



CID : 2304222501
Name : MRS.JAYASREE NAIR
Age / Gender : 59 Years / Female
Consulting Dr. : -
Reg. Location : Vashi (Main Centre)

Collected : 11-Feb-2023 / 09:47
Reported : 11-Feb-2023 / 13:40

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MEDIWHEEL FULL BODY HEALTH CHECKUP FEMALE ABOVE 40/2D ECHO

CBC (Complete Blood Count), Blood

PARAMETER	RESULTS	BIOLOGICAL REF RANGE	METHOD
<u>RBC PARAMETERS</u>			
Haemoglobin	12.8	12.0-15.0 g/dL	Spectrophotometric
RBC	4.08	3.8-4.8 mil/cmm	Elect. Impedance
PCV	38.4	36-46 %	Measured
MCV	94	80-100 fl	Calculated
MCH	31.3	27-32 pg	Calculated
MCHC	33.3	31.5-34.5 g/dL	Calculated
RDW	13.3	11.6-14.0 %	Calculated
<u>WBC PARAMETERS</u>			
WBC Total Count	4200	4000-10000 /cmm	Elect. Impedance
<u>WBC DIFFERENTIAL AND ABSOLUTE COUNTS</u>			
Lymphocytes	31.1	20-40 %	
Absolute Lymphocytes	1306.2	1000-3000 /cmm	Calculated
Monocytes	9.0	2-10 %	
Absolute Monocytes	378.0	200-1000 /cmm	Calculated
Neutrophils	51.6	40-80 %	
Absolute Neutrophils	2167.2	2000-7000 /cmm	Calculated
Eosinophils	7.0	1-6 %	
Absolute Eosinophils	294.0	20-500 /cmm	Calculated
Basophils	1.3	0.1-2 %	
Absolute Basophils	54.6	20-100 /cmm	Calculated
Immature Leukocytes	-		

WBC Differential Count by Absorbance & Impedance method/Microscopy.

PLATELET PARAMETERS

Platelet Count	192000	150000-400000 /cmm	Elect. Impedance
MPV	8.7	6-11 fl	Calculated
PDW	13.8	11-18 %	Calculated

RBC MORPHOLOGY

Hypochromia	-
Microcytosis	-



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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 **38** 2-30 mm at 1 hr. Sedimentation

*Sample processed at SUBURBAN DIAGNOSTICS (INDIA) PVT. LTD Panvel Lab, Panvel East
*** End Of Report ***



J. Mujawar

Dr. IMRAN MUJAWAR
M.D (Path)
Pathologist



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MEDIWHEEL FULL BODY HEALTH CHECKUP FEMALE ABOVE 40/2D ECHO

<u>PARAMETER</u>	<u>RESULTS</u>	<u>BIOLOGICAL REF RANGE</u>	<u>METHOD</u>
GLUCOSE (SUGAR) FASTING, Fluoride Plasma	101.1	Non-Diabetic: < 100 mg/dl Impaired Fasting Glucose: 100-125 mg/dl Diabetic: >/= 126 mg/dl	Hexokinase
GLUCOSE (SUGAR) PP, Fluoride Plasma PP/R	149.2	Non-Diabetic: < 140 mg/dl Impaired Glucose Tolerance: 140-199 mg/dl Diabetic: >/= 200 mg/dl	Hexokinase
Urine Sugar (Fasting)	Absent	Absent	
Urine Ketones (Fasting)	Absent	Absent	

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Pathologist



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MEDIWHEEL FULL BODY HEALTH CHECKUP FEMALE ABOVE 40/2D ECHO
KIDNEY FUNCTION TESTS

