

Moneli Akisrao
36/F

PHY2.

27.5.27

TMT

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T

History and Complaints:

NIL

EXAMINATION FINDINGS:

Height (cms):	151	Weight (kg):	51	BMI
Temp (0c):	Afebrile	Skin:	Normal	3
Blood Pressure (mm/hg):	100/70	Nails:	Healthy	
Pulse:	72	Lymph Node:	Not Palpable	

Systems

Cardiovascular: S1,S2 Normal No Murmurs

Respiratory: Air Entry Bilaterally Equal

Genitourinary: Normal

GI System: Soft non tender No Organomegaly

CNS: Normal

IMPRESSION:

↑ T. Chol, ^{FIT} non HDL, LDL

ADVICE:

Diet + Regular exercise.

CHIEF COMPLAINTS:

- 1) Hypertension:
- 2) IHD:
- 3) Arrhythmia:
- 4) Diabetes Mellitus :
- 5) Tuberculosis :
- 6) Asthama:
- 7) Pulmonary Disease :
- 8) Thyroid/ Endocrine disorders :

NIL

9)	Nervous disorders :	} NJL
10)	GI system :	
11)	Genital urinary disorder :	
12)	Rheumatic joint diseases or symptoms :	
13)	Blood disease or disorder :	
14)	Cancer/lump growth/cyst :	
15)	Congenital disease :	
16)	Surgeries :	LCs - 2013, 2015

PERSONAL HISTORY:

1)	Alcohol	} NJL
2)	Smoking	
3)	Diet	} NJL
4)	Medication	

[Handwritten Signature]

DR. ANITA INGLE
 MBBS, DNB, FRCR, FRCR (USA)
 2103018



CID : 2314718152
Name : MRS.AHIRRAO MONALI PRASHANT
Age / Gender : 36 Years / Female
Consulting Dr. : -
Reg. Location : Pimple Saudagar, Pune (Main Centre)

Collected : 27-May-2023 / 09:00
Reported : 27-May-2023 / 14:20

AERFOCAMI HEALTHCARE BELOW 40 MALE/FEMALE

<u>PARAMETER</u>	<u>RESULTS</u>	<u>BIOLOGICAL REF RANGE</u>	<u>METHOD</u>
<u>RBC PARAMETERS</u>			
Haemoglobin	13.2	12.0-15.0 g/dL	Spectrophotometric
RBC	4.32	3.8-4.8 mil/cmm	Elect. Impedance
PCV	39.5	36-46 %	Measured
MCV	92	80-100 fl	Calculated
MCH	30.5	27-32 pg	Calculated
MCHC	33.3	31.5-34.5 g/dL	Calculated
RDW	12.0	11.6-14.0 %	Calculated
<u>WBC PARAMETERS</u>			
WBC Total Count	5730	4000-10000 /cmm	Elect. Impedance
<u>WBC DIFFERENTIAL AND ABSOLUTE COUNTS</u>			
Lymphocytes	39.1	20-40 %	
Absolute Lymphocytes	2240.4	1000-3000 /cmm	Calculated
Monocytes	5.2	2-10 %	
Absolute Monocytes	298.0	200-1000 /cmm	Calculated
Neutrophils	50.9	40-80 %	
Absolute Neutrophils	2916.6	2000-7000 /cmm	Calculated
Eosinophils	3.7	1-6 %	
Absolute Eosinophils	212.0	20-500 /cmm	Calculated
Basophils	1.1	0.1-2 %	
Absolute Basophils	63.0	20-100 /cmm	Calculated
Immature Leukocytes	-		
WBC Differential Count by Absorbance & Impedance method/Microscopy.			
<u>PLATELET PARAMETERS</u>			
Platelet Count	222000	150000-400000 /cmm	Elect. Impedance
MPV	10.1	6-11 fl	Calculated
PDW	18.2	11-18 %	Calculated
<u>RBC MORPHOLOGY</u>			
Hypochromia	-		
Microcytosis	-		

Authenticity Check



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Macrocytosis -
Anisocytosis -
Poikilocytosis -
Polychromasia -
Target Cells -
Basophilic Stippling -
Normoblasts -
Others Normocytic, Normochromic
WBC MORPHOLOGY -
PLATELET MORPHOLOGY -
COMMENT -

