

**PHYSICAL EXAMINATION REPORT**

Patient Name	Bharati Shinde	Sex/Age	M/59
Date	25/2/23	Location	Home

**History and Complaints**

DM Since 6 Yr

**EXAMINATION FINDINGS:**

Height (cms):	77.7	Temp (0c):	Ac/c
Weight (kg):	144/90 / 56	Skin:	NAD
Blood Pressure	144/90 / 144/90	Nails:	—
Pulse	92/—	Lymph Node:	NP

**Systems :**

Cardiovascular:

Respiratory:

Genitourinary:

GI System:

CNS:

NAD

**Impression:**

↑ Chol,  
↑ TCe's, Non  
HDL chol.  
2DEHO-mild  
LVH

↑ ESR (43)  
BSL < F (Diabetic)  
PP  
Date-sugar (++)

↑↑ HbA1c  
Date-glucose  
(4+)  
JSGr-Fatty Liver

Advice: - Low Fat, Low sugar Diet.  
- Req. Exercise.  
- Physician's consultation for control of DM.  
Repeat Lipid profile after 6 months.

1)	Hypertension:	NO
2)	IHD	NO
3)	Arrhythmia	
4)	Diabetes Mellitus	Yes since 6 yrs
5)	Tuberculosis	NO
6)	Asthama	NO
7)	Pulmonary Disease	NO
8)	Thyroid/ Endocrine disorders	
9)	Nervous disorders	NO
10)	GI system	NAD
11)	Genital urinary disorder	
12)	Rheumatic joint diseases or symptoms	
13)	Blood disease or disorder	NO
14)	Cancer/lump growth/cyst	
15)	Congenital disease	
16)	Surgeries	Tubectomy
17)	Musculoskeletal System	NAD

**PERSONAL HISTORY:**

1)	Alcohol	NO
2)	Smoking	NO
3)	Diet	pure veg
4)	Medication	Tab metformin (371) Tab Volix



**Dr. Manasee Kulkarni**  
M.B.B.S.  
2005/09/3439

NAME: - *Bharati Shinde* AGE / SEX :- *F / 59*  
REGN NO :- REF DR :-

**GYNECOLOGICAL EXAMINATION REPORT**

**OBSERVED VALUE**

**TEST DONE**

CHIEF COMPLAINTS :-

*Nil*

MARITAL STATUS :-

*Married*

MENSTRUAL HISTORY :-

- MENARCHE :- *12 yrs*
- PRESENT MENSTRUAL HISTORY :- *Post-Menopausal*
- PAST MENSTRUAL HISTORY :- *Regular*
- OBSTERIC HISTORY :- *G<sub>2</sub> P<sub>2</sub> A<sub>0</sub>*
- PAST HISTORY :- *Nil*
- PREVIOUS SURGERIES :- *- TL*
- ALLERGIES :- *Nil*
- FAMILY HOSTORY :- *Nil*

0000-0770-0000

- DRUG HISTORY :-
- BOWEL HABITS :-
- BLADDER HABITS :-

- For DM  
②

**PERSONAL HISTORY :-**

TEMPERATURE :-

RS :-

CVS :-

PULSE / MIN :-

BP ( mm of hg):-

BREAST EXAMINATION:-

PER ABDOMEN :-

PRE VAGINAL:-

RECOMMENDATION :-

NAD

**Dr. Manasee Kulkarni**  
M.B.B.S  
2005/09/3439

Date:- 25/2/23

CID:

Name:- Bharti Shinde

Sex / Age: F 50

**EYE CHECK UP**

Chief complaints: RCU

Systemic Diseases: red Nill

Past history: All

Unaided Vision: 12/60 6/6 NUDC N-24

Aided Vision: 12/60 NUDC NB

Refraction:

(Right Eye)

(Left Eye)

	Sph	Cyl	Axis	Vn	Sph	Cyl	Axis	Vn
Distance								
Near								

Colour Vision: Normal / ~~Abnormal~~

Remark: use awc specs.

