

Radiology No.	: 3288/OPDPB22DL	Date	: 07-Aug-2022
Patient Name	: Mr. KUSUM	Age/Sex	: 31Y
Guardian Name	:	UHID No.	: 2949/UHID22DL
Consultant	: Dr. INSURANCE	Mobile No.	: 7357170378

ULTRASOUND OF WHOLE ABDOMEN

Convex Probes were used.

The liver is normal in size, contour and echotexture. Intrahepatic bile ducts and CBD are not dilated. Hepatic portal veins and the IVC appear normal in caliber.

Gall bladder is adequately distended with normal intraluminal fluid contents. No evidence of calculus / wall thickness noted.

Pancreas is of normal size and contour with normal echotexture.

Kidneys are of normal size, shape and echo pattern. No calculus, mass or hydronephrotic changes seen in either kidney. Corticomedullary differentiation is normal bilaterally. Bilateral PCS are normal. Bilateral ureters are not dilated.

Right Kidney measures 8.6x4.0cm.

Left kidney measures 10.9x3.6cm.



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Reg. No. MCI/16522, DMC/18402



BOOK APPOINTMENT



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Spleen is of normal size and shape. Ecotexture is normal. No focal lesion is seen.

No evidence of retro-peritoneal lymphadenopathy/ ascites/ pleural effusion noted.

Uterus is anteverted and is normal in size. Myometrium shows normal echo-pattern.

No mass or lesion is noted.

Endometrial is normal measuring 5 mm and is in mid line.

Both ovaries are visualized and are normal with subcentemetric follicles.

No free fluid is seen in the pouch of douglas.

Urinary bladder does not show any calculus or mass lesion.

Impression: Normal scan.

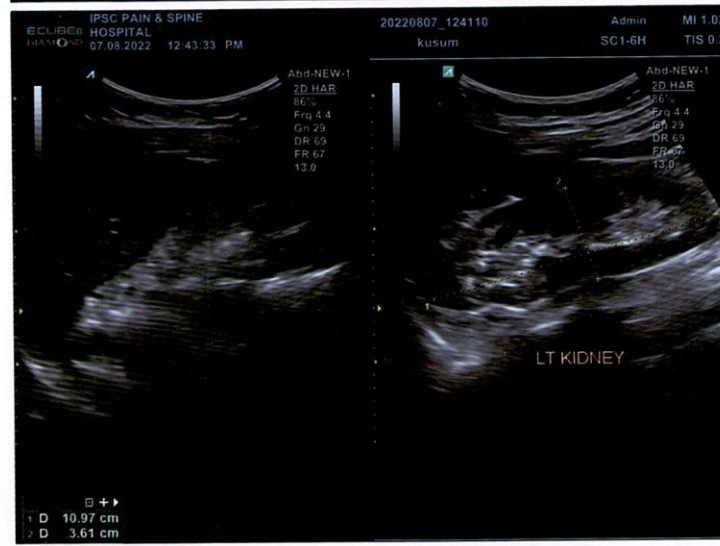
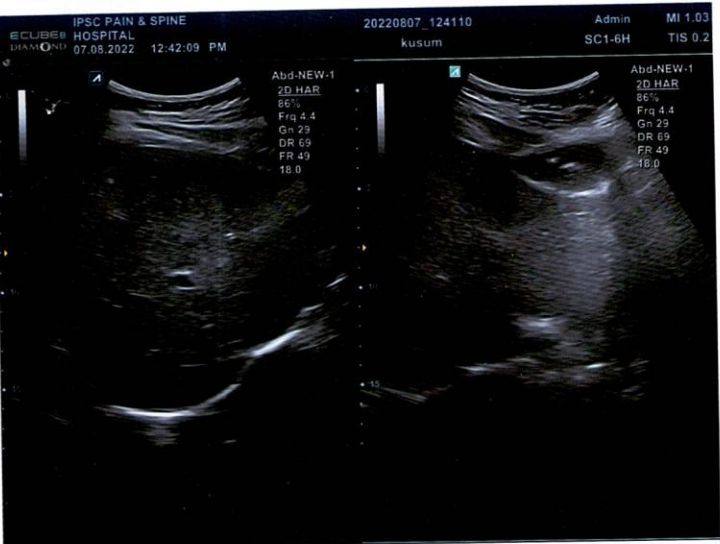


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BOOK APPOINTMENT





Radiology No.	: 3298/OPDPB22DL	Date	: 07-Aug-2022
Patient Name	: Miss. KUSUM	Age/Sex	: 31Y
Guardian Name	:	UHID No.	: 2949/UHID22DL
Consultant	: Dr. INSURANCE	Mobile No.	: 7357170378

X-RAY CHEST

Indication: Routine checkup.

