SUBURBAN DIAGNOSTICS - SWARGATE, PUNE

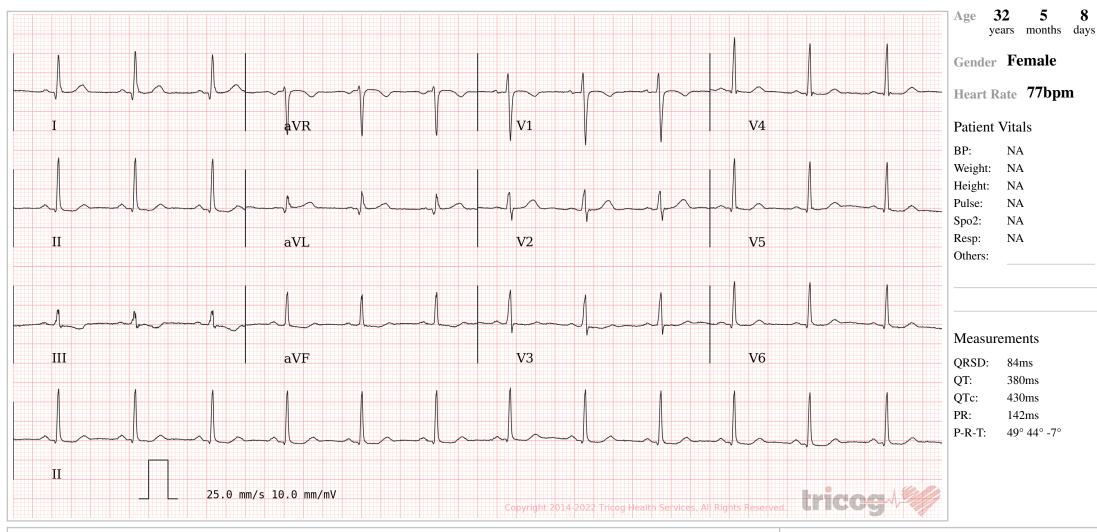


Patient Name: ARATI KUMARI

Patient ID:

2220425015

Date and Time: 23rd Jul 22 10:47 AM



Sinus Rhythm, Normal Axis. ST-T depressed in inferio-apical area. Please correlate clinically.

REPORTED BY

DR ISHWARLAL BAMB M.B.B.S MD (MEDICINE)

DR ISHWARLAL BAMB M.B.B.S MD (MEDICINE) cardiologist 39452

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 must be interpreted by a qualified physician. 2) Patient vitals are as entered by the clinician and not derived from the ECG.



Name : Mrs ARATI KUMARI

Age / Sex : 32 Years/Female

Ref. Dr :

Reg. Location: Swargate, Pune Main Centre



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USG WHOLE ABDOMEN

LIVER: Size, shape and echopattern are normal. No focal lesions noted. No IHBR dilatation. Hepatic veins appear normal. Portal vein and common bile duct show normal caliber.

GALL BLADDER: Partially distended. No evidence of any pericholecystic collection.

PANCREAS: Normal in size and echotexture. Pancreatic duct is normal.

SPLEEN: Normal in size and echopattern. No focal lesion. Splenic vein is normal.

RIGHT KIDNEY: Measures 10.7 x 4.0 cm. Normal in size and echogenicity. No calculus or hydronephrosis. Corticomedullary differentiation is maintained.

LEFT KIDNEY: Measures 10.8 x 4.7 cm. Normal in size and echogenicity. No calculus or hydronephrosis. Corticomedullary differentiation is maintained.

Paraaortic and paracaval region appears to be normal.

No evidence of lymphnodes noted.

No free fluid in abdomen.

URINARY BLADDER: Well distended. No calculi. Wall thickness is normal.

UTERUS: Retroverted normal in size, measures 7.2 x 3.9 x 3.6 cm. No area of increased or decreased echogenicity.

Endometrial echoes are normal. Endometrial thickness is 5.3 mm.

Both the ovaries are normal in size shape and echotexture.

No obvious abnormal ovarian or adnexal mass lesion.

No free fluid noted in the POD.

IMPRESSION: USG Abdomen and pelvis study is within normal limits.

Clinical correlation is indicated.-----End of Report-----

This report is prepared and physically checked by Dr Nikhil Joshi before dispatch.



Name : Mrs ARATI KUMARI

Age / Sex : 32 Years/Female

Ref. Dr

Reg. Location: Swargate, Pune Main Centre

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Reported

: 23-Jul-2022/11:47

8380...

