

| Reg. Location | : Thane Kasarvadavali (Main Centre) |
|----------------|-------------------------------------|
| Consulting Dr. | : - |
| Age / Gender | : 40 Years / Female |
| Name | : MRS.AARTI MORE |
| CID | : 2228119698 |



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AERFOCAMI HEALTHCARE BELOW 40 MALE/FEMALE

| | CBC (Complete Bloo | <u>d Count), Blood</u> | |
|--------------------------|--------------------|-----------------------------|--------------------|
| PARAMETER | <u>RESULTS</u> | BIOLOGICAL REF RANGE | <u>METHOD</u> |
| RBC PARAMETERS | | | |
| Haemoglobin | 10.2 | 12.0-15.0 g/dL | Spectrophotometric |
| RBC | 4.72 | 3.8-4.8 mil/cmm | Elect. Impedance |
| PCV | 32.7 | 36-46 % | Measured |
| MCV | 69 | 80-100 fl | Calculated |
| MCH | 21.6 | 27-32 pg | Calculated |
| MCHC | 31.2 | 31.5-34.5 g/dL | Calculated |
| RDW | 18.2 | 11.6-14.0 % | Calculated |
| WBC PARAMETERS | | | |
| WBC Total Count | 6200 | 4000-10000 /cmm | Elect. Impedance |
| WBC DIFFERENTIAL AND ABS | OLUTE COUNTS | | |
| Lymphocytes | 29.1 | 20-40 % | |
| Absolute Lymphocytes | 1804.2 | 1000-3000 /cmm | Calculated |
| Monocytes | 4.9 | 2-10 % | |
| Absolute Monocytes | 303.8 | 200-1000 /cmm | Calculated |
| Neutrophils | 64.1 | 40-80 % | |
| Absolute Neutrophils | 3974.2 | 2000-7000 /cmm | Calculated |
| Eosinophils | 1.9 | 1-6 % | |
| Absolute Eosinophils | 117.8 | 20-500 /cmm | Calculated |
| Basophils | 0.0 | 0.1-2 % | |
| Absolute Basophils | 0.0 | 20-100 /cmm | Calculated |
| Immature Leukocytes | - | | |

WBC Differential Count by Absorbance & Impedance method/Microscopy.

PLATELET PARAMETERS

| Platelet Count | 393000 | 150000-400000 /cmm | Elect. Impedance |
|----------------|--------|--------------------|------------------|
| MPV | 10.9 | 6-11 fl | Calculated |
| PDW | 25.8 | 11-18 % | Calculated |

Page 1 of 10

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CID

Name

Age / Gender

Consulting Dr.

Reg. Location

| RBC MORPHOLOGY | |
|----------------------|---|
| Hypochromia | + |
| Microcytosis | + |
| Macrocytosis | - |
| Anisocytosis | + |
| Poikilocytosis | Mild |
| Polychromasia | - |
| Target Cells | - |
| Basophilic Stippling | - |
| Normoblasts | - |
| Others | Elliptocytes-occasional |
| WBC MORPHOLOGY | - |
| PLATELET MORPHOLOGY | - |
| COMMENT | Features suggest iron deficiency anemia |

Advice : Iron studies, Serum ferritin & Reticulocyte count estimation recommended. Stool for occult blood.

Specimen: EDTA Whole Blood

ESR, EDTA WB 27 2-20 mm at 1 hr. Westergren *Sample processed at SUBURBAN DIAGNOSTICS (INDIA) PVT. LTD G B Road Lab, Thane West *** End Of Report ***

MR/ 5314

Amit Jaon'

Dr.AMIT TAORI M.D (Path) Pathologist

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:08-Oct-2022 / 09:09 :08-Oct-2022 / 13:52

| AERFOCAMI HEALTHCARE BELOW 40 MALE/FEMALE | | | |
|---|----------------|--|---|
| PARAMETER | <u>RESULTS</u> | BIOLOGICAL REF RANGE | <u>METHOD</u> |
| GLUCOSE (SUGAR) FASTING, Fluoride Plasma | 99.7 | Non-Diabetic: < 100 mg/dl Impaired Fasting Glucose: 100-125 mg/dl Diabetic: >/= 126 mg/dl | Hexokinase |
| GLUCOSE (SUGAR) PP, Fluoride Plasma PP/R | 103.6 | Non-Diabetic: < 140 mg/dl Impaired Glucose Tolerance: 140-199 mg/dl Diabetic: >/= 200 mg/dl | Hexokinase |
| BILIRUBIN (TOTAL), Serum | 0.28 | 0.1-1.2 mg/dl | Diazo |
| BILIRUBIN (DIRECT), Serum | 0.15 | 0-0.3 mg/dl | Diazo |
| BILIRUBIN (INDIRECT), Serum | 0.13 | 0.1-1.0 mg/dl | Calculated |
| TOTAL PROTEINS, Serum | 6.8 | 6.4-8.3 g/dL | Biuret |
| ALBUMIN, Serum | 4.2 | 3.5-5.2 g/dL | BCG |
| GLOBULIN, Serum | 2.6 | 2.3-3.5 g/dL | Calculated |
| A/G RATIO, Serum | 1.6 | 1 - 2 | Calculated |
| SGOT (AST), Serum | 9.7 | 5-32 U/L | IFCC without pyridoxal phosphate activation |
| SGPT (ALT), Serum | 8.4 | 5-33 U/L | IFCC without pyridoxal phosphate activation |
| GAMMA GT, Serum | 9.1 | 3-40 U/L | IFCC |
| ALKALINE PHOSPHATASE, Serum | 56.2 | 35-105 U/L | PNPP |
| BLOOD UREA, Serum | 11.9 | 12.8-42.8 mg/dl | Urease & GLDH |
| BUN, Serum | 5.6 | 6-20 mg/dl | Calculated |
| | | | |

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Urine Ketones (Fasting)

| A G N O S T I | C S | | | | E |
|------------------------------|----------------|------------------------|-------------------------------------|---|---|
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| Name | : MRS.AARTI M | ORE | | | 0 |
| Age / Gender | :40 Years / Fe | emale | | Use a QR Code Scanner Application To Scan the Code | R |
| Consulting Dr. | : - | | Collected | :08-Oct-2022 / 13:06 | |
| Reg. Location | : Thane Kasary | vadavali (Main Centre) | Reported | :08-Oct-2022 / 18:10 | т |
| CREATININE, S | Serum | 0.61 | 0.51-0.95 mg/dl | Enzymatic | |
| | | | | | |
| eGFR, Serum | | 115 | >60 ml/min/1.73sqm | Calculated | |
| eGFR, Serum URIC ACID, Se | rum | 115 3.9 | >60 ml/min/1.73sqm 2.4-5.7 mg/dl | Calculated Uricase | |

Absent

Urine Sugar (PP) Absent Absent Urine Ketones (PP) Absent Absent

Absent

*Sample processed at SUBURBAN DIAGNOSTICS (INDIA) PVT. LTD G B Road Lab, Thane West *** End Of Report ***



Bonit Taon'

Dr.AMIT TAORI M.D (Path) Pathologist

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BIOLOGICAL REF RANGE

Non-Diabetic Level: < 5.7 %

Prediabetic Level: 5.7-6.4 %Diabetic Level: >/= 6.5 %

:08-Oct-2022 / 09:09 :08-Oct-2022 / 18:35

METHOD

Calculated

HPLC

AERFOCAMI HEALTHCARE BELOW 40 MALE/FEMALE GLYCOSYLATED HEMOGLOBIN (HbA1c)

mg/dl

PARAMETER

Glycosylated Hemoglobin

(HbA1c), EDTA WB - CC

5.3

RESULTS

Estimated Average Glucose 105.4 (eAG), EDTA WB - CC

Intended use:

- In patients who are meeting treatment goals, HbA1c test should be performed at least 2 times a year
- In patients whose therapy has changed or who are not meeting glycemic goals, it should be performed quarterly
- For microvascular disease prevention, the HbA1C goal for non pregnant adults in general is Less than 7%.

