

Name	SIMTE CHINNEICHONG	ID	MED121762455
Age & Gender	54Year(s)/FEMALE	Visit Date	3/25/2023 12:00:00 AM
Ref Doctor Name	MediWheel		

## ECHO CARDIOGRAPHIC STUDY

<b>M-Mode</b>				
AORTA	25			mm
LEFT ARTIUM	26			mm
RIGHT VENTRICLE	22			mm
LEFT VENTRICLE (Diastole)	43			mm
LEFT VENTRICLE (Systole)	27			mm
VENTRICULAR SEPTUM (Diastole)	08			mm
POSTERIOR WALL (Diastole)	07			mm
END DIASTOLIC VOLUME	84			ml
END SYSTOLIC VOLUME	26			ml
STROKE VOLUME	58			ml
FRACTIONAL SHORTENING	38			%
EJECTION FRACTION	69			%
<b>DOPPLER / COLOUR FLOW</b>				
MITRAL VALVE	E- 0.8	A -0.6	m/se c	NO MR
AORTIC VALVE	1.0	-	m/se c	NO AR
TRICUSPID VALVE	-	-	m/se c	NO TR
PULMONARY VALVE	0.8	-	m/se c	NO PR

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### FINDINGS

LEFT VENTRICLE	SIZE	NORMAL
	THICKNESS	NORMAL
LV FUNCTION	REGIONAL WALL MOTION ABNORMALITY	ABSENT
LEFT ATRIUM	NORMAL	
RIGHT VENTRICLE	NORMAL	
RIGHT ATRIUM	NORMAL	
MITRAL VALVE	NORMAL	
AORTIC VALVE	NORMAL	
PULMONARY VALVE	NORMAL	
TRICUSPID VALVE	NORMAL	
INTER ATRIAL SEPTUM	INTACT	
INTER VENTRICULAR SEPTUM	INTACT	
PERICARDIUM	NORMAL, NO EFFUSION	
GREAT VESSELS	AORTA - NORMAL PULMONARY ARTERY - NORMAL	

### **CONCLUSION:**

- **NORMAL CHAMBER DIMENSIONS.**
- **NORMAL VALVES**
- **NO REGIONAL WALL MOTION ABNORMALITIES**
- **NORMAL LV SYSTOLIC FUNCTION.LVEF- 69 %**
- **NO CLOTS / VEGETATION / PE.**

**DR NAGESH M B**  
**CONSULTANT**  
**CARDIOLOGIST**

(PLEASE CORRELATE WITH ECG & CLINICAL FINDINGS)

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Patient Name	Simte Chhneichong	Date	25/3/23
Age	54/Y	Visit Number	522304619
Sex	Female	Corporate	Mediwheel

### GENERAL PHYSICAL EXAMINATION

Identification Mark : —

Height : 154.5 cms

Weight : 68.5 kg kgs

Pulse : 78b/m. /minute

Blood Pressure : 110/80 mmHg mm of Hg

BMI :

#### BMI INTERPRETATION

Underweight = <18.5

Normal weight = 18.5-24.9

Overweight = 25-29.9

Chest :

Expiration : 98 cms

Inspiration : 100 cms

Abdomen Measurement : 88 cms

Eyes : myopia. Ears : NAD

Throat : NAD. Neck nodes : no palpable no tenderness

RS: B/L NVBS (+) CVS: S<sub>1</sub>S<sub>2</sub> sounds clear

PA : soft & no tenderness CNS: NAD

No abnormality is detected. His / Her general physical examination is within normal limits.