DR. NIKHIL G. JOSHI M.B.B.S., D.M.R.E. REG. NO. 2001/02/397



Name : Mrs ARATI KUMARI

Age / Sex : 32 Years/Female

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X-RAY CHEST PA VIEW

The lung fields are clear with no parenchymal lesion.

The cardiothoracic ratio is maintained and the cardiac outline is normal.

The domes of the diaphragm are normal.

The cardio and costophrenic angles are clear.

Bony thorax is normal.

IMPRESSION: Essentially normal X-ray of the chest.

Clinical corelation is indicated.

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

This report is prepared and physically checked by Dr Nikhil Joshi before dispatch.

DR. NIKHIL G. JOSHI M.B.B.S., D.M.R.E.

REG. NO. 2001/02/397



Name : Mrs ARATI KUMARI

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Name : MRS.ARATI KUMARI

Age / Gender : 32 Years / Female

Consulting Dr. Collected :23-Jul-2022 / 09:48 Reg. Location

Reported :23-Jul-2022 / 12:46 : Swargate, Pune (Main Centre)

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AERFOCAMI HEALTHCARE BELOW 40 MALE/FEMALE

CBC (Complete Blood Count), Blood			
<u>PARAMETER</u>	RESULTS	BIOLOGICAL REF RANGE	<u>METHOD</u>
RBC PARAMETERS			
Haemoglobin	11.0	12.0-15.0 g/dL	Spectrophotometric
RBC	3.43	3.8-4.8 mil/cmm	Elect. Impedance
PCV	34.1	36-46 %	Calculated
MCV	99	80-100 fl	Calculated
MCH	32.2	27-32 pg	Calculated
MCHC	32.4	31.5-34.5 g/dL	Calculated
RDW	12.9	11.6-14.0 %	Calculated
WBC PARAMETERS			
WBC Total Count	3700	4000-10000 /cmm	Elect. Impedance
WBC DIFFERENTIAL AND A	SSOLUTE COUNTS		
Lymphocytes	39.0	20-40 %	
Absolute Lymphocytes	1443.0	1000-3000 /cmm	Calculated
Monocytes	6.0	2-10 %	
Absolute Monocytes	222.0	200-1000 /cmm	Calculated
Neutrophils	51.0	40-80 %	
Absolute Neutrophils	1887.0	2000-7000 /cmm	Calculated
Eosinophils	4.0	1-6 %	
Absolute Eosinophils	148.0	20-500 /cmm	Calculated
Basophils	0.0	0.1-2 %	
Absolute Basophils	0.0	20-100 /cmm	Calculated

WBC Differential Count by Absorbance & Impedance method/Microscopy.

PLATELET PARAMETERS

Immature Leukocytes

Platelet Count	150000	150000-400000 /cmm	Elect. Impedance
MPV	10.9	6-11 fl	Calculated
PDW	21.0	11-18 %	Calculated

Platelet count done by manual method.

RBC MORPHOLOGY

Hypochromia

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: 32 Years / Female Age / Gender

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:23-Jul-2022 / 14:06

Microcytosis Macrocytosis Anisocytosis Poikilocytosis Polychromasia

Target Cells Basophilic Stippling

Normoblasts

Others Normocytic, Normochromic

WBC MORPHOLOGY Few atypical/reactive lymphocytes present

PLATELET MORPHOLOGY

COMMENT Leucopenia

Specimen: EDTA Whole Blood

2-20 mm at 1 hr. ESR, EDTA WB 27 Westergren

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Age / Gender : 32 Years / Female

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AERFOCAMI HEALTHCARE BELOW 40 MALE/FEMALE

