



05/03/2024:
Lib Dr. Vinod :-



Name: Mohika Jha
Date: 21/3/24
Age: 30 Sex: F

No prior any major illness

LMP - 6 days back

Adv:

No action to be required

G

P 86
BP 120/80
SpO₂ - 98%

Dr. (Name)



OPD INITIAL ASSESSMENT FORM

(To be filled by Nursing Staff)

Patient Name: - Mohika Soni UHID Number: - 1392

Consultant Name: - Dr. Vivek Chavda Date: - 9/13/24 Start Time: - 9:02 Age: - 36 (Years)

Sex: - F (M/F)

Height: - 154 cms, Weight: - 62 kgs. Temp. - (N), Pulse: - 88 (Per minute), SPO2

B.P. :- 120/80 (mm of Hg), RBS:- - First Visit / Follow Up
Visit: FIRST VISIT

Nursing Staff Name & Signature: - Kaiteash Pata End Time:-

Past History: - (TICK MARK)

Diabetes, Hypertension, IHD, COPD, Asthma, TB, Smoker, Alcoholic, Hypothyroidism

Other:-

Family History:-

Psychosocial Assessment:-

Nutritional Screening:-

Immunization Status:-

To be filled by Clinician) Start Time:- _____

Clinical Findings:-

Diagnosis:-

Investigations and Advice:-



Chikuwadi, Opp. Railway Yard, Ankleshwar - 393 001 ☎ : 247882 / 247883

OPD INITIAL ASSESSMENT FORM

(To be filled by Nursing Staff)

Patient Name: - Monika Soni UHID Number: - 1392

Consultant Name: Dr. Rakesh Vaidodeviya Date: 9/3/24 Start Time: - _____ Age: - 36 (Years)

Sex: - F (M/F)

Height: 154 cms, Weight: - 62 kgs. Temp. (N), Pulse: - _____ (Per minute), SPO2 _____

B.P. :- _____ (mm of Hg), RBS:- _____ First Visit / Follow Up Visit: F (Per.)

Nursing Staff Name & Signature: - Sudhee. S. Joshi End Time:- _____

Past History: - (TICK MARK)

Diabetes, Hypertension, IHD, COPD, Asthma, TB, Smoker, Alcoholic, Hypothyroidism

Other:- Mo

Family History:- _____

Nutritional Screening:- _____

Psychosocial Assessment:- _____

Immunization Status:- _____

To be filled by Clinician) Start Time:- _____

Clinical Findings:-

General Health check
ACF - soft
no tenders
BP

Diagnosis:-

Investigations and Advice:-

USG abdomen
noted

Patient Name:	MONIKA SONI	Age / Sex:	36YRS/F
Patient ID:	OP-1392	Date:	09/03/2024
Referred By:	HEALTH CHEKUP	USG:	ABD

USG ABDOMEN & PELVIS

LIVER : normal in size shape and normal echotexture.No focal solid or cystic mass seen.
Portal & billiary radicals normal.
PV & CBD normal.
G.B. : well distended & normal. No stone or inflammation seen.
HEAD AND BODY OF PANCREAS : reveals normal echotexture. No mass, calcification or pancreatitis.
Tail of pancreas : Obscure by bowel gas.
SPLEEN : Normal in size, 96 mm & reveals normal echotexture. No other focal mass seen.
BOTH KIDNEY : RK: 96 X 40 mm. , LK : 99 X 44 mm.
Both kidneys are normal size with normal cortical thickness.
No focal solid or cystic mass seen. No calculus. No hydronephrosis seen.
C.M differentiation is preserved. No parenchymal abnormality seen.
U. BLADDER : Well distended & normal.No mass or filling defect seen.
UTERUS: Anteverted, Normal in size.
The endometrial stripe (ET) measures 6.8 mm in diameter and is normal in echogenicity.
BOTH OVARIES: appears normal size. Multiple small follicles within. No adnexal mass.
BOWEL LOOPS : Peristaltic bowel loops seen in lower abdomen. Bowel loops are normal calibre (Visualized).
No free fluid seen. No enlarged lymphnodes seen.

