



 MR No / Bill No.
 : 23209623 / 241035150
 Request Date
 : 15/07/2023 09:24 AM

 Consultant Location
 : Dr. Manish Mittal
 Collection Date
 : 15/07/2023 10:43 AM

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 : 15/07/2023 03:06 PM

Complete Lipid Profile

<u>Test</u>	Result	<u>Units</u>	Biological Ref. Range
Complete Lipid Profile			
Appearance	Clear		
Triglycerides	118	mg/dL	1 - 150
(By Lipase / Glycerol dehdrogenase on RXL Dade Dimension < 150 Normal 150-199 Borderline High 200-499 High > 499 Very High)			
Total Cholesterol	179	mg/dL	1 - 200
(By enzymatic colorimetric method on RXL Dade Dimension			
<200 mg/dL - Desirable 200-239 mg/dL - Borderline High > 239 mg/dL - High)			
HDL Cholesterol	49	mg/dL	40 - 60
(By Direct homogenous technique, modified enzymatic non-imi < 40 Low > 60 High)	munological method on RXL Dad	de Dimension	
Non HDL Cholesterol (calculated)	130	mg/dL	1 - 130
(Non- HDL Cholesterol < 130 Desirable 139-159 Borderline High 160-189 High > 191 Very High)			
LDL Cholesterol	<u>106</u>	mg/dL	1 - 100
(By Direct homogenous technique, modified enzymatic non-imi < 100 Optimal 100-129 Near / above optimal 130-159 Borderline High 160-189 High > 189 Very High)	munological method on RXL Dad	de Dimension	
VLDL Cholesterol (calculated)	23.6	mg/dL	12 - 30
LDL Ch. / HDL Ch. Ratio	2.16		2.1 - 3.5
T. Ch./HDL Ch. Ratio (Recent NECP / ATP III Guidelines / Classification (mg/dl):)	3.65		3.5 - 5

---- End of Report ----

Dr. Amas Sani

Dr. Amee Soni MD (Path)

User: MOHSIN.SAIYED Page 1 of 1 Print Date &Time: 07/10/2023 3.29 PM





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Fasting Plasma Glucose

<u>Test</u>	Result	<u>Units</u>	Biological Ref. Range
Fasting Plasma Glucose			
Fasting Plasma Glucose	84	mg/dL	70 - 110
Post Prandial 2 Hr.Plasma Glucose	91	mg/dL	70 - 140

By Hexokinase method on RXL Dade Dimesion

---- End of Report ----

Dr. Amee Soni

Dr. Amee Soni MD (Path)





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Urine routine analysis (Auto)

<u>Test</u>	Result	<u>Units</u>	Biological Ref. Range
Physical Examination			
Quantity	30	mL	
Colour	Yellow		
Appearance	Clear		
Chemical Examination (By Reagent strip method)			
рН	5.5		
Specific Gravity	1.020		
Protein	Negative	gm/dL	0 - 5
Glucose	Negative	mg/dL	0 - 5
Ketones	Negative		0 - 5
Bilirubin	Negative		Negative
Urobilinogen	Negative		Negative (upto 1)
Blood	2+		Negative
Leucocytes	Negative		Negative
Nitrite	Negative		Negative
Microscopic Examination (by Microscopy after Centiurine sedimentation analyzer UF4000)	rifugation at 2000 rpm for	10 min or on fully a	automated Sysmex
Red Blood Cells	20 - 30	/hpf	0 - 2
Leucocytes	0 - 1	/hpf	0 - 5
Epithelial Cells	0 - 1	/hpf	0 - 5
Casts	Nil	/lpf	Nil
Crystals	Nil	/hpf	Nil
Mucus	Absent	/hpf	Absent
Organism	Absent		

---- End of Report ----

Dr. Amee Soni

MD (Path)





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Liver Function Test (LFT)

