

Dr. Goyal's

Path Lab & Imaging Centre

B-51, Ganesh Nagar, Opp. Janpath Corner, New Sanganer Road, Jaipur-302019
Tele: 0141-2293346, 4049787, 9887049787
Website: www.drgoyalspathlab.com | E-mail: drgoyal@pathlab.com



General Physical Examination

Date of Examination: 26/03/2022

Name: Akansa Sharma Age: 27 DOB: 20/02/1995 Sex: Female

Referred By: BOB

Photo ID: AADHAR ID #: attached

Ht: 168 (cm)

Wt: 83.9 (Kg)

Chest (Expiration): 98 (cm)

Abdomen Circumference: 100 (cm)

Blood Pressure: 124/82 mm Hg

PR: 65 / min

RR: 16 / min

Temp: Afebrile

BMI 29.7

Eye Examination: vision normal. 6/6. N/6

No color blindness

Other: not significant

On examination he/she appears physically and mentally fit: Yes / No

Signature of Examinee: Akansa Sharma

Name of Examinee: Dr. Piyush

M.B.B.S., D.M.D.
RMC Reg. No. - 5179J6

Signature Medical Examiner: _____

Name Medical Examiner: _____



भारत सरकार
Government of India



आकशा शर्मा
Akansha Sharma
जन्म वर्ष / Year of Birth 1995
महिला / Female



8179 0272 8134

आधार - आम आदमी का अधिकार



भारतीय विशिष्ट पहचान प्राधिकरण
Unique Identification Authority of India

पता:

D/O: सुनील दत्त शर्मा, 56, भारतेन्दु
नगर, खातीपुरा, जयपुर, झोटवाडा,
राजस्थान, 302012

Address:

D/O: Sunil Dutt Sharma, 56,
bhartendu nagar, khatipura,
Jaipur, Jhotwara, Rajasthan,
302012

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Dr. P. S. Verma
M.B.B.S., D.M.H.
RMC Reg. No.-0179J6

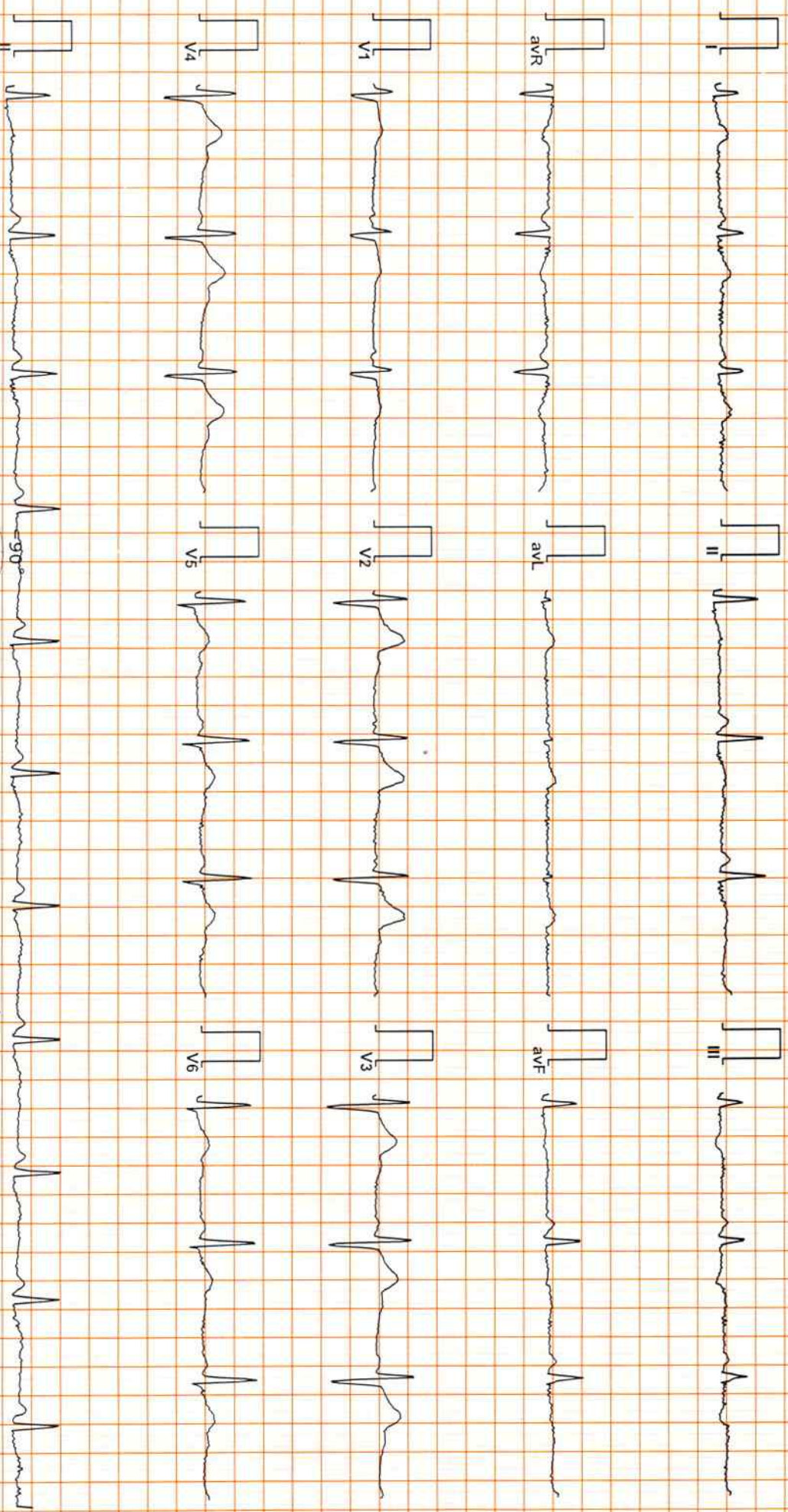
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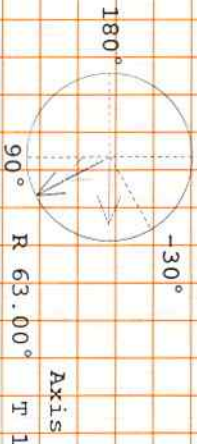
DR. GOYAL PATH LAB & IMAGING CENTER, JAIPUR

