

PATIENT NAME : MRS. RAMADEVI CHAPPALLI	SEX : FEMALE
REFERRED DR : -----	AGE : 34 YEARS
CID NO : 393740394	DATE : 08/03/2025

Height: 150 cm	Weight: 56 Kg	BSA: 1.50 m ²
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Indication: Annual health check-up, K/c/o Fibromyalgia

Image quality: Fair

ECG: Sinus Rhythm

TRANSTHORACIC ECHOCARDIOGRAPHY REPORT:

Summary :

- LV and RV are normal in size and function.
- No significant valvular pathology.
- IVC is normal in size with good collapse. No echocardiographic evidence of PAH.

LV assessment:

Size and thickness: Normal.
RWMA: No.
Function: Normal.
LVEF(estimated): 55-60%
Mass/Thrombus: Nil.

RV assessment:

Size: Normal.
Function: Normal.
Mass/Thrombus: Nil.

Atria:

Size: Normal.
Mass/Thrombus: Nil.

Mitral Valve:

Structure: Normal.
Cusp separation: Normal.
Regurgitation: Nil.

Tricuspid Valve:

Structure: Normal.
Cusp separation: Normal.
Regurgitation: Nil.

NAME: MRS. RAMADEVI CHAPPALLI

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Aortic Valve:

Structure: Normal.
Cusp separation: Normal.
Regurgitation: Nil.

Pulmonary Valve:

Structure: Normal.
Cusp separation: Normal.
Regurgitation: Trivial.

Subcostal view: IVC- Normal.

Suprasternal view: Aortic arch: Normal.

Pericardium: No evidence of pericardial effusion.

LA(cm)	2.5	E's(cm/s)		E'L	
AoA(cm)	1.8	E/E's		E/E'L	
IVSd(cm)	0.9	Evel(m/s)	0.8	E'TV	
LVIDd(cm)	3.7	Avel(m/s)	0.6	STV	
PWd(cm)	0.9	MVDT	195	TR Vmax	
LA vol(ml)		E/A	1.2	TR max(mmHg)	
RA vol(ml)		MAPSE(cm)		LVEDP(mmHg)	
IVC(cm)	1.4	TAPSE(cm)		MPA	
LVOTd(cm)		PHAD(WU)		SPAP(mmHg)	

	Max vel m/s	Max PG mmHg	Mean PG mmHg	VTI	Valve area(cm ²)
AV	1.1	5			
PV	1	4			
MV					
TV					
LVOT	0.9	3	2	18	
RVOT					


DR. AJITA BHOSALE.
M.B.B.S/DIP.CARDIOLOGY.

Disclaimer: 2d echocardiography is an observer dependent investigation. Minor variation in reports are possible when done by two different examiners or even by same examiner done on two different occasions. These variations may not necessarily indicate change in the underlying cardiac condition. Previous reports must be provided to improve clinical correlation.

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CID NO: 393740394

*** End Of Report ***



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A/c Status : P
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(MAIN CENTR
Ground Floor, Om Shree Ganesh Building,
Krishna Garden Complex, Opp. Phoenix
Hospital, Borivli West, Mumbai, Maharashtra -
400092

Age : 34 Years
Gender : Female
Reported : 11/3/2025 5:20:05PM
Report Status : Interim
Processed at : SDRL, VIDYAVIHAR

Aerfocami Healthcare Below 40 Male/Female
BLOOD GROUPING & Rh TYPING

<u>PARAMETER</u>	<u>RESULTS</u>
ABO GROUP	B
Rh Typing	Positive

NOTE: Test performed by automated Erythrocytes magnetized technology (EMT) which is more sensitive than conventional methods.

Specimen: EDTA Whole Blood and/or serum

Clinical significance:

ABO system is most important of all blood group in transfusion medicine

Limitations:

- ABO blood group of new born is performed only by cell (forward) grouping because allo antibodies in cord blood are of maternal origin.
- Since A & B antigens are not fully developed at birth, both Anti-A & Anti-B antibodies appear after the first 4 to 6 months of life. As a result, weaker reactions may occur with red cells of newborns than of adults.
- Confirmation of newborn's blood group is indicated when A & B antigen expression and the isoagglutinins are fully developed at 2 to 4 years of age & remains constant throughout life.
- Cord blood is contaminated with Wharton's jelly that causes red cell aggregation leading to false positive result
- The Hh blood group also known as Oh or Bombay blood group is rare blood group type. The term Bombay is used to refer the phenotype that lacks normal expression of ABH antigens because of inheritance of hh genotype.

