

Patient Name Mrs Anamika Mishra MRN 173650 Age 33 Sex F Date/Time 29/7/24

Investigations : (Please Tick)

- CBC
- ESR
- CRP
- S-Vit D3
- S-Vit B12
- RBS
- B Sugar - F/PP
- HbA1C
- LFT/KFT
- PT
- INR
- RA Factor
- Anti CCP
- HLA B27
- ANA
- HIV
- HBsAg
- Anti HCV

Mob No.

H - 157
BP - 73
BS - 157/76
P - 124

TFT → Deranged
Physician reference

Vitals

- B.P.
- R.
- SPO2
- Temp

Medical Illness

- Hypertension
- Diabetes
- Thyroid
- Cardiac Disease
- Drug Allergies

Next Appointment/Follow up

Signature :

Dr. Bhawna Garg
MBBS, DIPLO, PGDHA
MEDICAL CO ORDINATOR
RjN Apollo Spectra Hospital
Reg.No. MP18035

Patient NAME : Mrs. ANAMIKA MISHRA	Collected : 27/Jul/2024 10:03AM
Age/Gender : 33 Y O M O D /F	Received : 27/Jul/2024 10:57AM
UHID/MR NO : ILK.00043231	Reported : 27/Jul/2024 11:54AM
Visit ID : ILK.127425	Status : Final Report
Ref Doctor : Dr.ARCOFEMI HEALTHCARE LIMITED	Client Name : INSTA

DEPARTMENT OF HEMATOLOGY

COMPLETE BLOOD COUNT- CBC / HAEMOGRAM , WHOLE BLOOD EDTA

Haemoglobin (Hb%)	12.8	gm%	11.5-16.0	Cyanmeth
P.C.V (Hematocrit)	40.3	%	35-49	Cell Counter
RBC Count	4.6	Mill./cu mm	4.00-5.50	Cell Counter
Mean Corpuscular Volume(MCV)	88.3	fL	76-96	Calculated
Mean Corpuscular Hb. (MCH)	28.1	pg	27.0-32.0	Calculated
Mean Corp. Hb. Conc.(MCHC)	31.8	g/dl	30.0-35.0	Calculated
RDW	16.6	%	11-16	Calculated
Total WBC count (TLC)	4,900	/cu mm	4000-11000	Cell Counter

Differential Count by Flowcytometry/Microscopy

Neutrophils	62.0	%	50-70	Cell Counter
Lymphocytes	25.7	%	20-40	
Monocytes	9.5	%	01-10	Cell Counter
Eosinophils	2.5	%	01-06	Cell Counter
Basophils	0.3	%	00-01	Cell Counter

Absolute Leucocyte Count

Neutrophil (Abs.)	3,061	per cumm	2000 - 8000	Calculated
Lymphocyte (Abs.)	1270	per cumm	600-4000	Calculated
Monocyte (Abs.)	467	per cumm	0-600	Calculated
Eosinophil (Abs.)	122	per cumm	40-440	Calculated
Basophils (Abs.)	16	per cumm	0-110	Calculated
Platelet Count	1.50	Lac/cmm	1.50-4.00	Cell Counter

ERYTHROCYTE SEDIMENTATION RATE (ESR)

Erythrocyte Sedimentation Rate (ESR)	16	mm 1st hr.	0-20	Wester Green
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Sarita Pathak

DR. SARITA PATHAK
M.D (PATH)

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DEPARTMENT OF HEMATOLOGY

BLOOD GROUPING(A,B,O) AND RH FACTOR , WHOLE BLOOD EDTA

Blood Grouping	O	Slide/Tube Agglutination
Rh (D) Type	NEGATIVE	Slide/Tube Agglutination

BLOOD PICTURE - PERIPHERAL SMEAR EXAMINATION , WHOLE BLOOD EDTA

RBC'S : Normocytic Normochromic RBC's.
No cytoplasmic inclusions or hemoparasite seen.

WBC'S : Normal in number , morphology and distribution. No toxic granules seen.
No abnormal cell seen.

PLATELETS : Adequate on smear .

IMPRESSION ; NORMOCYTIC NORMOCHROMIC BLOOD PICTURE.