MR. PRAKASH KUDVA  
*Prakash*  
SR. OPTOMETRIST



CID : 2305621254  
Name : MRS.BHARATI SHINDE  
Age / Gender : 59 Years / Female  
Consulting Dr. : -  
Reg. Location : G B Road, Thane West (Main Centre)

Collected : 25-Feb-2023 / 08:19  
Reported : 25-Feb-2023 / 10:21

**MEDIWHEEL FULL BODY HEALTH CHECKUP FEMALE ABOVE 40/TMT**

**CBC (Complete Blood Count), Blood**

<u>PARAMETER</u>	<u>RESULTS</u>	<u>BIOLOGICAL REF RANGE</u>	<u>METHOD</u>
<b><u>RBC PARAMETERS</u></b>			
Haemoglobin	12.0	12.0-15.0 g/dL	Spectrophotometric
RBC	4.24	3.8-4.8 mil/cmm	Elect. Impedance
PCV	37.8	36-46 %	Measured
MCV	89.1	80-100 fl	Calculated
MCH	28.4	27-32 pg	Calculated
MCHC	31.9	31.5-34.5 g/dL	Calculated
RDW	15.1	11.6-14.0 %	Calculated
<b><u>WBC PARAMETERS</u></b>			
WBC Total Count	6030	4000-10000 /cmm	Elect. Impedance
<b><u>WBC DIFFERENTIAL AND ABSOLUTE COUNTS</u></b>			
Lymphocytes	27.0	20-40 %	
Absolute Lymphocytes	1628.1	1000-3000 /cmm	Calculated
Monocytes	6.4	2-10 %	
Absolute Monocytes	385.9	200-1000 /cmm	Calculated
Neutrophils	63.1	40-80 %	
Absolute Neutrophils	3804.9	2000-7000 /cmm	Calculated
Eosinophils	3.1	1-6 %	
Absolute Eosinophils	186.9	20-500 /cmm	Calculated
Basophils	0.4	0.1-2 %	
Absolute Basophils	24.1	20-100 /cmm	Calculated
Immature Leukocytes	-		
WBC Differential Count by Absorbance & Impedance method/Microscopy.			
<b><u>PLATELET PARAMETERS</u></b>			
Platelet Count	319000	150000-400000 /cmm	Elect. Impedance
MPV	8.0	6-11 fl	Calculated
PDW	9.5	11-18 %	Calculated
<b><u>RBC MORPHOLOGY</u></b>			

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Hypochromia	-
Microcytosis	-
Macrocytosis	-
Anisocytosis	-
Poikilocytosis	-
Polychromasia	-
Target Cells	-
Basophilic Stippling	-
Normoblasts	-
Others	Normocytic, Normochromic
WBC MORPHOLOGY	-
PLATELET MORPHOLOGY	-
COMMENT	-

Specimen: EDTA Whole Blood

ESR, EDTA WB-ESR                      43                      2-30 mm at 1 hr.                      Sedimentation

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

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OUR PRESENCE



*Amit Taori*

Dr. AMIT TAORI  
M.D ( Path )  
Pathologist

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Reported : 25-Feb-2023 / 18:08

**MEDIWHEEL FULL BODY HEALTH CHECKUP FEMALE ABOVE 40/TMT**

PARAMETER	RESULTS	BIOLOGICAL REF RANGE	METHOD
GLUCOSE (SUGAR) FASTING, Fluoride Plasma	147.4	Non-Diabetic: < 100 mg/dl Impaired Fasting Glucose: 100-125 mg/dl Diabetic: >/= 126 mg/dl	Hexokinase
GLUCOSE (SUGAR) PP, Fluoride Plasma PP/R	292.5	Non-Diabetic: < 140 mg/dl Impaired Glucose Tolerance: 140-199 mg/dl Diabetic: >/= 200 mg/dl	Hexokinase
Urine Sugar (Fasting)	++	Absent	
Urine Ketones (Fasting)	Absent	Absent	

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Reported : 25-Feb-2023 / 11:26

