

Report ID : LKM253122836
Patient Name : Ms. LEENA KUMARI
Rank :
Ref By : DR.HAVOVEE MISTRY KAPADIA
Location : SEA BIRD- ANDHERI
Reg. : 25-Mar-2023
Report Date : 25-Mar-2023
Company Name : M/S. APOLLO HEALTH AND
Age/Sex : 35 Year / Female

HEMATOLOGY

INVESTIGATION

OBSERVED VALUE UNITS REFERENCE RANGE

Complete Blood Count

Haemoglobin	10.9	gm/dl	13-18 gm/dl
Total W.B.C	5600	/cu.mm	4000-11000 /cu.mm
Neutrophils	63	%	50-70 %
Lymphocytes	35	%	20-40 %
Eosinophils	02	%	0-7 %
Monocytes	00	%	0-8 %
Basophils	00	%	0-2 %
R.B.C Total	4.24	millions/cu .mm	4.5-5.5 millions/cu.mm
P.C.V	34.7	%	42-55 %
MCV	81.9	femolitre	80-96 femolitre
MCH	25.8	picogram	27-33 picogram
MCHC	31.5	%	32-36 %
W.B.C Morphology	Normal		
Platelet Count	159000	/cu.mm	150000-450000 /cu.mm
Blood Group			
Blood Group	AB Positive		
ESR			
ESR	30	mm/hr	0-15 mm/hr

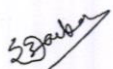
---END OF REPORT---

Kindly Correlate with clinical conditions.

Remark : ---


DR.SANDIP MOHANRAO HUDDEDAR
MBBS, DCP
Pathologist


M O C


SUPARNA B DAREKAR
Lab Technician

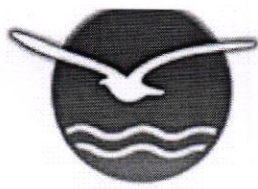
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HO- Sea Bird Medicare Centre (ISO 9001:2015): A-101-102, Heritage Plaza, Teli Cross Lane, Andheri East (Nr. Station), Mumbai- 69. Tel: 022- 46032704

Powai: 022-25701053 / 25704157

Kochi: 0484- 2322022 / 4032022

Website: www.seabirdhf.com | Email: seabird@seabirdhf.com



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Ref By : **DR.HAVOVEE MISTRY KAPADIA** Age/Sex : **35 Year / Female**
Location : **SEA BIRD- ANDHERI**


LIPID PROFILE

<u>INVESTIGATION</u>	<u>OBSERVED VALUE</u>	<u>UNITS</u>	<u>REFERENCE RANGE</u>
Serum. CHOLESTEROL (CHOD - PAP)	164	mg /dl	145-240 mg/dl
Serum. TRIGLYCERIDE (GPO - PAP)	68	mg /dl	25-160 mg/dl
S.HDL CHOLESTEROL	50	mg/dl	35-65 mg/dl
VLDL CHOLESTEROL	13.6	mg/dl	Upto 40
LDL CHOLESTEROL (calculate)	100.4	mg/dl	Upto 150
CHOL/HDL CHOL(Ratio)	3.2		Upto 5.0
LDL CHOL/HDL RATIO	2.0		0-3.0

---END OF REPORT---

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BIO-CHEMISTRY

INVESTIGATION

OBSERVED VALUE UNITS REFERENCE RANGE

Liver Function Test

SGOT	13	IU/L	0-37 IU/L
SGPT	19	IU/L	9-43 IU/L
GGT	14	IU/L	0-49 IU/L
Sr.Bilirubin (T)	0.5	mg/dl	0.2-1.2 mg/dl
Sr.Bilirubin (D)	0.2	mg/dl	0.0-0.3 mg/dl
Sr.Bilirubin (I)	0.3	mg/dl	
Total Protien	6.7	g/dl	6.0-8.0 g/dl
Sr.Albumin	4.0	g/dl	3.2-5.0 g/dl
Sr.Globulin	2.7	g/dl	2.0 3.5 g/dl
A/G Ratio	1.4		

Renal Function Test

BUN	11	mg/dl	6-21 mg/dl
Sr.Creatinine	0.7	mg/dl	0.7-1.4 mg/dl
Uric Acid	3.8	mg/dl	2.5-7.2 mg/dl


Blood Sugar Estimation


Fasting Blood Sugar	96	mg/dl	70-110 mg/dl
Fasting Urine Sugar	Absent		
Post Prandial Blood Sugar	113	mg/dl	70-140 mg/dl
Post Prandial Urine Sugar	Absent		
Glycosylated Haemoglobin (HBA1C)	5.8	%	4.5-6.3%

---END OF REPORT---

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Patient Name : Ms. LEENA KUMARI
Rank :
Ref By : DR.HAVOVEE MISTRY KAPADIA
Reg. : 25-Mar-2023
Report Date : 28-Mar-2023
Company Name : M/S. APOLLO HEALTH AND LIFESTYLE
Age/Sex : 35 Year / Female

SONOGRAPHY (ABDOMEN AND PELVIS)

Ref No : 28/03/2023

Investigation : Abdomen And Pelvis Sonography

The real-time Sonography using 3.5 MHZ transducer shows:

Liver normal in size and echotexture.

The GB,Pancreas & Spleen are within normal limits.

Both Kidneys are normal in size, position and echogenicity; CM differentiation normal .
No hydronephrosis or calculi noted.

Bladder normal in contour, capacity and wall thickness; No vesical calculi noted.

This sonography study does not rule out intestinal lesions or mucosal lesions of other Viscera.

Impression :

No Significant abnormality noted on the study.


Dr. Jacob
Mathew MD

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CHEST X RAY REPORT

X-Ray No : 3275

Investigation : Chest PA View.

