भारत सरकार
Government of India

Manju
Manju
जन्म तिथि/DOB: 30/01/1972
महिला/ FEMALE

9358 4917 1850

VID : 9155 7807 3702 6540

मेरा आधार, मेरी पहचान

Manju

भारतीय विशिष्ट पहचान प्राधिकरण
Unique Identification Authority of India

पता:
C/O महावीर प्रसाद खाती, 135-ए पार्वती नगर, बैनाड रेलवे स्टेशन के पास, बैनाड रोड झोटवाडा, जयपुर, जयपुर, राजस्थान - 302012

**Address:**
C/O Mahaveer Prasad Khati, 135-a, parwati nagar, near benar railway station, benar road jhotwara, Jaipur, Jaipur, Rajasthan - 302012

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help@uidai.gov.in

www.uidai.gov.in

QR Code with Photograph

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

# P3 HEALTH SOLUTIONS LLP

B-14, Vidhyadhar Nagar Enclave-II, Near Axis Bank
Central Spine, Vidhyadhar Nagar, Jaipur-302 023

+91 141 4824885 p3healthsolutionsllp@gmail.com


## General Physical Examination

**Date of Examination:** 31/07/24

Name: MANJU Age: 50 YRS DOB: 30/01/1974 Sex: Female

Referred By: BANK OF BARODA

Photo ID: ADHAR CARD ID #: 1850

Ht: 166 (cm) Wt: 64 (Kg)

Chest (Expiration): 98 (cm) Abdomen Circumference: 83 (cm)

Blood Pressure: 135/85 mm Hg PR: 83 / min RR: 18 / min Temp: Afebrile

BMI 23.2

Eye Examination: With glass
RE - EG, NG, NCD
LE - EG, NG, NCD

Other: NO

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

Signature Of Examine : Manju Name of Examinee: MANJU

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

Signature Medical Examiner : Name Medical Examiner DR. PIYUSH GOYAL

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| **Patient ID** | **1224718** Patient Mob No.9636705074 | Registered On | 31/07/2024 09:18:00 |
| **NAME** | **Mrs. MANJU** | Collected On | 31/07/2024 09:37:05 |
| Age / Sex | Female 52 Yrs 6 Mon 2 Days | Authorized On | 31/07/2024 17:23:25 |
| Ref. By | BANK OF BARODA | Printed On | 31/07/2024 17:23:31 |
| Lab/Hosp | Mr.MEDIWHEEL | | |

**HAEMOGARAM**

**HAEMATOLOGY**

| Test Name | Value | Unit | Biological Ref Interval |
|---|---|---|---|
| FULL BODY HEALTH CHECKUP ABOVE 40FEMALE | | | |
| **HAEMOGLOBIN (Hb)** | 13.7 | g/dL | 12.0 - 15.0 |
| **TOTAL LEUCOCYTE COUNT** | 5.69 | /cumm | 4.00 - 10.00 |
| **DIFFERENTIAL LEUCOCYTE COUNT** | | | |
| NEUTROPHIL | 57.0 | % | 40.0 - 80.0 |
| LYMPHOCYTE | 31.0 | % | 20.0 - 40.0 |
| EOSINOPHIL | 4.0 | % | 1.0 - 6.0 |
| MONOCYTE | 8.0 | % | 2.0 - 10.0 |
| BASOPHIL | 0.0 | % | 0.0 - 2.0 |
| TOTAL RED BLOOD CELL COUNT (RBC) | 4.48 | x10^6/uL | 3.80 - 4.80 |
| HEMATOCRIT (HCT) | 36.90 | % | 36.00 - 46.00 |
| MEAN CORP VOLUME (MCV) | **82.4** L | fL | 83.0 - 101.0 |
| MEAN CORP HB (MCH) | 30.6 | pg | 27.0 - 32.0 |
| MEAN CORP HB CONC (MCHC) | **37.1** H | g/dL | 31.5 - 34.5 |
| **PLATELET COUNT** | 266 | x10^3/uL | 150 - 410 |
| RDW-CV | 13.4 | % | 11.6 - 14.0 |

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## HAEMATOLOGY

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| Test Name | Value | Unit | Biological Ref Interval |
|---|---|---|---|
| **Erythrocyte Sedimentation Rate (ESR)** Method:- Westergreen | 18 | 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)<br>Method:- GLUCOSE OXIDASE/PEROXIDASE | 83.5 | 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)<br>Method:- GLUCOSE OXIDASE/PEROXIDASE | 90.0 | mg/dl | 70.0 - 140.0 |

**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 | 5.5 | mg% | Non-Diabetic < 6.0<br>Good Control 6.0-7.0<br>Weak Control 7.0-8.0<br>Poor control > 8.0 |
| MEAN PLASMA GLUCOSE<br>Method:- Calculated Parameter | 119 | 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

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| Test Name | Value | Unit | Biological Ref Interval |
|---|---|---|---|
| BLOOD GROUP ABO<br>Methord:- Haemagglutination reaction | "B" NEGATIVE | | |

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## BIOCHEMISTRY

| Test Name | Value | Unit | Biological Ref Interval |
|---|---|---|---|
| **LIPID PROFILE** | | | |
| SERUM TOTAL CHOLESTEROL<br>Methord:- CHOLESTEROL OXIDASE/PEROXIDASE | 152.00 | mg/dl | Desirable <200<br>Borderline 200-239<br>High> 240 |
| **InstrumentName**:HORIBA **Interpretation:** Cholesterol measurements are used in the diagnosis and treatments of lipid lipoprotein metabolism disorders. | | | |
| SERUM TRIGLYCERIDES<br>Methord:- GLYCEROL PHOSPHATE OXIDASE/PREOXIDASE | **162.00** H | mg/dl | Normal <150<br>Borderline high 150-199<br>High 200-499<br>Very high >500 |
| **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<br>Methord:- Direct clearance Method | 42.00 | mg/dl | MALE- 30-70<br>FEMALE - 30-85 |
| **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<br>Methord:- Calculated Method | 83.00 | mg/dl | Optimal <100<br>Near Optimal/above optimal 100-129<br>Borderline High 130-159<br>High 160-189<br>Very High > 190 |
| VLDL CHOLESTEROL<br>Methord:- Calculated | 32.40 | mg/dl | 0.00 - 80.00 |
| T.CHOLESTEROL/HDL CHOLESTEROL RATIO<br>Methord:- Calculated | 3.62 | | 0.00 - 4.90 |
| LDL / HDL CHOLESTEROL RATIO<br>Methord:- Calculated | 1.98 | | 0.00 - 3.50 |
| TOTAL LIPID<br>Methord:- CALCULATED | 524.48 | mg/dl | 400.00 - 1000.00 |