<u>Test</u> Bilirubin	Result	<u>Units</u>	Biological Ref. Range
Bilirubin - Total	0.29	mg/dL	0 - 1
Bilirubin - Direct	0.09	mg/dL	0 - 0.3
Bilirubin - Indirect (By Diazotized sulfanilic acid on RXL Dade Dimension.)	0.2	mg/dL	0 - 0.7
Aspartate Aminotransferase (SGOT/AST) (By IFCC UV kinetic method on RXL Dade Dimension.)	27	U/L	13 - 35
Alanine Aminotransferase (SGPT/ALT) (By IFCC UV kinetic method on RXL Dade Dimension.)	27	U/L	14 - 59
Alkaline Phosphatase (BY PNPP AMP method on RXL Dade Dimension.)	94	U/L	42 - 98
Gamma Glutamyl Transferase (GGT) (By IFCC method on RXL Dade Dimension.)	<u>65</u>	U/L	5 - 55
Total Protein			
Total Proteins	<u>8.46</u>	gm/dL	6.4 - 8.2
Albumin	3.72	gm/dL	3.4 - 5
Globulin	4.74	gm/dL	3 - 3.2
A: G Ratio (By Biuret endpoint and Bromocresol purple method on RXL	0.78 Dade Dimesion.)		1.1 - 1.6

---- End of Report ----

Dr. Amee Soni MD (Path)

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Renal Function Test (RFT)

Test	Result	<u>Units</u>	Biological Ref. Range
Urea (By Urease Kinetic method on RXL Dade Dimensio	10 n)	mg/dL	10 - 45
Creatinine (By Modified Kinetic Jaffe Technique)	0.62	mg/dL	0.6 - 1.1
Estimate Glomerular Filtration rate (Ref. range : > 60 ml/min for adults between age gr EGFR Calculated by IDMS Traceable MDRD Study Reporting of eGFR can help facilitate early detectio By Modified Kinetic Jaffe Technique)	equation.		
Uric acid (By Uricase / Catalse method on RXL Siemens)	3.9	mg/dL	2.2 - 5.8

---- End of Report ----

Dr. Amee Soni MD (Path)





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CBC + ESR

<u>Test</u>	<u>Result</u>	<u>Units</u>	Biological Ref. Range	
Haemoglobin.				
Haemoglobin	<u>9.3</u>	gm/dL	12 - 15	
Red Blood Cell Count (T-RBC)	<u>5.13</u>	mill/cmm	3.8 - 4.8	
Hematocrit (HCT)	<u>32.6</u>	%	36 - 46	
Mean Corpuscular Volume (MCV)	<u>63.5</u>	fl	83 - 101	
Mean Corpuscular Haemoglobin (MCH)	<u>18.1</u>	pg	27 - 32	
MCH Concentration (MCHC)	<u>28.5</u>	%	31.5 - 34.5	
Red Cell Distribution Width (RDW-CV)	<u>17.6</u>	%	11.6 - 14	
Red Cell Distribution Width (RDW-SD)	40.3	fl	39 - 46	
Total Leucocyte Count (TLC)				
Total Leucocyte Count (TLC)	5.24	thou/cmm	4 - 10	
Differential Leucocyte Count				
Polymorphs	58	%	40 - 80	
Lymphocytes	33	%	20 - 40	
Eosinophils	02	%	1 - 6	
Monocytes	07	%	2 - 10	
Basophils	00	%	0 - 2	
Polymorphs (Abs. Value)	3.04	thou/cmm	2 - 7	
Lymphocytes (Abs. Value)	1.75	thou/cmm	1 - 3	
Eosinophils (Abs. Value)	<u>0.06</u>	thou/cmm	0.2 - 0.5	
Monocytes (Abs. Value)	0.26	thou/cmm	0.2 - 1	
Basophils (Abs. Value)	<u>0.13</u>	thou/cmm	0.02 - 0.1	
Immature Granulocytes	0.0	%	1 - 3 : Borderline > 3 : Significant	
Platelet Count				
Platelet Count	<u>523</u>	thou/cmm	150 - 410	
Smear evaluation	Adequate			
Remarks	Hypochromia (++), Microcytosis (++), Anisocytosis (+) Few elliptocytes.		ocytosis (+)	
ESR	11	mm/1 hr	0 - 12	





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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 pathologicial; 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 Particles.

