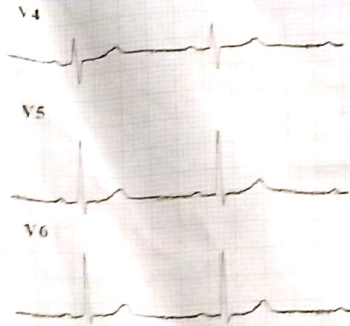
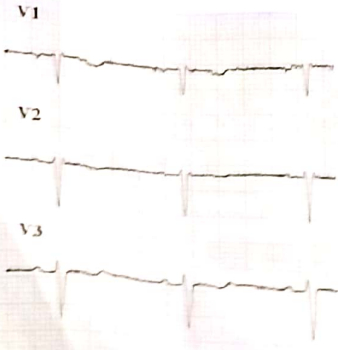
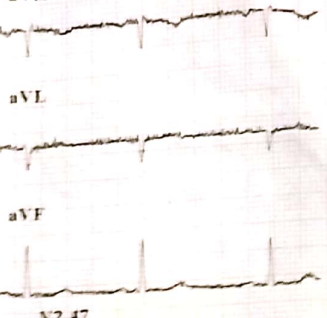
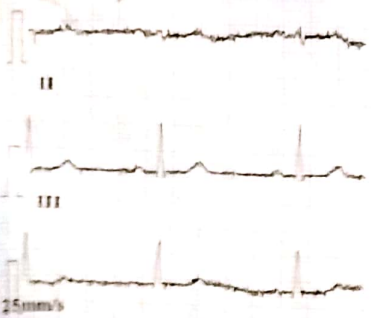


0.67-100Hz

2005-06-08 09:55:17

BPL



ID : 050608-0955
 Name :
 Age : 30 yr
 Sex : Female
 BP : mmHg
 Height : cm
 Weight : kg
 HR : 61 bpm
 P Dur : 97 ms
 PR int : 172 ms
 QRS Dur : 93 ms
 QT/QTc int : 395/400 ms
 P/QRS/T axis : 42/91/51 °
 RV5/SV1 amp : 1.247/0.531 mV
 RV5+SV1 amp : 1.778 mV
 RV6/SV2 amp : 1.229/0.810 mV

Minnesota Code: 2-3-0

Shambhavi

Diagnosis Information:
800 Sinus Rhythm
203 Right Axis Deviation

Report Confirmed by

ECHOCARDIOGRAPHY REPORT

Name	: Mrs. Shambhavi Kumari	Age/Sex	: 31/F
Date	: 27/05/2023	ECHO No.	:
IPID No.	:	UHID No.	:
Ref. By	: Self	Done By	: Dr. Anil Kr. Singh

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	RRInterval _____msec
	EDG _____mmHg	MDG mmHg	MVAcm ²
	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 Fragmented signals	
	Velocity _____msec.	Pred. RVSP=RAP+ 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

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.	

NAME :- SAMBHAVI KUMARI.
REFD.BY:- DR./SELF.

DATE :- 27/05/2023
SEX:- F

Thanks for the kind referral.
USG of Whole Abdomen

Liver:- Liver is normal in size [11.68 cm] and shows normal echotexture.
No focal lesion is seen. I.H.B.R. are not dilated.

GB:- Contracted. Walls are thickened. Single calculus measuring
2.08 cm Seen in lumen of G.B

C.B.D:- C.B.D. is normal in caliber.

Pancreas:- Pancreas normal in size shape and echo texture.

Spleen:- Normal in shape, size & contour. (bipolar length is 9.12cm).

Kidneys:- Both kidneys are normal in shape, size, contour, cortical
echo texture, and sinus echoes. No evidence of calculus,
calcification, hydronephrotic changes or mass lesion seen.

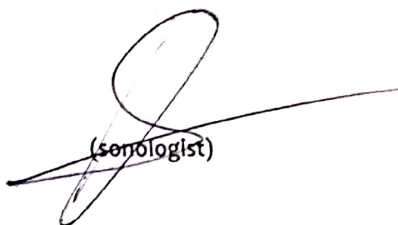
UB:- Urinary bladder is smoothly outlined. There is no calculus within.

Uterus :- Uterus measures 7.58 x 2.59 x 2.71 cm.
Uterus is normal in size and normal echo texture.

Adnexa:- B/L ovary are normal.

P.O.D:- No Collection Seen.

Impression :- Cholecystitis with Cholelithiasis.


