


PATIENT'S NAME - Ipsita Chakraborty DATE - 23/3/24
 AGE/GENDER - 28/F
 DOCTOR'S NAME - Dr. Amrullah Merchant

VISION SCREENING

	RE	RE	LE	LE
	Glasses	UNAIDED	Glasses	UNAIDED
DISTANT		6/12		6/9
NEAR		N/6		N/6
COLOUR				
Recommendations				

VITALS

Pulse - 104 bpm	B.P- 120/80	SpO2 99% - RA
Height 164	Weight - 103	BMI-
Waist - 123	Hip - 122	Waist/Hip Ratio-
Chest - 114	Inspiration-	Expiration-

CENTRE NAME -

SIGN & STAMP-



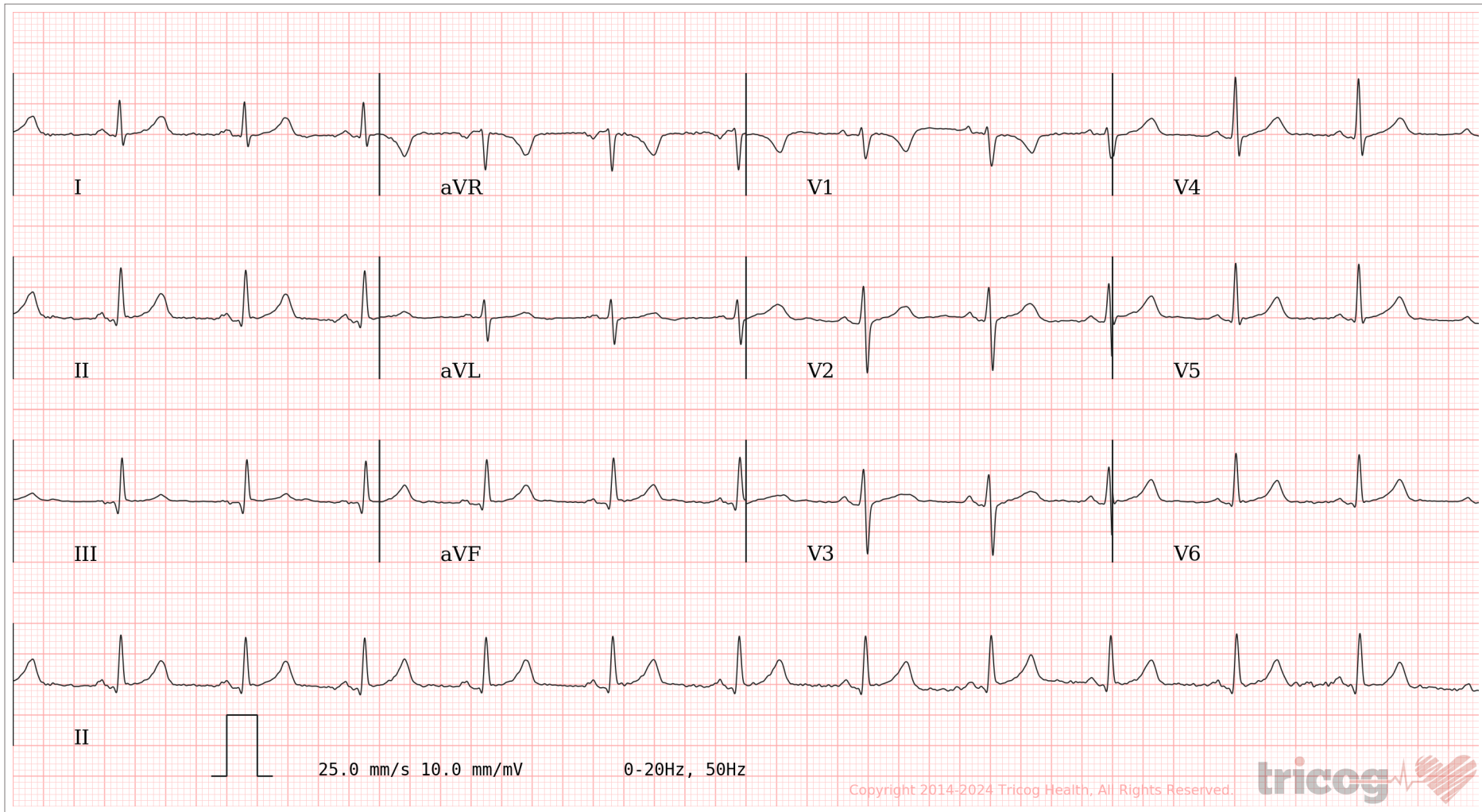
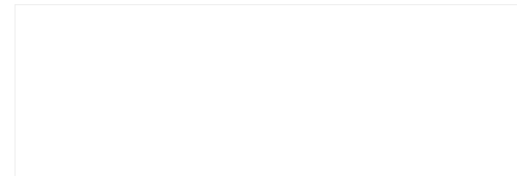


R

IPSITA CHAKRABORTY 27YRS
23/03/2024

Age / Gender: 27/Female
 Patient ID: 0849402
 Patient Name: Ipsita Chakraborty

Date and Time: 23rd Mar 24 12:37 PM
 Referred by: Nitish Kotwal



AR: 73bpm VR: 73bpm QRSD: 90ms QT: 384ms QTcB: 422ms PRI: 132ms P-R-T: 55° NA 51°

ECG Within Normal Limits: Sinus Rhythm. Please correlate clinically.

AUTHORIZED BY



Dr. Charit
MD, DM: Cardiology

63382

REPORTED BY



Dr. Prashant Valecha

MCI 12-45260



भारत सरकार

Government of India



Issue Date: 05/03/2012



इप्सिता कल्याण चक्रवर्ती

Ipsita Kalyan Chakraborty



3210 4214 2511

जन्म तारीख / DOB: 27/06/1996

महिला / Female



3210 4214 2511

मेरा आधार, मेरी पहचान



सत्यमेव जयते

भारतीय विशिष्ट पहचान प्राधिकरण

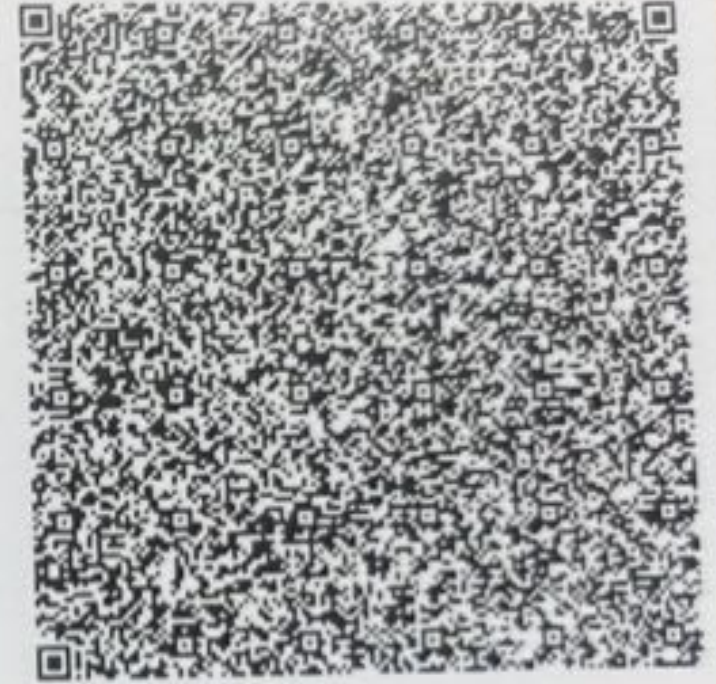
Unique Identification Authority of India



Print Date: 24/09/2021

पत्ता: C/O कल्याण चक्रवर्ती, ई- ४०/०-२, शांतीनिकेतन
सी.एच.एस., मुन्सीपल शाळे समोर, सेक्टर-४, नेरुळ, नवी
मुंबई., नेरुळ नोड-३ सू.ओ, ठाणे, महाराष्ट्र, 400706

Address: C/O Kalyan Chakraborty, E- 40/0-
2, SHANTINIKETAN CHS., OPP
MUNICIPAL SCHOOL, SECTOR- 4,
NERUL, NAVI MUMBAI., Nerul Node-III
S.O, Thane, Maharashtra, 400706



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ER

Technology of cancer care

1 in 17 women develop some form of breast problems in their lifetime. Breast cancer is the most common cancer in women and accounts for 32% of all the cancer cases.

HEALTHSPRING

CERVICAL CANCER isn't just treatable, it's PREVENTABLE


Do You Know?

95% of all deaths from cervical cancer are preventable.

Key to Prevention

Get screened

HEALTHSPRING

 GPS Map Camera

Mumbai, Maharashtra, India

Shri Krishna Complex, KL Walawalkar Marg, Corner of new link road and fun cinemas lane, Veera Desai Industrial Estate, Andheri West, Mumbai, Maharashtra 400053, India
Lat 19.13546°