NOTE : MEDICAL FIT FOR EMPLOYMENT YES / NO



Signature

Dr. RITESH RAJ, MBBS  
General Physician & Diabetologist  
KMC Reg. No. 85875

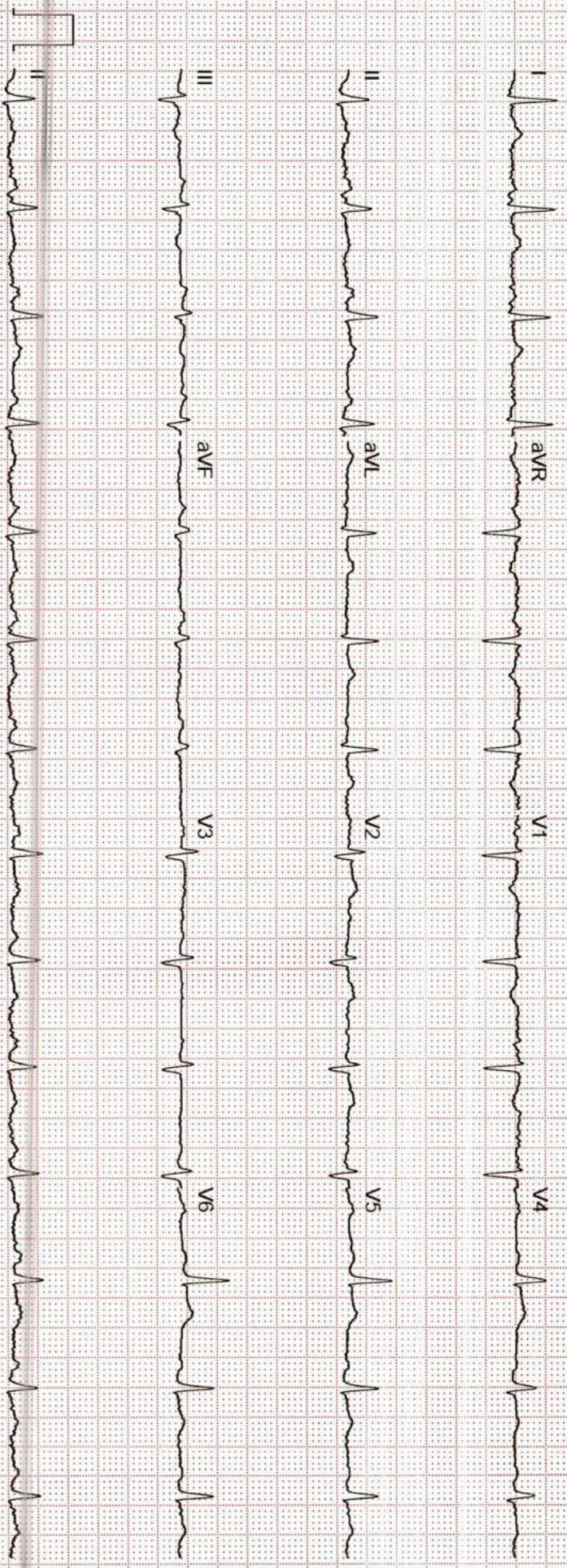
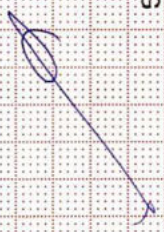


54 Years Female

QRS 78 ms  
QT/QTcBaz 366 / 430 ms  
PR 170 ms  
P 104 ms  
RR/PP 720 / 722 ms  
P/QRS/T 64 / 12 / 13 degrees

Normal sinus rhythm  
Low voltage QRS  
Borderline ECG

Technician:  
Ordering Ph.  
Referring Ph.  
Attending Ph.



Unconfirmed



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### ABDOMINO-PELVIC ULTRASONOGRAPHY

**LIVER** is normal in shape, size (11.2cms) and has **increased echogenicity**. No evidence of focal lesion or intrahepatic biliary ductal dilatation. Hepatic and portal vein radicals are normal.

**GALL BLADDER** is partially distended and shows clear contents. No evidence of calculus. CBD is of normal calibre.

**PANCREAS** has normal shape, size and uniform echopattern. No evidence of ductal dilatation or calcification.

**SPLEEN** show normal shape, size and echopattern.

#### **BOTH KIDNEYS**

**Right kidney:** Normal in shape, size and echopattern. Cortico-medullary differentiation is well madeout. No evidence of calculus or hydronephrosis.

**Left kidney:** Normal in shape, size and echopattern. Cortico-medullary differentiation is well madeout. No evidence of calculus or hydronephrosis.

The kidney measures as follows:

	Bipolar length (cms)	Parenchymal thickness (cms)
Right Kidney	10.6	1.2
Left Kidney	10.8	1.4

**URINARY BLADDER** show normal shape and wall thickness. It has clear contents. No evidence of diverticula.

**UTERUS** is post-menopausal status.  
Endometrial echo is of normal thickness - 3.2mm.

**OVARIES** are not visualized? Atrophic.

POD & adnexa are free.  
No evidence of ascites.

#### **IMPRESSION:**

- **Grade I fatty infiltration of liver**
- **No other significant sonological abnormality detected.**

**DR. HEMANANDINI V.N**

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**CONSULTANT RADIOLOGIST**

Hn/Lr

Name	SIMTE CHINNEICHONG	Customer ID	MED121762455
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### **X - RAY CHEST PA VIEW**

Bilateral lung fields appear normal.

Cardiac size is within normal limits.


Bilateral hilar regions appear normal.

