

NAME - Ms. Vandana AGE - 40 /F DATE - 26.02.2024

ADDRESS - ARCOFEMI HEALTHCARE LIMITED.

ON EXAMINATION;

Height - 150 cm Wt - 56 kg. Pulse 73/min

BP - 130/90 mmHg

SYSTEMS

- a) Respiratory - Normal vesicular breath sounds
 - No adventitious sound
- b) Cardio Vascular - S1 S2 normal, No murmur
- c) Central Nervous - Normal
- d) Abdomen - Soft
 Liver/Spleen - Not palpable
- e) Locomotor - Normal

**CHEST X RAY - Haziness is noted B/L lower zone due to breast lesion.
Bronchovascular markings prominent in perihilar location.
Both hila appear prominent.**

ECHO - Normal

**USG - Mild Hepatomegaly with fatty liver Gradel.
Bulky uterus with small sub serosal fibroid as described above.**

USG BREASTS - Normal

BIOCHEMICAL ANALYSIS;

HAEMOGLOBIN	11.0
ESR	14
PCV	34.5
MCV	78.0
MCH	24.9
MCHC	31.4

Advice: Regular Exercise

Low fat diet

[Signature]
GENERAL PHYSICIAN



Advice Reg Breast

PT: VANDANA



O/c - Chest

B/L - Air Entry (+)
No air seen (-) / no
No Abnormally seen (-)

H/O - Thyroid
swelling
ON Thyroxin
(0.0)

O/c - ABDOMEN

PLA - Soft
No tenderness (-) / no
No other Abnormality seen (-)

O/c Soft Swelling
over the
upper abdomen

H/O - Pain
Chest,
Chest
Swelling
at
Lyon state.

O/c No pain / no
No other Abnormality

NO H/O - DM / HTN
/ Asthma

Syr Ceftriaxone 15ml
Ceftriaxone



[Signature]



Yandhe 26.2.21
HF 40yr

VT 6/6
6/6

NV 5 N-3
N-6

Crown NG 5 WM
WM




Ms. Vandana
40/F

26/02/24

For general check up. - ENT.

No ear / nose / throat complaints

9e. B/L Ears - TM intact

Nose - B/L ITH +

Throat - NAD

Adv.

- Drink plenty of water
- Take voice rests
- Wear Mask at work.

