



Patient Details

UHID : AFD000018878
 Patient Name : MRS. JUBEDA BEGUM
 Age / Gender : 55 Yrs 7 Mth / FEMALE / 04-07-1967
 Company : Acrofemi Healthcare Ltd
 Address : BANK OF BARODA PALWAL, FARIDABAD, HARYANA, INDIA. Zip No.-121102

Bill Date : 11-02-2023 09:00:30
 Bill No. : AFDHC230000259
 Receipt No. : AFDPR230004305

Service Details

- | S. No. | Investigation | Rooms | Remarks |
|--------|--|-------|---------|
| 1 | MEDIWHEEL PKG FOR FEMALE ABOVE 40YRS DR. PHC HEAD | | |
| 2 | CBC-1(COMPLETE BLOOD COUNT) | | |
| 3 | ESR | | |
| 4 | URINE, ROUTINE EXAMINATION | | |
| 5 | STOOL ROUTINE EXAMINATION | | Refuse |
| 6 | * BLOOD GROUP (ABO & RH) | | |
| 7 | GLUCOSE PLASMA (FASTING) | | |
| 8 | GLUCOSE PLASMA (PP) POST PRANDIAL | 11:00 | |
| 9 | GLYCATED HAEMOGLOBIN (HBA1C) | | |
| 10 | THYROID PROFILE (FT3+FT4+TSH) | | |
| 11 | LIPID PROFILE | | |
| 12 | KFT/RFT-KIDNEY/RENAL PANEL 1 | | |
| 13 | LIVER FUNCTION TESTS (LFT) | | |
| 14 | ECG | | |
| 15 | 2D ECHO DR. MITHILESH KUMAR | | |
| 16 | USG-BREAST BOTH | | |
| 17 | XRAY-CHEST P.A. | | |
| 18 | PAP SMEAR | | |
| 19 | USG-FOR WHOLE ABDOMEN | | |
| 20 | OPD Consultation-Internal Medicine DR. MUKUND SINGH | | |
| 21 | OPD Consultation-Gynae DR. CHANCHAL GUPTA / DR. MALA DIXIT | | |
| 22 | OPD Consultation-Dental DR. RAVJOT AHUJA | | Refuse |
| 23 | OPD Consultation-Ophthal DR. UPASANA | | |

Prepared By : MS. PRIYANKA MOURYA

Employee ID
Signature

FINAL REPORT

Bill No.	: AFDHC230000259	Bill Date	: 11-02-2023 09:00
Patient Name	: MRS. JUBEDA BEGUM	UHID	: AFD000018878
Age / Gender	: 55 Yrs 7 Mth / FEMALE	Patient Type	: If PHC :
Ref. Consultant	: DR. PHC HEAD	Ward / Bed	: /
Sample ID	: AFD23003366	Current Ward / Bed	: /
		Receiving Date & Time	: 11-02-2023 09:58
		Reporting Date & Time	: 11-02-2023 12:08

HAEMATOLOGY REPORTING

Test (Methodology)	Flag	Result	UOM	Biological Reference Interval
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Sample Type: EDTA Whole Blood

MEDIWHEEL PKG FOR FEMALE ABOVE 40YRS
CBC -1 (COMPLETE BLOOD COUNT)

TOTAL LEUCOCYTE COUNT (Flow Cytometry)		6.5	thousand/cumm	4 - 11
RED BLOOD CELL COUNT (Hydro Dynamic Focussing)		4.6	million/cumm	3.8 - 4.8
HAEMOGLOBIN (SLS Hb Detection)		12.4	g/dL	12 - 15
PACK CELL VOLUME (Cumulative Pulse Height Detection)		38.5	%	36 - 46
MEAN CORPUSCULAR VOLUME		84.1	fL	83 - 101
MEAN CORPUSCULAR HAEMOGLOBIN		27.2	pg	27 - 32
MEAN CORPUSCULAR HAEMOGLOBIN CONCENTRATION		32.3	g/dL	31.5 - 34.5
PLATELET COUNT (Hydro Dynamic Focussing)		307	thousand/cumm	150 - 400
RED CELL DISTRIBUTION WIDTH (S.D - RDW) (Particle Size Distribution)	H	51.4	fL	39 - 46
RED CELL DISTRIBUTION WIDTH (C.V.)	H	17.0	%	11.6 - 14

DIFFERENTIAL LEUCOCYTE COUNT

NEUTROPHILS		68	%	40 - 80
LYMPHOCYTES		25	%	20 - 40
MONOCYTES		6	%	2 - 10
EOSINOPHILS		1	%	1 - 5
BASOPHILS		0	%	0 - 1

ESR (Westergren)	H	39	mm 1st hr	0 - 20
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**** End of Report ****
IMPORTANT INSTRUCTIONS

CL - Critical Low, CH - Critical High, H - High, L - Low


DR. REETU JADHAV NAGE
 MBBS, DCP, DNB (PATHOLOGY)
 CONSULTANT PATHOLOGIST



FINAL REPORT

Bill No.	: AFDHC230000259	Bill Date	: 11-02-2023 09:00
Patient Name	: MRS. JUBEDA BEGUM	UHID	: AFD000018878
Age / Gender	: 55 Yrs 7 Mth / FEMALE	Patient Type	: If PHC :
Ref. Consultant	: DR. PHC HEAD	Ward / Bed	: /
Sample ID	: AFD23003384	Current Ward / Bed	: /
		Receiving Date & Time	: 11-02-2023 11:07
		Reporting Date & Time	: 11-02-2023 14:31

