

ID:01 Name: Mrs. SOETA SIRSHI, Aged. 34 Yr
 2024-01-27 13:42:39

ID:01 Name: Mrs. SOETA SIRSHI, Aged. 34 Yr
 2024-01-27 13:42:39
 Vent. Rate (bpm) 64
 PR Interval (ms) 142
 QRS Duration (ms) 80
 QT/QTc Interval (ms) 374/381
 P/D/ST Axes (deg) 36/33/24

Sinus arrhythmia
 — Interpretation made without knowing patient's gender/age —
 Normal ECG Unconfirmed Diagnosis.

Dr. Krishn Murari Prasad
 MBSB Cardiology



ECG CARDIOPRINT


25 mm/s 10 mm/mV 50 Hz 800 20 Hz 02 09 00 V28 4.1 SN FX 00205011



BERLIN DIAGNOSTICS & DAY CARE



Name : SWETA SINGH
 Age/Gender : 31 Years/Female
 UHID : QL249245588
 Refer By :
 Wing : BERLIN GENERAL HOSPITAL RANCHI
 Client Name : BDDC - CGHS

Reg.No. : 
 240127QLBG015
 Reg.Date : 27-Jan-24 03:02 PM
 Received On : 27-Jan-24 03:02 PM
 Reported On : 28-Jan-24 02:02 PM

Test Particular	Result	Unit	Biological Reference Interval
Fasting Plasma Glucose Method: (By GOD-POD Method)	66	mg/dl	(65 - 110)
Post Prandial Plasma Glucose Method: (By GOD-POD Method)	112	mg/dl	(75 - 140)

Scan To Verify



Print On : 28/01/24 14:17:37
 Print By : QLSR-BERLIN
 Print From : BERLIN RANCHI [BERLIN Ranchi]
 Supplied Sample

Dr. Suchismita Panda
 MD (Biochemistry)


P.T.O.



BERLIN DIAGNOSTICS & DAY CARE



Name : SWETA SINGH
 Age/Gender : 31 Years/Female
 UHID : QL249245588
 Refer By :
 Wing : BERLIN GENERAL HOSPITAL RANCHI
 Client Name : BDDC - CGHS

Reg.No. : 
 240127QLBG015
 Reg.Date : 27-Jan-24 03:02 PM
 Received On : 27-Jan-24 03:02 PM
 Reported On : 29-Jan-24 10:45 AM

Test Particular	Result	Unit	Biological Reference Interval
Fasting Urine Sugar	Nil		



Print On : 29/01/24 14:17:37
 Print By : QLSR-BERLIN
 Print From: BERLIN RANCHI [BERLIN Ranchi]
 Supplied Sample

Richa Verma

Dr. Richa Verma
 MBBS, MD (Pathology)


P.T.O.



BERLIN DIAGNOSTICS & DAY CARE



Name : SWETA SINGH
 Age/Gender : 31 Years/Female
 UHID : QL249245588
 Refer By :
 Wing : BERLIN GENERAL HOSPITAL RANCHI
 Client Name : BDDC - CGHS

Reg.No. : 
 240127QLBG015
 Reg.Date : 27-Jan-24 03:02 PM
 Received On : 27-Jan-24 03:02 PM
 Reported On : 28-Jan-24 02:02 PM

Test Particular	Result	Unit	Biological Reference Interval
LIPID PROFILE :-			
Serum Triglyceride Method: (By Enzymatic, end point)	144	mg/dl	(< 150)
Serum Cholesterol Method: (By Oxidase, Esterase, Peroxidase)	276	mg/dl	(125 - 200)
Serum HDLc (Direct) Method: (By PTA/MgC12, Reflectance photometry)	56	mg/dl	(30 - 65)
Serum LDLc (Direct) Method: (By Direct Homogeneous, Spectrophotometry)	192	mg/dl	(85 - 150)
VLDL	28	mg/dl	(5 - 40)
LDL & HDL Ratio Method: (By Calculated)	3.43		(1.5 - 3.5)
Total Cholesterol & HDL Ratio Method: (By Calculated)	4.93		Low Risk(0 - 3) High Risk(5 - 10)
LFT :-			
Serum Bilirubin (Total) Method: (By Diphylline, Diazonium Salt)	0.5	mg/dl	(0.2 - 1.3)
Serum Bilirubin (Direct) Method: (By Diphylline, Diazonium Salt)	0.2	mg/dl	(0.1 - 0.4)
Serum Bilirubin (Indirect)	0.30000	mg/dl	(0.2-1.1)
S G O T (AST) Method: By IFCC	31.0	u/l	(14 - 36)
S G P T (ALT) Method: By IFCC	27.6	u/l	(9 - 52)
Serum Alkaline Phosphate (ALP) Method: By IFCC	52.0	u/l	Adult (38 - 126)
Serum Protein Method: By Biuret Method	8.6	gm/dl	Adult(6.2 - 8.2) Children(5.6 - 8.4)
Serum Albumin Method: By BCG, Dye Binding Method	4.7	gm/dl	Newborn Children(2.4 - 4.8) Adult(3.5 - 5.0)
Serum Globulin	3.90		Adult(2.3 - 3.6)
Serum Albumin / Globulin (A / G) Method: By BCG	1.21	gm/dl	(1 - 2.3)
HBA1C (Nephelometry)			
HBA1C Method: HPLC	5.1	%	Non diabetic level(< 6.0) Goal(< 7.0) Action Suggested(> 8.0)
Average Blood Glucose (eAg)	100.38	mg/dl	

