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**OUT PATIENT PRESCRIPTION**

LOC SV NO. : 69834	Location : Haldwani
UHID NO. : 59978	Date : 27/11/2023 01:52:27 pm
Patient Name : Mrs. JYOTI BHANDARI	Mobile : 8279776221
Age : 29 Years	Org. name : Hospital
Sex : Female	Consultant : DR.(MAJ) SAURABH MAYANK
Relative name : W/OMR LOKESH BHANDARI	Speciality : INTERNAL MEDICINE
Address : HALDWANI	Token No. : 20

BP - 110/80 mmHg

SpO2 - 97%

PR - 104/min Temp

Chester

T. Udilio  
CO-M-BN.

T. Plocida 100  
Cofa (antibiotic)

2 units





## CARDIOLOGY

### ECHOCARDIOGRAM REPORT

**NAME: MRS. JYOTI BHANDARI AGE/SEX: 29/F DATE: 27/11/2023**

**REFERRING DIAGNOSIS: To rule out structural heart disease**

**ECHOGENECITY : Normal**

DIMENSIONS	NORMAL	NORMAL
AO (ed)	3.1cm (2.1 - 3.7cm)	IVSs 0.7cm (0.6 - 1.2 cm)
LA (es)	3.3cm (2.1 - 3.7 cm)	LVIDs 4.0cm (0.6 - 1.2 cm)
IVSd	1.1cm (1.5 - 3.0 cm)	LVPWs 3.8 CM (0.6 - 1.2 cm)
LVIDd	6.0cm (3.6 - 5.2 cm)	EF 60% (60% - 85%)
LVPWd	1.8cm (2.3 - 3.9 cm)	FS 18% (30% - 42%)

### MORPHOLOGICAL DATA

**Mitral Valve: Normal**

**AML : Normal Interatrial septum : Intact**

**PML : Normal Interventricular Septum : Intact**

**Aortic Valve : Normal Pulmonary Artery : Normal**

**Tricuspid Valve : Normal Aorta : Normal**

**Pulmonary Valve : Normal Right Atrium : Normal**

**Right Ventricle : Normal Left Atrium : Normal**

**Left Ventricle : Normal**

----P.T.O



**2-D ECHOCARDIOGRAPHY FINDINGS :**

*LV normal in size with normal contractions. No LV regional wall motion abnormality in basal state. RV normal in size with adequate contractions. LA and RA normal. Pericardium normal. No intracardiac mass seen on transthoracic echocardiography. Estimated LV ejection fraction is 60%.*

**COLOR FLOW MAPPING :**

*No MR. NO TR.*

**IMPRESSION :**

- 1. LV Normal in size with Normal LV systolic function. (LVEF = 60%).*
- 2. No LV regional wall motion abnormality in basal state.*
- 3. Normal Color Flow*
- 4. Normal Cardiac Chamber Dimension.*
- 5. RV normal in size with adequate systolic function.*
- 6. Normal mitral inflow pattern.*
- 7. No I/C Clot/Veg/PE.*

**DR. YOGESH NAGENDRA**  
**MBBS, MD, DM (CARDIOLOGY)**

**NOTE :** Echocardiography report given is that of the procedure done on that day and needs to be assessed in conjunction with the clinical findings. This is not for medicolegal purposes. No record of this report is kept in the hospital.