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. Amee Soni MD (Path)



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Thyroid Hormone Study

<u>Test</u>		<u>Result</u>	<u>Units</u>	Biological Ref. Range
Triiodothyronine (T3)		1.40	ng/ml	
		sed method on automated immu	noassay / Cobas e 411.	
Reference interval (ng/mi				
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 16-20 years	: 0.8 - 2.1 : 0.8 - 2.1			
Adults (20 - 50 years)	: 0.7 - 2.0			
Adults (20 - 30 years) Adults (> 50 years)	: 0.4 - 1.8			
Pregnancy (in last 5 mont				
	al guide to laboratory test, 4th	n edition))		
Thyroxine (T4)	in galactic laboratory toot, 11	9.22	mcg/dL	
, ,	octrochomiluminoscopco has	sed method on automated immu	•	
Reference interval (mcq/c		sea metrioa on automatea iriina	noassay / Cobas e 411.	
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 vears	: 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			
(Reference : Tietz - Clinica	al guide to laboratory test, 4th	n edition))		
Thyroid Stimulating Ho	rmone (US-TSH)	3.15	microIU/ml	
(Done by 4th generation ele	ectrochemiluminescence bas	sed method on automated immu	noassay / Cobas e 411.	
Reference interval (micro			,	
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			
(Reference : Tietz - Clinica	al guide to laboratory test, 4th	n edition))		

---- End of Report ----



Dr. Rakesh Vaidya MD (Path). DCP.

User: SAGAR.C Page 1 of 1 Print Date &Time: 07/10/2023 3.30 PM



: Mrs. KALPANABEN D. PARMAR Type OPD Patient Name Request No. Gender / Age : Female / 39 Years 23 Days 140931

MR No / Bill No. : 23209623 / 241035150 Request Date 15/07/2023 09:24 AM Consultant : Dr. Manish Mittal Collection Date 15/07/2023 10:43 AM : OPD Approval Date 15/07/2023 02:50 PM Location

Haematology

Result <u>Units</u> Biological Ref. Range <u>Test</u> **Blood Group**

0

ABO system

Rh system. Positive

By Gel Technology / Tube Agglutination Method

- 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 ----

Dr. Amee Soni

MD (Path)





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Fasting Plasma Glucose

<u>Test</u>	Result	<u>Units</u>	Biological Ref. Range
Fasting Plasma Glucose			
Fasting Plasma Glucose	84	mg/dL	70 - 110
Post Prandial 2 Hr.Plasma Glucose	91	mg/dL	70 - 140

By Hexokinase method on RXL Dade Dimesion

---- End of Report ----

Dr. Amea Soni

Dr. Amee Soni MD (Path)





MR No / Bill No. : 23209623 / 241035150 Request Date : 15/07/2023 09:24 AM Consultant : Dr. Manish Mittal **Collection Date** 15/07/2023 10:43 AM Approval Date 15/07/2023 04:17 PM Location : OPD

HbA1c (Glycosylated Hb)

<u>Test</u>	<u>Result</u>	<u>Units</u>	Biological Ref. Range
HbA1c (Glycosylated Hb)			
Glycosylated Heamoglobin (HbA1c)	5.4	%	
estimated Average Glucose (e AG) *	108.28	mg/dL	

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

Guidelines for Interpretation:

Indicated Glycemic control of previous 2-3 months

HbA1c%	e AG (mg/dl)	Glycemic control
> 8	> 183	Action suggestedHigh risk of developing long-term complications. Action suggested, depends on individual patient circumstances
7 - 8	154 - 183	Good
< 7	< 154	GoalSome danger of hypoglycemic reaction in type I Diabetics. Some Glucose intolorant 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 ----

Dr. Amee Soni MD (Path)

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^{*} 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.





