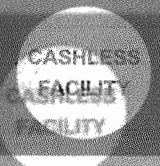




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PT. Khusbu Kumari - 38/F

PHYSICIAN CONSULTATION

Hight - 150 cm
wt - 69 kg

PRESENT COMPLAINT :

no any present complaints.

PAST MEDICAL / SURGICAL HISTORY:

- No any medical history
- Surgical H/O - LSCS Status.

GENERAL EXAMINATION:

PULSE - 82/min
BP: - 120/70 mm Hg
BMI - 30.7 kg/m² (obese class I)
APETITE: - Normal
THIRST: - Normal
STOOL: - Normal
URINE: - Normal
SLEEP: - Normal
SKIN: - skin treatment Rx (stop : 1 months)
NAILS: - Normal
HABITAT: - No

SYSTEMIC EXAMINATION:

RESPIRATORY EXAMINATION: - AEBE clear.

CARDIOVASCULAR EXAMINATION: S1S2 + / CNS - conscious & oriented

ABDOMINAL EXAMINATION: - soft

GYNACOLOGY / OBST HISTORY (FOR FEMALE): LMP - 18/3/24.

menses - Irregular : 1 months.
Bleeding - Normal bleeding.
No pain

OBST H/O - Para P₀, 3 live birth.
Gravidar - G₂.

CSMP



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Apex Super Speciality Hospitals
Shantagurga Mangesh Charit Trust Medical Centre 191-A, I.T. Road,
Beside Punjab & Sind Bank, Hubli, Dornali (W), Mumbai-400091
Tel: 022-23986677/46-47-48 Web: apexgroupofhospitals.com
Email: medical.adm@apexhospitals.in

Diet Chart

Name:- Khushboo Pramod

c/o :- Weight management

Diet :- FULL DIET , HIGH PROTEIN , LOW FAT

Early morning: 1 cup tea/ coffee (**preferable avoid**) + 4 almonds, 2 walnut halves (**Soaked**)

Breakfast: 1 Bowl upma/ poha/ daliya upma **OR** 2 small idli/ 1 dosa with vegetable sambar
OR 1 roti with bhaji **OR** 1 bowl cornfalkes/ oats in water

Mid-morning: 1 Fruit - **Include Whole fruits - Papaya , Pear, Banana ,Orange, Muskmelon & Watermelon** (No Fruit juices)

Supplement :- Truhand HP - 1 scoop with 100ml water

Lunch: 1 bowl raw vegetable salad (**Cucumber ,carrot, tomato, beetroot**)
2 medium whole wheat roti/ 1 bowl rice
1 bowl bhaji
1 bowl dal (**yellow moong dal, masoor dal, matki, green moong dal**)
1 bowl curd/ 1 glass buttermilk

Evening snack: 1 cup tea/ coffee /Green Tea / Black Coffee / **Truhand HP - 1 scoop in 100ml water**
1 handful of roasted yellow chana **OR** 1 besan chilla **OR** 1 bowl sprouts chat

Mid-evening: 1 bowl dal and vegetable soup + ½ teaspoon dry roasted flax seed powder

Dinner: 1 bowl raw vegetable salad (**Cucumber ,carrot, tomato, beetroot**)
2 medium whole wheat roti/1 bowl rice
1 bowl bhaji
1 bowl dal
OR 1 bowl dal khichadi/ daliya
1 bowl curd/ 1 glass buttermilk

Bedtime :- 1tsp Sesame seed

Remarks: Drink ample of fluids, upto 3 litres of water daily. Can add sabja seeds to it.

Include more of whole pulses, green leafy vegetables and fruits in the diet

Restrict consumption of non-vegetarian foods and alcohol for about a month.

Avoid all sources of extra salt, spices and oils like sauces, pickles, papads, chutneys, chips, etc.

Avoid all sources of simple sugars like white sugar, brown sugar honey, jaggery.

Avoid processed foods and fried food.

Avoid all spicy, oily and refined flour products. Restrict bakery products.

For detailed diet counselling: Consult Dietician Sakshi Gupta in OPD with prior appointment.



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DEPARTMENT OF LABORATORY SCIENCES

Patient Name	Mrs. KHUSHBU KUMARI	LabNo	505	
UHID/IP No	140022549 / 242	Sample Date	23/03/2024 9:02AM	
Age/Gender	38 Yrs/Female	Receiving Date	23/03/2024 9:44AM	
Bed No/Ward	OPD	Report Date	23/03/2024 3:58PM	
Prescribed By	Dr. CHIRAG SHAH	Report Status	Final	

HAEMATOLOGY

Test Name	Result	Unit	Biological Ref. Range	Method
COMPLETE BLOOD COUNT(CBC) EDTA WHOLE BLOOD				
Sample: W. B. EDTA				
Haemoglobin Estimation (Hb)	7.3 L	gm/dl	12.5 - 16.0	SLS- Hb Method
RBC Count (Red Blood Cell)	4.04 L	10 ⁶ /uL	4.20 - 5.40	
PCV (Haematocrit)	24.9 L	%	36.0 - 46.0	
MCV	61.63 L	fl	78 - 100	Calculated
MCH	18.07 L	pg	26 - 34	Calculated
MCHC	29.32 L	gm/dl	30 - 36	Calculated
RDW	21.6 H	%	11.0 - 16.0	Calculated
Total Leukocyte Count (TLC)	8900	cells/cu.mm	4000.0 - 10500.0	
Neutrophil %	67	%	40 - 80	
Lymphocyte %	28	%	20 - 40	
Eosinophil %	02	%	0 - 6	
Monocytes %	03	%	1 - 12	
Basophil %	00	%	0 - 2	
Band Cells	00	%		
Absolute Neutrophil Count (ANC)	5963	/cu.mm	2000 - 7000	Calculated
Absolute Lymphocyte Count	2492	/cu.mm	1000 - 3000	Calculated
Absolute Eosinophil Count (AEC)	178	/cu.mm	20 - 500	Calculated
Absolute Monocyte Count	267	/cu.mm	200 - 1000	Calculated
Absolute Basophil Count	0.00	/cu.mm		CALCULATED
WBCs Morphology	Within normal limits.			
RBCs Morphology	Hypochromasia(++),Microcytosis(+),Anisocytosis(+)			
Platelet Count	260	10 ³ /uL	150 - 400	DC Detection
Platelets Morphology	Adequate on smear			
MPV	-	fl	7 - 12	

--End Of Report--

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Bed No/Ward	OPD	Report Date	23/03/2024 3:58PM	
Prescribed By	Dr. CHIRAG SHAH	Report Status	Final	

HAEMATOLOGY

Test Name	Result	Unit	Biological Ref. Range	Method
ERYTHROCYTE SEDIMENTATION RATE (ESR)				
Sample: W. B. EDTA				
ESR (Erythrocyte Sed.Rate)	21 H	mm/hr	< 20	Westergren

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Prescribed By	Dr. CHIRAG SHAH	Report Status	Final	

IMMUNO-HAEMATOLOGY

Test Name	Result	Unit	Biological Ref. Range	Method
BLOOD GROUPING Sample: W. B. EDTA				
Blood Group (ABO and Rh)	"O" RH Negative			SLIDE METHOD

--End Of Report--

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BIOCHEMISTRY

Test Name	Result	Unit	Biological Ref. Range	Method
BLOOD SUGAR F&PP				
Sample: Fl. Plasma				
Glucose (Fasting Blood Sugar / FBS)	99.82	mg/dl	70 - 110	Glucose Oxidase,Hydrogen Peroxide
Urine Fasting Sugar	Absent		Absent	
Urine Fasting Ketone	Absent		Absent	
Blood Sugar(2 Hours PP)	102.7	mg/dl	70 - 140	Glucose Oxidase,Hydrogen Peroxide
Urine PP Sugar	SNR			
Urine PP Ketone	SNR			

Note: An individual may show higher fasting glucose level in comparison to post prandial glucose level due to following reasons :

The glycaemic index and response to food consumed, Changes in body composition, Increased insulin response and sensitivity, Alimentary hypoglycemia, Renal glycosuria, Effect of oral hypoglycaemics & Insulin treatment.

