

Patient Name: Mrs. KASTHURI
Registration No: LI 705
Age/Sex: 63 Yrs/F
Diagnosis:

Ref By: DR.R.BALASUBRAMANIAN
Date: 28-07-2018 11:31:00 AM
Procedure: ENDOSCOPY

ENDOSCOPY REPORT

INDICATION : CLD ,HCV RELATED , SCREENING ENDOSCOPY

OESOPHAGUS

OG JUNCTION 38Cm.
NORMAL LES.
SMALL ESOPHAGEAL VARICES TWO COLOUMS NOTED

STOMACH

FUNDUS : NORMAL
BODY : NORMAL
ANTRUM : NORMAL

DUODENUM

BULB : NORMAL.
II ND PART : NORMAL.

IMPRESSION

***PORTAL HYPERTENSION , SMALL
ESOPHAGEAL VARICES.**



Dr. L. Ilavarasi

DR.L.ILAVARASI.,MD.,DM

LABORATORY REPORT

PATIENT INFORMATION

Mrs. Kasthuri .

AGE : 63Y
GENDER : Female
PRIORITY : Routine
OP / IP / DG # :

REFERRED BY

Dr.R.Bala Subramanian
Q&A Diagnostic Services

Lab MR #: 1551839



SPECIMEN INFORMATION

SAMPLE TYPE : EDTA-plasma
ORDER REQ. NO : OREQ-AMP-18-1013264
LAB ORDER. NO : 1811634282
COLLECTED ON : 09-Jul-2018 00:00
RECEIVED ON : 11-Jul-2018 06:56
REPORT STATUS : Completed

MOLECULAR DIAGNOSTICS

Test Name (Methodology)	Result	UOM
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Hepatitis C Virus RNA Quantitative (Viral load) - PCR

Hepatitis C Virus Quantitative 9380

IU/mL

Test Observations:

Interpretation:

IU/mL	Interpretation
< 21	Hepatitis C Virus RNA not detected or below the Detection Limit of the Assay.
21 – 17700000	Hepatitis C Virus RNA Detected with in the Linear Range of the Assay.
> 17700000	Hepatitis C Virus RNA Detected above the Linear Range of the Assay.

Methodology:

The test is based on Real Time Polymerase Chain Reaction (RT-PCR) technology, utilizing reverse transcription to convert RNA into complementary DNA (cDNA), and PCR for the amplification of specific target sequences. Target-specific probes were used for realtime quantification of pathogen cDNA. The probes are labelled with fluorescent reporter and quencher dyes. All the reactions are included a heterologous amplification system (Internal Control) to identify possible PCR inhibition and to confirm the integrity of reagents.

Clinical Significance:

- Hepatitis C is a liver disease caused by the hepatitis C virus. The disease can range in severity from a mild illness lasting a few weeks to a serious, lifelong condition that can lead to cirrhosis of the liver or liver cancer.
- The hepatitis C virus is transmitted through contact with the blood of an infected person. HCV infection is highest among past or present intravenous drug abusers.
- Major value of HCV antibody tests is in the identification of past exposure to the virus, screening of blood for transfusion.
- It is a confirmatory or follow up test for all sera reactive in the antibody tests. It is of use for the subset of antibody-positive patients whose liver function tests are normal.
- There are 6 genotypes of hepatitis C and they may respond differently to treatment. Careful screening is necessary before starting the treatment to determine the most appropriate approach for the patient.

Note:

- The detection limit of the assay is 21 IU/mL. Linear reporting range of the assay is 21 - 17700000 IU/mL.
- Paradoxical results may be seen in contaminated samples, selection of inappropriate specimen and inherent PCR inhibitors in the specimen or use of different technologies.

