

AKHAWAYA Mithu

ID: 0000000022

40 years Female



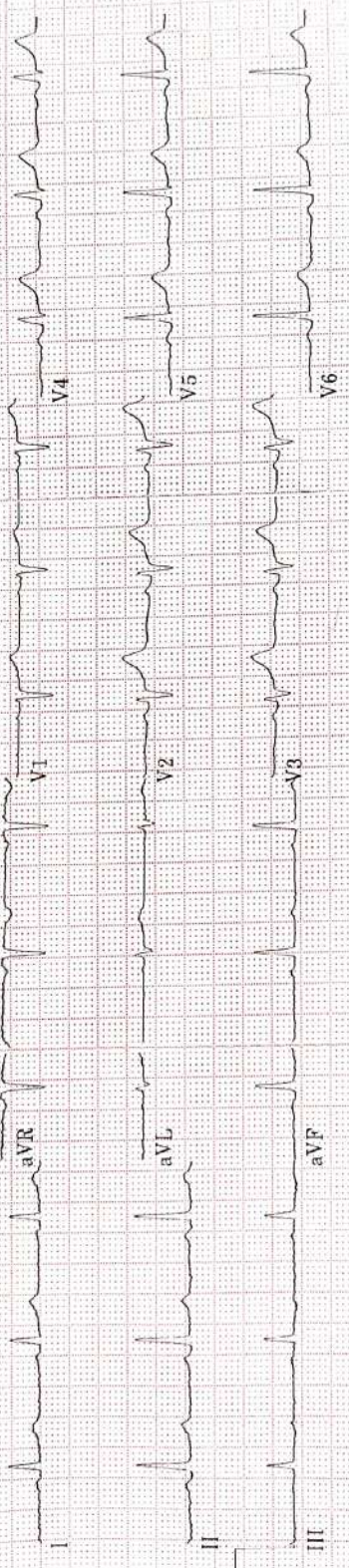
Vent. rate 73 bpm  
 QRS duration 70 ms  
 QT/QTc 380/418 ms  
 P-R interval 132 ms  
 P duration 84 ms  
 RR interval 821 ms  
 P-R-T axes 45 63 22

20-Feb-2024 10:18:01

ID: 0000000022

MAC600 1.02

GE



0.16-20Hz 25.0 mm/s 10.0 mm/mV

50Hz 73 bpm

4 by 2.5s

MAC600 1.02 L2SL™ v239

## REPORT

I.D. NO	X/20/02/02	February 20, 2024
PATIENT NAME	MS. AISHWARYA MISHRA	AGE/SEX 29 Y/F
REF. BY	DIVYAMAN HOSPITAL	

### X-RAY CHEST (PA VIEW)

No active pulmonary parenchymal lesion is seen.

B/L c/p angle is clear.

Hilar shadows are normal.

Cardiac shadow is normal.

Trachea and mediastinum are normal in position.


Bones and soft tissues are normal.

### IMPRESSION:

➤ **NORMAL SCAN.**

ADV - CLINICAL CORRELATION.



  
Dr. Rahul Nayak  
M.B.B.S.(M.L.N),  
M.D.(Dr. RMLIMS, LKO)



- CT Scan मस्तिष्क, पेट, सीना आदि
- CT Angiography
- Digital X-ray



- MRI Scan
- 4D Colour Dopler
- CT/USG Guded Biopsy/FNAC



Siemens Accuson S 52000

- ECG, ECO Cardiography
- Dr. Lal Path Lab
- 24 H Ambulance



Siemens X-Ray

I.D. NO U/20/02/01  
PATIENT NAME Ms. AISHWARYA MISHRA  
REF. BY DIVYAMAN HOSPITAL

February 20, 2024  
AGE /SEX 39 Y/ F

### USG: WHOLE ABDOMEN (Female)

Liver -is enlarged in size (161.2 mm) with grade-I fatty echotexture. No IHBR dilatation / focal SOL are seen.

Gall bladder - is distended. No calculus in lumen. Wall thickness is normal.  
CBD - normal. PV - normal. porta - normal

Pancreas is normal in thickness. Clearly defined margins are seen. Pancreatic duct is not dilated.

Spleen is normal in size (113.8 mm). No focal lesion is seen. Diaphragmatic movements are within normal limits on both sides.

Right kidney - normal in size ( mm), outline and cortical echotexture. Renal parenchymal width is normal. Cortico-medullary differentiation is normal. No backpressure changes are seen. Perinephric spaces are normal.