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## BIOCHEMISTRY

### BIOCHEMISTRY

| Test Name | Value | Unit | Biological Ref Interval |
|---|---|---|---|

1. Measurements in the same patient can show physiological& analytical variations. Three serialsamples 1 week apart are recommended for Total Cholesterol, Triglycerides, HDL& LDL Cholesterol
2. 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
3. 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

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| Test Name | Value | Unit | Biological Ref Interval |
|---|---|---|---|
| **LIVER PROFILE WITH GGT** | | | |
| SERUM BILIRUBIN (TOTAL)<br>Methord:- DIAZOTIZED SULFANILIC | 0.65 | mg/dL | Infants : 0.2-8.0 mg/dL<br>Adult - Up to - 1.2 mg/dL |
| SERUM BILIRUBIN (DIRECT)<br>Methord:- DIAZOTIZED SULFANILIC | 0.21 | mg/dL | Up to 0.40 mg/dL |
| SERUM BILIRUBIN (INDIRECT)<br>Methord:- Calculated | 0.44 | mg/dl | 0.30-0.70 |
| SGOT<br>Methord:- IFCC | 31.4 | U/L | 0.0 - 40.0 |
| SGPT<br>Methord:- IFCC | 28.7 | U/L | 0.0 - 35.0 |
| SERUM ALKALINE PHOSPHATASE<br>Methord:- DGKC - SCE | 72.00 | U/L | 64.00 - 306.00 |

**InstrumentName**:MISPA PLUS **Interpretation**:Measurements of alkaline phosphatase are of use in the diagnosis, treatment and investigation of hepatobilary disease and in bone disease associated with increased osteoblastic activity. Alkaline phosphatase is also used in the diagnosis of parathyroid and intestinal disease.

| | | | |
|---|---|---|---|
| SERUM GAMMA GT<br>Methord:- Szasz methodology<br>Instrument Name Randox Rx Imola | 17.20 | U/L | 5.00 - 32.00 |

Interpretation: Elevations in GGT levels areseen 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.

| | | | |
|---|---|---|---|
| SERUM TOTAL PROTEIN<br>Methord:- BIURET | 7.40 | g/dl | 6.00 - 8.40 |
| SERUM ALBUMIN<br>Methord:- BROMOCRESOL GREEN | 4.30 | g/dl | 3.50 - 5.50 |
| SERUM GLOBULIN<br>Methord:- CALCULATION | 3.10 | gm/dl | 2.20 - 3.50 |
| A/G RATIO | 1.39 | | 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.

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## BIOCHEMISTRY

### BIOCHEMISTRY

| Test Name | Value | Unit | Biological Ref Interval |
|---|---|---|---|

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., 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

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| Test Name | Value | Unit | Biological Ref Interval |
|---|---|---|---|
| **RFT / KFT WITH ELECTROLYTES** | | | |
| SERUM UREA<br>Methord:- UREASE / GLUTAMATE DEHYDROGENASE | 27.20 | mg/dl | 10.00 - 50.00 |
| **InstrumentName**: HORIBA CA 60 **Interpretation** : Urea measurements are used in the diagnosis and treatment of certain renal and metabolic diseases. | | | |
| SERUM CREATININE<br>Methord:- JAFFE | 0.89 | mg/dl | Males : 0.6-1.50 mg/dl<br>Females : 0.6 -1.40 mg/dl |
| **Interpretation :**<br>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<br>Methord:- URICASE/PEROXIDASE | 5.40 | mg/dl | 2.40 - 7.00 |
| **InstrumentName**:HORIBA YUMIZEN CA60 Daytona plus **Interpretation**: **Elevated Urate**:High purine diet,Alcohol• Renal insufficiency,Drugs , Polycythaemia vera, Malignancies,Hypothyroidism,Rare enzyme defects ,Downs syndrome,Metabolic syndrome, Pregnancy,Gout. | | | |
| SODIUM<br>Methord:- Ion-Selective Electrode with Serum | **134.0** L | mmol/L | 135.0 - 145.0 |
| POTASSIUM<br>Methord:- Ion-Selective Electrode with Serum | **3.09** L | mmol/L | 3.50 - 5.00 |
| CHLORIDE<br>Methord:- Ion-Selective Electrode with Serum | 103.6 | mmol/L | 97.0 - 107.0 |
| SERUM CALCIUM<br>Methord:- Arsenazo III Method | 9.40 | mg/dL | 8.80 - 10.20 |
| **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<br>Methord:- BIURET | 7.40 | g/dl | 6.00 - 8.40 |
| SERUM ALBUMIN<br>Methord:- BROMOCRESOL GREEN | 4.30 | g/dl | 3.50 - 5.50 |

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| Age / Sex | Female 52 Yrs 6 Mon 2 Days | Authorized On | 31/07/2024 17:23:25 |
| Ref. By | BANK OF BARODA | Printed On | 31/07/2024 17:23:31 |
| Lab/Hosp | Mr.MEDIWHEEL | | |

## BIOCHEMISTRY

### BIOCHEMISTRY

| Test Name | Value | Unit | Biological Ref Interval |
|---|---|---|---|
| SERUM GLOBULIN<br>Method:- CALCULATION | 3.10 | gm/dl | 2.20 - 3.50 |
| A/G RATIO | 1.39 | | 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-hourcollections 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 bloodincreases. 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

**Technologist**

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

# P3 HEALTH SOLUTIONS LLP

B-14, Vidhyadhar Nagar Enclave-II, Near Axis Bank
Central Spine, Vidhyadhar Nagar, Jaipur-302 023

+91 141 4824885 p3healthsolutionsllp@gmail.com


| | | | |
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| Lab/Hosp | Mr.MEDIWHEEL | | |

