

Patient Name	Nagarna Rizwan Dh.		Date	10/8/2024	
Age	36-y.		UHID No		
Sex	Female		Ref By		
Occupation	Homemaker		Phone No		
			Email		
HEALTH ASSESSMENT FORM					
A - GENERAL EXAMINATION					
CHIEF COMPLAINTS	- H/O TIA - 2023 (Non haemorrhagic). 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	H/O TIA - 2023.		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
		15y.	Yes.	3 day. 28 day.	
	Other Gynecological History				
BREAST EXAMINATION		RIGHT		LEFT	
	Skin	}		}	
	Nodule	}		}	
	Nipple	}		}	
	Pain	}		}	
	Other Remarks	}		}	
CURRENT MEDICATIONS	Sr. No	Complaints	Dosage	Duration	
		1) Tab. Escapm Cold long	2-3-0		

NAME	Nigmana Rizwan Khan	Weight	64.9 kg.
BP	120/80	Height	183 cm.
Pulse	92 b/m	SPO2	99.1.21.
Temperature	37.2	Peripheral Pulses	Present
Oedema	None	Breath Sound	Clear
Heart Sound	S1S2		

B - SYSTEMIC EXAMINATION

FILL YES/NO

CONSTITUTIONAL		GENITOURINARY SYSTEM	
Fever	} 5-6 kg wt. gain.	Frequency of urine	} NO.
Chills		Blood in urine	
Recent weight gain		Incomplete empty of bladder	
EYES		OBS/GYNE.	
Eye pain	} NO.	Nycturia	} NO.
Spots before eyes		Dysuria	
Dry eyes		Urge Incontinence	
Wearing glasses		Abnormal bleed	
Vision changes		Vaginal Discharge	} NO.
Itchy eyes		Irregular menses	
EAR/NOSE/THROAT		Midcycle bleeding	
Earaches	} Ad. Ear Aches on/off	MUSCULOSKELETAL	
Nose bleeds		Joint swelling	} B/L knee pain.
Sore throat		Joint pain	
Loss of hearing		Limb swelling	
Sinus problems		Joint stiffness	
Dental problems		INTEGUMENTARY (SKIN)	
CARDIOVASCULAR		Acne	} NO.
Chest pain	} NO.	Breast pain	
Heart rate is fast/slow		Change in mole	
Palpitations		Breast	
Leg swelling			NEUROLOGICAL
RESPIRATORY		Confused	} Forgetful.
Shortness of breath	} Dyspnoea on exertion.	Sensation in limbs	
Cough		Migraines	
Orthopnoea		Difficulty walking	
Wheezing			} Migraine on/off.
Dyspnoea	PSYCHIATRIC		
Respiratory distress in sleep	Suicidal	} Quick to anger.	
	Change in personality		
	Anxiety		
	Sleep Disturbances		
GASTROINTESTINAL		Depression	} Quick to anger.
Abdominal pain	} NO.	Emotional	
Constipation			
Heartburn			
Vomiting			
Diarrhoea			
Melena			

I hereby confirm that I have willingly not
performing stool tests

Alway



भारत सरकार
Government of India

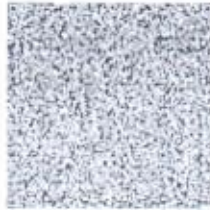
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Unique Identification Authority of India

Enrolment No.: 0651/65084/03025

Download Date: 12/02/2019

To
Nazrana Rizwan Khan
Flat No: 104/B
Vikramaditya Vijay Bank Staff Quarter
Malad East
Raheja Township Near RBI Quarter
Mumbai
Malad East
Mumbai Suburban Maharashtra - 400097
9892027293

Issue Date: 06/09/2019



आपका आधार क्रमांक / Your Aadhaar No. :

