

**DR. MAHENDRA CHOURASIYA**  
M.D.,D.M.  
CONSULTANT CARDIOLOGIST

**UNIQUE DIAGNOSTIC CENTRE**  
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INDORE - 452 001. ( M. P. ).  
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## **ECHOCARDIOGRAPHY REPORT**

**NAME** : **MRS. SHOBHA SINGH** **Age** : **41 Yrs/ F**  
**REFERRED BY** : **BOB** **Date** : **11th Mar, 2023**

### **ECHOCARDIOGRAPHIC OPINION**

#### **INTERPRETATION :-**

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

*Dr. Mahendra Chourasiya*  
*M.D., D.M. (Cardio)*

**DR. MAHENDRA CHOURASIYA. 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.

Aortic cusps are not thickened and enclosure line is central.

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

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 %.

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

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

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	: 2.3 cms.	2.0-3.7 cm < 2.2 cm / M <sup>2</sup>
2. Aortic Valve Opening	: 1.9 cms.	1.5-2.6 cm
3. Right Ventricular Dimension	: --	
4. Left Atrial Dimension	: 2.8 cms.	1.9-4.0 cm < 2.2 cm / M <sup>2</sup>
5. Left Ventricular ED Dimension	: 3.9 cms.	3.7-5.6 cm < 3.2 cm / M <sup>2</sup>
6. Left Ventricular ES Dimension	: 2.3 cms.	2.2-4.0 cm
7. Inter Ventricular ED Septal thickness	: 1.0 cms.	0.6-1.2 cm
8. Left Ventricular ED PW thickness	: 1.2 cms.	0.5-1.0 cm
9. IVS / LVPW	: 01	< 1.3

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[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

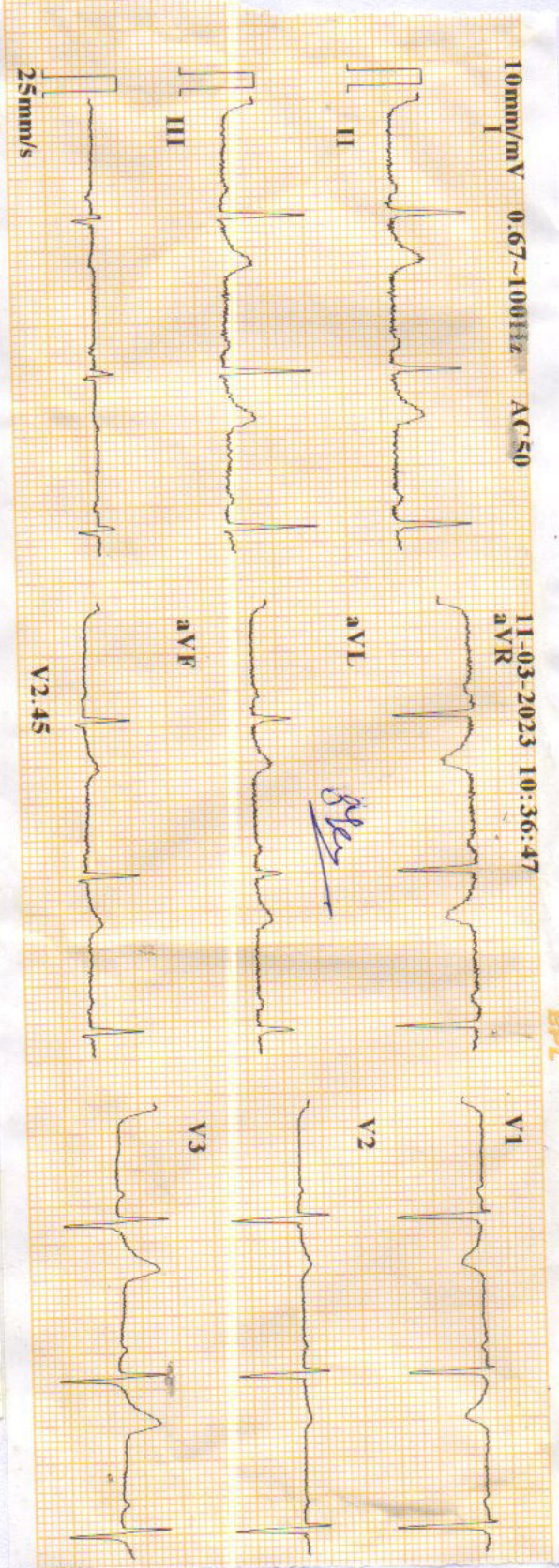
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Peak Flow Velocity ( M/Sec.)		Peak Gradient ( mmHg.)	Regurgitation
MV	Normal	--	Normal
TV	Normal	--	Normal
AV	Normal	--	Normal
PV	Normal	--	Normal

PASP : Normal

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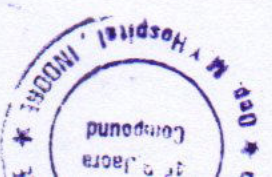
Mrs. Shobha Singh 41y1f



