

भारत सरकार
GOVERNMENT OF INDIA

अभिलाषा
Abhilasha
जन्म तिथि/DOB: 11/05/1988
महिला / FEMALE

9889 3782 6291

आधार-आम आदमी का अधिकार

भारतीय विशिष्ट पहचान प्राधिकरण
UNIQUE IDENTIFICATION AUTHORITY OF INDIA

पता:
आत्मजा: अमर सिंह, बॉर्ड-
40, आदर्श कॉलोनी,
नवलगढ़ रोड, सीकर, सीकर,
राजस्थान - 332001

Address:
D/O: Amar Singh, ward-40, aadarsh
colony, nawalgarh road, Sikar, Sikar,
Rajasthan - 332001

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Aadhaar-Aam Admi ka Adhikar

Dr. PIYUSH GOYAL
MBBS, DMRD (Radiologist)
RMC No.-037041



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General Physical Examination

Date of Examination: 27/07/24

Name: ABHILASHA Age: 36yrs DOB: 11/05/1988 Sex: Female

Referred By: SANJAY K. SARODA

Photo ID: SARODASAR ID #: 6231

Ht: 167 (cm)

Wt: 83 (Kg)

Chest (Expiration): 93 (cm)

Abdomen Circumference: 106 (cm)

Blood Pressure: 100/80 mm Hg PR: 78/min RR: 18/min Temp: Afebrile

BMI 31.3

Eye Examination: with glass
R/E 7/6, N16, N18
L/E 7/6, N16, N18

Other: No

On examination he/she appears physically and mentally fit: Yes/No

Signature Of Examinee: [Signature] Name of Examinee: ABHILASHA

Signature Medical Examiner: [Signature] Name Medical Examiner: DR. PIYUSH GOYAL
MBBS, DMR (Radiologist)
RMC No.-037041



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Patient ID 1224660 Patient Mob No.7297069121
NAME Mrs. ABHILASHA
Age / Sex Female 36 Yrs 2 Mon 18 Days
Ref. By BANK OF BARODA
Lab/Hosp Mr.MEDIWHEEL

Registered On 27/07/2024 08:49:35
Collected On 27/07/2024 09:54:35
Authorized On 27/07/2024 17:06:03
Printed On 27/07/2024 17:06:45

HAEMOGARAM

HAEMATOLOGY

Test Name	Value	Unit	Biological Ref Interval
FULL BODY HEALTH CHECKUP BELOW 40 FEMAL			
HAEMOGLOBIN (Hb)	11.3 L	g/dL	12.0 - 15.0
TOTAL LEUCOCYTE COUNT	6.00	/cumm	4.00 - 10.00
DIFFERENTIAL LEUCOCYTE COUNT			
NEUTROPHIL	60.7	%	40.0 - 80.0
LYMPHOCYTE	33.4	%	20.0 - 40.0
EOSINOPHIL	2.2	%	1.0 - 6.0
MONOCYTE	3.7	%	2.0 - 10.0
BASOPHIL	0.0	%	0.0 - 2.0
TOTAL RED BLOOD CELL COUNT (RBC)	4.28	$\times 10^6/\mu\text{L}$	3.80 - 4.80
HEMATOCRIT (HCT)	34.70 L	%	36.00 - 46.00
MEAN CORP VOLUME (MCV)	81.0 L	fL	83.0 - 101.0
MEAN CORP HB (MCH)	26.3 L	pg	27.0 - 32.0
MEAN CORP HB CONC (MCHC)	32.5	g/dL	31.5 - 34.5
PLATELET COUNT	307	$\times 10^3/\mu\text{L}$	150 - 410
RDW-CV	13.6	%	11.6 - 14.0

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HAEMATOLOGY

HAEMATOLOGY

Test Name	Value	Unit	Biological Ref Interval
Erythrocyte Sedimentation Rate (ESR) <small>Method:- Westergreen</small>	16	mm in 1st hr	00 - 20

The erythrocyte sedimentation rate (ESR or sed rate) is a relatively simple, inexpensive, non-specific test that has been used for many years to help detect inflammation associated with conditions such as infections, cancers, and autoimmune diseases. ESR is said to be a non-specific test because an elevated result often indicates the presence of inflammation but does not tell the health practitioner exactly where the inflammation is in the body or what is causing it. An ESR can be affected by other conditions besides inflammation. For this reason, the ESR is typically used in conjunction with other tests, such as C-reactive protein. ESR is used to help diagnose certain specific inflammatory diseases, including temporal arteritis, systemic vasculitis and polymyalgia rheumatica. (For more on these, read the article on Vasculitis.) A significantly elevated ESR is one of the main test results used to support the diagnosis. This test may also be used to monitor disease activity and response to therapy in both of the above diseases as well as

