

Age	Aditi Bajpai 35	Date	7/8/2024
Sex	Female	UHID No	
Occupation		Ref By	
		Phone No	8450939768
		Email	

## HEALTH ASSESSMENT FORM

### A - GENERAL EXAMINATION

CHIEF COMPLAINTS	NO NONE				
MEDICAL HISTORY	HYPERTENSION	Asthama	Heart Disease	Thyroid Disorder	Allergy
	No	No	No	No	No
	Diabetes	Stroke	Kidney Disorder	Tuberculosis	Liver Disorder
	No	No	No	No	No
	Other History	NONE			
SURGICAL HISTORY	Piles	Fissures	Fistula	Hernia	Gall Bladder Stone
	No	No	No	No	No
	Other Surgical History				
GYNECOLOGICAL HISTORY	AGE MENOPAUSE	MENARCHE AT YEARS OF AGE	Regularity	Duration	OTHER
		15yrs	Regular	5days	-
	Other Gynecological History				
BREAST EXAMINATION		RIGHT	LEFT		
	Skin	(N) NO	(N) NO		
	Nodule	NO	NO		
	Nipple	Normal	Normal		
	Pain	NO	NO		
	Other Remarks				
CURRENT MEDICATIONS	Sr. No	Complaints	Dosage	Duration	
		NA			

NAME	Aditi Bajpai	Weight	64.9 kg
BP	110/70 mmHg	Height	152
Pulse	77/min	SPO2	
Temperature	Afebrile	Peripheral Pulses	palpable
Oedema	-	Breath Sound	ATRE
Heart Sound	8/8 clear		

### B - SYSTEMIC EXAMINATION

FILL YES/NO

CONSTITUTIONAL		GENITOURINARY SYSTEM	
Fever	Y No	Frequency of urine	Y
Chills		Blood in urine	Y
Recent weight gain		Incomplete empty of bladder	No
	<b>EYES</b>	Nycturia	
Eye pain	Y	Dysuria	
Spots before eyes		Urge Incontinence	
Dry eyes	No		<b>OBS/GYNE.</b>
Wearing glasses		Abnormal bleed	Y
Vision changes		Vaginal Discharge	No
Itchy eyes		Irregular menses	
	<b>EAR/NOSE/THROAT</b>	Midcycle bleeding	
Earaches	Y		<b>MUSCULOSKELETAL</b>
Nose bleeds	Y No	Joint swelling	Y
Sore throat		Joint pain	No
Loss of hearing		Limb swelling	
Sinus problems		Joint stiffness	
Dental problems			<b>INTEGUMENTARY(SKIN)</b>
	<b>CARDIOVASCULAR</b>	Acne	Y
Chest pain	Y No	Breast pain	No
Heart rate is fast/slow		Change in mole	
Palpitations		Breast	
Leg swelling			<b>NEUROLOGICAL</b>
	<b>RESPIRATORY</b>	Confused	Y
Shortness of breath	Y No	Sensation in limbs	No
Cough		Migraines	
Orthopnoea		Difficulty walking	
Wheezing			<b>PSYCHIATRIC</b>
Dyspnoea		Suicidal	Y
Respiratory distress in sleep		Change in personality	No
	<b>GASTROINTESTINAL</b>	Anxiety	
Abdominal pain	Y	Sleep Disturbances	
Constipation	No	Depression	
Heartburn		Emotional	
Vomiting			
Diarrhoea			
Melena			

आयकर विभाग  
INCOME TAX DEPARTMENT



भारत सरकार  
GOVT. OF INDIA

ADITI BAJPAI  
SANTOSH KUMAR BAJPAI  
15/05/1989

Permanent Account Number

BEYPB1396H

*Aditi Bajpai*

Signature



X

*Shilpa Singh*

*Shilpa Singh*  
**DR. SHILPA SINGH**  
MD (Physician) Russia D. Card  
Reg No.: MMC 2013/12/3680

**VRX HEALTHCARE PVT. LTD.**  
(Physio Lounge & Diagnolounge)  
104-105, 1st Floor, Asmi Dreamz,  
At Junction Of S.V. Road, & M. G. Road,  
Goregaon (West), Mumbai- 400104.





