


 भारत सरकार
 Government of India
 


 अवंती रावत
 Avanti Rawat
 जन्म तिथि/DOB: 20/12/1990
 महिला/ FEMALE

5845 0313 9628
 VID : 9142 8457 4901 2345
 मेरा आधार, मेरी पहचान


Dr. SUSHIL PANDEY
 M.B.B.S
 Reg. No.- UMC-5045
 Chancan Dignostic Center, Haldwani


 भारतीय विशिष्ट पहचान प्राधिकरण
 Unique Identification Authority of India
 

पता:
 द्वारा: प्रवेश रावत, सुलियट एन्क्लावे तल्ली बमोरी हल्द्वानी,
 हल्द्वानी, नैनीताल,
 उत्तराखण्ड - 263139

Address:
 C/O: Pravesh Rawat, Sunlight Enclave Talli
 Bamori Haldwani, Haldwani, Nainital,
 Uttarakhand - 263139



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 VID : 9142 8457 4901 2345

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S.K. NURSING HOME AND HOSPITAL



(TIKONIA, NEAR ICICI BANK, HALDWANI)

Phone No -05946-221040,220263

NAME OF PATIENT : MRS. AVANTI MEHRA	AGE /SEX: 33Y/F
REFERRED BY : CHANDAN DIAGNOSTIC	DATE : 23/03/2024

CLINICAL DIAGNOSIS:

ECHO WINDOW: Satisfactory

IMPRESSION:

Cardiac Chambers normal in size and function.

No Regional wall motion abnormality. LVEF ~ 60%.

Normal systolic and Diastolic functions.

RA/RV- Normal in size and function. Normal IVC.

Normal valves. Normal Pericardium.

No clot, vegetation or pericardial effusion.

THANKS FOR REFERRAL

NOT VALID FOR MEDICOLEGAL PURPOSES

DR. DEVASHISH GUPTA

MD MEDICINE, MemACC.

D. CARDIOLOGY (U.K.)

Dip. Echocardiography (AUSTRIA)

PARAMETERS:

DIMENSION	cm	NORMAL	DIMENSIONS	In cm	NORMAL
Aortic Root (ED)	2.5	2.0-3.7 cm	Left Atrium (ES)	3.8	1.9-4.0 cm
Left Ventricle			Right Ventricle	2.8	0.7-3.3 cm
			RVOT Prox.		
Diastole	4.4	3.7-5.6 cm	Right Atrium	16	<18cm ²
Systole		1.8-4.2 cm	TAPSE	20	>16 cm
LVPW (D)	0.8	0.6-1.1 cm	IVS (D)	0.8	0.6-1.1 cm
LVPW (S)		0.8-2.0	IVS (S)		0.8-2.0 cm
LVEF (est)	60%	>50%	WALL MOTION	Normal	

MITRAL VALVE

Mitral valve bicuspid. Opening and closure normal. E/A ratio : 1.6 DT- 204.

AORTIC VALVE

Aortic valve tri-leaflet. Opening and closure normal.

TRICUSPID VALVE

Tricuspid valve is well visualised and is normal.

