

Patient Name : Ms.PUSHPA DEVI	Visit No : CHA250036115
Age/Gender : 63 Y/F	Registration ON : 28/Feb/2025 11:45AM
<b>Lab No : 10133411</b>	Sample Collected ON : 28/Feb/2025 11:58AM
Referred By : Dr.LUCKNOW HOSPITAL	Sample Received ON : 28/Feb/2025 11:58AM
Refer Lab/Hosp : CHARAK NA	Report Generated ON : 28/Feb/2025 12:58PM
Doctor Advice : CT HEAD,USG WHOLE ABDOMEN,2D ECHO,ECG,CHEST PA,URINE COM. EXMAMINATION,T3T4TSH,TRIG,CHOL,URIC ACID,BLOOD GROUP,BTCT,CREATININE,DLC,GBP,HB,HBsAg (QUANTITATIVE),HCV,LFT,NA+K+,PLAT COUNT,PT/PC/INR,TLC,	



**PRE SURGICAL (RD1)**

Test Name	Result	Unit	Bio. Ref. Range	Method
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<b>BLOOD GROUP</b>				
Blood Group	"O"			
Rh (Anti -D)	<b>POSITIVE</b>			

<b>URIC ACID</b>				
<b>Sample Type : SERUM</b>				
SERUM URIC ACID	5.2	mg/dL	2.40 - 5.70	Uricase,Colorimetric

<b>PT/PC/INR</b>				
PROTHROMBIN TIME	13 Second		13 Second	Clotting Assay
Prothrombin concentration	100 %		100 %	
INR (International Normalized Ratio)	1.00		1.0	

<b>HBsAg (HEPATITIS B SURFACE ANTIGEN)</b>				
HEPATITIS B SURFACE ANTIGEN	NON REACTIVE		< 1.0 : NON REACTIVE~> ( Sandwich Assay)	
			1.0 : REACTIVE	

<b>HIV</b>				
HIV-SEROLOGY	NON REACTIVE		<1.0 : NON REACTIVE	
			>1.0 : REACTIVE	

<b>HCV</b>				
Anti-Hepatitis C Virus Antibodies.	NON REACTIVE		< 1.0 : NON REACTIVE	Sandwich Assay
			> 1.0 : REACTIVE	

[Checked By]

Print.Date/Time: 28-02-2025 16:38:52

\*Patient Identity Has Not Been Verified. Not For Medicolegal



*Sharma*

DR. NISHANT SHARMA DR. SHADAB Dr. SYED SAIF AHMAD  
PATHOLOGIST PATHOLOGIST MD (MICROBIOLOGY)

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PRE SURGICAL (RD1)				
Test Name	Result	Unit	Bio. Ref. Range	Method

URINE EXAMINATION REPORT				
Colour-U	STRAW		Light Yellow	
Appearance (Urine)	CLEAR		Clear	
Specific Gravity	<b>1.005</b>		1.005 - 1.025	
pH-Urine	Acidic (6.0)		4.5 - 8.0	
PROTEIN	30 mg/dl	mg/dl	ABSENT	Dipstick
Glucose	Absent		Absent	
Ketones	Absent		Absent	
Bilirubin-U	Absent		Absent	
Blood-U	Absent		Absent	
Urobilinogen-U	0.20	EU/dL	0.2 - 1.0	
Leukocytes-U	PRESENT		Absent	
NITRITE	Absent		Absent	
MICROSCOPIC EXAMINATION				
Pus cells / hpf	8-10	/hpf	< 5/hpf	
Epithelial Cells	4-5	/hpf	0 - 5	
RBC / hpf	Nil		< 3/hpf	

BT/CT				
BLEEDING TIME (BT)	3 mint 15 sec	mins	2 - 8	
CLOTTING TIME (CT)	6 mint 30 sec		3 - 10 MINS.	

CHARAK

[Checked By]



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Test Name	Result	Unit	Bio. Ref. Range	Method
<b>HAEMOGLOBIN</b>				
Hb	14.4	g/dl	12 - 15	Non Cyanide

**Comment:**

Hemoglobin screening helps to diagnose conditions that affect RBCs such as anemia or polycythemia.