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Collected : 27/Jul/2024 10:03AM
Received : 27/Jul/2024 10:57AM
Reported : 27/Jul/2024 11:47AM
Status : Final Report
Client Name : INSTA

DEPARTMENT OF BIOCHEMISTRY-ROUTINE

Test Name	Result	Unit	Bio. Ref. Range	Method
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GLUCOSE - FASTING (FBS) , NAF PLASMA

Fasting Glucose	97.0	mg/dL	65-110	God - Pod
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Ref.for Biological Reference Intervals: American Diabetic Assiosation.

GLUCOSE, POST PRANDIAL (PP), 2 HOURS (POST MEAL) , FLUORIDE PLASMA

Post Prandial Glucose	110.0	mg/dL	90-140	2hrs. after...gm glucose/lunch
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Ref.for Biological Reference Intervals: American Diabetic Assiosation.



Sarita Pathak

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RJN Apollo Spectra Hospitals

18, Vikas Nagar, Near San Baba Temple, Gwalior - 474009 (M.P.) Ph.: 0751-2454600, Mob. : 8269663137, Email: ipc.rjn@gmail.com

• Results may vary from lab to lab and from time to time for the same parameter for the same patient • Assays are performed in accordance with standard procedures.
• In case of disparity test may be repeated immediately. • This report is not valid for medico legal purpose.

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DEPARTMENT OF BIOCHEMISTRY-ROUTINE

Test Name	Result	Unit	Bio. Ref. Range	Method
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GLYCOSYLATED HAEMOGLOBIN (GHB/HBA1C) , WHOLE BLOOD EDTA

Glycosylated Haemoglobin HbA1c	5.2	%	Normal: <5.7 Pre-Diabetes: 5.7-6.4 Diabetes: 6.5	H P L C
Approximate mean plasma glucose	101.68			Calculated

Ref. for Biological Reference Intervals: American Diabetes Association.

INTERPRETATION:

The A1C test measures your average blood glucose for the past 2 to 3 months. Diabetes is diagnosed at an A1C of greater than or equal to 6.5%.

Therapeutic goals for glycemic control (ADA)

-Adults:

- Goal of therapy: <7.0% HbA1c
- Action suggested: >8.0% HbA1c

-Pediatric patients:

- Toddlers and preschoolers: <8.5% (but >7.5%)
- School age (6-12 years): <8%
- Adolescents and young adults (13-19 years): <7.5%



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DEPARTMENT OF BIOCHEMISTRY-ROUTINE

Test Name	Result	Unit	Bio. Ref. Range	Method
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COMPLETE KIDNEY PROFILE (RFT/KFT) , SERUM

Urea	24.67	mg/dL	13.0-43.0	Urease
Creatinine	0.5	mg/dL	0.5-1.3	Enzymatic
Uric Acid	5.6	mg/dL	2.6-6.0	Urease
Sodium	139.0	Meq/L	135-155	Direct ISE
Potassium	3.9	Meq/L	3.5-5.5	Direct ISE
Chloride	105.0	mmol/L	96-106	Direct ISE
Calcium	9.7	mg/dL	8.6-10.0	OCPC
Phosphorous	3.4	mg/dL	2.5-5.6	PMA Phenol
BUN	11.53	mg/dL	6.0-20.0	Reflect Spectrophoto

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Apollo Spectra Hospitals

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DEPARTMENT OF BIOCHEMISTRY-ROUTINE

Test Name	Result	Unit	Bio. Ref. Range	Method
-----------	--------	------	-----------------	--------

LIPID PROFILE , SERUM

Type OF Sample	SERUM-F			
Total Cholesterol	181.0	mg/dl	up to 200	End Point
Total Triglycerides	139.0	mg/dL	Borderline High Risk : 150-199 High Risk: 200-499 Very High Risk: >500	End Point
HDL Cholesterol	54.0	mg/dL	Optimal: >55 Border Line High Risk: 35-55 High Risk:- <35	Reflect Spectrothoto
Non - HDL Cholesterol	127	mg/dL	<130	
LDL Cholesterol	99.2	mg/dL	63-167	Reflect Spectrothoto
VLDL Cholesterol	27.8	mg/dL	5.0-40.0	Reflect Spectrothoto
Chol / HDL Ratio	3.35		Low Risk : 3.3-4.4 Average Risk : 4.5-7.1 Moderate Risk : 7.2-11.0 High Risk : >11.0	CALCULATED



