भारत सरकार
Government of India

सिद्धी जनार्दन सालस्कर
Siddhi Janardan Salaskar
जन्म तारीख/DOB: 15/10/1994
महिला/ FEMALE

9312 5275 3314

माझे आधार, माझी ओळख

भारतीय विशिष्ट ओळख प्राधिकरण
Unique Identification Authority of India

Address:
Sushil Garden , Bldg-2,Room-304, 3rd Floor, Bavan bangalow, Near Kalan Samaj Hall, Old Panvel, Panvel, Raigarh, Maharashtra - 410206

पत्ता:
सुशील गार्डन , बिल्डींग-2, रूम-304, 3 रा मजला, बावन बंगलो, काळण समाज हॉल जवळ, ओल्ड पनवेल, पनवेल, रायगड, महाराष्ट्र - 410206

9312 5275 3314


Credence
Care Hospital Pvt. Ltd
IMPORTANT NOTICE
DMart Ghans
Advovate Rupali
Madan Mukadam
Google
CLOUD 36 BILDING SHOP NO 8 PLOT NO 6 SEC11, Palm Beach Rd, Jijamata Nagar, Sector 11, Ghansoli, Navi
Lat: 19.1192292
Lon: 72.9935991
09/12/2023 12:41:02 PM GMT+05:30

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MEDICAL EXAMINATION FORM

Confidential without Prejudice Report. To Be Filled In Strictly By the Physician/Diagnostic Center

PART I: GENERAL DETAILS

NAME OF THE PATIENT: Siddhi Salskar

D.O.B: 15-10-1994 Age: 29 Sex: F Phone number: 8779982374

PART II: MEDICAL EXAMINATION REPORT (Strictly to be filled by Medical Examiner)

(Kindly tick wherever applicable)

A. PERSONAL HISTORY:

1. Previous history if any:

Disease	Yes/ No	Medicine & Surgery Details	Disease	Yes/ No	Medicine & Surgery Details
Diabetes Mellitus			Cancer		
Hypertension			Tumor/Benign		
IHD			Genital urinary disorder		
Stroke			Rheumatic joint diseases or symptoms	NO	
Surgeries	NO		Asthma		
Tuberculosis			Pulmonary Disease		
Congenital Disease			Anemia		
Arrhythmia			Bleeding disease or Disorder.		
Aids (HIV)			Mental Stress		

2. Habits:

Diet	Veg	Alcohol	No	Tobacco/Smoking	No	Medicine	Nil

3. Major complaints/Relevant past history if any: Nil

4. Previous Illness (Hospitalization Investigation, consultation) Nil

5. Family history: Mother - DM, Father - HTN.

B. MEDICAL EXAMINERS FINDING AND ASSESMENT: (Please answer each question and where appropriate provide particulars. You are asked not to give any information to the person, assured, about the results

1. Anthropometry:

Height	159 cm	Weight	63.85	BMI	

2. Vital Parameters:

(i)

Respiratory Rate	21	Pulse Rate	84

(ii) Blood Pressure (Three consecutive Reading):

Systolic	110		
Diastolic	80		
Further readings at 10 minute interval if the first reading exceeds 140/90			

3. Skin

Is there is any evidence of

Chronic Ulcer:	☐	YES	☑	NO	Eczema	☐	YES	☑	NO
Swelling	☐	YES	☑	NO	Varicose Veins	☐	YES	☑	NO
Skin Discoloration	☐	YES	☑	NO	Psoriasis	☐	YES	☑	NO

Any Other skin problem and specific location describe _____

EXAMINATION FINDINGS DETAILS

4. Cardiovascular System: $S_1 S_2$ (+)

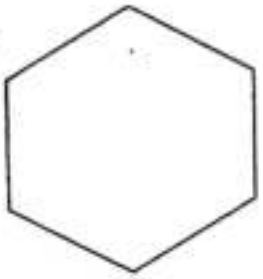
5. Genito-Urinary System:

6. Respiratory System: AEBE

7. Gastro-Entrology System:

(a) Oropharyngeal: NAD

(b) Abdomen: Soft, NT



Evidence of Hernia, Hydrocele, Fissure, Fistula & piles.

