

: -

:48 Years / Female

: MRS.SAYLEE SANTOSH KADAM

: Borivali West (Main Centre)

CID

Name

Age / Gender

Consulting Dr.

Reg. Location

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## MEDIWHEEL FULL BODY HEALTH CHECKUP FEMALE ABOVE 40/2D ECHO

<u>CBC (Complete Blood Count), Blood</u>			
<u>PARAMETER</u>	<u>RESULTS</u>	<b>BIOLOGICAL REF RANGE</b>	<u>METHOD</u>
<b>RBC PARAMETERS</b>			
Haemoglobin	7.9	12.0-15.0 g/dL	Spectrophotometric
RBC	4.69	3.8-4.8 mil/cmm	Elect. Impedance
PCV	25.0	36-46 %	Measured
MCV	53	80-100 fl	Calculated
MCH	16.9	27-32 pg	Calculated
MCHC	31.6	31.5-34.5 g/dL	Calculated
RDW	19.3	11.6-14.0 %	Calculated
WBC PARAMETERS			
WBC Total Count	8490	4000-10000 /cmm	Elect. Impedance
WBC DIFFERENTIAL AND ABS	SOLUTE COUNTS		
Lymphocytes	30.7	20-40 %	
Absolute Lymphocytes	2606.4	1000-3000 /cmm	Calculated
Monocytes	7.5	2-10 %	
Absolute Monocytes	636.8	200-1000 /cmm	Calculated
Neutrophils	60.7	40-80 %	
Absolute Neutrophils	5153.4	2000-7000 /cmm	Calculated
Eosinophils	1.0	1-6 %	
Absolute Eosinophils	84.9	20-500 /cmm	Calculated
Basophils	0.1	0.1-2 %	
Absolute Basophils	8.5	20-100 /cmm	Calculated
Immature Leukocytes	-		

WBC Differential Count by Absorbance & Impedance method/Microscopy.

## PLATELET PARAMETERS

Platelet Count	484000	150000-400000 /cmm	Elect. Impedance
MPV	8.6	6-11 fl	Calculated
PDW	18.6	11-18 %	Calculated
RBC MORPHOLOGY			
Hypochromia	++		
Microcytosis	+++		

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DIAGNOSTI	CS			E
PRECISE TESTING - NEAL	THER LIVING			P
CID	: 2407526899			0
Name	: MRS.SAYLEE SANTOSH KADAM		可以推动的影响	R
Age / Gender	: 48 Years / Female		Use a QR Code Scanner Application To Scan the Code	т
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Macrocytosis	-		
Anisocytosis	+		
Poikilocytosis	Mild		
Polychromasia	Mild		
Target Cells			
Basophilic Stippling			
Normoblasts	-		
Others	Elliptocytes-occasional		
WBC MORPHOLOGY	-		
PLATELET MORPHOLOGY	-		
COMMENT	-		
Specimen: EDTA Whole Blood			
ESR, EDTA WB-ESR	12	2-20 mm at 1 hr.	Sedimentation

Clinical Significance: The erythrocyte sedimentation rate (ESR), also called a sedimentation rate is the rate red blood cells sediment in a period of time.

#### Interpretation:

Factors that increase ESR: Old age, Pregnancy, Anemia Factors that decrease ESR: Extreme leukocytosis, Polycythemia, Red cell abnormalities- Sickle cell disease

Limitations:

- It is a non-specific measure of inflammation.
- The use of the ESR as a screening test in asymptomatic persons is limited by its low sensitivity and specificity.

Reflex Test: C-Reactive Protein (CRP) is the recommended test in acute inflammatory conditions.

### Reference:

- Pack Insert
- Brigden ML. Clinical utility of the erythrocyte sedimentation rate. American family physician. 1999 Oct 1;60(5):1443-50.

