

REPORT

I.D. NO	U/23-03-06	March 23, 2024
PATIENT NAME	Ms. POOJA GARAWAL	AGE /SEX 41 Y/ F
REF. BY	DIVYAMAN HOSPITAL	

USG: WHOLE ABDOMEN (Female)

Liver -is normal in size (126.8mm) with homogenous echotexture. No IHBR dilatation / focal SOL are seen.

Gall bladder - is distended. No calculus in lumen. Wall thickness is normal.
CBD - normal. PV - normal. porta - normal

Pancreas is normal in thickness. Clearly defined margins are seen. Pancreatic duct is not dilated.

Spleen is normal in size (95.1mm). No focal lesion is seen. Diaphragmatic movements are within normal limits on both sides.

Right kidney - normal in size, outline and cortical echotexture. Renal parenchymal width is normal. Cortico-medullary differentiation is normal. No backpressure changes are seen. Perinephric spaces are normal.

Left kidney - normal in size, outline and cortical echotexture. Renal parenchymal width is normal. Cortico-medullary differentiation is normal. No backpressure changes are seen. Perinephric spaces are normal.

Urinary bladder is fully distended. Wall is smooth and regular. Lumen is echofree.

Uterus is anteverted & normal in size measures (78x50.4x38.9 mm). Endometrial cavity is normal. **ET- 7.6 mm.**
Myometrium is normal. No evidence of myoma is seen. Cervix appears normal in size. No demonstrable growth. No evidence of fluid in POD.

Both adnexa and ovaries are normal.

No evidence of Ascites / Retroperitoneal Lymphadenopathy.

IMPRESSION

- **NO SIGNIFICANT DIAGNOSTIC ABNORMALITY DETECTED.**

ADV - CLINICAL CORRELATION.

Note : All USG finding are dynamic in nature and are subjected to change with course of disease and time, prescribing clinician are advised to correlate USG finding with clinical findings.

(Consultant Radiologist)

उपलब्ध सुविधाएँ



- CT Scan मॉलिनक, पेट, सींग अति
- CT Angiography
- Digital X-ray



- MRI Scan
- 4D Colour Dopler
- CT/USG Guided Biopsy/FNAC



- ECG, ECO Cardiography
- Dr. Lal Path Lab
- 24 H Ambulance



THIS REPORT IS NOT FOR MEDICO LEGAL PURPOSE

AMAN HOSPITAL Pvt. Ltd.

Pathology Division

पैथोलॉजी संकाय



Pathological Examination Report



PATIENT NAME	Mrs. POOJA AGRAWAL	SAMPLE COLLECTED ON	23-03-2024
AGE / SEX	32 Y / Female	REPORT RELEASED ON	23/03/2024
COLLECTED AT	Inside	REPORTING TIME	1:03:05PM
RECEIPT No.	17,258	PATIENT ID	17288
REFERRED BY Dr.	DMH		

INVESTIGATION COMPLETE BLOOD COUNT, KIDNEY FUNCTION TEST, LIVER FUNCTION TEST, Lipid Profile, ESR Wintrobe, Urine Examination Report, Blood Sugar Fasting, Blood Group (ABO), PSA Total, Glycosylated Haemoglobin,,

Tests	Results	Biological Reference Range	Unit
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CLINICAL PATHOLOGY

Urine Examination Report

PHYSICAL

Volume	20	-	ml
Colour	LIGHT YELLOW	-	-
Appearance	CLEAR	-	-

CHEMICAL

Reaction PH	6.0	(4.5-8.0)	-
Specific Gravity	1.020	(1.01-1.025)	-
Proteins	NIL	NIL	-
Sugar	NIL	NIL	-
Blood	NIL	NIL	-
Phosphates/urates	NIL	NIL	-
Ketone Bodies	NIL	-	-
Chyle	NIL	NIL	-
Bile Pigment (Bilirubin)	NIL	-	-
Bile Salt	NIL	-	-
Urobilinogen	Normal	-	-

MICROSCOPICAL

R B C	Absent	0-2 /hpf	/hpf
Pus Cells	1-2	0-5 /hpf	/hpf
Epithelial Cells	6-8	-	-
Crystals	Nil	-	-
Yeast Cells	Absent	-	-
Casts	Absent	-	-
BACTERIA	Absent	-	-

*** End of Report ***

THANKS FOR REFERENCE

Consultant Pathologist
DR.S. SRIVASTAVA M.D(PATH)

TECHNICIAN
17288

Consultant Pathologist
DR.VASUNDHARA SINGH M.D (PATH)

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सुविधाएँ : सभी प्रकार की पैथोलॉजिकल जांचें • वायोप्सी • एफ.एन.ए.सी. • पैप Smear • हॉर्मोन्स (प्रतिदिन रिपोर्ट) • साइटोलॉजी • बोन मैरो • HbA1c • स्पेशल टेस्ट (24 घंटे)

