

PHYSICAL EXAMINATION REPORT

Patient Name	Ruchika Bakshi	Sex/Age	F/31
Date	14/6/23	Location	Thane

History and Complaints

G/O - Hypothyroidism
(2021)

EXAMINATION FINDINGS:

Height (cms):	168	Temp (0c):	②
Weight (kg):	62.4	Skin:	NAD
Blood Pressure	110/70	Nails:	
Pulse	72/min	Lymph Node:	

Systems :

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

Impression: Need Specs for Distant & Near Vision.
↓ Hb.

TSH (6.71)
USG - Rt. Renal Cyst, fibroid, hemorrhagic minimal free fluid in pouch of Douglas cyst

- Eye check-up

- Iron Supplement

- Gynaec consultation
- Physician's consultation for TSH (6.71)

Advice:

1)	Hypertension:	
2)	IHD	
3)	Arrhythmia	
4)	Diabetes Mellitus	Nil
5)	Tuberculosis	
6)	Asthama	
7)	Pulmonary Disease	
8)	Thyroid/ Endocrine disorders	Hypothyroidism (2021)
9)	Nervous disorders	
10)	GI system	
11)	Genital urinary disorder	
12)	Rheumatic joint diseases or symptoms	
13)	Blood disease or disorder	Nil
14)	Cancer/lump growth/cyst	
15)	Congenital disease	
16)	Surgeries	LSCS
17)	Musculoskeletal System	Nil

PERSONAL HISTORY:

1)	Alcohol	No
2)	Smoking	No
3)	Diet	- mixed
4)	Medication	- Tab. Thyroxine 25mcg



Dr. Manasee Kulkarni
M.B.B.S.
2005/09/3439

OPHTHALMOLOGY

Date:- 14/6/23

CID:

Name:- *Ruchita Bakhshi*

Sex / Age: *F-31*

EYE CHECK UP

Chief complaints: *REV*

Systemic Diseases: *Nil*

Past history: *Nil*

Unaided Vision: *BE 6/36 XIVBC N.*

Aided Vision:

Refraction:

(Right Eye)

(Left Eye)

	Sph	Cyl	Axis	Vn	Sph	Cyl	Axis	Vn
Distance								
Near								

Colour Vision: Normal / Abnormal

Remark: *Needs spectacles for D.M.*

MR. PRAKASH KUDVA
Prakash
SR. OPTOMETRIST



CID : 2316509195
Name : MRS.RUCHIKA BAKSHI
Age / Gender : 31 Years / Female
Consulting Dr. : -
Reg. Location : G B Road, Thane West (Main Centre)

Collected : 14-Jun-2023 / 10:11
Reported : 14-Jun-2023 / 13:46

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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	7.0	12.0-15.0 g/dL	Spectrophotometric
RBC	2.88	3.8-4.8 mil/cmm	Elect. Impedance
PCV	24.3	36-46 %	Measured
MCV	84.4	80-100 fl	Calculated
MCH	24.4	27-32 pg	Calculated
MCHC	28.9	31.5-34.5 g/dL	Calculated
RDW	23.5	11.6-14.0 %	Calculated
<u>WBC PARAMETERS</u>			
WBC Total Count	5560	4000-10000 /cmm	Elect. Impedance
<u>WBC DIFFERENTIAL AND ABSOLUTE COUNTS</u>			
Lymphocytes	37.8	20-40 %	
Absolute Lymphocytes	2101.7	1000-3000 /cmm	Calculated
Monocytes	7.2	2-10 %	
Absolute Monocytes	400.3	200-1000 /cmm	Calculated
Neutrophils	53.3	40-80 %	
Absolute Neutrophils	2963.5	2000-7000 /cmm	Calculated
Eosinophils	1.7	1-6 %	
Absolute Eosinophils	94.5	20-500 /cmm	Calculated
Basophils	0.0	0.1-2 %	
Absolute Basophils	0.0	20-100 /cmm	Calculated
Immature Leukocytes	-		

WBC Differential Count by Absorbance & Impedance method/Microscopy.

PLATELET PARAMETERS

Platelet Count	238000	150000-400000 /cmm	Elect. Impedance
MPV	11.0	6-11 fl	Calculated
PDW	19.3	11-18 %	Calculated

RBC MORPHOLOGY

Hypochromia	Mild
Microcytosis	Occasional



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Macrocytosis	-
Anisocytosis	+++
Poikilocytosis	Mild
Polychromasia	Mild
Target Cells	-
Basophilic Stippling	-
Normoblasts	-
Others	-
WBC MORPHOLOGY	-
PLATELET MORPHOLOGY	Megaplatelets seen on smear
COMMENT	Features suggest iron deficiency anemia

Advice : Iron studies, Serum ferritin & Reticulocyte count estimation recommended. Stool for occult blood.