\*Sample processed at SUBURBAN DIAGNOSTICS (INDIA) PVT. LTD Borivali Lab, Borivali West \*\*\* End Of Report \*\*\*



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**Dr.JYOT THAKKER** M.D. (PATH), DPB Pathologist & AVP(Medical Services)

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MEDIWHEEL FULL BODY HEALTH CHECKUP FEMALE ABOVE 40/2D ECHO			
PARAMETER	<u>RESULTS</u>	<b>BIOLOGICAL REF RANGE</b>	<u>METHOD</u>
GLUCOSE (SUGAR) FASTING, Fluoride Plasma	143.8	Non-Diabetic: < 100 mg/dl Impaired Fasting Glucose: 100-125 mg/dl Diabetic: >/= 126 mg/dl	Hexokinase
GLUCOSE (SUGAR) PP, Fluoride Plasma PP/R	200.3	Non-Diabetic: < 140 mg/dl Impaired Glucose Tolerance: 140-199 mg/dl Diabetic: >/= 200 mg/dl	Hexokinase
Urine Sugar (Fasting)	Absent	Absent	
Urine Ketones (Fasting)	Absent	Absent	
*Sample processed at SUBURBAN DIAGNOSTICS (INDIA) PVT. LTD Borivali Lab, Borivali West			

\*\*\* End Of Report \*\*\*



Bmhaskar

Dr.KETAKI MHASKAR M.D. (PATH) Pathologist

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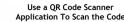
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CID : 2407526899 Name : MRS.SAYLEE SANTOSH KADAM Age / Gender : 48 Years / Female Consulting Dr. : -Reg. Location : Borivali West (Main Centre)



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## MEDIWHEEL FULL BODY HEALTH CHECKUP FEMALE ABOVE 40/2D ECHO KIDNEY FUNCTION TESTS

PARAMETER	<u>RESULTS</u>	BIOLOGICAL REF RANGE	<u>METHOD</u>
BLOOD UREA, Serum	19.4	12.8-42.8 mg/dl	Kinetic
BUN, Serum	9.1	6-20 mg/dl	Calculated
CREATININE, Serum	0.57	0.51-0.95 mg/dl	Enzymatic
eGFR, Serum	112	(ml/min/1.73sqm) Normal or High: Above 90 Mild decrease: 60-89 Mild to moderate decrease: 45 59 Moderate to severe decrease:3 -44 Severe decrease: 15-29 Kidney failure:<15	

## Note: eGFR estimation is calculated using 2021 CKD-EPI GFR equation w.e.f 16-08-2023

	5	•	
TOTAL PROTEINS, Serum	7.3	6.4-8.3 g/dL	Biuret
ALBUMIN, Serum	4.5	3.5-5.2 g/dL	BCG
GLOBULIN, Serum	2.8	2.3-3.5 g/dL	Calculated
A/G RATIO, Serum	1.6	1 - 2	Calculated
URIC ACID, Serum	4.0	2.4-5.7 mg/dl	Enzymatic
PHOSPHORUS, Serum	4.1	2.7-4.5 mg/dl	Molybdate UV
CALCIUM, Serum	10.5	8.6-10.0 mg/dl	N-BAPTA
SODIUM, Serum	139	135-148 mmol/l	ISE
POTASSIUM, Serum	4.2	3.5-5.3 mmol/l	ISE
CHLORIDE, Serum	106	98-107 mmol/l	ISE

\*Sample processed at SUBURBAN DIAGNOSTICS (INDIA) PVT. LTD Borivali Lab, Borivali West \*\*\* End Of Report \*\*\*



Dr.JYOT THAKKER M.D. (PATH), DPB Pathologist & AVP( Medical Services)

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#### MEDIWHEEL FULL BODY HEALTH CHECKUP FEMALE ABOVE 40/2D ECHO GLYCOSYLATED HEMOGLOBIN (HbA1c) **BIOLOGICAL REF RANGE** PARAMETER RESULTS METHOD HPLC Glycosylated Hemoglobin 6.7 Non-Diabetic Level: < 5.7 % (HbA1c), EDTA WB - CC Prediabetic Level: 5.7-6.4 % Diabetic Level: >/= 6.5 % Estimated Average Glucose 145.6 mg/dl Calculated

Intended use:

- In patients who are meeting treatment goals, HbA1c test should be performed at least 2 times a year
- In patients whose therapy has changed or who are not meeting glycemic goals, it should be performed quarterly
- For microvascular disease prevention, the HbA1C goal for non pregnant adults in general is Less than 7%.

