Meenakshi Diagnostics

73-C, Garh Road, Near Hotel Harmony Inn, Meerut-250002 (U.P.)
Ph. : 0121-2766666, 9458802222, 9458803333, 9458804444, 9458806666

Centre equipped with M.R.I. with upgraded software of 3T Platform, 500 Slice VHS C.T. Scan.
Digital X-Ray, Mammography, O.P.G., 4D / 5D Ultrasound & Colour Doppler, 2-D Echocardiography

Pt. Name	Mrs. Kavita	Age/Sex	48 Yrs/F	Film
Ref. By	C/o S. D. A. Diagnostics	Date:	24.02.2024	01

Patient identity can't be verified

USG WHOLE ABDOMEN

Liver: is normal in size (13.3cm) and **shows mildly increased parenchymal echogenecity**. No focal mass lesion seen. IHBRs are normal. Margins are regular.
Gall bladder: is not visualized (H/o cholecystectomy).
CBD: is normal in caliber.
Portal Vein: is normal in caliber.
Visualized pancreas: is normal in size and echotexture. No focal mass seen.
Spleen: is normal in size, measuring 8.6 cm and shows normal echopattern.
Right kidney measures 8.2x3.9 cm. It is normal in size, position, contour and cortical echotexture. No calculus/ hydronephrosis seen. Corticomedullary differentiation is maintained. Renal margins are regular.
Left kidney measures 8.3x4.8 cm. It is normal in size, position, contour and cortical echotexture. No hydronephrosis is seen. Corticomedullary differentiation is maintained. Renal margins are regular. **Few concretions of size ~ 2-3 mm are seen.**
Urinary Bladder: *is empty, hence pelvic organs could not be well visualized.*
Uterus: is normal in size. **Few small well defined hypoechoic lesions of sizes 30x27mm, 28x22mm & 32x30mm are seen in anterior & posterior myometrium. No internal vascularity seen within. Rest myometrial echotexture is mildly altered.** Endometrial thickness is normal.
Right ovary measures 27x16 mm. It shows normal size and echopattern.
Left ovary *could not be visualized.*
No adnexal mass / free fluid seen.

IMPRESSION: USG findings reveal:

- **Grade I fatty infiltration of liver.** ***Adv: Liver function test.***
- **Left renal concretions.**
- **Mildly altered myometrial echotexture with uterine fibroids as described.** *Adv- Transvaginal ultrasound correlation.*

Adv: Clinical correlation & further workup.

Dr. Mohd. Saalim
MD

Dr. Sandeep Sirohi DMRD | **Dr. Sandeep Singh Soam** MD | **Dr. Renu Diwakar** MBBS | **Dr. Mohd. Saalim** MD | **Dr. Mohd. Qasim** DMRD

Note : All congenital anomalies may not be diagnosed in routine USG. The USG findings should always be considered in correlation with clinical and other investigations findings to reach the final diagnosis. Kindly intimate us for any typing mistakes and return the report for correction within 7 days. ***Not valid for medico-legal purpose.***

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Ref. By	C/o S. D. A. Diagnostics	Date:	24.02.2024

ECHOCARDIOGRAPHY REPORT

MEASURESMENTS:

DIMENSIONS		NORMAL			NORMAL
AO (ed)	2.4 cm	(2.1 – 3.7 cm)	IVS (ed)	1.0 cm	(0.6 – 1.2 cm)
LA (es)	2.5 cm	(2.1 – 3.7 cm)	LVPW (ed)	1.0 cm	(0.6 – 1.2 cm)
RVID (ed)	2.0 cm	(1.1 – 2.3 cm)	EF	60%	(62% – 85%)
LVID (ed)	4.9 cm	(3.6 – 5.2 cm)	FS	30%	(28% – 42%)

MORPHOLOGICAL DATA:

Mitral	Normal	LA	Normal
Aortic Valve	Normal	RA	Normal
Pulmonary Valve	Normal	IAS	Intact
Tricuspid Valve	Normal	IVS	Intact
LV	Normal	AO	Normal
RV	Normal	Pericardium	Normal

Contd...2

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Pt. Name	Mrs. Kavita	Age/Sex	48 Yrs/F
Ref. By	C/o S. D. A. Diagnostics	Date:	24.02.2024

2-D ECHOCARDIOGRAPHY FINDINGS:

LV normal in size with normal LV systolic function. No regional wall motion abnormality. RV normal in size with adequate contractions. LA and RA are normal. All cardiac valves structurally normal. Pericardium normal. No intra-cardiac mass. Estimated LV ejection fraction is approximately 60%.

