

Regn Date :
Name : **MR. RENUKA SHARMA**
Regn No :

Age / Sex : **43y female**
Rpt Date/Time :
Ref Dr :

R
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R
T

GYNAECOLOGICAL EXAMINATION REPORT

EXAMINATION :					
RS	:	AEBE	CVS	:	S1S2 audible
BREAST EXAMINATION	:	Not done	PER ABDOMEN	:	Soft, Non tender
PER VAGINAL	:	Pap smear done			

MENSTRUAL HISTORY :			
MENARCHE	:	13 years	LMP - 29/07/2024
RECENT MENSTRUAL HISTORY	:	Regular	

OBSTETRIC HISTORY	
G2 P2 L0 A0	

PERSONAL HISTORY :					
ALLERGIES	:	Not known	BLADDER HABITS	:	Regular
BOWEL HABITS	:	Regular	DRUG HISTORY	:	No DM on medication since 3-4 months
PREVIOUS SURGERIES	:	No 2 LSCs in 2008, 2011			

FAMILY HISTORY :	
Not significant. No both parents are diabetic on medication	

CHIEF GYNAE COMPLAINTS :	
None	

Suburban Diagnostics (I) Pvt. Ltd.
Aston, 2nd Floor, Opp. Sundervan Building
Sundervan Complex, Andhra Pradesh
Mumbai - 400 053, Tel.: 022-40274527

RECOMMENDATIONS :

- features of Iron def. Anaemia. Bulky uterus with fibroid, Significant post void residue.
- Treatment for IDA.
- Consult your Gynaecologist with all your reports
- Follow up with your treating Diabetologist for optimal control of sugar.

Date:- 14/08/24
 Name:- Renuka Shamu

CID: 2022711274
 Sex / Age: 1 F / 43

EYE CHECK UP

Chief complaints:
 Systemic Diseases:
 Past history:

Nil

Unaided Vision:
 Aided Vision:
 Refraction:

	(Right Eye)				(Left Eye)			
	Sph	Cyl	Axis	Vn	Sph	Cyl	Axis	Vn
Distance	—	—	—	6/6	—	—	—	6/6
Near	—	—	—	N5	—	—	—	N5

Colour Vision: Normal / Abnormal

Remark: Normal vision

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CID : 2422711274
Name : MRS.RENUKA SHARMA
Age / Gender : 43 Years / Female
Consulting Dr. : -
Reg. Location : Andheri West (Main Centre)

Collected : 14-Aug-2024 / 11:08
Reported : 14-Aug-2024 / 19:23

MEDIWHEEL FULL BODY HEALTH CHECKUP FEMALE ABOVE 40/2D ECHO

CBC (Complete Blood Count), Blood

<u>PARAMETER</u>	<u>RESULTS</u>	<u>BIOLOGICAL REF RANGE</u>	<u>METHOD</u>
<u>RBC PARAMETERS</u>			
Haemoglobin	7.2	12.0-15.0 g/dL	Spectrophotometric
RBC	3.98	3.8-4.8 mil/cmm	Elect. Impedance
PCV	23.6	36-46 %	Calculated
MCV	59.2	81-101 fl	Measured
MCH	18.0	27-32 pg	Calculated
MCHC	30.4	31.5-34.5 g/dL	Calculated
RDW	17.2	11.6-14.0 %	Calculated
<u>WBC PARAMETERS</u>			
WBC Total Count	4580	4000-10000 /cmm	Elect. Impedance
<u>WBC DIFFERENTIAL AND ABSOLUTE COUNTS</u>			
Lymphocytes	27.4	20-40 %	Calculated
Absolute Lymphocytes	1254.9	1000-3000 /cmm	Calculated
Monocytes	5.3	2-10 %	Calculated
Absolute Monocytes	242.7	200-1000 /cmm	Calculated
Neutrophils	61.2	40-80 %	Calculated
Absolute Neutrophils	2803.0	2000-7000 /cmm	Calculated
Eosinophils	5.5	1-6 %	Calculated
Absolute Eosinophils	251.9	20-500 /cmm	Calculated
Basophils	0.6	0.1-2 %	Calculated
Absolute Basophils	27.5	20-100 /cmm	Calculated
Immature Leukocytes	-		
WBC Differential Count by Absorbance & Impedance method/Microscopy.			
<u>PLATELET PARAMETERS</u>			
Platelet Count	284000	150000-410000 /cmm	Elect. Impedance
MPV	9.5	6-11 fl	Measured
PDW	23.0	11-18 %	Calculated
<u>RBC MORPHOLOGY</u>			
Hypochromia	++		
Microcytosis	+++		



