



To,

The Coordinator,
MediWheel (M/s. Arcofemi Healthcare Pvt. Ltd.)

Dear Sir / Madam,

Sub: Annual Health Checkup for the employees of Bank of Baroda

This is to inform you that the following spouse of our employee wishes to avail the facility of Cashless Annual Health Checkup provided by you in terms of our agreement.

PARTICULARS OF HEALTH CHECK UP BENEFICIARY	
NAME	NIDHI SINGH
DATE OF BIRTH	01-01-1992
PROPOSED DATE OF HEALTH CHECKUP FOR EMPLOYEE SPOUSE	16-10-2024
BOOKING REFERENCE NO.	24D76963100116924S
SPOUSE DETAILS	
EMPLOYEE NAME	MR. SINGH ABHINAW
EMPLOYEE EC NO.	76963
EMPLOYEE DESIGNATION	BRANCH HEAD
EMPLOYEE PLACE OF WORK	GANDHINAGAR, SECTOR 22
EMPLOYEE BIRTHDATE	25-11-1989

This letter of approval / recommendation is valid if submitted along with copy of the Bank of Baroda employee id card. This approval is valid from: **14-10-2024** till **31-03-2025**. The list of medical tests to be conducted is provided in the annexure to this letter. Please note that the said health checkup is a **cashless facility** as per our tie up arrangement. We request you to attend to the health checkup requirement of our employee's spouse and accord your top priority and best resources in this regard. The EC Number and the booking reference number as given in the above table shall be mentioned in the invoice, invariably.

We solicit your co-operation in this regard.

Yours faithfully,

Sd/-

Chief General Manager
HRM & Marketing Department
Bank of Baroda

(Note: This is a computer generated letter. No Signature required. For any clarification, please contact MediWheel (M/s. Arcofemi Healthcare Pvt. Ltd.))

Doctor Name:- S/B Dr. Shruya (MD)

UHID: OSP35269	Date: 16/10/24	Time: 1:30 pm
Patient Name: Nidhi Singh.	Age/Sex: 32 years / Female	Height: 157 cm
	Weight: 106 kg	
Chief Complain: come here for health check up.		
History: Not known		
Allergy History: None		
Nutritional Screening: Well-Nourished / Malnourished / Obese		
Examination: HR: 80/min SpO ₂ : 98% on RA BP: 110/70 mm Hg - All Reports: WNL		
Diagnosis: Pt is fit.		



LABORATORY REPORT



Name : NIDHI SINGH	Sex/Age : Female/ 32 Years	Case ID : 41002200381
Ref.By : HOSPITAL	Dis. At :	Pt. ID : 4564772
Bill. Loc. : Aashka hospital		Pt. Loc :
Reg Date and Time : 16-Oct-2024 09:49	Sample Type :	Mobile No :
Sample Date and Time : 16-Oct-2024 09:49	Sample Coll. By :	Ref Id1 : OSP35269
Report Date and Time :	Acc. Remarks : Normal	Ref Id2 : O24256093

Abnormal Result(s) Summary

Test Name	Result Value	Unit	Reference Range
Haemogram (CBC)			
PCV(Calc)	35.70	%	36.00 - 46.00

Abnormal Result(s) Summary End

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



LABORATORY REPORT



Name : NIDHI SINGH	Sex/Age : Female/ 32 Years	Case ID : 41002200381
Ref.By : HOSPITAL	Dis. At :	Pt. ID : 4564772
Bill. Loc. : Aashka hospital		Pt. Loc :
Reg Date and Time : 16-Oct-2024 09:49	Sample Type : Whole Blood EDTA	Mobile No :
Sample Date and Time : 16-Oct-2024 09:49	Sample Coll. By :	Ref Id1 : OSP35269
Report Date and Time : 16-Oct-2024 10:01	Acc. Remarks : Normal	Ref Id2 : O24256093

TEST	RESULTS	UNIT	BIOLOGICAL REF. INTERVAL	REMARKS
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HAEMOGRAM REPORT

HB AND INDICES

Haemoglobin	12.2	G%	12.0 - 15.0
RBC (Electrical Impedance)	4.21	millions/cumm	3.80 - 4.80
PCV(Calc)	L 35.70	%	36.00 - 46.00
MCV (RBC histogram)	84.8	fL	83 - 101
MCH (Calc)	29.0	pg	27.00 - 32.00
MCHC (Calc)	34.2	gm/dL	31.50 - 34.50
RDW (RBC histogram)	13.80	%	11.00 - 16.00