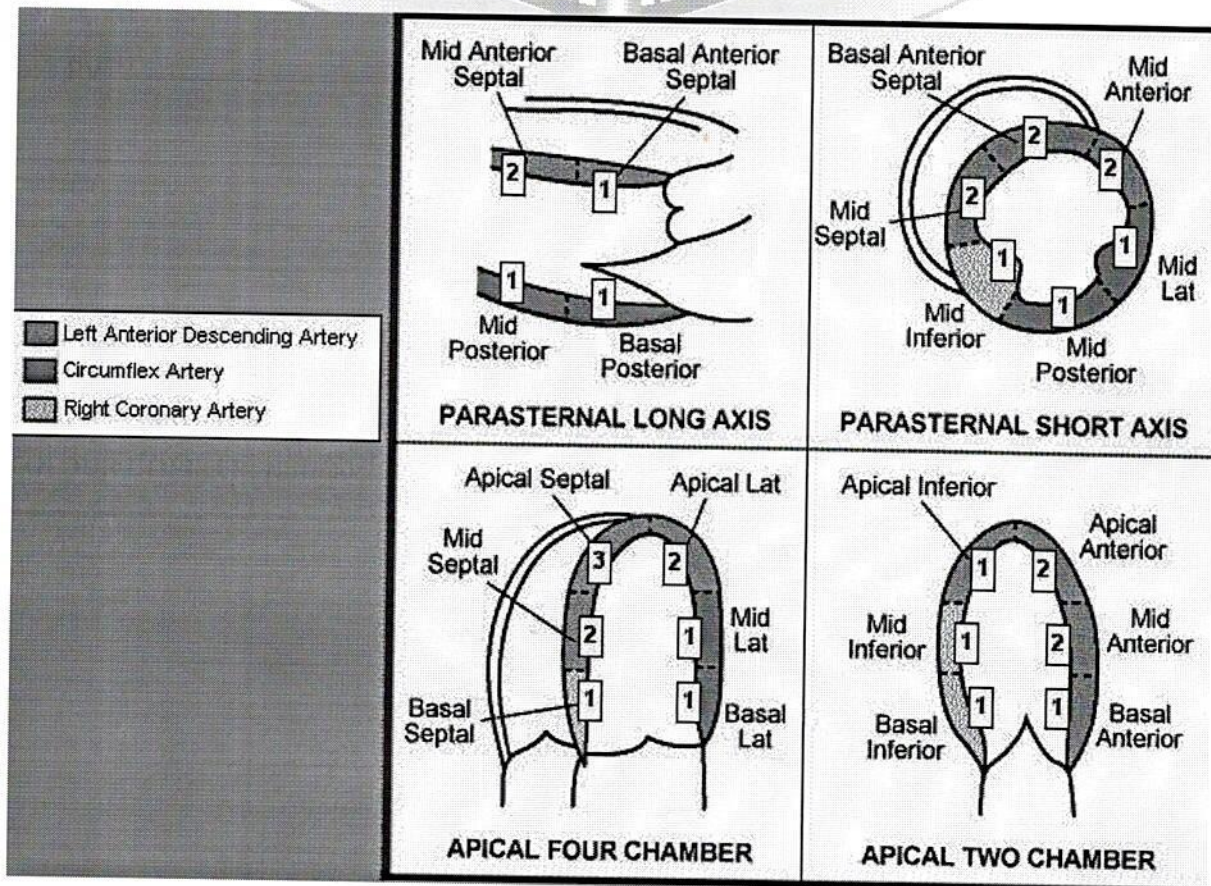
PULMONARY VALVE

Pulmonary valve is well visualised and is normal.

DOPPLER STUDIES

	<u>VELOCITY</u>	<u>FLOW PATTERN</u>	<u>REGURGITATION</u>
MV			-
PV			-
TV			-
AV			-

COLOUR DOPPLER: Normal



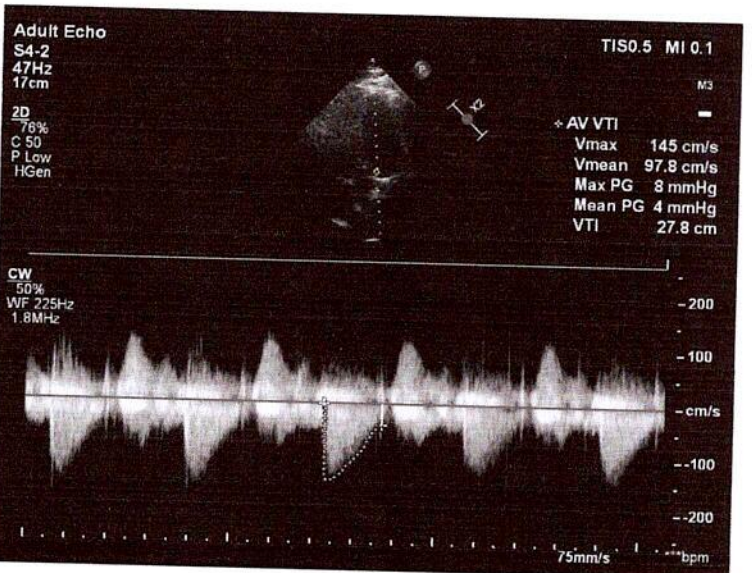
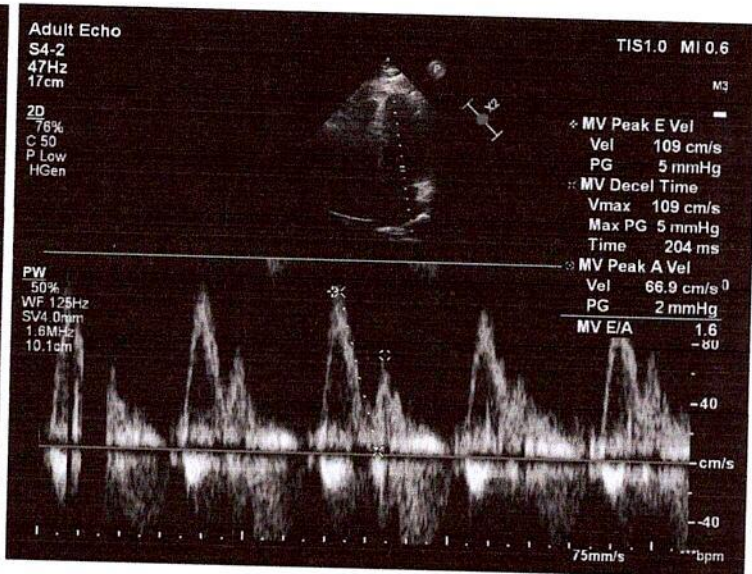
S.K. NURSING HOME & HOSPITAL

