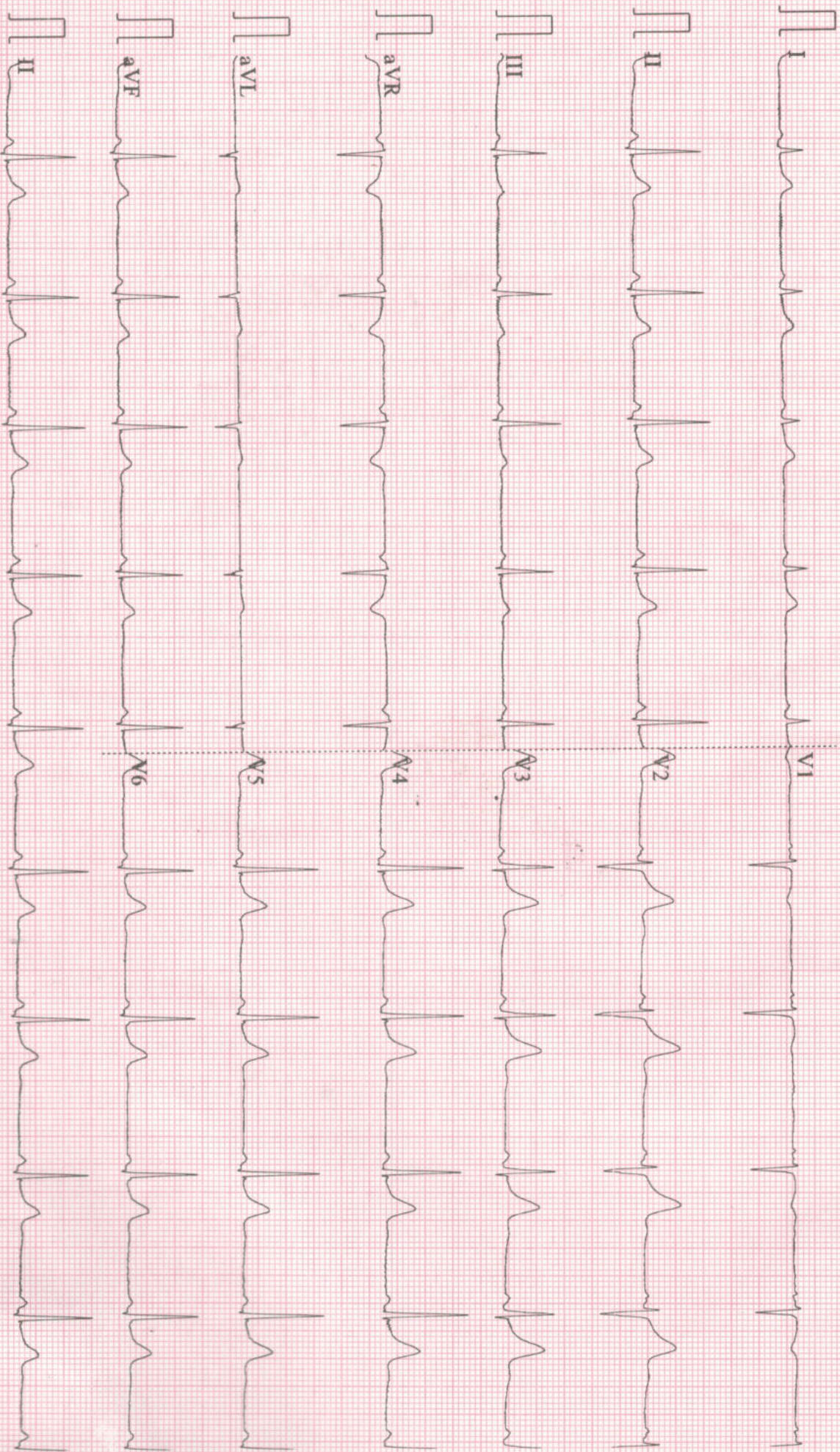


ID: 252  
ANUSHUKUMARI  
Female 29Years

18-07-2023 11:53:46  
HR : 56 bpm  
P : 30 ms  
PR : 110 ms  
QRS : 82 ms  
QT/QTc : 385/374 ms  
P/QRS/T : 65/73/54 °  
RV5/SV1 : 1.432/0.773 mV

