

**ADULT TRANS-THORACIC ECHO REPORT**

**NAME : MRS.SOWJANYA GEDDE**

**AGE/SEX : 31YRS/FEMALE**

**MRN NO : 2015000000753**

**DATE : 08.07.2023**

**FINAL DIAGNOSIS:**

- NORMAL CHAMBER DIMENSION
- NO RWMA
- MR-MILD
- TR-MILD
- NORMAL PA PRESSURE
- NORMAL RV FUNCTION
- NORMAL LV FUNCTION
- LVEF-60 %

**MEASUREMENTS**

AO: 28 MM                      LVID (d) : 33 MM                      IVS (d) : 09 MM                      RA : 36 MM  
LA:30 MM                      LVID(s) : 26 MM                      PW (d) : 09 MM                      RV : 29 MM  
EF: 60 %

**VALVES**

MITRAL VALVE : AML MYXOMATOUS WITH TIP MILDLY PROLAPSED  
AORTIC VALVE : NORMAL  
TRICUSPID VALVE : ATL ELONGATED WITH NORMAL LEAFLET MOBILITY  
PULMONARY VALVE : NORMAL

**CHAMBERS**

LEFT ATRIUM : NORMAL  
RIGHT ATRIUM : NORMAL  
LEFT VENTRICLE : NORMAL,BORDERLINE LV FUNCTION  
RIGHT VENTRICLE : NORMAL, TAPSE-18 MM, NORMAL RV FUNCTION  
RVOT/LVOT : NORMAL

**SEPTAE**

IVS : THIN AND INTACT

IAS : INTACT

**GREAT ARTERIES**

AORTA : AORTIC ANNULUS-21 MM, LEFT ARCH

PULMONARY ARTERY : NORMAL

**DOPPLER DATA**

MITRAL VALVE : E/A -1.1/0.6 M/S, MR-MILD

AORTIC VALVE : PG- 5 MMHG, AR-TRIVIAL

TRICUSPID VALVE : TR-MILD, PASP- 28 MMHG

PULMONARY VALVE : PG- 4 MMHG

**WALL MOTION ABNORMALITIES: NO RWMA**

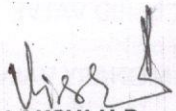
PERICARDIUM : NORMAL

VEGETATION/THROMBUS: ABSENT

**OTHER FINDINGS**

IVC- 13 MM NORMAL SIZED, COLLAPSIBILITY >50%, RAP -3 MM  
SINUS RHYTHM/ HR- 70 BPM

DR.SURESH P V  
CONSULTANT CARDIOLOGIST

  
VISHALAKSHI H R  
CARDIAC SONOGRAPHER

<b>Patient Name</b>	MS.SOWJANYA GEDDE	<b>Requested By</b>	EHP
<b>MRN</b>	20150000000753	<b>Procedure DateTime</b>	08-07-2023 10:01
<b>Age/Sex</b>	31Y/Female	<b>Hospital</b>	NH-JAYANAGAR

**CHEST RADIOGRAPH (PA VIEW)**

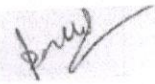
**CLINICAL DETAILS:** For health checkup.

**FINDINGS:**

- The lung fields and bronchovascular markings appear normal.
- The cardiac size is within normal limits.
- Mediastinum and great vessels are within normal limits.
- Trachea is normal and is central. The hilar shadows are unremarkable.
- The costo-phrenic angles are clear. No evidence of pleural effusion or pneumothorax.
- The visualized bones and soft tissue structures appear normal.
- Both the diaphragmatic domes appear normal.

