

## ETERNAL HOSPITAL MEDICAL TESTING LABORATORY

<b>Patient Name</b>	Mrs. JYOTI MAHESHWARI	<b>Lab No</b>	4001102
<b>UHID</b>	40000940	<b>Collection Date</b>	25/02/2023 10:21AM
<b>Age/Gender</b>	49 Yrs/Female	<b>Receiving Date</b>	25/02/2023 10:28AM
<b>IP/OP Location</b>	O-OPD	<b>Report Date</b>	25/02/2023 4:13PM
<b>Referred By</b>	Dr. DIWANSHU KHATANA	<b>Report Status</b>	Final
<b>Mobile No.</b>	9413205033		

### BIOCHEMISTRY

Test Name	Result	Unit	Biological Ref. Range	Sample: Fl. Plasma
<b><u>BLOOD GLUCOSE (FASTING)</u></b>				
BLOOD GLUCOSE FASTING	91.4			
Method: Hexokinase assay. Interpretation:-Diagnosis and monitoring of treatment in diabetes mellitus and evaluation of carbohydrate metabolism in various diseases.				

<b><u>BLOOD GLUCOSE (PP )</u></b>				Sample: PLASMA
BLOOD GLUCOSE (PP )	150.3	mg/dl	Non – Diabetic: - < 140 mg/dl Pre – Diabetic: - 140-199 mg/dl Diabetic: - >=200 mg/dl	

Method: Hexokinase assay.  
Interpretation:-Diagnosis and monitoring of treatment in diabetes mellitus and evaluation of carbohydrate metabolism in various diseases.

<b><u>THYROID T3 T4 TSH</u></b>				Sample: Serum
T3	1.44	ng/mL	0.970 - 1.690	
T4	9.30	ug/dl	5.53 - 11.00	
TSH	2.549	μIU/mL	0.40 - 4.05	

RESULT ENTERED BY : NEETU SHARMA



Dr. MUDITA SHARMA

MBBS|MD| PATHOLOGY

## ETERNAL HOSPITAL MEDICAL TESTING LABORATORY

<b>Patient Name</b>	Mrs. JYOTI MAHESHWARI	<b>Lab No</b>	4001102
<b>UHID</b>	40000940	<b>Collection Date</b>	25/02/2023 10:21AM
<b>Age/Gender</b>	49 Yrs/Female	<b>Receiving Date</b>	25/02/2023 10:28AM
<b>IP/OP Location</b>	O-OPD	<b>Report Date</b>	25/02/2023 4:13PM
<b>Referred By</b>	Dr. DIWANSHU KHATANA	<b>Report Status</b>	Final
<b>Mobile No.</b>	9413205033		

### BIOCHEMISTRY

**T3:-** Method: ElectroChemiLuminescence ImmunoAssay - ECLIA

Interpretation:-The determination of T3 is utilized in the diagnosis of T3-hyperthyroidism the detection of early stages of hyperthyroidism and for indicating a diagnosis of thyrotoxicosis factitia.

**T4:-** Method: ElectroChemiLuminescence ImmunoAssay - ECLIA

Interpretation:-The determination of T4 assay employs a competitive test principle with an antibody specifically directed against T4.

**TSH - THYROID STIMULATING HORMONE :-** ElectroChemiLuminescenceImmunoAssay - ECLIA

Interpretation:-The determination of TSH serves as the initial test in thyroid diagnostics. Even very slight changes in the concentrations of the free thyroid hormones bring about much greater opposite changes in the TSH levels.

### LFT (LIVER FUNCTION TEST)

Sample: Serum

BILIRUBIN TOTAL	0.51	mg/dl	0.00 - 1.20
BILIRUBIN INDIRECT	0.35	mg/dl	0.20 - 1.00
BILIRUBIN DIRECT	0.16	mg/dl	0.00 - 0.40
SGOT	25.4	U/L	0.0 - 40.0
SGPT	18.1	U/L	0.0 - 40.0
TOTAL PROTEIN	8.18	g/dl	6.6 - 8.7
ALBUMIN	4.03	g/dl	3.5 - 5.2
GLOBULIN	<b>4.2 H</b>		1.8 - 3.6
ALKALINE PHOSPHATASE	92.5	U/L	42 - 98
A/G RATIO	<b>1.0 L</b>	Ratio	1.5 - 2.5
GGTP	24.1	U/L	6.0 - 38.0

