



सत्यमेव जयते

भारत सरकार

GOVERNMENT OF INDIA

Issue Date: 12/11/2013



Shradha Sachin jamdade

जन्म तारीख / DOB: 08/11/1993

महिला / FEMALE

Mobile: 937966658

25 7613 7788

2017 3634 3902

माझे आधार, माझी ओळख

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Scanned with OKEN Scanner



04/12/23

DMart Ghansoli

CLOUD 36 BILDING SHOP NO 8 PLOT NO 6 SEC11, Palm Beach Rd, Jijamata Nagar, Sector 11, Ghansoli, Navi

Lat: 19.1192057

Lon: 72.9936004

23/12/2023 12:53:10 PM GMT+05:30





## MEDICAL EXAMINATION FORM

Confidential without Prejudice Report. To Be Filled In Strictly By the Physician/Diagnostic Center

### PART I: GENERAL DETAILS

NAME OF THE PATIENT: Shraddha Jamdade  
 D.O.B: 08/11/1993 Age: 29 Sex: F Phone number: 9370922989

### PART II: MEDICAL EXAMINATION REPORT (Strictly to be filled by Medical Examiner)

(Kindly tick wherever applicable)

#### A. PERSONAL HISTORY:

1. Previous history if any:

Disease	Yes/No	Medicine & Surgery Details	Disease	Yes/No	Medicine & Surgery Details
Diabetes Mellitus		N/A	Cancer		N/A
Hypertension					
IHD			Tumor/Benign		
Stroke			Genital urinary disorder		
Surgeries			Rheumatic joint diseases or symptoms		
Tuberculosis			Asthma		
Congenital Disease			Pulmonary Disease		
Arrhythmia			Anemia		
Aids (HIV)			Bleeding disease or Disorder.		
			Mental Stress		

2. Habits:

Diet		Alcohol	N/A	Tobacco/Smoking	N/A	Medicine	N/A
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3. Major complaints/Relevant past history if any: N/A

4. Previous illness (Hospitalization Investigation, consultation) N/A

5. Family history: Father N/A  
Mother N/A



**B. MEDICAL EXAMINERS FINDING AND ASSESMENT.** (Please answer each question and where appropriate provide particulars. You are asked not to give any information to the person, assured, about the results)

**1. Anthropometry:**

Height	156 cm	Weight	76.85 kg	BMI	
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**2. Vital Parameters:**

(i)

Respiratory Rate	21 / MIN	Pulse Rate	82 BPM
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(ii) Blood Pressure (Three consecutive Reading):

Systolic	130	120	130
Diastolic	90	80	90
Further readings at 10 minute interval if the first reading exceeds 140/90			

**3. Skin**

Is there is any evidence of:

Chronic Ulcer:	<input type="checkbox"/> YES	<input checked="" type="checkbox"/> NO	Eczema	<input type="checkbox"/> YES	<input checked="" type="checkbox"/> NO
Swelling	<input type="checkbox"/> YES	<input checked="" type="checkbox"/> NO	Varicose Veins	<input type="checkbox"/> YES	<input checked="" type="checkbox"/> NO
Skin Discoloration	<input type="checkbox"/> YES	<input checked="" type="checkbox"/> NO	Psoriasis	<input type="checkbox"/> YES	<input checked="" type="checkbox"/> NO

Any Other skin problem and specific location describe \_\_\_\_\_

**EXAMINATION FINDINGS DETAILS**

4. Cardiovascular System: S1 S2 @

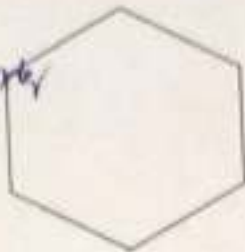
5. Genito-Urinary System: (M)

6. Respiratory System: ARISE Uter

7. Gastro-Entrology System: NAS

(a) Oropharyngeal:

(b) Abdomen: Soft non tender



Evidence of Hernia, Hydrocele, Fissure, Fistula & piles. NAD

If yes, please describe

8. Nervous System: conscious / oriented

9. Eye Check-up (N)

10. ENT (N)

12. For Female Clients Only:

1. Is there any disease of breast? NAS
2. (i) Is there any evidence of pregnancy? (NA)  
(ii) If Pregnant, are any complications to be expected? \_\_\_\_\_
3. Do you suspect any disease of uterus, cervix or ovaries? \_\_\_\_\_
4. Any menstrual complaints? irregular