### Clinical Significance:

(eAG), EDTA WB - CC

- HbA1c, Glycosylated hemoglobin or glycated hemoglobin, is hemoglobin with glucose molecule attached to it.
- The HbA1c test evaluates the average amount of glucose in the blood over the last 2 to 3 months by measuring the percentage of glycosylated hemoglobin in the blood.

### Test Interpretation:

- The HbA1c test evaluates the average amount of glucose in the blood over the last 2 to 3 months by measuring the percentage of Glycosylated hemoglobin in the blood.
- HbA1c test may be used to screen for and diagnose diabetes or risk of developing diabetes.
- To monitor compliance and long term blood glucose level control in patients with diabetes.
- Index of diabetic control, predicting development and progression of diabetic micro vascular complications.

### Factors affecting HbA1c results:

Increased in: High fetal hemoglobin, Chronic renal failure, Iron deficiency anemia, Splenectomy, Increased serum triglycerides, Alcohol ingestion, Lead/opiate poisoning and Salicylate treatment.

**Decreased in:** Shortened RBC lifespan (Hemolytic anemia, blood loss), following transfusions, pregnancy, ingestion of large amount of Vitamin E or Vitamin C and Hemoglobinopathies

Reflex tests: Blood glucose levels, CGM (Continuous Glucose monitoring)

References: ADA recommendations, AACC, Wallach's interpretation of diagnostic tests 10th edition.

\*Sample processed at SUBURBAN DIAGNOSTICS (INDIA) PVT. LTD Borivali Lab, Borivali West \*\*\* End Of Report \*\*\*



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:15-Mar-2024 / 08:12 :15-Mar-2024 / 14:45

## MEDIWHEEL FULL BODY HEALTH CHECKUP FEMALE ABOVE 40/2D ECHO URINE EXAMINATION REPORT

PARAMETER	<u>RESULTS</u>	<b>BIOLOGICAL REF RANGE</b>	<u>METHOD</u>
PHYSICAL EXAMINATION			
Color	Pale yellow	Pale Yellow	-
Reaction (pH)	5.0	4.5 - 8.0	Chemical Indicator
Specific Gravity	1.010	1.001-1.030	Chemical Indicator
Transparency	Clear	Clear	-
Volume (ml)	30	-	-
CHEMICAL EXAMINATION			
Proteins	Absent	Absent	pH Indicator
Glucose	Absent	Absent	GOD-POD
Ketones	Absent	Absent	Legals Test
Blood	Absent	Absent	Peroxidase
Bilirubin	Absent	Absent	Diazonium Salt
Urobilinogen	Normal	Normal	Diazonium Salt
Nitrite	Absent	Absent	Griess Test
MICROSCOPIC EXAMINATION			
Leukocytes(Pus cells)/hpf	2-3	0-5/hpf	
Red Blood Cells / hpf	Absent	0-2/hpf	
Epithelial Cells / hpf	5-6		
Casts	Absent	Absent	
Crystals	Absent	Absent	
Amorphous debris	Absent	Absent	
Bacteria / hpf	+(>20/hpf)	Less than 20/hpf	
Others			

Others

Interpretation: The concentration values of Chemical analytes corresponding to the grading given in the report are as follows:

- Protein ( 1 + = 25 mg/dl , 2 + = 75 mg/dl , 3 + = 150 mg/dl , 4 + = 500 mg/dl )
- Glucose(1+ = 50 mg/dl , 2+ =100 mg/dl , 3+ =300 mg/dl ,4+ =1000 mg/dl )
- Ketone (1+ =5 mg/dl , 2+ = 15 mg/dl , 3+= 50 mg/dl , 4+ = 150 mg/dl )

Reference: Pack inert

\*Sample processed at SUBURBAN DIAGNOSTICS (INDIA) PVT. LTD Borivali Lab, Borivali West \*\*\* End Of Report \*\*\*



Dr.JYOT THAKKER.. M.D. (PATH), DPB Pathologist & AVP( Medical Services)

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# MEDIWHEEL FULL BODY HEALTH CHECKUP FEMALE ABOVE 40/2D ECHO BLOOD GROUPING & Rh TYPING

PARAMETER

## <u>RESULTS</u>

А

ABO GROUP Rh TYPING

Negative

NOTE: Test performed by automated Erythrocytes magnetized technology (EMT) which is more sensitive than conventional methods.

