

Patient Name : Miss.PALLAVI SRIVASTAVA	Collected : 10/Mar/2024 12:21PM
Age/Gender : 39 Y 5 M 26 D/F	Received : 10/Mar/2024 02:19PM
UHID/MR No : SKOR.0000121374	Reported : 10/Mar/2024 05:02PM
Visit ID : CMAROPV785139	Status : Final Report
Ref Doctor : Dr.SELF	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : 84778	

DEPARTMENT OF HAEMATOLOGY

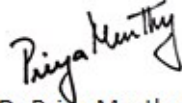
ARCOFEMI - MEDIWHEEL - FULL BODY HEALTH ANNUAL PLUS CHECK - FEMALE - 2D ECHO - PAN INDIA - FY2324

Test Name	Result	Unit	Bio. Ref. Range	Method
HEMOGRAM , WHOLE BLOOD EDTA				
HAEMOGLOBIN	13	g/dL	12-15	Spectrophotometer
PCV	40.00	%	36-46	Electronic pulse & Calculation
RBC COUNT	4.6	Million/cu.mm	3.8-4.8	Electrical Impedance
MCV	86.8	fL	83-101	Calculated
MCH	28.3	pg	27-32	Calculated
MCHC	32.6	g/dL	31.5-34.5	Calculated
R.D.W	13.8	%	11.6-14	Calculated
TOTAL LEUCOCYTE COUNT (TLC)	7,820	cells/cu.mm	4000-10000	Electrical Impedance
DIFFERENTIAL LEUCOCYTIC COUNT (DLC)				
NEUTROPHILS	51.6	%	40-80	Electrical Impedance
LYMPHOCYTES	30.2	%	20-40	Electrical Impedance
EOSINOPHILS	10.7	%	1-6	Electrical Impedance
MONOCYTES	6.4	%	2-10	Electrical Impedance
BASOPHILS	1.1	%	<1-2	Electrical Impedance
ABSOLUTE LEUCOCYTE COUNT				
NEUTROPHILS	4035.12	Cells/cu.mm	2000-7000	Calculated
LYMPHOCYTES	2361.64	Cells/cu.mm	1000-3000	Calculated
EOSINOPHILS	836.74	Cells/cu.mm	20-500	Calculated
MONOCYTES	500.48	Cells/cu.mm	200-1000	Calculated
BASOPHILS	86.02	Cells/cu.mm	0-100	Calculated
Neutrophil lymphocyte ratio (NLR)	1.71		0.78- 3.53	Calculated
PLATELET COUNT	260000	cells/cu.mm	150000-410000	Electrical impedance
ERYTHROCYTE SEDIMENTATION RATE (ESR)	18	mm at the end of 1 hour	0-20	Modified Westegren method
PERIPHERAL SMEAR				

Page 1 of 15



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SIN No:BED240064418

This test has been performed at Apollo Health & Lifestyle Ltd, RRL BANGALORE Laboratory

THIS TEST HAS BEEN PERFORMED AT APOLLO HEALTH AND LIFESTYLE LIMITED- RRL BANGALORE

Apollo Health and Lifestyle Limited (CIN - U85110TG2000PLC115819)
Regd. Office: 1-10-60/62, Ashoka Raghupathi Chambers, 5th Floor, Begumpet, Hyderabad, Telangana - 500 016 |
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Telangana: Hyderabad (AS Rao Nagar | Chanda Nagar | Kondapur | Nallakunta | Nizampet | Manikonda | Uppal) Andhra Pradesh: Vizag (Seethamma Peta) Karnataka: Bangalore (Basavanagudi | Bellandur | Electronics City | Fraser Town | HSR Layout | Indira Nagar | JP Nagar | Kundalahalli | Koramangala | Sarjapur Road) Mysore (VV Mohalla) Tamilnadu: Chennai (Annanagar | Kotturpuram | Mogappair | T Nagar | Valasaravakkam | Velachery) Maharashtra: Pune (Aundh | Nigdi Pradhikaran | Viman Nagar | Wanowrie) Uttar Pradesh: Ghaziabad (Indrapuram) Gujarat: Ahmedabad (Satellite) Punjab: Amritsar (Court Road) Haryana: Faridabad (Railway Station Road)

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RBCs: are normocytic normochromic

WBCs: are normal in total number with relative increase in eosinophils.

PLATELETS: appear adequate in number.

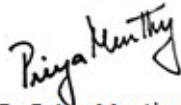
HEMOPARASITES: negative

IMPRESSION: NORMOCYTIC NORMOCHROMIC BLOOD PICTURE WITH RELATIVE EOSINOPHILIA.

Kindly correlate clinically.