C. SUMMARY of the examination findings:

Positive Findings if any: (Please Specify)

regularly monitor

Advice:

USG (A+P) Urine/serum opinion

Conclusion on the fitness of the client:

Clinically & Medically Fit

D. DOCTOR'S DECLARATION:

I confirm that I have examined this CLIENT and the findings stated above are true and correct to the best of my knowledge.

1. Name of the Medical Examiner:

DR. ANAND PRAKASH GAUR  
MBBS, CCMH, CCEBDM

(Consulting Physician)

Signature of the Medical Examiner:

*[Handwritten Signature]*

Stamp of the Medical Examiner

DR. ANAND PRAKASH GAUR  
MBBS, CCMH, CCEBDM  
(Consulting Physician)

Registration Number

M  
20

2005/02/0965

Date of medicals conducted:

23/12/23

Place:

Ahansoli

2. Name of the Client:

Shraddha Jandade

Signature of the Client:

NOTE: NAME AND SIGNATURE OF MEDICAL EXAMINER AND THE CLIENT IS MANDATORY ON THIS FORM



Location  
Room  
Order Number  
Indication  
Medication 1  
Medication 2  
Medication 3

89 bpm  
- / - mmHg

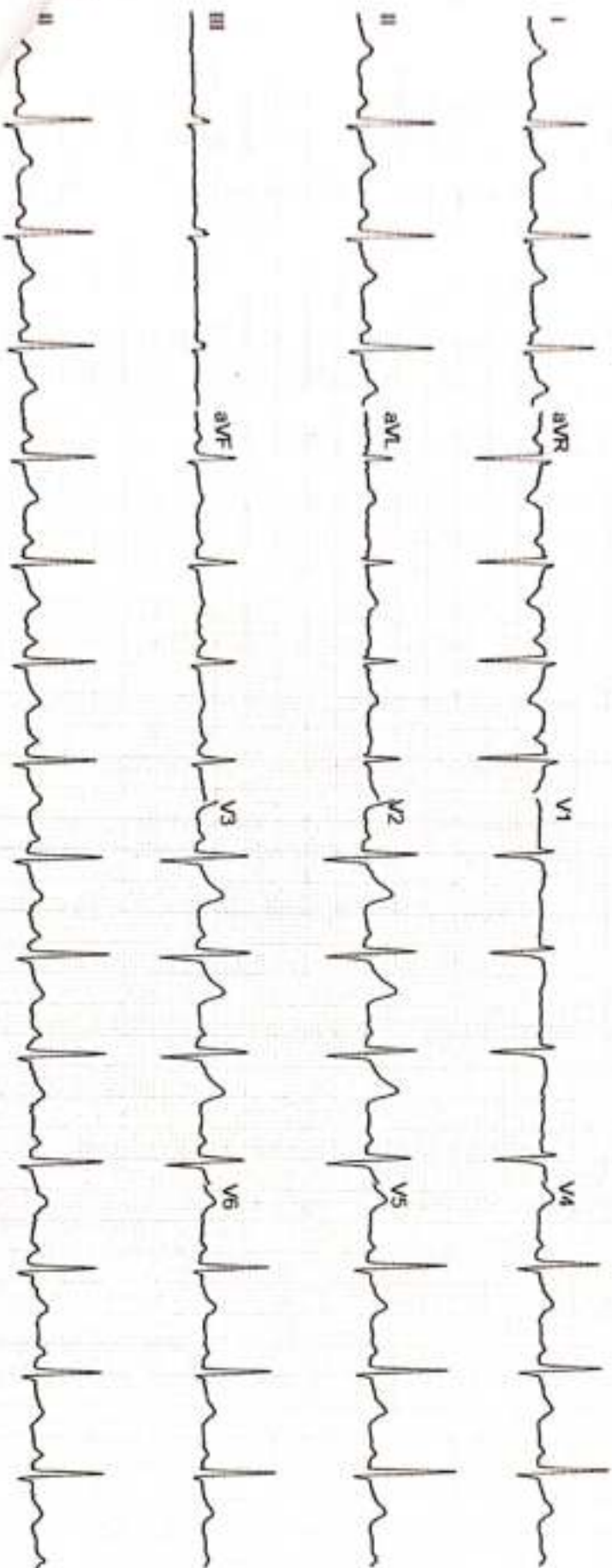
Female

Normal sinus rhythm  
Normal ECG

Technician  
Ordering Ph  
Referring Ph  
Attending Ph

QRS 82 ms  
QT / QTc Baz 388 / 472 ms  
PR 134 ms  
P 98 ms  
RR / PP 670 / 674 ms  
P / QRS / T 40 / 42 / 32 degrees

DR. ANAND PRAKASH GAUR  
MBBS, DNB, DGO, DDM  
(Consultant Physician)  
Reg. No. 200502/0965



11

12SL™ V241

25 mm/s

10 mm/mV

ADS

0.5" 3 Hz

50 Hz

4x2.5x3\_25\_R1

Unconfirmed

1/1



**Credence**  
Care Hospital Pvt. Ltd.



**RAMAN CT SCAN &  
DIAGNOSTIC CENTER**

PATIENT'S NAME	MRS. SHRADDHA JAMDADE	AGE :- 29 y/F
REFERRED BY	CREDENCE CARE HOSPITAL	DATE : 23/12/2023

**USG WHOLE ABDOMEN & PELVIS**

LIVER is normal in size , normal in shape and echotexture. No evidence of any focal lesion seen. The portal vein appears normal & shows normal hepato-petal flow. No evidence of intra-hepatic biliary duct dilatation.

GALL BLADDER appears well distended with normal wall thickness. There is no calculus or pericholecystic collection. CBD appears normal.