3740 1471 9049
VID : 9195 8413 9346 7065

मेरा आधार, मेरी पहचान



भारत सरकार
Government of India



Download Date: 12/02/2019



Nazrana Rizwan Khan
Date of Birth/DOB: 15/06/1993
Female/ FEMALE

Issue Date: 06/09/2019

3740 1471 9049
VID : 9195 8413 9346 7065

मेरा आधार, मेरी पहचान
Dr Sandeep Deshpande
MD (CARDIOLOGIST)
REG - 72944



Government of India



AADHAAR

सूचना

- आधार पहचान का प्रमाण है, नागरिकता का नहीं।
- सुरक्षित QR कोड / ऑफलाइन XML / ऑनलाइन ऑथेंटिकेशन से पहचान प्रमाणित करें।
- यह एक इलेक्ट्रॉनिक प्रक्रिया द्वारा बना हुआ पत्र है।

INFORMATION

- Aadhaar is a proof of identity, not of citizenship.
- Verify identity using Secure QR Code/ Offline XML/ Online Authentication.
- This is electronically generated letter.

- आधार देश भर में मान्य है।
- आधार कई सरकारी और गैर सरकारी सेवाओं को पाना आसान बनाता है।
- आधार में मोबाइल नंबर और ईमेल ID अपडेट रखें।
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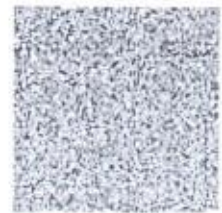


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Address:

Flat No 104/B, Vikramaditya Vijay Bank Staff
Quarter, Raheja Township Near RBI Quarter,
Malad East, Mumbai, Mumbai Suburban,
Maharashtra - 400097



3740 1471 9049
VID : 9195 8413 9346 7065

18-17 | help@uidai.gov.in | www.uidai.gov.in

Nazrana

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Behind Vishnu Shivam Mall,
Thakur Village, Kandivali East,
Mumbai, Maharashtra - 400 101.
Mobile No.: 7506155999 / 7045955999



Report

VRX HEALTH CARE PVT. LTD.

Name : MS. NAZRANA KHAN
Age/Gender : 30 Years 11 Months /F
Referred By : MEDIWHEEL

UHID : VRX-42953
Registered On : 10/08/2024 10:21
Collected On : 10/08/2024 10:39
Reported On : 10/08/2024 15:42

Investigations Observed Value Bio. Ref. Interval METHOD

CBC-COMplete BLOOD COUNT

Investigations	Observed Value	Bio. Ref. Interval	METHOD
HAEMOGLOBIN	9.9	12.0 - 15.0 gm/dl	
RBC COUNT	4.50	3.8 - 4.8 Millions/Cmm	
PACKED CELL VOLUME	32.2	40.0 - 50.0 %	
MEAN CORP VOL (MCV)	71.56	83.0 - 101.0 fL	
MEAN CORP HB (MCH)	22.0	27.0 - 32.0 pg	
MEAN CORP HB CONC (MCHC)	30.75	31.5 - 34.5 g/dl	
RDW	16.3	11.6 - 14.0 %	
WBC COUNT	6.7	4.0 - 10.0 *1000/cmm	
NEUTROPHILS	68	40 - 80 %	
LYMPHOCYTES	26	20 - 40 %	
EOSINOPHILS	2	1 - 6 %	
MONOCYTES	3	2 - 10 %	
BASOPHILS	0		
PLATELETS COUNT	352	150 - 410 *1000/Cmm	
PLATELETS ON SMEAR	Adequate		
MPV	10.0	6.78 - 13.46 %	
PDW	15.3	9 - 17 %	
RBC MORPHOLOGY	HYPOCHROMIA(+) MICROCYTOSIS(+) ANISOCYTOSIS(+)/POIKILOCYTOSIS(+)		

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 ---

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NRS Jain

ENTERED BY - SANTOSH M

CHECKED BY - SNEHA G

Dr. Vipul Jain
M.D.(PATH)

APPROVED BY



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



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Investigations	Observed Value	Bio. Ref. Interval	METHOD
MEDIWHEEL FULL BODY CHECK UP BELOW 40 FEMALE			
ESR	14	< 20 mm at the end of 1Hr.	WESTERGREIN
INTERPRETATION <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	O POSITIVE		SLIDE AGGLUTINATION - FORWARD GROUPING