**IMPRESSION:**

- **No significant abnormality detected.**



Dr. Pallavi CJ , DMRD, DNB  
Consultant Radiologist

\* This is a digitally signed valid document. Reported Date/Time: 08-07-2023 13:32

This report has been generated from **NH Teleradiology 24/7**, a service of Narayana Health  
-- End of Report --

Page 1 of 1

**Narayana Multispeciality Clinic**

17/1, 30th Cross, 8th 'B' Main Road, 4th Block, Jayanagar, Bangalore - 560 011

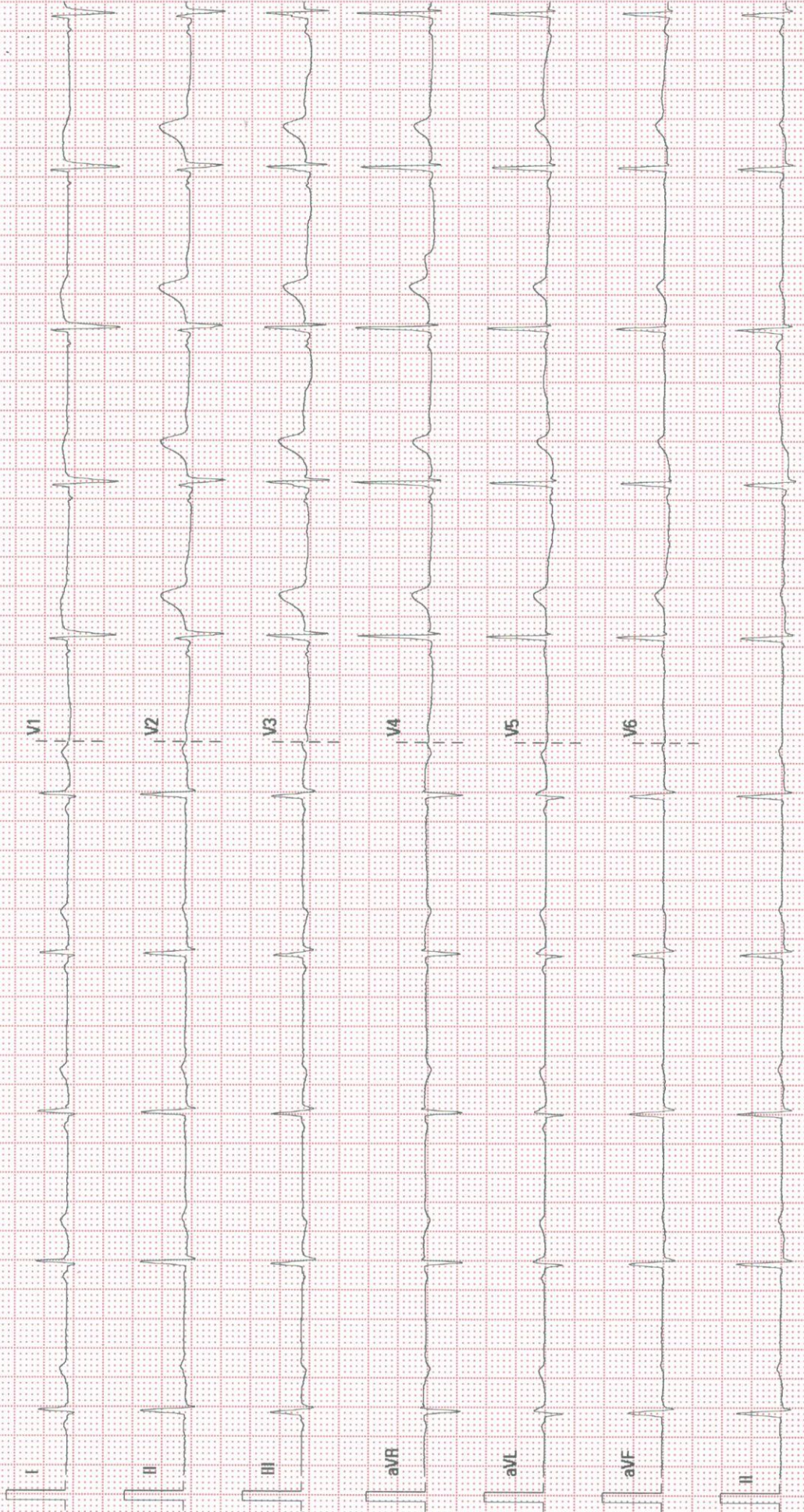
Clinic No. : 8884000991, 9513919615, Pharmacy No. : 9513919615



