



Barcode No. : M388801
 Patient NAME : Miss. SHIKHA SWARNKAR
 Sample Coll. DATE : 26-Oct-2024 10:27 AM
 UHID : 267581
 IPD No. / Ward : /
 Referring Doctor : Dr. Rakesh Malhotra (H)
 Passport No. :
 Sample Receiving DATE : 26-Oct-2024 11:55 AM
 Reporting DATE : 26-Oct-2024 12:27 PM
 Approved DATE : 26-Oct-2024 03:37 PM

DEPARTMENT OF HAEMATOLOGY

Complete Haemogram* (Specimen : EDTA)

Date : 27/Oct/24
 Status : 12:15PM

Parameter	Value	Unit	Reference Interval
Haemoglobin (whole blood/photometric method)	11.8	g/dl	13.0-17
Total Leucocyte Count (TLC) (whole blood/impedance method)	7800	cells/c.mm	4000-10000
Neutrophil	58.0	%	45-70
Lymphocyte	34.1	%	20-40
Eosinophils	2.2	%	1.0-5.0
Monocytes	5.4	%	2.0-10.0
Basophils	0.3	%	0.0-1.0
Packed Cell Volume (PCV) (whole blood, calculation)	37.4	%	36-46
Red Blood Cell Count (whole blood, impedance method)	4.6	million/c.mm	3.8-4.8
Mean Cell Volume (MCV) (whole blood, calculated)	80.6	fL	83-101
Mean Cell Haemoglobin (MCH) (whole blood, calculated)	25.4	pg	27-32
MCHC (whole blood, calculated)	31.5	g/dl	31.5-34.5
RDW - CV (whole blood, calculated)	15.4	%	11.0-16.0
Platelet Count (whole blood, impedance method)	2.50	lakh/c.mm	1.5-4.0
MPV (Mean Platelet Volume)	10.4	mm/Hr	6.5-12.0
ESR	25	mm/Hr	0-15

Interpretation :
 Complete Haemogram* : EDTA Whole Blood-Tests done on Automated Five Part Cell Counter. Hb is performed by photometric method, WBC, RBC, Platelet Count by impedance method, WBC differential by Flow Cytometry technology other parameters calculated) All Abnormal Haemograms are reviewed confirmed microscopically.

Prepared By : Miss. POOLA VERMA
 The new health care destination
 A unit of Muskan Medical Centre Pvt. Ltd.
 Neohospital Laboratory, Noida.
 MULTISPECIALITY
 (*) Test values are only indicative not confirmatory of diagnosis, Kindly correlate clinically.



Certificate No. H-2010-0549
 Certificate No. : MC-3302

Age / Sex : 32.2 YRS / Female

Barcode No. : M388801
 Patient NAME : Miss. SHIKHA SWARNKAR
 Sample Coll. DATE : 26-Oct-2024 04:17 PM
 UHID : 267581
 IPD No. / Ward : /
 Referring Doctor : Dr. Rakesh Malhotra (H)
 Passport No. :

Sample Receiving DATE : 26-Oct-2024 04:40 PM
 Reporting DATE : 26-Oct-2024 07:10 PM
 Approved DATE : 26-Oct-2024 07:14 PM

DEPARTMENT OF BIOCHEMISTRY

Blood Sugar Fasting* (Specimen : FLUORIDE)
 Date : 27/Oct/24 12:15PM
 Status : H
 113.0
Blood Sugar Post Prandial* (Specimen : FLUORIDE)
 Date : 27/Oct/24 12:15PM
 Status :
 105.0

Unit : mg/dl
Bio Ref Interval : 70-100
Unit : mg/dl
Bio Ref Interval : 70.0-140.0

Prepared By : Miss. POOJA VERMA

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 Neo Hospital Laboratory, Noida.

Printed By : Mr. KAMAL VERMA



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 Approved DATE : 26-Oct-2024 03:52 PM
 Age / Sex : 32.2 YRS / Female
 Certificate No. : MC-3302

DEPARTMENT OF BIOCHEMISTRY

KFT (Kidney Function Test)* (Specimen : SERUM)

