



# Report

VRX HEALTH CARE PVT. LTD.

UHID : AM10.240000000001  
Patient Name : MS. GARIMA KUMARI  
Age : 34 Yrs 11 Month  
Gender : FEMALE  
Ref. Doctor : SELF  
Client Name : DIAGNO LOUNGE(ADVANCED DIAGNOSTIC CENTRE)KANDIVALI

Bill No. : A065769  
Registered On : 10/08/2024,05:15 PM  
Collected On : 10/08/2024,05:03 PM  
Reported On : 14/08/2024,04:32 PM  
SampleID : 

## REPORT

### Cytology

Slide No  
Specimen

ASV- PAP- 2127/2024

Conventional PAP smear. Received two smears.  
Smears were fixed and stained by Papanicolaou method for microscopic examination.

Microscopic Examination

Specimen is adequate for the interpretation. Smears show predominantly sheets and clusters of intermediate and superficial squamous epithelial cells.

The background shows mild infiltration by polymorphonuclear leucocytes and bacilli.

There is no evidence of C.albicans or T.vaginalis.

There is no evidence of dysplastic or malignant cells in the smears examined.

IMPRESSION

Negative for intraepithelial lesion or malignancy.

Enclosed two slides along with hard copy.

----- End of Report -----

Results are to be correlated clinically

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Mobile No.: 7506155999 / 7045955999

Scan to Validate



Entered By

SUVARNA-DESHPANDE  
Verified By

  
Dr Suvarna Deshpande  
MD (Path)  
Reg.No.83385

Dr Aparna Jairam  
MD (Path)  
Reg.No.76516

"Sample Processed At Asavlee Dr Aparna's Pathology Laboratory"

Physio Lounge & Diagno Lounge (VRX Health Care Pvt. Ltd.)



75061 55999

Patient Name	Carima Koman	Date	10/8/2023
Age	24yrs	UHID No	
Sex	Female	Ref By	
Occupation	Home maker	Phone No	
		Email	

## HEALTH ASSESSMENT FORM

### A - GENERAL EXAMINATION

CHIEF COMPLAINTS	H/o Dizziness on/off - chest pain. vertigo. NONE				
MEDICAL HISTORY	HYPERTENSION	Asthama	Heart Disease	Thyroid Disorder	Allergy
	NO.	NO.	NO.	NO.	NO.
	Diabetes	Stroke	Kidney Disorder	Tuberculosis	Liver Disorder
	NO.	NO.	NO.	NO.	NO.
	Other History	NONE			
SURGICAL HISTORY	Piles	Fissures	Fistula	Hernia	Gall Bladder Stone
	NO.	NO.	NO.	NO.	NO.
	Other Surgical History	DNC May 2021, Jan-2023. LSCS - 2020.			
GYNECOLOGICAL HISTORY	AGE MENOPAUSE	MENARCHE AT YEARS OF AGE	Regularity	Duration	OTHER
		14yrs	Regular	3 days. 30 days.	
	Other Gynecological History				
BREAST EXAMINATION		RIGHT	LEFT		
	Skin	} NO.	} NO.		
	Nodule				
	Nipple				
	Pain				
	Other Remarks				
CURRENT MEDICATIONS	Sr. No	Complaints	Dosage	Duration	
		None			

NAME	Carima kuman	Weight	58.6
BP	110/70 mmHg	Height	164
Pulse	92 bpm	SPO2	98% RA
Temperature	Afebrile	Peripheral Pulses	Present
Oedema	Abnt.	Breath Sound	ALBC
Heart Sound	S1S2		

### B - SYSTEMIC EXAMINATION

FILL YES/NO

CONSTITUTIONAL		GENITOURINARY SYSTEM	
Fever	} NO	Frequency of urine	} NO
Chills		Blood in urine	
Recent weight gain		Incomplete empty of bladder	
EYES		OBS/GYNE.	
Eye pain	} Eye pain	Nycturia	} NO
Spots before eyes		Dysuria	
Dry eyes		Urge Incontinence	
Wearing glasses		Abnormal bleed	
Vision changes		Vaginal Discharge	
Itchy eyes		Irregular menses	} NO
EAR/NOSE/THROAT		Midcycle bleeding	
Earaches	} NO	MUSCULOSKELETAL	
Nose bleeds		Joint swelling	} lower back acc.
Sore throat		Joint pain	
Loss of hearing		Limb swelling	
Sinus problems		Joint stiffness	
Dental problems		INTEGUMENTARY(SKIN)	
CARDIOVASCULAR		Acne	} NO
Chest pain	} chest pain on/off	Breast pain	
Heart rate is fast/slow		Change in mole	
Palpitations		Breast	
Leg swelling		1-2022	
RESPIRATORY		NEUROLOGICAL	
Shortness of breath	} Dyspnoea on exertion	Confused	} forgetful
Cough		Sensation in limbs	
Orthopnoea		Migraines	
Wheezing		Difficulty walking	
Dyspnoea		PSYCHIATRIC	
Respiratory distress in sleep		Suicidal	} checked eyes
GASTROINTESTINAL		Change in personality	
Abdominal pain	} NO	Anxiety	
Constipation		Sleep Disturbances	
Heartburn		Depression	
Vomiting		Emotional	
Diarrhoea			
Melena			


  
 Government of India



Name: **Charina Kumari**  
 Date of Birth: **18/09/1989**  
 Gender: **FEMALE**

UID: **8198**  
 VID: 9183 3304 8385 6545


  
 Unique Identification Authority of India

Aadhaar Number: **8198**  
 Address: **Plot No. 34-38, Gayatri Satsang Building, Behind Vishnu Shivam Mall, Thakur Village, Kandivali East, Mumbai - 400 101**

UID: **8198**  
 VID: 9183 3304 8385 6545

*Dr Sandeep Deshpande*  
**MD (CARDIOLOGIST)**  
**REG - 72944**

*Charina Kumari*  
**VRX HEALTHCARE PVT. LTD.**  
 Shop No.34-38, Gayatri Satsang Building,  
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 Mobile No - 7506155009 / 7015955000





# Report

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Name : MS. GARIMA KUMARI UHID : VRX-42954  
Age/Gender : 34 Years 11 Months /F Registered On : 10/08/2024 14:25  
Referred By : MEDIWHEEL Collected On : 10/08/2024 09:30  
Reported On : 10/08/2024 15:33

Investigations	Observed Value	Bio. Ref. Interval	METHOD
<b>CBC-COMplete BLOOD COUNT</b>			
HAEMOGLOBIN	12.1	12.0 - 15.0 gm/dl	
RBC COUNT	4.27	3.8 - 4.8 Millions/Cmm	
PACKED CELL VOLUME	<b>36.7</b>	40.0 - 50.0 %	
MEAN CORP VOL (MCV)	85.95	83.0 - 101.0 fL	
MEAN CORP HB (MCH)	28.34	27.0 - 32.0 pg	
MEAN CORP HB CONC (MCHC)	32.97	31.5 - 34.5 g/dl	
RDW	12.9	11.6 - 14.0 %	
WBC COUNT	6.2	4.0 - 10.0 *1000/cmm	
NEUTROPHILS	70	40 - 80 %	
LYMPHOCYTES	21	20 - 40 %	
EOSINOPHILS	3	1 - 6 %	
MONOCYTES	6	2 - 10 %	
BASOPHILS	0		
PLATELETS COUNT	189	150 - 410 *1000/Cmm	
PLATELETS ON SMEAR	Adequate		
MPV	13.1	6.78 - 13.46 %	
PDW	16.4	9 - 17 %	
RBC MORPHOLOGY	NORMOCYTIC NORMOCHROMIC		

**REMARKS**  
EDTA Whole Blood - Tests done on Automated NIHON KOHDEN MEK-7300K 5 Part Analyzer. (Haemoglobin by Photometric and WBC, RBC, Platelet count by Impedance method, WBC differential by Floating Discriminator Technology and other parameters are calculated)  
All Abnormal Haemograms are reviewed and confirmed microscopically. Differential count is based on approximately 10,000 cells.