ID: 2015-0753  
Name: MS SOWJANYA GEDDE  
Age: 31 Years  
Gender: Female

08-07-2023 11:28:17 AM

Vent. Rate	57 bpm
PR Interval	116 ms
QRS Duration	80 ms
QT/QTc Interval	408/403 ms
P/QRS/T Axes	0/51/-13 deg
QTc-Hodges	



Patient Name : Mrs.Sowjanya Gedde

Patient ID : 2015000000753

Age : 31Years

Sex : Female

Referring Doctor : EHP

Date : 08.07.2023

**ULTRASOUND ABDOMEN AND PELVIS****FINDINGS:**

**Liver** is normal in size and shows normal echopattern. No intra or extra hepatic biliary duct dilatation. No focal lesions.

**Portal vein** is normal in course and caliber. **CBD** is not dilated.

**Gallbladder** is normal without evidence of calculi, wall thickening or pericholecystic fluid.

**Pancreas** to the extent visualized, appears normal in size, contour and echogenicity

**Spleen** is normal in size, shape, contour and echopattern. No evidence of mass or focal lesions.

**Right Kidney** is normal in size (measures 9.5 cm in length & 1.4cm in parenchymal thickness), position, shape and echopattern. Corticomedullary differentiation is maintained. No evidence of calculi or hydronephrosis.

**Left Kidney** is normal in size (measures 10.1 cm in length & 1.7 cm in parenchymal thickness), position, shape and echopattern. Corticomedullary differentiation is maintained. No evidence of calculi or hydronephrosis.

**Retroperitoneum** – Obscured by bowel gas.

**Urinary Bladder** is well distended. Wall thickness is normal. No evidence of calculi, mass or mural lesion.

**Uterus** is anteverted and normal in size, measures 8.3x3.3x3.6cm. Myometrial and endometrial echoes are normal. **Endometrium** measures 7.5 mm. Endometrial cavity is empty.

**Both ovaries** are normal in size and echopattern.

**Right ovary:** measures 3.2x1.9cm. **Left ovary:** measures 3.4x2.0cm.

**Both adnexa:** No mass is seen.

There is no ascites or pleural effusion.

**IMPRESSION:**

- No significant abnormality detected.



**Dr B S Ramkumar 35772**  
Consultant Radiologist

*Disclaimer:*

Note: Investigations have their limitations. Solitary pathological/Radiological and other investigations never confirm the final diagnosis. They only help in diagnosing the disease in correlation to clinical symptoms and other related tests. Please interpret accordingly. This Report is not for Medico - Legal Purposes.

