

W - 71 kg  
H - 157 cm  
B.P - 115/70  
P - 70  
S - 100%

भारत सरकार  
Government of India



जैसीका खेड़ा  
Jasika Khera  
जन्म तिथि/DOB: 20/09/1991  
महिला FEMALE

Issue Date: 14/08/2020

4973 7500 4492

VID : 9140 9740 5890 8889

मेरा आधार, मेरी पहचान

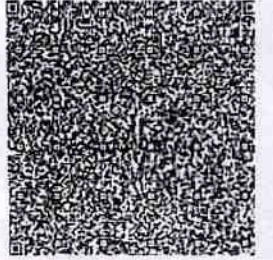


भारतीय विशिष्ट पहचान प्राधिकरण  
Unique Identification Authority of India



पता:  
उद्योग/ओ पुलकित छाबरा, बी2/109 फर्स्ट फ्लोर, विभाग  
17 रोहिणी, रोहिणी सेक्टर 15, उत्तर पश्चिम दिल्ली,  
दिल्ली - 110089

Address:  
C/O W/O Pulkit Chhabra, B2/109 First Floor,  
Sector 17 Rohini, Rohini Sector 15, North  
West Delhi,  
Delhi - 110089



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VID : 9140 9740 5890 8889

1947

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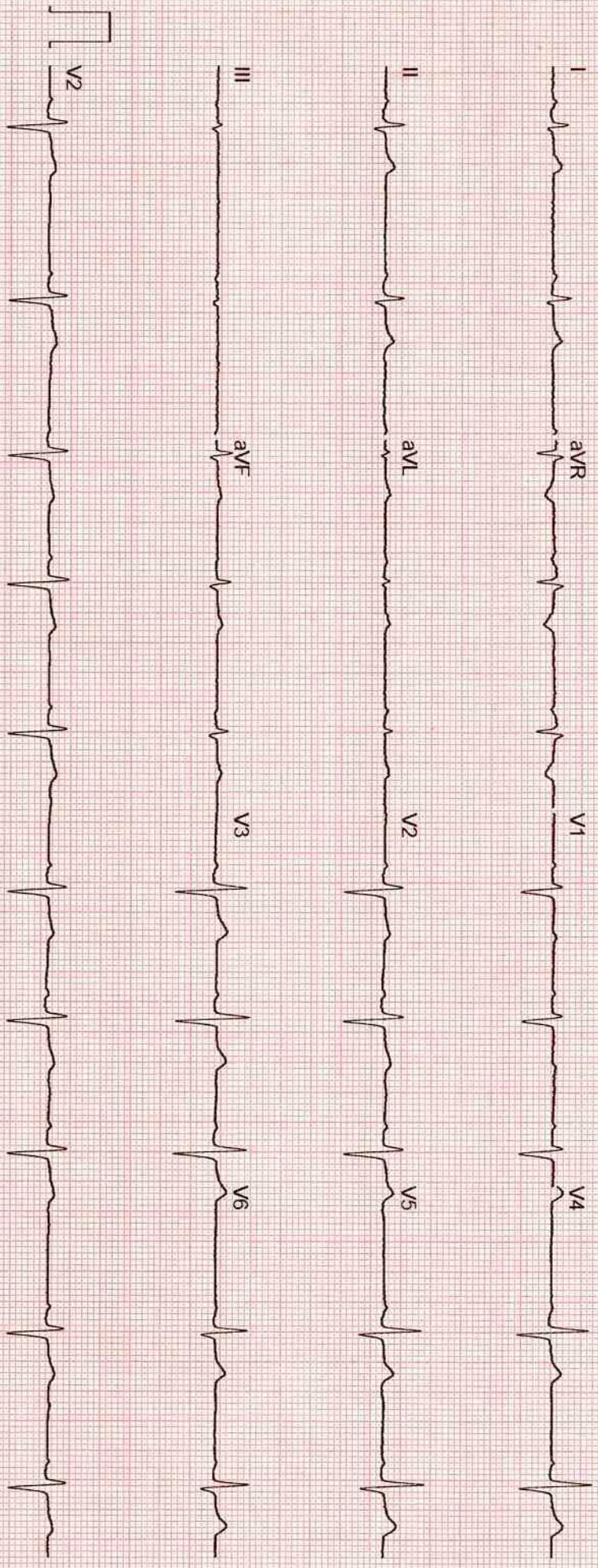
Jasika Khera  
9568447899  
9/11/2023