ECG

1239 / MRS. AKANSHA SHARMA / 27 Yrs / F / Non Smoker
Heart Rate : 65 bpm / Tested On : 26-Mar-22 11:06:04 / HF 0.05 Hz - LF 35 Hz / Notch 50 Hz / Sn 1.00 Cm/mV / Sw 25 mm/s
/ Refd By: BOB



Vent Rate : 65 bpm
PR Interval : 130 ms
QRS Duration: 84 ms
QT/QTc Int : 408/417 ms
P-QRS-T axis: 64.00° 63.00° 1.00°



Handwritten signature

Reported By:

Handwritten signature
Dr. Neeraj Kumar
RAC No. 35
DIP CARDIO (ESD/CRTS)
D.E.M. (RCGP-UK)

Allengers ECG (P/ScceS)(P/SS216200529)

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Date :- 26/03/2022 10:07:07

Patient ID :-122127917

NAME :- Mrs. AKANSHA SHARMA

Ref. By Dr:- BOB

Sex / Age :- Female 27 Yrs 1 Mon 4 Days

Lab/Hosp :-

Company :- MediWheel



Sample Type :- EDTA

Sample Collected Time 26/03/2022 10:18:23

Final Authentication : 26/03/2022 16:31:43

HAEMATOLOGY

Test Name	Value	Unit	Biological Ref Interval
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BOB PACKAGE FEMALE BELOW 40

GLYCOSYLATED HEMOGLOBIN (HbA1C)

5.9

%

Non-diabetic: < 5.7
Pre-diabetics: 5.7-6.4
Diabetics: = 6.5 or higher
ADA Target: 7.0
Action suggested: > 6.5

Method:- HPLC

Instrument name: ARKRAY's ADAMS Lite HA 8380V, JAPAN.

Test Interpretation:

HbA1C is formed by the condensation of glucose with n-terminal valine residue of each beta chain of HbA to form an unstable schiff base. It is the major fraction, constituting approximately 80% of HbA1c. Formation of glycosylated hemoglobin (GHb) is essentially irreversible and the concentration in the blood depends on both the lifespan of the red blood cells (RBC) (120 days) and the blood glucose concentration. The GHb concentration represents the integrated values for glucose over the period of 6 to 8 weeks. GHb values are free of day to day glucose fluctuations and are unaffected by recent exercise or food ingestion. Concentration of plasma glucose concentration in GHb depends on the time interval, with more recent values providing a larger contribution than earlier values. The interpretation of GHb depends on RBC having a normal life span. Patients with hemolytic disease or other conditions with shortened RBC survival exhibit a substantial reduction of GHb. High GHb have been reported in iron deficiency anemia. GHb has been firmly established as an index of long term blood glucose concentrations and as a measure of the risk for the development of complications in patients with diabetes mellitus. The absolute risk of retinopathy and nephropathy are directly proportional to the mean of HbA1C. Genetic variants (e.g. HbS trait, HbC trait), elevated HbF and chemically modified derivatives of hemoglobin can affect the accuracy of HbA1C measurements. The effects vary depending on the specific Hb variant or derivative and the specific HbA1c method.

