



HEALTH CHECK-UP SUMMARY

Race Course Road, Vadodara

Name: NILOFAR S DIWAN	
SH No: 299577	Date: 28/09/2024
Age: 34	Gender: FEMALE

ASSESSMENT:

- F/H/O: DIABETES(FATHER)
- K/C/O : HTN AND DIABETES AND DYSLIPIDAEMIA, THYROID SINCE 15 YEARS, ON REGULAR TREATMENT
- C/O: MUSCLES LOOSENS IN EYE, OCCASIONAL WHITE VAGINAL DISCHARGE BEFORE PERIODS
- DENTAL ASSESSMENT: CHRONIC GENERALISED GINGIVITIS
- LOW HB(9.6) , BORDERLINE HIGH RBC COUNT(4.84 MILLION/ CMM) , BORDERLINE LOW HEMATOCRIT(33.8) , LOW MCV(69.9) , LOW MCH(19.9) , LOW MCHC(28.5) , HIGH RDW CV(17.50)
- HIGH HBA1C(5.80)
- NEAR TO ABOVE OPTIMAL DIRECT LDL(107)
- LOW SERUM CREATININE(.50)
- LOW A/G RATIO(1.27)
- X RAY CHEST PA VIEW: DOUBTFUL SOFT TISSUE SWELLING IN RIGHT SIDE OF NECK .
ADV:FURTHER EVALUATION
- 2D ECHO:MILD TR, NO SINIFICANT PAH(RVSP:25 MMHG BY TR JET)

ADVISED:

- PLENTY OF LIQUIDS
- ANTI DIABETIC & IRON RICH DIET
- AVOID OUT SIDE FOOD AND WATER
- REGULAR EXERCISE.
- CORRECTION OF ANAEMIA AND WORK UP
- REGULAR BLOOD SUGAR MONITORING AND CONTROL
- OPHTHALMOLOGIST ADVICE : FOLLOW ADVICE
- DENTAL ADVICE : POLISHING , SCALING AND FOLLOW ADVICE
- GYNAC CONSULTATION
- PHYSICIAN CONSULTATION

Sterling Addlife India Limited
Unit-Sterling Hospital Vadodara
Race Course Circle, (West)
VADODARA-390 007.

DR. JAY S PANDIT

Prevention & Rehabilitation Dept

Hospital Address: Sterling Hospitals, Race Course Road, Opp. Inox Cinema Hari Nagar, Circle West, Vadodara – 390007, Gujarat, India | Call: 0265-6144111, 0265-2354455, 98 98 98 78 78 | www.sterlinghospitals.com | info@sterlinghospitals.com

Registered Office: Sterling Addlife India Private Limited | CIN U85110GJ2000PTC039121 | Sterling Hospital, Sterling Hospital Road, Memnagar, Ahmedabad-380052, Gujarat, India





**HEALTH CHECK UP
MEDICAL EXAMINATION**

Name : Milofar S. Dicczen Employee ID : _____
Company Name : _____ Age : 34 Sex : MALE
Height : 157 cms. Weight : 59.2 Kgs BMI : 24.0122 Blood Group : B+ve
Name of HO / Registrar taking History : Dr. Jay S. Pandik

Allergies : <input checked="" type="checkbox"/> None <input type="checkbox"/> Yes (If Yes, describe)	
Drugs/Food/Latex/Dyes/Contrast/Other	Reaction
1. <u>1</u>	<u>1</u>
2.	
3.	

Chief Complaints :
.....
.....
.....

Physical Examination :
Vital Signs
Temp : Absent F SPO₂ : 99 Pulse : 84 /min R/R : 18 /min B.P. : 110/80 mm Hg

Past History :

If Hypertension, since On Medication 1)..... 2)..... 3).....	If Diabetes, since On Medication 1)..... 2)..... 3).....
If Ischaemic Heart Disease since On Medication 1)..... 2)..... 3).....	Under Treatment Dr.
Under Treatment of Dr.	If Tuberculosis, When Any Other P/H
Any Intervention done	Any Other Medication
P/H of Operation Diagnosis :..... Name of Operation :..... Year of Operation :.....	P/H of Hospitalization Diagnosis :..... Year :..... Duration :..... Blood Transfusion History : Yes /No <input checked="" type="checkbox"/> Year :.....
Others	