G.B. Pant Marg, TIKONIA, Haldwani (Nainital) Uttarakhand

Ph.: 2201040, 220263, 280191

Patient ID: 05121820240323
 Name: MRS AVANTI MEHRA 33/F
 Sex: F

Date: 23-Mar-2024
 Ref By: C



Dr. Devashish Gupta MD
 D. Cardio (UK). Mem ACC
 Dip Echocardiography (Austria)



CHANDAN DIAGNOSTIC CENTRE

Add: Opp. Vishal Megamart, Nainital Road, Haldwani
Ph: ,9235400975
CIN : U85110DL2003PLC308206



Patient Name	: Mrs.AVANTI MEHRA	Registered On	: 23/Mar/2024 10:48:51
Age/Gender	: 33 Y 3 M 3 D /F	Collected	: 23/Mar/2024 11:06:14
UHID/MR NO	: CHLD.0000105010	Received	: 23/Mar/2024 11:14:31
Visit ID	: CHLD0201922324	Reported	: 24/Mar/2024 11:26:38
Ref Doctor	: Dr.MEDIWHEEL ARCOFEMI HEALTH CARE LTD HLD -	Status	: Final Report

DEPARTMENT OF HAEMATOLOGY

MEDIWHEEL BANK OF BARODA FEMALE ABOVE 40 YRS

Test Name	Result	Unit	Bio. Ref. Interval	Method
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Blood Group (ABO & Rh typing) * , Blood

Blood Group	AB			ERYTHROCYTE MAGNETIZED TECHNOLOGY / TUBE AGGLUTINA
Rh (Anti-D)	NEGATIVE			ERYTHROCYTE MAGNETIZED TECHNOLOGY / TUBE AGGLUTINA

Complete Blood Count (CBC) * , Whole Blood

Haemoglobin	11.40	g/dl	1 Day- 14.5-22.5 g/dl 1 Wk- 13.5-19.5 g/dl 1 Mo- 10.0-18.0 g/dl 3-6 Mo- 9.5-13.5 g/dl 0.5-2 Yr- 10.5-13.5 g/dl 2-6 Yr- 11.5-15.5 g/dl 6-12 Yr- 11.5-15.5 g/dl 12-18 Yr 13.0-16.0 g/dl Male- 13.5-17.5 g/dl Female- 12.0-15.5 g/dl	
TLC (WBC)	8,500.00	/Cu mm	4000-10000	ELECTRONIC IMPEDANCE
DLC				
Polymorphs (Neutrophils)	82.00	%	55-70	ELECTRONIC IMPEDANCE
Lymphocytes	15.00	%	25-40	ELECTRONIC IMPEDANCE
Monocytes	1.00	%	3-5	ELECTRONIC IMPEDANCE
Eosinophils	2.00	%	1-6	ELECTRONIC IMPEDANCE
Basophils	0.00	%	<1	ELECTRONIC IMPEDANCE
ESR				
Observed	34.00	Mm for 1st hr.		
Corrected	22.00	Mm for 1st hr.	<20	
PCV (HCT)	36.00	%	40-54	
Platelet count				
Platelet Count	1.98	LACS/cu mm	1.5-4.0	ELECTRONIC IMPEDANCE/MICROSCOPIC
PDW (Platelet Distribution width)	16.10	fL	9-17	ELECTRONIC IMPEDANCE
P-LCR (Platelet Large Cell Ratio)	24.90	%	35-60	ELECTRONIC IMPEDANCE