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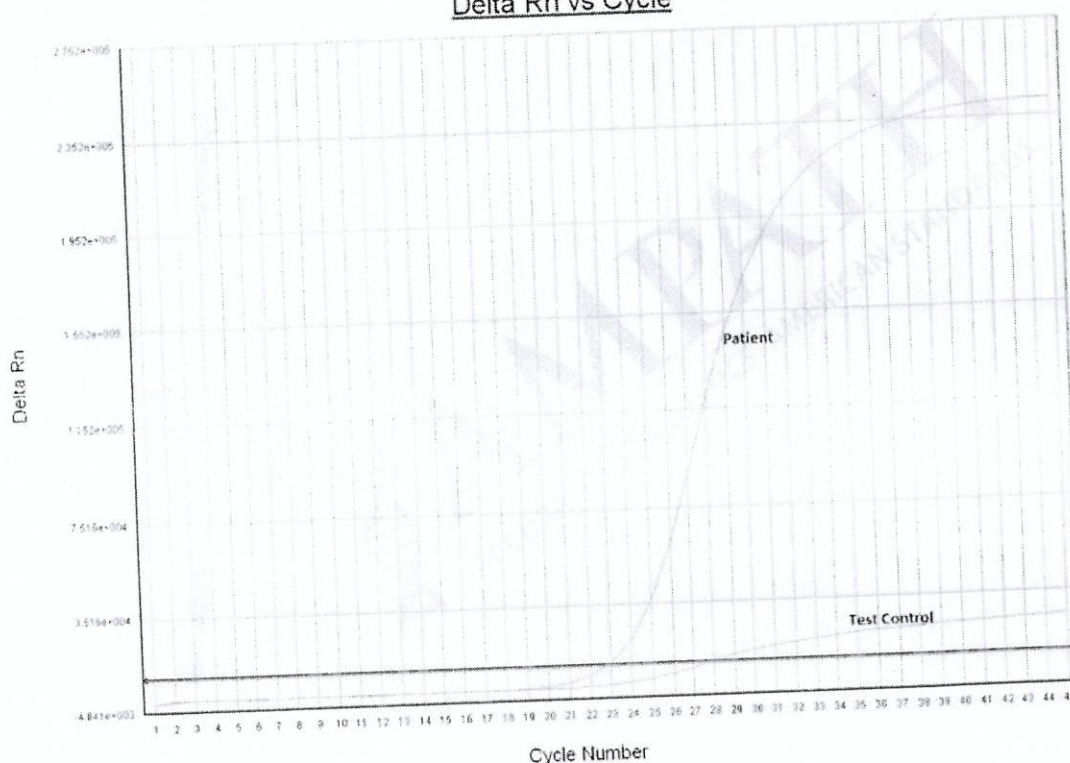
MOLECULAR DIAGNOSTICS


Test Name (Methodology)


Result

UOM

Delta Rn vs Cycle




Co-Signed by Dr. Haroon Hussain Syed
Consultant - Microbiology
12-Jul-2018 17:34


Authorized by Dr. Suresh Kumar Subramanian
Molecular Biologist
12-Jul-2018 17:33

-----End of Report-----

TAMILNADU GOVERNMENT MULTI SUPER SPECIALITY HOSPITAL

TNMSC CT/ MRI SCAN CENTRE

OMANDURAR ESTATE, CH-2

NAME	MRS.KASTHURI	AGE / SEX	63 / F
DATE	24/07/2018	MRI NO	SSAR01555

MRI UPPER ABDOMEN

LIVER:

Liver appears nodular with prominent major fissures and caudate lobe hypertrophy.

Well-defined T1 hypointense and T2 hyperintense lesion noted in segment 8 of liver measuring ~ 2.1x2cm showing patchy enhancement similar to hepatic parenchyma.

Small well-defined T2 hyperintense lesions with no contrast enhancement noted in segment 7 and 8 segment of liver with no contrast enhancement.

Portal vein appear normal. Porta hepatis appear normal.

No evidence of periportal lymphadenopathy.

GALL BLADDER:

Appear normal in contour and wall thickness. No evidence of calculi/ mass lesion.

CBD appears normal.

SPLEEN:

Appear normal in size and density. No evidence of mass lesion.

PANCREAS:

Appear normal in size and density. Main pancreatic duct is not dilated.

No evidence of calculus/calcification.

KIDNEYS:

Appear normal in shape, position and density.

Pelvicalyceal system is not dilated. No evidence of calculus.

Peirenal and pararenal spaces appear normal. Adrenals appear normal.

IMPRESSION:

- Features of cirrhosis liver with focal lesions as described – Dysplastic / HCC nodules more possible than hemangioma.

For clinical correlation and further evaluation.



