



Cloud36, Cloud 36 Rd, Jijamata Nagar,
Sector 11, Ghansoli, Navi Mumbai,
Maharashtra 400701, India

Lat: 19.1192764

Lon: 72.9936434

19/02/2024 11:25:55 AM GMT+05:30

எனது ஆதார், எனது அடையாளம்



सत्यमेव जयते

இந்திய அரசாங்கம்

Government of India

யுவஸ்ரீ அபர்ணா கணேசன்

Uvasri Abarna Ganesan

பிறந்த நாள் / DOB : 08/12/1999

பெண்பால் / Female



6213 7587 2842

எனது ஆதார், எனது அடையாளம்

MEDICAL EXAMINATION FORM

Confidential without Prejudice Report To Be Filled In Strictly By the Physician/Diagnostic Centre

PART I: GENERAL DETAILS

NAME OF THE PATIENT GI. UVA SRI DEVIKA
 D.O.B 08.12.1999 Age 24 Sex F Phone Number 9671496032

PART II: MEDICAL EXAMINATION REPORT (Strictly to be filled by Medical Examiner)

(Kindly tick wherever applicable)

A. PERSONAL HISTORY:

1. Previous history if any:

Disease	Yes/No	Medicine & Surgery Details	Disease	Yes/No	Medicine & Surgery Details
Diabetes Mellitus	NO		Cancer	NO	
Hypertension	NO		Tumor (Beneign)	NO	
IBD	NO		Genital urinary disorder	NO	
Stroke	NO		Rheumatic joint disease or symptoms	NO	
Surgeries	NO		Asthma	NO	
Tuberculosis	NO		Pulmonary Disease	NO	
Congenital Disease	NO		Anemia	NO	
Arrhythmia	NO		Bleeding disease or Disorder	NO	
Aids (HIV)	NO		Mental Stress	NO	

2. Habits:

Diet	<u>Veget/Nonveg</u>	Alcohol	<u>NO</u>	Tobacco Smoking	<u>NO</u>	Medicine	<u>NO</u>
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3. Major complaints/Relevant past history if any: NA

4. Previous Illness (Hospitalization Investigation, consultation): NA

5. Family history: Father - DM | Mother - HTN

B. MEDICAL EXAMINERS FINDING AND ASSESSMENT: (Please answer each question and where appropriate provide particulars. You are asked not to give any information to the person, assured, about the results)

L. Anthropometry:

Height	159cm	Weight	67.40	BMI	
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2. Vital Parameters:

(i)

Respiratory Rate	22	Pulse Rate	104 bpm
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(ii) Blood Pressure (Three consecutive Reading):

Systolic	130	130	130
Diastolic	80	80	70
Further readings at 10 minute interval if the first reading exceeds 140/90	mmhg	mmhg	mmhg

J. Skin

Is there any evidence of:

Chronic Ulcer:	<input type="checkbox"/> YES	<input checked="" type="checkbox"/> NO	Eczema:	<input type="checkbox"/> YES	<input checked="" type="checkbox"/> NO
Swelling:	<input type="checkbox"/> YES	<input checked="" type="checkbox"/> NO	Varicose Veins:	<input type="checkbox"/> YES	<input checked="" type="checkbox"/> NO
Skin Discoloration:	<input type="checkbox"/> YES	<input checked="" type="checkbox"/> NO	Psoriasis:	<input type="checkbox"/> YES	<input checked="" type="checkbox"/> NO

Any Other skin problem and specific location describe NO

EXAMINATION FINDINGS DETAILS

4. Cardiovascular System:

S, J, 2 (P)

5. Genito-Urinary System:

NA

6. Respiratory System:

ACB+ clear

7. Gastro-Intestology System:

(a) Oesopharyngeal: NA

(b) Abdomen:
soft
non tender



Evidence of Hernia, Hydrocele, Fissure, Fistula & piles.

