



Patient Name: MRS. PRACHI DINGU / MRN-240902016

Age / Gender : 33 Yr / F

Address: Indore, MADHYA PRADESH

Req. Doctor: VONE HOSPITAL

Regn. Number: WALKIN.24-25-11218

Request Date : 21-09-2024 08:05 AM

Reporting Date : 21-09-2024 05:18 PM  
Report Status : Finalized

**X-RAY CHEST AP**

Size and shape of heart are normal.

C.P. angles are clear.

Lung fields are clear.

Soft tissues and rib cage are normal.

END OF REPORT

DR. RAVINDRA SINGH  
CONSULTANT RADIOLOGIST



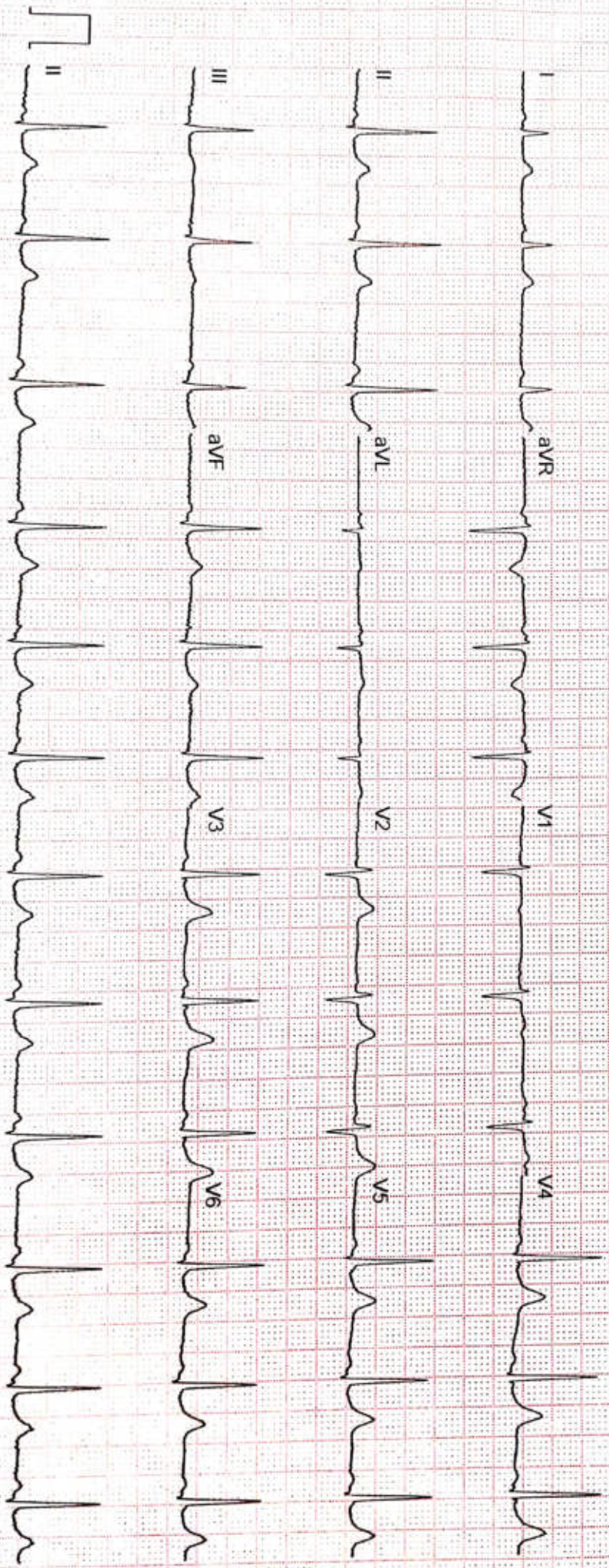
Female

21.09.2024 8:43:45 AM  
V-one Hospital  
AB Road Geeta Bhawan  
Indore

72 bpm  
--/-- mmHg

QRS	86 ms
QT / QTcBaz	382 / 418 ms
PR	124 ms
P	84 ms
RR / PP	834 / 833 ms
P / QRS / T	54 / 73 / 54 degrees

Normal sinus rhythm with sinus arrhythmia  
Normal ECG



Unconfirmed



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### 2D- & COLOR DOPPLER ECHO

Measuring Dimensions	Observed Values	Normal Value (For Adult)
Aortic root diameter (AOD)	22mm	20-37 mm
Aortic Valve Cusp Opening (ACS)	22mm	15-26 mm
Left atrial dimensions (LAs diam)	31mm	19-40 mm
Left ventricular ED dimensions (LVIDd)	35mm	17-56 mm
Left ventricular ES dimensions (LVIDs)	24mm	18-42 mm
Interventricular ED septal thickness (IVSd)	9mm	6-11 mm
LVPW (D) (LVPWD)	10mm	6-11 mm
LVEF	60%	55-70%

Regional wall motion abnormalities : No.