Name  
Birth Date  
Gender

2015-753  
MS.SOWJANYA GEDDE/31Y

Female

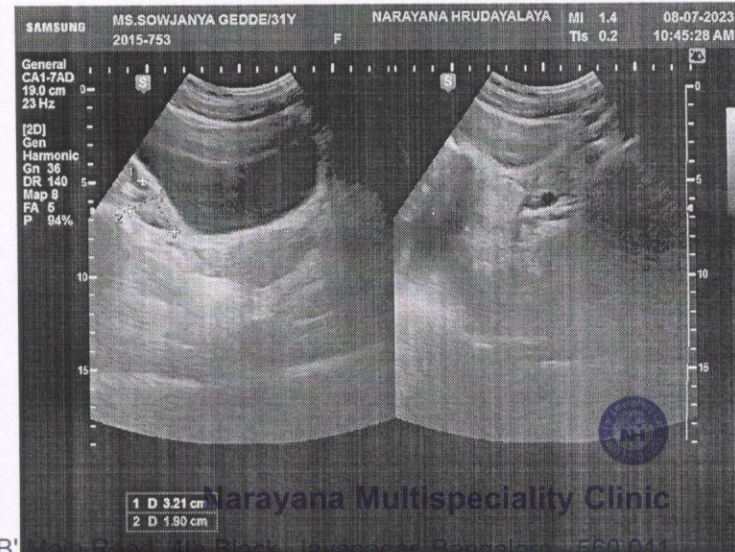
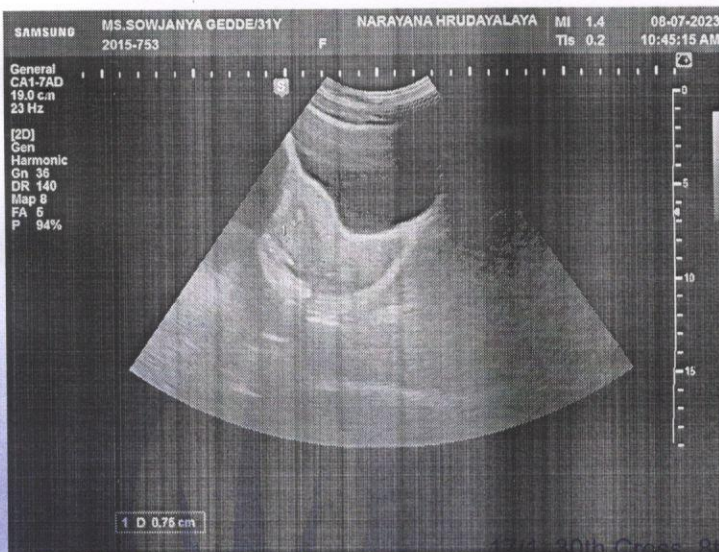
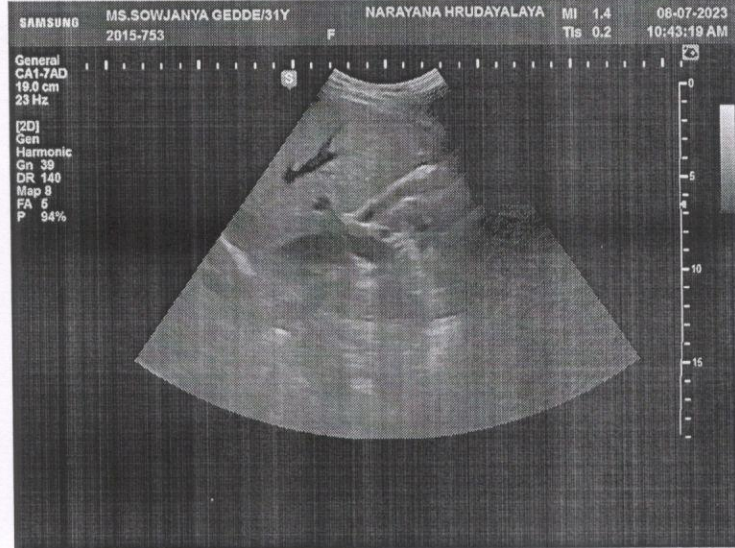
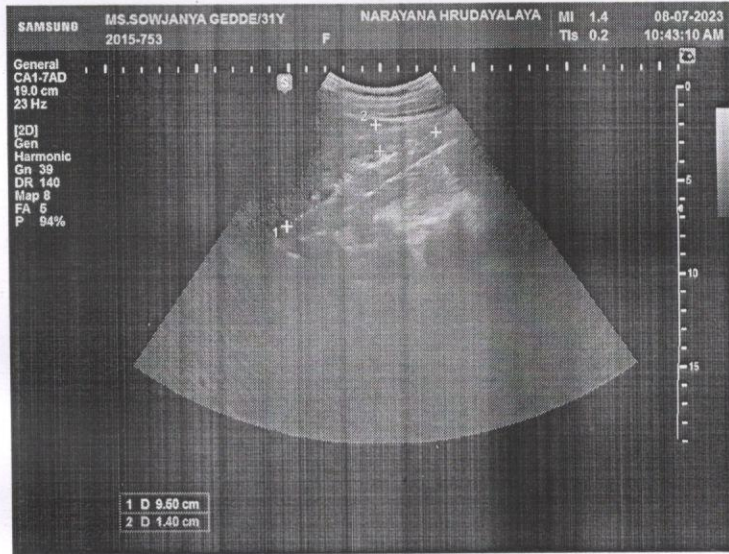
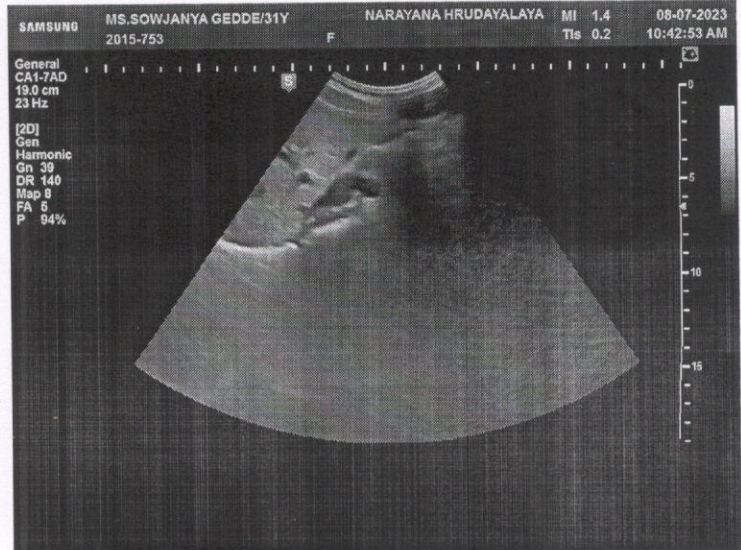
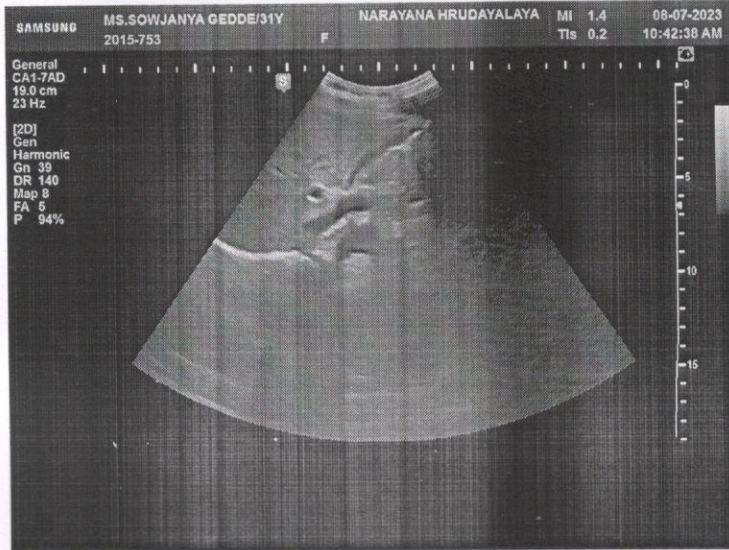
Exam