<b>TLC</b>				
TOTAL LEUCOCYTES COUNT	9950	/cmm	4000 - 10000	Flocytometry

<b>DLC</b>				
NEUTROPHIL	<b>76</b>	%	40 - 75	Flowcytometry
LYMPHOCYTE	20	%	20-40	Flowcytometry
EOSINOPHIL	1	%	1 - 6	Flowcytometry
MONOCYTE	3	%	2 - 10	Flowcytometry
BASOPHIL	<b>0</b>	%	00 - 01	Flowcytometry

<b>PLATELET COUNT</b>				
PLATELET COUNT	324,000	/cmm	150000 - 450000	Elect Imped..
PLATELET COUNT (MANUAL)	324000	/cmm	150000 - 450000	Microscopy .

**COMMENTS:**

Platelet counts vary in various disorders; acquired, (infections-bacterial and viral), inherited, post blood transfusion, autoimmune and idiopathic disorders.

**GENERAL BLOOD PICTURE (GBP)**

Peripheral Blood Picture :

Red blood cells are normocytic normochromic. WBCs are normal. Platelets are adequate. No immature cells or parasite seen.

<b>BLOOD SUGAR RANDOM</b>				
BLOOD SUGAR RANDOM	142.8	mg/dl	70 - 170	Hexokinase

<b>NA+K+</b>				
SODIUM Serum	138.0	MEq/L	135 - 155	ISE Direct
POTASSIUM Serum	3.9	MEq/L	3.5 - 5.5	ISE Direct

<b>BLOOD UREA</b>				
BLOOD UREA	35.10	mg/dl	15 - 45	Urease, UV, Serum



[Checked By]



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**SERUM CREATININE**

CREATININE	0.80	mg/dl	0.50 - 1.40	Alkaline picrate-kinetic
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**LIVER FUNCTION TEST**

TOTAL BILIRUBIN	0.98	mg/dl	0.4 - 1.1	Diazonium Ion
CONJUGATED ( D. Bilirubin)	0.18	mg/dL	0.00-0.30	Diazotization
UNCONJUGATED ( I.D. Bilirubin)	0.80	mg/dL	0.1 - 1.0	Calculated
ALK PHOS	67.50	U/L	30 - 120	PNPP, AMP Buffer
SGPT	15.0	U/L	5 - 40	UV without P5P
SGOT	24.0	U/L	5 - 40	UV without P5P

**CHOLESTEROL**

CHOLESTROL	224.40	mg/dl	<200 mg/dl Borderline-high:200-239 mg/dl High: >/=240 mg/dl
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**TRIGLYCERIDES**

TRIGLYCERIDES	107.00	mg/dL	Normal: <150 mg/dl Serum, Enzymatic, Borderline-high:150 - 199 endpoint mg/dl High: 200 - 499 mg/dl Very high:>/=500 mg/dl
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[Checked By]



*Sham*

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Test Name	Result	Unit	Bio. Ref. Range	Method
<b>T3T4TSH</b>				
T3	1.85	nmol/L	1.49-2.96	ECLIA
T4	142.00	n mol/l	63 - 177	ECLIA
TSH	<b>9.31</b>	uIU/ml	0.47 - 4.52	ECLIA

**Note**

- (1) Patients having low T3 & T4 levels but high TSH levels suffer from primary hypothyroidism,cretinism,juvenile mysedema or autoimmune disorders.
- (2) Patients having low T3 & T4 levels but high TSH levels suffer from grave~s disease, toxic adenoma or sub-acute thyroiditis.
- (3) Patients having either low or normal T3 & T4 levels but low TSH values suffer from iodine deficiency or secondary hypothyroidism.
- (4) Patients having high T3 & T4 levels but normal TSH levels may suffer from toxic multinodular goitre. This condition is mostly asymptomatic and may cause transient hyperthyroidism but no persistent symptoms.
- (5) Patient with high or normal T3 & T4 levels and low or normal TSH levels suffer either from T3 toxicosis or T4 Toxicosis respectively.
- (6) In patients with non thyroidal illness abnormal test results are not necessarily indicative of thyroidism but may be due to adaptation to the cacabolic state and may revert tonormal when the patient recovers.
- (7) There are many drugs for eg.Glucocorticoids ,dopamine,Lithium,iodides ,oral radiographic dyes,ets.Which may affect the thyroid function tests.
- (8) Generally when total T3& T4 results are indecisive then Free T3 & Free T4 test are recommended for further confirmation along with

