



Meenakshi Diagnostics

73-C, Garh Road, Near Hotel Harmony Inn, Meerut-250002 (U.P.)

Ph. : 0121-2766666, 9458802222, 9458803333, 9458804444, 9458806666

Centre equipped with M.R.I. with upgraded software of 3T Platform, 500 Slice VHS C.T. Scan
Digital X-Ray, Mammography, O.P.G., 4D / 5D Ultrasound & Colour Doppler, 2-D Echocardiography

Pt. Name	Mrs. Archana Roy	Age/Sex	46 Yrs/F
Ref. By	C/o S. D. A. Diagnostic	Date:	24.02.2024

ECHOCARDIOGRAPHY REPORT

MEASUREMENTS:

DIMENSIONS		NORMAL		NORMAL
AO (ed)	2.5 cm	(2.1 – 3.7 cm)	IVS (ed)	1.0 cm (0.6 – 1.2 cm)
LA (es)	2.7 cm	(2.1 – 3.7 cm)	LVPW (ed)	1.0 cm (0.6 – 1.2 cm)
RVID (ed)	2.2 cm	(1.1 – 2.3 cm)	EF	60% (62% – 85%)
LVID (ed)	5.1 cm	(3.6 – 5.2 cm)	FS	30% (28% – 42%)

MORPHOLOGICAL DATA:

Mitral	Normal	LA	Normal
Aortic Valve	Normal	RA	Normal
Pulmonary Valve	Normal	IAS	Intact
Tricuspid Valve	Normal	IVS	Intact
LV	Normal	AO	Normal
RV	Normal	Pericardium	Normal

Contd...2

Note : All congenital anomalies may not be diagnosed in routine USG. The USG findings should always be considered in correlation with clinical and other investigations findings to reach the final diagnosis. Kindly intimate us for any typing mistakes and return the report for correction within 7 days. **Not valid for medico-legal purpose.**



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::2::

2-D ECHOCARDIOGRAPHY FINDINGS:

LV normal in size with normal LV systolic function. No regional wall motion abnormality. RV normal in size with adequate contractions. LA and RA are normal. All cardiac valves structurally normal. Pericardium normal. No intra-cardiac mass. Estimated LV ejection fraction is approximately 60%.

COLOR FLOW MAPPING:

Normal.

DOPPLER STUDIES:

MVIS E > A

Peak systolic velocity across aortic valve = 1.0m/sec.

Peak systolic velocity across pulmonary valve = 0.9m/sec.

IMPRESSION:

- NO RWMA
- Adequate LV systolic function. LVEF = 60%.


Dr. Sanjeev Kumar
MD, Dip. Card, FCCS

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Pt. Name	Mrs. Archana Roy	Age/Sex	46 Yrs /F	Film
Ref. By	C/o S. D. A. Diagnostics	Date:	24.02.2024	02

Patient identity can't be verified

X-RAY MAMMOGRAPHY

X-Ray mammography of both breasts was done in oblique media lateral and cranio-caudal projection.

- Both breasts are symmetrical in size and contour.
- Skin line and subcutaneous fat planes appears regular.
- No focal area of scarring from deeper tissue is seen bilaterally.
- Symmetrical distribution of fibro-glandular radio-density is seen bilaterally.
- No focus of macro calcification or micro calcification is seen bilaterally.
- Axillary region show no lymphadenopathy.

Corroborative sonomammography

- No focal / diffuse mass lesion on either side.
- No significant bilateral axillary lymphnodes are seen.


IMPRESSION:

- **No significant abnormality detected.**

BIRADS I

Adv- Routine follow up

Please correlate clinically


Dr. Mohd. Saalim
MD

Dr. Sandeep Sirohi
DMRD

Dr. Sandeep Singh Soam
MD

Dr. Renu Diwakar
MBBS

Dr. Mohd. Saalim
MD

Dr. Mohd. Qasim
DMRD
KB

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USG WHOLE ABDOMEN

Liver: is normal in size (14.6 cm) with normal parenchymal echogenecity. No focal/diffuse mass lesion seen. IHBRs are normal. Margins are regular.

Gall Bladder: is well distended. Wall thickness is normal. No calculus / focal mass seen. No pericholecystic collection seen.