Date 27/Oct/24
 Status 12:15PM
 L 14.0

Blood Urea (urease with indicator dye)	14.0	L	15.0-37.0	mg/dl	Bio Ref Interval
Serum Creatinine (enzymatic(creatinine amidohydrolase))	0.6		0.52-1.04	mg/dl	
Uric Acid (uricase/peroxidase)	5.5		2.5-6.2	mg/dl	
Sodium (Na+) (direct ion selective mode)	140.0		137.0-145.0	mmol/L	
Potassium (K+) (direct ion selective mode)	4.5		3.5-5.1	mmol/L	
Chloride (Cl-) (direct ion selective mode)	104.0		98.0-107.0	mmol/L	
Serum Calcium (arsenazo dye)	9.2		8.4-10.2	mg/dl	
Phosphorus Serum (phosphomolybdate reduction)	4.0		2.5-4.5	mg/dl	
Alkaline Phosphatase (ALP) (4-nitrophenyl phosphate(pnp)/amp)	94.0		38.0-126.0	U/L	
Total protein (buret(alkaline cupric sulphate))	8.4	H	6.3-8.2	gm/dl	
Albumin (bromocresol green dye binding)	4.6		3.5-5.0	gm/dl	
Albumin/Globulin Ratio (Calculated) (calculated)	1.2		1.0-2.1	Ratio	
eGFR (calculated)	115.9		-	mL/min	

Date 27/Oct/24
 Status 12:15PM
 H 214.0

Total Cholesterol (serum/enzymatic(che.cho/pod))	163.0		<200	mg/dl	Bio Ref Interval
Triglyceride (serum/enzymatic(ipase/gk/gpo/pod)without correction for free glycerol)	214.0	H	<150.0	mg/dl	
HDL Cholesterol (serum/phosphotungstic acid/mgcl2+enzymatic)	27.0	L	>40.0	mg/dl	
LDL	93.2		>100.0	mg/dl	

Prepared By : Miss. POOJA VERMA

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 Neo Hospital Laboratory, Noida

Printed By : Mr. KAMAL VERMA



Age / Sex : 32.2 YRS / Female
 Certificate No. : H-2018-0549
 Certificate No. : MC-3302

Barcode No. : M388801
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DEPARTMENT OF BIOCHEMISTRY

(calculation)
 VLDL
 LDL/HDL Ratio (calculation)
 42.8 H
 3.45
 Total Cholesterol : HDL Ratio (calculation)
 6.04 H
 Interpretation :

NATIONAL LIPID ASSOCIATION RECOMMENDATIONS (NLA-2014)	TOTAL CHOLESTEROL in mg/dl	TRIGLYCERIDE in mg/dl	LDL CHOLESTEROL in mg/dl	NON HDL CHOLESTEROL in mg/dl
Optimal	<200	<150	<100	<130
Above Optimal	-	-	100-129	130 - 159
Borderline High	200-239	150-199	130-159	160 - 189
High	>=240	200-499	160-189	190 - 219
Very High		>=500	>=190	>=220

Note:
 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. As per NLA-2014 guidelines, all adults above the age of 20 years should be screened for lipid status. Selective screening of children above the age of 2 years with a family history of premature cardiovascular disease or those with at least one parent with high total cholesterol is recommended.
 3. Low HDL levels are associated with increased risk for Atherosclerotic Cardiovascular disease (ASCVD) due to insufficient HDL being available to participate in reverse cholesterol transport, the process by which cholesterol is eliminated from peripheral tissues.
 4. NLA-2014 identifies Non HDL Cholesterol as an indicator of all atherogenic lipoproteins such as LDL, VLDL, IDL, Lpa, Chylomicron remnants along with LDL-cholesterol as co-primary target for cholesterol lowering therapy. Note that major risk factors can modify treatment goals for LDL & Non HDL.

Prepared By : Miss. POOJA VERMA

Printed By : Mr. KAMAL VERMA

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 MULTISPECIALITY
 A unit of Muskaan Medical Centre Pvt Ltd,
 Neo Hospital Laboratory, Noida
 MC-3302



Barcode No. : M388801
 Patient NAME : Miss. SHIKHA SWARNKAR
 Sample Coll. DATE : 26-Oct-2024 12:19 PM
 UHID : 267581
 IPD No. / Ward : /
 Referring Doctor : Dr. Rakesh Malhotra (H)
 Passport No. :

Age / Sex : 32.2 YRS / Female
 Certificate No. H-2018-0589
 Certificate No. : MC-3302

Sample Receiving DATE : 26-Oct-2024 12:29 PM
 Reporting DATE : 26-Oct-2024 07:50 PM
 Approved DATE : 27-Oct-2024 12:34 PM

DEPARTMENT OF CLINICAL PATHOLOGY

Urine for Sugar Fasting* (Specimen : URINE)
 Date : 27/Oct/24
 Status : 12:34PM
 NIL

Unit : Bio Ref Interval

Prepared By : Miss. POOLA VERMA

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 (*) Test conducted under NABL scope MC-3302, Neo Hospital Laboratory, Noida.
 A unit of Muskan Medical Centre Pvt. Ltd.

