

Patient Name : Ms.SHANTI DEVI MISHRA	Visit No : CHA250039454
Age/Gender : 68 Y/F	Registration ON : 05/Mar/2025 09:07AM
Lab No : 10136749	Sample Collected ON : 05/Mar/2025 09:10AM
Referred By : Dr.VISHAL SINGH NEGI	Sample Received ON : 05/Mar/2025 09:36AM
Refer Lab/Hosp : CGHS (BILLING)	Report Generated ON : 05/Mar/2025 10:55AM
Doctor Advice : CBC+ESR,2D ECHO,ECG,BOTH KNEE AP LAT,USG WHOLE ABDOMEN	



Test Name	Result	Unit	Bio. Ref. Range	Method
CBC+ESR (COMPLETE BLOOD COUNT)				
Erythrocyte Sedimentation Rate ESR	32.00		0 - 20	Westergreen



CHARAK

[Checked By]

Print.Date/Time: 05-03-2025 13:49:11

*Patient Identity Has Not Been Verified. Not For Medicolegal



Sham

DR. NISHANT SHARMA
PATHOLOGIST

DR. SHADAB
PATHOLOGIST

Dr. SYED SAIF AHMAD
MD (MICROBIOLOGY)

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Test Name	Result	Unit	Bio. Ref. Range	Method
Hb	11.1	g/dl	12 - 15	Non Cyanide
R.B.C. COUNT	4.00	mil/cmm	3.8 - 4.8	Electrical Impedence
PCV	37.2	%	36 - 45	Pulse hieght detection
MCV	92.3	fL	80 - 96	calculated
MCH	27.5	pg	27 - 33	Calculated
MCHC	29.8	g/dL	30 - 36	Calculated
RDW	14.8	%	11 - 15	RBC histogram derivation
RETIC	0.7 %	%	0.5 - 2.5	Microscopy
TOTAL LEUCOCYTES COUNT	6800	/cmm	4000 - 10000	Flocytometry
DIFFERENTIAL LEUCOCYTE COUNT				
NEUTROPHIL	52	%	40 - 75	Flowcytometry
LYMPHOCYTE	41	%	20-40	Flowcytometry
EOSINOPHIL	4	%	1 - 6	Flowcytometry
MONOCYTE	3	%	2 - 10	Flowcytometry
BASOPHIL	0	%	00 - 01	Flowcytometry
PLATELET COUNT	143,000	/cmm	150000 - 450000	Elect Imped..
PLATELET COUNT (MANUAL)	150,000	/cmm	150000 - 450000	Microscopy .
Mentzer Index	23			

Peripheral Blood Picture :
Red blood cells are normocytic normochromic. Platelets are adequate. No immature cells or parasite seen.

*** End Of Report ***



[Checked By]



Sham

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

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ECG -REPORT

RATE : 69 bpm

* RHYTHM : Normal

* P wave : Normal

* PR interval : Normal

* QRS Axis : Normal

Duration : Normal

Configuration : Normal

* ST-T Changes : None

* QT interval :

* QTc interval : Sec.

* Other :

OPINION: ECG WITH IN NORMAL LIMITS

(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) cm2 (PHT)

Anterior Mitral Leaflet:

- (a) **Motion:** Normal (b) **Thickness :** Normal (c) **DE : 1.6 cm.**
 (d) **EF 100 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 :2.5cms** (b) **Aortic Opening :1.2cms** (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) 0.8cm (s) 1.3 cm

Motion : normal

LVPW (D) 0.9cm (s) 1.4cm

Motion : Normal

LVID (D) 4.8 cm (s) 2.9 cm

Ejection Fraction :70%

Fractional Shortening : 39 %

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

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 = 0.9 a = 0.7	Normal	Trivial	-	-
AORTIC	1.2	Normal	-	-	-
TRICUSPID	0.4	Normal	Trivial	-	-
PULMONARY	1.0	Normal	-	-	-

OTHER HAEMODYNAMIC DATA

COLOUR DOPPLER

TRIVIAL MR
TRIVIAL TR

CONCLUSIONS :

- NORMAL LV RV DIMENSION
- GOOD LV SYSTOLIC FUNCTION
- LVEF = 70 %
- NO RWMA
- TRIVIAL MR
- TRIVIAL TR
- NO CLOT / VEGETATION
- NO PERICARDIAL EFFUSSION

DR. PANKAJ RASTOGI, MD,DM



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ULTRASOUND STUDY OF WHOLE ABDOMEN

- **Liver** is moderately enlarged in size measures 172 mm 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.
- **Gall bladder** is partially distended and shows anechoic lumen. No calculus / mass lesion is seen. GB walls are not thickened.
- **CBD** is normal at porta. No obstructive lesion is seen.
- **Portal vein** Portal vein is normal at porta.
- **Pancreas** is normal in size and shows homogenous echotexture of parenchyma. PD is not dilated. No parenchymal calcification is seen. No peripancreatic collection is seen.
- **Spleen** is normal in size and shows homogenous echotexture of parenchyma. No SOL is seen.
- No retroperitoneal adenopathy is seen.
- No ascites is seen.
- **Right kidney** is normal in size and position. No hydronephrosis is seen. **A small calculus of size 3.9 mm is seen at mid pole.** No mass lesion is seen. Cortico-medullary differentiation is well maintained. Parenchymal thickness is normal. No scarring is seen. Right kidney measures 100 x 49 mm in size.
- **Left kidney** is normal in size and position. **A small calculus of size 4.7 mm is seen at renal pelvis. Pelvicalyceal system is minimally dilated.** No mass lesion is seen. Cortico-medullary differentiation is well maintained. Parenchymal thickness is normal. No scarring is seen. Left kidney measures 85 x 37 mm in size.
- **Ureters** Both ureters are not dilated. UVJ are seen normally.
- **Urinary bladder** is partially distended with anechoic lumen. No calculus or mass lesion is seen. UB walls are not thickened.
- **Uterus** is not visualized (Post operative).
- **Both ovaries** are not visualized.
- No adnexal mass lesion is seen.

OPINION:

- **Moderate hepatomegaly with fatty infiltration of liver grade-I.**
- **Small right renal calculus.**
- **Small left renal pelvis calculus with minimally dilated left pelvicalyceal system.**

Clinical correlation is necessary.

(DR. R.K. SINGH, MD)

Transcribed by Rachna



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SKIAGRAM BOTH KNEE AP AND LATERAL

- Bone density is reduced.
- Articular surfaces show osteophytosis.
- Joint spaces are reduced in medial tibio-femoral compartments.
- Tibial spines are prominent on right side.

OPINION:

- **OSTEOARTHRITIC CHANGES BOTH KNEE JOINT.**

Clinical correlation is necessary.

[DR. RAJESH KUMAR SHARMA, MD]

Transcribed by R R...

*** End Of Report ***