COLOR FLOW MAPPING:
Mild MR

DOPPLER STUDIES:
MVIS E > A

Peak systolic velocity across aortic valve = 1.0m/sec.
Peak systolic velocity across pulmonary valve = 1.0m/sec.

IMPRESSION:

- **NO RWMA**
- **Adequate LV systolic function. LVEF = 60%.**
- **Mild MR**

Dr. Sanjeev Kumar
MD, Dip. Card, FCCS

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Pt. Name	Mrs. Kavita	Age/Sex	48 Yrs/F	Film
Ref. By	C/o S. D. A. Diagnostics	Date:	24.02.2024	03

Patient identity can't be verified

X-RAY MAMMOGRAPHY

X-Ray mammography of both breasts was done in oblique media lateral and cranio-caudal projection.

- Both breasts are symmetrical in size and contour.
- Skin line and subcutaneous fat planes appears regular.
- No focal area of scarring from deeper tissue is seen bilaterally.
- Symmetrical distribution of fibro-glandular radio-density is seen bilaterally.
- No focus of macro calcification or micro calcification is seen bilaterally.
- Axillary region show no lymphadenopathy.

Corroborative sonomammography

- **Relatively increased echogenicity is seen in upper outer quadrant at 1-3 O' clock position in left breast.**
- Rest both breasts show normal echotexture with no focal lesion.
- No significant bilateral axillary lymphnodes are seen.

IMPRESSION:

- **Relatively increased echogenicity in right upper outer quadrant at 1-3 O' clock position in left breast – Likely inflammatory ? periductal mastitis (BIRADS II).**

Adv- Clinical correlation & follow up

Please correlate clinically

Dr. Mohd. Saalim
MD

Dr. Sandeep Sirohi	Dr. Sandeep Singh Soam	Dr. Renu Diwakar	Dr. Mohd. Saalim	Dr. Mohd. Qasim
DMRD	MD	MBBS	MD	DMRD

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A Quality Controlled Pathology Lab
ISO 9001:2015

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Branch-2: G-9, Hitech Plaza, Garh Road, Opp. Yug Hospital, Hapur Bus Stand, Meerut
24 HOURS Helpline No. : +91 95481 32613

PT. NAME	MRS. KAVITA	AGE/SEX	49 Y/F	FILM
REF. BY	DR. SELF	DATE:	24/02/2024	01

X-RAY CHEST PA VIEW

- Both CP angles are normal.
- Trachea is normal in position.
- Cardiac size is within normal limits.
- Both hila are normal.
- Heart, aorta & mediastinum are normal
- Bony thoracic cage appears normal.

NORMAL STUDY

SDA DIAGNOSTICS
A Quality Controlled Pathology Lab

DR. MOHIT SHARMA
(MBBS)(DMRD) Chief consultant
Interventional Radiologist

Dr. Shivangi Singhal
M.D. Pathology

Dr. Sonal Dhingra Anand
M.D. Pathology

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Reg. No. : RMEE2229839 | Certificate No. : CMEE2369518 | Dr. Regn. No. : SMC/11566