CLINICAL PATH REPORTING

Test (Methodology)	Flag	Result	UOM	Biological Reference Interval
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Sample Type: Urine

MEDIWHEEL PKG FOR FEMALE ABOVE 40YRS

URINE, ROUTINE EXAMINATION

PHYSICAL EXAMINATION

QUANTITY	30 mL		
COLOUR	Pale yellow		Pale Yellow
TURBIDITY	Slight turbid		

CHEMICAL EXAMINATION

PH (Double pH indicator method)	6.0		5.0 - 8.5
PROTEINS (Protein-error-of-indicators)	Negative		Negative
SUGAR (GOD POD Method)	Negative		Negative
SPECIFIC GRAVITY, URINE (Apparent pKa change)	1.015		1.005 - 1.030

MICROSCOPIC EXAMINATION

LEUCOCYTES	2-4	/HPF	0 - 5
RBC's	0-1		
EPITHELIAL CELLS	2-4		
CASTS	Nil		
CRYSTALS	Nil		
OTHERS	Bacteria(+)		

**** End of Report ****

IMPORTANT INSTRUCTIONS

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DR. REETU JADHAV NAGE
MBBS, DCP, DNB (PATHOLOGY)
CONSULTANT PATHOLOGIST

FINAL REPORT

Bill No.	: AFDHC230000259	Bill Date	: 11-02-2023 09:00
Patient Name	: MRS. JUBEDA BEGUM	UHID	: AFD000018878
Age / Gender	: 55 Yrs 7 Mth / FEMALE	Patient Type	: If PHC :
Ref. Consultant	: DR. PHC HEAD	Ward / Bed	: /
Sample ID	: AFD23003357	Current Ward / Bed	: /
		Receiving Date & Time	: 11-02-2023 09:58
		Reporting Date & Time	: 11-02-2023 14:34

BLOOD BANK REPORTING

Test (Methodology)	Flag	Result	UOM	Biological Reference Interval
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Sample Type: EDTA Whole Blood

MEDIWHEEL PKG FOR FEMALE ABOVE 40YRS

BLOOD GROUP (ABO & RH)

ABO GROUP	"O"
RH TYPE	POSITIVE

Forward grouping done by Slide method.

**** End of Report ****

IMPORTANT INSTRUCTIONS

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FINAL REPORT

Bill No.	: AFDHC230000259	Bill Date	: 11-02-2023 09:00
Patient Name	: MRS. JUBEDA BEGUM	UHID	: AFD000018878
Age / Gender	: 55 Yrs 7 Mth / FEMALE	Patient Type	: <input type="checkbox"/> If PHC <input type="checkbox"/>
Ref. Consultant	: DR. PHC HEAD	Ward / Bed	: /
Sample ID	: AFD23003358	Current Ward / Bed	: /
		Receiving Date & Time	: 11-02-2023 09:58
		Reporting Date & Time	: 11-02-2023 11:08

Sample Type: Serum


MEDIWHEEL PKG FOR FEMALE ABOVE 40YRS
KFT/RFT- KIDNEY/RENAL PANEL 1

BLOOD UREA <small>Urease-GLDH,Kinetic</small>	22	mg/dL	15 - 45
CREATININE-SERUM <small>(Modified Jaffe s Kinetic)</small>	0.7	mg/dL	0.6 - 1.1
SODIUM-SERUM <small>(Indirect Ion-Selective Electrode)</small>	138	m.mol/L	135 - 145
POTASSIUM-SERUM <small>(Indirect Ion-Selective Electrode)</small>	4.4	m.mol/L	3.5 - 5.1
CHLORIDE-SERUM <small>(Indirect Ion-Selective Electrode)</small>	106	m.mol/L	98 - 107
GLUCOSE-PLASMA (FASTING) <small>(UV Hexokinase)</small>	H 118.5	mg/dL	70 - 100

Note: A diagnosis of diabetes mellitus is made if fasting blood glucose exceeds 126 mg/dL.
 (As per American Diabetes Association recommendation)

**** End of Report ****
IMPORTANT INSTRUCTIONS

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FINAL REPORT

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Patient Name	: MRS. JUBEDA BEGUM	UHID	: AFD000018878
Age / Gender	: 55 Yrs 7 Mth / FEMALE	Patient Type	: If PHC :
Ref. Consultant	: DR. PHC HEAD	Ward / Bed	: /
Sample ID	: AFD23003425	Current Ward / Bed	: /
		Receiving Date & Time	: 11-02-2023 14:35
		Reporting Date & Time	: 11-02-2023 16:44

BIOCHEMISTRY REPORTING

Test (Methodology)	Flag	Result	UOM	Biological Reference Interval
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Sample Type: Plasma

MEDIWHEEL PKG FOR FEMALE ABOVE 40YRS

GLUCOSE-PLASMA (POST PRANDIAL) (LA FINGERSTICK)		127.8	mg/dL	70 - 140
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Note: A diagnosis of diabetes mellitus is made if 2 hour post load glucose exceeds 200 mg/dL.
 (As per American Diabetes Association recommendation)