RESULT ENTERED BY : NEETU SHARMA



Dr. MUDITA SHARMA

MBBS|MD| PATHOLOGY

## ETERNAL HOSPITAL MEDICAL TESTING LABORATORY

<b>Patient Name</b>	Mrs. JYOTI MAHESHWARI	<b>Lab No</b>	4001102
<b>UHID</b>	40000940	<b>Collection Date</b>	25/02/2023 10:21AM
<b>Age/Gender</b>	49 Yrs/Female	<b>Receiving Date</b>	25/02/2023 10:28AM
<b>IP/OP Location</b>	O-OPD	<b>Report Date</b>	25/02/2023 4:13PM
<b>Referred By</b>	Dr. DIWANSHU KHATANA	<b>Report Status</b>	Final
<b>Mobile No.</b>	9413205033		

### BIOCHEMISTRY

**BILIRUBIN TOTAL** :- Method: DPD assay. Interpretation:-Total Bilirubin measurements are used in the diagnosis and treatment of various liver diseases, and of haemolytic and metabolic disorders in adults and newborns. Both obstruction damage to hepatocellular structure.

**BILIRUBIN DIRECT** :- Method: Diazo method Interpretation:-Determinations of direct bilirubin measure mainly conjugated, water soluble bilirubin.

**SGOT - AST** :- Method: IFCC without pyridoxal phosphate activation. Interpretation:-SGOT (AST) measurements are used in the diagnosis and treatment of certain types of liver and heart disease.

**SGPT - ALT** :- Method: IFCC without pyridoxal phosphate activation. Interpretation:-SGPT (ALT) Ratio Is Used For Differential Diagnosis In Liver Diseases.

**TOTAL PROTEINS** :- Method: Biuret colorimetric assay. Interpretation:-Total protein measurements are used in the diagnosis and treatment of a variety of liver and kidney diseases and bone marrow as well as metabolic and nutritional disorder.

**ALBUMIN** :- Method: Colorimetric (BCP) assay. Interpretation:-For Diagnosis and monitoring of liver diseases, e.g. liver cirrhosis, nutritional status.

**ALKALINE PHOSPHATASE** :- Method: Colorimetric assay according to IFCC. Interpretation:-Elevated serum ALT is found in hepatitis, cirrhosis, obstructive jaundice, carcinoma of the liver, and chronic alcohol abuse. ALT is only slightly elevated in patients who have an uncomplicated myocardial infarction. **GGTP-GAMMA GLUTAMYL TRANSPEPTIDASE** :- Method:

Enzymatic colorimetric assay. Interpretation:- $\gamma$ -glutamyltransferase is used in the diagnosis and monitoring of hepatobiliary disease. Enzymatic activity of GGT is often the only parameter with increased values when testing for such diseases and is one of the most sensitive indicator known.

### LIPID PROFILE

TOTAL CHOLESTEROL	195		<200 mg/dl :- Desirable 200-240 mg/dl :- Borderline >240 mg/dl :- High
HDL CHOLESTEROL	59.6		High Risk :- <40 mg/dl (Male), <40 mg/dl (Female) Low Risk :- >=60 mg/dl (Male), >=60 mg/dl (Female)
LDL CHOLESTEROL	147.8		Optimal :- <100 mg/dl Near or Above Optimal :- 100-129 mg/dl Borderline :- 130-159 mg/dl High :- 160-189 mg/dl Very High :- >190 mg/dl
CHOLESTERO VLDL	20	mg/dl	10 - 50
TRIGLYCERIDES	98.4		Normal :- <150 mg/dl Border Line:- 150 - 199 mg/dl High :- 200 - 499 mg/dl Very high :- > 500 mg/dl
CHOLESTEROL/HDL RATIO	3.3	%	

RESULT ENTERED BY : NEETU SHARMA



Dr. MUDITA SHARMA

MBBS|MD| PATHOLOGY

## ETERNAL HOSPITAL MEDICAL TESTING LABORATORY

<b>Patient Name</b>	Mrs. JYOTI MAHESHWARI	<b>Lab No</b>	4001102
<b>UHID</b>	40000940	<b>Collection Date</b>	25/02/2023 10:21AM
<b>Age/Gender</b>	49 Yrs/Female	<b>Receiving Date</b>	25/02/2023 10:28AM
<b>IP/OP Location</b>	O-OPD	<b>Report Date</b>	25/02/2023 4:13PM
<b>Referred By</b>	Dr. DIWANSHU KHATANA	<b>Report Status</b>	Final
<b>Mobile No.</b>	9413205033		

### BIOCHEMISTRY

CHOLESTEROL TOTAL :- Method: CHOD-PAP enzymatic colorimetric assay.

interpretation:-The determination of the individual total cholesterol (TC) level is used for screening purposes while for a better risk assessment it is necessary to measure additionally lipid & lipoprotein metabolic disorders.

