



General Physical Examination

Date of Examination: 9/10/22

Name: Ranu Jain Age: 32 DOB: 21/06/1990 Sex: female

Referred By: BoB

Photo ID: AADHAR ID #: Attached

Ht: 155 (cm)

Wt: 53 (Kg)

Chest (Expiration): 82 (cm)

Abdomen Circumference: 74 (cm)

Blood Pressure: 124/74 mm Hg

PR: 67 / min

RR: 18 / min

Temp: Afebrile

BMI 22.1

Eye Examination: Dist Vision 6/6 (with specs) Near Vision N/6

(Bleeds) No Colour blindness

Other: Not Significant

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

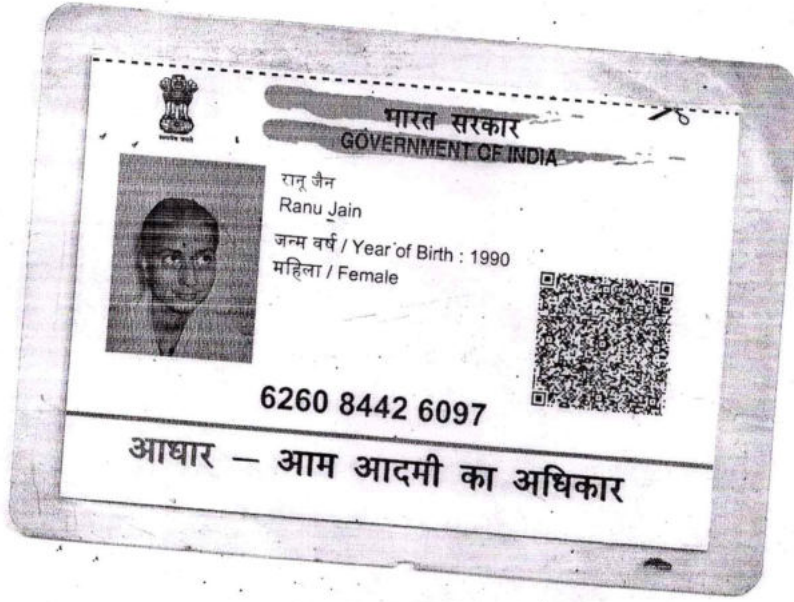
