

Patient Name	Mrs. LADIPHA <sup>WATH</sup>	Date	28/12/19
Age	37	UHID No	
Sex	FEMALE	Ref By	
Occupation	BARBER	Phone No	
		Email	

## HEALTH ASSESSMENT FORM

### A - GENERAL EXAMINATION

CHIEF COMPLAINTS	MILD ACIDITY <del>NONE</del>				
MEDICAL HISTORY	HYPERTENSION	Asthama	Heart Disease	Thyroid Disorder	Allergy
	<del>NO</del>	<del>NO</del>	<del>NO</del>	<del>NO</del>	<del>NO</del>
	Diabetes	Stroke	Kidney Disorder	Tuberculosis	Liver Disorder
	<del>NO</del>	<del>NO</del>	<del>NO</del>	<del>NO</del>	<del>NO</del>
	Other History	NONE			
SURGICAL HISTORY	Piles	Fissures	Fistula	Hernia	Gall Bladder Stone
	<del>NO</del>	<del>NO</del>	<del>NO</del>	<del>NO</del>	<del>NO</del>
	Other Surgical History	_____			
GYNECOLOGICAL HISTORY	AGE MENOPAUSE	MENARCHE AT YEARS OF AGE	Regularity	Duration	OTHER
	<del>NO</del>	14 YRS	REG.	2 DAYS	10EES.
	Other Gynecological History	FTND - 9 years back			
BREAST EXAMINATION		RIGHT		LEFT	
	Skin	/		/	
	Nodule				
	Nipple				
	Pain				
	Other Remarks				
CURRENT MEDICATIONS	Sr. No	Complaints	Dosage	Duration	
		_____		_____	

NAME	Mrs. W. Adirad, 10/11/12	Weight	53.4 kg
BP	120/80 mmHg	Height	152 cm
Pulse	78 bpm	SPO2	98
Temperature	37.3	Peripheral Pulses	PP
Oedema	NO	Breath Sound	Clear, ABBE
Heart Sound	S1 S2 (M)		

**B - SYSTEMIC EXAMINATION**

FILL YES/NO

CONSTITUTIONAL		GENITOURINARY SYSTEM		
Fever	/ NO	Frequency of urine	/ NO	
Chills		Blood in urine		
Recent weight gain		Incomplete empty of bladder		
EYES		Nycturia	/ NO	
Eye pain	/ NO	Dysuria	/ NO	
Spots before eyes		Urge Incontinence		
Dry eyes		OBS/GYNE.		
Wearing glasses		Abnormal bleed		/ NO
Vision changes	Vaginal Discharge			
Itchy eyes	Irregular menses			
EAR/NOSE/THROAT		Midcycle bleeding		
Earaches	/ NO	MUSCULOSKELETAL		
Nose bleeds		Joint swelling	/ NO	
Sore throat		Joint pain		
Loss of hearing		Limb swelling		
Sinus problems		Joint stiffness		
Dental problems	INTEGUMENTARY (SKIN)			
CARDIOVASCULAR		Acne	/ NO	
Chest pain	Breast pain			
Heart rate is fast/slow	Change in mole			
Palpitations	/ NO	Breast		
Leg swelling		NEUROLOGICAL		
RESPIRATORY		Confused	/ OCCASIONALLY	
Shortness of breath	/ NO	Sensation in limbs		
Cough		Migraines		
Orthopnoea		Difficulty walking		
Wheezing		PSYCHIATRIC		
Dyspnoea		Suicidal	/ NO	
Respiratory distress in sleep		Change in personality		
GASTROINTESTINAL		Anxiety		
Abdominal pain	/ NO APP.	Sleep Disturbances		
Constipation		Depression		
Heartburn		Emotional		
Vomiting				
Diarrhoea				
Melena				

आयकर विभाग  
INCOME TAX DEPARTMENT

भारत सरकार  
GOVT. OF INDIA

स्थायी लेखा संख्या कार्ड  
Permanent Account Number Card  
ASNP03105E



18102023

नाम / Name  
NEHA SACHIN WADIKAR

पिता का नाम / Father's Name  
DEEPAK TRIMBAK DATAR

जन्म की तारीख /  
Date of Birth  
15/02/1987

हस्ताक्षर / Signature

*Handwritten signature*

*Handwritten signature*

**Dr. HANISH DEVADIGA**  
CONSULTANT ECHOCARDIOLOGIST  
Reg. No. 2003/09/3427

**VRX HEALTHCARE PVT. LTD.**  
(Physio Lounge & Diagnolounge)  
104-105, 1st Floor, Asmi Dreamz,  
At Junction Of S.V. Road, & M. G. Road,  
Goregaon (West), Mumbai-400104.



# Report

VRX HEALTH CARE PVT. LTD.

Name	: MS. NEHA SACHIN WADIKAR	Id	: VRX-38671
Age / Gender	: 37 Years 1 Months / F	Registered On	: 29/03/2024 09:21
Referred By	: MEDIWHEEL	Collected Time	: 29/03/2024 09:49
		Reported On	: 29/03/2024 14:39

Investigations	Observed Value	Bio. Ref. Interval	METHOD
<b>CBC-COMplete BLOOD COUNT</b>			
HAEMOGLOBIN	11.6	12.0 - 15.0 gm/dl	
RBC COUNT	4.09	3.8 - 4.8 Millions/Cmm	
PACKED CELL VOLUME	35.7	40.0 - 50.0 %	
MEAN CORP VOL (MCV)	87.29	83.0 - 101.0 fl	
MEAN CORP HB (MCH)	28.36	27.0 - 32.0 pg	
MEAN CORP HB CONC (MCHC)	32.49	31.5 - 34.5 g/dl	
RDW	13.1	11.6 - 14.0 %	
WBC COUNT	5.6	4.0 - 10.0 *1000/cmm	
NEUTROPHILS	59.5	40 - 80 %	
LYMPHOCYTES	28.6	20 - 40 %	
EOSINOPHILS	7.2	1 - 6 %	
MONOCYTES	3.4	2 - 10 %	
BASOPHILS	0.9		
PLATELETS COUNT	293	150 - 410 *1000/Cmm	
PLATELETS ON SMEAR	Adequate		
MPV	6.8	6.78 - 13.46 %	
PDW	18.2	9 - 17 %	
RBC MORPHOLOGY	NORMOCYTIC NORMOCHROMIC		
<b>REMARKS</b> EDTA Whole Blood - Tests done on Automated NIHON KOHDEN MEK-7300K 5 Part Analyzer. (Haemoglobin by Photometric and WBC, RBC, Platelet count by Impedance method, WBC differential by Floating Discriminator Technology and other parameters are calculated) All Abnormal Haemograms are reviewed and confirmed microscopically. Differential count is based on approximately 10,000 cells.			
<b>INTERPRETATION</b>			

--- End of the Report ---

*NRJain*

Dr. Vipul Jain  
M.D.(PATH)

APPROVED BY

ENTERED BY - SANTOSH M

CHECKED BY - SNEHA G





Name	: MS. NEHA SACHIN WADIKAR	Id	: VRX-38671
Age/Gender	: 37 Years 1 Months /F	Registered On	: 29/03/2024 09:21
Referred By	: MEDIWHEEL	Collected Time	: 29/03/2024 09:49
		Reported On	: 29/03/2024 14:39

Investigations	Observed Value	Bio. Ref. Interval	METHOD
<b>MEDIWHEEL FULL BODY CHECK UP BELOW 40 FEMALE</b>			
ESR	12	< 20 mm at the end of 1Hr.	WESTERGREN
<b>INTERPRETATION</b> <i>ESR(Erythrocyte Sedimentation Rate)-The ESR measures the time required for erythrocytes from a whole blood sample to settle to the bottom of a vertical tube. Factors influencing the ESR include red cell volume, surface area, density, aggregation, and surface charge. The ESR is a sensitive, but nonspecific test that is frequently the earliest indicator of disease. It often rises significantly in widespread inflammatory disorders due to infection or autoimmune mechanisms. Such elevations may be prolonged in localized inflammation and malignancies. Increased ESR: may indicate pregnancy, acute or chronic inflammation, tuberculosis, rheumatic fever, paraproteinemias, rheumatoid arthritis, some malignancies, or anemia. Decreased ESR: may indicate polycythemia, sickle cell anemia, hyperviscosity, or low plasma protein.</i>			
BLOOD GROUP	O POSITIVE		SLIDE AGGLUTINATION - FORWARD GROUPING

--- End of the Report ---

Dr. Vipul Jain  
M.D.(PATH)

APPROVED BY

ENTERED BY - SANTOSH M

CHECKED BY - SNEHA G







# Report

VRX HEALTH CARE PVT. LTD.

Name	: MS. NEHA SACHIN WADIKAR	Id	: VRX-38671
Age/Gender	: 37 Years 1 Months /F	Registered On	: 29/03/2024 09:21
Referred By	: MEDIWHEEL	Collected Time	: 29/03/2024 09:49
		Reported On	: 29/03/2024 14:11

Investigations	Observed Value	Bio. Ref. Interval	METHOD
<b>MEDIWHEEL FULL BODY CHECK UP BELOW 40 FEMALE</b>			
<b>Lipid Test</b>			
TOTAL CHOLESTEROL	186.5	130 - 200 mg/dl	
TRIGLYCERIDES	56.8	25 - 160 mg/dl	
HDL CHOLESTEROL	<b>24.8</b>	35 - 80 mg/dl	
LDL CHOLESTEROL	<b>150.34</b>	< 100 mg/dl	
VLDL CHOLESTEROL	11.36	7 - 35 mg/dl	
LDL-HDL RATIO	<b>6.06</b>	< 3.5 mg/dl	
TC-HDL CHOLESTEROL RATIO	<b>7.52</b>	2.5 - 4.0 mg/dl	
<b>INTERPRETATION</b>			
SAMPLE : SERUM, PLAIN			
Note : Non HDL is the best risk predictor of all cholesterol measures, both for CAD(Coronary Artery Diseases) events and for strokes. High Risk patients like Diabetics, Hypertension .With family history of IHD, Smokers, the Desirable reference values for cholesterol & Triglyceride are further reduced by 10 mg % each.			
*VLDL and LDL Calculated.			
(References : Interpretation of Diagnostic Tests by Wallach's)			
Technique : Fully Automated Pentra C-200 Biochemistry Analyzer.			
**All Test Results are subjected to stringent international External and Internal Quality Control Protocols.			

--- End of the Report ---

*N. Jain*

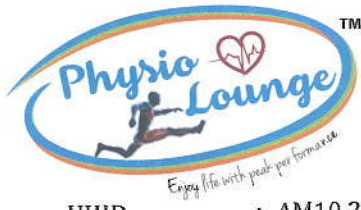
Dr. Vipul Jain  
M.D.(PATH)

APPROVED BY

ENTERED BY - SANTOSH M

CHECKED BY - SNEHA G





# Report

VRX HEALTH CARE PVT. LTD.

