

A

Mrs Jayashri Mehate

Ht : 160 cm

Wt : 75 kg

BP : 12/80 mmHg

HbA1c ↑ C IECG - change

- consult - family physician
- low carb diet
- ~~25~~

DR. I. U. BAMB
M.B.B.S., M.D. (Medicine)
Reg. No. 39452



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CID : 2400514734
Name : MRS. JAYASHRI MEHATA
Age / Gender : 55 Years / Female
Consulting Dr. : -
Reg. Location : Swargate, Pune (Main Centre)

Collected : 05-Jan-2024 / 08:06
Reported : 05-Jan-2024 / 10:45

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

CBC (Complete Blood Count), Blood

PARAMETER	RESULTS	BIOLOGICAL REF RANGE	METHOD
RBC PARAMETERS			
Haemoglobin	15.5	12.0-15.0 g/dL	Spectrophotometric
RBC	5.62	3.8-4.8 mil/cmm	Elect. Impedance
PCV	45.9	36-46 %	Calculated
MCV	82	80-100 fl	Calculated
MCH	27.5	27-32 pg	Calculated
MCHC	33.7	31.5-34.5 g/dL	Calculated
RDW	13.7	11.6-14.0 %	Calculated
WBC PARAMETERS			
WBC Total Count	8200	4000-10000 /cmm	Elect. Impedance
WBC DIFFERENTIAL AND ABSOLUTE COUNTS			
Lymphocytes	32.8	20-40 %	
Absolute Lymphocytes	2689.6	1000-3000 /cmm	Calculated
Monocytes	5.8	2-10 %	
Absolute Monocytes	475.6	200-1000 /cmm	Calculated
Neutrophils	57.1	40-80 %	
Absolute Neutrophils	4682.2	2000-7000 /cmm	Calculated
Eosinophils	3.8	1-6 %	
Absolute Eosinophils	311.6	20-500 /cmm	Calculated
Basophils	0.5	0.1-2 %	
Absolute Basophils	41.0	20-100 /cmm	Calculated
Immature Leukocytes	-		
WBC Differential Count by Absorbance & Impedance method/Microscopy.			
PLATELET PARAMETERS			
Platelet Count	213000	150000-400000 /cmm	Elect. Impedance
MPV	9.0	6-11 fl	Calculated
PDW	16.8	11-18 %	Calculated
RBC MORPHOLOGY			
Hypochromia	-		
Microcytosis	-		



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Macrocytosis -
Anisocytosis -
Poikilocytosis -
Polychromasia -
Target Cells -
Basophilic Stippling -
Normoblasts -
Others Normocytic, Normochromic
WBC MORPHOLOGY -
PLATELET MORPHOLOGY -
COMMENT -

Specimen: EDTA Whole Blood

ESR, EDTA WB-ESR 5 2-30 mm at 1 hr. Sedimentation

Clinical Significance: The erythrocyte sedimentation rate (ESR), also called a sedimentation rate is the rate red blood cells sediment in a period of time.

Interpretation:

Factors that increase ESR: Old age, Pregnancy, Anemia

Factors that decrease ESR: Extreme leukocytosis, Polycythemia, Red cell abnormalities- Sickle cell disease

Limitations:

- It is a non-specific measure of inflammation.
- The use of the ESR as a screening test in asymptomatic persons is limited by its low sensitivity and specificity.

Reflex Test: C-Reactive Protein (CRP) is the recommended test in acute inflammatory conditions.

Reference:

- Pack Insert
- Brigden ML. Clinical utility of the erythrocyte sedimentation rate. American family physician. 1999 Oct 1;60(5):1443-50.

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



Dr. KARAN MAURYA
D.N.B (Path)
Pathologist



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Collected : 05-Jan-2024 / 08:06
Reported : 05-Jan-2024 / 12:29

CID : 2400514734
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MEDIWHEEL FULL BODY HEALTH CHECKUP FEMALE ABOVE 40/2D ECHO

PARAMETER	RESULTS	BIOLOGICAL REF RANGE	METHOD
GLUCOSE (SUGAR) FASTING, Fluoride Plasma	98.0	Non-Diabetic: < 100 mg/dl Impaired Fasting Glucose: 100-125 mg/dl Diabetic: >/= 126 mg/dl	Hexokinase
GLUCOSE (SUGAR) PP, Fluoride Plasma PP/R	98.1	Non-Diabetic: < 140 mg/dl Impaired Glucose Tolerance: 140-199 mg/dl Diabetic: >/= 200 mg/dl	Hexokinase
Urine Sugar (Fasting)	Absent	Absent	
Urine Ketones (Fasting)	Absent	Absent	