Ref by ADA 2020

MEAN PLASMA GLUCOSE

123

mg/dL

Non Diabetic < 100 mg/dL
Prediabetic 100- 125
mg/dL
Diabetic 126 mg/dL or
Higher

Method:- Calculated Parameter

BANWARI
Technologist

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Dr. Chandrika Gupta
MBBS.MD (Path)
RMC NO. 21021/008037

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HAEMATOLOGY

Test Name	Value	Unit	Biological Ref Interval
HAEMOGARAM			
HAEMOGLOBIN (Hb)	13.4	g/dL	12.0 - 15.0
TOTAL LEUCOCYTE COUNT	9.52	/cumm	4.00 - 10.00
DIFFERENTIAL LEUCOCYTE COUNT			
NEUTROPHIL	51.4	%	40.0 - 80.0
LYMPHOCYTE	44.1 H	%	20.0 - 40.0
EOSINOPHIL	1.7	%	1.0 - 6.0
MONOCYTE	2.5	%	2.0 - 10.0
BASOPHIL	0.3	%	0.0 - 2.0
NEUT#	4.90	10 ³ /uL	1.50 - 7.00
LYMPH#	4.20 H	10 ³ /uL	1.00 - 3.70
EO#	0.16	10 ³ /uL	0.00 - 0.40
MONO#	0.23	10 ³ /uL	0.00 - 0.70
BASO#	0.03	10 ³ /uL	0.00 - 0.10
TOTAL RED BLOOD CELL COUNT (RBC)	4.48	x10 ⁶ /uL	3.80 - 4.80
HEMATOCRIT (HCT)	39.50	%	36.00 - 46.00
MEAN CORP VOLUME (MCV)	88.1	fL	83.0 - 101.0
MEAN CORP HB (MCH)	30.0	pg	27.0 - 32.0
MEAN CORP HB CONC (MCHC)	34.0	g/dL	31.5 - 34.5
PLATELET COUNT	355	x10 ³ /uL	150 - 410
RDW-CV	14.0	%	11.6 - 14.0
MENTZER INDEX	19.67		

The Mentzer index is used to differentiate iron deficiency anemia from beta thalassemia trait. If a CBC indicates microcytic anemia, these are two of the most likely causes, making it necessary to distinguish between them. If the quotient of the mean corpuscular volume divided by the red blood cell count is less than 13, thalassemia is more likely. If the result is greater than 13, then iron-deficiency anemia is more likely.

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HAEMATOLOGY

Test Name	Value	Unit	Biological Ref Interval
Erythrocyte Sedimentation Rate (ESR)	06	mm/hr.	00 - 20

(ESR) Methodology : Measurement of ESR by cells aggregation.

Instrument Name : Independent form Hematocrit value by Automated Analyzer (Roller-20)

Interpretation : ESR test is a non-specific indicator of inflammatory disease and abnormal protein states.

The test is used to detect, follow course of a certain disease (e.g-tuberculosis, rheumatic fever, myocardial infarction)

Levels are higher in pregnancy due to hyperfibrinogenaemia.

The "3-figure ESR" $\times > 100$ value nearly always indicates serious disease such as a serious infection, malignant paraproteinaemia or connective tissue disease.

(CBC): Methodology: FLC/DLC Fluorescent Flow cytometry, HB SLS method, TRBC, PCV, PLT Hydrodynamically focused Impedance. and MCH, MCV, MCHC, MENTZER INDEX are calculated. Instrument Name: Sysmex 6 part fully automatic analyzer XN-L, Japan

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Lab/Hosp :-



Sample Type :- PLAIN/SERUM

Sample Collected Time 26/03/2022 10:18:23

Final Authentication : 26/03/2022 16:28:13

BIOCHEMISTRY

Test Name	Value	Unit	Biological Ref Interval
LIPID PROFILE			
TOTAL CHOLESTEROL Method:- Enzymatic Endpoint Method	186.02	mg/dl	Desirable <200 Borderline 200-239 High > 240
TRIGLYCERIDES Method:- GPO-PAP	192.85 H	mg/dl	Normal <150 Borderline high 150-199 High 200-499
VLDL CHOLESTEROL Method:- Calculated	38.57	mg/dl	Very high >500 0.00 - 80.00

