



Name : MRS. MANJU PRAKASH	Age/Sex : 33 YEARS/F
Ref By : Dr. MADYOASIS MEDICAL SERVICES (- -)	Date : 20 May 2023

2D ECHOCARDIOGRAPHY & COLOUR DOPPLER STUDY

Saturday, May 20, 2023

Left Ventricle:

The left ventricle is normal in size. No e/o RWMA.

The left ventricular ejection fraction is normal .

Left Atrium:

The left atrium is normal size. No clot.

Right Ventricle:

The right ventricular is normal size. There is normal right Ventricular wall thickness.

Aorta:

The aortic root is normal.

Pulmonary Artery:

The Pulmonary artery is normal.

Pericardium:

There is no pericardial effusion. No calcification.

Aortic Valve:

The aortic valve is tri-leaflet with thin, pliable leaflets that move normally. There is no aortic Stenosis. No aortic regurgitation is present.

Mitral Valve:

The mitral valve leaflets are thin. Normal mitral gradients. There is no evidence of stenosis, prolapse.

Diastolic flows are altered . No mitral regurgitation noted.

Tricuspid Valve:

The tricuspid valve leaflets are thin and pliable and the valve motion is normal. No tricuspid Regurgitation is noted.

Pulmonary Valve:

The pulmonary valve leaflets are thin and pliable and the valve motion is normal. No pulmonary Valvular regurgitation is noted.

Proximal Coronaries:

Not visualized.

IAS and IVS are intact.

M-MODE/2D PARAMETERS

AO	26	(23-37mm)
LA	29	(19-40mm)
RVD		(7-23mm)
LVD	42	(35-55mm)
LVS	29	(24-42mm)
IVS	10.1	(6-11mm)
LVPW	11	(6-11mm)
EF	55-60%	(50-70%)

Parameters in brackets indicate normal adult Values

IMPRESSION:

- **No e/o RWMA**
- **Normal EF.**
- **RA / RV not dilated.**
- **No e/o pulmonary hypertension**
- **Normal valves and velocities.**
- **No clot, vegetations or effusions.**



**Dr. GANESH SANAP (MBBS,DMRD,
DNB) Consulting Radiologist**

FELLOW 2D ECHO (IAE)

Facilities ● 3D /4D sonography ● Fetal medicine ● Obstetric Sonography ● Digital Xray ● Pathology ● ECG
● 32 slice low radiation dose CT scan ● Ultrasonogray with All Doppler studies ● Health Packages ● TMT

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📞 8009 22 4005 / 8009 45 4005 ✉ Email : passiondiagnostics@gmail.com



Patient Name: MRS. MANJU PRAKASH	Dt: 20 May 2023
Ref. By: Dr. MADYOASIS MEDICAL SERVICES	33 YEARS/F

X RAY CHEST PA VIEW

Both the lung fields are clear.

Both diaphragmatic domes have normal contours and positions.

Cardio-aortic silhouette has a normal appearance.

There is no evidence of any pleural effusion.

Bony thorax appears normal

IMPRESSION :

No obvious abnormality seen at present study.

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USG ABDOMEN AND PELVIS

Liver:

The liver is normal in size, shape and echotexture. No focal lesion is seen. The intrahepatic biliary radicles are normal. The common bile duct and the portal vein appears normal.

Gall Bladder:

The gall bladder is well distended. No calculus is seen. The wall thickness is normal.

Pancreas:

The pancreas is normal in size and shape. No focal lesion or calcifications are seen within it. The pancreatic duct is normal.

Spleen:

The spleen is normal in size and measures 10 cm. No focal lesion is seen.

Kidneys:

The right kidney measures 9.8 x 4.6cm. The left kidney measures 9.6 x 5.3cm. Left kidney shows mild hydronephrosis with smooth tapering at left PUJ .

Both kidneys show normal parenchymal echotexture. The corticomedullary differentiation is maintained bilaterally. The pelvicalyceal system is normal in both the kidneys.

Aorta/IVC:

The aorta and IVC appear grossly normal. No ascites or lymphadenopathy is seen.

Urinary bladder:

The bladder is well distended. The wall thickness is normal. No vesical calculus is seen.

