



दिव्यमान मल्टी स्पेशलिटी हॉस्पिटल



Dr. Neena (Asthana) Srivastav

M.B.B.S., D.G.O.
Obstetrician, Gynaecologist & Surgeon
(O.P.D. Closed on Saturday)

डॉ. नीना (अस्थाना) श्रीवास्तव

एम.बी.बी.एस, डी.जी.ओ.
प्रसूति, स्त्री रोग विशेषज्ञ एवं सर्जन
(ओ.पी.डी. शनिवार बन्दी)

Name: MRS MADHU DEVI	Age / Sex: 27 YEAR / Female	Contact: 6388616030
OPD No: 4071	Token No: 2	UHID: UHID2209
Guardian: AMAN SANTOSH KUMAR	Address: GOPALGANJ BIHAR	Under Dr: DR. NEENA ASTHANA
Ref By: SELF	Registration No: 0	Room No: 01 -[OPD]
Dr Qualification: MBBS DGO	Date: 27. 07. 2024	Department: OBS & GYNAE

BP - 116/84 mmHg
wt - 52 kg

9/11
P 3 to 20 / 10 / NV 19
kg - 2 1/2
Lact!

M/U. 2y. 4/22-25

LMP. 6 days lag
+ still pit.

2) whole
7 Ande
- field bifid sugar.

For check up.
Dr.

Adv
- High calcium level
- Combination to 102

- Start P11 to 1 day

- 2pm on 10/2

- P14 on 10/2

WHE [Lycopodium 3 day
Zigzag MP 3 day]

- Myo-inositol
Unproven Acupuncture. 21y Prog?

-: अन्य विभाग :-

- प्रसूति एवं स्त्री रोग
- मेडिसिन एवं आई.सी.यू.
- न्यूरोलॉजी
- जनरल व लैप्रोस्कोपिक सर्जरी
- शिशु, बाल रोग एवं एन.आई.सी.यू.
- ऑर्थोपेडिक सर्जरी
- यूरोलॉजी
- न्यूरोसर्जरी
- डायलिसिस
- कार्डियोलॉजी
- नाक, कान, गला रोग
- छाती रोग
- फिजियोथेरेपी एवं रिहैबिलिटेशन
- प्राकृतिक उपचार
- रेडियोलॉजी एवं पैथोलॉजी
- माइयलर ओ.टी., सी.आर्म

समय : सोमवार से शुक्रवार को दोपहर 10 बजे से शाम 04 बजे तक, रविवार को दोपहर 02 बजे से शाम 04 बजे तक
नम्बर लगाने एवं पूछताछ हेतु नम्बर : 7525969999, 8173006932, 0551-2506300
नोट : प्रसूति एवं स्त्री रोग विभाग के अलावा सभी ओ.पी.डी. की सेवाएँ रविवार को बन्द रहेंगी।

24 घण्टे इमरजेन्सी, एक्स-रे, ई.सी.जी.,
ई.ई.जी. एवं पैथोलॉजी की सुविधा उपलब्ध

पता : वीर बहादुर सिंह स्पोर्ट्स कॉलेज के सामने, जवाही बरगदवा बाईपास रोड, राप्ती नगर फेज-1, गोरखपुर -273003 ई-मेल - dmhgkp@gmail.com



दिव्यमान हॉस्पिटल प्राइवेट लिमिटेड



• ईमेल : dmhgkp@gmail.com • फोन नं० : 0551-2506300 • मो० : 7525969999, 8173006932

Name: MRS MADHU DEVI
OPD No: 4072
Guardian: AMAN SANTOSH KUMAR
Ref By: SELF
Dr Qualification: MBBS MD

Age / Sex: 27 YEAR / Female
Token No: 1
Address: GOPALGANJ BIHAR
Registration No: 0
Date: 27. 07. 2024

Contact: 6388616030
UHID: UHID2209
Under Dr: DR ASHOK KUMAR SRIVASTAVA
Room No: 02 -[OPD]
Department: GENERAL MEDICINE

BP- 116/84 mmHg
wt - 52Kg
AS (N)

C/o Polymyoma

Do Tab Mandylin NS x 14d
- Lepto Cymoclon

Hb 11.3gm
CBC
Prothrombin Time (PT)
Lipid Profile
LFT (N)
LFT (N)
HbA1c
Prothrombin Time (PT)
Urea - 11.10
VSG mild turbidity
Echo - normal
- Myxomatous Polyp

