

TEST REPORT

Reg. No. : 408100232 **Reg. Date :** 10-Aug-2024 08:28 **Ref.No :** **Approved On :** 10-Aug-2024 15:42
Name : Mrs. VYAS BHAVNA **Collected On :** 10-Aug-2024 10:29
Age : 50 Years **Gender:** Female **Pass. No. :** **Dispatch At :**
Ref. By : APOLLO **Tele No. :**
Location :

Test	Results	Unit	Bio. Ref. Interval
Complete Blood Count			
Hemoglobin(SLS method)	L 11.7	g/dL	12.0 - 15.0
RBC Count(Ele.Impedence)	H 6.35	X 10 ¹² /L	3.8 - 4.8
Hematocrit (calculated)	37.5	%	36 - 46
MCV (Calculated)	L 59.1	fL	83 - 101
MCH (Calculated)	L 18.4	pg	27 - 32
MCHC (Calculated)	L 31.2	g/dL	31.5 - 34.5
RDW-SD(calculated)	37.30	fL	36 - 46
Total WBC count	6800	/μL	4000 - 10000

DIFFERENTIAL WBC COUNT	[%]	EXPECTED VALUES	[Abs]	EXPECTED VALUES
Neutrophils	69	38 - 70	4692	/cmm 1800 - 7700
Lymphocytes	24	21 - 49	1632	/cmm 1000 - 3900
Eosinophils	03	0 - 7	204	/cmm 20 - 500
Monocytes	04	3 - 11	272	/cmm 200 - 800
Basophils	00	0 - 1	0	/cmm 0 - 100
NLR (Neutrophil: Lymphocyte Ratio)	2.88	Ratio	1.1 - 3.5	
Platelet Count (Ele.Impedence)	301000	/cmm	150000 - 410000	

Peripheral Smear

RBCs Microcytic Hypochromic RBCs are noted.
 WBCs Normal morphology
 Platelets Adequate on Smear
 Malarial Parasites Not Detected

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M.B.B.S,D.C.P(Patho)
G- 22475

Approved On: 10-Aug-2024 15:42

TEST REPORT

Reg. No. : 408100232	Reg. Date : 10-Aug-2024 08:28	Ref.No :	Approved On : 10-Aug-2024 16:07
Name : Mrs. VYAS BHAVNA			Collected On : 10-Aug-2024 10:29
Age : 50 Years	Gender: Female	Pass. No. :	Dispatch At :
Ref. By : APOLLO			Tele No. :
Location :			

Test Name	Results	Units	Bio. Ref. Interval
BLOODGROUP & RH			
<u>Specimen: EDTA and Serum; Method: Gel card system</u>			
Blood Group "ABO" <i>Agglutination</i>	"AB"		
Blood Group "Rh" <i>Agglutination</i>	Positive		
EDTA Whole Blood			

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TEST REPORT

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Name : Mrs. VYAS BHAVNA **Collected On** : 10-Aug-2024 10:29
Age : 50 Years **Gender:** Female **Pass. No. :** **Dispatch At** :
Ref. By : APOLLO **Tele No.** :
Location :

Test Name	Results	Units	Bio. Ref. Interval
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FASTING PLASMA GLUCOSE
Specimen: Fluoride plasma

Fasting Plasma Glucose <i>Hexokinase</i>	98.22	mg/dL	Normal: <=99.0 Prediabetes: 100-125 Diabetes :>=126
---	-------	-------	---

Fluoride Plasma

Criteria for the diagnosis of diabetes:

1. HbA1c >= 6.5 *

Or

2. Fasting plasma glucose >126 gm/dL. Fasting is defined as no caloric intake at least for 8 hrs.

Or

3. Two hour plasma glucose >= 200mg/dL during an oral glucose tolerance test by using a glucose load containing equivalent of 75 gm anhydrous glucose dissolved in water.

Or

4. In a patient with classic symptoms of hyperglycemia or hyperglycemic crisis, a random plasma glucose >= 200 mg/dL. *In the absence of unequivocal hyperglycemia, criteria 1-3 should be confirmed by repeat testing. American diabetes association. Standards of medical care in diabetes 2011. Diabetes care 2011;34:S11.

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TEST REPORT

Reg. No. : 408100232	Reg. Date : 10-Aug-2024 08:28	Ref.No :	Approved On : 10-Aug-2024 16:17
Name : Mrs. VYAS BHAVNA			Collected On : 10-Aug-2024 13:32
Age : 50 Years	Gender: Female	Pass. No. :	Dispatch At :
Ref. By : APOLLO			Tele No. :
Location :			

Test Name	Results	Units	Bio. Ref. Interval
POST PRANDIAL PLASMA GLUCOSE			
<u>Specimen: Fluoride plasma</u>			
Post Prandial Plasma Glucose <i>Hexokinase</i>	L 121.22	mg/dL	Normal: <=139 Prediabetes : 140-199 Diabetes: >=200
Flouride Plasma			

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Age : 50 Years	Gender: Female	Pass. No. :	Dispatch At :
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Location :			

Test Name	Results	Units	Bio. Ref. Interval
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GGT	35.20	U/L	6 - 42
-----	-------	-----	--------

L-Y-Glutamyl-3 Carboxy-4-Nitroanilide, Enzymetic Colorimetric

Serum

Uses:

- Diagnosing and monitoring hepatobiliary disease.
- To ascertain whether the elevated ALP levels are due to skeletal disease or due to presence of hepatobiliary disease.
- A screening test for occult alcoholism.

