AiMS®
Hospital & Research Center
Caring Redefined

2D ECHO / COLOUR DOPPLER

NAME : MRS. PRANITA MHASADE **31yrs/F** **OPD**
REF BY : DR. HOSPITAL PATIENT **28-May-22**

M - Mode values

AORTIC ROOT (mm)	20
LEFT ATRIUM (mm)	21
RV (mm)	
LVID – D (mm)	37
LVID – S (mm)	21
IVS – D (mm)	10
LVPW –D (mm)	9
EJECTION FRACTION (%)	60%

Doppler Values

PULMONARY VEL (m/sec)	
PG (mmHg)	
AORTIC VEL (m/sec)	1.0
PG (mmHg)	4
MITRAL E VEL (m/sec)	0.8
A VEL (m/ sec)	0.5
TRICUSPID VEL. (m/sec)	
PG (mmHg)	

REPORT

Normal LV size & wall thickness.
No regional wall motion abnormality
Normal LV systolic function , LVEF 60%
Normal sized cardiac chambers.

Pliable mitral valve., no Mitral regurgitation.
Normal mitral diastolic flows.

Trileaflet aortic valve. No aortic stenosis / regurgitation.

Normal Tricuspid & pulmonary valve
Trivial tricuspid regurgitation ,
PA pressure = 20 mmHg - normal

Intact IAS & IVS
No PDA, coarctation of aorta.
No clots , vegetations , pericardial effusion noted.

IMPRESSION :
Normal echo study.
No regional wall motion abnormality.
Normal LV systolic & diastolic function , LVEF 60%
Normal PA pressure.

DR. RAJDATT DEORE
MD,DM-CARDIOLOGIST
MMC 2005/03/1520

(NORMAL 2D-ECHO & COLOR DOPPLER DOESN'T RULE OUT ISCHAEMIC HEART DISEASE)

Dept. of Pathology

(For Report Purpose Only)

AiMS® Hospital & Research Center

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PRN	: 108064	**Lab No**	: 2340
Patient Name	: Mrs. MHASADE PRANITA B	**Req.No**	: 2340
Age/Sex	: 31Yr(s)/Female		
		Collection Date & Time	: 28/05/2022 09:57 AM
Company Name	: BANK OF BARODA	**Reporting Date & Time**	: 28/05/2022 01:18 PM
Referred By	: Dr.HOSPITAL PATIENT	**Print Date & Time**	: 28/05/2022 01:22 PM

PARAMETER NAME	RESULT VALUE	UNIT	NORMAL VALUES

HAEMATOLOGY

BLOOD GROUP

BLOOD GROUP	:	"O"
RH FACTOR	:	POSITIVE

NOTE : This is for your information.No transfusion / therapeutic intervention is done without confirmation of blood group by concerned authorities.In case of infants less than 6 months,suggested to repeat Blood Group after 6 months of age for confirmation. Kindly confirm the Negative Blood Group by reverse blood grouping (Tube method).

END OF REPORT

Technician

Report Type By :- GANESH JADHAV

Dr. POONAM KADAM
MD (Microbiology), Dip.Pathology & Bacteriology (MMC-2012/03/0668)
Pathologist

Dept. of Pathology

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PARAMETER NAME	RESULT VALUE	UNIT	NORMAL VALUES
	BIOCHEMISTRY		
BSL-F & PP			
Blood Sugar Level Fasting	: 92	MG/DL	60 - 110
Blood Sugar Level PP	: 119	MG/DL	70 - 140
RFT (RENAL FUNCTION TEST)			
BIOCHEMICAL EXAMINATION			
UREA (serum)	: 20	MG/DL	0 - 45
UREA NITROGEN (serum)	: 9.34	MG/DL	7 - 21
CREATININE (serum)	: 0.7	MG/DL	0.5 - 1.5
URIC ACID (serum)	: 4.1	MG/DL	Male : 3.4 - 7.0 Female : 2.4 - 5.7
SERUM ELECTROLYTES			
SERUM SODIUM	: 140	mEq/L	136 - 149
SERUM POTASSIUM	: 4.3	mEq/L	3.8 - 5.2
SERUM CHLORIDE	: 102	mEq/L	98 - 107