Diagnosis Information:  
Sinus Bradycardia with Sinus Arrhythmia  
Short PR Interval

Report Confirmed by:





# 24 Hours Pathology Laboratory

G/F - 17, 18, 20, Kalpvruksh, Nr. Gotri Medical College, Gotri Main Road, Vadodara - 390 021.  
(M) 96620 53260 / 72288 66487

BRANCH : Ground Floor C-64, Nutan Maheshwar Nagar, Opp. Indusind Bank, Subhanpura, Vadodara 390023.  
(M) 7490053260 / 8511153260



## TEST REPORT

Reg. No : 2307101642

Reg. Date : 18-Jul-2023

Name : ANSHU KUMARI

Collected On : 18-Jul-2023

Age : 29 Years Sex : Female

Ref. By :

Location : Unity Health Checkup

Disp. At :

Parameter	Result	Unit	Biological Reference Interval
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### COMPLETE BLOOD COUNT (CBC)

SPECIMEN: EDTA BLOOD

Hemoglobin (SLS method)	11.6	g/dL	12.0 - 16.0
RBC Count (Electrical Impedance)	4.32	million/cmm	3.9 - 5.4
Hematocrit- HCT (Elec. Impedance)	37.10	%	35 - 54
WBC Count (Flowcytometry)	6840	/cmm	4000 - 10500
Platelet Count (Electrical Impedance)	168000	/cmm	150000 - 450000
MCV (Calculated)	85.9	fL	80 - 96
MCH (Calculated)	26.9	Pg	27 - 33
MCHC (Calculated)	31.3	%	32 - 36

### DIFFERENTIAL WBC COUNT (Manual By Microscopy)

Neutrophils (%)	69	%	45 - 75
Lymphocytes (%)	25	%	20 - 40
Monocytes (%)	5	%	1 - 10
Eosinophils (%)	1	%	1 - 4
Basophils (%)	0	%	0 - 1

### ERYTHROCYTE SEDIMENTATION RATE

ESR (After 1 hour)	14	mm/hr	0 - 20
RDW (Calculated)	13.7	%	11.7 - 14.4
MPV	14.1	%	7.5 - 12.0

By Fully Automated 5 Part Differential Cell Counter Sysmex XN 350

-----End Of Report-----

Approved by: Dr. Tushar Sonaiya  
M.D.  
Reg. No. 15158



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### BLOOD GROUP & RH

SPECIMEN: EDTA AND SERUM; METHOD: HAEMAGGLUTINATION

#### Blood Group

ABO 'O'

Rh (D) Positive

-----End Of Report-----

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### PERIPHERAL BLOOD SMEAR EXAMINATION

SPECIMEN: PERIPHERAL BLOOD SMEAR & EDTA BLOOD

#### PERIPHERAL SMEAR EXAMINATION

RBC Morphology RBC are normochromic normocytic.

WBC Morphology Normal morphology

Platelets Platelets are adequate with normal morphology.

-----End Of Report-----

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### BIOCHEMISTRY

Fasting Blood Sugar (FBS)	90.40	mg/dL	65 - 110
Urine Glucose -F	Nil		
Post Prandial Blood Sugar (PP2BS)	128.50	mg/dL	65 - 140
Urine Glucose- PP	Nil		
UREA	24.80	mg/dL	10 - 40
Creatinine	0.66	mg/dL	0.6 - 1.40

-----End Of Report-----

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### THYROID FUNCTION TEST

T3 (Triiodothyronine)	1.94	ng/mL	0.7 - 2.04
T4 (Thyroxine)	10.20	mIU/mL	4.5 - 10.9
TSH	5.111	µIU/ml	0.4 - 4.2

Thyroid stimulating hormone (TSH) is synthesized and secreted by the anterior pituitary in response to a negative feedback mechanism involving concentrations of FT3 (free T3) and FT4 (free T4). Additionally, the hypothalamic tripeptide, thyrotropin-releasing hormone (TRH), directly stimulates TSH production. TSH stimulates thyroid cell production and hypertrophy, also stimulate the thyroid gland to synthesize and secrete T3 and T4.