Refernces:

1. Denise M Harmening, Modern Blood Banking and Transfusion Practices- 6th Edition 2012. F.A. Davis company. Philadelphia

Dr Trupti Shetty
MD Pathology
Deputy HOD

Dr Priyanka Sunil Pagare
MD Pathology
Sr. Pathologist

Dr Vrushali Shroff
MD Pathology
Sr. Pathologist





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**Aerfocami Healthcare Below 40 Male/Female
 CBC (Complete Blood Count), Blood**

<u>PARAMETER</u>	<u>RESULTS</u>	<u>BIOLOGICAL REF RANGE</u>	<u>METHOD</u>
<u>RBC PARAMETERS</u>			
Haemoglobin	14.2	12.0 - 15.0 g/dL	Spectrophotometric
RBC	5.1	3.8 - 4.8 mil/cmm	Elect. Impedance
PCV	41.3	36.0 - 46.0 %	Calculated
MCV	81.2	81.0 - 101.0 fL	Measured
MCH	27.9	27.0 - 32.0 pg	Calculated
MCHC	34.3	31.5 - 34.5 g/dL	Calculated
RDW	14.8	11.6 - 14.0 %	Calculated
<u>WBC PARAMETERS</u>			
WBC Total Count	7820	4000 - 10000 /cmm	Elect. Impedance
<u>WBC DIFFERENTIAL AND ABSOLUTE COUNTS</u>			
Lymphocytes	29.6	20.0 - 40.0 %	
Absolute Lymphocytes	2314.7	1000.0 - 3000.0 /cmm	Calculated
Monocytes	6.6	2.0 - 10.0 %	
Absolute Monocytes	516.1	200.0 - 1000.0 /cmm	Calculated
Neutrophils	58.9	40.0 - 80.0 %	
Absolute Neutrophils	4606.0	2000.0 - 7000.0 /cmm	Calculated
Eosinophils	3.5	1.0 - 6.0 %	
Absolute Eosinophils	273.7	20.0 - 500.0 /cmm	Calculated
Basophils	1.4	0.1 - 2.0 %	
Absolute Basophils	109.5	20.0 - 100.0 /cmm	Calculated





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**Aerfocami Healthcare Below 40 Male/Female
CBC (Complete Blood Count), Blood**

<u>PARAMETER</u>	<u>RESULTS</u>	<u>BIOLOGICAL REF RANGE</u>	<u>METHOD</u>
<u>PLATELET PARAMETERS</u>			
Platelet Count	254000	150000 - 410000 /cmm	Elect. Impedance
MPV	9.6	6.0 - 11.0 fL	Measured
PDW	17.8	11.0 - 18.0 %	Calculated
<u>RBC MORPHOLOGY</u>			
Others	Normocytic Normochromic		

Specimen: EDTA whole blood





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Aerfocami Healthcare Below 40 Male/Female
ERYTHROCYTE SEDIMENTATION RATE (ESR)

<u>PARAMETER</u>	<u>RESULTS</u>	<u>BIOLOGICAL REF RANGE</u>	<u>METHOD</u>
ESR, EDTA WB	5.00	2.00 - 20.00 mm/hr	Sedimentation

Clinical Significance: The erythrocyte sedimentation rate (ESR), also called a sedimentation rate is the rate red blood cells sediment in a period of time.

Interpretation:

Factors that increase ESR: Old age, Pregnancy, Anemia

Factors that decrease ESR: Extreme leukocytosis, Polycythemia, Red cell abnormalities- Sickle cell disease

Limitations:

- It is a non-specific measure of inflammation.
- The use of the ESR as a screening test in asymptomatic persons is limited by its low sensitivity and specificity.

Reflex Test: C-Reactive Protein (CRP) is the recommended test in acute inflammatory conditions.

Reference:

- Pack Insert
- Brigden ML. Clinical utility of the erythrocyte sedimentation rate. American family physician. 1999 Oct 1;60(5):1443-50.