IVS motion : Normal

### CHAMBERS SIZE & SHAPE :-

Left Ventricle : Normal.

Left Atrium : Normal.

Right Ventricle : Normal.

Right Atrium : Normal.

Pulmonary artery : Normal

PERICARDIUM : Normal.

IVC : Normal.



**VALVULAR ECHO :-**

**MITRAL VALVE :-**

Doppler

Mitral stenosis

Mitral regurgitation

: **Morphology :- Floppy movement of partial AML**  
: E vel- 0 m/sec A vel- 0 m/sec  
: Absent  
: **Mild MR**

**TRISCUSPID VALVE :-**

Tricuspid Stenosis

Tricuspid regurgitation

: **Morphology :-**  
: Absent  
: **Grade - I/IV TR No PAH (PASP:- 13mmHg + RAP)**

**PULMONARY VALVE :-**

Doppler

Pulmonary Stenosis

Pulmonary regurgitation

: **Morphology :-**  
: PV Vmax- 0.59m/sec PV Max PG- 1.30mmHg.

: Absent

: Normal

**AORTIC VALVE :-**

Doppler

Aortic Stenosis

Aortic Regurgitation

: **Morphology :-**  
: AV Vmax- 1.28m/sec AV max PG- 6.57mmHg.

: Absent

: Normal

**IMPRESSION :-**

➤ **Normal 2D Echo & CD study.**

  
Dr. Deepesh Kothari, MD, DM  
Consultant Cardiologist



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**HAEMATOLOGY**

**Request Date :** 21-09-2024 08:05 AM  
**Collection Date :** 21-09-2024 08:18 AM | H-7838  
**Acceptance Date :** 21-09-2024 08:18 AM | TAT: 04:51  
[HH:MM]

**Reporting Date :** 21-09-2024 01:09 PM  
**Reporting Status :** Finalized

Investigations	Result	Biological Reference Range
<b>CBC</b>		
Haemoglobin	<b>10.0 gm% *</b>	F 12 - 15 gm% (Age 1 - 100 )
RBC Count	4.87 mill./cu.mm	F 4.6 - 6 mill./cu.mm (Age 1 - 100 )
Packed Cell Volume (PCV)	<b>31.3 % *</b>	F 38 - 45 % (Age 1 - 100 )
MCV	<b>64.3 Cu.m. *</b>	76 - 96 Cu.m. (Age 1 - 100 )
MCH	<b>20.6 pg *</b>	27 - 32 pg (Age 1 - 100 )
MCHC	32.0 %	30.5 - 34.5 % (Age 1 - 100 )
Platelet Count	416 $10^3/uL$	150 - 450 $10^3/uL$ (Age 1 - 100 )
Total Leukocyte Count (TLC)	6.28 $10^3/uL$	4.5 - 11 $10^3/uL$ (Age 1 - 100 )
Differential Leukocyte Count (DLC)		
Neutrophils	60 %	40 - 70 % (Age 1 - 100 )
Lymphocytes	33 %	20 - 40 % (Age 1 - 100 )
Monocytes	04 %	2 - 10 % (Age 1 - 100 )
Eosinophils	03 %	1 - 6 % (Age 1 - 100 )
Basophils	00 %	< 1 %
<b>ESR (WINTROBE METHOD)</b>	18 mm/hr	F 0 - 19 mm/hr

END OF REPORT.

**DR. QUTBUDDIN CHAHWALA**  
M.D. PATHOLOGIST

Result relate to the sample as received.

V-ONE HOSPITAL Department of Laboratory Medicine.

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**Acceptance Date :** 21-09-2024 08:18 AM | TAT: 04:52  
[HH:MM]

**Reporting Date :** 21-09-2024 01:10 PM  
**Reporting Status :** Finalized

Investigations	Result	Biological Reference Range
<b>BLOOD GROUP</b>		
ABO GROUP	A	
RH FACTOR	Positive	

END OF REPORT.