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HbA1c (Glycosylated Hb)

<u>Test</u>	<u>Result</u>	<u>Units</u>	Biological Ref. Range
HbA1c (Glycosylated Hb)			
Glycosylated Heamoglobin (HbA1c)	5.4	%	
estimated Average Glucose (e AG) *	108.28	mg/dL	
(Mathad:			

(Method

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

Guidelines for Interpretation:

Indicated Glycemic control of previous 2-3 months

HbA1c%	e AG (mg/dl)	Glycemic control
> 8	> 183	Action suggestedHigh risk of developing long-term complications. Action suggested, depends on individual patient circumstances
7 - 8	154 - 183	Good
< 7	< 154	GoalSome danger of hypoglycemic reaction in type I Diabetics. Some Glucose intolorant 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 ----

Dr. Amee Soni MD (Path)

^{*} 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.





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Location . Of i

Pap Smear

Test

Result Units Biological Ref. Range

Pap Smear Screening Report / Cervico-Vaginal Cytology...

Cyto No: P/1360/23 Received at 2:45 pm.

Clinical Details : No complain P/V findings : Cx. / Vg. - NAD.

LMP: 1 week ago

TBS Report / Impression:

* Satisfactory for evaluation; transformation zone components identified.

* Mild inflammatory cellularity (Neutrophils rich).

* 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 ----

An

Dr. Rakesh Vaidya MD (Path). DCP.

Interim / provisional report. confirm with Radiology in case not correlated with clinical presentation or any query

Patient No. : 23209623 Report Date : 15/07/2023

Request No. : 190071771 15/07/2023 9.24 AM Patient Name: Mrs. KALPANABEN D. PARMAR

Gender / Age: Female / 39 Years 23 Days

Echo Color Doppler

MITRAL VALVE : NORMAL, NO MR, NO MS AORTIC VALVE : TRILEAFLET, NO AR, NO AS TRICUSPID VALVE : NORMAL, NO TR, NO PAH

PULMONARY VALVE : NORMAL : NORMAL LEFT ATRIUM : NORMAL **AORTA**

NORMAL LV SIZE AND SYSTOLIC FUNCTION LVEF -- 65%, NO RESTING REGIONAL WALL MOTION ABNORMALITY LEFT VENTRICLE

RIGHT ATRIUM : NORMAL RIGHT VENTRICLE : NORMAL : INTACT I.V.S. : INTACT I.A.S. : NORMAL PULMONARY ARTERY PERICARDIUM : NORMAL

COLOUR/DOPPLER FLOW MAPPING : NO MR // AR // TR, NO PAH

FINAL CONCLUSION:

1. NORMAL SIZED ALL CARDIAC CHAMBERS, NO LVH

- 2. NORMAL LV SYSTOLIC FUNCTION, LVEF --65%
- 3. NO RESTING REGIONAL WALL MOTION ABNORMALITY
- 4. NORMAL DIASTOLIC FUNCTION
- 5. NORMAL RIGHT HEART SIZE AND RV PRESSURES
- 6. NORMAL ALL CARDIAC VALVES, NO MITRAL // AORTIC STENOSIS
- 7. NO PERICARDIAL EFFUSION, CLOT OR VEGETATION SEEN, SR+.

Dr. KILLOL KANERIA, M.D., D.M., CARD.

CONCLUSION OF HEALTH CHECKUP

ECU Number : 4336 MR Number : 23209623 Patient Name: KALPANABEN D. PARMAR

Age : 39 Sex : Female Height : 145 Weight : 47 Ideal Weight : 48 BMI : 22.35

Date : 15/07/2023

Dr. Manish Mittal

Internal Medicine

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.

ECU Number : 4336 MR Number : 23209623 Patient Name: KALPANABEN D. PARMAR

Age : 39 Sex : Female Height : 145 Weight : 47 Ideal Weight : 48 BMI : 22.35

Date : 15/07/2023

Past H/O : P/H/O TL DONE - 20 YRS.