If yes, please describe

8. Nervous System: conscious (oriented)

9. Eye Check-up (N)

10. ENT (N)

12. For Female Clients Only:

1. Is there any disease of breast? NO
2. (i) Is there any evidence of pregnancy? NO
(ii) If Pregnant, are any complications to be expected? NO
3. Do you suspect any disease of uterus, cervix or ovaries? NO
4. Any menstrual complaints? Regular menses

C. SUMMARY of the examination findings:

Positive Findings if any: (Please Specify)

Advice:

Conclusion on the fitness of the client:

Clinically & medically fit.

D. DOCTOR'S DECLARATION:

I confirm that I have examined this CLIENT and the findings stated above are true and correct to the best of my knowledge.

1. Name of the Medical Examiner:

DR. ANAND PRAKASH GAUR
Signature of the Medical Examiner: _____

MBBS, MCh, DCEBDM
(Consulting Physician)
M.C. Reg. No.
2009/02/0965

Stamp of the Medical Examiner

Registration Number _____

Date of medicals conducted: _____

Place: _____

2. Name of the Client: _____

Signature of the Client: _____

NOTE: NAME AND SIGNATURE OF MEDICAL EXAMINER AND THE CLIENT IS MANDATORY ON THIS FORM

20.02.2024 8:02:52

96 bpm
--/-- mmHg

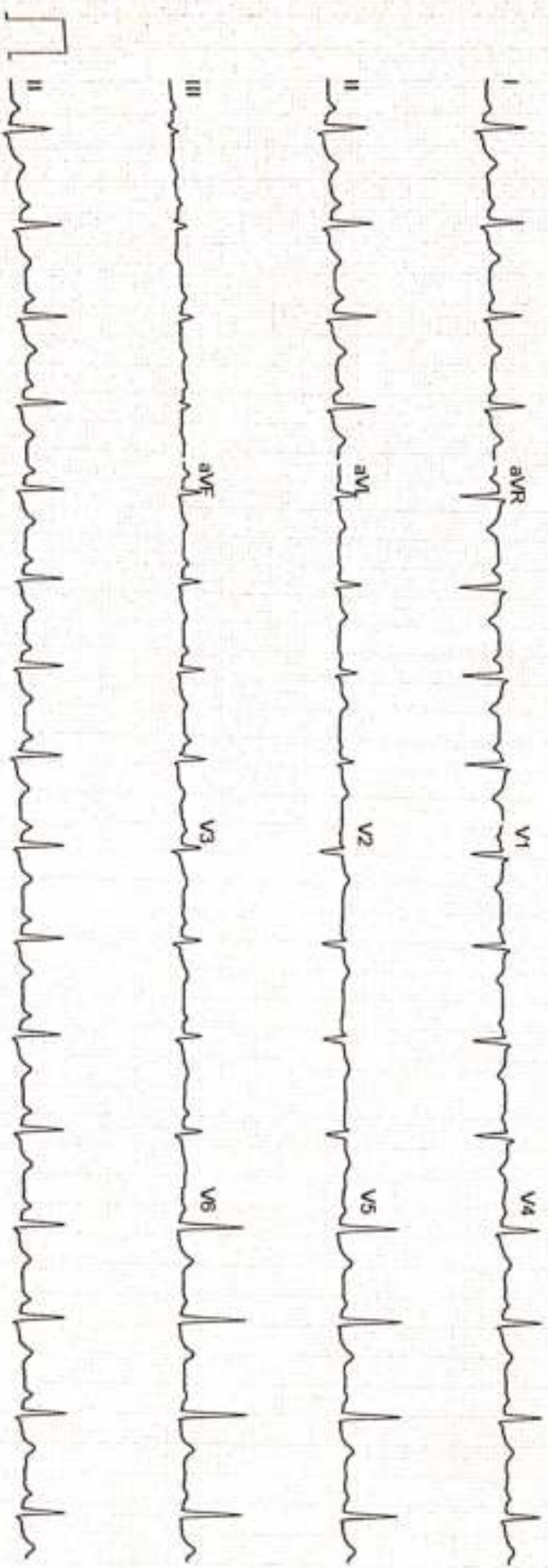
QRS : 82 ms
QT / QTcBaz : 356 / 449 ms
PR : 128 ms
P : 94 ms
RR / PP : 626 / 625 ms
P / QRS / T : 48 / 32 / 13 degrees

