

### TEST REPORT

**Reg. No. :** 409100757 **Reg. Date :** 28-Sep-2024 09:33 **Ref.No :** **Approved On :** 28-Sep-2024 11:43  
**Name :** Mrs. VASUNDHARA HIMMATLAL DABHI **Collected On :** 28-Sep-2024 10:32  
**Age :** 37 Years **Gender:** Female **Pass. No. :** **Dispatch At :**  
**Ref. By :** APOLLO **Tele No. :**  
**Location :**

Test	Results	Unit	Bio. Ref. Interval
<b>Complete Blood Count</b>			
Hemoglobin(SLS method)	12.2	g/dL	12.0 - 15.0
RBC Count(Ele.Impedence)	4.61	X 10 <sup>12</sup> /L	3.8 - 4.8
Hematocrit (calculated)	L <b>35.7</b>	%	36 - 46
MCV (Calculated)	L <b>77.4</b>	fL	83 - 101
MCH (Calculated)	L <b>26.5</b>	pg	27 - 32
MCHC (Calculated)	34.2	g/dL	31.5 - 34.5
RDW-SD(calculated)	41.80	fL	36 - 46
Total WBC count	7700	/μL	4000 - 10000
<b>DIFFERENTIAL WBC COUNT</b>			
	[ % ]	EXPECTED VALUES	[ Abs ] EXPECTED VALUES
Neutrophils	62	38 - 70	4774 /cmm 1800 - 7700
Lymphocytes	28	21 - 49	2156 /cmm 1000 - 3900
Eosinophils	04	0 - 7	308 /cmm 20 - 500
Monocytes	06	3 - 11	462 /cmm 200 - 800
Basophils	00	0 - 1	0 /cmm 0 - 100
NLR (Neutrophil: Lymphocyte Ratio)	2.21	Ratio	1.1 - 3.5
Platelet Count (Manual)	394000	/cmm	150000 - 410000
PCT	0.34	ng/mL	< 0.5
MPV	8.50	fL	6.5 - 12.0
<b>Peripheral Smear</b>			
RBCs	Normocytic normochromic.		
WBCs	Normal morphology		
Platelets	Adequate on Smear		
Malarial Parasites	Not Detected		

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Test done from collected sample.



Approved by: **Dr. Keyur Patel**

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<b>Location</b> :			

ESR	02	mm/hr	17-50 Yrs : <12, 51-60 Yrs : <19, 61-70 Yrs : <20, >70 Yrs: <30
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G- 22475

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[conceptdiaghealthcare@gmail.com](mailto:conceptdiaghealthcare@gmail.com)

1st Floor, Sahajand Palace, Near Gopi Restaurant, Anandnagar Cross Road, Prahladnagar, Ahmedabad-15.

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<b>Name</b> : Mrs. VASUNDHARA HIMMATLAL DABHI			<b>Collected On</b> : 28-Sep-2024 10:32
<b>Age</b> : 37 Years	<b>Gender:</b> Female	<b>Pass. No. :</b>	<b>Dispatch At</b> :
<b>Ref. By</b> : APOLLO			<b>Tele No.</b> :
<b>Location</b> :			

Test Name	Results	Units	Bio. Ref. Interval
<b>BLOODGROUP &amp; RH</b>			
<u>Specimen: EDTA and Serum; Method: Gel card system</u>			
Blood Group "ABO" <i>Agglutination</i>	"A"		
Blood Group "Rh" <i>Agglutination</i>	Positive		
EDTA Whole Blood			

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<b>Location</b> :			

Test Name	Results	Units	Bio. Ref. Interval
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**FASTING PLASMA GLUCOSE**  
**Specimen: Fluoride plasma**

Fasting Plasma Glucose <i>Hexokinase</i>	95.26	mg/dL	Normal: <=99.0 Prediabetes: 100-125 Diabetes :>=126
---------------------------------------------	-------	-------	-----------------------------------------------------------

Flouride Plasma

Criteria for the diagnosis of diabetes:

1. HbA1c >= 6.5 \*
- Or
2. Fasting plasma glucose >126 gm/dL. Fasting is defined as no caloric intake at least for 8 hrs.
- Or
3. Two hour plasma glucose >= 200mg/dL during an oral glucose tolerance test by using a glucose load containing equivalent of 75 gm anhydrous glucose dissolved in water.
- Or
4. In a patient with classic symptoms of hyperglycemia or hyperglycemic crisis, a random plasma glucose >= 200 mg/dL. \*In the absence of unequivocal hyperglycemia, criteria 1-3 should be confirmed by repeat testing. American diabetes association. Standards of medical care in diabetes 2011. Diabetes care 2011;34:S11.

