



Reg. Office : CTS No. 15184/3, Asian Hospital, Akashwani Signal, Jalna Road, Aurangabad - 431 001 (MH) India.
Email : asianciticarehospital@gmail.com, Ph. 0240 - 6610801 / 6610807

Name of Patient: Mrs. Pratibha Varma

Date: 23/12/2023

Age/Sex : 32 Yrs/Female

2-D ECHOCARDIOGRAPHY REPORT

Mitral Valve : Normal
Aortic Valve : Normal
Tricuspid Valve : Normal
Pulmonary Valve : Normal
Right Atrium : Normal
Right Ventricle : Normal
Left Atrium : 3.44Cm
Left Ventricle : Normal
IVS(S):1.02Cm LV(S):2.53Cm PW(S):0.90Cm LVEF-68%
IVS(D):0.94Cm LV (D):4.05Cm PW(D):0.94Cm FS- 38%
IVS : 0.95Cm
IAS : Intact
Aorta : 2.38Cm
Pulmonary Artery : Normal
Pericardium : Normal
IVC : Normal

DOPPLER STUDY

Mitral Flow : E- 1.17m/sec A- 0.65m/sec DT- 169m/sec E/A-1.8
Aortic Flow : 1.48m/sec
Pulmonary Flow : 0.65m/sec
Tricuspid Flow : m/sec RVSP- 22+5=27mm Hg

COLOR DOPPLER

MR : No
AR : Trivial
TR : Trivial
PR : No
Shunts : Nil

Dr. Deorao Thenge
M.D., D.N.B., (Cardiology)

Dr. Mukund Bajaj
M.D., D.M., (Cardiology)



VIGHNAHARTA HEALTH VISIONARIES PRIVATE LIMITED'S

ASIAN SUPERSPECIALITY HOSPITAL

CITICARE

CIN No. : U85100MH2013PTC245579

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CONCLUSION:

Normal Sized Cardiac Chambers.
No LV RWMA.
Good LV Systolic function with LVEF- 68%.
Normal LV Filling Pattern.
Trivial AR.
Trivial TR.
No MR.
No PE/LV Clot.

DR.DEORAO THENGE
M.D.D.N.B.(CARDIOLOGY)

Dr. Devrao Thenge
MD, DNB (Cardiology)
Reg. No. 2001/02/491



Dr. Deorao Thenge
M.D., D.N.B., (Cardiology)

Dr. Mukund Bajaj
M.D., D.M., (Cardiology)

SARDA

CENTRE FOR DIABETES & SELF CARE

Date:- 25/02/23

Name Poojiba Varma Age/Sex 38 / Female

Address Back of Baroda.

