

Patient Name : Ms. AISHA BANO	Visit No : CHA250039029
Age/Gender : 38 Y O M O D /F	Registration ON : 04/Mar/2025 02: 19PM
Lab No : 10136324	Sample Collected ON : 04/Mar/2025 02: 21PM
Referred By : Dr.RAJIV RASTOGI	Sample Received ON : 04/Mar/2025 02: 27PM
Refer Lab/Hosp : CHARAK NA	Report Generated ON : 04/Mar/2025 04: 05PM
Doctor Advice : T3T4TSH,CREATININE,RANDOM,CBC (WHOLE BLOOD),2D ECHO	



Test Name	Result	Unit	Bio. Ref. Range	Method
CBC (COMPLETE BLOOD COUNT)				
Hb	9.7	g/dl	12 - 15	Non Cyanide
R.B.C. COUNT	4.20	mil/cmm	3.8 - 4.8	Electrical Impedence
PCV	31.7	%	36 - 45	Pulse hieght detection
MCV	76.4	fL	80 - 96	calculated
MCH	23.4	pg	27 - 33	Calculated
MCHC	30.6	g/dL	30 - 36	Calculated
RDW	14	%	11 - 15	RBC histogram derivation
RETIC	1.2 %	%	0.5 - 2.5	Microscopy
TOTAL LEUCOCYTES COUNT	8790	/cmm	4000 - 10000	Flocytometry
DIFFERENTIAL LEUCOCYTE COUNT				
NEUTROPHIL	59	%	40 - 75	Flowcytometry
LYMPHOCYTES	33	%	25 - 45	Flowcytometry
EOSINOPHIL	4	%	1 - 6	Flowcytometry
MONOCYTE	4	%	2 - 10	Flowcytometry
BASOPHIL	0	%	00 - 01	Flowcytometry
PLATELET COUNT	286,000	/cmm	150000 - 450000	Elect Imped..
PLATELET COUNT (MANUAL)	286000	/cmm	150000 - 450000	Microscopy .
Absolute Neutrophils Count	5,186	/cmm	2000 - 7000	Calculated
Absolute Lymphocytes Count	2,901	/cmm	1000-3000	Calculated
Absolute Eosinophils Count	352	/cmm	20-500	Calculated
Absolute Monocytes Count	352	/cmm	200-1000	Calculated
Mentzer Index	18			
Peripheral Blood Picture	:			

Red blood cells are microcytic hypochromic. Platelets are adequate. No immature cells or parasite seen.



[Checked By]



DR. NISHANT SHARMA
PATHOLOGIST

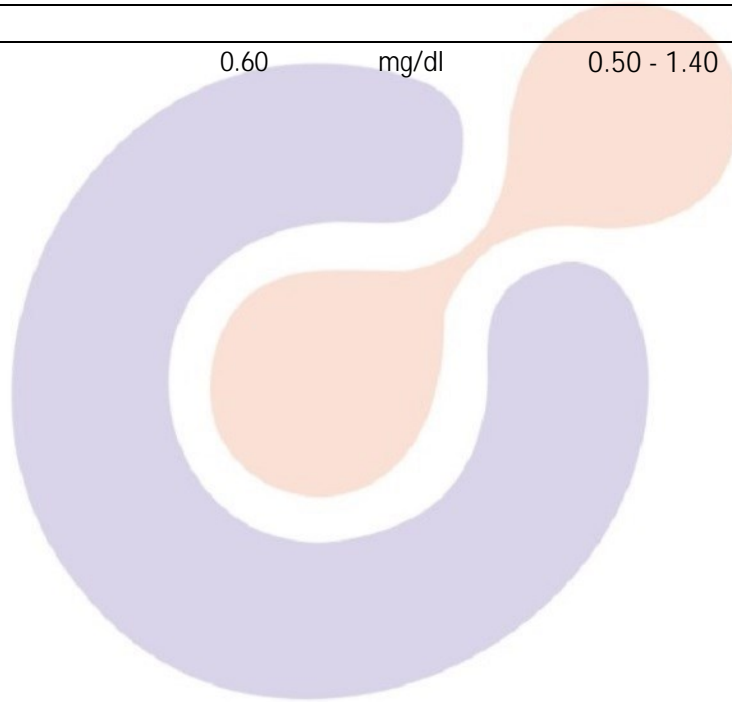
DR. SHADAB
PATHOLOGIST

Aditi D Agarwal
DR. ADITI D AGARWAL
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Referred By : Dr. RAJIV RASTOGI	Sample Received ON : 04/Mar/2025 02:24PM
Refer Lab/Hosp : CHARAK NA	Report Generated ON : 04/Mar/2025 03:33PM
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Test Name	Result	Unit	Bio. Ref. Range	Method
BLOOD SUGAR RANDOM				
BLOOD SUGAR RANDOM	101.2	mg/dl	70 - 170	Hexokinase
SERUM CREATININE				
CREATININE	0.60	mg/dl	0.50 - 1.40	Alkaline picrate-kinetic



CHARAK



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Test Name	Result	Unit	Bio. Ref. Range	Method
T3T4TSH				
T3	3.05	nmol/L	1.49-2.96	ECLIA
T4	282.87	n mol/l	63 - 177	ECLIA
TSH	0.10	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 myxedema 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 catabolic state and may revert to normal when the patient recovers.
- (7) There are many drugs for eg. Glucocorticoids, dopamine, Lithium, iodides, oral radiographic dyes, etc. 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 Dxl-600 2. ELECTRO-CHEMILUMINESCENCE TECHNIQUE BY ELECSYS -E411)

*** End Of Report ***

CHARAK



[Checked By]



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

Signature

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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 :** 1.7cm.
 (d) **EF** 108 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 :** 2.9cms (b) **Aortic Opening :** 1.7cms (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 : 2.7 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)1.4 cm

Motion : normal

LVPW (D) 0.7cm (s) 1.4 cm

Motion : Normal

LVID (D) 4.3 cm (s)2.6cm

Ejection Fraction :70%

Fractional Shortening : 40 %

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 = 1.0 a = 0.8	Normal	-	-	-
AORTIC	1.9	Normal	-	-	-
TRICUSPID	0.4	Normal	-	-	-
PULMONARY	1.4	Normal	-	-	-

OTHER HAEMODYNAMIC DATA

COLOUR DOPPLER

NO REGURGITATION OR TURBULENCE ACROSS ANY VALVE

CONCLUSIONS :

- NORMAL LV RV DIMENSION
- GOOD LV SYSTOLIC FUNCTION
- LVEF = 70%
- NO RWMA
- ALL VALVES NORMAL
- NO CLOT / VEGETATION
- NO PERICARDIAL EFFUSION

OPINION – NORMAL 2D-ECHO & COLOUR DOPPLER STUDY

DR. RAJIV RASTOGI, MD,DM

*** End Of Report ***