(sonologist)

PATHOLOGY REPORT

Name:- Mrs. Sambhavi Kumari	Age :30Y/F	Date :-27/05/2023
Ref. By :- Dr. Bank Of Barauda	(E.C.No109457)	Serial Number :- 0273

TEST	CBC (Complete Blood Count)		Reference Values
	RESULT	UNIT	
Hb (Haemoglobin)	10.6	gm/dl	12 - 17
Total Leukocyte Count	4,600	/Cumm.	4000 - 11000
RBC Count	3.80	Million/Cumm.	3.8 - 5.8
PCV / Haematocrit	34.4	%	30 - 50
Platelet Count	2.15	Lakhs/c.mm	1.5 - 4.5
MCV	87.8	fl	80 - 100
MCH	26.9	pg	26 - 34
MCHC	31.5	gm/dl	31.5 - 35
Differential Leukocyte Count			
Neutrophil	45	%	40 - 70
Lymphocyte	48	%	20 - 40
Monocyte	02	%	02 - 10
Eosinophi	05	%	01 - 06
Basophil	00	%	< 1 - 2 %
ESR	22	mm/1 st hr.	00 - 20

end of report

Signature



PATHOLOGY REPORT

Name:- Mrs. Sambhavi Kumari	Age :30Y/F	Date :-27/05/2023
Ref. By :- Dr. Bank Of Barauda	(E.C.No109457)	Serial Number :- 0273

KFT (KIDNEY Function Test) – serum

<u>TEST</u>	<u>RESULT</u>	<u>UNIT</u>	<u>Reference Values</u>	
S. Urea	21.0	mg/dl	13	- 45
S. Creatinine	0.74	mg/dl	Male 0.7	- 1.4
			Female 0.6	- 1.2
S. BUN	9.80	mg/dl	6.0	- 21
S. Sodium (Na ⁺)	138.1	mmol/ltr	135	- 150
S. Potassium(K ⁺)	3.92	mmol/ltr	3.5	- 5.5
S. Chloride(Cl ⁻)	98.6	mmol/ltr	94	- 110
S. Calcium	9.32	mg/dl	8.7	- 11.0
S. Uric Acid	3.51	mg/dl	Male 3.5	- 7.2
			Female 2.5	- 6.2

BLOOD GROUPING

Grouping (ABO)	:	"A" Group
Rh Typing	:	Positive.

end of report

Signature

PATHOLOGY REPORT

Name:- Mrs. Sambhavi Kumar	Age (30Y/F)	Date :- 27/05/2023
Ref. By :- Dr. Bank Of Barauda	(E.C.No109457)	Serial Number :- 0273

LFT (Liver Function Test) – serum

<u>TEST</u>	<u>RESULT</u>	<u>UNIT</u>	<u>Reference Values</u>
S. Total Bilirubin	0.78	mg/dl	Adults: 0.1 - 1.2 Infants: 1.2 - 12
S. SGPT (ALT)	31.0	U/L	05 - 40
S. SGOT (AST)	28.0	U/L	05 - 40
S.GGT	33.0	U/L	05 - 45
S. Alkaline Phosphatase	72.4	U/L	Adult -- 25 - 140 Children (1 – 12 yrs.) -- 104 - 390
S. Total Protein	6.98	g/dl	6.0 - 8.3
S. Albumin	3.72	g/dl	3.2 - 5.0
S. Globulin	3.26	g/dl	2.8 - 4.5
S. A/G Ratio	1.14		

end of report

Signature

PATHOLOGY REPORT

Name:- Mrs. Sambhavi Kumari	Age :30Y/F	Date :-27/05/2023
Ref. By :- Dr. Bank Of Barauda	(E.C.No109457)	Serial Number :- 0273

Lipid Profile - serum

<u>TEST</u>	<u>RESULT</u>	<u>UNIT</u>	<u>Reference Values</u>
S. Cholesterol	140.0	mg/dl	130 - 200
S. Triglycerides	85.0	mg/dl	Fasting: 25 - 160
S. VLDL-Cholesterol	17.0	mg/dl	10 - 40
S. HDL-Cholesterol	39.0	mg/dl	Male: 30 - 65 Female: 35 - 80
S. LDL-Cholesterol	84.0	mg/dl	60 - 150
Ratio of Cholesterol/HDL	3.58		Low Risk: <3.0 Average Risk: 03 - 5.0 High Risk: >5.0
LDL/HDL Ratio	2.15		1.5 - 3.5

BIOCHEMISTRY

<u>TEST</u>	<u>RESULT</u>	<u>UNIT</u>	<u>Reference Values</u>
P. Glucose Fasting	80.0	mg/dl	70 - 110
P. Glucose-Post Prandial (after 1.30hrs meal)	106.0	mg/dl	80 - 160

end of report

Signature

PATHOLOGY REPORT

Name:- Mrs. Sambhavi Kumari	Age :30Y/F	Date :-27/05/2023
Ref. By :- Dr. Bank Of Barauda	(E.C.No109457)	Serial Number :- 0273

