

3-Aug-2024 PM12:15:30

ID:

Name:

Sex: M  
cm kg

Birth date: /

mmHg

years

1100 Sinus rhythm  
4068 Nonspecific Twave abnormality  
9130 \*\* borderline ECG \*\*

Mrs. Shweta  
414/F

Medication:

Symptoms:

History:

Vent. rate

PR int

QRS dur

QT/QTc(E) int

P/QRS/T axis

RV5/SV1 amp

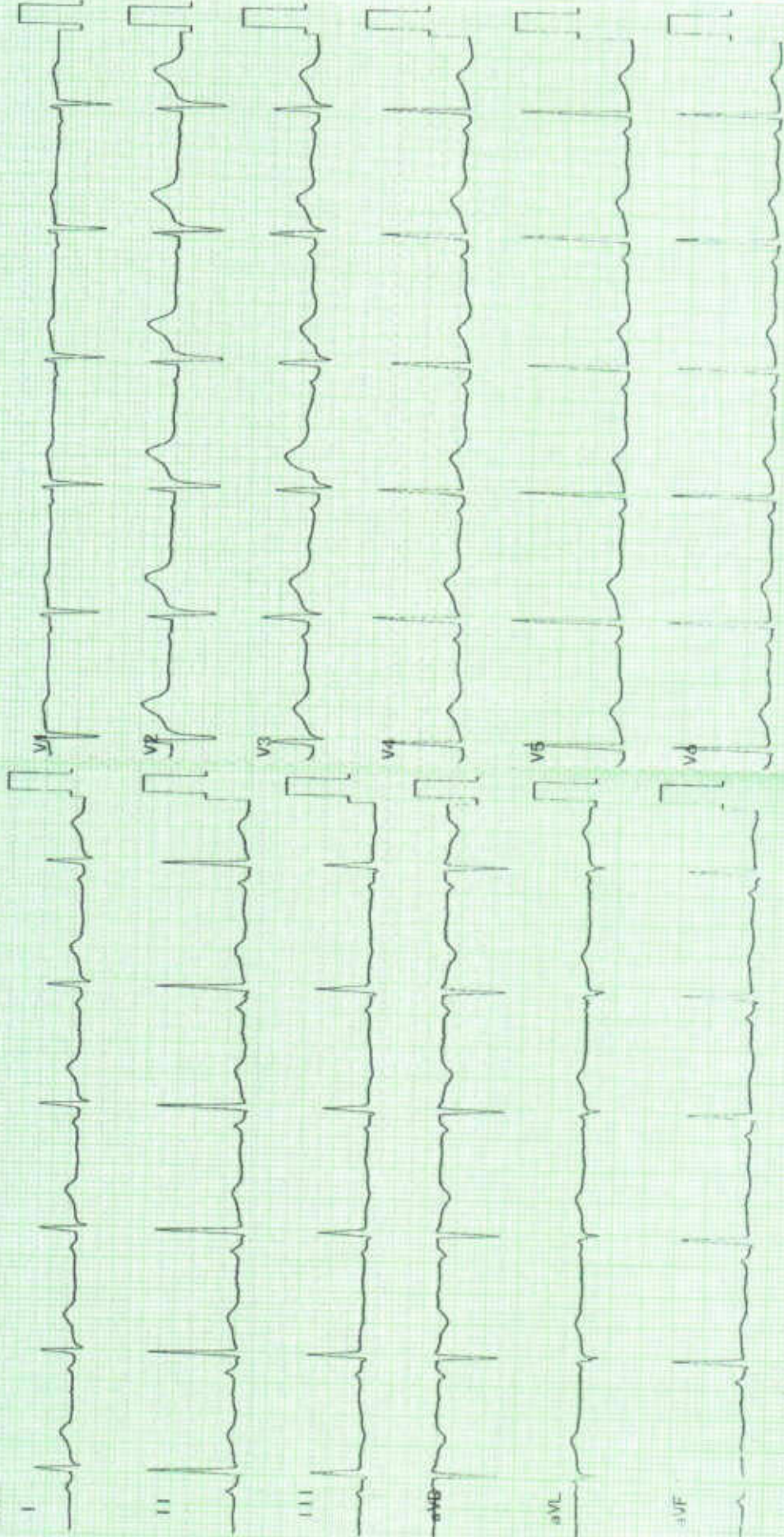
RV5+SV1 amp

73 bpm  
134 ms  
78 ms  
372/ 399 ms  
55/ 70/ 24 ms  
1.72/ 0.82 mV  
2.54 mV

10 mm/mV 25 mm/s Filter: H50 d 100 Hz

Unconfirmed Report  
Reviewed by:

10 mm/mV





NAME:	SHWETA	AGE/SEX:	41.0 YRS /Female
UHID:	295201	DATE	3-Aug-24
REF. BY:	DR.RAKESH MALHOTRA (H)		

**USG WHOLE ABDOMEN**

**Liver** is enlarged in size, measures 15.6 cm and shows generalized increased echogenicity. 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 10.7 cm.

**Pancreatic** head appears normal, Rest of the pancreas is obscured by bowel gas shadows.

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

**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 (7.3 mm). Cervix is normal.

**Both adnexa** are clear.

No free fluid noted in peritoneal cavity.

**IMPRESSION:**

- Hepatomegaly with grade I fatty liver.

Please correlate clinically



DR. VIJAY SINGH RAWAT  
DMRD, MD RADIOLOGIST  
CONSULTANT RADIOLOGIST

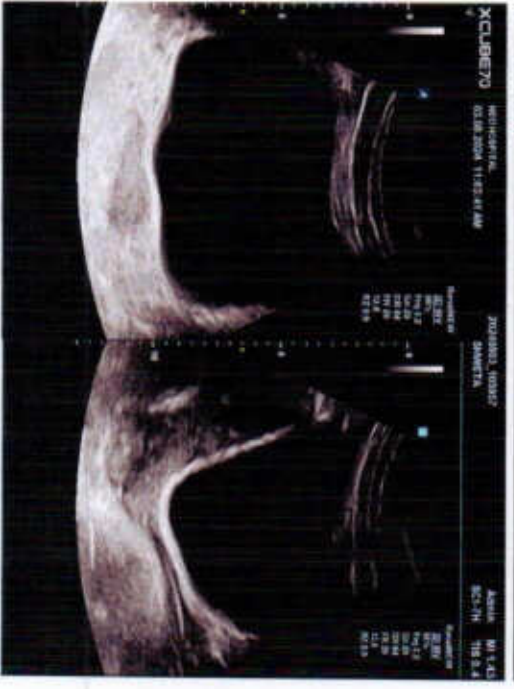
DR. SAGAR TOMAR  
MD RADIOLOGIST  
CONSULTANT RADIOLOGIST

DR. HARSHITA TRIPATHI  
MD RADIOLOGIST  
CONSULTANT RADIOLOGIST

DR. SHIVAM RASTOGI  
MD RADIOLOGIST  
CONSULTANT RADIOLOGIST

DR. ROHIT KUNDRA  
MD RADIOLOGIST  
CONSULTANT RADIOLOGIST

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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Certificate No. H-2018-0589 Certificate No. MC-1362

Barcode No.	: M358395		Age / Sex	: 41.0 YRS / Female
Patient NAME	: Mrs. SHWETA			
Sample Coll. DATE	: 03-Aug-2024 10:08 AM		Sample Receiving DATE	: 03-Aug-2024 11:39 AM
UHID	: 295201		Reporting DATE	: 03-Aug-2024 12:16 PM
IPD No. / Ward	: /		Approved DATE	: 03-Aug-2024 05:57 PM
Referring Doctor	: Dr. Rakesh Malhotra (H)			
Passport No.	:			

### DEPARTMENT OF BIOCHEMISTRY

#### Blood Sugar Fasting\* (Specimen : FLUORIDE)

Date	Status	Unit	Bio Ref Interval
	03/Aug/24 05:57PM		
Blood Sugar Fasting	92.0	mg/dl	70-100

Prepared By : Mrs. Anita

These values are only indicative not confirmatory. The new health care destination

Printed By : Mr. KAMAL VERMA




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Certificate No. H-2018-0548 Certificate No. MC-0387

