



BHAILAL AMIN  
GENERAL HOSPITAL



H-2015-0297



MC-3004



E-2021-0037



### CONCLUSION OF HEALTH CHECKUP

ECU Number : 1121  
Age : 36  
Weight : 78  
Date : 06/01/2023

MR Number : 23198019  
Sex : Female  
Ideal Weight : 160

Patient Name: NIDHI CHOUDHARY  
Height : 160  
BMI : 30.47

Dr. Manish Mittal

Internal Medicine

Note : General Physical Examination & routine Investigations included in the Health Checkup have certain limitations and may not be able to detect all the latent and asymptomatic diseases.



ECU Number : 1121                      MR Number : 23198019                      Patient Name: NIDHI CHOUDHARY  
Age : 36                                      Sex : Female                                      Height : 160  
Weight : 78                                      Ideal Weight : 160                                      BMI : 30.47  
Date : 06/01/2023

Past H/O : P/H/O LAPROSCOPIC CHOLECYSTECTOMY - 2021 ; P/H/O HAEMORRHOIDECTOMY - 2016.

Present H/O : C/O GENERALIZED WEAKNESS, OCC. HEADACHE - SINCE 2-3 YRS AND GIDDINESS.

Family H/O : FATHER : DIABETES.

Habits : FATHER : DIABETES.

Gen.Exam. : G.C. GOOD  
B.P : 118/90 mm Hg  
Pulse : 90/MIN REG.  
Others : SPO2 : 99 %  
C.V.S : NAD  
R.S. : NAD  
Abdomen : NP  
Spleen : NP  
Skin : NAD  
C.N.S : NAD  
Advice :



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MR Number : 23198019  
Sex : Female  
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Patient Name: NIDHI CHOUDHARY  
Height : 160  
BMI : 30.47

**Ophthalmic Check Up :**

**Right**

**Left**

Ext Exam

NIL

Vision Without Glasses

6/6

6/6

Vision With Glasses

N.6

N.6

Final Correction

14.6

14.6

Fundus

NORMAL

Colour Vision

NORMAL

Advice

NIL

**Orthopaedic Check Up :**

Ortho Consultation

Ortho Advice

**ENT Check Up :**

Ear

Nose

Throat

Hearing Test

ENT Advice

**General Surgery Check Up :**

General Surgery

Abdominal Lump

Hernia

External Genitals

PVR

Proctoscopy

Any Other

Surgical Advice





ECU Number : 1121                      MR Number : 23198019                      Patient Name: NIDHI CHOUDHARY  
Age : 36                                      Sex : Female                                      Height : 160  
Weight : 78                                      Ideal Weight : 160                                      BMI : 30.47  
Date : 06/01/2023

**Gynaec Check Up :**

OBSTETRIC HISTORY                      G3 P1 A2 - 2 MTPS ; 1 FTND : FEMALE - 9 YRS OLD  
MENSTRUAL HISTORY                      -  
PRESENT MENSTRUAL CYCLE              REGULAR CYCLES  
PAST MENSTRUAL CYCLE                      LMP : 15 DAYS AGO.  
C E F COMPLAINTS                              -  
PA    OBESITY  
PS    NORMAL  
PV    NORMAL  
BREAST EXAMINATION RIGHT              NORMAL  
BREAST EXAMINATION LEFT                      NORMAL  
PAPSMEAR  
BMD  
MAMMOGRAPHY  
ADVICE    REGULAR BSE

### Dietary Assesment

ECU Number : 1121                      MR Number : 23198019                      Patient Name : NIDHI CHOUDHARY  
Age : 36                                      Sex : Female                                      Height : 160  
Weight : 78                                      Ideal Weight : 160                                      BMI : 30.47  
Date : 06/01/2023

Body Type : Normal / Underwight / Overwight

Diet History : Vegetarian / Eggetarian / Mixed

Frequency of consuming fried food : / Day / Week or occasional

Frequency of consuming Sweets : / Day / or occasional

Frequency of consuming outside food : / Day / Week or occasional

Amount of water consumed / day : Glasses / liters

Life style assessment :

Physical activity : Active / moderate / Sedentary / Nil

Alcohol intake : Yes / No

Smoking : Yes / No

Allergic to any food : Yes / No

Are you stressed out ? : Yes / No

Do you travel a lot ? : Yes / No

General diet instructions :

Have small frequent meals.

Avoid fatty products like oil, ghee, butter, cheese.

Take salt restricted diet and avoid table salt.