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(CBC): Methodology: TLC,DLC Fluorescent Flow cytometry, HB SLS method,TRBC,PCV,PLT Hydrodynamically focused Impedance, and MCH,MCV,MCHC,MENTZER INDEX are calculated. InstrumentName: Sysmex 6 part fully automatic analyzer XN-L,Japan





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BIOCHEMISTRY

Test Name	Value	Unit	Biological Ref Interval
FASTING BLOOD SUGAR (Plasma) Method:- GLUCOSE OXIDASE/PEROXIDASE	83.8	mg/dl	70.0 - 115.0
Impaired glucose tolerance (IGT)	111 - 125 mg/dL		
Diabetes Mellitus (DM)	> 126 mg/dL		

Instrument Name: HORIBA CA60 Interpretation: Elevated glucose levels (hyperglycemia) may occur with diabetes, pancreatic neoplasm, hyperthyroidism and adrenal cortical hyper-function as well as other disorders. Decreased glucose levels (hypoglycemia) may result from excessive insulin therapy or various liver diseases.

BLOOD SUGAR PP (Plasma) 96.3 mg/dl 70.0 - 140.0
Method:- GLUCOSE OXIDASE/PEROXIDASE

Instrument Name: HORIBA Interpretation: Elevated glucose levels (hyperglycemia) may occur with diabetes, pancreatic neoplasm, hyperthyroidism and adrenal cortical hyper-function as well as other disorders. Decreased glucose levels (hypoglycemia) may result from excessive insulin therapy or various liver diseases.

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HAEMATOLOGY

Test Name	Value	Unit	Biological Ref Interval
GLYCOSYLATED HEMOGLOBIN (HbA1C) Method:- CAPILLARY with EDTA	5.6	mg%	Non-Diabetic < 6.0 Good Control 6.0-7.0 Weak Control 7.0-8.0 Poor control > 8.0
MEAN PLASMA GLUCOSE Method:- Calculated Parameter	112	mg/dL	68 - 125

INTERPRETATION

AS PER AMERICAN DIABETES ASSOCIATION (ADA)

Reference Group HbA1c in %

Non diabetic adults >=18 years < 5.7

At risk (Prediabetes) 5.7 - 6.4

Diagnosing Diabetes >= 6.5

CLINICAL NOTES

In vitro quantitative determination of HbA1c in whole blood is utilized in long term monitoring of glycemia. The HbA1c level correlates with the mean glucose concentration prevailing in the course of the patient's recent history (approx - 6-8 weeks) and therefore provides much more reliable information for glycemia monitoring than do determinations of blood glucose or urinary glucose. It is recommended that the determination of HbA1c be performed at intervals of 4-8 weeks during Diabetes Mellitus therapy. Results of HbA1c should be assessed in conjunction with the patient's medical history, clinical examinations and other findings.

Some of the factors that influence HbA1c and its measurement [Adapted from Gallagher et al]

1. Erythropoiesis

- Increased HbA1c: iron, vitamin B12 deficiency, decreased erythropoiesis.
- Decreased HbA1c: administration of erythropoietin, iron, vitamin B12, reticulocytosis, chronic liver disease.

2. Altered Haemoglobin-Genetic or chemical alterations in hemoglobin: hemoglobinopathies, HbF, methemoglobin, may increase or decrease HbA1c.

3. Glycation

- Increased HbA1c: alcoholism, chronic renal failure, decreased intraerythrocytic pH.
- Decreased HbA1c: certain hemoglobinopathies, increased intra-erythrocyte pH

4. Erythrocyte destruction

- Increased HbA1c: increased erythrocyte life span: Splenectomy.
- Decreased A1c: decreased RBC life span: hemoglobinopathies, splenomegaly, rheumatoid arthritis or drugs such as antiretrovirals, ribavirin & dapsone.

