

Mrs. Shikha Mehta

34 y/f.

16/09/24

Routine health check-up.

BP - 130/70 mmHg

PR - 60/min

SpO<sub>2</sub> - 97%

Temp - Afebrile

Ht - 146 cm

wt - 60 kg.

LMP - 29/07/24

Eye	Lower for vision	Near vision
Rt	6/6	6/6
Left	6/6	6/6

(Corrected by glasses).

- ~7 weeks leg use.
- No significant past medical history.
- No laparoscopic surgery for ovarian cyst (R) removal in 2013 & LSC in 2019. 2016
- No known drug allergy.

Adv

- Tab FOLIC ACID 400 mg OD

x 1 month.

Dr. Hetti



BOOK APPOINTMENT



Mrs. Shikha  
Mehta

**Pain and Spine**  
**HOSPITAL**



"A Unit of Surange Healthcare North India Pvt. Ltd"

Age - 34y/f

C/C Patient came for normal routine dental  
check-up.

O/E - calculus & P. Oter & P.

⊙ full mouth oral prophylaxis.



BOOK APPOINTMENT



IPSC Delhi Centre: Plot No 453, Sector 19, Dwarka, New Delhi - 110075  
IPSC Bengaluru Centre: 11,12 Sahakara Nagar, Bellary Road, Bengaluru - 560092

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Issue Date: 03/08/2014



शिक्षा मेहता  
SHIKHA MEHTA  
जन तिथि/DOB: 09/07/1990  
महिला/ FEMALE

3669 6537 1106

VID : 9175 5436 9713 2518

मेरा आधार, मेरी पहचान

भारतीय पहचान प्राधिकरण  
Unique Identification Authority of India



पता:  
कृष्णन अमित, डुप्लेक्स ए/5, सनराइस रेसिडेन्सी,  
लिजेंड हॉटेल के पीछे, अक्षर विहार के पास, तरसाली बाई  
पास, तरसाली, कवठेवा, कवठेवा,  
गुजरात - 390009



Address:  
C/O: Krishnan Amit, Duplex A/5, Sunrise  
Residency, Behind Legend Hotel, Near Akshar  
Vihar, Tarsali By Pass, Tarsali, Vadodara,  
Vadodara,  
Gujarat - 390009

Download Date: 28/10/2022

To,  
IPSC  
Dwarka.  
New Delhi

Sub:- Regarding Annual Medical checkup.

Dear Sir/Madam,

We inform you that today i.e. 16.09.24 came for annual medical check up but due to some reason I, don't want to do below mentioned test as

1. Stool test
2. X-ray
3. T.M.T

This is for your kind information

Regards.

Shikha

Shikha Mehta

Date - 16.09.24



<b>Patient Name</b> :	<b>Mrs. SHIKHA MEHTA</b>	<b>Radiology No.</b> :	4137/OPDPB24DL
<b>Referred By</b> :	Dr. INSURANCE	<b>Date</b> :	16-Sep-2024
<b>UHID No.</b> :	4048/UHID24DI	<b>Age/Sex</b> :	34Y2M Female

### ULTRASOUND SCAN OF BREAST

#### Scan done with high frequency probe reveals

##### Right breast

Normal skin and subcutaneous fat.

Normal echo-texture of breast parenchyma is seen with mixed fatty and glandular tissue.

No abnormal hypo or hyper-echoic lesion is seen within the breast.

No evidence of ductal ectasia or other pathology is identified.

No evidence of enlarged nodes seen within axilla.

##### Left breast

Normal skin and subcutaneous fat.

Normal echo-texture of breast parenchyma is seen with mixed fatty and glandular tissue.

No abnormal hypo or hyper-echoic lesion is seen within the breast.

No evidence of ductal ectasia or other pathology is identified.

No evidence of enlarged nodes seen within axilla.

