PARAS MRI & ULTRASOUND CENTRE

MOST ADVANCED 32 CHANNEL 3T 3D WHOLE BODY MRI

261, ASHAPURAM, OPP. DR. BASU EYE HOSPITAL, STADIUM ROAD, BAREILLY

• Helpline : 7300761761 • E-mail : parasmribly@gmail.com

REPORT

4D / 5D ULTRASOUND | COLOR DOPPLER | TVS/ TRUS | MUSCULOSKELETAL USG

Date : 28.04.2023
Name : SONI 30Y/F
Ref.By : DR APPLE CARDIAC CARE

ULTRASOUND WHOLE ABDOMEN

LIVER - Liver is normal in size and normal outline. It shows ***increased echogenicity***. No obvious focal pathology is seen. The intra hepatic billary radicals are not dilated. PV -5.0 mm

GALL BLADDER -Gall Bladder is normal in size, has normal wall thickness with no evidence of calculi. Fat planes between GB and liver are well maintained. The CBD appears normal.

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

SPLEEN - 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 is seen. *CMD is maintained.* No evidence of hydronephrosis is seen.

LEFT KIDNEY is normal in position, outline and echogenicity. No evidence of calculi is seen. *CMD is maintained* No evidence of hydronephrosis is seen

URINARY BLADDER -Urinary Bladder is normal in size and outline. There is no evidence of any obvious intraluminal or paramedical pathology. Wall is not thickened

Uterus - Uterus is anteverted and normal in size. The myometrial and endometrial echoes are normal. The endometrial thickness measures 8.5 mm. No focal lesion is seen.
Both ovaries are bulky in size (Right ovary~19cc and left ovary~15cc) and shows multiple (10-15 in number) subcentimetric (5-6mm) follicles with echogenic stroma. No dominant follicle seen on either side.
Both *Parametria* are free. No free *fluid is seen in the Pouch of Douglas*

No evidence of ascites /pleural effusion/adenopathy is seen. Bowel loops are not dilated. Bilateral iliac fossa appears normal.

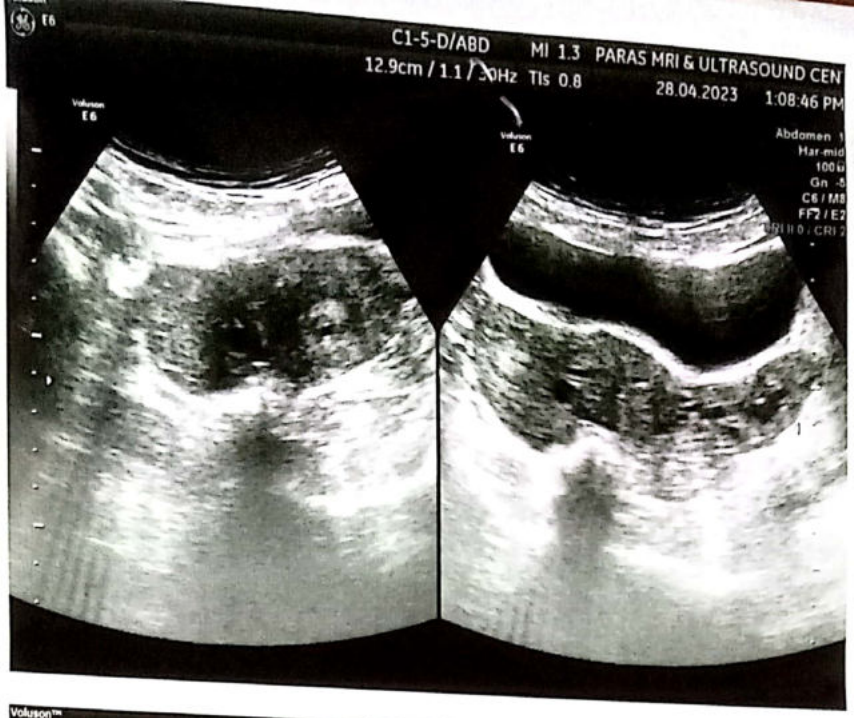
IMPRESSION:

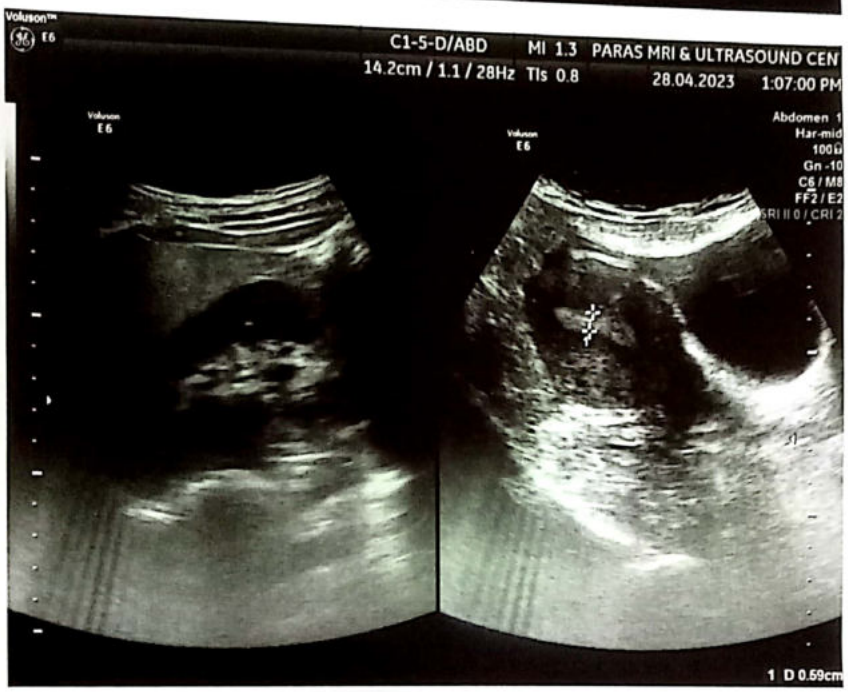
- **Bulky ovaries with polycystic morphology.**
- **Grade II fatty liver.**

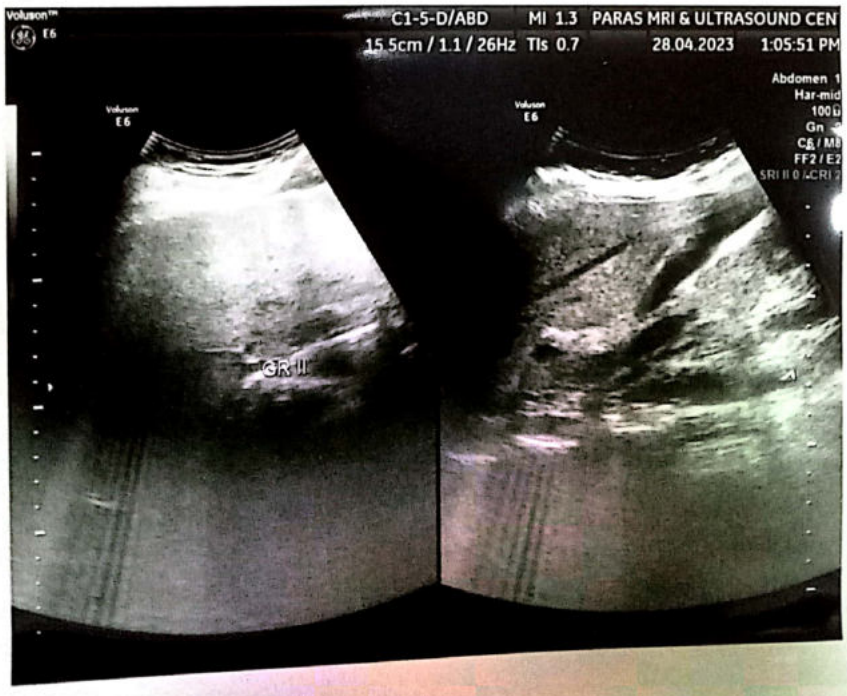
Adv- clinical and hormonal correlation.

