

4D SONOGRAPHY • COLOR DOPPLER • ECHO • PATHOLOGY • DIGITAL X-RAY &amp; OPG • TMT • ECG • HOLTER

MRS. VINITA SIHARE

34 Years /F

BANK OF BARODA

05-01-2023

**HEAMOGRAM**

Test Name	Results	Normal Range
Haemoglobin (HB)	14.4	11 - 16 gm%
R.B.C. Count	4.74	3.8 - 4.8 milli./cu.mm
PCV	41.2	36 - 46 %
MCV	86.92	80 - 98 fl
MCH	30.38	27 - 32 pg
MCHC	34.95	31.5 - 34.5 %
TOTAL WBC COUNT	7,500	4,000 to 11,000 /cu.mm
DIFFERENTIAL WBC COUNT	.	
Neutrophils	58	40 - 75 %
Lymphocytes	38	20 - 40 %
Monocytes	02	02 - 08 %
Eosinophils	02	01 - 05 %
Basophils	00	00 - 01 %
PLATELET COUNT	3.05	1.5 - 4 Lacs/cu.mm.
E.S.R	12	M- 0-10 at the end of 1 hr. F- 0-20 at the end of 1 hr

**DR. POOJA PRAPANNA**

DR. POOJA PRAPANNA

M.D.

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**BLOOD EXAMINATION REPORT**

Test Name	Results	Normal Range
P.P. BLOOD SUGAR	120.0	upto 140 mg/dl

**Dr. POOJA PRAPANNA**  
MD  
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Test Name	Results	Normal Range
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**SEROLOGY PROFILE**

HBsAg Non Reactive

\* Test done by screening methods.  
Requires confirmation at referral  
centre.

**BIOCHEMISTRY**

FASTING BLOOD SUGAR	97.0	70 - 110 mg/dl
BUN	10.0	5 - 21 Mg/dl
URIC ACID	4.21	2.5 - 6.8 mg\dl
GAMA GT	12.0	5 - 43 Iu/l
CREATININE	0.95	0.6 - 1.4 mg\dl

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**BIOCHEMISTRY**

Test Name	Results	Normal Range
SERUM BILIRUBIN	:-	
TOTAL BILIRUBIN	0.86	0 - 1 mg/dl
DIRECT BILIRUBIN	0.14	<0.25 mg/dl
INDIRECT BILIRUBIN	0.72	< 1.0 mg/dl
S.G.O.T	17.0	0 - 45 IU/L
S.G.P.T	23.0	0 - 45 IU/L
ALKALINE PHOSPHATE	75.0	Adult - 42 - 128 IU/L Child - 150 - 630 IU/L
TOTAL PROTEIN	7.11	6.0 to 8.0 g/dl
ALBUMIN	4.32	3.2 to 5.0 g/dl
GLOBULIN	2.79	1.9 to 3.5
A:G RATIO	1.55	1.2 TO 2.3
GAMA GT	12.0	5 - 43 Iu/l

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**LIPID PROFILE**

Test Name	Results	Normal Range
TOTAL LIPIDS	440	400 - 700 mg/dl
CHOLESTROL	139.0	<200 mg/dl- Desirable 200 - 239 mg/dl - Borderline High >240 Mg/dl High
HDL CHOLESTROL	38.0	35- 60 mg/dl
TRIGLYCERIDE	112.0	<150 mg/dl Normal 150 - 199 mg/dl Borderline High 200 - 499 mg/dl High
LDL CHOLESTROL	78.6	<100 mg/dl Optimal 100- 129 mg/dl Borderline high 160 - 189 mg/dl High
VLDL CHOLESTROL	22.4	<40 mg/dl
RISK RATIO	3.66	3 - 6

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M.D.

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05-01-2023

**BLOOD GROUP**

Test Name	Results	Normal Range
BLOOD GROUP	: -	
"ABO " GROUP	"O"	
Rh (D) Factor	Positive	

(Cross matching & recheck of Blood Group is mandatory before any transfusion)

DR. POOJA PRAPANNA  
MD  
DR. POOJA PRAPANNA  
M.D.