**** End of Report ****

IMPORTANT INSTRUCTIONS

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 CONSULTANT PATHOLOGIST



FINAL REPORT

Bill No.	: AFBCB230000501	Bill Date	: 11-02-2023 10:15
Patient Name	: MRS. JUBEDA BEGUM	UHID	: AFD000018878
Age / Gender	: 55 Yrs 7 Mth / FEMALE	Patient Type	: <input type="checkbox"/> If PHC <input type="checkbox"/>
Ref. Consultant	: DR. PHC HEAD	Ward / Bed	: /
Sample ID	: AFB23050609	Current Ward / Bed	: /
		Receiving Date & Time	: 11-02-2023 13:50
		Reporting Date & Time	: 13-02-2023 11:16

HAEMATOLOGY REPORTING

Test (Methodology)	Flag	Result	UOM	Biological Reference Interval
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Sample Type: EDTA Whole Blood

GLYCATED HAEMOGLOBIN (HBA1C)

HBA1C (HPLC)	H	6.8	%	4.27 - 6.07
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INTERPRETATION:

HbA1c %	Degree of Glucose Control
>8%	Action suggested due to high risk of developing long term complications like Retinopathy, Nephropathy, Cardiopathy and Neuropathy
7.1 - 8.0	Fair Control
<7.0	Good Control

- Note:
1. A three monthly monitoring is recommended in diabetics.
 2. Since HbA1c concentration represents the integrated values for blood glucose over the preceding 6 - 10 weeks and is not affected by daily glucose fluctuation, exercise and recent food intake, it is a more useful tool for monitoring diabetics.

**** End of Report ****

IMPORTANT INSTRUCTIONS

CL - Critical Low, CH - Critical High, H - High, L - Low

Shilpa

DR. SHILPA G
MD, PATHOLOGY
Sr Consultant

FINAL REPORT

Bill No.	: AFBCB230000501	Bill Date	: 11-02-2023 10:15
Patient Name	: MRS. JUBEDA BEGUM	UHID	: AFD000018878
Age / Gender	: 55 Yrs 7 Mth / FEMALE	Patient Type	: <input type="checkbox"/> If PHC <input type="checkbox"/>
Ref. Consultant	: DR. PHC HEAD	Ward / Bed	: /
Sample ID	: AFB23050610	Current Ward / Bed	: /
		Receiving Date & Time	: 11-02-2023 13:50
		Reporting Date & Time	: 11-02-2023 14:48

SEROLOGY REPORTING

Test (Methodology)	Flag	Result	UOM	Biological Reference Interval
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Sample Type: Serum

THYROID PROFILE (FT3+FT4+TSH)

FREE-TRI IODO THYRONINE (FT3) (ECLIA)		2.99	pg/mL	2.0-4.4
FREE -THYROXINE (FT4) (ECLIA)		1.24	ng/dL	0.9-1.7
THYROID STIMULATING HORMONE (TSH) (ECLIA)		2.66	mIU/L	0.27-4.20

**** End of Report ****

IMPORTANT INSTRUCTIONS

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Shilpa

DR. SHILPA G
MD, PATHOLOGY
Sr Consultant

FINAL REPORT

Bill No.	: AFDHC230000259	Bill Date	: 11-02-2023 09:00
Patient Name	: MRS. JUBEDA BEGUM	UHID	: AFD000018878
Age / Gender	: 55 Yrs 7 Mth / FEMALE	Patient Type	: <input type="checkbox"/> If PHC <input type="checkbox"/>
Ref. Consultant	: DR. PHC HEAD	Ward / Bed	: /
Sample ID	: AFD23003358	Current Ward / Bed	: /
		Receiving Date & Time	: 11-02-2023 09:58
		Reporting Date & Time	: 11-02-2023 11:08

BIOCHEMISTRY REPORTING

Test (Methodology)	Flag	Result	UOM	Biological Reference Interval
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Sample Type: Serum
MEDIWHEEL PKG FOR FEMALE ABOVE 40YRS

CHOLESTROL-TOTAL (CHO-POD)	H	180	mg/dL	0 - 160
HDL CHOLESTROL <small>Enzymatic ImmunoInhibition</small>		54	mg/dL	>45
CHOLESTROL-LDL DIRECT <small>Enzymatic Selective Protection</small>	H	118	mg/dL	0 - 100
S.TRYGLYCERIDES (GPO - POD)		121	mg/dL	0 - 160
NON-HDL CHOLESTROL	H	126.0	mg/dL	0 - 125
TOTAL CHOLESTROL / HDL CHOLESTROL		3.3		1/2 Average Risk <3.3 Average Risk 3.3 - 4.4 2 Times Average Risk 4.5 - 7.1 3 Times Average Risk 7.2-11.0
LDL CHOLESTROL / HDL CHOLESTROL		2.2		1/2 Average Risk <1.5 Average Risk 1.5-3.2 2 Times Average Risk 3.3-5.0 3 Times Average Risk 5.1-6.1
CHOLESTROL-VLDL		24	mg/dL	10 - 35

Comments:

- Disorders of Lipid metabolism play a major role in atherosclerosis and coronary heart disease.
- There is an established relationship between increased total cholesterol & LDL cholesterol and myocardial infarction.
- HDL cholesterol level is inversely related to the incidence of coronary artery disease.
- Major risk factors which adversely affect the lipid levels are:
 - Cigarette smoking.
 - Hypertension.
 - Family history of premature coronary heart disease.
 - Pre-existing coronary heart disease.

