Charak dhar DIAGNOSTICS Pvt. Ltd.		292/05, Tulsidas Marg, Basement Chowk, Lucknow-226 003 <b>Phone</b> : 0522-4062223, 9305548277, 8400888844 9415577933, 9336154100, <b>Tollfree No.</b> : 8688360360 <b>E-mail</b> : charak1984@gmail.com			
		CMO Reg. No. RMEE 2445133 NABL Reg. No. MC-2491 Certificate No. MIS-2023-0218			
Patient Name	: Ms.SHAHNAAZ	Visit No	: CHA250036919		
Age/Gender	: 52 Y/F	Registration ON	: 01/Mar/2025 11:47AM		
Lab No	: 10134215	Sample Collected ON	: 01/Mar/2025 12:25PM		
Referred By	: Dr.IKRAM ALI ANSARI	Sample Received ON	: 01/Mar/2025 12:25PM		
Refer Lab/Hosp	: CHARAK NA	Report Generated ON	: 01/Mar/2025 02:30PM		
Doctor Advice	. URINE COM. EXMAMINATION,2D ECHO,USG WHOLE ABDOMEN				

PR.

Test Name	Resul	t Unit	Bio. Ref. Rang	e Method
URINE EXAMINATION REPORT				
Colour-U	STRA	V	Light Yellow	
Appearance (Urine)	CLEA	R	Clear	
Specific Gravity	1.01	D	1.005 - 1.025	
pH-Urine	Acidic (	5.0)	4.5 - 8.0	
PROTEIN	20 mg/	/dl mg/dl	ABSENT	Dipstick
Glucose	Abser	nt		
Ketones	Abser	nt	Absent	
Bilirubin-U	Abser	nt	Absent	
Blood-U	Abser	nt	Absent	
Urobilinogen-U	0.20	EU/dL	0.2 - 1.0	
Leukocytes-U	Abser	nt	Absent	
NITRITE	Abser	nt	Absent	
MICROSCOPIC EXAMINATION				
Pus cells / hpf	Nil	/hpf	< 5/hpf	
Epithelial Cells	1-2	/hpf	0 - 5	
RBC / hpf	Nil		< 3/hpf	

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





DR. NISHANT SHARMA DR. SHADAB PATHOLOGIST PATHOLOGIS

DR. SHADAB Dr. SYED SAIF AHMAD PATHOLOGIST MD (MICROBIOLOGY) Page 1 of 1

[Checked By]

Print.Date/Time: 01-03-2025 15:07:00 \*Patient Identity Has Not Been Verified. Not For Medicolegal

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Age/Gender	: 52 Y/F	Registration ON	: 01/Mar/2025 11:47AM
Lab No	: 10134215	Sample Collected ON	: 01/Mar/2025 11:47AM
Referred By	: Dr. IKRAM ALI ANSARI	Sample Received ON	:
Refer Lab/Hosp	: CHARAK NA	Report Generated ON	: 01/Mar/2025 12:29PM

## 2D- ECHO & COLOR DOPPLER REPORT

1. MITRAL VALVE STUDY : MVOA - Normal (perimetry) cm2 (PHT) Anterior Mitral Leaflet:					
(a) Motion: Normal	(b) Thickness : Norma	al (c) <b>DE</b> : <b>1.8</b> cm.			
(d) EF :69 mm/sec	(e) <b>EPSS</b> : 06 mm	(f) Vegetation : -			
(g) Calcium : -					
Posterior mitral leaflet : Norma	1				
(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 :3.0cms ( (d) Calcium : -	b) Aortic Opening :1. (e) Eccentricity Index :	1cms(c) Closure: Central1(f) Vegetation : -			
<ul> <li>(g) Valve Structure : Tricuspic</li> <li>3. PULMONARY VALVE STU</li> <li>(a) EF Slope : -</li> </ul>		(c) MSN : -			
(D) Thickness :	(e) Others :				
<ul> <li>4. TRICUSPID VALVE :</li> <li>5. SEPTAL AORTIC CONTINUE</li> <li>Left Atrium : 2.9 cms</li> </ul>	Normal NUITY 6. AORTIC Clot : -	MITRAL CONTINUITY Others :			
Right Atrium : Normal	Clot : -	Others : -			



PR.

Contd.....

