Barcode No.	: M388796		
Patient NAME	: Mrs. SNEHA KUMARI	Age / Sex	: 31.11 YRS / Female
Sample Coll. DATE	: 26-Oct-2024 10:02 AM		
UHID	: 302581	Sample Receiving DATE	: 26-Oct-2024 11:55 AM
IPD No. / Ward	: /	Reporting DATE	: 26-Oct-2024 12:01 PM
Referring Doctor	: Dr. Rakesh Malhotra (H)	Approved DATE	: 26-Oct-2024 03:34 PM
Passport No.	:		

DEPARTMENT OF HAEMATOLOGY

Complete Haemogram* *(Specimen : EDTA)*

Date	Status	26/Oct/24 05:23PM	Unit	Bio Ref Interval
Haemoglobin *(whole blood/photometric method)*	L	**10.7**	g/dl	13.0-17
Total Leucocyte Count (TLC) *(whole blood/impedence method)*		9400	cells/c.mm	4000-10000
Neutrophil		68.6	%	45-70
Lymphocyte		21.2	%	20-40
Eosinophils		3.6	%	1.0-5.0
Monocytes		6.5	%	2.0-10.0
Basophils		0.1	%	0.0-1.0
Packed Cell Volume (PCV) *(whole blood,calculation)*	L	**34.4**	%	36-46
Red Blood Cell Count *(whole blood,impedence method)*	H	**5.7**	million/c.mm	3.8-4.8
Mean Cell Volume (MCV) *(whole blood,calculated)*	L	**60.1**	fl	83-101
Mean Cell Haemoglobin (MCH) *(whole blood,calculated)*	L	**18.6**	pg	27-32
MCHC *(whole blood,calculated)*	L	**31.0**	g/dl	31.5-34.5
RDW - CV		14.7	%	11.0-16.0
Platelet Count *(whole blood,impedence method)*	L	**1.30**	lakh/c.mm	1.5-4.0
MPV (Mean Platelet Volume)		9.6	fL	6.5-12.0
ESR	H	**17**	mm/Hr	0-15

Interpretation :
Complete Haemogram* : EDTA Whole Blood-Tests done on Automated Five Part Cell Counter.(Hb is performed by photometric method,WBC,RBC,Platelet Count by impedence method,WBC differential by Flow Cytometry technology other parameters calculated) All Abnormal Haemograms are reviewed confirmed microscopically.

Prepared By : Miss. POOJA VERMA

Printed By : Mr. KAMAL VERMA

These values are only indicative not confirmatory of diagnosis, Kindly correlate clinically.
(*) Test conducted under NABL scope MC-3302,Neo Hospital Laboratory, Noida.

Barcode No.	: M388796	Age / Sex	: 31.11 YRS / Female
Patient NAME	: Mrs. SNEHA KUMARI		
Sample Coll. DATE	: 26-Oct-2024 02:39 PM	Sample Receiving DATE	: 26-Oct-2024 02:53 PM
UHID	: 302581	Reporting DATE	: 26-Oct-2024 05:23 PM
IPD No. / Ward	: /	Approved DATE	: 26-Oct-2024 05:57 PM
Referring Doctor	: Dr. Rakesh Malhotra (H)		
Passport No.	:		

DEPARTMENT OF BIOCHEMISTRY

Blood Sugar Fasting* *(Specimen : FLUORIDE)*

Date	Status	26/Oct/24 05:23PM	Unit	Bio Ref Interval
Blood Sugar Fasting		98.0	mg/dl	70-100

Blood Sugar Post Prandial* *(Specimen : FLUORIDE)*

Date	Status	26/Oct/24 05:57PM	Unit	Bio Ref Interval
Blood Sugar Post Prandial		105.0	mg/dl	70.0-140.0

Prepared By : Miss. POOJA VERMA

Printed By : Mr. KAMAL VERMA

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Barcode No.	: M388796	Age / Sex	: 31.11 YRS / Female
Patient NAME	: Mrs. SNEHA KUMARI		
Sample Coll. DATE	: 26-Oct-2024 10:02 AM	Sample Receiving DATE	: 26-Oct-2024 11:55 AM
UHID	: 302581	Reporting DATE	: 26-Oct-2024 12:20 PM
IPD No. / Ward	: /	Approved DATE	: 26-Oct-2024 03:34 PM
Referring Doctor	: Dr. Rakesh Malhotra (H)		
Passport No.	:		

