



BHAILAL AMIN
GENERAL HOSPITAL



CONCLUSION OF HEALTH CHECKUP

ECU Ref. No : MH/22/002485 Patient No : 21052324 Date : 10/09/2022
Name : **SUDIPTA DAS** Sex / Age : F 36
Height / Weight : 173 Cms 110 K Ideal Weight: 69 Kgs BMI : 36.8

Dr. Manish Mittal
Physician

Note: General Physical Examination & Routine Investigations included in the Health Checkup have certain limitations and may not be able to detect all the latent and asymptomatic diseases.

Page 1 of 5

Name : SUDIPTA DAS

Sex / Age : F 36

Present History

NO MEDICAL COMPLAINTS AT PRESENT.

Past History

NO P/H/O ANY MAJOR ILLNESS.

Family History

MOHER : OPERATED FOR GALL STONE.

Personal History

NO HABITS ; SLEEP REGULAR

Clinical Examination

B.P. 130/80 mm Hg

Pulse 91/MIN REG.

Others SPO2 : 97 %

Respiratory System

CLINICALLY NAD

Cardio Vascular System

CLINICALLY NAD

Abdominal System

CLINICALLY NAD

Neurological System

CLINICALLY NAD

Name : SUDIPTA DAS

Sex / Age : F 36

Eye Checkup

Doctor Name **Dr. Sunil G. Paradkar**

Right

Left

History	NIL	NIL
Uncorrected vision	-	-
Corrected vision	WITH OWN GL. 6/6 N.5	6/6 N.5
IOP	NORMAL	NORMAL
Fundus	NORMAL	NORMAL
Any other	NIL	NIL
Advice	NIL	

Dietary Assessment

Name : **SUDIPTA DAS** Sex / Age : F 36
Height : 173 Cms Weight : 110 Kgs Ideal Weight : 69 Kgs BMI : 36.8

Body Type : Normal / Underweight / Over weight

Diet History

Diet preference : Vegetarian / Eggeterian / Mixed
Frequency of consuming fried food : / day / week or occasional
Frequency of consuming sweets : / day or occasional
Frequency of consuming outside food : / week or occasional
Amount of water consumed / day : glasses / liters

Life style assessment

Physical activity : Active / moderate / Sedentary / Nil
Alcohol intake : Yes / No
Smoking : Yes / No
Allergic to any food : Yes / No
Are you stressed out ? : Yes / No
Do you travel a lot ? : Yes / No

General diet instructions :

- Have small frequent meals.
- Avoid fatty products like oil, ghee, butter, cheese.
- Take salt restricted diet and avoid table salt.
- Consume fibrous food regularly like whole grains, Daliya, Oats, Bajra, Flex seeds, Pulses, Fruits and Salads.
- Keep changing your cooking oil every three months.
- Avoid Maida, Starchy foods and Bakery products.
- Consume 1-2 servings of all fruits and vegetables, For Diabetic patients avoid Mango, Chikoo, Banana, Grapes and Custurd Apple.
- Drink 3 to 4 liters (12 - 14 glass) of water daily.
- Eat Beetroot, Figs, Almond, Walnut, Dates, leafy vegetables, roasted Channa and Jeggary (Gur) for Heamoglobin. In case of diabetic patient avoid Rasins, Dates and Jeggary.
- Drink green Tea or black Coffee once in a day.
- Do brisk walking daily.

Dietitian

Name : **SUDIPTA DAS** Sex / Age : F 36
Height / Weight : 173 Cms 110 Kgs Ideal Weight : 69 Kgs BMI : 36.8

Obstetric History FT LSCS : FEMALE -- 4 YRS.
Menstrual History LMP : 20/08/2022
Present Menstrual Cycle REGULAR
Past Menstrual Cycle -

Chief Complaints

Gynac Examination

P/A SOFT
P/S Cx - (N) Vg - WHITE DISCHARGE +
P/V UT NS Fx CLEAR
Breast examination - Right NORMAL
Breast examination - Left NORMAL
PAP Smear TAKEN

BMD

Mammography

Advice FOLLOWUP WITH REPORTS.