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Ref Doctor : Dr.ARCOFEMI HEALTHCARE LIMITED	Client Name : INSTA

DEPARTMENT OF BIOCHEMISTRY-ROUTINE

Test Name	Result	Unit	Bio. Ref. Range	Method
-----------	--------	------	-----------------	--------

LIVER FUNCTION TEST (LFT) WITH GGT , SERUM

Total Bilirubin	0.7	mg/dL	0.2-1.2	Jendrassik-Grof
Direct Bilirubin	0.1	mg/dL	0.0-0.3	Jendrassik-Grof
Indirect Bilirubin	0.6	mg/dL	0.0-0.9	Calculated
SGOT / AST	36.0	U/L	1-30	UV Kinetic (IFCC)
SGPT / ALT	41.0	U/L	1-34	UV Kinetic (IFCC)
Alkaline Phosphatase	79.0	U/L	43-115	PNPP
Gamma Glutaryl Transferase (GGT)	14.0	U/L	0.0-55.0	Reflect Spectrophoto
Total Protein	7.2	g/dl	6.4-8.3	Biuret
Albumin	4.5	g/dL	3.5-5.2	BCG
Globulin	2.7	g.dl	2.0-3.5	Calculated
A/G Ratio	1.67	%	1.0-2.3	Calculated

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Patient NAME : Mrs. ANAMIKA MISHRA	Collected : 27/Jul/2024 10:03AM
Age/Gender : 33 Y 0 M 0 D /F	Received : 27/Jul/2024 01:05PM
UHID/MR NO : ILK.00043231	Reported : 27/Jul/2024 03:57PM
Visit ID : ILK.127425	Status : Final Report
Ref Doctor : Dr.ARCOFEMI HEALTHCARE LIMITED	Client Name : INSTA

DEPARTMENT OF BIOCHEMISTRY-SPECIAL

Test Name	Result	Unit	Bio. Ref. Range	Method
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THYROID PROFILE-I , SERUM

Trilodothyronine Total (TT3)	1.58	ng/dL	0.6-1.8	Chemilluminescence
Thyroxine (TT4)	16.28	µg/dL	4.5-10.9	Chemilluminescence
Thyroid Stimulating Hormone (TSH)	0.031	µIU/ml	0.35-5.50	Chemilluminescence

COMMENT :- Above mentioned reference ranges are standard reference ranges.

AGE RELATED GUIDELINES FOR REFERENCE RANGES FOR TSH

TSH	NEW BORN	INFANT	CHILD	ADULT
(u Iu/ml)	0.52-38.9	1.7-9.1	0.7-6.4	0.3-5.6

PREGNENCY RELATED GUIDELINES FOR REFERENCE RANGES FOR TSH

TSH	1st Trimester	2nd & 3rd Trimester
(u Iu/ml)	0.2 - 2.5	0.3 - 3.0

NOTE: TSH levels are subject to circadian variation, reaching peak levels between 2-4 AM and at a minimum between 6-10 PM. Dose and time of drug intake also influence the test result.

Ultrasensitive kits used.

Serum T3/ FT3 , T4/FT4 and TSH measurements form three components of thyroid screening panel.

- Primary hypothyroidism is accompanied by elevated serum T3 & T4 values alongwith depressed TSH level.
- Primary hypothyroidism is accompanied by elevated serum T3 & T4 values & elevated serum TSH level.
- Normal T3 &T4 levels with high TSH indicate mild / subclinical HYPOTHYROIDISM.
- slightly elevated T3 levels may be found in pregnancy and in estrogen therapy while depressed levels may be encountered in severe illness, malnutrition, renal failure and during therapy with drugs like propranolol .
- Although elevated TSH levels are nearly always indicative of primary hypothyroidism. Rarely they can result from TSH secreting pituitary tumours (secondary hyperthyroidism).