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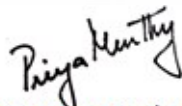
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Test Name	Result	Unit	Bio. Ref. Range	Method
BLOOD GROUP ABO AND RH FACTOR , WHOLE BLOOD EDTA				
BLOOD GROUP TYPE	A			Microplate Hemagglutination
Rh TYPE	Positive			Microplate Hemagglutination



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Test Name	Result	Unit	Bio. Ref. Range	Method
GLUCOSE, FASTING , NAF PLASMA	90	mg/dL	70-100	HEXOKINASE

Comment:

As per American Diabetes Guidelines, 2023

Fasting Glucose Values in mg/dL	Interpretation
70-100 mg/dL	Normal
100-125 mg/dL	Prediabetes
≥126 mg/dL	Diabetes
<70 mg/dL	Hypoglycemia

Note:

- The diagnosis of Diabetes requires a fasting plasma glucose of > or = 126 mg/dL and/or a random / 2 hr post glucose value of > or = 200 mg/dL on at least 2 occasions.
- Very high glucose levels (>450 mg/dL in adults) may result in Diabetic Ketoacidosis & is considered critical.


Test Name	Result	Unit	Bio. Ref. Range	Method
HBA1C (GLYCATED HEMOGLOBIN) , WHOLE BLOOD EDTA				
HBA1C, GLYCATED HEMOGLOBIN	5.3	%		HPLC
ESTIMATED AVERAGE GLUCOSE (eAG)	105	mg/dL		Calculated


Comment:

Reference Range as per American Diabetes Association (ADA) 2023 Guidelines:

REFERENCE GROUP	HBA1C %
NON DIABETIC	<5.7
PREDIABETES	5.7 – 6.4
DIABETES	≥ 6.5
DIABETICS	
EXCELLENT CONTROL	6 – 7
FAIR TO GOOD CONTROL	7 – 8

Page 4 of 15


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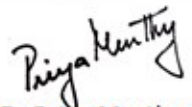
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UNSATISFACTORY CONTROL	8 – 10
POOR CONTROL	>10

Note: Dietary preparation or fasting is not required.

- HbA1C is recommended by American Diabetes Association for Diagnosing Diabetes and monitoring Glycemic Control by American Diabetes Association guidelines 2023.
- Trends in HbA1C values is a better indicator of Glycemic control than a single test.
- Low HbA1C in Non-Diabetic patients are associated with Anemia (Iron Deficiency/Hemolytic), Liver Disorders, Chronic Kidney Disease. Clinical Correlation is advised in interpretation of low Values.
- Falsely low HbA1c (below 4%) may be observed in patients with clinical conditions that shorten erythrocyte life span or decrease mean erythrocyte age. HbA1c may not accurately reflect glycemic control when clinical conditions that affect erythrocyte survival are present.
- In cases of Interference of Hemoglobin variants in HbA1C, alternative methods (Fructosamine) estimation is recommended for Glycemic Control
 - A: HbF >25%
 - B: Homozygous Hemoglobinopathy.
 (Hb Electrophoresis is recommended method for detection of Hemoglobinopathy)


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SIN No:EDT240029380

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Test Name	Result	Unit	Bio. Ref. Range	Method
LIPID PROFILE , SERUM				
TOTAL CHOLESTEROL	250	mg/dL	<200	CHO-POD
TRIGLYCERIDES	97	mg/dL	<150	GPO-POD
HDL CHOLESTEROL	64	mg/dL	40-60	Enzymatic Immunoinhibition
NON-HDL CHOLESTEROL	186	mg/dL	<130	Calculated
LDL CHOLESTEROL	167	mg/dL	<100	Calculated
VLDL CHOLESTEROL	19.4	mg/dL	<30	Calculated
CHOL / HDL RATIO	3.91		0-4.97	Calculated

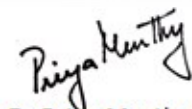
Comment:

Reference Interval as per National Cholesterol Education Program (NCEP) Adult Treatment Panel III Report.

	Desirable	Borderline High	High	Very High
TOTAL CHOLESTEROL	< 200	200 - 239	≥ 240	
TRIGLYCERIDES	<150	150 - 199	200 - 499	≥ 500
LDL	Optimal < 100 Near Optimal 100-129	130 - 159	160 - 189	≥ 190
HDL	≥ 60			
NON-HDL CHOLESTEROL	Optimal <130; Above Optimal 130-159	160-189	190-219	>220

- Measurements in the same patient on different days can show physiological and analytical variations.
- NCEP ATP III identifies non-HDL cholesterol as a secondary target of therapy in persons with high triglycerides.
- Primary prevention algorithm now includes absolute risk estimation and lower LDL Cholesterol target levels to determine eligibility of drug therapy.
- Low HDL levels are associated with Coronary Heart Disease due to insufficient HDL being available to participate in reverse cholesterol transport, the process by which cholesterol is eliminated from peripheral tissues.
- As per NCEP 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.
- VLDL, LDL Cholesterol Non HDL Cholesterol, CHOL/HDL RATIO, LDL/HDL RATIO are calculated parameters when Triglycerides are below 400 mg/dL. When Triglycerides are more than 400 mg/dL LDL cholesterol is a direct measurement.