Present H/O : NO MEDICAL COMPLAINTS AT PRESENT.

Family H/O : NO F/H/O ANY MAJOR ILLNESS.

Habits : FATHER : DIABETES.

Gen.Exam. : G.C. GOOD

B.P : 130/80 mm Hg

Pulse : 76/MIN REG.

Others : SPO2 : 99 %

C.V.S : NAD

R.S. : NAD

Abdomen : NP

Spleen : NP

Skin : NAD

C.N.S : NAD

Advice :

ECU Number : 4336 MR Number : 23209623 Patient Name: KALPANABEN D. PARMAR

Age : 39 Sex : Female Height : 145 Weight : 47 Ideal Weight : 48 BMI : 22.35

Date : 15/07/2023

Ophthalmic Check Up: Right Left

Ext Exam NORMAL

Vision Without Glasses 6/6 6/6

Vision With Glasses BE: + 1.0 D SPH

Final Correction NORMAL NORMAL

Fundus NORMAL Colour Vision NORMAL

Advice NIL

Orthopeadic Check Up:

Ortho Consultation

Ortho Advice

ENT Check Up:

Ear

Nose Throat

Hearing Test

ENT Advice

General Surgery Check Up:

General Surgery

Abdominal Lump

Hernia

External Genitals

PVR

Proctoscopy

Any Other

Surgical Advice

ECU Number : 4336 MR Number : 23209623 Patient Name: KALPANABEN D. PARMAR

Age : 39 Sex : Female Height : 145 Weight : 47 Ideal Weight : 48 BMI : 22.35

Date : 15/07/2023

Gynaec Check Up:

OBSTETRIC HISTORY G2 P2 - 2 FTND

MENSTRUAL HISTORY -

PRESENT MENSTRUAL CYCLE LMP: 11/07/23

PAST MENSTRUAL CYCLE IRREGULAR

CHIEF COMPLAINTS _

PA SOFT

PS NOT DONE

PV PERIODS.

BREAST EXAMINATION RIGHT NORMAL

BREAST EXAMINATION LEFT NORMAL

PAPSMEAR

BMD

MAMMOGRAPHY

ADVICE .

Dietary Assesment

ECU Number : 4336 MR Number : 23209623 Patient Name: KALPANABEN D. PARMAR

Age : 39 Sex : Female Height : 145 Weight : 47 Ideal Weight : 48 BMI : 22.35

Date : 15/07/2023

Body Type . Normal / Underwight / Overrwight

Diet History . Vegetarian / Eggetarian / Mixed

Frequency of consuming fried food . / Day / Week or occasional

Frequency of consuming Sweets . / Day / or occasional

Frequency of consuming outside food . / Day / 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 regalarly 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 seervings of all fruits and vegetables, For Diabetic patients avoid Mango, Chikoo, Banana, Grapes and Custurd apple

Dring 3 to 4 liters (12 - 14 glass) of water daily.

Eat Beetroots, 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.

Patient No. : 23209623 Report Date : 15/07/2023

Request No.: 190071818 15/07/2023 9.24 AM Patient Name: Mrs. KALPANABEN D. PARMAR

Gender / Age: Female / 39 Years 23 Days

USG: Abdomen (Excluding Pelvis) Or Upper Abdomen

Liver is normal in size and 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: 69mm. A.P. : 34mm.

Both ovaries are normal.

Urinary bladder is well distended and appears normal.

No ascites.

COMMENT:

No obvious abnormality seen.

Kindly correlate clinically

flasony

Dr. Prerna C Hasani, MD

Consultant Radiologist



Patient No. : 23209623 Report Date : 15/07/2023

Request No.: 190071884 15/07/2023 9.24 AM Patient Name: Mrs. KALPANABEN D. PARMAR

Gender / Age: Female / 39 Years 23 Days

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.

flasony

Dr.Prerna C Hasani, MD

Consultant Radiologist

