

**MER- MEDICAL EXAMINATION REPORT**

DATE OF EXAMINATION	19-10-2024		
NAME	Sheetal Bhise		
AGE	38	GENDER	Male
HEIGHT (CM)	162cm	WEIGHT (KG)	86 kg
B.P.	110/70 mm/Hg		
ECG	NSR		
X Ray	Normal		
Vision Checkup	Color Vision: N Far Vision Ratio: 6/6 @ Near Vision Ratio: 15 @		
Present Ailments			
Details of Past ailments (If Any)	LCS in 2014 & 2017.		
Comments / Advice:			



Signature with Stamp of Medical Examiner

 Dr. Mrinalini Singh  
 Consultant Physician  
 MBS, DNB, MRCP (UK), EDIC  
 Reg. No. 2019/02/0392



## CERTIFICATE OF MEDICAL FITNESS

This is to certify that I have conducted the clinical examination of  
Sheetal Bhise on 19-10-2024

After reviewing the medical history and on clinical examination it has been found that he/she is

	Tick
<ul style="list-style-type: none"> <li>• Medically Fit</li> </ul>	<input type="checkbox"/>
<ul style="list-style-type: none"> <li>• Fit with restrictions/recommendations</li> </ul> <p style="text-align: center;">Though following restrictions have been revealed, in my opinion, these are not impediments to the job.</p> <p>1. _____</p> <p>2. _____</p> <p>3. _____</p> <p style="text-align: center;">However, the employee should follow the advice/medication that has been communicated to him/her.</p> <p style="text-align: center;">Review after _____</p>	<input type="checkbox"/>
<ul style="list-style-type: none"> <li>• Currently Unfit. Review after _____ recommended</li> </ul>	<input type="checkbox"/>
<ul style="list-style-type: none"> <li>• Unfit</li> </ul>	<input type="checkbox"/>

Dr. \_\_\_\_\_

**Dr. Mrinalini Singh**  
 Consultant Physician **Medical Officer**  
 MBE S, DNB, MRCP (UK), EDIC  
 Reg. No. 2019/02/0392

*This certificate is not meant for medico-legal purposes*

ID: 14243

SHEETAL

38 Years ( / / )

19-10-2024 10:52:03

HR : 74 bpm

P : 108 ms

PR : 142 ms

QRS : 88 ms

QT/QTcBz : 394/438 ms

P/QRS/T : 6/31/35 °

RV5/SV1 : 0.832/0.817 mV

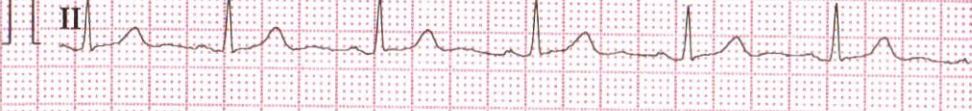
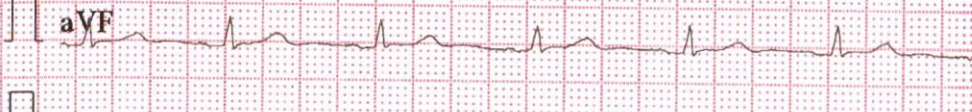
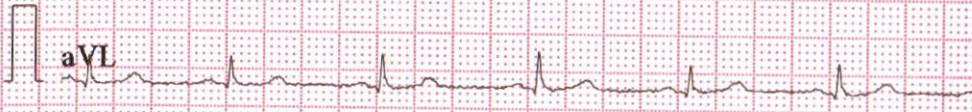
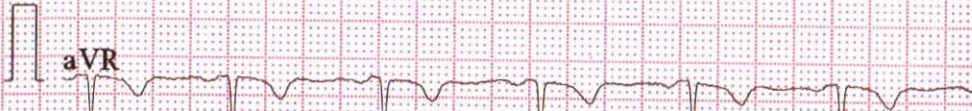
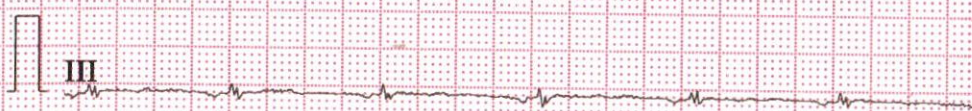
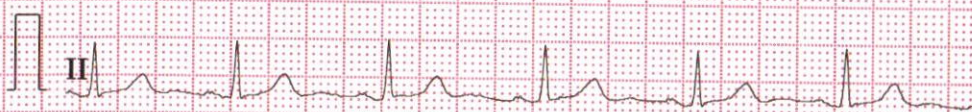
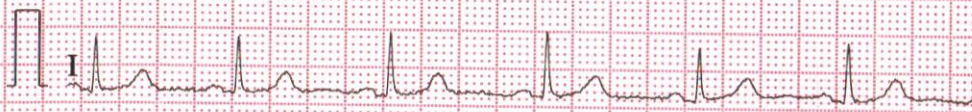
Diagnosis Information:

NGR

✓

DR. SHEETAL K. ...  
MBBS, DNB, ... (K), EDIC  
Reg. No. 2015/02/0392

Unconfirmed Report.





भारत सरकार  
Government of India



Issue Date: 08/10/2011



Sheetal Anil Bhise  
Date of Birth/DOB: 20/01/1985  
Female/ FEMALE

7808 0366 5010

VID : 9117 3068 1132 6965

मेरा आधार, मेरी पहचान



Report ID : **SABM1910102832** Reg. : **19-Oct-2024**  
Patient Name : **Ms. SHEETAL ANIL BHISE** Report Date : **19-Oct-2024**  
Rank : Company Name : **M/S. APOLLO HEALTH AND LIFESTYLE**  
Ref By : **DR.PARAG ARVIND PRADHAN** Age/Sex : **41 Year / Female**

## CHEST X RAY REPORT

X-Ray No : 6069

Investigation : Chest PA View.

Bony thoracic cage is normal.

Cardiac silhouette appears normal in size and configuration.

Both lungs shows equal translucency and normal vasculature.

Both Hemidiaphragm visualised normal.

No evidence of any active parenchymal lesion seen.

### **Impression :**

**Normal Chest X-Ray.**

  
Dr. Jacob  
Mathew MD

**Proudly... Caring For You**

HO- Sea Bird Medicare Centre (ISO 9001:2015): A-101-102, Heritage Plaza, Teli Cross Lane, Andheri East (Nr. Station), Mumbai- 69. Tel: 022- 46032704

Powai: 022-25701053 / 25704157

Kochi: 0484- 2322022 / 4032022

Website: [www.seabirdhf.com](http://www.seabirdhf.com) | Email: [seabird@seabirdhf.com](mailto:seabird@seabirdhf.com)



Name: Mrs SHEETAL BHISE	Age : 38Y	Sex : FEMALE
Date : 19/10/2024	Ref Dr : APOLLO	

### USG ABDOMEN AND PELVIS

**LIVER:** Liver appears normal in size 11.6cm and shows diffuse increased 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 is normal. 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:** Both kidneys are normal in shape and echotexture. Corticomedullary differentiation is maintained. There is no evidence of any hydronephrosis, hydroureter or calculus.

Right kidney measures 10.4 x 3.9cm. Left kidney measures 11.3 x 4.3cm.

**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 normal in size and shows normal echotexture. No focal lesion is seen. Uterus measures 7.2 x 4.2 x 4.2cm. Endometrial thickness is normal (5.1mm). Right ovary is normal measures 2.5 x 1.9cm. Left ovary is normal measures 3.0 x 2.5cm. No free fluid or significant lymphadenopathy is seen.

**IMPRESSION:** Fatty liver grade I.

Advice: Clinical co-relation and further evaluation.