Signature Of Examinee : Ranu Jain

Name of Examinee: _____

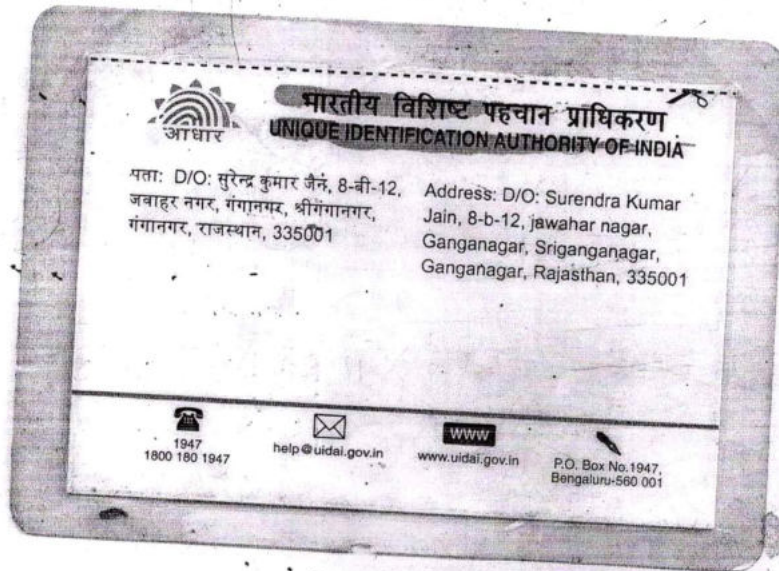
Signature Medical Examiner : _____

Name Medical Examiner: _____

Dr. Piyush Goyal
M.B.B.S., D.M.R.D.,
MBC Reg. No. 017896



Dr. Riyesh Goyal
M.B.B.S., D.M.R.D.
RMC Reg. No.-017896



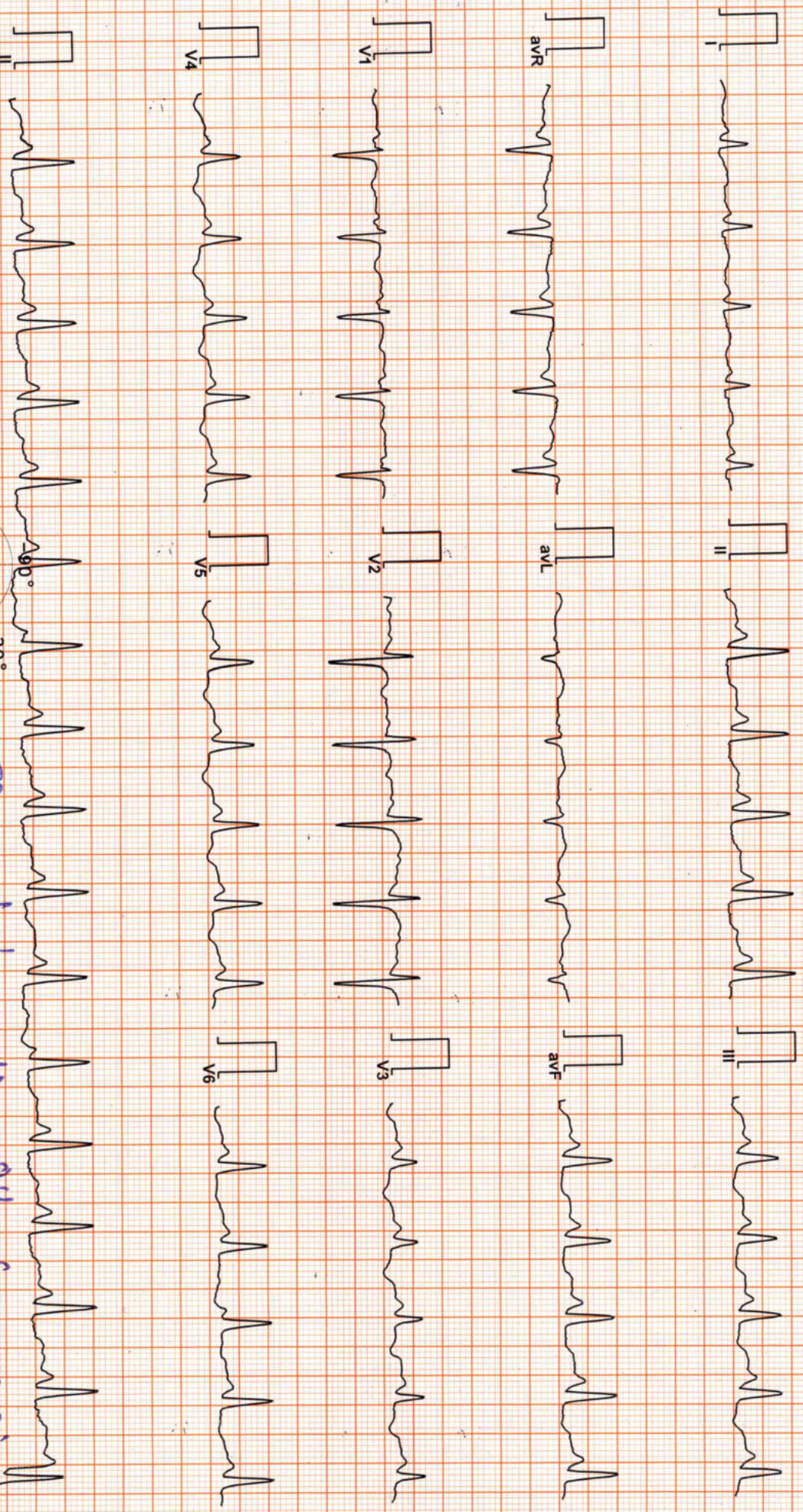
Ranujain

DR. GOYAL PATH LAB & IMAGING CENTER, JAIPUR

ECG

2449 / MRS RANU JAIN / 32 Yrs / F / Non Smoker

Heart Rate : 106 bpm / Tested On : 09-Oct-22 11:02:06 / HF 0.05 Hz - LF 35 Hz / Notch 50 Hz / Sn 1.00 Cm/mV / Sw 25 mm/s / Refd By: BOB