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



Dr. Chandrakant Pawar

Dr. CHANDRAKANT PAWAR
M.D.(PATH)
Pathologist



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Collected : 05-Jan-2024 / 08:06
Reported : 05-Jan-2024 / 10:45

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

PARAMETER	RESULTS	BIOLOGICAL REF RANGE	METHOD
BLOOD UREA, Serum	26.2	12.8-42.8 mg/dl	Kinetic
BUN, Serum	12.2	6-20 mg/dl	Calculated
CREATININE, Serum	0.99	0.51-0.95 mg/dl	Enzymatic
eGFR, Serum	67	(ml/min/1.73sqm) Normal or High: Above 90 Mild decrease: 60-89 Mild to moderate decrease: 45-59 Moderate to severe decrease: 30-44 Severe decrease: 15-29 Kidney failure: <15	Calculated

Note: eGFR estimation is calculated using 2021 CKD-EPI GFR equation w.e.f 16-08-2023

TOTAL PROTEINS, Serum	7.4	6.4-8.3 g/dL	Biuret
ALBUMIN, Serum	4.3	3.5-5.2 g/dL	BCG
GLOBULIN, Serum	3.1	2.3-3.5 g/dL	Calculated
A/G RATIO, Serum	1.4	1 - 2	Calculated
URIC ACID, Serum	5.8	2.4-5.7 mg/dl	Enzymatic
PHOSPHORUS, Serum	4.0	2.7-4.5 mg/dl	Molybdate UV
CALCIUM, Serum	9.8	8.6-10.0 mg/dl	N-BAPTA
SODIUM, Serum	142	135-148 mmol/l	ISE
POTASSIUM, Serum	5.6	3.5-5.3 mmol/l	ISE
CHLORIDE, Serum	103.9	98-107 mmol/l	ISE

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



(Signature)

Dr.KARAN MAURYA
D.N.B (Path)
Pathologist



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Reported : 05-Jan-2024 / 13:33

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

PARAMETER	RESULTS	BIOLOGICAL REF RANGE	METHOD
Glycosylated Hemoglobin (HbA1c), EDTA WB - CC	5.7	Non-Diabetic Level: < 5.7 % Prediabetic Level: 5.7-6.4 % Diabetic Level: >= 6.5 %	HPLC
Estimated Average Glucose (eAG), EDTA WB - CC	116.9	mg/dl	Calculated

Intended use:

- In patients who are meeting treatment goals, HbA1c test should be performed at least 2 times a year
- In patients whose therapy has changed or who are not meeting glycemic goals, it should be performed quarterly
- For microvascular disease prevention, the HbA1C goal for non pregnant adults in general is Less than 7%.

Clinical Significance:

- HbA1c, Glycosylated hemoglobin or glycated hemoglobin, is hemoglobin with glucose molecule attached to it.
- The HbA1c test evaluates the average amount of glucose in the blood over the last 2 to 3 months by measuring the percentage of glycosylated hemoglobin in the blood.

Test Interpretation:

- The HbA1c test evaluates the average amount of glucose in the blood over the last 2 to 3 months by measuring the percentage of Glycosylated hemoglobin in the blood.
- HbA1c test may be used to screen for and diagnose diabetes or risk of developing diabetes.
- To monitor compliance and long term blood glucose level control in patients with diabetes.
- Index of diabetic control, predicting development and progression of diabetic micro vascular complications.

Factors affecting HbA1c results:

Increased in: High fetal hemoglobin, Chronic renal failure, Iron deficiency anemia, Splenectomy, Increased serum triglycerides, Alcohol ingestion, Lead/opiate poisoning and Salicylate treatment.

Decreased in: Shortened RBC lifespan (Hemolytic anemia, blood loss), following transfusions, pregnancy, ingestion of large amount of Vitamin E or Vitamin C and Hemoglobinopathies

Reflex tests: Blood glucose levels, CGM (Continuous Glucose monitoring)

References: ADA recommendations, AACC, Wallach's interpretation of diagnostic tests 10th edition.

