



# CIMS

## City Institute of Medical Sciences

(Multi Super Speciality 200 Bedded Hospital)

### DEPARTMENT OF RADIOLOGY

NAME: SAVITA AGRAWAL	AGE : 38 YRS.	SEX : F
REF. BY: DR. CIMS	UHID: 10469	DATE: 29-03-2024

### ULTRASOUND SCAN OF ABDOMEN

#### FINDINGS:

**Liver** is normal in size (14.1 cm). **Echotexture is slightly echogenic.** No focal space occupying lesion is seen within liver parenchyma. Intrahepatic biliary channel are not dilated.

**Gall bladder** wall is not thickened. No calculus or mass lesion is seen in gall bladder. Common bile duct is not dilated.

**Pancreas** is of normal in size and contour. Echo-pattern is normal. No focal lesion is seen within pancreas. (Only head & proximal body is visualized)

**Spleen** is normal in size (10.3 cm). Echotexture is normal. No focal Lesion is seen.

**Right kidney** is normally sited and is of normal size (RT ~ 9.4 x 4.4 cm) and shape. Cortico medullary echoes are normal. No focal mass lesion is seen. Collecting system does not show any calculus

**Left kidney** is normally sited and is of normal size (LT ~ 10.6 x 5.5 cm) and shape. Cortico medullary echoes are normal. No focal mass lesion is seen. Collecting system does not show any calculus.

**Urinary bladder** is normal in distension and wall is not thickened. No calculi seen.

**Uterus is mildly bulky in size measuring ~ 9.0 x 4.6 x 4.7 cm & retroverted with surgical scar in anterior lower Myometrium.** No focal space occupying lesion is seen. Endometrial thickness is normal (7.2 mm).

**Both ovaries** are appears normal. (Right ovary measures ~ 3.4 x 2.6 cm and Left ovary measures ~ 2.7 x 2.2 cm).

No free fluid seen in pouch of douglas.

**There is herniation of fatty content (mesentery and omentum) in umbilical region (defect size ~ 19 mm).** The herniated contents are reducible with normal internal vascularity seen on colour Doppler.

#### IMPRESSION-

- MILDLY BULKY UTERUS.
- UMBILICAL HERNIA.
- GRADE I FATTY CHANGES IN LIVER.

PLEASE CORRELATE CLINICALLY & F/E.



DR. ABHAY RAINA  
M.B.B.S., D.M.B. (RADIO-DIAGNOSIS)  
CONSULTANT RADIOLOGIST

📍 Near Radha Valley, NH-19, Mathura  
☎ +91 - 9258113570, +91 - 9258113571  
🌐 www.cimsmathura.com



# CIMS



## City Institute of Medical Sciences

(Multi Super Speciality 200 Bedded Hospital)

### DEPARTMENT OF CARDIOLOGY

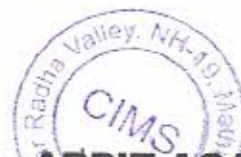
Name : MRS. SAVITA AGRAWAL      Age/Sex : 38Yrs/Female  
Date : 29/03/2024      ID No. : CIMS-10469  
Done By : DR. ARPIT AGARWAL

### ECHOCARDIOGRAPHY

- ❖ All Cardiac chamber normal size.
- ❖ Normal LV systolic function, LVEF ~ 60%.
- ❖ No RWMA
- ❖ Normal MIP
- ❖ Trace MR.
- ❖ Mild TR.
- ❖ RVSP=RAP+25 mmHg
- ❖ Normal AFV
- ❖ Intact IAS/IVS.
- ❖ No clot/vegetation/pericardial effusion.
- ❖ IVC non-dilated & collapsing > 50% during inspiration.

### CLINICAL IMPRESSION:

- ❖ Normal LV systolic function, LVEF ~ 60%.
- ❖ No RWMA
- ❖ Normal MIP
- ❖ Trace MR.
- ❖ Mild TR.
- ❖ Mild PHT, PASP = 30 mmHg.



**Dr. ARPIT AGARWAL**

MBBS, MD, DM (CARDIOLOGY)

Consultant Intervention Cardiologist

Ex. Fortis Escort Heart Institute, Delhi

**NOTE:** Normal Echocardiography report does not rule out CAD.

This report is not valid for Medico-legal purpose.