Barcode No.	: M358395		Age / Sex	: 41.0 YRS / Female
Patient NAME	: Mrs. SHWETA			
Sample Coll. DATE	: 03-Aug-2024 10:08 AM		Sample Receiving DATE	: 03-Aug-2024 11:39 AM
UHID	: 295201		Reporting DATE	: 03-Aug-2024 12:08 PM
IPD No. / Ward	: /		Approved DATE	: 03-Aug-2024 05:57 PM
Referring Doctor	: Dr. Rakesh Malhotra (H)			
Passport No.	:			

## DEPARTMENT OF HAEMATOLOGY

### Complete Haemogram\* (Specimen : EDTA)

Date	Status	03/Aug/24 05:57PM	Unit	Bio Ref Interval
Haemoglobin <i>(whole blood/photometric method)</i>	L	12.3	g/dl	13.0-17
Total Leucocyte Count (TLC) <i>(whole blood/impedence method)</i>		5020	cells/c.mm	4000-10000
Neutrophil	H	74.3	%	45-70
Lymphocyte	L	19.1	%	20-40
Eosinophils	L	0.8	%	1.0-5.0
Monocytes		5.8	%	2.0-10.0
Basophils		0.0	%	0.0-1.0
Packed Cell Volume (PCV) <i>(whole blood,calculation)</i>	L	34.5	%	36-46
Red Blood Cell Count <i>(whole blood,impedence method)</i>	L	3.58	million/c.mm	3.8-4.8
Mean Cell Volume (MCV) <i>(whole blood,calculated)</i>		96.2	fl	83-101
Mean Cell Haemoglobin (MCH) <i>(whole blood,calculated)</i>	H	34.5	pg	27-32
MCHC <i>(whole blood,calculated)</i>	H	35.8	g/dl	31.5-34.5
RDW - CV	H	16.5	%	11.0-16.0
RDW - SD		54.0	fl	35.0-56.0
Platelet Count <i>(whole blood,impedence method)</i>	L	1.20	lakh/c.mm	1.5-4.0
MPV (Mean Platelet Volume)	H	13.7	fl	6.5-12.0
ESR		10	mm/Hr	0-15

#### Interpretation :

Complete Haemogram\* : EDTA Whole Blood-Tests done on Automated Five Part Cell Counter.( Hb is performed by photometric

Prepared By : Mrs. Anita

The new health care destination

Printed By : Mr. KAMAL VERMA

These values are only indicative not confirmatory of the disease.




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Certificate No. H-2018-0549 Certificate No. : MC-2380

Barcode No.	: M358395		Age / Sex	: 41.0 YRS / Female
Patient NAME	: Mrs. SHWETA			
Sample Coll. DATE	: 03-Aug-2024 10:08 AM		Sample Receiving DATE	: 03-Aug-2024 11:39 AM
UHID	: 295201		Reporting DATE	: 03-Aug-2024 12:08 PM
IPD No. / Ward	: /		Approved DATE	: 03-Aug-2024 05:57 PM
Referring Doctor	: Dr. Rakesh Malhotra (H)			
Passport No.	:			

### DEPARTMENT OF HAEMATOLOGY

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 : Mrs. Anita

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Printed By : Mr. KAMAL VERMA




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Certificate No. N-2018-5548 Certificate No. - MC-2302

Barcode No.	: M358395		Age / Sex	: 41.0 YRS / Female
Patient NAME	: Mrs. SHWETA			
Sample Coll. DATE	: 03-Aug-2024 10:08 AM		Sample Receiving DATE	: 03-Aug-2024 11:39 AM
UHID	: 295201		Reporting DATE	: 03-Aug-2024 12:16 PM
IPD No. / Ward	: /		Approved DATE	: 03-Aug-2024 05:57 PM
Referring Doctor	: Dr. Rakesh Malhotra (H)			
Passport No.	:			

