

Date = 19/10/2024

Syahi Kadam
Age 48/F

Opnath

	(R)	(L)
VA (A)	G/G	(A) G/G
(A)	N/G	(A) N/G
Colorim	(N)	(N)
M/Sey	(N)	(N)
Funders	(N)	(N)

(150) WNL

Syahi

ECHO Report

Date: 19.10.2024

Patient Details

Patient ID -

Name- JYOTI KADAM

Age- 48 YRS.

Gender- FEMALE

Referral BY - MEDIWHEEL

Doctor In charge DR. MAHESH PADSALGE

Clinical Status of Patient -

Finding description -

1. Normal cardiac chambers dimensions.
2. Normal LV systolic function.
3. No RWMA.
4. All cardiac valves are structurally normal.
5. Trivial MR, Trivial PR, NO AR.
6. No PAH (PASP - 23 mmHg).
7. Normal RV systolic function.
8. No clot/vegetation/pericardial effusion.
9. No coarctation of aorta.

Chamber Dimensions-M mode Findings

LVID (Diastole) 35-56(mm)	- 39.00	LVID (Systole) 24-42(mm)	- 26.00
IVS (Diastole) 8-12(mm)	- 09.00	IVS (Systole) 14-42(mm)	- 13.00
LVPWT (Diastole) 6-11(mm)	- 09.00	EPSS	- 02.00
LVEF (%)	- 60%	LVFS (%)	- 31.00

LV Volume (Diastolic)(mm³)
Meridional Wall Stress in System

LV Volume (Systolic)(mm³)
Cubed LV Volume in Diastole (mm³)

Cubed LV+ myocardial volume (mm³)

Velocity of circumferential
Shortening (mm)

Aortic root 22-37(mm) - 27.00
Left Atrium Length (mm) - 29.00
Left Atrium Volume (mm³)
RV size **Normal**

Left Atrium Width (mm)
Left Atrium Area (mm²)
RV Function

Normal
RV volume (mm³)
Normal

RA Size

Pericardium **Normal**
Effusion **None**
Resp Variation **Present**
Predicted RV Systolic Pressure