Image quality:-

No evidence of rotation.

PA view. Normal penetration.

Airway:- Trachea central.

Carina & bronchi are normal.

No hilar abnormality.

Lung fields:- Clear.

Cardiac:- Cardiac borders are visible.

Normal heart size.

Diaphragm:- Costophrenic angles on right & left are normal.

Cardiophrenic angles on right & left are normal.

Diaphragm portion are normal.

Bony cage:- No evidence of bony lesion/fracture seen.

No evidence of cervical ribs seen.

Impression: No significant abnormality detected.




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	Manual No. :	Received : 07-Aug-2022
Sample Type : EDTA whole blood	Sample ID : 22689	Report : 07-Aug-2022 15.12

TEST NAME	RESULT	UNIT	RANGE	METHOD
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HEAMOTOLOGY

BLOOD GROUPING(A,B,O)&Rh

FACTOR

BLOOD GROUP ABO

"O"

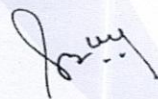
Manual

RH TYPING

"POSITIVE"

Manual

-----End of Report-----



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HbsAg	NEGATIVE			Immunochromatography
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Serology

Interpretation:-

<1 Negative

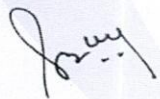
>5 Positive

1-5 IU is determined and need to be repeated

Clinical Significance:-Hepatitis B surface antigen (HBsAg) is a test to determine if some one is infected with hepatitis B virus .A' Positive or reactive HBsAg test result means that the person is infected and further testing is needed to determine . if this is a new " acute " infection or "chronic" infection.

HBsAg usually appearance 4 weeks after exposure but can be detected any time after 1st week .

-----End of Report-----



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Serology

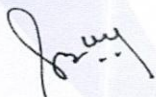
HIV 1 & II

NEGATIVE

Immunochemistry

Clinical Significance : HIV tests look for antibodies to HIV (Immunodeficient virus) in blood or all fluid approx 97% people develop detectable antibodies within 3-12 weeks (21 -84 days) of infection immunoassay are rapid tests used for screening positive rapid tests need a follow up confirm and includes western blot test. Rapid test performed during window period may give and thus detect HIV at about 10 days after infection even before antibodies develop but these are not used as a screening test.

-----End of Report-----



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HORMONES

TSH	3.24	uIU/ml		CLIA
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Adults

21-100 yrs 0.35 - 5.50

Pediatric

0-12 Months 0.98-5.63

1-5 years 0.64-5.76

6-10 Years 0.51-4.82

11-14 Years 0.53-5.27

15-20 years 0.43-4.20

Pregnancy

First trimester 0.1 - 2.5*

Second trimester 0.2 - 3*

Third trimester 0.3 - 3*

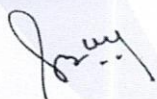
COMMENTS: Assay results should be interpreted in context to the clinical condition and associated results of other investigations. Previous treatment with corticosteroid therapy may result in lower TSH levels while thyroid hormone levels are

normal. Results are invalidated if the client has undergone a radionuclide scan within 7-14 days before the test.