Increased in:

- Intra hepatic biliary obstruction.
- Post hepatic biliary obstruction
- Alcoholic cirrhosis
- Drugs such as phenytoin and phenobarbital.
- Infectious hepatitis (modest elevation)
- Primary/ Secondary neoplasms of liver.




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Test Name	Results	Units	Bio. Ref. Interval
LIPID PROFILE			
CHOLESTEROL	211.00	mg/dL	Desirable <=200 Borderline high risk 200 - 240 High Risk >240
Triglyceride <i>Enzymatic Colorimetric Method</i>	119.00	mg/dL	<150 : Normal, 150-199 : Border Line High, 200-499 : High, >=500 : Very High
Very Low Density Lipoprotein(VLDL) <i>Calculated</i>	24	mg/dL	0 - 30
Low-Density Lipoprotein (LDL) <i>Calculated Method</i>	116.66	mg/dL	< 100 : Optimal, 100-129 : Near Optimal/above optimal, 130-159 : Borderline High, 160-189 : High, >=190 : Very High
High-Density Lipoprotein(HDL)	70.34	mg/dL	<40 >60
CHOL/HDL RATIO <i>Calculated</i>	3.00		0.0 - 3.5
LDL/HDL RATIO <i>Calculated</i>	1.66		1.0 - 3.4
TOTAL LIPID <i>Calculated</i>	620.00	mg/dL	400 - 1000
Serum			

As a routine test to determine if your cholesterol level is normal or falls into a borderline-, intermediate- or high-risk category.
 To monitor your cholesterol level if you had abnormal results on a previous test or if you have other risk factors for heart disease.
 To monitor your body's response to treatment, such as cholesterol medications or lifestyle changes.
 To help diagnose other medical conditions, such as liver disease.
 Note : biological reference intervals are according to the national cholesterol education program (NCEP) guidelines.

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Ref. By : APOLLO			Tele No. :
Location :			

Test Name	Results	Units	Bio. Ref. Interval
<u>LIVER FUNCTION TEST</u>			
TOTAL PROTEIN	6.90	g/dL	6.6 - 8.8
ALBUMIN	4.35	g/dL	3.5 - 5.2
GLOBULIN <small>Calculated</small>	2.55	g/dL	2.4 - 3.5
ALB/GLB <small>Calculated</small>	1.71		1.2 - 2.2
SGOT	27.40	U/L	<31
SGPT	22.20	U/L	<31
Alkaline Phosphatase <small>ENZYMATIC COLORIMETRIC IFCC, PNP, AMP BUFFER</small>	59.60	U/L	40 - 130
TOTAL BILIRUBIN	0.71	mg/dL	0.1 - 1.2
DIRECT BILIRUBIN	0.19	mg/dL	<0.2
INDIRECT BILIRUBIN <small>Calculated</small>	0.52	mg/dL	0.0 - 1.00
Serum			

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Ref. By : APOLLO			Tele No. :
Location :			

Test Name	Results	Units	Bio. Ref. Interval
HEMOGLOBIN A1C (HBA1C)	H 6.00	%	Normal: ≤ 5.6 Prediabetes: 5.7-6.4 Diabetes: ≥ 6.5 Diabetes Control Criteria : 6-7 : Near Normal Glycemia <7 : Goal 7-8 : Good Control >8 : Action Suggested
Mean Blood Glucose <i>(Calculated)</i>	125	mg/dL	
EDTA Whole Blood			

Criteria for the diagnosis of diabetes

- HbA1c ≥ 6.5 * Or Fasting plasma glucose >126 gm/dL. Fasting is defined as no caloric intake at least for 8 hrs. Or
- Two hour plasma glucose ≥ 200 mg/dL during an oral glucose tolerance test by using a glucose load containing equivalent of 75 gm anhydrous glucose dissolved in water. Or
- In a patient with classic symptoms of hyperglycemia or hyperglycemic crisis, a random plasma glucose ≥ 200 mg/dL. *In the absence of unequivocal hyperglycemia, criteria 1-3 should be confirmed by repeat testing. American diabetes association. Standards of medical care in diabetes 2011. Diabetes care 2011:34:S11.

Limitation of HbA1c

- In patients with Hb variants even analytically correct results do not reflect the same level of glycemic control that would be expected in patients with normal population.
 - Any cause of shortened erythrocyte survival or decreased mean erythrocyte survival or decreased mean erythrocyte age eg. hemolytic diseases, pregnancy, significant recent/chronic blood loss etc. will reduce exposure of RBC to glucose with consequent decrease in HbA1c values.
 - Glycated HbF is not detected by this assay and hence specimens containing high HbF ($>10\%$) may result in lower HbA1c values than expected. Importance of HbA1C (Glycated Hb.) in Diabetes Mellitus
- HbA1C, also known as glycated hemoglobin, is the most important test for the assessment of long term blood glucose control(also called glycemic control).
 - HbA1C reflects mean glucose concentration over past 6-8 weeks and provides a much better indication of longterm glycemic control than blood glucose determination.
 - HbA1c is formed by non-enzymatic reaction between glucose and Hb. This reaction is irreversible and therefore remains unaffected by short term fluctuations in blood glucose levels.
 - Long term complications of diabetes such as retinopathy (Eye-complications), nephropathy (kidney-complications) and neuropathy (nerve complications), are potentially serious and can lead to blindness, kidney failure, etc.
 - Glycemic control monitored by HbA1c measurement using HPLC method (GOLD STANDARD) is considered most important. (Ref. National Glycohaemoglobin Standardization Program - NGSP)
- Note : Biological reference intervals are according to American Diabetes Association (ADA) Guidelines.




