

ECG report

ID : 1
Name : PRIVANKA PARMAR
Gender : f

Age : 31 Years

Dept :

Bed No :

HR : 67 bpm

PR : 124 ms

QRS : 82 ms

QT/QTc : 390/412 ms

P/QRS/T : 0.32/36°

RV5/SV1 : 1.088/0.823 mV

RV5+SV1 : 1.911 mV

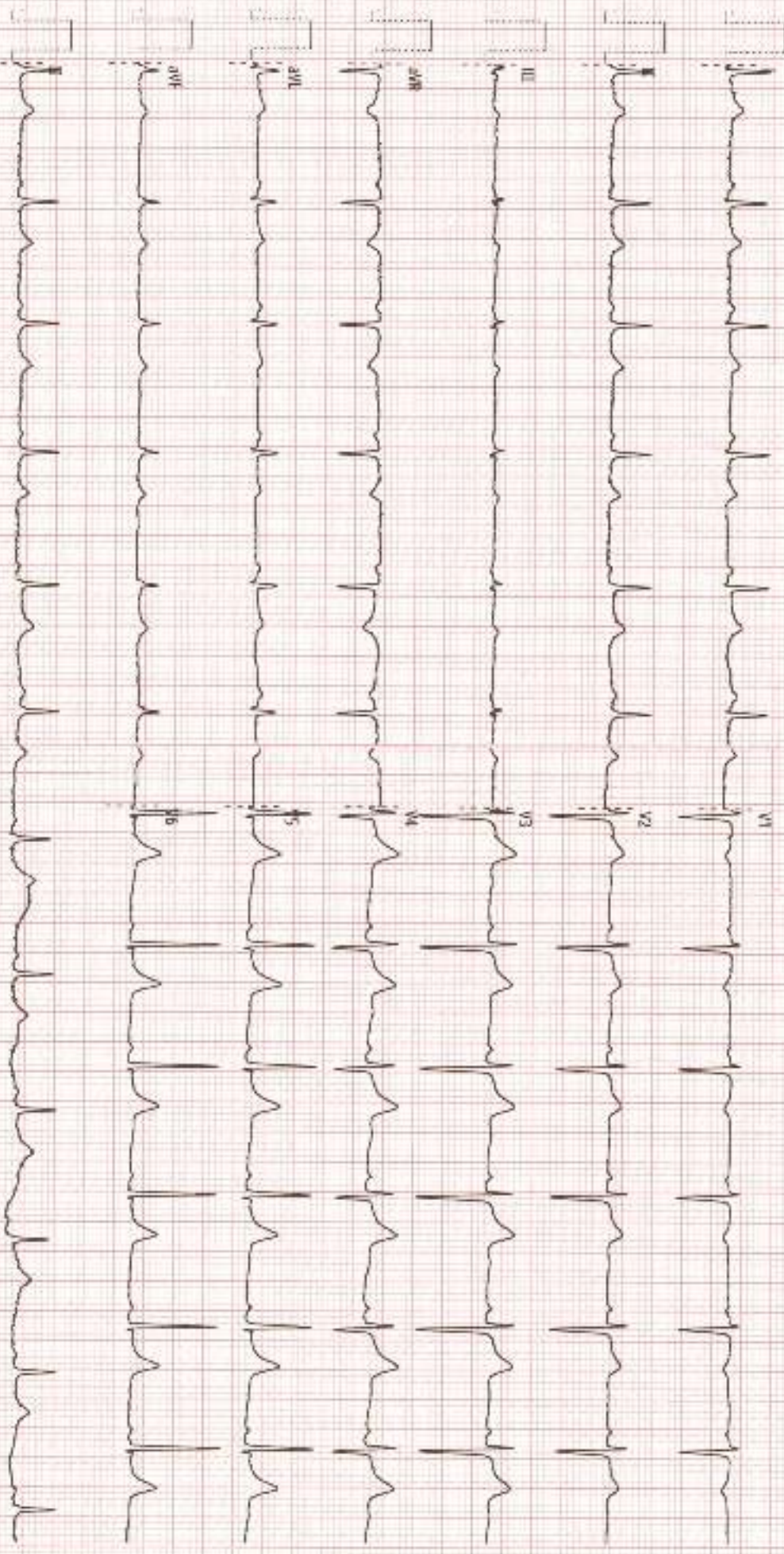
<<Interpretations>>
Sinus rhythm
Normal ECG

Confirm and sign:



Normal
EKG

DR. ARPITA PARIKH
G-115
M. D. Gen. (Postgraduate)
DHS MULTI-SPECIALTY HOSPITAL



PATIENT NAME

MRS. PRIYANKA PARMAR

AGE / SEX

31 YRS/FEMALE

REF. DOCTOR

DR. DHS DOCTOR TEAM

DATE

09/11/2024

2D ECHO CARDIOGRAPHY REPORT**Observation:**

1. Normal LV size with normal LV systolic function. LVEF: 65%.
2. No RWMA at rest.
3. Normal LV compliance.
4. Normal sized LA, RA and RV. Normal RV function.
5. All valves are normal in structure.
6. IAS and IVS are intact.
7. No PAH. RVSP = 24 mmHg.
8. No clot/ vegetation / pericardial effusion.
9. Doppler: Trivial MR, Trivial TR, No AR, No PR.
10. IVC is normal in size and well collapse on inspiration.

Conclusion:

Normal LV systolic function.
No RWMA.
No PAH.

Measurements :

LVIDD	44.0 mm	AO	22.0mm
LVIDS	26.0 mm	LA	28.0mm
LVEF	65%		
IVSD/LVPWD	09.0mm/09.0mm		

DOPPLER STUDY:

Valves	velocity	Max gradient	Mean gradient	Area	Regurgitation
Aortic	1.1	5.2			No AR
Mitral	E:0.3 A: 0.2				Trivial MR
Pulmonary	0.3	3.1			No PR
Tricuspid	0.5	1.2			Trivial TR

Dr.ARCHIT PARIKH

DR. ARCHIT PARIKH

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M. D.(General Medicine)

DHS MULTI SPECIALTY HOSPITAL

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DHS Properties and Hospitals LLP | CIN : AAA-7816

PRIYANKA PARMAR
31 Y/F
HEALTH CHECK UP
09/11/2024

U.S.G. OF ABDOMEN AND PELVIS

Liver: appears normal in size & shows normal echopattern. No focal lesion is seen.
No dilated IHBR is seen. Portal vein and CBD appear normal in course and caliber.

Gall bladder: is moderately distended & appears normal. No calculus, sludge or mass is seen.
Gall bladder wall thickness appears normal.

Pancreas: appears normal in size & echopattern. No focal lesion is seen.

Spleen: appears normal in size and shows normal echotexture. No focal lesion is seen.

Both Kidneys appear normal in size, position and echopattern.
C-M differentiation is well preserved on either side.
No calculus or hydronephrosis on either side.
Cortical thickness appears normal on both sides.
No focal lesion is seen on either side.

Urinary bladder is moderately distended & appears normal. No calculus, internal echoes or mass is seen. Urinary bladder wall thickness appears normal.

Uterus appears normal in size & echopattern. No focal lesion is seen
No adnexal mass is seen on either side.

Para-aortic region appears normal. No abdominal lymphadenopathy is seen.
Bowel loops appear normal in caliber & show normal peristalsis.
No abnormal dilatation of bowel loops or wall thickening is seen.
No fluid collection or lump formation is seen in RIF. No ascites is seen.

IMPRESSION:

NO SIGNIFICANT ABNORMALITY IDENTIFIED

Clinical correlation suggested. Thanks for reference.



DR. BHADRISH CHUDASAMA
MD RADIOLOGY


TEST REPORT

Reg. No : 2411100088	UHID : UHID27880	Reg. Date : 09-Nov-2024
Name : PRIYANKA VIKASKUMAR PARMAR		Collected On : 09-Nov-2024 09:45
Age/Sex : 31 Years / Female		Report Date : 09-Nov-2024
Ref. By : MEDIWHEEL		

Parameter	Result	Unit	Reference Interval
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COMPLETE BLOOD COUNT (CBC)

Hemoglobin (SLS method)	13.1	g/dL	12.0 - 15.0
Hematocrit (Electrical Impedance)	40.5	%	40 - 54
RBC Count (Electrical Impedance)	5.38	million/cmm	3.8 - 4.8
WBC Count (Flowcytometry)	5140	/cmm	4000 - 10000
Platelet Count (Electrical Impedance)	293000	/cmm	150000 - 410000
MCV (Calculated)	75.4	fL	83 - 101
MCH (Calculated)	24.3	Pg	27 - 32
MCHC (Calculated)	32.3	%	31.5 - 34.5
RDW (Calculated)	13.0	%	11.5 - 14.5

