Charak dhar
DIAGNOSTICS Pvt. Ltd.

292/05, Tulsidas Marg, Basement Chowk, Lucknow-226 003
Phone : 0522-4062223, 9305548277, 8400888844
9415577933, 9336154100, **Tollfree No.**: 8688360360
E-mail : charak1984@gmail.com
CMO Reg. No. RMEE 2445133
NABL Reg. No. MC-2491
Certificate No. MIS-2023-0218

Patient Name	: Ms.RENU YADAV	Visit No	: CHA250038873
Age/Gender	: 60 Y/F	Registration ON	: 04/Mar/2025 11:53AM
Lab No	**: 10136168**	Sample Collected ON	: 04/Mar/2025 11:56AM
Referred By	: Dr.VISHAL SINGH NEGI	Sample Received ON	: 04/Mar/2025 12:02PM
Refer Lab/Hosp	: CGHS (BILLING)	Report Generated ON	: 04/Mar/2025 01:25PM
Doctor Advice	: 2D ECHO,ECG,CHEST PA,TSH,LFT,KIDNEY FUNCTION TEST - I,CBC+ESR		

PR.

Test Name	Result	Unit	Bio. Ref. Range	Method
CBC+ESR (COMPLETE BLOOD COUNT)				
Erythrocyte Sedimentation Rate ESR	**36.00**		0 - 20	Westergreen

[Checked By]

Print.Date/Time: 04-03-2025 16:35:08
*Patient Identity Has Not Been Verified. Not For Medicolegal

DR. NISHANT SHARMA PATHOLOGIST
DR. SHADAB PATHOLOGIST
DR. ADITI D AGARWAL PATHOLOGIST

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Test Name	Result	Unit	Bio. Ref. Range	Method
Hb	**11.2**	g/dl	12 - 15	Non Cyanide
R.B.C. COUNT	4.20	mil/cmm	3.8 - 4.8	Electrical Impedence
PCV	37.1	%	36 - 45	Pulse hieght detection
MCV	89.4	fL	80 - 96	calculated
MCH	27.0	pg	27 - 33	Calculated
MCHC	30.2	g/dL	30 - 36	Calculated
RDW	**16.3**	%	11 - 15	RBC histogram derivation
RETIC	0.9 %	%	0.5 - 2.5	Microscopy
TOTAL LEUCOCYTES COUNT	**10770**	/cmm	4000 - 10000	Flocytrometry
DIFFERENTIAL LEUCOCYTE COUNT				
NEUTROPHIL	**76**	%	40 - 75	Flowcytrometry
LYMPHOCYTE	20	%	20-40	Flowcytrometry
EOSINOPHIL	1	%	1 - 6	Flowcytrometry
MONOCYTE	3	%	2 - 10	Flowcytrometry
BASOPHIL	**0**	%	00 - 01	Flowcytrometry
PLATELET COUNT	186,000	/cmm	150000 - 450000	Elect Imped..
PLATELET COUNT (MANUAL)	186000	/cmm	150000 - 450000	Microscopy .
Mentzer Index	21			
Peripheral Blood Picture	:			

Red blood cells are normocytic normochromic with anisocytosis+. Platelets are adequate. No immature cells or parasite seen.

MC-2491

[Checked By]

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PR.

Test Name	Result	Unit	Bio. Ref. Range	Method
LIVER FUNCTION TEST				
TOTAL BILIRUBIN	0.40	mg/dl	0.4 - 1.1	Diazonium Ion
CONJUGATED (D. Bilirubin)	0.07	mg/dL	0.00-0.30	Diazotization
UNCONJUGATED (I.D. Bilirubin)	0.33	mg/dL	0.1 - 1.0	Calculated
ALK PHOS	79.70	U/L	30 - 120	PNPP, AMP Buffer
SGPT	16.0	U/L	5 - 40	UV without P5P
SGOT	29.0	U/L	5 - 40	UV without P5P
KIDNEY FUNCTION TEST - I				
Sample Type : SERUM				
BLOOD UREA	32.70	mg/dl	15 - 45	Urease, UV, Serum
CREATININE	0.60	mg/dl	0.50 - 1.40	Alkaline picrate-kinetic
SODIUM Serum	139.0	MEq/L	135 - 155	ISE Direct
POTASSIUM Serum	5.2	MEq/L	3.5 - 5.5	ISE Direct

