

## TEST REPORT

Reg. No. : 403100274 Reg. Date : 09-Mar-2024 08:20 Ref.No : Approved On : 09-Mar-2024 13:32  
Name : Mrs. SWEETA SASHIKANT Collected On : 09-Mar-2024 08:46  
Age : 39 Years Gender: Female Pass. No. : Dispatch At :  
Ref. By : APOLLO Tele No. : 8141803355  
Location :

Test Name	Results	Units	Bio. Ref. Interval
<b>Complete Blood Count</b> Specimen: EDTA blood			
<b>Hemoglobin</b>			
Hemoglobin(SLS method)	L 11.4	g/dL	12.0 - 15.0
Hematocrit (calculated)	44.6	%	36 - 46
RBC Count(Ele.Impedence)	H 5.00	X 10 <sup>12</sup> /L	3.8 - 4.8
MCV (Calculated)	89.1	fL	83 - 101
MCH (Calculated)	L 22.8	pg	27 - 32
MCHC (Calculated)	L 25.6	g/dL	31.5 - 34.5
RDW (Calculated)	23.5	%	
<b>Differential WBC count (Impedance and flow)</b>			
Total WBC count	****	/μL	4000 - 10000
Neutrophils	****	%	38 - 70
Lymphocytes	****	%	21 - 49
Monocytes	****	%	3 - 11
Eosinophils	****	%	0 - 7
Basophils	****		0 - 2
<b>Platelet</b>			
Platelet Count (Ele.Impedence)	H 2913000	/cmm	150000 - 410000
MPV	10.10	fL	6.5 - 12.0

Sample Type: EDTA Whole Blood

**Remarks:** Hemolyzed sample and smear shows degenerative changes. Suggest repeat testing from fresh blood for proper cell counts.

**Note:** All abnormal hemograms are reviewed and confirmed microscopically. Peripheral blood smear and malarial parasite examination are not part of CBC report.

Test done from collected sample.

This is an electronically authenticated report.



Approved by: Dr. Avinash B Panchal

MBBS,DCP  
G-44623

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**TEST REPORT**

Reg. No. : 403100274 Reg. Date : 09-Mar-2024 08:20 Ref.No : Approved On : 09-Mar-2024 11:23  
Name : Mrs. SWEETA SASHIKANT Collected On : 09-Mar-2024 08:46  
Age : 39 Years Gender: Female Pass. No. : Dispatch At :  
Ref. By : APOLLO Tele No. : 8141803355  
Location :

Test Name	Results	Units	Bio. Ref. Interval
ESR	08	mm/hr	17-50 Yrs : <12, 51-60 Yrs : <19, 61-70 Yrs : <20, >70 Yrs : <30

Method: Modified Westergren

EDTA Whole Blood

Test done from collected sample.

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Approved by: Dr. Keyur Patel

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**TEST REPORT**

Reg. No. : 403100274 Reg. Date : 09-Mar-2024 08:20 Ref.No : Approved On : 09-Mar-2024 11:23  
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Age : 39 Years Gender: Female Pass. No. : Dispatch At :  
Ref. By : APOLLO Tele No. : 8141803355  
Location :

Test Name	Results	Units	Bio. Ref. Interval
<b>BLOODGROUP &amp; RH</b>			
<u>Specimen: EDTA and Serum; Method: Gel card system</u>			
Blood Group "ABO" <i>Agglutination</i>	"B"		
Blood Group "Rh" <i>Agglutination</i>	Positive		
EDTA Whole Blood			

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Location :

Test Name	Results	Units	Bio. Ref. Interval
<b>PERIPHERAL BLOOD SMEAR EXAMINATION</b>			
<b>Specimen: Peripheral blood smear &amp; EDTA blood, Method:Microscopy</b>			
RBC Morphology	Not possible due to storage artefacts.		
WBC Morphology	Not possible due to storage artefacts.		
Differential Count	Not possible due to storage artefacts.		
Platelets	Not possible due to storage artefacts.		
Parasite	Not possible due to storage artefacts.		