CBD: is normal in caliber.

Portal Vein: is normal in caliber.

Visualized pancreas: is normal in size and echotexture. No focal mass seen.

Spleen: is normal in size, measuring 9.5 cm and shows normal echopattern.

Right kidney measures 8.3x3.9 cm. It is normal in size, position, contour and cortical echotexture. No calculus/ hydronephrosis seen. Corticomedullary differentiation is maintained. Renal margins are regular.

Left kidney measures 8.4x4.2 cm. It is normal in size, position, contour and cortical echotexture. No hydronephrosis is seen. Corticomedullary differentiation is maintained. Renal margins are regular. **Concretion of size ~ 2.2 mm is seen at mid zone.**

Urinary Bladder: *is partially distended, hence pelvic organs could not be well visualized.*

Uterus: is postmenopausal, measuring 6.9x2.9 cm.

No adnexal mass / free fluid seen.

Few excessive bowel gas shadows are seen.

IMPRESSION: USG findings reveal:

- **Left renal concretion.**
- **Few excessive bowel gas shadows.**

Adv: Clinical correlation & follow up.

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DMRD

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Branch-1: I Block, 114/1, Shastri Nagar,
Near Kuti Chowraha, PVS Road, Meerut

Branch-2: G-9, Hitech Plaza, Garh Road,
Opp. Yug Hospital, Hapur Bus Stand, Meerut



Helpline No. : +91 95481 32613

PT. NAME	MRS. ARCHANA ROY	AGE/SEX	46Y/F	FILM
REF. BY	DR. SELF	DATE:	24/02/2024	01

X-RAY CHEST PA VIEW

- Both CP angles are normal.
- Trachea is normal in position.
- Cardiac size is within normal limits.
- Both hila are normal.
- Heart, aorta & mediastinum are normal
- Bony thoracic cage appears normal.

NORMAL STUDY



DR. MOHIT SHARMA

(MBBS)(DMRD) Chief consultant

Interventional Radiologist

Dr. Shivangi Singhal
M.D. Pathology

Dr. Sonal Dhingra Anand
M.D. Pathology

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Reg. No. : RMEE2229839 | Certificate No. : CMEE2369518 | Dr. Regn. No. : SMC/11566

SANJAY EYE NURSING HOME

Regd No 01647
Dt. 30-04-2004

डॉ० संजय गुप्ता
Dr. Sanjay Gupta

संजय आई नर्सिंग होम

के- 1252, निकट पी.वी.एस. मॉल
शास्त्री नगर, मेरठ ।

MBBS, DO(GNEC, MAMC, N. Delhi)
नेत्र रोग विशेषज्ञ / EYE SURGEON

समय :

प्रातः 8 बजे से रात्रि 8:00 बजे तक

आई. ओ. एल. भेंगापन, कॉन्टैक्ट लेंस एवं
फेको द्वारा मोतियाबिन्द ऑपरेशन विशेषज्ञ

भूतपूर्व रेजीडेंट सर्जन -

- गुरु तेगबहादुर अस्पताल, दिल्ली
- गुरुनानक आई सेंटर, नई दिल्ली
- मोहन आई इन्स्टीट्यूट, नई दिल्ली