If yes, please describe NO

8. Nervous System: Conscious, oriented

9. Eye Check-up

10. ENT

12. For Female Clients Only: NO.

1. Is there any disease of breast? _____
2. (I) Is there any evidence of pregnancy? _____
   (II) If Pregnant, are any complications to be expected? _____
3. Do you suspect any disease of uterus, cervix of ovaries? _____
4. Any menstrual complaints? _____

C. SUMMARY of the examination findings:

Positive Findings if any: (Please Specify)

Advice:

Conclusion on the fitness of the client:

Clinically & Medically Fit.

D. DOCTOR'S DECLARATION:

I confirm that I have examined this CLIENT and the findings stated above are true and correct to the best of my knowledge.

1. Name of the Medical Examiner: DR. ANAND PRAKASH GAUR MBBS, CCMH, CCEBDM (Consulting Physician) MMC Reg. No. 2005/02/0965

Signature of the Medical Examiner:

Stamp of the Medical Examiner: DR. ANAND PRAKASH GAUR MBBS, CCMH, CCEBDM (Consulting Physician) MMC Reg. No. 2005/02/0965

Registration Number

Date of medicals conducted: 09/12/2023

Place: Ghansoli

2. Name of the Client: Siddhi Salaskar

Signature of the Client:

NOTE: NAME AND SIGNATURE OF MEDICAL EXAMINER AND THE CLIENT IS MANDATORY ON THIS FORM

Salaskar, Siddhi
GE Healthcare

09.12.2023 11:28:19
CREDENCE HOSPITAL
GHANSOLI
NAVI MUMBAI

Location
Room
Order Number
Indication
Medication 1
Medication 2
Medication 3

Female
29 Years

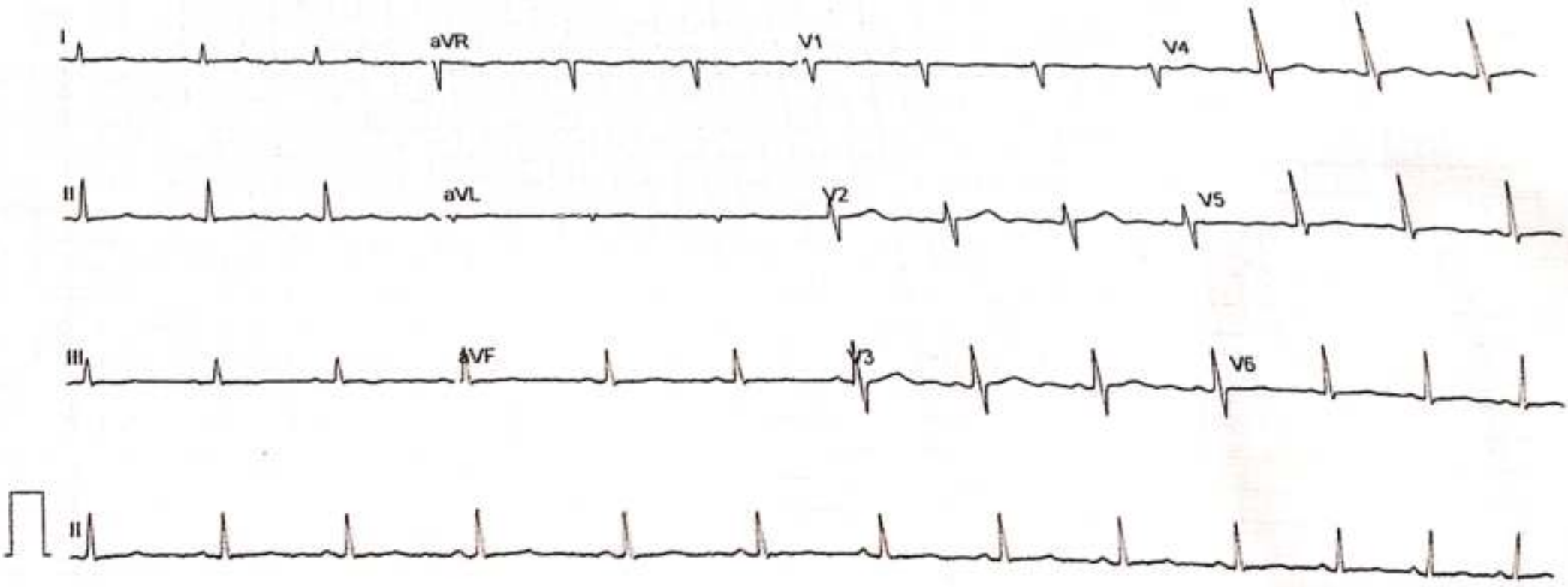
QRS	76 ms
QT / QTcBaz	418 / 470 ms
PR	138 ms
P	84 ms
RR / PP	792 / 789 ms
P / QRS / T	53 / 68 / 46 degrees

