

# भारत सरकार GOVERNMENT OF INDIA



Leena Balat DOB: 02/03/1972 Female / FEMALE



4649 2353 7744

Aadhaar-Aam Aadmi ka Adhikar



# मारतीय विशिष्ट पहचान प्राधिकरण UNIQUE IDENTIFICATION AUTHORITY OF INDIA

# Address:

W/O: Rajesh Kumar Balat, Ashutosh, Piot no-21, Ghanshyamshyam Park - 02, Baroi Road, Mundra, Kachchh, Gujarat - 370421

# 4649 2353 77444

# Aadhaar-Aam Admi ka Adhikar











Patient ID	12233090	Collected On	13/01/2024 09:44:43
Patient Name	Mrs. LEENA RAJESH BALAT	Received On	13/01/2024 09:44:45
Gender / Age	Female / 51 Yrs 10 Mon 12 Days	Released On	13/01/2024 15:43:55
Refd. By		Printed On	13/01/2024 15:55:38
Client	Apollo Health & Lifestyle Ltd		

Investigation	Value	Unit	Biological Ref. Range
Glucose (Fasting)	106.00	mg/dL	60.00 - 110.00

Fasting Plasma Glucose (mg/dl)	2 hr plasma Glucose (mg/dl) Post Glucose load	Diagnosis
99 or below	139 or below	Normal
100 to 125	140 to 199	Pre-Diabetes (IGT)
126 or above	200 or above	Diabetes

**Glucose, Post Prandial (PP)**GOD-PAP mg/dL 70.00 - 140.00 105.70

Fasting Glucose Plasma	2 hr Plasma Glucose (mg/dl) Post Glucose load	Diagnosis
99 or below	139 or below	Normal
100 to 125	140 to 199	Pre- Diabetes
126 or above	200 or above	Diabetes



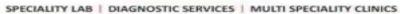


Note: 1. These report are more estimation and are false to vary / Change in different concluses in different laboratories.

2. The values are to be complexisted with clinical fielding and any elamining of pre-specified result should be referred to this lab organity.

3. These reports are not valid for medico legal purposes.







Patient ID	12233090	Collected On	13/01/2024 09:44:43
Patient Name	Mrs. LEENA RAJESH BALAT	Received On	13/01/2024 09:44:45
Gender / Age	Female / 51 Yrs 10 Mon 12 Days	Released On	13/01/2024 15:43:55
Refd. By		Printed On	13/01/2024 15:55:44
Client	Apollo Health & Lifestyle Ltd		

Investigation	Value	Unit	Biological Ref. Range
Complete Blood Count			
Hemoglobin Cynmeth Photometric Measurement	13.5	gm/dL	11.5 - 15.0
Erythrocyte RBC Count Electrical Impedance	5.71	millions/cu.mm	3.80 - 4.80
HCT Electrical Impedance	40.3	%	36.0 - 46.0
Mean Cell Volume (MCV) Electrical Impedance	70.6	fL	80.0 - 100.0
Mean Cell Haemoglobin (MCH) Electrical Impedance	23.7	pg	27.0 - 32.0
Mean Corpuscular Hb Concn. (MCHC) Electrical Impedance	33.5	gm/dL	32.0 - 35.0
Red Cell Distribution Width (RDW-CV) Electrical Impedance	14.1	%	11.5 - 14.5
Total Leukocyte Count (TLC) Electrical Impedance	6.9	X10^3/uL	4.0 - 11.0
Differential Leukocyte Count (DLC)			
Neutrophils vcs	56	%	40 - 80
Lymphocytes vcs	36	%	20 - 40
Eosinophils vcs	03	%	01 - 06
Manacytes vcs	05	%	02 - 08
Basophils vcs	00	%	00 - 02
Platelet Count Electrical Impedance	252	x10^3/uL	150 - 450





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#### LAB DIVISION

l .			
Patient ID	12233090	Collected On	13/01/2024 09:44:43
Patient Name	Mrs. LEENA RAJESH BALAT	Received On	13/01/2024 09:44:45
Gender / Age	Female / 51 Yrs 10 Mon 12 Days	Released On	13/01/2024 15:43:55
Refd. By		Printed On	13/01/2024 15:55:51
Client	Apollo Health & Lifestyle Ltd		

Investigation	Value	Unit	Biological Ref. Range
Erythrocyte Sedimentation Rate (ESR) Westergren's	10	mm in 1hr	00 - 20

<sup>\*</sup> Test conducted on EDTA whole blood at 37 degree Celsius.







