

Patient Name : Ms.SHANTI KASHYAP	Visit No : CHA250042248
Age/Gender : 53 Y/F	Registration ON : 09/Mar/2025 09:06AM
<b>Lab No : 10139543</b>	Sample Collected ON : 09/Mar/2025 09:10AM
Referred By : Dr.ANUPAM SINHA **	Sample Received ON : 09/Mar/2025 09:10AM
Refer Lab/Hosp : CGHS (DEBIT)	Report Generated ON : 09/Mar/2025 10:38AM
Doctor Advice : URINE COM. EXMAMINATION,HBA1C (EDTA),PP,FASTING,25 OH vit. D,VIT B12,2D ECHO,CHEST PA	



Test Name	Result	Unit	Bio. Ref. Range	Method
<b>HBA1C</b>				
Glycosylated Hemoglobin (HbA1c )	5.2	%	4 - 5.7	HPLC (EDTA)

**NOTE:-**

Glycosylated Hemoglobin Test (HbA1c) is performed in this laboratory by the Gold Standard Reference method, ie: HPLC Technology (High performance Liquid Chromatography D10) from Bio-Rad Laboratories. USA.

**EXPECTED ( RESULT ) RANGE :**

Bio system	Degree of normal
4.0 - 5.7 %	Normal Value (OR) Non Diabetic
5.8 - 6.4 %	Pre Diabetic Stage
> 6.5 %	Diabetic (or) Diabetic stage
6.5 - 7.0 %	Well Controlled Diabet
7.1 - 8.0 %	Unsatisfactory Control
> 8.0 %	Poor Control and needs treatment

**25 OH vit. D**

25 Hydroxy Vitamin D	5.29	ng/ml	ECLIA
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Deficiency < 10  
Insufficiency 10 - 30  
Sufficiency 30 - 100  
Toxicity > 100

**CHARAK**

DONE BY: ELECTROCHEMILUMINESCENCE IMMUNOASSAY ( Cobas e 411, Unicel DxI600, vitros ECI)

[Checked By]

Print.Date/Time: 09-03-2025 14:55:23

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



*Sham*

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

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Test Name	Result	Unit	Bio. Ref. Range	Method
<b>VITAMIN B12</b>				
VITAMIN B12	<b>110</b>	pg/mL	180 - 814 Normal 145 - 180 Intermediate 145.0 Deficient pg/ml	CLIA

**Summary :-**

Nutritional & macrocytic anemias can be caused by a deficiency of vitamin B12. This deficiency can result from diets devoid of meat & bacterial products, from alcoholism or from structural / functional damage to digestive or absorptive processes. Malabsorption is the major cause of this deficiency.

**URINE EXAMINATION REPORT**

Colour-U	STRAW		Light Yellow	
Appearance (Urine)	CLEAR		Clear	
Specific Gravity	<b>1.010</b>		1.005 - 1.025	
pH-Urine	Acidic (6.0)		4.5 - 8.0	
PROTEIN	Absent	mg/dl	ABSENT	Dipstick
Glucose	Absent			
Ketones	Absent		Absent	
Bilirubin-U	Absent		Absent	
Blood-U	Absent		Absent	
Urobilinogen-U	0.20	EU/dL	0.2 - 1.0	
Leukocytes-U	Absent		Absent	
NITRITE	Absent		Absent	
<b>MICROSCOPIC EXAMINATION</b>				
Pus cells / hpf	Nil	/hpf	< 5/hpf	
Epithelial Cells	Occasional	/hpf	0 - 5	
RBC / hpf	Nil		< 3/hpf	

[Checked By]

