

Patient Name	Rajal K. Saha	Date	16/8/2021
Age	47yr.	UHID No	
Sex	Male	Ref By	
Occupation	Service	Phone No	
		Email	

HEALTH ASSESSMENT FORM

A - GENERAL EXAMINATION

CHIEF COMPLAINTS	- No Complaints. 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	Keto-Albuminuria - NONE B/C. !!			
SURGICAL HISTORY	Piles	Fissures	Fistula	Hernia	Gall Bladder Stone
	NO.	NO.	NO.	NO.	NO.
	Other Surgical History	Wn - 2007.			
GYNECOLOGICAL HISTORY	AGE MENOPAUSE	MENARCHE AT YEARS OF AGE	Regularity	Duration	OTHER
		15yr.	Irregular.	2-3 days Irr.	
	Other Gynecological History				
BREAST EXAMINATION		RIGHT		LEFT	
	Skin	} NO.		} NO.	
	Nodule				
	Nipple				
	Pain				
	Other Remarks				
CURRENT MEDICATIONS	Sr. No	Complaints		Dosage	Duration
	1)	Eye drop for B/C Glaucoma.			

NAME	Prayal K. Jadhav	Weight	74.5 kg.
BP	120/80 mmHg	Height	162 cm.
Pulse	82 bpm	SPO2	98% RA
Temperature	Afebrile	Peripheral Pulses	Present
Oedema	Absent	Breath Sound	AEC
Heart Sound	Clear		

B - SYSTEMIC EXAMINATION

FILL YES/NO

CONSTITUTIONAL		GENITOURINARY SYSTEM	
Fever	} 10 kg wt gain in 1 yr.	Frequency of urine	} NO.
Chills		Blood in urine	
Recent weight gain		Incomplete empty of bladder	
EYES		OBS/GYNE.	
Eye pain	} BK Glaucoma since birth.	Nycturia	} NO.
Spots before eyes		Dysuria	
Dry eyes		Urge Incontinence	
Wearing glasses		Abnormal bleed	
Vision changes		Vaginal Discharge	} Irregular menses.
Itchy eyes		Irregular menses	
EAR/NOSE/THROAT		Midcycle bleeding	
Earaches	} NO.	MUSCULOSKELETAL	
Nose bleeds		Joint swelling	} NO.
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	} NO.
Shortness of breath	} NO.	Sensation in limbs	
Cough		Migraines	
Orthopnoea		Difficulty walking	
Wheezing			PSYCHIATRIC
Dyspnoea		Suicidal	} NO.
Respiratory distress in sleep		Change in personality	
GASTROINTESTINAL		Anxiety	
Abdominal pain	} NO.	Sleep Disturbances	
Constipation		Depression	
Heartburn		Emotional	
Vomiting			
Diarrhoea			
Melena			


भारत सरकार
GOVERNMENT OF INDIA


पायल किशनलाल जेठ्रा
Payal Kishanlal Jethra
जन्म तारीख/ DOB:
02/05/1977
महिला / FEMALE
2298 5551 3267



माझे आधार, माझी ओळख


Dr. Sandeep Deshpande
MD (CARDIOLOGIST)
REG - 72944

पो २

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



Report

VRX HEALTH CARE PVT. LTD.

Name : MS. PAYAL JETHRA UHID : VRX-42957
Age/Gender : 47 Years 3 Months /F Registered On : 10/08/2024 09:42
Referred By : MEDIWHEEL Collected On : 10/08/2024 16:57
Reported On : 10/08/2024 19:34

Investigations	Observed Value	Bio. Ref. Interval	METHOD
CBC-COMplete BLOOD COUNT			
HAEMOGLOBIN	13.0	12.0 - 15.0 gm/dl	
RBC COUNT	4.60	3.8 - 4.8 Millions/Cmm	
PACKED CELL VOLUME	39.2	40.0 - 50.0 %	
MEAN CORP VOL (MCV)	85.22	83.0 - 101.0 fL	
MEAN CORP HB (MCH)	28.26	27.0 - 32.0 pg	
MEAN CORP HB CONC (MCHC)	33.16	31.5 - 34.5 g/dl	
RDW	13.2	11.6 - 14.0 %	
WBC COUNT	7.6	4.0 - 10.0 *1000/cmm	
NEUTROPHILS	63	40 - 80 %	
LYMPHOCYTES	28	20 - 40 %	
EOSINOPHILS	2	1 - 6 %	
MONOCYTES	7	2 - 10 %	
BASOPHILS	0		
PLATELETS COUNT	313	150 - 410 *1000/Cmm	
PLATELETS ON SMEAR	Adequate		
MPV	10.4	6.78 - 13.46 %	
PDW	16.3	9 - 17 %	
RBC MORPHOLOGY	NORMOCYTIC NORMOCHROMIC		