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Macrocytosis	-
Anisocytosis	Mild
Poikilocytosis	Mild
Polychromasia	-
Target Cells	-
Basophilic Stippling	-
Normoblasts	-
Others	Elliptocytes-occasional
WBC MORPHOLOGY	-
PLATELET MORPHOLOGY	-
COMMENT	-

Note :Features are suggestive of iron deficiency anemia.
 Advice : Reticulocyte count, Iron studies & ferritin.
 Result rechecked.

Specimen: EDTA Whole Blood

ESR, EDTA WB-ESR 12 2-20 mm at 1 hr. Sedimentation



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Clinical Significance: The erythrocyte sedimentation rate (ESR), also called a sedimentation rate is the rate red blood cells sediment in a period of time.

Interpretation:
Factors that increase ESR: Old age, Pregnancy, Anemia
Factors that decrease ESR: Extreme leukocytosis, Polycythemia, Red cell abnormalities- Sickle cell disease

Limitations:

- It is a non-specific measure of inflammation.
- The use of the ESR as a screening test in asymptomatic persons is limited by its low sensitivity and specificity.

Reflex Test: C-Reactive Protein (CRP) is the recommended test in acute inflammatory conditions.

Reference:

- Pack Insert
- Brigden ML. Clinical utility of the erythrocyte sedimentation rate. American family physician. 1999 Oct 1;60(5):1443-50.

*Sample processed at SUBURBAN DIAGNOSTICS (INDIA) PVT. LTD SDRL, Vidyavihar Lab
*** End Of Report ***



Dr. Trupti Shetty
Dr. TRUPTI SHETTY
M. D. (PATH)
Pathologist



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Age / Gender : 43 Years / Female
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Reg. Location : Andheri West (Main Centre)

Collected : 14-Aug-2024 / 15:33
Reported : 14-Aug-2024 / 16:44

MEDIWHEEL FULL BODY HEALTH CHECKUP FEMALE ABOVE 40/2D ECHO

PARAMETER	RESULTS	BIOLOGICAL REF RANGE	METHOD
GLUCOSE (SUGAR) FASTING, Fluoride Plasma Fasting	136.7	Non-Diabetic: < 100 mg/dl Impaired Fasting Glucose: 100-125 mg/dl Diabetic: >/= 126 mg/dl	Hexokinase
GLUCOSE (SUGAR) PP, Fluoride Plasma PP	200.2	Non-Diabetic: < 140 mg/dl Impaired Glucose Tolerance: 140-199 mg/dl Diabetic: >/= 200 mg/dl	Hexokinase

*Sample processed at SUBURBAN DIAGNOSTICS (INDIA) PVT. LTD CPL, Andheri West
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J. Thakker
Dr. JYOT THAKKER
M.D. (PATH), DPB
Pathologist and AVP (Medical Services)



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Collected : 14-Aug-2024 / 11:08
Reported : 14-Aug-2024 / 17:40

MEDIWHEEL FULL BODY HEALTH CHECKUP FEMALE ABOVE 40/2D ECHO
KIDNEY FUNCTION TESTS

PARAMETER	RESULTS	BIOLOGICAL REF RANGE	METHOD
BLOOD UREA, Serum	13.0	12.8-42.8 mg/dl	Kinetic
BUN, Serum	6.1	6-20 mg/dl	Calculated
CREATININE, Serum	0.59	0.51-0.95 mg/dl	Enzymatic
eGFR, Serum	115	(ml/min/1.73sqm) Normal or High: Above 90 Mild decrease: 60-89 Mild to moderate decrease: 45-59 Moderate to severe decrease: 30-44 Severe decrease: 15-29 Kidney failure: <15	Calculated