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Test Name	Result	Unit	Bio. Ref. Interval	Method
PCT (Platelet Hematocrit)	0.18	%	0.108-0.282	ELECTRONIC IMPEDANCE
MPV (Mean Platelet Volume)	9.60	fL	6.5-12.0	ELECTRONIC IMPEDANCE
RBC Count				
RBC Count	4.09	Mill./cu mm	3.7-5.0	ELECTRONIC IMPEDANCE
Blood Indices (MCV, MCH, MCHC)				
MCV	89.70	fL	80-100	CALCULATED PARAMETER
MCH	28.20	pg	28-35	CALCULATED PARAMETER
MCHC	31.10	%	30-38	CALCULATED PARAMETER
RDW-CV	13.80	%	11-16	ELECTRONIC IMPEDANCE
RDW-SD	45.70	fL	35-60	ELECTRONIC IMPEDANCE
Absolute Neutrophils Count	6,970.00	/cu mm	3000-7000	
Absolute Eosinophils Count (AEC)	170.00	/cu mm	40-440	


Dr Vinod Ojha
MD Pathologist





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DEPARTMENT OF BIOCHEMISTRY

MEDIWHEEL BANK OF BARODA FEMALE ABOVE 40 YRS

Test Name	Result	Unit	Bio. Ref. Interval	Method
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GLUCOSE FASTING , Plasma

Glucose Fasting	74.60	mg/dl	< 100 Normal 100-125 Pre-diabetes ≥ 126 Diabetes	GOD POD
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Interpretation:

- Kindly correlate clinically with intake of hypoglycemic agents, drug dosage variations and other drug interactions.
- A negative test result only shows that the person does not have diabetes at the time of testing. It does not mean that the person will never get diabetics in future, which is why an Annual Health Check up is essential.
- I.G.T = Impaired Glucose Tolerance.

Glucose PP

Sample: Plasma After Meal

89.70	mg/dl	<140 Normal 140-199 Pre-diabetes >200 Diabetes	GOD POD
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Interpretation:

- Kindly correlate clinically with intake of hypoglycemic agents, drug dosage variations and other drug interactions.
- A negative test result only shows that the person does not have diabetes at the time of testing. It does not mean that the person will never get diabetics in future, which is why an Annual Health Check up is essential.
- I.G.T = Impaired Glucose Tolerance.

GLYCOSYLATED HAEMOGLOBIN (HBA1C) * , EDTA BLOOD

Glycosylated Haemoglobin (HbA1c)	5.10	% NGSP	HPLC (NGSP)
Glycosylated Haemoglobin (HbA1c)	32.00	mmol/mol/IFCC	
Estimated Average Glucose (eAG)	100	mg/dl	

Interpretation:

NOTE:-

- eAG is directly related to A1c.
- An A1c of 7% -the goal for most people with diabetes-is the equivalent of an eAG of 154 mg/dl.
- eAG may help facilitate a better understanding of actual daily control helping you and your health care provider to make necessary changes to your diet and physical activity to improve overall diabetes management.





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MEDIWHEEL BANK OF BARODA FEMALE ABOVE 40 YRS

Test Name	Result	Unit	Bio. Ref. Interval	Method
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The following ranges may be used for interpretation of results. However, factors such as duration of diabetes, adherence to therapy and the age of the patient should also be considered in assessing the degree of blood glucose control.

Haemoglobin A1C (%)	NGSP mmol/mol / IFCC Unit	eAG (mg/dl)	Degree of Glucose Control Unit
> 8	>63.9	>183	Action Suggested*
7-8	53.0 -63.9	154-183	Fair Control
< 7	<63.9	<154	Goal**
6-7	42.1 -63.9	126-154	Near-normal glycemia
< 6%	<42.1	<126	Non-diabetic level

*High risk of developing long term complications such as Retinopathy, Nephropathy, Neuropathy, Cardiopathy, etc.

**Some danger of hypoglycemic reaction in Type 1diabetics. Some glucose intolerant individuals and "subclinical" diabetics may demonstrate HbA1C levels in this area.

N.B. : Test carried out on Automated VARIANT II TURBO HPLC Analyser.

Clinical Implications:

*Values are frequently increased in persons with poorly controlled or newly diagnosed diabetes.

*With optimal control, the HbA 1c moves toward normal levels.

*A diabetic patient who recently comes under good control may still show higher concentrations of glycosylated hemoglobin. This level declines gradually over several months as nearly normal glycosylated *Increases in glycosylated hemoglobin occur in the following non-diabetic conditions: a. Iron-deficiency anemia b. Splenectomy c. Alcohol toxicity d. Lead toxicity

*Decreases in A 1c occur in the following non-diabetic conditions: a. Hemolytic anemia b. chronic blood loss

*Pregnancy d. chronic renal failure. Interfering Factors:

*Presence of Hb F and H causes falsely elevated values. 2. Presence of Hb S, C, E, D, G, and Lepore (autosomal recessive mutation resulting in a hemoglobinopathy) causes falsely decreased values.