Dr. Puja Tripathi
M.B.B.S., M.D.
MBBS, MD (Radiodiagnosis, SGPGI)

NOT VALID FOR MEDICO LEGAL PURPOSE







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GANESH DIAGNOSTIC

DR. LOKESH GOYAL
MBBS (KGMC), 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

MRS. SONI KANDPAL
DR. NITIN AGARWAL, DM

28-04-2023

REPORT

EXAMINATION PERFORMED: X-RAY CHEST

B/L lung fields are clear

Both of the CP angles are clear.

Both hila show a normal pattern .

Cardiac and mediastinal borders appear normal.

Visualized bony thorax and soft tissue of the chest wall appear normal.

IMPRESSION ---**NO SIGNIFICANT ABNORMALITY IS SEEN**

Not for medico-legal purpose

DR LOKESH GOYAL
MD
RADIODIAGNOSIS

A Venture of Apple Cardiac Care
A-3, Ekta Nagar, Stadium Road,
(Opp. Care Hospital),
Bareilly - 243 122 (U.P.) India
Tel. : 07599031977, 09458888448

APPLE PATHOLOGY
TRUSTED RESULT

Reg.NO.	: 418	DATE	: **23/04/2023**
NAME	: **Mrs. SONI KANDPAL**	AGE	: 30 Yrs.
REFERRED BY	: Dr.Nitin Agarwal (D M)	SEX	: FEMALE
SAMPLE	: BLOOD		

TEST NAME	RESULTS	UNITS	BIOLOGICAL REF. RANGE
	HORMONE		
Triiodothyronine (T3)	0.90	ng/ml	0.60-1.81
Thyroxine (T4)	7.20	ug/ml	5.01-12.45
THYROID STIMULATING HORMONE [TSH.]	3.99	uIU/mL.	0.35-5.50

NORMAL RANGE:
Premature babies (TSH is measured 3-4 days after birth): Between 0.8 to 6.9 `uIU/mL.
Normal newborn infants (TSH measured 4 days after birth): Between 1.3 to 16 uIU/mL.
Babies (1-11 months): 0.9 to 7.7 uIU/mL.
Kids (1 year till the onset of puberty): 0.6 to 5.5 uIU/mL.
ADULT : 0.21-4.2uIU/mL.

TSH(Thyroid stimulating hormone:Thyrotropin) is a hormone secreted by the anterior pituitary.It is a recommended initial test for the screening and diagnosis of hyperthyroidism and hypothyroidism.It is especially useful in early or subclinical hypothyroidism before the patient develops clinical findings ,goiter,or abnormalities of other thyroid tests.

Thyroxine,(Total T4 Assay) Is a hormone secreted by the thyroid gland which is predominantly bound to carrier proteins,(99%).it is used in the diagnosis of hyperthyroidism when it is increased. It is found decreased in hypothyroidism and hypoproteinemia.Its values are not affected by nonthyoidal iodine.

Triiodothyronine(Total T3 Assay) Is a hormone produced by the thyroid gland (20%) and also from the peripheral deiodination mechanism which converts T4 to T3.As T3 is physiologically more active it it plays an important part in maintaing euthyroidism.It is used in T3 thyrotoxicosis ,monitoring the course of hyperthyroidism.

Method : Chemiluminescence Immuno Assays.

--{End of Report}--

Dr. Shweta Agarwal
MD(Pathology), Apple Pathology
Bareilly (UP)

Report is not valid for medicolegal purpose

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DATE : **23/04/2023**
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TEST NAME	RESULTS	UNITS	BIOLOGICAL REF. RANGE
	HAEMATOLOGY		
COMPLETE BLOOD COUNT (CBC)			
HAEMOGLOBIN	**11.9**	gm/dl	12.0-15.0
TOTAL LEUCOCYTE COUNT	8,900	/cumm	4,000-11,000
DIFFERENTIAL LEUCOCYTE COUNT(DLC)			
Neutrophils	70	%	40-75
Lymphocytes	28	%	20-45
Eosinophils	02	%	01-08
TOTAL R.B.C. COUNT	4.11	million/cumm	3.5-6.5
P.C.V./ Haematocrit value	38.0	%	35-54
M C V	92.5	fL	76-96
M C H	29.0	pg	27.00-32.00
M C H C	31.3	g/dl	30.50-34.50
PLATELET COUNT	2.12	lacs/mm3	1.50 - 4.50
E.S.R (WINTROBE METHOD)			
-in First hour	14	mm	00- 20
GLYCOSYLATED HAEMOGLOBIN	5.9		

