



GUPTA ENT AND HEART CENTRE

Dayanand Marg, Nangli Circle, Alwar (Raj.) Ph. 0144-3591336 | M. 7378184427 Echocardiography Report

Name Age / Sex : Mrs. Meera Sharma

: 50yrs./Female

:

:

:

:

:

Refd by: Dr. M. N. Thareja

Date: 11 November 2022

Clinical Diagnosis

For Cardiac Evaluation

2D Echocardiography Findings

Mitral Valve Aortic Valve Tricuspid Valve

Normal Normal Normal

Pulmonary Valve Left Atrium

3.0cm: Normal

Left Ventricle

Normal LV size with normal LV systolic function. No RWMA

LVIDd	4.2cm.	IVSd	0.7cm.	EF	60%	Visual
LVIDs	2.5cm.	PWd	0.8cm.	EF	%	F.S.

Right Atrium

Normal Normal

Right Ventricle Aorta

2.5cm: Normal

Pulmonary Artery Pulmonary Veins Superior Venacava

Normal Normal

Inferior Venacava Pericardium Normal Normal

Intracardiac Masses

No Intracardiac masses seen

IAS/IVS

Intact

Doppler Findings:

Valve	Peak Velocity (cm/s)	Peak Gradient (mmHg)	Mean Gradient (mmHg)	Regurgitation Grade	others/comments	
Mitral Valve	E-/A-106/79			Mild MR		
Acrtic Valve	136					
Tricuspid Valve				Trace TR, No PAH.		
Pulmonary Valve 95						

Diagnosis

Transthoracic echo done in supine position at resting heart rate of 70bpm, shows

Normal LV size with normal LV systolic function. LVEF~60% (Visual).

No RWMA.

Other cardiac chambers are normal in Size.

Mild MR, Trace TR, No PAH.

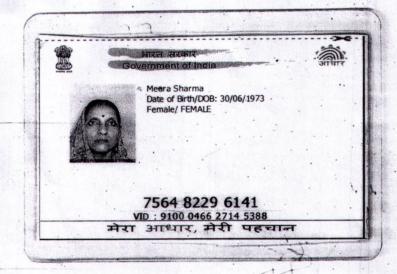
Normal MIP.

No pericardial effusion / Vegetation / Clot Intracardiac masses seen.

Normal left sided arch of aorta, No Coarctation.

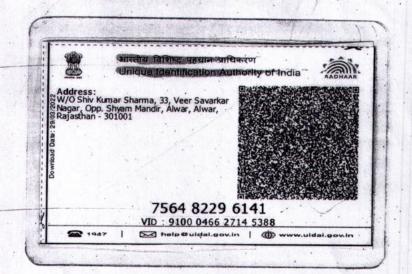
Dr. Prachi Gupta
Dr. Prachi Gupta
Dr. Prachi Gupta
(Non-Hivishiet-Manologishive
Gupta ENT and Heart Centre
Nangli Circle, Alwar

Please correlate clinically



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भारत शक्ति







DIGITAL X-RAY, OPG, COMPUTERISED ECG & EEG, DIAGNOSTIC LABORATORY EQUIPED WITH COMPUTERISED AUTO ANALYZER & CBC

1, Ram Kuteer, Company Bagh Road, ALWAR - 301001 (Raj.) Ph: 0144-2700184, 2331842

