



ENT

Routine ENT checkup.

Ear - B/L wax

Nose / throat N/A

Vitals :

Chief Complaints :

BP - 90/50

Wt. - 67.8 kg

Height - 5.6

H/O Present Illness :

Rx. Solisprae Nasal spray
2 puff 2 times x 15 days


Past History :

2. clear wax E/O (Both ears)
3⁰ - 3⁰ - 3⁰

Investigation :

Drug Allergies : (if any)

Treatment :


11/04/24



11/19/29

DERMATOLOGY

Mrx Anvushi Gera
Age 28 Y/R

Vitals :

Chief Complaints :

H/O Present Illness :

Adv:-

EXCELA MAX.
LOTION

Past History :

Investigation :

Drug Allergies : (if any)

= Py SOS

Treatment :



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Aarushi Gera
28yr

ML - 3.5yr

No gynaecological
complaint

Vitals:

Chief Complaints: LMP - 2/4/2024
Cycle - 30 ± 2

Pap smear
done in 2022
↳ Reports normal
A/C to patient

H/O Present Illness: Dysm - 5day
Flow - avg

Past History:

= NAD

Investigation:

PSH - NAD
Drug Allergies: (if any)

E O/E

Family h/o - Mother
Treatment: have Breast
Cancer detected
1yr

P/A soft
Breast - BIL soft

P/S } Refused
P/V }

Inv

Mammography
after 30yr

Adv
- Counsellor regarding
genetic testing for BRCA
mutation

Gurgaon

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— Counselling Regarding Breast self examination

— Plan preg — Tab folvite once daily after lunch x 3 months

Shikha



Dental

Routine health checkup.

Vitals :

Chief Complaints :

H/O Present Illness :

O/E:- Impacted wt 38, 48
Caries wt 18, 28
Plaque ++ Calculus +-

Past History :

Investigation :

Drug Allergies : (if any)

Adv. Scaling & Polishing.
Restoration wt 18, 28

Treatment :

[Handwritten signature]



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Name. AARUSHI GERA age. 28yf

11/4/24

OPHTHA.

Health. checkup

Vitals :

Chief Complaints :

vision \leftarrow 6/6
6/6 \bar{c} Glass

NCT $\left\{ \begin{array}{l} 18.5 \\ 15.9 \end{array} \right.$

H/O Present Illness :

Colour vision \rightarrow Normal.

Past History :

Near vision \leftarrow N6
N6

Investigation :

Drug Allergies : (if any)

Treatment :

fundus - Normal (B2)

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Vitals :

Chief Complaints :

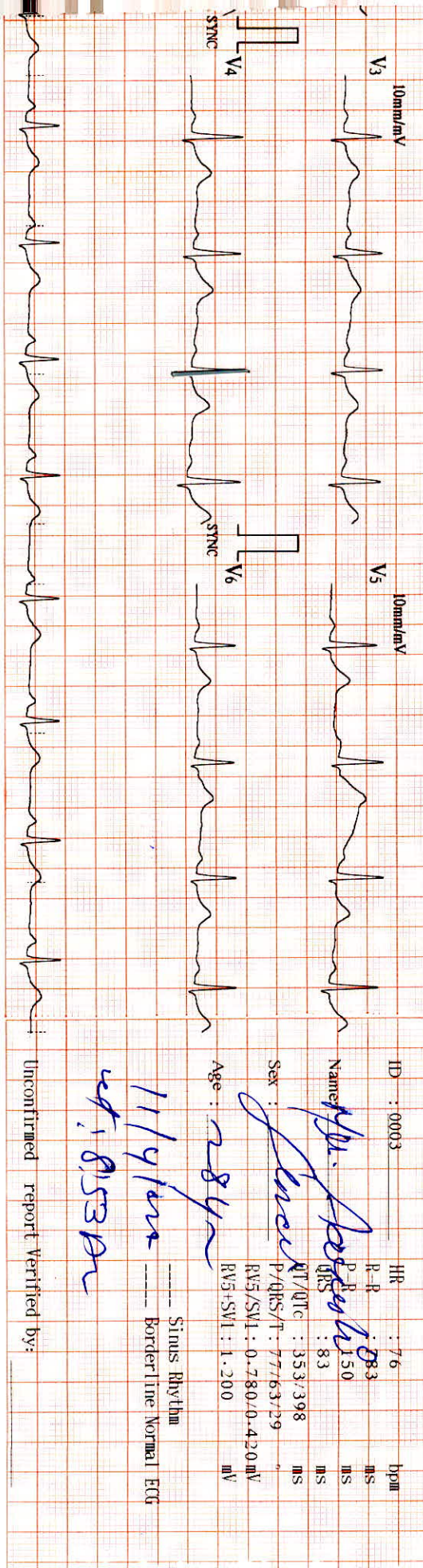
H/O Present Illness :