<u>PARAMETER</u>	<u>RESULTS</u>	<u>BIOLOGICAL REF RANGE</u>	<u>METHOD</u>
BLOOD UREA, Serum	13.0	12.8-42.8 mg/dl	Kinetic
BUN, Serum	6.1	6-20 mg/dl	Calculated
CREATININE, Serum	0.84	0.51-0.95 mg/dl	Enzymatic
eGFR, Serum	74	>60 ml/min/1.73sqm	Calculated
TOTAL PROTEINS, Serum	6.7	6.4-8.3 g/dL	Biuret
ALBUMIN, Serum	4.7	3.5-5.2 g/dL	BCG
GLOBULIN, Serum	2.0	2.3-3.5 g/dL	Calculated
A/G RATIO, Serum	2.4	1 - 2	Calculated
URIC ACID, Serum	7.1	2.4-5.7 mg/dl	Enzymatic
PHOSPHORUS, Serum	4.5	2.7-4.5 mg/dl	Molybdate UV
CALCIUM, Serum	9.1	8.6-10.0 mg/dl	N-BAPTA
SODIUM, Serum	141	135-148 mmol/l	ISE
POTASSIUM, Serum	4.8	3.5-5.3 mmol/l	ISE
CHLORIDE, Serum	99	98-107 mmol/l	ISE

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MEDIWHEEL FULL BODY HEALTH CHECKUP FEMALE ABOVE 40/2D ECHO
GLYCOSYLATED HEMOGLOBIN (HbA1c)

PARAMETER	RESULTS	BIOLOGICAL REF RANGE	METHOD
Glycosylated Hemoglobin (HbA1c), EDTA WB - CC	6.1	Non-Diabetic Level: < 5.7 % Prediabetic Level: 5.7-6.4 % Diabetic Level: >= 6.5 %	HPLC
Estimated Average Glucose (eAG), EDTA WB - CC	128.4	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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**MEDIWHEEL FULL BODY HEALTH CHECKUP FEMALE ABOVE 40/2D ECHO
URINE EXAMINATION REPORT**

PARAMETER	RESULTS	BIOLOGICAL REF RANGE	METHOD
<u>PHYSICAL EXAMINATION</u>			
Color	Pale yellow	Pale Yellow	-
Reaction (pH)	Neutral (7.0)	4.5 - 8.0	Chemical Indicator
Specific Gravity	1.010	1.001-1.030	Chemical Indicator
Transparency	Clear	Clear	-
Volume (ml)	35	-	-
<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	2-3		
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 Panvel Lab, Panvel East

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Reported : 11-Feb-2023 / 20:11

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MEDIWHEEL FULL BODY HEALTH CHECKUP FEMALE ABOVE 40/2D ECHO
BLOOD GROUPING & Rh TYPING

<u>PARAMETER</u>	<u>RESULTS</u>
ABO GROUP	O
Rh TYPING	Negative

NOTE: Test performed by automated Erythrocytes magnetized technology (EMT) which is more sensitive than conventional methods.

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

*Sample processed at SUBURBAN DIAGNOSTICS (INDIA) PVT. LTD SDRL, Vidyavihar Lab

*** End Of Report ***



Anupa

Dr.ANUPA DIXIT
M.D.(PATH)
Consultant Pathologist &
Lab Director



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MEDIWHEEL FULL BODY HEALTH CHECKUP FEMALE ABOVE 40/2D ECHO
LIPID PROFILE

PARAMETER	RESULTS	BIOLOGICAL REF RANGE	METHOD
CHOLESTEROL, Serum	127.6	Desirable: <200 mg/dl Borderline High: 200-239mg/dl High: >/=240 mg/dl	CHOD-POD
TRIGLYCERIDES, Serum	146.5	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	45.5	Desirable: >60 mg/dl Borderline: 40 - 60 mg/dl Low (High risk): <40 mg/dl	Homogeneous enzymatic colorimetric assay
NON HDL CHOLESTEROL, Serum	82.1	Desirable: <130 mg/dl Borderline-high:130 - 159 mg/dl High:160 - 189 mg/dl Very high: >/=190 mg/dl	Calculated
LDL CHOLESTEROL, Serum	53.0	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	29.1	< /= 30 mg/dl	Calculated
CHOL / HDL CHOL RATIO, Serum	2.8	0-4.5 Ratio	Calculated
LDL CHOL / HDL CHOL RATIO, Serum	1.2	0-3.5 Ratio	Calculated

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MEDIWHEEL FULL BODY HEALTH CHECKUP FEMALE ABOVE 40/2D ECHO
THYROID FUNCTION TESTS

