



सत्यमेव जयते
भारत सरकार



आधार

भारत सरकार
Unique Identification Authority of India
Government of India

नोंदविण्याचा क्रमांक / Enrollment No 2017/90215/16105

To,
सजिता जनार्धन नांबीयार
Sajitha Janardhan Nambiar
D/O: Janardhan Nambiar
Flat No 101, Shiv Sadan
Plot No 20C
Near ICI School Sector 15, Vashi
Navi Mumbai
Vashi Thane Thane
Maharashtra 400703
8446507515

29/05/2015

Ref: 11518 / 03F / 2041283 / 2041315 / P



SE779843101FT



आपला आधार क्रमांक / Your Aadhaar No. :

5020 7972 7992

आधार - सामान्य माणसाचा अधिकार



भारत सरकार
Government of India



सजिता जनार्धन नांबीयार
Sajitha Janardhan Nambiar
जन्म तारीख / DOB : 25/03/1987
स्त्री / Female



5020 7972 7992

आधार - सामान्य माणसाचा अधिकार



Meghmalhar Society Sector 10, Plot No. 02, opposite Temptations Restaurant, Jijamata Nagar, Ghansoli, Navi Mumbai, Lat: 19.1182764 Lon: 72.9945885 24/02/2024 11:07:02 AM GMT+05:30

Sajitha

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 Sajitha J. Anadhean
DOB 25/3/1987 Age 36 Sex F Phone number 8446507515

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

(Kindly tick wherever applicable)

A. PERSONAL HISTORY:

1. Previous history if any:

Table with 6 columns: Disease, Yes/No, Medicine & Surgery Details, Disease, Yes/No, Medicine & Surgery Details. Rows include Diabetes Mellitus, Hypertension, IHD, Stroke, Surgeries, Tuberculosis, Congenital Disease, Arrhythmia, and Aids (HIV). Includes handwritten 'NO' and 'No' entries.

2. Habits:

Table with 8 columns: Diet, Alcohol, Tobacco/Smoking, Medicine. Handwritten entries: Diet Mixed, Alcohol NO, Tobacco/Smoking NO, Medicine No.

3. Major complaints/Relevant past history if any: SH10 - LSCS in 2019.

4. Previous illness (Hospitalization Investigation, consultation) NA.

5. Family history: Parents - DM, HTN.

B. MEDICAL EXAMINER'S FINDING AND ASSESSMENT: (Please answer each question and where appropriate provide particulars. You are asked not to give any information to the person, assessed, about the results)

1. Anthropometry:

Height	166 cm	Weight	93.20 kg	BMI	
--------	--------	--------	----------	-----	--

2. Vital Parameters:

(i)

Respiratory Rate	21 min	Pulse Rate	63 bpm
------------------	--------	------------	--------

(ii) Blood Pressure (Three consecutive Reading):

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

3. Skin

Is there any evidence of:

Chronic Ulcer:	<input type="checkbox"/> YES	<input checked="" type="checkbox"/> NO	Eczema	<input type="checkbox"/> YES	<input checked="" type="checkbox"/> NO
Swelling	<input type="checkbox"/> YES	<input checked="" type="checkbox"/> NO	Varicose Veins	<input type="checkbox"/> YES	<input checked="" type="checkbox"/> NO
Skin Discoloration	<input type="checkbox"/> YES	<input checked="" type="checkbox"/> NO	Psoriasis	<input type="checkbox"/> YES	<input checked="" type="checkbox"/> NO

Any Other skin problem and specific location describe Seborrheic dermatitis

EXAMINATION FINDINGS DETAILS

4. Cardiovascular System: S1S2 @

5. Genito-Urinary System: NAD.

6. Respiratory System: AEBE

7. Gastro-Entrology System:

(a) Oropharyngeal: NAB

(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 NAB

12. For Female Clients Only:

1. Is there any disease of breast? NO
2. (i) Is there any evidence of pregnancy? NO
(ii) If Pregnant, are any complications to be expected? _____
3. Do you suspect any disease of uterus, cervix or ovaries? _____
4. Any menstrual complaints? NO

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 Gaur

Signature of the Medical Examiner: [Signature]