Clinical Significance:

- HbA1c, Glycosylated hemoglobin or glycated hemoglobin, is hemoglobin with glucose molecule attached to it.
- The HbA1c test evaluates the average amount of glucose in the blood over the last 2 to 3 months by measuring the percentage of glycosylated hemoglobin in the blood.

Test Interpretation:

- The HbA1c test evaluates the average amount of glucose in the blood over the last 2 to 3 months by measuring the percentage of Glycosylated hemoglobin in the blood.
- HbA1c test may be used to screen for and diagnose diabetes or risk of developing diabetes.
- To monitor compliance and long term blood glucose level control in patients with diabetes.
- Index of diabetic control, predicting development and progression of diabetic micro vascular complications.

Factors affecting HbA1c results:

Increased in: High fetal hemoglobin, Chronic renal failure, Iron deficiency anemia, Splenectomy, Increased serum triglycerides, Alcohol ingestion, Lead/opiate poisoning and Salicylate treatment.

Decreased in: Shortened RBC lifespan (Hemolytic anemia, blood loss), following transfusions, pregnancy, ingestion of large amount of Vitamin E or Vitamin C and Hemoglobinopathies

Reflex tests: Blood glucose levels, CGM (Continuous Glucose monitoring)

References: ADA recommendations, AACC, Wallach's interpretation of diagnostic tests 10th edition.

*Sample processed at SUBURBAN DIAGNOSTICS (INDIA) PVT. LTD SDRL, Vidyavihar Lab *** End Of Report ***

June Bung

Dr.VRUSHALI SHROFF M.D.(PATH) Pathologist

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AERFOCAMI HEALTHCARE BELOW 40 MALE/FEMALE URINE EXAMINATION REPORT

| PARAMETER | RESULTS | BIOLOGICAL REF RANGE | <u>METHOD</u> |
|--------------------------------|--------------|----------------------|--------------------|
| PHYSICAL EXAMINATION | | | |
| Color | Pale yellow | Pale Yellow | - |
| Reaction (pH) | Acidic (6.0) | 4.5 - 8.0 | Chemical Indicator |
| Specific Gravity | 1.015 | 1.010-1.030 | Chemical Indicator |
| Transparency | Clear | Clear | - |
| Volume (ml) | 40 | - | - |
| CHEMICAL EXAMINATION | | | |
| Proteins | Absent | Absent | pH Indicator |
| Glucose | Absent | Absent | GOD-POD |
| Ketones | Absent | Absent | Legals Test |
| Blood | Absent | Absent | Peroxidase |
| Bilirubin | Absent | Absent | Diazonium Salt |
| Urobilinogen | Normal | Normal | Diazonium Salt |
| Nitrite | Absent | Absent | Griess Test |
| MICROSCOPIC EXAMINATION | | | |
| Leukocytes(Pus cells)/hpf | 1-2 | 0-5/hpf | |
| Red Blood Cells / hpf | Absent | 0-2/hpf | |
| Epithelial Cells / hpf | 3-4 | | |
| Casts | Absent | Absent | |
| Crystals | Absent | Absent | |
| Amorphous debris | Absent | Absent | |
| Bacteria / hpf | 2-3 | Less than 20/hpf | |

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Dr.AMIT TAORI M.D (Path) Pathologist

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:08-Oct-2022 / 09:09 :08-Oct-2022 / 12:56

AERFOCAMI HEALTHCARE BELOW 40 MALE/FEMALE BLOOD GROUPING & Rh TYPING

PARAMETER

<u>RESULTS</u>

ABO GROUP AB Rh TYPING Positive

NOTE: Test performed by Semi- automated column agglutination technology (CAT)

Specimen: EDTA Whole Blood and/or serum

Clinical significance:

ABO system is most important of all blood group in transfusion medicine

Limitations:

- ABO blood group of new born is performed only by cell (forward) grouping because allo antibodies in cord blood are of maternal origin.
- Since A & B antigens are not fully developed at birth, both Anti-A & Anti-B antibodies appear after the first 4 to 6 months of life. As a result, weaker reactions may occur with red cells of newborns than of adults.
- Confirmation of newborn's blood group is indicated when A & B antigen expression and the isoagglutinins are fully developed at 2 to 4 years of age & remains constant throughout life.
- Cord blood is contaminated with Wharton's jelly that causes red cell aggregation leading to false positive result
- The Hh blood group also known as Oh or Bombay blood group is rare blood group type. The term Bombay is used to refer the phenotype that lacks normal expression of ABH antigens because of inheritance of hh genotype.

Refernces:

- 1. Denise M Harmening, Modern Blood Banking and Transfusion Practices- 6th Edition 2012. F.A. Davis company. Philadelphia
- 2. AABB technical manual

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AERFOCAMI HEALTHCARE BELOW 40 MALE/FEMALE LIPID PROFILE

| PARAMETER | <u>RESULTS</u> | BIOLOGICAL REF RANGE | <u>METHOD</u> |
|-------------------------------------|--|--|--|
| CHOLESTEROL, Serum | 134.8 Desirable: <200 mg/dl CH Borderline High: 200-239mg/dl High: >/=240 mg/dl | | CHOD-POD |
| TRIGLYCERIDES, Serum | 94.9 | Borderline-high: 150 - 199 mg/dl High: 200 - 499 mg/dl Very high:>/=500 mg/dl | |
| HDL CHOLESTEROL, Serum | 35.9 | Desirable: >60 mg/dl Borderline: 40 - 60 mg/dl Low (High risk): <40 mg/dl | Homogeneous enzymatic colorimetric assay |
| NON HDL CHOLESTEROL, Serum | 98.9 Desirable: <130 mg/dl Cal Borderline-high:130 - 159 mg/dl High:160 - 189 mg/dl Very high: >/=190 mg/dl | | Calculated |
| LDL CHOLESTEROL, Serum | | | Calculated |
| VLDL CHOLESTEROL, Serum | 18.9 | < /= 30 mg/dl | Calculated |
| CHOL / HDL CHOL RATIO, Serum | 3.8 | 0-4.5 Ratio | Calculated |
| LDL CHOL / HDL CHOL RATIO, Serum | 2.2 | 0-3.5 Ratio | Calculated |
| | | | |

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AERFOCAMI HEALTHCARE BELOW 40 MALE/FEMALE THYROID FUNCTION TESTS BIOLOGICAL REF RANGE RESULTS PARAMETER **METHOD** Free T3, Serum 4.3 3.5-6.5 pmol/L **ECLIA** Free T4, Serum 14.9 11.5-22.7 pmol/L **ECLIA** First Trimester:9.0-24.7 Second Trimester: 6.4-20.59 Third Trimester: 6.4-20.59 sensitiveTSH, Serum 1.87 0.35-5.5 microIU/ml **ECLIA** First Trimester:0.1-2.5 Second Trimester: 0.2-3.0 Third Trimester:0.3-3.0

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| Reg. Location | : Thane Kasarvadavali (Main Centre) | Reported | :08-Oct-2022 / 13:21 | т |
| | | | | |

Interpretation:

A thyroid panel is used to evaluate thyroid function and/or help diagnose various thyroid disorders.