Result rechecked.

Kindly correlate clinically.

Specimen: EDTA Whole Blood

ESR, EDTA WB-ESR 30 2-20 mm at 1 hr. Sedimentation

*Sample processed at SUBURBAN DIAGNOSTICS (INDIA) PVT. LTD G B Road Lab, Thane West
*** End Of Report ***



J. Mujawar

Dr. IMRAN MUJAWAR
M.D (Path)
Pathologist



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AERFOCAMI HEALTHCARE BELOW 40 MALE/FEMALE

PARAMETER	RESULTS	BIOLOGICAL REF RANGE	METHOD
GLUCOSE (SUGAR) FASTING, Fluoride Plasma	94.9	Non-Diabetic: < 100 mg/dl Impaired Fasting Glucose: 100-125 mg/dl Diabetic: >= 126 mg/dl	Hexokinase
GLUCOSE (SUGAR) PP, Fluoride Plasma PP/R	108.8	Non-Diabetic: < 140 mg/dl Impaired Glucose Tolerance: 140-199 mg/dl Diabetic: >= 200 mg/dl	Hexokinase
BILIRUBIN (TOTAL), Serum	0.41	0.1-1.2 mg/dl	Diazo
BILIRUBIN (DIRECT), Serum	0.19	0-0.3 mg/dl	Diazo
BILIRUBIN (INDIRECT), Serum	0.22	0.1-1.0 mg/dl	Calculated
TOTAL PROTEINS, Serum	7.0	6.4-8.3 g/dL	Biuret
ALBUMIN, Serum	4.5	3.5-5.2 g/dL	BCG
GLOBULIN, Serum	2.5	2.3-3.5 g/dL	Calculated
A/G RATIO, Serum	1.8	1 - 2	Calculated
SGOT (AST), Serum	16.3	5-32 U/L	IFCC without pyridoxal phosphate activation
SGPT (ALT), Serum	9.0	5-33 U/L	IFCC without pyridoxal phosphate activation
GAMMA GT, Serum	8.7	3-40 U/L	IFCC
ALKALINE PHOSPHATASE, Serum	62.5	35-105 U/L	PNPP
BLOOD UREA, Serum	25.4	12.8-42.8 mg/dl	Urease & GLDH
BUN, Serum	11.9	6-20 mg/dl	Calculated
CREATININE, Serum	0.40	0.51-0.95 mg/dl	Enzymatic
eGFR, Serum	198	>60 ml/min/1.73sqm	Calculated



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Note: eGFR estimation is calculated using MDRD (Modification of diet in renal disease study group) equation

URIC ACID, Serum	2.7	2.4-5.7 mg/dl	Uricase
Urine Sugar (Fasting)	Absent	Absent	
Urine Ketones (Fasting)	Absent	Absent	
Urine Sugar (PP)	Absent	Absent	
Urine Ketones (PP)	Absent	Absent	

*Sample processed at SUBURBAN DIAGNOSTICS (INDIA) PVT. LTD G B Road Lab, Thane West
*** End Of Report ***

AREAS OF SPECIAL EXPERTISE

OUR PRESENCE



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M.D (Path)
Pathologist



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AERFOCAMI HEALTHCARE BELOW 40 MALE/FEMALE

GLYCOSYLATED HEMOGLOBIN (HbA1c)

PARAMETER	RESULTS	BIOLOGICAL REF RANGE	METHOD
Glycosylated Hemoglobin (HbA1c), EDTA WB - CC	4.4	Non-Diabetic Level: < 5.7 % Prediabetic Level: 5.7-6.4 % Diabetic Level: >/= 6.5 %	HPLC
Estimated Average Glucose (eAG), EDTA WB - CC	79.6	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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*** End Of Report ***



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M.D (Path)
Pathologist



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AERFOCAMI HEALTHCARE BELOW 40 MALE/FEMALE
URINE EXAMINATION REPORT

PARAMETER	RESULTS	BIOLOGICAL REF RANGE	METHOD
PHYSICAL EXAMINATION			
Color	Pale yellow	Pale Yellow	-
Reaction (pH)	Acidic (6.0)	4.5 - 8.0	Chemical Indicator
Specific Gravity	1.020	1.010-1.030	Chemical Indicator
Transparency	Slight hazy	Clear	-
Volume (ml)	30	-	-
CHEMICAL EXAMINATION			
Proteins	Absent	Absent	pH Indicator
Glucose	Absent	Absent	GOD-POD
Ketones	Absent	Absent	Legals Test
Blood	Absent	Absent	Peroxidase
Bilirubin	Absent	Absent	Diazonium Salt
Urobilinogen	Normal	Normal	Diazonium Salt
Nitrite	Absent	Absent	Griess Test
MICROSCOPIC EXAMINATION			
Leukocytes(Pus cells)/hpf	3-4	0-5/hpf	
Red Blood Cells / hpf	Absent	0-2/hpf	
Epithelial Cells / hpf	8-10		
Casts	Absent	Absent	
Crystals	Absent	Absent	
Amorphous debris	Absent	Absent	
Bacteria / hpf	10-12	Less than 20/hpf	