IVC Size (mm) - 14 mm Collapsible

Doppler Findings- I



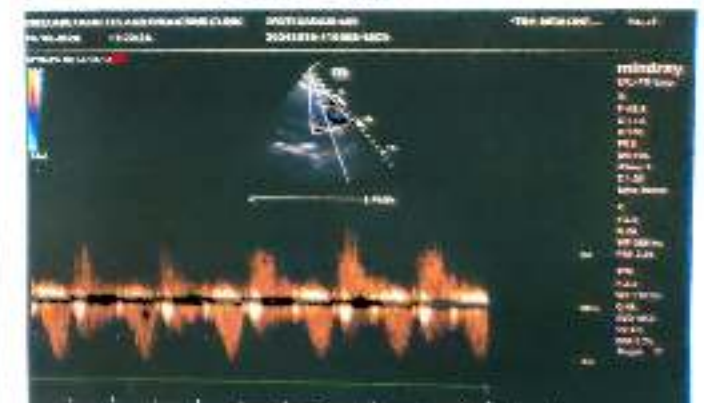
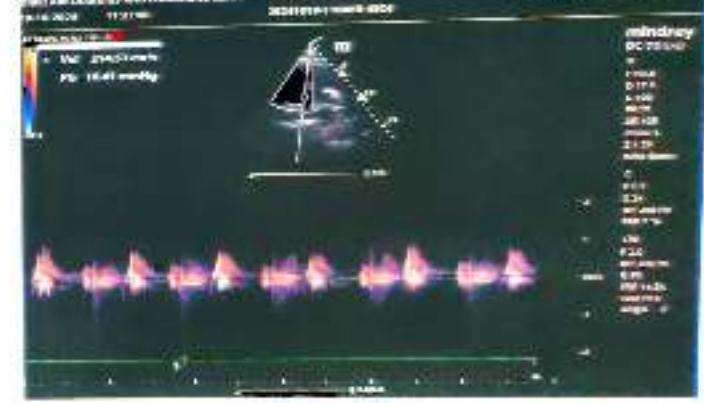
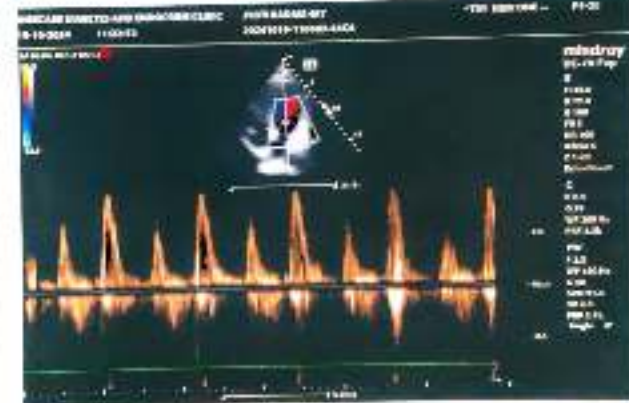
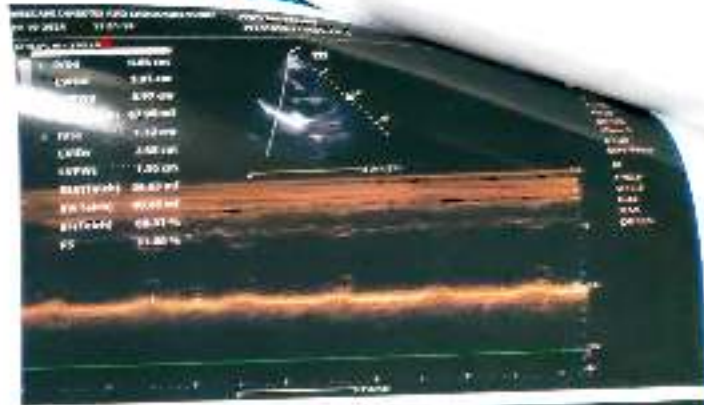
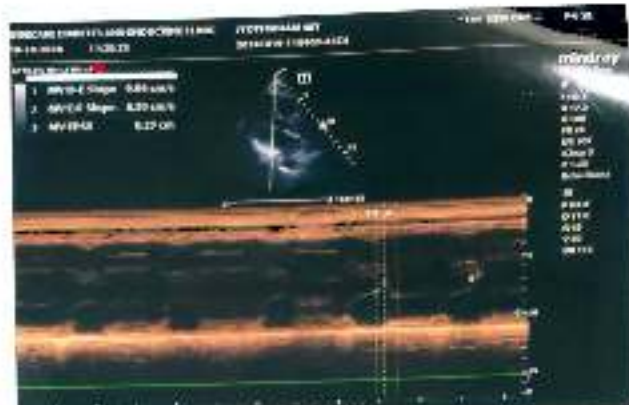
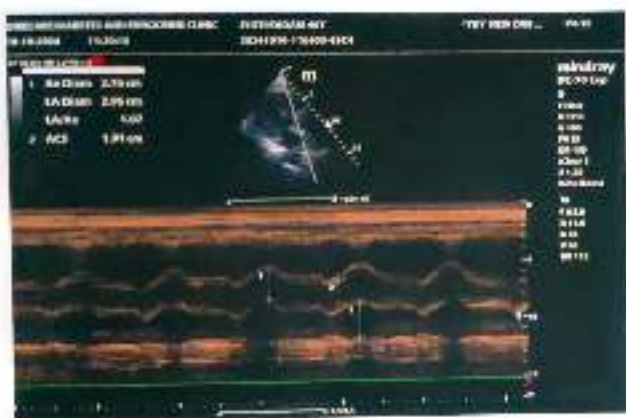
Dr. Mahesh Padsalg

Dr. Mahesh V. Padsalg

MD. (Medicine)