BUN (Blood Urea Nitrogen) Sample:Serum	8.97	mg/dL	7.0-23.0	CALCULATED
Creatinine Sample:Serum	0.62	mg/dl	0.5-1.20	MODIFIED JAFFES
Uric Acid Sample:Serum	3.04	mg/dl	2.5-6.0	URICASE

LFT (WITH GAMMA GT) * , Serum





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DEPARTMENT OF BIOCHEMISTRY

MEDIWHEEL BANK OF BARODA FEMALE ABOVE 40 YRS

Test Name	Result	Unit	Bio. Ref. Interval	Method
SGOT / Aspartate Aminotransferase (AST)	16.37	U/L	< 35	IFCC WITHOUT P5P
SGPT / Alanine Aminotransferase (ALT)	10.00	U/L	< 40	IFCC WITHOUT P5P
Gamma GT (GGT)	13.50	IU/L	11-50	OPTIMIZED SZAZING
Protein	6.01	gm/dl	6.2-8.0	BIURET
Albumin	3.50	gm/dl	3.4-5.4	B.C.G.
Globulin	2.51	gm/dl	1.8-3.6	CALCULATED
A:G Ratio	1.39		1.1-2.0	CALCULATED
Alkaline Phosphatase (Total)	44.32	U/L	42.0-165.0	IFCC METHOD
Bilirubin (Total)	0.51	mg/dl	0.3-1.2	JENDRASSIK & GROF
Bilirubin (Direct)	0.25	mg/dl	< 0.30	JENDRASSIK & GROF
Bilirubin (Indirect)	0.26	mg/dl	< 0.8	JENDRASSIK & GROF

LIPID PROFILE (MINI) , Serum

Cholesterol (Total)	209.27	mg/dl	<200 Desirable 200-239 Borderline High > 240 High	CHOD-PAP
HDL Cholesterol (Good Cholesterol)	80.00	mg/dl	30-70	DIRECT ENZYMATIC
LDL Cholesterol (Bad Cholesterol)	86	mg/dl	< 100 Optimal 100-129 Nr. Optimal/Above Optimal 130-159 Borderline High 160-189 High > 190 Very High	CALCULATED
VLDL	43.06	mg/dl	10-33	CALCULATED
Triglycerides	215.30	mg/dl	< 150 Normal 150-199 Borderline High 200-499 High >500 Very High	GPO-PAP


Dr Vinod Ojha
MD Pathologist





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Patient Name	: Mrs.AVANTI MEHRA	Registered On	: 23/Mar/2024 10:48:52
Age/Gender	: 33 Y 3 M 3 D /F	Collected	: 23/Mar/2024 15:56:36
UHID/MR NO	: CHLD.0000105010	Received	: 23/Mar/2024 16:38:16
Visit ID	: CHLD0201922324	Reported	: 23/Mar/2024 19:33:02
Ref Doctor	: Dr.MEDIWHEEL ARCOFEMI HEALTH CARE LTD HLD -	Status	: Final Report

DEPARTMENT OF CLINICAL PATHOLOGY

MEDIWHEEL BANK OF BARODA FEMALE ABOVE 40 YRS

Test Name	Result	Unit	Bio. Ref. Interval	Method
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URINE EXAMINATION, ROUTINE * , Urine

Color	YELLOW			
Specific Gravity	1.015			
Reaction PH	Acidic (5.0)			DIPSTICK
Appearance	CLEAR			
Protein	ABSENT	mg %	< 10 Absent 10-40 (+) 40-200 (++) 200-500 (+++) > 500 (++++)	DIPSTICK
Sugar	ABSENT	gms%	< 0.5 (+) 0.5-1.0 (++) 1-2 (+++) > 2 (++++)	DIPSTICK
Ketone	ABSENT	mg/dl	0.1-3.0	BIOCHEMISTRY
Bile Salts	ABSENT			
Bile Pigments	ABSENT			
Bilirubin	ABSENT			DIPSTICK
Leucocyte Esterase	ABSENT			DIPSTICK
Urobilinogen(1:20 dilution)	ABSENT			
Nitrite	ABSENT			DIPSTICK
Blood	ABSENT			DIPSTICK
Microscopic Examination:				
Epithelial cells	2-3/h.p.f			MICROSCOPIC EXAMINATION
Pus cells	1-2/h.p.f			
RBCs	ABSENT			MICROSCOPIC EXAMINATION
Cast	ABSENT			
Crystals	ABSENT			MICROSCOPIC EXAMINATION
Others	ABSENT			