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Aerfocami Healthcare Below 40 Male/Female

<u>PARAMETER</u>	<u>RESULTS</u>	<u>BIOLOGICAL REF RANGES</u>	<u>METHOD</u>
GLUCOSE (SUGAR) FASTING, Fluoride Plasma Fasting	152.94	Non-Diabetic: < 100 mg/dl Impaired Fasting Glucose: 100-125 mg/dl Diabetic: >= 126 mg/dl	Hexokinase

Note : ADA recommendations, AACC, Wallach's interpretation of diagnostic tests 10th edition

GLUCOSE (SUGAR) PP, Fluoride Plasma PP	290.21	Non-Diabetic: < 140 mg/dl Impaired Glucose Tolerance: 140-199 mg/dl Diabetic: >= 200 mg/dl	Hexokinase
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Note : ADA recommendations, AACC, Wallach's interpretation of diagnostic tests 10th edition

CREATININE, Serum	0.54	0.51 - 0.95 mg/dL	Enzymatic
eGFR, Serum	123.29	(ml/min/1.73sqm) Normal or High: Above 90 Mild decrease: 60-89 Mild to moderate decrease: 45-59 Moderate to severe decrease:30-44 Severe decrease: 15-29 Kidney failure:<15	Calculated

Note: eGFR estimation is calculated using 2021 CKD-EPI GFR equation





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Aerfocami Healthcare Below 40 Male/Female

<u>PARAMETER</u>	<u>RESULTS</u>	<u>BIOLOGICAL REF RANGE</u>	<u>METHOD</u>
BILIRUBIN (TOTAL), Serum	0.33	0.10 - 1.20 mg/dL	Colorimetric
BILIRUBIN (DIRECT), Serum	0.21	0.00 - 0.30 mg/dL	Diazo
BILIRUBIN (INDIRECT), Serum	0.12	0.10 - 1.00 mg/dL	Calculated
TOTAL PROTEINS, Serum	8.25	6.40 - 8.30 g/dL	Biuret
Albumin Serum	5.00	3.50 - 5.20 g/dL	BCG
GLOBULIN Serum	3.25	2.30 - 3.50 g/dL	Calculated
A/G RATIO Serum	1.54	1.00 - 2.00	Calculated
SGOT (AST), Serum	51.10	5.00 - 32.00 U/L	NADH (w/o P-5-P)
SGPT (ALT), Serum	61.00	5.00 - 33.00 U/L	NADH (w/o P-5-P)
GAMMA GT, Serum	27.20	3.00 - 40.00 U/L	Enzymatic
ALKALINE PHOSPHATASE, Serum	78.20	35.00 - 105.00 U/L	Colorimetric
BLOOD UREA, Serum	11.40	12.80 - 42.80 mg/dL	Urease GLDH
BUN, Serum	5.32	6.00 - 20.00 mg/dL	Calculated
URIC ACID, Serum	4.24	2.40 - 5.70 mg/dL	Enzymatic





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Age : 34 Years
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Aerfocami Healthcare Below 40 Male/Female
GLYCOSYLATED HEMOGLOBIN (HbA1c)

<u>PARAMETER</u>	<u>RESULTS</u>	<u>BIOLOGICAL REF RANGES</u>	<u>METHOD</u>
Glycosylated Hemoglobin (HbA1c), EDTA WB	9.0	Non-Diabetic Level: < 5.7 % Prediabetic Level: 5.7-6.4 % Diabetic Level: >= 6.5 %	HPLC
Estimated Average Glucose (eAG), EDTA WB	211.6	mg/dL	Calculated

Intended use:

- In patients who are meeting treatment goals, HbA1c test should be performed at least 2 times a year
- In patients whose therapy has changed or who are not meeting glycemic goals, it should be performed quarterly
- For microvascular disease prevention, the HbA1C goal for non pregnant adults in general is Less than 7%.

Clinical Significance:

- HbA1c, Glycosylated hemoglobin or glycated hemoglobin, is hemoglobin with glucose molecule attached to it.
- The HbA1c test evaluates the average amount of glucose in the blood over the last 2 to 3 months by measuring the percentage of glycosylated hemoglobin in the blood.

Test Interpretation:

- The HbA1c test evaluates the average amount of glucose in the blood over the last 2 to 3 months by measuring the percentage of Glycosylated hemoglobin in the blood.
- HbA1c test may be used to screen for and diagnose diabetes or risk of developing diabetes.
- To monitor compliance and long term blood glucose level control in patients with diabetes.
- Index of diabetic control, predicting development and progression of diabetic micro vascular complications.

Factors affecting HbA1c results:

Increased in: High fetal hemoglobin, Chronic renal failure, Iron deficiency anemia, splenectomy, Increased serum triglycerides, Alcohol ingestion, Lead/opiate poisoning and Salicylate treatment.

