

Patient Name	<i>Yvonne Marie Puleo</i>	Date	<i>09/12/2023</i>
Age	<i>40</i>	UHID No	
Sex	<i>Female</i>	Ref By	
Occupation		Phone No	
		Email	

## HEALTH ASSESSMENT FORM

### A - GENERAL EXAMINATION

CHIEF COMPLAINTS	NONE				
MEDICAL HISTORY	HYPERTENSION	Asthama	Heart Disease	Thyroid Disorder	Allergy
	<i>NO</i>	<i>NO</i>	<i>NO</i>	<i>NO</i>	<i>NO</i>
	Diabetes	Stroke	Kidney Disorder	Tuberculosis	Liver Disorder
	<i>NO</i>	<i>NO</i>	<i>NO</i>	<i>NO</i>	<i>NO</i>
	Other History	NONE			
SURGICAL HISTORY	Piles	Fissures	Fistula	Hernia	Gall Bladder Stone
	Other Surgical History		<i>NO</i>		
GYNECOLOGICAL HISTORY	AGE MENOPAUSE	MENARCHE AT YEARS OF AGE	Regularity	Duration	OTHER
		<i>16</i>	<i>NO</i>	<i>1-4 day</i>	<i>cycle 28-30 day</i>
	Other Gynecological History	<i>LSCS - 2016</i>		<i>Irregular 2-3 year</i>	
BREAST EXAMINATION		RIGHT		LEFT	
	Skin				
	Nodule				
	Nipple				
	Pain				
	Other Remarks				
CURRENT MEDICATIONS	Sr. No	Complaints	Dosage	Duration	
		<i>NO</i>			

*No etc Color Blind*

*near vis. 6/6 B/C*

*Distance vision 5/12 6/9*

*L R 6/6*

NAME	Monika	Weight	71.2
BP	110/70 mmHg	Height	157
Pulse	65	SPO2	
Temperature	36.5	Peripheral Pulses	(+)
Oedema	(-)	Breath Sound	AGBE
Heart Sound	S, S2 (+)		

### B - SYSTEMIC EXAMINATION

FILL YES/NO

CONSTITUTIONAL		GENITOURINARY SYSTEM	
Fever	June July	Frequency of urine	
Chills		Blood in urine	
Recent weight gain	no	Incomplete empty of bladder	no
EYES		OBS/GYNE.	
Eye pain		Nycturia	occasional
Spots before eyes		Dysuria	no
Dry eyes		Urge Incontinence	
Wearing glasses		Abnormal bleed	no
Vision changes	no	Vaginal Discharge	no
Itchy eyes		Irregular menses	yes previously
EAR/NOSE/THROAT		Midcycle bleeding	no
Earaches		MUSCULOSKELETAL	
Nose bleeds		Joint swelling	RTA (RT) leg injury
Sore throat		Joint pain	March 2023
Loss of hearing		Limb swelling	NO plaster
Sinus problems	no	Joint stiffness	
Dental problems		INTEGUMENTARY(SKIN)	
CARDIOVASCULAR		Acne	
Chest pain		Breast pain	no
Heart rate is fast/slow		Change in mole	no
Palpitations		Breast	
Leg swelling	no	NEUROLOGICAL	
RESPIRATORY		Confused	
Shortness of breath		Sensation in limbs	
Cough		Migraines	no
Orthopnoea		Difficulty walking	
Wheezing		PSYCHIATRIC	
Dyspnoea	no	Suicidal	
Respiratory distress in sleep		Change in personality	
GASTROINTESTINAL		Anxiety	
Abdominal pain		Sleep Disturbances	no
Constipation		Depression	
Heartburn		Emotional	
Vomiting			
Diarrhoea	no		
Melena			



भारत सरकार  
Government of India

भारतीय विशिष्ट पहचान प्राधिकरण  
Unique Identification Authority of India

Enrollment No. : 0648/01136/26738

To  
Monika Prakash Grass

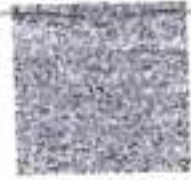
ROW HOUSE NO 15 DREAM VILLA SOCIETY,  
HEMRAJ COLONY BEHIND KAMAT HOTEL,  
NEAR GANESH BABA MANDIR,  
NASHIK PUNE ROAD,  
VTC: Nashik, PO: Gandhi Nagar,  
Sub District: Nashik, District: Nashik,  
State: Maharashtra, PIN Code: 422005,  
Mobile: 9787799222

05/08/2013

05/08/2013



KF051394810F1



**DR. SHILPA SINGH**  
MD.(Physician) Russia D. Card  
Reg. No.: MMC 2013/12/3680

आपका आधार क्रमांक / Your Aadhaar No. :

**3748 5125 6870**

मेरा आधार, मेरी पहचान



भारत सरकार  
Government of India



Monika Prakash Grass  
DOB: 20/01/1981  
Female

*Monika Prakash Grass*

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Behind Mahalaxmi Hospital,  
Thakur Vihar, Kandivli East,  
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Mobile No. : 7008155129 / 7045955229

**3748 5125 6870**

मेरा आधार, मेरी पहचान

05/08/2013





Name	: MS. MONIKA GIRASE	Id	: VRX-34127
Age/Gender	: 40 years 8 months /F	Registered On	: 09/12/2023 10:08
Referred By	: MEDIWHEEL	Collected Time	: 09/12/2023 10:15
		Reported On	: 09/12/2023 15:33

Investigations	Observed Value	Bio. Ref. Interval	METHOD
<b>MEDIWHEEL FULL BODY ANNUAL PLUS CHECK ADVANCED FEMALE</b>			
<b>CBC-COMplete Blood Count</b>			
HAEMOGLOBIN	9.7	12.0 - 15.0 gm/dl	
RBC COUNT	3.88	3.8 - 4.8 Millions/Cmm	
PACKED CELL VOLUME	29.1	40.0 - 50.0 %	
MEAN CORP VOL (MCV)	75.0	83.0 - 101.0 fL	
MEAN CORP HB (MCH)	25.0	27.0 - 32.0 pg	
MEAN CORP HB CONC (MCHC)	33.33	31.5 - 34.5 g/dl	
RDW	15.7	11.6 - 14.0 %	
WBC COUNT	6.2	4.0 - 10.0 *1000/cmm	
NEUTROPHILS	60	40 - 80 %	
LYMPHOCYTES	34	20 - 40 %	
EOSINOPHILS	3	1 - 6 %	
MONOCYTES	3	2 - 10 %	
BASOPHILS	0		
PLATELETS COUNT	507	150 - 410 *1000/Cmm	
PLATELETS ON SMEAR	Increased on Smear		
MPV	8.6	6.78 - 13.46 %	
PDW	15.6	9 - 17 %	
RBC MORPHOLOGY	<b>HYPOCHROMIA(+) MICROCYTOSIS(+)</b>		

**REMARKS**  
 EDTA Whole Blood - Tests done on Automated NIHON KONDEN MEK-7300K 5 Part Analyzer. (Haemoglobin by Photometric and WBC, RBC, Platelet count by Impedance method, WBC differential by Floating Discriminator Technology and other parameters are calculated)  
 All Abnormal Haemograms are reviewed and confirmed microscopically. Differential count is based on approximately 10,000 cells.

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*N. Jain*

Dr. Vipul Jain  
 M.D.(PATH)



ENTERED BY - SANTOSH M

CHECKED BY - SNEHA G

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# Report

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Name	: MS. MONIKA GIRASE	Id	: VRX-34127
Age/Gender	: 40 years 8 months /F	Registered On	: 09/12/2023 10:08
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Investigations	Observed Value	Bio. Ref. Interval	METHOD
<b><u>MEDIWHEEL FULL BODY ANNUAL PLUS CHECK ADVANCED FEMALE</u></b>			
ESR	<b>43</b>	< 20 mm at the end of 1Hr.	WESTERGREN
<p><b>INTERPRETATION</b>  <b>ESR(Erythrocyte Sedimentation Rate)-</b>The ESR measures the time required for erythrocytes from a whole blood sample to settle to the bottom of a vertical tube. Factors influencing the ESR include red cell volume, surface area, density, aggregation, and surface charge. The ESR is a sensitive, but nonspecific test that is frequently the earliest indicator of disease. It often rises significantly in widespread inflammatory disorders due to infection or autoimmune mechanisms. Such elevations may be prolonged in localized inflammation and malignancies.  <b>Increased ESR:</b> may indicate pregnancy, acute or chronic inflammation, tuberculosis, rheumatic fever, paraproteinemias, rheumatoid arthritis, some malignancies, or anemia.  <b>Decreased ESR:</b> may indicate polycythemia, sickle cell anemia, hyperviscosity, or low plasma protein.</p>			
BLOOD GROUP	O NEGATIVE		SLIDE AGGLUTINATION - FORWARD GROUPING

--- End of the Report ---

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Dr. Vipul Jain  
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CHECKED BY - SNEHA G

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Name: *Egy Manak pad pa...* MS.MONIKA GIRASE Age/Gender: 40 Year(s) 0 Month(s) 0 Day(s)/Female  
 Referred By: N.A Client Name: N.A  
 Collection Date: 09-12-2023 16:19:00 Report Release Date: 09-12-2023 19:23:52

Test Name	Observed Value	Unit	Biological Reference Interval
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### HbA1c (Whole Blood)

1 HbA1c-Glycated Haemoglobin EDTA Whole Blood, Method: HPLC	4.9	%	Non-diabetic: 4-6 Excellent Control: 6-7 Fair to good control: 7-8 Unsatisfactory control: 8-10 Poor Control: >10
2 Estimated Average Glucose (eAG) EDTA Whole Blood, Method: Calculated	93.93	mg/dL	90-120 mg/dL : Good control 121-150 mg/dL : Fair control 151-180 mg/dL : Unsatisfactory control >180 mg/dL : Poor control

### Interpretation

- The term HbA1c refers to Glycated Haemoglobin. Measuring HbA1c gives an overall picture of what the average blood sugar levels have been over a period of weeks/month. Higher the HbA1c, the greater the risk of developing diabetes-related complications.
- HbA1c has been endorsed by clinical groups and ADA (American Diabetes Association) guidelines 2012, for the diagnosis of diabetes using a cut-off point of 6.5%. ADA defined biological reference range for HbA1c is between 4-6%. Patients with HbA1c value between 6.0-6.5% are considered at risk for developing diabetes in the future. Trends in HbA1c area a better indicator of glucose control than standalone test.
- To estimate the eAG from the HbA1c value, the following equation is used:  $eAG(mg/dl) = 28.7 * A1c - 46.7$ .
- Diabetic must aspire to keep values under 7% to avoid the various complications resulting from diabetes.

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End Of Report



\* The analyte is not in the lab scope.

CRM No :6680277

Sample Recd. Time: 09-12-2023 18:17

Report Time: 09-12-2023 19:23:52

Patient Name: MS.MONIKA GIRASE

Authorized Signatory

Dr. Prashant Ingole

MD (Biochemistry)







Name	: MS. MONIKA GIRASE	Id	: VRX-34127
Age/Gender	: 40 years 8 months / F	Registered On	: 09/12/2023 10:08
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Investigations	Observed Value	Bio. Ref. Interval	METHOD
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### MEDIWHEEL FULL BODY ANNUAL PLUS CHECK ADVANCED FEMALE

#### FASTING BLOOD SUGAR

FBS	96.3	< 100 mg/dl	GODPOD
URINE SUGAR	ABSENT		GODPOD
URINE KETONE	ABSENT		GODPOD

#### INTERPRETATION

SAMPLE : FLUORIDE, PLASMA

Plasma Glucose Fasting : Non-Diabetic : < 100 mg/dl

Diabetic :  $\geq$  126 mg/dl

Pre-Diabetic : 100 - 125 mg/dl

Plasma Glucose Post Lunch : Non-Diabetic : < 140

Diabetic :  $\geq$  200 mg/dl

Pre-Diabetic : 140- 199 mg/dl.