Scan To Verify



Print On : 29/01/24 14:17:37
 Print By : QLSR-BERLIN
 Print From: BERLIN RANCHI [BERLIN Ranchi]
 Supplied Sample


 Dr. Suchismita Panda
 MD (Biochemistry)


P.T.O.



BERLIN DIAGNOSTICS & DAY CARE



Name : SWETA SINGH
Age/Gender : 31 Years/Female
UHID : QL249245588
Refer By :
Wing : BERLIN GENERAL HOSPITAL RANCHI
Client Name : BDDC - CGHS

Reg.No. : 
240127QLBG015
Reg.Date : 27-Jan-24 03:02 PM
Received On : 27-Jan-24 03:02 PM
Reported On : 28-Jan-24 02:02 PM

Test Particular	Result	Unit	Biological Reference Interval
KFT Serum Urea Method: GLDH,Kinetic Assay	18.3	mg/dl	Adult (17 - 43) New Born (8.4 - 25.8) Infant (10.8 - 38.4)
Serum Creatinine Method: Modified Jaffe, Kinetic	0.9	mg/dl	Female : (0.55 - 1.02) Neonate : (0.26 - 1.01) Infant { 2months - less than 3 yrs } : (0.15 - 0.37) Children { 3 yrs - less than 15 yrs } : (0.24 - 0.73)
Serum Sodium (Na+) Method: By Indirect ISE	138.4	mmol/L	(136 - 145)
Serum Potassium (K+) Method: By Indirect ISE	4.8	mmol/L	(3.5 - 5.1)
Serum Calcium	10.4	mg/dl	(8.4 - 10.2)
Serum Uric Acid Method: By uricase-Colorimetric	4.2	mg/dl	(3.5 - 8.5)
Serum Urea Nitrogen Method: BIOCHEMISTRY	8.5	mg/dl	(5 - 20)

Scan To Verify



Print On : 29/01/24 14:17:37
Print By : QLSR-BERLIN
Print From: BERLIN RANCHI [BERLIN Ranchi]
Supplied Sample

P.T.O.

Page : 4 | 7


Dr. Suchismita Panda
MD (Biochemistry)



BERLIN DIAGNOSTICS & DAY CARE



Name : SWETA SINGH
 Age/Gender : 31 Years/Female
 UHID : QL249245588
 Refer By :
 Wing : BERLIN GENERAL HOSPITAL RANCHI
 Client Name : BDDC - CGHS

Reg.No. : 
 240127QLBG015
 Reg.Date : 27-Jan-24 03:02 PM
 Received On : 27-Jan-24 03:02 PM
 Reported On : 28-Jan-24 05:12 PM