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M.D (PATH)

Patient NAME : Mrs. ANAMIKA MISHRA	Collected : 27/Jul/2024 10:03AM
Age/Gender : 33 Y 0 M 0 D /F	Received : 27/Jul/2024 10:57AM
UHID/MR NO : ILK.00043231	Reported : 27/Jul/2024 01:37PM
Visit ID : ILK.127425	Status : Final Report
Ref Doctor : Dr.ARCOFEMI HEALTHCARE LIMITED	Client Name : INSTA

DEPARTMENT OF CLINICAL PATHOLOGY

Test Name	Result	Unit	Bio. Ref. Range	Method
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CUE - COMPLETE URINE ANALYSIS , URINE
Physical Examination

Colour	STRAW			Visual
Appearance	Clear			Visual
pH	6.0		5.0-7.5	Dipstick
Specific Gravity	1.025		1.002-1.030	Dipstick

Chemical Examination

Albumin Urine/ Protein Urine	NIL		NIL	Dipstick/Heat Test
Glucose Urine	NIL		NIL	Dipstick/Benedict
Urobilinogen	NIL		NIL	Dipstick/Ehrlichs
Ketones	NIL		NIL	Dipstick/Rotheras
Bile Salts	ABSENT		ABSENT	Dipstick
Bile Pigments	ABSENT		ABSENT	Dipstick/Fouchets
Nitrite	ABSENT		ABSENT	Dipstick

Microscopic Examination.

Pus Cells	2-3	/Hpf	0-5	
Epithelial Cells	2-3	Hpf	<10	
RBC	PRESENT	/Hpf	ABSENT	
Casts	ABSENT		ABSENT	
Crystals	ABSENT		ABSENT	
Bacteria	NORMALLY PRESENT		NORMALLY PRESENT	
Budding Yeast Cells	Absent		Absent	

*** End Of Report ***




DR. SARITA PATHAK
M.D (PATH)



Rjn Apollo Spectra Hospitals

ECHO CARDIOGRAPHY REPORT

Patient Name: MRS ANAMIKA	Age / Sex 33 Y/F
UHID/Bill No 173650	Date : 27/07/2024

Echocardiography was performed on vivid T8

Quality Of Imaging : Adequate.

Mitral Valve : Normal

Tricuspid Valve : Normal

Aortic Valve : Normal

Pulmonary Valve : Normal

Left Atrium : 3.4cms

Left Ventricle : IVSD : 1.2 cms LVPWD : 1.2cms

EDD : 4.9 cms EF 60%

ESD : 3.0 cms FS 32%

RWMA : NO REGIONAL WALL MOTION ABNORMALITY

Right Atrium : Normal

Right Ventricle : Normal

Aorta : 3.1cms

IAS IVS : Intact

Pulmonary Artery : Normal

Pericardium : Normal

SVC, IVC : Normal

Pulmonary Artery : Normal

Intracardiac Masses : Nil

Doppler : E < A

CONCLUSION

- TACHYCARDIYA PRESENT DURING STUDY
- NORMAL CARDIAC CHAMBERS DIMENSION.
- NO REGIONAL WALL MOTION ABNORMALITY.
- NORMAL LV SYSTOLIC FUNCTION, LVEF 60 %
- GRADE I DIASTOLIC DYSFUNCTION
- NORMAL VALVE
- INTACT SEPTUM
- NO CLOT /VEGETATION / PERICARDIAL EFFUSION

Dr. Abhishek Sharma
BBS.MD (Medicine) DNB (Cardiology)
Consultant Interventional Cardiology
RJN Apollo Spectra Hospitals
Reg.No. MP 12056

Consultant

Dr. Abhishek sharma (DNB)
(Interventional Cardiologist)

MR No. Patient Name Anamika Mishra Age 33 Sex M Date 27/1/24

Mob No.

Investigations : (Please Tick)

- CBC
- ESR
- CRP
- S-Vit D3
- S-Vit B12
- RBS
- B Sugar - F/PP
- HbA1C
- T/KFT
- PT
- INR
- RA Factor
- Anti CCP
- HLA B27
- ANA
- HIV
- HBsAg
- Anti HCV

Health Checkup

O/E -

- Calculus in*
- Grain in*
- Gen. gingivitis*

Caries - 6/

P/A -

REF - 6/

Vitals

- B.P.
- P.R.
- O2
- Temp

Rx.