*Priyanka Nerulkar*

DR. PRIYANKA NERULKAR  
CONSULTANT RADIOLOGIST

**Thanks For Reference:** Note the above report represents interpretation of various radiographic shadows, and has its own limitations. This report has to be co-related clinico-pathologically by the referring physician and it does not represent the sole diagnosis.

*Proudly... Caring For You*



PID NO. : CIA1264  
Name : SHEETAL ASHOK BHISE  
Sex / Age : Female / 38 Years  
Ref By : APOLLO HEALTH AND LIFESTYLE LIMITED

Reference :  
Sample Collected At :  
Sea Bird Medicare  
102-103-104, Gateway Plaza, Central Avenue Road,  
Hiranandani Gardens, Powai.  
Processing Location: - Seabird Medicare Pvt Ltd  
Office no A/302, Vertex Vikas, Opposite Andheri  
Station, Near Madhavbag Bldg, Andheri (East ).  
Mumbai - 400069

Reg. Date  
19-Oct-2024 / 9:48 am  
Coll Date  
19-Oct-2024 / 9:51 am  
Report Date  
21-Oct-2024 / 11:58 am

**REPORT**

**PAP Smear**

<u>Test</u>	<u>Result</u>	<u>Units</u>	<u>BIOLOGICAL REFERENCE INTERVAL</u>
Reporting System:	The Bethesda System (TBS 2014)		
Specimen type:	2 wet-fixed conventional cervico-vaginal smears, both processed with PAP staining.		
Clinical Data:	PAP smear for Screening		
Specimen Adequacy:	Satisfactory for evaluation		
Microscopy Examination:	Benign superficial & intermediate squamous cells seen.		
Endocervical cells/Transformation zone:	Present		
Dysplasia/Malignancy:	Absent		
Reactive Cellular Changes:	Nil		
Other findings (Infection):	Trichomonas or Monilia are not seen. No e/o Fungal hyphae or spores seen.		
Interpretation/Result:	Negative for intraepithelial lesion or malignancy (NILM)		

**NOTE :**

The 2014 Bethesda system for reporting cervical cytology was followed.

**Comments :**

Cervicovaginal cytology is a screening test primarily for squamous cancer and precursors and has associated false-negative and false-positive results. Regular sampling and follow-up of unexplained clinical signs and symptoms are recommended to minimize false negative results.

LATHA SONAWANE  
Lab Technician

DR. RITESH KHARCHE  
MBBS, MD PATHOLOGY  
**Pathologist**  
MMC Reg No.2006031680

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Sex / Age : Female / 38 Years

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## REPORT

### PAP Smear

Test

Result

Units

BIOLOGICAL REFERENCE INTERVAL

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

LATHA SONAWANE

Lab Technician

DR. RITESH KHARCHE

MBBS, MD PATHOLOGY

**Pathologist**

MMC Reg No.2006031680





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19-Oct-2024 / 9:51 am  
Report Date  
19-Oct-2024 / 3:12 pm

## REPORT

### BLOOD GLUCOSE

<u>Test</u>	<u>Result</u>	<u>Units</u>	<u>BIOLOGICAL REFERENCE INTERVAL</u>
Blood Glucose (Fasting), plasma (Plasma, Method- Hexokinase) Interpretation: NORMAL : 70 - 100 mg/dl Pre-Diabetic : 100 - 125 mg/dl Diabetic : >125 mg/dl (ON MORE THAN ONE OCCASION ) Reference : American diabetes association guidelines 2022	98	mg/dl	70.00 - 100.00 mg/dl
Urine Glucose (Fasting)	Absent		Absent
Urine Ketones (Fasting)	Absent		Absent
Blood Glucose (PP) plasma (Plasma, Method- Hexokinase) Interpretation: Non-Diabetic : 70 - 140 mg/dl Pre-Diabetic : 140 - 199 mg/dl Diabetic : >200 mg/dl (ON MORE THAN ONE OCCASION ) Reference : American diabetes association guidelines 2022	123.65	mg/dl	70.00 - 140.00
Urine Glucose (PP)	Absent		Absent
Urine Ketones (PP)	Absent		Absent

Test Done on Fully Automated Mispa CXL PRO PLUS Biochemistry Analyser.

