

Patient Name Mrs Vandana Chakraborty MRN : 126652 Age 34 Sex F Date/Time 10/02/24

Mob No. ....

**Investigations : (Please Tick)**

- CBC
- ESR
- CRP
- S-Vit D3
- S-Vit B12
- RBS
- B Sugar - F/PP
- A1C
- LFT/KFT
- PT
- INR
- RA Factor
- Anti CCP
- HLA B27
- ANA
- HIV
- HBsAg
- Anti HCV

H - 156  
W - 40  
BP - 129/85  
P - 93

**Vitals**

- B.P.
- R.
- SPO2
- Temp

**Medical Illness**

- Hypertension
- Diabetes
- Thyroid
- Cardiac Disease
- Drug Allergies

**Next Appointment/Follow up**

*Gynecologist reference*

*[Signature]*  
**Dr. Bhawna Garg**  
MBBS, DIP.GO, PGDHA  
MEDICAL CO ORDINATOR  
RJN Apollo Spectra Hospital  
Reg.No. MP18035

Signature :

Patient NAME : Mrs.VANDNA CHAUHAN	Collected : 10/Feb/2024 08:55AM
Age/Gender : 34 Y 0 M 0 D /F	Received : 10/Feb/2024 09:28AM
UHID/MR NO : ILK.00024147	Reported : 10/Feb/2024 12:59PM
Visit ID : ILK.111394	Status : Final Report
Ref Doctor : Dr.ARCOFEMI HEALTHCARE LIMITED	Client Name : INSTA

**DEPARTMENT OF HEMATOLOGY**

**COMPLETE BLOOD COUNT- CBC / HAEMOGRAM , WHOLE BLOOD EDTA**

Haemoglobin (Hb%)	13.3	gm%	14.0-17.0	Cyanmeth
P.C.V (Hematocrit)	40.5	%	40-54	Cell Counter
RBC Count	4.7	Mill./cu mm	4.00-5.50	Cell Counter
Mean Corpuscular Volume(MCV)	85.9	fL	76-96	Calculated
Mean Corpuscular Hb. (MCH)	28.3	pg	27.0-32.0	Calculated
Mean Corp. Hb. Conc.(MCHC)	32.9	g/dl	30.0-35.0	Calculated
RDW	13.7	%	11-16	Calculated
Total WBC count (TLC)	5,300	/cu mm	4000-11000	Cell Counter

**Differential Count by Flowcytometry/Microscopy**

Neutrophils	64.2	%	50-70	Cell Counter
Lymphocytes	29.4	%	20-40	
Monocytes	4.2	%	01-10	Cell Counter
Eosinophils	1.8	%	01-06	Cell Counter
Basophils	0.4	%	00-01	Cell Counter

**Absolute Leucocyte Count**

Neutrophil (Abs.)	3,403	per cumm	2000 - 8000	Calculated
Lymphocyte (Abs.)	1558	per cumm	600-4000	Calculated
Monocyte (Abs.)	223	per cumm	0-600	Calculated
Eosinophil (Abs.)	95	per cumm	40-440	Calculated
Basophils (Abs.)	21	per cumm	0-110	Calculated
Platelet Count	2.50	Lac/cmm	1.50-4.00	Cell Counter

**ERYTHROCYTE SEDIMENTATION RATE (ESR)**

Erythrocyte Sedimentation Rate (ESR)	20	mm 1st hr.	0-20	Wester Green
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SIN NO :10435992,

*A.K. Rajong*

**DR. ASHOK KUMAR**  
M.D. (PATH)



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**DEPARTMENT OF HEMATOLOGY**

**BLOOD GROUPING(A,B,O) AND RH FACTOR , WHOLE BLOOD EDTA**

Blood Grouping	B		Slide/Tube Agglutination
Rh (D) Type	POSITIVE		Slide/Tube Agglutination

**BLOOD PICTURE - PERIPHERAL SMEAR EXAMINATION , WHOLE BLOOD EDTA**

**RBC'S** : Normocytic Normochromic RBC's.

No cytoplasmic inclusions or hemoparasite seen.