Random Blood Glucose : Diabetic :  $\geq$  200 mg/dl

References : ADA(American Diabetic Association Guidelines 2016)

Technique : Fully Automated PENTRA C-200 Clinical Chemistry Analyser .

\*\*All Test Results are subjected to stringent international External and Internal Quality Control Protocols

#### PPBS

PPBS	126.9	< 140 mg/dl	GODPOD
URINE SUGAR	ABSENT		GODPOD
URINE KETONE	ABSENT		GODPOD

#### INTERPRETATION

SAMPLE : FLUORIDE, PLASMA

Plasma Glucose Fasting : Non-Diabetic : < 100 mg/dl

Diabetic :  $\geq$  126 mg/dl

Pre-Diabetic : 100 - 125 mg/dl

Plasma Glucose Post Lunch : Non-Diabetic : < 140

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Pre-Diabetic : 140- 199 mg/dl.

Random Blood Glucose : Diabetic :  $\geq$  200 mg/dl

References : ADA(American Diabetic Association Guidelines 2016)

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 Mobile No.: 7506155999 / 7046655999

*NRS*

Dr. Vipul Jain  
M.D.(PATH)



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CHECKED BY - SNEHA G

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Age / Gender	: 40 years 8 months / F	Registered On	: 09/12/2023 10:08
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Investigations	Observed Value	Bio. Ref. Interval	METHOD
<b>MEDIWHEEL FULL BODY ANNUAL PLUS CHECK ADVANCED FEMALE</b>			
URIC ACID	4.65	2.6 - 6.0 mg/dl	URICASE
CREATININE	0.89	0.5 - 1.4 mg/dl	Jaffe/Alkaline Picrate
<b>BUN</b>			
UREA	24.0	15 - 40 mg/dl	
BLOOD UREA NITROGEN	11.2	7.3 - 18.8 mg/dl	
<b>TOTAL PROTEINS</b>			
TOTAL PROTEINS	7.2	6.0 - 7.8 g/dl	BIURET
ALBUMIN	4.3	3.5 - 5.2 g/dl	BIURET
GLOBULIN	2.9	2.0 - 3.5 g/dl	BIURET
AG RATIO	<b>1.48</b>	1.0 - 2.0 g/dl	BIURET
<b>BUN / CREAT RATIO</b>			
BUN (Blood Urea Nitrogen)	11.2	7.9 - 21.1 mg/dl	
Creatinine	0.89	0.5 - 1.4 mg/dl	
BUN/Creatinine Ratio	12.58	5.0 - 23.5	

--- End of the Report ---

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*NRS Jain*

Dr. Vipul Jain  
M.D.(PATH)



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CHECKED BY - SNEHA G

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Name	: MS. MONIKA GIRASE	Id	: VRX-34127
Age/Gender	: 40 years 8 months /F	Registered On	: 09/12/2023 10:08
Referred By	: MEDIWHEEL	Collected Time	: 09/12/2023 10:15
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Investigations	Observed Value	Bio. Ref. Interval	METHOD
<b>MEDIWHEEL FULL BODY ANNUAL PLUS CHECK ADVANCED FEMALE</b>			
<b>Lipid Test</b>			
TOTAL CHOLESTEROL	169.3	130 - 200 mg/dl	
TRIGLYCERIDES	62.7	25 - 160 mg/dl	
HDL CHOLESTEROL	<b>34.9</b>	35 - 80 mg/dl	
LDL CHOLESTEROL	<b>121.86</b>	< 100 mg/dl	
VLDL CHOLESTEROL	12.54	7 - 35 mg/dl	
LDL-HDL RATIO	3.49	< 3.5 mg/dl	
TC-HDL CHOLESTEROL RATIO	<b>4.85</b>	2.5 - 4.0 mg/dl	
<b>INTERPRETATION</b>			
SAMPLE : SERUM,PLAIN			
Note : Non-HDL is the best risk predictor of all cholesterol measures, both for CAD(Coronary Artery Diseases) events and for strokes. High Risk patients like Diabetics,Hypertension .With family history of IHD, Smokers, the Desirable reference values for cholesterol & Triglyceride are further reduced by 10 mg % each.			
*VLDL and LDL Calculated.			
(References : Interpretation of Diagnostic Tests by Willech's)			
Technique : Fully Automated Pentra C-200 Biochemistry Analyzer.			
**All Test Results are subjected to stringent international External and Internal Quality Control Protocols.			

--- End of the Report ---

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*NRS*

Dr. Vipul Jain  
M.D.(PATH)



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CHECKED BY - SNEHA G

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# Report

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Name	: MS. MONIKA GIRASE	Id	: VRX-34127
Age / Gender	: 40 years 8 months / F	Registered On	: 09/12/2023 10:08
Referred By	: MEDIWHEEL	Collected Time	: 09/12/2023 10:15
		Reported On	: 09/12/2023 15:33

Investigations	Observed Value	Bio. Ref. Interval	METHOD
<b>MEDIWHEEL FULL BODY ANNUAL PLUS CHECK ADVANCED FEMALE</b>			
<b>LIVER FUNCTION TEST</b>			
SGOT	13.8	< 34 U/L	
SGPT	<b>9.3</b>	10 - 49 U/L	
TOTAL BILIRUBIN	0.57	0.3 - 1.2 mg/dl	
DIRECT BILIRUBIN	0.11	Adult: < 0.2 mg/dl Infant: 0.2 - 8 mg/dl	
INDIRECT BILIRUBIN	0.46	< 1.2 mg/dl	
TOTAL PROTEINS	6.76	6.0 - 8.3 g/dl	
ALBUMIN	4.01	3.5 - 5.2 g/dl	
GLOBULIN	2.75	2.0 - 3.5 g/dl	
A/G RATIO	1.46	1.0 - 2.0 mg/dl	
ALKALINE PHOSPHATASE	<b>37.4</b>	42 - 98 U/l	
GGT	13.2	< 38 U/L	
<b>REMARKS</b> SAMPLE : SERUM, PLAIN PERFORMED ON FULLY AUTOMATED PENTRA C-200 BIOCHEMISTRY ANALYZER.			

--- End of the Report ---

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*N. R. Jain*

Dr. Vipul Jain  
M.D.(PATH)



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Investigations	Observed Value	Bio. Ref. Interval	METHOD
<b><u>MEDIWHEEL FULL BODY ANNUAL PLUS CHECK ADVANCED FEMALE</u></b>			
<b>URINE ROUTINE</b>			
COLOUR	PALE YELLOW		
APPEARANCE	CLEAR		
SPECIFIC GRAVITY	1.010		
REACTION (PH)	6.0		
PROTEIN	Absent		
SUGAR	Absent		
KETONE	Absent		
BILE SALT	Absent		
BILIRUBIN	Absent		
OCCULT BLOOD	Absent		
PUS CELLS	2-4	< 6 hpf	
EPITHELIAL CELLS	1-2	< 5 hpf	
RBC	NIL	< 2 hpf	
CASTS	NIL		
CRYSTALS	NIL		
AMORPHOUS DEBRIS	Absent		
BACTERIA	<b>Bacteria seen</b>		
YEAST CELLS	Absent		
SPERMATOZOA	Absent		

--- End of the Report ---

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*VRX*

Dr. Vipul Jain  
M.D.(PATH)



ENTERED BY - SANTOSH M

CHECKED BY - SNEHA G

Physio Lounge & Diagno Lounge (VRX Health Care Pvt. Ltd.)





Name: *Esq. Ms. Monika Girase* MS.MONIKA GIRASE Age/Gender: 40 Year(s) 0 Month(s) 0 Day(s)/Female  
 Referred By: N.A Client Name: N.A  
 Collection Date: 09-12-2023 16:19:00 Report Release Date: 09-12-2023 19:23:52

No.	Investigation	Observed Value	Unit	Biological Reference Interval
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### Thyroid Profile - Total T3, Total T4, TSH (TFT)

1	Total T3 Serum, Method: CLIA	106.52	ng/dL	60 - 200
2	Total T4 Serum, Method: CLIA	8.99	µg/dL	4.5 - 14.5
3	TSH (Thyroid Stimulating Hormone) Serum, Method: CLIA	3.532	µIU/ml	0.35 - 5.5

### Interpretation

- Triiodothyronine (T3) is produced by the thyroid gland and along with thyroxine (T4) help control the rate at which the body uses energy. Elevated T3 denote hyperthyroidism while low levels indicate hypothyroidism.
- The most common causes of thyroid dysfunction are related to autoimmune disorders. Graves disease causes hyperthyroidism, but it can also be caused by thyroiditis, thyroid cancer, and excessive production of TSH. Total T3 is used to assess thyroid function.
- Elevated T4 levels may indicate hyperthyroidism. They may also indicate other thyroid problems, such as thyroiditis or toxic multinodular goiter. Abnormally low levels of T4 may indicate: dietary issues, such as fasting, malnutrition, or an iodine deficiency, medications that affect protein levels, hypothyroidism, illness.
- Thyroid-stimulating hormone (TSH) stimulates the production and release of T4 (primarily) and T3. They help control the rate at which the body uses energy and are regulated by a feedback system. Most of the T4 circulates in the blood bound to protein, while a small percentage is free (not bound).
- Lab has estimated Total T4 reference intervals that are specific for India, using the indirect sampling technique following CLSI EP28-A3c document: Defining Establishing, and Verifying Reference Intervals in the Clinical Laboratory: Approved Guideline-Third Edition.
- Thyroid hormone status during pregnancy:

Pregnancy stage	TSH (µIU/ml)	T3 (ng dl)	T4 (µg/dL)
First trimester	0.05-3.70	71-175	6.5-10.1
Second trimester	0.31-4.35	91-195	7.5-10.3
Third trimester	0.41-5.18	104-182	6.3-9.7

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\* The analyte is not in the lab scope.  
 CRM No :6680277  
 Sample Recd. Time: 09-12-2023 18:17  
 Report Time: 09-12-2023 19:23:52  
 Patient Name: MS.MONIKA GIRASE

*Sm Eke*

Authorized Signatory  
 Dr. Sumit Konde





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<b>Patient Name:</b>	MS.MONIKA GIRASE	F/ 40 Yrs
<b>Ref. by:</b>	MEDI WHEEL	<b>Date:</b> 09/12/2023

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## XRAY CHEST PA VIEW

The lung on either side shows adequate translucency and exhibit normal vasculature.

Both hila are symmetrical in outline size and shape.

Trachea is central in position and no mediastinal abnormality is visible.

Bilateral costophrenic angles are clear.

Cardiac shadow is unremarkable.

Bone thorax appears unremarkable.

*Thanks for the reference.  
With regards,*

**Dr. Saumil Pandya**  
MD, DNB Consultant Radiologist

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Mobile No. : 7506155999 / 7045955999



Patient Name: MS. MONIKA GIRASE

F / 40 Yrs.

Ref. by: MEDIWHEEL

Date: 09/12/2023

## SONOGRAPHY OF ABDOMEN AND PELVIS

**TECHNIQUE:** Real time, B mode, gray scale sonography of the abdominal and pelvic organs was performed with convex transducer.