## DEPARTMENT OF BIOCHEMISTRY

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

Date	Status	03/Aug/24 05:57PM	Unit	Bio Ref Interval
Blood Urea <i>(urease with indicator dye)</i>		26.0	mg/dl	15.0-37.0
Serum Creatinine <i>(enzymatic(creatinine amidohydrolase))</i>		0.8	mg/dl	0.52-1.04
Uric Acid <i>(uricase/oxidase)</i>		4.1	mg/dl	2.5-6.2
Sodium (Na+) <i>(direct ion selective mode)</i>		139.0	mmol/L	137.0-145.0
Potassium (K+) <i>(direct ion selective mode)</i>		4.7	mmol/L	3.5-5.1
Chloride (Cl-) <i>(direct ion selective mode)</i>		103.0	mmol/L	98.0-107.0
Serum Calcium <i>(arsenazo dye)</i>		9.5	mg/dl	8.4-10.2
Phosphorus Serum <i>(phosphomolybdate reduction)</i>		3.8	mg/dl	2.5-4.5
Alkaline Phosphatase (ALP) <i>(4-nitrophenyl phosphate(pnpp)/amp)</i>		70.0	U/L	38.0-126.0
Total protein <i>(biuret(alkaline cupric sulphate))</i>	H	8.3	gm/dl	6.3-8.2
Albumin <i>(bromocresol green dye binding)</i>		4.9	gm/dl	3.5-5.0
Albumin/Globulin Ratio (Calculated) <i>(calculated)</i>		1.4	Ratio	1.0-2.1
eGFR <i>(calculated)</i>		79.0	mL/min	-

### Lipid Profile\* (Specimen : SERUM)

Date	Status	03/Aug/24 05:57PM	Unit	Bio Ref Interval
Total Cholesterol <i>(serum/enzymatic(che,cho/pod))</i>		156.0	mg/dl	<200
Triglyceride <i>(serum/enzymatic(ipase/gk/gpo/pod)without correction for free glycerol)</i>		126.0	mg/dl	<150.0
HDL Cholesterol <i>(serum/phosphotungstic acid/mgcl2+enzymatic)</i>	L	36.0	mg/dl	>40.0
LDL		94.8	mg/dl	<100.0

Prepared By : Mrs. Anita

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Printed By : Mr. KAMAL VERMA

These values are only indicative not confirmatory.





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Certificate No. AI-2018-6549

Certificate No. NC-3087

Barcode No.	: M358395		Age / Sex	: 41.0 YRS / Female
Patient NAME	: Mrs. SHWETA			
Sample Coll. DATE	: 03-Aug-2024 10:08 AM	Sample Receiving DATE	: 03-Aug-2024 11:39 AM	
UHID	: 295201	Reporting DATE	: 03-Aug-2024 12:16 PM	
IPD No. / Ward	: /	Approved DATE	: 03-Aug-2024 05:57 PM	
Referring Doctor	: Dr. Rakesh Malhotra (H)			
Passport No.	:			

### DEPARTMENT OF BIOCHEMISTRY

(calculation)

VLDL	25.2	mg/dl	<30
(calculation)			
LDL/HDL Ratio	2.63		<3.6
(calculation)			
Total Cholesterol : HDL Ratio	4.33		<5.0
(calculation)			

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 for Atherosclerotic 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-2014 identifies Non HDL Cholesterol (an indicator of all atherogenic lipoproteins such as LDL, VLDL, IDL, Lp(a), 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.	: M358395		Age / Sex	: 41.0 YRS / Female
Patient NAME	: Mrs. SHWETA			
Sample Coll. DATE	: 03-Aug-2024 08:39 PM		Sample Receiving DATE	: 03-Aug-2024 09:04 PM
UHID	: 295201		Reporting DATE	: 04-Aug-2024 05:34 AM
IPD No. / Ward	: /		Approved DATE	: 04-Aug-2024 01:14 PM
Referring Doctor	: Dr. Rakesh Malhotra (H)			
Passport No.	:			

DEPARTMENT OF CLINICAL PATHOLOGY

Urine for Sugar Fasting\* (Specimen : URINE)


Date	Status	Unit	Bio Ref Interval
04/Aug/24 01:14PM	NIL		



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Certificate No. 15-2018-0549 Certificate No. MC-1302

Barcode No. : M358395  Age / Sex : 41.0 YRS / Female  
Patient NAME : Mrs. SHWETA  
Sample Coll. DATE : 03-Aug-2024 10:08 AM Sample Receiving DATE : 03-Aug-2024 11:39 AM  
UHID : 295201 Reporting DATE : 03-Aug-2024 12:16 PM  
IPD No. / Ward : / Approved DATE : 03-Aug-2024 05:57 PM  
Referring Doctor : Dr. Rakesh Malhotra (H)  
Passport No. :