UHID : AM10.24000000001  
 Patient Name : MS. NEHA SACHIN WADIKAR  
 Age : 37 Yrs 1 Month  
 Gender : FEMALE  
 Ref. Doctor : SELF  
 Client Name : DIAGNO LOUNGE(ADVANCED DIAGNOSTIC CENTRE)-GOREGAON

Bill No. : A037902  
 Registered On : 29/03/2024,11:14 AM  
 Collected On : 29/03/2024,11:28 AM  
 Reported On : 29/03/2024,05:46 PM  
 SampleID : 

## REPORT

### Biochemistry

Test Name	Result	Unit	Biological Reference Interval
<b>HbA1c (Glycocolated Haemoglobin) WB-EDTA</b>			
HbA1c (Glycocolated Haemoglobin)	5.7	%	Normal <5.7 % Pre Diabetic 5.7 - 6.4 % Diabetic >6.5 % Target for Diabetes on therapy < 7.0 % Re-evaluation of therapy > 8.0 % Reference ADA Diabetic Guidelines 2013

Method : HPLC (High Performance Liquid Chromatography)

Mean Blood Glucose 116.9 mg/dL

Method : Calculated

#### Corelation of A1C with average glucose

A1C (%)	Mean Blood Glucose (mg/dl)
6	126
7	154
8	183
9	212
10	240
11	269
12	298

#### Interpretation :

- The HbA1c levels corelate with the mean glucose concentration prevailing in the course of Pts recent history (apprx 6-8 weeks) & therefore provides much more reliable information for glycemia control than the blood glucose or urinary glucose. This Methodology is better then the routine chromatographic methods & also for the daibetic pts.having HEMOGLBINOPATHIES OR UREMIA as Hb varaints and uremia does not INTERFERE with the results in this methodology.
- It is recommended that HbA1c levels be performed at 4 - 8 weeks during therapy in uncontrolled DM pts.& every 3 - 4 months in well controlled daibetics.
- Mean blood glucose (MBG) in first 30 days ( 0-30 )before sampling for HbA1c contributes 50% whereas MBG in 90 - 120 days contribute to 10% in final HbA1c levels

#### Scan to Validate



Entered By

Verified By

Dr Suvama Deshpande  
 MD (Path)  
 Reg.No.83385

*Aparna*  
 Dr Aparna Jairam  
 MD (Path)  
 Reg.No.76516

"Sample Processed At Asavlee Dr Aparna's Pathology Laboratory"







# Report

VRX HEALTH CARE PVT. LTD.

Name	: MS. NEHA SACHIN WADIKAR	Id	: VRX-38671
Age/Gender	: 37 Years 1 Months /F	Registered On	: 29/03/2024 09:21
Referred By	: MEDIWHEEL	Collected Time	: 29/03/2024 09:49
		Reported On	: 29/03/2024 14:39

Investigations	Observed Value	Bio. Ref. Interval	METHOD
<b>MEDIWHEEL FULL BODY CHECK UP BELOW 40 FEMALE</b>			
<b>LIVER FUNCTION TEST</b>			
SGOT	18.3	< 34 U/L	
SGPT	12.8	10 - 49 U/L	
TOTAL BILIRUBIN	0.38	0.3 - 1.2 mg/dl	
DIRECT BILIRUBIN	<b>0.19</b>	Adult: < 0.2 mg/dl Infant: 0.2 - 8 mg/dl	
INDIRECT BILIRUBIN	0.19	< 1.2 mg/dl	
TOTAL PROTEINS	7.34	6.0 - 8.3 g/dl	
ALBUMIN	4.08	3.5 - 5.2 g/dl	
GLOBULIN	3.26	2.0 - 3.5 g/dl	
A/G RATIO	1.25	1.0 - 2.0 mg/dl	
ALKALINE PHOSPHATASE	74.1	42 - 98 U/L	
GGT	16.4	< 38 U/L	
<b>REMARKS</b> SAMPLE : SERUM, PLAIN PERFORMED ON FULLY AUTOMATED PENTRA C-200 BIOCHEMISTRY ANALYZER.			

--- End of the Report ---

*NRS*

Dr. Vipul Jain  
M.D.(PATH)

APPROVED BY

ENTERED BY - SANTOSH M

CHECKED BY - SNEHA G





# Report

VRX HEALTH CARE PVT. LTD.

Name	: MS. NEHA SACHIN WADIKAR	Id	: VRX-38671
Age/Gender	: 37 Years 1 Months /F	Registered On	: 29/03/2024 09:21
Referred By	: MEDIWHEEL	Collected Time	: 29/03/2024 09:49
		Reported On	: 29/03/2024 14:39

Investigations	Observed Value	Bio. Ref. Interval	METHOD
<b>MEDIWHEEL FULL BODY CHECK UP BELOW 40 FEMALE</b>			
URIC ACID	3.28	2.6 - 6.0 mg/dl	URICASE
<b>BUN</b>			
UREA	25.1	15 - 40 mg/dl	
BLOOD UREA NITROGEN	11.7	7.3 - 18.8 mg/dl	
CREATININE	0.78	0.5 - 1.4 mg/dl	Jaffe/Alkaline Picrate
<b>BUN / CREAT RATIO</b>			
BUN (Blood Urea Nitrogen)	11.7	7.9 - 21.1 mg/dL	
Creatinine	0.78	0.5 - 1.4 mg/dL	
BUN/Creatinine Ratio	15.0	5.0 - 23.5	

--- End of the Report ---

*NRS Jain*

Dr. Vipul Jain  
M.D.(PATH)

APPROVED BY

ENTERED BY - SANTOSH M

CHECKED BY - SNEHA G





# Report

VRX HEALTH CARE PVT. LTD.

Name	: MS. NEHA SACHIN WADIKAR	Id	: VRX-38671
Age/Gender	: 37 Years 1 Months /F	Registered On	: 29/03/2024 09:21
Referred By	: MEDIWHEEL	Collected Time	: 29/03/2024 09:49
		Reported On	: 29/03/2024 14:39

Investigations	Observed Value	Bio. Ref. Interval	METHOD
<b>URINE ROUTINE</b>			
COLOUR	PALE YELLOW		
APPEARANCE	CLEAR		
SPECIFIC GRAVITY	1.020		
REACTION (PH)	6.5		
PROTEIN	Absent		
SUGAR	Absent		
KETONE	Absent		
BILE SALT	Absent		
BILIRUBIN	Absent		
OCCULT BLOOD	Absent		
PUS CELLS	2-4	< 6 hpf	
EPITHELIAL CELLS	2-4	< 5 hpf	
RBC	NIL	< 2 hpf	
CASTS	NIL		
CRYSTALS	NIL		
AMORPHOUS DEBRIS	Absent		
BACTERIA	NIL		
YEAST CELLS	Absent		
SPERMATOOZOA	Absent		

--- End of the Report ---

*N. Jain*

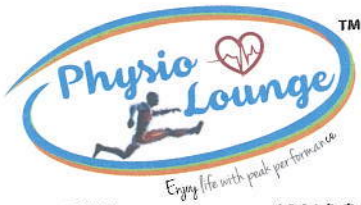
Dr. Vipul Jain  
M.D.(PATH)

APPROVED BY

ENTERED BY - SANTOSH M

CHECKED BY - SNEHA G






# Report

VRX HEALTH CARE PVT. LTD.

UHID : AM10.2400000001  
 Patient Name : MS. NEHA SACHIN WADIKAR  
 Age : 37 Yrs 1 Month  
 Gender : FEMALE  
 Ref. Doctor : SELF  
 Client Name : DIAGNO LOUNGE(ADVANCED DIAGNOSTIC CENTRE)-GOREGAON

Bill No. : A037902  
 Registered On : 29/03/2024,11:14 AM  
 Collected On : 29/03/2024,11:28 AM  
 Reported On : 29/03/2024,05:46 PM  
 SampleID : 

## REPORT

### Immunology

Test Name	Result	Unit	Biological Reference Interval
Total T3 Method : ECLIA	89.6	ng/dL	58-159
Total T4 Method : ECLIA	8.7	mcg/dl	4.2-11.2
TSH-Ultrasensitive Method : Chemiluminescent Microparticle Immunoassay	3.404	uIU/ml	0.2-5.7
Trimester Ranges	T3- 1st Trimester - 138-278 ng.dl 2nd Trimester- 155-328 ng/dl 3rd Trimester - 137-324 ng/dl  T4- 1st Trimester - 7.31-15.0 mcg/dl 2nd Trimester- 8.92-17.38 mcg/dl 3rd Trimester - 7.98-17.7 mcg/dl  TSH- 1st Trimester - 0.04-3.77 uIU/ml 2nd Trimester- 0.30-3.21 uIU/ml 3rd Trimester - 0.6-4.5 uIU/ml		

Scan to Validate



Entered By

Verified By

Dr Suvarna Deshpande  
 MD (Path)  
 Reg.No.83385

*Aparna*  
 Dr Aparna Jairam  
 MD (Path)  
 Reg.No.76516

"Sample Processed At Asavlee Dr Aparna's Pathology Laboratory"






# Report

VRX HEALTH CARE PVT. LTD.

UHID : AM10.24000000001  
 Patient Name : MS. NEHA SACHIN WADIKAR  
 Age : 37 Yrs 1 Month  
 Gender : FEMALE  
 Ref. Doctor : SELF  
 Client Name : DIAGNO LOUNGE(ADVANCED DIAGNOSTIC CENTRE)-GOREGAON

Bill No. : A037902  
 Registered On : 29/03/2024,11:14 AM  
 Collected On : 29/03/2024,11:28 AM  
 Reported On : 29/03/2024,05:46 PM  
 SampleID : 