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BIOCHEMISTRY

Test Name	Value	Unit	Biological Ref Interval
DIRECT HDL CHOLESTEROL Method:- Direct clearance Method	42.50	mg/dl	Low < 40 High > 60
DIRECT LDL CHOLESTEROL Method:- Direct clearance Method	111.38	mg/dl	Optimal <100 Near Optimal/above optimal 100-129 Borderline High 130-159 High 160-189 Very High > 190
T.CHOLESTEROL/HDL CHOLESTEROL RATIO Method:- Calculated	4.38		0.00 - 4.90
LDL / HDL CHOLESTEROL RATIO Method:- Calculated	2.62		0.00 - 3.50
TOTAL LIPID Method:- CALCULATED	632.56	mg/dl	400.00 - 1000.00
TOTAL CHOLESTEROL InstrumentName:Randox Rx Imola Interpretation: Cholesterol measurements are used in the diagnosis and treatments of lipid lipoprotein metabolism disorders.			
TRIGLYCERIDES InstrumentName:Randox Rx Imola Interpretation: Triglyceride measurements are used in the diagnosis and treatment of diseases involving lipid metabolism and various endocrine disorders e.g. diabetes mellitus, nephrosis and liver obstruction.			
DIRECT HDLCHOLESTERO InstrumentName:Randox Rx Imola Interpretation: An inverse relationship between HDL-cholesterol (HDL-C) levels in serum and the incidence/prevalence of coronary heart disease (CHD) has been demonstrated in a number of epidemiological studies. Accurate measurement of HDL-C is of vital importance when assessing patient risk from CHD. Direct measurement gives improved accuracy and reproducibility when compared to precipitation methods.			
DIRECT LDL-CHOLESTEROL InstrumentName:Randox Rx Imola Interpretation: Accurate measurement of LDL-Cholesterol is of vital importance in therapies which focus on lipid reduction to prevent atherosclerosis or reduce its progress and to avoid plaque rupture.			
TOTAL LIPID AND VLDL ARE CALCULATED			

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BIOCHEMISTRY

Test Name	Value	Unit	Biological Ref Interval
LIVER PROFILE WITH GGT			
SERUM BILIRUBIN (TOTAL) Method:- Colorimetric method	0.60	mg/dl	Up to - 1.0 Cord blood <2 mg/dL Premature < 6 days <16mg/dL Full-term < 6 days= 12 mg/dL 1month - <12 months <2 mg/dL 1-19 years <1.5 mg/dL Adult - Up to - 1.2 Ref-(ACCP 2020)
SGOT Method:- IFCC	29.9	U/L	Men- Up to - 37.0 Women - Up to - 31.0
SGPT Method:- IFCC	34.9 H	U/L	Men- Up to - 40.0 Women - Up to - 31.0
SERUM ALKALINE PHOSPHATASE Method:- AMP Buffer	105.10	IU/L	30.00 - 120.00
SERUM TOTAL PROTEIN Method:- Biuret Reagent	8.07	g/dl	6.40 - 8.30
SERUM ALBUMIN Method:- Bromocresol Green	4.52	g/dl	3.80 - 5.00
SERUM GLOBULIN Method:- CALCULATION	3.55 H	gm/dl	2.20 - 3.50
A/G RATIO	1.27 L		1.30 - 2.50

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BIOCHEMISTRY

Test Name	Value	Unit	Biological Ref Interval
SERUM BILIRUBIN (DIRECT) Method:- Colorimetric Method	0.29	mg/dL	Adult - Up to 0.25 Newborn - <0.6 mg/dL >- 1 month - <0.2 mg/dL
SERUM BILIRUBIN (INDIRECT) Method:- Calculated	0.31	mg/dl	0.30-0.70
SERUM GAMMA GT Method:- IFCC	26.10	U/L	7.00 - 32.00

Total Bilirubin Methodology: Colorimetric method InstrumentName: Randox Rx Imola Interpretation: An increase in bilirubin concentration in the serum occurs in toxic or infectious diseases of the liver e.g. hepatitis B or obstruction of the bile duct and in rhesus incompatible babies. High levels of unconjugated bilirubin indicate that too much haemoglobin is being destroyed or that the liver is not actively treating the haemoglobin it is receiving.

AST Aspartate Aminotransferase Methodology: IFCC InstrumentName: Randox Rx Imola Interpretation: Elevated levels of AST can signal myocardial infarction, hepatic disease, muscular dystrophy and organ damage. Although heart muscle is found to have the most activity of the enzyme, significant activity has also been seen in the brain, liver, gastric mucosa, adipose tissue and kidneys of humans.

