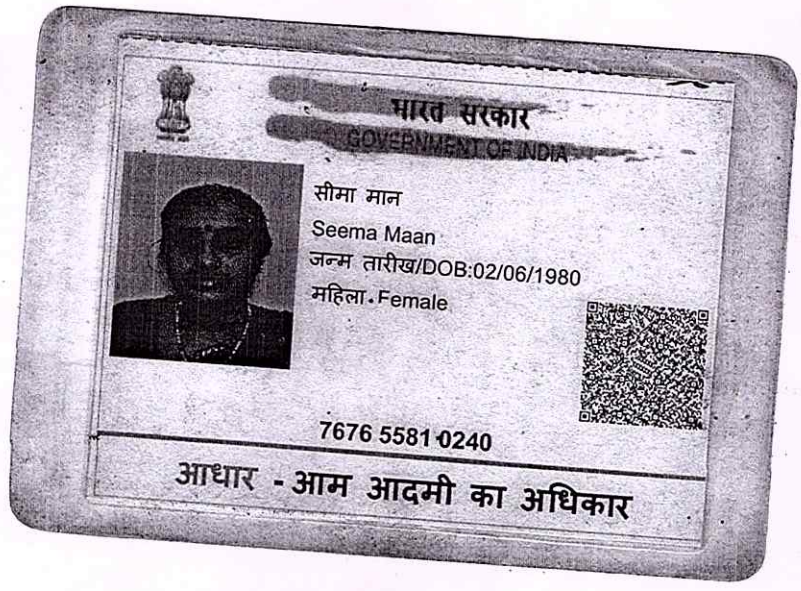

सीमा मान

Dr. PIYUSH GOYAL
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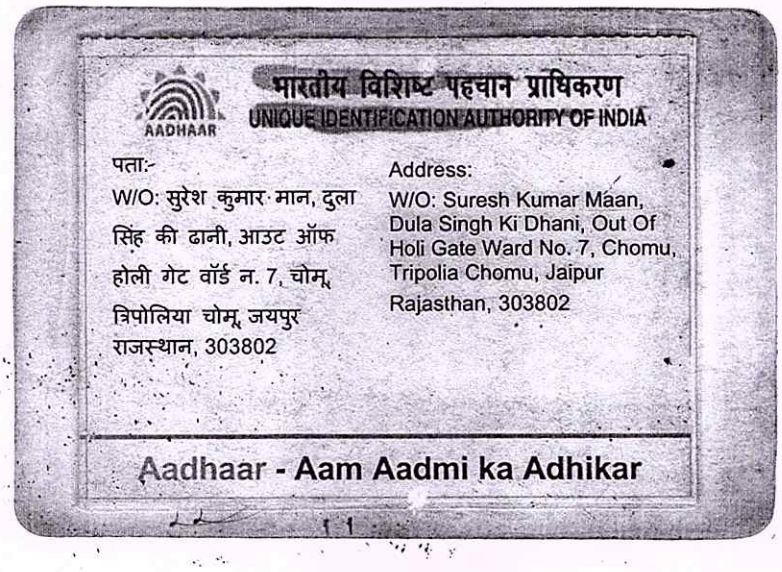
RMC No. 037041



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General Physical Examination

Date of Examination: 23/03/2024

Name: SEEMA MAAN Age: 43yrs DOB: 02/06/1980 Sex: Male

Referred By: UNION BANK

Photo ID: ~~AADHAR~~ ID #: 0240

Ht: 156 (cm) Wt: 68 (Kg)

Chest (Expiration): 89 (cm) Abdomen Circumference: 86 (cm)

Blood Pressure: 120/80 mm Hg PR: 79 / min RR: 17 / min Temp: Afebrile

BMI 27.9

Eye Examination: R/E, 6/6, N/6, NCB
L/E 6/6 N/6 NCB

Other: No

On examination he/she appears physically and mentally fit: ✓~~Yes~~ / No

Signature Of Examine : सीमा मान Name of Examinee: Seema Maan

Dr. PIYUSH GOYAL
MBBS, DMRD (Radiologist)
RMC No.-037041

Signature Medical Examiner : Name Medical Examiner Dr. piyush goyal

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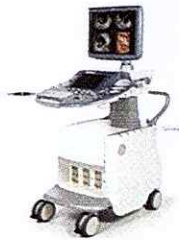

NAME :- Mrs. SEEMA MAAN		Patient ID :-12234952	Date :- 23/03/2024 09:10:33
Age :-	43 Yrs 9 Mon 21 Days	Ref. By Doctor:-UNION BANK	
Sex :-	Female	Lab/Hosp :-	
		Company :-	Mr.MEDIWHEEL

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HAEMOGARAM

HAEMATOLOGY

Test Name	Value	Unit	Biological Ref Interval
FULL BODY HEALTH CHECKUP ABOVE 40FEMALE			
HAEMOGLOBIN (Hb)	**11.5** L	g/dL	12.0 - 15.0
TOTAL LEUCOCYTE COUNT	7.00	/cumm	4.00 - 10.00
DIFFERENTIAL LEUCOCYTE COUNT			
NEUTROPHIL	54.0	%	40.0 - 80.0
LYMPHOCYTE	39.0	%	20.0 - 40.0
EOSINOPHIL	3.0	%	1.0 - 6.0
MONOCYTE	4.0	%	2.0 - 10.0
BASOPHIL	0.0	%	0.0 - 2.0
TOTAL RED BLOOD CELL COUNT (RBC)	3.95	x10^6/uL	3.80 - 4.80
HEMATOCRIT (HCT)	36.30	%	36.00 - 46.00
MEAN CORP VOLUME (MCV)	92.0	fL	83.0 - 101.0
MEAN CORP HB (MCH)	29.1	pg	27.0 - 32.0
MEAN CORP HB CONC (MCHC)	31.6	g/dL	31.5 - 34.5
PLATELET COUNT	364	x10^3/uL	150 - 410
RDW-CV	13.5	%	11.6 - 14.0

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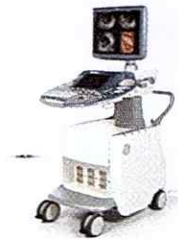

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HAEMATOLOGY

Erythrocyte Sedimentation Rate (ESR)	18	mm in 1st hr	00 - 20

Methord:- Westergreen

The erythrocyte sedimentation rate (ESR or sed rate) is a relatively simple, inexpensive, non-specific test that has been used for many years to help detect inflammation associated with conditions such as infections, cancers, and autoimmune diseases.ESR is said to be a non-specific test because an elevated result often indicates the presence of inflammation but does not tell the health practitioner exactly where the inflammation is in the body or what is causing it. An ESR can be affected by other conditions besides inflammation. For this reason, the ESR is typically used in conjunction with other tests, such as C-reactive protein.ESR is used to help diagnose certain specific inflammatory diseases, including temporal arteritis, systemic vasculitis and polymyalgia rheumatica. (For more on these, read the article on Vasculitis.) A significantly elevated ESR is one of the main test results used to support the diagnosis.This test may also be used to monitor disease activity and response to therapy in both of the above diseases as well as

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(CBC): Methodology: TLC,DLC Fluorescent Flow cytometry, HB SLS method,TRBC,PCV,PLT Hydrodynamically focused Impedance. and **MCH,MCV,MCHC,MENTZER INDEX** are calculated. **InstrumentName:** Sysmex 6 part fully automatic analyzer XN-L,Japan

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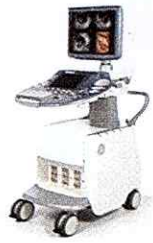

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BIOCHEMISTRY

Test Name	Value	Unit	Biological Ref Interval
FASTING BLOOD SUGAR (Plasma) Methord:- GOD POD	86.3	mg/dl	70.0 - 115.0

Impaired glucose tolerance (IGT)	111 - 125 mg/dL
Diabetes Mellitus (DM)	> 126 mg/dL

Instrument Name: HORIBA CA60 Interpretation: Elevated glucose levels (hyperglycemia) may occur with diabetes, pancreatic neoplasm,
hyperthyroidism and adrenal cortical hyper-function as well as other disorders.Decreased glucose levels(hypoglycemia) may result from excessive insulin
therapy or various liver diseases .

BLOOD SUGAR PP (Plasma) Methord:- GOD PAP	91.3	mg/dl	70.0 - 140.0

Instrument Name: HORIBA Interpretation: Elevated glucose levels (hyperglycemia) may occur with diabetes, pancreatic neoplasm, hyperthyroidism and adrenal cortical hyper-function as well as other disorders.Decreased glucose levels(hypoglycemia) may result from excessive insulin therapy or various liver diseases .

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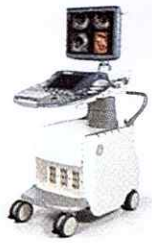

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HAEMATOLOGY

Test Name	Value	Unit	Biological Ref Interval
GLYCOSYLATED HEMOGLOBIN (HbA1C)			
Methord:- CAPILLARY with EDTA	5.4	mg%	Non-Diabetic < 6.0 Good Control 6.0-7.0 Weak Control 7.0-8.0 Poor control > 8.0
MEAN PLASMA GLUCOSE Methord:- Calculated Parameter	106	mg/dL	68 - 125

INTERPRETATION

AS PER AMERICAN DIABETES ASSOCIATION (ADA)
Reference Group HbA1c in %
Non diabetic adults >=18 years < 5.7
At risk (Prediabetes) 5.7 - 6.4
Diagnosing Diabetes >= 6.5

CLINICAL NOTES

In vitro quantitative determination of HbA1c in whole blood is utilized in long term monitoring of glycemia.The HbA1c level correlates with the mean glucose concentration prevailing in the course of the patient's recent history (approx - 6-8 weeks) and therefore provides much more reliable information for glycemia monitoring than do determinations of blood glucose or urinary glucose. It is recommended that the determination of HbA1c be performed at intervals of 4-6 weeks during Diabetes Mellitus therapy. Results of HbA1c should be assessed in conjunction with the patient's medical history, clinical examinations and other findings.