--End Of Report--

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UHID/IP No	140022549 / 242	Sample Date	23/03/2024 9:02AM	
Age/Gender	38 Yrs/Female	Receiving Date	23/03/2024 9:44AM	
Bed No/Ward	OPD	Report Date	23/03/2024 12:48PM	
Prescribed By	Dr. CHIRAG SHAH	Report Status	Final	

BIOCHEMISTRY

Test Name	Result	Unit	Biological Ref. Range	Method
BUN (BLOOD UREA NITROGEN)				
BUN - Blood Urea Nitrogen (SINGLE)	12.01	mg/dl	7 - 20	
SERUM CREATININE				
Sample: Serum				
Creatinine	0.76	mg/dl	0.50 - 1.20	Jaffes
URIC ACID (SERUM)				
Sample: Serum				
Uric Acid	4.14	mm/hr	2.5 - 6.2	URICASE- PEROXIDASE

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Bed No/Ward	OPD	Report Date	23/03/2024 12:48PM	
Prescribed By	Dr. CHIRAG SHAH	Report Status	Final	

BIOCHEMISTRY

Test Name	Result	Unit	Biological Ref. Range	Method
LIPID PROFILE SERUM				
Sample: Serum				
Cholesterol-Total	148.8	mg/dl	< 200.00	Cholesterol Oxidase, Esterase, Peroxidase
Triglycerides	73.4	mg/dl	< 150	Enzymatic End point
HDL Cholesterol	42.76	mg/dl	40.00 - 60.00	Phosphotungstat
VLDL Cholesterol	14.68	mg/dl	6.00 - 38.00	Calculated Value
LDL Cholesterol	91.36	mg/dl	< 100.00	Calculated Value
Cholesterol Total : HDL Cholesterol Ratio	3.48 L		3.50 - 5.00	Calculated Value
LDL Cholesterol : HDL Cholesterol Ratio	2.14 L		2.50 - 3.50	Calculated Value

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Bed No/Ward	OPD	Report Date	23/03/2024 12:48PM	
Prescribed By	Dr. CHIRAG SHAH	Report Status	Final	

BIOCHEMISTRY

Test Name	Result	Unit	Biological Ref. Range	Method
LIVER FUNCTION TEST (LFT) SERUM				
Sample: Serum				
Bilirubin Total (TBil)	0.96	mg/dl	0.30 - 1.30	Diphyline Diazonium Salt
Bilirubin Direct (Dbil)	0.32	mg/dl	0.00 - 0.50	
Bilirubin indirect	0.64	mg/dl	1 - 1	
SGPT (ALT)	21.31	U/L	5 - 40	IFCC modified
SGOT (AST)	19.38	U/L	5 - 40	IFCC modified
Protein Total	5.82 L	gm/dl	6.00 - 8.00	Biuret
Albumin	2.95 L	gm/dl	3.20 - 5.00	Bromocresol Green (BCG)
Globulin	2.87	gm/dl	1.80 - 3.50	Calculated Value
A/G Ratio (Albumin/Globulin Ratio)	1.03		1.00 - 2.50	Calculated Value
Alkaline Phosphatase	67.46	IU/L	42 - 140	
GGTP (GAMMA GT)	18.06	IU/L	15.0 - 72.0	UV Kinetic IFCC

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Patient Name	Mrs. KHUSHBU KUMARI	LabNo	505	
UHID/IP No	140022549 / 242	Sample Date	23/03/2024 9:02AM	
Age/Gender	38 Yrs/Female	Receiving Date	23/03/2024 9:44AM	
Bed No/Ward	OPD	Report Date	23/03/2024 12:48PM	
Prescribed By	Dr. CHIRAG SHAH	Report Status	Final	

CLINICAL PATHOLOGY

Test Name	Result	Unit	Biological Ref. Range	Method
URINE ROUTINE				
Sample: Urine				
PHYSICAL EXAMINATION				
Quantity	25	ml		
Color	Pale Yellow			
Appearance	Slightly Hazy			Clear
Specific Gravity	1.015		1.010 - 1.025	
CHEMICAL EXAMINATION				
pH	6.0		4.5 - 8.5	
Protein	Absent			
Ketone	Absent			
Occult Blood	Absent			
Bile Salt	Absent			Absent
Bile Pigment	Absent			Absent
MICROSCOPIC EXAMINATION				
Pus Cells	2-3			
WBCs	Absent			
Epithelial Cells	8-10			
Crystals	Absent			Absent
Casts	Absent			Absent
Bacteria	Absent			Absent
Yeast Cells	Normal		Normal	
Amorphous Deposit	Absent			
Others	Absent			

--End Of Report--

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MD PATHOLOGY

Patient Id : **PVD04223-24/74402** Sample ID : 24036701
 Patient : MRS KHUSHBU KUMARI Reg. Date : 23/03/2024
 Age/sex : 38 Yrs/ Female Report Date : 23/03/2024
 Center : APEX SUPERSPECIALITY HOSPITALS Case No. :
 Ref. By : Self



HBA1C-GLYCOSYLATED HAEMOGLOBIN

Test Description	Result	Unit	Biological Reference Range
HbA1c- (EDTA WB)	5.0	%	< 5.6 Non-diabetic 5.7-6.4 Pre-diabetic > 6.5 Diabetic
Estimated Average Glucose (eAG)	96.80	mg/dL	
Method : HPLC-Biorad D10-USA			

INTERPRETATION

1. HbA1c is used for monitoring diabetic control. It reflects the estimated average glucose (eAG).
2. HbA1c has been endorsed by clinical groups & ADA (American Diabetes Association) guidelines 2017, for diagnosis of diabetes using a cut-off point of 6.5%.
3. Trends in HbA1c are a better indicator of diabetic control than a solitary test.
4. Low glycated haemoglobin (below 4%) in a non-diabetic individual are often associated with systemic inflammatory diseases, chronic anaemia (especially severe iron deficiency & haemolytic), chronic renal failure and liver diseases. Clinical correlation suggested.
5. To estimate the eAG from the HbA1C value, the following equation is used: $eAG(mg/dl) = 28.7 * A1c - 46.7$
6. Interference of Haemoglobinopathies in HbA1c estimation.
 - A. For HbF > 25%, an alternate platform (Fructosamine) is recommended for testing of HbA1c.
 - B. Homozygous hemoglobinopathy is detected, fructosamine is recommended for monitoring diabetic status
 - C. Heterozygous state detected (D10/ Tosho G8 is corrected for HbS and HbC trait).
7. In known diabetic patients, following values can be considered as a tool for monitoring the glycemic control.
 - Excellent Control - 6 to 7 %,
 - Fair to Good Control - 7 to 8 %,
 - Unsatisfactory Control - 8 to 10 %
 - and Poor Control - More than 10 %.