**MEDIWHEEL FULL BODY HEALTH CHECKUP FEMALE ABOVE 40/TMT**  
**KIDNEY FUNCTION TESTS**

PARAMETER	RESULTS	BIOLOGICAL REF RANGE	METHOD
BLOOD UREA, Serum	22.8	12.8-42.8 mg/dl	Urease & GLDH
BUN, Serum	10.6	6-20 mg/dl	Calculated
CREATININE, Serum	0.77	0.51-0.95 mg/dl	Enzymatic
eGFR, Serum	82	>60 ml/min/1.73sqm	Calculated
TOTAL PROTEINS, Serum	6.8	6.4-8.3 g/dL	Biuret
ALBUMIN, Serum	4.4	3.5-5.2 g/dL	BCG
GLOBULIN, Serum	2.4	2.3-3.5 g/dL	Calculated
A/G RATIO, Serum	1.8	1 - 2	Calculated
URIC ACID, Serum	5.6	2.4-5.7 mg/dl	Uricase
PHOSPHORUS, Serum	4.2	2.7-4.5 mg/dl	Ammonium molybdate
CALCIUM, Serum	9.6	8.6-10.0 mg/dl	N-BAPTA
SODIUM, Serum	139	135-148 mmol/l	ISE
POTASSIUM, Serum	5.3	3.5-5.3 mmol/l	ISE
CHLORIDE, Serum	103	98-107 mmol/l	ISE

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Collected : 25-Feb-2023 / 08:19  
Reported : 25-Feb-2023 / 11:02

**MEDIWHEEL FULL BODY HEALTH CHECKUP FEMALE ABOVE 40/TMT**

**GLYCOSYLATED HEMOGLOBIN (HbA1c)**

<u>PARAMETER</u>	<u>RESULTS</u>	<u>BIOLOGICAL REF RANGE</u>	<u>METHOD</u>
Glycosylated Hemoglobin (HbA1c), EDTA WB - CC	8.4	Non-Diabetic Level: < 5.7 % Prediabetic Level: 5.7-6.4 % Diabetic Level: >/= 6.5 %	HPLC
Estimated Average Glucose (eAG), EDTA WB - CC	194.4	mg/dl	Calculated

Kindly correlate clinically.



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**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.

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Collected : 25-Feb-2023 / 08:19  
Reported : 25-Feb-2023 / 12:38

**MEDIWHEEL FULL BODY HEALTH CHECKUP FEMALE ABOVE 40/TMT**

**EXAMINATION OF FAECES**

PARAMETER	RESULTS	BIOLOGICAL REF RANGE
<b>PHYSICAL EXAMINATION</b>		
Colour	Brown	Brown
Form and Consistency	Semi Solid	Semi Solid
Mucus	Absent	Absent
Blood	Absent	Absent
<b>CHEMICAL EXAMINATION</b>		
Reaction (pH)	Acidic (6.5)	-
Occult Blood	Absent	Absent
<b>MICROSCOPIC EXAMINATION</b>		
Protozoa	Absent	Absent
Flagellates	Absent	Absent
Ciliates	Absent	Absent
Parasites	Absent	Absent
Macrophages	Absent	Absent
Mucus Strands	Absent	Absent
Fat Globules	Absent	Absent
RBC/hpf	Absent	Absent
WBC/hpf	Absent	Absent
Yeast Cells	Absent	Absent
Undigested Particles	Present +	-
Concentration Method (for ova)	No ova detected	Absent

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Collected : 25-Feb-2023 / 08:19  
Reported : 25-Feb-2023 / 17:00

**MEDIWHEEL FULL BODY HEALTH CHECKUP FEMALE ABOVE 40/TMT**  
**URINE EXAMINATION REPORT**

PARAMETER	RESULTS	BIOLOGICAL REF RANGE	METHOD
<b>PHYSICAL EXAMINATION</b>			
Color	Pale yellow	Pale Yellow	-
Reaction (pH)	Acidic (5.0)	4.5 - 8.0	Chemical Indicator
Specific Gravity	1.015	1.010-1.030	Chemical Indicator
Transparency	Slight hazy	Clear	-
Volume (ml)	40	-	-
<b>CHEMICAL EXAMINATION</b>			
Proteins	Absent	Absent	pH Indicator
Glucose	4+	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
<b>MICROSCOPIC EXAMINATION</b>			
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	4-5	Less than 20/hpf	

Kindly correlate clinically.

Interpretation: The concentration values of Chemical analytes corresponding to the grading given in the report are as follows:

- Protein:(1+ -25 mg/dl, 2+ -75 mg/dl, 3+ - 150 mg/dl, 4+ - 500 mg/dl)
- Glucose:(1+ - 50 mg/dl, 2+ -100 mg/dl, 3+ -300 mg/dl,4+ -1000 mg/dl)
- Ketone:(1+ -5 mg/dl, 2+ -15 mg/dl, 3+ - 50 mg/dl, 4+ - 150 mg/dl)

Reference: Pack insert

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Collected : 25-Feb-2023 / 08:19  
Reported : 25-Feb-2023 / 13:44

**MEDIWHEEL FULL BODY HEALTH CHECKUP FEMALE ABOVE 40/TMT**  
**BLOOD GROUPING & Rh TYPING**

<u>PARAMETER</u>	<u>RESULTS</u>
ABO GROUP	A
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.

