

5 Seconds ECG Report

Patient Name Mrs. deepika 35/F

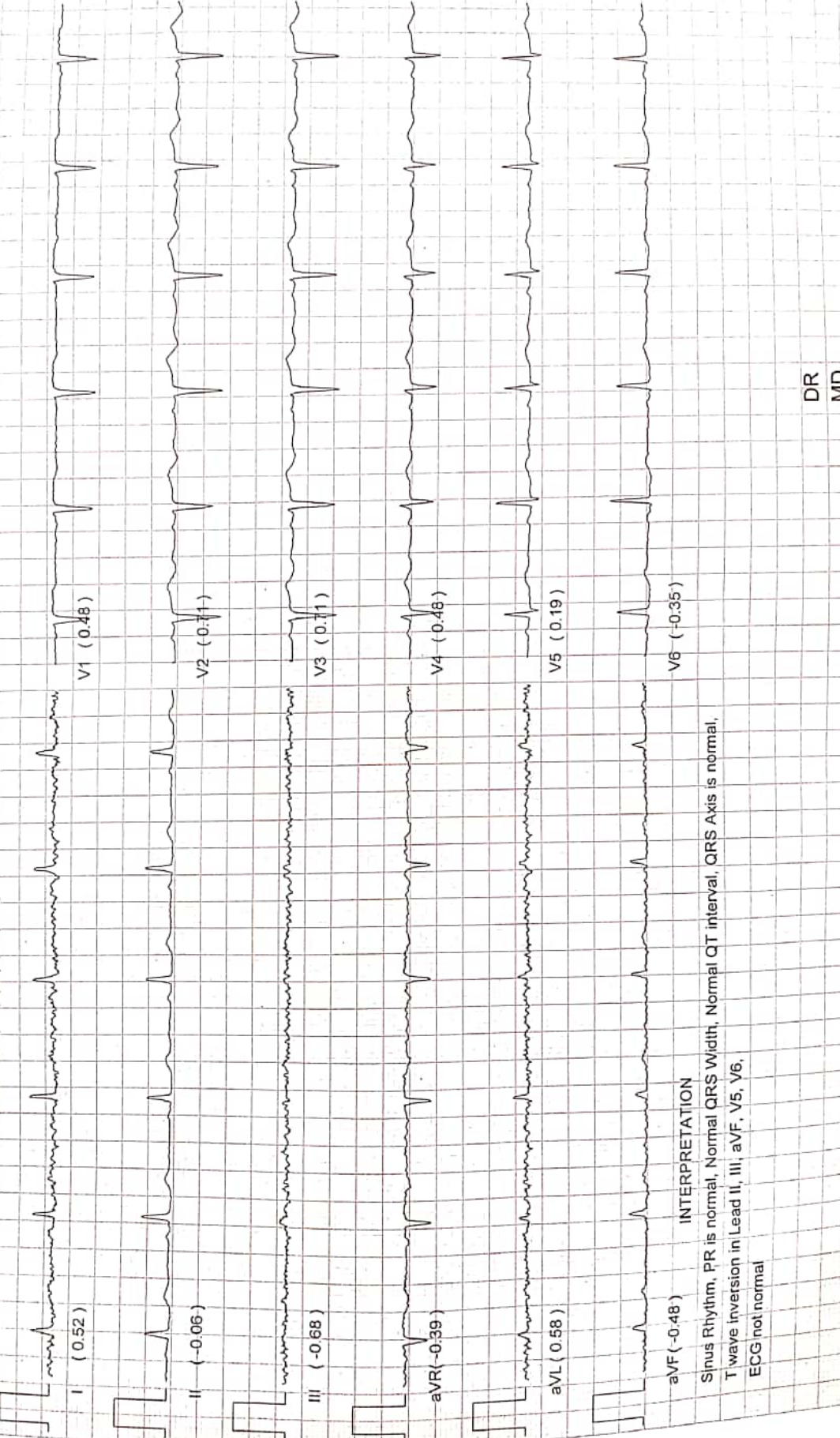
October 09, 2022
Time: 10:28:18

P-QRS-T Axis (-17) (-29) (-38) deg

PR Interval: 0.12 sec
QRS Duration: 0.064 Sec

RR Interval: 0.81 sec

HR : 73 bpm BP : 0 / 0 mmHg



INTERPRETATION

Sinus Rhythm, PR is normal, Normal QRS Width, Normal QT interval, QRS Axis is normal,
T wave inversion in Lead II, III, aVF, V5, V6,
ECG not normal

