

11588625

pushpa

12/28/2023 10:44:54 AM

53 Years

Female

Rate 80 . Sinus rhythm.....normal P axis, V-rate 50- 99  
 . Abnormal R-wave progression, late transition.....QRS area<0 in V5/V6  
 PR 125 . Left ventricular hypertrophy.....multiple voltage criteria  
 QRSD 88  
 QT 365  
 QTc 421

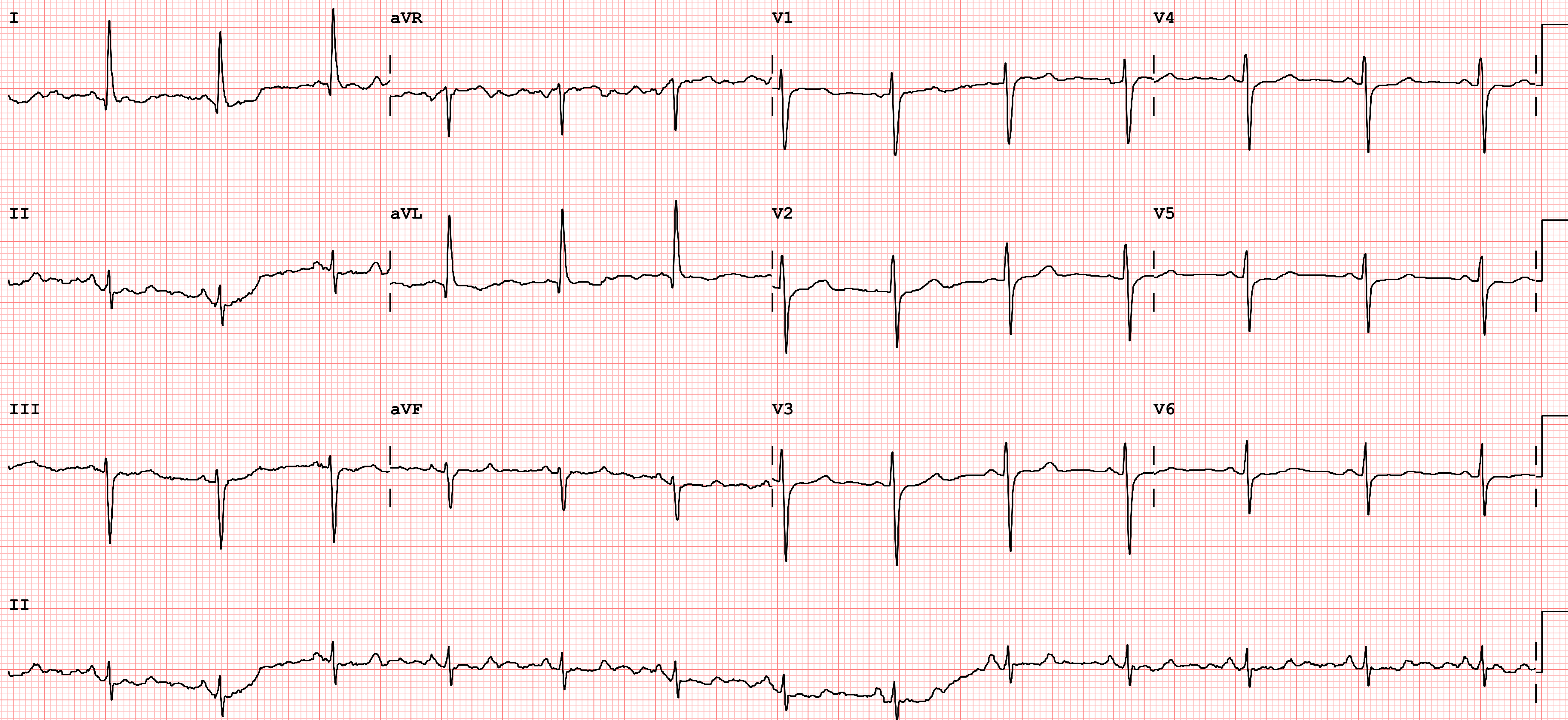
--AXIS--

P 46  
 QRS -27  
 T 133

- ABNORMAL ECG -

12 Lead; Standard Placement

Unconfirmed Diagnosis





<b>NAME</b>	<b>MRS PUSHPA</b>	<b>STUDY DATE</b>	<b>28/12/2023 1:59PM</b>
<b>AGE / SEX</b>	<b>53 y / F</b>	<b>HOSPITAL NO.</b>	<b>MH011588625</b>
<b>ACCESSION NO.</b>	<b>NM11461989</b>	<b>MODALITY</b>	<b>US</b>
<b>REPORTED ON</b>	<b>29/12/2023 4:45PM</b>	<b>REFERRED BY</b>	<b>Health Check MHD</b>