Ashwini Hospital Pvt. Ltd.
26/02/24
GURUGRAM

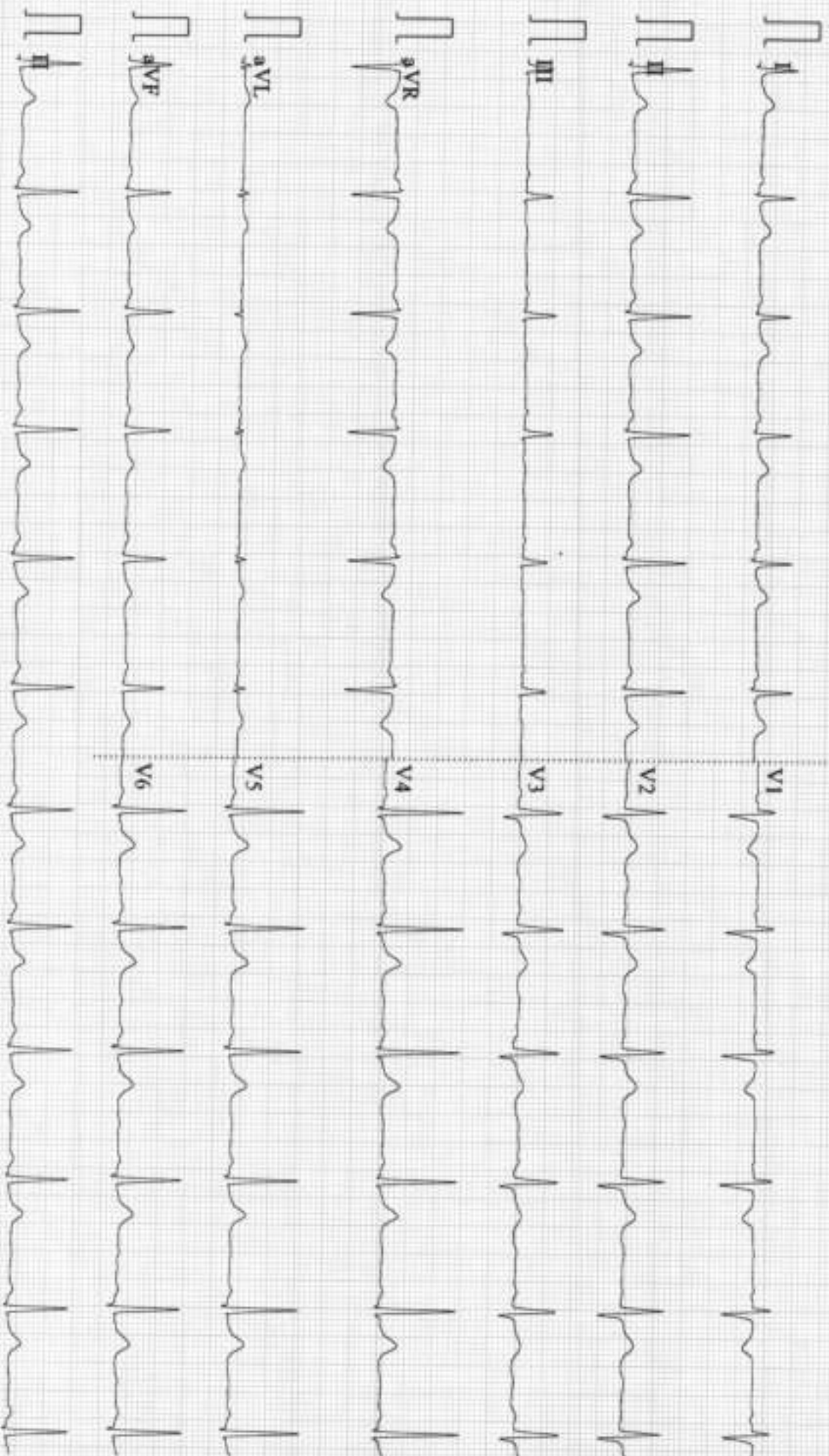
Ms. VADIGUMU
46 Female Years

Req. No. :

HR	: 0 / bpm
P	: 102 ms
PR	: 146 ms
QRS	: 88 ms
QT/QTcBz	: 387/410 ms
PQRST	: 57/55/36 °
RV5/SV1	: 1278/0.583 mV

Diagnosis Information:
Sinus Rhythm
Normal ECG

Report Confirmed by:



Vandna

42 y A

IUCD | 7 years

Married / 2 kids

L3B 7 years

NVD

Menstrual Hx / normal

no complaint

By smear Done



Name	: Ms. VANDNA	MR No	: UH036931
Age/Gender	: 40 Y/F	Visit ID	: OP047646
Admitting Doctor	:	Sample Collected on	: 26-02-2024 08:50
Lab ID No	: LAB064541	Sample Received on	:
		Report Released on	: 27-02-2024 12:13

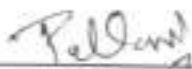
Laboratory Report

CYTOLOGY

PAP SMEAR

Smear shows superficial and intermediate squamous epithelial cells in the background of moderate inflammatory cells infiltrate. No Endocervical cells seen. No dysplastic cells seen.

End of the report



Checked By
Lab Technician

UMKAL Hospital Pvt. Ltd

A-520, Sushant Lok-I, Gurugram- 122 002
Ph.: 0124-4 666 555 Mobile : 88600 77501
Emergency Ph No.: 0124 4100000

Verified By



DR. PRIYAVART MEHARWAL
MBBS, MD
Pathologist

TRANSTHORACIC ECHOCARDIOGRAPHY

Name: Mrs. Vandna
Age / Sex: 40Y/F
Referred by: Medical
Reason: To evaluate cardiac status

MR No: UH036931
LAB No. : OP047646
Date: 26/02/2024, Time: 01:25pm

Echocardiography done on Digital Mylab X7 with AI Technology.

	VALUES	NORMAL RANGE		VALUES	NORMAL RANGE
AORTA	26	17-40mm	IVS (ed)	10.3	06-11mm
			(es)	11.7	
LT. ATRIUM	28	17-40mm	PW (ed)	9.2	06-11mm
			(es)	10.6	
RT. VENTRICLE	28	15-30mm	EF	66%	50-80%
LT. VENTRICLE (ed)	43	35-55mm	FS		28-42%
(es)	31				