Specimen: EDTA Whole Blood

ESR, EDTA WB-ESR 6 2-20 mm at 1 hr. Sedimentation

*Sample processed at SUBURBAN DIAGNOSTICS (INDIA) PVT. LTD Pune Baner Balewadi Lab
*** End Of Report ***



Dr. PRACHI KHANDEKAR
MBBS M.D (Pathology)



CID : 2314718152
Name : MRS.AHIRRAO MONALI PRASHANT
Age / Gender : 36 Years / Female
Consulting Dr. : -
Reg. Location : Pimple Saudagar, Pune (Main Centre)

Collected : 27-May-2023 / 09:00
Reported : 27-May-2023 / 18:14

AERFOCAMI HEALTHCARE BELOW 40 MALE/FEMALE

PARAMETER	RESULTS	BIOLOGICAL REF RANGE	METHOD
GLUCOSE (SUGAR) FASTING, Fluoride Plasma	94.5	Non-Diabetic: < 100 mg/dl Impaired Fasting Glucose: 100-125 mg/dl Diabetic: >/= 126 mg/dl	Hexokinase
GLUCOSE (SUGAR) PP, Fluoride Plasma PP/R	101.4	Non-Diabetic: < 140 mg/dl Impaired Glucose Tolerance: 140-199 mg/dl Diabetic: >/= 200 mg/dl	Hexokinase
BILIRUBIN (TOTAL), Serum	0.51	0.1-1.2 mg/dl	Colorimetric
BILIRUBIN (DIRECT), Serum	0.20	0-0.3 mg/dl	Diazo
BILIRUBIN (INDIRECT), Serum	0.31	0.1-1.0 mg/dl	Calculated
TOTAL PROTEINS, Serum	6.7	6.4-8.3 g/dL	Biuret
ALBUMIN, Serum	4.4	3.5-5.2 g/dL	BCG
GLOBULIN, Serum	2.3	2.3-3.5 g/dL	Calculated
A/G RATIO, Serum	1.9	1 - 2	Calculated
SGOT (AST), Serum	15.1	5-32 U/L	NADH (w/o P-5-P)
SGPT (ALT), Serum	13.6	5-33 U/L	NADH (w/o P-5-P)
GAMMA GT, Serum	12.9	3-40 U/L	Enzymatic
ALKALINE PHOSPHATASE, Serum	47.7	35-105 U/L	Colorimetric
BLOOD UREA, Serum	11.0	12.8-42.8 mg/dl	Kinetic
BUN, Serum	5.1	6-20 mg/dl	Calculated
CREATININE, Serum	0.74	0.51-0.95 mg/dl	Enzymatic
eGFR, Serum	94	>60 ml/min/1.73sqm	Calculated

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



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Collected : 27-May-2023 / 09:00
Reported : 27-May-2023 / 20:09

URIC ACID, Serum	3.7	2.4-5.7 mg/dl	Enzymatic
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 Pune Baner Balewadi Lab
*** End Of Report ***



Dr. Chandrakant Pawar

Dr.CHANDRAKANT PAWAR
M.D.(PATH)
Pathologist



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Collected : 27-May-2023 / 09:00
Reported : 27-May-2023 / 15:31

AERFOCAMI HEALTHCARE BELOW 40 MALE/FEMALE
GLYCOSYLATED HEMOGLOBIN (HbA1c)

<u>PARAMETER</u>	<u>RESULTS</u>	<u>BIOLOGICAL REF RANGE</u>	<u>METHOD</u>
Glycosylated Hemoglobin (HbA1c), EDTA WB - CC	5.5	Non-Diabetic Level: < 5.7 % Prediabetic Level: 5.7-6.4 % Diabetic Level: >/= 6.5 %	HPLC
Estimated Average Glucose (eAG), EDTA WB - CC	111.1	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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MBBS M.D (Pathology)



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Reported : 27-May-2023 / 18:43

AERFOCAMI HEALTHCARE BELOW 40 MALE/FEMALE
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	-
Reaction (pH)	Acidic (5.0)	4.5 - 8.0	Chemical Indicator
Specific Gravity	1.005	1.001-1.030	Chemical Indicator
Transparency	Clear	Clear	-
Volume (ml)	30	-	-
<u>CHEMICAL EXAMINATION</u>			
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
<u>MICROSCOPIC EXAMINATION</u>			
Leukocytes(Pus cells)/hpf	1-2	0-5/hpf	
Red Blood Cells / hpf	Absent	0-2/hpf	
Epithelial Cells / hpf	6-8		
Casts	Absent	Absent	
Crystals	Absent	Absent	
Amorphous debris	Absent	Absent	
Bacteria / hpf	5-6	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 Pune Lab, Pune Swargate
*** End Of Report ***