Stamp of the Medical Examiner

DR. ANAND GAUR
MBBS, CMR, CSEBDM
(Consulting Physician)
MMC Reg. No.
2005/02/0985

Registration Number _____

Date of medicals conducted: 24/2/24

Place: Ghansoli

2. Name of the Client: _____

Signature of the Client: _____

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

Sajitha Jambhavan

CA: 160/100 mmHg

HR: 80/102/93/94

15.02.2024 0:17:12

64 bpm

-- / -- mmHg

30 Years

Female

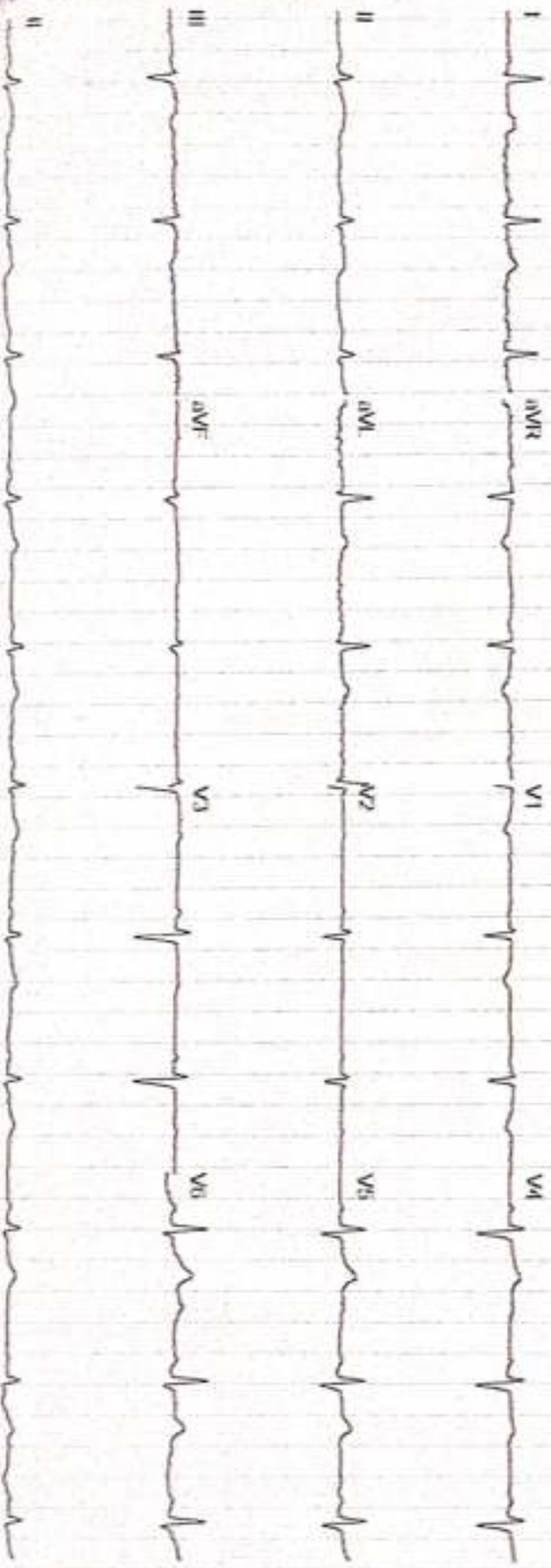
QRS : 84 ms
 QT / QTc : 432 / 445 ms
 PR : 142 ms
 P : 80 ms
 RR / PP : 932 / 937 ms
 P / QRS / T : 55 / 10 / 10 degrees

Normal sinus rhythm
Normal ECG

Location:
 Room:
 Order Number:
 Indication:
 Medication 1:
 Medication 2:
 Medication 3:

Technician:
 Ordering In:
 Referring In:
 Attending In:

DR. ANAND PRAKASH GAUR
 MBBS, SCMM, CCEBDM
 (Consultant Physician)
 2025/02/15



11 12SL W V241

25 mm/s 10 mm/mV

ADS 0.56-20 Hz 60 Hz

4x2.5x3.25 RT

Uncontaminated

1/1

Patient Consent Form: Omitting Tests from Health Check Package

Patient Information:

Full Name: Sajitha. Janardhan

Date of Birth: 25/03/1987

Address: 101, Alliance One, Pld No 1 & 2, Sector - 4, Ghansoli

Reference: ekincare

Contact Number: 8446507515

Email Address: sajithajanardhan25@gmail.com

I, Sajitha. Janardhan, hereby give my consent to (Hospital Name) Vedence Hospital to omit certain tests from the health check package that I have selected. I understand that this decision may have implications for the completeness of the health assessment and the information provided to me.