EXPECTED RESULTS :

Non diabetic patients	: 4.0% to 6.0%
Good Control	: 6.0% to 7.0%
Fair Control	: 7.0% to -8%
Poor Control	: Above 8%

***ADA: American Diabetes Association**
The glycosylated hemoglobin assay has been validated as a reliable indicator of mean blood glucose levels for a period of 8-12 week period prior to HBA1C determination.ADA recommends the testing twice a year in patients with stable blood glucose, and quarterly, if treatment changes, or if blood glucose levels are unstable.

METHOD : ADVANCED IMMUNO ASSAY.

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SAMPLE	: BLOOD		

TEST NAME	RESULTS	UNITS	BIOLOGICAL REF. RANGE
	BIOCHEMISTRY		
Gamma Glutamyl Transferase (GGT)	31	U/L	11-50
BLOOD SUGAR F.	**105**	mg/dl	60-100
	HAEMATOLOGY		
BLOOD GROUP			
Blood Group	A		
Rh	POSITIVE		
	BIOCHEMISTRY		
BLOOD UREA NITROGEN	20	mg/dL.	5 - 25
SERUM CREATININE	0.8	mg/dL.	0.5-1.4
URIC ACID	5.0	mg/dl	3.0-6.0

CLINICAL SIGNIFICANCE:

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

SERUM SODIUM (Na)	137	m Eq/litre.	135 - 155
SERUM POTASSIUM (K)	4.0	m Eq/litre.	3.5 - 5.5
SERUM CALCIUM	9.4	mg/dl	8.5 - 10.5

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TEST NAME	RESULTS	UNITS	BIOLOGICAL REF. RANGE
LIVER PROFILE			
SERUM BILIRUBIN			
TOTAL	0.9	mg/dL	0.3-1.2
DIRECT	0.5	mg/dL	0.2-0.6
INDIRECT	0.4	mg/dL	0.1-0.4
SERUM PROTEINS			
Total Proteins	6.6	Gm/dL	6.4 - 8.3
Albumin	4.0	Gm/dL	3.5 - 5.5
Globulin	2.6	Gm/dL	2.3 - 3.5
A : G Ratio	1.54		0.0-2.0
SGOT	30	IU/L	0-40
SGPT	26	IU/L	0-40
SERUM ALK.PHOSPHATASE	89	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 hepatitis ,biliary obstructions,hyperparathyroidism,steatorrhea and bone diseases.

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TEST NAME	RESULTS	UNITS	BIOLOGICAL REF. RANGE
LIPID PROFILE			
SERUM CHOLESTEROL	182	mg/dL.	130 - 200
SERUM TRIGLYCERIDE	106	mg/dl.	30 - 160
HDL CHOLESTEROL	48	mg/dL.	30-70
VLDL CHOLESTEROL	21.2	mg/dL.	15 - 40
LDL CHOLESTEROL	112.80	mg/dL.	00-130
CHOL/HDL CHOLESTEROL RATIO	3.79	mg/dl	
LDL/HDL CHOLESTEROL RATIO	2.35	mg/dl	

INTERPRETATION
TRIGLYCERIDE level > 250mg/dL is associated with an approximately 2-fold greater risk of coronary vascular disease. Elevation of 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 indefining cardiovascular risk factors and in the managment of cardiovascular disease.Highest acceptable and optimum values of cholesterol 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 desirable 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.