Date 25/11/2023 11:40:39 AM  
 Name Mr. JYOTI BHANDARI  
 Ref. By Dr. SELF

Srl No. 1017  
 Age 29 Yrs.  
 Sex M

UHID No. OPD-20645  
 Printed on 27/11/2023 12:41 PM

Test Name	Value	Unit	Normal Value
<b>COMPLETE HAEMOGRAM</b> Erba Mannheim Elite 580			
HAEMOGLOBIN (Hb)	12.6	gm / dL	13.5 - 18.0
TOTAL LEUCOCYTE COUNT (TLC)	7,830	cells / cu mm	4000 - 11000
<b>DIFFERENTIAL LEUCOCYTE COUNT (DLC)</b>			
NEUTROPHIL	65	%	40 - 75
LYMPHOCYTE	25	%	20 - 40
EOSINOPHIL	05	%	01 - 06
MONOCYTE	05	%	02 - 10
BASOPHIL	00	%	0 - 0
RBC COUNT	4.29	million / cu mm	4.5 - 5.5
P.C.V / HAEMATOCRIT	37.8	%	40 - 54
M C V	88.112	fl.	80 - 100
M C H	29.371	Picogram	27.0 - 31.0
M C H C	33.33	gm / dL	32 - 36
PLATELET COUNT	1,68,000	Lakh / cu mm	150000 - 400000
ESR	55	mm / 1st hr	0 - 15
VESMATIC EASY - AUTOMATED			

### HAEMATOLOGY

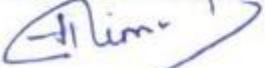
BLOOD GROUP ABO	"A"
RH TYPING	POSITIVE
Hb A1c	5.3 %

#### EXPECTED VALUES :-

Metabolically healthy patients	=	4.8 - 5.5 % HbA1c
Good Control	=	5.5 - 6.8 % HbA1c
Fair Control	=	6.8 - 8.2 % HbA1c
Poor Control	=	>8.2 % HbA1c

#### REMARKS:-

LAB TECHNICIAN



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Date	25/11/2023 11:40:39 AM	Srl No.	1017	UHID No.	OPD-20645
Name	Mr. JYOTI BHANDARI	Age	29 Yrs.	Printed on 27/11/2023 12:41 PM	
Ref. By	Dr. SELF	Sex	M		

Test Name	Value	Unit	Normal Value
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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.

**KIDNEY FUNCTION TEST (KFT)**

Roche cobas c 311

BLOOD UREA Urease / GLDH	18.6	mg / dL	15.0 - 40.0
SERUM CREATININE Jaffe	0.61	mg / dL	0.7 - 1.4
SERUM URIC ACID Enzymatic	2.9	mg / dL	3.4 - 7.0
SODIUM ISE	139.6	mEq / L	135.0 - 145.0
POTASSIUM ISE	4.29	mEq / L	3.5 - 5.0
CALCIUM o-cresolphthaleine complexone	9.7	mg / dL	8.6 - 10.0
INORGANIC PHOSPHORUS molybdate UV	3.1	mg / dL	2.5 - 5.0
TOTAL PROTEIN Biuret	5.1	gm / dL	6.6 - 8.3
ALBUMIN BCP	3.3	gm / dL	3.5 - 5.5
TOTAL CHOLESTEROL CHOD-PAP	151.0	mg / dL	0.0 - 200.0

**LIVER FUNCTION TEST (LFT)**

Roche cobas c 311

BILIRUBIN TOTAL DPD	0.32	mg / dL	0 - 1.2
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**LAB TECHNICIAN**



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Test Name	Value	Unit	Normal Value
CONJUGATED (D. Bilirubin) Jendrassik-Grof	0.12	mg / dL	0.00 - 0.30
UNCONJUGATED (I.D. Bilirubin)	0.2	mg / dL	0.00 - 0.70
TOTAL PROTEIN Biuret	5.1	gm / dL	6.6 - 8.3
ALBUMIN BCP	3.3	gm / dL	3.5 - 5.5
GLOBULIN	1.8	gm / dL	2.5 - 4.0
A/G RATIO	1.833	%	0.8 - 2.0
SGOT IFCC	31.6	IU / L	5.0 - 45.0
SGPT IFCC	35.8	IU / L	5.0 - 49.0
ALKALINE PHOSPHATASE IFCC	118.0	U / L	60.0 - 170.0
GAMMA GT IFCC	46.7	IU / L	8.0 - 71.0
<b>LIPID PROFILE</b> Roche cobas c 311			
TRIGLYCERIDES GPO-PAP	45.3	mg / dL	40.0 - 165.0
TOTAL CHOLESTEROL CHOD-PAP	151.0	mg / dL	0.0 - 200.0
HDL CHOLESTEROL DIRECT	36.9	mg / dL	40.0 - 79.4
VLDL	9.06	mg / dL	4.7 - 22.1
LDL CHOLESTEROL DIRECT	105.04	mg / dL	63.0 - 129.0
TOTAL CHOLESTEROL / HDL RATIO	4.092		0.0 - 4.97
LDL / HDL CHOLESTEROL RATIO	2.847		0.00 - 3.55