ALT Alanine Aminotransferase Methodology: IFCC InstrumentName: Randox Rx Imola Interpretation: The enzyme ALT has been found to be in highest concentrations in the liver, with decreasing concentrations found in kidney, heart, skeletal muscle, pancreas, spleen and lung tissue respectively. Elevated levels of the transaminases can indicate myocardial infarction, hepatic disease, muscular dystrophy and organ damage.

Alkaline Phosphatase Methodology: AMP Buffer InstrumentName: Randox Rx Imola Interpretation: Measurements of alkaline phosphatase are of use in the diagnosis, treatment and investigation of hepatobiliary disease and in bone disease associated with increased osteoblastic activity. Alkaline phosphatase is also used in the diagnosis of parathyroid and intestinal disease.

TOTAL PROTEIN Methodology: Biuret Reagent InstrumentName: Randox Rx Imola Interpretation: Measurements obtained by this method are used in the diagnosis and treatment of a variety of diseases involving the liver, kidney and bone marrow as well as other metabolic or nutritional disorders.

ALBUMIN (ALB) Methodology: Bromocresol Green InstrumentName: Randox Rx Imola Interpretation: Albumin measurements are used in the diagnosis and treatment of numerous diseases involving primarily the liver or kidneys. Globulin & A/G ratio is calculated.

Instrument Name Randox Rx Imola Interpretation: Elevations in GGT levels are seen earlier and more pronounced than those with other liver enzymes in cases of obstructive jaundice and metastatic neoplasms. It may reach 5 to 30 times normal levels in intra- or post-hepatic biliary obstruction. Only moderate elevations in the enzyme level (2 to 5 times normal) are observed with infectious hepatitis.

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Sample Type :- PLAIN/SERUM

Sample Collected Time 26/03/2022 10:18:23

Final Authentication : 26/03/2022 16:08:57

IMMUNOASSAY

Test Name	Value	Unit	Biological Ref Interval
TOTAL THYROID PROFILE			
SERUM TSH ULTRA Method:- Enhanced Chemiluminescence Immunoassay	2.2720	μIU/mL	0.4001 - 4.0490

MUKESH SINGH
Technologist

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DR. TANURUNGTA
M.D (Path) RMC No.-17226

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IMMUNOASSAY

Test Name	Value	Unit	Biological Ref Interval
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SERUM TOTAL T3
 Method:- Chemiluminescence(Competitive immunoassay) 1.400 ng/ml 0.970 - 1.690

SERUM TOTAL T4
 Method:- Chemiluminescence(Competitive immunoassay) 8.580 ug/dl 5.500 - 11.000

InstrumentName: VITROS ECI **Interpretation:** Triiodothyronine (T3) contributes to the maintenance of the euthyroid state. A decrease in T3 concentration of up to 50% occurs in a variety of clinical situations, including acute and chronic disease. Although T3 results alone cannot be used to diagnose hypothyroidism, T3 concentration may be more sensitive than thyroxine (T4) for hyperthyroidism. Consequently, the total T3 assay can be used in conjunction with other assays to aid in the differential diagnosis of thyroid disease. T3 concentrations may be altered in some conditions, such as pregnancy, that affect the capacity of the thyroid hormone-binding proteins. Under such conditions, Free T3 can provide the best estimate of the metabolically active hormone concentration. Alternatively, T3 uptake, or T4 uptake can be used with the total T3 result to calculate the free T3 index and estimate the concentration of free T3.

InstrumentName: VITROS ECI **Interpretation:** The measurement of Total T4 aids in the differential diagnosis of thyroid disease. While >99.9% of T4 is protein-bound, primarily to thyroxine-binding globulin (TBG), it is the free fraction that is biologically active. In most patients, the total T4 concentration is a good indicator of thyroid status. T4 concentrations may be altered in some conditions, such as pregnancy, that affect the capacity of the thyroid hormone-binding proteins. Under such conditions, free T4 can provide the best estimate of the metabolically active hormone concentration. Alternatively, T3 uptake may be used with the total T4 result to calculate the free T4 index (FT4I) and estimate the concentration of free T4. Some drugs and some nonthyroidal patient conditions are known to alter T4 concentrations in vivo.