Dr. Sonia Golani
Gynecologist



Patient Name : Mrs. SUDIPTA DAS
 Gender / Age : Female / 36 Years 5 Months 25 Days
 MR No / Bill No. : 21052324 / 231033401
 Consultant : Dr. Manish Mittal
 Location : OPD

Type : OPD
 Request No. : 70240
 Request Date : 10/09/2022 08:34 AM
 Collection Date : 10/09/2022 08:46 AM
 Approval Date : 10/09/2022 01:11 PM

CBC + ESR

Test	Result	Units	Biological Ref. Range
Haemoglobin			
Haemoglobin	<u>10.6</u>	gm/dL	12 - 15
Red Blood Cell Count (T-RBC)	4.44	mill/cmm	3.8 - 4.8
Hematocrit (HCT)	<u>34.9</u>	%	36 - 46
Mean Corpuscular Volume (MCV)	<u>78.6</u>	fl	83 - 101
Mean Corpuscular Haemoglobin (MCH)	<u>23.9</u>	pg	27 - 32
MCH Concentration (MCHC)	<u>30.4</u>	%	31.5 - 34.5
Red Cell Distribution Width (RDW-CV)	<u>17.8</u>	%	11.6 - 14
Red Cell Distribution Width (RDW-SD)	<u>51.4</u>	fl	39 - 46
Total Leucocyte Count (TLC)			
Total Leucocyte Count (TLC)	8.12	thou/cmm	4 - 10
Differential Leucocyte Count			
Polymorphs	55	%	40 - 80
Lymphocytes	31	%	20 - 40
Eosinophils	<u>09</u>	%	1 - 6
Monocytes	05	%	2 - 10
Basophils	00	%	0 - 2
Polymorphs (Abs. Value)	4.40	thou/cmm	2 - 7
Lymphocytes (Abs. Value)	2.59	thou/cmm	1 - 3
Eosinophils (Abs. Value)	<u>0.78</u>	thou/cmm	0.2 - 0.5
Monocytes (Abs. Value)	0.27	thou/cmm	0.2 - 1
Basophils (Abs. Value)	0.08	thou/cmm	0.02 - 0.1
Immature Granulocytes	0.2	%	1 - 3 : Borderline > 3 : Significant
Platelet Count			
Platelet Count	281	thou/cmm	150 - 410
Smear evaluation	Adequate		
ESR	<u>14</u>	mm/1 hr	0 - 12

Test Results are dependent on a number of variables & technical limitations. Hence, it is advised to correlate with clinical findings and other related investigations before any firm opinion is made. Recheck / retest may be requested.

365' Days / 24 Hours Laboratory Services

Home Collection Facility Available
(Mon To Sat 8:00 am to 5:00 pm)



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DEPARTMENT OF LABORATORY MEDICINE

Patient Name : Mrs. SUDIPTA DAS
Gender / Age : Female / 36 Years 5 Months 25 Days
MR No / Bill No. : 21052324 / 231033401
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CBC + ESR

Immature Granulocyte (IG) count is a useful early marker of infection or inflammation, even when other markers are normal. It is an early and rapid discrimination of bacterial from viral infections. It is also increased in patients on steroid therapy / chemotherapy or haematological malignancy. High IG is always pathological; except in pregnancy and neonates of < 7 days.
Method : HB by Non-Cyanide Hemoglobin analysis method. HCT by RBC pulse height detection method. RBC, TLC & PLC are by Particle Count by Electrical Impedance in Cell Counter. Optical Platelets by Fluorescent + Laser Technology. MCV, MCH, MCHC, RDW (CV & SD) are calculated parameter. DLC by Flowcytometry method using semi-conductor Laser + Smear verification. ESR on Ves metic 20, comparable to Westergrens method and in accordance to ICSH reference method.