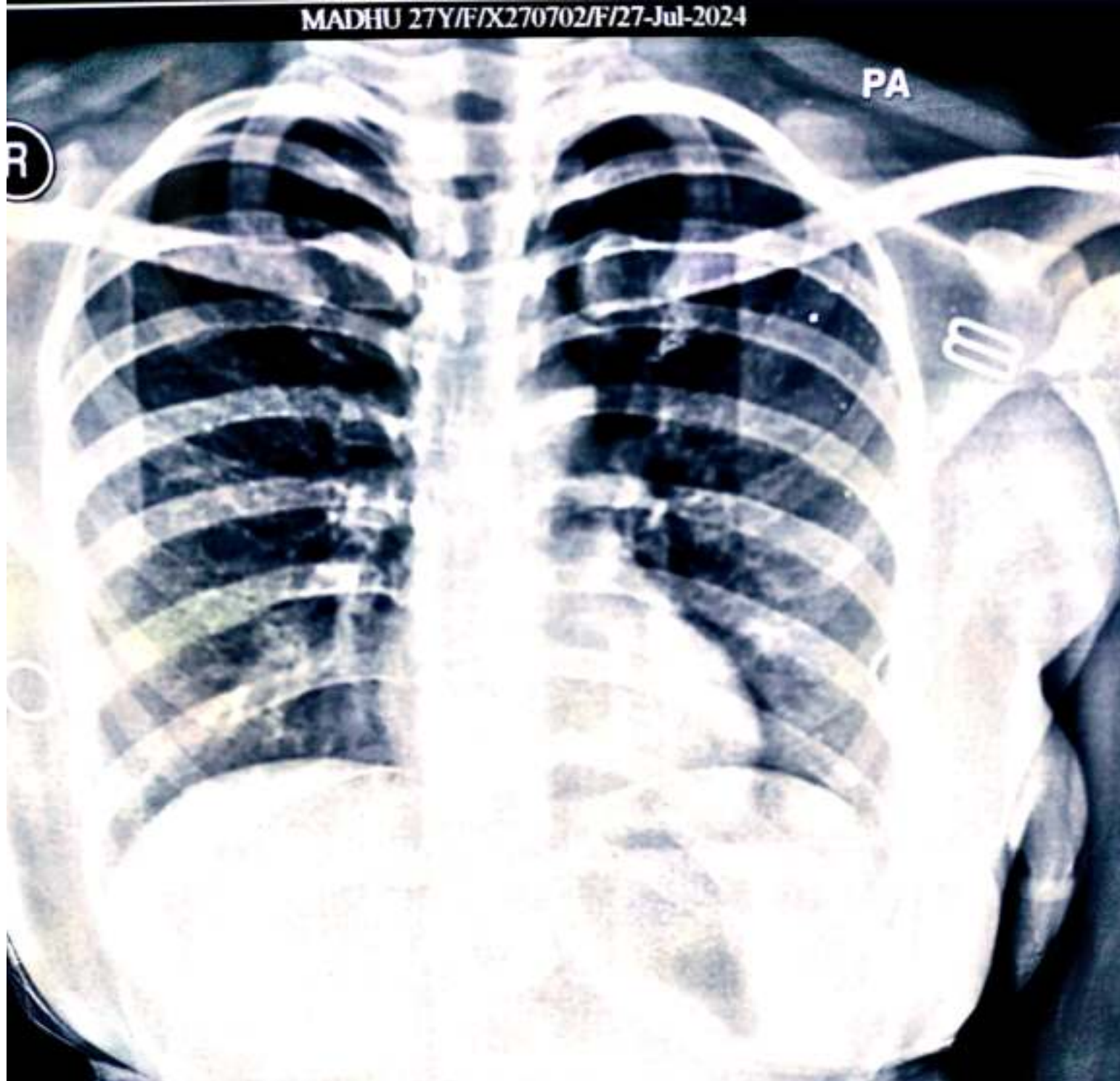


अन्य विभाग :-

- प्रसूति एवं स्त्री रोग
- मेडिसिन एवं आई.सी.यू.
- न्यूरोलॉजी
- जनरल व लैंग्वेज्युअल सर्जरी
- निम्न, धातु रोग एवं एन.आई.सी.यू.
- ऑर्थोपेडिक सर्जरी
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- माइयुलर ओ.टी., सी.आर्म

इमरजेंसी 24 घण्टे

पता : वीर बहादुर सिंह स्पोर्ट्स कॉलेज के सामने, खजांची बरगाववा बार्डपास रोड, राप्ती नगर फेज-1, मोरछपुर -273003
रजि. आफिस : 731-एच, शाखा शिवालय, आनन्द विहार कौलोनी, राप्ती नगर फेज-1, पोस्ट आफिस-आरोग्य नन्दिर, मोरछपुर-273003





दिव्यमान हॉस्पिटल

प्राइवेट लिमिटेड



• ईमेल : dmhgkp@gmail.com • फोन नं० : 0551-2506300 • मो० : 7525969999, 8173006932

LD. NO	X/27/07/	July 27, 2024
PATIENT NAME	MS. MADHU	AGE/SEX 27 Y/F
REF. BY	DIVYAMAN HOSPITAL	

X-RAY CHEST (PA VIEW)

No active pulmonary parenchymal lesion is seen.