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<sup>\*</sup> ESR is an index of the presence of the active diseases of many types.

<sup>\*</sup> Increased- In most infections, anaemias, injection of foreign proteins, auto-immune disorders, conditions accompanied by hyperglobunemia and hypercholesterolaemia.

<sup>\*</sup> A rising ESR suggests a progressive disease.

<sup>\*</sup> Decreased- in polycythemia, congestive heart failure.

<sup>\*</sup> ESR is a useful but nonspecific marker of underlying inflammation. C-Reactive Protein(CRP) is the recommended test in a acute inflammatory conditions.





#### LAB DIVISION

Patient ID	12233090	Collected On	13/01/2024 09:44:43
Patient Name	Mrs. LEENA RAJESH BALAT	Received On	13/01/2024 09:44:45
Gender / Age	Female / 51 Yrs 10 Mon 12 Days	Released On	13/01/2024 15:43:55
Refd. By		Printed On	13/01/2024 15:55:55
Client	Apollo Health & Lifestyle Ltd		

Investigation Value Unit Biological Ref. Range

#### Peripheral Blood Smear Microscopy

RBCs:- Normocytic normochromic with anisocytosis.

WBCs:- TLC is normal and DLC are within normal range.

Platelet:- Adequate in number and normal in morphology.

PARASITE AND IMMATURE CELLS:- Not seen.

Impression:- Normocytic normochromic blood picture.

Advise: - Clinical correlation.







These report are more entireation and are failed to vary? Change in different conclusives in different advantages.
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1			
Patient ID	12233090	Collected On	13/01/2024 09:44:43
Patient Name	Mrs. LEENA RAJESH BALAT	Received On	13/01/2024 09:44:45
Gender / Age	Female / 51 Yrs 10 Mon 12 Days	Released On	13/01/2024 15:43:55
Refd. By		Printed On	13/01/2024 15:55:58
Client	Apollo Health & Lifestyle Ltd		

Investigation	Value	Unit	Biological Ref. Range
Glycosylated Hb	5.9	%	
Average Plasma Glucose	123		

#### Interpretation:

#### HbA1c %

c=5.6	Normal
5.7-6.4	At Risk for
	Diabetes
>=6.5	Diabetes

Estimated Average Glucose (eAG) is a new way to understand how well you are managing your diabetes. Using eAG may help you get a better idea of how well you are taking care of your diabetes. And that can help you and your health care provider know what changes you may need to make to be as healthy as possible.

į	HbA1c %	5	5.5	6	6.5	7	7.5	8	8.5	9	10		12
ı	eAG) mg/dL	97	111	126	140	154	169	183	197	212	240	269	298

The HbA1c goal for people with diabetes is less than 7 percent. A 3 to 6 monthly monitoring is recommended in diabetics. People with diabetes should get the test done more often if their blood sugar stays too high or if their healthcare provider makes any change in the treatment plan. HbA1c concentration represents the integrated values for blood glucose over the preceding 6 - 10 wks and is not affected by daily glucose fluctuation, exercise & recent food intake. It is a more useful tool for clinical management of Diabetes mellitus through routine monitoring & assesses compliance with therapeutic regimen.



Dr. Arun Kumar MBBS, MD (Pathology) Consultant Pathologist

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Patient ID	12233090	Collected On	13/01/2024 09:44:43
Patient Name	Mrs. LEENA RAJESH BALAT	Received On	13/01/2024 09:44:45
Gender / Age	Female / 51 Yrs 10 Mon 12 Days	Released On	13/01/2024 15:43:55
Refd. By		Printed On	13/01/2024 15:56:01
Client	Apollo Health & Lifestyle Ltd		

Investigation Value Unit Biological Ref. Ra
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**Blood group** Gel Technique

"O" Positive

Blood group is identified by antigens and antibodies present. In the blood, Antigens are protein molecules found on the surface of red blood cells. Antibodies are found in plasma. To determine blood group, red cells are mixed with different antibody solutions to give A,B,O or AB. The test is performed by both forward as well as reverse grouping methods.