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HAEMATOLOGY

HAEMOGRAM

PARAMETER NAME	RESULT VALUE	UNIT	NORMAL VALUES
HAEMOGLOBIN (Hb)	: **11.3**	GM/DL	Male : 13.5 - 18.0 Female : 11.5 - 16.5
PCV	: **36.1**	%	Male : 40 - 54 Female : 37 - 47
RBC COUNT	: 4.14	Million/cu mm	Male : 4.5 - 6.5 Female : 3.9 - 5.6
M.C.V	: 87.2	cu micron	76 - 96
M.C.H.	: 27.3	pg	27 - 32
M.C.H.C	: **31.3**	picograms	32 - 36
RDW-CV	: 14.2	%	11 - 16
WBC TOTAL COUNT	: 7830	/cumm	ADULT : 4000 - 11000 CHILD 1-7 DAYS : 8000 - 18000 CHILD 8-14 DAYS : 7800 - 1600 CHILD 1MONTH-<1YR : 4000 - 10000
PLATELET COUNT	: 382000	cumm	150000 - 450000

WBC DIFFERENTIAL COUNT

NEUTROPHILS	: **63**	%	ADULT : 40 - 70 CHILD : : 20 - 40
ABSOLUTE NEUTROPHILS	: 4932.90	µL	2000 - 7000
LYMPHOCYTES	: **29**	%	ADULT : 20 - 40 CHILD : : 40 - 70
ABSOLUTE LYMPHOCYTES	: 2270.70	µL	1000 - 3000
EOSINOPHILS	: 02	%	01 - 04
ABSOLUTE EOSINOPHILS	: 156.60	µL	20 - 500
MONOCYTES	: 06	%	02 - 08
ABSOLUTE MONOCYTES	: 469.80	µL	200 - 1000
BASOPHILS	: 00	%	00 - 01
ABSOLUTE BASOPHILS	: 0	µL	0 - 100

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PARAMETER NAME	RESULT VALUE	UNIT	NORMAL VALUES
RBC MORPHOLOGY	: Normocytic Normochromic		
WBC MORPHOLOGY	: Within Normal Limits		
PLATELETS	: Adequate		
PARASITES	: Not Detected		

Method : Processed on 5 Part Fully Automated Blood Cell Counter - sysmex XS-800i.

ESR

ESR MM (AT The End of 1 Hr.) By Westergren Method	: **22**	mm/hr	Male : 0 - 15 Female : 0 - 20

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PARAMETER NAME	RESULT VALUE	UNIT	NORMAL VALUES

BIOCHEMISTRY

HbA1C- GLYCOSYLATED -HB

HBA1C	: **6.44**	%	Normal Control : : 4.2 - 6.2 Good Control : : 5.5 - 6.7 Fair Control : : 6.8 - 7.6 Poor Control : : >7.6

Instrument: COBAS C 111

NOTE :

1. The HbA1C test shows your average blood sugar for last 3 months.
2. The HbA1C test does not replace your day-to-day monitoring of blood glucose.
   Use this test result along with your daily test results to measure yoir overall diabetes control.

How does HbA1C works.?
The HbA1C test measures the amount of **sugar that attaches to protein** in your red blood cells.
RBCs live for about 3 months, so this test shows your average blood sugar levels during that time.
Greater the level of sugar & longer it is high, the more sugar that will attach to RBCs.
Why is this test so important ?
Research studies demonstrated that **the closer to normal your HbA1C level was, the less likely your risk of developing the long- term complications of diabetes.** Such problems include eye disease and kidney problems.
Who should have the HbA1c test done ?
Everyone with diabetes can benefit from taking this test. Knowing your HbA1C level helps you and your doctor decide if you need to change your diabetes management plan.
How often should you have a HbA1C test ?
You should have this test done when you are first diagnosed with diabetes.
Then at least twice a year if your treatment goals are being met & blood glucose control is stable.
More frequent HbA1C testing (4 times / year) is recommended if your blood glucose management goals.