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Name : Mrs. VASUNDHARA HIMMATLAL DABHI			Collected On : 28-Sep-2024 13:15
Age : 37 Years	Gender: Female	Pass. No. :	Dispatch At :
Ref. By : APOLLO			Tele No. :
Location :			

Test Name	Results	Units	Bio. Ref. Interval
<b>POST PRANDIAL PLASMA GLUCOSE</b>			
<b>Specimen: Fluoride plasma</b>			
Post Prandial Plasma Glucose <i>Hexokinase</i>	L 90.38	mg/dL	Normal: <=139 Prediabetes : 140-199 Diabetes: >=200
Flouride Plasma			

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### TEST REPORT

**Reg. No.** : 409100757    **Reg. Date** : 28-Sep-2024 09:33    **Ref.No** :    **Approved On** : 28-Sep-2024 12:51  
**Name** : Mrs. VASUNDHARA HIMMATLAL DABHI    **Collected On** : 28-Sep-2024 10:32  
**Age** : 37 Years    **Gender:** Female    **Pass. No. :**    **Dispatch At** :  
**Ref. By** : APOLLO    **Tele No.** :  
**Location** :

Test Name	Results	Units	Bio. Ref. Interval
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GGT	20.10	U/L	6 - 42
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*L-Y-Glutamyl-3 Carboxy-4-Nitroanilide, Enzymetic Colorimetric*

Serum

**Uses:**

- Diagnosing and monitoring hepatobiliary disease.
- To ascertain whether the elevated ALP levels are due to skeletal disease or due to presence of hepatobiliary disease.
- A screening test for occult alcoholism.

**Increased in:**

- Intra hepatic biliary obstruction.
- Post hepatic biliary obstruction
- Alcoholic cirrhosis
- Drugs such as phenytoin and phenobarbital.
- Infectious hepatitis (modest elevation)
- Primary/ Secondary neoplasms of liver.

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<b>Age</b> : 37 Years	<b>Gender</b> : Female	<b>Pass. No.</b> :	<b>Dispatch At</b> :
<b>Ref. By</b> : APOLLO			<b>Tele No.</b> :
<b>Location</b> :			

Test Name	Results	Units	Bio. Ref. Interval
<b>LIPID PROFILE</b>			
CHOLESTEROL	204.00	mg/dL	Desirable <=200 Borderline high risk 200 - 240 High Risk >240
Triglyceride <i>Enzymatic Colorimetric Method</i>	133.00	mg/dL	<150 : Normal, 150-199 : Border Line High, 200-499 : High, >=500 : Very High
Very Low Density Lipoprotein(VLDL) <i>Calculated</i>	27	mg/dL	0 - 30
Low-Density Lipoprotein (LDL) <i>Calculated Method</i>	117.20	mg/dL	< 100 : Optimal, 100-129 : Near Optimal/above optimal, 130-159 : Borderline High, 160-189 : High, >=190 : Very High
High-Density Lipoprotein(HDL)	59.80	mg/dL	<40 >60
CHOL/HDL RATIO <i>Calculated</i>	3.41		0.0 - 3.5
LDL/HDL RATIO <i>Calculated</i>	1.96		1.0 - 3.4
TOTAL LIPID <i>Calculated</i>	634.00	mg/dL	400 - 1000
Serum			

As a routine test to determine if your cholesterol level is normal or falls into a borderline-, intermediate- or high-risk category.  
 To monitor your cholesterol level if you had abnormal results on a previous test or if you have other risk factors for heart disease.  
 To monitor your body's response to treatment, such as cholesterol medications or lifestyle changes.  
 To help diagnose other medical conditions, such as liver disease.  
 Note : biological reference intervals are according to the national cholesterol education program ( NCEP) guidelines.

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<b>Name</b> : Mrs. VASUNDHARA HIMMATLAL DABHI			<b>Collected On</b> : 28-Sep-2024 10:32
<b>Age</b> : 37 Years	<b>Gender:</b> Female	<b>Pass. No. :</b>	<b>Dispatch At</b> :
<b>Ref. By</b> : APOLLO			<b>Tele No.</b> :
<b>Location</b> :			

Test Name	Results	Units	Bio. Ref. Interval
<b><u>LIVER FUNCTION TEST</u></b>			
TOTAL PROTEIN	7.48	g/dL	6.6 - 8.8
ALBUMIN	4.27	g/dL	3.5 - 5.2
GLOBULIN <i>Calculated</i>	3.21	g/dL	2.4 - 3.5
ALB/GLB <i>Calculated</i>	1.33		1.2 - 2.2
SGOT	14.00	U/L	<31
SGPT	11.00	U/L	<31
Alkaline Phosphatase <i>ENZYMATIC COLORIMETRIC IFCC, PNP, AMP BUFFER</i>	64.10	U/L	40 - 130
TOTAL BILIRUBIN	0.95	mg/dL	0.1 - 1.2
DIRECT BILIRUBIN	0.32	mg/dL	<0.2
INDIRECT BILIRUBIN <i>Calculated</i>	0.63	mg/dL	0.0 - 1.00
Serum			

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**Age :** 37 Years **Gender:** Female **Pass. No. :** **Dispatch At :**  
**Ref. By :** APOLLO **Tele No. :**  
**Location :**

Test Name	Results	Units	Bio. Ref. Interval
HEMOGLOBIN A1C (HBA1C)	5.70	%	Normal: $\leq 5.6$ Prediabetes: 5.7-6.4 Diabetes: $\geq 6.5$ Diabetes Control Criteria : 6-7 : Near Normal Glycemia <7 : Goal 7-8 : Good Control >8 : Action Suggested
Mean Blood Glucose (Calculated)	117	mg/dL	
EDTA Whole Blood			

### Criteria for the diagnosis of diabetes

- HbA1c  $\geq 6.5$  \* Or Fasting plasma glucose  $>126$  gm/dL. Fasting is defined as no caloric intake at least for 8 hrs. Or
- Two hour plasma glucose  $\geq 200$ mg/dL during an oral glucose tolerance test by using a glucose load containing equivalent of 75 gm anhydrous glucose dissolved in water. Or
- In a patient with classic symptoms of hyperglycemia or hyperglycemic crisis, a random plasma glucose  $\geq 200$  mg/dL. \*In the absence of unequivocal hyperglycemia, criteria 1-3 should be confirmed by repeat testing.American diabetes association. Standards of medical care in diabetes 2011. Diabetes care 2011:34:S11.