**NH Narayana**<sup>TM</sup>  
Multispeciality Clinic

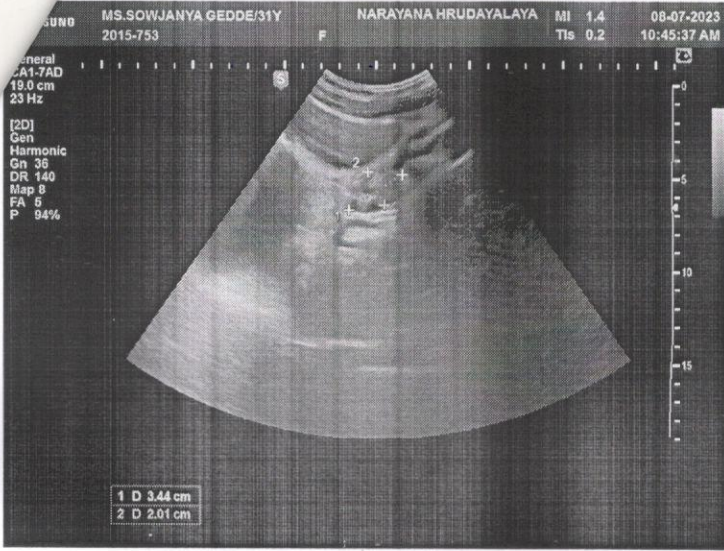
Jayanagar 08-07-2023

Accession #  
Exam Date  
Description  
Operator

Unit of Narayana Health



Narayana Multispeciality Clinic



DEPARTMENT OF LABORATORY MEDICINE

Final Report

Patient Name : Ms Sowjanya Gedde MRN : 2015000000753 Gender/Age : FEMALE , 31y (01/07/1992)

