

**TEST REPORT**

Reg. No : 2411100376 UHID : UHID28142 Reg. Date : 23-Nov-2024
Name : AZIMA MOHMEDRIYAZ MANSURI Collected On : 23-Nov-2024 09:07
Age/Sex : 35 Years / Female Report Date : 23-Nov-2024
Ref. By : MEDIWHEEL

Parameter	Result	Unit	Reference Interval
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COMPLETE BLOOD COUNT (CBC)

Hemoglobin (SLS method)	11.6	g/dL	12.0 - 15.0
Hematocrit (Electrical Impedance)	36.0	%	40 - 54
RBC Count (Electrical Impedance)	4.83	million/cmm	3.8 - 4.8
WBC Count (Flowcytometry)	4320	/cmm	4000 - 10000
Platelet Count (Electrical Impedance)	202000	/cmm	150000 - 410000
MCV (Calculated)	74.6	fL	83 - 101
MCH (Calculated)	24.0	Pg	27 - 32
MCHC (Calculated)	32.1	%	31.5 - 34.5
RDW (Calculated)	14.5	%	11.5 - 14.5

DIFFERENTIAL WBC COUNT

Neutrophils (%)	69	%	38 - 70
Lymphocytes (%)	26	%	20 - 45
Monocytes (%)	04	%	2 - 8
Eosinophils (%)	01	%	1 - 4
Basophils (%)	00	%	0 - 1
Neutrophils (Absolute)	2981	/cmm	1800 - 7700
Lymphocytes (Absolute)	1123	/cmm	1000 - 3900
Monocytes (Absolute)	173	/cmm	200 - 800
Eosinophils (Absolute)	43	/cmm	20 - 500
Basophils (Absolute)	0	/cmm	0 - 100
Neutrophil-Lymphocyte Ratio(NLR)	2.59	/cmm	0.7 - 4.0

PERIPHERAL SMEAR EXAMINATION

RBC Morphology	RBCs are Hypochromic and Microcytic
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)	18	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)

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Parameter	Result	Unit	Reference Interval
FBS			
Fasting Blood Sugar (FBS) Glucose Oxidase-Peroxidase	88.5	mg/dL	70 - 110
PPBS			
Post Prandial Blood Sugar (PPBS) Glucose Oxidase-Peroxidase	125.3	mg/dL	110 - 140

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HEMOGLOBIN A1 C ESTIMATION

Specimen: Blood EDTA

Hb A1C <small>HPLC, NGSP Certified</small>	5.8	%	>8 : Action Suggested , 7-8 : Good Control , <7 : Goal , 6-7 : Near Normal Glycemia, <6 : Non-diabetic Level
Mean Blood Glucose <small>Calculated</small>	119.76	mg/dL	

Criteria for the diagnosis of diabetes:

- HbA1c ≥ 6.5 *Or
 - Fasting plasma glucose >126 gm/dL. Fasting is defined as no caloric intake at least for 8 hrs.Or
 - Two hour plasma glucose ≥ 200 mg/dL during an oral glucose tolerance test by using a glucose load containing equivalent of 75 gm anhydrous glucose dissolved in water.Or
 - In a patient with classic symptoms of hyperglycemia or hyperglycemic crisis, a random plasma glucose ≥ 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 hemoglobin, is the most important test for the assessment of long term blood glucose control(also called glycaemic control).
- HbA1C reflects mean glucose concentration over past 6-8 weeks and provides a much better indication of longterm glycaemic 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.- Glycemic control monitored by HbA1c measurement using HPLC method (GOLD STANDARD) is considered most important. (Ref. National Glycobaemoglobin Standardization Program - NGSP).