Clinical Significance:

1)TSH Values between high abnormal upto15 microIU/ml should be correlated clinically or repeat the test with new sample as physiological factors

can give falsely high TSH.

2)TSH values may be trasiently altered becuase of non thyroidal illness like severe infections liver disease, renal and heart severe burns, trauma and surgery etc.

| TSH | FT4 / T4 | FT3 / T3 | Interpretation |
|------|----------|----------|---|
| High | Normal | Normal | Subclinical hypothyroidism, poor compliance with thyroxine, drugs like amiodarone, Recovery phase of non- thyroidal illness, TSH Resistance. |
| High | Low | Low | Hypothyroidism, Autoimmune thyroiditis, post radio iodine Rx, post thyroidectomy, Anti thyroid drugs, tyrosine kinase inhibitors & amiodarone, amyloid deposits in thyroid, thyroid tumors & congenital hypothyroidism. |
| Low | High | High | Hyperthyroidism, Graves disease, toxic multinodular goiter, toxic adenoma, excess iodine or thyroxine intake, pregnancy related (hyperemesis gravidarum, hydatiform mole) |
| Low | Normal | Normal | Subclinical Hyperthyroidism, recent Rx for Hyperthyroidism, drugs like steroids & dopamine), Non thyroidal illness. |
| Low | Low | Low | Central Hypothyroidism, Non Thyroidal Illness, Recent Rx for Hyperthyroidism. |
| High | High | High | Interfering anti TPO antibodies, Drug interference: Amiodarone, Heparin, Beta Blockers, steroids & anti epileptics. |

Diurnal Variation: TSH follows a diurnal rhythm and is at maximum between 2 am and 4 am, and is at a minimum between 6 pm and 10 pm. The variation is on the order of 50 to 206%. Biological variation: 19.7% (with in subject variation)

Reflex Tests: Anti thyroid Antibodies, USG Thyroid , TSH receptor Antibody. Thyroglobulin, Calcitonin

Limitations:

1. Samples should not be taken from patients receiving therapy with high biotin doses (i.e. >5 mg/day) until atleast 8 hours

following the last biotin administration.

2. Patient samples may contain heterophilic antibodies that could react in immunoassays to give falsely elevated or depressed results. this assay is designed to minimize interference from heterophilic antibodies.

Reference:

1.O.koulouri et al. / Best Practice and Research clinical Endocrinology and Metabolism 27(2013)

2. Interpretation of the thyroid function tests, Dayan et al. THE LANCET . Vol 357

3. Tietz, Text Book of Clinical Chemistry and Molecular Biology -5th Edition

4.Biological Variation: From principles to Practice-Callum G Fraser (AACC Press)

*Sample processed at SUBURBAN DIAGNOSTICS (INDIA) PVT. LTD G B Road Lab, Thane West *** End Of Report ***





ittaon

Dr.AMIT TAORI M.D (Path) Pathologist

Authenticity Check

Page 10 of 10

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भारत सरकार GOVERNMENT OF INDIA

आरती सुधिर मोरे Arti Sudhir More जन्म तिथि/ DOB: 13/02/1982 महिला / FEMALE



9397 6748 5917

आधार-आम आदमी का अधिकार

A.S. More





PHYSICAL EXAMINATION REPORT

| Patient Name | MRS. | AARTI MORE | | Sex/Age | FEMALE/40 YRS |
|---|-------|--------------------|----------------|----------|---------------|
| Date | 08/10 | /22 | | Location | KASARVADAVAL |
| History an | d Co | mplaints | | | |
| No complaints Family history – Past History – N | | | | | |
| EXAMINA | TION | FINDINGS: | | | |
| Height | | 160 cm | Temp (0c): | Afebrile | 2 |
| Weight | | 61 kg | Skin: | NAD | |
| Blood Pressu | ire | 110/70 mm of Hg | Nails: | NAD | |
| Pulse | | 70/min | Lymph Node: | NAD | |
| Systems : | | | | | |
| Cardiovascu | lar: | S1S2 +, No m | urmur | | |
| Respiratory: | | NAD | | | |
| Genitourina | ry: | NAD | | | |
| GI System: | | NAD | | | |
| CNS: | | NAD | | | |
| Impression | : | | | | |
| Low Hemo Raised ESR | | I (Iron deficien | cy) | | |

ADVICE :

Regular walking. Avoid fried, fatty food & Non-veg diet. Adv. Bizfer XT 1---0---0 for 3 months. Repeat CBC after 3 months.

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| PAF | 21.1.15 | E T | E 81 | CI N | G - | NE | A L | T.H | ER | LIVING |

CHIEF COMPLAINTS:

| 1) | Hypertension: | Nil |
|-----|-------------------------------------|-----|
|) | IHD | Nil |
| 3) | Arrhythmia | Nil |
| 4) | Diabetes Mellitus | Nil |
| 5) | Tuberculosis | Nil |
| 5) | Asthma | Nil |
| 7) | Pulmonary Disease | Nil |
| 8) | Thyroid/ Endocrine disorders | Nil |
| 9) | Nervous disorders | Nil |
| 10) | GI system | Nil |
| 11) | Genital urinary disorder | Nil |
| 12) | Rheumatic joint diseases or symptom | Nil |
| 13) | Blood disease or disorder | Nil |
| 14) | Cancer/lump growth/cyst | Nil |
| 15) | Congenital disease | Nil |
| 16) | Surgeries | Nil |

PERSONAL HISTORY:

| 1) | Alcohol | No |
|----|------------|-------|
| 2) | Smoking | No |
| 3) | Diet | Mixed |
| 4) | Medication | Nil |