Left kidney - normal in size ( mm), outline and cortical echotexture. Renal parenchymal width is normal. Cortico-medullary differentiation is normal. Perinephric spaces are normal. Obstructive calculus of size 10.8 mm noted in lower pole calyx causing focal caliectasis are seen.

Urinary bladder is fully distended. Wall is smooth and regular. Lumen is echofree.

Uterus is anteverted & bulky in size (58.1x72.7x84.2 mm) with few hypoechoic lesions noted in anterior and posterior wall of uterus, largest measures approx 31.6x30.1mm in fundus region. Endometrial cavity is normal. Cervix appears normal in size. No evidence of fluid in POD.

Both adnexa and ovaries are normal.

No evidence of Ascites / Retroperitoneal Lymphadenopathy.

### IMPRESSION

- HEPATOMEGALY WITH FATTY LIVER GRADE-I.
- LEFT NEPHROLITHIASIS CAUSING FOCAL CALIECTASIS.
- BULKY UTERUS WITH INTRAMURAL UTERINE FIBROIDS.

ADV - CLINICAL CORRELATION.

Note : All USG finding are dynamic in nature and are subjected to change with course of disease and time, prescribing clinician are advised to correlate USG finding with clinical findings.



Dr. Rahul Nayak  
M.B.B.S.(M.L.N),  
M.D.(Dr. RMLIMS, LKO)



# DIUYAMAN HOSPITAL Pvt. Ltd.

Pathology Division

पैथोलॉजी संकाय



Pathological Examination Report



PATIENT NAME	Mrs. AISHWARYA	SAMPLE COLLECTED ON	20-02-2024
AGE / SEX	40 Y / Female	REPORT RELEASED ON	20/02/2024
COLLECTED AT	Inside	REPORTING TIME	2:44:37PM
RECEIPT No.	16,302	PATIENT ID	16331
REFERRED BY Dr.	DMH		

INVESTIGATION COMPLETE BLOOD COUNT, LIVER FUNCTION TEST, Lipid Profile., KIDNEY FUNCTION TEST, Glycosylated Haemoglobin, Blood Group (ABO), Urine Examination Report, ESR Wintrobe, T3 Triiodo Thyroid, T4 Thyroxine, TSH.,

Tests	Results	Biological Reference Range	Unit
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## HAEMATOLOGY

### COMPLETE BLOOD COUNT

Haemoglobin	11.2	Low (Men : 13.5-18.0 G%) (Women : 11.5-16.4 G%)	G%
Total Leukocyte Count (TLC)	4800	(4000-11000 /cumm)	/cumm
Differential Leukocyte Count.(DLC)			
Polymorph	70	(40-80)%	%
Lymphocyte	26	(20-40)%	%
Eosinophil	03	(01-6)%	%
Monocyte	01	Low (02-08)%	%
Basophil	00	(<1%)	%
R. B. C.	4.22	(4.2 - 5.5) million/cmm	million/
P. C. V. (hemotocrite)	30.8	Low (36-50) Litre/Litre	/Litre
M. C. V.	72.8	Low (82-98) fl	fl
M. C. H.	26.1	Low (27Pg - 32Pg)	Pg
M. C. H. C.	35.9	(21g/dl - 36g/dl)	g/dl
Platelete Count	1.56	(1.5-4.0 lacs/cumm)	/cumm
<b>ESR Wintrobe</b>			
Observed	20	20mm fall at the end of first hr.	mm

\*esr Is A Non Specific Phenomenon, Clinically Useful In Disorders Associated With An Increased Production Of Acute Phase Proteins.

\*elevated In Acute And Chronic Infections And Malignancies.

\*extremely High Esr Values Are Seen In Multiple Myeloma, Leukemia, Lymphoma, Breast And Lung Carcinomas, Rheumatoid Arthritis, Sle, Pulmonary Infarction.



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For Home Collection Dial : 9076655547

पता : वीर बहादुर सिंह स्पोर्ट्स कॉलेज के सामने, खजांची बरगदवा बाईपास रोड, राप्ती नगर-1, गोरखपुर - 273 003 मो. : 8173006932

Clinical correlation is essential for final diagnosis. In case of disparity test must be repeated. This report is not valid for medicolegal purpose.