Specimen: EDTA Whole Blood and/or serum

### Clinical significance:

ABO system is most important of all blood group in transfusion medicine

### Limitations:

- ABO blood group of new born is performed only by cell (forward) grouping because allo antibodies in cord blood are of maternal origin.
- Since A & B antigens are not fully developed at birth, both Anti-A & Anti-B antibodies appear after the first 4 to 6 months of life. As a result, weaker reactions may occur with red cells of newborns than of adults.
- Confirmation of newborn's blood group is indicated when A & B antigen expression and the isoagglutinins are fully developed at 2 to 4 years of age & remains constant throughout life.
- Cord blood is contaminated with Wharton's jelly that causes red cell aggregation leading to false positive result
- The Hh blood group also known as Oh or Bombay blood group is rare blood group type. The term Bombay is used to refer the phenotype that lacks normal expression of ABH antigens because of inheritance of hh genotype.

## Refernces:

- 1. Denise M Harmening, Modern Blood Banking and Transfusion Practices- 6th Edition 2012. F.A. Davis company. Philadelphia
- 2. AABB technical manual

\*Sample processed at SUBURBAN DIAGNOSTICS (INDIA) PVT. LTD SDRL, Vidyavihar Lab

\*\*\* End Of Report \*\*\*



Dr.ANUPA DIXIT M.D.(PATH) Consultant Pathologist & Lab Director

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## MEDIWHEEL FULL BODY HEALTH CHECKUP FEMALE ABOVE 40/2D ECHO LIPID PROFILE

PARAMETER	RESULTS	BIOLOGICAL REF RANGE	<u>METHOD</u>
CHOLESTEROL, Serum	186.5	Desirable: <200 mg/dl Borderline High: 200-239mg/dl High: >/=240 mg/dl	CHOD-POD
TRIGLYCERIDES, Serum	74.6	Normal: <150 mg/dl Borderline-high: 150 - 199 mg/dl High: 200 - 499 mg/dl Very high:>/=500 mg/dl	GPO-POD
HDL CHOLESTEROL, Serum	57.3	Desirable: >60 mg/dl Borderline: 40 - 60 mg/dl Low (High risk): <40 mg/dl	Homogeneous enzymatic colorimetric assay
NON HDL CHOLESTEROL, Serum	129.2	Desirable: <130 mg/dl Borderline-high:130 - 159 mg/d High:160 - 189 mg/dl Very high: >/=190 mg/dl	Calculated I
LDL CHOLESTEROL, Serum	114.0	Optimal: <100 mg/dl Near Optimal: 100 - 129 mg/dl Borderline High: 130 - 159 mg/dl High: 160 - 189 mg/dl Very High: >/= 190 mg/dl	Calculated
VLDL CHOLESTEROL, Serum	15.2	< /= 30 mg/dl	Calculated
CHOL / HDL CHOL RATIO, Serum	3.3	0-4.5 Ratio	Calculated
LDL CHOL / HDL CHOL RATIO, Serum	2.0	0-3.5 Ratio	Calculated

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:15-Mar-2024 / 08:12 :15-Mar-2024 / 12:50

## MEDIWHEEL FULL BODY HEALTH CHECKUP FEMALE ABOVE 40/2D ECHO **THYROID FUNCTION TESTS**

PARAMETER	<u>RESULTS</u>	<b>BIOLOGICAL REF RANGE</b>	<u>METHOD</u>
Free T3, Serum	4.0	3.5-6.5 pmol/L	ECLIA
Free T4, Serum	16.4	11.5-22.7 pmol/L First Trimester:9.0-24.7 Second Trimester:6.4-20.59 Third Trimester:6.4-20.59	ECLIA
sensitiveTSH, Serum	5.33	0.35-5.5 microIU/ml First Trimester:0.1-2.5 Second Trimester:0.2-3.0 Third Trimester:0.3-3.0	ECLIA

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#### Interpretation:

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A thyroid panel is used to evaluate thyroid function and/or help diagnose various thyroid disorders.