Test Particular	Result	Unit	Biological Reference Interval
E.S. R. 1st. Hr. E.S. R. Method: WESTERGREN'S METHOD	16	mm	(< 20)
CBC :- Haemoglobin Method: (By Sahli's Method)	12.1	gm%	Adult Men (13 - 18) Adult Women (11.5 - 16.5) Children (11 - 13) Children (1-6) : (12 - 14) Children (6-12) : (12 - 14)
P. C. V.	36.3	%	(35 - 45)
Total Platelet Count	1.9	Lacs Per cmm	(1.5 - 4)
Total R. B. C. Count	4.0	mill./uL	Women (4.2 - 5.4) Male (4.7 - 6.1) Children (4.6 - 4.8)
Total W. B. C. Count Method: Flow Cytometry	6,700	Per cmm	Adult :-Adult :- (4,000 - 11,000) New Born (10,000 - 26,000) (1-4) Years : (6,000 - 18,000) (5-7) Years : (5,000 - 15,000) (8-12) Years : (4,500 - 12,500)
M. C. V.	87.0	fl	(76 - 96)
MCH	26.8	pg	(22 - 32)
MCHC	30.8	g/dl	(30 - 35)
Neutrophils	56	%	(40 - 70)
Eosinophils	06	%	(0.5 - 7)
Basophils	00	%	(0 - 1)
Lymphocytes	38	%	(15 - 40)
Monocytes	00	%	(0 - 6)



Print On : 29/01/24 14:17:37
 Print By : QLSR-BERLIN
 Print From : BERLIN RANCHI [BERLIN Ranchi]
 Supplied Sample

Richa Verma
 Dr. Richa Verma
 MBBS, MD (Pathology)


P.T.O.



BERLIN DIAGNOSTICS & DAY CARE



Name : SWETA SINGH
 Age/Gender : 31 Years/Female
 UHID : QL249245588
 Refer By :
 Wing : BERLIN GENERAL HOSPITAL RANCHI
 Client Name : BDDC - CGHS

Reg.No. : 
 240127QLBG015
 Reg.Date : 27-Jan-24 03:02 PM
 Received On : 27-Jan-24 03:02 PM
 Reported On : 28-Jan-24 02:34 PM

Test Particular	Result	Unit	Biological Reference Interval
Thyroid Profile			
Thyroid Function Test [By CLIA] :-			
Tri-iodo Thyronine (T3)	1.18	ng/ml	(0.8 - 2.0) 11-15 Years (0.83 - 2.13) 1-10 Years (0.94 - 2.69) 1-12 Months (1.05 - 2.45) 1-7 Days (0.36 - 3.16) 1-4 Weeks (1.05 - 3.45)
Thyroxine (T4)	8.53	µg/dl	(5.1 - 14.1) 1-12 Months (5.9 - 16) 1-7 Days (11 - 22) 1-4 Weeks (8.2 - 17) 1-10 Years (6.4 - 15) 11-15 Years (5.5 - 12)
Thyroid Stimulating Hormone (T S H)	5.47	µIU/ml	(0.27 - 5.01) 1-4 Weeks (1 - 39) 1-7 Days (1 - 20) 1-12 Months (0.5 - 6.5) 1-10 Years (0.6 - 8)

Mild to moderate degree of elevation normal T3&T4 levels indicates impaired thyroid hormone reserves and indicates subclinical hypothyroidism.

Mild to moderate decrease with normal T3 & T4 indicates subclinical hyperthyroidism.

TSH measurement is used for screening & diagnosis of Euthyroidism, hypothyroidism & hyperthyroidism.

Suppressed TSH (< 0.01 µ IU/ml) suggests diagnosis of hyperthyroidism.

Elevated concentration of TSH (>7 µ IU/ml) suggest diagnosis of hypothyroidism.

Please correlate clinically.



Print On : 28/01/24 14:17:37
 Print By : QLSR-BERLIN
 Print From: BERLIN RANCHI [BERLIN Ranchi]
 Supplied Sample

P.T.O.


Dr. Suchismita Panda
 MD (Biochemistry)



BERLIN DIAGNOSTICS & DAY CARE



Name : SWETA SINGH
 Age/Gender : 31 Years/Female
 UHID : QL249245588
 Refer By :
 Wing : BERLIN GENERAL HOSPITAL RANCHI
 Client Name : BDDC - CGHS

Reg.No. : 
 240127QLBG015
 Reg.Date : 27-Jan-24 03:02 PM
 Received On : 27-Jan-24 03:02 PM
 Reported On : 29-Jan-24 02:17 PM

URINE RM

Particular	Findings	Unit	Biological Reference Interval
PHYSICAL			
Colour	Straw		
Transparency	Clear		
Deposite	Nil		
Sp Gravity	1025		
Reaction	Acidic		
CHEMICAL			
Sugar	Nil	gm%	
Protein	xx		
pH	xx		
Ketone	xx		
Blood	xx		
Albumin	Nil		
Phosphate	Nil		
MICROSCOPIC			
RBC	Nil	/HPF	
Pus Cells	0-2	/HPF	
Epith Cells	1-2	/HPF	
Bacteria	Nil		
Casts	Nil	/HPF	
Crystals	Nil	/HPF	
Yeast	Nil		
Spermatozoa	Nil	/HPF	