--- End of Report ---



Dr. Sejal Odedra
M.D.Pathology

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Patient Name	: Mrs. SUDIPTA DAS	Type	: OPD
Gender / Age	: Female / 36 Years 5 Months 25 Days	Request No.	: 70240
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Consultant	: Dr. Manish Mittal	Collection Date	: 10/09/2022 08:46 AM
Location	: OPD	Approval Date	: 10/09/2022 02:49 PM

Haematology

<u>Test</u>	<u>Result</u>	<u>Units</u>	<u>Biological Ref. Range</u>
<i>Blood Group</i>			
ABO system	B		
Rh system.	Positive		

By Gel Technology / Tube Agglutination Method

Note :

- This blood group has been done with new sensitive Gel Technology using both Forward and Reverse Grouping Card with Autocontrol.
- This method check's group both on Red blood cells and in Serum for "ABO" group.

--- End of Report ---

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M.D.Pathology

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DEPARTMENT OF LABORATORY MEDICINE

Patient Name : Mrs. SUDIPTA DAS
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Fasting Plasma Glucose

<u>Test</u>	<u>Result</u>	<u>Units</u>	<u>Biological Ref. Range</u>
<i>Fasting Plasma Glucose</i>			
Fasting Plasma Glucose	91	mg/dL	70 - 110
Post Prandial 2 Hr. Plasma Glucose	126	mg/dL	70 - 140

By Hexokinase method on RXL Dade Dimension

---- End of Report ----

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Gender / Age	: Female / 36 Years 5 Months 25 Days	Request No.	: 70240
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Complete Lipid Profile

Test	Result	Units	Biological Ref. Range
Complete Lipid Profile			
Appearance	Clear		
Triglycerides (By Lipase / Glycerol dehydrogenase on RXL Dade Dimension < 150 Normal 150-199 Borderline High 200-499 High > 499 Very High)	81	mg/dL	1 - 150
Total Cholesterol (By enzymatic colorimetric method on RXL Dade Dimension <200 mg/dL - Desirable 200-239 mg/dL - Borderline High > 239 mg/dL - High)	187	mg/dL	1 - 200
HDL Cholesterol (By Direct homogenous technique, modified enzymatic non-immunological method on RXL Dade Dimension < 40 Low > 60 High)	52	mg/dL	40 - 60
Non HDL Cholesterol (calculated) (Non- HDL Cholesterol < 130 Desirable 139-159 Borderline High 160-189 High > 191 Very High)	135	mg/dL	1 - 130
LDL Cholesterol (By Direct homogenous technique, modified enzymatic non-immunological method on RXL Dade Dimension < 100 Optimal 100-129 Near / above optimal 130-159 Borderline High 160-189 High > 189 Very High)	110	mg/dL	1 - 100
VLDL Cholesterol (calculated)	16.2	mg/dL	12 - 30
LDL Ch. / HDL Ch. Ratio	2.12		2.1 - 3.5
T. Ch./HDL Ch. Ratio (Recent NECP / ATP III Guidelines / Classification (mg/dl) :)	3.6		3.5 - 5

--- End of Report ---

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Liver Function Test (LFT)

Test	Result	Units	Biological Ref. Range
Bilirubin			
Bilirubin - Total	0.77	mg/dL	0 - 1
Bilirubin - Direct	0.15	mg/dL	0 - 0.3
Bilirubin - Indirect	0.62	mg/dL	0 - 0.7
<i>(By Diazotized sulfanilic acid on RXL Dade Dimension.)</i>			
Aspartate Aminotransferase (SGOT/AST)	24	U/L	13 - 35
<i>(By IFCC UV kinetic method on RXL Dade Dimension.)</i>			
Alanine Aminotransferase (SGPT/ALT)	38	U/L	14 - 59
<i>(By IFCC UV kinetic method on RXL Dade Dimension.)</i>			
Alkaline Phosphatase	92	U/L	42 - 98
<i>(BY PNPP AMP method on RXL Dade Dimension.)</i>			
Gamma Glutamyl Transferase (GGT)	19	U/L	5 - 55
<i>(By IFCC method on RXL Dade Dimension.)</i>			
Total Protein			
Total Proteins	8.04	gm/dL	6.4 - 8.2
Albumin	3.78	gm/dL	3.4 - 5
Globulin	4.26	gm/dL	3 - 3.2
A : G Ratio	0.89		1.1 - 1.6
<i>(By Biuret endpoint and Bromocresol purple method on RXL Dade Dimension.)</i>			