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



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Pathologist



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

PARAMETER	RESULTS	BIOLOGICAL REF RANGE	METHOD
PHYSICAL EXAMINATION			
Color	Yellow	Pale Yellow	-
Reaction (pH)	Alkaline (8.0)	4.5 - 8.0	-
Specific Gravity	1.015	1.001-1.030	Chemical Indicator
Transparency	Clear	Clear	Chemical Indicator
Volume (ml)	50	-	-
CHEMICAL EXAMINATION			
Proteins	Absent	Absent	pH Indicator
Glucose	Absent	Absent	GOD-POD
Ketones	Absent	Absent	Legals Test
Blood	Absent	Absent	Peroxidase
Bilirubin	Absent	Absent	Diazonium Salt
Urobilinogen	Normal	Normal	Diazonium Salt
Nitrite	Absent	Absent	Griess Test
MICROSCOPIC EXAMINATION			
Leukocytes(Pus cells)/hpf	4-5	0-5/hpf	
Red Blood Cells / hpf	Absent	0-2/hpf	
Epithelial Cells / hpf	2-3		
Casts	Absent	Absent	
Crystals	Absent	Absent	
Amorphous debris	Absent	Absent	
Bacteria / hpf	8-10	Less than 20/hpf	

Interpretation: The concentration values of Chemical analytes corresponding to the grading given in the report are as follows:

- Protein (1+ = 25 mg/dl , 2+ =75 mg/dl , 3+ = 150 mg/dl , 4+ = 500 mg/dl)
- Glucose(1+ = 50 mg/dl , 2+ =100 mg/dl , 3+ =300 mg/dl ,4+ =1000 mg/dl)
- Ketone (1+ =5 mg/dl , 2+ = 15 mg/dl , 3+ = 50 mg/dl , 4+ = 150 mg/dl)

Reference: Pack Inert

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



Dr. Karan Maurya
Dr. KARAN MAURYA
D.N.B (Path)
Pathologist



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

PARAMETER	RESULTS
ABO GROUP	AB
Rh TYPING	Positive

NOTE: Test performed by Semi- automated column agglutination technology (CAT)

Specimen: EDTA Whole Blood and/or serum

Clinical significance:
ABO system is most important of all blood group in transfusion medicine

Limitations:

- ABO blood group of new born is performed only by cell (forward) grouping because allo antibodies in cord blood are of maternal origin.
- Since A & B antigens are not fully developed at birth, both Anti-A & Anti-B antibodies appear after the first 4 to 6 months of life. As a result, weaker reactions may occur with red cells of newborns than of adults.
- Confirmation of newborn's blood group is indicated when A & B antigen expression and the Isoagglutinins are fully developed at 2 to 4 years of age & remains constant throughout life.
- Cord blood is contaminated with Wharton's jelly that causes red cell aggregation leading to false positive result
- The Hh blood group also known as Oh or Bombay blood group is rare blood group type. The term Bombay is used to refer the phenotype that lacks normal expression of ABH antigens because of inheritance of hh genotype.

References:

1. Denise M Harmening, Modern Blood Banking and Transfusion Practices- 6th Edition 2012. F.A. Davis company. Philadelphia
2. AABB technical manual

*Sample processed at SUBURBAN DIAGNOSTICS (INDIA) PVT. LTD Pune Lab, Pune Swargate
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Dr. Karan Maurya
Dr. KARAN MAURYA
D.N.B (Path)
Pathologist



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

PARAMETER	RESULTS	BIOLOGICAL REF RANGE	METHOD
CHOLESTEROL, Serum	193.0	Desirable: <200 mg/dl Borderline High: 200-239mg/dl High: >/=240 mg/dl	CHOD-POD
TRIGLYCERIDES, Serum	111.0	Normal: <150 mg/dl Borderline-high: 150 - 199 mg/dl High: 200 - 499 mg/dl Very high:>/=500 mg/dl	GPO-POD
HDL CHOLESTEROL, Serum	54.6	Desirable: >60 mg/dl Borderline: 40 - 60 mg/dl Low (High risk): <40 mg/dl	Homogeneous enzymatic colorimetric assay
NON HDL CHOLESTEROL, Serum	138.4	Desirable: <130 mg/dl Borderline-high:130 - 159 mg/dl High:160 - 189 mg/dl Very high: >/=190 mg/dl	Calculated
LDL CHOLESTEROL, Serum	116.0	Optimal: <100 mg/dl Near Optimal: 100 - 129 mg/dl Borderline High: 130 - 159 mg/dl High: 160 - 189 mg/dl Very High: >/= 190 mg/dl	Calculated
VLDL CHOLESTEROL, Serum	22.4	< /= 30 mg/dl	Calculated
CHOL / HDL CHOL RATIO, Serum	3.5	0-4.5 Ratio	Calculated
LDL CHOL / HDL CHOL RATIO, Serum	2.1	0-3.5 Ratio	Calculated

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



Dr.KARAN MAURYA
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MEDIWHEEL FULL BODY HEALTH CHECKUP FEMALE ABOVE 40/2D ECHO
THYROID FUNCTION TESTS