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SIN No:SE04657070

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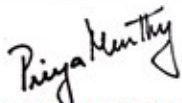
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Test Name	Result	Unit	Bio. Ref. Range	Method
LIVER FUNCTION TEST (LFT) , SERUM				
BILIRUBIN, TOTAL	0.34	mg/dL	0.3-1.2	DPD
BILIRUBIN CONJUGATED (DIRECT)	0.02	mg/dL	<0.2	DPD
BILIRUBIN (INDIRECT)	0.32	mg/dL	0.0-1.1	Dual Wavelength
ALANINE AMINOTRANSFERASE (ALT/SGPT)	11	U/L	<35	IFCC
ASPARTATE AMINOTRANSFERASE (AST/SGOT)	19.0	U/L	<35	IFCC
ALKALINE PHOSPHATASE	36.00	U/L	30-120	IFCC
PROTEIN, TOTAL	7.43	g/dL	6.6-8.3	Biuret
ALBUMIN	4.39	g/dL	3.5-5.2	BROMO CRESOL GREEN
GLOBULIN	3.04	g/dL	2.0-3.5	Calculated
A/G RATIO	1.44		0.9-2.0	Calculated

Comment:

LFT results reflect different aspects of the health of the liver, i.e., hepatocyte integrity (AST & ALT), synthesis and secretion of bile (Bilirubin, ALP), cholestasis (ALP, GGT), protein synthesis (Albumin)

Common patterns seen:

1. Hepatocellular Injury:

- AST – Elevated levels can be seen. However, it is not specific to liver and can be raised in cardiac and skeletal injuries.
- ALT – Elevated levels indicate hepatocellular damage. It is considered to be most specific lab test for hepatocellular injury. Values also correlate well with increasing BMI. • Disproportionate increase in AST, ALT compared with ALP. • Bilirubin may be elevated.
- AST: ALT (ratio) – In case of hepatocellular injury AST: ALT > 1 In Alcoholic Liver Disease AST: ALT usually >2. This ratio is also seen to be increased in NAFLD, Wilson's's diseases, Cirrhosis, but the increase is usually not >2.

2. Cholestatic Pattern:

- ALP – Disproportionate increase in ALP compared with AST, ALT.
- Bilirubin may be elevated. • ALP elevation also seen in pregnancy, impacted by age and sex.
- To establish the hepatic origin correlation with GGT helps. If GGT elevated indicates hepatic cause of increased ALP.

3. Synthetic function impairment: • Albumin- Liver disease reduces albumin levels. • Correlation with PT (Prothrombin Time) helps.



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Test Name	Result	Unit	Bio. Ref. Range	Method
RENAL PROFILE/KIDNEY FUNCTION TEST (RFT/KFT) , SERUM				
CREATININE	0.79	mg/dL	0.51-0.95	Jaffe's, Method
UREA	18.70	mg/dL	17-43	GLDH, Kinetic Assay
BLOOD UREA NITROGEN	8.7	mg/dL	8.0 - 23.0	Calculated
URIC ACID	4.01	mg/dL	2.6-6.0	Uricase PAP
CALCIUM	9.60	mg/dL	8.8-10.6	Arsenazo III
PHOSPHORUS, INORGANIC	3.71	mg/dL	2.5-4.5	Phosphomolybdate Complex
SODIUM	133	mmol/L	136-146	ISE (Indirect)
POTASSIUM	4.1	mmol/L	3.5-5.1	ISE (Indirect)
CHLORIDE	106	mmol/L	101-109	ISE (Indirect)
PROTEIN, TOTAL	7.43	g/dL	6.6-8.3	Biuret
ALBUMIN	4.39	g/dL	3.5-5.2	BROMO CRESOL GREEN
GLOBULIN	3.04	g/dL	2.0-3.5	Calculated
A/G RATIO	1.44		0.9-2.0	Calculated



DR.SHIVARAJA SHETTY
M.B.B.S.,M.D(Biochemistry)
CONSULTANT BIOCHEMIST



Dr Priya Murthy
M.B.B.S.,M.D(Pathology)
Consultant Pathologist



SIN No:SE04657070

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 1860 500 7788
www.apolloclinic.com

Patient Name : Miss.PALLAVI SRIVASTAVA	Collected : 10/Mar/2024 12:21PM
Age/Gender : 39 Y 5 M 26 D/F	Received : 10/Mar/2024 02:33PM
UHID/MR No : SKOR.0000121374	Reported : 10/Mar/2024 02:58PM
Visit ID : CMAROPV785139	Status : Final Report
Ref Doctor : Dr.SELF	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : 84778	

DEPARTMENT OF BIOCHEMISTRY

ARCOFEMI - MEDIWHEEL - FULL BODY HEALTH ANNUAL PLUS CHECK - FEMALE - 2D ECHO - PAN INDIA - FY2324

Test Name	Result	Unit	Bio. Ref. Range	Method
GAMMA GLUTAMYL TRANSPEPTIDASE (GGT) , SERUM	10.00	U/L	<38	IFCC