### DEPARTMENT OF BIOCHEMISTRY

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

Date	Status	03/Aug/24 05:57PM	Unit	Bio Ref Interval
Bilirubin Total		1.0	mg/dl	0.2-1.3
Bilirubin Direct		0.2	mg/dl	0.0-0.3
Bilirubin Indirect		0.8	mg/dl	0.0-1.1
Aspartate Transaminase (SGOT, AST)		29.0	U/l	14.0-36.0
SGPT, ALT (Alanine Transaminase)		24.0	U/L	<35.0
Alkaline Phosphatase (ALP)		70.0	U/L	38.0-126.0
Total protein	H	8.3	gm/dl	6.3-8.2
Albumin		4.9	gm/dl	3.5-5.0
Albumin/Globulin Ratio (Calculated)		1.4	Ratio	1.0-2.1
GGT (Gamma Glutamyl Transpeptidase)		40.0	U/L	12.0-43.0

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

Dr. Suchika Buzine  
M.B.B.S., M.D.  
(Consultant Microbiologist)

Dr. Israr Ahmed  
M.B.B.S., M.D.  
(Consultant Pathologist)

Dr. Manju Shenu  
M.B.B.S., D.H.S.  
(Consultant Pathologist)

Dr. Ankita Singhal  
M.B.B.S., MD  
(Consultant Microbiology)

Prepared By : Mrs. Anita

Printed By : Mr. KAMAL VERMA

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Certificate No: 10-0010-0548

Barcode No.	: M358395		Age / Sex	: 41.0 YRS / Female
Patient NAME	: Mrs. SHWETA			
Sample Coll. DATE	: 03-Aug-2024 10:08 AM		Sample Receiving DATE	: 03-Aug-2024 11:39 AM
UHID	: 295201		Reporting DATE	: 03-Aug-2024 12:43 PM
IPD No. / Ward	: /		Approved DATE	: 03-Aug-2024 06:16 PM
Referring Doctor	: Dr. Rakesh Malhotra (H)			
Passport No.	:			

### DEPARTMENT OF HAEMATOLOGY

#### BLOOD GROUPING (ABO AND RH) (Specimen - EDTA)

Date	Status	Unit	Bio Ref Interval
	03/Aug/24 06:16PM		
Blood Group (agglutination method)	"A"	-	-
Rh Type (agglutination method)	POSITIVE	-	-



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Certificate No: 11-2018-0549

Barcode No.	: M358395		Age / Sex	: 41.0 YRS / Female
Patient NAME	: Mrs. SHWETA			
Sample Coll. DATE	: 03-Aug-2024 10:08 AM	Sample Receiving DATE	: 03-Aug-2024 11:39 AM	
UHID	: 295201	Reporting DATE	: 03-Aug-2024 12:16 PM	
IPD No. / Ward	: /	Approved DATE	: 03-Aug-2024 03:51 PM	
Referring Doctor	: Dr. Rakesh Malhotra (H)			
Passport No.	:			

**DEPARTMENT OF IMMUNOLOGY**

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

Date	Status	03/Aug/24 03:51PM	Unit	Bio Ref Interval
FT3		3.32	pg/ml	1.4-5.6
FT4		0.88	ng/dL	0.67-1.71
TSH		3.38	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 radioliodine .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






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Certificate No. 11-2018-0540

Barcode No.	: M358395		Age / Sex	: 41.0 YRS / Female
Patient NAME	: Mrs. SHWETA			
Sample Coll. DATE	: 03-Aug-2024 10:08 AM		Sample Receiving DATE	: 03-Aug-2024 11:39 AM
UHID	: 295201		Reporting DATE	: 03-Aug-2024 12:16 PM
IPD No. / Ward	: /		Approved DATE	: 03-Aug-2024 03:51 PM
Referring Doctor	: Dr. Rakesh Malhotra (H)			
Passport No.	:			

### DEPARTMENT OF IMMUNOLOGY

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

Prepared By : Miss. Sosamma

Printed By : Mr. KAMAL VERMA


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Certificate No. 11-2016-0549

