

Package 77910 @ 51

Near Sri Raghavendra Swamy Mutt, Tilak Nagar,
Durgigudi, Shivamogga, Karnataka-577201



S242500014

OP Registration Card

Registration No. : S242500014
 Patient Name : MRS. BHAGYALAKSHMI
 Date & Time : 01-04-2024 09:38 AM
 Father/Spouse : B N MANJUNATH
 Marital Status : Married
 Age/Sex : 52Y/F
 Address : GOPALA GOWDA EXTN, SHIVAMOGGA
 Mobile No. : 8762161585
 Plan : GENERAL
 Department : INTERNAL MEDICINE
 Consultant : DR. SHUNYA SAMPAD

Complaints:

Hypothyroidism on 70

T. Thyroxine 50

Clinical Findings:

cl/ cough x 15d

Non productive

Diagnosis:

Easy fatigability x 15d

Rp: 120/80 mmHg

Investigations:

CNS
CNS
T4S | my

Cross Reference:

Treatment/Prescriptions:

→

→ To continue old thyroid medications

Signature of Consultant

2

① MAR BARRY plus 001 ①

② MAR February 1-50 ②0

AS
Jury



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Address : GOPALA GOWDA EXTN, SHIVAMOGGA
Plan : OPREG
Department : DR SANDHYA S S Consultant : DR. SANDHYA S S

Complaints:

package health checkup

Clinical Findings:

On. Thyromom - 50mg ~~1000mg~~ OD 5 15g

130/80

Diagnosis:

BL breast - (N) CUS } WAD
R_s }
P_L
L_{CB} - 15g.
Not sterilised

Investigations:

MS → Co healthy
pap smear taken
- Menopause
attained
dry back

Cross Reference:

R/w: pap smear report.

Treatment/Prescriptions:

Signature of Consultant

8147169218
(10:30 to 7pm)



Near Sri Raghavendra Swamy Mutt, Tilak Nagar,
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S242500014

(11am to 3pm)

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Address : GOPALA GOWDA EXTN, SHIVAMOGGA
Plan : OPREG
Department : DENTISTRY Consultant : DR. DEEPA ARUN

Complaints:

Check up done

OLE Stains +

Clinical Findings:

Calculus ++ present

Gen. gingival inflammation

Cross teeth

Missing teeth right lower quadrant

Diagnosis:

Adv: Scaling & Polishing

Restorations

Replacement of missing teeth

Investigations:

Cross Reference:

Treatment/Prescriptions:

Signature of Consultant

Dr. DEEPA ARUN
BDS., MDS.
PERIODONTIST
Reg.No. 5666-A



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Address : GOPALA GOWDA EXTN, SHIVAMOGGA
Plan : OPREG
Department : ENT Consultant : DR. PRASHANTH C D

Complaints:

PT for low hearing

Clinical Findings:

OTIF (R) wax
(L) canal wall wax

Diagnosis:

NOI
Ptx Ptx Uea

Investigations:

R
Oto ex candrop (L)
e OTO

Cross Reference:

The 120 K.

Treatment/Prescriptions:



Dr. Prashanth C.D.
ENT, Head & Neck Surgery
Signature of Consultant

CARDIOPRINT

01.04.202 13:32:03
sarjı super s y hospital
SHIMOGA

Location:
Order Nu:
Indication:
Medication 1:
Medication 2:
Medication 3:

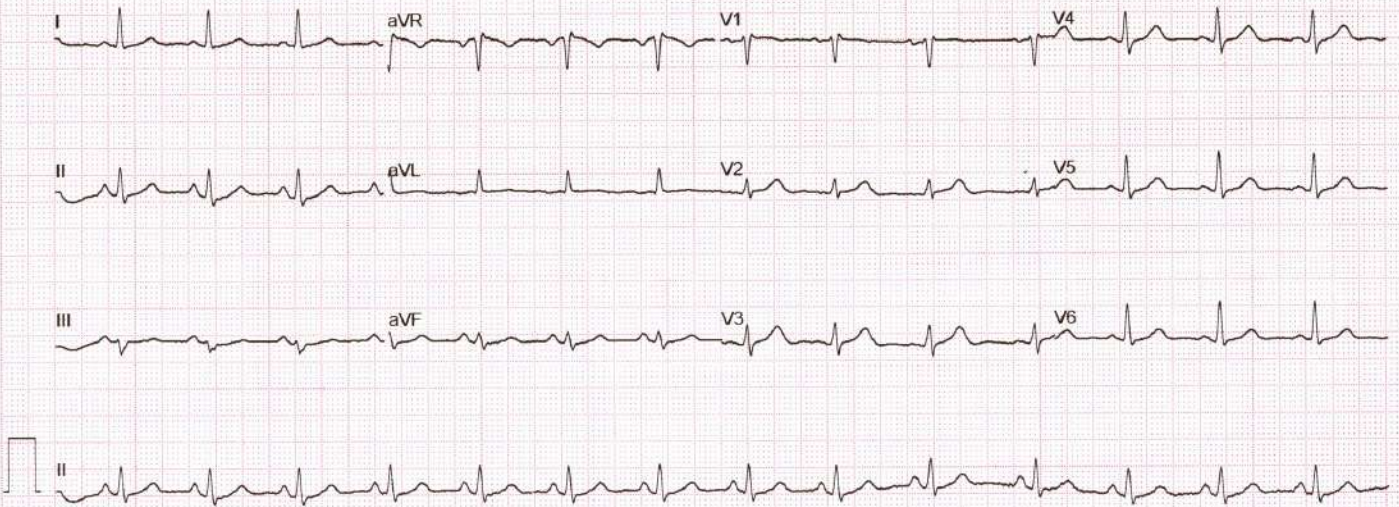
87 bpm
- / - mmHg

MRS + Bbag yela tes hmi

QRS : 86 ms
QT / QTcBaz : 366 / 440 ms
PR : 130 ms
P : 110 ms
RR / PP : 690 / 689 ms
P / QRS / T : 65 / 15 / 50 degrees

Normal sinus rhythm
Normal ECG

Technician:
Ordering Ph:
Referring Ph:
Attending Ph:



ADULT TRANS-THORACIC ECHO REPORT

| | | |
|--|--------------------------|-------------------------|
| PATIENT NAME : MRS.BHAGYALAKSMI | AGE :52YRS | SEX : FEMALE |
| REF. DOCTOR : DR.SHUNYA SAMPAD | OP/IP: S242500014 | DATE :01.04.2024 |

FINDINGS

ATRIA

LEFT ATRIUM : Normal

RIGHT ATRIUM : Normal

ATRIOVENTRICULAR VALVES

MITRAL VALVE : Normal

TRICUSPID VALVE : Normal

VENTRICLES

LEFT VENTRICLE : Normal

RIGHT VENTRICLE : Normal

SEPTAE

INTERATRIAL SEPTUM : Intact

INTERVENTRICULAR SEPTUM : Intact

SEMILUNAR VALVES

AORTIC VALVE : Normal

PULMONARY VALVE : Normal



GREAT ARTERIES

AORTA : Normal AORTIC ARCH : Normal
ASCENDING AORTA : Normal PULMONARY ARTERY : Normal
PDA : No
PERICARDIUM : No Pericardial Effusion
THROMBUS / VEGETATION : Nil

DOPPLER

| VALVES | PEAK VELOCITY | PEAK GRADIENT | REMARKS |
|-----------|-------------------------|--------------------|-----------------|
| MITRAL | E-1.3 m/sec, A-0.9m/sec | - | E>A; MR-Trivial |
| TRICUSPID | 0.6 m/sec | TR Gradient-21mmHg | TR- Trivial |
| AORTIC | 1.6 m/sec | 11mmHg | |
| PULMONARY | 0.89m/sec | 3 mmHg | - |

M MODE

| | | | |
|-----------|--------------|-------------|-------------|
| AO : 25mm | LVIDd : 45mm | IVSd : 11mm | EDV : ml |
| LA : 32mm | LVIDs : 31mm | PWd: 10mm | ESV : ml |
| | LVEF : 60% | FS : 30% | TAPSE: 18mm |

OTHER: Sinus Rhythm {HR-80bpm}
IVC-11/5 mm, Normal Collapsing

WALLMOTION ABNORMALITIES : NO RWMA

FINAL DIAGNOSIS:

- ❖ NO RWMA
- ❖ NORMAL LV SYSTOLIC FUNCTION
- ❖ LVEF-60%
- ❖ MR/TR-TRIVIAL
- ❖ NO CLOT / VEGETATION

DONE BY : Harshitha (Bsc.CVT)