DR.SHIVARAJA SHETTY
M.B.B.S,M.D(Biochemistry)
CONSULTANT BIOCHEMIST

SIN No:SE04657070

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Patient Name : Miss.PALLAVI SRIVASTAVA	Collected : 10/Mar/2024 12:21PM
Age/Gender : 39 Y 5 M 26 D/F	Received : 10/Mar/2024 02:34PM
UHID/MR No : SKOR.0000121374	Reported : 10/Mar/2024 03:14PM
Visit ID : CMAROPV785139	Status : Final Report
Ref Doctor : Dr.SELF	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : 84778	

DEPARTMENT OF IMMUNOLOGY

ARCOFEMI - MEDIWHEEL - FULL BODY HEALTH ANNUAL PLUS CHECK - FEMALE - 2D ECHO - PAN INDIA - FY2324

Test Name	Result	Unit	Bio. Ref. Range	Method
THYROID PROFILE TOTAL (T3, T4, TSH) , SERUM				
TRI-IODOTHYRONINE (T3, TOTAL)	1.3	ng/mL	0.7-2.04	CLIA
THYROXINE (T4, TOTAL)	9.74	µg/dL	5.48-14.28	CLIA
THYROID STIMULATING HORMONE (TSH)	2.880	µIU/mL	0.34-5.60	CLIA

Comment:

For pregnant females	Bio Ref Range for TSH in uIU/ml (As per American Thyroid Association)
First trimester	0.1 - 2.5
Second trimester	0.2 – 3.0
Third trimester	0.3 – 3.0

1. TSH is a glycoprotein hormone secreted by the anterior pituitary. TSH activates production of T3 (Triiodothyronine) and its prohormone T4 (Thyroxine). Increased blood level of T3 and T4 inhibit production of TSH.
2. TSH is elevated in primary hypothyroidism and will be low in primary hyperthyroidism. Elevated or low TSH in the context of normal free thyroxine is often referred to as sub-clinical hypo- or hyperthyroidism respectively.
3. Both T4 & T3 provides limited clinical information as both are highly bound to proteins in circulation and reflects mostly inactive hormone. Only a very small fraction of circulating hormone is free and biologically active.
4. Significant variations in TSH can occur with circadian rhythm, hormonal status, stress, sleep deprivation, medication & circulating antibodies.

TSH	T3	T4	FT4	Conditions
High	Low	Low	Low	Primary Hypothyroidism, Post Thyroidectomy, Chronic Autoimmune Thyroiditis
High	N	N	N	Subclinical Hypothyroidism, Autoimmune Thyroiditis, Insufficient Hormone Replacement Therapy.
N/Low	Low	Low	Low	Secondary and Tertiary Hypothyroidism
Low	High	High	High	Primary Hyperthyroidism, Goitre, Thyroiditis, Drug effects, Early Pregnancy
Low	N	N	N	Subclinical Hyperthyroidism
Low	Low	Low	Low	Central Hypothyroidism, Treatment with Hyperthyroidism
Low	N	High	High	Thyroiditis, Interfering Antibodies
N/Low	High	N	N	T3 Thyrotoxicosis, Non thyroidal causes




DR.SHIVARAJA SHETTY
M.B.B.S,M.D(Biochemistry)
CONSULTANT BIOCHEMIST

SIN No:SPL24042893

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Karnataka- 560034

 **1860 500 7788**
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Patient Name : Miss.PALLAVI SRIVASTAVA
Age/Gender : 39 Y 5 M 26 D/F
UHID/MR No : SKOR.0000121374
Visit ID : CMAROPV785139
Ref Doctor : Dr.SELF
Emp/Auth/TPA ID : 84778

Collected : 10/Mar/2024 12:21PM
Received : 10/Mar/2024 02:34PM
Reported : 10/Mar/2024 03:14PM
Status : Final Report
Sponsor Name : ARCOFEMI HEALTHCARE LIMITED

DEPARTMENT OF IMMUNOLOGY

ARCOFEMI - MEDIWHEEL - FULL BODY HEALTH ANNUAL PLUS CHECK - FEMALE - 2D ECHO - PAN INDIA - FY2324

High High High High Pituitary Adenoma; TSHoma/Thyrotropinoma



DR.SHIVARAJA SHETTY
M.B.B.S,M.D(Biochemistry)
CONSULTANT BIOCHEMIST

SIN No:SPL24042893

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Patient Name : Miss.PALLAVI SRIVASTAVA	Collected : 10/Mar/2024 12:20PM
Age/Gender : 39 Y 5 M 26 D/F	Received : 10/Mar/2024 03:22PM
UHID/MR No : SKOR.0000121374	Reported : 10/Mar/2024 04:27PM
Visit ID : CMAROPV785139	Status : Final Report
Ref Doctor : Dr.SELF	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : 84778	