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BIOCHEMISTRY

LFT (Liver function Test)

PARAMETER NAME	RESULT VALUE	UNIT	NORMAL VALUES
BILIRUBIN TOTAL (serum)	: 0.4	MG/DL	INFANTS : 1.2 - 12.0 ADULT : : 0.1 - 1.2
BILIRUBIN DIRECT (serum)	: 0.2	MG/DL	ADULT & INFANTS : 0.0 - 0.4
BILIRUBIN INDIRECT (serum)	: 0.20	MG/DL	0.0 - 1.0
S.G.O.T (serum)	: 12	IU/L	5 - 40
S.G.P.T (serum)	: 10	IU/L	5 - 40
ALKALINE PHOSPHATASE (serum)	: 51	IU/L	CHILD BELOW 6 YRS : 60 - 321 CHILD : : 67 - 382 ADULT : : 36 - 113
PROTEINS TOTAL (serum)	: **6.2**	GM/DL	6.4 - 8.3
ALBUMIN (serum)	: 4.4	GM/DL	3.5 - 5.7
GLOBULIN (serum)	: 1.80	GM/DL	1.8 - 3.6
A/G RATIO	: 2.44		1:2 - 2:1

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BIOCHEMISTRY

LIPID PROFILE

PARAMETER NAME	RESULT VALUE	UNIT	NORMAL VALUES
CHOLESTEROL (serum)	: 141	MG/DL	Male : 120 - 240 Female : 110 - 230
TRIGLYCERIDE (serum)	: 52	MG/DL	0 - 150
HDL (serum)	: **41**	MG/DL	Male: : 42 - 79.5 Female: : 42 - 79.5
LDL (serum)	: 98	MG/DL	0 - 130
VLDL (serum)	: 10.40	MG/DL	5 - 51
CHOLESTROL/HDL RATIO	: 3.44		Male : 1.0 - 5.0 Female: : 1.0 - 4.5
LDL/HDL RATIO	: **2.39**		Male : <= 3.6 Female : <=3.2

NCEP Guidelines

	Desirable	Borderline	Undesirable
Total Cholesterol (mg/dl)	**Below 200**	**200-240**	**Above 240**
HDL Cholesterol (mg/dl)	**Above 60**	**40-59**	**Below 40**
Triglycerides (mg/dl)	**Below 150**	**150-499**	**Above 500**
LDL Cholesterol (mg/dl)	**Below 130**	**130-160**	**Above 160**

Suggested to repeat lipid profile with low fat diet for 2-3 days prior to day of test and abstinence from alcoholic beverages if applicable.
Cholesterol & Triglycerides reprocessed , & confirmed.

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PARAMETER NAME	RESULT VALUE	UNIT	NORMAL VALUES

ENDOCRINOLOGY

TFT (THYROID FUNCTION TEST)

T3-Total (Tri iodothyronine)	:	1.09	ng/mL	0.970 - 1.69
T4 - Total (Thyroxin)	:	10.6	µg/dL	5.53 - 11.0
Thyroid Stimulating Hormones (Ultra TSH)	:	**5.51**	µIU/mL	0.465 - 4.68