Decreased in: Shortened RBC lifespan (Hemolytic anemia, blood loss), following transfusions, pregnancy, ingestion of large amount of Vitamin E or Vitamin C and Hemoglobinopathies

Reflex tests: Blood glucose levels, CGM (Continuous Glucose monitoring)

References: ADA recommendations, AACC, Wallach's interpretation of diagnostic tests 10th edition.





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Report Status : Interim
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Aerfocami Healthcare Below 40 Male/Female
FUS and KETONES

<u>PARAMETER</u>	<u>RESULTS</u>	<u>BIOLOGICAL REF RANGES</u>	<u>METHOD</u>
Urine Sugar (Fasting)	PRESENT 3+	Absent	
Urine Ketones (Fasting)	Absent	Absent	





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Aerfocami Healthcare Below 40 Male/Female
Glucose & Ketones, Urine

<u>PARAMETER</u>	<u>RESULTS</u>	<u>BIOLOGICAL REF RANGES</u>	<u>METHOD</u>
Urine Sugar (PP)	PRESENT 3+	Absent	
Urine Ketones (PP)	Absent	Absent	





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Aerfocami Healthcare Below 40 Male/Female

LIPID PROFILE

<u>PARAMETER</u>	<u>RESULTS</u>	<u>BIOLOGICAL REF RANGES</u>	<u>METHOD</u>
CHOLESTEROL, Serum	175	Desirable: <200 mg/dl Borderline High: 200-239mg/dl High: >/=240 mg/dl	CHOD-POD
TRIGLYCERIDES, Serum	123	Normal: <150 mg/dl Borderline-high: 150 - 199 mg/dl High: 200 - 499 mg/dl Very high:>/=500 mg/dl	GPO-POD
HDL CHOLESTEROL Serum	52	Desirable: >60 mg/dl Borderline: 40 - 60 mg/dl Low (High risk): <40 mg/dl	Homogeneous enzymatic colorimetric assay
NON HDL CHOLESTEROL, Serum	123	Desirable: <130 mg/dl Borderline-high:130 - 159 mg/dl High:160 - 189 mg/dl Very high: >/=190 mg/dl	Calculated
LDL CHOLESTEROL Serum	98	Optimal: <100 mg/dl Near Optimal: 100 - 129 mg/dl Borderline High: 130 - 159 mg/dl High: 160 - 189 mg/dl Very High: >/= 190 mg/dl	Calculated
VLDL CHOLESTEROL Serum	25	< /= 30 mg/dl	Calculated
CHOL / HDL CHOL RATIO, Serum	3	0-4.5 Ratio	Calculated
LDL CHOL / HDL CHOL RATIO, Serum	2	0-3.5 Ratio	Calculated

Reference:

- 1) Executive Summary of the Third Report of the National Cholesterol Education Program (NCEP) Expert Panel on Detection, Evaluation, and Treatment of High Blood Cholesterol in Adults (Adult Treatment Panel III).
- 2) Pack Insert.





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Aerfocami Healthcare Below 40 Male/Female
THYROID FUNCTION TESTS

<u>PARAMETER</u>	<u>RESULTS</u>	<u>BIOLOGICAL REF RANGES</u>	<u>METHOD</u>
Free T3, Serum	5.69	3.50 - 6.50 pmol/L	ECLIA
Free T4 Serum	18.00	11.5-22.7 pmol/L First Trimester:9.0-24.7 Second Trimester:6.4-20.59 Third Trimester:6.4-20.59	ECLIA
sensitiveTSH Serum	1.86	0.35-5.5 microIU/ml First Trimester:0.1-2.5 Second Trimester:0.2-3.0 Third Trimester:0.3-3.0	ECLIA

Interpretation:

A thyroid panel is used to evaluate thyroid function and/or help diagnose various thyroid disorders.

Clinical Significance:

1. TSH Values between high abnormal upto 15 microIU/ml should be correlated clinically or repeat the test with new sample as physiological factors can give falsely high TSH.
2. TSH values may be transiently altered because of non thyroidal illness like severe infections, liver disease, renal and heart severe burns, trauma and surgery etc.