#### Impression - Normal Study.

Dr. Harshita Surange  
MBBS,DMRD(RADIODIAGNOSIS)  
DIPLOMA IN MSK,UCAM(Spain)  
Reg.No. MCI/16522,DMC/18402



BOOK APPOINTMENT







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<b>UHID No.</b> :	4048/UHID24DI	<b>Age/Sex</b> :	34Y2M Female

### ULTRASOUND WHOLE ABDOMEN

**Convex and linear probes were used.**

**The liver** is normal in size, contour and echotexture. Intrahepatic bile ducts and CBD are not dilated. Hepatic portal veins and the IVC appear normal in caliber.

**Gall bladder** is adequately distended with normal intraluminal fluid contents. No evidence of calculus / wall thickness noted.

**Pancreas** is of normal size and contour with normal echotexture.

**Kidneys** are of normal size, shape and echo pattern. No calculus, mass or hydronephrotic changes seen in either kidney. Corticomedullary differentiation is normal bilaterally. Bilateral PCS are normal. Bilateral ureters are not dilated.

**Right Kidney measures 106 x 43mm.**

**Left kidney measures 100 x 40mm.**

**Spleen** is of normal size and shape. Ecotexture is normal. No focal lesion is seen. No evidence of retro-peritoneal lymphadenopathy/ ascites/ pleural effusion noted.

No free fluid is seen in the pouch of douglas.

**Urinary bladder** does not show any calculus or mass lesion.

Dr. Harshita Surange  
MBBS, DMRD (RADIODIAGNOSIS)  
DIPLOMA IN MSK, UCAM (Spain)  
Reg. No. MCI/16522, DMC/18402



BOOK APPOINTMENT





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<b>Referred By</b> : Dr. INSURANCE	<b>Date</b> : 16-Sep-2024
<b>UHID No.</b> : 4048/UHID24DI	<b>Age/Sex</b> : 34Y2M Female

**LMP- 29/07/2024 CMA-7 weeks**

**USED 26/04/2025**

Scan show anteverted uterus containing single gestational sac of 3.44cms  
8 weeks 4 days.

Good decidual reaction is seen around the sac.

Inside the sac, a yolk sac is seen.

A foetus is also seen with **Crown Rump Length-1.49cm, 7 weeks 6 days.**

Fetal cardiac pulsations are well seen and are regular. **FHR is 171BPM.**

Both the adenexae are clear.

Internal os is closed.

Bladder is filling normally and does not show and intraluminal pathology.

**Impression: -Live intrauterine pregnancy of approx. 7 weeks  
6 days+/- 1 week.  
Normal upper abdomen.**

Dr. Harshita Surange declare that while doing the antenatal ultrasound of  
Mrs Shikha Mehta have not declared / detected the sex of the fetus to  
anyone in any manner.

Dr. Harshita Surange

MBBS, DMRD (RADIODIAGNOSIS)

DIPLOMA IN MSK, UCAM (Spain)