Note: eGFR estimation is calculated using 2021 CKD-EPI GFR equation

TOTAL PROTEINS, Serum	7.0	6.4-8.3 g/dL	Biuret
ALBUMIN, Serum	4.5	3.5-5.2 g/dL	BCG
GLOBULIN, Serum	2.5	2.3-3.5 g/dL	Calculated
A/G RATIO, Serum	1.8	1 - 2	Calculated
URIC ACID, Serum	4.9	2.4-5.7 mg/dl	Enzymatic
PHOSPHORUS, Serum	3.5	2.7-4.5 mg/dl	Molybdate UV
CALCIUM, Serum	9.0	8.6-10.0 mg/dl	N-BAPTA
SODIUM, Serum	141	135-148 mmol/l	ISE
POTASSIUM, Serum	4.7	3.5-5.3 mmol/l	ISE
CHLORIDE, Serum	103	98-107 mmol/l	ISE

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*** End Of Report ***



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Collected : 14-Aug-2024 / 11:08
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MEDIWHEEL FULL BODY HEALTH CHECKUP FEMALE ABOVE 40/2D ECHO
GLYCOSYLATED HEMOGLOBIN (HbA1c)

PARAMETER	RESULTS	BIOLOGICAL REF RANGE	METHOD
Glycosylated Hemoglobin (HbA1c), EDTA WB - CC	7.3	Non-Diabetic Level: < 5.7 % Prediabetic Level: 5.7-6.4 % Diabetic Level: >= 6.5 %	HPLC
Estimated Average Glucose (eAG), EDTA WB - CC	162.8	mg/dl	Calculated

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.

*Sample processed at SUBURBAN DIAGNOSTICS (INDIA) PVT. LTD CPL, Andheri West
*** End Of Report ***



J Thakker
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MEDIWHEEL FULL BODY HEALTH CHECKUP FEMALE ABOVE 40/2D ECHO

URINE EXAMINATION REPORT

<u>PARAMETER</u>	<u>RESULTS</u>	<u>BIOLOGICAL REF RANGE</u>	<u>METHOD</u>
<u>PHYSICAL EXAMINATION</u>			
Color	Pale yellow	Pale Yellow	Light scattering
Transparency	Clear	Clear	Light scattering
<u>CHEMICAL EXAMINATION</u>			
Specific Gravity	1.004	1.002-1.035	Refractive index
Reaction (pH)	6.5	5-8	pH Indicator
Proteins	Absent	Absent	Protein error principle
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	Negative	Negative	Griess Test
<u>MICROSCOPIC EXAMINATION</u>			
(WBC) Pus cells / hpf	0.9	0-5/hpf	
Red Blood Cells / hpf	0.0	0-2 /hpf	
Epithelial Cells / hpf	1.9	0-5/hpf	
Hyaline Casts	0.0	0-1/hpf	
Pathological cast	0.0	0-0.3/hpf	
Crystals	0.5	0-1.4/hpf	
Calcium oxalate monohydrate crystals	0.0	0-1.4/hpf	
Calcium oxalate dihydrate crystals	0.0	0-1.4/hpf	
Triple phosphate crystals	0.0	0-1.4/hpf	
Uric acid crystals	0.0	0-1.4/hpf	
Amorphous debris	0.0	0-29.5/hpf	
Bacteria / hpf	6.4	0-29.5/hpf	
Yeast	0.0	0-0.7/hpf	



Authenticity Check

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Reg. Location : Andher West (Main Centre)

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Others

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Collected : 14-Aug-2024 / 11:08
Reported : 14-Aug-2024 / 16:14

MEDIWHEEL FULL BODY HEALTH CHECKUP FEMALE ABOVE 40/2D ECHO
BLOOD GROUPING & Rh TYPING

PARAMETER	RESULTS
ABO GROUP	B
Rh TYPING	POSITIVE

NOTE: Test performed by automated column agglutination technology (CAT) which is more sensitive than conventional methods.