Interpretation: The concentration values of Chemical analytes corresponding to the grading given in the report are as follows:

- Protein:(1+ -25 mg/dl, 2+ -75 mg/dl, 3+ - 150 mg/dl, 4+ - 500 mg/dl)
- Glucose:(1+ - 50 mg/dl, 2+ -100 mg/dl, 3+ -300 mg/dl,4+ -1000 mg/dl)
- Ketone:(1+ -5 mg/dl, 2+ -15 mg/dl, 3+ - 50 mg/dl, 4+ - 150 mg/dl)

Reference: Pack insert

*Sample processed at SUBURBAN DIAGNOSTICS (INDIA) PVT. LTD G B Road Lab, Thane West

*** End Of Report ***



MC-5314

J. Mujawar

Dr.IMRAN MUJAWAR
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AERFOCAMI HEALTHCARE BELOW 40 MALE/FEMALE
BLOOD GROUPING & Rh TYPING

PARAMETER	RESULTS
ABO GROUP	O
Rh TYPING	Positive

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

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

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.

References:

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

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*** End Of Report ***

OUR PRESENCE



J Thakker

Dr.JYOT THAKKER
M.D. (PATH), DPB
Pathologist and AVP(Medical
Services)



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AERFOCAMI HEALTHCARE BELOW 40 MALE/FEMALE
LIPID PROFILE

PARAMETER	RESULTS	BIOLOGICAL REF RANGE	METHOD
CHOLESTEROL, Serum	123.3	Desirable: <200 mg/dl Borderline High: 200-239mg/dl High: >/=240 mg/dl	CHOD-POD
TRIGLYCERIDES, Serum	48.0	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	40.7	Desirable: >60 mg/dl Borderline: 40 - 60 mg/dl Low (High risk): <40 mg/dl	Homogeneous enzymatic colorimetric assay
NON HDL CHOLESTEROL, Serum	82.6	Desirable: <130 mg/dl Borderline-high:130 - 159 mg/dl High:160 - 189 mg/dl Very high: >/=190 mg/dl	Calculated
LDL CHOLESTEROL, Serum	73.0	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	9.6	< /= 30 mg/dl	Calculated
CHOL / HDL CHOL RATIO, Serum	3.0	0-4.5 Ratio	Calculated
LDL CHOL / HDL CHOL RATIO, Serum	1.8	0-3.5 Ratio	Calculated

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*** End Of Report ***

OUR PRESENCE



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AERFOCAMI HEALTHCARE BELOW 40 MALE/FEMALE
THYROID FUNCTION TESTS

PARAMETER	RESULTS	BIOLOGICAL REF RANGE	METHOD
Free T3, Serum	4.5	3.5-6.5 pmol/L	ECLIA
Free T4, Serum	13.6	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	6.71	0.35-5.5 microIU/ml First Trimester:0.1-2.5 Second Trimester:0.2-3.0 Third Trimester:0.3-3.0 mIU/ml	ECLIA

Kindly correlate clinically.

AREAS OF SPECIAL EXPERTISE

OUR PRESENCE

022-6170-0000



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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 upto15 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 non-thyroidal 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.
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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*** End Of Report ***