TOTAL AND DIFFERENTIAL WBC COUNT (Flowcytometry)

Total WBC Count	9940	/μL	4000.00 - 10000.00
Neutrophil	[%] 63.0	%	EXPECTED VALUES 40.00 - 70.00
Lymphocyte	30.0	%	20.00 - 40.00
Eosinophil	2.0	%	1.00 - 6.00
Monocytes	5.0	%	2.00 - 10.00
Basophil	0.0	%	0.00 - 2.00
			[Abs] 6262
			/μL EXPECTED VALUES 2000.00 - 7000.00
			2982 /μL 1000.00 - 3000.00
			199 /μL 20.00 - 500.00
			497 /μL 200.00 - 1000.00
			0 /μL 0.00 - 100.00

PLATELET COUNT (Optical)

Platelet Count	313000	/μL	150000.00 - 410000.00
Neut/Lympho Ratio (NLR)	2.10		0.78 - 3.53

SMEAR STUDY

RBC Morphology	Normocytic Normochromic RBCs.
WBC Morphology	Total WBC count within normal limits.
Platelet	Platelets are adequate in number.
Parasite	Malarial Parasite not seen on smear.

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

Dr. Shreya Shah

M.D. (Pathologist)

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LABORATORY REPORT



Name : **NIDHI SINGH** Sex/Age : **Female/ 32 Years** Case ID : **41002200381**
Ref.By : **HOSPITAL** Dis. At : Pt. ID : **4564772**
Bill. Loc. : **Aashka hospital** Pt. Loc :
Reg Date and Time : **16-Oct-2024 09:49** Sample Type : **Whole Blood EDTA** Mobile No :
Sample Date and Time : **16-Oct-2024 09:49** Sample Coll. By : Ref Id1 : **OSP35269**
Report Date and Time : **16-Oct-2024 12:26** Acc. Remarks : **Normal** Ref Id2 : **O24256093**

TEST	RESULTS	UNIT	BIOLOGICAL REF RANGE	REMARKS
ESR Westergren Method	5	mm after 1hr	3 - 20	

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

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Ref.By : **HOSPITAL** Dis. At : Pt. ID : **4564772**
Bill. Loc. : **Aashka hospital** Pt. Loc :
Reg Date and Time : **16-Oct-2024 09:49** Sample Type : **Whole Blood EDTA** Mobile No :
Sample Date and Time : **16-Oct-2024 09:49** Sample Coll. By : Ref Id1 : **OSP35269**
Report Date and Time : **16-Oct-2024 09:58** Acc. Remarks : **Normal** Ref Id2 : **O24256093**

TEST	RESULTS	UNIT	BIOLOGICAL REF RANGE	REMARKS
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HAEMATOLOGY INVESTIGATIONS

BLOOD GROUP AND RH TYPING (Erythrocyte Magnetized Technology)

(Both Forward and Reverse Group)

ABO Type	A
Rh Type	POSITIVE

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

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Name : **NIDHI SINGH** Sex/Age : **Female/ 32 Years** Case ID : **41002200381**
Ref.By : **HOSPITAL** Dis. At : Pt. ID : **4564772**
Bill. Loc. : **Aashka hospital** Pt. Loc. :

Reg Date and Time : 16-Oct-2024 09:49 Sample Type : Plasma Fluoride F, Plasma Fluoride PP, Serum Mobile No :
Sample Date and Time : 16-Oct-2024 09:49 Sample Coll. By : Ref Id1 : OSP35269
Report Date and Time : 16-Oct-2024 11:14 Acc. Remarks : Normal Ref Id2 : O24256093
TEST RESULTS UNIT BIOLOGICAL REF RANGE REMARKS

TEST	RESULTS	UNIT	BIOLOGICAL REF RANGE	REMARKS
Plasma Glucose - F	94.15	mg/dL	70.0 - 100	
Plasma Glucose - PP	84.67	mg/dL	70.0 - 140.0	
Urea	17.21	mg/dL	16.6 - 48.5	
Uric Acid	4.26	mg/dL	2.6 - 6.2	
Creatinine	0.74	mg/dL	0.50 - 1.50	