Barcode No.	: M358395		Age / Sex	: 41.0 YRS / Female
Patient NAME	: Mrs. SHWETA			
Sample Coll. DATE	: 03-Aug-2024 10:08 AM		Sample Receiving DATE	: 03-Aug-2024 11:39 AM
UHID	: 295201		Reporting DATE	: 03-Aug-2024 02:13 PM
IPD No. / Ward	: /		Approved DATE	: 03-Aug-2024 05:57 PM
Referring Doctor	: Dr. Rakesh Malhotra (H)			
Passport No.	:			

**DEPARTMENT OF BIOCHEMISTRY**

**HbA1c (Specimen: EDTA)**

Date	Status	Unit	Bio Ref Interval
03/Aug/24	05:57PM	%	<5.7
HbA1c	4.4	MG/DL	<117
AVERAGE BLOOD SUGAR	80.0		

Interpretation :  
 HbA1c :  
 Hba1c :

**As per American Diabetes Association (ADA)**

Reference Group	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 as B12 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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 (Consultant Pathologist)

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Dr. Anilots Singh  
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Prepared By : Miss. Sosamma

Printed By : Mr. KAMAL VERMA






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Certificate No. H-2019-0549 Certificate No. - MC-2382

Barcode No.	: M358395		Age / Sex	: 41.0 YRS / Female
Patient NAME	: Mrs. SHWETA			
Sample Coll. DATE	: 03-Aug-2024 08:39 PM		Sample Receiving DATE	: 03-Aug-2024 09:04 PM
UHID	: 295201		Reporting DATE	: 04-Aug-2024 05:35 AM
IPD No. / Ward	: /		Approved DATE	: 04-Aug-2024 01:14 PM
Referring Doctor	: Dr. Rakesh Malhotra (H)			
Passport No.	:			

## DEPARTMENT OF CLINICAL PATHOLOGY

### URINE ROUTINE

SAMPLE: URINE

	OBSERVED VALUE	UNIT	REFERENCE RANGE
<b>PHYSICAL EXAMINATION</b>			
VOLUME(visual observation)	20	ml	N/A
COLOUR(visual observation)	PALE YELLOW		PALE YELLOW
TRANSPARENCY (APPEARANCE)(visual observation)	CLEAR		CLEAR
SPECIFIC GRAVITY(automated multistrips,colour reaction/Pka change)	1.020		1.005 TO 1.030
pH(automated multistrips double indicator method)	5.0		5-7
<b>CHEMICAL EXAMINATION</b>			
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,ehrlchs aldehyde method)	NORMAL		NORMAL (1mg/dL )
BLOOD(automated multistrips ,bencidine method)	ABSENT		ABSENT
<b>MICROSCOPIC EXAMINATION</b>			
PUS CELLS(light microscopy)	2-3	/hpf	0-5
RED BLOOD CELLS(light microscopy)	NIL	/hpf	0-3
EPITHELIAL CELLS(light microscopy)	0-1	/hpf	0-5
CASTS(light microscopy)	ABSENT		ABSENT




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Certificate No. H-2018-0248 Certificate No. - MC-1202

Barcode No.	: M358395		Age / Sex	: 41.0 YRS / Female
Patient NAME	: Mrs. SHWETA			
Sample Coll. DATE	: 03-Aug-2024 08:39 PM		Sample Receiving DATE	: 03-Aug-2024 09:04 PM
UHID	: 295201		Reporting DATE	: 04-Aug-2024 05:35 AM
IPD No. / Ward	: /		Approved DATE	: 04-Aug-2024 01:14 PM
Referring Doctor	: Dr. Rakesh Malhotra (H)			
Passport No.	:			

### 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 transit time&undue exposure to sunlight.

3.During interpretation,Trace proteinuria can be seen with many physiological conditions like prolonged recumbency,exercise,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 \*\*\*

Dr. Israr Ahmed  
M.B.B.S.,M.D.  
(Consultant Pathologist)

Dr. Ruchi Bhatia  
M.B.B.S.,M.D.  
(Consultant Microbiologist)

Dr. Manju Bhamu  
M.B.B.S.,D.N.B  
(Consultant Pathologist)

Dr. Anjita Singhal  
M.B.B.S., MD  
(Consultant Microbiology)