**References:**

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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**MEDIWHEEL FULL BODY HEALTH CHECKUP FEMALE ABOVE 40/TMT**  
**LIPID PROFILE**

PARAMETER	RESULTS	BIOLOGICAL REF RANGE	METHOD
CHOLESTEROL, Serum	209.0	Desirable: <200 mg/dl Borderline High: 200-239mg/dl High: >/=240 mg/dl	CHOD-POD
TRIGLYCERIDES, Serum	190.7	Normal: <150 mg/dl Borderline-high: 150 - 199 mg/dl High: 200 - 499 mg/dl Very high:>/=500 mg/dl	GPO-POD
HDL CHOLESTEROL, Serum	45.4	Desirable: >60 mg/dl Borderline: 40 - 60 mg/dl Low (High risk): <40 mg/dl	Homogeneous enzymatic colorimetric assay
NON HDL CHOLESTEROL, Serum	163.6	Desirable: <130 mg/dl Borderline-high:130 - 159 mg/dl High:160 - 189 mg/dl Very high: >/=190 mg/dl	Calculated
LDL CHOLESTEROL, Serum	126.0	Optimal: <100 mg/dl Near Optimal: 100 - 129 mg/dl Borderline High: 130 - 159 mg/dl High: 160 - 189 mg/dl Very High: >/= 190 mg/dl	Calculated
VLDL CHOLESTEROL, Serum	37.6	< /= 30 mg/dl	Calculated
CHOL / HDL CHOL RATIO, Serum	4.6	0-4.5 Ratio	Calculated
LDL CHOL / HDL CHOL RATIO, Serum	2.8	0-3.5 Ratio	Calculated

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**MEDIWHEEL FULL BODY HEALTH CHECKUP FEMALE ABOVE 40/TMT**  
**THYROID FUNCTION TESTS**

PARAMETER	RESULTS	BIOLOGICAL REF RANGE	METHOD
Free T3, Serum	3.7	3.5-6.5 pmol/L	ECLIA
Free T4, Serum	15.5	11.5-22.7 pmol/L First Trimester:9.0-24.7 Second Trimester:6.4-20.59 Third Trimester:6.4-20.59	ECLIA
sensitiveTSH, Serum	5.31	0.35-5.5 microIU/ml First Trimester:0.1-2.5 Second Trimester:0.2-3.0 Third Trimester:0.3-3.0	ECLIA

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**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 transiently altered because 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)

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**MEDIWHEEL FULL BODY HEALTH CHECKUP FEMALE ABOVE 40/TMT**  
**LIVER FUNCTION TESTS**

PARAMETER	RESULTS	BIOLOGICAL REF RANGE	METHOD
BILIRUBIN (TOTAL), Serum	0.35	0.1-1.2 mg/dl	Diazo
BILIRUBIN (DIRECT), Serum	0.15	0-0.3 mg/dl	Diazo
BILIRUBIN (INDIRECT), Serum	0.20	0.1-1.0 mg/dl	Calculated
TOTAL PROTEINS, Serum	6.8	6.4-8.3 g/dL	Biuret
ALBUMIN, Serum	4.4	3.5-5.2 g/dL	BCG
GLOBULIN, Serum	2.4	2.3-3.5 g/dL	Calculated
A/G RATIO, Serum	1.8	1 - 2	Calculated
SGOT (AST), Serum	16.5	5-32 U/L	IFCC without pyridoxal phosphate activation
SGPT (ALT), Serum	18.6	5-33 U/L	IFCC without pyridoxal phosphate activation
GAMMA GT, Serum	14.9	3-40 U/L	IFCC
ALKALINE PHOSPHATASE, Serum	85.5	35-105 U/L	PNPP