Note : Haemoglobin electrophoresis (HPLC method) is recommended for detecting hemoglobinopathy

Patient Id : **PVD04223-24/74402** Sample ID : 24036701
 Patient : MRS KHUSHBU KUMARI Reg. Date : 23/03/2024
 Age/sex : 38 Yrs/ Female Report Date : 23/03/2024
 Center : APEX SUPERSPECIALITY HOSPITALS Case No. :
 Ref. By : Self



IMMUNOASSAY

Test Description	Result	Unit	Biological Reference Range
TOTAL T3 T4 TSH (TFT)			
T3 (Triiodothyronine)	128.36	ng/dl	83-200
			For Pregnant females: First Trim: 104.8 - 229.8 2nd Trim: 128.9 - 262.3 Third trim : 135.4 - 261.7
T4 (Thyroxine)	8.14	ug/dL	5.13 - 14.10
			For Pregnant females: First Trim : 7.33 - 14.8 Second Trim : 7.93 - 16.1 Third Trim : 6.95 - 15.7
TSH(Thyroid Stimulating Hormone)	2.74	uIU/ml	0.27 - 4.20


Method : ECLIA

INTERPRETATION

TSH	T3 / FT3	T4 / FT4	Suggested Interpretation for the Thyroid Function Tests Pattern
Within Range	Decreased	Within Range	• Isolated Low T3-often seen in elderly & associated Non-Thyroidal illness. In elderly the drop in T3 level can be upto 25%.
Raised	Within Range	Within Range	• Isolated High TSH especially in the range of 4.7 to 15 mIU/ml is commonly associated with Physiological & Biological TSH Variability. • Subclinical Autoimmune Hypothyroidism • Intermittent T4 therapy for hypothyroidism • Recovery phase after Non-Thyroidal illness"
Raised	Decreased	Decreased	• Chronic Autoimmune Thyroiditis • Post thyroidectomy, Post radioiodine • Hypothyroid phase of transient thyroiditis"
Raised or within Range	Raised	Raised or within Range	• Interfering antibodies to thyroid hormones (anti-TPO antibodies) • Intermittent T4 therapy or T4 overdose • Drug interference- Amiodarone, Heparin, Beta blockers, steroids, anti-epileptics"
Decreased	Raised or within Range	Raised or within Range	• Isolated Low TSH -especially in the range of 0.1 to 0.4 often seen in elderly & associated with Non-Thyroidal illness • Subclinical Hyperthyroidism • Thyroxine ingestion"
Decreased	Decreased	Decreased	• Central Hypothyroidism • Non-Thyroidal illness • Recent treatment for Hyperthyroidism (TSH remains suppressed)"
Decreased	Raised	Raised	• Primary Hyperthyroidism (Graves' disease), Multinodular goitre, Toxic nodule • Transient thyroiditis: Postpartum, Silent (lymphocytic), Postviral (granulomatous, subacute, DeQuervain's), Gestational thyrotoxicosis with hyperemesis gravidarum"
Decreased or within Range	Raised	Within Range	• T3 toxicosis • Non-Thyroidal illness

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

Term & Conditions* Test processed at Pathvision Central Processing Laboratory- Dahisar west Mumbai-68 Individual laboratory investigations are never conclusive but should be used along with other relevant clinical examinations to achieve final diagnosis. Any discrepancy with clinical condition the referring doctor or patient must report in 24hr of sample collection and get test redone. Partial reproduction of this report is not permitted The test report is not valid for Medico-legal purpose.


DR. SANDEEP B. PORWAL
 MBBS MD (Path) Mumbai
 MMC Reg no 2001031640

CENTRAL PROCESSING LABORATORY

Grandeur 208/209/210, S.V. Road, Dahisar (East), Mumbai - 400 068.

Tel : 2562 7645 • Mob: 86910 17023 / 81042 45961 • www.pathvisiondiagnostics.com

Patient Id : **PVD04223-24/74402** Sample ID : 24036701
Patient : MRS KHUSHBU KUMARI Reg. Date : 23/03/2024
Age/sex : 38 Yrs/ Female Report Date : 25/03/2024
Center : APEX SUPERSPECIALITY HOSPITALS Case No. :
Ref. By : Self



CYTOLOGY REPORT - PAP SMEAR


Specimen PAP Smear
Microscopic Description Smears show predominantly superficial cells and few intermediate cells. Background shows few neutrophils & Doderlein bacilli. No evidence of dyskeratosis or malignancy

Impression

Negative for Intraepithelial lesion or malignancy

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

Term & Conditions* Test processed at Pathvision Central Processing Laboratory- Dahisar west Mumbai-68 Individual laboratory investigations are never conclusive but should be used along with other relevant clinical examinations to achieve final diagnosis. Any discrepancy with clinical condition the referring doctor or patient must report in 24hr of sample collection and get test redone. Partial reproduction of this report is not permitted The test report is not valid for Medico-legal purpose.


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ई. सी. जी.

Name Khushi Kumari Date 23/3/24

Age 38 Gender: M F UHID NO _____ B.P _____

ELECTROCARDIOGRAPHIC OBSERVATIONS

Rate _____ Axis _____ Q.R.S. Complex _____

Rhythm _____ P. Wave _____ S.T. Segment _____

Standardisation : _____ P.R. Interval _____ T. Wave _____

Voltage : _____ Q. Wave : _____ Q. T. Interval _____

Impression : Chirag V. Shah

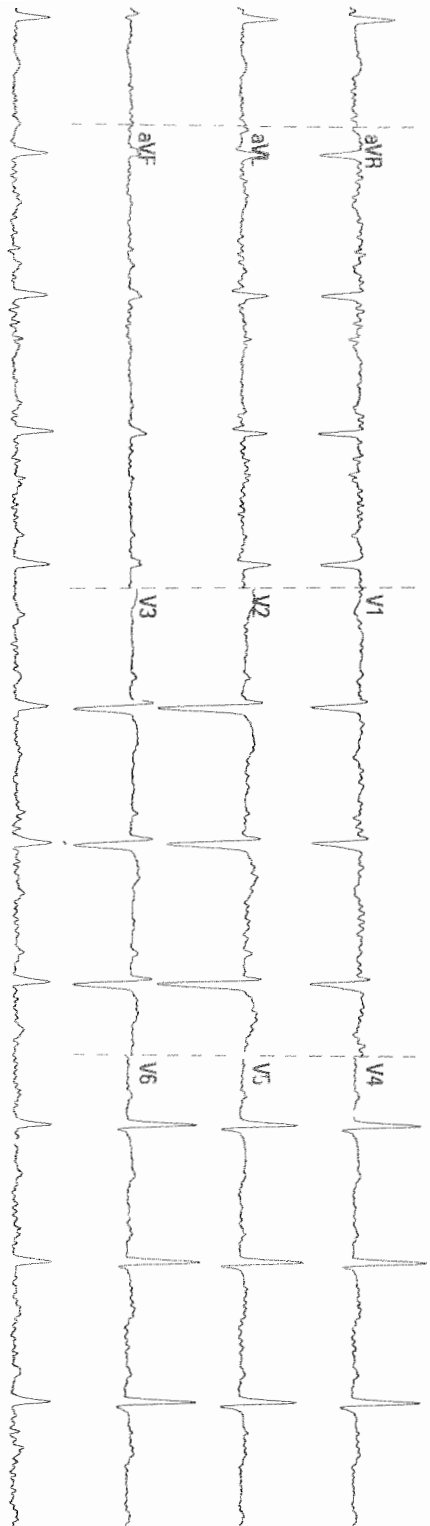
DR. CHIRAG V. SHAH

D.N.B. (C.D.)

CONSTITUTIONAL PHYSICIAN CARDIOLOGIST

Reg. No. 2003 / 04 / 1649

23-03-2024 09:48:36 AM



RRR 20 Hz QTc Bazett APEX SUPERSPECIALTY HOSPITAL 02:07:00 V04.00.00 SN:FK-83014034

Age

Sex

ID:2024032309484646
 Name:

23-03-2024 09:48:36 AM
 Sinus Rhythm
 Unconfirmed Diagnosis.

