

Nisha
Sehrawat



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CERTIFICATE OF MEDICAL FITNESS

This is to certify that I have conducted the clinical examination

of Nishe Sehrawat on _____

After reviewing the medical history and on clinical examination it has been found that he/she is

	Tick
<ul style="list-style-type: none">• Medically Fit	<input type="checkbox"/>
<ul style="list-style-type: none">• Fit with restrictions/recommendations <p>Though following restrictions have been revealed, in my opinion, these are not impediments to the job.</p> <p>1. <u>USS - Fatty Infiltrated Liver Gr. I</u></p> <p>2. <u>Microcytic Hypochromic Anaemia</u></p> <p>3. _____</p> <p>However the employee should follow the advice/medication that has been communicated to him/her.</p> <p>Review after <u>2 m.</u></p>	<input type="checkbox"/>
<ul style="list-style-type: none">• Currently Unfit. <p>Review after _____ recommended</p>	<input type="checkbox"/>
<ul style="list-style-type: none">• Unfit	<input type="checkbox"/>

Dr. *AS*
Medical Officer
The Apollo Clinic, (Location)

Dr. ASHOK K. GUPTA
MBBS, MD
Consulting Physician
Regd. No. 7513 (HMC)

This certificate is not meant for medico-legal purposes

Dr. AS

Cons. Regd. No. 1010 (HMC)



विवेकानन्द आरोग्य केन्द्र

466 P, सेक्टर 12 A, नजदीक माधव भवन, गुरुग्राम
(भारत विकास परिषद् महाराणा प्रताप न्यास, गुरुग्राम द्वारा संचालित)



उपलब्ध ओ.पी.डी. सुविधाएँ

- हृदय रोग चिकित्सा
(Cardiology)
- बाल एवं भ्रूण रोग चिकित्सा
(Paediatrics & Fetal Medicine)
- बाल रोग चिकित्सा
(Paediatrics)
- स्त्री रोग चिकित्सा
(Gynaecology)
- हड्डी रोग चिकित्सा
(Orthopaedics)
- दन्त चिकित्सा
(Dental Care)
- सामान्य चिकित्सा
(General Physician)
- फिजियोथैरेपी
(Physiotherapy)
- चर्म रोग चिकित्सा
(Dermatology)
- मूत्र रोग चिकित्सा
(Urology)
- गुर्दा रोग चिकित्सा
(Nephrology)

उपलब्ध जाँच

- डायलिसिस (Dialysis)
- अल्ट्रासाउण्ड (Ultrasound)
- ईको (Echo)
- स्ट्रेस ईको (Stress Echo)
- टी.एम.टी. (T.M.T.)
- पी.एफ.टी. (Lung Function Test)
- ई.सी.जी. (E.C.G.)
- ई.ई.जी. (E.E.G.)
- एक्स-रे (X-Ray)
- मैमोग्राफी (Mammography)
- ओ.पी.जी. (Dental X-Ray)
- हॉल्टर टेस्ट (Holter Test)

Ref. No.:.....

Date:.....

Name of patient: Mrs. Nisha Sehrawat	Age: 30	M/F: F
Consultant:	Speciality: Package	
MR No : MR007516	Visit No: OP015693	Date: 25-05-2019

No complaints

HT = 157 cm

WT = 71 kg

BP = 76/116 mmHg

BP = 120/76 mmHg

Chest
exam / normal

Not for Medico Legal Purpose

रून एवं मल-मूत्र की जाँच NABL द्वारा मान्यता प्राप्त MoIQ लैब द्वारा की जाती है।

सम्पर्क सूत्र: 0124-2224102 / 103 / 104 | Mob.: 8683061905, 8683061906

ओ.पी.डी. पर्ची का शुल्क केवल तीन दिन के लिए मान्य रहेगा।



विवेकानन्द आरोग्य केन्द्र

डायग्नोस्टिक एवं ओपीडी
भारत विकास परिषद्, महाराणा प्रताप न्यास ट्रस्ट संवाचित



Radiology Report

Name : Mrs. Nisha Sehrawat
Age/Gender : 30 Y/F
Prescribed Doctor : Self

MR No : MR007516
Visit ID : OP015693
Report Date : 25-05-2019 15:00

Ultrasound

USG EXAMINATION : WHOLE ABDOMEN

Liver shows normal shape and size **with mildly increased echogenicity, suggestive of fatty change.** Intrahepatic biliary radicals are not dilated. No focal lesion is seen. **Portal Vein** shows normal calibre. **Gall bladder** shows physiological distension and normal wall thickness. No calculus or mass is seen in the lumen.

CBD is normal in diameter. No calculus is seen

Pancreas is normal in size, shape and echo texture.

Spleen is normal in shape, size and echo texture.

Right kidney show normal shape & size. Cortico-medullary differentiation is maintained. Right kidney show no calculus or hydronephrosis.

Left kidney show normal shape & size. Cortico-medullary differentiation is maintained. Left kidney show no calculus or hydronephrosis.

No free fluid is seen in the intra-peritoneal cavity. No evidence of mesenteric lymphadenopathy is seen.

Urinary bladder is *partially distended* and is normal shape and size with normal wall thickness. No mass or calculus is seen.