: MRS.SAYLEE SANTOSH KADAM

: Borivali West (Main Centre)

#### **Clinical Significance:**

1)TSH Values between high abnormal upto15 microIU/ml should be correlated clinically or repeat the test with new sample as physiological factors

can give falsely high TSH.

2)TSH values may be trasiently altered becuase of non thyroidal illness like severe infections, liver disease, renal and heart severe burns, trauma and surgery etc.

TSH	FT4 / T4	FT3 / T3	Interpretation
High	Normal	Normal	Subclinical hypothyroidism, poor compliance with thyroxine, drugs like amiodarone, Recovery phase of non- thyroidal illness, TSH Resistance.
High	Low	Low	Hypothyroidism, Autoimmune thyroiditis, post radio iodine Rx, post thyroidectomy, Anti thyroid drugs, tyrosine kinase inhibitors & amiodarone, amyloid deposits in thyroid, thyroid tumors & congenital hypothyroidism.
Low	High	High	Hyperthyroidism, Graves disease, toxic multinodular goiter, toxic adenoma, excess iodine or thyroxine intake, pregnancy related (hyperemesis gravidarum, hydatiform mole)
Low	Normal	Normal	Subclinical Hyperthyroidism, recent Rx for Hyperthyroidism, drugs like steroids & dopamine), Non thyroidal illness.
Low	Low	Low	Central Hypothyroidism, Non Thyroidal Illness, Recent Rx for Hyperthyroidism.
High	High	High	Interfering anti TPO antibodies, Drug interference: Amiodarone, Heparin, Beta Blockers, steroids & anti epileptics.

**Diurnal Variation:**TSH follows a diurnal rhythm and is at maximum between 2 am and 4 am , and is at a minimum between 6 pm and 10 pm. The variation is on the order of 50 to 206%. Biological variation:19.7% (with in subject variation)

Reflex Tests: Anti thyroid Antibodies, USG Thyroid , TSH receptor Antibody. Thyroglobulin, Calcitonin

#### Limitations:

1. Samples should not be taken from patients receiving therapy with high biotin doses (i.e. >5 mg/day) until atleast 8 hours

following the last biotin administration.

2. Patient samples may contain heterophilic antibodies that could react in immunoassays to give falsely elevated or depressed results. this assay is designed to minimize interference from heterophilic antibodies.

and assay is designed to minimize interference norm neterophilic a

#### Reference:

1.O.koulouri et al. / Best Practice and Research clinical Endocrinology and Metabolism 27(2013)

2.Interpretation of the thyroid function tests, Dayan et al. THE LANCET . Vol 357

3. Tietz , Text Book of Clinical Chemistry and Molecular Biology -5th Edition

4.Biological Variation: From principles to Practice-Callum G Fraser (AACC Press)

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Dr.KETAKI MHASKAR M.D. (PATH) Pathologist

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## MEDIWHEEL FULL BODY HEALTH CHECKUP FEMALE ABOVE 40/2D ECHO LIVER FUNCTION TESTS

