

## COLOR DOPPLER ECHO CARDIOGRAPHY REPORT

<b>NAME:MRS.SUNILA KUMARI</b>	<b>AGE:32Y/F</b>	<b>MR.NO.-42270</b>
<b>REFD.BY:DR.PRATIBHA</b>		<b>DATED:01/04/2024</b>

On 2D examination

**MITRAL VALVE**

**AML-** Thin, no anterior mitral leaflet Flutter, There is no prolapse of AML  
**PML** – Thin, no prolapse moves posteriorly during Diastole  
Mitral Annular Calcification present,  
No Subvalvular Pathology.

**TRICUSPID VALVE**

Thin. Opening well, no prolapse

**AORTIC VALVE**

Normal, Opening well  
**Morphology** - Tricuspid

**PULMONARY VALVE**

Thin. Opens well. Pulmonary Artery not dilated.

**LEFT VENTRICLE**

**There is no left ventricular hypertrophy.**  
**There is no regional wall motion abnormality.**

**LEFT ATRIUM**

**Normal in size**

**RIGHT ATRIUM**

**Normal in size**

**RIGHT VENTRICLE**

**Normal in size**

**PERICARDIUM**

**Normal**

**MEASUREMENTS**

**(NORMAL VALUES)**

**M-MODE**

Inter Vent. Septum Thickness (D)	10mm	[0.6 – 1.2cm]
INTER VENT. SEPTUM THICKNESS (S)	15mm	[0.9 – 1.8cm]
Left Ventricular ED Dimension	52mm	[3.7 – 5.6cm]
Left Ventricular ES Dimension	34mm	[2.2 – 4.0cm]
LV Posterior Wall Thickness (D)	10mm	[0.6 – 1.2cm]
LV Posterior Wall Thickness (S)	16 mm	[0.9 – 1.8cm]
Aortic Root Diameter	24mm	[2.0 – 3.7cm]
Left Atrial Diameter	28mm	[1.9 – 4.0cm]
<b>Ejection Fraction</b>	<b>60%</b>	<b>[54 – 76%]</b>
<b>Visual LVEF</b>	<b>60%</b>	

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ON INTERROGATING WITH PULSE & CONTINUOUS WAVE DOPPLER IT WAS FOUND THAT THERE IS

MITRAL DIASTOLIC FLOW: E Vel. 0.8m/sec , A Vel. 0.5m/sec	
E>A	
Aortic Forward Velocity:	1.10 m/sec
Pulmonary Forward velocity :	0.70 m/sec

NO MITRAL REGURGITATION.  
NO AORTIC REGURGITATION.  
TRACE TRICUSPID REGURGITATION  
NO PULMONARY REGURGITATION PRESENT

ON COLOR FLOW IMAGING THERE WAS →

NO MITRAL REGURGITATION.  
NO AORTIC REGURGITATION.  
TRACE TRICUSPID REGURGITATION  
NO PULMONARY REGURGITATION PRESENT

## COMMENTS

No clot seen.  
No vegetation on any valve.  
No intra cardiac mass.  
IAS IVS intact  
NO Pericardial Effusion

## FINAL IMPRESSION: -

- NO LVH.
- NO RWMA.
- NORMAL LV SYSTOLIC FUNCTION.
- EJECTION FRACTION =60%.
- NO AORTIC REGURGITATION
- NO MITRAL REGURGITATION
- TRACE TRICUSPID REGURGITATION
- NORMAL LV DIASTOLIC FUNCTION

DR. DINESH JOSHI  
MBBS, PG DCC  
NON-INVASIVE CARDIOLOGIST  
013983 (HMC)

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NON-INVASIVE CARDIOLOGIST  
Ex Max Hospital Mohali  
Ex Paras Hospital Panchkula  
REGD NO-013983

DR. SHAWETA VOHRA  
MD DM FACC FAPIC FSCAI(USA)  
Interventional Cardiologist  
Ex Asst Professor PGIMS  
Ex SR KGMU Lucknow  
REGD NO.-18541

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NAME : MRS. SUNILA KUMARI  
REF. BY : DR. PRATIBHA PUNDIR  
UHID : 42270/OPD

AGE / SEX : 32 YRS / F  
REG. DATE : 01/04/2024

## USG WHOLE ABDOMEN

### LIVER:

is normal in size, echotexture & outline. No focal lesion is seen.  
Intrahepatic biliary radicals are normal. Portal vein is normal.