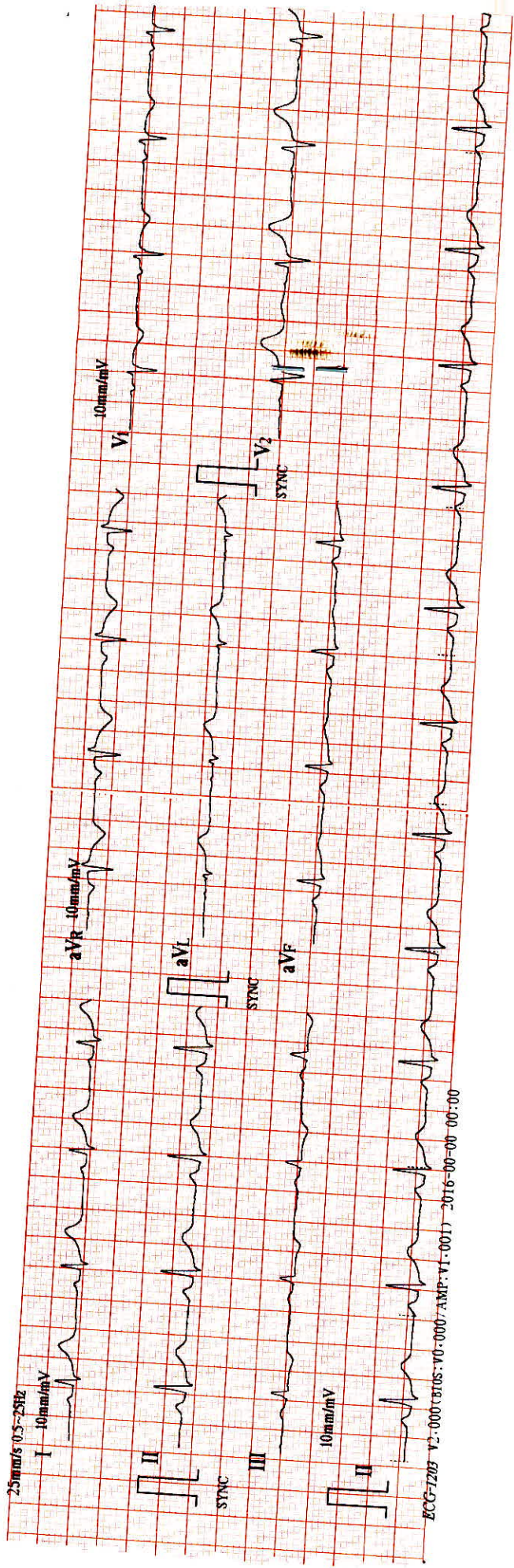
Past History :

Investigation :

Drug Allergies : (if any)

Treatment :







DEPARTMENT OF BIOCHEMISTRY

Patient Name : Mrs. AARUSHI GERA
MR No : 698392
Age/Sex : 28 Years / Female
Type : OPD
TPA/Corporate : MEDIWHEEL PVT LTD

Bill Date : 11/04/2024
Reporting Date : 11/04/2024
Sample ID : 271053
Bill/Req. No. : 25280353
Ref Doctor : Dr.RMO

Test	Result	Bio. Ref. Interval	Units	Method
BLOOD SUGAR FASTING				
PLASMA GLUCOSE FASTING	91.7	60 - 110	mg/dl	GOD TRINDERS

***** END OF THE REPORT *****



Sample no.