<u>PARAMETER</u>	<u>RESULTS</u>	BIOLOGICAL REF RANGE	<u>METHOD</u>
GLUCOSE (SUGAR) FASTING, Fluoride Plasma	83.5	Non-Diabetic: < 100 mg/dl Impaired Fasting Glucose: 100-125 mg/dl Diabetic: >/= 126 mg/dl	Hexokinase
GLUCOSE (SUGAR) PP, Fluoride Plasma PP/R	90.7	Non-Diabetic: < 140 mg/dl Impaired Glucose Tolerance: 140-199 mg/dl Diabetic: >/= 200 mg/dl	Hexokinase
BILIRUBIN (TOTAL), Serum	0.82	0.1-1.2 mg/dl	Colorimetric
BILIRUBIN (DIRECT), Serum	0.3	0-0.3 mg/dl	Diazo
BILIRUBIN (INDIRECT), Serum	0.52	0.1-1.0 mg/dl	Calculated
TOTAL PROTEINS, Serum	7.4	6.4-8.3 g/dL	Biuret
ALBUMIN, Serum	4.4	3.5-5.2 g/dL	BCG
GLOBULIN, Serum	3	2.3-3.5 g/dL	Calculated
A/G RATIO, Serum	1.5	1 - 2	Calculated
SGOT (AST), Serum	14.3	5-32 U/L	NADH (w/o P-5-P)
SGPT (ALT), Serum	8.6	5-33 U/L	NADH (w/o P-5-P)
GAMMA GT, Serum	7.2	3-40 U/L	Enzymatic
ALKALINE PHOSPHATASE, Serum	94.3	35-105 U/L	Colorimetric
BLOOD UREA, Serum	21.6	12.8-42.8 mg/dl	Kinetic
BUN, Serum	10.1	6-20 mg/dl	Calculated
CREATININE, Serum	0.58	0.51-0.95 mg/dl	Enzymatic
eGFR, Serum	128	>60 ml/min/1.73sqm	Calculated
URIC ACID, Serum	3.3	2.4-5.7 mg/dl	Enzymatic

Page 3 of 11



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Reported

: 23-Jul-2022 / 12:29

:23-Jul-2022 / 15:23

Urine Sugar (Fasting)AbsentAbsentUrine Ketones (Fasting)AbsentAbsent

Urine Sugar (PP) Absent Absent
Urine Ketones (PP) Absent Absent

*Sample processed at SUBURBAN DIAGNOSTICS (INDIA) PVT. LTD Pune Lab, Pune Swargate

*** End Of Report ***







Dr.SHAMLA KULKARNI M.D.(PATH) Pathologist

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Name : MRS.ARATI KUMARI

Age / Gender : 32 Years / Female

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

BIOLOGICAL REF RANGE PARAMETER RESULTS METHOD

Glycosylated Hemoglobin **HPLC** Non-Diabetic Level: < 5.7 % 4.6 (HbA1c), EDTA WB - CC

Prediabetic Level: 5.7-6.4 % Diabetic Level: >/= 6.5 %

Estimated Average Glucose 85.3 mg/dl Calculated

(eAG), EDTA WB - CC

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.

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Dr.SHRUTI RAMTEKE M.B.B.S, DCP (PATH) **Pathologist**

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Age / Gender : 32 Years / Female

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<u>AERFOCAMI HEALTHCARE BELOW 40 MALE/FEMALE</u> EXAMINATION OF FAECES

<u>PARAMETER</u> <u>RESULTS</u> <u>BIOLOGICAL REF RANGE</u>

PHYSICAL EXAMINATION

ColourBrownBrownForm and ConsistencySemi SolidSemi SolidMucusTraceAbsentBloodAbsentAbsent

CHEMICAL EXAMINATION

Reaction (pH) Acidic (6.5)

Occult Blood Absent Absent

MICROSCOPIC EXAMINATION

Protozoa Absent Absent Flagellates **Absent Absent** Ciliates Absent Absent **Parasites** Absent Absent Macrophages Absent Absent Mucus Strands Flakes + Absent Fat Globules Absent Absent RBC/hpf Absent Absent WBC/hpf Occasional Absent Yeast Cells Absent **Absent Undigested Particles** Present + Concentration Method (for ova) No ova detected Absent Reducing Substances Absent







Dr.SHRUTI RAMTEKE M.B.B.S, DCP (PATH) Pathologist

Page 6 of 11

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AERFOCAMI HEALTHCARE BELOW 40 MALE/FEMALE URINE EXAMINATION REPORT

<u>PARAMETER</u>	<u>RESULTS</u>	BIOLOGICAL REF RANGE	<u>METHOD</u>
PHYSICAL EXAMINATION			
Color	Yellow	Pale Yellow	-
Reaction (pH)	Acidic (5.0)	4.5 - 8.0	Chemical Indicator
Specific Gravity	1.005	1.001-1.030	Chemical Indicator
Transparency	Clear	Clear	-
Volume (ml)	50	-	-
CHEMICAL EXAMINATION			
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
MICROSCOPIC EXAMINATI	<u>ON</u>		
	4.0	0.54.6	

Leukocytes(Pus cells)/hpf 0-5/hpf 1-2 Red Blood Cells / hpf 0-2/hpf Absent

Epithelial Cells / hpf 2-3

Casts Absent Absent Crystals **Absent Absent** Amorphous debris **Absent** Absent

Bacteria / hpf 4-5 Less than 20/hpf



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Dr.GOURAV AGRAWAL DCP, DNB (Path) **Pathologist**

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Age / Gender : 32 Years / Female

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

RESULTS PARAMETER

ABO GROUP 0

Rh TYPING Positive

NOTE: Test performed by Semi- automated column agglutination technology (CAT)

"This sample has been tested for Bombay group /Bombay phenotype /Oh using anti-H Lectin".