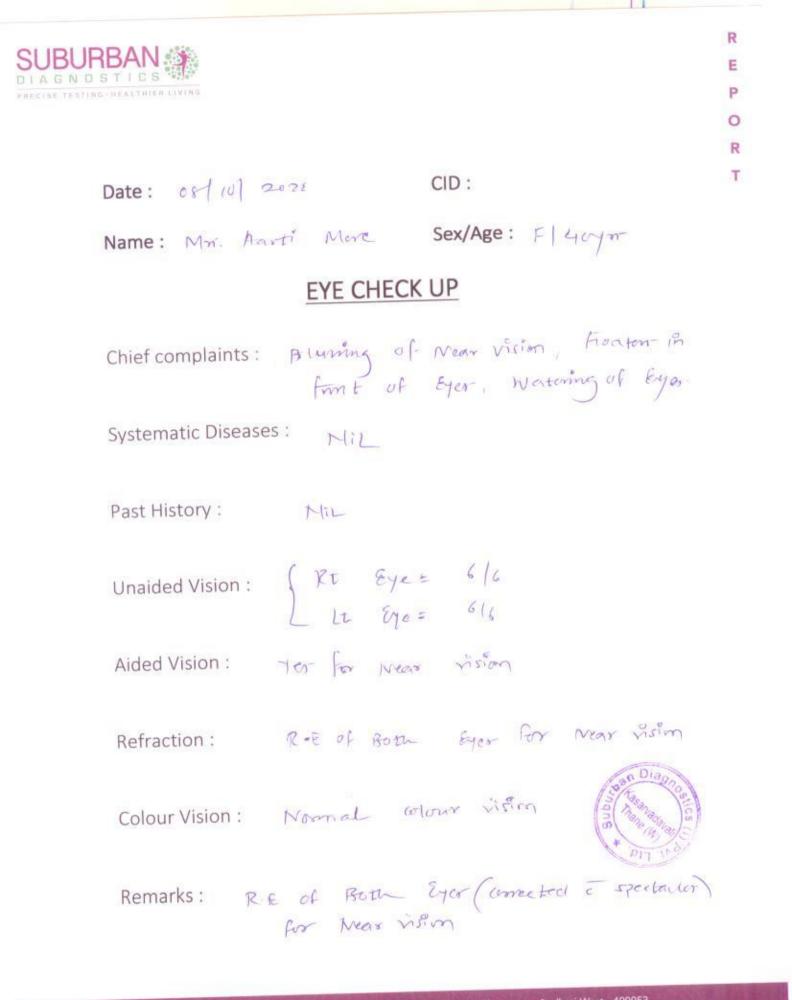


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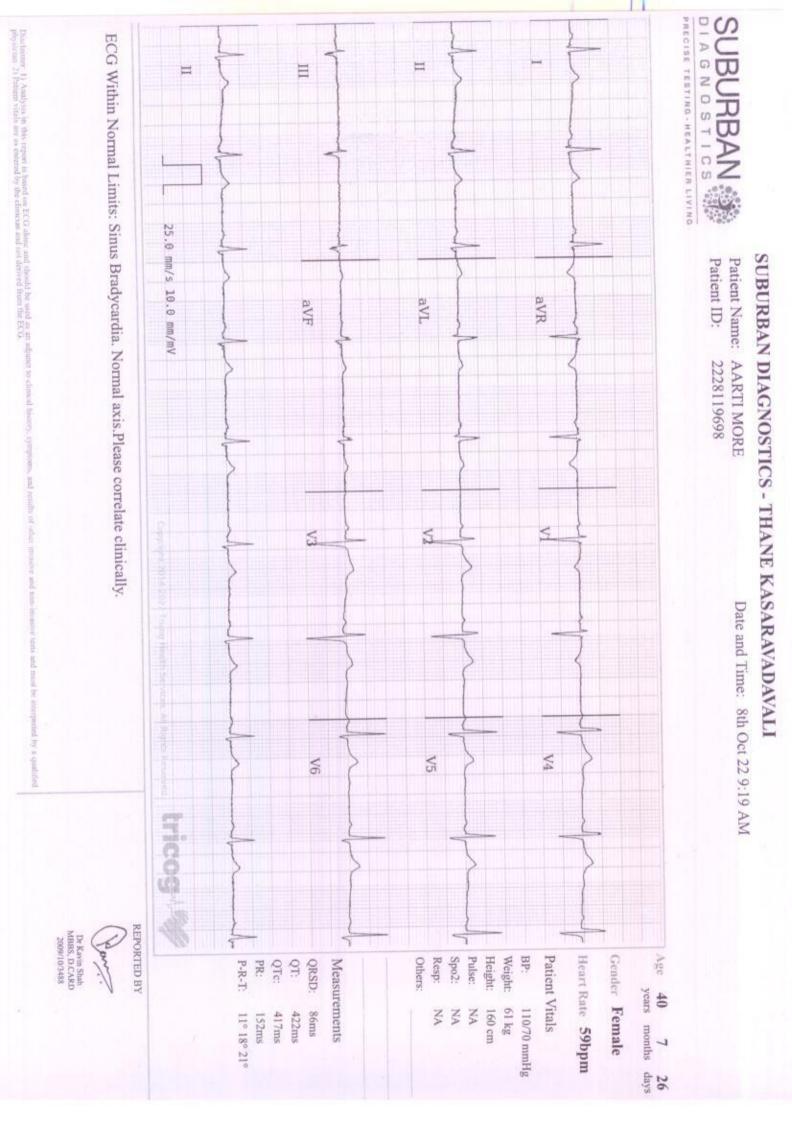
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| tient Details | Date: 08-Oct-22 | Time: 9:27:44 AM | |
|---------------------|-------------------|------------------|----------------|
| ame: MRS. AARTI MOR | RE ID: 2228119698 | | |
| je: 40 y | Sex: F | Height: 160 cms | Weight: 61 Kgs |
| inical History: NIL | | | |

Test Details

THR: 152 (85 % of Pr.MHR) bpm Pr.MHR: 180 bpm Protocol: Bruce 10.20 Max. HR: 158 (88% of Pr.MHR)bpm Max. Mets: Total Exec. Time: 7 m 40 s 4620 mmHa/min Max. BP x HR: 23700 mmHg/min Min, BP x HR: Max. BP: 150 / 70 mmHg Test Termination Criteria: THR achieved

Protocol Details

| Stage Name | Stage Time (min : sec) | Mets | Speed (mph) | Grade (%) | Heart Rate (bpm) | Max. BP (mm/Hg) | Max. ST Level (mm) | Max. ST Slope (mV/s) |
|------------------|---------------------------|------|----------------|--------------|------------------------|--------------------|--------------------------|----------------------------|
| Supine | 0:16 | 1.0 | 0 | 0 | 84 | 110/70 | -0.42 aVR | 0.711 |
| Standing | 0:10 | 1.0 | 0 | 0 | 71 | 110/70 | -0.64 aVR | 0.711 |
| Hyperventilation | 0 21 | 1.0 | 0 | 0 | 66 | 110/70 | -0.64 aVR | 0.71 |
| 1 | 3 0 | 4.6 | 1.7 | 10 | 103 | 120/70 | -5.94 V6 | 5.31 1 |
| 2 | 3:0 | 7.0 | 2.5 | 12 | 127 | 130/70 | -3.61 V2 | -5.66 |
| Peak Ex | 1:40 | 10.2 | 3.4 | 14 | 158 | 150/70 | -2.97 aVR | 4.95 V2 |
| Recovery(1) | 1.0 | 1.8 | 1 | 0 | 127 | 150/70 | -1.06 II | 3.89 V4 |
| Recovery(2) | 1 0 | 1.0 | 0 | 0 | 79 | 130/70 | -0.64 aVR | 2.48 V4 |
| Recovery(3) | 0 55 | 1.0 | 0 | 0 | 81 | 110/70 | -0.42 V6 | 1.06 II |

Interpretation

The patient exercised according to the Bruce protocol for 7 m 40 s achieving a work level of Max. METS: 10.20. Resting heart rate initially 84 bpm, rose to a max. heart rate of 158 (88% of Pr.MHR) bpm. Resting blood Pressure 110 / 70 mmHg, rose to a maximum blood pressure of 150 / 70 mmHg.

No significant ST - T changes. No evidence of arrhythmias. Normal haemodynamic response. Good effort tolerance.

IMPRESSION: Stress test is negative for inducible ischemia at moderate workload. DISCLAIMER: Negative stress test does not rule out coronary artery disease and positive stress test is suggestive but not confirmatory of coronary artery disease. Hence clinical co-relation is mandatory.