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MBBS, MD (PATHOLOGY)

Dr. ISHA RASTOGI
MD, MBBS MICROBIOLOGY
CONSULTANT CLINICAL MICROBIOLOGIST

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DEPARTMENT OF BIOCHEMISTRY

Patient Name : Mrs. AARUSHI GERA
MR No : 698392
Age/Sex : 28 Years / Female
Type : OPD
TPA/Corporate : MEDIWHEEL PVT LTD

Bill Date : 11/04/2024
Reporting Date : 11/04/2024
Sample ID : 271255
Bill/Req. No. : 25280353
Ref Doctor : Dr.RMO

Test	Result	Bio. Ref. Interval	Units	Method
BLOOD SUGAR 2 HR. PP				
BLOOD SUGAR P.P.	123	80 - 150	mg/dl	

***** END OF THE REPORT *****



Sample no.

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DEPARTMENT OF PATHOLOGY

Patient Name : Mrs. AARUSHI GERA
MR No : 698392
Age/Sex : 28 Years / Female
Type : OPD
TPA/Corporate : MEDIWHEEL PVT LTD

Bill Date : 11/04/2024
Reporting Date : 11/04/2024
Sample ID : 271053
Bill/Req. No. : 25280353
Ref Doctor : Dr.RMO

Test	Result	Bio. Ref. Interval	Units	Method
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URINE ROUTINE AND MICROSCOPY

PHYSICAL CHARACTERISTICS

QUANTITY	40ml	5 - 100	ml	
COLOUR	Pale Yellow	Pale Yellow		Manual Method
TURBIDITY	Clear	clear		
SPECIFIC GRAVITY	1.010	1.000-1.030		urinometer
PH - URINE	7.0	5.0 - 9.0		PH PAPER

CHEMICAL EXAMINATION-1

UROBILINOGEN	Negative	NIL		Ehrlich
URINE PROTEIN	Absent	NIL	mg/dl	Protein error indicator
BLOOD	NIL	NIL		
URINE BILIRUBIN	NIL	NIL		
GLUCOSE	NIL	NIL	mg/dL	GOD-POD/Benedicts
URINE KETONE	NIL	NIL		SOD.

MICRO.EXAMINATION

PUS CELL	2-4	0-5	cells/hpf	Microscopic
RED BLOOD CELLS	NIL	0-2	cells/hpf	
EPITHELIAL CELLS	1-2	0-5	cells/hpf	
CASTS	NIL	NIL	/lpf	
CRYSTALS	NIL	NIL	/Lpf	
OTHER	NIL			

AMORPHOUS URINE	Absent			MicroScopy
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***** END OF THE REPORT *****



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DEPARTMENT OF HAEMATOLOGY

Patient Name : Mrs. AARUSHI GERA
MR No : 698392
Age/Sex : 28 Years / Female
Type : OPD
TPA/Corporate : MEDIWHEEL PVT LTD

Bill Date : 11/04/2024
Reporting Date : 12/04/2024
Sample ID : 271053
Bill/Req. No. : 25280353
Ref Doctor : Dr.RMO

Test	Result	Bio. Ref. Interval	Units	Method
BLOOD GROUPING AND RH FACTOR				
BLOOD GROUP	" B " RH POSITIVE			ABO/Rh (D) SLIDE

***** END OF THE REPORT *****



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DEPARTMENT OF HAEMATOLOGY

Patient Name : Mrs. AARUSHI GERA
MR No : 698392
Age/Sex : 28 Years / Female
Type : OPD
TPA/Corporate : MEDIWHEEL PVT LTD