Bilateral domes of diaphragm and costophrenic angles are normal.

Visualised bones and soft tissues appear normal.

#### **IMPRESSION:**

- *No significant abnormality detected.*

  
DR.G KAMESH  
CONSULTANT RADIOLOGIST



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<u>Investigation</u>	<u>Observed Value</u>	<u>Unit</u>	<u>Biological Reference Interval</u>
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## HAEMATOLOGY

### Complete Blood Count With - ESR

Haemoglobin (EDTA Blood/Spectrophotometry)	13.0	g/dL	12.5 - 16.0
Packed Cell Volume(PCV)/Haematocrit (EDTA Blood)	39.4	%	37 - 47
RBC Count (EDTA Blood)	<b>4.18</b>	mill/cu.mm	4.2 - 5.4
Mean Corpuscular Volume(MCV) (EDTA Blood)	94.2	fL	78 - 100
Mean Corpuscular Haemoglobin(MCH) (EDTA Blood)	31.0	pg	27 - 32
Mean Corpuscular Haemoglobin concentration(MCHC) (EDTA Blood)	32.9	g/dL	32 - 36
RDW-CV	13.9	%	11.5 - 16.0
RDW-SD	<b>45.83</b>	fL	39 - 46
Total Leukocyte Count (TC) (EDTA Blood)	10200	cells/cu.mm	4000 - 11000
Neutrophils (Blood)	55.4	%	40 - 75
Lymphocytes (Blood)	33.3	%	20 - 45
Eosinophils (Blood)	2.3	%	01 - 06
Monocytes (Blood)	7.8	%	01 - 10



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Basophils (Blood)	1.2	%	00 - 02
<b>INTERPRETATION:</b> Tests done on Automated Five Part cell counter. All abnormal results are reviewed and confirmed microscopically.			
Absolute Neutrophil count (EDTA Blood)	5.65	10 <sup>3</sup> / $\mu$ l	1.5 - 6.6
Absolute Lymphocyte Count (EDTA Blood)	3.40	10 <sup>3</sup> / $\mu$ l	1.5 - 3.5
Absolute Eosinophil Count (AEC) (EDTA Blood)	0.23	10 <sup>3</sup> / $\mu$ l	0.04 - 0.44
Absolute Monocyte Count (EDTA Blood)	0.80	10 <sup>3</sup> / $\mu$ l	< 1.0
Absolute Basophil count (EDTA Blood)	0.12	10 <sup>3</sup> / $\mu$ l	< 0.2
Platelet Count (EDTA Blood)	272	10 <sup>3</sup> / $\mu$ l	150 - 450
MPV (Blood)	9.2	fL	8.0 - 13.3
PCT (Automated Blood cell Counter)	0.25	%	0.18 - 0.28
ESR (Erythrocyte Sedimentation Rate) (Citrated Blood)	9	mm/hr	< 30



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**BIOCHEMISTRY**

**Liver Function Test**

Bilirubin(Total) (Serum/DCA with ATCS)	0.36	mg/dL	0.1 - 1.2
Bilirubin(Direct) (Serum/Diazotized Sulfanilic Acid)	0.18	mg/dL	0.0 - 0.3
Bilirubin(Indirect) (Serum/Derived)	0.18	mg/dL	0.1 - 1.0
SGOT/AST (Aspartate Aminotransferase) (Serum/Modified IFCC)	17.20	U/L	5 - 40
SGPT/ALT (Alanine Aminotransferase) (Serum/Modified IFCC)	14.59	U/L	5 - 41
GGT(Gamma Glutamyl Transpeptidase) (Serum/IFCC / Kinetic)	10.53	U/L	< 38
Alkaline Phosphatase (SAP) (Serum/Modified IFCC)	60.0	U/L	53 - 141
Total Protein (Serum/Biuret)	6.80	gm/dl	6.0 - 8.0
Albumin (Serum/Bromocresol green)	3.98	gm/dl	3.5 - 5.2
Globulin (Serum/Derived)	2.82	gm/dL	2.3 - 3.6
A : G RATIO (Serum/Derived)	1.41		1.1 - 2.2



  
**Dr. Atira Mirza (MD)**  
**Consultant Pathologist**  
**KMC: DLH 2018 0000230 KTK**  
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<b><u>Lipid Profile</u></b>			
Cholesterol Total (Serum/CHOD-PAP with ATCS)	180.88	mg/dL	Optimal: < 200 Borderline: 200 - 239 High Risk: >= 240
Triglycerides (Serum/GPO-PAP with ATCS)	86.04	mg/dL	Optimal: < 150 Borderline: 150 - 199 High: 200 - 499 Very High: >= 500

**INTERPRETATION:** The reference ranges are based on fasting condition. Triglyceride levels change drastically in response to food, increasing as much as 5 to 10 times the fasting levels, just a few hours after eating. Fasting triglyceride levels show considerable diurnal variation too. There is evidence recommending triglycerides estimation in non-fasting condition for evaluating the risk of heart disease and screening for metabolic syndrome, as non-fasting sample is more representative of the 'usual' circulating level of triglycerides during most part of the day.