Normal sinus rhythm
Nonspecific ST abnormality
Abnormal ECG

DR. ANAND PRAKASH GAUR
MBBS, CD, DNB (Cardiology)
(Consultant Cardiologist)
MMC, BQ No. 2005/02/1965

Location: Room: _____
Order Number: _____
Indication: _____
Medication 1: _____
Medication 2: _____
Medication 3: _____

Technician: _____
Ordering Phy: _____
Referring Phy: _____
Attending Phy: _____



MAC2000 1.1 12SL™ V241

25 mm/s 10 mm/mV

ADS 0.56-20 Hz 60 Hz

4x2.5x3_25_R1

Unconfirmed

1/1



Ophthalmology Case Paper

Reg. No. : _____ Date: 19/02/2024

Patient Name Mr./Mrs: G. Uva Sri Abasna

Age 24 Sex F Address: _____

Mobile No: 9677496038

Systemic Illness:	NAD
Allergies:	no allergies

	Right Eye	Left Eye
Color Vision	N	N
Distance	$\frac{6}{8}$ N \bar{C} glasses	$\frac{6}{8}$ N \bar{C} glasses
Near	6N	6N

ANAND PRAKASH GAUR
M.B.B.S. COMB. COEBSM
(Signature)
Doctor's Stamp and Stamp
0965

OPHTHALMOLOGY | PATHOLOGY | PHARMACOLOGY | DENTISTRY | LABORATORY SERVICES

Patient Consent Form: Omitting Tests from Health Check Package

Patient Information:

Full Name: G. UVASEI ABARNA Date of Birth: 08-12-1992

Address: 509, 2B, SIDDHIVINAYAKHI Reference: ekincare

Contact Number: 9677496038 Email Address: MHADA COMPLEX, GOVABBED

I, G. UVASEI ABARNA, hereby give my consent to (Hospital Name) CREDENCE CARE to omit certain tests from the health check package that I have selected. I understand that this decision may have implications for the completeness of the health assessment and the information provided to me.

Name of Health Check Package: [Health Check Package Name] PAP-SMEAR

Date of Scheduled Health Check: [Scheduled Health Check Date] 19/02/2024

Omitted Tests: [List of Tests to be Omitted] 1

I have been given the opportunity to ask questions and have received satisfactory answers regarding the tests being omitted from the health check package. I understand that I have the right to request a complete health assessment and include all recommended tests. However, I voluntarily choose to omit the specified tests and accept any potential consequences that may arise as a result of this decision.

I acknowledge that [Your Organization] and its healthcare professionals have explained the purpose, benefits, risks, and alternatives of the omitted tests to me. I understand that the decision to omit tests has been made based on my specific circumstances and preferences.

By signing this consent form, I confirm that I have read and understood the contents of this form, and I willingly provide my consent to omit the specified tests from the selected health check package.

Patient Signature: G. Uvasi

Date: 19/02/2024

Note: A copy of this signed consent form should be provided to the patient and retained in their medical records.



Credence
Care Hospital Pvt. Ltd.



**RAMAN CT SCAN &
DIAGNOSTIC CENTER**

Name: Mrs. Uvasri Abarna

Age/Sex: 24Y/Female

Date: 19/02/2024

2 D Echocardiography & color Doppler Study

FINDINGS:

- No left ventricle regional wall motion abnormality.
- No left ventricle diastolic dysfunction.
- No left ventricle wall hypertrophy. No LV dilation.
- Normal left ventricle systolic function. LVEF approx-60%.
- No mitral regurgitation.
- No aortic regurgitation.
- No TR. No pulmonary hypertension.
- Cardiac valves are structurally normal.
- Normal size of cardiac chambers.
- Intact IAS & IVS.
- No LV clot/vegetation/pericardial effusion.
- Normal RV systolic function. No hepatic congestion.