PROPOSAL NO. 22D51129100029258S				Date	11-11-2022 50 Yrs.
Patient Name MRS MEERA SHARMA Ref. By Dr. M. N. THAREJA				Age Sex	50 11s. F
		Patients report	Units	Normal value	
Details of packages HB			9.4	gm%	M-11.5-18
TRBC		3.39	million /cu mm		
				cu mm	4000-11000
		TWBC	6700		
DLC	21-81	Polymorphs	52	%	42-75
		Lymphocytes	40	%	20-50
		Eosinophil	08	%	1-6
		ESR	05	mm 1 st Hr.	M-0-9, F-0-20
		Platelets	184000	Lack / cu mm	1.5-4
		PCV	28.3	%	37-54
		MCV	83.5	Cubicmicrons	86-96
		MCH	27.7	Picograms	26-34
		MCHC	33.2	%	32-36
Blood Grou	ping & Rh Facto		"B" Rh +VE(Positive)	N/- 0/	05.20
		BUN	11.0	Mg %	05-20
	HIET I	S.Creatinine	0.87	Mg/100ml	0.9-1.4 mg /100 ml
		HBsAg	•		
		HIV I & II		Elisa Method	d
		HbA1C	5.9	%	4-6%
		PSA	0.7	Ng/ml	Less Then 4.0 Ng/ml
		Details of packages	Patients report	Units	Normal value
LFT		GGTP	22.0	U/L	5-60
		SGOT	21.0	Units / ml	Upto 40
		SGPT	26.0	Units / ml	Upto 40
		Total	0.8	mg%	Upto 1.2
	741	Direct	0.3	mg%	0-0.25
		Indirect	0.5	mg%	6202
	S. Bilirubin	T. Protein	7.7	Gm% Gm%	6.2-8.3 3.2-5.3
		S. Albumin	4.2	Gm%	3.4-3.3
		Globulin	3.5	IU/L	60 – 170
		Alkaline phosphate	112.0	Gm%	8.5-10.5
		S. Calcium	2.0		2.5-7 mg%
		Uric Acid	3.8	Mg% Mg%	60-110 mg %
		Blood Sugar Fasting	70.0 104 +0	Mg%	Upto 160
7 1 1 1	C Ch-1	Blood Sugar PP	275.0	mg%	120-220
Lipid	S. Cholestero		140.0	mg/ml	Upto 170
Profile	S. Triglyceric		55.0	IU/L	Opto 170
	HDL Choles				450 at 270 C
	LDL chole	esterol	192.0	IU/L	450 at 37° C
	VLDL	- Carlott State	28.0	mg %	Upto 35
		Routine	Urine Analysis		
Physical/ C		CI	Microscopic:	Nil	
		Clear	RBCs	1-2/ HPF	
Specific Gravity 1010			WBCs	2-3/HPF	
		ACIDIC	Epith. Cells	Nil	
Albumin		Nil	Casts Crystals	Nil	_
Glucose Nil			Bacteria	Nil Nil	
Ketones				Nil Nil	





1, Ram Kuteer Company Bagh Road, ALWAR - 301001 (Raj.) Mob. 9982111801, Ph. 0144-2700184, 2331842, Telefax: 0144-2342339

E-mail: drmnthareja@yahoo.com

Name						Date
VITALS	B.P.	Pulse	Temp.	Wt.	Ht.	Allergies
Complaints	Ce	neral	dent	al CI	NEVK	DR. M.N. THAREJA 7233 (RMC) Male Infertility Specialist DR. SAVITA THAREJA 7600 (RMC) Female Infertility Specialis
		Bonelo	us			DR. JAYANT THAREJA A-0824 (RSDC) M.D.S. Oral & Maxillo - Facial Surgery Ex Resident Trauma Centre, AllMS, Delhi
Investigation	5 1	Scal	ung			DR. SHIVANI THAREJA 10807 / 31220 (RMC) Ophthalmologist Cornea Specialist DR. PRERNA THAREJA A-3574 MDS (Endodontics)
			Dr. Jaya M.D.S. Oral & Ma	int Phareja		Root Canal Specialist Ex Resident AIIMS, Jodhpur DR. H.R. GUPTA 1744 (RMC) Senior Consultant M.S. Gen Surgeon DR. VARUN SAPRA Reg. No. 70990 (DMC) MBBS DNB ORTHO, D.ORTHO
Pain 0		2		982111801 6	MA,CENTRE	Joint Replacement & Arthroscopy Surgeon

Scale













Excruciating





DIGITAL X-RAY, OPG, COMPUTERISED ECG & EEG, DIAGNOSTIC LABORATORY EQUIPED WITH COMPUTERISED AUTO ANALYZER & CBC

1, Ram Kuteer, Company Bagh Road, ALWAR - 301001 (Raj.) Ph: 0144-2700184, 2331842

PROPOSAL NO.

