

PHYSICAL EXAMINATION REPORT

Patient Name	Gitanjali Kernali	Sex/Age	44/F.
Date	7-3-25	Location	Thane.

History and Complaints

K/K/O L Renal Calculi.
K/K/O Hypothyroidism.

EXAMINATION FINDINGS: BMI - 25

Height (cms):	159	Temp (0c):	(N)
Weight (kg):	64	Skin:	(N)
Blood Pressure	110/80	Nails:	(N)
Pulse 88		Lymph Node:	Nil

Systems :

Cardiovascular:	NAD
Respiratory:	NAD
Genitourinary:	NAD
GI System:	NAD
CNS:	NAD

Impression:

Advice:

1)	Hypertension:	Nil.	
2)	IHD	}	
3)	Arrhythmia		
4)	Diabetes Mellitus		
5)	Tuberculosis		
6)	Asthama		
7)	Pulmonary Disease		
8)	Thyroid/ Endocrine disorders		KICIO Hypothyroidism.
9)	Nervous disorders		}
10)	GI system		
11)	Genital urinary disorder		
12)	Rheumatic joint diseases or symptoms	Nil.	
13)	Blood disease or disorder	}	
14)	Cancer/lump growth/cyst		
15)	Congenital disease		
16)	Surgeries		Cholecystectomy 4 months back.
17)	Musculoskeletal System		

PERSONAL HISTORY:

1)	Alcohol	Nil
2)	Smoking	Nil
3)	Diet	Balanced diet.
4)	Medication	T. Thyronorm 50 mg.

Date:- 7/13/25
 Name:- Gitaanjali Kulkarni
 CID: 383881522
 Sex / Age: F 44

EYE CHECK UP

Chief complaints: *PEU*

Systemic Diseases: *Nil*

Past history: *Nil*
RE 6/9 LLE 8/6 2N/10E 6

Unaided Vision:

Aided Vision:

Refraction:

	(Right Eye)				(Left Eye)			
	Sph	Cyl	Axis	Vn	Sph	Cyl	Axis	Vn
Distance								
Near								

Colour Vision: Normal / Abnormal
 Remark: *Maximal Vision*

MR. PRAKASH KUDVA
[Signature]
SR. OPTOMETRIST

Name	: Ms. GITANJALI KUMARI	Age	: 43 Years
Lab No.	: 393881522	Gender	: Female
Ref By	: SELF	Reported	: 7/3/2025 7:51:38PM
Collected	: 7/3/2025 9:12:00AM	Report Status	: Interim
A/c Status	: P	Processed at	: G B ROAD LAB, THANE WEST
Collected at	: WALKIN - G B ROAD LAB, THANE WEST Ground Floor, Shop No. 1, 2, 3, Pride Park, Near R-Mall Opp. Lawkim Company, Ghodbunder Road, Thane West, Maharashtra - 400607		

**MediWheel Full Body Health Female >40/2D ECHO
CBC (Complete Blood Count), Blood**

<u>PARAMETER</u>	<u>RESULTS</u>	<u>BIOLOGICAL REF RANGE</u>	<u>METHOD</u>
<u>RBC PARAMETERS</u>			
Haemoglobin	12.6	12.0 - 15.0 g/dL	Spectrophotometric
RBC	4.5	3.8 - 4.8 mil/cmm	Elect. Impedance
PCV	39.6	36.0 - 46.0 %	Calculated
MCV	87.7	81.0 - 101.0 fL	Measured
MCH	27.9	27.0 - 32.0 pg	Calculated
MCHC	31.9	31.5 - 34.5 g/dL	Calculated
RDW	16.4	11.6 - 14.0 %	Calculated
<u>WBC PARAMETERS</u>			
WBC Total Count	5680	4000 - 10000 /cmm	Elect. Impedance
<u>WBC DIFFERENTIAL AND ABSOLUTE COUNTS</u>			
Lymphocytes	38.6	20.0 - 40.0 %	
Absolute Lymphocytes	2192.5	1000.0 - 3000.0 /cmm	Calculated
Monocytes	5.9	2.0 - 10.0 %	
Absolute Monocytes	335.1	200.0 - 1000.0 /cmm	Calculated
Neutrophils	53.9	40.0 - 80.0 %	
Absolute Neutrophils	3061.5	2000.0 - 7000.0 /cmm	Calculated
Eosinophils	1.4	1.0 - 6.0 %	
Absolute Eosinophils	79.5	20.0 - 500.0 /cmm	Calculated
Basophils	0.2	0.1 - 2.0 %	
Absolute Basophils	11.4	20.0 - 100.0 /cmm	Calculated
Immature Leukocytes	--		