MORPHOLOGICAL DATA:-

MITRAL VALVE:- Normal

AORTIC VALVE:- Normal

TRICUSPID VALVE:- Normal

PUL. VALVE:- Normal

RT. VENTRICLE:- Normal

LT. VENTRICLE:- Normal

VENT. SEPTUM:- Normal

PUL. ARTERY:- Normal

AORTA:- Normal

RT. ATRIUM:- Normal

LT. ATRIUM:- Normal

VANDNA40YRS/F/MED

26/Feb/2024
12:57:16

TEI 0.15
P 98%
PRC 61/200
PWS 1

P 98%
M 5.2
TV 8.2

Cardiac
P.L.S. 14219



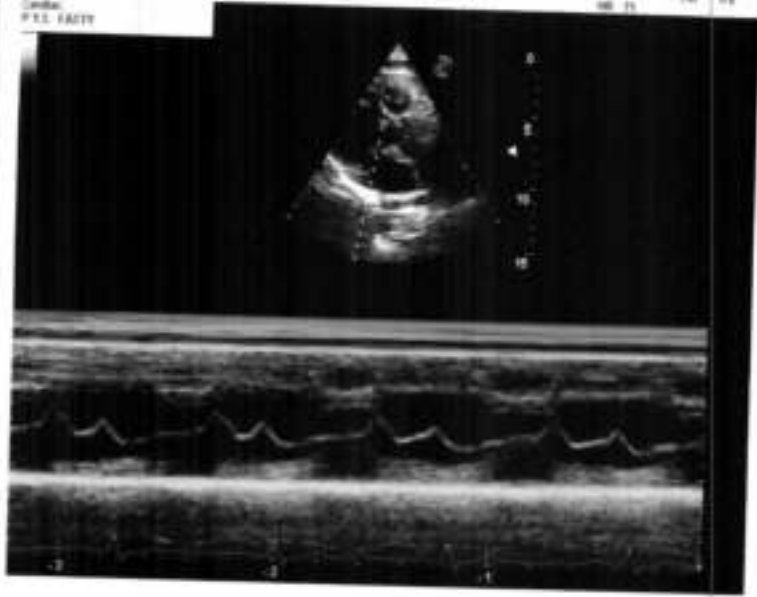
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26/Feb/2024
12:58:04

TEI 0.15
P 98%
PRC 61/200
PWS 1

P 98%
M 5.2
TV 8.2

Cardiac
P.L.S. 14219



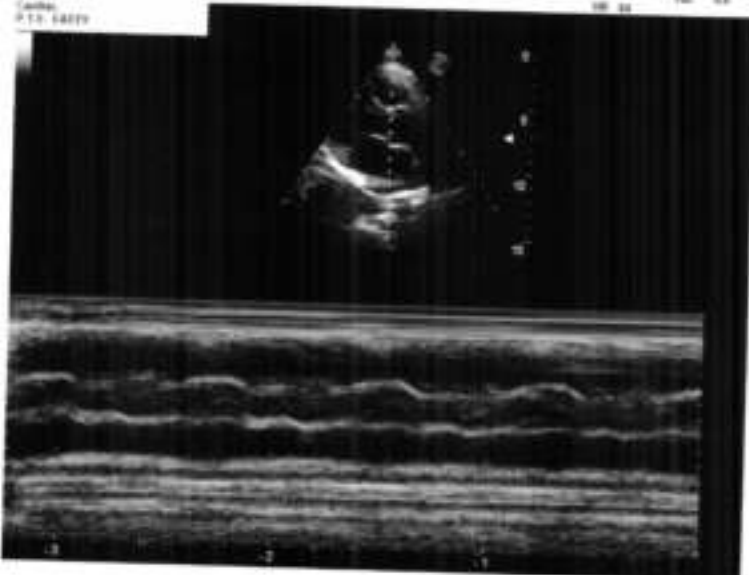
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26/Feb/2024
12:59:13

TEI 0.15
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PRC 61/200
PWS 1

M 5.2
TV 8.2

Cardiac
P.L.S. 14219



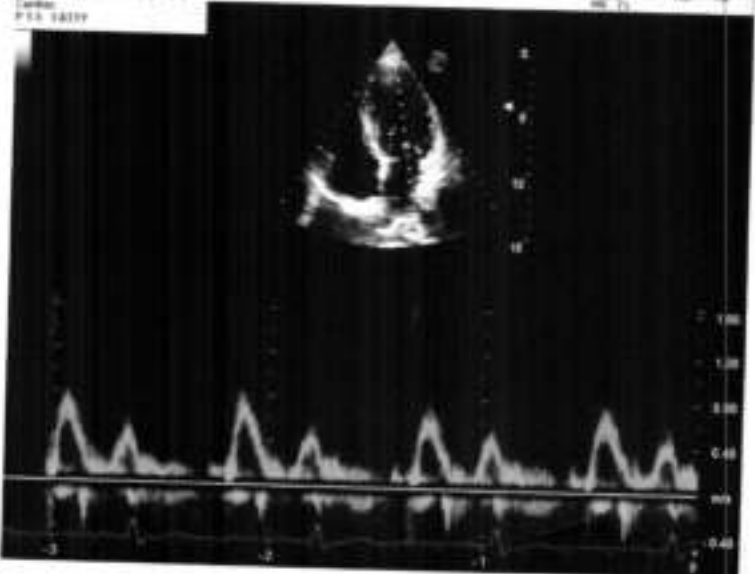
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26/Feb/2024
13:05:00