( 1 Beckman Dxi-600 2. ELECTRO-CHEMILUMINISCENCE TECHINIQUE BY ELECSYSYS -E411 )

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

CHARAK



[Checked By]



DR. NISHANT SHARMA DR. SHADAB Dr. SYED SAIF AHMAD  
PATHOLOGIST PATHOLOGIST MD (MICROBIOLOGY)

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### **ECG REPORT**

\* RATE : 48 bpm.  
\* RHYTHM : Normal  
\* P wave : Normal  
\* PR interval : Normal  
\* QRS Axis : Normal  
Duration : Normal  
Configuration : Increased LV Voltages  
\* ST-T Changes : None  
\* QT interval :  
\* QTc interval : Sec.

Other

**OPINION:** LEFT VENTRICULAR HYPERTROPHY WITH STRAIN  
SINUS BRADYCARDIA  
(Finding to be correlated clinically)

**DR. PANKAJ RASTOGI ,MD.DM**



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### 2D- ECHO & COLOR DOPPLER REPORT

1. **MITRAL VALVE STUDY** : MVOA - Normal (perimetry) cm<sup>2</sup> (PHT)

#### Anterior Mitral Leaflet:

- (a) **Motion**: Normal                      (b) **Thickness** : Normal                      (c) **DE** : 1.1 cm.  
 (d) **EF** 60 mm/sec                      (e) **EPSS** : 06 mm                      (f) **Vegetation** : -  
 (g) **Calcium** : -

Posterior mitral leaflet : Normal

- (a). **Motion** : Normal                      (b) **Calcium**: -                      (c) **Vegetation** : -

**Valve Score** : Mobility /4      Thickness /4      SVA /4  
 Calcium /4      Total /16

#### 2. AORTIC VALVE STUDY

- (a) **Aortic root** :3.3cms      (b) **Aortic Opening** :1.6cms      (c) **Closure**: Central  
 (d) **Calcium** : -                      (e) **Eccentricity Index** : 1                      (f) **Vegetation** : -

(g) **Valve Structure** : THICK

#### 3. PULMONARY VALVE STUDY      Normal

- (a) **EF Slope** : -                      (b) **A Wave** : +                      (c) **MSN** : -

(D) **Thickness** :                      (e) **Others** :

#### 4. TRICUSPID VALVE :      Normal

#### 5. SEPTAL AORTIC CONTINUITY      6. AORTIC MITRAL CONTINUITY

**Left Atrium** :2.6 cms                      **Clot** : -                      **Others** :  
**Right Atrium** : Normal                      **Clot** : -                      **Others** : -

Contd.....



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VENTRICLES

**RIGHT VENTRICLE** : Normal

**RVD (D)**

**RVOT**

**LEFT VENTRICLE** :

**LVIVS (D)** 1.2 cm (s)1.7 cm

**Motion** : normal

**LVPW (D)** 1.2cm (s) 1.7 cm

**Motion** : Normal

**LVID (D)** 3.6cm (s) 2.3 cm

**Ejection Fraction 65%**

**Fractional Shortening : 35 %**

*TOMOGRAPHIC VIEWS*

**Parasternal Long axis view** :

CONCENTRIC LVH  
GOOD LV CONTRACTILITY.

**Short axis view**

**Aortic valve level** :

AOV - THICK  
**PV - NORMAL**  
TV - NORMAL

**Mitral valve level** :

MV - NORMAL

**Papillary Muscle Level** :

NO RWMA

**Apical 4 chamber View** :

No LV CLOT





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**PERICARDIUM**

Normal

**DOPPLER STUDIES**

	Velocity (m/sec)	Flow pattern ( /4)	Regurgitation	Gradient (mm Hg)	Valve area (cm 2)
MITRAL	e = 0.6 a = 0.8	a > e	-	-	-
AORTIC	1.0	Normal	1	-	-
TRICUSPID	0.4	Normal	-	-	-
PULMONARY	0.5	Normal	-	-	-