Sample Type: EDTA Whole Blood

**Remarks:** Hemolyzed sample received and smear shows degenerative changes. Suggest repeat testing from fresh blood for proper cell morphology and interpretation.

Test done from collected sample.

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**TEST REPORT**

**Reg. No. :** 403100274 **Reg. Date :** 09-Mar-2024 08:20 **Ref.No :** **Approved On :** 09-Mar-2024 10:47  
**Name :** Mrs. SWEETA SASHIKANT **Collected On :** 09-Mar-2024 08:46  
**Age :** 39 Years **Gender:** Female **Pass. No. :** **Dispatch At :**  
**Ref. By :** APOLLO **Tele No. :** 8141803355  
**Location :**

Test Name	Results	Units	Bio. Ref. Interval
<b><u>FASTING PLASMA GLUCOSE</u></b> <b><u>Specimen: Fluoride plasma</u></b>			
Fasting Plasma Glucose <i>Hexokinase</i>	100.08	mg/dL	Normal: <=99.0 Prediabetes: 100-125 Diabetes :>=126

**Fluoride Plasma**

Criteria for the diagnosis of diabetes:

- HbA1c >= 6.5 \*  
Or
- Fasting plasma glucose >126 gm/dL. Fasting is defined as no caloric intake at least for 8 hrs.  
Or
- Two hour plasma glucose >= 200mg/dL during an oral glucose tolerance test by using a glucose load containing equivalent of 75 gm anhydrous glucose dissolved in water.  
Or
- In a patient with classic symptoms of hyperglycemia or hyperglycemic crisis, a random plasma glucose >= 200 mg/dL. \*In the absence of unequivocal hyperglycemia, criteria 1-3 should be confirmed by repeat testing. American diabetes association. Standards of medical care in diabetes 2011. Diabetes care 2011;34;S11.

Test done from collected sample.

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**Approved by: Dr. Keyur Patel**M.B.B.S.,D.C.P(Patho) Page 5 of 18  
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**TEST REPORT**

Reg. No. : 403100274 Reg. Date : 09-Mar-2024 08:20 Ref.No : Approved On : 09-Mar-2024 15:11  
Name : Mrs. SWEETA SASHIKANT Collected On : 09-Mar-2024 13:56  
Age : 39 Years Gender: Female Pass. No. : Dispatch At :  
Ref. By : APOLLO Tele No. : 8141803355  
Location :

Test Name	Results	Units	Bio. Ref. Interval
<b>POST PRANDIAL PLASMA GLUCOSE</b> <b>Specimen: Fluoride plasma</b>			
Post Prandial Plasma Glucose <i>Hexokinase</i>	L 107.48	mg/dL	Normal: <=139 Prediabetes : 140-199 Diabetes: >=200
Flouride Plasma			

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<b>Age</b> : 39 Years	<b>Gender:</b> Female	<b>Pass. No. :</b>	<b>Dispatch At</b> :
<b>Ref. By</b> : APOLLO			<b>Tele No.</b> : 8141803355
<b>Location</b> :			

Test Name	Results	Units	Bio. Ref. Interval
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GGT	22.8	U/L	6 - 42
-----	------	-----	--------

*L-Y-Glutamyl-3 Carboxy-4-Nitroanilide, Enzymetic Colorimetric*

Serum

**Uses:**

- Diagnosing and monitoring hepatobiliary disease.
- To ascertain whether the elevated ALP levels are due to skeletal disease or due to presence of hepatobiliary disease.
- A screening test for occult alcoholism.

**Increased in:**

- Intra hepatic biliary obstruction.
- Post hepatic biliary obstruction
- Alcoholic cirrhosis
- Drugs such as phenytoin and phenobarbital.
- Infectious hepatitis (modest elevation)
- Primary/ Secondary neoplasms of liver.