STOOL, ROUTINE EXAMINATION * , Stool

Color	YELLOWISH
Consistency	SEMI SOLID
Reaction (PH)	Acidic (6.5)





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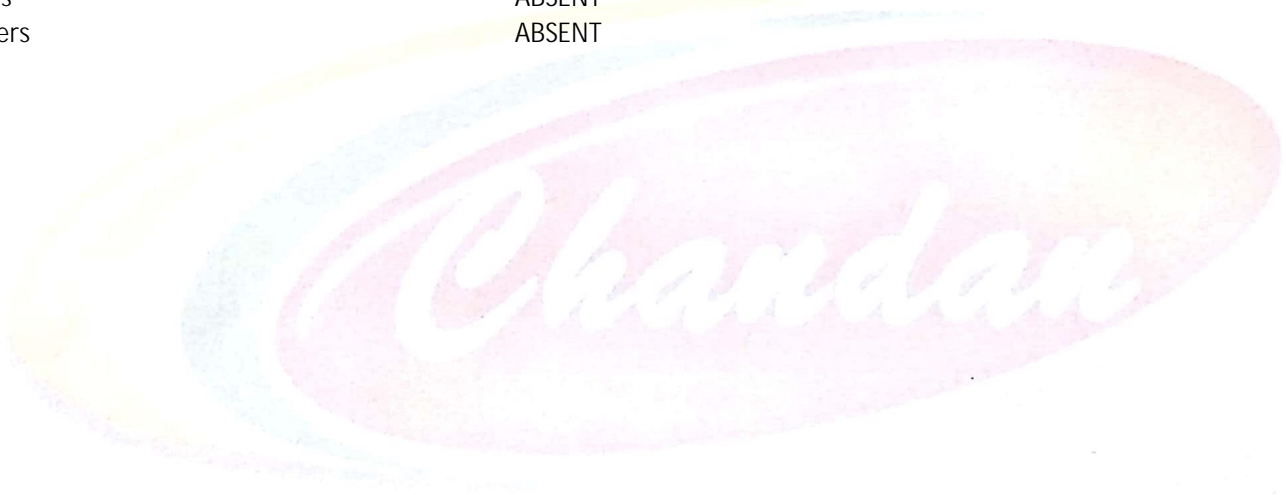


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DEPARTMENT OF CLINICAL PATHOLOGY

MEDIWHEEL BANK OF BARODA FEMALE ABOVE 40 YRS

Test Name	Result	Unit	Bio. Ref. Interval	Method
Mucus	ABSENT			
Blood	ABSENT			
Worm	ABSENT			
Pus cells	ABSENT			
RBCs	ABSENT			
Ova	ABSENT			
Cysts	ABSENT			
Others	ABSENT			



Dr.Pankaj Punetha DNB(Pathology)





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DEPARTMENT OF CLINICAL PATHOLOGY

MEDIWHEEL BANK OF BARODA FEMALE ABOVE 40 YRS

Test Name	Result	Unit	Bio. Ref. Interval	Method
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SUGAR, PP STAGE * , Urine

Sugar, PP Stage ABSENT

Interpretation:

- (+) < 0.5 gms%
- (++) 0.5-1.0 gms%
- (+++) 1-2 gms%
- (++++) > 2 gms%



Dr.Pankaj Punetha DNB(Pathology)





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Visit ID	: CHLD0201922324	Reported	: 24/Mar/2024 13:30:35
Ref Doctor	: Dr.MEDIWHEEL ARCOFEMI HEALTH CARE LTD HLD -	Status	: Final Report

DEPARTMENT OF IMMUNOLOGY

MEDIWHEEL BANK OF BARODA FEMALE ABOVE 40 YRS

Test Name	Result	Unit	Bio. Ref. Interval	Method
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THYROID PROFILE - TOTAL * , Serum

T3, Total (tri-iodothyronine)	178.00	ng/dl	84.61-201.7	CLIA
T4, Total (Thyroxine)	11.20	ug/dl	3.2-12.6	CLIA
TSH (Thyroid Stimulating Hormone)	2.200	μIU/mL	0.27 - 5.5	CLIA

Interpretation:

0.3-4.5	μIU/mL	First Trimester
0.5-4.6	μIU/mL	Second Trimester
0.8-5.2	μIU/mL	Third Trimester
0.5-8.9	μIU/mL	Adults 55-87 Years
0.7-27	μIU/mL	Premature 28-36 Week
2.3-13.2	μIU/mL	Cord Blood > 37Week
0.7-64	μIU/mL	Child(21 wk - 20 Yrs.)
1-39	μIU/mL	Child 0-4 Days
1.7-9.1	μIU/mL	Child 2-20 Week

- 1) Patients having low T3 and T4 levels but high TSH levels suffer from primary hypothyroidism, cretinism, juvenile myxedema or autoimmune disorders.
- 2) Patients having high T3 and T4 levels but low TSH levels suffer from Grave's disease, toxic adenoma or sub-acute thyroiditis.
- 3) Patients having either low or normal T3 and T4 levels but low TSH values suffer from iodine deficiency or secondary hypothyroidism.
- 4) Patients having high T3 and T4 levels but normal TSH levels may suffer from toxic multinodular goiter. This condition is mostly a symptomatic and may cause transient hyperthyroidism but no persistent symptoms.
- 5) Patients with high or normal T3 and T4 levels and low or normal TSH levels suffer either from T3 toxicosis or T4 toxicosis respectively.
- 6) In patients with non thyroidal illness abnormal test results are not necessarily indicative of thyroidism but may be due to adaptation to the catabolic state and may revert to normal when the patient recovers.
- 7) There are many drugs for eg. Glucocorticoids, Dopamine, Lithium, Iodides, Oral radiographic dyes, etc. which may affect the thyroid function tests.
- 8) Generally when total T3 and total T4 results are indecisive then Free T3 and Free T4 tests are recommended for further confirmation along with TSH levels.


Dr Vinod Ojha
MD Pathologist





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Patient Name	: Mrs.AVANTI MEHRA	Registered On	: 23/Mar/2024 10:48:56
Age/Gender	: 33 Y 3 M 3 D /F	Collected	: N/A
UHID/MR NO	: CHLD.0000105010	Received	: N/A
Visit ID	: CHLD0201922324	Reported	: 23/Mar/2024 11:17:08
Ref Doctor	: Dr.MEDIWHEEL ARCOFEMI HEALTH CARE LTD HLD -	Status	: Final Report

DEPARTMENT OF ULTRASOUND

MEDIWHEEL BANK OF BARODA FEMALE ABOVE 40 YRS

ULTRASOUND WHOLE ABDOMEN (UPPER & LOWER) *

ULTRASOUND WHOLE ABDOMEN

LIVER: Is normal in size (~15.3cms) and normal in echotexture. No SOL seen. No dilatation of IHBR seen. Hepatic vessels are normal. Portal vein is patent.

GALL BLADDER: Lumen anechoic, wall is normal in thickness (~3 mm). No pericholecystic fluid seen.

CBD: Normal in caliber and smoothly tapering towards its lower end.

PANCREAS: Normal in size and echotexture.

SPLEEN: Normal in size and echotexture.

KIDNEYS:-

Right kidney is normal in size, shape and echotexture with maintained CM differentiation. No dilatation of PC system is seen. No calculus seen.

Left kidney is normal in size, shape and echotexture with maintained CM differentiation. No dilatation of PC system is seen. No calculus seen.

URINARY BLADDER: Normal capacity bladder with anechoic lumen and smooth regular walls of normal thickness.

UTERUS:

- Uterus is gravid. (Adv:- USG OBS).

No evidence of any free fluid/retroperitoneal lymphadenopathy.



Impression:- Normal study for visualized organs.

*** End Of Report ***

Dr Sushil Pandey(MD Radiodignosis)