PATIENT NAME	Mrs. AISHWARYA	SAMPLE COLLECTED ON	20-02-2024
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Tests	Results	Biological Reference Range	Unit
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## BIOCHEMISTRY

### Lipid Profile.

Total Cholestrol	208.9	High 125-200mg/dl Normal Value	mg/dL
H D L Cholestrol	52.1	(30-70 mg%)	mg%
Triglyceride	150.4	(60-165mg/dL)	mg/dL
V L D L	30.08	(5-40mg%)	mg%
L D L Cholestrol	126.72		mg/dl
		50 Optimal	
		50-100 Near/Above Optimal	
TC/HDL	4.0	(3.0-5.0)	
LDL/HDL	2.2	(1.5-3.5)	

### Comment/interpretation

Lipid Profile Is A Panel Of Blood Tests That Serves As An Initial Board Medical Screening Tool For Abnormalities In Lipids, The Result Of This Tests Can Identify Certain Genetic Diseases And Can Determine Approximate Risks Of Cardiovascular Diseases, Certain Forms Of Pancreatitis And Other Diseases.

### Note::

1. Measurment In The Same Patient Can Show Physiological & Analytical Variations. Three Serial Samples 1 Week Apart Are Recommended For Total Cholestral ,triglycerides,hdl& Ldl Cholestrol.
2. Atp Iii Recommends A Complete Lipoprotein Profile As The Initial Test For Evaluating Cholestrol.
3. Friedewald Equation To Calculate Ldl Cholesterol Is Most Accurate When Triglyceride Level Is <400 Mg/dl. Measurment Of Direct Ldl Cholesterol Is Recommended When Triglyceride Level Is >400 Mg/dl.



# AMAN HOSPITAL Pvt. Ltd.

ology Division



पैथोलॉजी संकाय



Pathological Examination Report



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<b>LIVER FUNCTION TEST</b>			
Bilirubin (Total)	0.8	(0.10 - 1.20)mg/dl	mg/dl
Bilirubin (Direct )	0.3	(0.00-0.40)mg/dl	mg/dl
Bilirubin (in Direct)	0.5	(0.00-0.70) mg/dl	mg/dl
SGOT (AST)	30.1	0-40	IU/L
SGPT (ALT)	37.4	0.0-42.0	IU/L
Serum Alkaline Phosphatase	143.6	80.0-290.0	U/L
Serum Total Protein	6.3	6.0-7.8	gm/dl
Serum Albumin	3.7	3.5-5.0	gm/dl
Serum Globulin	2.6	2.3-3.5	gm/dl
A/G Ratio	1.42	High	

#### Comments/interpretation:

- liver Function Test Aid In Diagnosis Of Various Prehepatic, Hepatic And Post Hepatic Causes Of Dysfunction Like Hemolytic Anemias, Viral & Alcoholic Hepatitis And Cholestasis Of Obstructive Causes.
- the Tests Encompasses Hepatic Excretory, Synthetic Function And Also Hepatic Parenchymal Cell Damage.
- It Helps In Evaluating Severity, Monitoring Therapy And Assessing Prognosis Of Liver Disease And Dysfunction.

#### KIDNEY FUNCTION TEST

Blood Urea	23.9	15.0-45.0	mg/dl
Blood Urea Nitrogen (BUN)	10.7	06-21	mg%
Serum Creatinine	0.7	0.7-1.4	mg/dl
Serum Uric Acid	6.4	High Male-3.5-7.2 Female-2.5-6.0	mg/dl
Serum Sodium	136.9	136.0-149.0	mmol/L
Serum Potassium	3.5	3.5-5.5	mmol/L
Serum Calcium	8.7	8.0-10.5	mg/dl



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Tests	Results	Biological Reference Range	Unit
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### Glycosylated Haemoglobin

HBA1c	5.9	(4.3-6.4)	%
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Method: Ion Exchange High Performance Liquid Chromatography By Bio-rad D-10.