## REPORT

### Immunology

Test Name	Result	Unit	Biological Reference Interval
<p><b>1.Total T3 ( Total Tri- ido- thyronine )</b> is one of the bound form of thyroid hormones produced by thyroid gland.Its production is tightly regulated by TRH( Thyrotropin Releasing Hormone) from hypothalamus and TSH (Thyroid stimulating hormone) from anterior pituitary gland.In euthyroid state,thyroid gland secretes 10- 15% of T3,which in circulation is heavily protein bound and is the principle bioactive form.T4 is converted to T3 by deiodinases in peripherally (Mainly Liver).and in target organs . Total T3 levels are increased in primary and central hyperthyroidism and T3 toxicosis&amp; its levels are decreased in the primary and central hypothyroidism.but its normal in case of subclinical hypothyroidism and hyperthyroidism alterations in Total T 3 levels can also occur in conditions like Non -Thyroidal illness,pregnancy, certain drugs and genetic conditions.</p> <p><b>2.Total T4 (Total tetra- iodo-thyronine or total thyroxin)</b>is one of the bound form of thyroid hormones produced by thyroid gland .its production is tightly regulated TRH( Thyrotropin Releasing Hormone) from hypothalamus and TSH (Thyroid stimulating hormone) from anterior pituitary gland .In euthyroid state,thyroid gland secretes 85- 90% of Thyroxine,which is circulated is heavily protein bound and has more half life than T 3 .Total T4 levels are increased in primary and central hyperthyroidism and its levels are decreased in primary and central hypothyroidism but its normal in case of subclinical hypothyroidism and hyper thyrodism and T3 Toxicosis is alterations in Total T4 Levels can also occur in conditions like Non -Thyroidal illness, pregnancy,certain drugs and genetic conditionS.</p> <p><b>3.TSH (Thyroid stimulating hormone or Thyrotropin)</b>is produced by anterior pituitary in response to its stimulation by TRH (Thyrotprin releasing hormone ) released from hypothalamus .TSH and TRH releases are regulated by thyroid hormone through a feedback mechanism. There are several cases causes that can lead to thyroid gland dysfunction or dysregulation which eventually results in hypothyroidism or hypothyroidism based on the thyroid hormones and TSH levels it can be classified as subclinical primary or central apart from this certain other conditions can also lead to diagnostic confusions in the interpretation of a thyroid function test .They are pregnancy, Levothyroxine therapy certain other drug therapy assay interference alterations in the thyroid hormones binding proteins concentration and its binding capacity conditions of non-thyroidal illness and certain genetic conditions . TSH secretions exhibits diurnal pattern, so its advices able to check it during morning. Measurement of TSH alone may be misleading in conditions like recent treatment for thyrotoxicosis, TSH assay interference, central hypothyroidism. TSH Secreting pituitary adenoma,resistantance to thyroid hormone ,and disorders of thyroid hormones transport or metabolism.TSH receptor present in thyroid gland can be stimulated or inhibited by autoantibodies produced during autoimmune thyroid disorders which can lead to functional abnormalities of thyroid gland.The American Thyroid association determined that only TSH assays with third generation functional sensitivity (Sensitivity =0.01 mIU/L) are sufficient for use as screening tests for hypothyroidism their recommendation in consistent with the National Academy of Clinical Biochemistry Laboratory Medicine practice guideline for assessment of thyroid function.</p>			

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

Results are to be correlated clinically


Scan to Validate



Entered By

Verified By

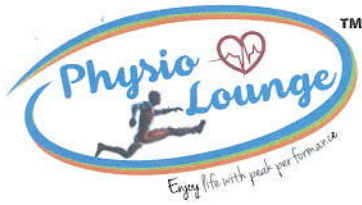
Dr Suvarna Deshpande  
 MD (Path)  
 Reg.No.83385

  
 Dr Aparna Jairam  
 MD (Path)  
 Reg.No.76516

"Sample Processed At Asavlee Dr Aparna's Pathology Laboratory"

Physio Lounge & Diagno Lounge (VRX Health Care Pvt. Ltd.)





<b>PATIENT NAME : MS. NEHA WADIKAR</b>	<b>AGE : 37 YEARS</b>
<b>LAB NO :</b>	<b>SEX : FEMALE</b>
<b>REF DR NAME : MEDIWHEEL</b>	<b>DATE : 29/03/2024</b>

## USG WHOLE ABDOMEN

### LIVER:

The liver is normal in size, 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 partially distended and normal. No gall stones or mass lesions seen.

### PANCREAS:

The pancreas is well visualized and 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 8.7 x 3.3 cm. Left kidney measures 9.6 x 4.6 cm.

### SPLEEN:

The spleen is normal in size 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.

### UTERUS:

Uterus is normal in size and echotexture. It measures 6.7 x 4.6 x 4.0 cm. ET – 5.9 mm. No focal lesion is seen.

### OVARIES:

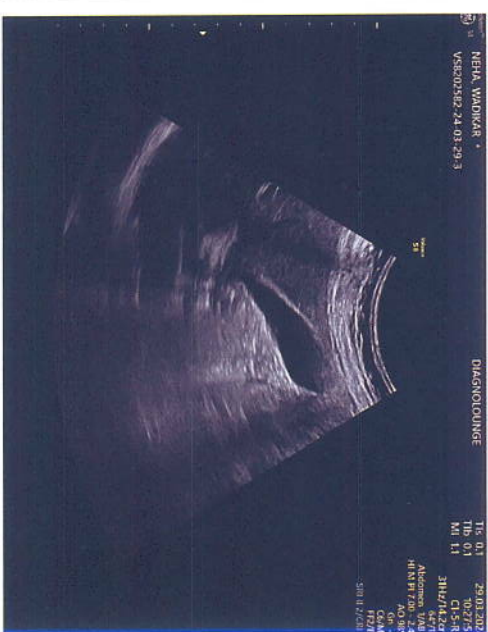
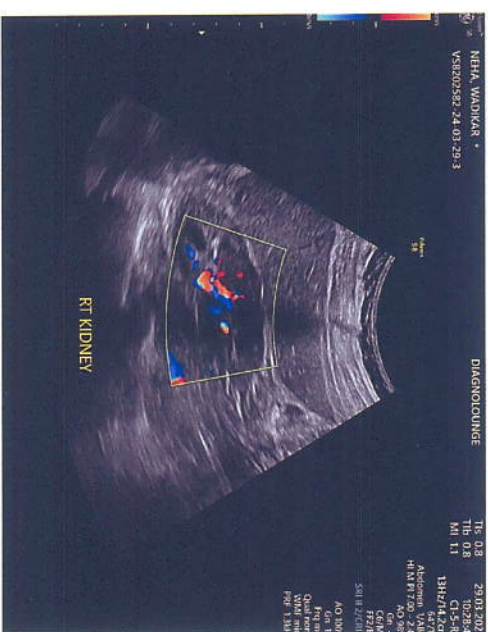
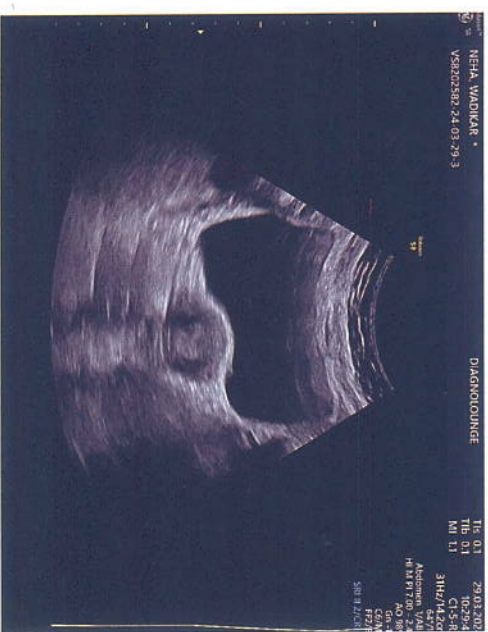
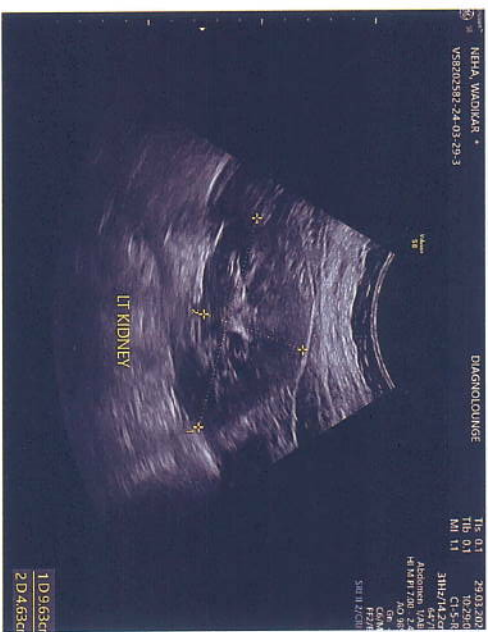
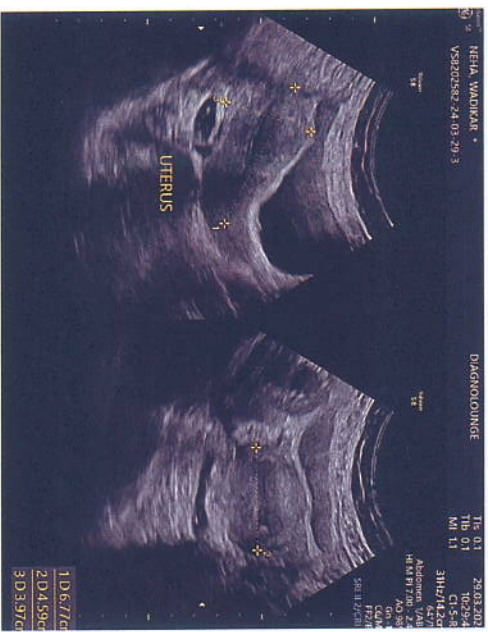
Both the ovaries are normal. No adnexal mass is seen.  
Right ovary = 2.4 x 1.6 cm Left ovary = 2.0 x 1.3 cm.