# Report

VRX HEALTH CARE PVT. LTD.

Name	: MS. ADITI BAJPAI	UHID	: VRX-42791
Age/Gender	: 35 Years 2 Months /F	Registered On	: 07/08/2024 08:42
Referred By	: MEDIWHEEL	Collected On	: 07/08/2024 08:44
		Reported On	: 07/08/2024 14:03

Investigations	Observed Value	Bio. Ref. Interval	METHOD
<b>CBC-COMplete BLOOD COUNT</b>			
HAEMOGLOBIN	12.2	12.0 - 15.0 gm/dl	
RBC COUNT	4.51	3.8 - 4.8 Millions/Cmm	
PACKED CELL VOLUME	<b>36.5</b>	40.0 - 50.0 %	
MEAN CORP VOL (MCV)	<b>80.93</b>	83.0 - 101.0 fL	
MEAN CORP HB (MCH)	27.05	27.0 - 32.0 pg	
MEAN CORP HB CONC (MCHC)	33.42	31.5 - 34.5 g/dl	
RDW	12.7	11.6 - 14.0 %	
WBC COUNT	4.5	4.0 - 10.0 *1000/cmm	
NEUTROPHILS	40	40 - 80 %	
LYMPHOCYTES	<b>44</b>	20 - 40 %	
EOSINOPHILS	<b>12</b>	1 - 6 %	
MONOCYTES	4	2 - 10 %	
BASOPHILS	0		
PLATELETS COUNT	379	150 - 410 *1000/Cmm	
PLATELETS ON SMEAR	Adequate		
MPV	6.6	6.78 - 13.46 %	
PDW	17.8	9 - 17 %	
RBC MORPHOLOGY	NORMOCYTIC NORMOCHROMIC		
WBC MORPHOLOGY	<b>Eosinophilia</b>		

**REMARKS**  
 EDTA Whole Blood - Tests done on Automated NIHON KOHDEN MEK-7300K 5 Part Analyzer. (Haemoglobin by Photometric and WBC, RBC, Platelet count by Impedance method, WBC differential by Floating Discriminator Technology and other parameters are calculated)  
 All Abnormal Haemograms are reviewed and confirmed microscopically. Differential count is based on approximately 10,000 cells.

**INTERPRETATION**

--- End of the Report ---

*VRX*

Dr. Vipul Jain  
M.D.(PATH)

APPROVED BY

ENTERED BY - SANTOSH M

CHECKED BY - SNEHA G





# Report

VRX HEALTH CARE PVT. LTD.

Name	: MS. ADITI BAJPAI	UHID	: VRX-42791
Age / Gender	: 35 Years 2 Months / F	Registered On	: 07/08/2024 08:42
Referred By	: MEDIWHEEL	Collected On	: 07/08/2024 08:44
		Reported On	: 07/08/2024 15:59

Investigations	Observed Value	Bio. Ref. Interval	METHOD
<b>MEDIWHEEL FULL BODY CHECK UP BELOW 40 FEMALE</b>			
ESR	11	< 20 mm at the end of 1Hr.	WESTERGREN
<b>INTERPRETATION</b> <i>ESR(Erythrocyte Sedimentation Rate)-The ESR measures the time required for erythrocytes from a whole blood sample to settle to the bottom of a vertical tube. Factors influencing the ESR include red cell volume, surface area, density, aggregation, and surface charge. The ESR is a sensitive, but nonspecific test that is frequently the earliest indicator of disease. It often rises significantly in widespread inflammatory disorders due to infection or autoimmune mechanisms. Such elevations may be prolonged in localized inflammation and malignancies. Increased ESR: may indicate pregnancy, acute or chronic inflammation, tuberculosis, rheumatic fever, paraproteinemias, rheumatoid arthritis, some malignancies, or anemia. Decreased ESR: may indicate polycythemia, sickle cell anemia, hyperviscosity, or low plasma protein.</i>			
BLOOD GROUP	B POSITIVE		SLIDE AGGLUTINATION - FORWARD GROUPING

--- End of the Report ---

Dr. Vipul Jain  
M.D.(PATH)

APPROVED BY

ENTERED BY - SANTOSH M

CHECKED BY - SNEHA G










# Report

VRX HEALTH CARE PVT. LTD.