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.

Refernces:

- Denise M Harmening, Modern Blood Banking and Transfusion Practices- 6th Edition 2012. F.A. Davis company. Philadelphia 1.
- AABB technical manual

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Name : MRS.ARATI KUMARI

: 32 Years / Female Age / Gender

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:23-Jul-2022 / 12:04

AERFOCAMI HEALTHCARE BELOW 40 MALE/FEMALE LIPID PROFILE

<u>PARAMETER</u>	RESULTS	BIOLOGICAL REF RANGE	<u>METHOD</u>
CHOLESTEROL, Serum	142.5	Desirable: <200 mg/dl Borderline High: 200-239mg/dl High: >/=240 mg/dl	CHOD-POD
TRIGLYCERIDES, Serum	45.8	Normal: <150 mg/dl Borderline-high: 150 - 199 mg/dl High: 200 - 499 mg/dl Very high:>/=500 mg/dl	GPO-POD
HDL CHOLESTEROL, Serum	60.6	Desirable: >60 mg/dl Borderline: 40 - 60 mg/dl Low (High risk): <40 mg/dl	Homogeneous enzymatic colorimetric assay
NON HDL CHOLESTEROL, Serum	81.9	Desirable: <130 mg/dl Borderline-high:130 - 159 mg/d High:160 - 189 mg/dl Very high: >/=190 mg/dl	Calculated l
LDL CHOLESTEROL, Serum	73.0	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	8.9	< /= 30 mg/dl	Calculated
CHOL / HDL CHOL RATIO, Serum	2.4	0-4.5 Ratio	Calculated
LDL CHOL / HDL CHOL RATIO,	1.2	0-3.5 Ratio	Calculated



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Name : MRS.ARATI KUMARI

Age / Gender : 32 Years / Female

Consulting Dr.

Free T3, Serum

Reg. Location : Swargate, Pune (Main Centre)



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: 23-Jul-2022 / 09:48

CMIA

Reported :23-Jul-2022 / 12:33

AERFOCAMI HEALTHCARE BELOW 40 MALE/FEMALE THYROID FUNCTION TESTS

BIOLOGICAL REF RANGE RESULTS PARAMETER METHOD

3.9

Free T4, Serum 10.8 9-19 pmol/L **CMIA**

> Pregnant Women (pmol/L): First Trimester: 9.0-24.7 Second Trimester: 6.4-20.59 Third Trimester: 6.4-20.59

2.6-5.7 pmol/L

Collected

Kindly note change in reference range and method w.e.f. 16/08/2019

Kindly note change in reference range and method w.e.f. 16/08/2019

sensitiveTSH, Serum 0.35-4.94 microIU/ml 1.4 **CMIA**

Pregnant Women (microIU/ml): First Trimester: 0.1-2.5 Second Trimester: 0.2-3.0 Third Trimester: 0.3-3.0

Kindly note change in reference range and method w.e.f. 16/08/2019. NOTE: 1) TSH values between 5.5 to 15 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 & heart failure, severe burns, trauma & surgery etc.

Page 10 of 11



Name : MRS.ARATI KUMARI

Age / Gender : 32 Years / Female

Consulting Dr. Collected :23-Jul-2022 / 09:48

:23-Jul-2022 / 12:33 Reg. Location : Swargate, Pune (Main Centre) Reported

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
- can give falsely high TSH.
 - 2)TSH values may be trasiently altered becuase 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.

- 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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SID# : 177805339961

Name : MRS.ARATI KUMARI Registered : 23-Jul-2022 / 09:42

Age / Gender : 32 Years/Female Collected : 23-Jul-2022 / 09:42

Consulting Dr. : - Reported : 23-Jul-2022 / 11:48

Reg.Location : Swargate, Pune (Main Centre) Printed : 23-Jul-2022 / 11:52

USG WHOLE ABDOMEN

LIVER: Size, shape and echopattern are normal. No focal lesions noted. No IHBR dilatation. Hepatic veins appear normal. Portal vein and common bile duct show normal caliber.