Dr.Vijeth H
MD, DNB (Interventional Cardiology)
Consultant Cardiologist

Name **MRS.BHAGYALAKSHMI,52Y,**
Patient Id **S242500014**

Gender **Female**
Date **01/04/2024**

Image 1

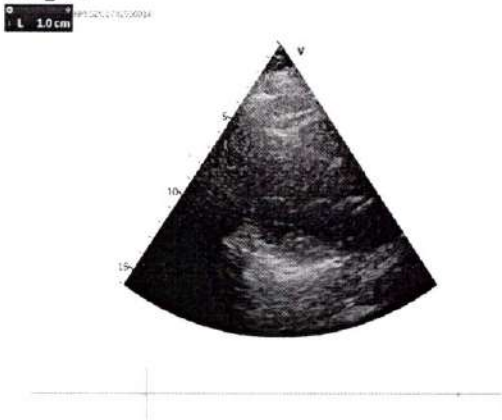


Image 2

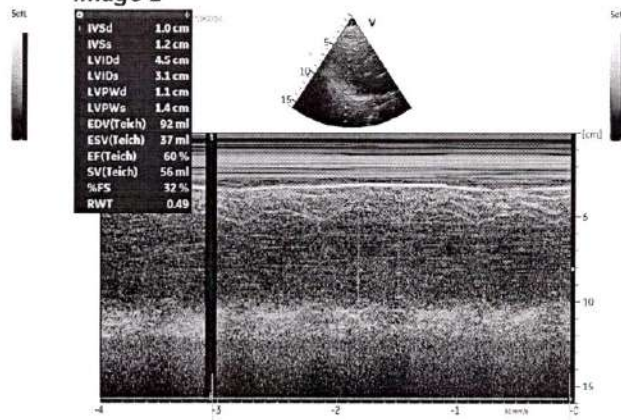


Image 3

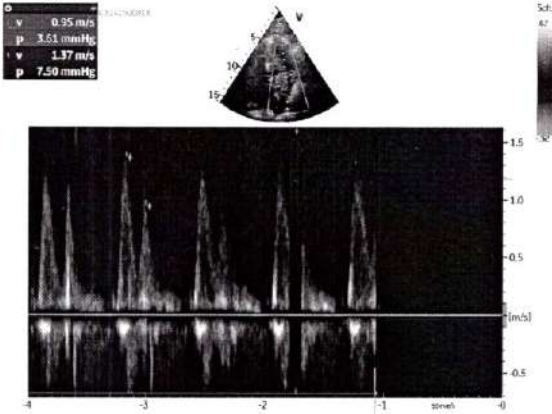
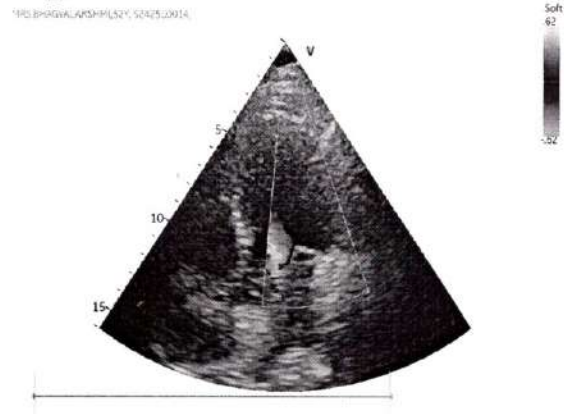


Image 4



| | | | |
|-------------|----------------------------|--------------------|--------------------------|
| Name | : BHAGYALAKSHMI | REG/LAB NO. | : 24040016 / 40307 |
| AGE/SEX | : 52 Yrs / Female | UHID | : S242500014 |
| CONTACT NO. | : 8762161585 | IP/OP | : OP / |
| REFERRED BY | : DR. SHUNYA SAMPAD | DATE OF COLLECTION | : 01-04-2024 at 09:52 AM |
| | | DATE OF REPORT | : 01-04-2024 at 11:46 AM |



| TEST PARAMETER | RESULT | UNIT | REFERENCE RANGE |
|---|--------------|------------|-----------------|
| HAEMATOLOGY | | | |
| HAEMOGLOBIN <small>PHOTOMETRY</small> | 10.6 | gm/dl | 12 - 16 |
| TOTAL COUNT <small>FLOW CYTOMETRY METHOD</small> | 11280 | cells/cumm | 4000 - 11000 |
| DIFFERENTIAL COUNT | | | |
| NEUTROPHILS | 64.1 | % | 35 - 66 |
| LYMPHOCYTES | 24.8 | % | 24 - 44 |
| MONOCYTES | 5.7 | % | 2 - 8 |
| EOSINOPHILS | 4.8 | % | 0 - 6 |
| BASOPHILS | 0.6 | % | 0 - 1 |
| PLATELET COUNT <small>DC DETECTION METHOD</small> | 3.26 | Lakhs/cumm | 1.5 - 4.5 |
| R.B.C COUNT <small>DC DETECTION METHOD</small> | 5.80 | mill/cumm | 4.5 - 5.2 |
| PACKED CELL VOLUME (PCV) <small>CALCULATED</small> | 34.9 | % | 33 - 51 |
| M.C.V <small>CALCULATED</small> | 60.2 | fl | 80 - 100 |
| M.C.H <small>CALCULATED</small> | 18.28 | pg | 26 - 34 |
| M.C.H.C <small>CALCULATED</small> | 30.37 | g/dl | 32 - 36 |
| RDW-CV <small>CALCULATED</small> | 18.5 | % | 11.5 - 13.1 |
| ERYTHROCYTE SEDIMENTATION RATE <small>WESTERGRENS METHOD</small> | 35 | mm/hr | 0 - 20 |