**BIOCHEMISTRY**

BLOOD SUGAR FASTING HEXOKINASE	87.6	mg / dL	60.0 - 110.0
BLOOD SUGAR PP HEXOKINASE	90.6	mg/dl	80.0 - 140.0

LAB TECHNICIAN

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 Sex M

UHID No. OPD-20645  
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Test Name	Value	Unit	Normal Value
<b>THYROID PROFILE</b>			
MINI VIDAS : BIOMERIEUX			
T3 ELFA Method	1.38	ng / mL	0.60 - 1.81
T4 ELFA Method	7.09	ug / dL	4.5 - 10.9
TSH ELFA Method	2.58	uIU / mL	0.35 - 5.50

**REFERENCE RANGE**

**PAEDIATRIC AGE GROUP**

0-3 DAYS	1.0 - 20	uIU / mL
3-30 DAYS	0.5 - 6.5	uIU / mL
1 MONTH - 5 MONTHS	0.5 - 6.0	uIU / mL
6 MONTHS - 18 YEARS	0.5 - 4.5	uIU / mL

<b>ADULTS</b>	0.35 - 5.50	uIU / mL
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**Note:** TSH levels are subject to circadian variation, rising several hours before the onset of sleep, reaching peak levels between 11 pm to 6 am. Nadir concentrations are observed during the afternoon. Diurnal variation in TSH level approximates  $\pm 50\%$ , hence time of the day has influence on the measured serum TSH concentration.

Assay performed on enhanced chemi luminescence system ( Centaur-Siemens)

Serum T3, T4 & TSH measurements form the three components of Thyroid screening panel, useful in diagnosing various disorders of Thyroid gland function.

1. Primary hypothyroidism is accompanied by depressed serum T3 and T4 values and elevated serum TSH level.

**LAB TECHNICIAN**



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**URETERS:**

- The upper parts of both the ureters are not dilated.
- Bilateral vesico-ureteric junctions are not dilated.

**URINARY BLADDER:** is partially distended.

**UTERUS:** is anteverted and normal in size. Myometrium is normal.  
Endometrial thickness is measures approx 5.3 mm.  
Right ovary is normal. Left ovary is not visualized.  
No free fluid seen in the POD.

No free fluid is seen in the Morrison's pouch, perihepatic space, perisplenic space, para colic gutter and pelvic cavity.