Abnormal thyroid

test findings often found in critically ill clients should be repeated after the critical nature of the condition is resolved. The production, circulation, and disintegration of thyroid hormones are altered throughout the stages of pregnancy

-----End of Report-----



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HEAMOTOLOGY

HbA1c (GLYCOSYLATED HB)	5.8	%	4-6	PEIT
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Metabolically healthy patients 4.5 - 6.0 %
6.1 - 6.5 %

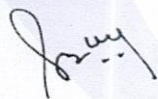
Good control :

Fair control : 6.6 - 7.0 %

Poor control : Above - >7.0 %

COMMENTS: HbA1c is an indicator of glycemic control. HbA1c represents average glycemia over the past six to eight weeks. Glycation of hemoglobin occurs over the entire 120 day life span of the red blood cell, but within this 120 days. Recent glycemia has the largest influence on the HbA1c value. Clinical studies suggest that a patient in stable control will have 50% of their HbA1c formed in the month before sampling, 25% in the month before that, and the remaining 25% in months two to four. Estimated Average Glucose mg/dl = (HbA1c x 35.6) - 77.3 Correlation between HbA1c and Mean Plasma Glucose (MPG) is not "perfect" but rather only this means that to predict or estimate average glucose from Hb-A1c or vice-versa is not "perfect" but gives a good working ballpark estimate. Afternoon and evening results correlate more closely to HbA1c than morning results, perhaps because morning fasting glucose levels vary much more than daytime glucose levels, which are easier to predict and control. As per IFCC recommendations 2007, HbA1c being reported as above maintaining traceability to both IFCC (mmol/mol) & NGSP (%) units.

-----End of Report-----



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Patient Name : Miss. KUSUM
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Mobile No. : 7357170378
Sample Type : Serum

Reg No. : 2949/UHID22DL
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Manual No.:
Sample ID : 22689

Lab ID. : 3298/OPDPB22DL
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BIOCHEMISTRY

LIVER FUNCTION TEST

Serum Bilirubin

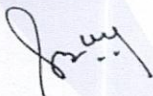
Total Bilirubin	0.24	mg/dl	0.0-2.0	Diazo
Direct Bilirubin	0.12	mg/dl	0-0.4	Diazo
Indirect Bilirubin	0.12	mg/dl	0-0.8	Calculated

Total Protein PROTEN

ALBUMIN	7.14	g/dl	6.4-8.3	Biuret
GLOBULIN	4.0	g/dl	3.4-4.8	Bcg
A/G RATIO	3.14	g/dl	2.3-3.5	
SGOT	1.27	g/dl		
SGPT	16	U/L	0-31	IFCC
	12	U/L	0.0-34	IFCC

Gamma GT	16.0	U/L	0-38	Glupa-c
Alkaline Phosphatase	68	U/L	42-98	Amp

-----End of Report-----



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BIOCHEMISTRY

LIPID PROFILE

Total Cholesterol	138.00	mg/dl	123-199	CHOD-PAP
Triglycerides	48.5	mg/dl	35-135	Gpo
HDL Cholesterol Direct	57.2	mg/dl	42-88	Direct
Vldl	10	mg/dl	4.7-22.1	
LDL Cholesterol Direct	71.1	mg/dl	63-129	
Total Cholesterol/HDL Ratio	2.4		0.0-4.97	
LDL/HDL Ratio	1.2		0.0-3.55	

INTERPRETATION:-

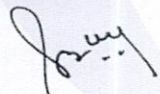
Acceptable/Low Risk	: < 200 mg/dL	: < 130 mg/dL	: < 4.5
Borderline High Risk	: 200-239 mg/dL	: 130-159 mg/dl	: 4.5 - 6.0
High Risk	: > 240 mg /dL	: > 160 mg/dL	: > 6.0

APO A1 & APO B: Recent studies have shown that Apolipoproteins A1 & B might be the best indicators of Coronary Artery.

COMMENTS:-

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 in defining cardiovascular risk factors and in the



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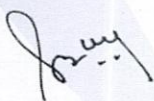
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management of cardiovascular disease. Highest acceptable and optimum values of cholesterol values of cholesterol vary with age. Values above 220 mgm/dl are associated with increased risk of CHD regardless of HDL & LDL values. HDL-CHOLESTEROL level <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 :- CHOLESTEROL LDL-CHOLESTEROL CHO/HDL RATIO

Artery Disease risk in an individual. Patients who have normal lipid profile may have abnormal Apo A1 & Apo B values. Ratio of Apo B : Apo A1 is >1 in cases of increased CHD risk.

