

• PATIENT NAME : MRS. DEEPIKA GOHEL	• SEX : FEMALE
• REF DR NAME : -----	• AGE : 32 YEARS
• CID NO : 2307021841	• DATE : 11.03.2023

ECHO & DOPPLER FINDINGS:

- No diastolic dysfunction at present.
- No regional wall motion abnormality seen at rest.
- No left ventricular hypertrophy seen.
- All cardiac chambers are normal in size.
- RA and RV are normal in dimensions. LA and LV are normal in dimensions.
- All cardiac valves show normal structure and physiological function.
- No significant stenosis nor regurgitation seen.
- No defect seen in the inter ventricular and inter atrial septums.
- No evidence of aneurysm / clots / vegetations/ effusion.
- TAPSE and MAPSE measured to 22 mm and 18 mm respectively.
- PASP by TR jet measured to 18 mm Hg.
- Visual LVEF of 70%

MEASUREMENTS:

IVS d (mm)	06	EDV (ml)	98	Ao (mm)	26
IVS s (mm)	10	ESV (ml)	21	LA (mm)	28
LVIDd (mm)	39	SV (ml)	77	EPSS (mm)	01
LVIDs (mm)	24	FS (mm)	33	EF SLOPE (ml/s)	80
Pwd (mm)	05	EF (%)	70	MV (mm)	18
Pws (mm)	12				

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DOPPLER: Mitral E / A

Mitral (m/s)	0.8	Aortic (m/s)	1.24
Tricuspid (m/s)	0.6	Pulmonary (m/s)	0.9

TDI

Septal e' = 0.1 m/s [E/e' = 08]

Lateral e' = 0.1 m/s

Septal a' = 0.08 m/s

Lateral a' = 0.08 m/s

Septal s' = 0.08 m/s

Lateral s' = 0.07m/s


Dr. P. Bhatjiwale, M.D

Fellowship in 2D Echo & Doppler Studies

PG cert in Clinical Cardiology,

NOTE : 2D ECHO has a poor sensitivity in cases of angina pectoris.

Adv: Please correlate clinically. CAG/ Further cardiac evaluation as indicated.

***** END OF THE REPORT *****



CID : 2307018175
Name : MRS.DEEPIKA GOHEL
Age / Gender : 32 Years / Female
Consulting Dr. : -
Reg. Location : Mahavir Nagar, Kandivali West (Main Centre)

Collected : 11-Mar-2023 / 08:25
Reported : 11-Mar-2023 / 13:35

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AERFOCAMI HEALTHCARE BELOW 40 MALE/FEMALE

CBC (Complete Blood Count), Blood

<u>PARAMETER</u>	<u>RESULTS</u>	<u>BIOLOGICAL REF RANGE</u>	<u>METHOD</u>
<u>RBC PARAMETERS</u>			
Haemoglobin	12.1	12.0-15.0 g/dL	Spectrophotometric
RBC	4.38	3.8-4.8 mil/cmm	Elect. Impedance
PCV	38.1	36-46 %	Measured
MCV	87	80-100 fl	Calculated
MCH	27.6	27-32 pg	Calculated
MCHC	31.7	31.5-34.5 g/dL	Calculated
RDW	13.7	11.6-14.0 %	Calculated
<u>WBC PARAMETERS</u>			
WBC Total Count	7360	4000-10000 /cmm	Elect. Impedance
<u>WBC DIFFERENTIAL AND ABSOLUTE COUNTS</u>			
Lymphocytes	31.6	20-40 %	
Absolute Lymphocytes	2325.8	1000-3000 /cmm	Calculated
Monocytes	7.4	2-10 %	
Absolute Monocytes	544.6	200-1000 /cmm	Calculated
Neutrophils	58.2	40-80 %	
Absolute Neutrophils	4283.5	2000-7000 /cmm	Calculated
Eosinophils	2.8	1-6 %	
Absolute Eosinophils	206.1	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	291000	150000-400000 /cmm	Elect. Impedance
MPV	9.1	6-11 fl	Calculated
PDW	16.4	11-18 %	Calculated