### Limitation of HbA1c

- In patients with Hb variants even analytically correct results do not reflect the same level of glycemic control that would be expected in patients with normal population.
  - Any cause of shortened erythrocyte survival or decreased mean erythrocyte survival or decreased mean erythrocyte age eg. hemolytic diseases, pregnancy, significant recent/chronic blood loss etc. will reduce exposure of RBC to glucose with consequent decrease in HbA1c values.
  - Glycated HbF is not detected by this assay and hence specimens containing high HbF ( $>10\%$ ) may result in lower HbA1c values than expected. Importance of HbA1C (Glycated Hb.) in Diabetes Mellitus
- HbA1C, also known as glycated hemoglobin, is the most important test for the assessment of long term blood glucose control( also called glycemic control).
  - HbA1C reflects mean glucose concentration over past 6-8 weeks and provides a much better indication of longterm glycemic control than blood glucose determination.
  - HbA1c is formed by non-enzymatic reaction between glucose and Hb. This reaction is irreversible and therefore remains unaffected by short term fluctuations in blood glucose levels.
  - Long term complications of diabetes such as retinopathy (Eye-complications), nephropathy (kidney-complications) and neuropathy (nerve complications), are potentially serious and can lead to blindness, kidney failure, etc.
  - Glycemic control monitored by HbA1c measurement using HPLC method (GOLD STANDARD ) is considered most important. (Ref. National Glycohaemoglobin Standardization Program - NGSP)
- Note : Biological reference intervals are according to American Diabetes Association (ADA) Guidelines.

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## TEST REPORT

**Reg. No. :** 409100757 **Reg. Date :** 28-Sep-2024 09:33 **Ref.No :** **Approved On :** 28-Sep-2024 12:56  
**Name :** Mrs. VASUNDHARA HIMMATLAL DABHI **Collected On :** 28-Sep-2024 10:32  
**Age :** 37 Years **Gender:** Female **Pass. No. :** **Dispatch At :**  
**Ref. By :** APOLLO **Tele No. :**  
**Location :**

Test Name	Results	Units	Bio. Ref. Interval
<b>THYROID FUNCTION TEST</b>			
T3 (triiodothyronine), Total <small>CMIA</small>	1.11	ng/mL	0.70 - 2.04
T4 (Thyroxine), Total <small>CMIA</small>	8.84	µg/dL	5.5 - 11.0
TSH (Thyroid stimulating hormone) <small>CMIA</small>	H <b>6.408</b>	µIU/mL	0.35 - 4.94

**Sample Type:** Serum

**Comments:**

Thyroid stimulating hormone (TSH) is synthesized and secreted by the anterior pituitary in response to a negative feedback mechanism involving concentrations of FT3 (free T3) and FT4 (free T4). Additionally, the hypothalamic tripeptide, thyrotropin-releasing hormone (TRH), directly stimulates TSH production. TSH stimulates thyroid cell production and hypertrophy, also stimulate the thyroid gland to synthesize and secrete T3 and T4. Quantification of TSH is significant to differentiate primary (thyroid) from secondary (pituitary) and tertiary (hypothalamus) hypothyroidism. In primary hypothyroidism, TSH levels are significantly elevated, while in secondary and tertiary hypothyroidism, TSH levels are low.

**TSH levels During Pregnancy :**

- First Trimester : 0.1 to 2.5 µIU/mL
- Second Trimester : 0.2 to 3.0 µIU/mL
- Third trimester : 0.3 to 3.0 µIU/mL

Reference : Carl A.Burtis,Edward R.Ashwood,David E.Bruns. Tietz Textbook of Clinical Chemistry and Molecular Diagnostics. 5th Edition. Philadelphia: WB Saunders,2012:2170

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Approved by: **Dr. Hiral Arora**

M.D. Biochemistry

Reg. No. : G-32999

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<b>Ref. By</b> : APOLLO			<b>Tele No.</b> :
<b>Location</b> :			