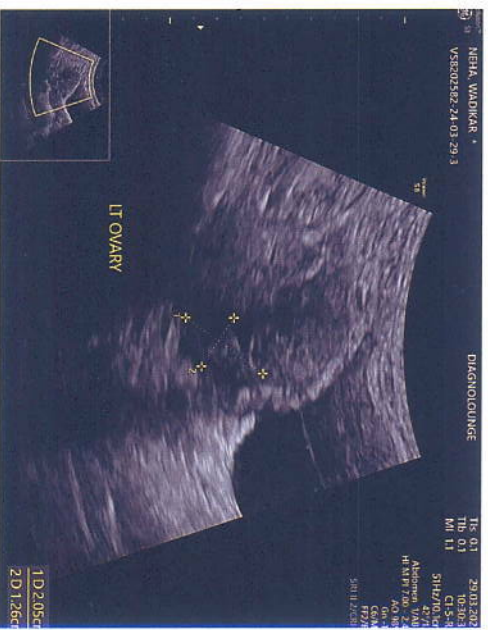
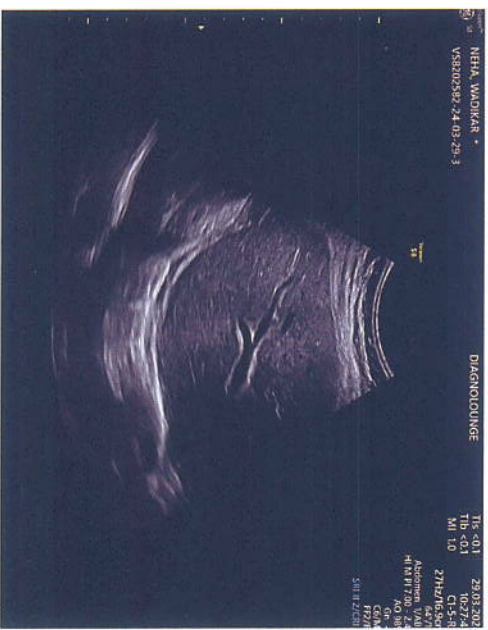
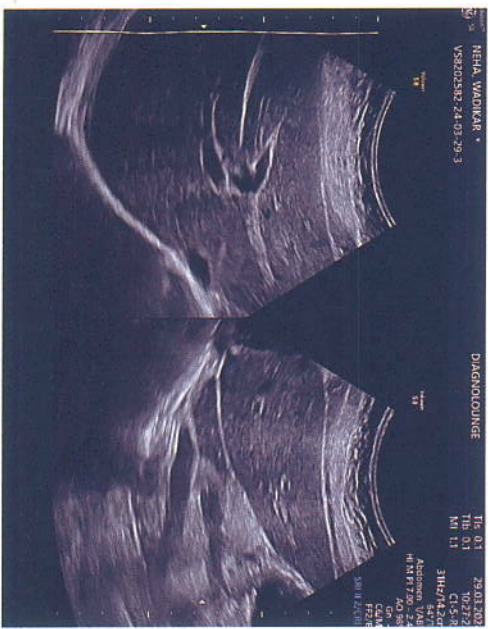
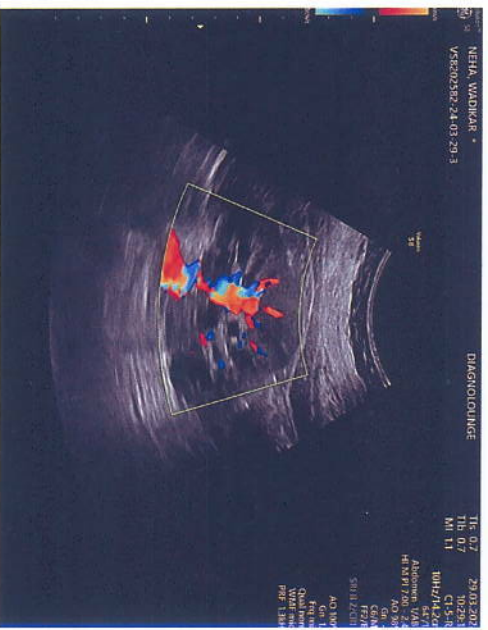
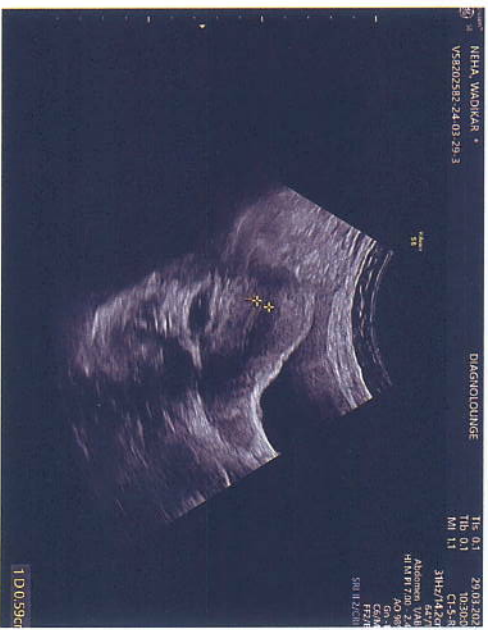
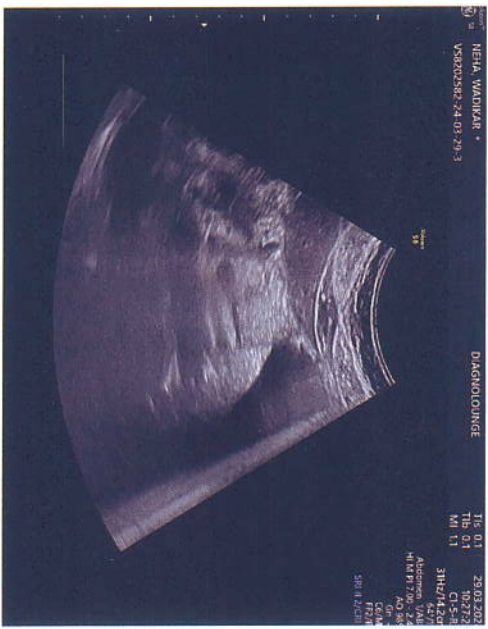
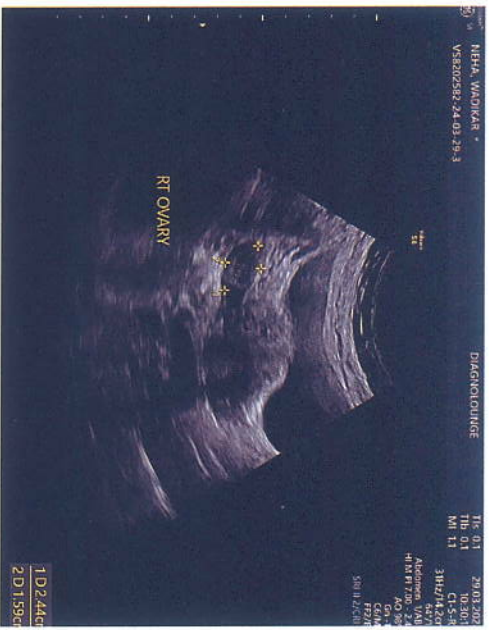
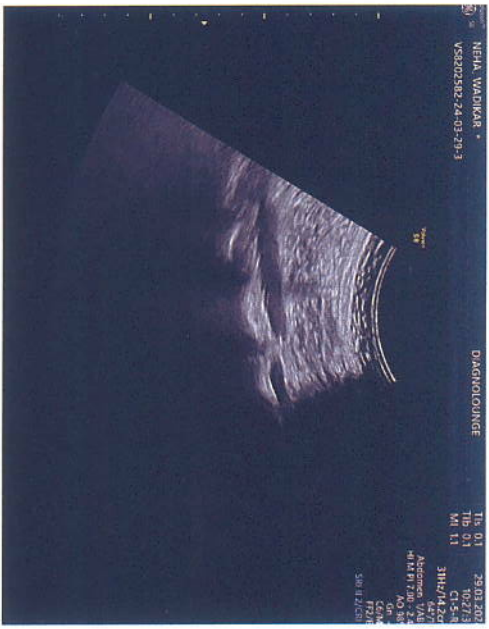
### IMPRESSION:

**No significant abnormality is seen.**

**DR. SHRIKANT BODKE (CONSULTANT RADIOLOGIST)**

Note: Investigations have their limitations. Solitary radiological investigations never confirm the final diagnosis. They only help in diagnosing the disease in correlation to clinical symptoms and other related tests. USG is known to have inter-observer variations. Further / Follow-up imaging may be needed in some case for confirmation of findings Please interpret accordingly. Patient has been explained in detail about the USG findings, measurements and limitations. In case of any typographical error in the report, patient is requested to immediately contact the center for rectification within 7 days post which the center will not be responsible for any rectification.







# VRX HEALTHCARE PVT LTD (PHYSIO LOUNGE & DIAGNO LOUNGE)

**Name:** MRS NEHA SACHIN WADIKAR **Age:** 37 **Gender:** F **Height:** 153 cms **Weight:** 53 Kg **Date:** 29-03-2024 **Time:** 11:38  
**Clinical History:** NIL **ID:** 2033 **Medications:** NONE

## Test Details:

**Protocol:** Bruce **Predicted Max HR:** 183 **Target HR:** 155 (85% of Pr. MHR)  
**Exercise Time:** 0:06:15 **Achieved Max HR:** 161 (88% of Pr. MHR)  
**Max BP:** 140/90 **Max BP x HR:** 22540 **Max Mets:** 7

## Test Termination Criteria:

## Protocol Details:

Stage Name	Stage Time	METS	Speed kmph	Grade %	Heart Rate bpm	BP mmHg	RPP	ST Level mm	ST Slope mV/S
Supine	00:24	1	0	0	90	120/80	10800	-1.1 II	-0.2 III
Standing	00:09	1	0	0	86	120/80	10320	-1.2 II	-0.3 III
Hyper-Ventilation	00:27	1	0	0	84	120/80	10080	-0.8 II	-0.2 II
PreTest	00:32	1	1.6	0	104	120/80	12480	-1.3 II	-0.2 III
Stage-1	03:00	4.7	2.7	10	125	130/80	16250	-1.8 II	0.2 II
Stage-2	03:00	7	4	12	159	140/90	22260	-2.2 II	0.3 V3
Peak Exercise	00:15	7	5.5	14	161	140/90	22540	-2.3 II	0.3 V3
Recovery1	01:38	1	0	0	104	140/90	14560	-1.4 II	0.5 V3
Recovery2	00:45	1	0	0	98	130/80	12740	-1.6 II	0.3 V3
Recovery3	00:59	1	0	0	90	120/80	10800	-1.1 II	0.2 V3

## Interpretation

GOOD EFFORT TOLERANCE  
 NORMAL CHRONOTROPIC RESPONSE  
 NORMAL INOTROPIC RESPONSE  
 NO ST-T CHANGES AS COMPARED TO BASELINE ECG  
 NO ANGINA OR ARRHYTHMIA  
 IMP-STRESS TEST NEGATIVE FOR INDUCIBLE ISCHEMIA AT MODERATE WORKLOAD

**VRX HEALTHCARE PVT. LTD.**  
 (Physio Lounge & Diagonolounge)  
 104-105, 1st Floor, Asmi Dreamz,  
 At Junction Of S.V. Road, & M. G. Road,  
 Goregaon (West), Mumbai- 400104.