URINE EXAMINATION

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SAMPLE	: BLOOD		

TEST NAME	RESULTS	UNITS	BIOLOGICAL REF. RANGE
URINE EXAMINATION REPORT			
PHYSICAL EXAMINATION			
pH	6.0		
TRANSPARENCY			
Volume	20	ml	
Colour	Light Yellow		
Appearence	Clear		Nil
Sediments	Nil		
Specific Gravity	1.015		*1.015-1.025*
Reaction	Acidic		
BIOCHEMICAL EXAMINATION			
UROBILINOGEN	Nil		NIL
BILIRUBIN	Nil		NEGATIVE
URINE KETONE	Nil		NEGATIVE
Sugar	Nil		Nil
Albumin	Nil		Nil
BILE SALTS	NIL		NEGATIVE
BILE PIGMENT	NIL		NEGATIVE
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		

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TEST NAME	RESULTS	UNITS	BIOLOGICAL REF. RANGE

--(End of Report)--

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TEST NAME	RESULTS	UNITS	BIOLOGICAL REF. RANGE
	BIOCHEMISTRY		
BLOOD SUGAR P.P.	135	mg/dl	80-160

--(End of Report)--

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MD(Pathology), Apple Pathology
Bareilly (UP)

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APPLE
CARDIAC CARE
DR. NITIN AGARWAL'S HEART CLINIC
A UNIT OF PRIME HEART CARE

NAME	Mrs. SONI KANDPAL	**AGE/SEX**	30 Y/F
Reff. By	Dr. NITIN AGARWAL (DM)	**DATE**	30/04/2023

ECHOCARDIOGRAPHY AND COLOUR DOPPLER STUDY

MEASUREMENTS		VALUE	NORMAL DIMENSIONS
LVID (d)	4.5	cm	(3.7 –5.6 cm)
LVID (s)	2.4	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	2.5	cm	(2.2 –3.7 cm)
LA	2.8	cm	(1.9 –4.0 cm)
LV FUNCTION			
EF	60	%	(54 –76 %)
FS	30	%	(25 –44 %)

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

MITRAL VALVE : Thin, PML moves posteriorly during Diastole
No SAM, No Subvalvular pathology seen.
No mitral valve prolapse calcification .

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

ON DOPPLER INTERROGATION THERE WAS :

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

MITRAL FLOW E= 0.8 m/sec A= 0.6 m/sec

ON COLOUR FLOW:

- No 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

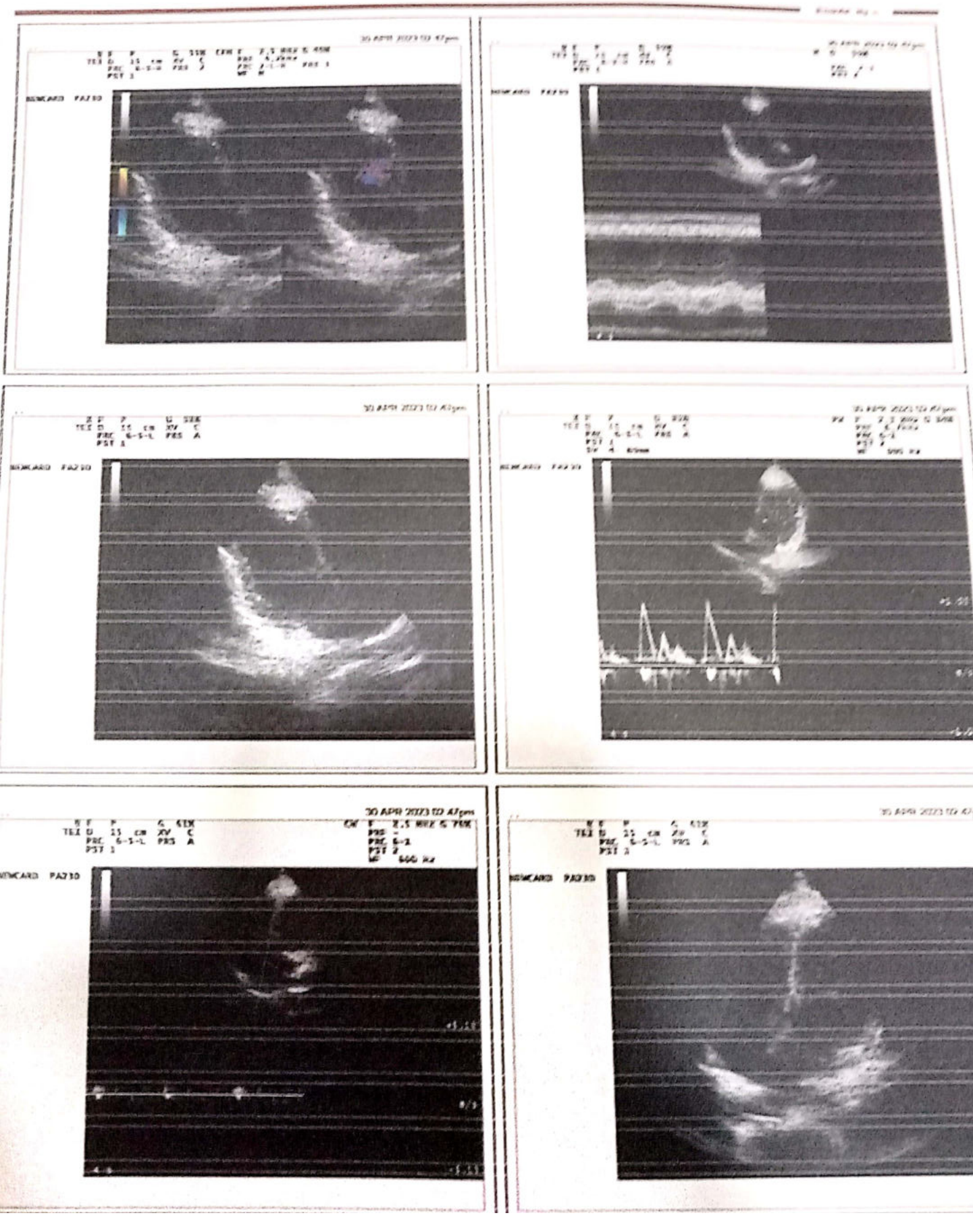
FINAL IMPRESSION

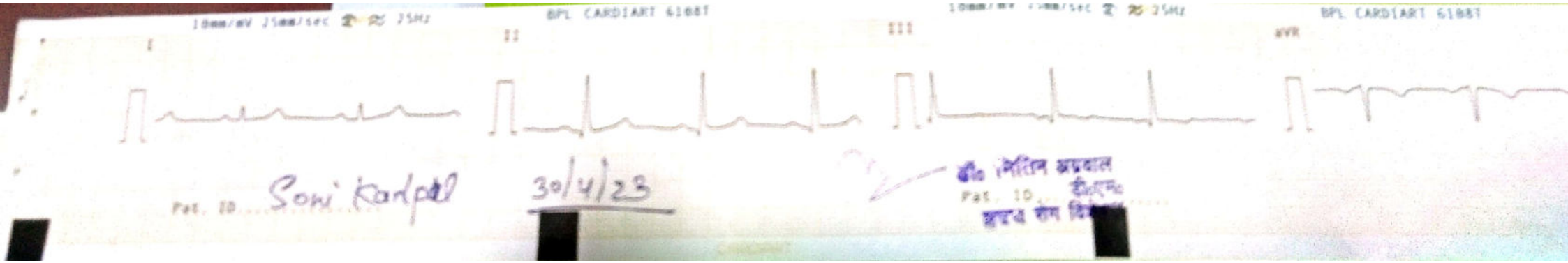
- NO REGIONAL WALL MOTION ABNORMALITY
- NORMAL LV DIASTOLIC FUNCTION
- NORMAL LV SYSTOLIC FUNCTION (LVEF~60%)
- NORMAL CARDIAC CHAMBER DIMENSIONS
- NORMAL VALVULAR COLOUR FLOW PATTERN

DR.NITIN AGARWAL
DM (Cardiology)
Consultant Cardiologist

डॉ० नितिन अग्रवाल
डी०एम०
हृदय रोग विशेषज्ञ

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

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