Vent. Rate (bpm)	80
PR Interval (ms)	142
QRS Duration (ms)	86
QT/QTc Interval (ms)	326/376
P/QRS/T Axes (deg)	32/30/8

UNI-EM

ELECTRONICS COMPLEX

INDORE

TREADMILL TEST REPORT

PROTOCOL : Bruce
 HISTORY :
 INDICATION :
 MEDICATION :

KHUSHBU KUMARI
 ID : 22358
 DATE : 24/03/2024
 AGE/SEX : 39 / F
 HT/WT : / / 69
 REF. BY :

PHASE	TOTAL TIME	STAGE TIME	SPEED Km/Hr	GRADE %	H.R. bpm	B.P. mmHg	RPP x100	ST LEVEL (MM)			METS	
								II	V1	V5		
SUPINE												
Stage 1	2:55	2:55	2.7	10	83	120 / 70	99	0.5	-0.6	-0.8		
Stage 2	5:55	2:55	4	12	123	120 / 70	147	1.6	-0.6	-0.5		
PK-EXERCISE	7:25	1:25	5.4	14	146	120 / 70	175	1.6	0	-0.6		4.67
RECOVERY	10:28	2:55			165	120 / 70	198	0.5	1	-0.1		7.04
RECOVERY	10:48	3:15			104	140 / 80	145	-0.4	0.1	-0.9		8.47
					101	140 / 80	141	-0.4	0.2	-0.8		

RESULTS

EXERCISE DURATION : 7:25
 MAX HEART RATE : 165 bpm
 MAX BLOOD PRESSURE : 140 / 80 mm Hg
 REASON OF TERMINATION : *Acknow THAL*
 BP RESPONSE : *Normal*
 ARRHYTHMIA : *None*
 H.R. RESPONSE : *None*
 IMPRESSIONS : *slow but regular for subject*

MAX WORK LOAD : 8.47 METS

% of target heart rate 181 bpm

Dr. CHIRAG V. SHAH
 DNB (M.D.)
 CONSULTING PHYSICIAN
 Reg. No. 20001/2011/10-9

Technician :

UNI-EM

KHUSHBU KUMARI

I.D. 22358

Age 39/F

Date 24/03/2024

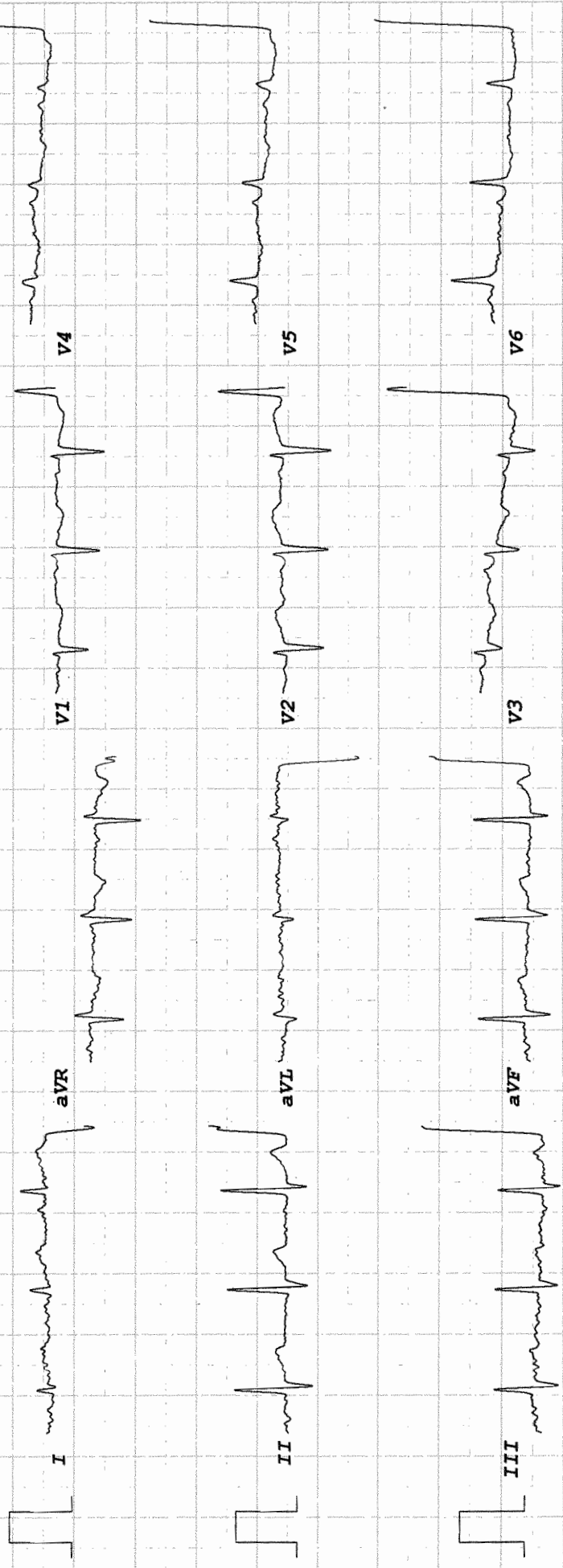
RATE 135bpm

B.P. 120/70

ST @ 10mm/mV

80ms PostJ

RAW ECG



Rhythm: Filtered (35 Cycle)

UNI-EM, Indore. Tel.: +91-731-4030035, Fax: +91-731-4031180, E-Mail: em@electromedicals.net, Web: www.uni-em.com, TMT Ver.15.0.3