📍 Near Radha Valley, NH-19, Mathura

☎ +91 - 9258113570, +91 - 9258113571

🌐 [www.cimsmathura.com](http://www.cimsmathura.com)

**DEPARTMENT OF PATHOLOGY**

UHID	CIMS-10469	Visit Type/No	OP/EPD-14038/EPD-14038
Name	Mrs Savita Agrawal	Order No	OR-26798
Age/Gender	38 Y,27 D/Female	Order Date/Time	29-03-2024
Accession Number	OPAC-3185	Collection Date/Time	29-03-2024 12:11 PM
Treating Doctor	Dr Self	Acknowledge Date/Time	29-03-2024 01:39 PM
Ordering Doctor	Dr Self	Report Date/Time	29-03-2024 05:15 PM
Payer Name	Mediwheel Full Body Health Checkup	Refer By	

**Cytology**

Service Name	Result	Unit	Reference Range	Method
--------------	--------	------	-----------------	--------

PAP/25/2024

**BETHESDA SYSTEM (REVISED) FOR REPORTING OF CERVICAL CYTOLOGY**
**I. SPECIMEN TYPE:** Conventional smear **YES**
**II. SPECIMEN ADEQUACY:** **YES**  
 Satisfactory for evaluation

**III. GENERAL CATEGORIZATION** **YES**  
 • Negative for Intraepithelial lesion or Malignancy

**IV INTERPRETATION /RESULT**  
 1. Negative For Intraepithelial Lesion Or Malignancy

**ORGANISMS:**
**OTHER NON-NEOPLASTIC FINDINGS** **YES**  
 Smears studied show neutrophils in sheets and in singles.


**IMPRESSION: PAP SMEAR: NEGATIVE FOR INTRAEPITHELIAL LESION OR MALIGNANCY WITH INFLAMMATION.**
**Haematology**

Service Name	Result	Unit	Reference Range	Method
--------------	--------	------	-----------------	--------




**BLOOD GROUP ( ABO )**  
**BLOOD GROUP (ABO)-** "B"  
**RH TYPING** **POSITIVE**

The upper agglutination test for grouping has some limitations.

**CBC (Complete Blood Count), Blood**

Hemoglobin (Hb)	12.4	gm/dl	11-16	Spectrophotometry Impedance	
TLC (Total Leukocyte Count)	6970	/cumm	4000-11000		
<b>DIFFERENTIAL LEUCOCYTE COUNT</b>					
Neutrophils	60	%	40-80		
Lymphocytes	34	%	20-45		
Monocytes	04	%	4-10		
Eosinophils	02	%	1-6		
Basophils	00	%	0-1		
RBC Count	4.50	millions/cumm	3.5-5.0		
PCV / Hct (Hematocrit)	37.4	%	34-47		Calculated
MCV	83.1	fl	76-96		
MCH	27.5	pg	27-32		
MCHC	33.1	g/dL	30-35		

All tests have technical limitations Corroborative clinicopathological interpretation is indicated. In case of any disparity in including machine error or typing the test should be repeated immediately.

**NOT VALID FOR MEDICO LEGAL PURPOSE.**
 **Near Radha Valley, NH-19, Mathura**  
 **+91 - 9258113570, +91 - 9258113571**  
 **www.cimsmathura.com**

**DEPARTMENT OF PATHOLOGY**

UHID	CIMS-10469	Visit Type/No	OP/EPD-14038/EPD-14038
Name	Mrs Savita Agrawal	Order No	OR-26798
Age/Gender	38 Y,27 D/Female	Order Date/Time	29-03-2024
Accession Number	OPAC-3185	Collection Date/Time	29-03-2024 12:11 PM
Treating Doctor	Dr Self	Acknowledge Date/Time	29-03-2024 01:39 PM
Ordering Doctor	Dr Self	Report Date/Time	29-03-2024 05:15 PM
Payer Name	Mediwheel Full Body Health Checkup	Refer By	

Service Name	Result	Unit	Reference Range	Method
Platelet Count	2.32	lakh/cumm	1.5-4.5	Impedance
RDW	13.2	%	1-15	
ESR (Erythrocyte Sedimentation Rate), Blood	17 H	mm 1st Hr.	0-15	Wintrobe

**Pathology**

Service Name	Result	Unit	Reference Range	Method
<b>Thyroid Profile -T3, T4, TSH, Blood</b>				
Triiodothyronine (T3)	1.59	ng/mL	0.69-2.15	CLIA
Thyroxine (T4)	83.1	ng/mL	52-127	CLIA
Thyroid Stimulating Hormone (TSH)	3.43	uIU/mL	0.3-4.5	CLIA

**Interpretation**
**:Note:**

- TSH levels are subject to circadian variation, reaching peak levels between 2 - 4.a.m. and at a minimum between 6-10 pm . The variation is of the order of 50% . hence time of the day has influence on the measured serum TSH concentrations.
- Recommended test for T3 and T4 is unbound fraction or free levels as it is metabolically active.
- Physiological rise in Total T3 / T4 levels is seen in pregnancy and in patients on steroid therapy.