OUR PRESENCE



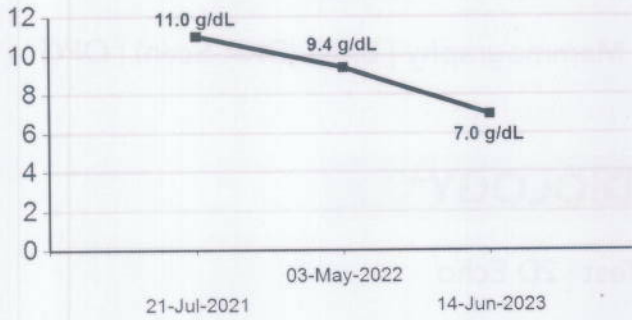
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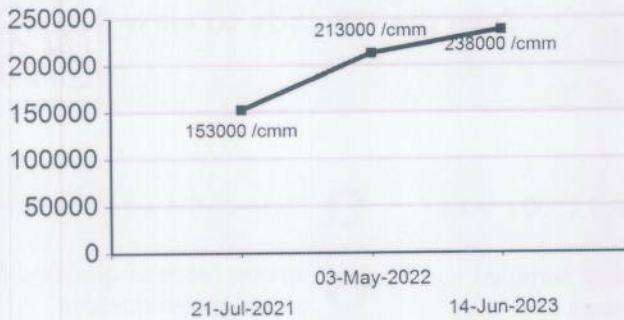
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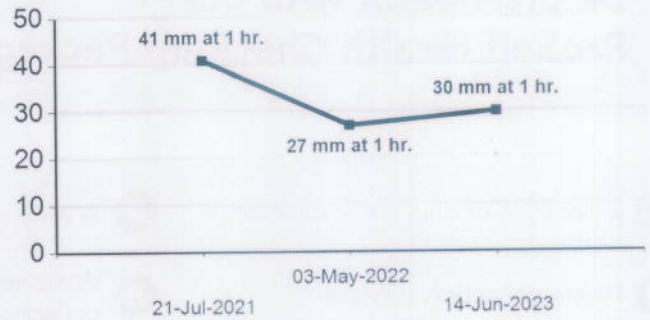
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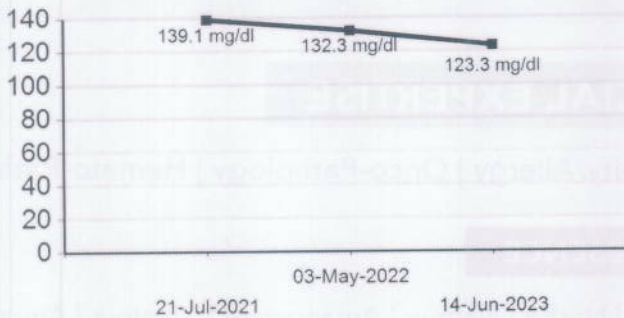
Platelet Count



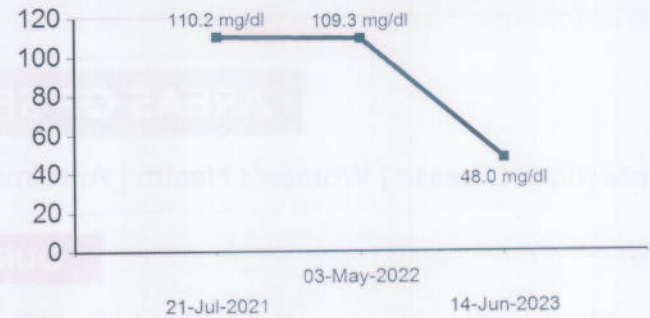
ESR



CHOLESTEROL



TRIGLYCERIDES

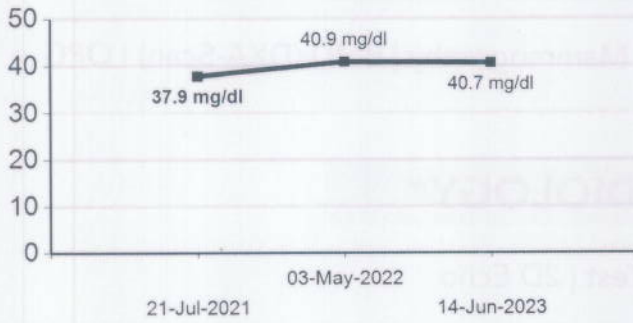




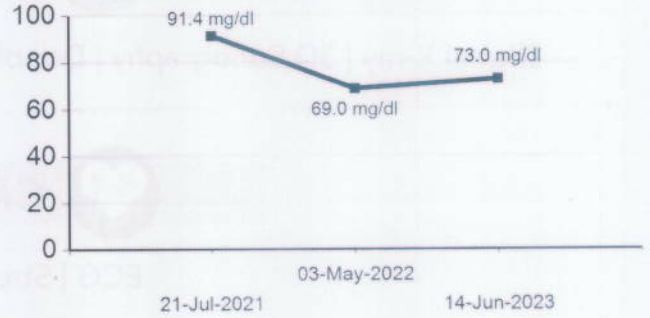
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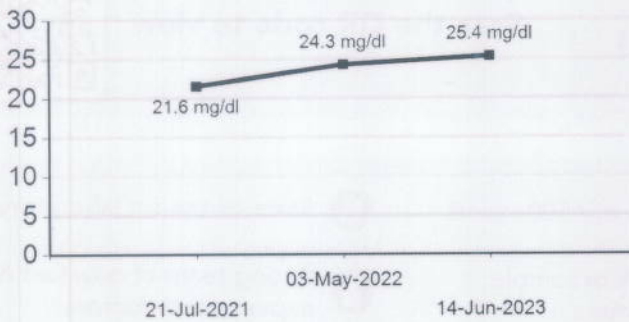
HDL CHOLESTEROL