The report is of sample received. It is presumed that the sample belongs to the patient. In case of any discrepancy related to this report, contact lab.



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Patient Name	Mrs. LEENA RAJESH BALAT	Received On	13/01/2024 09:44:45
Gender / Age	Female / 51 Yrs 10 Mon 12 Days	Released On	13/01/2024 15:43:55
Refd. By		Printed On	13/01/2024 15:56:04
Client	Apollo Health & Lifestyle Ltd		

Investigation	Value	Unit	Biological Ref. Range
	Liver Function Tes	<u>t</u>	
<b>Billirubin – Total</b> Diazonium Salt	0.47	mg/dL	0.20 - 1.30
Billirubin - Direct Diazo Reaction	0.22	mg/dL	0.00 - 0.50
Bilirubin, Indirect Calculated	0.25	mg/dL	0.00 - 0.70
Gultamic Oxaloacetic Transaminase (SGOT, AST)	10.30	U/L	0.00 - 31.00
Gultamic Pyruvic Transaminase (SGPT, ALT)	14.90	U/L	0.00 - 31.00
ALP (Alkaline Phosphatase)	74.00	U/L	40.00 - 150.00
Total Protien Biuret method	7.43	g/dL	6.60 - 8.70
<b>Albumin</b> Bromcresol Green	4.34	g/dL	3.50 - 5.20
<b>Globulin</b> Calculated	3.09	g/dL	2.30 - 3.50
A:G (Albumin:Globulin) Ratio Calculated	1.40		1.20 - 2.00

These are group of tests that can be used to detect the presence of liver disease, distinguish among different types of liver disorders, gauge the extent of knownliver damage, and monitor the response to treatment. Most liver diseases cause only mild symptoms initially, but these diseases must be detected early. Sometests are associated with functionality (e.g., albumin), some with cellular integrity (e.g., transaminase), and some with conditions linked to the biliary tract(gammaglutamyl transferase and alkaline phosphatase). Conditions with elevated levels of ALT and AST include hepatitis A.B. C. paracetamol toxicityetc. Several biochemical tests are useful in the evaluation and management of patients with hepatic dysfunction. Some or all of these measurements are alsocarried out (usually about twice a year for routine cases) on those individuals taking certain medications, such as anticonvulsants, to ensure that the medicationsare not adversely impacting the person's liver. Reference ranges vary between laboratories

.Note: The result obtained relate only to the sample given/received & tested. A single test result is not always indicative of a disease, it has to be correlated with clinical data for interpretation



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1			
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Patient Name	Mrs. LEENA RAJESH BALAT	Received On	13/01/2024 09:44:45
Gender / Age	Female / 51 Yrs 10 Mon 12 Days	Released On	13/01/2024 15:43:55
Refd. By		Printed On	13/01/2024 15:56:11
Client	Apollo Health & Lifestyle Ltd		
I			

Investigation	Value	Unit	Biological Ref. Range
	Kidney Function Tes	st	
Urea, Serum <sub>Urease</sub>	17.00	mg/dL	13.00 - 43.00
Blood Urea Nitrogen Urease	7.94	mg/dL	7.00 - 21.00
<b>Creatinine</b> Modified jaffe's	0.88	mg/dL	0.60 - 1.30
Uric Acid, Serum	4.70	mg/dL	2.60 - 6.00
Calcium Arsenazo III	9.00	mg/dl	8.40 - 10.20
Phosphorus UV PHOTOMETRIC	3.20	mg/dL	2.60 - 4.50
<b>BUN Creatinine Ratio</b> Serum	9.02	Ratio	6.00 - 22.00

Kidney function tests are group of tests that can be used to evaluate how well the kidneys are functioning. Creatinine is awaste product that comes from protein in the diet and also comes from the normal wear and tear of muscles of the body. Inblood, it is a marker of GFR. In urine, it can remove the need for 24-hour collections for many analytes or be used as a quality assurance tool to assess the accuracy of a 24-hour collection Higher levels may be a sign that the kidneys are not workingproperly. As kidney disease progresses, the level of creatinine and urea in the blood increases. Certain drugs are nephrotoxichence KFT is done before and after initiation of treatment with these drugs. Low serum creatinine values are rare; they almost always reflect low muscle mass. Apart from renal failure Blood Urea can increase in dehydration and GI bleed.Reference ranges vary between laboratories.