Visualised parts of head & body of PANCREAS appear normal. PD is not dilated.

SPLEEN is normal in size and echotexture. No focal lesion seen. Splenic vein is normal.

Both kidneys are normal in size, shape and echotexture with normal parenchymal reflectivity and maintained cortico-medullary differentiation. No hydronephrosis

URINARY BLADDER is partially filled with urine wall is mild thickened irregular.

UTERUS is normal in size.

Visualised bowel loops appear normal. There is no free fluid seen in abdomen and pelvis.

**IMPRESSION :**

- **No Significant abnormality is detected.**

THIS REPORT IS NOT TO BE USED FOR MEDICOLEGAL PURPOSES. THE CONTENTS OF THIS REPORT REQUIRE CLINICAL CO-RELATION BEFORE ANY APPLICATION.

**DR SAGAR GARGE**  
(consultant Radiologist)





**Credence**  
Care Hospital Pvt. Ltd.



**RAMAN CT SCAN &  
DIAGNOSTIC CENTER**

PATIENT'S NAME	MRS. SHRADDHA JAMDADE	AGE :- 29y/F
REFERRED BY	CREDENCE HOSPITAL	DATE :- 23/12/2023

**USG BREAST**

Bilateral breast parenchyma show normal echotexture.

Mammary zone shows normal glandular tissue.

Retro mammary tissue appears normal.

No axillary lymphnodes are seen bilaterally.

No evidence of any other lesion noted.

IMPRESSION: NO ABNORMALITY DETECTED.

**DR. SACHIN GARGE**



**Credence**  
Care Hospital Pvt. Ltd.



**RAMAN CT SCAN &  
DIAGNOSTIC CENTER**

**Name: Mrs. Shraddha Jamdade      Age/Sex: 29Y/Female**

**Date: 23/12/2023**

## **2 D Echocardiography & color Doppler Study**

### **FINDINGS:**

- No LV regional wall motion abnormality.
- No LV diastolic dysfunction.
- No LV wall hypertrophy. No LV dilation.
- Normal left ventricle systolic function. LVEF appr $x$ -60%.
- No mitral regurgitation.
- No aortic regurgitation.
- No TR. No pulmonary hypertension.
- Cardiac valves are structurally normal.
- Normal size of cardiac chambers.
- Intact IAS & IVS.
- No LV clot/vegetation/pericardial effusion.
- Normal RV systolic function. No hepatic congestion.