**Dr. HANISH DEVADIGA**  
 CONSULTANT ECHOCARDIOLOGIST  
 Reg. No. 2003/00/3427

Ref. Doctor: **MEDIWHEEL**

Doctor: **DR. HANISH**

(Summary Report edited by User)

**SCHILLER**

Schiller Cardiovit CS-10 Version:3.4

# VRX HEALTHCARE PVT LTD (PHYSIO LOUNGE & DIAGNO LOUNGE)

**MRS NEHA SACHIN WADIKAR (37 F)**

Bruce Protocol

ID-2033

Stage: Supine

Date: 29-03-2024

Speed: 0 km/h

Exec Time : 0:00:00

Slope: 0%

Stage Time: 00:21

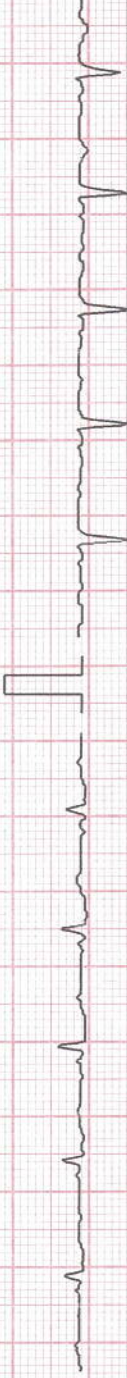
THR: 155 bpm

**HR: 93 bpm**

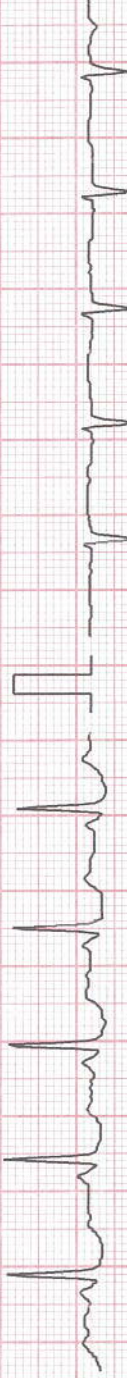
BP: 120/80 mmHg

STLevel(mm) STSlope(mV/s)

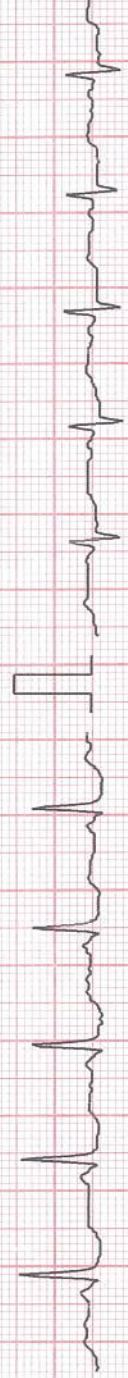
-0.3 0 I



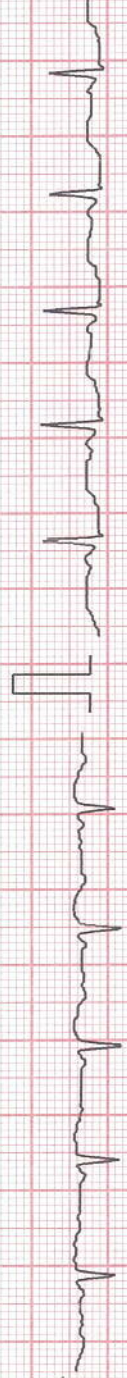
-1 -0.2 II



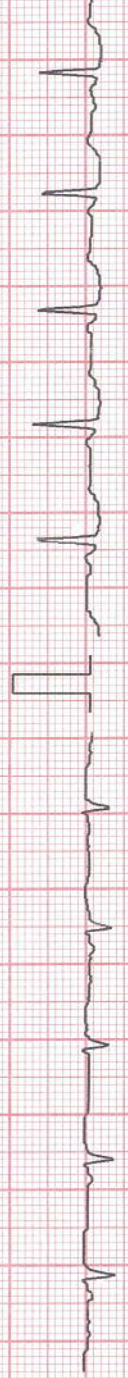
-0.7 -0.1 III



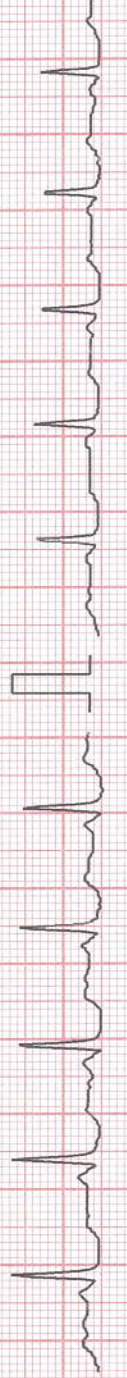
0.5 0.1 aVR



0.2 0 aVL



-0.9 -0.2 aVF



V5



Chart Speed: 25 mm/sec

Amplitude: 10mm/mV

Filter: 25 Hz Mains Filter: ON

ISO = R - 60 ms, J = R + 60 ms, Post J = J + 60 ms

Schiller Cardiovit CS-10 Version:3.4

VRX HEALTHCARE PVT LTD (PHYSIO LOUNGE & DIAGNO LOUNGE)

MRS NEHA SACHIN WADIKAR (37 F)

ID: 2033

Bruce Protocol

Stage: Standing

Date: 29-03-2024

Exec Time : 0:00:00

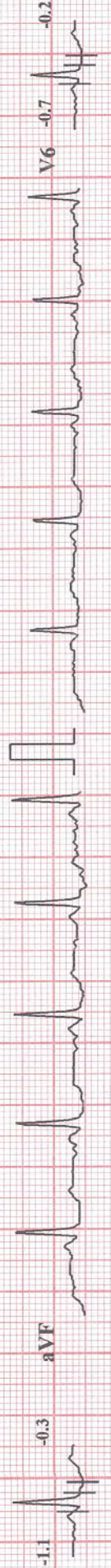
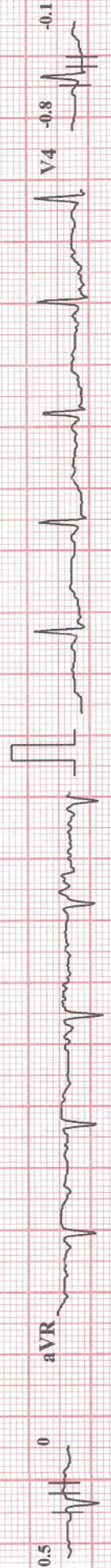
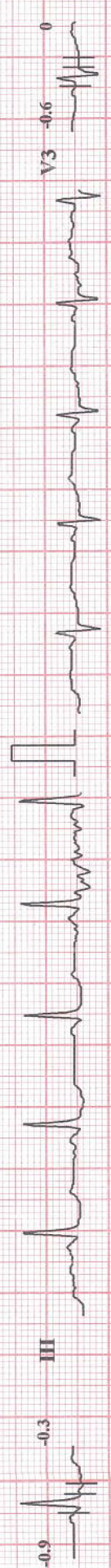
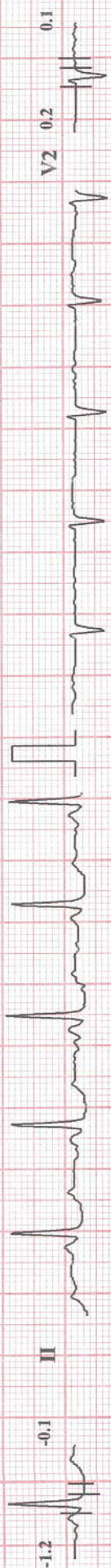
Stage Time: 00:07

HR: 86 bpm

BP: 120/80 mmHg

STLevel(mm) STSlope(mV/s)

STLevel(mm) STSlope(mV/s)



# VRX HEALTHCARE PVT LTD (PHYSIO LOUNGE & DIAGNO LOUNGE)

**MRS NEHA SACHIN WADIKAR (37 F)**

Bruce Protocol

STLevel(mm) STSlope(mV/s)

Date: 29-03-2024

Stage: HyperVentilation

Slope: 0 %

Exec Time : 0:00:00

THR: 155 bpm

Stage Time: 00:17

HR: 85 bpm

BP: 120/80 mmHg

STLevel(mm) STSlope(mV/s)

V1 0.1 0.2

V2 0.2 0.2

V3 -0.5 0.1

V4 -0.8 -0.1

V5 -0.8 -0.2

V6 -0.8 -0.1

I -0.1 0

II -1.2 -0.2

III -0.9 -0.1

aVR 0.5 0.1

aVL 0.4 0

aVF -1.1 -0.2

V5

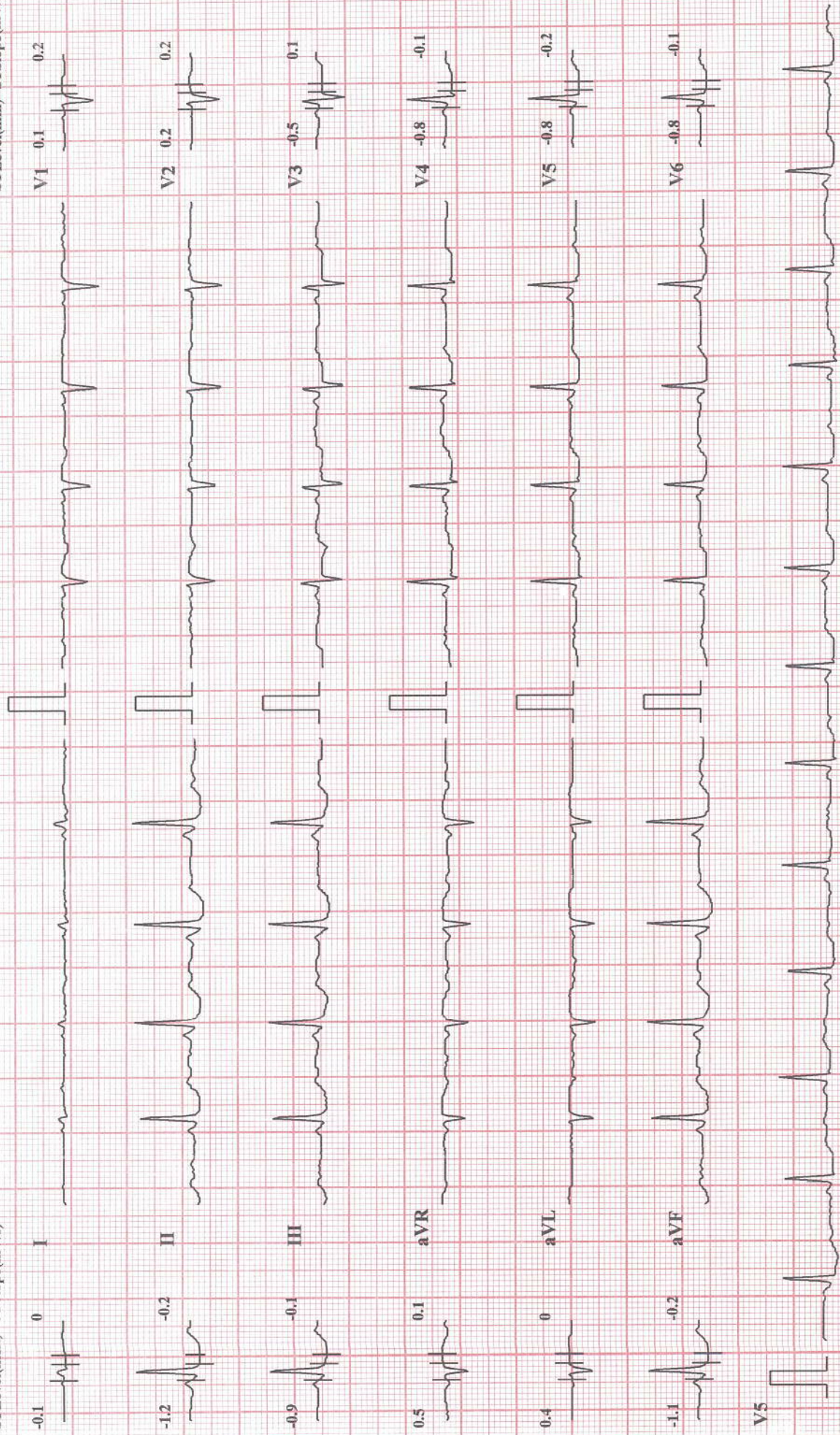


Chart Speed: 25 mm/sec

Amplitude: 10mm/mV Filter: 25 Hz Mains Filter: ON ISO = R - 60 ms, J = R + 60 ms, Post J = J + 60 ms