<u>PARAMETER</u>	<u>RESULTS</u>	<u>BIOLOGICAL REF RANGE</u>	<u>METHOD</u>
Free T3, Serum	4.1	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	2.53	0.35-5.5 microIU/ml First Trimester:0.1-2.5 Second Trimester:0.2-3.0 Third Trimester:0.3-3.0	ECLIA



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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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MEDIWHEEL FULL BODY HEALTH CHECKUP FEMALE ABOVE 40/2D ECHO
LIVER FUNCTION TESTS

<u>PARAMETER</u>	<u>RESULTS</u>	<u>BIOLOGICAL REF RANGE</u>	<u>METHOD</u>
BILIRUBIN (TOTAL), Serum	0.32	0.1-1.2 mg/dl	Colorimetric
BILIRUBIN (DIRECT), Serum	0.19	0-0.3 mg/dl	Diazo
BILIRUBIN (INDIRECT), Serum	0.13	0.1-1.0 mg/dl	Calculated
TOTAL PROTEINS, Serum	6.7	6.4-8.3 g/dL	Biuret
ALBUMIN, Serum	4.7	3.5-5.2 g/dL	BCG
GLOBULIN, Serum	2.0	2.3-3.5 g/dL	Calculated
A/G RATIO, Serum	2.4	1 - 2	Calculated
SGOT (AST), Serum	24.0	5-32 U/L	NADH (w/o P-5-P)
SGPT (ALT), Serum	24.9	5-33 U/L	NADH (w/o P-5-P)
GAMMA GT, Serum	28.8	3-40 U/L	Enzymatic
ALKALINE PHOSPHATASE, Serum	70.0	35-105 U/L	Colorimetric

Kindly correlate clinically.

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Reported : 11-Feb-2023/12:14

MAMMOGRAPHY

X RAY MAMMOGRAPHY:

Both mammograms have been performed with Cranio-Caudal and Medio-Lateral Oblique views

Mixed fibroglandular pattern is noted in both breasts.

No evidence of any speculated high density mass lesion / focal asymmetric density / retraction / clusters of microcalcification is seen.

No abnormal skin thickening is seen.

SONOMAMMOGRAPHY:

Both breasts reveal normal parenchymal echotexture.

No focal solid or cystic mass lesion is seen.

No ductal dilatation is seen.

Bilateral reactive axillary lymph nodes was seen.

IMPRESSION:

Normal Mammography and Sonomammography of both breasts.

ACR BIRADS Category- I (Negative).

Follow-up Mammography after 1 year is suggested. Please bring all the films for comparison.



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ACR BIRADS CATEGORY

- I. **Negative**
- II. **Benign.**
- III. **Probably benign.**
- IV. **Suspicious / Indeterminate.**
- V. **Highly Suggestive of malignancy**

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

Dr Shilpa Beri
MBBS DMRE
Reg No 2002/05/2302
Consultant Radiologist



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USG WHOLE ABDOMEN

LIVER:

The liver is normal in size, shape and smooth margins. It shows normal parenchymal echo pattern. The intra hepatic biliary and portal radical appear normal. No evidence of any intra hepatic cystic or solid lesion seen. The main portal vein and CBD appears normal.

GALL BLADDER:

The gall bladder fossa is empty, consistent with the history of cholecystectomy

PANCREAS:

The pancreas is well visualised and appears normal. No evidence of solid or cystic mass lesion.

KIDNEYS:

Both the kidneys are normal in size shape and echotexture.

No evidence of any calculus, hydronephrosis or mass lesion seen.

Right kidney measures 10.0 x 3.7 cm. Left kidney measures 10.6 x 4.5 cm.

SPLEEN:

The spleen is normal in size and echotexture. No evidence of focal lesion is noted.

There is no evidence of any lymphadenopathy or ascites.

URINARY BLADDER:

The urinary bladder is well distended and reveal no intraluminal abnormality.

UTERUS AND ADNEXA :

The uterine fossa is empty consistent with the history of hysterectomy.

Both the adnexa appears normal.

IMPRESSION:-

No significant abnormality is seen.

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

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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.

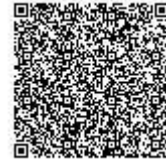
The skeleton under review appears normal.

