DEPARTMENT OF CARDIOLOGY

UHID / IP NO	40005850 (10778)	**RISNo./Status :**	4011140/
Patient Name :	Mrs. LAXITA MEENA	**Age/Gender :**	31 Y/F
Referred By :	EHS CONSULTANT	**Ward/Bed No :**	OPD
Bill Date/No :	23/09/2023 10:02AM/ OPSCR23-24/5532	**Scan Date :**	
Report Date :	23/09/2023 11:32AM	**Company Name:**	Final

REFERRAL REASON: - HEALTH CHECKUP

2D ECHOCARDIOGRAPHY WITH COLOR DOPPLER

M MODE DIMENSIONS: -

		Normal			Normal
IVSD	**10.4**	**6-12mm**	**LVIDS**	**27.2**	**20-40mm**
LVIDD	**41.7**	**32-57mm**	**LVPWS**	**17.7**	**mm**
LVPWD	**10.4**	**6-12mm**	**AO**	**26.3**	**19-37mm**
IVSS	**17.2**	**mm**	**LA**	**29.9**	**19-40mm**
LVEF	**64-66**	**>55%**	**RA**	**-**	**mm**

DOPPLER MEASUREMENTS & CALCULATIONS:

STRUCTURE	MORPHOLOGY	VELOCITY (m/s)				GRADIENT (mmHg)	REGURGITATION
MITRAL VALVE	NORMAL	E	1.32	e'		-	NIL
		A	0.70	E/e'			
TRICUSPID VALVE	NORMAL	E		0.59		-	NIL
		A		0.51			
AORTIC VALVE	NORMAL	1.25				-	NIL
PULMONARY VALVE	NORMAL	0.90				-	NIL

COMMENTS & CONCLUSION: -

- ALL CARDIAC CHAMBERS ARE NORMAL
- NO RWMA, LVEF 64-66%
- NORMAL LV SYSTOLIC FUNCTION
- NORMAL LV DIASTOLIC FUNCTION
- ALL CARDIAC VALVES ARE NORMAL
- NO EVIDENCE OF CLOT/VEGETATION/PE
- INTACT IVS/IAS

IMPRESSION: - NORMAL BI VENTRICULAR FUNCTIONS

DR SUPRIY JAIN
MBBS, M.D., D.M. (CARDIOLOGY)
INCHARGE & SR. CONSULTANT
INTERVENTIONAL CARDIOLOGY

DR ROOPAM SHARMA
MBBS, PGDCC, FIAE
CONSULTANT & INCHARGE
EMERGENCY, PREVENTIVE CARDIOLOGY AND WELLNESS CENTRE

ETERNAL HOSPITAL MEDICAL TESTING LABORATORY

Patient Name	Mrs. LAXITA MEENA	**Lab No**	537327
UHID	321640	**Collection Date**	23/09/2023 12:34PM
Age/Gender	31 Yrs/Female	**Receiving Date**	23/09/2023 12:37PM
IP/OP Location	O-OPD	**Report Date**	23/09/2023 1:22PM
Referred By	Dr. EHCC Consultant	**Report Status**	Final
Mobile No.	9773349797		

MC-2561

BIOCHEMISTRY

Test Name	Result	Unit	Biological Ref. Range
			Sample: WHOLE BLOOD EDTA
HBA1C	5.5	%	< 5.7% Nondiabetic 5.7-6.4% Pre-diabetic > 6.4% Indicate Diabetes Known Diabetic Patients < 7 % Excellent Control 7 - 8 % Good Control > 8 % Poor Control

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.

End Of Report

RESULT ENTERED BY : Mr. PANKAJ SHUKLA

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

Dr. ASHISH SHARMA
CONSULTANT & INCHARGE PATHOLOGY
MBBS|MD| PATHOLOGY

ETERNAL HOSPITAL MEDICAL TESTING LABORATORY

Patient Name	Mrs. LAXITA MEENA	**Lab No**	4011140
UHID	40005850	**Collection Date**	23/09/2023 10:43AM
Age/Gender	31 Yrs/Female	**Receiving Date**	23/09/2023 10:56AM
IP/OP Location	O-OPD	**Report Date**	23/09/2023 1:56PM
Referred By	EHS CONSULTANT	**Report Status**	Final
Mobile No.	9413728151		

BIOCHEMISTRY

Test Name	Result	Unit	Biological Ref. Range
BLOOD GLUCOSE (FASTING)			Sample: Fl. Plasma
BLOOD GLUCOSE (FASTING)	91.0	mg/dl	74 - 106

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

THYROID T3 T4 TSH			Sample: Serum
T3	1.600	ng/mL	0.970 - 1.690
T4	**12.20 H**	ug/dl	5.53 - 11.00
TSH	2.07	µIU/mL	0.40 - 4.05
Remarks	T4 rechecked from same sample		

T3:- Method: ElectroChemiLuminescence ImmunoAssay - ECLIA

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

T4:- Method: ElectroChemiLuminescence ImmunoAssay - ECLIA

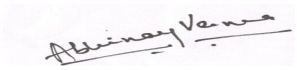
Interpretation:-The determination of T4 assay employs acompetitive test principle with an antibody specifically directed against T4.