## CLINICAL PATHOLOGY

### CLINICAL PATHOLOGY

| Test Name | Value | Unit | Biological Ref Interval |
|---|---|---|---|
| URINE SUGAR (FASTING)<br>Collected Sample Received | Nil | | Nil |
| URINE SUGAR PP<br>Collected Sample Received | Nil | | Nil |

Technologist

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| Lab/Hosp | Mr.MEDIWHEEL | | |

## IMMUNOASSAY

| Test Name | Value | Unit | Biological Ref Interval |
|---|---|---|---|
| **TOTAL THYROID PROFILE** | | | |
| **THYROID-TRIIODOTHYRONINE T3**<br>Methord:- Chemiluminescence | 1.21 | ng/ml | 0.69 - 2.15 |
| **THYROID - THYROXINE (T4)**<br>Methord:- Chemiluminescence | 8.13 | ug/dl | 5.20 - 12.70 |
| **TSH**<br>Methord:- Chemiluminescence | 1.850 | 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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| Ref. By | BANK OF BARODA | Printed On | 31/07/2024 17:23:31 |
| Lab/Hosp | Mr.MEDIWHEEL | | |

## CLINICAL PATHOLOGY

| Test Name | Value | Unit | Biological Ref Interval |
|---|---|---|---|
| **Urine Routine** | | | |
| **PHYSICAL EXAMINATION** | | | |
| COLOUR | PALE YELLOW | | PALE YELLOW |
| APPEARANCE | Clear | | Clear |
| **CHEMICAL EXAMINATION** | | | |
| REACTION(PH) | 5.5 | | 5.0 - 7.5 |
| SPECIFIC GRAVITY | 1.010 | | 1.010 - 1.030 |
| PROTEIN | NIL | | NIL |
| SUGAR | NIL | | NIL |
| BILIRUBIN | NEGATIVE | | NEGATIVE |
| UROBILINOGEN | NORMAL | | NORMAL |
| KETONES | NEGATIVE | | NEGATIVE |
| NITRITE | NEGATIVE | | NEGATIVE |
| **MICROSCOPY EXAMINATION** | | | |
| RBC/HPF | NIL | /HPF | NIL |
| WBC/HPF | 5-7 | /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 | | |

**Technologist**

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+91 141 4824885 p3healthsolutionsllp@gmail.com


| NAME: | MRS. MANJU SHARMA | AGE | 52 YRS/F |
|---|---|---|---|
| REF.BY | BANK OF BARODA | DATE | 31/07/2024 |

## CHEST X RAY (PA VIEW)

Bilateral lung fields appear clear.

Bilateral costo-phrenic angles appear clear.

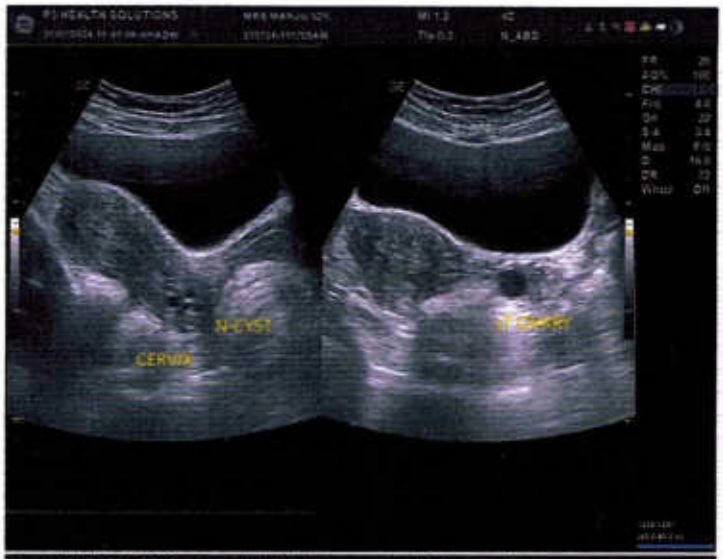
Cardiothoracic ratio is normal.

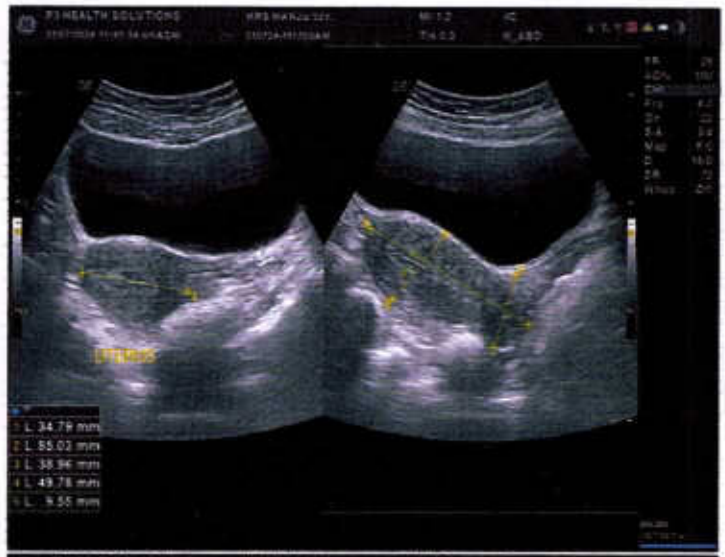
Thoracic soft tissue and skeletal system appear unremarkable.

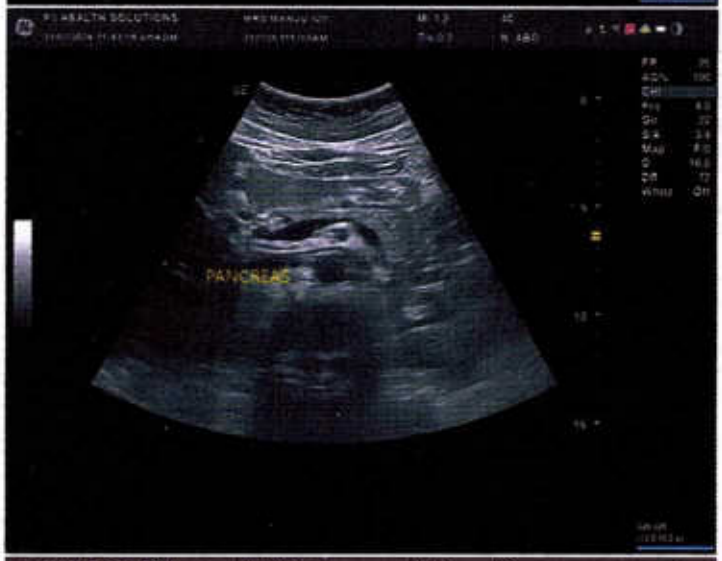
Soft tissue shadows appear normal.