HDL CHOLESTEROL :- Method:-Homogenous enzymatic colorimetric method.

Interpretation:-HDL-cholesterol has a protective against coronary heart disease, while reduced HDL-cholesterol concentrations, particularly in conjunction with elevated triglycerides, increase the cardiovascular disease.

LDL CHOLESTEROL :- Method: Homogenous enzymatic colorimetric assay.

Interpretation:-LDL play a key role in causing and influencing the progression of atherosclerosis and in particular coronary sclerosis. The LDL are derived from VLDL rich in TG by the action of various lipolytic enzymes and are synthesized in the liver.

CHOLESTEROL VLDL :- Method: VLDL Calculative

TRIGLYCERIDES :- Method: GPO-PAP enzymatic colorimetric assay.

Interpretation:-High triglyceride levels also occur in various diseases of liver, kidneys and pancreas. DM, nephrosis, liver obstruction.

CHOLESTEROL/HDL RATIO :- Method: Cholesterol/HDL Ratio Calculative

### RENAL PROFILE TEST

Sample: Serum

UREA	15.9 L	mg/dl	16.60 - 48.50
BUN	7.4	mg/dl	6 - 20
CREATININE	0.90	mg/dl	0.50 - 0.90
SODIUM	140.6	mmol/L	136 - 145
POTASSIUM	4.28	mmol/L	3.50 - 5.50
CHLORIDE	100.6	mmol/L	98 - 107
URIC ACID	3.22	mg/dl	2.6 - 6.0
CALCIUM	10.15	mg/dl	8.60 - 10.30

RESULT ENTERED BY : NEETU SHARMA



Dr. MUDITA SHARMA

MBBS|MD| PATHOLOGY

## ETERNAL HOSPITAL MEDICAL TESTING LABORATORY

<b>Patient Name</b>	Mrs. JYOTI MAHESHWARI	<b>Lab No</b>	4001102
<b>UHID</b>	40000940	<b>Collection Date</b>	25/02/2023 10:21AM
<b>Age/Gender</b>	49 Yrs/Female	<b>Receiving Date</b>	25/02/2023 10:28AM
<b>IP/OP Location</b>	O-OPD	<b>Report Date</b>	25/02/2023 4:13PM
<b>Referred By</b>	Dr. DIWANSHU KHATANA	<b>Report Status</b>	Final
<b>Mobile No.</b>	9413205033		

### BIOCHEMISTRY

**CREATININE - SERUM** :- Method:-Jaffe method, Interpretation:-To differentiate acute and chronic kidneydisease.

**URIC ACID** :- Method: Enzymatic colorimetric assay. Interpretation:- Elevated blood concentrations of uricacid are renal diseases with decreased excretion of waste products, starvation,drug abuse and increased alcohol consume.

**SODIUM**:- Method: ISE electrode. Interpretation:-Decrease: Prolonged vomiting or diarrhea,diminished reabsorption in the kidney and excessive fluid retention. Increase: excessive fluid loss, high salt intake andkidney reabsorption.

**POTASSIUM** :- Method: ISE electrode. Intrapretation:-Low level: Intake excessive loss formbodydue to diarrhea, vomiting renal failure, High level: Dehydration, shock severe burns, DKA, renalfailure.

**CHLORIDE - SERUM** :- Method: ISE electrode. Interpretation:-Decrease: reduced dietary intake,prolonged vomiting and reduced renal reabsorption as well as forms of acidosisand alkalosis. Increase: dehydration, kidney failure, some form ofacidosis, high dietary or parenteral chloride intake, and salicylate poisoning.

**UREA**:- Method: Urease/GLDH kinetic assay. Interpretation:-Elevations in blood urea nitrogenconcentration are seen in inadequate renal perfusion, shock, diminished bloodvolume, chronic nephritis, nephrosclerosis, tubular necrosis, glomerularnephritis and UTI.

**CALCIUM TOTAL** :- Method: O-Cresolphthaleine complexone. Interpretation:-Increase in serum PTH or vit-D are usuallyassociated with hypercalcemia. Increased serum calcium levels may also beobserved in multiple myeloma and other neoplastic diseases. Hypocalcemia may beobserved in hypoparathyroidism, nephrosis, and pancreatitis.