5. Others

- Increased HbA1c: hyperbilirubinemia, carbamylated hemoglobin, alcoholism, large doses of aspirin, chronic opiate use, chronic renal failure.
- Decreased HbA1c: hypertriglyceridemia, reticulocytosis, chronic liver disease, aspirin, vitamin C and E, splenomegaly, rheumatoid arthritis or drugs

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HAEMATOLOGY

HAEMATOLOGY

Test Name	Value	Unit	Biological Ref Interval
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BLOOD GROUP ABO
Method:- Haemagglutination reaction

"A" POSITIVE



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BIOCHEMISTRY

Test Name	Value	Unit	Biological Ref Interval
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LIPID PROFILE

SERUM TOTAL CHOLESTEROL Method:- CHOLESTEROL OXIDASE/PEROXIDASE	163.00	mg/dl	Desirable <200 Borderline 200-239 High > 240
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InstrumentName: HORIBA **Interpretation:** Cholesterol measurements are used in the diagnosis and treatments of lipid lipoprotein metabolism disorders.

SERUM TRIGLYCERIDES Method:- GLYCEROL PHOSPHATE OXIDASE/PREOXIDASE	157.00 H	mg/dl	Normal <150 Borderline high 150-199 High 200-499 Very high >500
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InstrumentName: Randox Rx Imola **Interpretation :** Triglyceride measurements are used in the diagnosis and treatment of diseases involving lipid metabolism and various endocrine disorders e.g. diabetes mellitus, nephrosis and liver obstruction.

DIRECT HDL CHOLESTEROL Method:- Direct clearance Method	41.20	mg/dl	MALE- 30-70 FEMALE - 30-85
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Instrument Name: Rx Daytona plus **Interpretation:** An inverse relationship between HDL-cholesterol (HDL-C) levels in serum and the incidence/prevalence of coronary heart disease (CHD) has been demonstrated in a number of epidemiological studies. Accurate measurement of HDL-C is of vital importance when assessing patient risk from CHD. Direct measurement gives improved accuracy and reproducibility when compared to precipitation methods.

LDL CHOLESTEROL Method:- Calculated Method	95.63	mg/dl	Optimal <100 Near Optimal/above optimal 100-129 Borderline High 130-159 High 160-189 Very High > 190
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VLDL CHOLESTEROL Method:- Calculated	31.40	mg/dl	0.00 - 80.00
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T.CHOLESTEROL/HDL CHOLESTEROL RATIO Method:- Calculated	3.96		0.00 - 4.90
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LDL / HDL CHOLESTEROL RATIO Method:- Calculated	2.32		0.00 - 3.50
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TOTAL LIPID Method:- CALCULATED	544.45	mg/dl	400.00 - 1000.00
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BIOCHEMISTRY

BIOCHEMISTRY

Test Name	Value	Unit	Biological Ref Interval
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- Measurements in the same patient can show physiological& analytical variations. Three serialsamples 1 week apart are recommended for Total Cholesterol, Triglycerides, HDL& LDL Cholesterol
- As per NCEP guidelines, all adults above the age of 20 years should be screened for lipid status. Selective screening of children above the age of 2 years with a family history of premature cardiovascular disease or those with at least one parent with high total cholesterol is recommended
- Low HDL levels are associated with Coronary Heart Disease due to insufficient HDL being available to participate in reverse cholesterol transport, the process by which cholesterol is eliminated fromperipheral tissues



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BIOCHEMISTRY

BIOCHEMISTRY

Test Name	Value	Unit	Biological Ref Interval
LIVER PROFILE WITH GGT			
SERUM BILIRUBIN (TOTAL) Method:- DIAZOTIZED SULFANILIC	0.70	mg/dL	Infants : 0.2-8.0 mg/dL Adult - Up to - 1.2 mg/dL
SERUM BILIRUBIN (DIRECT) Method:- DIAZOTIZED SULFANILIC	0.20	mg/dL	Up to 0.40 mg/dL
SERUM BILIRUBIN (INDIRECT) Method:- Calculated	0.50	mg/dl	0.30-0.70
SGOT Method:- IFCC	13.3	U/L	0.0 - 40.0
SGPT Method:- IFCC	18.5	U/L	0.0 - 35.0
SERUM ALKALINE PHOSPHATASE Method:- IFCC	74.20	IU/L	53.00 - 141.00
SERUM GAMMA GT Method:- Szasz methodology Instrument Name Randox Rx Imola Interpretation: Elevations in GGT levels are seen earlier and more pronounced than those with other liver enzymes in cases of obstructive jaundice and metastatic neoplasms. It may reach 5 to 30 times normal levels in intra-or post-hepatic biliary obstruction. Only moderate elevations in the enzyme level (2 to 5 times normal) are observed with infectious hepatitis.	21.20	U/L	5.00 - 32.00
SERUM TOTAL PROTEIN Method:- BIURET	6.85	g/dl	6.00 - 8.40
SERUM ALBUMIN Method:- BROMOCRESOL GREEN	4.21	g/dl	3.50 - 5.50
SERUM GLOBULIN Method:- CALCULATION	2.64	gm/dl	2.20 - 3.50
A/G RATIO	1.59		1.30 - 2.50

Interpretation : Measurements obtained by this method are used in the diagnosis and treatment of a variety of diseases involving the liver, kidney and bone marrow as well as other metabolic or nutritional disorders.