HDL Cholesterol (Serum/Immunoinhibition)	<b>80.64</b>	mg/dL	Optimal(Negative Risk Factor): >= 60 Borderline: 50 - 59 High Risk: < 50
LDL Cholesterol (Serum/Calculated)	83	mg/dL	Optimal: < 100 Above Optimal: 100 - 129 Borderline: 130 - 159 High: 160 - 189 Very High: >= 190
VLDL Cholesterol (Serum/Calculated)	17.2	mg/dL	< 30
Non HDL Cholesterol (Serum/Calculated)	100.2	mg/dL	Optimal: < 130 Above Optimal: 130 - 159 Borderline High: 160 - 189 High: 190 - 219 Very High: >= 220

**INTERPRETATION:** 1.Non-HDL Cholesterol is now proven to be a better cardiovascular risk marker than LDL Cholesterol.  
2.It is the sum of all potentially atherogenic proteins including LDL, IDL, VLDL and chylomicrons and it is the "new bad cholesterol" and is a co-primary target for cholesterol lowering therapy.



  
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Total Cholesterol/HDL Cholesterol Ratio (Serum/Calculated)	2.2		Optimal: < 3.3 Low Risk: 3.4 - 4.4 Average Risk: 4.5 - 7.1 Moderate Risk: 7.2 - 11.0 High Risk: > 11.0
Triglyceride/HDL Cholesterol Ratio (TG/HDL) (Serum/Calculated)	1.1		Optimal: < 2.5 Mild to moderate risk: 2.5 - 5.0 High Risk: > 5.0
LDL/HDL Cholesterol Ratio (Serum/Calculated)	1		Optimal: 0.5 - 3.0 Borderline: 3.1 - 6.0 High Risk: > 6.0



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<u>Investigation</u>	<u>Observed Value</u>	<u>Unit</u>	<u>Biological Reference Interval</u>
<b><u>Glycosylated Haemoglobin (HbA1c)</u></b>			
HbA1C (Whole Blood/HPLC)	5.7	%	Normal: 4.5 - 5.6 Prediabetes: 5.7 - 6.4 Diabetic: >= 6.5

**INTERPRETATION:** If Diabetes - Good control : 6.1 - 7.0 % , Fair control : 7.1 - 8.0 % , Poor control >= 8.1 %

Estimated Average Glucose 116.89 mg/dL  
(Whole Blood)

**INTERPRETATION: Comments**

HbA1c provides an index of Average Blood Glucose levels over the past 8 - 12 weeks and is a much better indicator of long term glyemic control as compared to blood and urinary glucose determinations.

Conditions that prolong RBC life span like Iron deficiency anemia, Vitamin B12 & Folate deficiency, hypertriglyceridemia, hyperbilirubinemia, Drugs, Alcohol, Lead Poisoning, Asplenia can give falsely elevated HbA1C values.

Conditions that shorten RBC survival like acute or chronic blood loss, hemolytic anemia, Hemoglobinopathies, Splenomegaly, Vitamin E ingestion, Pregnancy, End stage Renal disease can cause falsely low HbA1c.



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**IMMUNOASSAY**

**THYROID PROFILE / TFT**

T3 (Triiodothyronine) - Total (Serum/ECLIA)	1.08	ng/ml	0.4 - 1.81
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**INTERPRETATION:**

**Comment :**

Total T3 variation can be seen in other condition like pregnancy, drugs, nephrosis etc. In such cases, Free T3 is recommended as it is Metabolically active.

T4 (Tyroxine) - Total (Serum/ECLIA)	3.85	µg/dl	4.2 - 12.0
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**INTERPRETATION:**

**Comment :**

Total T4 variation can be seen in other condition like pregnancy, drugs, nephrosis etc. In such cases, Free T4 is recommended as it is Metabolically active.

