



CARDIOLOGY

ECHOCARDIOGRAM REPORT

NAME: MRS. MANJU KANDPAL AGE/SEX:39/F DATE:29/03/2024

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)	3.0cm (2.1 - 3.7 cm)	LVIDs 1.0cm (0.6 - 1.2 cm)
IVSd	1.1cm (1.5 - 3.0 cm)	LVPWs 1.8 CM (0.6 - 1.2 cm)
LVIDd	4.0cm (3.6 - 5.2 cm)	EF 60% (60% - 85%)
LVPWd	2.8cm (2.3 - 3.9 cm)	FS 18% (30% - 42%)

MORPHOLOGICAL DATA

Mitral Valve: Normal
AML : Normal
PML : Normal
Aortic Valve : Normal
Tricuspid Valve : Normal
Pulmonary Valve : Normal
Right Ventricle : Normal
Left Ventricle : Normal

Interatrial septum : Intact
Interventricular Septum : Intact
Pulmonary Artery : Normal
Aorta : Normal
Right Atrium : Normal
Left Atrium : 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.



DEPARTMENT OF RADIOLOGY & IMAGING

PT.NAME: MRS. MANJU KANDPAL

AGE/SEX-39Y/F

UHID NO- --

DATE: 29/MAR/2024

REF.BY- DR. (MAJ) SAURABH MAYANK

USG WHOLE ABDOMEN

LIVER: is normal in size, measures approx 12.2 cms and has a normal homogeneous echotexture.

PORTAL VEIN: is not dilated. Intrahepatic biliary radicals are not dilated.

GALL BLADDER: is partially distended with normal wall thickness.

CBD: is not dilated with clear lumen. No calculus is seen.

PANCREAS: Visualized part of pancreas is normal in size, shape with normal homogeneous echotexture. **MPD**: is not dilated.

SPLEEN: is normal in size (~9.6 cms) and has a normal homogeneous echotexture.

RIGHT KIDNEY: is normal in size and echotexture.

- Cortical echogenicity is normal.
- Cortico-medullary demarcation is maintained.
- Parenchymal thickness appears normal.
- Pelvicalyceal system is not dilated.

LEFT KIDNEY: is normal in size and echotexture.

- Cortical echogenicity is normal.
- Cortico-medullary demarcation is maintained.
- Parenchymal thickness appears normal.
- Pelvicalyceal system is not dilated.

-----PTO



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 8.3 mm.

BOTH OVARIES: are normal in size and echotexture. Both adnexa are clear. 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 -*

➤ ***No significant abnormality is seen.***

(Adv-Clinico-pathological correlation)

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

Number of images-05

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.



Date 29/03/2024 12:36:52 PM
Name Mrs. MANJU KANDPAL
Ref. By Dr. SELF

Srl No. 1028
Age 39 Yrs.
Sex F

UHID No. OPD
Printed on 11/04/2024 03:33 PM

Test Name	Value	Unit	Normal Value
COMPLETE HAEMOGRAM Erba Mannheim Elite 580			
HAEMOGLOBIN (Hb)	9.3	gm / dL	11.5 - 16.5
TOTAL LEUCOCYTE COUNT (TLC)	11,530	cells / cu mm	4000 - 11000
DIFFERENTIAL LEUCOCYTE COUNT (DLC)			
NEUTROPHIL	78	%	40 - 75
LYMPHOCYTE	17	%	20 - 40
EOSINOPHIL	01	%	01 - 06
MONOCYTE	04	%	02 - 10
BASOPHIL	00	%	0 - 0
RBC COUNT	3.83	million / cu mm	3.8 - 4.8
P.C.V / HAEMATOCRIT	27.9	%	35 - 45
M C V	72.846	fl.	80 - 100
M C H	24.282	Picogram	27.0 - 31.0
M C H C	33.33	gm / dL	32 - 36
PLATELET COUNT	3,00,000	Lakh / cu mm	150000 - 400000
ESR	66	mm / 1st hr	0 - 20
VESMATIC EASY - AUTOMATED			

HAEMATOLOGY

BLOOD GROUP ABO	"A"
RH TYPING	POSITIVE
Hb A1c	5.8 %

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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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.