Consume fibrous food regularly like whole grains, Daliya, Oats, Bajra, Flex seeds, Pulses, Fruits and Salads.

Keep changing your cooking oil every three months.

Avoid Maida, Starchy foods and Bakery products.

Consume 1-2 seervings of all fruits and vegetables, For Diabetic patients avoid Mango, Chikoo, Banana, Grapes and Custurd apple

Dring 3 to 4 liters (12 - 14 glass) of water daily.

Eat Beetroots, Figs, Almond, Walnut, Dates, Leafy vegetables, roasted Channa and Jeggary (Gur) for Heamoglobin in case of diabetic patient avoid Rasins, Dates and Jeggary

Drink green Tea or black Coffee once in a day.

Do brisk walking daily.



Patient Name : Mrs. NIDHI CHOUDHARY  
 Gender / Age : Female / 36 Years 4 Months 27 Days  
 MR No / Bill No. : 23198019 / 231059276  
 Consultant : Dr. Manish Mittal  
 Location : OPD

Type : OPD  
 Request No. : 98426  
 Request Date : 06/01/2023 08:55 AM  
 Collection Date : 06/01/2023 09:50 AM  
 Approval Date : 06/01/2023 03:04 PM

**CBC+ ESR**

Test	Result	Units	Biological Ref. Range
<b>Haemoglobin.</b>			
Haemoglobin	12.6	gm/dL	12 - 15
Red Blood Cell Count (T-RBC)	4.33	mill/cmm	3.8 - 4.8
Hematocrit (HCT)	37.9	%	36 - 46
Mean Corpuscular Volume (MCV)	87.5	fl	83 - 101
Mean Corpuscular Haemoglobin (MCH)	29.1	pg	27 - 32
MCH Concentration (MCHC)	33.2	%	31.5 - 34.5
Red Cell Distribution Width (RDW-CV)	13.6	%	11.6 - 14
Red Cell Distribution Width (RDW-SD)	44.4	fl	39 - 46
<b>Total Leucocyte Count (TLC)</b>			
Total Leucocyte Count (TLC)	8.78	thou/cmm	4 - 10
<b>Differential Leucocyte Count</b>			
Polymorphs	74	%	40 - 80
Lymphocytes	24	%	20 - 40
Eosinophils	0	%	1 - 6
Monocytes	2	%	2 - 10
Basophils	0	%	0 - 2
Polymorphs (Abs. Value)	6.50	thou/cmm	2 - 7
Lymphocytes (Abs. Value)	2.11	thou/cmm	1 - 3
Eosinophils (Abs. Value)	0.03	thou/cmm	0.2 - 0.5
Monocytes (Abs. Value)	0.13	thou/cmm	0.2 - 1
Basophils (Abs. Value)	0.01	thou/cmm	0.02 - 0.1
Immature Granulocytes	0.5	%	1 - 3 : Borderline > 3 : Significant
<b>Platelet Count</b>			
Platelet Count	180	thou/cmm	150 - 410
Smear evaluation	Adequate		
ESR	15	mm/1 hr	0 - 12

Test Results are dependent on a number of variables & technical limitations. Hence, it is advised to correlate with clinical findings and other related investigations before any firm opinion is made. Recheck / repeat may be requested.

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DEPARTMENT OF LABORATORY MEDICINE

Patient Name : Mrs. NIDHI CHOUDHARY  
Gender / Age : Female / 36 Years 4 Months 27 Days  
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**CBC + ESR**

Immature Granulocyte (IG) count is a useful early marker of infection or inflammation, even when other markers are normal. It is an early and rapid discrimination of bacterial from viral infections. It is also increased in patients on steroid therapy / chemotherapy or haematological malignancy. High IG is always pathological; except in pregnancy and neonates of < 7 days.  
Method : HB by Non-Cyanide Hemoglobin analysis method. HCT by RBC pulse height detection method. RBC, TLC & PLC are by Particle Count by Electrical Impedance in Cell Counter. Optical Platelets by Fluorescent + Laser Technology. MCV, MCH, MCHC, RDW (CV & SD) are calculated parameter. DLC by Flowcytometry method using semi-conductor Laser+Smear verification. ESR on Ves metic 20, comparable to Westergrens method and In accordance to ICSH reference method.

