

Pt Name :- Mrs. Anuradha Singh Suman  
 Age :- 35/F  
 Date :- 28/08/2021

**URINE ANALYSIS**

A. PHYSICALEXAMINATION	
1. Colour	Pale Yellow
2. Appearance	Clear
3. Specific Gravity	Q.N.S.
B. CHEMICAL EXAMINATION	
1. Reaction	Acidic
2. Albumin	Nil
3. Sugar	Nil
4. Bile Salts	Absent
C. MICROSCOPIEXAMINATION	
Pus Cells	2-3/HPF
R.B.C.	Nil
Epithelial cell	1-2/HPF
Cast	Nil
Crystals(Cal.Oxa)	Nil
Bacteria	Nil
Amorphous	Nil
T. Vaginitis	Nil

Dr. B. M. Agarwal  
 MBBS DCP  
 Pathologist  
 Pathologist





Patient Name : MRS. ANURADHA SINGH SUMAN

Patient ID : 49388

Ref Doctor : SELF

Age / Sex : 35 years/Female

Status : Final Report

Reported : Aug 28, 2021, 05:04 p.m.

Received : Aug 28, 2021, 04:09 p.m.

Drawn : Aug 28, 2021, 04:09 p.m.

Test Description	Value(s)	Reference Range	Unit(s)
T3-Total	88.69	82 - 213	ng/dL
T4-Total	6.78	6.09 - 12.23	ug/dL
TSH-Ultrasecutive	4.44	0.45 - 4.5	uIU/mL

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

First Trimester : 0.1-2.5  
 Second Trimester : 0.2-3.0  
 Third trimester : 0.3-3.0

**Interpretation**

TSH	T3	T4	Suggested Interpretation for the Thyroid Function Tests Pattern
Raised	Within range	Within range	Raised Within Range Within Range. Isolated High TSH especially in the range of 4.7 to 15 mIU/ml is commonly associated with Physiological & Biological TSH Variability. Subclinical Autoimmune Hypothyroidism. Intermitent 14 therapy for hypothyroidism. Recovery phase after Non-Thyroidal illness"
Raised	Decreased	Decreased	Chronic Autoimmune Thyroiditis Post thyroidectomy. Post radioactive iodine Hypothyroid phase of transient thyroiditis"
Raised or within range	Raised	range	Interfering antibodies to thyroid hormones (anti-TPO antibodies)Intermitent 14 therapy or T4 overdose • Drug interference- Amiodarone, Heparin, Beta blockers, steroids, anti-epileptics.
Decreased	Raised or within range	Raised or within range	Isolated Low TSH -especially in the range of 0.1 to 0.4 often seen in elderly & Range Range associated with Non-Thyroidal illness. Subclinical Hypothyroidism. Thyroxine ingestion"
Decreased	Decreased	Decreased	Central Hypothyroidism. Non-Thyroidal illness. Recent treatment for Hypothyroidism (TSH remains suppressed)"
Decreased	Decreased	Decreased	Primary Hypothyroidism (Graves' disease). Multinodular goitre, Toxic nodule • Transient thyroiditis:Postpartum, Silent (lymphocytic), Postviral (granulomatous,subacute, DeQuervain's), Gestational thyrotoxicosis with hyperemesis gravidarum"
Decreased	Within Rang	Within range	T3 toxicosis • Non-Thyroidal illness
Within range	Within range	Within range	Isolated Low T3-often seen in elderly & associated Non-Thyroidal illness in elderly the drop in T3 level can be upto 25%.

Dr. Prince Lokwani  
 Chief of Lab  
 MD Pathologist

# डिवाकर डायग्नोस्टिक सेंटर



E-7/636, पंजाब नगर बॉक्स केंद्र, पंजाब, अंतर्गत कोलोनो थाना (पं.प्र.)