Prepared By : Mr. NAZIM ALI

The new health care destination

Printed By : Mr. KAMAL VERMA

These values are only indicative not confirmatory






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Certificate No. H-2018-0548

Barcode No.	: M358395		Age / Sex	: 41.0 YRS / Female
Patient Name	: Mrs. SHWETA		Registration Date	: 03-Aug-2024 10:02 AM
IPD No.	:		Reporting Date	: 06-Aug-2024 04:20 PM
UHID	: 295201		Approved Date	: 06-Aug-2024 04:20 PM
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  
DMRD, MD Radiodiagnosis  
Consultant Radiologist

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

Dr. Rohit Kundra  
MD Radiodiagnosis  
(Consultant Radiologist)

*Shivam*  
Dr. Shivam Rastogi  
MD Radiodiagnosis  
(Consultant Radiologist)

Dr. Harshita Tripathi  
MD Radiodiagnosis  
(Consultant Radiologist)



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Certificate No. N-2018-0548 Certificate No. MC-3382

Barcode No.	: M358395		Age / Sex	: 41.0 YRS / Female
Patient Name	: Mrs. SHWETA		Registration Date	: 03-Aug-2024 10:02 AM
IPD No.	:		Reporting Date	: 03-Aug-2024 12:56 PM
UHID	: 295201		Approved Date	: 03-Aug-2024 06:04 PM
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/Prolapse/Paradoxical motion/Fixed.  
Subvalvular deformity Present/**Absent**. Score: \_\_\_\_\_

Doppler **Normal**/Abnormal E/A=95/77, **E>A** A>E \_\_\_\_\_ S>D \_\_\_\_\_  
Mitral Stenosis Present/**Absent** RR Interval \_\_\_\_\_ msec  
EDG \_\_\_\_\_ mmHg MDG \_\_\_\_\_ mmHg MVA \_\_\_\_\_ cm<sup>2</sup>  
Mitral Regurgitation **Absent**/Trivial/Mild/Moderate/Severe.

##### TRICUSPID VALVE

Morphology **Normal**/Atresia/Thickening/Calcification/Prolapse/Vegetation/Doming.  
Doppler **Normal**/Abnormal TRICUSPID VALVE=141 cm/s.  
Tricuspid stenosis Present/**Absent** RR Interval \_\_\_\_\_ msec  
EDG \_\_\_\_\_ mmHg MDG \_\_\_\_\_ mmHg  
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= 75cm/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=138cm/s. Level \_\_\_\_\_  
Aortic stenosis Present/**Absent**  
PSG \_\_\_\_\_ mmHg Aortic annulus \_\_\_\_\_ mm  
Aortic regurgitation **Absent**/Trivial/Mild/Moderate/Severe.





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Certificate No. N-2019-0548 Certificate No. : MG-3302

Barcode No. : M358395 

Patient Name : Mrs. SHWETA Age / Sex : 41.0 YRS / Female

IPD No. : Registration Date : 03-Aug-2024 10:02 AM

UHID : 295201 Reporting Date : 03-Aug-2024 12:56 PM

Referring Doctor : Dr. Rakesh Malhotra (H) Approved Date : 03-Aug-2024 06:04 PM

Passport No. :

### DEPARTMENT OF CARDIOLOGY

#### Measurements

Aorta 2.7  
 LV es 2.9  
 IVSed 1.0/1.5  
 RVed  
 LVVd (ml)  
 EF 60%  
 IVS

#### Normal Valves

(2.0-3.7 cm)  
 (2.2-4.0 cm)  
 (0.6-1.1 cm)  
 (0.7-2.6 cm)  
 (54%-76%)

#### Measurements

LA es 3.0  
 LV ed 4.0  
 PW (LV) 1.0/1.6  
 RV Anterior Wall  
 LVVd (ml)  
 IVS motion  
 Any Other

#### Normal Valves

(1.9-4.0 cm)  
 (3.7-5.6 cm)  
 (0.6-1.1 cm)  
 (upto 5 cm)

Normal/Flat/Paradoxical

#### CHAMBERS

LV

Normal/Enlarged/Clear/Thrombus/Hypertrophy, Contraction

LA

Normal/Reduced/Regional wall motion abnormality: Nil

RA

Normal/Enlarged/Clear/Thrombus

RV

Normal/Enlarged/Clear/Thrombus

PERICARDIUM

Normal/Enlarged/Clear/Thrombus

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)