Note :- These are group of tests that can be used to detect the presence of liver disease, distinguish among different types of liver disorders, gauge the extent of known liver damage, and monitor the response to treatment. Most liver diseases cause only mild symptoms initially, but these diseases must be detected early. Some tests are associated with functionality (e.g.,

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BIOCHEMISTRY

BIOCHEMISTRY

Test Name	Value	Unit	Biological Ref Interval
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albumin), some with cellular integrity (e.g., transaminase), and some with conditions linked to the biliary tract (gamma-glutamyl transferase and alkaline phosphatase). Conditions with elevated levels of ALT and AST include hepatitis A,B ,C ,paracetamol toxicity etc Several biochemical tests are useful in the evaluation and management of patients with hepatic dysfunction. Some or all of these measurements are also carried out (usually about twice a year for routine cases) on those individuals taking certain medications, such as anticonvulsants, to ensure that the medications are not adversely impacting the person's liver.



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BIOCHEMISTRY

BIOCHEMISTRY

Test Name	Value	Unit	Biological Ref Interval
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RFT / KFT WITH ELECTROLYTES

SERUM UREA Method:- UREASE / GLUTAMATE DEHYDROGENASE	24.20	mg/dl	10.00 - 50.00
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InstrumentName: HORIBA CA 60 Interpretation : Urea measurements are used in the diagnosis and treatment of certain renal and metabolic diseases.

SERUM CREATININE Method:- JAFFE	0.86	mg/dl	Males : 0.6-1.50 mg/dl Females : 0.6 -1.40 mg/dl
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Interpretation :

Creatinine is measured primarily to assess kidney function and has certain advantages over the measurement of urea. The plasma level of creatinine is relatively independent of protein ingestion, water intake, rate of urine production and exercise. Depressed levels of plasma creatinine are rare and not clinically significant.

SERUM URIC ACID Method:- URICASE/PEROXIDASE	4.25	mg/dl	2.40 - 7.00
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InstrumentName: HORIBA YUMIZEN CA60 Daytona plus Interpretation: Elevated Urate: High purine diet, Alcohol, Renal insufficiency, Drugs, Polycythaemia vera, Malignancies, Hypothyroidism, Rare enzyme defects, Down's syndrome, Metabolic syndrome, Pregnancy, Gout.

SODIUM Method:- Ion-Selective Electrode with Serum	141.0	mmol/L	135.0 - 145.0
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POTASSIUM Method:- Ion-Selective Electrode with Serum	4.40	mmol/L	3.50 - 5.00
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CHLORIDE Method:- Ion-Selective Electrode with Serum	104.0	mmol/L	97.0 - 107.0
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SERUM CALCIUM Method:- Arsenazo III Method	9.65	mg/dL	8.80 - 10.20
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InstrumentName: MISPA PLUS Interpretation: Serum calcium levels are believed to be controlled by parathyroid hormone and vitamin D. Increases in serum PTH or vitamin D are usually associated with hypercalcemia. Hypocalcemia may be observed in hypoparathyroidism, nephrosis and pancreatitis.

SERUM TOTAL PROTEIN Method:- BIURET	6.85	g/dl	6.00 - 8.40
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SERUM ALBUMIN Method:- BROMOCRESOL GREEN	4.21	g/dl	3.50 - 5.50
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BIOCHEMISTRY

BIOCHEMISTRY

Test Name	Value	Unit	Biological Ref Interval
SERUM GLOBULIN Method:- CALCULATION	2.64	gm/dl	2.20 - 3.50
A/G RATIO	1.59		1.30 - 2.50

Interpretation : Measurements obtained by this method are used in the diagnosis and treatment of a variety of diseases involving the liver, kidney and bone marrow as well as other metabolic or nutritional disorders.