QRS : 90 ms  
QT / QTcBaz : 416 / 411 ms  
PR : 140 ms  
P : 62 ms  
RR / PP : 1014 / 1016 ms  
P / QRS / T : 23 / 40 / 31 degrees

Sinus bradycardia with sinus arrhythmia  
Otherwise normal ECG

Technician:  
Ordering Ph:  
Referring Ph:  
Attending Ph:







Reg. No.

Date 09-03-24

Name \_\_\_\_\_

Age / Sex Ms Jasika

Panel Name / Cash C/O BOP

UHID No. :

Doctor Name : Dr. Vinod Bhat

MBBS, MD

Regn. No.: 30989 (DMC)

Department of Medicine

**Chief Complant & Present Illness**

**Past History**

*Physically and Mentally fit*

**Treatment Advised**

**Provisional Diagnosis**

*↑  
Ment*

**Allergies**

**General Examination**

- Temp .....
- Pulse .....
- B.P. ....
- R.R. ....
- SPO2 .....



**Investigation**

**Nutritional Screening**

**Follow up**

**Signature of Doctor**  
 SJM/SSH/MED/OPD/07



# SJM SUPER SPECIALITY HOSPITAL

100 Bedded Super Speciality Hospital

Sector-63, Noida, NH-9, Near Hindon Bridge

Ph.: 0120-6530900 / 10, Mob.: +91 9599259072

E-mail: sjmhospital@yahoo.com / Website: sjmhospital.com

(24 Hours Emergency, NICU/ICU, Pharmacy & Ambulance Available)



9/3/24

### (IVF SPECIALIST)

Dr. Pushpa Kaul (IVF)  
M.B.B.S, MD(Obst. & Gynae)  
Dr. Neha Zutshi (Embryologist)

### OTHER SPECIALIST

Dr. Pushpa Kaul (IVF)  
M.B.B.S, MD(Obst. & Gynae)  
Dr. Smritee Virmani (Endoscopy)  
MBBS, DGO, DNB, ICOG (Obst. & Gynae)  
Dr. Vinod Bhat  
M.B.B.S, MD (General Medicine)  
Dr. Vineet Gupta, MS (ENT)  
Dr. Naveen Gupta, MS (EYE)  
Dr. Ashutosh Singh, MS (Urology)  
Dr. Rahul Kaul (Spine Surgeon)  
MBBS, MS, (Orthopaedic)  
Dr Raj Ganjoo MD (Psychiatric)  
Dr. Akash Mishra (Neuro Surgeon)  
Dr. Sanjay Sharma (Cardiologist)  
Dr. S.K. Pandita, MS (Surgeon)  
Dr. B.P. Gupta, MS (Surgeon)  
Dr. Jaisika Rajpal  
(MDS), (Periodontist & Implantologist)  
Dr. Akash Arora  
(MDS), Maxillofacial Surgeon  
Dr. Deepa Maheshwari  
M.B.B.S., MD, FRM, (IVF Specialist)  
Dr. Vivek Kumar Gupta  
MBBS, MS (General Surgeon)  
M.Ch. (Plastic Surgery)  
Dr. Anand Kumar  
MBBS, MD (Paediatrics)  
Dr. Amit kumar Kothari  
MBBS, MD (Medicine)  
Dr. Amit Aggarwal  
M.B.B.S., M.S. Ortho.