Sample: WHOLE BLOOD EDTA

HBA1C	5.7	%																	
			<table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 20%;"><b>&lt; 5.7%</b></td> <td><b>Nondiabetic</b></td> </tr> <tr> <td><b>5.7-6.4%</b></td> <td><b>Pre-diabetic</b></td> </tr> <tr> <td><b>&gt; 6.4%</b></td> <td><b>Indicate Diabetes</b></td> </tr> <tr> <td colspan="2"> </td> </tr> <tr> <td colspan="2"><b>Known Diabetic Patients</b></td> </tr> <tr> <td><b>&lt; 7 %</b></td> <td><b>Excellent Control</b></td> </tr> <tr> <td><b>7 - 8 %</b></td> <td><b>Good Control</b></td> </tr> <tr> <td><b>&gt; 8 %</b></td> <td><b>Poor Control</b></td> </tr> </table>	<b>&lt; 5.7%</b>	<b>Nondiabetic</b>	<b>5.7-6.4%</b>	<b>Pre-diabetic</b>	<b>&gt; 6.4%</b>	<b>Indicate Diabetes</b>	 		<b>Known Diabetic Patients</b>		<b>&lt; 7 %</b>	<b>Excellent Control</b>	<b>7 - 8 %</b>	<b>Good Control</b>	<b>&gt; 8 %</b>	<b>Poor Control</b>
<b>&lt; 5.7%</b>	<b>Nondiabetic</b>																		
<b>5.7-6.4%</b>	<b>Pre-diabetic</b>																		
<b>&gt; 6.4%</b>	<b>Indicate Diabetes</b>																		
<b>Known Diabetic Patients</b>																			
<b>&lt; 7 %</b>	<b>Excellent Control</b>																		
<b>7 - 8 %</b>	<b>Good Control</b>																		
<b>&gt; 8 %</b>	<b>Poor Control</b>																		

Method : - High - performance liquid chromatography HPLC  
 Interpretation:-Monitoring long term glycemic control, testing every 3 to 4 months is generally sufficient.  
 The approximate relationship between HbA1C and mean blood glucose values during the preceding 2 to 3 months.

RESULT ENTERED BY : NEETU SHARMA



Dr. MUDITA SHARMA

MBBS|MD| PATHOLOGY

## ETERNAL HOSPITAL MEDICAL TESTING LABORATORY

<b>Patient Name</b>	Mrs. JYOTI MAHESHWARI	<b>Lab No</b>	4001102
<b>UHID</b>	40000940	<b>Collection Date</b>	25/02/2023 10:21AM
<b>Age/Gender</b>	49 Yrs/Female	<b>Receiving Date</b>	25/02/2023 10:28AM
<b>IP/OP Location</b>	O-OPD	<b>Report Date</b>	25/02/2023 4:13PM
<b>Referred By</b>	Dr. DIWANSHU KHATANA	<b>Report Status</b>	Final
<b>Mobile No.</b>	9413205033		

### BLOOD BANK INVESTIGATION

Test Name	Result	Unit	Biological Ref. Range
-----------	--------	------	-----------------------

BLOOD GROUPING	"B" Rh Positive		
----------------	-----------------	--	--

Note :

1. Both forward and reverse grouping performed.
2. Test conducted on EDTA whole blood.

RESULT ENTERED BY : NEETU SHARMA



Dr. MUDITA SHARMA

MBBS|MD| PATHOLOGY

## ETERNAL HOSPITAL MEDICAL TESTING LABORATORY

<b>Patient Name</b>	Mrs. JYOTI MAHESHWARI	<b>Lab No</b>	4001102
<b>UHID</b>	40000940	<b>Collection Date</b>	25/02/2023 10:21AM
<b>Age/Gender</b>	49 Yrs/Female	<b>Receiving Date</b>	25/02/2023 10:28AM
<b>IP/OP Location</b>	O-OPD	<b>Report Date</b>	25/02/2023 4:13PM
<b>Referred By</b>	Dr. DIWANSHU KHATANA	<b>Report Status</b>	Final
<b>Mobile No.</b>	9413205033		