OPHTHALMIC EXAMINATION REPORT

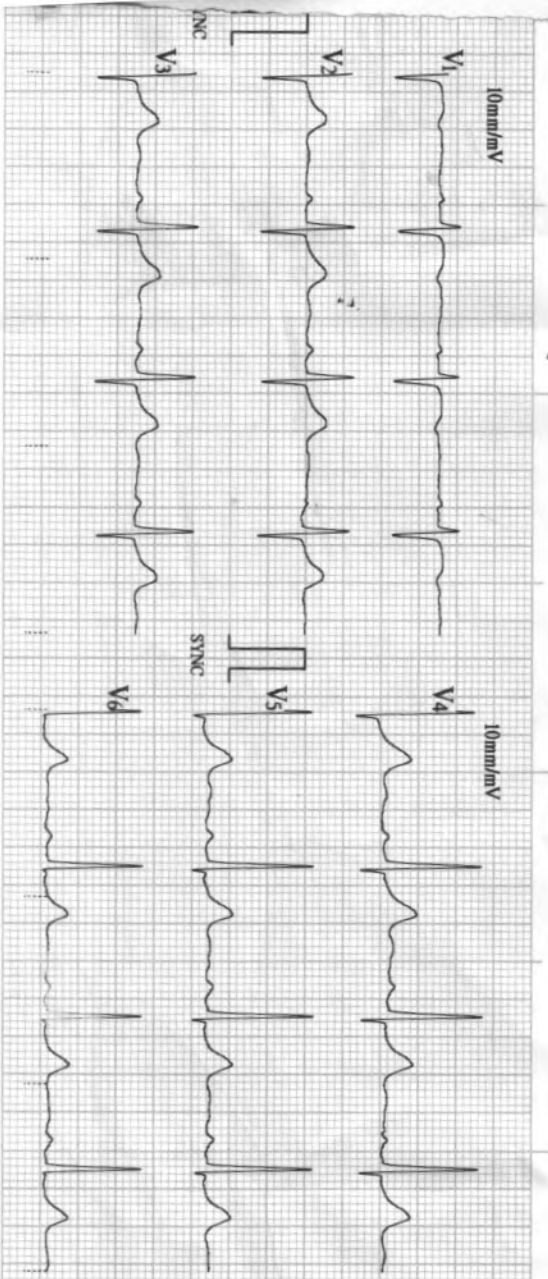
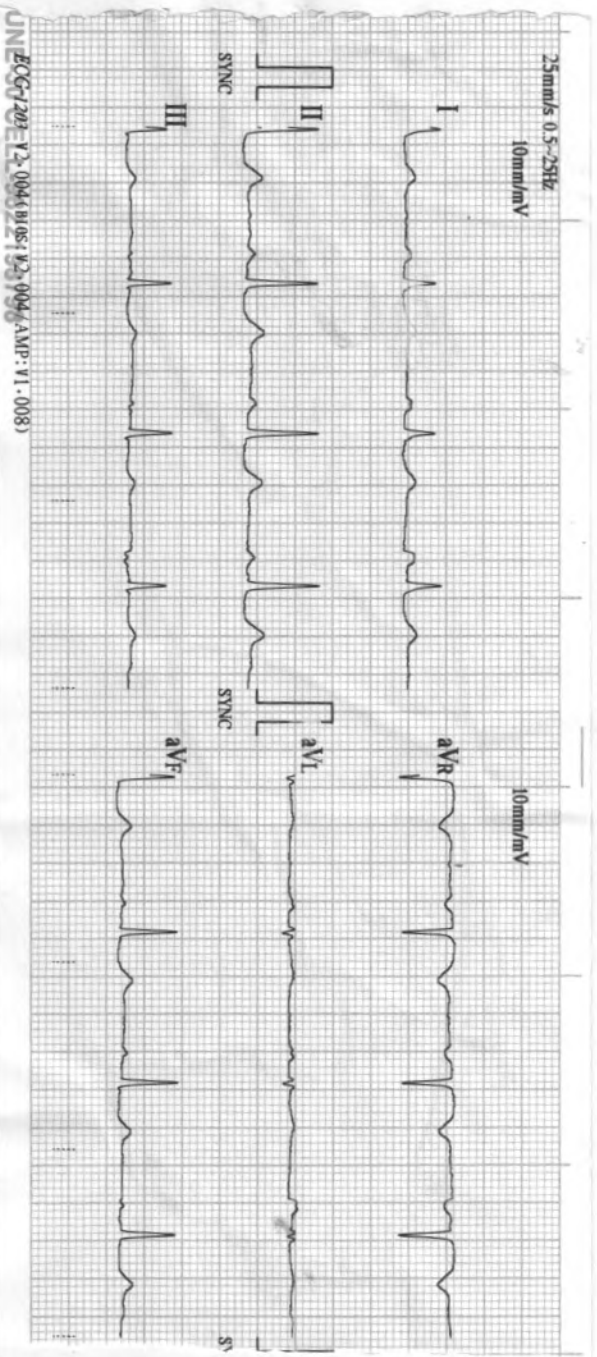
	<u>Right Eye</u>	<u>Left eye</u>
Vision Distant	<u>6/60 to 6/60</u> <u>-2.01 -1.25 / 30</u>	<u>6/60</u> <u>-1.75 -1.5 / 160</u>
Vision Near	<u>N6</u>	<u>N6</u>
Anterior segment	<u>NAD</u>	<u>NAD</u>
Pupils	<u>NSRTL</u>	<u>NSRTL</u>
Lens	<u>clear</u>	<u>clear</u>
Tension	<u>Normal</u>	<u>Normal</u>
Fundus:-	<u>Disc WML</u> <u>CD - 0.3</u> <u>FR+</u>	<u>Disc WML</u> <u>CD - 0.3</u> <u>FR+</u>
Colour Vision	<u>Normal</u>	<u>Normal</u>

Impression: (BE) myopic Astigmatism
Rest within normal limits



[Signature]





11/07/2023 12:34

ID : 4267

Name: Mrs. Prashila Venma

Sex :

Age : 35 yr

Possible Vena

HR	: 75	bpm
R-R	: 796	ms
P-R	: 168	ms
QRS	: 80	ms
QT/QTc	: 364/407	ms
P/QRS/T	: 8/59/53	ms
RV5/SV1	: 1.430/0.620	mV
RV5-SV1	: 2.050	mV

Machine Interpretation Only
Confirm with Physician

BIOMEDICS SADASHIV PETH PUNE-30 CELL-9822198798

Dr. A. S. SARDA
M.D. Reg. No. 73570
SARDA CENTER FOR DIABETES & SELF CARE
4, Wankeshwar, Jaitna Road, Aurangabad
Phone No. 2333551, 2334858

SARDA

CENTRE FOR DIABETES & SELF CARE

4, Vyankatesh Nagar, Jaina Road, Aurangabad. Ph. : (0240) 2332851, 2334858.