DIFFERENTIAL WBC COUNT

Neutrophils (%)	52	%	38 - 70
Lymphocytes (%)	42	%	20 - 45
Monocytes (%)	05	%	2 - 8
Eosinophils (%)	01	%	1 - 4
Basophils (%)	00	%	0 - 1
Neutrophils (Absolute)	2673	/cmm	1800 - 7700
Lymphocytes (Absolute)	2159	/cmm	1000 - 3900
Monocytes (Absolute)	257	/cmm	200 - 800
Eosinophils (Absolute)	51	/cmm	20 - 500
Basophils (Absolute)	0	/cmm	0 - 100
Neutrophil-Lymphocyte Ratio(NLR)	1.21	/cmm	0.7 - 4.0

PERIPHERAL SMEAR EXAMINATION


RBC Morphology	RBCs are Normochromic Normocytic.
WBC Morphology	Total WBC and differential count is within normal.
Platelets	Platelets are adequate with normal morphology.
Parasites	Malarial parasite is not detected.

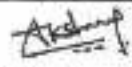
ERYTHROCYTE SEDIMENTATION RATE

ESR (After 1 hour)	12	mm/hr	0 - 21
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----- End Of Report -----

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Approved by: 
 Dr. Yesha H. Shah
 (MD.Pathology)


 Mr. Akshay Parmar
 M.Sc.(Biochemistry)


**TEST REPORT**


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Parameter	Result	Unit	Reference Interval
FBS			
Fasting Blood Sugar (FBS) <i>Glucose Oxidase-Peroxidase</i>	89.9	mg/dL	70 - 110
PPBS			
Post Prandial Blood Sugar (PPBS) <i>Glucose Oxidase-Peroxidase</i>	134.1	mg/dL	110 - 140

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HEMOGLOBIN A1C ESTIMATION

Specimen: Blood EDTA

Hb A1C MPLC, NGSP Certified	5.5	%	>8 : Action Suggested , 7-8 : Good Control , <7 : Goal 6-7 : Near Normal Glycemia, <6 : Non-diabetic Level
Mean Blood Glucose Calculated	111.15	mg/dL	
SGPT Optimized UV-IFCC	15.2	U/L	1 - 45
SGOT Optimized UV-IFCC	14.3	U/L	1 - 35
Total Bilirubin DCA method	0.50	mg/dL	0 - 2.0
Direct Bilirubin DCA method	0.30	mg/dL	0.0 - 0.4
INDIRECT BILIRUBIN Calculated	0.20	mg/dL	0.0 - 1.6
Alkaline Phosphatase PiP-AMP Buffer, Multiple-cent rate	60	U/L	53 - 128
Total Protein	6.66	g/dL	6.4 - 8.2
Albumin By Bromocresol Green	3.59	g/dL	3.5 - 5.2
Globulin Calculated	3.07	g/dL	2.3 - 3.5
A/G Ratio Calculated	1.17		0.8 - 2.0
GGT	14.1	U/L	1 - 55

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Criteria for the diagnosis of diabetes:



1. HbA1c \geq 6.5 %Or
 2. Fasting plasma glucose $>$ 126 mg/dL. Fasting is defined as no caloric intake at least for 8 hrs.Or
 3. Two hour plasma glucose \geq 200mg/dL during an oral glucose tolerance test by using a glucose load containing equivalent of 75 gm anhydrous glucosedissolved in water.Or
 4. In a patient with classic symptoms of hyperglycemia or hyperglycemic crisis, a random plasma glucose \geq 200 mg/dL.
- *In the absence of unequivocal hyperglycemia, criteria 1-3 should be confirmed by repeat testing. American diabetes association. Standards of medical care in diabetes 2011. Diabetes care 2011;34,S11.

Importance of HbA1C (Glycated Hb.) in Diabetes Mellitus:

- HbA1C, also known as glycated haemoglobin, is the most important test for the assessment of long term blood glucose control(also called glycemic control).
- HbA1C reflects mean glucose concentration over pas 6-8 weeks and provides a much better indication of longterm glycemic control than blood glucose determination.
- HbA1c is formed by non-enzymatic reaction between glucose and Hb. This reaction is irreversible and therefore remains unaffected by short term fluctuations in blood glucose levels.
- Long term complications of diabetes such as retinopathy (Eye-complications), nephropathy (kidney-complications) and neuropathy (nerve complications), are potentially serious and can lead to blindness, kidney failure, etc. - Glyemic control monitored by HbA1c measurement using HPLC method (GOLD STANDARD) is considered most important. (Ref. National Glycohaemoglobin Standardization Program - NGSP).