DEPARTMENT OF BIOCHEMISTRY

KFT (Kidney Function Test)* *(Specimen : SERUM)*

Date	Status	26/Oct/24 05:23PM	Unit	Bio Ref Interval
Blood Urea *(urease with indicator dye)*		26.0	mg/dl	15.0-37.0
Serum Creatinine *(enzymatic(creatinine amidohydrolase))*		0.7	mg/dl	0.52-1.04
Uric Acid *(uricase/peroxidase)*		5.9	mg/dl	2.5-6.2
Sodium (Na+) *(direct ion selective mode)*		137.0	mmol/L	137.0-145.0
Potassium (K+) *(direct ion selective mode)*	H	**5.2**	mmol/L	3.5-5.1
Chloride (Cl-) *(direct ion selective mode)*		103.0	mmol/L	98.0-107.0
Serum Calcium *(arsenazo dye)*		9.4	mg/dl	8.4-10.2
Phosphorus Serum *(phosphomolybdate reduction)*		3.6	mg/dl	2.5-4.5
Alkaline Phosphatase (ALP) *(4-nitrophenyl phosphate(pnpp)/amp)*		95.0	U/L	38.0-126.0
Total protein *(biuret(alkaline cupric sulphate))*		7.7	gm/dl	6.3-8.2
Albumin *(bromocresol green dye binding)*		4.8	gm/dl	3.5-5.0
Albumin/Globulin Ratio (Calculated) *(calculated)*		1.7	Ratio	1.0-2.1
eGFR *(calculated)*		97.6	mL/min	-

Lipid Profile* *(Specimen : SERUM)*

Date	Status	26/Oct/24 05:23PM	Unit	Bio Ref Interval
Total Cholesterol *(serum/enzymatic(che,cho/pod))*		178.0	mg/dl	<200
Triglyceride *(serum/enzymatic(lipase/gk/gpo/pod)without correction for free glycerol)*	H	**166.0**	mg/dl	<150.0
HDL Cholesterol *(serum/phosphotungstic acid/mgcl2+enzymatic)*		48.0	mg/dl	>40.0
LDL		96.8	mg/dl	<100.0

Prepared By : Miss. POOJA VERMA

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Barcode No.	: M388796	Age / Sex	: 31.11 YRS / Female
Patient NAME	: Mrs. SNEHA KUMARI		
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DEPARTMENT OF BIOCHEMISTRY

(calculation)				
VLDL *(calculation)*	H	33.2	mg/dl	<30
LDL/HDL Ratio *(calculation)*		2.02		<3.6
Total Cholesterol : HDL Ratio *(calculation)*		3.71		<5.0

Interpretation :
Lipid Profile* :

NATIONAL LIPID ASSOCIATION RECOMMENDATIONS (NLA-2014)	TOTAL CHOLESTEROL in mg/dL	TRIGLYCERIDE in mg/dL	LDL CHOLESTEROL in mg/dL	NON HDL CHOLESTEROL in mg/dL
Optimal	<200	<150	<100	<130
Above Optimal	-	-	100-129	130 - 159
Borderline High	200-239	150-199	130-159	160 - 189
High	>=240	200-499	160-189	190 - 219
Very High		>=500	>=190	>=220

Note:

1. **Measurements in the same patient can show physiological& analytical variations. Three serial samples 1 week apart are recommended for Total Cholesterol, Triglycerides, HDL& LDL Cholesterol.**
2. **As per NLA-2014 guidelines, all adults above the age of 20 years should be screened for lipid status. Selective screening of children above the age of 2 years with a family history of premature cardiovascular disease or those with at least one parent with high total cholesterol is recommended.**
3. **Low HDL levels are associated with increased risk forAtherosclerotic Cardiovascular disease (ASCVD) due to insufficient HDL being available to participate in reverse cholesterol transport, the process by which cholesterol is eliminated from peripheral tissues.**
4. **NLA-2014identifies Non HDL Cholesterol(an indicator of all atherogeniclipoproteins such as LDL , VLDL, IDL, Lpa, Chylomicron remnants)along with LDL-cholesterol as co- primary target for cholesterol lowering therapy. Note that major risk factors can modify treatment goals for LDL &Non HDL.**