Test Name	Results	Units	Bio. Ref. Interval
<u>URINE ROUTINE EXAMINATION</u>			
<b><u>Physical Examination</u></b>			
Colour	Pale Yellow		
Clarity	Clear		
<b><u>CHEMICAL EXAMINATION (by strip test)</u></b>			
pH	6.0		4.6 - 8.0
Sp. Gravity	1.020		1.002 - 1.030
Protein	Absent		Absent
Glucose	Absent		Absent
Ketone	Absent		Absent
Bilirubin	Absent		Nil
Nitrite	Absent		Nil
Leucocytes	Nil		Nil
Blood	Nil		Absent
<b><u>MICROSCOPIC EXAMINATION</u></b>			
Leucocytes (Pus Cells)	1-2		0 - 5/hpf
Erythrocytes (RBC)	Nil		0 - 5/hpf
Casts	Nil	/hpf	Absent
Crystals	Nil		Absent
Epithelial Cells	Occasional		Nil
Monilia	Absent		Nil
T. Vaginalis	Absent		Nil
Bacteria	Absent		Absent
Urine			

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<b>Ref. By</b> : APOLLO			<b>Tele No.</b> :
<b>Location</b> :			

Test Name	Results	Units	Bio. Ref. Interval
Creatinine	0.93	mg/dL	0.51 - 1.5

**Serum**

Creatinine is the most common test to assess kidney function. Creatinine levels are converted to reflect kidney function by factoring in age and gender to produce the eGFR (estimated Glomerular Filtration Rate). As the kidney function diminishes, the creatinine level increases; the eGFR will decrease. Creatinine is formed from the metabolism of creatine and phosphocreatine, both of which are principally found in muscle. Thus the amount of creatinine produced is, in large part, dependent upon the individual's muscle mass and tends not to fluctuate much from day-to-day. Creatinine is not protein bound and is freely filtered by glomeruli. All of the filtered creatinine is excreted in the urine.

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## TEST REPORT

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<b>Ref. By</b> : APOLLO			<b>Tele No.</b> :
<b>Location</b> :			

Test Name	Results	Units	Bio. Ref. Interval
Urea	23.8	mg/dL	17 - 43

**Serum**

Useful screening test for evaluation of kidney function. Urea is the final degradation product of protein and amino acid metabolism. In protein catabolism, the proteins are broken down to amino acids and deaminated. The ammonia formed in this process is synthesized to urea in the liver. This is the most important catabolic pathway for eliminating excess nitrogen in the human body. Increased blood urea nitrogen (BUN) may be due to prerenal causes (cardiac decompensation, water depletion due to decreased intake and excessive loss, increased protein catabolism, and high protein diet), renal causes (acute glomerulonephritis, chronic nephritis, polycystic kidney disease, nephrosclerosis, and tubular necrosis), and postrenal causes (eg, all types of obstruction of the urinary tract, such as stones, enlarged prostate gland, tumors). The determination of serum BUN currently is the most widely used screening test for the evaluation of kidney function. The test is frequently requested along with the serum creatinine test since simultaneous determination of these 2 compounds appears to aid in the differential diagnosis of prerenal, renal and postrenal hyperuremia.

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**Approved On: 28-Sep-2024 12:23**

## TEST REPORT

<b>Reg. No.</b> : 409100757	<b>Reg. Date</b> : 28-Sep-2024 09:33	<b>Ref.No</b> :	<b>Approved On</b> : 28-Sep-2024 12:51
<b>Name</b> : Mrs. VASUNDHARA HIMMATLAL DABHI			<b>Collected On</b> : 28-Sep-2024 10:32
<b>Age</b> : 37 Years	<b>Gender:</b> Female	<b>Pass. No. :</b>	<b>Dispatch At</b> :
<b>Ref. By</b> : APOLLO			<b>Tele No.</b> :
<b>Location</b> :			

Test Name	Results	Units	Bio. Ref. Interval
<b><u>ELECTROLYTES</u></b>			
Sodium (Na+) <small>Method:ISE</small>	138.5	mmol/L	136 - 145
Potassium (K+) <small>Method:ISE</small>	3.8	mmol/L	3.5 - 5.1
Chloride(Cl-) <small>Method:ISE</small>	102	mmol/L	98 - 107
Serum			

**Comments**

The electrolyte panel is ordered to identify electrolyte, fluid, or pH imbalance. Electrolyte concentrations are evaluated to assist in investigating conditions that cause electrolyte imbalances such as dehydration, kidney disease, lung diseases, or heart conditions. Repeat testing of the electrolyte or its components may be used to monitor the patient's response to treatment of any condition that may be causing the electrolyte, fluid or pH imbalance.

Report To Follow:  
LBC PAP SMEAR (Cytology)

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

This is an electronically authenticated report. "Please verify the authenticity of this report by scanning the QR code to ensure data integrity."

Test done from collected sample.



**Approved by: Dr. Keyur Patel**

M.B.B.S,D.C.P(Patho)  
G- 22475

**Approved On: 28-Sep-2024 12:51**



# SNEH

WOMEN'S HOSPITAL & IVF CENTRE

MANINAGAR : Sneh Hospital Road, Between Hatkeshwar Circle to Sevantday School, Maninagar (E), A'bad-08.

PRAHLADNAGAR : 3rd Floor, Sahajand Palace, Above Gopi Restaurant, Anandnagar Cross Road, Prahladnagar, A'bad-15.