Bill Date : 11/04/2024
Reporting Date : 11/04/2024
Sample ID : 271053
Bill/Req. No. : 25280353
Ref Doctor : Dr.RMO

Test	Result	Bio. Ref. Interval	Units	Method
CBC				
HAEMOGLOBIN	12.4	12 - 15	gm/dL	COLORIMETRY
TOTAL LEUCOCYTE COUNT	6870	4000-11000	/ μ L	LASER FLOW
DIFFERENTIAL COUNT				
NEUTROPHILS	68	40.0 - 70.0	%	FLOW CYTOMETRY
LYMPHOCYTES	24	20.0 - 40.0	%	FLOW CYTOMETRY
MONOCYTES	06	3.0 - 8.0	%	FLOW CYTOMETRY
EOSINOPHILS	02	0.5 - 5.0	%	FLOW CYTOMETRY
BASOPHILS	00	0.0 - 2.0	%	FLOW CYTOMETRY
RED BLOOD CELL COUNT	4.29	3.5 - 5.5	millions/ μ L	ELECTRICAL
PACKED CELL VOLUME	38.6	35.0 - 50.0	%	ELECTRICAL
MEAN CORPUSCULAR VOLUME	90.0	83 - 101	fL	ELECTRICAL
MEAN CORPUSCULAR HAEMOGLOBIN	28.9	27 - 31	Picogrammes	CALCULATED
MEAN CORPUSCULAR HB CONC	32.1	33 - 37	g/dl	CALCULATED
PLATELET COUNT	214	150 - 450	thou/ μ L	ELECTRICAL
RDW	13.0	11.6 - 14.5	%	CALCULATED
SAMPLE TYPE FOR C.B.C	Whole Blood EDTA			

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the **health** care providers



DEPARTMENT OF HAEMATOLOGY

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MR No : 698392
Age/Sex : 28 Years / Female
Type : OPD
TPA/Corporate : MEDIWHEEL PVT LTD

Bill Date : 11/04/2024
Reporting Date : 13/04/2024
Sample ID : 271053
Bill/Req. No. : 25280353
Ref Doctor : Dr.RMO

Test	Result	Bio. Ref. Interval	Units	Method
ESR (WESTERGREN)				
E.S.R .1ST HRS.	24	<i>H</i> 0 - 20	mm/Hr.	Westergren
Method : (Capillary photometry)				

- Note** :
1. C-Reactive Protein (CRP) is the recommended test in acute inflammatory conditions.
 2. Test conducted on EDTA whole blood at 37C.
 3. ESR readings are auto- corrected with respect to Hematocrit (PCV) values.

***** END OF THE REPORT *****



Sample no.

for
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DEPARTMENT OF MICROBIOLOGY

Patient Name :	Mrs. AARUSHI GERA	Bill Date :	11/04/2024
MR No :	698392	Reporting Date :	13/04/2024
Age/Sex :	28 Years / Female	Sample ID :	271053
Type :	OPD	Bill/Req. No. :	25280353
TPA/Corporate :	MEDIWHEEL PVT LTD	Ref Doctor :	Dr.RMO

Test	Result	Bio. Ref. Interval	Units	Method
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URINE C/S

NAME OF SPECIMEN	Urine (Uncentrifuged)	
ORGANISM IDENTIFIED	NO ORGANISM GROWN IN CULTURE AFTER 48 HRS OF INCUBATION AT 37 C DEGREE.	Aerobic culture

Method : .