#### Comments/interpretations:

Glycosylated Haemoglobin Is Proportional To Mean Plasma Glucose Level During Previous 6-12 Weeks. For People Without Diabetes, The Normal Range For The Hemoglobin A1c Level Is Between 4% And 5.6%. Hemoglobin A1c Levels Between 5.7% And 6.4% Mean You Have A Higher Chance Of Getting Diabetes. Levels Of 6.5% Or Higher Mean You Have Diabetes. recommended Goal Of Hba1c Is <7%. The Higher The Hemoglobin A1c, The Higher Your Risk Of Having Complications Related To Diabetes. A Combination Of Diet, Exercise, And Medication Can Bring Levels Down. People With Diabetes Should Have An A1c Test Every 3 Months To Make Sure Their Blood Sugar Is In Their Target Range. If Your Diabetes Is Under Good Control, You May Be Able To Wait Longer Between The Blood Tests. But Experts Recommend Checking At Least Two Times A Year. People With Diseases Affecting Hemoglobin, Such As Anemia, May Get Misleading Results With This Test. Other Things That Can Affect The Results Of The Hemoglobin A1c Include Supplements Such As Vitamins C And E And High Cholesterol Levels. Kidney Disease And Liver Disease May Also Affect The Test. People With Diseases Affecting Hemoglobin, Such As Anemia, May Get Misleading Results With This Test. Other Things That Can Affect The Results Of The Hemoglobin A1c Include Supplements Such As Vitamins C And E And High Cholesterol Levels. Kidney Disease And Liver Disease May Also Affect The Test.

### SEROLOGY

#### Blood Group (ABO)

A.B.O.	"O"
Rh(D)	POSITIVE



# AMMAN HOSPITAL Pvt. Ltd.

ology Division



पैथोलॉजी संकाय

Pathological Examination Report

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Tests	Results	Biological Reference Range	Unit
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<b>IMMUNOLOGY</b>			
T3 Triiodo Thyroid	1.02	(0.69 - 2.15)	ng/ml
T4 Thyroxine	99.6	(52 - 127) ng/ml	ng/ml
TSH	1.84	(0.3-4.5) uIU/ml	uIU/ml

Method : Sandwich Chemiluminescence Immunoassay.

Remarks:

1. Total Serum T3 And T4 Concentration Is Dependent Upon A Multiplicity Of Factors. Thyroid Gland Function And Its Regulation, Thyroxine Binding Globulin (tbg) Concentration And The Binding Of T3 & T4 To Tbg. Thus, Total T3 & T4 Concentration Alone Is Not Sufficient To Assess The Clinical Status.
2. A Decrease In Total Tri - Iodothyronine Values Is Found With Protein - Wasting Diseases, Certain Liver Diseases And Administration Of Testosterone, Diphenylhydantoin Or Salicylates.
3. Total Serum Tetra - Iodothyronine Values May Be Elevated Under Conditions Such As Pregnancy Or Administration Of Oral Contraceptives.
4. A Decrease In Total Tetra - Iodothyronine Values Is Found With Protein - Wasting Diseases, Certain Liver Diseases And Administration Of Testosterone, Diphenylhydantoin Or Salicylates.
5. Serum Tsh Concentration Is Dependent Upon A Multiplicity Of Factors: Hypothalamus Gland Function, Thyroid Gland Function, And The Responsiveness Of Pituitary To Trh. Thus, Tsh Concentration Alone Is Not Sufficient To Assess The Clinical Status.
6. Serum Tsh Values May Be Elevated By Pharmacological Intervention, Domperidone, Amiodazon, Iodide, Phenobarbital, Phenytoin Have Been Reported To Increase Tsh Levels.
7. A Decrease In Tsh Values Has Been Reported With The Administration Of Propranolol, Methimazol, Dopamine, And D - Thyroxine.
3. Genetic Variations Or Degradation Of Intact Tsh Into Subunits May Affect The Binding Characteristics Of The Antibodies And Influence The Final Result. Such Sampes Normally Exhibit Different Results Among Various Assay Systems Due To The Reactivity Of The Antibodies Involved.



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Tests	Results	Biological Reference Range	Unit
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### CLINICAL PATHOLOGY

#### Urine Examination Report

##### PHYSICAL

Volume	20	-	ml
Colour	LIGHT YELLOW	-	-
Appearance	CLEAR	-	-

##### CHEMICAL

Reaction PH	6.0	(4.5-8.0)	-
Specific Gravity	1.030	High (1.01-1.025)	-
Proteins	NIL	NIL	-
Sugar	NIL	NIL	-
Blood	NIL	NIL	-
Phosphates/urates	NIL	NIL	-
Ketone Bodies	NIL	NIL	-
Chyle	NIL	-	-
Bile Pigment (Bilirubin)	NIL	NIL	-
Bile Salt	NIL	-	-
Urobilinogen	Normal	-	-

