

PATIENT NAME
AGE / SEX
REF. DOCTOR
DATE

MRS. PUNAMBEN TRIPATHI
43 YRS/FEMALE
DR. DHS DOCTOR TEAM
10/09/2024

2D ECHO CARDIOGRAPHY REPORT

Observation:

1. Normal LV size with Normal LV systolic function. LVEF: 65%.
2. No RWMA at rest.
3. Grade I LV diastolic dysfunction.
4. Normal sized LA, RA and RV. Normal RV function.
5. All valves are normal in structure.
6. IAS and IVS are intact.
7. No PAH. RVSP = 26 mmHg.
8. No clot/ vegetation / pericardial effusion.
9. Doppler: Mild MR, Trivial TR, No AR, No PR.
10. IVC is normal in size and well collapse on inspiration.

Conclusion:

Normal LV systolic function.
No RWMA.
No PAH.

Measurements :

LVIDD	30.0 mm	AO	2224.0mm
LVIDS	21.0 mm	LA	33.0mm
LVEF	65%		
IVSD/LVPWD	09.0mm/09.0mm		

DOPPLER STUDY:

Valves	velocity	Max gradient	Mean gradient	Area	Regurgitation
Aortic	1.0	6.1			NO AR
Mitral	E:0.3 A: 0.4				Mild MR
Pulmonary	0.5	2.0			No PR
Tricuspid	0.4	1.0			Trivial TR

Dr.ARCHIT PARIKH



PUNAM TRIPATHI
43 Y/F
HEALTH CHECK UP
10/09/2024

U.S.G. OF ABDOMEN AND PELVIS

Liver: appears mild enlarged in size (16.5 cm) & shows **grade 1 fatty changes**. No focal lesion is seen. No dilated IHBR is seen. Portal vein and CBD appear normal in course and caliber.

Gall bladder: is moderately distended & appears normal. No calculus, sludge or mass is seen. Gall bladder wall thickness appears normal.

Pancreas: appears normal in size & echopattern. No focal lesion is seen.

Spleen: appears normal in size and shows normal echotexture. No focal lesion is seen.

Both Kidneys appear normal in size, position and echopattern.

C-M differentiation is well preserved on either side.

No calculus or hydronephrosis on either side.

Cortical thickness appears normal on both sides.

No focal lesion is seen on either side.

Urinary bladder is moderately distended & appears normal. No calculus, internal echoes or mass is seen. Urinary bladder wall thickness appears normal.

Uterus appears normal in size & echopattern.

Approx. 14 x 18 mm sized intra mural fibroid is noted in fundus of uterus. ET – 8.5 mm.

Approx. 5 x 6 mm sized nabothian cyst is noted in cervix.

Both ovaries appear normal. No adnexal mass is seen on either side.

Para-aortic region appears normal. No abdominal lymphadenopathy is seen.

Bowel loops appear normal in caliber & show normal peristalsis.

No abnormal dilatation of bowel loops or wall thickening is seen.

No fluid collection or lump formation is seen in RIF. No ascites is seen.

IMPRESSION:

Mild hepatomegaly with grade 1 fatty changes
Uterine fibroid

Clinical correlation suggested. Thanks for reference.


DR. BHADRISH CHUDASAMA
MD RADIOLOGY



**TEST REPORT**

Reg. No : 2409100221 UHID : UHID26751 Reg. Date : 10-Sep-2024
Name : PUNAM HEMANTKUMAR TRIPATHI Collected On : 10-Sep-2024 09:16
Age/Sex : 43 Years / Female Report Date : 10-Sep-2024
Ref. By : MEDIWHEEL

Parameter	Result	Unit	Reference Interval
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COMPLETE BLOOD COUNT (CBC)