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Barcode No.	: M388796	Age / Sex	: 31.11 YRS / Female
Patient NAME	: Mrs. SNEHA KUMARI		
Sample Coll. DATE	: 26-Oct-2024 12:00 PM	Sample Receiving DATE	: 26-Oct-2024 12:29 PM
UHID	: 302581	Reporting DATE	: 26-Oct-2024 05:02 PM
IPD No. / Ward	: /	Approved DATE	: 26-Oct-2024 05:43 PM
Referring Doctor	: Dr. Rakesh Malhotra (H)		
Passport No.	:		

DEPARTMENT OF CLINICAL PATHOLOGY

Urine for Sugar Fasting* *(Specimen : URINE)*

Date	Status	26/Oct/24 07:54PM	Unit	Bio Ref Interval
Urine for Sugar Fasting		NIL		-

Prepared By : Miss. POOJA VERMA

Printed By : Mr. KAMAL VERMA

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Barcode No.	: M388796	Age / Sex	: 31.11 YRS / Female
Patient NAME	: Mrs. SNEHA KUMARI		
Sample Coll. DATE	: 26-Oct-2024 02:39 PM	Sample Receiving DATE	: 26-Oct-2024 02:53 PM
UHID	: 302581	Reporting DATE	: 26-Oct-2024 07:54 PM
IPD No. / Ward	: /	Approved DATE	: 26-Oct-2024 08:24 PM
Referring Doctor	: Dr. Rakesh Malhotra (H)		
Passport No.	:		

DEPARTMENT OF CLINICAL PATHOLOGY

Urine for Sugar PP* *(Specimen : URINE)*

Date	Status	26/Oct/24 08:24PM	Unit	Bio Ref Interval
Urine for Sugar PP		NIL		-

Prepared By : Miss. POOJA VERMA

Printed By : Mr. KAMAL VERMA

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Barcode No.	: M388796	Age / Sex	: 31.11 YRS / Female
Patient NAME	: Mrs. SNEHA KUMARI		
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UHID	: 302581	Reporting DATE	: 26-Oct-2024 12:20 PM
IPD No. / Ward	: /	Approved DATE	: 26-Oct-2024 03:34 PM
Referring Doctor	: Dr. Rakesh Malhotra (H)		
Passport No.	:		

DEPARTMENT OF BIOCHEMISTRY

LFT PANEL (LIVER FUNCTION TEST) *(Specimen : SERUM)*

Date	Status	26/Oct/24 05:23PM	Unit	Bio Ref Interval
Bilirubin Total	H	**1.5**	mg/dl	0.2-1.3
Bilirubin Direct	H	**0.9**	mg/dl	0.0-0.3
Bilirubin Indirect		0.6	mg/dl	0.0-1.1
Aspartate Transaminase (SGOT, AST)		28.0	U/l	14.0-36.0
SGPT, ALT (Alanine Transaminase)	H	44.0	U/L	<35.0
Alkaline Phosphatase (ALP)		95.0	U/L	38.0-126.0
Total protein		7.7	gm/dl	6.3-8.2
Albumin		4.8	gm/dl	3.5-5.0
Albumin/Globulin Ratio (Calculated)		1.7	Ratio	1.0-2.1
GGT (Gamma Glutamyl Transpeptidase)	H	**44.0**	U/L	12.0-43.0

*** End Of Report ***

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Prepared By : Miss. POOJA VERMA

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NABH ACCREDITED Certificate No. H-2018-0549

Barcode No.	: M388796	Age / Sex	: 31.11 YRS / Female
Patient NAME	: Mrs. SNEHA KUMARI		
Sample Coll. DATE	: 26-Oct-2024 10:02 AM	Sample Receiving DATE	: 26-Oct-2024 11:55 AM
UHID	: 302581	Reporting DATE	: 26-Oct-2024 01:09 PM
IPD No. / Ward	: /	Approved DATE	: 26-Oct-2024 03:34 PM
Referring Doctor	: Dr. Rakesh Malhotra (H)		
Passport No.	:		