IMPRESSION:

NO SIGNIFICANT ABNORMALITY IS DETECTED.

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

Dr R K Bhandari
M D , DMRE
MMC REG NO. 34078



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बैंक ऑफ़ बड़ौदा
Bank of Baroda




नाम जयश्री एच. नायर
Name Jayasree H. Nair

कर्मचारी कूट क्र.
E.C. No. 47903

जारीकर्ता प्राधिकारी
Issuing Authority

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Signature of Holder

J. Nair

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Shop No 22, Ground Floor, Raikar Bhavan,
Sector-17, Vashi, Navi Mumbai - 400 703
Tel 27884647 / 27864548.


 भारत सरकार
GOVERNMENT OF INDIA



जयश्री हरिदास नायर
Jayasree Haridas Nair

जन्म तारीख/DOB: 09/11/1963
महिला / FEMALE

9590 2673 4606



माझे आधार, माझी ओळख

PHYSICAL EXAMINATION REPORT

Patient Name	Mrs Jayashree Nale	Sex/Age	R/Sg
Date	11/02/23	CID	230422250

History and Complaints

No clc

EXAMINATION FINDINGS:

Height (cms):	156	Temp (0c):	Normal
Weight (kg):	62kg	Skin:	Normal
Blood Pressure	140/70	Nails:	Normal
Pulse	74w	Lymph Node:	NP
BMI	25.5		

Systems :

Cardiovascular:	Normal
Respiratory:	Normal
Genitourinary:	Normal
GI System:	Acidity, Sog Ht, Gall Bladder removed
CNS:	Normal

Impression: Pre-diabetic Blood Sugar Level
ECG - Left ventricular hypertrophy
2D Echo - Grade I diastolic dysfunction

Advice: Dietary Restriction
- Refer to Cardiologist for further opinion

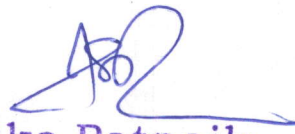
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CHIEF COMPLAINTS:

1)	Hypertension:	NO
2)	IHD	NO
3)	Arrhythmia	NO
4)	Diabetes Mellitus	NO
5)	Tuberculosis	NO
6)	Asthama	NO
7)	Pulmonary Disease	NO
8)	Thyroid/ Endocrine disorders	NO
9)	Nervous disorders	NO
10)	GI system	NO
11)	Genital urinary disorder	NO
12)	Rheumatic joint diseases or symptoms	Knee joint pain rel.
13)	Blood disease or disorder	NO
14)	Cancer/lump growth/cyst	fibroadenoma uterus (+)
15)	Congenital disease	NO
16)	Surgeries	Total Hysterectomy done in 2002
17)	Musculoskeletal System	NO Cervical spondylosis

PERSONAL HISTORY:

1)	Alcohol	NO
2)	Smoking	NO
3)	Diet	veg
4)	Medication	High cholesterol Acromioclavicular joint



Dr. Alka Patnaik
M.B.B.S., C.G.O.-Nagpur Reg. No. 7-2
Dip. Psysextherapy-U.K. Reg. No. 07555

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DENTAL CHECK - UP

Name:- Mrs. Jayshree Nair

CID : 2304222501 Sex / Age : f / 59

Occupation:- Service -

Date: 11 / 2 / 2023

Chief complaints:- general checkup -

Medical / dental history:-

GENERAL EXAMINATION:

1) Extra Oral Examination:

a) TMJ:

b) Facial Symmetry:

2) Intra Oral Examination:

a) Soft Tissue Examination:

b) Hard Tissue Examination:

c) Calculus:

Stains:

18	17	16	15	14	13	12	11	21	22	23	24	25	26	27	28
48	47	46	45	44	43	42	41	31	32	33	34	35	36	37	38

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	Missing	#	Fractured
○	Filled/Restored	RCT	Root Canal Treatment
○	Cavity/Caries	RP	Root Piece

Advised: Removal and refitting of ceramic bridge on 43 44 45 46.