Note : URINE CULTURE :
Presence of >105 cfu/ml (100000) in midstream urine sample is considered clinically significant. However in symptomatic, immune-compromised or diabetic patients & patients with indwelling catheters, even a smaller count of bacteria may signify infection (100-10000cfu/ml). Kindly correlate clinically

***** END OF THE REPORT *****



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DEPARTMENT OF IMMUNOLOGY

Patient Name : Mrs. AARUSHI GERA
MR No : 698392
Age/Sex : 28 Years / Female
Type : OPD
TPA/Corporate : MEDIWHEEL PVT LTD

Bill Date : 11/04/2024
Reporting Date : 11/04/2024
Sample ID : 271053
Bill/Req. No. : 25280353
Ref Doctor : Dr.RMO

Test	Result	Bio. Ref. Interval	Units	Method
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THYROID PROFILE

TRI-IODOTHYRONINE (T3)	1.05	0.60 - 1.81	ng/ml	Chemiluminescence
THYROXINE (T4)	9.4	5.01 - 12.45	µg/dL	Chemiluminescence
THYROID STIMULATING HORMONE	3.75	0.5-5.50 ,	µIU/ml	
SPECIMEN TYPE	SERUM			

Method : chemiluminescent immunoassay

Note : Clinical Significance:

Thyroid function tests (TFTs) is a collective term for blood tests used to check the function of the thyroid. TFTs may be requested if a patient is thought to suffer from hyperthyroidism (overactive thyroid) or hypothyroidism (underactive thyroid), or to monitor the effectiveness of either thyroid-suppression or hormone replacement therapy. It is also requested routinely in conditions linked to thyroid disease, such as atrial fibrillation and anxiety disorder. A TFT panel typically includes thyroid hormones such as thyroid-stimulating hormone (TSH, thyrotropin) and thyroxine (T4), and triiodothyronine (T3) depending on local laboratory policy.

Note: Please correlate with clinical condition

***** END OF THE REPORT *****



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DEPARTMENT OF BIOCHEMISTRY

Patient Name : Mrs. AARUSHI GERA
MR No : 698392
Age/Sex : 28 Years / Female
Type : OPD
TPA/Corporate : MEDIWHEEL PVT LTD

Bill Date : 11/04/2024
Reporting Date : 11/04/2024
Sample ID : 271053
Bill/Req. No. : 25280353
Ref Doctor : Dr.RMO

Test	Result	Bio. Ref. Interval	Units	Method
LFT (LIVER FUNCTION TEST)				
LFT				
TOTAL BILIRUBIN	0.59	0 - 1.2	mg/dL	DIAZO
DIRECT BILIRUBIN	0.27	0 - 0.4	mg/dL	DIAZO
INDIRECT BILIRUBIN	0.32	0.10 - 0.6	mg/dL	CALCULATED
SGOT (AST)	33.4	0 - 45	U/L	IFCC WITHOUT
SGPT (ALT)	35.6	0 - 45	U/L	IFCC WITHOUT
ALKALINE PHOSPHATASE	94.5	30 - 170	IU/L	MODIFIED IFCC
TOTAL PROTEINS	7.3	6.4 - 8.0	g/dL	BIURET
ALBUMIN	3.6	3.3 - 5.5	g/dL	BCG DYE
GLOBULIN	3.7	2.3 - 4.5	g/dL	CALCULATED
A/G RATIO	0.97	L 1.1 - 2.2		CALCULATED
SAMPLE TYPE:	SERUM			

***** END OF THE REPORT *****



Sample no.

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Sample ID : 271053
Bill/Req. No. : 25280353
Ref Doctor : Dr.RMO

Test	Result	Bio. Ref. Interval	Units	Method
KFT (RENAL PROFILE)				
KFT				
SERUM UREA	17.6	10 - 45	mg/dL	
SERUM CREATININE	0.7	0.4 - 1.4	mg/dL	MODIFIED JAFFES
SERUM URIC ACID	6.2	2.5 - 7.0	mg/dL	URICASE
SERUM SODIUM	137	135 - 150	mmol/L	ISE
SERUM POTASSIUM	4.0	3.5 - 5.5	mmol/L	ISE
SERUM CALCIUM	8.6	8.5 - 10.5	mg/dL	ARSENAZO III
SERUM PHOSPHORUS	2.7	2.5 - 4.5	mg/dL	AMMONIUM
SAMPLE TYPE:	SERUM			