RBC MORPHOLOGY



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Reported : 11-Mar-2023 / 19:04

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AERFOCAMI HEALTHCARE BELOW 40 MALE/FEMALE

<u>PARAMETER</u>	<u>RESULTS</u>	<u>BIOLOGICAL REF RANGE</u>	<u>METHOD</u>
GLUCOSE (SUGAR) FASTING, Fluoride Plasma	101.3	Non-Diabetic: < 100 mg/dl Impaired Fasting Glucose: 100-125 mg/dl Diabetic: >/= 126 mg/dl	Hexokinase
BILIRUBIN (TOTAL), Serum	0.37	0.3-1.2 mg/dl	Vanadate oxidation
BILIRUBIN (DIRECT), Serum	0.12	0-0.3 mg/dl	Vanadate oxidation
BILIRUBIN (INDIRECT), Serum	0.25	<1.2 mg/dl	Calculated
TOTAL PROTEINS, Serum	7.5	5.7-8.2 g/dL	Biuret
ALBUMIN, Serum	4.4	3.2-4.8 g/dL	BCG
GLOBULIN, Serum	3.1	2.3-3.5 g/dL	Calculated
A/G RATIO, Serum	1.4	1 - 2	Calculated
SGOT (AST), Serum	18.8	<34 U/L	Modified IFCC
SGPT (ALT), Serum	7.0	10-49 U/L	Modified IFCC
GAMMA GT, Serum	10.2	<38 U/L	Modified IFCC
ALKALINE PHOSPHATASE, Serum	36.5	46-116 U/L	Modified IFCC
BLOOD UREA, Serum	11.9	19.29-49.28 mg/dl	Calculated
BUN, Serum	5.6	9.0-23.0 mg/dl	Urease with GLDH
CREATININE, Serum	0.36	0.50-0.80 mg/dl	Enzymatic
eGFR, Serum	222	>60 ml/min/1.73sqm	Calculated

Note: eGFR estimation is calculated using MDRD (Modification of diet in renal disease study group) equation



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Note: This is an amended report. Kindly ignore previous report of eGFR dated 11/03/2023

URIC ACID, Serum	3.0	3.1-7.8 mg/dl	Uricase/ Peroxidase
Urine Sugar (Fasting)	Absent	Absent	
Urine Ketones (Fasting)	Absent	Absent	

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



MC-2111

Bmhasakar

Dr.KETAKI MHASKAR
M.D. (PATH)
Pathologist



CID : 2307018175
Name : MRS.DEEPIKA GOHEL
Age / Gender : 32 Years / Female
Consulting Dr. : -
Reg. Location : Mahavir Nagar, Kandivali West (Main Centre)

Collected : 11-Mar-2023 / 08:25
Reported : 11-Mar-2023 / 12:49

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

<u>PARAMETER</u>	<u>RESULTS</u>	<u>BIOLOGICAL REF RANGE</u>	<u>METHOD</u>
Glycosylated Hemoglobin (HbA1c), EDTA WB - CC	5.5	Non-Diabetic Level: < 5.7 % Prediabetic Level: 5.7-6.4 % Diabetic Level: >/= 6.5 %	HPLC
Estimated Average Glucose (eAG), EDTA WB - CC	111.1	mg/dl	Calculated

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 Borivali Lab, Borivali West

*** End Of Report ***



Bmhasakar

Dr.KETAKI MHASKAR
M.D. (PATH)
Pathologist



CID : 2307018175
Name : MRS.DEEPIKA GOHEL
Age / Gender : 32 Years / Female
Consulting Dr. : -
Reg. Location : Mahavir Nagar, Kandivali West (Main Centre)