Pritam Dhanawade  
Lab Technician

DR. RITESH KHARCHE  
MBBS, MD PATHOLOGY  
Pathologist  
MMC Reg No.2006031680



PID NO. : CJA1264  
Name : SHEETAL ASHOK BHISE  
Sex / Age : Female / 38 Years  
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## REPORT

### BLOOD GLUCOSE

<u>Test</u>	<u>Result</u>	<u>Units</u>	<u>BIOLOGICAL REFERENCE INTERVAL</u>
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----- End of Report -----

Pritam Dhanawade  
Lab Technician

DR. RITESH KHARCHE  
MBBS, MD PATHOLOGY  
Pathologist  
MMC Reg No.2006031680

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## REPORT

### Blood Group

<u>Test</u>	<u>Result</u>	<u>Units</u>	<u>BIOLOGICAL REFERENCE INTERVAL</u>
<u>BLOOD GROUP</u>			
ABO Group	"O"		
RH (D)	Positive		

Method : Cell (Forward) grouping by Manual Slide Method.  
Sample: Whole Blood (EDTA)

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

PRIYA PANDEY  
Lab Technician

DR. RITESH KHARCHE  
MBBS, MD PATHOLOGY  
Pathologist  
MMC Reg No.2006031680



PID NO. : CIA1264

Name : SHEETAL ASHOK BHISE

Sex / Age : Female / 38 Years

Ref By : APOLLO HEALTH AND LIFESTYLE  
LIMITED

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## REPORT

### Complete Blood Count

<u>Test</u>	<u>Result</u>	<u>Units</u>	<u>BIOLOGICAL REFERENCE INTERVAL</u>
Hemoglobin	12.9	gm/dl	12.0 - 15
<u>RED BLOOD CELLS</u>			
R.B.C. Count	4.45	million / cumm	3.8- 4.8
HCT	37.3	%	35-48
MCV	83.7	fL	83 - 101
MCH	28.9	pg	27 - 32
MCHC	34.5	gm / dl	31.5 - 34.5
RDW (CV)	13.3	%	11.6- 14.0
Total W.B.C. Count	8180	/cu.mm.	4000-10000
<u>DIFFERENTIAL COUNT</u>			
Neutrophils	71	%	40 - 80
Lymphocytes	23	%	20 - 40
Eosinophils	03	%	1 - 6

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### Complete Blood Count

<u>Test</u>	<u>Result</u>	<u>Units</u>	<u>BIOLOGICAL REFERENCE INTERVAL</u>
Monocytes	03	%	2 - 10
Basophils	00	%	0 - 1
Platelet Count	316000	/cumm	150000 - 410000

#### MORPHOLOGY

RBC Morphology Predominantly Normocytic and Normochromic.

WBC Morphology Normal Morphology.

Platelets on Smear Adequate on smear

(EDTA Whole Blood - Tests done Automated Three part cell counter (RBC, WBC, Platelets count by impedance, Haemoglobin by colorimetric Cyanmeth free method. Rest are calculated parameters. Microscopy and DLC is done manually by the Pathologist.)

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

Pritam Dhanawade  
Lab Technician

DR. RITESH KHARCHE  
MBBS, MD PATHOLOGY  
Pathologist  
MMC Reg No.2006031680



PID NO. : CIA1264  
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### Erythrocyte Sedimentation Rate (ESR)

<u>Test</u>	<u>Result</u>	<u>Units</u>	<u>BIOLOGICAL REFERENCE INTERVAL</u>
E.S.R	20	mm at 1hr	0 - 20

Method: Westergren.  
Sample: Whole Blood (EDTA)

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

PRIYA PANDEY  
Lab Technician

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Pathologist  
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### Glycosylated Haemoglobin (HbA1c)