### GALL BLADDER:

is partially distended & shows multiple calculi, average of size ~10-11mm within its lumen. Wall thickness is normal.  
CBD is normal in caliber

### PANCREAS:

Normal in size and echotexture

### SPLEEN:

Normal in size and echotexture. No focal lesion is seen.

### KIDNEYS:

Both kidneys are normal in size, shape and echotexture.

**Right kidney shows a small cyst of size ~7x8 mm at interpolar region**

Cortical thickness and corticomedullary differentiations are maintained on both sides.  
No hydronephrosis/calculus is seen.

### URINARY BLADDER:

is distended. Mucosal wall is regular and normal in thickness. No calculus / mass lesion is seen.

### UTERUS

Anteverted. Normal in size and echotexture. No mass lesion is seen.  
Endometrial thickness ~6.1mm

### ADNEXAE:

Bilateral ovaries appears normal.  
No adnexal pathology is seen.  
No free fluid is seen in abdomen

### IMPRESSION:

- **Cholelithiasis.**
- **Right renal small cortical cyst.**

Please correlate clinically & with other investigations.

DR. JASPREET SINGH  
MBBS, MD-RADIO-DIAGNOSIS  
DR. JASPREET SINGH  
MBBS, M.Ch. & DNB, EDiR, FVIR  
INTERVENTIONAL RADIOLOGIST  
HN- 25708

THIS REPORT IS NOT VALID FOR MEDICOLEGAL PURPOSES  
Thanks for the Referral, With Regards

Sultanpur Chowk, Nr. Dhulkot Barrier, Ambala Chandigarh Expy, Ambala, Haryana 134003 Ph. : 74320 00000, 74969 79727

the health care providers the health care providers

Patient Name : SUNILA KUMARI 32Y	Gender : Female
Age : 32 Y	Date : Apr 01, 2024
Referring Doctor :	Patient ID : 42270

## X-RAY CHEST

### VIEWS

PA View of Chest

### CLINICAL HISTORY

### FINDINGS

- The heart is normal in size and contour.
- The aorta is normal.
- The mediastinum, hila and pulmonary vasculature are also normal.
- Trachea is central. Tracheo-bronchial tree is normal.
- No focal lung lesion is seen.
- No pneumothorax is seen.
- The costophrenic sulci and hemidiaphragms are preserved.
- Bony thoracic cage is normal. Both domes of diaphragm are normally placed. No soft tissue abnormality seen.

### IMPRESSION

- **No gross chest abnormality is seen.**

### RECOMMENDATION

Kindly correlate with other clinical parameters.



Dr. Prabhpreet R. Singh  
MD (Radiodiagnosis)  
Reg - 98579

# Healing Touch Hospital



Patient Name : Mrs. SUNILA KUMARI UHID : 42270  
Age / Gender : 32 / Female IPNO :  
Referred By : Dr. PRATIBHA PUNDIR Requisitions : 01/04/2024  
Req.No : 2439803 Reported on : 01/04/2024  
Patient Type : OPD

## HAEMATOLOGY

### COMPLETE HAEMOGRAM (CBC ESR)

Specimen Type : Whole Blood (EDTA)

TEST NAME	RESULT	UNITS	BIOLOGICAL REF. INTERVAL	METHOD
Haemoglobin	14.2	g/dl	11.5 - 16.5	Cyanide-Free Colorimetry
Total Leucocyte Count	5500	cells/cu.mm	4000 - 10000	Impedance Variation
<b>DIFFERENTIAL COUNT</b>				
Neutrophils.	58	%	40.0 - 80.0	Flow Cytometry
Lymphocytes.	28	%	20.0 - 40.0	Flow Cytometry
Monocytes	08	%	2.0 - 10.0	Flow Cytometry
Eosinophils.	06	%	1.0 - 6.0	Flow Cytometry
Platelet Count	193	1000/cumm	150 - 450	Electrical Impedance
RED BLOOD CELL COUNT	4.63	millions/cum m	3.8 - 4.8	Electrical Impedance
PACKED CELL VOLUME	42.3	%	36 - 46	Calculated
MEAN CORPUSCULAR VOLUME	91.3	fL	76 - 100	Measured
MEAN CORPUSCULAR HAEMOGLOBIN	30.7	pg	27 - 32	Calculated
MEAN CORPUSCULAR Hb CONC	33.6	g/dl	33 - 37	Calculated