Printed By : Mr. KAMAL VERMA



Certificate No. H-2018-0543
 Certificate No. MC-3302

Barcode No. : M388801
 Patient NAME : Miss. SHIKHA SWARNKAR
 Sample Coll. DATE : 26-Oct-2024 04:17 PM
 UHID : 267581
 IPD No. / Ward : /
 Referring Doctor : Dr. Rakesh Malhotra (H)
 Passport No. :

Age / Sex : 32.2 YRS / Female
 Sample Receiving DATE : 26-Oct-2024 04:40 PM
 Reporting DATE : 26-Oct-2024 07:51 PM
 Approved DATE : 27-Oct-2024 12:34 PM

DEPARTMENT OF CLINICAL PATHOLOGY

Urine for Sugar PP* (Specimen : URINE)

Date : 27/Oct/24
 Status : 12:34PM (+)

Unit : Bio Ref Interval

Prepared By : Miss. POOJA VERMA

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MULTISPECIALITY

A unit of Muskaan Medical Centre Pvt. Ltd.

Neo Hospital Laboratory, Noida.

Printed By : Mr. KAMAL VERMA



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 Approved DATE : 26-Oct-2024 03:52 PM

DEPARTMENT OF BIOCHEMISTRY

LFT PANEL (LIVER FUNCTION TEST) (Specimen : Serum)

Date	Status	27/Oct/24	12:15PM
Bilirubin Total		0.8	
Bilirubin Direct	H	0.7	
Bilirubin Indirect		0.1	
Aspartate Transaminase (SGOT, AST)	H	41.0	
SGPT, ALT (Alanine Transaminase)	H	51.0	
Alkaline Phosphatase (ALP)		94.0	
Total protein	H	8.4	
Albumin		4.6	
Albumin/Globulin Ratio (Calculated)		1.2	
GGT (Gamma Glutamyl Transpeptidase)	H	48.0	
Ratio		1.0-2.1	
U/L		12.0-43.0	
mg/dl		3.5-5.0	
gm/dl		6.3-8.2	
U/L		38.0-126.0	
U/L		<35.0	
U/l		14.0-36.0	
mg/dl		0.0-1.1	
mg/dl		0.0-0.3	
mg/dl		0.2-1.3	
Unit			
Bio Ref Interval			

*** End Of Report ***

Dr. Khushboo Sareen
 M.B.B.S,MD
 (Consultant Microbiologist)

[Signature]
 Dr. Israr Ahmad
 M.B.B.S,MD
 (Consultant Pathologist)

Dr. Manju Bhamu
 M.B.B.S,D.N.B
 (Consultant Pathologist)

Dr. Ankita Singhal
 M.B.B.S, MD
 (Consultant Microbiology)

Prepared By : Miss. POOJA VERMA

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MULTISPECIALITY
 A unit of Muskan Medical Centre Pvt. Ltd.
 Neo Hospital Laboratory, Noida.

Printed By : Mr. KAMAL VERMA



email : info@neohospital.com website : www.neohospital.com



Certificate No. H-2018-0549

Barcode No. :

M388801

Patient NAME

Miss. SHIKHA SWARNKAR

Sample Coll. DATE

26-Oct-2024 10:27 AM

UHID

267581

IPD No. / Ward

/

Referring Doctor

Dr. Rakesh Malhotra (H)

Passport No.

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Age / Sex : 32.2 YRS / Female

DEPARTMENT OF HAEMATOLOGY

BLOOD GROUPING (ABO AND RH) (Specimen : EDTA)

Date

Status

27/Oct/24

12:15PM

"B"

Blood Group (agglutination method)

Rh Type (agglutination method)

POSITIVE

Unit Bio Ref Interval

Prepared By : Mr. NAZIM ALI

Printed By : Mr. KAMAL VERMA

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 Passport No. :
 Sample Receiving DATE : 26-Oct-2024 11:55 AM
 Reporting DATE : 26-Oct-2024 01:13 PM
 Approved DATE : 26-Oct-2024 03:43 PM
 Age / Sex : 32.2 YRS / Female
 Certificate No. H-2018-0549