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Name : Mrs. VYAS BHAVNA **Collected On :** 10-Aug-2024 10:29
Age : 50 Years **Gender:** Female **Pass. No. :** **Dispatch At :**
Ref. By : APOLLO **Tele No. :**
Location :

Test Name	Results	Units	Bio. Ref. Interval
THYROID FUNCTION TEST			
T3 (triiodothyronine), Total <small>CMIA</small>	0.97	ng/mL	0.70 - 2.04
T4 (Thyroxine), Total <small>CMIA</small>	8.10	µg/dL	5.5 - 11.0
TSH (Thyroid stimulating hormone) <small>CMIA</small>	H 7.241	µIU/mL	0.35 - 4.94

Sample Type: Serum

Comments:

Thyroid stimulating hormone (TSH) is synthesized and secreted by the anterior pituitary in response to a negative feedback mechanism involving concentrations of FT3 (free T3) and FT4 (free T4). Additionally, the hypothalamic tripeptide, thyrotropin-releasing hormone (TRH), directly stimulates TSH production. TSH stimulates thyroid cell production and hypertrophy, also stimulate the thyroid gland to synthesize and secrete T3 and T4. Quantification of TSH is significant to differentiate primary (thyroid) from secondary (pituitary) and tertiary (hypothalamus) hypothyroidism. In primary hypothyroidism, TSH levels are significantly elevated, while in secondary and tertiary hypothyroidism, TSH levels are low.

TSH levels During Pregnancy :

- First Trimester : 0.1 to 2.5 µIU/mL
- Second Trimester : 0.2 to 3.0 µIU/mL
- Third trimester : 0.3 to 3.0 µIU/mL

Reference : Carl A.Burtis,Edward R.Ashwood,David E.Bruns. Tietz Textbook of Clinical Chemistry and Molecular Diagnostics. 5th Edition. Philadelphia: WB Saunders,2012:2170

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 D.C.P. DNB (Path)
 G-21793

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Approved On: 10-Aug-2024 16:35

TEST REPORT

Reg. No. : 408100232	Reg. Date : 10-Aug-2024 08:28	Ref.No :	Approved On : 10-Aug-2024 16:08
Name : Mrs. VYAS BHAVNA			Collected On : 10-Aug-2024 10:29
Age : 50 Years	Gender: Female	Pass. No. :	Dispatch At :
Ref. By : APOLLO			Tele No. :
Location :			

Test Name	Results	Units	Bio. Ref. Interval
<u>URINE ROUTINE EXAMINATION</u>			
<u>Physical Examination</u>			
Colour	Pale Yellow		
Clarity	Clear		
<u>CHEMICAL EXAMINATION (by strip test)</u>			
pH	6.0		4.6 - 8.0
Sp. Gravity	1.010		1.002 - 1.030
Protein	Absent		Absent
Glucose	Absent		Absent
Ketone	Absent		Absent
Bilirubin	Absent		Nil
Nitrite	Absent		Nil
Leucocytes	Nil		Nil
Blood	Nil		Absent
<u>MICROSCOPIC EXAMINATION</u>			
Leucocytes (Pus Cells)	1-2		0 - 5/hpf
Erythrocytes (RBC)	Nil		0 - 5/hpf
Casts	Nil	/hpf	Absent
Crystals	Nil		Absent
Epithelial Cells	Occasional		Nil
Monilia	Absent		Nil
T. Vaginalis	Absent		Nil
Bacteria	Absent		Absent
Urine			




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- 3D/4D Sonography
- Liver Elastography
- ECHO
- Dental & Eye Checkup
- Mammography
- Treadmill Test
- PFT
- Full Body Health Checkup
- X-Ray
- ECG
- Audiometry
- Nutrition Consultation

□ RADIOLOGY □ HEALTH CHECK UP □ PATHLOGY □ CARDIO DIAGNOSTIC

MC-2024

LABORATORY REPORT



Reg. No	: 40803500170	Histo / Cyto No	: C24104990	Reg. Date	: 10-Aug-2024 08:28
Name	: Mrs. VYAS BHAVNA	Collected on	: 10-Aug-2024 10:29	Report Date	: 12-Aug-2024
Sex/Age	: Female / 50 Years	Tele. No	:	Dispatch At	:
Ref. By	: APOLLO				
Location	:				

CYTOPATHOLOGY REPORT

Specimen :

Liquid based cervical smear.

Grossing Description :

1 Liquid based container received, 1 smear is prepared, PAP stain done.

Microscopic Description :

Smear is satisfactory for evaluation.
 Endocervical cells and metaplastic squamous cells are seen.
 Many superficial, intermediate cells and few parabasal cells seen.
 Mild inflammation with predominance of neutrophils are seen.
 Few lactobacilli are seen.
 No parasites/ fungi.
 No evidence of intraepithelial lesion or malignancy.