### CLINICAL PATHOLOGY

Test Name	Result	Unit	Biological Ref. Range	
<b><u>URINE SUGAR (RANDOM)</u></b>				Sample: Urine
URINE SUGAR (RANDOM)	NEGATIVE			
<b><u>ROUTINE EXAMINATION - URINE</u></b>				Sample: Urine
<b>PHYSICAL EXAMINATION</b>				
VOLUME	20	ml		
COLOUR	PALE YELLOW		P YELLOW	
APPEARANCE	SLIGHTLY CLOUDY		CLEAR	
<b>CHEMICAL EXAMINATION</b>				
PH	6.0		5.5 - 7.0	
SPECIFIC GRAVITY	1.005		1.016-1.022	
PROTEIN	NEGATIVE		NEGATIVE	
SUGAR	NEGATIVE		NEGATIVE	
BILIRUBIN	NEGATIVE		NEGATIVE	
BLOOD	NEGATIVE			
KETONES	NEGATIVE		NEGATIVE	
NITRITE	NEGATIVE		NEGATIVE	
UROBILINOGEN	NEGATIVE		NEGATIVE	
LEUCOCYTE	+		NEGATIVE	
<b>MICROSCOPIC EXAMINATION</b>				
WBCS/HPF	15-20	/hpf	0 - 3	
RBCS/HPF	0-0	/hpf	0 - 2	
EPITHELIAL CELLS/HPF	12-15	/hpf	0 - 1	
CASTS	NIL		NIL	
CRYSTALS	NIL		NIL	
BACTERIA	NIL		NIL	
OHTERS	NIL		NIL	

RESULT ENTERED BY : NEETU SHARMA



Dr. MUDITA SHARMA

MBBS|MD| PATHOLOGY

## ETERNAL HOSPITAL MEDICAL TESTING LABORATORY

<b>Patient Name</b>	Mrs. JYOTI MAHESHWARI	<b>Lab No</b>	4001102
<b>UHID</b>	40000940	<b>Collection Date</b>	25/02/2023 10:21AM
<b>Age/Gender</b>	49 Yrs/Female	<b>Receiving Date</b>	25/02/2023 10:28AM
<b>IP/OP Location</b>	O-OPD	<b>Report Date</b>	25/02/2023 4:13PM
<b>Referred By</b>	Dr. DIWANSHU KHATANA	<b>Report Status</b>	Final
<b>Mobile No.</b>	9413205033		

Methodology:-

Glucose: GOD-POD, Bilirubin: Diazo-Azo-coupling reaction with a diazonium, Ketone: Nitro Pruside reaction, Specific Gravity: Proton release from ions, Blood: Psuedo-Peroxidase activity oh Haem moiety, pH: Methye Red-Bromothymol Blue (Double indicator system), Protein: H+ Release by buffer, microscopic & chemical method. interpretation: Diagnosis of Kidney function, UTI, Presence of Protein, Glucoses, Blood. Vocubulary syntax: Kit insert

RESULT ENTERED BY : NEETU SHARMA



## ETERNAL HOSPITAL MEDICAL TESTING LABORATORY

<b>Patient Name</b>	Mrs. JYOTI MAHESHWARI	<b>Lab No</b>	4001102
<b>UHID</b>	40000940	<b>Collection Date</b>	25/02/2023 10:21AM
<b>Age/Gender</b>	49 Yrs/Female	<b>Receiving Date</b>	25/02/2023 10:28AM
<b>IP/OP Location</b>	O-OPD	<b>Report Date</b>	25/02/2023 4:13PM
<b>Referred By</b>	Dr. DIWANSHU KHATANA	<b>Report Status</b>	Final
<b>Mobile No.</b>	9413205033		

### HEMATOLOGY

Test Name	Result	Unit	Biological Ref. Range
ESR (ERYTHROCYTE SEDIMENTATION RATE)	10	mm/1st hr	0 - 15

Method:-Modified Westergrens.

Interpretation:-Increased in infections, sepsis, and malignancy.

RESULT ENTERED BY : NEETU SHARMA



Dr. MUDITA SHARMA

MBBS|MD| PATHOLOGY

## ETERNAL HOSPITAL MEDICAL TESTING LABORATORY

<b>Patient Name</b>	Mrs. JYOTI MAHESHWARI	<b>Lab No</b>	4001102
<b>UHID</b>	40000940	<b>Collection Date</b>	25/02/2023 10:21AM
<b>Age/Gender</b>	49 Yrs/Female	<b>Receiving Date</b>	25/02/2023 10:28AM
<b>IP/OP Location</b>	O-OPD	<b>Report Date</b>	25/02/2023 4:13PM
<b>Referred By</b>	Dr. DIWANSHU KHATANA	<b>Report Status</b>	Final
<b>Mobile No.</b>	9413205033		

Test Name	Result	Unit	Biological Ref. Range
-----------	--------	------	-----------------------

### USG REPORT - ABDOMEN AND PELVIS

#### LIVER:

Is normal in size (**129 mm**) and shows **diffuse increased echogenicity**. No obvious focal lesion seen. No intra - Hepatic biliary radical dilatation seen.