DEPARTMENT OF CLINICAL PATHOLOGY

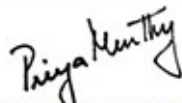
ARCOFEMI - MEDIWHEEL - FULL BODY HEALTH ANNUAL PLUS CHECK - FEMALE - 2D ECHO - PAN INDIA - FY2324

Test Name	Result	Unit	Bio. Ref. Range	Method
COMPLETE URINE EXAMINATION (CUE) , URINE				
PHYSICAL EXAMINATION				
COLOUR	PALE YELLOW		PALE YELLOW	Visual
TRANSPARENCY	CLEAR		CLEAR	Visual
pH	5.5		5-7.5	DOUBLE INDICATOR
SP. GRAVITY	1.010		1.002-1.030	Bromothymol Blue
BIOCHEMICAL EXAMINATION				
URINE PROTEIN	NEGATIVE		NEGATIVE	PROTEIN ERROR OF INDICATOR
GLUCOSE	NEGATIVE		NEGATIVE	GLUCOSE OXIDASE
URINE BILIRUBIN	NEGATIVE		NEGATIVE	AZO COUPLING REACTION
URINE KETONES (RANDOM)	NEGATIVE		NEGATIVE	SODIUM NITRO PRUSSIDE
UROBILINOGEN	NORMAL		NORMAL	MODIFIED EHRlich REACTION
BLOOD	NEGATIVE		NEGATIVE	Peroxidase
NITRITE	NEGATIVE		NEGATIVE	Diazotization
LEUCOCYTE ESTERASE	NEGATIVE		NEGATIVE	LEUCOCYTE ESTERASE
CENTRIFUGED SEDIMENT WET MOUNT AND MICROSCOPY				
PUS CELLS	1-2	/hpf	0-5	Microscopy
EPITHELIAL CELLS	2-3	/hpf	<10	MICROSCOPY
RBC	NIL	/hpf	0-2	MICROSCOPY
CASTS	NIL		0-2 Hyaline Cast	MICROSCOPY
CRYSTALS	ABSENT		ABSENT	MICROSCOPY

Page 13 of 15



Dr. Nisha
M.B.B.S,MD(Pathology)
Consultant Pathologist



Dr Priya Murthy
M.B.B.S,M.D(Pathology)
Consultant Pathologist



SIN No:UR2302320

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 1860 500 7788
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Patient Name : Miss.PALLAVI SRIVASTAVA	Collected : 10/Mar/2024 12:20PM
Age/Gender : 39 Y 5 M 26 D/F	Received : 10/Mar/2024 03:22PM
UHID/MR No : SKOR.0000121374	Reported : 10/Mar/2024 04:23PM
Visit ID : CMAROPV785139	Status : Final Report
Ref Doctor : Dr.SELF	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : 84778	

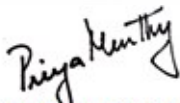
DEPARTMENT OF CLINICAL PATHOLOGY

ARCOFEMI - MEDIWHEEL - FULL BODY HEALTH ANNUAL PLUS CHECK - FEMALE - 2D ECHO - PAN INDIA - FY2324

Test Name	Result	Unit	Bio. Ref. Range	Method
URINE GLUCOSE(FASTING)	NEGATIVE		NEGATIVE	Dipstick



Dr.Nisha
M.B.B.S,MD(Pathology)
Consultant Pathologist



Dr Priya Murthy
M.B.B.S,M.D(Pathology)
Consultant Pathologist



SIN No:UF011150

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Patient Name	: Miss.PALLAVI SRIVASTAVA	Collected	: 10/Mar/2024 04:50PM
Age/Gender	: 39 Y 5 M 27 D/F	Received	: 12/Mar/2024 11:23AM
UHID/MR No	: SKOR.0000121374	Reported	: 13/Mar/2024 06:21PM
Visit ID	: CMAROPV785139	Status	: Final Report
Ref Doctor	: Dr.SELF	Sponsor Name	: ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID	: 84778		

DEPARTMENT OF CYTOLOGY

ARCOFEMI - MEDIWHEEL - FULL BODY HEALTH ANNUAL PLUS CHECK - FEMALE - 2D ECHO - PAN INDIA - FY2324


LBC PAP TEST (PAPSURE) , CERVICAL BRUSH SAMPLE

	CYTOLOGY NO.	5540/24
I	SPECIMEN	
a	SPECIMEN ADEQUACY	ADEQUATE
b	SPECIMEN TYPE	LIQUID-BASED PREPARATION (LBC)
	SPECIMEN NATURE/SOURCE	CERVICAL SMEAR
c	ENDOCERVICAL-TRANSFORMATION ZONE	ABSENT
d	COMMENTS	SATISFACTORY FOR EVALUATION
II	MICROSCOPY	Superficial and intermediate squamous epithelial cells with benign morphology. Negative for intraepithelial lesion/ malignancy
III	RESULT	
a	EPITHEIAL CELL	
	SQUAMOUS CELL ABNORMALITIES	NOT SEEN
	GLANDULAR CELL ABNORMALITIES	NOT SEEN
b	ORGANISM	NIL
IV	INTERPRETATION	NEGATIVE FOR INTRAEPITHELIAL LESION OR MALIGNANCY