Name: Ms. Pratibha Vasna Age: 32 yrs

CLINICAL SUMMARY:

Weight: _____ Height (Cms): _____ Blood Pressure: _____

ECG FINDINGS:

Rate: 75 min. ORS. Complex: Ⓟ

Rhythm: Ⓟ ST Segment: Ⓟ

Mechanism: Ⓟ T. Wave: Ⓟ

Axis: Ⓟ QT Interval: Ⓟ

P. Wave: Ⓟ PR Interval: Ⓟ

Recommendation: wa

Date: 27/11/23

Dr. ~~A. S. SARDA~~
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4, Vyankateshnagar, Jaina Road, Aurangabad
Phone No. 2332851, 2334858



Dr. Amey Jaju
MBBS, DNB Radiology
Fellowship in MSK Imaging

Regd. No.: 2019/05/2879

Patient Name: **PRATIBHA VARMA**

• DIGITAL X-RAY • 3D/4D/5D SONOGRAPHY • COLOUR DOPPLER

Date: **08/11/2023**

Patient Id: **3959**

Age/Sex: **32 Years / FEMALE**

Ref Phy: **DR. SARDA**

Address :

USG ABDOMEN & PELVIS

Liver is mildly enlarged in size, 16.7 cm and shows mild diffuse fatty changes. No focal liver parenchymal lesion is seen.

Intrahepatic portal and biliary radicles are normal.

Gall-bladder is physiologically distended. No evidence of intraluminal calculus is seen. Wall thickness appears normal. No evidence of peri-cholecystic fluid is seen.

Portal vein and CBD are normal in course and calibre.

Pancreas appears normal in size and echotexture. No evidence of duct dilatation or parenchymal calcification seen.

Spleen is normal in size and echotexture. No focal lesion is seen in the spleen.

Right kidney measures 10.3 x 3.8 cm.

Left kidney measures 10.7 x 4.5 cm.

Both the kidneys are normal in size, shape and echotexture. Cortico-medullary differentiation is maintained. No evidence of calculus or hydronephrosis on either side.

Urinary bladder is moderately distended and revealed no intrinsic abnormality.

Uterus is normal in size, shape and echotexture. It measures 67.9 x 58.2 x 43.3 mm

Endometrial thickness measures 5.2 mm.

Both ovaries appear normal in size and echotexture.

Right ovary measures 2.5 x 3.1 cm.

Left ovary measures 2.2 x 1.7 cm.

Both the adnexae are clear.

There is no free fluid in abdomen and pelvis.

No significant lymphadenopathy is seen.

Impression:

- **Mild hepatomegaly with fatty changes in liver.**

DR. AMEY JAJU, MBBS, DNB (RADIOLOGY)
Fellow in MSK Imaging
CONSULTANT RADIOLOGIST



