



# APEX SUPERSPECIALITY HOSPITALS

CASHLESS FACILITY  
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L. T. Road, Besides Punjab & Sind Bank, Babhai Naka  
Borivali (W), Mumbai - 400091  
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Tele.: 022 - 2898 6677 / 46 / 47 / 48  
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16/3/24

## PHYSICIAN CONSULTATION

Mrs / Snehal madhulkar <sup>Benedict</sup> Height - 158 cm  
Age / sex - 37 yrs / F. wt - 46 kg.

PRESENT COMPLAINT: - Left knee joint pain &  
Lt wrist pain

### PAST MEDICAL / SURGICAL HISTORY:

No any medical history  
Surgical history - LSCS status.

### GENERAL EXAMINATION:

- PULSE - 72/min
- BP: - 110/70 mmHg
- BMI - 19.4 kg/m<sup>2</sup> (Normal)
- APETITE: - Normal
- THIRST: - Decrease
- STOOL: - Normal
- URINE: - Normal
- SLEEP: - Normal
- SKIN: - Normal
- NAILS: - Normal
- HABITAT: - No

SYSTEMIC EXAMINATION: - Normal

RESPIRATORY EXAMINATION: - AEBE clear

CARDIOVASCULAR EXAMINATION: - S1S2+ / CNS - conscious & oriented

ABDOMINAL EXAMINATION: - Soft

### GYNACOLOGY / OBST HISTORY ( FOR FEMALE):

LMP - 20/3/24  
Gynecology History Normal  
obst H10 - 2 live at birth. (LSCS)  
Gravidity 10

- Menses - Regular para - P<sub>2</sub>
- Bleeding - Normal bleeding



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## OPHTHAL EXAMINATION: =

FAR VISION: - Far vision is blurred (E aspects  
NEAR VISION: = Normal 0157  
COLOUR VISION: - Normals .

## ENT EXAMINATION:

EAR: MASTOID TUNNIG FORK TEST: - Normal / Both ear clear  
NOSE: EXT NOSE/ POST NASAL SPACE: + Normal. No wax.  
THROAT: TOUNGE/ PALATE/ TEETH: - Whitish redecoated tongue  
NECK: NODES/ THYROID/TEETH: Palate normal .  
DENTAL EXAMINATION: L Normals .

DECAY/ CRIES IF ANY: } Normal .  
PLAQUE IF ANY: }  
GUMS: }

Dr. Priyanka  
  
PHYSICIAN NAME

PHYSICIAN SIGNATURE

pt can't willing for chest x-ray.

pt Name -

Sign - Snehal Khobragade  
Snehal Khobragade

Date - 16/03/24

CAMP



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**Apex Super Speciality Hospitals**  
Shastigurga Mangesh Charity Trust Medical Centre 193-A, I. T. Road,  
Beside Punjab & Sind Bank, Bahadur, Borivali (W), Mumbai-400091  
Tel: 022-2598677, 46-47-48 Fax: apexgroupofhospitals.com  
Email: medical.admin@apexhospitals.in

**Diet Chart**

**NAME :- SNEHAL . K**

**Age /Gender :- 31 yrs / F**

**DIET :- FULL DIET , HIGH PROTEIN , LOW FAT**

**Early morning:** 1 cup tea/ coffee (**preferable avoid**) + 4 almonds, 2 walnut halves (**Soaked**)

**Breakfast:** 1 Bowl upma/ poha/ daliya upma **OR** 2 small idli/ 1 dosa with vegetable sambar  
**OR** 1 roti with bhaji **OR** 1 bowl cornfalkes/ oats in water

**Mid-morning:** 1 Fruit - **Include Whole fruits - Papaya , Pear, Banana ,Orange, Muskmelon & Watermelon** (No Fruit juices)  
**Supplement :- Truhandz HP - 1 scoop with 100ml water**

**Lunch:** 1 bowl raw vegetable salad (**Cucumber ,carrot, tomato, beetroot**)  
2 medium whole wheat roti/ 1 bowl rice  
1 bowl bhaji  
1 bowl dal (**yellow moong dal, masoor dal, matki, green moong dal**)  
1 bowl curd/ 1 glass buttermilk

**Evening snack:** 1 cup tea/ coffee /Green Tea / Black Coffee / **Truhandz HP - 1 scoop in 100ml water**  
1 handful of roasted yellow chana **OR** 1 besan chilla **OR** 1 bowl sprouts chat,

**Mid-evening:** 1 bowl dal and vegetable soup + ½ teaspoon dry roasted flax seed powder

**Dinner:** 1 bowl raw vegetable salad (**Cucumber ,carrot, tomato, beetroot**)  
2 medium whole wheat roti/1 bowl rice  
1 bowl bhaji  
1 bowl dal  
**OR** 1 bowl dal khichadi/ daliya  
1 bowl curd/ 1 glass buttermilk

**Bedtime :-** 1tsp Sesame seed

**Remarks: Drink ample of fluids, upto 3 litres of water daily. Can add sabja seeds to it.**

Include more of whole pulses, green leafy vegetables and fruits in the diet

Restrict consumption of non-vegetarian foods and alcohol for about a month.

Avoid all sources of extra salt, spices and oils like sauces, pickles, papads, chutneys, chips, etc.

Avoid all sources of simple sugars like white sugar, brown sugar honey, jaggery.

Avoid processed foods and fried food.

**Avoid all spicy, oily and refined flour products. Restrict bakery products.**

**For detailed diet counselling: Consult Dietician Sakshi Gupta in OPD with prior appointment.**



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## DEPARTMENT OF LABORATORY SCIENCES

<b>Patient Name</b>	Mrs. SNEHAL NITESH KHOBRAGADE	<b>LabNo</b>	188	
<b>UHID/IP No</b>	140022436 / 98	<b>Sample Date</b>	16/03/2024 10:36AM	
<b>Age/Gender</b>	37 Yrs/Female	<b>Receiving Date</b>	16/03/2024 11:16AM	
<b>Bed No/Ward</b>	OPD	<b>Report Date</b>	16/03/2024 6:51PM	
<b>Prescribed By</b>	Dr. CHIRAG SHAH	<b>Report Status</b>	Final	

### BIOCHEMISTRY

Test Name	Result	Unit	Biological Ref. Range	Method
<b>BLOOD SUGAR F&amp;PP</b>				
Sample: Fl. Plasma				
Glucose (Fasting Blood Sugar / FBS)	81.48	mg/dl	70 - 110	Glucose Oxidase,Hydrogen Peroxide
Urine Fasting Sugar	SNR			
Urine Fasting Ketone	SNR			
Blood Sugar(2 Hours PP)	103.4	mg/dl	70 - 140	Glucose Oxidase,Hydrogen Peroxide
Urine PP Sugar	Absent		Absent	
Urine PP Ketone	Absent		Absent	

Note: An individual may show higher fasting glucose level in comparison to post prandial glucose level due to following reasons :  
The glycaemic index and response to food consumed, Changes in body composition, Increased insulin response and sensitivity, Alimentary hypoglycemia, Renal glycosuria, Effect of oral hypoglycaemics & Insulin treatment.

