

Name	POOJA JAIN	ID	MED121762396
Age & Gender	33Year(s)/FEMALE	Visit Date	3/25/2023 12:00:00 AM
Ref Doctor Name	MediWheel		

ECHO CARDIOGRAPHIC STUDY

M-Mode				
AORTA	24			mm
LEFT ARTIUM	23			mm
RIGHT VENTRICLE	20			mm
LEFT VENTRICLE (Diastole)	48			mm
LEFT VENTRICLE (Systole)	29			mm
VENTRICULAR SEPTUM (Diastole)	07			mm
POSTERIOR WALL (Diastole)	07			mm
END DIASTOLIC VOLUME	107			ml
END SYSTOLIC VOLUME	33			ml
STROKE VOLUME	74			ml
FRACTIONAL SHORTENING	39			%
EJECTION FRACTION	69			%
DOPPLER / COLOUR FLOW				
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)

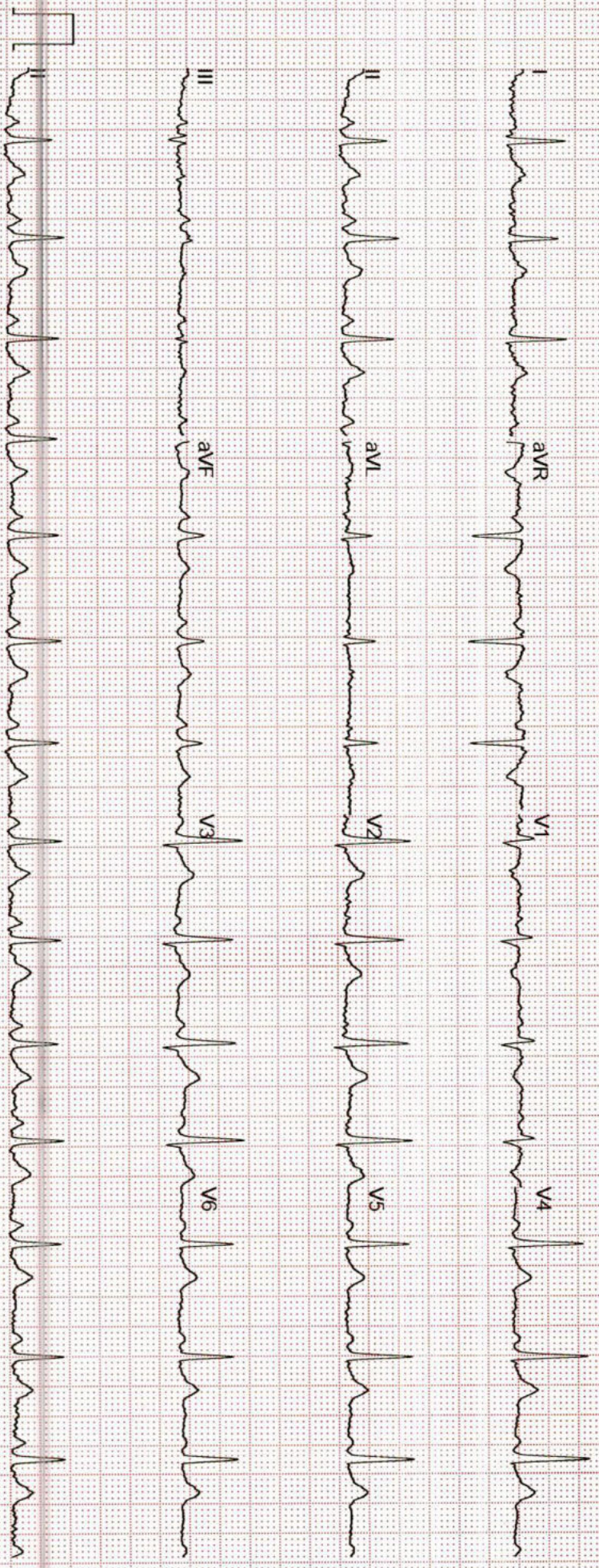
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33 Years
Female

QRS : 84 ms
QT / QTcBaz : 358 / 433 ms
PR : 120 ms
P : 96 ms
RR / PP : 680 / 681 ms
P / QRS / T : 62 / 29 / 31 degrees

Normal sinus rhythm
Normal ECG

Technician:
Ordering Ph.
Referring Ph.
Attending Ph.