**WBC'S** : Normal in number , morphology and distribution. No toxic granules seen.

No abnormal cell seen.

**PLATELETS** : Adequate on smear .

**IMPRESSION ;** NORMOCYTIC NORMOCHROMIC BLOOD PICTURE.



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Age/Gender : 34 Y 0 M 0 D /F	Received : 10/Feb/2024 09:28AM
UHID/MR NO : ILK.00024147	Reported : 10/Feb/2024 10:26AM
Visit ID : ILK.111394	Status : Final Report
Ref Doctor : Dr.ARCOFEMI HEALTHCARE LIMITED	Client Name : INSTA

**DEPARTMENT OF BIOCHEMISTRY-ROUTINE**

Test Name	Result	Unit	Bio. Ref. Range	Method
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**GLUCOSE - FASTING (FBS) , NAF PLASMA**

Fasting Glucose	77.0	mg/dL	65-110	God - Pod
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Ref.for Biological Reference Intervals: American Diabetic Assiosation.

**GLUCOSE, POST PRANDIAL (PP), 2 HOURS (POST MEAL) , FLUORIDE PLASMA**

Post Prandial Glucose	93.0	mg/dL	90-140	2hrs. after...gm glucose/lunch
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Ref.for Biological Reference Intervals: American Diabetic Assiosation.



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**DEPARTMENT OF BIOCHEMISTRY-ROUTINE**

Test Name	Result	Unit	Bio. Ref. Range	Method
-----------	--------	------	-----------------	--------

**GLYCOSYLATED HAEMOGLOBIN (GHB/HBA1C) , WHOLE BLOOD EDTA**

Glycosylated Haemoglobin HbA1c	5.3	%	Normal: <5.7 Pre-Diabetes: 5.7-6.4 Diabetes: 6.5	NEPHELOMETRY
Approximate mean plasma glucose	105.41			Calculated

Ref.for Biological Reference Intervals: American Diabetes Association.

**INTERPRETATION:**

The A1C test measures your average blood glucose for the past 2 to 3 months. Diabetes is diagnosed at an A1C of greater than or equal to 6.5%.

Therapeutic goals for glycemc control (ADA)

-Adults:

- Goal of therapy: <7.0% HbA1c
- Action suggested: >8.0% HbA1c

-Pediatric patients:

- Toddlers and preschoolers: <8.5% (but >7.5%)
- School age (6-12 years): <8%
- Adolescents and young adults (13-19 years): <7.5%

*A.K. Rajong*

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**DEPARTMENT OF BIOCHEMISTRY-ROUTINE**

Test Name	Result	Unit	Bio. Ref. Range	Method
-----------	--------	------	-----------------	--------

**COMPLETE KIDNEY PROFILE (RFT/KFT) , SERUM**

Urea	26.07	mg/dL	13.0-43.0	Urease
Creatinine	0.5	mg/dL	0.5-1.3	Enzymatic
Uric Acid	4.0	mg/dL	3.5-7.2	Urease
Sodium	138.0	Meq/L	135-155	Direct ISE
Potassium	4.5	Meq/L	3.5-5.5	Direct ISE
Chloride	104.0	mmol/L	96-106	Direct ISE
Calcium	9.6	mg/dL	8.6-10.0	OCP
Phosphorous	5.3	mg/dL	2.5-5.6	PMA Phenol
BUN	12.18	mg/dL	6.0-20.0	Reflect Spectrothoto

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SIN NO : 10435992,

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**RJN Apollo Spectra Hospitals**

18, Vikas Nagar, Near Sai Baba Temple, Gwalior - 474009 (M.P.) Ph.: 0751-2454600, Mob. : 8269663137, Email: ipc.rjn@gmail.com

- Results may vary from lab to lab and from time to time for the same parameter for the same patient • Assays are performed in accordance with standard procedures.
- In case of disparity test may be repeated immediately. • This report is not valid for medico legal purpose.