Some of the factors that influence HbA1c and its measurement [Adapted from Gallagher et al]

1. Erythropoiesis
- Increased HbA1c: iron, vitamin B12 deficiency, decreased erythropoiesis.
- Decreased HbA1c: administration of erythropoietin, iron, vitamin B12, reticulocytosis, chronic liver disease.

2. Altered Haemoglobin-Genetic or chemical alterations in hemoglobin: hemoglobinopathies, HbF, methemoglobin, may increase or decrease HbA1c.

3. Glycation
- Increased HbA1c: alcoholism, chronic renal failure, decreased intraerythrocytic pH.
- Decreased HbA1c: certain hemoglobinopathies, increased intra-erythrocyte pH

.4. Erythrocyte destruction
- Increased HbA1c: increased erythrocyte life span: Splenectomy.
- Decreased A1c: decreased RBC life span: hemoglobinopathies, splenomegaly, rheumatoid arthritis or drugs such as antiretrovirals, ribavirin & dapsone.

5. Others
- Increased HbA1c: hyperbilirubinemia, carbamylated hemoglobin, alcoholism, large doses of aspirin, chronic opiate use,chronic renal failure
- Decreased HbA1c: hypertriglyceridemia,reticulocytosis, chronic liver disease, aspirin, vitamin C and E,splenomegaly, rheumatoid arthritis or drugs

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HAEMATOLOGY

BLOOD GROUP ABO Methord:- Haemagglutination reaction	"A" POSITIVE

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BIOCHEMISTRY

Test Name	Value	Unit	Biological Ref Interval
LIPID PROFILE			
TOTAL CHOLESTEROL Methord:- CHOD-PAP methodology	190.00	mg/dl	Desirable <200 Borderline 200-239 High> 240
InstrumentName:MISPA PLUS **Interpretation:** Cholesterol measurements are used in the diagnosis and treatments of lipid lipoprotein metabolism disorders.			
TRIGLYCERIDES Methord:- GPO-PAP.	49.00	mg/dl	Normal <150 Borderline high 150-199 High 200-499 Very high >500
InstrumentName:Randox Rx Imola **Interpretation** : Triglyceride measurements are used in the diagnosis and treatment of diseases involving lipid metabolism and various endocrine disorders e.g. diabetes mellitus, nephrosis and liver obstruction.			
DIRECT HDL CHOLESTEROL Methord:- Direct clearance Method	18.90	mg/dl	MALE- 30-70 FEMALE - 30-85
Instrument Name:Rx Daytona plus **Interpretation:** An inverse relationship between HDL-cholesterol (HDL-C) levels in serum and the incidence/prevalence of coronary heart disease (CHD) has been demonstrated in a number of epidemiological studies.Accurate measurement of HDL-C is of vital importance when assessing patient risk from CHD. Direct measurement gives improved accuracy and reproducibility when compared to precipitation methods.			
LDL CHOLESTEROL Methord:- Calculated Method	**162.93** H	mg/dl	Optimal <100 Near Optimal/above optimal 100-129 Borderline High 130-159 High 160-189 Very High > 190
Interpretation: Accurate measurement of LDL-Cholesterol is of vital importance in therapies which focus on lipid reduction to prevent atherosclerosis or reduce its progress and to avoid plaque rupture.			
VLDL CHOLESTEROL Methord:- Calculated	9.80	mg/dl	0.00 - 80.00
T.CHOLESTEROL/HDL CHOLESTEROL RATIO Methord:- Calculated	**10.05** H		0.00 - 4.90

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BIOCHEMISTRY

LDL / HDL CHOLESTEROL RATIO Methord:- Calculated	**8.62** H		0.00 - 3.50
TOTAL LIPID Methord:- CALCULATED	497.74	mg/dl	400.00 - 1000.00

1. Measurements in the same patient can show physiological& analytical variations. Three serialsamples 1 week apart are recommended for Total Cholesterol, Triglycerides, HDL& LDL Cholesterol.
2. As per NCEP guidelines, all adults above the age of 20 years should be screened for lipid status.Selective screening of children above the age of 2 years with a family history of premature cardiovascular disease or those with at least one parent with high total cholesterol is recommended
3. Low HDL levels are associated with Coronary Heart Disease due to insufficient HDL being available to participate in reverse cholesterol transport, the process by which cholesterol is eliminated fromperipheral tissues.

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BIOCHEMISTRY

LIVER PROFILE WITH GGT

SERUM BILIRUBIN (TOTAL) Methord:- DMSO/Diazo	0.56	mg/dL	Infants : 0.2-8.0 mg/dL Adult - Up to - 1.2 mg/dL
SERUM BILIRUBIN (DIRECT) Methord:- DMSO/Diazo	0.21	mg/dL	Up to 0.40 mg/dL
SERUM BILIRUBIN (INDIRECT) Methord:- Calculated	0.35	mg/dl	0.30-0.70
SGOT Methord:- IFCC	22.6	U/L	0.0 - 40.0
SGPT Methord:- IFCC	30.2	U/L	0.0 - 35.0
SERUM ALKALINE PHOSPHATASE Methord:- DGKC - SCE	86.60	U/L	64.00 - 306.00

InstrumentName:MISPA PLUS **Interpretation**:Measurements of alkaline phosphatase are of use in the diagnosis, treatment and investigation of hepatobilary disease and in bone disease associated with increased osteoblastic activity. Alkaline phosphatase is also used in the diagnosis of parathyroid and intestinal disease.

SERUM GAMMA GT Methord:- Szasz methodology Instrument Name Randox Rx Imola	25.30	U/L	5.00 - 32.00

Interpretation: Elevations in GGT levels areseen earlier and more pronounced than those with other liver enzymes in cases of obstructive jaundice and metastatic neoplasms. It may reach 5 to 30 times normal levels in intra-or post-hepatic biliary obstruction. Only moderate elevations in the enzyme level (2 to 5 times normal)are observed with infectious hepatitis.

SERUM TOTAL PROTEIN Methord:- Direct Biuret Reagent	6.96	g/dl	6.00 - 8.40
SERUM ALBUMIN Methord:- Bromocresol Green	4.25	g/dl	3.50 - 5.50
SERUM GLOBULIN Methord:- CALCULATION	2.71	gm/dl	2.20 - 3.50
A/G RATIO	1.57		1.30 - 2.50

Interpretation : Measurements obtained by this method are used in the diagnosis and treatment of a variety of diseases involving the liver, kidney and bone marrow as well as other metabolic or nutritional disorders.

Note :- These are group of tests that can be used to detect the presence of liver disease, distinguish among different types of liver disorders, gauge the extent of known liver damage, and monitor the response to treatment. Most liver diseases cause only mild symptoms initially, but these diseases must be detected early. Some tests are associated with functionality (e.g., albumin), some with cellular integrity (e.g., transaminase), and some with conditions linked to the biliary tract (gamma-glutamyl transferase and alkaline phosphatase). Conditions with elevated levels of ALT and AST include hepatitis A,B ,C ,paracetamol toxicity etc.Several biochemical tests are useful in the evaluation and management of patients with hepatic dysfunction. Some or all of these measurements are also carried out (usually about twice a year for routine cases) on those individuals taking certain medications, such as

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BIOCHEMISTRY

RFT / KFT WITH ELECTROLYTES

SERUM UREA Methord:- Urease/GLDH	25.10	mg/dl	10.00 - 50.00

InstrumentName: HORIBA CA 60 **Interpretation** : Urea measurements are used in the diagnosis and treatment of certain renal and metabolic diseases.

SERUM CREATININE Methord:- Jaffe's Method	0.74	mg/dl	Males : 0.6-1.50 mg/dl Females : 0.6 -1.40 mg/dl

Interpretation :
Creatinine is measured primarily to assess kidney function and has certain advantages over the measurement of urea. The plasma level of creatinine is relatively independent of protein ingestion, water intake, rate of urine production and exercise. Depressed levels of plasma creatinine are rare and not clinically significant.

SERUM URIC ACID	4.32	mg/dl	2.40 - 7.00

InstrumentName:HORIBA YUMIZEN CA60 Daytona plus **Interpretation**: **Elevated Urate**:High purine diet,Alcohol• Renal insufficiency,Drugs , Polycythaemia vera, Malignancies,Hypothyroidism,Rare enzyme defects ,Downs syndrome,Metabolic syndrome, Pregnancy,Gout.

SODIUM Methord:- ISE	142.0	mmol/L	135.0 - 150.0
POTASSIUM Methord:- ISE	4.58	mmol/L	3.50 - 5.50
CHLORIDE Methord:- ISE	103.9	mmol/L	94.0 - 110.0
SERUM CALCIUM Methord:- Arsenazo III Method	9.21	mg/dL	8.80 - 10.20

InstrumentName:MISPA PLUS **Interpretation**: Serum calcium levels are believed to be controlled by parathyroid hormone and vitamin D. Increases in serum PTH or vitamin D are usually associated with hypercalcemia .Hypocalcemia may be observed in hypoparathyroidism, nephrosis and pancreatitis.