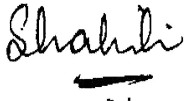
Collected On : 08/07/2023 11:07 AM Received On : 08/07/2023 01:13 PM Reported On : 08/07/2023 03:53 PM

Barcode : 032307080255 Specimen : Urine Consultant : EXTERNAL(EXTERNAL)

Sample adequacy : Satisfactory Visit No : OP-001 Patient Mobile No : 8309618550

CLINICAL PATHOLOGY

Test	Result	Unit
Urine For Sugar (Post Prandial) (Enzyme Method (GOD POD))	Not Present	-
Urine For Sugar (Fasting) (Enzyme Method (GOD POD))	Not Present	-



Dr. Shalini K S  
DCP, DNB, Pathology  
Consultant

NARAYANA HRUDAYALAYA BLOOD CENTRE

Test	Result	Unit
Blood Group (Column Agglutination Technology)	O	-
RH Typing (Column Agglutination Technology)	Positive	-



Dr. Prathip Kumar B R  
MBBS,MD, Immunohaematology & Blood Transfusion  
Consultant

HEMATOLOGY



Patient Name : Ms Sowjanya Gedde MRN : 2015000000753 Gender/Age : FEMALE , 31y (01/07/1992)

Test	Result	Unit	Biological Reference Interval
<b>COMPLETE BLOOD COUNT (CBC)</b>			
Haemoglobin (Hb%) (Photometric Measurement)	13.1	g/dL	12.0-15.0
Red Blood Cell Count (Electrical Impedance)	<b>4.92 H</b>	million/ $\mu$ l	3.8-4.8
PCV (Packed Cell Volume) / Hematocrit (Calculated)	40.8	%	36.0-46.0
MCV (Mean Corpuscular Volume) (Derived)	<b>82.8 L</b>	fL	83.0-101.0
MCH (Mean Corpuscular Haemoglobin) (Calculated)	<b>26.6 L</b>	pg	27.0-32.0
MCHC (Mean Corpuscular Haemoglobin Concentration) (Calculated)	32.1	%	31.5-34.5
Red Cell Distribution Width (RDW) (Derived)	<b>15.0 H</b>	%	11.6-14.0
Platelet Count (Electrical Impedance Plus Microscopy)	257	$10^3/\mu$ L	150.0-450.0
Total Leucocyte Count(WBC) (Electrical Impedance)	4.9	$10^3/\mu$ L	4.0-10.0
<b>DIFFERENTIAL COUNT (DC)</b>			
Neutrophils (VCS Technology Plus Microscopy)	62.6	%	40.0-75.0
Lymphocytes (VCS Technology Plus Microscopy)	27.7	%	20.0-40.0
Monocytes (VCS Technology Plus Microscopy)	7.3	%	2.0-10.0
Eosinophils (VCS Technology Plus Microscopy)	1.6	%	1.0-6.0
Basophils (VCS Technology Plus Microscopy)	0.8	%	0.0-2.0
Absolute Neutrophil Count (Calculated)	3.07	$\times 10^3$ cells/ $\mu$ l	2.0-7.0
Absolute Lymphocyte Count (Calculated)	1.36	$\times 10^3$ cells/ $\mu$ l	1.0-3.0
Absolute Monocyte Count (Calculated)	0.36	$\times 10^3$ cells/ $\mu$ l	0.2-1.0
Absolute Eosinophil Count (Calculated)	0.08	$\times 10^3$ cells/ $\mu$ l	0.02-0.5

Patient Name : Ms Sowjanya Gedde MRN : 2015000000753 Gender/Age : FEMALE , 31y (01/07/1992)

Absolute Basophil Count (Calculated) 0.04 - -

As per the recommendation of International Council for Standardization in Hematology, the differential counts are additionally being reported as absolute numbers.