Ref. Doctor: CORPORATE

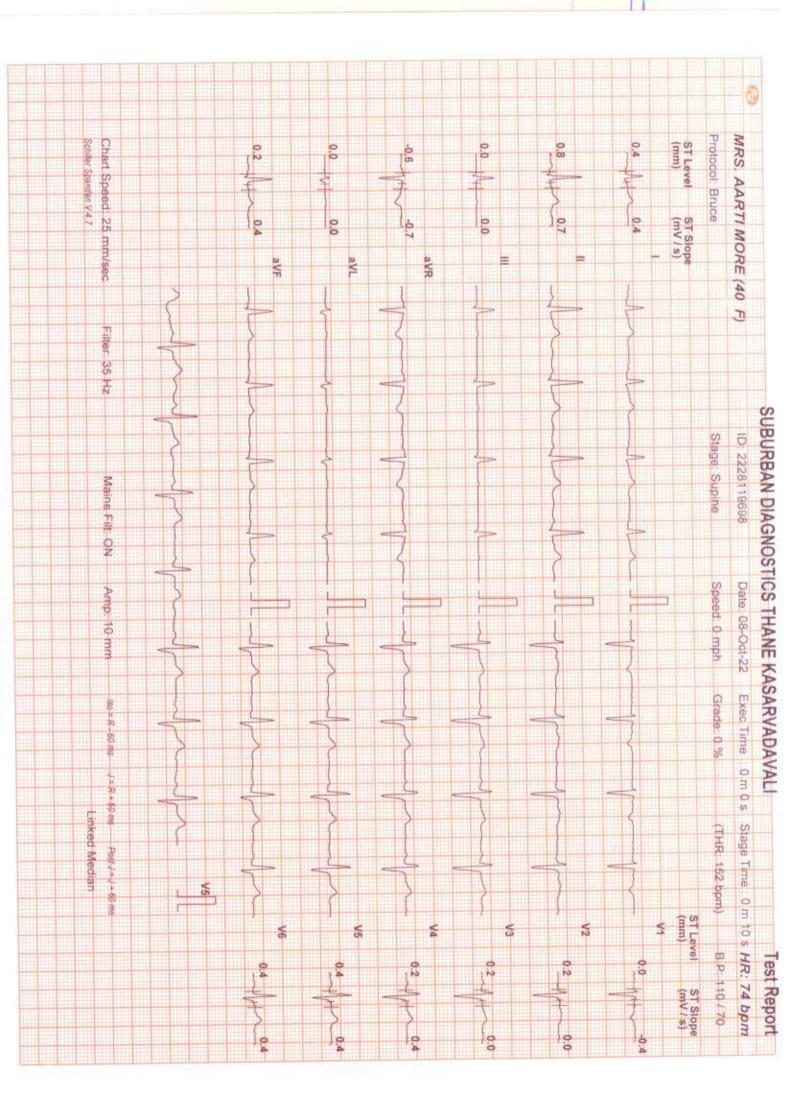
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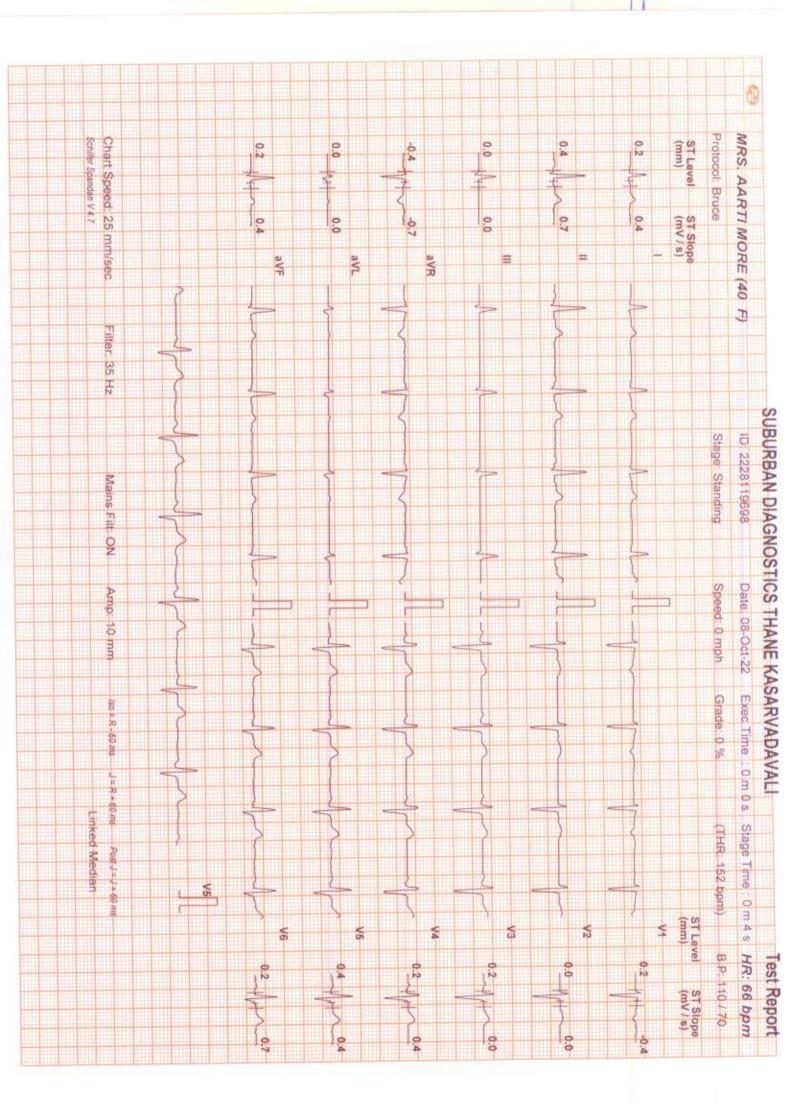