SERUM TOTAL PROTEIN Methord:- Direct Biuret Reagent	6.96	g/dl	6.00 - 8.40
SERUM ALBUMIN Methord:- Bromocresol Green	4.25	g/dl	3.50 - 5.50
SERUM GLOBULIN Methord:- CALCULATION	2.71	gm/dl	2.20 - 3.50
A/G RATIO	1.57		1.30 - 2.50

Interpretation : Measurements obtained by this method are used in the diagnosis and treatment of a variety of dis ... liver, kidney and

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BIOCHEMISTRY

bone marrow as well as other metabolic or nutritional disorders.

INTERPRETATION

Kidney function tests are group of tests that can be used to evaluate how well the kidneys are functioning. Creatinine is a waste product that comes from protein in the diet and also comes from the normal wear and tear of muscles of the body. In blood, it is a marker of GFR .in urine, it can remove the need for 24-hourcollections for many analytes or be used as a quality assurance tool to assess the accuracy of a 24-hour collection Higher levels may be a sign that the kidneys are not working properly. As kidney disease progresses, the level of creatinine and urea in the bloodincreases. Certain drugs are nephrotoxic hence KFT is done before and after initiation of treatment with these drugs.

Low serum creatinine values are rare; they almost always reflect low muscle mass

Apart from renal failure Blood Urea can increase in dehydration and GI bleed

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CLINICAL PATHOLOGY

URINE SUGAR (FASTING) Collected Sample Received	Nil	Nil

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TOTAL THYROID PROFILE

IMMUNOASSAY

Test Name	Value	Unit	Biological Ref Interval
THYROID-TRIIODOTHYRONINE T3 Methord:- ECLIA	0.89	ng/mL	0.70 - 2.04
THYROID - THYROXINE (T4) Methord:- ECLIA	5.35	ug/dl	5.10 - 14.10
TSH Methord:- ECLIA	1.241	µIU/mL	0.350 - 5.500

4th Generation Assay,Reference ranges vary between laboratories

. **PREGNANCY - REFERENCE RANGE for TSH IN uIU/mL (As per American Thyroid Association)**
1st Trimester : 0.10-2.50 uIU/mL
2nd Trimester : 0.20-3.00 uIU/mL
3rd Trimester : 0.30-3.00 uIU/mL
The production, circulation, and disintegration of thyroid hormones are altered throughout the stages of pregnancy.
NOTE-TSH levels are subject to circardian variation,reaching peak levels between 2-4 AM and min between 6-10 PM. The variation is the order of 50% hence time of the day has influence on the measures serum TSH concentration.Dose and time of drug intake also influence the test result.

INTERPRETATION
1.Primary hyperthyroidism is accompanied by ↑serum T3 & T4 values along with ↓ TSH level.
2.Primary hypothyroidism is accompanied by ↓ serum T3 and T4 values & ↑serum TSH levels
3.Normal T4 levels accompanied by ↑ T3 levels and low TSH are seen in patients with T3 Thyrotoxicosis
4.Normal or↓ T3 & ↑T4 levels indicate T4 Thyrotoxicosis (problem is conversion of T4 to T3)
5.Normal T3 & T4 along with ↓ TSH indicate mild / Subclinical Hyperthyroidism

. **COMMENTS**: Assay results should be interpreted in context to the clinical condition and associated results of other investigations. Previous treatment with corticosteroid therapy may result in lower TSH levels while thyroid hormone levels are normal. Results are invalidated if the client has undergone a radionuclide scan within 7-14 days before the test.

. **Disclaimer**-TSH is an important marker for the diagnosis of thyroid dysfunction.Recent studies have shown that the TSH distribution progressively shifts to a higher concentration with age ,and it is debatable whether this is due to a real change with age or an increasing proportion of unrecognized thyroid disease in the elderly

. **Reference ranges are from Teitz fundamental of clinical chemistry 8th ed (2018**
Test performed by Instrument : Beckman coulter Dxi 800

. **Note** : The result obtained relate only to the sample given/ received & tested. A single test result is not always indicative of a disease, it has to be correlated with clinical data for interpretation.

**** End of Report ****

Technologist
MGR

DR.TANU RUNGTA
MD (Pathology)
RMC No. 17226

P3 HEALTH SOLUTIONS LLP
(ASSOCIATES OF MAXCARE DIAGNOSTICS)

B-14, Vidhyadhar Enclave-II, Near Axix Bank
Central Spine, Vidhyadhar Nagar, Jaipur - 302023
+91 141 4824885 maxcarediagnostics1@gmail.com

NAME :- Mrs. SEEMA MAAN	Patient ID :-12234952	Date :- 23/03/2024	09:10:33
Age :- 43 Yrs 9 Mon 21 Days	Ref. By Doctor:-UNION BANK		
Sex :- Female	Lab/Hosp :-		
	Company :- Mr.MEDIWHEEL		

Final Authentication : 24/03/2024 11:10:35

CLINICAL PATHOLOGY

Test Name	Value	Unit	Biological Ref Interval
Urine Routine			
PHYSICAL EXAMINATION			
COLOUR	PALE YELLOW		PALE YELLOW
APPEARANCE	Clear		Clear
CHEMICAL EXAMINATION			
REACTION(PH)	5.5		5.0 - 7.5
SPECIFIC GRAVITY	1.025		1.010 - 1.030
PROTEIN	NIL		NIL
SUGAR	NIL		NIL
BILIRUBIN	NEGATIVE		NEGATIVE
UROBILINOGEN	NORMAL		NORMAL
KETONES	NEGATIVE		NEGATIVE
NITRITE	NEGATIVE		NEGATIVE
MICROSCOPY EXAMINATION			
RBC/HPF	NIL	/HPF	NIL
WBC/HPF	2-3	/HPF	2-3
EPITHELIAL CELLS	2-3	/HPF	2-3
CRYSTALS/HPF	ABSENT		ABSENT
CAST/HPF	ABSENT		ABSENT
AMORPHOUS SEDIMENT	ABSENT		ABSENT
BACTERIAL FLORA	ABSENT		ABSENT
YEAST CELL	ABSENT		ABSENT
OTHER	ABSENT		

Technologist
MGR

DR.TANU RUNGTA
MD (Pathology)
RMC No. 17226

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MRS. SEEMA MAAN	**Age : 43 Y/F**
Registration Date: 23/03/2024	**Ref. by: UNION BANK**

CHEST-X RAY (PA VIEW)

Bilateral lung fields appear clear.

Bilateral costo-phrenic angles appear clear.

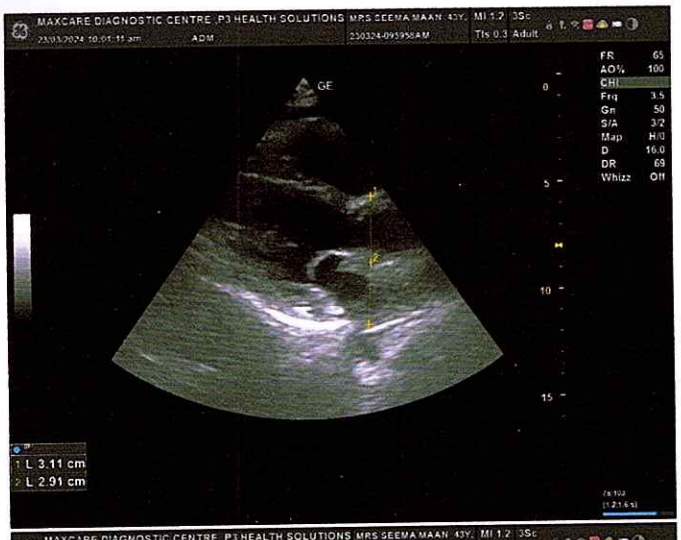
Cardiothoracic ratio is normal.

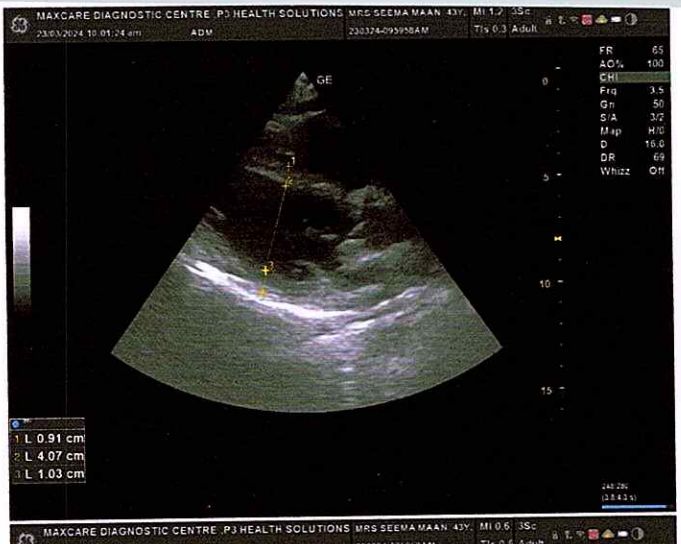
Thoracic soft tissue and skeletal system appear unremarkable.

Soft tissue shadows appear normal.

IMPRESSION: No significant abnormality is detected.