फोन: 0755-2464288, मो: 9826340190

Pt Name :- Mrs. Anuradha Singh Suman  
Age :- 35/F  
Date :- 28/08/2021

## EXAMINATION OF BLOOD

TEST	RESULT	NORMAL VALUE
Haemoglobin	10.1gms%	Female 12-16gms%, Male 14-18gms%
Red Cell count	4.04	4.5-5.6 million /cumm
Platelet Count	2.63	1.5-5.6 Lac/cumm
Leucocytes per.cumm	12600/cumm	5000-11000/cumm
Neutrophils	62%	50-70%
Lymphocytes	21%	20-40%
Eosinophils	09%	0-7%
Monocytes	08%	2-8%
PCV	33.4	37-47
MCV	82.8	76-96
MCH	25.0	27-32
MCHC	30.2	31-35
ESR	15	Male 0-9, Female 0-20mm/FHR
Blood Group	"O" Positive	By slide method
Total Serum Cholesterol	168.0	100-250 mg%
Serum Triglyceride	134.0	Up to 150 mg%
Serum Cholesterol HDL	46.0	Up to 65 mg%
Serum Cholesterol LDL	95.2	Up to 125 mg%
LDL	26.8	Up to 30 mg%
S.Bilirubin(Total)	0.8	0.2-1.0mg/dl
Direct	0.4	0.0-0.25mg/dl
Indirect	0.4	
SGOT	23.0	5-35U/L
SGPT	25.0	8-40U/L
Alk Phosphatase	7.4	3-13 KA units
S. Protein(Total)	6.9	6.0-8.0mg%
Albumin	4.4	3.7-5.3mg%
Globulin	2.0	1.5 to 3.5 mg%
Blood Urea	18.0	Up to 40 mg%
S.Creatine	0.78	0.5-1.4mg/dl
S. Uric Acid	5.5	3.5-7.5mg%
GGT	20.0	5-35 UL/dl
Fasting Blood Sugar	94.2	Up to 110 mg%
PP Blood Sugar	119.0	Up to 125 mg%
Glycosylated Hemoglobin	5.6	Below - 6.0% -Non Diabetic control 6-7% -Excellent control Above- 8% -Poor control

Dr. B. M. Agarwal  
MBBS, DCP  
Pathologist

All test have technical limitation. Collaborative clinic pathological interpretation is mandatory. In case of disparity test may be repeated immediately. Typographical mistakes should be get correct instantly. This report is not valid for medical legal purpose

Pathologist

Above- 8% -Poor control

6-7% -Excellent control

Below - 6.0% -Non Diabetic control

Up to 125 mg%

Up to 110 mg%

5-35 UL/dl

3.5-7.5mg%

0.5-1.4mg/dl

Up to 40 mg%

1.5 to 3.5 mg%

3.7-5.3mg%

6.0-8.0mg%

3-13 KA units

8-40U/L

5-35U/L

23.0

25.0

7.4

6.9

4.4

2.0

18.0

0.78

5.5

20.0

94.2

119.0

5.6

**2 D & M Mode Echocardiography and Colour Flow Doppler Report**

Name: Smt ANURADHA Age: 35 Gender: Female Date 28-Aug-21  
 Referred By: sbi life insurance

**M-Mode Measurements :** (Ref Values from Recommendations for Cardiac Chamber Quantification by Echocardiography in Adults: JASE 2015)

VALUES OBSERVED in MM	NORMAL REFERENCE RANGE
28.2mm	26-39mm
21 mm	15-36 mm
Central	Central
31.5mm	30-40mm(men)
27.38mm(women)	27-38mm(women)
23.3mm	19-35mm
8.7mm	6-10mm
8.0mm	6-10mm
40.1mm	42-58mm (Men)
38-52mm (women)	38-52mm (women)
26.4mm	25-40mm (Men)
22-35mm(women)	22-35mm(women)
52-72%(men)	54-74%(women)
65%	> 65%

Observation : 2 D Chambers , Cardiac Valves & Pericardium

Average Acoustic Window.

- Echocardiogram reveals Four chambered Heart.
- Viseral and Cardiac Situs Solitus.
- Atrio-Ventricular and Ventriculo-Arterial Concordance. Great Vessel Relationship is normal.

**1.Cardiac Chambers :**

- Right Atrium is Normal in Dimensions.
- Left Atrium is Normal in Dimensions
- Right Ventricle is Normal in Dimensions
- Left Ventricle is Normal in Dimensions
- Normal LV wall Thickness.