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Ref Doctor : Dr.RMO

Test	Result	Bio. Ref. Interval	Units	Method
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LIPID PROFILE

LIPID PROFILE

TOTAL CHOLESTEROL	183.2	0 - 250	mg/dL	CHOD -Trinder
SERUM TRIGLYCERIDES	115.8	60 - 165	mg/dl	GPO-TRINDER
HDL-CHOLESTEROL	48.3	30 - 70	mg/dl	DIRECT
VLDL CHOLESTEROL	23.16	6 - 32	mg/dL	calculated
LDL	111.74	50 - 135	mg/dl	calculated
LDL CHOLESTEROL/HDL RATIO	2.31	1.0 - 3.0	mg/dL	calculated
TOTAL CHOLESTEROL/HDL RATIO	3.79	2.0 - 5.0	mg/dl	calculated

SAMPLE TYPE: SERUM

Note : ATP III Guidelines At-A-Glance Quick Desk Reference

Step 1 - Determine lipoprotein levels obtain complete lipoprotein profile after 9- to 12-hour fast.

ATP III Classification of LDL, Total, and HDL Cholesterol (mg/dL):-

LDL Cholesterol Primary Target of Therapy
 <100 Optimal
 130-159 Borderline high
 >190 Very high.

Total Cholesterol
 <200 Desirable
 200-239 Borderline high
 >240 High

HDL Cholesterol
 <40 Low
 >60 High

***** END OF THE REPORT *****



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the health care providers

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DEPARTMENT OF RADIOLOGY

Patient Name	Mrs. AARUSHI GERA	Billed Date	: 11/04/2024
Reg No	698392	Reported Date	: 11/04/2024
Age/Sex	28 Years / Female	Req. No.	: 25280353
Type	OPD	Consultant Doctor	: Dr. RMO

X-RAY CHEST AP/PA

Bilateral lungs appears normal.

No focal lung lesion seen.

No evidence of free fluid is seen.

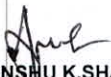
Both hila are normal in size, have equal density and bear normal relationship.

The heart and trachea are central in position and no mediastinal abnormality is visible.

The cardiac size is normal for patient age and view.

The domes of the diaphragms are normal in position, and show smooth outline.

To be correlated clinically


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Reg No	698392	Reported Date	: 11/04/2024
Age/Sex	28 Years / Female	Req. No.	: 25280353
Type	OPD	Consultant Doctor	: Dr. RMO

USG WHOLE ABDOMEN

The real time, B mode, gray scale sonography of the abdominal organs was performed.

LIVER : The liver is normal in size 13.8cm shape and echotexture. No evidence of any focal lesion. IHBR is not dilated.

GALL BLADDER : The gall bladder is well distended. No evidence any calculus or mass seen. GB wall thickness within normal limits. No evidence of pericholecystic fluid is seen.

BILE DUCT : The common bile duct is normal in caliber. No evidence of calculus is noted in common bile duct.

SPLEEN : The spleen is normal in size 9.3cm and shape. Its echotexture is homogeneous. No evidence of focal lesion is noted.

PANCREAS : The pancreas is normal in size, shape, contours and echotexture. No evidence of solid or cystic mass lesion is noted. MPD is not dilated. No evidence of peripancreatic collection.

KIDNEYS : The bilateral kidneys are normal in size and echotexture. Cortico-medullary differentiation is maintained. There is no evidence of obvious calculus or hydronephrosis.

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.

UTERUS : The uterus is anteverted. It measures 6.5x4.1x4.2 cms. in the longitudinal, anteroposterior and transverse dimensions respectively. The uterine margins are smooth and does not reveal any contour abnormalities.

The uterine myometrium shows homogeneous echotexture.

No evidence of leiomyoma is noted. No solid or cystic mass lesion is noted.