Diagnosis :

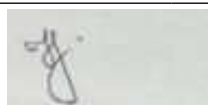
Liquid based cervical smear - **Mild inflammation and negative for intraepithelial lesion or malignancy.**

(The Bethesda System for the reporting of cervical cytology, 2014).

Note - The PAP test is a screening procedure to aid in the detection of cervical cancer and its precursors. Because false negative results may occur, regular PAP tests are recommended.

Cervical cancer screening guideline for average risk woman.

American Cancer Society (ACS) /American Cancer Society for Colposcopy and Cervical pathology/American Society for Clinical Pathology (ASCP) Guidelines, 2012.



DR TORSHA JANA

MD Pathology

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- 3D/4D Sonography
- Liver Elastography
- ECHO
- Dental & Eye Checkup
- Mammography
- Treadmill Test
- PFT
- Full Body Health Checkup
- X-Ray
- ECG
- Audiometry
- Nutrition Consultation

□ RADIOLOGY □ HEALTH CHECK UP □ PATHLOGY □ CARDIO DIAGNOSTIC

MC-2024

LABORATORY REPORT



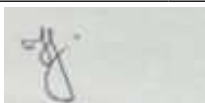
Reg. No	: 40803500170	Histo / Cyto No	: C24104990	Reg. Date	: 10-Aug-2024 08:28
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Sex/Age	: Female / 50 Years	Tele. No	:	Dispatch At	:
Ref. By	: APOLLO				
Location	:				

Population	ACS/ASCCP/ASCPS
Younger than 21 years	No screening.
21-29 years	Screening with cytology alone every 3 years is recommended.
30-65 years	Cytology and HPV testing (" co-testing ") every 5 years (preferred) or Cytology alone every 3 years (acceptable) is recommended.
Older than 65 years	Stop screening with adequate screening history.

Note - Women who have a history of cervical cancer, HIV infection, weakened immune system should not follow these routine guidelines.

If you have an abnormal cervical cancer screening test result, you may have additional testing/treatment. Your doctor will recommend when you can resume routine screening.

All stained slides labelled Cyto No: C24104990 returned along with report. Please preserve them Carefully.



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Location :			

Test Name	Results	Units	Bio. Ref. Interval
Creatinine	0.90	mg/dL	0.51 - 1.5

Serum

Creatinine is the most common test to assess kidney function. Creatinine levels are converted to reflect kidney function by factoring in age and gender to produce the eGFR (estimated Glomerular Filtration Rate). As the kidney function diminishes, the creatinine level increases; the eGFR will decrease. Creatinine is formed from the metabolism of creatine and phosphocreatine, both of which are principally found in muscle. Thus the amount of creatinine produced is, in large part, dependent upon the individual's muscle mass and tends not to fluctuate much from day-to-day. Creatinine is not protein bound and is freely filtered by glomeruli. All of the filtered creatinine is excreted in the urine.

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Location :			

Test Name	Results	Units	Bio. Ref. Interval
Urea	25.7	mg/dL	17 - 43

Serum

Useful screening test for evaluation of kidney function. Urea is the final degradation product of protein and amino acid metabolism. In protein catabolism, the proteins are broken down to amino acids and deaminated. The ammonia formed in this process is synthesized to urea in the liver. This is the most important catabolic pathway for eliminating excess nitrogen in the human body. Increased blood urea nitrogen (BUN) may be due to prerenal causes (cardiac decompensation, water depletion due to decreased intake and excessive loss, increased protein catabolism, and high protein diet), renal causes (acute glomerulonephritis, chronic nephritis, polycystic kidney disease, nephrosclerosis, and tubular necrosis), and postrenal causes (eg, all types of obstruction of the urinary tract, such as stones, enlarged prostate gland, tumors). The determination of serum BUN currently is the most widely used screening test for the evaluation of kidney function. The test is frequently requested along with the serum creatinine test since simultaneous determination of these 2 compounds appears to aid in the differential diagnosis of prerenal, renal and postrenal hyperuremia.

This is an electronically authenticated report. "Please verify the authenticity of this report by scanning the QR code to ensure data integrity."

Test done from collected sample.



Approved by: Dr. Keyur Patel Page 15 of 16

Generated On : 12-Aug-2024 08:15

For Appointment : 7567 000 750
www.conceptdiagnostics.com
conceptdiaghealthcare@gmail.com

1st Floor, Sahajand Palace, Near Gopi Restaurant, Anandnagar Cross Road, Prahladnagar, Ahmedabad-15.

Approved On: 10-Aug-2024 12:28

M.B.B.S.,D.C.P(Patho)
G- 22475

TEST REPORT

Reg. No. : 408100232	Reg. Date : 10-Aug-2024 08:28	Ref.No :	Approved On : 10-Aug-2024 11:22
Name : Mrs. VYAS BHAVNA			Collected On : 10-Aug-2024 10:29
Age : 50 Years	Gender: Female	Pass. No. :	Dispatch At :
Ref. By : APOLLO			Tele No. :
Location :			

Test Name	Results	Units	Bio. Ref. Interval
<u>ELECTROLYTES</u>			
Sodium (Na+) <small>Method:ISE</small>	139.0	mmol/L	136 - 145
Potassium (K+) <small>Method:ISE</small>	4.5	mmol/L	3.5 - 5.1
Chloride(Cl-) <small>Method:ISE</small>	101.2	mmol/L	98 - 107
Serum			

Comments

The electrolyte panel is ordered to identify electrolyte, fluid, or pH imbalance. Electrolyte concentrations are evaluated to assist in investigating conditions that cause electrolyte imbalances such as dehydration, kidney disease, lung diseases, or heart conditions. Repeat testing of the electrolyte or its components may be used to monitor the patient's response to treatment of any condition that may be causing the electrolyte, fluid or pH imbalance.