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Ref. By : APOLLO			Tele No. : 8141803355
Location :			

Test Name	Results	Units	Bio. Ref. Interval
<b>LIPID PROFILE</b>			
CHOLESTEROL	180.00	mg/dL	Desirable <=200 Borderline high risk 200 - 240 High Risk >240
Triglyceride <i>Enzymatic Colorimetric Method</i>	175.00	mg/dL	<150 : Normal, 150-199 : Border Line High, 200-499 : High, >=500 : Very High
Very Low Density Lipoprotein(VLDL) <i>Calculated</i>	H <b>35</b>	mg/dL	0 - 30
Low-Density Lipoprotein (LDL) <i>Calculated Method</i>	97.29	mg/dL	< 100 : Optimal, 100-129 : Near Optimal/above optimal, 130-159 : Borderline High, 160-189 : High, >=190 : Very High
High-Density Lipoprotein(HDL)	47.71	mg/dL	<40 >60
CHOL/HDL RATIO <i>Calculated</i>	H <b>3.77</b>		0.0 - 3.5
LDL/HDL RATIO <i>Calculated</i>	2.04		1.0 - 3.4
TOTAL LIPID <i>Calculated</i>	670.00	mg/dL	400 - 1000
Serum			

As a routine test to determine if your cholesterol level is normal or falls into a borderline-, intermediate- or high-risk category.  
 To monitor your cholesterol level if you had abnormal results on a previous test or if you have other risk factors for heart disease.  
 To monitor your body's response to treatment, such as cholesterol medications or lifestyle changes.  
 To help diagnose other medical conditions, such as liver disease.  
 Note : biological reference intervals are according to the national cholesterol education program ( NCEP) guidelines.

Test done from collected sample.

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Location :			

Test Name	Results	Units	Bio. Ref. Interval
<b><u>LIVER FUNCTION TEST</u></b>			
TOTAL PROTEIN	6.73	g/dL	6.6 - 8.8
ALBUMIN	3.75	g/dL	3.5 - 5.2
GLOBULIN <i>Calculated</i>	2.98	g/dL	2.4 - 3.5
ALB/GLB <i>Calculated</i>	1.26		1.2 - 2.2
SGOT	14.00	U/L	<31
SGPT	11.40	U/L	<31
Alkaline Phosphatase <i>ENZYMATIC COLORIMETRIC IFCC, PNP, AMP BUFFER</i>	46.60	U/L	40 - 130
TOTAL BILIRUBIN	1.06	mg/dL	0.1 - 1.2
DIRECT BILIRUBIN	0.13	mg/dL	<0.2
INDIRECT BILIRUBIN <i>Calculated</i>	0.93	mg/dL	0.0 - 1.00
Serum			

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**Age** : 39 Years **Gender:** Female **Pass. No. :** **Dispatch At** :  
**Ref. By** : APOLLO **Tele No.** : 8141803355  
**Location** :

Test Name	Results	Units	Bio. Ref. Interval
HEMOGLOBIN A1C (HBA1C)	5.40	%	Normal: $\leq 5.6$ Prediabetes: 5.7-6.4 Diabetes: $\geq 6.5$ Diabetes Control Criteria : 6-7 : Near Normal Glycemia <7 : Goal 7-8 : Good Control >8 : Action Suggested
Mean Blood Glucose (Calculated)	108	mg/dL	

**Sample Type:** EDTA Whole Blood

### Criteria for the diagnosis of diabetes

- HbA1c  $\geq 6.5$  \* Or Fasting plasma glucose  $>126$  gm/dL. Fasting is defined as no caloric intake at least for 8 hrs. Or
- Two hour plasma glucose  $\geq 200$ mg/dL during an oral glucose tolerance test by using a glucose load containing equivalent of 75 gm anhydrous glucose dissolved in water. Or
- In a patient with classic symptoms of hyperglycemia or hyperglycemic crisis, a random plasma glucose  $\geq 200$  mg/dL. \*In the absence of unequivocal hyperglycemia, criteria 1-3 should be confirmed by repeat testing. American diabetes association. Standards of medical care in diabetes 2011. Diabetes care 2011:34:S11.