ANUSHREE SONOGRAPHY & X-RAY CENTRE

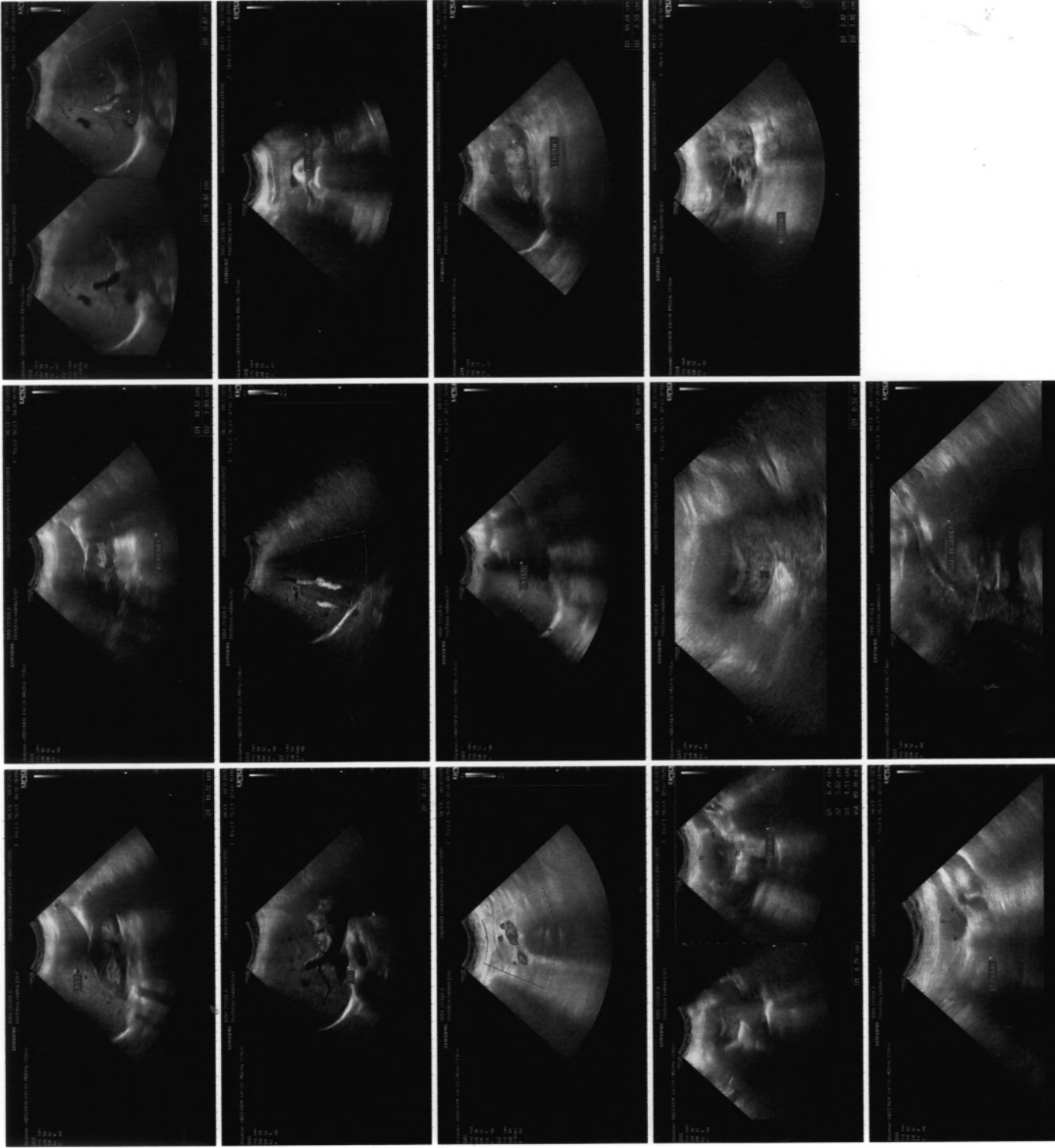
Name: PRATIBHA VARMA

Age: 32 Y

Sex: Female

RefDr: Sarda

Date: 08-Nov-2023



Dr. Amey Jaju
MBBS, DNB Radiology
Fellowship in MSK Imaging



Anushree
Sonography & X-Ray Centre

Regd. No.: 2019/05/3879

• DIGITAL X-RAY • 3D/4D/5D SONOGRAPHY • COLOUR DOPPLER

Patient Name: PRATIBHA VARMA

Date: 08/11/2023

Patient Id: 3961

Age/Sex: 32 Years / FEMALE

Ref Phy: DR. SARDA

Address :

RADIOGRAPH OF CHEST PA VIEW

Findings:

Both the lung fields are clear.

The broncho vascular markings are appears normal.

The hilar shadows are appears normal.

Both Cardiophrenic and Costophrenic angles are clear.

The Cardiac silhouette is within normal limits.

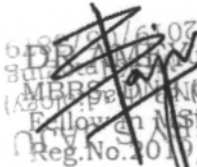
Aortic shadow is normal.

Both domes of diaphragms are normal.

The visualised bony thorax is normal.

Impression:

No significant abnormality noted in X-ray chest.


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ANUSHREE SONOGRAPHY & X-RAY CENTRE

