

MRS. SILAVAT SANGEETA

51 Years /F

BANK OF BARODA

13-12-2023

HEAMOGRAM

Test Name	Results	Normal Range
Hemoglobin (Hb)	8.8	11 - 16 gm %
H.H.C. Count	4.72	3.8 - 4.8 milli/cu.mm
HCT	28.4	36 - 46 %
MCV	64.82	80 - 100 fl
MCH	18.64	27 - 32 pg
MCHC	28.74	31.8 - 34.5 %
TOTAL WBC COUNT	7,200	4,000 to 11,000 /cu.mm
DIFFERENTIAL WBC COUNT	-	
Neutrophils	70	48 - 78 %
Lymphocytes	25	20 - 40 %
Monocytes	05	02 - 08 %
Eosinophils	02	01 - 05 %
Basophils	00	00 - 01 %
PLATELET COUNT	1.26	1.5 - 4 Lacs/cu.mm.
ESR	13	M- 0-10 at the end of 1 hr. F- 0-20 at the end of 1 hr

Dr. POOJA PRAPANNA
DR. POOJA PRAPANNA
MD

MRS. SANGIETA SILAWAT

DOB

54 YEARS / FEMALE

28-12-2027

Height: 155 Cms

Weight: 63 Kg

BP: - 104/63 mmhg

Pulse: - 72/- Regular

BMI: - 26.2 kg/m²

EYE: - NORMAL

The Medical Examiner should record the findings under one of the following categories:-
Overweight



Dr. D. S. Chhabra
DR. D. S. CHHABRA
MBBS, MD.

MRS. SILAVAT SANGEETA
BANK OF BAHODA

51 Years /F
13-12-2023

BLOOD GROUP

Test Name	Results	Normal Range
BLEND GROUP	B-	
"ABO" GROUP	"O"	
Rh (D) Factor	Positive	
	-	
	-	
	-	
	-	
	-	

(Cross matching & recheck of Blood Group is mandatory before any transfusion)

Dr. POOJA PRAPANNA
DR. POOJA PRAPANNA MD

MRS. NILAVAT SANGEETA

51 Years /F

BANK OF BARODA

13-12-2023

LIPID PROFILE

Test Name	Results	Normal Range
TOTAL LIPIDS	54	400 - 700 mg/dl
CHOLESTROL	181.0	<200 mg/dl - Desirable 200 - 239 mg/dl - Borderline High >240 Mg/dl High
HDL CHOLESTROL	45.0	25 - 60 mg/dl
TRIGLYCERIDE	152.0	<150 mg/dl - Normal 150 - 199 mg/dl - Borderline High 200 - 499 mg/dl - High
LDL CHOLESTROL	105.6	<100 mg/dl - Optimal 100 - 129 mg/dl - Borderline High 130 - 199 mg/dl - High
VLDL CHOLESTROL	38.4	<60 mg/dl
RISK RATIO	4.02	3 - 6

Dr. POOJA PRAPANNA
MO
DR. POOJA PRAPANNA

MRS. SILAVAT SANGEETA

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23-12-2023

Test Name	Results	Normal Range
BIOCHEMISTRY		
FASTING BLOOD SUGAR	96.8	70 - 110 mg/dl
P.P. BLOOD SUGAR	138.8	upto 140 mg/dl
TOTAL PROTEIN	6.35	6.8 to 8.0 g/dl
ALBUMIN	3.25	3.2 to 5.0 g/dl
GLOBULIN	3.1	1.9 to 3.5
A/G RATIO	1.05	1.2 TO 2.3
GAMMA GT	28.0	0 - 43 IU/l
ALKALINE PHOSPHATE	87.0	Adult - 43 - 128 IU/L Child - 150 - 650 IU/L
URIC ACID	5.82	2.5 - 6.8 mg/dl
BUN	18.0	0 - 21 Mg/dl
CREATININE	1.29	0.6 - 1.4 mg/dl
TOTAL BILIRUBIN	0.75	0 - 1 mg/dl
DIRECT BILIRUBIN	0.18	<0.25 mg/dl
INDIRECT BILIRUBIN	0.73	< 1.0 mg/dl
SGOT	28.0	0 - 45 IU/L
SGPT	15.8	0 - 45 IU/L

Dr. POOJA PRAPANNA
DR. POOJA PRAPANNA MD, A

MRS. NILAVAT SANGEETA

51 Years /F

BANK OF BARODA

23-11-2023

URINE EXAMINATION

Test Name	Results	Normal Range
PHYSICAL EXAMINATION		
Quantity	30 ml	
Colour	Pale Yellow	
Appearance	Clear	
Deposits	Absent	
Specific Gravity	1.015	
Reaction	Acidic	
CHEMICAL EXAMINATION		
Albumin	Nil	
Sugar	Nil	
Ketone	Absent	
Bile Pigments	Negative	
Bile Salt	Negative	
Hematuria	Negative	
MICROSCOPIC EXAMINATION		
Pus Cells	1-2 /HPF	
Red Blood Cells	Nil/HPF	
Epithelial Cell	1-2 /HPF	
Crystals	Nil	
Casts	Absent	

DR. POOJA PRAPANSA
MD

MRS. SILAVAT SANGEETA

SI Ym/K

DOB

22nd Dec, 1973

X-RAY CHEST PA VIEW

Body cage is normal.