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[HH:MM]

**Reporting Date :** 21-09-2024 01:09 PM  
**Reporting Status :** Finalized

Investigations	Result	Biological Reference Range
<b>HBA1C</b>		
Glyco Hb (HbA1C)	5.0 %	4 - 6 %
Estimated Average Glucose	96.8 mg/dL	mg/dL
Interpretation: 1.HbA1C has been endorsed by clinical groups and American Diabetes Association guidelines 2017 for diagnosing diabetes using a cut off point of 6.5%		
2.Low glycated haemoglobin in a non diabetic individual are often associated with systemic inflammatory diseases, chronic anaemia (especially severe iron deficiency and haemolytic), chronic renal failure and liver diseases. Clinical correlation suggested.		
3.In known diabetic patients, following values can be considered as a tool for monitoring the glycemic control. Excellent control-6-7 %		

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**BIOCHEMISTRY**

**Request Date :** 21-09-2024 08:05 AM  
**Collection Date :** 21-09-2024 08:18 AM | BIO8650  
**Acceptance Date :** 21-09-2024 08:18 AM | **TAT:** 125:08 [HH:MM]

**Reporting Date :** 26-09-2024 01:26 PM  
**Reporting Status :** Finalized

Investigations	Result	Biological Reference Range
<b>FBS &amp; PPBS *[ Ser/Plas ]</b>		
FBS	98.3 mg/dL	70 - 110 mg/dL

END OF REPORT.

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**vone**  
Hospital  
Restoring Quality of Life

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**BIOCHEMISTRY**

**Request Date :** 21-09-2024 08:05 AM  
**Collection Date :** 21-09-2024 08:18 AM | BIO8650

**Reporting Date :** 21-09-2024 12:50 PM  
**Reporting Status :** Revised And Finalized

**Acceptance Date :** 21-09-2024 08:18 AM | **TAT:** 04:32 [HH:MM]

Investigations	Result	Biological Reference Range
<b>Lipid Profile</b>		
Total Cholesterol	124.0 mg/dL	0 - 200 mg/dL
Tryglycèride	<b>103.0 mg/dL *</b>	150 - 200 mg/dL
HDL Cholesterol	45.6 mg/dL	35 - 79 mg/dL
VLDL (Calculated)	20.6 mg/dL	5 - 40 mg/dL
LDL	65.62 mg/dL	0 - 130 mg/dL
Total Cholesterol /HDL	2.72	0 - 5
LDL/HDL	1.44	0.3 - 5

END OF REPORT.

**DR. QUTBUDDIN CHAHWALA**  
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**BIOCHEMISTRY**

**Request Date :** 21-09-2024 08:05 AM  
**Collection Date :** 21-09-2024 08:18 AM | BIO8650  
**Acceptance Date :** 21-09-2024 08:18 AM | TAT: 04:30 [HH:MM]  
**Reporting Date :** 21-09-2024 12:48 PM  
**Reporting Status :** Finalized

Investigations	Result	Biological Reference Range
<b>LFT</b>		
SGOT	12.6 U/L	0 - 40 U/L
SGPT	15.9 U/L	F 0 - 31 U/L
TOTAL BILIRUBIN	0.64 mg/dL	0 - 1.1 mg/dL
DIRECT BILIRUBIN	<b>0.21 mg/dL *</b>	0 - 0.2 mg/dL
INDIRECT BILIRUBIN	0.43 mg/dL	0.2 - 0.8 mg/dL
TOTAL PROTEIN	6.73 mg/dL	6.6 - 8.8 mg/dL
S.ALBUMIN	3.81 mg/dL	3.5 - 5.5 mg/dL
GLOBULIN	2.92 mg/dL	2 - 3.5 mg/dL
A.G.RATIO	1.30	1.1 - 1.5
ALKALINE PHOSPHATASE	82.0 U/L	F 35 - 104 U/L CHILD 54 - 369 U/L
<b>PT INR</b>		
PT	<b>12.8 sec *</b>	13 - 15 sec
CONTROL	12.8 sec	
INR	1.0	0.8 - 1.1
HBSAG	Non Reactive	
ALT / AST RATIO	1.26	< 1.5
AST / ALT RATIO	0.79	< 1

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**Request Date :** 21-09-2024 08:05 AM  
**Collection Date :** 21-09-2024 08:18 AM | BIO8650  
**Acceptance Date :** 21-09-2024 08:18 AM | TAT: 04:53  
[HH:MM]