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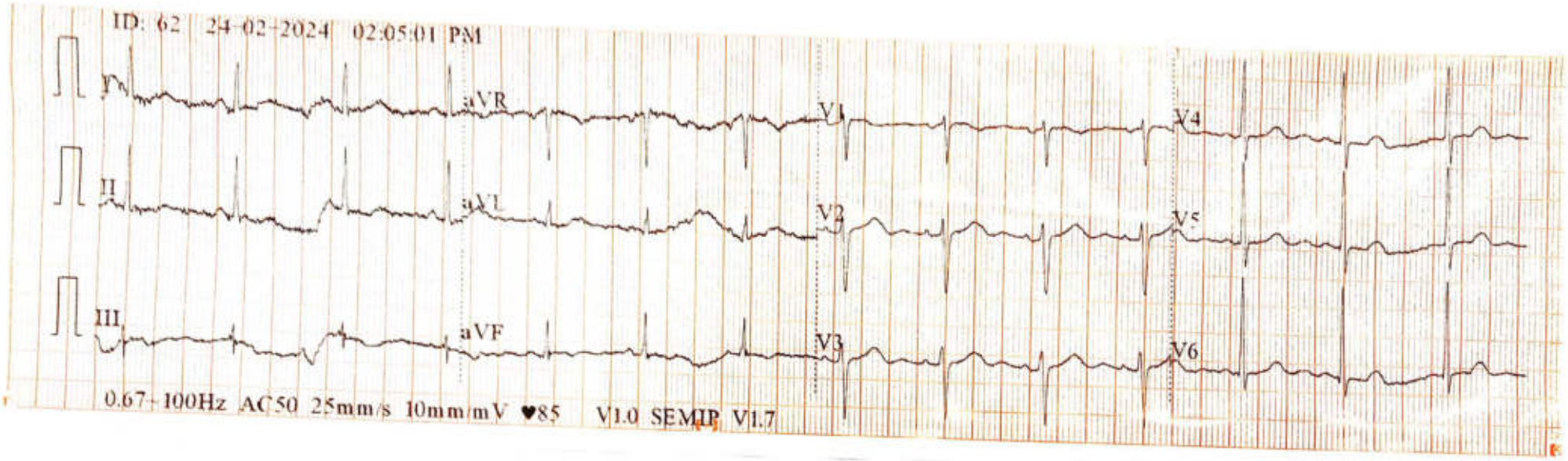

ID: 62

Female
49Years
cm

mmHg

kg

Diagnosis Information:
Sinus Rhythm
Normal ECG

Dr. SONAL DHINGRA
M.B.B.S., M.D.

HR	84	bpm
P	92	ms
PR	128	ms
QRS	68	ms
QT/QTc	356/422	ms
P/QRS/T	19/35/-21	°
RV5/SV1	1.411/0.672	mV

Kavita

Report Confirmed by:

CARDIOPRINT

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Helpline No. : +91 95481 32613

Lab Ref. No.	: 234028178	C. NO:	17	Centre Name	: SDA Diagnostics
Name	: Mrs. KAVITA			Collection Time	: 24-Feb-2024 11:22AM
Age/ Gender	: 49Y / Female			Receiving Time	: 24-Feb-2024 11:22AM
Referred By	: Dr. SELF			Reporting Time	: 24-Feb-2024 12:25PM
Sample By	:				

Test Name	Results	Units	Biological Ref-Interval
	HAEMATOLOGY		
COMPLETE BLOOD COUNT			
HAEMOGLOBIN (Colorimetry)	12.40	g/dl	12-16.5
TOTAL LEUCOCYTE COUNT (Electric Impedence)	5600.00	/Cum m	4000-11000
DIFFERENTIAL LEUCOCYTE COUNT (Microscopy)			
Neutrophils	60.00	%	44-68
Lymphocytes	36.00	%	25- 44
Eosinophils	2.00	%	0.0- 4.0
Monocytes	2.00	%	0.0-7.0
Basophils	0.00	%	0.0-1.0
Immature Cells	00	%	
Absolute Count			
Neutrophils Count (calculated)	3360.00	/cumm	2000-7000
Lymphocytes Count (calculated)	2016.00	/cumm	1000-3000
Eosinophils Count (calculated)	112.00	/cumm	40-440
Monocytes Count (calculated)	**112.00**	/cumm	200-1000
Basophils Count (calculated)l	0.00	/cumm	0-30
TOTAL R.B.C. COUNT (Electric Impedence)	4.60	10^6/uL	3.50-5.50
Haematocrit Value (P.C.V.) (Calculated)	37.30	%	37.0-54.0
MCV (Calculated)	81.00	fL	76-98
MCH	**26.90**	pg	27-32

