

SARDA

CENTRE FOR DIABETES & SELF CARE

Date:-

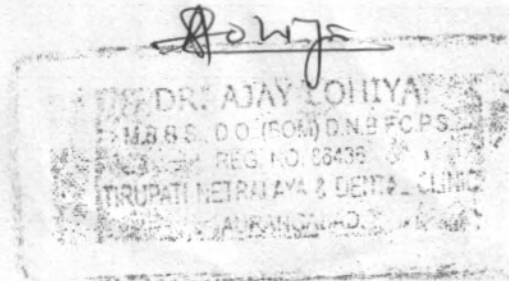
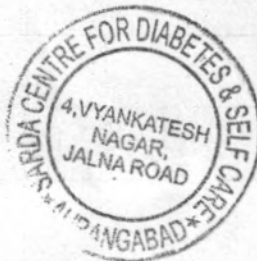
Name Mrs. Padmabai Solunke Age/Sex 42/Female

Address Bank of Baroda,

OPHTHALMIC EXAMINATION REPORT

	<u>Right Eye</u>	<u>Left eye</u>
Vision Distant	6/6	6/6
Vision Near	M62H15DSR	M62H15DSM3
Anterior segment	<u>NAD</u>	<u>NAD</u>
Pupils	NSRTL	<u>NSRTL</u>
Lens	clear	clear
Tension	<u>Normal</u>	<u>Normal</u>
Fundus:-	Disc well CABO3 RET	Disc well CABO3 RET
Colour Vision		

Impression: (BE) within normal limits





Reg. Office : CTS No. 15184/3, Asian Hospital, Akashwani Signal, Jalna Road, Aurangabad - 431 001 (MH) India.
Email : asianciticarehospital@gmail.com, Ph. 0240 - 6610801 / 6610807

Name of Patient: Mrs. Padma Solanke

Date: /2312/2023

Age/Sex : 42 Yrs/Female

2-D ECHOCARDIOGRAPHY REPORT

Mitral Valve : Normal
Aortic Valve : Normal
Tricuspid Valve : Normal
Pulmonary Valve : Normal
Right Atrium : Normal
Right Ventricle : Normal
Left Atrium : 3.22Cm
Left Ventricle : Normal
IVS(S):0.98Cm LV(S):2.57Cm PW(S):1.06Cm LVEF-68%
IVS(D):0.90Cm LV (D):4.12Cm PW(D):0.90Cm FS- 37%
IVS : 0.95Cm
IAS : Intact
Aorta : 2.80Cm
Pulmonary Artery : Normal
Pericardium : Normal
IVC : Normal

DOPPLER STUDY

Mitral Flow : E-0.87 m/sec A- 0.64m/sec DT-176m/sec E/A-1.4
Aortic Flow : 1.29m/sec
Pulmonary Flow : 0.54 m/sec
Tricuspid Flow : m/sec RVSP- mm Hg

COLOR DOPPLER

MR : No
AR : No
TR : No
PR : No
Shunts : Nil

Dr. Deorao Thenge
M.D., D.N.B., (Cardiology)

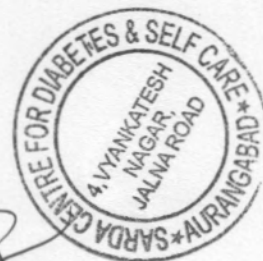
Dr. Mukund Bajaj
M.D., D.M., (Cardiology)




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CONCLUSION:

Normal Sized Cardiac Chambers.
No LV RWMA.
Good LV Systolic function with LVEF- 68%.
Normal LV Filling Pattern.
No MR/AR/TR.
No PE/LV Clot.




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M.D.D.N.B.(CARDIOLOGY)
Dr. Devrao Thenge
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Dr. Deorao Thenge
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Dr. Mukund Bajaj
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Dr. Amey Jaju
MBBS, DNB Radiology
Fellowship in MSK Imaging

Regd. No. 2019/05/3879	Patient Name: PADMABAI SOLUNKE	• DIGITAL X-RAY • 3D US/5D SONOGRAPHY • COLOUR DOPPLER
Patient Id: 4505	Ref Phy: DR. SARDA	Age/Sex: 42 Years / FEMALE Address :

USG ABDOMEN & PELVIS

Liver is normal in size 14.2 cm and echotexture. No focal liver parenchymal lesion is seen. Intrahepatic portal and biliary radicles are normal.

Gall-bladder is physiologically distended. No evidence of intraluminal calculus is seen. Wall thickness appears normal. No evidence of peri-cholecystic fluid is seen.