Trachea is central. C.F. angles are clear.

Cardiac contour and cardiothoracic ratio are normal.

Long fields are clear.

DR. D. S. CHHABRA,
M.D.

4D SONOGRAPHY - COLOR DOPPLER - ECHO - PATHOLOGY - DIGITAL X-RAY & DPO - TMT - ECG - HELLER

MRS. SELAWAT SANGEETA

51 Year F

DOB

23rd Dec, 2023

ABDOMINAL SONOGRAPHY

Liver is of normal size, shape, has smooth margins & regular contours and the parenchyma is mildly hyperechoic in echotexture, fatty changes (Grade I). No focal lesion.

Gall bladder is of normal size, shape, has thin walls & there is a small, mobile calculus int. This measures about 10 mm. in length. Otherwise the contents are clear fluid.

Intra-hepatic biliary tree is normal. CBD is undilated (3 mm.).

Pancreas is normal, no focal / diffuse pathology. The portal and splenic veins are normal in calibre.

Spleen is mildly enlarged in size, (measures about 12 cm. in height, 10 cm. is upper limit) and is normal in echotexture.

Both kidneys are normal in size (Rt. measures about 9 cm. & Lt. 10 cm. in length), shape and echotexture. No calculus in both. The collecting system and ureter on both side are undilated.

Urinary bladder is normal in size, shape and has thin walls.

Uterus and both ovaries are small atrophic.

No pelvic mass / cyst or collection.

There is no ascitis. No obvious abdominal lymphadenopathy. No sub / supra diaphragmatic pathology on either side.

IMPRESSION :

Fatty changes in liver (Grade I).

A small, mobile G.B. calculus, no signs of Cholecystitis.

Mild enlargement of spleen.

DR. D.S. CHHABRA

M.B.



LABORATORY REPORT



Name: Mrs. SARBITA SILVAT	Sex/Age: Female / 51 Years	Case ID: 2120188428
Ref No:	Dr. At	PL ID
Ref. Lab: UNIQUE DIAGNOSTIC CENTRE MOORE		PL Lab
Reg Date and Time: 23-Dec-2023 11:01	Sample Type: Serum	Module No:
Sample Date and Time: 23-Dec-2023 11:01	Sample Coll. By: nm	Ref 01:
Report Date and Time: 23-Dec-2023 12:00	Ref. Remarks:	Ref 02:

TEST	RESULTS	UNIT	BIOLOGICAL REF RANGE	REMARKS
Thyroid Function Test				
Thyrotropin (TSH) U/L	106.88	mIU/L	0.1 - 100	
Thyroxine (T4) U/L	0.38	ng/dL	0.5 - 1.5	
TSH U/L	2.02	uIU/mL	0.4 - 4.2	

INTERPRETATIONS

- Circulating TSH measurement has been used for screening for euthyroidism, screening and diagnosis for hyperthyroidism & hypothyroidism. Suppressed TSH (<0.01 uIU/mL) suggests a diagnosis of hyperthyroidism and elevated concentration (>7 uIU/mL) suggest hypothyroidism. TSH levels may be affected by acute illness and several medications including aspirin and glucocorticoids. Decreased (low or undetectable) in Graves disease, increased in TSH secreting pituitary adenoma (secondary hyperthyroidism), PRTM and in hypothalamic disease (tertiary hyperthyroidism). Elevated in hypothyroidism (along with decreased T4) except for pituitary & hypothalamic disease.
- Mild to modest elevations in patient with normal T3 & T4 levels indicates impaired thyroid hormone reserves & suggest hypothyroidism (subclinical hypothyroidism).
- Mild to modest decrease with normal T3 & T4 indicates subclinical hyperthyroidism.
- Degree of TSH suppression does not reflect the severity of hyperthyroidism, therefore, measurement of free thyroid hormone levels is required in patient with a suppressed TSH level.

CAUTIONS

Sick, hospitalized patients may have falsely low or transiently elevated thyroid stimulating hormone. Some patients who have been exposed to animal antigens, either in the environment or as part of treatment or imaging procedure, may have circulating antithyroid antibodies present. These antibodies may interfere with the assay, resulting in produce unreliable results.