MC-2463

Dr. Chandrakant Pawar

Dr.CHANDRAKANT PAWAR
M.D.(PATH)
Pathologist

Authenticity Check



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Collected : 27-May-2023 / 09:00
Reported : 27-May-2023 / 15:42

AERFOCAMI HEALTHCARE BELOW 40 MALE/FEMALE
BLOOD GROUPING & Rh TYPING

<u>PARAMETER</u>	<u>RESULTS</u>
ABO GROUP	A
Rh TYPING	Positive

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.

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 ***



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AERFOCAMI HEALTHCARE BELOW 40 MALE/FEMALE
LIPID PROFILE

PARAMETER	RESULTS	BIOLOGICAL REF RANGE	METHOD
CHOLESTEROL, Serum	233.9	Desirable: <200 mg/dl Borderline High: 200-239mg/dl High: >/=240 mg/dl	CHOD-POD
TRIGLYCERIDES, Serum	108.7	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	50.7	Desirable: >60 mg/dl Borderline: 40 - 60 mg/dl Low (High risk): <40 mg/dl	Homogeneous enzymatic colorimetric assay
NON HDL CHOLESTEROL, Serum	183.2	Desirable: <130 mg/dl Borderline-high:130 - 159 mg/dl High:160 - 189 mg/dl Very high: >/=190 mg/dl	Calculated
LDL CHOLESTEROL, Serum	161.0	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	22.2	< /= 30 mg/dl	Calculated
CHOL / HDL CHOL RATIO, Serum	4.6	0-4.5 Ratio	Calculated
LDL CHOL / HDL CHOL RATIO, Serum	3.2	0-3.5 Ratio	Calculated

*Sample processed at SUBURBAN DIAGNOSTICS (INDIA) PVT. LTD Pune Baner Balewadi Lab
*** End Of Report ***



Dr. Chandrakant Pawar

Dr.CHANDRAKANT PAWAR
M.D.(PATH)
Pathologist



CID : 2314718152
Name : MRS.AHIRRAO MONALI PRASHANT
Age / Gender : 36 Years / Female
Consulting Dr. : -
Reg. Location : Pimple Saudagar, Pune (Main Centre)

Collected : 27-May-2023 / 09:00
Reported : 27-May-2023 / 17:16

AERFOCAMI HEALTHCARE BELOW 40 MALE/FEMALE
THYROID FUNCTION TESTS

<u>PARAMETER</u>	<u>RESULTS</u>	<u>BIOLOGICAL REF RANGE</u>	<u>METHOD</u>
Free T3, Serum	3.9	2.6-5.7 pmol/L	CMIA
Free T4, Serum	13.7	9-19 pmol/L Pregnant Women (pmol/L): First Trimester:9.0-24.7 Second Trimester:6.4-20.59 Third Trimester:6.4-20.59	CMIA
sensitiveTSH, Serum	0.9	0.35-4.94 microIU/ml Pregnant Women (microIU/ml): First Trimester:0.1-2.5 Second Trimester:0.2-3.0 Third Trimester:0.3-3.0 mIU/ml	CMIA

NOTE: 1) TSH values between 5.5 to 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 & heart failure, severe burns, trauma & surgery etc.

Authenticity Check



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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 ***



MC-2463

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Dr.CHANDRAKANT PAWAR
M.D.(PATH)
Pathologist

Preventive Health Check-up | Pathology | Digital X-Ray | Sonography | Colour Doppler | Mammography | BMD (DXA Scan) | OPG | ECG
Stress Test/TMT | 2D Echo | Spirometry | Eye Examination | Dental Examination | Diet Consultation | Audiometry | OT Sterility | Water Sterility | Clinical Research

Date:- 27-5-23
Name:- Monali Ahirao

CID:
Sex / Age: ♀ / F

EYE CHECK UP

Chief complaints:

Systemic Diseases:

Past history:

Unaided Vision:

Aided Vision:

Refraction:

NIL
WNL
WA

	(Right Eye)				(Left Eye)			
	Sph	Cyl	Axis	Vn	Sph	Cyl	Axis	Vn
Distance	_____			6H	_____			6H
Near	_____			NB	_____			NB

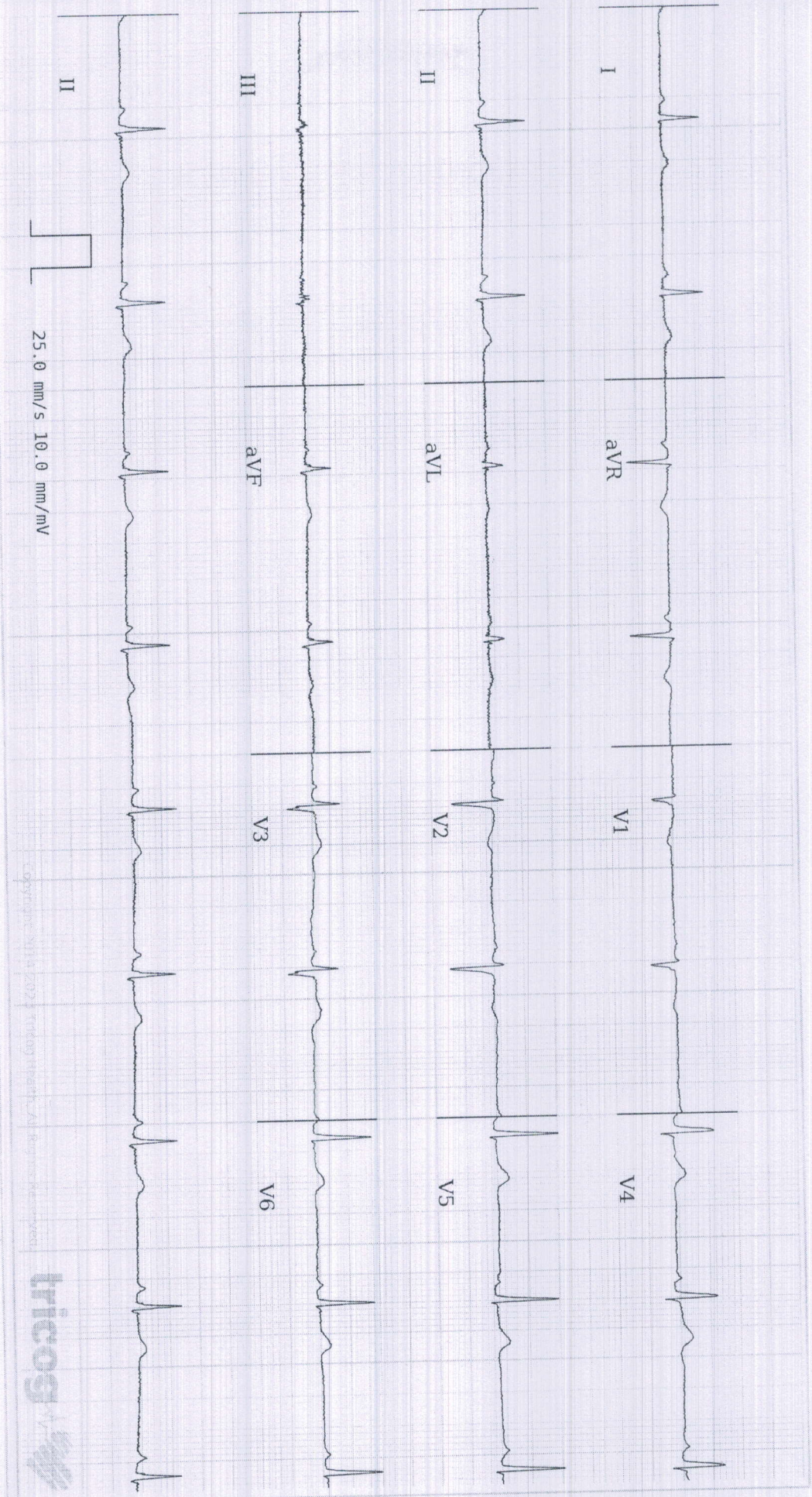
Colour Vision: Normal / ~~Abnormal~~

Remark: N/V



Dr. KRUTIKA INGLE

MBBS, D.DM, PG in Diabetology (USA)
MMC Regd - 2012 103018



25.0 mm/s 10.0 mm/mV

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Age **36** NA **17**
years months day

Gender **Female**

Heart Rate **55bpm**

Patient Vitals

BP: NA
Weight: NA
Height: NA
Pulse: NA
SpO2: NA
Resp: NA
Others:

Measurements

QRSD: 72ms
QT: 406ms
QTcB: 388ms
PR: 132ms
P-R-T: 41° 39° 57°

REPORTED BY

[Signature]

Dr. Kritika Ingole
MBBS, D.D.M., PG in Diabetology (USA)
2012103018

Sinus Bradycardia. Please correlate clinically.