---- End of Report ----

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Renal Function Test (RFT)

Test	Result	Units	Biological Ref. Range
Urea (By Urease Kinetic method on RXL Dade Dimension)	25	mg/dL	10 - 45
Creatinine (By Modified Kinetic Jaffe Technique)	0.68	mg/dL	0.6 - 1.1
Estimate Glomerular Filtration rate (Ref. range : > 60 ml/min for adults between age group of 18 to 70 yrs. EGFR Calculated by IDMS Traceable MDRD Study equation. Reporting of eGFR can help facilitate early detection of CKD. By Modified Kinetic Jaffe Technique)	More than 60		
Uric acid (By Uricase / Catalase method on RXL Siemens)	5.7	mg/dL	2.2 - 5.8

--- End of Report ---



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Thyroid Hormone Study

Test	Result	Units	Biological Ref. Range
Triiodothyronine (T3)	0.911	ng/ml	
<i>(Done by 4th generation electrochemiluminescence based method on automated immunoassay / Cobas e 411.)</i>			
<i>Reference interval (ng/ml)</i>			
1 - 3 days	: 0.1 - 7.4		
1-11 months	: 0.1 - 2.45		
1-5 years	: 0.1 - 2.7		
6-10 years	: 0.9 - 2.4		
11-15 years	: 0.8 - 2.1		
16-20 years	: 0.8 - 2.1		
Adults (20 - 50 years)	: 0.7 - 2.0		
Adults (> 50 years)	: 0.4 - 1.8		
Pregnancy (in last 5 months)	: 1.2 - 2.5		
<i>(Reference : Tietz - Clinical guide to laboratory test, 4th edition)</i>			
Thyroxine (T4)	8.24	mcg/dL	
<i>(Done by 4th generation electrochemiluminescence based method on automated immunoassay / Cobas e 411.)</i>			
<i>Reference interval (mcg/dL)</i>			
1 - 3 days	: 11.8 - 22.6		
1- 2 weeks	: 9.8 - 16.6		
1 - 4 months	: 7.2 - 14.4		
4 - 12 months	: 7.8 - 16.5		
1-5 years	: 7.3 - 15.0		
5 - 10 years	: 6.4 - 13.3		
10 - 20 years	: 5.6 - 11.7		
Adults / male	: 4.6 - 10.5		
Adults / female	: 5.5 - 11.0		
Adults (> 60 years)	: 5.0 - 10.7		
<i>(Reference : Tietz - Clinical guide to laboratory test, 4th edition)</i>			
Thyroid Stimulating Hormone (US-TSH)	3.07	microIU/ml	
<i>(Done by 4th generation electrochemiluminescence based method on automated immunoassay / Cobas e 411.)</i>			
<i>Reference interval (microIU/ml)</i>			
Infants (1-4 days)	: 1.0 - 39		
2-20 weeks	: 1.7 - 9.1		
5 months - 20 years	: 0.7 - 6.4		
Adults (21 - 54 years)	: 0.4 - 4.2		
Adults (> 55 years)	: 0.5 - 8.9		
Pregnancy :			
1st trimester	: 0.3 - 4.5		
2nd trimester	: 0.5 - 4.6		
3rd trimester	: 0.8 - 5.2		
<i>(Reference : Tietz - Clinical guide to laboratory test, 4th edition)</i>			

Test Results are dependent on a number of variables & technical limitations. Hence, it is advised to correlate with clinical findings and other related investigations before any firm opinion is made. Recheck / retest may be requested.

--- End of Report ---

Dr. Sejal Odedra
M.D.Pathology



Patient Name	: Mrs. SUDIPTA DAS	Type	: OPD
Gender / Age	: Female / 36 Years 5 Months 25 Days	Request No.	: 70240
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HbA1c (Glycosylated Hb)

Test	Result	Units	Biological Ref. Range
HbA1c (Glycosylated Hb)			
Glycosylated Hemoglobin (HbA1c)	6.0	%	
estimated Average Glucose (e AG) *	125.5	mg/dL	

(Method:
By Automated HPLC analyser on D-10 Biorad. NGSP Certified, US-FDA approved, Traceable to IFCC reference method.