MRS. VINITA SIHARE

34 Years /F

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**URINE EXAMINATION**

Test Name	Results	Normal Range
<b>PHYSICAL EXAMINATION</b>		
Quantity	30 ml	
Colour	Pale Yellow	
Appearance	Clear	
Deposits	Absent	
Specific Gravity	1.015	
Reaction	Acidic	
<b>CHEMICAL EXAMINATION</b>		
Albumin	Nil	
Sugar	Nil	
Ketones	Absent	
Bile Pigments	Negative	
Bile Salt	Negative	
Hematuria	Negative	
<b>MICROSCOPIC EXAMINATION</b>		
Pus Cells	1- 2 /hpf	
Red Blood Cells	Nil/hpf	
Epithelial Cell	1 - 2 /hpf	
Crystals	Nil	
Casts	Absent	

**Dr. POOJA PRAPANNA**  
DR. POOJA PRAPANNA  
MD M.D.

MRS. VINITA SIHORE

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05th Jan, 2023

X-RAY CHEST PA VIEW

Bony cage is normal.

Trachea is central.

C.P. angles are clear.

Cardiac contour and cardiothoracic ratio are normal.

Lung fields are clear.

**DR.D.S.CHHABRA.**

M.D.

CC/1



MRS. VINITA SIHORE

34 Yrs./F.

BANK OF BARODA

05th Jan, 2023

**ABDOMINAL SONOGRAPHY**

Liver is of normal size, shape, has smooth margins & regular contours and the parenchyma is mildly hyperechoic in echostructure, **fatty changes ( Grade I )**. No focal lesion.

Gall bladder is of normal size, shape, has thin walls & the contents are clear fluid. No evidence of any calculus. Biliary tree is undilated.

Pancreas is normal, no focal / diffuse pathology. Spleen is normal. The Portal and splenic veins are normal in calibre.

Both Kidneys are normal in size [ measure about 12 cms. in length ], shape and echostructure. No calculus in both. The collecting system and ureter on both side are undilated.

Urinary bladder is normal in size, shape and has thin walls.

Uterus is slightly small in size [ measures about 6.5 x 4.5 x 3 cms. in diam.] and is normal in shape. The uterine outlines are smooth & regular and the myometrial echopattern is normal. Endometrial echoes are thin ( 3 mms. ) and are central. No obvious mass lesion.

Right ovary is normal in size ( around 5-6 cm<sup>3</sup> in vol. ) & the left ovary is mildly enlarged in size ( around 10-11 cm<sup>3</sup> in vol. ). Multiple very small ( 2-5 mms. ) cystic images are seen in both with increased stromal tissue.

No adnexal / pelvic mass or cyst. No localised or free pelvic collection.

There is no ascitis. No obvious abdominal lymphadenopathy. No sub / supra diaphragmatic pathology on either side.

**CONCLUSION :**

Fatty changes in liver ( Grade I ).

Sonographic appearance of ovaries is in **favour of Polycystic ovaries.**

Further clinical and hormonal correlation is requested.

**DR.D.S.CHHABRA.**

M.D.

**DR. PRIYANK JAIN**  
M.D.,D.M.  
CONSULTANT CARDIOLOGIST

**UNIQUE DIAGNOSTIC CENTRE**  
45-B, Jaora Compound,  
Opp. M.Y.Hospital, M.Y.H. Road,  
INDORE - 452 001. ( M. P. ).  
Phone : 2704118. 4082228

## **ECHOCARDIOGRAPHY REPORT**

NAME : MRS. VINITA SIHORE Age : 34 Yrs./ F  
REFERRED BY : BANK OF BARODA Date : 05th Jan, 2023

### **ECHOCARDIOGRAPHIC OPINION**

#### **INTERPRETATION :-**

- \*\* Normal sized cardiac chambers.
- \*\* Normal biventricular functions. LVEF : 62 %.
- \*\* Normal cardiac valves.

**DR. PRIYANK JAIN. M.D.,D.M.**

**DR. PRIYANK JAIN**  
MBBS, MD, DM.  
Reg. No. 185547



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## TWO DIMENSIONAL ECHOCARDIOGRAPHY

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M Mode examination revealed normal movement of both mitral leaflets during diastole.

No SAM or mitral valve prolapse is seen.

Aortic cusps are not thickened and enclosure line is central.

Tricuspid valve is normal, pulmonary valve is normal, aortic root is normal in size, dimensions of left atrium and left ventricle are normal.