### BUN (BLOOD UREA NITROGEN)

BUN - Blood Urea Nitrogen (SINGLE)	13.6	mg/dl	7 - 20
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### LIPID PROFILE SERUM

Sample: Serum

Cholesterol-Total	159.3	mg/dl	< 200.00	Cholesterol Oxidase,Esterase,Peroxidase
Triglycerides	86.34	mg/dl	< 150	Enzymatic End point
HDL Cholesterol	42.56	mg/dl	40.00 - 60.00	Phosphotungstat
VLDL Cholesterol	17.27	mg/dl	6.00 - 38.00	Calculated Value

**Dr. Neeraj Gujar**  
MD PATHOLOGY



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LDL Cholesterol	99.47	mg/dl	< 100.00	Calculated Value
Cholesterol Total : HDL Cholesterol Ratio	3.74		3.50 - 5.00	Calculated Value
LDL Cholesterol : HDL Cholesterol Ratio	<b>2.34 L</b>		2.50 - 3.50	Calculated Value

### LIVER FUNCTION TEST (LFT) SERUM

Sample: Serum

Bilirubin Total (TBil)	0.83	mg/dl	0.30 - 1.30	Diphyline Diazonium Salt
Bilirubin Direct (Dbil)	0.21	mg/dl	0.00 - 0.50	
Bilirubin indirect	0.62	mg/dl	1 - 1	
SGPT (ALT)	13.96	U/L	5 - 40	IFCC modified
SGOT (AST)	21.85	U/L	5 - 40	IFCC modified
Protein Total	7.20	gm/dl	6.00 - 8.00	Biuret
Albumin	4.19	gm/dl	3.20 - 5.00	Bromocresol Green (BCG)
Globulin	3.01	gm/dl	1.80 - 3.50	Calculated Value
A/G Ratio (Albumin/Globulin Ratio)	1.39		1.00 - 2.50	Calculated Value
Alkaline Phosphatase	47.83	IU/L	42 - 140	
GGTP (GAMMA GT)	18.89	IU/L	15.0 - 72.0	UV Kinetic IFCC

### SERUM CREATININE

Sample: Serum

Creatinine	0.86	mg/dl	0.50 - 1.20	Jaffes
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### URIC ACID (SERUM)

Sample: Serum

Uric Acid	4.62	mm/hr	2.5 - 6.2	URICASE-PEROXIDASE
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--End Of Report--

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## CLINICAL PATHOLOGY

Test Name	Result	Unit	Biological Ref. Range	Method
<b>URINE ROUTINE</b>				
Sample: Urine				
<b>PHYSICAL EXAMINATION</b>				
Quantity	20	ml		
Color	Pale Yellow			
Appearance	Slightly Hazy			Clear
Specific Gravity	1.010		1.010 - 1.025	
<b>CHEMICAL EXAMINATION</b>				
pH	6.0		4.5 - 8.5	
Protein	Absent			
Glucose	Absent			
Ketone	Absent			
Occult Blood	Absent			
Bile Salt	Absent			Absent
Bile Pigment	Absent			Absent
<b>MICROSCOPIC EXAMINATION</b>				
Pus Cells	3-4			
RBCs	Absent			
Epithelial Cells	18-20			
Crystals	Absent			Absent
Casts	Absent			Absent
Bacteria	Absent			Absent
Yeast Cells	Normal		Normal	
Amorphous Deposit	Absent			
Others	Absent			

--End Of Report--

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## HAEMATOLOGY

Test Name	Result	Unit	Biological Ref. Range	Method
<b>COMPLETE BLOOD COUNT(CBC) EDTA WHOLE BLOOD</b>				
Sample: W. B. EDTA				
Haemoglobin Estimation (Hb)	<b>11.1 L</b>	gm/dl	12.5 - 16.0	SLS- Hb Method
RBC Count (Red Blood Cell)	5.33	10 <sup>6</sup> /uL	4.20 - 5.40	
PCV (Haematocrit)	<b>34.5 L</b>	%	36.0 - 46.0	
MCV	<b>64.73 L</b>	fl	78 - 100	Calculated
MCH	<b>20.83 L</b>	pg	26 - 34	Calculated
MCHC	32.17	gm/dl	30 - 36	Calculated
RDW	<b>16.6 H</b>	%	11.0 - 16.0	Calculated
Total Leukocyte Count (TLC)	9600	cells/cu.mm	4000.0 - 10500.0	
Neutrophil %	53	%	40 - 80	
Lymphocyte %	40	%	20 - 40	
Eosinophil %	03	%	0 - 6	
Monocytes %	04	%	1 - 12	
Basophil %	00	%	0 - 2	
Band Cells	00	%		
Absolute Neutrophil Count (ANC)	5088	/cu.mm	2000 - 7000	Calculated
Absolute Lymphocyte Count	<b>3840 H</b>	/cu.mm	1000 - 3000	Calculated
Absolute Eosinophil Count (AEC)	288	/cu.mm	20 - 500	Calculated
Absolute Monocyte Count	384	/cu.mm	200 - 1000	Calculated
Absolute Basophil Count	0.00	/cu.mm		CALCULATED
WBCs Morphology	Within normal limits.			
RBCs Morphology	Hypochromasia(+),Microcytosis(+),Anisocytosis(+)			
Platelet Count	<b>470 H</b>	10 <sup>3</sup> /uL	150 - 400	DC Detection
Platelets Morphology	Increased on smear			
MPV	9.8	fl	7 - 12	
<b>ERYTHROCYTE SEDIMENTATION RATE (ESR)</b>				
Sample: W. B. EDTA				
ESR (Erythrocyte Sed.Rate)	<b>31 H</b>	mm/hr	< 20	Westergren

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--End Of Report--





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<b>Prescribed By</b>	Dr. CHIRAG SHAH	<b>Report Status</b>	Final	

## IMMUNO-HAEMATOLOGY

Test Name	Result	Unit	Biological Réf. Range	Method
<b>BLOOD GROUPING</b> Sample: W. B. EDTA				
Blood Group (ABO and Rh)	"O" RH Positive			SLIDE METHOD

--End Of Report--

**Dr. Neeraj Gujar**  
MD PATHOLOGY

Patient Id : **PVD04223-24/73030** Sample ID : 24034680  
 Patient : MRS SNEHAL KHOBRADE Reg. Date : 16/03/2024  
 Age/sex : 37 Yrs/ Female Report Date : 16/03/2024  
 Center : APEX SUPERSPECIALITY HOSPITALS Case No. :  
 Ref. By : Self



**HBA1C-GLYCOSYLATED HAEMOGLOBIN**

Test Description	Result	Unit	Biological Reference Range
HbA1c- (EDTA WB)	5.6	%	< 5.6 Non-diabetic 5.7-6.4 Pre-diabetic > 6.5 Diabetic
Estimated Average Glucose (eAG)	114.02	mg/dL	
Method : HPLC-Biorad D10-USA			


**INTERPRETATION**

1. HbA1c is used for monitoring diabetic control. It reflects the estimated average glucose (eAG).
2. HbA1c has been endorsed by clinical groups & ADA (American Diabetes Association) guidelines 2017, for diagnosis of diabetes using a cut-off point of 6.5%.
3. Trends in HbA1c are a better indicator of diabetic control than a solitary test.
4. Low glycosylated haemoglobin (below 4%) in a non-diabetic individual are often associated with systemic inflammatory diseases, chronic anaemia (especially severe iron deficiency & haemolytic), chronic renal failure and liver diseases. Clinical correlation suggested.
5. To estimate the eAG from the HbA1C value, the following equation is used:  $eAG(mg/dl) = 28.7 \times A1c - 46.7$
6. Interference of Haemoglobinopathies in HbA1c estimation.
  - A. For HbF > 25%, an alternate platform (Fructosamine) is recommended for testing of HbA1c.
  - B. Homozygous hemoglobinopathy is detected, fructosamine is recommended for monitoring diabetic status
  - C. Heterozygous state detected (D10/ Tosho G8 is corrected for HbS and HbC trait).
7. In known diabetic patients, following values can be considered as a tool for monitoring the glycemic control.
  - Excellent Control - 6 to 7 %,
  - Fair to Good Control - 7 to 8 %,
  - Unsatisfactory Control - 8 to 10 %
  - and Poor Control - More than 10 %.