#### GALLBLADDER:

Adequately distended with no obvious wall thickening/pericholecystic fat stranding/fluid. No obvious calculus/polyp/mass seen within.

#### PANCREAS:

Appears normal in size and it shows uniform echotexture.

#### SPLEEN:

Is normal in size and shows uniform echogenicity. It measures **82 mm** in long axis.

#### RIGHT KIDNEY:

Right kidney measures **97 x 44 mm**.

The shape, size and contour of the right kidney appear normal.

Corticomedullary differentiation is maintained. No evidence of pelvicalyceal dilatation.

**One concretion seen at lower polar calyx.**

#### LEFT KIDNEY:

Left kidney measures **102 x 45 mm**.

RESULT ENTERED BY : NEETU SHARMA

## ETERNAL HOSPITAL MEDICAL TESTING LABORATORY

<b>Patient Name</b>	Mrs. JYOTI MAHESHWARI	<b>Lab No</b>	4001102
<b>UHID</b>	40000940	<b>Collection Date</b>	25/02/2023 10:21AM
<b>Age/Gender</b>	49 Yrs/Female	<b>Receiving Date</b>	25/02/2023 10:28AM
<b>IP/OP Location</b>	O-OPD	<b>Report Date</b>	25/02/2023 4:13PM
<b>Referred By</b>	Dr. DIWANSHU KHATANA	<b>Report Status</b>	Final
<b>Mobile No.</b>	9413205033		

### USG

The shape, size and contour of the left kidney appear normal.

Corticomedullary differentiation is maintained. No evidence of pelvicalyceal dilatation.

No calculi seen.

#### BLADDER:

Is normal contour. No intra luminal echoes are seen.

#### UTERUS:

Uterus measures **33 x 52 x 79 mm**, anteverted.

Endometrial thickness measures **3.6 mm**.

No focal lesion noted.

#### OVARIES:

Both ovaries are not seen. No obvious adnexal mass lesion seen.

#### RIGHT ILIAC FOSSA:

No focal fluid collections seen.

#### IMPRESSION:

**Diffuse grade 1 fatty infiltration of liver**

**Right renal concretion.**

RESULT ENTERED BY : NEETU SHARMA



Dr. RENU JADIYA  
MBBS, DNB  
RADIOLOGIST

## ETERNAL HOSPITAL MEDICAL TESTING LABORATORY

<b>Patient Name</b>	Mrs. JYOTI MAHESHWARI	<b>Lab No</b>	4001102
<b>UHID</b>	40000940	<b>Collection Date</b>	25/02/2023 10:21AM
<b>Age/Gender</b>	49 Yrs/Female	<b>Receiving Date</b>	25/02/2023 10:28AM
<b>IP/OP Location</b>	O-OPD	<b>Report Date</b>	25/02/2023 4:13PM
<b>Referred By</b>	Dr. DIWANSHU KHATANA	<b>Report Status</b>	Final
<b>Mobile No.</b>	9413205033		

### USG REPORT - BOTH BREASTS

#### RIGHT BREAST:

##### Parenchyma

A simple cyst size of 2 x 3 mm seen at 3 o'clock position.

Skin Thickness normal

Sub cutaneous fat normal.

No ductal Dilatation.

No focal lesion seen.

Fibroglandular are echogenicity normal.

Nipple areolar complex normal.

##### Retromammary

Retromammary area appeared normal.

##### Axillary Tail

Axillary Tail: Normal.

##### Axillary Nodes

No significant enlargement of axillary node seen.

RESULT ENTERED BY : NEETU SHARMA

## ETERNAL HOSPITAL MEDICAL TESTING LABORATORY

<b>Patient Name</b>	Mrs. JYOTI MAHESHWARI	<b>Lab No</b>	4001102
<b>UHID</b>	40000940	<b>Collection Date</b>	25/02/2023 10:21AM
<b>Age/Gender</b>	49 Yrs/Female	<b>Receiving Date</b>	25/02/2023 10:28AM
<b>IP/OP Location</b>	O-OPD	<b>Report Date</b>	25/02/2023 4:13PM
<b>Referred By</b>	Dr. DIWANSHU KHATANA	<b>Report Status</b>	Final
<b>Mobile No.</b>	9413205033		

### LEFT BREAST:

#### Parenchyma

Skin thickness normal

No ductal dilatation.