DR
MD

*Unconfirmed Reporting, Refer to Clinician

10mm/mv, 25mm/sec NASAN Simul-G BL U 4.6/1.13

NAME	: MRS. DEEPIKA DOSAYA	DATE	: 9-10-2022
AGE	: 34	LAB NO.	: ---
SEX	: FEMALE	REF BY	:

INTERPRETATION SUMMARY

- . NORMAL CHAMBER DIMENSIONS
- . INTACT IAS/ IVS
- . ALL VALVES ARE NORMAL.
- . MILD TR , TRACE MR
- . RVSP 30 MM HG
- . NO RWMA : LVEF 65 %
- . NO CLOT, VEGETATION.
- . NO PERICARDIAL EFFUSION
- . NORMAL PERICARDIUM

M.MODE/2D MEASUREMENTS (MM) & CALCULATIONS (ML)

LVID d	40.9	LVEDV	
LVID s	26.4	LVESV	
RVID(d)	---	SV	-
IVS d	9.0	F.S	35%
IVS S	12.7	EF	65%
LVPW d	8.7	C.O	-
LVPWS	12.4	MITRAL VALVE	-
AORTIC ROOT	25.8	EF SLOPE	-
LEFT ATRIUM	26.8	OPENING AMPLITUDE	-
AORTIC CUSP OPENING	-	E.P.S.S	-

DOPPLER MEASUREMENTS & CALCULATIONS:

STRUCTURE	MORPHOLOGY	VELOCITY (cm/sec.)	GRADIENT P/M	REGURGITATION
MITRAL VALVE	NORMAL	E- 129 A- 70	-	TRACE
TRICUSPID VALVE	NORMAL	229	-	MILD
PUL VALVE	NORMAL	101	-	NIL
AORTIC VALVE	NORMAL	120	-	NIL

PULMONARY ARTERY	MITRAL VALVE AREA (BY P 1/2 T)
PEAK ACCELERATION TIME	PRESSURE HALF TIME
SYSTOLIC PRESSURE 30 MM HG	MVA

Dr. DEVENDRA GOYAL (M.B.B.S., M.D.)
Consultant Radiologist & Sonologist
RMC No.-004250 / 15000

भ्रूण लिंग परिक्षण करवाना जघन्य अपराध है। इसकी शिकायत 104 टोल फ्री सेवा पर की जा सकती है।

ALTER TMT ECHOCARDIOGRAPHY SPIROMETRY DIGITAL X-RAY BMD OPG MAMMOGRAPHY CLINICAL LAB. PAP SMEAR FNAC
DIAGNOSIS, FINDING SHOULD ALWAYS BE CO-RELATED WITH THE CLINICAL AND OTHER INVESTIGATION FINDING WHERE APPLICABLE THIS REPORT IN NOT MEANT FOR MEDICO-LEGAL PURPOSE

Consultant Radiologist & Sonologist

Dr. Roopa Goyal

MD (Radio-Diagnosis)

GOYAL
DIAGNOSTICS
4-D ULTRASOUND * COLOUR DOPPL

SHOP NO. 16-17, 1ST FLOOR SHOPPING CENTRE, OPP. JLN HOSPITAL, AJMER -305 001 PHONE : 2428948

USG- ABDOMEN-PELVIS

NAME - Mrs. Deepika Dosaya	AGE -- 34 Yrs	Date -- 9-10-2022
REF BY --		

LIVER- RT lobe measures 14.9 cm in size.
Enlarged in Size .Margins are regular.
IHBR and HV are not dilated.
No Evidence Of any Focal Lesion Seen

PORTAL VEIN AND CBD NOT DILATED.

GALL BLADDER- Normal distension of lumen is seen.
Walls are not thick.
Lumen is clear.

PANCREAS- Normal in size , shape and position .
Parenchyma is homogenous .

SPLEEN- Normal Parenchyma is homogenous.
Splenic vein is not dilated.

RT.KIDNEY- Normal in size, shape and position
Cortex is homogenous. Corticomedullary differentiation is maintained.
pelvicalyceal system is Not dilated.

LT. KIDNEY: Normal in size, shape and position.
Cortex is homogenous. Corticomedullary differentiation is maintained.
pelvicalyceal system is not dilated.

URINARY BLADDER: Lumen is fully distended . Walls are not thickened.

