



GANESH DIAGNOSTIC

DR. LOKESH GOYAL
MBBS (K GMC), MD (RADIOLOGY)
CONSULTANT INTERVENTIONAL RADIOLOGIST
FORMER SR. REGISTRAR - APOLLO HOSPITAL, NEW DELHI
LIFE MEMBER OF IRIA

Timings : 9:00 am to 9:00 pm, Sunday 9.00 am to 3.00 pm ☎ 8392957683, 6395228718

11-04-2024

MRS. DEEP MALA PANDEY 33/F
DR. NITIN AGARWAL, DM

EXAMINATION PERFORMED ULTRASOUND WHOLE ABDOMEN

The Liver is normal in size and outline. It shows uniform echopattern. No obvious focal pathology is seen. The intra and extra hepatic biliary passages are not dilated.

The Gall Bladder is normal in size, with no evidence of calculi. Walls are thin. The CBD appears normal.

The Pancreas is normal in size and echogenicity. Its outlines are distinct. No obvious focal lesion, calcification or ductal dilatation is seen.

Spleen is normal in size and echogenicity. There is no evidence of collaterals.

Right Kidney is normal in position, outline and echogenicity. No evidence of calculi or calyceal dilatation is seen. Renal mobility is not impaired. Perinephric space is clear.

Left Kidney is normal in position, outline and echogenicity. No evidence of calculi or calyceal dilatation is seen. Renal mobility is not impaired. Perinephric space is clear.

No ascitis or pleural effusion. No retroperitoneal adenopathy.

The Urinary Bladder is normal in size and outline. Walls are thin & smooth. There is no evidence of any obvious intraluminal or perivesical pathology.

The Uterus is anteverted and bulky in size 100x41 mm. The myometrial and endometrial echoes are normal. B/L adenexa are clear. No adnexal mass or cyst seen.

IMPRESSION:- **BULKY UTERUS**

ADV—clinical correlation for bowel disorder

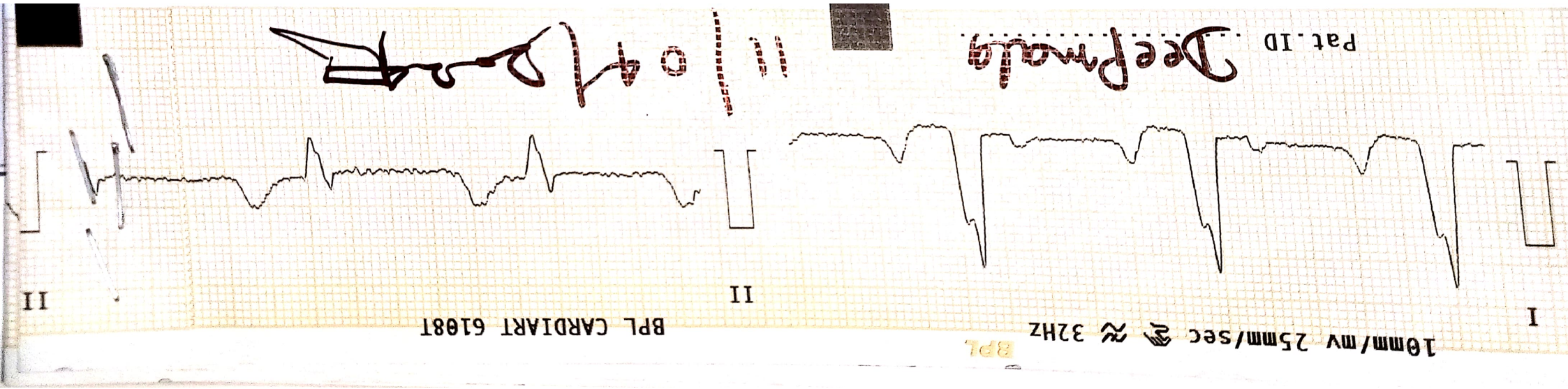
DR LOKESH GOYAL
MD
RADIODIAGNOSIS

Every imaging has its limitations. This is a professional opinion, not a final diagnosis. For further confirmation of diagnosis, clinical-pathological correlation & relevant next line investigation (TVS for gynecological disorders) (endoscopy / CT scan for bowel pathologies) are required. In case of clinical discrepancy with the report or confusion, reexamination / reevaluation are suggested. Esp. for the surgical cases 2nd opinion is must. Your positive as well as negative feedbacks are most welcome for better results