IMPRESSION:

- **No significant abnormality seen.**
- Suggest clinical correlation.



Dr. HANSA RATHWA
MD (Radio Diagnosis)

Disclaimer-It is of medical imaging based on the available clinical data, so this report cannot be utilized for any medico legal purpose/ certifications. All modern machines/procedures have their own limitations. If there is any clinical discrepancy, this investigation may be repeated or reassessed by other tests.

Patient Name:	MONIKA SONI	Age /Sex:	36YRS/F
Patient ID:	OP-1392	Date :	09/03/2024
Referred By:	HEALTH CHEKUP	Modality:	X-RAY

X-RAY CHEST PA.

- Both Lung fields appear normal
No evidence of any collapse / consolidation.
- Both Hila appear normal.
No evidence of any enlarged Hilar lymphnodes.
- Both CP angle clear.
- Cardiac size appear normal.
- Both hemi diaphragm appears normal
- Bony cage appear normal.

IMPRESSION:

No significant abnormality detected. .



Dr. HANSA RATHWA
MD (Radio Diagnosis)

Disclaimer-It is of medical imaging based on the available clinical data., so this report cannot be utilized for any medico legal purpose/ certifications. All modern machines/procedures have their own limitations. If there is any clinical discrepancy, this investigation may be repeated or reassessed by other tests.



LABORATORY REPORT



Name : Mrs MONIKA SONI	Sex/Age : Female / 36 Years	Case ID : 40308000439
Ref. By : Mediwheel Full Body Health Checkup	Dis. At :	Pt. ID :
Bill. Loc. : Health packages		Pt. Loc. :
Reg Date and Time : 09-Mar-2024 09:14	Sample Type : Whole Blood EDTA	Mobile No. :
Sample Date and Time : 09-Mar-2024 09:14	Sample Coll. By : non	Ref Id1 :
Report Date and Time : 09-Mar-2024 10:05	Acc. Remarks :	Ref Id2 :

TEST	RESULTS	UNIT	BIOLOGICAL REF. INTERVAL	REMARKS
------	---------	------	--------------------------	---------

HAEMOGRAM REPORT

HB AND INDICES

Haemoglobin	12.9	G%	12.0 - 15.0
RBC (Electrical Impedance)	H 4.83	millions/cumm	3.80 - 4.80
PCV(Calc)	39.99	%	36.00 - 46.00
MCV (RBC histogram)	L 82.8	fL	83.00 - 101.00
MCH (Calc)	L 26.8	pg	27.00 - 32.00
MCHC (Calc)	32.4	gm/dL	31.50 - 34.50
RDW (RBC histogram)	14.80	%	11.00 - 16.00

TOTAL AND DIFFERENTIAL WBC COUNT

		UNIT	EXPECTED VALUES	[Abs]	EXPECTED VALUES
Total WBC Count	8550	/μL	4000.00 - 10000.00		
Neutrophil	[%] 64	%	40.00 - 70.00	5472	/μL 2000.00 - 7000.00
Lymphocyte	25	%	20.00 - 40.00	2138	/μL 1000.00 - 3000.00
Eosinophil	05	%	1.00 - 6.00	428	/μL 20.00 - 500.00
Monocytes	06	%	2.00 - 10.00	513	/μL 200.00 - 1000.00
Basophil	00	%	0.00 - 2.00	0	/μL 0.00 - 100.00

PLATELET COUNT

Platelet Count	162000	/μL	150000.00 - 410000.00
MPV	H 14.10	fL	6.5 - 12
PDW	H 16.4		8 - 13

Method:

TLC-SF cube technology(Flow Cytometry+ fluorescence),
 DC by microscopy,
 Platelet count by electrical impedance+/- SF cube technology

Note: (LL-VeryLow, L-Low, H-High, HH-VeryHigh, A-Abnormal)