### **Conclusion:**

Normal 2D echo & color Doppler Study.

*for  
signature*  
**DR. KUMAR RAJEEV**  
M.D.(Med),DNB(Cardiology)



**Credence**  
Care Hospital Pvt. Ltd.



RAMAN CT SCAN &  
DIAGNOSTIC CENTER

**Name: Mrs. Shraddha Jamdade    Age/Sex: 29Y/Female**

**Date: 23/12/2023**

2D Measurements:

LA	35 mm
AORTIC ROOT	28 mm
EF SLOPE	90 mm/sec
LVIDD	40 mm
LVIDS	29 mm
IVS(D)	09 mm
PW(D)	09 mm
RVID	28 mm
LVEF	60 %

Doppler study:

AV max -	1.1 m/sec	E vel	0.9 m/sec
PV max -	0.9 m/sec	A vel	0.7 m/sec
PASP		E/A	1.3





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**RAMAN CT SCAN &  
DIAGNOSTIC CENTER**

**Name: Mr. Sachin Jamdade    Age/Sex: 33Y/Male**

**Date: 23/12/2023**

**2 D Echocardiography & color Doppler Study**

**FINDINGS:**

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- No LV diastolic dysfunction.
- No LV wall hypertrophy. No LV dilation.
- Normal left ventricle systolic function. LVEF apprx-60%.
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- Normal size of cardiac chambers.
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- Normal RV systolic function. No hepatic congestion.

**Conclusion:**

Normal 2D echo & color Doppler Study.

*For*  
*[Signature]*  
**DR. KUMAR RAJEEV**  
**M.D.(Med),DNB(Cardiology)**





# RAMAN CT SCAN & DIAGNOSTIC CENTER

Patient Name : MRS. SHRADDHA JAMDADE Patient ID: 2005

Age /Gender: 29yrs/FEMALE Date: 23/12/2023

## X-RAY CHEST PA

Plain P.A. Radiograph of chest shows: -  
The hilar shadows are normal in size, position and density.  
Both Cardio phrenic and Costophrenic angles are clear.  
The Cardiac silhouette is within normal limits. Aortic shadow is normal.  
Rest of the visualized mediastinum shadows are normal. Both domes of diaphragms are normal.  
The visualized bony thorax is normal.

### CONCLUSION:

NO SIGNIFICANT ABNORMALITY DETECTED

DR. Nikunj Kothia  
MBBS, DMRD Reg-2009093218




Patient Name : MRS. SHRADDHA JAMDADE

Age / Gender : Years / Female

Referral Doctor: HEALTH CHECKUP

Collection Date : 23/12/2023 01:30 PM

Pt.Type / ID : OPD/   
19545

Reporting Date : 23/12/2023 05:30 PM

**Complete Blood Count (CBC)**

Test Description	Value(s)	Unit	Reference Range
Hemoglobin	12.1	gms/dl	12 - 15
RBC Count	4.02	mil./cmm	3.8 - 5.8
Haematocrit (HCT)	40.0	%	37 - 47
<b>RBC Indices</b>			
MCV	99.50	fL	80 - 100
MCH	30.10	pg	27 - 34
MCHC	<b>30.25</b>	gm/dl	32 - 36
RDW-CV	12.0	%	11 - 16
Total WBC Count	7800	/uL	4000 - 10000
<b>DIFFERENTIAL COUNT</b>			
Neutrophil	<b>72</b>	%	40 - 70
Lymphocytes	24	%	20 - 40
Eosinophil	02	%	1 - 6
Monocytes	02	%	2 - 8
Basophils	00	%	0 - 1
<b>Platelet Indices</b>			
Platelet Count	210000	/cmm.	150000 - 450000
RBC Morphology	Normocytic Normochromic		
WBC Morphology	Within Normal Limits		
Platelet	Adequate on smear		