**Note** : Haemoglobin electrophoresis (HPLC method) is recommended for detecting hemoglobinopathy

-----End Of Report-----

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**DR. SANDEEP B. PORWAL**  
MBBS MD (Path) Mumbai  
MMC Reg no 2001031640



Patient Id : **PVD04223-24/73030**  
 Patient : MRS SNEHAL KHOBRADE  
 Age/sex : 37 Yrs/ Female  
 Center : APEX SUPERSPECIALITY HOSPITALS  
 Ref. By : Self

Sample ID : 24034680  
 Reg. Date : 16/03/2024  
 Report Date : 16/03/2024  
 Case No. :



**IMMUNOASSAY**

Test Description	Result	Unit	Biological Reference Range
<b>TOTAL T3 T4 TSH (TFT)</b>			
T3 (Triiodothyronine)	127.52	ng/dl	83-200  For Pregnant females: First Trim: 104.8 - 229.8 2nd Trim: 128.9 - 262.3 Third trim : 135.4 - 261.7
T4 (Thyroxine)	7.15	ug/dL	5.13 - 14.10  For Pregnant females: First Trim : 7.33 - 14.8 Second Trim : 7.93 - 16.1 Third Trim : 6.95 - 15.7
TSH(Thyroid Stimulating Hormone)	<b>4.32</b>	uIU/ml	0.27 - 4.20


Method : ECLIA

**INTERPRETATION**

TSH	T3 / FT3	T4 / FT4	Suggested Interpretation for the Thyroid Function Tests Pattern
Within Range	Decreased	Within Range	• Isolated Low T3-often seen in elderly & associated Non-Thyroidal illness. In elderly the drop in T3 level can be upto 25%.
Raised	Within Range	Within Range	• Isolated High TSH especially in the range of 4.7 to 15 mIU/ml is commonly associated with Physiological & Biological TSH Variability. • Subclinical Autoimmune Hypothyroidism • Intermittent T4 therapy for hypothyroidism • Recovery phase after Non-Thyroidal illness"
Raised	Decreased	Decreased	• Chronic Autoimmune Thyroiditis • Post thyroidectomy, Post radioiodine • Hypothyroid phase of transient thyroiditis"
Raised or within Range	Raised	Raised or within Range	• Interfering antibodies to thyroid hormones (anti-TPO antibodies) • Intermittent T4 therapy or T4 overdose • Drug interference- Amiodarone, Heparin, Beta blockers, steroids, anti-epileptics"
Decreased	Raised or within Range	Raised or within Range	• Isolated Low TSH -especially in the range of 0.1 to 0.4 often seen in elderly & associated with Non-Thyroidal illness • Subclinical Hyperthyroidism • Thyroxine ingestion"
Decreased	Decreased	Decreased	• Central Hypothyroidism • Non-Thyroidal illness • Recent treatment for Hyperthyroidism (TSH remains suppressed)"
Decreased	Raised	Raised	• Primary Hyperthyroidism (Graves' disease), Multinodular goitre, Toxic nodule • Transient thyroiditis: Postpartum, Silent (lymphocytic), Postviral (granulomatous, subacute, DeQuervain's), Gestational thyrotoxicosis with hyperemesis gravidarum"
Decreased or within Range	Raised	Within Range	• T3 toxicosis • Non-Thyroidal illness

-----End Of Report-----

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**DR. SANDEEP B. PORWAL**  
 MBBS MD (Path) Mumbai  
 MMC Reg no 2001031640

Patient Id : **PVD04223-24/73030** Sample ID : 24034680  
Patient : MRS SNEHAL KHOBRAGADE Reg. Date : 16/03/2024  
Age/sex : 37 Yrs/ Female Report Date : 18/03/2024  
Center : APEX SUPERSPECIALITY HOSPITALS Case No. :  
Ref. By : Self



**CYTOLOGY REPORT - PAP SMEAR**

Specimen

PAP Smear

Microscopic Description

Smears show superficial and intermediate cells Background shows few neutrophils. No evidence of dyskeratosis or malignancy

**Impression**

**Negative for Intraepithelial lesion or malignancy**

-----End Of Report-----

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ASH/QA/FORM/NUR/04/MAR22/V1

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**ई. सी. जी.**

Snehal Khobragade Date 16/3/24

32 Gender: M  F  UHID NO \_\_\_\_\_ B.P 110/70 mmHg

SpO2 = 98%

## ELECTROCARDIOGRAPHIC OBSERVATIONS

\_\_\_\_\_ Axis \_\_\_\_\_ Q.R.S. Complex \_\_\_\_\_

m \_\_\_\_\_ P. Wave \_\_\_\_\_ S.T. Segment \_\_\_\_\_

rdisation : \_\_\_\_\_ P.R. Interval \_\_\_\_\_ T. Wave \_\_\_\_\_

e : \_\_\_\_\_ Q. Wave : \_\_\_\_\_ Q. T. Interval \_\_\_\_\_

ssion : [Signature]

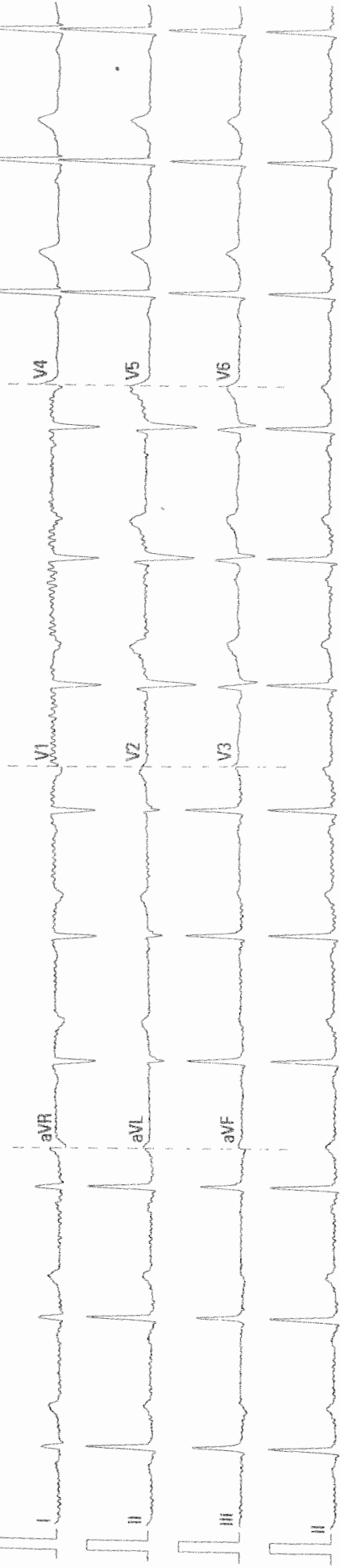
**Dr. CHIRAG V. SHAH**  
D.N.B. (M.D.)  
CONSULTING PHYSICIAN CARDIOLOGIST  
Reg. No. 2003 / 04 / 1649

ID: 2024031609230855

Name:

16-03-2024 09:33:11 AM

Sheha / Khobragade



Name: Sheha / Khobragade  
 16-03-2024  
 Sinus Rhyth  
 Unconfirme

25 mm/s    10 mm/mV    50 Hz    BDR 35 Hz    QTc: Babert    APEX SUPERSPECIALITY HOSPITAL    02.07.00/V04.00.00    SN: FK-83014036

