



CIMS

City Institute of Medical Sciences

(Multi Super Speciality 200 Bedded Hospital)

DEPARTMENT OF RADIOLOGY

NAME: MAUNA RANI	AGE : 31 YRS.	SEX : F
REF. BY: DR. SELF	UHID: 10428	DATE: 28-03-2024

ULTRASOUND SCAN OF ABDOMEN

FINDINGS:

Liver is mildly enlarged in size measuring ~ 17.0 cm. Echotexture is slightly echogenic. No focal space occupying lesion is seen within liver parenchyma. Intrahepatic biliary channel are not dilated.

Gall bladder few tiny echogenic foci in gall bladder likely calculi largest measuring ~ 4.8 mm. Wall is not thickened. Common bile duct is not dilated.

Pancreas is of normal in size and contour. Echo-pattern is normal. No focal lesion is seen within pancreas. (Only head & proximal body is visualized)

Spleen is normal in size (7.6 cm). Echotexture is normal. No focal Lesion is seen.

Right kidney is normally sited and is of normal size (RT ~ 11.2 x 3.9 cm) and shape. Cortico medullary echoes are normal. No focal mass lesion is seen. Collecting system does not show any calculus

Left kidney is normally sited and is of normal size (LT ~ 9.9 x 4.8 cm) and shape. Cortico medullary echoes are normal. No focal mass lesion is seen. Collecting system does not show any calculus.

Urinary bladder is normal in distension and wall is not thickened. No calculi seen.

Uterus is mildly bulky in size measuring ~ 10.7 x 3.7 x 5.1 cm & anteverted. Myometrium shows normal echo-pattern. No focal space occupying lesion is seen. Endometrial thickness is normal (7.3 mm).

Both ovaries are appears normal. (Right ovary measures ~ 3.5 x 1.9 cm and Left ovary measures ~ 3.3 x 2.7 cm).

No free fluid seen in pouch of douglas.

IMPRESSION-

- CHOLELITHIASIS.
- MILDLY BULKY UTERUS.
- MILD HEPATOMEGALY WITH GRADE I FATTY CHANGES.

PLEASE CORRELATE CLINICALLY & F/E.

DR. ABHAY RANA
M.B.B.S. (D.N.B. RADIO-DIAGNOSIS)
CONSULTANT RADIOLOGIST

📍 Near Radha Valley, NH-19, Mathura

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🌐 www.cimsmathura.com

DEPARTMENT OF CARDIOLOGY

Name : MRS. MAUNA RANI Age/Sex : 31Yrs /Female
Date : 28/03/2024 ID No. : CIMS-10428
Done By : DR. ARPIT AGARWAL

ECHOCARDIOGRAPHY

- ❖ All Cardiac chamber normal size.
- ❖ Normal LV systolic function, LVEF ~ 60%.
- ❖ No RWMA
- ❖ Normal MIP
- ❖ **Trace TR.**
- ❖ RVSP=RAP+22 mmHg
- ❖ Normal AFV
- ❖ Intact IAS/IVS.
- ❖ No clot/vegetation/pericardial effusion.
- ❖ IVC non-dilated & collapsing > 50% during inspiration.

CLINICAL IMPRESSION:

- ❖ Normal LV systolic function, LVEF ~ 60%.
- ❖ No RWMA
- ❖ Normal MIP
- ❖ **Trace TR.**
- ❖ No PHT, PASP = 27 mmHg.






Dr. ARPIT AGARWAL

MBBS, MD, DM (CARDIOLOGY)
Consultant Intervention Cardiologist
Ex. Fortis Escort Heart Institute, Delhi

NOTE: Normal Echocardiography report does not rule out CAD.

This report is not valid for Medico-legal purpose

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DEPARTMENT OF PATHOLOGY

UHID	CIMS-10428	Visit Type/No	OP/EPD-13982/EPD-13982
Name	Mrs Mauna Rani	Order No	OR-26663
Age/Gender	31 Y,4 M,28 D/Female	Order Date/Time	28-03-2024
Accession Number	OPAC-3159	Collection Date/Time	28-03-2024 09:51 AM
Treating Doctor	Dr Self	Acknowledge Date/Time	28-03-2024 11:35 AM
Ordering Doctor	Dr Self	Report Date/Time	28-03-2024 05:31 PM
Payer Name	Mediwheel Full Body Health Checkup	Refer By	

Cytology

Service Name	Result	Unit	Reference Range	Method
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PAP Smear
Conventional Pap-Smear Satisfactory for evaluation

 Superficial Squamous Cells++
 Intermediate Cells++,
 Endocervical cell clusters noted,
 No microorganism

IMPRESSION: NILM-NEGATIVE FOR INTRAEPITHELIAL LESION OR MALIGNANCY
Haematology

Service Name	Result	Unit	Reference Range	Method
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BLOOD GROUP (ABO)

 BLOOD GROUP (ABO)- "O"
 RH TYPING POSITIVE
 The upper agglutination test for grouping has some limitations.

