

MRS. MAMTA BAIRAGI

45 YEARS / FEMALE

BOB

22-07-2023

Height: 150 Cms

Weight: 52 Kg

BP: - 130/80 mmhg

Pulse: - 78/- Regular

BMI: - 23.1 kg/m<sup>2</sup>

EYE: - NORMAL

The Medical Examiner should record the findings under one of the following categories:-

1. FIT

2. UNFIT on account of

**Dr. D. S. Chhabra**  
M.B.B.S., M.D.  
Reg. No-5007

DR. D.S. CHHABRA

MBBS. MD.



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BANK OF BARODA

22-07-2023

**HEAMOGRAM**

Test Name	Results	Normal Range
Haemoglobin (HB)	13.3	11 - 16 gm%
R.B.C. Count	4.48	3.8 - 4.8 milli./cu.mm
PCV	40.6	36 - 46 %
MCV	90.63	80 - 98 fl
MCH	29.69	27 - 32 pg
MCHC	32.76	31.5 - 34.5 %
TOTAL WBC COUNT	6,700	4,000 to 11,000 /cu.mm
DIFFERENTIAL WBC COUNT	.	
Neutrophils	60	40 - 75 %
Lymphocytes	36	20 - 40 %
Monocytes	02	02 - 08 %
Eosinophils	02	01 - 05 %
Basophils	00	00 - 01 %
PLATELET COUNT	3.06	1.5 - 4 Lacs/cu.mm.
E.S.R	11	M- 0-10 at the end of 1 hr. F- 0-20 at the end of 1 hr

  
**Dr. POOJA PRAPANNA**

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M.D.

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**LIPID PROFILE**

Test Name	Results	Normal Range
TOTAL LIPIDS	671	400 - 700 mg/dl
CHOLESTROL	248.0	<200 mg/dl- Desirable 200 - 239 mg/dl - Borderline High >240 Mg/dl High
HDL CHOLESTROL	39.0	35- 60 mg/dl
TRIGLYCERIDE	125.0	<150 mg/dl Normal 150 - 199 mg/dl Borderline High 200 - 499 mg/dl High
LDL CHOLESTROL	184	<100 mg/dl Optimal 100- 129 mg/dl Borderline high 160 - 189 mg/dl High
VLDL CHOLESTROL	25	<40 mg/dl
RISK RATIO	6.36	3 - 6

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**BIOCHEMISTRY**

Test Name	Results	Normal Range
SERUM BILIRUBIN	:-	
TOTAL BILIRUBIN	0.89	0 - 1 mg/dl
DIRECT BILIRUBIN	0.17	<0.25 mg/dl
INDIRECT BILIRUBIN	0.72	< 1.0 mg/dl
S.G.O.T	22.0	0 - 45 IU/L
S.G.P.T	28.0	0 - 45 IU/L
ALKALINE PHOSPHATE	79.0	Adult - 42 - 128 IU/L Child - 150 - 630 IU/L
TOTAL PROTEIN	6.64	6.0 to 8.0 g/dl
ALBUMIN	4.34	3.2 to 5.0 g/dl
GLOBULIN	2.3	1.9 to 3.5
A:G RATIO	1.89	1.2 TO 2.3
GAMA GT	21.0	5 - 43 Iu/l

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MD M.D.

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Test Name	Results	Normal Range
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**HAEMATOLOGY PROFILE**

BLOOD GROUP	: -
"ABO " GROUP	"O"
Rh (D) Factor	Positive

(Cross matching & recheck of Blood Group is mandatory before any transfusion)

**BIOCHEMISTRY**

FASTING BLOOD SUGAR	89.0	70 - 110 mg/dl
URIC ACID	3.46	2.5 - 6.8 mg\dl
CREATININE	0.84	0.6 - 1.4 mg\dl
BUN	10.0	5 - 21 Mg/dl

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**URINE EXAMINATION**

Test Name	Results	Normal Range
<b>PHYSICAL EXAMINATION</b>	.	
Quantity	30 ml	
Colour	Pale Yellow	
Appearance	Clear	
Deposits	Absent	
Specific Gravity	1.015	
Reaction	Acidic	
<b>CHEMICAL EXAMINATION</b>	.	
Albumin	Nil	
Sugar	Nil	
Ketones	Absent	
Bile Pigments	Negative	
Bile Salt	Negative	
Hematuria	Negative	
<b>MICROSCOPIC EXAMINATION</b>	.	
Pus Cells	1- 2 /hpf	
Red Blood Cells	Nil/hpf	
Epithelial Cell	1 - 2 /hpf	
Crystals	Nil	
Casts	Absent	

**Dr. POOJA PRAPANNA**  
DR. POOJA PRAPANNA  
MD M.D.

4D SONOGRAPHY • COLOR DOPPLER • ECHO • PATHOLOGY • DIGITAL X-RAY & OPG • TMT • ECG • HOLTER

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X-RAY CHEST PA VIEW

Bony cage is normal.

Trachea is central. C.P. angles are clear.

Cardiac contour and cardiothoracic ratio are normal.