Done on fully Automated cell counter-ERBA H360

Signature




**Dr. Disha Sorde**  
MD Pathologist  
Reg No. 2016/08/3416

**Patient Name :** MRS. SHRADDHA JAMDADE

**Age / Gender :** Years / Female

**Referral Doctor:** HEALTH CHECKUP

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**Reporting Date :** 23/12/2023 05:30 PM

**ESR (ERYTHROCYTE SEDIMENTATION RATE)**

Test Description	Value(s)	Unit	Reference Range
<b>Erythrocyte Sedimentation Rate</b> Wintrobe method	08	mm/hr	< 20

**Interpretation:** It indicates presence and intensity of an inflammatory process. It is a prognostic test and used to monitor the course or response to treatment of diseases like tuberculosis, acute rheumatic fever,. It is also increased in multiple myeloma, hypothyroidism.

**Signature**




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19545

**Reporting Date :** 23/12/2023 05:30 PM

**BLOOD GROUP (BG)**

Test Description	Value(s)	Unit	Reference Range
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**Sample Type :** WHOLE BLOOD EDTA

**Blood Group :** A Rh Positive

**METHOD :** Monoclonal blood grouping (Agglutination test) by slide method

**KIT :** Span diagnostics.

**Signature**



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19545

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**GLYCOSYLATED HAEMOGLOBIN ( GHB / HbA1c )**

Test Description	Value(s)	Unit	Reference Range
HbA1c H.P.L.C	5.5	%	Below 6.0% - Normal Value 6.0% - 7.0% - Good Control 7.0% - 8.0% - Fair Control 8.0% - 10% - Unsatisfactory Control Above 10% - Poor Control

**Interpretation:** Glycosylated Haemoglobin is accurate and true index of the " Mean Blood Glucose Level in the body for the previous 2-3 months. HbA1c is an indicator of glycemic control. HbA1c represent average glycemia over the past six to eight weeks. Glycation of hemoglobin occurs the entire 120 days life span of the red blood cell, but within this 120 days. Recent glycemia has the largest influence on the HbA1c value. Clinical studies suggest that a patient in stable control will have 50% of their HbA1c formed in the month before sampling, 25% in the month before that, and the remaining 25% in months 2-4.

Signature




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**LIPID PROFILE**

Test Description	Value(s)	Unit	Reference Range
Total Cholesterol	140.0	mg/dl	Low < 125 Desirable : < 200 Borderline High : 201 - 240 High : > 240
Triglycerides	99.0	mg/dl	Low < 25 Normal : < 150 Borderline High : 151 - 199 High : > 200
HDL Cholesterol	43.0	mg/dl	< 35 Low >80 High
Non HDL Cholesterol	<b>97.00</b>	mg/dl	Desirable : < 130 Boderline high : 130 - 159 High : > 160
LDL Cholesterol	<b>77.20</b>	mg/dl	Low < 85 Optimal : <100 Near/Above Optimal : 101 - 129 Borderline High : 130 - 159 High : >160
VLDL Cholesterol	19.80	mg/dl	Below 40
TOTAL CHOL/HDL Ratio	3.26	-	Desirable/Low Risk : 3.3 - 4.4 Borderline/Middle Risk : 4.5 - 7.1 Elevated/High Risk : 7.2 - 11.0
LDL/HDL Ratio	1.80	-	Desirable/Low Risk : 0.5 - 3.0 Borderline/Middle Risk : 3.1 - 6.0 Elevated/High Risk : >6.1
Appearance of Serum	Clear		

Signature



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MD Pathologist

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**URIC ACID**

Test Description	Value(s)	Unit	Reference Range
Uric Acid	5.0	mg/dl	2.6 - 6.0

Signature

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Reporting Date : 23/12/2023 05:30 PM

**BLOOD UREA NITROGEN**

Test Description	Value(s)	Unit	Reference Range
BUN* Serum, Calculated	8.9	mg/dL	7 - 18.0

Signature




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Reporting Date : 23/12/2023 05:30 PM

**CREATININE**

Test Description	Value(s)	Unit	Reference Range
CREATININE Jaffe IDMS	0.8	mg/dl	0.6 - 1.4

Signature




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Reporting Date : 23/12/2023 05:30 PM