NOTE:-

Three common ways in which there may be inadequate amounts of the thyroid harmone for normal metabolism. Primary hypothyroidism, in which there is a raised TSH & a low T3. This is due to failure of the thyroid land, possibly due to autoantibody disease, possibly due to toxic stress or pos due to iodine deficiency. The second, the most common cause of thyroid failure, occurs at the pituitary level. In this condition thre is inadequte thy stimulating harmone (TSH) produced from the pituitary and so one tends to see low or normal TSH, low T4s and variable T3s. This condition is m common in many patients with chronic fatigue syndrome, where there is a general suppression of the hypothalamic-pituitary-adrenal axis. The thir type of under-functioning is due to poor conversion of there are normal or possibly slightly raised levels of TSH, normal levels of T4 but low levels thyroid problem routinely TSH, a Free T4 and a Free T3 are also advisable. Any patients who are yaking T3 as part of their thyroid supplement ne have their T3 levels monitored as well as T4. T3 is much more quickly metabolized than T4 and blood tests should be done between 4-6 hours af their morning dose.

The Guideline for pregnancy reference ranges for total T3, T4 , Ultra TSH Level in pregnancy

	Total T3	Total T4	Ultra TSH
First Trimester	0.86 - 1.87	6.60 - 12.4	0.30 - 4.50
2 nd Trimester	1.0 - 2.60	6.60 - 15.5	0.50 - 4.60
3 rd Trimester	1.0 - 2.60	6.60 - 15.5	0.80 - 5.20

The guidelines for age related reference ranges for T3,T4,& Ultra TSH

Total T3	Total T4	Ultra TSH
Cord Blood 0.30 - 0.70	1-3 day 8.2-19.9	Birth- 4 day: 1.0-38.9
New Born 0.75 - 2.60	1 Week 6.0-15.9	2-20 Week : 1.7-9.1
1-5 Years 1.0-2.60	1-12 Months 6.8 - 14.9	20 Week- 20 years 0.7 - 6.4
5-10 Years 0.90 - 2.40	1-3 Years 6.8-13.5	
10-15 Years 0.80 - 2.10	3-10 Years 5.5-12.8	

END OF REPORT

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CLINICAL PATHOLOGY

PARAMETER NAME	RESULT VALUE	UNIT	NORMAL VALUES
URINE ROUTINE			
PHYSICAL EXAMINATION			
QUANTITY	: 25	ML	
COLOUR	: PALE YELLOW		
APPEARANCE	: SLIGHTLY HAZY		
REACTION	: ACIDIC		
SPECIFIC GRAVITY	: 1.030		
CHEMICAL EXAMINATION			
PROTEIN	: ABSENT		
SUGAR	: ABSENT		
KETONES	: ABSENT		
BILE SALTS	: ABSENT		
BILE PIGMENTS	: ABSENT		
UROBILINOGEN	: NORMAL		
MICROSCOPIC EXAMINATION			
PUS CELLS	: 0-1	/hpf	
RBC CELLS	: 6-8	/ hpf	
EPITHELIAL CELLS	: 0-1	/hpf	
CASTS	: ABSENT	/hpf	
CRYSTALS	: ABSENT		
OTHER FINDINGS	: ABSENT		
BACTERIA	: ABSENT		