--- End of Report ---



Dr. Sejal Odedra  
M.D.Pathology

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GENERAL HOSPITAL

**DEPARTMENT OF LABORATORY MEDICINE**

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**Haematology**

<u>Test</u>	<u>Result</u>	<u>Units</u>	<u>Biological Ref. Range</u>
<b>Blood Group</b>			
ABO system	B		
Rh system.	Positive		

By Gel Technology / Tube Agglutination Method

Note :

- This blood group has been done with new sensitive Gel Technology using both Forward and Reverse Grouping Card with Autocontro
- This method check's group both on Red blood cells and in Serum for "ABO" group.

--- End of Report ---

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DEPARTMENT OF LABORATORY MEDICINE

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**Fasting Plasma Glucose**

<u>Test</u>	<u>Result</u>	<u>Units</u>	<u>Biological Ref. Range</u>
<i>Fasting Plasma Glucose</i>			
Fasting Plasma Glucose	92	mg/dL	70 - 110
Post Prandial 2 Hr. Plasma Glucose	109	mg/dL	70 - 140

By Hexokinase method on RXL Dade Dimesion

---- End of Report ----

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M.D.Pathology

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**HbA1c (Glycosylated Hb)**

Test	Result	Units	Biological Ref. Range
<b>HbA1c (Glycosylated Hb)</b>			
Glycosylated Hemoglobin (HbA1c)	4.6	%	
estimated Average Glucose (e AG) *	85.32	mg/dL	

(Method:

By Automated HPLC analyser on D-10 Biorad. NGSP Certified, US-FDA approved, Traceable to IFCC reference method.

\* Calculated valued for past 60 days, derived from HbA1c %, based on formula recommended by the A1c - Derived Average Glucose study from ADA and EASD funded The ADAG trial.

**Guidelines for Interpretation:**

Indicated Glycemic control of previous 2-3 months

HbA1c%	e AG (mg/dl)	Glycemic control
> 8	> 183	Action suggested...High risk of developing long-term complications. Action suggested, depends on individual patient circumstances
7 - 8	154 - 183	Good
< 7	< 154	Goal...Some danger of hypoglycemic reaction in type I Diabetics. Some Glucose intolerant individuals and Sub-Clinical diabetics may demonstrate (elevated) HbA1c in this area.
6 - 7	126 - 154	Near Normal
< 6	< 126	Nondiabetic level)

---- End of Report ----

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**Complete Lipid Profile**

Test	Result	Units	Biological Ref. Range
<b>Complete Lipid Profile</b>			
Appearance	Clear		
Triglycerides (By Lipase / Glycerol dehydrogenase on RXL Dade Dimension < 150 Normal 150-199 Borderline High 200-499 High > 499 Very High)	88	mg/dL	1 - 150
Total Cholesterol (By enzymatic colorimetric method on RXL Dade Dimension <200 mg/dL - Desirable 200-239 mg/dL - Borderline High > 239 mg/dL - High)	179	mg/dL	1 - 200
HDL Cholesterol (By Direct homogenous technique, modified enzymatic non-immunological method on RXL Dade Dimension < 40 Low > 60 High)	63	mg/dL	40 - 60
Non HDL Cholesterol (calculated) (Non- HDL Cholesterol < 130 Desirable 139-159 Borderline High 160-189 High > 191 Very High)	116	mg/dL	1 - 130
LDL Cholesterol (By Direct homogenous technique, modified enzymatic non-immunological method on RXL Dade Dimension < 100 Optimal 100-129 Near / above optimal 130-159 Borderline High 160-189 High > 189 Very High)	96	mg/dL	1 - 100
VLDL Cholesterol (calculated)	17.6	mg/dL	12 - 30
LDL Ch. / HDL Ch. Ratio	1.52		2.1 - 3.5
T. Ch./HDL Ch. Ratio (Recent NECP / ATP III Guidelines / Classification (mg/dl) :)	2.84		3.5 - 5

---- End of Report ----

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**Liver Function Test (LFT)**