Uterus is suboptimally visualised and appears to be grossly normal. No focal lesion is seen. Uterus measures 77 x 51 x 45 mm. Endometrial thickness is 3.3 mm.

Right ovary is suboptimally visualized due to partially filled bladder, it measures 25 x 15 mm.

Left ovary is not visualised (Post oophorectomy status)

Bilateral adnexae are clear.

Cul-de-sac is clear.

Impression:-

: **Grade-1 fatty liver.**

PLEASE CORRELATE CLINICALLY

Dr. Pawar Jeon
MD (Radio- diagnosis)

Radiology Report

Name : Mrs. Nisha Schrawat
Age/Gender : 30 Y/F
Prescribed Doctor : Self

MR No : MR007516
Visit ID : OP015693
Report Date : 25-05-2019 14:45

X-Ray

X-RAY CHEST PA VIEW

Bilateral lung fields appears to be clear. No obvious pulmonary parenchymal lesion is seen.


Trachea is central.

Cardiac configuration appears to be normal with normal cardio-thoracic ratio.

Both costo phrenic angles and domes of diaphragm are normal.

Visualized soft tissue and bony thoracic cage appears to be normal.

PLEASE CORRELATE CLINICALLY.


DR. PAWAN JOON
MD (Radio-diagnosis)



विवेकानन्द आरोग्य केन्द्र

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(भारत विकास परिषद् महाराणा प्रताप न्यास, गुरुग्राम द्वारा संचालित)



Ref. No.:.....

Date:.....

TRANSTHORACIC ECHO-DOPPLER REPORT

Name	- Mrs Nisha Sehrawat	Age/Sex	- 30 YEARS FEMALE
Regn No.	- 007516	Date	-25/05/2019
Diagnosis	- ECHOCARDIOGRAPHY	OPD NO.-	14680

M-Mode/2 -D Description:

Left Ventricle: No LVRWMA seen, normal LV function, LVEF=55%

Left Atrium : It is normal sized.

Right Atrium: It is normal sized.

Right Ventricle: It is normal sized. RV systolic function normal.

Aortic Valve : Aortic cusps normal.

Mitral Valve: It opens normally.

Tricuspid Valve: It appears normal.

Pulmonic Valve: its appears normal.

Main Pulmonary artery& its branches: Appear Normal.

Pericardium: There is no pericardial effusion.

Inter atrial septum: It is intact

Inter ventricular Septum: It is intact.

IVC: Normal size & respiratory variability.

Measurement (mm)

LEFT HEART			RIGHT HEART		
	<u>Observed values (mm)</u>	<u>Normal values</u>		<u>Observed values (mm)</u>	<u>Normal values</u>
Aortic root	27	20-36 (22mm/m ²)	IVC size	09	17-24 mm
Aortic valve opening	12	15- 26(mm/m ²)	IVC respiratory variability	normal	>50%
La size	19	19- 40(mm/m ²)	RA size	normal	<18cm ²
LA volume index (ml/m ²)		<34ml/m ²			

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LVID(D)	11	(ED=37-56)	RV basal	-	24-42mm
LVID(S)	31		RV mid cavity	-	20-35mm
IVS(D)	06	(ED=6-12)	RV longitudinal	-	56-86mm
IVS(S)	10		RVOT PROXIMAL	-	18-33mm
PW(D)	06	ED=(5-10)	RVTDI	-	>12cm/sec
PW(S)	08		RV free wall thickness	-	<5mm
LVEF (%)	55%	55%-80%	RVEF	normal	>44%

Doppler velocities (cm/sec)

Aortic valve			Pulmonary valve	
Max/Mean velocity cm/sec	152		Max velocity	
Max / PG	mmHg		Max PG	-
Mitral valve			Tricuspid valve	
E cm/sec	74	Max PG =	Max Velocity cm/sec	87
A cm/sec	56	Max Velocity =	E/A (0.8 -2.1)	-
DT	-	Max PG =	E/E(>6)	-
E/E'	-	Mean Velocity =	S, Velocity(10 cm ² /sec)	-

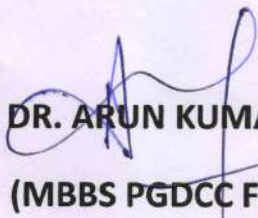
Regurgitation

MR		TR	
Severity	Trace	Severity	NIL
VC(mm)		VC(mm)	
ERO (mm)			
RV (ml)			
Max velocity		RVSP	~10 mmHg
AR		PR	
Severity	Nil	Severity	NIL
PHT (m sec)			
VC (mm)			

Final Interpretation

Study done at HR of 70 beats per minute.

1. No LVRWMA seen, normal LV function, LVEF=55% seen.
2. Rest CCD normal.
3. Trace MR, Nil TR (RVSP~ 10mmHg), RV function normal present, Nil PR.
4. MIP- Normal
5. Aortic cusps normal, nil AR seen. Peak Aortic Velocity around 152 cm/sec.
6. IVC small calibre and respiratory variability >50% Present.
7. No I/C Clot / no Vegetation / no PE seen.


DR. ARUN KUMAR GARG
(MBBS PGDCC FNIC FICC)
(CLINICAL CARDIOLOGIST)