Dr. Shweta Patel
 Consultant Pathologist

Printed On : 09-Mar-2024 16:38



LABORATORY REPORT



Name : Mrs MONIKA SONI	Sex/Age : Female / 36 Years	Case ID : 40308000439
Ref. By : Mediwheel Full Body Health Checkup	Dis. At :	Pt. ID :
Bill. Loc. : Health packages		Pt. Loc. :
Reg Date and Time : 09-Mar-2024 09:14	Sample Type : Whole Blood EDTA	Mobile No. :
Sample Date and Time : 09-Mar-2024 09:14	Sample Coll. By : non	Ref Id1 :
Report Date and Time : 09-Mar-2024 13:02	Acc. Remarks :	Ref Id2 :

TEST	RESULTS	UNIT	BIOLOGICAL REF RANGE	REMARKS
HAEMATOLOGY INVESTIGATIONS				
ESR <i>Westergren Method</i>	06		mm after 1hr 3 - 20	

**BLOOD GROUP AND RH TYPING (Erythrocyte Magnetized Technology)
(Both Forward and Reverse Group)**

ABO Type	O
Rh Type	POSITIVE

Note: (LL-VeryLow, L-Low, H-High, HH-VeryHigh ,A-Abnormal)

Dr. Shweta Patel

Consultant Pathologist

Page 2 of 9

Printed On : 09-Mar-2024 16:38



LABORATORY REPORT



Name : Mrs MONIKA SONI	Sex/Age : Female / 36 Years	Case ID : 40308000439
Ref. By : Mediwheel Full Body Health Checkup	Dis. At :	Pt. ID :
Bill. Loc. : Health packages		Pt. Loc. :
Reg Date and Time : 09-Mar-2024 09:14	Sample Type : Serum	Mobile No. :
Sample Date and Time : 09-Mar-2024 09:14	Sample Coll. By : non	Ref Id1 :
Report Date and Time : 09-Mar-2024 12:19	Acc. Remarks :	Ref Id2 :

TEST	RESULTS	UNIT	BIOLOGICAL REF RANGE	REMARKS
BUN (Blood Urea Nitrogen) <i>GLDH</i>	L 6.1	mg/dL	7.00 - 18.70	
Uric Acid <i>Uricase-Peroxidase method</i>	3.43	mg/dL	2.6 - 6.2	
Creatinine <i>Jaffe compensated</i>	0.72	mg/dL	0.55 - 1.02	

Note: (LL-VeryLow, L-Low, H-High, HH-VeryHigh, A-Abnormal)

Dr. Shweta Patel

Consultant Pathologist

Page 3 of 9

Printed On : 09-Mar-2024 16:38



LABORATORY REPORT



Name : Mrs MONIKA SONI
 Sex/Age : Female / 36 Years
 Ref. By : Mediwheel Full Body Health Checkup
 Dis. At :
 Bill. Loc. : Health packages
 Reg Date and Time : 09-Mar-2024 09:14
 Sample Type : Plasma Fluoride F, Plasma Fluoride PP, Whole Blood EDTA
 Sample Date and Time : 09-Mar-2024 09:14
 Sample Coll. By : non
 Report Date and Time : 09-Mar-2024 12:20
 Acc. Remarks :
 Case ID : 40308000439
 Pt. ID :
 Pt. Loc :
 Mobile No. :
 Ref Id1 :
 Ref Id2 :

TEST	RESULTS	UNIT	BIOLOGICAL REF RANGE	REMARKS
Plasma Glucose - F <i>Photometric, Hexokinase</i>	95.05	mg/dL	70 - 100	FUS: NIL
Plasma Glucose - PP <i>Photometric, Hexokinase</i>	76.40	mg/dL	70 - 140	PPUS: NIL

Glycated Haemoglobin Estimation

HbA1C <i>Immunoturbidimetric</i>	5.4		% of total Hb <5.7: Normal 5.7-6.4: Prediabetes >=6.5: Diabetes
Estimated Avg Glucose (3 Mths) <i>Calculated</i>	108.28	mg/dL	Not available

Please Note change in reference range as per ADA 2021 guidelines.