**Clinical Use**

- Primary Hypothyroidism
- Hyperthyroidism Hypothalamic – Pituitary hypothyroidism
- Inappropriate TSH secretion
- Nonthyroidal illness
- Autoimmune thyroid disease
- Pregnancy associated thyroid disorders
- Thyroid dysfunction in infancy and early childhood

**URINE ANALYSIS/ URINE ROUTINE EXAMINATION, Urine**
**Physical Examination**

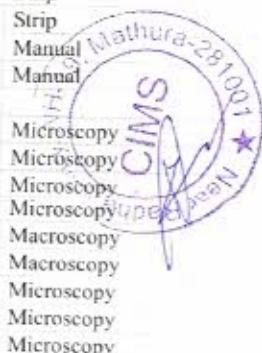
COLOUR	Straw Color			
TRANSPARENCY	Clear			Manual method
SPECIFIC GRAVITY	1.010			Manual
PH URINE	6.5		1.001-1.03	Strip
DEPOSIT	Absent		5-8	Strip
				Manual

**BIOCHEMICAL EXAMINATION**

ALBUMIN	Absent			Strip
SUGAR	Absent			Strip
BILE SALTS (BS)	Absent			Manual
BILE PIGMENT (BP)	Absent			Manual




**MICROSCOPIC EXAMINATION**

PUS CELLS	0-1	/ hpf		
EPITHELIAL CELLS	3-4	/ hpf		Microscopy
RBC'S	Absent	/hpf		Microscopy
CASTS	Absent			Microscopy
CRYSTALS	Absent			Microscopy
BACTERIA	Absent			Macroscopy
FUNGUS	Absent			Macroscopy
SPERMATOZOA	Absent			Microscopy
OTHERS	Absent			Microscopy



All tests have technical limitations Corroborative clinicopathological interpretation is indicated. In case of any disparity in including machine error or typing the test should be repeated immediately.

**NOT VALID FOR MEDICO LEGAL PURPOSE.**

 Near Radha Valley, NH-19, Mathura  
 +91 - 9258113570, +91 - 9258113571  
 www.cimsmathura.com

**DEPARTMENT OF PATHOLOGY**

UHID	CIMS-10469	Visit Type/No	OP/EPD-14038/EPD-14038
Name	Mrs Savita Agrawal	Order No	OR-26798
Age/Gender	38 Y,27 D/Female	Order Date/Time	29-03-2024
Accession Number	OPAC-3185	Collection Date/Time	29-03-2024 12:11 PM
Treating Doctor	Dr Self	Acknowledge Date/Time	29-03-2024 01:39 PM
Ordering Doctor	Dr Self	Report Date/Time	29-03-2024 05:15 PM
Payer Name	Mediwheel Full Body Health Checkup	Refer By	




**Clinical Biochemistry**

Service Name	Result	Unit	Reference Range	Method
Glucose (Fasting), Plasma	95.3	mg/dL	60-110	
Glucose (Post Prandial), Plasma	113.0	mg/dL	80-150	
<b>KFT (Kidney Profile) -I, Serum</b>				
Urea, Blood	23.4	mg/dL	15-50	Urease-uv
Creatinine, Serum	0.63	mg/dL	0.6-1.0	Enzymatic
Blood Urea Nitrogen (BUN)	10.92	mg%	7.5-22.0	Calculated
BUN-CREATININE RATIO	17.33		10-20	Calculated
Sodium, Serum	135.5	mmol/L	135-150	ISE
Potassium, Serum	4.15	mmol/L	3.5-5.5	ISE
Calcium, Serum	9.20	mg/dL	8.7-11.0	ISE
Chloride, Serum	95.5	mmol/L	94-110	ISE
Uric acid, Serum	3.50	mg/dL	2.5-6.5	
Magnesium, Serum	1.90	mg/dL	1.6-2.8	XYLIDYL BLUE
Phosphorus, Serum	3.18	mg/dL	2.4-5.0	MOLYBDATE UV
Alkaline phosphatase, Serum	102.0	U/L	42-136	IFCC
Albumin, Serum	3.66	g/dL	3.5-5.4	BCG
<b>Lipid Profile, Serum</b>				
Cholestrol, serum	174.0	mg%	Optimal: < 200 mg/dl Boder Line High Risk: 150 -240 mg/dl High Risk: > 250 mg/dl	
Triglycerides, serum	90.21	mg%	Optimal: < 150 mg/dl Border Line High Risk: 150 - 199 mg/dl High Risk: 200 - 499 mg/dl Very High Risk: > 500 mg/dl	
HDL Cholesterol	50.2	mg%	Optimal: 70 mg/dl Border Line High Risk: 80 - 100 mg/dl High Risk: > 120 mg/dl	
LDL Cholesterol	105.76	mg%	Optimal: < 100 mg/dl Border Line High Risk: 100 - 129 mg/dl High Risk: > 160 mg/dl	
VLDL Cholesterol	18.04	mg%	Male : 10 - 40 mg/dl Female : 10 - 40 mg/dl Child : 10 - 40 mg/dl	
LDL / HDL Cholesterol ratio	2.11		0.0-3.5	



All tests have technical limitations Corroborative clinicopathological interpretation is indicated. In case of any disparity in including machine error or typing the test should be repeated immediately.