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1/2024 09:44:43
1/2024 09:44:45
1/2024 15:43:55
1/2024 15:56:17
1/2024 15

Investigation	Value	Unit	Biological Ref. Range
	<u>Lipid Profile</u>		
Cholesterol TOTAL CHOD-PAP	207.00	mg/dL	Desirable < 200 Borderline 200 - 239 High Risk >= 240
Triglycerides Glycerol Phosphate Oxidase	80.00	mg/dL	Normal <150 Borderline 150-199 High 200-499 Very High >=500
DIRECT HDL Accelerator Selective Detergent	55.20	mg/dL	Major risk factor for heart disease < 40 Negative risk factor for heart disease =>60
VLDL Cholesterol Calculated	16.00	mg/dL	0.00 - 30.00
<b>LDL</b> Calculated	135.80	mg/dL	Recommended <130 Moderate Risk 130-159 High Risk >160
Total / HDL Cholesterol Ratio	3.75		Low Risk 3.3-4.4 Average Risk 4.4-7.1 Moderate Risk 7.1-11.0 High Risk >11.0
Non HDL Cholesterol Calculated	151.8	mg/dL	Adult Optimal <130 Above Optimal 130 -159 Borderline High 160-189 High 190 -219 Very High >=220

Lipid profile is a panel of blood tests that serves as an initial screening tool for abnormalities in lipids, such as cholesterol and triglycerides. The results of this test can identify certain genetic diseases and can determine approximate risks cardiovascular disease, certain forms of pancreatitis. Hypertriglyceridemia is indicative of insulin resistance when present with low high-density lipoprotein (HDL) and elevated low-density lipoprotein (LDL), while elevated triglyceride is a clinical risk factor for coronary artery disease (CAD), especially when low HDL is present. Very high levels of triglycerides are defined by serum levels of 500mg/dL or greater and can be concerning for development of pancreatitis. Reference range between laboratories.





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Designation ID	12222000	Callested Ox	12/01/2024 00:44:42
Patient ID	12233090	Collected On	13/01/2024 09:44:43
Patient Name	Mrs. LEENA RAJESH BALAT	Received On	13/01/2024 09:44:45
Gender / Age	Female / 51 Yrs 10 Mon 12 Days	Released On	13/01/2024 15:43:55
Refd. By		Printed On	13/01/2024 15:56:30
Client	Apollo Health & Lifestyle Ltd		

Investigation	Value	Unit	Biological Ref. Range
	Thyroid Function T	'est	
Triiodothyronine (T3) Chemiluminescent Microparticle Immunoassay (CMIA)	1.78	ng/ml	0.69 - 2.15
Thyroxine (T4) Chemiluminescent Microparticle Immunoassay (CMIA)	78.10	ng/mL	52.00 - 127.00
Thyroid Stimulating Hormone (TSH) Chemiluminescent Microparticle Immunoassay (CMIA)	1.57	uIU/ml	0.30 - 4.50
			Euthyroid 0.25 - 5.00 Hyperthyroid < 0.15 Hypothyroid > 7.00

