

**HEALTH CHECK UP**

Name : Mr. Divya Badhwani

Date : 11-3-2023

Age : 31 yrs.

Sex : Male / Female

Marital status : Married / ~~Single~~

**PERSONAL HISTORY**

Habits : Smoking / Tobacco & Snuff / Alcohol No

Drug allergy if any : No

Medical : Thyroid

Surgical : Laparoscopy 3 years ago

Height 156 cm Weight 60 Kg. BP. 100/60 Pulse 78 mt

Vision : Rt. 6/18 Lt. 6/36 With Spectacles  Rt. 6/6 Lt. 6/6

Colour Vision : Normal / ~~Abnormal~~ Near Vision N-6 BE

**FAMILY HISTORY**

Father Normal Mother HTN Siblings None

CVS : Heart Sound ..... Normal Murmurs ..... Absent Thrills ..... Absent

RS : Rate ..... /mt Breath sounds ..... Normal Adventitious ..... Absent

ABDOMEN : Tenderness ..... Absent Rigidity ..... Absent Bowel sound ..... Normal

Liver ..... NAD Kidney ..... NAD Hernia ..... Absent

CNS : Cranial Nerves ..... NAD Sensory System ..... NAD Motor System ..... NAD

ENT ..... NAD

Remarks

Dr. Bharti Jeswani  
MBBS

Dr. Seema Kale  
MBBS, MD

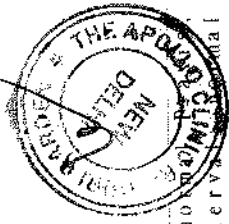
Dr. S. K. Suri  
MBBS

Dr. Meenakshi  
MBBS

HOME SAMPLE COLLECTION FACILITY AVAILABLE

diksha sadhwani  
Female

11-03-2023 18:27  
31 Years



Rate  
PR  
QRS  
QT  
QTc

78  
153  
76  
373  
425

SINUS RHYTHM,  
ATRIAL PREMATURE

...SHORT R-R INTERVAL ...

rate

...NORMAL QRS

--Axis--

P 67  
QRS 65  
T 26

OTHERWISE NORMAL ECG

Unconfirmed diagnosis:

V1

V4

aVR

V2

V5

aVL

V3

V6

aVF

II

III

IV

V4

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NAME: MS DIKSHA SADHWANI  
REF

Age: 31 / Sex / F  
DATE 11/03 /2023

**ECHO ADULT (COLOUR DOPPLER)**

DIMENSIONS			NORMAL	DIMENSIONS			NORMAL
Ao (ed)	27.0	mm	(1.5 cm/m <sup>2</sup> )	IVS (Ed)	09.0	mm	(0.6-1.2cm)
LA (es)	29.0	mm	(1.5 cm/m <sup>2</sup> )	LVPW (Ed)	09.0	mm	(.6-1.1cm)
RVID (ed)	Normal		(0.9cm/m <sup>2</sup> )	EF	60.0	%	(0.62-0.85)
LVID (ed)	42.0	mm	(2.6-3.4 cm/m <sup>2</sup> )	FS	30.0		
LVID (es)	27.0	mm					

**MORPHOLOGICAL DATA**

Mitral Valve	Normal	Interatrial Septum	Normal
Aortic Valve	Normal	Interventricular Septum	Normal
Tricuspid Valve	Normal	Pulmonary Artery	Normal
Pulmonary Valve	Normal	Aorta	Normal
Right Ventricle	Normal	Right Atrium	Normal
Left Ventricle	Normal	Left Atrium	Normal
Pericardium	Normal		