TSH	FT4 / T4	FT3 / T3	Interpretation
High	Normal	Normal	Subclinical hypothyroidism, poor compliance with thyroxine, drugs like amiodarone recovery phase of nonthyroidal illness, TSH Resistance
High	Low	Low	Hypothyroidism, Autoimmune thyroiditis, post radio iodine Rx, post thyroidectomy, anti thyroid drugs, tyrosine kinase inhibitors & amiodarone amyloid deposits in thyroid, thyroid tumors & congenital hypothyroidism.
Low	High	High	Hyperthyroidism, Graves disease, toxic multinodular goiter, toxic adenoma, excess iodine or thyroxine intake, pregnancy related (hyperemesis gravidarum hydatiform mole)
Low	Normal	Normal	Subclinical Hyperthyroidism, recent Rx for hyperthyroidism, drugs like steroids & dopamine, Non thyroidal illness.
Low	Low	Low	Central Hypothyroidism, Non Thyroidal Illness, Recent Rx for Hyperthyroidism.





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THYROID FUNCTION TESTS

<u>PARAMETER</u>	<u>RESULTS</u>	<u>BIOLOGICAL REF RANGES</u>	<u>METHOD</u>
High	High	High	Interfering anti TPO antibodies, Drug interference: Amiodarone, Heparin, Beta Blockers, steroids & anti epileptics.

Diurnal Variation: TSH follows a diurnal rhythm and is at maximum between 2 am and 4 am , and is at a minimum between 6 pm and 10 pm. The variation is on the order of 50 to 206%. Biological variation:19.7% (with in subject variation)

Reflex Tests: Anti thyroid Antibodies, USG Thyroid , TSH receptor Antibody. Thyroglobulin, Calcitonin

Limitations:

1. Samples should not be taken from patients receiving therapy with high biotin doses (i.e. >5 mg/day) until atleast 8 hours following the last biotin administration.
2. Patient samples may contain heterophilic antibodies that could react in immunoassays to give falsely elevated or depressed results. this assay is designed to minimize interference from heterophilic antibodies.

Reference:

1. O.koulouri et al. / Best Practice and Research clinical Endocrinology and Metabolism 27(2013)
2. Interpretation of the thyroid function tests, Dayan et al. THE LANCET . Vol 357
3. Tietz ,Text Book of Clinical Chemistry and Molecular Biology -5th Edition
4. Biological Variation:From principles to Practice-Callum G Fraser (AACC Press)





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URINE EXAMINATION REPORT

<u>PARAMETER</u>	<u>RESULTS</u>	<u>BIOLOGICAL REF RANGE</u>	<u>METHOD</u>
<u>PHYSICAL EXAMINATION</u>			
Color	Pale Yellow	Pale Yellow	-
Transparency	CLEAR	Clear	-
<u>CHEMICAL EXAMINATION</u>			
Specific Gravity	1.003	1.002-1.035	Chemical Indicator
Reaction (pH)	6.5	5-8	Chemical Indicator
Proteins	Absent	Absent	pH Indicator
Glucose	Absent	Absent	
Ketones	Absent	Absent	
Blood	Absent	Absent	
Bilirubin	Absent	Absent	
Urobilinogen	Normal	Normal	
Nitrite	Negative	Negative	
<u>MICROSCOPIC EXAMINATION</u>			
(WBC)Pus cells / hpf	0.6	0-5/hpf	
Red Blood Cells / hpf	0.00	0-2/hpf	
Epithelial Cells / hpf	0.2	0-5/hpf	
Hyaline Casts	0.00	Absent	
Pathological cast	0.00	Absent	
Calcium oxalate monohydrate crystals	0.00	Absent	
Calcium oxalate dihydrate crystals	0.00	Absent	
Bacteria / hpf	13.00	0-20/hpf	
Yeast	0.10	Absent	

Dr. Jageshwar mandal Choupal
DNB Pathology
Consultant Pathologist

Dr. Nehal Dubey
MD Pathology
Chief of Lab





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Gender : Female
Reported : 11/3/2025 5:22:08PM
Report Status : Interim
Processed at : BORIVALI LAB, BORIVALI WEST

URINE EXAMINATION REPORT

<u>PARAMETER</u>	<u>RESULTS</u>	<u>BIOLOGICAL REF RANGE</u>	<u>METHOD</u>
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Result/s to follow:
EXAMINATION OF FAECES

IMPORTANT INSTRUCTIONS

The published test results relate to the submitted specimen. All test results are dependent on the quality of the sample received by the laboratory. Laboratory tests should be clinically correlated by a physician and are merely a tool to help arrive at a diagnosis. Unforeseen circumstances may cause a delay in the delivery of the report. Inconvenience is regretted. Certain tests may require further testing at an additional cost for derivation of exact value. Kindly submit the request within 72 hours post-reporting. The Court/Forum at Mumbai shall have exclusive jurisdiction in all disputes/claims concerning the test(s) & or results of the test(s). Test results are not valid for medico-legal purposes. This computer-generated medical diagnostic report has been verified by a doctor or an authorized medical professional. A physical signature is not required for this report.