INTERPRETATION

Kidney function tests are group of tests that can be used to evaluate how well the kidneys are functioning. Creatinine is a waste product that comes from protein in the diet and also comes from the normal wear and tear of muscles of the body. In blood, it is a marker of GFR. In urine, it can remove the need for 24-hour collections for many analytes or be used as a quality assurance tool to assess the accuracy of a 24-hour collection. Higher levels may be a sign that the kidneys are not working properly. As kidney disease progresses, the level of creatinine and urea in the blood increases. Certain drugs are nephrotoxic hence KFT is done before and after initiation of treatment with these drugs.

Low serum creatinine values are rare, they almost always reflect low muscle mass.

Apart from renal failure Blood Urea can increase in dehydration and GI bleed

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CLINICAL PATHOLOGY

CLINICAL PATHOLOGY

Test Name	Value	Unit	Biological Ref Interval
URINE SUGAR (FASTING) Collected Sample Received	Nil		Nil



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Age / Sex Female 36 Yrs 2 Mon 18 Days
Ref. By BANK OF BARODA
Lab/Hosp Mr.MEDIWHEEL

Registered On 27/07/2024 08:49:35
Collected On 27/07/2024 09:54:35
Authorized On 27/07/2024 17:06:03
Printed On 27/07/2024 17:06:45

IMMUNOASSAY

Test Name	Value	Unit	Biological Ref Interval
TOTAL THYROID PROFILE			
THYROID-TRIODOOTHYRONINE T3 Method:- Chemiluminescence	1.09	ng/ml	0.69 - 2.15
THYROID - THYROXINE (T4) Method:- Chemiluminescence	7.86	ug/dl	5.20 - 12.70
TSH Method:- Chemiluminescence	3.130	μIU/mL	0.470 - 4.680

Note:

1. TSH levels are subject to circadian variation, reaching peak levels between 2 - 4 a.m. and at a minimum between 6-10 pm. The variation is of the order of 50% . hence time of the day has influence on the measured serum TSH concentrations.
2. Recommended test for T3 and T4 is unbound fraction or free levels as it is metabolically active.
3. Physiological rise in Total T3 / T4 levels is seen in pregnancy and in patients on steroid therapy.

Clinical Use

1. in infancy and early childhood

*** End of Report ***

*** End of Report ***

Technologist
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DR.TANU RUNGTA
MD (Pathology)
RMC No. 17226



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CLINICAL PATHOLOGY

Test Name	Value	Unit	Biological Ref Interval
Urine Routine			
<u>PHYSICAL EXAMINATION</u>			
COLOUR	YELLOW		PALE YELLOW
APPEARANCE	Clear		Clear
<u>CHEMICAL EXAMINATION</u>			
REACTION(PH)	6.0		5.0 - 7.5
SPECIFIC GRAVITY	1.015		1.010 - 1.030
PROTEIN	NIL		NIL
SUGAR	NIL		NIL
BILIRUBIN	NEGATIVE		NEGATIVE
UROBILINOGEN	NORMAL		NORMAL
KETONES	NEGATIVE		NEGATIVE
NITRITE	NEGATIVE		NEGATIVE
<u>MICROSCOPY EXAMINATION</u>			
RBC/HPF	NIL	/HPF	NIL
WBC/HPF	2-3	/HPF	2-3
EPITHELIAL CELLS	2-3	/HPF	2-3
CRYSTALS/HPF	ABSENT		ABSENT
CAST/HPF	ABSENT		ABSENT
AMORPHOUS SEDIMENT	ABSENT		ABSENT
BACTERIAL FLORA	ABSENT		ABSENT
YEAST CELL	ABSENT		ABSENT
OTHER	ABSENT		ABSENT

Technologist
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NAME:	MRS. ABHILASHA	AGE	36 YRS/F
REF.BY	BANK OF BARODA	DATE	27/07/2024

CHEST X RAY (PA VIEW)

Bilateral lung fields appear clear.

Bilateral costo-phrenic angles appear clear.