MC-2491

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PATHOLOGIST

DR. SHADAB
PATHOLOGIST

Dr. SYED SAIF AHMAD
MD (MICROBIOLOGY)

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Test Name	Result	Unit	Bio. Ref. Range	Method
TSH				
TSH	1.00	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 *****

MC-2491

[Checked By]

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DR. NISHANT SHARMA
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DR. SHADAB
PATHOLOGIST

Dr. SYED SAIF AHMAD
MD (MICROBIOLOGY)

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PR.

ECG -REPORT

* RATE : 73 bpm.

* RHYTHM : Normal

* P wave : Normal

* PR interval : Normal

* QRS Axis : Normal

Duration : Normal

Configuration : Normal

* ST-T Changes : T Inversion in V4-V5

* QT interval :

* QTc interval : Sec.

* Other :

OPINION T INVERSION IN V4-V5

(FINDING TO BE CORRELATED CLINICALLY)

[DR. RAJIV RASTOGI, MD, DM]

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PR.

2D- ECHO & COLOR DOPPLER REPORT

1. **MITRAL VALVE STUDY** : **MVOA** - Normal (perimetry) cm2 (PHT)

Anterior Mitral Leaflet:

(a) Motion: Normal **(b) Thickness** : Normal **(c) DE : 1.4**cm.

(d) EF 78 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 2.3cms **(b) Aortic Opening :1.1**cms **(c) Closure: Central**
(d) Calcium : - **(e) Eccentricity Index : 1** **(f) Vegetation : -**

(g) Valve Structure : Tricuspid,

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 :3.2 cms **Clot : -** **Others :**
Right Atrium : Normal **Clot : -** **Others : -**

Contd…...

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VENTRICLES

RIGHT VENTRICLE : Normal

RVD (D)

RVOT

LEFT VENTRICLE :

LVIVS (D) 0.8 cm (s)1.5 cm **Motion :** normal

LVPW (D) 0.8cm (s) 1.2 cm **Motion :** Normal

LVID (D) 4.2 cm (s)2.3 cm **Ejection Fraction : 75%**

Fractional Shortening : 43%

TOMOGRAPHIC VIEWS

Parasternal Long axis view :

NORMAL LV RV DIMENSION
GOOD LV CONTRACTILITY.

Short axis view

Aortic valve level : AOV - NORMAL

PV - NORMAL

TV - NORMAL

MV - NORMAL

Mitral valve level :

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 = 0.8 a = 0.6**	**Normal**	**-**	**-**	**-**
AORTIC	**1.3**	**Normal**	**-**	**-**	**–**
TRICUSPID	**0.4**	**Normal**	**-**	**-**	**-**
PULMONARY	**0.8**	**Normal**	**-**	**-**	**-**

OTHER HAEMODYNAMIC DATA

COLOUR DOPPLER

NO REGURGITATION OR TURBULENCE ACROSS ANY VALVE

CONCLUSIONS :

- **NORMAL LV RV DIMENSION**
- **GOOD LV SYSTOLIC FUNCTION**
- **LVEF = 75 %**
- **NO RWMA**
- **ALL VALVES NORMAL**
- **NO CLOT / VEGETATION**
- **NO PERICARDIAL EFFUSSION**

OPINION – NORMAL 2D-ECHO & COLOUR DOPPLER STUDY

DR. PANKAJ RASTOGI, MD,DM

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PR.

SKIAGRAM CHEST PA VIEW

- Broncho-vascular markings are prominent in both lung fields.
- Bilateral hilar shadows are prominent.
- Cardiomegaly is present.
- Both CP angles are clear.
- Soft tissue and bony cage are seen normally.
- Both domes of diaphragm are sharply defined.

IMPRESSION:

- **CARDIOMEGALY.**

Clinical correlation and Cardiac evaluation is needed.

[DR. RAJESH KUMAR SHARMA, MD]

TRANSCRIBED BY: ANUP

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