##### MICROSCOPICAL

R B C	Absent	0-2 /hpf	/hpf
Pus Cells	1-2	0-5 /hpf	/hpf
Epithelial Cells	2-3	-	-
Crystals	OCC CALCIUM OXALATE	-	-
Yeast Cells	Absent	-	-
Casts	Absent	-	-
BACTERIA	Absent	-	-

\*\*\* End of Report \*\*\*

THANKS FOR REFERENCE

Consultant Pathologist  
DR.S. SRIVASTAVA M.D(PATH)

TECHNICIAN  
16381



Consultant Pathologist  
DR.VASUNDHARA SINGH M.D (PATH)



PATIENT NAME	Mrs. AISHWARYA	SAMPLE COLLECTED ON	20-02-2024
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RECEIPT No.	16,308	PATIENT ID	16337
REFERRED BY Dr.	DMH		

INVESTIGATION Blood Sugar Fasting & PP,,

Tests	Results	Biological Reference Range	Unit
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### BIOCHEMISTRY

#### Blood Sugar Fasting & PP

Blood Sugar Fasting	88.9	(60 -110)mg/dl	mg/dl
Blood Sugar PP	116.1	110 - 140 mg/dl	mg/dl

Referance Value :

Fasting ( Diabeties 110.0 Mg% Or More ) ( Impaired Glucose Tolerance 110-126 Mg% )  
After 2hrs. Of 75 Gm Glucose (oral) ( 70-140 Mg% ) ( Impaired Glucose Tolerance 140-200 Mg% )  
Random/casual (diabeties 200 Mg% Or More, With Presenting Symptoms.)

\*\*\* End of Report \*\*\*

THANKS FOR REFERENCE



Consultant Pathologist  
DR.S. SRIVASTAVA M.D(PATH)

TECHNICIAN  
16337

Consultant Pathologist  
DR.VASUNDHARA SINGH M.D (PATH)

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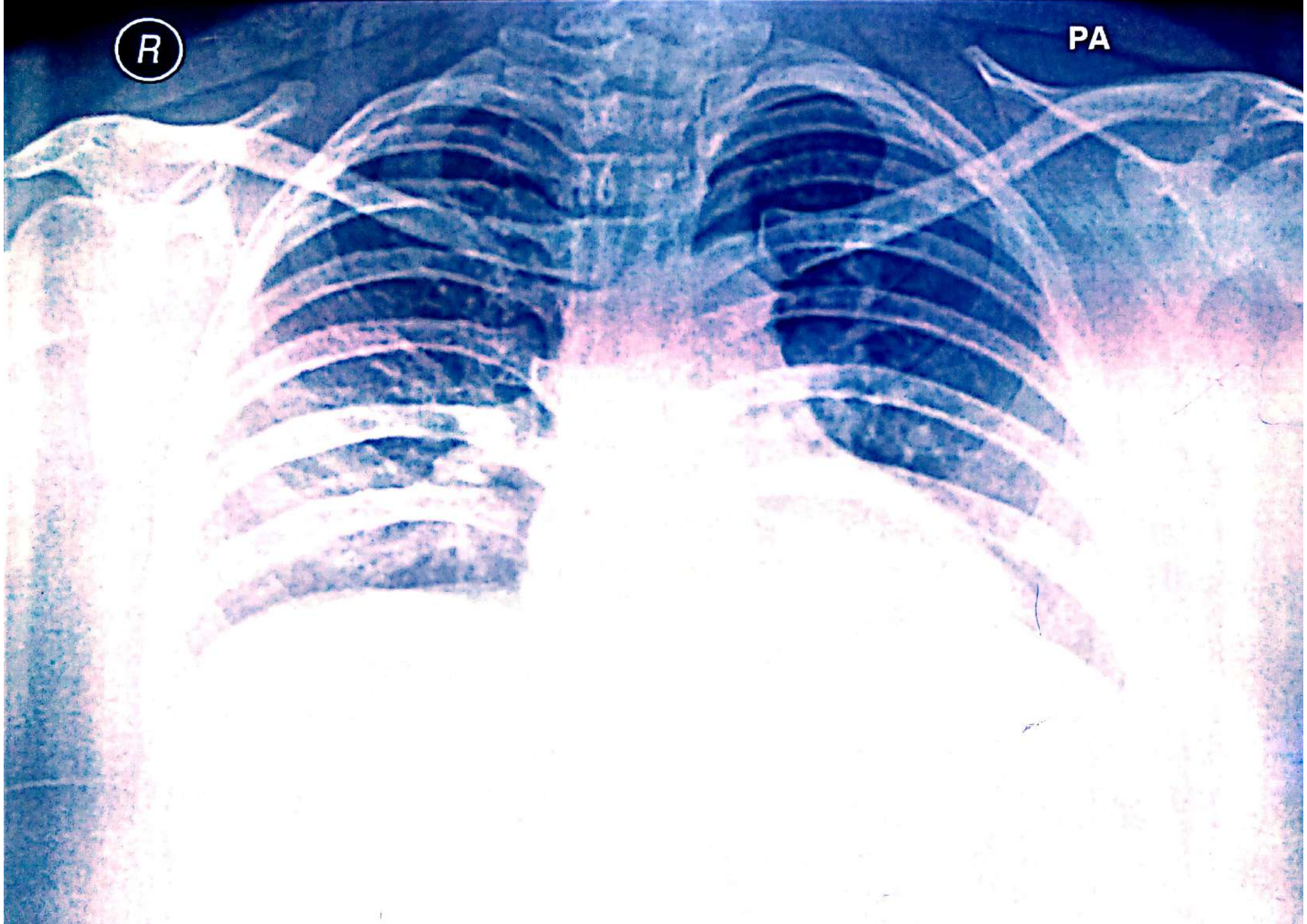
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R