डिजिटल एक्स-रे, मल्टी स्लाइस
सी. टी. स्कैन सुविधा उपलब्ध है।



NOT VALID FOR
MEDICO LEGAL PURP



Pat. ID

Deepmata

11/04/2018

BPL CARDIART 61081

10mm/mv 25mm/sec

BPL

32HZ

II

II

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Reg.NO. : 11
NAME : Mrs. DEEP MALA PANDEY
REFERRED BY : Dr.Nitin Agarwal (D M)
SAMPLE : BLOOD

DATE : 11/04/2024
AGE : 33 Yrs.
SEX : FEMALE

<u>TEST NAME</u>	<u>RESULTS</u>	<u>UNITS</u>	<u>BIOLOGICAL REF. RANGE</u>
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HAEMATOLOGY

COMPLETE BLOOD COUNT (CBC)

HAEMOGLOBIN	10.7	gm/dl	12.0-15.0
TOTAL LEUCOCYTE COUNT	8,100	/cumm	4,000-11,000
DIFFERENTIAL LEUCOCYTE COUNT(DLC)			
Neutrophils	55	%	40-75
Lymphocytes	43	%	20-45
Eosinophils	02	%	01-08
TOTAL R.B.C. COUNT	4.00	million/cumm	3.5-6.5
P.C.V./ Haematocrit value	36.3	%	35-54
M C V	75.3	fL	76-96
M C H	28.3	pg	27.00-32.00
M C H C	31.5	g/dl	30.50-34.50
PLATELET COUNT	2.10	lacs/mm ³	1.50 - 4.50
E.S.R (WINTROBE METHOD)			
-in First hour	14	mm	00- 20

BLOOD GROUP

Blood Group : B
Rh : POSITIVE

BIOCHEMISTRY

BLOOD SUGAR F.	87	mg/dl	60-100
BLOOD UREA NITROGEN	16	mg/dL.	5 - 25
SERUM CREATININE	0.8	mg/dL.	0.5-1.4





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URIC ACID	7.2	mg/dl	3.0-6.0

CLINICAL SIGNIFICANCE:

Analysis of synovial fluid plays a major role in the diagnosis of joint disease.

LIVER PROFILE

SERUM BILIRUBIN

TOTAL	0.8	mg/dL	0.3-1.2
DIRECT	0.5	mg/dL	0.2-0.6
INDIRECT	0.3	mg/dL	0.1-0.4

SERUM PROTEINS

Total Proteins	7.3	Gm/dL	6.4 - 8.3
Albumin	4.4	Gm/dL	3.5 - 5.5
Globulin	2.9	Gm/dL	2.3 - 3.5
A : G Ratio	1.52		0.0-2.0
SGOT	21	IU/L	0-40
SGPT	15	IU/L	0-40
SERUM ALK.PHOSPHATASE	72	IU/L	00-115

NORMAL RANGE : BILIRUBIN TOTAL

Premature infants, 0 to 1 day: <8 mg/dL Premature infants, 1 to 2 days: <12 mg/dL Adults: 0.3-1 mg/dL.
Premature infants, 3 to 5 days: <16 mg/dL Neonates, 0 to 1 day: 1.4-8.7 mg/dL
Neonates, 1 to 2 days: 3.4-11.5 mg/dL Neonates, 3 to 5 days: 1.5-12 mg/dL Children 6 days to 18 years: 0.3-1.2 mg/dL

COMMENTS--

Total and direct bilirubin determination in serum is used for the diagnosis, differentiation and follow-up of jaundice. Elevation of SGPT is found in liver and kidney diseases such as infectious or toxic hepatitis, IM and cirrhosis. Organs rich in SGOT are heart, liver and skeletal muscles. When any of these organs are damaged, the serum SGOT level rises in proportion to the severity of damage. Elevation of Alkaline Phosphatase in serum or plasma is found in hepatic, biliary obstructions, hyperparathyroidism, steatorrhea and bone diseases.



