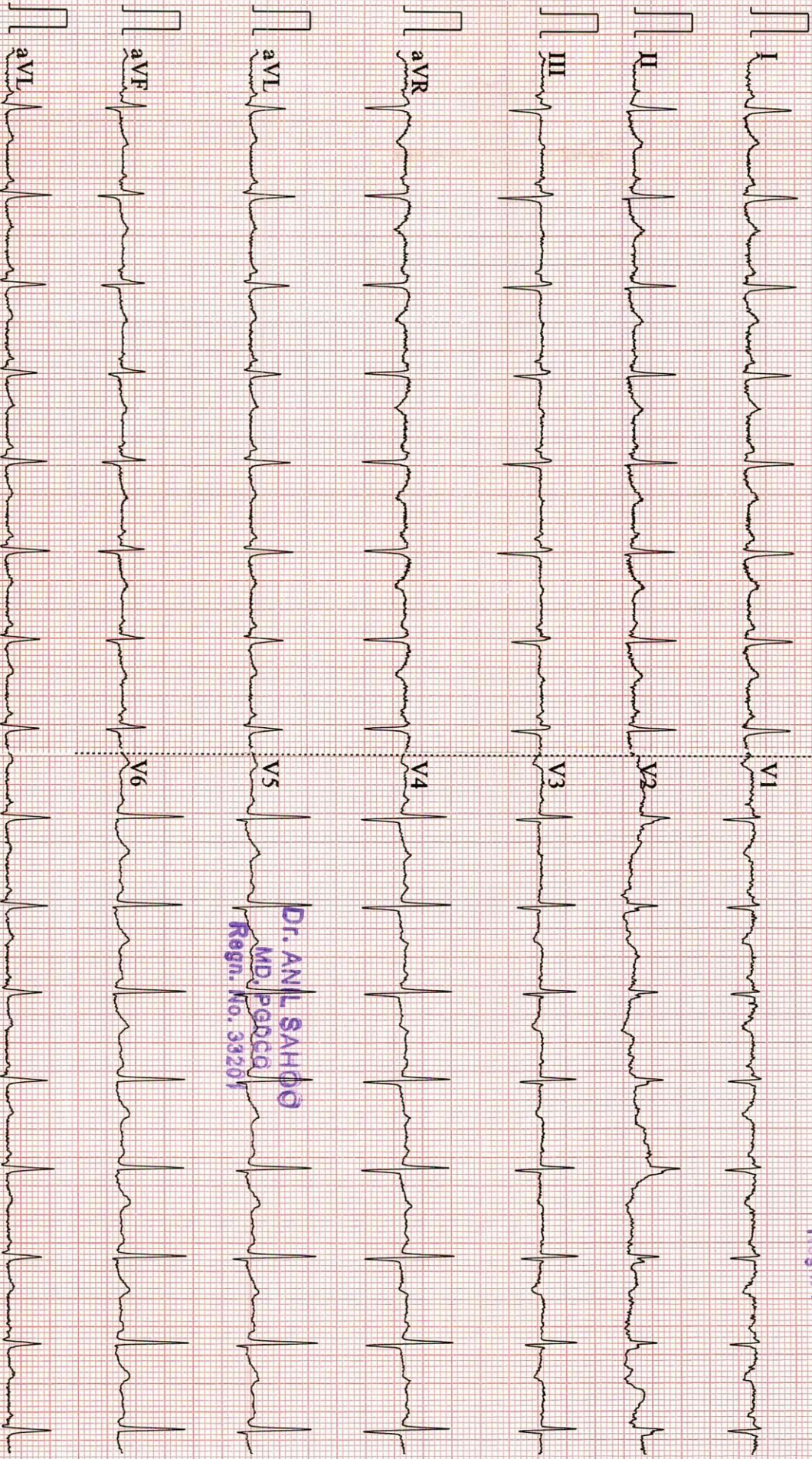
HR : 95 bpm
P : 96 ms
PR : 124 ms
QRS : 82 ms
QT/QTcBz : 354/445 ms
P/QRS/T : 31/8/34 °
RV5/SV1 : 1.153/0.445 mV