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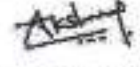
Parameter	Result	Unit	Reference Interval
LIVER FUNCTION TEST			
SGPT <i>Optimized UV-IFCC</i>	31.3	U/L	1 - 45
SGOT <i>Optimized UV-IFCC</i>	24.9	U/L	1 - 35
Total Bilirubin <i>DCA method</i>	0.20	mg/dL	0 - 2.0
Direct Bilirubin <i>DCA method</i>	0.10	mg/dL	0.0 - 0.4
INDIRECT BILIRUBIN <i>Calculated</i>	0.10	mg/dL	0.0 - 1.6
Alkaline Phosphatase <i>PNP-AMP Buffer, Multiple-point rate</i>	59	U/L	53 - 128
Total Protein	6.73	g/dL	6.4 - 8.2
Albumin <i>By Bromocresol Green</i>	3.40	g/dL	3.5 - 5.2
Globulin <i>Calculated</i>	3.33	g/dL	2.3 - 3.5
A/G Ratio <i>Calculated</i>	1.02		0.8 - 2.0
GGT	18.3	U/L	1 - 55

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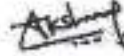
Parameter	Result	Unit	Reference Interval
RENAL FUNCTION TEST			
Creatinine <i>Enzymatic ,IDMS Traceable</i>	0.56	mg/dL	0.6 - 1.1
Urea <i>Urease-GLDH, enzymatic UV</i>	15.3	mg/dL	13.0 - 40.0
BUN <i>Calculated</i>	7.15	mg/dL	7 - 23
Uric Acid <i>Enzymatic using TBHSA</i>	3.8	mg/dL	2.6 - 6.2
Sodium <i>Direct ISE</i>	139.3	mmol/L	137 - 145
Potassium <i>Direct ISE</i>	4.89	mmol/L	3.6 - 5.0
Chloride <i>Direct ISE</i>	95.3	mmol/L	94 - 110
Ionized Calcium <i>Direct ISE</i>	4.78	mg/dL	4.4 - 5.4

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LIPID PROFILE


Cholesterol <i>CHOD-PAP method</i>	227	mg/dL	Desirable : < 200.0 Borderline High : 200-239 High : > 240.0
Triglyceride <i>Enzymatic with GPO method</i>	320.3	mg/dL	Normal : < 150.0 Borderline : 150-199 High : 200-499 Very High : > 500.0
VLDL <i>Calculated</i>	64.06	mg/dL	15 - 35
LDL CHOLESTEROL	115.24	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>	47.7	mg/dL	Low : < 40 High : > 60
Cholesterol /HDL Ratio <i>Calculated</i>	4.76		0 - 5.0
LDL / HDL RATIO <i>Calculated</i>	2.42		0 - 3.5
Total Lipids <i>Calculated</i>	1054.60		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) CMT	1.46	ng/mL	0.6 - 1.81
T4 (Thyroxine) CMT	9.19	µg/dL	4.5 - 12.5
TSH	2.522	µIU/ml	0.35 - 4.94

ELISA-Enzyme Linked Fluorescent Assay

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 stimulates the thyroid gland to synthesize and secrete T3 and T4. Quantification of TSH is significant to differentiate primary (thyroid) from secondary (pituitary) and tertiary (hypothalamus) 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

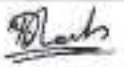

Third trimester : 0.3 to 3.0 µIU/mL

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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URINE ROUTINE EXAMINATION**PHYSICAL EXAMINATION**

Quantity 10 cc
Colour Pale Yellow
Clarity Clear

CHEMICAL EXAMINATION (BY REFLECTANCE PHOTOMETRIC METHOD)


pH 7.0 4.6 - 8.0
Sp. Gravity 1.015 1.002 - 1.03
Protein Nil
Glucose Nil
Ketone Bodies Nil
Urobilinogen Nil
Billrubin Nil
Nitrite Nil
Leucocytes Nil
Blood Nil

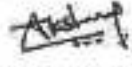
MICROSCOPIC EXAMINATION (MANUAL BY MICROSCOPY)

Leucocytes (Pus Cells) 1 - 5/hpf
Erythrocytes (Red Cells) Nil
Epithelial Cells 1-2/hpf
Amorphous Material Nil
Casts Nil
Crystals Nil
Bacteria Nil
Yeast Nil
T. Vaginalis Nil
Spermatozoa Nil