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LIPID PROFILE			
SERUM CHOLESTEROL	127	mg/dL.	130 - 200
SERUM TRIGLYCERIDE	117	mg/dl.	30 - 160
HDL CHOLESTEROL	52	mg/dL.	30-70
VLDL CHOLESTEROL	23.4	mg/dL.	15 - 40
LDL CHOLESTEROL	51.60	mg/dL.	00-130
CHOL/HDL CHOLESTEROL RATIO	2.44	mg/dl	0-4
LDL/HDL CHOLESTEROL RATIO	0.99	mg/dl	0-3

INTERPRETATION

TRIGLYCERIDE level > 250mg/dL is associated with an approximately 2-fold greater risk of coronary vascular disease. Elevated triglycerides can be seen with obesity, medication, fast less than 12 hrs., alcohol intake, diabetes melitus, and pancreatitis.

CHOLESTEROL, its fractions and triglycerides are the important plasma lipids in defining cardiovascular risk factors and in the management of cardiovascular disease. Highest acceptable and optimum values of cholesterol vary with age. Values above 220 mgm/dl are associated with increased risk of CHD regardless of HDL & LDL values.

HDL-CHOLESTEROL level <35 mg/dL is associated with an increased risk of coronary vascular disease even in the face of elevated levels of cholesterol and LDL - cholesterol.

LDL - CHOLESTEROL & TOTAL CHOLESTEROL levels can be strikingly altered by thyroid, renal and liver disease as well as hereditary factors. Based on total cholesterol, LDL- cholesterol, and total cholesterol/HDL - cholesterol ratio, patients may be divided into the three risk categories.

Gamma Glutamyl Transferase (GGT) 30 U/L 11-50

HAEMATOLOGY



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URINE EXAMINATION REPORT			
PHYSICAL EXAMINATION			
pH	6.0		
TRANSPARENCY			
Volume	20	ml	
Colour	YELLOW		
Appearance	CLEAR		Nil
Sediments	Nil		
Specific Gravity	1.020		1.015-1.025
Reaction	Acidic		
BIOCHEMICAL EXAMINATION			
UROBILINOGEN	Nil		NIL
BILIRUBIN	Nil		NEGATIVE
URINE KETONE	Nil		NEGATIVE
Sugar	Nil		Nil
Albumin	Nil		Nil
Phosphates	Absent		Nil
MICROSCOPIC EXAMINATION			
Red Blood Cells	Nil	/H.P.F.	
Pus Cells	1-2	/H.P.F.	
Epithelial Cells	2-3	/H.P.F.	
Crystals	NIL		NIL
Casts	Nil	/H.P.F.	
DEPOSITS	NIL		
Bacteria	NIL		
Other	NIL		

Apple Cardiac Care
Agar, Stadium Road,
Care Hospital),
areilly - 243 122 (U.P.) India
Tel. : 07599031977, 09458888448



APPLE
PATHOLOGY
TRUSTED RESULT

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--{End of Report}--

Shweta Agarwal
Dr. Shweta Agarwal, M.D.
(Pathologist)





NAME	Mrs. DEEPMALA PANDEY	AGE/SEX	34 Y/F
Reff. By	Dr. NITIN AGARWAL (DM)	DATE	11/04/2024

ECHOCARDIOGRAPHY AND COLOUR DOPPLER STUDY

<u>MEASUREMENTS</u>	<u>VALUE</u>	<u>NORMAL DIMENSIONS</u>
LVID (d)	4.6	cm (3.7 –5.6 cm)
LVID (s)	2.6	cm (2.2 –3.9 cm)
RVID (d)	2.4	cm (0.7 –2.5 cm)
IVS (ed)	1.0	cm (0.6 –1.1 cm)
LVPW (ed)	1.0	cm (0.6 –1.1 cm)
AO	2.3	cm (2.2 –3.7 cm)
LA	3.4	cm (1.9 –4.0 cm)
<u>LV FUNCTION</u>		
EF	55	% (54 –76 %)
FS	27	% (25 –44 %)