B/L c/p angle is clear.

Hilar shadows are normal.

Cardiac shadow is normal.


Trachea and mediastinum are normal in position.

Bones and soft tissues are normal

IMPRESSION:

> **NORMAL SCAN.**

ADV - CLINICAL CORRELATION.


DR. RAHUL NAYAK
MBBS(MLN), MD(Dr. RMLIMS)
RADIODIAGNOSIS

:- अलग विभाग :-

- | | | | |
|-------------------------------|----------------------------------|---------------------|---------------------------------|
| • प्रसूति एवं स्त्री रोग | • शिशु, बाल रोग एवं एन.आई.सी.यू. | • डायलिसिस | • फिजियोथेरेपी एवं रिहैबिलिटेशन |
| • मेडिसिन एवं आई.सी.यू. | • ऑर्थोपेडिक सर्जरी | • कार्डियोलॉजी | • प्राकृतिक उपचार |
| • न्यूरोलॉजी | • यूरोलॉजी | • नाक, कान, गला रोग | • रेडियोलॉजी एवं पैथोलॉजी |
| • जनरल व लैंग्वेज्युअल सर्जरी | • न्यूरोसर्जरी | • छाती रोग | • माइयूलर ओ.टी., सी.आर्म |

इमरजेन्सी 24 घण्टे

पता : वीर बहादुर सिंह स्पोर्ट्स कॉलेज के सामने, राजाजी बरगदवा बाईपास रोड, राप्ती नगर फेज-1, गोरखपुर -273003
रजि. आफिस : 731-एच, शाखा शिवालय, आनन्द विहार कॉलोनी, राप्ती नगर फेज-1, पोस्ट आफिस-आरोग्य मन्दिर, गोरखपुर-273003



DIUYAMAN HOSPITAL Pvt. Ltd.

Pathology Division



पैथोलॉजी संकाय



Pathological Examination Report



PATIENT NAME	Mrs. MADHU DEVI	SAMPLE COLLECTED ON	27-07-2024
AGE / SEX	27 Y / Female	REPORT RELEASED ON	27/07/2024
COLLECTED AT	Inside	REPORTING TIME	4:02:32PM
RECEIPT No.	21,080	PATIENT ID	21112
REFERRED BY Dr.	DMH		

INVESTIGATION T3 Triiodo Thyroid, T4 Thyroxine, TSH,

Tests	Results	Biological Reference Range	Unit
IMMUNOLOGY			
T3 Triiodo Thyroid	1.62	(0.69 - 2.15)	ng/ml
T4 Thyroxine	104.3	(52 - 127) ng/ml	ng/ml
TSH	2.21	(0.3-4.5) uIU/ml	uIU/ml

Method : Sandwich Chemiluminescence Immunoassay.

Remarks:

1. Total Serum T3 And T4 Concentration Is Dependent Upon A Multiplicity Of Factors. Thyroid Gland Function And Its Regulation, Thyroxine Binding Globulin (tbg) Concentration And The Binding Of T3 & T4 To Tbg. Thus, Total T3 & T4 Concentration Alone Is Not Sufficient To Assess The Clinical Status.
2. A Decrease In Total Tri - Iodothyronine Values Is Found With Protein - Wasting Diseases, Certain Liver Diseases And Administration Of Testosterone, Diphenylhydantoin Or Salicylates.
3. Total Serum Tetra - Iodothyronine Values May Be Elevated Under Conditions Such As Pregnancy Or Administration Of Oral Contraceptives.
4. A Decrease In Total Tetra - Iodothyronine Values Is Found With Protein - Wasting Diseases, Certain Liver Diseases And Administration Of Testosterone, Diphenylhydantoin Or Salicylates.
5. Serum Tsh Concentration Is Dependent Upon A Multiplicity Of Factors: Hypothalamus Gland Function, Thyroid Gland Function, And The Responsiveness Of Pituitary To Trh. Thus, Tsh Concentration Alone Is Not Sufficient To Assess The Clinical Status.
6. Serum Tsh Values May Be Elevated By Pharmacological Intervention, Domperidone, Amiodazon, Iodide, Phenobarbital, Phenytoin Have Been Reported To Increase Tsh Levels.
7. A Decrease In Tsh Values Has Been Reported With The Administration Of Propranolol, Methimazol, Dopamine, And D - Thyroxine.
8. Genetic Variations Or Degradation Of Intact Tsh Into Subunits May Affect The Binding Characteristics Of The Antibodies And Influence The Final Result. Such Sampes Normally Exhibit Different Results Among Various Assay Systems Due To The Reactivity Of The Antibodies Involved.