Family History : (Specify : F-Father, M-Mother, B-Brother, S-Sister)

(Pl. Circle whichever is applicable e.g. If Father has h/o 10 yrs then, Yes / No F/10 yrs)

Hypertension	Yes/No	Asthma	Yes/No
Heart Disease	Yes/No	Stroke	Yes/No
Diabetes	Yes/No	Arthritis/Gout	Yes/No
Tuberculosis	Yes/No	Cancer	Yes/No
Epilepsy	Yes/No	Other Chronic disease	Yes/No

Handwritten: Father

Personal History :

Diet	<i>mixed</i>	Smoking	Yes/No	since / per day
Appetite	<i>Regular</i>	Alcohol	Yes/No	since / (freq.)
Sleep	<i>Regular</i>	Drugs	Yes/No	since / (freq.)
Micturition	<i>Regular</i>	Tobacco	Yes/No	since / (freq.)
Bowel Habits		Any other habit		

FOR FEMALES :

 Obstetric History : L.D. *L.M.P - 10/09/24*
 Abortion : *9.12.2012*
 Others : *5-7 yrs, 10 yrs*
General Examination :
 Anemia
 Cyanosis
 Jaundice
 Generalized Lymphadenopathy
 Pedal oedema

General Examination :
Head : NSF

Injuries (Specify if any) :

Eyes : NSF

- Vision : Normal Blurred Double Colour Blind
- Pupils : Normal Abnormal
- Other : Inflammation Pain Itching Discharge No complaint

Remarks (if any) :

Muscle losses in eye. (Carried vision?)
Ears : NSF

- Deaf Yes No • Pain Yes No • Discharge Yes No
- Dizziness Yes No

Nose : NSF

- Nosebleed Yes No • Congestion Yes No • Sinus problem Yes No

Mouth : NSF

- Lesion Yes No
- Dental Hygiene Good Poor Bleeding gums Yes No
- Sense of taste Yes No

Genitorurinary : NSF

Colour of Urine white Frequency 1 time / 2 hrs

Pain Yes No Burning Yes No Itching Yes No
 Urgency Yes No Incontinence Yes No
 Nocturia Yes No Urostomy Yes No
 History of calculi Yes No History of UTI Yes No
 Foleys Catheter Yes No Date of Insertion _____

Reproductive : NA NSF

LMP _____ Regular / Irregular _____

Dysmenorrhea Yes No Amenorrhea Yes No if yes, Duration _____

Menopausal Yes No if yes, Duration _____

Vaginal discharge Yes No Itching Yes No

DC - white before periods

Breasts NA NSF

Breast Feeding Yes No Lumps Yes No

Positive Finding & Advice

.....

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 VADODARA - 390 007.

Sign and Stamp of Medical Officer

Sterling Hospital
Racecourse Road

EMERGENCY HELPLINE

992 444 9972
0265 - 61 44 111

Sterling Hospital
Bhayli

EMERGENCY HELPLINE

908 1000 557
0265 - 61 23 333

Dr. Sonica Peshin

Senior Cosmetic dentist and Implantologist

A-6966

Email: thespeakingtooth@gmail.com

Phone: 9586867301



28/09/2024 Race Course Road, Vadodara

Dental Assessment Form

Name: Nilofar S Diwan

Age/Sex: 34/Female

UHID No: 299577

Patient has come for a regular check up.

On examination:

- Calculus++
- Initial caries wrt. 36,37,46,47

Provisional diagnosis:

- Chronic generalized gingivitis

Treatment plan:

- Scaling and polishing

Advise:

- Follow vertical brushing technique.
- Salt water rinses atleast once a day.
- Brush your teeth twice daily.
- Clean your tongue twice daily.

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Passport No :

LABORATORY TEST REPORT


Patient Information		Sample Information		Location Information	
Name	: Mrs. Nilofar S Diwan	Lab Id	: 092407503070	Pt. Type	: Sterling Hospital Vadodara Health Checkup
Sex/Age	: Female / 34 Y 17-Apr-1990	Registration on	: 28-Sep-2024 08:38	Location	: Main BNo./
Ref. Id	: 299577 / 2811889	Collected at	: SAWPL	Approved on	: 28-Sep-2024 12:06 Status: Interim
Ref. By	: Dr. RMO . STERLING...	Collected on	: 28-Sep-2024 08:55	Printed On	: 28-Sep-2024 15:31
		Sample Type	: EDTA blood	Process At	: 75 - Sterling Hospital, Race course (Vadodar