Vent Rate : 106 bpm

PR Interval : 116 ms

QRS Duration : 82 ms

QT/QTc Int : 346/425 ms

P-QRS-T axis: 69.00° 66.00°

Sinus tachycardia with + inversion in inferior lead & V1-V6

Allengers ECG (Piscos)(PIS218210312)

Dr. Naresh Kumar
MBBS, DIPLOMA IN CARDIOLOGY (DIPLOMA), D.E.M. (RCGP-80)

Axis
R 66.00° T -46.00° P 69.00°

Reported By:

S

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Date :- 09/10/2022 09:28:05

Patient ID :-12222733

NAME :- Mrs. RANU JAIN

Ref. By Dr:- BOB

Sex / Age :- Female 32 Yrs 3 Mon 20 Days

Lab/Hosp :-

Company :- MediWheel



Sample Type :- EDTA

Sample Collected Time 09/10/2022 09:50:37

Final Authentication : 09/10/2022 13:40:29

HAEMATOLOGY

Test Name	Value	Unit	Biological Ref Interval
BOB PACKAGE FEMALE BELOW 40			
HAEMOGARAM			
HAEMOGLOBIN (Hb)	13.6	g/dL	12.0 - 15.0
TOTAL LEUCOCYTE COUNT	6.80	/cumm	4.00 - 10.00
DIFFERENTIAL LEUCOCYTE COUNT			
NEUTROPHIL	57.6	%	40.0 - 80.0
LYMPHOCYTE	37.2	%	20.0 - 40.0
EOSINOPHIL	1.6	%	1.0 - 6.0
MONOCYTE	3.4	%	2.0 - 10.0
BASOPHIL	0.2	%	0.0 - 2.0
NEUT#	3.92	10 ³ /uL	1.50 - 7.00
LYMPH#	2.53	10 ³ /uL	1.00 - 3.70
EO#	0.10	10 ³ /uL	0.00 - 0.40
MONO#	0.24	10 ³ /uL	0.00 - 0.70
BASO#	0.01	10 ³ /uL	0.00 - 0.10
TOTAL RED BLOOD CELL COUNT (RBC)	4.75	x10 ⁶ /uL	3.80 - 4.80
HEMATOCRIT (HCT)	38.80	%	36.00 - 46.00
MEAN CORP VOLUME (MCV)	81.7 L	fL	83.0 - 101.0
MEAN CORP HB (MCH)	28.7	pg	27.0 - 32.0
MEAN CORP HB CONC (MCHC)	34.4	g/dL	31.5 - 34.5
PLATELET COUNT	302	x10 ³ /uL	150 - 410
RDW-CV	12.6	%	11.6 - 14.0
MENTZER INDEX	17.20		

The Mentzer index is used to differentiate iron deficiency anemia from beta thalassemia trait. If a CBC indicates microcytic anemia, these are two of the most likely causes, making it necessary to distinguish between them. If the quotient of the mean corpuscular volume divided by the red blood cell count is less than 13, thalassemia is more likely. If the result is greater than 13, then iron-deficiency anemia is more likely.

AJAYSINGH
Technologist

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HAEMATOLOGY

Test Name	Value	Unit	Biological Ref Interval
Erythrocyte Sedimentation Rate (ESR)	14	mm/hr.	00 - 20

(ESR) Methodology : Measurement of ESR by cells aggregation.

Instrument Name : Independent form Hematocrit value by Automated Analyzer (Roller-20)

Interpretation : ESR test is a non-specific indicator of inflammatory disease and abnormal protein states.

The test is used to detect, follow course of a certain disease (e.g-tuberculosis, rheumatic fever, myocardial infarction)

Levels are higher in pregnancy due to hyperfibrinogenaemia.