Portal vein and CBD are normal in course and calibre.

Pancreas appears normal in size and echotexture. No evidence of duct dilatation or parenchymal calcification seen.

Spleen is normal in size and echotexture. No focal lesion is seen in the spleen.

Right kidney measures 9.1 x 3.6 cm.

Left kidney measures 9.4 x 4.9 cm.

Both the kidneys are normal in size, shape and echotexture. Cortico-medullary differentiation is maintained.

There is evidence of at least 2 obstructing calculi of size 6.0 mm and 5.1 mm in right proximal ureter causing dilatation of right pelvicalyceal system and proximal ureter.

Also small calculus of size 6.0 mm is noted in lower pole calyx of right kidney.

Small non-obstructing calculus of size 3 mm is also noted in lower pole calyx of left kidney.

Urinary bladder is moderately distended and revealed no intrinsic abnormality.

Uterus is normal in size, shape and echotexture. It measures

Both ovaries appear normal in size and echotexture.

Both the adnexae are clear.

There is no free fluid in abdomen and pelvis.

No significant lymphadenopathy is seen.

Impression:

- 1. Obstructing right proximal ureteric calculi causing moderate right sided hydro-ureteronephrosis.**
- 2. Also bilateral renal calculi are noted as mentioned in above text.**

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MBBS, DNB (Radiology)
Fellow in MSK Imaging
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Fellow in MSK imaging