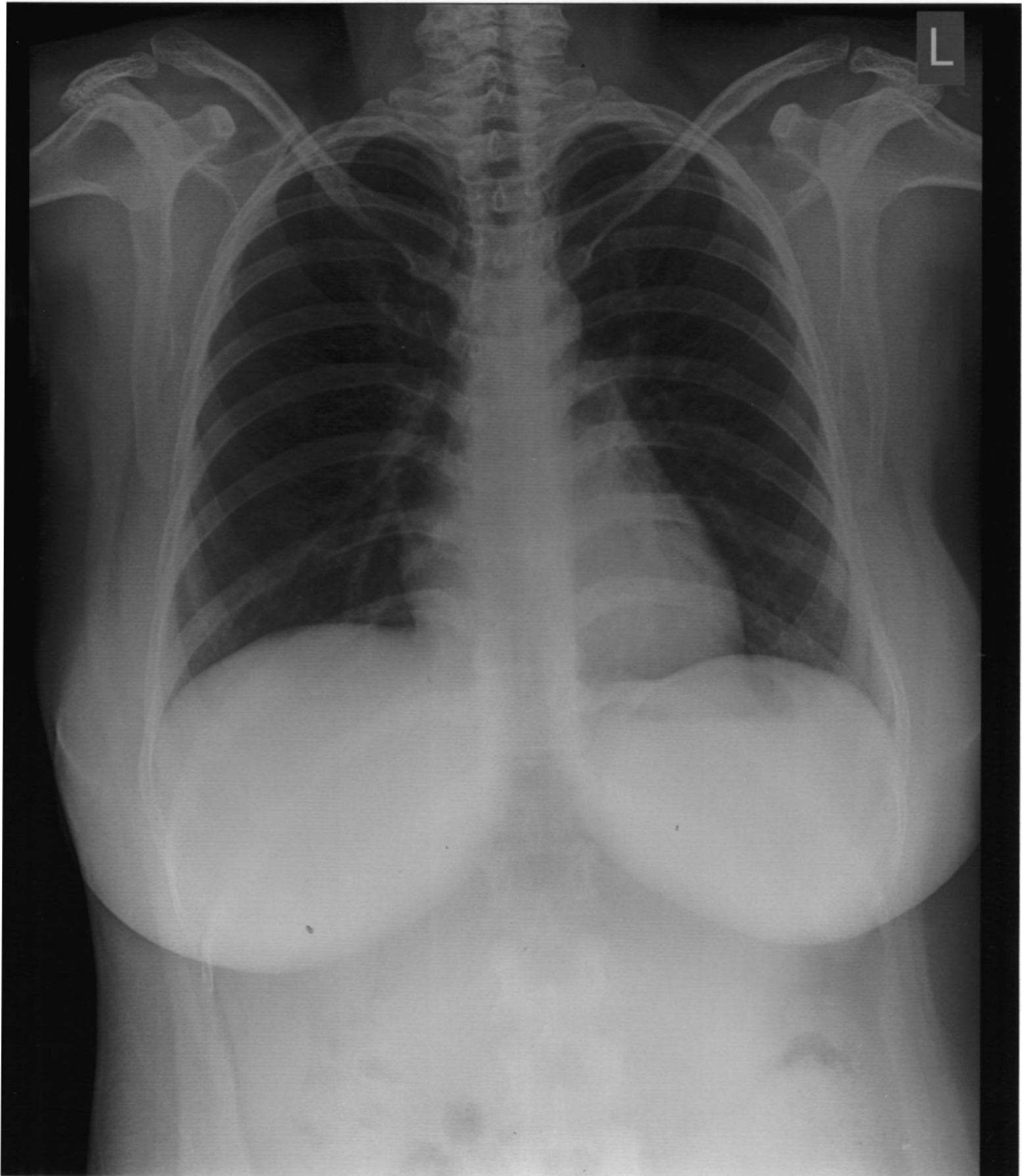
Name:Pratibha Varma

Age:32 Y

Sex:Female

RefDr:Dr. Sarda

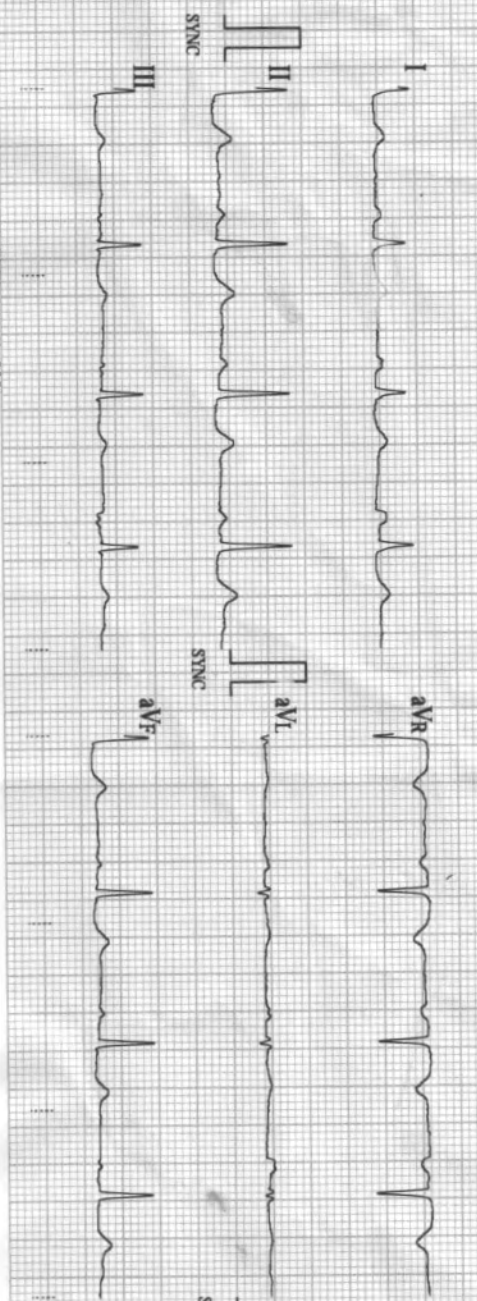
Date:08-Nov-2023



25mm/s 0.5-25Hz

10mm/mV

10mm/mV



JUN 2023 V2-0046 BUS-1 V3-0046 AMP: V1-0083

11/07/2023 12:34

ID : 4267

Name: Mrs. Prashila Venma

Sex : Female

Age : 32 years

Possible lead

Confirm with Physician

HR	: 75	bpm
R-R	: 796	ms
P-R	: 168	ms
QRS	: 80	ms
QT/QTc	: 364/407	ms
P/QRS/T	: 8/59/53	°
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BIOMEDICS SADASHIV PETH PUNE-30 CELL-9822198798

SARDA
CENTRE FOR DIABETES & SELF CARE

4, Vyankatesh Nagar, Jalna Road, Aurangabad, Ph. : (0240) 2333551, 2334858.

Name: Ms. Pratibha Vajana Age: 22 Female

CLINICAL SUMMARY:

Weight: _____ Height (Cms): _____ Blood Pressure: _____

ECG FINDINGS:

Rate: 75 min. QRS Complex: Ⓡ

Rhythm: Ⓡ ST Segment: Ⓡ

Mechanism: Ⓡ T. Wave: Ⓡ

Axis: Ⓡ QT Interval: Ⓡ

P. Wave: Ⓡ PR Interval: Ⓡ

Recommendation: Wan

Date: 27/11/23

Dr. A.S. SARDA
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Phone No. 2333551, 2334858

Patient Name : MRS PRATIBHA VARMA



SCD23/5284



Age/Gender : 32 Yrs/Female

Report Date

: 07/11/2023

Ref. Dr. : MEDIWHEEL

HAEMATOLOGY REPORT

Test Description	Result	Unit	Biological Reference Ranges
BLOOD GROUP AND RH FACTOR			
Blood Group	'AB'		
Rh Factor	POSITIVE(+VE)		

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Patient Name : MRS PRATIBHA VARMA