DEPARTMENT OF IMMUNOLOGY

Free Thyroid Profile (FT3, FT4, TSH) (Specimen : SERUM)
 Date 27/Oct/24 Status 12:15PM
 FT3 2.58
 FT4 1.43
 TSH 2.88
 Interpretation :
 Free Thyroid Profile (FT3, FT4, TSH) :

Unit Bio Ref Interval
 pg/ml 1.4-5.6
 ng/dL 0.67-1.71
 µIU/ml 0.25-5.00

TSH	T3 / FT3	T4 / FT4	Suggested Interpretation for the Thyroid Function Tests Pattern
Within Range	Decreased	Within Range	. Isolated Low T3-often seen in elderly & associated Non-Thyroidal illness. In elderly the drop in T3 level can be upto 25%.
Raised	Within Range	Within Range	. Isolated High TSH especially in the range of 4.7 to 15 mIU/ml is commonly associated with Physiological & Biological TSH Variability.
			. Subclinical Autoimmune Hypothyroidism
			. Intermitent T4 therapy for hypothyroidism
			. Recovery phase after Non-Thyroidal illness
Raised	Decreased	Decreased	. Chronic Autoimmune Thyroiditis
			. Post thyroidectomy, Post radiiodine
			. Hypothyroid phase of transient thyroiditis
Raised or within Range	Raised	within Range	. Interfering antibodies to thyroid hormones (anti-TPO antibodies)
			. Intermittent T4 therapy or T4 overdose
			. Drug interference - Amiodarone, Heparin, Beta blockers, steroids, anti-epileptics
Decreased	Raised or within Range	Raised or within Range	. Isolated Low TSH -especially in the range of 0.1 to 0.4 often seen in elderly & associated with Non-Thyroidal illness
			. Subclinical Hypothyroidism
			. Thyroxine ingestion
Decreased	Decreased	Decreased	. Central Hypothyroidism
			. Non-Thyroidal illness
			. Recent treatment for Hypothyroidism (TSH remains suppressed)
Decreased	Raised	Raised	. Primary Hyperthyroidism (Graves disease), Multinodular goitre, Toxic nodule
			. Transient thyroiditis: Postpartum, Silent (lymphocytic), Postviral (granulomatous, subacute, DeQuervains), Gestational thyrotoxicosis with hyperemesis gravidarum

Prepared By : Mr. NAZIM ALI
 Printed By : Mr. KAMAL VERMA
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 kindly contact us initially.
 Test conducted under NABL scope MC-3302 Neo Hospital Laboratory, Noida.
 MULTISPECIALITY
 A unit of Muskan Medical Centre Pvt. Ltd.



Barcode No.

: M388801

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Sample Coll. DATE

: 26-Oct-2024 10:27 AM

UHID

: 267581

IPD No. / Ward

: /

Referring Doctor

: Dr. Rakesh Malhotra (H)

Passport No.

:

DEPARTMENT OF IMMUNOLOGY

Decreased or	Raised	Within Range	Within Range	T3 toxicosis	Non-Thyroidal illness
--------------	--------	--------------	--------------	--------------	-----------------------

Prepared By : Mr. NAZIM ALI

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 (*) Test conducted under NABL scope MC-3302, Neo Hospital Laboratory, Noida

MULTISPECIALITY

A unit of Muskan Medical Centre Pvt. Ltd.

Printed By : Mr. KAMAL VERMA



Age / Sex : 32.2 YRS / Female Certificate No. H-2018-0549

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DEPARTMENT OF BIOCHEMISTRY

HbA1c (Specimen : EDTA)

Date	Status	Unit	Bio Ref Interval
27/Oct/24	12:15PM	%	<5.7
		MG/DL	<117

Interpretation :
 HbA1c:
 HbA1c:

Reference Group
 Non-diabetic adults
 Pre-diabetic
 Diabetic
 ADA Target
 Action suggested

As per American Diabetes Association (ADA)
 HbA1c in %
 <5.7%
 5.7-6.4%
 >or = 6.5%
 >7.0
 >8.0

Glycation is nonenzymatic addition of sugar residue to amino groups of proteins. HbA1c is formed by condensation of glucose with n-terminal valine residue of each beta chain of hb a to form an unstable Schiff base. It is the major fraction, constituting approximately 80% of HbA1. Formation of glycated hemoglobin (GHb) is essentially irreversible and the concentration in the blood depends on both the lifespan of red blood cells(120 days) and the blood glucose concentration. the GHb concentration represents the integrated values for glucose over a period of 6 to 8 weeks. GHb values are free of day to day glucose fluctuations and are unaffected by recent exercise or food ingestion. Concentration of plasma glucose concentration in GHb depends on the time interval, with the most recent values providing a larger contribution than earlier values. The interpretation of GHb depends on RBC having normal life span. Patients with hemolytic disease or other conditions with shortened RBC survival exhibit a substantial reduction of GHb. High GHb is been reported in iron deficiency anaemia.