<u>PARAMETER</u>	<u>RESULTS</u>	<u>BIOLOGICAL REF RANGE</u>	<u>METHOD</u>
Free T3, Serum	4.5	3.10-6.80 pmol/L	ECLIA
Note: Kindly note change in reference range and method w.e.f 12-07-2023			
Free T4, Serum	19.2	12-22 pmol/L Pregnant Women (pmol/L): First Trimester:12.1-19.6 Second Trimester:9.63-17.0 Third Trimester:8.39-15.6	ECLIA
Note: Kindly note change in reference range and method w.e.f 12-07-2023			
sensitiveTSH, Serum	3.02	0.270-4.20 mIU/ml Pregnant Women (microIU/ml): First Trimester:0.33-4.59 Second Trimester:0.35-4.10 Third Trimester:0.21-3.15	ECLIA

Note: Kindly note change in reference range and method w.e.f 12-07-2023 TSH values between 5.5 to 15 microIU/ml should be correlated clinically or repeat the test with new sample as physiological factors can give falsely high TSH. 2) TSH values may be transiently altered because of non thyroidal illness like severe infections, liver disease, renal & heart failure, severe burns, trauma & surgery etc.



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Interpretation:

A thyroid panel is used to evaluate thyroid function and/or help diagnose various thyroid disorders.

Clinical Significance:

- 1)TSH Values between high abnormal upto15 microIU/ml should be correlated clinically or repeat the test with new sample as physiological factors can give falsely high TSH.
- 2)TSH values may be transiently altered because of non thyroidal illness like severe infections,liver disease, renal and heart severe burns, trauma and surgery etc.

TSH	FT4 / T4	FT3 / T3	Interpretation
High	Normal	Normal	Subclinical hypothyroidism, poor compliance with thyroxine, drugs like amiodarone, Recovery phase of non-thyroidal illness, TSH Resistance.
High	Low	Low	Hypothyroidism, Autoimmune thyroiditis, post radio iodine Rx, post thyroidectomy. Anti thyroid drugs, tyrosine kinase inhibitors & amiodarone, amyloid deposits in thyroid, thyroid tumors & congenital hypothyroidism.
Low	High	High	Hyperthyroidism, Graves disease, toxic multinodular goiter, toxic adenoma, excess iodine or thyroxine intake, pregnancy related (hyperemesis gravidarum, hydatiform mole)
Low	Normal	Normal	Subclinical Hyperthyroidism, recent Rx for Hyperthyroidism, drugs like steroids & dopamine), Non thyroidal illness.
Low	Low	Low	Central Hypothyroidism, Non Thyroidal illness, Recent Rx for Hyperthyroidism.
High	High	High	Interfering anti TPO antibodies, Drug interference: Amiodarone, Heparin, Beta Blockers, steroids & anti epileptics.

Diurnal Variation:TSH follows a diurnal rhythm and is at maximum between 2 am and 4 am , and is at a minimum between 6 pm and 10 pm. The variation is on the order of 50 to 206%. **Biological variation:**19.7%(with in subject variation)

Reflex Tests:Anti thyroid Antibodies,USG Thyroid ,TSH receptor Antibody, Thyroglobulin, Calcitonin

Limitations:

1. Samples should not be taken from patients receiving therapy with high biotin doses (i.e. >5 mg/day) until atleast 8 hours following the last biotin administration.
2. Patient samples may contain heterophilic antibodies that could react in immunoassays to give falsely elevated or depressed results. this assay is designed to minimize interference from heterophilic antibodies.

Reference:

- 1.O.koulouri et al. / Best Practice and Research clinical Endocrinology and Metabolism 27(2013)
- 2.Interpretation of the thyroid function tests, Dayan et al. THE LANCET . Vol 357
- 3.Tietz ,Text Book of Clinical Chemistry and Molecular Biology -5th Edition
- 4.Biological Variation:From principles to Practice-Callum G Fraser (AACC Press)

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*** End Of Report ***



Dr.KARAN MAURYA
D.N.B (Path)
Pathologist



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Age / Gender : 55 Years / Female
Consulting Dr. : -
Reg. Location : Swargate, Pune (Main Centre)