## 2D Echocardiography Report

	<b>End diastole</b>	<b>End systole</b>
IVS thickness (cm)	<b>0.9</b>	<b>1.2</b>
Left Ventricular Dimension (cm)	<b>4.4</b>	<b>2.5</b>
Left Ventricular Posterior Wall thickness (cm)	<b>0.8</b>	<b>1.1</b>

Aortic Root Diameter (cm)	<b>2.8</b>
Left Atrial Dimension (cm)	<b>3.3</b>
Left Ventricular Ejection Fraction (%)	<b>55 %</b>

LEFT VENTRICLE	:	Normal in size. No RWMA. LVEF=55 %
RIGHT VENTRICLE	:	Normal in size. Normal RV function.
LEFT ATRIUM	:	Normal in size
RIGHT ATRIUM	:	Normal in size
MITRAL VALVE	:	Trace MR.
AORTIC VALVE	:	Normal.
TRICUSPID VALVE	:	Trace TR, PASP~ 24 mmHg.
PULMONARY VALVE	:	Normal
MAIN PULMONARY ARTERY & ITS BRANCHES	:	Appears normal.
INTERATRIAL SEPTUM	:	Intact.
INTERVENTRICULAR SEPTUM	:	Intact.
PERICARDIUM	:	No pericardial effusion or thickening



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# Human Care Medical Charitable Trust

Sector-6, Dwarka, New Delhi 110 075

GST: 07AAAAH3917LIZM PAN NO: AAAAH3917L



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## DOPPLER STUDY

VALVE	Peak Velocity (cm/sec)	Maximum P.G. (mmHg)	Mean P. G. (mmHg)	Regurgitation	Stenosis
MITRAL	E= 69 A=99	-	-	Trace	Nil
AORTIC	137	-	-	Nil	Nil
TRICUSPID	-	N	N	Trace	Nil
PULMONARY	77	N	N	Nil	Nil

## SUMMARY & INTERPRETATION:

- No LV regional wall motion abnormality with LVEF = 55 %
- Normal sized RA/RV/LV/LA with no chamber hypertrophy. Normal RV function.
- Trace MR.
- Trace TR, PASP~ 24 mmHg.
- Grade- I diastolic dysfunction
- IVC normal in size, >50% collapse with inspiration, suggestive of normal RA pressure.
- No clot/vegetation/pericardial effusion.

*Please correlate clinically.*

**Dr. Samanjoy Mukherjee MBBS, MD, General Medicine, DM(Cardiology) DMC No.12194  
Consultant (Cardiology)**

\*\*\*\*\*End Of Report\*\*\*\*\*



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## Department Of Laboratory Medicine

**Name** : MRS PUSHPA **Age** : 53 Yr(s) Sex :Female  
**Registration No** : MH011588625 **Lab No** : 31231201343  
**Patient Episode** : H03000058987 **Collection Date** : 28 Dec 2023 11:00  
**Referred By** : HEALTH CHECK MHD **Reporting Date** : 28 Dec 2023 12:49  
**Receiving Date** : 28 Dec 2023 12:03

## Department of Transfusion Medicine ( Blood Bank )

BLOOD GROUPING, RH TYPING & ANTIBODY SCREEN (TYPE & SCREEN)  
Specimen-Blood

Blood Group & Rh Typing (Agglutination by gel/tube technique)

Blood Group & Rh typing B Rh(D) Positive

Antibody Screening (Microtyping in gel cards using reagent red cells)

Final Antibody Screen Result Negative

### Technical Note:

ABO grouping and Rh typing is done by cell and serum grouping by microplate / gel technique. Antibody screening is done using a 3 cell panel of reagent red cells coated with Rh, Kell, Duffy, Kidd, Lewis, P, MNS, Lutheran and Xg antigens using gel technique.