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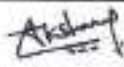
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Name : PRIYANKA VIKASKUMAR PARMAR Collected On : 09-Nov-2024 08:45
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Parameter	Result	Unit	Reference Interval
RENAL FUNCTION TEST			
Creatinine <i>Enzymatic, IDMS, Traceable</i>	0.67	mg/dL	0.6 - 1.1
Urea <i>Urease-GLDH, enzymatic UV</i>	24.3	mg/dL	13.0 - 40.0
BUN <i>Calculated</i>	11.36	mg/dL	7 - 23
Uric Acid <i>Enzymatic using TBHA</i>	3.4	mg/dL	2.6 - 6.2
Sodium <i>Direct ISE</i>	138.3	mmol/L	137 - 145
Potassium <i>Direct ISE</i>	4.52	mmol/L	3.6 - 5.0
Chloride <i>Direct ISE</i>	95.3	mmol/L	94 - 110
Ionized Calcium <i>Direct ISE</i>	4.89	mg/dL	4.4 - 5.4

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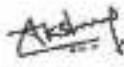
LIPID PROFILE

Cholesterol <i>CHOD-PAP method</i>	192	mg/dL	Desirable : < 200.0 Borderline High : 200-239 High : > 240.0
Triglyceride <i>Enzymatic with GPO method</i>	89.5	mg/dL	Normal : < 150.0 Borderline : 150-199 High : 200-499 Very High : > 500.0
VLDL <i>Calculated</i>	17.90	mg/dL	15 - 35
LDL CHOLESTEROL	124.00	mg/dL	Optimal : < 100.0 Near / above optimal : 100-129 Borderline High : 130-159 High : 160-189 Very High : >190.0
HDL Cholesterol <i>Magnetic Cholesterol Oxidase</i>	50.1	mg/dL	Low : < 40 High : > 60
Cholesterol /HDL Ratio <i>Calculated</i>	3.83		0 - 5.0
LDL / HDL RATIO <i>Calculated</i>	2.48		0 - 3.5
Total Lipids <i>Calculated</i>	523.00		400 - 1000

- Pre-analytical requirements for given tests are -Fasting status anywhere between 10-12 hours before collection. Avoid alcohol beverages before lipid panel - minimum 24 hrs.
- Lipid profile results can be erroneous if pre-analytical requirements are not met properly
- Any medical decision based on test results is to be taken with 2 or more consecutive results suggesting pattern.
- Please note that any lipid lowering drug may interfere in results estimation.
- Sudden commencement or sudden withdrawal of Lipid lowering drug will interfere with test result.

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THYROID FUNCTION TEST

T3 (Triiodothyronine) <small>CMA</small>	0.79	ng/mL	0.6 - 1.81
T4 (Thyroxine) <small>CMA</small>	4.89	µg/dL	4.5 - 12.5
TSH <small>ELFA-Enzyme Linked Fluorescent Assay</small>	3.710	µIU/ml	0.35 - 4.94

Thyroid stimulating hormone (TSH) is synthesized and secreted by the anterior pituitary in response to a negative feedback mechanism involving concentrations of FT3 (free T3) and FT4 (free T4). Additionally, the hypothalamic tripeptide, thyrotropin-releasing hormone (TRH) directly stimulates TSH production. TSH stimulates thyroid cell production and hypertrophy, also stimulate the thyroid gland to synthesize and secrete T3 and T4. Quantification of TSH is significant to differentiate primary (thyroid) from secondary (pituitary) and tertiary/hypothalamic hypothyroidism. In primary hypothyroidism, TSH levels are significantly elevated, while in secondary and tertiary hypothyroidism, TSH levels are low.

TSH levels During Pregnancy:

First Trimester : 0.1 to 2.5 µIU/mL

Second Trimester : 0.2 to 3.0 µIU/mL


Third trimester : 0.3 to 3.0 µIU/mL

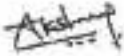
Reference : Carl A. Burtis, Edward R. Ashwood, David E. Bruns, Tietz Textbook of Clinical Chemistry and Molecular Diagnostics, 5th Edition.

Philadelphia, WB Saunders, 2012:2170

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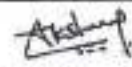
BLOOD GROUP & RH

SPECIMEN: EDTA AND SERUM; METHOD: HAEMAGGLUTINATION

ABO	'B'
Rh (D)	Positive

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