#### Interpretation Notes

- Haemoglobin , RBC Count and PCV: If below reference range, indicates Anemia. Further evaluation is suggested .  
RBC Indices aid in typing of anemia.  
WBC Count: If below reference range, susceptibility to infection.  
If above reference range- Infection\*  
If very high in lakhs-Leukemia  
Neutrophils -If above reference range-acute infection, mostly bacterial  
Lymphocytes -If above reference range-chronic infection/ viral infection  
Monocytes -If above reference range- TB,Typhoid,UTI  
Eosinophils -If above reference range -Allergy,cough,Common cold,Asthma & worms  
Basophils - If above reference range, Leukemia, allergy  
Platelets: If below reference range- bleeding disorder, Dengue, drug- induced, malignancies  
\* In bacterial infection with fever total WBC count increases.  
Eg Tonsillitis,Sinusitis,Bronchitis,Pneumonia,Appendicitis,UTI -12000-25000 cells/cumm.  
In typhoid and viral fever WBC may be normal.  
**DISCLAIMER:All the laboratory findings should mandatorily interpreted in correlation with clinical findings by a medical expert.**

Erythrocyte Sedimentation Rate (ESR) 10 mm/1hr 0.0-12.0

(Westergren Method)

#### Interpretation Notes

- ESR high - Infections, chronic disorders,, plasma cell dyscrasias.  
**DISCLAIMER:All the laboratory findings should mandatorily interpreted in correlation with clinical findings by a medical expert**



Dr. Shalini K S  
DCP, DNB, Pathology  
Consultant

#### BIOCHEMISTRY

Test	Result	Unit	Biological Reference Interval
<b>Fasting Blood Sugar (FBS)</b> (Colorimetric - Glucose Oxidase Peroxidase)	88	mg/dL	70 to 99 : Normal 100 to 125 : Pre-diabetes =>126 : Diabetes ADA standards 2020
	78	mg/dL	

Patient Name : Ms Sowjanya Gedde MRN : 2015000000753 Gender/Age : FEMALE , 31y (01/07/1992)

**Post Prandial Blood Sugar (PPBS)** (Colorimetric - Glucose Oxidase Peroxidase) 70 to 139 : Normal  
140 to 199 : Pre-diabetes  
=>200 : Diabetes  
ADA standards 2020

**HBA1C**

HbA1c (HPLC NGSP Certified) 5.5 % Normal: 4.0-5.6  
Prediabetes: 5.7-6.4  
Diabetes: => 6.5  
ADA standards 2020

Estimated Average Glucose (Calculated) 111.15 - -

**Interpretation:**  
 1. HbA1C above 6.5% can be used to diagnose diabetes provided the patient has symptoms. If the patient does not have symptoms with HbA1C>6.5%, repeat measurement on further sample. If the repeat test result is <6.5%, consider as diabetes high risk and repeat measurement after 6 months.  
 2. HbA1C measurement is not appropriate in diagnosing diabetes in children, suspicion of type 1 diabetes, symptoms of diabetes for less than 2 months, pregnancy, hemoglobinopathies, medications that may result sudden increase in glucose, anemia, renal failure, HIV infection, malignancies, severe chronic hepatic, and renal disease.  
 3. Any sample with >15% should be suspected of having a haemoglobin variant.

**Serum Uric Acid** (Colorimetric - Uricase,Peroxidase) 4.5 mg/dL 2.5-6.2

**THYROID PROFILE (T3, T4, TSH)**

Tri Iodo Thyronine (T3) (Enhanced Chemiluminescence) 1.12 ng/mL 0.97-1.69

Thyroxine (T4) (Enhanced Chemiluminescence) 8.08 µg/dl 5.53-11.0

TSH (Thyroid Stimulating Hormone) (Enhanced Chemiluminescence) 0.6989 µIU/mL  
 > 18 Year(s) : 0.4 -4.5  
 Pregnancy:  
 1st Trimester: 0.129-3.120  
 2nd Trimester: 0.274-2.652  
 3rd Trimester: 0.312-2.947

**Interpretation Notes**

- TSH levels are subjected to circadian variation, reaching peak levels between 2 - 4.a.m. and at a minimum between 6-10 pm . The variation is of the order of 50% , hence time of the day has influence on the measured serum TSH concentrations. Alteration in concentration of Thyroid hormone binding protein can profoundly affect Total T3 and/or Total T4 levels especially in pregnancy and in patients on steroid therapy. Unbound fraction ( Free,T4 /Free,T3) of thyroid hormone is biologically active form and correlate more closely with clinical status of the patient than total T4/T3 concentration.