Long 72.832412°

23/03/24 08:42 AM GMT +05:30

Google

HEALTHSPRING OSHIWARA

IPSITA CHAKRABORTY

I.D. 517

Age 28/F

Date 23/03/2024

RATE 95bpm

B.P. 120/80

PRETEST

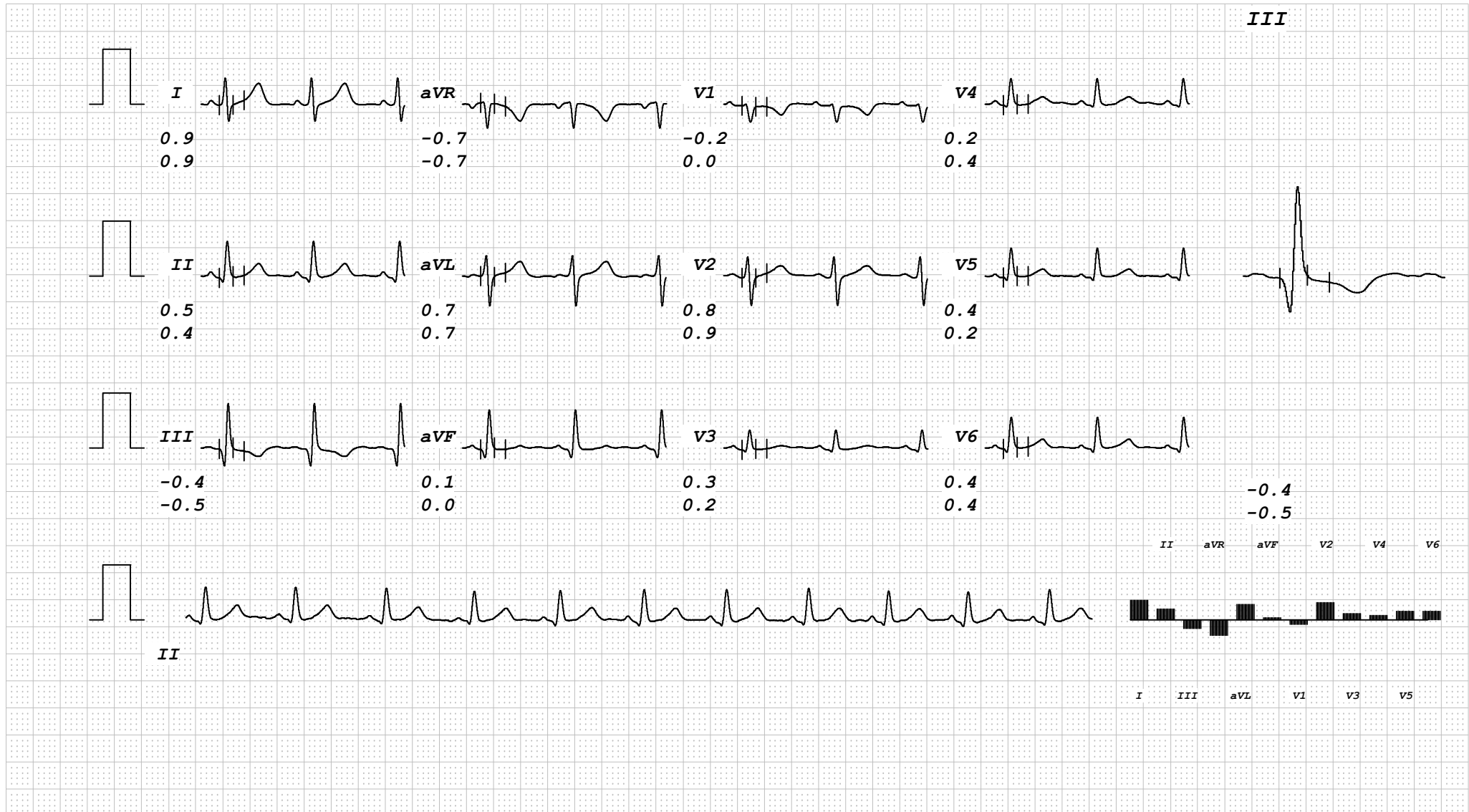
SUPINE

ST @ 10mm/mV

80ms PostJ

LINKED MEDIAN

Mag. X 2



HEALTHSPRING OSHIWARA

IPSITA CHAKRABORTY

I.D. 517

Age 28/F

Date 23/03/2024

RATE 95bpm

B.P. 120/80

PRETEST

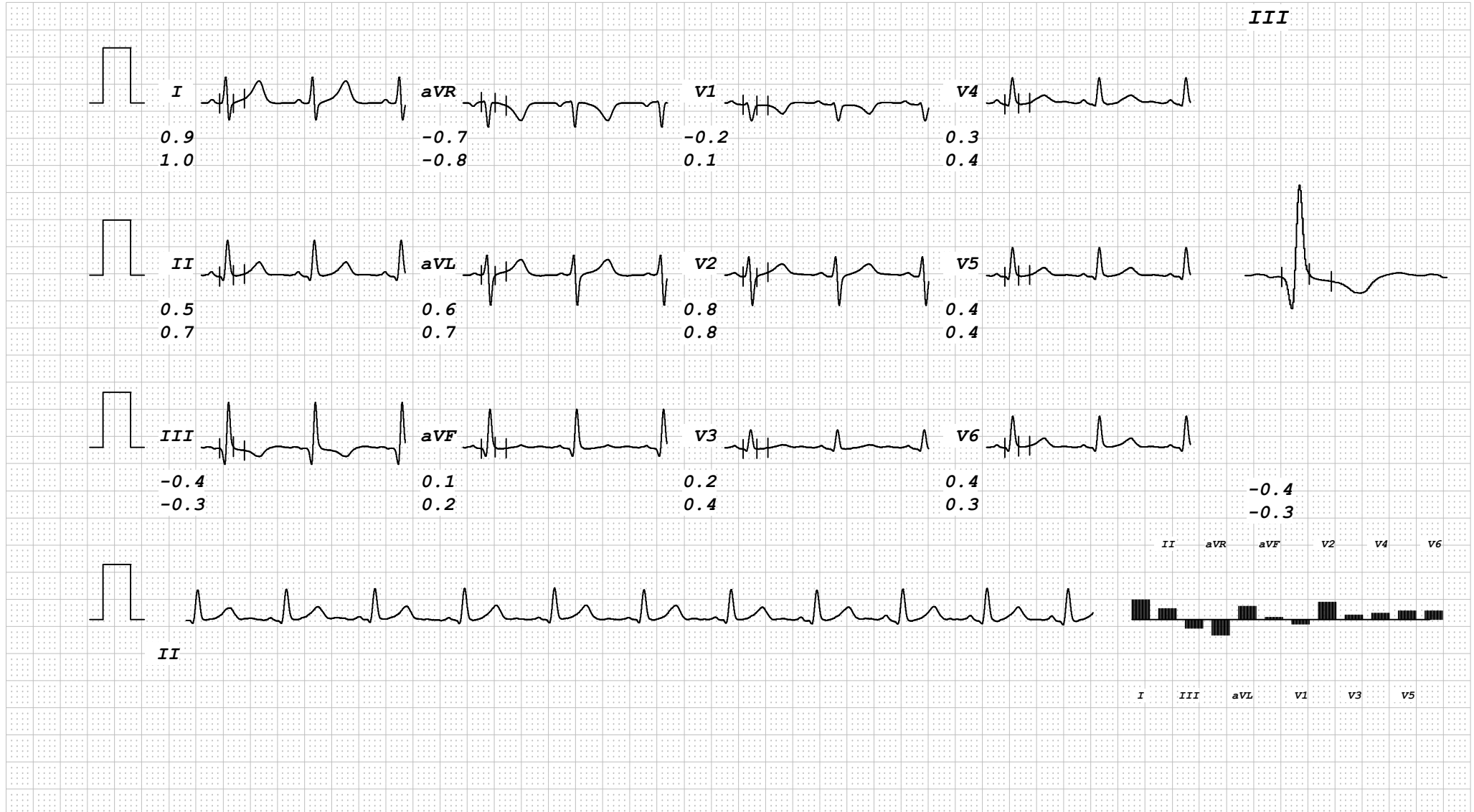
STANDING

ST @ 10mm/mV

80ms PostJ

LINKED MEDIAN

Mag. X 2



HEALTHSPRING OSHIWARA

IPSITA CHAKRABORTY

I.D. 517

Age 28/F

Date 23/03/2024

RATE 100bpm

B.P. 120/80

PRETEST

HYPERVENT

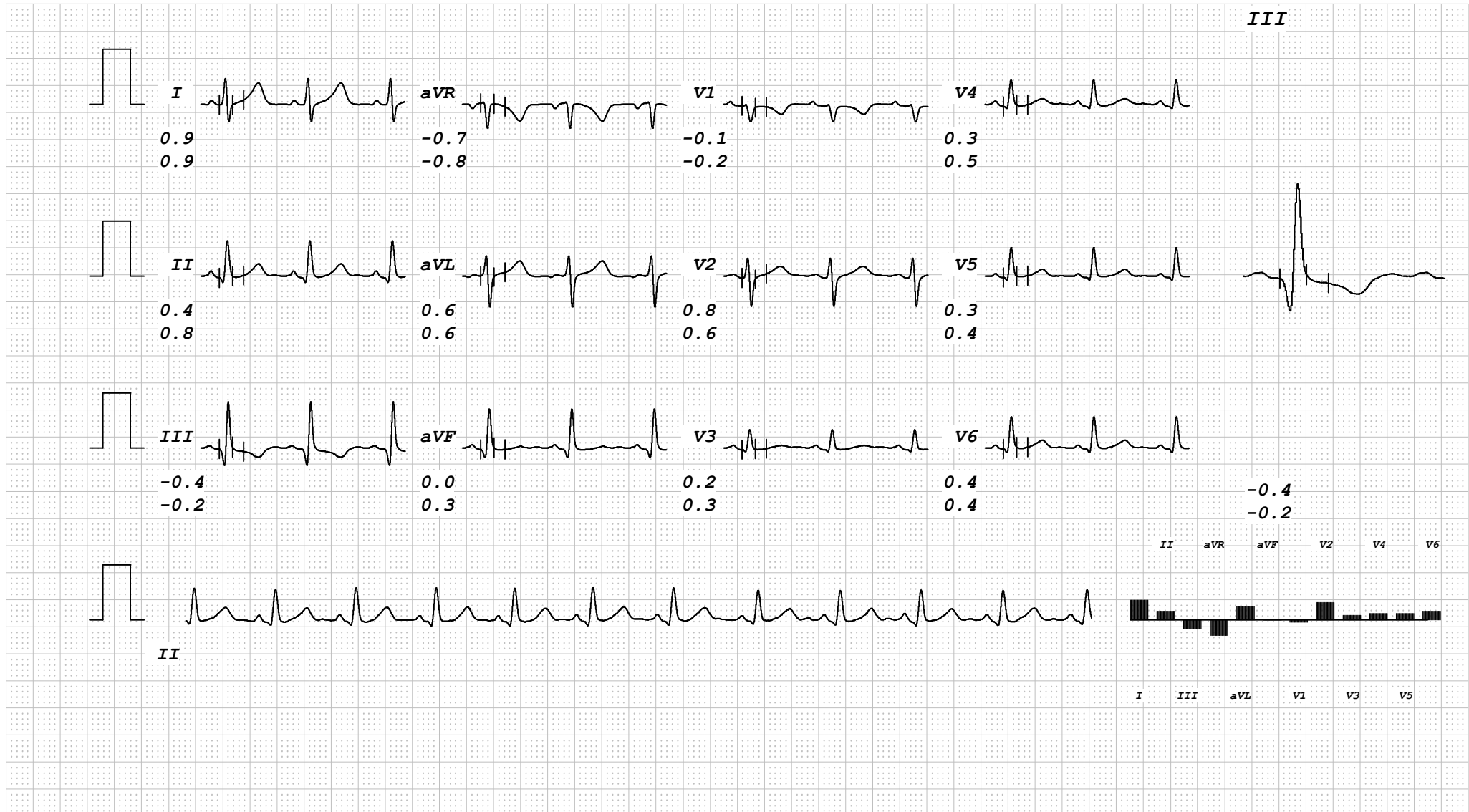
PHASE TIME 0:02

ST @ 10mm/mV

80ms PostJ

LINKED MEDIAN

Mag. X 2



HEALTHSPRING OSHIWARA

IPSITA CHAKRABORTY

I.D. 517

Age 28/F

Date 23/03/2024

RATE 97bpm

B.P. 120/80

PRETEST

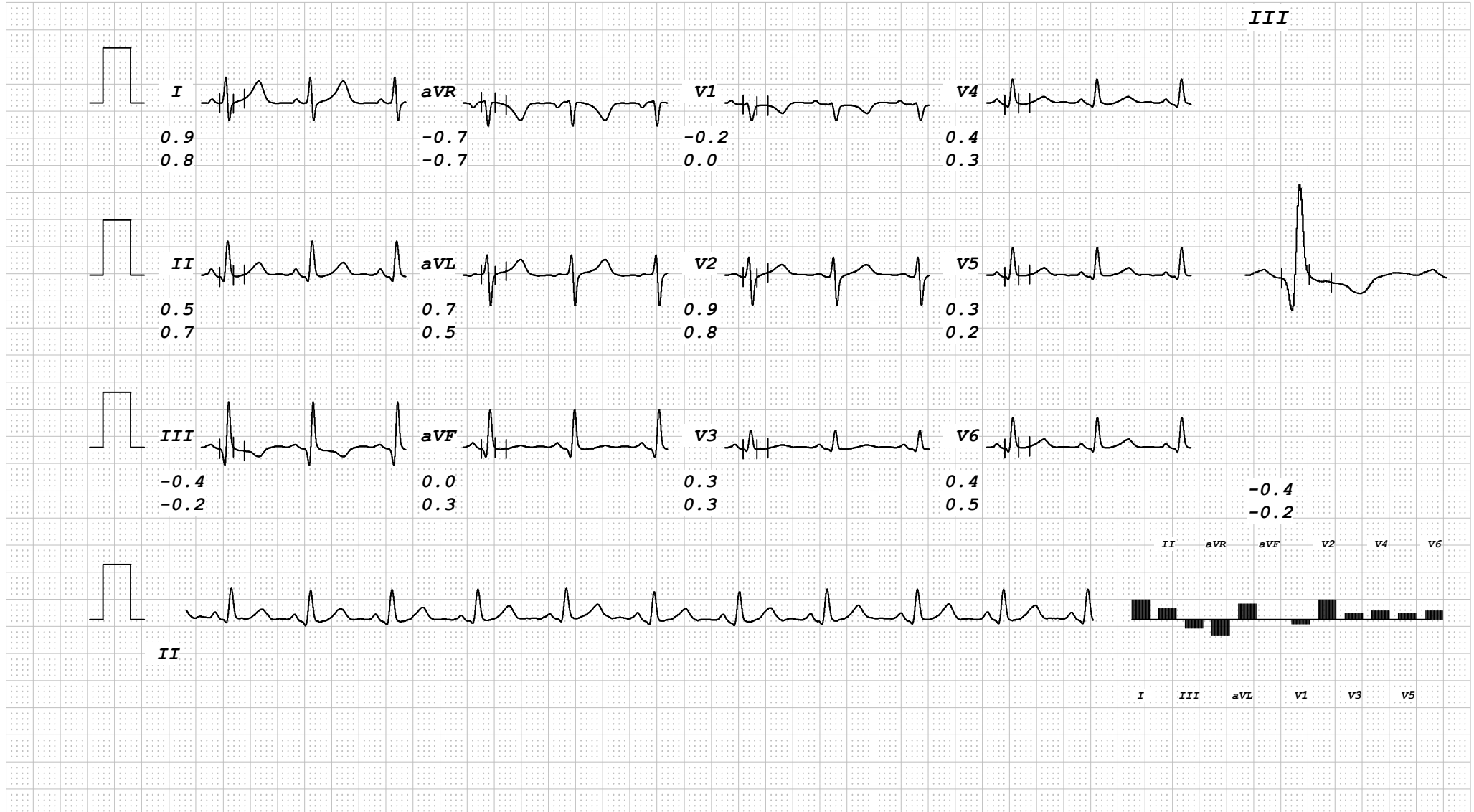
VALSALVA

ST @ 10mm/mV

80ms PostJ

LINKED MEDIAN

Mag. X 2



HEALTHSPRING OSHIWARA

IPSITA CHAKRABORTY

I.D. 517

Age 28/F

Date 23/03/2024

RATE 129bpm

B.P. 130/90

Bruce

Stage 1

TOTAL TIME 2:55

PHASE TIME 2:55

ST @ 10mm/mV

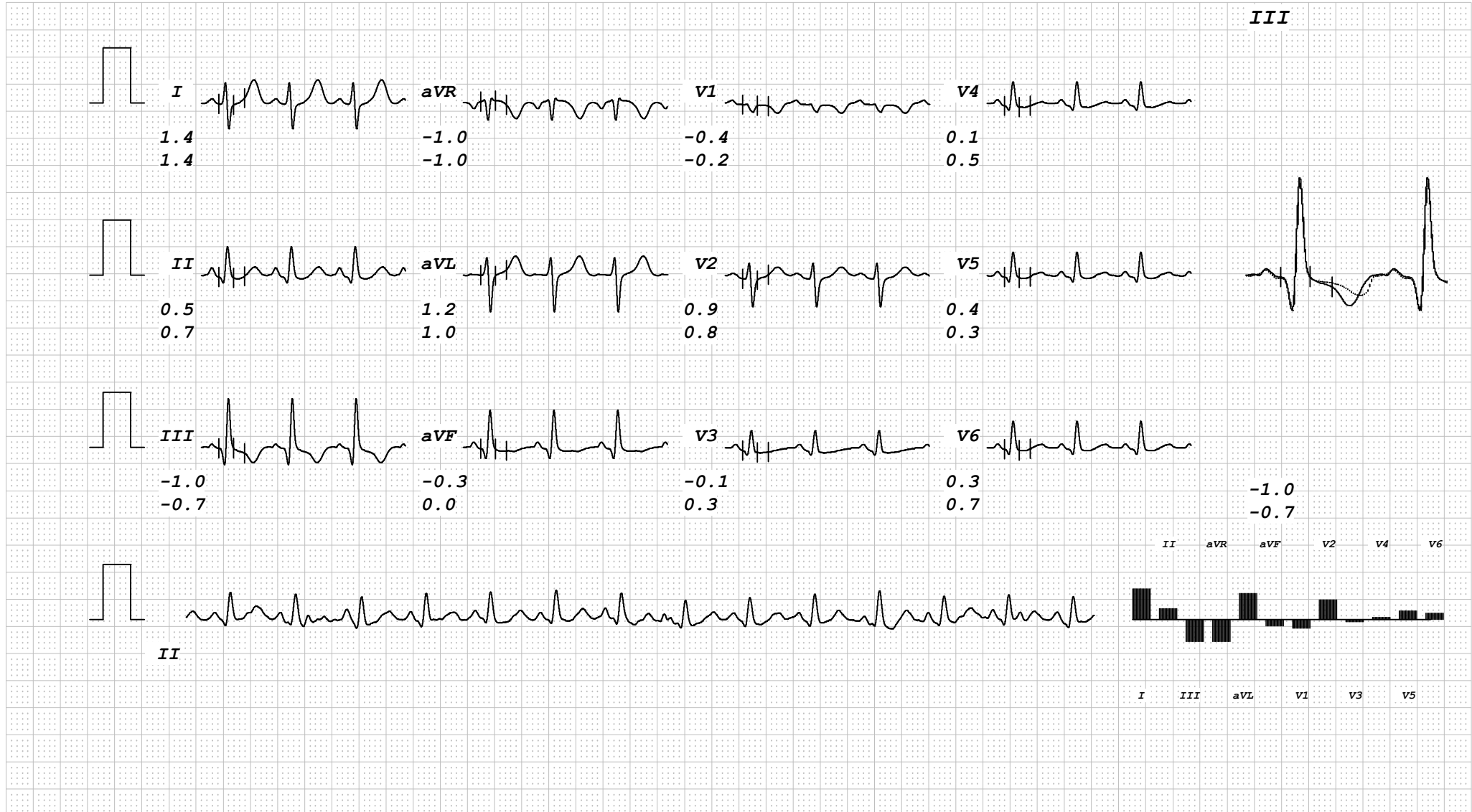
80ms PostJ

Speed 2.7 km/hr

SLOPE 10 %

LINKED MEDIAN

Mag. X 2



HEALTHSPRING OSHIWARA

IPSITA CHAKRABORTY

I.D. 517

Age 28/F

Date 23/03/2024

RATE 147bpm

B.P. 145/100

Bruce

Stage 2

TOTAL TIME 5:55

PHASE TIME 2:55

ST @ 10mm/mV

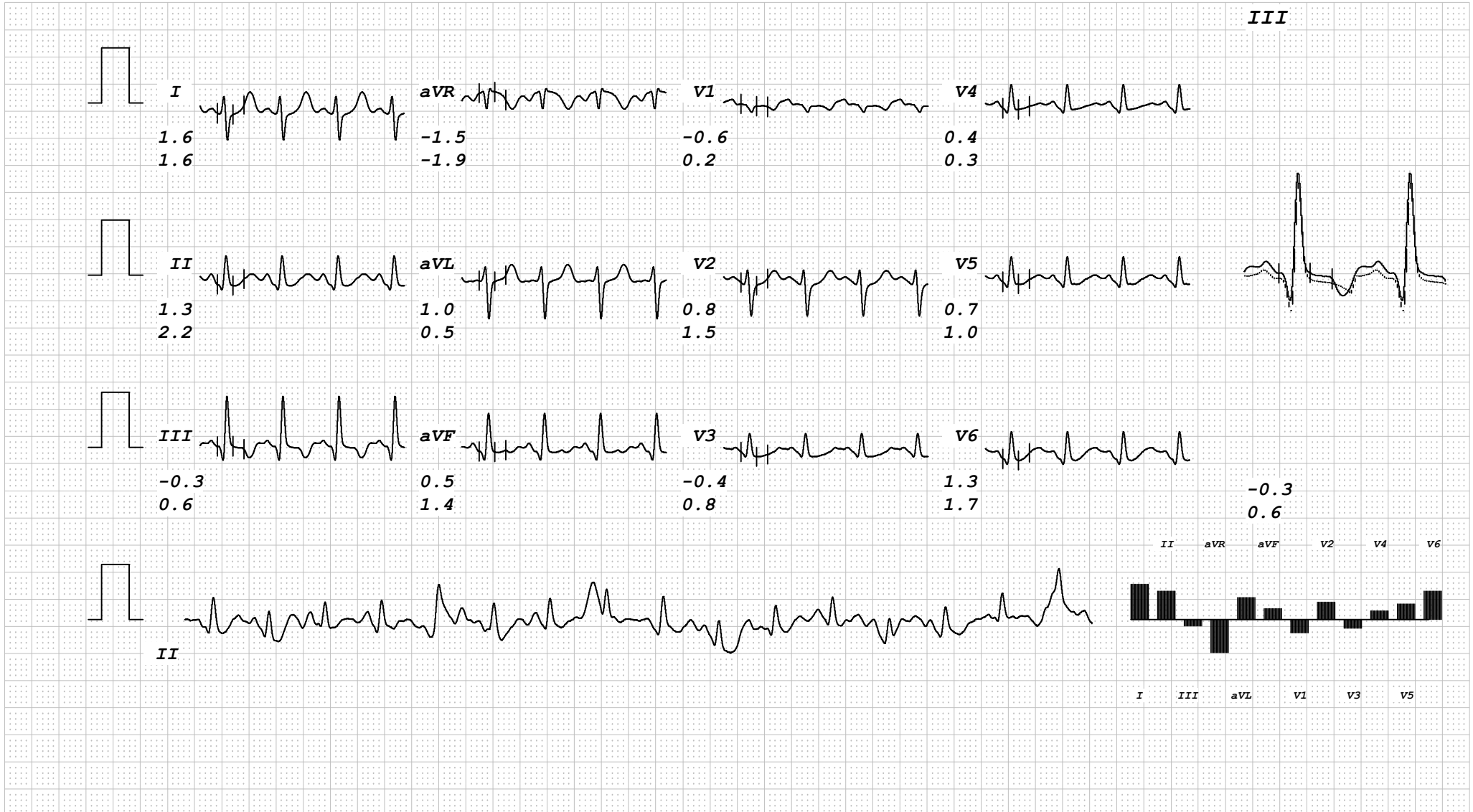
80ms PostJ

Speed 4 km/hr

SLOPE 12 %

LINKED MEDIAN

Mag. X 2



HEALTHSPRING OSHIWARA

IPSITA CHAKRABORTY

I.D. 517

Age 28/F

Date 23/03/2024

RATE 162bpm

B.P. 160/110

Bruce

Stage 3

TOTAL TIME 8:55

PHASE TIME 2:55

ST @ 10mm/mV

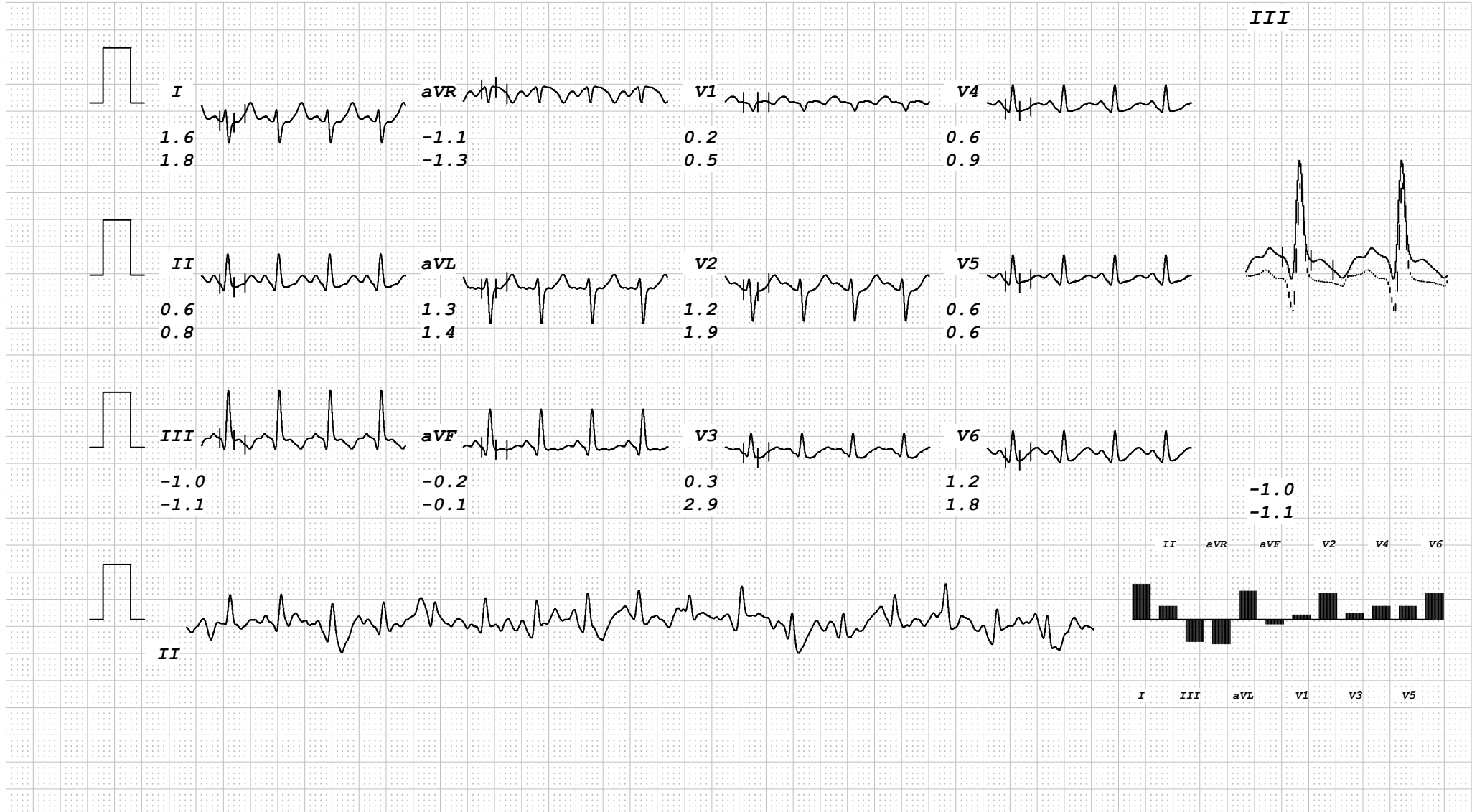
80ms PostJ

Speed 5.4 km/hr

SLOPE 14 %