### Facilities:

100 Beds. Private & Public wards  
Inpatient & Outpatient - (OPD)Facilities  
24-Hour ambulance and emergency  
3 Operation theatres  
Laparoscopic & Conventional Surgery  
In vitro fertilization centre (IVF)  
Intensive Care Unit. (ICU)  
Neonatal ICUs (NICU)  
Dental Clinic  
Computerized pathology lab  
Digital X-ray and ultrasound  
Physiotherapy facilities  
24-Hour Pharmacy  
Cafeteria & Kitchen

Ms. Jessica (32yH)

Vn < 616  
N6

NO H/O DM ENT

Acc < — Plano — 616  
— Plano — 616, N6

Blue cut lenses

L

(BE)

Lubrex-DS eye drops. 2T/O x 2-3 months

L



## CGHS & AYUSHMAN BHARAT

+ Not for medico legal purpose + No substitution of drugs allowed

Panels: Raksha TPA Pvt Ltd., Vipul Med Corp TPA Pvt Ltd., E-Meditek (TPA) Services Ltd., Medi-Assit India TPA Pvt Ltd., Park Mediclaim, Genins India TPA Pvt Ltd., Family Healthcare TPA Pvt Ltd., Medsave Healthcare TPA Pvt Ltd., Vidal Health Care TPA Pvt Ltd., MD India Healthcare, DHS TPA (India) Private Ltd., Medicate TPA Service (I) Pvt. Ltd., East West Assist TPA Pvt Ltd., United Healthcare Parekh TPA Pvt Ltd., Good Health TPA Services Ltd., Bajaj Allianz General Insurance Co. Ltd., IFFCO Tokio General Insurance Co. Ltd., IFFCO Tokio General Insurance Co. Ltd., Universal Insurance General Co. Ltd., TATA AIG General Insurance Co. Ltd., Cholamandalam General Insurance Co. Ltd., Liberty Videocon General Insurance Ltd., SBI General Insurance Co. Ltd., Kotak Mahindra General Insurance Co. Ltd., HDFC Standard Life Insurance Co. Ltd., The Oriental Insurance Co. Ltd.(Corporate), National Insurance Co. Ltd.(Corporate), The New India Insurance Co. Ltd. (Corporate), United India Insurance Co Ltd. (Corporate)



## Laboratory Report

Lab Serial no. : LSHHI277009	Mr. No : 112724
Patient Name : Mrs. JASIKA KHERA	Reg. Date & Time : 09-Mar-2024 02:37 AM
Age / Sex : 32 Yrs / F	Sample Receive Date : 09-Mar-2024 02:39 PM
Referred by : Dr. SELF	Result Entry Date : 09-Mar-2024 06:41PM
Doctor Name : Dr. Vinod Bhat	Reporting Time : 09-Mar-2024 06:45 PM
OPD : OPD	

### HAEMATOLOGY

results unit reference

#### CBC / COMPLETE BLOOD COUNT

HB (Haemoglobin)	<b>11.7</b>	gm/dL	12.0 - 16.0
TLC	5.5	Thousand/mm	4.0 - 11.0
DLC			
Neutrophil	<b>75</b>	%	40 - 70
Lymphocyte	<b>18</b>	%	20 - 40
Eosinophil	05	%	02 - 06
Monocyte	02	%	02 - 08
Basophil	00	%	00 - 01
R.B.C.	4.58	Thousand / UI	3.8 - 5.10
P.C.V	38.3	million/UI	0 - 40
M.C.V.	83.6	fL	78 - 100
M.C.H.	<b>25.5</b>	pg	27 - 32
M.C.H.C.	<b>30.5</b>	g/dl	32 - 36
Platelet Count	2.95	Lacs/cumm	1.5 - 4.5

#### INTERPRETATION:

To determine your general health status; to screen for, diagnose, or monitor any one of a variety of diseases and conditions that affect blood cells, such as anemia, infection, inflammation, bleeding disorder or cancer



technician :

Typed By : Mr. BIRJESH

## Laboratory Report

Lab Serial no.	: LSHHI277009	Mr. No	: 112724
Patient Name	: Mrs. JASIKA KHERA	Reg. Date & Time	: 09-Mar-2024 02:37 AM
Age / Sex	: 32 Yrs / F	Sample Receive Date	: 09-Mar-2024 02:39 PM
Referred by	: Dr. SELF	Result Entry Date	: 09-Mar-2024 07:20PM
Doctor Name	: Dr. Vinod Bhat	Reporting Time	: 09-Mar-2024 07:24 PM
OPD	: OPD		