LIVER FUNCTION TEST (LFT)

Roche cobas c 311

BILIRUBIN TOTAL DPD	0.94	mg / dL	0 - 1.2
CONJUGATED (D. Bilirubin) Jendrassik-Grof	0.49	mg / dL	0.00 - 0.30
UNCONJUGATED (I.D.Bilirubin)	0.45	mg / dL	0.00 - 0.70
TOTAL PROTEIN Biuret	7.0	gm / dL	6.6 - 8.3
ALBUMIN BCP	4.0	gm / dL	3.5 - 5.5
GLOBULIN	3.0	gm / dL	2.5 - 4.0
A/G RATIO	1.333	%	0.8 - 2.0
SGOT IFCC	19.5	IU / L	5.0 - 45.0
SGPT IFCC	21.5	IU / L	5.0 - 49.0
ALKALINE PHOSPHATASE IFCC	110.0	U / L	60.0 - 170.0
GAMMA GT IFCC	35.6	IU / L	6.0 - 42.0

LIPID PROFILE

Roche cobas c 311

TRIGLYCERIDES GPO-PAP	176.0	mg / dL	40.0 - 165.0
TOTAL CHOLESTEROL CHOD-PAP	182.0	mg / dL	0.0 - 200.0

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Test Name	Value	Unit	Normal Value
HDL CHOLESTEROL DIRECT	41.7	mg / dL	40.0 - 79.4
VLDL	35.2	mg / dL	4.7 - 22.1
LDL CHOLESTEROL DIRECT	105.1	mg / dL	63.0 - 129.0
TOTAL CHOLESTEROL / HDL RATIO	4.365		0.0 - 4.97
LDL / HDL CHOLESTEROL RATIO	2.52		0.00 - 3.55

BIOCHEMISTRY

BLOOD SUGAR FASTING HEXOKINASE	97.5	mg / dL	60.0 - 110.0
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THYROID PROFILE
MINI VIDAS : BIOMERIEUX

T3 ELFA Method	0.96	ng / mL	0.60 - 1.81
T4 ELFA Method	6.28	ug / dL	4.5 - 10.9
TSH ELFA Method	2.22	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

<u>ADULTS</u>	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.

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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.
2. Primary hyperthyroidism is accompanied by elevated serum T3 and T4 levels along with depressed TSH values.
3. Normal T4 levels are accompanied by increased T3 in patients with T3 thyrotoxicosis.
4. Slightly elevated T3 levels may be found in pregnancy and estrogen therapy, while depressed levels may be encountered in severe illness, renal failure and during therapy with drugs like propranolol and propyl thiouracil.
5. Although elevated TSH levels are nearly always indicative of primary hypothyroidism, and may be seen in secondary thyrotoxicosis.

URINE EXAMINATION TEST

PHYSICAL EXAMINATION

QUANTITY	20	mL	
COLOUR	PALE YELLOW		
TRANSPARENCY	SLIGHTLY TURBID		
SPECIFIC GRAVITY	Q.N.S.		Q.N.S.
PH	5.5		6.0

CHEMICAL EXAMINATION

ALBUMIN	NIL
SUGAR	NIL

MICROSCOPIC EXAMINATION

PUS CELLS	3-4	/ HPF	
RBCs	NIL	/ HPF	NIL

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Test Name	Value	Unit	Normal Value
CASTS	NIL	/ HPF	NIL
CRYSTALS	NIL		NIL
EPITHELIAL CELLS	15-20	/ HPF	
BACTERIA	BACILLI (++)		NIL
OTHERS	NIL		NIL
<u>BIOCHEMISTRY</u>			
BLOOD UREA Urease / GLDH	17.9	mg / dL	15.0 - 40.0
SERUM CREATININE Jaffe	0.69	mg / dL	0.6 - 1.2
SERUM URIC ACID Enzymatic	6.4	mg / dL	2.4 - 6.0

**** End Of Report ****

LAB TECHNICIAN

DR. ANAMIKA YADAV
MBBS DNB PATHOLOGY