Interpretation :
 HbA1C level reflects the mean glucose concentration over previous 8-12 weeks and provides better indication of long term glycemic control.
 Levels of HbA1C may be low as result of shortened RBC life span in case of hemolytic anemia.
 Increased HbA1C values may be found in patients with polycythemia or post splenectomy patients.
 Patients with Homozygous forms of rare variant Hb(CC,SS,EE,SC) HbA1c can not be quantitated as there is no HbA.
 In such circumstances glycemic control can be monitored using plasma glucose levels or serum Fructosamine.
 The A1c target should be individualized based on numerous factors, such as age, life expectancy, comorbid conditions, duration of diabetes, risk of hypoglycemia or adverse consequences from hypoglycemia, patient motivation and adherence.

Note: (LL-Very Low, L-Low, H-High, HH-Very High ,A-Abnormal)

Shweta Patel
Dr. Shweta Patel
 Consultant Pathologist

Printed On : 09-Mar-2024 10:38



LABORATORY REPORT



Name : Mrs MONIKA SONI
 Sex/Age : Female / 36 Years
 Ref. By : Mediwheel Full Body Health Checkup
 Dis. At :
 Bill. Loc. : Health packages
 Reg Date and Time : 09-Mar-2024 09:14
 Sample Type : Serum
 Sample Date and Time : 09-Mar-2024 09:14
 Sample Coll. By : non
 Report Date and Time : 09-Mar-2024 12:20
 Acc. Remarks :
 Case ID : 40308000439
 Pt. ID :
 Pt. Loc :
 Mobile No. :
 Ref Id1 :
 Ref Id2 :

TEST	RESULTS	UNIT	BIOLOGICAL REF RANGE	REMARKS
------	---------	------	----------------------	---------

BIOCHEMICAL INVESTIGATIONS

Lipid Profile

Cholesterol <i>Colorimetric, CHOD-POD</i>	153.22	mg/dL	110 - 200	
HDL Cholesterol	52.3	mg/dL	40 - 60	
Triglyceride <i>GPO-POD</i>	66.72	mg/dL	40 - 200	
VLDL <i>Calculated</i>	13.34	mg/dL	10 - 40	
Chol/HDL <i>Calculated</i>	2.93		0 - 4.1	
LDL Cholesterol <i>Calculated</i>	87.58	mg/dL	0.00 - 100.00	

NEW ATP III GUIDELINES (MAY 2001), MODIFICATION OF NCEP

LDL CHOLESTEROL	CHOLESTEROL	HDL CHOLESTEROL	TRIGLYCERIDES
Optimal <100	Desirable <200	Low <40	Normal <150
Near Optimal 100-129	Border Line 200-239	High >60	Border High 150-199
Borderline 130-159	High >240	-	High 200-499
High 160-189	-	-	-

- LDL Cholesterol level is primary goal for treatment and varies with risk category and assessment
- For LDL Cholesterol level Please consider direct LDL value
- Risk assessment from HDL and Triglyceride has been revised. Also LDL goals have changed.
- Detail test interpretation available from the lab
- All tests are done according to NCEP guidelines and with FDA approved kits.
- LDL Cholesterol level is primary goal for treatment and varies with risk category and assessment

Note: (LL-Very Low, L-Low, H-High, HH-Very High, A-Abnormal)

Shweta Patel
Dr. Shweta Patel

Consultant Pathologist

Page 5 of 9

Printed On : 09-Mar-2024 16:38



LABORATORY REPORT



Name : Mrs MONIKA SONI	Sex/Age : Female / 36 Years	Case ID : 40308000439
Ref. By : Mediwheel Full Body Health Checkup	Dis. At :	Pt. ID :
Bill. Loc. : Health packages		Pt. Loc. :
Reg Date and Time : 09-Mar-2024 09:14	Sample Type : Serum	Mobile No. :
Sample Date and Time : 09-Mar-2024 09:14	Sample Coll. By : non	Ref Id1 :
Report Date and Time : 09-Mar-2024 12:20	Acc. Remarks :	Ref Id2 :