TSH ref range in pregnancy
First trimester
Second trimester
Third trimester

Reference range (microIU/ml)
0.04 - 2.00
0.40-2.5
0.3-2.5

Healthcare professionals should refer to the package insert for detailed information.

Dr. Sarita Yadav
M.D. Pathology

Dr. A Mishra
M.D. Microbiology

Printed On: 23/12/2023 12:11



LABORATORY REPORT



Name: Mrs. SANGEETA BLAVAT	Sex/Age: Female / 51 Years	Case ID: 2148190338
Ref. By: DR. M	Dr. M	Ph. ID:
Ref Lab: UNIQUE DIAGNOSTIC CENTRE HOSPITAL		Ph. Lab:
Req Date and Time: 23-Dec-2023 11:01	Sample Type: Serum	Mobile No:
Sample Date and Time: 23-Dec-2023 11:01	Sample Coll. By: HR	Ref ID:
Report Date and Time: 23-Dec-2023 12:10	Acc. Remarks: 	

Interpretation Note

Thyroid Function Test (TFT) is a highly effective screening assay for thyroid dysfunction. It is performed with an intact primary thyroid axis, in the absence of thyroid stimulating hormone (TSH) or a highly effective screening assay for thyroid dysfunction. It is performed with an intact primary thyroid axis, in the absence of thyroid stimulating hormone (TSH) or a highly effective screening assay for thyroid dysfunction. It is performed with an intact primary thyroid axis, in the absence of thyroid stimulating hormone (TSH) or a highly effective screening assay for thyroid dysfunction.

TSH is the most sensitive and specific test for thyroid dysfunction. It is performed with an intact primary thyroid axis, in the absence of thyroid stimulating hormone (TSH) or a highly effective screening assay for thyroid dysfunction. It is performed with an intact primary thyroid axis, in the absence of thyroid stimulating hormone (TSH) or a highly effective screening assay for thyroid dysfunction.

T3 and **T4** are used to confirm the diagnosis of thyroid dysfunction. It is performed with an intact primary thyroid axis, in the absence of thyroid stimulating hormone (TSH) or a highly effective screening assay for thyroid dysfunction.

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Test	Reference Range (Reference)	TS	TS	TSH
Free Thyroxine	0.29 - 0.68			
Free Triiodothyronine	0.44 - 1.21			
Free Thyroxine	0.012			
Thyroid Stimulating Hormone		↑	↑	↑
Free Triiodothyronine		↑	↑	↑
Free Thyroxine		↑	↑	↑
Thyroid Stimulating Hormone		↑	↑	↑
Free Triiodothyronine		↓	↓	↓
Free Thyroxine		↓	↓	↓
Thyroid Stimulating Hormone		N	N	↑
Free Triiodothyronine		N	N/T	↓

End Of Report

If the test performed on specimens received or collected from non-NABL, facilities, it is presumed that the specimen belongs to the patient named or identified as patient on the request form received and such verification has been carried out at the point generation of the said specimen by the center. NABL will be responsible only for the analytical part of test carried out. All other responsibility will be of referring Laboratory.

Neuberg Reference Laboratories (India) Private Limited

Dr. Sonali Yadav
M.D. Pathology

Dr. A. Mishra
M.D. Microbiology

Report Date: 23-Dec-2023 12:11

DR. PRIYANK JAIN

M.D.M.M

CONSULTANT CARDIOLOGIST

UNIQUE DIAGNOSTIC CENTRE

48-B, Janta Compound

Opp. M.Y Hospital, M.Y.H. Road,

INDORE - 462 001. (M.P.)

Phone - 2794116, 4382228

ECHOCARDIOGRAPHY REPORT

NAME	:	MRS. SILAWAT SANGIETA	Age	:	51 Yrs/F
REFERRED BY	:	DOB	Date	:	23rd Dec, 2023

ECHOCARDIOGRAPHIC OPINION

INTERPRETATION :-

- ** No RWMA.
- ** Good biventricular function. LVEF : 60 %.
- ** Normal cardiac valves, healthy pericardium.
- ** Grade I diastolic dysfunction.

Dr. Priyank Jain
M.D., M.D. (M.M.)
Reg. No. 19547

DR. PRIYANK JAIN, M.D.M.M



TWO DIMENSIONAL ECHOCARDIOGRAPHY

M Mode examination revealed normal movement of both mitral leaflets during diastole.

No SAM or mitral valve prolapse is seen.

Mitral valve opening is normal. No evidence of mitral valve prolapse is seen.

Tricuspid valve is normal, pulmonary valve is normal, aortic root is normal in size, dimensions of left atrium and left ventricle are normal.

Aortic cusps are not thickened and enclosure line is central.

Aortic valve has three cusps and its opening is not restricted.

2 - D imaging in FLAX, SAX and apical views revealed a normal sized left ventricle.