### HAEMATOLOGY

results unit reference

#### ESR / ERYTHROCYTE SEDIMENTATION RATE

ESR (Erythrocyte Sedimentation Rate) **22** mm/1hr 00 - 20

#### Comments

The ESR is a simple non-specific screening test that indirectly measures the presence of inflammation in the body. It reflects the tendency of red blood cells to settle more rapidly in the face of some disease states, usually because of increases in plasma fibrinogen, immunoglobulins, and other acute-phase reaction proteins. Changes in red cell shape or numbers may also affect the ESR.



technician :

Typed By : Mr. BIRJESH



## Laboratory Report

Lab Serial no.	: LSHHI277009	Mr. No	: 112724
Patient Name	: Mrs. JASIKA KHERA	Reg. Date & Time	: 09-Mar-2024 02:37 AM
Age / Sex	: 32 Yrs / F	Sample Receive Date	: 09-Mar-2024 02:39 PM
Referred by	: Dr. SELF	Result Entry Date	: 09-Mar-2024 06:38PM
Doctor Name	: Dr. Vinod Bhat	Reporting Time	: 09-Mar-2024 06:38 PM
OPD	: OPD		

### BIOCHEMISTRY

	results	unit	reference
<b>LIPID PROFILE, Serum</b>			
S. Cholesterol	135.0	mg/dl	< - 200
HDL Cholesterol	44.2	mg/dl	42.0 - 88.0
LDL Cholesterol	61.8	mg/dl	50 - 150
VLDL Cholesterol	29.0	mg/dl	00 - 40
Triglyceride	144.8	mg/dl	00 - 170
Cholestrol/HDL RATIO	<b>3.0</b>	%	3.30 - 4.40

#### INTERPRETATION:

Lipid profile or lipid panel is a panel of blood tests that serves as an initial screening tool for abnormalities in lipids, such as cholesterol and triglycerides. The results of this test can identify certain genetic diseases and can determine approximate risks for cardiovascular disease, certain forms of pancreatitis, and other diseases.

### BLOOD SUGAR (PP), Serum

SUGAR PP	104.0	mg/dl	80 - 140
----------	-------	-------	----------

#### Comments:

Accurate measurement of glucose in body fluid is important in diagnosis and management of diabetes, hypoglycemia, adrenal dysfunction and various other conditions. High levels of serum glucose may be seen in case of diabetes mellitus, in patients receiving glucose containing fluids intravenously, during severe stress and in cerebrovascular accidents. Decreased levels of glucose can be due to insulin administration, as a result of insulinoma, inborn errors of carbohydrate metabolism or fasting.

METHOD:- GOD-POD METHOD, END POINT



technician :

Typed By : Mr. BIRJESH



**Dr. Rajeev Goel**  
M.D. (Pathologist)  
36548 (MCI)

Page 1

**Dr. Bupinder Zutshi**  
(M.B.B.S., MD)  
Pathologist & Microbiologist

## Laboratory Report

Lab Serial no. : LSHHI277009	Mr. No : 112724
Patient Name : Mrs. JASIKA KHERA	Reg. Date & Time : 09-Mar-2024 02:37 AM
Age / Sex : 32 Yrs / F	Sample Receive Date : 09-Mar-2024 02:39 PM
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Doctor Name : Dr. Vinod Bhat	Reporting Time : 09-Mar-2024 06:38 PM
OPD : OPD	

### BIOCHEMISTRY

	results	unit	reference
<b>KFT,Serum</b>			
Blood Urea	30.1	mg/dL	13 - 40
Serum Creatinine	0.64	mg/dl	0.6 - 1.1
Uric Acid	4.9	mg/dl	2.6 - 6.0
Calcium	9.4	mg/dL	8.8 - 10.2
Sodium (Na+)	139.2	mEq/L	135 - 150
Potassium (K+)	4.31	mEq/L	3.5 - 5.0
Chloride (Cl)	106.2	mmol/L	94 - 110
BUN/ Blood Urea Nitrogen	14.07	mg/dL	7 - 18
PHOSPHORUS-Serum	<b>2.49</b>	mg/dl	2.5 - 4.5

**Comment:-**

Kidneys play an important role in the removal of waste products and maintenance of water and electrolyte balance in the body. Kidney Function Test (KFT) includes a group of blood tests to determine how well the kidneys are working.



technician :