* Calculated valued for past 60 days, derived from HbA1c %, based on formula recommended by the A1c - Derived Average Glucose study from ADA and EASD funded The ADAG trial.

Guidelines for Interpretation:
Indicated Glycemic control of previous 2-3 months

HbA1c%	e AG (mg/dl)	Glycemic control
> 8	> 183	Action suggested...High risk of developing long-term complications. Action suggested, depends on individual patient circumstances
7 - 8	154 - 183	Good
< 7	< 154	Goal...Some danger of hypoglycemic reaction in type I Diabetics. Some Glucose intolerant individuals and Sub-Clinical diabetics may demonstrate (elevated) HbA1c in this area.
6 - 7	126 - 154	Near Normal
< 6	< 126	Nondiabetic level)

---- End of Report ----

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M.D.Pathology



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 MR No / Bill No. : 21052324 / 231033401
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 Location : OPD

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 Request Date : 10/09/2022 08:34 AM
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 Approval Date : 10/09/2022 12:17 PM

Urine Routine

Test	Result	Units	Biological Ref. Range
Physical Examination			
Quantity	10	mL	
Colour	Pale Yellow		
Appearance	Clear		
Chemical Examination (By Reagent strip method)			
pH	6.0		
Specific Gravity	>=1.030		
Protein	Negative	gm/dL	Negative
Glucose	Negative	mg/dL	Negative
Ketones	Negative		Negative
Bilirubin	Negative		Negative
Urobilinogen	Negative		Negative (upto 1)
Blood	Negative		Negative
Bile Salt	Absent		Absent
Leucocytes	Trace		Negative
Bile Pigments	Absent		Absent
Nitrite	Negative		Negative
Microscopic Examination (After Centrifugation at 2000 rpm for 10 min)			
Red Blood Cells	Nil	/hpf	0 - 2
Leucocytes	Present (2-5)	/hpf	0 - 5
Epithelial Cells	Present (5-10)	/hpf	0 - 5
Casts	Nil	/lpf	Nil
Crystals	Nil	/hpf	Nil
Mucus	Absent	/hpf	Absent
Organism	Absent		

--- End of Report ---

Dr. Sejal Odedra
M.D.Pathology



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Location	: OPD	Approval Date	: 10/09/2022 02:03 PM

Pap Smear

<u>Test</u>	<u>Result</u>	<u>Units</u>	<u>Biological Ref. Range</u>
Pap Smear	Pap Smear Screening Report / Cervico-Vaginal Cytology...		
	Cyto No : 1604/22 Received at 12.30 pm		
	Clinical Details : No complain P/V findings : Cx. - NAD / Vg. - White discharge LMP : 20/08/2022		
	TBS Report / Impression :		
	* Satisfactory for evaluation; transformation zone components identified.		
	* Mild acute inflammatory cellularity. No evidence of T. vaginalis / Fungal elements.		
	* No epithelial cell abnormality favouring squamous intraepithelial lesion or frank malignancy (NILM).		

Note / Method :
The material received in LBC container, cytosmear was stained by rapid pap method and reported with due consideration to The Bathesda system (Modified 2014)

--- End of Report ---

Dr. Rakesh Vaidya
MD (Path). DCP.



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DEPARTMENT OF DIAGNOSTIC RADIOLOGY

Patient No. : 21052324 Report Date : 10/09/2022
Request No. : 190034189 10/09/2022 8.34 AM
Patient Name : **SUDIPTA DAS**
Gender / Age : Female / 36 Years 5 Months 25 Days

ADVANCED DIGITAL SOLUTIONS

- Computer Radiography
- Ultra Sensitive Colour Doppler
- Ultra High Resolution Sonography
- Multi-Detector CT Scan
- Mammography
- Interventional Radiology
- Digital Subtraction Angiography
- Foetal Echocardiography
- Echocardiography

X-Ray Chest AP

Both lung fields are clear.
Both costophrenic sinuses appear clear.
Heart size is normal.
Hilar shadows show no obvious abnormality.
Aorta is normal.