Patient Name

Ref. By Dr.

MEERA SHARMA

M. N. THAREJA

11/11/2022 Date

50 Yrs. Age

Sex

PART - X-RAYED:

X-RAY CHEST PA VIEW

REPORT

X-RAY CHEST P.A. VIEW

Chest is bilaterally symmetrical.

C.P. Angles are clear.

CONCLUSSION: NORMAL STUDY

Vijery Signature of Technician





Excruciating

Intense

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		E-mail: di	rmnthareja@ya	hoo.com		
						Date 11 11 27
VITALS	B.P.	Pulse	Temp.	Wt.	Ht.	Allergies
Complaints		Rou	bine e	ye ch	eck	DR. M.N. THAREJA 7233 (RMC) Male Infertility Specialist DR. SAVITA THAREJA 7600 (RMC) Female Infertility Specialist
Findings	6 9 g N36 -9 01N30 -3	Rassus -	S/L errea	Clear	BIE	DR. JAYANT THAREJA A-0824 (RSDC) M.D.S. Oral & Maxillo - Facial Surgery Ex Resident Trauma Centre, AllMS, Delhi DR. SHIVANI THAREJA 10807 / 31220 (RMC) Ophthalmologist Cornea Specialist
Treatment	A	dy.				DR. PRERNA THAREJA A-3574 MDS (Endodontics) Root Canal Specialist Ex Resident AllMS, Jodhpur
	Kolfel	for	Near			DR. H.R. GUPTA 1744 (RMC) Senior Consultant M.S. Gen Surgeon
				Dr. Shivani M.S. (OPHTH Fellow (COR	Thareja HAL) NEA)	Arthroscopy Surgeon
Pain 0 Scale		2	4	L.V. Prasad E CORNEA CO	ve institu	10 €

Distressing

Mild Pain

Disressing





SAHARA

Reg. No. NHM/434 **Dr. R.D. Arora**

M.D., D.M.R.E (Radio-dagnosis) University Topper R.M.C. Reg. No. 28052 & 009456 Mob.: 9829136035

The Healing Ashram, 12 Kailash Colony, Bhagat Singh Circle, Alwar

1 1 NOV 2022

At the outset patient / relatives were explained about PCPNDT ACT rules and amendments and was offered to read and understand the law , before conducting test a phone call was made on phone number she provided and call was registered with call book of dr R D arora, patient declaration was obtained in the language she understands

NAME : Ms MEERA

Clinician: Dr THAREJA HOSP

FOR: kub/ ABDOMEN c/o pain abdomen [indication/ reason for scan]

this an advised and informed scan & was not for walk in patient/relatives requesting test of pregnant woman

No h/o amenorrhea and UPT NEGATIVE

On real time B-mode sonography Liver is normal in size and echo pattern is normal, no SOL is seen. Hepatic and portal veins are normal. CBD is normal in caliber, no obstruction is seen

Gall Bladder is normal in size and shape, no calculus or inflammation is seen.

Pancreas is normal in size and echo pattern, no SOL is seen.

Spleen is normal in size and echo pattern, no SOL is seen.

Kidneys bilaterally are normal in size and shape, no calculus or dilated calyces are seen.

Right Iliac region appendix could not be traced at present No evidence of ascites, free Pleural effusion or lymphadenopathy is seen.

Urinary Bladder is normal in size, wall thickness is normal, no calculus or growth is seen.

Uterus is anteverted , normal in size, cervix is normal . Endometrial thickness normal for the age of pt-no gestational sac seen .no Mass is seen in the Walls. Ovaries bilaterally are normal-for the age. No Mass or free fluid is seen in the Pelvis.

IMPRESSION:

Normal study

Further evaluation is suggested.

Patient information -Kindly note no luminal pathology can be detected in non distended urinary tract.