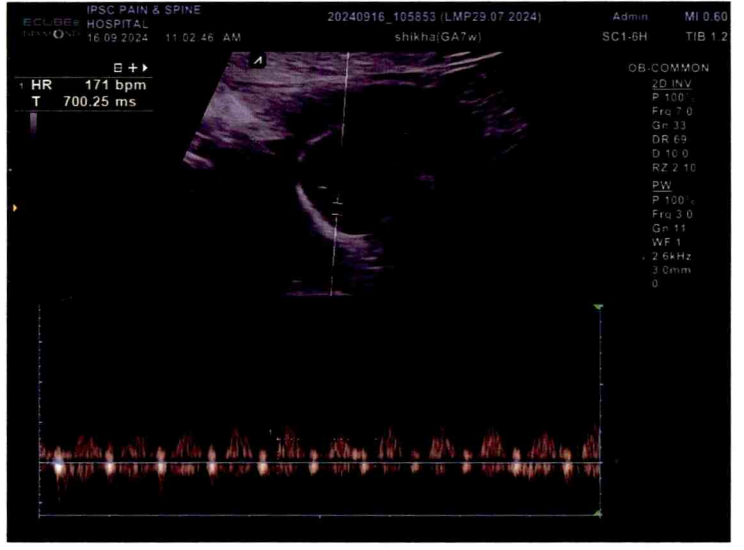
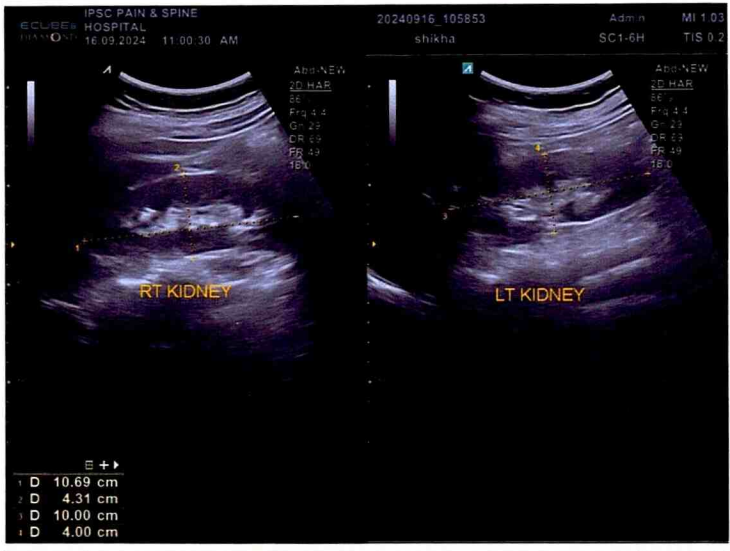
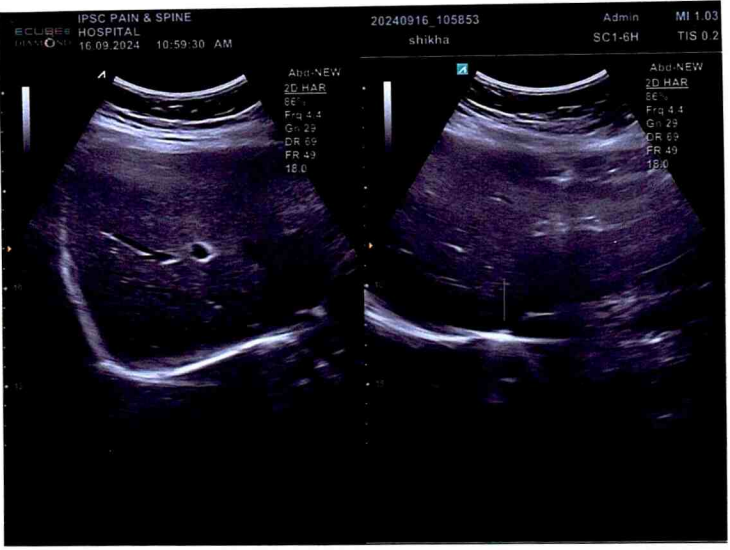
Reg. No. MCI/16522, DMC/18402



BOOK APPOINTMENT







ID: 20240916_105853	Age: _____	Exam Date: 16/09/2024
Name: shikha	GA(LMP): 7w	Referring MD: _____
LMP: 23/07/2024	GA(AUA): 8w2d	EDD(LMP): 05/05/2025
	GP: LMP	EDD(AUA): 26/04/2025


2D Measurement								
Author	Value	1st	2nd	3rd	GA	GP	Range	Method
GS	Hellman 3.44 cm	3.44			8w4d	86%		Aver
CRL	Hadlock 1.49 cm	1.49			7w6d		7w2d - 8w4d	Aver

Doppler Measurement							
Value	1st	2nd	3rd	4th	5th	Method	
HR	171 bpm	171				Aver	

Calculation			
EFW(AC,FL)	_____	EFW Range	_____
EFW GP(Hadlock)	_____	C(Hadlock)	_____
FL/FPD(Hadlock)	_____	FLIAC(Hadlock)	_____
FLHC(Hadlock)	_____	NCIAC(Campbell)	_____