CBC (Complete Blood Count), Blood

Hemoglobin (Hb)	12.7	gm/dl	11-16	Spectrophotometry
TLC (Total Leukocyte Count)	10470	/cumm	4000-11000	
DIFFERENTIAL LEUCOCYTE COUNT				
Neutrophils	73	%	40-80	
Lymphocytes	22	%	20-45	
Monocytes	04	%	4-10	
Eosinophils	01	%	1-6	
Basophils	00	%	0-1	
RBC Count	4.31	millions/cumm	3.5-5.0	
PCV / Hct (Hematocrit)	37.6	%	34-47	Calculated
MCV	87.4	fl	76-96	
MCH	29.4	pg	27-32	
MCHC	33.6	g/dL	30-35	
Platelet Count	2.84	lakh/cumm	1.5-4.5	Impedance
RDW	12.2	%	1-15	
ESR (Erythrocyte Sedimentation Rate), Blood	18 H	mm 1st Hr.	0-15	Wintrobe

Pathology

Service Name	Result	Unit	Reference Range	Method
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Thyroid Profile -T3, T4, TSH, Blood

Triiodothyronine (T3)	1.61	ng/mL	0.69-2.15	CLIA
Thyroxine (T4)	105.0	ng/mL	52-127	CLIA
Thyroid Stimulating Hormone (TSH)	6.45 H	uIU/mL	0.3-4.5	CLIA



All tests have technical limitations Corroborative clinicopathological interpretation is indicated. In case of any disparity in including machine error or typing the test should be repeated immediately.

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Interpretation
:Note:

1. TSH levels are subject to circadian variation, reaching peak levels between 2 - 4.a.m. and at a minimum between 6-10 pm . The variation is of the order of 50% . hence time of the day has influence on the measured serum TSH concentrations.

2. Recommended test for T3 and T4 is unbound fraction or free levels as it is metabolically active.

3. Physiological rise in Total T3 / T4 levels is seen in pregnancy and in patients on steroid therapy.

Clinical Use

Primary Hypothyroidism

Hypertthyroidism Hypothalamic – Pituitary hypothyroidism

Inappropriate TSH secretion

Nonthyroidal illness

Autoimmune thyroid disease

Pregnancy associated thyroid disorders

Thyroid dysfunction in infancy and early childhood

URINE ANALYSIS/ URINE ROUTINE EXAMINATION, Urine
Physical Examination

COLOUR	Pale Yellow			Manual method
TRANSPARENCY	Clear			Manual
SPECIFIC GRAVITY	1.020		1.001-1.03	Strip
PH URINE	6.5		5-8	Strip
DEPOSIT	Absent			Manual

BIOCHEMICAL EXAMINATION

ALBUMIN	Absent			Strip
SUGAR	Absent			Strip
BILE SALTS (BS)	Absent			Manual
BILE PIGMENT (BP)	Absent			Manual

MICROSCOPIC EXAMINATION

PUS CELLS	0-1	/ hpf		Microscopy
EPITHELIAL CELLS	Absent	/ hpf		Microscopy
RBC'S	Absent	/hpf		Microscopy
CASTS	Absent			Microscopy
CRYSTALS	Absent			Macroscopy
BACTERIA	Absent			Macroscopy
FUNGUS	Absent			Microscopy
SPERMATOZOA	Absent			Microscopy
OTHERS	Absent			Microscopy



Clinical Biochemistry

Service Name	Result	Unit	Reference Range	Method
Glucose (Fasting), Plasma	103.60	mg/dL	60-110	
Glucose (Post Prandial), Plasma	134.0	mg/dL	80-150	
KFT (Kidney Profile) -I, Serum				
Urea, Blood	29.30	mg/dL	15-50	Urease-by
Creatinine, Serum	0.68	mg/dL	0.6-1.0	Enzymatic
Blood Urea Nitrogen (BUN)	13.67	mg%	7.5-22.0	Calculated
BUN-CREATININE RATIO	20.11 H		10-20	Calculated
Sodium Serum	134.14	mmol/L	133-150	ISE