Ram das arora -radiologist

Ultrasound scan is an investigation and therefore has technical limitations as well as inaccuracies inherent in the laboratory and statistical analysis of biological process. It should always be viewed in this perspective. Further this is a routine general scan grossly containing information seeked by ref consultant and report generated thus, is for his perusal only. Considering pace of advances in the field of sonography, more specified information can also be obtained by prior intimation.

- · Consultant of Radiology works
- Working hours 10 a.m. to 4 p.m. On Call Basis

'' भ्रुण लिंग परीक्षण करवाना जघन्य अपराध है तथा इसकी शिकायत 104 टोल फ्री सेवा पर की जा सकती है।

''• ''बेटी बचाओं - बेटी पढाओं ''









DIGITAL X-RAY, OPG, COMPUTERISED ECG & EEG, DIAGNOSTIC LABORATORY EQUIPED WITH COMPUTERISED AUTO ANALYZER & CBC

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Name:

MEERA SHARMA

age

50

Sex:

FEMAE

Ref. By: M.N.THAREJA

Lab No.:

Date: November 11, 2022

HORMONES & MARKERS

Biological Ref. Values Units Value Test 0.60-1.81 ng/dL Adults ng/dL 1.21 T3 (Total Triiodothyronine) 3.2-12.60 µg/dL : Adults µg/dL 4.10 T4 (TotalThyroxine) Adults : 0.35-5.50 μIU/mL UIU/mL TSH (Thyroid Stimulating Hormone) 6.73