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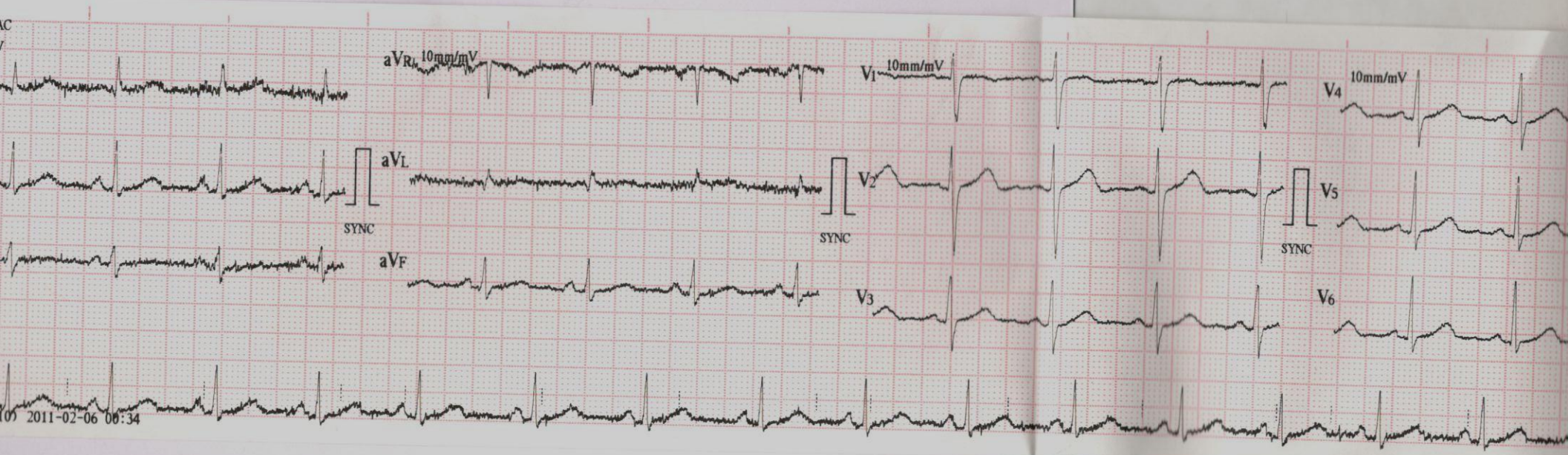

aVR
10mm/mV
V1
10mm/mV
V4
10mm/mV
aVL
SYNC
V2
SYNC
V5
SYNC
aVF
V3
V6
2011-02-06 00:34

Pacemaker

MAHSADE , PRANITA
Patient ID 21321
28.05.2022 Female
14:46:17 31yrs
Meds:

Test Reason: Screening for CAD
Medical History: NO HISTORY.

Ref. MD: Ordering MD:
Technician: RUPALI Test Type: Treadmill Stress Test
Comment:

LOREA HEALTHCARE PVT LTD

BRUCE: Total Exercise Time 07:29
Max HR: 144 bpm 76% of max predicted 189 bpm HR at rest: 85
Max BP: 150/92 mmHg BP at rest: 110/75 Max RPP: 19880 mmHg*bpm
Maximum Workload: 6.60 METS
Max. ST: -0.11 mV, 0.00 mV/s in II; EXERCISE STAGE 3 06:30
Arrhythmia: A:10
ST/HR index: 1.14 µV/bpm
Reasons for Termination: Fatigue
Summary: Resting ECG: normal. Functional Capacity: normal. HR Response to Exercise: appropriate. BP Response to Exercise: normal resting BP - appropriate response. Chest Pain: none. Arrhythmias: none. ST Changes: none. Overall impression: Normal stress test.
Conclusion: GOOD EFFORT TOLERANCE
MAX HR ACHIEVED
NORMAL BP RESPONSE
NO SIGNIFICANT ST-T CHANGES NOTED FOR THE GIVEN WORKLOAD

STRESS TEST IS NEGATIVE FOR INDUCIBLE ISCHEMIA

DR. RAJDATT DEORE
MD,DM-CARDIOLOGIST
MMC 2005/03/1520

Phase Name	Stage Name	Time in Stage	Speed (km/h)	Grade (%)	Workload (METS)	HR (bpm)	BP (mmHg)	RPP (mmHg*bpm	VE (/min)	ST Level (II mV)	Comment
PRETEST	SUPINE	00:23	0.00	0.00	1.0	82	110/75	9020	0	0.03	
	STANDING	00:16	0.00	0.00	1.0	84			0	0.03	
	HYPERV.	00:50	0.00	0.00	1.0	83	110/75	9130	0	0.03	
EXERCISE	STAGE 1	03:00	1.70	10.00	3.2	121	110/75	13310	0	-0.01	
	STAGE 2	03:00	2.50	12.00	4.7	134	135/85	18090	0	-0.06	
	STAGE 3	01:30	3.40	14.00	6.6	144	140/88	20160	0	-0.06	
RECOVERY		02:20	0.00	0.00	1.0	88	150/92	13200	0	-0.01	