**IMPRESSION:** *USG appearances are suggestive of -----*

➤ *Cholelithiasis.* ✓

*(Adv-Clinico-pathological correlation)*

**DR. (MAJ) RAVINDER SINGH**  
**MBBS, MD.**  
**Consultant Radiologist**

Number of images-06

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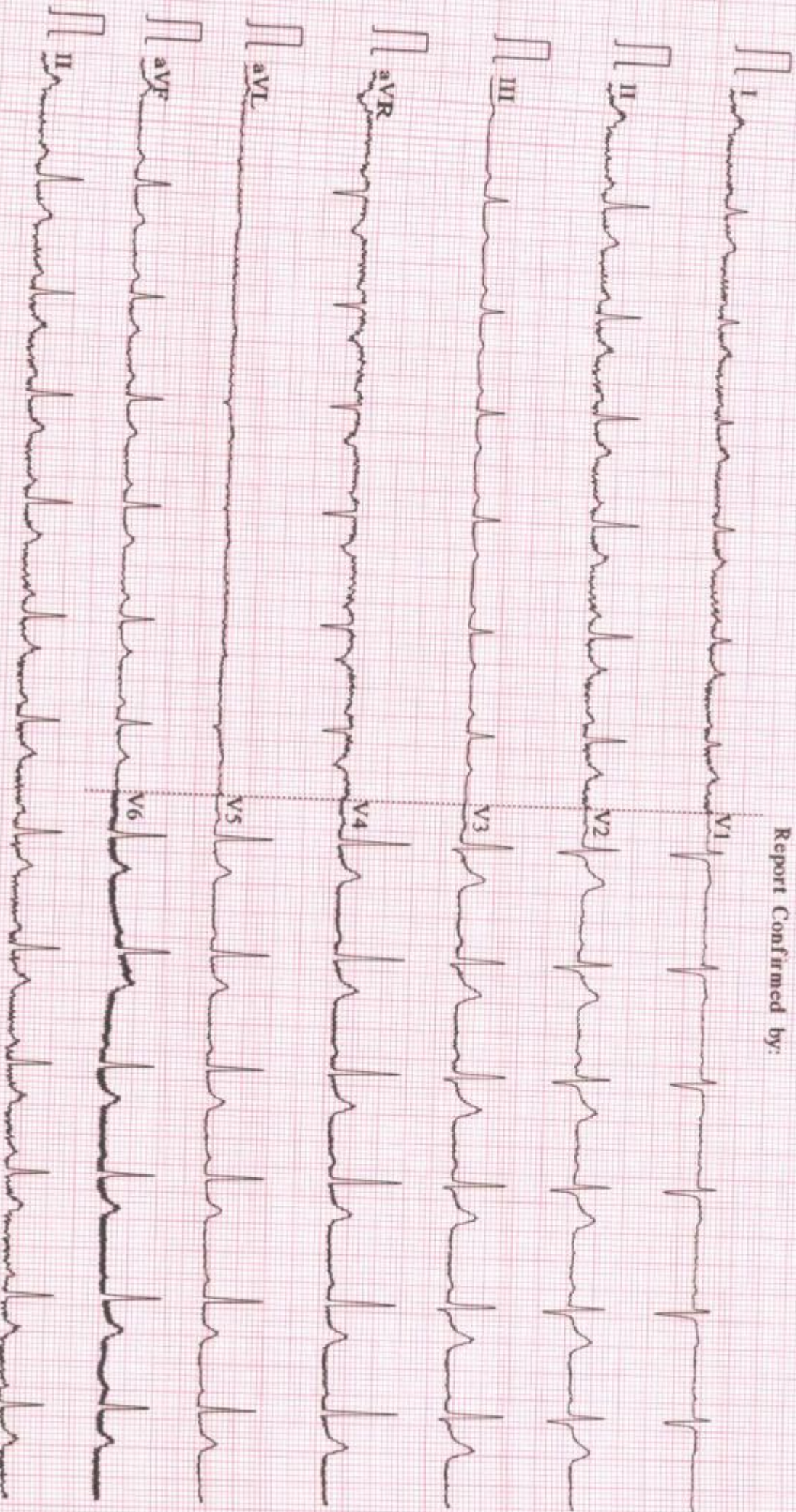
Note-This is a professional report based on imaging findings only and should always be correlated clinically and with other relevant investigations.  
This report is not for medico-legal purpose. In case of any discrepancy due to machine error or typing error kindly get it rectified immediately.

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HR	: 76	bpm
P	: 102	ms
PR	: 161	ms
QRS	: 69	ms
QT/QTc	: 353/398	ms
P/QRS/T	: 63/64/49	°
RV5/SV1	: 1.043/0.635	mV

Diagnosis Information:  
Sinus Rhythm  
\*\*\*Normal ECG\*\*\*

Report Confirmed by:



25/11/23