For Home Collection Dial : 9076655547

पता : वीर बहादुर सिंह स्पोर्ट्स कॉलेज के सामने, खजांची बरगदवा बाईपास रोड, राप्ती नगर-1, गोरखपुर - 273 003 मो. : 8173006932

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Pathology Division



पैथोलॉजी संकाय

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Tests	Results	Biological Reference Range	Unit
LIVER FUNCTION TEST			
Bilirubin (Total)	0.6	(0.10 - 1.20)mg/dl	mg/dl
Bilirubin (Direct)	0.3	(0.00-0.40)mg/dl	mg/dl
Bilirubin (in Direct)	0.3	(0.00-0.70) mg/dl	mg/dl
SGOT (AST)	29.1	0-40	IU/L
SGPT (ALT)	33.6	0.0-42.0	IU/L
Serum Alkaline Phosphatase	161.2	80.0-290.0	U/L
Serum Total Protein	6.4	6.0-7.8	gm/dl
Serum Albumin	3.9	3.5-5.0	gm/dl
Serum Globulin	2.5	2.3-3.5	gm/dl
A/G Ratio	1.56	High	

Comments/interpretation:

- liver Function Test Aid In Diagnosis Of Various Prehepatic, Hepatic And Post Hepatic Causes Of Dysfunction Like Hemolytic Anemias, Viral & Alcoholic Hepatitis And Cholestasis Of Obstructive Causes.
- the Tests Encompasses Hepatic Excretory, Synthetic Function And Also Hepatic Parenchymal Cell Damage.
- lft Helps In Evaluating Severity, Monitoring Therapy And Assessing Prognosis Of Liver Disease And Dysfunction.

KIDNEY FUNCTION TEST

Blood Urea	30.4	15.0-45.0	mg/dl
Serum Creatinine	0.7	0.7-1.4	mg/dl
Serum Uric Acid	5.9	Male-3.5-7.2 Female-2.5-6.0	mg/dl
Serum Sodium	138.1	136.0-149.0	mmol/L
Serum Potassium	4.0	3.5-5.5	mmol/L
Serum Calcium	8.5	8.0-10.5	mg/dl

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Glycosylated Haemoglobin			
HbA1c	5.5	(4.3-6.4)	%

Method: Ion Exchange High Performance Liquid Chromatography By Bio-rad D-10.

Comments/interpretations:

Glycosylated Haemoglobin Is Proportional To Mean Plasma Glucose Level During Previous 6-12 Weeks. For People Without Diabetes, The Normal Range For The Hemoglobin A1c Level Is Between 4% And 5.6%. Hemoglobin A1c Levels Between 5.7% And 6.4% Mean You Have A Higher Chance Of Getting Diabetes. Levels Of 6.5% Or Higher Mean You Have Diabetes. recommended Goal Of Hba1c Is <7%. The Higher The Hemoglobin A1c, The Higher Your Risk Of Having Complications Related To Diabetes. A Combination Of Diet, Exercise, And Medication Can Bring Levels Down. People With Diabetes Should Have An A1c Test Every 3 Months To Make Sure Their Blood Sugar Is In Their Target Range. If Your Diabetes Is Under Good Control, You May Be Able To Wait Longer Between The Blood Tests. But Experts Recommend Checking At Least Two Times A Year. People With Diseases Affecting Hemoglobin, Such As Anemia, May Get Misleading Results With This Test. Other Things That Can Affect The Results Of The Hemoglobin A1c Include Supplements Such As Vitamins C And E And High Cholesterol Levels. Kidney Disease And Liver Disease May Also Affect The Test. People With Diseases Affecting Hemoglobin, Such As Anemia, May Get Misleading Results With This Test. Other Things That Can Affect The Results Of The Hemoglobin A1c include Supplements Such As Vitamins C And E And High Cholesterol Levels. Kidney Disease And Liver Disease May Also Affect The Test.

SEROLOGY

Blood Group (ABO)

A.B.O.	"A"
rh(D)	POSITIVE

YAMAN HOSPITAL Pvt. Ltd.