Though HbA1c is a direct measure of long term sugar levels, diabetes is not the only cause of high value. Sleep disorders, gum disease, H.Pylori infection, chronic inflammation, and anemia can also increase HbA1c. Iron deficiency anemia as well as B12 or folate deficiency anemia may cause A1c to be falsely elevated. Several medical and substance have also been reported to falsely elevated A1c including lead poisoning, chronic ingestion of alcohol, salicylates and opioids. Ingestion of vitamin C may increase A1c when measured by electrophoresis.

*** End Of Report ***

Dr. Kushboo Sareen
 M.B.B.S.,M.D.
 (Consultant Microbiologist)

Dr. Israr Ahmad
 M.B.B.S.,M.D.
 (Consultant Pathologist)

Dr. Manju Bhamu
 M.B.B.S.,O.N.B
 (Consultant Pathologist)

Dr. Anshita Singhal
 M.B.B.S., MD
 (Consultant Microbiology)

Prepared By : Mr. NAZIM ALI

Printed By : Mr. KAMAL VERMA

The new health care destination.
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MULTISPECIALITY

A unit of Muskan Medical Centre Pvt. Ltd.



Certificate No. H-2018-0349
 Accredited

Barcode No. : M388801
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 Sample Coll. DATE : 26-Oct-2024 04:17 PM
 UHID : 267581
 IPD No. / Ward : /
 Referring Doctor : Dr. Rakesh Malhotra (H)
 Passport No. :
 Sample Receiving DATE : 26-Oct-2024 04:40 PM
 Reporting DATE : 26-Oct-2024 07:56 PM
 Approved DATE : 26-Oct-2024 08:26 PM
 Age / Sex : 32.2 YRS / Female
 Certificate No. MC-3302

DEPARTMENT OF CLINICAL PATHOLOGY

URINE ROUTINE

SAMPLE: URINE

PHYSICAL EXAMINATION		UNIT	REFERENCE RANGE
VOLUME (visual observation)	20	mL	N/A
COLOR (visual observation)	PALE YELLOW		
TRANSPARENCY (APPEARANCE) (visual observation)	CLEAR		
SPECIFIC GRAVITY (automated)	1.010		
pH (automated multistrips double indicator method)	6.0		5-7
CHEMICAL EXAMINATION			
PROTEIN (ALBUMIN) (automated multistrips) (protein error of pH), sulphosalicylic acid method.	NIL		
GLUCOSE (automated multistrips, (enzyme reaction) benedicts method)	NIL		
KETONE BODIES (automated multistrips, otheras method)	NIL		
BILIRUBIN (automated multistrips, fouchets method)	NEGATIVE		
UROBILINOGEN (automated multistrips, ehrlichs aldehyde method)	NEGATIVE		
BLOOD (automated multistrips, benzidine method)	NORMAL		
MICROSCOPIC EXAMINATION			
LEUCOCYTES (light microscopy)	0-5	/hpf	
ERYTHROCYTES (light microscopy)	0	/hpf	
EPITHELIAL CELLS (light microscopy)	1-2	/hpf	
CASTS (light microscopy)	ABSENT		

Prepared By : Mr. ASLAM AHMAD KHAN
 The new health care destination
 A unit of Neohospital Laboratory, Noida
 Unit of Neohospital Medical Centre Pvt. Ltd.
 (*) Test conducted under NABL scope MC-3302, Neo Hospital Laboratory, Noida
 MULTISPECIALITY
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 Printed By : Mr. KAMAL VERMA
 Page 1 of 2



Certificate No.: H-2018-0539
 Certificate No.: MC-3302

Barcode No. : M388801
 Patient NAME : Miss. SHIKHA SWARNKAR
 Sample Coll. DATE : 26-Oct-2024 04:17 PM
 UHID : 267581
 IPD No. / Ward : /
 Referring Doctor : Dr. Rakesh Malhotra (H)
 Passport No. :

Sample Receiving DATE : 26-Oct-2024 04:40 PM
 Reporting DATE : 26-Oct-2024 07:56 PM
 Approved DATE : 26-Oct-2024 08:26 PM

Age / Sex : 32.2 YRS / Female

DEPARTMENT OF CLINICAL PATHOLOGY

CRYSTALS(light microscopy)	ABSENT
OTHERS(light microscopy)	ABSENT

Note: 1. Chemical examination through Dipstick includes test methods as Protein (Protein Error Principle), Glucose (GOD-POD), Ketone (Legal's Test), Bilirubin (Azo-Diazo reaction), Urobilinogen (Diazonium Ion Reaction). All abnormal results of chemical examination are confirmed by manual methods.