UHID : AM10.24000000001  
 Patient Name : MS. ADITI BAJPAI  
 Age : 35 Yrs 2 Month  
 Gender : FEMALE  
 Ref. Doctor : SELF  
 Client Name : DIAGNO LOUNGE(ADVANCED DIAGNOSTIC CENTRE)-GOREGAON

Bill No. : A064749  
 Registered On : 07/08/2024,02:15 PM  
 Collected On : 07/08/2024,02:16 PM  
 Reported On : 07/08/2024,06:58 PM  
 SampleID : 

## REPORT

### Biochemistry

Test Name	Result	Unit	Biological Reference Interval
<b>HbA1c (Glycylated Haemoglobin) WB-EDTA</b>			
HbA1c (Glycylated Haemoglobin)	6.2	%	Normal <5.7 % Pre Diabetic 5.7 - 6.4 % Diabetic >6.5 % Target for Diabetes on therapy < 7.0 % Re-evaluation of therapy > 8.0 % Reference ADA Diabetic Guidelines 2013

Method : HPLC (High Performance Liquid Chromatography)

Mean Blood Glucose 131.2 mg/dL

Method : Calculated

Note: Hemoglobin electrophoresis (HPLC method) is recommended for detecting hemoglobinopathy.


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Verified By

Dr Suvarna Deshpande  
MD (Path)  
Reg.No.83385

  
Dr Aparna Jairam  
MD (Path)  
Reg.No.76516

"Sample Processed At Asavlee Dr Aparna's Pathology Laboratory"

Physio Lounge & Diagno Lounge (VRX Health Care Pvt. Ltd.)





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## REPORT

### Biochemistry

Test Name	Result	Unit	Biological Reference Interval
<b>Correlation of A1C with average glucose</b>			
A1C (%)	Mean Blood Glucose (mg/dl)		
6	126		
7	154		
8	183		
9	212		
10	240		
11	269		
12	298		

#### Interpretation :

- The HbA1c levels correlate with the mean glucose concentration prevailing in the course of Pts recent history (apprx 6-8 weeks) & therefore provides much more reliable information for glycemia control than the blood glucose or urinary glucose. This Methodology is better then the routine chromatographic methods & also for the daibetic pts.having HEMOGLBINOPATHIES OR UREMIA as Hb variants and uremia does not INTERFERE with the results in this methodology.
- It is recommended that HbA1c levels be performed at 4 - 8 weeks during therapy in uncontrolled DM pts.& every 3 - 4 months in well controlled daibetics.
- Mean blood glucose (MBG) in first 30 days ( 0-30 )before sampling for HbA1c contributes 50% whereas MBG in 90 - 120 days contribute to 10% in final HbA1c levels


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# Report

VRX HEALTH CARE PVT. LTD.

Name	: MS. ADITI BAJPAI	UHID	: VRX-42791
Age/Gender	: 35 Years 2 Months /F	Registered On	: 07/08/2024 08:42
Referred By	: MEDIWHEEL	Collected On	: 07/08/2024 08:44
		Reported On	: 07/08/2024 18:57

Investigations	Observed Value	Bio. Ref. Interval	METHOD
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### MEDIWHEEL FULL BODY CHECK UP BELOW 40 FEMALE

#### Lipid Test

TOTAL CHOLESTEROL	158.5	130 - 200 mg/dl	
TRIGLYCERIDES	48.9	25 - 160 mg/dl	
HDL CHOLESTEROL	49.0	35 - 80 mg/dl	
LDL CHOLESTEROL	99.72	< 100 mg/dl	
VLDL CHOLESTEROL	9.78	7 - 35 mg/dl	
LDL-HDL RATIO	2.04	< 3.5 mg/dl	
TC-HDL CHOLESTEROL RATIO	3.23	2.5 - 4.0 mg/dl	

#### INTERPRETATION

SAMPLE : SERUM,PLAIN

Note : Non HDL is the best risk predictor of all cholesterol measures, both for CAD(Coronary Artery Diseases) events and for strokes. High Risk patients like Diabetics,Hypertension .With family history of IHD, Smokers, the Desirable reference values for cholesterol & Triglyceride are further reduced by 10 mg % each.