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**DEPARTMENT OF BIOCHEMISTRY-ROUTINE**

Test Name	Result	Unit	Bio. Ref. Range	Method
<b>LIPID PROFILE , SERUM</b>				
Type OF Sample	SERUM			
Total Cholesterol	166.0	mg/dl	up to 200	End Point
Total Triglycerides	65.0	mg/dL	Borderline High Risk : 150-199 High Risk: 200-499 Very High Risk: >500	End Point
HDL Cholesterol	<b>71.0</b>	mg/dL	Optimal: >55 Border Line High Risk: 35-55 High Risk:- <35	Reflect Spectrothoto
Non - HDL Cholesterol	95	mg/dL	<130	
LDL Cholesterol	82	mg/dL	49-172	Reflect Spectrothoto
VLDL Cholesterol	13	mg/dL	5.0-40.0	Reflect Spectrothoto
Chol / HDL Ratio	2.34		Low Risk : 3.3-4.4 Average Risk : 4.5-7.1 Moderate Risk : 7.2-11.0 High Risk : >11.0	CALCULATED

*A.K. Jayang*

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**DEPARTMENT OF BIOCHEMISTRY-ROUTINE**

Test Name	Result	Unit	Bio. Ref. Range	Method
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**LIVER FUNCTION TEST (LFT) WITH GGT , SERUM**

Total Bilirubin	0.5	mg/dL	0.2-1.2	Jendrassik-Grof
Direct Bilirubin	0.1	mg/dL	0.0-0.3	Jendrassik-Grof
Indirect Bilirubin	0.4	mg/dL	0.0-0.9	Calculated
SGOT / AST	23.0	U/L	1-30	UV Kinetic (IFCC)
SGPT / ALT	15.0	U/L	1-45	UV Kinetic (IFCC)
Alkaline Phosphatase	65.0	U/L	43-115	PNPP
Gamma Glutaryl Transferase (GGT)	12.0	U/L	0.0-55.0	Reflect Spectrophoto
Total Protein	6.4	g/dl	6.4-8.3	Biuret
Albumin	4.3	g/dL	3.5-5.2	BCG
Globulin	2.1	g.dl	2.0-3.5	Calculated
A/G Ratio	2.05	%	1.0-2.3	Calculated



SIN NO : 10435992,

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Patient NAME : Mrs.VANDNA CHAUHAN	Collected : 10/Feb/2024 08:55AM
Age/Gender : 34 Y 0 M 0 D /F	Received : 10/Feb/2024 11:59AM
UHID/MR NO : ILK.00024147	Reported : 10/Feb/2024 01:16PM
Visit ID : ILK.111394	Status : Final Report
Ref Doctor : Dr.ARCOFEMI HEALTHCARE LIMITED	Client Name : INSTA

**DEPARTMENT OF BIOCHEMISTRY-SPECIAL**

Test Name	Result	Unit	Bio. Ref. Range	Method
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**THYROID PROFILE-I , SERUM**

Trilodothyronine Total (TT3)	1.21	ng/dL	0.6-1.8	Chemilluminisence
Thyroxine (TT4)	10.54	µg/dL	4.5-10.9	Chemilluminisence
Thyroid Stimulating Hormone (TSH)	2.237	µIU/ml	0.35-5.50	Chemilluminisence

COMMENT :- Above mentioned reference ranges are standard reference ranges.

**AGE RELATED GUIDELINES FOR REFERENCE RANGES FOR TSH**

TSH	NEW BORN	INFANT	CHILD	ADULT
(u Iu/ml)	0.52-38.9	1.7-9.1	0.7-6.4	0.3-5.6

**PREGNENCY RELATED GUIDELINES FOR REFERENCE RANGES FOR TSH**

TSH	1st Trimester	2nd & 3rd Trimester
(u Iu/ml)	0.2 - 2.5	0.3 - 3.0

**NOTE :** TSH levels are subject to circadian variation, reaching peak levels between 2-4 AM and at a minimum between 6-10 PM. Dose and time of drug intake also influence the test result.