DR.SHALINI GOEL
M.B.B.S, D.N.B (Radiodiagnosis)
RMC no.: 21954


MAXCARE DIAGNOSTIC CENTRE ,P3 HEALTH SOLUTIONS MRS SEEMA MAAN 43Y
ADM
GE
1 L 3.11 cm
2 L 2.91 cm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ADM
GE
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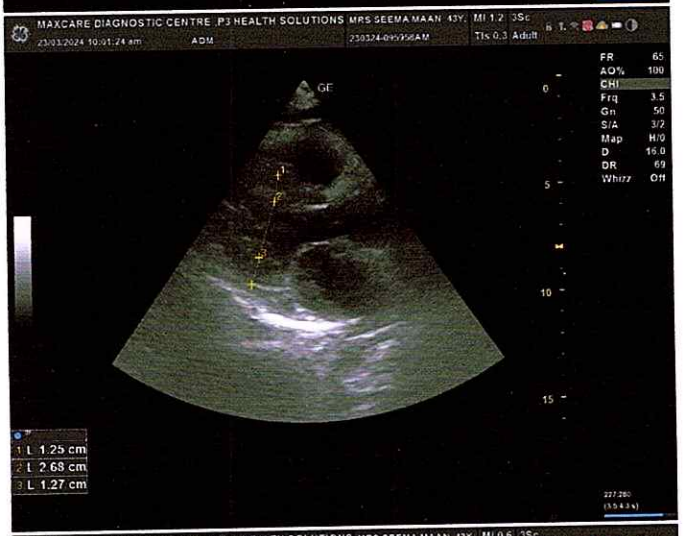
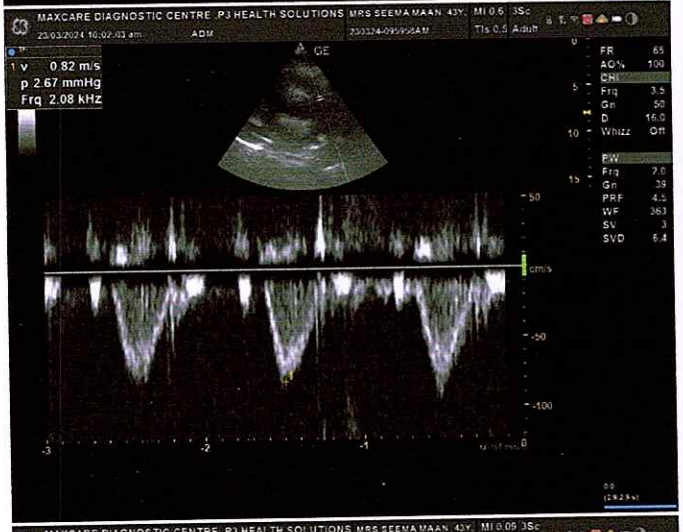
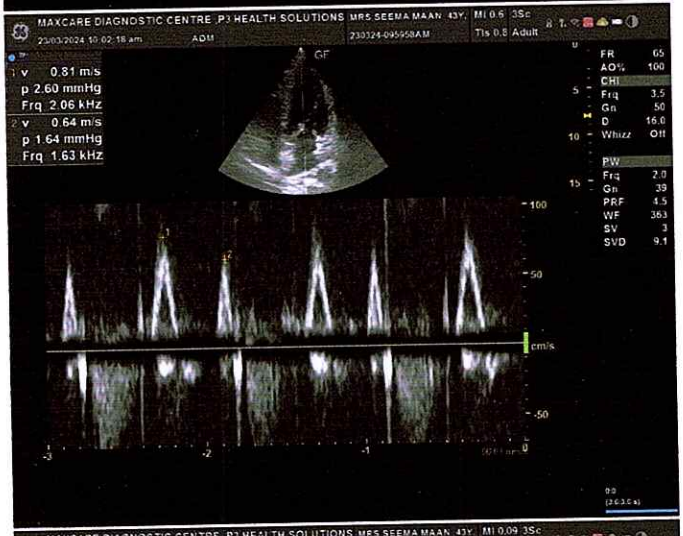
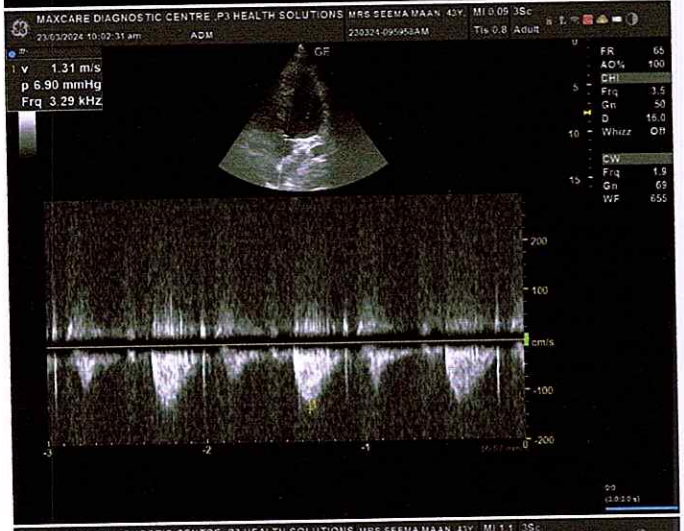
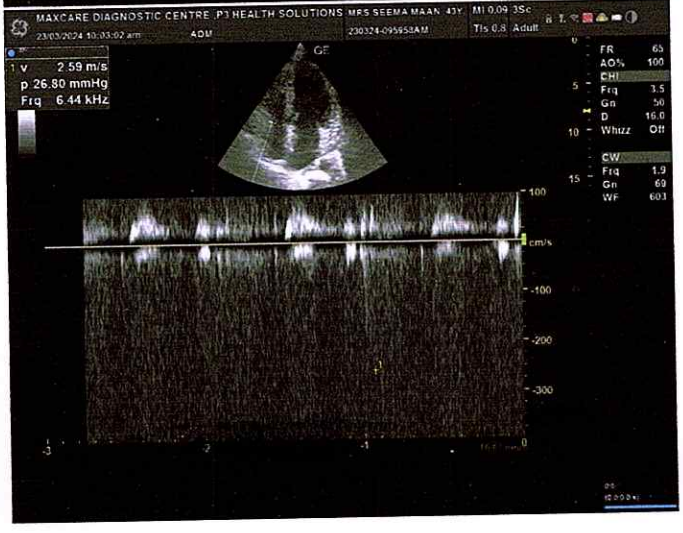
2 L 4.07 cm
3 L 1.03 cm

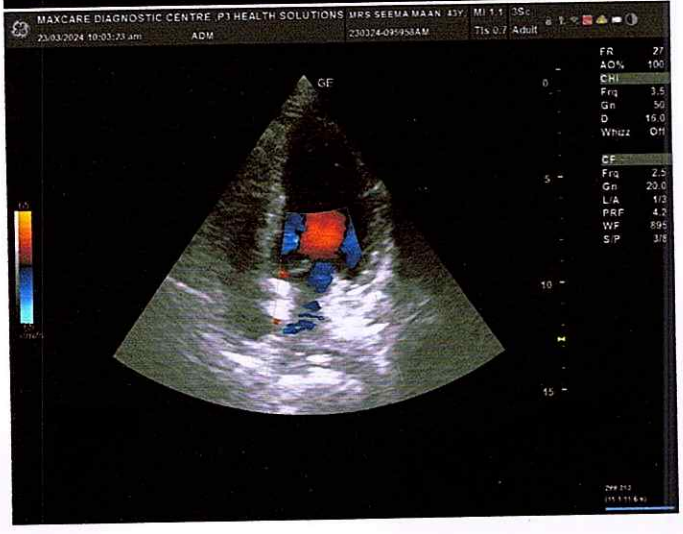

MAXCARE DIAGNOSTIC CENTRE ,P3 HEALTH SOLUTIONS MRS SEEMA MAAN 43Y
ADM
GE
1 L 1.25 cm
2 L 2.68 cm
3 L 1.27 cm


MAXCARE DIAGNOSTIC CENTRE ,P3 HEALTH SOLUTIONS MRS SEEMA MAAN 43Y
ADM
GE
1 v 0.82 m/s
p 2.67 mmHg
Frq 2.08 kHz


MAXCARE DIAGNOSTIC CENTRE ,P3 HEALTH SOLUTIONS MRS SEEMA MAAN 43Y
ADM
GE
1 v 0.81 m/s
p 2.60 mmHg
Frq 2.06 kHz
2 v 0.64 m/s
p 1.64 mmHg
Frq 1.63 kHz


MAXCARE DIAGNOSTIC CENTRE ,P3 HEALTH SOLUTIONS MRS SEEMA MAAN 43Y
ADM
GE
1 v 1.31 m/s
p 6.90 mmHg
Frq 3.29 kHz


MAXCARE DIAGNOSTIC CENTRE ,P3 HEALTH SOLUTIONS MRS SEEMA MAAN 43Y
ADM
GE
1 v 2.59 m/s
p 26.80 mmHg
Frq 6.44 kHz


MAXCARE DIAGNOSTIC CENTRE ,P3 HEALTH SOLUTIONS MRS SEEMA MAAN 43Y
ADM
GE

P3 HEALTH SOLUTIONS LLP
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MRS. SEEMA MANN	43 Y/F
Registration Date:23/03/2024	Ref. by: BANK OF BARODA

2D-ECHOCARDIOGRAPHY M.MODE WITH DOPPLER STUDY:

FAIR TRANSTHORACIC ECHOCARIDIOGRAPHIC WINDOW MORPHOLOGY:

MITRAL VALVE	NORMAL	TRICUSPID VALVE	NORMAL
AORTIC VALVE	NORMAL	PULMONARY VALVE	NORMAL

M.MODE EXAMITATION:

AO	3.1	Cm	LA	2.9	cm	IVS-D	0.9	cm
IVS-S	1.2	cm	LVID	4.0	cm	LVSD	2.7	cm
LVPW-D	1.0	cm	LVPW-S	1.2	cm	RV		cm
RVWT		cm	EDV		Ml	LVVS		ml
LVEF	55-60%			RWMA		ABSENT		