Disclaimer: 1) Analysis in this report is based on ECG alone and should be used as an adjunct 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.



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Age / Sex : 36 Years/Female
Ref. Dr :
Reg. Location : Pimple Saudagar, Pune Main Centre
Reg. Date : 27-May-2023
Reported : 27-May-2023 / 10:08

ULTRASOUND ABDOMEN AND PELVIS

Liver- Normal in size (11.7cm), shape and echo pattern. No focal lesion. Intrahepatic biliary and portal radicals appear normal. Visualized portion of CBD appears normal in calibre. Portal vein appears normal.

Gall bladder- partially distended with normal wall thickness. No calculus or mass lesion is visualized. No pericholecystic collection.

Pancreas- Head and body are visualized and appear normal in size, shape and echo pattern. No focal lesion seen. No peripancreatic collection noted.

Spleen - Appears normal in size (8.3cm), shape & echo pattern. No focal lesion seen.

Kidneys- Right kidney-8.7 x 3.7cm, Left kidney-8.6 x 5.1cm, both kidneys appear normal in size, shape, position & echo pattern with maintained corticomedullary differentiation. No hydronephrosis, hydroureter or calculus noted.

Urinary bladder- Is partially distended & shows normal wall thickness. No calculus or mass lesion is noted.

Uterus & Ovaries- The uterus is anteverted, measures-6.8x3.0x4.5cm. The myometrium appears normal in echotexture. No focal lesion is seen. The endometrial thickness is- 7mm .

Right ovary =3.5 x 1.8cm Left ovary =3.1 x 1.4cm

Both the ovaries are well visualized and appears normal. There is no evidence of any ovarian or adnexal mass seen.

No free fluid in abdomen and pelvis. Visualized bowel loops are distended appear grossly normal and show normal peristalsis. No evidence of enlarged lymph nodes.

IMPRESSION:

No significant sonological abnormality is detected.

Advice - Clinical correlation and further evaluation if clinically indicated.

P. Ingley

Dr. Prajakta Ingley
MBBS, MD (Radio-diagnosis)
Reg No - 2016/02/0283

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

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E-Aadhaar Letter

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Monali Prashant Ahirrao (मोनाली प्रशांत अहिरराव)

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Magic Chs, Near State Bank Of India, S. No. 6/1/1 P,
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Maharashtra - 411027

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सूचना

- आधार ओळखीचे प्रमाण आहे, नागरीकत्वेचे नाही.
- ओळखीचे प्रमाण ऑनलाइन ऑथेंटिकेशन द्वारा प्राप्त करा.
- हे इलेक्ट्रॉनिक प्रक्रिये द्वारा तयार झालेले एक पत्र आहे.

INFORMATION

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मोनाली प्रशांत अहिरराव
Monali Prashant Ahirrao
जन्म तारीख/ DOB: 10/05/1987
महिला / FEMALE



पत्ता:

W/O प्रशांत पोपटराव
अहिरराव, ए-705, नम्रता
मॅजिक चौ. हा. सो., राज्य
बँक ऑफ इंडिया जवळ, स.
न. 6/1/1 पी, पुणे शहर, पुणे,
महाराष्ट्र - 411027

Address:

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705, Namrata Magic Chs. Near State
Bank Of India, S. No. 6/1/1 P, Pune
City, Pune,
Maharashtra - 411027

8310 1467 9258

8310 1467 9258

आधार-सामान्य माणसाचा अधिकार

Aadhaar-Aam Admi ka Adhikar



CID : 2314718152
Name : Mrs AHIRRAO MONALI PRASHANT
Age / Sex : 36 Years/Female
Ref. Dr :
Reg. Location : Pimple Saudagar, Pune Main Centre
Reg. Date : 27-May-2023
Reported : 27-May-2023 / 12:02

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.