Consultant Physician

Reg. No. 0100417M



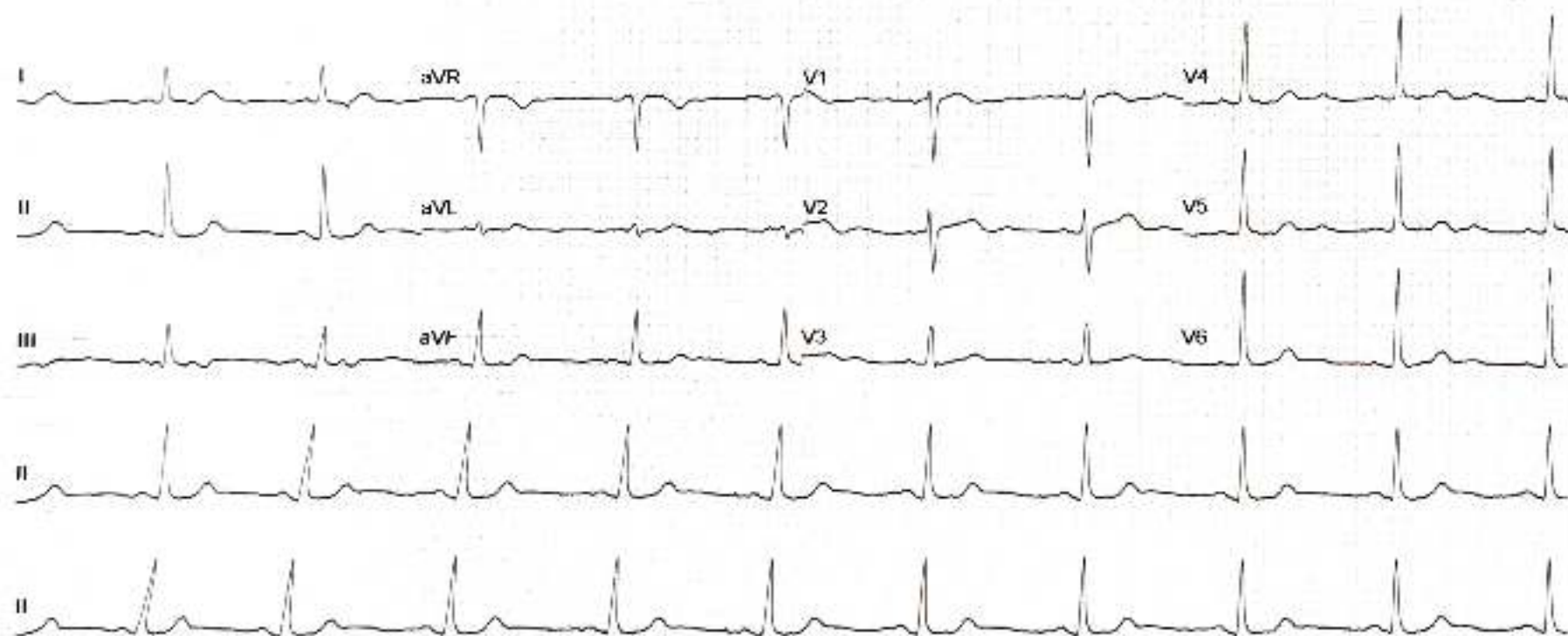
Female

QRS	86 ms
QT / QTcBaz	416 / 416 ms
PR	134 ms
P	104 ms
RR / PP	998 / 1000 ms
P / QRS / T	42 / 60 / 54 degrees

Normal sinus rhythm
Normal ECG

← normal

Dr. Mahesh V. Padsalge
MD. (Medicine)
Consultant Physician
Reg. No. 51424 (MM)



Name: JYOTI KADAM	Age/sex 48Yrs. / FEMALE
Ref by: MEDIWHEEL	Date: 19/10/2024

ULTRASOUND EXAMINATION OF ABDOMEN & PELVIS

Findings-

The Liver is normal in size (13.5cm) shape and raised echogenicity. No focal lesion is seen. The Hepatic veins appear normal. There is no IHBR dilatation. The portal vein appears normal.

The gall bladder is well distended and shows multiple 4-5 mm sized mobile calculi. The extra hepatic C.B.D. is of normal caliber.

The visualized Pancreas appears normal in size and reflectivity. The pancreatic duct is not dilated. The spleen is normal in size (8.5cm), No focal lesion is seen. Splenic vein is normal at hilum.

Both kidneys are normal in position and size. They show normal cortical reflectivity and cortico-medullary differentiation. There is no evidence of renal calculus, hydronephrosis or mass.

Right kidney measures 9.9 x 4.0 cm

Left kidney measures 10.5 x 5.0 cm

The Urinary bladder is well distended. No evidence of any Intraluminal mass or calculi.

Uterus is anteverted and measures 8.3 x 3.7 x 4.3 cm, appears normal in size, shape and echotexture. No focal lesion noted. Endometrial echoes are mid line and measure 4.5 mm.

Both ovaries are normal in size and morphology.

Right ovary measures 2.1 x 1.1 cm

Left ovary measures 1.8 x 0.9 cm

No free fluid is noted in abdomen and pelvis.