ANUSHREE SONOGRAPHY & X-RAY CENTRE

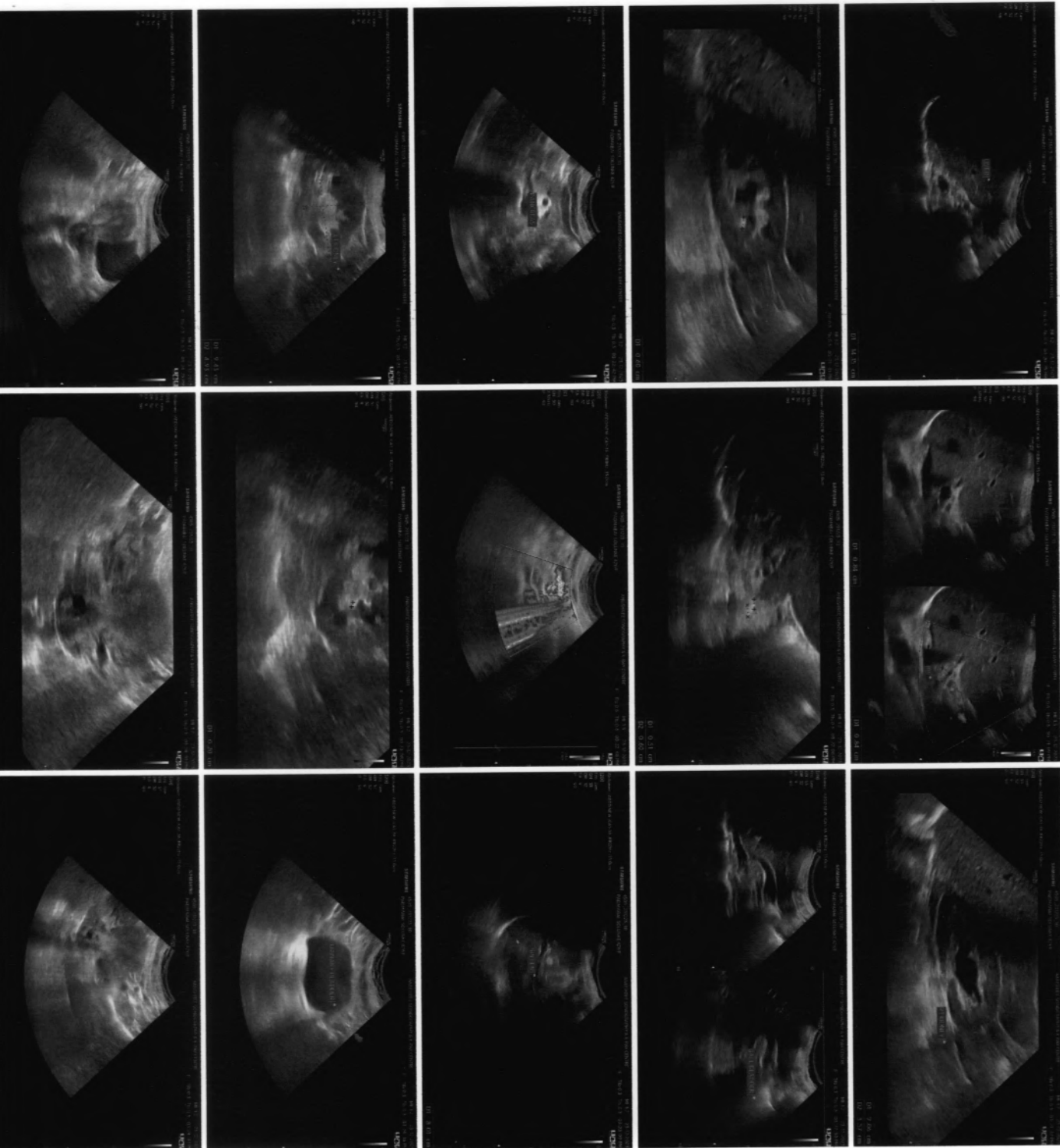
Name: PADMABAI SOLUNKE

Age: 42 Y

Sex: Female

RefDr: Sarda

Date: 23-Dec-2023





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Regd. No. 2019/05/3879

DIGITAL X-RAY • 3D/4D/5D SONOGRAPHY • COLOUR DOPPLER

Patient Name: **PADMA SOLUNKE**

Date: **23/12/2023**

Patient Id: **4522**

Age/Sex: **42 Years / FEMALE**

Ref Phy: **DR. SARDA**

Address :

RADIOGRAPH OF CHEST PA VIEW

Findings:

Both the lung fields are clear.