Normal sinus rhythm with sinus arrhythmia
Normal ECG

Technician
Ordering Ph
Referring Ph
Attending Ph

Dr. ANAND PRAKASH GAUR
MBBS, CCMH, CCEBDM
(Consulting Physician)
MMC Reg. No.
2005/02/0965

CREDENCE CARE HOSPITAL PVT LTD
REG. NO. 355



GE MAC2000 1.1 12SL™ v241 25 mm/s 10 mm/mV ADS 0.56-20 Hz 50 Hz 4x2.5x3_25_R1 Unconfirmed

1/1

PATIENT'S NAME	MRS. SIDDHI SALASKAR	AGE :- 29y/F
REFERRED BY	CREDENCE CARE HOSPITAL	DATE : 09/12/2023

USG WHOLE ABDOMEN & PELVIS

LIVER is normal in size , normal in shape and echotexture. No evidence of any focal lesion seen. The portal vein appears normal & shows normal hepato-petal flow.No evidence of intra-hepatic biliary duct dilatation.

GALL BLADDER appears well distended with normal wall thickness. There is no calculus or pericholecystic collection. CBD appears normal.

Visualised parts of head & body of PANCREAS appear normal. PD is not dilated.

SPLEEN is normal in size and echotexture. No focal lesion seen. Splenic vein is normal.

Both kidneys are normal in size, shape and echotexture with normal parenchymal reflectivity and maintained cortico-medullary differentiation. No hydronephrosis
calculi or mass seen.

URINARY BLADDER is empty.

UTERUS is normal in size, shape and echotexture.

Both ovaries and adnexa are normal.
Visualised bowel loops appear normal. There is no free fluid seen in abdomen and pelvis.

IMPRESSION :

- **No Significant abnormality is detected.**

THIS REPORT IS NOT TO BE USED FOR MEDICOLEGAL PURPOSE.THE CONTENTS OF THIS REPORT REQURE CLINICAL CO-RELATION BEFORE ANY APPLICATION.

DR SAGAR GARGE
(consultant Radiologist)

Patient Name	: SIDDHI SALASKAR	Patient ID:19048
Age /Gender	:29yrs/FEMALE	Date :09/12/2023

X-RAY CHEST PA

Plain P.A. Radiograph of chest shows :-
The hilar shadows are normal in size, position and density.
Both Cardiophrenic and Costophrenic angles are clear.
The Cardiac silhoutte is within normal limits.
Aortic shadow is normal.
Rest of the visualizedme diastinum shadows are normal. Both domes of diaphragms are normal.
The visualised bony thorax is normal.

CONCLUSION :

NO SIGNIFICANT ABNORMALITY DETECTED

DR. Nikunj Kothia
MBBS, DMRD Reg-2009093218

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RAMAN CT SCAN & DIAGNOSTIC CENTER

Patient Name : MRS. SIDDHI SALASKAR
Referral Doctor: HEALTH CHECKUP
Pt.Type / ID : OPD/ 19231

Age / Gender : 29 Years / Female
Collection Date : 09/12/2023 10:44 AM
Reporting Date : 09/12/2023 08:44 PM

Complete Blood Count (CBC)