UTERUS: Normal In SizeShape And Position
Myometrium is homogenous and normal in thickness.
Endometrium Is Normal

RT. OVARY: Normal in Size
No evidence of any focal mass is seen.

LT. OVARY: Normal in Size
No evidence of any focal mass is seen
No Free Fluid Seen In The Cul De Sac

IMPRESSION: Hepatomegaly

ADV:CLINICAL CORRELATION AND FURTHER INVESTIGATION.

Dr. DEVENDRA GOYAL (M.B.S., M.D.)
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RMC No.-004260/15000

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IAME- MRS. DEEPIKA DOSAYA AGE- 34 yrs DATE—9-10-2022

REF.BY —

SKIAGRAM CHEST PA VIEW

BOTH CP ANGLES ARE CLEAR
CARDIAC SIZE IS WITHIN NORMAL LIMITS
BOTH LUNG FIELDS ARE CLEAR

NAD IN HEART AND LUNGS

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Government of Rajasthan
Certificate of Registration

RJ NT

Reg. No. **RJ01SS8453** Date of Reg. **09/04/2012** Reg. Validity **08/04/2027**

Chassis No. **MBLJF16EDCGC33937**

Engine No. **JF16EBCGC32748**

Owner Sr. No. **02**

TO



Fuel Used
PETROL

Owner Name
DEEPIKA DOSAYA
Son/Daughter/Wife of
W/O NEERAJ AMARWAL

Address
**311/26, NEAR MAHILA MANDAL GALI NO.
1, RAMGANJ Ajmer RJ 305001**

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4-D ULTRASOUND * COLOUR DOPPLER

SHOP NO. 16-17, 1ST FLOOR SHOPPING CENTRE, OPP. JLN HOSPITAL, AJMER -305 001 PHONE : 2428948

Patient Name : MRS. DEEPIKA DOSAYA

Age / Gender : 34 years / Female

Endo ID : 90152

Organization : Goyal Diagnostics Profile

Referral : MEDIWHEEL



Collected Date & Time : Oct 09, 2022, 12:34 p.m.

Reported Date & Time : Oct 09, 2022, 01:18 p.m.

Sample ID :



222820049

Test Description	Value(s)	Unit(s)	Reference Range
<u>BIOCHEMISTRY</u>			
<u>LIPID PROFILE</u>			
Cholesterol Total Method : ENZYMATIC COLORIMETRIC METHOD CHOD - POD	133.5	mg/dL	130 -250
Triglycerides Method : ENZYMATIC COLORIMETRIC	65.7	mg/dL	60 -170
HDL Cholesterol Method : PHOSPHOTUNGSTIC ACID	46.6	mg/dL	Normal: 40-60 Major Risk for Heart: > 60
VLDL Cholesterol Method : Calculated	13.14	mg/dL	6 - 38
LDL Cholesterol Method : Calculated	73.76	mg/dL	Optimal < 100 Near / Above Optimal 100-129 Borderline High 130-159 High 160-189 Very High >or = 190
CHOL/HDL Ratio Method : Calculated	2.86		2.6-4.9
LDL/HDL Ratio Method : Calculated	1.58		0.5-3.4

END OF REPORT

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Sample ID :



222820049



Test Description	Value(s)	Unit(s)	Reference Range
IMMUNOLOGY			
T3-Triiodothyronine Method : CHEMILUMINOSCECE	1.00	ng/dL	0.60-1.81
T4-Thyroxine Method : CHEMILUMINOSCECE	8.0	ug/dL	4.5 -10.9
TSH -ULTRA SENSITIVE Method : CHEMILUMINOSCECE	3.02	uIU/mL	0.35-5.50

Interpretation:

TSH measurement is useful in screening and diagnosis for euthyroidism, hyperthyroidism and hypothyroidism. TSH levels may be affected by acute illness and drugs like doapmine and glucocorticoids. Low or undetectable TSH is suggestive of graves disease TSH between 5.5 to 15.0 with normal T3 T4 indicates impaired thyroid hormone or subclinical hypothyroidism or normal T3 T4 with slightly low TSH suggests subclinical Hyperthyroidism. TSH suppression does not reflect severity of hyperthyroidism therefore , measurement of FT3 FT4 is important. FreeT3 is first hormone to increase in early Hyperthyroidism. Only TSH level can prove to be misleading in patients on treatment. Therefore FreeT3 , FreeT4 along with TSH should be checked.