MEDIWHEEL FULL BODY ANNUAL PLUS CHECK/ ADVANCE
Complete Blood Count

Test	Result	Unit	Biological Ref. Interval
Hemoglobin	L 9.6	g/dL	12.0 - 16.0
RBC Count	H 4.84	million/cmm	3.8 - 4.8
Hematocrit	L 33.8	%	36 - 48
MCV	L 69.9	fL	83 - 101
MCH	L 19.9	pg	26.4 - 33.2
MCHC	L 28.5	g/dL	31.8 - 35.9
RDW CV	H 17.50	%	11.6 - 14

Total WBC and Differential Count

WBC count	SF Cube cell analysis	5120	/cmm	4000 - 10000
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Differential Count

	Result	Unit	Absolute Count
Neutrophils	57	% 40 - 80	2918 /cmm 2000 - 6700
Lymphocytes	30	% 20 - 40	1536 /cmm 1000 - 3000
Eosinophils	04	% 1 - 6	205 /cmm 20 - 500
Monocytes	09	% 2 - 10	461 /cmm 200 - 1000
Basophils	00	% 0 - 2	0 /cmm 0 - 100

Platelet Count

Platelet Count	Electrical impedance	358000	/cmm	150000 - 410000
MPV	Calculated	9.40	fL	7.5 - 10.3

Peripheral Smear Examination

RBC Morphology	Microcytic Hypochromic.
Platelets Morphology	Platelets are adequate on Smear

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MEDIWHEEL FULL BODY ANNUAL PLUS CHECK/ ADVANCE

Complete Blood Count

Test	Result	Unit	Biological Ref. Interval
Erythrocytes Sedimentation Rate			
ESR	15	mm/1hr	0 - 21
<small>Capillary photometry</small>			

Differential Count

Absolute Count


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Ref. Id	: 299577 / 2811889	Collected at	: SAWPL	Approved on	: 28-Sep-2024 12:35 Status : Interim
Ref. By	: Dr. RMO . STERLING...	Collected on	: 28-Sep-2024 08:55	Printed On	: 28-Sep-2024 15:31
		Sample Type	: EDTA blood	Process At	: 75 – Sterling Hospital, Race course (Vadodar

MEDIWHEEL FULL BODY ANNUAL PLUS CHECK/ ADVANCE
Blood Group

Test	Result	Unit	Biological Ref. Interval
ABO Type <i>Tube Agglutination</i>	"B"		
Rh (D) Type	Positive		


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Ref. By	: Dr. RMO, STERLING...	Collected on	: 28-Sep-2024 08:55	Printed On	: 28-Sep-2024 15:31
		Sample Type	: Serum, Urine	Process At	: 75 – Sterling Hospital, Race course (Vadodara)

MEDIWHEEL FULL BODY ANNUAL PLUS CHECK/ ADVANCE

Test	Result	Unit	Biological Ref. Interval
Fasting Blood Glucose <small>GOD-POD</small>	91.0	mg/dL	74 - 100
Fasting Urine Glucose <small>GOD-POD</small>	Absent		Absent
Fasting Urine Ketone <small>Nitroprusside</small>	Absent		Absent

	Fasting Blood Glucose*	Postprandial Blood Glucose #	Random Blood Glucose
Normal	< 100 mg/dL	< 140 mg/dL	< 140 mg/dL
Prediabetic	100 – 125 mg/dL	140 – 199 mg/dL	140 – 199 mg/dL
Diabetic	>=126 mg/dL	>= 200 mg/dl	>= 200 mg/dl

* Fasting is defined as no caloric intake for more than 8 hours

The test should be performed as described by the WHO, using a glucose load containing the equivalent of 75 g anhydrous glucose dissolved in water.

Criteria for Diagnosis of Diabetes:

1. Fasting blood glucose (FPG) \geq 126 mg/dL
2. Two-hour blood glucose (2-h OGTT) = 200 mg/dL
3. HbA1c values (A1c) \geq 6.5%
4. Random plasma glucose \geq 200 mg/dL

(With symptoms of hyperglycemia or hyperglycemic crisis)

In the absence of unequivocal hyperglycemia, diagnosis of DM using A1C, FPG or 2-h OGTT requires two abnormal test results from the same sample or in two separate samples.