Diagnosis Information:
Sinus rhythm
Anterior T wave abnormality is nonspecific
Borderline ECG

Report Confirmed by:

sure
Dr. ANIL SAHOO
MD, FCCP
Regn. No. 39201

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MD, FCCP
Regn. No. 39201



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Age / Gender : 56Y / Female	Date : 21-Sep-2023	
Mobile No. : 7678234065	Manual No.	Collected : 21-Sep-2023 09.55
Refd. By : Dr. .	Sample ID : 233020	Received : 21-Sep-2023 09.55
Sample Type : EDTA whole blood		Report : 21-Sep-2023 14.34

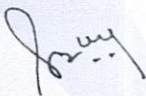
TEST NAME	RESULT	UNIT	RANGE	METHOD
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HEAMATOLOGY

COMPLETE BLOOD COUNT

HEMOGLOBIN	11.9	g/dl	11.9-15	Colorimetric
TOTAL LEUCOCYTE COUNT	6.0	10 ³ /uL	4.0-11.0	Electrical impedance
DIFFERENTIAL LEUCOCYTE COUNT(DLC)				
Neutrophil	55	%	40-75	Electrical impedance
Lymphocyte	36	%	20-45	Electrical impedance
Eosinophil	05	%	1-6	Microscopy
Monocyte	04	%	2-10	Microscopy
Basophil	00	%	0-2	Microscopy
ESR	14	mm/1sthr	0-20	Westergren's
RBC COUNT	3.80	mili/emm	3.8-5.5	Electrical impedance
PCV	35	%	35-45	Calculated
MCV	92.30	Fl	80-100	Calculated
MCH	31.4	Picogram	27.5-33.2	Calculated
MCHC	34.00	gm/dl	32-36	Calculated
PLATELET COUNT	163	10 ³ /uL	150-450	Electrical impedance

-----End of Report-----




Dr. Sangeeta B
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DMC/25252

Lab Technician : SONUKUM



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Age / Gender : 56Y / Female	Date : 21-Sep-2023	
Mobile No. : 7678234065	Manual No.	Collected : 21-Sep-2023 13.46
Refd. By : Dr. .		Received : 21-Sep-2023 13.46
Sample Type : Plasma(Sodium fluoride)	Sample ID : 233020	Report : 21-Sep-2023 14.34

TEST NAME	RESULT	UNIT	RANGE	METHOD
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Blood Sugar PP	467.4	mg/dl	70-150	GOD-POD
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BIOCHEMISTRY

INTERPRETATION:

2018 American Diabetes Association (ADA) Diabetes Guidelines

Criteria for Diabetes Diagnosis:

FPG > 126.0 mg/dl (Fasting is defined as no caloric intake for >8 hours)

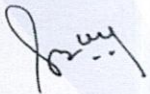
2-hr PG > 200 mg/dl during OGTT(75-G)*

Using a glucose load containing the equivalent of 75g anhydrous glucose dissolved in water

Random PG < 200 mg/dl

in individuals with symptoms of hyperglycemia or hyperglycemic crisis

-----End of Report-----




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TEST NAME	RESULT	UNIT	RANGE	METHOD
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BLOOD SUGAR FASTING

282.2 **BIOCHEMISTRY**
mg/dl 74-100

GOD-POD

INTERPRETATION:

2018 American Diabetes Association (ADA) Diabetes Guidelines

Criteria for Diabetes Diagnosis:

FPG > 126.0 mg/dl (Fasting is defined as no caloric intake for >8 hours)

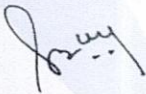
2-hr PG > 200 mg/dl during OGTT(75-G)*

Using a glucose load containing the equivalent of 75g anhydrous glucose dissolved in water