www.unimedicals.net

UNI-EM

PRETEST
STANDING

ST @ 10mm/mv
80ms PostJ

RAW ECG

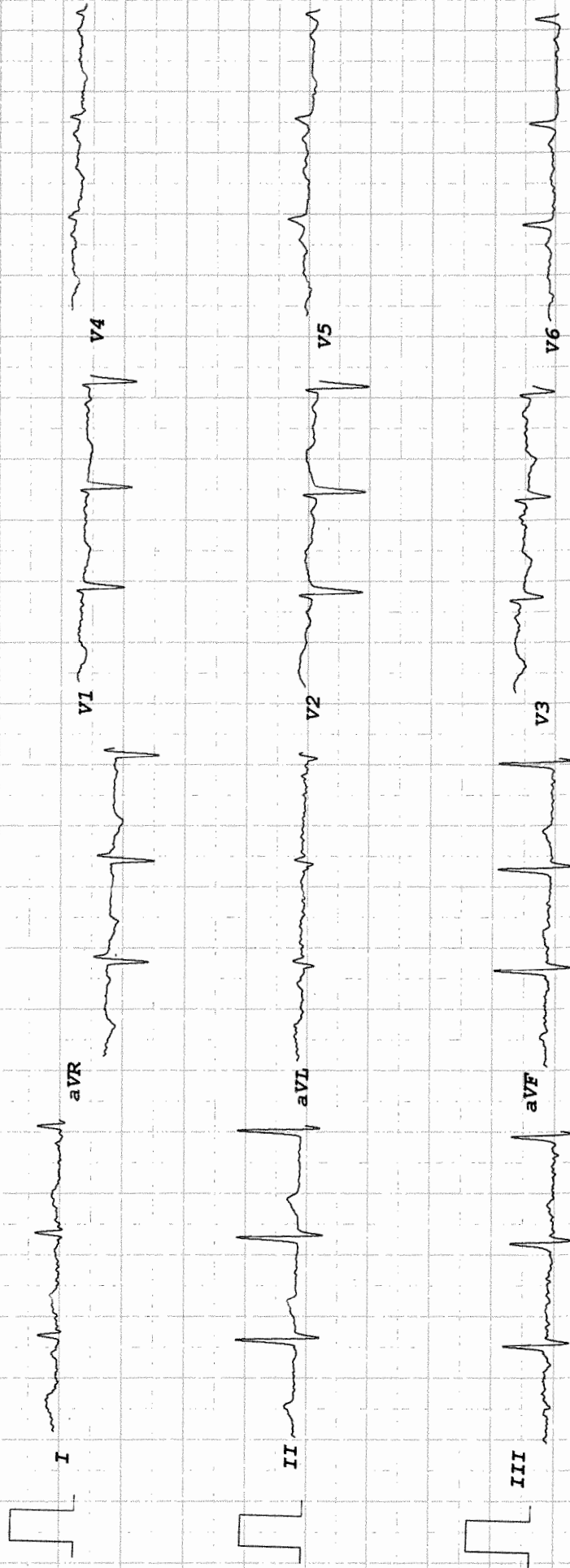
KHUSHBU KUMARI

I.D. 22358

Age 39/F

Date 24/03/2024

RATE 85bpm
B.P. 120/70



KHUSHBU KUMARI
I. D. 22358
Age 39/F
Date 24/03/2024

RATE 81bpm
B.P. 120/70

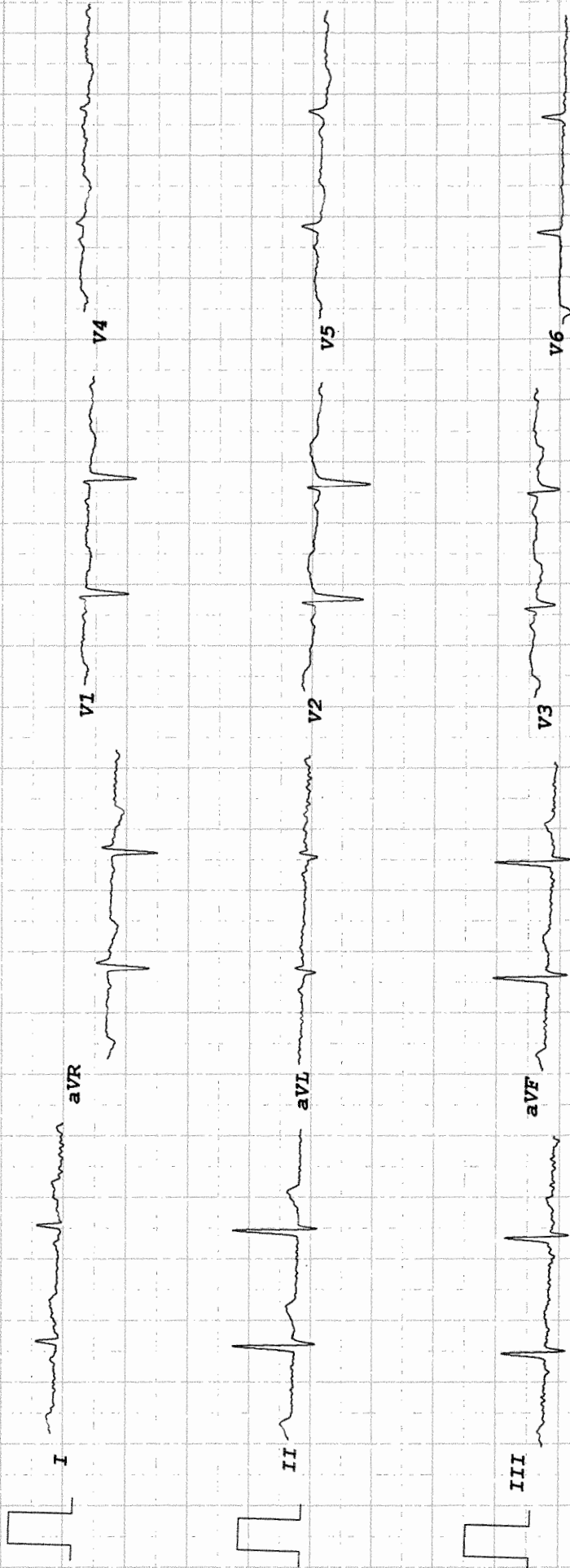
UNI-EM

PRETEST
HYPERVENT

PHASE TIME 0:09

ST @ 10mm/mV
80ms PostJ

RAW ECG



UNI-EM

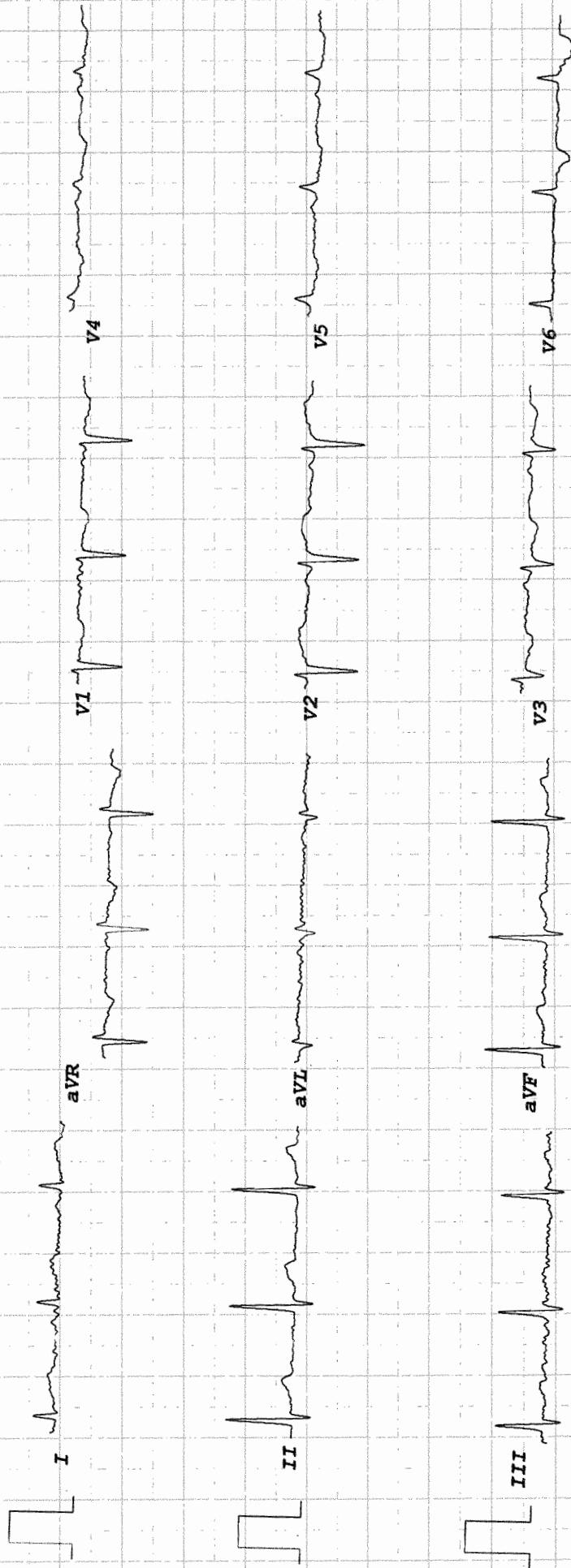
KHUSHBU KUMARI
I.D. 22358
Age 39/F
Date 24/03/2024