Test Description	Value(s)	Unit	Reference Range
Hemoglobin	12.5	gms/dl	12 - 15
RBC Count	4.01	mil./cmm	3.8 - 5.8
Haematocrit (HCT)	41.0	%	37 - 47
	RBC Indices		
MCV	102.24	fL	80 - 100
MCH	31.17	pg	27 - 34
MCHC	30.49	gm/dl	32 - 36
RDW-CV	12.0	%	11 - 16
Total WBC Count	6900	/uL	4000 - 10000
	DIFFERENTIAL COUNT		
Neutrophil	61	%	40 - 70
Lymphocytes	34	%	20 - 40
Eosinophil	02	%	1 - 6
Monocytes	03	%	2 - 8
Basophils	00	%	0 - 1
	Platelet Indices		
Platelet Count	251000	/cmm.	150000 - 450000
RBC Morphology	Normocytic Normochromic		
WBC Morphology	Within Normal Limits		
Platelet	Adequate on smear		

Done on fully Automated cell counter-ERBA H360

Signature

Dr. Disha Sorde
MD Pathologist
Reg No. 2016/08/3416

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ESR (ERYTHROCYTE SEDIMENTATION RATE)

Test Description	Value(s)	Unit	Reference Range
Erythrocyte Sedimentation Rate Wintrobe method	07	mm/hr	< 20

Interpretation: It indicates presence and intensity of an inflammatory process. It is a prognostic test and used to monitor the course or response to treatment of diseases like tuberculosis, acute rheumatic fever,. It is also increased in multiple myeloma, hypothyroidism.

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BLOOD GROUP (BG)

Test Description	Value(s)	Unit	Reference Range

Sample Type : WHOLE BLOOD EDTA

Blood Group : B Rh Positive

METHOD : Monoclonal blood grouping (Agglutination test) by slide method

KIT : Span diagnostics.

Signature

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BLOOD GLUCOSE LEVEL (FASTING & POST PRANDIAL)

Test Description	Value(s)	Unit	Reference Range
Glucose Fasting (Plasma)	80.0	mg/dl	70 - 110
Glucose PP (Plasma)	94.0	mg/dl	90 - 150

Interpretation : Fasting Blood Sugar more than 126 mg/dl on more than one occasion can indicate Diabetes Mellitus.

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GLYCOSYLATED HAEMOGLOBIN (GHB / HBA1c)

Test Description	Value(s)	Unit	Reference Range
HbA1c H.P.L.C	5.0	%	Below 6.0% - Normal Value 6.0% - 7.0% - Good Control 7.0% - 8.0% - Fair Control 8.0% - 10% - Unsatisfactory Control Above 10% - Poor Control

Interpretation: Glycosylated Haemoglobin is acurate and true index of the " Mean Blood Glucose Level in the body for the previous 2-3 months.HbA1c is an indicator of glycemic control. HbA1c represent average glycemia over the past six to eight weeks. Glycation ofhemoglobin occurs the entire 120 days life span of the red blood cell, but with in this 120 days. Recent glycemia has the largestinfluence on the HbA1c value. Clinical studies suggest that a patient in stable control will have 50% of their HbA1c formed in themouth before sampling, 25% in the month before that, and the remaining 25% in months 2-4.

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THYROID FUNCTION TEST (TFT)

Test Description	Value(s)	Unit	Reference Range
TOTAL TRIIODOTHYRONINE (T3) Competitive Chemi Luminescent Immuno Assay	118.0	ng/dl	60 - 181
TOTAL THYROXINE (T4) Competitive Chemi Luminescent Immuno Assay	7.36	µg/dL	4.5 - 12.6
THYROID STIMULATING HORMONE (TSH) SANDWICH CHEMI LUMINESCENT IMMUNO ASSAY	2.57	uIU/mL	0.3 - 5.5

SANDWICH CHEMI LUMINESCENT IMMUNO ASSAY

Reference range for < 18 years

TEST	1 - 3 D	4 - 30 D	31 - 60 D	61 D - 12 M	1 - 5 Y	6 - 10 Y	11 - 14 Y	15 - 18 Y
TSH	0.1-9.2	0.2-8.5	0.2-7.8	0.30-5.9	0.4-4.8	0.5-4.7	0.5-4.6	0.6-4.5
T3	41.7-272.1	48.2-272.1	54.7-272.1	76.8-272.1	89.2-246.7	87.2-218.1	86.6-199.8	85.3-188.8
T4	4.9-15.8	5-15.3	5.2-14.8	5.7-13.3	5.7-11.7	5.4-10.7	5.2-10	5.1-9.6
FT3	1.5-5.3	1.6-5.2	1.6-5.1	1.8-4.8	2-4.5	2.1-4.4	2.3-4.4	2.3-4.3
FT4	0.84-2.08	0.85-1.98	0.85-1.89	0.89-1.62	0.89-1.48	0.85-1.46	0.84-1.45	0.84-1.45