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ABDOMINO-PELVIC ULTRASONOGRAPHY

LIVER is normal in shape, size and has uniform echopattern. No evidence of intrahepatic biliary ductal dilatation. Hepatic and portal vein radicals are normal.

Few echogenic foci in the right lobe of liver measuring 23x19mm segment VII. No vascularity - Haemangiomas.

GALL BLADDER shows normal shape and has clear contents. Wall is of normal thickness. 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	9.3	2.0
Left Kidney	9.3	1.4

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

UTERUS is anteverted and mildly bulky in size. It has uniform myometrial echopattern. Endometrial echo is of normal thickness - 9.9mm.

Uterus measures LS: 7.1cms AP: 3.2cms TS: 5.8cms.

OVARIES are normal in size, shape and echotexture

Right ovary measures 3.7 x 2.4cms. Shows dominant follicle.

Left ovary measures 2.8 x 1.3cms.

POD & adnexa are free.

No evidence of ascites.

IMPRESSION:

- **Few hepatic haemangiomas.**
- **Mildly bulky uterus.**

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DR. HEMANANDINI V.N
CONSULTANT RADIOLOGIST
Hn/Lr

Name	POOJA JAIN	Customer ID	MED121762396
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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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Investigation Observed Value Unit Biological Reference Interval

HAEMATOLOGY

Complete Blood Count With - ESR

Haemoglobin (EDTA Blood/Spectrophotometry)	13.4	g/dL	12.5 - 16.0
Packed Cell Volume(PCV)/Haematocrit (EDTA Blood)	40.6	%	37 - 47
RBC Count (EDTA Blood)	4.62	mill/cu.mm	4.2 - 5.4
Mean Corpuscular Volume(MCV) (EDTA Blood)	87.7	fL	78 - 100
Mean Corpuscular Haemoglobin(MCH) (EDTA Blood)	29.1	pg	27 - 32
Mean Corpuscular Haemoglobin concentration(MCHC) (EDTA Blood)	33.2	g/dL	32 - 36
RDW-CV	14.1	%	11.5 - 16.0
RDW-SD	43.28	fL	39 - 46
Total Leukocyte Count (TC) (EDTA Blood)	10000	cells/cu.mm	4000 - 11000
Neutrophils (Blood)	74.4	%	40 - 75
Lymphocytes (Blood)	16.7	%	20 - 45
Eosinophils (Blood)	0.7	%	01 - 06
Monocytes (Blood)	5.4	%	01 - 10



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

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Basophils (Blood)	2.8	%	00 - 02
INTERPRETATION: Tests done on Automated Five Part cell counter. All abnormal results are reviewed and confirmed microscopically.			
Absolute Neutrophil count (EDTA Blood)	7.44	10 ³ / μ l	1.5 - 6.6
Absolute Lymphocyte Count (EDTA Blood)	1.67	10 ³ / μ l	1.5 - 3.5
Absolute Eosinophil Count (AEC) (EDTA Blood)	0.07	10 ³ / μ l	0.04 - 0.44
Absolute Monocyte Count (EDTA Blood)	0.54	10 ³ / μ l	< 1.0
Absolute Basophil count (EDTA Blood)	0.28	10 ³ / μ l	< 0.2
Platelet Count (EDTA Blood)	368	10 ³ / μ l	150 - 450
MPV (Blood)	8.4	fL	8.0 - 13.3
PCT (Automated Blood cell Counter)	0.31	%	0.18 - 0.28
ESR (Erythrocyte Sedimentation Rate) (Citrate Blood)	5	mm/hr	< 20