**Ultrasensitive kits used.**

Serum T3/ FT3 , T4/FT4 and TSH measurements form three components of thyroid screening panel .  
 :-Primary hypothyroidism is accompanied by elevated serum T3 & T4 values alongwith depressed TSH level.  
 :- Primary hypothyroidism is accompanied by elevated serum T3 & T4 values & elevated serum TSH level.  
 :-Normal T3 &T4 levels with high TSH indicate mild / subclinical HYPOTHYROIDISM.  
 :-singtly elevated T3 levels may be found in pregnancy and in estrogen therapy while depressed levels may be encountered in severe illness, malnutrition, renal failure and during therapy with drugs like propranolol .  
 :-Although elevated TSH levels are nearly always indicative of primary hypothyroidism. Rarely they can result from TSH secreting pituitary tumours ( secondary huperthyroidism).

*A.K. Rajan*

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SIN NO :10435992,



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**DEPARTMENT OF CLINICAL PATHOLOGY**

Test Name	Result	Unit	Bio. Ref. Range	Method
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**CUE - COMPLETE URINE ANALYSIS , URINE**

**Physical Examination**

Colour	STRAW			Visual
Appearance	Clear			Visual
pH	8.5		5.0-7.5	Dipstick
Specific Gravity	1.005		1.002-1.030	Dipstick

**Chemical Examination**

Albumin Urine/ Protein Urine	NIL		NIL	Dipstick/Heat Test
Glucose Urine	NIL		NIL	Dipstick/Benedict
Urobilinogen	NIL		NIL	Dipstick/Ehrlichs
Ketones	NIL		NIL	Dipstick/Rotheras
Bile Salts	ABSENT		ABSENT	Dipstick
Bile Pigments	ABSENT		ABSENT	Dipstick/Fouchets
Nitrite	ABSENT		ABSENT	Dipstick

**Microscopic Examination.**

Pus Cells	2-3	/Hpf	0-2	
Epithelial Cells	3-4	Hpf	<10	
RBC	ABSENT	/Hpf	ABSENT	
Casts	ABSENT		ABSENT	
Crystals	ABSENT		ABSENT	
Bacteria	NORMALLY PRESENT		NORMALLY PRESENT	
Budding Yeast Cells	Absent		Absent	

\*\*\* End Of Report \*\*\*

*A.K. Rajong*

**DR. ASHOK KUMAR**  
M.D. (PATH)



SIN NO : 10435992,



## ECHO CARDIOGRAPHY REPORT

Patient Name : MRS VANDNA CHAUHAN  
Date : 10 /02/2024

AGE & Sex :34yrs /F

**Echocardiography was performed on vivid T8**

**Quality Of Imaging : Adequate**

Mitral Valve : Normal  
Tricuspid Valve : Normal  
Aortic Valve : Normal  
Pulmonary Valve : Normal  
Left Atrium : 3.4cms  
Left Ventricle : IVSD : 1.2 cms LVPWD : 1.2cms  
EDD : 4.6 cms EF 58%  
ESD : 2.8 cms FS 30%

RWMA : NO REGIONAL WALL MOTION ABNORMALITY  
Right Atrium : Normal  
Right Ventricle : Normal  
Aorta : 3.1cms  
IAS IVS : Intact  
Pulmonary Artery : Normal  
Pericardium : Normal  
SVC, IVC : Normal  
Pulmonary Artery : Normal  
Intracardiac Masses : Nil  
Doppler : E > A

### Conclusion :

NORMAL CARDIAC CHAMBERS DIMENSION .  
NO REGIONAL WALL MOTION ABNORMALITY  
NORMAL LV SYSTOLIC FUNCTION , LVEF-58%  
NORMAL VALVES  
INTACT SEPTUM  
NO CLOT /VEGETATION /PERICARDIAL EFFUSION

*Dr. Abhishek Sharma*  
RS,MD (Medicine) DNB (Cardiology)  
Consultant Interventional-Cardiology  
Apollo Spectra Hospitals  
Reg.No. MP 12056

Consultant  
**Dr. Abhishek sharma (DNB)**  
(Interventional Cardiologist)