MAHSADE , PRANITA
Patient ID 21321
28.05.2022
14:57:25

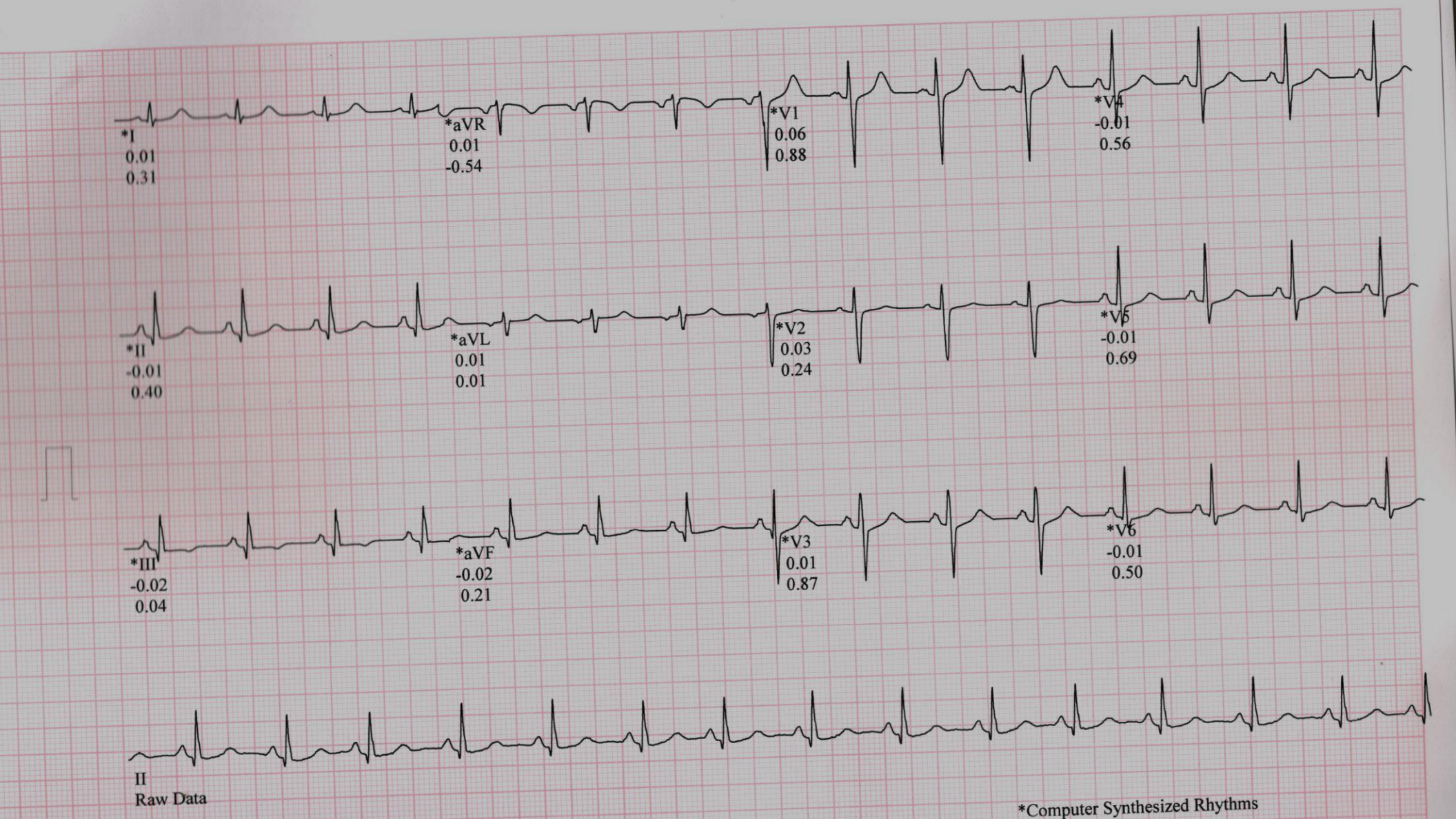
88 bpm
150/92 mmHg

Linked Medians
RECOVERY
#1
02:13

BRUCE
0.0 km/h
0.0 %

LOREA HEALTHCARE PVT LTD

Lead
ST Level (mV)
ST Slope (mV/s)