Dispatched by: Vishwanath M S

**** End of Report ****

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Please correlate laboratory results clinically. Contact laboratory for any clarification. All results are sample specific.

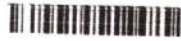
Sneha
Lab technician

VERIFIED BY

S. Chethan Sagar
Dr. CHETHAN SAGAR S
MBBS, MD
Consultant Pathologist



| | | | |
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| REFERRED BY | : DR. SHUNYA SAMPAD | DATE OF COLLECTION | : 01-04-2024 at 09:52 AM |
| | | DATE OF REPORT | : 01-04-2024 at 11:17 AM |



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|----------------|--------|------|-----------------|
|----------------|--------|------|-----------------|

BIOCHEMISTRY

RENAL FUNCTION TEST

| | | | |
|---|------|-------|-------------|
| BLOOD UREA <small>GLDH-UREASE METHOD</small> | 19.2 | mg/dL | 16.6 - 48.5 |
| SERUM CREATININE <small>ENZYMATIC METHOD</small> | 0.73 | mg/dL | 0.6 - 1.2 |
| SERUM URIC ACID | 7.7 | mg/dL | 2.4 - 5.7 |

HORMONE ASSAYS

THYROID PROFILE (TFT)

| | | | |
|---|------|--------|------------|
| TOTAL TRIIODOTHYRONINE (T3) <small>ELFA METHOD</small> | 0.9 | ng/ml | 0.8 - 1.8 |
| TOTAL THYROXINE (T4) <small>ELFA METHOD</small> | 12.2 | ug/dl | 5.5 - 14 |
| THYROID STIMULATING HORMONE (TSH) <small>CLIA</small> | 5.5 | μIU/ml | 0.35 - 5.5 |

Dispatched by: MOHAN J

**** End of Report ****

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MOHAN J
Lab technician

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Consultant Pathologist



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| REFERRED BY | : DR. SHUNYA SAMPAD | DATE OF COLLECTION | : 01-04-2024 at 09:52 AM |
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BIOCHEMISTRY

HbA1c (Glycosylated hemoglobin)

| | | | |
|--|--------------|-------|-----------|
| HbA1c (GLYCOSYLATED Hb) <small>HPLC</small> | 6.5 | % | 4.2 - 6.4 |
| MEAN BLOOD GLUCOSE | 139.8 | mg/dl | 60 - 120 |

Note:

1. Since HbA1c reflects long term fluctuations in the blood glucose concentration, a diabetic patient who is recently under good control may still have a high concentration of HbA1c.
2. Target goals of < 7.0 % may be beneficial in patients with short duration of diabetes, long life expectancy and no significant cardiovascular disease. In patients with significant complications of diabetes, limited life expectancy or extensive co-morbid conditions, targeting a goal of < 7.0 % may not be appropriate.

Comments:

HbA1c provides an index of average blood glucose levels over the past 8 - 12 weeks and is a much better indicator of long term glycemic control as compared to blood and urinary glucose determinations. ADA criteria for correlation between HbA1c & Mean plasma glucose levels.