*** End of Report ***

THANKS FOR REFERENCE

Consultant Pathologist
DR.S. SRIVASTAVA M.D(PATH)

TECHNICIAN
21112

Consultant Pathologist
DR.VASUNDHARA SINGH M.D (PATH)

Page 1 of 1

Fully Computerized Lab Equipped with Modern Technologies

सुविधाएँ : • सभी प्रकार की पैथोलॉजिकल जांचें • बायोफी • एफ.एन.ए.सी. • पैप स्मैर • हॉर्मोन (प्रतिदिन रिपोर्ट) • साइटोलॉजी • घन मीरो • HbA1c • स्पेशल टेस्ट (24 घंटे)
For Home Collection Dial : 9076655547

पता : बीर बहादुर सिंह स्पोर्ट्स कॉलेज के सामने, खजांची बरगदवा बाईपास रोड, राणी नगर-1, गोरखपुर - 273 003 मो. : 8173006932
Clinical correlation is essential for final diagnosis. In case of disparity test must be repeated. This report is not valid for medicolegal purpose.

DIUYAMAN HOSPITAL Pvt. Ltd.

Pathology Division

पैथोलॉजी संकाय



Pathological Examination Report



PATIENT NAME	Mrs. MADHU DEVI	SAMPLE COLLECTED ON	27-07-2024
AGE / SEX	27 Y / Female	REPORT RELEASED ON	27/07/2024
COLLECTED AT	Inside	REPORTING TIME	3:18:26PM
RECEIPT No.	21,077	PATIENT ID	21109
REFERRED BY Dr.	DMH		

INVESTIGATION - COMPLETE BLOOD COUNT, KIDNEY FUNCTION TEST, LIVER FUNCTION TEST, Lipid Profile, Glycosylated Haemoglobin, Blood Sugar Fasting & PP, Urine Examination Report, Blood Group (ABO)..

Tests	Results	Biological Reference Range	Unit
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HAEMATOLOGY

COMPLETE BLOOD COUNT

Haemoglobin	11.3	Low (Men : 13.5-18.0 G%) (Women : 11.5-16.4 G%) (4000-11000 /cumm)	G% /cumm
Total Leukocyte Count (TLC)	10800		
Differential Leukocyte Count.(DLC)			
Polymorph	60	(40-80)%	%
Lymphocyte	36	(20-40)%	%
Eosinophil	04	(01-6)%	%
Monocyte	00	Low (02-08)%	%
Basophil	00	(<1%)	%
R. B. C.	3.95	Low (4.2 - 5.5) million/cmm	million/ /Litre
P. C. V. (hemotocrite)	33.5	Low (36-50) Litre/Litre	fl
M. C. V.	84.5	(82-98) fl	Pg
M. C. H.	28.6	(27Pg - 32Pg)	g/dl
M. C. H. C.	33.8	(21g/dl - 36g/dl)	/cumm
Platelete Count	3.43	(1.5-4.0 lacs/cumm)	

Page 1 of 5

Fully Computerised Lab Equipped with Modern Technologies

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For Home Collection Dial : 9076655547

पता : श्रीर बहादुर सिंह स्पोर्ट्स कॉलेज के सामने, खजानांची बरगदवा बाईपास रोड, राप्ती नगर-1, गोरखपुर - 273 003 मो. : 8173006933
Clinical correlation is essential for final diagnosis. In case of discrepancy test must be repeated. This report is not valid for medicolegal purpose.



PATIENT NAME	Mrs. MADHU DEVI	SAMPLE COLLECTED ON	27-07-2024
AGE / SEX	27 Y / Female	REPORT RELEASED ON	27/07/2024
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Tests	Results	Biological Reference Range	Unit
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BIOCHEMISTRY

Blood Sugar Fasting & PP

Blood Sugar Fasting	96.3	(60 -110)mg/dl	mg/dl
Blood Sugar PP	125.6	110 - 140 mg/dl	mg/dl

Reference Value :

Fasting (Diabetes 110.0 Mg% Or More) (Impaired Glucose Tolerance 110-126 Mg%)
 After 2hrs. Of 75 Gm Glucose (oral) (70-140 Mg%) (Impaired Glucose Tolerance 140-200 Mg%)
 Random/casual (diabetes 200 Mg% Or More, With Presenting Symptoms.)

Lipid Profile.