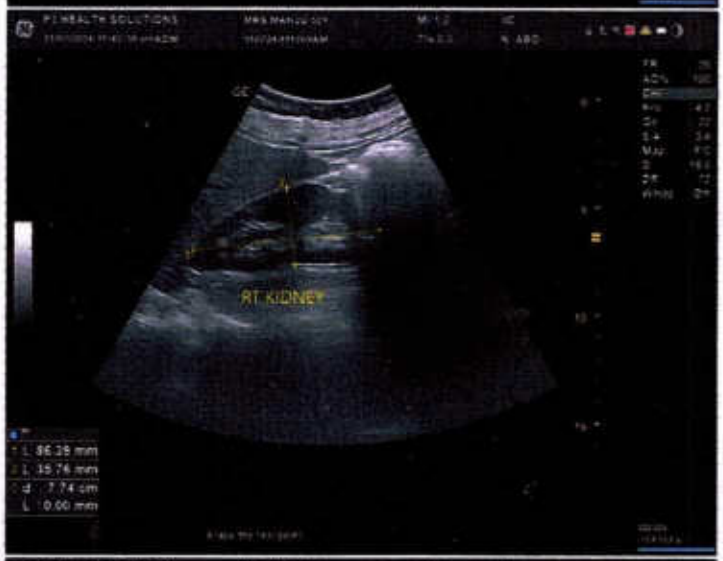
**IMPRESSION: No significant abnormality is detected**

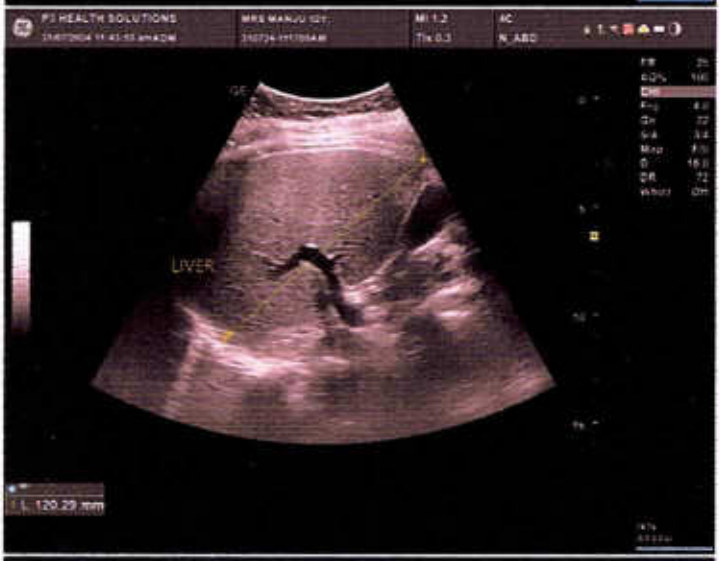
**DR. ROHAN GAUR**
**M.B.B.S, M.D (Radiodiagnosis)**
**RMC no. 17887**