Print On : 29/01/24 14:17:37
 Print By : QLSR-BERLIN
 Print From : BERLIN RANCHI [BERLIN Ranchi]
 Supplied Sample

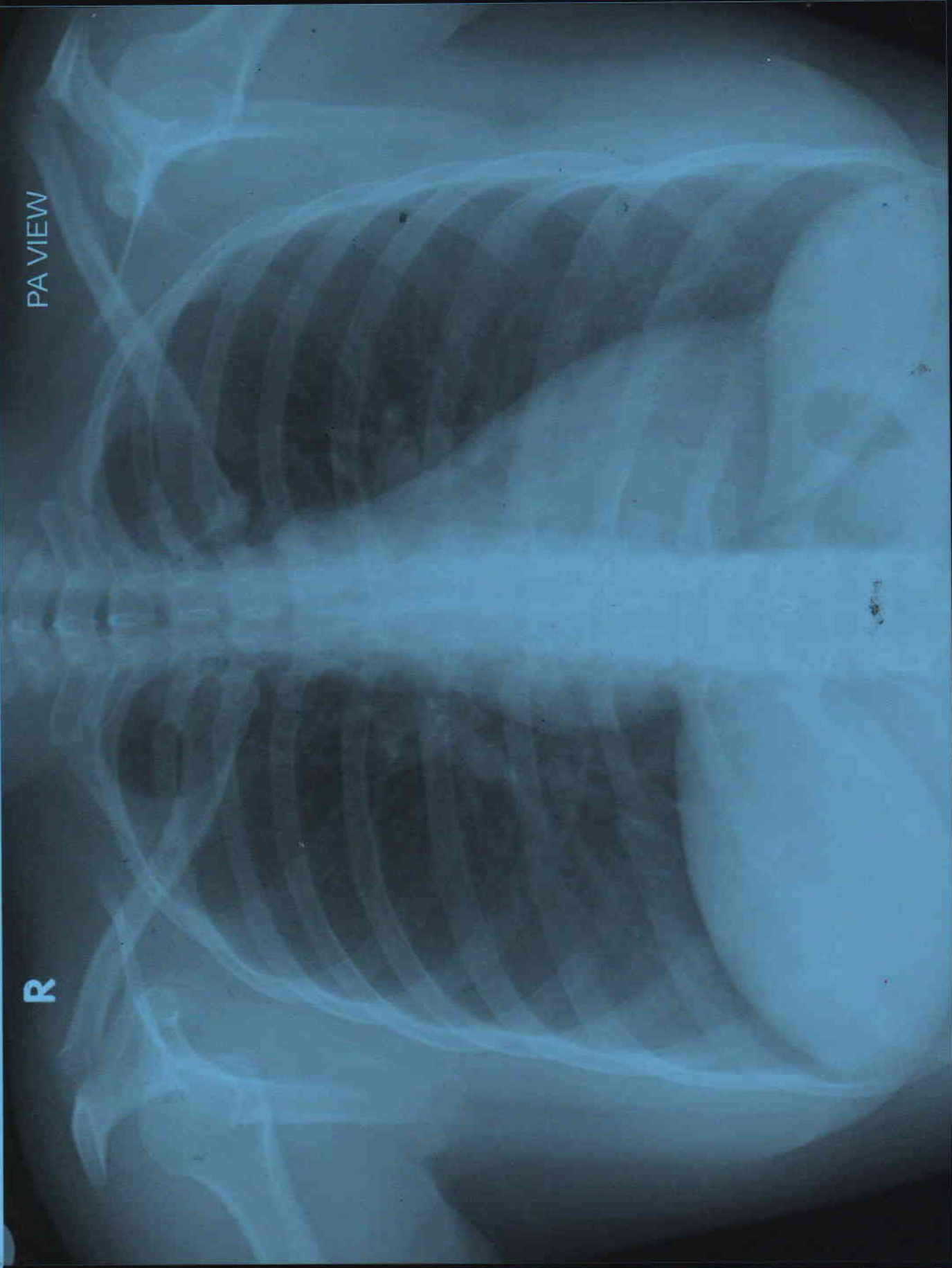
Richa Verma

Dr. Richa Verma
 MBBS, MD (Pathology)

End Of Report

R

PA VIEW



SWETA SINGH AGE 31Y/F MEDIWHEEL BER/202420104 CHEST PA VIEW 27/01/2024
BERLIN DIAGNOSTICS & DAY CARE, BARIATU ROAD, RANCHI.