**UNI-EM**

**ELECTRONICS COMPLEX**

**INDORE**

**TREADMILL TEST REPORT**

snehal khobragade  
 ID : 22347  
 DATE : 16/03/2024  
 AGE/SEX : 37 / F  
 HT/WT : 158 / 46  
 REF.BY :

PROTOCOL : Bruce  
 HISTORY :  
 INDICATION :  
 MEDICATION :

PHASE	TOTAL TIME	STAGE TIME	SPEED Km/Hr	GRADE %	H.R. bpm	B.P. mmHg	RPP x100	ST LEVEL (MM)			METS	
								II	V1	V5		
STANDING					86	110 / 70	94	0	0	0	-0.1	
VALSALVA					84	110 / 70	92	-0.1	0.2	0	0	
Stage 1	2:55		2.7	10	105	110 / 70	115	-0.9	0	0	-0.5	
Stage 2	5:55		4	12	127	110 / 70	139	-1.5	-0.2	-0.6	-0.6	4.67
Stage 3	8:55		5.4	14	153	110 / 70	168	-1.6	0.4	-1	-1	7.04
PK-EXERCISE	9:15		6.7	16	162	110 / 70	178	-1.4	0.5	-0.8	-0.8	9.92
RECOVERY	9:44	0:19			140	110 / 70	154	-0.8	-0.7	-0.1	-0.1	10.33

**RESULTS**

EXERCISE DURATION : 9:15  
 MAX HEART RATE : 162 bpm  
 MAX BLOOD PRESSURE : 110 / 70 mm Hg  
 REASON OF TERMINATION : *Actual THR*  
 BP RESPONSE : *Normal*  
 ARRHYTHMIA : *Normal*  
 H.R. RESPONSE : *Normal*  
**IMPRESSIONS**

MAX WORK LOAD : 10.33 METS  
 MAX target heart rate 183 bpm

*See last page for sketch*

**DR. CHIRAG V. SHAH**  
 D.N.B.(M.D.)  
 CONSULTING PHYSICIAN CARDIOLOGIST  
 Reg. No. 2003 / 04 / 1649

Technician :



**UNI-EM**

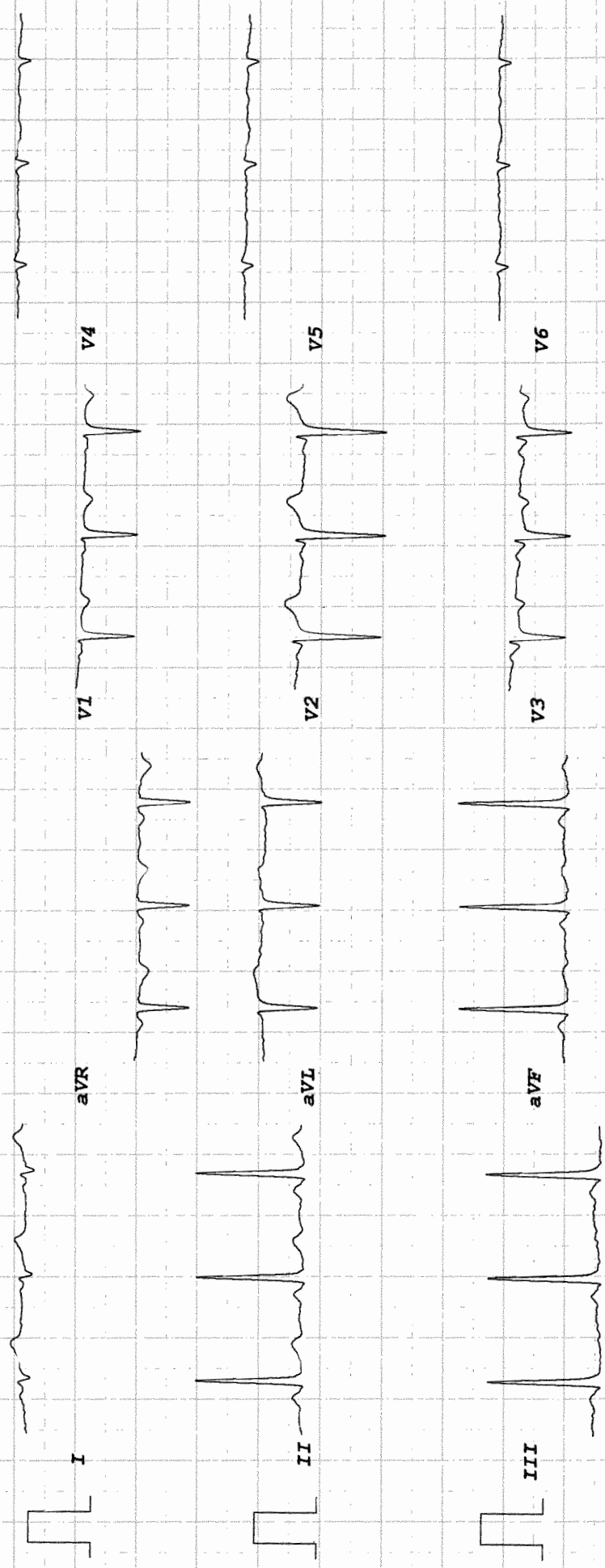
snehal khobragade  
I.D. 22343  
Age 37/F  
Date 16/03/2024