**INTERPRETATION**

--- End of the Report ---

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*VRJain*

Dr. Vipul Jain  
M.D.(PATH)

APPROVED BY



ENTERED BY - SANTOSH M

CHECKED BY - SNEHA G

Physio Lounge & Diagno Lounge (VRX Health Care Pvt. Ltd.)



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Investigations	Observed Value	Bio. Ref. Interval	METHOD
<b><u>MEDIWHEEL FULL BODY HEALTH ANNUAL PLUS CHECK FEMALE PACKAGE</u></b>			
ESR	15	< 20 mm at the end of 1Hr.	WESTERGREN
<p><b>INTERPRETATION</b>  <b>ESR(Erythrocyte Sedimentation Rate)</b>-The ESR measures the time required for erythrocytes from a whole blood sample to settle to the bottom of a vertical tube. Factors influencing the ESR include red cell volume, surface area, density, aggregation, and surface charge. The ESR is a sensitive, but nonspecific test that is frequently the earliest indicator of disease. It often rises significantly in widespread inflammatory disorders due to infection or autoimmune mechanisms. Such elevations may be prolonged in localized inflammation and malignancies.  <b>Increased ESR:</b> may indicate pregnancy, acute or chronic inflammation, tuberculosis, rheumatic fever, paraproteinemias, rheumatoid arthritis, some malignancies, or anemia.  <b>Decreased ESR:</b> may indicate polycythemia, sickle cell anemia, hyperviscosity, or low plasma protein.</p>			
BLOOD GROUP	B POSITIVE		SLIDE AGGLUTINATION - FORWARD GROUPING

--- End of the Report ---

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*N. S. Jain*

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Investigations	Observed Value	Bio. Ref. Interval	METHOD
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Investigations	Observed Value	Bio. Ref. Interval	METHOD
<b>FASTING BLOOD SUGAR</b>			
FBS	73.32	< 100 mg/dl	GODPOD
URINE SUGAR	ABSENT		GODPOD
URINE KETONE	ABSENT		GODPOD

**INTERPRETATION**  
SAMPLE : FLUORIDE, PLASMA  
Plasma Glucose Fasting : Non-Diabetic : < 100 mg/dl  
Diabetic :  $\geq$  126 mg/dl  
Pre-Diabetic : 100 – 125 mg/dl  
Plasma Glucose Post Lunch : Non-Diabetic : < 140  
Diabetic :  $\geq$  200 mg/dl  
Pre-Diabetic : 140- 199 mg/dl.  
Random Blood Glucose : Diabetic :  $\geq$  200 mg/dl  
References : ADA(American Diabetic Association Guidelines 2016)  
Technique : Fully Automated PENTRA C-200 Clinical Chemistry Analyser .  
\*\*All Test Results are subjected to stringent international External and Internal Quality Control Protocols

Investigations	Observed Value	Bio. Ref. Interval	METHOD
<b>PPBS</b>			
PPBS	95.32	< 140 mg/dl	GODPOD
URINE SUGAR	ABSENT		GODPOD
URINE KETONE	ABSENT		GODPOD

**INTERPRETATION**  
SAMPLE : FLUORIDE, PLASMA  
Plasma Glucose Fasting : Non-Diabetic : < 100 mg/dl  
Diabetic :  $\geq$  126 mg/dl  
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 Gender : FEMALE  
 Ref. Doctor : SELF  
 Client Name : DIAGNO LOUNGE(ADVANCED DIAGNOSTIC CENTRE)KANDIVALI

Bill No. : A065769  
 Registered On : 10/08/2024,05:15 PM  
 Collected On : 10/08/2024,05:20 PM  
 Reported On : 10/08/2024,10:47 PM  
 SampleID : 

## REPORT

### Biochemistry

Test Name	Result	Unit	Biological Reference Interval
<b>HbA1c (Glycylated Haemoglobin) WB-EDTA</b>			
HbA1c (Glycylated Haemoglobin)	5.2	%	Normal <5.7 % Pre Diabetic 5.7 - 6.4 % Diabetic >6.5 % Target for Diabetes on therapy < 7.0 % Re-evaluation of therapy > 8.0 % Reference ADA Diabetic Guidelines 2013

Method : HPLC (High Performance Liquid Chromatography)

Mean Blood Glucose 102.5 mg/dL

Method : Calculated

Note Hemoglobin electrophoresis (HPLC method) is recommended for detecting hemoglobinopathy.

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APARNA-JAIRAM  
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Dr Suvarna Deshpande  
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Dr Aparna Jairam  
MD (Path)  
Reg.No.76516

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## REPORT

### Biochemistry

Test Name	Result	Unit	Biological Reference Interval
<b>Correlation of A1C with average glucose</b>			
A1C (%)	Mean Blood Glucose (mg/dl)		
6	126		
7	154		
8	183		
9	212		
10	240		
11	269		
12	298		

#### Interpretation :

1.The HbA1c levels correlate with the mean glucose concentration prevailing in the course of Pts recent history (apprx 6-8 weeks) & therefore provides much more reliable information for glycemia control than the blood glucose or urinary glucose. This Methodology is better then the routine chromatographic methods & also for the daibetic pts.having HEMOGLBINOPATHIES OR UREMIA as Hb varaints and uremia does not INTERFERE with the results in this methodology.

2.It is recommended that HbA1c levels be performed at 4 - 8 weeks during therapy in uncontrolled DM pts.& every 3 - 4 months in well controlled daibetics.

3.Mean blood glucose (MBG) in first 30 days ( 0-30 )before sampling for HbA1c contributes 50% whereas MBG in 90 - 120 days contribute to 10% in final HbA1c levels.

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Investigations	Observed Value	Bio. Ref. Interval	METHOD
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### MEDIWHEEL FULL BODY HEALTH ANNUAL PLUS CHECK FEMALE PACKAGE

#### Lipid Test

TOTAL CHOLESTEROL	187.9	130 - 200 mg/dl	
TRIGLYCERIDES	93.90	25 - 160 mg/dl	
HDL CHOLESTEROL	40.4	35 - 80 mg/dl	
LDL CHOLESTEROL	<b>128.7</b>	< 100 mg/dl	
VLDL CHOLESTEROL	18.78	7 - 35 mg/dl	
LDL-HDL RATIO	3.19	< 3.5 mg/dl	
TC-HDL CHOLESTEROL RATIO	<b>4.65</b>	2.5 - 4.0 mg/dl	

#### INTERPRETATION

SAMPLE : SERUM,PLAIN

Note : Non HDL is the best risk predictor of all cholesterol measures, both for CAD(Coronary Artery Diseases) events and for strokes. High Risk patients like Diabetics,Hypertension .With family history of IHD, Smokers, the Desirable reference values for cholesterol & Triglyceride are further reduced by 10 mg % each.

\*VLDL and LDL Calculated.

(References : Interpretation of Diagnostic Tests by Wallach's)

Technique : Fully Automated Pentra C-200 Biochemistry Analyzer.

\*\*All Test Results are subjected to stringent international External and Internal Quality Control Protocols.

--- End of the Report ---

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*VRX*

Dr. Vipul Jain  
M.D.(PATH)

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CHECKED BY - SNEHA G

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## MEDIWHEEL FULL BODY HEALTH ANNUAL PLUS CHECK FEMALE PACKAGE

### LIVER FUNCTION TEST

SGOT	40.9	< 34 U/L	
SGPT	30.2	10 - 49 U/L	
TOTAL BILIRUBIN	0.57	0.3 - 1.2 mg/dl	
DIRECT BILIRUBIN	0.15	Adult: < 0.2 mg/dl Infant: 0.2 - 8 mg/dl	
INDIRECT BILIRUBIN	0.42	< 1.2 mg/dl	
TOTAL PROTEINS	6.86	6.0 - 8.3 g/dl	
ALBUMIN	4.42	3.5 - 5.2 g/dl	
GLOBULIN	2.44	2.0 - 3.5 g/dl	
A/G RATIO	1.81	1.0 - 2.0 mg/dl	
ALKALINE PHOSPHATASE	111.5	42 - 98 U/L	
GGT	25.3	< 38 U/L	

#### REMARKS

SAMPLE : SERUM,PLAIN

PERFORMED ON FULLY AUTOMATED PENTRA C-200 BIOCHEMISTRY ANALYZER.