Interpretation of TSH:-

Children

0 Days : 1.0~39.0 uIu/mL

5 days : 1.7~9.1 uIu/mL 1 year : 0.4~8.6 uIu/mL

2 years : 0.4~7.6 uIu/mL 3 years : 0.3~6.7 uIu/mL

4-19 years : 0.4~6.2 uIu/mL

Interpretation of TSH :-Children

3.20 - 34.6 µIU/mL

1-2 Days

0.70 - 15.4 µIU/mL

3 - 4 Days

0.70 - 9.10 μIU/mL

15 Days - 5 Months

0.70 - 6.40 µIU/mL

5 Months - 20 Years

 $0.30 - 4.50 \,\mu IU/mL$ 1st Trimester

Adults 20-54 years: 0.35-5.50 uIU/mL

55-87 years : 0.5-8.9 uIU/mL

1st Trimester : $0.30 - 4.50 \,\mu IU/mL$

2nd Trimester : $0.50 - 4.60 \mu IU/mL$

3rd Trimester : $0.80 - 5.20 \,\mu IU/mL$

Pregnancy

Pregnancy

0.50 - 4.60 µIU/mL 2nd Trimester

0.80 - 5.20 µIU/mL 3rd Trimester

Method: Fluorescence Immunoassay Technology

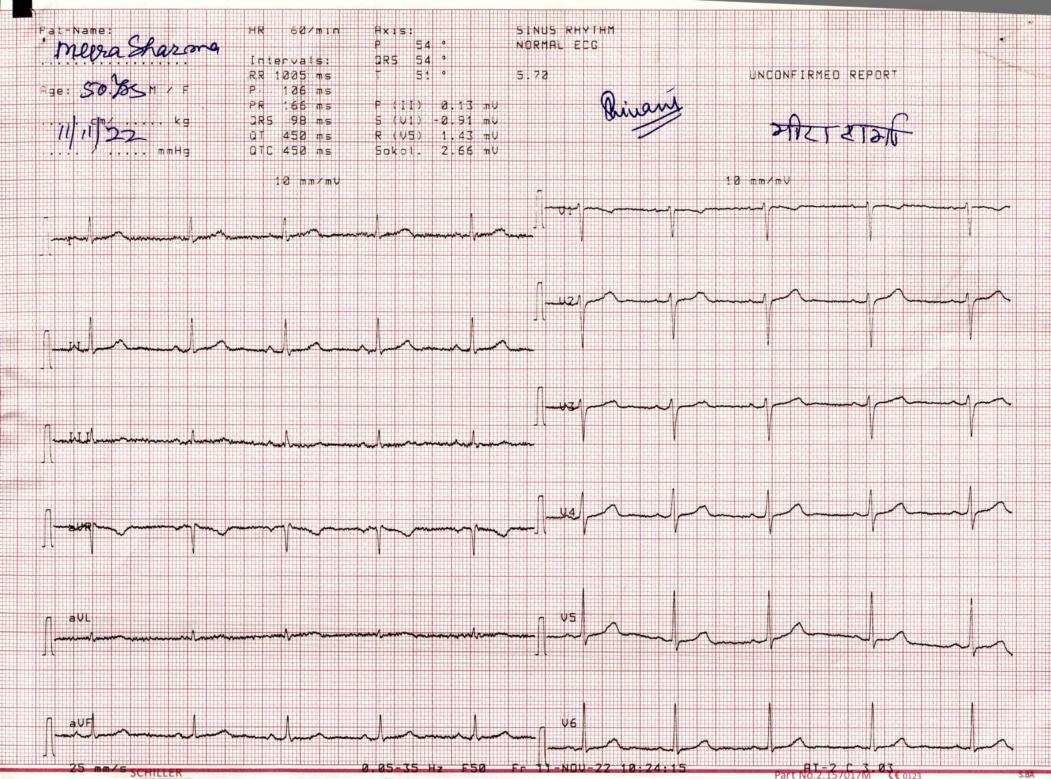
Sample Type : Fresh Blood Serum

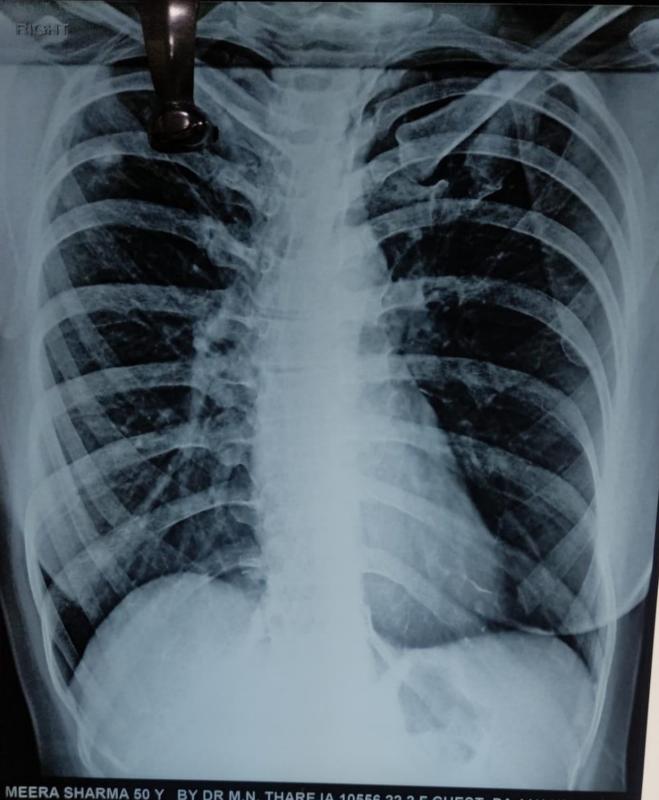
Primary malfunction of the Thyroid gland may result in excessive (hyper) or Low (hypo) release of T3 or T4. In additional, as TSH directly affect thyroid function, malfunction of the pituitary or the hypothalamus influences the thyroid gland activity.

Disease in any portion of the thyroid-pituitary-hypothalamus system may influence the level of T3 and T4 in the blood, in Primary Hypothyroidism,

TSH levels are significantly elevated, while in secondary and tertiary hypothyroidism, TSH levels may be low. In addition, in Euthyroid sick syndrome, multiple alterations in serum thyroid function test findings have been recognized.

Signature of Technician





MEERA SHARMA 50 Y BY DR M.N. THAREJA 10556.22.2 F CHEST, PA 11/11/2022 THAREJA NURSING HOME. COMPANY BAGH ROAD, ALWAR