DEPARTMENT OF HAEMATOLOGY

BLOOD GROUPING (ABO AND RH) *(Specimen : EDTA)*

Date	Status	26/Oct/24 05:23PM	Unit	Bio Ref Interval
Blood Group *(aggultination method)*		"B"		-
Rh Type *(aggultination method)*		POSITIVE		-

Prepared By : Mr. NAZIM ALI

Printed By : Mr. KAMAL VERMA

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Barcode No.	: M388796	Age / Sex	: 31.11 YRS / Female
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IPD No. / Ward	: /	Approved DATE	: 26-Oct-2024 03:34 PM
Referring Doctor	: Dr. Rakesh Malhotra (H)		
Passport No.	:		

DEPARTMENT OF IMMUNOLOGY

Free Thyroid Profile (FT3, FT4, TSH) *(Specimen : SERUM)*

Date	Status	26/Oct/24 05:23PM	Unit	Bio Ref Interval
FT3		2.95	pg/ml	1.4-5.6
FT4		1.23	ng/dL	0.67-1.71
TSH		1.42	µIU/ml	0.25-5.00

Interpretation :
Free Thyroid Profile (FT3, FT4, TSH) :

Interpretation:-

TSH	T3 / FT3	T4 / FT4	Suggested Interpretation for the Thyroid Function Tests Pattern
Within Range	Decreased	Within Range	. Isolated Low T3-often seen in elderly & associated Non-Thyroidal illness. In elderly the drop in T3 level can be upto 25%.
Raised	Within Range	Within Range	.Isolated High TSH especially in the range of 4.7 to 15 mIU/ml is commonly associated with Physiological & Biological TSH Variability. .Subclinical Autoimmune Hypothyroidism .Intermittent T4 therapy for hypothyroidism .Recovery phase after Non-Thyroidal illness
Raised	Decreased	Decreased	.Chronic Autoimmune Thyroiditis .Post thyroidectomy,Post radioiodine .Hypothyroid phase of transient thyroiditis
Raised or within Range	Raised	Raised or within Range	.Interfering antibodies to thyroid hormones (anti-TPO antibodies) .Intermittent T4 therapy or T4 overdose .Drug interference- Amiodarone, Heparin,Beta blockers,steroids, anti-epileptics
Decreased	Raised or within Range	Raised or within Range	.Isolated Low TSH -especially in the range of 0.1 to 0.4 often seen in elderly & associated with Non-Thyroidal illness .Subclinical Hyperthyroidism .Thyroxine ingestion
Decreased	Decreased	Decreased	.Central Hypothyroidism .Non-Thyroidal illness .Recent treatment for Hyperthyroidism (TSH remains suppressed)
Decreased	Raised	Raised	.Primary Hyperthyroidism (Graves disease),Multinodular goitre, Toxic nodule .Transient thyroiditis:Postpartum, Silent (lymphocytic), Postviral (granulomatous,subacute, DeQuervains),Gestational thyrotoxicosis with hyperemesis gravidarum

Prepared By : Mr. NAZIM ALI

Printed By : Mr. KAMAL VERMA

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Barcode No.	: M388796	Age / Sex	: 31.11 YRS / Female
Patient NAME	: Mrs. SNEHA KUMARI		
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DEPARTMENT OF IMMUNOLOGY

Decreased or within Range	Raised	Within Range	.T3 toxicosis .Non-Thyroidal illness

Prepared By : Mr. NAZIM ALI

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Passport No.	:		

DEPARTMENT OF BIOCHEMISTRY

HbA1c *(Specimen : EDTA)*

Date	Status	26/Oct/24 05:23PM	Unit	Bio Ref Interval
HbA1c		5.3	%	-<5.7
AVERAGE BLOOD SUGAR		105.0	MG/DL	-<117

Interpretation :
HbA1c :
Hba1c:

Reference Group	As per American Diabetes Association (ADA) HbA1c in %
Non- diabetic adults	<5.7%
Pre- diabetic	5.7-6.4 %
Diabetic	>or = 6.5%
ADA Target	>7.0
Action suggested	>8.0