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

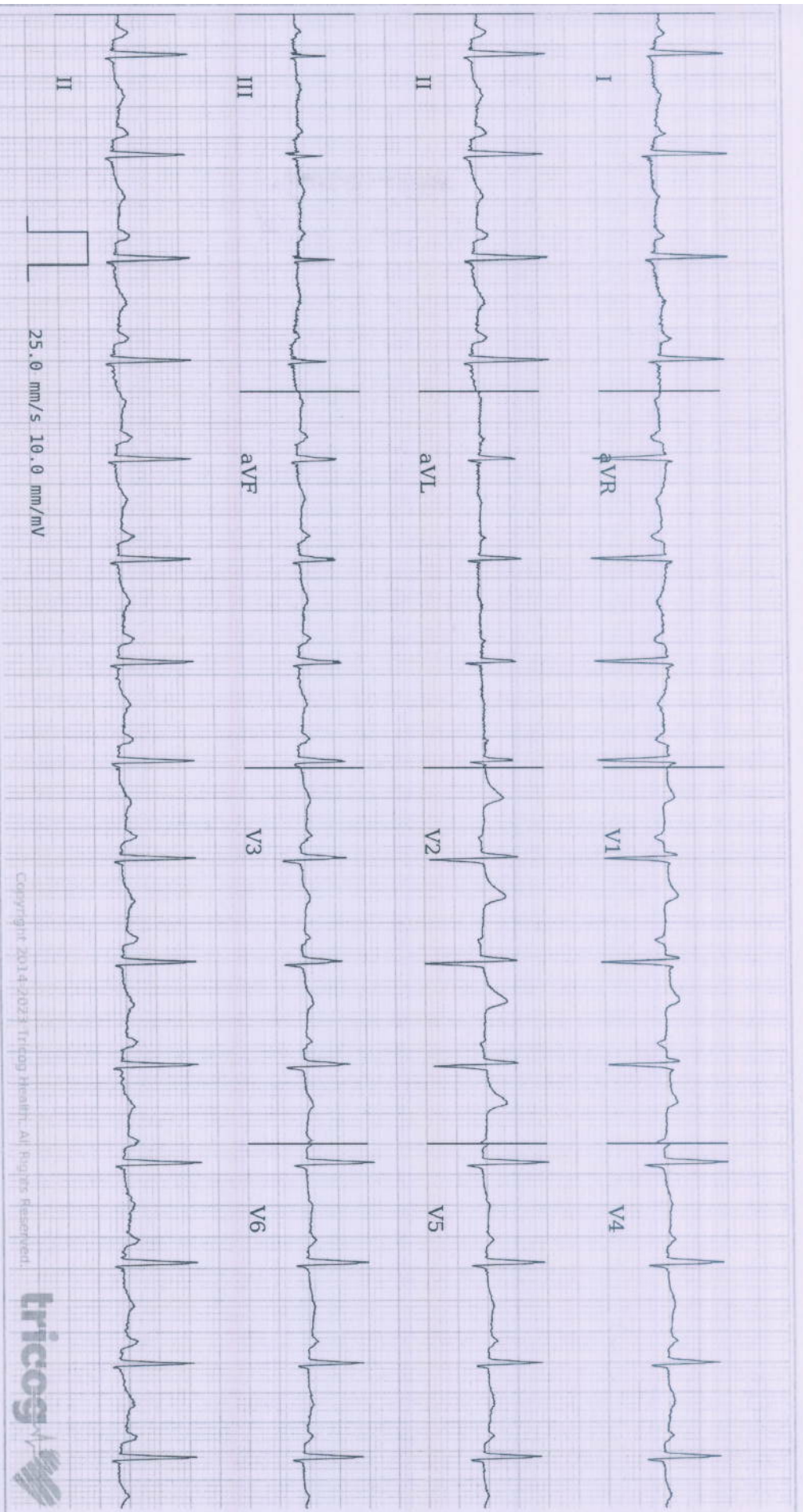


*Amid Taori*

Dr. AMIT TAORI  
M.D ( Path )  
Pathologist

Patient Name: BHARATI SHINDE  
Patient ID: 2305621254

**SUBURBAN DIAGNOSTICS - G B ROAD, THANE WEST**  
Date and Time: 25th Feb 23 9:41 AM



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Age **59** 6 5  
years months days

Gender **Female**

Heart Rate **94bpm**

**Patient Vitals**

BP: NA  
Weight: NA  
Height: NA  
Pulse: NA  
Spo2: NA  
Resp: NA  
Others: NA

**Measurements**

QRSD: 82ms  
QT: 362ms  
QTc: 452ms  
PR: 144ms  
P-R-T: 55° 45° 75°

REPORTED BY

DR. SHAILAJA PILLAI  
MBBS, MD Physician  
MD Physician  
49972

ECG Within Normal Limits: Sinus Rhythm. Please correlate clinically.