Typed By : Mr. BIRJESH



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## Laboratory Report

Lab Serial no. : LSHHI277009	Mr. No : 112724
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OPD : OPD	

### BIOCHEMISTRY

	results	unit	reference
<b><u>LIVER FUNCTION TEST,Serum</u></b>			
Bilirubin- Total	0.67	mg/dL	0.1 - 2.0
Bilirubin- Direct	<b>0.31</b>	mg/dL	0.00 - 0.20
Bilirubin- Indirect	0.36	mg/dL	0.2 - 1.2
SGOT/AST	21.7	IU/L	00 - 31
SGPT/ALT	33.1	IU/L	00 - 34
Alkaline Phosphate	<b>127.0</b>	U/L	42.0 - 98.0
Total Protein	8.15	g/dL	6.4 - 8.3
Serum Albumin	4.53	gm%	3.50 - 5.20
Globulin	3.62	gm/dl	2.0 - 4.0
Albumin/Globulin Ratio	1.25	%	

#### INTERPRETATION

A Liver Function test or one or more of its component tests may be used to help diagnose liver disease if a person has symptoms that indicate possible liver dysfunction. If a person has a known condition or liver disease, testing may be performed at intervals to monitor liver status and to evaluate the effectiveness of any treatments.



technician :

Typed By : Mr. BIRJESH





## Laboratory Report

Lab Serial no. : LSHHI277009	Mr. No : 112724
Patient Name : Mrs. JASIKA KHERA	Reg. Date & Time : 09-Mar-2024 02:37 AM
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OPD : OPD	

### BIOCHEMISTRY

results unit reference

#### HbA1C / GLYCATED HEMOGLOBIN / GHB

Hb A1C	5.1	%	4.0 - 6.0
ESTIMATED AVERAGE GLUCOSE eAG[Calculated]	99.67	mg/dl	

#### INTERPRETATION-

	HBA1C
NON DIABETIC	4-6 %
GOOD DIABETIC CINTROL	6-8 %
FAIR CONTROL	8-10 %
POOR CONTROL	>-10 %

The Glycosylated haemoglobin assay has been validated as a reliable indicator of mean blood glucose levels for a 3 months period. AMERICAN DIABETES ASSOCIATION recommends the testing twice an year in patients with stable blood glucose ,and quarterly if treatment changes or blood glucose is abnormal

#### BLOOD SUGAR F, Sodium Fluoride Pla

Blood Sugar (F)	95.7	mg/dl	70 - 110
-----------------	------	-------	----------

#### **Comments:**

Accurate measurement if glucose in body fluid is important in diagnosis and management of diabetes, hypoglycemia, adrenal dysfunction and various other conditions.

High levels of serum glucose may be seen in case of Diabetes mellitus, in patients receiving glucose containing fluids intravenously, during severe stress and in cerebrovascular accidents.

Decreased levels of glucose can be due to insulin administration, as a result of insulinoma, inborn errors of carbohydrate metabolism or fasting.

technician :

Typed By : Mr. BIRJESH







Sector-63, Noida, NH-9, Near Hindon Bridge  
 Tel.: 0120-6530900 / 10 Mob.: +91 9599259072  
 E-mail.: email@sjmhospital.com  
 Web.: www.sjmhospital.com



## Laboratory Report

Lab Serial No. : LSHHI277009	Reg. No. : 112724
Patient Name : MRS. JASIKA KHERA	Reg. Date & Time : 09-Mar-2024 02:37 AM
Age/Sex : 32 Yrs /F	Sample Collection Date : 09-Mar-2024 02:39 PM
Referred By : SELF	Sample Receiving Date : 09-Mar-2024 02:39 PM
Doctor Name : Dr. Vinod Bhat	ReportingTime : 09-Mar-2024 06:38 PM
OPD/IPD : OPD	

### TEST NAME

### VALUE

ABO

"B"

Rh

POSITIVE

### Comments:

Human red blood cell antigens can be divided into four groups A, B, AB AND O depending on the presence or absence of the corresponding antigens on the red blood cells. There are two glycoprotein A and B on the cell s surface that are responsible for the ABO types. Blood group is further classified as RH positive an RH negative.