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Lab No	: 10134215	Sample Collected ON	: 01/Mar/2025 11:47AM
Referred By	: Dr. IKRAM ALI ANSARI	Sample Received ON	:
Refer Lab/Hosp	: CHARAK NA	Report Generated ON	: 01/Mar/2025 12:29PM

# VENTRICLES

RIGHT VENTRICLE : Normal RVD (D) RVOT LEFT VENTRICLE :	
<b>LVIVS</b> (D) 0.8 cm (s) 0.9 cm	Motion : normal
<b>LVPW</b> (D) 0.9cm (s) 1.4 cm	Motion : Normal
<b>LVID</b> (D) 3.9 cm (s) 2.4 cm	Ejection Fraction :68%
	Fractional Shortening : 37 %

	TOMOGRAPHIC VIEWS		
Parasternal Long axis view :	NORMAL LV RV DIMENSION GOOD LV CONTRACTILITY.		
Short axis view			
Aortic valve level :	AOV - NORMAL <b>PV - NORMAL</b> 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	Flow pattern Reg	gurgitation	Gradient	Valve area
	(m/sec)	( /4)		(mm Hg)	(cm 2)
$\mathbf{MITRAL}  \mathbf{e} = \mathbf{a} = 0$		a>e -	-		-
AORTIC	1.0	Normal	-	-	-
TRICUSPID	0.4	Normal	-	-	
PULMONARY	0.5	Normal	-	-	-

OTHER HAEMODYNAMIC DATA

## **COLOUR DOPPLER**

### NO REGURGITATION OR TURBULENCE ACROSS ANY VALVE

### CONCLUSIONS :

- NORMAL LV RV DIMENSION
- GOOD LV SYSTOLIC FUNCTION
- LVEF = 68 %
- NO RWMA
- a > e
- NO CLOT / VEGETATION
- NO PERICARDIAL EFFUSSION

#### DR. PANKAJ RASTOGI MD.DM



Patient Name	: Ms.SHAHNAAZ	Visit No	: CHA250036919
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Lab No	: 10134215	Sample Collected ON	: 01/Mar/2025 11:47AM
Referred By	: Dr. IKRAM ALI ANSARI	Sample Received ON	:
Refer Lab/Hosp	: CHARAK NA	Report Generated ON	: 01/Mar/2025 01:15PM

#### ULTRASOUND STUDY OF WHOLE ABDOMEN

- <u>Liver</u> is mildly enlarged in size (~157mm) and shows increased echotexture of liver parenchyma. No intrahepatic biliary radicle dilatation is seen. No space occupying lesion is seen. Hepatic veins and IVC are seen normally.
- <u>Gall bladder</u> is not visualized (post operative).
- A defect of size 28.2 mm are seen in midline anterior abdominal wall in right hypochondriac region bowel as a content incisional hernia.
- <u>CBD</u> is normal at porta. No obstructive lesion is seen.
- **<u>Portal vein</u>** Portal vein is normal at porta.
- <u>Pancreas</u> is normal in size and shows homogenous echotexture of parenchyma. PD is not dilated. No parenchymal calcification is seen. No peripancreatic collection is seen.
- <u>Spleen</u> is mildly enlarged in size (~131mm) and shows homogenous echotexture of parenchyma. No SOL is seen.
- No retroperitoneal adenopathy is seen.
- No ascites is seen.
- <u>Both kidneys</u> are normal in size and position. No hydronephrosis is seen. Bilateral renal parenchymal echogenicity is raised (Grade-II) with poorly maintained cortico-medullary differentiation. No calculus or mass lesion is seen. No scarring is seen. Right kidney measures 84 x 38 mm in size. Left kidney measures 91 x 34 mm in size.
- **<u>Ureters</u>** Both ureters are not dilated. UVJ are seen normally.
- **<u>Urinary bladder</u>** is *partially distended* with anechoic lumen. No calculus or mass lesion is seen. UB walls are not thickened.
- Uterus is atrophic. Endometrial thickness measures 3.9 mm.
- No adnexal mass lesion is seen.

#### **OPINION:**

РR

- MILD HEPATO-SPLENOMEGALY WITH FATTY INFILTRATION OF LIVER GRADE-I.
- BILATERAL GRADE-II RENAL PARENCHYMAL DISEASE (ADV: RFT CORRELATION).
- INCISIONAL HERNIA.

Clinical correlation is necessary.

Transcribed by Gausiya

[DR. R. K. SINGH, MD]