Bony thoracic cage is normal.

Cardiac silhouette appears normal in size and configuration.

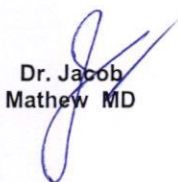
Both lungs shows equal translucency and normal vasculature.

Both Hemidiaphragm visualised normal.

No evidence of any active parenchymal lesion seen.

Impression :

Normal Chest X-Ray.


Dr. Jacob
Mathew MD

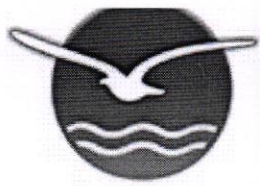
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THYROID FUNCTION TEST

<u>INVESTIGATION</u>	<u>OBSERVED VALUE</u>	<u>UNITS</u>	<u>REFERENCE RANGE</u>
TSH	2.45	µIU/ml	0.25-5 µIU/ml
T3	1.26	nmol/l	0.92-2.33 nmol/l
T4	80.41	nmol/l	60-120 nmol/l

PRINCIPLE

The assay principle combines an enzyme immunoassay competition method with a final fluorescent detection (ELFA).

INTERPRETATION

TSH : A high TSH result often means an under active thyroid gland that is not responding adequately to the stimulation of TSH due to some type of acute or chronic thyroid dysfunction. A high TSH value can also occur when someone with a known thyroid disorder or who has had their thyroid gland removed is receiving too little thyroid hormone medication. A low TSH result can indicate an over active thyroid gland (hyperthyroidism) or excessive amounts of thyroid hormone medication in those who are being treated for an under active (or removed) thyroid gland. An abnormal TSH test result is usually followed by additional testing to investigate the cause of the increase or decrease.


T3: Triiodothyronine T3 contributes significantly to the maintenance of the euthyroid state, and the total T3 concentration has a role in screening for thyroid disease in conjunction with other tests. T3 alone cannot diagnose hypothyroidism, but it may be more sensitive than thyroxine (T4) for hyperthyroidism.

T4 : Thyroxine accounts for at least 90% of circulating protein-bound iodine. While >99.9% of T4 is protein-bound, primarily to thyroxine-binding globulin (TBG), it is the free fraction that is biologically active. In most patients the total T4 level is a good indicator of thyroid status, however it can sometimes be inadequate, and diagnostic efficiency may be improved by use of a total T4 test in conjunction with other tests.

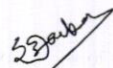
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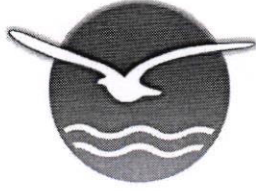
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NAME : LEENA KUMARI
AGE/SEX : 36 YRS / F
COMPANY : APOLLO
DATE : 25/03/2023

2D ECHOCARDIOGRAPHY AND COLOR DOPPLER STUDY
2D ECHOCARDIOGRAPHY FINDINGS:

1. Normal sized LV with good contractility. LVEF appears to be 60 %.
No regional wall motion abnormality seen.
2. Structurally normal cardiac valves.
3. Normal sized RV with good contractility.
RA and LA are normal in size.
4. No obvious clot seen.
5. No vegetations or pericardial effusion.
6. Intact IVS/IAS.

SPECTRAL AND COLOR DOPPLER STUDY:

Normal flow velocities and color flow mapping seen across both atrioventricular and semilunar valves. No intracardiac shunt or regurgitation noticed.
Doppler estimated Pulmonary artery pressure is 32 mm Hg.

Impression

Normal LV systolic function
Normal sized cardiac chambers.
Normal cardiac valves.
No clots/ vegetations.
No Pericardial effusion
No Pulmonary Artery Hypertension


DR. JACOB MATHEW MD,DMM,DTCD
PHYSICIAN - MARINE MEDICINE

NOTE:

*NORMAL 2D ECHOCARDIOGRAPHY REPORT DOES NOT RULE OUT CRITICAL CAD.
KINDLY CORRELATE CLINICALLY.*

M-MODE MEASUREMENTS

NORMAL VALUES

MITRAL VALVE

DE AMPLITUDE	09mm	(20-37mm)
EF SLOPE	130 mm/sec	(18-150mm/sec)
EPSS	05 mm	(less than 5mm)

TRICUSPID VALVE

NORMAL

PULMONARY VALVE

EF SLOPE	NORMAL
a WAVE	NORMAL
SYSTOLIC NOTCH	ABSENT

AORTIC VALVE

STRUCTURE	NORMAL	
CLOSURE LINE	CENTRAL	
CUSPAL OPENING	11 mm	(15-26mm)
AO ROOT	23 mm	(20-37mm)
LA	27 mm	(19-40mm)

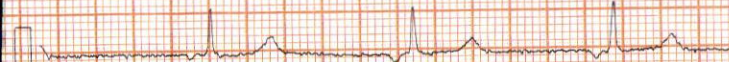
RV/LV MEASUREMENTS

RVID(d)	15 mm	(7-23mm)
LVID(d)	36 mm	(36-56mm)
LVID(s)	23 mm	(24-42mm)
IVS (d)	11 mm	(6-12mm)
LVPW(d)	10 mm	(6-11mm)
LVEF	60%	(50%-70%)

10mm/mV 0.67~25Hz AC50



I



II



25mm/s ♡81

Leona

PROMPTCARE

10mm/mV 0.67~25Hz AC50



aVR



aVL



25mm/s ♡70

PROMPTCARE

10mm/mV 0.67~25Hz AC50



V1



V2



25mm/s ♡87

PROMPTCARE

10mm/mV 0.67~25Hz AC50



V4



V5



25mm/s ♡56

PROMPTCARE