The "3-figure ESR" $\times > 100$ value nearly always indicates serious disease such as a serious infection, malignant paraproteinaemia or connective tissue disease.

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

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 Company :- MediWheel



Sample Type :- EDTA, KOx/Na FLUORIDE-F, K₂Na₂C₂O₄ URINE 2022 09:50:37

Final Authentication : 09/10/2022 14:12:15

HAEMATOLOGY

Test Name	Value	Unit	Biological Ref Interval
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BLOOD GROUP ABO "O" POSITIVE

BLOOD GROUP ABO Methodology : Haemagglutination reaction **Kit Name :** Monoclonal agglutinating antibodies (Span clone).

FASTING BLOOD SUGAR (Plasma) 89.2 mg/dl 75.0 - 115.0
 Method:- GOD PAP

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

Instrument Name: Randox Rx Imola **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) 125.9 mg/dl 70.0 - 140.0
 Method:- GOD PAP

Instrument Name: Randox Rx Imola **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.

URINE SUGAR (FASTING) Nil Nil
 Collected Sample Received

AJAYSINGH, KAUSHAL, MKSHARMA, VIJENDRAMEENA
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Sample Type :- PLAIN/SERUM Sample Collected Time 09/10/2022 09:50:37 Final Authentication : 09/10/2022 12:22 19

BIOCHEMISTRY

Test Name	Value	Unit	Biological Ref Interval
LIPID PROFILE			
TOTAL CHOLESTEROL Method:- Enzymatic Endpoint Method	167.74	mg/dl	Desirable <200 Borderline 200-239 High > 240
TRIGLYCERIDES Method:- GPO-PAP	102.84	mg/dl	Normal <150 Borderline high 150-199 High 200-499 Very high >500
DIRECT HDL CHOLESTEROL Method:- Direct clearance Method	40.55	mg/dl	Low < 40 High > 60
DIRECT LDL CHOLESTEROL Method:- Direct clearance Method	110.05	mg/dl	Optimal <100 Near Optimal/above optimal 100-129 Borderline High 130-159 High 160-189 Very High > 190
VLDL CHOLESTEROL Method:- Calculated	20.57	mg/dl	0.00 - 80.00
T.CHOLESTEROL/HDL CHOLESTEROL RATIO Method:- Calculated	4.14		0.00 - 4.90
LDL / HDL CHOLESTEROL RATIO Method:- Calculated	2.71		0.00 - 3.50
TOTAL LIPID Method:- CALCULATED	501.05	mg/dl	400.00 - 1000.00

TOTAL CHOLESTEROL InstrumentName:Randox Rx Imola Interpretation: Cholesterol measurements are used in the diagnosis and treatments of lipid lipoprotein metabolism disorders.

TRIGLYCERIDES 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 HDLCHOLESTERO InstrumentName:Randox Rx Imola 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.

DIRECT LDL-CHOLESTEROL InstrumentName:Randox Rx Imola 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.

TOTAL LIPID AND VLDL ARE CALCULATED

MKSHARMA

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Sample Type :- PLAIN/SERUM

Sample Collected Time 09/10/2022 09:50:37

Final Authentication : 09/10/2022 12:22:19

BIOCHEMISTRY

Test Name	Value	Unit	Biological Ref Interval
LIVER PROFILE WITH GGT			
SERUM BILIRUBIN (TOTAL) Method:- Colorimetric method	0.85	mg/dl	Up to - 1.0 Cord blood <2 mg/dL Premature < 6 days <16mg/dL Full-term < 6 days= 12 mg/dL 1month - <12 months <2 mg/dL 1-19 years <1.5 mg/dL Adult - Up to - 1.2 Ref-(ACCP 2020)
SERUM BILIRUBIN (DIRECT) Method:- Colorimetric Method	0.28	mg/dL	Adult - Up to 0.25 Newborn - <0.6 mg/dL >- 1 month - <0.2 mg/dL
SERUM BILIRUBIN (INDIRECT) Method:- Calculated	0.57	mg/dl	0.30-0.70
SGOT Method:- IFCC	16.7	U/L	Men- Up to - 37.0 Women - Up to - 31.0
SGPT Method:- IFCC	20.5	U/L	Men- Up to - 40.0 Women - Up to - 31.0
SERUM ALKALINE PHOSPHATASE Method:- AMP Buffer	80,10	IU/L	30.00 - 120.00
SERUM GAMMA GT Method:- IFCC	36.30 H	U/L	7.00 - 32.00
SERUM TOTAL PROTEIN Method:- Biuret Reagent	6.86	g/dl	6.40 - 8.30
SERUM ALBUMIN Method:- Bromocresol Green	4.68	g/dl	3.80 - 5.00
SERUM GLOBULIN Method:- CALCULATION	2.18 L	gm/dl	2.20 - 3.50
A/G RATIO	2.15		1.30 - 2.50