TEST	RESULTS	UNIT	BIOLOGICAL REF RANGE	REMARKS
------	---------	------	----------------------	---------

BIOCHEMICAL INVESTIGATIONS

Liver Function Test

S.G.P.T. <i>IFCC</i>	9.48	U/L	0 - 59
S.G.O.T. <i>IFCC</i>	15.80	U/L	15 - 37
Alkaline Phosphatase <i>Modified IFCC method</i>	147.32	U/L	40 - 150
Proteins (Total) <i>Biuret</i>	L 6.34	g/dL	6.4 - 8.2
Albumin <i>Bromo Cresol Green</i>	4.09	g/dL	3.4 - 5.0
Globulin <i>Calculated</i>	2.25	gm/dL	2 - 4.1
A/G Ratio <i>Calculated</i>	1.8		1.0 - 2.1
Bilirubin Total <i>Diazotized Sulfanilic Acid Method</i>	0.32	mg/dL	0.2 - 1.0
Bilirubin Conjugated <i>Diazotized Sulfanilic Acid Method</i>	0.15	mg/dL	
Bilirubin Unconjugated <i>Calculated</i>	0.17	mg/dL	0 - 0.8

Note: (LL-VeryLow, L-Low, H-High, HH-VeryHigh A-Abnormal)

Dr. Shweta Patel

Consultant Pathologist

Page 8 of 9

Printed On : 09-Mar-2024 16:38



LABORATORY REPORT



Name : Mrs MONIKA SONI	Sex/Age : Female / 36 Years	Case ID : 40308000439
Ref. By : Mediwheel Full Body Health Checkup	Dis. At :	Pt. ID :
Bill. Loc. : Health packages		Pt. Loc :
Reg Date and Time : 09-Mar-2024 09:14	Sample Type : Serum	Mobile No. :
Sample Date and Time : 09-Mar-2024 09:14	Sample Coll. By : non	Ref Id1 :
Report Date and Time : 09-Mar-2024 12:26	Acc. Remarks :	Ref Id2 :

TEST	RESULTS	UNIT	BIOLOGICAL REF RANGE	REMARKS
------	---------	------	----------------------	---------

BIOCHEMICAL INVESTIGATIONS

Thyroid Function Test

Triiodothyronine (T3) ECLIA	0.82	ng/mL	0.70 - 2.04	
Thyroxine (T4) ECLIA	5.83	µg/dL	5.5 - 11.0	
TSH ECLIA	1.010	µIU/mL	0.40 - 4.20	

INTERPRETATIONS

Useful for Monitoring patients on thyroid replacement therapy, Confirmation of thyroid-stimulating hormone (TSH) suppression in thyroid cancer patients on thyroxine therapy, for Prediction of thyrotropin-releasing hormone-stimulated TSH response, as An aid in the diagnosis of primary hyperthyroidism, for Differential diagnosis of hypothyroidism.
The ability to quantitate circulating levels of thyroid-stimulating hormone (TSH) is important in evaluating thyroid function. It is especially useful in the differential diagnosis of 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 or normal. Concentrations of 5.1 mIU/ml to 7.0 mIU/ml are considered borderline hypothyroid

CAUTIONS

Sick, hospitalized patients may have falsely low or transiently elevated thyroid stimulating hormone.
Some patients who have been exposed to animal antigens, either in the environment or as part of treatment or imaging procedure, may have circulating antianimal antibodies present. These antibodies may interfere with the assay reagents to produce unreliable results.

TSH ref range in Pregnancy	Reference range (microu/ml)
First trimester	0.24 - 2.00
Second trimester	0.43-2.2
Third trimester	0.8-2.5

Pending Services
Stool Examination

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

For test performed on specimens received or collected from non-NSRL locations, it is presumed that the specimen belongs to the patient named or identified as labeled on the container/test request and such verification has been carried out at the point generation of the said specimen by the sender. NSRL will be responsible Only for the analytical part of test carried out. All other responsibility will be of referring Laboratory.