--- End of the Report ---

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N. Jain

ENTERED BY - SANTOSH M

CHECKED BY - SNEHA G

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M.D.(PATH)

APPROVED BY



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Investigations	Observed Value	Bio. Ref. Interval	METHOD
FASTING BLOOD SUGAR			
FBS	102.1	< 100 mg/dl	GODPOD
URINE SUGAR	ABSENT		GODPOD
URINE KETONE	ABSENT		GODPOD

INTERPRETATION

SAMPLE : FLUORIDE, PLASMA

Plasma Glucose Fasting : Non-Diabetic : < 100 mg/dl

Diabetic : >= 126 mg/dl

Pre-Diabetic : 100 - 125 mg/dl

Plasma Glucose Post Lunch : Non-Diabetic : < 140

Diabetic : >= 200 mg/dl

Pre-Diabetic : 140- 199 mg/dl.

Random Blood Glucose : Diabetic : >= 200 mg/dl

References : ADA(American Diabetic Association Guidelines 2016)

Technique : Fully Automated PENTRA C-200 Clinical Chemistry Analyser .

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

PPBS			
PPBS	100.2	< 140 mg/dl	GODPOD
URINE SUGAR	ABSENT		GODPOD
URINE KETONE	ABSENT		GODPOD

INTERPRETATION

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Dr. Vipul Jain
M.D.(PATH)

APPROVED BY



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CHECKED BY - SNEHA G

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



Report

VRX HEALTH CARE PVT. LTD.

UHID : AM10.24000000001
Patient Name : MS. NAZRANA KHAN
Age : 30 Yrs 11 Month
Gender : FEMALE
Ref. Doctor : SELF
Client Name : DIAGNO LOUNGE(ADVANCED DIAGNOSTIC CENTRE)KANDIVALI

Bill No. : A065767
Registered On : 10/08/2024,05:14 PM
Collected On : 10/08/2024,05:20 PM
Reported On : 10/08/2024,10:45 PM
SampleID : 

REPORT

Biochemistry

Test Name	Result	Unit	Biological Reference Interval
HbA1c (Glycylated Haemoglobin) WB-EDTA			
HbA1c (Glycylated Haemoglobin)	6.3	%	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 134.1 mg/dL

Method : Calculated

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

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Scan to Validate



APARNA-JAIRAM
Entered By

APARNA-JAIRAM
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.)





Report

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REPORT

Biochemistry

Test Name	Result	Unit	Biological Reference Interval
Correlation of A1C with average glucose			
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 than the routine chromatographic methods & also for the diabetic 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 diabetics.
- 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. NAZRANA KHAN	UHID	: VRX-42953
Age/Gender	: 30 Years 11 Months /F	Registered On	: 10/08/2024 10:21
Referred By	: MEDIWHEEL	Collected On	: 10/08/2024 10:39
		Reported On	: 10/08/2024 15:42

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

Lipid Test

TOTAL CHOLESTEROL	126.1	130 - 200 mg/dl	
TRIGLYCERIDES	86.13	25 - 160 mg/dl	
HDL CHOLESTEROL	37.92	35 - 80 mg/dl	
LDL CHOLESTEROL	70.95	< 100 mg/dl	
VLDL CHOLESTEROL	17.23	7 - 35 mg/dl	
LDL-HDL RATIO	1.87	< 3.5 mg/dl	
TC-HDL CHOLESTEROL RATIO	3.33	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 ---

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NRJain

Dr. Vipul Jain
M.D.(PATH)