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BLOOD GROUP & RH

SPECIMEN: EDTA AND SERUM; METHOD: HAEMAGGLUTINATION

ABO	'O'
Rh (D)	Positive

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Aziz Malik

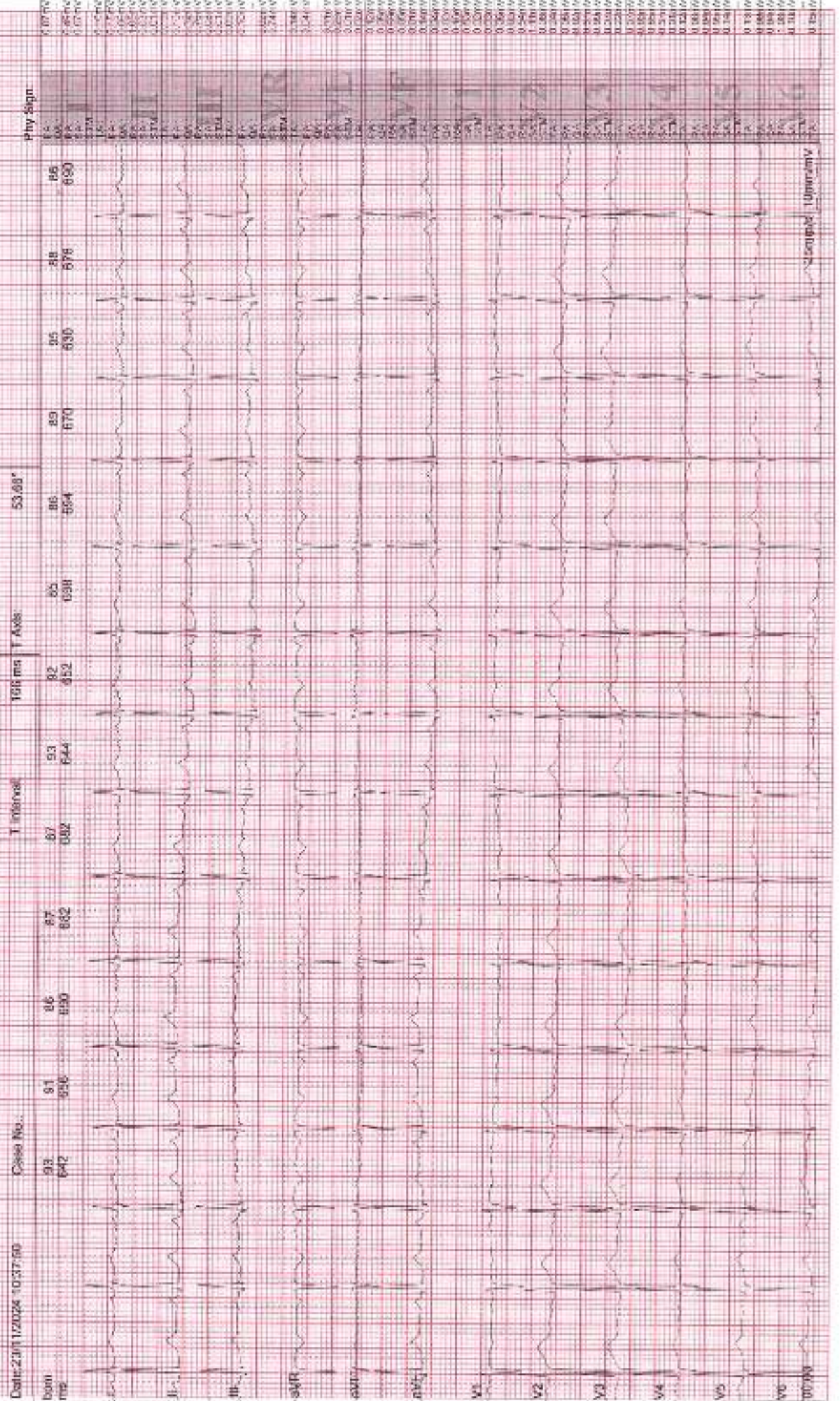
Name: AZIMA MANSURI
Sex: Female
Age: 35Y
SN: 3001185

Clinic No.:
Died No.:

Frequency: 1000 Hz
Sample Time: 12 s
HR: 88 bpm
P Interval: 96 ms

PR Interval: 132 ms
QT Interval: 352 ms
QTc Interval: 428 ms
P Axis: 69.40°

Prompt:
Total Beats: 15, Normal Beats: 15, SVE: 0, VE: 0
Normal Heart Rate: (HR between 60 and 100 bpm)
Normal cardiac electric axis: (QRS axis between 30 degree and 90 degree)



Patient Name	AZIMA M MANSURI	Patient ID	UHID28142
Age/Gender	35 Years / F	Study Date	23-Nov-2024
Referred By		Reported Date	23-Nov-2024

X – RAY CHEST PA VIEW:

Both lung fields under vision appear normal.
Cardiac size appears normal.
Both costophrenic angles are clear.
Hilar regions are normal.
Both domes appear normal in position.
Bony thorax under vision appears normal.