INFERTILITY WORKUP | IUI | IVF | 3D/4D SONOGRAPHY | LAPROSCOPY | HYSTEROSCOPY | FETAL MEDICINE

Usundhara - 37yr

28/9/24

married

No Gynae complaints

OFI:

1 FICS 1 yr ♀

GMP: 3/9/24

Pamh: Regular

Fah / mmp  
Aah

PIA - SOT

PIG - Gx health  
for tubes

PIW - PID

Act  
for test

HU = 2000

*Handwritten signature*

BRANCHES : AHMEDABAD (MANINAGAR-PRAHLADNAGAR) | BARODA | RAJKOT | BHARUCH  
| JAMNAGAR | MORBI | JUNAGADH | BHUJ | ANJAR | BANSHWARA | JODHPUR | BALOTRA | SACHOR

www.snehhospitals.com | www.snehivf.com | E-mail : snehhospitals@gmail.com | New Inquiry No.: 7048331000



VASUNDHARA HIMMATLAL DABHI

F/37.

28/9/24

DENTAL

- Stains present
- Calculus present

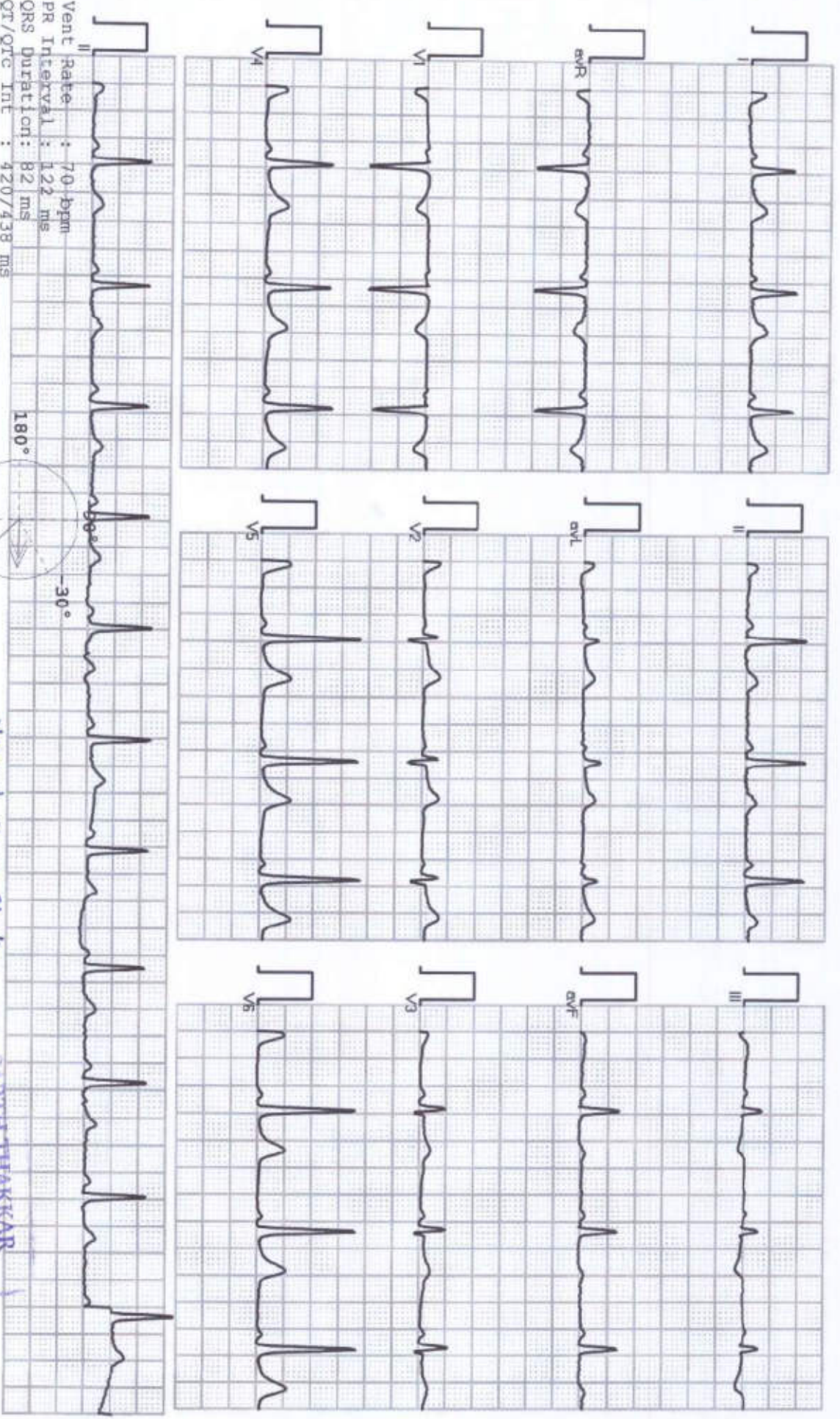




**CONCEPT DIAGNOSTIC**

2910 / VASUNDHARA HIMMATLAL DABHI / 37 Yrs / F / 152Cms. / 61Kgs. / Non Smoker  
Heart Rate : 70 bpm / Tested On : 28-Sep-24 10:58:12 / HF 0.05 Hz - LF 35 Hz / Notch 50 Hz / Sn 1.00 Cm/mV / Sw 25 mm/s

**ECG**



Axis Normal Sinus Rhythm.