Colour Doppler NORMAL, NO PAH, IVC NORMAL, LV DIASTOLIC FUNCTION NORMAL

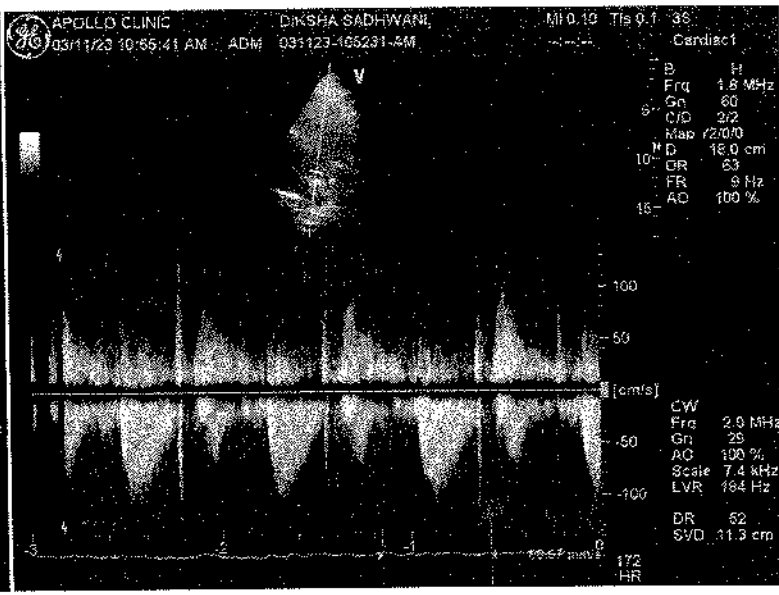
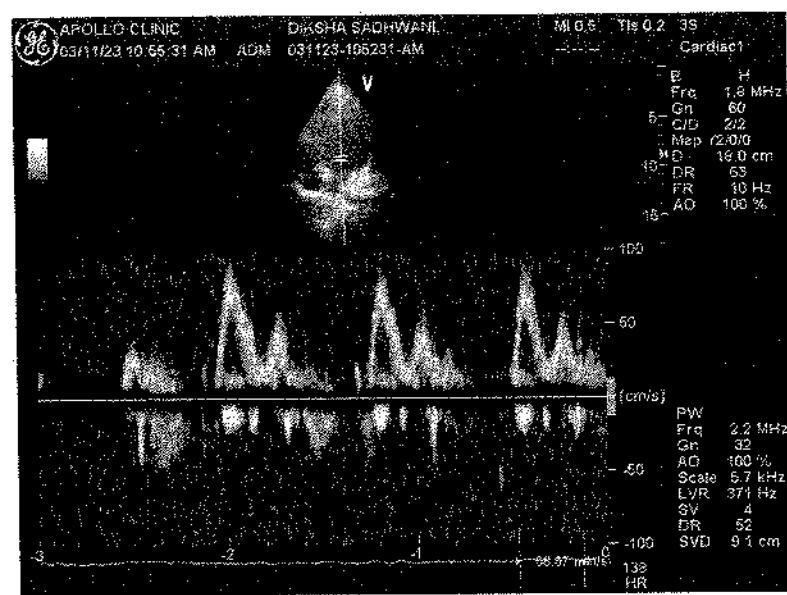
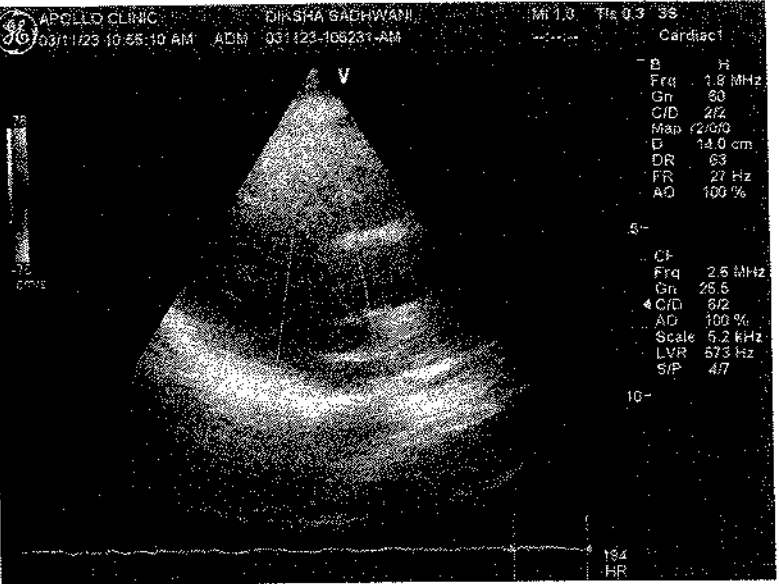
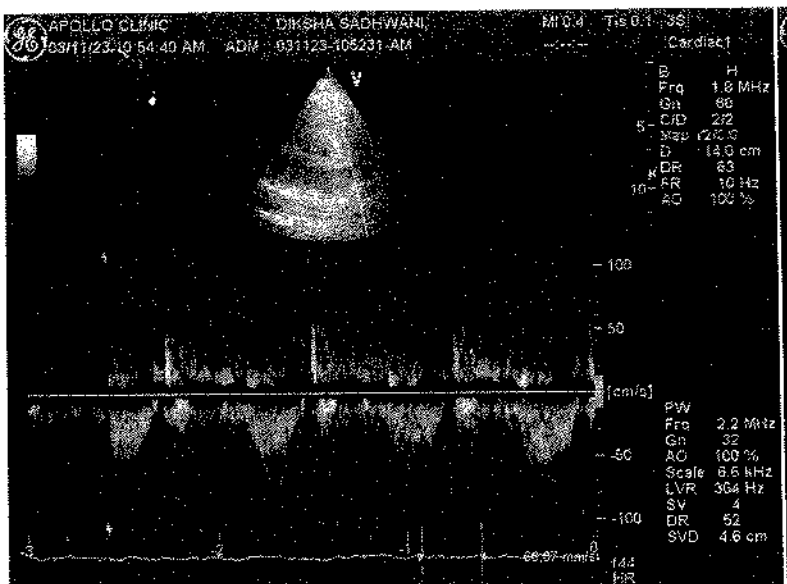
Wall motion Normal