Mr. BIRJESH

<http://rgcipac3/SJM/Design/Finanace/LabTextReport.aspx>

3/9/2024

**Dr. Rajeev Goel**  
 M.D. (Pathologist)  
 36548 (MCI)

**Dr. Bupinder Zutshi**  
 (M.B.B.S., MD)  
 Pathologist & Micrbiologist



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## Laboratory Report

Lab Serial No. : LSHHI277009  
Patient Name : MRS. JASIKA KHERA  
Age/Sex : 32 Yrs /F  
Referred By : SELF  
Doctor Name : Dr. Vinod Bhat  
OPD/IPD : OPD  
Reg. No. : 112724  
Reg. Date & Time : 09-Mar-2024 02:37 AM  
Sample Collection Date : 09-Mar-2024 02:39 PM  
Sample Receiving Date : 09-Mar-2024 02:39 PM  
ReportingTime: 09-Mar-2024 06:38 PM

### URINE EXAMINATION TEST

#### PHYSICAL EXAMINATION

Quantity: 20 ml  
Color: Straw  
Transparency: clear

#### CHEMICAL EXAMINATION

Albumin: nil  
Glucose: nil  
PH: Acidic

#### MICROSCOPIC EXAMINATION

Pus cells: 1-2 /HPF  
RBC's: nil  
Crystals: nil  
Epithelial cells: 0-1 /HPF  
Others: nil

#### Note:-

A urinalysis is a test of your urine. It's used to detect and manage a wide range of disorders, such as urinary tract infections, kidney disease and diabetes. A urinalysis involves checking the appearance, concentration and content of urine.



Mr. BIRJESH

<http://rgcipac3/SJM/Design/Finanace/LabTextReport.aspx>

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M.D. (Pathologist)  
36548 (MCI)

3/9/2024

**Dr. Bupinder Zutshi**  
(M.B.B.S., MD)  
Pathologist & Microbiologist



Visit ID : IQD87414

UHID/MR No : IQD.0000085348  
**Patient Name** : Mrs.JASIKA KHERA  
 Age/Gender : 32 Y O M O D /F  
 Ref Doctor : Dr.VINOD BHAT  
 Client Name : SJM SUPER SPECIALIST HOSPITAL  
 Employee Code :

Registration : 09/Mar/2024 07:37PM  
 Collected : 09/Mar/2024 07:55PM  
 Received : 09/Mar/2024 08:16PM  
 Reported : 09/Mar/2024 09:48PM  
 Status : Final Report  
 Client Code : iqd2151  
 Barcode No : 240302268



Test Name

### DEPARTMENT OF HORMONE ASSAYS

Result Unit Bio. Ref. Range Method

#### THYROID PROFILE (T3,T4,TSH)

Sample Type : SERUM

Test Name	Result	Unit	Bio. Ref. Range	Method
T3	1.32	ng/ml	0.61-1.81	CLIA
T4	12.3	ug/dl	5.01-12.45	CLIA
TSH	0.51	uIU/mL	0.35-5.50	CLIA

#### REFERENCE RANGE :

Age	TSH in uIU/mL
0 - 4 Days	1.00 - 39.00
2 Weeks to 5 Months	1.70 - 9.10
6 Months to 20 Yrs	0.70 - 6.40
>55 Yrs	0.50 - 8.90

#### Interpretation:

Triiodothyronine T3, Thyroxine T4, and Thyroid Stimulating Hormone TSH are thyroid hormones which affect almost every physiological process in the body, including growth, development, metabolism, body temperature, and heart rate. Production of T3 and its prohormone thyroxine (T4) is activated by thyroid-stimulating hormone (TSH), which is released from the pituitary gland. Elevated concentrations of T3, and T4 in the blood inhibit the production of TSH. Excessive secretion of thyroxine in the body is hyperthyroidism, and deficient secretion is called hypothyroidism. In primary hypothyroidism, TSH levels are significantly elevated, while in secondary and tertiary hyperthyroidism, TSH levels are low. Below mentioned are the guidelines for Pregnancy related reference ranges for Total T4, TSH & Total T3. Measurement of the serum TT3 level is a more sensitive test for the diagnosis of hyperthyroidism, and measurement of TT4 is more useful in the diagnosis of hypothyroidism. Most of the thyroid hormone in blood is bound to transport proteins. Only a very small fraction of the circulating hormone is free and biologically active. It is advisable to detect Free T3, Free T4 along with TSH, instead of testing for albumin bound Total T3, Total T4.