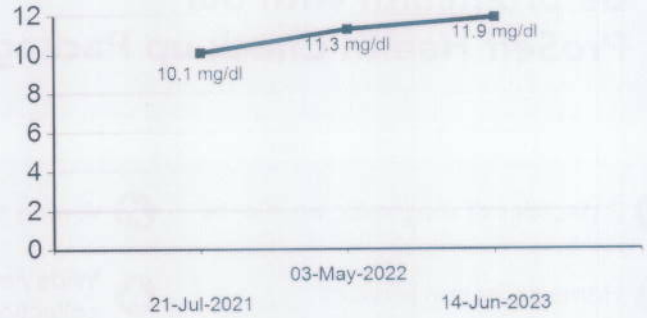
LDL CHOLESTEROL



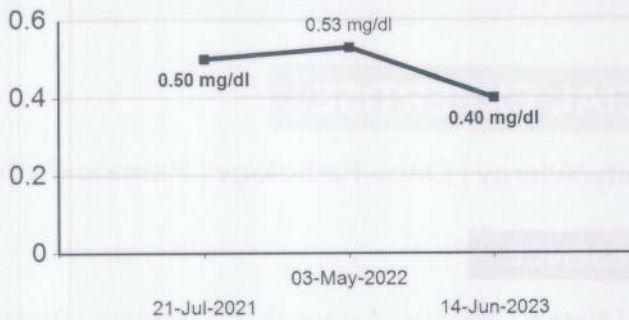
BLOOD UREA



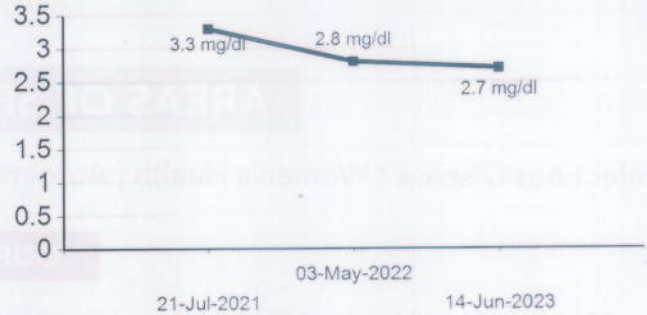
BUN



CREATININE



URIC ACID



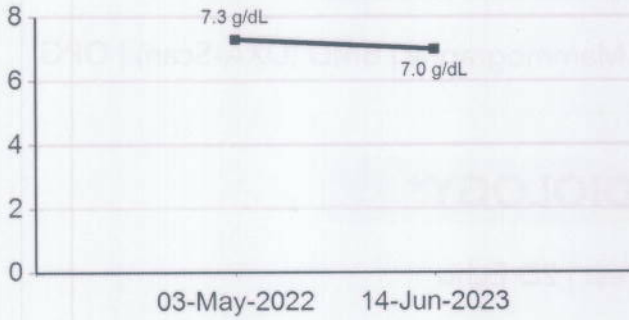
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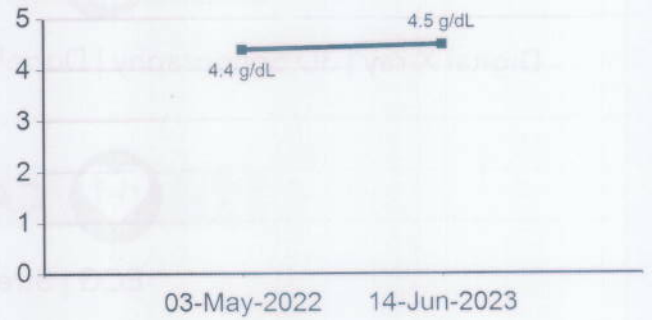
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TOTAL PROTEINS