Movement of septum, anterior, posterior, inferior and lateral walls is normal. Global LVEF is 60 %.

Right atrium and right ventricle are normal in size.

Tricuspid valve leaflets move normally.

Pulmonary valve is normal.

Interatrial and interventricular septa are intact.

No intracardiac mass or thrombus is seen.

No pericardial pathology is observed.

MEASUREMENTS

[A] DIMENSIONS	OBSERVED VALUES	Normal Values (for Adults)
1. Aortic Root diameter	2.0 cm	2.0-2.7 cm < 2.2 cm / M ²
2. Aortic Valve Opening	1.0 cm	1.5-2.0 cm
3. Right Ventricular Dimension	-	-
4. Left Atrial Dimension	2.7 cm	2.0-4.0 cm < 3.2 cm / M ²
5. Left Ventricular ED Dimension	4.8 cm	2.7-5.0 cm < 3.2 cm / M ²
6. Left Ventricular ES Dimension	2.8 cm	2.2-4.0 cm
7. Inter Ventricular ED Septal thickness	1.1 cm	0.6-1.2 cm
8. Left Ventricular ED PW thickness	1.3 cm	0.8-1.0 cm
9. IVS / LVPW	0.1	< 1.0

[B] INDICES OF LEFT VENTRICULAR FUNCTION

1. Mitral E-Septal Separation	0.5	< 0.8 cm
2. Left Ventricular Ejection Fraction	60%	60 - 80%

DOPLER

	Peak Flow Velocity (M/Sec.)	Peak Gradient (mmHg)	Regurgitation
MV	Normal	-	Normal
TV	Normal	-	Normal
AV	Normal	-	Normal
PV	Normal	-	Normal

PASP : Normal

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99

Dr. D. S. Chhabra
214, ...
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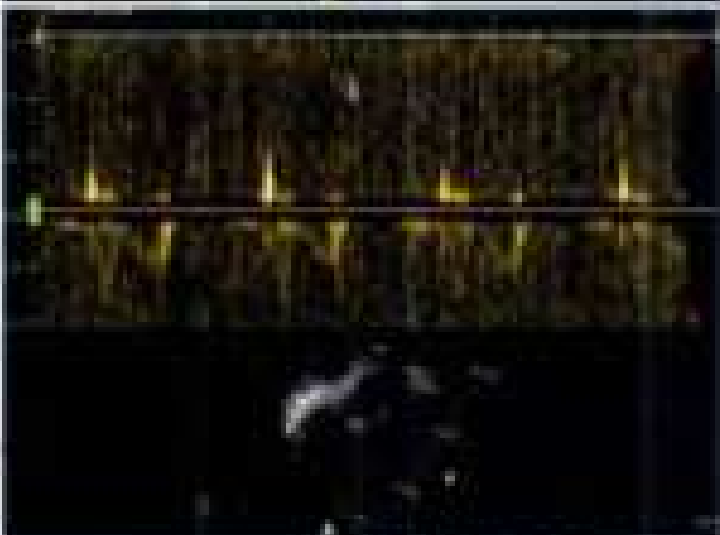
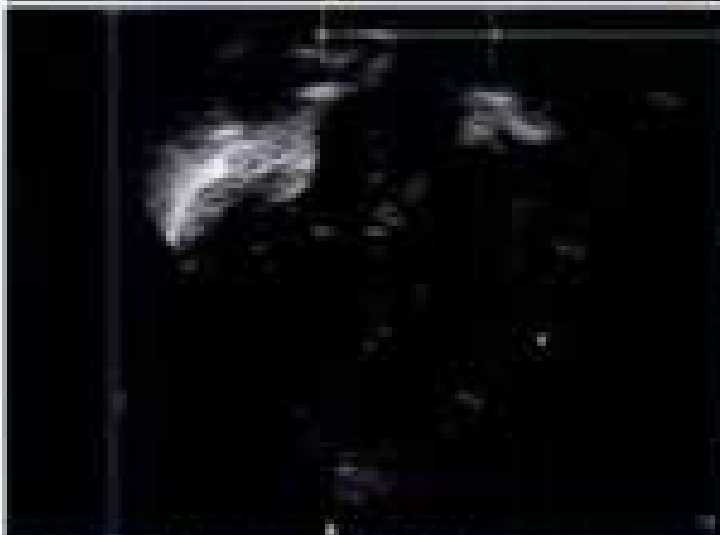


Figure 1. (a) Original image. (b) Image after thresholding. (c) Image after edge detection. (d) Image after morphological operations. (e) Image after feature extraction. (f) Image after classification.

Figure 2. (a) Original image. (b) Image after thresholding. (c) Image after edge detection. (d) Image after morphological operations. (e) Image after feature extraction. (f) Image after classification.

17