No focal lesion seen.

Fibroglandular are echogenicity normal.

Nipple areolar complex normal.

#### Retromammary

Retromammary area appeared normal.

#### Axillary Tail

Axillary Tail: Normal.

#### Axillary Nodes

No significant enlargement of axillary node seen.

### IMPRESSION:

A small simple cyst at 3 o'clock position.

Right axilla normal.

Left breast parenchyma is normal.

RESULT ENTERED BY : NEETU SHARMA

## ETERNAL HOSPITAL MEDICAL TESTING LABORATORY

<b>Patient Name</b>	Mrs. JYOTI MAHESHWARI	<b>Lab No</b>	4001102
<b>UHID</b>	40000940	<b>Collection Date</b>	25/02/2023 10:21AM
<b>Age/Gender</b>	49 Yrs/Female	<b>Receiving Date</b>	25/02/2023 10:28AM
<b>IP/OP Location</b>	O-OPD	<b>Report Date</b>	25/02/2023 4:13PM
<b>Referred By</b>	Dr. DIWANSHU KHATANA	<b>Report Status</b>	Final
<b>Mobile No.</b>	9413205033		

USG

**Left axilla normal.**

**Suggested clinical correlation for further evaluation.**

BI - RADS SCORE IS: RIGHT BREAST: II

LEFT BREAST : I

**NOTE: BI -RADS SCORING KEY**

O - Needs additional evaluation, I - Negative, II - Benign findings, III - Probably benign

IV - Suspicious abnormality -Biopsy to be considered, V - Highly suggestive of malignancy,

VI - Known biopsy proven malignancy.

RESULT ENTERED BY : NEETU SHARMA



Dr. RENU JADIYA

MBBS, DNB

RADIOLOGIST



## ETERNAL HOSPITAL MEDICAL TESTING LABORATORY

<b>Patient Name</b>	Mrs. JYOTI MAHESHWARI	<b>Lab No</b>	416975
<b>UHID</b>	295774	<b>Collection Date</b>	25/02/2023 5:02PM
<b>Age/Gender</b>	49 Yrs/Female	<b>Receiving Date</b>	25/02/2023 5:11PM
<b>IP/OP Location</b>	O-OPD	<b>Report Date</b>	25/02/2023 7:01PM
<b>Referred By</b>	Dr. EHCC Consultant	<b>Report Status</b>	Final
<b>Mobile No.</b>	9413205033		



### HEMATOLOGY

Test Name	Result	Unit	Biological Ref. Range	Sample: WHOLE BLOOD EDTA
<b><u>CBC (COMPLETE BLOOD COUNT)</u></b>				
HAEMOGLOBIN	12.3	g/dl	12.0 - 15.0	
PACKED CELL VOLUME(PCV)	39.3	%	36.0 - 46.0	
MCV	<b>78.0 L</b>	fl	82 - 92	
MCH	<b>24.4 L</b>	pg	27 - 32	
MCHC	<b>31.3 L</b>	g/dl	32 - 36	
RBC COUNT	<b>5.04 H</b>	millions/cu.mm	3.80 - 4.80	
TLC (TOTAL WBC COUNT)	7.54	10 <sup>3</sup> / uL	4 - 10	
<b><u>DIFFERENTIAL LEUCOCYTE COUNT</u></b>				
NEUTROPHILS	54.2	%	40 - 80	
LYMPHOCYTE	37.7	%	20 - 40	
EOSINOPHILS	3.2	%	1 - 6	
MONOCYTES	4.1	%	2 - 10	
BASOPHIL	<b>0.8 L</b>	%	1 - 2	
PLATELET COUNT	3.80	lakh/cumm	1.50 - 4.50	