-\*\*\*\* End of Report \*\*\*\*-

Please Correlate With Clinical Findings

Dr SEEMILY KAHMEI  
MD PATHOLOGY

Lab Technician

Dr. SEEMILY KAHMEI  
MD (Pathology)

Dr. VISHAL SALHOTRA  
MD (Pathology)

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Patient Type : OPD

## CLINICAL PATHOLOGY

### URINE ROUTINE MICROSCOPY

Specimen Type : Urine

TEST NAME	RESULT	UNITS	BIOLOGICAL REF. INTERVAL	METHOD
<b>PHYSICAL EXAMINATION</b>				
Sample Volume	20	ml		
colour	Pale Yellow		Pale Yellow	
Appearance	Clear		Clear	
Specific	1.030			Ion Exchange
Reaction.	Acidic		Acidic	
pH -Urine	5.0			Double Indicator
Albumin.	NIL		Absent	Acid/Base Exchange
Glucose	NIL		Absent	Oxidase/Peroxidase
Urine Ketone	Negative			Legals Test
Bile Salt	NIL		NIL	
Bile Pigment	NIL		NIL	Diazo/Fouchets Test
Urobilinogen	NIL		NIL	Ehrlich Reaction
Leucocyte	Negative		Negative	Granulocyte Esterases

\*\*\*\* End of Report \*\*\*\*

Please Correlate With Clinical Findings

Dr. SEEMILY KAHMEI  
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23/04/2024

*Salhotra*

Lab Technician Dr. SEEMILY KAHMEI  
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Dr. VISHAL SALHOTRA  
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# Healing Touch Hospital



Patient Name : Mrs. SUNILA KUMARI  
Age / Gender : 32 / Female  
Referred By : Dr. PRATIBHA PUNDIR  
Req.No : 2439803  
Patient Type : OPD

UHID : 42270  
IPNO :  
Requisitions : 01/04/2024  
Reported on : 01/04/2024

## BIOCHEMISTRY

### BLOOD SUGAR FASTING AND PP

Specimen Type : Serum

### BIOLOGICAL

TEST NAME	RESULT	UNITS	REF. INTERVAL	METHOD
<b>FASTING PP</b>				
Plasma glucose (Fasting)	93.92	mg/dl	70 - 110	GOD-POD Hexokinase
Plasma Glucose(POST Prandial)	126.02	mg/dl	90 - 140	GOD-POD Hexokinase

\*\*\*\* End of Report \*\*\*\*

Please Correlate With Clinical Findings

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Age / Gender : 32 / Female  
Referred By : Dr. PRATIBHA PUNDIR  
Req.No : 2439803  
Patient Type : OPD

UHID : 42270  
IPNO :  
Requisitions : 01/04/2024  
Reported on : 01/04/2024

## BIOCHEMISTRY

### BSPP (BLOOD SUGAR PP)

Specimen Type : Serum

### BIOLOGICAL

TEST NAME	RESULT	UNITS	REF. INTERVAL	METHOD
<b>FASTING PP</b>				
Plasma Glucose(POST Prandial)	126.02	mg/dl	90 - 140	GOD-POD Hexokinase

\*\*\*\* End of Report \*\*\*\*

Please Correlate With Clinical Findings

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Age / Gender : 32 / Female IPNO :  
Referred By : Dr. PRATIBHA PUNDIR Requisitions : 01/04/2024  
Req.No : 2439803 Reported on : 01/04/2024  
Patient Type : OPD

## BIOCHEMISTRY

### HBA1C

Specimen Type : WHOLE BLOOD

### BIOLOGICAL

TEST NAME	RESULT	UNITS	REF. INTERVAL	METHOD
Glycosylated Haemoglobin (HbA1c)	5.5	%	4.2 - 5.7	HPLC
Estimated Average Glucose (eAG)	111.15	mg/dL		Calculated

Interpretation for HbA1c% as per American Diabetes Association (ADA)  
Non diabetic adults: <5.7  
At risk (Prediabetes): 5.7-6.4  
Diagnosing Diabetes: >=6.5  
Therapeutic goals for glycemc control: Age > 19 years, Goal of therapy: <7.0  
Age <19 years, Goal of therapy: <7.5