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<b>Mobile No.</b> : 9664728685	<b>Manual No.</b>	<b>Collected</b> : 16-Sep-2024 13.25
<b>Refd. By</b> : Dr. INSURANCE		<b>Received</b> : 16-Sep-2024 13.25
<b>Sample Type</b> : EDTA whole blood	<b>Sample ID</b> : 246407	<b>Report</b> : 16-Sep-2024 17.31

TEST NAME	RESULT	UNIT	RANGE	METHOD
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### HEAMATOLOGY

BLOOD GROUPING(A,B,O)&Rh  
FACTOR

BLOOD GROUP ABO

RH TYPING

"A"

"POSITIVE"

Manual

Manual

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




Dr. Sangeeta B  
DCP, DNB, PATHOLOGY,  
DMC/25252

Lab Technician : chand



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<b>Refd. By</b> : Dr. INSURANCE		<b>Received</b> : 16-Sep-2024 13.25
<b>Sample Type</b> : Plasma(Sodium fluoride)	<b>Sample ID</b> : 246407	<b>Report</b> : 16-Sep-2024 17.31

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**BIOCHEMISTRY**

BLOOD SUGAR FASTING 86.0 mg/dl 74-100 GOD-POD

**INTERPRETATION:**

American Diabetes Association (ADA) Diabetes Guidelines

Criteria for Diabetes Mellitus Diagnosis:

Fasting plasma glucose >126.0 mg/dl (Fasting is defined as no caloric intake for >8 hours) or

2-hr plasma glucose >200 mg/dl after glucose load or

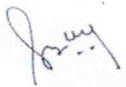
HbA1c  $\geq$  6.5% or

Random Plasma glucose >200 mg/dl

Impaired Fasting Glucose

Fasting glucose  $\geq$ 100mg/dl but <126 mg/dl

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




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### BIOCHEMISTRY

Blood Sugar PP	84.6	mg/dl	70-150	GOD-POD
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### INTERPRETATION:

American Diabetes Association (ADA) Diabetes Guidelines

#### Criteria for Diabetes Mellitus Diagnosis:

Fasting plasma glucose >126.0 mg/dl (Fasting is defined as no caloric intake for >8 hours) or

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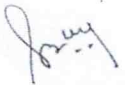
HbA1c >= 6.5% or

Random Plasma glucose >200 mg/dl

Impaired Fasting Glucose

Fasting glucose >=100mg/dl but <126 mg/dl

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




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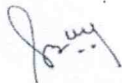


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<b>HEAMOTOLOGY</b>				
<b>COMPLETE BLOOD COUNT</b>				
HEMOGLOBIN	13.5	g/dl	12.0 - 15.0	Colorimetric
TOTAL LEUCOCYTE COUNT	9.1	10 <sup>3</sup> /uL	4.0-11.0	Electrical impedance
<b>DIFFERENTIAL LEUCOCYTE COUNT(DLC)</b>				
Neutrophil	71	%	40-75	Electrical impedance
Lymphocyte	21	%	20-45	Electrical impedance
Eosinophil	03	%	1-6	Microscopy
Monocyte	05	%	2-10	Microscopy
Basophil	00	%	0-2	Microscopy
ESR	14	mm/1sthr	0-20	Westergren's
RBC COUNT	4.71	mili/cmm	3.80 - 4.80	Electrical impedance
PCV	40	%	36 - 40	Calculated
MCV	85.80	Fl	83.00 - 101.00	Calculated
MCH	28.7	Picogram	27.0 - 32.0	Calculated
MCHC	33.50	gm/dl	31.50 - 34.50	Calculated
PLATELET COUNT	225	10 <sup>3</sup> /uL	150 - 410	Electrical impedance
-----End of Report-----				

  
**Dr. Sangeeta B**  
 DCP, DNB, PATHOLOGY,  
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BOOK APPOINTMENT



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### HEAMOTOLOGY

HBA1C (GLYCOSYLATED HB)	5.0	%	4-6	PEIT
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Metabolically healthy patients 4.5 - 6.0 %  
6.1 - 6.5 %