**LIVER:** The liver is normal in size, shape and has smooth margins. The hepatic parenchyma shows homogeneous echotexture without solid or cystic mass lesion or calcification. No evidence of intrahepatic biliary radical dilatation.

**PORTAL VEIN:** It measures 7.6 mm in transverse diameter.

**GALL BLADDER:** The gall bladder is well distended. There is no evidence of calculus, wall thickening or pericholecystic collection.

**COMMON BILE DUCT:** The visualised common bile duct is normal in caliber. No evidence of calculus is seen in the common bile duct.

**PANCREAS:** The head and body of pancreas is normal in size, shape, contours and echo texture.

**SPLEEN:** The spleen measures 8.5 cm and is normal in size and shape. Its echotexture is homogeneous.

### **KIDNEYS:**

Right kidney	Left kidney
11.4 x 4.4 cm	10.4 x 4.7 cm

The kidneys are normal in size and have smooth renal margins. Cortical echotexture is normal. The central echo complex does not show evidence of hydronephrosis. No evidence of hydroureter or calculi, bilaterally.

**URINARY BLADDER:** The urinary bladder is well distended. It shows uniformly thin walls and sharp mucosa. No evidence of calculus is seen. No evidence of mass or diverticulum is noted.

.....Continue On Page 2







(MS. MONIKA GIRASE ..... PG2)

## PELVIS:

The uterus is anteverted. It measures 9.4 x 5.1 x 6.2 cm in the longitudinal, antero-posterior and transverse dimensions, respectively. The uterine margins are smooth and do not reveal any contour abnormalities.

The endometrial echo is in the midline and measures 11 mm, IUCD is seen in situ within the endometrial cavity in the lower uterine segment.

Bilateral ovaries are normal in size and echo pattern.

Right ovary measures 3.0 x 2.3 cm.

Left ovary measures 2.5 x 2.1 cm.

No adnexal mass is seen.

There is no free fluid in the cul-de-sac. There is no obvious evidence of significant lymphadenopathy.

## IMPRESSION:

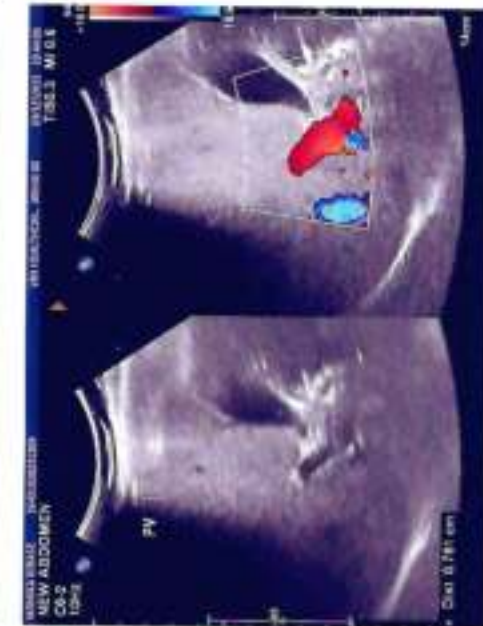
- IUCD is seen in situ within the endometrial cavity in the lower uterine segment.
- No significant abnormality is seen in present scan otherwise.

*Thanks for the reference.*

*With regards,*

**Dr. Saumil Pandya**  
MD, DNB Consultant Radiologist

VRX HEALTHCARE PVT. LTD.  
Block No. 34-35, Opp. Jai Prakash B. Chowk,  
Behind Vardha Shilpa Akad,  
Thane West, Kurla East,  
Mumbai, Maharashtra - 400 101  
Mobile No : 7809135109 / 7049951609







UI  
DOB 26/03/1983 40 Years  
Female

GIRASE, MONIKA

09/12/2023 09:48:53

VRX HEALTHCARE PVT LTD

Rate 65 Sinus rhythm  
Short PR interval

PR 105  
QRSd 83  
QT 430  
QTc 448

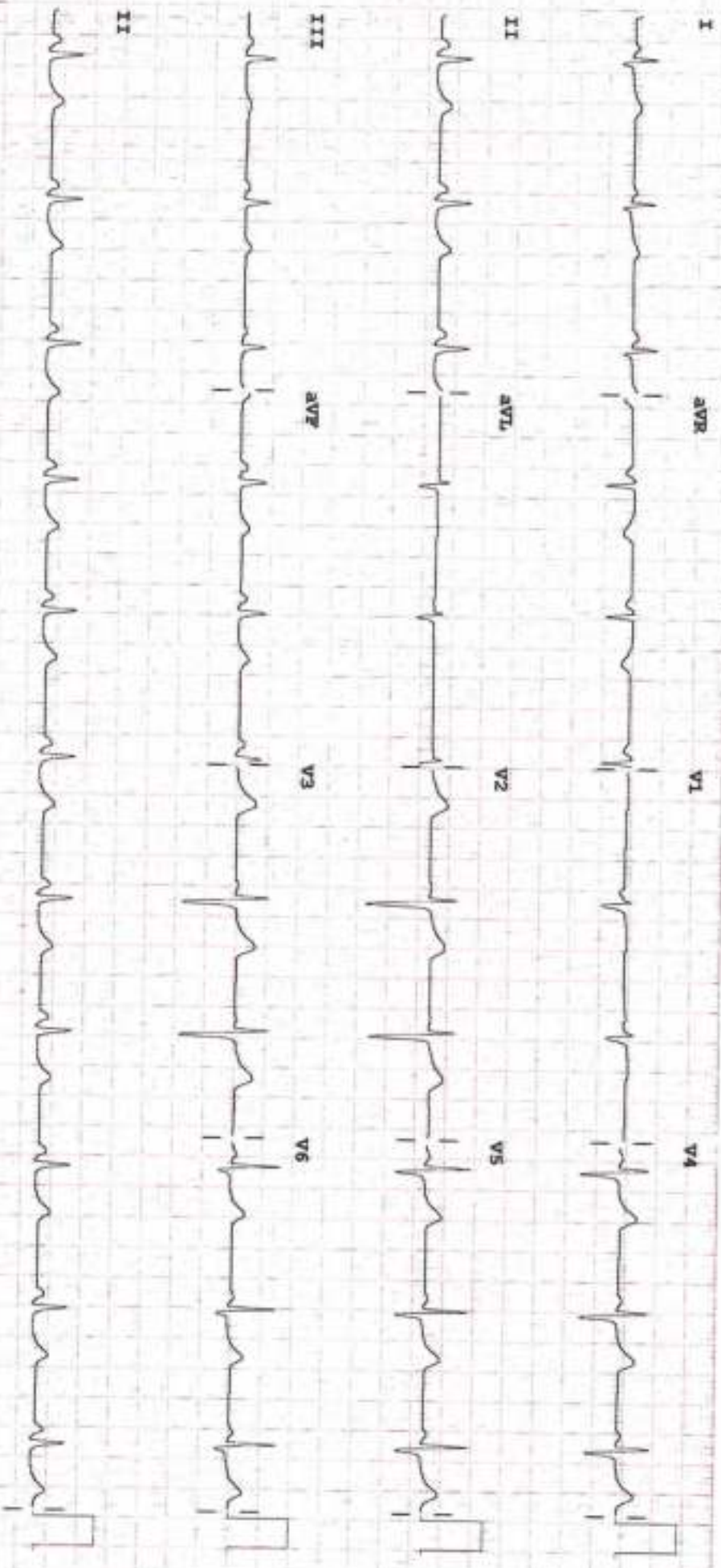
--AXIS--  
P 76  
QRS 73  
T 56

12 Lead: Standard Placement

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*Shilpa*  
*Regina*  
*CONC*  
*Complete Quality*

**DR. SHILPA SINGH**  
MD (Physician) Russia D. Card  
Reg. No.: MMC 2013/12/3680



Device: Speed: 25 mm/sec Lead: 10 mm/mV Chest: 10.0 mm/mV


F 50 - 0.50 - 40 Hz W

100B CL

P2

for DHILLIC



 GPS Map Camera

## Mumbai, Maharashtra, India

C-402, Kandivali, Dattani Park, Thakur Village, Kandivali East,  
Mumbai, Maharashtra 400101, India

Lat 19.212247°

Long 72.870654°

09/12/23 03:10 PM GMT +05:30





Patient Name	<i>Yvonne Marie Puleo</i>	Date	<i>09/12/2023</i>
Age	<i>40</i>	UHID No	
Sex	<i>Female</i>	Ref By	
Occupation		Phone No	
		Email	

## HEALTH ASSESSMENT FORM

### A - GENERAL EXAMINATION

CHIEF COMPLAINTS	NONE				
MEDICAL HISTORY	HYPERTENSION	Asthama	Heart Disease	Thyroid Disorder	Allergy
	<i>NO</i>	<i>NO</i>	<i>NO</i>	<i>NO</i>	<i>NO</i>
	Diabetes	Stroke	Kidney Disorder	Tuberculosis	Liver Disorder
	<i>NO</i>	<i>NO</i>	<i>NO</i>	<i>NO</i>	<i>NO</i>
	Other History	NONE			
SURGICAL HISTORY	Piles	Fissures	Fistula	Hernia	Gall Bladder Stone
	Other Surgical History	<i>NO</i>			
GYNECOLOGICAL HISTORY	AGE MENOPAUSE	MENARCHE AT YEARS OF AGE	Regularity	Duration	OTHER
		<i>16</i>	<i>NOV 2</i>	<i>1-4 day</i>	<i>cycle 28-30 day</i>
	Other Gynecological History	<i>LSCS - 2016</i>		<i>Irregular 2-3 year</i>	
BREAST EXAMINATION		RIGHT		LEFT	
	Skin				
	Nodule				
	Nipple				
	Pain				
	Other Remarks				
CURRENT MEDICATIONS	Sr. No	Complaints	Dosage	Duration	
		<i>NO</i>			

*No etc Color Blind*

*near vis. 6/6 B/C*

*Distance vision 5/12 6/9*

*L R 6/6*



NAME	Monika	Weight	71.2
BP	110/70 mmHg	Height	157
Pulse	65	SPO2	
Temperature	36.5	Peripheral Pulses	(+)
Oedema	(-)	Breath Sound	AGBE
Heart Sound	S, S2 (+)		

### B - SYSTEMIC EXAMINATION

FILL YES/NO

CONSTITUTIONAL		GENITOURINARY SYSTEM	
Fever	June July	Frequency of urine	
Chills		Blood in urine	
Recent weight gain	no	Incomplete empty of bladder	no
EYES		OBS/GYNE.	
Eye pain		Nycturia	occasional
Spots before eyes		Dysuria	no
Dry eyes		Urge Incontinence	
Wearing glasses		Abnormal bleed	no
Vision changes	no	Vaginal Discharge	
Itchy eyes		Irregular menses	yes previously
EAR/NOSE/THROAT		Midcycle bleeding	no
Earaches		MUSCULOSKELETAL	
Nose bleeds		Joint swelling	RTA (RT) leg injury
Sore throat		Joint pain	March 2023
Loss of hearing		Limb swelling	No plaster
Sinus problems	no	Joint stiffness	
Dental problems		INTEGUMENTARY(SKIN)	
CARDIOVASCULAR		Acne	
Chest pain		Breast pain	
Heart rate is fast/slow		Change in mole	no
Palpitations		Breast	
Leg swelling	no	NEUROLOGICAL	
RESPIRATORY		Confused	
Shortness of breath		Sensation in limbs	
Cough		Migraines	no
Orthopnoea		Difficulty walking	
Wheezing		PSYCHIATRIC	
Dyspnoea	no	Suicidal	
Respiratory distress in sleep		Change in personality	
GASTROINTESTINAL		Anxiety	
Abdominal pain		Sleep Disturbances	no
Constipation		Depression	
Heartburn		Emotional	
Vomiting			
Diarrhoea	no		
Melena			