DR. PARTH THAKKAR

MD (Med.) DNB (Cardiology)

Reported By: DR. PARTH THAKKAR

G - 32945

Allengers ECG (Picese)/P/IS218210312)

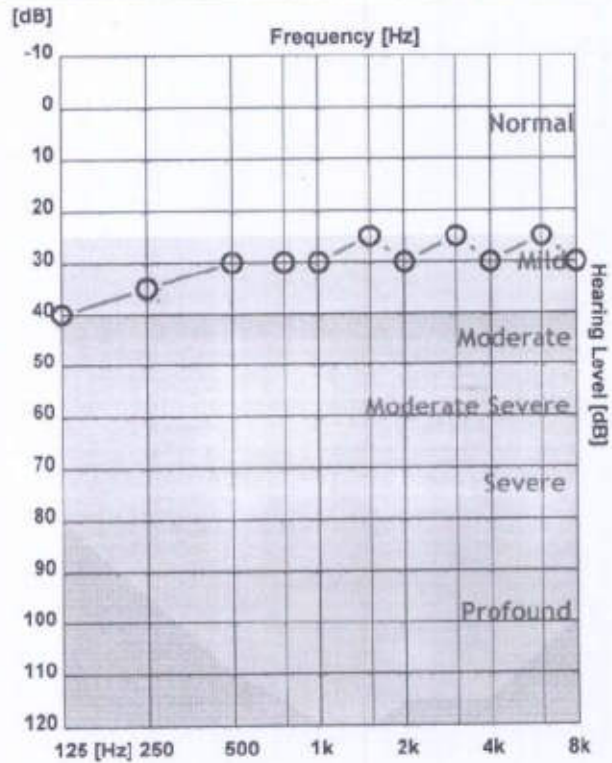
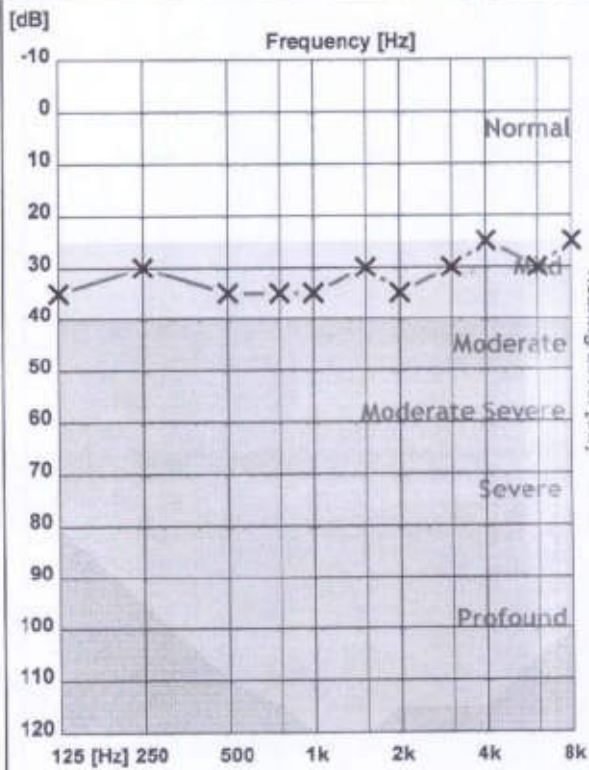


# RECORDERS AND MEDICARE SYSTEM PVT LTD

#196, Industrial Area Phase I, Panchkula, 134113

Patient ID : 0027  
 Name : VASUNDHARA HIMMATLAL DABHI  
 CR Number : 20240928100847  
 Registration Date : 28-Sep-2024

Age : 37  
 Gender : Female  
 Operator : concept



	125 Hz	250 Hz	500 Hz	750 Hz	1000 Hz	1500 Hz	2000 Hz	3000 Hz	4000 Hz	6000 Hz	8000 Hz
X - Air Left	35	30	35	35	35	30	35	30	25	30	25
O - Air Right	40	35	30	30	30	25	30	25	30	25	30
> - Bone Left											
< - Bone Right											

	Average	High	Mid	Low
AIR Left	31.36 dB	27.50 dB	33.33 dB	33.75 dB
AIR Right	30.00 dB	27.50 dB	28.33 dB	33.75 dB

Clinical Notes :

HEARING WITHIN NORMAL LIMITS





NAME :	VASUNDHARA DABHI	AGE/SEX:	37Y/F
REF. BY:	HEALTH CHECK UP	DATE :	28-Sep-24

### X-RAY CHEST - PA VIEW

- Both lung fields are clear.
- No evidence of consolidation or Koch's lesion seen.
- Both CP angles are clear.
- Heart size is within normal limit.
- Both dome of diaphragm appear normal.
- Bony thorax under vision appears normal.