**Reporting Date :** 21-09-2024 01:11 PM  
**Reporting Status :** Finalized

Investigations	Result	Biological Reference Range
URIC ACID	3.5 mg/dL	F 2.6 - 6 mg/dL
BUN		
BUN	6.02 mg/dL	5 - 20 mg/dL
BUN / CREATINE RATIO	9.21 *	10 - 20
CREATININE	0.66 mg/dL *	0.7 - 1.4 mg/dL

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**IMMUNOLOGY**

**Request Date :** 21-09-2024 08:05 AM  
**Collection Date :** 21-09-2024 08:18 AM | PATH5524  
**Acceptance Date :** 21-09-2024 08:18 AM | TAT: 05:37 [HH:MM]  
**Reporting Date :** 21-09-2024 01:55 PM  
**Reporting Status :** Finalized

Investigations	Result	Biological Reference Range
<b>Thyroid Profile</b>		
T3	0.85 ng/dL	0.58 - 1.62 ng/dL (Age 1 - 100 )
T4	7.83 ug/dl	5 - 14.5 ug/dl (Age 1 - 100 )
TSH	2.56 uIU/ml	0.35 - 5.1 uIU/ml (Age 1 - 100 )

Interpretation: Ultra sensitive-thyroid stimulating hormone (TSH) is a highly effective screening assay for thyroid disorders. In patients with an intact pituitary-thyroid axis, sTSH provides a physiologic indicator of the functional level of thyroid hormone activity. Increased s-TSH indicates inadequate thyroid hormone, and suppressed s-TSH indicates excess thyroid hormone. Transient s-TSH abnormalities may be found in seriously ill, hospitalized patients, so this is not the ideal setting to assess thyroid function. However, even in these patients, s-TSH works better than total thyroxine (an alternative screening test). when the s-TSH result is abnormal, appropriate follow-up tests T4 & free T3 levels should be performed. If TSH is between 5.0 to 10.0 & free T4 & free T3 level are normal then it is considered as subclinical hypothyroidism which should be followed up after 4 weeks & if TSH is > 10 & free T4 & free T3 level are normal then it is considered as overt hypothyroidism. Serum triiodothyronine (T3) levels often are depressed in sick and hospitalized patients, caused in part by the biochemical shift to the production of reverse T3. Therefore, T3 generally is not a reliable predictor of hypothyroidism. However, in a small subset of hyperthyroid patients, hyperthyroidism may be caused by overproduction of T3 (T3 toxicosis). To help diagnose and monitor this subgroup, T3 is measured on all specimens with suppressed s-TSH and normal FT4 concentrations. Normal ranges of TSH & thyroid hormones vary according trimesper in pregnancy. TSH ref range in Pregnancy Reference range (microIU/ml)  
First trimester 0.24 - 2.00  
Second trimester 0.43-2.2

END OF REPORT.

DR. QUTBUDDIN CHAHWALA  
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**IMMUNOLOGY**  
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Investigations	Result	Biological Reference Range
<b>Thyroid Profile</b>		
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Normal ranges of TSH & thyroid hormones vary according trimester in pregnancy. TSH ref range in Pregnancy Reference range (microIU/ml)

First trimester 0.24 - 2.00  
 Second trimester 0.43-2.2

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*Qutbuddin*  
**DR. QUTBUDDIN CHAHWALA**  
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**Collection Date :** 21-09-2024 08:18 AM | CP-3067  
**Acceptance Date :** 21-09-2024 08:18 AM | TAT: 04:52 [HH:MM]

**CLINICAL PATHOLOGY**

**Reporting Date :** 21-09-2024 01:10 PM  
**Reporting Status :** Finalized

Investigations	Result	Biological Reference Range
<b>Urine Routine</b>		
PHYSICAL EXAMINATION		
Quantity	30 ml	
Colour	Pale yellow	Pale Yellow
Deposit	Absent	Absent
Clarity	Clear	Clear
Reaction	Acidic	Acidic
Specific Gravity	1.015	1.001 - 1.035
CHEMICAL EXAMINATION		
Albumin	Absent	Absent
Sugar	Absent	Absent
Bile Salt	Absent	Absent
Bile Pigment	Absent	Absent
Keton	Absent	Absent
Blood	Absent	Absent
MICROSCOPY EXAMINATION		
Red Blood Cells	Nil /hpf	Nil/hpf
Pus Cells	2-3 /hpf	2-3/hpf
Epithelial Cells	1-2 /hpf	3-4/hpf
Casts	Absent	Absent
Crystals	Absent	Absent
Bacteria	Absent	Absent

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