**OTHER HAEMODYNAMIC DATA**

**COLOUR DOPPLER**

GR I/IV AR \_\_\_\_\_

**CONCLUSIONS :**

- **CONCENTRIC LVH**
- **GOOD LV SYSTOLIC FUNCTION**
- **LVEF = 65 %**
- **NO RWMA**
- **MILD AR ; THICK AOV**
- **NO CLOT / VEGETATION**
- **NO PERICARDIAL EFFUSION**

**OPINION – CONCENTRIC LVH**

**DR. PANKAJ RASTOGI, MD,DM**



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**ULTRASOUND STUDY OF WHOLE ABDOMEN**

- **Liver** is normal in size and shows homogenous echotexture of liver parenchyma. No intrahepatic biliary radicle dilatation is seen. No space occupying lesion is seen. Hepatic veins and IVC are seen normally.
- **Gall bladder** is not visualized (Post operative).
- **CBD** is prominent measures approx. 14 mm in caliber at porta. Rest of the CBD is obscured by bowel gases.
- **Portal vein** Portal vein is normal at porta.
- **Pancreas** Head & body of pancreas appear grossly normal. Rest of the pancreas is obscured by bowel gases.
- **Spleen** is normal in size and shows homogenous echotexture of parenchyma. No SOL is seen.
- No ascites is seen.
- **Both kidneys** are normal in size and position. **Bilateral renal parenchymal echogenicity is raised** with maintained cortico-medullary differentiation. No hydronephrosis is seen. No calculus or mass lesion is seen. Parenchymal thickness is normal. No scarring is seen. Right kidney measures 85 x 36 mm in size. Left kidney measures 92 x 47 mm in size.
- **Urinary bladder** is normal in contour with anechoic lumen. No calculus or mass lesion is seen. UB walls are not thickened.
- **Uterus** is post menopausal and shows myometrial calcification. Endometrial thickness measures 5.8 mm. No endometrial collection is seen. No mass lesion is seen.
- No free fluid is seen in Cul-de-Sac.

**OPINION:**

- **PROMINENT CBD - ? CAUSE.**
- **BILATERAL RAISED RENAL PARENCHYMAL ECHOGENICITY (ADV : RFT CORRELATION).**

Clinical correlation is necessary.

(DR. JAYENDRA KUMAR, MD)

Transcribed by Rachna



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**SKIAGRAM CHEST PA VIEW**

- A rounded radio-opaque shadow is seen in right paracardiac region --? nodule ?? nipple shadow.
- Bilateral hilar shadows are prominent.
- Mild cardiomegaly is present.
- Right CP angle is obliterated.
- Soft tissue and bony cage are seen normally.
- Both domes of diaphragm are sharply defined.

**IMPRESSION:**

- **MINIMAL PLEURAL EFFUSION/THICKENING RIGHT.**
- **MILD CARDIOMEGALY.**

Adv: Cardiac evaluation.

**Clinical correlation is necessary.**

[DR. RAJESH KUMAR SHARMA, MD]

Transcribed by R R...



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**CT STUDY OF HEAD PLAIN AND CONTRAST**  
**Contrast study performed by using non ionic contrast media**

Contrast study performed before and after injecting (intravenous) 40ml of non ionic contrast media.

**Infratentorial**

- Hyperdense area of blood density is seen in brain stem, measuring approx. 15.6 x 7.3 x 5.2mm.
- Cerebellopontine angle and prepontine cisterns are seen normally.
- Fourth ventricle is normal in size and midline in location.
- Cerebellar parenchyma appears to be normal.

**Supratentorial**

- Small hypodense area is seen in left basal ganglia region.
- Cortical sulci are prominent.
- Basal cisterns are seen normally.
- Third and both lateral ventricles are seen normally. Paraventricular white matter hypodensities are seen.
- No midline shift is seen.
- No abnormal enhancing lesion is seen.

**IMPRESSION:**

- **SMALL BRAIN STEM BLEED.**
- **SMALL LEFT BASAL GANGLIA INFARCT.**
  - **DIFFUSE CEREBRAL ATROPHY WITH WHITE MATTER ISCHEMIC CHANGES.**

Clinical correlation is necessary.

[DR. RAJESH KUMAR SHARMA, MD]

Transcribed by R R...

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