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.

References:

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

*Sample processed at SUBURBAN DIAGNOSTICS (INDIA) PVT. LTD CPL, Andheri West
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Consulting Dr. : -
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Collected : 14-Aug-2024 / 11:08
Reported : 14-Aug-2024 / 17:55

MEDIWHEEL FULL BODY HEALTH CHECKUP FEMALE ABOVE 40/2D ECHO

LIPID PROFILE

PARAMETER	RESULTS	BIOLOGICAL REF RANGE	METHOD
CHOLESTEROL, Serum	139.3	Desirable: <200 mg/dl Borderline High: 200-239mg/dl High: >/=240 mg/dl	CHOD-POD
TRIGLYCERIDES, Serum	51.8	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	50.0	Desirable: >60 mg/dl Borderline: 40 - 60 mg/dl Low (High risk): <40 mg/dl	Homogeneous enzymatic colorimetric assay
NON HDL CHOLESTEROL, Serum	89.3	Desirable: <130 mg/dl Borderline-high:130 - 159 mg/dl High:160 - 189 mg/dl Very high: >/=190 mg/dl	Calculated
LDL CHOLESTEROL, Serum	79.0	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	10.3	< /= 30 mg/dl	Calculated
CHOL / HDL CHOL RATIO, Serum	2.8	0-4.5 Ratio	Calculated
LDL CHOL / HDL CHOL RATIO, Serum	1.6	0-3.5 Ratio	Calculated

*Sample processed at SUBURBAN DIAGNOSTICS (INDIA) PVT. LTD CPL, Andheri West
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J Thakker

Dr.JYOT THAKKER
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Pathologist & AVP(Medical Services)

CID : 2422710274
 Name : MRS.RENUKA SHARMA
 Age / Gender : 43 Years / Female
 Consulting Dr. : -
 Reg. Location : Andheri West (Main Centre)



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MEDIWHEEL FULL BODY HEALTH CHECKUP FEMALE ABOVE 40/2D ECHO
THYROID FUNCTION TESTS

<u>PARAMETER</u>	<u>RESULTS</u>	<u>BIOLOGICAL REF RANGE</u>	<u>METHOD</u>
Free T3, Serum	3.7	3.5-6.5 pmol/L	ECLIA
Free T4, Serum	16.2	11.5-22.7 pmol/L First Trimester:9.0-24.7 Second Trimester:6.4-20.59 Third Trimester:6.4-20.59	ECLIA
sensitiveTSH, Serum	1.61	0.35-5.5 microIU/ml First Trimester:0.1-2.5 Second Trimester:0.2-3.0 Third Trimester:0.3-3.0 microU/ml	ECLIA



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Interpretation:

A thyroid panel is used to evaluate thyroid function and/or help diagnose various thyroid disorders.

Clinical Significance:

- 1) TSH Values between high abnormal upto 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 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.

Reference:

- 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)

*Sample processed at SUBURBAN DIAGNOSTICS (INDIA) PVT. LTD CPL, Andheri West
 *** End Of Report ***



J. Thakker
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Reported : 14-Aug-2024 / 17:55

MEDIWHEEL FULL BODY HEALTH CHECKUP FEMALE ABOVE 40/2D ECHO
LIVER FUNCTION TESTS

<u>PARAMETER</u>	<u>RESULTS</u>	<u>BIOLOGICAL REF RANGE</u>	<u>METHOD</u>
BILIRUBIN (TOTAL), Serum	0.89	0.1-1.2 mg/dl	Colorimetric
BILIRUBIN (DIRECT), Serum	0.37	0-0.3 mg/dl	Diazo
BILIRUBIN (INDIRECT), Serum	0.52	0.1-1.0 mg/dl	Calculated
TOTAL PROTEINS, Serum	7.0	6.4-8.3 g/dL	Biuret
ALBUMIN, Serum	4.5	3.5-5.2 g/dL	BCG
GLOBULIN, Serum	2.5	2.3-3.5 g/dL	Calculated
AVG RATIO, Serum	1.8	1 - 2	Calculated
SGOT (AST), Serum	15.2	5-32 U/L	NADH (w/o P-5-P)
SGPT (ALT), Serum	16.5	5-33 U/L	NADH (w/o P-5-P)
GAMMA GT, Serum	15.5	3-40 U/L	Enzymatic
ALKALINE PHOSPHATASE, Serum	69.7	35-105 U/L	Colorimetric