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Dr. Swati Tiwari
M.D. Microbiology

Dr. Sonal Dhingra Anand
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Sample By	:			

Test Name	Results	Units	Biological Ref-Interval
(Calculated)			
MCHC	33.20	g/dl	31-35
(Calculated)			
RDW-CV	**15.20**	%	11.5 - 14.5
(Calculated)			
Platelet Count	203	Thousand/cumm	150-450
(Electric Impedence)			
MPV	**10.40**	fL	11.5-14.5
(Calculated)			
PDW	**21.50**	fL	9.0-17.0
(Calculated)			
Peripheral Smear	..		
Erythrocyte Sedimentation Rate			
(Modified Westergren)			
At the end of 1st hour	14	mm	0-20
BLOOD GROUP			
Blood Group	AB		
Rh Status	POSITIVE		
	.		
GLYCATED HAEMOGLOBIN (HbA1c	5.30	%	4.5-6.0
ESTIMATED AVERAGE GLUCOSE	105.41	mg/dl	

EXPECTED RESULTS :

Non diabetic patients & Stabilized diabetics	:	4.5 % to 6.0 %
Good Control of diabetes	:	6.1 % to 7.0 %
Fair Control of diabetes	:	7.1 % to 8.0 %
Poor Control od diabetes	:	8 % and above

The glycosylated hemoglobin assay has been validated as a reliable indicator of mean blood glucose levels for a period of 8-12 week period prior to HBA1C determination.ADA recommends the testing twice a year in patients with stable blood glucose, and quarterly, if treatment changes, or if blood glucose levels are unstable.

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Referred By	: Dr. SELF		Reporting Time	: 25-Feb-2024 11:06AM
Sample By	:			

Test Name	Results	Units	Biological Ref-Interval
	BIOCHEMISTRY		
BLOOD GLUCOSE FASTING (GOD/POD method)	94.00	mg/dl	70 - 110
BLOOD GLUCOSE P.P. (GOD/POD method) After 2.0 hrs of meal	137.00	mg/dl	70-140

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Referred By	: Dr. SELF		Reporting Time	: 25-Feb-2024 11:07AM
Sample By	:			

Test Name	Results	Units	Biological Ref-Interval
LIVER PROFILE			
SERUM BILIRUBIN			
TOTAL (Diazo)	0.42	mg/dl	0.30-1.20
DIRECT (Diazo)	0.19	mg/dl	0.00-0.20
INDIRECT (Calculated)	0.23	mg/dl	0.20-1.00
S.G.P.T. (IFCC method)	34.00	U/L	0-45
S.G.O.T. (IFCC method)	30.00	U/L	0-45
SERUM ALKALINE PHOSPHATASE (4-nitrphenylphosphate to 2-amino-2-methyl-1propan	90.00	IU/L.	35-145
SERUM PROTEINS			
TOTAL PROTEINS (Biuret)	6.60	Gm/dL.	6.0-8.0
ALBUMIN (Bromocresol green Dye)	4.00	Gm/dL.	3.5-5.2
GLOBULIN (Calculated)	2.60	Gm/dL.	2.5-3.5
A : G RATIO (Calculated)	1.54		1.5-2.5

LIVER FUNCTION TESTS CHECK THE LEVEL OF CERTAIN ENZYMES AND PROTEINS IN BLOOD

Levels that are higher or lower than normal can indicate liver problems. Some common liver function tests include :

Alanine transaminase (ALT). ALT is an enzyme found in the liver and When the liver is damaged, ALT is released into the bloodstream and levels increase.

Aspartate transaminase (AST). AST is an enzyme that helps metabolize alanine,an amino acid. AST is normally present in blood at low levels. An increase in AST levels may indicate liver damage or disease or muscle damage.