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MediWheel Full Body Health Female >40/2D ECHO
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	172000	150000 - 410000 /cmm	Elect. Impedance
MPV	11.1	6.0 - 11.0 fL	Measured
PDW	21.2	11.0 - 18.0 %	Calculated
<u>RBC MORPHOLOGY</u>			
Anisocytosis	Mild		
Poikilocytosis	Mild		
Others	Elliptocytes-occasional		
COMMENT	--		

Specimen: EDTA whole blood



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 Age : 43 Years
 Gender : Female
 Reported : 7/3/2025 7:51:42PM
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MediWheel Full Body Health Female >40/2D ECHO
ERYTHROCYTE SEDIMENTATION RATE (ESR)

<u>PARAMETER</u>	<u>RESULTS</u>	<u>BIOLOGICAL REF RANGE</u>	<u>METHOD</u>
ESR, EDTA WB	9.00	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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MediWheel Full Body Health Female >40/2D ECHO

<u>PARAMETER</u>	<u>RESULTS</u>	<u>BIOLOGICAL REF RANGES</u>	<u>METHOD</u>
GLUCOSE (SUGAR) FASTING, Fluoride Plasma Fasting	97.79	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

Sample Not Received



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MediWheel Full Body Health Female >40/2D ECHO
KIDNEY FUNCTION TESTS

<u>PARAMETER</u>	<u>RESULTS</u>	<u>BIOLOGICAL REF RANGES</u>	<u>METHOD</u>
BLOOD UREA, Serum	14.09	12.80 - 42.80 mg/dL	Urease GLDH
BUN, Serum	6.58	6.00 - 20.00 mg/dL	Calculated
CREATININE, Serum	0.69	0.51 - 0.95 mg/dL	Enzymatic
eGFR, Serum	110.24	(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
TOTAL PROTEINS, Serum	6.77	6.40 - 8.30 g/dL	Biuret
Albumin Serum	4.47	3.50 - 5.20 g/dL	BCG
GLOBULIN Serum	2.30	2.30 - 3.50 g/dL	Calculated
A/G RATIO Serum	1.94	1.00 - 2.00	Calculated
URIC ACID, Serum	3.73	2.40 - 5.70 mg/dL	Enzymatic
PHOSPHORUS, Serum	3.21	2.70 - 4.50 mg/dL	Molybdate UV
CALCIUM, Serum	9.94	8.60 - 10.00 mg/dL	N-BAPTA
SODIUM, Serum	144.57	135.00 - 148.00 mmol/L	Indirect ISE
POTASSIUM, Serum	4.7	3.50 - 5.30 mmol/L	Indirect ISE
CHLORIDE Serum	99.25	98.00 - 107.00 mmol/L	Indirect ISE

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



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MediWheel Full Body Health Female >40/2D ECHO
GLYCOSYLATED HEMOGLOBIN (HbA1c)

<u>PARAMETER</u>	<u>RESULTS</u>	<u>BIOLOGICAL REF RANGES</u>	<u>METHOD</u>
Glycosylated Hemoglobin (HbA1c), EDTA WB	5.0	Non-Diabetic Level: < 5.7 % Prediabetic Level: 5.7-6.4 % Diabetic Level: >= 6.5 %	HPLC
Estimated Average Glucose (eAG), EDTA WB	96.8	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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FUS and KETONES

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



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LIPID PROFILE

<u>PARAMETER</u>	<u>RESULTS</u>	<u>BIOLOGICAL REF RANGES</u>	<u>METHOD</u>
CHOLESTEROL, Serum	186	Desirable: <200 mg/dl Borderline High: 200-239mg/dl High: >=240 mg/dl	CHOD-POD
TRIGLYCERIDES, Serum	84	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	134	Desirable: <130 mg/dl Borderline-high:130 - 159 mg/dl High:160 - 189 mg/dl Very high: >=190 mg/dl	Calculated
LDL CHOLESTEROL Serum	117	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	17	< /= 30 mg/dl	Calculated
CHOL / HDL CHOL RATIO, Serum	4	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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MediWheel Full Body Health Female >40/2D ECHO
THYROID FUNCTION TESTS