InstrumentName: VITROS ECI **Interpretation:** TSH stimulates the production of thyroxine (T4) and triiodothyronine (T3) by the thyroid gland. The diagnosis of overt hypothyroidism by the finding of a low total T4 or free T4 concentration is readily confirmed by a raised TSH concentration. Measurement of low or undetectable TSH concentrations may assist the diagnosis of hyperthyroidism, where concentrations of T4 and T3 are elevated and TSH secretion is suppressed. These have the advantage of discriminating between the concentrations of TSH observed in thyrotoxicosis, compared with the low, but detectable, concentrations that occur in subclinical hyperthyroidism. The performance of this assay has not been established for neonatal specimens. Some drugs and some nonthyroidal patient conditions are known to alter TSH concentrations in vivo.

INTERPRETATION

PREGNANCY	REFERENCE RANGE FOR TSH IN uIU/mL (As per American Thyroid Association)
1st Trimester	0.10-2.50
2nd Trimester	0.20-3.00
3rd Trimester	0.30-3.00

MUKESH SINGH
 Technologist

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Tanurungta

DR. TANURUNGTA
 M.D (Path) RMC No.-17226

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Sample Type :- URINE

Sample Collected Time 26/03/2022 10:18:23

Final Authentication : 26/03/2022 12:27:23

CLINICAL PATHOLOGY

Test Name	Value	Unit	Biological Ref Interval
Urine Routine			
<u>MICROSCOPY EXAMINATION</u>			
RBC/HPF	NIL	/HPF	NIL
WBC/HPF	2-3	/HPF	2-3
EPITHELIAL CELLS	3-5	/HPF	2-3
CRYSTALS/HPF	ABSENT		ABSENT
CAST/HPF	ABSENT		ABSENT
AMORPHOUS SEDIMENT	ABSENT		ABSENT
BACTERIAL FLORA	ABSENT		ABSENT
YEAST CELL	ABSENT		ABSENT
OTHER	ABSENT		ABSENT

POOJABOHRA
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Sample Type :- URINE

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Final Authentication : 26/03/2022 12:27:23

CLINICAL PATHOLOGY

Test Name	Value	Unit	Biological Ref Interval
<u>PHYSICAL EXAMINATION</u>			
COLOUR	PALE YELLOW		PALE YELLOW
APPEARANCE	Clear		Clear
<u>CHEMICAL EXAMINATION</u>			
REACTION(PH)	5.5		5.0 - 7.5
SPECIFIC GRAVITY	1.025		1.010 - 1.030
PROTEIN	NIL		NIL
SUGAR	NIL		NIL
BILIRUBIN	NEGATIVE		NEGATIVE
UROBILINOGEN	NORMAL		NORMAL
KETONES	NEGATIVE		NEGATIVE
NITRITE	NEGATIVE		NEGATIVE

POOJABOHRA
Technologist

Page No: 11 of 14



Dr. Chandrika Gupta
MBBS,MD (Path)
RMC NO. 21021/008037

"CONDITIONS OF REPORTING SEE OVER LEAF"

Dr. Goyal's

Path Lab & Imaging Centre

B-51, Ganesh Nagar, Opp. Janpath Corner, New Sanganer Road, Jaipur-302019
Tele: 0141-2293346, 4049787, 9887049787
Website: www.drgoyalspathlab.com | E-mail: drgoyalpiyush@gmail.com



Date :- 26/03/2022 10:07:07

Patient ID :-122127917



NAME :- Mrs. AKANSHA SHARMA

Ref. By Dr:- BOB

Sex / Age :- Female 27 Yrs 1 Mon 4 Days

Lab/Hosp :-

Company :- MediWheel

Sample Type :- EDTA, PLAIN/SERUM, URINE, SPINE Collected Time 26/03/2022 14:52:13

Final Authentication : 26/03/2022 16:31:43

HAEMATOLOGY

Test Name	Value	Unit	Biological Ref Interval
BLOOD GROUP ABO	"O" POSITIVE		
BLOOD GROUP ABO Methodology : Haemagglutination reaction Kit Name : Monoclonal agglutinating antibodies (Span clone).			
URINE SUGAR (FASTING) Collected Sample Received	Nil		Nil
URINE SUGAR PP Collected Sample Received	Nil		Nil
BLOOD UREA NITROGEN (BUN)	8.5	mg/dl	0.0 - 23.0

*** End of Report ***

BANWARI, JITENDRAKUMAWAT, POOJABOHRA
Technologist

Page No: 14 of 14



Dr. Piyush Goyal
(D.M.R.D.)
Dr. Chandrika Gupta

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Sex / Age :- Female 27 Yrs 1 Mon 4 Days
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Patient ID :- 122127917
Ref. By Doctor :- BOB
Lab/Hosp :-

Final Authentication : 26/03/2022 17:29:26

BOB PACKAGEFEMALE BELOW 40

CHEST X RAY (PA VIEW)

Bilateral lung fields appear clear.
Bilateral costo-phrenic angles appear clear.
Cardiothoracic ratio is normal.
Thoracic soft tissue and skeletal system appear unremarkable.
Soft tissue shadows appear normal.