\*VLDL and LDL Calculated.

(References : *Interpretation of Diagnostic Tests by Wallach's*)

Technique : Fully Automated *Pentra C-200* Biochemistry Analyzer.

\*\*All Test Results are subjected to stringent international External and Internal Quality Control Protocols.

--- End of the Report ---

Dr. Vipul Jain  
M.D.(PATH)

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ENTERED BY - SANTOSH M

CHECKED BY - SNEHA G





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VRX HEALTH CARE PVT. LTD.

Name	: MS. ADITI BAJPAI	UHID	: VRX-42791
Age/Gender	: 35 Years 2 Months /F	Registered On	: 07/08/2024 08:42
Referred By	: MEDIWHEEL	Collected On	: 07/08/2024 08:44
		Reported On	: 07/08/2024 15:59

Investigations	Observed Value	Bio. Ref. Interval	METHOD
<b>MEDIWHEEL FULL BODY CHECK UP BELOW 40 FEMALE</b>			
<b>LIVER FUNCTION TEST</b>			
SGOT	17.5	< 34 U/L	
SGPT	17.3	10 - 49 U/L	
TOTAL BILIRUBIN	0.45	0.3 - 1.2 mg/dl	
DIRECT BILIRUBIN	0.15	Adult: < 0.2 mg/dl Infant: 0.2 - 8 mg/dl	
INDIRECT BILIRUBIN	0.3	< 1.2 mg/dl	
TOTAL PROTEINS	6.40	6.0 - 8.3 g/dl	
ALBUMIN	3.84	3.5 - 5.2 g/dl	
GLOBULIN	2.56	2.0 - 3.5 g/dl	
A/G RATIO	1.5	1.0 - 2.0 mg/dl	
ALKALINE PHOSPHATASE	68.9	42 - 98 U/L	
GGT	20.4	< 38 U/L	
<b>REMARKS</b> SAMPLE : SERUM,PLAIN PERFORMED ON FULLY AUTOMATED PENTRA C-200 BIOCHEMISTRY ANALYZER.			

--- End of the Report ---

*N. Jain*

Dr. Vipul Jain  
M.D.(PATH)

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Age/Gender	: 35 Years 2 Months /F	Registered On	: 07/08/2024 08:42
Referred By	: MEDIWHEEL	Collected On	: 07/08/2024 08:44
		Reported On	: 07/08/2024 15:59

Investigations	Observed Value	Bio. Ref. Interval	METHOD
<b>MEDIWHEEL FULL BODY CHECK UP BELOW 40 FEMALE</b>			
URIC ACID	4.4	2.6 - 6.0 mg/dl	URICASE
<b>BUN</b>			
UREA	24.1	15 - 40 mg/dl	
BLOOD UREA NITROGEN	11.2	7.3 - 18.8 mg/dl	
CREATININE	0.68	0.5 - 1.4 mg/dl	Jaffe/Alkaline Picrate
<b>BUN / CREAT RATIO</b>			
BUN (Blood Urea Nitrogen)	11.2	7.3 - 18.8 mg/dL	
Creatinine	0.68	0.5 - 1.4 mg/dL	
BUN/Creatinine Ratio	16.47	5.0 - 23.5	

--- End of the Report ---

*NRS Jain*

Dr. Vipul Jain  
M.D.(PATH)  
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CHECKED BY - SNEHA G







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Referred By	: MEDIWHEEL	Collected On	: 07/08/2024 08:44
		Reported On	: 07/08/2024 15:59

