



EYE CHECK UP

DATE:- 30/01/23

NAME:- Shaila W. Jadhav

AGE:- 31/F.

HISTORY:-

EXAMINATIONS:- Normal Vision

Vision :-

	Near	Distance
Right Eye	6/6 Normal	6/6 Normal
Left Eye	6/6 with Glasses.	6/6 with Glasses.

Colour Vision (Tick Only)

NORMAL	<input checked="" type="checkbox"/>
PARTIAL:RED/GREENDEFICIENCY	<input type="checkbox"/>
COMPLETE:RED/GREEN DEFICIENCY	<input type="checkbox"/>

Doctor Signature
DR. RAJESH MAILAGIRE
General Physician (MBBS)
Reg No 2018/04/1055



HEALTH CHECK UP SUMMARY

Emp ID	Date	Referred By	Location
	31/10/23	Mediwheel	Kharad
Employee Name	Gender	Age	SPO2
Shaila Jadhav	Female	31	100
Height (in CM)	Weight in Kg	BMI	Pulse (per min)
154	44		90
			B P (mm of Hg)
			120/80
Past History	LFCH 1 & half year back. Border line G.D.M		
Present Complaints	weakness ovarian cyst.		

- Adv. Thyroid profile test & HbA1c

ADVICE/SUGGESTION: Tab crimson 350.
 At bed time for 21 days from day 2 of cycle
 C treatment for ovarian cyst.
 Tab sheld 500mg
 After lunch 3 month
 Tab supdian
 daily after breakfast
 3 month.
 followup sonography reports
 After 3 month in o.p.d.

Signature of Medical Examiner

Dr. Shrideep Parab
 M.B.B.S. DGO
 Obs & Gynecologist
 Reg. No. : MMC 2013/11/3392



Patient Name : MRS. SHAILA WAMANRAO JADHAV

Age / Gender : 31 Yrs 4 M / Female

Mobile No. : 9096013822

Patient ID : 154

Source : MEDIWHEEL

Referral : SELF

Receiving Time : Jan 30, 2023

Sample ID :



Test Description	Value(s)	Reference Range	
THYROID FUNCTION TEST (TFT)			
T3-Total	1.45	0.6 - 1.80	ng/mL
T4-Total	10.0	4.5 to 10.9	microgm/dl
TSH-Ultrasensitive	1.25	0.35 to 5.55	microU/mL

Method : CLIA

Interpretation

TSH levels may be affected by acute illness and drugs like doapamine and gluco corticoids .

Low or undetectable TSH is suggestive of Grave~s disease

TSH between 5.5 to 15.0 with normal T3 T4 indicates impaired thyroid hormone or subclinical hypothyroidism or normal T3 T4 with slightly low TSH suggests subclinical Hyperthyroidism.

TSH suppression does not reflect severity of hyperthyroidism therefore , measurement of FT3 & FT4 is important.

FreeT3 is first hormone to increase in early Hyperthyroidism.

Only TSH level can prove to be misleading in patients on treatment. Therefore FreeT3 , FreeT4 along with TSH should be checked.

During pregnancy, T3 T4 can be high and TSH can be slightly low

****END OF REPORT****

DR. SAGAR RAJENDRA SHETE
REG. NO. 043463

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Test Description	Value(s)	Reference Range
<u>Blood Group Abo & Rh Typing, Blood</u>		
Blood Group (ABO typing) Method : Manual-Hemagglutination	"O"	
RhD Factor (Rh Typing) Method : Manual hemagglutination	Positive	

END OF REPORT

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Test Description	Value(s)	Reference Range
LIPID PROFILE		
Cholesterol-Total Method : Spectrophotometry	156	Desirable level < 200 Borderline High 200-239 High >or = 240 mg/dL
Triglycerides Method : Serum, Enzymatic, endpoint	83	Normal: < 150 Borderline High: 150-199 High: 200-499 Very High: >= 500 mg/dL
HDL Cholesterol Method : Serum, Direct measure-PEG	45	Normal: > 40 Major Risk for Heart: < 40 mg/dL
LDL Cholesterol Method : Enzymatic selective protection	94.40	Optimal < 100 Near / Above Optimal 100-129 Borderline High 130-159 High 160-189 Very High >or = 190 mg/dL
VLDL Cholesterol Method : Serum, Enzymatic (Calculated)	16.60	6 - 38 mg/dL
CHOL/HDL Ratio Method : Serum, Enzymatic	3.47	UP TO 5.0
LDL/HDL Ratio Method : Serum, Enzymatic	2.10	UP TO 3.5

Note:

8-10 hours fasting sample is required.