ST @ 10mm/mV  
80ms PostJ

PRETEST  
SUPINE

RATE 90bpm  
B.P. 110/60

**RAW ECG**





UNI-EM

snehal khobragade  
I.D. 22347  
Age 37/F  
Date 16/03/2024

PRETEST  
STANDING

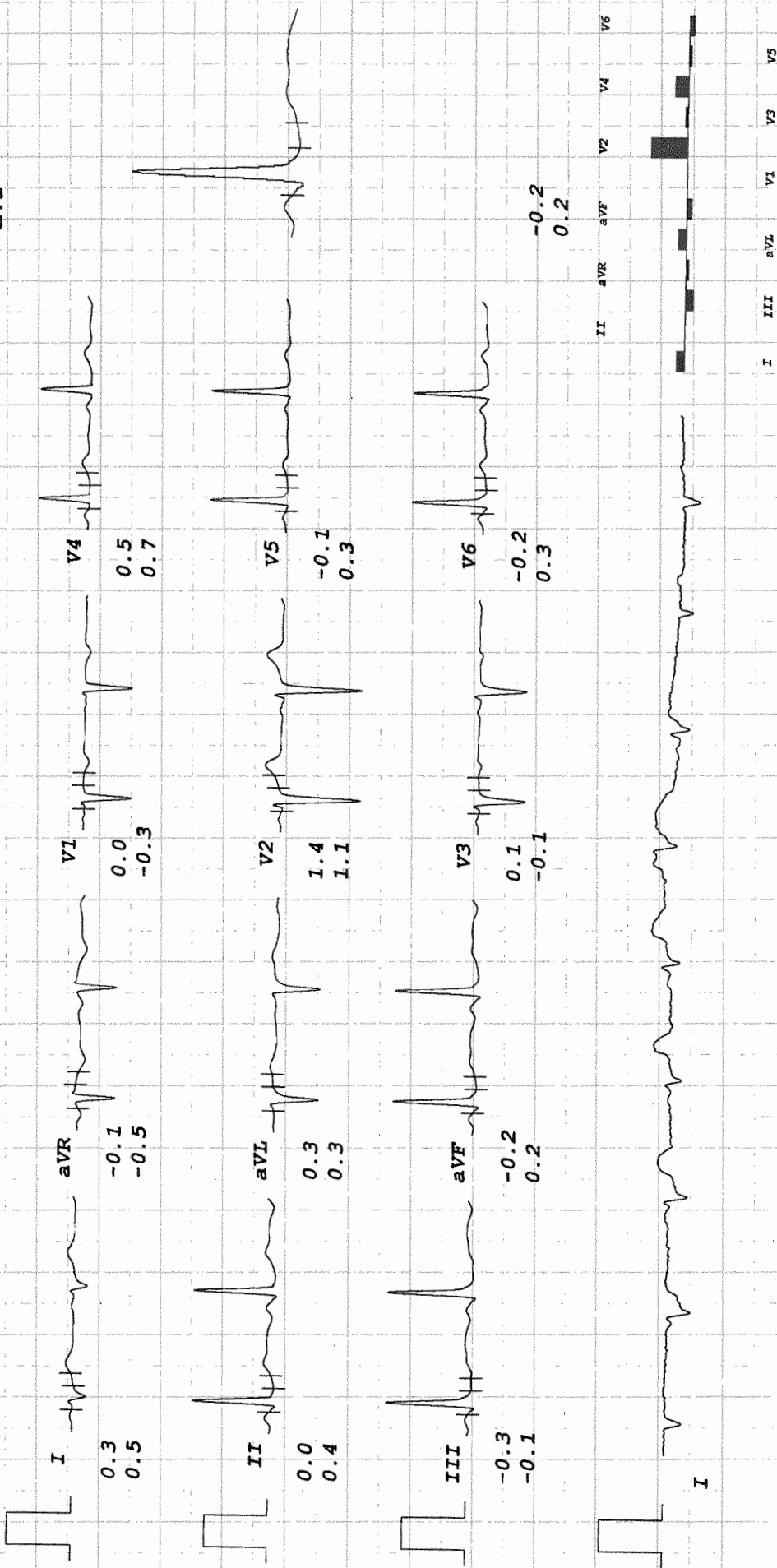
RATE 86bpm  
B.P. 110/70

ST @ 10mm/mV  
80ms PostJ

LINKED MEDIAN

Mag. X 2

aVF



# UNI-EM

snehal khobragade  
I.D. 22347  
Age 37/F  
Date 16/03/2024

RATE 84bpm  
B.P. 110/70

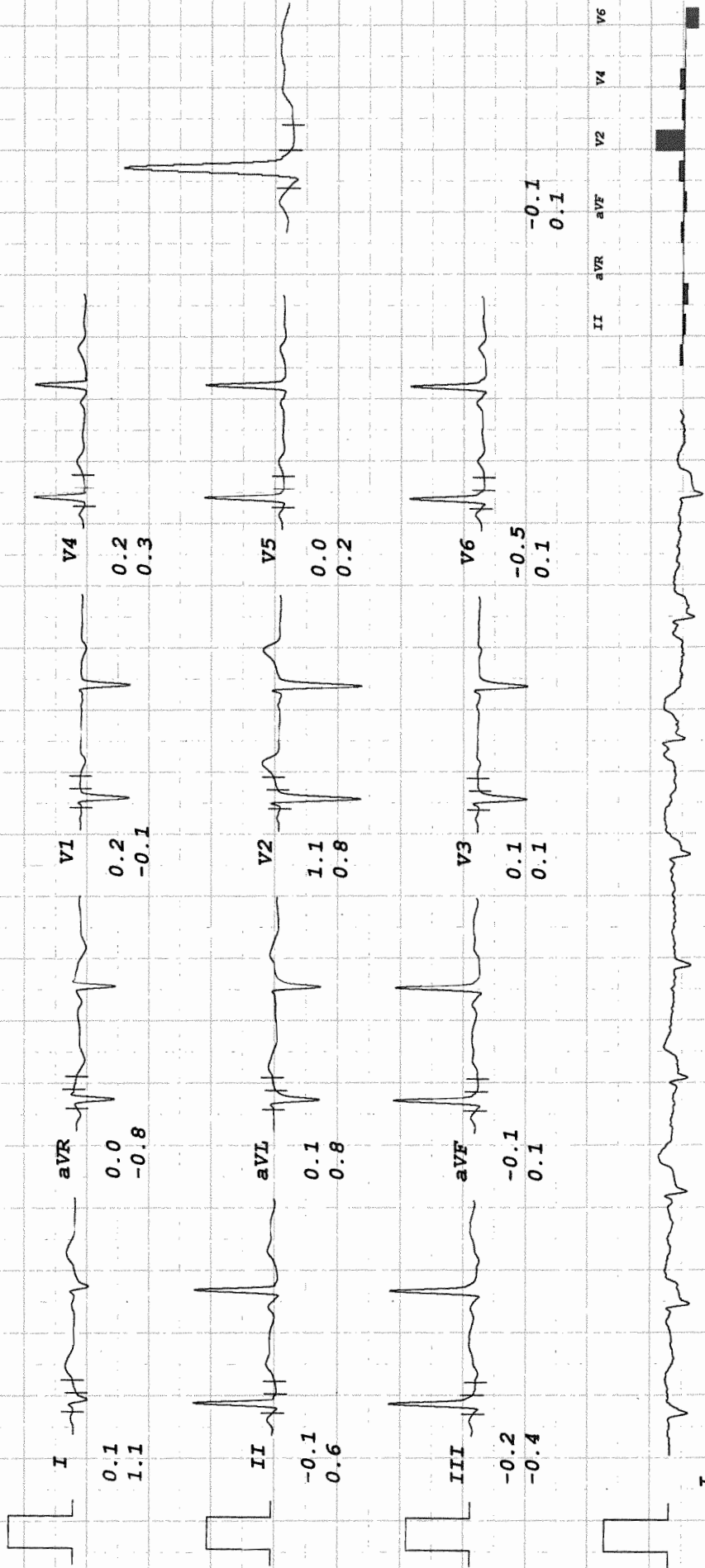
PRETEST  
VALSALVA

ST @ 10mm/mV  
80ms PostJ