IMPRESSION: No significant abnormality is detected.

DR. SHALINI GOEL
M.B.B.S, D.N.B (Radiodiagnosis)

*** End of Report ***

Page No: 1 of 1

Dr. Piyush Goyal
(D.M.R.D.) BILAL

Dr. Piyush Goyal
M.B.B.S., D.M.R.D.
RMC Reg No. 017996

Dr. Poonam Gupta
MBBS, MD (Radio Diagnosis)
RMC No. 32495

Dr. Tej Prakash Gupta
MBBS, DMRD, UCAM
Fetal Medicine Specialist
RMC No 24436 FMF ID 102534

Dr. Rathod Hetali Amrutlal
MBBS, M.D. (Radio-Diagnosis)
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Transcript by.

This report is not valid for medico-legal purpose.

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NAME:	MRS AKANSHA SHARMA	AGE	34 YRS
REF. BY	BOB	DATE	26.03.2022

2D-ECHOCARDIOGRAPHY M.MODE WITH DOPPLER STUDY:

FAIR TRANSTHORACIC ECHOCARDIOGRAPHIC WINDOW MORPHOLOGY:

MITRAL VALVE	NORMAL	TRICUSPID VALVE	NORMAL
AORTIC VALVE	NORMAL	PULMONARY VALVE	NORMAL

M.MODE EXAMINATION:

AO	20	mm	LA	23	Mm	IVS-D	8	mm
IVS-S	13	mm	LVID	34	Mm	LVSD	21	mm
LVPW-D	8	mm	LVPW-S	15	Mm	RV		mm
RVWT		mm	EDV		ml	LVVS		ml
LVEF	68%		RWMA			ABSENT		

CHAMBERS:

LA	NORMAL	RA	NORMAL
LV	NORMAL	RV	NORMAL
PERICARDIUM		NORMAL	

COLOUR DOPPLER:

MITRAL VALVE			
E VELOCITY	0.95	m/sec	PEAK GRADIENT
A VELOCITY	0.50	m/sec	MEAN GRADIENT
MVA BY PHT		Cm2	MVA BY PLANIMETRY
MITRAL REGURGITATION			ABSENT
AORTIC VALVE			
PEAK VELOCITY	1.38	m/sec	PEAK GRADIENT
AR VMAX		m/sec	MEAN GRADIENT
AORTIC REGURGITATION			ABSENT
TRICUSPID VALVE			
PEAK VELOCITY	0.55	m/sec	PEAK GRADIENT
MEAN VELOCITY		m/sec	MEAN GRADIENT
VMax VELOCITY			
TRICUSPID REGURGITATION			ABSENT
PULMONARY VALVE			
PEAK VELOCITY	1.0	M/sec.	PEAK GRADIENT
MEAN VELOCITY			MEAN GRADIENT
PULMONARY REGURGITATION			ABSENT

Impression--

Normal LV size & contractility
 No RWMA, LVEF 68 %.
 Normal cardiac chamber.
 Normal valve
 No clot, no vegetation, no pericardial effusion.

Dr. Naresh Kumar Mohanka
 RMC No. 35703
 MBBS, DIP. CARDIO (FRCORTS)
 D.E.M. (RCGP-UK)

Dr. Piyush Goyal
 M.B.B.S., D.M.R.D.
 RMC Reg No. 017996

Dr. Poonam Gupta
 MBBS, MD (Radio Diagnosis)
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Sex / Age :- Female 27 Yrs 1 Mon 4 Days
Company :- MediWheel

Patient ID :- 122127917
Ref. By Doctor :- BOB
Lab/Hosp :-

Final Authentication : 26/03/2022 14:57:51

BOB PACKAGE FEMALE BELOW 40

ULTRA SOUND SCAN OF ABDOMEN

Liver is of normal size. Echo-texture is normal. No focal space occupying lesion is seen within liver parenchyma. Intra hepatic biliary channels are not dilated. Portal vein diameter is normal.

Gall bladder is contracted (post meal status).

Pancreas is (head & body) normal size and contour. Echo-pattern is normal. No focal lesion is seen within pancreas.