LINKED MEDIAN

Mag. X 2



HEALTHSPRING OSHIWARA

IPSITA CHAKRABORTY

I.D. 517

Age 28/F

Date 23/03/2024

RATE 166bpm

B.P. 160/110

Bruce

PK-EXERCISE

TOTAL TIME 9:11

PHASE TIME 0:11

ST @ 10mm/mV

80ms PostJ

Speed 6.7 km/hr

SLOPE 16 %

LINKED MEDIAN

Mag. X 2



HEALTHSPRING OSHIWARA

IPSITA CHAKRABORTY

I.D. 517

Age 28/F

Date 23/03/2024

RATE 133bpm

B.P. 170/110

Bruce

RECOVERY

TOTAL TIME 10:16

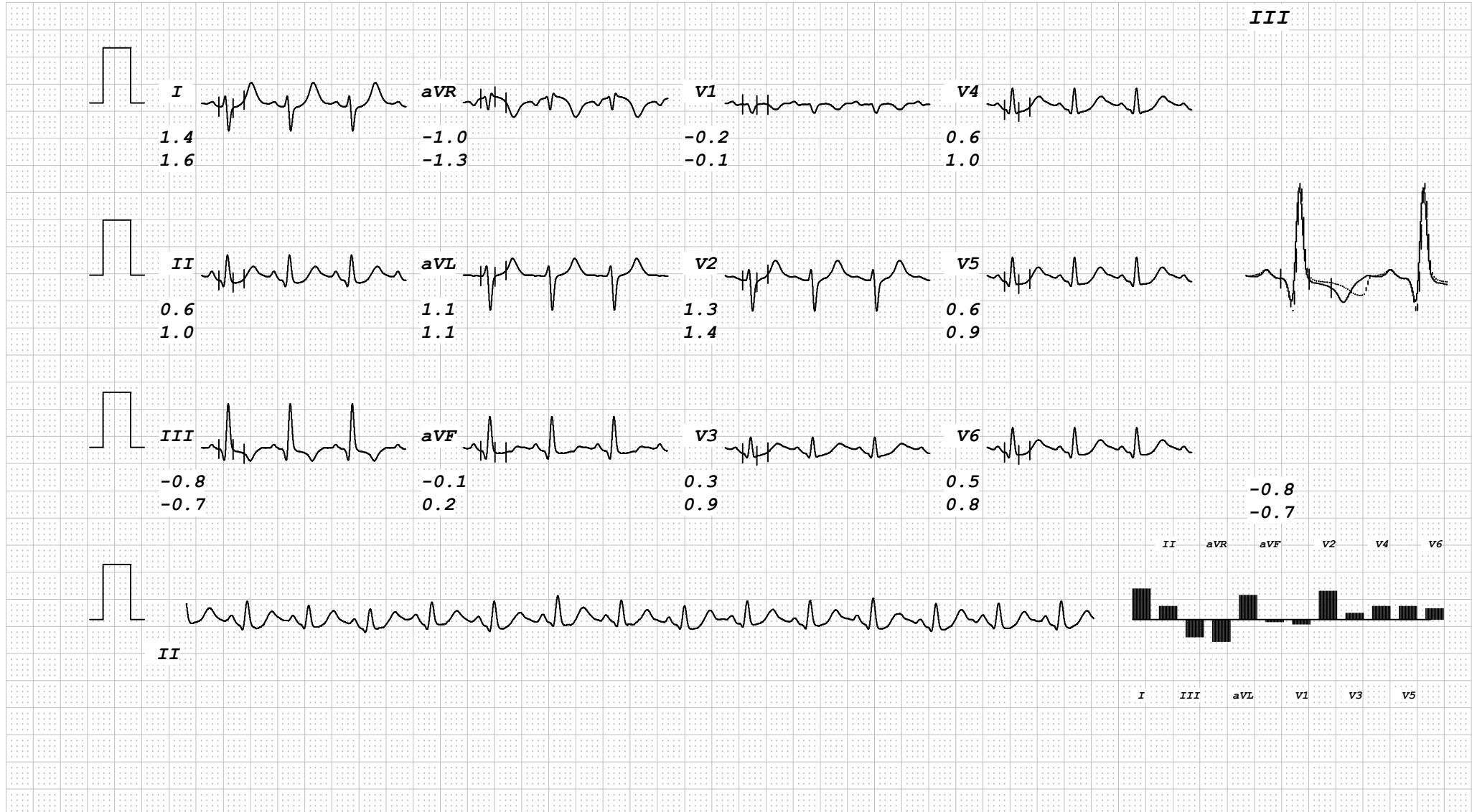
PHASE TIME 0:55

ST @ 10mm/mV

80ms PostJ

LINKED MEDIAN

Mag. X 2



HEALTHSPRING OSHIWARA

IPSITA CHAKRABORTY

I.D. 517

Age 28/F

Date 23/03/2024

RATE 116bpm

B.P. 140/80

Bruce

RECOVERY

TOTAL TIME 11:16

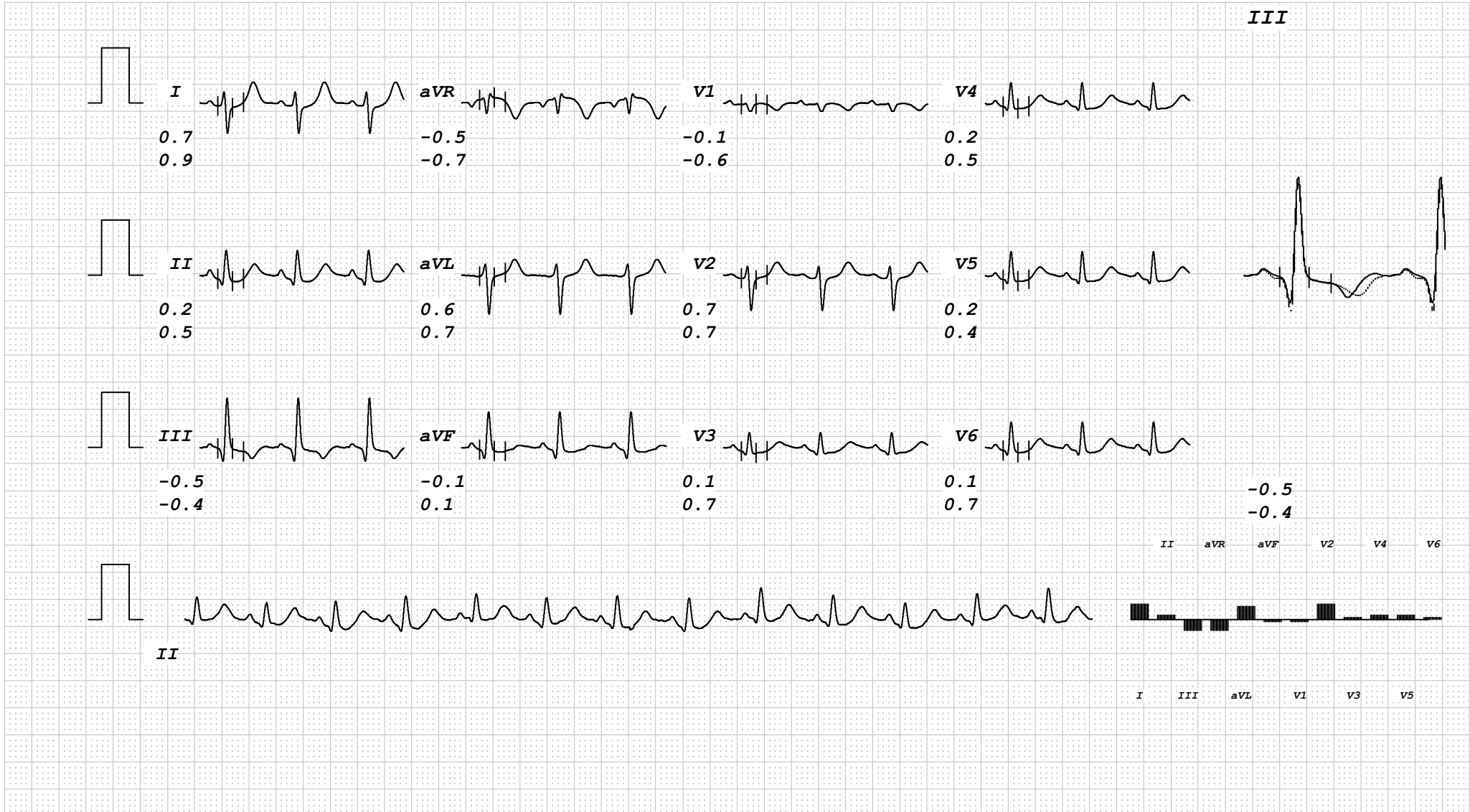
PHASE TIME 1:55

ST @ 10mm/mV

80ms PostJ

LINKED MEDIAN

Mag. X 2



HEALTHSPRING OSHIWARA

IPSITA CHAKRABORTY

I.D. 517

Age 28/F

Date 23/03/2024

RATE 112bpm

B.P. 120/80

Bruce

RECOVERY

TOTAL TIME 12:16

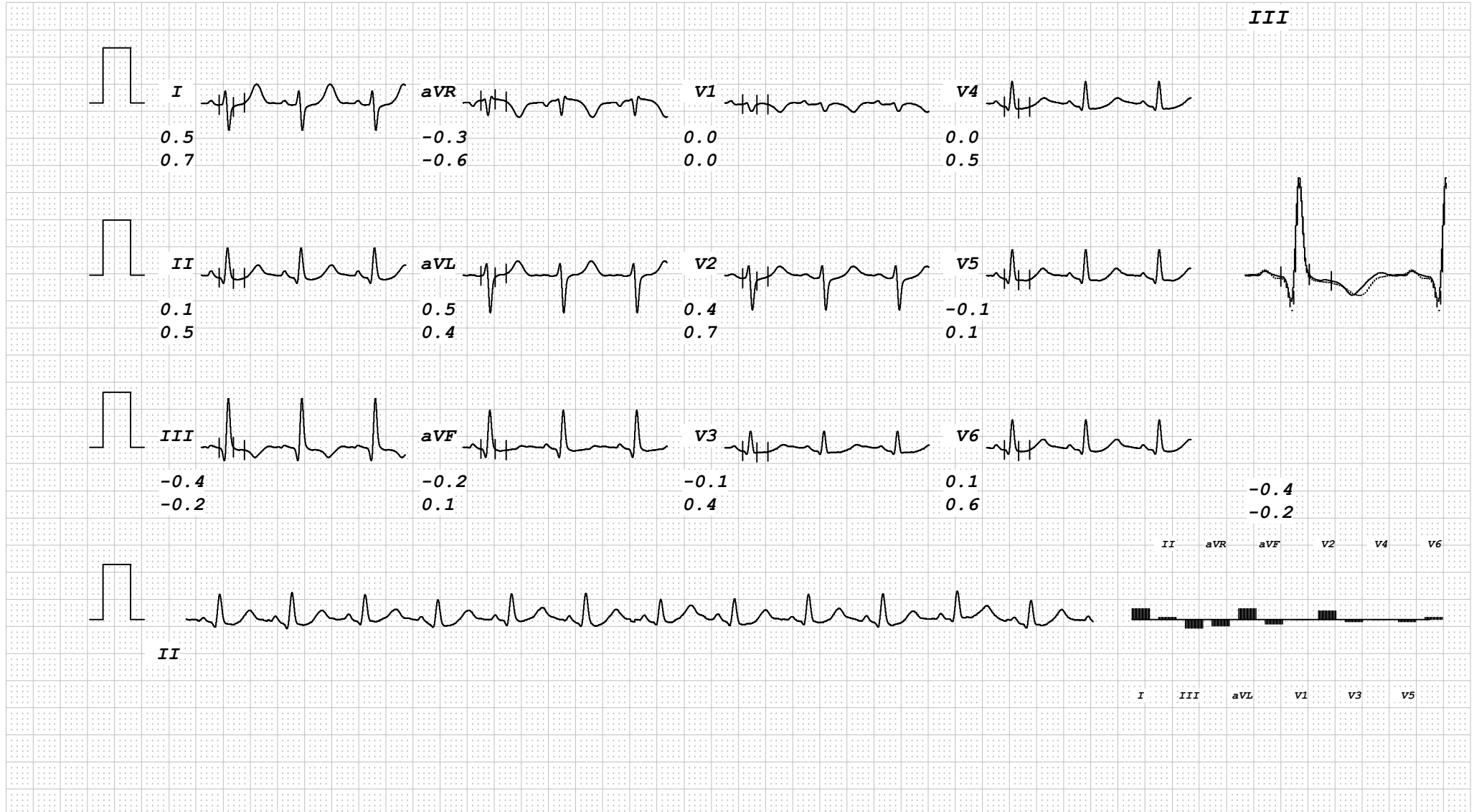
PHASE TIME 2:55

ST @ 10mm/mV

80ms PostJ

LINKED MEDIAN

Mag. X 2



HEALTHSPRING OSHIWARA

IPSITA CHAKRABORTY

I.D. 517

Age 28/F

Date 23/03/2024

RATE 107bpm

B.P. 120/80

Bruce

RECOVERY

TOTAL TIME 13:16

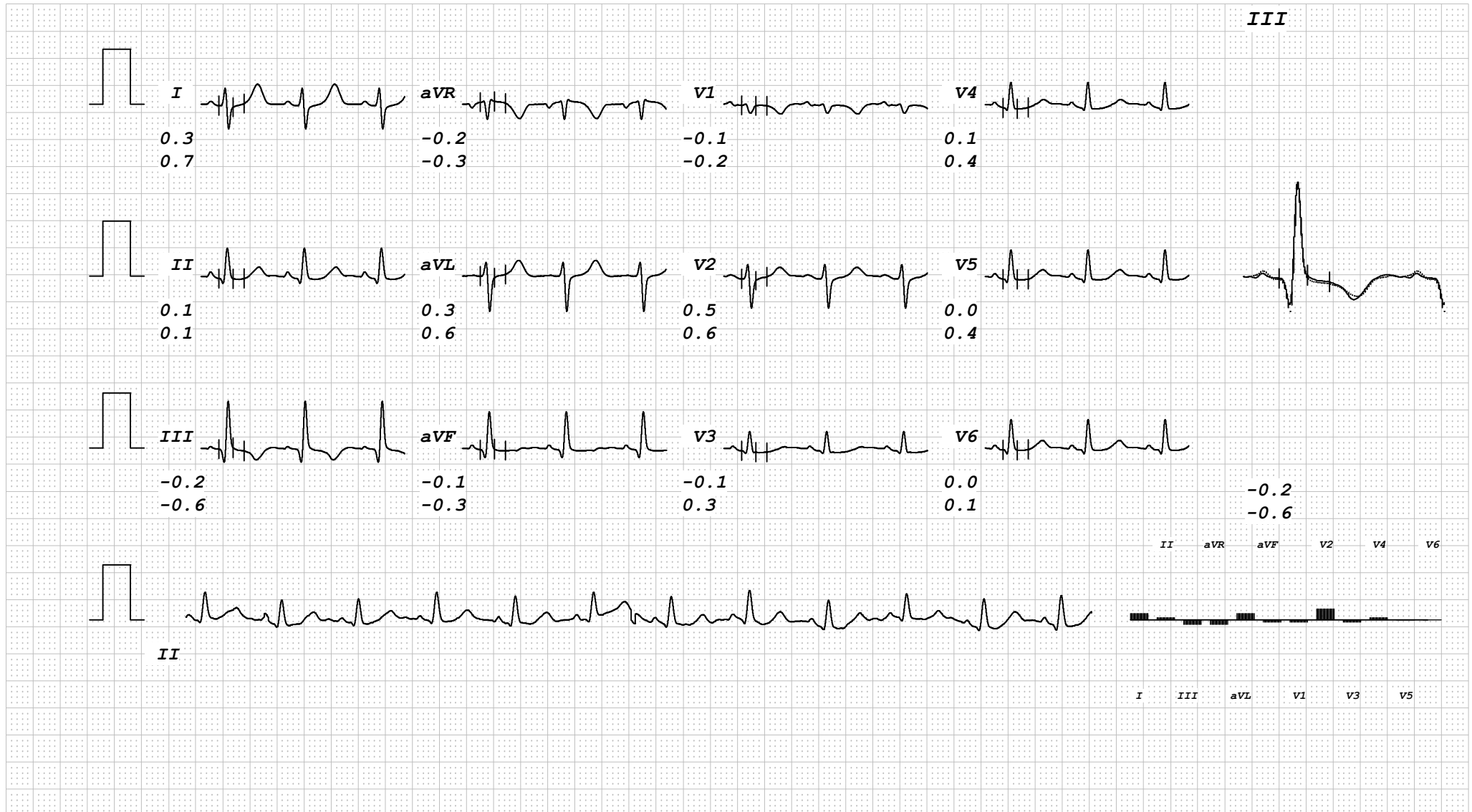
PHASE TIME 3:55

ST @ 10mm/mV

80ms PostJ

LINKED MEDIAN

Mag. X 2



HEALTHSPRING OSHIWARA

IPSITA CHAKRABORTY

I.D. 517

Age 28/F

Date 23/03/2024

RATE 111bpm

B.P. 120/80

Bruce

RECOVERY

TOTAL TIME 14:16

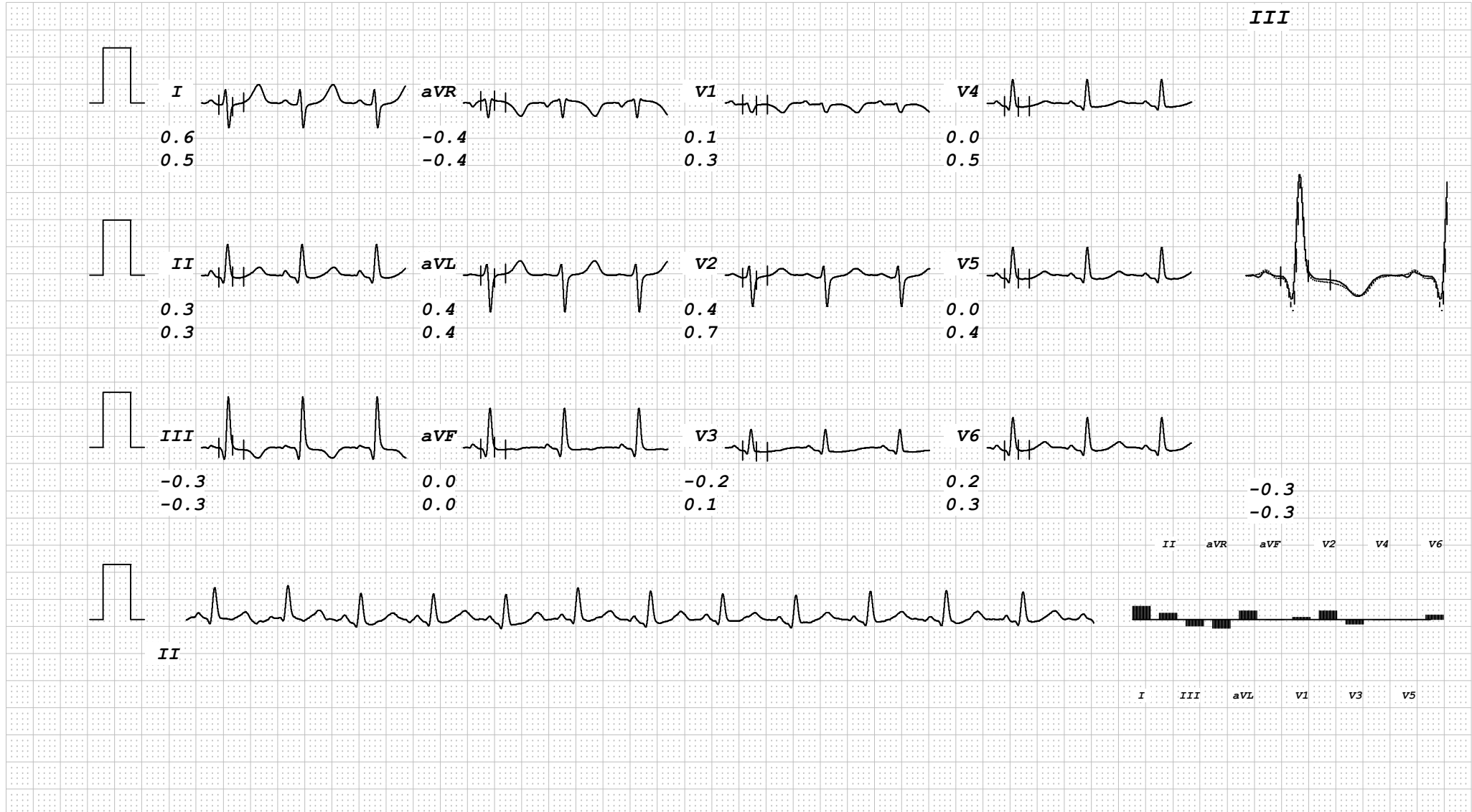
PHASE TIME 4:55

ST @ 10mm/mV

80ms PostJ

LINKED MEDIAN

Mag. X 2



Patient Name : Mrs. Ipsita Chakraborty
Age / Gender : 27 Y / Female
Referred By : Dr. Amatullah Merchant
SID No. : 40013416

Reg.Date / Time : 23/03/2024 / 11:34:43
Report Date / Time : 23/03/2024 / 21:23:05
MR No. : 0849402