Dr. Sunny Shivilani
MD Radiology REG-33548

Date Reported: 23-Nov-2024

This Report is done and digitally signed via Tele Radiology Done at Radiscan Diagnostic Ahmedabad. For any clinical discrepancy, please discuss with the Radiologist. This report is not valid for any medico-legal purposes

PATIENT NAME

MRS. AZIMA MANSURI

AGE / SEX

35YRS/FEMALE

REF. DOCTOR

DR. DHS DOCTOR TEAM

DATE

23/11/2024

2D ECHO CARDIOGRAPHY REPORT**Observation:**

1. Normal LV size with normal LV systolic function. LVEF: 60%.
2. No RWMA at rest.
3. Reduced 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 = 30 mmHg.
8. No clot/ vegetation / pericardial effusion.
9. Doppler: Mild 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	43.0 mm	AO	23.0mm
LVIDS	23.0 mm	LA	30.0mm
LVEF	65%		
IVSD/LVPWD	10.0mm/10.0mm		

DOPPLER STUDY:

Valves	velocity	Max gradient	Mean gradient	Area	Regurgitation
Aortic	1.3	5.2			No AR
Mitral	E:0.4 A: 0.2				Mild MR
Pulmonary	0.3	3.1			No PR
Tricuspid	0.5	1.1			Trivial TR

Dr.ARCHIT PARIKH

AZIMA MOHMEDRIYAZ MANSURI
35 Y/F
HEALTH CHECK UP
23/11/2024

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. BHADRASH CHUDASAMA
MD RADIOLOGY

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Ref. By : MEDIWHEEL

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COMPLETE BLOOD COUNT (CBC)

Hemoglobin (SLS method)	13.7	g/dL	13.0 - 17.0
Hematocrit (Electrical Impedance)	40.8	%	40 - 54
RBC Count (Electrical Impedance)	6.01	million/cmm	4.5 - 5.5
WBC Count (Flowcytometry)	8370	/cmm	4000 - 10000
Platelet Count (Electrical Impedance)	287000	/cmm	150000 - 410000
MCV (Calculated)	67.9	fL	83 - 101
MCH (Calculated)	22.7	Pg	27 - 32
MCHC (Calculated)	33.5	%	31.5 - 34.5
RDW (Calculated)	13.7	%	11.5 - 14.5

DIFFERENTIAL WBC COUNT

Neutrophils (%)	55	%	38 - 70
Lymphocytes (%)	36	%	20 - 45
Monocytes (%)	08	%	2 - 8
Eosinophils (%)	01	%	1 - 4
Basophils (%)	00	%	0 - 1
Neutrophils (Absolute)	4604	/cmm	1800 - 7700
Lymphocytes (Absolute)	3013	/cmm	1000 - 3900
Monocytes (Absolute)	670	/cmm	200 - 800
Eosinophils (Absolute)	84	/cmm	20 - 500
Basophils (Absolute)	0	/cmm	0 - 100
Neutrophil-Lymphocyte Ratio(NLR)	1.48	/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 - 14
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PPBS			
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HEMOGLOBIN A1C ESTIMATION

Specimen: Blood EDTA

Hb A1C <small>HPLC, NGSP Certified</small>	5.4	%	>8 : Action Suggested , 7-8 : Good Control , <7 : Goal , 6-7 : Near Normal Glycemia, <6 : Non-diabetic Level
Mean Blood Glucose <small>Calculated</small>	108.28	mg/dL	

Criteria for the diagnosis of diabetes:

- HbA1c ≥ 6.5 *Or
 - Fasting plasma glucose >126 gm/dL. Fasting is defined as no caloric intake at least for 8 hrs.Or
 - Two hour plasma glucose ≥ 200 mg/dL during an oral glucose tolerance test by using a glucose load containing equivalent of 75 gm anhydrous glucosedissolved in water.Or
 - In a patient with classic symptoms of hyperglycemia or hyperglycemic crisis, a random plasma glucose ≥ 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.