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Potassium, Serum	4.33	mmol/L	3.5-5.5	ISE
Calcium, Serum	9.92	mg/dL	8.7-11.0	ISE
Chloride, Serum	96.0	mmol/L	94-110	ISE
Uric acid, Serum	4.71	mg/dL	2.5-6.5	
Magnesium, Serum	2.68	mg/dL	1.6-2.8	XYLIDYL BLUE
Phosphorus, Serum	3.08	mg/dL	2.4-5.0	MOLYBDATE UV
Alkaline phosphatase, Serum	95.01	U/L	42-136	IFCC
Albumin, Serum	3.97	g/dL	3.5-5.4	BCG
LFT (Liver Function Test) Profile, Serum				
Bilirubin Total, Serum	0.38	mg/dL	0.1-1.0	DMSO
Conjugated (Direct), Serum	0.12	mg%	0.0-0.3	DMSO
Unconjugated (Indirect)	0.26	mg%	0.0-0.75	Calculated
SGOT/AST	22.72	U/L	0-40	IFCC
SGPT/ALT	29.67	U/L	0-48	IFCC
AST/ALT Ratio	0.77		0-1	Calculated
Gamma GT, Serum	30.97	U/L	5-32	IFCC
Alkaline phosphatase, Serum	95.01	U/L	42-136	IFCC
Total Protein, serum	6.28	gm/dl	6.0-8.4	Biuret
Albumin, Serum	3.97	g/dL	3.5-5.4	BCG
Globulin	2.31	g/dL	2.3-3.6	Calculated
A/G Ratio	1.72		1.0-2.3	Calculated
Lipid Profile, Serum				
Cholesterol, serum	211.34	mg%	Optimal: < 200 mg/dl Border Line High Risk: 150 -240 mg/dl High Risk: > 250 mg/dl	
Triglycerides, serum	209.52 H	mg%	Optimal: < 150 mg/dl Border Line High Risk: 150 - 199 mg/dl High Risk: 200 - 499 mg/dl Very High Risk: > 500 mg/dl	
HDL Cholesterol	59.30	mg%	Optimal: 70 mg/dl Border Line High Risk: 80 - 100 mg/dl High Risk: > 120 mg/dl	
LDL Cholesterol	110.14	mg%	Optimal: < 100 mg/dl Border Line High Risk: 100 - 129 mg/dl High Risk: > 160 mg/dl	
VLDL Cholesterol	41.90 H	mg%	Male : 10 - 40 mg/dl Female : 10 - 40 mg/dl Child : 10 - 40 mg/dl	
LDL / HDL Cholesterol ratio	1.86		0.0-3.5	



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Service Name	Result	Unit	Reference Range	Method
Interpretation	<ol style="list-style-type: none"> Measurements in the same patient can show physiological & analytical variations. Three serial samples 1 week apart are recommended for Total Cholesterol, Triglycerides, HDL & LDL Cholesterol. ATP III recommends a complete lipoprotein profile as the initial test for evaluating cholesterol. Friedewald equation to calculate LDL cholesterol is most accurate when Triglyceride level is < 400 mg/dL. Measurement of Direct LDL cholesterol is recommended when Triglyceride level is > 400 mg/dL. 			

HbA1c

GLYCOSYLATED HAEMOGLOBIN (HbA1c)

Method- Immunofluorescence Assay

Glycosylated Hemoglobin (HbA1c)	5.46	%	<6.5 : Non Diabetic 6.5-7 : Good Control 7-8 : Weak Control > 8 : Poor Control
Estimated average blood glucose (eAG)	109.715	mg/dl	90-120: Excellent Control 121-150: Good Control 151-180: Average Control 181-210: Action Suggested

Note:

1. Since HbA1c reflects long term fluctuations in the blood glucose concentration, a diabetic patient who is recently under good control may still have a high concentration of HbA1c. Converse is true for a diabetic previously under good control but now poorly controlled.

2. Target goals of 7.0 % may be beneficial in patients with short duration of diabetes, long life expectancy and no significant cardiovascular disease. In patients with significant complications of diabetes, limited life expectancy or extensive co-morbid conditions, targeting a goal of 7.0 % may not be appropriate.

Comments:

HbA1c provides an index of average blood glucose levels over the past 8 - 12 weeks and is a much better indicator of long term glycemic control as compared to blood and urinary glucose determinations.






-----End of the Report-----




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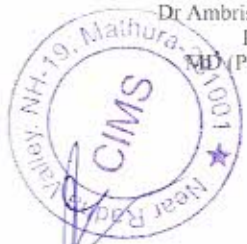
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Dr Ambrish Kumar
Pathology
MD (Pathology)



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