**** End of Report ****
IMPORTANT INSTRUCTIONS

CL - Critical Low, CH - Critical High, H - High, L - Low



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 MBBS, DCP, DNB (PATHOLOGY)
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Age / Gender	: 55 Yrs 7 Mth / FEMALE	Patient Type	: If PHC :
Ref. Consultant	: DR. PHC HEAD	Ward / Bed	: /
Sample ID	: AFD23003358	Current Ward / Bed	: /
		Receiving Date & Time	: 11-02-2023 09:58
		Reporting Date & Time	: 11-02-2023 11:08

BIOCHEMISTRY REPORTING

Test (Methodology)	Flag	Result	UOM	Biological Reference Interval
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Sample Type: Serum

MEDIWHEEL PKG FOR FEMALE ABOVE 40YRS
LIVER FUNCTION TESTS (LFT)

BILIRUBIN-TOTAL (DPO)		0.63	mg/dL	0.2 - 1.0
BILIRUBIN-DIRECT (DPO)		0.14	mg/dL	0 - 0.2
BILIRUBIN-INDIRECT		0.49	mg/dL	0.2 - 0.8
S.PROTEIN-TOTAL (Buret)		7.8	g/dL	6 - 8.1
ALBUMIN-SERUM (Dye Binding-Bromocresol Green)		4.1	g/dL	
S.GLOBULIN		3.7	g/dL	2.8-3.8
A/G RATIO	L	1.11		1.5 - 2.5
ALKALINE PHOSPHATASE IFCC AMP BUFFER	H	108.7	IU/L	42 - 98
ASPARTATE AMINO TRANSFERASE (IFCC)		27.4	IU/L	10 - 42
ALANINE AMINO TRANSFERASE (IFCC)		27.5	IU/L	10 - 40
GAMMA-GLUTAMYLTRANSPEPTID (IFCC)		27.0	IU/L	7 - 35
LACTATE DEHYDROGENASE (IFCC; L-P)		241.0	IU/L	0 - 248

CHOLESTROL-TOTAL (CHO-POD)	H	180	mg/dL	0 - 160
HDL CHOLESTROL Enzymatic Immunoinhibition		54	mg/dL	>45
CHOLESTROL-LDL DIRECT Enzymatic Selective Protection	H	118	mg/dL	0 - 100
S.TRYGLYCERIDES (GPO - POD)		121	mg/dL	0 - 160
NON-HDL CHOLESTROL	H	126.0	mg/dL	0 - 125
TOTAL CHOLESTROL / HDL CHOLESTROL		3.3		½Average Risk <3.3 Average Risk 3.3 - 4.4 2 Times Average Risk 4.5 - 7.1 3 Times Average Risk 7.2-11.0
LDL CHOLESTROL / HDL CHOLESTROL		2.2		½Average Risk <1.5 Average Risk 1.5-3.2 2 Times Average Risk 3.3-5.0 3 Times Average Risk 5.1-6.1
CHOLESTROL-VLDL		24	mg/dL	10 - 35

Comments:

- Disorders of Lipid metabolism play a major role in atherosclerosis and coronary heart disease.
- There is an established relationship between increased total cholesterol & LDL cholesterol and myocardial infarction.
- HDL cholesterol level is inversely related to the incidence of coronary artery disease.
- Major risk factors which adversely affect the lipid levels are:
 - Cigarette smoking.
 - Hypertension.
 - Family history of premature coronary heart disease.
 - Pre-existing coronary heart disease.

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IMPORTANT INSTRUCTIONS

CL - Critical Low, CH - Critical High, H - High, L - Low

FINAL REPORT

Bill No.	: AFDHC230000259	Bill Date	: 11-02-2023 09:00
Patient Name	: MRS. JUBEDA BEGUM	UHID	: AFD000018878
Age / Gender	: 55 Yrs 7 Mth / FEMALE	Patient Type	: OPD
Ref. Consultant	: DR. PHC HEAD	Ward	:
Sample ID	: AFD23003447	Current Bed	:
		Reporting Date & Time	: 14-02-2023 11:38
		Receiving Date & Time	: 11/02/2023 15:11

CYTOPATHOLOGY REPORTING

Pap smear (Manual no. P -10/23)

Specimen type: Conventional Cervico-vaginal smear

Specimen adequacy: Satisfactory for evaluation, without endocervical or transformation zone component

Comment: Smears show mainly superficial and intermediate squamous epithelial cells. Along with this, there are few polymorphonuclear cells are present. Normal bacterial flora seen.
No candida and trichomonas present.
No atypical cells or granulomas seen.

INTERPRETATION / RESULT: Negative for intraepithelial lesion or malignancy (NILM)

(Note: Report as per the 2014 Bethesda system for reporting cervical cytology).

