

TEST REPORT

Reg. No. : 403100281 Reg. Date : 09-Mar-2024 09:09 Ref.No : Approved On : 09-Mar-2024 13:31
Name : Ms. NEHA SWATI EKKA Collected On : 09-Mar-2024 09:21
Age : 34 Years Gender: Female Pass. No. : Dispatch At :
Ref. By : APOLLO Tele No. :
Location :

Test Name	Results	Units	Bio. Ref. Interval
Complete Blood Count Specimen: EDTA blood			
Hemoglobin			
Hemoglobin(SLS method)	12.0	g/dL	12.0 - 15.0
Hematocrit (calculated)	45.0	%	36 - 46
RBC Count(Ele.Impedence)	H 5.25	X 10 ¹² /L	3.8 - 4.8
MCV (Calculated)	85.8	fL	83 - 101
MCH (Calculated)	L 22.9	pg	27 - 32
MCHC (Calculated)	L 26.7	g/dL	31.5 - 34.5
RDW (Calculated)	22.1	%	
Differential WBC count (Impedance and flow)			
Total WBC count	****	/μL	4000 - 10000
Neutrophils	****	%	38 - 70
Lymphocytes	****	%	21 - 49
Monocytes	****	%	3 - 11
Eosinophils	****	%	0 - 7
Basophils	****		0 - 2
Platelet			
Platelet Count (Ele.Impedence)	H 2490000	/cmm	150000 - 410000
MPV	10.70	fL	6.5 - 12.0

Sample Type: EDTA Whole Blood

Remarks: Hemolyzed sample and smear shows degenerative changes. Suggest repeat testing from fresh blood for proper cell counts.

Note: All abnormal hemograms are reviewed and confirmed microscopically. Peripheral blood smear and malarial parasite examination are not part of CBC report.

Test done from collected sample.

This is an electronically authenticated report.



Approved by: Dr. Avinash B Panchal

MBBS,DCP
G-44623

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TEST REPORT

Reg. No. : 403100281 Reg. Date : 09-Mar-2024 09:09 Ref.No : Approved On : 09-Mar-2024 11:18
Name : Ms. NEHA SWATI EKKA Collected On : 09-Mar-2024 09:21
Age : 34 Years Gender: Female Pass. No. : Dispatch At :
Ref. By : APOLLO Tele No. :
Location :

Test Name	Results	Units	Bio. Ref. Interval
ESR	05	mm/hr	17-50 Yrs : <12, 51-60 Yrs : <19, 61-70 Yrs : <20, >70 Yrs : <30

Method:Modified Westergren

EDTA Whole Blood

Test done from collected sample.

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M.B.B.S.,D.C.P(Patho)
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TEST REPORT

Reg. No. : 403100281 Reg. Date : 09-Mar-2024 09:09 Ref.No : Approved On : 09-Mar-2024 11:22
Name : Ms. NEHA SWATI EKKA Collected On : 09-Mar-2024 09:21
Age : 34 Years Gender: Female Pass. No. : Dispatch At :
Ref. By : APOLLO Tele No. :
Location :

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

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**Approved by: Dr. Keyur Patel**M.B.B.S.,D.C.P(Patho) Page 3 of 15
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TEST REPORT

Reg. No. : 403100281 Reg. Date : 09-Mar-2024 09:09 Ref.No : Approved On : 09-Mar-2024 13:31
Name : Ms. NEHA SWATI EKKA Collected On : 09-Mar-2024 09:21
Age : 34 Years Gender: Female Pass. No. : Dispatch At :
Ref. By : APOLLO Tele No. :
Location :

Test Name	Results	Units	Bio. Ref. Interval
PERIPHERAL BLOOD SMEAR EXAMINATION			
Specimen: Peripheral blood smear & EDTA blood, Method:Microscopy			
RBC Morphology	Not possible due to storage artifacts.		
WBC Morphology	Not possible due to storage artifacts.		
Differential Count	Not possible due to storage artifacts.		
Platelets	Not possible due to storage artifacts.		
Parasite	Not possible due to storage artifacts.		

Sample Type: EDTA Whole Blood

Remarks: Hemolyzed sample received and smear shows degenerative changes. Suggest repeat testing from fresh blood for proper cell morphology and interpretation.

Test done from collected sample.

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Approved by: **Dr. Avinash B Panchal**

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TEST REPORT

Reg. No. : 403100281 **Reg. Date** : 09-Mar-2024 09:09 **Ref.No** : **Approved On** : 09-Mar-2024 10:48
Name : Ms. NEHA SWATI EKKA **Collected On** : 09-Mar-2024 09:21
Age : 34 Years **Gender:** Female **Pass. No. :** **Dispatch At** :
Ref. By : APOLLO **Tele No.** :
Location :

Test Name	Results	Units	Bio. Ref. Interval
<u>FASTING PLASMA GLUCOSE</u> <u>Specimen: Fluoride plasma</u>			
Fasting Plasma Glucose <i>Hexokinase</i>	90.67	mg/dL	Normal: <=99.0 Prediabetes: 100-125 Diabetes :>=126

Flouride Plasma

Criteria for the diagnosis of diabetes:

- HbA1c >= 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 >= 200mg/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 >= 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.

Test done from collected sample.

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**Approved by: Dr. Keyur Patel**M.B.B.S.,D.C.P(Patho) Page 5 of 15
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TEST REPORT

Reg. No. : 403100281 **Reg. Date** : 09-Mar-2024 09:09 **Ref.No** : **Approved On** : 09-Mar-2024 16:01
Name : Ms. NEHA SWATI EKKA **Collected On** : 09-Mar-2024 13:57
Age : 34 Years **Gender:** Female **Pass. No. :** **Dispatch At** :
Ref. By : APOLLO **Tele No.** :
Location :

Test Name	Results	Units	Bio. Ref. Interval
POST PRANDIAL PLASMA GLUCOSE Specimen: Fluoride plasma			
Post Prandial Plasma Glucose <i>Hexokinase</i>	L 95.29	mg/dL	Normal: <=139 Prediabetes : 140-199 Diabetes: >=200
Flouride Plasma			

Test done from collected sample.

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Name : Ms. NEHA SWATI EKKA **Collected On** : 09-Mar-2024 09:21
Age : 34 Years **Gender:** Female **Pass. No. :** **Dispatch At** :
Ref. By : APOLLO **Tele No.** :
Location :

Test Name	Results	Units	Bio. Ref. Interval
GGT	28.0	U/L	6 - 42

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.

Test done from collected sample.

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Approved by: Dr. Keyur Patel

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TEST REPORT

Reg. No. : 403100281 **Reg. Date** : 09-Mar-2024 09:09 **Ref.No** : **Approved On** : 09-Mar-2024 10:50
Name : Ms. NEHA SWATI EKKA **Collected On** : 09-Mar-2024 09:21
Age : 34 Years **Gender:** Female **Pass. No. :** **Dispatch At** :
Ref. By : APOLLO **Tele No.** :
Location :

Test Name	Results	Units	Bio. Ref. Interval
LIPID PROFILE			
CHOLESTEROL	148.00	mg/dL	Desirable <=200 Borderline high risk 200 - 240 High Risk >240
Triglyceride <i>Enzymatic Colorimetric Method</i>	78.00	mg/dL	<150 : Normal, 150-199 : Border Line High, 200-499 : High, >=500 : Very High
Very Low Density Lipoprotein(VLDL) <i>Calculated</i>	16	mg/dL	0 - 30
Low-Density Lipoprotein (LDL) <i>Calculated Method</i>	85.83	mg/dL	< 100 : Optimal, 100-129 : Near Optimal/above optimal, 130-159 : Borderline High, 160-189 : High, >=190 : Very High
High-Density Lipoprotein(HDL)	46.17	mg/dL	<40 >60
CHOL/HDL RATIO <i>Calculated</i>	3.21		0.0 - 3.5
LDL/HDL RATIO <i>Calculated</i>	1.86		1.0 - 3.4
TOTAL LIPID <i>Calculated</i>	412.00	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.

Test done from collected sample.

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M.B.B.S.,D.C.P(Patho) Page 8 of 15
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Name : Ms. NEHA SWATI EKKA **Collected On** : 09-Mar-2024 09:21
Age : 34 Years **Gender:** Female **Pass. No. :** **Dispatch At** :
Ref. By : APOLLO **Tele No.** :
Location :

Test Name	Results	Units	Bio. Ref. Interval
LIVER FUNCTION TEST			
TOTAL PROTEIN	7.88	g/dL	6.6 - 8.8
ALBUMIN	4.95	g/dL	3.5 - 5.2
GLOBULIN <i>Calculated</i>	2.93	g/dL	2.4 - 3.5
ALB/GLB <i>Calculated</i>	1.69		1.2 - 2.2
SGOT	17.80	U/L	<31
SGPT	15.60	U/L	<31
Alkaline Phosphatase <i>ENZYMATIC COLORIMETRIC IFCC, PNP, AMP BUFFER</i>	49.50	U/L	40 - 130
TOTAL BILIRUBIN	1.02	mg/dL	0.1 - 1.2
DIRECT BILIRUBIN	0.11	mg/dL	<0.2
INDIRECT BILIRUBIN <i>Calculated</i>	0.91	mg/dL	0.0 - 1.00
Serum			

Test done from collected sample.

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TEST REPORT

Reg. No. : 403100281 **Reg. Date** : 09-Mar-2024 09:09 **Ref.No** : **Approved On** : 09-Mar-2024 14:56
Name : Ms. NEHA SWATI EKKA **Collected On** : 09-Mar-2024 09:21
Age : 34 Years **Gender:** Female **Pass. No. :** **Dispatch At** :
Ref. By : APOLLO **Tele No.** :
Location :

Test Name	Results	Units	Bio. Ref. Interval
HEMOGLOBIN A1C (HBA1C) <i>High Performance Liquid Chromatography (HPLC)</i>	5.20	%	Normal: ≤ 5.6 Prediabetes: 5.7-6.4 Diabetes: ≥ 6.5 Diabetes Control Criteria : 6-7 : Near Normal Glycemia <7 : Goal 7-8 : Good Control >8 : Action Suggested
Mean Blood Glucose <i>(Calculated)</i>	103	mg/dL	

Sample Type: EDTA Whole Blood

Criteria for the diagnosis of diabetes

- HbA1c ≥ 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 ≥ 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 ≥ 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.

Test done from collected sample.

This is an electronically authenticated report.



Approved by: Dr. Hiral Arora

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Reg. No.:- G-32999

Generated On : 09-Mar-2024 16:00

Approved On: 09-Mar-2024 14:56

TEST REPORT

Reg. No. : 403100281 **Reg. Date :** 09-Mar-2024 09:09 **Ref.No :** **Approved On :** 09-Mar-2024 14:56
Name : Ms. NEHA SWATI EKKA **Collected On :** 09-Mar-2024 09:21
Age : 34 Years **Gender:** Female **Pass. No. :** **Dispatch At :**
Ref. By : APOLLO **Tele No. :**
Location :

Bio-Rad CDM System
Bio-Rad Variant V-II Instrument #1

PATIENT REPORT
V2TURBO_A1c_2.0

Patient Data

Sample ID: 140303500220
Patient ID:
Name:
Physician:
Sex:
DOB:

Analysis Data

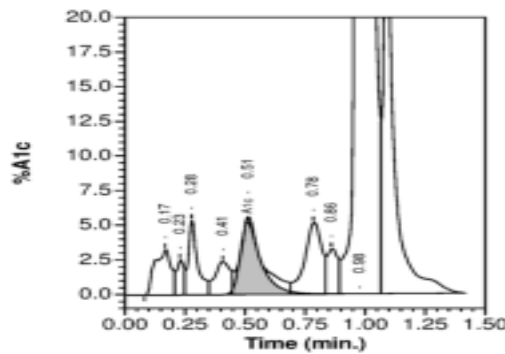
Analysis Performed: 09/03/2024 14:28:03
Injection Number: 10387
Run Number: 445
Rack ID:
Tube Number: 6
Report Generated: 09/03/2024 14:38:21
Operator ID:

Comments:

Peak Name	NGSP %	Area %	Retention Time (min)	Peak Area
A1a	---	2.1	0.166	26724
A1b	---	0.7	0.228	9276
F	---	1.9	0.276	25067
LA1c	---	1.4	0.407	17671
A1c	5.2	---	0.511	54433
P3	---	3.5	0.785	44601
P4	---	1.4	0.860	17544
Ao	---	84.9	0.976	1095828

Total Area: 1,291,144

HbA1c (NGSP) = 5.2 %



Test done from collected sample.

This is an electronically authenticated report.



Approved by: **Dr. Hiral Arora**

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Generated On : 09-Mar-2024 16:00

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TEST REPORT

Reg. No. : 403100281 **Reg. Date** : 09-Mar-2024 09:09 **Ref.No** : **Approved On** : 09-Mar-2024 13:33
Name : Ms. NEHA SWATI EKKA **Collected On** : 09-Mar-2024 09:21
Age : 34 Years **Gender:** Female **Pass. No. :** **Dispatch At** :
Ref. By : APOLLO **Tele No.** :
Location :

Test Name	Results	Units	Bio. Ref. Interval
THYROID FUNCTION TEST			
T3 (triiodothyronine), Total <small>CMIA</small>	1.03	ng/mL	0.70 - 2.04
T4 (Thyroxine), Total <small>CMIA</small>	9.65	µg/dL	5.5 - 11.0
TSH (Thyroid stimulating hormone) <small>CMIA</small>	1.861	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

Test done from collected sample.

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Approved by: Dr. Vidhi Patel

M.D BIOCHEMISTRY
Reg. No.:G-34739

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Generated On : 09-Mar-2024 16:00

Approved On: 09-Mar-2024 13:33

TEST REPORT

Reg. No. : 403100281 **Reg. Date** : 09-Mar-2024 09:09 **Ref.No** : **Approved On** : 09-Mar-2024 10:50
Name : Ms. NEHA SWATI EKKA **Collected On** : 09-Mar-2024 09:21
Age : 34 Years **Gender:** Female **Pass. No. :** **Dispatch At** :
Ref. By : APOLLO **Tele No.** :
Location :

Test Name	Results	Units	Bio. Ref. Interval
Creatinine	1.01	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.

Test done from collected sample.

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**Approved by: Dr. Keyur Patel**M.B.B.S.,D.C.P(Patho) Page 13 of 15
G- 22475**Generated On :** 09-Mar-2024 16:00**Approved On:** 09-Mar-2024 10:50

TEST REPORT

Reg. No. : 403100281 **Reg. Date** : 09-Mar-2024 09:09 **Ref.No** : **Approved On** : 09-Mar-2024 11:22
Name : Ms. NEHA SWATI EKKA **Collected On** : 09-Mar-2024 09:21
Age : 34 Years **Gender:** Female **Pass. No. :** **Dispatch At** :
Ref. By : APOLLO **Tele No.** :
Location :

Test Name	Results	Units	Bio. Ref. Interval
Urea	22.8	mg/dL	<= 65 YEARS AGE: <50 mg/dL; >65 YEARS AGE: <71 mg/dL

UREASE/GLDH**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.

Test done from collected sample.

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**Approved by: Dr. Keyur Patel**M.B.B.S.,D.C.P(Patho) Page 14 of 15
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TEST REPORT

Reg. No. : 403100281	Reg. Date : 09-Mar-2024 09:09	Ref.No :	Approved On : 09-Mar-2024 12:58
Name : Ms. NEHA SWATI EKKA			Collected On : 09-Mar-2024 09:21
Age : 34 Years	Gender: Female	Pass. No. :	Dispatch At :
Ref. By : APOLLO			Tele No. :
Location :			

Test Name	Results	Units	Bio. Ref. Interval
<u>ELECTROLYTES</u>			
Sodium (Na+) <small>Method:ISE</small>	140.00	mmol/L	136 - 145
Potassium (K+) <small>Method:ISE</small>	4.4	mmol/L	3.5 - 5.1
Chloride(Cl-) <small>Method:ISE</small>	107.00	mmol/L	98 - 107

Sample Type: 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 -----

Test done from collected sample.

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M.D BIOCHEMISTRY
Reg. No.:G-34739

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Generated On : 09-Mar-2024 16:00

Approved On: 09-Mar-2024 12:58



MER- MEDICAL EXAMINATION REPORT

Date of Examination	09-03-2024		
NAME	NEHA SWATI EKKA		
AGE	34YRS	Gender	FEMALE
HEIGHT(cm)	168 Cms	WEIGHT (kg)	68 Kgs
B.P.	120/82/50		
ECG	NORMAL		
X Ray	NORMAL		
Vision Checkup	<u>Color Vision</u> : NORMAL <u>Far Vision Ratio</u> : NORMAL <u>Near Vision Ratio</u> : NORMAL		
Present Ailments	NA		
Details of Past ailments (If Any)	NA		
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



NAME	NEHA SWATI EKKA		
AGE/ SEX	34 yrs / F	DATE	9.3.2024
REF. BY	Health Checkup	DONE BY	Dr. Parth Thakkar Dr. Abhimanyu Kothari

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.
- Trivial TR, No PAH, RVSP=25mmHg.
- No Clots or vegetation.
- No evidence of pericardial effusion.
- IVC is normal in size and preserved respiratory variation.

MEASUREMENTS:-


LVIDD	34 (mm)	LA	25 (mm)
LVIDS	17 (mm)	AO	23 (mm)
LVEF	60%	AV cusp	
IVSD / LVPWD	10/10 (mm)	EPSS	

DOPPLER STUDY:-

Valve	Velocity (M/sec)	Max gradient (MmHg)	Mean gradient (Mm Hg)	Valve area Cm ²
Aortic	0.8	5		
Mitral	E:0.5 A:0.7			
Pulmonary	0.7	3.0		
Tricuspid	1.7	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.
- Trivial TR, No PAH, RVSP=25mmHg.
- Normal IVC.


DR. PARTH THAKKAR
 MD (Med.), DrNB (Cardiology)
 Interventional Cardiologist
 7990179258

DR. ABHIMANYU D. KOTHARI
 MD (Med.), DM (Cardiology)
 Interventional Cardiologist
 9714675115

NAME :	NEHA SWATI	AGE/SEX:	34 Y/ F
REF. BY:	HEALTH CHECK UP	DATE :	9-Mar-24

USG ABDOMEN

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

GALL-BLADDER: normal, No evidence of Gall Bladder calculi.

PANCREAS: appears normal in size & echotexture, No evidence of Peripancreatic fluid collection.

SPLEEN: normal in size & shows normal echogenicity.

KIDNEYS: normal in size & shows normal echotexture
 Right kidney measures 9.2 X 3.4 cm.
 Left kidney measures 9.6 X 3.4 cm.
 No evidence of calculi or mass lesion on either side, No evidence of Hydronephrosis or Hydroureter on either side.

URINARY BLADDER: appears normal and shows normal distension & normal wall thickness. No evidence of calculus or mass lesion.

PROSTATE : appear normal in size and echotexture.

USG WITH HIGH FREQUENCY SOFT TISSUE PROBE:

Bowel loops appears normal in caliber. No evidence of focal or diffuse wall thickening. No collection in RIF. No evidence of Ascites. No evidence of lymphadenopathy.

CONCLUSION:

NO SIGNIFICANT ABNORMALITY AT PRESENT SCAN


DR. KRUTI DAVE
 CONSULTANT RADIOLOGIST

NAME :	NEHA SWATI	AGE/SEX:	34 Y/ F
REF. BY:	HEALTH CHECK UP	DATE :	9-Mar-24

X-RAY CHEST PA VIEW

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



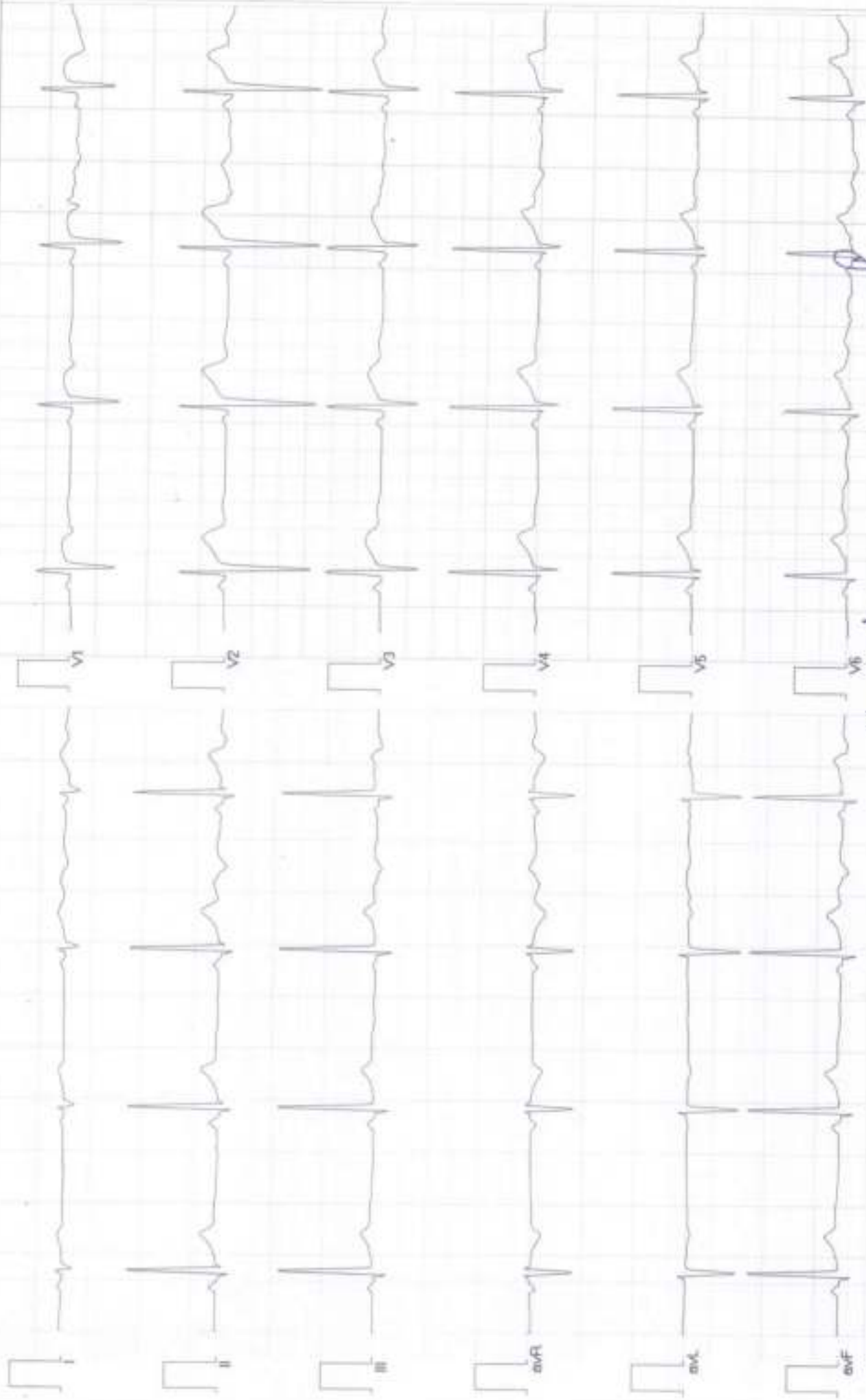
Dr. KRUTI DAVE
CONSULTANT RADIOLOGIST

CONCEPT DIAGNOSTIC

1868 / NEHA SWATI EKKA / 34 Yrs / M / 168Cms. / 68Kgs. / Non Smoker

Heart Rate : 50 bpm / Tested On : 09-Mar-24 09:44:48 / HF 0.05 Hz - LF 35 Hz / Notch 50 Hz / Sn 1.00 Cm/mV / Sw 25 mm/s

ECG



Normal

Reported By DR PARTH THAKKAR



I will conduct my Urine Test & PAP Smear test after a week ~~some~~ due to period on this day.

Regards,

Neha Swati Ekka

Dt - 09/03/2024



Neha Swati Ekka F/34 yrs.

→ Overall good oral hygiene.

→ advised heavy once a year.

1
fayer

Neha,

- Calculus ++ 1st $\frac{321}{123}$

- Cavities Uam II 1st $\frac{7}{7}$

- Exⁿ of RP $\frac{6}{6}$

→ advised scaling & extraction along with filling of the upper mentioned teeth.

1
Sofia