PARAMETER	RESULTS	BIOLOGICAL REF RANGES	METHOD
Free T3, Serum	4.04	3.50 - 6.50 pmol/L	ECLIA
Free T4 Serum	13.65	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	3.63	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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MediWheel Full Body Health Female >40/2D ECHO
THYROID FUNCTION TESTS

PARAMETER	RESULTS	BIOLOGICAL REF RANGES	METHOD
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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MediWheel Full Body Health Female >40/2D ECHO
LIVER FUNCTION TESTS

<u>PARAMETER</u>	<u>RESULTS</u>	<u>BIOLOGICAL REF RANGES</u>	<u>METHOD</u>
BILIRUBIN (TOTAL), Serum	0.57	0.10 - 1.20 mg/dL	Colorimetric
BILIRUBIN (DIRECT), Serum	0.20	0.00 - 0.30 mg/dL	Diazo
BILIRUBIN (INDIRECT), Serum	0.38	0.10 - 1.00 mg/dL	Calculated
TOTAL PROTEINS, Serum	6.77	6.40 - 8.30 g/dL	Biuret
Albumin Serum	4.47	3.50 - 5.20 g/dL	BCG
GLOBULIN Serum	2.30	2.30 - 3.50 g/dL	Calculated
A/G RATIO Serum	1.94	1.00 - 2.00	Calculated
SGOT (AST), Serum	15.36	5.00 - 32.00 U/L	NADH (w/o P-5-P)
SGPT (ALT), Serum	11.55	5.00 - 33.00 U/L	NADH (w/o P-5-P)
GAMMA GT, Serum	7.64	3.00 - 40.00 U/L	Enzymatic
ALKALINE PHOSPHATASE, Serum	103.80	35.00 - 105.00 U/L	Colorimetric



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MediWheel Full Body Health Female >40/2D ECHO
EXAMINATION OF FAECES

<u>PARAMETER</u>	<u>RESULTS</u>	<u>BIOLOGICAL REF RANGE</u>	<u>METHOD</u>
<u>PHYSICAL EXAMINATION</u>			
EXAMINATION OF FAECES	Sample Not Received		
<u>CHEMICAL EXAMINATION</u>			
<u>MICROSCOPIC EXAMINATION</u>			



Name	: Ms. GITANJALI KUMARI	Age	: 43 Years
Lab No.	: 393881522	Gender	: Female
Ref By	: SELF	Reported	: 7/3/2025 7:52:08PM
Collected	: 7/3/2025 9:12:00AM	Report Status	: Interim
A/c Status	: P	Processed at	: G B ROAD LAB, THANE WEST
Collected at	: WALKIN - G B ROAD LAB, THANE WEST Ground Floor, Shop No. 1, 2, 3, Pride Park, Near R-Mall Opp. Lawkim Company, Ghodbunder Road, Thane West, Maharashtra - 400607		

**MediWheel Full Body Health Female >40/2D ECHO
BLOOD GROUPING & Rh TYPING**

<u>PARAMETER</u>	<u>RESULTS</u>
ABO GROUP	O
Rh Typing	Negative

Note: This sample has also been tested for Bombay group/Bombay phenotype/Oh using anti H lectin

NOTE: Test performed by Semi- automated column agglutination technology (CAT)

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



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 Age : 43 Years
 Gender : Female
 Reported : 7/3/2025 7:52:14PM
 Report Status : Interim
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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	SLIGHTLY HAZY	Clear	-
<u>CHEMICAL EXAMINATION</u>			
Specific Gravity	1.02	1.002-1.035	Chemical Indicator
Reaction (pH)	5.0	5-8	Chemical Indicator
Proteins	Absent	Absent	pH Indicator
Glucose	Absent	Absent	GOD-POD
Ketones	Absent	Absent	Legals Test
Blood	Present +++	Absent	Peroxidase
Bilirubin	Absent	Absent	Diazonium Salt
Urobilinogen	Normal	Normal	Diazonium Salt
Nitrite	Negative	Negative	Griess Test
<u>MICROSCOPIC EXAMINATION</u>			
(WBC)Pus cells / hpf	3-4	0-5/hpf	
Red Blood Cells / hpf	35-40	0-2/hpf	
Epithelial Cells / hpf	2-3	0-5/hpf	
Hyaline Casts	Absent	Absent	
Pathological cast	Absent	Absent	
Calcium oxalate monohydrate crystals	Absent	Absent	
Calcium oxalate dihydrate crystals	Absent	Absent	
Triple Phosphate crystals	Absent	Absent	
Uric acid crystals	Absent	Absent	
Amorphous debris	Absent	Absent	
Bacteria / hpf	8-10	0-20/hpf	
Yeast	Absent	Absent	
OTHERS	--		