Uterus and ovaries:

The uterus is anteverted and measures 7 x 4.3 x 3.4 cm in size. The endometrial thickness measures 6 mm. No focal lesion is seen within the myometrium. No adnexal mass is seen on either side. Both ovaries appears normal

Impression:

Left kidney shows mild hydronephrosis with smooth tapering at left PUJ - needs further evaluation by CT urography

No other significant abnormality seen at present scan.

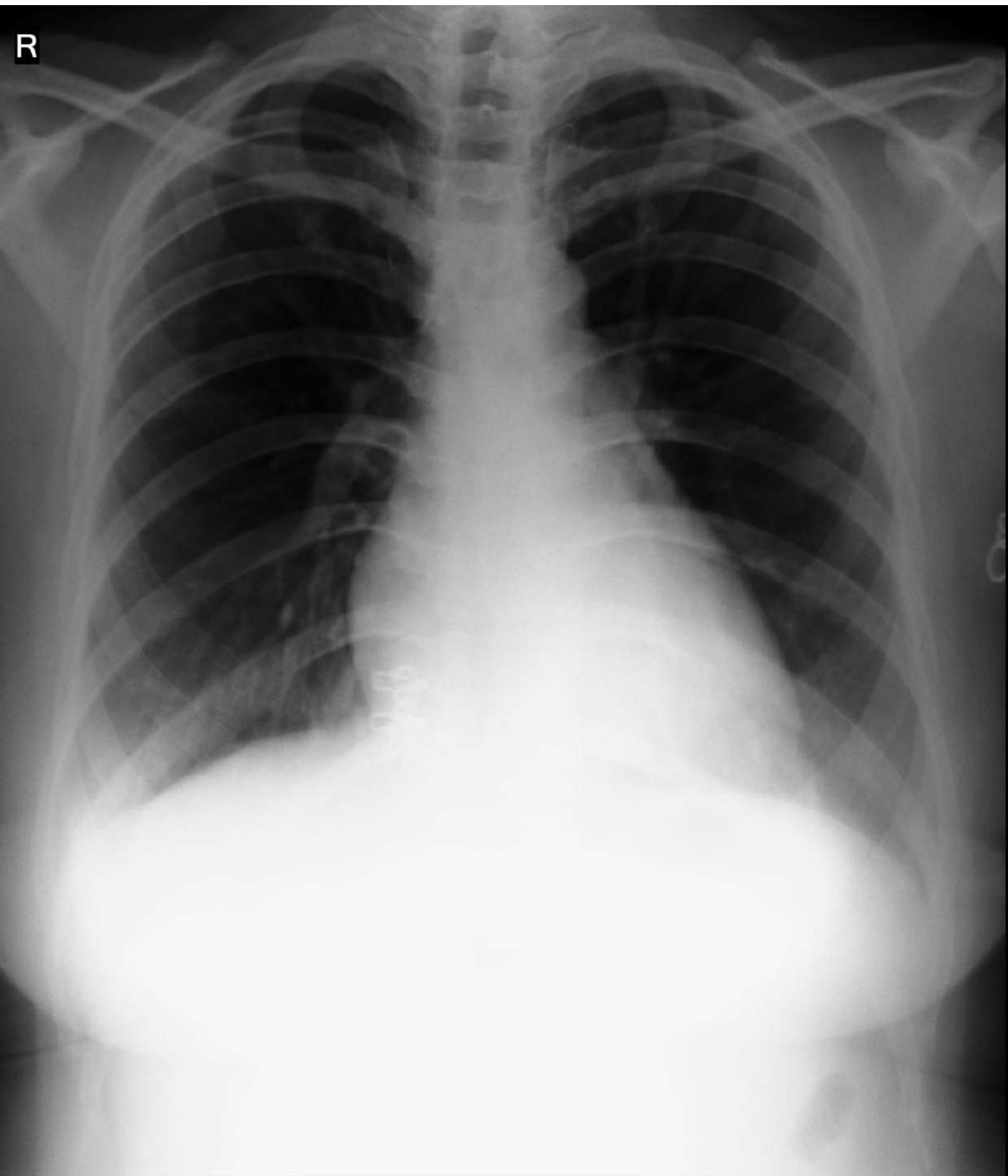
Dr. Ganesh Sanap
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**MANJU PRAKASH 33 Y F 1403 CHEST,FRN P->A 20/05/2023
PASSION THE DIAGNOSTIC DESTINATION KHARADI.PUNE**