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Final Test Report

Specimen	Test Name / Method	Result	Units	Biological Reference Interval
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HAEMATOLOGY

COMPLETE BLOOD COUNT WITH PLATELETS

EDTA WHOLE BLOOD

HAEMOGLOBIN, RED CELL COUNT & INDICES

HAEMOGLOBIN (Spectrophotometry)	13.6	gm%	12.0-15.0
PCV (Electrical Impedance)	41.6	%	40 - 50
MCV (Calculated)	82.1	fL	83-101
MCH (Calculated)	26.9	pg	27.0 - 32.0
MCHC (Calculated)	32.7	g/dl	31.5-34.5
RDW-CV (Calculated)	15	%	11.6-14.0
RDW-SD (Calculated)	50	fL	36 - 46
TOTAL RBC COUNT (Electrical Impedance)	5.07	Million/cmm	3.8-4.8
TOTAL WBC COUNT (Electrical Impedance)	8150	/cumm	4000-10000

DIFFERENTIAL WBC COUNT

NEUTROPHILS (Flow cell)	54.8	%	40-80
LYMPHOCYTES (Flow cell)	35.7	%	20-40
EOSINOPHILS (Flow cell)	1.9	%	1-6
MONOCYTES (Flow cell)	6.8	%	2-10
BASOPHILS (Flow cell)	0.8	%	1-2

ABSOLUTE WBC COUNT

ABSOLUTE NEUTROPHIL COUNT (Calculated)	4450	/cumm	2000-7000
ABSOLUTE LYMPHOCYTE COUNT (Calculated)	2900	/cumm	1000-3000

Contd ...

*Tests not included in NABL accredited scope

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HAEMATOLOGY

ABSOLUTE WBC COUNT

ABSOLUTE EOSINOPHIL COUNT (Calculated)	150	/cumm	200-500
ABSOLUTE MONOCYTE COUNT (Calculated)	550	/cumm	200-1000
ABSOLUTE BASOPHIL COUNT (Calculated)	60	/cumm	0-220
PLATELET COUNT (Electrical Impedance)	297000	/cumm	150000-410000
MPV (Calculated)	11.6	fL	6.78-13.46
PDW (Calculated)	20.6	%	11-18
PCT (Calculated)	0.340	%	0.15-0.50

PERIPHERAL BLOOD SMEAR

COMMENTS: Normocytic Normochromic RBCs
(Microscopic)

Sample Collected at : Andheri West
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Barcode : 



Dr.Rahul Jain

MD,PATHOLOGY

Consultant Pathologist