TSH	T3	T4	Suggested Interpretation for the Thyroid Function Tests Pattern
Raised	Within range	Within range	Raised Within Range Within Range . Isolated High TSHespecially in the range
	_	_	of 4.7 to 15 m1U/m1 is commonly associated
			with Physiological & Biological TSH Variability, Subclinical Autoimmune
			Hypothyroidism.Intermittent 14 therapy for
			hypothyroidism .Recovery phase after Non-Thyroidal illness"
Raised	Raised	Decreased	Chronic Autoimmune Thyroiditis Post thyroidectomy, Post radioiodine
			Hypothyroid phase of transient thyroiditis"
Raised or	Raised	Raised or	Interfering antibodies to thyroid hormones (anti-TPO antibodies)Intermittent
within		within	14 therapy or T4 overdose *Drug interferenceAmiodarone, Heparin, Beta
range		range	blockers, steroids, anti-epileptics
Decreased	Raised or	Raised or	Isolated Low TSH -especially in the range of 0.1 to 0.4 often seen in elderly &
	within	within	Range Range associated with Non-Thyroidal
	range	range	illness .Subclinical Hyperthyroidism .Thyroxine ingestion'
Decreased	Decreased	Decreased	Central Hypothyroidism .Non-Thyroidal illness .Recent treatment for
			Hyperthyroidism (TSH remains suppressed)"
Decreased	Raised	Raised	Primary Hyperthyroidism (Graves' disease). Multinodular goitre, Toxic
			nodule •Transient thyroiditis:Postpartum, Silent
			(lymphocytic), Postviral (granulomatous, subacute, DeQuervain's), Gestational
			thyrotoxicosis with hyperemesis gravidarum"
Decreased	Raised	Within range	T3 toxicosis • Non-Thyroidal illness
Within Rang			·
Within range	Decreased	Within range	Isolated Low T3-often seen in elderly & associated Non-Thyroidal illness In
			elderly the drop in 13 level can be upto 25%.





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Gender / Age	Female / 51 Yrs 10 Mon 12 Days	Released On	13/01/2024 15:43:55
Refd. By		Printed On	13/01/2024 15:56:36
Client	Apollo Health & Lifestyle Ltd		

mL

Investigation Value Unit Biological Ref. Range

#### **Urine Examination (Routine)**

#### **Physical Examination**

Volume

Colour	Watery	
Appearance	Clear	Clear
рН	6.0	Acidic
Specific Gravity	1.010	1.001-1.035

30

#### **Chemical Examination**

<u>Chemical Examination</u>			
Urine Protein	Nil		Nil
Urine Glucose	Nil		Nil
Ketone	Negative		Negative
Nitrite	Negative		Negative
Blood	Nil		Nil
Urobilinogen	Not Increase	ed	Not Increased
Bilirubin	Nil		Nil
Leukocyte esterase	NIL		NIL
Microscopic Examination.			
Red Blood Cells	Nil	/hpf	Nil
Pus Cells (WBC)	1-2	/hpf	NIL
Epithelial Cells	1-2	/hpf	Nil
Casts	Nil	/hpf	Nil
Crystals	Nil		Nil
Bacteria	Nil		Nil
Yeast Cell	Nil		Nil
Mucous	Nil		Nil
Trichomonas	Nil		Nil

\*\*\* End of Report \*\*\*

Nil



**Amorphous Material** 

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Nil

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## MER- MEDICAL EXAMINATION REPORT

Date of Examination	13/01/20	24	
NAME	LEENA	BALAT	
AGE	'51 7 Ger	nder	Female
HEIGHT(cm)	152 (ms WE	IGHT (kg)	51.8 Kg.
B.P.	154   80	; Pulsa	- 84
ECG	Normal		
X Ray	Client Do not would to do + P.		
Vision Checkup	Far Vision Ratio: 6/6 Near Vision Ratio: N/6		
VISION CITECHAP	Far Vision Ratio Near Vision Ratio	: 61,6 o: N/6.	S without
Present Ailments		: 61,6 o: N/6.	S without
	Far Vision Ratio Near Vision Ratio	: 61,6 o: N/6.	S without

Signature with Stamp of Medical Examiner

Dr. Ninad J. Gor M.B.B.S.

Reg. No.: G-64033



## CERTIFICATE OF MEDICAL FITNESS

After i	e is
•	Medically Fit
	Fit with restrictions/recommendations
	Though following restrictions have been revealed, in my opinion, these are not impediments to the job.
	1
	2
	3
	However, the employee should follow the advice/medication that has been communicated to him/her.
	Review after
	Currently Unfit. recommended

Dr.\_ Ninad J Gor\_\_\_\_ Medical Officer The Apollo Clinic, (Bhuj)

This certificate is not meant for medico-legal purposes

Scanned with OKEN Scanner



## SWAMINARAYAN HOSPITAL

NCD CLINIC & COUNSELLING | CENTER

AGE/SEX:852 MALE LOGY & DIABETOLOGY

REF BY: ROHA HEALTHCARE.