- Tab. Augmentin 625 0-0-0 m*
 - Tab. Zenocef SP 0-0-0 m*
 - Tab. Pan 40 0 m*
 - Tab. ~~200mg~~ 0 m*
 - Tab. X to Z 0 m*
- 5 day*

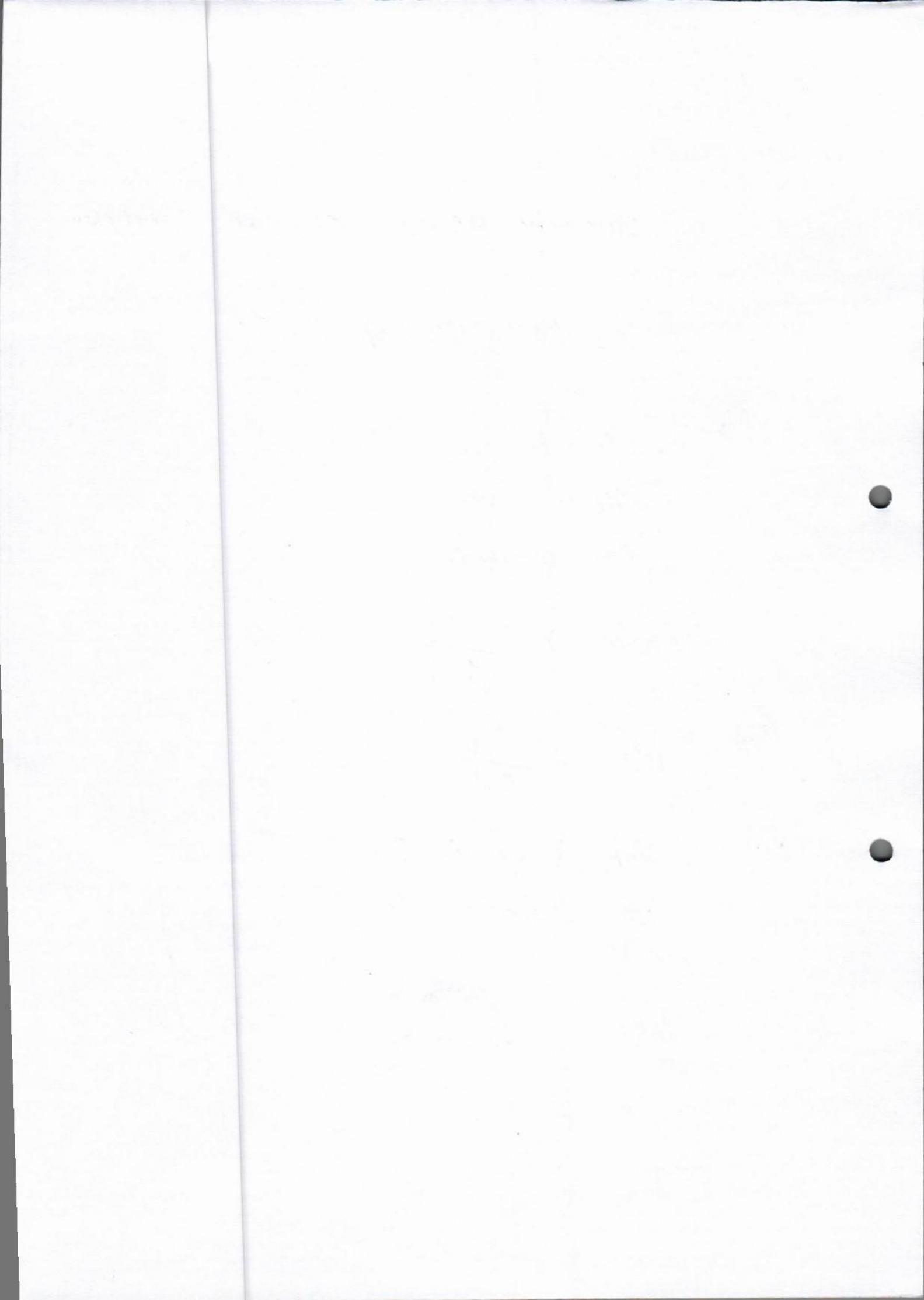
Medical Illness

- Hypertension
- Diabetes
- Thyroid
- Cardiac Disease
- Drug Allergies

Next Appointment/Follow up

Signature :

f





॥ सर्वेन्द्रियाणाम् भवनम् प्रधानम् ॥

RATAN JYOTI NETRALAYA

OPHTHALMIC INSTITUTE & RESEARCH CENTRE

Hospital Reg. No. : 071



18, Vikas Nagar, Near Sai Baba Mandir, Gwalior-2 (M.P.) INDIA Tel. : 2423350/51, Web : www.ratanjyotigroup.org, Email : rjneye@gmail.com