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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N. 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 HEALTH CHECKUP FEMALE ABOVE 40			
ESR	12	< 20 mm at the end of 1Hr.	WESTERGREN
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	B POSITIVE		SLIDE AGGLUTINATION - FORWARD GROUPING

--- End of the Report ---

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Referred By	: MEDIWHEEL	Collected On	: 10/08/2024 12:33
		Reported On	: 10/08/2024 19:34

Investigations	Observed Value	Bio. Ref. Interval	METHOD
FASTING BLOOD SUGAR			
FBS	79.65	< 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 : \geq 126 mg/dl

Pre-Diabetic : 100 – 125 mg/dl

Plasma Glucose Post Lunch : Non-Diabetic : < 140

Diabetic : \geq 200 mg/dl

Pre-Diabetic : 140- 199 mg/dl.

Random Blood Glucose : Diabetic : \geq 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	86.62	< 140 mg/dl	GODPOD
URINE SUGAR	ABSENT		GODPOD
URINE KETONE	ABSENT		GODPOD

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Report

VRX HEALTH CARE PVT. LTD.

UHID : AM10.240000000001
Patient Name : MS. PAYAL JETHRA
Age : 47 Yrs
Gender : FEMALE
Ref. Doctor : SELF
Client Name : DIAGNO LOUNGE(ADVANCED DIAGNOSTIC CENTRE)KANDIVALI

Bill No. : A065775
Registered On : 10/08/2024,05:21 PM
Collected On : 10/08/2024,05:29 PM
Reported On : 10/08/2024,10:51 PM
SampleID : 

REPORT

Biochemistry

Test Name	Result	Unit	Biological Reference Interval
HbA1c (Glycylated Haemoglobin) WB-EDTA			
HbA1c (Glycylated Haemoglobin)	5.1	%	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 99.7 mg/dL

Method : Calculated

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

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Dr Aparna Jairam
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"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 :

1.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 varaints and uremia does not INTERFERE with the results in this methodology.

2.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.

3.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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Investigations	Observed Value	Bio. Ref. Interval	METHOD
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MEDIWHEEL FULL BODY HEALTH CHECKUP FEMALE ABOVE 40

Lipid Test

TOTAL CHOLESTEROL	203.9	130 - 200 mg/dl	
TRIGLYCERIDES	74.28	25 - 160 mg/dl	
HDL CHOLESTEROL	38.19	35 - 80 mg/dl	
LDL CHOLESTEROL	150.8	< 100 mg/dl	
VLDL CHOLESTEROL	14.86	7 - 35 mg/dl	
LDL-HDL RATIO	3.95	< 3.5 mg/dl	
TC-HDL CHOLESTEROL RATIO	5.34	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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Dr. Vipul Jain
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Investigations	Observed Value	Bio. Ref. Interval	METHOD
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MEDIWHEEL FULL BODY HEALTH CHECKUP FEMALE ABOVE 40

LIVER FUNCTION TEST

SGOT	24.1	< 34 U/L	
SGPT	14.8	10 - 49 U/L	
TOTAL BILIRUBIN	0.64	0.3 - 1.2 mg/dl	
DIRECT BILIRUBIN	0.19	Adult: < 0.2 mg/dl Infant: 0.2 - 8 mg/dl	
INDIRECT BILIRUBIN	0.45	< 1.2 mg/dl	
TOTAL PROTEINS	6.05	6.0 - 8.3 g/dl	
ALBUMIN	3.77	3.5 - 5.2 g/dl	
GLOBULIN	2.28	2.0 - 3.5 g/dl	
A/G RATIO	1.65	1.0 - 2.0 mg/dl	
ALKALINE PHOSPHATASE	97.9	42 - 98 U/L	
GGT	13.6	< 38 U/L	

REMARKS

SAMPLE : SERUM, PLAIN

PERFORMED ON FULLY AUTOMATED PENTRA C-200 BIOCHEMISTRY ANALYZER.