Total Bilirubin Methodology: Colorimetric method InstrumentName:Randox Rx Imola Interpretation: An increase in bilirubin concentration in the serum occurs in toxic or infectious diseases of the liver e.g. hepatitis B or obstruction of the bile duct and in rhesus incompatible babies. High levels of unconjugated bilirubin indicate that too much haemoglobin is being destroyed or that the liver is not actively treating the haemoglobin it is receiving.

AST Aspartate Aminotransferase Methodology: IFCC InstrumentName:Randox Rx Imola Interpretation: Elevated levels of AST can signal myocardial infarction, hepatic disease, muscular dystrophy and organ damage. Although heart muscle is found to have the most activity of the enzyme, significant activity has also been seen in the brain, liver, gastric mucosa, adipose tissue and kidneys of humans.

ALT Alanine Aminotransferase Methodology: IFCC InstrumentName:Randox Rx Imola Interpretation: The enzyme ALT has been found to be in highest concentrations in the liver, with decreasing concentrations found in kidney, heart, skeletal muscle, pancreas, spleen and lung tissue respectively. Elevated levels of the transaminases can indicate myocardial infarction, hepatic disease, muscular dystrophy and organ damage.

Alkaline Phosphatase Methodology: AMP Buffer InstrumentName:Randox Rx Imola Interpretation: Measurements of alkaline phosphatase are of use in the diagnosis, treatment and investigation of hepatobiliary disease and in bone disease associated with increased osteoblastic activity. Alkaline phosphatase is also used in the diagnosis of parathyroid and intestinal disease.

TOTAL PROTEIN Methodology: Biuret Reagent InstrumentName:Randox Rx Imola 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.

ALBUMIN (ALB) Methodology: Bromocresol Green InstrumentName:Randox Rx Imola Interpretation: Albumin measurements are used in the diagnosis and treatment of numerous diseases involving

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Company :- MediWheel

Patient ID :-12222733

Ref. By Dr:- BOB

Lab/Hosp :-



Sample Type :- PLAIN/SERUM

Sample Collected Time 09/10/2022 09:50:37

Final Authentication : 09/10/2022 12:22:19

BIOCHEMISTRY

Test Name	Value	Unit	Biological Ref Interval
SERUM CREATININE Method:- Colorimetric Method	0.58	mg/dl	Men - 0.6-1.30 Women - 0.5-1.20
SERUM URIC ACID Method:- Enzymatic colorimetric	4.79	mg/dl	Men - 3.4-7.0 Women - 2.4-5.7

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Sample Type :- PLAIN/SERUM

Sample Collected Time 09/10/2022 09:50:37

Final Authentication : 09/10/2022 12:22:19

BIOCHEMISTRY

Test Name	Value	Unit	Biological Ref Interval
BLOOD UREA NITROGEN (BUN)	15.5	mg/dl	0.0 - 23.0

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Sample Collected Time 09/10/2022 09:50:37

Final Authentication : 09/10/2022 13:40:29

HAEMATOLOGY

Test Name	Value	Unit	Biological Ref Interval
GLYCOSYLATED HEMOGLOBIN (HbA1C) Method:- HPLC	5.5	%	Non-diabetic: < 5.7 Pre-diabetics: 5.7-6.4 Diabetics: = 6.5 or higher ADA Target: 7.0 Action suggested: > 6.5

Instrument name: ARKRAY's ADAMS Lite HA 8380V, JAPAN.