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Dr Himanshu Lamba

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### BIOCHEMISTRY

Specimen: EDTA Whole blood

HbA1c (Glycosylated Hemoglobin)

5.7 %

As per American Diabetes Association (ADA) 2010

[4.0-6.5]

HbA1c in %

Non diabetic adults : < 5.7 %

Prediabetes (At Risk ) : 5.7 % - 6.4 %

Diabetic Range : > 6.5 %

Methodology

High-Performance Liquid Chromatography (HPLC)

Estimated Average Glucose (eAG)

117

mg/dl

#### Use :

1. Monitoring compliance and long-term blood glucose level control in patients with diabetes.
2. Index of diabetic control (direct relationship between poor control and development of complications).
3. Predicting development and progression of diabetic microvascular complications.

#### Limitations :

1. A1C values may be falsely elevated or decreased in those with chronic kidney disease.
2. False elevations may be due in part to analytical interference from carbamylated hemoglobin formed in the presence of elevated concentrations of urea, with some assays.
3. False decreases in measured A1C may occur with hemodialysis and altered red cell turnover, especially in the setting of erythropoietin treatment

References : Rao.L.V.,Michael snyder.L.(2021).Wallach's Interpretation of Diagnostic Tests. 11th Edition. Wolterkluwer. NaderRifai,Andrea Rita Horvath,Carl T.wittwer.

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### BIOCHEMISTRY

#### Lipid Profile (Serum)

<b>TOTAL CHOLESTEROL (CHOD/POD)</b>	<b>222 #</b>	<b>mg/dl</b>	<b>[&lt;200]</b> Moderate risk:200-239 High risk:>240
TRIGLYCERIDES (GPO/POD)	146	mg/dl	[<150] Borderline high:151-199 High: 200 - 499 Very high:>500
HDL - CHOLESTEROL (Direct) Methodology: Homogenous Enzymatic	53	mg/dl	[30-60]
VLDL - Cholesterol (Calculated)	29	mg/dl	[10-40]
<b>(CALCULATED) LDL- CHOLESTEROL</b>	<b>140 #</b>	<b>mg/dl</b>	<b>[&lt;100]</b> Near/Above optimal-100-129 Borderline High:130-159 High Risk:160-189
T.Chol/HDL.Chol ratio	4.2		<4.0 Optimal 4.0-5.0 Borderline >6 High Risk
LDL.CHOL/HDL.CHOL Ratio	2.6		<3 Optimal 3-4 Borderline >6 High Risk

Note:  
Reference ranges based on ATP III Classifications.  
Recommended to do fasting Lipid Profile after a minimum of 8 hours of overnight fasting.

Technical Notes:  
Lipid profile is a panel of blood tests that serves as initial broad medical screening tool for abnormalities in lipids, the results of these tests can identify certain genetic

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Dr.Himansha Pandey

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Dr.Himansha Pandey



NAME	MRS PUSHPA	STUDY DATE	28/12/2023 11:43AM
AGE / SEX	53 y / F	HOSPITAL NO.	MH011588625
ACCESSION NO.	R6628345	MODALITY	US
REPORTED ON	28/12/2023 3:01PM	REFERRED BY	Health Check MHD

## USG WHOLE ABDOMEN

Results:

Liver is normal in size (~14 cm ) **and shows grade I fatty changes**. No focal intra-hepatic lesion is detected. Intra-hepatic biliary radicals are not dilated. Portal vein is normal in calibre.

Gall bladder appears echofree with normal wall thickness. Common bile duct is normal in calibre.

Pancreas is normal in size and echopattern.

Spleen is normal in size ( ~7.7 cm )and echopattern.

Both kidneys are normal in position, size and outline. Cortico-medullary differentiation of both kidneys is maintained. Central sinus echoes are compact. No focal lesion or calculus seen. Bilateral pelvicalyceal systems are not dilated.

Urinary bladder is normal in wall thickness with clear contents. No significant intra or extraluminal mass is seen.

Uterus is anteverted. It is normal in size . Myometrial echogenicity appears uniform. Endometrium is central and measures ~7.1 mm.

Both ovaries could not be evaluated.

No significant free fluid is detected.

**IMPRESSION: Grade I fatty liver.**

Kindly correlate clinically



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Dr. Abhinav Pratap Singh MBBS, DNB DMC No.58170

ASSOCIATE CONSULTANT

\*\*\*\*\*End Of Report\*\*\*\*\*



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