Collected : 11-Mar-2023 / 08:25
Reported : 11-Mar-2023 / 17:05

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AERFOCAMI HEALTHCARE BELOW 40 MALE/FEMALE
URINE EXAMINATION REPORT

<u>PARAMETER</u>	<u>RESULTS</u>	<u>BIOLOGICAL REF RANGE</u>	<u>METHOD</u>
<u>PHYSICAL EXAMINATION</u>			
Color	Pale yellow	Pale Yellow	-
Reaction (pH)	7.0	4.5 - 8.0	Chemical Indicator
Specific Gravity	1.005	1.001-1.030	Chemical Indicator
Transparency	Slight hazy	Clear	-
Volume (ml)	40	-	-
<u>CHEMICAL EXAMINATION</u>			
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
<u>MICROSCOPIC EXAMINATION</u>			
Leukocytes(Pus cells)/hpf	1-2	0-5/hpf	
Red Blood Cells / hpf	Absent	0-2/hpf	
Epithelial Cells / hpf	6-8		
Casts	Absent	Absent	
Crystals	Absent	Absent	
Amorphous debris	Absent	Absent	
Bacteria / hpf	++	Less than 20/hpf	
Others	-		

Kindly rule out contamination.



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Reported : 11-Mar-2023 / 17:05

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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

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



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



CID : 2307018175
Name : MRS.DEEPIKA GOHEL
Age / Gender : 32 Years / Female
Consulting Dr. : -
Reg. Location : Mahavir Nagar, Kandivali West (Main Centre)

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Collected : 11-Mar-2023 / 08:25
Reported : 11-Mar-2023 / 15:31

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

<u>PARAMETER</u>	<u>RESULTS</u>
ABO GROUP	O
Rh TYPING	Positive

NOTE: Test performed by automated Erythrocytes magnetized technology (EMT) which is more sensitive than conventional methods.

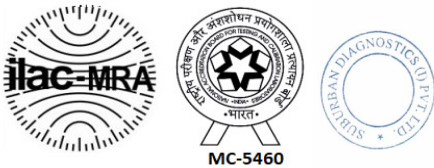
Specimen: EDTA Whole Blood and/or serum

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

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



Dr. Leena Salunkhe
Dr.LEENA SALUNKHE
M.B.B.S, DPB (PATH)
Pathologist



CID : 2307018175
Name : MRS.DEEPIKA GOHEL
Age / Gender : 32 Years / Female
Consulting Dr. : -
Reg. Location : Mahavir Nagar, Kandivali West (Main Centre)

Collected : 11-Mar-2023 / 08:25
Reported : 11-Mar-2023 / 14:42

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AERFOCAMI HEALTHCARE BELOW 40 MALE/FEMALE
LIPID PROFILE

PARAMETER	RESULTS	BIOLOGICAL REF RANGE	METHOD
CHOLESTEROL, Serum	135.2	Desirable: <200 mg/dl Borderline High: 200-239mg/dl High: >/=240 mg/dl	CHOD-POD
TRIGLYCERIDES, Serum	106.8	Normal: <150 mg/dl Borderline-high: 150 - 199 mg/dl High: 200 - 499 mg/dl Very high:>/=500 mg/dl	Enzymatic colorimetric
HDL CHOLESTEROL, Serum	47.4	Desirable: >60 mg/dl Borderline: 40 - 60 mg/dl Low (High risk): <40 mg/dl	Elimination/ Catalase
NON HDL CHOLESTEROL, Serum	87.8	Desirable: <130 mg/dl Borderline-high:130 - 159 mg/dl High:160 - 189 mg/dl Very high: >/=190 mg/dl	Calculated
LDL CHOLESTEROL, Serum	66.5	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	21.3	< /= 30 mg/dl	Calculated
CHOL / HDL CHOL RATIO, Serum	2.9	0-4.5 Ratio	Calculated
LDL CHOL / HDL CHOL RATIO, Serum	1.4	0-3.5 Ratio	Calculated

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



Namrata Raul

Dr.NAMRATA RAUL
M.D (Biochem)
Biochemist



CID : 2307018175
 Name : MRS.DEEPIKA GOHEL
 Age / Gender : 32 Years / Female
 Consulting Dr. : -
 Reg. Location : Mahavir Nagar, Kandivali West (Main Centre)