### 2D ECHO AND COLOUR DOPPLER STUDY

#### FINAL IMPRESSION:

DATE:

NAME: LINABEN BALAT

13-01-2023

- NORMAL LV SYSTOLIC FUNCTION WITH NORMAL LV SIZE.
- LVEF: 68.00 %, NO RWMA AT REST.

TRIVIAL AR/MILD TR/AR & TRIVIAL MR. NO MS/AS/TS/PS.

- NO PAH, NORMAL RA/RV. NORMAL LA.
- NORMAL RV FUNCTION, NORMAL RA AND RV. NORMAL LV COMPLAINCE.
- NO ASD, NO VSD, NO PDA. NO PE.
- IVC: NORMAL.
- . NO CHD, NO SHD, NO VHD LVH+

Dr. CLINICAL CARDIOLOGIST

MBBS.D.CARDIOLOGY & DIABETOLOGY CLINICAL CARDIOLOGIST

Rep No.G 42676 IG 27-200855 Sr No.D-19188

klub HM िमा वाम नोधामा माटे Appointment : 74074 98098 Education is Foundation For Prevention, Prevention is better than cure

સ્વતઃસ્કુર્ણા : સ્વાદ આઝાદીનો - Swata:Sfurna : The taste of Freedom



# SWAMINARAYAN HOSPITAL

NCD CLINIC & COUNSELLING CENTER

Dr. Jagdish Dhanji Halai

NAME: LINABEN BALAT

AGE/SEX:52/MALE

DATE: 13-01-2023

REF BY: ROHA HEALTHCARE.

## 2D ECHO AND COLOUR DOPPLER STUDY

MITRAL VALVE

: NORMAL.

AORTIC VALVE

: NORMLA.

PULMONARY VALVE

: NORMAL.

TRICUSPID VALVE

: NORMAL.

AORTA

: ROOT: 19.00 MM AND AORTA ST JUNCTION: 20.00 MM.

NORMAL ARCH AND WHOLE AORTA FROM ORIGINE TO

BIFURCATION.

LA

: NORMAL,

LV- D/LV-S

: 43/26 MM.

LVEF

: 68.00 %, NO RWMA AT REST.

IVS

: INTACT, IVS: 11.20 MM.

IAS

: INTACT,

PW: 11.20 MM.

AOVP

: 1.44 M/SEC. PVP: 0.86 M/SEC.

RA AND RV

: NORMAL, PA: NORMAL.

RVSP

: TR JET + RA MEAN PRESSURE: 28 MM HG TAPSE: 21.00 MM

COLOR DOPPLER STUDY

: TRIVIAL MR, MILD TR, PR : NO , TRIVIAL AR.

NO AS, NO MS, NO TS/PS.

ALL VLVES ARE NORMAL WITH NORMAL HEMODYNAMIC.

MVIS

: MV A/E > 1

NO PERICARDIAL EFFUSION.

NO VSR, NO SCAR, NO CLOT, NO VEGETATION.

NO THROMBUS IN LV/LVA.

ਗਮ ਗੇधाभा भाटे Appointment : 74074 98098

Education is Foundation For Prevention, Prevention is better than cure સ્વતઃસ્કુર્ણા : સ્વાદ આઝાદીનો - Swata:Sfurna : The taste of Freedom