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- 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), nephropaty (kidney-complications) and neuropathy (nerve complications), are potentially serious and can lead to blindness, kidney failure, etc. - Glycemic control monitored by HbA1c measurement using HPLC method (GOLD STANDARD) is considered most important. (Ref. National Glycohaemoglobin Standardization Program - NGSP).

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SGPT <i>Optimized UV-IFCC</i>	67.7	U/L	1 - 45
SGOT <i>Optimized UV-IFCC</i>	26.0	U/L	1 - 35
Total Bilirubin <i>DCA method</i>	0.43	mg/dL	0 - 2.0
Direct Bilirubin <i>DCA method</i>	0.20	mg/dL	0.0 - 0.4
INDIRECT BILIRUBIN <i>Calculated</i>	0.23	mg/dL	0.0 - 1.6
Alkaline Phosphatase <i>PNP-AMP Buffer, Multiple-point rate</i>	58	U/L	53 - 128
Total Protein	6.37	g/dL	6.4 - 8.2
Albumin <i>By Bromocresol Green</i>	3.78	g/dL	3.5 - 5.2
Globulin <i>Calculated</i>	2.59	g/dL	2.3 - 3.5
A/G Ratio <i>Calculated</i>	1.46		0.8 - 2.0

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RENAL FUNCTION TEST			
Creatinine <i>Enzymatic, JCMS Traceable</i>	1.17	mg/dL	0.7 - 1.3
Urea <i>Urease-GLDH, enzymatic UV</i>	25.3	mg/dL	19.0 - 45.0
BUN <i>Calculated</i>	11.82	mg/dL	7 - 18
Uric Acid <i>Enzymatic using TBHA</i>	4.5	mg/dL	3.5 - 7.2
Sodium <i>Direct ISE</i>	138.3	mmol/L	137 - 145
Potassium <i>Direct ISE</i>	4.52	mmol/L	3.6 - 5.1
Chloride <i>Direct ISE</i>	95.3	mmol/L	94 - 110
Ionized Calcium <i>Direct ISE</i>	4.78	mg/dL	4.4 - 5.4

----- End Of Report -----

This is an electronically authenticated report.

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


Mr. Akshay Parmar
M.Sc(Biochemistry)


TEST REPORT

Reg. No : 2411100377	UHID : UHID28141	Reg. Date : 23-Nov-2024
Name : MOHMEDRIYAZ IQBAL MANSURI	Collected On : 23-Nov-2024 09:09	Report Date : 23-Nov-2024
Age/Sex : 38 Years / Male		
Ref. By : MEDIWHEEL		

Parameter	Result	Unit	Biological Reference Interval
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LIPID PROFILE


Cholesterol <small>CHOD-PAP method</small>	222	mg/dL	Desirable : < 200.0 Borderline High : 200-239 High : > 240.0
Triglyceride <small>Enzymatic with GPO method</small>	157.3	mg/dL	Normal : < 150.0 Borderline : 150-199 High : 200-499 Very High : > 500.0
VLDL <small>Calculated</small>	31.46	mg/dL	15 - 35
LDL CHOLESTEROL	155.94	mg/dL	Optimal : < 100.0 Near / above optimal : 100-129 Borderline High : 130-159 High : 160-189 Very High : >190.0
HDL Cholesterol <small>Magnetic Cholesterol Oxidase</small>	34.6	mg/dL	Low : < 40 High : > 60
Cholesterol /HDL Ratio <small>Calculated</small>	6.42		0 - 5.0
LDL / HDL RATIO <small>Calculated</small>	4.51		0 - 3.5
Total Lipids <small>Calculated</small>	718.60		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.