Collected : 11-Mar-2023 / 08:25
 Reported : 11-Mar-2023 / 14:08

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AERFOCAMI HEALTHCARE BELOW 40 MALE/FEMALE
THYROID FUNCTION TESTS

<u>PARAMETER</u>	<u>RESULTS</u>	<u>BIOLOGICAL REF RANGE</u>	<u>METHOD</u>
Free T3, Serum	4.7	3.5-6.5 pmol/L	CLIA
Free T4, Serum	12.9	11.5-22.7 pmol/L	CLIA
sensitiveTSH, Serum	2.291	0.55-4.78 microIU/ml	CLIA



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Consulting Dr. : -
Reg. Location : Mahavir Nagar, Kandivali West (Main Centre)

Collected : 11-Mar-2023 / 08:25
Reported : 11-Mar-2023 / 14:08

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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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*** End Of Report ***

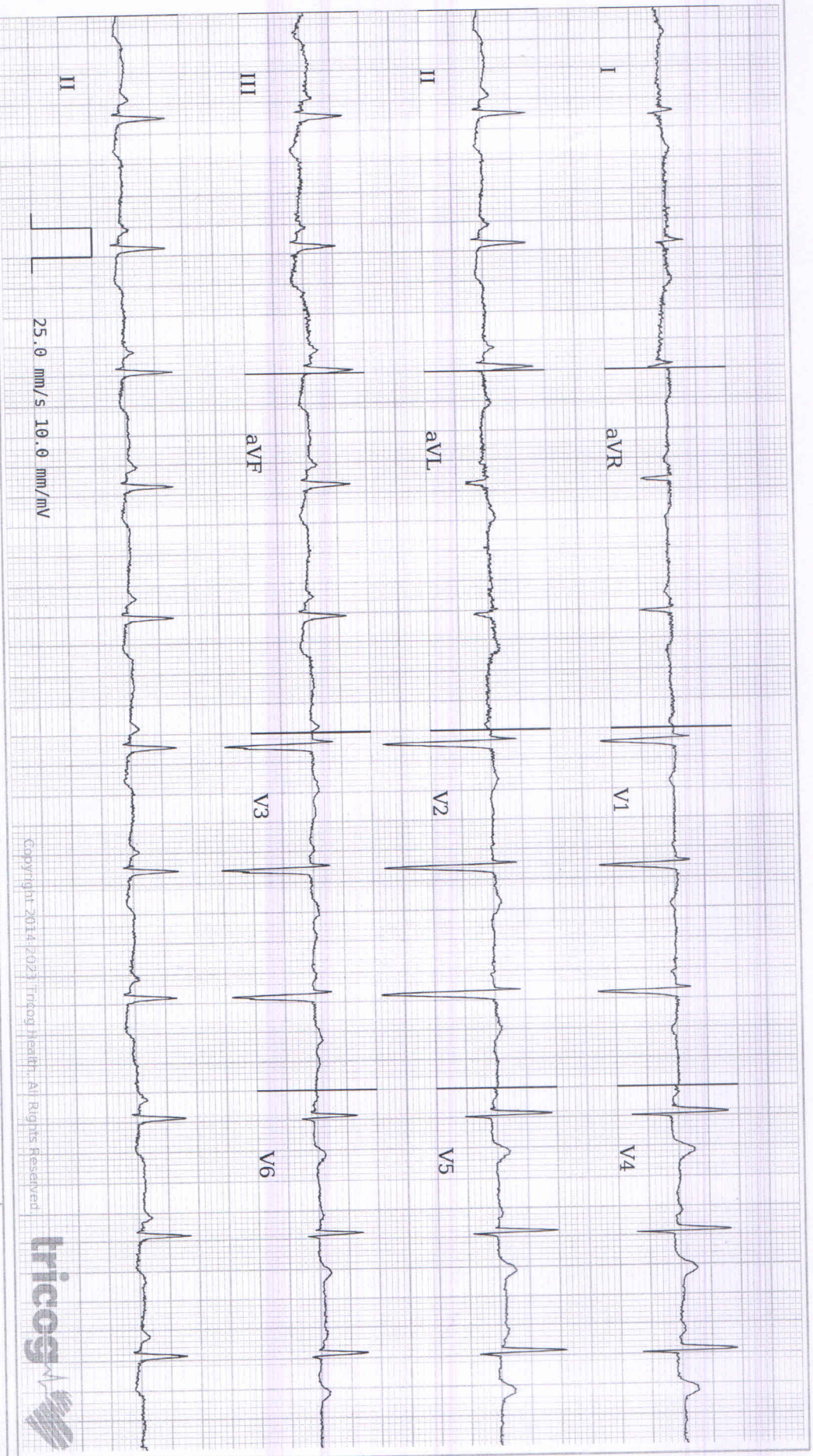
Anupa

Dr.ANUPA DIXIT
M.D.(PATH)
Consultant Pathologist & Lab Director



Patient Name: DEEPIKA GOHEL
Patient ID: 2307018175

SUBURBAN DIAGNOSTICS - MAHAVIR NAGAR, KANDIVALI WEST
Date and Time: 11th Mar 23 9:04 AM



Age **32** **8** **25**
years months days

Gender **Female**

Heart Rate **73bpm**

Patient Vitals

BP: 130/90 mmHg

Weight: 49 kg

Height: 159 cm

Pulse: 70 bpm

Spo2: NA

Resp: NA

Others:

Measurements

QRSD: 82ms

QT: 398ms

QTc: 438ms

PR: 132ms

P-R-T: 83° 84° -53°