****END OF REPORT****

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Test Description	Value(s)	Unit(s)	Reference Range
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HAEMATOLOGY

HbA1c (GLYCOSYLATED HEMOGLOBIN)
BLOOD

5.6

%

> 8% Action Suggested

7 - 8 % Good Control

< 7% Goal

6 - 7 % Near Normal Glycemia

< 6% Normal level

Method : Nephelometry Methodology

Instrument: Mispa i2

Clinical Information:

Glycated hemoglobin measurement is not appropriate where there has been a change in diet or treatment within 6 weeks. Hence, people with recent blood loss, hemolytic anemia, or genetic differences in the hemoglobin molecule (hemoglobinopathy and Hb variants viz: HbS, HbC, HbE, HbD, elevated HbF, as well as those that have donated blood recently, are not suitable for this test. Conditions associated with false increased HbA1C values: HbF, Uremia, Lead Poisoning, Hypertriglyceridemia, Alcoholism, Opiate addiction, Iron deficiency state, Postsplenectomy, Hyperbilirubinemia, Chronic aspirin therapy. Conditions associated with false low HbA1C values: HbS, HbC, Hemolytic anemia, Pregnancy, Acute or chronic blood loss

AVERAGE BLOOD GLUCOSE

114.02

90 - 120 Very Good Control

121 - 150 Adequate Control

51 - 180 Sub-optimal Control

181 - 210 Poor Control

> 211 Very Poor Control

END OF REPORT

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BIOCHEMISTRY

RENAL FUNCTION TEST

Urea Method : Uricase	23.7	mg/dL	10 - 45
Creatinine Method : Serum, Jaffe	0.8	mg/dL	0.6 - 1.4
Uric Acid Method : Serum, Uricase	3.5	mg/dL	3.0 - 7.0
Calcium Method : ARSENASO with serum	8.5	mg/dl	8.6 - 10.2
Sodium Method : Ion-Selective Electrode with serum	139	mmol/L	135 - 145
Potassium Method : Ion Selective Electrode with serum	4.9	mmol/L	3.50 - 5.00
Chlorides Method : Ion-Selective Electrode with serum	104	mmol/L	98 - 106

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Test Description	Value(s)	Unit(s)	Reference Range
HAEMATOLOGY			
Hemoglobin (HB)	11.8	gm/dl	13.5 - 18.0
Erythrocyte (RBC) Count	4.04	mil/cu.mm	4.7 - 6.0
Packed Cell Volume (PCV)	34.5	%	42 - 52
Mean Cell Volume (MCV)	85.3	FL	78 - 100
Mean Cell Haemoglobin (MCH)	29.2	Pg	27 - 31
Mean Corpuscular Hb Conc. (MCHC)	34.3	g/dl	32 - 36
Red Cell Distribution Width (RDW)	13.9	%	11.5 - 14.0
Total Leucocytes Count (WBC)	7190	Cell/cu.mm	4000 - 10000
Neutrophils	66	%	40 - 80
Lymphocytes	30	%	20 - 40
Monocytes	03	%	2 - 10
Eosinophils	01	%	1-6
Basophils	00	%	0-1
Mean Platelet Volume (MPV)	9.8	fL	7.2 - 11.7
PCT	0.39	%	0.2 - 0.5
Platelet Count	397	10 ³ /ul	150 - 450

END OF REPORT

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4-D ULTRASOUND * COLOUR DOPPLER

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Patient Name : MRS. DEEPIKA DOSAYA

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Referral : MEDIWHEEL

Collected Date & Time : Oct 09, 2022, 12:34 p.m.

Reported Date & Time : Oct 09, 2022, 01:56 p.m.

Sample ID :



222820049



Test Description	Value(s)	Unit(s)	Reference Range
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BIOCHEMISTRY

IRON - SERUM	127	ug/dL	65 - 175
TOTAL IRON BINDING CAPACITY(TIBC)	366	ug/dL	228 - 428
FERRITIN	27.2	ng/mL	Male:22-322 Female:10-291
TRANSFERRIN SATURATION %	34.70	%	16 - 50