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

LIVER FUNCTION TESTS

PARAMETER	RESULTS	BIOLOGICAL REF RANGE	METHOD
BILIRUBIN (TOTAL), Serum	0.49	0.1-1.2 mg/dl	Colorimetric
BILIRUBIN (DIRECT), Serum	0.26	0-0.3 mg/dl	Diazo
BILIRUBIN (INDIRECT), Serum	0.23	0.1-1.0 mg/dl	Calculated
TOTAL PROTEINS, Serum	7.3	6.4-8.3 g/dL	Biuret
ALBUMIN, Serum	4.2	3.5-5.2 g/dL	BCG
GLOBULIN, Serum	3.1	2.3-3.5 g/dL	Calculated
A/G RATIO, Serum	1.4	1 - 2	Calculated
SGOT (AST), Serum	20.7	5-32 U/L	NADH (w/o P-5-P)
SGPT (ALT), Serum	22.3	5-33 U/L	NADH (w/o P-5-P)
GAMMA GT, Serum	9.3	3-40 U/L	Enzymatic
ALKALINE PHOSPHATASE, Serum	81.1	35-105 U/L	Colorimetric

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



Dr. Chandrakant Pawar
Dr. CHANDRAKANT PAWAR
M.D.(PATH)
Pathologist

Name: Jayashri ~~Mehta~~ Mehata

Sex / Age: 55 Y / F

CID: 2400514734

Date: 5/1/24

VISION

EYE EXAMINATION

Distance Vision Without Glasses	Right Eye 6/6	Left Eye 6/6
Distance Vision With Glasses	Right Eye	Left Eye
Near Vision Without Glasses	Right Eye	Left Eye
Near Vision With Glasses	Right Eye 2/6	Left Eye 2/6

GENERAL EXAMINATION:

LIDS
CORNEA
CONJUNCTIVAE
EYE MOVEMENTS
COLOUR VISION



DR L.U. BAMB

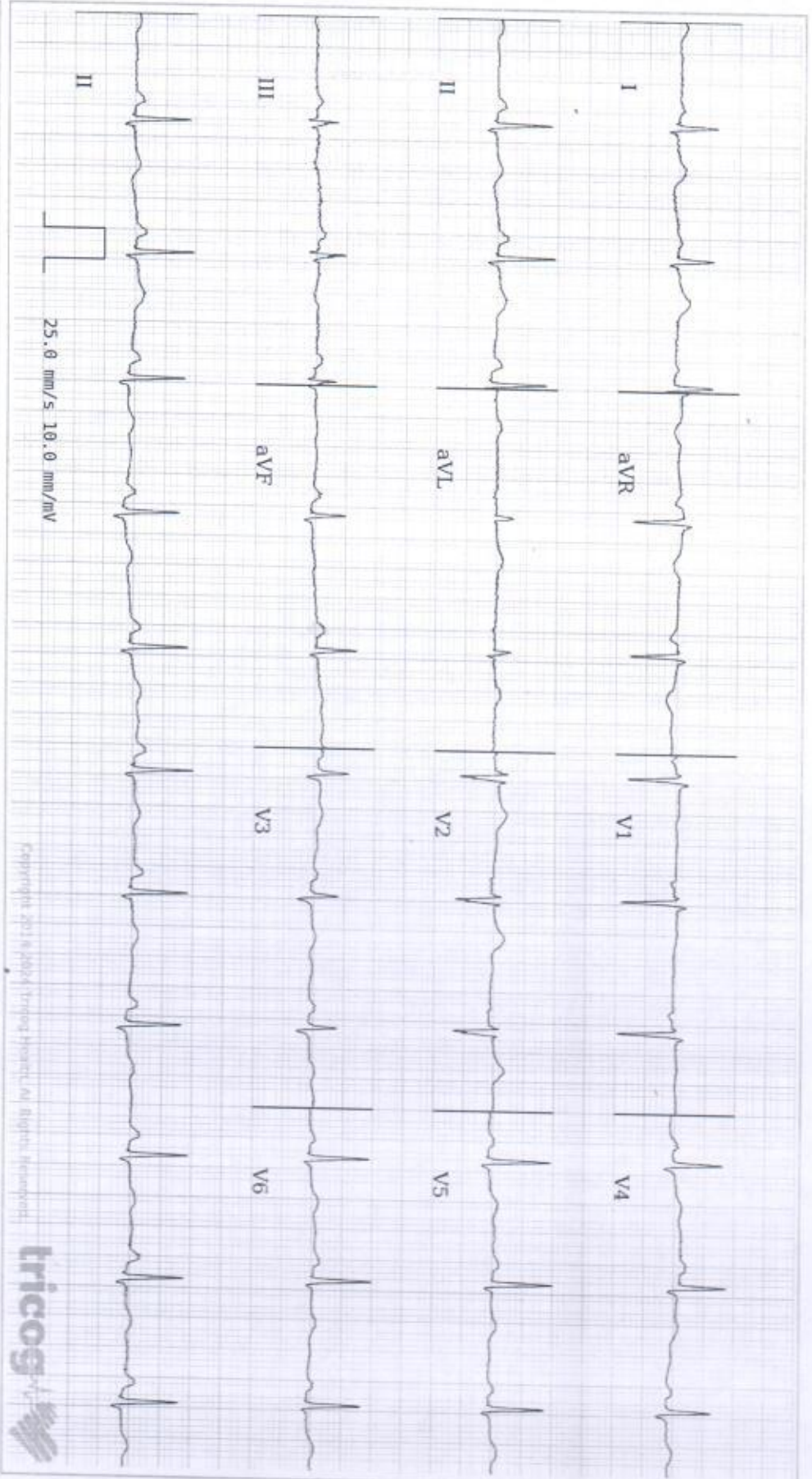
M.B.B.S MD (Medicine)