PA





# दिव्यमान मल्टी स्पेशलिटी हॉस्पिटल



**Dr. Neena (Asthana) Srivastav**

M.B.B.S., D.G.O.

Obstetrician, Gynaecologist & Surgeon

(O.P.D. Closed on Saturday)

**डॉ. नीना (अस्थाना) श्रीवास्तव**

एम.बी.बी.एस, डी.जी.ओ.

प्रसूति, स्त्री रोग विशेषज्ञ एवं सर्जन

(ओ.पी.डी. शनिवार बन्दी)

PT Name. : MRS AISHWARYA MISHRA

Age. : 39 YEAR

Gender. : Female

OPD No. : 811

UHID : : UHID802

Guardian. : ASHUTOSH KUMAR

Under Dr. : DR NEENA ASTHANA

Department. : OBS & GYNAE

Qualification. : MBBS DGO

Date. : 20-02-2024

Address. : KHORABAR GORAKHPUR

Contact : 7905672248

B.p 120/70 mm/Hg

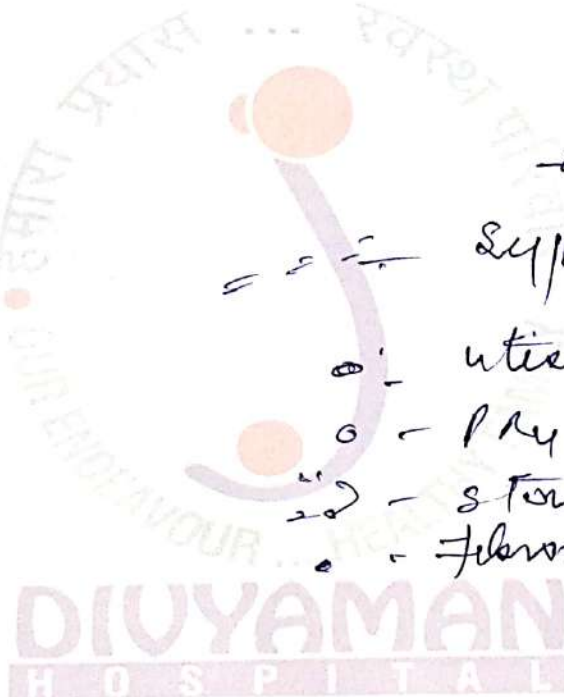
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C. ...  
O/M

P1+1  
LP-2014  
LA-2009

MMS - LP  
MMP - 18/1

20/2 AS 11.2  
ESX 20  
Sched 20/1/9  
LP  
12/12/19 mic 6.4  
ASAC - 5-9  
atve  
T3/T4/Tm  
MMS  
MMP

14c/10 ...  
on 11 ...  
Adv.  
Supp. ...  
uticene ...  
- Phyn ...  
- st ...  
- Fibronoim ...