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Collected : 14-Aug-2024 / 11:08
Reported : 14-Aug-2024 / 21:12

MEDIWHEEL FULL BODY HEALTH CHECKUP FEMALE ABOVE 40/2D ECHO

FUS and KETONES

<u>PARAMETER</u>	<u>RESULTS</u>	<u>BIOLOGICAL REF RANGE</u>	<u>METHOD</u>
Urine Sugar (Fasting)	Absent	Absent	
Urine Ketones (Fasting)	Absent	Absent	

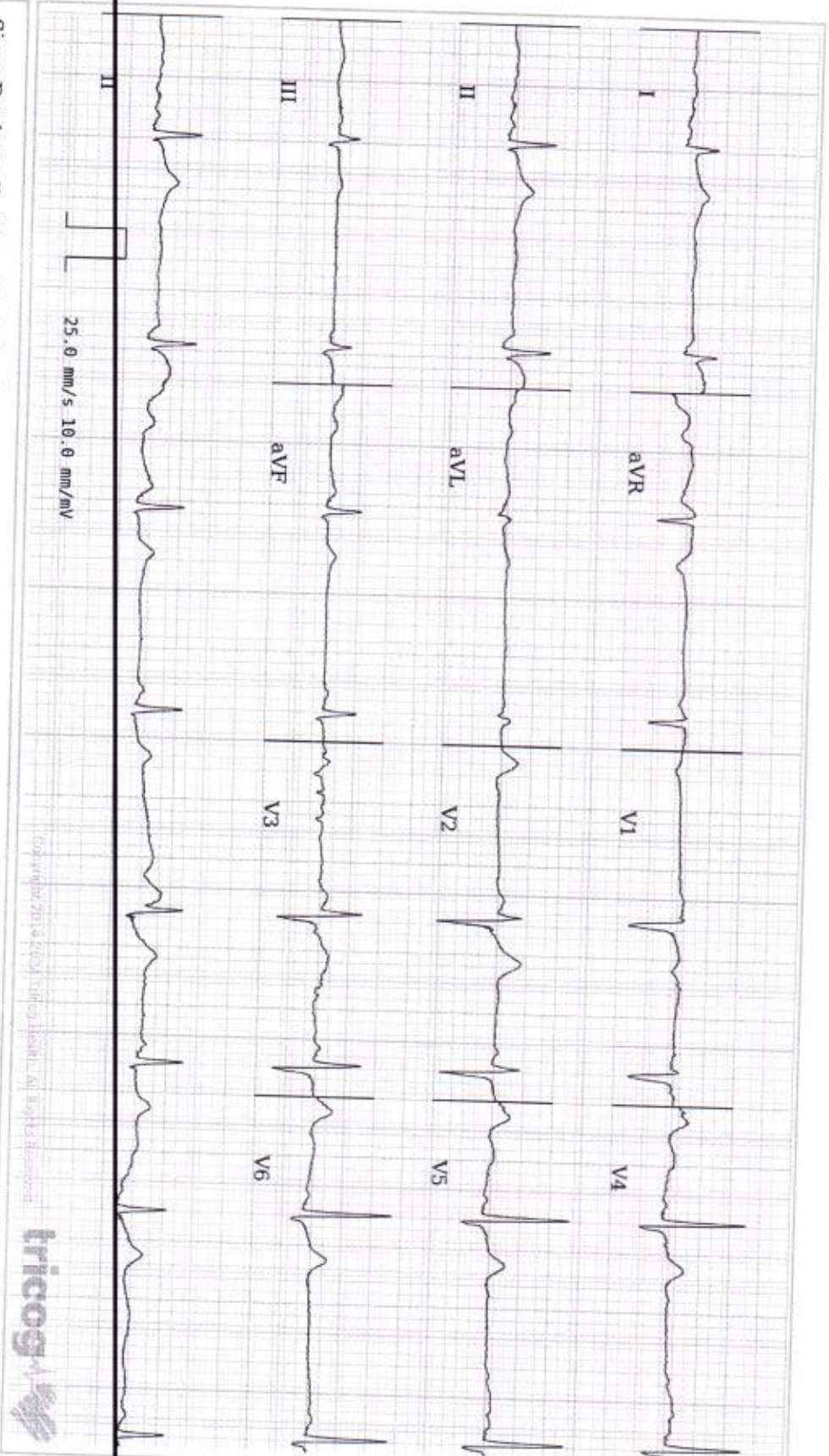
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*** End Of Report ***