Reg No 39452

Patient Name: JAYSHREE MEHATA
Patient ID: 2400514734

SUBURBAN DIAGNOSTICS - SWARGATE, PUNE

Date and Time: 5th Jan 24 9:35 AM



25.0 mm/s 10.0 mm/mV

Preprinted on 10/10/24. Printed on 01/24/24. Rights Reserved.



Age 55 NA NA
years months days

Gender Female

Heart Rate 71bpm

Patient Vitals

BP: 120/80 mmHg

Weight: 75 kg

Height: 160 cm

Pulse: NA

SpO2: NA

Resp: NA

Others:

Measurements

QRSD: 84ms

QT: 422ms

QTcB: 458ms

PR: 152ms

P-R-T: 70° 50° 24°

REPORTED BY

[Signature]

DR ISHWARLAL BHAMB
M.B.B.S MD (MEDICINE)
cardiologist
39452

Sinus Rhythm RSR' IN V1 V2. Please correlate clinically.

SUBURBAN DIAGNOSTICS PVT. LTD.
Seraph Centre, Opp. Pentagon Mall,
Near Panchami Hotel,
Chhatra College Road, Pune-411 009
Tel: 020-41094509

Disclaimer: 1) Analysis in this report is based on ECG alone and should be used as an adjunct to clinical history. 2) Patient vitals are as entered by the clinician and not derived from the ECG.

Dr. I. U. BAMB
M.B.B.S., M.D. (Medicine)
Reg. No. 39452

CID : 2400514734
Name : Mrs JAYSHREE MEHATA
Age / Sex : 55 Years/Female
Ref. Dr :
Reg. Location : Swargate, Pune Main Centre

Reg. Date : 05-Jan-2024
Reported : 05-Jan-2024 / 11:01

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ULTRASOUND ABDOMEN & PELVIS

LIVER: Size, shape and echopattern are normal. No focal lesions noted. No IHBR dilatation. Hepatic veins appear normal. Portal vein and common bile duct show normal caliber.

GALL BLADDER : Partially distended. No evidence of any pericholecystic collection.

PANCREAS : Normal in size and echotexture. Pancreatic duct is normal.

SPLEEN : Normal in size and echopattern. No focal lesion. Splenic vein is normal.

RIGHT KIDNEY : Measures 8.3 x 3.8 cm. Normal in size and echogenicity. No calculus or hydronephrosis. Corticomedullary differentiation is maintained.

LEFT KIDNEY : Measures 9.0 x 4.3 cm. Normal in size and echogenicity. No calculus or hydronephrosis. Corticomedullary differentiation is maintained.

Retroperitoneum, paraaortic and flanks obscured due to excessive bowel gas.
Prominent bowel loops seen in the abdomen.
Paraaortic and paracaval region appears to be normal.
No evidence of lymphnodes noted.
No free fluid in abdomen.

URINARY BLADDER : Well distended. No calculi. Wall thickness is normal.

UTERUS : Not visualized -post operative status.

IMPRESSION : USG Abdomen and pelvis study is within normal limits.