TEI 0.15
P 98%
PRC 61/200
PWS 1

P 98%
M 5.2
TV 8.2

Cardiac
P.L.S. 14219



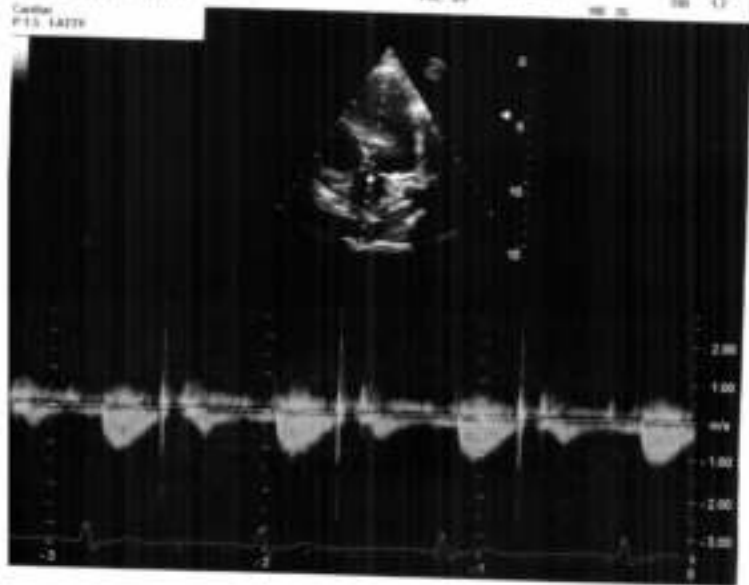
VANDNA40YRS/F/MED

26/Feb/2024
13:05:41

TEI 0.15
P 98%
PRC 61/200
PWS 1

M 5.2
TV 8.2

Cardiac
P.L.S. 14219



VANDNA40YRS/F/MED

26/Feb/2024
13:06:49

TEI 0.15
P 98%
PRC 61/200
PWS 1

P 98%
M 5.2
TV 8.2

Cardiac
P.L.S. 14219



Name : Ms. VANDNA
Age/Gender : 40 Y/F
Admitting Doctor :

MR No : UH036931
Visit ID : OP047646
Order Date : 26-02-2024 09:11
Report Date : 26-02-2024 12:15

Radiology Report

Ultrasound

USG BREASTS

FINDINGS:

Both breasts show normal parenchyma.No ductal dilatation / mass lesion seen.

No focal lesion is seen in either breasts.

Both axilla are clear.

IMPRESSION: No significant abnormality seen.

Suggested mammography correlation.

Please correlate clinically and with other investigations.