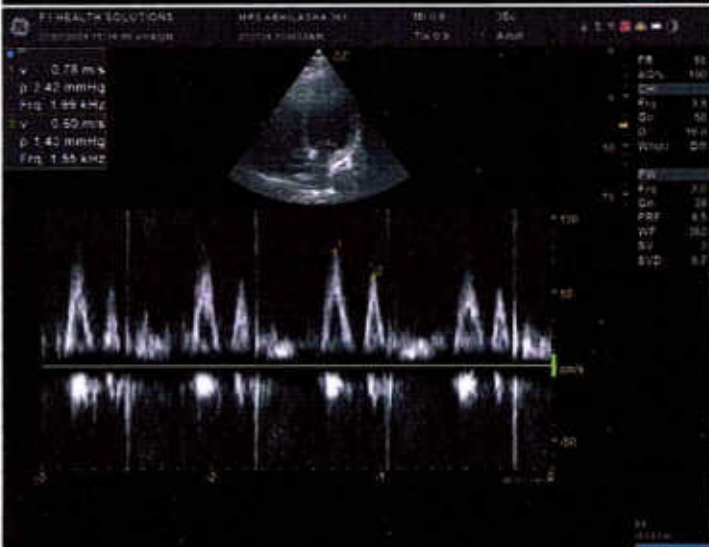
Cardiothoracic ratio is normal.

Thoracic soft tissue and skeletal system appear unremarkable.

Soft tissue shadows appear normal.

IMPRESSION: No significant abnormality is detected

DR. ROHAN GAUR
M.B.B.S, M.D (Radiodiagnosis)
RMC no. 17887





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MRS. ABHILASHA	Age : 36 Y/Female
Registration Date: 27/07/2024	Ref. by: BANK OF BARODA

2D-ECHOCARDIOGRAPHY M.MODE WITH DOPPLER STUDY:
FAIR TRANSTHORACIC ECHOCARDIOGRAPHIC WINDOW MORPHOLOGY:

MITRAL VALVE	NORMAL	TRICUSPID VALVE	NORMAL
AORTIC VALVE	NORMAL	PULMONARY VALVE	NORMAL

M.MODE EXAMINATION:

AO	2.7	Cm	LA	2.5	cm	IVS-D	0.9	cm
IVS-S	1.2	cm	LVID	4.4	cm	LVSD	3.1	cm
LVPW-D	0.9	cm	LVPW-S	1.3	cm	RV		cm
RVWT		cm	EDV		ml	LVVS		ml
LVEF	55-60%		RWMA			ABSENT		

CHAMBERS:

LA	NORMAL	RA	NORMAL
LV	NORMAL	RV	NORMAL
PERICARDIUM		NORMAL	

COLOUR DOPPLER:

MITRAL VALVE					
E VELOCITY	0.78	m/sec	PEAK GRADIENT		Mm/hg
A VELOCITY	0.60	m/sec	MEAN GRADIENT		Mm/hg
MVA BY PHT		Cm2	MVA BY PLANIMETRY		Cm2
MITRAL REGURGITATION		ABSENT			
AORTIC VALVE					
PEAK VELOCITY	1.04	m/sec	PEAK GRADIENT		mm/hg
AR VMAX		m/sec	MEAN GRADIENT		mm/hg
AORTIC REGURGITATION		ABSENT			
TRICUSPID VALVE					
PEAK VELOCITY		m/sec	PEAK GRADIENT		mm/hg
MEAN VELOCITY		m/sec	MEAN GRADIENT		mm/hg
VMax VELOCITY					
TRICUSPID REGURGITATION		ABSENT			
PULMONARY VALVE					
PEAK VELOCITY	0.87	M/sec.	PEAK GRADIENT		Mm/hg
MEAN VELOCITY			MEAN GRADIENT		Mm/hg
PULMONARY REGURGITATION		ABSENT			

Impression—

- NORMAL LV SIZE & CONTRACTILITY.
- NO RWMA, LVEF 55-60%.
- ALL CARDIAC VALVES ARE NORMAL.
- NORMAL DIASTOLIC FUNCTION.
- NO CLOT, NO VEGETATION, NO PERICARDIAL EFFUSION.

Dr. JYOTI AGARWAL
M.B.B.S, PGCC (Cardiologist)
(Cardiologist)
RMC No.- 27255





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MRS. ABHILASHA	Age : 36 Y/Female
Registration Date: 27/07/2024	Ref. by: BANK OF BARODA

ULTRASOUND OF WHOLE ABDOMEN

Liver is of mildly enlarged in size (16.0 cm). Diffuse fatty infiltration. No focal space occupying lesion is seen within liver parenchyma. Intra hepatic biliary channels are not dilated. Portal vein diameter is normal.

Gall bladder is partially distended. No calculus or mass lesion is seen in gall bladder. Common bile duct is not dilated.

Pancreas is of normal size and contour. Echo-pattern is normal. No focal lesion is seen within pancreas.