--- End of the Report ---

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### MEDIWHEEL FULL BODY HEALTH ANNUAL PLUS CHECK FEMALE PACKAGE

URIC ACID	4.35	2.6 - 6.0 mg/dl	URICASE
<b>BUN</b>			
UREA	22.19	15 - 40 mg/dl	
BLOOD UREA NITROGEN	10.36	7.3 - 18.8 mg/dl	
CREATININE	0.75	0.5 - 1.4 mg/dl	Jaffe/Alkaline Picrate
<b>TOTAL PROTEINS</b>			
TOTAL PROTEINS	6.86	6.0 - 7.8 g/dl	BIURET
ALBUMIN	4.42	3.5 - 5.2 g/dl	BIURET
GLOBULIN	2.44	2.0 - 3.5 g/dl	BIURET
AG RATIO	1.81	1.0 - 2.0 g/dl	BIURET
<b>BUN / CREAT RATIO</b>			
BUN (Blood Urea Nitrogen)	10.36	7.3 - 18.8 mg/dL	
Creatinine	0.75	0.5 - 1.4 mg/dL	
BUN/Creatinine Ratio	13.81	5.0 - 23.5	

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### MEDIWHEEL FULL BODY HEALTH ANNUAL PLUS CHECK FEMALE PACKAGE

#### URINE ROUTINE

COLOUR	PALE YELLOW		
APPEARANCE	HAZY		
SPECIFIC GRAVITY	1.010		
REACTION (PH)	7.0		
PROTEIN	Absent		
SUGAR	Absent		
KETONE	Absent		
BILE SALT	Absent		
BILIRUBIN	Absent		
OCCULT BLOOD	<i>Present (trace)</i>		
PUS CELLS	2-4	< 6 hpf	
EPITHELIAL CELLS	2-4	< 5 hpf	
RBC	<b>1-2</b>	< 2 hpf	
CASTS	NIL		
CRYSTALS	NIL		
AMORPHOUS DEBRIS	Absent		
BACTERIA	NIL		
YEAST CELLS	Absent		
SPERMATOZOA	Absent		

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SampleID : 

## REPORT

### Immunology

Test Name	Result	Unit	Biological Reference Interval
Total T3 Method : ECLIA	106.0	ng/dL	58-159
Total T4 Method : ECLIA	10.2	mcg/dl	4.2-11.2
TSH-Ultrasensitive Method : Chemiluminescent Microparticle Immunoassay	2.324	uIU/ml	0.2-5.7
Trimester Ranges	T3- 1st Trimester - 138-278 ng/dl 2nd Trimester- 155-328 ng/dl 3rd Trimester - 137-324 ng/dl  T4- 1st Trimester - 7.31-15.0 mcg/dl 2nd Trimester- 8.92-17.38 mcg/dl 3rd Trimester - 7.98-17.7 mcg/dl  TSH- 1st Trimester - 0.04-3.77 uIU/ml 2nd Trimester- 0.30-3.21 uIU/ml 3rd Trimester - 0.6-4.5 uIU/ml		

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Mumbai, Maharashtra - 400 101.  
Mobile No : 7506155999 / 7045955999


Scan to Validate



APARNA-JAIRAM  
Entered By

APARNA-JAIRAM  
Verified By

Dr Suvarna Deshpande  
MD (Path)  
Reg.No.83385

  
Dr Aparna Jairam  
MD (Path)  
Reg.No.76516

"Sample Processed At Asavlee Dr Aparna's Pathology Laboratory"

Physio Lounge & Diagno Lounge (VRX Health Care Pvt. Ltd.)





UHID : AM10.24000000001  
 Patient Name : MS. GARIMA KUMARI  
 Age : 34 Yrs 11 Month  
 Gender : FEMALE  
 Ref. Doctor : SELF  
 Client Name : DIAGNO LOUNGE(ADVANCED DIAGNOSTIC CENTRE)KANDIVALI

Bill No. : A065769  
 Registered On : 10/08/2024,05:15 PM  
 Collected On : 10/08/2024,05:20 PM  
 Reported On : 10/08/2024,10:47 PM  
 SampleID : 

### REPORT

#### Immunology

Test Name	Result	Unit	Biological Reference Interval
-----------	--------	------	-------------------------------

**1.Total T3 ( Total Tri- ido- thyronine )** is one of the bound form of thyroid hormones produced by thyroid gland.Its production is tightly regulated by TRH( Thyrotropin Releasing Hormone) from hypothalamus and TSH (Thyroid stimulating hormone) from anterior pituitary gland.In euthyroid state,thyroid gland secretes 10- 15% of T3,which in circulation is heavily protein bound and is the principle bioactive form.T4 is converted to T3 by deiodinases in peripherally (Mainly Liver),and in target organs . Total T3 levels are increased in primary and central hyperthyroidism and T3 toxicosis& its levels are decreased in the primary and central hypothyroidism.but its normal in case of subclinical hypothyroidism and hyperthyroidism alterations in Total T 3 levels can also occur in conditions like Non -Thyroidal illness, pregnancy, certain drugs and genetic conditions.

**2.Total T4 (Total tetra- iodo- thyronine or total thyroxin)** is one of the bound form of thyroid hormones produced by thyroid gland .Its production is tightly regulated TRH( Thyrotropin Releasing Hormone) from hypothalamus and TSH (Thyroid stimulating hormone) from anterior pituitary gland .In euthyroid state,thyroid gland secretes 85- 90% of Thyroxine,which is circulated is heavily protein bound and has more half life than T 3 .Total T4 levels are increased in primary and central hyperthyroidism and its levels are decreased in primary and central hypothyroidism but its normal in case of subclinical hypothyroidism and hyper thyrodism and T3 Toxicosis is alterations in Total T4 Levels can also occur in conditions like Non -Thyroidal illness, pregnancy,certain drugs and genetic conditionS.

**3.TSH (Thyroid stimulating hormone or Thyrotropin)** is produced by anterior pituitary in response to its stimulation by TRH (Thyrotropin releasing hormone ) released from hypothalamus .TSH and TRH releases are regulated by thyroid hormone through a feedback mechanism. There are several cases causes that can lead to thyroid gland dysfunction or dysregulation which eventually results in hypothyroidism or hypothyroidism based on the thyroid hormones and TSH levels it can be classified as subclinical primary or central apart from this certain other conditions can also lead to diagnostic confusions in the interpretation of a thyroid function test .They are pregnancy, Levothyroxine therapy certain other drug therapy assay interference alterations in the thyroid hormones binding proteins concentration and its binding capacity conditions of non-thyroidal illness and certain genetic conditions . TSH secretions exhibits diurnal pattern, so its advices able to check it during morning. Measurement of TSH alone may be misleading in conditions like recent treatment for thyrotoxicosis, TSH assay interference, central hypothyroidism. TSH Secreting pituitary adenoma,resistantance to thyroid hormone ,and disorders of thyroid hormones transport or metabolism.TSH receptor present in thyroid gland can be stimulated or inhibited by autoantibodies produced during autoimmune thyroid disorders which can lead to functional abnormalities of thyroid gland.The American Thyroid association determined that only TSH assays with third generation functional sensitivity (Sensitivity =0.01 mIU/L) are sufficient for use as screening tests for hypothyroidism their recommendation in consistent with the National Academy of Clinical Biochemistry Laboratory Medicine practice guideline for assessment of thyroid function.

----- End of Report -----

Results are to be correlated clinically

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 Mobile No.: 7506155999 / 7045955999


Scan to Validate



APARNA-JAIRAM  
Entered By

APARNA-JAIRAM  
Verified By

Dr Suvarna Deshpande  
MD (Path)  
Reg.No.83385

  
Dr Aparna Jairam  
MD (Path)  
Reg.No.76516

"Sample Processed At Asavlee Dr Aparna's Pathology Laboratory"







**Patient Name: MS. GARIMA KUMARI**

**Age: 34 Yrs/ F.**

**Ref. by: MEDIWHEEL**

**Date: 10/08/2024**

## SONOGRAPHY OF ABDOMEN AND PELVIS

**TECHNIQUE:** Real time, B mode, gray scale sonography of the abdominal and pelvic organs was performed with convex transducer.