----- End Of Report -----




This is an electronically authenticated report. "Please verify the authenticity of this report by scanning the QR code to ensure data integrity."

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Approved by: Dr. Keyur Patel Page 16 of 16

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Approved On: 10-Aug-2024 11:22

M.B.B.S,D.C.P(Patho)
G- 22475



MER- MEDICAL EXAMINATION REPORT

Date of Examination	10/08/2024		
NAME	VYAS BHAVNA		
AGE	50	Gender	MALE
HEIGHT(cm)	152	WEIGHT (kg)	77.2
B.P.	114/70/90		
ECG	REPORT ATTACHED		
X Ray	REPORT ATTACHED		
VISION CHECKUP	COLOR VISION: NORMAL FAR VISION: 6/9 WITHOUT GLASSES NEAR VISION: 6/6 WITHOUT GLASSES		
Present Ailments	N/A		
Details of Past ailments (If Any)	N/A		
Comments / Advice : She /He is Physically Fit	PHYSICALLY FIT		

Dr. Vipul Chavda
 MD (Internal Medicine)
 Reg.No. G- 18004

Signature with Stamp of Medical Examiner

Bhavna . 5/1/18

20/8/18

OH:

1 FTD - ♀ - 27yrs

Mh LMP: 7 months back

Perh: Regular

Fch / ~~PAH~~ Kldo Thal mines
2 OCB on R

PA - Sch

Ade
for fert

pls for health
Perh Caten

PA - ~~PAH~~





NAME :	VYAS BHAVNA	DATE :	10-Aug-24
AGE/SEX:	50Y/F	REG.NO :	00
REFERRED BY: HEALTH CHECK UP			

X-RAY CHEST - PA VIEW

- Both lung fields are clear.
- No evidence of consolidation or Koch's lesion seen.
- Both CP angles are clear.
- Heart size is within normal limit.
- Both dome of diaphragm appear normal.
- Bony thorax under vision appears normal.

Dr. Tejas Patel
Diplomate N. B.
G-33659

DR. TEJAS PATEL (DNB)
CONSULTANT RADIOLOGIST



NAME	Vyas Bhavna		
AGE/ SEX	50 YR /F	DATE	10-Aug-2024
REF. BY	Health checkup	DONE BY	Dr Parth Thakkar

2D ECHO CARDIOGRAPHY & COLOR DOPPLER STUDY

FINDINGS:-

- Normal LV systolic function, LVEF= 60 %.
- No RWMA at rest.
- LV and LA are of normal size.
- RA & RV are normal.
- Reduced LV compliance. GR I DD
- Intact IAS & IVS
- All valves are structurally normal
- Mild MR, No AR
- Mild TR, No PAH. RVSP 25mmHg
- No clot or vegetation.
- No evidence of pericardial effusion.
- IVC normal



MEASUREMENTS:-

LVIDD	45(mm)	LA	34(mm)
LVIDS	27(mm)	AO	27(mm)
LVEF	60%	AV cusp	
IVSD / LVPWD	10/10 (mm)	EPSS	

DOPPLER STUDY:-

Valve	Velocity (M/sec)	Max gradient (MmHg)	Mean gradient (Mm Hg)	Valve area Cm ²
Aortic	1.1	5		
Mitral	E: 0.5 A: 0.7			
Pulmonary	0.8			
Tricuspid	2.1	20		

CONCLUSION:-

- Normal LV systolic function, LVEF=60%.
- No RWMA at rest.
- Reduced LV compliance.
- RA & RV are normal.
- All valves are structurally normal.
- Mild MR, No AR, Mild TR, No PAH

➤ IVC normal

DR. PARTH THAKKAR
MD (Med.) DrNB (Cardiology)
Interventional cardiologist
G - 32946

Dr. Parth Thakkar
MD (Med.), DrNB (Cardiology)
Interventional Cardiologist
79901-79258

Dr. Abhimanyu D Kothari
DM (Med.) DM (Cardiology)
Interventional Cardiologist
R No. G 28383

Dr. Abhimanyu D Kothari
MD (Med.), DM (Cardiology)
Interventional Cardiologist
9714675115

Dr Saumya Smart
MD, PGDCC
Clinical Cardiology
8469-333-222



NAME :	VYAS BHAVNA	AGE/SEX:	51 Y/F
REF. BY:	HEALTH CHECK UP	DATE :	10-Aug-24

USG ABDOMEN & PELVIS

LIVER: normal in size & shows normal echotexture. No evidence of dilated IHBR. No evidence of focal or diffuse lesion. CBD & Portal vein appears normal.

GALL-BLADDER: normal distended , No evidence of Gall Bladder calculi.

PANCREAS: appears normal in size & echotexture, No evidence of peri-pancreatic fluid collection.

SPLEEN: mild enlarged in size (12.3cms) & shows normal echogenicity.