# RATAN JYOTI NETRALAYA

OPHTHALMIC INSTITUTE & RESEARCH CENTRE

Hospital Reg. No. : 071



॥ सर्वेन्द्रियाणाम् नयनम् प्रधानम् ॥

18, Vikas Nagar, Near Sai Baba Mandir, Gwalior-2 (M.P.) INDIA Tel. : 2423350/51, Web : www.ratanjyotigroup.org, Email : rjneye@gmail.com  
Opp. Medical College, Gate No. 3 Jhansi-284128 (U.P.) Ph. 0510-2322311 (M) 9109973225

SR.NO. : 1907838 DATE : 10-February-2024  
NAME : MRS VANDANA CHAUHAN MRD NO. : R-115528  
AGE/SEX : 35 YRS / FEMALE CITY : GWALIOR

## GLASS PRESCRIPTION :

	RIGHT EYE /				LEFT EYE /			
	SPH	CYL	AXIS	VISION	SPH	CYL	AXIS	VISION
FOT DISTANCE								
NEAR ADD								

Type Of Glass : Use :

## REMARKS :

IPD :

Rx.	EYE	From	To	Instructions
1 REFRESH TEARS (RF) EYE DROP 10ML (CARBOXY-METHYLCELLULOSE SODIUM EYE DROPS IP 0.5 W/V) ONE DROP 4 TIMES A DAY FOR 60 DAYS	BOTH EYE	10-Feb-2024	9-Apr-2024	

TREATMENT PLAN : LUBRICATION ONLY

REFERRED TO :

DR. AMOL CHAUDHARI

NEXT REVIEW : 10-Feb-2025 11:39AM OR EARLIER IN CASE OF ANY PROBLEM

NOTE : Kindly continue medications as advised for the period advised.  
In case of redness or allergy please discontinue and inform the doctor.

Nutritional Advice : As per treating physician

Instructions : Patient and Attendant(s) Counselling

Advised medicine may be replaced with a good quality generic medicine.

**Speciality Clinics :** ▪ Comprehensive Ophthalmology Clinic ▪ Cataract & IOL Clinic ▪ Vitreo Retina & Uvea Clinic ▪ Spectacle Removal Clinic (Lasik/Femto Lasik/Phakic Lens) ▪ Cornea Clinic ▪ Glaucoma Clinic ▪ Orbit & Oculoplasty Clinic ▪ Trauma Clinic ▪ Squint Clinic  
▪ Paediatric Ophthalmology Clinic ▪ Low Vision Aid Clinic ▪ Contact Lens Clinic

CONSULTATION TIMINGS : MORNING 9:00 A.M. TO 6:00 P.M. (SUNDAY OFF)

- केन्द्रीय कर्मचारियों के लिए मान्यता प्राप्त ● कैशलेस इश्योरेन्स एवं टी.पी.ए. सुविधा उपलब्ध
- For Appointment Please Contact : 9111004046

स्वामी विद्यानंद भारती आई बैंक

**नेत्रदान**

करें और कारायेँ इसे अपने परिवार की परम्परा बनायेँ  
नेत्रदान के लिए सम्पर्क करें : 9111004044



Patient Name Sandana chowhan MRN : ..... Age 35 Sex F Date/Time 10/2/24

Mob No. ....

**Investigations : (Please Tick)**

- CBC
- ESR
- CRP
- S-Vit D3
- S-Vit B12
- RBS
- B Sugar - F/PP
- HbA1C
- LFT/KFT
- PT
- INR
- RA Factor
- Anti CCP
- HLA B27
- ANA
- HIV
- HBsAg
- Anti HCV

O/E -

P/A

Healthy checkup

Calcium m

Stomach m

Gen gingivitis

Cancer

Oral prophy

histology

**Vitals**

- B.P.
- RR.
- SPO2
- Temp

ke.

**Medical Illness**

- Hypertension
- Diabetes
- Thyroid
- Cardiac Disease
- Drug Allergies

Cholesty ADS

M/O

**Next Appointment/Follow up**

Signature :



Patient Name Vandana Chohan MRN : ..... Age 354 Sex M Date/Time 10/2/24

**Investigations : (Please Tick)**

Mob No. ....