Sr. No	TSH	Total T4	FT4	Total T3	Possible Conditions
1	High	Low	Low	Low	(1) Primary Hypothyroidism (2) Chronic autoimmune Thyroiditis (3) Post Thyroidectomy (4) Post Radio-Iodine treatment
2	High	Normal	Normal	Normal	(1) Subclinical Hypothyroidism (2) Patient with insufficient thyroid hormone replacement therapy (3) In cases of Autoimmune/Hashimoto thyroiditis (4). Isolated increase in TSH levels can be due to Subclinical inflammation, drugs like amphetamines, Iodine containing drug and dopamine antagonist e.g. domperidone and



Dr. Ankita Singhal  
MBBS, MD(Microbiology)




Dr. Anil Rathore  
MBBS, MD(Pathology)

Dr. Prashant Singh  
MBBS, MD (Pathology)

Page 1 of 2

Authenticity of report can be checked by Scanning QR Code  
 Test Performed at IQ Diagnostics BLK-003/004, Sector 121, Noida - 201301

<b>Visit ID</b> : IQD87414	Registration	: 09/Mar/2024 07:37PM
UHID/MR No : IQD.0000085348	Collected	: 09/Mar/2024 07:55PM
<b>Patient Name</b> : Mrs.JASIKA KHERA	Received	: 09/Mar/2024 08:16PM
Age/Gender : 32 Y 0 M 0 D /F	Reported	: 09/Mar/2024 09:48PM
Ref Doctor : Dr.VINOD BHAT	Status	: Final Report
Client Name : SJM SUPER SPECIALIST HOSPITAL	Client Code	: iqd2151
Employee Code :	Barcode No	: 240302268



### DEPARTMENT OF HORMONE ASSAYS

Test Name	Result	Unit	Bio. Ref. Range	Method	
3	Normal/Low	Low	Low	Low	other physiological reasons. (1) Secondary and Tertiary Hypothyroidism
4	Low	High	High	High	(1) Primary Hyperthyroidism (Graves Disease) (2) Multinodular Goitre (3) Toxic Nodular Goitre (4) Thyroiditis (5) Over treatment of thyroid hormone (6) Drug effect e.g. Glucocorticoids, dopamine, T4 replacement therapy (7) First trimester of Pregnancy
5	Low	Normal	Normal	Normal	(1) Subclinical Hyperthyroidism
6	High	High	High	High	(1) TSH secreting pituitary adenoma (2) TRH secreting tumor
7	Low	Low	Low	Low	(1) Central Hypothyroidism (2) Euthyroid sick syndrome (3) Recent treatment for Hyperthyroidism
8	Normal/Low	Normal	Normal	High	(1) T3 thyrotoxicosis (2) Non-Thyroidal illness
9	Low	High	High	Normal	(1) T4 Ingestion (2) Thyroiditis (3) Interfering Anti TPO antibodies

REF: 1. TIETZ Fundamentals of clinical chemistry 2. Guid lines of the American Thyroid association during pregnancy and Postpartum, 2011

**NOTE: It is advisable to detect Free T3, Free T4 along with TSH, instead of testing for albumin bound Total T3, Total T4. TSH is not affected by variation in thyroid-binding protein. TSH has a diurnal rhythm, with peaks at 2:00 - 4:00 a.m. and troughs at 5:00 - 6:00 p.m. With ultradian variations.**

\*\*\* End Of Report \*\*\*



Dr. Ankita Singhal  
MBBS, MD (Microbiology)

Dr. Anil Rathore  
MBBS, MD (Pathology)

Dr. Prashant Singh  
MBBS, MD (Pathology)

Page 2 of 2



Authenticity of report can be checked by Scanning QR Code  
Test Performed at IQ Diagnostics BLK-003/004, Sector 121, Noida - 201301