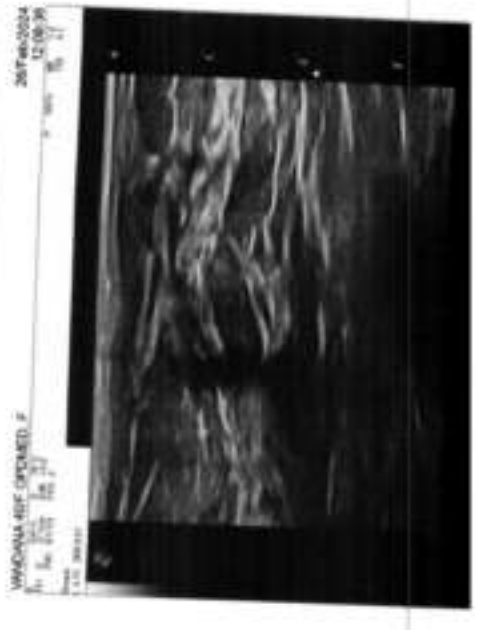
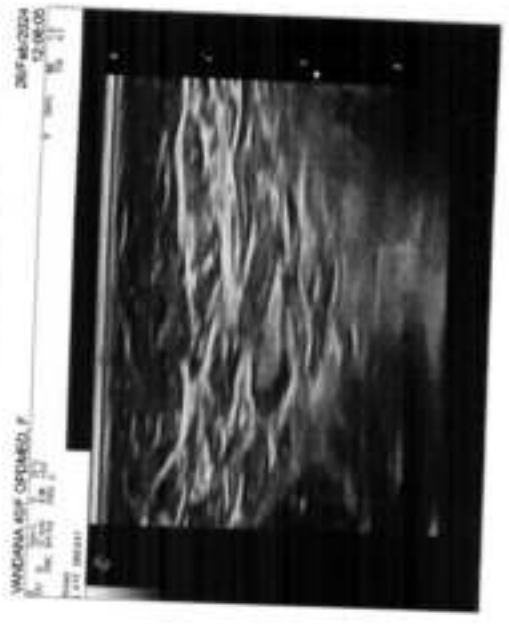
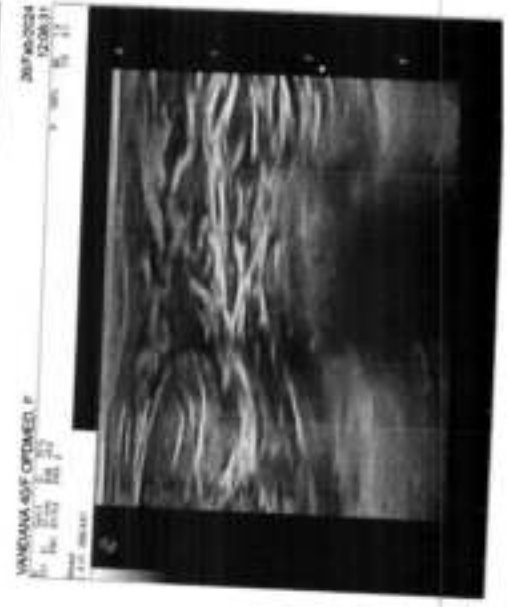
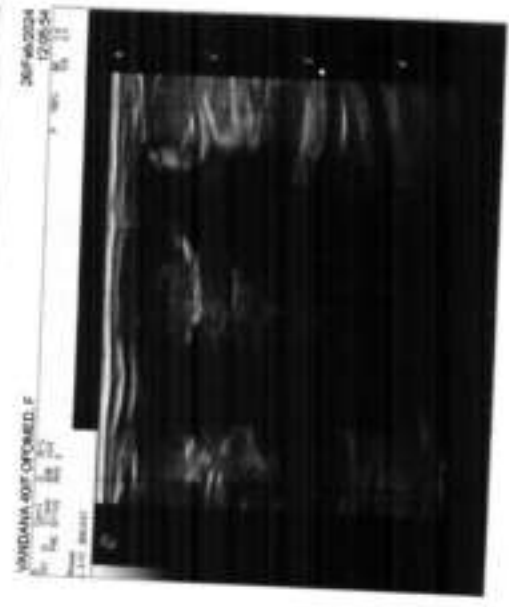
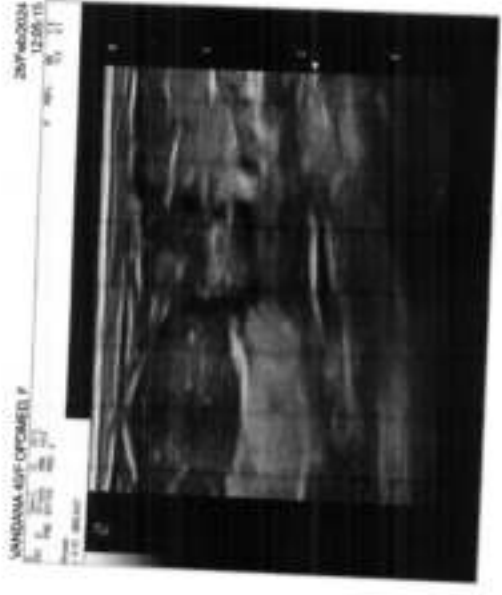
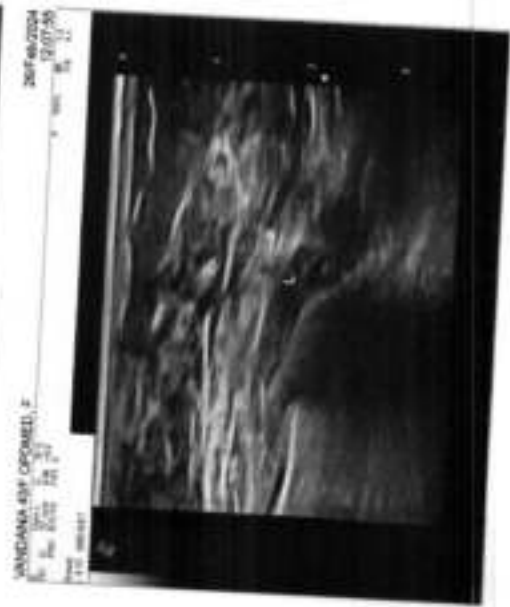
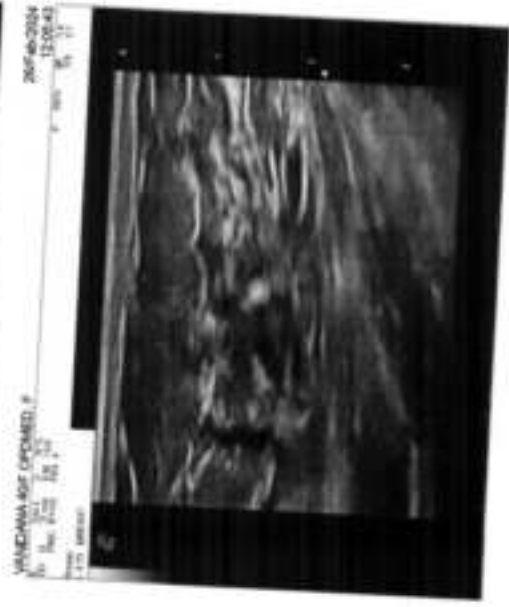
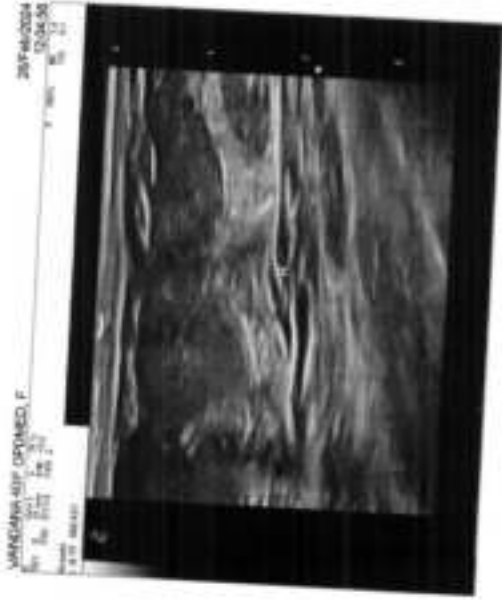
DR ARUSHI BHARTIYA
CONSULTANT RADIOLOGIST