- CBC
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- CRP
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- S-Vit B12
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- B Sugar - F/PP
- HbA1C
- LFT/KFT
- PT
- INR
- RA Factor
- Anti CCP
- HLA B27
- ANA
- HIV
- HBsAg
- Anti HCV

Health check up  
o/e - Ear (R) EAD - done  
(L) TM - intact  
Ext - WAD

None (all) - S.H. Miller  
Mucosa @  
Rotary defect

TM - WAD

No Adm ENT interview  
Dr. Suresh Gupta  
MS, ENT

Reg. No. MP12378  
RJN Apollo Spectra Hospitals

**Vitals**

- B.P.
- P.R.
- SPO2
- Temp

**Medical Illness**

- Hypertension
- Diabetes
- Thyroid
- Cardiac Disease
- Drug Allergies

**Next Appointment/Follow up**

Signature :



**PATIENT NAME** - VANDNA CHAUHAN 34Y/F  
**REFERRED BY** - HEALTH CHECKUP  
**DATE** - 10/02/2024  
**INVESTIGATION** - USG WHOLE ABDOMEN

**IMAGING FINDINGS:-**

**Liver** appears normal in size, position, shape, echotexture and margin. Liver does not show any measurable focal or diffuse abnormality. The intrahepatic biliary and portal venous radicles appear normal. Hepatic veins and portal vein are normal.

**Gall Bladder** is well distended. GB wall and lumen content appears normal. No echogenic focus within GB lumen. Visualized **CBD** is of normal caliber.

**Spleen** appears normal in size (~9.8cm), position, shape, echotexture and margin. No any focal lesion within splenic parenchyma. Splenic vein is normal and undilated.

**Pancreas** is well visualized, appears normal in size, shape and echotexture. Pancreatic duct is not dilated. No USG evidence of obvious measurable focal lesion.

**Both Kidneys:** Measurements are right kidney ~8.4x2.8cm and left kidney ~9.2x4.1cm. Both kidneys are normal in position, size, shape, surface, echotexture and cortico-medullary differentiation. Bilateral PC systems are compact. No significant calculus or hydronephrosis on either side. Ureters are undilated on either side.

**Urinary Bladder** is partially distended

**TAS:-**

**Uterus** is anteverted, appears normal in size measures ~7.9x3.8cm, position and echotexture. No obvious measurable myometrial focal lesion. Endometrium is linear, regular and normal in thickness. No abnormal endometrial collection. **POD** is clear. **Cervix** appears bulky and measured upto ~3cm with few nabothian cysts seen in cervix .

**Both Ovaries** are bulky in size. Left ovary measures ~ 15cc. Right ovary measures ~ 16.8cc.

Few peripherally arranged follicles seen in right ovary

No obvious ascites.

**OPINION:-** Features are suggestive of-

- **Bilateral bulky ovaries and few peripherally arranged follicles in right ovary. Follow up is advisable for possibility of PCOD**
- **Bulky cervix with few nabothian cysts in cervix-? Cervicitis**