KIDNEYS: Both kidneys appear normal in size & echotexture. Right kidney measures x mm. Left kidney measures x mm. No evidence of calculus or hydronephrosis on either side.

URINARY BLADDER: appears normal and shows minimal distension & normal wall thickness. No evidence of calculus or mass lesion.

UTERUS: postmenopausal in size and normal echopattern. No e/o adnexal mass seen on either side.

USG WITH HIGH FREQUENCY SOFT TISSUE PROBE:

Visualized bowel loops appears normal in caliber. No evidence of focal or diffuse wall thickening. No e/o Ascites. No e/o significant lymphadenopathy.

IMPRESSION:

➤ Mild enlarged spleen

Dr. Kruti Dave

Dr. KRUTI DAVE

CONSULTANT RADIODIAGNOSIS



NAME :	VYAS BHAVNA	DATE :	10-Aug-24
AGE/SEX:	51 Y/F	REG.NO :	00
REFERRED BY: HEALTH CHECK UP			

SONOGRAPHY OF BILATERAL BREASTS:

Normal mixed fatty and fibroglandular breast parenchyma is seen bilaterally.

There is no obvious evidence of a focal spiculated mass lesion, architectural distortion, focal asymmetry or clusters of microcalcifications seen to suggest presence of a malignancy.

No evidence of any dilated ducts seen on either side.

No evidence of any significant axillary adenopathy is seen.