Pap Test is a screening test for cervical cancer with inherent false negative results. Regular screening and follow-up is recommended (Bethesda-TBS-2014) revised

***** End Of Report *****

Result/s to Follow:
PERIPHERAL SMEAR



Dr.A. Kalyan Rao
M.B.B.S, M.D(Pathology)
Consultant Pathologist

Page 15 of 15
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ACCREDITED
COLLEGE of AMERICAN PATHOLOGISTS



SIN No:CS076196

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Karnataka- 560034

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Patient Name : Miss. Pallavi Srivastava

Age/Gender : 39 Y/F

UHID/MR No. : SKOR.0000121374

OP Visit No : CMAROPV785139

Sample Collected on :

Reported on : 11-03-2024 13:38

LRN# : RAD2262877

Specimen :

Ref Doctor : SELF

Emp/Auth/TPA ID : 84778

DEPARTMENT OF RADIOLOGY

X-RAY CHEST PA

Both lung fields and hila are normal .

No obvious active pleuro-parenchymal lesion seen .

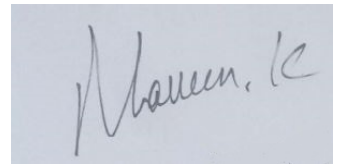
Both costophrenic and cardiophrenic angles are clear .

Both diaphragms are normal in position and contour .

Thoracic wall and soft tissues appear normal.

CONCLUSION :

No obvious abnormality seen



Dr. NAVEEN KUMAR K
MBBS, DMRD Radiology, (DNB)
Radiology

Patient Name	: Miss. Pallavi Srivastava	Age/Gender	: 39 Y/F
UHID/MR No.	: SKOR.0000121374	OP Visit No	: CMAROPV785139
Sample Collected on	:	Reported on	: 10-03-2024 12:03
LRN#	: RAD2262877	Specimen	:
Ref Doctor	: SELF		
Emp/Auth/TPA ID	: 84778		

DEPARTMENT OF RADIOLOGY

ULTRASOUND - WHOLE ABDOMEN

LIVER: Appears normal in size, shape and echopattern. No evidence of intra/extrahepatic biliary tree dilatation noted. Portal vein appears to be of normal size.

GALLBLADDER: Minimally distended.

SPLEEN: Appears normal in size, and shows normal echopattern. No focal parenchymal lesions identified.

PANCREAS: Obscured by bowel gas. However the visualized parts of pancreas are appearing grossly normal

KIDNEYS: Both kidneys appear normal in size, shape and echopattern. Corticomedullary differentiation appears maintained. No evidence of calculi or hydronephrosis on either side.

Right kidney measures 8.4 x 3.6 cm.

Left kidney measures 9.5 x 4.4 cm.

URINARY BLADDER: Distended and appears normal. No evidence of abnormal wall thickening noted.

UTERUS:- Endometrium measures 8 mm.

OVARIES: Both ovaries appear normal in size and echopattern.

No free fluid is seen.

IMPRESSION:-

A Hemangioma seen in right lobe of liver measuring 10 x 8 mm .

Suggested clinical correlation and further evaluation with higher imaging techniques if clinically needed.

Report disclaimer :

1. Not all diseases/ pathologies can be detected in USG due to certain technical limitation, obesity, bowel gas, patient preparation and organ location.
2. USG scan being an investigation with technical limitation has to be correlated clinically; this report is not valid for medicolegal purpose
3. Printing mistakes should immediately be brought to notice for correction.

Date : 10-03-2024

Department : GENERAL

MR NO : SKOR.0000121374

Doctor :

Name : Miss. Pallavi Srivastava

Registration No :

Age/ Gender : 39 Y / Female

Qualification :

Consultation Timing: 08:16

Height : 157cm	Weight : 52kg	BMI :	Waist Circum :
Temp :	Pulse : 76 bpm	Resp :	B.P : 100/60 mmHg

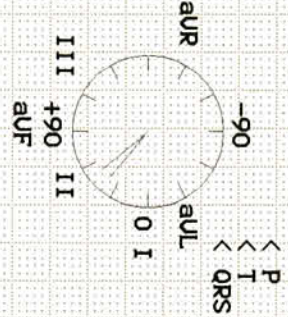
General Examination / Allergies
History

Clinical Diagnosis & Management Plan

Follow up date:

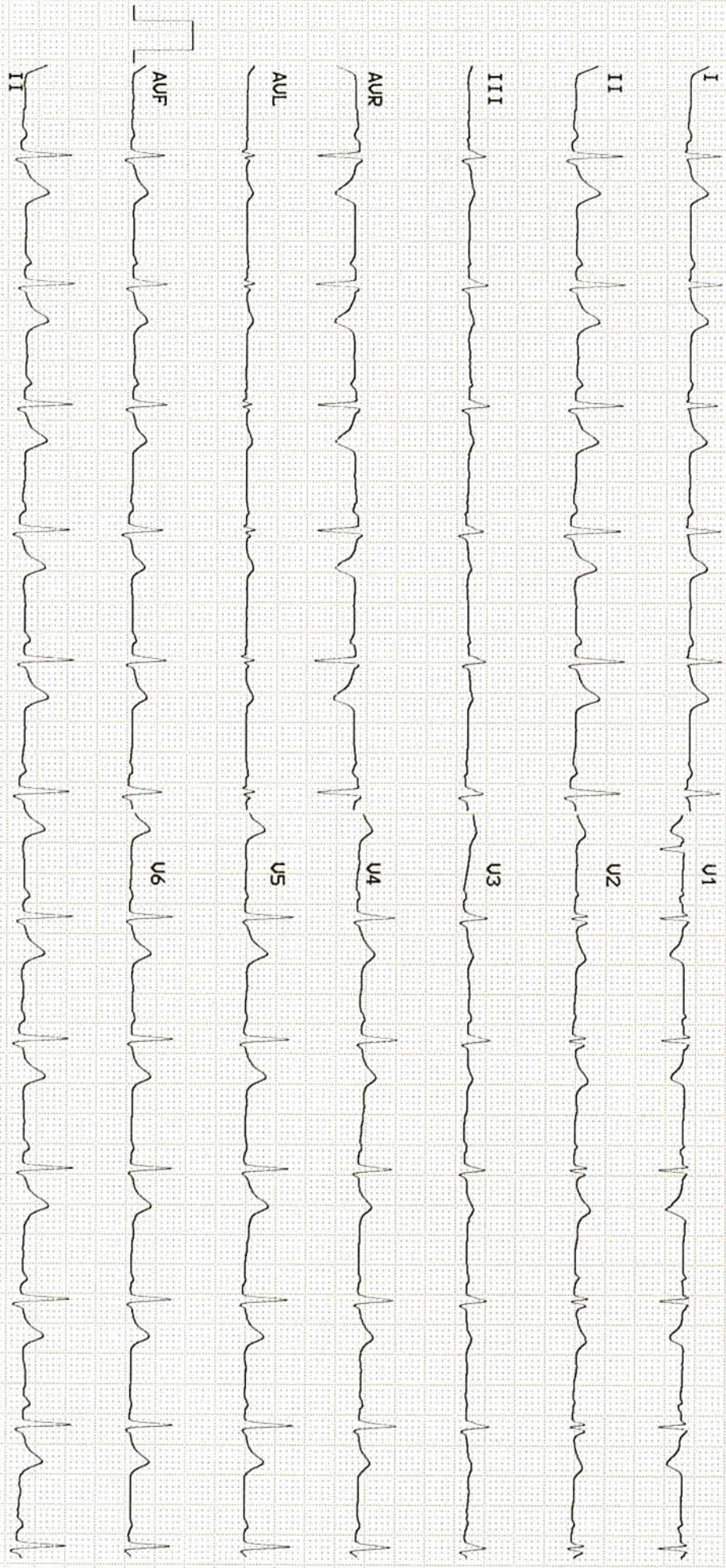
Doctor Signature

Measurement Results:
 QRS : 108 ms
 QT/QTcB : 384 / 417 ms
 PR : 150 ms
 P : 108 ms
 RR/PP : 848 / 835 ms
 P/QRS/T : 40 / 50 / 40 degrees
 QTcD/QTcBD : 38 / 41 ms
 Sokolow : 1.1 mV
 NK : 10



Interpretation:
 RSR' pattern
 Low QRS amplitudes
 R/S inversion area between U1 and U2
 probably abnormal ECG

Unconfirmed report.



NAME	MRS. PALLAVI SRIVASTAVA	DATE	10/03/24
AGE	39 YEARS	SEX	FEMALE.
REFERRED BY	Dr. JAGADEESH HV	BILL NO:	113888

ECHO (2D & COLOUR DOPPLER)

DIMENSIONS	VALUES	VALUES(RANGE)	DOPPLER	VALUES(m/sec)	
				E	A
AO(ed)	22mm	25 - 37 mm	MV	0.7	0.4
LA(es)	26mm	19 - 40 mm	AV peak	1.1	
LVID(es)	28mm	24 - 42 mm	PV peak	0.8	
LVID(ed)	38mm	35 - 55 mm			
IVS(ed)	08mm	06 - 11mm			
LVPW(ed)	12mm	06 - 11mm			
EF	55%	(50 - 70%)			
TAPSE	19mm	>17mm			

MORPHOLOGICAL DATA

Situs	Solitus
Cardiac position	Levocardia
Systemic veins	Normal
Pulmonary veins	Normal
Mitral valve	Normal
Aortic Valve	Normal
Tricuspid Valve	Normal
Pulmonary Valve	Normal
Right Ventricle	Normal
Left Ventricle	Normal
Interatrial Septum	Intact
Interventricular Septum	Intact