Alkaline phosphatase (ALP). ALP is an enzyme in the liver, bile ducts and bone.

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Test Name	Results	Units	Biological Ref-Interval
RENAL PROFILE			
BLOOD UREA (Urease Glutamate dehydrogenase)	29.0	mg/dl	10-50
SERUM CREATININE (Jaffe`s)	0.80	mg/dL.	0.6-1.2
SERUM URIC ACID (Urecase method)	4.6	mg/dL.	3.5-7.5
SERUM SODIUM (Na) (ISE Direct)	141.0	mmol/l	135 - 155
SERUM POTASSIUM (K) (ISE Direct)	4.20	mmol/l	3.5 - 5.5
SERUM CALCIUM (Arsenazo)	9.0	mg/dl	8.5-10.1
SERUM PROTEIN			
TOTAL PROTEINS (Biuret)	6.60	Gm/dL.	6.0-8.0
SERUM ALBUMIN (Bromocresol green Dye)	4.00	Gm/dL.	3.5-5.2
GLOBULIN (Calculated)	2.60	Gm/dL.	2.5-3.5
A : G RATIO (Calculated)	1.54	Gm/dL.	1.5-2.5

INTERPRETATION:

Urea is the end product of protein metabolism. It reflects on funcioning of the kidney in the body. Creatinine is the end product of creatine metabolism. It is a measure of renal function and eleveted levels are observed in patients typically with 50% or greater impairment of renal function. Sodium is critical in maintaining water & osmotic equilibrium in extracellular fluids. Disturbances in acid base and water balance are typically reflected in the sodium concentrations . Potassium is an essential element involved in critical cell functions. Potassium levels are influenced by electrolyte intake ,excretion and other means of elemination, exercise, hydration and medications. Calcium imbalance my cause a spectrum of disease . High concentrations are seen in Hyperparathyroidism, Malignancy & Sarcoidosis. Low levels may be due to protein deficiency, renal insufficiency and Hypoparathyroidism. Repeat measurement is recommended if the values are outside the reference range.

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Test Name	Results	Units	Biological Ref-Interval
LIPID PROFILE			
SERUM CHOLESTEROL (CHOD - PAP)	**221.0**	mg/dl	125-200
SERUM TRIGLYCERIDE (GPO-PAP)	124.0	mg/dl	50-150
HDL CHOLESTEROL (Direct Method)	39.0	mg/dl	30-80
VLDL CHOLESTEROL (Calculated)	24.8	mg/dl	5-35
LDL CHOLESTEROL (Calculated)	**157.2**	mg/dL.	70-130
LDL/HDL RATIO (Calculated)	4.0		0.0-4.9
CHOL/HDL CHOLESTROL RATIO (Calculated)	**5.7**		1.5-3.0

INTERPRETATION

TRIGLYCERIDE level > 250mg/dL is associated with an approximately 2-fold greater risk of coronary vascular disease. Elevation of triglycerides can be seen with obesity, medication, fast less than 12 hrs., alcohol intake, diabetes melitus,and pancreatitis.

CHOLESTEROL, its fractions and triglycerides are the important plasma lipids indefining cardiovascular risk factors and in the managment of cardiovascular disease.Highest acceptable and optimum values of cholesterol values of cholesterol vary with age. Values above 220 mgm/dl are associated with increased risk of CHD regardless of HDL & LDL values.

HDL-CHOLESTEROL level <35 mg/dL is associated with an increased risk of coronary vascular disease even in the face of desirable levels of cholesterol and LDL - cholesterol.

LDL - CHOLESTEROL& TOTAL CHOLESTEROL levels can be strikingly altered by thyroid, renal and liver disease as well as hereditary factors.

Based on total cholesterol, LDL- cholesterol, and total cholesterol/HDL - cholesterol ratio, patients may be divided into the three risk categories.