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*Sharma*

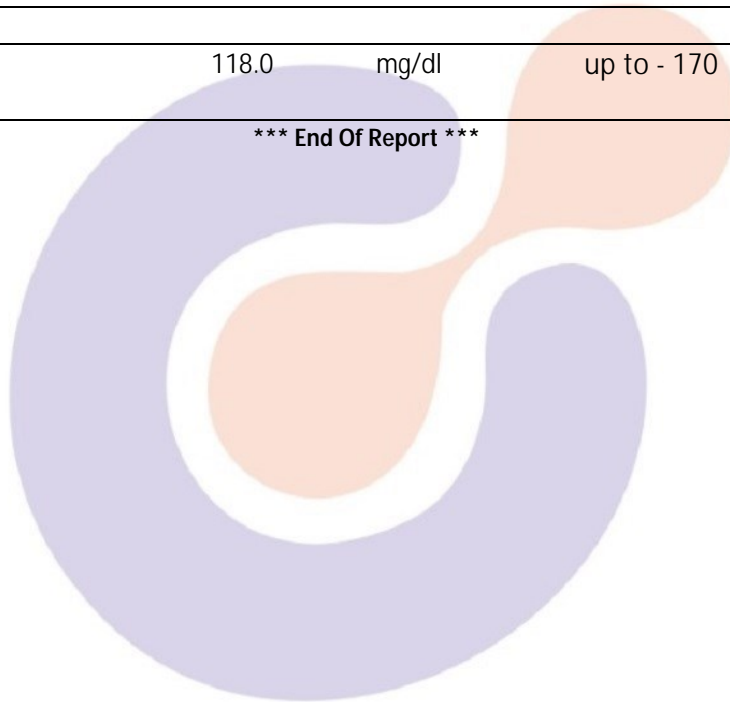
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<b>Lab No : 10139543</b>	Sample Collected ON : 09/Mar/2025 09:10AM
Referred By : Dr.ANUPAM SINHA **	Sample Received ON : 09/Mar/2025 01:33PM
Refer Lab/Hosp : CGHS (DEBIT)	Report Generated ON : 09/Mar/2025 02:22PM
Doctor Advice : URINE COM. EXMAMINATION,HBA1C (EDTA),PP,FASTING,25 OH vit. D,VIT B12,2D ECHO,CHEST PA	



Test Name	Result	Unit	Bio. Ref. Range	Method
<b>FASTING</b>				
Blood Sugar Fasting	99.6	mg/dl	70 - 110	Hexokinase
<b>PP</b>				
Blood Sugar PP	118.0	mg/dl	up to - 170	Hexokinase

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



**CHARAK**



*Sham*

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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** : 1.3 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** : 2.5cms (b) **Aortic Opening** : 1.6cms (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** : 2.8 cms

**Clot** : -

**Others** :

**Right Atrium** : Normal

**Clot** : -

**Others** : -

Contd.....



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### VENTRICLES

**RIGHT VENTRICLE** : Normal

**RVD (D)**

**RVOT**

**LEFT VENTRICLE** :

**LVIVS (D)** 0.9 cm (s) 1.1cm

**Motion** : normal

**LVPW (D)** 1.0cm (s) 1.4cm

**Motion** : Normal

**LVID (D)** 4.0 cm (s) 2.5 cm

**Ejection Fraction** :66%

**Fractional Shortening** : 36 %

### *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 = 0.9 a = 0.7	Normal	-	-	-
AORTIC	1.2	Normal	-	-	-
TRICUSPID	0.4	Normal	1	-	-
PULMONARY	0.7	Normal	-	-	-

**OTHER HAEMODYNAMIC DATA**

TR peak vel = 2.5m/sec ; RV-RA PSG = 25mmHg ; Expected PASP = 35 mmHg

**COLOUR DOPPLER**

GR I/IV TR

**CONCLUSIONS :**

- NORMAL LV RV DIMENSION
- GOOD LV SYSTOLIC FUNCTION
- LVEF = 66 %
- NO RWMA
- MILD TR
- NO CLOT / VEGETATION
- NO PERICARDIAL EFFUSION

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



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**SKIAGRAM CHEST PA VIEW**

- Both lung fields are clear.
- Mild cardiomegaly is present.
- Both CP angles are clear.
- Soft tissue and bony cage are seen normally.
- Both domes of diaphragm are sharply defined.

**OPINION**

- **MILD CARDIOMEGALY.**

Clinical correlation and Cardiac evaluation is needed.

[DR. RAJESH KUMAR SHARMA, MD]

*Transcribed by Gausiya*

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

