

**Patient Name** : Mrs. VANDANA GOEL  
**Age / Gender** : 45 / Female  
**Referred By** : Dr. PRATIBHA PUNDIR  
**Req.No** : 2433845  
**Patient Type** : OPD

**UHID** : 41802  
**IPNO** :  
**Requisitions** : 14/03/2024  
**Reported on** : 15/03/2024

## HAEMATOLOGY

### COMPLETE HAEMOGRAM (CBC ESR)

**Specimen Type** : Whole Blood (EDTA)

TEST NAME	RESULT	UNITS	BIOLOGICAL REF. INTERVAL	METHOD
Haemoglobin	14.7	g/dl	11.5 - 16.5	Cyanide-Free Colorimetry
Total Leucocyte Count	6900	cells/cu.mm	4000 - 10000	Impedance Variation
<b>DIFFERENTIAL COUNT</b>				
Neutrophils.	51	%	40.0 - 80.0	Flow Cytometry
Lymphocytes.	32	%	20.0 - 40.0	Flow Cytometry
Monocytes	12	%	2.0 - 10.0	Flow Cytometry
Eosinophils.	05	%	1.0 - 6.0	Flow Cytometry
Basophils	00	%	0.0 - 1.0	Flow Cytometry
Platelet Count	316	1000/cumm	150 - 450	Electrical Impedance
RED BLOOD CELL COUNT	4.63	millions/cum m	3.8 - 4.8	Electrical Impedance
PACKED CELL VOLUME	42.6	%	36 - 46	Calculated
MEAN CORPUSCULAR VOLUME	92.1	fL	76 - 100	Measured
MEAN CORPUSCULAR HAEMOGLOBIN	31.7	pg	27 - 32	Calculated
MEAN CORPUSCULAR Hb CONC	34.5	g/dl	33 - 37	Calculated

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

Please Correlate With Clinical Findings

Lab Technician

Dr. SEEMILY KAHMEI  
 MD (Pathology)

*Salhotra*  
 Dr. VISHAL SALHOTRA  
 MD (Pathology)

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 Reported on : 15/03/2024 / 10.18 AM

## SEROLOGY

### BLOOD GROUP and RH TYPE

Specimen Type TEST NAME	WHOLE BLOOD		BIOLOGICAL	METHOD
	RESULT	UNITS	REFERENCE INTERVAL	
Blood Group	" B " RH POSITIVE			Hemagglutination

Internal Autocontrols are satisfactory.

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

Please Correlate With Clinical Findings

Lab Technician

Dr SEEMILY KAHMEI  
 MD (Pathology)  
 23609

Dr. VISHAL SALHOTRA  
 MD (Pathology)

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## BIOCHEMISTRY

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

Specimen Type : Serum

#### BIOLOGICAL


TEST NAME	RESULT	UNITS	REF. INTERVAL	METHOD
<u>Urea Creatinine</u>				
Serum Urea	19.3	mg/dl	13 - 45	UreaseGLDH
Serum Creatinine	0.84	mg/dL	0.5 - 1.04	Modified JAFFEs
Serum Uric Acid	5.2	mg/dl	2.6 - 6.0	Uricase Trinder, End Point (Toos)
Serum Sodium	137.6	meq/l	135 - 155	ISE Indirect
Serum Potassium	5.16	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 \*\*\*\*

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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## BIOCHEMISTRY

### LFT(LIVER FUNCTION TEST)

**Specimen Type** : Serum

TEST NAME	RESULT	UNITS	BIOLOGICAL	
			REF. INTERVAL	METHOD
TOTAL BILIRUBIN	0.56	mg/dL	0.1 - 1.2	Diazotized Sulphanilic Acid
DIRECT BILIRUBIN	0.17	mg/dL	0.00 - 0.20	Diazotized Sulphanilic Acid
INDIRECT BILIRUBIN	0.39	mg/dL	0.0 - 0.9	Calculated
SGOT (AST)	18.8	IU/L	0 - 35	IFCC WPP AMP
SGPT (ALT)	16.7	IU/L	5 - 40	IFCC WPP AMP
Alkaline Phosphatase	<b>155.3</b>	IU/L	50 - 136	Modified IFCC
Total Protein	6.88	g/dl	6.4-8.2	Biuret Endpoint
Albumin - Serum	4.10	g/DL	3.2 - 5.0	Photometric Column test BCG Dye
Globulin	2.78	gms%	2.3 - 4.5	Calculated