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Investigations	Observed Value	Bio. Ref. Interval	METHOD
MEDIWHEEL FULL BODY HEALTH CHECKUP FEMALE ABOVE 40			
URIC ACID	3.95	2.6 - 6.0 mg/dl	URICASE
BUN			
UREA	26.71	15 - 40 mg/dl	
BLOOD UREA NITROGEN	12.48	7.3 - 18.8 mg/dl	
CREATININE	0.71	0.5 - 1.4 mg/dl	Jaffe/Alkaline Picric
TOTAL PROTEINS			
TOTAL PROTEINS	6.05	6.0 - 7.8 g/dl	BIURET
ALBUMIN	3.77	3.5 - 5.2 g/dl	BIURET
GLOBULIN	2.28	2.0 - 3.5 g/dl	BIURET
AG RATIO	1.65	1.0 - 2.0 g/dl	BIURET
BUN / CREAT RATIO			
BUN (Blood Urea Nitrogen)	12.48	7.3 - 18.8 mg/dL	
Creatinine	0.71	0.5 - 1.4 mg/dL	
BUN/Creatinine Ratio	17.58	5.0 - 23.5	

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Gender : FEMALE

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SampleID : 

REPORT

Immunology

Test Name	Result	Unit	Biological Reference Interval
Total T3 Method : ECLIA	90.0	ng/dL	58-159
Total T4 Method : ECLIA	6.4	mcg/dl	4.2-11.2
TSH-Ultrasensitive Method : Chemiluminescent Microparticle Immunoassay	1.393	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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Immunology

Test Name	Result	Unit	Biological Reference Interval
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1.Total T3 (Total Tri- ido- 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 T3 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 thyroxine) 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 T3. 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 hyperthyroidism 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 hyperthyroidism 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 advised 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 is 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's name:	MS. PAYAL JETHRA	Age: 47 Yrs/ F
Referred By:	MEDIWHEEL	Date: 10/08/2024

MAMMOGRAPHY WITH SONOGRAPHY

Using low radiation computed radiography technique, mammography of both the breasts was performed and Cranio-caudal and Medio-lateral oblique views were obtained.

Mammography Findings:

Both breasts parenchyma appears to be normal.

No dominant spiculated mass or suspicious microcalcification or architectural distortion seen in both breasts.

There is no evidence of skin thickening or nipple retraction.

Few axillary lymphnodes with intact fatty hilum are seen on either side.

BILATERAL BREAST SONOGRAPHY

Real time, B mode, gray scale sonography of both the breasts was performed with linear transducer.

Sonomammogram Findings:

The breast parenchyma appears to be normal.

Nipple and subareolar regions appear normal.

No obvious focal lesion is seen in both breasts.

Retro mammary region appears normal.

Few lymph nodes with intact fatty hilum and normal cortical thickness are seen in the axillae.

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MS. PAYAL JETHRA

IMPRESSION:

- No dominant spiculated mass or suspicious microcalcification or architectural distortion seen in both breasts.
- On USG, bilateral breast parenchyma appears to be normal.
- BIRADS 1
- Few reactive lymph nodes with intact fatty hilum and normal cortical thickness are seen in the axillae.

With regards,

DR. FORAM AJMERA
CONSULTANT RADIOLOGIST.

BI-RADS 0: Need additional imaging

BI-RADS 1: Negative

BI-RADS 2: Benign Finding

BI-RADS 3: Probably Benign. Suggest- Follow up.

BI-RADS 4: Suspicious Abnormality (4A: low, 4B intermediate, 4C moderate suspicious).
Suggest- Histopathology.

BI-RADS 5: Highly suggestive of malignancy. Suggest- Histopathology.

BI-RADS 6: Known malignancy

Note: All breasts abnormalities are not seen on mammography. The false negative rate of mammography is approximately 10%, especially in dense breasts. The management of a palpable mass must be based on clinical grounds.

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Mobile No.: 7506155999 / 7045955999



Patient Name: MS. PAYAL JRTRA

Age: 47 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
9.7 x 4.2 cm	9.9 x 3.9 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.
Pre void: 10 cc

.....Continue On Page 2

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(MS. PAYAL JRTRA PG2)

PELVIS:

The uterus is anteverted. It measures 6.1 x 4.7 x 3.4 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 3.6 mm.

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:

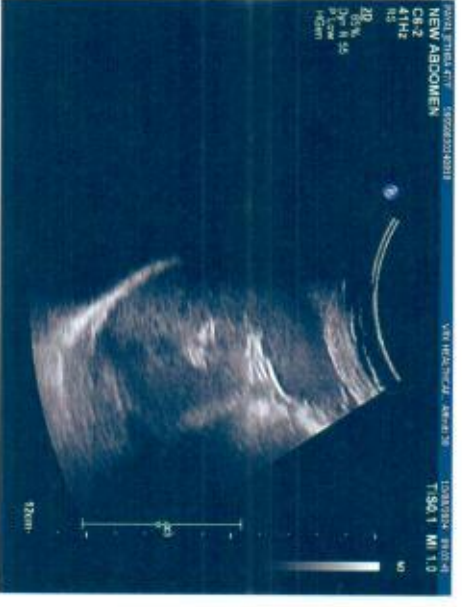
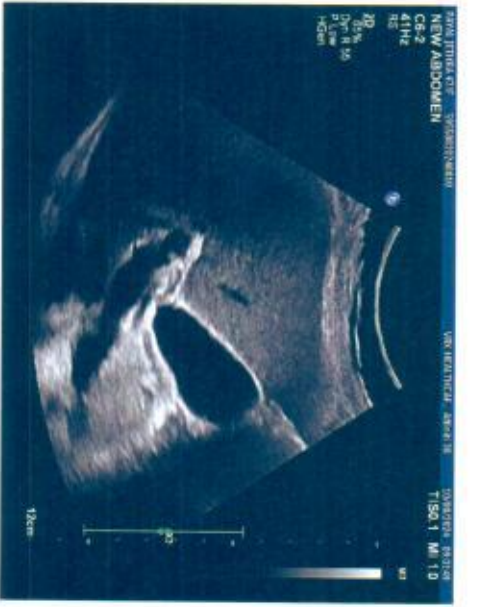
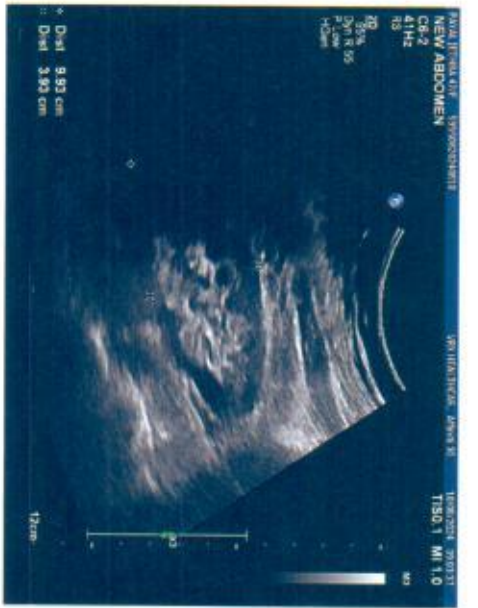
- No significant abnormality is seen in present scan.