Investigations	Observed Value	Bio. Ref. Interval	METHOD
<b>MEDIWHEEL FULL BODY CHECK UP BELOW 40 FEMALE</b>			
<b>TOTAL PROTEINS</b>			
TOTAL PROTEINS	6.40	6.0 - 7.8 g/dl	BIURET
ALBUMIN	3.84	3.5 - 5.2 g/dl	BIURET
GLOBULIN	2.56	2.0 - 3.5 g/dl	BIURET
AG RATIO	1.5	1.0 - 2.0 g/dl	BIURET

--- End of the Report ---

*NRS Jain*

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M.D.(PATH)

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Investigations	Observed Value	Bio. Ref. Interval	METHOD
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### MEDIWHEEL FULL BODY CHECK UP BELOW 40 FEMALE

#### URINE ROUTINE

COLOUR	PALE YELLOW		
APPEARANCE	SLIGHTLY TURBID		
SPECIFIC GRAVITY	1.010		
REACTION (PH)	5.5		
PROTEIN	Absent		
SUGAR	Absent		
KETONE	Absent		
BILE SALT	Absent		
BILIRUBIN	Absent		
OCCULT BLOOD	<b>Present (+)</b>		
PUS CELLS	2-4	< 6 hpf	
EPITHELIAL CELLS	<b>15-20</b>	< 5 hpf	
RBC	<b>8-10</b>	< 2 hpf	
CASTS	NIL		
CRYSTALS	NIL		
AMORPHOUS DEBRIS	Absent		
BACTERIA	NIL		
YEAST CELLS	Absent		
SPERMATOOZA	Absent		

--- End of the Report ---

*NRS Jain*

Dr. Vipul Jain  
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# Report

VRX HEALTH CARE PVT. LTD.

UHID : AM10.240000000001  
 Patient Name : MS. ADITI BAJPAI  
 Age : 35 Yrs 2 Month  
 Gender : FEMALE  
 Ref. Doctor : SELF  
 Client Name : DIAGNO LOUNGE(ADVANCED DIAGNOSTIC CENTRE)-GOREGAON

Bill No. : A064749  
 Registered On : 07/08/2024,02:15 PM  
 Collected On : 07/08/2024,02:16 PM  
 Reported On : 07/08/2024,06:58 PM  
 SampleID : 

## REPORT

### Immunology

Test Name	Result	Unit	Biological Reference Interval
Total T3 Method : ECLIA	98.2	ng/dl	58-159
Total T4 Method : ECLIA	7.9	mcg/dl	4.2-11.2
TSH-Ultrasensitive Method : Chemiluminescent Microparticle Immunoassay	2.073	uIU/ml	0.2-5.7
Trimester Ranges	T3- 1st Trimester - 138-278 ng/dl 2nd Trimester- 155-328 ng/dl 3rd Trimester - 137-324 ng/dl  T4- 1st Trimester - 7.31-15.0 mcg/dl 2nd Trimester- 8.92-17.38 mcg/dl 3rd Trimester - 7.98-17.7 mcg/dl  TSH- 1st Trimester - 0.04-3.77 uIU/ml 2nd Trimester- 0.30-3.21 uIU/ml 3rd Trimester - 0.6-4.5 uIU/ml		

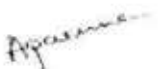
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Reg.No.83385

  
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# Report

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## REPORT

### Immunology

Test Name	Result	Unit	Biological Reference Interval
-----------	--------	------	-------------------------------

**1.Total T3( Total Tri- iodo- thyronine )** is one of the bound form of thyroid hormones produced by thyroid gland.Its production is tightly regulated by TRH( Thyrotropin Releasing Hormone) from hypothalamus and TSH (Thyroid stimulating hormone) from anterior pituitary gland.In euthyroid state,thyroid gland secretes 10- 15% of T3,which in circulation is heavily protein bound and is the principle bioactive form.T4 is converted to T3 by deiodinases in peripherally (Mainly Liver).and in target organs . Total T3 levels are increased in primary and central hyperthyroidism and T3 toxicosis& its levels are decreased in the primary and central hypothyroidism.but its normal in case of subclinical hypothyroidism and hyperthyroidism alterations in Total T 3 levels can also occur in conditions like Non -Thyroidal illness,pregnancy, certain drugs and genetic conditions.