APPROVED BY



ENTERED BY - SANTOSH M

CHECKED BY - SNEHA G

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



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Investigations	Observed Value	Bio. Ref. Interval	METHOD
MEDIWHEEL FULL BODY CHECK UP BELOW 40 FEMALE			
URIC ACID	4.17	2.6 - 6.0 mg/dl	URICASE
BUN			
UREA	21.27	15 - 40 mg/dl	
BLOOD UREA NITROGEN	9.93	7.3 - 18.8 mg/dl	
CREATININE	0.87	0.5 - 1.4 mg/dl	Jaffe/Alkaline Picrate
TOTAL PROTEINS			
TOTAL PROTEINS	6.96	6.0 - 7.8 g/dl	BIURET
ALBUMIN	4.10	3.5 - 5.2 g/dl	BIURET
GLOBULIN	2.86	2.0 - 3.5 g/dl	BIURET
AG RATIO	1.43	1.0 - 2.0 g/dl	BIURET
BUN / CREAT RATIO			
BUN (Blood Urea Nitrogen)	9.93	7.3 - 18.8 mg/dL	
Creatinine	0.87	0.5 - 1.4 mg/dL	
BUN/Creatinine Ratio	11.41	5.0 - 23.5	

--- End of the Report ---

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M.D.(PATH)



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CHECKED BY - SNEHA G

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Report

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Investigations Observed Value Bio. Ref. Interval METHOD

MEDIWHEEL FULL BODY CHECK UP BELOW 40 FEMALE

LIVER FUNCTION TEST

Investigations	Observed Value	Bio. Ref. Interval	METHOD
SGOT	23.1	< 34 U/L	
SGPT	22.7	10 - 49 U/L	
TOTAL BILIRUBIN	0.60	0.3 - 1.2 mg/dl	
DIRECT BILIRUBIN	0.17	Adult: < 0.2 mg/dl Infant: 0.2 - 8 mg/dl	
INDIRECT BILIRUBIN	0.43	< 1.2 mg/dl	
TOTAL PROTEINS	6.96	6.0 - 8.3 g/dl	
ALBUMIN	4.10	3.5 - 5.2 g/dl	
GLOBULIN	2.86	2.0 - 3.5 g/dl	
A/G RATIO	1.43	1.0 - 2.0 mg/dl	
ALKALINE PHOSPHATASE	97.3	42 - 98 U/L	
GGT	27.1	< 38 U/L	

REMARKS

SAMPLE : SERUM, PLAIN

PERFORMED ON FULLY AUTOMATED PENTRA C-200 BIOCHEMISTRY ANALYZER.

--- End of the Report ---

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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	CLEAR		
SPECIFIC GRAVITY	1.010		
REACTION (PH)	6.0		
PROTEIN	Absent		
SUGAR	Absent		
KETONE	Absent		
BILE SALT	Absent		
BILIRUBIN	Absent		
OCCULT BLOOD	Absent		
PUS CELLS	2-4	< 6 hpf	
EPITHELIAL CELLS	1-2	< 5 hpf	
RBC	NIL	< 2 hpf	
CASTS	NIL		
CRYSTALS	NIL		
AMORPHOUS DEBRIS	Absent		
BACTERIA	NIL		
YEAST CELLS	Absent		
SPERMATOOZOA	Absent		

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REPORT

Immunology

Test Name	Result	Unit	Biological Reference Interval
Total T3 Method : ECLIA	88.0	ng/dL	58-159
Total T4 Method : ECLIA	10.2	mcg/dl	4.2-11.2
TSH-Ultrasensitive Method : Chemiluminescent Microparticle Immunoassay	2.188	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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Mobile No.: 7506155999 / 7045955999


Scan to Validate



APARNA-JAIRAM
Entered By

APARNA-JAIRAM
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.)





UHID : AM10.24000000001
 Patient Name : MS. NAZRANA KHAN
 Age : 30 Yrs 11 Month
 Gender : FEMALE
 Ref. Doctor : SELF
 Client Name : DIAGNO LOUNGE(ADVANCED DIAGNOSTIC CENTRE)KANDIVALI

Bill No. : A065767
 Registered On : 10/08/2024,05:14 PM
 Collected On : 10/08/2024,05:20 PM
 Reported On : 10/08/2024,10:45 PM
 SampleID :

REPORT

Immunology

Test Name	Result	Unit	Biological Reference Interval
1.Total T3(Total Tri- ido- thyronine)	is one of the bound form of thyroid hormones produced by thyroid gland.Its production is tightlyregulated 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,resistantance 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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Patient Name: MS. NAZRANA KHAN

Age: 30 Yrs/ F.