Contd ...

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HAEMATOLOGY

EDTA Blood **ABO BLOOD GROUP**

BLOOD GROUP (Erythrocyte-Magnetized Technology)	O
Rh TYPE (Erythrocyte-Magnetized Technology)	POSITIVE

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BIOCHEMISTRY

**COMPREHENSIVE LIVER PROFILE
SERUM**

BILIRUBIN TOTAL (Diazotization)	0.45	mg/dl	0.2 - 1.3
BILIRUBIN DIRECT (Diazotization)	0.09	mg/dl	0.1-0.4
BILIRUBIN INDIRECT (Calculation)	0.36	mg/dl	0.2 - 0.7
ASPARTATE AMINOTRANSFERASE(SGOT) (IFCC)	22	U/L	<40
ALANINE TRANSAMINASE (SGPT) (IFCC without Peroxidase)	39	U/L	<41
ALKALINE PHOSPHATASE (Colorimetric IFCC)	131	U/L	35-104
GAMMA GLUTAMYL TRANSFERASE (GGT) (IFCC)	39	U/L	<40
TOTAL PROTEIN (Colorimetric)	7.70	gm/dl	6.6-8.7
ALBUMIN (Bromocresol Green)	4.10	gm/dl	3.5 - 5.2
GLOBULIN (Calculation)	3.60	gm/dl	2.0-3.5
A/G RATIO (Calculation)	1.1		1-2

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Final Test Report

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BIOCHEMISTRY

**COMPREHENSIVE RENAL PROFILE
SERUM**

CREATININE (Jaffe Method)	0.8	mg/dl	0.5 - 1.1
BLOOD UREA NITROGEN (BUN) (Kinetic with Urease)	15.0	mg/dl	7-17
BUN/CREATININE RATIO (Calculation)	18.7		10 - 20
URIC ACID (Uricase Enzyme)	7.0	mg/dl	2.5 - 6.2
CALCIUM (Bapta Method)	9.3	mg/dl	8.6-10
PHOSPHORUS (Phosphomolybdate)	3.2	mg/dl	2.5-4.5

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BIOCHEMISTRY

LIPID PROFILE

SERUM	TOTAL CHOLESTEROL (Enzymatic colorimetric (PHOD))	174	mg/dl	Desirable : < 200 Borderline: 200-239 High : > 239
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Notes : Elevated concentrations of free fatty acids and denatured proteins may cause falsely elevated HDL cholesterol results.