BERLIN DIAGNOSTICS & DAY CARE



Patient ID	BER/202420104	Age/Sex	31YRS./F
Patient Name	MRS. SWETA SINGH	Date	27 - Jan - 2024
Referred By	MEDIWHEEL	Reported Date	27 - Jan - 2024

X - RAY CHEST PA VIEW

Both lung fields under vision appear normal.
No e/o any consolidation, collapse or mass lesion seen.

Cardiac size appears normal.

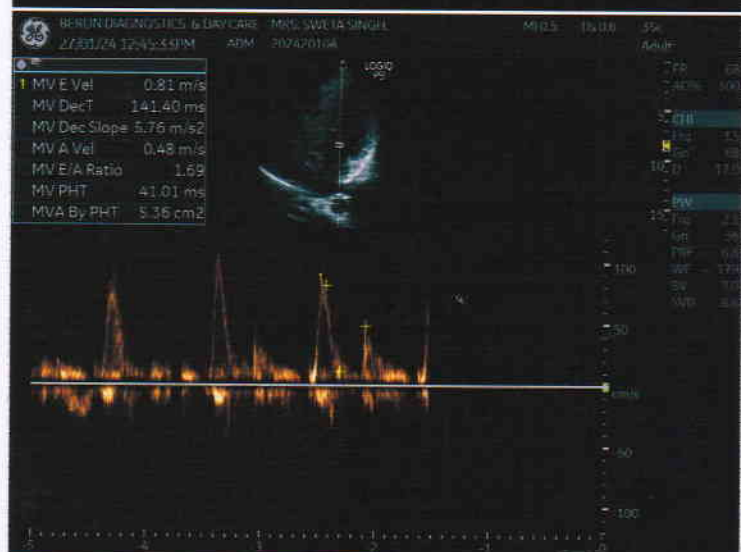
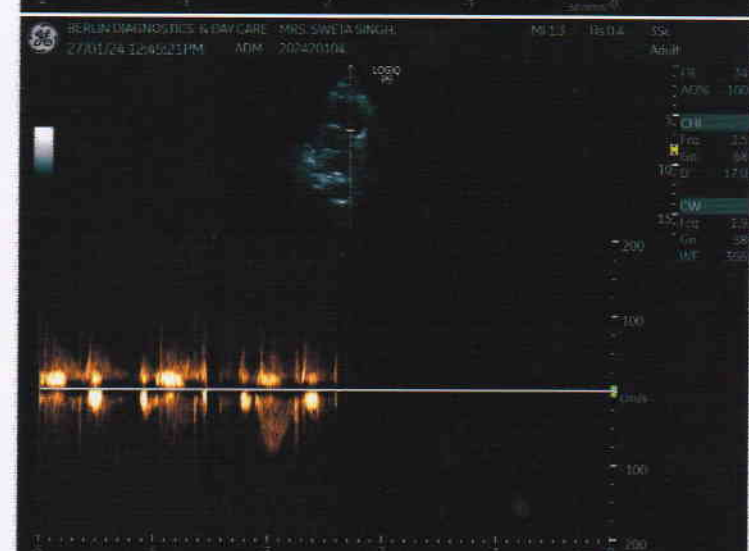
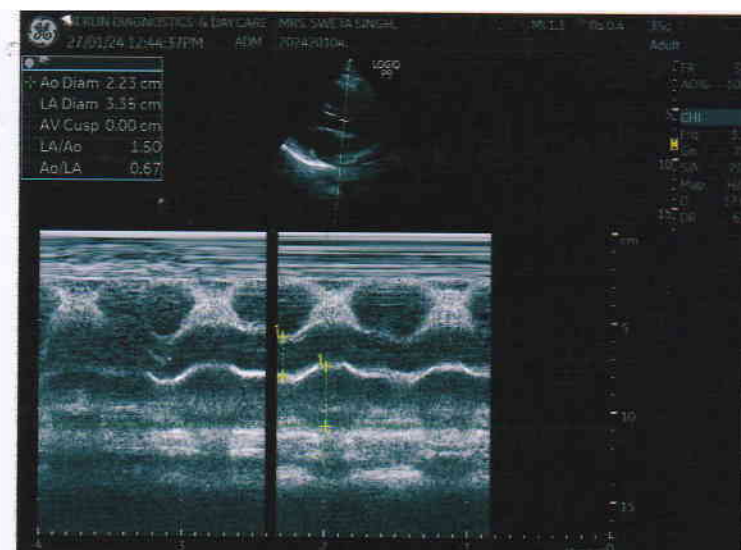
Both costophrenic angles are clear.
Hilar regions are normal.