**BUN/CREATININE RATIO**

Test Description	Value(s)	Unit	Reference Range
BUN/CREATININE RATIO	11.1	Mg/dL	5 - 20

Signature



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Pt.Type / ID : OPD/   
19545

Reporting Date : 23/12/2023 05:30 PM

**LIVER FUNCTION TEST ( LFT )**

Test Description	Value(s)	Unit	Reference Range
Bilirubin Total	0.52	mg/dL	0.3 - 1.5
Bilirubin Direct	0.25	mg/dL	0.0 - 0.5
Bilirubin Indirect	0.27	mg/dL	0.2 - 0.9
SGOT (AST)	20.0	U/L	0 - 45
SGPT (ALT)	23.0	U/L	0 - 45
Alkaline Phosphatase	150.0	U/L	80 - 306
Protein Total	6.6	g/dL	6 - 8
Albumin	3.5	g/dL	3.2 - 5.0
Globulin	3.1	g/dL	2.5 - 3.3
A/G Ratio	1.13	-	1.0 - 2.1

Signature




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Referral Doctor: HEALTH CHECKUP

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**GAMMA GT**

Test Description	Value(s)	Unit	Reference Range
Gamma Glutaryl Trans Peptidase	10.0	U/L	5 - 40

Signature




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19545

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**THYROID FUNCTION TEST ( TFT )**

Test Description	Value(s)	Unit	Reference Range
<b>TOTAL TRIIODOTHYRONINE (T3)</b> Competitive Chemi Luminescent Immuno Assay	110.0	ng/dl	60 - 181
<b>TOTAL THYROXINE (T4)</b> Competitive Chemi Luminescent Immuno Assay	5.2	µg/dL	4.5 - 12.6
<b>THYROID STIMULATING HORMONE (TSH)</b> SANDWICH CHEMI LUMINESCENT IMMUNO ASSAY	2.1	uIU/mL	0.3 - 5.5

**SANDWICH CHEMI LUMINESCENT IMMUNO ASSAY**

Reference range for < 18 years

TEST	1 - 3 D	4 - 30 D	31 - 60 D	61 D - 12 M	1 - 5 Y	6 - 10 Y	11 - 14 Y	15 - 18 Y
TSH	0.1-9.2	0.2-8.5	0.2-7.8	0.30-5.9	0.4-4.8	0.5-4.7	0.5-4.6	0.6-4.5
T3	41.7-272.1	48.2-272.1	54.7-272.1	76.8-272.1	89.2-246.7	87.2-218.1	86.6-199.8	85.3-188.8
T4	4.9-15.8	5-15.3	5.2-14.8	5.7-13.3	5.7-11.7	5.4-10.7	5.2-10	5.1-9.6
FT3	1.5-5.3	1.6-5.2	1.6-5.1	1.8-4.8	2-4.5	2.1-4.4	2.3-4.4	2.3-4.3
FT4	0.84-2.08	0.85-1.98	0.85-1.89	0.89-1.62	0.89-1.48	0.85-1.46	0.84-1.45	0.84-1.45

Signature



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Patient Name : MRS. SHRADDHA JAMDADE

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**URINE ROUTINE REPORT**

Test Description	Value(s)	Unit	Reference Range
<b>Physical Examination</b>			
Quantity	20	ml	-
Colour	Pale Yellow		Pale yellow/Yellow
Appearance	Slightly Hazy		Clear
Specific Gravity	1.010		1.005-1.030
pH	Acidic		Acidic
Deposit	Absent		Absent
<b>Chemical Examination</b>			
Protein	Absent		Absent
Sugar	Absent		Absent
Ketones	Absent		Absent
Bile Salt	Absent		Absent
Bile Pigment	Absent		Absent
Urobilinogen	Normal		Normal
<b>Microscopic Examination (/hpf)</b>			
Pus Cell	2-4		Upto 5
Epithelial Cells	1-2		Upto 5
Red Blood Cells	Absent		Absent
Casts	Absent		Absent
Crystals	Absent		Absent
Bacteria	Absent		Absent

**\*\*END OF REPORT\*\***

Signature



**Dr. Disha Sorde**

MD Pathologist

Reg No. 2016/08/3416