Urine Routine And Microscopy

<u>TEST</u>	<u>RESULTS</u>
Physical Examination	
Volume	20 ml
Colour	Light Yellow
Specific Gravity	1.025
Appearance	Clear
pH	6.5
(Acidic)	
Chemical Examination	
Protein	Nil
Sugar	Nil
Bile Salts	N/D
Bile Pigments	N/D
Microscopic Examination	
Pus Cells	2-3 /hpf
Red Blood Cells	Nil /hpf
Epithelial Cells	Present (+)
Crystal/Cast	Nil
Other	Nil
end of report	

Signature

PATHOLOGY REPORT

Name:- Mrs. Sambhavi Kumari	Age :30Y/F	Date :-27/05/2023
Ref. By :- Dr. Bank Of Barauda	(E.C.No109457)	Serial Number :- 0273

TEST NAME	METHOD	VALUE	UNITS	NORMAL RANGE
TOTAL TRIIODOTHYRONINE (T3)	C.L.I.A	101.4	ng/dL	(60 - 200)
TOTAL THYROXINE (T4)	C.L.I.A	4.90	µg/dL	(4.5 - 12.0)
THYROID STIMULATING HORMONE (TSH) µIU/mL (0.3 - 5.5)	C.L.I.A	2.98		

Technology :

T3 - Competitive Chemi Luminescent Immuno Assay

T4 - Competitive Chemi Luminescent Immuno Assay

TSH - Ultra Sensitive Sandwich Competitive Chemi Luminescent Immuno Assay

REMARK :

THYROID HORMONES -Serum TSH is primarily responsible for the synthesis and release of Thyroid hormones is an early and sensitive indicator of decrease in thyroid reserve is the diagnostic of primary hypothyroidism.The expeted increase in TSH demonstrate the classical feedback mechanism between pituitary and thyroid gland.Additionally TSH measurement is equally important in differentiating secondary and tertiary(hypothalamic) hypothyroidism.The increase in total T4 and T3 is associated with pregnancy,oral contraceptive and estrogen therapy results into masking of abnormal thyroid function only because of alteration of TBG concentration,which can be monitored by calculating Free Thyroxine Index(FTI) or Thyroid Homone Binding Ratio(THBR).a
 end of report

Signature

PATHOLOGY REPORT

Name - Mrs. Sambhavi Kumari	Age : 30Y/F	Date : 27/05/2023
Ref. By :- Dr. Bank Of Barauda	(E.C.No109457)	Serial Number :- 0273

GLYCOSYLATED HEMOGLOBIN

<u>TEST</u>	<u>RESULT</u>	<u>UNIT</u>
HbA1c	5.0	%

Mean Blood Glucose level (MBG) – 109.3 mg/dl

Normal Reference Values

Normal	:	< 8.0 %
Good Control	:	8.0 - 9.0 %
Fair Control	:	9.0 - 10.0 %
Poor Control	:	> 10.0 %

Summary:- Glycosylated hemoglobin (GHb) reflects the average blood glucose concentration over the preceding several weeks & a sudden fall from high to low glucose concentration will not produce a correspondingly rapid fall in glycosylated hemoglobin. Thus GHb reflects the metabolic control of glucose level over a period of time, unaffected by diet, insulin, other drugs or exercise on the day of testing. GHb is now widely recognized as an important test for the diagnosis of diabetes mellitus and is a good indicator of the efficacy of therapy.

end of report

Signature



Raj Digital X-Ray

GHATA CHOWK, MUZAFFARPUR (BIHAR)



No.:

Date

Patient's Name :

Part X-Rayed:

Referred by Dr:

PATIENT ID	: 175107311	PATIENT NAME	: SHAMBHAVI KUMARI AGE 3
AGE	: 3	SEX	: Female
REF. PHY.	: DR. A. K. SINGH MBBSPCR	STUDY DATE	: 27 May 2023

RADIOLOGY REPORT

EXAM: X RAY CHEST, PA VIEW

CLINICAL HISTORY:

COMPARISON:

None

TECHNIQUE:

Frontal projections of the chest were obtained

FINDINGS

Both lung fields are clear.
Both costophrenic angles appear normal.
The tracheal lucency is centrally placed.
The mediastinal and diaphragmatic outlines appear normal.
The heart shadow is normal.
The bony thoracic cage and soft tissues are normal.

IMPRESSION

1. The study is within normal limits.

Dr. AMIT KHARAT
MBBS, DM (RD), DNB, MCHARRS, FRCR, FICR
Consultant Radiologist
Reg No. 00050

Dr. Amit Kharat
27th May 2023

(NOT VALID FOR MEDICO LEGAL PURPOSE)

Facilities Available : 300 MA X-Ray Machine (Digital CR) # Computerised ECG