REPORTED BY

Dr. Alisha Bhosale
M.B.B.S/P.G.D.C.C. (DIP. Cardiology)
2013062200

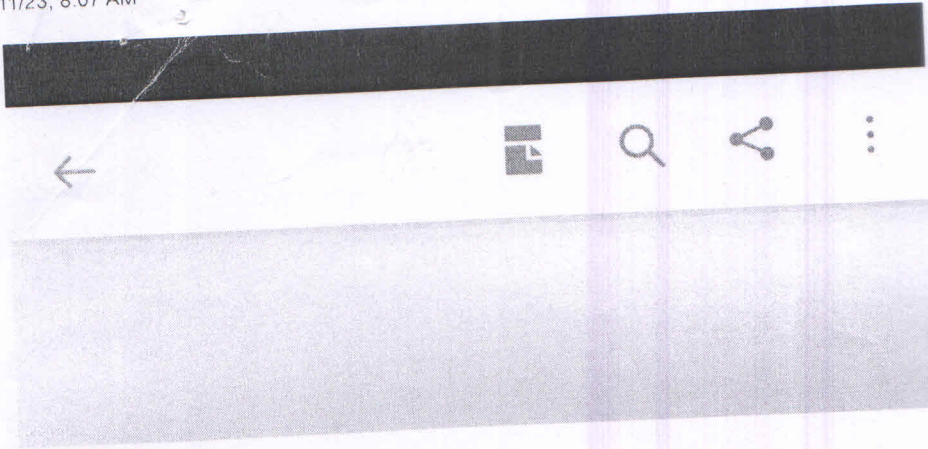
Sinus Rhythm. Please correlate clinically.



Disclaimer: 1) Analysis in this report is based on ECG alone and should be used as an adjunct to clinical history, symptoms, and results of other invasive and non-invasive tests and procedures. 2) Patient vitals are as entered by the technician and not derived from the ECG.



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भारतीय विशिष्ट ओळख प्राधिकरण
भारत सरकार
Unique Identification Authority of India
Government of India

माझी क्रमांक / Enrolment No.: 0000/00201/52780



Download Date: 28/08/2023

To
 मॅडिका शैलेश गोहल
 Deepika Shailesh Gohel
 C/O
 3B, Mohaninagar
 Sidsar Road, Bhavnagar
 Garadhar
 Takhteshwar
 Bhavnagar
 Bhavnagar Takhteshwar
 Bhavnagar Gujarat - 364002
 8452092414

Generation Date: 20/04/2015




आपला आधार क्रमांक / Your Aadhaar No. :
5317 1094 5729
माझे आधार, माझी ओळख



भारत सरकार
Government of India

मॅडिका शैलेश गोहल
 Deepika Shailesh Gohel
 जन्म तारीख: DOB: 17/06/1990
 लिंग: FEMALE

5317 1094 5729



माझे आधार, माझी ओळख



सूचना

- आधार ओळखीचे प्रमाण आहे, नागरीत्वचे नाही.
- ओळखीचे प्रमाण ऑनलाइन ऑथेंटिकेशन द्वारे प्राप्त करा.
- हे इलेक्ट्रॉनिक प्रक्रिये द्वारे तयार झालेले एक पत्र आहे.