**Dr. Tejas Patel**  
Diplomate N. B.  
G-33659

**Dr. TEJAS PATEL**  
DNB RADIO DIAGNOSIS



<b>NAME</b>	VASUNDHARA H DABHI		
<b>AGE/ SEX</b>	37yrs/F	<b>DATE</b>	28.09.2024
<b>REF. BY</b>	Health Checkup	<b>DONE BY</b>	Dr. Parth Thakkar

## 2D ECHO CARDIOGRAPHY & COLOR DOPPLER STUDY

### FINDINGS:-

- Normal LV systolic function, LVEF= 60%.
- No RWMA at rest.
- Normal LV Compliance.
- LV & LA are of normal size.
- RA & RV are of normal size.
- Intact IAS & IVS.
- All valves are structurally normal.
- Trivial MR, Trivial AR, No PR.
- No TR, No PAH, RVSP=25 mmHg.
- No Clots or vegetation.
- No evidence of pericardial effusion.
- IVC is normal in size and preserved respiratory variation.



### MEASUREMENTS:-

LVIDD	38 (mm)	LA	20 (mm)
LVIDS	26 (mm)	AO	26 (mm)
LVEF	60%	AV cusp	
IVSD / LVPWD	9/9 (mm)	EPSS	

### DOPPLER STUDY:-

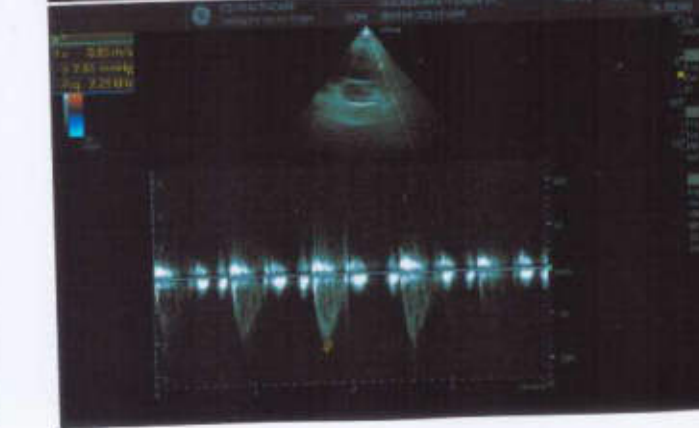
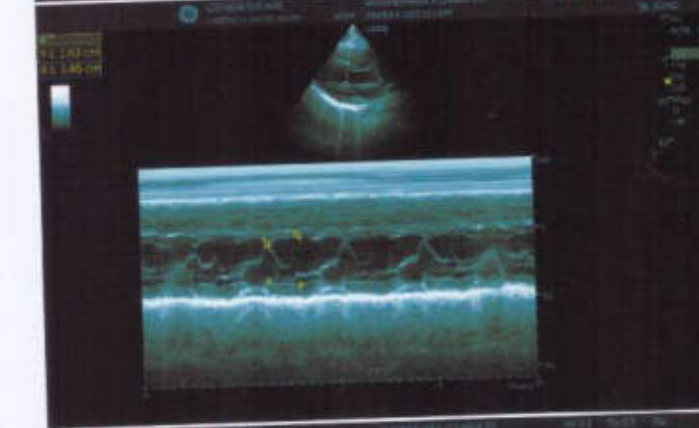
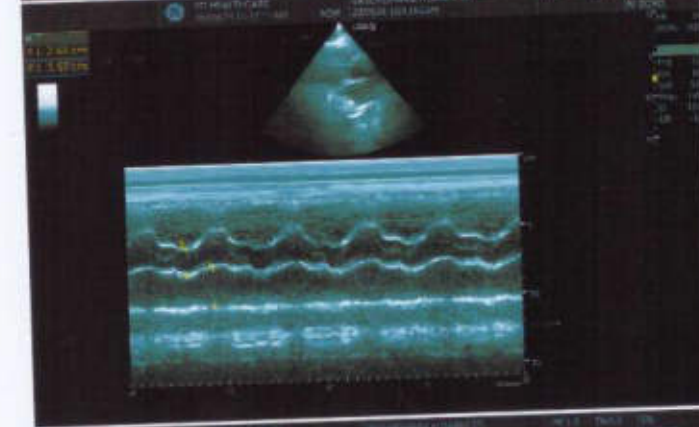
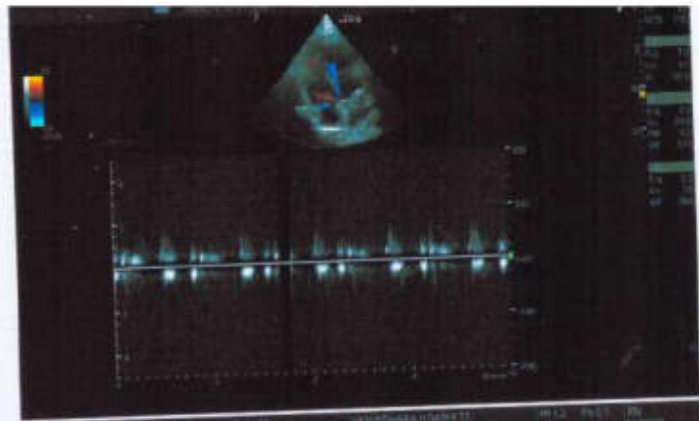
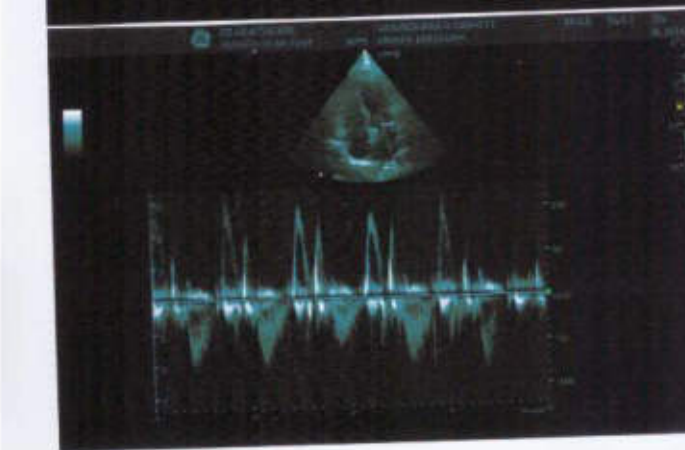
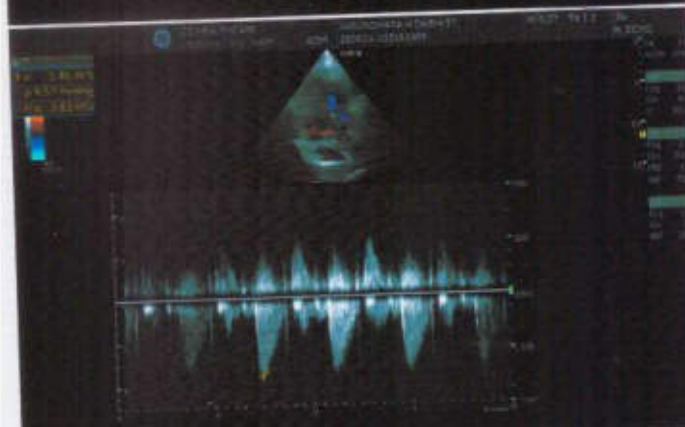
Valve	Velocity (M/sec)	Max gradient (MmHg)	Mean gradient (Mm Hg)	Valve area Cm <sup>2</sup>
Aortic	1.46	5		
Mitral	E:0.7 A:0.5			
Pulmonary	0.85	3.0		
Tricuspid	1.04	20		