**Suggested clinical correlation/Follow up imaging.**

  
**DR. SAKSHI CHAWLA**  
(MD RADIODIAGNOSIS)  
बेटी बचाओ - बेटी पढ़ाओ

गर्भाशय कन्या भ्रूण की जाँच एवं हत्या दण्डनीय अपराध है।







Female

34 Years

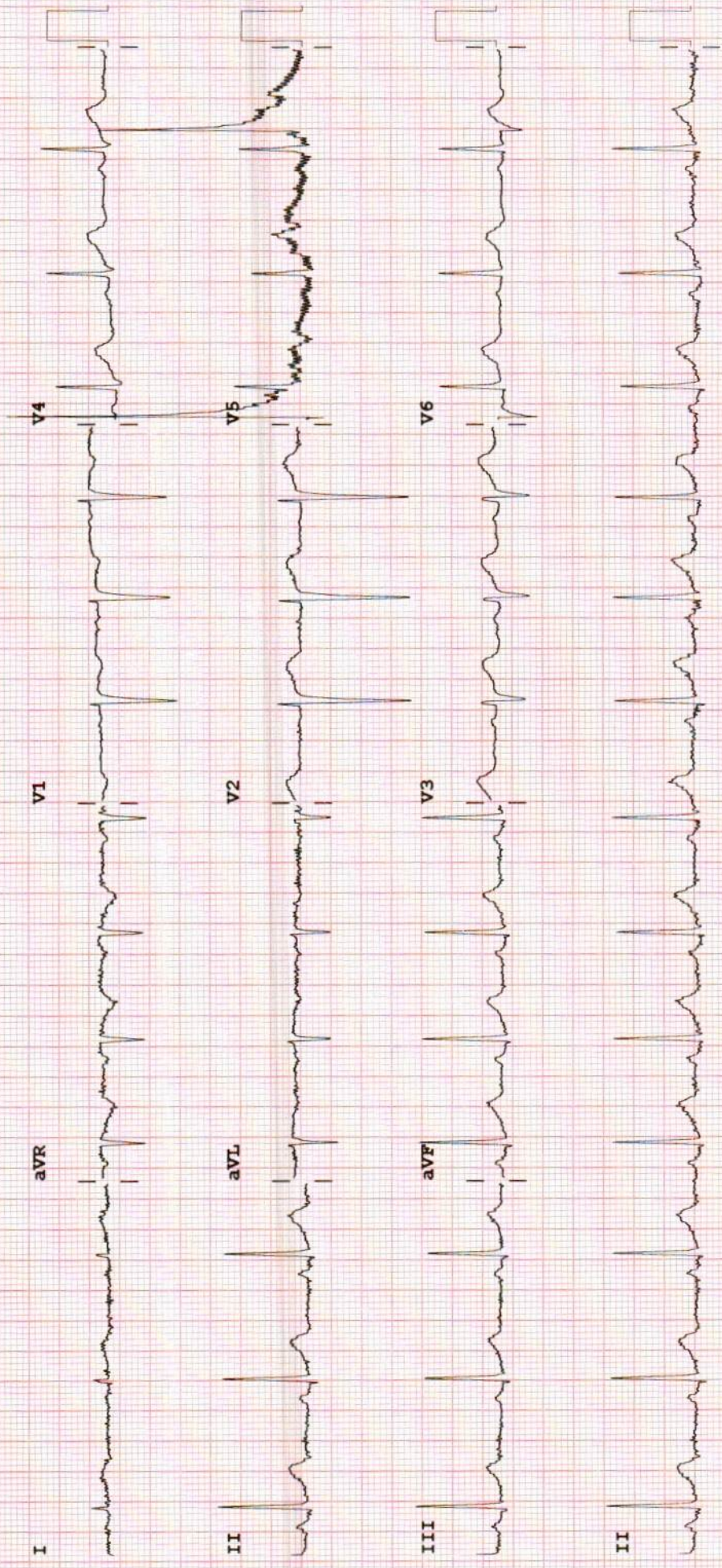
Rate 81 Sinus rhythm  
PR 145  
QRS 86  
QT 383  
QTc 445

--AXIS--  
P 75  
QRS 80  
T 67

- NORMAL ECG -

12 Lead; Standard Placement

Unconfirmed Diagnosis



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

F 60~ 0.15-100 Hz

PH100B CL P?



Patient Name	VANDANA CHAUHAN	Age	34Yrs
Date	10-02-2024	Sex	FEMALE

**CHEST X RAY (PA VIEW)**

**Artifact is seen.**

Both lung fields appear clear.

Both costo-phrenic angles appear clear.

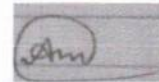
Cardiothoracic ratio is normal.

Both domes of diaphragm appear normal.

**IMPRESSION:**

- **No significant abnormality is noted**

*Please correlate clinically and with related investigations may be more informative.*



**Dr Amit Kumar**  
MBBS, DMRD  
Consultant Radiologist

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