Conclusion:

Normal 2D echo & color Doppler Study.

DR. KUMAR RAJEEV
M.D.(Med),DNB(Cardiology)





Credence
Care Hospital Pvt. Ltd.



RAMAN CT SCAN &
DIAGNOSTIC CENTER

Name: Mrs. Uvasri Abarna

Age/Sex: 24Y/Female

Date: 19/02/2024

2D Measurements:

LA	35 mm
AORTIC ROOT	28 mm
EF SLOPE	90 mm/sec
LVIDD	40 mm
LVIDS	29 mm
IVS(D)	09 mm
PW(D)	09 mm
RVID	28 mm
LVEF	60%

Doppler study:

AV max -	1.1 m/sec	E vel	0.9 m/sec
PV max -	0.9 m/sec	A vel	0.7 m/sec
PASP		E/A	1.3



Credence
Care Hospital Pvt. Ltd.



**RAMAN CT SCAN &
DIAGNOSTIC CENTER**

PATIENT'S NAME	MRS. UVASRI ABARNA	AGE :- 24 y/F
REFERRED BY	CREDENCE CARE HOSPITAL	DATE :- 19/02/2024

USG BREAST

Bilateral breast parenchyma show normal echotexture.

Mammary zone shows normal glandular tissue.

Retromammary tissue appears normal.

No axillary lymphnodes are seen bilaterally.

No evidence of any other lesion noted.

IMPRESSION: NO ABNORMALITY DETECTED.

DR. SAGAR GARGE



Credence
Care Hospital Pvt. Ltd.



**RAMAN CT SCAN &
DIAGNOSTIC CENTER**

PATIENT'S NAME	MRS. UVASRI ABARNA	AGE :- 24 y/F
REFERRED BY	CREDENCE CARE HOSPITAL	DATE : 19/02/2024

USG WHOLE ABDOMEN & PELVIS

LIVER is normal in size , normal in shape and echotexture. No evidence of any focal lesion seen. The portal vein appears normal & shows normal hepato-petal flow. No evidence of intra-hepatic biliary duct dilatation.

GALL BLADDER not-visualised, consistent with post-operative status. .

Visualised parts of head & body of PANCREAS appear normal. PD is not dilated.

SPLEEN is normal in size and echotexture. No focal lesion seen. Splenic vein is normal.

Both kidneys are normal in size, shape and echotexture with normal parenchymal reflectivity and maintained cortico-medullary differentiation. No hydronephrosis

URINARY BLADDER is partially filled with urine wall is mild thickened irregular.

UTERUS is normal in size.


Visualised bowel loops appear normal. There is no free fluid seen in abdomen and pelvis.

IMPRESSION :

- **No Significant abnormality is detected.**

THIS REPORT IS NOT TO BE USED FOR MEDICOLEGAL PURPOSE.THE CONTENTS OF THIS REPORT REQUIRE CLINICAL CO-RELATION BEFORE ANY APPLICATION.

DR SAGAR GARGE
(consultant Radiologist)

Patient Name : URAVSIR GANESAN
Referral Doctor: HEALTH CHRCK UP
Pt.Type / ID : OPD/  510

Age / Gender : 24 Years / Female
Collection Date : 19/02/2024 10:33 AM
Reporting Date : 19/02/2024 05:33 PM

Complete Blood Count (CBC)

Test Description	Value(s)	Unit	Reference Range
Hemoglobin	9.5	gms/dl	12 - 15
RBC Count	4.62	mil./cmm	3.8 - 5.8
Haematocrit (HCT)	27.9	%	37 - 47
RBC Indices			
MCV	60.39	fL	80 - 100
MCH	20.56	pg	27 - 34
MCHC	34.05	gm/dl	32 - 36
RDW-CV	13.0	%	11 - 16
Total WBC Count	10000	/uL	4000 - 10000
DIFFERENTIAL COUNT			
Neutrophil	67	%	40 - 70
Lymphocytes	28	%	20 - 40
Eosinophil	03	%	1 - 6
Monocytes	02	%	2 - 8
Basophils	00	%	0 - 1
Platelet Indices			
Platelet Count	360000	/cmm.	150000 - 450000
RBC Morphology	Mild hypochromic Microcytic		
WBC Morphology	Within Normal Limits		
Platelet	Adequate on smear		