CHAMBERS:

LA	NORMAL	RA	NORMAL
LV	NORMAL	RV	NORMAL
PERICARDIUM		NORMAL	

COLOUR DOPPLER:

MITRAL VALVE					
E VELOCITY	0.81	m/sec	PEAK GRADIENT		Mm/hg
A VELOCITY	0.64	m/sec	MEAN GRADIENT		Mm/hg
MVA BY PHT		Cm2	MVA BY PLANIMETRY		Cm2
MITRAL REGURGITATION			MILD		
AORTIC VALVE					
PEAK VELOCITY	1.31	m/sec	PEAK GRADIENT		mm/hg
AR VMAX		m/sec	MEAN GRADIENT		mm/hg
AORTIC REGURGITATION			ABSENT		
TRICUSPID VALVE					
PEAK VELOCITY		m/sec	PEAK GRADIENT		mm/hg
MEAN VELOCITY		m/sec	MEAN GRADIENT		mm/hg
VMax VELOCITY					
TRICUSPID REGURGITATION			MILD		
PULMONARY VALVE					
PEAK VELOCITY	0.82	M/sec.	PEAK GRADIENT		Mm/hg
MEAN VALOCITY			MEAN GRADIENT		Mm/hg
PULMONARY REGURGITATION			ABSENT		

Impression—

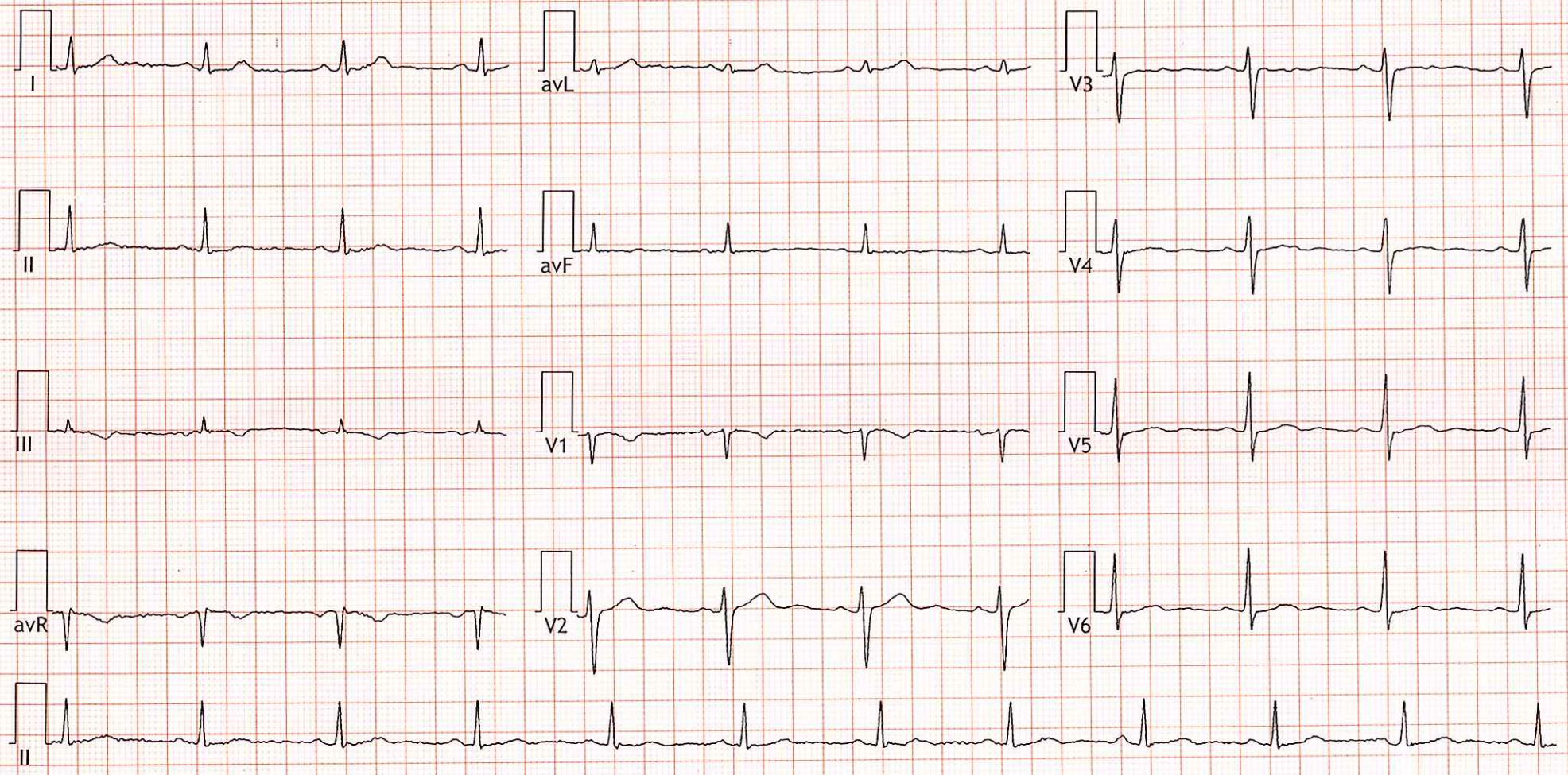
- **NORMAL LV SIZE & CONTRACTILITY.**
- **NO RWMA, LVEF 55-60%.**
- **MILD TR/ PAH (RVSP 26 MMHG+ RAP), MILD MR.**
- **NORMAL DIASTOLIC FUNCTION.**
- **NO CLOT, NO VEGETATION, NO PERICARDIAL EFFUSION.**

Dr. JYOTI AGARWAL
M.B.B.S. PGDCC (Cardiologist)
RMC No. 27255
(Cardiologist)

Tems (P) Ltd
#P3 HEALTH SOLUTIONS LLP B-14, Vidhyadhar nahar , Jaipur
128541925461261/Mrs Seema maan 43Yrs-11Months/Female Kgs/31 Cms BP: ___/___ mmHg HR: 67 bpm
Ref.: UNION BANK Test Date: 23-Mar-2024(2:53:20 P) Notch: 50Hz 0.05Hz - 35Hz 10mm/mV 25mm/Sec

PR Interval: 156 ms
QRS Duration: 162 ms
QT/QTc: 380/403ms
P-QRS-T Axis: 14 - 33 - -6 (Deg)

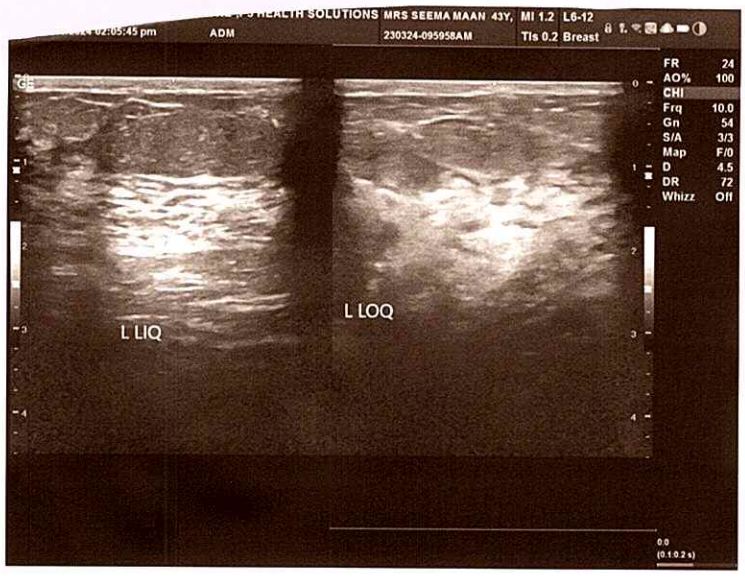
RMS

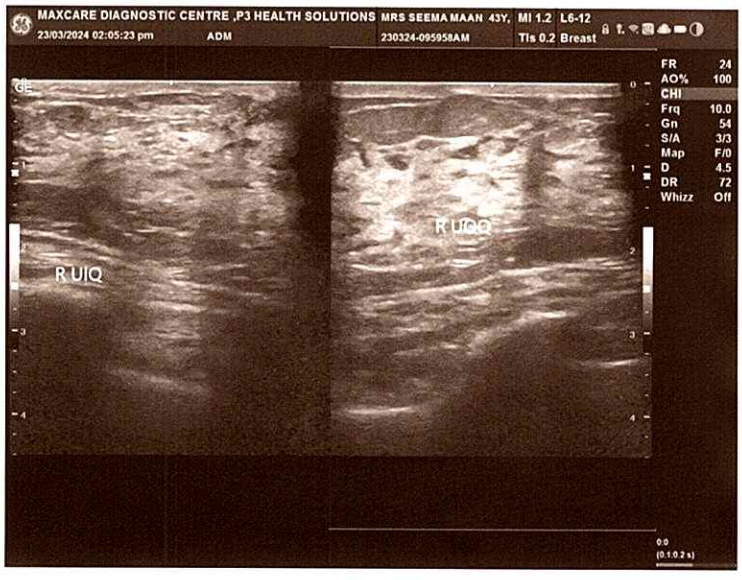


TWML

FINDINGS: Normal Sinus Rhythm
Vent Rate : 67 bpm; **PR Interval :** 156 ms; **QRS Duration:** 162 ms; **QT/QTc Int :** 380/403 ms
P-QRS-T axis: 14• 33• -6• (Deg)
Comments :

Dr. Naresh Kumar Mohanka
RMC No.: 35703
MBBS, DIP CARDIO (ESCORTS)
D.E.M. (RCGP-UK)