RATE 82bpm
B.P. 120/70

PRETEST
VALSALVA

ST @ 10mm/mV
80ms PostJ

RAW ECG



UNI-EM

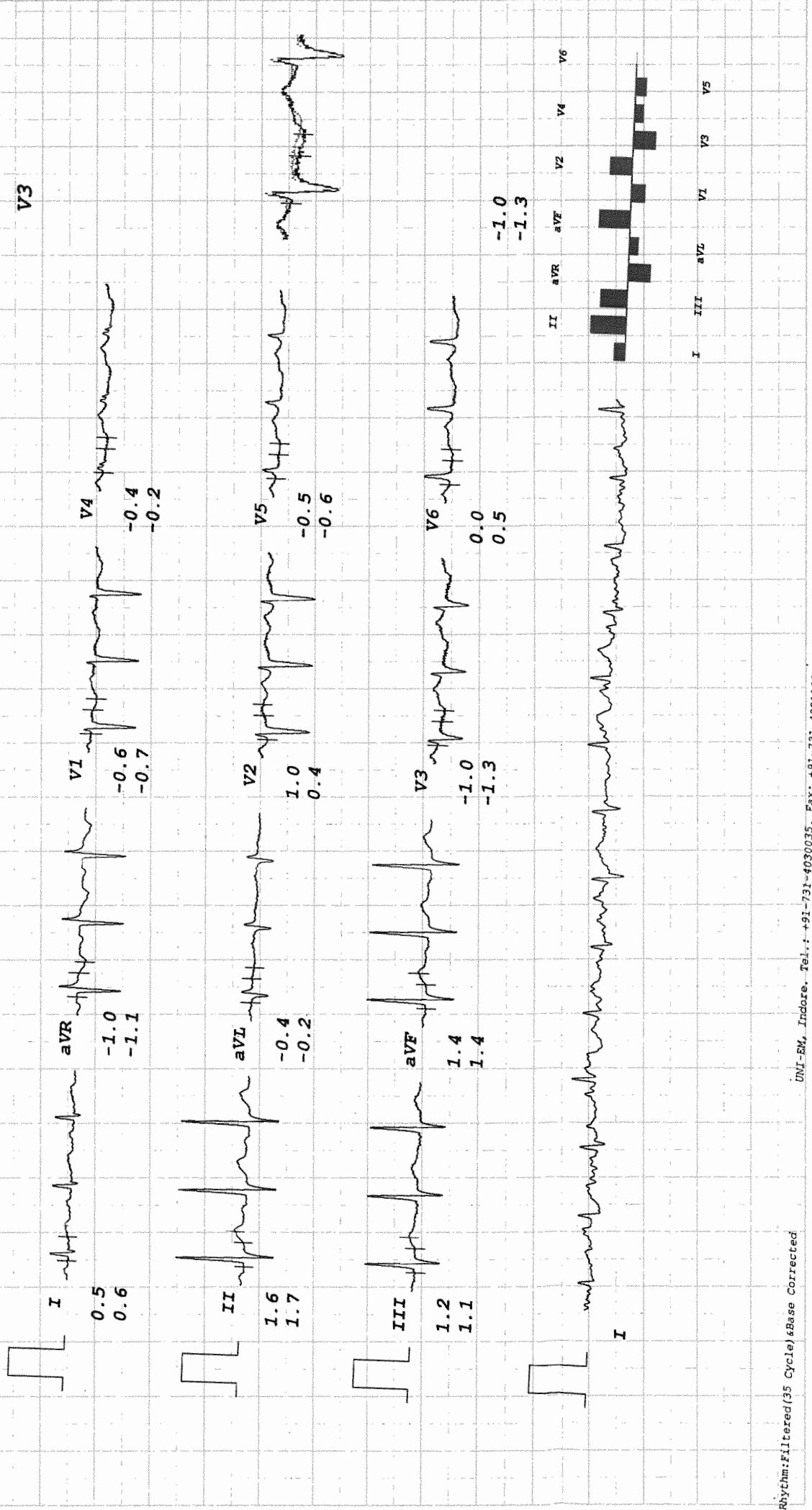
KHUSHBU KUMARI
 I.D. 22358
 Age 39/F
 Date 24/03/2024

RATE 123bpm
 B.P. 120/70

ST @ 10mm/mV
 80ms PostJ
 Speed 2.7 km/hr
 SLOPE 10 %

LINKED MEDIAN

Mag. X 2



UNI-EM

KHUSHBU KUMARI
 I.D. 22358
 Age 39/F
 Date 24/03/2024

RATE 146bpm
B.P. 120/70

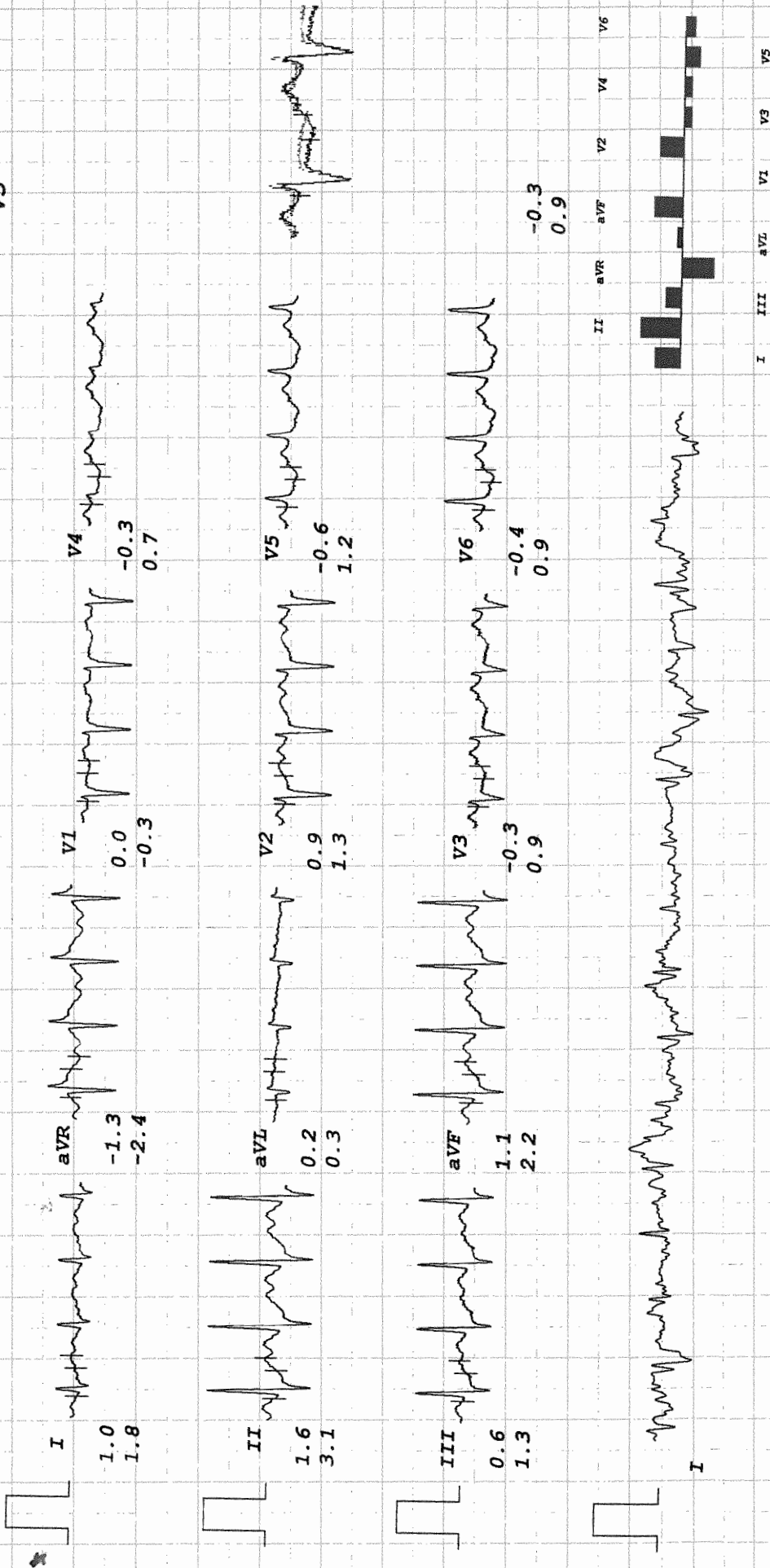
ST @ 10mm/mV
80ms PostJ
Speed 4 km/hr
SLOPE 12 %