Spleen is of normal size and shape. Echotexture is normal. No focal lesion is seen.

Kidneys are normally sited and are of normal size and shape. Cortico-medullary echoes are normal. No focal lesion is seen. Collecting system does not show any dilatation or calculus.

Urinary Bladder: is minimal distended and showing smooth wall with normal thickness. Urinary bladder does not show any calculus or mass lesion.

Uterus is anteverted and normal in size Myometrium shows normal echo - pattern. No focal space occupying lesion is seen. Endometrial echo is normal.

Both ovaries are visualised and are normal. No adnexal mass is seen.

No enlarged nodes are visualised. No retro-peritoneal lesion is identified.
No significant free fluid is seen in pouch of douglas.

RIF / LIF shows gas filled bowel loops.

IMPRESSION:

Normal Study.

Needs clinical correlation & further evaluation

Page No: 1 of 1

*** End of Report ***

ANITASHARMA

Dr. Piyush Goyal
M.B.B.S., D.M.R.D.
RMC Reg No. 017996

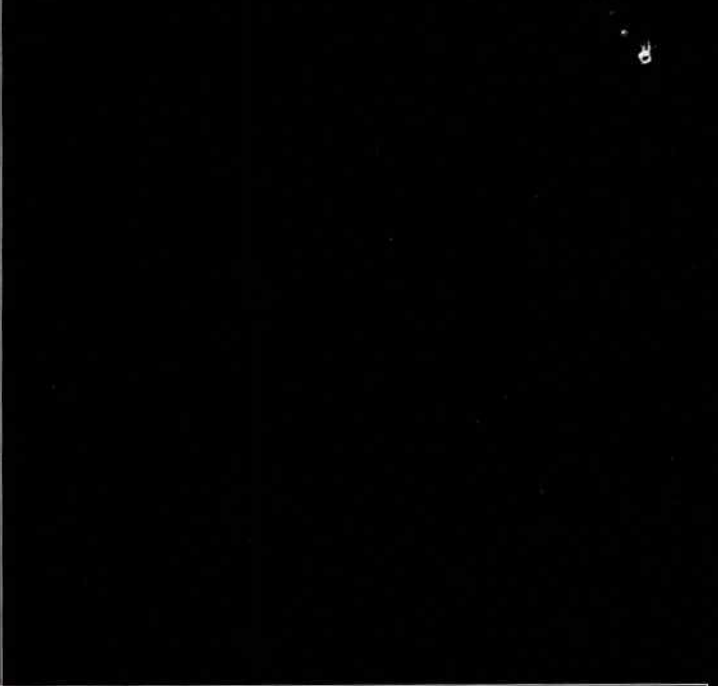
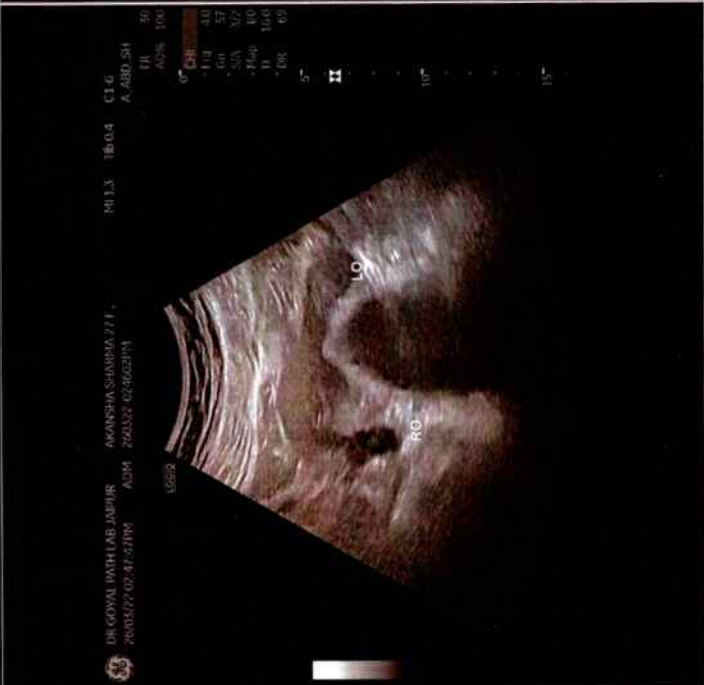
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RMC Reg No. 27380

Transcript by.

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Dr. Goyal's Path Lab

Name **AKANSHA SHARMA**
Patient Id **AKANS34_34282**

Date **03/26/2022**
Diagnosis Dr.