Name	: Ms. GITANJALI KUMARI	Age	: 43 Years
Lab No.	: 393881522	Gender	: Female
Ref By	: SELF	Reported	: 7/3/2025 7:52:14PM
Collected	: 7/3/2025 9:12:00AM	Report Status	: Interim
A/c Status	: P	Processed at	: G B ROAD LAB, THANE WEST
Collected at	: WALKIN - G B ROAD LAB, THANE WEST Ground Floor, Shop No. 1, 2, 3, Pride Park, Near R-Mall Opp. Lawkim Company, Ghodbunder Road, Thane West, Maharashtra - 400607		

URINE EXAMINATION REPORT

<u>PARAMETER</u>	<u>RESULTS</u>	<u>BIOLOGICAL REF RANGE</u>	<u>METHOD</u>
------------------	----------------	-----------------------------	---------------

Kulkarni

Dr, Vandana Kulkarni
 MD Pathology
 Consultant Pathologist



Result/s to follow:
 CYTOLOGY(PAP SMEAR), GENITAL, FEMALE, CONVENTIONAL

IMPORTANT INSTRUCTIONS

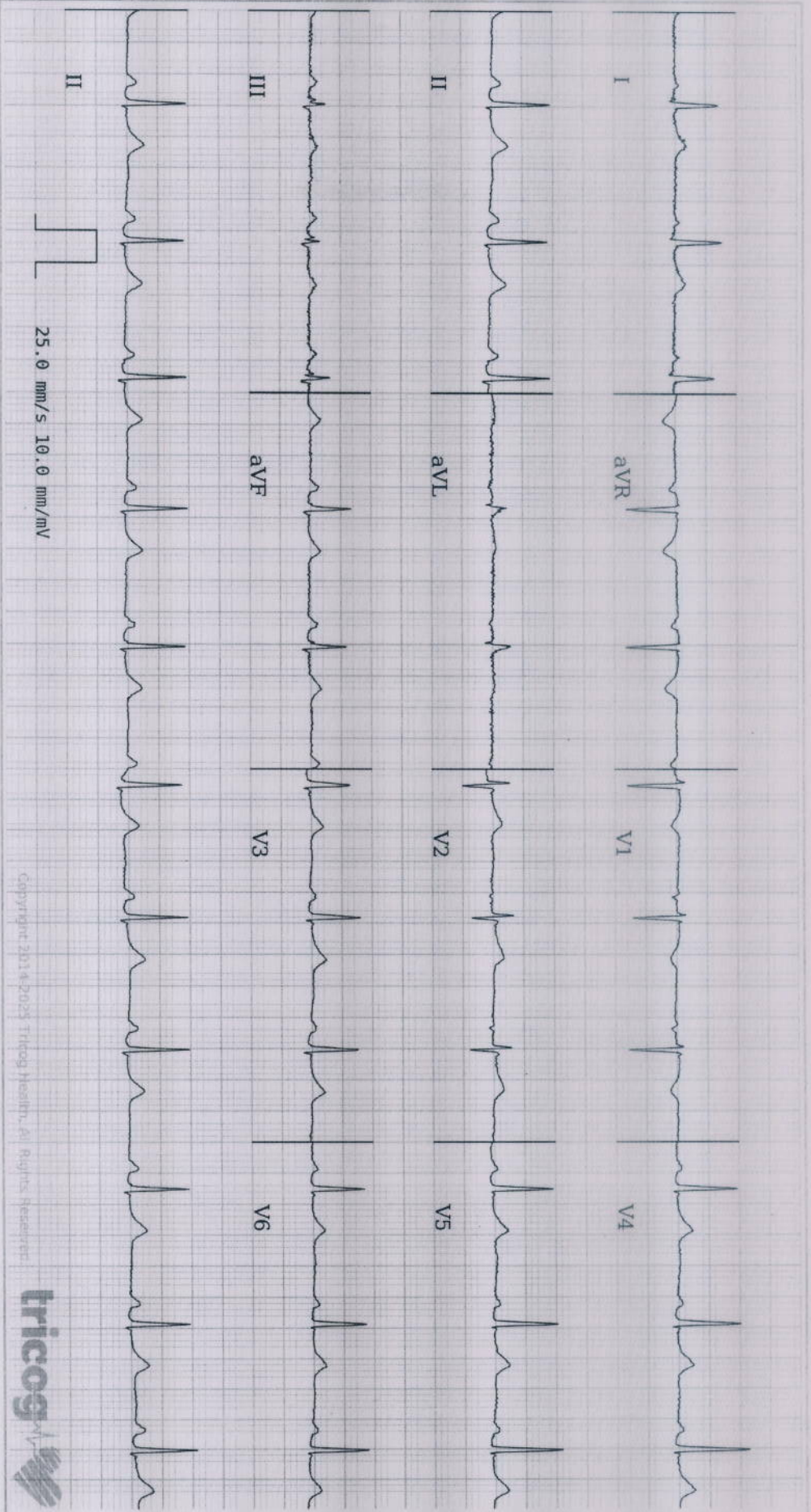
The published test results relate to the submitted specimen. All test results are dependent on the quality of the sample received by the laboratory. Laboratory tests should be clinically correlated by a physician and are merely a tool to help arrive at a diagnosis. Unforeseen circumstances may cause 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.