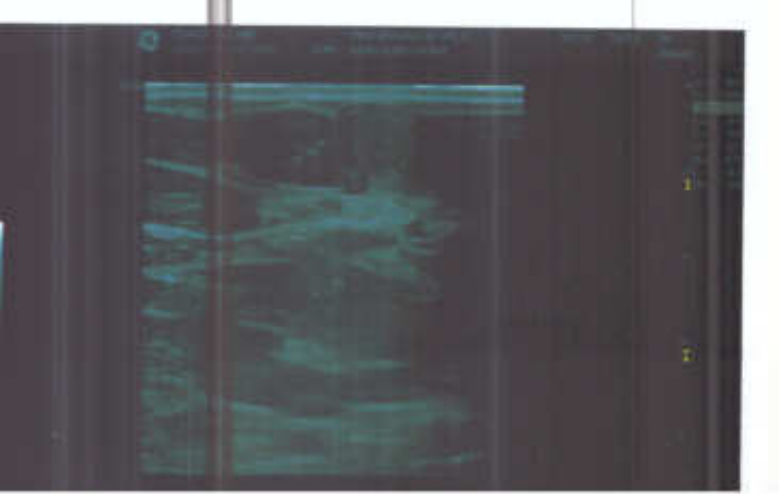
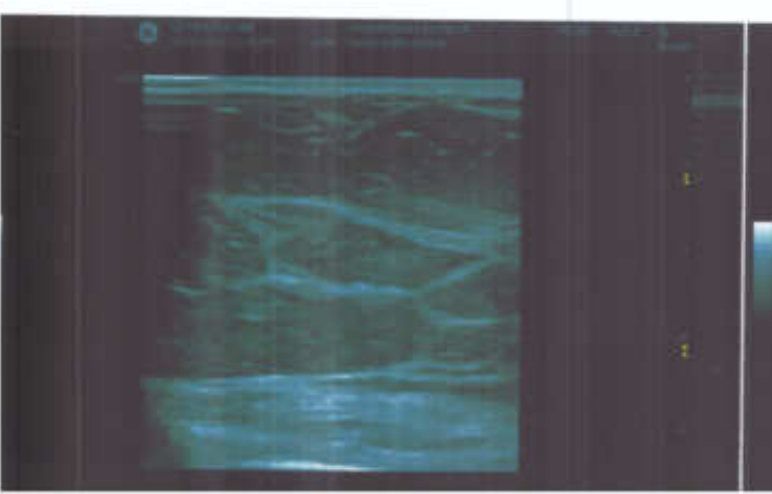
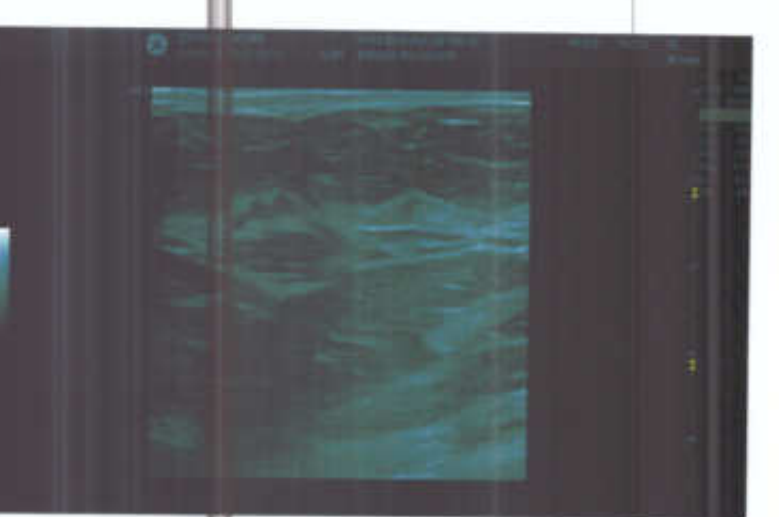
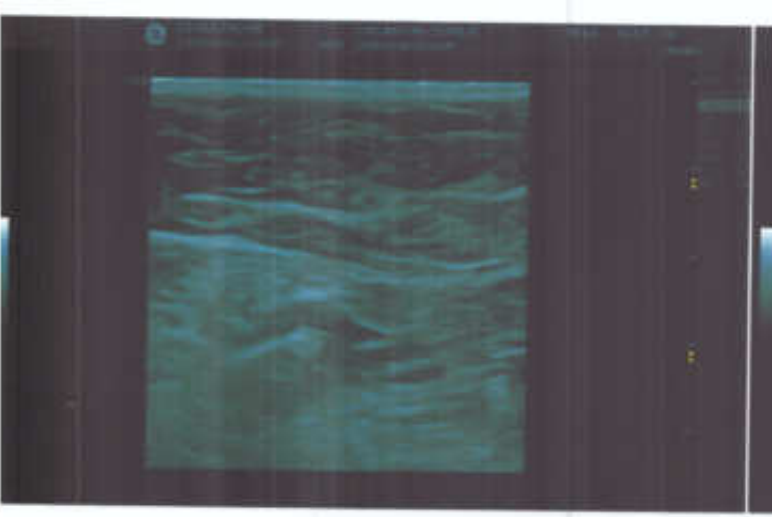
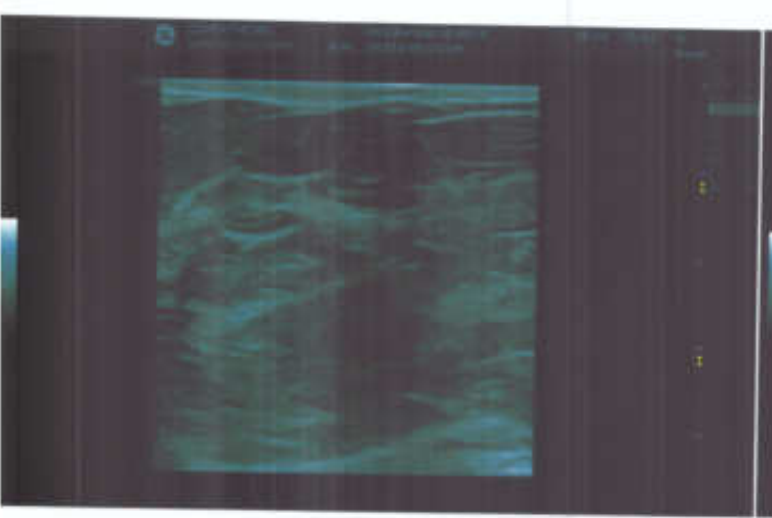
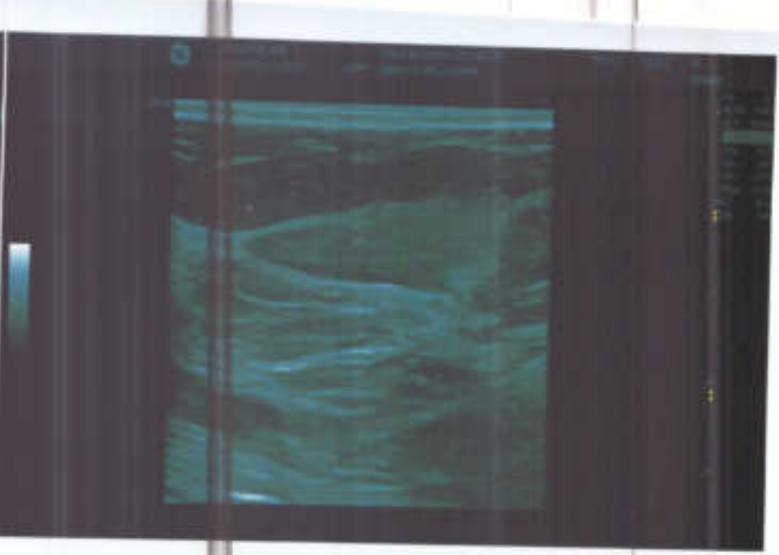
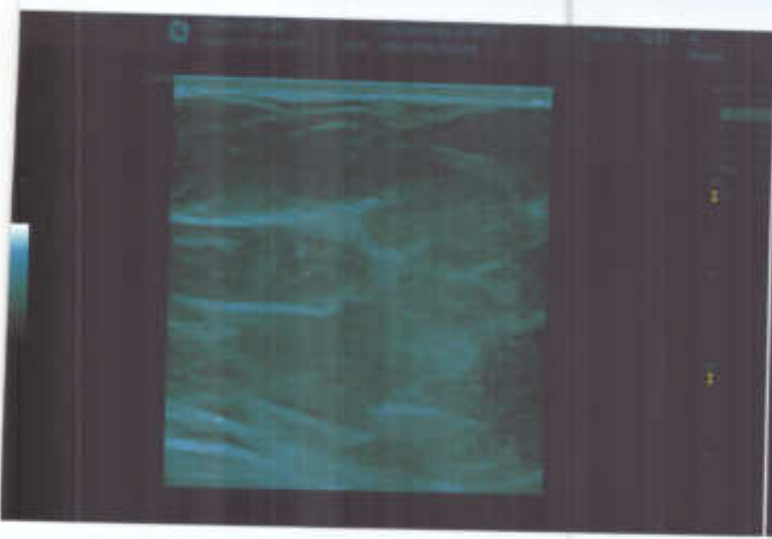
IMPRESSION

- Normal sonomammography of both breasts. (BIRADS I)

Dr. Kruti Dave
G-48337

DR. KRUTI DAVE
CONSULTANT RADIODIAGNOSIS

NOTE: Investigations are never conclusive but should be co-related along with relevant clinical examination and other investigations to achieve final diagnosis. Not for medico-legal use.