TSH - THYROID STIMULATING HORMONE :- ElectroChemiLuminescenceImmunoAssay - ECLIA

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

LFT (LIVER FUNCTION TEST)			Sample: Serum
BILIRUBIN TOTAL	0.81	mg/dl	0.00 - 1.20
BILIRUBIN INDIRECT	0.56	mg/dl	0.20 - 1.00
BILIRUBIN DIRECT	0.25	mg/dl	0.00 - 0.40
SGOT	25.4	U/L	0.0 - 40.0

RESULT ENTERED BY : SUNIL EHS



Dr. ABHINAY VERMA

MBBS|MD|INCHARGE PATHOLOGY

ETERNAL HOSPITAL MEDICAL TESTING LABORATORY

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BIOCHEMISTRY

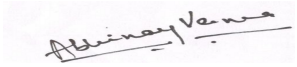
SGPT	33.2	U/L	0.0 - 40.0
TOTAL PROTEIN	6.9	g/dl	6.6 - 8.7
ALBUMIN	5.2	g/dl	3.5 - 5.2
GLOBULIN	**1.7 L**		1.8 - 3.6
ALKALINE PHOSPHATASE	60.3	U/L	42 - 98
A/G RATIO	**3.1 H**	Ratio	1.5 - 2.5
GGTP	**41.5 H**	U/L	6.0 - 38.0

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 structive.
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: Enzymetic colorimetric assay. Interpretation:-y-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	196	<200 mg/dl :- Desirable 200-240 mg/dl :- Borderline >240 mg/dl :- High
HDL CHOLESTEROL	51.2	High Risk :-<40 mg/dl (Male), <40 mg/dl (Female) Low Risk :->=60 mg/dl (Male), >=60 mg/dl (Female)
LDL CHOLESTEROL	122.6	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

RESULT ENTERED BY : SUNIL EHS



Dr. ABHINAY VERMA

MBBS|MD|INCHARGE PATHOLOGY

ETERNAL HOSPITAL MEDICAL TESTING LABORATORY

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Mobile No.	9413728151		

BIOCHEMISTRY

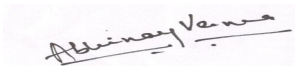
CHOLESTERO VLDL	21	mg/dl	10 - 50
TRIGLYCERIDES	105.5		Normal :- <150 mg/dl Border Line:- 150 - 199 mg/dl High :- 200 - 499 mg/dl Very high :- > 500 mg/dl
CHOLESTEROL/HDL RATIO	3.8	%	

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 enzymetic 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 form 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 triglycerde 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	22.40	mg/dl	16.60 - 48.50
BUN	10.5	mg/dl	6 - 20
CREATININE	0.54	mg/dl	0.50 - 0.90
SODIUM	137.6	mmol/L	136 - 145
POTASSIUM	4.27	mmol/L	3.50 - 5.50
CHLORIDE	104.6	mmol/L	98 - 107
URIC ACID	3.4	mg/dl	2.6 - 6.0
CALCIUM	9.65	mg/dl	8.60 - 10.30

RESULT ENTERED BY : SUNIL EHS



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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. Intrpretation:-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.

RESULT ENTERED BY : SUNIL EHS

ETERNAL HOSPITAL MEDICAL TESTING LABORATORY

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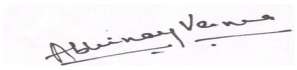
BLOOD BANK INVESTIGATION

Test Name	Result	Unit	Biological Ref. Range
BLOOD GROUPING	"O" Rh Positive		

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

RESULT ENTERED BY : SUNIL EHS



Dr. ABHINAY VERMA

MBBS|MD|INCHARGE PATHOLOGY

ETERNAL HOSPITAL MEDICAL TESTING LABORATORY

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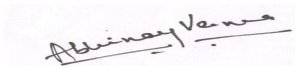
CLINICAL PATHOLOGY

Test Name	Result	Unit	Biological Ref. Range
URINE SUGAR (RANDOM)			Sample: Urine
URINE SUGAR (RANDOM)	NEGATIVE		NEGATIVE
ROUTINE EXAMINATION - URINE			Sample: Urine
PHYSICAL EXAMINATION			
VOLUME	15	ml	
COLOUR	PALE YELLOW		P YELLOW
APPEARANCE	HAZY		CLEAR
CHEMICAL EXAMINATION			
PH	**5.0 L**		5.5 - 7.0
SPECIFIC GRAVITY	1.010		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		NEGATIVE
MICROSCOPIC EXAMINATION			
WBCS/HPF	3-4	/hpf	0 - 3
RBCS/HPF	0-0	/hpf	0 - 2
EPITHELIAL CELLS/HPF	6-8	/hpf	0 - 1
CASTS	NIL		NIL
CRYSTALS	NIL		NIL
BACTERIA	NIL		NIL
OHTERS	NIL		NIL

RESULT ENTERED BY : SUNIL EHS



Dr. ABHINAY VERMA

MBBS|MD|INCHARGE PATHOLOGY

ETERNAL HOSPITAL MEDICAL TESTING LABORATORY

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Methodology:-
Glucose: GOD-POD, Bilirubin: Diazo-Azo-coupling reaction with a diazonium, Ketone: Nitro Pruside reaction, Specific Gravity: Proton re;ease 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 : SUNIL EHS