LEFT VENTRICLE : No regional wall motion abnormality
 No concentric left Ventricle Hypertrophy

MITRAL VALVE : Mild MR

TRICUSPID VALVE : Thin, opening wells. No calcification, No doming .
 No Prolapse.
 Tricuspid inflow velocity= 0.7 m/sec

AORTIC VALVE : Thin, tricuspid, opening well, central closer,
 no flutter.
 No calcification
 Aortic velocity = 1.3 m/sec

PULMONARY VALVE : Thin, opening well, Pulmonary artery is normal
 EF slope is normal.
 Pulmonary Velocity = 0.9 m /sec

FACILITIES : ECG | COLOUR DOPPLER | ECHO CARDIOGRAPHY
 TMT | HOLTER MONITORING | PATHOLOGY



ON DOPPLER INTERROGATION THERE WAS :

- Mild mitral regurgitation
- No tricuspid regurgitation
- No aortic regurgitation
- No pulmonary regurgitation

MITRAL FLOW

E= 0.9 m/sec

A= 0.7 m/sec

ON COLOUR FLOW:

- Mild mitral regurgitation
- No tricuspid regurgitation
- No aortic regurgitation
- No pulmonary regurgitation

COMMENTS:

- No LA /LV clot
- No pericardial effusion
- No intracardiac mass
- IAS/IVS Intact
- Inferior vena cava – normal in size with normal respiratory variation

FINAL IMPRESSION

- NO REGIONAL WALL MOTION ABNORMALITY
- GRADE II LV DIASTOLIC DYSFUNCTION
- NORMAL LV SYSTOLIC FUNCTION (LVEF~55%)
- NORMAL CARDIAC CHAMBER DIMENSIONS
- MILD MR

WQ

DR.NITIN AGARWAL
DM (Cardiology)
Consultant Cardiologist

This opinion is to be correlated with the clinically findings and if required, please re-evaluate / reconfirm with further investigation.