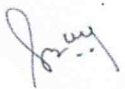
Good control :

Fair control : 6.6 - 7.0 %

Poor control : Above - >7.0 %

COMMENTS: HbA1c is an indicator of glycemic control. HbA1c represents average glycemia over the past six to eight weeks. Glycation of hemoglobin occurs over the entire 120 day life span of the red blood cell, but with in 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 two to four. Estimated Average Glucose mg/dl = (HbA1c x 35.6) - 77.3 Correlation between HbA1c and Mean Plasma Glucose (MPG) is not "perfect" but rather only this means that to predict or estimate average glucose from Hb-A1c or vice-versa is not "perfect" but gives a good working ballpark estimate. Afternoon and evening results correlate more closely to HbA1c than morning results, perhaps because morning fasting glucose levels vary much more than daytime glucose levels, which are easier to predict and control. As per IFCC recommendations 2007, HbA1c being reported as above maintaining traceability to both IFCC (mmol/mol) & NGSP (%) units.

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




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DMC/25252

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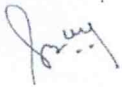
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### BIOCHEMISTRY

#### KIDNEY FUNCTION TEST

Blood Urea	13.0	mg/dl	15.0-45.0	urease-GLDH
Serum Creatinine	0.6	mg/dl	0.6 - 1.1	Jaffes Kinetic
Serum Uric Acid	3.40	mg/dl	2.6-6.0	Uricase
<b>Total Protein</b>				
PROTEN	6.13	g/dl	6.4-8.3	Biuret
ALBUMIN	3.8	g/dl	3.4-4.8	Bcg
GLOBULIN	2.33	g/dl	2.3-3.5	
A/G RATIO	1.63			
Calcium	9.1	mg/dl	8.6-10.2	Arsenazo
Sodium	141.0	mmol/L	136.0-149.0	ISE Indirect
Potasium	4.2	mmol/L	3.5-5.5	ISE Indirect
Chloride	102.0	mmol/L	98.0-109.0	ISE Indirect

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




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DCP, DNB, PATHOLOGY,  
DMC/25252  
Lab Technician : chand



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### BIOCHEMISTRY

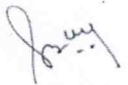
#### LIPID PROFILE

Total Cholesterol	214.00	mg/dl	123-199	CHOD-PAP
Triglycerides	93.0	mg/dl	35-135	Gpo
HDL Cholesterol Direct	52.0	mg/dl	42-88	Direct
Vldl	19	mg/dl	4.7-22.1	
LDL Cholesterol Direct	143.4	mg/dl	63-129	
Total Cholesterol/HDL Ratio	4.1		0.0-4.97	
LDL/HDL Ratio	2.8		0.0-3.55	

#### INTERPRETATION:-

	Total cholesterol	LDL cholesterol	Triglycerides
Acceptable/Low Risk	: < 200 mg/dl	<130 mg/dl	<150 mg/dl
Borderline High Risk	: 200-239 mg/dl	130-159 mg/dl	150-199 mg/dl
High Risk	: > 240 mg /dl	> 160 mg/dl	200-499 mg/dl
Very High			>500 mg/dl

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




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DMC/25252  
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### BIOCHEMISTRY

#### LIVER FUNCTION TEST

##### Serum Bilirubin

Total Bilirubin	0.46	mg/dl	0.0-2.0	Diazo
Direct Bilirubin	0.22	mg/dl	0-0.4	Diazo
Indirect Bilirubin	0.24	mg/dl	0-0.8	Calculated

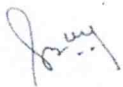
##### Total Protein

PROTEN	6.13	g/dl	6.4-8.3	Biuret
ALBUMIN	3.8	g/dl	3.4-4.8	Bcg
GLOBULIN	2.36	g/dl	2.3-3.5	
A/G RATIO	1.60			

SGOT	11	U/L	0-31	IFCC
SGPT	8	U/L	0.0-34	IFCC

Gamma GT	13.3	U/L	0-38	Glupa-c
Alkaline Phosphatase	86	U/L	42-98	Amp

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




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DCP, DNB, PATHOLOGY,  
DMC/25252