Pulmonary Artery	Normal
Aorta	Normal
Right Atrium	Normal
Left Atrium	Normal
LV – RWMA	No RWMA at rest.
LV – FUNCTION	Normal systolic function
Pericardium	Normal
IMPRESSION	<p>Normal cardiac chambers</p> <p>Normal valves</p> <p>Normal LV systolic function</p> <p>No pulmonary hypertension</p> <p>No RWMA at rest</p> <p>Normal pericardium,</p> <p>No intracardiac masses / thrombi</p>



Dr. JAGADEESH HV

Consultant Cardiologist

KMC No. 86848

Patient Name	: Miss. Pallavi Srivastava	Age	: 39 Y F
UHID	: SKOR.0000121374	OP Visit No	: CMAROPV785139
Reported on	: 10-03-2024 11:59	Printed on	: 10-03-2024 12:03
Adm/Consult Doctor	:	Ref Doctor	: SELF

DEPARTMENT OF RADIOLOGY

ULTRASOUND - WHOLE ABDOMEN

LIVER: Appears normal in size, shape and echopattern. No evidence of intra/extrahepatic biliary tree dilatation noted. Portal vein appears to be of normal size.

GALLBLADDER: Minimally distended.

SPLEEN: Appears normal in size, and shows normal echopattern. No focal parenchymal lesions identified.

PANCREAS: Obscured by bowel gas. However the visualized parts of pancreas are appearing grossly normal

KIDNEYS: Both kidneys appear normal in size, shape and echopattern. Corticomedullary differentiation appears maintained. No evidence of calculi or hydronephrosis on either side.

Right kidney measures 8.4 x 3.6 cm.

Left kidney measures 9.5 x 4.4 cm.

URINARY BLADDER: Distended and appears normal. No evidence of abnormal wall thickening noted.

UTERUS:- Endometrium measures 8 mm.

OVARIES: Both ovaries appear normal in size and echopattern.

No free fluid is seen.

IMPRESSION:-

A Hemangioma seen in right lobe of liver measuring 10 x 8 mm.

Suggested clinical correlation and further evaluation with higher imaging techniques if clinically needed.

Patient Name : Miss. Pallavi Srivastava
UHID : SKOR.0000121374
Reported on : 10-03-2024 11:59
Adm/Consult Doctor :

Age : 39 Y F
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Printed on : 10-03-2024 12:03
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Report disclaimer :

1. Not all diseases/ pathologies can be detected in USG due to certain technical limitation , obesity, bowel gas , patient preparation and organ location .
2. USG scan being an investigation with technical limitation has to be correlated clinically; this report is not valid for medicolegal purpose
3. Printing mistakes should immediately be brought to notice for correction.

Printed on: 10-03-2024 11:59

---End of the Report---



Dr. RAMESH G
MBBS DMRD
RADIOLOGY

Patient Name : Miss. Pallavi Srivastava
UHID : SKOR.0000121374
Conducted By: : Dr. JAGADEESH H V
Referred By : SELF

Age : 39 Y/F
OP Visit No : CMAROPV785139
Conducted Date : 10-03-2024 16:31

ECHO (2D & COLOUR DOPPLER)

DIMENSIONS	VALUES	VALUES(RANGE)	DIMENSIONS	VALUES	VALUES(RANGE)
AO(ed)	30mm	25 - 37 mm	IVS(ed)	09mm	06 - 11 mm
LA(es)	35mm	19 - 40 mm	LVPW(ed)	08mm	06 - 11 mm
RVID(ed)	17mm	07 - 21 mm	EF	60 %	(50 - 70 %)
LVID(ed)	45mm	35 - 55 mm	%FD	30%	(25 - 40%)
LVID(es)	30mm	24 - 42 mm			

MORPHOLOGICAL DATA

Situs	Solitus
Cardiac position	Levocardia
Systemic veins	Normal
Pulmonary veins	Normal
Mitral valve	Normal
Aortic Valve	Normal
Tricuspid Valve	Normal
Pulmonary Valve	Normal
Right Ventricle	Normal
Left Ventricle	Normal
Interatrial Septum	Intact
Interventricular Septum	Intact
Pulmonary Artery	Normal
Aorta	Normal
Right Atrium	Normal
Left Atrium	Normal

Patient Name : Miss. Pallavi Srivastava Age : 39 Y/F
UHID : SKOR.0000121374 OP Visit No : CMAROPV785139
Conducted By: : Dr. JAGADEESH H V Conducted Date : 10-03-2024 16:31
Referred By : SELF

LV – RWMA	No RWMA at rest.
LV – FUNCTION	Normal systolic function
Pericardium	Normal Study
Doppler Studies	Normal
Doppler Summary	Normal
Rhythm	Sinus
IMPRESSION	Normal cardiac chambers Normal valves Normal LV Systolic function No pulmonary hypertension No RWMA at rest Normal pericardium, No intracardiac masses / thrombi

Dr. Jagadeesh H V
Consultant Cardiologist
KMC No. 86848