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Age / Gender : 29 Years / Female
Collection Date : 09/12/2023 10:44 AM
Reporting Date : 09/12/2023 08:44 PM

LIPID PROFILE

Test Description	Value(s)	Unit	Reference Range
Total Cholesterol	140.0	mg/dl	Low < 125 Desirable : < 200 Borderline High : 201 - 240 High : > 240
Triglycerides	129.0	mg/dl	Low < 25 Normal : < 150 Borderline High : 151 - 199 High : > 200
HDL Cholesterol	41.0	mg/dl	< 35 Low >80 High
Non HDL Cholesterol	99.00	mg/dl	Desirable : < 130 Boderline high : 130 - 159 High : > 160
LDL Cholesterol	73.20	mg/dl	Low < 85 Optimal : <100 Near/Above Optimal : 101 - 129 Borderline High : 130 - 159 High : >160
VLDL Cholesterol	25.80	mg/dl	Below 40
TOTAL CHOL/HDL Ratio	3.41	-	Desirable/Low Risk : 3.3 - 4.4 Borderline/Middle Risk : 4.5 - 7.1 Elevated/High Risk : 7.2 - 11.0
LDL/HDL Ratio	1.79	-	Desirable/Low Risk : 0.5 - 3.0 Borderline/Middle Risk : 3.1 - 6.0 Elevated/High Risk : >6.1
Appearance of Serum	Clear		

Signature

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Collection Date : 09/12/2023 10:44 AM
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LIVER FUNCTION TEST (LFT)

Test Description	Value(s)	Unit	Reference Range
Bilirubin Total	0.66	mg/dL	0.3 - 1.5
Bilirubin Direct	0.21	mg/dL	0.0 - 0.5
Bilirubin Indirect	0.45	mg/dL	0.2 - 0.9
SGOT (AST)	29.0	U/L	0 - 45
SGPT (ALT)	32.0	U/L	0 - 45
Alkaline Phosphatase	155.0	U/L	80 - 306
Protein Total	6.8	g/dL	6 - 8
Albumin	3.8	g/dL	3.2 - 5.0
Globulin	3.0	g/dL	2.5 - 3.3
A/G Ratio	1.27	-	1.0 - 2.1

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GAMMA GT

Test Description	Value(s)	Unit	Reference Range
Gamma Glutaryl Trans Peptidase	24.0	U/L	5 - 40

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URINE ROUTINE REPORT

Test Description	Value(s)	Unit	Reference Range
	Physical Examination		
Quantity	**20**	ml	-
Colour	Pale Yellow		Pale yellow/Yellow
Appearance	Slightly Hazy		Clear
Specific Gravity	1.025		1.005-1.030
pH	Acidic		Acidic
Deposit	Absent		Absent
	Chemical Examination		
Protein	Trace		Absent
Sugar	Absent		Absent
Ketones	Absent		Absent
Bile Salt	Absent		Absent
Bile Pigment	Absent		Absent
Urobilinogen	Normal		Normal
	Microscopic Examination (/hpf)		
Pus Cell	2-4		Upto 5
Epithelial Cells	1-2		Upto 5
Red Blood Cells	Absent		Absent
Casts	Absent		Absent
Crystals	Absent		Absent
Bacteria	Absent		Absent

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URIC ACID

Test Description	Value(s)	Unit	Reference Range
Uric Acid	4.88	mg/dl	2.6 - 6.0

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Collection Date : 09/12/2023 10:44 AM
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BLOOD UREA NITROGEN

Test Description	Value(s)	Unit	Reference Range
BUN* Serum,Calculated	9.0	mg/dL	7 - 18.0

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BUN/CREATININE RATIO

Test Description	Value(s)	Unit	Reference Range
BUN/CREATININE RATIO	12.5	Mg/dL	5 - 20

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CREATININE

Test Description	Value(s)	Unit	Reference Range
CREATININE Jaffe IDMS	0.7	mg/dl	0.6 - 1.4

END OF REPORT

Signature

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