Technician

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Verified By



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Age/Gender : 40 Y/F
Admitting Doctor :

MR No : UH036931
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Order Date : 26-02-2024 09:11
Report Date : 27-02-2024 11:11

Radiology Report

X-Ray

CHEST X-RAY PA VIEW

Finding -

Haziness is noted in B/L lower zone due to breast lesion .

Bronchovascular markings prominent in perihilar location.

Trachea appears in the midline.

Both hila appear prominent.

Cardiac size appears normal.

Both CP angle and cardiophrenic angle appears normal.

Diaphragm appears normal on both sides.

Visualized rib cage appears normal.

Please correlate clinically

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Age/Gender	: 40 Y/F	Visit ID	: OP047646
Admitting Doctor	:	Sample Collected on	: 26-02-2024 08:50
Lab ID No	: LAB064541	Sample Received on	:
		Report Released on	: 26-02-2024 11:54

Laboratory Report

CLINICAL PATHOLOGY

<u>Test Description</u>	<u>Result</u>	<u>Units</u>	<u>Ref Range</u>
Sample Type: Urine			
URINE ROUTINE & MICROSCOPIC I383			
COLOUR	P.YELLOW		
APPEARANCE	CLEAR		
SPEC.GRAVITY	1.010		
REACTION	6.0		
ALBUMINE	NIL		
SUGAR	NIL		
KETONE BODIES	NIL		
BLOOD	NIL		
LEUKOCYTES	NIL		
NITRITE	NIL		
UROBILINOGEN	NIL		
MICROSCOPIC EXAM			
PUS CELLS	2-3	/HPF	0 - 05
RBC CELLS	NIL	/HPF	0 - 02
EP CELLS	3-4	/HPF	0 - 05
CASTS	NIL		
CRYSTALS	NIL		
BACTERIA	NIL		
OTHER	NIL		

End of the report

Pallavi

Checked By
Lab Technician

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Verified By

Priyavart

DR. PRIYAVART MEHARWAL
MBBS, MD
Pathologist



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Age/Gender	: 40 Y/F	Visit ID	: OP047646
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Laboratory Report

Biochemistry

<u>Test Description</u>	<u>Result</u>	<u>Units</u>	<u>Ref Range</u>
Sample Type: Urine URINE SUGAR FASTING	NIL		
Sample Type: Urine URINE SUGAR PP Urine Sugar PP	NIL		

End of the report



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DR. PRIYAVART MEHARWAL
MBBS, MD
Pathologist

Ms. VANDNA



1098708

40 Years/Female

DEPARTMENT OF IMMUNOASSAY

Test Name	Value	Unit	Bio Ref.Interval
TFT (Thyroid Function Test) Total			
Triiodothyronine, Total (T3)	78	ng/dL	60-181
Thyroxine, Total (T4)	9.78	ug/dL	4.87-11.72
TSH Ultra Sensitive	3.59	µIU/ml	0.35-5.5

Comment
T₃ or 3,5,3-triiodothyronine is a hormone synthesized and secreted from the thyroid gland, and formed by peripheral deiodination of thyroxine (T₄). The determination of it in serum is essential in assessing thyroid functions. T₃ is secreted by thyroid glands and circulates in the blood stream; mostly bound to the plasma protein, thyroxin binding globulin (TBG) and prealbumin and albumin.
T₄ or Thyroxine or 3,5,3,5-tetraiodothyronine is a hormone synthesized and secreted by the thyroid gland and plays an important role in regulating metabolism. In the peripheral tissues it act as a prohormone which is further metabolized to another most active thyroid hormone, tri-iodothyronine (T₃) and other inactive metabolites such as reverse T₃.
TSH or Thyroid-stimulating hormone is a hormone synthesized and secreted by Pituitary gland. TSH is glycoprotein with two non-covalently bound alpha and beta subunits. The beta subunit of TSH is unique, which results in the specific biochemical and immunological properties of this hormone. The ability to quantitate circulating levels of TSH is important in evaluating thyroid function. It is especially useful in the differential diagnosis of primary (thyroid) from secondary (pituitary) and tertiary (hypothalamus) hypothyroidism.