2 - D imaging in PLAX, SAX and apical views revealed a normal sized left ventricle.

Movement of septum, anterior, posterior, inferior and lateral walls is normal. Global LVEF is 62 %.

Mitral valve opening is normal. No evidence of mitral valve prolapse is seen.

Aortic valve has three cusps and its opening is not restricted.

Right atrium and right ventricle are normal in size.

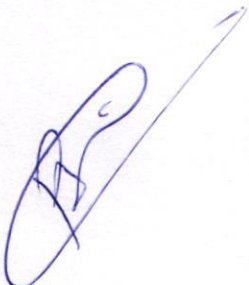
Tricuspid valve leaflets move normally.

Pulmonary valve is normal.

Interatrial and interventricular septa are intact.

No intracardiac mass or thrombus is seen.

No pericardial pathology is observed.



## MEASUREMENTS :

[C]	DIMENSIONS	OBSERVED VALUES	Normal Values (For Adults)
1.	Aortic Root diameter	: 2.7 cms.	2.0-3.7 cm < 2.2 cm / M <sup>2</sup>
2.	Aortic Valve Opening	: 1.6 cms.	1.5-2.6 cm
3.	Right Ventricular Dimension	: --	
4.	Left Atrial Dimension	: 2.5 cms.	1.9-4.0 cm < 2.2 cm / M <sup>2</sup>
5.	Left Ventricular ED Dimension	: 4.1 cms.	3.7-5.6 cm < 3.2 cm / M <sup>2</sup>
6.	Left Ventricular ES Dimension	: 2.7 cms.	2.2-4.0 cm
7.	Inter Ventricular ED Septal thickness	: 1.0 cms.	0.6-1.2 cm
8.	Left Ventricular ED PW thickness	: 0.9 cms.	0.5-1.0 cm
9.	IVS / LVPW	: 01	< 1.3

## [E] INDICES OF LEFT VENTRICULAR FUNCTION

1.	Mitral E - Septal Separation	: 0.5	< 0.9- cm
2.	Left Ventricular Ejection Fraction	: 62 %	60 - 80 %

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## DOPPLER

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Peak Flow Velocity ( M/Sec.)		Peak Gradient ( mmHg.)	Regurgitation
MV	Normal	--	Normal
TV	Normal	--	Normal
AV	Normal	--	Normal
PV	Normal	--	Normal

PASP : Normal

\*\*\*\*\*



## LABORATORY REPORT



Name : Mrs. VINITA SIHARE	Sex/Age : Female / 34 Years	Case ID : 30101600920
Ref. By :	Dis. At :	Pt. ID :
Bill. Loc. : UNIQUE DIAGNOSTIC CENTRE INDORE		Pt. Loc. :
Reg Date and Time : 05-Jan-2023 13:58	Sample Type : Serum	Mobile No. :
Sample Date and Time : 05-Jan-2023 13:58	Sample Coll. By : non	Ref Id1 :
Report Date and Time : 05-Jan-2023 14:57	Acc. Remarks	Ref Id2 :

TEST	RESULTS	UNIT	BIOLOGICAL REF RANGE	REMARKS
<b>Thyroid Function Test</b>				
<b>Triiodothyronine (T3)</b> CMIA	111.71	ng/dL	58 - 159	
<b>Thyroxine (T4)</b> CMIA	7.8	µg/dL	5.5 - 11.0	
<b>TSH</b> CMIA	1.952	µIU/mL	0.4 - 4.2	

### INTERPRETATIONS

- Circulating TSH measurement has been used for screening for euthyroidism, screening and diagnosis for hyperthyroidism & hypothyroidism. Suppressed TSH (<0.01 µIU/mL) suggests a diagnosis of hyperthyroidism and elevated concentration (>7 µIU/mL) suggest hypothyroidism. TSH levels may be affected by acute illness and several medications including dopamine and glucocorticoids. Decreased (low or undetectable) in Graves disease. Increased in TSH secreting pituitary adenoma (secondary hyperthyroidism), PPTH and in hypothalamic disease thyrotropin (tertiary hyperthyroidism). Elevated in hypothyroidism (along with decreased T4) except for pituitary & hypothalamic disease.
- Mild to modest elevations in patient with normal T3 & T4 levels indicates impaired thyroid hormone reserves & incipient hypothyroidism (subclinical hypothyroidism).
- Mild to modest decrease with normal T3 & T4 indicates subclinical hyperthyroidism.
- Degree of TSH suppression does not reflect the severity of hyperthyroidism, therefore, measurement of free thyroid hormone levels is required in patient with a suppressed TSH level.