**2.Pericardium :**

- Pericardial Effusion : No Pericardial Effusion
- Cardiac Valves: Morphology ( Stenosis / Regurgitant Areas)
  - Aortic Root is Normal Aortic Valve is Normal in Morphology.
  - Aortic Valve has 3 Leaflets with Central Closure Line. AV shows adequate systolic opening. There is No regurgitation across Aortic Valve.
  - Mitral Valve is normal in mobility and thickness. There is no Mitral Annular Calcification. There is No regurgitation across Mitral Valve.
  - Tricuspid Valve is normal in mobility and thickness. There is No regurgitations across Tricuspid Valve.
  - Pulmonic Valve is well visualised and is normal in morphology.
- LV Systolic Functions : Good LV Systolic Function
- Regional Wall Motion Abnormality: No RWMA
- Visualised Portions of IVS and IAS appears intact.
- There is no evidence of Pericardial Effusion / Mass / Clot.



Name: Smt ANURADHA Age: 35 Gender: Female Date 28-Aug-21  
 Referred By: sbi life insurance

### Doppler Data

Valve	Peak Velocity	Mean Velocity	Peak Gradient	Mean Gradient
Mitral Valve	107.23 cm/sec	61.08 cm/sec	4.60 mmHg	1.69 mmHg
Aortic Valve	100.80 cm/sec	4.06 cm/sec	4.06 mmHg	mmHg
Tricuspid Valve	152.27 cm/sec	9.27 cm/sec	9.27 mmHg	mmHg
Pulmonary Valve	cm/sec	cm/sec	mmHg	mmHg

### Colour Doppler Assessment

Regurgitant Area	Regurgitant Jet Area
Mitral Valve	No MR
Aortic Valve	No AR
Tricuspid Valve	No TR
Pulmonary Valve	-

### IMPRESSION: 2 D Echo and Colour Doppler Examination:

- Rhythm- Regular
- Normal Echo Study
- Left Ventricular Function : Preserved LV Systolic Function
- Regional Wall Motion Abnormality : No RWMA
- LVEF : > 65 %
- Diastolic Relaxation: Normal ; Diastolic Function: Normal
- No Clot / No Vegetation / No Pericardial Effusion.



Dr Arvind Kumar  
 MBBS, PGDCC (Dip Clinical Cardiology)  
 Fellowship in Echocardiography  
 Non Invasive Clinical Cardiology Associate  
 Saturday, August 28, 2021:57 PM

.Severity of pulmonary hypertension  
 (mPAP) RVSP/ PASP  
 Mild = 30-40mmHg  
 Moderate = 41-55mmHg  
 Severe = > 55mmHg

2D EF % Normal : 52-72%(men)  
 54-74%(women)  
 Good LV Systolic Function : EF 60 % & Above  
 Preserved LV Systolic Function : 50-60%  
 Mild LV Dysfunction : EF 40 - 50 %  
 Moderate LV Dysfunction : EF 30 - 40%  
 Severe LV Dysfunction : EF less than 30%

Disclaimer : This Cardiac Echo and Colour Doppler Examination has been done on advise of the referring Doctor. Investigations have their own limitations. Solitary investigations never confirm the final diagnosis of a disease but is meant to assist the referring Doctor to have some information of the diseases process, if any. So this, report should not be taken as final diagnosis but should be correlated clinically with other investigations. Cardiac Catheterisation is advised for total evaluation, if clinically warranted.