भारत सरकार  
Government of India

भारतीय विशिष्ट पहचान प्राधिकरण  
Unique Identification Authority of India

Enrollment No. : 0648/01136/26738

To  
Monika Prakash Grass

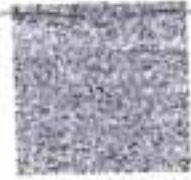
ROW HOUSE NO 15 DREAM VILLA SOCIETY,  
HEMRAJ COLONY BEHIND KAMAT HOTEL,  
NEAR GANESH BABA MANDIR,  
NASHIK PUNE ROAD,  
VTC: Nashik, PO: Gandhi Nagar,  
Sub District: Nashik, District: Nashik,  
State: Maharashtra, PIN Code: 422005,  
Mobile: 9787799222

05/08/2013

05/08/2013



KF051394810F1



**DR. SHILPA SINGH**  
MD.(Physician) Russia D. Card  
Reg. No.: MMC 2013/12/3680

आपका आधार क्रमांक / Your Aadhaar No. :

**3748 5125 6870**

मेरा आधार, मेरी पहचान



भारत सरकार  
Government of India



Monika Prakash Grass  
DOB: 20/01/1981  
Female

*Monika Prakash Grass*

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Mobile No. : 7008155129 / 7045995929

**3748 5125 6870**

मेरा आधार, मेरी पहचान

05/08/2013



Name	: MS. MONIKA GIRASE	Id	: VRX-34127
Age/Gender	: 40 years 8 months /F	Registered On	: 09/12/2023 10:08
Referred By	: MEDIWHEEL	Collected Time	: 09/12/2023 10:15
		Reported On	: 09/12/2023 15:33

Investigations	Observed Value	Bio. Ref. Interval	METHOD
<b>MEDIWHEEL FULL BODY ANNUAL PLUS CHECK ADVANCED FEMALE</b>			
<b>CBC-COMplete Blood Count</b>			
HAEMOGLOBIN	9.7	12.0 - 15.0 gm/dl	
RBC COUNT	3.88	3.8 - 4.8 Millions/Cmm	
PACKED CELL VOLUME	29.1	40.0 - 50.0 %	
MEAN CORP VOL (MCV)	75.0	83.0 - 101.0 fL	
MEAN CORP HB (MCH)	25.0	27.0 - 32.0 pg	
MEAN CORP HB CONC (MCHC)	33.33	31.5 - 34.5 g/dl	
RDW	15.7	11.6 - 14.0 %	
WBC COUNT	6.2	4.0 - 10.0 *1000/cmm	
NEUTROPHILS	60	40 - 80 %	
LYMPHOCYTES	34	20 - 40 %	
EOSINOPHILS	3	1 - 6 %	
MONOCYTES	3	2 - 10 %	
BASOPHILS	0		
PLATELETS COUNT	507	150 - 410 *1000/Cmm	
PLATELETS ON SMEAR	Increased on Smear		
MPV	8.6	6.78 - 13.46 %	
PDW	15.6	9 - 17 %	
RBC MORPHOLOGY	<b>HYPOCHROMIA(+) MICROCYTOSIS(+)</b>		

**REMARKS**  
 EDTA Whole Blood - Tests done on Automated NIHON KONDEN MEK-7300K 5 Part Analyzer. (Haemoglobin by Photometric and WBC, RBC, Platelet count by Impedance method, WBC differential by Floating Discriminator Technology and other parameters are calculated)  
 All Abnormal Haemograms are reviewed and confirmed microscopically. Differential count is based on approximately 10,000 cells.

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*N. Jain*

Dr. Vipul Jain  
 M.D.(PATH)



ENTERED BY - SANTOSH M

CHECKED BY - SNEHA G

Physio Lounge & Diagno Lounge (VRX Health Care Pvt. Ltd.)





# Report

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Name	: MS. MONIKA GIRASE	Id	: VRX-34127
Age/Gender	: 40 years 8 months /F	Registered On	: 09/12/2023 10:08
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Investigations	Observed Value	Bio. Ref. Interval	METHOD
<b><u>MEDIWHEEL FULL BODY ANNUAL PLUS CHECK ADVANCED FEMALE</u></b>			
ESR	<b>43</b>	< 20 mm at the end of 1Hr.	WESTERGREN
<b>INTERPRETATION</b> <i>ESR(Erythrocyte Sedimentation Rate)-The ESR measures the time required for erythrocytes from a whole blood sample to settle to the bottom of a vertical tube. Factors influencing the ESR include red cell volume, surface area, density, aggregation, and surface charge. The ESR is a sensitive, but nonspecific test that is frequently the earliest indicator of disease. It often rises significantly in widespread inflammatory disorders due to infection or autoimmune mechanisms. Such elevations may be prolonged in localized inflammation and malignancies. Increased ESR: may indicate pregnancy, acute or chronic inflammation, tuberculosis, rheumatic fever, paraproteinemias, rheumatoid arthritis, some malignancies, or anemia. Decreased ESR: may indicate polycythemia, sickle cell anemia, hyperviscosity, or low plasma protein.</i>			
BLOOD GROUP	O NEGATIVE		SLIDE AGGLUTINATION - FORWARD GROUPING

--- End of the Report ---

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*NRS Jain*

Dr. Vipul Jain  
M.D.(PATH)



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Name: *Egy Monik girase* MS.MONIKA GIRASE Age/Gender: 40 Year(s) 0 Month(s) 0 Day(s)/Female  
 Referred By: N.A Client Name: N.A  
 Collection Date: 09-12-2023 16:19:00 Report Release Date: 09-12-2023 19:23:52

Test Name	Observed Value	Unit	Biological Reference Interval
-----------	----------------	------	-------------------------------

### HbA1c (Whole Blood)

1 HbA1c-Glycated Haemoglobin EDTA Whole Blood, Method: HPLC	4.9	%	Non-diabetic: 4-6 Excellent Control: 6-7 Fair to good control: 7-8 Unsatisfactory control: 8-10 Poor Control: >10
2 Estimated Average Glucose (eAG) EDTA Whole Blood, Method: Calculated	93.93	mg/dL	90-120 mg/dL : Good control 121-150 mg/dL : Fair control 151-180 mg/dL : Unsatisfactory control >180 mg/dL : Poor control

### Interpretation

- The term HbA1c refers to Glycated Haemoglobin. Measuring HbA1c gives an overall picture of what the average blood sugar levels have been over a period of weeks/month. Higher the HbA1c, the greater the risk of developing diabetes-related complications.
- HbA1c has been endorsed by clinical groups and ADA (American Diabetes Association) guidelines 2012, for the diagnosis of diabetes using a cut-off point of 6.5%. ADA defined biological reference range for HbA1c is between 4-6%. Patients with HbA1c value between 6.0-6.5% are considered at risk for developing diabetes in the future. Trends in HbA1c area a better indicator of glucose control than standalone test.
- To estimate the eAG from the HbA1c value, the following equation is used:  $eAG(mg/dl) = 28.7 * A1c - 46.7$ .
- Diabetic must aspire to keep values under 7% to avoid the various complications resulting from diabetes.

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 Mumbai - 400601  
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End Of Report



\* The analyte is not in the lab scope.

CRM No :6680277

Sample Recd. Time: 09-12-2023 18:17

Report Time: 09-12-2023 19:23:52

Patient Name: MS MONIKA GIRASE

Authorized Signatory

Dr. Prashant Ingole

MD (Biochemistry)





Name	: MS. MONIKA GIRASE	Id	: VRX-34127
Age/Gender	: 40 years 8 months / F	Registered On	: 09/12/2023 10:08
Referred By	: MEDIWHEEL	Collected Time	: 09/12/2023 10:15
		Reported On	: 09/12/2023 15:33

Investigations	Observed Value	Bio. Ref. Interval	METHOD
----------------	----------------	--------------------	--------

### MEDIWHEEL FULL BODY ANNUAL PLUS CHECK ADVANCED FEMALE

#### FASTING BLOOD SUGAR

FBS	96.3	< 100 mg/dl	GODPOD
URINE SUGAR	ABSENT		GODPOD
URINE KETONE	ABSENT		GODPOD

#### INTERPRETATION

SAMPLE : FLUORIDE, PLASMA

Plasma Glucose Fasting : Non-Diabetic : < 100 mg/dl

Diabetic :  $\geq$  126 mg/dl

Pre-Diabetic : 100 - 125 mg/dl

Plasma Glucose Post Lunch : Non-Diabetic : < 140

Diabetic :  $\geq$  200 mg/dl

Pre-Diabetic : 140- 199 mg/dl.

Random Blood Glucose : Diabetic :  $\geq$  200 mg/dl

References : ADA(American Diabetic Association Guidelines 2016)

Technique : Fully Automated PENTRA C-200 Clinical Chemistry Analyser .

\*\*All Test Results are subjected to stringent international External and Internal Quality Control Protocols

#### PPBS

PPBS	126.9	< 140 mg/dl	GODPOD
URINE SUGAR	ABSENT		GODPOD
URINE KETONE	ABSENT		GODPOD

#### INTERPRETATION

SAMPLE : FLUORIDE, PLASMA

Plasma Glucose Fasting : Non-Diabetic : < 100 mg/dl

Diabetic :  $\geq$  126 mg/dl

Pre-Diabetic : 100 - 125 mg/dl

Plasma Glucose Post Lunch : Non-Diabetic : < 140

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Random Blood Glucose : Diabetic :  $\geq$  200 mg/dl

References : ADA(American Diabetic Association Guidelines 2016)

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*NRS*

Dr. Vipul Jain  
M.D.(PATH)



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CHECKED BY - SNEHA G

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Name	: MS. MONIKA GIRASE	Id	: VRX-34127
Age / Gender	: 40 years 8 months / F	Registered On	: 09/12/2023 10:08
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		Reported On	: 09/12/2023 15:33

Investigations	Observed Value	Bio. Ref. Interval	METHOD
<b>MEDIWHEEL FULL BODY ANNUAL PLUS CHECK ADVANCED FEMALE</b>			
URIC ACID	4.65	2.6 - 6.0 mg/dl	URICASE
CREATININE	0.89	0.5 - 1.4 mg/dl	Jaffe/Alkaline Picrate
<b>BUN</b>			
UREA	24.0	15 - 40 mg/dl	
BLOOD UREA NITROGEN	11.2	7.3 - 18.8 mg/dl	
<b>TOTAL PROTEINS</b>			
TOTAL PROTEINS	7.2	6.0 - 7.8 g/dl	BIURET
ALBUMIN	4.3	3.5 - 5.2 g/dl	BIURET
GLOBULIN	2.9	2.0 - 3.5 g/dl	BIURET
AG RATIO	<b>1.48</b>	1.0 - 2.0 g/dl	BIURET
<b>BUN / CREAT RATIO</b>			
BUN (Blood Urea Nitrogen)	11.2	7.9 - 21.1 mg/dl	
Creatinine	0.89	0.5 - 1.4 mg/dl	
BUN/Creatinine Ratio	12.58	5.0 - 23.5	

--- End of the Report ---

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*NRS Jain*

Dr. Vipul Jain  
M.D.(PATH)



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Name	: MS. MONIKA GIRASE	Id	: VRX-34127
Age/Gender	: 40 years 8 months /F	Registered On	: 09/12/2023 10:08
Referred By	: MEDIWHEEL	Collected Time	: 09/12/2023 10:15
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Investigations	Observed Value	Bio. Ref. Interval	METHOD
<b>MEDIWHEEL FULL BODY ANNUAL PLUS CHECK ADVANCED FEMALE</b>			
<b>Lipid Test</b>			
TOTAL CHOLESTEROL	169.3	130 - 200 mg/dl	
TRIGLYCERIDES	62.7	25 - 160 mg/dl	
HDL CHOLESTEROL	<b>34.9</b>	35 - 80 mg/dl	
LDL CHOLESTEROL	<b>121.86</b>	< 100 mg/dl	
VLDL CHOLESTEROL	12.54	7 - 35 mg/dl	
LDL-HDL RATIO	3.49	< 3.5 mg/dl	
TC-HDL CHOLESTEROL RATIO	<b>4.85</b>	2.5 - 4.0 mg/dl	
<b>INTERPRETATION</b>			
SAMPLE : SERUM,PLAIN			
Note : Non-HDL is the best risk predictor of all cholesterol measures, both for CAD(Coronary Artery Diseases) events and for strokes. High Risk patients like Diabetics,Hypertension .With family history of IHD, Smokers, the Desirable reference values for cholesterol & Triglyceride are further reduced by 10 mg % each.			
*VLDL and LDL Calculated.			
(References : Interpretation of Diagnostic Tests by Willech's)			
Technique : Fully Automated Pentra C-200 Biochemistry Analyzer.			
**All Test Results are subjected to stringent international External and Internal Quality Control Protocols.			