Provisional Diagnosis:- Extraction of 44

DR. TRIPTE ZEMISE
B.D.S. [MUM]
Reg. No. A 10451

Date:- 11/02/23

CID: 280422250

Name:- Mr Jagashree Nale

Sex / Age: R / 59

EYE CHECK UP

Chief complaints: - NO

Systemic Diseases: - NO

Past history: - NO

Unaided Vision: - NO

Aided Vision: - Yes

Refraction: without glass

(Right Eye)

(Left Eye)

	Sph	Cyl	Axis	Vn	Sph	Cyl	Axis	Vn
Distance				6/36				6/24
Near				N/36				N/36

Colour Vision: Normal / Abnormal

Remark:

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Dr. Alka Patnaik
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ADDRESS: 2nd Floor, Aston, Sundervan Complex, Above Mercedes Showroom, Andheri West - 400053

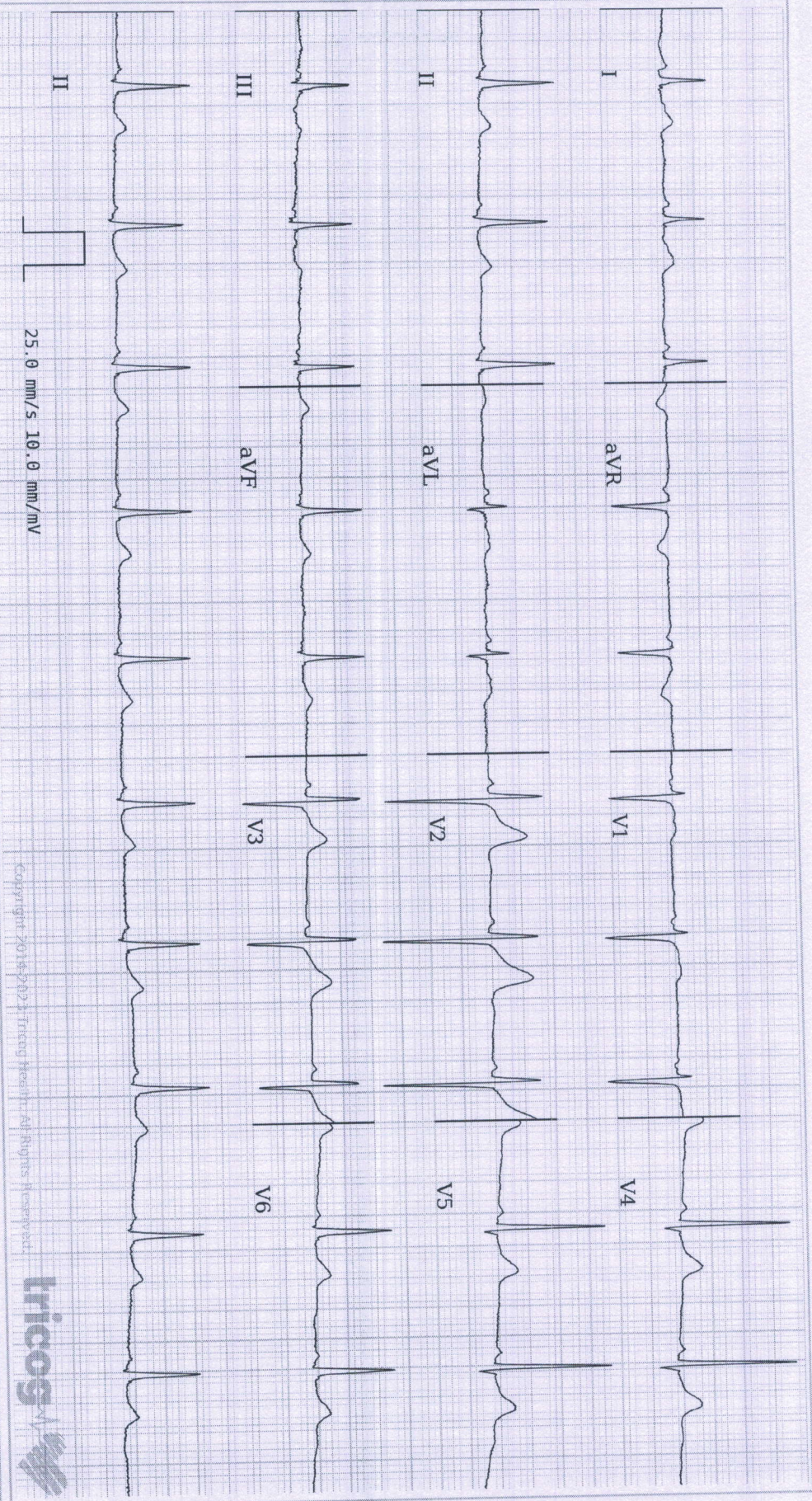
HEALTHLINE - MUMBAI: 022-6170-0000 | OTHER CITIES: 1800-266-4343