ETERNAL HOSPITAL MEDICAL TESTING LABORATORY

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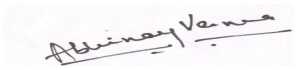
HEMATOLOGY

Test Name	Result	Unit	Biological Ref. Range
CBC (COMPLETE BLOOD COUNT)			Sample: WHOLE BLOOD EDTA
HAEMOGLOBIN	**11.4 L**	g/dl	12.5 - 21.5
PACKED CELL VOLUME(PCV)	**35.7 L**	%	49.0 - 53.0
MCV	**89.7 L**	fl	100 - 120
MCH	**28.6 L**	pg	30 - 37
MCHC	31.9	g/dl	30 - 33
RBC COUNT	**3.98 L**	millions/cu.mm	5.00 - 7.00
TLC (TOTAL WBC COUNT)	**7.76 L**	10^3/ uL	8 - 22
DIFFERENTIAL LEUCOCYTE COUNT			
NEUTROPHILS	**60.6 H**	%	40 - 60
LYMPHOCYTE	32.6	%	30 - 50
EOSINOPHILS	1.8	%	1 - 6
MONOCYTES	4.6	%	2 - 10
BASOPHIL	**0.4 L**	%	1 - 2
PLATELET COUNT	3.24	lakh/cumm	1.000 - 4.500

HAEMOGLOBIN :- Method:-SLS HemoglobinMethodology by Cell Counter.Interpretation:-Low-Anemia, High-Polycythemia.
MCV :- Method:- Calculation bysysmex.
MCH :- Method:- Calculation bysysmex.
MCHC :- Method:- Calculation bysysmex.
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

ESR (ERYTHROCYTE SEDIMENTATION RATE)	**50 H**	mm/1st hr	0 - 15

RESULT ENTERED BY : SUNIL EHS



Dr. ABHINAY VERMA

MBBS|MD|INCHARGE PATHOLOGY

ETERNAL HOSPITAL MEDICAL TESTING LABORATORY

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Mobile No.	9413728151		

Method:-Modified Westergrens.
Interpretation:-Increased in infections, sepsis, and malignancy.

RESULT ENTERED BY : SUNIL EHS

ETERNAL HOSPITAL MEDICAL TESTING LABORATORY

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X Ray

Test Name	Result	Unit	Biological Ref. Range

X-RAY - CHEST PA VIEW

OBSERVATION:

The trachea is central.

The mediastinal and cardiac silhouette are normal.

Cardiothoracic ratio is normal.

Cardiophrenic and costophrenic angles are normal.

Both hila are normal.

The lung fields are clear.

Bones of the thoracic cage are normal.

Soft tissues of the chest wall are normal.

IMPRESSION:

No significant abnormality seen.

End Of Report

RESULT ENTERED BY : SUNIL EHS

Dr. RENU JADIYA
MBBS, DNB
RADIOLOGIST

DEPARTMENT OF RADIO DIAGNOSIS

UHID / IP NO	40005850 (10778)	**RISNo./Status :**	4011140/
Patient Name :	Mrs. LAXITA MEENA	**Age/Gender :**	31 Y/F
Referred By :	EHS CONSULTANT	**Ward/Bed No :**	OPD
Bill Date/No :	23/09/2023 10:02AM/ OPSCR23-24/5532	**Scan Date :**	
Report Date :	23/09/2023 12:01PM	**Company Name:**	Mediwheel - Arcofemi Health Care Ltd.

ULTRASOUND STUDY OF WHOLE ABDOMEN

Liver: Normal in size & echotexture**.** No obvious significant focal parenchymal mass lesion noted. Intrahepatic biliary radicals are not dilated. Portal vein is normal.

Gall Bladder: Lumen is clear. Wall thickness is normal. CBD is normal.

Pancreas: Normal in size & echotexture.

Spleen: Normal in size & echotexture. No focal lesion seen.

Right Kidney: Normal in shape, size & location. Echotexture is normal. Corticomedullary differentiation is maintained. No evidence of significant hydronephrosis or obstructive calculus noted**.**

Left Kidney: Normal in shape, size & location. Echotexture is normal. Corticomedullary differentiation is maintained. No evidence of significant hydronephrosis or obstructive calculus noted.

Urinary Bladder: Normal in size, shape & volume. No obvious calculus or mass lesion is seen. Wall thickness is normal.

Uterus: Normal in size, shape & anteverted in position. Endometrial thickness is normal. Endometrial cavity is empty. No mass lesion is seen. Cervix is normal.

Both ovaries: Bilateral ovaries are normal in size, shape & volume.

Others: No significant free fluid is seen in pelvic peritoneal cavity.

IMPRESSION: USG findings are suggestive of

- **No significant sonographic abnormality noted.**

Correlate clinically & with other related investigations.

DR. APOORVA JETWANI
Incharge & Senior Consultant Radiology
MBBS, DMRD, DNB
Reg. No. 26466, 16307