IMPRESSION : NORMAL STUDY

  
**DR SEEMA KALE MD**  
SENIOR CONSULTANT.

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Phone : (011) 2591 8222 / 8333 / 8444, 9811061009, E-mail : rajourigarden@theapolloclinic.com, Website : www.apolloclinicrajourigarden.com



Patient Name : Ms. Diksha Sadhuwani

Age/Sex : 31Y/F

Pres Doctor :

Ref.by :

MR No : FRAJ0000

Visit No : FRAJOPV

Bill Date : 11.03.2023

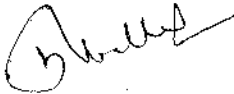
Report Date : 11.03.2023

**X-RAY CHEST P A VIEW**

- Both lung fields do not show any active parenchymal lesion.
- Both costophrenic angles are normal.
- B/L hila appear normal in size & density.
- Both domes of diaphragm are normal.
- Cardiac silhouette appears normal.
- Visualised soft tissues and bony cage appear normal.

**IMPRESSION:- NORMAL STUDY.**

To be correlated clinically.



**Dr. L. R. Richhele**  
Consultant Radiologist.

Patient Name : Ms. Diksha	MR No	: FRAJ0000
Age/Sex : 31Y/F	Visit No	: FRAJOPV
Pres Doctor :	Bill Date	: 11-03-2023
Ref.by :	Report Date	: 11-03-2023

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**ULTRASOUND WHOLE ABDOMEN**

**LIVER:** Liver is normal in shape, size and echotexture. No focal intra-hepatic lesion detected. Intra-hepatic biliary radicals are not dilated. Portal vein is normal in calibre.

**GALL BLADDER:** Gall bladder is well visualised. Its wall thickness is normal. No calculus or mass lesion is seen in gall bladder.

**PANCREAS:** Pancreas appears normal in size and echopattern.

**SPLEEN:** Spleen appears normal in size and echopattern.

**KIDNEYS:** Both kidneys are normal in position, size and outline. Cortico-medullary differentiation of both kidneys is maintained. Central sinus echoes are compact. No hydronephrosis is noted. Visualised parts of retroperitoneum do not show any lymphadenopathy.

**URINARY BLADDER:** Urinary bladder is well distended and shows clear contents.

**UTERUS:** Uterus is anteverted and normal in size. Endometrium is central and appears normal in thickness. Myometrial echogenicity appears normal.


**OVARY:** Right ovary having a cystic focuses of 4 x 3.5 cm size with internal causes echotexture.

Both adnexal regions are normal.

No free fluid is seen in cul-de-sac.

**IMPRESSION: - ? RIGHT SIMPAL OVARIAN CYST.**

To be correlate clinically.

  
**Dr. L. R. Richhele**  
Consultant Radiologist.

**Disclaimer:** Renal calculi less than 5mm could be missed on an Ultrasound. NCCT KUB is the modality of choice for the same.