Note:(LL-VeryLow,L-Low,H-High,HH-VeryHigh ,A-Abnormal)

Dr. Shweta Patel
Consultant Pathologist

Printed On : 09-Mar-2024 16:38



LABORATORY REPORT



Name : Mrs MONIKA SONI	Sex/Age : Female / 36 Years	Case ID : 40308000439
Ref. By : Mediwheel Full Body Health Checkup	Dis. At :	Pt. ID :
Bill. Loc. : Health packages		Pt. Loc. :
Reg Date and Time : 09-Mar-2024 09:14	Sample Type : Spot Urine	Mobile No. :
Sample Date and Time : 09-Mar-2024 09:14	Sample Coll. By : non	Ref Id1 :
Report Date and Time : 09-Mar-2024 12:19	Acc. Remarks :	Ref Id2 :

TEST	RESULTS	UNIT	BIOLOGICAL REF RANGE	REMARKS
------	---------	------	----------------------	---------

URINE EXAMINATION (STRIP METHOD AND FLOWCYTOMETRY)

Physical examination

Colour **Pale yellow**

Transparency **Clear**

Chemical Examination By Sysmex UC-3500

Sp.Gravity **1.010** 1.003 - 1.035

pH **5.0** 4.6 - 8

Leucocytes (ESTERASE) **Negative** Negative

Protein **Negative** Negative

Glucose **Negative** Negative

Ketone Bodies Urine **Negative** Negative

Urobilinogen **Negative** Negative

Bilirubin **Negative** Negative

Blood **Trace** Negative

Nitrite **Negative** Negative

Flowcytometric Examination By Sysmex UF-5000

Leucocyte **Nil** /HPF Nil

Red Blood Cell **Occasional** /HPF Nil

Epithelial Cell **1-2** /HPF Present(+)

Bacteria **Nil** /µL Nil

Yeast **Nil** /µL Nil

Cast **Nil** /LPF Nil

Crystals **Nil** /HPF Nil

Note:(LL-VeryLow,L-Low,H-High,HH-VeryHigh ,A-Abnormal)

Dr. Shweta Patel
Consultant Pathologist

Printed On : 09-Mar-2024 16:38



LABORATORY REPORT



Name : Mrs MONIKA SONI	Sex/Age : Female / 36 Years	Case ID : 40308000439
Ref. By : Mediwheel Full Body Health Checkup	Dis. At :	Pl. ID :
Bill. Loc. : Health packages		Pl. Loc. :
Reg Date and Time : 09-Mar-2024 09:14	Sample Type : Spot Urine	Mobile No. :
Sample Date and Time : 09-Mar-2024 09:14	Sample Coll. By : non	Ref Id1 :
Report Date and Time : 09-Mar-2024 12:19	Acc. Remarks :	Ref Id2 :

Parameter	Unit	Expected value	Result/Notations				
			Trace	+	++	+++	++++
pH	-	4.6-8.0					
SG	-	1.003-1.035					
Protein	mg/dL	Negative (<10)	10	25	75	150	500
Glucose	mg/dL	Negative (<30)	30	50	100	300	1000
Bilirubin	mg/dL	Negative (0.2)	0.2	1	3	6	-
Ketone	mg/dL	Negative (<5)	5	15	50	150	-
Urobilinogen	mg/dL	Negative (<1)	1	4	8	12	-

Parameter	Unit	Expected value	Result/Notifications				
			Trace	+	++	+++	++++
Leukocytes (Strip)	/micro L	Negative (<10)	10	25	100	500	-
Nitrite(Strip)	-	Negative	-	-	-	-	-
Erythrocytes(Strip)	/micro L	Negative (<5)	10	25	50	150	250
Pus cells (Microscopic)	/hpf	<5	-	-	-	-	-
Red blood cells(Microscopic)	/hpf	<2	-	-	-	-	-
Cast (Microscopic)	/lpf	<2	-	-	-	-	-