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

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Name : NIDHI SINGH	Sex/Age : Female/ 32 Years	Case ID : 41002200381
Ref.By : HOSPITAL	Dis. At :	Pt. ID : 4564772
Bill. Loc. : Aashka hospital		Pt. Loc :
Reg Date and Time : 16-Oct-2024 09:49	Sample Type : Whole Blood EDTA	Mobile No :
Sample Date and Time : 16-Oct-2024 09:49	Sample Coll. By :	Ref Id1 : OSP35269
Report Date and Time : 16-Oct-2024 10:29	Acc. Remarks : Normal	Ref Id2 : O24256093

TEST	RESULTS	UNIT	BIOLOGICAL REF RANGE	REMARKS
Glycated Haemoglobin Estimation				
HbA1C	5.67	% of total Hb	<5.7: Normal 5.7-6.4: Prediabetes >=6.5: Diabetes	
Estimated Avg Glucose (3 Mths) <i>Calculated</i>	116.03	mg/dL	Not available	

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

Interpretation :

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

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

Dr. Amit Prajapati

DCP.

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 Ref.By : **HOSPITAL** Dis. At : Pt. ID : **4564772**
 Bill. Loc. : **Aashka hospital** Pt. Loc :
 Reg Date and Time : **16-Oct-2024 09:49** Sample Type : **Serum** Mobile No :
 Sample Date and Time : **16-Oct-2024 09:49** Sample Coll. By : Ref Id1 : **OSP35269**
 Report Date and Time : **16-Oct-2024 11:14** Acc. Remarks : **Normal** Ref Id2 : **O24256093**

TEST	RESULTS	UNIT	BIOLOGICAL REF RANGE	REMARKS
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BIOCHEMICAL INVESTIGATIONS

Lipid Profile

Cholesterol	157.80	mg/dL	110 - 200	
HDL Cholesterol <i>Accelerator Selective Detergent</i>	46.4	mg/dL	40 - 60	
Triglyceride	76.62	mg/dL	40 - 200	
VLDL <i>Calculated</i>	15.32	mg/dL	10 - 40	
Chol/HDL <i>Calculated</i>	3.40		0 - 4.1	
LDL Cholesterol <i>Calculated</i>	96.08	mg/dL	0.00 - 100.00	

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

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

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

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

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Ref.By : HOSPITAL	Dis. At :	Pt. ID : 4564772
Bill. Loc. : Aashka hospital		Pt. Loc :
Reg Date and Time : 16-Oct-2024 09:49	Sample Type : Serum	Mobile No :
Sample Date and Time : 16-Oct-2024 09:49	Sample Coll. By :	Ref Id1 : OSP35269
Report Date and Time : 16-Oct-2024 11:14	Acc. Remarks : Normal	Ref Id2 : O24256093

TEST	RESULTS	UNIT	BIOLOGICAL REF RANGE	REMARKS
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BIOCHEMICAL INVESTIGATIONS

Liver Function Test

S.G.P.T.	13.64	U/L	0 - 31
S.G.O.T.	16.13	U/L	15 - 37
Alkaline Phosphatase	66.87	U/L	35 - 105
Gamma Glutamyl Transferase	15.32	U/L	5 - 36
Proteins (Total)	7.62	gm/dL	6.4 - 8.2
Albumin	4.55	gm/dL	3.4 - 5
Globulin <i>Calculated</i>	3.07	gm/dL	2 - 4.1
A/G Ratio <i>Calculated</i>	1.48		1.0 - 2.1
Bilirubin Total	0.45	mg/dL	0.2 - 1.0
Bilirubin Conjugated	0.24	mg/dL	
Bilirubin Unconjugated <i>Calculated</i>	0.21	mg/dL	0 - 0.8

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

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Ref.By : HOSPITAL	Dis. At :	Pt. ID : 4564772
Bill. Loc. : Aashka hospital		Pt. Loc :
Reg Date and Time : 16-Oct-2024 09:49	Sample Type : Serum	Mobile No :
Sample Date and Time : 16-Oct-2024 09:49	Sample Coll. By :	Ref Id1 : OSP35269
Report Date and Time : 16-Oct-2024 10:50	Acc. Remarks : Normal	Ref Id2 : O24256093

TEST	RESULTS	UNIT	BIOLOGICAL REF RANGE	REMARKS
Thyroid Function Test				
Triiodothyronine (T3)	84.45	ng/dL	70 - 204	
Thyroxine (T4) CMIA	5.94	ng/dL	4.87 - 11.72	
TSH CMIA	1.690	μIU/mL	0.4 - 4.2	