<u>Test</u>	<u>Result</u>	<u>Units</u>	<u>BIOLOGICAL REFERENCE INTERVAL</u>
HbA1c Pre-Diabetic : 5.7 - 6.4 % Diabetic : > = 6.5 (EDTA Whole Blood, Turbidimetric)	5.65	%	4 - 5.69
Mean Blood Glucose (MBG)	123.84	mg/dl	

#### Interpretation & Remark:

- HbA1c is used for monitoring diabetic control. It reflects the estimated average glucose (eAG).
- HbA1c has been endorsed by clinical groups & ADA (American Diabetes Association guideline 2022, for diagnosis of diabetes using a cut-off points of 6.5 %.
- Trends in HbA1c are a better indicator of diabetic control than a solitary test.
- Low glycated haemoglobin (below 4%) in a non-diabetic individual are often associated with systemic inflammatory diseases, chronic anaemia (especially severe iron deficiency & haemolytic), chronic renal failure and liver diseases. Clinical correlation suggested.
- To estimate the eAG from the HbA1C value, the following equation is used :  $eAG(mg/dl)=28.7 \times A1c - 46.7$ .
- Interference of Haemoglobinopathies in HbA1c estimation.
  - For HbF > 25%, an alternate platform (Fructosamine) is recommended for testing of HbA1c.
  - Homozygous hemoglobinopathy is detected, fructosamine is recommended for monitoring diabetic status.
  - Heterozygous state detected.
- In known diabetic patients, following values can be considered as a guide for monitoring the glycemic control.  
Excellent Control - 6 to 7 %  
Fair to Good Control - 7 to 8 %  
Unsatisfactory Control - 8 to 10 %  
and Poor Control - More than 10 %
- Test done on Mispas i3 Automated Cartridge Based Specific Protein Analyser.

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### LIPID PROFILE

<u>Test</u>	<u>Result</u>	<u>Units</u>	<u>BIOLOGICAL REFERENCE INTERVAL</u>
Total Cholesterol Serum, Method: CHOD-PAP	189.85	mg/dl	CHILD Desirable - Less than : 170 CHILD Borderline High : 170 - 199 CHILD High - More than : 200 ADULT Desirable - Less than : 200 ADULT Borderline High : 200 - 239 ADULT High - More than : 240
Triglycerides Serum, Method: GPO-PAP	75.45	mg/dl	NORMAL : <150 Borderline High : 150 - 199 High : 200 - 499 Very High : >500
HDL Cholesterol-Direct Serum, Method: Cholesterol-esterase-Direct	54.21	mg/dl	Desirable - Above : 60 Borderline Risk : 40 - 59 Undesirable - Below : 40
LDL Cholesterol Calculated	120.55	mg/dl	Desirable - Below : 130 Borderline Risk : 130 - 159 Undesirable - Above : 160
VLDL-Cholesterol Calculated	15.09	mg/dl	5 - 51
T.CHOL/HDLC Ratio Calculated	3.50		Acceptable for Male : < 5.00 Acceptable for Female : <4.50

Pritam Dhanawade  
Lab Technician

DR. RITESH KHARCHE  
MBBS, MD PATHOLOGY  
Pathologist  
MMC Reg No.2006031680





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<u>Test</u>	<u>Result</u>	<u>Units</u>	<u>BIOLOGICAL REFERENCE INTERVAL</u>
LDLC/HDLC Ratio Calculated	2.22		Acceptable for Males : < 3.60 Acceptable for Females : < 3.20

**NOTE:**

- 1) Biological Reference Intervals are as per ATP III, NCEP Guidelines and National Lipid Association (NLA) 2014 Recommendations.
- 2) Tests done on Fully Automated Mispa CXL PRO PLUS Biochemistry Analyser.
- 3) The LDL-Cholesterol is calculated by the Friedewald equation which provides a reliable LDL-Cholesterol value estimate when triglyceride levels are below 400 mg/dL. A direct measurement is advised if the triglyceride levels are >400mg/dL.