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<u>BIOCHEMISTRY</u>			
<u>Liver Function Test</u>			
Bilirubin(Total) (Serum/DCA with ATCS)	0.42	mg/dL	0.1 - 1.2
Bilirubin(Direct) (Serum/Diazotized Sulfanilic Acid)	0.20	mg/dL	0.0 - 0.3
Bilirubin(Indirect) (Serum/Derived)	0.22	mg/dL	0.1 - 1.0
SGOT/AST (Aspartate Aminotransferase) (Serum/Modified IFCC)	15.60	U/L	5 - 40
SGPT/ALT (Alanine Aminotransferase) (Serum/Modified IFCC)	16.11	U/L	5 - 41
GGT(Gamma Glutamyl Transpeptidase) (Serum/IFCC / Kinetic)	12.89	U/L	< 38
Alkaline Phosphatase (SAP) (Serum/Modified IFCC)	56.0	U/L	42 - 98
Total Protein (Serum/Biuret)	7.25	gm/dl	6.0 - 8.0
Albumin (Serum/Bromocresol green)	4.13	gm/dl	3.5 - 5.2
Globulin (Serum/Derived)	3.12	gm/dL	2.3 - 3.6
A : G RATIO (Serum/Derived)	1.32		1.1 - 2.2




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Consultant Pathologist
KMC: DLH 2018 0000230 KTK
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<u>Investigation</u>	<u>Observed Value</u>	<u>Unit</u>	<u>Biological Reference Interval</u>
<u>Lipid Profile</u>			
Cholesterol Total (Serum/CHOD-PAP with ATCS)	138.06	mg/dL	Optimal: < 200 Borderline: 200 - 239 High Risk: >= 240
Triglycerides (Serum/GPO-PAP with ATCS)	74.09	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)	38.57	mg/dL	Optimal(Negative Risk Factor): >= 60 Borderline: 50 - 59 High Risk: < 50
LDL Cholesterol (Serum/Calculated)	84.7	mg/dL	Optimal: < 100 Above Optimal: 100 - 129 Borderline: 130 - 159 High: 160 - 189 Very High: >= 190
VLDL Cholesterol (Serum/Calculated)	14.8	mg/dL	< 30
Non HDL Cholesterol (Serum/Calculated)	99.5	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)	3.6		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)	1.9		Optimal: < 2.5 Mild to moderate risk: 2.5 - 5.0 High Risk: > 5.0
LDL/HDL Cholesterol Ratio (Serum/Calculated)	2.2		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>
<u>Glycosylated Haemoglobin (HbA1c)</u>			
HbA1C (Whole Blood/HPLC)	8.7	%	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 202.99 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)	1.34	ng/ml	0.7 - 2.04
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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)	7.25	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)	1.49	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&lt;0.03 µIU/mL need to be clinically correlated due to presence of rare TSH variant in some individuals.




Dr RAVIKUMAR R
MBBS, MD BIOCHEMISTRY
CONSULTANT BIOCHEMIST
Reg No : 78771

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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		4.5 - 8.0
Specific Gravity (Urine)	1.028		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)	Positive(+)		Negative




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Leukocytes(CP) (Urine)	Negative		
<u>MICROSCOPIC EXAMINATION</u> <u>(URINE COMPLETE)</u>			
Pus Cells (Urine)	0-2	/hpf	NIL
Epithelial Cells (Urine)	0-2	/hpf	NIL
RBCs (Urine)	NIL	/HPF	NIL
Others (Urine)	NIL		

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




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Investigation

Observed
Value

Unit

Biological
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.



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BIOCHEMISTRY

BUN / Creatinine Ratio	13.9		6.0 - 22.0
Glucose Fasting (FBS) (Plasma - F/GOD-PAP)	101.79	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
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Glucose Postprandial (PPBS) (Plasma - PP/GOD-PAP)	121.12	mg/dL	70 - 140
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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
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Blood Urea Nitrogen (BUN) (Serum/Urease UV / derived)	10.9	mg/dL	7.0 - 21
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Creatinine (Serum/Modified Jaffe)	0.78	mg/dL	0.6 - 1.1
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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)	2.78	mg/dL	2.6 - 6.0
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-- End of Report --