Glycation is nonenzymatic addition of sugar residue to amino groups of proteins. HbA1C is formed by condensation of glucose with n-terminal valine residue of each beta chain of hb a to form an unstable schiff base. It is the major fraction, constituting approximately 80% of HbA1. Formation of glycated hemoglobin (GHb) is essentially irreversible and the concentration in the blood depends on both the lifespan of red blood cells(120 days) and the blood glucose concentration. the GHB concentration represents the integrated values for glucose over a period of 6 to 8 weeks. GHb values are free of day to day glucose fluctuations and are unaffected by recent exercise or food ingestion. Concentration of plasma glucose concentration in GHb depends on the time interval, with the most recent values providing a larger contribution than earlier values. The interpretation of GHb depends on RBC having normal life span. Patients with hemolytic disease or other conditions with shortened RBC survival exhibit a substantial reduction of GHb. High GHb is been reported in iron deficiency anaemia.

Though HbA1C is a direct measure of long term sugar levels, diabetes is not the only cause of high value. Sleep disorders, gum disease, H.Pylori infection, chronic inflammation, and anemia can also increase HbA1c.
Iron deficiency anemia as well asB12 or folate deficiency anemia may cause A1C to be falsely elevated.
Several medical and substance have also been reported to falsely elevated A1c including lead poisoning, chronic ingestion of alcohol, salicylates and opioids. Ingestion of vitamin C may increase A1C when measured by electrophoresis.

*** End Of Report ***

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Prepared By : Mr. NAZIM ALI

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Certificate No. H-2018-0549 Certificate No. : MC-3302

Barcode No.	: M388796		
Patient NAME	: Mrs. SNEHA KUMARI	Age / Sex	: 31.11 YRS / Female
Sample Coll. DATE	: 26-Oct-2024 12:00 PM		
UHID	: 302581	Sample Receiving DATE	: 26-Oct-2024 12:29 PM
IPD No. / Ward	: /	Reporting DATE	: 26-Oct-2024 05:03 PM
Referring Doctor	: Dr. Rakesh Malhotra (H)	Approved DATE	: 26-Oct-2024 05:43 PM
Passport No.	:		

DEPARTMENT OF CLINICAL PATHOLOGY

URINE ROUTINE

SAMPLE: URINE

	OBSERVED VALUE	UNIT	REFERENCE RANGE
PHYSICAL EXAMINATION			
VOLUME(visual observation)	30	mL	N/A
COLOUR(visual observation)	PALE YELLOW		PALE YELLOW
TRANSPARENCY (APPEARANCE)(visual observation)	CLEAR		CLEAR
SPECIFIC GRAVITY(automated multistrips,colour reaction/Pka change)	1.010		1.005 TO 1.030
pH(automated multistrips double indicator method)	6.0		5-7
CHEMICAL EXAMINATION			
PROTEIN (ALBUMIN)automated multistrips)protein error of pH),sulphosalicylic acid method.	NIL		NIL
GLUCOSE(automated multistrips,(enzyme reaction) benedicts method	NIL		NIL
KETONE BODIES(automated multistrips,rotheras method)	NEGATIVE		NEGATIVE
BILIRUBIN(automated multistrips,fouchets method)	NEGATIVE		NEGATIVE
UROBILINOGEN(automated multistrips,ehrlichs aldehyde method)	NORMAL		NORMAL (1mg/dL)
BLOOD(automated multistrips ,bencidine method)	ABSENT		ABSENT
MICROSCOPIC EXAMINATION			
PUS CELLS(light microscopy)	1-2	/hpf	0-5
RED BLOOD CELLS(light microscopy)	0	/hpf	0-3
EPITHELIAL CELLS(light microscopy)	1-2	/hpf	0-5
CASTS(light microscopy)	ABSENT		ABSENT

Prepared By : Mr. ASLAM AHMAD KHAN

Printed By : Mr. KAMAL VERMA

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DEPARTMENT OF CLINICAL PATHOLOGY

CRYSTALS(light microscopy)	ABSENT		ABSENT
OTHERS(light microscopy)	-		-

Note: **1.**Chemical examination through Dipstick includes test methods as Protein(Protein Error Principle),Glucose (GOD-POD),Ketone(Legals Test), Bilirubin(Azo-Diazo reaction),Urobilinogen (Diazonium ion Reaction).All abnormal results of chemical examination are confirmed by manual methods.