--- End of the Report ---

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 Mobile No.: 7506155939 / 7045955939

*NRS*

Dr. Vipul Jain  
M.D.(PATH)



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CHECKED BY - SNEHA G

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# Report

VRX HEALTH CARE PVT. LTD.

Name	: MS. MONIKA GIRASE	Id	: VRX-34127
Age / Gender	: 40 years 8 months / F	Registered On	: 09/12/2023 10:08
Referred By	: MEDIWHEEL	Collected Time	: 09/12/2023 10:15
		Reported On	: 09/12/2023 15:33

Investigations	Observed Value	Bio. Ref. Interval	METHOD
<b>MEDIWHEEL FULL BODY ANNUAL PLUS CHECK ADVANCED FEMALE</b>			
<b>LIVER FUNCTION TEST</b>			
SGOT	13.8	< 34 U/L	
SGPT	<b>9.3</b>	10 - 49 U/L	
TOTAL BILIRUBIN	0.57	0.3 - 1.2 mg/dl	
DIRECT BILIRUBIN	0.11	Adult: < 0.2 mg/dl Infant: 0.2 - 8 mg/dl	
INDIRECT BILIRUBIN	0.46	< 1.2 mg/dl	
TOTAL PROTEINS	6.76	6.0 - 8.3 g/dl	
ALBUMIN	4.01	3.5 - 5.2 g/dl	
GLOBULIN	2.75	2.0 - 3.5 g/dl	
A/G RATIO	1.46	1.0 - 2.0 mg/dl	
ALKALINE PHOSPHATASE	<b>37.4</b>	42 - 98 U/L	
GGT	13.2	< 38 U/L	
<b>REMARKS</b> SAMPLE : SERUM, PLAIN PERFORMED ON FULLY AUTOMATED PENTRA C-200 BIOCHEMISTRY ANALYZER.			

--- End of the Report ---

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Mobile No.: 7505155999 / 7045955999

*N. R. Jain*

Dr. Vipul Jain  
M.D.(PATH)



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CHECKED BY - SNEHA G

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Name	: MS. MONIKA GIRASE	Id	: VRX-34127
Age / Gender	: 40 years 8 months / F	Registered On	: 09/12/2023 10:08
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Investigations	Observed Value	Bio. Ref. Interval	METHOD
<b><u>MEDIWHEEL FULL BODY ANNUAL PLUS CHECK ADVANCED FEMALE</u></b>			
<b>URINE ROUTINE</b>			
COLOUR	PALE YELLOW		
APPEARANCE	CLEAR		
SPECIFIC GRAVITY	1.010		
REACTION (PH)	6.0		
PROTEIN	Absent		
SUGAR	Absent		
KETONE	Absent		
BILE SALT	Absent		
BILIRUBIN	Absent		
OCCULT BLOOD	Absent		
PUS CELLS	2-4	< 6 hpf	
EPITHELIAL CELLS	1-2	< 5 hpf	
RBC	NIL	< 2 hpf	
CASTS	NIL		
CRYSTALS	NIL		
AMORPHOUS DEBRIS	Absent		
BACTERIA	<b>Bacteria seen</b>		
YEAST CELLS	Absent		
SPERMATOZOA	Absent		

--- End of the Report ---

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*VRX*

Dr. Vipul Jain  
M.D.(PATH)



ENTERED BY - SANTOSH M

CHECKED BY - SNEHA G

Physio Lounge & Diagno Lounge (VRX Health Care Pvt. Ltd.)



Name: *Esq. Ms. Monika Girase* MS.MONIKA GIRASE Age/Gender: 40 Year(s) 0 Month(s) 0 Day(s)/Female  
 Referred By: N.A Client Name: N.A  
 Collection Date: 09-12-2023 16:19:00 Report Release Date: 09-12-2023 19:23:52

No.	Investigation	Observed Value	Unit	Biological Reference Interval
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### Thyroid Profile - Total T3, Total T4, TSH (TFT)

1	Total T3 Serum, Method: CLIA	106.52	ng/dL	60 - 200
2	Total T4 Serum, Method: CLIA	8.99	µg/dL	4.5 - 14.5
3	TSH (Thyroid Stimulating Hormone) Serum, Method: CLIA	3.532	µIU/ml	0.35 - 5.5

### Interpretation

- Triiodothyronine (T3) is produced by the thyroid gland and along with thyroxine (T4) help control the rate at which the body uses energy. Elevated T3 denote hyperthyroidism while low levels indicate hypothyroidism.
- The most common causes of thyroid dysfunction are related to autoimmune disorders. Graves disease causes hyperthyroidism, but it can also be caused by thyroiditis, thyroid cancer, and excessive production of TSH. Total T3 is used to assess thyroid function.
- Elevated T4 levels may indicate hyperthyroidism. They may also indicate other thyroid problems, such as thyroiditis or toxic multinodular goiter. Abnormally low levels of T4 may indicate: dietary issues, such as fasting, malnutrition, or an iodine deficiency, medications that affect protein levels, hypothyroidism, illness.
- Thyroid-stimulating hormone (TSH) stimulates the production and release of T4 (primarily) and T3. They help control the rate at which the body uses energy and are regulated by a feedback system. Most of the T4 circulates in the blood bound to protein, while a small percentage is free (not bound).
- Lab has estimated Total T4 reference intervals that are specific for India, using the indirect sampling technique following CLSI EP28-A3c document: Defining Establishing, and Verifying Reference Intervals in the Clinical Laboratory: Approved Guideline-Third Edition.
- Thyroid hormone status during pregnancy:

Pregnancy stage	TSH (µIU/ml)	T3 (ng dl)	T4 (µg/dL)
First trimester	0.05-3.70	71-175	6.5-10.1
Second trimester	0.31-4.35	91-195	7.5-10.3
Third trimester	0.41-5.18	104-182	6.3-9.7

**VRX HEALTHCARE PVT. LTD.**  
 Shop No.34-38, Gayatri Sewing Building,  
 Behind Vishnu Shivam Mall,  
 Thakur Village, Kandival East,  
 Mumbai, Maharashtra - 400 101  
 Mobile No.: 7506155990 / 7045950032



\* The analyte is not in the lab scope.  
 CRM No :6680277  
 Sample Recd. Time: 09-12-2023 18:17  
 Report Time: 09-12-2023 19:23:52  
 Patient Name: MS.MONIKA GIRASE

*Sm Eke*

Authorized Signatory  
 Dr. Sumit Konde



MBBS, DPB (Pathology)



---

<b>Patient Name:</b>	MS.MONIKA GIRASE	F/ 40 Yrs
<b>Ref. by:</b>	MEDI WHEEL	<b>Date:</b> 09/12/2023

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## XRAY CHEST PA VIEW

The lung on either side shows adequate translucency and exhibit normal vasculature.

Both hila are symmetrical in outline size and shape.

Trachea is central in position and no mediastinal abnormality is visible.

Bilateral costophrenic angles are clear.

Cardiac shadow is unremarkable.

Bone thorax appears unremarkable.

*Thanks for the reference.  
With regards,*

**Dr. Saumil Pandya**  
MD, DNB Consultant Radiologist

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Mobile No. : 7506155999 / 7045955999





Patient Name: MS. MONIKA GIRASE

F / 40 Yrs.

Ref. by: MEDIWHEEL

Date: 09/12/2023

## SONOGRAPHY OF ABDOMEN AND PELVIS

**TECHNIQUE:** Real time, B mode, gray scale sonography of the abdominal and pelvic organs was performed with convex transducer.

**LIVER:** The liver is normal in size, shape and has smooth margins. The hepatic parenchyma shows homogeneous echotexture without solid or cystic mass lesion or calcification. No evidence of intrahepatic biliary radical dilatation.

**PORTAL VEIN:** It measures 7.6 mm in transverse diameter.

**GALL BLADDER:** The gall bladder is well distended. There is no evidence of calculus, wall thickening or pericholecystic collection.

**COMMON BILE DUCT:** The visualised common bile duct is normal in caliber. No evidence of calculus is seen in the common bile duct.

**PANCREAS:** The head and body of pancreas is normal in size, shape, contours and echo texture.

**SPLEEN:** The spleen measures 8.5 cm and is normal in size and shape. Its echotexture is homogeneous.

### **KIDNEYS:**

Right kidney	Left kidney
11.4 x 4.4 cm	10.4 x 4.7 cm

The kidneys are normal in size and have smooth renal margins. Cortical echotexture is normal. The central echo complex does not show evidence of hydronephrosis. No evidence of hydroureter or calculi, bilaterally.

**URINARY BLADDER:** The urinary bladder is well distended. It shows uniformly thin walls and sharp mucosa. No evidence of calculus is seen. No evidence of mass or diverticulum is noted.

.....Continue On Page 2





(MS. MONIKA GIRASE ..... PG2)

## PELVIS:

The uterus is anteverted. It measures 9.4 x 5.1 x 6.2 cm in the longitudinal, antero-posterior and transverse dimensions, respectively. The uterine margins are smooth and do not reveal any contour abnormalities.

The endometrial echo is in the midline and measures 11 mm, IUCD is seen in situ within the endometrial cavity in the lower uterine segment.

Bilateral ovaries are normal in size and echo pattern.

Right ovary measures 3.0 x 2.3 cm.

Left ovary measures 2.5 x 2.1 cm.

No adnexal mass is seen.

There is no free fluid in the cul-de-sac. There is no obvious evidence of significant lymphadenopathy.

## IMPRESSION:

- IUCD is seen in situ within the endometrial cavity in the lower uterine segment.
- No significant abnormality is seen in present scan otherwise.