GALL BLADDER: Partially distended. No evidence of any pericholecystic collection.

PANCREAS: Normal in size and echotexture. Pancreatic duct is normal.

SPLEEN: Normal in size and echopattern. No focal lesion. Splenic vein is normal.

RIGHT KIDNEY: Measures 10.7 x 4.0 cm. Normal in size and echogenicity. No calculus or hydronephrosis. Corticomedullary differentiation is maintained.

LEFT KIDNEY: Measures 10.8 x 4.7 cm. Normal in size and echogenicity. No calculus or hydronephrosis. Corticomedullary differentiation is maintained.

Paraaortic and paracaval region appears to be normal.

No evidence of lymphnodes noted.

No free fluid in abdomen.

URINARY BLADDER: Well distended. No calculi, Wall thickness is normal.

UTERUS: Retroverted normal in size, measures 7.2 x 3.9 x 3.6 cm. No area of increased or decreased echogenicity.

Endometrial echoes are normal. Endometrial thickness is 5.3 mm.

Both the ovaries are normal in size shape and echotexture.

No obvious abnormal ovarian or adnexal mass lesion.

No free fluid noted in the POD.

IMPRESSION: USG Abdomen and pelvis study is within normal limits.

Clinical correlation is indicated.

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Page: 1 of 2



R

CID# : 2220425015 SID# : 177805339961

Name : MRS.ARATI KUMARI Registered : 23-Jul-2022 / 09:42

Age / Gender : 32 Years/Female Collected : 23-Jul-2022 / 09:42

Consulting Dr. : - Reported : 23-Jul-2022 / 11:48

Reg.Location : Swargate, Pune (Main Centre) Printed : 23-Jul-2022 / 11:52

*** End Of Report ***

Dr.NIKHIL JOSHI MBBS , DMRE CONSULTANT RADIOLOGIST

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HEALTHLINE - MUMBAI: 022-6170-0000 | OTHER CITIES: 1800-266-4343



R

CID# : **2220425015** SID# : 177805339961

Name : MRS.ARATI KUMARI Registered : 23-Jul-2022 / 09:42

Age / Gender : 32 Years/Female Collected : 23-Jul-2022 / 09:42

Consulting Dr. : - Reported : 23-Jul-2022 / 12:38

Reg.Location : Swargate, Pune (Main Centre) Printed : 23-Jul-2022 / 12:42

X-RAY CHEST PA VIEW

The lung fields are clear with no parenchymal lesion.

The cardiothoracic ratio is maintained and the cardiac outline is normal.

The domes of the diaphragm are normal.

The cardio and costophrenic angles are clear.

Bony thorax is normal.

IMPRESSION: Essentially normal X-ray of the chest.

Clinical corelation is indicated.

*** End Of Report ***

Dr.NIKHIL JOSHI MBBS , DMRE CONSULTANT RADIOLOGIST

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E

R

CID# : **2220425015** SID# : 177805339961

Registered : 23-Jul-2022 / 09:42

Age / Gender : 32 Years/Female Collected : 23-Jul-2022 / 09:42

Reported : 23-Jul-2022 / 13:22

Reg.Location : Swargate, Pune (Main Centre) Printed : 23-Jul-2022 / 13:27

PHYSICAL EXAMINATION REPORT

History and Complaints:

: MRS.ARATI KUMARI

NO

Name

Consulting Dr. : -

EXAMINATION FINDINGS:

Height (cms):158cmWeight (kg):59kgTemp (0c):AfebrileSkin:NormalBlood Pressure (mm/hg):120/80mmHgNails:Healthy

Pulse: 76/min Lymph Node: Not Palpable

Systems

Cardiovascular: S1 S2 Normal NO Murmurs

Respiratory: Normal **Genitourinary:** Normal

GI System: Soft non tender no Organomegaly

CNS: Normal

IMPRESSION:

ADVICE:

CHIEF COMPLAINTS:

Hypertension: NO
 IHD NO
 Arrhythmia NO

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4) Diabetes Mellitus NO

5) Tuberculosis NO

6) Asthama NO

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

17) Musculoskeletal System NO

PERSONAL HISTORY:

Alcohol
 Smoking
 Diet
 Medication
 NO
 Mixed

*** End Of Report ***

Dr.I U BAMB

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