Test	Result	Units	Biological Ref. Range
<b>Bilirubin</b>			
Bilirubin - Total	0.42	mg/dL	0 - 1
Bilirubin - Direct	0.11	mg/dL	0 - 0.3
Bilirubin - Indirect	0.31	mg/dL	0 - 0.7
<i>(By Diazotized sulfanilic acid on RXL Dade Dimension.)</i>			
Aspartate Aminotransferase (SGOT/AST)	<b>46</b>	U/L	13 - 35
<i>(By IFCC UV kinetic method on RXL Dade Dimension.)</i>			
Alanine Aminotransferase (SGPT/ALT)	<b>97</b>	U/L	14 - 59
<i>(By IFCC UV kinetic method on RXL Dade Dimension.)</i>			
Alkaline Phosphatase	<b>118</b>	U/L	42 - 98
<i>(By PNPP AMP method on RXL Dade Dimension.)</i>			
Gamma Glutamyl Transferase (GGT)	48	U/L	5 - 55
<i>(By IFCC method on RXL Dade Dimension.)</i>			
<b>Total Protein</b>			
Total Proteins	7.87	gm/dL	6.4 - 8.2
Albumin	4.10	gm/dL	3.4 - 5
Globulin	3.77	gm/dL	3 - 3.2
A : G Ratio	1.09		1.1 - 1.6
<i>(By Biuret endpoint and Bromocresol purple method on RXL Dade Dimension.)</i>			

--- End of Report ---

Dr. Sejal Odedra  
M.D.Pathology



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## Renal Function Test (RFT)

Test	Result	Units	Biological Ref. Range
Urea (By Urease Kinetic method on RXL Dade Dimension)	15	mg/dL	10 - 45
Creatinine (By Modified Kinetic Jaffe Technique)	0.72	mg/dL	0.6 - 1.1
Estimate Glomerular Filtration rate (Ref. range : > 60 ml/min for adults between age group of 18 to 70 yrs. EGFR Calculated by IDMS Traceable MDRD Study equation. Reporting of eGFR can help facilitate early detection of CKD. By Modified Kinetic Jaffe Technique)	More than 60		
Uric acid (By Uricase / Catalase method on RXL Siemens)	5.1	mg/dL	2.2 - 5.8

--- End of Report ---

Dr. Sejal Odedra  
M.D.Pathology



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## Thyroid Hormone Study

Test	Result	Units	Biological Ref. Range
------	--------	-------	-----------------------

Triiodothyronine (T3)	1.43	ng/ml	
-----------------------	------	-------	--

(Done by 4th generation electrochemiluminescence based method on automated immunoassay / Cobas e 411.)

Reference interval (ng/ml)

1 - 3 days : 0.1 - 7.4  
 1-11 months : 0.1 - 2.45  
 1-5 years : 0.1 - 2.7  
 6-10 years : 0.9 - 2.4  
 11-15 years : 0.8 - 2.1  
 16-20 years : 0.8 - 2.1  
 Adults (20 - 50 years) : 0.7 - 2.0  
 Adults (> 50 years) : 0.4 - 1.8  
 Pregnancy (in last 5 months) : 1.2 - 2.5

(Reference : Tietz - Clinical guide to laboratory test, 4th edition ))

Thyroxine (T4)	9.06	mcg/dL	
----------------	------	--------	--

(Done by 4th generation electrochemiluminescence based method on automated immunoassay / Cobas e 411.)

\*Reference interval (mcg/dL)

1 - 3 days : 11.8 - 22.6  
 1- 2 weeks : 9.8 - 16.6  
 1 - 4 months : 7.2 - 14.4  
 4 - 12 months : 7.8 - 16.5  
 1-5 years : 7.3 - 15.0  
 5 - 10 years : 6.4 - 13.3  
 10 - 20 years : 5.6 - 11.7  
 Adults / male : 4.6 - 10.5  
 Adults / female : 5.5 - 11.0  
 Adults (> 60 years) : 5.0 - 10.7

(Reference : Tietz - Clinical guide to laboratory test, 4th edition ))

Thyroid Stimulating Hormone (US-TSH)	2.41	microIU/ml	
--------------------------------------	------	------------	--

(Done by 4th generation electrochemiluminescence based method on automated immunoassay / Cobas e 411.)

Reference interval (microIU/ml)

Infants (1-4 days) : 1.0 - 39  
 2-20 weeks : 1.7 - 9.1  
 5 months - 20 years : 0.7 - 6.4  
 Adults (21 - 54 years) : 0.4 - 4.2  
 Adults (> 55 years) : 0.5 - 8.9

Pregnancy :

1st trimester : 0.3 - 4.5  
 2nd trimester : 0.5 - 4.6  
 3rd trimester : 0.8 - 5.2

(Reference : Tietz - Clinical guide to laboratory test, 4th edition ))

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— End of Report —

Dr. Sejal Odedra  
M.D.Pathology

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Approval Date : 06/01/2023 02:10 PM

**Pap Smear**

Test	Result	Units	Biological Ref. Range
------	--------	-------	-----------------------

Pap Smear

Pap Smear Screening Report / Cervico-Vaginal Cytology...