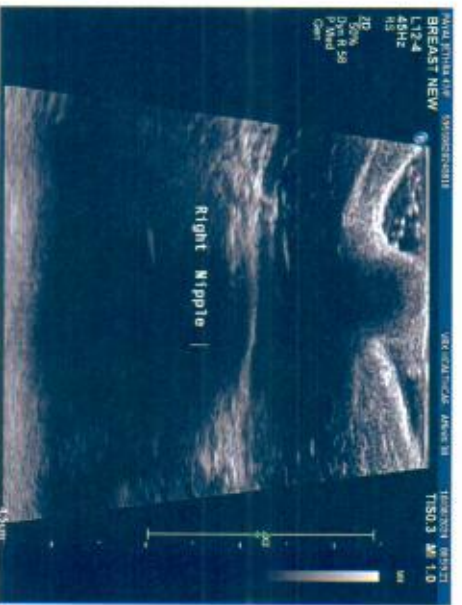
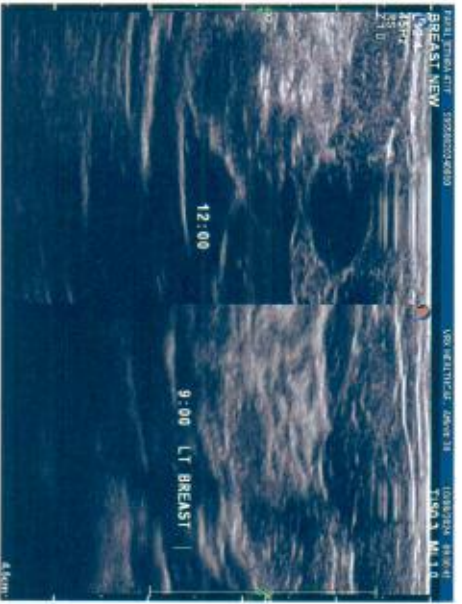
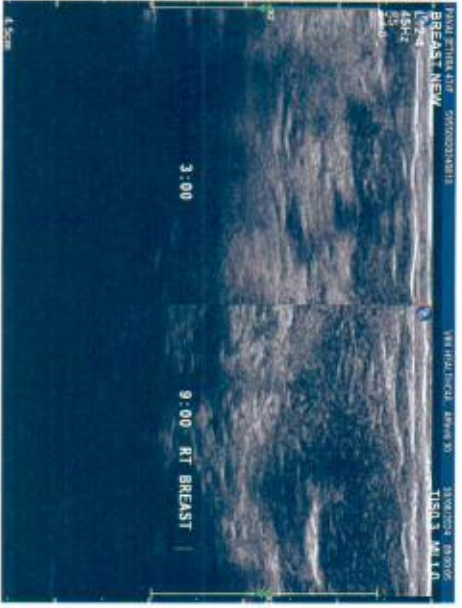
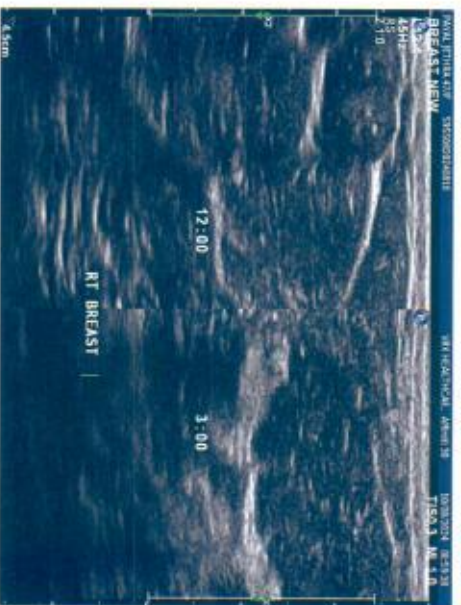
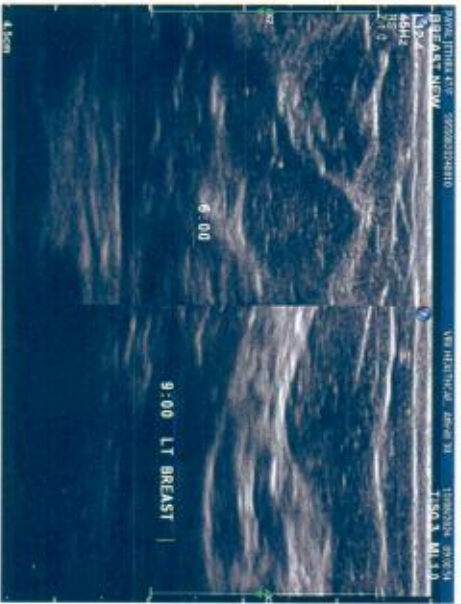
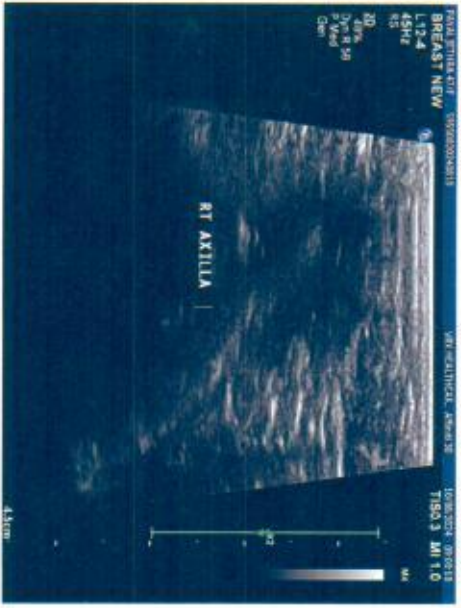
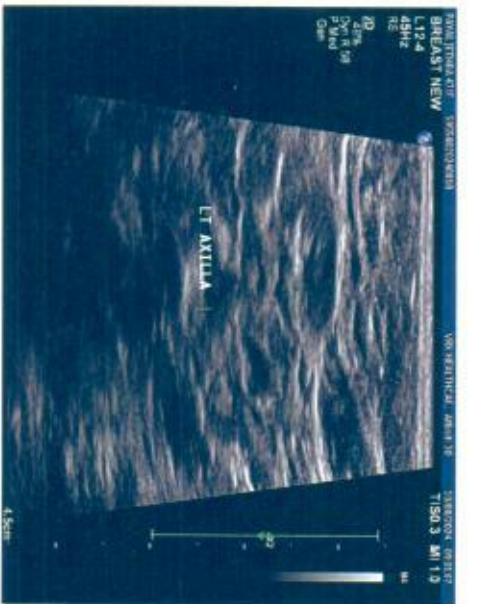
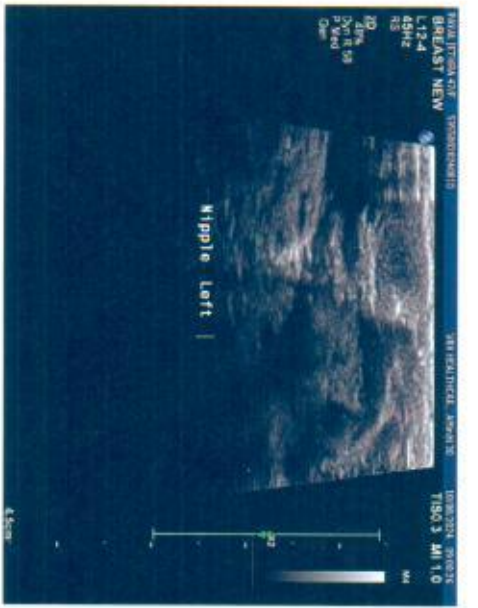
Thanks for the reference.