पूर्व मुख्य चिकित्साधिकारी एवं कन्सलटेन्ट
नेहरू नेत्र चिकित्सालय, मुजफ्फरनगर

फोन : 0121-2760991

मोबाईल : 9412115353

E-mail : sanjayeyehospital@gmail.com

सुविधाएँ उपलब्ध :-

* कम्प्यूटर द्वारा चश्मे एवं
काला मोतियाबिन्द की जाँच

* फेको द्वारा बिना इन्जेक्शन,
बिना टॉके का मोतियाबिन्द
ऑपरेशन

* येग लेज़र

* ए-स्कैन

* आँखों के घाव का इलाज

* भेंगापन, नासूर, पलकबन्दी,
नाखूना एवं अन्य ऑपरेशन

* सभी ऑपरेशन दूरबीन
द्वारा किये जाते हैं ।

निःशुल्क आँखों की जांच

निःशुल्क आँखों का ऑपरेशन

आयुष्मान भारत के मरीजों के लिए

फोलडेबल लेंस बिना टांके, फेको एवं दूरबीन द्वारा

निःशुल्क सुविधा रात्रि ठहरने की

बाकी मरीजों के लिए न्यूनतम खर्च में

दिनांक

२५/२/२५

Mrs Archana Roy

to Dr - Near 48/F

T. Telma 40/F

48/F
9/12
AS-160/100

Sanjay

21m

ID: 65 24-02-2024 03:14:20 PM

RRID/PRINT

0.67~100Hz AC50 25mm/s 10mm/mV 85 V1.0 SEMIP K1.7



ID: 65

Female
46 Years
cm

kg
mmHg

Diagnosis Information:
Sinus Arrhythmia
Low T Wave (V5)

Arshana

Dr. SONAL DHINDRA
M.B.B.S., M.D.

HR : 82 bpm
P : 109 ms
PR : 155 ms
QRS : 72 ms
QTc : 370.432 ms
PQRST : 65.521-32
RV6SV1 : 0.8930/382 mV
Report Confirmed by:



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Name : Mrs. ARCHANA ROY		Collection Time : 24-Feb-2024 11:42AM
Age/ Gender : 46Y / Female		Receiving Time : 24-Feb-2024 11:42AM
Referred By : Dr. SELF		Reporting Time : 24-Feb-2024 12:28PM
Sample By :		

Test Name	Results	Units	Biological Ref-Interval
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HAEMATOLOGY

COMPLETE BLOOD COUNT

HAEMOGLOBIN (Colorimetry)	12.90	g/dl	12-16.5
TOTAL LEUCOCYTE COUNT (Electric Impedence)	7900.00	/Cum m	4000-11000
DIFFERENTIAL LEUCOCYTE COUNT (Microscopy)			
Neutrophils	66.00	%	44-68
Lymphocytes	29.00	%	25- 44
Eosinophils	2.00	%	0.0- 4.0
Monocytes	3.00	%	0.0-7.0
Basophils	0.00	%	0.0-1.0
Immature Cells	00	%	
Absolute Count			
Neutrophils Count (calculated)	5214.00	/cumm	2000-7000
Lymphocytes Count (calculated)	2291.00	/cumm	1000-3000
Eosinophils Count (calculated)	158.00	/cumm	40-440
Monocytes Count (calculated)	237.00	/cumm	200-1000
Basophils Count (calculated)	0.00	/cumm	0-30
TOTAL R.B.C. COUNT (Electric Impedence)	4.72	10 ⁶ /uL	3.50-5.50
Haematocrit Value (P.C.V.) (Calculated)	38.70	%	37.0-54.0
MCV (Calculated)	82.00	fL	76-98
MCH	27.40	pg	27-32



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(Calculated)			
MCHC	33.40	g/dl	31-35
(Calculated)			
RDW-CV	14.80	%	11.5 - 14.5
(Calculated)			
Platelet Count	233	Thousand/cumm	150-450
(Electric Impedence)			
MPV	8.60	fL	11.5-14.5
(Calculated)			
PDW	16.40	fL	9.0-17.0
(Calculated)			
Peripheral Smear	..		

Erythrocyte Sedimentation Rate

(Modified Westergren)

At the end of 1st hour 12 mm 0-20

BLOOD GROUP

Blood Group B
Rh Status POSITIVE

GLYCATED HAEMOGLOBIN (HbA1c) 6.10 % 4.5-6.0
ESTIMATED AVERAGE GLUCOSE 128.37 mg/dl

EXPECTED RESULTS :

Non diabetic patients & Stabilized diabetics : 4.5 % to 6.0 %
Good Control of diabetes : 6.1 % to 7.0 %
Fair Control of diabetes : 7.1 % to 8.0 %
Poor Control od diabetes : 8 % and above

The glycosylated hemoglobin assay has been validated as a reliable indicator of mean blood glucose levels for a period of 8-12 week period prior to HBA1C determination.ADA recommends the testing twice a year in patients with stable blood glucose, and quarterly, if treatment changes, or if blood glucose levels are unstable.