### CAUTIONS

Sick, hospitalized patients may have falsely low or transiently elevated thyroid stimulating hormone. Some patients who have been exposed to animal antigens, either in the environment or as part of treatment or imaging procedure, may have circulating antianimal antibodies present. These antibodies may interfere with the assay reagents to produce unreliable results.

### TSH ref range in Pregnancy

First trimester  
Second trimester  
Third trimester

### Reference range (microIU/ml)

0.24 - 2.00  
0.43-2.2  
0.8-2.5

Note:(LL-VeryLow,L-Low,H-High,HH-VeryHigh ,A-Abnormal)

**Dr. Soma Yadav**  
M.D. (Pathology)

**Dr. A Mishra**  
M.D. Microbiology

Page 2 of 3

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## LABORATORY REPORT



Name : Mrs. VINITA SIHARE	Sex/Age : Female / 34 Years	Case ID : 30101600920
Ref. By :	Dis. At :	Pt. ID :
Bill. Loc. : UNIQUE DIAGNOSTIC CENTRE INDORE		Pt. Loc. :
Reg Date and Time : 05-Jan-2023 13:58	Sample Type : Whole Blood EDTA	Mobile No. :
Sample Date and Time : 05-Jan-2023 13:58	Sample Coll. By : non	Ref Id1 :
Report Date and Time : 05-Jan-2023 15:35	Acc. Remarks	Ref Id2 :

TEST	RESULTS	UNIT	BIOLOGICAL REF RANGE	REMARKS
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### Glycated Haemoglobin Estimation

HbA1C (IT)	6.00	% of total Hb	4.80 - 6.00	
Estimated Avg Glucose (3 Mths) Calculated	125.50	mg/dL		

Please Note change in reference range as per ADA 2021 guidelines.

#### Interpretation :

HbA1C level reflects the mean glucose concentration over previous 8-12 weeks and provides better indication of long term glycemic control. Levels of HbA1C may be low as result of shortened RBC life span in case of hemolytic anemia. Increased HbA1C values may be found in patients with polycythemia or post splenectomy patients. Patients with Homozygous forms of rare variant Hb(CC,SS,EE,SC) HbA1c can not be quantitated as there is no HbA. In such circumstances glycemic control can be monitored using plasma glucose levels or serum Fructosamine. The A1c target should be individualized based on numerous factors, such as age, life expectancy, comorbid conditions, duration of diabetes, risk of hypoglycemia or adverse consequences from hypoglycemia, patient motivation and adherence.

Note:(LL-VeryLow,L-Low,H-High,HH-VeryHigh ,A-Abnormal)