Bruce
Stage 2
TOTAL TIME 5:55
PHASE TIME 2:55

LINKED MEDIAN

Mag. X 2

V3



UNI-EM

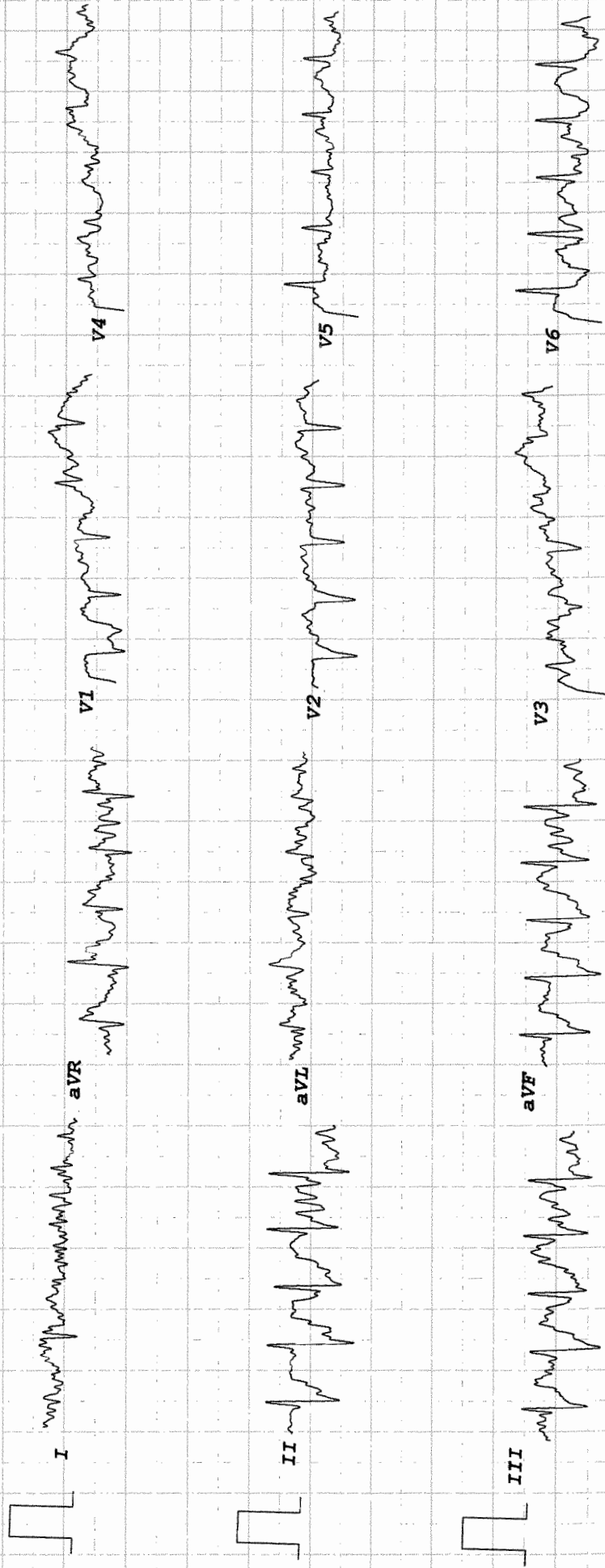
KHUSHBU KUMARI
 I.D. 22358
 Age 39/F
 Date 24/03/2024

RATE 165bpm
 B.P. 120/70

ST @ 10mm/mV
 80ms PostJ
 Speed 5.4 km/hr
 SLOPE 14 %

RAW ECG

Bruce
 PK-EXERCISE
 TOTAL TIME 7:25
 PHASE TIME 1:25



UNI-EM

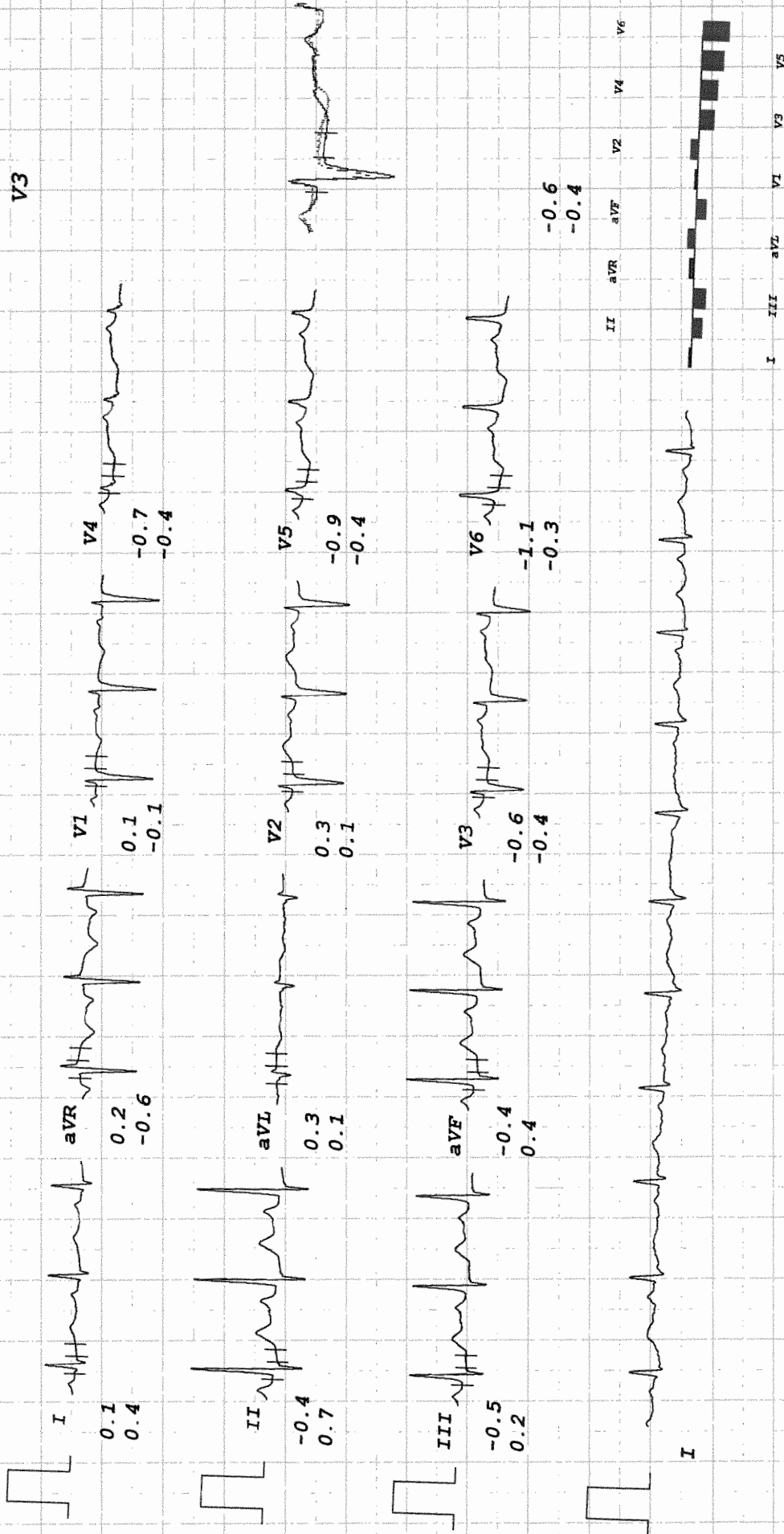
KHUSHBU KUMARI
I.D. 22358
Age 39/F
Date 24/03/2024