Patient Name: Mr. LEENA BALAT

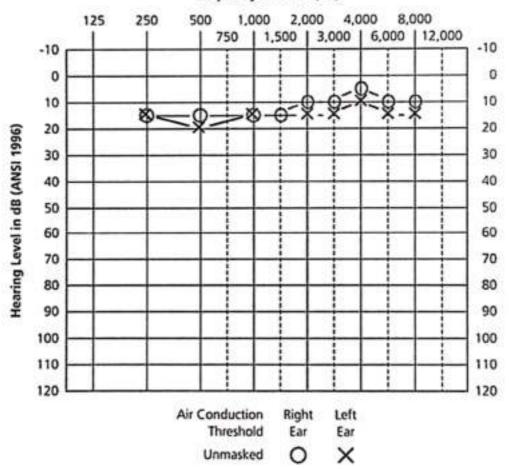
Age: 51

Gender: Female

Date: 13-01-2024

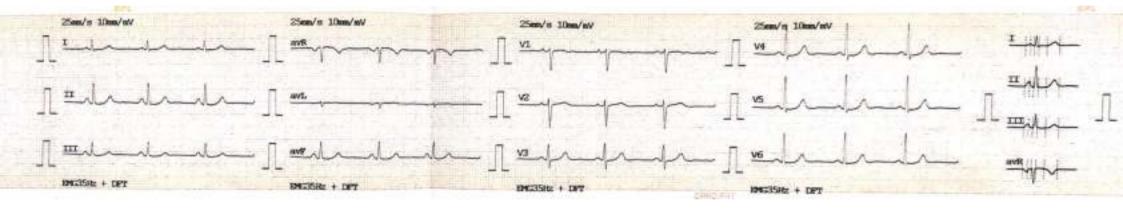
#### INVESTIGATION- AUDIOMETERY

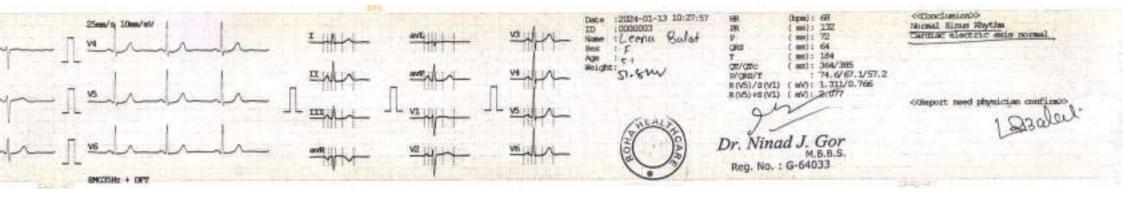
#### Frequency in Hertz (Hz)



Diagnostic Center Address: 1st Floor, Plot No. 04/11/111, Near US Pizza, College Road, V R Nagar, Bhuj, District Kutch - 370001, Gujarat.

IMP-BOTH EARS ARE SENSITIVITY ARE NORMAL.







(A Division of KRIC Radio Diagnostic Pvt. Ltd.)

· Email : kric2008@gmail.com · Website : www.kric.in

#### Dr. Kripalsinh Jadeja

M.B., D.M.R.E.

Consultant Radiologist

Patient Name : LEENA RAJESH

MR No : E03102 Modality : US Gender : F Age: 52YY Date :13/01/2024

Referred By :ROHA.HEALTH.CARE

Dr. Bhaven Shah

M.D.

Consultant Radiologist

#### **USG ABDOMEN & PELVIS.**

LIVER: Appears normal in size and echotexture. No e/o focal or diffuse lesion seen. No evidence of dilated IHBR. PV and CBD appear normal in calibre.

GALL BLADDER : Appears normal. No evidence of stone or cholecystitis seen.

PANCREAS: Appears normal in size and echotexture. No focal mass lesion or changes of pancreatitis seen.

SPLEEN: Appears normal in size and echotexture. No evidence of focal or diffuse lesion.

**BOTH KIDNEYS**: Appear normal in size and echotexture with preservation of corticomedullary differentiation. No evidence of calculus, hydronephrosis or mass lesion involving Either kidney.

RK: 10.3 x 4 cm LK: 8.1 x 3.8 cm

URINARY BLADDER: appears normal. No intrinsic lesion seen.

UTERUS: Is not seen (H/o Hysterectomy). No e/o any lesion seen in pelvis. NO e/o free fluid seen in pelvis.

Both adnexa appear normal. No e/o adnexal mass lesion. No evidence of ascites or paraaortic lymphadenopathy.

#### CONCLUSION:

- \* No e/o any lesion seen in pelvis ( H/o Hysterectomy).
- \* NORMAL SONOGRAPHY STUDY OF LIVER, GB, PANCREAS, SPLEEN, BOTH KIDNEYS, U.BLADDER AND BOTH ADENEXA.

ADV: Clinical correlation and further investigation. Thanks for ref...

Dr.KRIPALSINH JADEJA M.B,D.M.R.E

RADIOLOGIST

KRICBHUJ

1.5 TESLA 196 CHANNEL MRI | 16 SLICE MDCT SCAN | 3D & 4D USG | COLOUR DOPPLER | DIGITAL X-RAY | MAMMOGRAPHY | CBCT | OPG