The broncho vascular markings are appears normal.

The hilar shadows are appears normal.

Both Cardiophrenic and Costophrenic angles are clear.

The Cardiac silhouette is within normal limits.

Aortic shadow is normal.

Both domes of diaphragms are normal.

The visualised bony thorax is normal.

Impression:

No significant abnormality noted in X-ray chest.

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CONSULTANT RADIOLOGIST

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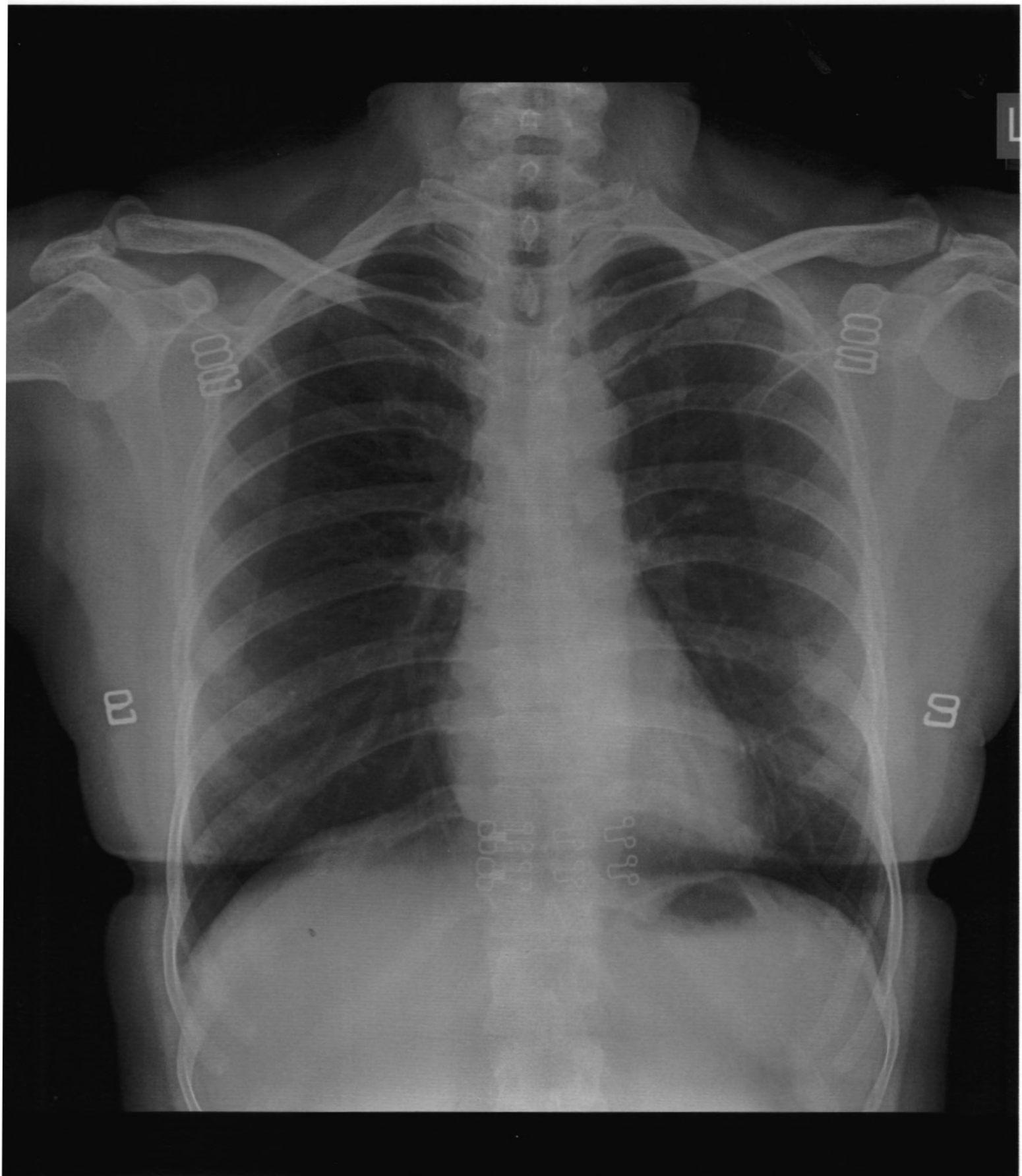
Name: Padma Solunke