-----End of Report-----


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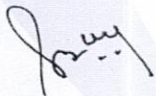
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BIOCHEMISTRY

KIDNEY FUNCTION TEST

Blood Urea	28.4	mg/dl	15.0-45.0	urease
Serum Creatinine	0.7	mg/dl	07-1.3	Jaffes Kinetic
Serum Uric Acid	4.80	mg/dl	2.6-6.0	Uricase
Total Protein				
PROTEN	7.14	g/dl	6.4-8.3	Biuret
ALBUMIN	4.0	g/dl	3.4-4.8	Bcg
GLOBULIN	3.14	g/dl	2.3-3.5	
A/G RATIO	1.27	g/dl		
Calcium	8.4	mg/dl	8.6-10.2	Arsenazo
Sodium	138.6	mmol/L	136.0-149.0	ISE Indirect
Potassium	4.2	mmol/L	3.5-5.5	ISE Indirect
Chloride	103.1	mmol/L	98.0-109.0	ISE Indirect

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	Manual No. :	Received : 07-Aug-2022
Sample Type : Plasma(Sodium fluoride)	Sample ID : 22689	Report : 07-Aug-2022 15.12

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BIOCHEMISTRY

BLOOD SUGAR FASTING	99.6	mg/dl	74-100	GOD-POD
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INTERPRETATION:

2018 American Diabetes Association (ADA) Diabetes Guidelines

Criteria for Diabetes Diagnosis:

FPG > 126.0 mg/dl (Fasting is defined as no caloric intake for >8 hours)

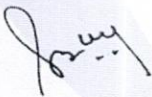
2-hr PG > 200 mg/dl during OGTT(75-G)*

Using a glucose load containing the equivalent of 75g anhydrous glucose dissolved in water

Random PG < 200 mg/dl

in individuals with symptoms of hyperglycemia or hyperglycemic crisis

-----End of Report-----



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BIOCHEMISTRY

Blood Sugar PP	126.4	mg/dl	70-150	GOD-POD
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INTERPRETATION:

2018 American Diabetes Association (ADA) Diabetes Guidelines

Criteria for Diabetes Diagnosis:

FPG > 126.0 mg/dl (Fasting is defined as no caloric intake for >8 hours)

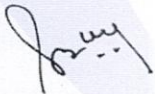
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Mobile No. : 7357170378	Refd. By : Dr. INSURANCE	Collected : 07-Aug-2022
	Manual No. :	Received : 07-Aug-2022
Sample Type : URINE	Sample ID : 22689	Report : 07-Aug-2022 15.12

TEST NAME	RESULT	UNIT	RANGE	METHOD
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CLINICAL PATHOLOGY

URINE ROUTINE

MICROSCOPY

PHYSICAL EXAMINATION

QUANTITY	30.00	ml	10-30	Automated /Manual
COLOUR	PALE YELLOW			
TRANSPARENCY	CLEAR			
SPECIFIC GRAVITY	1.020		1.015-1.025	
PH	6.0		5.5 - 7	

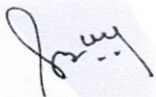
CHEMICAL EXAMINATION

ALBUMIN	NIL			Automated/Manual
SUGAR	NIL			

MICROSCOPIC EXAMINATION

PUS CELLS	1-2	/hpf		Automated/Manual
RBC'S	NIL		NIL	
CASTS	NIL			
CRYSTALS	NIL			
EPITHELIAL CELLS	2-3			
BACTERIA	NIL			
OTHERS	NIL			

-----End of Report-----



Dr. Sangeeta B
 DCP, DNB, PATHOLOGY,
 DMC/25252
 Lab Technician : DrSangeet



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BOOK DIAGNOSTICS

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 IPSC Bangalore: 11,12 Sahakara Nagar,
 Bellary Road, Bengaluru - 560092