**2.Total T4 (Total tetra- iodo-thyronine or total thyroxin)**is one of the bound form of thyroid hormones produced by thyroid gland .Its production is tightly regulated TRH( Thyrotropin Releasing Hormone) from hypothalamus and TSH (Thyroid stimulating hormone) from anterior pituitary gland .In euthyroid state,thyroid gland secretes 85- 90% of Thyroxine,which is circulated is heavily protein bound and has more half life than T 3 .Total T4 levels are increased in primary and central hyperthyroidism and its levels are decreased in primary and central hypothyroidism but its normal in case of subclinical hypothyroidism and hyper thyrodism and T3 Toxicosis is alterations in Total T4 Levels can also occur in conditions like Non -Thyroidal illness, pregnancy,certain drugs and genetic conditionS.

**3.TSH (Thyroid stimulating hormone or Thyrotropin)**is produced by anterior pituitary in response to its stimulation by TRH (Thyrotropin releasing hormone ) released from hypothalamus .TSH and TRH releases are regulated by thyroid hormone through a feedback mechanism. There are several cases causes that can lead to thyroid gland dysfunction or dysregulation which eventually results in hypothyroidism or hypothyroidism based on the thyroid hormones and TSH levels it can be classified as subclinical primary or central apart from this certain other conditions can also lead to diagnostic confusions in the interpretation of a thyroid function test .They are pregnancy, Levothyroxine therapy certain other drug therapy assay interference alterations in the thyroid hormones binding proteins concentration and its binding capacity conditions of non-thyroidal illness and certain genetic conditions . TSH secretions exhibits diurnal pattern, so its advices able to check it during morning. Measurement of TSH alone may be misleading in conditions like recent treatment for thyrotoxicosis, TSH assay interference, central hypothyroidism. TSH Secreting pituitary adenoma.resistance to thyroid hormone .and disorders of thyroid hormones transport or metabolism.TSH receptor present in thyroid gland can be stimulated or inhibited by autoantibodies produced during autoimmune thyroid disorders which can lead to functional abnormalities of thyroid gland.The American Thyroid association determined that only TSH assays with third generation functional sensitivity (Sensitivity =0.01 mIU/L.) are sufficient for use as screening tests for hypothyroidism their recommendation in consistent with the National Academy of Clinical Biochemistry Laboratory Medicine practice guideline for assessment of thyroid function.

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

Results are to be correlated clinically

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Reg.No.83385

*Aparna*  
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"Sample Processed At Asavlee Dr Aparna's Pathology Laboratory"

Physio Lounge & Diagno Lounge (VRX Health Care Pvt. Ltd.)





Ms Aditi Bajpai, 35 yrs

Female

QRS : 78 ms  
QT / QTcBaz : 382 / 432 ms  
PR : 122 ms  
P : 80 ms  
RR / PP : 780 / 779 ms  
P / QRS / T : 14 / 78 / 35 degrees