INFORMATION

- Aadhaar is a proof of identity, not of citizenship.
- To establish identity, authenticate online.
- This is electronically generated letter.

- आधार कायदा देशभर मान्यता आहे
- आधार भविष्यात सरकारी व खाजगी सेवांचे फायदे मिळविण्यास उपयुक्त आहे.
- Aadhaar is valid throughout the country.
- Aadhaar will be helpful in availing Government and Non-Government services in future.





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 सहाय्यक तारिखदार, भावनगर, भावनगर,
 गुजरात - 364002

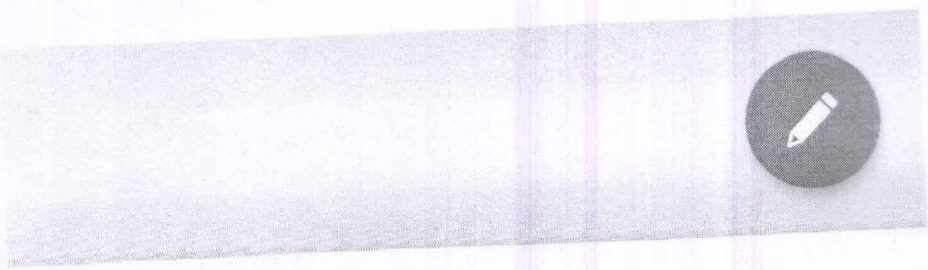
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 Bhavnagar, Bhavnagar,
 Gujarat - 364002

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*DPSGRC
for health
checkup
11/3/23*

२



Date:- 11/03/2023

CID: 2307018175

Name:- Mrs Deepika Gohel

Sex / Age: F / 32

EYE CHECK UP

Chief complaints: — No

Systemic Diseases: — No

Past history: — NO

Unaided Vision: — NO

Aided Vision: — Yes.

Refraction: R 6/6 L 6/6

(Right Eye)

(Left Eye)

	Sph	Cyl	Axis	Vn	Sph	Cyl	Axis	Vn	
Distance		/			6/6		/		
Near	/				N/6	/			
								N/6	

Colour Vision: Normal / Abnormal

Remark: Normal vision.



CID# : 2307018175
Name : MRS.DEEPIKA GOHEL
Age / Gender : 32 Years/Female
Consulting Dr. : Collected : 11-Mar-2023 / 08:20
Reg.Location : Mahavir Nagar, Kandivali West (Main Centre) Reported : 14-Mar-2023 / 09:22

PHYSICAL EXAMINATION REPORT

History and Complaints: NIL

EXAMINATION FINDINGS:

Height (cms):	159	Weight (kg):	49.7
Temp : Afebrile		Skin: Normal	
Blood Pressure (mm/Hg):	130/90	Nails: Healthy	
Pulse:	70/MIN	Lymph Node: Not Palpable	

Systems

Cardiovascular: S1,S2 Normal No Murmurs

Respiratory: Air Entry Bilaterally Equal

Genitourinary: NAD

GI System: Soft non tender No Organomegaly

CNS: NAD

IMPRESSION: HEALTHY.

ADVICE: REGULAR EXERCISE. HEALTHY DIET.