TSH (Thyroid Stimulating Hormone) (Serum/ECLIA)	13.28	µIU/mL	0.35 - 5.50
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**INTERPRETATION:**

Reference range for cord blood - upto 20

1 st trimester: 0.1-2.5

2 nd trimester 0.2-3.0

3 rd trimester : 0.3-3.0

(Indian Thyroid Society Guidelines)

**Comment :**

1.TSH reference range during pregnancy depends on Iodine intake, TPO status, Serum HCG concentration, race, Ethnicity and BMI.

2.TSH Levels are subject to circadian variation, reaching peak levels between 2-4am and at a minimum between 6-10PM.The variation can be of the order of 50%,hence time of the day has influence on the measured serum TSH concentrations.

3.Values&amplt;0.03 µIU/mL need to be clinically correlated due to presence of rare TSH variant in some individuals.



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## CLINICAL PATHOLOGY


### PHYSICAL EXAMINATION (URINE COMPLETE)

Colour (Urine)	Yellow		Yellow to Amber
Appearance (Urine)	Clear		Clear
Volume(CLU) (Urine)	20		

### CHEMICAL EXAMINATION (URINE COMPLETE)

pH (Urine)	5.5		4.5 - 8.0
Specific Gravity (Urine)	1.016		1.002 - 1.035
Ketone (Urine)	Negative		Negative
Urobilinogen (Urine)	Normal		Normal
Blood (Urine)	Negative		Negative
Nitrite (Urine)	Negative		Negative
Bilirubin (Urine)	Negative		Negative
Protein (Urine)	Negative		Negative
Glucose (Urine/GOD - POD)	Negative		Negative



  
**Dr Anusha.K.S**  
 Sr.Consultant Pathologist  
 Reg No : 100674

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Leukocytes(CP) (Urine)	Positive(+)		
<b><u>MICROSCOPIC EXAMINATION</u></b> <b><u>(URINE COMPLETE)</u></b>			
Pus Cells (Urine)	2-5	/hpf	NIL
Epithelial Cells (Urine)	1-3	/hpf	NIL
RBCs (Urine)	NIL	/hpf	NIL
Others (Urine)	Bacteria Present		

**INTERPRETATION:**Note: Done with Automated Urine Analyser & Automated urine sedimentation analyser. All abnormal reports are reviewed and confirmed microscopically.



*Anusha*  
Dr Anusha.K.S  
Sr.Consultant Pathologist  
Reg No : 100674  
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Investigation

Observed  
Value

Unit

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Reference Interval

**IMMUNOHAEMATOLOGY**

BLOOD GROUPING AND Rh TYPING  
(EDTA Blood Agglutination)

'B' 'Positive'

**INTERPRETATION:**Note: Slide method is screening method. Kindly confirm with Tube method for transfusion.



*Anusha*  
Dr Anusha.K.S  
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**BIOCHEMISTRY**

BUN / Creatinine Ratio	18.04		6.0 - 22.0
Glucose Fasting (FBS) (Plasma - F/GOD-PAP)	78.91	mg/dL	Normal: < 100 Pre Diabetic: 100 - 125 Diabetic: >= 126

**INTERPRETATION:** Factors such as type, quantity and time of food intake, Physical activity, Psychological stress, and drugs can influence blood glucose level.

Glucose, Fasting (Urine) (Urine - F/GOD - POD)	Negative		Negative
Glucose Postprandial (PPBS) (Plasma - PP/GOD-PAP)	85.54	mg/dL	70 - 140

**INTERPRETATION:**

Factors such as type, quantity and time of food intake, Physical activity, Psychological stress, and drugs can influence blood glucose level. Fasting blood glucose level may be higher than Postprandial glucose, because of physiological surge in Postprandial Insulin secretion, Insulin resistance, Exercise or Stress, Dawn Phenomenon, Somogyi Phenomenon, Anti-diabetic medication during treatment for Diabetes.

Urine Glucose(PP-2 hours) (Urine - PP)	Negative		Negative
Blood Urea Nitrogen (BUN) (Serum/Urease UV / derived)	17.5	mg/dL	7.0 - 21
Creatinine (Serum/Modified Jaffe)	0.97	mg/dL	0.6 - 1.1

**INTERPRETATION:** Elevated Creatinine values are encountered in increased muscle mass, severe dehydration, Pre-eclampsia, increased ingestion of cooked meat, consuming Protein/ Creatine supplements, Diabetic Ketoacidosis, prolonged fasting, renal dysfunction and drugs such as cefoxitin ,cefazolin, ACE inhibitors ,angiotensin II receptor antagonists,N-acetylcysteine , chemotherapeutic agent such as flucytosine etc.

Uric Acid (Serum/Enzymatic)	4.67	mg/dL	2.6 - 6.0
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-- End of Report --