Name of Health Check Package: [Health Check Package Name] _____

Date of Scheduled Health Check: [Scheduled Health Check Date] 24/02/2024

Omitted Tests: [List of Tests to be Omitted] Pap Smear

I have been given the opportunity to ask questions and have received satisfactory answers regarding the tests being omitted from the health check package. I understand that I have the right to request a complete health assessment and include all recommended tests. However, I voluntarily choose to omit the specified tests and accept any potential consequences that may arise as a result of this decision.

I acknowledge that [Your Organization] and its healthcare professionals have explained the purpose, benefits, risks, and alternatives of the omitted tests to me. I understand that the decision to omit tests has been made based on my specific circumstances and preferences.

By signing this consent form, I confirm that I have read and understood the contents of this form, and I willingly provide my consent to omit the specified tests from the selected health check package.

Patient Signature: [Signature]

Date: 24/02/2024

Note: A copy of this signed consent form should be provided to the patient and retained in their medical records.



Credence
Care Hospital Pvt. Ltd.



**RAMAN CT SCAN &
DIAGNOSTIC CENTER**

Name: Mrs. Sajitha Janardhan Age/Sex: 36Y/Female

Date: 24/02/2024

2 D Echocardiography & color Doppler Study

FINDINGS:

- No left ventricle regional wall motion abnormality.
- No left ventricle diastolic dysfunction.
- No left ventricle wall hypertrophy. No LV dilation.
- Normal left ventricle systolic function. LVEF apprx-60%.
- No mitral regurgitation.
- No aortic regurgitation.
- No TR. No pulmonary hypertension.
- Cardiac valves are structurally normal.
- Normal size of cardiac chambers.
- Intact IAS & IVS.
- No LV clot/vegetation/pericardial effusion.
- Normal RV systolic function. No hepatic congestion.

Conclusion:

Normal 2D echo & color Doppler Study.

DR. KUMAR RAJEEV
M.D.(Med), DNB(Cardiology)





Name: Mrs. Sajitha Janardhan Age/Sex: 36Y/Female

Date: 24/02/2024

2D Measurements:

LA	35 mm
AORTIC ROOT	28 mm
EF SLOPE	90 mm/sec
LVIDD	40 mm
LVIDS	29 mm
IVS(D)	09 mm
PW(D)	09 mm
RVID	28 mm
LVEF	60%

Doppler study:

AV max -	1.1 m/sec	E vel	0.9 m/sec
PV max -	0.9 m/sec	A vel	0.7 m/sec
PASP		E/A	1.3



PATIENT'S NAME	MRS. SAJITHA JANARDHAN	AGE :- 36 y/F
REFERRED BY	CREDENCE CARE HOSPITAL	DATE : 24/02/2024

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 REQUIRE CLINICAL CO-RELATION BEFORE ANY APPLICATION.

DR SAGAR GARGE
(consultant Radiologist)



Credence
Care Hospital Pvt. Ltd.



**RAMAN CT SCAN &
DIAGNOSTIC CENTER**

PATIENT'S NAME	MRS. SAJITHA JANARDHAN	AGE :- 36 y/F
REFERRED BY	CREDENCE CARE HOSPITAL	DATE :- 24/02/2024

USG BREAST

Bilateral breast parenchyma show normal echotexture.

Mammary zone shows normal glandular tissue.

Retromammary tissue appears normal.

No axillary lymphnodes are seen bilaterally.

No evidence of any other lesion noted.

IMPRESSION: NO ABNORMALITY DETECTED.