Random PG < 200 mg/dl

in individuals with symptoms of hyperglycemia or hyperglycemic crisis

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TEST NAME	RESULT	UNIT	RANGE	METHOD
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HBA1C (GLYCOSYLATED HB)	10.5	%	4-6	PEIT
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HEAMOTOLOGY

Metabolically healthy patients 4.5 - 6.0 %
6.1 - 6.5 %

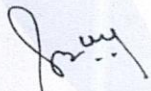
Good control :

Fair control : 6.6 - 7.0 %

Poor control : Above - >7.0 %

COMMENTS: HbA1c is an indicator of glycemic control. HbA1c represents average glycemia over the past six to eight weeks. Glycation of hemoglobin occurs over the entire 120 day life span of the red blood cell, but within this 120 days. Recent glycemia has the largest influence on the HbA1c value. Clinical studies suggest that a patient in stable control will have 50% of their HbA1c formed in the month before sampling, 25% in the month before that, and the remaining 25% in months two to four. Estimated Average Glucose mg/dl = (HbA1c x 35.6) - 77.3) Correlation between HbA1c and Mean Plasma Glucose (MPG) is not "perfect" but rather only this means that to predict or estimate average glucose from Hb-A1c or vice-versa is not "perfect" but gives a good working ballpark estimate. Afternoon and evening results correlate more closely to HbA1c than morning results, perhaps because morning fasting glucose levels vary much more than daytime glucose levels, which are easier to predict and control. As per IFCC recommendations 2007, HbA1c being reported as above maintaining traceability to both IFCC (mmol/mol) & NGSP (%) units.

-----End of Report-----




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Mobile No. : 7678234065	Manual No.	Collected : 21-Sep-2023 09.55
Refd. By : Dr. .		Received : 21-Sep-2023 09.55
Sample Type : Serum	Sample ID : 233020	Report : 21-Sep-2023 14.34

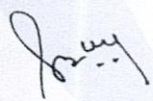
TEST NAME	RESULT	UNIT	RANGE	METHOD
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KIDNEY FUNCTION TEST

BIOCHEMISTRY

Blood Urea	22.5	mg/dl	15.0-45.0	urease
Serum Creatinine	0.6	mg/dl	0.7-1.3	Jaffes Kinetic
Serum Uric Acid	3.90	mg/dl	2.6-6.0	Uricase
Total Protein				
PROTEN	7.42	g/dl	6.4-8.3	Biuret
ALBUMIN	3.9	g/dl	3.4-4.8	Beg
GLOBULIN	3.52	g/dl	2.3-3.5	
A/G RATIO	1.11	g/dl		
Calcium	9.6	mg/dl	8.6-10.2	Arsenazo
Sodium	141.0	mmol/L	136.0-149.0	ISE Indirect
Potasium	4.3	mmol/L	3.5-5.5	ISE Indirect
Chloride	106.1	mmol/L	98.0-109.0	ISE Indirect

-----End of Report-----




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Refd. By : Dr. .	Sample ID : 233020	Received : 21-Sep-2023 09.55
Sample Type : Serum		Report : 21-Sep-2023 14.34

TEST NAME	RESULT	UNIT	RANGE	METHOD
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LIPID PROFILE

BIOCHEMISTRY

Total Cholesterol	146.00	mg/dl	123-199	CHOD-PAP
Triglycerides	116.2	mg/dl	35-135	Gpo
HDL Cholesterol Direct	53.6	mg/dl	42-88	Direct
Vldl	23	mg/dl	4.7-22.1	
LDL Cholesterol Direct	69.2	mg/dl	63-129	
Total Cholesterol/HDL Ratio	2.7		0.0-4.97	
LDL/HDL Ratio	1.3		0.0-3.55	

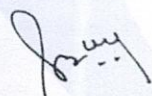
INTERPRETATION:-

Acceptable/Low Risk	: < 200 mg/dL	: <130 mg/dL	: < 4.5
Borderline High Risk	: 200-239 mg/dL	: 130-159 mg/dl	: 4.5 - 6.0
High Risk	: > 240 mg /dL	: > 160 mg/dL	: > 6.0

APO A1 & APO B: Recent studies have shown that Apolipoproteins A1 & B might be the best indicators of Coronary Artery.