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000503023

Test Description	Value(s)	Reference Range
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GLYCOSYLATED HAEMOGLOBIN (GHB / HBA1c)

HbA1c (GLYCOSYLATED HEMOGLOBIN), 4.7 %
BLOOD

Method : (HPLC, NGSP certified)

Estimated Average Glucose : 88.19 - mg/dL

Interpretation

As per American Diabetes Association (ADA)	
Reference Group	HbA1c in %
Non diabetic adults >=18 years	<5.7
At risk (Prediabetes)	5.7 - 6.4
Diagnosing Diabetes	>= 6.5
Therapeutic goals for glycemic control	Age > 19 years Goal of therapy: < 7.0 Action suggested: > 8.0 Age < 19 years Goal of therapy: <7.5

Note:

1. Since HbA1c reflects long term fluctuations in the blood glucose concentration, a diabetic patient who is recently under good control may still have a high concentration of HbA1c. Converse is true for a diabetic previously under good control but now poorly controlled .
2. Target goals of < 7.0 % may be beneficial in patients with short duration of diabetes, long life expectancy and no significant cardiovascular disease. In patients with significant complications of diabetes, limited life expectancy or extensive co-morbid conditions, targeting a goal of < 7.0 % may not be appropriate.

Comments

HbA1c provides an index of average blood glucose levels over the past 8 - 12 weeks and is a much better indicator of long term glycemic control as compared to blood and urinary glucose determinations.

ADA criteria for correlation between HbA1c & Mean plasma glucose levels.

HbA1c(%)	Mean Plasma Glucose (mg/dL)
6	126
7	154
8	183

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MADYOASIS DIAGNOSTICS

Patient Name : MRS. SHAILA WAMANRAO JADHAV

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Test Description	Value(s)	Reference Range
9	212	
10	240	
11	269	
12	298	

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Test Description	Value(s)	Reference Range	
<u>LIVER FUNCTION TEST (LFT)</u>			
Total Protein	7.11	6.6 - 8.3	g/dL
Method : Serum, Biuret, reagent blank end point			
Albumin	4.07	3.2 - 4.6	g/dL
Method : Serum, Bromocresol green			
Globulin	3.04	1.8 - 3.6	g/dL
Method : Serum, EIA			
A/G Ratio	1.34	1.2 - 2.2	
Method : Serum, EIA			
Bilirubin - Total	0.89	0.3 - 1.2	mg/dL
Method : Serum, Jendrassik Grof			
Bilirubin - Direct	0.20	< 0.2	mg/dL
Method : Serum, Diazotization			
Bilirubin - Indirect	0.69	0.1 - 1.0	mg/dL
Method : Serum, Calculated			
SGOT	13.5	Upto 40	U/L
Method : Serum, UV with P5P, IFCC 37 degree			
SGPT	10.4	Upto 42	U/L
Method : Serum, UV with P5P, IFCC 37 degree			
Alkaline Phosphatase	67	30 - 120	U/L
Method : PNPP-AMP Buffer/Kinetic			
GGT-Gamma Glutamyl Transpeptidase	35	< 38	U/L
Method : Serum, G-glutamyl-carboxy-nitroanilide			

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Test Description	Value(s)	Reference Range
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Esr, Erythrocyte Sedimentation Rate

ESR - Erythrocyte Sedimentation Rate 11 0-15 mm/hr

Method : EDTA Whole Blood, Manual Westergren

Interpretation:

- It indicates presence and intensity of an inflammatory process. It does not diagnose a specific disease. Changes in the ESR are more significant than the abnormal results of a single test.
- It is a prognostic test and used to monitor the course or response to treatment of diseases like tuberculosis, bacterial endocarditis, acute rheumatic fever, rheumatoid arthritis, SLE, Hodgkins disease, temporal arteritis and polymyalgia rheumatica.
- It is also increased in pregnancy, multiple myeloma, menstruation, and hypothyroidism.