LINKED MEDIAN

Mag. X 2

aVF



# UNI-EM

snehal khobragade  
I.D. 22347  
Age 37/F  
Date 16/03/2024

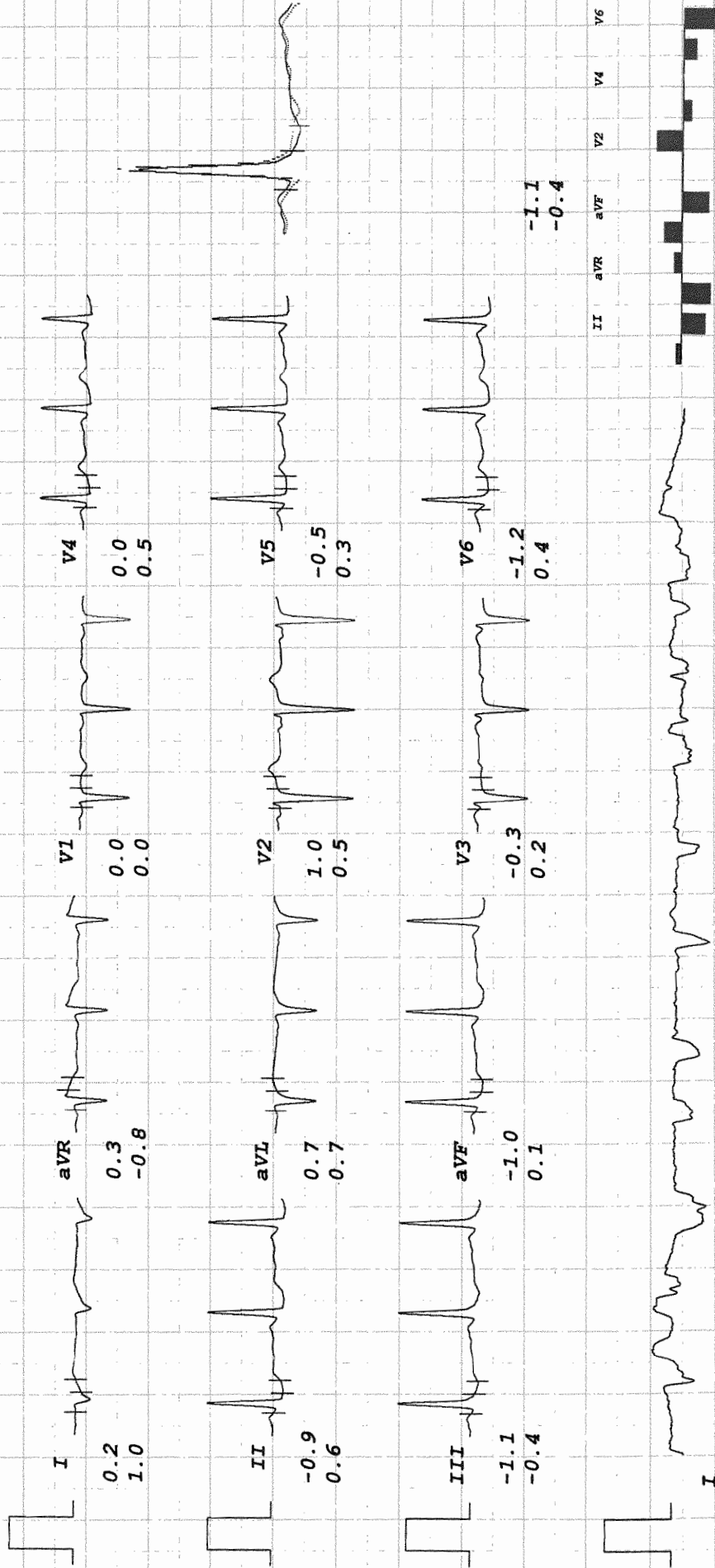
RATE 105bpm  
B.P. 110/70

ST @ 10mm/mV  
80ms PostJ  
Speed 2.7 km/hr  
SLOPE 10 &

LINKED MEDIAN

Mag. X 2

III



# UNI-EM

snehal khobragade  
I.D. 22347  
Age 37/F  
Date 16/03/2024

RATE 127bpm  
B.P. 110/70

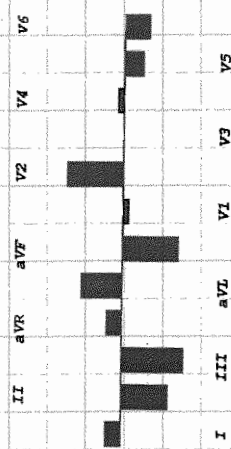
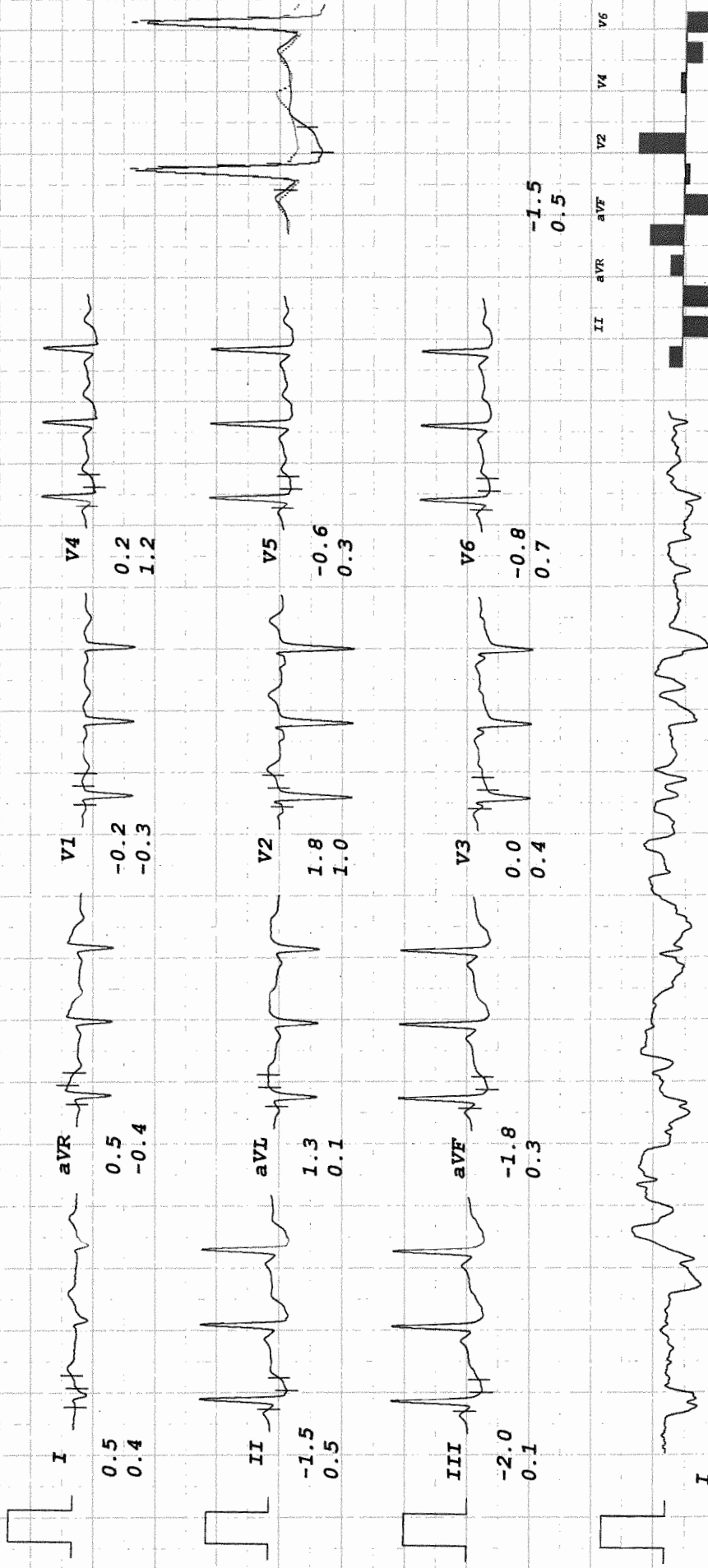
Bruce  
Stage 2  
TOTAL TIME 5:55  
PHASE TIME 2:55