### Limitation of HbA1c

- In patients with Hb variants even analytically correct results do not reflect the same level of glycemic control that would be expected in patients with normal population.
  - Any cause of shortened erythrocyte survival or decreased mean erythrocyte survival or decreased mean erythrocyte age eg. hemolytic diseases, pregnancy, significant recent/chronic blood loss etc. will reduce exposure of RBC to glucose with consequent decrease in HbA1c values.
  - Glycated HbF is not detected by this assay and hence specimens containing high HbF ( $>10\%$ ) may result in lower HbA1c values than expected. Importance of HbA1C (Glycated Hb.) in Diabetes Mellitus
- HbA1C, also known as glycated hemoglobin, is the most important test for the assessment of long term blood glucose control( also called glycemic control).
  - HbA1C reflects mean glucose concentration over past 6-8 weeks and provides a much better indication of longterm glycemic control than blood glucose determination.
  - HbA1c is formed by non-enzymatic reaction between glucose and Hb. This reaction is irreversible and therefore remains unaffected by short term fluctuations in blood glucose levels.
  - Long term complications of diabetes such as retinopathy (Eye-complications), nephropathy (kidney-complications) and neuropathy (nerve complications), are potentially serious and can lead to blindness, kidney failure, etc.
  - Glycemic control monitored by HbA1c measurement using HPLC method (GOLD STANDARD ) is considered most important. (Ref. National Glycohaemoglobin Standardization Program - NGSP)
- Note : Biological reference intervals are according to American Diabetes Association (ADA) Guidelines.

Test done from collected sample.

This is an electronically authenticated report.



Approved by: **Dr. Hiral Arora**

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Reg. No.: G-32999

Generated On : 09-Mar-2024 19:57

Approved On: 09-Mar-2024 14:54

## TEST REPORT

Reg. No. : 403100274	Reg. Date : 09-Mar-2024 08:20	Ref.No :	Approved On : 09-Mar-2024 14:54
Name : Mrs. SWEETA SASHIKANT			Collected On : 09-Mar-2024 08:46
Age : 39 Years	Gender: Female	Pass. No. :	Dispatch At :
Ref. By : APOLLO			Tele No. : 8141803355
Location :			

**Bio-Rad CDM System**  
**Bio-Rad Variant V-II Instrument #1**

**PATIENT REPORT**  
**V2TURBO\_A1c\_2.0**

**Patient Data**

Sample ID: 140303500213  
 Patient ID:  
 Name:  
 Physician:  
 Sex:  
 DOB:

**Analysis Data**

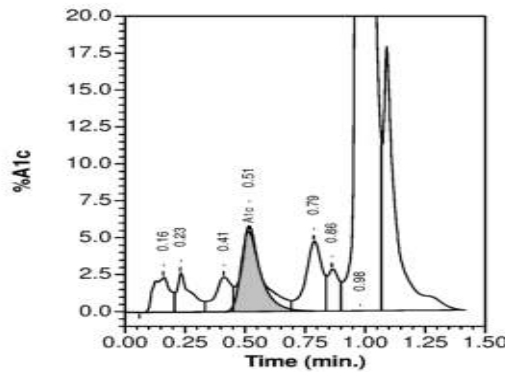
Analysis Performed: 09/03/2024 14:41:44  
 Injection Number: 10395  
 Run Number: 445  
 Rack ID:  
 Tube Number: 2  
 Report Generated: 09/03/2024 14:45:18  
 Operator ID:

Comments:

Peak Name	NGSP %	Area %	Retention Time (min)	Peak Area
A1a	---	1.6	0.159	18222
A1b	---	1.5	0.229	17007
LA1c	---	1.4	0.411	15365
A1c	5.4	---	0.515	49873
P3	---	3.2	0.786	35994
P4	---	1.3	0.862	14663
Ao	---	86.4	0.979	959623

Total Area: 1,110,747

**HbA1c (NGSP) = 5.4 %**



Test done from collected sample.

This is an electronically authenticated report.