INTERPRETATIONS

- Circulating TSH measurement has been used for screening for euthyroidism, screening and diagnosis for hyperthyroidism & hypothyroidism. Suppressed TSH (<0.01 μIU/mL) suggests a diagnosis of hyperthyroidism and elevated concentration (>7 μIU/mL) suggest hypothyroidism. TSH levels may be affected by acute illness and several medications including dopamine and glucocorticoids. Decreased (low or undetectable) in Graves disease. Increased in TSH secreting pituitary adenoma (secondary hyperthyroidism), PRTN and in hypothalamic disease thyrotropin (tertiary hyperthyroidism). Elevated in hypothyroidism (along with decreased T4) except for pituitary & hypothalamic disease.
- Mild to modest elevations in patient with normal T3 & T4 levels indicates impaired thyroid hormone reserves & incipient hypothyroidism (subclinical hypothyroidism).
- Mild to modest decrease with normal T3 & T4 indicates subclinical hyperthyroidism.
- Degree of TSH suppression does not reflect the severity of hyperthyroidism, therefore, measurement of free thyroid hormone levels is required in patient with a suppressed TSH level.

CAUTIONS

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

TSH ref range in pregnancy

First trimester	Reference range (microIU/ml)
Second trimester	0.24 - 2.00
Third trimester	0.43-2.2
	0.8-2.5

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

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 Ref.By : **HOSPITAL** Dis. At : Pt. ID : **4564772**
 Bill. Loc. : **Aashka hospital** Pt. Loc :
 Reg Date and Time : **16-Oct-2024 09:49** Sample Type : **Serum** Mobile No :
 Sample Date and Time : **16-Oct-2024 09:49** Sample Coll. By : Ref Id1 : **OSP35269**
 Report Date and Time : **16-Oct-2024 10:50** Acc. Remarks : **Normal** Ref Id2 : **O24256093**

Interpretation Note:

Ultra sensitive-thyroid-stimulating hormone (TSH) is a highly effective screening assay for thyroid disorders. In patients with an intact pituitary-thyroid axis, s-TSH provides a physiologic indicator of the functional level of thyroid hormone activity. Increased s-TSH indicates inadequate thyroid hormone, and suppressed s-TSH indicates excess thyroid hormone. Transient s-TSH abnormalities may be found in seriously ill, hospitalized patients, so this is not the ideal setting to assess thyroid function. However, even in these patients, s-TSH works better than total thyroxine (an alternative screening test), when the s-TSH result is abnormal, appropriate follow-up tests T4 & free T3 levels should be performed. If TSH is between 5.0 to 10.0 & free T4 & free T3 level are normal then it is considered as subclinical hypothyroidism which should be followed up after 4 weeks & if TSH is > 10 & free T4 & free T3 level are normal then it is considered as overt hypothyroidism.

Serum triiodothyronine (T3) levels often are depressed in sick and hospitalized patients, caused in part by the biochemical shift to the production of reverse T3. Therefore, T3 generally is not a reliable predictor of hypothyroidism. However, in a small subset of hyperthyroid patients, hyperthyroidism may be caused by overproduction of T3 (T3 toxicosis). To help diagnose and monitor this subgroup, T3 is measured on all specimens with suppressed s-TSH and normal FT4 concentrations.

Normal ranges of TSH & thyroid hormones vary according trimester in pregnancy.

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

	T3	T4	TSH
Normal Thyroid function	N	N	N
Primary Hyperthyroidism	↑	↑	↓
Secondary Hyperthyroidism	↑	↑	↑
Grave's Thyroiditis	↑	↑	↑
T3 Thyrotoxicosis	↑	N	N/↓
Primary Hypothyroidism	↓	↓	↑
Secondary Hypothyroidism	↓	↓	↓
Subclinical Hypothyroidism	N	N	↑
Patient on treatment	N	N/↑	↓

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

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 Ref.By : **HOSPITAL** Dis. At : Pt. ID : **4564772**
 Bill. Loc. : **Aashka hospital** Pt. Loc :
 Reg Date and Time : **16-Oct-2024 09:49** Sample Type : **Spot Urine** Mobile No :
 Sample Date and Time : **16-Oct-2024 09:49** Sample Coll. By : Ref Id1 : **OSP35269**
 Report Date and Time : **16-Oct-2024 11:01** Acc. Remarks : **Normal** Ref Id2 : **O24256093**