Total Cholestrol	196.4	125-200mg/dl Normal Value	mg/dL
H D L Cholestrol	49.1	(30-70 mg%)	mg%
Triglyceride	149.5	(60-165mg/dL)	mg/dL
V L D L	29.9	(5-40mg%)	mg%
L D L Cholestrol	117.4		mg/dl

50 Optimal
50-100 Near/Above Optimal

TC/HDL 4.0 (3.0-5.0)

LDL/HDL 2.2 (1.5-3.5)

Comment/interpretation

Lipid Profile Is A Panel Of Blood Tests That Serves As An Initial Board Medical Screening Tool For Abnormalities In Lipids, The Result Of This Tests Can Identify Certain Genetic Diseases And Can Determine Approximate Risks Of Cardiovascular Diseases, Certain Forms Of Pancreatitis And Other Diseases.

Note::

1. Measurement In The Same Patient Can Show Physiological & Analytical Variations. Three Serial Samples 1 Week Apart Are Recommended For Total Cholestrol ,triglycerides,hdl& Ldl Cholestrol.
2. Atp Iii Recommends A Complete Lipoprotein Profile As The Initial Test For Evaluating Cholestrol.
3. Friedewald Equation To Calculate Ldl Cholesterol Is Most Accurate When Triglyceride Level Is <400 Mg/dl. Measurement Of Direct Ldl Cholesterol Is Recommended When Triglyceride Level Is >400 Mg/dl.



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REFERRED BY Dr.	DMH		

INVESTIGATION COMPLETE BLOOD COUNT, KIDNEY FUNCTION TEST, LIVER FUNCTION TEST, Lipid Profile, Glycosylated Haemoglobin, Blood Sugar Fasting & PP, Urine Examination Report, Blood Group (ABO),

Tests	Results	Biological Reference Range	Unit
LIVER FUNCTION TEST			
Bilirubin (Total)	1.2	(0.10 - 1.20)mg/dl	mg/dl
Bilirubin (Direct)	0.6	High (0.00-0.40)mg/dl	mg/dl
Bilirubin (In Direct)	0.6	(0.00-0.70) mg/dl	mg/dl
SGOT (AST)	43.4	High 0-40	IU/L
SGPT (ALT)	39.6	0.0-42.0	IU/L
Serum Alkaline Phosphatase	178.9	80.0-290.0	U/L
Serum Total Protein	6.2	6.0-7.8	gm/dl
Serum Albumin	3.7	3.5-5.0	gm/dl
Serum Globulin	2.5	2.3-3.5	gm/dl
A/G Ratio	1.48	High	

Comments/interpretation:
 -liver Function Test Aid In Diagnosis Of Various Prehepatic, Hepatic And Post Hepatic Causes Of Dysfunction Like Hemolytic Anemias, Viral & Alcoholic Hepatitis And Cholestasis Of Obstructive Causes.
 -the Tests Encompasses Hepatic Excretory, Synthetic Function And Also Hepatic Parenchymal Cell Damage.
 -It Helps In Evaluating Severity, Monitoring Therapy And Assessing Prognosis Of Liver Disease And Dysfunction.

KIDNEY FUNCTION TEST			
Blood Urea	35.9	15.0-45.0	mg/dl
Blood Urea Nitrogen (BUN)	16.3	06-21	mg%
Serum Creatinine	0.8	0.7-1.4	mg/dl
Serum Uric Acid	5.9	Male-3.5-7.2 Female-2.5-6.0	mg/dl



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Tests	Results	Biological Reference Range	Unit
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Glycosylated Haemoglobin

HBA1c	5.7	(4.3-6.4)	%
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Method: Ion Exchange High Performance Liquid Chromatography By Bio-rad D-10.

Comments/interpretations:

Glycosylated Haemoglobin Is Proportional To Mean Plasma Glucose Level During Previous 6-12 Weeks. For People Without Diabetes, The Normal Range For The Hemoglobin A1c Level Is Between 4% And 5.6%. Hemoglobin A1c Levels Between 5.7% And 6.4% Mean You Have A Higher Chance Of Getting Diabetes. Levels Of 6.5% Or Higher Mean You Have Diabetes. recommended Goal Of Hba1c Is <7%. The Higher The Hemoglobin A1c, The Higher Your Risk Of Having Complications Related To Diabetes. A Combination Of Diet, Exercise, And Medication Can Bring Levels Down. People With Diabetes Should Have An A1c Test Every 3 Months To Make Sure Their Blood Sugar Is In Their Target Range. If Your Diabetes Is Under Good Control, You May Be Able To Wait Longer Between The Blood Tests. But Experts Recommend Checking At Least Two Times A Year. People With Diseases Affecting Hemoglobin, Such As Anemia, May Get Misleading Results With This Test. Other Things That Can Affect The Results Of The Hemoglobin A1c Include Supplements Such As Vitamins C And E And High Cholesterol Levels. Kidney Disease And Liver Disease May Also Affect The Test. People With Diseases Affecting Hemoglobin, Such As Anemia, May Get Misleading Results With This Test. Other Things That Can Affect The Results Of The Hemoglobin A1c Include Supplements Such As Vitamins C And E And High Cholesterol Levels. Kidney Disease And Liver Disease May Also Affect The Test.