11

11 APR 2024 02:34pm

B F P G 34% CFM F 2.5 MHz G 40%

TEI D 17 CM XV C

PRC 13-5-H PRS 2

PST 2

PRF 4.2KHZ PRS 2

WF H

CARDIAC PA230



11 APR 2024 02:34pm

B F P G 34%

TEI D 17 CM XV C

PRC 13-5-L PRS A

PST 2

CW F 2.5 MHz G 76%

PRF 6-1

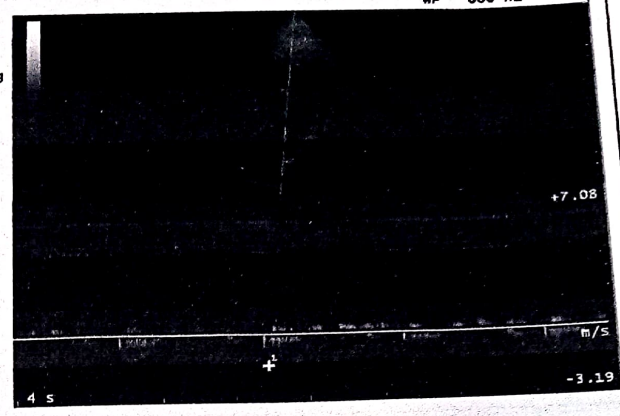
PST 2

WF 600 Hz

CARDIAC PA230

V1 -1.64 m/s

G1 10.7 mmHg



11 APR 2024 02:34pm

B F P G 34%

TEI D 17 CM XV C

PRC 13-5-H PRS A

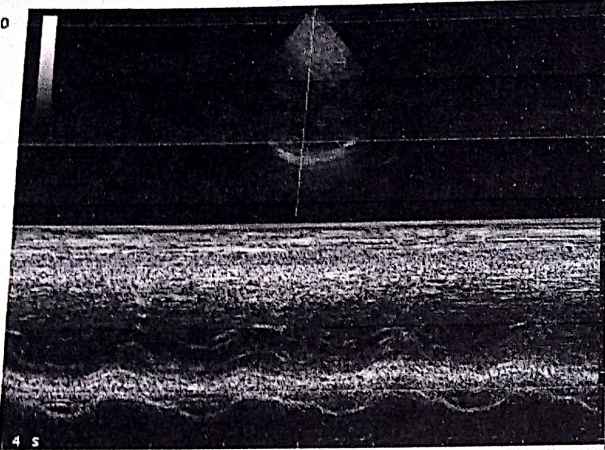
PST 2

H G 34%

PRC 7-3

PST 4

CARDIAC PA230



11 APR 2024 02:34pm

B F P G 34%

TEI D 17 CM XV C

PRC 13-5-L PRS A

PST 2

SV 4- 98mm

PW F 2.5 MHz G 64%

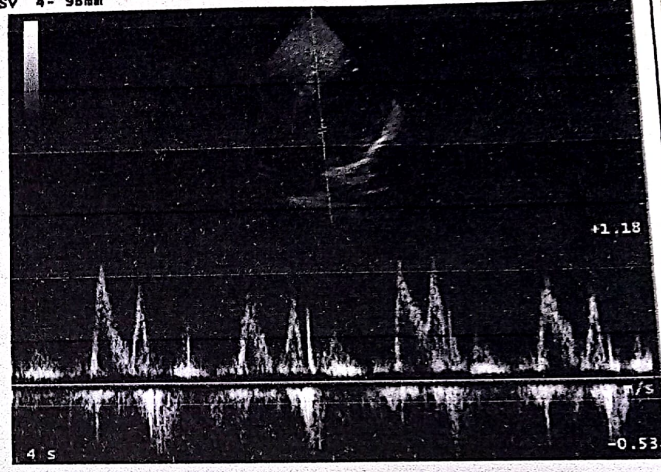
PRF 5.6KHZ

PRC 6-1

PST 2

WF 300 Hz

CARDIAC PA230



11 APR 2024 02:34pm

B F P G 34%

TEI D 13 CM XV C

PRC 13-5-H PRS A

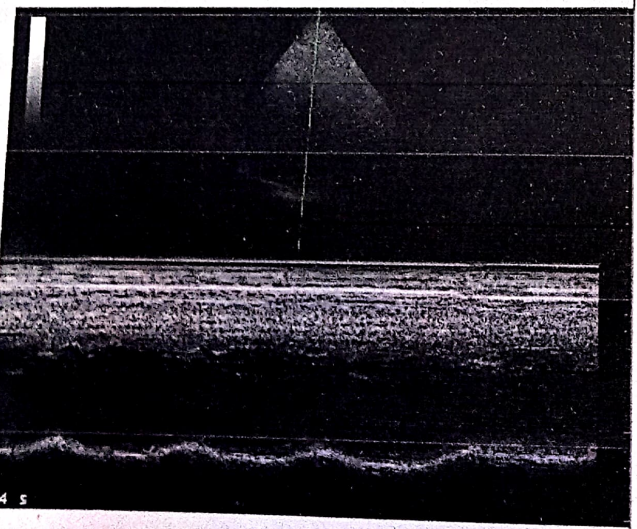
PST 2

M G 34%

PRC 7-3

PST 4

CARDIAC PA230



11 APR 2024 02:34pm

B F P G 46% CFM F 2.5 MHz G 40%

TEI D 15 CM XV C

PRC 13-5-H PRS 2

PST 2

PRF 4.2KHZ PRS 2

WF H

CARDIAC PA230