CHIEF COMPLAINTS:

1) Hypertension:	NO
2) IHD:	NO
3) Arrhythmia:	NO
4) Diabetes Mellitus :	NO
5) Tuberculosis :	NO
6) Asthama:	NO

CID# : 2307018175
Name : MRS.DEEPIKA GOHEL
Age / Gender : 32 Years/Female
Consulting Dr. : Collected : 11-Mar-2023 / 08:20
Reg.Location : Mahavir Nagar, Kandivali West (Main Centre) Reported : 14-Mar-2023 / 09:22

- | | |
|--|----|
| 7) Pulmonary Disease : | NO |
| 8) Thyroid/ Endocrine disorders : | NO |
| 9) Nervous disorders : | NO |
| 10) GI system : | NO |
| 11) Genital urinary disorder : | NO |
| 12) Rheumatic joint diseases or symptoms : | NO |
| 13) Blood disease or disorder : | NO |
| 14) Cancer/lump growth/cyst : | NO |
| 15) Congenital disease : | NO |
| 16) Surgeries : | NO |

PERSONAL HISTORY:

- | | |
|---------------|-----|
| 1) Alcohol | NO |
| 2) Smoking | NO |
| 3) Diet | VEG |
| 4) Medication | NIL |

*** End Of Report ***



Dr. AJITA BHOSALE
Reg. No. 10098200
MBBS, MD, DGO
MBBS, MD, DGO
MBBS, MD, DGO



CID : 2307018175
Name : Mrs DEEPIKA GOHEL
Age / Sex : 32 Years/Female
Ref. Dr :
Reg. Location : Mahavir Nagar, Kandivali West Main Centre
Reg. Date : 11-Mar-2023
Reported : 11-Mar-2023/10:45

USG WHOLE ABDOMEN

LIVER:

The liver is normal in size (13.3 cm), shape and smooth margins. It shows normal parenchymal echo pattern. The intra hepatic biliary and portal radical appear normal. No evidence of any intra hepatic cystic or solid lesion seen. The main portal vein and CBD appears normal.

GALL BLADDER:

The gall bladder is physiologically distended and appears normal. No evidence of gall stones or mass lesions seen

PANCREAS:

The pancreas is well visualised and appears normal. No evidence of solid or cystic mass lesion.

KIDNEYS:

Right kidney measures 9.2 x 2.9 cm. Left kidney measures 9.8 x 4.6 cm.
Both the kidneys are normal in size shape and echotexture.
No evidence of any calculus, hydronephrosis or mass lesion seen.

SPLEEN:

The spleen is normal in size (7.4 cm) and echotexture. No evidence of focal lesion is noted.

There is no evidence of any lymphadenopathy or ascites.

URINARY BLADDER:

The urinary bladder is well distended and reveal no intraluminal abnormality.

UTERUS:

The uterus is anteverted and appears normal. It measures 8.5 x 3 x 4.8 cm in size.
The endometrial thickness is 8 mm.

OVARIES:

Right ovary = 3.2 x 2.3 cm Left ovary = 2.7 x 2.2 cm
Both the ovaries are well visualised and appears normal.
There is no evidence of any ovarian or adnexal mass seen.



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Application To Scan the Code

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IMPRESSION:-

No significant abnormality is seen.

ADVICE: Clinical correlation

(Above USG report is subject to findings evident at the time of scan & associated bowel gases. This modality has its own limitations & should be considered as a professional opinion. Clinical correlation is advised to arrive at a diagnosis. This report cannot be used for medico - legal purposes)

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

This report is prepared and physically checked by Dr. Chirag Patel before dispatch.

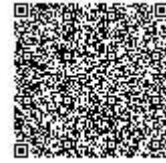
Dr. Chirag Patel
Consultant Radiologist
M.B.B.S, MD (Radiologist)
Reg. No. MMC 20170773319



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Centre

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CID : 2307018175
Name : Mrs DEEPIKA GOHEL
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Reported : 11-Mar-2023/12:55

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.

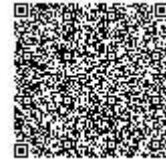
IMPRESSION:

NO SIGNIFICANT ABNORMALITY IS DETECTED.

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

This report is prepared and physically checked by Dr. Chirag Patel before dispatch.

Dr. Chirag Patel
Consultant Radiologist
M.B.B.S, MD (Radiologist)
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