SEROLOGY

Blood Group (ABO)

A.B.O.	"B"
Rh(D)	POSITIVE

AMAN HOSPITAL Pvt. Ltd.

Pathology Division

पैथोलॉजी संकाय



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Tests	Results	Biological Reference Range	Unit
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CLINICAL PATHOLOGY

Urine Examination Report

PHYSICAL

Volume	20		ml
Colour	YELLOW		
Appearance	CLEAR		

CHEMICAL

Reaction PH	6.0	(4.5-8.0)	
Specific Gravity	1.030	High (1.01-1.025)	
Proteins	NIL	NIL	
Sugar	NIL	NIL	
Blood	NIL	NIL	
Phosphates/urates	NIL	NIL	
Ketone Bodies	NIL	NIL	
Chyle	NIL		
Bile Pigment (Bilirubin)	NIL	NIL	
Bile Salt	NIL		
Urobilinogen	Normal		

MICROSCOPICAL

R B C	Absent	0-2 /hpf	/hpf
Pus Cells	6-7	0-5 /hpf	/hpf
Epithelial Cells	2-3		
Crystals	Nil		
Yeast Cells	Absent		
Casts	Absent		
BACTERIA	Absent		

*** End of Report ***

THANKS FOR REFERENCE

Consultant Pathologist
DR.S. SRIVASTAVA M.D(PATH)

TECHNICIAN
21109

Consultant Pathologist
DR.VASUNDHARA SINGH M.D (PATH)

Page 5 of 5

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सुविधाएँ : सभी प्रकार की पैथोलॉजिकल जांचें • बायोप्सी • एक एच.ए.सी. • स्पैर स्मैर • हार्मोन्स (प्रतिदिन रिपोर्ट) • स्याप्टोलॉजी • खून में ग्लूकोज • HbA1c • स्पेशल टेस्ट (24 घंटे)
For Home Collection Dial : 9076655547

पता : वीर बहादुर सिंह स्पोर्ट्स कॉलेज के सामने, खजंजी बरगदा काईवास रोड, राप्ती नगर-1, गोरखपुर - 273 003 मो. : 8173006932

Clinical correlation is essential for final diagnosis. In case of disparity test must be repeated. This report is not valid for medicolegal purpose.