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Processing Location: - Seabird Medicare Pvt Ltd  
Office no A/302, Vertex Vikas, Opposite Andheri  
Station, Near Madhavbag Bldg, Andheri (East ).  
Mumbai - 400069

Reg. Date  
19-Oct-2024 / 9:48 am  
Coll Date  
19-Oct-2024 / 9:51 am  
Report Date  
19-Oct-2024 / 3:12 pm

## REPORT

### LIVER FUNCTION TEST

<u>Test</u>	<u>Result</u>	<u>Units</u>	<u>BIOLOGICAL REFERENCE INTERVAL</u>
S.G.O.T. (Serum ,Method-IFCC / UV without P5P)	19.1	U/L	0 - 32
Sr. Alkaline Phosphatase (Serum, Kinetic Method by IFCC)	82.86	U/L	35 - 104
S.G.P.T. (Serum,Method- IFCC / UV without P5P)	21	U/L	0 - 33
GGT (Serum ,Method- IFCC Method)	13.94	U/L	5 - 36
Bilirubin (Total) (Serum ,Method-Diazo- End point)	0.78	mg/dl	0.0 - 1.20
Bilirubin (Direct) (Serum,Method-Diazo-End point)	0.2	mg/dl	0.0 - 0.40
Bilirubin (Indirect) Calculated	0.58	mg/dl	0.0 - 0.90
Total Proteins (serum,Method-Biuret)	7.1	g/dl	6.6 - 8.7
Albumin (Serum,Method-Bromocresol Green)	3.83	g/dl	3.5 - 5.2
Globulin Calculated	3.27	g/dl	1.90 - 3.70
A/G ratio Calculated	1.17		

Test Done on Fully Automated Mispa CXL PRO PLUS Biochemistry Analyser.

Pritam Dhanawade  
Lab Technician

DR. RITESH KHARCHE  
MBBS, MD PATHOLOGY  
Pathologist  
MMC Reg No.2006031680



PID NO. : CIA1264  
Name : SHEETAL ASHOK BHISE  
Sex / Age : Female / 38 Years  
Ref By : APOLLO HEALTH AND LIFESTYLE LIMITED

Reference :  
Sample Collected At :  
Sea Bird Medicare  
102-103-104, Gateway Plaza, Central Avenue Road,  
Hiranandani Gardens, Powai.  
Processing Location: - Seabird Medicare Pvt Ltd  
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## REPORT

### LIVER FUNCTION TEST

<u>Test</u>	<u>Result</u>	<u>Units</u>	<u>BIOLOGICAL REFERENCE INTERVAL</u>
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----- End of Report -----

Pritam Dhanawade  
Lab Technician

DR. RITESH KHARCHE  
MBBS, MD PATHOLOGY  
Pathologist  
MMC Reg No.2006031680

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This is computer generated medical diagnostics report that has been validated by an Authorized Medical Practitioner/Doctor. The report does not need physical signature. Results relate only to the sample as received. Refer to conditions of reporting overleaf.

HO- Sea Bird Medicare Centre (ISO 9001:2015): A-101-102, Heritage Plaza, Teli Cross Lane, Andheri East (Nr. Station), Mumbai- 69. Tel: 022- 46032704

Powai: 022-25701053 / 25704157

Kochi: 0484- 2322022 / 4032022



PID NO. : CIA1264

Name : SHEETAL ASHOK BHISE

Sex / Age : Female / 38 Years

Ref By : APOLLO HEALTH AND LIFESTYLE  
LIMITED

Reference :

Sample Collected At :

Sea Bird Medicare

102-103-104, Gateway Plaza, Central Avenue Road,  
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19-Oct-2024 / 3:12 pm