Cyto No : P/31/23  
Received at 12:44 pm.

Clinical Details : No complain  
P/V findings : Cx. / Vg. - NAD.  
LMP : 15 days ago

TBS Report / Impression :

\* Satisfactory for evaluation; transformation zone components identified.

\* Mild inflammatory cellularity (Neutrophils rich).

\* No epithelial cell abnormality favouring squamous intraepithelial lesion or frank malignancy (NILM).

**Note / Method :**

The material received in LBC container, cytosmear was stained by rapid pap method and reported with due consideration to The Bethesda system (Modified 2014)

---- End of Report ----

Dr. Rakesh Vaidya  
MD (Path). DCP.

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**Urine routine analysis (Auto)**

Test	Result	Units	Biological Ref. Range
<b>Physical Examination</b>			
Quantity	20	mL	
Colour	Pale Yellow		
Appearance	Turbid (Slight)		
<b>Chemical Examination (By Reagent strip method)</b>			
pH	6.0		
Specific Gravity	1.010		
Protein	Negative	gm/dL	0 - 5
Glucose	Negative	mg/dL	0 - 5
Ketones	Negative		0 - 5
Bilirubin	Negative		Negative
Urobilinogen	Negative		Negative (upto 1)
Blood	Negative		Negative
Leucocytes	Trace		Negative
Nitrite	Negative		Negative
<b>Microscopic Examination (by Microscopy after Centrifugation at 2000 rpm for 10 min or on fully automated Sysmex urine sedimentation analyzer UF4000)</b>			
Red Blood Cells	0 - 1	/hpf	0 - 2
Leucocytes	1 - 5	/hpf	0 - 5
Epithelial Cells	1 - 5	/hpf	0 - 5
Casts	Nil	/lpf	Nil
Crystals	Nil	/hpf	Nil
Mucus	Absent	/hpf	Absent
Organism	Absent		

---- End of Report ----

Dr. Sejal Odedra  
M.D.Pathology





Patient Name : Mrs. NIDHI CHOUDHARY Type : OPD  
 Gender / Age : Female / 36 Years 4 Months 27 Days Request No. : 98491  
 MR No / Bill No. : 23198019 / 231059276 Request Date : 06/01/2023 08:55 AM  
 Consultant : Dr. Manish Mittal Collection Date : 06/01/2023 01:03 PM  
 Location : OPD Approval Date : 06/01/2023 01:47 PM

**Stool Routine**

Test	Result	Units	Biological Ref. Range
<b>Physical Examination (Stool)</b>			
Colour	Brown		
Consistency	Semi Solid		
Mucus.	Absent		
Blood.	Absent		
<b>Chemical Examination</b>			
Reaction	Acidic		
Occult Blood	Negative		

**Microscopic Examination**

Ova	Absent		
Cyst.	Absent		
Trophozoites	Absent		
Red Blood Cells.	Absent	/hpf	
Pus Cells	Absent	/hpf	
Epithelial Cells	Absent		
Fat	Absent		

(Method : Manual + Chemical (Occult Blood by Peroxidase like activity of Haemoglobin) + Microscopy)

**Test Note :**

- Stool Occult Blood test needs to be tested on three consecutive samples for proper interpretation.

- For 72 hours prior to Occult Blood test, patient should not take following items: Red meat, fish, poultry, turnips, horseradish, cauliflower, spinach, broccoli, bananas, black grapes, plums etc., drugs like aspirin, NSAIDs, anticoagulants, reserpine, iodine and high dose of Vitamin C.)

---- End of Report ----

Dr. Rakesh Vaidya  
MD (Path). DCP.



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**DEPARTMENT OF DIAGNOSTIC RADIOLOGY**

Patient No. : 23198019      Report Date : 06/01/2023  
 Request No. : 190047856      06/01/2023 8.55 AM  
 Patient Name : Mrs. NIDHI CHOUDHARY  
 Gender / Age : Female / 36 Years 4 Months 27 Days

**ADVANCED DIGITAL SOLUTIONS**

- Computer Radiography
- Ultra Sensitive Colour Doppler
- Ultra High Resolution Sonography
- Multi-Detector CT Scan
- Mammography
- Interventional Radiology
- Digital Subtraction Angiography
- Foetal Echocardiography
- Echocardiography

**X-Ray Chest AP**

Both lung fields are clear.  
 Both costophrenic sinuses appear clear.  
 Heart size is normal.  
 Hilar shadows show no obvious abnormality.  
 Aorta is normal.