Lung fields are clear.



**DR.D.S.CHHABRA.**

M.D.

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ABDOMINAL SONOGRAPHY

Liver is of normal size, shape, has smooth margins & regular contours and the parenchyma is mildly hyperechoic in echostructure, **early fatty changes**. No focal lesion.

Gall bladder is of normal size, shape, has thin walls & the contents are clear fluid. No evidence of any calculus. Biliary tree is undilated.

Pancreas is normal, no focal / diffuse pathology. Spleen is normal. The portal and splenic veins are normal in calibre.

Both kidneys are normal in size [ measure about 10 cms. in length ], shape and echostructure. No calculus in both. The collecting system and ureter on both side are undilated.

Urinary bladder is normal in size, shape and has thin walls.

Uterus is of normal size [ measures about 7 x 4 x 3 cms. in diam.] and is normal in shape. The uterine outlines are smooth & regular and the myometrial echopattern is normal. Endometrial echoes are thin ( 2 mms. ), and are central. No obvious mass lesion.

Both ovaries are small atrophic.

No adnexal / pelvic mass or cyst. No pelvic collection.

There is no ascitis. No obvious abdominal lymphadenopathy. No sub / supra diaphragmatic pathology on either side.

IMPRESSION :

Early fatty changes in liver.

**DR.D.S.CHHABRA.**

M.D.





## LABORATORY REPORT



Name : Mrs. MAMTA BAIRAGI	Sex/Age : Female / 45 Years	Case ID : 30701605507
Ref. By :	Dis. At :	Pt. ID :
Bill. Loc. : UNIQUE DIAGNOSTIC CENTRE INDORE		Pt. Loc. :
Reg Date and Time : 22-Jul-2023 10:36	Sample Type : Serum	Mobile No. :
Sample Date and Time : 22-Jul-2023 10:36	Sample Coll. By : non	Ref Id1 :
Report Date and Time : 22-Jul-2023 11:31	Acc. Remarks : -	Ref Id2 :

TEST	RESULTS	UNIT	BIOLOGICAL REF RANGE	REMARKS
<b>Thyroid Function Test</b>				
<b>Triiodothyronine (T3)</b> <small>CMIA</small>	<b>100.63</b>	ng/dL	58 - 159	
<b>Thyroxine (T4)</b> <small>CMIA</small>	<b>7.9</b>	µg/dL	5.5 - 11.0	
<b>TSH</b> <small>CMIA</small>	<b>1.745</b>	µIU/mL	0.4 - 4.2	

### INTERPRETATIONS

- Circulating TSH measurement has been used for screening for euthyroidism, screening and diagnosis for hyperthyroidism & hypothyroidism. Suppressed TSH (<0.01 µIU/mL) suggests a diagnosis of hyperthyroidism and elevated concentration (>7 µIU/mL) suggest hypothyroidism. TSH levels may be affected by acute illness and several medications including dopamine and glucocorticoids. Decreased (low or undetectable) in Graves disease. Increased in TSH secreting pituitary adenoma (secondary hyperthyroidism), PPTH and in hypothalamic disease thyrotropin (tertiary hyperthyroidism). Elevated in hypothyroidism (along with decreased T4) except for pituitary & hypothalamic disease.
- Mild to modest elevations in patient with normal T3 & T4 levels indicates impaired thyroid hormone reserves & incipient hypothyroidism (subclinical hypothyroidism).
- Mild to modest decrease with normal T3 & T4 indicates subclinical hyperthyroidism.
- Degree of TSH suppression does not reflect the severity of hyperthyroidism, therefore, measurement of free thyroid hormone levels is required in patient with a suppressed TSH level.

### CAUTIONS

Sick, hospitalized patients may have falsely low or transiently elevated thyroid stimulating hormone. Some patients who have been exposed to animal antigens, either in the environment or as part of treatment or imaging procedure, may have circulating antianimal antibodies present. These antibodies may interfere with the assay reagents to produce unreliable results.

### TSH ref range in pregnancy

First trimester  
Second trimester  
Third trimester

### Reference range (microIU/ml)

0.24 - 2.00  
0.43-2.2  
0.8-2.5

Note:(LL-VeryLow,L-Low,H-High,HH-VeryHigh ,A-Abnormal)

*Soma*

**Dr. Soma Yadav**  
M.D. (Pathology)

**Dr. A Mishra**  
M.D. Microbiology

Printed On : 22-Jul-2023 11:41



## LABORATORY REPORT



Name : <b>MAMTA BAIRAGI</b>	Sex/Age : <b>Female / 45 Years</b>	Case ID : <b>30701605583</b>
Ref. By :	Dis. At :	Pt. ID :
Bill. Loc. : <b>UNIQUE DIAGNOSTIC CENTRE INDORE</b>		Pt. Loc. :
Reg Date and Time : 22-Jul-2023 13:41	Sample Type : <b>Whole Blood EDTA</b>	Mobile No. :
Sample Date and Time : 22-Jul-2023 13:41	Sample Coll. By : <b>non</b>	Ref Id1 :
Report Date and Time : 22-Jul-2023 15:53	Acc. Remarks : <b>-</b>	Ref Id2 :

TEST	RESULTS	UNIT	BIOLOGICAL REF RANGE	REMARKS
<b>Glycated Haemoglobin Estimation</b>				
<b>HbA1C</b> <i>(IT)</i>	L <b>4.20</b>		% of total Hb 4.80 - 6.00	
<b>Estimated Avg Glucose (3 Mths)</b> <i>Calculated</i>	<b>73.84</b>	mg/dL		

Please Note change in reference range as per ADA 2021 guidelines.