Age/Gender : 32 Yrs/Female

Ref. Dr. : MEDIWHEEL



SCD23/5284

Report Date

: 07/11/2023



HBA1C/GLYCOCYLATED

HbA1c Glycosilated Haemoglobin 5.4 %

Method: HPLC, NGSP certified

Estimated Average Glucose : 108 mg/dL

As per American Diabetes Association (ADA)

Reference Group	HbA1c in %
Non diabetic adults ≥ 18 years	< 5.7
At risk (Prediabetes)	5.7 - 6.4
Diagnosing Diabetes	≥ 6.5
Therapeutic goals for glycemc control	Age > 19 years Goal of therapy: < 7.0 Action suggested: > 8.0 Age < 19 years Goal of therapy: < 7.5

ADA criteria for correlation

HbA1c(%)	Mean Plasma Glucose (mg/dL)
6	126
7	154
8	183
9	212
10	240
11	269
12	298

Note:1. Since HbA1c reflects long term fluctuations in the blood glucose concentration, a diabetic patient who is recently under good control may still have a high concentration of HbA1c. Converse is true for a diabetic previously under good control but now poorly controlled .
2. Target goals of < 7.0 % may be beneficial in patients with short duration of diabetes, long life expectancy and no significant cardiovascular disease. In patients with significant complications of diabetes, limited life expectancy or extensive co-morbid conditions, targeting a goal of < 7.0 % may not be appropriate.

Comments:HbA1c provides an index of average blood glucose levels over the past 8 - 12 weeks and is a much better indicator of long term glycemc control as compared to blood and urinary glucose determinations.