Spleen is of normal size and shape. Echotexture is normal. No focal lesion is seen.

Kidneys are normally sited and are of normal size and shape. Cortico-medullary echoes are normal. No focal lesion is seen. Collecting system does not show any dilatation or calculus.

Right kidney is measuring approx. 10.7 x 3.3 cm.

Left kidney is measuring approx. 10.8 x 3.4 cm.

Urinary bladder is partially distended does not show any calculus or mass lesion.

Uterus is anteverted and normal in size (measuring approx. 8.0 x 3.8 x 3.3 cm).

A heterogenous lesion is noted at anterior wall in fundus region measuring 2.5 x 1.7 cm.

Endometrial echo is normal. Endometrial thickness is 4.0 mm.

Both ovaries are visualized and are normal. No adnexal mass lesion is seen.

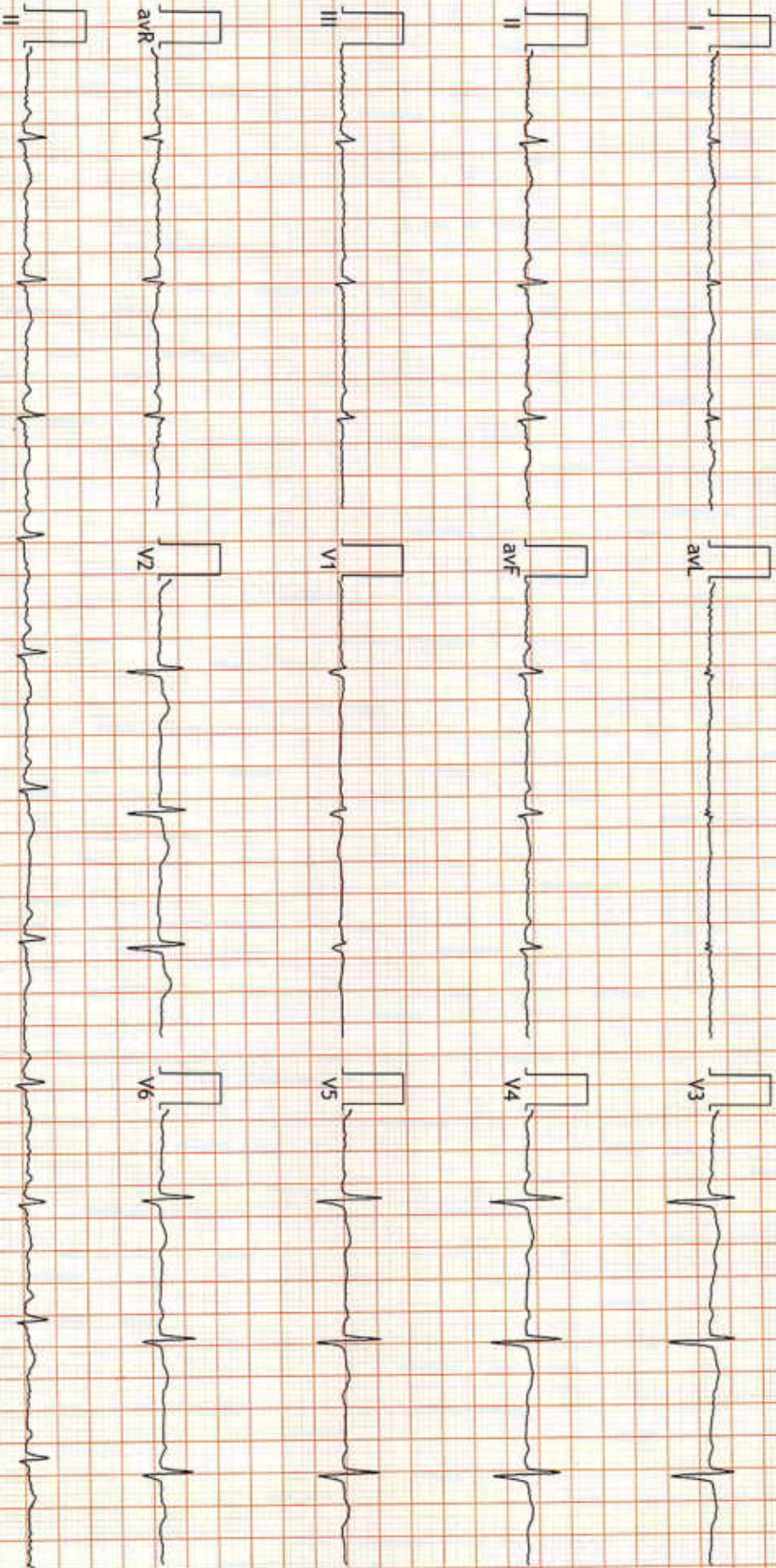
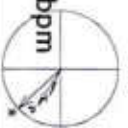
No enlarged nodes are visualized. No retro-peritoneal lesion is identified.