MRS SEEMA MAAN 43Y,
MI 1.2 L6-12
ADM
230324-095958AM
TIs 0.2 Breast
FR 24
AO% 100
CHI
Frq 10.0
Gn 54
S/A 3/3
Map F/0
D 4.5
DR 72
Whizz Off
L LIQ
L LOQ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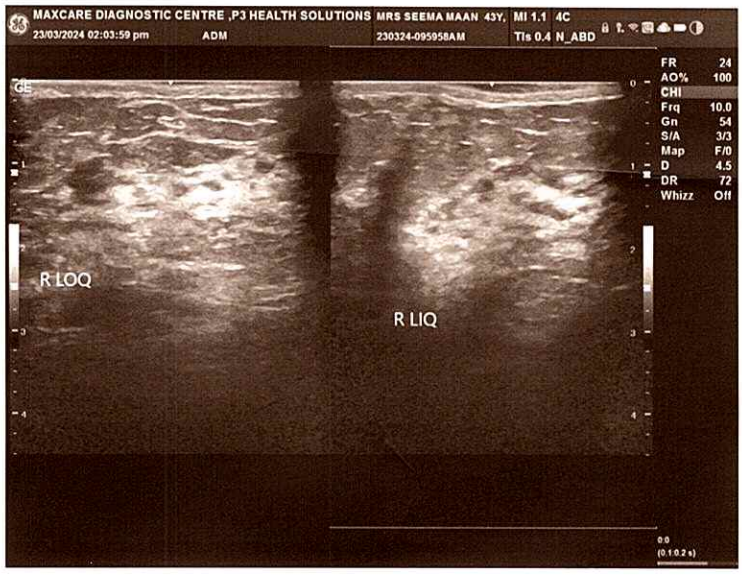
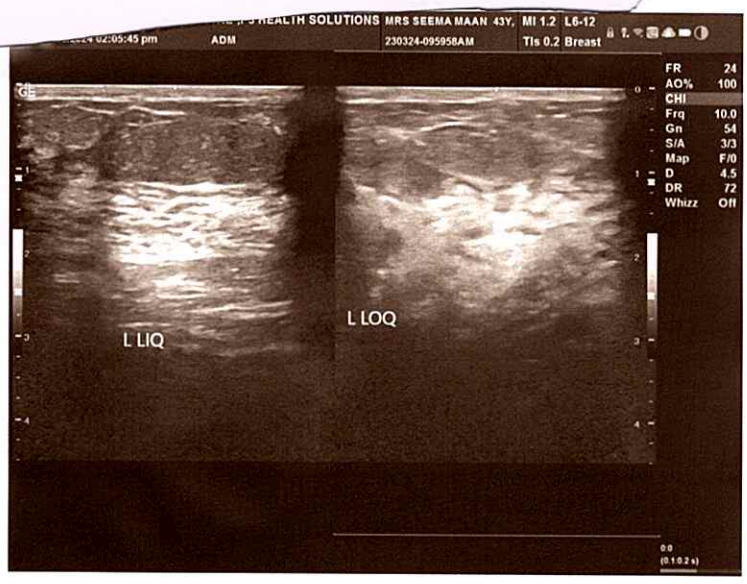
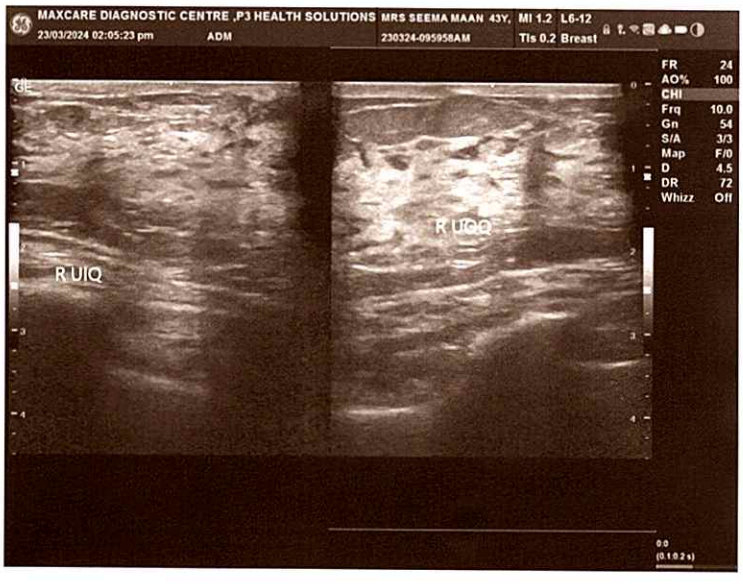
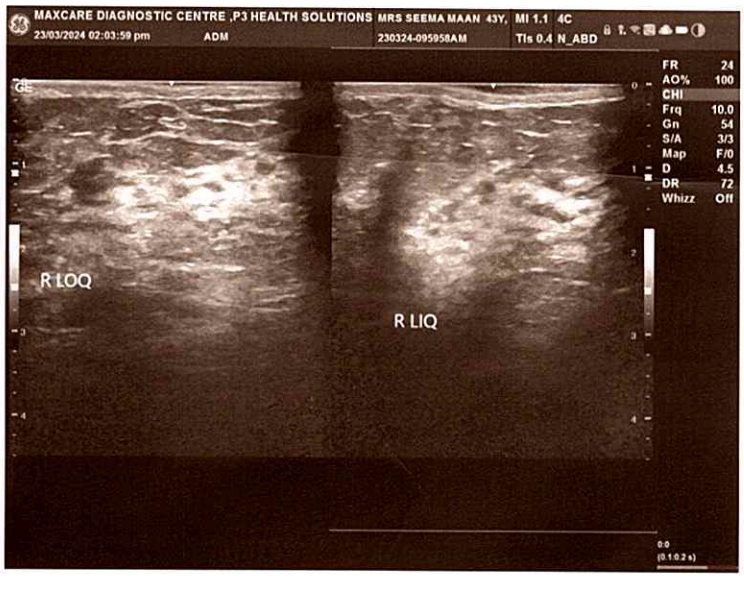
MRS SEEMA MAAN 43Y,
MI 1.2 L6-12
23/03/2024 02:05:23 pm
ADM
230324-095958AM
TIs 0.2 Breast
FR 24
AO% 100
CHI
Frq 10.0
Gn 54
S/A 3/3
Map F/0
D 4.5
DR 72
Whizz Off
R UIQ
R UOQ


MAXCARE DIAGNOSTIC CENTRE ,P3 HEALTH SOLUTIONS
MRS SEEMA MAAN 43Y,
MI 1.1 4C
23/03/2024 02:03:59 pm
ADM
230324-095958AM
TIs 0.4 N_ABD
FR 24
AO% 100
CHI
Frq 10.0
Gn 54
S/A 3/3
Map F/0
D 4.5
DR 72
Whizz Off
R LOQ
R LIQ


MRS SEEMA MAAN 43Y, MI 1.2 L6-12
ADM
230324-095958AM
TIs 0.2 Breast
FR 24
AO% 100
CHI
Frq 10.0
Gn 54
S/A 3/3
Map F/0
D 4.5
DR 72
Whizz Off
L LIQ
L LOQ


MAXCARE DIAGNOSTIC CENTRE ,P3 HEALTH SOLUTIONS
23/03/2024 02:05:23 pm
ADM
MRS SEEMA MAAN 43Y, MI 1.2 L6-12
230324-095958AM
TIs 0.2 Breast
FR 24
AO% 100
CHI
Frq 10.0
Gn 54
S/A 3/3
Map F/0
D 4.5
DR 72
Whizz Off
R UIQ
R UOQ


MAXCARE DIAGNOSTIC CENTRE ,P3 HEALTH SOLUTIONS
23/03/2024 02:03:59 pm
ADM
MRS SEEMA MAAN 43Y, MI 1.1 4C
230324-095958AM
TIs 0.4 N_ABD
FR 24
AO% 100
CHI
Frq 10.0
Gn 54
S/A 3/3
Map F/0
D 4.5
DR 72
Whizz Off
R LOQ
R LIQ

P3 HEALTH SOLUTIONS LLP
(ASSOCIATES OF MAXCARE DIAGNOSTICS)

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MRS. SEEMA MAAN	**Age : 43 Y/F**
Registration Date: 23/03/2024	**Ref. by: UNION BANK**

Ultrasonography report: Breast and Axilla

Both breasts:-

Bilateral breast fibroglandular tissue is mildly echogenic and dense (left > right) - *suggestive of fibroadenosis/fibrocystic disease.* However, no evidence of discernible mass is noted

Skin, subcutaneous tissue and retroareolar region is normal.

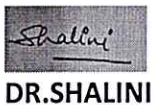
Pre and retro mammary regions are unremarkable.

No obvious cyst, mass or architectural distortion visualized.

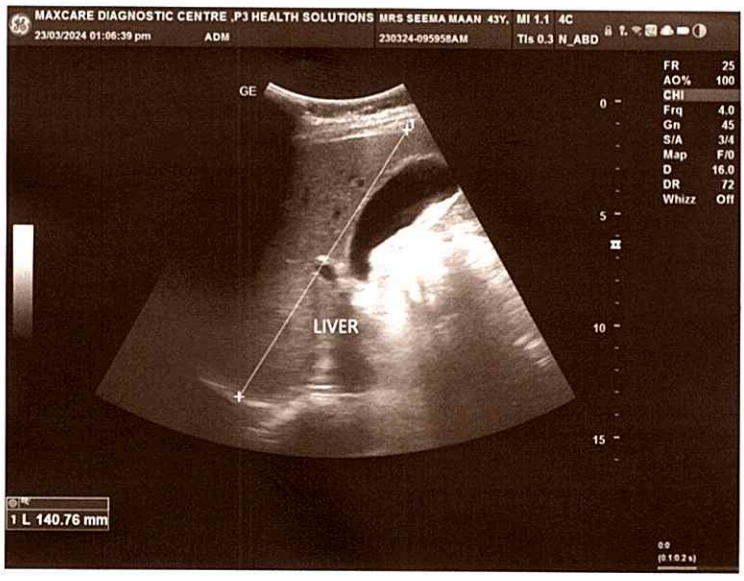
Axillary lymph nodes are not significantly enlarged and their hilar shadows are preserved.