(#) sample drawn from an external source.

If test results are alarming or unexpected, the client is advised to contact customer care immediately for possible remedial action.

Tel: 022-61700000, Email: customerservice@suburbandiagnosics.com <<mailto:customerservice@suburbandiagnosics.com>>

West Reference Lab, Mumbai, is a CAP (8036028) Accredited laboratory.



Date:- 08/03/2025

CID: 393740394

Name:- Ramadevi Chappai

Sex / Age: 34 / Female

EYE CHECK UP

Chief complaints: — NO

Systemic Diseases: — NO

Past history: — NO

Unaided Vision: — NO

Aided Vision: — NO

Refraction:

Ⓡ 6/6

Ⓛ 6/6

(Right Eye)

(Left Eye)

	Sph	Cyl	Axis	Vn	Sph	Cyl	Axis	Vn
Distance				6/6				6/6
Near				N/6				N/6

Colour Vision: Normal / Abnormal

Remark: Normal vision.

PHYSICAL EXAMINATION FORM

PATIENT NAME : MRS. RAMADEVI CHEPPALLI

: CID NO : 393737394

AGE / SEX : 33 YRS/ FEMALE

DATE : 08/03/2025

HISTORY AND COMPLAINTS : K/C/O FIBROMYALGIA ON RX

EXAMINATION FINDINGS :

HEIGHT : 150 cms

TEMP : AFEBRILE

WEIGHT : 56.0 kgs

SKIN : HEALTHY

BLOOD PRESSURE : 100/60 mmHg

NAILS : HEALTHY

PULSE : 98/ min

LYMPH NODE : NON PALPABLE

SYSTEMS

CARDIOVASCULAR : S1S2(+)

RESPIRATORY : AEBE CLEAR

GENITOURINARY : NAD

GI SYSTEM : NAD

CNS : NAD

IMPRESSION : HEALTHY.

**ADVICE : REGULAR EXERCISE .
HEALTHY DIET.**

PATIENT NAME : MRS. RAMADEVI CHEPPALLI

: CID NO : 393737394

CHIEF COMPLAINTS :

- 1) HYPERTENSION : NO
2) IHD : NO
3) ARRHYTHMIA : NO
4) DIABETES MELLITUS : NO
5) TUBERCULOSIS : NO
6) ASTHMA : NO
7) PULMONARY DISEASE : NO
8) THYROID / ENDOCRINE DISORDERS : NO
9) CNS DISORDERS : NO
10) GI SYSTEM : NO
11) UROGENITAL DISORDER : NO
12) RHEUMATIC JOINT DISEASES OR SYMPTOMS : NO
13) BLOOD DISEASE OR DISORDER : NO
14) CANCER / LUMP GROWTH / CYST : NO
15) CONGENITAL DISEASE : NO
16) SURGERIES : LT BREAST LUMPECTOMY-2016

PERSONAL HISTORY :