GE MAC600 1.02 ID: 0000000033 27-Jul-2024 11:13:26

ID: 0000000033

27 years Female



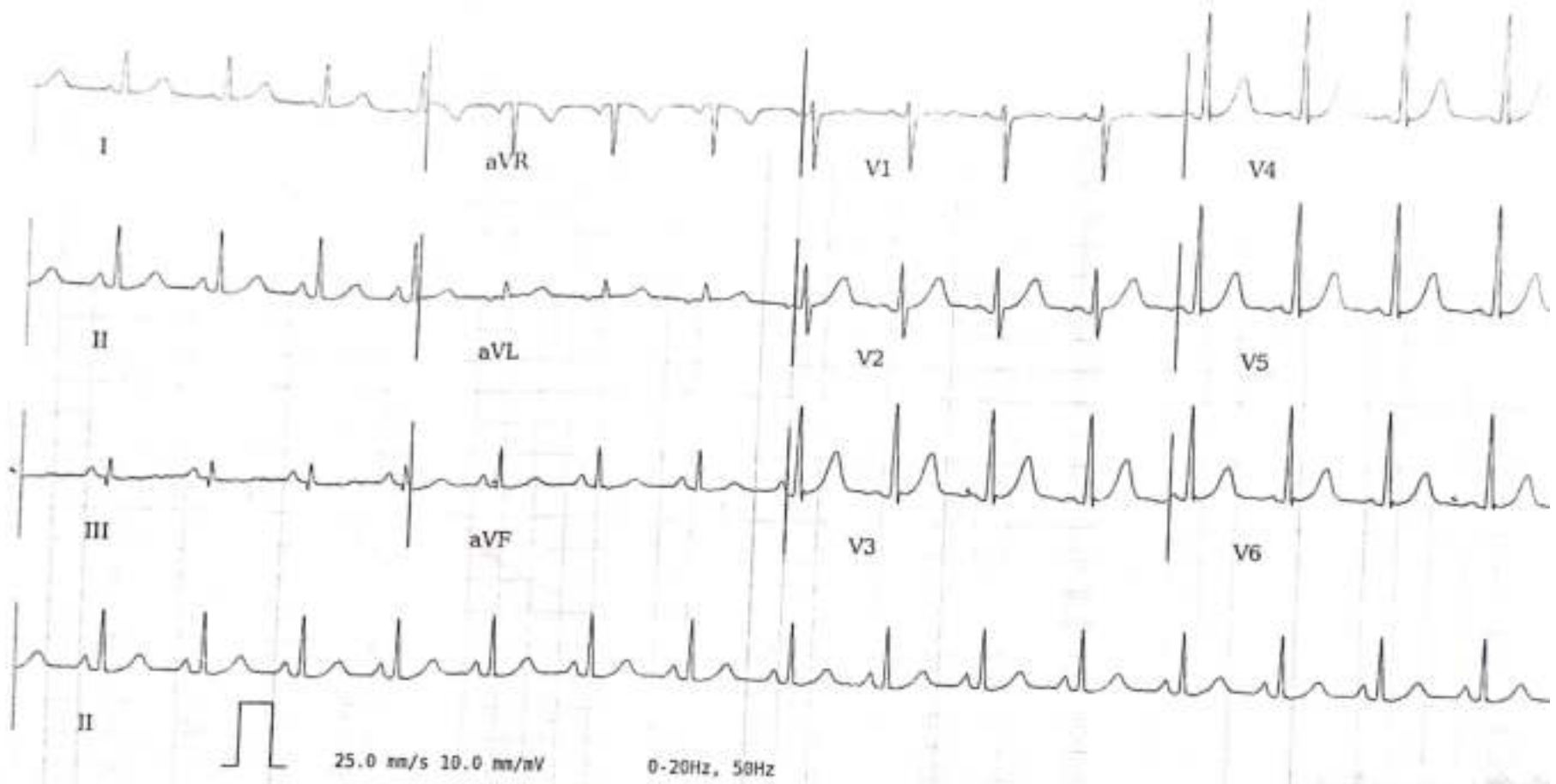
Vent. rate	97 bpm
QRS duration	72 ms
QT/QTc	348/441 ms
PR interval	122 ms
P duration	98 ms
RR interval	618 ms
P-R-T axes	76 44 27

0.16:30Hz 95.0 mm/s 10.0 mm/mV 5044 97 bpm 4 leads V6

Age / Gender: 27/Female
Patient ID: 000000033
Patient Name: MADHU DEVI

Date and Time: 27/07/24 11:09 AM

IS N
CO Car
Pam La
mbulanc



AR: 97bpm VR: 97bpm QRSD: 72ms QT: 348ms QTcB: 441ms PRI: 122ms P-R-T: 76° 44° 27°

ECG Within Normal Limits: Sinus Rhythm. Please correlate clinically.

REPORTED BY

Dr. Abhish N
Dr. Abhish N

11/07/24

Disclaimer: Analysis in this report is based on ECG alone and should only be used as an adjunct to clinical history, symptoms and results of other diagnostic and non-invasive tests and must be interpreted by a qualified physician.

REPORT

I.D. NO 11	: U/27-07-08	July 27, 2024
Patient's Name:	: MRS. MADHU DEVI	AGE/SEX :27 YRS / F
Ref by Dr.	: DIVYAMAN HOSPITAL	

2D- ECHO

MITRAL VALVE

Morphology AML- Normal/Thickening/Calcification/Flutter/Vegetation/Prolapse/Sam/Doming.
PML- Normal/Thickening/Calcification/Prolapse/Paradoxical motion/Fixed.
Subvalvular deformity Present/Absent Score :

Doppler Normal/Abnormal E>A A>E
Mitral Stenosis Present/Absent RR Interval_ msec
EDG_ mmHg MDG_ mmHg MVA_ cm2
Mitral Regurgitation Absent/Trivial/Mild/Moderate/Severe.

TRICUSPID VALVE

Morphology Normal/Atresia/Thickening/Calcification/Prolapse/Vegetation/Doming.

Doppler Normal/Abnormal.
Tricuspid stenosis Present/Absent RR Interval_ msec.
EDG_ mmHg MDG_ mmHg
Tricuspid regurgitation/Absent/Trivial/Mild/Moderate/Severe Frangemed signals.
Velocity_ msec. Pred. RVSP=RAP+_ 21 mmHg

PULMONARY VALVE

Morphology Normal/Atresia/Thickening/Doming/Vegetation.