*** End of Report ***



DR. REETU JADHAV NAGE
MBBS, DCP, DNB
(PATHOLOGY)
CONSULTANT PATHOLOGIST

Naryc 1 - Jubeada Begum

09.02.2023 10:52 51
ASIAN FIDELIS HOSPITAL
SEC-88 FARIDABAD HARYANA
RPS CITY

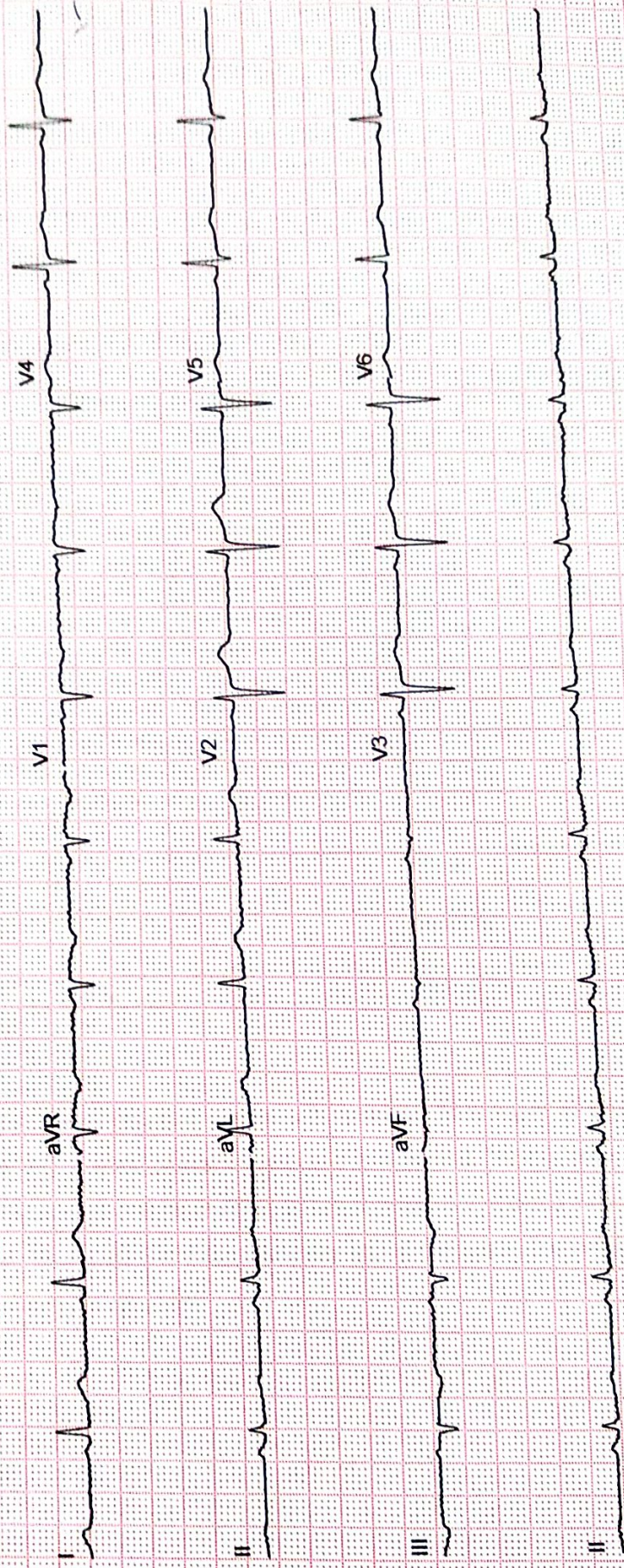
Location:
Room:
Order Number:
Indication:
Medication 1:
Medication 2:
Medication 3:

64 bpm
-- / -- mmHg

Technician:
Ordering Ph:
Referring Ph:
Admitting Ph:

Normal sinus rhythm
Normal ECG

QRS : 72 ms
QT / QTcBaz : 424 / 437 ms
PR : 140 ms
P : 100 ms
RR / PP : 938 / 937 ms
P / QRS / T : 52 / 4 / 18 degrees



Unconfirmed
4x2 5x3 25 R1
1/1

ADS 0.56-20 Hz

25 mm/s 10 mm/mV

GE MAC2000 1.1 12SL™ V241

79



NON INVASIVE CARDIOLOGY

Patient Name	: MRS. JUBEDA BEGUM	IPD No.	:
Age	: 55 Yrs 7 Mth	UHID	: AFD000018878
Gender	: FEMALE	Bill No.	: AFDHC230000259
Ref. Doctor	: DR. PHC HEADAsian Fidellis	Bill Date	: 11-02-2023 09:00:30
Ward	:	Room No.	:
		Procedure Date	: 13-02-2023 11:14:54

ECHOCARDIOGRAPHY & COLOR DOPPLER REPORT

MEASUREMENTS	ABSOLUTE VALUE	NORMAL VALUE
Aortic Root Diameter	2.6	2.0-3.7cm < 2.2cm/M2
Aortic Valve Opening	N	1.5-2.6cm
Left Atrial Dimension	3.2	1.9-4.0cm < 2.2cm/M2
RV Dimensions	N	0.7-2.6cm
RV thickness	N	0.3-0.9cm
LV ED Dimension	4.2	3.7-5.6 cm < 3.2cm /M2
LV ES Dimension	2.8	2.2-4.0 cm
IVS thickness	ED - 0.8 ES-1.1	0.6-1.2cm
LVPW Thickness	ED - 1.1 ES-1.3	0.5-1.1cm
IVS/ LVPW Ratio	N	
Mitral Valve	DE-N EF -N	

INDICES OF LV FUNCTION		
EPSS		<9mm
FS %		24-42%
LV Ejection Fraction	60%	60+/-6%

IMAGING:

2D- imaging in PLAX.SAX and apical views revealed normal left ventricle. Movement of septum, posterior and lateral walls are normal. Global LVEF is 60%. Mitral valve opening is normal. No evidence of mitral valve prolapse is seen. Aortic valve has three cusps and its opening is not restricted. Tricuspid valve leaflets move normally, Pulmonary valve is normal. Interatrial and Interventricular septal are intact, No intracardiac mass or thrombus is seen. No pericardial pathology is observed.