Done on fully Automated cell counter-ERBA H360



Checked By

Authenticity Check

Dr. Harshal Thorat

MD (Path)


Reg No. 2014/10/4438

Patient Name : URAVSIR GANESAN

Age / Gender : 24 Years / Female

Referral Doctor: HEALTH CHECK UP

Collection Date : 19/02/2024 10:33 AM

Pt.Type / ID : OPD/ 
510

Reporting Date : 19/02/2024 05:33 PM

ESR (ERYTHROCYTE SEDIMENTATION RATE)

Test Description	Value(s)	Unit	Reference Range
Erythrocyte Sedimentation Rate Wintrobe method	10.0	mm/hr	< 20

Interpretation: It indicates presence and intensity of an inflammatory process. It is a prognostic test and used to monitor the course or response to treatment of diseases like tuberculosis, acute rheumatic fever,. It is also increased in multiple myeloma, hypothyroidism.

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MD (Path)

Reg No. 2014/10/4438

Patient Name : URAVSIR GANESAN
Referral Doctor: HEALTH CHRCK UP
Pt.Type / ID : OPD/ 
510

Age / Gender : 24 Years / Female
Collection Date : 19/02/2024 10:33 AM
Reporting Date : 19/02/2024 05:33 PM

BLOOD GROUP (BG)


Test Description	Value(s)	Unit	Reference Range
Sample Type : WHOLE BLOOD EDTA			
Blood Group :	O Rh Positive		
METHOD : Monoclonal blood grouping (Agglutination test) by slide method			
KIT : Span diagnostics.			

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Referral Doctor: HEALTH CHRCK UP
Pt.Type / ID : OPD/ 
510

Age / Gender : 24 Years / Female
Collection Date : 19/02/2024 10:33 AM
Reporting Date : 19/02/2024 05:33 PM


BLOOD GLUCOSE LEVEL (FASTING & POST PRANDIAL)


Test Description	Value(s)	Unit	Reference Range
Glucose Fasting (Plasma)	80.0	mg/dl	70 - 110
Glucose PP (Plasma)	94.0	mg/dl	90 - 150

Interpretation : Fasting Blood Sugar more than 126 mg/dl on more than one occasion can indicate Diabetes Mellitus.

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Reg No. 2014/10/4438

Patient Name : URAVSIR GANESAN
Referral Doctor: HEALTH CHRCK UP
Pt.Type / ID : OPD/  510


Age / Gender : 24 Years / Female
Collection Date : 19/02/2024 10:33 AM
Reporting Date : 19/02/2024 05:33 PM


LIPID PROFILE

Test Description	Value(s)	Unit	Reference Range
Total Cholesterol	139.0	mg/dl	Low < 125 Desirable : < 200 Borderline High : 201 - 240 High : > 240
Triglycerides	122.0	mg/dl	Low < 25 Normal : < 150 Borderline High : 151 - 199 High : > 200
HDL Cholesterol	40.0	mg/dl	< 35 Low >80 High
Non HDL Cholesterol	99.00	mg/dl	Desirable : < 130 Boderline high : 130 - 159 High : > 160
LDL Cholesterol	74.60	mg/dl	Low < 85 Optimal : <100 Near/Above Optimal : 101 - 129 Borderline High : 130 - 159 High : >160
VLDL Cholesterol	24.40	mg/dl	Below 40
TOTAL CHOL/HDL Ratio	3.48	-	Desirable/Low Risk : 3.3 - 4.4 Borderline/Middle Risk : 4.5 - 7.1 Elevated/High Risk : 7.2 - 11.0
LDL/HDL Ratio	1.86	-	Desirable/Low Risk : 0.5 - 3.0 Borderline/Middle Risk : 3.1 - 6.0 Elevated/High Risk : >6.1
Appearance of Serum	Clear		