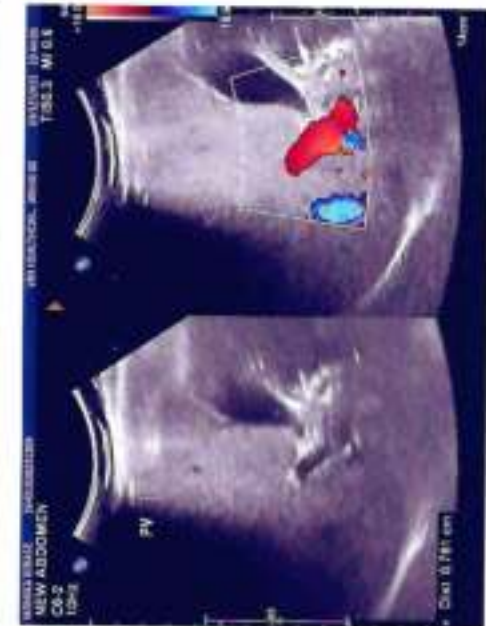
*Thanks for the reference.*

*With regards,*

**Dr. Saumil Pandya**  
MD, DNB Consultant Radiologist

VRX HEALTHCARE PVT. LTD.  
Block No. 34-35, Opp. Jai Prakash B. Chowk,  
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Thane West, Kandivli East,  
Mumbai, Maharashtra - 400 101  
Mobile No : 7809135109 / 7049951609









UI  
DOB 26/03/1983 40 Years  
Female

GIRASE, MONIKA

09/12/2023 09:48:53

VRX HEALTHCARE PVT LTD

Rate 65 Sinus rhythm  
Short PR interval

PR 105  
QRSd 83  
QT 430  
QTc 448

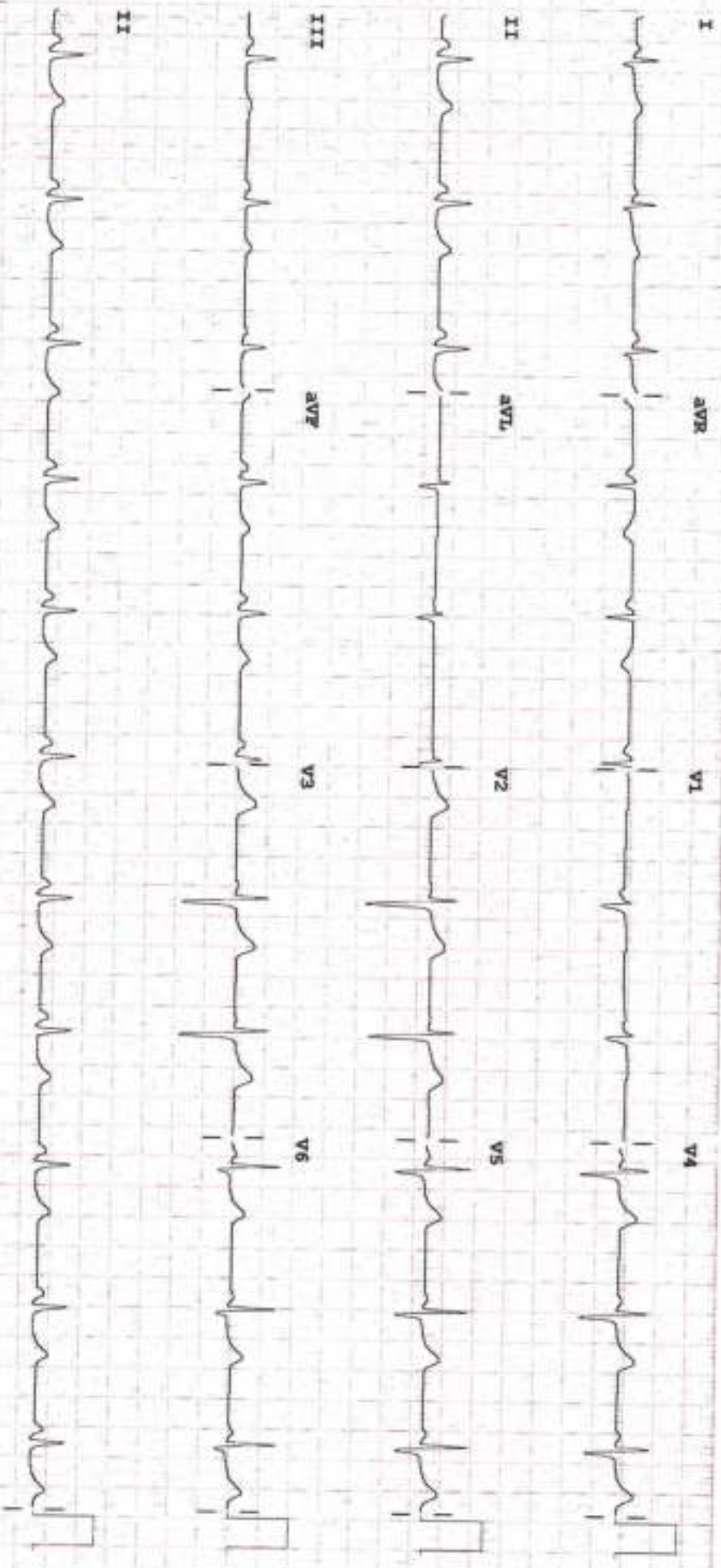
--AXIS--  
P 76  
QRS 73  
T 56

12 Lead: Standard Placement

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Mumbai, Maharashtra - 400 101  
Mobile No.: 7506155099 / 7049955999

*Shruti Rhythm*  
*CONC*  
*Complete Atrally*

DR. SHILPA SINGH  
MD (Physician) Russia D. Card  
Reg. No.: MMC 2013/12/3680



Device: Speed: 25 mm/sec Lead: 10 mm/mV Chest: 10.0 mm/mV


F 50 - 0.50 - 40 Hz W

100B CL

P2

for DHILLIC



 GPS Map Camera

## Mumbai, Maharashtra, India

C-402, Kandivali, Dattani Park, Thakur Village, Kandivali East,  
Mumbai, Maharashtra 400101, India

Lat 19.212247°

Long 72.870654°

09/12/23 03:10 PM GMT +05:30





**UNI-EM**  
ELECTRONICS COMPLEX

INDORE

TREADMILL TEST REPORT

MS MONIKA P GIRASE  
ID : 155  
DATE : 09/12/2023  
AGE/SEX : 40 / F  
HT/WT : 159 / 71  
REF. BY : MEDIMWELL

PROTOCOL : Bruce  
HISTORY : NONE  
INDICATION : HEALTH CHECK UP  
MEDICATION : NONE

PHASE	TOTAL TIME	STAGE TIME	SPEED Km/Hr	GRADE %	H.R. bpm	R.P. mmHg	RPP x100	ST LEVBU (MM)			METRS.
								V1	V5		
SUPLINE					82	110 / 70	90	-0.3	0	0.1	
STANDING					80	110 / 70	88	-0.5	-0.1	0.1	
HYPERVENT					81	110 / 70	89	-0.3	-0.1	0.1	
Stage 1	2:55	0:1	2.7	10	123	112 / 70	137	-0.4	-0.2	0.2	4.67
Stage 2	4:1	1:1	4	12	137	112 / 70	153	-0.7	-0.1	0.2	5.58
Stage 2	5:45	2:55	4	12	147	120 / 70	176	-1.7	-0.1	-0.1	7.04
Stage 3	6:43	0:29	5.4	14	156	140 / 70	187	-0.8	-0.1	-0.1	7.47
Stage 3	7:43	1:23	5.4	14	160	140 / 70	224	-0.5	-0.7	0.5	8.44
PK-EXERCISE	8:2	2:2	5.4	14	168	140 / 70	235	0.5	-0.5	0.5	9.07
RECOVERY	6:17				165	140 / 70	231	0.4	-0.7	0.7	
RECOVERY	9:43	1:6			118	140 / 70	165	1.1	-0.7	0.9	
RECOVERY	10:32	2:15			92	120 / 70	110	-0.3	0	0.1	
RECOVERY	11:12	2:55			88	120 / 70	105	-0.6	0.1	0.1	
RECOVERY	11:26	3:9			89	110 / 70	97	-0.6	0.1	-0.1	

**CARDIO BEATS**

**RESULTS**  
EXERCISE DURATION : 8:2  
MAX HEART RATE : 168 bpm  
MAX BLOOD PRESSURE : 140 / 70 mm Hg  
REASON OF TERMINATION : Achieved THR,  
BP RESPONSE : Normal,  
ARRHYTHMIA : None,  
H.R. RESPONSE : Normal; Chronotropic Response,

MAX WORK LOAD : 9.07 METRS

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Mumbai, Maharashtra - 400 101  
Mobile No: 7606155899 / 7045965999

**DR. SHILPA SINGH**

MD (Physician) Russia D. Card  
Reg. No.: MMC 2013/12/3680



**UNI-EM**

**ELECTRONICS COMPLEX**

**INDORE**

MS MONIKA P GIRASE

ID : 155  
DATE : 09/12/2023  
AGE/SEX : 40 / F  
HT/WT : 159 / 71  
REF. BY : MEDWHEEL

**TREADMILL TEST REPORT**  
PROTOCOL : Bruce  
HISTORY : NONE  
INDICATION : HEALTH CHECK UP  
MEDICATION : NONE

**IMPRESSIONS**

GOOD EFFORT TOLERANCE  
NORMAL CHRONOTROPIC RESPONSE  
NORMAL INOTROPIC RESPONSE  
NO ANGINA OR ARRHYTHMIA  
NO SIGNIFICANT ST-T CHANGES AS COMPARED TO BASELINE ECG  
CONCLUSION:- STRESS TEST IS NEGATIVE FOR INDUCIBLE ISCHEMIA AT HIGH WORK LOAD