2. Pre-test conditions to be observed while submitting the sample-First void, mid-stream urine, collect in a clean, dry, sterile container is recommended for routine urine analysis, avoid contamination with any discharge from vaginal, urethra, perineum, as applicable, avoid prolonged transit time & undue exposure to sunlight.


3. During interpretation, Trace proteinuria can be seen with many physiological conditions like prolonged recumbency, exercise, high protein diet, False positive reactions for bile pigments, proteins, glucose can be caused by peroxidase like activity by disinfectants, therapeutic dyes, ascorbic acid and certain drugs.

4. All urine samples are checked for adequacy and suitability before examination.

*** End Of Report ***

Dr. Khushboo Sareen
 M.B.B.S, MD
 (Consultant Microbiologist)

Dr. Israat Ahmad
 M.B.B.S, M.D
 (Consultant Pathologist)



Dr. Manju Shamu
 M.B.B.S, D.M.S
 (Consultant Pathologist)

Dr. Ankita Singhal
 M.B.B.S, MD
 (Consultant Microbiologist)

Prepared By : Mr. ASLAM AHMAD KHAN

The new health care destination
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Printed By : Mr. KAMAL VERMA

A unit of Mushan Medical Centre Pvt. Ltd.

DR. VIJAY SINGH RAWAT
 DR. R. SAGAR TOMAR
 CONSULTANT RADIOLOGISTS
 This is a professional opinion based on imaging findings and not a diagnosis. It should be correlated clinically and with other relevant investigations to arrive at a final diagnosis. For medico-legal purpose.

[Handwritten Signature]

Please correlate clinically

• NO SIGNIFICANT ABNORMALITY.

IMPRESSION:

No free fluid noted in peritoneal cavity.
 Both adnexa are clear.
 Uterus is normal in size, shape and echotexture. Cervix is normal. Endometrial echo is normal (5.6 mm). No focal lesion noted. Endometrial echo is normal in size, shape and echotexture. No focal lesion noted. No diverticulum noted.
 Urinary bladder is well distended with normal wall thickness. No calculi / mass lesion noted.
 Left kidney - 9.1 x 5.0 cm
 Right kidney - 9.1 x 3.8 cm
 Both kidneys are normal in size, shape, position & echogenicity. CMD is maintained. No evidence of calculus or hydronephrosis.
 Spleen is normal in size, shape and echotexture.
 Pancreas is normal in size, shape & echotexture.
 Gall bladder is well distended and reveals normal walls. No evidence of calculus or mass lesion. CBD & PV are normal.
 Liver is normal in size, shape and echotexture. No focal SOL noted. Vascular channels are clear. No evidence of IHR dilatation.

USG WHOLE ABDOMEN

NAME:	SHIKHA SWARNKAR	AGE/SEX:	32.2 YRS / FEMALE
UHID:	267581	DATE	26-Oct-24
REF. BY:	DR. GULAB GUPTA/DR. RAKESH MALHOTRA/DR. ANKIT JAIS		





Barcode No. : M388800
 Patient Name : Miss. SHIKHA SWARNKAR
 IPD No. : 267581
 Referring Doctor : Dr. Gulab Gupta/Dr. Rakesh Malhotra/Dr. Ankit Jain

Registration Date : 26-Oct-2024 10:08 AM
 Reporting Date : 26-Oct-2024 12:27 PM
 Approved Date : 28-Oct-2024 10:43 AM

Age / Sex : 32.2 YRS / Female
 Certificate No. H-2018-0549
 Certificate No. : MC-3302



DEPARTMENT OF CARDIOLOGY

ECHOCARDIOGRAPHY REPORT

MITRAL VALVE
 Morphology AML-Normal/Thickening/Calcification/Flutter/Vegetation/Prolapse/SAM/Doming.
 PML-Normal/Thickening/Calcification/Prolapse/Paradoxical motion/Fixed.
 Subvalvular deformity Present/Absent.
 Normal/Abnormal Mitral Stenosis
 EDG _____ mmHg
 Mitral Regurgitation _____ mmHg
 Doppler