SR.NO. : 2045654
NAME : MRS ANAMIKA MISHRA
AGE/SEX : 32 YRS / FEMALE

DATE : 27-July-2024
MRD NO. : R-128741
CITY : AURAIYA

VISION	DISTANCE		NEAR	
	OD	OS	OD	OS
UNAIDED				
WITH GLASSES	6/6	6/6	N6	N6
WITH PIN HOLE				
WITH COLOR				
VISION				

IOP READING				
TIME	OD	OD METHOD	OS	OS METHOD
1:22PM	16		17	

Rx. EYE From To Instructions

1 ECO MOIST ULTRA 1*10ML

ONE DROP 4 TIMES A DAY FOR 30 DAYS

BOTH EYE 27-Jul-2024 25-Aug-2024

TREATMENT PLAN : CSG
REV FOR DILATED EX WHEN WILLING

REFERRED TO :
NEXT REVIEW : AS PER DR. ADVISED

DR. SAVITRI DEVAL

NOTE : Kindly continue medications as advised for the period advised.
In case of redness or allergy please discontinue and inform the doctor.

Nutritional Advice : As per treating physician

Instructions : Patient and Attendant(s) Counselling

Advised medicine may be replaced with a good quality generic medicine.

Speciality Clinics : ▪ Comprehensive Ophthalmology Clinic ▪ Cataract & IOL Clinic ▪ Vitreo Retina & Uvea Clinic ▪ Spectacle Removal Clinic (Lasik/Femto Lasik/Phakic Lens) ▪ Cornea Clinic ▪ Glaucoma Clinic ▪ Orbit & Oculoplasty Clinic ▪ Trauma Clinic ▪ Squint Clinic ▪ Paediatric Ophthalmology Clinic ▪ Low Vision Aid Clinic ▪ Contact Lens Clinic

CONSULTATION TIMINGS : MORNING 9:00 A.M. TO 6:00 P.M. (SUNDAY OFF)

स्वामी विद्यानंद भारती आई बैंक

नेत्रदान

करें और कराएँ इसे अपने परिवार की परम्परा बनायें
नेत्रदान के लिए सम्पर्क करें : 9111004044

● केन्द्रीय कर्मचारियों के लिए मान्यता प्राप्त ● कैंशलैस इंश्योरेन्स एवं टी.पी.ए. सुविधा उपलब्ध ● For Appointment Please Contact : 9111004046

PATIENT NAME - ANAMIKA MISHRA 33Y/F
REFERRED BY - HEALTH CHECKUP
DATE - 27/07/2024
INVESTIGATION - USG WHOLE ABDOMEN

IMAGING FINDINGS:-

Liver appears normal in size, position, shape and margin. Parenchyma shows increased echogenicities. The intrahepatic biliary and portal venous radicles appear normal. Hepatic veins and portal vein are normal.

Gall Bladder is partially distended. GB wall appears normal. Visualized **CBD** is of normal caliber.

Spleen appears normal in size (~11.2cm), position, shape, echotexture and margin. No any focal lesion within splenic parenchyma. Splenic vein is normal and undilated.

Pancreas is well visualized, appears normal in size, shape and echotexture. Pancreatic duct is not dilated. No USG evidence of obvious measurable focal lesion.

Both Kidneys: Measurements are right kidney ~10.6x3.4cm and left kidney ~9.7x3.8cm. Both kidneys are normal in position, size, shape, surface, echotexture and cortico-medullary differentiation. Bilateral PC systems are compact. No significant calculus or hydronephrosis on either side. Ureters are undilated on either side.

Urinary Bladder is partially distended

TAS:-

Uterus is anteverted, appears normal in size measures ~8.4x4cm, position and echotexture. No abnormal measurable mass or cyst in adnexal region.

No obvious ascites.