ST @ 10mm/mV  
80ms PostJ  
Speed 4 km/hr  
SLOPE 12 &

LINKED MEDIAN

Mag. X 2

II



# UNI-EM

snehal khobragade  
I.D. 22347  
Age 37/F  
Date 16/03/2024

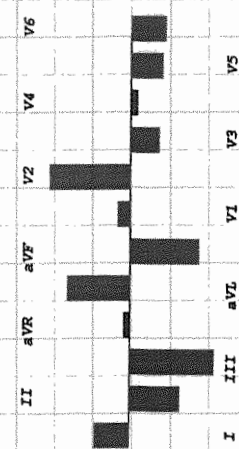
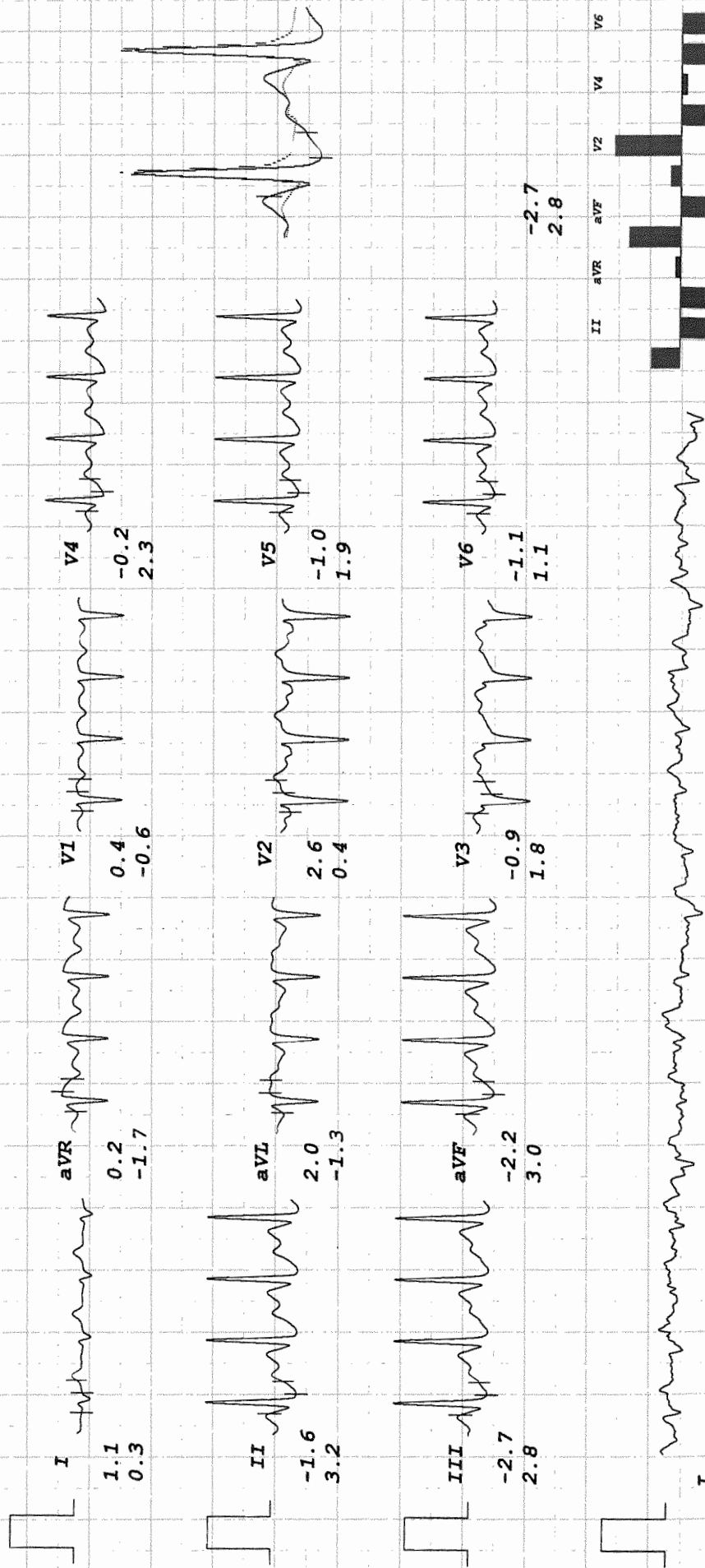
RATE 153bpm  
B.P. 110/70

ST @ 10mm/mV  
80ms PostJ  
Speed 5.4 km/hr  
SLOPE 14 &

## LINKED MEDIAN

Mag. X 2

### III



# UNI-EM

snehal khobragade  
 I.D. 22347  
 Age 37/F  
 Date 16/03/2024

RATE 162bpm  
 B.P. 110/70

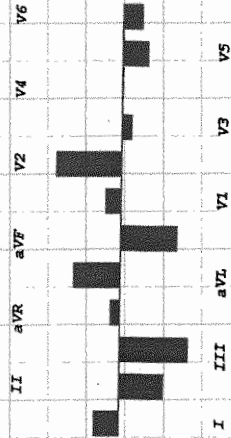
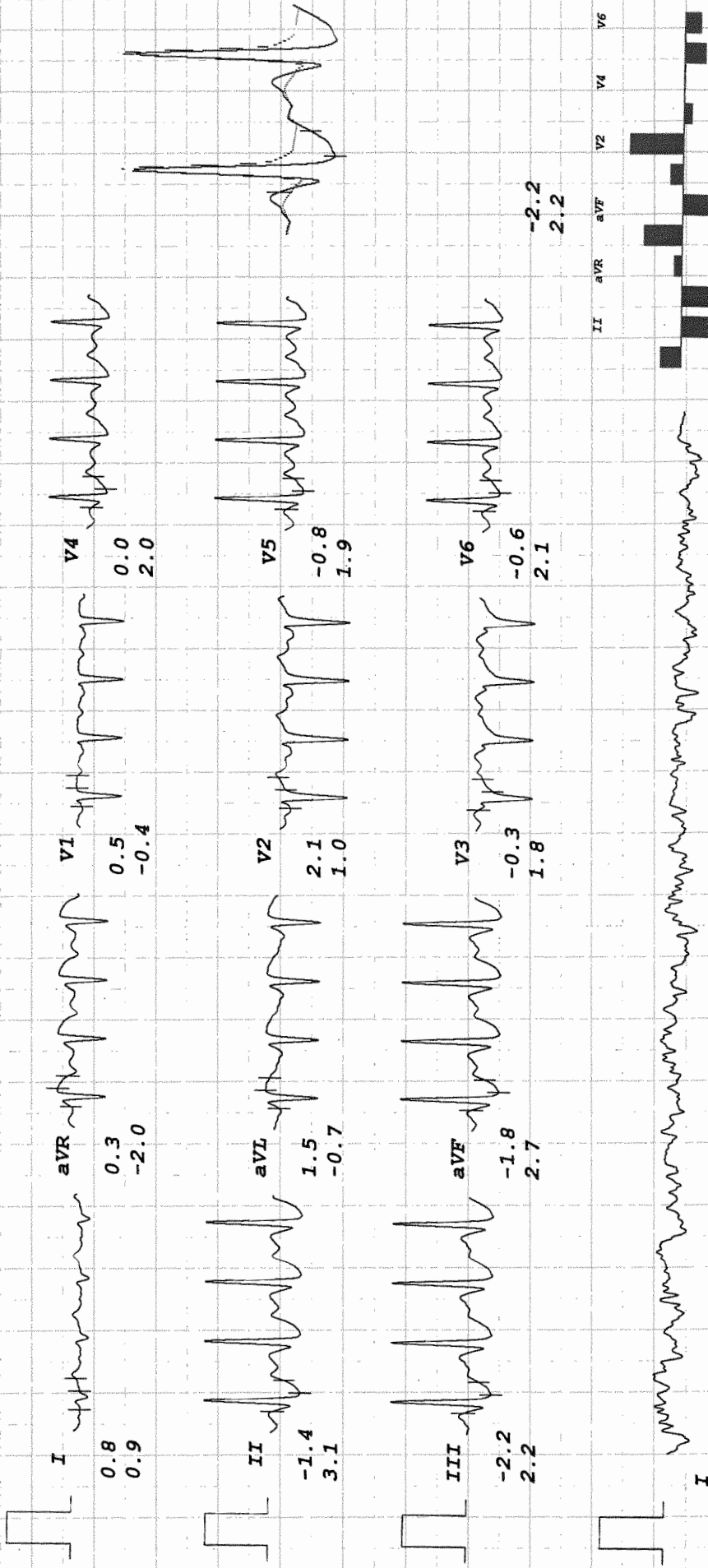
Bruce  
 PK-EXERCISE  
 TOTAL TIME 9:15  
 PHASE TIME 0:15