Schiller Cardiovit CS-10 Version: 3.4

# VRX HEALTHCARE PVT LTD (PHYSIO LOUNGE & DIAGNO LOUNGE)

**MRS NEHA SACHIN WADIKAR (37 F)**

Bruce Protocol

ID: 2033

Date: 29-03-2024

Exec Time : 0:00:00

Stage Time: 00:22

**HR: 93 bpm**

STLevel(mm) STSlope(mV/s)

Speed: 1.6

Slope: 0 %

THR: 155 bpm

BP: 120/80 mmHg

STLevel(mm) STSlope(mV/s)

Stage: PreTest

Speed: 1.6

Slope: 0 %

THR: 155 bpm

BP: 120/80 mmHg

STLevel(mm) STSlope(mV/s)

**I**  
-0.2 0.1



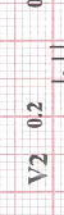
**II**  
-1.1 -0.1



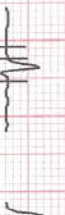
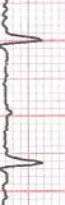
**III**  
-0.8 -0.2



**aVR**  
0.5 0



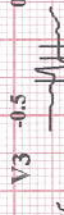
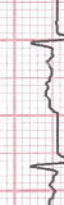
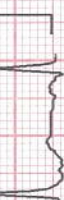
**aVL**  
0.3 0.2



**aVF**  
-1 -0.1



**V5**



**V1** 0.3 0.2



**V2** 0.2 0.1



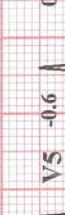
**V3** -0.5 0.1



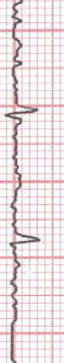
**V4** -0.7 -0.1



**V5** -0.6 0



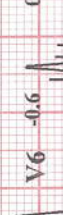
**V6** -0.6 0



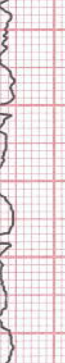
**V5**



**V5**



**V5**



**V5**



**V5**



**V5**



Chart Speed: 25 mm/sec

Amplitude: 10mm/mV

Filter: 25 Hz Mains Filter: ON

ISO = R - 60 ms, I = R + 60 ms, Post. I = I + 60 ms

Schiller Cardiovit CS-10 Version: 3.4

# VRX HEALTHCARE PVT LTD (PHYSIO LOUNGE & DIAGNO LOUNGE)

**MRS NEHA SACHIN WADIKAR (37 F)**  
ID: 2033

**HR: 108 bpm**

BP: 130/80 mmHg

\$TLevel(mm) STSlope(mV/s)

Date: 29-03-2024 Exec Time : 0:00:09 Stage Time: 00:08

Speed: 2.7 kmph Grade: 10% THR: 155 bpm

Stage: 1

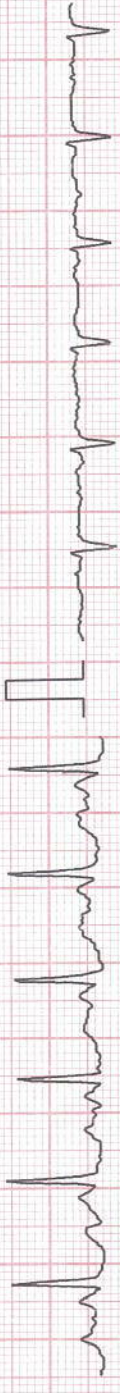
Bruce Protocol

\$TLevel(mm) STSlope(mV/s)

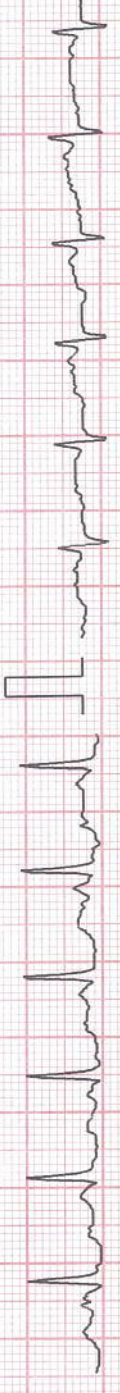
V1 0.3 0.1



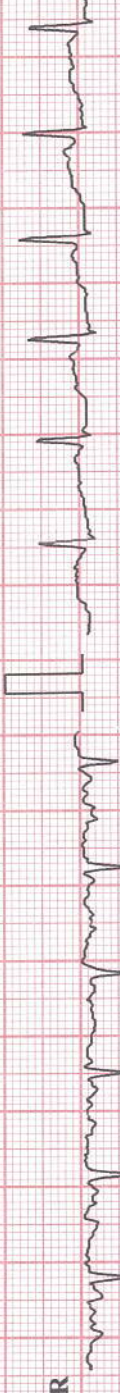
V2 0.1 0.1



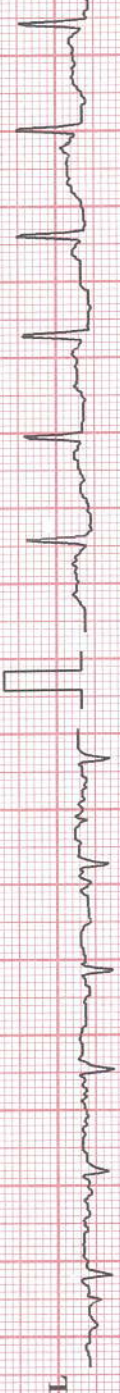
V3 -0.6 0



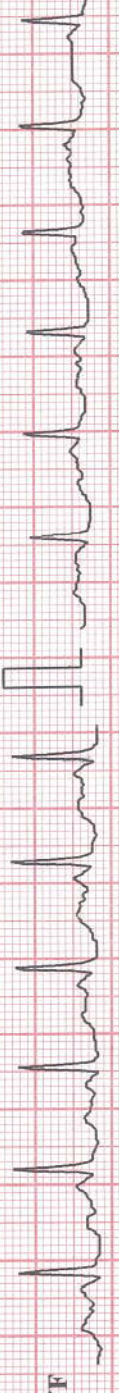
V4 -0.9 0



V5 -1.1 -0.2



V6 -1 -0.2



-0.5 0 I



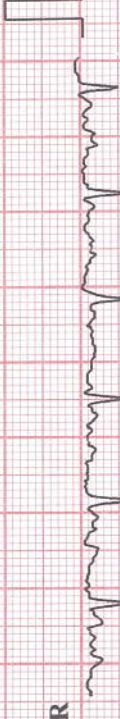
-1.5 -0.2 II



-1 -0.2 III



0.8 0.1 aVR



0.2 0 aVL



-1.1 -0.2 aVF



V5



CARDIO BEATS

# VRX HEALTHCARE PVT LTD (PHYSIO LOUNGE & DIAGNO LOUNGE)

**MRS NEHA SACHIN WADIKAR (37 F)**  
 ID: 2033  
 Stage: 2

Date: 29-03-2024  
 Exec Time: 0:03:00  
 Stage Time: 00:00  
 Speed: 4 kmph  
 Grade: 12%  
 THR: 155 bpm

**HR: 128 bpm**  
 BP: 140/90 mmHg  
 STLevel(mm) STSlope(mV/s)

Bruce Protocol  
 STLevel(mm) STSlope(mV/s)

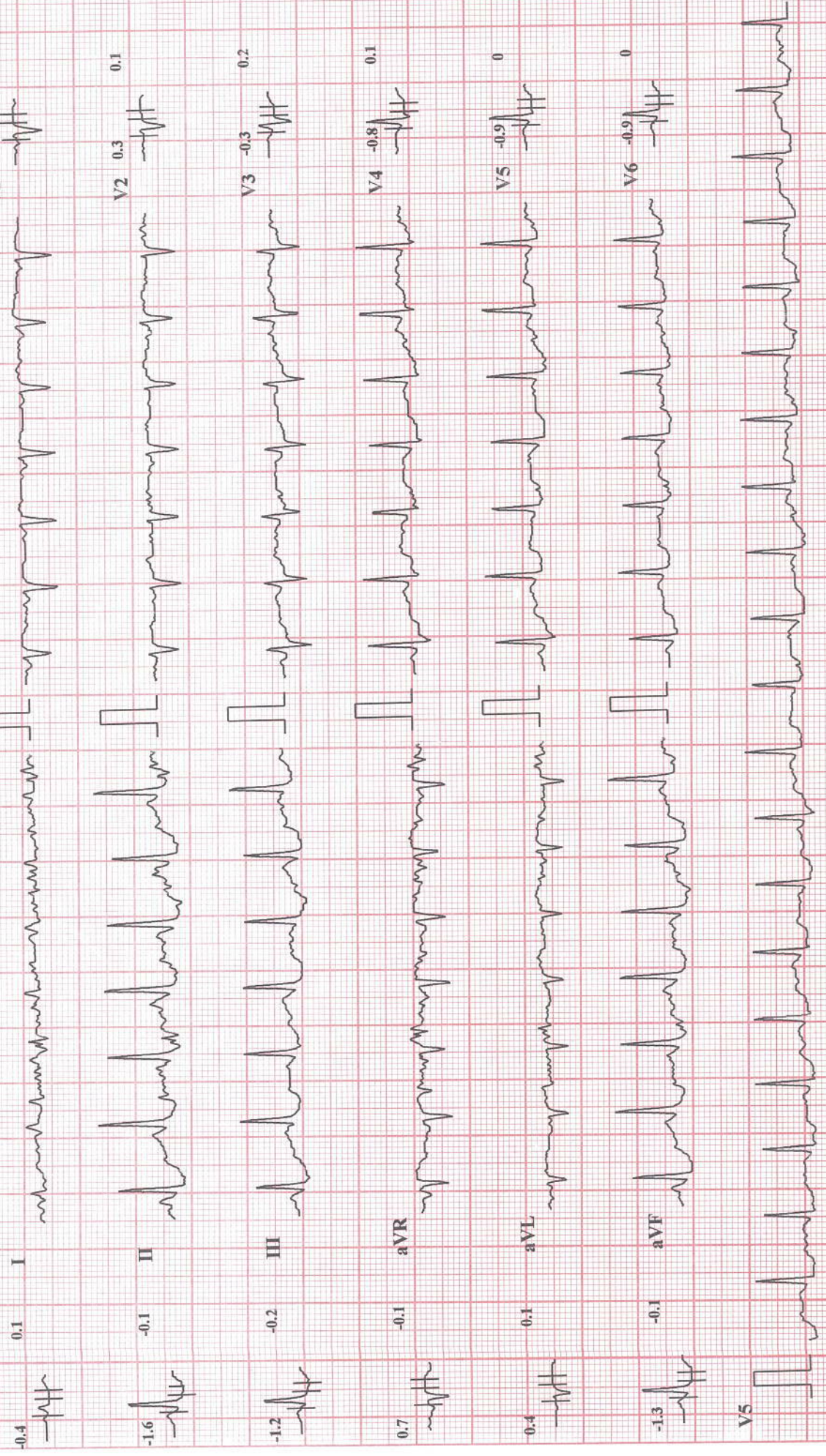


Chart Speed: 25 mm/sec

Amplitude: 10mm/mV Filter: 25 Hz Mains Filter: ON ISO = R - 60 ms, J = R + 60 ms, Post. = J + 60 ms