Technician : DIKSHITA

**DR. SHEEPA SINGH**  
**DR. SHILPA SINGH**  
MD (Physician) Russia D. Card  
Reg. No.: MMC 2013/12/3660

CARDIO BEATS



CARDIO BEATS

MS MONIKA P GIRASE  
I.D. 155  
Age 40/F  
Date 09/12/2023

RATE 76bpm  
B.P. 110/70

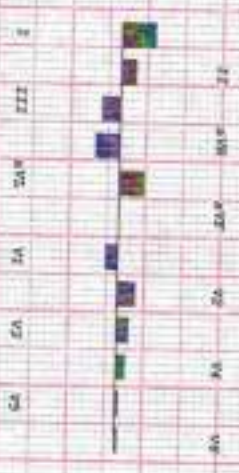
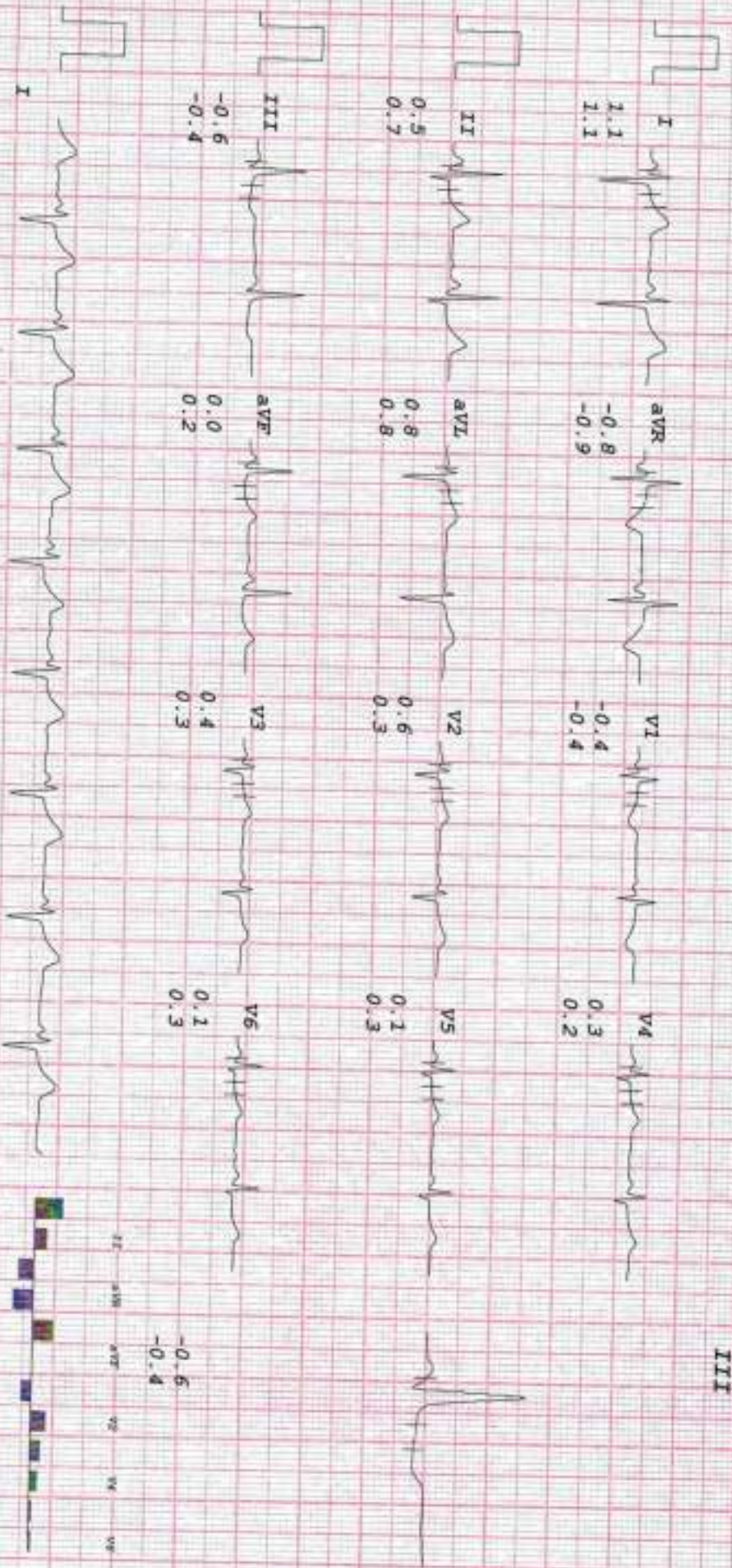
UNI-EM

PRETEST  
SUPINE

ST @ 10mm/mV  
80ms PostJ

LINKED MEDIAN

Mag. X 2









CARDIO BEATS

MS MONIKA P GIRASE  
I.D. 155  
Age 40/F  
Date 09/12/2023

RATE 80bpm  
B.P. 110/70

PRETEST  
STANDING

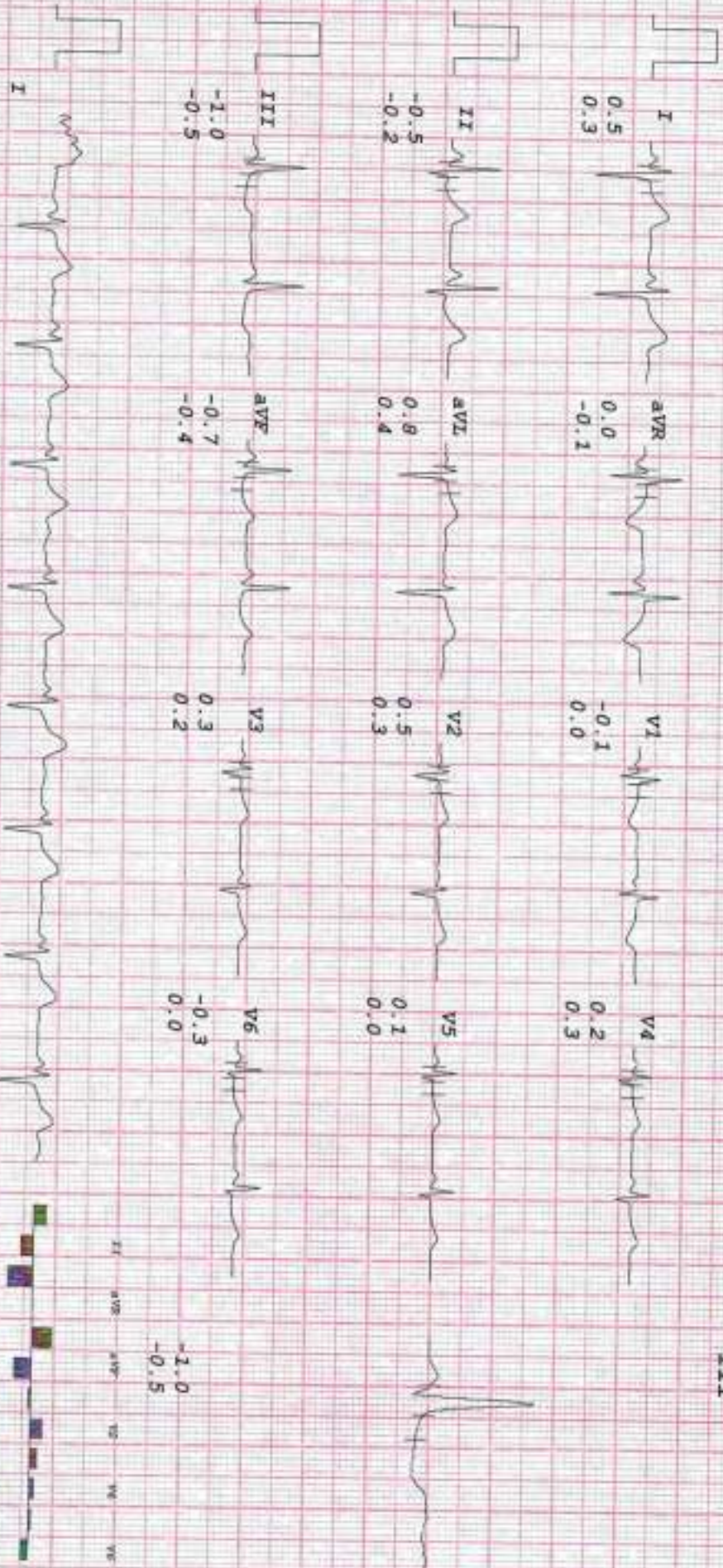
ST 8 10mm/mV  
80ms PostJ

UNI-EM

LINKED MEDIAN

Mag. X 2

III



I III aVR aVL V1 V2 V3 V4 V5



MS MONIKA P GIRASE  
I.D. 155  
Age 40/F  
Date 09/12/2023

RATE 81bpm  
B.P. 110/70

UNI-EM

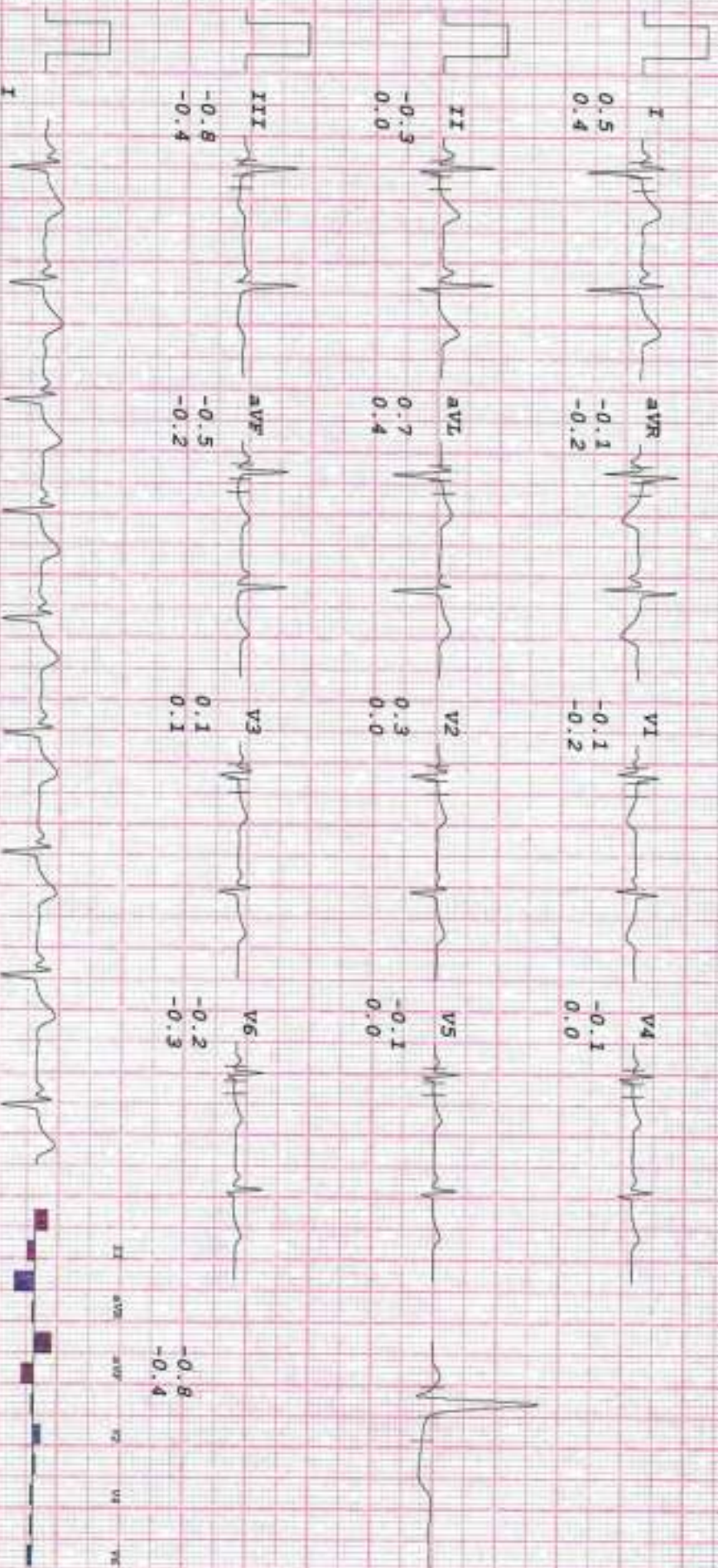
PRETEST  
HYPERVENT  
PHASE TIME 0:01

ST @ 10mm/mV  
80ms PostCJ

LINKED MEDIAN

Mag. X 2

III









# UNI-EM

MS MONIKA P GIRASE  
I.D. 155  
Age 40/F  
Date 09/12/2023

RATE 137bpm  
B.P. 112/70

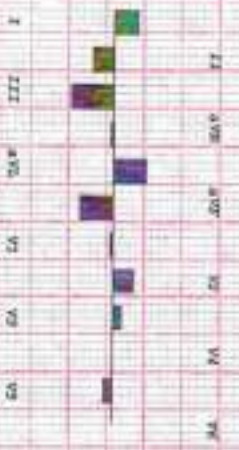
Brace  
Stage 2  
TOTAL TIME 4:01  
PHASE TIME 1:01