No significant free fluid is seen in pouch of Douglas.

IMPRESSION:

- Mild hepatomegaly with Grade II hepatic steatosis.
- Anterior wall uterine fibroid.

DR. ROHAN GAUR
M.B.B.S, M.D (Radiodiagnosis)
RMC no. 17887



FINDINGS: Normal Sinus Rhythm
Vent Rate : 70 bpm; PR Interval : 184 ms; QRS Duration : 132 ms; QT/QTc Int : 391/424 ms
P-QRS-T axis: 31 • 46 • 21 • (Deg)
Comments :

Abhilasha

70 bpm

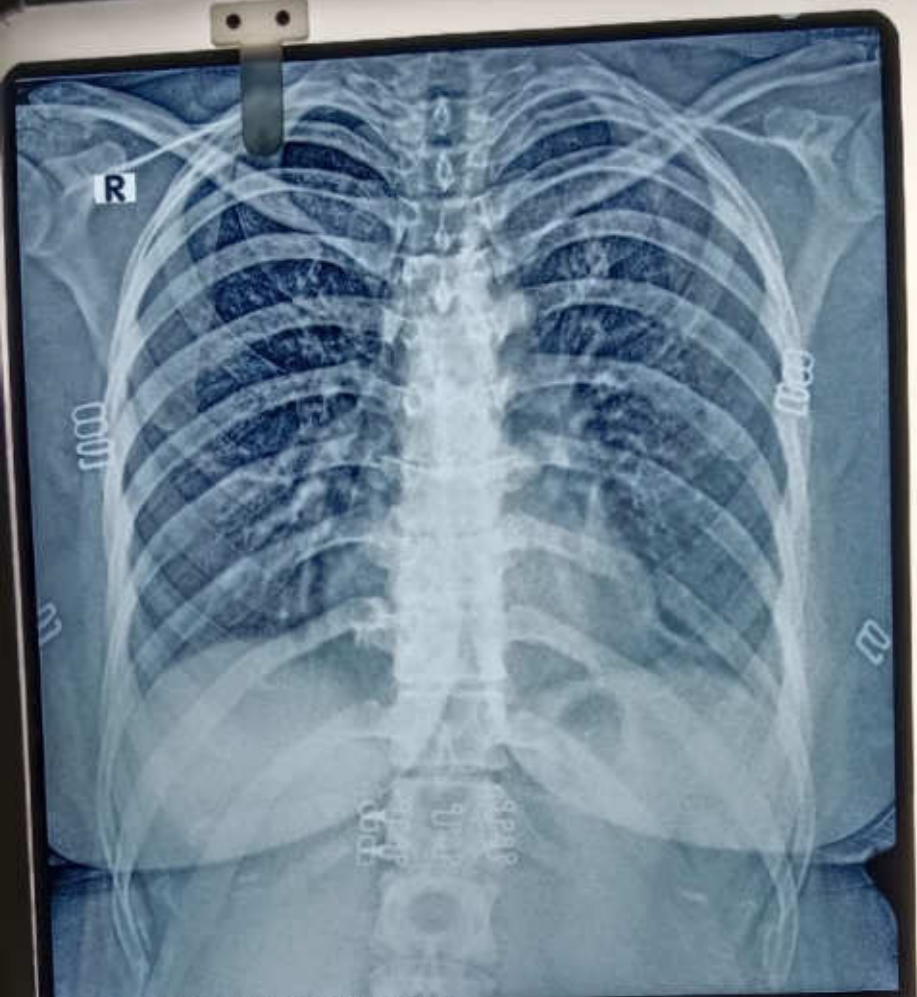
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Dr. Naresh Kumar Mohanka

RMC No.: 35706

MBBS, DIP CARDIO (ECCPRTS)

Dr. NARESH MOHANKA



4660 ABHILASHA 36Y REF BY. BANK OF BARODA F
27 JUL 2024
MAXCARE DIAGNOSTIC (ASSOCIATES OF P3 HEALTH SOLUTIONS LLP)