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पैथोलॉजी संकाय



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HAEMATOLOGY

COMPLETE BLOOD COUNT

Haemoglobin	11.5	(Men : 13.5-18.0 G%) (Women : 11.5-16.4 G%)	G%
Total Leukocyte Count (TLC)	7200	(4000-11000 /cumm)	/cumm
Differential Leukocyte Count.(DLC)			
Polymorph	72	(40-80)%	%
Lymphocyte	25	(20-40)%	%
Eosinophil	03	(01-6)%	%
Monocyte	00	Low (02-08)%	%
Basophil	00	(<1 %)	%
-			
R. B. C.	3.81	Low (4.2 - 5.5)million/cmm	million/
P. C. V. (hemotocrite)	32.2	Low (36-50)Litre/Litre	/Litre
M. C. V.	84.5	(82-98) fl	fl
M. C. H.	29.6	(27Pg - 32Pg)	Pg
M. C. H. C.	35.3	(21g/dl - 36g/dl)	g/dl
Platelete Count	2.46	(1.5-4.0 lacs/cumm)	/cumm

ESR Wintrobe

Observed	30	High 20mm fall at the end of first hr.	mm
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*esr Is A Non Specific Phenomenon, Clinically Useful In Disorders Associated With An Increased Production Of Acute Phase Proteins.

*elevated In Acute And Chronic Infections And Malignancies.

*extremely High ESR Values Are Seen In Multiple Myeloma, Leukemia, Lymphoma, Breast And Lung Carcinomas, Rheumatoid Arthritis, SLE, Pulmonary Infarction.

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BIOCHEMISTRY

Blood Sugar Fasting 98.3 (70 - 110)mg/dl

Reference Value :

Fasting (Diabetes 110.0 Mg% Or More) (Impaired Glucose Tolerance 110-126 Mg%)
 After 2hrs. Of 75 Gm Glucose (oral) (70-140 Mg%) (Impaired Glucose Tolerance 140-200 Mg%)
 Random/casual (diabetes: 200 Mg% Or More, With Presenting Symptoms.)

Lipid Profile.

Total Cholestrol	156.2	125-200mg/dl Normal Value	mg/dL
H D L Cholestrol	39.1	(30-70 mg%)	mg%
Triglyceride	118.9	(60-165mg/dL)	mg/dL
V L D L	23.78	(5-40mg%)	mg%
L D L Cholestrol	93.32		mg/dl

50 Optimal
50-100 Near/Above Optimal

TC/HDL 4.0 (3.0-5.0)

LDL/HDL 2.2 (1.5-3.5)

Comment/Interpretation

Lipid Profile Is A Panel Of Blood Tests That Serves As An Initial Board Medical Screening Tool For Abnormalities In Lipids, The Result Of This Tests Can Identify Certain Genetic Diseases And Can Determine Approximate Risks Of Cardiovascular Diseases, Certain Forms Of Pancreatitis And Other Diseases.

Note::

1. Measurement In The Same Patient Can Show Physiological & Analytical Variations. Three Serial Samples 1 Week Apart Are Recommended For Total Cholestrol ,triglycerides,hdl& Ldl Cholestrol.
2. Atp Iii Recommends A Complete Lipoprotein Profile As The Initial Test For Evaluating Cholestrol.
3. 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.

DIUVAMAN HOSPITAL Pvt. Ltd.

Pathology Division

पैथोलॉजी संकाय



Pathological Examination Report



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AGE / SEX	32 Y / Female	REPORT RELEASED ON	23/03/2024
COLLECTED AT	Inside	REPORTING TIME	1:30:45PM
RECEIPT No.	17,263	PATIENT ID	17293
REFERRED BY Dr.			

INVESTIGATION	T3 Triiodo Thyroid, T4 Thyroxine, TSH,,		
Tests	Results	Biological Reference Range	Unit

IMMUNOLOGY

T3 Triiodo Thyroid	1.00	(0.69 - 2.15)	ng/ml
T4 Thyroxine	91.4	(52 - 127) ng/ml	ng/ml
TSH	1.06	(0.3-4.5) uIU/ml	uIU/ml

Method : Sandwich Chemiluminescence Immunoassay.

Remarks:

1. Total Serum T3 And T4 Concentration Is Dependent Upon A Multiplicity Of Factors. Thyroid Gland Function And Its Regulation, Thyroxine Binding Globulin (tbg) Concentration And The Binding Of T3 & T4 To Tbg. Thus, Total T3 & T4 Concentration Alone Is Not Sufficient To Assess The Clinical Status.
2. A Decrease In Total Tri - Iodothyronine Values Is Found With Protein - Wasting Diseases, Certain Liver Diseases And Administration Of Testosterone, Diphenylhydantoin Or Salicylates.
3. Total Serum Tetra - Iodothyronine Values May Be Elevated Under Conditions Such As Pregnancy Or Administration Of Oral Contraceptives.
4. A Decrease In Total Tetra - Iodothyronine Values Is Found With Protein - Wasting Diseases, Certain Liver Diseases And Administration Of Testosterone, Diphenylhydantoin Or Salicylates.
5. Serum Tsh Concentration Is Dependent Upon A Multiplicity Of Factors: Hypothalamus Gland Function, Thyroid Gland Function, And The Responsiveness Of Pituitary To Trh. Thus, Tsh Concentration Alone Is Not Sufficient To Assess The Clinical Status.
6. Serum Tsh Values May Be Elevated By Pharmacological Intervention, Domperidone, Amiodazon, Iodide, Phenobarbital, Phenytoin Have Been Reported To Increase Tsh Levels.
7. A Decrease In Tsh Values Has Been Reported With The Administration Of Propranolol, Methimazol, Dopamine, And D - Thyroxine.
8. Genetic Variations Or Degradation Of Intact Tsh Into Subunits May Affect The Binding Characteristics Of The Antibodies And Influence The Final Result. Such Sampes Normally Exhibit Different Results Among Various Assay Systems Due To The Reactivity Of The Antibodies Involved.