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Test Name	Results	Units	Biological Ref-Interval
BIOCHEMISTRY			
BLOOD GLUCOSE FASTING (GOD/POD method)	114.00	mg/dl	70 - 110
BLOOD GLUCOSE P.P. (GOD/POD method) After 2.0 hrs of meal	163.00	mg/dl	70-140



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Test Name	Results	Units	Biological Ref-Interval
LIVER PROFILE			
SERUM BILIRUBIN			
TOTAL (Diazo)	0.41	mg/dl	0.30-1.20
DIRECT (Diazo)	0.18	mg/dl	0.00-0.20
INDIRECT (Calculated)	0.23	mg/dl	0.20-1.00
S.G.P.T. (IFCC method)	24.00	U/L	0-45
S.G.O.T. (IFCC method)	21.00	U/L	0-45
SERUM ALKALINE PHOSPHATASE (4-nitrophenylphosphate to 2-amino-2-methyl-1propan	131.00	IU/L.	35-145
SERUM PROTEINS			
TOTAL PROTEINS (Biuret)	6.30	Gm/dL.	6.0-8.0
ALBUMIN (Bromocresol green Dye)	3.90	Gm/dL.	3.5-5.2
GLOBULIN (Calculated)	2.40	Gm/dL.	2.5-3.5
A : G RATIO (Calculated)	1.63		1.5-2.5

LIVER FUNCTION TESTS CHECK THE LEVEL OF CERTAIN ENZYMES AND PROTEINS IN BLOOD

Levels that are higher or lower than normal can indicate liver problems. Some common liver function tests include :

Alanine transaminase (ALT). ALT is an enzyme found in the liver and When the liver is damaged, ALT is released into the bloodstream and levels increase.

Aspartate transaminase (AST). AST is an enzyme that helps metabolize alanine,an amino acid.

AST is normally present in blood at low levels. An increase in AST levels may indicate liver damage or disease or muscle damage.

Alkaline phosphatase (ALP). ALP is an enzyme in the liver, bile ducts and bone.



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RENAL PROFILE			
BLOOD UREA (Urease Glutamate dehydrogenase)	32.0	mg/dl	10-50
SERUM CREATININE (Jaffe`s)	0.80	mg/dL.	0.6-1.2
SERUM URIC ACID (Urease method)	5.0	mg/dL.	3.5-7.5
SERUM SODIUM (Na) (ISE Direct)	142.0	mmol/l	135 - 155
SERUM POTASSIUM (K) (ISE Direct)	4.20	mmol/l	3.5 - 5.5
SERUM CALCIUM (Arsenazo)	8.7	mg/dl	8.5-10.1
SERUM PROTEIN			
TOTAL PROTEINS (Biuret)	6.30	Gm/dL.	6.0-8.0
SERUM ALBUMIN (Bromocresol green Dye)	3.90	Gm/dL.	3.5-5.2
GLOBULIN (Calculated)	2.40	Gm/dL.	2.5-3.5
A : G RATIO (Calculated)	1.63	Gm/dL.	1.5-2.5

INTERPRETATION:

Urea is the end product of protein metabolism. It reflects on functioning of the kidney in the body. Creatinine is the end product of creatine metabolism. It is a measure of renal function and elevated levels are observed in patients typically with 50% or greater impairment of renal function. Sodium is critical in maintaining water & osmotic equilibrium in extracellular fluids. Disturbances in acid base and water balance are typically reflected in the sodium concentrations . Potassium is an essential element involved in critical cell functions. Potassium levels are influenced by electrolyte intake ,excretion and other means of elimination, exercise, hydration and medications. Calcium imbalance may cause a spectrum of disease . High concentrations are seen in Hyperparathyroidism, Malignancy & Sarcoidosis. Low levels may be due to protein deficiency, renal insufficiency and Hypoparathyroidism. Repeat measurement is recommended if the values are outside the reference range.