Reference Ranges for T3, T4 and TSH (Age Wise and During Pregnancy):

Age	Total T3 (ng/dl)	Age	Total T4 (µg/dl)	Age	TSH (µIU/ml)
1 - 6 days	73 - 288	1 - 6 days	5.04 - 18.5	1 - 6 days	0.7 - 15.0
6 days - 3 months	80 - 275	6 days - 3 months	5.41 - 17.0	6 days - 3 months	0.72 - 11.0
4 - 12 months	86 - 265	4 - 12 months	5.67 - 16.0	4 - 12 months	0.73 - 8.35
1 - 6 years	92 - 248	1 - 6 years	5.95 - 14.7	1 - 6 years	0.78 - 5.97
7 - 11 years	93 - 231	7 - 11 years	5.99 - 13.8	7 - 11 years	0.86 - 5.84
12 - 20 years	91 - 218	12 - 20 years	5.91 - 13.2	12 - 20 years	0.51 - 6.50
>20 years	60 - 181	>20 years	4.30 - 12.6	>20 years	0.13 - 6.13

Pregnancy Trimester	TSH (µIU/ml)
First Trimester	0.10 - 2.5
Second Trimester	0.20 - 3.0
Third Trimester	0.30 - 2.0

*** End Of Report ***



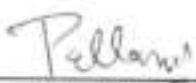
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Sample Type: Whole Blood

BLOOD GROUP (ABO & RH TYPING)

"AB" POSITIVE

End of the report



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Laboratory Report

Biochemistry

HBA1C 1510

Test Name	Value	Unit	Bio Ref.Interval
HbA1c (Glycated Haemoglobin)	5.3	%	4.0 - 6.2

REMARKS-

In vitro quantitative determination of HbA1c in whole blood is utilized in long term monitoring of glycemia. The HbA1c level correlates with the mean glucose concentration prevailing in the course of the patient's recent history (approx - 6-8 weeks) and therefore provides much more reliable information for glycemia monitoring than do determinations of blood glucose or urinary glucose. It is recommended that the determination of HbA1c be performed at intervals of 4-6 weeks during Diabetes Mellitus therapy. Results of HbA1c should be assessed in conjunction with the patient's medical history, clinical examinations and other findings.

The American Diabetes Association(ADA) recommendations are summarized as below:

Ref Range for HBA1c (In %):

Non diabetic Adults (Age \geq 18 years) < 5.7

At risk (Pre-Diabetic) : 5.7- 6.4

Diagnosing Diabetes: \geq 6.5

HbA1c goals in treatment of diabetes:

Ages 0-6 years: 7.6% - 8.4%

Ages 6-12 years: <8%

Ages 13-19 years: <7.5%

Adults: <7%

End of the report

Pellam

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Laboratory Report

Biochemistry

<u>Test Description</u>	<u>Result</u>	<u>Units</u>	<u>Ref Range</u>
Sample Type: Serum G.G.T.P. 1533			
G.G.T.P.	14.3	U/ML	upto - 47
Sample Type: Serum SERUM LIPID PROFILE 1514			
CHOLESTEROL	194.0	mg/dl	150 - 200
SERUM TRIGLYCERIDES	105.4	mg/dl	70 - 170
HDL CHOLESTEROL	48.0	mg/dl	30 - 88
LDL CHOLESTEROL	125.0	mg/dl	upto - 150
VLDL CHOLESTEROL	21.0	mg/dl	20 - 45
TOTAL CHOLESTEROL/HDL	4.0	ref.cut	upto - 4.96
LDL/HDL RATIO	2.6	ref.cut	upto - 4.96
Sample Type: Serum BLOOD SUGAR - FASTING			
BLOOD SUGAR FASTING	103.8	mg/dl	70 - 110
Sample Type: Serum BLOOD SUGAR - PP 1465			
BLOOD SUGAR PP 1465	132.0	mg/dl	70 - 140

Hematology

<u>Test Description</u>	<u>Result</u>	<u>Units</u>	<u>Ref Range</u>
-------------------------	---------------	--------------	------------------

Palani

Checked By
Lab Technician

Verified By

CP

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Laboratory Report

Hematology

PERIPHERAL BLOOD SMEAR

SMEAR SHOWS NORMOCYTIC NORMOCHROMIC PICTURE OF RBC'S WITH MILD ANISOPOIKILOCYTOSIS.
WBC'S SERIES SHOWS NORMAL IN COUNT AND MORPHOLOGY.
PLATELETS ARE ADEQUATE.