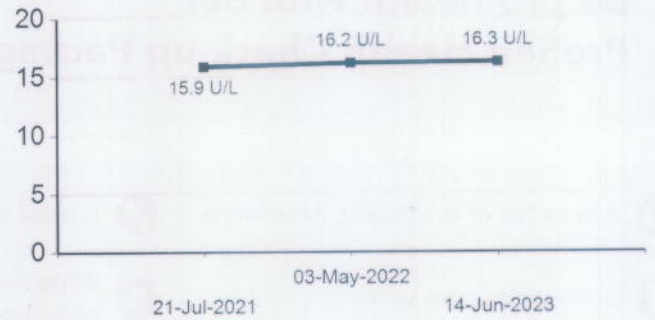
ALBUMIN



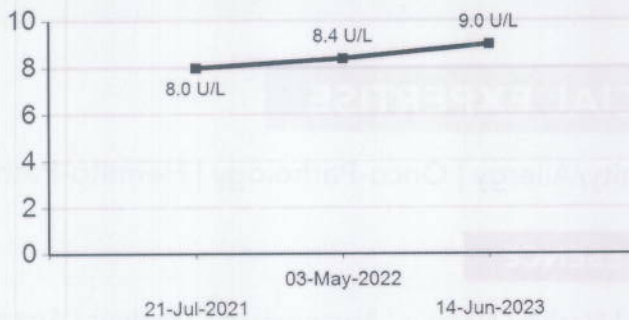
GLOBULIN



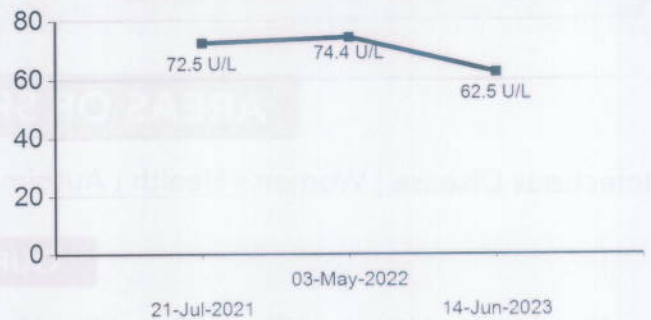
SGOT (AST)



SGPT (ALT)



ALKALINE PHOSPHATASE





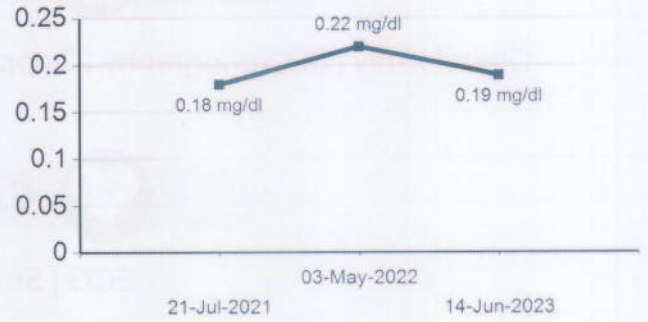
Use a QR Code Scanner Application To Scan the Code

CID : 2316509195
Name : MRS.RUCHIKA BAKSHI
Age / Gender : 31 Years / Female
Consulting Dr. : -
Reg. Location : G B Road, Thane West (Main Centre)

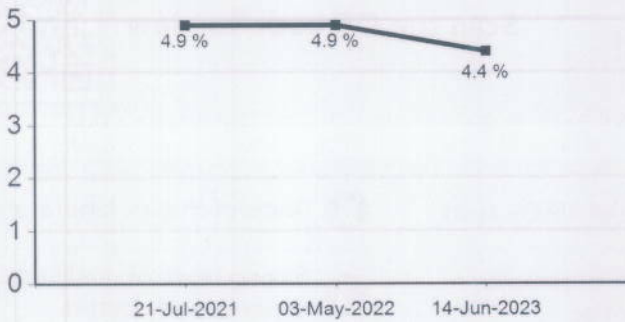
GAMMA GT



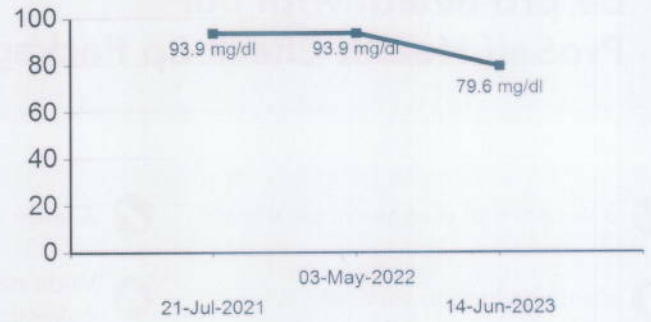
BILIRUBIN (DIRECT)



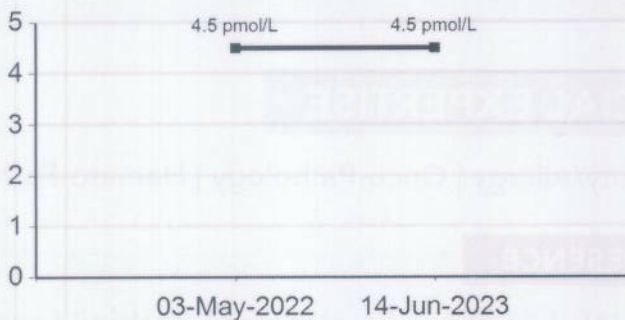
Glycosylated Hemoglobin (HbA1c)



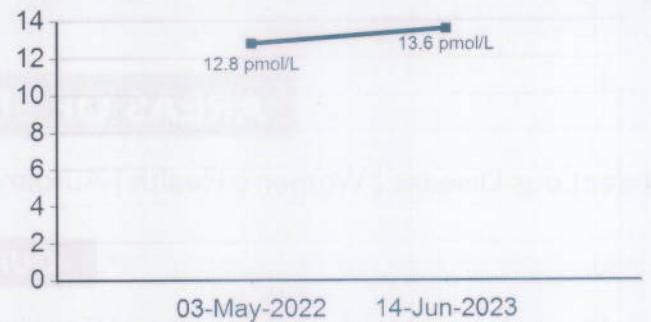
Estimated Average Glucose (eAG)