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 bengaluru@ipscindia.com

ID: 12 07-08-2022 12:29:32 PM

kusum HR : 71 bpm

Female 31Years P : 100 ms

Req. No. : PR : 132 ms

QRS : 84 ms

QT/QTcBz : 386/420 ms

P/QRST : 22/38/36 °

RV5/SV1 : 1.624/0.819 mV

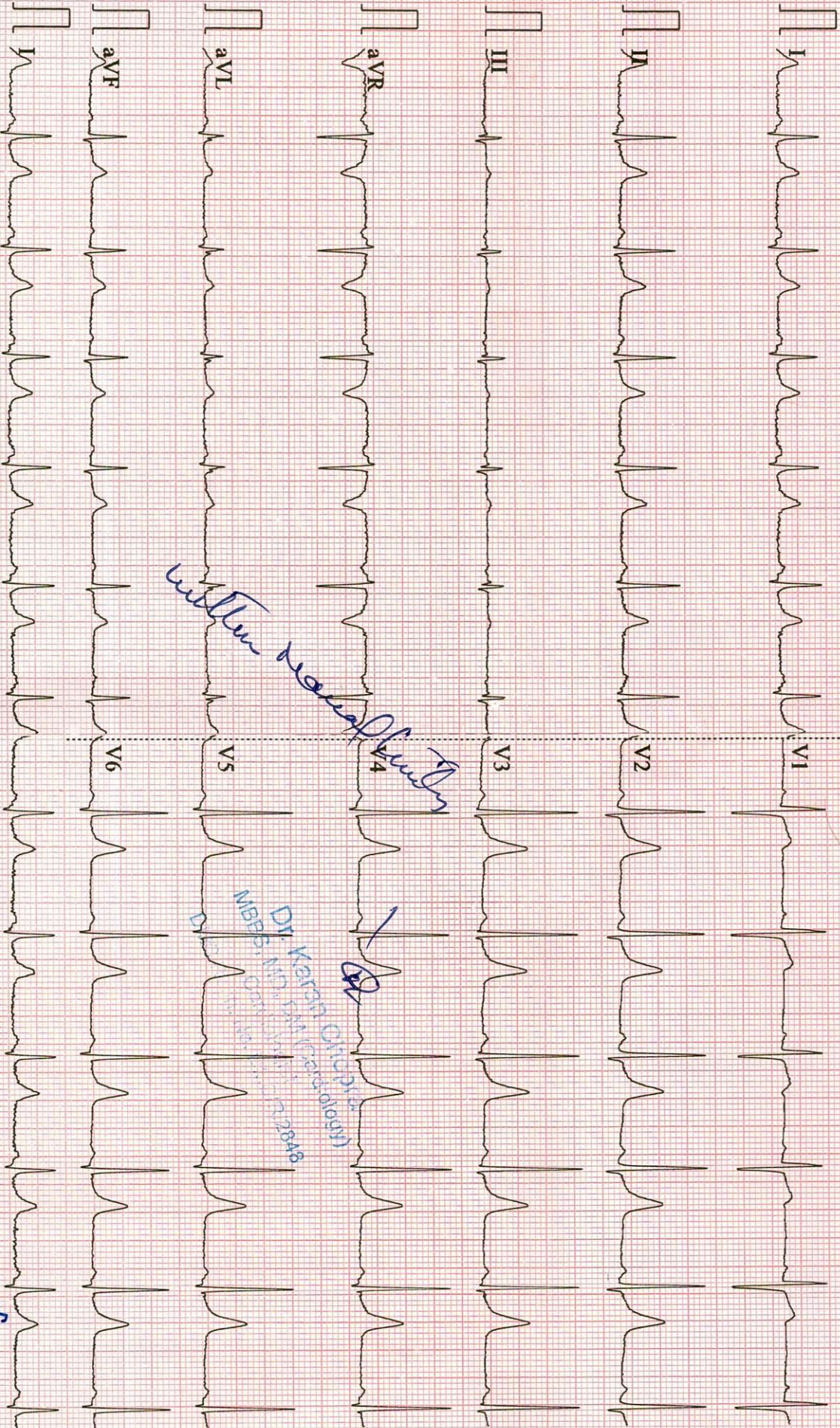
Diagnosis Information:

Sinus rhythm

Tall T waves - consider acute ischemia or hyperkalemia

Borderline ECG

Report Confirmed by:



borderline hyperkalemia

*DR. Karan Chakrabarti
MBBS, MD, DM (Cardiology)
Consultant Cardiologist
1616091911
22848*