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Test Description	Value(s)	Reference Range	
RENAL FUNCTION TEST			
Uric Acid Method : Serum, Uricase	4.04	3.2 - 7.2	mg/dL
Creatinine Method : Serum, Jaffe	1.2	0.4 - 1.4	mg/dL
Urea Method : Uricase	22	10 - 50	mg/dL
Blood Urea Nitrogen-BUN Method : Serum, Urease	10.28	8 - 23	mg/dL

Remark:

In blood, Urea is usually reported as BUN and expressed in mg/dl. BUN mass units can be converted to urea mass units by multiplying by 2.14.

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Test Description	Value(s)	Reference Range	
Complete Blood Count			
WBC	9300	4000-10000	cell/cu.mm
Neu%	70	50 - 70	%
Lym%	25	20.0 - 40.0	%
Mon%	03	3.0 - 12.0	%
Eos%	02	0.5 - 5.0	%
Bas%	00	0.0 - 1.0	%
RBC	4.46	4.0 - 5.50	10 ⁶ /uL
HGB	13.3	12.0 - 16.0	g/dL
HCT	36.8	40.0 - 54.0	%
MCV	81.2	83 - 101	fL
MCH	29.5	27 - 32	pg
MCHC	36.1	31.5 - 34.5	g/dL
RDW-CV	12.9	11.0 - 16.0	%
RBC	Normocytic normochromic		
WBC	Within normal limits		
Platelet	Adequate		

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Test Description	Value(s)	Reference Range
<u>FASTING BLOOD SUGAR</u>		
Glucose fasting Method : Fluoride Plasma-F, Hexokinase	75	Normal: 70 - 99 mg/dL Impaired Tolerance: 100-125 Diabetes mellitus: \geq 126 (on more than one occassion) (American diabetes association guidelines 2018)
Urine Fasting	Absent	

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Test Description	Value(s)	Reference Range	
PPBS			
Blood Glucose-Post Prandial	103	70 - 140	mg/dL
Method : Hexokinase			
Urine Post Prandial	Absent		

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Test Description	Value(s)	Reference Range
<u>URINE ROUTINE EXAMINATION</u>		
Volume*	20	- ml
Colour*	Pale Yellow	
Transparency (Appearance)*	Clear	
Deposit*	Absent	
Reaction (pH)*	6.5	4.5 - 8
Specific Gravity*	1.025	1.010 - 1.030
<u>Chemical Examination (Automated Dipstick Method) Urine</u>		
Urine Glucose (sugar)*	Absent	
Urine Protein (Albumin)*	Absent	
<u>Microscopic Examination Urine</u>		
Pus Cells (WBCs)*	0-1	0 - 5 /hpf
Epithelial Cells*	1-2	0 - 4 /hpf
Red blood Cells*	Absent	/hpf
Crystals*	Absent	
Cast*	Absent	
Bacteria*	Absent	
Mucus Thread	Absent	

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Patient Name : MRS. SHAILA JADHAO	Date : 30 Jan 2023
Referred By : MADYOASIS MEDICAL SERVICES	Age : 31 YEARS Sex : F

USG ABDOMEN AND PELVIS

Liver:

The liver is normal in size, shape and echotexture. No focal lesion is seen. The intrahepatic biliary radicles are normal. The common bile duct and the portal vein appears normal.

Gall Bladder:

The gall bladder is well distended. No calculus is seen. The wall thickness is normal.

Pancreas:

The pancreas is normal in size and shape. No focal lesion or calcifications are seen within it. The pancreatic duct is normal.

Spleen:

The spleen is normal in size and measures 10 cm. No focal lesion is seen.

Kidneys:

The right kidney measures 9.8 x 4.6cm. The left kidney measures 9.6 x 5.3cm. Both kidneys show normal parenchymal echotexture. The corticomedullary differentiation is maintained bilaterally. The pelvicalyceal system is normal in both the kidneys.

Aorta/IVC:

The aorta and IVC appear grossly normal. No ascites or lymphadenopathy is seen.

Urinary bladder:

The bladder is well distended. The wall thickness is normal. No vesical calculus is seen.