2.Pre-test conditions to be observed while submitting the sample-First void,mid-stream urine,collect in a clean,dry,sterile container is recommended for routine urine analysis.,avoid contamination with any discharge from vaginal ,urethra,perineum,as applicable ,avoid prolonged transist time&undue exposure to sunlight.

3.During interpretation,Trace proteinuria can be seen with many physiological conditions like prolonged recumbency,excercise,high protein diet.False positive reactions for bile pigments,proteins,glucose can be caused by peroxidase like activity by disinfectants,therapeutic dyes,ascorbic acid and certain drugs.

4.All urine samples are checked for adequacy and suitability before examination.

*** End Of Report ***

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Prepared By : Mr. ASLAM AHMAD KHAN

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ID: [redacted] 26/10/24

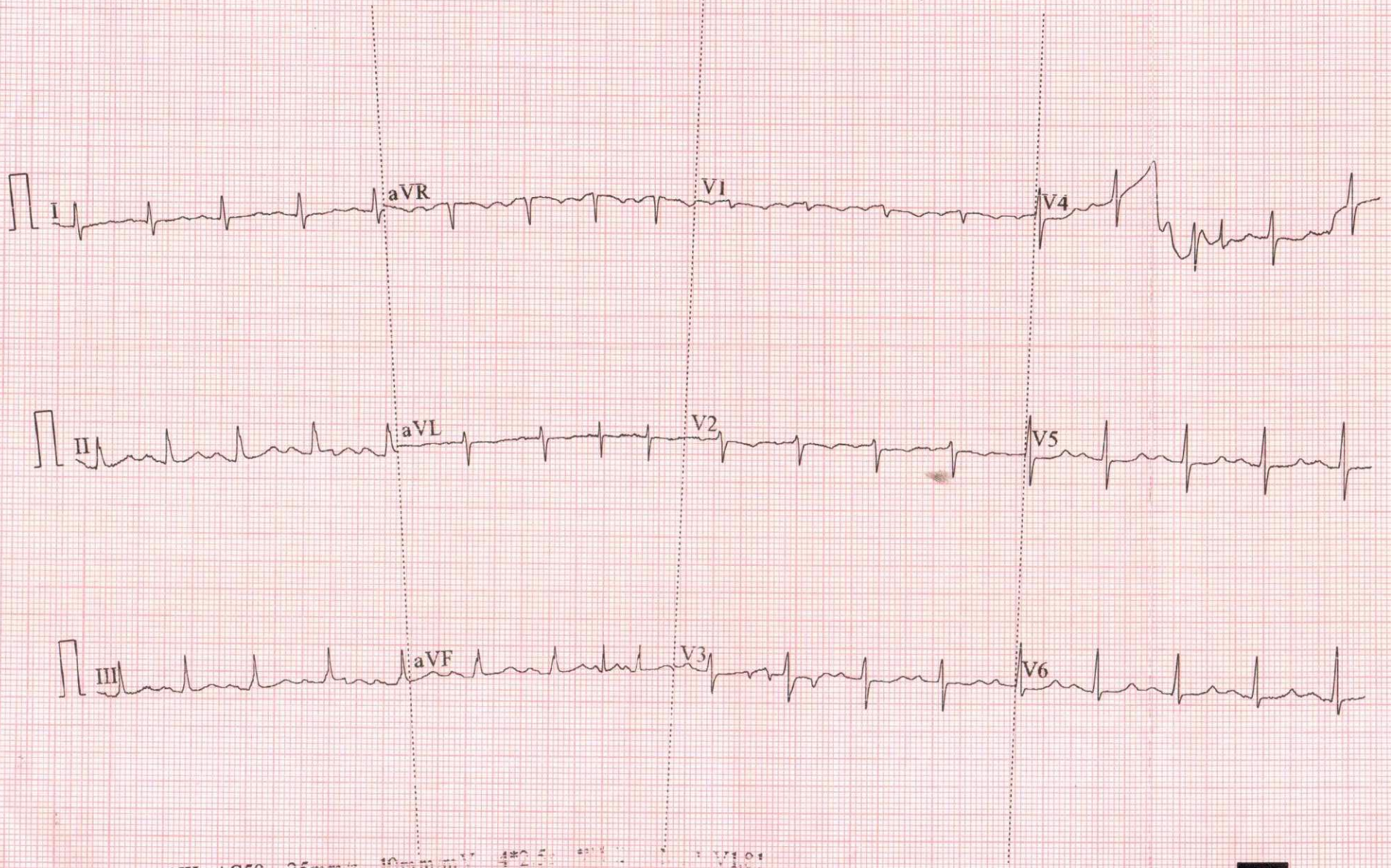
Female Years

HR	: 106	bpm	
P	: 110	ms	
PR	: 178	ms	
QRS	: 87	ms	
QT/QTc	: 344/457	ms	
P/QRS/T	: 66/77/66	°	
RV5/SV1	: 0.737/0.158	mV	