Method : Serum CLIA

Method : Calculated

INTERPRETATION

The serum iron test is used to measure the amount of iron that is in transit in the body – the iron that is bound to transferrin in the blood. Along with other tests, it is used to help detect and diagnose iron deficiency or iron overload. Testing may also be used to help differentiate various causes of anemia. The amount of iron present in the blood will vary throughout the day and from day to day. For this reason, serum iron is almost always measured with other iron tests, including ferritin, transferrin, and calculated total iron-binding capacity (TIBC) and transferrin saturation. Serum ferritin appears to be in equilibrium with tissue ferritin and is a good indicator of storage iron in normal subjects and in most disorders. In patients with some hepatocellular diseases, malignancies and inflammatory diseases, serum ferritin is a disproportionately high estimate of storage iron because serum ferritin is an acute phase reactant. In such disorders iron deficiency anemia may exist with a normal serum ferritin conc. In the presence of inflammation, persons with low serum ferritin are likely to respond to iron therapy.

Increased Levels -

Iron overload – Hemochromatosis, Thalassemia & Sideroblastic anemia

-Malignant conditions - Acute myeloblastic & Lymphoblastic leukemia, Hodgkin's disease & Breast carcinoma

-Inflammatory diseases - Pulmonary infections, Osteomyelitis, Chronic UTI, -Rheumatoid arthritis, SLE, burns, Acute & Chronic hepatocellular disease

Decreased Levels

-Iron deficiency anemia

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Test Description

Value(s)

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Sample ID :



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Test Description	Value(s)	Unit(s)	Reference Range
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BIOCHEMISTRY

C-Reactive Protein; CRP, SERUM **7.4** mg/L 0.0-6.0

Interpretation :

1. Measurement of CRP is useful for the detection and evaluation of infection, tissue injury, inflammatory disorders and associated diseases .
2. High sensitivity CRP (hsCRP) measurements may be used as an independent risk marker for the identification of individual at risk for future cardiovascular disease.
3. Increase in CRP values are non-Specific and should not be interpreted without a complete history.

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BIOCHEMISTRY

LIVER FUNCTION TEST

Bilirubin - Total	1.10	gm/dl	0.0 - 1.20
Bilirubin - Direct	0.20	mg/dL	0.0 - 0.3
Bilirubin - Indirect	0.90	mg/dL	0.1 - 1.0
Method : Calculated			
ASPARTATE AMINO TRANSFERASE (SGOT-AST)	30.1	U/L	5.0 - 40
Method : IFCC with Serum			
ALANINE AMINO TRANSFERASE (SGPT-ALT)	28.7	U/L	5.0 - 40.0
Method : IFCC with POD Serum			
Alkaline Phosphatase	98.50	U/L	MALE & FEMALE
Method : IFCC with Serum			4-15 YEAR: 54-369 U/L
			20-59 YEAR: 42-98 U/L
			>60 YEAR: 53-141 U/L
Total Protein	6.00	g/dL	6.0 - 8.0
Method : Biuret, with Serum			
Albumin	3.50	g/dL	3.4 - 5.5
Method : Tech; BCG with Serum			
Globulin	2.50	g/dL	1.5 - 3.5
Method : Calculated			
A/G Ratio	1.40		1.5 - 2.5
Method : Calculated			

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Test Description	Value(s)	Unit(s)	Reference Range
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BIOCHEMISTRY

Gamma GT	15	U/L	5-36
----------	----	-----	------

Method : G-Glutamyl-Carboxy-Nitroanilide

Interpretation

A high GGT level can help rule out bone disease as the cause of an increased ALP level, but if GGT is low or normal, then an increased ALP is more likely due to bone disease. Even small amounts of alcohol within 24 hours of a GGT test may cause a temporary increase in the GGT.

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Test Description

Value(s)

Unit(s)

Reference Range

HAEMATOLOGY

ESR

15

mm

0 - 20

END OF REPORT

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HAEMATOLOGY

BLOOD GROUP ABO AND RHTYPE

'B' POSITIVE

Method : Gel Technique & Tube Agglutination

Medical Remark :

The blood group done is forward blood group only. In case of any discrepancy kindly contact the lab

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Referral : MEDIWHEEL



Collected Date & Time : Oct 09, 2022, 12:34 p.m.

Reported Date & Time : Oct 09, 2022, 01:15 p.m.

Sample ID :



222820049

Test Description	Value(s)	Unit(s)	Reference Range
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BIOCHEMISTRY

Glucose fasting	82.6	mg/dL	70.0-110.0
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Method : Fluoride Plasma-F, Hexokinase

END OF REPORT

Dr. Nishi Prasad
M.D. (Patho.)