RATE 104bpm
B.P. 140/80

ST @ 10mm/mV
80ms PostJ

LINKED MEDIAN

Mag. X 2



UNI-EM

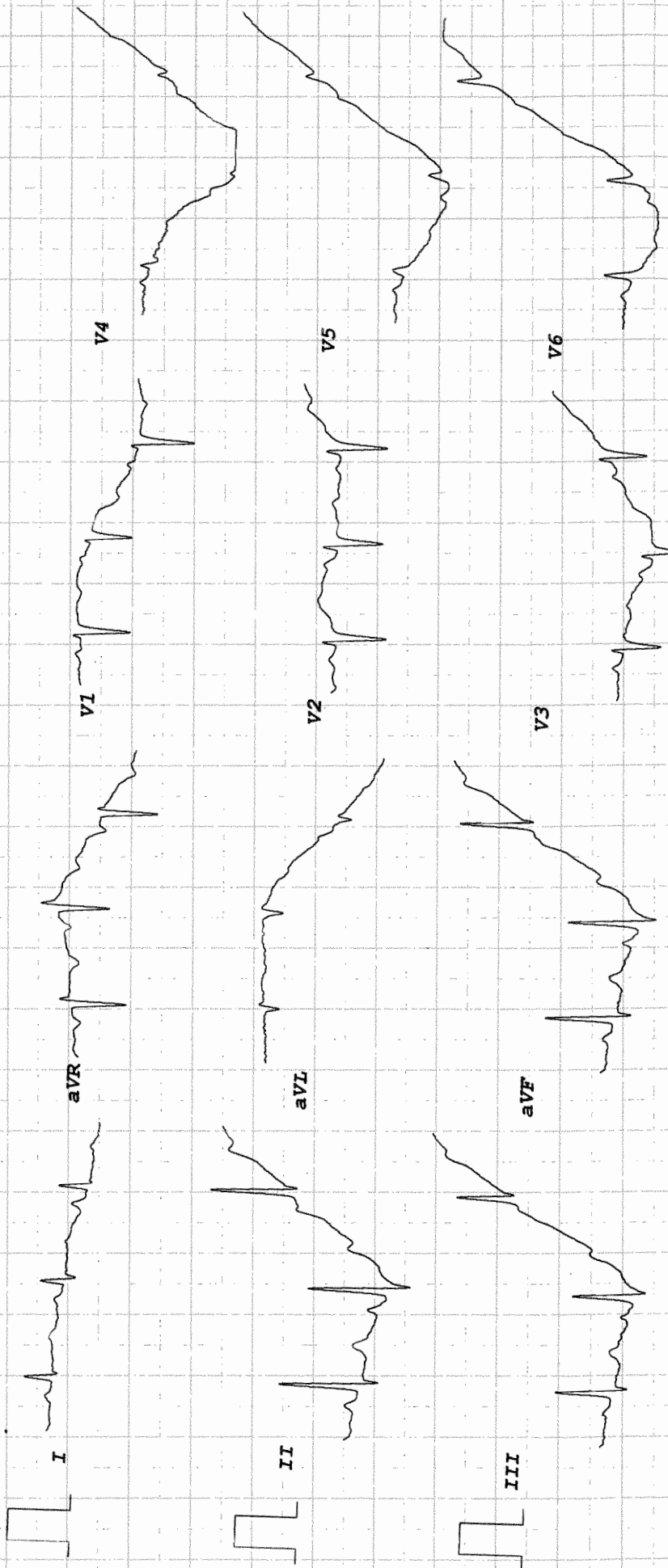
RATE 101bpm
B.P. 140/80

KHUSHBU KUMARI
I.D. 22358
Age 39/F
Date 24/03/2024

Bruce
RECOVERY
TOTAL TIME 10:48
PHASE TIME 3:15

ST @ 10mm/mV
80ms Post-J

RAW ECG





APEX SUPERSPECIALITY HOSPITALS DIAGNOSTICS



L. T. Road, Besides Punjab & Sind Bank, Babhai Naka,
Borivali (W), Mumbai 400091.
email: info@apexhospitals.in | www.apexgroupofhospitals.com



Tele.:
022 - 2898 6677 / 46 / 47 / 48

NAME : KHUSHBU KUMARI	DATE: 23.04.2024
REF: MEDIWHEEL	AGE : 38 Y / F

SONOGRAPHY OF ABDOMEN AND PELVIS

TECHNIQUE: Real time, B mode, gray scale sonography of the abdominal and pelvic organs was performed with convex transducer.

LIVER: The liver is normal in size, shape and has smooth margins. The hepatic parenchyma shows homogeneous normal echotexture without solid or cystic mass lesion or calcification. No evidence of intrahepatic biliary radical dilatation.

PORTAL VEIN: It is normal in transverse diameter.

GALL BLADDER: The gall bladder is well distended. There is no evidence of calculus, wall thickening or pericholecystic collection.

COMMON BILE DUCT: The visualised common bile duct is normal in caliber. No evidence of calculus is seen in the common bile duct. Terminal common bile duct is obscured due to bowel gas artifacts.

PANCREAS: The head and body of pancreas is normal in size, shape, contours and echo texture. Rest of the pancreas is obscured due to bowel gas artifacts.

SPLEEN: The spleen measures 11.4 cm normal in size and shape. Its echotexture is homogeneous.

KIDNEYS:

Right kidney:	Left kidney :
10.3 x 3.6 cm	11.1 x 3.4 cm

The kidneys are normal in size and have smooth renal margins. Cortical echotexture is normal. The central echo complex does not show evidence of hydronephrosis. No evidence of hydronephrosis or calculi, bilaterally.

URINARY BLADDER: The urinary bladder is well distended. It shows uniformly thin walls and sharp mucosa. No evidence of calculus is seen. No evidence of mass or diverticulum is noted.



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Uterus measures 12.9 x 8.5 x 9.1 cm, anteverted and bulky. Multiple fibroids are seen as follows - posterior wall intramural (6.7 x 4.8cm), anterior wall subserosal (2.5 x 1.9cm, 2.1 x 1.6 cm, 5.6 x 2.7 cm) and right lateral wall subserosal location (2.5 x 2.1 cm). Endometrial echo is in midline and measures 6 mm.

Right Ovary 3.4 x 1.6 cm Left Ovary 3.0 x 2.2 cm

Bilateral ovaries are normal in size and echopattern.

fib 4.7 x 4.8 x 2.5 x 1.9 x 2.0 x 1.6 cm

There is no ascites. There is no obvious evidence of significant lymphadenopathy.

IMPRESSION:

- **Bulky uterus with multiple subserosal and intramural uterine fibroids.**

Thanks for reference

DR. PANDYA SAUMIL
MD,D.N.B
RADIOLOGIST



Where Healing & Care Comes Naturally

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googlemap



Tele.:
022 - 2898 6677 / 46 / 47 / 48

DEPARTMENT OF RADIOLOGY

Patient Name	Mrs. KHUSHBU KUMARI	LabNo	505	
UHID/IP No	140022549 / 242	Order Date	23/03/2024 9:02AM	
Age/Gender	38 Yrs/Female	Receiving Date	23/03/2024 6:12PM	
Bed No/Ward	OPD	Report Date	26/03/2024 3:35PM	
Prescribed By	Dr. CHIRAG SHAH	Report Status	Final	

DIGITAL X-RAY CHEST <PA> VIEW

The lung on either side shows equal translucency and exhibit normal vasculature

The pleural spaces are normal.

Both hila are normal in size, have equal density and bear normal relationship.

The cardiac size is normal.

Trachea is central in position and no mediastinal abnormality is visible.

Bony thorax is normal.

--End Of Report--

Dr. SAUMIL PANDYA
MD, D.N.B, RADIOLOGIST