## Ultrasound Report

### TRANSTHORASCIC ECHO-DOPPLER REPORT

Name: Mrs. Jasika

Age /sex:32Yrs/F

Date:09/03/2024

**ECHO WINDOW: FAIR WINDOW**

	Observed values (cm)		Normal values (mm)
Aortic root diameter	2.2		22-36
Aortic valve Opening			15 -26
Left Atrium size	2.4		19 - 40
	End Diastole (cm)	End Systole (cm)	Normal Values (mm)
Left Ventricle size	4.0	2.4	(ED =39 -58)
Interventricular Septum	0.7		(ED = 6 -11)
Posterior Wall thickened	0.7		(ED = 6- 10)
LV Ejection Fraction (%)	60		55% -65 %

#### Doppler Velocities (cm / sec)

Pulmonary valve = Normal		Aortic valve = Normal	
Max velocity		Max velocity	
Mean PG		Max PG	
Pressure ½ time		Mean velocity	
Acceleration Time		Mean PG	
RVET		LVET	
Mitral valve =Normal		Tricuspid valve = Normal	
E	E>A	Max Velocity	
A		Mean Velocity	
DT		Mean PG	
E/E		TAPSE	



## Ultrasound Report

Regurgitation: -

MR = NIL		TR = NIL	
Severity		Severity	
Max Velocity		RVSP	
AR		PR	
Severity	NIL	Severity	NIL
Jet width /LVOT ratio		Mean PAP	

Final Interpretation: -

- 1.) NO LV HYPOKINASIA GLOBAL LVEF 60%
- 2.) NO MR NO MS NO AS/AR, NO TR
- 3.) No Intra cardiac clot, vegetation, pericardial effusion

  
**DR. AMIT KOTHARI**

Non-Interventional Cardiologist.

Centre for Excellent Patient Care







## Ultrasound Report

NAME: Mrs. Jesika

AGE: 32yrs/f

DATE: 09/03/2024

### Real time USG of abdomen and pelvis reveals –

**LIVER** --Liver appears fatty with grade 1. There is no evidence of any focal lesion seen in the parenchyma. Intra-hepatic vascular and biliary radicles appear normal. Portal vein and common bile duct are normal.

**GALL BLADDER**-Gall bladder is physiologically distended. The wall thickness is normal. There is no Evidence of any intraluminal mass lesion or calculi seen.

**PANCREAS**-Pancreas is normal in size, shape and echo pattern. No focal mass lesion seen. Pancreatic duct is not dilated.

**SPLEEN**-Spleen show normal size, shape and homogeneous echo pattern. No focal mass lesion is seen in parenchyma.

**KIDNEY** -Both the kidneys are normal in size, shape, position and axis. Parenchymal echo pattern is normal bilaterally. No focal solid or cystic lesion is seen. There is no evidence of renal calculi on both sides.

**RETROPERITONIUM**- -There is no evidence of ascites or Para – aortic adenopathy seen. Retroperitoneal structures appear normal.

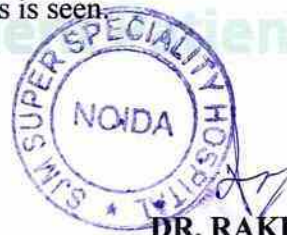
**URINARY BLADDER**- Adequately distended. Walls were regular and thin. Contents are Normal. No stone formation seen.

**UTERUS**-Uterus is normal and both ovaries are normal in size, shape and echo pattern. No focal lesion is seen. Endometrial is normal. There is no evidence of free fluid seen in the pelvis. There is no evidence of adnexal mass is seen.

**IMPRESSION: Fatty liver grade 1.**

For SJM Super Specialty Hospital

DR. PUSHPA KAUL



DR. RAKESH GUJJAR





## X-Ray Report

PATIENT ID	: 26583 OPD	PATIENT NAME	: MRS, JASIKA KHERA
AGE	: 033Y	SEX	: Female
REF. PHY.	:	STUDY DATE	: 09-Mar-2024

### RADIOLOGY REPORT EXAM: X RAY CHEST

#### 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:

I. The study is within normal limits.

*V.S. Sai Naren*

Dr Sai Naren  
Consultant Radiologist  
MBBS, MD  
Regn No: 2017/08/3835

Dr Sai Naren  
09th Mar 2024





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