*Computer Synthesized Rhythms

GE CardioSoft V6.61 (2)
25 mm/s 10 mm/mV 50Hz 0.01Hz FRF+ HR(V2,V1)

Start of Test: 14:46:17

RADIOVISION
DIAGNOSTICS
Accurate Diagnosis! Affordable Price!

PT. NAME:	MRS. PRANITA MHASADE	AGE/SEX	30 YRS/F
REF BY DR:	AiMS HOSPITAL	DATE:	28/05/2022

USG OF ABDOMEN & PELVIS

Liver

- Liver appears normal in size measures, shape & parenchymal echo pattern.
- No focal parenchymal abnormality is noted.
- IHBR & IHPR appear normal.
- Caudate lobe normal in size.
- IVC & Hepatic veins appear normal in course and calibre.

Main Portal vein-

- Main portal vein with its right and left branch appears normal in course and calibre and shows normal hepatopetal flow and velocity on colour Doppler.
- No evidence of portal hypertension in present scan.

Common bile duct

- CBD appears normal in course and calibre.
- No evidence of CBD stone/ obstruction of CBD.

Gall bladder

- Gall bladder is partially distended with a normal wall thickness.
- No e/o calculus or mass lesion.
- No evidence of wall thickening or peri –cholecystic free fluid noted at present scan.

Pancreas

- Pancreas appears normal in size, shape and echo pattern.
- No focal lesion seen.
- No evidence of pancreatic inflammation or peri pancreatic fluid collection.

Spleen

- Spleen appears normal in size, shape and echo pattern.
- No focal lesion seen.

RADIOVISION
DIAGNOSTICS
Accurate Diagnosis! Affordable Price!

PT. NAME:	MRS. PRANITA MHASADE	AGE/SEX	30 YRS/F
REF BY DR:	AiMS HOSPITAL	DATE:	28/05/2022

Right Kidney

- Right kidney appears normal in size, shape and echo pattern with maintained C-M differentiation.
- Renal cortical surface appears regular.
- No obvious renal calculus or hydronephrosis.

Left Kidney

- Left kidney appears normal in size, shape and echo pattern with maintained C-M differentiation.
- Renal cortical surface appears regular.
- No obvious hydronephrosis.
- **Calculus measuring about 3.5mm is noted at interpolar region of left kidney.**

Urinary bladder

- Urinary bladder is distended and shows normal wall thickness.
- No focal lesion seen.

Uterus and ovaries

- Uterus appears anteverted normal in size, (measures 8.5 x 4.8x 4.2 cm) shape and echo pattern. ET measures 7 mm.
- Both ovaries appear normal.
- No evidence of PCID, endometriosis, adenomyosis, uterine fibroid in present scan.
- No free fluid seen in POD.

Bowel loops and abdominal lymphadenopathy.

- Visualized bowel loops are non-dilated and show normal peristalsis.
- No evidence of abdominal lymphadenopathy.
- No free fluid in abdomen and pelvis.

RADIOVISION
DIAGNOSTICS
Accurate Diagnosis! Affordable Price!

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IMPRESSION: **Ultrasound abdomen and pelvis reveals,**

- **Left renal calculus.**
- **No other significant abnormality.**

Dr. Tushar Somwanshi
MD (Radiodiagnosis)
Consultant Radiologist
(Note: This modality is having its limitations and the report should be correlated with clinical and other relevant patient data)