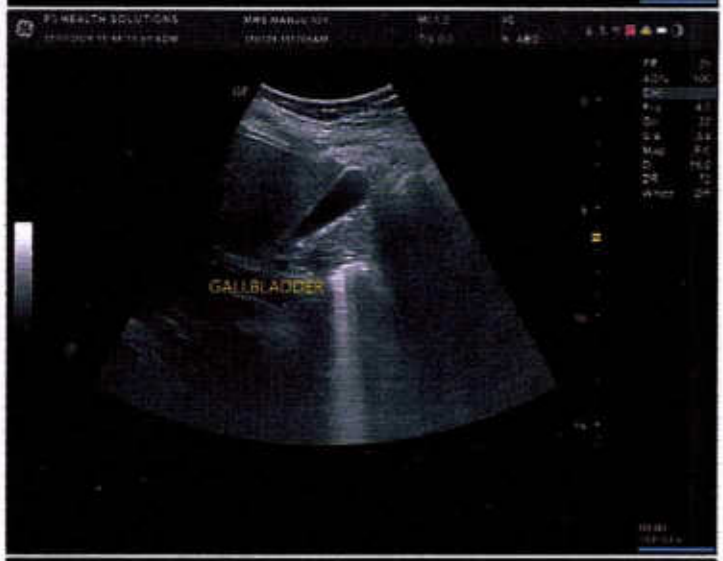

N-CYST
CERVIX
RT OVARY

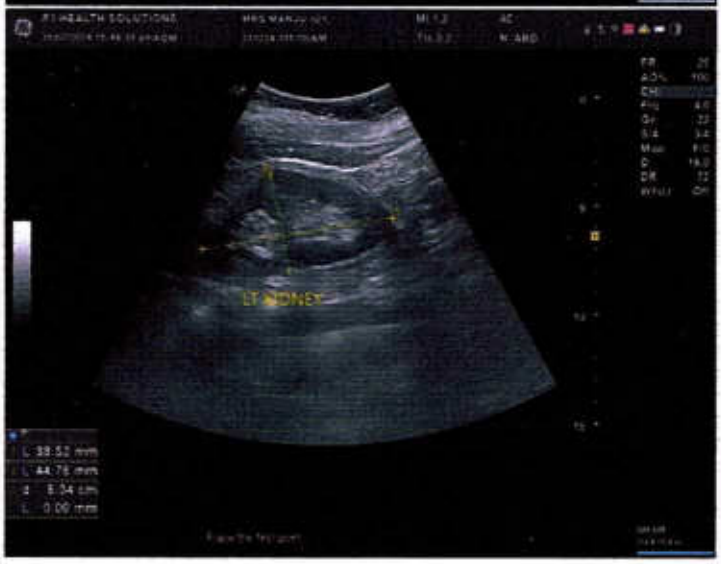

UTERUS
L 34.79 mm
L 55.03 mm
L 38.96 mm
L 49.78 mm
L 9.55 mm

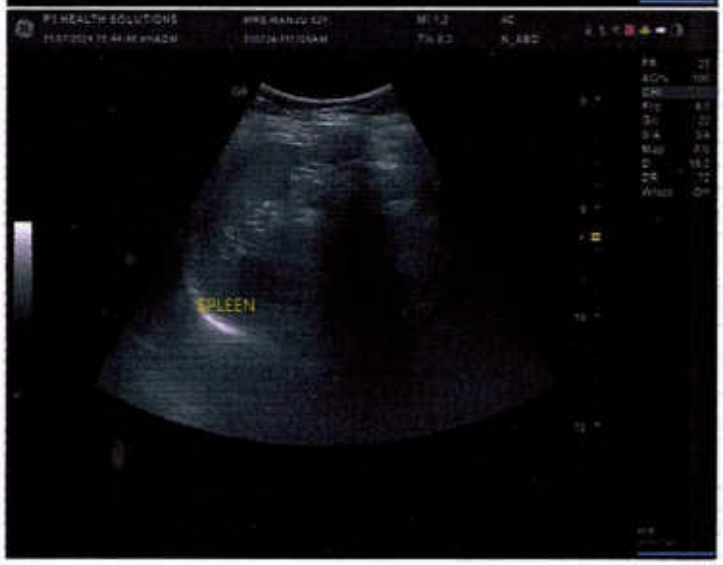

PANCREAS


RT KIDNEY
L 86.28 mm
L 35.74 mm
d 7.74 cm
L 0.00 mm


LIVER
L 120.29 mm


GALLBLADDER


LT KIDNEY
L 88.52 mm
L 44.76 mm
d 8.34 cm
L 0.00 mm


SPLEEN

# P3 HEALTH SOLUTIONS LLP
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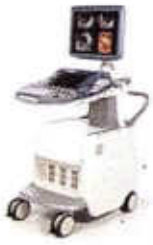
+91 141 4824885 maxcarediagnostics1@gmail.com

| | |
|---|---|
| Mrs. MANJU | 52 Yrs./Female |
| Registration Date: 31/07/2024 | Ref. by: BANK OF BARODA |

## ULTRASOUND OF WHOLE ABDOMEN

**Liver** is of normal size (12.0 cm). Echo-texture is normal. 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 well distended. Wall is not thickened. 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. 8.6 x 3.5 cm.
**Left kidney** is measuring approx. 8.8 x 4.4 cm.

**Urinary bladder** does not show any calculus or mass lesion.

**Uterus** is anteverted and normal in size (measuring approx. 8.5 x 4.9 x 3.9 cm).
Myometrium shows normal echo -pattern. No focal space occupying lesion is seen. Endometrial echo is normal. Endometrial thickness is 9.0 mm. **Cervix is bulky. Multiple nabothian cysts are noted at cervix.**

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:**

- **Bulky cervix with nabothian cysts at cervix.**

DR. ROHAN GAUR
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RMC no. 17887