**NOT VALID FOR MEDICO LEGAL PURPOSE.**

 Near Radha Valley, NH-19, Mathura  
 +91 - 9258113570, +91 - 9258113571  
 www.cimsmathura.com

**DEPARTMENT OF PATHOLOGY**

UHID	CIMS-10469	Visit Type/No	OP/EPD-14038/EPD-14038
Name	Mrs Savita Agrawal	Order No	OR-26798
Age/Gender	38 Y,27 D/Female	Order Date/Time	29-03-2024
Accession Number	OPAC-3185	Collection Date/Time	29-03-2024 12:11 PM
Treating Doctor	Dr Self	Acknowledge Date/Time	29-03-2024 01:39 PM
Ordering Doctor	Dr Self	Report Date/Time	29-03-2024 05:15 PM
Payer Name	Mediwheel Full Body Health Checkup	Refer By	

Service Name	Result	Unit	Reference Range	Method
--------------	--------	------	-----------------	--------

**Interpretation**

1. Measurements in the same patient can show physiological & analytical variations. Three serial samples 1 week apart are recommended for Total Cholesterol, Triglycerides, HDL & LDL Cholesterol.
2. ATP III recommends a complete lipoprotein profile as the initial test for evaluating cholesterol.
3. Friedewald equation to calculate LDL cholesterol is most accurate when Triglyceride level is < 400 mg/dL. Measurement of Direct LDL cholesterol is recommended when Triglyceride level is > 400 mg/dL.




**LFT (Liver Function Test) Profile, Serum**

Bilirubin Total, Serum	0.70	mg/dL	0.1-1.0	DMSO
Conjugated (Direct), Serum	0.25	mg%	0.0-0.3	DMSO
Unconjugated (Indirect)	0.45	mg%	0.0-0.75	Calculated
SGOT/AST	19.5	U/L	0-40	IFCC
SGPT/ALT	14.5	U/L	0-48	IFCC
AST/ALT Ratio	<b>1.34 H</b>		0-1	Calculated
Gamma GT, Serum	17.3	U/L	5-32	IFCC
Alkaline phosphatase, Serum	102.0	U/L	42-136	IFCC
Total Protein, serum	6.21	gm/dl	6.0-8.4	Biuret
Albumin, Serum	3.66	g/dL	3.5-5.4	BCG
Globulin	2.55	g/dL	2.3-3.6	Calculated
A/G Ratio	1.44		1.0-2.3	Calculated



All tests have technical limitations Corroborative clinicopathological interpretation is indicated. In case of any disparity in including machine error or typing the test should be repeated immediately.

**NOT VALID FOR MEDICO LEGAL PURPOSE.**

 Near Radha Valley, NH-19, Mathura  
 +91 - 9258113570, +91 - 9258113571  
 www.cimsmathura.com

UHID	CIMS-10469	Visit Type/No	OP/EPD-14038/EPD-14038
Name	Mrs Savita Agrawal	Order No	OR-26798
Age/Gender	38 Y,27 D/Female	Order Date/Time	29-03-2024
Accession Number	OPAC-3185	Collection Date/Time	29-03-2024 12:11 PM
Treating Doctor	Dr Self	Acknowledge Date/Time	29-03-2024 01:39 PM
Ordering Doctor	Dr Self	Report Date/Time	29-03-2024 05:15 PM
Payer Name	Mediwheel Full Body Health Checkup	Refer By	

Service Name	Result	Unit	Reference Range	Method
<b>HbA1c</b>				
<b>GLYCOSYLATED HAEMOGLOBIN (HbA1c)</b>				
Method- Immunofluorescence Assay				
Glycosylated Hemoglobin (HbA1c)	5.73	%	<6.5 : Non Diabetic 6.5-7 : Good Control 7-8 : Weak Control > 8 : Poor Control	
Estimated average blood glucose (eAG)	117.751	mg/dl	90-120: Excellent Control 121-150: Good Control 151-180: Average Control 181-210: Action Suggested	

**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. Converse is true for a diabetic previously under good control but now poorly controlled.

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 glycemc control as compared to blood and urinary glucose determinations.






-----End of the Report-----



Dr. Amrish Kumar  
 Pathology  
 MD (Pathology)

All tests have technical limitations Corroborative clinicopathological interpretation is indicated. In case of any disparity in including machine error or typing the test should be repeated immediately.

**NOT VALID FOR MEDICO LEGAL PURPOSE.**

 **Near Radha Valley, NH-19, Mathura**  
 **+91 - 9258113570, +91 - 9258113571**  
 **www.cimsmathura.com**