Diagnosis Information:
Sinus Tachycardia
QS Wave in lead V1
Inverted T Wave(V1,V2)

Mrs. Sneha Kumari
Age- 31/F

Report Confirmed by:



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NABH ACCREDITED Certificate No. H-2018-0549 Certificate No. : MC-3302

Barcode No.	: M388796	Age / Sex	: 31.11 YRS / Female
Patient Name	: **Mrs. SNEHA KUMARI**	Registration Date	: 26-Oct-2024 09:50 AM
IPD No.	:	Reporting Date	: 26-Oct-2024 12:28 PM
UHID	: 302581	Approved Date	: 28-Oct-2024 10:46 AM
Referring Doctor	: **Dr. Rakesh Malhotra (H)**		
Passport No.	:		

DEPARTMENT OF CARDIOLOGY

ECHOCARDIOGRAPHY REPORT

MITRAL VALVE

Morphology AML-**Normal**/Thickening/Calcification/Flutter/Vegetation/Prolapse/SAM/Doming.
PML-**Normal**/Thickening/Calcification/Prolapes/Paradoxical motion/Fixed.
Subvalvular deformity Present/**Absent**.

Doppler **Normal**/Abnormal E/A=92/63, **E>A** Score:_____
Mitral Stenosis Present/**Absent** A>E S>D
RR Interval_____msec
EDG___mmHg MDG_____mmHg MVA_____cm^2
Mitral Regurgitation **Absent**/Trivial/Mild/Moderate/Severe.

TRICUSPID VALVE

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

Doppler **Normal**/Abnormal TRICSPID VALVE=141 cm/s.
Tricuspid stenosis Present/**Absent**
EDG_____mmHg MDG_____mmHg RR Interval_____msec.
Tricuspid regurgitation **Absent**/Trivial/Mild/Moderate/Severe Fragmented Signals
Velocity_____msec Pred.RVSP =mmHg

PULMONARY VALVE

Morphology **Normal**/Atresia/Thickening/Doming/Vegetation

Doppler **Normal**/Abnormal PULMONARY VALVE= 90cm/s.
Pulmonary stenosis Present/**Absent** Level
PSG_____mmHg Pulmonary annulus____mm
Pulmonary regurgitation Present/**Absent**
Early diastolic gradient_____mmHg End diastolic gradient___mmHg

AORTIC VALVE

Morphology **Normal**/Thickening/Calcification/Restricted opening/Flutter/Vegetation
No. of cusps 1/2/3/4

Doppler **Normal**/Abnormal AORTIC VALVE=122cm/s.
Aortic stenosis Present/**Absent** Level
PSG_____mmHg Aortic annulus_____mm
Aortic regurgitation **Absent**/Trivial/Mild/Moderate/Severe.

Prepared By : Mrs. Geeta

Printed By : Mrs. Geeta

Barcode No.	: M388796	Age / Sex	: 31.11 YRS / Female
Patient Name	: **Mrs. SNEHA KUMARI**	Registration Date	: 26-Oct-2024 09:50 AM
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DEPARTMENT OF CARDIOLOGY

Measurements		Normal Valves
Aorta	2.5	(2.0-3.7 cm)
LV es	2.0	(2.2-4.0 cm)
IVSed	1.0/1.5	(0.6-1.1 cm)
RVed		(0.7-2.6 cm)
LVVd (ml)		
EF	60%	(54%-76%)
IVS		

Measurements		Normal Valves
LA es	3.2	(1.9-4.0 cm)
LV ed	3.0	(3.7-5.6 cm)
PW (LV)	1.0/1.6	(0.6-1.1 cm)
RV Anterior Wall		(upto 5 cm)
LVVs (ml)		
IVS motion		**Normal**/Flat/Paradoxical
Any Other		