ECG/EKG, X-RAY DIGITAL CHEST PA, Tread Mill Test (TMT), PAPSMEAR FOR CYTOLOGICAL

Facilities: Pathology, Bedside Sample Collection, Health Check-ups, Digital X-Ray, ECG (Bedside also), Allergy Testing, Test And Health Check-ups, Ultrasonography, Sonomammography, Bone Mineral Density (BMD), Doppler Studies, 2D Echo, CT Scan, MRI, Blood Bank, TMT, EEG, PFT, OPG, Endoscopy, Digital Mammography, Electromyography (EMG), Nerve Condition Velocity (NCV), Audiometry, Brainstem Evoked Response Audiometry (BERA), Colonoscopy, Ambulance Services, Online Booking Facilities for Diagnostics, Online Report Viewing *
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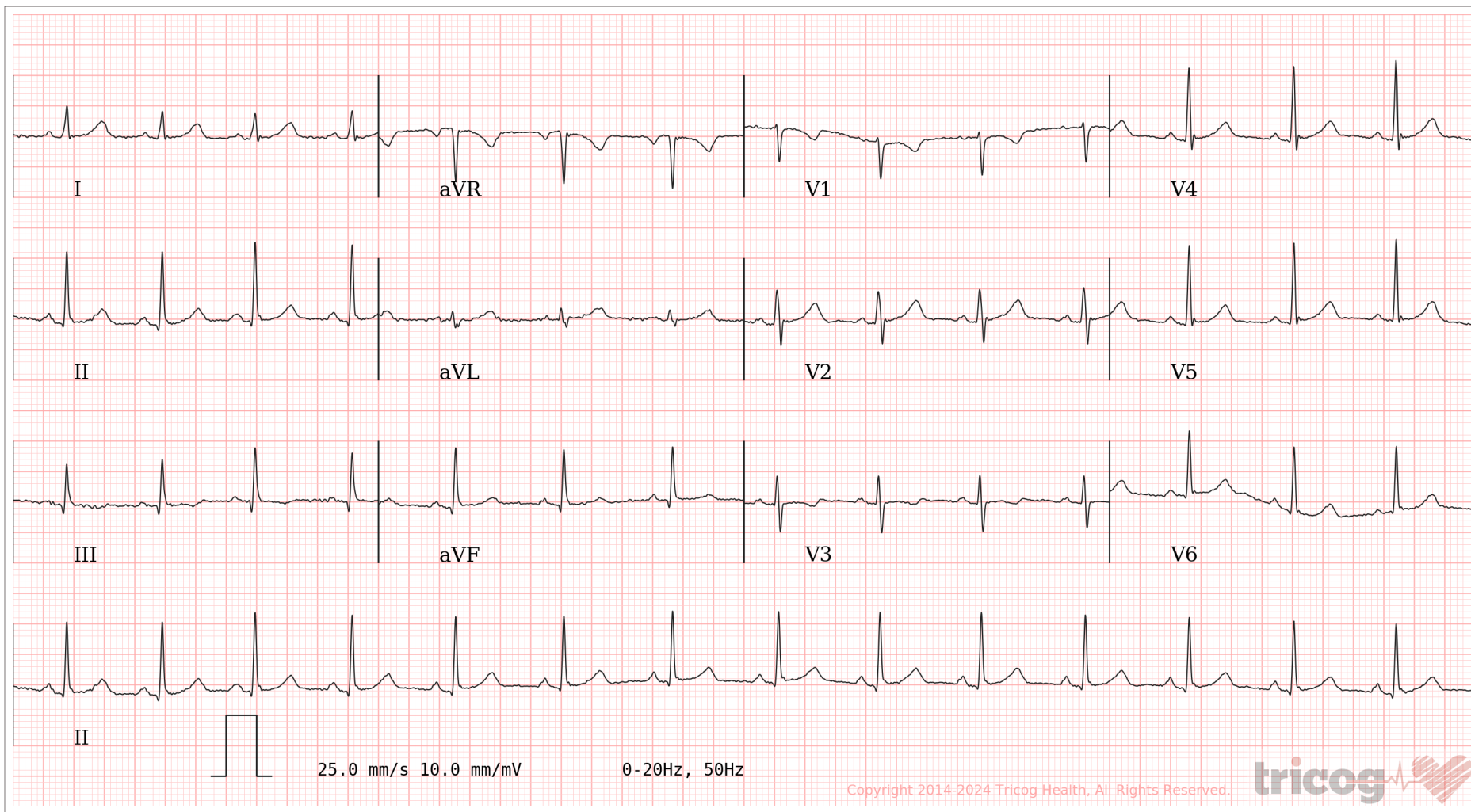


Chandan Diagnostic



Age / Gender: 33/Female
Patient ID: CHLD0201672324
Patient Name: Mrs.AVANTI MEHRA

Date and Time: 23rd Mar 24 9:21 AM



AR: 89bpm VR: 89bpm QRSD: 76ms QT: 358ms QTcB: 435ms PRI: 130ms P-R-T: 53° 65° 40°

ECG Within Normal Limits: Sinus Rhythm. Please correlate clinically.

AUTHORIZED BY

Dr. Charit
MD, DM: Cardiology

63382

REPORTED BY

Dr. Rashmi N K

KMC 155866

Disclaimer: Analysis in this report is based on ECG alone and should only be used as an adjunct to clinical history, symptoms and results of other invasive and non-invasive tests and must be interpreted by a qualified physician.