**LIVER:** The liver is normal in size, shape and has smooth margins. The hepatic parenchyma shows homogeneous echotexture without solid or cystic mass lesion or calcification. No evidence of intrahepatic biliary radical dilatation.

**PORTAL VEIN:** Portal vein appears normal.

**GALL BLADDER:** The gall bladder is well distended. There is no evidence of calculus, wall thickening or pericholecystic collection.

**COMMON BILE DUCT:** The visualised common bile duct is normal in caliber. No evidence of calculus is seen in the common bile duct.

**PANCREAS:** The head and body of pancreas is normal in size, shape, contours and echo texture.

**SPLEEN:** The spleen is normal in size and shape. Its echotexture is homogeneous.

### **KIDNEYS:**

Right kidney	Left kidney
9.7 x 4.1 cm	10.6 x 5.8 cm

The kidneys are normal in size and have smooth renal margins. Cortical echotexture is normal. The central echo complex does not show evidence of hydronephrosis. No evidence of hydroureter or calculi, bilaterally.

**URINARY BLADDER:** The urinary bladder is well distended. It shows uniformly thin walls and sharp mucosa. No evidence of calculus is seen. No evidence of mass or diverticulum is noted.

.....Continue On Page 2

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**(MS. GARIMA KUMARI ..... PG2)**

**PELVIS:**

The uterus is anteverted. It measures 5.7 x 3.6 x 3.1 cm in the longitudinal, antero-posterior and transverse dimensions, respectively. The uterine margins are smooth and do not reveal any contour abnormalities.

The endometrial echo is in the midline and measures 8.2 mm.

Bilateral ovaries are normal in size and echo pattern.

Right ovary measures 2.8 x 1.8 cm.

Left ovary measures 2.4 x 1.2 cm.

**Minimal free fluid is in anterior cul de sac**

There is no free fluid in the cul-de-sac. There is no obvious evidence of significant lymphadenopathy.

**IMPRESSION:**

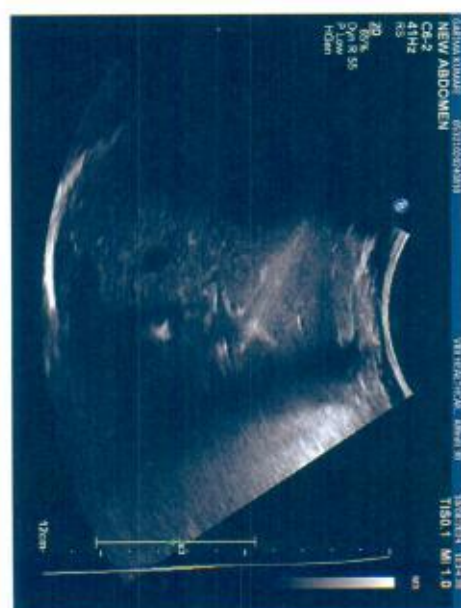
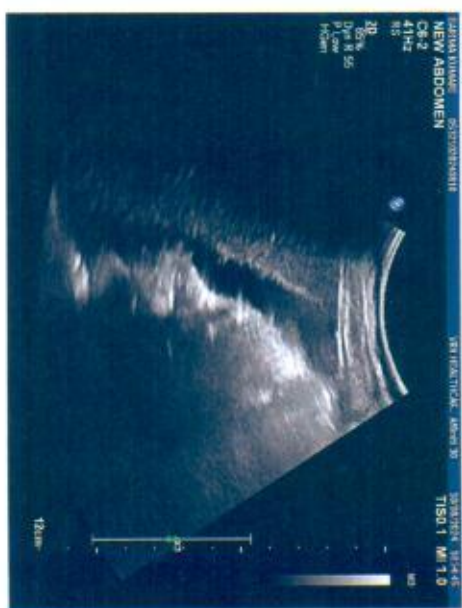
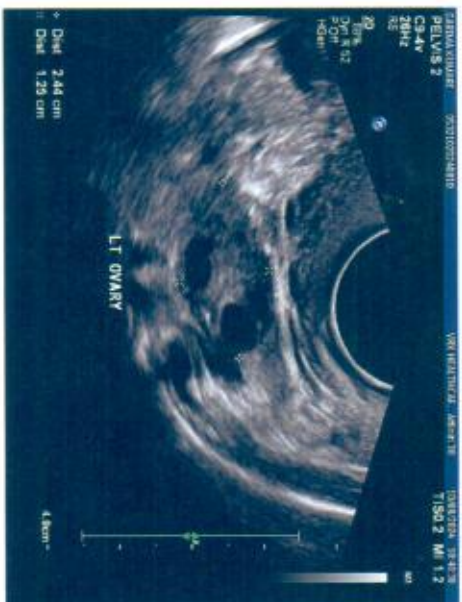
**Minimal free fluid is in anterior cul de sac**

*Thanks for the reference.*

*With regards,*

**DR.FORAM AJMERA  
CONSULTANT RADIOLOGIST.**

**VRX HEALTHCARE PVT. LTD.**  
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---

<b>Patient Name:</b>	<b>MS.GARIMA KUMARI</b>	<b>F/ 34 YRS</b>
<b>Ref. by:</b>	<b>MEDI WHEEL</b>	<b>Date: 10/08/2024</b>

---

### XRAY CHEST PA VIEW

Bilateral lung fields show no obvious parenchymal lesion.

Cardiac size is normal.

Hila are unremarkable.

Both domes of diaphragm are normal.

Both cardio phrenic and cost phrenic angles are normal.

Bony thoracic cage appears normal.

*Please correlate clinically.*

**DR.FORAM AJMERA**  
**CONSULTANT RADIOLOGIST.**

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Thakur Village, Kandivali East,  
Mumbai, Maharashtra - 400 101  
Mobile No.: 7506155999 / 7048955999





---

<b>Patient Name:</b>	<b>MR.RIZWAN KHAN</b>	<b>M/ 42 YRS</b>
<b>Ref. by:</b>	<b>MEDI WHEEL</b>	<b>Date: 10/08/2024</b>

---

### XRAY CHEST PA VIEW

Bilateral lung fields show no obvious parenchymal lesion.

Cardiac size is normal.

Hila are unremarkable.

Both domes of diaphragm are normal.

Both cardio phrenic and cost phrenic angles are normal.

Bony thoracic cage appears normal.