CHAMBERS

LV — **Normal**/Enlarged/**Clear**/Thrombus/Hypertrophy, Contraction

Normal/Reduced/Regional wall motion abnormality: **Nil**

LA — **Normal**/Enlarged/**Clear**/Thrombus
RA — **Normal**/Enlarged/**Clear**/Thrombus
RV — **Normal**/Enlarged/**Clear**/Thrombus
PERICARDIUM — **Normal**/Thickening/Calcification/Effusion

COMMENTS & SUMMARY

No RWMA, LVEF-60%
Normal cardiac chamber size
No MR/TR
No AR/AS
MIP-Normal
Intact IAS/IVS
No LA/LV clot
No clot, vegetation, pericardial effusion.

IMPRESSION

Normal study.

*** End Of Report ***

DR. SANJAY Kr. SHARMA
MD, DM (Cardiology)
FIMSA, FESC, FSCAI (USA)
Consultant Clinical & Interventional Cardiology

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NABH ACCREDITED
Certificate No. H-2018-0549

NAME:	**SNEHA KUMARI**	**AGE/SEX:**	**31.11 YRS /FEMALE**
UHID:	**302581**	**DATE**	**26-Oct-24**
REF. BY:	**DR.RAKESH MALHOTRA**		

USG WHOLE ABDOMEN

Liver is normal in size, shape and echotexture. No focal SOL noted. Vascular channels are clear. No evidence of IHBR dilatation.

Gall Bladder is well distended and reveals normal walls. No evidence of calculus or mass lesion. CBD & PV are normal.

Spleen is normal in size, shape and echotexture, measures ~ 10.3 cm.

Pancreas is normal in size, shape & echotexture.

Both Kidneys are normal in size, shape, position & echogenicity. CMD is maintained. No evidence of calculus or hydronephrosis.

Right kidney – 9.9 x 3.7 cm

Left kidney – 11.1 x 4.4 cm

Urinary Bladder is well distended with normal wall thickness. No calculi / mass lesion noted. No diverticulum noted.

Uterus is normal in size, shape and echotexture. No focal lesion noted. Endometrial echo is normal. Cervix is normal.

Hypoechoic cystic lesion of size ~ 3.1 x 3.0 cm is seen in the left ovary with thin internal reticulations.

Right ovary is normal.

No free fluid noted in peritoneal cavity.

IMPRESSION:

- **Hypoechoic cystic lesion in the left ovary with thin internal reticulations – *? Hemorrhagic cyst.***

Please correlate clinically

DR. VIJAY SINGH RAWAT
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CONSULTANT RADIOLOGIST

DR. SAGAR TOMAR
MD RADIODIAGNOSIS
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DR. ROHIT KUNDRA
MD RADIODIAGNOSIS
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This is a professional opinion based on imaging findings and not the diagnosis. It should be correlated clinically and with other relevant investigations to arrive at a proper conclusion. Not valid for medico-legal purpose.

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NABH "ACCREDITED"
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Barcode No.	: M388796	Age / Sex	: 31.11 YRS / Female
Patient Name	: **Mrs. SNEHA KUMARI**	Registration Date	: 26-Oct-2024 09:50 AM
IPD No.	:	Reporting Date	: 28-Oct-2024 11:03 AM
UHID	: 302581	Approved Date	: 28-Oct-2024 11:03 AM
Referring Doctor	: **Dr. Rakesh Malhotra (H)**		
Passport No.	:		

DEPARTMENT OF RADIOLOGY

X- RAY CHEST PA VIEW

Both lung fields are clear.

Hilar shadows are normal.

Both costophrenic angles are clear.

Cardiac silhouette is normal.

Bony thorax is normal.

Please correlate clinically

*** End Of Report ***

Dr. Vijay Singh Rawat
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(Consultant Radiologist)

Dr. Sagar Tomar
MD Radiodiagnosis,Fellow MSK MRI
(Consultant Radiologist)

Dr. Rohit Kundra
MD Radiodiagnosis
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Dr. Harshita Tripathi
MD Radiodiagnosis
(Consultant Radiologist)

Prepared By : Mrs. PRATIMA SHARMA