TEST	RESULTS	UNIT	BIOLOGICAL REF RANGE	REMARKS
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URINE EXAMINATION

Physical Examination

Colour : **Pale yellow**
 Transparency : **Clear**

Chemical Examination

Sp.Gravity	1.025		1.005 - 1.030
pH	5.5		5 - 8
Leucocytes (ESTERASE)	Negative		Negative
Protein	Negative		Negative
Glucose	Negative		Negative
Ketone Bodies Urine	Negative		Negative
Urobilinogen	Negative		Negative
Bilirubin	Negative		Negative
Blood	Negative		Negative
Nitrite	Negative		Negative

Microscopic Examination

Leucocyte	Nil	/HPF	Nil
Red Blood Cell	Nil	/HPF	Nil
Epithelial Cell	Present +	/HPF	Present(+)
Bacteria	Nil	/μL	Nil
Yeast	Nil	/μL	Nil
Cast	Nil	/HPF	Nil
Crystals	Nil	/HPF	Nil

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

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 Report Date and Time : **16-Oct-2024 11:01** Acc. Remarks : **Normal** Ref Id2 : **O24256093**

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


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

Pending Services
Liquid Base Cytology PAP

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

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

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


Dr. Shreya Shah
 M.D. (Pathologist)

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Printed On : 16-Oct-2024 13:12



Neuberg Diagnostics Private Limited

Laboratory : "KEDAR" Opposite Krupa Petrol Pump, Near Parimal Garden,
 Ahmedabad - 380006 ☎ 079-40408181 / 61618181
 contact@neubergsupratech.com

Regd. Office : Plot No. 7, Industrial Estate, Rajiv Gandhi Salai, Perungudi,
 Chennai - 600096, Tamil Nadu, India. | CIN - U85300TN2017PTC114099
 www.neubergsupratech.com

PATIENT NAME: NIDHI SINGH
GENDER/AGE: Female / 32 Years
DOCTOR: DR. HASIT JOSHI
OPDNO: OSP35269

DATE: 16/10/24

2D-ECHO

MITRAL VALVE	: NORMAL	
AORTIC VALVE	: NORMAL	
TRICUSPID VALVE	: NORMAL	
PULMONARY VALVE	: NORMAL	
AORTA	: 34mm	
LEFT ATRIUM	: 39mm	
LV Dd / Ds	: 47/30mm	EF 55%
IVS / LVPW / D	: 11/11mm	
IVS	: INTACT	
IAS	: INTACT	
RA	: NORMAL	
RV	: NORMAL	
PA	: NORMAL	
PERICARDIUM	: NORMAL	
VEL	: PEAK	MEAN
M/S	: Gradient mm Hg	Gradient mm Hg
MITRAL	: 1/0.7m/s	
AORTIC	: 1.4m/s	
PULMONARY	: 1.2m/s	
COLOUR DOPPLER	: TRIVIAL MR/ MILD TR	
RVSP	: 30mmHg	
CONCLUSION	: NORMAL LV SIZE / SYSTOLIC FUNCTION.	

CARDIOLOGIST
DR. HASIT JOSHI (9825012235)

REPORT REPORT REPORT

Aashka Hospitals Ltd.
Between Sargasan and Reliance Cross Roads
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Phone: 079-29750750, +91-7575006000 / 9000
Emergency No.: +91-7575007707 / 9879752777
www.aashkahospitals.in
CIN: L85110GJ2012PLC072647



PATIENT NAME: NIDHI SINGH
GENDER/AGE: Female / 32 Years
DOCTOR:
OPDNO: OSP35269

DATE: 16/10/24

X-RAY CHEST PA

Both lung fields show increased broncho-vascular markings.
No evidence of collapse, consolidation, mediastinal lymph adenopathy, soft tissue infiltration or pleural effusion is seen.
Both hilar shadows and C.P. angles are normal.
Heart shadow appears normal in size. Aorta appears normal.
Bony thorax and both domes of diaphragm appear normal.
No evidence of cervical rib is seen on either side.


DR. SNEHAL PRAJAPATI
CONSULTANT RADIOLOGIST

REPORT REPORT REPORT

PATIENT NAME: NIDHI SINGH

GENDER/AGE: Female / 32 Years

DOCTOR:

OPDNO: OSP35269

DATE: 16/10/24

SONOGRAPHY OF ABDOMEN AND PELVIS

LIVER: Liver appears normal in size and shows increased parenchymal echoes. No evidence of focal lesion is seen. No evidence of dilated IHBR is seen. Intrahepatic portal radicles appear normal. No evidence of solid or cystic mass lesion is seen.