10mm/mV	0.67-100Hz	AC50	11-03-2023	10:36:47							
CARDIART			BPL								
25mm/s											
I	II	III	aVR	aVL	aVF	V1	V2	V3	V4	V5	V6
ID : 231103-1332      Minnesota Code:											
Name :      Age : 42 yr      Sex : Female      Height :      Weight :      BP :      mmHg											
HR : 72 bpm      P Dur : 88 ms      PR int : 149 ms      QRS Dur : 86 ms      QT/QTc int : 368/403 ms      P/QRS/T axis : 11/29/29 °											
RV5/SV1 amp : 1.323/1.202 mV      RV6/SV2 amp : 1.789/0.959 mV      RV5+SV1 amp : 2.525 mV											
Report Confirmed by:											
Diagnosis Information: 800: Sinus Rhythm ****Normal ECG****											
CARDIART											

WNL

Dr. Mahendra Chourasiya  
M.D., D.M. (Cardio)



MRS.SHOBHA SINGH  
BOB

41YEARS /FEMALE  
11-03-2023

Height: - 168

Weight: - 71

BP: - 127/80 mmhg

Pulse: -77/- Regular

BMI: - 25.2

EYE -NORMAL

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

1. FIT
2. UNFIT on account on account of

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

MBBS. MD.



MRS. SHOBHA SINGH  
BANK OF BARODA41 Years /F  
11-03-2023**HEAMOGRAM**

Test Name	Results	Normal Range
Haemoglobin (HB)	12.0	11 - 16 gm%
R.B.C. Count	4.55	3.8 - 4.8 milli./cu.mm
PCV	37.3	36 - 46 %
MCV	81.98	80 - 98 fl
MCH	26.37	27 - 32 pg
MCHC	32.17	31.5 - 34.5 %
TOTAL WBC COUNT	5,900	4,000 to 11,000 /cu.mm
DIFFERENTIAL WBC COUNT	.	
Neutrophils	64	40 - 75 %
Lymphocytes	29	20 - 40 %
Monocytes	04	02 - 08 %
Eosinophils	03	01 - 05 %
Basophils	00	00 - 01 %
PLATELET COUNT	1.58	1.5 - 4 Lacs/cu.mm.
E.S.R	10	M- 0-10 at the end of 1 hr. F- 0-20 at the end of 1 hr

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

**MRS. SHOBHA SINGH****41 Years /F****BANK OF BARODA****11-03-2023****LIPID PROFILE**

<b>Test Name</b>	<b>Results</b>	<b>Normal Range</b>
<b>TOTAL LIPIDS</b>	<b>490</b>	<b>400 - 700 mg/dl</b>
<b>CHOLESTROL</b>	<b>156.0</b>	<b>&lt;200 mg/dl- Desirable 200 - 239 mg/dl - Borderline High &gt;240 Mg/dl High</b>
<b>HDL CHOLESTROL</b>	<b>45.0</b>	<b>35- 60 mg/dl</b>
<b>TRIGLYCERIDE</b>	<b>128.0</b>	<b>&lt;150 mg/dl Normal 150 - 199 mg/dl Borderline High 200 - 499 mg/dl High</b>
<b>LDL CHOLESTROL</b>	<b>85.4</b>	<b>&lt;100 mg/dl Optimal 100- 129 mg/dl Borderline high 160 - 189 mg/dl High</b>
<b>VLDL CHOLESTROL</b>	<b>25.6</b>	<b>&lt;40 mg/dl</b>
<b>RISK RATIO</b>	<b>3.47</b>	<b>3 - 6</b>

**DR. POOJA PRAPANNA**  
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**MD**

M.D.



MRS. SHOBHA SINGH  
BANK OF BARODA41 Years /F  
11-03-2023**BIOCHEMISTRY**

Test Name	Results	Normal Range
SERUM BILIRUBIN	:-	
TOTAL BILIRUBIN	0.83	0 - 1 mg/dl
DIRECT BILIRUBIN	0.11	<0.25 mg/dl
INDIRECT BILIRUBIN	0.72	< 1.0 mg/dl
S.G.O.T	29.0	0 - 45 IU/L
S.G.P.T	22.0	0 - 45 IU/L
ALKALINE PHOSPHATE	95.0	Adult - 42 - 128 IU/L Child - 150 - 630 IU/L
TOTAL PROTEIN	6.12	6.0 to 8.0 g/dl
ALBUMIN	4.55	3.2 to 5.0 g/dl
GLOBULIN	1.57	1.9 to 3.5
A:G RATIO	2.90	1.2 TO 2.3
GAMA GT	18.0	5 - 43 Iu/l

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**MRS. SHOBHA SINGH****41 Years /F****BANK OF BARODA****11-03-2023**

Test Name	Results	Normal Range
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**HAEMATOLOGY PROFILE**

<b>BLOOD GROUP</b>	: -
<b>"ABO " GROUP</b>	"O"
<b>Rh (D) Factor</b>	Positive

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

**SEROLOGY PROFILE**

<b>HBsAg</b>	Non Reactive
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\* Test done by screening methods.  
Requires confirmation at referral centre.