Approved by: *Hiral Arora*  
**Dr. Hiral Arora**

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 Reg. No.:- G-32999

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<b>Age</b> : 39 Years	<b>Gender:</b> Female	<b>Pass. No. :</b>	<b>Dispatch At</b> :
<b>Ref. By</b> : APOLLO			<b>Tele No.</b> : 8141803355
<b>Location</b> :			

Test Name	Results	Units	Bio. Ref. Interval
<b>THYROID FUNCTION TEST</b>			
T3 (triiodothyronine), Total <small>CMIA</small>	1.20	ng/mL	0.70 - 2.04
T4 (Thyroxine), Total <small>CMIA</small>	10.82	µg/dL	5.5 - 11.0
TSH (Thyroid stimulating hormone) <small>CMIA</small>	3.386	µIU/mL	0.35 - 4.94

**Sample Type:** Serum**Comments:**

Thyroid stimulating hormone (TSH) is synthesized and secreted by the anterior pituitary in response to a negative feedback mechanism involving concentrations of FT3 (free T3) and FT4 (free T4). Additionally, the hypothalamic tripeptide, thyrotropin-releasing hormone (TRH), directly stimulates TSH production. TSH stimulates thyroid cell production and hypertrophy, also stimulate the thyroid gland to synthesize and secrete T3 and T4. Quantification of TSH is significant to differentiate primary (thyroid) from secondary (pituitary) and tertiary (hypothalamus) hypothyroidism. In primary hypothyroidism, TSH levels are significantly elevated, while in secondary and tertiary hypothyroidism, TSH levels are low.

**TSH levels During Pregnancy :**

- First Trimester : 0.1 to 2.5 µIU/mL
- Second Trimester : 0.2 to 3.0 µIU/mL
- Third trimester : 0.3 to 3.0 µIU/mL

Reference : Carl A.Burtis,Edward R.Ashwood,David E.Bruns. Tietz Textbook of Clinical Chemistry and Molecular Diagnostics. 5th Edition. Philadelphia: WB Saunders,2012:2170

Test done from collected sample.

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**Approved by: Dr. Vidhi Patel**M.D BIOCHEMISTRY  
Reg. No.:G-34739

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<b>Ref. By</b> : APOLLO			<b>Tele No.</b> : 8141803355
<b>Location</b> :			

Test Name	Results	Units	Bio. Ref. Interval
<u>URINE ROUTINE EXAMINATION</u>			
<b><u>Physical Examination</u></b>			
Colour	Pale Yellow		
Clarity	Clear		
<b><u>CHEMICAL EXAMINATION (by strip test)</u></b>			
pH	6.0		4.6 - 8.0
Sp. Gravity	1.015		1.002 - 1.030
Protein	Nil		Absent
Glucose	Nil		Absent
Ketone	Nil		Absent
Bilirubin	Nil		Nil
Nitrite	Negative		Nil
<b><u>MICROSCOPIC EXAMINATION</u></b>			
Leucocytes (Pus Cells)	1-2		0 - 5/hpf
Erythrocytes (RBC)	3-4		0 - 5/hpf
Casts	Nil	/hpf	Absent
Crystals	Nil		Absent
Epithelial Cells	Nil		Nil
Monilia	Nil		Nil
T. Vaginalis	Nil		Nil
Urine			

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Test Name	Results	Units	Bio. Ref. Interval
Creatinine	0.69	mg/dL	0.51 - 1.5

**Serum**

Creatinine is the most common test to assess kidney function. Creatinine levels are converted to reflect kidney function by factoring in age and gender to produce the eGFR (estimated Glomerular Filtration Rate). As the kidney function diminishes, the creatinine level increases; the eGFR will decrease. Creatinine is formed from the metabolism of creatine and phosphocreatine, both of which are principally found in muscle. Thus the amount of creatinine produced is, in large part, dependent upon the individual's muscle mass and tends not to fluctuate much from day-to-day. Creatinine is not protein bound and is freely filtered by glomeruli. All of the filtered creatinine is excreted in the urine.