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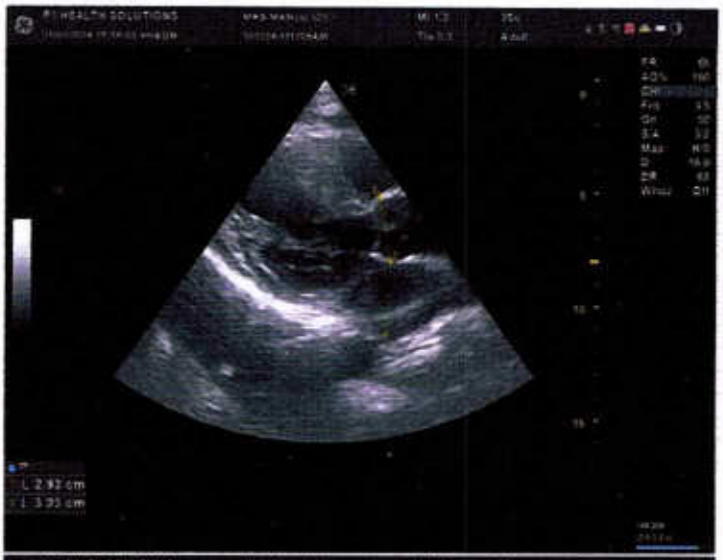
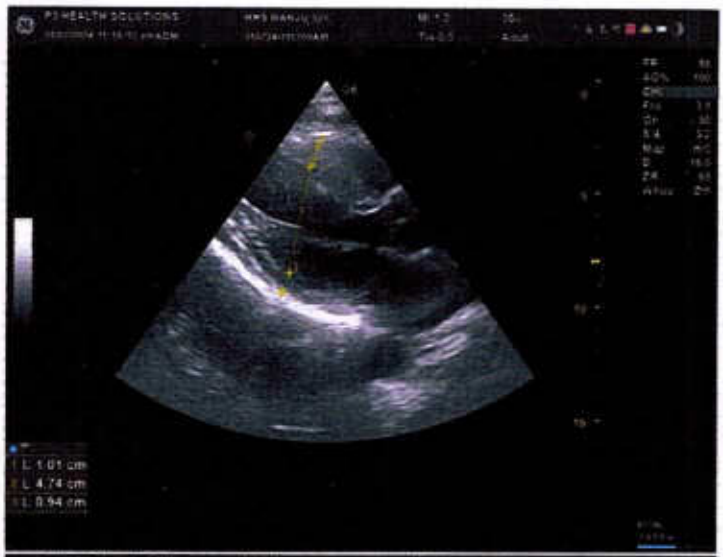
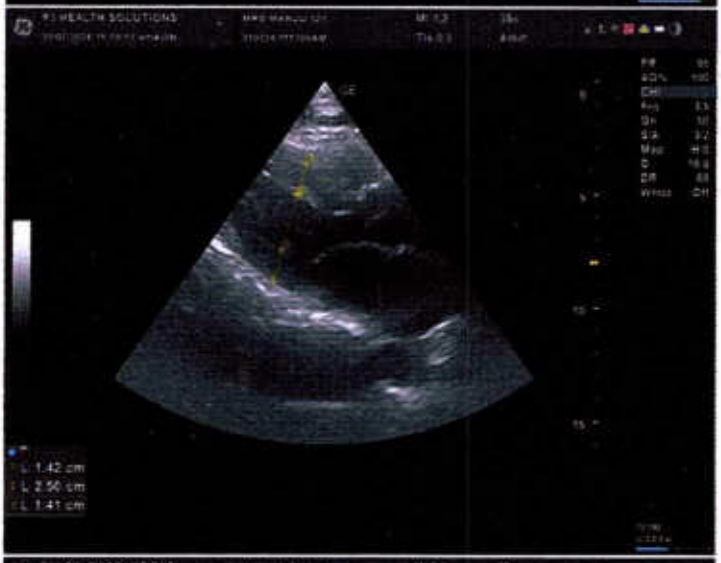
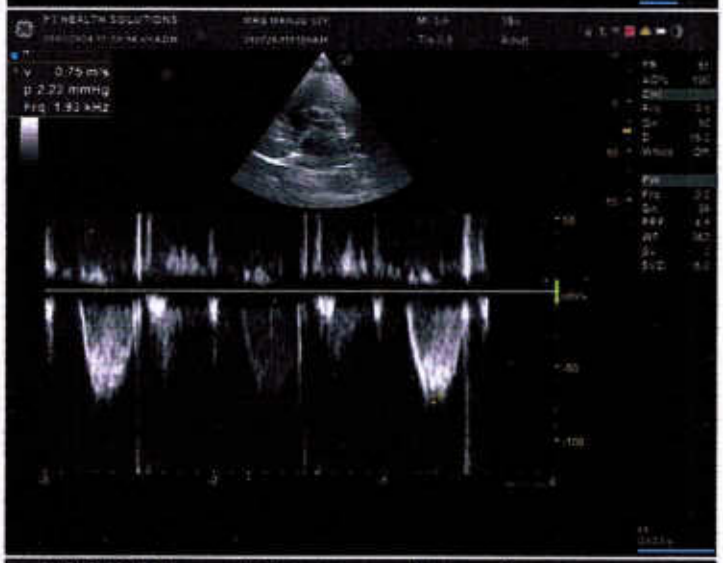
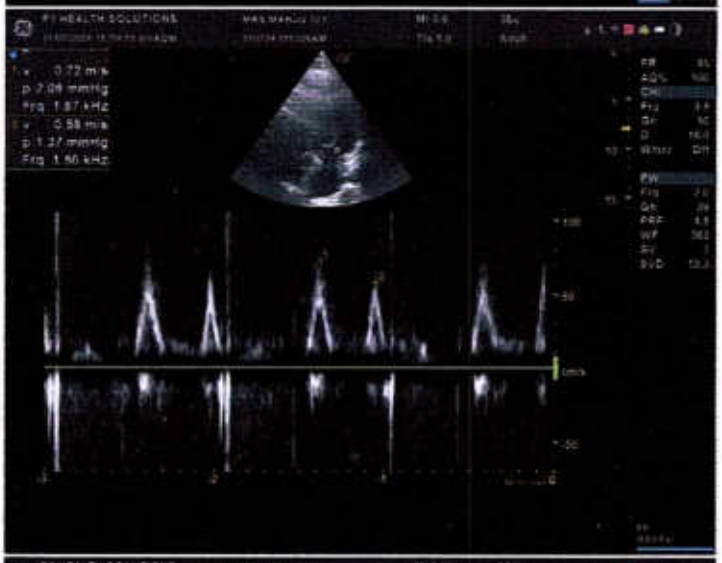
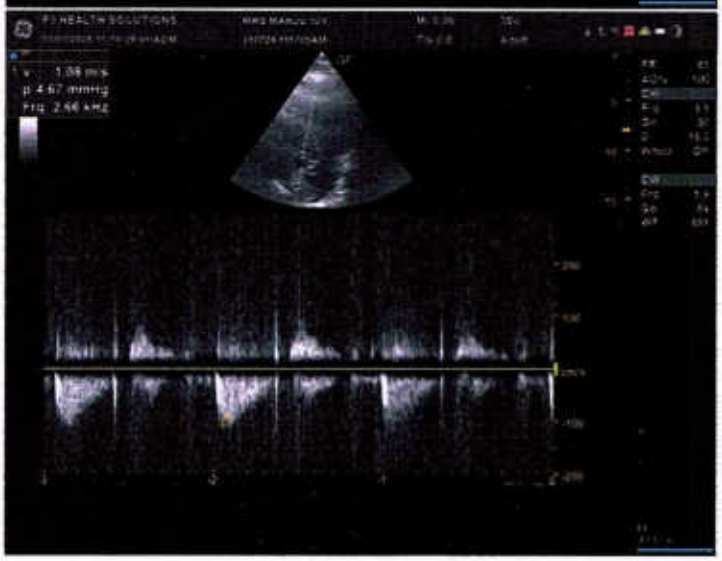