Both domes appear normal in position.
Bony thorax under vision appears normal.

REMARK- Normal radiograph.

Dr. Anjali Tanna
MD Radiology REG-34614

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





BERLIN DIAGNOSTICS & DAY CARE



Name **MRS. SWETA SINGH**

Age **31**

Date **27/01/2024**

Patient Id **202420104.**

Sex **Female**

Ref. Physician

Measurements

2D & M-Mode Measurements

IVSd	0.86 cm
LVIDd	4.20 cm
LVPWd	0.93 cm
IVSs	1.04 cm
LVIDs	2.86 cm
LVPWs	1.04 cm
EDV(Teich)	78.73 ml
ESV(Teich)	31.25 ml
EF(Teich)	60.31 %
%FS	31.86 %
SV(Teich)	47.48 ml
Ao Diam	2.23 cm
LA Diam	3.35 cm
LA/Ao	1.50
Ao/LA	0.67

PW-Measurements

MV E Vel	0.81 m/s
MV DecT	141.40 ms
MV Dec Slope	5.76 m/s ²
MV A Vel	0.48 m/s
MV E/A Ratio	1.69
MV PHT	41.01 ms
MVA By PHT	5.36 cm ²
AV Vmax	1.14 m/s
AV maxPG	5.19 mmHg
PV Vmax	0.85 m/s
PV maxPG	2.89 mmHg

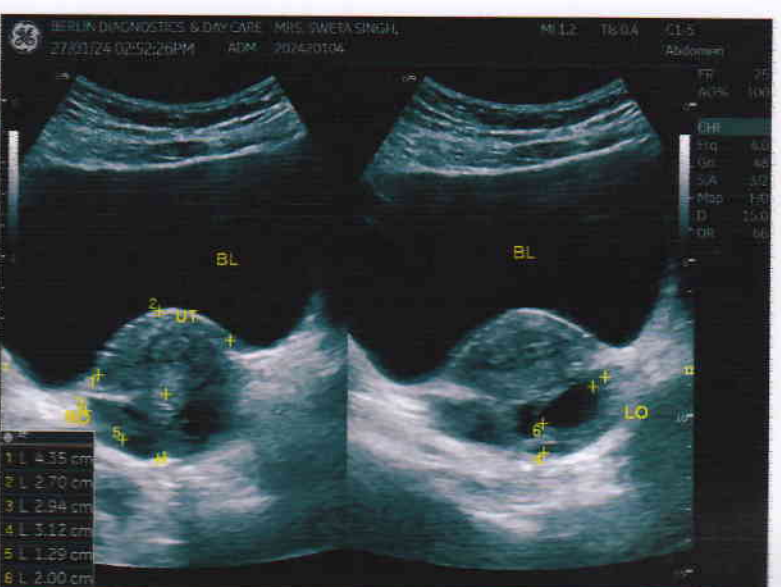
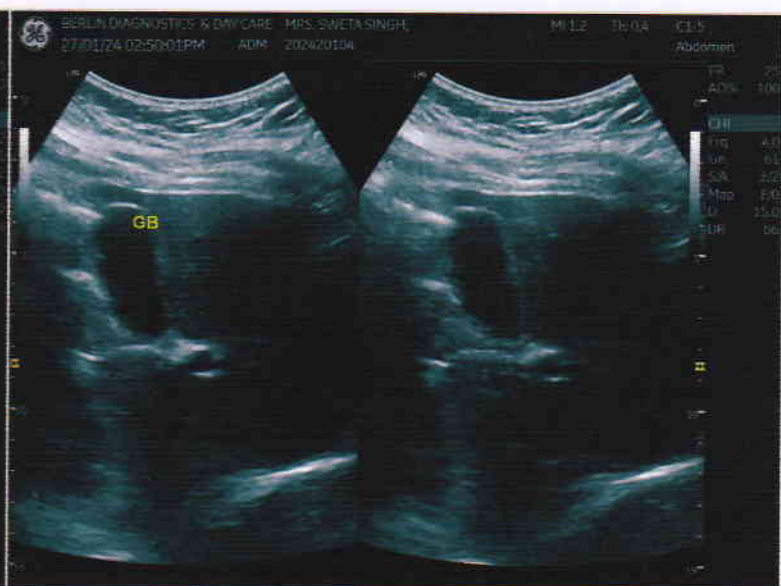
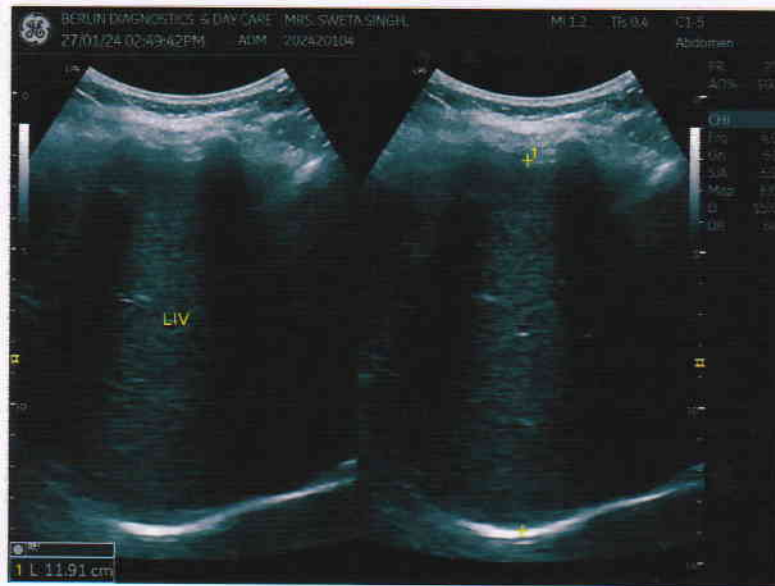
Comments:

NORMAL LA, LV, RA AND RV SIZE, 2DEF= 60%, NO RWMA, ALL VALVESV AND PERICARDIUM NORMAL.

Impression:

NORMAL LV SYSTOLIC AND RV FUNCTION IN NSR, NO PAH.


DR. AMAR KUMAR
DIP CARD (P.G.D.C.C)
CLINICAL CARDIOLOGIST





Patient Name	MRS. SWETA SINGH	Requested By	MEDIWHEEL
MRN	BER/2024/OPD20104	Procedure Date	27.01.2024
Age/Sex	31Y/FEMALE	Hospital	BERLIN DIAGNOSTICS & DAY CARE

USG WHOLE ABDOMEN

Liver : The liver is normal in size (**11.9 cm**) and outline. It shows a uniform echopattern. No obvious focal or diffuse pathology is seen. The intra and extra hepatic biliary passage are not dilated. The portal vein is normal in caliber at the porta hepatis.

Gall bladder : The gall bladder is normal in size, has normal wall thickness with no evidence of calculi.

CBD : The CBD is of normal caliber.

Pancreas : The pancreas is normal in size and echogenicity with distinct outline. No obvious focal lesion is seen.

Right kidney measures **9.1 cm**

Left kidney measures **9.5 cm**

The renal cortical thickness and corticomedullary differentiation were adequate on both sides. No evidence of renal calculus or hydronephrosis seen on either side.

Spleen : The spleen is normal in size (**7.0 cm**) and echogenicity.

Urinary Bladder : The urinary bladder is normal in size. Its walls show a smooth outline. There is no evidence of any intraluminal or perivesical abnormality.

Uterus : The uterus is normal in size (**4.3 x 2.7 cm**). Its outline is smooth. It shows normal and endometrial echoes with no evidence of any mass lesion. No evidence of free fluid in the pouch of douglas.

Right ovary measures **2.9 cm**

Left ovary measures **3.1 cm**

Multiple polycysts present in both the ovaries, largest measuring 1.2 cm in the right ovary and 2.0 in the left ovary.


No significant probe tenderness in RIF.

No evidence of pleural effusion on either side.

No evidence of ascites or lymphadenopathy seen.

IMPRESSION: BILATERAL POLYCYSTIC OVARIES

Please correlate clinically.


Dr. Poonam Choudhary
Sonologist.

We regret typographical errors if any. Please contact us for correction.
Reshma