NON INVASIVE CARDIOLOGY

Patient Name	: MRS. JUBEDA BEGUM	IPD No.	:
Age	: 55 Yrs 7 Mth	UHID	: AFD000018878
Gender	: FEMALE	Bill No.	: AFDHC230000259
Ref. Doctor	: DR. PHC HEADAsian Fidelis	Bill Date	: 11-02-2023 09:00:30
Ward	:	Room No.	:
		Procedure Date	: 13-02-2023 11:14:54

MORPHOLOGICAL DATA

Mitral Valve : AML PML	Normal	Interatrial Septum	Intact
Aortic Valve	Normal	Interventricular Septum	Intact
Tricuspid Valve	Normal	Pulmonary Artery	Normal
Pulmonary Valve	Normal	Aorta	Normal
Right Ventricle	Normal	Right Atrium	Normal
Left Ventricle	Normal	Left Atrium	Normal

DOPPLER STUDY

	m/s	m/s	
MITRAL VELOCITY	E-0.7	A-0.6	MR 0/4
TRICUSPID VELOCITY	2.0 m/s		TR 1/4
AORTIC VELOCITY	1.1 m/s		AR 0/4
PULMONARY VELOCITY	0.7 m/s		PR 0/4
PA Pressure	17+RAP		



NON INVASIVE CARDIOLOGY

Patient Name	: MRS. JUBEDA BEGUM	IPD No.	:
Age	: 55 Yrs 7 Mth	UHID	: AFD000018878
Gender	: FEMALE	Bill No.	: AFDHC230000259
Ref. Doctor	: DR. PHC HEADAsian Fidelis	Bill Date	: 11-02-2023 09:00:30
Ward	:	Room No.	:
		Procedure Date	: 13-02-2023 11:14:54

COLOUR FLOW MAPPING

Trace tricuspid regurgitation.

FINAL IMPRESSION

1. No RWMA, LVEF-60%.
2. Normal cardiac chamber dimension.
3. Trace tricuspid regurgitation (PASP-17+RAP)
4. Normal mitral inflow pattern.
5. No clot/mass/vegetation/PE.

DR. MITHUNESH KUMAR
MD. DNB (Cardiology),
Consultant Cardiologist
HMC-11972



For The perusal of a medical professional only

The content of this report is only an opinion based on images and is therefore subject to inherent technical limitations.

It is not the diagnosis & must be correlated clinically.

NOT FOR MEDICOLEGAL PURPOSES

.....End of Report.....

Prepare By.
MADHVI.S

DEPARTMENT OF RADIO-DIAGNOSIS & IMAGING

Report : ULTRASOUND

Patient Name	: MRS. JUBEDA BEGUM	IPD No.	:	
Age	: 55 Yrs 7 Mth	UHID	:	AFD000018878
Gender	: FEMALE	Bill No.	:	AFDHC230000259
Ref. Doctor	: DR. PHC HEADAsian Fidelis	Bill Date	:	11-02-2023 09:00:30
Ward	:	Room No.	:	
		Print Date	:	11-02-2023 10:49:12

USG WHOLE ABDOMEN

FINDINGS:

- Liver is normal in size (longitudinal span 14.2 cm) and shows mild fatty infiltration (s/o grade I fatty liver). No evidence of any focal lesion is seen. No dilated intrahepatic biliary radicles are seen. Common duct and portal vein are normal in course and caliber.
- The gall bladder is not visualized (post-cholecystectomy status).
- Visualized Pancreas is normal in size and parenchymal echogenicity. Rest of the pancreas and retroperitoneal structures are obscured by overlying bowel gas shadows.
- Spleen is normal in size and echo pattern with no focal lesion.
- Both the kidneys are normal in size, shape and position. No evidence of any hydronephrosis is noted on either side. Normal corticomedullary differentiation is maintained bilaterally. The cortical thickness is within normal limits. The right kidney measures 8.3 x 3.9 cm. The left kidney measures 9.2 x 4.3 cm. No focal lesion/calculus noted in either kidney.
- The Urinary Bladder is partially distended.
- Uterus is not visualized (post-hysterectomy status). No obvious adnexal mass lesion seen.
- No ascites/retroperitoneal lymphadenopathy/pleural effusion.

IMPRESSION:

- Grade I fatty liver changes.

Please correlate clinically.

.....End of Report.....

Prepare By.
BHANOO


DR. BHANOO CHAUDHARY, MBBS, MD
CONSULTANT

Note : The information in this report is based on interpretation of images. This report is not the diagnosis and should be correlated with clinical details and other investigation.



DEPARTMENT OF RADIO-DIAGNOSIS & IMAGING

Report : ULTRASOUND

Patient Name	: MRS. JUBEDA BEGUM	IPD No.	:
Age	: 55 Yrs 7 Mth	UHID	: AFD000018878
Gender	: FEMALE	Bill No.	: AFDHC230000259
Ref. Doctor	: DR. PHC HEADAsian Fidelis	Bill Date	: 11-02-2023 09:00:30
Ward	:	Room No.	:
		Print Date	: 11-02-2023 14:09:55

USG BOTH BREASTS

PROTOCOL:

High resolution ultrasound examination of both breasts was performed with 10 to 12-MHz linear probe.