*Please correlate clinically.*

  
**DR.FORAM AJMERA**  
**CONSULTANT RADIOLOGIST.**

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Rate 77 . Sinus rhythm

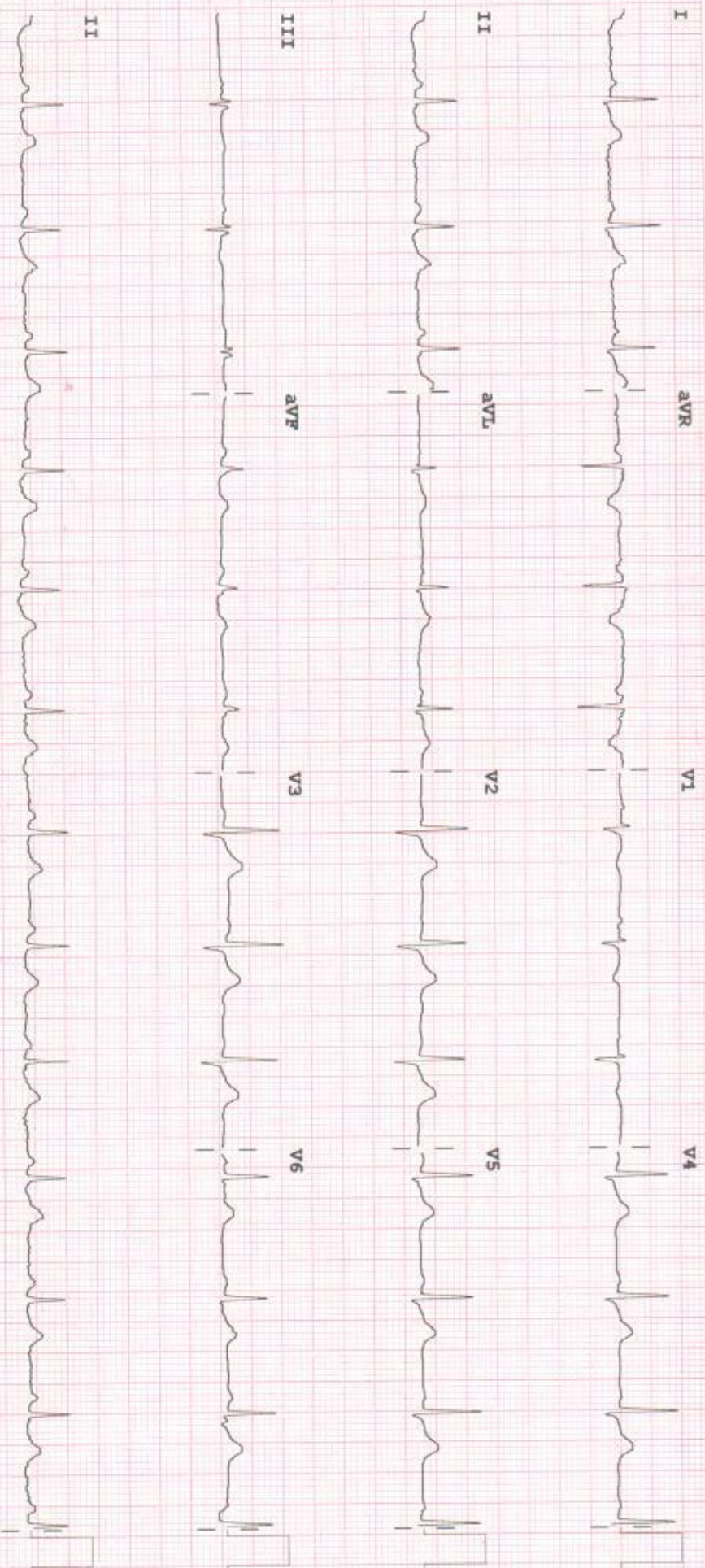
PR 139  
QRSD 99  
QT 369  
QTc 418

--AXIS--  
P 56  
QRS 39  
T 27

12 Lead: Standard Placement

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Mobile No.: 7506155999 / 7045955999

Dr. Sandeep Deshpande  
MD (GENERAL PHYSICIAN)  
REG - 72944  
*[Signature]*



Device: Speed: 25 mm/sec Limb: 10 mm/mV Chest: 10.0 mm/mV P 50~0.50-40 Hz W 100B CL P?

for PHILIPS

RECORDER M2242B

**VRX HEALTHCARE PVT. LTD**

SHOP NO. 34-38, GAYATRI SATSANG BUILDING, BEHIND VISHNU SHIVAM MALL, THAKUR VILLAGE,  
KANDIVALI EAST, (400101)

**TREADMILL TEST REPORT**

**Patient Information**  
Name : MS. GARIMA KUMARI

AGE : 34  
REF. BY : MEDIWHEEL

ID : 315  
SEX : F

DATE : 10-08-2024  
Height : 164  
Weight : 59

PHASE	TOTAL TIME	STAGE TIME	SPEED Km/Hr	GRADE %	H.R. bpm	B.P. mmHg	RPP x100	ST. LEVEL (MM)			METRS
								II	V1	V5	
SUPINE					106	110 / 70	116	0.9	-0.5	0.3	
STANDING					107	110 / 70	117	0.9	-0.5	0.2	
HYPERVENT		0:10			103	110 / 70	113	0.8	-0.4	0.1	
Stage 1	2:55	2:55	2.7	10	133	110 / 70	146	0.7	-0.7	0.1	4.67
Stage 2	5:55	2:55	4	12	150	110 / 70	165	0.7	-0.9	-0.1	7.04
Stage 3	6:17	0:17	5.4	14	157	120 / 70	188	0.3	-0.6	-0.4	7.37
PK-EXERCISE	6:55	0:55	5.4	14	163	130 / 70	211	0.3	-0.6	-0.5	7.99
RECOVERY	8:9	0:59			122	120 / 70	146	1.1	-0.6	0.6	
RECOVERY	9:9	1:59			101	110 / 70	111	0.5	-0.4	0.1	
RECOVERY	10:5	2:55			100	110 / 70	110	0.1	-0.3	-0.1	

CARDIO BEATS

Technician : DIKSHITA

Dr Sandeep Deshpande  
MD (CARDIOLOGIST)  
REG - 72944

DR. SANDEEP DESHPANDE ( M.D. )



# VRX HEALTHCARE PVT. LTD

SHOP NO. 34-38, GAYATRI SATSANG BUILDING, BEHIND VISHNU SHIVAM MALL, THAKUR VILLAGE,  
KANDIVALI EAST, (400101)

## TREADMILL TEST REPORT

### Patient Information

Name : MS. GARIMA KUMARI  
AGE : 34  
REF. BY : MEDIWHEEL

ID : 315  
SEX : P

DATE : 10-08-2024  
Height : 164  
Weight : 59

### Medication

NONE

### Indication

HEALTH CHECK UP

### Test Results

PROTOCOL : Bruce  
Target H.R. : 186 bpm  
H.R. Achieved: 165 bpm 88 %  
ARRYTHMIA : None,

EXERCISE TIME : 6:55  
MAX B.P. : 130 / 70 mm Hg  
H.R. RESPONSE : Normal Chronotropic Response,