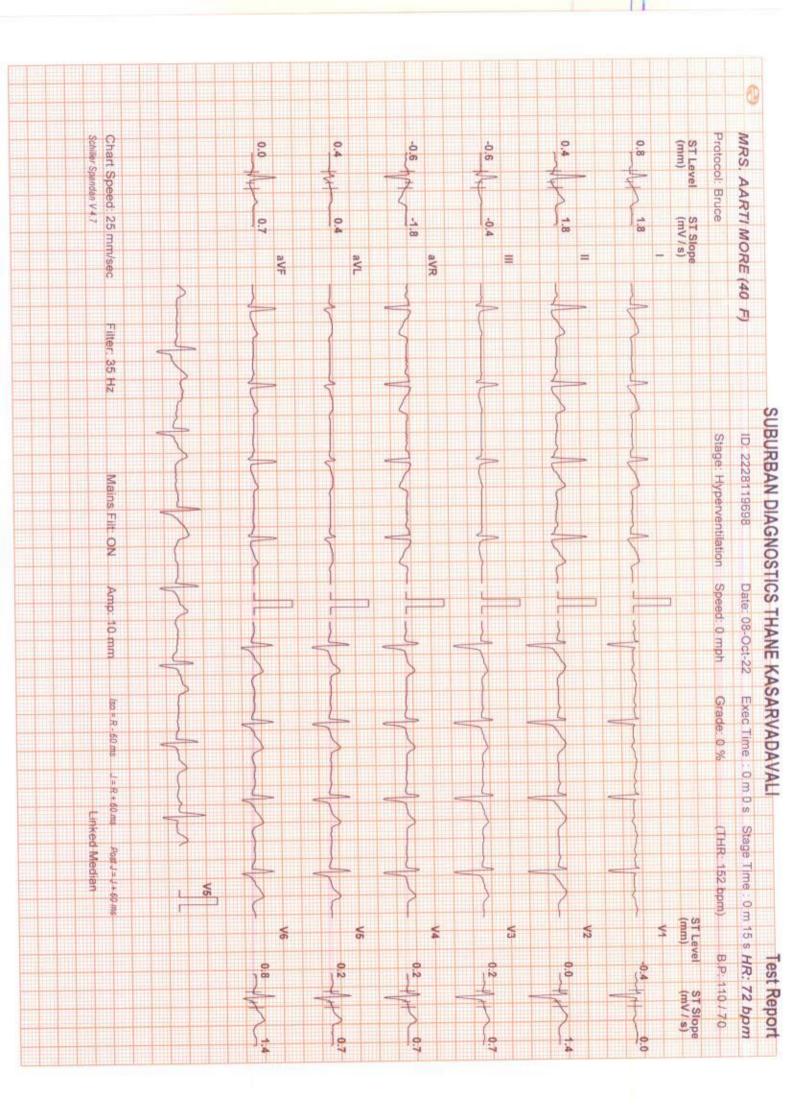
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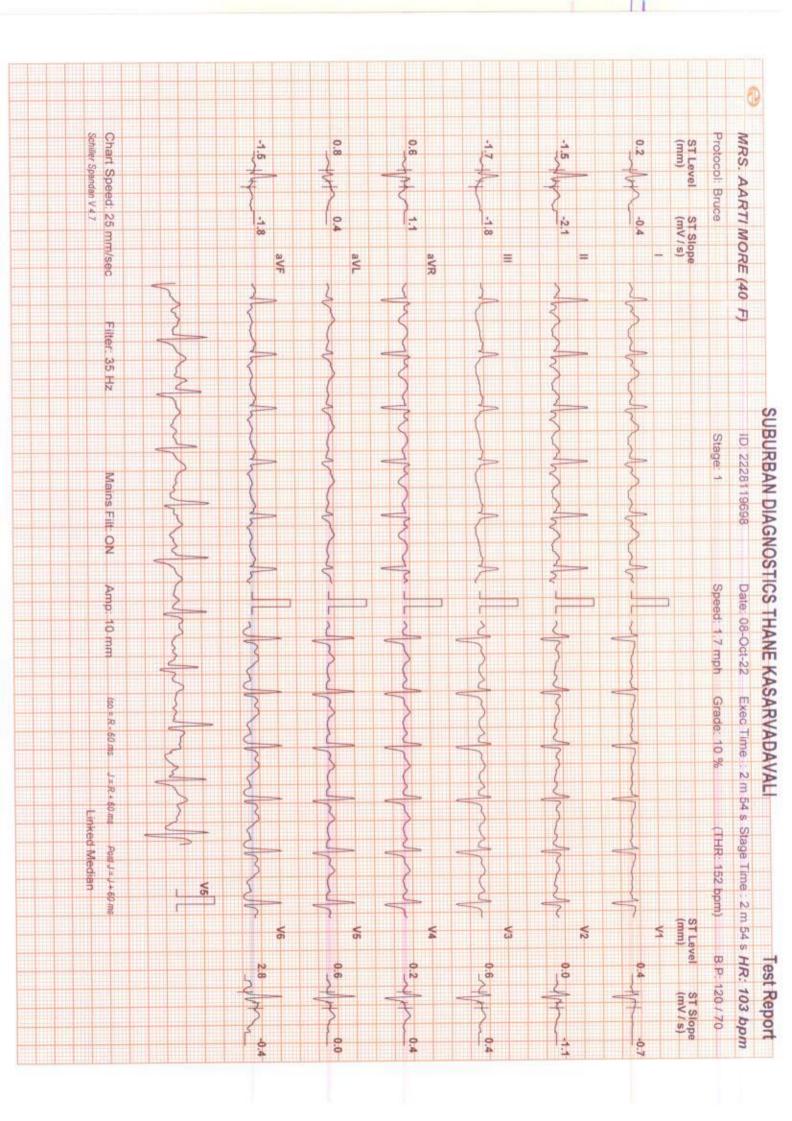
MMC Regd. No.3488

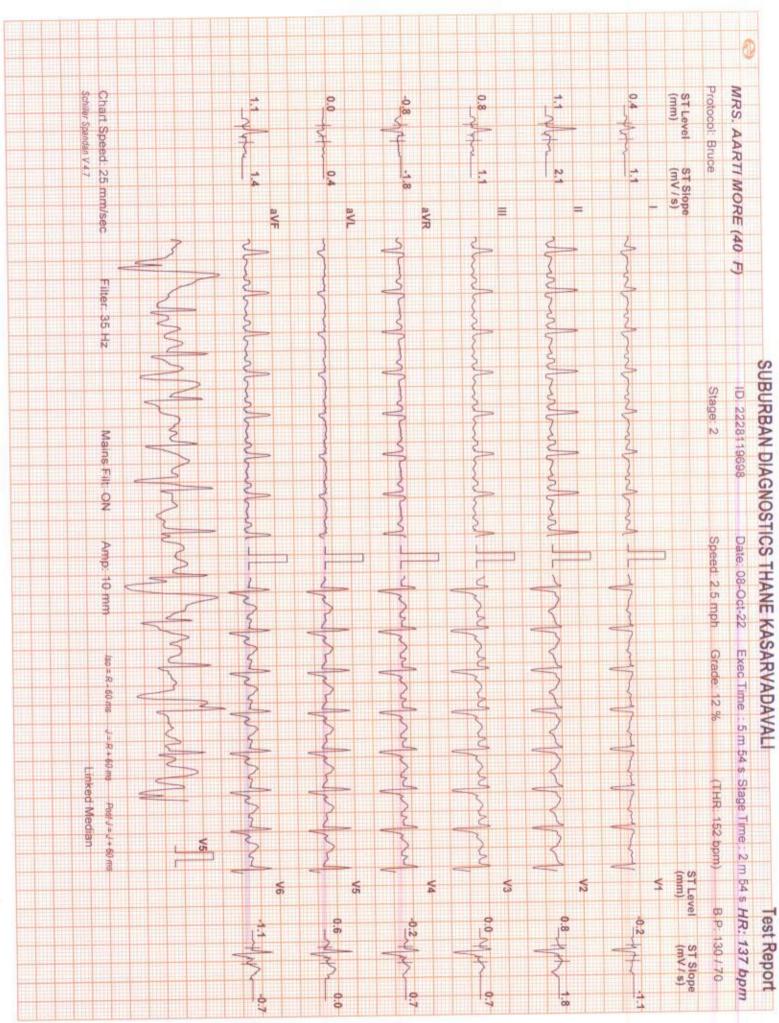
Doctor: Dr. Kavin Shah (c) Schiller Healthcare India Pvt. Ltd. V 4.7