### CONCLUSION:-

- Normal LV systolic function, LVEF=60 %.
- No RWMA at rest.
- Normal LV Compliance.
- All valves are structurally normal.
- Trivial MR, Trivial AR, No PR.
- No TR, No PAH, RVSP=25 mmHg.
- Normal IVC.

DR. PARTH THAKKAR  
MD (Med.) DrNB (Cardiology)  
Interventional cardiologist  
G - 32946

DR. PARTH THAKKAR  
MD (Med.), DrNB (Cardiology)  
Interventional Cardiologist



NAME :	VASUNDHARA DABHI	AGE/SEX:	37Y/F
REF. BY:	HEALTH CHECK UP	DATE :	28-Sep-24

### USG ABDOMEN & PELVIS

**LIVER:** normal in size & shows increased echogenicity. No evidence of dilated IHBR. No evidence of focal or diffuse lesion. CBD & Portal vein normal.

**GALL-**

**BLADDER:** distended and shows a single echogenic mobile calculus (7mm).

**PANCREAS:** normal in size & echotexture, No e/o peri-pancreatic fluid collection.

**SPLEEN:** normal in size & shows normal echogenicity.

**KIDNEYS:** Both kidneys appear normal in size & echotexture.  
 Right kidney measures 93x33 mm. Left kidney measures 94x49 mm.  
**Few tiny non-obstructive bilateral renal concretions (2-3mm).**  
 No evidence of calculus or hydronephrosis on either side.

**URINARY**

**BLADDER:** shows minimal distension. No evidence of calculus or mass lesion.

**UTERUS:** normal in size & echopattern. ET: normal. Both ovaries & adnexa normal.

#### **USG WITH HIGH FREQUENCY SOFT TISSUE PROBE:**

Visualized bowel loops appears normal in caliber. No evidence of focal or diffuse wall thickening. No collection in RIF. No e/o Ascites. No e/o significant lymphadenopathy.

#### **IMPRESSION:**

- Grade-I fatty liver.
- Single echogenic mobile GB calculus (7mm). No e/o Acute cholecystitis.
- Few tiny non-obstructive bilateral renal concretions (2-3mm).

Dr. TEJAS PATEL  
 DNB RADIODIAGNOSIS

**Dr. Tejas Patel**  
 Diplomate N. B.  
 G-33659









## MER- MEDICAL EXAMINATION REPORT

Date of Examination	28-09-2024		
NAME	VASUNDHARA HIMMATLAL DABHI		
AGE	37	Gender	FEMALE
HEIGHT(cm)	152	WEIGHT (kg)	61
B.P.	124/80/82		
BMI	26.4		
XRAY	NORMAL		
EYE CHECKUP	COLOUR VISION: NORMAL NEAR: 6/6 WITHOUT GLASSES FAR: 6/6 WITHOUT GLASSES		
ECG	NORMAL		
Present Ailments	N/A		
Details of Past ailments (If Any)	N/A		
Comments / Advice : She /He is Physically Fit	PHYSICALLY FIT		

*Dr. Vipul Chavda*  
MD (Internal Medicine)  
Reg No. G- 18004

Signature with Stamp of Medical Examiner