References:

1. American diabetes association. Standards of medical care in diabetes 2024
2. National Library of Medicine – National Institute of Health (USA) – Diabetes Mellitus
3. World Health Organization – Factsheet on Diabetes – Prevention and treatment


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MEDIWHEEL FULL BODY ANNUAL PLUS CHECK/ ADVANCE

Test	Result	Unit	Biological Ref. Interval
Post-breakfast Blood Glucose GOD-POD	92	mg/dL	70 - 140
Post-breakfast Urine Glucose GOD-POD	Absent		Absent
Post Breakfast Urine Ketone Nitroprusside	Absent		Absent


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Ref. By	: Dr. RMO . STERLING...	Collected on	: 28-Sep-2024 08:55	Printed On	: 28-Sep-2024 15:31
		Sample Type	: EDTA blood	Process At	: 75 – Sterling Hospital, Race course (Vadodara)

MEDIWHEEL FULL BODY ANNUAL PLUS CHECK/ ADVANCE
HbA1c (Glycosylated Hemoglobin) by HPLC

Test	Result	Unit	Biological Ref. Interval
HbA1c	H 5.80	%	For Screening: Diabetes: $\geq 6.5\%$; Pre-Diabetes: 5.7 - 6.4%; Non-Diabetes: $< 5.7\%$
			For Diabetic Patient: Poor Control : $> 7.0\%$; Good Control : 6.0-7.0%
Mean Blood Glucose	119.76	mg/dL	

Description:

- Total haemoglobin A1c is continuously synthesized in the red blood cell through its 120 days life span. The concentration of HbA1c in the cell reflects the average blood glucose concentration it encounters.
- The level of HbA1c increases proportionately in patients with uncontrolled diabetes. It reflects the average blood glucose concentration over an extended time period and remains unaffected by short-term fluctuations in blood glucose levels.
- The measurement of HbA1c can serve as a convenient test for evaluating the adequacy of diabetic control and in preventing various diabetic complications. Because the average half life of a red blood cell is sixty days, HbA1c has been accepted as a measurement which reflects the mean daily blood glucose concentration, better than fasting blood glucose determination, and the degree of carbohydrate imbalance over the preceding two months.
- It may also provide a better index of control of the diabetic patient without resorting to glucose loading procedures.

HbA1c assay Interferences:

Erroneous values might be obtained from samples with abnormally elevated quantities of other Haemoglobins as a result of either their simultaneous elution with HbA1c (HbF) or differences in their glycation from that of HbA (HbS).

Reference: American diabetes association. Standards of medical care in diabetes 2024


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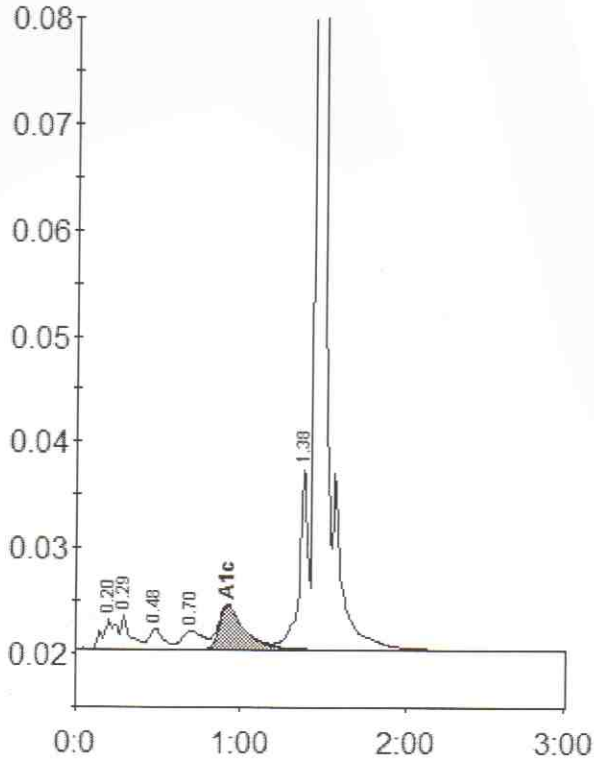
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Patient report

Bio-Rad DATE: 28/09/2024
 D-10 HOSPITALS TIME: 01:27 PM
 S/N: #DJ8G550303 Software version: 4.30-2
 Sample ID: 092407503070
 Injection date: 28/09/2024 01:27 PM
 Injection #: 5 Method: HbA1c
 Rack #: --- Rack position: 5



Peak table - ID: 092407503070

Peak	R.time	Height	Area	Area %
A1a	0.20	2837	16558	1.6
A1b	0.29	3209	12352	1.2
F	0.48	1946	11799	1.1
LA1c/CHb-1	0.70	1745	16382	1.6
A1c	0.92	4182	44467	5.8
P3	1.38	17235	63481	6.1
A0	1.45	351529	880063	84.2
Total Area:	1045103			

Concentration:	%
A1c	5.8





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	Sample Type : Serum	Process At : 75 - Sterling Hospital, Race course (Vadodar

MEDIWHEEL FULL BODY ANNUAL PLUS CHECK/ ADVANCE
Lipid Profile

Test	Result	Unit	Biological Ref. Interval
Cholesterol <i>Cholesterol oxidase - Peroxidase</i>	167.0	mg/dL	Desirable : <200 Borderline High : 200-239 High : >240
Triglyceride <i>Ezymatic (Lipase/GK/GPa/POD)</i>	107.0	mg/dL	Normal : <150 Borderline : 150-199 High : 200-499 Very High : >500
HDL Cholesterol <i>PTA/MgCl2</i>	43.0	mg/dL	Low: <40.0 High: >60.0
Direct LDL <i>Direct measured</i>	H 107.00	mg/dL	Optimal: <100 Near to above Optimal: 100-129 Borderline High: 130-159 High: 160-189 Very High: =190
VLDL <i>Calculated</i>	21.40	mg/dL	15 - 35
CHOL/HDL Ratio <i>Calculated</i>	3.9		Up to 5.0
dLDL/HDL Ratio <i>Calculated</i>	2.5		Up to 3.5



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	Sample Type : Serum	Process At : 75 - Sterling Hospital, Race course (Vadodar

MEDIWHEEL FULL BODY ANNUAL PLUS CHECK/ ADVANCE

Test	Result	Unit	Biological Ref. Interval
Uric Acid <i>Uricase</i>	3.40	mg/dL	2.5 - 6.2
Blood Urea Nitrogen <i>Calculated</i>	9.35	mg/dL	7.0 - 17.0
Urea <i>Urease, Colorimetric</i>	20.0	mg/dL	15.0 - 36.4
Creatinine, serum <i>Creatinine Amidohydrolase</i>	L 0.50	mg/dL	0.52 - 1.04
BUN Creatinine Ratio <i>Calculated</i>	18.70		
Urea Creatinine Ratio <i>Calculated</i>	40.00		


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MEDIWHEEL FULL BODY ANNUAL PLUS CHECK/ ADVANCE
Liver Function Test

Test	Result	Unit	Biological Ref. Interval
ALT (SGPT) <i>UV with P5P, IFCC</i>	15.0	U/L	0 - 35
AST (SGOT) <i>UV with P5P</i>	22.0	U/L	14 - 36
GGT (Gamma Glutamyl Transferase) <i>L-y-Glutamyl-p-nitroanilide</i>	13.0	U/L	12 - 43
Alkaline Phosphatase <i>PNPP, AMP Buffer, IFCC</i>	126.0	U/L	38 - 126
Total Bilirubin <i>Azobilirubin chromophores</i>	0.50	mg/dL	0.2 - 1.3
Conjugated Bilirubin <i>Cationic Mordant Binding</i>	0.10	mg/dL	0.0 - 0.3
Unconjugated Bilirubin <i>Cationic Mordant Binding</i>	0.20	mg/dL	0.0 - 1.1
Delta Bilirubin <i>Calculated</i>	0.20	mg/dL	0.0 - 0.2
Total Protein <i>Copper tartrate to colour complex</i>	7.50	g/dL	6.3 - 8.2
Albumin <i>Bromocresol Green Method</i>	4.20	g/dL	3.5 - 5.0
Globulin <i>Calculated</i>	3.30	g/dL	2.3 - 3.5
A/G Ratio <i>Calculated</i>	L 1.27		1.3 - 1.7

Dr. C. Shrinivasan..

M.D (Pathology)(G-18341)

Consultant Pathologist

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Passport No :

LABORATORY TEST REPORT


Patient Information	Sample Information	Location Information
Name : Mrs. Nilofar S Diwan	Lab Id : 092407503070	Pt. Type : Sterling Hospital Vadodara Health Checkup Main
Sex/Age : Female / 34 Y 17-Apr-1990	Registration on : 28-Sep-2024 08:38	Location : BNo./
Ref. Id : 299577 / 2811889	Collected at : SAWPL	Approved on : 28-Sep-2024 11:32 Status : Interim
Ref. By : Dr. RMO . STERLING...	Collected on : 28-Sep-2024 08:55	Printed On : 28-Sep-2024 15:31
	Sample Type : Serum	Process At : 75 – Sterling Hospital, Race course (Vadodar

MEDIWHEEL FULL BODY ANNUAL PLUS CHECK/ ADVANCE
Thyroid Function Tests

Test	Result	Unit	Biological Ref. Interval
T3, total (Triiodothyronine) <i>CLIA</i>	1.28	ng/mL	0.58 - 1.59
T4, total (Thyroxine) <i>CLIA</i>	9.02	µg/dl	4.87 - 11.72
TSH (3rd Gen.) <i>Chemiluminescence</i>	0.8644	µIU/mL	Non-Pregnant Woman: 0.4001-4.049; Pregnant Woman: 1st Trimester: 0.1298-3.120; 2nd Trimester: 0.2749-2.652; 3rd Trimester : 0.3127-2.947


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MEDIWHEEL FULL BODY ANNUAL PLUS CHECK/ ADVANCE
Levels of TSH in pregnancy (µIU/mL): First Trimester 0.1 - 2.5; Second Trimester 0.2 – 3.0; Third Trimester 0.3 – 3.0.

NOTE: TSH concentrations in apparently normal euthyroid subjects are known to be highly skewed, with a strong tailed distribution towards higher TSH values. This is well documented in the pediatric population including the infant age group.

TSH	T3/FT3	T4/FT4	Suggested interpretation of Thyroid function tests pattern
Within range	Decreased	Within range	Isolated low T3 often seen in elderly & associated Non-Thyroid illness. In elderly the drop in T3 level can be up to 25%.
Raised	Within Range	Within Range	Isolated High TSH Especially in the range of 4.7 to 15 mIU/ml is commonly associated with physiological & Biological TSH Variability; Subclinical Autoimmune Hypothyroidism; Intermediate T4 therapy for hypothyroidism; Recovery phase after Non-Thyroidal illness.
Raised	Decreased	Decreased	Chronic Autoimmune Thyroiditis; Post thyroidectomy, post radioiodine; Hypothyroid phase of transient thyroiditis.
Raised or within range	Raised	Raised or within range	Interfering antibodies to thyroid hormones (anti-TPO antibodies); Intermediate T4 therapy of T4 overdose; Drug Interference-Amiodarone, Heparin, Beta blocker, steroids, anti-epileptics.
Decreased	Raised or within range	Raised or within range	Isolated Low TSH – Especially in the range of 0.1 to 0.4 often seen in elderly & associated with Non-Thyroidal illness; Subclinical Hyperthyroidism; Thyroxine ingestion.
Decreased	Decreased	Decreased	Central Hypothyroidism; Non-Thyroidal illness; Recent treatment for Hypothyroidism (TSH remains suppressed).
Decreased	Raised	Raised	Primary Hyperthyroidism (Graves' disease), Multinodular goitre Toxic nodule; Transient thyroiditis: postpartum, Silent (Lymphocytic), Post viral (granulomatous, subacute, DeQuervain'a) Gestational thyrotoxicosis hyperemesis gravidarum.
Decreased or within range	Raised	Within range	T3 toxicosis; Non-Thyroidal illness.

Reference: Wallach's Interpretation of Diagnostic by Mary Williamson, 10th edition, 2015.


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Ref. By : Dr. RMO . STERLING...	Collected on : 28-Sep-2024 08:55	Printed On : 28-Sep-2024 15:31
	Sample Type : Urine	Process At : 75 - Sterling Hospital, Race course (Vadodar

MEDIWHEEL FULL BODY ANNUAL PLUS CHECK/ ADVANCE
URINE ROUTINE EXAMINATION

Test	Result	Unit	Biological Ref. Interval
Physical & Chemical (Dip strip) examination			
Colour	Pale Yellow		Pale Yellow
pH <i>Double indicator</i>	6.0		5.5 - 7.0
Specific Gravity <i>Polyelectrolyte based reaction</i>	1.015		1.015 - 1.025
Protein <i>Protein error of indicators</i>	Absent		Absent
Glucose <i>GOD-POD</i>	Absent		Absent
Ketone <i>Nitroprusside</i>	Absent		Absent
Blood <i>Peroxidase like reaction</i>	Absent		Absent
Bilirubin <i>Diazo reaction</i>	Absent		Absent
Leucocytes <i>Esterase reaction</i>	Absent		Absent
Nitrite <i>p-arsanilic acid to diazonium compound</i>	Absent		Absent
Microscopic Examination			
Erythrocytes (RBCs)	Absent	/hpf	0 - 2
Pus Cells	Occasional	/hpf	0 - 5
Epithelial Cells	Occasional	/hpf	
Crystals	Absent		Absent
Casts	Absent		Absent
Bacteria	Absent		Absent
Amorphous Material	Absent		Absent
Yeast	Absent		Absent

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


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HOSPITALS

Race Course Road, Vadodara

Report Date: 28 Sep 2024 - 09:07 AM

Patient Id	: RCR-299577	Patient Name	: DIWAN NILOFAR S
Age	: 34Y 5M 11D	Sex	: Female
Ref. Doctor	: DR. RMO . STERLING	Study Date	: 28 Sep 2024 - 08:43 AM

X-RAY CHEST PA VIEW

- Both lung fields show prominent broncho-vascular markings.
- Cardiac size appears within normal limit.
- Trachea and mediastinal soft tissue shadow appear unremarkable.
- Bilateral C.P. angles and both domes of diaphragm appear normal.
- Bony thorax under vision appears normal.
- **Doubtful soft tissue swelling in right side of neck. Adv: Further evaluation.**


Dr. Shilpi Gupta MD
Sr. Consultant Radiologist

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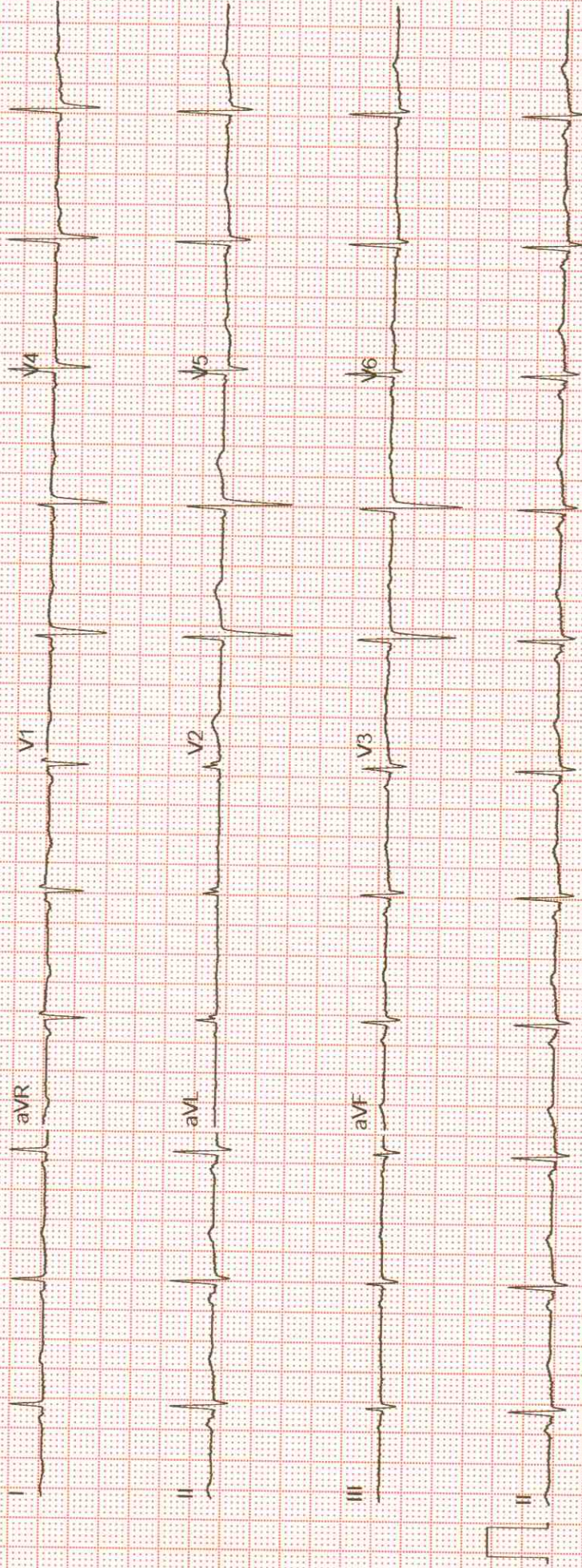
Female

34 Years

QRS	76 ms
QT/QTcBaz	440 / 471 ms
PR	124 ms
P	94 ms
RR/PP	866 / 869 ms
P / QRS / T	48 / 34 / 54 degrees

69 bpm
-- / -- mmHg

WNL





2D ECHOCARDIOGRAPHY REPORT



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HOSPITALS

Race Course Road, Vadodara

Name: Mrs. NILOFAR S DIWAN
Age: 34 Years
Sex: F
Date: 28-Sep-2024

Ref By: HCP
Study: 2D Echo

M-MODE:

IVS	10mm	LVDD	46mm
PW	11mm	LVDS	24mm
LA	37mm	LV EF	60 %

DOPPLER STUDY:

MITRAL	E 0.95	A 0.76
AORTIC	1.85	
TRICUSPID	N	
PULMONARY	N	

CONCLUSION :

- NORMAL SIZED CHAMBERS
- NORMAL LV SYSTOLIC FUNCTION LVEF 60 %
- NO RWMA AT REST
- NO DIASTOLIC DYSFUNCTION
- NORMAL RA/RV WITH NORMAL RV FUNCTION
- MILD TR, NO SIGNIFICANT PAH (RVSP: 25MMHG BY TR JET)
- REST FO VALVES ARE NORMAL STRUCTURALLY
- NO CLOT OR VEGETATION
- NO PERICARDIAL EFFUSION
- NORMAL IVC

Dr. RANJEETKUMAR SHUKLA MD,DM
Consultant interventional Cardiologist

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Sterling Hospital - 91-20-25443913





Report Date: 28 Sep 2024 - 10:43 AM

Patient Id	: RCR-299577	Patient Name	: DIWAN NILOFAR S
Age	: 34Y 5M 11D	Sex	: Female
Ref. Doctor	: DR.RMO.STERLING	Study Date	: 28 Sep 2024 - 10:24 AM

SONOGRAPHY OF WHOLE ABDOMEN: -

LIVER: Liver appears normal in size and shows normal parenchymal echoes. No evidence of focal or diffuse lesion is seen. No evidence of dilated IHBR is seen. Intrahepatic portal radicals appear normal. Portal vein is normal in caliber measuring 12.3 mm at porta & shows hepatopetal blood flow.

GALL BLADDER: Gall bladder is distended and appears normal. No evidence of calculus or changes of cholecystitis are seen. CBD appears normal (3.9 mm).

PANCREAS: Pancreas is partially visualized and visualized portion is normal in size & shows normal parenchymal echoes.

SPLEEN: Spleen is normal in size (9.8 cm) & shows normal parenchymal echoes. No evidence of focal or diffuse lesion is seen.

BOTH KIDNEYS: Both kidneys are normal in size, shape, position and contour. Cortical thickness & echo appear normal. No evidence of renal calculus, hydronephrosis or mass lesion is seen on either side.

Right kidney measures 10.3 x 4.0 cm

Left kidney measures 10.4 x 4.5 cm

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

URINARY BLADDER: Bladder is partially distended and appears unremarkable.

UTERUS: Uterus is anteverted & appears normal in size (8.3 x 5.4 x 3.9 cm), shape and position. Endometrial and myometrial echoes appear normal. Endometrial thickness measures about 8.7 mm. No evidence of intrauterine pregnancy or uterine mass lesion is seen.

OVARIES: Left ovary appears normal in size, shape and position. No evidence of solid or cystic ovarian mass lesion is seen on left side. Right ovary is not visualized due to bowel gases. No adnexal mass lesion is seen on either side.

No evidence of ascites, lymphadenopathy is seen.

Mild gaseous distention of bowel loops is seen.

CONCLUSION:

No significant abdominal abnormality detected.

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