Anupa
Dr. ANUPA DIXIT
M.D.(PATH)
Consultant Pathologist & Lab Director

Patient Name: ANAND KANANI
Patient ID: 2422710046

SUBURBAN DIAGNOSTICS - ANDHERI WEST
Date and Time: 14th Aug 24 10:07 AM



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Sinus Bradycardia, Sinus Arrhythmia, Please correlate clinically.

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.

Age **37**
years

Gender **Mal**

Heart Rate **44**

Patient Vitals

BP: NA

Weight: NA

Height: NA

Pulse: NA

Spo2: NA

Resp: NA

Others:

Measurements

QRSD: 90ms

QT: 464ms

QTcB: 414ms

PR: 126ms

P-R-T: 44°-50°

REPORTED BY

[Signature]

DR. RAVI CHAVAN
MD, DCCARD, D. DIABETES
Cardiologist & Diabetologist
2004/06/24/68

Patient's Name : RENUKA SHARMA

Age : 43 YRS / FEMALE

Requesting Doctor :-

DATE: 14.08.2024

CID. No : 2422711274

2D-ECHO & COLOUR DOPPLER REPORT

Structurally Normal : MV / AV / TV / PV.
No significant valvular stenosis.

Trivial Mitral Regurgitation , Trivial Aortic Regurgitation
Trivial Pulmonary Regurgitation ,

Mild Tricuspid regurgitation. No Pulmonary arterial hypertension.
PASP by TR jet vel.method = 30 mm Hg.

LV / LA / RA / RV - Normal in dimension.
IAS / IVS is Intact.

No Left Ventricular Diastolic Dysfunction [LVDD].
No doppler evidence of raised LVEDP

No regional wall motion abnormality. No thinning / scarring / dyskinesia of LV
wall noted. Normal LV systolic function. LVEF = 60 % by visual estimation.

No e/o thrombus in LA /LV.
No e/o Pericardial effusion.

IVC normal in dimension with good inspiratory collapse.
Normal RV systolic function (by TAPSE)

IMPRESSION:

**NORMAL LV SYSTOLIC FUNCTION, LVEF = 60 % ,
NO RWMA, MILD TR, NO PAH, NO LVDD,
NO LV HYPERTROPHY.**

M-MODE STUDY	Value	Unit	COLOUR DOPPLER STUDY	Value	Unit
IVSd	9	mm	Mitral Valve E velocity	1.2	m/s
LVIDd	42	mm	Mitral Valve A velocity	0.7	m/s
LVPWd	9	mm	E/A Ratio	1.6	-
IVSs	14	mm	Mitral Valve Deceleration Time	160	ms
LVIDs	23	mm	E/E'	8	-
LVPWs	15	mm	TAPSE	21	
			Aortic valve		
IVRT	-	ms	AVmax	1.4	m/s
			AV Peak Gradient	8	mmHg
2D STUDY			LVOT Vmax	0.7	m/s
LVOT	18	mm	LVOT gradient	2	mmHg
LA	36	mm	Pulmonary Valve		
RA	28	mm	PVmax	0.8	m/s
RV [RVID]	22	mm	PV Peak Gradient	2.5	mmHg
IVC	10	mm	Tricuspid Valve		
			TR jet vel.	2.5	m/s
			PASP	30	mmHg