*** End of Report ***

THANKS FOR REFERENCE

Consultant Pathologist
DR.S. SRIVASTAVA M.D(PATH)

TECHNICIAN
17293

Consultant Pathologist
DR.VASUNDHARA SINGH M.D (PATH)

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दिव्यमान हॉस्पिटल

प्राइवेट लिमिटेड



• ईमेल : dmhgkp@gmail.com • फोन नं० : 0551-2506300 • मो० : 7525969999, 8173006932

PT Name. : POOJA AGRAWAL

Age. : 41

Gender. : Female

OPD No. : 1221

UHID. : UHID1091

Guardian. : SHOBHIT AGRAWAL

Under Dr. : DR ASHOK KUMAR SRIVASTAVA

Department. : GENERAL MEDICINE

Qualification. : MBBS MD
Dent
Dep Card

Date. : 23-03-2024

Address. : RAILWAY COLONY GORAKHPUR

Contact : 7018498044

B.p 112/76 Pulse 85/m Spo2 Weight 55 kg Temp 37.8
 CVS S.I.C
 lung ✓
 Temp (M)
 fve
 Thyroid swelling
 - Wbc 10000
 ESR 100

Rx -
 Tab Paracetamol 1000
 . Contin. Betrixam 100 →
 . ecm →
 . Tab Multivite FM omega →

HB 11.5g/l TSM (M)
 CBC (M)
 LFT - F - 90-300/l
 Hepatic profile (M)
 dLFT (M)
 kFT (M)
 HbA1c = 5.5%
 Mnd prof A + ve
 Urea - 14mg
 VS & Abdom - HAD
 ECG - BF 66%
 ECG - HAD
 ray chest - HAD

[Signature]

-: अन्य विभाग :-

- प्रसूति एवं स्त्री रोग
- मिडिसिन एवं आई.सी.यू.
- न्यूरोलॉजी
- जनरल व लैप्रोस्कोपिक सर्जरी
- शिशु, बाल रोग एवं एन.आई.सी.यू.
- ऑर्थोपेडिक सर्जरी
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- न्यूरोसर्जरी
- डायलिसिस
- कार्डियोलॉजी
- नाक, कान, गला रोग
- छाती रोग
- फिजियोथेरेपी एवं रिहैबिलिटेशन
- प्राकृतिक उपचार
- रेडियोलॉजी एवं पैथोजॉजी
- माइव्हायर ओ.टी., सी.आर्म

इमरजेंन्सी 24 घण्टे

पता : वीर बहादुर सिंह स्पोर्ट्स कॉलेज के सामने, खजाची बरगदवा बाईपास रोड, राप्ती नगर फेज-1, गोरखपुर - 273003
 रजि. आफिस : 731-एच, शारदा शिवालय, आनन्द बिहार कॉलोनी, राप्ती नगर फेज-1, पोस्ट आफिस-आरोग्य मन्दिर, गोरखपुर - 273003



दिव्यमान मल्टी स्पेशलिटी हॉस्पिटल



Dr. Neena (Asthana) Srivastav

M.B.B.S., D.G.O.
Obstetrician, Gynaecologist & Surgeon
(O.P.D. Closed on Saturday)

डॉ. नीना (अस्थाना) श्रीवास्तव

एम.बी.बी.एस, डी.जी.ओ.
प्रसूति, स्त्री रोग विशेषज्ञ एवं सर्जन
(ओ.पी.डी. शनिवार बन्दी)

PT Name. : POOJA AGRAWAL	Age. : 41 y.	Gender.: Female
OPD No. : 1216	UHID. : UHID1091	Guardian. : SHOBHIT AGRAWAL
UnderDr.: DR NEENA ASTHANA	Department. : OBS & GYNAE	Qualification. : MBBS DGO
Date. : 23-03-2024	Address.: RAILWAY COLONY GORAKHPUR	Contact : 7018498044

Ht - 112/76 mm/hg

Weight. 55 kg

OH

HR 2

LA 92 (C)

BP

HA kg

HT. 1/3/24.

hypomen L.

In check up.
thy. swab.
Thyroides long 2.
Ad.