Patient Name : MR. PRAKASH MANJU

Age / Gender : 33 years / Female

Mobile No. : -

Patient ID : 936

Source : DIRECT

Referral : Dr. CARTULA HEALTH

Receiving Time : May 22, 2023

Sample ID :



Test Description	Value(s)	Reference Range
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ESR

ESR - Erythrocyte Sedimentation Rate 12 0 - 29 mm/hr

Method : EDTA Whole Blood, Manual Westergren

Interpretation:

- It indicates presence and intensity of an inflammatory process. It does not diagnose a specific disease. Changes in the ESR are more significant than the abnormal results of a single test.
- It is a prognostic test and used to monitor the course or response to treatment of diseases like tuberculosis, bacterial endocarditis, acute rheumatic fever, rheumatoid arthritis, SLE, Hodgkins disease, temporal arteritis and polymyalgia rheumatica.
- It is also increased in pregnancy, multiple myeloma, menstruation, and hypothyroidism.

****END OF REPORT****

DR. RAJENDRA RAMLING SHETE

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Test Description	Value(s)	Reference Range
<u>Blood Group Abo & Rh Typing, Blood</u>		
Blood Group (ABO typing) Method : Manual-Hemagglutination	"O"	
RhD Factor (Rh Typing) Method : Manual hemagglutination	Positive	

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000214223F

Test Description	Value(s)	Reference Range
URINE SUGAR FASTING		
URINE SUGAR FASTING	Absent	

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Test Description	Value(s)	Reference Range
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H1C - HbA1c -(Glycosylated Hb)

Glyco Hb (HbA1C) Method : EDTA Whole blood,HPLC	5.8	Non-Diabetic: <=5.6 % Pre Diabetic:5.7-6.4 Diabetic: >=6.5
Estimated Average Glucose :	119.76	mg/dL

Interpretations

- HbA1C has been endorsed by clinical groups and American Diabetes Association guidelines 2017 for diagnosing diabetes using a cut off point of 6.5%
- Low glycated haemoglobin in a non diabetic individual are often associated with systemic inflammatory diseases, chronic anaemia (especially severe iron deficiency and haemolytic), chronic renal failure and liver diseases. Clinical correlation suggested.
- In known diabetic patients, following values can be considered as a tool for monitoring the glycemc control.
Excellent control-6-7 %
Fair to Good control – 7-8 %
Unsatisfactory control – 8 to 10 %
Poor Control – More than 10 %

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Test Description	Value(s)	Reference Range	
LIPID PROFILE			
Cholesterol-Total Method : Spectrophotometry	164	Desirable level < 200 Borderline High 200-239 High >or = 240	mg/dL
Triglycerides Method : Serum, Enzymatic, endpoint	77	Normal: < 150 Borderline High: 150-199 High: 200-499 Very High: >= 500	mg/dL
HDL Cholesterol Method : Serum, Direct measure-PEG	44	Normal: > 40 Major Risk for Heart: < 40	mg/dL
LDL Cholesterol Method : Enzymatic selective protection	104.60	Optimal < 100 Near / Above Optimal 100-129 Borderline High 130-159 High 160-189 Very High >or = 190	mg/dL
VLDL Cholesterol Method : Serum, Enzymatic (Calculated)	15.40	6 - 38	mg/dL
CHOL/HDL Ratio Method : Serum, Enzymatic	3.73	UP TO 5.0	
LDL/HDL Ratio Method : Serum, Enzymatic	2.38	UP TO 3.5	

Note:

8-10 hours fasting sample is required.

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Test Description	Value(s)	Reference Range	
RENAL FUNCTION TEST			
Uric Acid Method : Serum, Uricase	4.30	3.2 - 7.2	mg/dL
Creatinine Method : Serum, Jaffe	0.73	0.4 - 1.4	mg/dL
Urea Method : Uricase	23.5	10 - 50	mg/dL
Blood Urea Nitrogen-BUN Method : Serum, Urease	10.98	8 - 23	mg/dL

Remark:

In blood, Urea is usually reported as BUN and expressed in mg/dl. BUN mass units can be converted to urea mass units by multiplying by 2.14.