Normal sinus rhythm  
Normal ECG

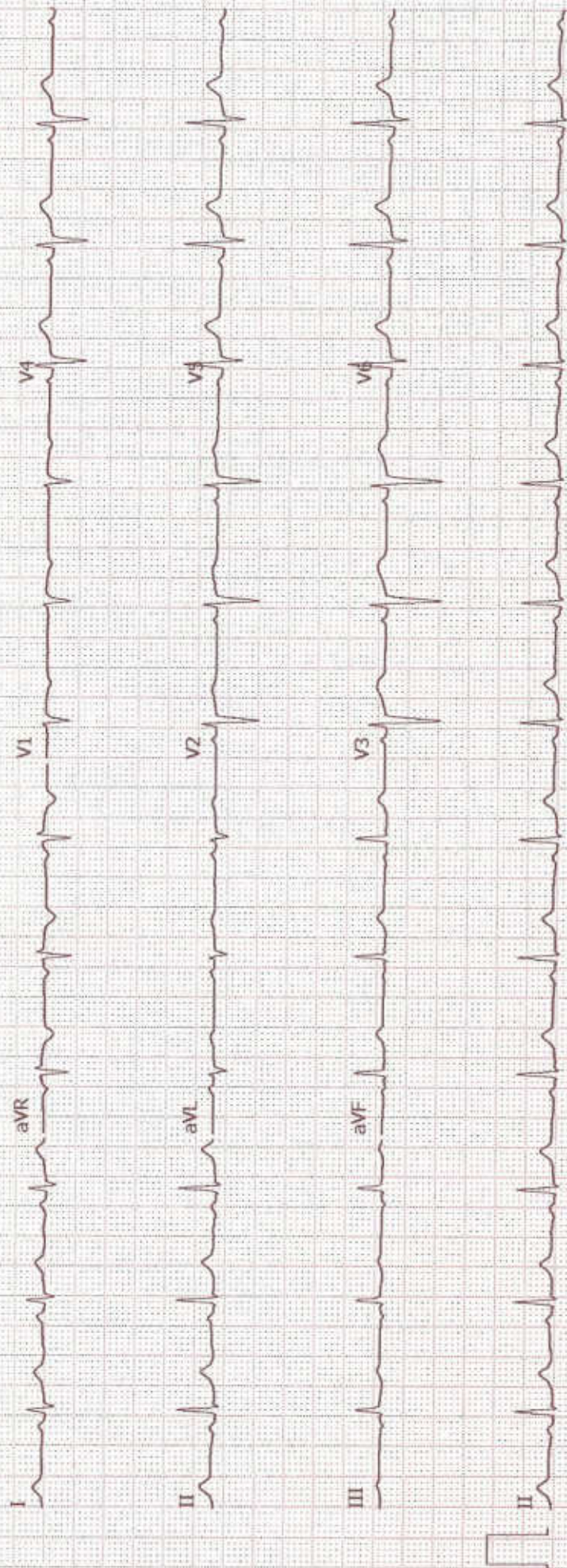
*Sino Rhythm*  
*Correct*  
*Complete Chordy*

07.08.2024 9:25:16 AM  
VRX HEALTHCARE PVT LTD  
MGI road  
Mumbai

77 bpm  
mmHg

Technician:  
Ordering Ph:  
Referring Ph:  
Attending Ph:

**DR. SHILPASINGH**  
MD (Physician) Russia D. Card  
Reg No.: MMC 2013/123680







**Patient Name: MRS. ADITI BAJPAI**  
**Ref.:- MEDIWHEEL**

**Date: - 07/08/2024**  
**Age: - 35YRS/F**

## ECHO CARDIOGRAM AND COLOUR DOPPLER REPORT.

### SUMMARY:

- \* Normal LV systolic and diastolic function. LVEF = 0.55-0.60.
- \* Normal cardiac valves.
- \* Trivial TR.
- \* No regional wall motion abnormality at rest.
- \* No PH.
- \* Intact septae.
- \* Normal aortic arch.
- \* IVC collapsing and non-dilated

### COMMENTS

- \* The LV size, wall thickness and contractility are normal.
- \* There is no regional wall motion abnormality at rest.
- \* The LV systolic function is normal. LVEF = 0.55-0.60.
- \* There is no LV diastolic dysfunction.
- \* The cardiac valves are structurally and functionally normal.
- \* Trivial tricuspid regurgitation
- \* PAP as estimated by the TR jet is 24mmHg. There is no PH.
- \* There are no clots, vegetation's or pericardial effusion.

P.T.O





...PAGE 2.... MRS. ADITI BAJPAI

- \* The cardiac septae are intact.
- \* The aortic arch is normal. There is no coarctation.
- \* IVC collapsing and non-dilated

### MEASUREMENTS

#### Dimensions :

LA	: 2.3 cm
AO	: 2.0 cm
AO (Sep)	: 14 mm
EF Slope	: 102 mm/sec
EPPS	: 3 mm
LVID(s)	: 2.2cm
LVID(d)	: 4.2 cm
IVS(d)	: 0.9 cm
PW(d)	: 0.8 cm
RVID(d)	: 1.3 cm
LVEF	: 0.55-0.60.