DR. SAGAR GARGE

Patient Name : MRS. SAJITHA NAMBIAR

Age / Gender : Years / Female

Referral Doctor: HEALTH CHRCK UP

Collection Date : 24/02/2024 01:34 PM

Pt.Type / ID : OPD/ 
621

Reporting Date : 24/02/2024 08:33 PM

Complete Blood Count (CBC)

Test Description	Value(s)	Unit	Reference Range
Hemoglobin	12.0	gms/dl	12 - 15
RBC Count	4.02	mil./cmm	3.8 - 5.8
Haematocrit (HCT)	40.0	%	37 - 47
RBC Indices			
MCV	99.50	fL	80 - 100
MCH	29.85	pg	27 - 34
MCHC	30.00	gm/dl	32 - 36
RDW-CV	12.3	%	11 - 16
Total WBC Count	7200	/uL	4000 - 10000
DIFFERENTIAL COUNT			
Neutrophil	67	%	40 - 70
Lymphocytes	26	%	20 - 40
Eosinophil	03	%	1 - 6
Monocytes	04	%	2 - 8
Basophils	00	%	0 - 1
Platelet Indices			
Platelet Count	201000	/cmm.	150000 - 450000
RBC Morphology	Normocytic Normochromic		
WBC Morphology	Within Normal Limits		
Platelet	Adequate on smear		

Done on fully Automated cell counter-ERBA H360

Checked By

Authenticity Check



Dr. Harshal Thorat

MD (Path)


Reg No. 2014/10/4438

Patient Name : MRS. SAJITHA NAMBIAR

Age / Gender : Years / Female

Referral Doctor: HEALTH CHECK UP

Collection Date : 24/02/2024 01:34 PM

Pt.Type / ID : OPD/ 
621

Reporting Date : 24/02/2024 08:34 PM

ESR (ERYTHROCYTE SEDIMENTATION RATE)

Test Description	Value(s)	Unit	Reference Range
Erythrocyte Sedimentation Rate Wintrobe method	10	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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Collection Date : 24/02/2024 01:34 PM

Pt.Type / ID : OPD/  621

Reporting Date : 24/02/2024 08:34 PM

BLOOD GROUP (BG)

Test Description	Value(s)	Unit	Reference Range
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Sample Type : WHOLE BLOOD EDTA

Blood Group : O Rh Positive

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

KIT : Span diagnostics.

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621

Reporting Date : 24/02/2024 08:34 PM

BLOOD GLUCOSE LEVEL (FASTING & POST PRANDIAL)

Test Description	Value(s)	Unit	Reference Range
Glucose Fasting (Plasma)	90.0	mg/dl	70 - 110

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

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Reporting Date : 24/02/2024 08:34 PM

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 accurate 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 of hemoglobin occurs the entire 120 days life span of the red blood cell, but with in this 120 days. Recent glycemia has the largest influence on the HbA1c value. Clinical studies suggest that a patient in stable control will have 50% of their HbA1c formed in the month before sampling, 25% in the month before that, and the remaining 25% in months 2-4.

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Collection Date : 24/02/2024 01:34 PM

Pt.Type / ID : OPD/ 
621

Reporting Date : 24/02/2024 08:34 PM

THYROID FUNCTION TEST (TFT)

Test Description	Value(s)	Unit	Reference Range
TOTAL TRIIODOTHYRONINE (T3) Competitive Chemi Luminescent Immuno Assay	120.0	ng/dl	60 - 181
TOTAL THYROXINE (T4) Competitive Chemi Luminescent Immuno Assay	6.32	µg/dL	4.5 - 12.6
THYROID STIMULATING HORMONE (TSH) SANDWICH CHEMI LUMINESCENT IMMUNO ASSAY	1.3	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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Collection Date : 24/02/2024 01:34 PM

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Reporting Date : 24/02/2024 08:34 PM