(Lign + MF + down 3 day)

21/3/24

== Sup. H. O. V. e. y. t. s

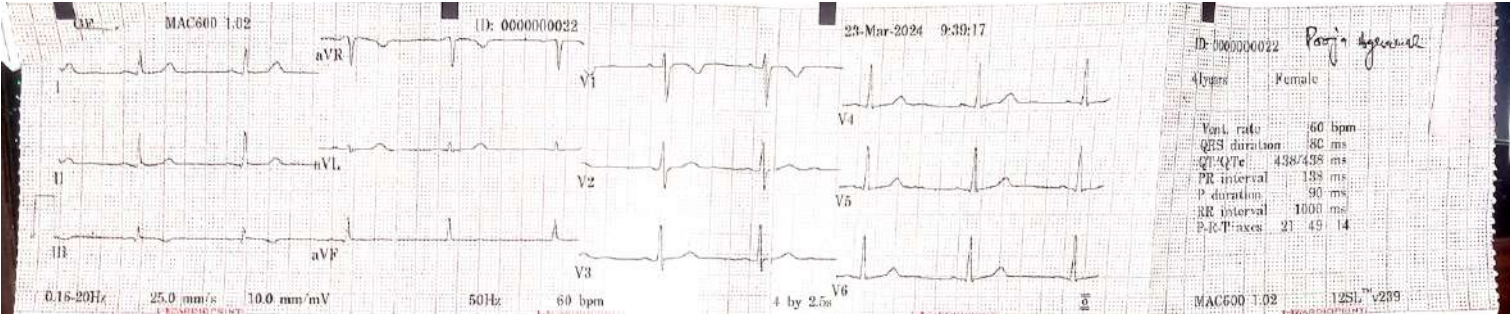
अन्य विभाग :-

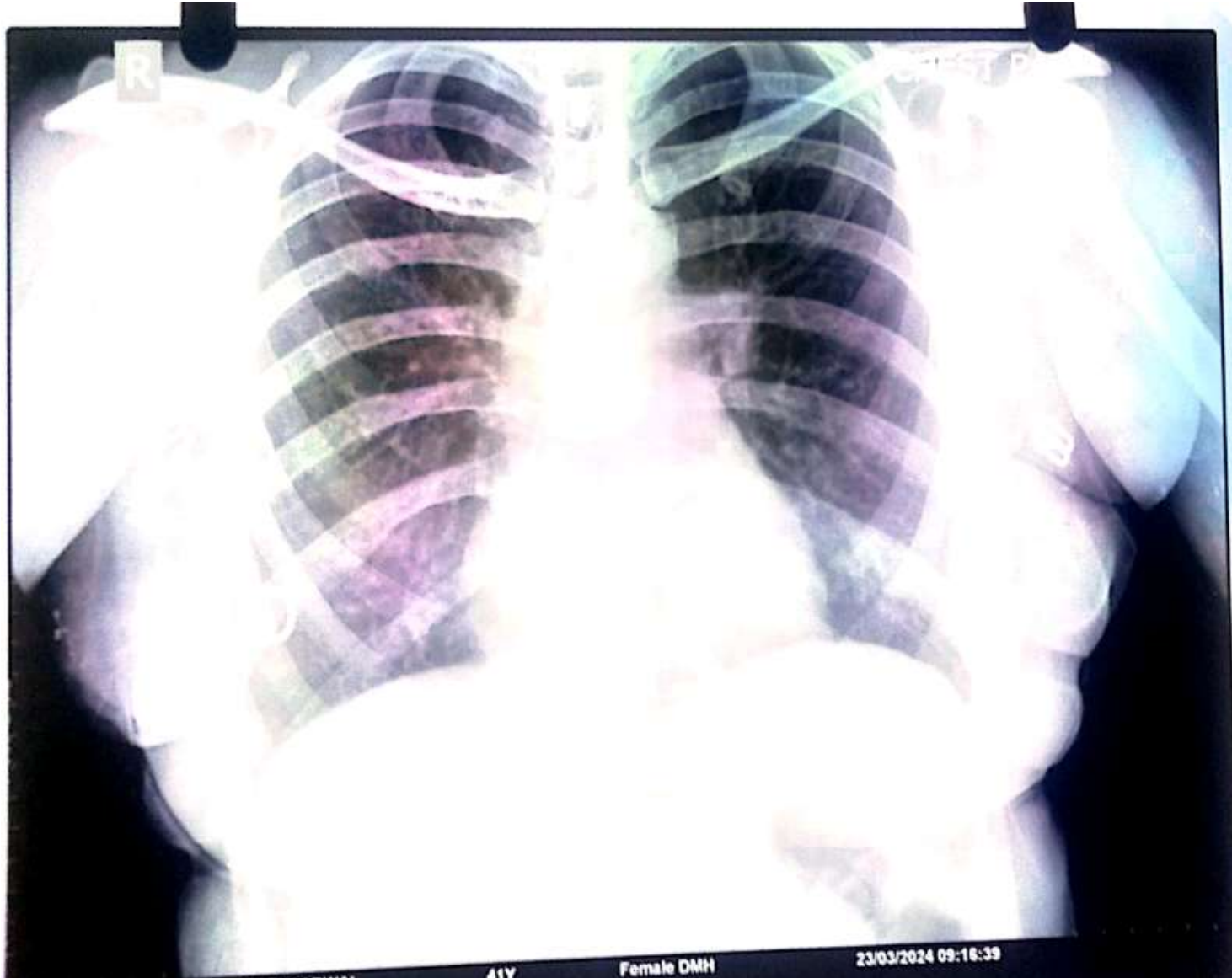
- प्रसूति एवं स्त्री रोग
- मेडिसिन एवं आई.सी.यू.
- न्यूरोलॉजी
- जनरल व लैप्रोस्कोपिक सर्जरी
- शिशु, बाल रोग एवं एन.आई.सी.यू.
- अर्थापिठिक सर्जरी
- यूरोलॉजी
- न्यूरोसर्जरी
- डायलिसिस
- कार्डियोलॉजी
- नाक, कान, गला रोग
- छाती रोग
- फिजियोथेरेपी एवं रिहबिलिटेशन
- प्राकृतिक उपचार
- रेडियोलॉजी एवं पैथोलॉजी
- माइयुलर ओ.टी., सी.आर्म