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Phone : (011) 2591 8222 / 8333 / 8444, 9811061009, E-mail : rajourigarden@theapolloclinic.com, Website : www.apolloclinicrajourigarden.com

Patient Name : Mrs. Diksha Sadhwani  
 UHID/MR No. : FRAJ.0000226074  
 Visit Date : 11-03-2023 13:47  
 Sample Collected on : 11-03-2023 13:51  
 Ref Doctor : SELF  
 Emp/Auth/TPA ID : hkfgp465465  
 Sponsor Name : MEDIWHEELS HEALTH CARE

Age / Gender : 31Y/Female  
 OP Visit No : FRAJOPV101545  
 Reported on : 11-03-2023 17:11  
 Specimen : EDTA Blood  
 Pres Doctor: :

**DEPARTMENT OF LABORATORY MEDICINE**

TEST NAME	RESULT	BIOLOGICAL REFERENCE INTERVALS	UNITS
<b>BLOOD GROUP AND RH TYPE</b>			
ABO Group	A		
RH	Positive		
<b>HAEMOGRAM</b>			
Hb(Haemoglobin) Method: Non Cyanide	10.7*	12 - 15	gm/dl
PCV / Haematocrit Method: Pulse Height Detection	37.6	36 - 46	%
ESR. Method: Westergren's Method.	18	0 - 20	mms at the end of 1 hr
Total Leukocyte Count Method: DC Detection Method	5100	4000 - 10000	/Cumm
Platelet Count Method: DC Detection Method	3.60	1.5 - 4.1	lakhs/cumm
RBC Count Method: DC Detection Method	4.0	3.8 - 4.8	Million/Cumm
MCV Method: Calculated.	92.0	77 - 98	fl
MCH. Method: Calculated	26.3*	27 - 32	pg
MCHC. Method: Calculated.	29.5*	31.5 - 34.5	gm/dl
Neutrophil Method: Slide Test	55	40 - 70	%
Lymphocyte Method: Slide Test	38	20 - 40	%
Eosinophil Method: Slide Test	04	1 - 6	%
Monocyte Method: Slide Test	03	2 - 10	%

Note: PERIPHERAL SMEAR - RBC's show mild anisopoikilocytosis RBC's are predominantly normocytic normochromic. Few target cells seen. Leucocyte counts are within normal limits. Platelets are normal in number & morphology. No immature cells or haemoparasite detected.

IMPRESSION: NORMOCYTIC ANEMIA.

**End of the report**

*Results are to be correlated clinically.*

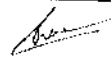
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Sponsor Name : MEDIWHEELS HEALTH CARE

Age / Gender : 31Y/Female  
OP Visit No : FRAJOPV101545  
Reported on : 11-03-2023 17:11  
Specimen : EDTA Blood  
Pres Doctor: :

Lab Technician / Technologist  
Yogita

  
Dr. Prashant Purwar  
MBBS, DCP  
Consultant Pathologist

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 Sponsor Name : MEDIWHEELS HEALTH CARE

Age / Gender : 31Y/Female  
 OP Visit No : FRAJOPV101545  
 Reported on : 12-03-2023 09:47  
 Specimen : Plasma(Fluoride)  
 Pres Doctor: :

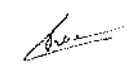
DEPARTMENT OF LABORATORY MEDICINE

TEST NAME	RESULT	BIOLOGICAL REFERENCE INTERVALS	UNITS
GLUCOSE - ( FASTING ) Method: (GOD-POD).	86	70 - 110	mg/dL
GLYCOSYLATED HEMOGLOBIN (HBA1C) GLYCOSYLATED HEMOGLOBIN (HBA1C) - WHOLE BLOOD Method: BORONATE AFFINITY	5.2	4.2 - 6.0	%
Thyroid Profile 2(Free T4, Free T3 And TSH) Serum FT3	4.6	3.2 - 5.9	pmol/l
Serum FT4	16.1	10.6 - 21.0	pmol/l
Serum TSH	3.0	0.38 - 5.0	uIU/ml
LIPID PROFILE TEST (PACKAGE) CHOLESTEROL Method: CHOD - PAP	189	Desirable < 200 Borderline High : 200-239 High : > 240	mg/dl
Triglyceride Method: GPO-PAP	155	50-200	mg/dl
HDL Method: DIRECT	47.1	30 - 70	mg/dl
LDL Method: DIRECT	110.9*	60 - 100	mg/dl
VLDL Method: Calculated	31.0	<40	mg/dl
CHOLESTEROL / HDL RATIO Method: Calculated.	4.0	0 - 4.5	