**Dr. Soma Yadav**  
M.D. (Pathology)

**Dr. A Mishra**  
M.D. Microbiology

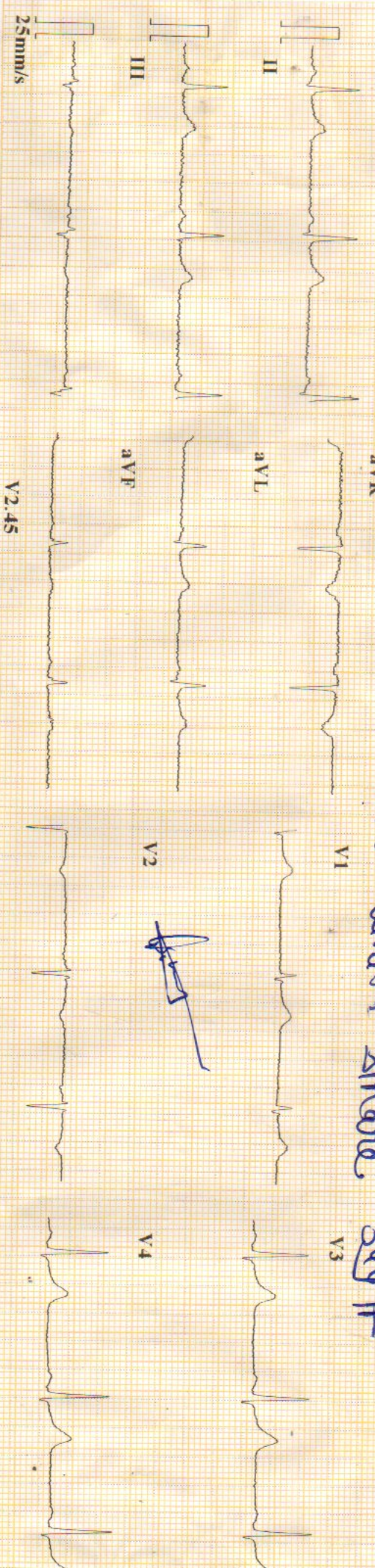
Page 1 of 3

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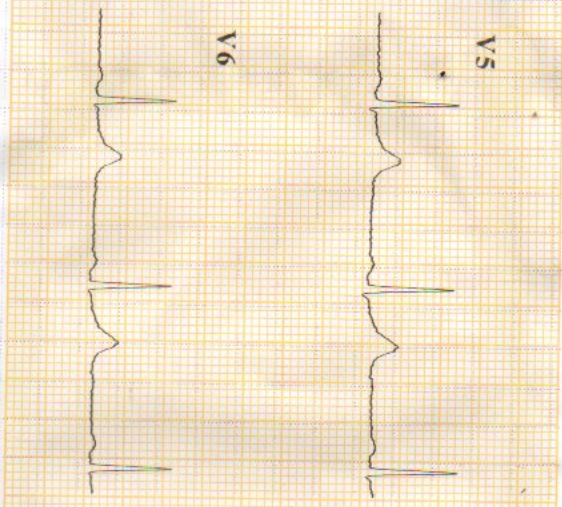
10mm/mV 0.25-25Hz AC50

01-05-2023 08:43:47

Mrs Vineta Sihara  
BPP



CARDIART



ID : 230105-0843  
 Name :  
 Age : 34 yr  
 Sex : Female  
 BP :  
 Height : cm  
 Weight : kg

HR : 58 bpm  
 P Dur : 102 ms  
 PR int : 146 ms  
 QRS Dur : 92 ms  
 QT/QTc int : 404/399 ms  
 P/QRS/T axis : 38/21/17 °  
 RV5/SV1 amp : 1.178/0.096 mV  
 RV5+SV1 amp : 1.274 mV  
 RV6/SV2 amp : 1.114/0.671 mV

Minnesota Code:  
8-8-3  
9-4-1(V3)