समय : सोमवार से शुक्रवार को दोपहर 10 बजे से शाम 04 बजे तक, रविवार को दोपहर 02 बजे से शाम 04 बजे तक
नम्बर लगाने एवं पूछताछ हेतु नम्बर : 7525969999, 8173006932, 0551-2506300
नोट : प्रसूति एवं स्त्री रोग विभाग के अलावा सभी ओ.पी.डी. की सेवाएँ रविवार को बन्द रहेंगी।

24 घण्टे इमरजेन्सी, एक्स-रे, ई सी जी, ई ई जी एवं पैथोलॉजी की सुविधा उपलब्ध

पता : वीर बहादुर सिंह स्पोर्ट्स कॉलेज के सामने, राजाजी बरगदवा बाईपास रोड, राप्ती नगर फेज-1, गोरखपुर -273003 ई-मेल - dmhgkp@gmail.com





POOJA AGARWAL

41Y

Female DMH

23/03/2024 09:18:39

Chest PA

DIVYAMAN HOSPITAL PRIVATE LIMITED X-RAY DEPARTMENT

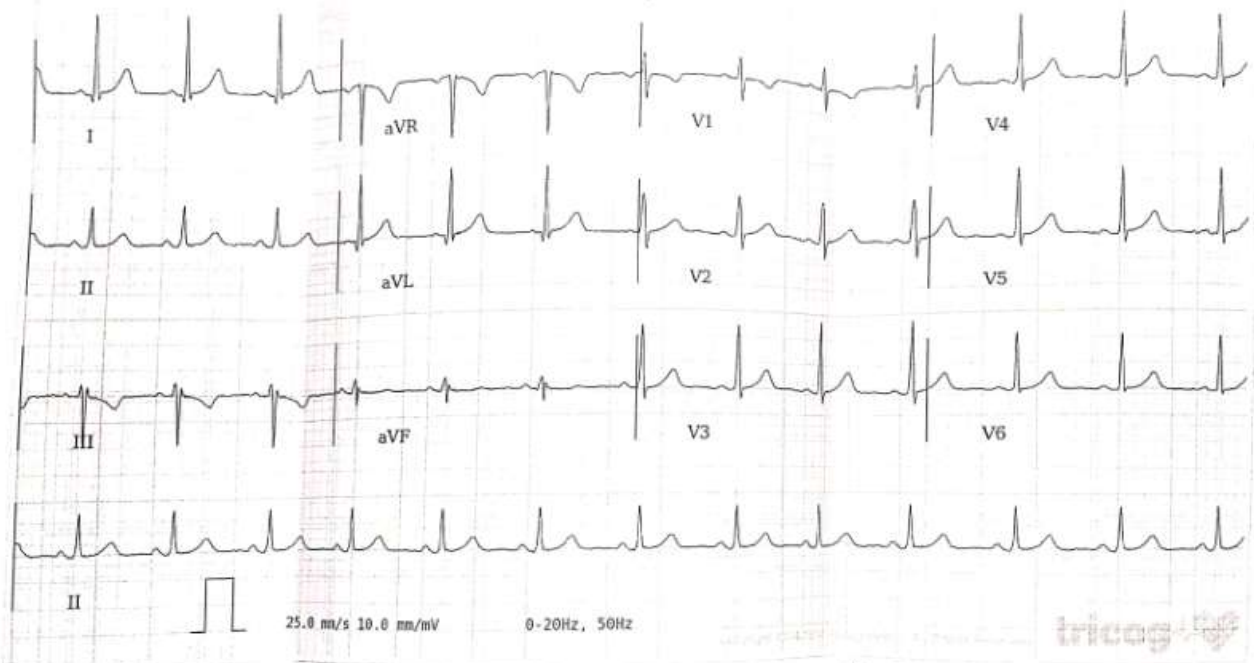
OPP. VEER BAHADUR SINGH SPORT COLLEGE, RAPTINAGAR PHASE-1, GORAKHPUR MOB. 7526949999