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Referral Doctor: HEALTH CHRCK UP
Pt.Type / ID : OPD/  510


Age / Gender : 24 Years / Female
Collection Date : 19/02/2024 10:33 AM
Reporting Date : 19/02/2024 05:33 PM


LIVER FUNCTION TEST (LFT)

Test Description	Value(s)	Unit	Reference Range
Bilirubin Total	0.66	mg/dL	0.3 - 1.5
Bilirubin Direct	0.21	mg/dL	0.0 - 0.5
Bilirubin Indirect	0.45	mg/dL	0.2 - 0.9
SGOT (AST)	21.0	U/L	0 - 45
SGPT (ALT)	27.0	U/L	0 - 45
Alkaline Phosphatase	190.0	U/L	80 - 306
Protein Total	6.8	g/dL	6 - 8
Albumin	3.8	g/dL	3.2 - 5.0
Globulin	3.0	g/dL	2.5 - 3.3
A/G Ratio	1.27	-	1.0 - 2.1

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510

Age / Gender : 24 Years / Female
Collection Date : 19/02/2024 10:33 AM
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GAMMA GT


Test Description	Value(s)	Unit	Reference Range
Gamma Glutaryl Trans Peptidase	24.0	U/L	5 - 40

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510

Age / Gender : 24 Years / Female
Collection Date : 19/02/2024 10:33 AM
Reporting Date : 19/02/2024 05:33 PM

BLOOD UREA NITROGEN


Test Description	Value(s)	Unit	Reference Range
BUN* Serum,Calculated	9.0	mg/dL	7 - 18.0

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Pt.Type / ID : OPD/ 
510

Age / Gender : 24 Years / Female
Collection Date : 19/02/2024 10:33 AM
Reporting Date : 19/02/2024 05:33 PM

CREATININE


Test Description	Value(s)	Unit	Reference Range
CREATININE Jaffe IDMS	0.8	mg/dl	0.6 - 1.4

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Pt.Type / ID : OPD/ 
510

Age / Gender : 24 Years / Female
Collection Date : 19/02/2024 10:33 AM
Reporting Date : 19/02/2024 05:33 PM

URIC ACID


Test Description	Value(s)	Unit	Reference Range
Uric Acid	5.12	mg/dl	2.6 - 6.0

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Pt.Type / ID : OPD/  510

Age / Gender : 24 Years / Female
Collection Date : 19/02/2024 10:33 AM
Reporting Date : 19/02/2024 05:33 PM

GLYCOSYLATED HAEMOGLOBIN (GHB / HBA1c)

Test Description	Value(s)	Unit	Reference Range
HbA1c H.P.L.C	5.1	%	Below 6.0% - Normal Value 6.0% - 7.0% - Good Control 7.0% - 8.0% - Fair Control 8.0% - 10% - Unsatisfactory Control Above 10% - Poor Control


Interpretation: Glycosylated Haemoglobin is accurate and true index of the * Mean Blood Glucose Level in the body for the previous 2-3 months. HbA1c is an indicator of glycemic control. HbA1c represent average glycemia over the past six to eight weeks. Glycation of hemoglobin occurs the entire 120 days life span of the red blood cell, but with in this 120 days. Recent glycemia has the largest influence on the HbA1c value. Clinical studies suggest that a patient in stable control will have 50% of their HbA1c formed in the month before sampling, 25% in the month before that, and the remaining 25% in months 2-4.