**--End of Report--**

Patient Name : Ms Sowjanya Gedde MRN : 2015000000753 Gender/Age : FEMALE , 31y (01/07/1992)



Mrs. Latha B S  
MSc, Mphil, Biochemistry  
Incharge, Consultant Biochemistry



Dr. Anushre Prasad  
MBBS,MD, Biochemistry  
Consultant Biochemistry

**Note**

- Abnormal results are highlighted.
- Results relate to the sample only.
- Kindly correlate clinically.  
(Fasting Blood Sugar (FBS), -> Auto Authorized)  
(, -> Auto Authorized)  
(Uric Acid, -> Auto Authorized)  
(Post Prandial Blood Sugar (PPBS) -> Auto Authorized)



**DEPARTMENT OF LABORATORY MEDICINE**

Final Report

Patient Name : Ms Sowjanya Gedde MRN : 2015000000753 Gender/Age : FEMALE , 31y (01/07/1992)

Collected On : 08/07/2023 08:31 AM Received On : 08/07/2023 01:13 PM Reported On : 08/07/2023 01:50 PM

Barcode : 032307080090 Specimen : Urine Consultant : EXTERNAL(EXTERNAL)

Sample adequacy : Satisfactory Visit No : OP-001 Patient Mobile No : 8309618550

**CLINICAL PATHOLOGY**

Test	Result	Unit	Biological Reference Interval
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**URINE ROUTINE & MICROSCOPY****PHYSICAL EXAMINATION**

Colour	Yellow	-	-
Appearance	Clear	-	-

**CHEMICAL EXAMINATION**

pH(Reaction) (pH Indicator Method)	5.5	-	4.5-7.5
Sp. Gravity (Refractive Index)	1.003	-	1.002 - 1.030
Protein (Automated Protein Error Or Ph Indicator)	Not Present	-	Not Present
Urine Glucose (Enzyme Method (GOD POD))	Not Present	-	Not Present
Ketone Bodies (Nitroprusside Method)	Not Present	-	Not Present
Bile Salts (Azo Coupling Method)	Not Present	-	Not Present
Bile Pigment (Bilirubin) (Azo Coupling Method)	Not Present	-	Not Present
Urobilinogen (Azo Coupling Method)	Normal	-	Normal
Urine Leucocyte Esterase (Measurement Of Leukocyte Esterase Activity)	Not Present	-	Not Present
Blood Urine (Peroxidase Reaction)	Not Present	-	Not Present
Nitrite (Gries Method)	Not Present	-	Not Present

**MICROSCOPIC EXAMINATION**

Pus Cells	0.4	/hpf	0-5
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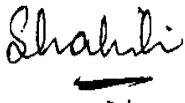
Patient Name : Ms Sowjanya Gedde MRN : 2015000000753 Gender/Age : FEMALE , 31y (01/07/1992)

RBC	5.3	/hpf	0-4
Epithelial Cells	8.9	/hpf	0-6
Crystals	0.0	/hpf	0-2
Casts	0.00	/hpf	0-1
Bacteria	233.9	/hpf	0-200
Yeast Cells	0.1	/hpf	0-1
Mucus	Not Present	-	Not Present

#### Interpretation Notes

- Since the analytical methodology of Urine Microscopy is Flow cytometry based and FDA approved the results of automated urine microscopy which includes RBCs, WBCs Epithelial cells etc are being reported in decimal fraction. Rounding off the value to nearest whole number is suggested.

--End of Report--



Dr. Shalini K S  
DCP, DNB, Pathology  
Consultant

#### Note

- Abnormal results are highlighted.
- Results relate to the sample only.
- Kindly correlate clinically.