MAX WORK LOAD: 7.99 METS  
BP RESPONSE : Normal,

### REASON OF TERMINATION :

Achieved THR,

### HISTORY

Checkup/Physical fitness,

### IMPRESSIONS :

Negative for Provocable myocardial ischemia,

Technician : DIKSHITA

Dr Sandeep Deshpande  
MD (CARDIOLOGIST)  
72944

CARDIO BEATS

# VRX HEALTHCARE PVT. LTD

MS. GARIMA KOMARI  
 I.D. 315  
 Age 34/F  
 Date 10-08-2024

RATE 106bpm  
 B.P. 110/70

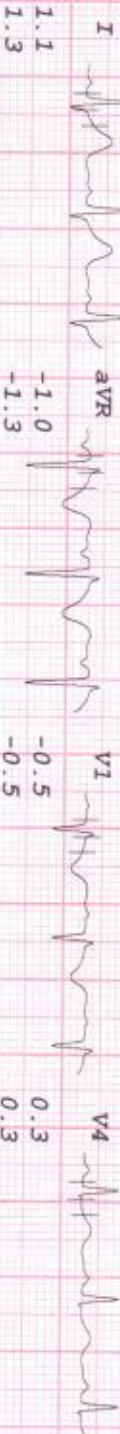
PRETEST  
 SUPINE

ST @ 10mm/mV  
 80ms PostJ

LINKED MEDIAN

Mag. X 2

V1



CARDIO BEATS

# VRX HEALTHCARE PVT. LTD

PRETEST  
STANDING

ST @ 10mm/mV  
80ms PostU

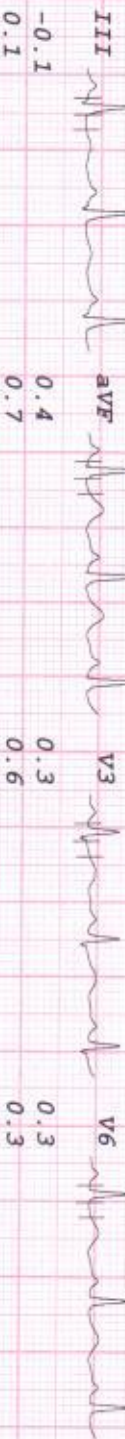
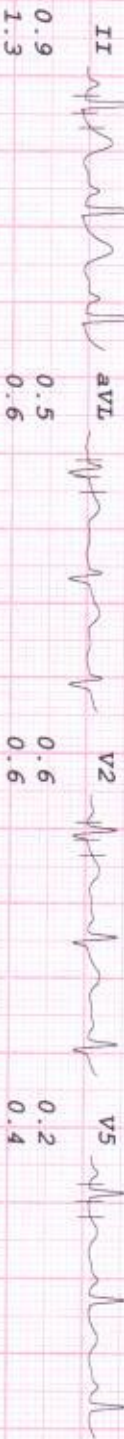
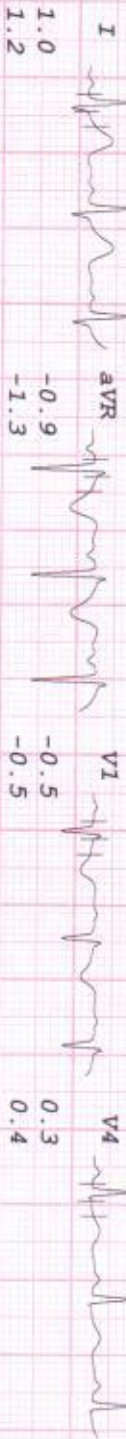
LINKED MEDIAN

MS. GARIMA KUMARI  
I.D. 315  
Age 34/F  
Date 10-08-2024

RATE 107bpm  
B.P. 110/70

Mag. X 2

V1



II aVR aVF V2 V4 V6

-0.5  
-0.5

I III aVL V1 V3 V5

CARDIO BEATS

# VRX HEALTHCARE PVT. LTD

MS. GARIMA KUMARI  
 I.D. 315  
 Age 34/F  
 Date 10-08-2024

RATE 103bpm  
 B.P. 110/70

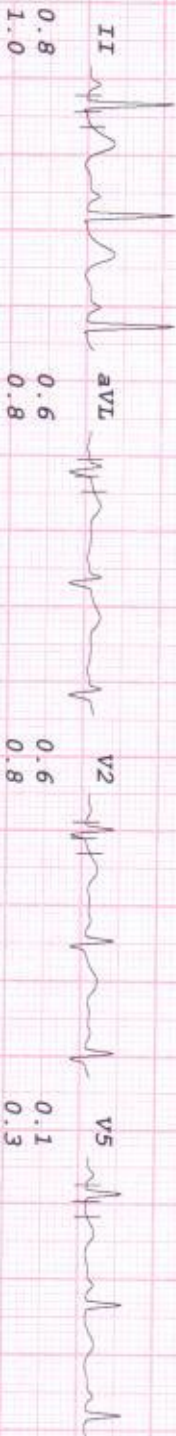
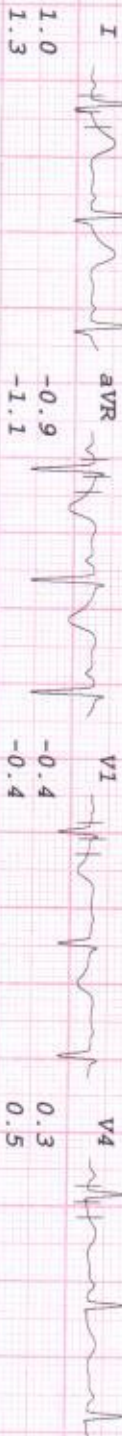
PRETEST  
 HYPERVENT

ST @ 10mm/mV  
 80ms PostJ

LINKED MEDIAN

Mag. X 2

V1



II aVR aVF V2 V4 V6

I III aVL V1 V3 V5

CARDIO BEATS

# VRX HEALTHCARE PVT. LTD

WARM UP

MS. GARIMA KUMARI  
I.D. 315  
Age 34/F  
Date 10-08-2024

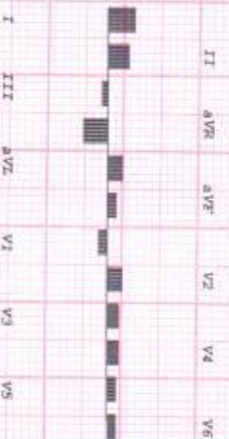
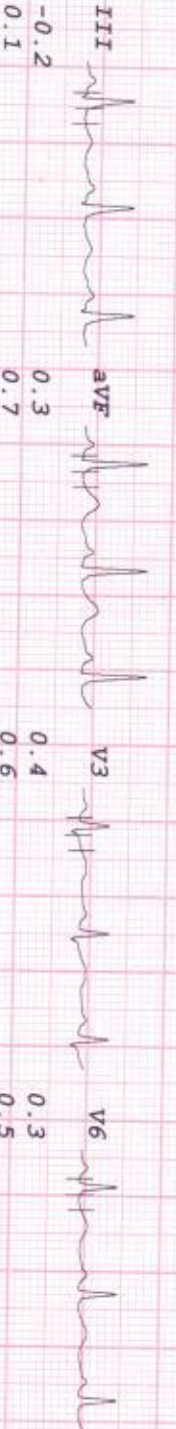
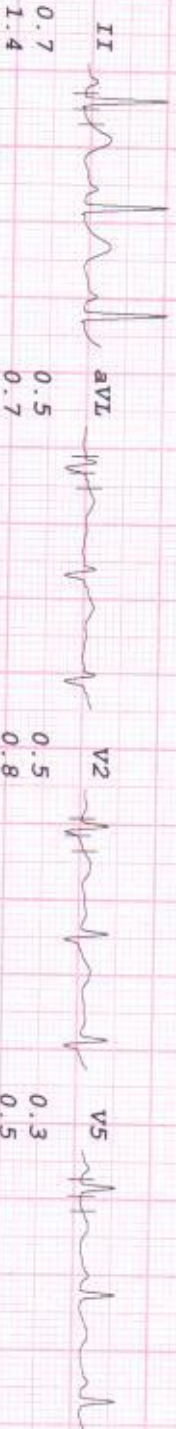
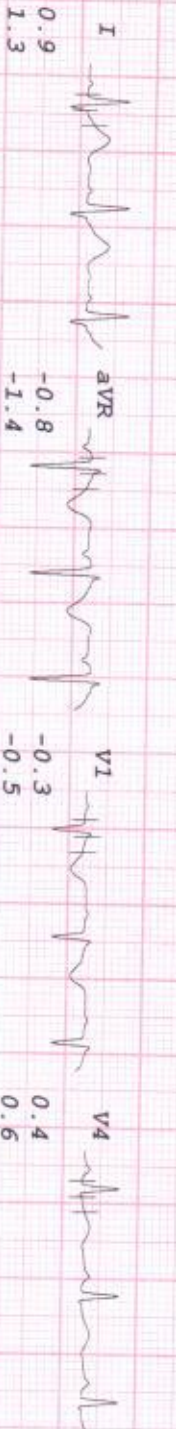
RATE 107bpm  
B.P. 110/70