## REPORT

### RENAL PROFILE

<u>Test</u>	<u>Result</u>	<u>Units</u>	<u>BIOLOGICAL REFERENCE INTERVAL</u>
Blood Urea Serum, Method-Urease	15.95	mg/dl	16.6 - 48.5 mg/dl
Blood Urea Nitrogen Serum, Method-Urease	7.45	mg/dl	06 - 20 mg/dl
Creatinine Serum, Method-Kinetic Jaffes	0.51	mg/dL	0.5 - 0.95 mg/dl
Uric Acid Serum, Method: Uricase-POD	4.52	mg/dl	2.4 - 5.7

Test Done on Fully Automated Mispa CXL PRO PLUS Biochemistry Analyser.

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

Pritam Dhanawade  
Lab Technician

DR. RITESH KHARCHE  
MBBS, MD PATHOLOGY  
Pathologist  
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PID NO. : CIA1264  
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Sex / Age : Female / 38 Years  
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## REPORT

### THYROID FUNCTION TEST

<u>Test</u>	<u>Result</u>	<u>Units</u>	<u>BIOLOGICAL REFERENCE INTERVAL</u>
TSH	3.87	µIU/ml	0.25-5 µIU/ml
T3	2.19	nmol/l	0.92-2.33 nmol/l
T4	89.01	nmol/l	60-120 nmol/l

The assay principle combines an enzyme immunoassay competition method with a final fluorescent detection (ELFA).

#### INTERPRETATION

TSH : A high TSH result often means an under active thyroid gland that is not responding adequately to the stimulation of TSH due to some type of acute or chronic thyroid dysfunction. A high TSH value can also occur when someone with a known thyroid disorder or who has had their thyroid gland removed is receiving too little thyroid hormone medication. A low TSH result can indicate an over active thyroid gland (hyperthyroidism) or excessive amounts of thyroid hormone medication in those who are being treated for an under active (or removed) thyroid gland. An abnormal TSH test result is usually followed by additional testing to investigate the cause of the increase or decrease.

T3: Triiodothyronine T3 contributes significantly to the maintenance of the euthyroid state, and the total T3 concentration has a role in screening for thyroid disease in conjunction with other tests. T3 alone cannot diagnose hypothyroidism, but it may be more sensitive than thyroxine (T4) for hyperthyroidism.

T4 :Thyroxine accounts for at least 90% of circulating protein-bound iodine. While >99.9% of T4 is protein-bound, primarily to thyroglobulin (TBG), it is the free fraction that is biologically active. In most patients the total T4 level is a good indicator of thyroid status, however it can sometimes be inadequate, and diagnostic efficiency may be improved by use of a total T4 test in conjunction with other tests.

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

Pritam Dhanawade  
Lab Technician

DR. RITESH KHARCHE  
MBBS, MD PATHOLOGY  
Pathologist  
MMC Reg No.2006031680



PID NO. : CIA1264  
Name : SHEETAL ASHOK BHISE  
Sex / Age : Female / 38 Years  
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## REPORT

### URINE ANALYSIS

<u>Test</u>	<u>Result</u>	<u>Units</u>	<u>BIOLOGICAL REFERENCE INTERVAL</u>
<u>PHYSICAL EXAMINATION</u>			
Colour	Pale Yellow		Pale Yellow
Quantity	30 ml	ml	20 - 50
Appearance	Clear		Clear
Reaction (pH)	5.0		5.0 - 9.0
Specific Gravity	1.010		1.000 - 1.030
<u>CHEMICAL EXAMINATION</u>			
Proteins	Absent		Absent
Sugar	Absent		Absent
Ketone Bodies	Absent		Absent
Bilirubin	Absent		Absent
Nitrite	Absent		Absent
Urobilinogen	Normal	mg/dl	Normal (0.1 - 1.0 mg/dl)

PRIYA PANDEY  
Lab Technician

DR. RITESH KHARCHE  
MBBS, MD PATHOLOGY  
Pathologist  
MMC Reg No.2006031680



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## REPORT

### URINE ANALYSIS

<u>Test</u>	<u>Result</u>	<u>Units</u>	<u>BIOLOGICAL REFERENCE INTERVAL</u>
Ocult Blood	Absent		Absent
<u>MICROSCOPIC EXAMINATION</u>			
Pus Cells	1 - 2 / hpf		2 - 3 / hpf
Red Blood Cells	Absent		Absent
Epithelial cells	1 - 2 / hpf		2 - 5 / hpf
Casts	Absent		Absent
Crystals	Absent		Absent
Other Findings	Absent		

**METHOD:**

Physical Examination : Visual Strip Method.