Lab Technician : chand



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### HORMONES

#### THYROID PROFILE

T3 1.44 ng/dl CLIA

#### All values

Adults (euthyroid) 0.50-2.00

Newborns 0.73-2.88

6d - 3 mth 0.80-2.75

4 - 12 mth 0.86-2.65

1 - 6 yr 0.92-2.48

7 - 11 yr 0.93-2.31

12- 20 yr 0.91-2.18

#### Pregnancy

First trimester 0.05 - 3.70

Second trimester 1.7 - 4.3

Third trimester 0.4 - 3.9

T4 11.6 µg/dl CLIA

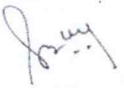
Adults - M - 4.4-10.8 µg/dl

F- 4.8 - 11.6 µg/dl

1<sup>st</sup> Trimester 7.3-15.00 µg/dl

2<sup>st</sup> Trimester 8.92-17.38

3<sup>st</sup> Trimester 7.98-17.70




Dr. Sangeeta B  
DCP, DNB, PATHOLOGY,  
DMC/25252

Lab Technician : chand



BOOK APPOINTMENT



<b>Patient Name</b> : Mrs. SHIKHA MEHTA	<b>Reg No.</b> : 4048/UHID24DL	<b>Lab ID.</b> : 4137/OPDPB24DL
<b>Age / Gender</b> : 34Y2M / Female	<b>Date</b> : 16-Sep-2024	
<b>Mobile No.</b> : 9664728685	<b>Manual No.</b>	<b>Collected</b> : 16-Sep-2024 13.25
<b>Refd. By</b> : Dr. INSURANCE		<b>Received</b> : 16-Sep-2024 13.25
<b>Sample Type</b> : Serum	<b>Sample ID</b> : 246407	<b>Report</b> : 16-Sep-2024 17.32

TSH 0.37  $\mu$ lU/ml CLIA

**Adults**

21-100 yrs 0.42 - 5.45

**Pediatric**

0-12 Months 0.98-5.63

1-5 years 0.64-5.76

6-10 Years 0.51-4.82

11-14 Years 0.53-5.27

15-20 years 0.43-4.20

**Pregnancy**

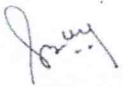
First trimester 0.1 - 2.5\*

Second trimester 0.2 - 3\*

Third trimester 0.3 - 3\*

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. Abnormal thyroid test findings often found in critically ill clients should be repeated after the critical nature of the condition is resolved. The production, circulation, and disintegration of thyroid hormones are altered throughout the stages of pregnancy

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




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<b>Age / Gender</b> : 34Y2M / Female	<b>Date</b> : 16-Sep-2024	
<b>Mobile No.</b> : 9664728685	<b>Manual No.</b>	<b>Collected</b> : 16-Sep-2024 13.25
<b>Refd. By</b> : Dr. INSURANCE		<b>Received</b> : 16-Sep-2024 13.25
<b>Sample Type</b> : URINE	<b>Sample ID</b> : 246407	<b>Report</b> : 16-Sep-2024 17.31

TEST NAME	RESULT	UNIT	RANGE	METHOD
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CLINICAL PATHOLOGY

URINE ROUTINE

MICROSCOPY

PHYSICAL EXAMINATION

QUANTITY	20.00	ml	10-30
COLOUR	PALE YELLOW		
TRANSPARENCY	CLEAR		
SPECIFIC GRAVITY	1.020		1.015-1.025
PH	6.5		5.5 - 7

CHEMICAL EXAMINATION

PROTEIN	NIL
SUGAR	NIL

MICROSCOPIC EXAMINATION

PUS CELLS	1-2	/hpf		MICROSCOPIC
RBC'S	NIL		NIL	
CASTS	NIL			
CRYSTALS	NIL			
EPITHELIAL CELLS	1-2			
BACTERIA	NIL			
OTHERS	NIL			
KETONE	NIL			

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



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