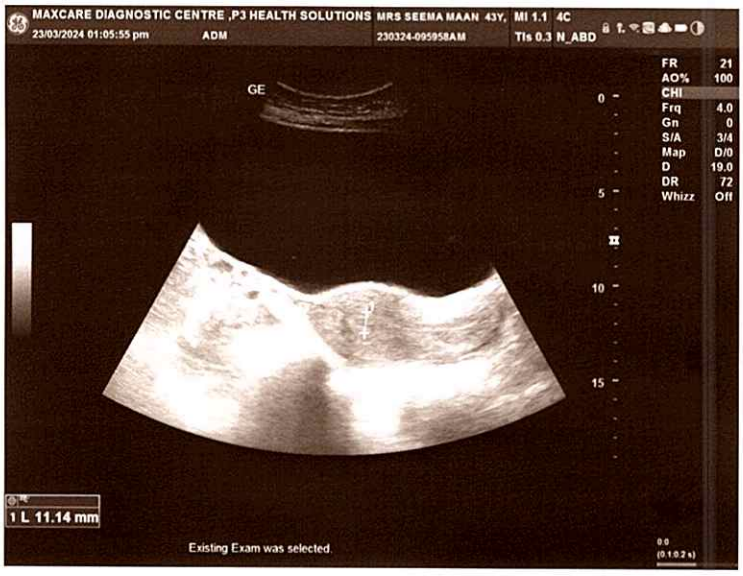
***IMPRESSION*:**

- ***Features suggestive of fibroadenosis as described above. Adv: Clinical correlation***



DR.SHALINI GOEL
M.B.B.S, D.N.B (Radiodiagnosis)
RMC no.: 21954


MAXCARE DIAGNOSTIC CENTRE ,P3 HEALTH SOLUTIONS MRS SEEMA MAAN 43Y, MI 1.1 4C
23/03/2024 01:06:39 pm ADM 230324-095958AM TIs 0.3 N_ABD
GE
LIVER
1 L 140.76 mm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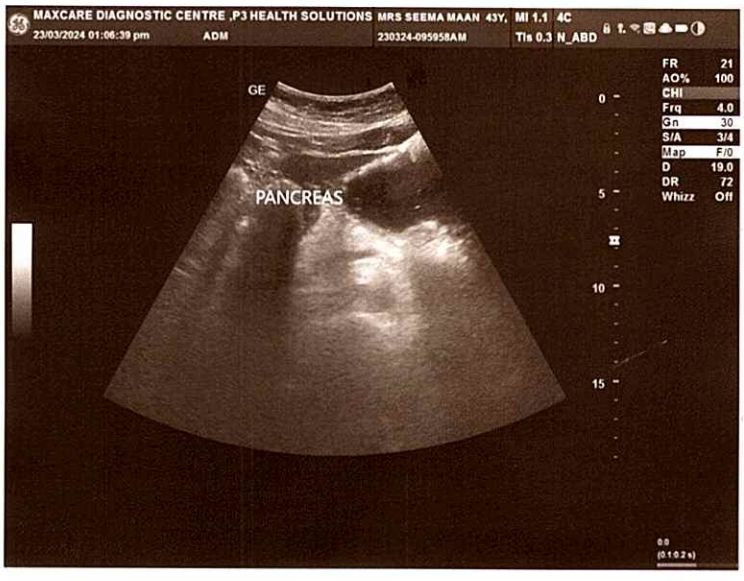
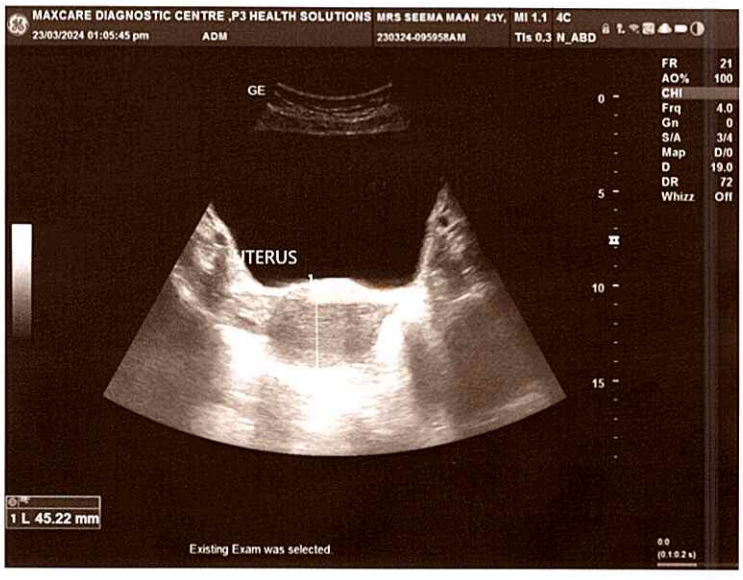
GE
1 L 11.14 mm
Existing Exam was selected.