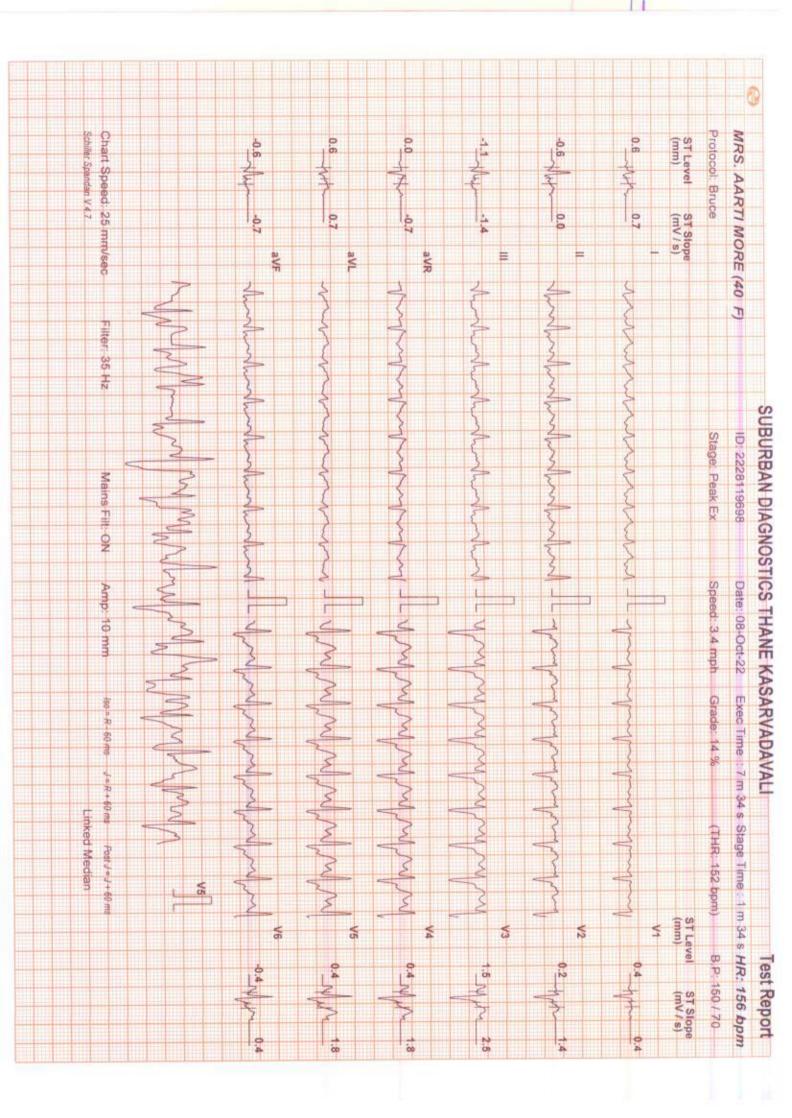


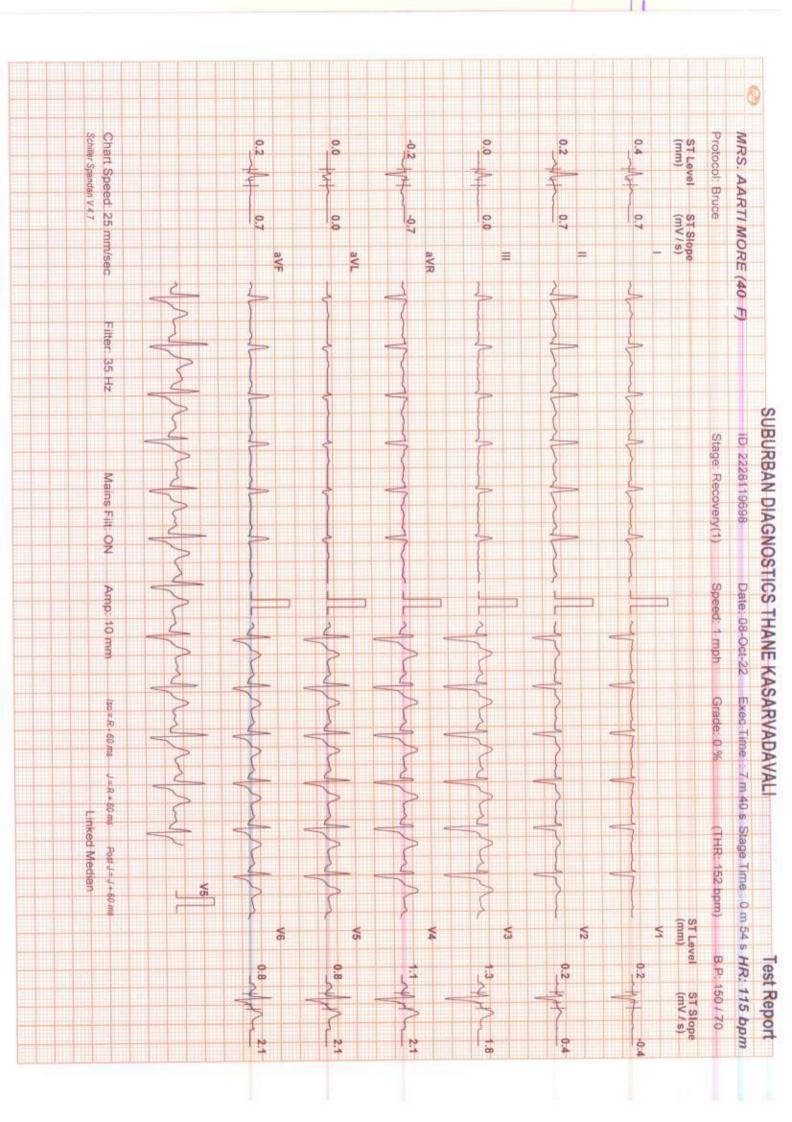


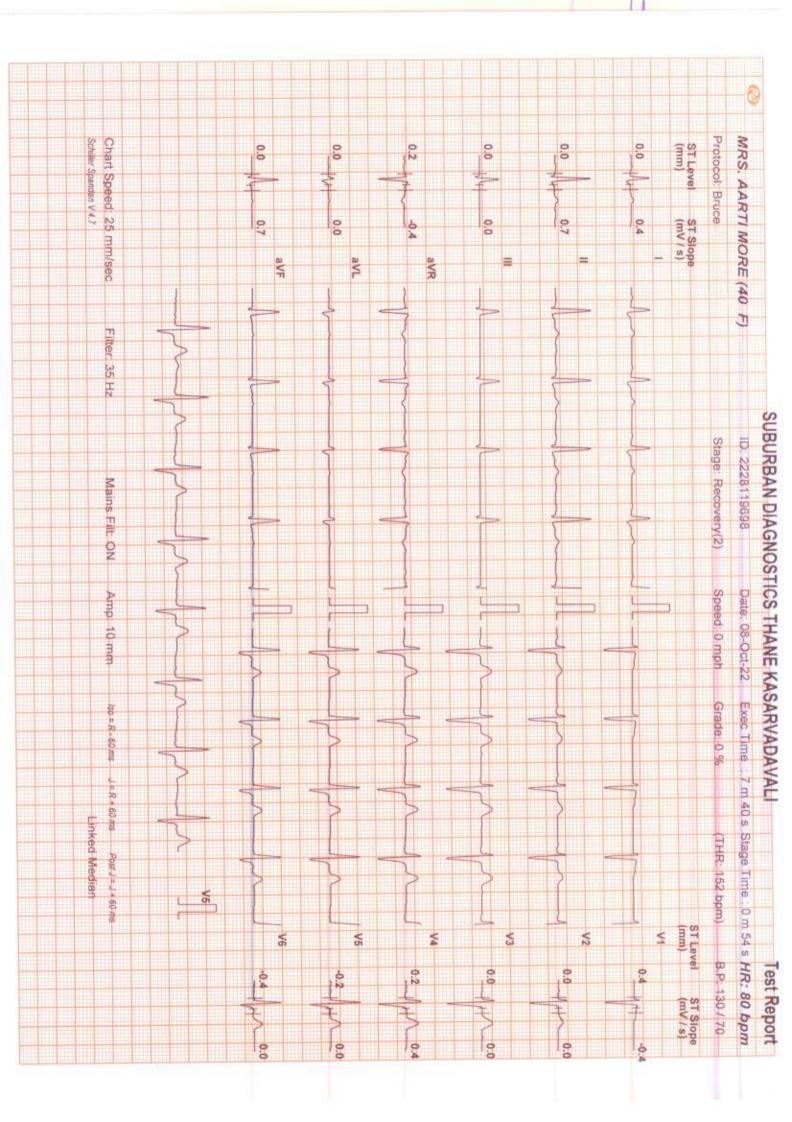


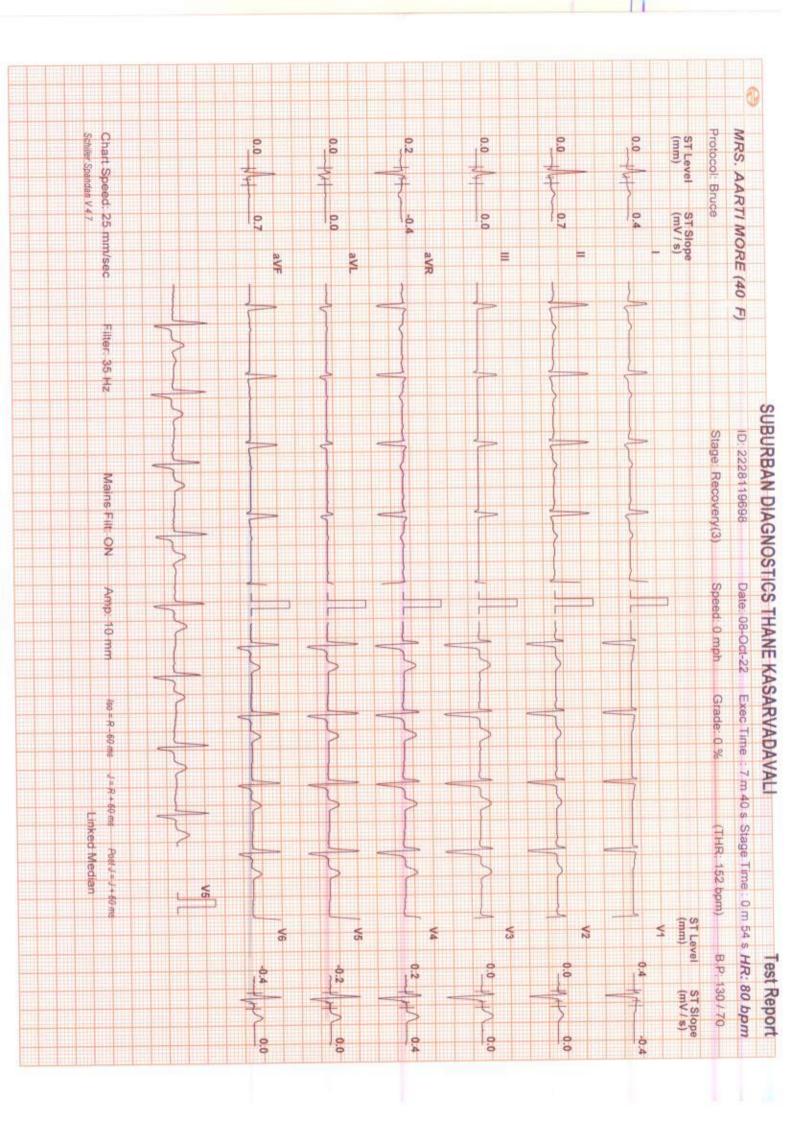












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| PRECISE TESTING HEALTHIE | RLIVING | | | P |
| CID | : 2228119698 | | 里能是英语运行组织 | 0 |
| Name Age / Sex | : Mrs AARTI MORE : 40 Years/Female | Reg. Date | Use a QR Code Scanner Application To Scan the Cod ^C : 08-Oct-2022 | R |
| Ref. Dr Reg. Location | : : Thane Kasarvadavali Main Centre | Reported | : 08-Oct-2022 / 11:29 | Т |
| | | DELVIC | | |

USG ABDOMEN AND PELVIS

Liver appears normal in size and echotexture. There is no intra-hepatic biliary radical dilatation. No evidence of any focal lesion.

Gall bladder is distended and appears normal. Wall thickness is within normal limits. There is no evidence of any calculus.

PORTAL VEIN:

Portal vein is normal. CBD: CBD is normal.

Visualised pancreas appears normal in echotexture. There is no evidence of any focal lesion or calcification. Pancreatic duct is not dilated.

Right kidney measures 9.6 x 3.6 cm. Left kidney measures 10.6 x 3.5cm. Both kidneys are normal in size, shape and echotexture. Corticomedullary differentiation is maintained. There is no evidence of any hydronephrosis, hydroureter or calculus.

Spleen is normal in size, shape and echotexture. No focal lesion is seen.

URINARY BLADDER:

Urinary bladder is distended and normal. Wall thickness is within normal limits.

Uterus is anteverted and measures 7.8 x 4.0 x 4.4 cm. Uterine myometrium shows homogenous echotexture. Endometrial echo is in midline and measures 7.5 mm. Cervix appears normal.

OVARIES:

Both ovaries are normal.

No free fluid or significant lymphadenopathy is seen.