No probe tenderness seen in present study

IMPRESSION:-

- Grade 1 fatty infiltration of liver.
- Cholelithiasis

Adv: clinical correlation



DR. MRUDULA BABAR
 CONSULTANT RADIOLOGIST.
DR. MRUDULA BABAR
 B.S., M.D., DMRE (RADIOLOGY)
 U.P.S. NO. 1478/2008
 REG. NO. 2005/03/2139

NAME- JYOTI KADAM

DATE-19/10/2024

AGE- 48/F

X-RAY CHEST PA

The Bony Thorax is Normal.

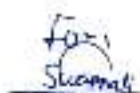
Both The Costophrenic And Cardiophrenic Angles Are Clear.

Cardiac Shape And Size Appears Normal.

The Lung Field Appears Normal.

Both The Hila Are Normal In Density And Position.

IMPRESSION: NORMAL CHEST X-RAY.



DR.MRUDULA BABAR
CONSULTANT RADIOLOGIST

DR. MRUDULA BABAR
MBBS, MD, DMRE (RADIOLOGY)
CPS, MUMBAI 2009
REG. NO. 2305/03/2139

NAME- JYOTI KADAM

DATE- 19/10/2024

AGE- 48/F

BILATERAL FILM SCREEN MAMMOGRAPHY REPORT

Bilateral Film Screen Mammography Was Performed In Cranio-Caudal And Medio-Lateral Oblique Views.

Both Breasts Show Dense Glandular Parenchyma, Hence Poor Screening Sensitivity By Film Screen Mammography ACR-D.

No Evidence of Clusters of Micro calcifications, Nipple Retraction, Skin Thickening or Vascular Calcification Seen Bilaterally.

No Evidence of Axillary Lymphadenopathy.

Impression: - Both Breasts Show Dense Glandular Parenchyma, Hence Poor Screening Sensitivity By Film Screen Mammography. **BIRADS-0.**

Adv: - Clinical Correlation & Sonomammography.

for,
Swappali
DR.MRUDULA BABAR

CONSULTANT RADIOLOGIST**DR.MRUDULA BABAR**

M.B.B.S., M.D., D.M.R.E (RADIOLOGY)

CPS (MUMBAI 2009)

REG. NO. 2005/03/2139

Patient Name : **MRS. KADAM JYOTI ARVIND**

Patient ID : 63195

Age / Sex : 48 years / Female

Referred by : MEDIWHEEL

Bill ID : 107052

Collected : Oct 19, 2024, 09:56 a.m.

Reported : Oct 19, 2024, 06:46 p.m.

Sample ID :



Test Description	Results	Units	Biological Reference Range
<u>FASTING BLOOD SUGAR</u>			
Sample Type : Flouride R			
Fasting Blood Sugar [GOD - POD]	91.3	mg/dl	Normal : 70 - 99 mg/dl impaired Tolerance : 100 - 125mg/dl Diabetes Mellitus : >126 mg/dl
Technique :-	Fully Automated Biochemistry Analyser ERBA EM-200		

END OF REPORT

**Dr. Sudhamani S. MD**
Consultant Pathologist
Reg. No. : 90461

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Test Description	Results	Units	Biological Reference Range
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POST PRANDIAL BLOOD SUGAR

Sample Type : Flouride PP

Post Prandial Blood Sugar [GOD - POD]	115.0	mg/dl	110-180
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Technique :-

Done On Fully Automated Biochemistry Analyser ERBA EM-200

****END OF REPORT******Dr. Sudhamani S. MD**
Consultant Pathologist
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ESR

Sample Type : EDTA / Whole Blood

ESR 15 Mm/hr 0 - 20

Method Westergren

****END OF REPORT******Dr. Sudhamani S. MD**
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LIPID PROFILE

Sample Type : Serum

TOTAL CHOLESTEROL

[CHOD-PAP]

191

mg/dL

Desirable : <200 mg/dl

Borderline : 200 - 239mg/dl

High : >240 mg/dl

TRIGLYCERIDES

[Glycerol Phosphate Oxidase]

161.7

mg/dL

Desirable : <150 mg/dl

Borderline : 150 - 199mg/dl

High : >200mg/dl

HDL CHOLESTEROL [Direct]

36.8

mg/dL

Desirable : >40 mg/dl

Borderline Risk : 35 mg/dl

High Risk : <30 mg/dl

LDL CHOLESTEROL [Calculated]

121.86

mg/dL

Desirable : <100 mg/dl

Borderline : 130 - 160mg/dl

High : >160mg/dl

VLDL Cholesterol

[Calculated]

32.34

mg/dL

Desirable : <26 mg/dl

Borderline : >30 mg/dl

Total Chol / HDL Chol Ratio

[Calculated]

5.19

mg/dL

Desirable : <5 %

LDL / HDL Ratio

[Calculated]

3.31

1.00 - 3.55

NON-HDL CHOLESTEROL

[Calculated]

154.20

mg/dL

Desirable : <130 mg/dl

Borderline : 160 - 189 mg/dl

High : >220 mg/dl

Technique:

Fully Automated Biochemistry Analyser ERBA EM-200.