Divyaman Hospital Pvt Ltd 1



Age / Gender: 29/Female
Patient ID: 000000022
Patient Name: MRS POOJA AGRAWAL

Date and Time: 23rd Mar 24 9:51 AM



AR: 81bpm VR: 81bpm QRSD: 86ms QT: 374ms QTcB: 434ms PRI: 132ms P-R-T: 47° 1° 3°

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

REPORTED BY

N. [Signature]

Dr. Divya N

KMC 95602

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.

REPORT

I.D. NO	U/23-03-06	March 23, 2024
PATIENT NAME	Ms. POOJA GARAWAL	AGE /SEX 41 Y/ F
REF. BY	DIVYA MAN HOSPITAL	

USG: WHOLE ABDOMEN (Female)

Liver –is normal in size (126.8mm) with homogenous echotexture. No IHBR dilatation / focal SOL are seen.

Gall bladder – is distended. No calculus in lumen. Wall thickness is normal.

CBD – normal. PV - normal. porta - normal

Pancreas is normal in thickness. Clearly defined margins are seen. Pancreatic duct is not dilated.

Spleen is normal in size (95.1mm). No focal lesion is seen. Diaphragmatic movements are within normal limits on both sides.

Right kidney - normal in size, outline and cortical echotexture. Renal parenchymal width is normal. Cortico-medullary differentiation is normal. No backpressure changes are seen. Perinephric spaces are normal.

Left kidney - normal in size, outline and cortical echotexture. Renal parenchymal width is normal. Cortico-medullary differentiation is normal. No backpressure changes are seen. Perinephric spaces are normal.

Urinary bladder is fully distended. Wall is smooth and regular. Lumen is echofree.

Uterus is anteverted & normal in size measures (78x50.4x38.9 mm). Endometrial cavity is normal. ET- 7.6 mm. Myometrium is normal. No evidence of myoma is seen. Cervix appears normal in size. No demonstrable growth. No evidence of fluid in POD.

Both adnexa and ovaries are normal.

No evidence of Ascites / Retroperitoneal Lymphadenopathy.

IMPRESSION

- **NO SIGNIFICANT DIAGNOSTIC ABNORMALITY DETECTED.**

ADV – CLINICAL CORRELATION.

Note : All USG finding are dynamic in nature and are subjected to change with course of disease and time, prescribing clinician are advised to correlate USG finding with clinical findings.

(Consultant Radiologist)



- CT Scan सोलायक, वेद, सोलायक
- CT Angiography
- Digital X-ray



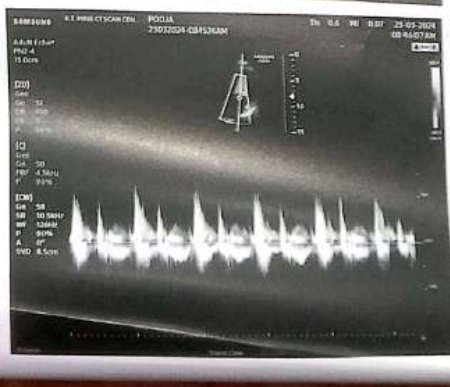
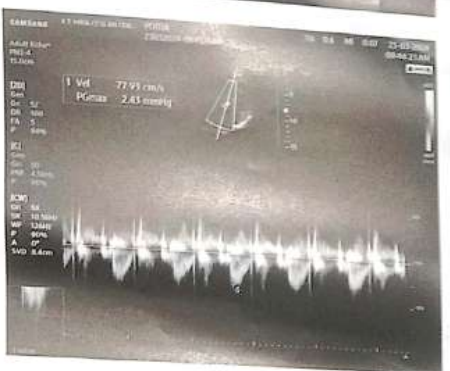
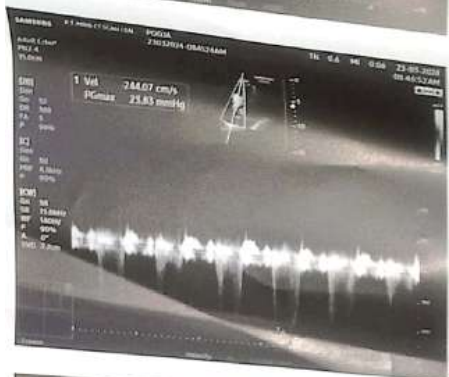
- MRI Scan
- 4D Colour Dopler
- CT/USG Guided Biopsy/FNAC