• ULTRA SONOGRAPHY CANNOT DETECT ALL ABNORMALITIES
• NOT VALID FOR MEDICO-LEGAL PURPOSES
• CLINICAL CORRELATION RECOMMENDED



Dr. Priyanka Patel, MD
Consultant Radiologist





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DEPARTMENT OF DIAGNOSTIC RADIOLOGY

ADVANCED DIGITAL SOLUTIONS

- Computer Radiography
- Ultra Sensitive Colour Doppler
- Ultra High Resolution Sonography
- Multi-Detector CT Scan
- Mammography
- Interventional Radiology
- Digital Subtraction Angiography
- Foetal Echocardiography
- Echocardiography

Patient No. : 21052324 Report Date : 10/09/2022
 Request No. : 190034147 10/09/2022 8.34 AM
 Patient Name : **SUDIPTA DAS**
 Gender / Age : Female / 36 Years 5 Months 25 Days

USG : Abdomen (Excluding Pelvis) Or Upper Abdomen

Liver is normal in size and shows increased in echopattern. No mass lesion identified. The hepaticveins are clear and patent. PV patent. No dilated IHBR.

Gall bladder is well distended and shows no obvious abnormality. Common bile duct measures 4 mm in diameter.

Pancreas shows no obvious abnormality. Tail obscured. Spleen is normal size and echopattern.

Both kidneys are normal in shape and position. Normal echogenicity and cortico medullary differentiation is noted. No hydronephrosis or mass lesion seen.

Uterus is anteverted, normal in size and echo pattern. Endometrium thickness is about 5 mm. No obvious mass lesion seen.

Uterine length : 84 mm.
 A.P. : 48 mm.

Both ovaries are normal in size.

Urinary bladder is well distended and appears normal. No ascites.

COMMENT:

Fatty Liver.

Kindly correlate clinically

• ULTRA SONOGRAPHY CANNOT DETECT ALL ABNORMALITIES
 • NOT VALID FOR MEDICO-LEGAL PURPOSES
 • CLINICAL CORRELATION RECOMMENDED

Hasani

Dr.Pruna C Hasani, MD
 Consultant Radiologist




Patient No. : 21052324 Report Date : 10/09/2022
Request No. : 190034201 10/09/2022 8.34 AM
Patient Name : **SUDIPTA DAS**
Gender / Age : Female / 36 Years 5 Months 25 Days

Echo Color Doppler

MITRAL VALVE : NORMAL, NO MS, NO MR
AORTIC VALVE : TRILEAFLET, NO AS, NO AR
TRICUSPID VALVE : NORMAL, NO TR, NO PAH
PULMONARY VALVE : NORMAL, NO PR, NO PS
LEFT ATRIUM : NORMAL SIZE
AORTA : NORMAL
LEFT VENTRICLE : NORMAL LVEF – 60%, NO RWMA AT REST
RIGHT ATRIUM : NORMAL SIZE
RIGHT VENTRICLE : NORMAL SIZE
I.V.S. : INTACT
I.A.S. : INTACT
PULMONARY ARTERY : NORMAL
PERICARDIUM : NO EFFUSION
COLOUR/DOPPLER FLOW MAPPING : NO MR // AR // TR, NO PAH

FINAL CONCLUSION:

1. NORMAL SIZED ALL CARDIAC CHAMBERS
2. NORMAL LV SYSTOLIC FUNCTION LVEF – 60%
3. NO RESTING REGIONAL WALL MOTION ABNORMALITY
4. NORMAL VALVES, NO MITRAL / AORTIC STENOSIS
5. NORMAL RIGHT HEART SIZE AND RV PRESSURES
6. NO PERICARDIAL EFFUSION, CLOT OR VEGETATION SEEN, SR+.


DR. KILLOLE KANERIA, M.D., D.M., CARD.