MAXCARE DIAGNOSTIC CENTRE ,P3 HEALTH SOLUTIONS MRS SEEMA MAAN 43Y, MI 1.1 4C
23/03/2024 01:06:39 pm ADM 230324-095958AM TIs 0.3 N_ABD
GE
PANCREAS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23/03/2024 01:05:45 pm ADM 230324-095958AM TIs 0.3 N_ABD
GE
UTERUS
1 L 45.22 mm
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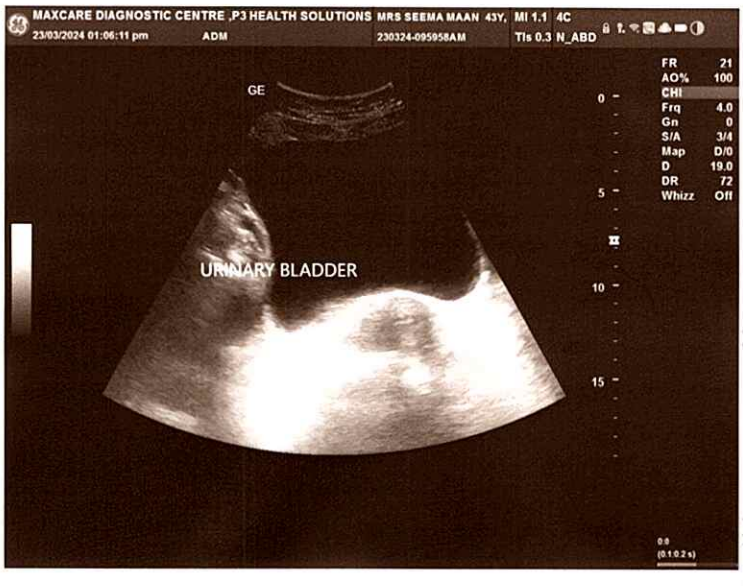
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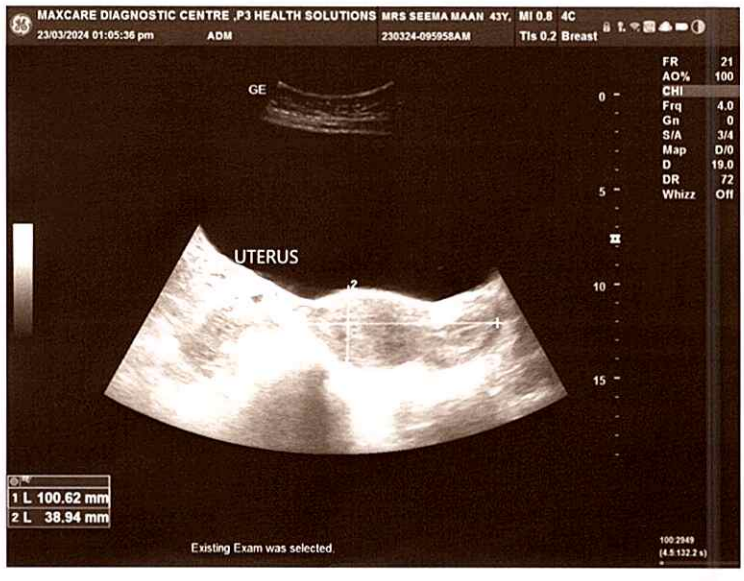
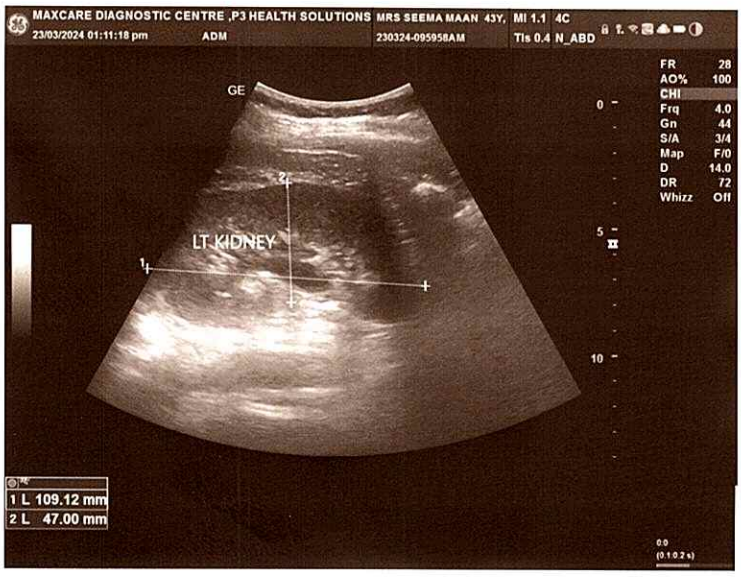
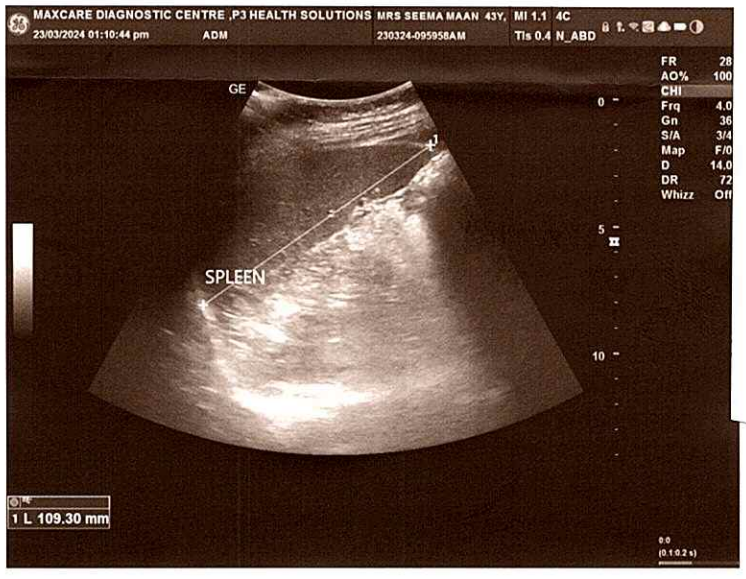
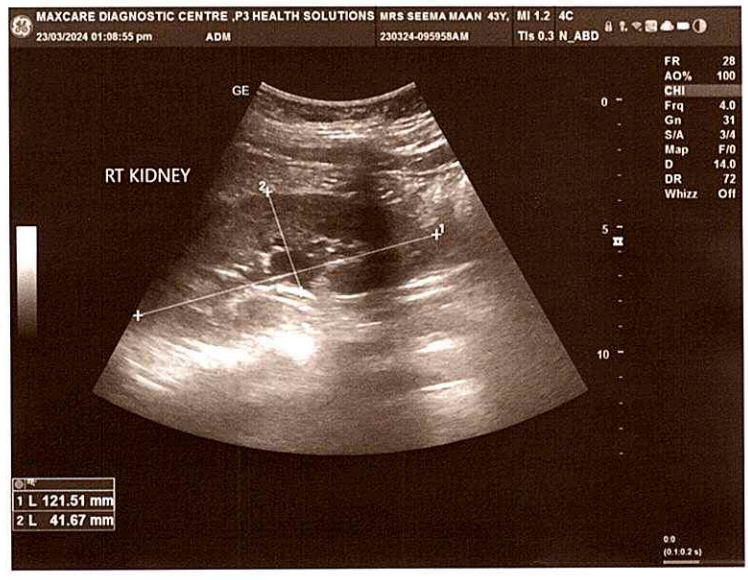
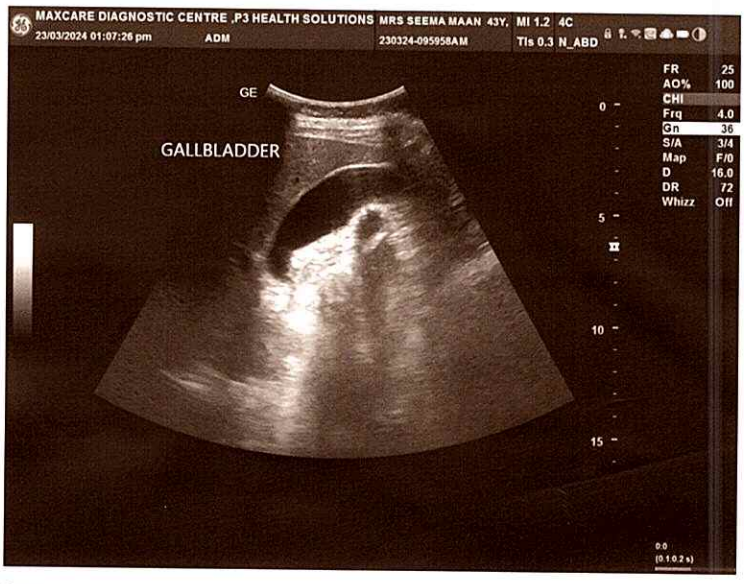
23/03/2024 01:06:11 pm ADM 230324-095958AM TIs 0.3 N_ABD
GE
URINARY BLADDER


MAXCARE DIAGNOSTIC CENTRE ,P3 HEALTH SOLUTIONS MRS SEEMA MAAN 43Y, MI 0.8 4C
23/03/2024 01:05:36 pm ADM 230324-095958AM TIs 0.2 Breast
GE
UTERUS
1 L 100.62 mm
2 L 38.94 mm
Existing Exam was selected.


MAXCARE DIAGNOSTIC CENTRE ,P3 HEALTH SOLUTIONS
MRS SEEMA MAAN 43Y,
MI 1.1 4C
23/03/2024 01:11:18 pm
ADM
230324-095958AM
TIs 0.4 N_ABD
FR 28
AO% 100
CHI
Frq 4.0
Gn 44
S/A 3/4
Map F/0
D 14.0
DR 72
Whizz Off
GE
LT KIDNEY
1 L 109.12 mm
2 L 47.00 mm


MAXCARE DIAGNOSTIC CENTRE ,P3 HEALTH SOLUTIONS
MRS SEEMA MAAN 43Y,
MI 1.1 4C
23/03/2024 01:10:44 pm
ADM
230324-095958AM
TIs 0.4 N_ABD
FR 28
AO% 100
CHI
Frq 4.0
Gn 36
S/A 3/4
Map F/0
D 14.0
DR 72
Whizz Off
GE
SPLEEN
1 L 109.30 mm


MAXCARE DIAGNOSTIC CENTRE ,P3 HEALTH SOLUTIONS
MRS SEEMA MAAN 43Y,
MI 1.2 4C
23/03/2024 01:08:55 pm
ADM
230324-095958AM
TIs 0.3 N_ABD
FR 28
AO% 100
CHI
Frq 4.0
Gn 31
S/A 3/4
Map F/0
D 14.0
DR 72
Whizz Off
GE
RT KIDNEY
1 L 121.51 mm
2 L 41.67 mm


MAXCARE DIAGNOSTIC CENTRE ,P3 HEALTH SOLUTIONS
MRS SEEMA MAAN 43Y,
MI 1.2 4C
23/03/2024 01:07:26 pm
ADM
230324-095958AM
TIs 0.3 N_ABD
FR 25
AO% 100
CHI
Frq 4.0
Gn 36
S/A 3/4
Map F/0
D 16.0
DR 72
Whizz Off
GE
GALLBLADDER

P3 HEALTH SOLUTIONS LLP
(ASSOCIATES OF MAXCARE DIAGNOSTICS)

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Central Spine, Vidhyadhar Nagar, Jaipur - 302023
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MRS. SEEMA MAAN	Age : 43 Y/F
Registration Date: 23/03/2024	Ref. by: UNION BANK

ULTRASOUND OF WHOLE ABDOMEN

Liver is of normal size (14.0 cm) **with increased echotexture**. No focal space occupying lesion is seen within liver parenchyma. Intrahepatic biliary channels are not dilated. Portal vein diameter is normal.

Gall bladder is well distended. Wall is not thickened. No calculus or mass lesion is seen in gall bladder. Common bile duct is not dilated.

Pancreas is of normal size and contour. Echo-pattern is normal. No focal lesion is seen within pancreas.

Spleen is of normal size and shape (10.9 cm). Echotexture is normal. No focal lesion is seen.

Kidneys are normally sited and are of normal size and shape. Cortico-medullary echoes are normal. No focal lesion is seen. Collecting system does not show any dilatation.
Right kidney is measuring approx. 12.1 x 4.1 cm.

- **Few (1-2) concretions (<3 mm) are noted in mid and lower pole calices.**

Left kidney is measuring approx. 10.9 x 4.7 cm.

- **Few (1-2) concretions (<3 mm) are noted in upper pole calyx.**

Urinary bladder does not show any calculus or mass lesion.

Uterus is anteverted and normal in size (measuring approx. 10.0 x 3.8 x 4.5 cm).
Myometrium shows normal echo -pattern. No focal space occupying lesion is seen. Endometrial echo is normal. Endometrial thickness is 11.1 mm.

Both ovaries are visualized and are normal. No adnexal mass lesion is seen.

No enlarged nodes are visualized. No retro-peritoneal lesion is identified.
No significant free fluid is seen in pouch of Douglas.

IMPRESSION:

- **Bilateral renal concretions.**
- **Grade I fatty liver.**

DR.SHALINI GOEL
M.B.B.S, D.N.B (Radiodiagnosis)
RMC no.: 21954


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12234952 SEEMA MAAN 43 YRS , MEDIWHEEL F
23 MAR 2024
MAXCARE DIAGNOSTIC (ASSOCIATES OF P3 HEALTH SOLUTIONS LLP)