Patient Name: GITANJALI KUMARI

Date and Time: 7th Mar 25 11:07 AM

Patient ID: 393881522



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Age **41** NA NA
years months days

Gender **Female**

Heart Rate **70bpm**

Patient Vitals

BP: NA

Weight: NA

Height: NA

Pulse: NA

Spo2: NA

Resp: NA

Others:

Measurements

QRSD: 62ms

QT: 386ms

QTcB: 416ms

PR: 158ms

P-R-T: 74° 39° 41°

REPORTED BY

Arundhan

Dr. Anand N Motiwani
M.D (General Medicine)
Reg. No. 39329 M.M.C

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 add-on 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.

CID : 393881522
Name : Ms. GITANJALI KUMARI
Age / Sex : 43 Years/Female
Ref. Dr : self
Reg. Location : G B Road, Thane West Main Centre
Reg. Date : 07-Mar-2025
Reported : 07-Mar-2025 / 12:35

X-RAY CHEST PA VIEW

Rotation+

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 Gauri Varma
Consultant Radiologist
MBBS / DMRE
MMC- 2007/12/4113

Click here to view images <http://3.111.232.119/iRISViewer/NeoradViewer?AccessionNo=2025030709140758>

Lab. No. : 393881522	Sex : FEMALE
Name : MRS . GITANJALI KUMARI	Age : 43 YRS
Ref. By : -----	Date : 07.03.2025

2D ECHOCARDIOGRAPHY

M - MODE FINDINGS :

LEFT VENTRICLE :

LVIDD	40.4	mm
LVIDS	26.1	mm
LVEF	65	%
FS	35	%
IVS	10	mm
PW	10	mm

AORTIC VALVE :

LADd	20.4	mm
AODd	29.9	mm
ACS	13.8	mm

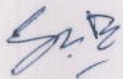
Pulmonary valve study : Normal

0000518-559 J

1. RA.RV.LA.LV. Sizes are :Normal
2. Left ventricular contractility : Normal
Regional wall motion abnormality : Absent.
Systolic thickening : Normal
3. Mitral, tricuspid , aortic , pulmonary valves are : Normal
No significant mitral valve prolapse.
4. Great arteries : Aorta and pulmonary artery are : Normal
5. Inter – atrial and inter – ventricular septum are intact normal.
6. Pulmonary veins , IVC , hepatic veins are normal.
7. No pericardial effusion . No intracardiac clots or vegetation.
8. No evidence of pulmonary hypertension.
9. CD/PWd/CWd studies : 1. Normal Flow and gradient across all the valves.
2. No shunt / coarctation.
3. No pulmonary hypertension.

IMPRESSION :

- **ALL CHAMBER DIMANSIONS ARE NORMAL.**
- **NO REGIONAL WALL MOTION ABNORMALITY AT REST.**
- **NORMAL LV SYSTOLIC AND DIASTOLIC FUNCTION.LVEF= 65 %**
- **NORMAL RV SYSTOLIC FUNCTION.**
- **NO PULMONARY HYPERTENSION.**
- **ALL VALVES ARE NORMAL.**



DR. S.C. DEY
M.D, D.M.
(CARDIOLOGIST)