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Test Name	Results	Units	Bio. Ref. Interval
Urea	18.6	mg/dL	<= 65 YEARS AGE: <50 mg/dL; >65 YEARS AGE: <71 mg/dL

**UREASE/GLDH****Serum**

Useful screening test for evaluation of kidney function. Urea is the final degradation product of protein and amino acid metabolism. In protein catabolism, the proteins are broken down to amino acids and deaminated. The ammonia formed in this process is synthesized to urea in the liver. This is the most important catabolic pathway for eliminating excess nitrogen in the human body. Increased blood urea nitrogen (BUN) may be due to prerenal causes (cardiac decompensation, water depletion due to decreased intake and excessive loss, increased protein catabolism, and high protein diet), renal causes (acute glomerulonephritis, chronic nephritis, polycystic kidney disease, nephrosclerosis, and tubular necrosis), and postrenal causes (eg, all types of obstruction of the urinary tract, such as stones, enlarged prostate gland, tumors). The determination of serum BUN currently is the most widely used screening test for the evaluation of kidney function. The test is frequently requested along with the serum creatinine test since simultaneous determination of these 2 compounds appears to aid in the differential diagnosis of prerenal, renal and postrenal hyperuremia.

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<b>Ref. By</b> : APOLLO			<b>Tele No.</b> : 8141803355
<b>Location</b> :			

Test Name	Results	Units	Bio. Ref. Interval
<b><u>ELECTROLYTES</u></b>			
Sodium (Na+) <small>Method:ISE</small>	138.00	mmol/L	136 - 145
Potassium (K+) <small>Method:ISE</small>	4.3	mmol/L	3.5 - 5.1
Chloride(Cl-) <small>Method:ISE</small>	105.00	mmol/L	98 - 107

**Sample Type:** Serum

**Comments**

The electrolyte panel is ordered to identify electrolyte, fluid, or pH imbalance. Electrolyte concentrations are evaluated to assist in investigating conditions that cause electrolyte imbalances such as dehydration, kidney disease, lung diseases, or heart conditions. Repeat testing of the electrolyte or its components may be used to monitor the patient's response to treatment of any condition that may be causing the electrolyte, fluid or pH imbalance.

Test done from collected sample.

This is an electronically authenticated report.



**Approved by: Dr. Vidhi Patel**

M.D BIOCHEMISTRY  
Reg. No.:G-34739

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**Generated On :** 09-Mar-2024 19:57

**Approved On:** 09-Mar-2024 12:56





- 3D/4D Sonography
- Liver Elastography
- ECHO
- Dental & Eye Checkup
- Mammography
- Treadmill Test
- PFT
- Full Body Health Checkup
- X-Ray
- ECG
- Audiometry
- Nutrition Consultation

□ RADIOLOGY □ HEALTH CHECK UP □ PATHLOGY □ CARDIO DIAGNOSTIC

MC-2024

**LABORATORY REPORT**



Reg. No : **40303500213** Histo / Cyto No : **C24101534** Reg. Date : 09-Mar-2024 08:20  
 Name : **Mrs. SWEETA SASHIKANT** Collected on : 09-Mar-2024 13:46  
 Sex/Age : **Female / 39 Years** Report Date : 09-Mar-2024  
 Ref. By : **APOLLO** Tele. No : 8141803355  
 Location : Dispatch At :

**CYTOPATHOLOGY REPORT**

**Specimen :**

Liquid based cervical smear.

**Grossing Description :**

1 liquid based container is received, 1 smear is prepared, PAP stain done.

**Microscopic Description :**

Smear is satisfactory for evaluation.  
 Endocervical cells and metaplastic squamous cells are seen.  
 Many superficial, intermediate cells and few parabasal cells seen.  
 No significant inflammation seen.  
 Few lactobacilli are seen.  
 No parasites/ fungi.  
 No evidence of intraepithelial lesion or malignancy.

**Diagnosis :**

Liquid based cervical smear - **Negative for intraepithelial lesion or malignancy.**

**(The Bethesda System for the reporting of cervical cytology, 2014).**

Note - The PAP test is a screening procedure to aid in the detection of cervical cancer and its precursors. Because false negative results may occur, regular PAP tests are recommended.