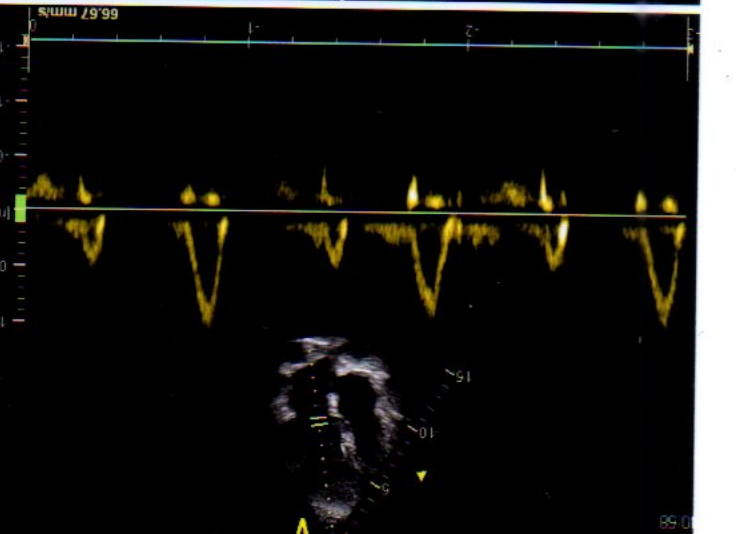
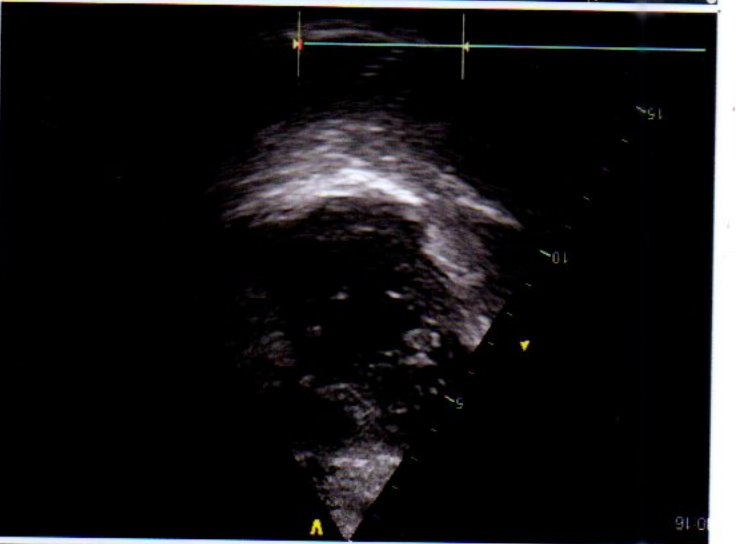
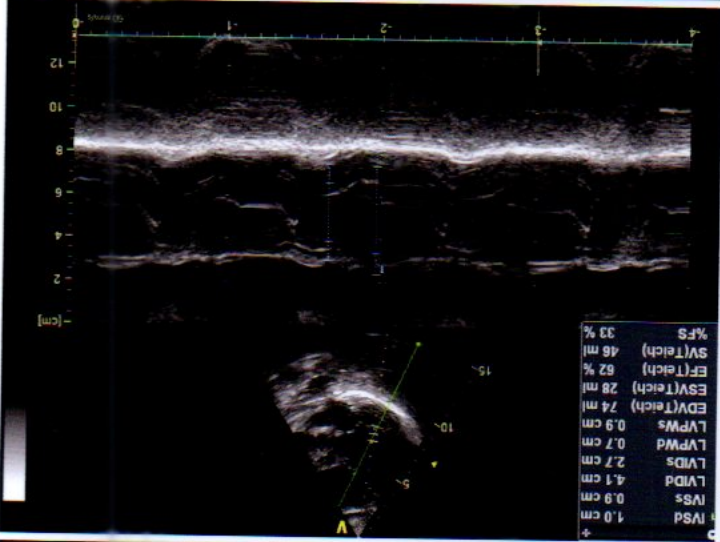
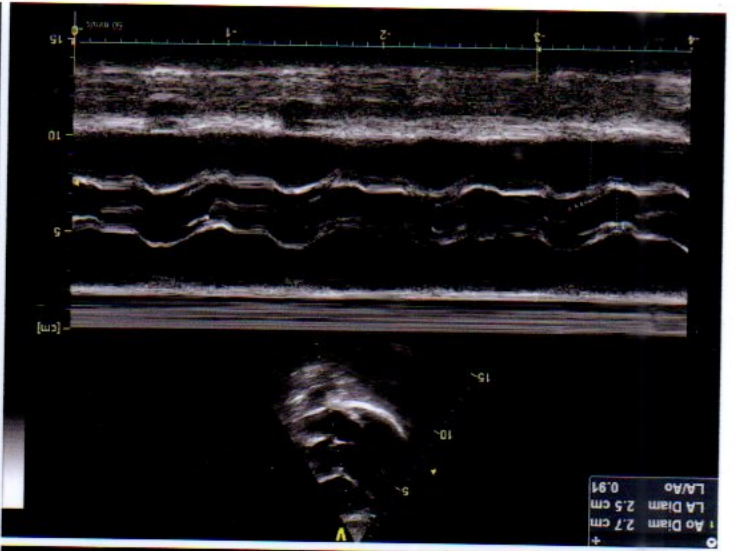
Diagnosis Information:  
811: Sinus Bradycardia  
\*\*\*Normal ECG\*\*\*