TRICUSPID VALVE
 Morphology Normal/Abnormal
 Normal/Abnormal Tricuspid stenosis
 EDG _____ mmHg
 Tricuspid regurgitation _____ msec
 Velocity _____ msec
 Pred. RVSP = mmHg
 Absent/Trivial/Mild/Moderate/Severe Fragmented Signals
 MDG _____ mmHg
 Present/Absent
 RR Interval _____ msec

PULMONARY VALVE
 Morphology Normal/Atresia/Thickening/Doming/Vegetation
 Normal/Abnormal Pulmonary stenosis
 PULMONARY VALVE = 84cm/s.
 Present/Absent
 PSG _____ mmHg
 Present/Absent
 Early diastolic gradient _____ mmHg
 Pulmonary regurgitation _____ mmHg
 Doppler

AORTIC VALVE
 Morphology Normal/Thickening/Calcification/Restricted opening/Flutter/Vegetation
 No. of cusps 1/2/3/4
 Normal/Abnormal Aortic stenosis
 PSG _____ mmHg
 Aortic regurgitation _____ mmHg
 Doppler

AORTIC VALVE=96cm/s.
 Present/Absent
 Aortic annulus _____ mm
 Absent/Trivial/Mild/Moderate/Severe.
 Level _____



Phones : 0120 - 4880000, 3120000
 website : www.neoehospital.com
 email : info@neoehospital.com



Barcode No. :
 Patient Name : Miss. SHIKHA SWARNKAR
 IPD No. :
 UHID : 267581
 Referring Doctor : Dr. Gulab Gupta/Dr. Rakesh Malhotra/Dr. Ankit Jain
 Passport No. :

Age / Sex :
 Registration Date :
 Reporting Date :
 Approved Date :
 26-Oct-2024 10:08 AM
 26-Oct-2024 12:27 PM
 28-Oct-2024 10:43 AM



DEPARTMENT OF CARDIOLOGY

CHAMBERS

Measurements
 Aorta 2.4
 LV es 2.2
 IVSed 1.0/1.4
 RVed (0.6-1.1 cm)
 LVVd (ml) 60%

Normal Valves
 (2.0-3.7 cm)
 (2.2-4.0 cm)
 (0.6-1.1 cm)
 (0.7-2.6 cm)
 (54%-76%)

Measurements
 LA es 3.3
 LV ed 3.4
 PW (LV) 1.1/1.8
 RV Anterior Wall
 LVVs (ml)
 IVS motion
 Any Other

Normal Valves
 (1.9-4.0 cm)
 (3.7-5.6 cm)
 (0.6-1.1 cm)
 (upto 5 cm)
 Normal/Fat/Paradoxical

Normal/Enlarged/Clear/Thrombus/Hypertrophy, Contraction

Normal/Reduced/Regional wall motion abnormality: Nil

Normal/Enlarged/Clear/Thrombus

Normal/Enlarged/Clear/Thrombus

Normal/Thickening/Calcification/Effusion

COMMENTS & SUMMARY

No RWMA, LVEF-60%
 Normal cardiac chamber size

No MR/TR

No AR/AS

MIP-Normal

Intact IAS/IVS

No LA/LV clot

No clot, vegetation, pericardial effusion.

IMPRESSION

Normal study.

*** End Of Report ***



DR. SANJAY K. SHARMA

MD, DM (Cardiology)

FIMSA, FESC, FSCAI (USA)
 Consultant Clinical & Interventional

CARDIOLOGY
 MULTISPECIALITY

The new health care destination

A unit of Muskan Medical Centre Pvt. Ltd.