ST @ 10mm/mV  
80mm PostCJ  
Speed 4 km/hr  
SLOPE 12 °

LINKED MEDIAN

Mag. X 2

III



CARDIO BEATS



# UNI-EM

MS MONIKA P GIRASE  
I.P. 155  
Age 40/F  
Date 09/12/2023

RATE 156bpm  
E.P. 120/70

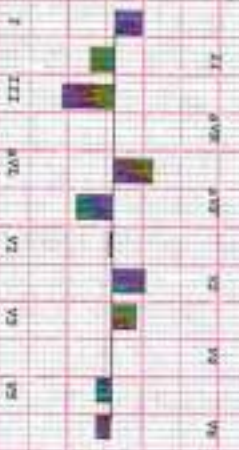
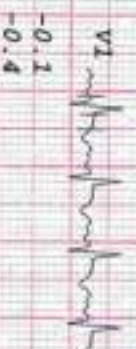
Bruce  
Stage 3  
TOTAL TIME 6:23  
PHASE TIME 0:23

ST @ 10mm/mV  
80ms PostJ  
Speed 5.4 km/hr  
SLOPE 14 °

LINKED MEDIAN

Mag. x 2

III



CARDIO BEATS



MS MONIKA P GIRASE  
I.D. 155  
Age 40/F  
Date 09/12/2023

Rate 160bpm  
B.P. 140/70

UNI-EM

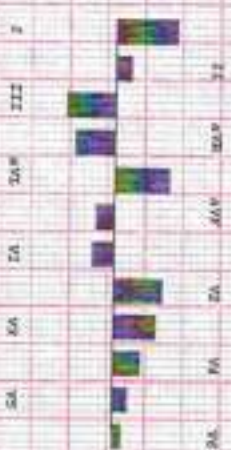
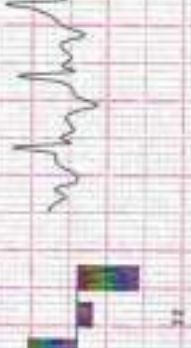
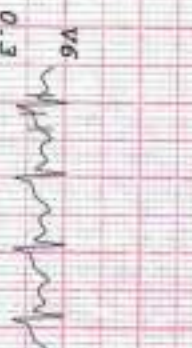
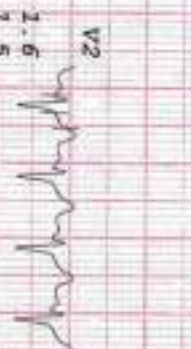
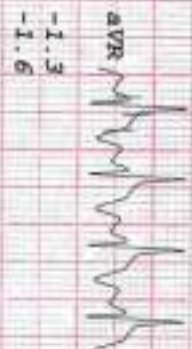
Bruce  
Stage 3  
TOTAL TIME 7:23  
PHASE TIME 1:23

ST @ 10mm/mV  
80ms PostJ  
Speed 5.4 km/hr  
SLOPE 14 #

LINKED MEDIAN

Mag. X 2

III









CARDIO BEATS

MS MONIKA P GIRASE  
I.D. 155  
Age 40/F  
Date 09/12/2023

RATE 165bpm  
B.P. 140/70

UNI-EM

BRIDGE RECOVERY  
TOTAL TIME 8:17

ST @ 10mm/mV  
80ms PostJ

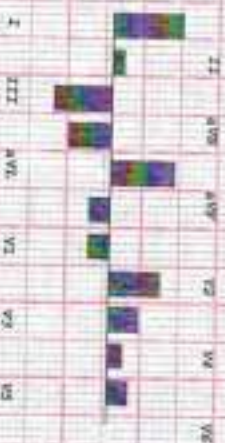
LINKED MEDIAN

Mag. X 2

III



-1.9  
-0.5









CARDIO BEATS

MS MONIKA P GIRASE  
I.D. 155  
Age 40/F  
Date 09/12/2023

RATE 92bpm  
B.P. 120/70

Brace  
RECOVERY  
TOTAL TIME 10:32  
PHASE TIME 2:15

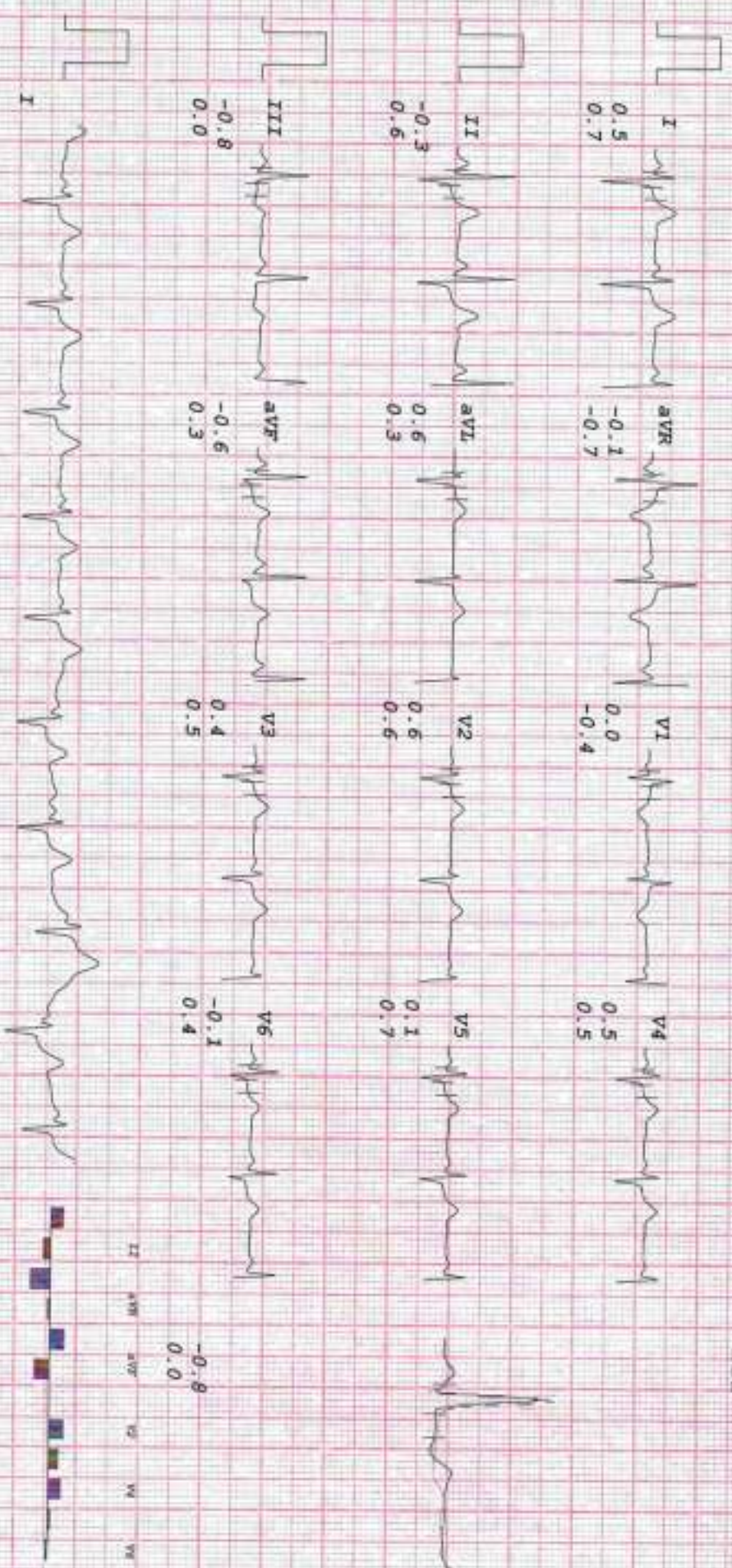
ST @ 10mm/mV  
80ms PostJ

UNI-EM

LINKED MEDIAN

Mag. X.2

III





# UNI-EM

MS MONIKA P GIRASE  
I.D. 155  
Age 40/F  
Date 09/12/2023

RATE 98bpm  
B.P. 120/70

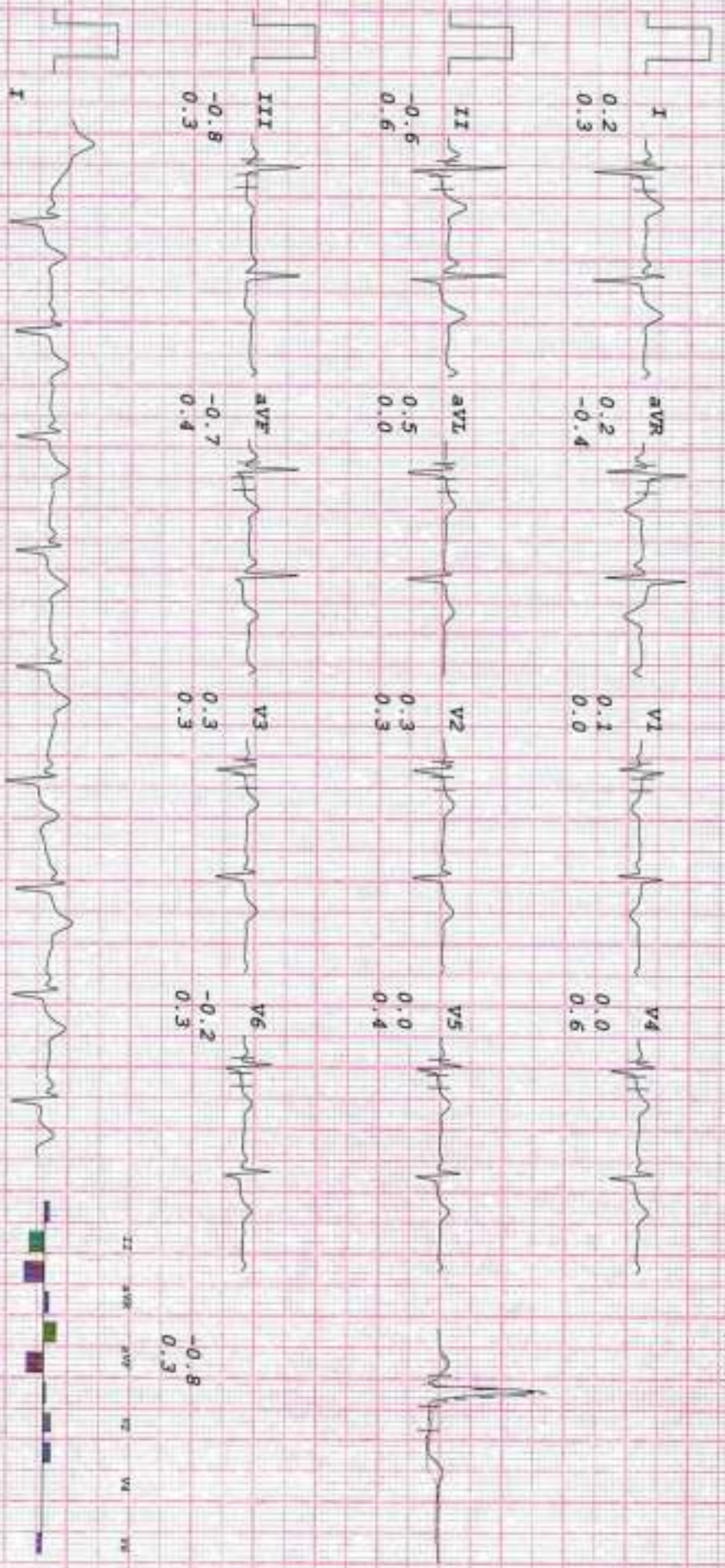
Bruce  
RECOVERY  
TOTAL TIME 11:12  
PHASE TIME 2:55

ST @ 10mm/mV  
80ms PostJ

LINKED MEDIAN

Mag. X 2

III



CARDIO BEATS