COMMENTS:-

TRIGLYCERIDE level > 250mg/dL is associated with an approximately 2-fold greater risk of coronary vascular disease. Elevation of triglycerides can be seen with obesity, medication, fast less than 12 hrs., alcohol intake, diabetes melitus, and




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pancreatitis.

CHOLESTEROL, its fractions and triglycerides are the important plasma lipids in defining cardiovascular risk factors and in the management of cardiovascular disease. Highest acceptable and optimum values of cholesterol vary with age. Values above 220 mgm/dl are associated with increased risk of CHD regardless of HDL & LDL values.

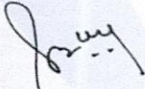
HDL-CHOLESTEROL level <35 mg/dL is associated with an increased risk of coronary vascular disease even in the face of desirable levels of cholesterol and LDL - cholesterol.

LDL - CHOLESTEROL & TOTAL CHOLESTEROL levels can be strikingly altered by thyroid, renal and liver disease as well as hereditary factors. Based on total cholesterol, LDL- cholesterol, and total cholesterol/HDL - cholesterol ratio, patients may be divided into the three risk categories :-

CHOLESTEROL	LDL-CHOLESTEROL	CHO/HDL RATIO
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Artery Disease risk in an individual. Patients who have normal lipid profile may have abnormal Apo A1 & Apo B values. Ratio of Apo B : Apo A1 is >1 in cases of increased CHD risk.

-----End of Report-----




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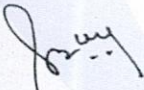
TEST NAME	RESULT	UNIT	RANGE	METHOD
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LIVER FUNCTION TEST

BIOCHEMISTRY

Serum Bilirubin				
Total Bilirubin	0.78	mg/dl	0.0-2.0	Diazo
Direct Bilirubin	0.35	mg/dl	0-0.4	Diazo
Indirect Bilirubin	0.43	mg/dl	0-0.8	Calculated
Total Protein				
PROTEN	7.42	g/dl	6.4-8.3	Biuret
ALBUMIN	3.9	g/dl	3.4-4.8	Bcg
GLOBULIN	3.52	g/dl	2.3-3.5	
A/G RATIO	1.11	g/dl		
SGOT	36	U/L	0-31	IFCC
SGPT	44	U/L	0.0-34	IFCC
Gamma GT	35.0	U/L	0-38	Glupa-c
Alkaline Phosphatase	153	U/L	42-98	Amp

-----End of Report-----



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Patient Name : Mrs. SARLA
Age / Gender : 56Y / Female
Mobile No. : 7678234065
Refd. By : Dr. .
Sample Type : STOOL

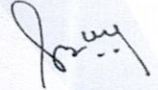
Reg No. : 4147/UHID23DL
Date : 21-Sep-2023
Manual No.
Sample ID : 233020

Lab ID. : 3847/OPDPB23DL

Collected : 21-Sep-2023 12.05
Received : 21-Sep-2023 12.05
Report : 21-Sep-2023 14.34

TEST NAME	RESULT	UNIT	RANGE	METHOD
CLINICAL PATHOLOGY				
STOOL R/M				
PHYSICAL EXAMINATION				
COLOUR/ APPEARANCE	BROWNISH			
CONSISTENCY	SEMI-FORMED			
PUS	NIL			
MUCUS	NIL			
BLOOD	NIL			
CHEMICAL REACTION				
REACTION	ACIDIC			
MICROSCOPY EXAMINATION				
PUS CELLS	2-3 /HPF			
RBC'S	NIL			
OVA	NIL			
CYST	NIL			
BACTERIA	NIL			
OTHERS	NIL			