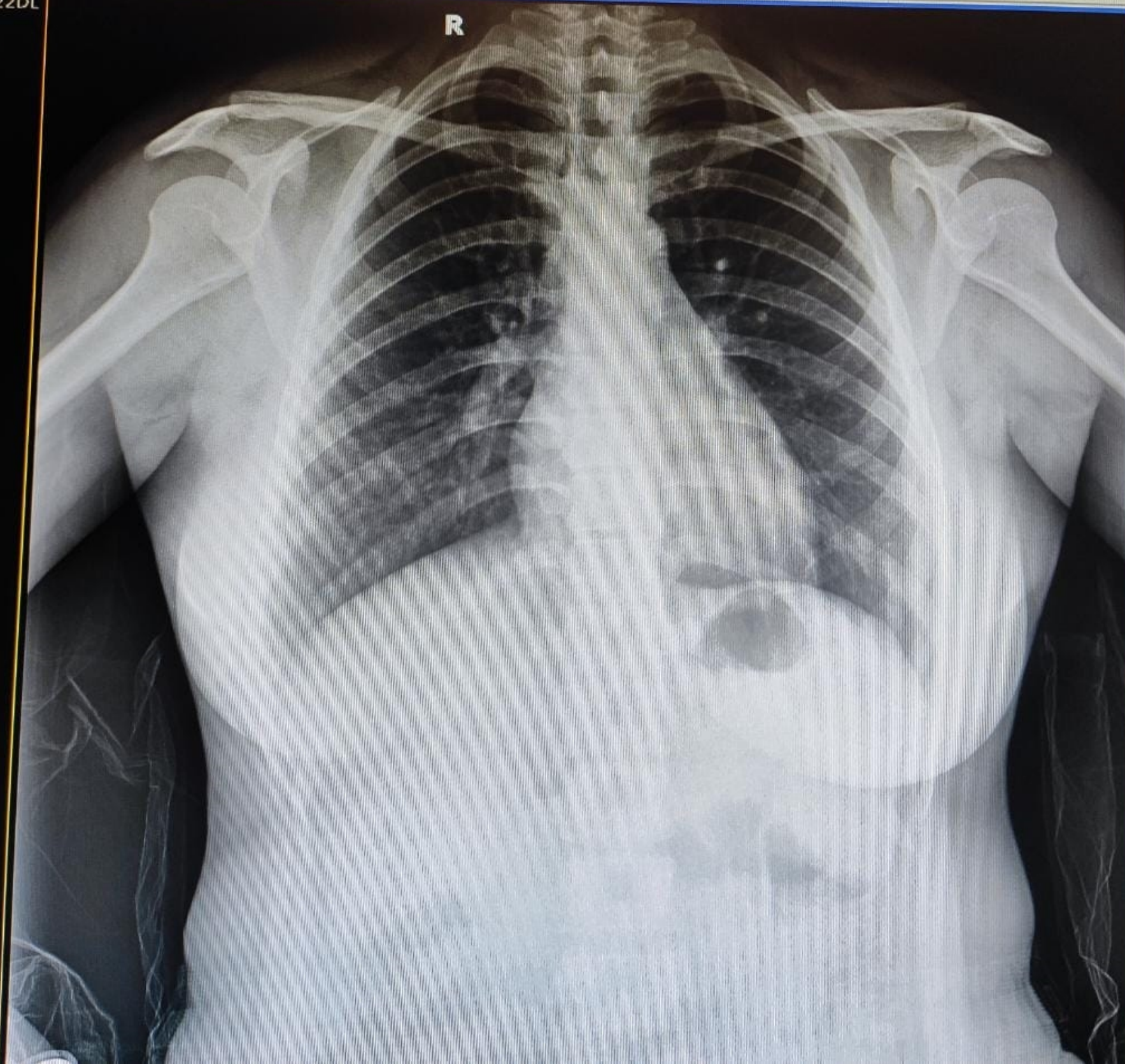
Kusum

0.67~45Hz AC50 25mm/s 10mm/mV 2*5.0s+1r CARDIART 91 V1.44 Glasgow V28.6.7

CARDIART

ID 2949-UHID22DL Name KUSUM(F/31) Study description CHEST

2949-UHID22DL
KUSUM
01/01/1991
Female



2208071147021
07/08/2022
2208071147021
Admin



WL: 0464
WW: 0798
CHEST

SC