Abnormal liver function affects lipid metabolism; consequently, HDL and LDL results are of limited diagnostic value. In some patients with abnormal liver function, the HDL cholesterol result may significantly differ from the DCM (designated comparison method) result due to the presence of lipoproteins with abnormal lipid distribution.

Reference: Dati F, Metzmann E. Proteins Laboratory Testing and Clinical Use, Verlag: DiaSys; 1. Auflage (September 2005), page 242-243; ISBN-10: 3000171665.

SERUM	TRIGLYCERIDES (Enzymatic Colorimetric GPO)	109	mg/dl	Normal : <150 Borderline : 150-199 High : 200-499 Very High : >499
SERUM	CHOLESTEROL HDL - DIRECT (Homogenize Enzymatic Colorimetry)	46	mg/dl	Low: <40 High: >60
SERUM	LDL CHOLESTEROL (Calculation)	106	mg/dl	Optimal : <100 Near Optimal/ Above optimal : 100-129 Borderline High: 130-159 High : 160-189 Very High : >= 190
SERUM	VLDL (Calculation)	22	mg/dl	15-40
SERUM	CHOL / HDL RATIO	3.8		3-5
SERUM	LDL /HDL RATIO (Calculation)	2.3		0 - 3.5

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BIOCHEMISTRY

FLOURIDE PLASMA	BLOOD GLUCOSE FASTING (Hexokinase)	91	mg/dl	70 - 110
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Notes : An early-morning increase in blood sugar (glucose) which occurs to some extent in all individuals, more relevant to people with diabetes can be seen (The dawn phenomenon) . Chronic Somogyi rebound is another explanation of phenomena of elevated blood sugars in the morning. Also called the Somogyi effect and posthypoglycemic hyperglycemia, it is a rebounding high blood sugar that is a response to low blood sugar.

References:

<http://www.ucdenver.edu/academics/colleges/medicalschool/centers/BarbaraDavis/Documents/book-understandingdiabetes/ud06.pdf>, Understanding Diabetes.