-----End of Report-----



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 DMC/25252
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Age / Gender : 56Y / Female
Mobile No. : 7678234065
Refd. By : Dr. .
Sample Type : Serum

Reg No. : 4147/UHID23DL
Date : 21-Sep-2023
Manual No.
Sample ID : 233020

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THYROID PROFILE

HORMONES

T3 1.00 ng/dl CLIA

All values

Adults (euthyroid) 0.50-2.00

Newborns 0.73-2.88

6d - 3 mth 0.80-2.75

4 - 12 mth 0.86-2.65

1 - 6 yr 0.92-2.48

7 - 11 yr 0.93-2.31

12- 20 yr 0.91-2.18

Pregnancy

First trimester 0.05 - 3.70

Second trimester 1.7 - 4.3

Third trimester 0.4 - 3.9

T4 7.89 µg/dl CLIA

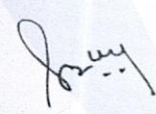
Adults - M - 4.4-10.8 µg/dl

F- 4.8 - 11.6 µg/dl

1st Trimester 7.3-15.00 µg/dl

2nd Trimester 8.92-17.38

3rd Trimester 7.98-17.70



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BOOK APPOINTMENT



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Mobile No. : 7678234065
Refd. By : Dr. .
Sample Type : Serum

Reg No. : 4147/UHID23DL
Date : 21-Sep-2023
Manual No.
Sample ID : 233020

Lab ID. : 3847/OPDPB23DL

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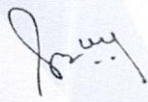
TSH 5.72 μ IU/ml CLIA

Adults
21-100 yrs 0.42 - 5.45
Pediatric
0-12 Months 0.98-5.63
1-5 years 0.64-5.76
6-10 Years 0.51-4.82
11-14 Years 0.53-5.27
15-20 years 0.43-4.20

Pregnancy
First trimester 0.1 - 2.5*
Second trimester 0.2 - 3*
Third trimester 0.3 - 3*

COMMENTS: Assay results should be interpreted in context to the clinical condition and associated results of other investigations. Previous treatment with corticosteroid therapy may result in lower TSH levels while thyroid hormone levels are normal. Results are invalidated if the client has undergone a radionuclide scan within 7-14 days before the test. Abnormal thyroid test findings often found in critically ill clients should be repeated after the critical nature of the condition is resolved. The production, circulation, and disintegration of thyroid hormones are altered throughout the stages of pregnancy

-----End of Report-----



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BOOK APPOINTMENT



Patient Name : Mrs. SARLA
Age / Gender : 56Y / Female
Mobile No. : 7678234065
Refd. By : Dr. .
Sample Type : URINE

Reg No. : 4147/UHID23DL
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Manual No.

Lab ID. : 3847/OPDPB23DL

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Report : 21-Sep-2023 14.34

Sample ID : 233020

TEST NAME	RESULT	UNIT	RANGE	METHOD
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CLINICAL PATHOLOGY

**URINE ROUTINE
MICROSCOPY**

PHYSICAL EXAMINATION

QUANTITY

30.00 ml 10-30

COLOUR

PALE YELLOW

TRANSPARENCY

CLEAR

SPECIFIC GRAVITY

1.020 1.015-1.025

PH

6.0 5.5 - 7

CHEMICAL EXAMINATION

ALBUMIN

NIL

SUGAR

+

MICROSCOPIC EXAMINATION

PUS CELLS

2-3 /hpf

RBC'S

NIL NIL

MICROSCOPIC

CASTS

NIL

CRYSTALS

NIL

EPITHELIAL CELLS

2-3

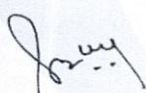
BACTERIA

NIL

OTHERS

NIL

-----End of Report-----



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 Lab Technician : SONUKUM



BOOK APPOINTMENT




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