FINDINGS:

Axially breast is seen on right side.

Rest of the breasts parenchyma appears normal. No focal lesion or collection seen.

Both the nipples are normal in position with normal posterior shadowing.

No significant axillary lymphadenopathy seen.

Skin and subcutaneous tissues are unremarkable on both sides.

IMPRESSION: BIRADS-I.

Please correlate clinically.

.....End of Report.....



Prepare By.
BHANOO

DR. BHANOO CHAUDHARY, MBBS, MD
CONSULTANT

Note : The information in this report is based on interpretation of images. This report is not the diagnosis and should be correlated with clinical details and other investigation.

DEPARTMENT OF RADIO-DIAGNOSIS & IMAGING

Report : XRAY

Patient Name	: MRS. JUBEDA BEGUM	IPD No.	:
Age	: 55 Yrs 7 Mth	UHID	: AFD000018878
Gender	: FEMALE	Bill No.	: AFDHC230000259
Ref. Doctor	: DR. PHC HEADAsian Fidelis	Bill Date	: 11-02-2023 09:00:30
Ward	:	Room No.	:
		Print Date	: 11-02-2023 12:10:28

CHEST PA VIEW:

Cardiac shadow appears normal.

Both lung fields show prominent bronchovascular markings.

Both domes of diaphragm and both CP angles are clear.

Both hila appear normal.

Soft tissues and bony cage appear normal.

Please correlate clinically.

.....End of Report.....



**DR. BHANOO CHAUDHARY, MBBS, MD
CONSULTANT**

Prepare By.
BHANOO

Note : The information in this report is based on interpretation of images. This report is not the diagnosis and should be correlated with clinical details and other investigation.

OPD Assessment Form (First Visit/Follow-up)



Name : MRS. JUBEDA BEGUM
 HUSBAND : MR. KHAN RASHID
 Age / Gender : 55 Yrs 7 Mth / FEMALE
 CPG : CORPORATE CASHWIMS2122_FD
 Inst. Name : Acrofemi Healthcare Ltd
 Address : BANK OF BARODA PALWAL, FARIDABAD, HARYANA, INDIA, Zip No.-121102

UHID No. : AFD000018878
 Date : 11-02-2023 08:53:09
 Doctor / Unit : DR. MUKUND SINGH /
 Department : INTERNAL MEDICINE_FD

PHC

Present Complaints:

Co Spjasma anal
 ngul hypotensi
 nyeri dysentri

BP (mm Hg) 120/80 mm/Hg
 Pulse 71 b/m
 RR SpO2-99%
 Ht/Length 156 CM
 Wt- 69.7 kg
 Pain Score (1-10)

Past/Family History:

None

History Given By : Self

Clinical Findings : None

Any known Allergies
 Not known

Provisional Diagnosis : Early Diarrhea mellitus II

DR. MUKUND SINGH, MBBS, DNB, CONSULTANT-INTERNAL MEDICINE_FD, Reg. No: BMC-35607

Asian Fidelis Multispeciality Hospital OPD Timing: Mon - Sat : 10:00am-04:00pm.

Note :
 Nature of illness, prognosis, potential side effects of medication used, risk of allergic reaction, need for follow-up & monitoring has been explained to the Patient/attendants in their own language.
WHEN TO OBTAIN URGENT CARE : In case high grade fever, recurrent vomiting, profuse diarrhea, severe oral ulcers, skin rash breathlessness, dizziness, loss of consciousness, bleeding from any site or new relevant/ alarming symptom

HbA1c = 6.8

Investigations Advised :

Rx

① Ach. & 10 on

② Rosuvast - 10 on

} 15 days

Plan Of Care :

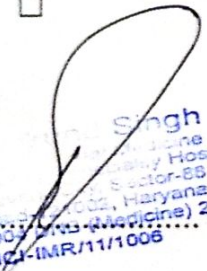
- Diet

- Regular exercise as tolerated

Treatment Advice:

HbA1c after 6 weeks

Nutritional Screening : Required (If required, please contact, the dietician)
Not Required

Signature of Doctor / Consultant:  Date:..... Time:.....
Dr. Singh
Consultant
Asian Fidelis Multi speciality Hospital
RPS Savana City, Sector-88
Faridabad, Haryana
MBBS 2007 (M.D. (Medicine) 2010)
MCI-IMR/11/1006

OPD Assessment Form (First visit/Follow-up)



Name : MRS. JUBEDA BEGUM UHID No. : AFD000018878
 HUSBAND : MR.KHAN RASHID Date : 11-02-2023 08:53:09
 Age / Gender : 55 Yrs 7 Mth / FEMALE Doctor / Unit : DR. CHANCHAL GUPTA / DR. MALA DIXIT /
 CPG : CORPORATE CASHAIMS2122_FD Department : OBS / GYNAE
 Inst. Name : Acrofemi Healthcare Ltd
 Address : BANK OF BARODA PALWAL, FARIDABAD, HARYANA, INDIA, Zip No.-121102

Health. Check up.

Present Complaints:

40 Vaginal
hysterectomy

Past/Family History:

P3L3, NVA.

History Given By :

Clinical Findings :

NO h/o DM/HPT/
dyspepsia

Breast (N)

P/A soft

P/S Mixed vaginal D/c
vault (P)

P/V. MAD.