Age: 42 Y

Sex: Female

RefDr: Dr. Sarda

Date: 23-Dec-2023



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Anushree
Sonography & X-Ray Centre

• DIGITAL X-RAY • 3D/4D/5D SONOGRAPHY • COLOUR DOPPLER

Patient Name: PADMABAI SOLUNKE	Date: 23/12/2023
Patient Id: 4506 Ref Phy: DR. SARDA	Age/Sex: 42 Years / FEMALE

SONOMAMMOGRAPHY OF BOTH BREASTS

Skin and subcutaneous tissues are normal in both the breasts.

Both breasts show normal fibro-glandular parenchyma.

No evidence of cystic or solid lesions in the breast parenchymal bilaterally.

Retro-areolar areas of both breasts are normal.

Retro-mammary structures are normal bilaterally.

Axillary tail areas on both sides are normal.

No evidence of axillary lymphadenopathy.

IMPRESSION

NORMAL SONOMAMMOGRAPHY STUDY.

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ANUSHREE SONOGRAPHY & X-RAY CENTRE

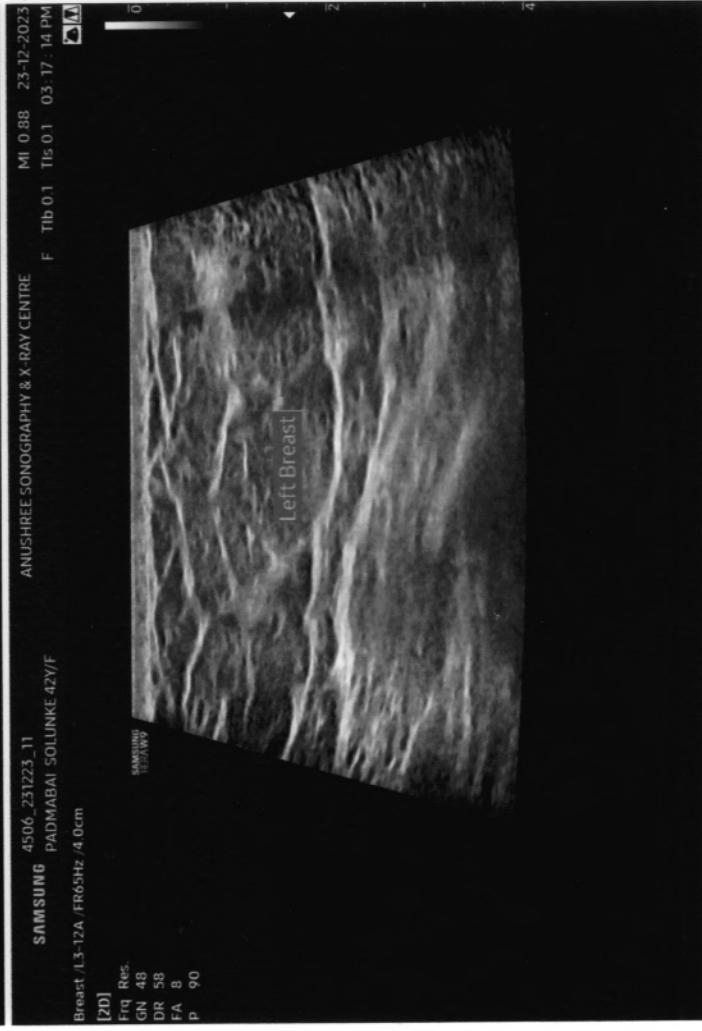
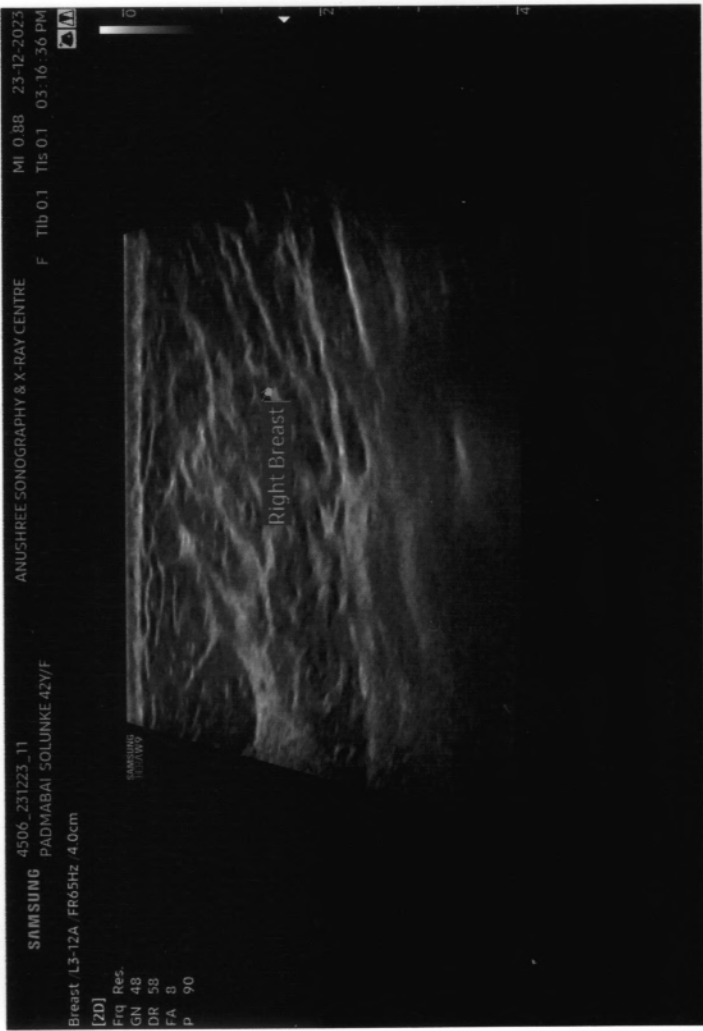
Name: PADMABAI SOLUNKE