With regards,

**DR.FORAM AJMERA
CONSULTANT RADIOLOGIST.**

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Patient Name:	MS.PAYAL JETHRA	F/ 47 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
CONSULTANT RADIOLOGIST.

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U / JETHRA, PAYAL
DOB 02/05/1977 47 years Female

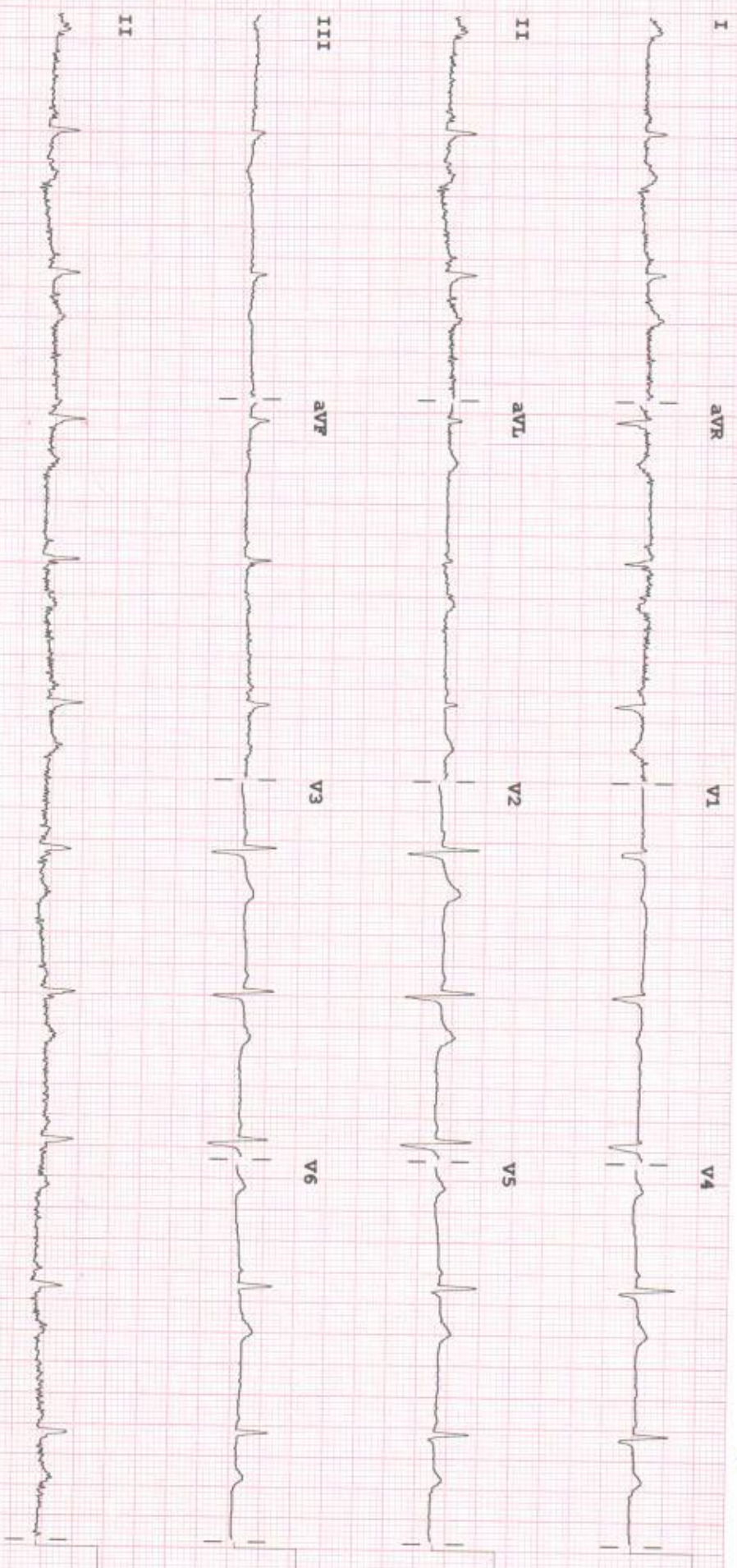
10/08/2024 09:51:40
VRX HEALTHCARE PVT LTD