Test Interpretation:

HbA1C is formed by the condensation of glucose with n-terminal valine residue of each beta chain of HbA to form an unstable schiff base. It is the major fraction, constituting approximately 80% of HbA1c. Formation of glycosylated hemoglobin (GHb) is essentially irreversible and the concentration in the blood depends on both the lifespan of the red blood cells (RBC) (120 days) and the blood glucose concentration. The GHb concentration represents the integrated values for glucose over the period of 6 to 8 weeks. GHb values are free of day to day glucose fluctuations and are unaffected by recent exercise or food ingestion. Concentration of plasma glucose concentration in GHb depends on the time interval, with more recent values providing a larger contribution than earlier values. The interpretation of GHb depends on RBC having a normal life span. Patients with hemolytic disease or other conditions with shortened RBC survival exhibit a substantial reduction of GHb. High GHb have been reported in iron deficiency anemia. GHb has been firmly established as an index of long term blood glucose concentrations and as a measure of the risk for the development of complications in patients with diabetes mellitus. The absolute risk of retinopathy and nephropathy are directly proportional to the mean of HbA1C. Genetic variants (e.g. HbS trait, HbC trait), elevated HbF and chemically modified derivatives of hemoglobin can affect the accuracy of HbA1c measurements. The effects vary depending on the specific Hb variant or derivative and the specific HbA1c method.

Ref by ADA 2020

MEAN PLASMA GLUCOSE
Method:- Calculated Parameter

111 mg/dL

Non Diabetic < 100 mg/dL
Prediabetic 100- 125 mg/dL
Diabetic 126 mg/dL or Higher

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Sample Type :- URINE

Sample Collected Time 09/10/2022 09:50:37

Final Authentication : 09/10/2022 12:43:05

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)	6.0		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		ABSENT

VIJENDRAMEENA
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IMMUNOASSAY

Test Name	Value	Unit	Biological Ref Interval
TOTAL THYROID PROFILE			
SERUM TOTAL T3 Method:- Chemiluminescence(Competitive immunoassay)	1.220	ng/ml	0.600 - 1.810
SERUM TOTAL T4 Method:- Chemiluminescence(Competitive immunoassay)	5.640	ug/dl	4.500 - 10.900
SERUM TSH ULTRA Method:- Enhanced Chemiluminescence Immunoassay	2.530	μIU/mL	0.500 - 6.880

Interpretation: Triiodothyronine (T3) contributes to the maintenance of the euthyroid state. A decrease in T3 concentration of up to 50% occurs in a variety of clinical situations, including acute and chronic disease. Although T3 results alone cannot be used to diagnose hypothyroidism, T3 concentration may be more sensitive than thyroxine (T4) for hyperthyroidism. Consequently, the total T3 assay can be used in conjunction with other assays to aid in the differential diagnosis of thyroid disease. T3 concentrations may be altered in some conditions, such as pregnancy, that affect the capacity of the thyroid hormone-binding proteins. Under such conditions, Free T3 can provide the best estimate of the metabolically active hormone concentration. Alternatively, T3 uptake, or T4 uptake can be used with the total T3 result to calculate the free T3 index and estimate the concentration of free T3.

Interpretation: The measurement of Total T4 aids in the differential diagnosis of thyroid disease. While >99.9% of T4 is protein-bound, primarily to thyroxine-binding globulin (TBG), it is the free fraction that is biologically active. In most patients, the total T4 concentration is a good indicator of thyroid status. T4 concentrations may be altered in some conditions, such as pregnancy, that affect the capacity of the thyroid hormone-binding proteins. Under such conditions, free T4 can provide the best estimate of the metabolically active hormone concentration. Alternatively, T3 uptake may be used with the total T4 result to calculate the free T4 index (FT4I) and estimate the concentration of free T4. Some drugs and some nonthyroidal patient conditions are known to alter TT4 concentrations in vivo.