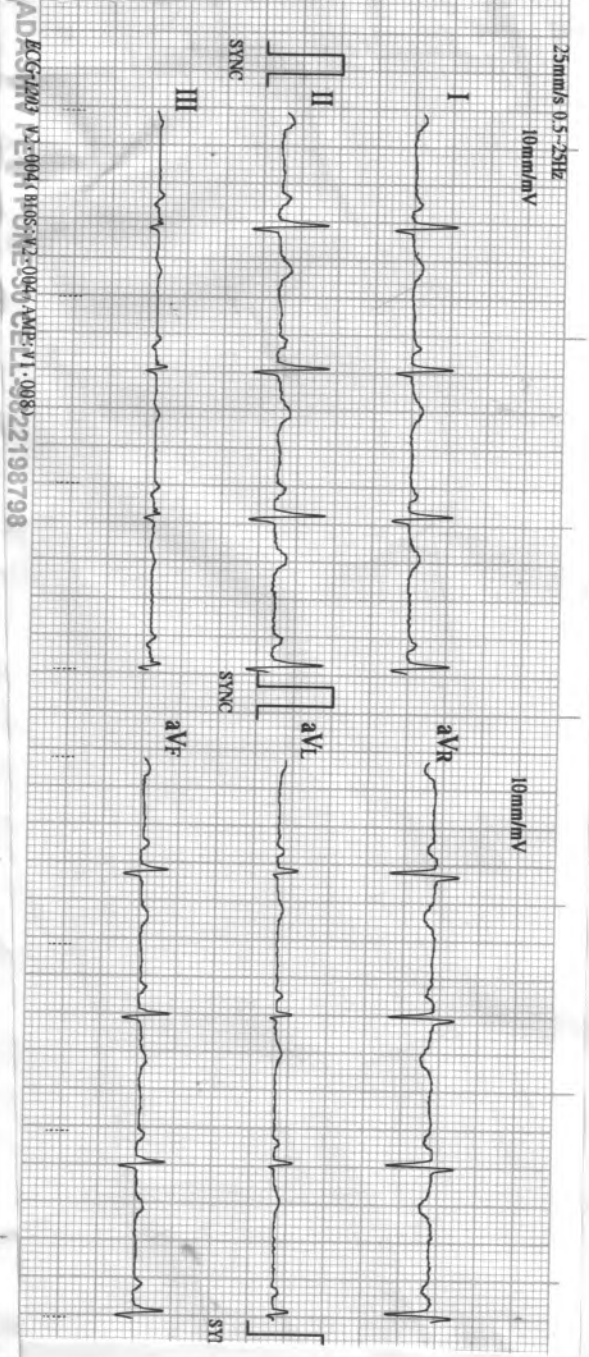
Age: 42 Y

Sex: Female

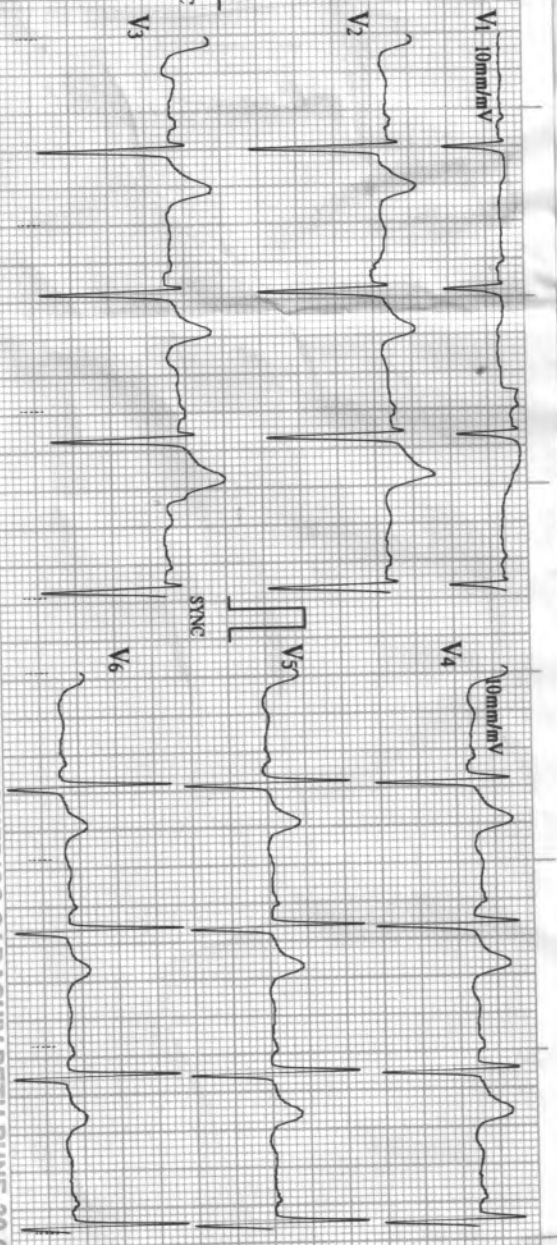
RefDr: Sarda

Date: 23-Dec-2023





ADCS-1207 V2-004, BIOS-V2-004, AMP-V1-008, 22198798



BIOMEDICS SADASHIV PETH PUNE-30 CELL-9822198798

12/23/2023 11:54

ID : 4148
 Name: *[Signature]*
 Sex :
 Age :

*Mrs. Padma
 Srinivas
 Gowri*

HR : 76 bpm
 R-R : 781 ms
 P-R : 145 ms
 QRS : 93 ms
 QT/QTc : 348/393 ms
 P/QRS/T : 29/27/33
 R/S/SVL : 1.210/0.760 mV
 R/S/SVL : 1.970 mV

Machine Interpretation Only

Confirm with Physician

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SARDA

CENTRE FOR DIABETES & SELF CARE

4, Vyankatesh Nagar, Jainia Road, Aurangabad. Ph. : (0240) 2333851, 2334858.