Cervical cancer screening guideline for average risk woman.  
 American Cancer Society (ACS) /American Cancer Society for Colposcopy and Cervical pathology/American Society for Clinical Pathology (ASCP) Guidelines, 2012.

Population	ACS/ASCCP/ASCPs
Younger than 21 years	No screening.
21-29 years	Screening with <b>cytology alone every 3 years</b> is recommended.
30-65 years	Cytology and HPV testing (" <b>co-testing</b> ") every <b>5 years</b> (preferred) or <b>Cytology alone every 3 years</b> (acceptable) is

*Kruti.*

**Dr. Kruti Bhut**

M.D. Pathology

G-26394

Approved On: 09-Mar-2024 19:57 Generated On: 09-Mar-2024 19:57

For Appointment : 7567 000 750

www.conceptdiagnostics.com

conceptdiaghealthcare@gmail.com

This is an electronically authenticated report.

1st Floor, Sanjanta Palace, Near Gopi Restaurant, Anandnagar Cross Road, Prahladnagar, Ahmedabad-15.



- 3D/4D Sonography
- Liver Elastography
- ECHO
- Dental & Eye Checkup
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□ RADIOLOGY □ HEALTH CHECK UP □ PATHLOGY □ CARDIO DIAGNOSTIC

MC-2024

**LABORATORY REPORT**



Reg. No	: 40303500213	Histo / Cyto No :	C24101534	Reg. Date	: 09-Mar-2024 08:20
Name	: Mrs. SWEETA SASHIKANT	Collected on	: 09-Mar-2024 13:46	Report Date	: 09-Mar-2024
Sex/Age	: Female / 39 Years	Tele. No	: 8141803355	Dispatch At	:
Ref. By	: APOLLO				
Location	:				

	recommended.
Older than 65 years	Stop screening with adequate screening history.

Note - Women who have a history of cervical cancer, HIV infection, weakened immune system should not follow these routine guidelines.  
 If you have an abnormal cervical cancer screening test result, you may have additional testing/treatment.  
 Your doctor will recommend when you can resume routine screening.

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

All stained slides and/or paraffin blocks labeled Histo/Cyto No: C24101534 returned along with report.  
 Please preserve them Carefully.

*Kruti.*

**Dr. Kruti Bhut**  
 M.D. Pathology  
 G-26394

Approved On: 09-Mar-2024 19:57      Generated On : 09-Mar-2024 19:57

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 Restaurant, Anandnagar Cross Road,  
 Prahladnagar, Ahmedabad-15.





## MER- MEDICAL EXAMINATION REPORT

Date of Examination	09-03-2024		
NAME	SWETA MERAIVA		
AGE	39YRS	Gender	FEMALE
HEIGHT(cm)	150 Cms	WEIGHT (kg)	67 Kgs
B.P.	122/82/70		
ECG	NORMAL		
X Ray	NORMAL		
Vision Checkup	Color Vision : NORMAL		
	Far Vision Ratio : NORMAL		
	Near Vision Ratio : NORMAL		
Present Ailments	NA		
Details of Past ailments (If Any)	NA		
Comments / Advice : She /He is Physically Fit	PHYSICALLY FIT		

*Dr. Vipul Chavda*  
MD ( Internal Medicine )  
Reg.No. G- 18004

Signature with Stamp of Medical Examiner



□ RADIOLOGY □ HEALTH CHECK UP □ PATHLOGY □ CARDIO DIAGNOSTIC

NAME :	SWETA MERAIYA	DATE :	09/03/2024
AGE/SEX:	39 Y/F	REG.NO :	00
REFERRED BY: HEALTH CHECK UP			

## USG ABDOMEN

**LIVER:** normal in size & shows normal echotexture. No evidence of dilated IHBR. No evidence of focal or diffuse lesion. CBD & Portal vein appears normal.