ST @ 10mm/mV  
 80ms PostJ  
 Speed 6.7 km/hr  
 SLOPE 16 %

**LINKED MEDIAN**

Mag. X 2

III



# UNI-EM

snehal khobragade  
I.D. 22347  
Age 37/F  
Date 16/03/2024

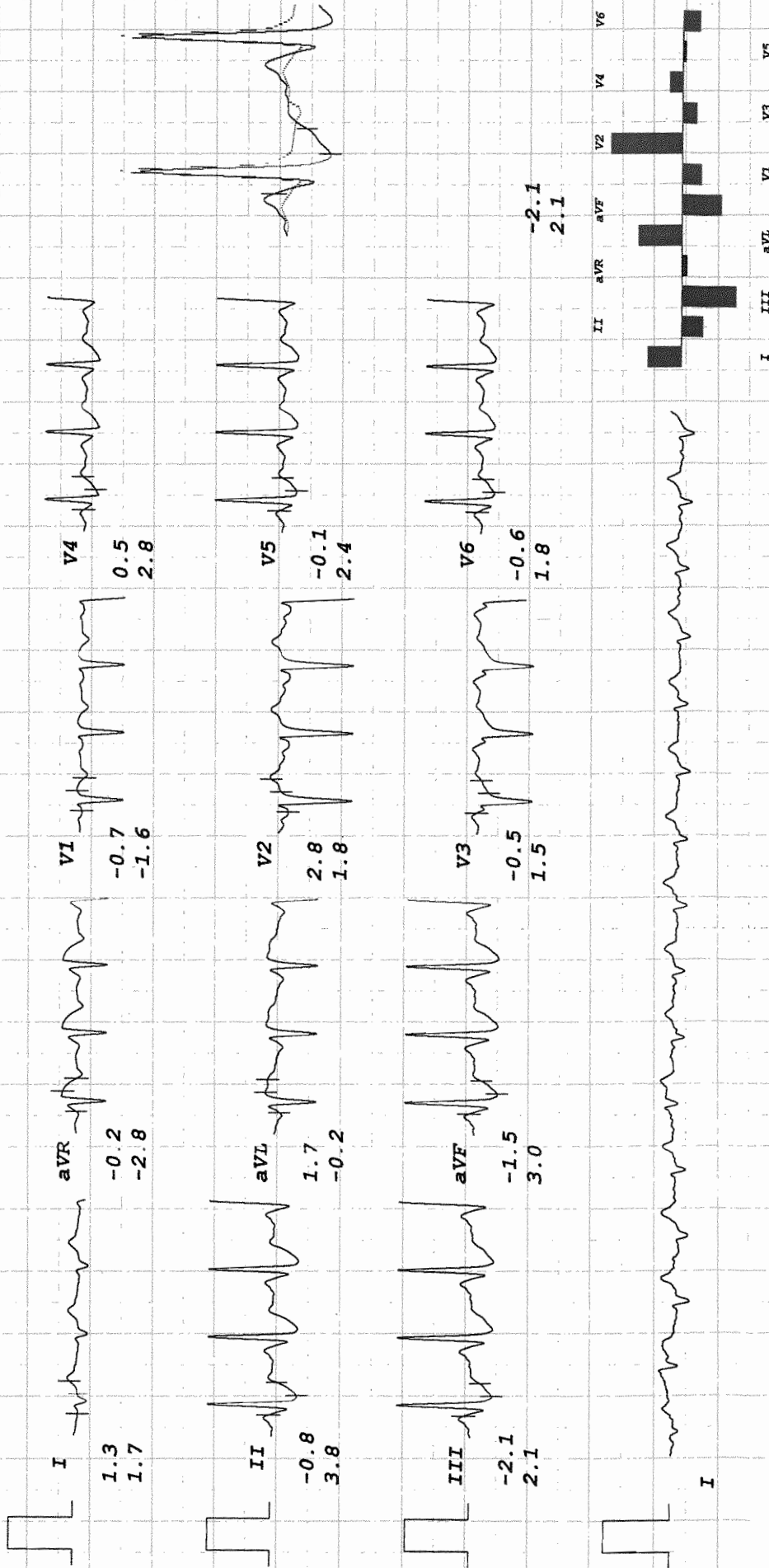
RATE 140bpm  
B.P. 110/70

ST @ 10mm/mV  
80ms PostJ

## LINKED MEDIAN

Mag. X 2

III





# APEX SUPERSPECIALITY HOSPITALS DIAGNOSTICS



CASHLESS  
FACILITY

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Borivali (W), Mumbai 400091.  
email: info@apexhospitals.in | www.apexgroupofhospitals.com



Tele.:  
022 - 2898 6677 / 46 / 47 / 48

## DEPARTMENT OF RADIOLOGY

<b>Patient Name</b>	Mrs. SNEHAL NITESH KHOBRAGADE	<b>LabNo</b>	188	
<b>UHID/IP No</b>	140022436 / 98	<b>Order Date</b>	16/03/2024 10:36AM	
<b>Age/Gender</b>	37 Yrs/Female	<b>Receiving Date</b>	16/03/2024 1:02PM	
<b>Bed No/Ward</b>	OPD	<b>Report Date</b>	16/03/2024 7:35PM	
<b>Prescribed By</b>	Dr. CHIRAG SHAH	<b>Report Status</b>	Final	

### SONOGRAPHY OF ABDOMEN AND PELVIS

**TECHNIQUE:** Real time, B mode, gray scale sonography of the abdominal and pelvic organs was performed with convex transducer.

**LIVER:** The liver is normal in size, shape and has smooth margins. The hepatic parenchyma shows homogeneous normal echotexture without solid or cystic mass lesion or calcification. No evidence of intrahepatic biliary radical dilatation.

**PORTAL VEIN:** It is normal in transverse diameter.

**GALL BLADDER:** The gall bladder is well distended. There is no evidence of calculus, wall thickening or pericholecystic collection.

**COMMON BILE DUCT:** The visualised common bile duct is normal in caliber. No evidence of calculus is seen in the common bile duct. Terminal common bile duct is obscured due to bowel gas artifacts.

**PANCREAS:** The head and body of pancreas is normal in size, shape, contours and echo texture. Rest of the pancreas is obscured due to bowel gas artifacts.

**SPLEEN:** The spleen measures 7.2 cm normal in size and shape. Its echotexture is homogeneous.

#### KIDNEYS:

Right kidney : 10 x 3.0 cm

Left kidney : 8.6 x 3.9 cm

The kidneys are normal in size and have smooth renal margins. Cortical echotexture is normal. The central echo complex does not show evidence of hydronephrosis. No evidence of hydroureter or calculi, bilaterally.

**URINARY BLADDER:** The urinary bladder is well distended. It shows uniformly thin walls and sharp mucosa. No evidence of calculus is seen. No evidence of mass or diverticulum is noted.

Uterus measures 9.4 x 3.3 x 5.7 x cm, anteverted. It shows smooth outline and contour. Endometrial echo is in midline and measures 7 mm.

Right ovary 2.7 x 1.9 cm Left ovary 3.4 x 1.8 cm

Bilateral ovaries are normal in size and echo pattern.

There is no ascites. There is no obvious evidence of significant lymphadenopathy.

#### IMPRESSION:

Ø No significant abnormality noted.

**Dr. SAUMIL PANDYA**  
MD, D.N.B, RADIOLOGIST