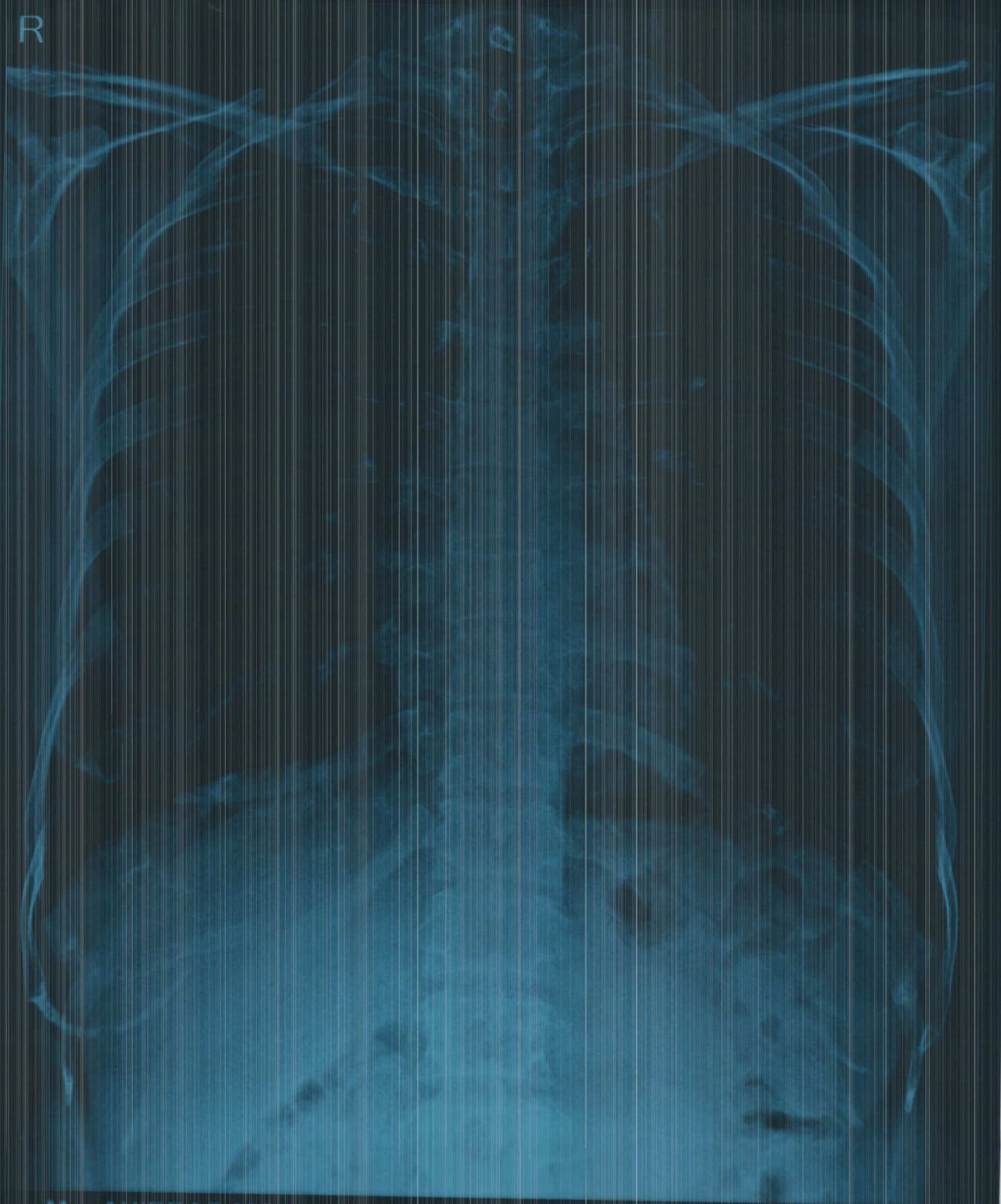
IMPRESSION:

NO SIGNIFICANT ABNORMALITY IS DETECTED.

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

Dr. Prajakta Ingley
MBBS, MD (Radio-diagnosis)
Reg No - 2016/02/0283

R



Mrs AHIRRAO MONALI PRASHANT F 036Y 2314718152 CHEST PA
SUBURBAN DIAGNOSTICS PIMPLE SAUDAGAR