The endometrial echo is in the midline and measures 8.1mm.

The ovaries on the either side show normal echotexture.

No adnexal mass is seen. No cyst is seen in ovaries.

No evidence of ascites or interbowel free fluid is seen.

No evidence of obvious retroperitoneal or mesenteric lymphadenopathy is seen.

Bowel loop distended with gas.

(This is only professional opinion and not the diagnosis, please correlate clinically)

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IMPRESSION- No obvious abnormalities noted.

To be correlated clinically.



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CONSULTANT RADIOLOGIST
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NAME	: MRS. AARUSHI GERA	DATE	: 11 / 4 / 2024
Age Sex	: 28 Years / Female	Inpatient No	: 698392
PERFORMED BY	: Dr. SWATI SINGH	BILL NO.	: 25280353

TRANS THORACIC ECHO CARDIOGRAPHY REPORT

MITRAL VALVE

Morphology AML: Normal / Thickening / Calcification / Flutter / Vegetation / Non significant Prolapse / SAM
PML: Normal / Thickening / Calcification / Prolapse / Paradoxical Motion / Fixed.
Subvalvular deformity: Present / Absent

Doppler Normal / Abnormal
Mitral Stenosis Present / Absent
Mitral Regurgitation; Absent / Normal / Mild / Trace / Moderate / Severe

TRICUSPID VALVE

Morphology Normal / Atresia / Thickening / Calcification / Prolapse / Vegetation / Doming.
Doppler Normal / Abnormal
Tricuspid Stenosis: Present / Absent.
Tricuspid Regurgitation: Absent / Mild / Trace / Moderate

PULMONARY VALVE

Morphology Normal / Atresia / Thickening / Calcified / Doming / Vegetation.
Doppler Normal / Abnormal.
Pulmonary Stenosis: Present / Absent
Pulmonary regurgitation: Present / Absent

AORTIC VALVE

Morphology Normal / Thickened / Mildly / Calcified / Flutter / Vegetation / Restricted / Opening
No. of Cusps 1 / 2 / 3 / 4
Doppler Normal / Abnormal
Aortic Stenosis : Present / Absent
Aortic regurgitation : Present / Absent / Mild / Trace / Low Moderate / Severe



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<u>Measurements</u>	<u>Normal Values</u>	<u>Measurements</u>	<u>Normal Value</u>
IVSD : 1.0cm	(0.6-1.1cm)	LA : 3.4cm	(1.9-4.0cm)
LVIDd : 4.3cm	(3.7-5.6cm)	AORTA : 2.0cm	(2.0-3.7cm)
LVIDs : 2.3cm		IVSmotion :	Normal / Flat / Paradoxical
EF : 55-60%	(55% - 80%)		
Any Other			

CHAMBERS:-

LV **Normal** / Enlarged / **Clear** / Thrombus /
Contraction Normal LV shows concentric LVH, no gradient across LVOT / Inetic / Intra capillary
Regional wall motion abnormality: **Absent**/ Present

LA **Normal** / Enlarged / Clear / Thrombus / Myxoma; **LAA: Clear** / Thrombus

RA **Normal** / **Clear** / Thrombus, Dilated.

RV **Normal** / Mildly Dilated / Enlarged / **Clear** / Thrombus / Hypertrophied

PERICARDIUM **Normal** / Thickening / Calcification / Effusion.

SUMMARY:-

- All Cardiac Chambers dimensions are within normal limits.
- NO RWMA
- LVEF -55-60%
- NORMAL LV FUNCTION
- LVDD GRADE -I
- NO MR / NO AR / NO TR
- GOOD RV FUNCTION
- IAS/IVS. No Flow seen across IAS/IVS.
- No Thrombus/Mass in any chamber.
- No Pericardial Effusion.

COMMENTS:- Normal LV Function.

Please correlate clinically

Dr. SWATI SINGH

M.D. (Medicine)

D.M. (Cardiology)



Cert. No. H-2016-0369

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