Interpretation: TSH stimulates the production of thyroxine (T4) and triiodothyronine (T3) by the thyroid gland. The diagnosis of overt hypothyroidism by the finding of a low total T4 or free T4 concentration is readily confirmed by a raised TSH concentration. Measurement of low or undetectable TSH concentrations may assist the diagnosis of hyperthyroidism, where concentrations of T4 and T3 are elevated and TSH secretion is suppressed. These have the advantage of discriminating between the concentrations of TSH observed in thyrotoxicosis, compared with the low, but detectable, concentrations that occur in subclinical hyperthyroidism. The performance of this assay has not been established for neonatal specimens. Some drugs and some nonthyroidal patient conditions are known to alter TSH concentrations in vivo.

INTERPRETATION

PREGNANCY	REFERENCE RANGE FOR TSH IN uIU/mL (As per American Thyroid Association)
1st Trimester	0.10-2.50
2nd Trimester	0.20-3.00
3rd Trimester	0.30-3.00

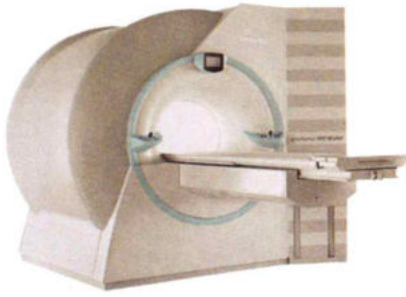
*** End of Report ***

KAUSHAL
Technologist

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NAME:	MR. RANU JAIN	AGE	32 YRS/F
REF.BY	BOB	DATE	09/10/2022

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

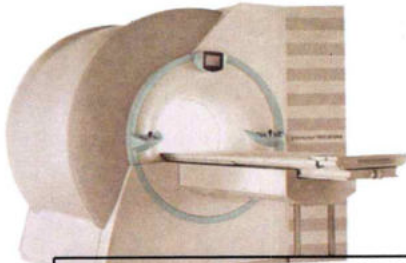
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Date :- 09/10/2022 09:28:05	Patient ID :- 12222733
NAME :- Mrs. RANU JAIN	Ref. By Doctor:-BOB
Sex / Age :- Female 32 Yrs 3 Mon 20 Days	Lab/Hosp :-
Company :- MediWheel	

Final Authentication : 09/10/2022 12:41:03

BOB PACKAGEFEMALE BELOW 40
 2D ECHO OPTION TMT (ADULT/CHILD)

2D-ECHOCARDIOGRAPHY M.MODE WITH DOPPLER STUDY:

FAIR TRANSTHORACIC ECHOCARDIOGRAPHIC WINDOW MORPHOLOGY:

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

M.MODE EXAMINATION:

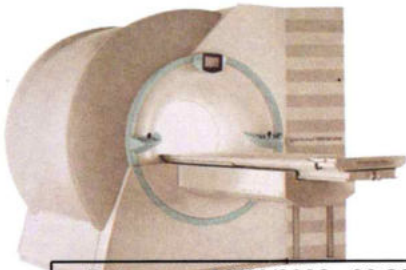
AO	17	mm	LA	21	Mm	IVS-D	6	mm
IVS-S	12	mm	LVID	32	Mm	LVSD	22	mm
LVPW-D	7	mm	LVPW-S	13	Mm	RV		mm
RVWT		mm	EDV		MI	LVVS		ml
LVEF	61%				RWMA	ABSENT		

CHAMBERS:

LA	NORMAL	RA	NORMAL
LV	NORMAL	RV	NORMAL
PERICARDIUM		NORMAL	

COLOUR DOPPLER:

MITRAL VALVE					
E VELOCITY	0.64	m/sec	PEAK GRADIENT		Mm/hg
A VELOCITY	0.46	m/sec	MEAN GRADIENT		Mm/hg
MVA BY PHT		Cm2	MVA BY PLANIMETRY		Cm2
MITRAL REGURGITATION			ABSENT		
AORTIC VALVE					
PEAK VELOCITY	0.80	m/sec	PEAK GRADIENT.		mm/hg
AR VMAX		m/sec	MEAN GRADIENT		mm/hg
AORTIC REGURGITATION			ABSENT		
TRICUSPID VALVE					
PEAK VELOCITY	0.49	m/sec	PEAK GRADIENT		mm/hg
MEAN VELOCITY		m/sec	MEAN GRADIENT		mm/hg
VMax VELOCITY					
TRICUSPID REGURGITATION			ABSENT		
PULMONARY VALVE					
PEAK VELOCITY	0.95	M/sec.	PEAK GRADIENT		Mm/hg
MEAN VALOCITY			MEAN GRADIENT		Mm/hg
PULMONARY REGURGITATION			ABSENT		



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Date :- 09/10/2022 09:28:05

NAME :- Mrs. RANU JAIN

Sex / Age :- Female 32 Yrs 3 Mon 20 Days

Company :- MediWheel

Patient ID :- 12222733

Ref. By Doctor:-BOB

Lab/Hosp :-

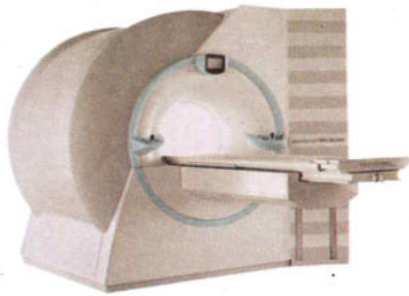
Final Authentication : 09/10/2022 12:41:03

Impression--

1. Normal LV size & contractility
2. No RWMA, LVEF 61 %.
3. Normal cardiac chamber.
4. Normal valve
5. No clot, no vegetation, no pericardial effusion.

(Cardiologist)

*** End of Report ***



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Date :- 09/10/2022 09:28:05
NAME :- Mrs. RANU JAIN
Sex / Age :- Female 32 Yrs 3 Mon 20 Days
Company :- MediWheel

Patient ID :- 12222733
Ref. By Doctor:-BOB
Lab/Hosp :-

Final Authentication : 09/10/2022 11:56:48

BOB PACKAGEFEMALE BELOW 40

ULTRA SOUND SCAN OF ABDOMEN

Liver is of normal size. **Echo-texture is bright.** No focal space occupying lesion is seen within liver parenchyma. Intra hepatic biliary channels are not dilated. Portal vein diameter is normal.

Gall bladder is of normal size. Wall is not thickened. **Few (3) non mobile, non shadowing echogenic foci of size~4.5mm, 4.2mm & ~3.6mm are seen attached to GB wall.** No calculus or mass lesion is seen in gall bladder. Common bile duct is not dilated (~5.4mm).

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. 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 or calculus.

Urinary Bladder: is well distended and showing smooth wall with normal thickness. Urinary bladder does not show any calculus or mass lesion.

Uterus is anteverted and normal in size and measures 69 x 59 x 36 mm. Myometrium shows normal echo - pattern. No focal space occupying lesion is seen. **Endometrial echo is thickened thickness is 13.3 mm.**

Both ovaries are visualised and are normal. No adnexal mass is seen.

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

IMPRESSION:

- * Grade I fatty liver.
- * GB polyps.
- * Thickened endometrium - Physiological.
- Needs clinical correlation & further evaluation

*** End of Report ***

Page No: 1 of 1

BILAL

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Transcript by

Print Copy



General Physical Examination

Date of Examination: 9/10/22
Name: Ranu Jain Age: 32 DOB: 21/06/1990 Sex: female
Referred By: BoB
Photo ID: AADHAR ID #: Attached
Ht: 155 (cm) Wt: 53 (Kg)
Chest (Expiration): 82 (cm) Abdomen Circumference: 74 (cm)
Blood Pressure: 124/74 mm Hg PR: 87 /min RR: 18 /min Temp: Afebrile
BMI 22.1

Eye Examination: Dis Vision 6/6 (with specs) Near Vision N/6
(Blue eyes) No Colour blindness
Other: Not significant

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

Signature Of Examinee : Ranu Jain Name of Examinee: _____

Signature Medical Examiner : _____ Name Medical Examiner: _____

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