----- End Of Report -----

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TEST REPORT

Reg. No : 2411100377	UHID : UHID28141	Reg. Date : 23-Nov-2024
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<u>Parameter</u>	<u>Result</u>	<u>Unit</u>	<u>Biological Reference Interval</u>
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THYROID FUNCTION TEST

T3 (Triiodothyronine) CMA	1.35	ng/mL	0.6 - 1.81
T4 (Thyroxine) CMA	9.40	µg/dL	4.5 - 12.5
TSH ELISA-Enzyme Linked Fluorescent Assay	4.928	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 tripartite, 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 (hypothalamus) 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, 6th Edition.
 Philadelphia: WB Saunders, 2012:2170

----- End Of Report -----

This is an electronically authorized report.

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


 Mr. Akshay Parmar
 M.Sc(Biochemistry)

**TEST REPORT**

Reg. No : 2411100377 UHID : UHID28141 Reg. Date : 23-Nov-2024
Name : MOHMEDRIYAZ IQBAL MANSURI Collected On : 23-Nov-2024 09:09
Age/Sex : 38 Years / Male Report Date : 23-Nov-2024
Ref. By : MEDIWHEEL

Parameter	Result	Unit	Reference Interval
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BLOOD GROUP & RH



SPECIMEN: EDTA AND SERUM; METHOD: HAEMAGGLUTINATION

ABO	'B'
Rh (D)	Positive

----- End Of Report -----

This is an electronically authenticated report.

Approved by:


Dr. Yesha H. Shah
(MD.Pathology)
Mr. Akshay Parmar
M.Sc(Biochemistry)

Name: MOHAMEDRIYAZ MANSURI

Sex: Male

Age: 30Y

Section: SN:0001186

Clinic No.:

Bed No.:

Date: 23/11/2024 10:44:10

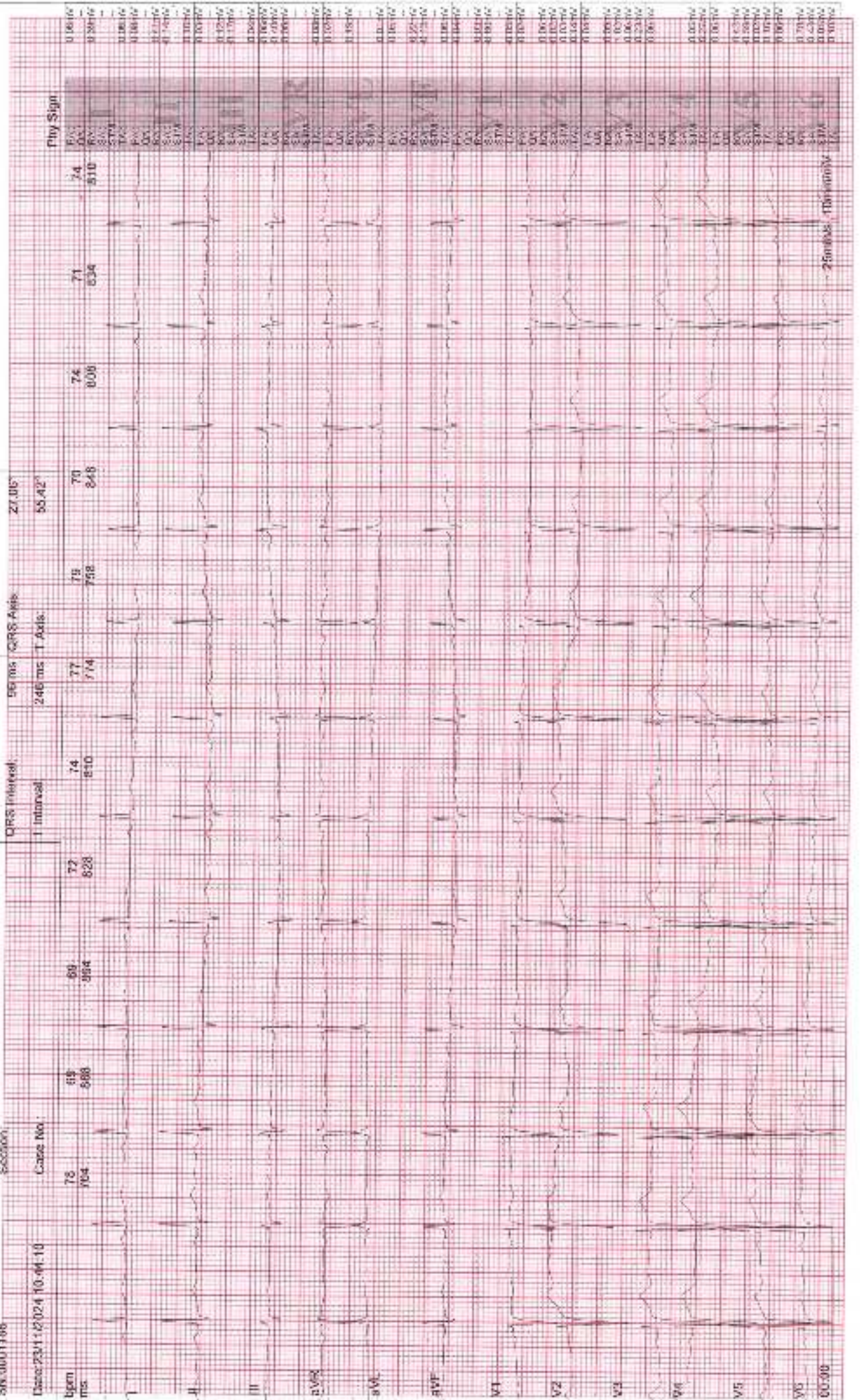
Case No.:

Section:

Case No.:

Frequency: 1000 Hz PR Interval: 146 ms
 Sample Time: 13 s QT Interval: 394 ms
 HR: 73 bpm QTc Interval: 434 ms
 P Interval: 68 ms P Axis: 58.26°

QRS Interval: 56 ms QRS Axis: 27.05°
 I Interval: 246 ms T Axis: 55.42°



Prompt:
 Total Beats 13 Normal Beats 13 SVE 0 VE 0
 Normal Heart Rate(HR between 60 and 100 bpm)
 Light left cardiac electric axis deviation(QRS axis between 0 degree and 30 degree);

Phy Sign
 P: 74
 Q: 510
 R: 74
 S: 834
 T: 71
 U: 834
 V: 74
 W: 834
 X: 74
 Y: 834
 Z: 74
 AA: 834
 AB: 74
 AC: 834
 AD: 74
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Patient Name	MOHMEDRIYAZ I MANSURI	Patient ID	UHID28141
Age/Gender	38 Years / M	Study Date	23-Nov-2024
Referred By		Reported Date	23-Nov-2024

X – RAY CHEST PA VIEW:

Both lung fields under vision appear normal.
Cardiac size appears normal.
Both costophrenic angles are clear.
Hilar regions are normal.
Both domes appear normal in position.
Bony thorax under vision appears normal.



Dr.Sunny Shivlani
MD Radiology REG-33548

Date Reported: 23-Nov-2024

This Report is done and digitally signed via Tele Radiology Done at Radiscan Diagnostic Ahmedabad. For any clinical discrepancy, please discuss with the Radiologist. This report is not valid for any medico-legal purposes

PATIENT NAME

MR. MOHMEDRIYAZ MANSURI

AGE / SEX

38 YRS/MALE

REF. DOCTOR

DR. DHS DOCTOR TEAM

DATE

23/11/2024

2D ECHO CARDIOGRAPHY REPORT**Observation:**

1. Normal LV size with normal LV systolic function. LVEF: 65%.
2. No RWMA at rest.
3. Reduced 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 = 29 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	23.0mm
LVIDS	22.0 mm	LA	30.0mm
LVEF	65%		
IVSD/LVPWD	09.0mm/08.0mm		

DOPPLER STUDY:

Valves	velocity	Max gradient	Mean gradient	Area	Regurgitation
Aortic	1.1	5.1			No AR
Mitral	E:0.4 A: 0.1				Trivial MR
Pulmonary	0.3	3.2			No PR
Tricuspid	0.4	1.2			Trivial TR

Dr.ARCHIT PARIKH

MOHMEDRIYAZ IQBAL MANSURI
38 Y/M
HEALTH CHECK UP
23/11/2024

U.S.G. OF ABDOMEN AND PELVIS

Liver: appears normal in size & shows **grade 2 fatty changes**. 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.


Prostate appears normal in size and echopattern.

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:

Grade 2 fatty liver

Clinical correlation suggested. Thanks for reference.



DR. BHADRISH CHUDASAMA
MD-RADIOLOGY