End of the report

Results are to be correlated clinically

Lab Technician / Technologist  
Yogita

  
 Dr. Prashant Purwar  
 MBBS, DCP  
 Consultant Pathologist

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Age / Gender : 31Y/Female  
 OP Visit No : FRAJOPV101545  
 Reported on : 12-03-2023 09:48  
 Specimen : Serum  
 Pres Doctor: :

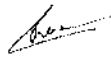
**DEPARTMENT OF LABORATORY MEDICINE**

TEST NAME	RESULT	BIOLOGICAL REFERENCE INTERVALS	UNITS
<b>LIVER FUNCTION TEST (PACKAGE)</b>			
BILIRUBIN - TOTAL. Method: Jendrassik	0.76	0.1 - 1.3	mg/dl
Bilirubin (Direct)-Serum Method: Diazo.	0.20	0 - 0.3	mg/dl
A/G Method: Calculated	1.2	1.0 - 2.0	
BILIRUBIN - INDIRECT. Method: Calculated.	0.56	<1.1	
SGOT /AST Method: IFCC (With P5P)	22.4	0 - 35	U/L
SGPT/ALT Method: IFCC (With P5P)	23.5	0 - 45	U/L
ALKALINE PHOSPHATE Method: AMP BUFFER	82.0	30 - 117	U/L
GGT. Method: SZAZ	30.2	10 - 50	U/L
TOTAL PROTEIN Method: Biuret	7.0	5.8-8.0	g/dl
ALBUMIN Method: BCG	3.9	3.7-5.2	g/dl
GLOBULIN Method: Calculated	3.1	2.5 - 3.5	mg/dL

End of the report

*Results are to be correlated clinically*

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Yogita

  
 Dr. Prashant Purwar  
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Age / Gender : 31Y/Female  
 OP Visit No : FRAJOPV101545  
 Reported on : 12-03-2023 09:49  
 Specimen : Serum  
 Pres Doctor: :

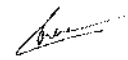
DEPARTMENT OF LABORATORY MEDICINE

TEST NAME	RESULT	BIOLOGICAL REFERENCE INTERVALS	UNITS
<b>KFT - RENAL PROFILE-SERUM</b>			
UREA Method: Urease	15.1	10-50	mg/dl
Creatinine Method: Jaffe	0.77	0.5 - 1.3	mg/dl
Uric Acid Method: Uricase	3.9	2.6 - 6	mg/dl
Sodium(Na) Method: ISE	141.7	136 - 142	mmol/L
Potassium(K) Method: ISE	4.2	3.8 - 5.0	mmol/L
Chloride(Cl) Method: ISE	100.2	95 - 103	mmol/L
Calcium Method: OCP	9.4	9.2 - 11.0	mg/dl
Phosphorus Method: Molybdate UV	3.1	2.3 - 4.7	mg/dl

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Age / Gender : 31Y/Female  
 OP Visit No : FRAJOPV101545  
 Reported on : 11-03-2023 17:37  
 Specimen : Urine  
 Pres Doctor: :

DEPARTMENT OF LABORATORY MEDICINE

URINE ROUTINE EXAMINATION

URINE EXAMINATION TEST REPORT

Test Name	Observed Value	Unit	Reference Range
<b>Urine R/M Examination</b>			
Quantity	40	ml.	
Colour	Pale Yellow		Pale Yellow
Transparency	Clear		Clear
Urine Specific Gravity	1.020		1.005 - 1.030
Dipstick			
pH	6.0		5.5 - 7.5
Dipstick / pH paper			
<b>Chemical Examination</b>			
Protein	Nil		Nil
Dipstick/Heat & acetic acid			
Sugar	Nil		Nil
Dipstick/Benedicts reagent			
<b>Microscopic Examination</b>			
Pus Cells	1-2	/HPF	1-2
RBC'S	Nil	/HPF	Nil
Casts	Nil	/HPF	Nil
Crystals	Nil		Nil
Epithelial Cells	1-2	/HPF	1-2
Bacteria	Nil	/HPF	Nil

End of the report

Results are to be correlated clinically

Lab Technician / Technologist  
 Dr\_Prashant

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 Consultant Pathologist