\*\*\*\* End of Report \*\*\*\*

Please Correlate With Clinical Findings

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Age / Gender : 32 / Female IPNO :  
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Req.No : 2439803 Reported on : 01/04/2024  
Patient Type : OPD

## BIOCHEMISTRY

### LIPID PROFILE

Specimen Type : Serum

TEST NAME

RESULT

UNITS

BIOLOGICAL

REF. INTERVAL METHOD

#### LIPID PROFILE

SERUM CHOLESTROL	151.31	mg/dl	0 - 200	Cholestrol Oxidase - Peroxidase
Serum Triglycerides	123.62	mg/dl	Up to 150	GPO -Trinder
HDL Cholesterol	57.51	mg/dl	0 - >60	Oxidase - Peroxidase
LDL Cholesterol	69.08	mg/dl	0 - >100	Calculated
VLDL Cholesterol	24.72	mg/dL	0 - <30	Calculated

Recommended cut points for lipid profile  
Category : Acceptable : Borderline : High  
Cholestrol : <200 : 200-239 : >=240  
Triglycerdes: <150 : 150-199 : 200-499  
LDL cholestrol:<100 : 100-129 : 160-189

-\*\*\*\* End of Report \*\*\*\*

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Patient Type : OPD

## BIOCHEMISTRY

### KFT(KIDNEY FUNCTION TEST)/RFT/Renal Profile

Specimen Type : Serum

TEST NAME	RESULT	UNITS	REF. INTERVAL	BIOLOGICAL METHOD
<u>Urea Creatinine</u>				
Serum Urea	20.79	mg/dl	13 - 45	UreaseGLDH
Serum Creatinine	0.62	mg/dL	0.5 - 1.04	Modified JAFFEs
Serum Uric Acid	3.27	mg/dl	2.6 - 6.0	Uricase Trinder, End Point (Toos)
Serum Sodium	144.3	meq/l	135 - 155	ISE Indirect
Serum Potassium	4.27	meq/l	3.5 - 5.6	ISE Indirect

\*Results of these tests should always be interpreted in conjunction with patients medical history, clinical presentation and other findings.

\*\*\*\* End of Report \*\*\*\*

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Age / Gender : 32 / Female IPNO :  
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Req.No : 2439803 Reported on : 01/04/2024  
Patient Type : OPD

## BIOCHEMISTRY

### LFT(LIVER FUNCTION TEST)

Specimen Type : Serum

TEST NAME	RESULT	UNITS	BIOLOGICAL REF. INTERVAL	METHOD
TOTAL BILIRUBIN	0.54	mg/dL	0.1 - 1.2	Diazotized Sulphanilic Acid
DIRECT BILIRUBIN	0.37	mg/dL	0.00 - 0.20	Diazotized Sulphanilic Acid
INDIRECT BILIRUBIN	0.17	mg/dL	0.0 - 0.9	Calculated
SGOT (AST)	48.06	IU/L	0 - 35	IFCC WPP AMP
SGPT (ALT)	44.18	IU/L	5 - 40	IFCC WPP AMP
Alkaline Phosphatase	95.69	IU/L	50 - 136	Modified IFCC
Total Protein	7.80	g/dl	6.4-8.2	Biuret Endpoint
Albumin - Serum	4.26	g/DL	3.2 - 5.0	Photometric Column test
Globulin	3.54	gms%	2.3 - 4.5	BCG Dye Calculated

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-\*\*\*\* End of Report \*\*\*\*-

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# Healing Touch Hospital



Patient Name : Mrs. SUNILA KUMARI  
Age / Gender : 32 / Female  
Referred By : Dr. PRATIBHA PUNDHIR  
Req.No : 2439803  
Patient Type : OPD

UHID : 42270  
IPNO :  
Requisitions : 01/04/2024  
Reported on : 01/04/2024

## IMMUNOLOGY

### THYROID PROFILE

Specimen Type : Serum

### BIOLOGICAL

TEST NAME	RESULT	UNITS	REF. INTERVAL	METHOD
Tri-iodothyronine (T3)	1.63	ng/mL	0.69 - 2.15	CLIA
Thyroxine (T4)	96.1	ng/mL	52 - 127	CLIA
Thyroid Stimulating Hormone (TSH)	5.95	μIU/mL	0.3 - 4.5	CLIA

#### Interpretation:

Primary malfunction of the thyroid gland may result in excessive (hyper) or below normal (hypo) release of T3 or T4. In addition as TSH directly affects thyroid function, malfunction of the pituitary or the hypo - thalamus influences the thyroid gland activity. Disease in any portion of the thyroid-pituitary-hypothalamus system may influence the levels of T3 and T4 in the blood. In primary hypothyroidism, TSH levels are significantly elevated, while in secondary and tertiary hypothyroidism, TSH levels may be low. Certain conditions like pregnancy, excess estrogen's, androgen's, antibiotic steroids and glucocorticoids may cause false thyroid values.