Name : MRS. Padmabai Solunke Age : 42 ymf
1803

CLINICAL SUMMARY :

Weight : _____ Height (Cms) : _____ Blood Pressure : _____

ECG FINDINGS :

Rate : 76/min ORS. Complex : R

Rhythm : R ST Segment : R

Mechanism : R T. Wave : R

Axis : R QT Interval : R

P. Wave : R PR Interval : R

low

Recommendation : _____

Date : 23.12.23

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Phone No. 2333851, 2334858

Patient Name : MRS PADMABAI SOLUNKE



SCD23/6651



Age/Gender : 42 Yrs/Female

Report Date : 23/12/2023

Ref. Dr. : MEDIWHEEL

HAEMATOLOGY REPORT

Test Description	Result	Unit	Biological Reference Ranges
BLOOD GROUP AND RH FACTOR			
Blood Group	'A'		
Rh Factor	POSITIVE(+VE)		

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Patient Name : MRS PADMABAI SOLUNKE

Age/Gender : 42 Yrs/Female

Ref. Dr. : MEDIWHEEL



SCD23/6651

Report Date

: 23/12/2023

**BIOCHEMISTRY REPORT**

Test Description	Result	Unit	Biological Reference Ranges
LIPID PROFILE			
Cholesterol-Total <i>Method: Spectrophotometry</i>	191	mg/dL	< 200 - Desirable 200 - 239 -Boderline High > 240 - High
Triglycerides level <i>Method: Serum, Enzymatic, endpoint</i>	136	mg/dL	< 150 - Normal 150 - 199 -Boderline High 200 - 499 -High >500 Very -High
HDL Cholesterol <i>Method: Serum, Direct measure-PEG</i>	39	mg/dL	< 40 - Low > 40 - Normal
LDL Cholesterol <i>Method: Enzymatic selective protection</i>	124.80	mg/dL	< 100 - Optimal 100 - 129 - Near/Above Optimal 130 - 159 - Borderline high 160 - 189 - High > 190 - Very High
VLDL Cholesterol <i>Method: Serum, Enzymatic</i>	27.20	mg/dL	6 - 38
CHOL/HDL RATIO <i>Method: Serum, Enzymatic</i>	4.90		3.5 - 5.0
LDL/HDL RATIO <i>Method: Serum, Enzymatic</i>	3.20		2.5 - 3.5

NOTE

8-10 hours fasting sample is required

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BIOCHEMISTRY REPORT

Test Description	Result	Unit	Biological Reference Ranges
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BLOOD SUGAR FASTING & PP (BSF & PP)

BLOOD SUGAR FASTING	96	mg/dl	70 - 110
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Method: Hexokinase

BLOOD SUGAR POST PRANDIAL	115	mg/dl	70 - 140
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Method: Hexokinase

ADA 2019 Guidelines for diagnosis of Diabetes Mellitus

Fasting Plasma Glucose > 126 mg/dl

Postprandial Blood Glucose > 200 mg/dl

Random Blood Glucose > 200 mg/dl

HbA1c Level > 6.5%

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BIOCHEMISTRY REPORT

Test Description	Result	Unit	Biological Reference Ranges
UREA <i>Method: UV</i>	20	mg/dl	10 - 45
Serum Creatinine <i>Method: Modified Jaffe's</i>	0.8	mg/dL	0.60 - 1.40

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LIVER FUNCTION TEST (LFT)

TOTAL BILIRUBIN	0.48	mg/dl	0.2 - 1.0
<i>Method: Serum, Jendrassik Grof</i>			
DIRECT BILIRUBIN	0.15	mg/dL	0.0 - 0.3
<i>Method: Serum, Diazotization</i>			
INDIRECT BILIRUBIN	0.33	mg/dl	0.3 - 1.0
<i>Method: Serum, Calculated</i>			
SGPT (ALT)	34	U/L	15 - 40
<i>Method: Serum, UV with P5P, IFCC 37 degree</i>			
SGOT (AST)	19	U/L	15 - 40
<i>Method: Serum, UV with P5P, IFCC 37 degree</i>			
ALKALINE PHOSPHATASE	52	U/L	30 - 120
<i>Method: DGKC</i>			
TOTAL PROTEIN	7.0	g/dl	6.0 - 8.0
<i>Method: Serum, Biuret, reagent blank end point</i>			
SERUM ALBUMIN	4.3	g/dl	3.2 - 4.6
<i>Method: Serum, Bromocresol green</i>			
SERUM GLOBULIN	2.70	g/dl	1.8 - 3.6
<i>Method: Serum, Calculated</i>			
A/G RATIO	1.59		1.2 - 2.2
<i>Method: Serum, Calculated</i>			
Gamma Glutamyl Transferase-Serum	30	IU/L	12 - 43
<i>Method: Kinetic</i>			

NOTE :

In known cases of Chronic Liver disease due to Viral Hepatitis B & C, Alcoholic liver disease or Non alcoholic fatty liver disease, Enhanced liver fibrosis (ELF) test may be used to evaluate liver fibrosis.