HAEMATOLOGY

| | |
|-------------|----------|
| BLOOD GROUP | "O" |
| RH TYPE | POSITIVE |

Dispatched by: Chethana

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LAB TECHNICIAN

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| TEST PARAMETER | RESULT | UNIT | REFERENCE RANGE |
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| BIOCHEMISTRY | | | |
| FASTING BLOOD SUGAR <small>GOD POD METHOD</small> | 115 | mg/dl | 70 - 110 |
| POST PRANDIAL BLOOD SUGAR <small>GOD POD METHOD</small> | 102 | mg/dl | 80 - 140 |
| LIVER FUNCTION TEST (LFT) | | | |
| TOTAL BILIRUBIN | 0.52 | mg/dl | 0.1 - 1.2 |
| DIRECT BILIRUBIN | 0.16 | mg/dl | 0 - 0.2 |
| INDIRECT BILIRUBIN | 0.36 | mg/dl | 0 - 0.8 |
| SGOT/AST | 20 | U/L | up to 33 |
| SGPT/ALT | 13 | U/L | up to 33 |
| ALKALINE PHOSPHATASE | 105 | IU/L | 35 - 104 |
| TOTAL PROTEIN | 6.9 | g/dl | 6.6 - 8.7 |
| SERUM ALBUMIN | 3.9 | g/dl | 3.4 - 5.4 |
| SERUM GLOBULIN | 3.0 | g/dL | 3.5 - 4.5 |
| A/G RATIO | 1.30 | | 1.1 - 2.2 |
| FASTING URINE SUGAR(FUS) | NIL | | |
| POST PRANDIAL URINE SUGAR (PPUS) | NIL | | |

Dispatched by: Chethana

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|---------------------------------|---------|-------|---|
| BIOCHEMISTRY | | | |
| LIPID PROFILE TEST (LPT) | | | |
| TOTAL CHOLESTEROL | 196 | mg/dl | Desirable level: <200mg/dl Border line High :200-239mg/dl High : > 240mg/dl |
| TRIGLYCERIDES | 148 | mg/dl | Desirable level : <150mg/dl Borderline High :150-199mg/dl High :200-499mg/dl |
| HDL CHOLESTEROL - DIRECT | 48 | mg/dl | Desirable level : >60mg/dl Borderline : 40-60mg/dl High risk : < 40mg/dl |
| LDL CHOLESTEROL - DIRECT | 135 | mg/dl | Desirable :<100 mg/dl LowRisk :100-129mg/dl Borderline :130-159mg/dl High risk :160-189mg/dl Very high risk:>190mg/dl |
| VLDL CHOLESTEROL TC/HDL | 30 4 | mg/dl | < 30.0 < 4.5 |
| LDL/HDL | 3 | | <3.5 |

Dispatched by: MOHAN J

**** End of Report ****

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MOHAN J
Lab technician

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Dr. CHETHAN SAGAR S
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CLINICAL PATHOLOGY

URINE ROUTINE

PHYSICAL EXAMINATION

| | |
|------------------|------------------------|
| URINE PH | 5.5 |
| COLOUR | PALE YELLOW |
| APPEARANCE | SLIGHTLY TURBID |
| SPECIFIC GRAVITY | 1.010 |

CHEMICAL EXAMINATION

| | |
|---------------|------------------------|
| URINE ALBUMIN | PRESENT (TRACE) |
| SUGAR | NIL |
| KETONE BODIES | ABSENT |
| BILE SALT | NEGATIVE |
| BILE PIGMENT | NEGATIVE |

MICROSCOPIC EXAMINATION

| | |
|------------------|-------------------|
| PUS CELLS | 3-4 / HPF |
| EPITHELIAL CELLS | 8-10 / HPF |
| RBC'S | NIL |
| NITRITE | ABSENT |

BACTERIA PRESENT .

Dispatched by: Chethana

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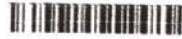
LAB TECHNICIAN

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| REFERRED BY | : DR. SHUNYA SAMPAD | DATE OF COLLECTION | : 01-04-2024 at 05:48 PM |
| | | DATE OF REPORT | : 02-04-2024 at 11:22 AM |



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|----------------|--------|------|-----------------|

CYTOLOGY

PAP SMEAR

METHOD: Conventional.

NUMBER OF SLIDES RECEIVED: 2 unstained smears.

SPECIMEN ADEQUACY: Satisfactory for evaluation.

CELLULARITY: Adequate.

CELLULAR COMPONENT: Predominantly intermediate and few superficial squamous epithelial cells.

CELLULAR ATYPIA: Nil.

MICROORGANISMS: Lacto bacilli are seen.

INFLAMMATORY RESPONSE: Mild, composed of neutrophils and rare histiocytes.

BACKGROUND: Mucoid.

IMPRESSION: NEGATIVE FOR INTRA-EPITHELIAL LESION OR MALIGNANCY (NILM).

- 1) Result pertain to the sample as received at the laboratory.
- 2) Please correlate the results with the clinical picture.

Dispatched by: Chethan Sagar S

**** End of Report ****

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Please correlate laboratory results clinically. Contact laboratory for any clarification. All results are sample specific.

LAB TECHNICIAN

VERIFIED BY

S. Chethan Sagar
Dr. CHETHAN SAGAR S
MBBS, MD
Consultant Pathologist