FLOURIDE PLASMA	BLOOD GLUCOSE POST PRANDIAL (Hexokinase)	106	mg/dl	70 - 140
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BIOCHEMISTRY

EDTA WHOLE BLOOD **GLYCOSYLATED HAEMOGLOBIN (HbA1C)**

HbA1C (High Performance Liquid Chromatography)	5.8	%(NGSP)	Non Diabetic Range: <= 5.6 Prediabetes :5.7-6.4 Diabetes: >= 6.5
ESTIMATED AVERAGE BLOOD GLUCOSE (Calculated)	120	mg/dl	

Notes : HbA1c reflects average plasma glucose over the previous eight to 12 weeks (1). The use of HbA1c can avoid the problem of day-to-day variability of glucose values, and importantly it avoids the need for the person to fast and to have preceding dietary preparations. HbA1c can be used to diagnose diabetes and that the diagnosis can be made if the HbA1c level is =6.5% (2). Diagnosis should be confirmed with a repeat HbA1c test, unless clinical symptoms and plasma glucose levels >11.1mmol/l (200 mg/dl) are present in which case further testing is not required. HbA1c may be affected by a variety of genetic, hematologic and illness-related factors (Annex 1, https://www.who.int/diabetes/publications/report-hba1c_2011.pdf) (3). The most common important factors worldwide affecting HbA1c levels are haemoglobinopathies (depending on the assay employed), certain anaemias, and disorders associated with accelerated red cell turnover such as malaria. References: (1). Nathan DM, Turgeon H, Regan S. Relationship between glycated haemoglobin levels and mean glucose levels over time. Diabetologia, 2007, 50:2239-2244. (2). International Expert Committee report on the role of the A1C assay in the diagnosis of diabetes. Diabetes Care, 2009, 32:1327-1334. (3). Gallagher EJ, Bloomgarden ZT, Le Roith D. Review of hemoglobin A1c in the management of diabetes. Journal of Diabetes, 2009, 1:9-17.

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BIOCHEMISTRY

EDTA	ESR(ERYTHROCYTE	58	mm / 1 hr	0-20
WHOLE	SEDIMENTATION RATE)			
BLOOD	(Photometric Capillary)			

Notes : The given result is measured at the end of first hour.

Sample Collected at : Andheri West
Sample Collected on : 23 Mar 2024 15:36
Sample Received on : 23 Mar 2024 17:10
Barcode : 



Dr.Rahul Jain
MD,PATHOLOGY
Consultant Pathologist

Contd ...

*Tests not included in NABL accredited scope



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Healthspring Corporate Office, 5th Floor, East Wing Forbes Building, Charanjit Rai Marg, Fort, Mumbai- 400001

*Members only

Patient Name : Mrs. Ipsita Chakraborty
Age / Gender : 27 Y / Female
Referred By : Dr. Amatullah Merchant
SID No. : 40013416

Reg.Date / Time : 23/03/2024 / 11:34:43
Report Date / Time : 23/03/2024 / 21:23:05
MR No. : 0849402

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Final Test Report

Specimen	Test Name / Method	Result	Units	Biological Reference Interval
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BIOCHEMISTRY

Urine	URINE GLUCOSE FASTING (Urodip)	ABSENT		
Urine	URINE GLUCOSE POST PRANDIAL (Urodip)	ABSENT		

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IMMUNOLOGY

THYROID PROFILE - TOTAL SERUM

TOTAL TRIIODOTHYRONINE (T3) (ECLIA)	1.06	ng/ml	0.7-2.04
TOTAL THYROXINE (T4) (ECLIA)	9.54	ug/dl	5.5 - 11
THYROID STIMULATING HORMONE (TSH) (ECLIA)	2.788	uIU/ml	0.27 - 4.20

Contd ...

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IMMUNOLOGY

Notes : TSH is formed in specific cells of the anterior pituitary gland and is subject to a circadian Variation. The Release of TSH is the central regulating mechanism for the biological action of thyroid hormones. TSH has a stimulating action in all stages of thyroid hormone (T3/T4) formation and secretion and it also has a growth effect on Thyroid gland. Even very slight changes in the concentrations of the free thyroid hormones (FT3/FT4) bring about much greater opposite changes in the TSH level. The determination of TSH serves as the initial test in thyroid diagnostics. (1)

Patterns of Thyroid Function Tests (2)

- Low TSH, Low FT4 - Central hypothyroidism.
- Low TSH, Normal FT4, Normal FT3- Subclinical hyperthyroidism.
- Low TSH, High FT4- Hashimoto's thyroiditis, Grave's disease, Molar pregnancy, Choriocarcinoma, Hyperemesis, Thyrotoxicosis, Lithium, Multinodular goiter, Toxic adenoma, Thyroid carcinoma, Iodine ingestion.
- Normal TSH, Low FT4- Hypothyroxinemia, Nonthyroidal illness, Possible secondary hypothyroidism, Medications.
- Normal TSH, High FT4- Euthyroid hyperthyroxinemia, Thyroid hormone resistance, Familial dysalbuminemic hyperthyroxinemia, Medications (Amiodarone, beta-blockers, Oral contrast), Hyperemesis, Acute psychiatric illness, Rheumatoid factor.
- High TSH, Low FT4- Primary hypothyroidism.
- High TSH, Normal FT4- Subclinical hypothyroidism, Nonthyroidal illness, Suggestive of follow-up and recheck.
- High TSH, High FT4- TSH mediated hyperthyroidism

Note:

1. Isolated Low TSH -especially in the range of 0.1 to 0.4 often seen in elderly & associated with Non-Thyroidal illness
2. Isolated High TSH especially in the range of 4.7 to 15 uIU/ml is commonly associated with Physiological & Biological TSH Variability.
3. Normal changes in thyroid function tests during pregnancy include a transient suppression of thyroid-stimulating hormone. T4 and total T3 steadily increase during pregnancy to approximately 1.5 times the non-pregnant level. Free T4 and Free T3 gradually decrease during pregnancy

References:

1. Pim-eservices.roche.com. (2018). Customer Self-Service Technical Documentation Portal.
2. "Interpretation of Thyroid Function Tests". 2018. Obfocus.Com.
3. Interpretation of thyroid function tests. Dayan et al. The Lancet, Vol 357, February 24, 2001.
4. Interpretation of thyroid function tests. Supit et al. South Med journal, 2002, 95, 481-485.

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Final Test Report

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CLINICAL PATHOLOGY

STOOL STOOL ROUTINE EXAMINATION

PHYSICAL EXAMINATION

COLOUR (Visual Examination)	Brown		
CONSISTENCY (Visual Examination)	Semi solid		
MUCUS (Visual Examination)	Absent		
FRANK BLOOD (Visual Examination)	Absent		
ADULT WORM (Microscopy)	Absent		

CHEMICAL EXAMINATION

REACTION (Ph Paper)	Acidic		
BILIRUBIN	Absent		
OCCULT BLOOD (Peroxidase activity)	Absent		

MICROSCOPIC EXAMINATION

PROTOZOA (Microscopy)	Absent		
CYST (Microscopy)	Absent		
OVA (Microscopy)	Absent		
MACROPHAGES (Microscopy)	Absent		
PUS CELLS (Microscopy)	1-2	/hpf	
RED BLOOD CELLS (Microscopy)	Absent	/hpf	
FAT GLOBULES (Microscopy)	Absent		
UNDIGESTED MATERIAL (Microscopy)	Absent		
ANY OTHER FINDINGS	Nil		

Urine URINE ANALYSIS

PHYSICAL EXAMINATION

VOLUME (Volumetric)	30		
COLOR (Visual Examination)	PALE YELLOW		

Contd ...

*Tests not included in NABL accredited scope

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Final Test Report

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CLINICAL PATHOLOGY

Specimen	Test Name / Method	Result	Units	Biological Reference Interval
Urine	URINE ANALYSIS			
	APPEARANCE (Visual Examination)	CLEAR		
	CHEMICAL EXAMINATION			
	SP.GRAVITY (Indicator System)	1.010		1.005 - 1.030
	REACTION(pH) (Double indicator)	ACIDIC		
	PROTEIN (Protein-error-of-Indicators)	ABSENT		
	GLUCOSE (GOD-POD)	ABSENT		Absent
	KETONES (Legal's Test)	ABSENT		Absent
	OCCULT BLOOD (Peroxidase activity)	ABSENT		Absent
	BILIRUBIN (Fouchets Test)	ABSENT		Absent
	UROBILINOGEN (Ehrlich Reaction)	NORMAL		
	NITRITE (Griess Test)	ABSENT		
	MICROSCOPIC EXAMINATION			
	ERYTHROCYTES (Microscopy)	ABSENT	/hpf	0-2
	PUS CELLS (Microscopy)	1-2	/hpf	0-5
	EPITHELIAL CELLS (Microscopy)	2-3	/hpf	0-5
	CASTS (Microscopy)	ABSENT		
	CRYSTALS (Microscopy)	ABSENT		
	ANY OTHER FINDINGS	NIL		

OTHERS

SWAB PAP SMEAR*

SPECIMEN TYPE: **

Notes : Please note papanicolaou smear study is a screening procedure for cervical cancer with inherent false negative results, hence should be interpreted with caution.

Contd ...

*Tests not included in NABL accredited scope



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Age / Gender : 27 Y / Female
Referred By : Dr. Amatullah Merchant
SID No. : 40013416

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Barcode : 



Dr.Rahul Jain

MD,PATHOLOGY

Consultant Pathologist

*Tests not included in NABL accredited scope



Patient Name: IPSHITA CHAKRABORTY

F/ 27 Yrs.

Ref. by:

Date: 23/3/2024

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 increase in echotexture without solid or cystic mass lesion or calcification. No evidence of intrahepatic biliary radical dilatation.

PORTAL VEIN: It measures normal in diameter.

GALL BLADDER: The gall bladder is well distended. There is a solitary mobile calculus seen in the gall bladder 12mm in size. No evidence of 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 is normal in size and shape. Its echotexture is homogeneous.

KIDNEYS:

Right kidney	Left kidney
9.2 x 3.4 cm	8.8 x 5.0 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 hydroureter 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.

UTERUS, OVARIES & ADNEXAE: The uterus is anteverted, normal in size and measures approx. 6.5 x 4.5 x 3.3 cms. Endometrial canal echocomplex is central and shows normal outline. Myometrium shows uniform homogenous echopattern. There is no focal lesion noted.

Both ovaries are normal in size, shape, position and echotexture.

Right ovary measures approx. 3.0 x 2.5 cms.

Left ovary measures approx. 2.8 x 2.3 cms.

No solid or cystic mass lesion noted in the adnexae.

POUCH OF DOUGLAS : There is no fluid seen in the cul-de-sac.

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

IMPRESSION:

- **Grade I fatty liver.**
- **Cholelithiasis in a normally distended gall bladder.**

Thanks for the reference.

With regards,

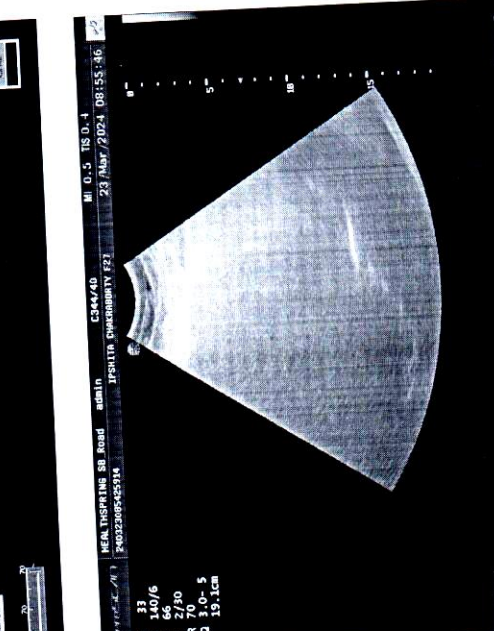
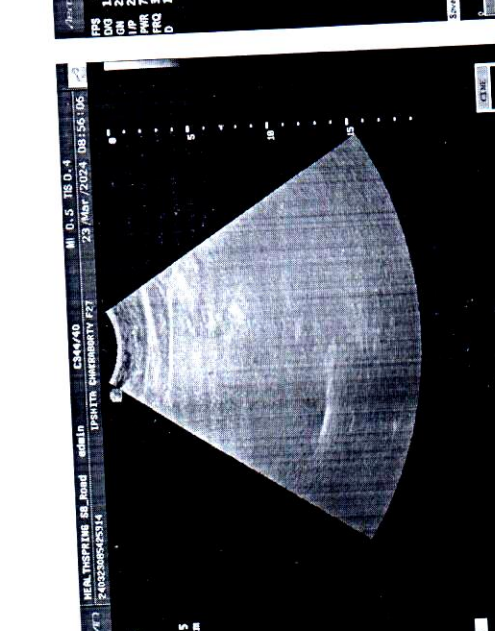
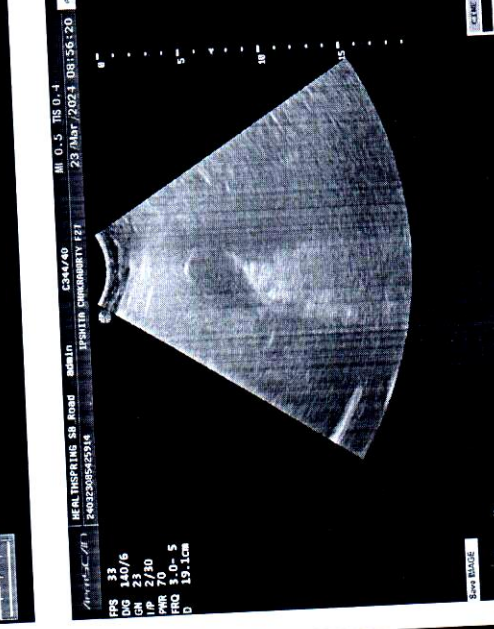
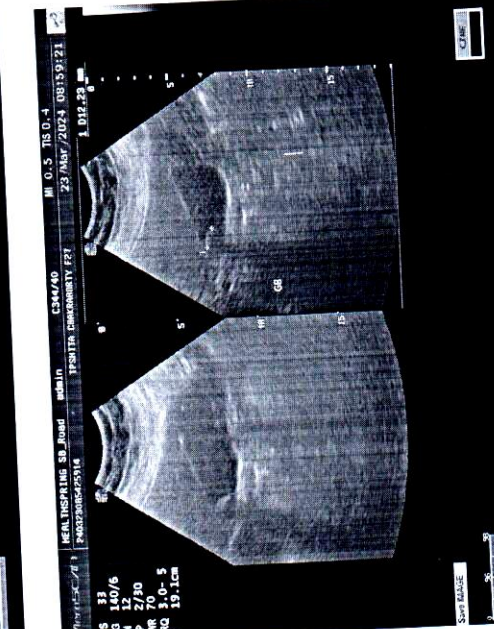
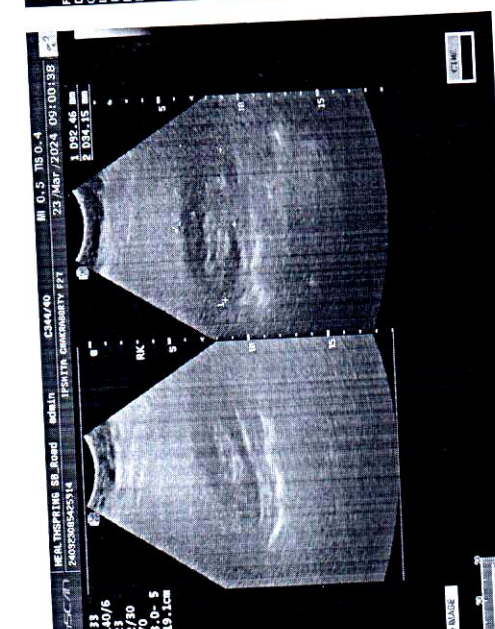
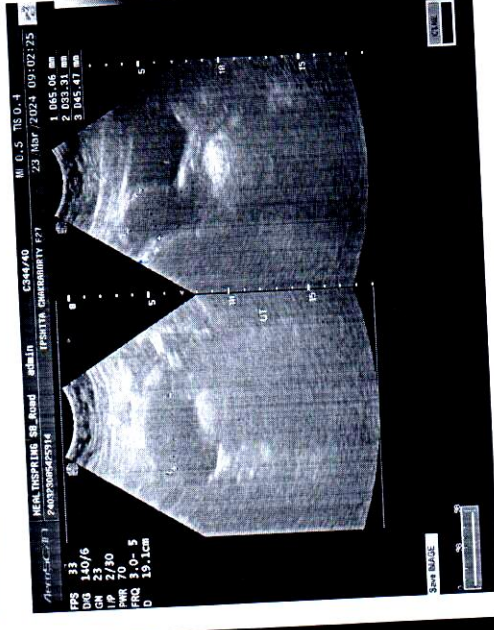
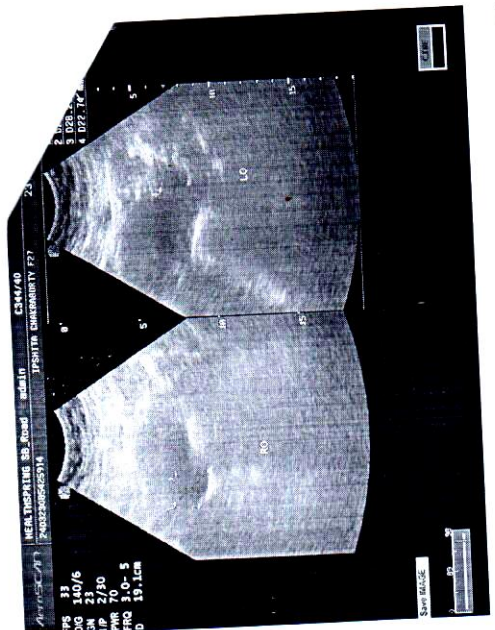
A handwritten signature in blue ink, appearing to read "Nitish Kotwal".

DR. Nitish Kotwal

CONSULTANT RADIOLOGIST

(MBBS, DMRD RADIOLOGY)

Investigations have their limitations. Solitary pathological/Radiological and other investigations never confirm the final diagnosis. They only help in diagnosing the disease in correlation to clinical symptoms and other related tests. Please interpret accordingly.



HEALTHSPRING

TREADMILL STRESS TEST REPORT

DATE: 23/03/2024

NAME:	IPSITA CHAKRABORTY	AGE:(years)	28	SEX:	F
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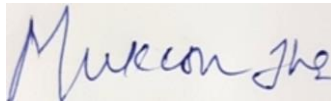
PROTOCOL USED	BRUCE PROTOCOL		
ANGINA SCALE (0 – None, 1 – Non-Limiting, 2 – Limiting)	0	MAXIMUM ST DEPRESSION (mm)	0
WORKLOAD: MAXIMUM METS ACHIEVED (METS)	10.24	DOUBLE PRODUCT	28220 mm Hg/Min
DUKES SCORE (High Risk Score \leq -11, Low Risk Score \geq 5)	9		

CONCLUSION:

NORMAL INOTROPIC & CHRONOTROPIC RESPONSE
BASELINE ECG SHOWS NO SIGNIFICANT ST-T CHANGES
NO SYMPTOMS AND ARRHYTHMIAS WERE SEEN DURING THE EXERCISE AND RECOVERY
NO SIGNIFICANT ST-T CHANGES WERE SEEN DURING THE EXERCISE AND RECOVERY
GOOD EFFORT TOLERANCE AND FUNCTIONAL CAPACITY
TARGET HEART RATE ACHIEVED
THE STRESS TEST IS **NEGATIVE** FOR INDUCIBLE ISCHEMIA AT THE GIVEN WORKLOAD

IMPRESSION:

THE STRESS TEST IS NEGATIVE FOR INDUCIBLE ISCHEMIA AT THE GIVEN WORKLOAD
ADVISED- CLINICAL CORRELATION



DR. MUKESH JHA
MD (MEDICINE), DM (CARDIOLOGY)
REG NO- 2010/09/2935

NOTE-

A NEGATIVE STRESS TEST DOES NOT CONCLUSIVELY RULE OUT CORONARY ARTERY DISEASE. A POSITIVE STRESS TEST IS NOT CONCLUSIVE EVIDENCE OF CORONARY ARTERY DISEASE. THERE IS A POSSIBILITY OF THE TEST BEING FALSE POSITIVE OR FALSE NEGATIVE DUE TO OTHER ASSOCIATED MEDICAL CONDITIONS. THESE REPORTS ARE FOR DOCTORS & PHYSICIANS AND NOT FOR MEDICO-LEGAL PURPOSES. KINDLY CO-RELATE THE REPORT WITH CLINICAL CONDITIONS.

THIS TMT/ ECG IS REPORTED ONLINE WITHOUT INTERACTING WITH PATIENTS AND THE RESULT SHOULD BE CLINICALLY CO-RELATED AND INDEPENDENTLY REVIEWED BY THE PATIENT'S CONSULTANT DOCTOR. THE PATIENT WAS NOT SEEN BY THE DOCTOR PERSONALLY AND THE ABOVE REPORT HAS BEEN REVIEWED BY THE DOCTOR BASED ON THE TMT/ECG RESULT AS PROVIDED TO THE DOCTOR.



Name : IPSITA CHAKRABORTY	Age : 27YRS
Gender : FEMALE	Date : 26/03/2024

X-RAY CHEST PA VIEW

X-ray of the chest in P.A. projection reveals that the bony thorax is normal.

Lung fields and pleural spaces are clear on both sides.

The silhouettes of the heart and aorta are normal in size and configuration.

Both domes of the diaphragm are normal in position, contour and outline.

IMPRESSION: NO EVIDENCE OF ANY DISEASE IS SEEN IN THE CHEST.

Dr. Nitish Kotwal
MBBS, DMRD (Bom)
Consultant Radiologist And Sonologist..
Online reporting done hence no signature