PARAMETER	RESULTS	BIOLOGICAL REF RANGE	<u>METHOD</u>
BILIRUBIN (TOTAL), Serum	0.31	0.1-1.2 mg/dl	Colorimetric
BILIRUBIN (DIRECT), Serum	0.16	0-0.3 mg/dl	Diazo
BILIRUBIN (INDIRECT), Serum	0.15	0.1-1.0 mg/dl	Calculated
TOTAL PROTEINS, Serum	7.3	6.4-8.3 g/dL	Biuret
ALBUMIN, Serum	4.5	3.5-5.2 g/dL	BCG
GLOBULIN, Serum	2.8	2.3-3.5 g/dL	Calculated
A/G RATIO, Serum	1.6	1 - 2	Calculated
SGOT (AST), Serum	11.1	5-32 U/L	NADH (w/o P-5-P)
SGPT (ALT), Serum	7.8	5-33 U/L	NADH (w/o P-5-P)
GAMMA GT, Serum	14.0	3-40 U/L	Enzymatic
ALKALINE PHOSPHATASE, Serum	76.2	35-105 U/L	Colorimetric

\*Sample processed at SUBURBAN DIAGNOSTICS (INDIA) PVT. LTD Borivali Lab, Borivali West \*\*\* End Of Report \*\*\*



Bmhaskav

Dr.KETAKI MHASKAR M.D. (PATH) Pathologist

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 HEALTHLINE: 022-6170-0000 |
 E-MAIL: customerservice@suburbandiagnostics.com | WEBSITE: www.suburbandiagnostics.com

 Corporate Identity Number (CIN): U85110MH2002PTC136144



CID NO: 2407526899	
PATIENT'S NAME: MRS.SAYLEE SANTOSH KADAM	AGE/SEX: 48 Y/ F
REF BY:	DATE: 15/03/2024

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## **2-D ECHOCARDIOGRAPHY**

- 1. RA, LA RV is Normal Size.
- 2. No LV Hypertrophy.
- 3. Normal LV systolic function. LVEF 60 % by bi-plane
- 4. No RWMA at rest.
- 5. Aortic, Pulmonary, Mitral valves normal, Mild TR.
- Great arteries: Aorta: Normal

   a. No mitral valve prolaps.
- 7. Inter-ventricular septum is intact and normal.
- 8. Intra Atrial Septum intact.Mild Atrial septal aneurysm (ASA) bulging in to right atrium no color flow across it.
- 9. Intra Atrial Septum intact.
- 10.Pulmonary vein, IVC, hepatic are normal.
- 11.No LV clot.
- 12.No Pericardial Effusion
- 13.No Diastolic disfunction. No Doppler evidence of raised LVEDP.

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ATIENT'S NAME: MRS.SAYI	LEE SANTOSH KADAM	AGE/SEX: 48 Y/ F
REF BY:		DATE: 15/03/2024
1. AO root diameter	2.7 cm	
2. IVSd	0.9 cm	
3. LVIDd	4.2 cm	
4. LVIDs	2.2 cm	
5. LVPWd	0.9 cm	
6. LA dimension	3.6 cm	
7. RA dimension	3.5 cm	
8. RV dimension	2.9 cm	
9. Pulmonary flow vel:	0.7 m/s	
10. Pulmonary Gradient	2.4 m/s	
11. Tricuspid flow vel	2.2 m/s	
12. Tricuspid Gradient	20 m/s	
13. PASP by TR Jet	30 mm Hg	
14. TAPSE	3.0 cm	
15. Aortic flow vel	1.1 m/s	
16. Aortic Gradient	6 m/s	
17. MV:E	0.8 m/s	
18. A vel	0.7 m/s	
19. IVC	15 mm	
20. E/E'	10	

## **Impression:**

Intra Atrial Septum intact.Mild Atrial septal aneurysm (ASA) bulging in to right atrium, no color flow across it.

Mild TR, Mild PH, PASP by TR Jet 30 mm Hg.

## Disclaimer

Echo may have inter/Intra observer variations in measurements as the study is observer dependent and changes with Pt's hemodynamics. Please co-relate findings with patients clinical status.