Ref. by: MEDIWHEEL

Date: 10/08/2024

SONOGRAPHY OF ABDOMEN AND PELVIS

TECHNIQUE: Real time, B mode, gray scale sonography of the abdominal and pelvic organs was performed with convex transducer.

LIVER: The liver is normal in size, shape and has smooth margins. The hepatic parenchyma shows homogeneous echotexture without solid or cystic mass lesion or calcification. No evidence of intrahepatic biliary radical dilatation.

PORTAL VEIN: Portal vein appears normal.

GALL BLADDER: The gall bladder is well distended. There is no evidence of calculus, wall thickening or pericholecystic collection.

COMMON BILE DUCT: The visualised common bile duct is normal in caliber. No evidence of calculus is seen in the common bile duct.

PANCREAS: The head and body of pancreas is normal in size, shape, contours and echo texture.

SPLEEN: The spleen is normal in size and shape. Its echotexture is homogeneous.

KIDNEYS:

Right kidney	Left kidney
11.3 x 4.5 cm	12.3 x 4.6 cm

The kidneys are normal in size and have smooth renal margins. Cortical echotexture is normal. The central echo complex does not show evidence of hydronephrosis. No evidence of hydroureter or calculi, bilaterally.

URINARY BLADDER: The urinary bladder is well distended. It shows uniformly thin walls and sharp mucosa. No evidence of calculus is seen. No evidence of mass or diverticulum is noted.

.....Continue On Page 2





(MS. NAZRANA KHAN..... PG2)

PELVIS:

The uterus is anteverted. It measures 7.0 x 5.4 x 5.5 cm in the longitudinal, antero-posterior and transverse dimensions, respectively. The uterine margins are smooth and do not reveal any contour abnormalities.

The endometrial echo is in the midline and measures 4.9 mm. **IUCD noted in situ.**

Bilateral ovaries are normal in size and echo pattern.

No adnexal mass is seen.

There is no free fluid in the cul-de-sac. There is no obvious evidence of significant lymphadenopathy.

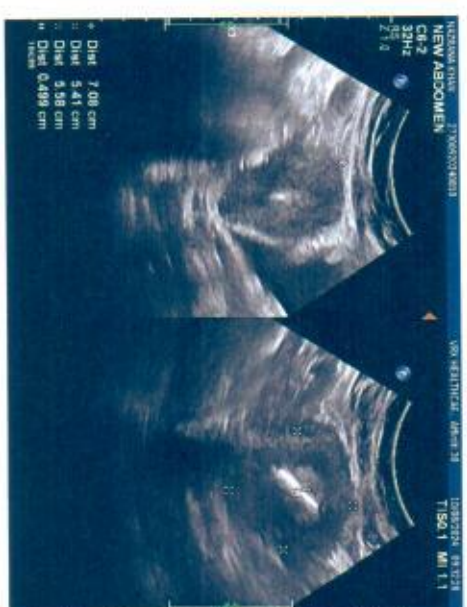
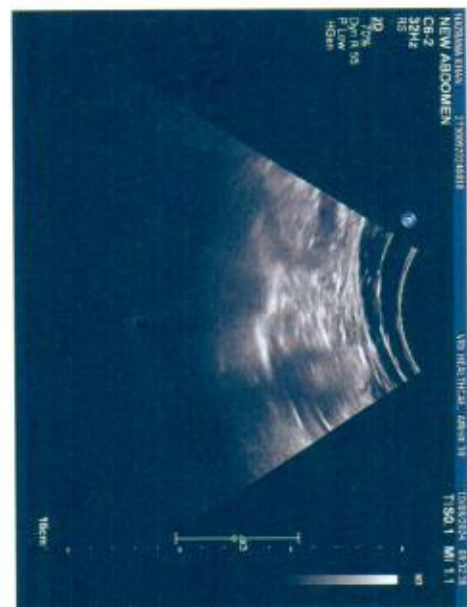
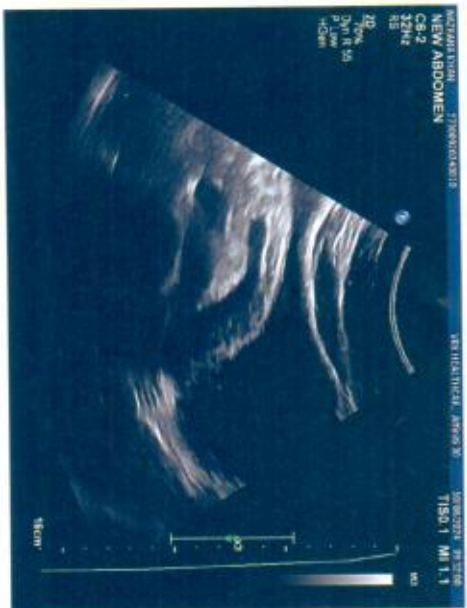
IMPRESSION:

- No significant abnormality is seen in present scan.

*Thanks for the reference.
With regards,*

**DR.FORAM AJMERA
CONSULTANT RADIOLOGIST.**

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Patient Name: MS.NAZRANA KHAN

F/ 30 YRS

Ref. by: MEDI WHEEL

Date: 10/08/2024

XRAY CHEST PA VIEW

Bilateral lung fields show no obvious parenchymal lesion.

Cardiac size is normal.

Hila are unremarkable.

Both domes of diaphragm are normal.

Both cardio phrenic and cost phrenic angles are normal.

Bony thoracic cage appears normal.

Please correlate clinically.

**DR.FORAM AJMERA
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Rate 80 Sinus rhythm

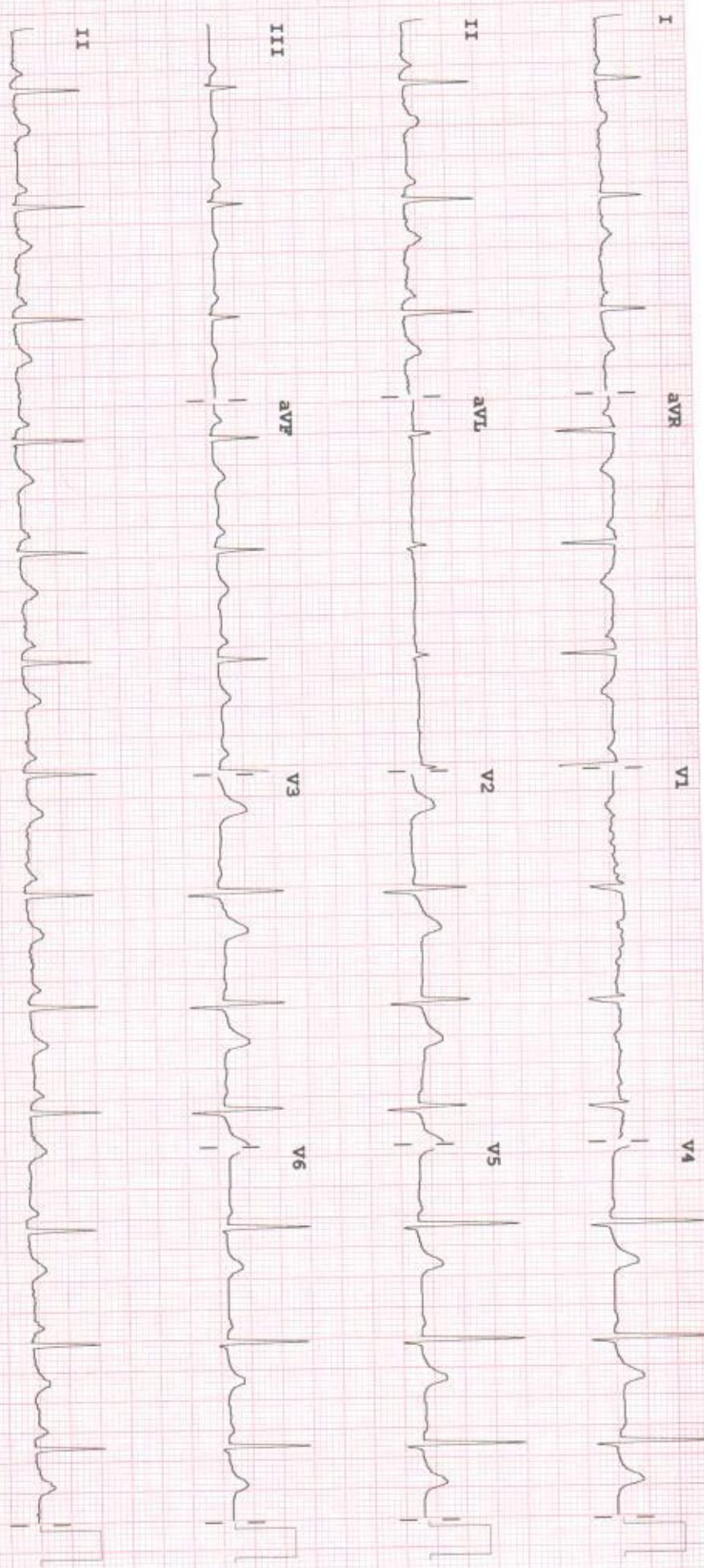
PR 145
QRSD 75
QT 375
QTc 433

--AXIS--
P 64
QRS 48
T 46

12 Lead: Standard Placement

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Dr. Sandeep
MD (CARDIOLOGIST)
REG - 72944



Device: Speed: 25 mm/sec Limb: 10 mm/mV Chest: 10.0 mm/mV

F 50~0.50-40 Hz W 100B CL P?

for PHILIPS

REORDER M22428



NAME : MS.NAZRANA KHAN	DATE: 10/08/2024
REF. BY : MEDI WHEEL	AGE: 30YRS / FEMALE

2D-ECHO


- 1) Cardiac contractility LVEF = **65%**
- 2) Doppler across Mitral and Aortic valves shows: **Normal Flow**
- 3) Cardiac chambers are **Normal**
- 4) The Cardiac valves are **Normal**
- 5) Regional wall motion abnormality **Absent**
- 6) IAS / IVS **Intact**
- 7) Intracardiac Thrombus **Absent**

FINDINGS:

LA = 26	LVID (D) = 43
AO = 22	LVID (S) = 27
EPSS = 09	IVS = 09

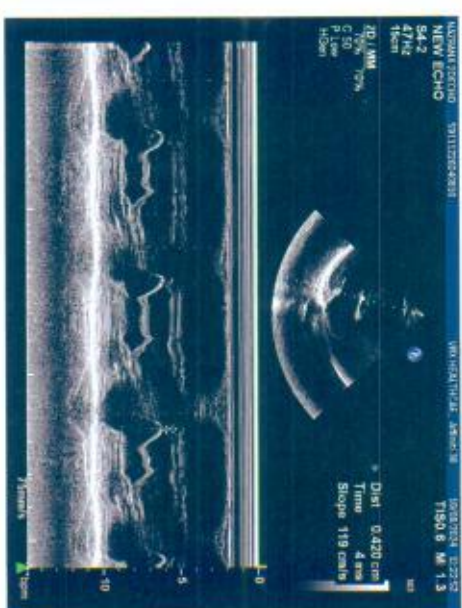
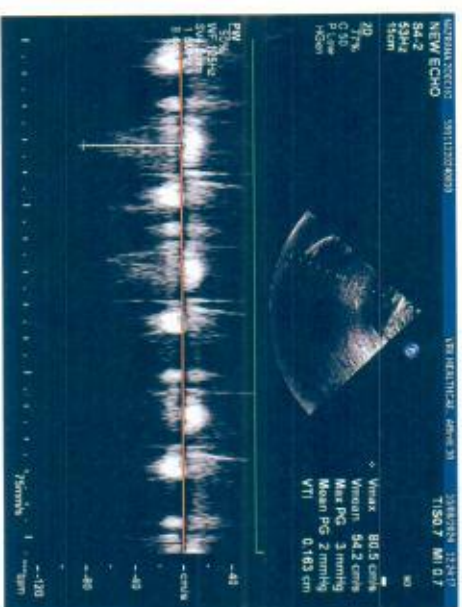
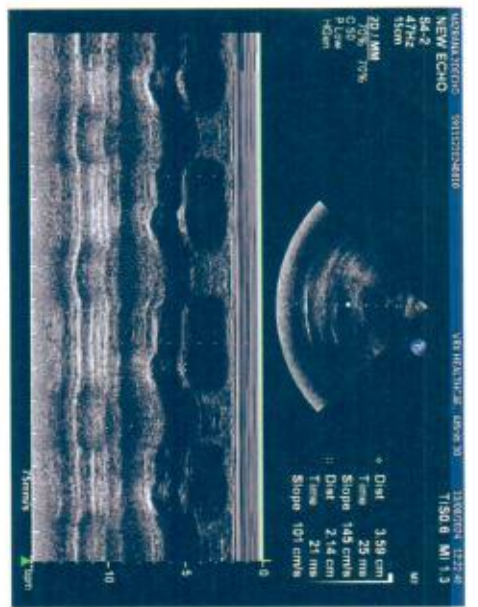
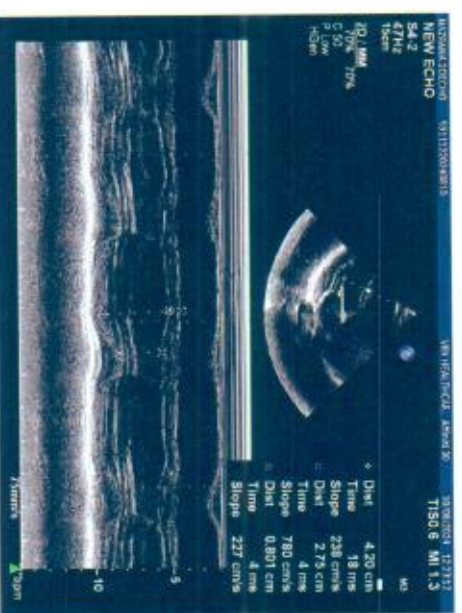