ST @ 10mm/mV  
80ms PostJ  
Speed 1.5 km/hr

LINKED MEDIAN

Mag. X 2

III



CARDIO BEATS

# VRX HEALTHCARE PVT. LTD

MS. GARIMA KUMARI  
 I.D. 315  
 Age 34/F  
 Date 10-08-2024

RATE 133bpm  
 B.P. 110/70

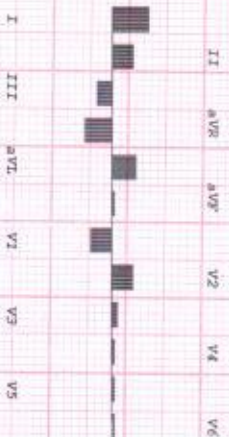
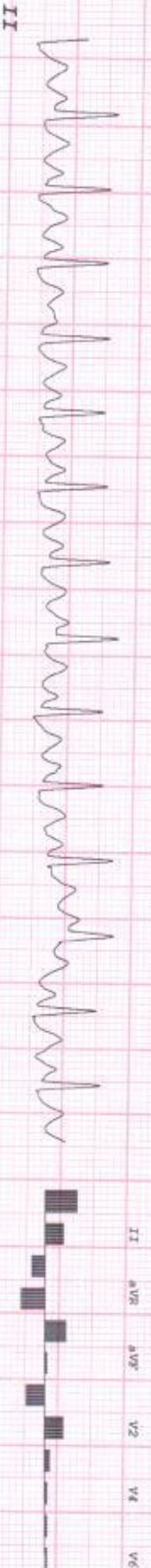
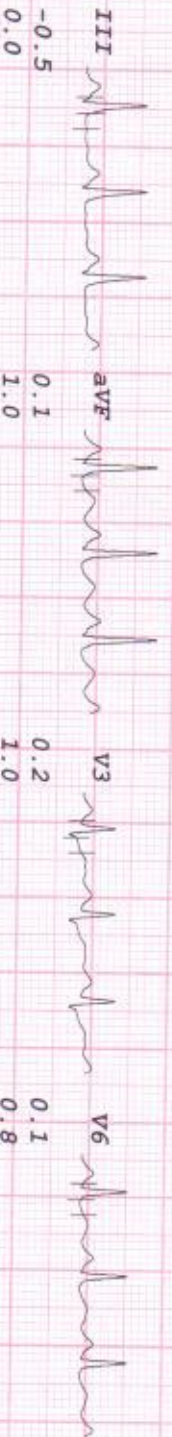
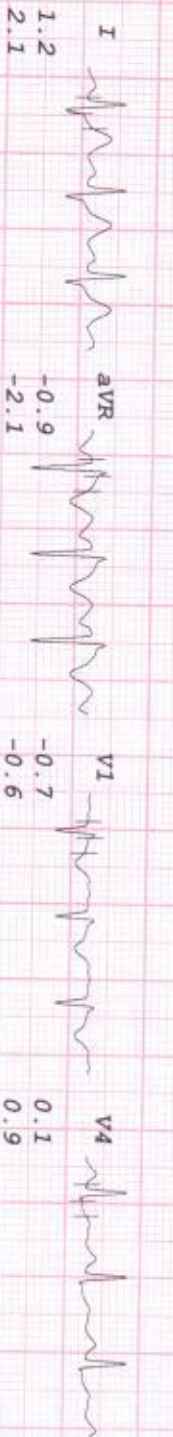
Bruce  
 Stage 1  
 TOTAL TIME 2:55  
 PHASE TIME 2:55

ST @ 10mm/mV  
 80ms PostJ  
 Speed 2.7 km/hr  
 SLOPE 10 s

LINKED MEDIAN

Mag. X 2

V1



CARDIO BEATS

# VRX HEALTHCARE PVT. LTD

MS. GARIMA KUMARI  
 I.D. 315  
 Age 34/F  
 Date 10-08-2024

RATE 150bpm  
 B.P. 110/70

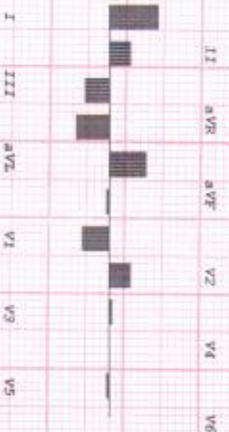
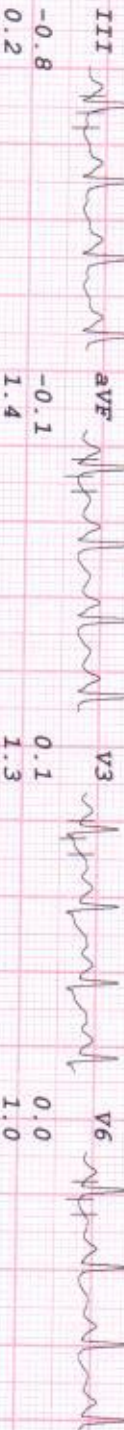
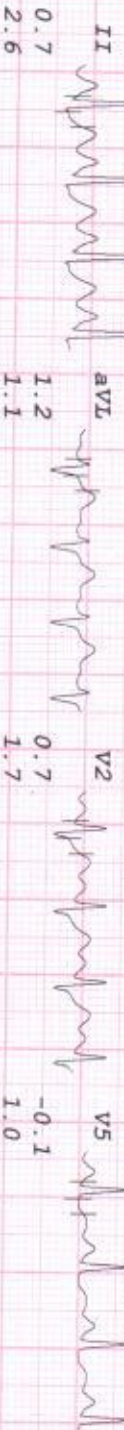
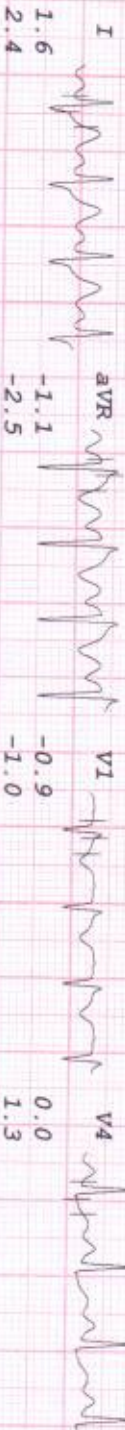
Bruce  
 Stage 2  
 TOTAL TIME 5:55  
 PHASE TIME 2:55

ST @ 10mm/mV  
 80ms PostJ  
 Speed 4 km/hr  
 SLOPE 12 %

LINKED MEDIAN

Mag. X 2

III



CARDIO BEATS

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MS. GARIMA KUMARI  
 I.D. 315  
 Age 34/F  
 Date 10-08-2024

RATE 157bpm  
 B.P. 120/70

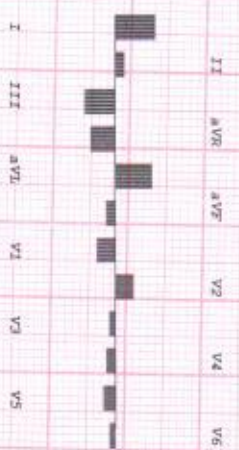
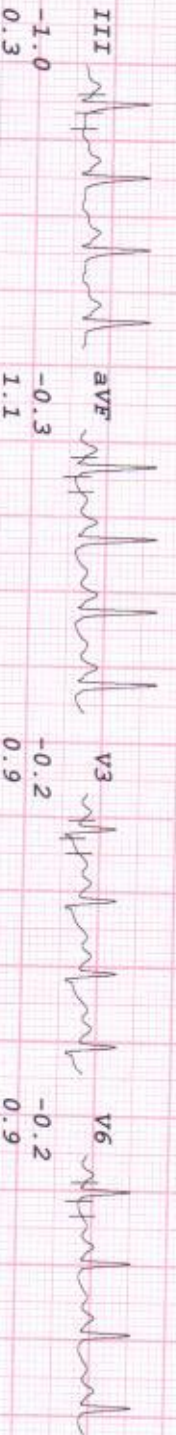
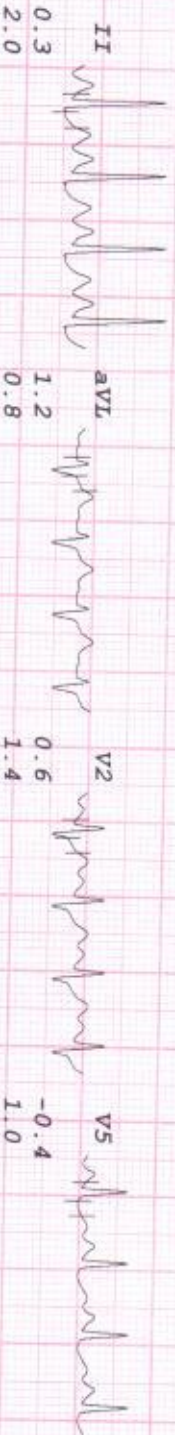
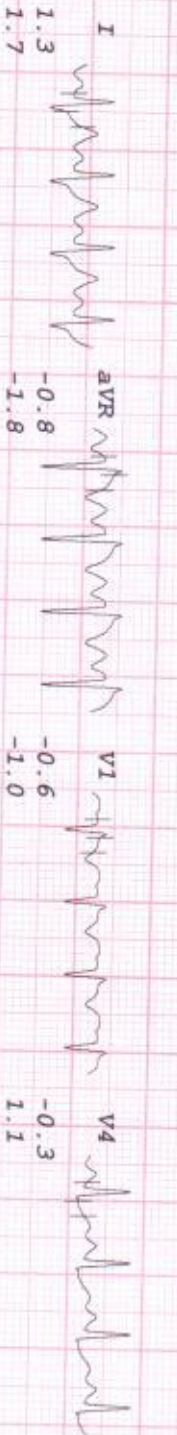
Brice  
 Stage 3  
 TOTAL TIME 6:17  
 PHASE TIME 0:17