LIPID PROFILE

Test Description	Value(s)	Unit	Reference Range
Total Cholesterol	151.0	mg/dl	Low < 125 Desirable : < 200 Borderline High : 201 - 240 High : > 240
Triglycerides	120.0	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	110.00	mg/dl	Desirable : < 130 Boderline high : 130 - 159 High : > 160
LDL Cholesterol	86.00	mg/dl	Low < 85 Optimal : <100 Near/Above Optimal : 101 - 129 Borderline High : 130 - 159 High : >160
VLDL Cholesterol	24.00	mg/dl	Below 40
TOTAL CHOL/HDL Ratio	3.68	-	Desirable/Low Risk : 3.3 - 4.4 Borderline/Middle Risk : 4.5 - 7.1 Elevated/High Risk : 7.2 - 11.0
LDL/HDL Ratio	2.10	-	Desirable/Low Risk : 0.5 - 3.0 Borderline/Middle Risk : 3.1 - 6.0 Elevated/High Risk : >6.1
Appearance of Serum	Clear		

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Collection Date : 24/02/2024 01:34 PM

Pt.Type / ID : OPD/ 
621

Reporting Date : 24/02/2024 08:35 PM

URIC ACID

Test Description	Value(s)	Unit	Reference Range
Uric Acid	5.2	mg/dl	2.6 - 6.0

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Pt.Type / ID : OPD/ 
621

Reporting Date : 24/02/2024 08:36 PM

BLOOD UREA NITROGEN

Test Description	Value(s)	Unit	Reference Range
BUN* Serum,Calculated	8.9	mg/dL	7 - 18.0

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Collection Date : 24/02/2024 01:34 PM

Pt.Type / ID : OPD/ 
621

Reporting Date : 24/02/2024 08:36 PM

CREATININE

Test Description	Value(s)	Unit	Reference Range
CREATININE Jaffe IDMS	0.8	mg/dl	0.6 - 1.4

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Collection Date : 24/02/2024 01:34 PM

Pt.Type / ID : OPD/  621

Reporting Date : 24/02/2024 08:36 PM

BUN/CREATININE RATIO

Test Description	Value(s)	Unit	Reference Range
BUN/CREATININE RATIO	11.1	Mg/dL	5 - 20

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Collection Date : 24/02/2024 01:34 PM

Pt.Type / ID : OPD/  621

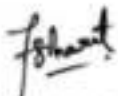
Reporting Date : 24/02/2024 08:37 PM

LIVER FUNCTION TEST (LFT)

Test Description	Value(s)	Unit	Reference Range
Bilirubin Total	0.72	mg/dL	0.3 - 1.5
Bilirubin Direct	0.32	mg/dL	0.0 - 0.5
Bilirubin Indirect	0.4	mg/dL	0.2 - 0.9
SGOT (AST)	11.0	U/L	0 - 45
SGPT (ALT)	18.0	U/L	0 - 45
Alkaline Phosphatase	171.0	U/L	80 - 306
Protein Total	6.8	g/dL	6 - 8
Albumin	3.7	g/dL	3.2 - 5.0
Globulin	3.10	g/dL	2.5 - 3.3
A/G Ratio	1.19	-	1.0 - 2.1

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Dr. Harshal Thorat
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Reg No. 2014/10/4438

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Collection Date : 24/02/2024 01:34 PM

Pt.Type / ID : OPD/ 
621

Reporting Date : 24/02/2024 08:37 PM

GAMMA GT

Test Description	Value(s)	Unit	Reference Range
Gamma Glutaryl Trans Peptidase	15.0	U/L	5 - 40

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621

Reporting Date : 24/02/2024 08:38 PM

URINE ROUTINE REPORT

Test Description	Value(s)	Unit	Reference Range
Physical Examination			
Quantity	20	ml	-
Colour	Pale Yellow		Pale yellow/Yellow
Appearance	Clear		Clear
Specific Gravity	1.010		1.005-1.030
pH	Acidic		Acidic
Deposit	Absent		Absent
Chemical Examination			
Protein	Absent		Absent
Sugar	Absent		Absent
Ketones	Absent		Absent
Bile Salt	Absent		Absent
Bile Pigment	Absent		Absent
Urobilinogen	Normal		Normal
Microscopic Examination (/hpf)			
Pus Cell	2-3		Upto 5
Epithelial Cells	1-2		Upto 5
Red Blood Cells	Absent		Absent
Casts	Absent		Absent
Crystals	Absent		Absent
Bacteria	Absent		Absent

****END OF REPORT****



Checked By

Authenticity Check

Dr. Harshal Thorat

MD (Path)

Reg No. 2014/10/4438