\*\*\*End of Report\*\*\*

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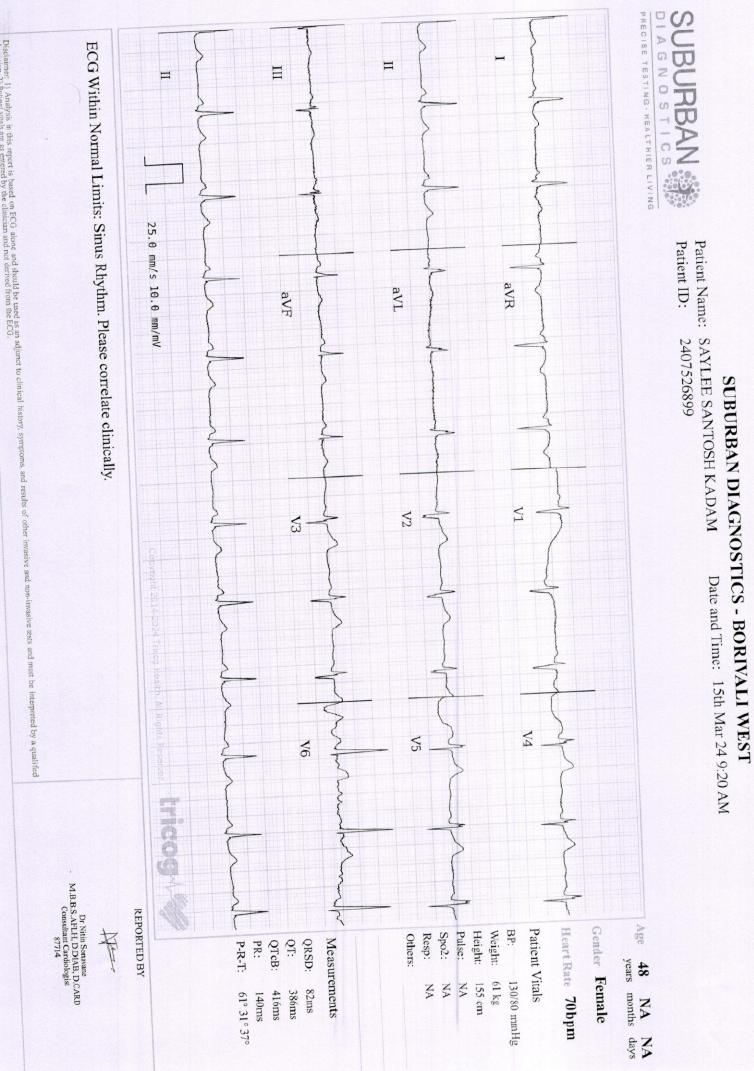
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DR. S. NITIN Consultant Cardiologist Reg. No. 87714

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CID

Name

Age / Sex Ref. Dr

**Reg.** Location

		Authenticity Check	E
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: 2407526899			R
: Mrs Saylee Santosh Kadam : 48 Years/Female		Use a QR Code Scanner Application To Scan the Code	т
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: Borivali West	Reported	: 15-Mar-2024 / 9:26	
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# **USG WHOLE ABDOMEN**

LIVER: Liver is normal in size 13.4 cm , shape and echotexture. There is no intra-hepatic biliary radical dilatation. No evidence of any obvious focal lesion.

GALL BLADDER: Gall bladder is distended and appears normal. No obvious wall thickening is noted. There is no evidence of any calculus.

PORTAL VEIN: Portal vein is normal. CBD: CBD is normal.

PANCREAS: Pancreas appears normal in echotexture. There is no evidence of any focal lesion or calcification.

KIDNEYS: Right kidney measures 9.7 x 4.4 cm. Left kidney measures 8.6 x 3.5 cm. Both kidneys are normal in shape and echotexture. Corticomedullary differentiation is maintained. There is no evidence of any hydronephrosis, hydroureter or calculus.

SPLEEN: Spleen is normal in size, shape and echotexture. No focal lesion is seen.

URINARY BLADDER: Urinary bladder is distended and normal. Wall thickness is within normal limits.

UTERUS: Uterus is anteverted, normal and measures 5.7 x 3.8 x 5.0 cm. Uterine myometrium shows homogenous echotexture. Endometrium is normal in thickness and measures 7.5 mm. Cervix appears normal.

**OVARIES:** Both ovaries appear normal in size and echotexture. The right ovary measures 1.3 x 1.1 cm. The left ovary measures 1.5 x 1.2 cm.