BP (mm Hg) 120/80 mm/Hg
Pulse 71 b/m
RR SpO2 - 99%
Ht/Length 156 CM
Wt- 69.7 kg
Pain Score (1-10)

Any known Allergies

Vault smear
done.

Adv.

Provisional Diagnosis :

DR. CHANCHAL GUPTA / DR. MALA DIXIT, MBBS, DNB, FMAS, FICOG, Sr. Consultant & Head-OBS / GYNAE, Reg. No: HN

Note :

Nature of illness, prognosis, potential side effects of medication used, risk of allergic reaction, need for follow-up & monitoring has been explained to the Patient/attendants in their own language.

WHEN TO OBTAIN URGENT CARE : In case high grade fever, recurrent vomiting, profuse diarrhea, severe oral ulcers, skin rash breathlessness, dizziness, loss of consciousness, bleeding from any site or new relevant/ alarming symptom

Investigations Advised :

Breast - Biopsy T

Laps - NLM

Ultr whole abd.
(R)

Plan Of Care :

Adv.

- Tab forcan 150mg
- 0 x 3d

- Cansoft u vaginal
tab x 3 days

hand

Treatment Advice:

- Tab cem - 0 x 2 month
- Cap uprise 60k once
a week
x (6)

Nutritional Screening : Required (If required, please contact, the dietician)
Not Required

Signature of Doctor / Consultant:..... Date:..... Time:.....

OPD Assessment Form (First visit/Follow-up)



Name : MRS. JUBEDA BEGUM UHID No. : AFD000018878
HUSBAND : MR.KHAN RASHID Date : 11-02-2023 08:53:09
Age / Gender : 55 Yrs 7 Mth / FEMALE Doctor / Unit : DR. RAVJOT AHUJA /
CPG : CORPORATE CASHAIMS2122_FD Department : DENTAL
Inst. Name : Acrofemi Healthcare Ltd
Address : BANK OF BARODA PALWAL, FARIDABAD, HARYANA, INDIA, Zip No.-121102

Present Complaints:

BP (mm Hg) 120/80 mmHg
Pulse 71 b/m
RR SpO2- 99%
Ht/Length 156 CM
Wt- 69.7 kg
Pain Score (1-10)

Past/Family History:

History Given By :

No Need for Dental OPD
उजरा

Clinical Findings :

Any known Allergies

Provisional Diagnosis :

DR. RAVJOT AHUJA, DENTAL,

Asian Fidelis Multispeciality Hospital OPD Timings: Mon - Sat: 10:00am to 04:00pm.

Note :
Nature of illness, prognosis, potential side effects of medication used, risk of allergic reaction, need for follow-up & monitoring has been explained to the Patient/attendants in their own language.
WHEN TO OBTAIN URGENT CARE : In case high grade fever, recurrent vomiting, profuse diarrhea, severe oral ulcers, skin rash breathlessness, dizziness, loss of consciousness, bleeding from any site or new relevant/ alarming symptom

OPD Assessment Form (First visit/Follow-up)



Name : MRS. JUBEDA BEGUM
 HUSBAND : MR. KHAN RASHID
 Age / Gender : 55 Yrs 7 Mth / FEMALE
 CPG : CORPORATE CASHWAIMS2122_FD
 Inst. Name : Acrofemi Healthcare Ltd
 Address : BANK OF BARODA PALWAL, FARIDABAD, HARYANA, INDIA, Zip No.-121102

UHID No. : AFD000018878
 Date : 11-02-2023 08:53:09
 Doctor / Unit : DR. UPASANA /
 Department : OPHTHALMOLOGY

Present Complaints: do Blurring of vision (C/D).
 Redness, Pain.
 h/o Pterygia Super (25) 15 yrs

BP (mm Hg) 120/80 or 4/4g
 Pulse 71 b/m
 RR SpO2 - 99
 Ht/Length 156 cm
 Wt- 69.7 kg
 Pain Score (1-10)

Past/Family History:
 Nil.

History Given By :

Clinical Findings :

VA < 6/6
 6/9

oo os
 @ cc
 cc
 Pseudoph.
 ST @

Any known Allergies

Provisional Diagnosis :

de Cortical Cataract. Add + 2.50 (B/S) 6/6
 Plano 6/6
 +0.50 x 40 6/6
 N6

DR. UPASANA, MBBS, DOMS, FAEH, Consultant-OPHTHALMOLOGY, Reg. No: MCI 09/35142

Note :
 Nature of illness, prognosis, potential side effects of medication used, risk of allergic reaction, need for follow-up & monitoring has been explained to the Patient/attendants in their own language.
WHEN TO OBTAIN URGENT CARE : In case high grade fever, recurrent vomiting, profuse diarrhea, severe oral ulcers, skin rash, breathlessness, dizziness, loss of consciousness, bleeding from any site or new relevant/ alarming symptom

Investigations Advised :


	OD	OS
K ₁	48.00	47.50
K ₂	48.25	48.75
	<hr/>	
	-0.25	-1.25

Plan Of Care :

Treatment Advice:

LE MICS = f/dable IIA 6/4 VP
when with

Ⓟ Add tears eld 4 to 6 y/d
glasses (Bifocal)

RA . 

Nutritional Screening : Required (If required, please contact, the dietician)
Not Required

Signature of Doctor / Consultant:  Date: 11/2/23 Time: 12:50