For Feedback - customerservice@suburbandiagnosics.com | www.suburbandiagnosics.com

Patient Name: JAYASREE NAIR
Patient ID: 2304222501

SUBURBAN DIAGNOSTICS - YASHI

Date and Time: 11th Feb 23 10:30 AM



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Age **59** 3 2
years months days

Gender **Female**

Heart Rate **65bpm**

Patient Vitals

BP: 140/70 mmHg
Weight: 62 kg
Height: 156 cm
Pulse: NA
SpO2: NA
Resp: NA
Others:

Measurements

QRSD: 90ms
QT: 396ms
QTc: 411ms
PR: 108ms
P-R-T: 9° 60° 34°

REPORTED BY

Aravind

Dr. Aravind N Mohan
M.D (General Medicine)
Reg No 39329 M.M.C

Sinus Rhythm, Left Ventricular Hypertrophy by voltage criteria. Kindly correlate clinically. 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.

NAME :- MRS. JAYASREE NAIR	AGE :- 59 YRS
SEX :- FEMALE	DATE :- 11/02/2023
CID NO :- 2304222501	

2D Echo and Colour doppler report

All cardiac chambers are normal in dimension
 No obvious resting regional wall motion abnormalities (RWMA)
 Interatrial and Interventricular septum – Appears Normal
 Valves – Structurally normal
 Good biventricular function.
 IVC is normal.
 Pericardium is normal.
 Great vessels - Origin and visualized proximal part are normal.
 No coarctation of aorta.

Doppler study

Normal flow across all the valves.
 No pulmonary hypertension.
 Grade I diastolic dysfunction.

Measurements

Aorta annulus	15 mm
Left Atrium	32 mm
LVID(Systole)	14 mm
LVID(Diastole)	40 mm
IVS(Diastole)	7 mm
PW(Diastole)	9 mm
LV ejection fraction.	55-60%

Conclusion

Good biventricular function
No RWMA
Valves – Structurally normal
Grade I diastolic dysfunction
No PAH

Dasgupta Dr. Anirban Dasgupta
MBBS DNB
Reg. No. 2005/02/0920
Suburban Diagnostics (Vashi)

Performed by: Dr. Anirban Dasgupta
D.N.B. Internal Medicine, Diploma Cardiology (PGDCC-IGNOU).

NAME: - Mrs Jayashree Nale

AGE / SEX :- F / 59

REGN NO :- 230422250

REF DR :- -

GYNECOLOGICAL EXAMINATION REPORT

OBSERVED VALUE

TEST DONE

CHIEF COMPLAINTS :- NO

MARITAL STATUS :- married

MENSTRUAL HISTORY :-

- MENARCHE :- 14yr
- PRESENT MENSTRUAL HISTORY :- Hysterectomy done
- PAST MENSTRUAL HISTORY :- Regular
- OBSTERIC HISTORY :- G2 A1 P1 FTD
- PAST HISTORY :- H/O. Gall Bladder stone
- PREVIOUS SURGERIES :- Total hysterectomy done
- ALLERGIES :- NO
- FAMILY HISTORY :- DM, HT Father, Mother

- DRUG HISTORY :- ↑ High cholesterol
- BOWEL HABITS :- Normal
- BLADDER HABITS :- Normal

PERSONAL HISTORY :-

TEMPERATURE :- Normal

RS :- Normal

CVS :- Normal

PULSE / MIN :- 74/m

BP (mm of hg):- 140/70

BREAST EXAMINATION:- NAD

PER ABDOMEN :- Scar & LSCS seen

PRE VAGINAL:- —

RECOMMENDATION :- Nil


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