- 1) ALCOHOL : NO
2) SMOKING : NO
3) DIET : VEG
4) MEDICATION : YES



Dr. AJITA BHOSALE
Reg. No. 2013/062200
MBBSID, Cardiology

DR. AJITA BHOSALE

SUBURBAN DIAGNOSTICS - MAHAVIR NAGAR, KANDIVALI WEST

Patient Name: RAMADEVI CHAPPALLI

Patient ID: 393740394

Date and Time: 8th Mar 25 1:06 PM



Age 34 years 9 months 6 days

Gender Female

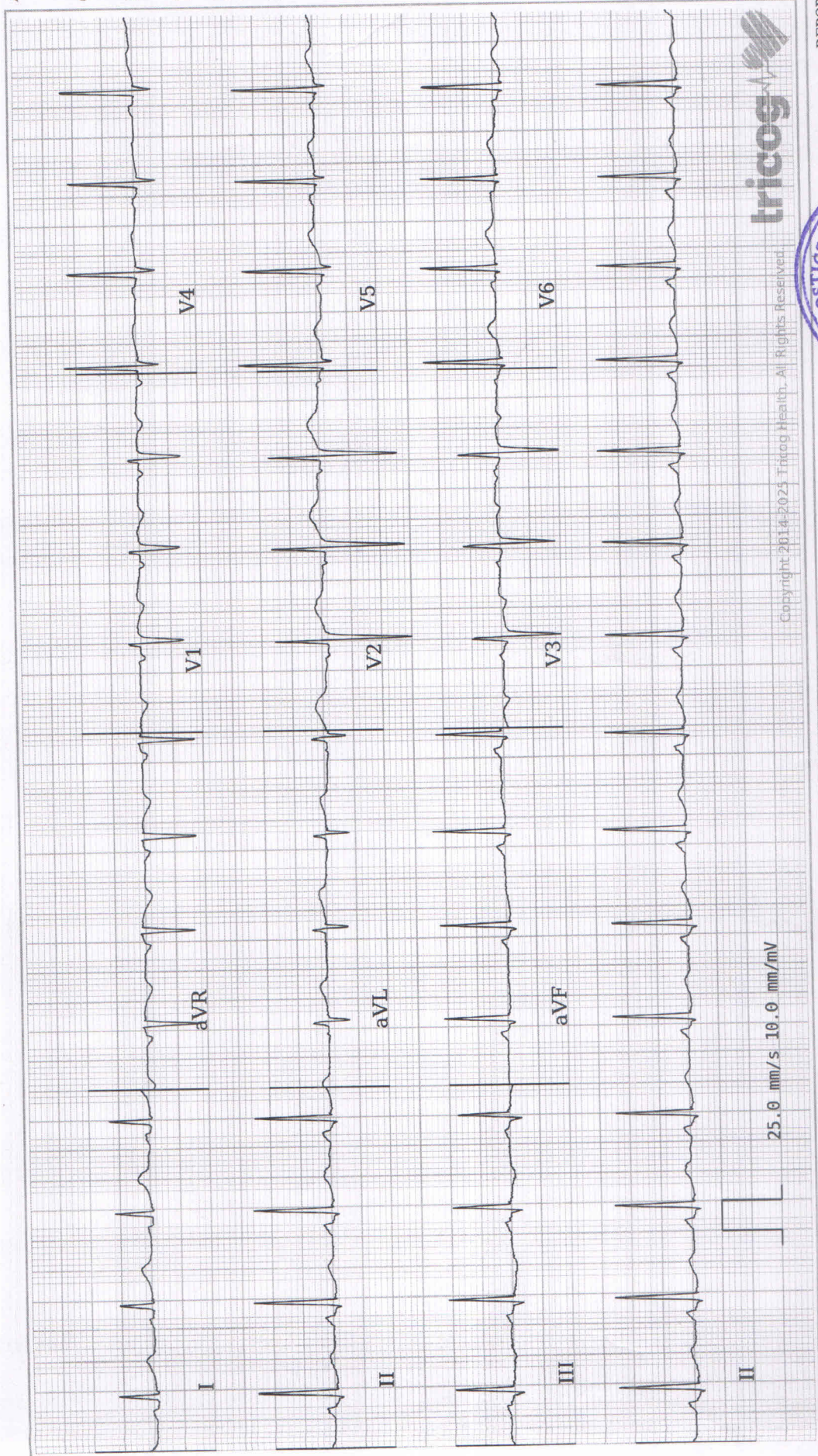
Heart Rate 96bpm

Patient Vitals

BP: 100/60 mmHg
Weight: 56 kg
Height: 150 cm
Pulse: 98 bpm
Spo2: NA
Resp: NA
Others:

Measurements

QRSD: 82ms
QT: 354ms
QTcB: 447ms
PR: 124ms
P-R-T: 63° 64° 20°



25.0 mm/s 10.0 mm/mV



REPORTED BY

[Signature]

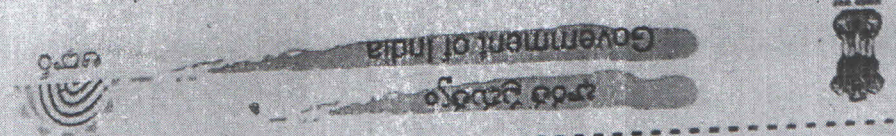
Dr. Ajita Bhosale
M.B.B.S./P.G.D.C.C (DIP, Cardiology)
2013062200

ECG Within Normal Limits: Sinus Rhythm. Please correlate clinically.

Disclaimer: 1) Analysis in this report is based on ECG alone and should be used as an adjunct to clinical history, symptoms, and results of other invasive and non-invasive tests and must be interpreted by a qualified physician. 2) Patient vitals are as entered by the clinician and not derived from the ECG.