Hemoglobin (SLS method)	11.9	g/dL	12.0 - 15.0
Hematocrit (Electrical Impedance)	37.7	%	40 - 54
RBC Count (Electrical Impedance)	4.60	million/cmm	3.8 - 4.8
WBC Count (Flowcytometry)	7250	/cmm	4000 - 10000
Platelet Count (Electrical Impedance)	331000	/cmm	150000 - 410000
MCV (Calculated)	82.0	fL	83 - 101
MCH (Calculated)	25.9	Pg	27 - 32
MCHC (Calculated)	31.5	%	31.5 - 34.5
RDW (Calculated)	22.1	%	11.5 - 14.5

DIFFERENTIAL WBC COUNT

Neutrophils (%)	76	%	38 - 70
Lymphocytes (%)	17	%	20 - 45
Monocytes (%)	06	%	2 - 8
Eosinophils (%)	01	%	1 - 4
Basophils (%)	00	%	0 - 1
Neutrophils (Absolute)	5510	/cmm	1800 - 7700
Lymphocytes (Absolute)	1233	/cmm	1000 - 3900
Monocytes (Absolute)	435	/cmm	200 - 800
Eosinophils (Absolute)	73	/cmm	20 - 500
Basophils (Absolute)	0	/cmm	0 - 100
Neutrophil-Lymphocyte Ratio(NLR)	4.46	/cmm	0.7 - 4.0

PERIPHERAL SMEAR EXAMINATION


RBC Morphology	RBCs are Hypochromic and Microcytic
WBC Morphology	Total Wbc count is normal
Platelets	Platelets are adequate with normal morphology.
Parasites	Malarial parasite is not detected.

ERYTHROCYTE SEDIMENTATION RATE

ESR (After 1 hour)	18	mm/hr	0 - 21
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Approved by: 
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(MD.Pathology)
Mr. Akshay Parmar
M.Sc(Biochemistry)

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RENAL FUNCTION TEST			
Creatinine <i>Enzymatic ,IDMS Traceable</i>	0.75	mg/dL	0.6 - 1.1
Urea <i>Urease-GLDH, enzymatic UV</i>	15.3	mg/dL	13.0 - 40.0
BUN <i>Calculated</i>	7.15	mg/dL	7 - 23
Uric Acid <i>Enzymatic using TBHBA</i>	4.9	mg/dL	2.6 - 6.2
Sodium <i>Direct ISE</i>	140.3	mmol/L	137 - 145
Potassium <i>Direct ISE</i>	4.52	mmol/L	3.6 - 5.0
Chloride <i>Direct ISE</i>	95.3	mmol/L	94 - 110
Ionized Calcium <i>Direct ISE</i>	4.78	mg/dL	4.4 - 5.4

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LIVER FUNCTION TEST			
SGPT <i>Optimized UV-IFCC</i>	24.7	U/L	1 - 45
SGOT <i>Optimized UV-IFCC</i>	20.1	U/L	1 - 35
Total Bilirubin <i>DCA method</i>	0.90	mg/dL	0 - 2.0
Direct Bilirubin <i>DCA method</i>	0.20	mg/dL	0.0 - 0.4
INDIRECT BILIRUBIN <i>Calculated</i>	0.70	mg/dL	0.0 - 1.6
Alkaline Phosphatase <i>PNP-AMP Buffer, Multiple-point rate</i>	82	U/L	53 - 128
Total Protein	7.02	g/dL	6.4 - 8.2
Albumin <i>By Bromocresol Green</i>	3.62	g/dL	3.5 - 5.2
Globulin <i>Calculated</i>	3.40	g/dL	2.3 - 3.5
A/G Ratio <i>Calculated</i>	1.06		0.8 - 2.0
GGT	15.3	U/L	1 - 55
HBsAg <i>Immunochromatography</i>	Non - Reactive		

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HEMOGLOBIN A1C ESTIMATION

Specimen: Blood EDTA

Hb A1C <small>HPLC, NGSP Certified</small>	5.9	%	>8 : Action Suggested , 7-8 : Good Control , <7 : Goal , 6-7 : Near Normal Glycemia, <6 : Non-diabetic Level
Mean Blood Glucose <small>Calculated</small>	122.63	mg/dL	

Criteria for the diagnosis of diabetes:


1. HbA1c ≥ 6.5 *Or
 2. Fasting plasma glucose >126 gm/dL. Fasting is defined as no caloric intake at least for 8 hrs.Or
 3. Two hour plasma glucose ≥ 200 mg/dL during an oral glucose tolerance test by using a glucose load containing equivalent of 75 gm anhydrous glucosedissolved in water.Or
 4. In a patient with classic symptoms of hyperglycemia or hyperglycemic crisis, a random plasma glucose ≥ 200 mg/dL.
- *In the absence of unequivocal hyperglycemia, criteria 1-3 should be confirmed by repeat testing. American diabetes association. Standards of medical care in diabetes 2011. Diabetes care 2011;34:S11.

Importance of HbA1C (Glycated Hb.) in Diabetes Mellitus:

- HbA1C, also known as glycated hemoglobin, is the most important test for the assessment of long term blood glucose control(also called glyemic control).
- HbA1C reflects mean glucose concentration over pas 6-8 weeks and provides a much better indication of longterm glyemic control than blood glucose determination.
- HbA1c is formed by non-enzymatic reaction between glucose and Hb. This reaction is irreversible and therefore remains unaffected by short term fluctuations in blood glucose levels.
- Long term complications of diabetes such as retinopathy (Eye-complications), nephropathy (kidney-complications) and neuropathy (nerve complications), are potentially serious and can lead to blindness, kidney failure, etc.- Glyemic control monitored by HbA1c measurement using HPLC method (GOLD STANDARD) is considered most important. (Ref. National Glycohaemoglobin Standardization Program - NGSP).

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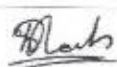

LIPID PROFILE

Cholesterol <i>CHOD-PAP method</i>	135	mg/dL	Desirable : < 200.0 Borderline High : 200-239 High : > 240.0
Triglyceride <i>Enzymatic with GPO method</i>	123.7	mg/dL	Normal : < 150.0 Borderline : 150-199 High : 200-499 Very High : > 500.0
VLDL <i>Calculated</i>	24.74	mg/dL	15 - 35
LDL CHOLESTEROL	75.36	mg/dL	Optimal : < 100.0 Near / above optimal : 100-129 Borderline High : 130-159 High : 160-189 Very High : >190.0
HDL Cholesterol <i>Magnetic Cholesterol Oxidase</i>	34.9	mg/dL	Low : < 40 High : > 60
Cholesterol /HDL Ratio <i>Calculated</i>	3.87		0 - 5.0
LDL / HDL RATIO <i>Calculated</i>	2.16		0 - 3.5
Total Lipids <i>Calculated</i>	477.40		400 - 1000

- Pre-analytical requirements for given tests are -Fasting status anywhere between 10-12 hours before collection. Avoid alcohol beverages before lipid panel - minimum 24 hrs.
- Lipid profile results can be erroneous if pre-analytical requirements are not met properly.
- Any medical decision based on test results is to be taken with 2 or more consecutive results suggesting pattern.
- Please note that any lipid lowering drug may interfere in results estimation.
- Sudden commencement or sudden withdrawal of Lipid lowering drug will interfere with test result.

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POST PRANDIAL BLOOD SUGAR
SPECIMEN: FLOURIDE PLASMA/ SERUM

PPBS

Post Prandial Blood Sugar (PPBS) 125.1 mg/dL 110 - 140
Glucose Oxidase-Peroxidase

FASTING BLOOD SUGAR
SPECIMEN: FLOURIDE PLASMA/ SERUM

FBS

Fasting Blood Sugar (FBS) 107.6 mg/dL 70 - 110
Glucose Oxidase-Peroxidase

Criteria for the diagnosis of diabetes¹. HbA1c \geq 6.5 *
Or
2. Fasting plasma glucose $>$ 126 gm/dL. Fasting is defined as no caloric intake at least for 8 hrs.
Or
3. Two hour plasma glucose \geq 200mg/dL during an oral glucose tolerance test by using a glucose load containing equivalent of 75 gm anhydrous glucose dissolved in water.
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