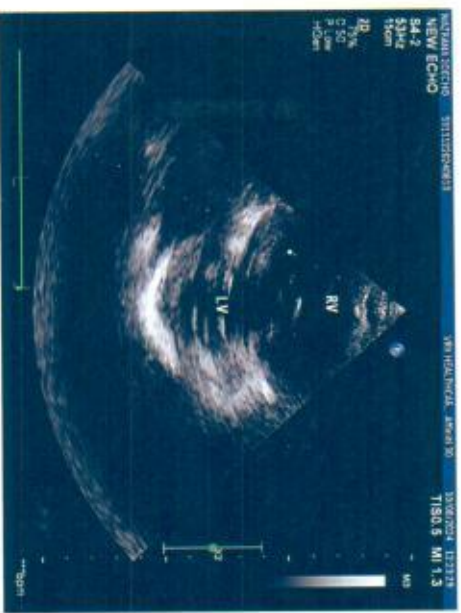
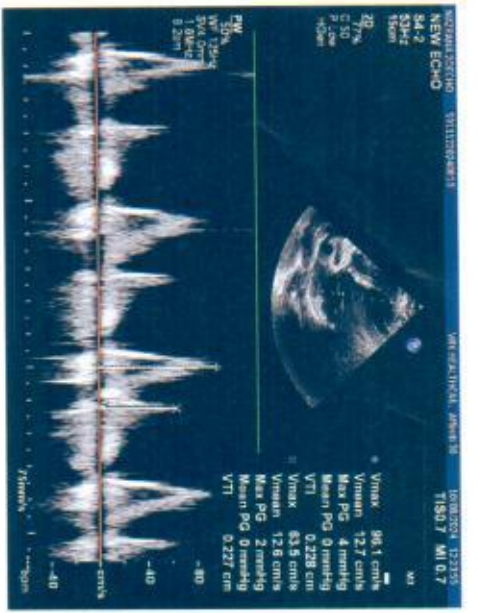
IMPRESSION:

LVEF = **65%,Normal** CARDIAC CONTRACTILITY LVEF = **65%**


Dr. Sandeep Deshpande
M.D Med.
Reg No. 72944

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