Checked By



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Pt.Type / ID : OPD/  510

Age / Gender : 24 Years / Female
Collection Date : 19/02/2024 10:33 AM
Reporting Date : 19/02/2024 05:33 PM

THYROID FUNCTION TEST (TFT)

Test Description	Value(s)	Unit	Reference Range
TOTAL TRIIODOTHYRONINE (T3) Competitive Chemi Luminescent Immuno Assay	99.3	ng/dl	60 - 181
TOTAL THYROXINE (T4) Competitive Chemi Luminescent Immuno Assay	7.56	µg/dL	4.5 - 12.6
THYROID STIMULATING HORMONE (TSH) SANDWICH CHEMI LUMINESCENT IMMUNO ASSAY	2.54	uIU/mL	0.3 - 5.5


SANDWICH CHEMI LUMINESCENT IMMUNO ASSAY


Reference range for < 18 years

TEST	1 - 3 D	4 - 30 D	31 - 60 D	61 D - 12 M	1 - 5 Y	6 - 10 Y	11 - 14 Y	15 - 18 Y
TSH	0.1-9.2	0.2-8.5	0.2-7.8	0.30-5.9	0.4-4.8	0.5-4.7	0.5-4.6	0.6-4.5
T3	41.7-272.1	48.2-272.1	54.7-272.1	76.8-272.1	89.2-246.7	87.2-218.1	86.6-199.8	85.3-188.8
T4	4.9-15.8	5-15.3	5.2-14.8	5.7-13.3	5.7-11.7	5.4-10.7	5.2-10	5.1-9.6
FT3	1.5-5.3	1.6-5.2	1.6-5.1	1.8-4.8	2-4.5	2.1-4.4	2.3-4.4	2.3-4.3
FT4	0.84-2.08	0.85-1.98	0.85-1.89	0.89-1.62	0.89-1.48	0.85-1.46	0.84-1.45	0.84-1.45

Checked By




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MD (Path)
Reg No. 2014/10/4438

Patient Name : URAVSIR GANESAN
 Referral Doctor: HEALTH CHRCK UP
 Pt.Type / ID : OPD/ 

Age / Gender : 24 Years / Female
 Collection Date : 19/02/2024 10:33 AM
 Reporting Date : 19/02/2024 05:33 PM


STOOL ANALYSIS REPORT

Test Description	Value(s)	Unit	Reference Range
Physical Examination			
Colour	Yellow		Brown
Mucus	Absent		Absent
Frank Blood	Absent		Absent
Consistency	Semi solid		Semi solid
Parasite	Absent		Absent
Reaction	Acidic		Acidic
Occult Blood	Negative		Negative
Microscopic Examination (/hpf)			
Ova of Parasites	Absent		Absent
RBC	Absent		Absent
Pus cells	3-4		Absent
Macrophages	Absent		Absent
Fat Globules	Absent		Absent
Veg. Matter	Absent		Absent
Vegetative Forms	Absent		Absent
Cysts	Absent		Absent
Epithelial cells	1-2		Absent

END OF REPORT

Checked By




Dr. Harshal Thorat
 MD (Path)
 Reg No. 2014/10/4438



JUMBO DIAGNOSTIC CENTER

THE DIAGNOSTIC SPECIALISTS

Patient Name : URAVSIR GANESAN Patient ID:4781

Age /Gender : 23 yrs/FEMALE Date : 20/02/2024

X-RAY CHEST PA

Plain P.A. Radiograph of chest shows :-
The hilar shadows are normal in size, position and density.
Both Cardiophrenic and Costophrenic angles are clear.
The Cardiac silhouette is within normal limits.
Aortic shadow is normal.
Rest of the visualized mediastinum shadows are normal.
Both domes of diaphragms are normal.
The visualised bony thorax is normal.

CONCLUSION :
NO SIGNIFICANT ABNORMALITY DETECTED

DR. Nikunj Kothia
MBBS, DMRD Reg-2009093218

CT SCAN | USG | 2D ECHO | X-RAY | PATHOLOGY | ECG | DOPPLER |

36 cloud, Plot No.6, Sector -II, New Palm Beach Road, Chansoll, Navi Mumbai, Maharashtra-400701

JumboLabhub@gmail.com
+917716034706