ST @ 10mm/mV  
 80ms PostJ  
 Speed 5.4 km/hr  
 SLOPE 14 %

LINKED MEDIAN

Mag. X 2

III



CARDIO BEATS



# VRX HEALTHCARE PVT. LTD

MS. GARIMA KUMARI  
 I.D. 315  
 Age 34/F  
 Date 10-08-2024

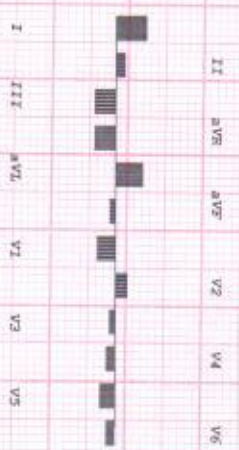
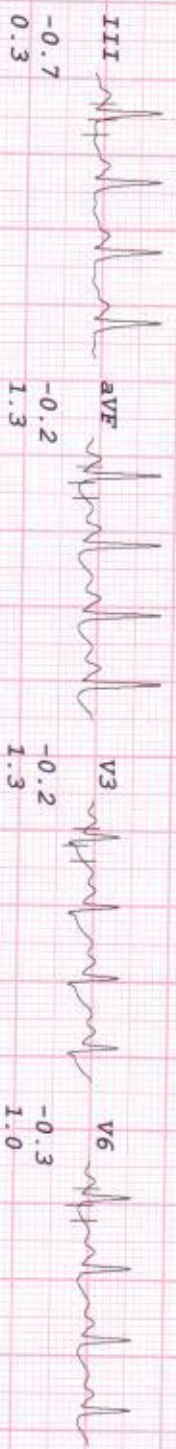
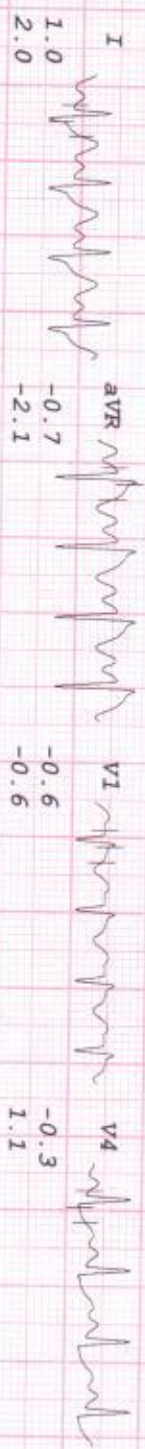
RATE 163bpm  
 B.P. 130/70

BRUCE  
 PR-EXERCISE  
 TOTAL TIME 6:55  
 PHASE TIME 0:55  
 ST  $\theta$  10mm/mV  
 80ms PostJ  
 Speed 5.4 km/hr  
 SLOPE 14 8

LINKED MEDIAN

Mag. X 2  
 III

CARDIO BEATS



# VRX HEALTHCARE PVT. LTD

MS. GARIMA KUMARI  
I.D. 315  
Age 34/F  
Date 10-08-2024

RATE 122bpm  
B.P. 120/70

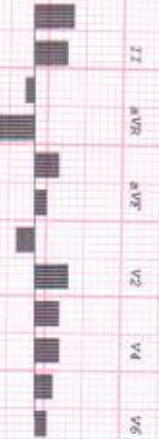
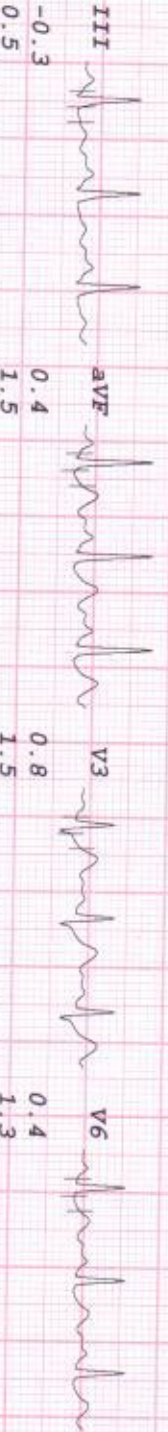
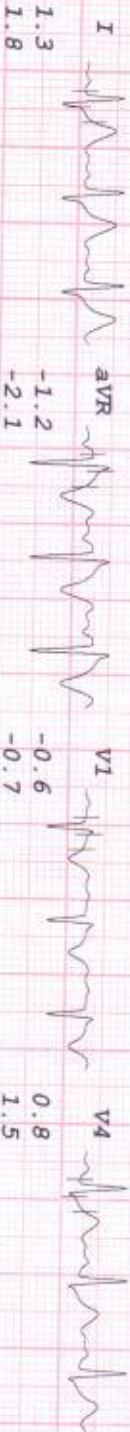
Bruce  
RECOVERY  
TOTAL TIME 8:09  
PHASE TIME 0:59

ST @ 10mm/mV  
80ms Post J

LINKED MEDIAN

Mag. X 2

V1



CARDIO BEATS

# VRX HEALTHCARE PVT. LTD

MS. GARIMA KUMARI  
I.D. 315  
Age 34/F  
Date 10-08-2024

RATE 101bpm  
B.P. 110/70

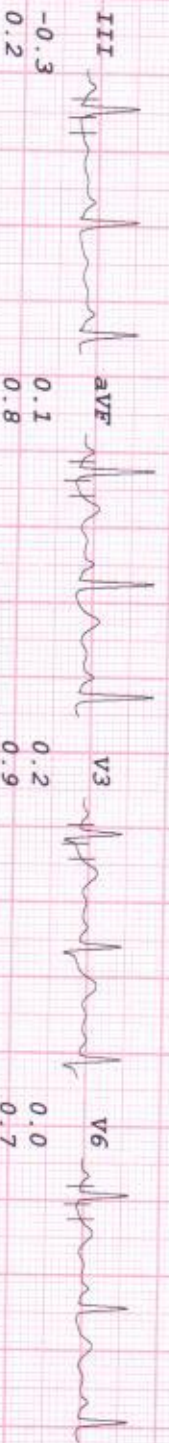
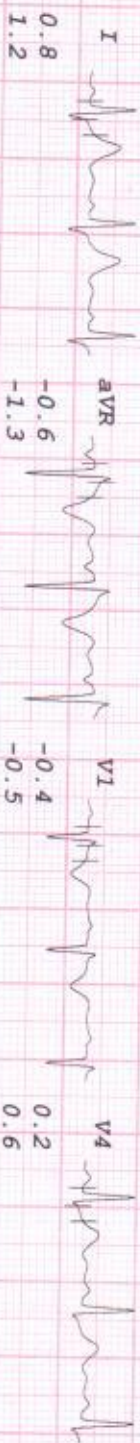
Bruce  
RECOVERY  
TOTAL TIME 9:09  
PHASE TIME 1:59

ST @ 10mm/mV  
80ms Post J

LINKED MEDIAN

Mag. X 2

V1



CARDIO BEATS

# VRX HEALTHCARE PVT. LTD

MS. GARIMA KUMARI  
 I.D. 315  
 Age 34/F  
 Date 10-08-2024

RATE 100bpm  
 B.P. 110/70

Bruce  
 RECOVERY  
 TOTAL TIME 10:05  
 PHASE TIME 2:55

ST @ 10mm/mv  
 80ms PostJ

LINKED MEDIAN

Mag. X 2

III

CARDIO BEATS