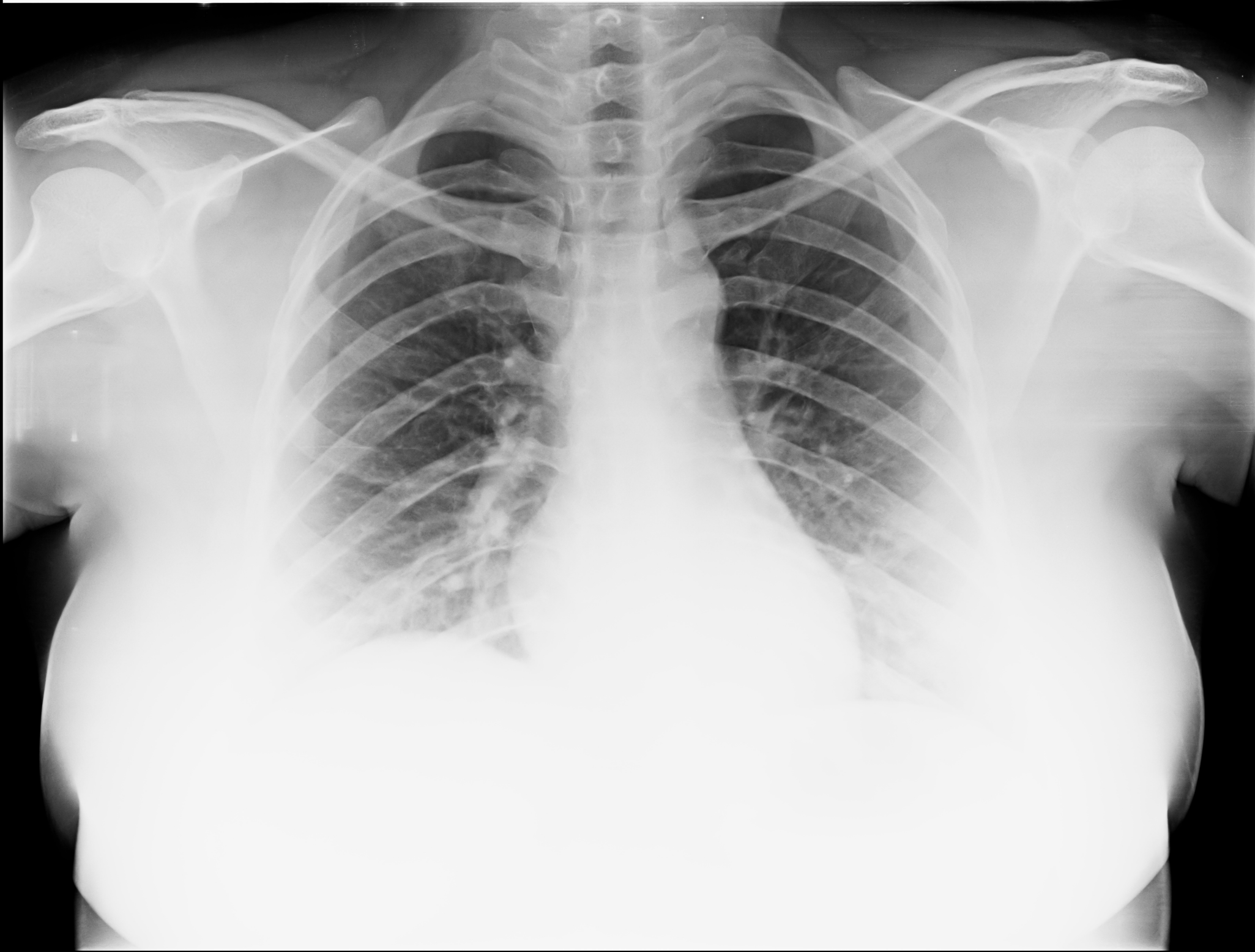
Report Confirmed by:

Dr. PRIYANK JAIN  
MBBS, MD, DM  
Reg. No. 19547











बैंक ऑफ़ बड़ौदा  
Bank of Baroda

Name : Vinita Sihare

E.C. No. : 123428



जारीकर्ता प्राधिकारी

धारक के हस्ताक्षर

MRS. VINITA SIHARE

34 YEARS / FEMALE

BOB

05-01-2023

Height: 164 Cms

Weight: 68 Kg

BP: - 107/71 mmhg

Pulse: - 71/- Regular

BMI: - 25.3 kg/m<sup>2</sup>

EYE: - NORMAL

The Medical Examiner should record the findings under one of the following categories:-

Overweight



DR D.S. CHHABRA  
M.B.B.S., M.D.  
*Dr. D. S. Chhabra*  
M.B.B.S., M.D.  
Reg. No.-5007