ECU/21/052324
36 Years

10-Sep-22

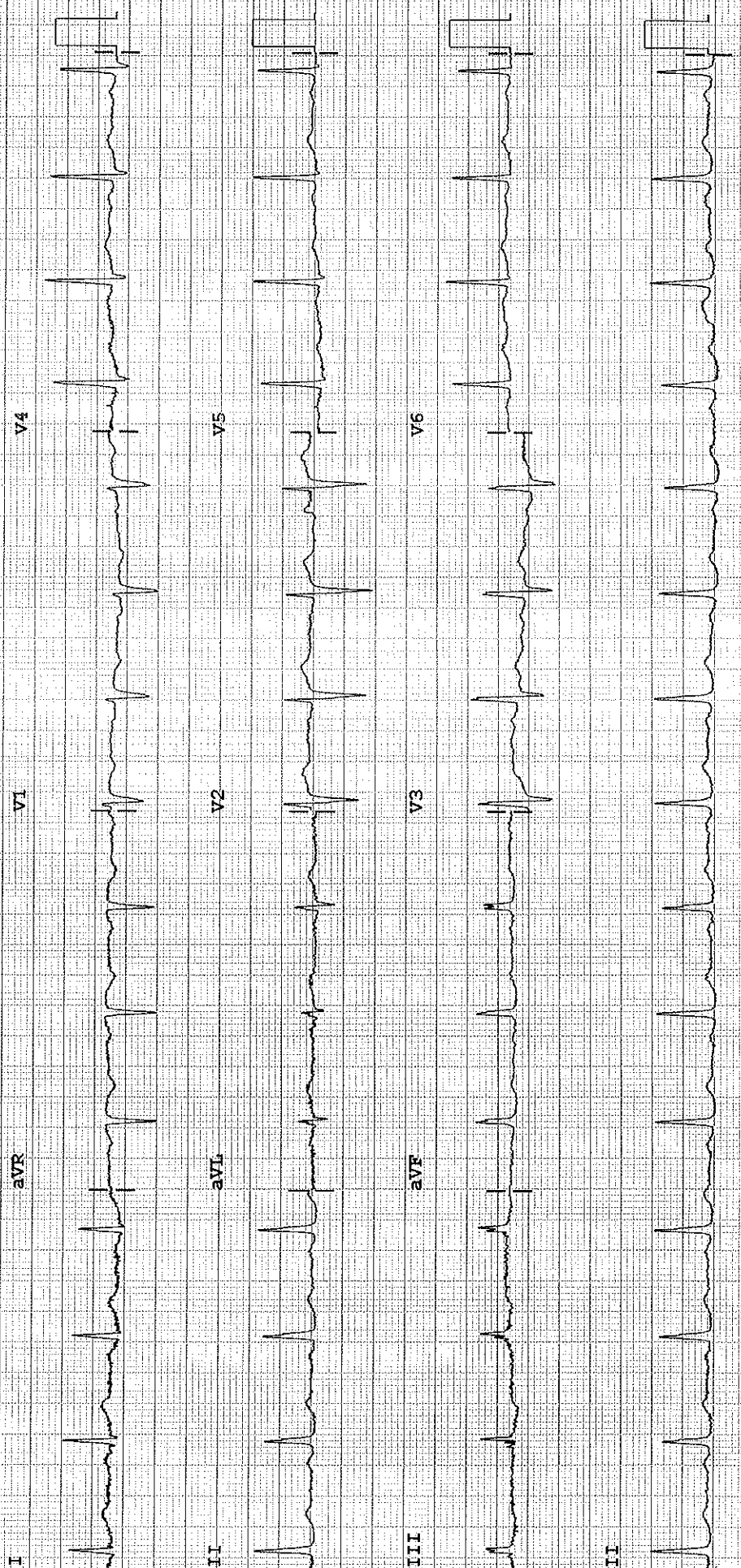
10:47:05 AM MRS. SUDIPTA DAS
Female



Rate 87
PR 160
QRSD 88
QT 344
QTc 414

--AXIS--
P 32
QRS 60
T -5

Doctor MANISH MITTAL



Dev: Speed: 25 mm/sec Limb: 10 mm/mV Chest: 10 mm/mV 50~ 0.15-150 Hz PH08 P?