• ULTRA SONOGRAPHY CANNOT DETECT ALL ABNORMALITIES  
 • NOT VALID FOR MEDICO-LEGAL PURPOSES  
 • CLINICAL CORRELATION RECOMMENDED

**Dr. Priyanka Patel, MD**  
 Consultant Radiologist



H-2016-0297



MC-3004



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**DEPARTMENT OF DIAGNOSTIC RADIOLOGY**

**ADVANCED DIGITAL SOLUTIONS**

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- Echocardiography

Patient No. : 23198019                      Report Date : 06/01/2023  
 Request No. : 190047837                  06/01/2023 8.55 AM  
 Patient Name : Mrs. NIDHI CHOUDHARY  
 Gender / Age : Female / 36 Years 4 Months 27 Days

**USG : Abdomen (Excluding Pelvis) Or Upper Abdomen**

**Liver is normal in size and echopattern. Few calcific foci seen in right lobe of liver. The hepaticveins are clear and patent. PV patent. No dilated IHBR.**

Gall bladder is not seen h/o cholecystectomy. Common bile duct measures 4 mm in diameter.

Pancreas shows no obvious abnormality. Tail obscured.  
Spleen is normal size and echopattern.

Both kidneys are normal in shape and position. Normal echogenicity and cortico medullary differentiation is noted. No hydronephrosis or mass lesion seen.

Uterus is anteverted, normal in size and echo pattern. Endometrium thickness is about 5 mm. No obvious mass lesion seen.

Uterine length :                      84 mm.  
 A.P. :                                      30 mm.

Both ovaries are normal in size.

Urinary bladder is well distended and appears normal.

No ascites.

**COMMENT:**

**Few calcific foci in liver--old granulomatous etiology.**

*Kindly correlate clinically*

*Hasani*

**Dr.Prerna C Hasani, MD**  
Consultant Radiologist



H-2015-0297

MC-3004

E-2021-0037

SAFE 01

ULTRA SONOGRAPHY CANNOT DETECT ALL ABNORMALITIES  
NOT VALID FOR MEDICO-LEGAL PURPOSES  
CLINICAL CORRELATION RECOMMENDED

Patient No. : 23198019      Report Date : 06/01/2023  
Request No. : 190047892      06/01/2023 8.55 AM  
Patient Name : **Mrs. NIDHI CHOUDHARY**  
Gender / Age : Female / 36 Years 4 Months 27 Days

**Echo Color Doppler**

MITRAL VALVE : NORMAL, NO MS, NO MR  
AORTIC VALVE : TRILEAFLET, NO AS, NO AR  
TRICUSPID VALVE : NORMAL, NO TR, NO PAH  
PULMONARY VALVE : NORMAL, NO PR, NO PS  
LEFT ATRIUM : NORMAL SIZE  
AORTA : NORMAL  
LEFT VENTRICLE : NORMAL LVEF – 60%, NO RWMA AT REST  
RIGHT ATRIUM : NORMAL SIZE  
RIGHT VENTRICLE : NORMAL SIZE  
I.V.S. : INTACT  
I.A.S. : INTACT  
PULMONARY ARTERY : NORMAL  
PERICARDIUM : NO EFFUSION  
COLOUR/DOPPLER FLOW MAPPING : NO MR // AR // TR, NO PAH

**FINAL CONCLUSION:**

1. NORMAL SIZED ALL CARDIAC CHAMBERS, NO LVH
2. NORMAL LV SYSTOLIC FUNCTION LVEF – 60%
3. NO RESTING REGIONAL WALL MOTION ABNORMALITY
4. NORMAL ALL CARDIAC VALVES STRUCTURALLY AND FUNCTIONALLY
5. NO MITRAL / AORTIC STENOSIS, INTACT IAS // IVS
6. NORMAL RIGHT HEART SIZE AND RV PRESSURES
7. NO PERICARDIAL EFFUSION, CLOT OR VEGETATION SEEN, SR+.

  
DR. V.C. CHAUHAN, M.D.  
INTERVENTIONAL CARDIOLOGIST

HR : 70 bpm  
P : 95 ms  
PR : 125 ms  
QRS : 88 ms  
QT/QTc : 395/428 ms  
P/QRS/T : 64/52/29 °  
RV5/SV1 : 0.939/1.067 mV

Diagnosis: Information:  
Sinus Rhythm  
Premature Atrial Contraction

Report Confirmed by:

