



NAME	: MRS. NIDHI	DATE	: 01 / 2 / 2024
Age Sex	: 34 Years / Female	Inpatient No	: 669751
PERFORMED BY	: Dr. ELA MADAAN	BILL NO.	: 25245719

TRANS THORACIC ECHO CARDIOGRAPHY REPORT

MITRAL VALVE

Morphology AML: Normal / Thickening / Calcification / Flutter / Vegetation / Non significant Prolapse / SAM
PML: Normal / Thickening / Calcification / Prolapse / Paradoxical Motion / Fixed.
Subvalvular deformity: Present / Absent

Doppler

Normal / Abnormal
Mitral Stenosis Present / Absent
Mitral Regurgitation; Absent / Normal / Mild / Trace / Moderate / Severe

TRICUSPID VALVE

Morphology Normal / Atresia / Thickening / Calcification / Prolapse / Vegetation / Doming.

Doppler

Normal / Abnormal
Tricuspid Stenosis: Present / Absent.
Tricuspid Regurgitation: Absent / Mild / Trace / Moderate

PULMONARY VALVE

Morphology Normal / Atresia / Thickening / Calcified / Doming / Vegetation.

Doppler

Normal / Abnormal.
Pulmonary Stenosis: Present / Absent
Pulmonary regurgitation: Present / Absent

AORTIC VALVE

Morphology Normal / Thickened / Mildly / Calcified / Flutter / Vegetation / Restricted / Opening
No. of Cusps 1 / 2 / 3 / 4

Doppler

Normal / Abnormal
Aortic Stenosis : Present / Absent
Aortic regurgitation : Present / Absent / Mild / Trace / Moderate / Severe



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<u>Measurements</u>	<u>Normal Values</u>	<u>Measurements</u>	<u>Normal Value</u>
IVSD : 0.9cm	(0.6-1.1cm)	LA : 3.3cm	(1.9-4.0cm)
LVID : 4.1cm	(3.7-5.6cm)	LVOT : 1.3cm	
LVPW : 1.0cm	(0.6-1.1cm)	AORTA : 2.4cm	(2.0-3.7cm)
EF : 56%	(55% - 80%)	IVSmotion :	Normal / Flat / Paradoxical
Any Other			

CHAMBERS:-

- LV** **Normal** / Enlarged / **Clear** / Thrombus /
Contraction Normal LV shows concentric LVH, no gradient across LVOT /Inetic / Intra capillary
Regional wall motion abnormality: **Absent**/ Present
- LA** **Normal** /Enlarged / Clear /Thrombus / Myxoma; **LAA: Clear** / Thrombus
- RA** **Normal** / **Clear** / Thrombus, Dilated.
- RV** **Normal** / Mildly Dilated / Enlarged / **Clear** / Thrombus / Hypertrophied

PERICARDIUM **Normal** / Thickening / Calcification / Effusion.

COMMENTS & SUMMARY:-

- All Cardiac Chambers dimensions are within normal limits.
- Global LVEF – 56%
- NO RWMA
- NORMAL LV FUNCTION
- NO MR / NOAR
- TRACE TR
- GOOD RV FUNCTION
- IAS/IVS. No Flow seen across IAS/IVS.
- No Thrombus/Mass in any chamber.
- No Pericardial Effusion.

(Tachycardia noted during study)

Please correlate clinically

Dr. ELA MADAN
MBBS, PGDCC
Fellowship in Non Invasive
Cardiology



Dr. JOGINDER S. DUHAN
M.D.(Medicine)
D.M (Cardiology)

Dr. SACHIN BANSAL
M.D.(Medicine)
D.M (Cardiology)

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GYNAE
CONSULTATION

Nidhi

34yrs

10/02/2014

PICO

Vitals :

Pulse - 121
SpO2 - 98
BP - 100/80
Weight - 69.4kg
Height - 5.2cm

Chief Complaints :

no complaints
at present

H/O Present Illness :

Recent 1st

Past History :

D/A - soft

wt - 23/01/2014
cycles - 4/28d
@ flow

PI - eyes @
NOV (A & N)

Investigation :

Drug Allergies : (if any)

PI - to hypotensive
2nd @
diuretic @

Treatment :

1/0.
Gynaecology
A/O
R/C for...
no further...
level...

1/0
- AAS



July - cervical

Rx

① TAB ZENTHON 200 MG TWICE
DAILY AFTER MEAL X
7 DAYS O.D.

② TAB FANTOP 400 MG EMPTY STOMACH
700 MORNING X 7 DAYS O.

③ GABOFT CC PESSARY FOR
VAGINAL IRRITATION AT BED
TIME X 6 NIGHTS O.

Review after 7 weeks

2018



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GROUP SUPER SPECIALITY HOSPITAL

10/2/24



MRS - NIDHI
34 Y/F

Routine checkup

Vitals :

Cheif Complaints :

vision $\left\{ \begin{array}{l} 6/6 \\ 6/6 \end{array} \right.$ unaided NCT $\left\{ \begin{array}{l} 22 \\ 23 \end{array} \right.$

H/O Present Illness :

my \rightarrow MB
MB

Past History :

Investigation :

Drug Allergies : (if any)

Colour vision - Normal (BE)

Treatment :

Fundus - Normal





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ENT

Ear
Nose
Throat } N/A.

Vitals :

Chief Complaints :

H/O Present Illness :

Past History :

Investigation :

Drug Allergies : (if any)

Treatment :



[Signature]
01.02/29
[Signature]

Gurgaon

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E-mail : parkmedicenters@gmail.com

● West Delhi ● South Delhi ● Faridabad ● Panipat ● Karnal



Acental

Routine Health checkup.

Vitals :

Cheif Complaints :

*O/E: Plaque ++ Calculus
Adv. Scaling & Polishing.*

H/O Present Illness :

Past History :

Investigation :

Drug Allergies : (if any)

Treatment :





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dermatology
Nidhi / 34/A

10/2/24

? folliculitis
No active lesions

Jaw:

F. Bact Cream

2/A) ✓

Rx cos



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the health



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DEPARTMENT OF BIOCHEMISTRY

Patient Name : Mrs. NIDHI
 MR No : 669751
 Age/Sex : 35 Years 27 Days / Female
 Type : OPD
 TPA/Corporate : MEDIWHEEL PVT LTD

Bill Date : 10/02/2024
 Reporting Date : 10/02/2024
 Sample ID : 246608
 Bill/Req. No. : 25245719
 Ref Doctor : Dr.RMO

Test	Result	Bio. Ref. Interval	Units	Method
BLOOD SUGAR FASTING				
PLASMA GLUCOSE FASTING	84.3	60 - 110	mg/dl	GOD TRINDERS

***** END OF THE REPORT *****



Sample no.

Dr. JAY PRAKASH SINGH
 MBBS, MD (PATHOLOGY)

Dr. ISHA RASTOGI
 MD, MBBS MICROBIOLOGY
 CONSULTANT CLINICAL MICROBIOLOGIST

USER NM GAURAV



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Test	Result	Bio. Ref. Interval	Units	Method
URINE ROUTINE AND MICROSCOPY				
PHYSICAL CHARACTERSTICS				
QUANTITY	20ml	5 - 100	ml	
COLOUR	Pale Yellow	Pale Yellow		Manual Method
TURBIDITY	Clear	clear		
SPECIFIC GRAVITY	1.015	1.000-1.030		urinometer
PH - URINE	6.5	5.0 - 9.0		PH PAPER
CHEMICAL EXAMINATION-1				
UROBILINOGEN	Negative	NIL		Ehrlich
URINE PROTEIN	Absent	NIL	mg/dl	Protein error indicator
BLOOD	NIL	NIL		
URINE BILIRUBIN	NIL	NIL		
GLUCOSE	NIL	NIL	mg/dL	GOD-POD/Benedicts
URINE KETONE	NIL	NIL		SOD.
MICRO.EXAMINATION				
PUS CELL	2-4	0-5	cells/hpf	Microscopic
RED BLOOD CELLS	Nil	0-2	cells/hpf	
EPITHELIAL CELLS	1-2	0-5	cells/hpf	
CASTS	NIL	NIL	/lpf	
CRYSTALS	NIL	NIL	/hpf	
OTHER	NIL			
AMORPHOUS URINE	Absent			MicroScopy

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DEPARTMENT OF HAEMATOLOGY

Patient Name :	Mrs. NIDHI	Bill Date :	10/02/2024
MR No :	669751	Reporting Date :	10/02/2024
Age/Sex :	35 Years 27 Days / Female	Sample ID :	246608
Type :	OPD	Bill/Req. No. :	25245719
TPA/Corporate :	MEDIWHEEL PVT LTD	Ref Doctor :	Dr.RMO

Test	Result	Bio. Ref. Interval	Units	Method
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BLOOD GROUPING AND RH FACTOR

BLOOD GROUP	"A" RH POSITIVE	ABO/Rh (D) SLIDE
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***** END OF THE REPORT *****



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 Sample ID : 246608
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Test	Result	Bio. Ref. Interval	Units	Method
CBC				
HAEMOGLOBIN	11.7	L 12 - 15	gm/dL	COLORIMETRY
TOTAL LEUCOCYTE COUNT	6200	4000-11000	/ μ L	LASER FLOW
DIFFERENTIAL COUNT				
NEUTROPHILS	75	H 40.0 - 70.0	%	FLOW CYTOMETRY
LYMPHOCYTES	20	20.0 - 40.0	%	FLOW CYTOMETRY
MONOCYTES	03	3.0 - 8.0	%	FLOW CYTOMETRY
EOSINOPHILS	02	0.5 - 5.0	%	FLOW CYTOMETRY
BASOPHILS	00	0.0 - 2.0	%	FLOW CYTOMETRY
RED BLOOD CELL COUNT	4.68	3.5 - 5.5	millions/ μ L	ELECTRICAL
PACKED CELL VOLUME	40.3	35.0 - 50.0	%	ELECTRICAL
MEAN CORPUSCULAR VOLUME	86.2	83 - 101	fL	ELECTRICAL
MEAN CORPUSCULAR HAEMOGLOBIN	25.0	L 27 - 31	Picograms	CALCULATED
MEAN CORPUSCULAR HB CONC	29.0	L 33 - 37	g/dl	CALCULATED
PLATELET COUNT	216	150 - 450	thou/ μ L	ELECTRICAL
RDW	14.6	H 11.6 - 14.5	%	CALCULATED
SAMPLE TYPE FOR C.B.C	Whole Blood EDTA			

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MR No :	669751	Reporting Date :	10/02/2024
Age/Sex :	35 Years 27 Days / Female	Sample ID :	246608
Type :	OPD	Bill/Req. No. :	25245719
TPA/Corporate :	MEDIWHEEL PVT LTD	Ref Doctor :	Dr.RMO

Test	Result	Bio. Ref. Interval	Units	Method
ESR (WESTERGREN)				
E.S.R. - IHR.	22	H 0 - 20	mm/Hr.	Westergren

Note : Note

1. C-Reactive Protein (CRP) is the recommended test in acute inflammatory conditions.
2. Test conducted on EDTA whole blood at 37C.
3. ESR readings are auto- corrected with respect to Hematocrit (PCV) values

***** END OF THE REPORT *****



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DEPARTMENT OF MICROBIOLOGY

Patient Name : Mrs. NIDHI
MR No : 669751
Age/Sex : 35 Years 27 Days / Female
Type : OPD
TPA/Corporate : MEDIWHEEL PVT LTD

Bill Date : 10/02/2024
Reporting Date : 12/02/2024
Sample ID : 246749
Bill/Req. No. : 25245719
Ref Doctor : Dr.RMO

Test	Result	Bio. Ref. Interval	Units	Method
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URINE C/S

NAME OF SPECIMEN	Urine (Uncentrifuged)			
ORGANISM IDENTIFIED	NO ORGANISM GROWN IN CULTURE AFTER 48HRS OF INCUBATION AT 37 C DEGREE.			Aerobic culture
Method :				

Note : URINE CULTURE :
Presence of >105 cfu/ml (100000) in midstream urine sample is considered clinically significant. However in symptomatic patients or urine sample collection from catheter or patients with indwelling catheters, even a smaller count of bacteria may signify infection (100-10000cfu/ml). Kindly correlate clinically.

***** END OF THE REPORT *****



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DEPARTMENT OF IMMUNOLOGY

Patient Name : Mrs. NIDHI
 MR No : 669751
 Age/Sex : 35 Years 27 Days / Female
 Type : OPD
 TPA/Corporate : MEDIWHEEL PVT LTD

Bill Date : 10/02/2024
 Reporting Date : 10/02/2024
 Sample ID : 246608
 Bill/Req. No. : 25245719
 Ref Doctor : Dr.RMO

Test	Result	Bio. Ref. Interval	Units	Method
THYROID PROFILE				
TRI-IODOTHYRONINE (T3)	1.17	0.60 - 1.81	ng/ml	Chemiluminescence
THYROXINE (T4)	6.2	5.01 - 12.45	µg/dL	Chemiluminescence
THYROID STIMULATING HORMONE	11.07	<i>H</i> 0.5-5.50	µIU/ml	
SPECIMEN TYPE	SERUM			

Method : chemiluminescent immunoassay

Note : Clinical Significance:

Thyroid function tests (TFTs) is a collective term for blood tests used to check the function of the thyroid. TFTs may be requested if a patient is thought to suffer from hyperthyroidism (overactive thyroid) or hypothyroidism (underactive thyroid), or to monitor the effectiveness of either thyroid-suppression or hormone replacement therapy. It is also requested routinely in conditions linked to thyroid disease, such as atrial fibrillation and anxiety disorder. A TFT panel typically includes thyroid hormones such as thyroid-stimulating hormone (TSH, thyrotropin) and thyroxine (T4), and triiodothyronine (T3) depending on local laboratory policy.

Note: Please correlate with clinical condition

***** END OF THE REPORT *****



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Test	Result	Bio. Ref. Interval	Units	Method
LFT (LIVER FUNCTION TEST)				
LFT				
TOTAL BILIRUBIN	0.56	0 - 1.2	mg/dL	DIAZO
DIRECT BILIRUBIN	0.29	0 - 0.4	mg/dL	DIAZO
INDIRECT BILIRUBIN	0.27	0.10 - 0.6	mg/dL	CALCULATED
SGOT (AST)	16.6	0 - 45	U/L	IFCC WITHOUT
SGPT (ALT)	20.9	0 - 45	U/L	IFCC WITHOUT
ALKALINE PHOSPHATASE	116.2	30 - 170	IU/L	MODIFIED IFCC
TOTAL PROTEINS	7.3	6.4 - 8.0	g/dL	BIURET
ALBUMIN	4.2	3.3 - 5.5	g/dL	BCG DYE
GLOBULIN	3.1	2.3 - 4.5	g/dL	CALCULATED
A/G RATIO	1.35	1.1 - 2.2		CALCULATED
SAMPLE TYPE:	SERUM			

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Test	Result	Bio. Ref. Interval	Units	Method
KFT (RENAL PROFILE)				
KFT				
SERUM UREA	22.1	10 - 45	mg/dL	UREASE-GLDH
SERUM CREATININE	0.9	0.4 - 1.4	mg/dL	MODIFIED JAFFES
SERUM URIC ACID	4.4	2.5 - 7.0	mg/dL	URICASE
SERUM SODIUM	140	135 - 150	mmol/L	ISE
SERUM POTASSIUM	3.8	3.5 - 5.5	mmol/L	ISE
SERUM CALCIUM	8.8	8.5 - 10.5	mg/dL	ARSENazo III
SERUM PHOSPHORUS	4.8	H 2.5 - 4.5	mg/dL	AMMONIUM
SAMPLE TYPE:	SERUM			

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Test	Result	Bio. Ref. Interval	Units	Method
LIPID PROFILE				
LIPID PROFILE				
TOTAL CHOLESTEROL	151.8	0 - 250	mg/dL	CHOD -Trinder
SERUM TRIGLYCERIDES	176.7 H	60 - 165	mg/dl	GPO-TRINDER
HDL-CHOLESTEROL	47.9	30 - 70	mg/dl	DIRECT
VLDL CHOLESTEROL	35.34 H	6 - 32	mg/dL	calculated
LDL	68.56	50 - 135	mg/dl	calculated
LDL CHOLESTEROL/HDL RATIO	1.43	1.0 - 3.0	mg/dL	calculated
TOTAL CHOLESTEROL/HDL RATIO	3.17	2.0 - 5.0	mg/dl	calculated
SAMPLE TYPE:	SERUM			

Note : ATP III Guidelines At-A-Glance Quick Desk Reference

Step 1 - Determine lipoprotein levels obtain complete lipoprotein profile after 9- to 12-hour fast.

ATP III Classification of LDL, Total, and HDL Cholesterol (mg/dL):-

LDL Cholesterol Primary Target of Therapy
 <100 Optimal
 130-159 Borderline high
 >190 Very high.

Total Cholesterol
 <200 Desirable
 200-239 Borderline high
 >240 High

HDL Cholesterol
 <40 Low
 >60 High

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Vitals :

Chief Complaints :

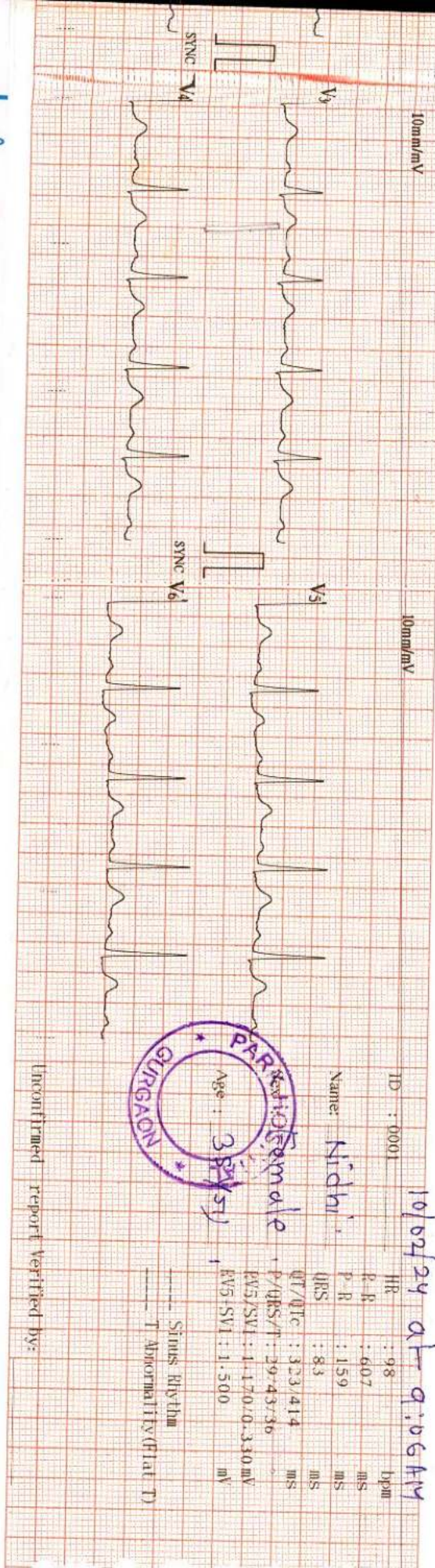
H/O Present Illness :

Past History :

Investigation :

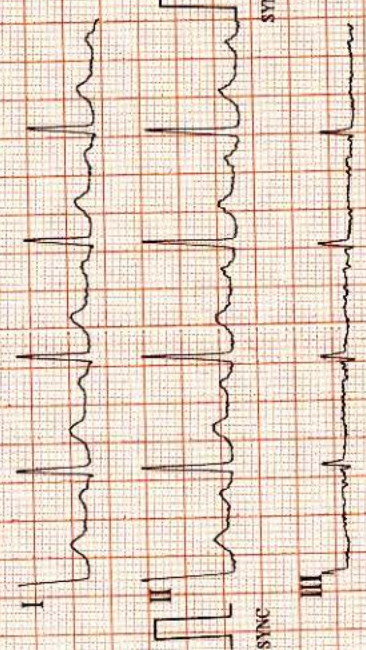
Drug Allergies : (if any)

Treatment :