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Sample By	:			

Test Name	Results	Units	Biological Ref-Interval
HORMONE			
THYRIOD PROFILE			
Triiodothyronine (T3) (FIA)	0.83	ng/dl	0.52-1.85
Thyroxine (T4) (FIA)	7.50	ug/dl	4.8-11.6
THYROID STIMULATING HORMONE (TSH) (FIA)	**6.20**	mIU/L	0.50-5.50

Interpretation Note:
Thyroid Stimulating Hormone (TSH) is a highly effective screening assay for thyroid disorders. In patients with an intact pituitarythyroid axis, TSH provides a physiologic indicator of the functional level of thyroid hormone activity. Increased TSH indicates inadequate thyroid hormone, and suppressed s-TSH indicates excess thyroid hormone.Transient s-TSH abnormalities may be found in seriously ill, hospitalized patients, so this is not the ideal setting to assess thyroid function. However, even in these patients, s-TSH works better than total thyroxine (an alternative screening test). when the s-TSH result is abnormal, appropriate follow-up tests T4 & free T3 levels should be performed. If TSH is between 5.0 to 10.0 & free T4 & free T3 level are normal then it is considered as subclinical hypothyroidism which should be followed up after 4 weeks & If TSH is > 10 & free T4 & free T3 level are normal then it is considered as overt hypothyroidism.
Serum triiodothyronine (T3) levels often are depressed in sick and hospitalized patients, caused in part by the biochemical shift to the production of reverse T3. Therefore, T3 generally is not a reliable predictor of hypothyroidism. However, in a small subset of hyperthyroid patients, hyperthyroidism may be caused by overproduction of T3 (T3 toxicosis). To help diagnose and monitor this subgroup, T3 is measured on all specimens with suppressed s-TSH and normal FT4 concentrations.

Normal ranges of TSH & thyroid hormons vary according trimesper in pregnancy.

TSH ref range in Pregnacy	**Reference range (microIU/ml)**
First triemester	0.24 - 2.00
Second triemester	0.43-2.2
Third triemester	0.8-2.5

Sonal Dhingra

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M.D. Pathology

Dr. Swati Tiwari
M.D. Microbiology

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SDA DIAGNOSTICS
A Quality Controlled Pathology Lab

Branch-1: I Block, 114/1, Shastri Nagar, Near Kuti Chowraha, PVS Road, Meerut
Branch-2: G-9, Hitech Plaza, Garh Road, Opp. Yug Hospital, Hapur Bus Stand, Meerut
Helpline No. : +91 95481 32613

Lab Ref. No.	: 234028178	C. NO:	17	Centre Name	: SDA Diagnostics
Name	: Mrs. KAVITA			Collection Time	: 24-Feb-2024 11:22AM
Age/ Gender	: 49Y / Female			Receiving Time	: 24-Feb-2024 11:22AM
Referred By	: Dr. SELF			Reporting Time	: 25-Feb-2024 11:08AM
Sample By	:				

Test Name	Results	Units	Biological Ref-Interval
CLINICAL PATHOLOGY			
URINE EXAMINATION REPORT			
PHYSICAL EXAMINATION			
VOLUME (visual)	20	ml	
COLOUR (visual)	PALE YELLOW		
APPEARENCE (visual)	CLEAR		
pH	7.00		4.6 - 8.0
SPECIFIC GRAVITY (pKa Change)	1.015		1.010-1.030
BIOCHEMICAL EXAMINATION			
UROBILINOGEN (Erlichs)	NIL		NIL
BILIRUBIN (Azo-coupling reaction)	NEGATIVE		NEGATIVE
NITRITE	NEGATIVE		NEGATIVE
SUGAR (Glucose Oxidase Peroxidase)	NIL		Nil
ALBUMIN (Protein-Error-of-Indicator))	NIL		Nil
PHOSPHATE	NIL		Nil
MICROSCOPIC EXAMINATION (Microscopy)			
RED BLOOD CELLS	NIL	/H.P.F.	0-2
PUS CELLS	1-2	/H.P.F.	0-5
EPITHELIAL CELLS	2-3	/H.P.F.	0-5
CRYSTALS	NIL	/H.P.F.	NIL
CASTS	NIL	/L.P.F.	
OTHER			

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----------{END OF REPORT }----------

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