### DOPPLER

	MITRAL	AORTIC	TRICUSPID	PULMONARY
GRADE of regurgitation	NIL	NIL	TRIVIAL	TRIVIAL

DR. SHILPA SINGH  
~~D. CARD~~  
MD-PHYSICIAN (Russia)

**Disclaimer-** 2 D Echo is a machine dependent and observer dependent study. Inter observer and inter machine variations can occur. It shows the condition of the heart at the given time only. It should not be the sole investigation to make clinical decision.







PATIENT NAME : MS. ADITI BAJPAI	AGE : 35YEARS
LAB NO :	SEX : FEMALE
REF DR NAME : MEDIWHEEL	DATE : 07/08/2024

## USG WHOLE ABDOMEN

### LIVER:

The liver is normal in size, shape and smooth margins. It shows normal parenchymal echo pattern. The intra hepatic biliary and portal radical appear normal. No evidence of any intra hepatic cystic or solid lesion seen. The main portal vein and CBD appears normal.

### GALL BLADDER:

The gall bladder is partially contracted.

### PANCREAS:

The pancreas is well visualized and normal. No evidence of solid or cystic mass lesion.

### KIDNEYS:

Both the kidneys are normal in size shape and echotexture.  
No evidence of any calculus, hydronephrosis or mass lesion seen.  
Right kidney measures 10.8 x 3.8 cm. Left kidney measures 10.6 x 4.1 cm.

### SPLEEN:

The spleen is normal in size and echotexture. No evidence of focal lesion is noted.  
There is no evidence of any lymphadenopathy or ascites.

### URINARY BLADDER:

The urinary bladder is well distended and reveal no intraluminal abnormality.

### UTERUS:

Uterus is normal in size and echotexture. It measures 6.4 x 4.3 x 3.9 cm. ET - 7.9 mm. No focal lesion is seen.

### OVARIES:

Both the ovaries are normal. No adnexal mass is seen.  
Right ovary = 3.2 x 1.5 cm Left ovary = 2.8 x 2.0 cm.

### IMPRESSION:

No significant abnormality is seen.

  
**DR. SHRIKANT BODKE**  
(CONSULTANT RADIOLOGIST)

Note: Investigations have their limitations. Solitary radiological investigations never confirm the final diagnosis. They only help in diagnosing the disease in correlation to clinical symptoms and other related tests. USG is known to have inter-observer variations. Further / Follow-up imaging may be needed in some case for confirmation of findings Please interpret accordingly. Patient has been explained in detail about the USG findings, measurements and limitations. In case of any typographical error in the report, patient is requested to immediately contact the center for rectification within 7 days post which the center will not be responsible for any rectification.









# Report

VRX HEALTH CARE PVT. LTD.

NAME : MS. ADITI BAJPAI  
REF. BY : DR. MEDIWHEEL  
EXAMINATION : X-RAY CHEST PA VIEW

DATE: 07/08/2024

AGE: 35YRS/F

Both the lungs are essentially clear and show normal bronchial and vascular pattern.

Pleural spaces appear clear.

Both domes of diaphragm are in normal position.

Bony thorax appears normal.

Cardiac size is within normal limits.

**Remark:**

No pleuro parenchymal abnormality noted.

**DR. SHRIKANT BODKE**  
(CONSULTANT RADIOLOGIST).

Note: Investigations have their limitations. Solitary radiological investigations never confirm the final diagnosis. They only help in diagnosing the disease in correlation to clinical symptoms and other related tests. X RAY is known to have inter-observer variations. Further / Follow-up imaging may be needed in some case for confirmation of findings Please interpret accordingly. In case of any typographical error in the report, patient is requested to immediately contact the center for rectification within 7 days post which the center will not be responsible for any rectification.