**-: अन्य विभाग :-**

- ▶ प्रसूति एवं स्त्री रोग
- ▶ मेडिसिन एवं आई.सी.यू.
- ▶ न्यूरोलॉजी
- ▶ जनरल व लैप्रोस्कोपिक सर्जरी
- ▶ शिशु, बाल रोग एवं एन.आई.सी.यू.
- ▶ ऑर्थोपेडिक सर्जरी
- ▶ यूरोलॉजी
- ▶ न्यूरोसर्जरी
- ▶ डायलिसिस
- ▶ कार्डियोलॉजी
- ▶ नाक, कान, गला रोग
- ▶ छाती रोग
- ▶ फिजियोथेरेपी एवं रिहैबिलिटेशन
- ▶ प्राकृतिक उपचार
- ▶ रेडियोलॉजी एवं पैथोजॉजी
- ▶ माइयूलर ओ.टी., सी.आर्म

समय : सोमवार से शुक्रवार को दोपहर 10 बजे से शाम 04 बजे तक, रविवार को दोपहर 02 बजे से शाम 04 बजे तक  
 नम्बर लगाने एवं पृछताछ हेतु नम्बर : 7525969999, 8173006932, 0551-2506300  
 नोट : प्रसूति एवं स्त्री रोग विभाग के अलावा सभी ओ.पी.डी. की सेवायें रविवार को बन्द रहेंगी।  
 24 घण्टे इमरजेन्सी, एक्स-रे, ई.सी.जी., ई.ई.जी. एवं पैथोलॉजी की सुविधा उपलब्ध  
 पता : वीर बहादुर सिंह स्पोर्ट्स कॉलेज के सामने, खजांची बरगदवा बाईपास रोड, राप्ती नगर फेज-1, गोरखपुर -273003 ई-मेल - dmhgkp@gmail.com

**REPORT**

I.D. NO 11 : U/20-02-19  
Patient's Name: : MS. AISHWARYA  
Ref by Dr. : DIVYAMAN HOSPITAL

February 20, 2024  
AGE/SEX : 39 YRS / F

**2D- ECHO**

Mitral Valve	:	Normal		
Tricuspid Valve	:	Normal		
Pulmonary Valve	:	Normal		
Left Atrium	:	2.8 cm		
Left ventricle	:	IVSD: 1.0cms	LVPWD: 1.2cms	
		EDD: 4.1cms	EF: 61%	
		ESD: 2.8cms	FS: 32%	
RWMA	:	Absent		
Right Atrium	:	Normal		
Right Ventricle	:	Normal		
Aorta	:	2.8 cm		
I.A.S.	:	Normal		
I.V.S.	:	Normal		
Pulmonary Artery	:	Normal		
Pericardium	:	Normal		
SVC, IVC	:	Normal		

Continued.....

**उपलब्ध सुविधाएँ**



➤ CT Scan मस्तिष्क, पैर, सीना आदि  
➤ CT Angiography  
➤ Digital X-ray



Philips 1.5 T MRI

➤ MRI Scan  
➤ 4D Colour Dopler  
➤ CT/USG Guded Biopsy/FNAC



Siemens Accuson S 52000

➤ ECG, ECO Cardiography  
➤ Dr. Lal Path Lab  
➤ 24 H Ambulance



Siemens X-Ray

THIS REPORT IS NOT FOR MEDICO LEGAL PURPOSE



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Ph. Reception : 8417000900  
Ph. Manager : 8417000898  
Ph. Directors : 9415212566, 9415211286  
E-mail : knspl.gkp@gmail.com

## REPORT

Pulmonary Veins : Normal  
Doppler : MV E>A  
AV:AJV: 1.0 m/sec  
PV:PJV: 0.8 m/sec RVSP : 22 mm hg

### CONCLUSION:

- NO RWMA OF LV
- NORMAL SIZE CARDIAC CHAMBER
- NORMAL LV/RV SYSTOLIC FUNCTION
- MILD MR/ TR/AR
- NO PE/ NO CLOT

DR. GAJENDRA PRASAD GUPTA  
M.D., D.M. (CARDIOLOGY)

उपलब्ध सुविधाएं



Siemens CT Scan

- CT Scan मस्तिष्क, पेट, सीना आदि
- CT Angiography
- Digital X-ray



Philips 1.5T MRI

- MRI Scan
- 4D Colour Dopler
- CT/USG Guided Biopsy/FNAC



Siemens Accuson S 52000

- ECG, ECO Cardiography
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- 24 H Ambulance



Siemens X Ray

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