L 2.92 cm
L 3.93 cm

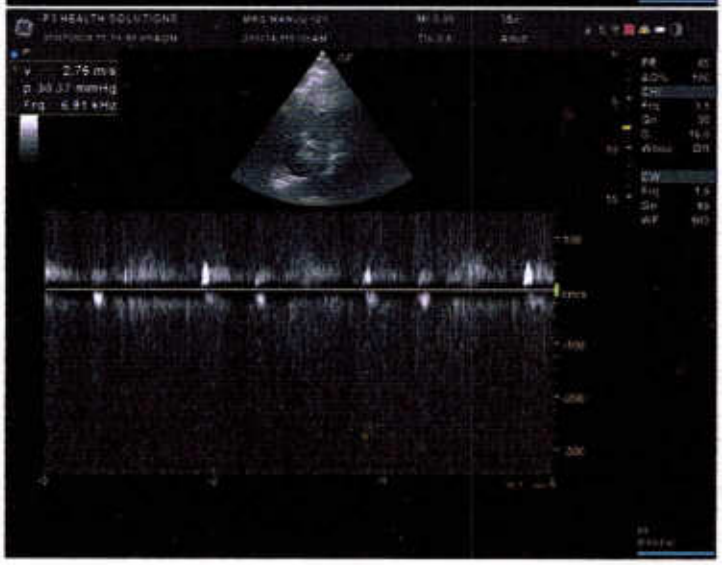

L 1.01 cm
L 4.74 cm
L 0.94 cm


L 1.42 cm
L 2.56 cm
L 1.41 cm


v 0.75 m/s
p 2.22 mmHg
Frq 1.93 kHz


v 0.72 m/s
p 2.09 mmHg
Frq 1.87 kHz
v 0.58 m/s
p 1.37 mmHg
Frq 1.60 kHz


v 1.08 m/s
p 4.67 mmHg
Frq 2.66 kHz


v 2.76 m/s
p 30.37 mmHg
Frq 6.81 kHz

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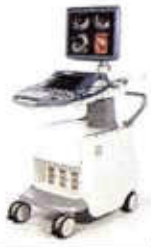


| Mrs. MANJU | 52 Yrs./Female |
|---|---|
| Registration Date: 31/07/2024 | Ref. by: BANK OF BARODA |

## 2D-ECHOCARDIOGRAPHY M.MODE WITH DOPPLER STUDY:

FAIR TRANSTHORACIC ECHOCARIDIOGRAPHIC WINDOW MORPHOLOGY:

| | | | |
|---|---|---|---|
| MITRAL VALVE | NORMAL | TRICUSPID VALVE | NORMAL |
| AORTIC VALVE | NORMAL | PULMONARY VALVE | NORMAL |

M.MODE EXAMITATION:

| | | | | | | | | |
|---|---|---|---|---|---|---|---|---|
| AO | 2.9 | Cm | LA | 3.2 | cm | IVS-D | 1.0 | cm |
| IVS-S | 1.4 | cm | LVID | 4.7 | cm | LVSD | 2.5 | cm |
| LVPW-D | 0.9 | cm | LVPW-S | 1.4 | 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 | 0.72 | m/sec | PEAK GRADIENT | | Mm/hg |
| A VELOCITY | 0.58 | m/sec | MEAN GRADIENT | | Mm/hg |
| MVA BY PHT | | Cm2 | MVA BY PLANIMETRY | | Cm2 |
| MITRAL REGURGITATION | | | ABSENT | | |

| AORTIC VALVE | | | | | |
|---|---|---|---|---|---|
| PEAK VELOCITY | 1.08 | 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 | | | MILD | | |

| PULMONARY VALVE | | | | | |
|---|---|---|---|---|---|
| PEAK VELOCITY | 0.75 | M/sec. | PEAK GRADIENT | | Mm/hg |
| MEAN VALOCITY | | | MEAN GRADIENT | | Mm/hg |
| PULMONARY REGURGITATION | | | ABSENT | | |