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**BIOCHEMISTRY REPORT**

Test Description	Result	Unit	Biological Reference Ranges
LIPID PROFILE			
Cholesterol-Total <i>Method: Spectrophotometry</i>	148	mg/dL	< 200 - Desirable 200 - 239 -Boderline High > 240 - High
Triglycerides level <i>Method: Serum, Enzymatic, endpoint</i>	102	mg/dL	< 150 - Normal 150 - 199 -Boderline High 200 - 499 -High >500 Very -High
HDL Cholesterol <i>Method: Serum, Direct measure-PEG</i>	43	mg/dL	< 40 - Low > 40 - Normal
LDL Cholesterol <i>Method: Enzymatic selective protection</i>	84.60	mg/dL	< 100 - Optimal 100 - 129 - Near/Above Optimal 130 - 159 - Borderline high 160 - 189 - High > 190 - Very High
VLDL Cholesterol <i>Method: Serum, Enzymatic</i>	20.40	mg/dL	6 - 38
CHOL/HDL RATIO <i>Method: Serum, Enzymatic</i>	3.44		3.5 - 5.0
LDL/HDL RATIO <i>Method: Serum, Enzymatic</i>	1.97		2.5 - 3.5

NOTE

8-10 hours fasting sample is required

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Patient Name : MRS PRATIBHA VARMA

Age/Gender : 32 Yrs/Female

Ref. Dr. : MEDIWHEEL



SCD23/5284

Report Date

: 07/11/2023



BIOCHEMISTRY REPORT

Test Description	Result	Unit	Biological Reference Ranges
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BLOOD SUGAR FASTING & PP (BSF & PP)

BLOOD SUGAR FASTING 80 mg/dl 70 - 110

Method: Hexokinase

BLOOD SUGAR POST PRANDIAL 98 mg/dl 70 - 140

Method: Hexokinase

ADA 2019 Guidelines for diagnosis of Diabetes Mellitus

Fasting Plasma Glucose > 126 mg/dl

Postprandial Blood Glucose > 200 mg/dl

Random Blood Glucose > 200 mg/dl

HbA1c Level > 6.5%

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BIOCHEMISTRY REPORT

Test Description	Result	Unit	Biological Reference Ranges
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Serum Creatinine

0.7

mg/dL

0.60 - 1.40

Method: Modified Jaffe's

URIC ACID

5.0

mg/dl

2.5 - 6.8

Interpretation

Uric Acid - Serum uric acid measurements are useful in the diagnosis and treatment of numerous renal and metabolic disorders, including renal failure, gout, leukemia, psoriasis, starvation or other wasting conditions, and in patients receiving cytotoxic drugs.

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Patient Name : MRS PRATIBHA VARMA

Age/Gender : 32 Yrs/Female

Ref. Dr. : MEDIWHEEL



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Report Date

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LIVER FUNCTION TEST (LFT)

TOTAL BILIRUBIN	0.61	mg/dl	0.2 - 1.0
<i>Method: Serum, Jendrassik Grof</i>			
DIRECT BILIRUBIN	0.21	mg/dL	0.0 - 0.3
<i>Method: Serum, Diazotization</i>			
INDIRECT BILIRUBIN	0.40	mg/dl	0.3 - 0.7
<i>Method: Serum, Calculated</i>			
SGPT (ALT)	21	U/L	15 - 40
<i>Method: Serum, UV with P5P, IFCC 37 degree</i>			
SGOT (AST)	19	U/L	15 - 40
<i>Method: Serum, UV with P5P, IFCC 37 degree</i>			
ALKALINE PHOSPHATASE	66	U/L	30 - 120
<i>Method: DGKC</i>			
TOTAL PROTEIN	7.0	g/dl	6.0 - 8.0
<i>Method: Serum, Biuret, reagent blank end point</i>			
SERUM ALBUMIN	4.0	g/dl	3.2 - 4.6
<i>Method: Serum, Bromocresol green</i>			
SERUM GLOBULIN	3.00	g/dl	1.8 - 3.6
<i>Method: Serum, Calculated</i>			
A/G RATIO	1.33		1.2 - 2.2
<i>Method: Serum, Calculated</i>			
Gamma Glutamyl Transferase-Serum	19	IU/L	12 - 43
<i>Method: Kinetic</i>			

NOTE :

In known cases of Chronic Liver disease due to Viral Hepatitis B & C, Alcoholic liver disease or Non alcoholic fatty liver disease, Enhanced liver fibrosis (ELF) test may be used to evaluate liver fibrosis.

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BUN 10 7 - 21

Method : Calculated

Clinical Significance:

Urea Nitrogen (BUN) - Urea is the principle waste product of protein catabolism. BUN is most commonly measured in the diagnosis and treatment of certain renal and metabolic diseases. Increased BUN concentration may result from increased production of urea due to

(1) diet or excessive destruction of cellular proteins as occurs in massive infection and fevers,

(2) reduced renal perfusion resulting from dehydration or heart failure,

(3) nearly all types of kidney disease, and

(4) mechanical obstruction to urine excretion such as is caused by stones, tumors, infection, or stricture. Decreased urea levels are less frequent and occur primarily in advanced liver disease and in overhydration.