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Test Description	Value(s)	Reference Range	
<u>LIVER FUNCTION TEST (LFT)</u>			
Total Protein	7.20	6.6 - 8.3	g/dL
Method : Serum, Biuret, reagent blank end point			
Albumin	3.98	3.2 - 4.6	g/dL
Method : Serum, Bromocresol green			
Globulin	3.22	1.8 - 3.6	g/dL
Method : Serum, EIA			
A/G Ratio	1.24	1.2 - 2.2	
Method : Serum, EIA			
Bilirubin - Total	0.52	0.3 - 1.2	mg/dL
Method : Serum, Jendrassik Grof			
Bilirubin - Direct	0.12	< 0.2	mg/dL
Method : Serum, Diazotization			
Bilirubin - Indirect	0.40	0.1 - 1.0	mg/dL
Method : Serum, Calculated			
SGOT	20.5	Upto 40	U/L
Method : Serum, UV with P5P, IFCC 37 degree			
SGPT	25.1	Upto 42	U/L
Method : Serum, UV with P5P, IFCC 37 degree			
Alkaline Phosphatase	72.3	30 - 120	U/L
Method : PNPP-AMP Buffer/Kinetic			
GGT-Gamma Glutamyl Transpeptidase	45	< 38	U/L
Method : Serum, G-glutamyl-carboxy-nitroanilide			

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Test Description	Value(s)	Reference Range	
THYROID FUNCTION TEST (TFT)			
T3-Total	1.20	0.6 - 1.80	ng/mL
T4-Total	7.80	4.5 to 10.9	microgm/dl
TSH-Ultrasensitive	5.33	0.35 to 5.55	microU/mL

Method : CLIA

Interpretation

TSH levels may be affected by acute illness and drugs like doapamine and gluco corticoids .

Low or undetectable TSH is suggestive of Grave~s disease

TSH between 5.5 to 15.0 with normal T3 T4 indicates impaired thyroid hormone or subclinical hypothyroidism or normal T3 T4 with slightly low TSH suggests subclinical Hyperthyroidism.

TSH suppression does not reflect severity of hyperthyroidism therefore , measurement of FT3 & FT4 is important.

FreeT3 is first hormone to increase in early Hyperthyroidism.

Only TSH level can prove to be misleading in patients on treatment. Therefore FreeT3 , FreeT4 along with TSH should be checked.

During pregnancy, T3 T4 can be high and TSH can be slightly low

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Test Description	Value(s)	Reference Range	
Complete Blood Count			
WBC	5600	4000-10000	cell/cu.mm
Neu%	55	50 - 70	%
Lym%	35	20.0 - 40.0	%
Mon%	06	3.0 - 12.0	%
Eos%	04	0.5 - 5.0	%
Bas%	00	0.0 - 1.0	%
RBC	3.97	4.0 - 5.50	10 ⁶ /uL
HGB	11.5	12.0 - 16.0	g/dL
HCT	35.4	40.0 - 54.0	%
MCV	89.2	83 - 101	fL
MCH	28.0	27 - 32	pg
MCHC	31.4	31.5 - 34.5	g/dL
RDW-CV	13.5	11.0 - 16.0	%
PLT	217	150-450	10 ³ /ul
MPV	12.3	6.5 - 12.0	fL
RBC	Microcytic hypochromic		
WBC	Within normal limits		
Platelet	Adequate		

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Test Description	Value(s)	Reference Range
<u>URINE ROUTINE EXAMINATION</u>		
Volume*	20	- ml
Colour*	Pale Yellow	
Transparency (Appearance)*	Clear	
Deposit*	Absent	
Reaction (pH)*	6.5	4.5 - 8
Specific Gravity*	1.015	1.010 - 1.030
<u>Chemical Examination (Automated Dipstick Method) Urine</u>		
Urine Glucose (sugar)*	Absent	
Urine Protein (Albumin)*	Absent	
<u>Microscopic Examination Urine</u>		
Pus Cells (WBCs)*	1-2	0 - 5 /hpf
Epithelial Cells*	2-3	0 - 4 /hpf
Red blood Cells*	Absent	/hpf
Crystals*	Absent	
Cast*	Absent	
Bacteria*	Absent	
Mucus Thread	Absent	

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Test Description	Value(s)	Reference Range
<u>FASTING BLOOD SUGAR</u>		
Glucose fasting Method : Fluoride Plasma-F, Hexokinase	88	Normal: 70 - 99 Impaired Tolerance: 100-125 Diabetes mellitus: \geq 126 (on more than one occassion) (American diabetes association guidelines 2018)

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