**BIOCHEMISTRY**

<b>CREATININE</b>	0.75	0.6 - 1.4 mg/dl
<b>FASTING BLOOD SUGAR</b>	122.0	70 - 110 mg/dl
<b>P.P. BLOOD SUGAR</b>	153.0	upto 140 mg/dl
<b>URIC ACID</b>	3.44	2.5 - 6.8 mg/dl
<b>BUN</b>	12.0	5 - 21 Mg/dl

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

**MRS. SHOBHA SINGH****41 Years /F****BANK OF BARODA****11-03-2023****URINE EXAMINATION**

<b>Test Name</b>	<b>Results</b>	<b>Normal Range</b>
<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**  
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M.D.



## LABORATORY REPORT



Name : Mrs. SHOBHA SINGH	Sex/Age : Female / 41 Years	Case ID : 30301602611
Ref. By :	Dis. At :	Pt. ID :
Bill. Loc. : UNIQUE DIAGNOSTIC CENTRE INDORE		Pt. Loc. :
Reg Date and Time : 11-Mar-2023 14:28	Sample Type : Whole Blood EDTA	Mobile No. :
Sample Date and Time : 11-Mar-2023 14:28	Sample Coll. By : non	Ref Id1 :
Report Date and Time : 11-Mar-2023 16:00	Acc. Remarks : -	Ref Id2 :

TEST	RESULTS	UNIT	BIOLOGICAL REF RANGE	REMARKS
<b>Glycated Haemoglobin Estimation</b>				
HbA1C (IT)	H 6.10		% of total Hb 4.80 - 6.00	
Estimated Avg Glucose (3 Mths) Calculated	128.37	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.

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

Page 1 of 3

**Dr. Priya Bhatt**  
M.D (Pathology).

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

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

Printed On : 11-Mar-2023 16:11



## LABORATORY REPORT



Name : Mrs. SHOBHA SINGH	Sex/Age : Female / 41 Years	Case ID : 30301602611
Ref. By :	Dis. At :	Pt. ID :
Bill. Loc. : UNIQUE DIAGNOSTIC CENTRE INDORE		Pt. Loc. :
Reg Date and Time : 11-Mar-2023 14:28	Sample Type : Serum	Mobile No. :
Sample Date and Time : 11-Mar-2023 14:28	Sample Coll. By : non	Ref Id1 :
Report Date and Time : 11-Mar-2023 15:42	Acc. Remarks : -	Ref Id2 :

TEST	RESULTS	UNIT	BIOLOGICAL REF RANGE	REMARKS
<b>Thyroid Function Test</b>				
<b>Triiodothyronine (T3)</b> CMIA	<b>112.00</b>	ng/dL	58 - 159	
<b>Thyroxine (T4)</b> CMIA	<b>7.8</b>	µg/dL	5.5 - 11.0	
<b>TSH</b> CMIA	<b>2.666</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), PRTN 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)

Page 2 of 3

Dr. Soma Yadav  
M.D. (Pathology)

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M.D. Microbiology

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**MRS. SHOBHA SINGH**

**41 Yrs./F.**

**BOB**

**11th Mar, 2023**

**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.**

MRS. SHOBHA SINGH

41 Yrs./F.

BOB

11th Mar, 2023

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.

Both Kidneys are normal in size [ measure about 11 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 mildly enlarged in size, is bulky [ measures about 10.5 x 7 x 5 cms. in diam.] and is **Bicornuate [ Sub-septate type ]**. Two uterine cavities are seen in fundal & upper body regions. The lower body & cervix are common. There is a small, sub-serous fibroid, at posterior myometrium, in body region, on left side, bulging from the surface. This measures about 4.5 x 3 cms. in size. Rest of the myometrial & endometrial echoes are normal. Uterine cavity is empty.

Both ovaries are normal in size, shape and echostructure.

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

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

IMPRESSION :

Early fatty changes in liver.

Bicornuate sub-septate uterus with a small, fibroid.



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

**Dr. D. S. Chhabra**  
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**Reg. No.-5007**

आयकर विभाग      भारत सरकार  
INCOME TAX DEPARTMENT      GOVT. OF INDIA

SHOBHA SINGH

BINDA SINGH

20/05/1981  
Permanent Account Number  
CGXPS0857C

  
Signature







24-04-2009

आयकर विभाग - 411 045  
आयकर विभाग, नवी मुंबई, महाराष्ट्र  
आयकर विभाग, नवी मुंबई, महाराष्ट्र  
आयकर विभाग, नवी मुंबई, महाराष्ट्र

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Baner, Pune - 411 045  
Tel: 91-20-2721 5090, Fax: 91-20-2721 8081  
e-mail: unitns@nsdl.co.in

8/11/11

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