Bilateral adnexa is clear. No free fluid or obvious significant lymphadenopathy is seen.

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CID : 2407526899 Name : Mrs Saylee Santosh Kadam Age / Sex : 48 Years/Female Ref. Dr : Reg. Location : Borivali West



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### **Opinion:**

## No significant abnormality is detected.

#### For clinical correlation and follow up.

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

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

**Reg.** Date

Reported

DR.SUDHANSHU SAXENA Consultant Radiologist M.B.B.S DMRE (RadioDiagnosis) RegNo .MMC 2016061376.

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CID	: 2407526899
Name	: Mrs Saylee Santosh Kadam
Age / Sex	: 48 Years/Female
Ref. Dr	1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1
Reg. Location	: Borivali West



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# **X-RAY CHEST PA VIEW**

Reg. Date

Reported

Both lung fields are clear.

Both costo-phrenic angles are clear.

The cardiac size and shape are within normal limits.

The domes of diaphragm are normal in position and outlines.

The skeleton under review appears normal.

# **IMPRESSION:** NO SIGNIFICANT ABNORMALITY IS DETECTED.

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

**DR.SUDHANSHU SAXENA Consultant Radiologist** M.B.B.S DMRE (RadioDiagnosis) RegNo .MMC 2016061376.

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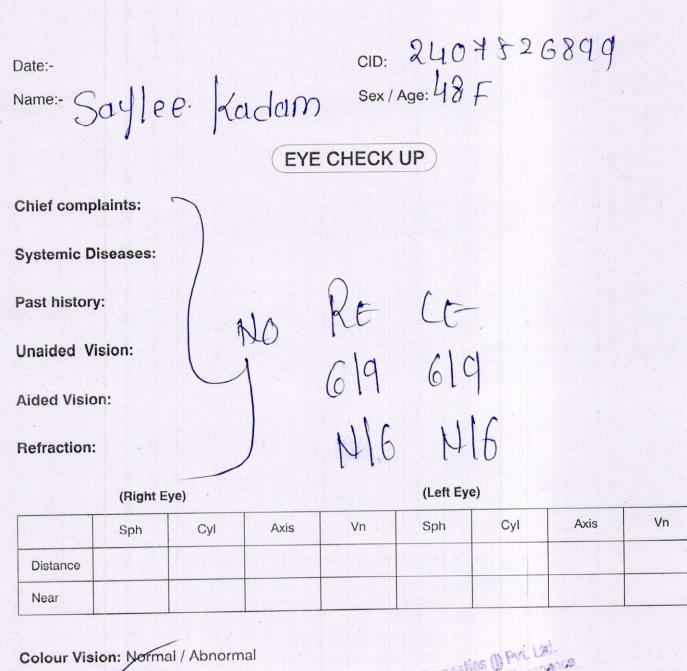
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Remark:

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R E P O R T

R E JRBAN . P NOSTICS PRECISE TESTING . HEALTHIER LIVING 0 R . Age/Gender 48 P. Saiglee Kadam Т Name : Date: 18/8/24 Dr. GYNAEC EXAMINATION REPORTS PERSONAL HISTORY CHIEF COMPLAINTS : DM MARITAL STATUS : Married MENSTRUAL HISTORY : (ii) PRESENT MENSTRUAL HISTORY : Preguler 2 nowths (iii) PAST MENSTRUAL HISTORY : OBSTETRICHISTORY: G3P2A3L2(PTND.) PASTHISTORY: WI (MTP) PREVIOUS SURGERIES : WO ALLERGIES: NO. FAMILY HISTORY: M-DM, Brother-DM, Sis-DM, P-DM, DRUGHISTORY: On Kx DM, BOWEL HABITS : <n> BLADDER HABITS : Dr.MONALI SHAH **REG NO .57282 Consultant HOMOEOPATH** DIETITIAN&NUTRITIONST

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E TESTING HEALTHIER LIVING	
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Name: Saylee K. Dr. :	Date: 15 3 24
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