(Consultant Radiologist)



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REPORT

Patient Name	Mrs. KASTHURI	Patient ID	19705
Ref By	Dr. R.BALASUBRAMANIANMD., DM.	Age & Sex	63 Years : F
Done By	DR. M.VASANTHI	Study Date	16/07/2018

ULTRASONOGRAPHY OF WHOLE ABDOMEN

TECHNIQUE: *B mode real time ultrasound abdomen was performed by transabdominal technique.*

LIVER

Normal in size. Parenchyma appears coarser and nodular.
A small echogenic lesion measuring 2.5 x 1.9 cm seen in right lobe.
No Intra-hepatic biliary radical dilatation seen.
Portal and hepatic veins appear normal.

GALL BLADDER

Well distended. Wall thickness is normal.
No calculi / mass lesion are seen in the gall bladder.
CBD appeared normal.

PANCREAS

Normal in size and shows normal echotexture.
No evidence of ductal ectasia / parenchymal calcification / peripancreatic fluid collection.

SPLEEN

Spleen appears mildly enlarged measuring in size 12.1 cm and shows normal echotexture.

RIGHT KIDNEY

Right kidney measures 9.9 x 3.9 cm. Normal in size.
Cortical thickness and echoes are normal.
Cortico-medullary differentiation is well maintained.
Pelvicalyceal system is not dilated.
No evidence of calculi / mass lesion is seen.

LEFT KIDNEY

Left kidney measures 8.8 x 3.7 cm. Normal in size.
Cortical thickness and echoes are normal.
Cortico-medullary differentiation is well maintained.
Pelvicalyceal system is not dilated.
No evidence of calculi / mass lesion is seen.



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REPORT

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Patient Name	Mrs. KASTHURI	Patient ID	19705
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URINARY BLADDER

Well distended. Wall thickness is normal.

No evidence of calculi is seen within the bladder lumen / UVJ's.

No evidence of mass lesion.

UTERUS

Uterus anteverted, atrophic and measures 5.8 x 2.3 x 3.0 cm.

A large subserosal fibroid measuring 4.5 x 3.9 cm seen.

Intrauterine contraceptive device seen in the endometrial cavity.

Endometrial thickness 6 mm. Cervix appeared to be normal.

OVARIES

Both ovaries appear atrophic.

BOTH ADNEXAE

Both adnexa appeared normal.

No free fluid in the POD.

Aorta, IVC, bowel loops, RIF & LIF are normal.

No evidence of lymphadenopathy.

No free fluid is seen within the peritoneal / pleural cavities.

IMPRESSION:

- ❖ CHRONIC LIVER PARENCHYMA DISEASE.
- ❖ A SMALL HAEMANGIOMA SEEN IN RIGHT LOBE.
- ❖ MILD SPLENOMEGALY.
- ❖ IUCD IN SITU.
- ❖ A LARGE SUBSEROSAL FIBROID SEEN.

Needs clinical correlation

DR. M.VASANTHI
CONSULTANT SONOLOGIST



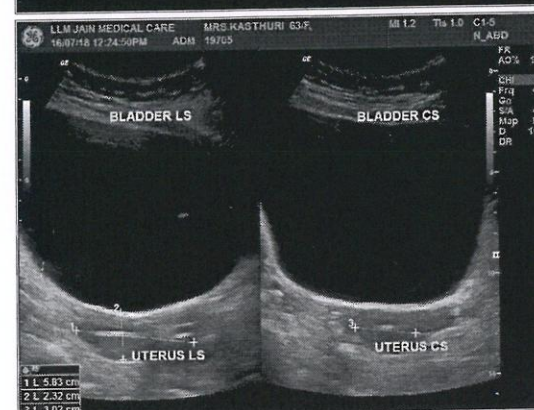
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REPORT

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Name	MRS.KASTHURI 63/F	Age/Sex	0/0
ID	19705	Exam Date	16-7-2018



LLMJMC Medical Tech/ 044-14463030

Refer to conditions of reporting overleaf

Results relate only to sample as received



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REPORT IMPORTANT INFORMATION

1. Individual laboratory investigations should not be considered as conclusive and should be used along with other relevant clinical examinations to achieve the final diagnosis. Therefore these reported results are for the information of referring clinician only.
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