GALL BLADDER: H/o surgery.

PANCREAS: Pancreas appears normal in size and shows normal parenchymal echoes. No evidence of pancreatitis or pancreatic mass lesion is seen.

SPLEEN: Spleen appears normal in size and shows normal parenchymal echoes. No evidence of focal or diffuse lesion is seen.

KIDNEYS: Both kidneys are normal in size, shape and position. Both renal contours are smooth. Cortical and central echoes appear normal. Bilateral cortical thickness appears normal. No evidence of renal calculus, hydronephrosis or mass lesion is seen on either side. No evidence of perinephric fluid collection is seen.

Right kidney measures about 10.1 x 4.6 cms in size.
Left kidney measures about 10.6 x 4.8 cms in size.

No evidence of suprarenal mass lesion is seen on either side.

Aorta, IVC and para aortic region appears normal.
No evidence of ascites is seen.

BLADDER: Bladder is normally distended and appears normal. No evidence of bladder calculus, diverticulum or mass lesion is seen. Prevoid bladder volume measures about 190 cc.

UTERUS: Uterus is anteverted and appears normal in size, shape and position. Endometrial and myometrial echoes appear normal. Endometrial thickness measures about 6 mm. No evidence of uterine mass lesion is seen.

Bilateral adnexa appears normal.

COMMENT: Grade I fatty changes in liver.

Normal sonographic appearance of pancreas, spleen, kidneys, para aortic region, bladder and uterus.


DR. SNEHAL PRAJAPATI
CONSULTANT RADIOLOGIST

REPORT REPORT REPORT



Name: Nishi Singh Age: 32 Yr

Complaints:
foetid smelling white discharge P/W

No of deliveries: 2 FTO

Last Delivery: 4 Yrs

History of abortion:

H/O medical conditions associated:

Last abortions: 1 MTD

DM
HTN
Thyroid

MH: RNT Reg:

LMP: 27/9/24

P/A: CX NAD

P/S: Vaginitis @
foetid smen

P/V: wt RNT NS
RL for for

Sample:-

Vagina
Cervix

Doctors Sign:- DR. [Signature]

16.10.2024 11:27:53 AM
AASHKA HOSPITAL LTD.
SARGASAN
GANDHINAGAR

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

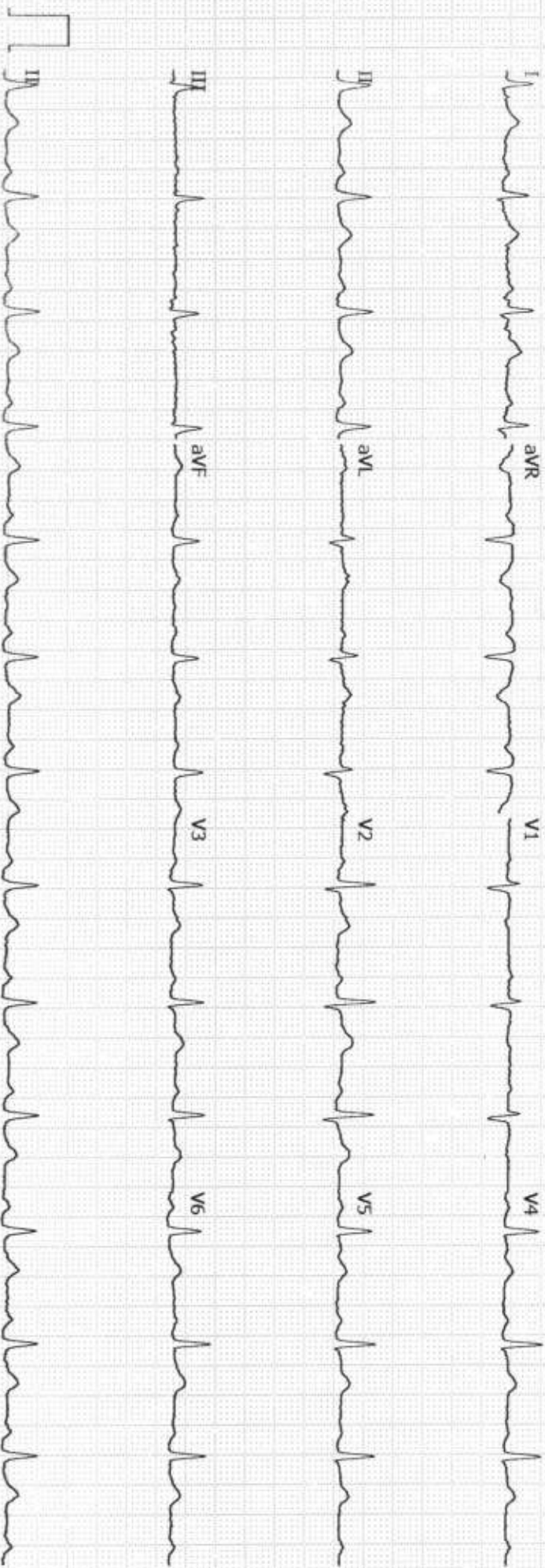
Room:

79 bpm
-- / -- mmHg

Technician:
Ordering Ph:
Referring Ph:
Attending Ph:

QRS : 76 ms
QT / QTcBaz : 388 / 444 ms
PR : 180 ms
P : 102 ms
RR / PP : 764 / 759 ms
P / QRS / T : 45 / 58 / 39 degrees

Normal sinus rhythm
Normal ECG



25 mm/s 10 mm/mV

ADS 0.56-20 Hz 50 Hz

Unconfirmed 4x2.5x3_25_R1 1/1

DR. TAPAS RAVAL
MBBS . D.O
(FELLOW IN PHACO & MEDICAL
RATINA)
REG.NO.G-21350

UHID:	Date: 16/10/24	Time:
Patient Name: Arshi Singh	Age /Sex: 1 F	Height: 157 c.m.
		Weight: 106. K.G.
History: Referred eye chfdr of		
Allergy History: NAD		
Nutritional Screening: Well-Nourished / Malnourished / Obese		
Examination: AC → NPL R pupil → RL Culva → CR VV = 6/24 6/24 Afteral us → am VV < 6/36 6/36		
Diagnosis:		

Rx

No	Dosage Form	Name of drug (IN BLOCK LETTERS ONLY)	Dose	Route	Frequency	Duration

Eye examination:

	RIGHT			LEFT			
	S	C	A	S	C	A	
D	1.50	-	-	2.00	-	-	6/30 P
N							

Other Advice:

Follow-up:

Consultant's Sign:

DR.KHUSHBOO PATEL
MS (OBS & GYN)
REG. NO. G-31287

UHID:	Date: 16/10/24	Time: 11:32 AM
Patient Name: Nidhi Singh	Age: 32 yrs	Mobile No:
Complaint and duration: foal swelling white discharge x 6 months.		
History:	2-3 R bed flur	
Menstrual history: Cycles	Flow 25-40	Duration of Bleeding
		Presence of pain
LMP: 27/9/24		
H/O Associated illnesses:		
HTN:		DM:
Thyroid disorder: NAD		Others:
Family History:		
Medication history: NAD		
Obstetric History:	P ₂ L ₀ 27/08/2018 / 27/08/2018	
No of deliveries:	LD-4785	Last child:
Allergy History:		
Nutritional Screening: Well-Nourished / Malnourished / Obese <input checked="" type="checkbox"/>		
General Examination:		
CVS	BP:	Oedema of ft
RS	Wt:	Tongue
Breast examination:		

Prescription

P/ O/C
 A P/S - CX NAD
 Vaginitis (P)
 L/E found sm (P)
 P/S- cervix P/S - uterine N/S
 P/V BL for sm.

Provisional Diagnosis: Vaginitis (P)

Investigation: Pap's smear

Plan of care: 1

Rx												
No	Dosage Form	Name of drug (IN BLOCK LETTERS ONLY)	Dose	Route	Frequency	Duration						
		T. DOXY	100	oral	1-07 X 7d							
		T. Metro	400	oral	1-17 X 5d							
		T. Pansil DSP			100 X 7d							
		Prevacid sachet			101 X 7d							
		T. Clonazepam		PV	0-01 X 7d							
		FAS kit for Husband				<table border="1"> <tr><td>0</td><td>→</td></tr> <tr><td>0</td><td>→</td></tr> <tr><td>0+0</td><td>→</td></tr> </table>	0	→	0	→	0+0	→
0	→											
0	→											
0+0	→											

Follow-up: follow up after 7 days

Consultant's Sign: DR. Khushna (P)