NO HEMOPARASITES SEEN.

End of the report

Pallavi

Checked By
Lab Technician

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Biochemistry

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Sample Type: Serum			
KFT			
BLOOD UREA	29.0	mg/dl	10 - 50
SERUM CREATININE	0.89	mg/dl	0.6 - 1.2
SERUM URIC ACID	4.2	mg/dl	3.5 - 7.0
SERUM SODIUM	141.0	mEq/l	135 - 155
SERUM POTASSIUM	4.0	mEq/l	3.5 - 5.5
SERUM CALCIUM	9.2	mg/dl	8.6 - 10.6
Sample Type: Serum			
LFT 1513			
S.G.O.T	24.0	U/L	upto - 40
S.G.P.T	25.8	U/L	upto - 45
S. BILIRUBIN (TOTAL)	0.70	mg/dl	0.1 - 1.2
S. BILIRUBIN (DIRECT)	0.22	mg/dl	upto - 0.30
ALKALINE PHOSPHATASE	62.0	U/L	60 - 170
TOTAL PROTEINS	7.5	g/dl	6.5 - 8.0
ALBUMIN	4.0	g/dl	3.5 - 5.5
GLOBUMIN	3.5	g/dl	2.3 - 3.5
A:G RATIO	1.1:1		1.5 - 2.5

End of the report

Talwar

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Lab Technician

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Hematology

<u>Test Description</u>	<u>Result</u>	<u>Units</u>	<u>Ref Range</u>
Sample Type: Serum			
CBC WITH ESR			
HAEMOGLOBIN	11.0 *	gm/dL	13 - 18
TOTAL LEUCOCYTE COUNT	4,800	cell/cum	4000 - 11000
D.L.C - POLYMORPHS	62	%	40 - 75
LYMPHOCYTES	33	%	20 - 45
EOSINOPHILS	03	%	01 - 06
MONOCYTES	02	%	0 - 08
BASOPHILS	00	%	0 - 01
E.S.R (WINTROBE)	14 *	mm/1st	0 - 9
RED BLOOD CELLS	4.4	Millions	3.5 - 5.5
PLATELET COUNT	2.2	lakh/cum	1.5 - 4.5
P.C.V	34.5 *	%	35 - 50
M.C.V	78.0 *	fL	80 - 96
M.C.H	24.9 *	pg	27 - 32
M.C.H.C	31.4 *	%	32 - 36

End of the report

Pallani

Checked By
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Verified By



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Pathologist

UMKAL Hospital Pvt. Ltd

A-520, Sushant Lok-I, Gurugram- 122 002
Ph.: 0124-4 666 555 Mobile : 88600 77501
Emergency Ph No.: 0124 4100000



Name	: Ms. VANDNA	MR No	: UH036931
Age/Gender	: 40 Y/F	Visit ID	: OP047646
Admitting Doctor	:	Order Date	: 26-02-2024 09:11
		Report Date	: 26-02-2024 12:28

Radiology Report

Ultrasound

ULTRASOUND WHOLE ABDOMEN

- Liver :** Liver is enlarged in size measuring 156 mm with fatty liver Grade I.
No focal lesion seen.No intrahepatic biliary radicle dilatation seen.
- Gall Bladder:** The Gall Bladder is well distended. No echoreflexive calculi seen.
Gall Bladder wall thickness normal. CBD and Portal vein are normal.
- Pancreas :-** The pancreas is normal in size , shape and echotexture.
No Peripancreatic collection seen.
- Kidneys :** **Right kidney:-** is normal in size ,shape & position.
Echotexture of sinus & cortex normal. No calyceal dilatation seen.
No calculus/mass lesion seen.Corticomedullary differentiation maintained.
Left kidney:- is normal in size ,shape & position.
Echotexture of sinus & cortex normal. No calyceal dilatation seen.
No calculus/mass lesion seen.Corticomedullary differentiation maintained.
- Spleen :** The Spleen is normal size ,shape and echotexture.
- U Bladder :** Urinary bladder is well distended and shows normal wall thickness.No calculus/mass lesion seen.
- Uterus : -** Anteverted, bulky in size 118x48 mm with copper T in situ.
Small fibroid of size 8x9 mm is noted in anterior wall of the uterus.
- Ovaries** Both the ovaries are normal in size, shape & echotexture
No free fluid seen. No collection seen.
- IMPRESSION :** Mild Hepatomegaly with fatty liver Grade I.
Bulky uterus with small sub serosal fibroid as described above.

Please correlate clinically.

DR ARUSHI BHARTIYA
CONSULTANT RADIOLOGIST

Technician

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Verified By