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Test Name	Results	Units	Biological Ref-Interval
LIPID PROFILE			
SERUM CHOLESTEROL (CHOD - PAP)	168.0	mg/dl	125-200
SERUM TRIGLYCERIDE (GPO-PAP)	91.0	mg/dl	50-150
HDL CHOLESTEROL (Direct Method)	41.0	mg/dl	30-80
VLDL CHOLESTEROL (Calculated)	18.2	mg/dl	5-35
LDL CHOLESTEROL (Calculated)	108.8	mg/dL.	70-130
LDL/HDL RATIO (Calculated)	2.7		0.0-4.9
CHOL/HDL CHOLESTROL RATIO (Calculated)	4.1		1.5-3.0

INTERPRETATION

TRIGLYCERIDE level > 250mg/dL is associated with an approximately 2-fold greater risk of coronary vascular disease. Elevation of triglycerides can be seen with obesity, medication, fast less than 12 hrs., alcohol intake, diabetes melitus, and pancreatitis.

CHOLESTEROL, its fractions and triglycerides are the important plasma lipids in defining cardiovascular risk factors and in the management of cardiovascular disease. Highest acceptable and optimum values of cholesterol values of cholesterol vary with age. Values above 220 mgm/dl are associated with increased risk of CHD regardless of HDL & LDL values.

HDL-CHOLESTEROL level <35 mg/dL is associated with an increased risk of coronary vascular disease even in the face of desirable levels of cholesterol and LDL - cholesterol.

LDL - CHOLESTEROL & TOTAL CHOLESTEROL levels can be strikingly altered by thyroid, renal and liver disease as well as hereditary factors.

Based on total cholesterol, LDL- cholesterol, and total cholesterol/HDL - cholesterol ratio, patients may be divided into the three risk categories.



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HORMONE

THYRIOD PROFILE

Triiodothyronine (T3) (FIA)	0.91	ng/dl	0.52-1.85
Thyroxine (T4) (FIA)	8.38	ug/dl	4.8-11.6
THYROID STIMULATING HORMONE (TSH) (FIA)	2.98	mIU/L	0.50-5.50

Interpretation Note:

Thyroid Stimulating Hormone (TSH) is a highly effective screening assay for thyroid disorders. In patients with an intact pituitary-thyroid axis, TSH provides a physiologic indicator of the functional level of thyroid hormone activity. Increased 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 trimester in pregnancy.

TSH ref range in Pregnancy	Reference range (microIU/ml)
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First trimester	0.24 - 2.00
Second trimester	0.43-2.2
Third trimester	0.8-2.5



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Dr. Swati Tiwari
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- The clinico pathological lab tests involve Man-Machine-Computer interface with slight chances of inadvertent discrepancy and should be immediately discussed & alleviated.
- Report purports for patients care and not for medical legal documents.



Lab Ref. No. : 234028183	C. NO: 22	Centre Name : SDA Diagnostics
Name : Mrs. ARCHANA ROY		Collection Time : 24-Feb-2024 11:42AM
Age/ Gender : 46Y / Female		Receiving Time : 24-Feb-2024 11:42AM
Referred By : Dr. SELF		Reporting Time : 25-Feb-2024 10:57AM
Sample By :		

Test Name	Results	Units	Biological Ref-Interval
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CLINICAL PATHOLOGY

URINE EXAMINATION REPORT

PHYSICAL EXAMINATION

VOLUME (visual)	15	ml	
COLOUR (visual)	PALE YELLOW		
APPEARANCE (visual)	CLEAR		
pH	6.00		4.6 - 8.0
SPECIFIC GRAVITY (pKa Change)	1.010		1.010-1.030

BIOCHEMICAL EXAMINATION

UROBILINOGEN (Erichs)	NIL		NIL
BILIRUBIN (Azo-coupling reaction)	NEGATIVE		NEGATIVE
NITRITE	NEGATIVE		NEGATIVE
SUGAR (Glucose Oxidase Peroxidase)	NIL		Nil
ALBUMIN (Protein-Error-of-Indicator))	NIL		Nil
PHOSPHATE	NIL		Nil

MICROSCOPIC EXAMINATION

(Microscopy)			
RED BLOOD CELLS	NIL	/H.P.F.	0-2
PUS CELLS	2-3	/H.P.F.	0-5
EPITHELIAL CELLS	1-2	/H.P.F.	0-5
CRYSTALS	NIL	/H.P.F.	NIL
CASTS	NIL	/L.P.F.	
OTHER			



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-----{END OF REPORT }-----



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