26/10/24

Female Years

24-08-2024 09:47:53 PM

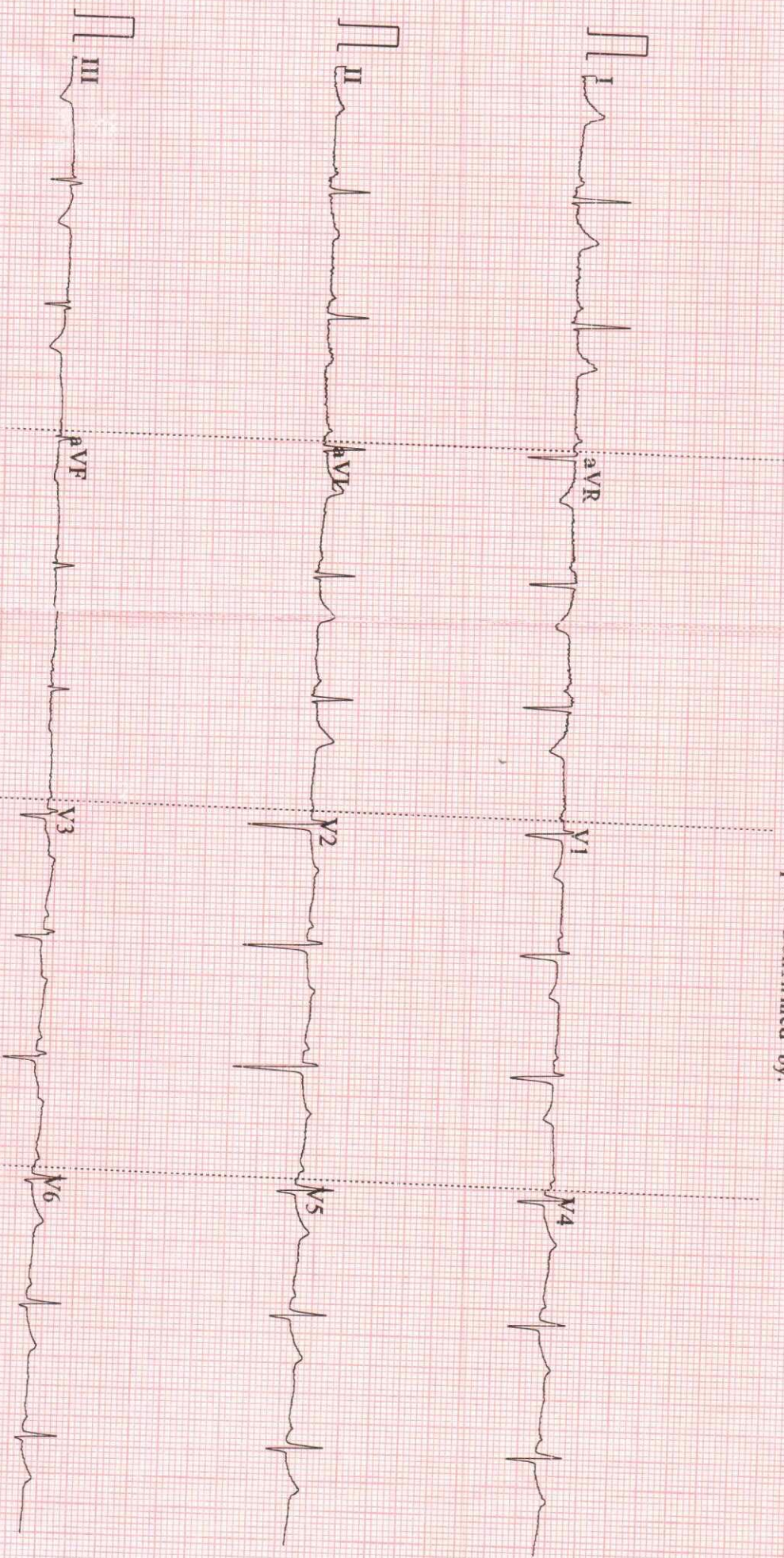
HR	: 71	bpm
P	: 86	ms
PR	: 140	ms
QRS	: 81	ms
QT/QTc	: 388/422	ms
P/QRS/T	: 15/5/-4	°
RV5/SV1	: 0.6/6/0.6/6/4	mV

Diagnosis Information:

Sinus Rhythm
Normal ECG

Shifka

Report Confirmed by:



Barcode No.	: M388801
Patient Name	: Miss. SHIKHA SWARNKAR
IPD No.	:
UHID	: 267581
Referring Doctor	: Dr. Rakesh Malhotra (H)
Passport No.	:
Age / Sex	: 32.2 YRS / Female
Registration Date	: 26-Oct-2024 10:16 AM
Reporting Date	: 28-Oct-2024 11:03 AM
Approved Date	: 28-Oct-2024 11:03 AM

DEPARTMENT OF RADIOLOGY

X-RAY CHEST PA VIEW

Both lung fields are clear.
 Hilum shadows are normal.
 Both costophrenic angles are clear.
 Cardiac silhouette is normal.
 Bony thorax is normal.

Please correlate clinically

*** End Of Report ***



Dr. Vijay Singh Rawat
 DMRD, MD Radiodiagnosis
 (Consultant Radiologist)

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 MD Radiodiagnosis, Fellow MSK MRI
 (Consultant Radiologist)

Dr. Rohit Kundra
 MD Radiodiagnosis
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 MD Radiodiagnosis
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