Uterus and ovaries:

The uterus is anteverted and measures 7 x 4.3 x 3.4 cm in size. The endometrial thickness measures 6 mm. No focal lesion is seen within the myometrium. No adnexal mass is seen on either side. Right ovary appears normal. Left ovarian simple cyst seen measuring 51 x 41 mm and 28x 20 mm.

Impression:

Left ovarian simple cyst seen measuring 51 x 41 mm and 28x 20 mm.

No other significant abnormality seen at present scan.

Dr. GANESH SANAP
(MBBS,DMRD, DNB)
Consulting Radiologist



Patient Name : MRS. SHAILA JADHAO

Date : 30 Jan 2023

Referred By : MADYOASIS MEDICAL SERVICES

Age : 31 YEARS Sex : F

X RAY CHEST PA VIEW

Both the lung fields are clear.

Both diaphragmatic domes have normal contours and positions.

Cardio-aortic silhouette has a normal appearance.

There is no evidence of any pleural effusion.

Bony thorax appears normal

CONCLUSION:

No obvious abnormality seen at present study.

Dr. GANESH SANAP
(MBBS,DMRD, DNB)
Consulting Radiologist

Facilities

● 3D /4D sonography ● Fetal medicine ● Obstetric Sonography ● Digital Xray ● Pathology ● ECG
● 32 slice low radiation dose CT scan ● Ultrasonogray with All Doppler studies ● Health Packages ● TMT

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📞 8009 22 4005 / 8009 45 4005 ✉ Email : passiondiagnostics@gmail.com



Patient Name : MRS. SHAILA JADHAO

Date : 30 Jan 2023

Referred By : MADYOASIS MEDICAL SERVICES

Age : 31 YEARS Sex : F

2D ECHOCARDIOGRAPHY & COLOUR DOPPLER STUDY

Monday, January 30, 2023

Left Ventricle:

The left ventricle is normal in size. No e/o RWMA.

The left ventricular ejection fraction is normal .

Left Atrium:

The left atrium is normal size. No clot.

Right Ventricle:

The right ventricular is normal size. There is normal right Ventricular wall thickness.

Aorta:

The aortic root is normal.

Pulmonary Artery:

The Pulmonary artery is normal.

Pericardium:

There is no pericardial effusion. No calcification.

Aortic Valve:

The aortic valve is tri-leaflet with thin, pliable leaflets that move normally. There is no aortic Stenosis. No aortic regurgitation is present.

Mitral Valve:

The mitral valve leaflets are thin. Normal mitral gradients. There is no evidence of stenosis, prolapse. Diastolic flows are altered . No mitral regurgitation noted.

Tricuspid Valve:

The tricuspid valve leaflets are thin and pliable and the valve motion is normal. No tricuspid Regurgitation is noted.

Pulmonary Valve:

The pulmonary valve leaflets are thin and pliable and the valve motion is normal. No pulmonary Valvular regurgitation is noted.

Proximal Coronaries:

Not visualized.

IAS and IVS are intact.

M-MODE/2D PARAMETERS

AO	24	(23-37mm)
LA	24	(19-40mm)
RVD		(7-23mm)
LVD	39	(35-55mm)
LVS	28	(24-42mm)
IVS	8	(6-11mm)
LVPW	8.7	(6-11mm)
EF	55-60%	(50-70%)

Parameters in brackets indicate normal adult Values.

IMPRESSION:

- No e/o RWMA
- Normal EF.
- RA / RV not dilated.
- No e/o pulmonary hypertension
- Normal valves and velocities.
- No clot, vegetations or effusions.



Dr. GANESH SANAP
(MBBS,DMRD, DNB)
Consulting Radiologist
FELLOW 2D ECHO (IAE)

Facilities

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PASSION
The Diagnostic Destination

Name : MRS.SHAILA JADHAO Age/Sex :31 Y/F
Ref By : MEDIOASIS MEDICAL SERVICE Date : 30/01/2023

ECG

Observations:

ECG done with in resting position with 10 leads.

Normal Sinus rhythm noted . NO E/O T wave inversion.

No obvious other abnormality .

ADv : CLINICAL CORRELATION.

Dr. MILIND SHINDE
MBBS, DNB.

Facilities

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