**GALL-BLADDER:** normal, No evidence of Gall Bladder calculi.

**PANCREAS:** appears normal in size & echotexture, No evidence of peri-pancreatic fluid collection.

**SPLEEN:** normal in size & shows normal echogenicity.

**KIDNEYS:** Right kidney measures 85 x 28 mm. Left kidney measures 112 x 35 mm. **Right kidney appears small in size and left kidney shows compensatory hypertrophy. Right kidney shows mild altered axis.** Both kidneys appear normal in echotexture. No evidence of calculus or hydronephrosis on either side.

**URINARY BLADDER:** appears normal and shows minimal distension & normal wall thickness. No evidence of calculus or mass lesion.

**UTERUS:** normal in size and echopattern. ET – 4.6 MM  
No e/o adnexal mass seen on either side.

### **USG WITH HIGH FREQUENCY SOFT TISSUE PROBE:**

Visualized bowel loops appears normal in caliber. No evidence of focal or diffuse wall thickening. No collection in RIF. No evidence of Ascites.

### **CONCLUSION:**

**Right kidney small in size and left kidney shows compensatory hypertrophy. Both kidneys normal in echotexture.**

  
**Dr. KRUTI DAVE**  
CONSULTANT RADIOLOGIST



NAME :	SWETA	AGE/SEX:	39 Y/ F
REF. BY:	HEALTH CHECK UP	DATE :	9-Mar-24

### X-RAY CHEST PA VIEW

- Both lung fields are clear.
- No evidence of consolidation or Koch's lesion seen.
- Heart size is within normal limit.
- Both CP angles are clear.
- Both dome of diaphragm appear normal.
- Bony thorax under vision appears normal.

  
Dr. KRUTI DAVE  
CONSULTANT RADIOLOGIST



<b>NAME</b>	SHWETA S. MERAIYA		
<b>AGE/ SEX</b>	39 yrs / F	<b>DATE</b>	9.3.2024
<b>REF. BY</b>	Health Checkup	<b>DONE BY</b>	Dr. Parth Thakkar Dr. Abhimanyu Kothari

## 2D ECHO CARDIOGRAPHY & COLOR DOPPLER STUDY

### FINDINGS:-

- Normal LV systolic function, LVEF=60%.
- No RWMA at rest.
- Normal LV Compliance.
- LV & LA are of normal size.
- RA & RV are of normal size.
- Intact IAS & IVS.
- All valves are structurally normal.
- Trivial MR, Trivial AR, No PR.
- No TR, No PAH, RVSP=25mmHg.
- No Clots or vegetation.
- No evidence of pericardial effusion.
- IVC is normal in size and preserved respiratory variation.



### MEASUREMENTS:-


LVIDD	38 (mm)	LA	29 (mm)
LVIDS	19 (mm)	AO	25 (mm)
LVEF	60%	AV cusp	
IVSD / LVPWD	10/10 (mm)	EPSS	

### DOPPLER STUDY:-

Valve	Velocity (M/sec)	Max gradient (MmHg)	Mean gradient (Mm Hg)	Valve area Cm <sup>2</sup>
Aortic	0.8	5		
Mitral	E:0.5 A:0.7			
Pulmonary	0.8	3.0		
Tricuspid	1.7	20		

### CONCLUSION:-

- Normal LV systolic function, LVEF=60%.
- No RWMA at rest.
- Normal LV Compliance.
- All valves are structurally normal.
- Trivial MR, Trivial AR, No PR.
- No TR, No PAH, RVSP=25mmHg.
- Normal IVC.

  
**DR. PARTH THAKKAR**  
 MD (Med.), DrNB (Cardiology)  
 Interventional Cardiologist  
 7990179258

**DR. ABHIMANYU D. KOTHARI**  
 MD (Med.), DM (Cardiology)  
 Interventional Cardiologist  
 9714675115



Sweta Shashikant F/31 yrs.

R +0.50 +0.50 x 120°  
L +0.75 +0.50 x 50°

- Annualized Atkinson.

- S/rp.

→ Advised extra of S/r & scaling

1  
fayna