OPINION:- Features are suggestive of-

- Grade I fatty liver

Suggested clinical correlation/Follow up imaging.



DR. SAKSHI CHAWLA
(MD RADIODIAGNOSIS)

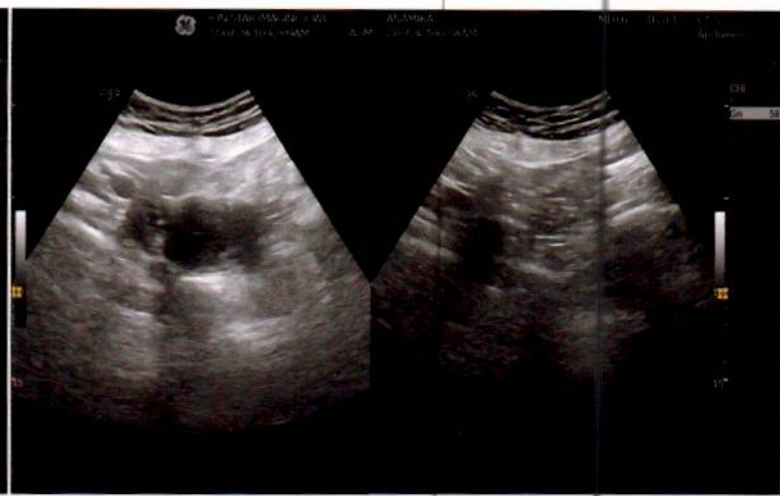
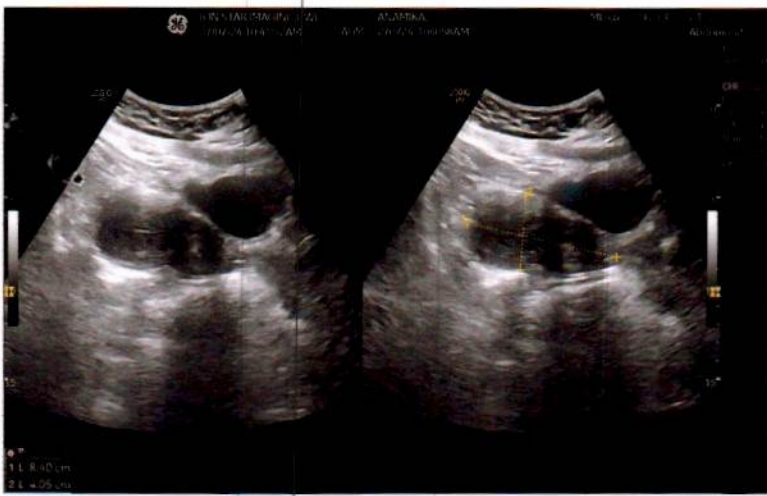
Disclaimer: The science of radiology is based upon interpretation of shadows of normal and abnormal tissue. This is neither complete nor accurate; hence, findings should always be interpreted in to the light of clinico-pathological correlation. This is a professional opinion, not a diagnosis. Not meant for medico legal purposes. For any kind of typing error, please intimate us within 7 days of reporting.

POINT &
STAR IMAGING

Star Imaging

Handwritten mark





PT. NAME: ANAMIKA MISHRA	AGE/SEX: 33Y/F
REF. BY: 173650	27/07/2024

X RAY CHEST (PA)

IMAGING FINDINGS:

Prominent vascular markings seen in both lung fields.
B/L costophrenic angle appear clear and normal.
Cardiothoracic ratio is within normal limit.
B/L domes of diaphragm are smooth, regular and normal in position.

OPINION:

- No significant abnormality is noted in CXR - PA except for prominent vascular markings.

Please correlate with clinical findings and relevant investigations.