Free T3



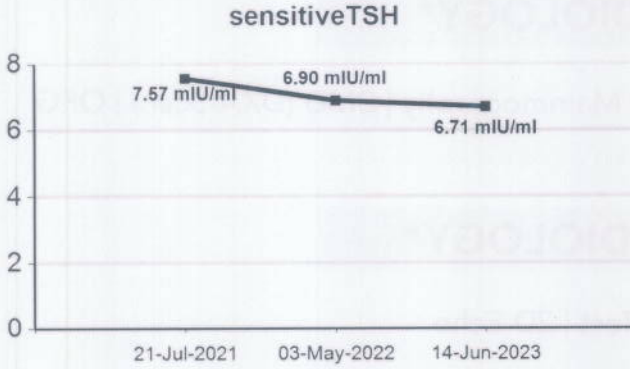
Free T4





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Reg. Location : G B Road, Thane West (Main Centre)



AREAS OF SPECIAL EXPERTISE

OUR PRESENCE

022-6170-0000

Authenticity Check



Use a QR Code Scanner
Application To Scan the Code

CID : 2316509195
Name : Mrs RUCHIKA BAKSHI
Age / Sex : 31 Years/Female
Ref. Dr :
Reg. Location : G B Road, Thane West Main Centre
Reg. Date : 14-Jun-2023
Reported : 14-Jun-2023 / 14:38