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SCD23/6651

Age/Gender : 42 Yrs/Female

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**IMMUNOASSAY REPORT**

Test Description	Result	Unit	Biological Reference Ranges
Thyroid Function Test (TFT)			
T3	114.59	ng/dl	80-253 : 1 Yr-10 Yr, 76-199 : 11 Yr-15 Yr, 69-201 :16 Yr-18 Yr, 87-173 : > 18 years,
T4	10.5	ng/dl	5.9-21.5 :10-31 Days, 5.9-21.5 :0-1 Month, 6.4-13.9 :2-12 Months, 6.09-12.23 :>1 Yr
TSH(Serum)	1.38	ng/dl	0.52-16.0 :1 Day - 30 Days 0.55-7.10 :1 Mon-5 Years 0.37-6.00 :6 Yrs-18 Years 0.38-5.33 :18 Yrs-88 Years 0.50-8.90 :88 Years

Method : ECLIA

Clinical features of thyroid disease		
Hypothyroidism	Hyperthyroidism	Grave's disease
Lethargy	Tachycardia	Exophthalmos/proptosis
Weight gain	Palpitations (atrial fibrillation)	Chemosis
Cold intolerance	Hyperactivity	Diffuse symmetrical goitre
Constipation	Weight loss with increased appetite	Pretibial myxoedema (rare)
Hair loss	Heat intolerance	Other autoimmune conditions
Dry skin	Sweating	
Depression	Diarrhoea	
Bradycardia	Fine tremor	
Memory impairment	Hyper-reflexia	
Menorrhagia	Goitre	
	Palmar erythema	
	Onycholysis	
	Muscle weakness and wasting	
	Oligomenorrhoea/amenorrhoea	

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URINE EXAMINATION REPORT

Test Description	Result	Unit	Biological Reference Ranges
URINE ROUTINE			
Physical Examination			
Colour	Pale Yellow		Pale Yellow
Apperance	Clear		Clear
Reaction	Acidic		
Deposit	Absent		
Chemical Examination			
Specific Gravity	1.010		
Albumin	Absent		
Sugar	Absent		Absent
Acetone	Absent		
Microscopic Examination			
RBC's	NIL	/hpf	Nil
Pus cells	6-8/hpf	/hpf	2-3/hpf
Epithelial Cells	4-6	/hpf	1-2/hpf
Crystals	Absent		Absent
Casts	Not Seen		Not Seen
Amorphous Deposit	Absent		Absent

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Test Description	Result	Unit	Biological Reference Ranges
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COMPLETE BLOOD COUNT

Total WBC Count	8300	cell/cu.mm	4000 - 11000
Haemoglobin	11.4	g%	13 - 18
Platelet Count	2,87000	/cumm	150000 - 450000
RBC Count	4.51	/Mill/ul	4.20 - 6.00

RBC INDICES

Mean Corp Volume MCV	79.8	fL	80 - 97
Mean Corp Hb MCH	25.3	pg	26 - 32
Mean Corp Hb Conc MCHC	31.7	gm/dL	31.0 - 36.0
Hematocrit HCT	36.0	%	37.0 - 51.0

DIFFERENTIAL LEUCOCYTE COUNT

Neutrophils	50	%	40 - 75
Lymphocytes	41	%	20 - 45
Monocytes	06	%	02 - 10
Eosinophils	03	%	01 - 06
Basophils	00	%	00 - 01

NOTE:

1. As per the recommendation of International council for Standardization in Hematology, the differential leukocyte counts are additionally being reported as absolute numbers of each cell in per unit volume of blood.
2. Test conducted on EDTA whole blood.

ESR	16	mm/hr	Male: 0-8 mm at 1 Hr. Female: 0-20 mm at 1 Hr.
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INTERPRETATION :

1. It indicates presence and intensity of an inflammatory process, never diagnostic of a specific disease. Changes are more significant than a single abnormal test.
2. 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, polymyalgia rheumatica.
3. It is also increased in pregnancy, multiple myeloma, menstruation, and hypothyroidism.

**** End of the report. ****

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