Note (LL-VeryLow, L-Low, H-High, HH-VeryHigh ,A-Abnormal)

Dr. Shweta Patel
Consultant Pathologist
Page 7 of 9

Printed On : 09-Mar-2024 16:38



Chikwadi, Opp. Railway Yard, Ankleshwar - 393 001 ☎ : 2476

DATE: 21/31-15-27 30:05:1
Justice Optical CO., L

NAME: _____ M/F

OPD INITIAL ASSESSMENT FORM

(To be filled by Nursing Staff)

Patient Name: Monika Somi UHID Numl _____

Consultant Name: Dr. Shreya Shah Date: 7/3/24 Start Time: 9:2

Sex: R (M/F)

Height: _____ cms, Weight: _____ kgs. Temp. 99, Pulse: _____ (Per minute), SPO2 _____

B.P. :- _____ (mm of Hg), RBS: _____
Visit: First visit First Visit / Follow Up

Nursing Staff Name & Signature: _____ End Time: _____

Past History: - (TICK MARK) Routine check-up
Diabetes, Hypertension, IHD, COPD, Asthma, TB, Smoker, Alcoholic, Hypothyroidism

Other:-

Family History:-

Psychosocial Assessment:-

Nutritional Screening:-

Immunization Status:-

To be filled by Clinician) Start Time: _____

Clinical Findings:-
SC $-1.50 / -0.25 \times 75 - 6/6$
 $-1.25 / -0.50 \times 85 - 6/6$

BE ASUM

FUM

Diagnosis:-

Investigations and Advice:-

DATE: 21/31-15-27 30:05:1
Justice Optical CO., L
NAME: _____ M/F
<R>
SPH: - 1.50D
CYL: - 0.25D
AXS: 78°
<L>
SPH: - 1.50D
CYL: + 0.00D
AXS: 180°
Qiming Road 599# NB Ch
a
JUSTICE JS750



SARDAR PATEL HOSPITAL
& HEART INSTITUTE

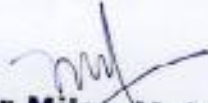
Patient Name : Mrs. Monika Soni
Registration No : 101-023-1392-000
Sex : Female
Patient Arrived At : 09-Mar-2024 09:00:00 AM
Test Name : ECHO STUDY

DOB : 28-Jan-1988
Age : 36 Yrs/
Result Verified At : 09-Mar-2024 12:58

2D ECHO CARDIOGRAPHY REPORT

- All cardiac chambers are normal in dimension
- Normal LV Systolic function at Rest, LVEF =60 %
- No RWMA at Rest.
- No diastolic dysfunction (E>A, MV E' > 0.10 m/s)
- MV – Normal, No MS/MR AV –Normal, No AS/ AR
- TV – Normal , No TS/ Trivial TR PV – No PS / PR
- No Pulmonary Hypertension, RVSP = 25mmHg
- IAS / IVS appear Intact
- No e/o obvious Clot / Vegetation / effusion
- IVC is 16mm in diameter and collapsing > 50% on inspiration

IMPRESSION: NORMAL LV SYSTOLIC FUNCTION, NO RWMA, NO PAH


Dr. Milan Mehta
D.Card (Mumbai)
Non-Invasive cardiology

Soorya M.
Echo technologist

Dr. Jayvirsinh Atodariya
MD, DM, CARDIOLOGY
Consultant: Interventional Cardiology

09.03.2024 9:56:09
SARDAR JEL HOSPITAL
CHIKUWADE
ANKLESHWAR

Room:

Order Location:
Order: Visit:
Indication:
Medication 1:
Medication 2:
Medication 3:

71 bpm
--/-- mmHg

Technician:
Ordering Ph:
Referring Ph:
Attending Ph:

QRS : 74 ms
QT / QTcbaz : 376 / 408 ms
PR : 126 ms
P : 54 ms
RR / PP : 844 / 845 ms
P / QRS / T : 68 / 52 / 53 degrees

Normal sinus rhythm
Normal ECG