Disclaimer: 1) Analysis in this report is based on ECG alone and should be used in conjunction with clinical history, symptoms, and results of other invasive and non-invasive tests and must be interpreted by a qualified physician. 2) Patient vitals are as entered by the clinician and not derived from the ECG.



Use a QR Code Scanner  
Application To Scan the Code

CID : 2305621254  
Name : Mrs BHARATI SHINDE  
Age / Sex : 59 Years/Female  
Ref. Dr :  
Reg. Location : G B Road, Thane West Main Centre  
Reg. Date : 25-Feb-2023  
Reported : 25-Feb-2023 / 11:10

R  
E  
P  
O  
R  
T

**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 GAURI VARMA before dispatch.

**Dr Gauri Varma**  
**Consultant Radiologist**  
**MBBS / DMRE**  
**MMC- 2007/12/4113**

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Page no 1 of 1

REG NO. : 2305621254	SEX : FEMALE
NAME : MRS.BHARATI SHINDE	AGE : 59 YRS
REF BY : -----	DATE:25.02.2023

**2D ECHOCARDIOGRAPHY**

**M - MODE FINDINGS :**

LVIDD	444	mm
LVIDS	28	mm
LVEF	60	%
IVS	11	mm
PW	9	mm
AO	18	mm
LA	28	mm

**2D ECHO:**

- All cardiac chambers are normal in size
- Left ventricular contractility : Normal
- Regional wall motion abnormality : Absent.
- Systolic thickening : Normal. LVEF = 60%
- Mitral, tricuspid , aortic , pulmonary valves are : Normal.
- Great arteries : Aorta and pulmonary artery are : Normal .
- Inter - atrial and inter - ventricular septum are intact .
- Pulmonary veins , IVC , hepatic veins are normal.
- No pericardial effusion . No intracardiac clots or vegetation.

PATIENT NAME : MRS.BHARATI SHINDE

**COLOR DOPPLER:**

- Mitral valve doppler – E- 0.7m/s, A- 1.0 m/s.
- Mild TR.
- No aortic / mitral regurgition. Aortic velocity 1.7 m/s, PG 12.2 mmHg
- No significant gradient across aortic valve.
- Grade I diastolic dysfunction.

**IMPRESSION :**

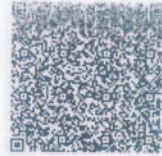
- MILD CONCENTRIC HYPERTROPHY OF LV
- NO REGIONAL WALL MOTION ABNORMALITY AT REST.
- NORMAL LV SYSTOLIC FUNCTION.

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



**DR.YOGESH KHARCHE**  
**DNB(MEDICINE) DNB (CARDIOLOGY)**  
**CONSULTANAT INTERVENTIONAL CARDIOLOGIST.**

Authenticity Check



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Ref. Dr :  
Reg. Location : G B Road, Thane West Main Centre  
Reg. Date : 25-Feb-2023  
Reported : 25-Feb-2023 / 10:52

### USG WHOLE ABDOMEN

#### EXCESSIVE BOWEL GAS:

**LIVER:** Liver appears mildly enlarged in size (15.8 cm) and shows increased echoreflectivity. There is no intra-hepatic biliary radical dilatation. No evidence of any focal lesion.

**GALL BLADDER:** 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.

**PANCREAS:** Pancreas appears normal in echotexture. There is no evidence of any focal lesion or calcification. Pancreatic duct is not dilated.

**KIDNEYS:** Right kidney measures 11.1 x 3.9 cm. Left kidney measures 9.9 x 3.9 cm. Both kidneys are normal in size, shape and echotexture. Corticomedullary differentiation is maintained. There is no evidence of any hydronephrosis, hydroureter or calculus.

**SPLEEN:** 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 AND OVARIES :** Uterus and ovaries appears atrophic (post- menopausal status)

No free fluid or significant lymphadenopathy is seen.

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**IMPRESSION:**

- MILD HEPATOMEGALY WITH GRADE II FATTY INFILTRATION OF LIVER.

Advice: Clinical co-relation, further evaluation and follow up.

Note: 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 GAURI VARMA before dispatch.

Dr Gauri Varma  
Consultant Radiologist  
MBBS / DMRE  
MMC- 2007/12/4113

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