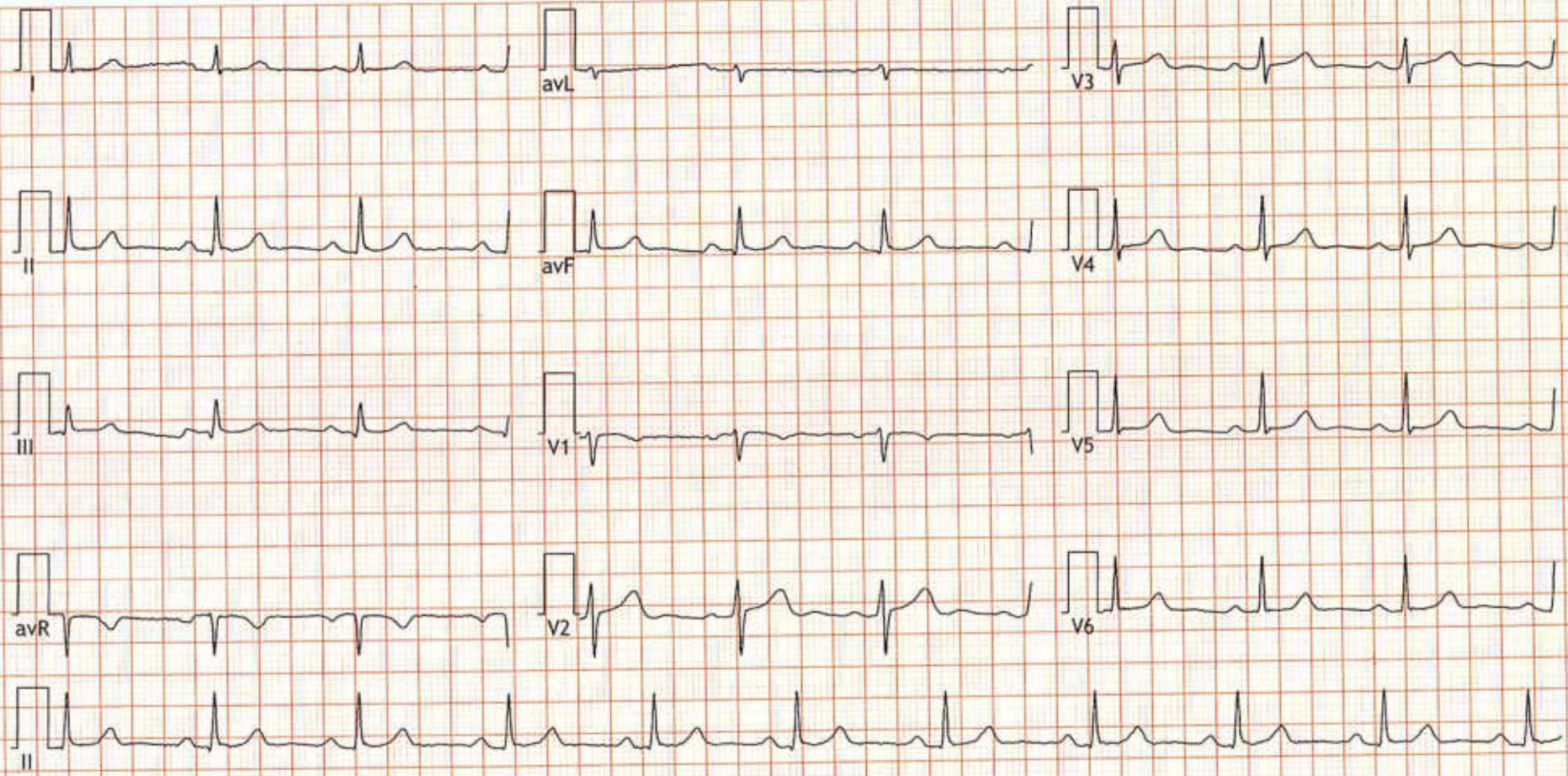
**Impression—**

- NORMAL LV SIZE & CONTRACTILITY.
- NO RWMA, LVEF 55-60%.
- MILD TR/ PAH (RVSP 30 MMHG+ RAP).
- NORMAL DIASTOLIC FUNCTION.
- NO CLOT, NO VEGETATION, NO PERICARDIAL EFFUSION.

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

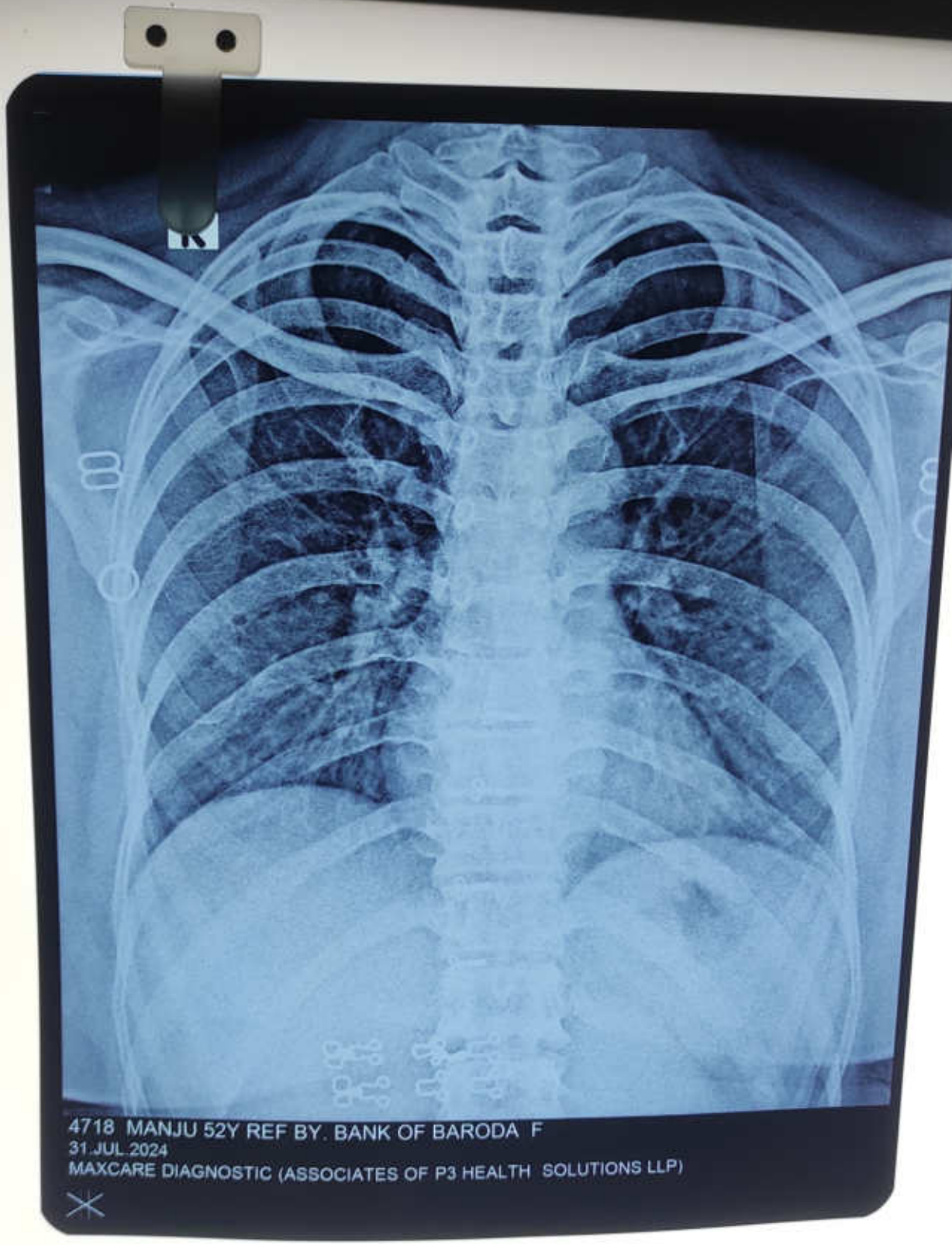
Tems (P) Ltd
#P3 HEALTH SOLUTIONS LLP B-14, Vidhyadhar nahar , Jaipur
128541925462592/Mrs Manju 52Yrs-2Months/Female Kgs/31 Cms BP: ___/___ mmHg **HR: 61 bpm**
Ref.: BANK OF BARODA Test Date: 31-Jul-2024(1:31:35 P) Notch: 50Hz 0.05Hz - 35Hz 10mm/mV 25mm/Sec

PR Interval: 200 ms
QRS Duration: 94 ms
QT/QTc: 402/409ms
P-QRS-T Axis: 63 - 60 - 55 (Deg)




FINDINGS: Normal Sinus Rhythm
**Vent Rate :** 61 bpm; **PR Interval :** 200 ms; **QRS Duration:** 94 ms; **QT/QTc Int :** 402/409 ms
**P-QRS-T axis:** 63• 60• 55• (Deg)
Comments :

Dr. Naresh Kumar Mohanka
RMC No.: 35703
MBBS, DIP. CARDIO (ESCORTS)
D.E.M. (RCGP-UK)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4718 MANJU 52Y REF BY. BANK OF BARODA F
31 JUL 2024
MAXCARE DIAGNOSTIC (ASSOCIATES OF P3 HEALTH SOLUTIONS LLP)