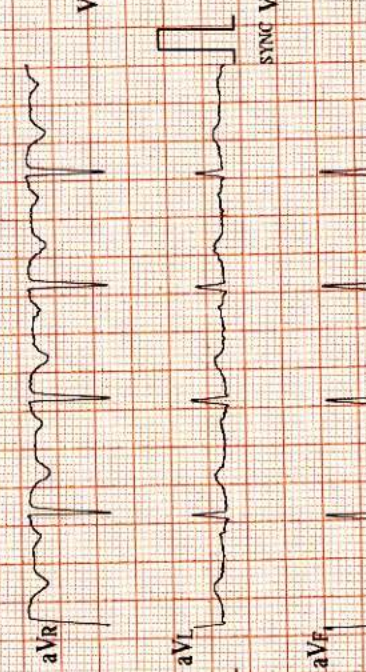


25mm/s 0.5-25Hz

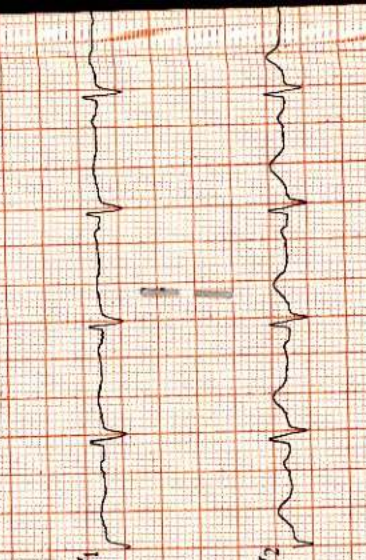
10mm/mV



10mm/mV



10mm/mV



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DEPARTMENT OF RADIOLOGY

Patient Name	Mrs. NIDHI	Billed Date	: 10/02/2024
Reg No	669751	Reported Date	: 10/02/2024
Age/Sex	35 Years 27Days / Female	Req. No.	: 25245719
Type	OPD	Consultant Doctor	: Dr. RMO

X-RAY CHEST AP/PA

Bilateral lungs appears normal.
No focal lung lesion seen.
No evidence of free fluid is seen.
Both hila are normal in size, have equal density and bear normal relationship.
The heart and trachea are central in position and no mediastinal abnormality is visible.
The cardiac size is normal for patient age and view.
The domes of the diaphragms are normal in position, and show smooth outline.
To be correlated clinically

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USG WHOLE ABDOMEN

The real time, B mode, gray scale sonography of the abdominal organs was performed.

LIVER : The liver is normal in size (14.7cm), shape and echotexture. No evidence of any focal lesion. IHBR is not dilated.

GALL BLADDER : The gall bladder is absent.

BILE DUCT :The common bile duct is normal in caliber. No evidence of calculus is noted in common bile duct.

SPLEEN :The spleen is normal in size (10.8cm) and shape.Its echotexture is homogeneous.No evidence of focal lesion is noted.

PANCREAS :The pancreas is normal in size, shape, contours and echotexture.No evidence of solid or cystic mass lesion is noted.MPD is not dilated. No evidence of peripancreatic collection.

KIDNEYS : The bilateral kidneys are normal in size and echotexture. Cortico-medullary differentiation is maintained.There is no evidence of obvious calculus or hydronephrosis.

URINARY BLADDER :The urinary bladder is well distended.It shows uniformly thin walls and sharp mucosa.No evidence of calculus is seen. No evidence of mass or diverticulum is noted.

UTERUS: The uterus is anteverted. It measures 8.8 x 5.2 x 4.2 cms. in the longitudinal, anteroposterior and transverse dimensions respectively.The uterine margins are smooth and does not reveal any contour abnormalities.

The uterine myometrium shows homogeneous, echotexture.

No evidence of leiomyoma is noted. No solid or cystic mass lesion is noted.



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The endometrial echo is in the midline and measures 6.4 mm.

The ovaries on the either side show normal echotexture.

Right ovary measures 2.4 x 1.6 cm.

Left ovary measures 2.1 x 1.5 cm.

No adnexal mass is seen.No cyst is seen in ovaries.

No evidence of ascites or interbowel free fluid is seen.

No evidence of obvious retroperitoneal or mesentric lymphadenopathy is seen.

IMPRESSION- No obvious abnormalities noted.

To be correlated clinically.



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the health care providers

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