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

Please Correlate With Clinical Findings

Lab Technician

Dr SEEMILY KAHMEI  
 MD PATHOLOGY  
 Dr SEEMILY KAHMEI  
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*Salhotra*  
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## BIOCHEMISTRY

### BLOOD SUGAR FASTING AND PP

Specimen Type : Serum

TEST NAME	RESULT	UNITS	BIOLOGICAL	
			REF. INTERVAL	METHOD
<b>FASTING PP</b>				
Plasma glucose (Fasting)	71.5	mg/dl	70 - 110	GOD-POD Hexokinase
Plasma Glucose(POST Prandial)	<b>142.8</b>	mg/dl	90 - 140	GOD-POD Hexokinase

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

Please Correlate With Clinical Findings

Dr SEEMILY KAHMEI  
MD PATHOLOGY

Lab Technician

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## BIOCHEMISTRY

### HBA1C

Specimen Type : WHOLE BLOOD

TEST NAME	RESULT	UNITS	BIOLOGICAL REF. INTERVAL	METHOD
Glycosylated Haemoglobin (HbA1c)	5.1	%	4.2 - 5.7	HPLC
Estimated Average Glucose (eAG)	99.67	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 glycemic 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

Lab Technician  
 Dr. SEEMILY KAHMEI  
 MD (Pathology)  
 23009

*Salhotra*  
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## BIOCHEMISTRY

### LIPID PROFILE

Specimen Type : Serum	BIOLOGICAL			
TEST NAME	RESULT	UNITS	REF. INTERVAL	METHOD
<b>LIPID PROFILE</b>				
SERUM CHOLESTROL	179.5	mg/dl	0 - 200	Cholestrol Oxidase - Peroxidase
Serum Triglycerides	<b>1107</b>	mg/dl	Up to 150	GPO -Trinder
HDL Cholesterol	59.33	mg/dl	0 - >60	Oxidase - Peroxidase
LDL Cholesterol	98.05	mg/dl	0 - >100	Calculated
VLDL Cholesterol	22.15	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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## IMMUNOLOGY

### THYROID PROFILE

**Specimen Type** : Serum

TEST NAME	RESULT	UNITS	BIOLOGICAL REF. INTERVAL	METHOD
<b>Tri-iodothyronine (T3)</b>	1.59	ng/mL	0.69 - 2.15	CLIA
<b>Thyroxine (T4)</b>	114	ng/mL	52 - 127	CLIA
<b>Thyroid Stimulating Hormone (TSH)</b>	2.20	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*

Lab Technician

Dr SEEMILY KAHMEI  
 MD PATHOLOGY  
 Dr. SEEMILY KAHMEI  
 MD (Pathology)

*Balhotra*  
 Dr. VISHAL SALHOTRA  
 MD (Pathology)  
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# Healing Touch Hospital



NAME	: MRS. VANDANA GOEL	AGE / SEX	: 45 YRS / F
REF. BY	: DR. PRATIBHA PUNDIR	REG. DATE	: 14/03/2024
UHID	: 41802/OPD		

## USG WHOLE ABDOMEN

### LIVER:

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

### GALL BLADDER:

is partially distended. Wall thickness is normal. No mass/calculus seen in its lumen.  
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. No mass lesion is seen.  
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, mildly retroflexed. Normal in size and echotexture. No mass lesion is seen.  
Endometrial thickness is ~6mm.

### ADNEXAE:

No adnexal pathology is seen.  
No free fluid is seen in abdomen

### IMPRESSION:

- **No significant abnormality detected.**

Please correlate clinically & with other investigations.

**DR. JASPREET SINGH**  
**MBBS, MD-RADIO-DIAGNOSIS**  
**DR. JASPREET SINGH**  
**MBBS, M.D. & DNB, EDiR, FVIR**  
**INTERVENTIONAL RADIOLOGIST**  
**PMC 44907**

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

## COLOR DOPPLER ECHO CARDIOGRAPHY REPORT

<b>NAME: MRS. VANDANA GOEL</b>	<b>AGE: 45Y/F</b>	<b>MR. NO. 41802</b>
<b>REFD. BY: DR. PRATIBHA</b>	<b>DATED: 14/03/2024</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  
No Mitral Annular Calcification,  
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)	14mm	[0.9 – 1.8cm]
Left Ventricular ED Dimension	46mm	[3.7 – 5.6cm]
Left Ventricular ES Dimension	29mm	[2.2 – 4.0cm]
LV Posterior Wall Thickness (D)	10mm	[0.6 – 1.2cm]
LV Posterior Wall Thickness (S)	15 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>	62%	<b>[54 – 76%]</b>
<b>Visual LVEF</b>	62%	