Clinical correlation is indicated. -----End of Report-----

DR. NIKHIL G. JOSHI
M.B.B.S., D.M.R.E.
REG. NO. 2001/02/397

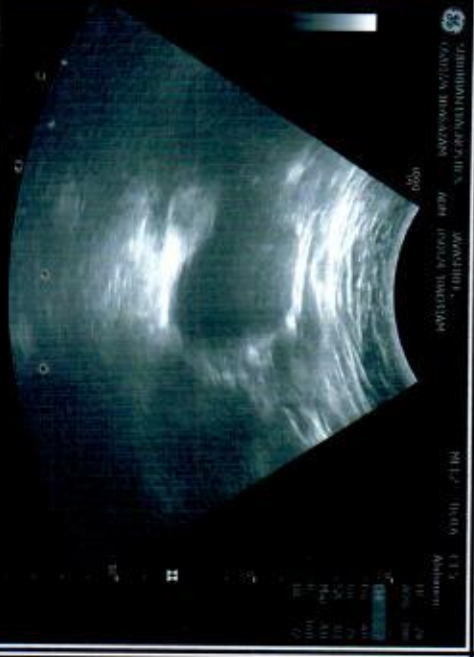
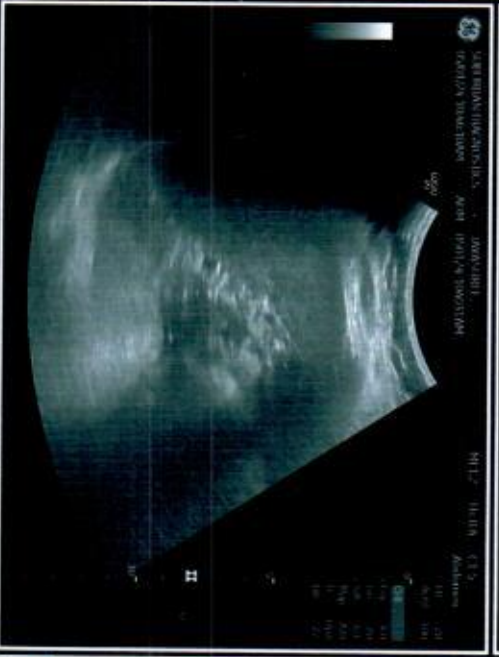
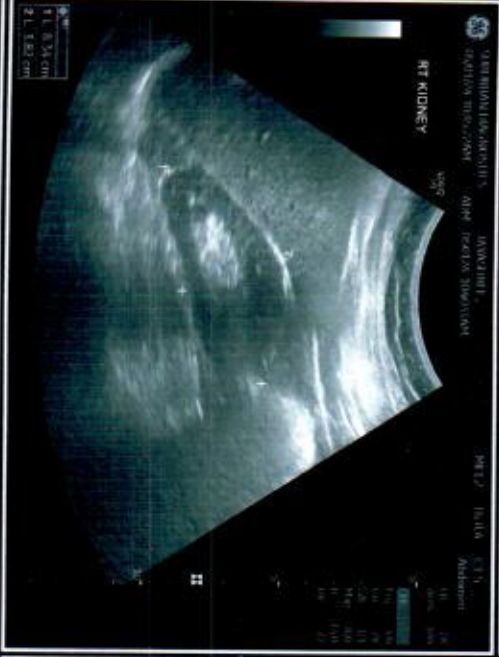
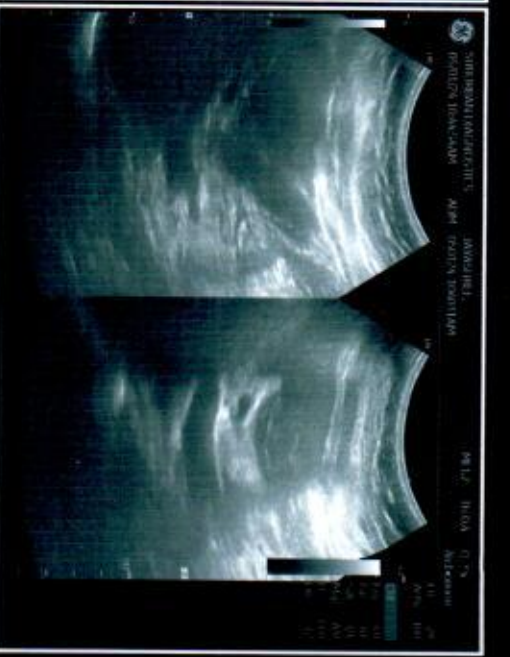
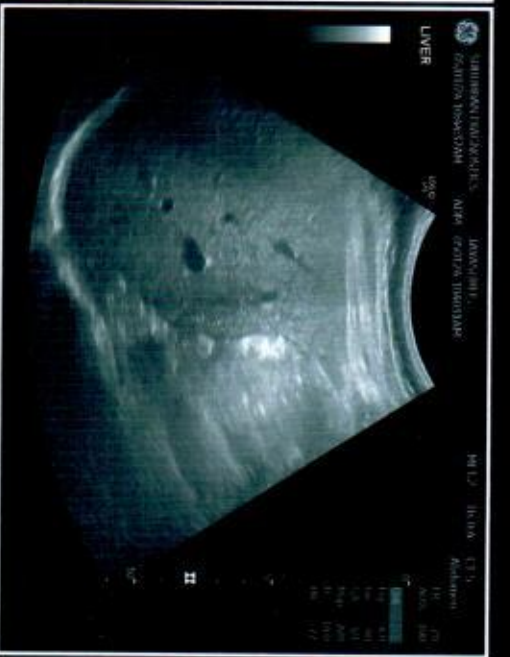
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05 Jan 2024