Chemical Examination : Bilirubin(Azo-coupling), Blood(Peroxidase), Glucose(Specific glucose-oxidase/oxidase reaction), Ketone(Rothera's test), Leukocytes(Reflectance Photometer(Leucocyte esterase)), Nitrite(Diazotization), pH(Double Indicator), Protein(Protein Error of Indicators), Specific Gravity(Refractometric method), Urobilinogen(Ehrlich).

Microscopy Examination : Automation/Manual Microscopy.

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

PRIYA PANDEY  
Lab Technician

DR. RITESH KHARCHE  
MBBS, MD PATHOLOGY  
**Pathologist**  
MMC Reg No.2006031680

## 2D ECHO AND COLOR DOPPLER

Name: MRS SHEETAL BHISE	Age :38Y	Sex :FEMALE
Date:19/10/2024	ECHOCARDIOGRAM DONE BY:DR NADEEM MOTLEKAR	Ref Dr : APOLLO

**INDICATION:** Annual Medical Health check-up package to assess Cardiac function

**ATTENDING STAFF:** SUSHMITA

**INTERPRETING PHYSICIAN:** DR NADEEM MOTLEKAR

**MACHINE:** GE Ultrasound Machine LOGIQ F6 Images saved: Server

**IMAGE QUALITY:** OPTIMAL

### DESCRIPTIONS

1. Left ventricle: normal cavity size, normal wall thickness, normal systolic and diastolic function
2. Right ventricle: normal size, normal wall thickness, normal systolic function
3. Ventricular septum: normal
4. Left atrium: normal size
5. Right atrium: normal size
6. Atrial septum: normal
7. Inferior vena cava: normal diameter, normal response during respiration
8. Aortic valve: normal structure and function
9. Mitral valve: normal structure and function
10. Tricuspid valve: normal structure and function
11. Pulmonary valve: normal structure and function
12. Pulmonary artery: normal diameter
13. Pericardium: no thickening, no effusion
14. Aorta: normal diameter of root and ascending aorta

### MEASUREMENTS

1. Left ventricle LVIDd-4.4cm, LVIDs-2.7cm, IVS-0.9cm LVEF at rest visually 55-60%
2. Right ventricle RVIDd – cm
3. Left atrium LA diameter -2.2cm
4. Right atrium —
5. Inferior vena cava —
6. Aortic valve peak velocity –0.92m/s
7. Mitral valve E: A ratio – 1.35D-E Excursion-1.8cm MV Dec T-164m/sec EF- Slope-12 cm/s

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Name: MRS SHEETAL BHISE	Age :38Y	Sex :FEMALE
Date:19/10/2024	ECHOCARDIOGRAM DONE BY:DR NADEEM MOTLEKAR	Ref Dr : APOLLO


8. Tricuspid valve TR maximum velocity – 1m/s
9. Pulmonary valve PW peak velocity –1m/s
10. Pulmonary artery Root diameter – cm PASP-
11. Pericardium- Normal, no pericardial effusion.
12. Aorta Root diameter -2.3cm

**CONCLUSIONS**

Normal echocardiogram. Normal left ventricle size. Normal left ventricle systolic and diastolic function.

**DISCLAIMER**

This diagnostic test has its limitations, correlate clinically & interpret accordingly.



DR Nadeem Motlekar

Consulting Physician and Echocardiographer

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