# Healing Touch Hospital



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

MITRAL DIASTOLIC FLOW: E Vel. 0.8m/sec , A Vel. 0.6m/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 =62%.
- NO AORTIC REGURGITATION
- NO MITRAL REGURGITATION
- TRACE TRICUSPID REGURGITATION.
- NORMAL LV DIASTOLIC FUNCTION

DR. DINESH JOSHI  
MD PHYSICIAN, PG DCC  
NON-INVASIVE CARDIOLOGIST  
Ex Max Hospital Mohali  
Ex Paras Hospital Panchkula  
REGD NO-013983

DR. SHWETA VOHRA  
MBBS MEDICINE  
DM (ACC) FACC FAPSC FSCAI(USA)  
Interventional Cardiologist  
Ex Asst Professor PGIMS  
Ex SR KGMU Lucknow  
REGD NO.-18541

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the health care providers the health care providers

# Healing Touch Hospital



Patient Name : VANDANA GOEL	Gender : Female
Age : 45 Y	Date : Mar 14, 2024
Referring Doctor : .	Patient ID : 4180 2

## X - RAY CHEST PA VIEW

## CLINICAL HISTORY

### FINDINGS :-


- Mild Prominent bronchovascular markings noted at bilateral lung fields.
- Trachea is in midline.
- Cardiac silhouette maintained.
- Both CP angles are clear.
- Rest of lung parenchyma are normal.
- Bony cage and soft tissues are normal.
- The domes of the diaphragms are normal in position, and show smooth outline.

### IMPRESSION :-

- Mild Prominent bronchovascular markings noted at bilateral lung fields.

ADVICE :- Clinical correlation and follow up.

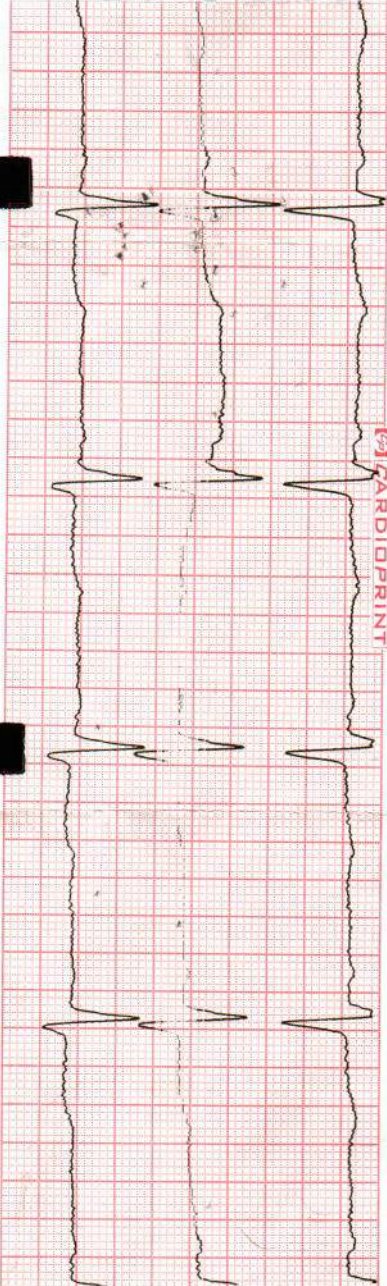
  
Dr. Avinash Rathod  
MBBS DMRD RADIODIAGNOSIS  
Reg - Reg No. 2011/05/1616

A circular purple stamp for Healing Touch Hospital. The outer ring contains the text 'HEALING TOUCH HOSPITAL' at the top and 'VANDANA' at the bottom. The center features a caduceus symbol.



CARDIOPRINT

CARDIOPRINT



Ventricular Rate	82 bpm
PR Interval	34 ms
QRS Duration	119 ms
QT/QTc Interval	381 / 447 ms
KV5/SV1 Amplitude	0.66 mV
RV5+SV1 Amplitude	1.46 mV

*Vanessa*  
*8/2/24*

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

Hospit