Sehiller-Cardiovit CS-10, Version: 3.4

CARDIO BEATS

VRX HEALTHCARE PVT LTD (PHYSIO LOUNGE & DIAGNO LOUNGE)

MRS NEHA SACHIN WADIKAR (37 F)

Bruce Protocol

STLevel(mm) STSlope(mV/s)

Date: 29-03-2024

Speed: 5.5 kmph

Exec Time : 0:06:15

Slope: 14 %

Stage Time: 00:15

THR: 155 bpm

HR: 161 bpm

BP: 140/90 mmHg

STLevel(mm) STSlope(mV/s)

-0.6 0.2 I



V1 0.7 0.1



-2.3 0.2 II



V2 0.5 0.2



-1.7 -0.1 III



V3 -0.7 0.3



1.1 -0.2 aVR



V4 -1.1 0.3



0.5 0.2 aVL



V5 -1.3 0.2



-2 0.1 aVF



V6 -1.3 0.1



V5





# VRX HEALTHCARE PVT LTD (PHYSIO LOUNGE & DIAGNO LOUNGE)

**MRS NEHA SACHIN WADIKAR (37 F)**

Bruce Protocol

ID: 2033

Stage: Recovery1

Date: 29-03-2024

Speed: 0 kmph

Exec Time : 00:00

Slope: 0 %

Stage Time: 01:35

THR: 155 bpm

**HR: 103 bpm**

BP: 140/90 mmHg

STLevel(mm) STSlope(mV/s)

V1 0.5 0.1

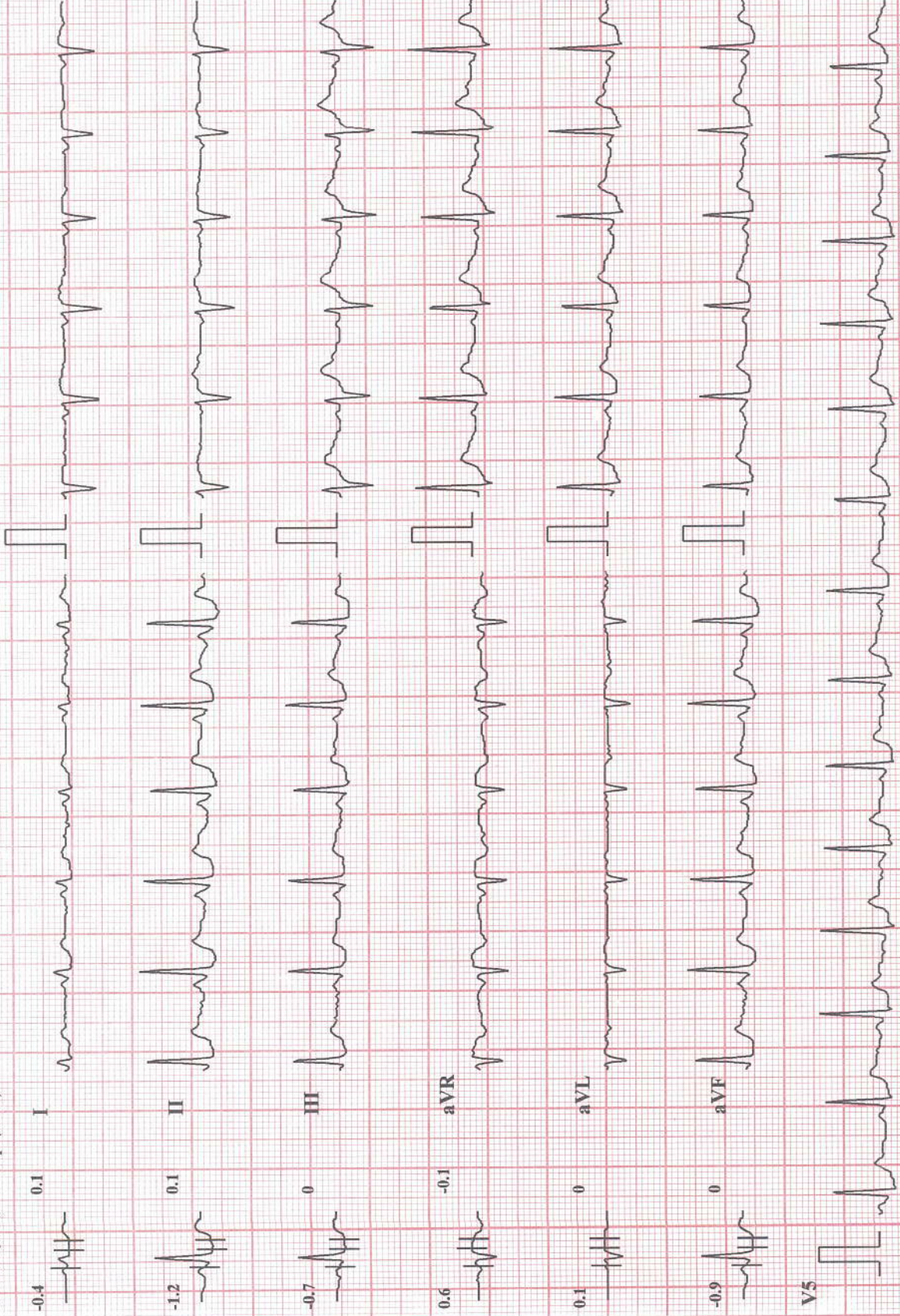
V2 0.3 0.2

V3 0.1 0.4

V4 -0.7 0.4

V5 -0.7 0.2

V6 -0.7 0.1



# VRX HEALTHCARE PVT LTD (PHYSIO LOUNGE & DIAGNO LOUNGE)

**MRS NEHA SACHIN WADIKAR (37 F)**

ID: 2033

Bruce Protocol

STLevel(mm) STSlope(mV/s)

Date: 29-03-2024

Speed: 0 kmph

Stage: Recovery2

Exec Time : 0:07:53

Grade: 0%

Stage Time: 00:00

THR: 155 bpm

**HR: 105 bpm**

BP: 130/80 mmHg

STLevel(mm) STSlope(mV/s)

V1 0.6 0

V2 0.4 0.1

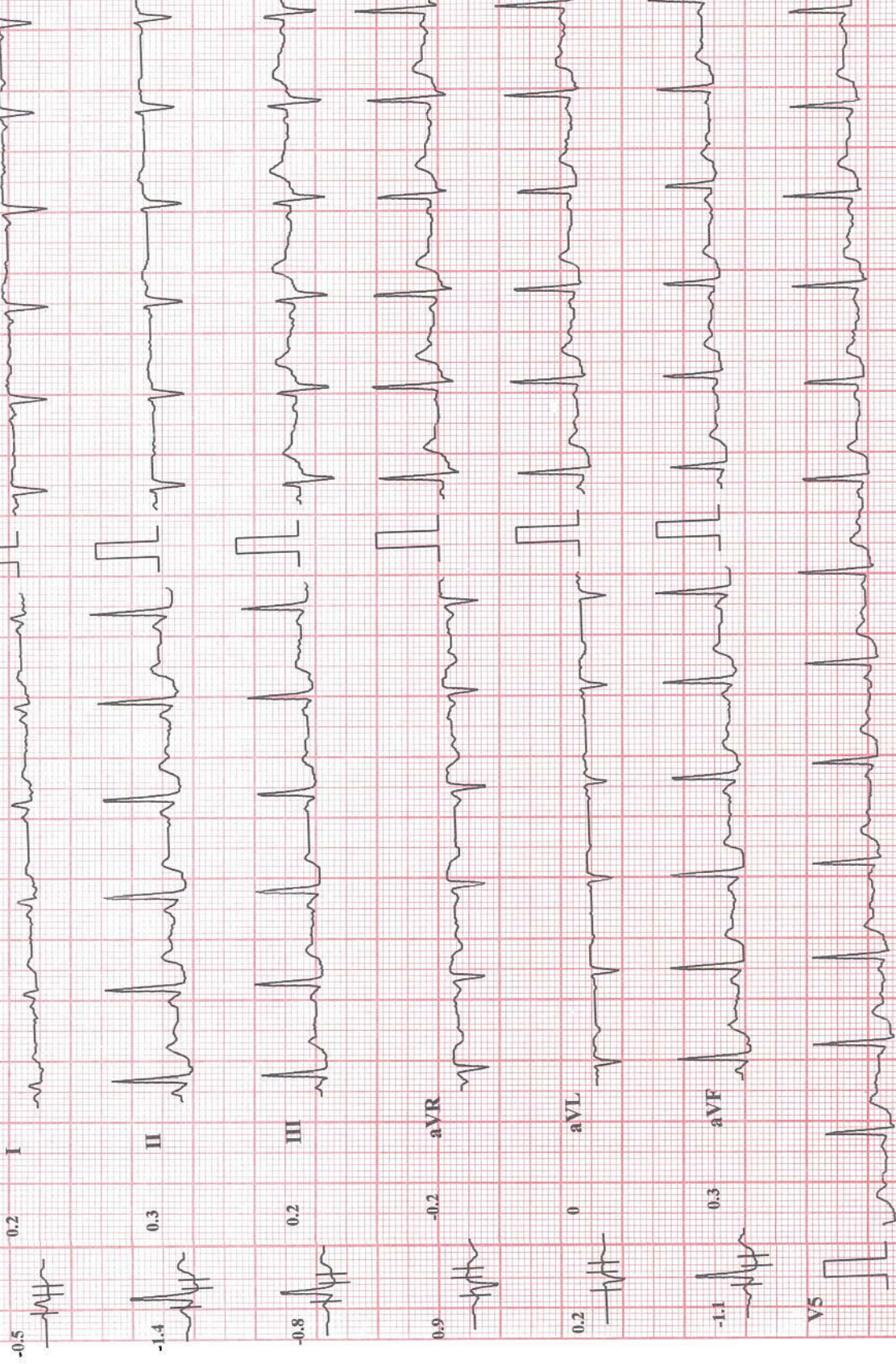
V3 0 0.4

V4 -0.6 0.4

V5 -0.8 0.3

V6 -0.8 0.2

## CARDIO BEATS



# VRX HEALTHCARE PVT LTD (PHYSIO LOUNGE & DIAGNO LOUNGE)

**MRS NEHA SACHIN WADIKAR (37 F)**  
ID: 2033  
Stage: Recovery3

Date: 29-03-2024  
Speed: 0 kmph

Exec Time: 0:08:39  
Grade: 0%

Stage Time: 00:00  
THR: 155 bpm

**HR: 98 bpm**

BP: 120/80 mmHg  
STLevel(mm) STSlope(mV/s)