**HAEMOGLOBIN** :- Method:-SLS HemoglobinMethodology by Cell Counter.Interpretation:-Low-Anemia, High-Polycythemia.  
**MCV** :- Method:- Calculation bysystemex.  
**MCH** :- Method:- Calculation bysystemex.  
**MCHC** :- Method:- Calculation bysystemex.  
**RBC COUNT** :- Method:-Hydrodynamicfocusing.Interpretation:-Low-Anemia,High-Polycythemia.  
**TLC (TOTAL WBC COUNT)** :- Method:-Optical Detectorblock based on Flowcytometry.Interpretation:-High-Leucocytosis, Low-Leucopenia.  
**NEUTROPHILS** :- Method: Optical detectorblock based on Flowcytometry  
**LYMPHOCYTS** :- Method: Optical detectorblock based on Flowcytometry  
**EOSINOPHILS** :- Method: Optical detectorblock based on Flowcytometry  
**MONOCYTES** :- Method: Optical detectorblock based on Flowcytometry  
**BASOPHIL** :- Method: Optical detectorblock based on Flowcytometry  
**PLATELET COUNT** :- Method:-Hydrodynamicfocusing method.Interpretation:-Low-Thrombocytopenia, High-Thrombocytosis.  
**HCT**: Method:- Pulse Height Detection. Interpretation:-Low-Anemia, High-Polycythemia.  
**NOTE**: CH- CRITICAL HIGH, CL: CRITICAL LOW, L: LOW, H: HIGH

\*\*End Of Report\*\*

RESULT ENTERED BY : Mr. MAHENDRA KUMAR

Dr. SURENDRA SINGH  
CONSULTANT & HOD  
MBBS|MD| PATHOLOGY

Dr. ASHISH SHARMA  
CONSULTANT  
MBBS|MD|INCHARGE PATHOLOGY



## DEPARTMENT OF CARDIOLOGY

<b>UHID / IP NO</b>	40000940 (864)	<b>RISNo./Status :</b>	4001102/
<b>Patient Name :</b>	Mrs. JYOTI MAHESHWARI	<b>Age/Gender :</b>	49 Y/F
<b>Referred By :</b>	Dr. DIWANSHU KHATANA	<b>Ward/Bed No :</b>	OPD
<b>Bill Date/No :</b>	25/02/2023 9:46AM/ OPSCR22-23/9	<b>Scan Date :</b>	
<b>Report Date :</b>	25/02/2023 2:02PM	<b>Company Name:</b>	Provisional

**REFERRAL REASON: - HYPOTHYROIDISM, WELLNESS PACKAGE**

### 2D ECHOCARDIOGRAPHY WITH COLOR DOPPLER

**M MODE DIMENSIONS: -**

		Normal		Normal
<b>IVSD</b>	<b>13.1</b>	<b>6-12mm</b>	<b>LVIDS</b>	<b>22.6</b>
<b>LVIDD</b>	<b>33.5</b>	<b>32-57mm</b>	<b>LVPWS</b>	<b>18.6</b>
<b>LVPWD</b>	<b>13.1</b>	<b>6-12mm</b>	<b>AO</b>	<b>27.2</b>
<b>IVSS</b>	<b>18.6</b>	<b>mm</b>	<b>LA</b>	<b>34.4</b>
<b>LVEF</b>	<b>62-64</b>	<b>&gt;55%</b>	<b>RA</b>	<b>-</b>

### DOPPLER MEASUREMENTS & CALCULATIONS:

STRUCTURE	MORPHOLOGY	VELOCITY (m/s)				GRADIENT (mmHg)	REGURGITATION
<b>MITRAL VALVE</b>	<b>NORMAL</b>	<b>E</b>	<b>0.89</b>	<b>e'</b>	<b>-</b>	<b>NIL</b>	
		<b>A</b>	<b>0.78</b>	<b>E/e'</b>			
<b>TRICUSPID VALVE</b>	<b>NORMAL</b>	<b>E</b>	<b>0.56</b>		<b>-</b>	<b>NIL</b>	
		<b>A</b>	<b>0.46</b>				
<b>AORTIC VALVE</b>	<b>NORMAL</b>	<b>1.19</b>				<b>-</b>	<b>NIL</b>
<b>PULMONARY VALVE</b>	<b>NORMAL</b>	<b>0.92</b>				<b>-</b>	<b>NIL</b>

**COMMENTS & CONCLUSION: -**

- NO RWMA, LVEF 62-64%
- NORMAL LV DIASTOLIC FUNCTIONS
- ALL CARDIAC VALVES ARE NORMAL
- CONCENTRIC LVH, OTHER CARDIAC CHAMBERS ARE NORMAL
- NO EVIDENCE OF CLOT/VEGETATION/PE
- INTACT IVS/IAS

**IMPRESSION: - CONCENTRIC LVH, NORMAL BI VENTRICULAR FUNCTIONS**

**DR ROOPAM SHARMA**  
**MBBS, PGDCC, FIAE**  
**CONSULTANT \$ INCHARGE**  
**EMERGENCY, PREVENTIVE CARDIOLOGY AND WELLNESS CENTER.**