****END OF REPORT******Dr. Sudhamani S. MD**
Consultant Pathologist
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RENAL FUNCTION TEST

Sample Type : Serum

Blood Urea [Urease-GLDH]	20.3	mg/dL	16.6 - 48.5
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Blood Urea Nitrogen (BUN) [Calculated]	9.48	mg/dl	6 - 20
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Sr. Creatinine [Enzymatic]	0.60	mg/dL	0.60 - 1.40
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S. Uric Acid [Uricase - POD]	2.9	mg/dL	2.4 - 5.7
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S. Calcium [Arsenaso]	10.1	mg/dL	8.6 - 11.0
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S. Phosphorous [UV Molybdate]	3.73	mg/dL	2.5 - 4.5
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Sodium (Na+) [ISE Direct]	136.2	mmol/L	136 - 148
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Potassium (K+) [ISE Direct]	4.20	mmol/L	3.5 - 5.3
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Chlorides (Cl-) [ISE Direct]	103.5	mmol/L	98 - 107
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Done On Fully Automated Biochemistry Analyser ERBA EM-200.

****END OF REPORT******Dr. Sudhamani S. MD**
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Test Description	Results	Units	Biological Reference Range
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LIVER FUNCTION TEST

Sample Type : Serum

TOTAL BILIRUBIN [DIAZO]	0.47	mg/dl	0.3-1.3 mg/dl
BILIRUBIN-DIRECT [DIAZO]	0.19	mg/dl	0.1-0.4 mg/dl
BILLIRUBIN-INDIRECT [CALCULATED]	0.28	mg/dl	0.1-0.9 mg/dl
S.G.O.T. (AST) [IFCC without Pyridoxal Phosphate]	13.4	IU/L	5-40 IU/L
S.G.P.T.(ALT) [IFCC without Pyridoxal Phosphate]	10.7	IU/L	5-40 IU/L
ALKALINE PHOSPHATASE [Amino Methyl Propanol (AMP)]	69	IU/L	44-147 IU/L
TOTAL PROTEINS [BIURET]	6.23	IU/L	6.0 - 8.5 g/dL
ALBUMIN [BROMO CRESOL GREEN (BCG)]	4.01	g/dl	3.5-5.0 g/dl
GLOBULIN [CALCULATED]	2.22	gm%	2.3-3.5 gm%
ALBUMIN/GLOBULIN RATIO [CALCULATED]	1.81		
GAMMA GT	26.0	U/L	0 - 45

Technique :

Fully Automated Biochemistry Analyser ERBA EM-200

****END OF REPORT******Dr. Sudhamani S. MD**
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Test Description	Results	Units	Biological Reference Range
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COMPLETE BLOOD COUNT

Sample Type : EDTA / Whole Blood

Hemoglobin	10.9	g/dl	11.5 - 15.0
RBC COUNT	4.17	Millions/c	3.8 - 4.8
PCV(Hematocrit)	35.6	%	40.0 - 50.0
Mean Cell Volume(MCV) [calculated]	82.4	fl	80.0 - 100.0
Mean Cell Hemoglobin(MCH) [calculated]	26	pg	27.0 - 32.0
Mean Cell Hb Conc(MCHC) [calculated]	31.6	g/dl	32 - 36
RDW	14.4	%	11.50 - 14.50
Total Leucocytes (WBC) Count	5430	/cumm	4000-11000

DIFFERENTIAL COUNT

Neutrophils	55.1	%	40 - 70
Lymphocytes	38	%	20 - 50
Eosionphils	3.5	%	01 - 06
Monocytes	2.8	%	00 - 08
Basophils [calculated]	0.6	%	00-01

SMEAR STUDY

RBC Morphology	Hypochromia (+)		
WBC Morphology	No E/o Toxic granules seen		
Platelets On Smear	Adequate on Smear		
Platelet Count	227000	/cumm	150000 - 450000
MPV	10.3	fL	6.5 - 10.0

Comments :-**Method:-**

HB:-Colorimetric, Total WBC:-Impedance/Flow Cytometry, HCT, MCV, MCH, MCHC, RDW-CV:-Calculate, Diff. Count: Flow Cytometry / Manual Stained Smear Microscopy, RBC: Impedance, Platelets : Impedance Method.