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-----

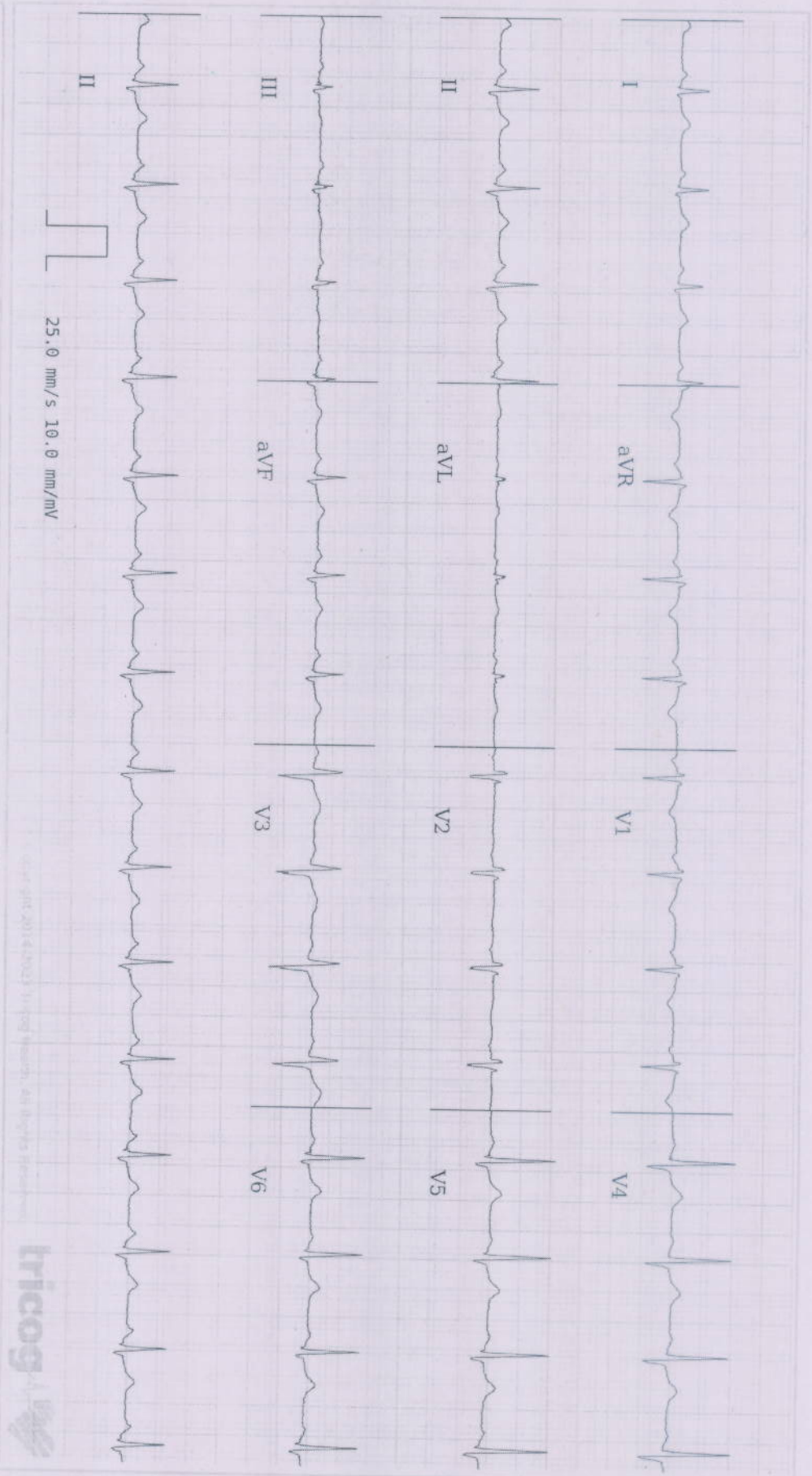
G. R. Fartade

Dr. GAURAV FARTADE
MBBS, DMRE
Reg No -2014/04/1786
Consultant Radiologist

Click here to view images <http://3.111.232.119/iRISViewer/NeoradViewer?AccessionNo=2023061409580614>

Patient Name: **RUCHIKA BAKSHI**
Patient ID: **2316509195**

Date and Time: **14th Jun 23 10:24 AM**



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

Age **31** **4** **1**
years months days

Gender **Female**

Heart Rate **93bpm**

Patient Vitals

BP: **110/70 mmHg**

Weight: **62 kg**

Height: **168 cm**

Pulse: **NA**

Spo2: **NA**

Resp: **NA**

Others:

Measurements

QRSD: **86ms**
QT: **350ms**
QTcB: **435ms**
PR: **134ms**
P-R-T: **55° 46° 46°**

REPORTED BY

DR SHAILAJA PILLAI
MBBS, MD Physician
MD Physician
49972



Use a QR Code Scanner
Application To Scan the Code

CID : 2316509195
Name : Mrs RUCHIKA BAKSHI
Age / Sex : 31 Years/Female
Ref. Dr :
Reg. Location : G B Road, Thane West Main Centre
Reg. Date : 14-Jun-2023
Reported : 15-Jun-2023 / 10:46

USG WHOLE ABDOMEN

LIVER: Liver appears normal in size and echotexture. There is no intra-hepatic biliary radical dilatation. No evidence of any focal lesion.

GALL BLADDER: Gall bladder is distended and appears normal. Wall thickness is within normal limits. There is no evidence of any calculus.

PORTAL VEIN: Portal vein is normal. **CBD:** CBD is normal.

PANCREAS: Pancreas appears normal in echotexture. There is no evidence of any focal lesion or calcification. Pancreatic duct is not dilated.

KIDNEYS: Right kidney measures 11.1 x 5.3 cm. **A simple cortical cyst measuring 1.5 cm is noted at the mid pole in right kidney.** Left kidney measures 11.1 x 5.0 cm.

Both kidneys are normal in size, shape and echotexture. Corticomedullary differentiation is maintained. There is no evidence of any hydronephrosis, hydroureter or calculus.

SPLEEN: Spleen is normal in size, shape and echotexture. No focal lesion is seen.

URINARY BLADDER: Urinary bladder is distended and normal. Wall thickness is within normal limits.

UTERUS: Uterus is bulky and measures 7.5 x 5.3 x 5.7 cm. **A 2.1 x 1.4 cm sized fibroid is noted in right lateral wall. Uterine myometrium shows mildly inhomogenous echotexture** Endometrial echo is in midline and measures 9 mm. Cervix appears normal.

OVARIES:

Cystic structure with internal echoes noted in right adnexa measuring 4.8 x 3.5 x 4.3 cm volume 39 cc, right ovary is not visualized seperately.

The left ovary measures 2.7 x 1.8 x 2.2 cm and ovarian volume is 5.9 cc, appears normal.

Minimal free fluid in Pouch of douglas.

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IMPRESSION:

- RIGHT RENAL SIMPLE CORTICAL CYST.
- BULKY UTERUS WITH MILDLY INHOMOGENEOUS ECHOTEXTURE AND FIBROID.
- CYSTIC STRUCTURE WITH INTERNAL ECHOES NOTED IN RIGHT ADNEXA MEASURING 4.8 X 3.5 X 4.3 CM. VOLUME 39 CC, RIGHT OVARY IS NOT VISUALIZED SEPERATELY ? RIGHT OVARIAN HEMORRHAGIC CYST.
- MINIMAL FREE FLUID IN POUCH OF DOUGLAS..

Advice: Clinical co-relation, further evaluation and follow up.

Note: Investigations have their limitations. Solitary radiological investigations never confirm the final diagnosis. They only help in diagnosing the disease in correlation to clinical symptoms and other related tests. USG is known to have inter-observer variations. Further/follow-up imaging may be needed in some cases for confirmation / exclusion of diagnosis.

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

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

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