**Interpretation :**

HbA1C level reflects the mean glucose concentration over previous 8-12 weeks and provides better indication of long term glycemic control.  
 Levels of HbA1C may be low as result of shortened RBC life span in case of hemolytic anemia.  
 Increased HbA1C values may be found in patients with polycythemia or post splenectomy patients.  
 Patients with Homozygous forms of rare variant Hb(CC,SS,EE,SC) HbA1c can not be quantitated as there is no HbA.  
 In such circumstances glycemic control can be monitored using plasma glucose levels or serum Fructosamine.  
 The A1c target should be individualized based on numerous factors, such as age, life expectancy, comorbid conditions, duration of diabetes, risk of hypoglycemia or adverse consequences from hypoglycemia, patient motivation and adherence.

It is confirmed that the specimen belongs to the patient named as mentioned on the container/test request and such verification has been carried out at the point generation of the said specimen by the sender. NSRL will be responsible Only for the analytical part of test carried out. All other responsibility will be of referring Laboratory.

Note:(LL-VeryLow,L-Low,H-High,HH-VeryHigh ,A-Abnormal)

**Dr. Shobhna Agrawal**  
MD. Pathologist

Page 1 of 1

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**DR. PRIYANK JAIN**  
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INDORE - 452 001. ( M. P. ).  
Phone : 2704118. 4082228

## **ECHOCARDIOGRAPHY REPORT**

**NAME** : **MRS. MAMTA BAIRAGI**      **Age** : **45 Yrs./ F**  
**REFERRED BY** : **BOB**      **Date** : **22nd July, 2023**

### **ECHOCARDIOGRAPHIC OPINION**

#### **INTERPRETATION :-**

- \*\* Normal sized cardiac chambers.
- \*\* Normal biventricular functions. LVEF : 60 %.
- \*\* Normal cardiac valves.

**Dr. PRIYANK JAIN**  
**MBBS, MD, DM.**  
**Reg. No. 19547**



**DR. PRIYANK JAIN. M.D.,D.M.**

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## TWO DIMENSIONAL ECHOCARDIOGRAPHY

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M Mode examination revealed normal movement of both mitral leaflets during diastole.

No SAM or mitral valve prolapse is seen.

Mitral valve opening is normal. No evidence of mitral valve prolapse is seen.

Tricuspid valve is normal, pulmonary valve is normal, aortic root is normal in size, dimensions of left atrium and left ventricle are normal.

Aortic cusps are not thickened and enclosure line is central.

Aortic valve has three cusps and its opening is not restricted.

2 - D imaging in PLAX, SAX and apical views revealed a normal sized left ventricle.

Movement of septum, anterior, posterior, inferior and lateral walls is normal. Global LVEF is 60 %.

Right atrium and right ventricle are normal in size.

Tricuspid valve leaflets move normally.

Pulmonary valve is normal.

Interatrial and interventricular septa are intact.

No intracardiac mass or thrombus is seen.

No pericardial pathology is observed.

## MEASUREMENTS :

[C] DIMENSIONS	OBSERVED VALUES	Normal Values (For Adults)
1. Aortic Root diameter	: 2.0 cms.	2.0-3.7 cm < 2.2 cm / M <sup>2</sup>
2. Aortic Valve Opening	: 1.6 cms.	1.5-2.6 cm
3. Right Ventricular Dimension	: --	
4. Left Atrial Dimension	: 2.2 cms.	1.9-4.0 cm < 2.2 cm / M <sup>2</sup>
5. Left Ventricular ED Dimension	: 4.3 cms.	3.7-5.6 cm < 3.2 cm / M <sup>2</sup>
6. Left Ventricular ES Dimension	: 2.2 cms.	2.2-4.0 cm
7. Inter Ventricular ED Septal thickness	: 1.1 cms.	0.6-1.2 cm
8. Left Ventricular ED PW thickness	: 1.1 cms.	0.5-1.0 cm
9. IVS / LVPW	: 01	< 1.3

  

[E] INDICES OF LEFT VENTRICULAR FUNCTION		
1. Mitral E - Septal Separation	: 0.5	< 0.9- cm
2. Left Ventricular Ejection Fraction	: 60 %	60 - 80 %

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**DOPPLER**

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Peak Flow Velocity ( M/Sec.)		Peak Gradient ( mmHg.)	Regurgitation
MV	Normal	--	Normal
TV	Normal	--	Normal
AV	Normal	--	Normal
PV	Normal	--	Normal

PASP : Normal

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