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| PRECISE TESTING HEALTHIN | : 2228119698 | | and the | P |
| Name | : Mrs AARTI MORE | | Use a OR Code Scamer | 0 |
| Age / Sex | : 40 Years/Female | 1.128 1.8281451 | Application Te Scan the Code | R |
| Ref. Dr | : | Reg. Date | : 08-Oct-2022 | - |
| Reg. Location | : Thane Kasarvadavali Main Centre | Reported | : 08-Oct-2022 / 11:29 | т |

IMPRESSION: NO SIGNIFICANT ABNORMALITY IS DETECTED.

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 cases for confirmation / exclusion of diagnosis.

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

This report is prepared and physically checked by DR GAURAV FARTADE before dispatch.

G. R. Forte

Dr.GAURAV FARTADE MBBS, DMRE Reg No -2014/04/1786 Consultant Radiologist

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| CID | : 2228119698 | | 言和自我的知道 | 0 |
| Name | : Mrs AARTI MORE | | Use a QR Code Scanner | 0 |
| Age / Sex | : 40 Years/Female | | Application To Scan the Code | R |
| Ref. Dr | 1 | Reg. Date | : 08-Oct-2022 | - |
| Reg. Location | : Thane Kasarvadavali Main Centre | Reported | : 08-Oct-2022 / 10:28 | 1 |

X-RAY CHEST PA VIEW

Both lung fields are clear.

Both costo-phrenic angles are clear.

The cardiac size and shape are within normal limits.

The domes of diaphragm are normal in position and outlines.

The skeleton under review appears normal.

IMPRESSION: NO SIGNIFICANT ABNORMALITY IS DETECTED.

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

This report is prepared and physically checked by DR GAURAV FARTADE before dispatch.

G. R. Forth

Authenticity Check

国家部的通信和原则

R

Dr.GAURAV FARTADE MBBS, DMRE Reg No -2014/04/1786 Consultant Radiologist

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