DR. SAKSHI CHAWLA
(MD RADIODIAGNOSIS)

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mishra, mrs anamika
Female

33 Years

Rate 110 . Sinus tachycardia.....rate> 99

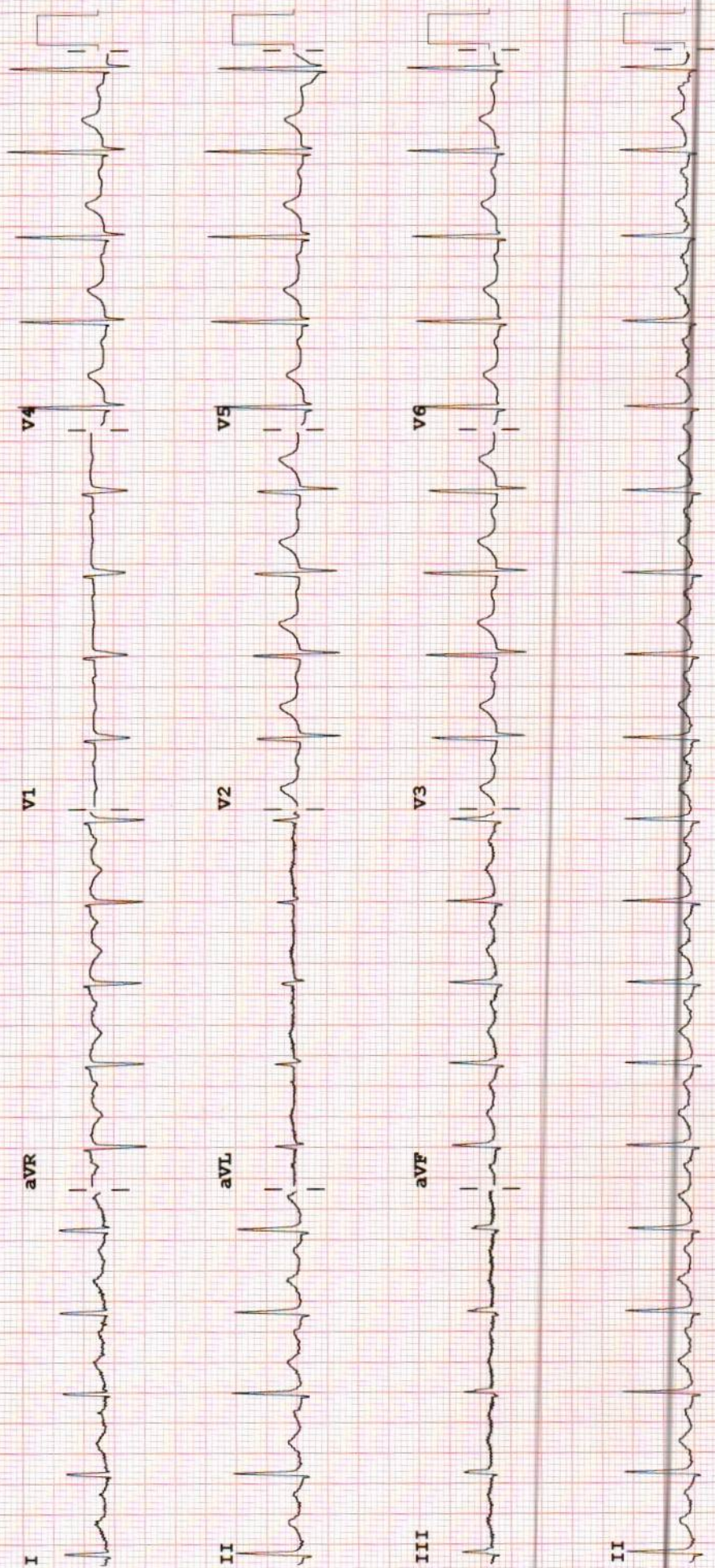
PR 155
QRSD 77
QT 318
QTc 431

--AXIS--
P 50
QRS 53
T 47

- OTHERWISE NORMAL ECG -

12 Lead; Standard Placement

Unconfirmed Diagnosis



Device: Speed: 25 mm/sec Limb: 10 mm/mV Chest: 10.0 mm/mV

F 60~ 0.15-100 Hz

PH100B CL P?

Anamika

DeAlyse

32 mm/sec

1 cm = 1 sec

Auto Magn

12-2000 Hz

1000000 Hz



12 LEAD ECG

Lead I

Lead II

Lead III

Lead aVR

Lead aVL

Lead aVF

Lead V1

Lead V2

Lead V3

Lead V4

Lead V5

Lead V6

ECG - 12 LEAD

ECG - 12 LEAD

ECG - 12 LEAD

12 LEAD ECG

ECG

ECG

ECG