Doppler Normal/Abnormal
Pulmonary stenosis Present/Absent Level
PSG_ mmHg Pulmonary annulus_ mm
Pulmonary regurgitation Present/Absent
Early diastolic gradient_ mmHg. End diastolic gradient_ mmHg

उपलब्ध सुविधाएँ



Siemens CT Scan

- > CT Scan सीरीस, हे, सीरे जॉ
- > CT Angiography
- > Digital X-ray



Philips 1.5 T MRI

- > MRI Scan
- > 4D Colour Dopler
- > CT/USG Guided Biopsy/FNAC



Siemens Accuson 1 S2000

- > ECG, ECG Cardiography
- > Dr. Lal Path Lab
- > 24 H Ambulance



Siemens X Ray

THIS REPORT IS NOT FOR MEDICO LEGAL PURPOSE



AORTIC VALVE

Morphology Normal/Thickening/Calcification/Restricted opening/ Flutter/Vegetation
No of cusps 1/2/3/4

Doppler Normal/Abnormal

Aortic stenosis Present/Absent Level
PSG_ mmHg Aortic annulus_ mm

Aortic regurgitation Absent/Trivial/Mild/Moderate/Severe.

Measurements	Values (Cm)	Measurements	Values (Cm)
Aorta :	2.76	LAcS :	2.59
LVes :		LVed :	3.43
IVSed :	1.09	PW (LV):	
RVed :		RV Anterior wall	
EF :	64%	IVC	

IVSmotion Normal/Flat/Paradoxical/Other

CHAMBERS

LV Normal/Enlarged/Clear/Thrombus/Hypertrophy/RWMA
 LA Normal/Enlarged/Clear/Thrombus
 RA Normal/Enlarged/Clear/Thrombus
 RV Normal/Enlarged/Clear/Thrombus
 Pericardium Normal/Thickening/Calcification/Effusion

IMPRESSION

- NO RWMA AT REST
- NORMAL LV FUNCTION
- LVEF 64% 2D,
- MILD TR/PAH (21+RAP)
- NORMAL SIZE CARDIAC CHAMBER
- NO I/C CLOT/VEG
- NO PERICARDIAL EFFUSION.

Cardiologist.

उपलब्ध सुविधाएं



- CT Scan पीठ, पैर, सीरा जहाँ
- CT Angiography
- Digital X-ray

Siemens C.T. Scan



- MRI Scan
- 4D Colour Dopler
- CTUSG Guided Biopsy/FNAC

Philips 1.5 T MRI



Siemens Accuson S 5000

- ECG, ECO Cardiography
- Dr. Lal Path Lab
- 24 H Ambulance



Siemens E Kit

THIS REPORT IS NOT FOR MEDICO LEGAL PURPOSE

REPORT

I.D. NO	U/27-07-09	July 27, 2024
PATIENT NAME	MRS. MADHU DEVI	AGE /SEX 27 Y/ F
REF. BY	DIVYAMAN HOSPITAL	

USG: WHOLE ABDOMEN (Female)

Liver -is mildly enlarged in size (155.9mm) with homogenous echotexture. No IHBR dilatation / focal SOL are seen.

Gall bladder - is distended. No calculus in lumen. Wall thickness is normal.
CBD - normal. PV - normal. porta - normal

Pancreas is normal in thickness. Clearly defined margins are seen. Pancreatic duct is not dilated.

Spleen is normal in size (93.7mm). No focal lesion is seen. Diaphragmatic movements are within normal limits on both sides.

Right kidney - normal in size, outline and cortical echotexture. Renal parenchymal width is normal. Cortico-medullary differentiation is normal. No backpressure changes are seen. Perinephric spaces are normal.

Left kidney - normal in size, outline and cortical echotexture. Renal parenchymal width is normal. Cortico-medullary differentiation is normal. No backpressure changes are seen. Perinephric spaces are normal.

Urinary bladder is partially distended. Wall is smooth and regular. Lumen is echofree.

Uterus is anteverted & normal in size measures (77.0x58.2x40.4mm). Endometrial cavity is normal. ET- 5.4mm. Myometrium is normal. No evidence of myoma is seen. Cervix appears normal in size. No demonstrable growth. No evidence of fluid in POD.

Both adnexa and ovaries are normal.

No evidence of Ascites / Retroperitoneal Lymphadenopathy.

IMPRESSION

- **MILD HEPATOMEGALY.**

ADV - CLINICAL CORRELATION.

Note : All USG finding are dynamic in nature and are subjected to change with course of disease and time, prescribing clinician are advised to correlate USG finding with clinical findings.

(Consultant Radiologist)

उपलब्ध सुविधाएं



- CT Scan सीस्कैन, वी, वीरे अल्ट्रा
- CT Angiography
- Digital X-ray



- MRI Scan
- 4D Colour Dopler
- CTA/SG Guided Biopsy/FNAC



- ECG, ECD Cardiography
- Dr. Lal Path Lab
- 24 H Ambulance



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