*** End of Report ***



DR RAVI CHAVAN

CARDIOLOGIST
REG.NO.2004 /06/2468

Disclaimer: 2D echocardiography is an observer dependent investigation. Minor variations in report are possible when done by two different examiners or even by same examiner on two different occasions. These variations may not necessarily indicate a change in the underlying cardiac condition. In the event of previous reports being available, these must be provided to improve clinical correlation.

CID : 2422711274
Name : Mrs Renuka Sharma
Age / Sex : 43 Years/Female
Ref. Dr :
Reg. Location : Andheri West (Main Center)

Reg. Date : 14-Aug-2024
Reported : 14-Aug-2024 / 12:53

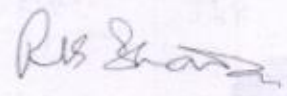
Use a QR Code Scanner
Application To Scan the Code

X-RAY CHEST PA VIEW

Both lung fields are clear.
Both costo-phrenic angles are clear.
The cardiac size and shape are within normal limits.
The domes of diaphragm are normal in position and outlines.
The skeleton under review appears normal.

IMPRESSION:
NO SIGNIFICANT ABNORMALITY IS DETECTED.

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


Dr R K Bhandari
M D , DMRE
MMC REG NO. 34078

Authenticity Check



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Application To Scan the Code

CID : 2422711274
Name : Mrs RENUKA SHARMA
Age / Sex : 43 Years/Female
Ref. Dr :
Reg. Location : Andheri West (Main Center)

Reg. Date : 14-Aug-2024
Reported : 14-Aug-2024 / 14:58

USG WHOLE ABDOMEN

LIVER:

The liver is normal in size (14.9cm), shape and smooth margins.
It shows normal parenchymal echo pattern. The intra hepatic biliary and portal radical appear normal.
No evidence of any intra hepatic cystic or solid lesion seen.
The main portal vein and CBD appears normal.

GALL BLADDER:

The gall bladder is physiologically distended and appears normal.
No evidence of gall stones or mass lesions seen

PANCREAS:

The pancreas is well visualised and appears normal.
No evidence of solid or cystic mass lesion.

KIDNEYS:

Both the kidneys are normal in size shape and echotexture.
No evidence of any calculus hydronephrosis or mass lesion seen.
Right kidney measures 10.8 x 4.1cm. Left kidney measures cm.

SPLEEN:

The spleen is normal in size (cm) and echotexture. No evidence of focal lesion is noted.

There is no evidence of any lymphadenopathy or ascites.

URINARY BLADDER:

The urinary bladder is well distended and reveal no intraluminal abnormality.
Prevoid volume = 546cc. Postvoid volume = 121cc.

UTERUS:

The uterus is anteverted and bulky. It measures 12.5 x 10.3 x 8.6cm in size.
A 11.6 x 9.0cm sized fibroid is noted in the fundo-anterior wall of the uterus.
The endometrial thickness is 5.5mm.

OVARIES:

Both the ovaries are well visualised and appears normal.
There is no evidence of any ovarian or adnexal mass seen.
Right ovary = 2.6 x 1.8cm Left ovary = 2.7 x 1.5cm.

Authenticity Check



Use a QR Code Scanner
Application To Scan the Code

CID : 2422711274
Name : Mrs RENUKA SHARMA
Age / Sex : 43 Years/Female
Ref. Dr :
Reg. Location : Andheri West (Main Center)

Reg. Date : 14-Aug-2024
Reported : 14-Aug-2024 / 14:58

IMPRESSION:-

Bulky uterus with fibroid as described above.
Significant post void residue.

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

DR. NIKHIL DEV
M.B.B.S, MD (Radiology)
Reg No – 2014/11/4764
Consultant Radiologist