Rate 64 Sinus rhythm
PR 110 Borderline short PR interval
QRSD 111 Low voltage, extremity leads
QT 411
QTc 424

--AXIS--
P 32
QRS 43
T 17
12 Lead: Standard Placement

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N. D. Deshpande
Dr. N. D. Deshpande
MD (CARDIOLOGIST)
BEG - 72044



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

F 50~0.50~40 Hz W

100B CL

P?



NAME : MS.PAYAL JETHRA

DATE: 10/08/2024

REF. BY : MEDI WHEEL

AGE: 47YRS / 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 = 34

LVID (D) = 49

AO = 24

LVID (S) = 33


EPSS = 04

IVS = 11

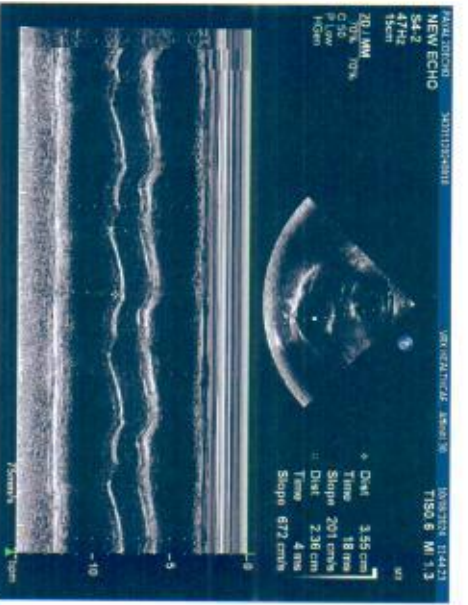
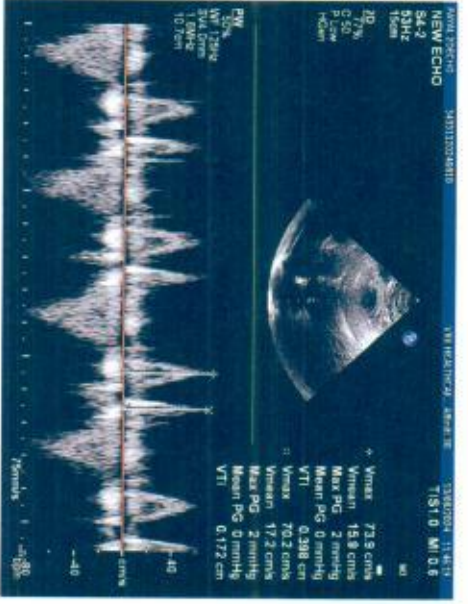
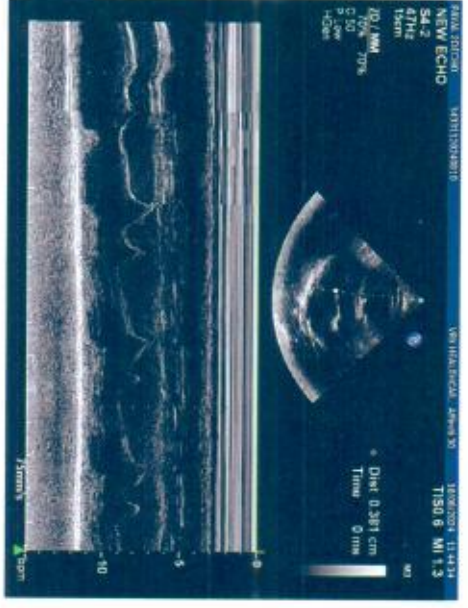
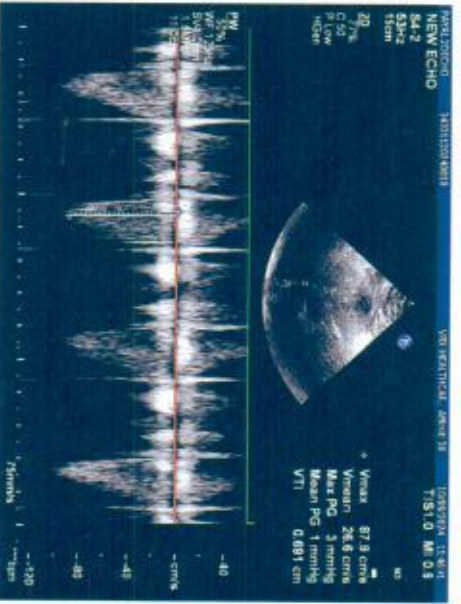
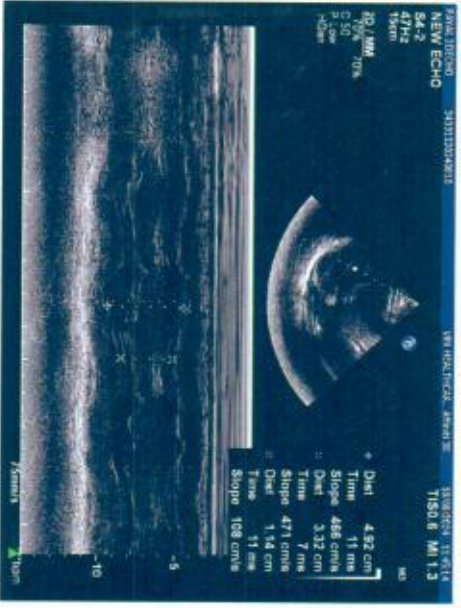
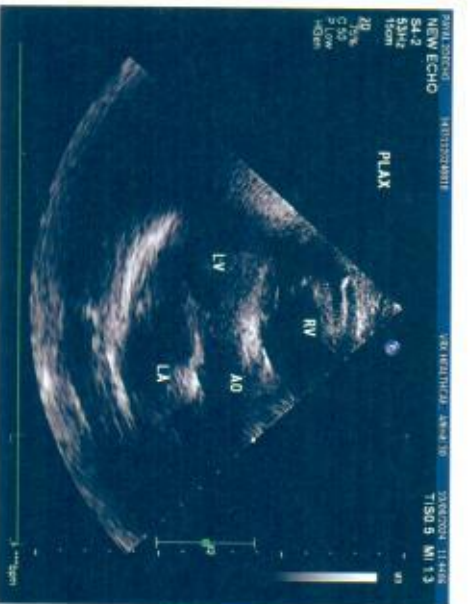
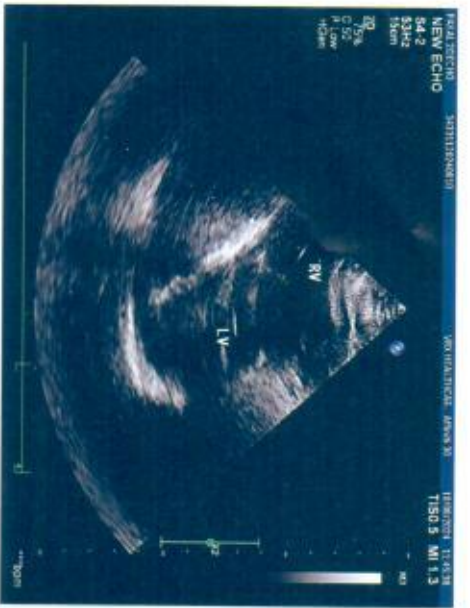
IMPRESSION:

LVEF = **65%,Normal**

CARDIAC CONTRACTILITY LVEF = **65%**


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

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Report

VRX HEALTH CARE PVT. LTD.

UHID : AM10.24000000001
Patient Name : MS. PAYAL JETHRA
Age : 47 Yrs
Gender : FEMALE
Ref. Doctor : SELF
Client Name : DIAGNO LOUNGE(ADVANCED DIAGNOSTIC CENTRE)KANDIVALI

Bill No. : A065775
Registered On : 10/08/2024,05:21 PM
Collected On : 10/08/2024,05:21 PM
Reported On : 14/08/2024,04:49 PM
SampleID : 

REPORT

Cytology

Slide No : ASV- PAP- 2130/2024
Specimen : Conventional PAP smear. Received two smears. Smears were fixed and stained by Papanicolaou method for microscopic examination. Specimen is adequate for the interpretation. Smears show predominantly sheets and clusters of parabasal and intermediate cells. Few superficial squamous epithelial cells are also seen. The background shows mild infiltration by polymorphonuclear leucocytes. There is no evidence of C.albicans or T.vaginalis. There is no evidence of dysplastic or malignant cells in the smears examined. Negative for intraepithelial lesion or malignancy. Enclosed two slides along with hard copy.

IMPRESSION

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

Results are to be correlated clinically


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Scan to Validate



Entered By

SUVARNA-DESHPANDE
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.)