2013/08

ರಾಮಾದೇವಿ ಚಾಪ್ಪಾಣಿ / Female
ರಾಜೀವ ರೆಡ್ / DOB : 02/06/1990
Ramadevi Chappalli

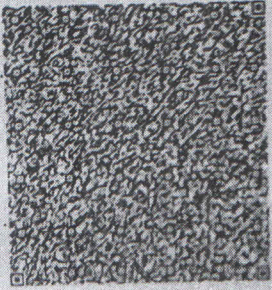


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8310 3937 8542

ವಿ ಆಧಾರ್ ಸಂಖ್ಯೆ / Your Aadhaar No. :



MF201254815F1

20125481
Mobile: 9611574225
PIN Code: 40097,
State: Maharashtra,
District: Mumbai Suburban,
PO: Malad East,
VTC: Mumbai,
Near Times of India Gate, Malad East,
Flat No 107 Sunderam 4B, Raheja Complex,
C/O Vijay Krishna Chappalli,
Ramadevi Chappalli

08/08/2013

To

0000/00642/14768 / Enrollment No. : 0000/00642/14768

Unique Identification Authority of India

ಭಾರತ ವಿಶ್ವ ಗುರುಂಜು ಪ್ರಾಧಿಕಾರ ಸಂಸ್ಥೆ

Government of India

ಭಾರತ ಸರ್ಕಾರ



CID : 393740394
Name : Ms. Ramadevi Chappalli
Age / Sex : 34 Years/Female
Ref. Dr : self
Reg. Location : Mahavir Nagar, Kandivali West Main Centre
Reg. Date : 08-Mar-2025
Reported : 08-Mar-2025 / 13:36

USG WHOLE ABDOMEN

LIVER:

The liver is normal in size (14.2cm), and normal in shape. It shows mildly raised echogenicity. The intra hepatic biliary and portal radical appear normal. No evidence of any intra hepatic cystic or solid lesion seen. The main portal vein and CBD appears normal.

GALL BLADDER:

The gall bladder is physiologically distended and shows normal wall thickness. No evidence of gall stones or mass lesions seen

PANCREAS:

The pancreas is well visualised and appears normal. No evidence of solid or cystic mass lesion.

KIDNEYS:

Right kidney measures 10.3 x 4.0cm. Left kidney measures 10.6 x 4.6cm. Both the kidneys are normal in size shape and echotexture. No evidence of any calculus, hydronephrosis or mass lesion seen.

SPLEEN:

The spleen is normal in size (10.6 cm) and echotexture. No evidence of focal lesion is noted.

URINARY BLADDER:

The urinary bladder is well distended and reveal no intraluminal abnormality. Wall thickness appears normal.

UTERUS:

The uterus is anteverted and appears normal. It measures 6.4 x 2.4 x 3.6cm in size. The endometrial thickness is 7 mm.

[Click here to view images <<ImageLink>>](#)

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CID : 393740394
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OVARIES:

Right ovary = 2.9 x 1.4cm . Left ovary = 2.5 x 1.5 cm.
Both the ovaries are well visualised and appears normal.
There is no evidence of any ovarian or adnexal mass seen.

ADDITIONAL COMMENTS:

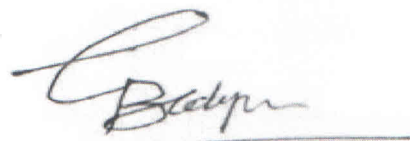
Visualized bowel loops shows normal peristalsis.
There is no evidence of any lymphadenopathy or ascites.

IMPRESSION:-

➤ Grade I fatty Liver.

ADVICE: Clinical correlation

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



Dr. Gaurav Halape
MBBS, DMRE
Reg No. 2017094677

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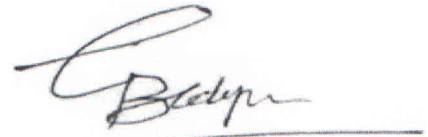
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Ref. Dr : self
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Reg. Date : 08-Mar-2025
Reported : 08-Mar-2025 / 14:28

X-RAY CHEST PA VIEW

Both lung fields are clear.
Both costo-phrenic angles are clear.
The cardiac size and shape are within normal limits.
The domes of diaphragm are normal in position and outlines.
The skeleton under review appears normal.

IMPRESSION:
NO SIGNIFICANT ABNORMALITY IS DETECTED.

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



Dr. Gaurav Halape
MBBS, DMRE
Reg No. 2017094677

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