Name : JAYASHREE

SUBURBAN DIAGNOSTICS PVT LTD PUNE SWARGATE



5/1/2024

TO

Suburban Diagnostics
Satara Road, Pune

Dear Sir/Mam

I have availed full body Health
check up arranged by Bank of
Baroda. But due to some reason
I don't want to do Papsmeaz test

Thanks for the cooperation

ABHINAV

Mrs Jayashri Rajendra Menta
Bank of Baroda
Mahad BR

Patient Name: Mrs. Jayashree Mehata Ref : Arcofemi Healthcare

Age /Sex: 55/F

Date: 05/01/2024

C.I.D.: 2400514734

2D ECHO REPORT

Findings:-

- Normal chamber dimensions
- No Regional wall motion abnormality.
- No concentric LVH
- Good LV systolic function, LVEF-60%
- Normal cardiac valves
- Intact IAS/IVS.
- No LV Clot /PE/Vegetation.

DOPPLER:-

- No LV DD
- No PH, RVSP- 20 mm HG
- No AS/AR/Trivial MR/Grade I TR

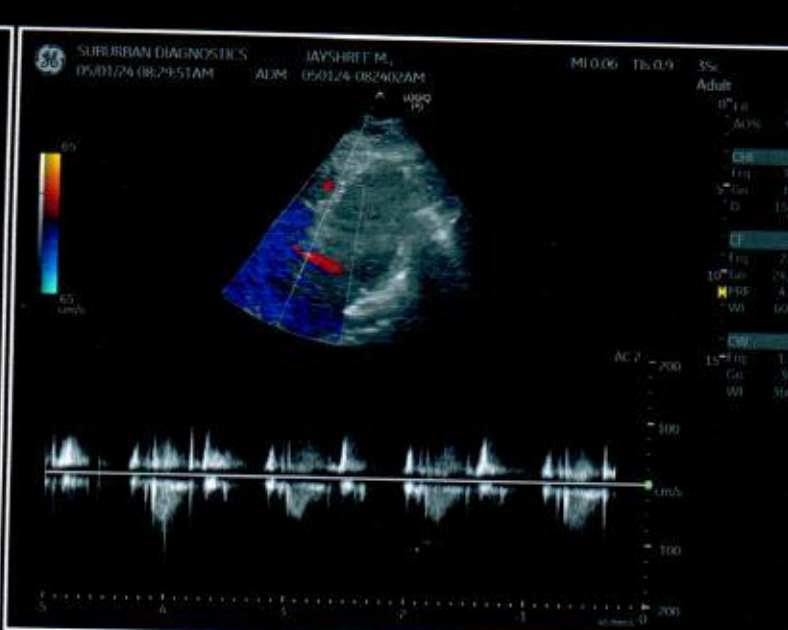
Measurements (mm):- AO-25, LA-25, IVS-9, PW-9, LVIDd-40, LVIDs-28, LVEF-60%

Impression:- NORMAL STUDY WITH GOOD LV FUNCTION (LVEF-60%)



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

Dr RAJESH WAGH
MD (MEDICINE), DM (CARDIOLOGY).
Reg.No.2006/03/1928



CID : 2400514734
Name : Mrs JAYSHREE MEHATA
Age / Sex : 55 Years/Female
Ref. Dr :
Reg. Location : Swargate, Pune Main Centre

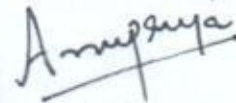
Use a QR Code Scanner
Application To Scan the Code
Reg. Date : 05-Jan-2024
Reported : 05-Jan-2024 / 17:25

X-RAY CHEST PA VIEW

Both lung fields are clear.
Both costophrenic angles are clear.
The cardiac size and shape are within normal limits.
The domes of diaphragm are normal in position and outlines.
The skeleton under review appears normal.

IMPRESSION:
NO SIGNIFICANT ABNORMALITY IS DETECTED.

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



DR. ANUPRIYA BATRA
MD Radiology
Reg. No. 2021/12/8725

Click here to view images <<ImageLink>>

भारत सरकार
Government of India

जयश्री राजेंद्र मेहता
JAYASHRI RAJENDRA MEHTA
जन्म तारीख/DOB: 12/08/1968
महिला/ FEMALE

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माझे आधार, माझी ओळख

Issue Date: 14/12/2011



Rajendra

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