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SCD23/5284

Age/Gender : 32 Yrs/Female

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**IMMUNOASSAY REPORT**

Test Description	Result	Unit	Biological Reference Ranges
Thyroid Function Test (TFT)			
T3	138.47	ng/dl	80-253 : 1 Yr-10 Yr, 76-199 : 11 Yr-15 Yr, 69-201 :16 Yr-18 Yr, 87-173 : > 18 years,
T4	9.89	ng/dl	5.9-21.5 :10-31 Days, 5.9-21.5 :0-1 Month, 6.4-13.9 :2-12 Months, 6.09-12.23 :>1 Yr
TSH(Serum)	3.75	ng/dl	0.52-16.0 :1 Day - 30 Days 0.55-7.10 :1 Mon-5 Years 0.37-6.00 :6 Yrs-18 Years 0.38-5.33 :18 Yrs-88 Years 0.50-8.90 :88 Years

Method : ECLIA

Clinical features of thyroid disease		
Hypothyroidism	Hyperthyroidism	Grave's disease
Lethargy	Tachycardia	Exophthalmos/proptosis
Weight gain	Palpitations (atrial fibrillation)	Chemosis
Cold intolerance	Hyperactivity	Diffuse symmetrical goitre
Constipation	Weight loss with increased appetite	Pretibial myxoedema (rare)
Hair loss	Heat intolerance	Other autoimmune conditions
Dry skin	Sweating	
Depression	Diarrhoea	
Bradycardia	Fine tremor	
Memory impairment	Hyper-reflexia	
Menorrhagia	Goitre	
	Palmar erythema	
	Onycholysis	
	Muscle weakness and wasting	
	Oligomenorrhoea/amenorrhoea	

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Age/Gender : 32 Yrs/Female

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**URINE EXAMINATION REPORT**

Test Description	Result	Unit	Biological Reference Ranges
URINE ROUTINE			
Physical Examination			
Colour	Pale Yellow		Pale Yellow
Apperance	Clear		Clear
Reaction	Acidic		
Deposit	Absent		
Chemical Examination			
Specific Gravity	1.010		
Albumin	Absent		
Sugar	Absent		Absent
Acetone	Absent		
Microscopic Examination			
RBC's	Not seen	/hpf	Nil
Pus cells	Occasional	/hpf	2-3/hpf
Epithelial Cells	Absent	/hpf	1-2/hpf
Crystals	Absent		Absent
Casts	Not Seen		Not Seen
Amorphous Deposit	Absent		Absent

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Test Description	Result	Unit	Biological Reference Ranges
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COMPLETE BLOOD COUNT

Total WBC Count	5600	cell/cu.mm	4000 - 11000
Haemoglobin	11.2	g%	13 - 18
Platelet Count	1,92000	/cumm	150000 - 450000
RBC Count	4.40	/Mill/ul	4.20 - 6.00

RBC INDICES

Mean Corp Volume MCV	79.1	fL	80 - 97
Mean Corp Hb MCH	25.5	pg	26 - 32
Mean Corp Hb Conc MCHC	32.2	gm/dL	31.0 - 36.0
Hematocrit HCT	34.8	%	37.0 - 51.0

DIFFERENTIAL LEUCOCYTE COUNT

Neutrophils	60	%	40 - 75
Lymphocytes	30	%	20 - 45
Monocytes	05	%	02 - 10
Eosinophils	05	%	01 - 06
Basophils	00	%	00 - 01

NOTE:

1. As per the recommendation of International council for Standardization in Hematology, the differential leukocyte counts are additionally being reported as absolute numbers of each cell in per unit volume of blood.
2. Test conducted on EDTA whole blood.

ESR	12	mm/hr	Male: 0-8 mm at 1 Hr. Female: 0-20 mm at 1 Hr.
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INTERPRETATION :

1. It indicates presence and intensity of an inflammatory process, never diagnostic of a specific disease. Changes are more significant than a single abnormal test.
2. It is a prognostic test and used to monitor the course or response to treatment of diseases like tuberculosis, bacterial endocarditis, acute rheumatic fever, rheumatoid arthritis, SLE, Hodgkins disease, temporal arteritis, polymyalgia rheumatica.
3. It is also increased in pregnancy, multiple myeloma, menstruation, and hypothyroidism.

**** End of the report. ****

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