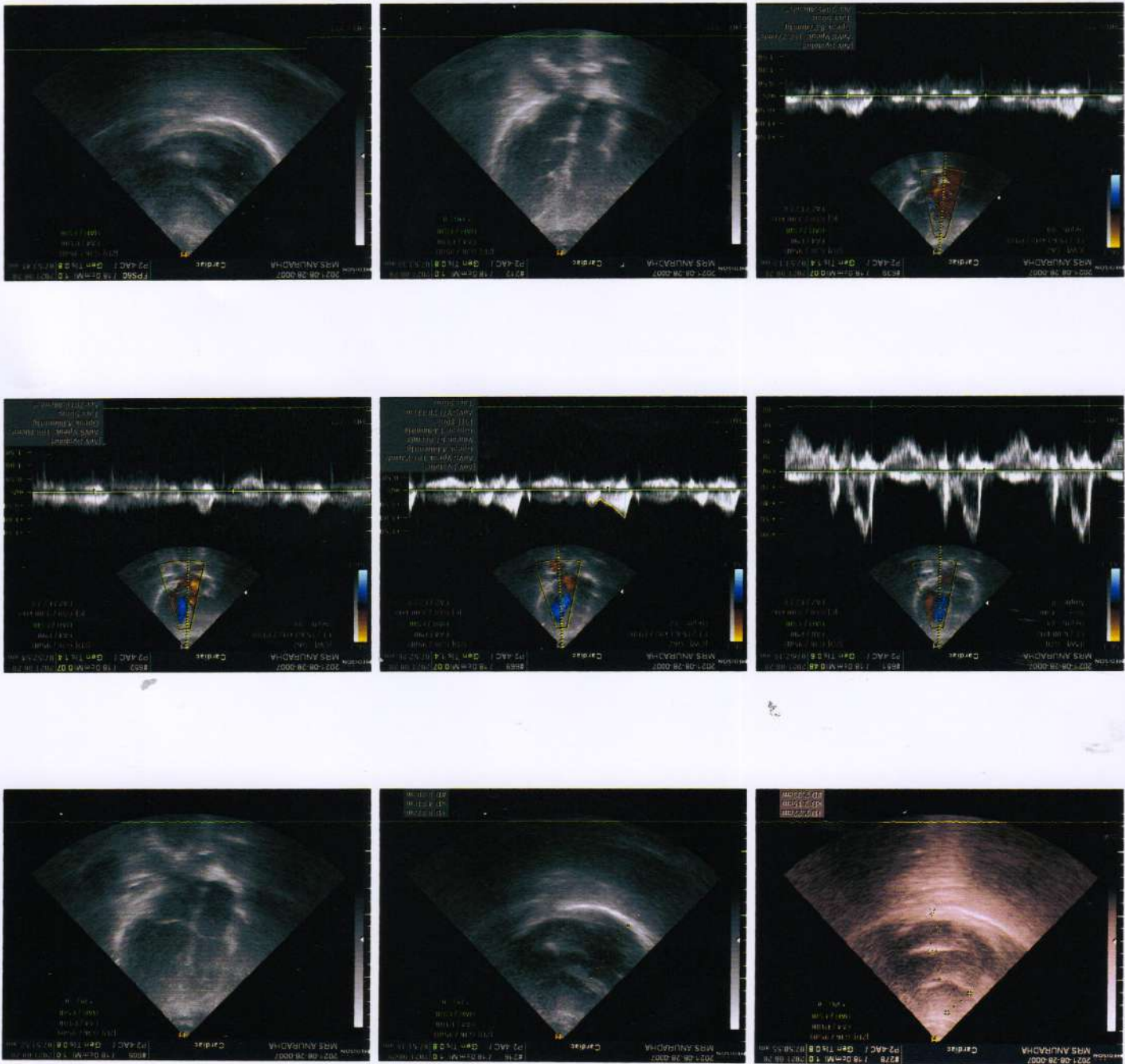
# Ultrasound Report

## PATIENT

Name: MRS. ANURADHA  
 ID: 2021-08-28-0007  
 Birth Date: 1986/08/28  
 Gender: F

## EXAM

Accession #: 2021/08/28  
 Exam Date: 2021/08/28  
 Description:  
 Sonographer:





Jr. B. Mr. Agarwal  
MBBS, DCP  
Pathologist

*Suman*

भारत सरकार, भोपाई परीक्षण



2329 7124 5341

महिला / Female

जन्म तिथि / DOB: 01/03/1986



अनुराधा सिंह सुमान  
Anuradha Singh Suman

भारत सरकार



भारत सरकार, भोपाई परीक्षण

2329 7124 5341

आपका आधार क्रमांक / Your Aadhaar No.:



52685102

KA526851026FH



To  
Anuradha Singh Suman  
अनुराधा सिंह सुमान  
W/O Shish Kumar Deo  
Deo Niwas 21 A Narmada Nagar  
Polpather  
Near Sant Aloysius School  
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Polpather  
Vidyal Nagar, Jabalpur,  
Madhya Pradesh - 482008  
9893036563

27/09/2013

आधार संख्या / Enrollment No. : 0000/00491/29377

भारत सरकार, भोपाई परीक्षण

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भारत सरकार

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