- ECG, ECO Cardiography
- Dr. Lal Path Lab
- 24 H Ambulance







REPORT

I.D. NO 11 : U/23-03-015
Patient's Name: : MRS. POOJA AGRAWAL
Ref by Dr. : DIVYAMAN HOSPITAL
March 23, 2024
AGE/SEX :41 YRS / F

2D- ECHO

MITRAL VALVE

Morphology AML- Normal/Thickening/Calcification/Flutter/Vegetation/Prolapse/Sam/Doming.
PML- Normal/Thickening/Calcification/Prolapse/Paradoxical motion/Fixed.
Subvalvular deformity Present/Absent Score :
Doppler Normal/Abnormal E>A A>E
Mitral Stenosis Present/Absent RR Interval_ msec
EDG_ mmHg MDG_ mmHg MVA_ cm2
Mitral Regurgitation Absent/Trivial/Mild/Moderate/Severe.

TRICUSPID VALVE

Morphology Normal/Atresia/Thickening/Calcification/Prolapse/Vegetation/Doming.
Doppler Normal/Abnormal.
Tricuspid stenosis Present/Absent RR Interval_ msec.
EDG_ mmHg MDG_ mmHg
Tricuspid regurgitation/Absent/Trivial/Mild/Moderate/Severe Frangmemed signals.
Velocity_ msec. Pred. RVSP=RAP+_ 23 mmHg

PULMONARY VALVE

Morphology Normal/Atresia/Thickening/Doming/Vegetation.
Doppler Normal/Abnormal
Pulmonary stenosis Present/Absent Level
PSG_ mmHg Pulmonary annulus_ mm
Pulmonary regurgitation Present/Absent
Early diastolic gradient_ mmHg. End diastolic gradient_ mmHg

उपलब्ध सुविधाएँ



- > CT Scan पीलियम, पैर, सीमा जर्दी
- > CT Angiography
- > Digital X-ray

Siemens C.T. Scan



Philips 1.5T MRI

- > MRI Scan
- > 4D Colour Dopler
- > CT/USG Guided Biopsy/FNAC



Siemens Axcom S 52000

- > ECG, ECD Cardiography
- > Dr. Lal Path Lab
- > 24 H Ambulance



Siemens X Ray

THIS REPORT IS NOT FOR MEDICO LEGAL PURPOSE

REPORT

AORTIC VALVE

Morphology Normal/Thickening/Calcification/Restricted opening/ Flutter/Vegetation
 No of cusps 1/2/3/4

Doppler Normal/Abnormal

Aortic stenosis	Present/Absent	Level
	PSG_ mmHg	Aortic annulus_ mm
Aortic regurgitation	Absent/Trivial/Mild/Moderate/Severe.	

<u>Measurements</u>	<u>Values</u>	<u>Measurements</u>	<u>Values</u>
	(Cm)		(Cm)
Aorta :	2.67	LAcS :	2.88
LVes :		LVed :	4.01
IVSed :	1.00	PW (LV):	
RVed :		RV Anterior wall	
EF :	66%	IVC	

IVSmotion Normal/Flat/Paradoxical/Other

CHAMBERS

LV	Normal/Enlarged/Clear/Thrombus/Hypertrophy/RWMA
LA	Normal/Enlarged/Clear/Thrombus
RA	Normal/Enlarged/Clear/Thrombus
RV	Normal/Enlarged/Clear/Thrombus
Pericardium	Normal/Thickening/Calcification/Effusion

IMPRESSION

- NO RWMA AT REST
- NORMAL LV FUNCTION
- LVEF 66% 2D
- MILD TR/PAH (23+RAP)
- NORMAL SIZE CARDIAC CHAMBER
- NO I/C CLOT/VEG
- NO PERICARDIAL EFFUSION.

Cardiologist.

उपलब्ध सुविधाएँ



> CT Scan पीठक, पै, शीया शक्ति
 > CT Angiography
 > Digital X-ray

Siemens CT Scan



Philips 1.5T MRI

> MRI Scan
 > 4D Colour Dopler
 > CTA/SG Guided Biopsy/FNAC



Siemens Acuson S 12000

> ECG, ECG Cardiography
 > Dr. Lal Path Lab
 > 24 H Ambulance



Siemens X-Ray

THIS REPORT IS NOT FOR MEDICO LEGAL PURPOSE