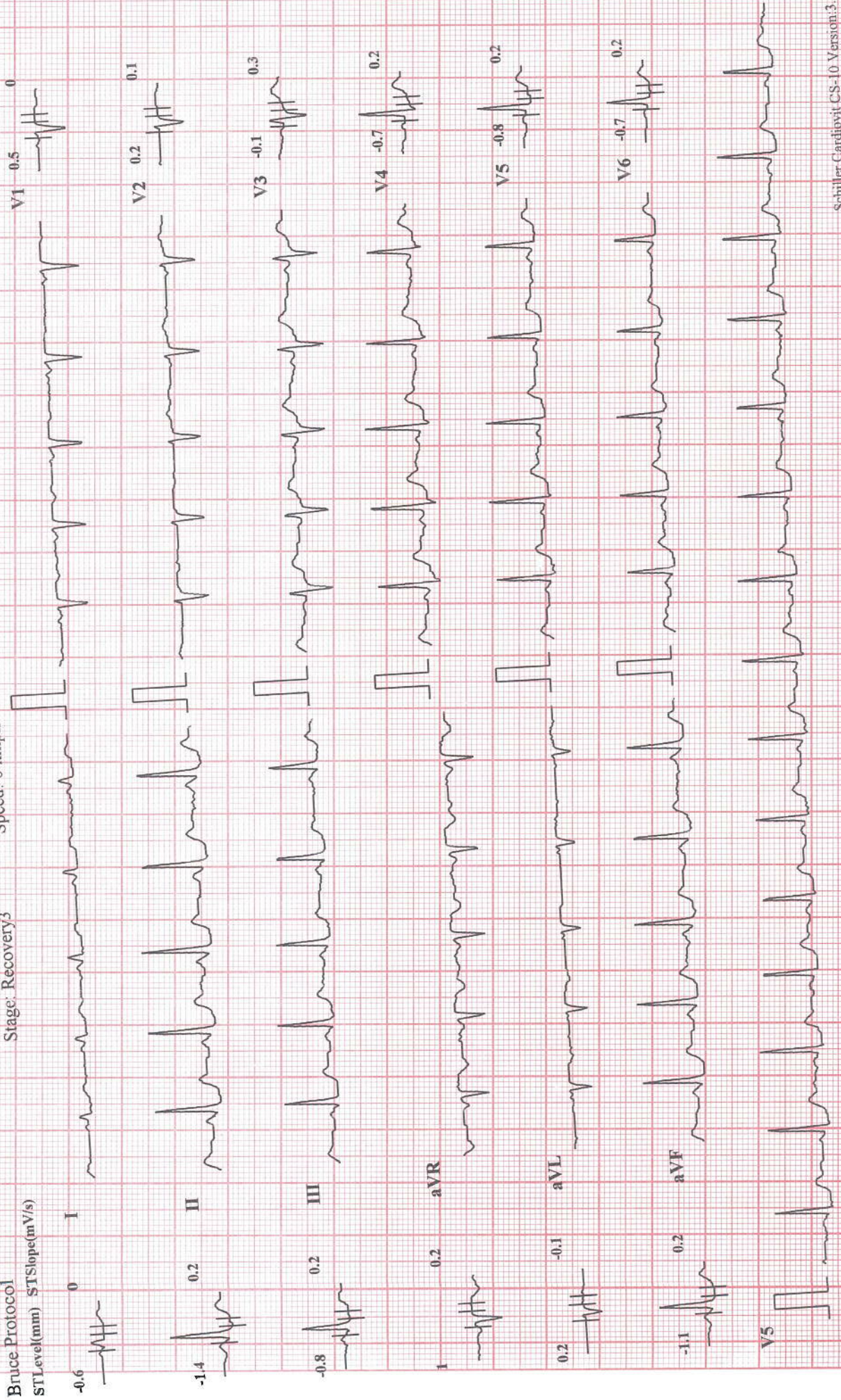


Chart Speed: 25 mm/sec

Amplitude: 10mm/mV

Filter: 25 Hz Mains Filter: ON

ISO = R - 60 ms, J = R + 60 ms, Post J = J + 60 ms

Schiller-Cardiovit CS-10 Version:3.4

CARDIO BEATS

Mrs. Neha Wadikar, 37yrs

Female

QT / QTcBaz  
PR  
P  
RR / PP  
P / QRS / T

74 ms  
420 / 433 ms  
112 ms  
102 ms  
936 / 937 ms  
60 / 59 / 28 degrees

Normal sinus rhythm  
Normal ECG

29.03.2024 10:01:07 AM  
VRX HEALTHCARE PVT LTD  
MG road  
Mumbai

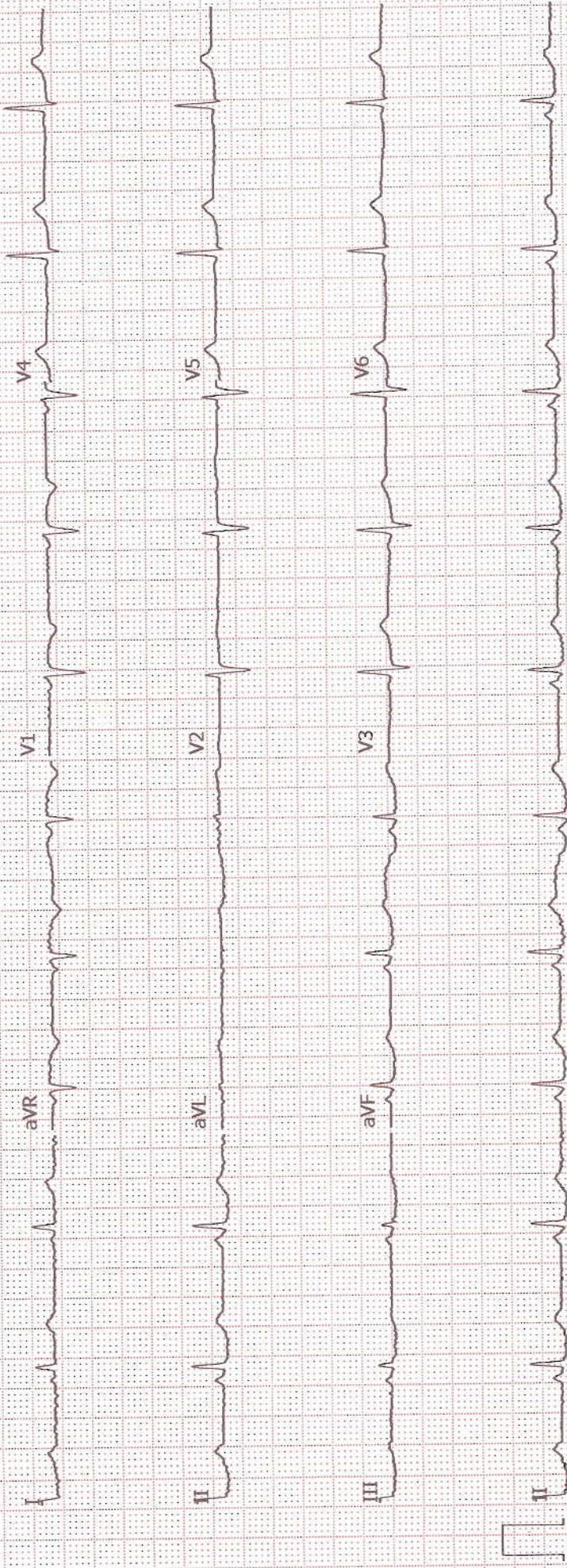
Location:  
Room:  
Order Number:  
Indication:  
Medication 1:  
Medication 2:  
Medication 3:

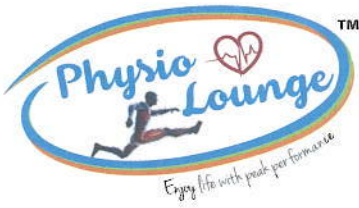
64 bpm  
/ / mmHg

Technician:  
Ordering Ph:  
Referring Ph:  
Attending Ph:

*Normal sinus rhythm*  
*Dr. Hanish*

**Dr. HANISH DEVADIGA**  
CONSULTANT ECHOCARDIOLOGIST  
Reg. No. 2003/09/3427





# Report

VRX HEALTH CARE PVT. LTD.

NAME : MRS. NEHA WADIKAR  
REF. BY : DR. MEDIWHEEL  
EXAMINATION : X-RAY CHEST PA VIEW

DATE: 29/03/2024

AGE: 37YRS/F

Both the lungs are essentially clear and show normal bronchial and vascular pattern.

Pleural spaces appear clear.

Both domes of diaphragm are in normal position.

Bony thorax appears normal.

Cardiac size is within normal limits.

**Remark:**

No pleuro parenchymal abnormality noted.

  
**DR. SHRIKANT BODKE**  
(CONSULTANT RADIOLOGIST).

Note: Investigations have their limitations. Solitary radiological investigations never confirm the final diagnosis. They only help in diagnosing the disease in correlation to clinical symptoms and other related tests. X RAY is known to have inter-observer variations. Further / Follow-up imaging may be needed in some case for confirmation of findings Please interpret accordingly. In case of any typographical error in the report, patient is requested to immediately contact the center for rectification within 7 days post which the center will not be responsible for any rectification.





UHID : AM10.24000000001  
Patient Name : MS. NEHA SACHIN WADIKAR  
Age : 37 Yrs 1 Month  
Gender : FEMALE  
Ref. Doctor : SELF  
Client Name : DIAGNO LOUNGE(ADVANCED DIAGNOSTIC CENTRE)-GOREGAON

Bill No. : A038051  
Registered On : 29/03/2024,03:49 PM  
Collected On : 29/03/2024,04:06 PM  
Reported On : 31/03/2024,06:18 PM  
SampleID : 

## REPORT

### Biochemistry

Test Name	Result	Unit	Biological Reference Interval
Slide No	ASV-LBC-480/2024		
Specimen	Liquid based cytology PAP Smear. Smear was prepared and stained by Papanicolaou method for microscopic examination.		
Microscopic Examination	Specimen is adequate for the interpretation. Smear shows predominantly sheets and clusters of superficial and intermediate squamous epithelial cells. The background shows mild infiltration by polymorphonuclear leucocytes and bacilli. There is no evidence of C.albicans or T.vaginalis. There is no evidence of dysplastic or malignant cells in the smear examined.		
Impression	Negative for intraepithelial lesion or malignancy. Enclosed one slide along with hard copy.		

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

Results are to be correlated clinically

Scan to Validate



Entered By

SUVARNA-DESHPANDE  
Verified By

Dr Suvarna Deshpande  
MD (Path)  
Reg.No.83385

Dr Aparna Jairam  
MD (Path)  
Reg.No.76516

"Sample Processed At Asavlee Dr Aparna's Pathology Laboratory"