Quantification of TSH is significant to differentiate primary (thyroid) from secondary (pituitary) and tertiary (hypothalamus) hypothyroidism. In primary hypothyroidism, TSH levels are significantly elevated, while in secondary and tertiary hypothyroidism, TSH levels are low.

-----End Of Report-----

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### URINE ROUTINE EXAMINATION

#### PHYSICAL EXAMINATION

Quantity	10 cc
Colour	Pale Yellow
Clarity	Clear

#### CHEMICAL EXAMINATION (BY REFLECTANCE PHOTOMETRIC METHOD)

pH	6.5	4.6 - 8.0
Sp. Gravity	1.020	
Protein	Nil	
Glucose	Nil	
Ketone Bodies	Nil	
Urobilinogen	Nil	
Bilirubin	Nil	
Nitrite	Nil	
Blood	Nil	

#### MICROSCOPIC EXAMINATION (MANUAL BY MICROSCOPY)

Leucocytes (Pus Cells)	1-2/hpf
Epithelial Cells	1-2/hpf
Erythrocytes (Red Cells)	Nil
Amorphous Material	Nil
Casts	Nil
Crystals	Nil
Bacteria	Nil

-----End Of Report-----

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Parameter	Result	Unit	Biological Reference Interval
<b>LIPID PROFILE</b> SPECIMEN: SERUM SAMPLE			
Cholesterol	157.80	mg/dL	Desirable : < 200.0 Borderline High: 200-239 High : >240
Triglyceride	105.60	mg/dL	Normal : < 150.0 Borderline : 150-199 High : 200-499 Very High : > 500.0
VLDL	21.12	mg/dL	7 - 40
LDL	92.88	mg/dL	Optimal : < 100.0 Near / above optimal : 100-129 Borderline High : 130-159 High : 160-189 Very High : >190.0
HDL Cholesterol	<b>43.80</b>	mg/dL	Low : < 40 High : > 60
Cholesterol /HDL Ratio	3.60		0 - 5.0
LDL / HDL RATIO	2.12		0 - 3.5

-----End Of Report-----

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## TEST REPORT

**Reg. No** : 2307101642  
**Name** : ANSHU KUMARI  
**Age** : 29 Years **Sex** : Female  
**Ref. By** :  
**Location** : Unity Health Checkup  
**Disp. At** :

**Reg. Date** : 18-Jul-2023  
**Collected On** : 18-Jul-2023

<u>Parameter</u>	<u>Result</u>	<u>Unit</u>	<u>Biological Reference Interval</u>
<b>LIVER FUNCTION TEST</b>			
Total Protein	6.78	g/dL	6.3 - 7.8
Albumin	3.59	g/dL	3.4 - 5.0
Globulin	3.19	g/dL	2.3 - 3.5
A/G Ratio	1.13		0.8 - 2.0
SGOT	25.40	U/L	5 - 50
SGPT	30.00	U/L	5 - 50
Alakaline Phosphatase	89.60	U/L	42 - 141
Total Bilirubin	0.71	mg/dL	0 - 1.4
Direct (Conjugated) Bilirubin	0.32	mg/dL	0.0 - 0.6
Indirect (Unconjugated) Bilirubin	0.39	mg/dL	0.0 - 1.1

-----End Of Report-----

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### HEMOGLOBIN A1 C ESTIMATION

SPECIMEN: BLOOD EDTA

Hb A1C	5.10	% of Total Hb	>8 : Action Suggested , 7-8 : Good Control , <7 : Goal , 6-7 : Near Normal Glycemia, <6 : Non-diabetic Level
Mean Blood Glucose	99.67	mg/dL	

#### Criteria for the diagnosis of diabetes

1. HbA1c  $\geq$  6.5\*

Or

2. Fasting plasma glucose  $\geq$  126 mg/dL. Fasting is defined as no caloric intake at least for 8 hrs.

Or

3. Two hour plasma glucose  $\geq$  200 mg/dL during an oral glucose tolerance test by using a glucose load containing equivalent of 75 gm anhydrous glucose dissolved in water.

Or

4. In a patient with classic symptoms of hyperglycemia or hyperglycemic crisis, a random plasma glucose  $\geq$  200 mg/dL.

\*In the absence of unequivocal hyperglycemia criteria 1 - 3 should be confirmed by repeat testing.