Technique :-

Fully Automated 5 part Diff. Cell Counter .

All Test Results are subjected to stringent international External and Internal Quality Control Protocols

END OF REPORT



Dr. Sudhamani S. MD
Consultant Pathologist
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Test Description	Results	Units	Biological Reference Range
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TOTAL THYROXINE (T4)

Sample Type : Serum

Total Thyroxine (T4) [CLIA]	92.9	ng/ml	52 - 127
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****END OF REPORT******Dr. Sudhamani S. MD**
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TOTAL TRIIODOTHYRONINE (T3)

Sample Type : Serum

TotalTriiodothyronine (T3) [CLIA]	0.956	ng/mL	0.69 - 2.15
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****END OF REPORT******Dr. Sudhamani S. MD**
Consultant Pathologist
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THYROID STIMULATING HORMONE (TSH)

Sample Type : Serum

Thyroid Stimulative Hormone (TSH) [CLIA]	0.234	μ IU/mL	0.3- 4.5 1st trimester - 0.1 - 2.5 μ IU/mL 2nd trimester - 0.2 - 3 μ IU/mL 3rd trimester - 0.3 - 3 μ IU/mL
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Clinical Significance :-

1. Serum TSH concentrations exhibit a diurnal variation with the peak occurring during the night.
2. Useful for:Screening for thyroid dysfunction and detecting mild (subclinical), as well as overt, primary hypo- or hyperthyroidism in ambulatory patients.
3. Monitoring patients on thyroid replacement therapy.
4. Confirmation of thyroid-stimulating hormone (TSH) suppression in thyroid cancer patients on thyroxine suppression therapy.
- 5.Prediction of thyrotropin-releasing hormone-stimulated TSH response.

****END OF REPORT******Dr. Sudhamani S. MD**
Consultant Pathologist
Reg. No. : 90461

Patient Name : **MRS. KADAM JYOTI ARVIND**

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Test Description	Results	Units	Biological Reference Range
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BLOOD GROUP

Sample Type : EDTA / Whole Blood

ABO Grouping

"O"

Rh Grouping

POSITIVE

Note:

These report is for information purpose only. Blood group needs to be reconfirmed at the time of cross matching for blood transfusion.

****END OF REPORT******Dr. Sudhamani S. MD**
Consultant Pathologist
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URINE ANALYSE REPORT

Sample Type : Urine

PHYSICAL EXAMINATION

COLOUR	Pale Yellow		
APPEARANCE	Clear		
REACTION (PH)	6.0		5.0-7.5
SPECIFIC GRAVITY	1.005		1.010 - 1.030
ALBUMIN	Absent		
GLUCOSE	Absent		
BLOOD (U)	Absent		
BILE PIGMENTS	Negative		
BILE SALTS	Absent		
KETONE	Negative		
LEUKOCYTES	Absent		
NITRITE	Absent		
UROBILINOGEN	Negative		

MICROSCOPY

PUS CELLS/hpf	1-2		
RBCs/hpf	Absent		
EPI.CELLS/hpf	1-2		
CASTS	Absent		
CRYSTALS	Absent		
BACTERIA	Absent		
Other	Absent		

****END OF REPORT******Dr. Sudhamani S. MD**
Consultant Pathologist
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Test Description	Results	Units	Biological Reference Range
<u>GLYCOCYLATED HAEMOGLOBIN</u>			
Sample Type : EDTA / Whole Blood			
Glycocyalted Haemoglobin (HbA1c) [Tosoh HPLC]	5.6	%	<5.7%NON DIABETIC 5.7-6.4% PRE-DIABETIC >6.5% DIABETIC <7.0% GOAL FOR DIABETIC ON TREATMENT
MEAN BLOOD GLUCOSE	114.02	mg/dL	116.89 - 154.2

****END OF REPORT******Dr. Sudhamani S. MD**
Consultant Pathologist
Reg. No. : 90461