VYAS BHAVNA

DENTAL

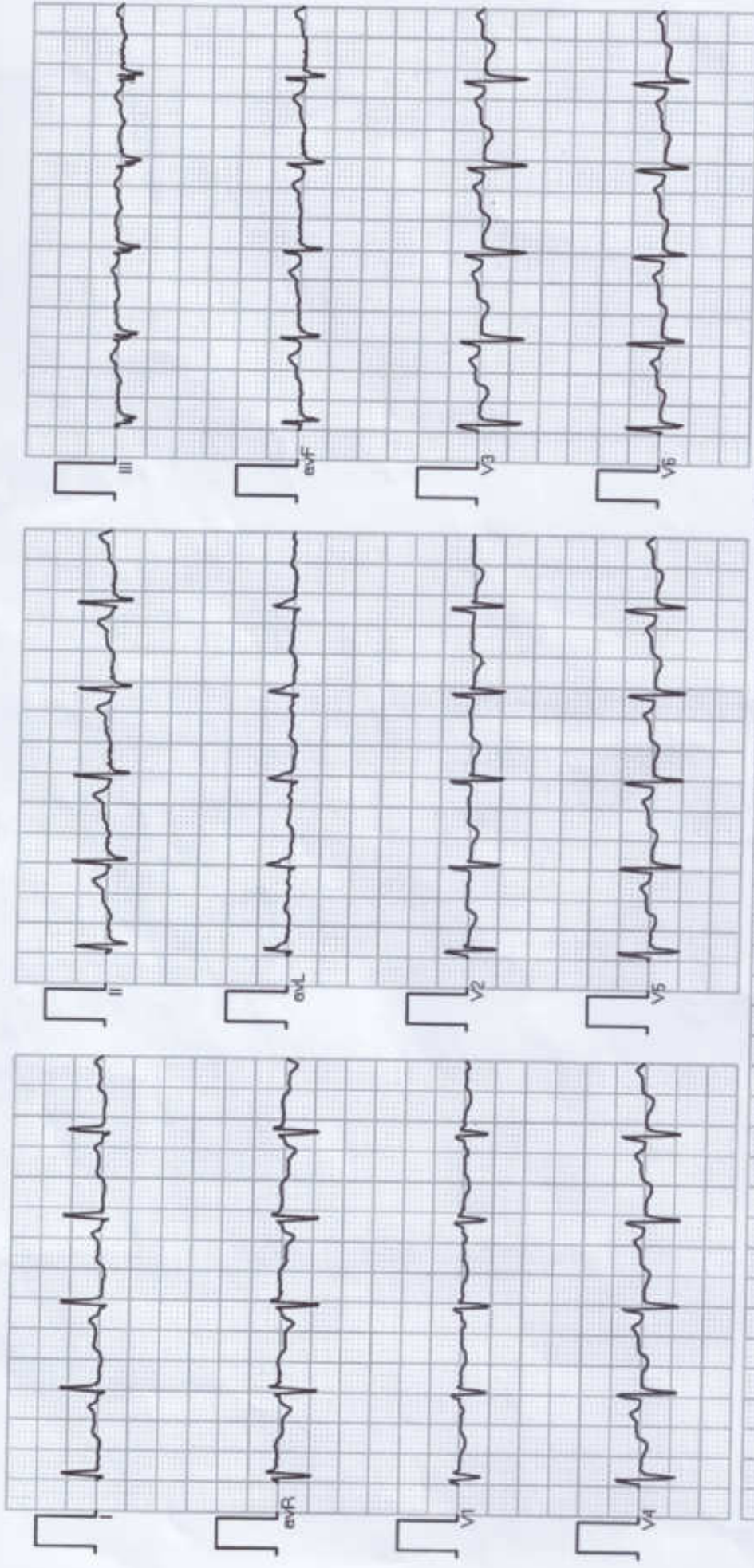
- Stones present
- Calculus present
- Carious tooth



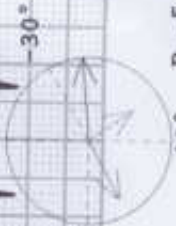
CONCEPT DIAGNOSTIC

2721 / VYAS BHAVNA / 50 Yrs / F / 152Cms. / 77Kgs. / Non Smoker
 Heart Rate : 105 bpm / Tested On : 10-Aug-24 11:16:58 / HF 0.05 Hz - LF 35 Hz / Notch 50 Hz / Sn 1.00 Cm/mV / Sw 25 mm/s

ECG



Vent Rate : 105 bpm
 PR Interval : 138 ms
 QRS Duration : 82 ms
 QT/QTc Int : 327/401 ms
 P-QRS-T axis: 56.00° -5.00° 151.00°



Dr. L3 Dr. PARTH THAKKAR
 Interventional Cardiology
 Reported By: PARTH THAKKAR