American diabetes association. Standards of medical care in diabetes 2011. Diabetes care 2011;34:S11.

#### Limitation of HbA1c

1) In patients with Hb variants even analytically correct results do not reflect the same level of glycemic control that would be expected in patients with normal population.

2) Any cause of shortened erythrocyte survival or decreased mean erythrocyte survival or decreased mean erythrocyte age eg. hemolytic diseases, pregnancy, significant recent/chronic blood loss etc. will reduce exposure of RBC to glucose with consequent decrease in HbA1c values.

3) Glycated HbF is not detected by this assay and hence specimens containing high HbF (>10%) may result in lower HbA1c values than expected.

-----End Of Report-----

Approved by: Dr. Tushar Sonaiya  
M.D.  
Reg. No. 15158

## 2D ECHOCARDIOGRAPHY AND COLOR DOPPLER REPORT

PATIENT NAME- ANUSH KUMARI

AGE/GENDER- 29 YR/FEMALE

DATE-18/07/2023

DOCTOR – DR. CHIRAG RATHOD

### M.MODE STUDY

LA-	2.9cm	IVS-	1.2cm	PWD- 1.58cm
AO-	2.8cm	LVDs-	2.5 cm	LVDD-4.0 cm

### DOPPLER STUDY:

MITRAL VALVE:	E: A -1.1
AORTIC VALVE PGmax	6 mm/hg
TRICUSPID VALVE PGmax	13 mm/hg
PULMONARY VALVE:	NO PR

### CONCLUSION:

- LV FUNCTION : Normal LV systolic function,
- LVEF :65%
- RWMA : No RWMA
- CARDIAC CHAMBERS : Normal LV/LA/RA and RV size
- DIASTOLIC FUNCTION : NO DISTOLIC DYSFUNCTION
- TR : 13 mmhg, NO TR      PAH : No PAH      RVSP :23mmhg
- NORMAL AORTIC AND MITRAL VALVES.
- NO MR/NO MS,NO AR/NO AS
- NO CLOT,NO VEGETATIONS
- NO PERICARDIAL EFFUSION.

**UNITY MULTISPECIALITY HOSPITAL**  
Rajesh Tower Road,  
Near Harinagar Cross Roads,  
SIGN- Gotri, Vadodara-390021.

NAME-Dr CHIRAG RATHOD, MD



- High Resolution Ultrasonography
- Colour Doppler
- All Pregnancy Scan
- 3D - 4D Imaging
- Digital X-ray

**NAME : ANSHU KUMARI**  
**DATE : 18-07-2023**

**AGE : 29 YRS/FEMALE**

### USG SCREENING OF WHOLE ABDOMEN

**Liver** – appears normal in size, normal shape and shows normal echo pattern, No obvious mass lesion detected. Intrahepatic biliary radicles show no dilatation.

Portal vein is patent and normal in size. Visualized part of CBD is normal in diameter.

**Gall bladder** is partially distended and appears normal, no calculus or wall edema/thickening.

**Spleen** appears normal in size and echotexture, no evidence of focal lesion.

**Pancreas** – visualized part of pancreas appears normal in size and echotexture. No evidence of pancreatic duct dilatation or calcification. No evidence of peri pancreatic fluid collection.

**Right Kidney** : 8.3 x 3.8 cm in size

**Left Kidney** : 8.8 x 4.3 cm in size

Both kidneys show normal size, position and cortical echogenicity.

Corticomedullary differentiation is preserved bilaterally.

No obvious renal calculus or hydronephrosis detected.

**Urinary bladder** is partially distended. No calculus or diverticulum or urinary bladder wall thickening seen. Bilateral VUJ are clear.

Note made of simple functional cyst / dominant follicles seen in the right ovary. It measures 2.3 x 2.2 cm.

No evidence of obvious small bowel wall thickening or dilatation. Large bowel loops are gaseous. No evidence of pre or para aortic abnormal lymphadenopathy.

No omental thickening, free fluid or abnormal morphology mesenteric lymph nodes seen in right iliac fossa.

No evidence of intraperitoneal free fluid seen. No evidence of pleural effusion.

Kindly correlate clinically.

### IMPRESSION:

No significant structural abnormality seen in present abdominal sonogram.

**DR ASHISH BHALODIYA**  
Consultant Radiologist.