Reference ranges of TSH in pregnancy

1st Trimester = 0.1-2.5

2ed Trimester = 0.2-3.0

3rd Trimester = 0.3-3.0

TSH levels are subject to circadian variation peaking early morning and a low level in the evening. The time of the day has influence on the measured serum TSH concentrations.

-\*\*\*\* End of Report \*\*\*\*-

Please Correlate With Clinical Findings

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# Healing Touch Hospital



Patient Name : null  
Age / Gender : null / null  
Referred By : Requisitions : null  
Req.No : null Reported on :  
Patient Type : null

\_\_\_\_\_ null \_\_\_\_\_

Specimen Type :

BIOLOGICAL

TEST NAME

RESULT

UNITS

REF. INTERVAL METHOD

-\*\*\*\* End of Report \*\*\*\*-

*Please Correlate With Clinical Findings*

null

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4-1 09:42

Auto ID:07217

Sex:

Age:

Name:

CARDIOPRINT

++++ Analyse result +++++

ricular Rate

64 bmp

621

Second degree AV block, Wenckebach type

Interval

0 ms

51

ST abnormality, possible subendocardial ischemia (II) (V3) (V4) (V6)

Duration

94 ms

911

Low voltage

OC - Interval

491/ 507 ms

1014

== Abnormal ECG ==

SUNILA KUMARI

VI Amplitude

0.31/ 0.00 mV

VI Amplitude

0.31 mV

14/24

Report Reviewed By: \_\_\_\_\_

Hospital: \_\_\_\_\_

CARDIOPRINT

10mm/mV

10mm/mV

I

aVR

II

aVL

III

aVF

Speed: 25mm/s

C: 50Hz

Filter: H50 d 75Hz

Print mode: Real time

Biocare



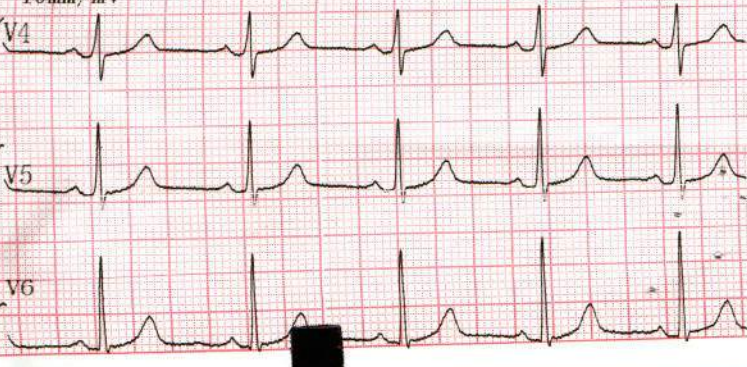
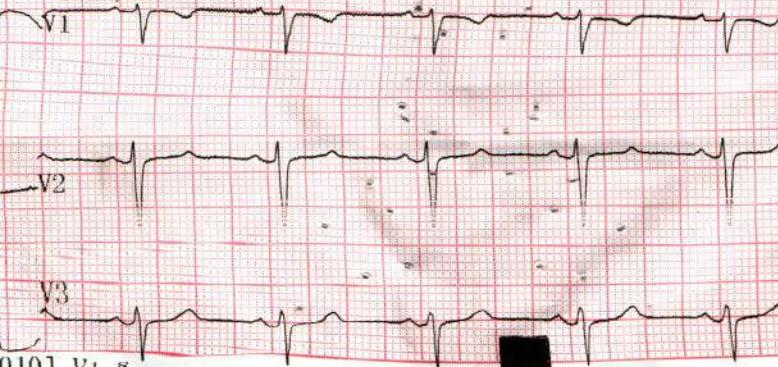
10mm/mV

CARDIOPRINT

10mm/mV

CARDIOPRINT

202



Vent

PR

QRS

QT/QTc

RV5/S

RV5+6

Uncon

010] V1.0