



**BHAILAL AMIN
GENERAL HOSPITAL**



CONCLUSION OF HEALTH CHECKUP

ECU Number : 668	MR Number : 22620969	Patient Name: SAYARA BANO NIZAMUDDIN
Age : 46	Sex : Female	Height : 158
Weight : 89	Ideal Weight : 57	BMI : 35.65
Date : 15/12/2022		

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.



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Sex : Female
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Patient Name: SAYARA BANO NIZAMUDDIN
Height : 158
BMI : 35.65

Past H/O : LSCS:- 2002

Present H/O : NO MEDICAL COMPLAIN AT PRESENT

Family H/O : MOTHER AND FATHER: DIABETES

Habits : NO HABITS
Gen.Exam. : G.C.GOOD
B.P : 140/80 mm Hg
Pulse : 93/MIN REG
Others : SPO2-98%
C.V.S : CLINICALLY NAD
R.S. : CLINICALLY NAD
Abdomen : NP
Spleen : NP
Skin : NAD
C.N.S : NAD
Advice :



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Ophthalmic Check Up :

	Right	Left
Ext Exam		NIL
Vision Without Glasses	6/6	6/6
Vision With Glasses	N.6 +1.50 SPH	N.6 +1.50 SPH
Final Correction	14.6	14.6
Fundus	NORMAL	
Colour Vision	NORMAL	
Advice	NIL	

Orthopaedic 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

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Gynaec Check Up :

OBSTETRIC HISTORY 2 FTNDS
MENSTRUAL HISTORY
PRESENT MENSTRUAL CYCLE LMP= 18/11/2022
PAST MENSTRUAL CYCLE REGULAR
CERVICAL COMPLAINTS NIL
PA SOFT
PS Cx -(N) Vg(N) LAX PERINEUM
PV UT NS Fx CLEAR
BREAST EXAMINATION RIGHT NORMAL
BREAST EXAMINATION LEFT NORMAL
PAPSMEAR TAKEN
BMD
MAMMOGRAPHY
ADVICE PELVIC FLOOR EXERCISE

Dietary Assesment

ECU Number : 668 MR Number : 22620969 Patient Name: SAYARA BANO NIZAMUDDIN
Age : 46 Sex : Female Height : 158
Weight : 89 Ideal Weight : 57 BMI : 35.65
Date : 15/12/2022

Body Type : Normal / Underwight / Overwight

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

ount 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 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 Name : Mrs. SAYARA BANO NIZAMUDDIN MALEK Type : OPD
 Gender / Age : Female / 46 Years 10 Months 1 Days Request No. : 93316
 MR No / Bill No. : 22620969 / 231054786 Request Date : 15/12/2022 08:26 AM
 Consultant : Dr. Manish Mittal Collection Date : 15/12/2022 08:30 AM
 Location : OPD Approval Date : 15/12/2022 02:13 PM

CBC + ESR

Test	Result	Units	Biological Ref. Range
Haemoglobin.			
Haemoglobin	12.9	gm/dL	12 - 15
Red Blood Cell Count (T-RBC)	5.26	mill/cmm	3.8 - 4.8
Hematocrit (HCT)	41.7	%	36 - 46
Mean Corpuscular Volume (MCV)	79.3	fl	83 - 101
Mean Corpuscular Haemoglobin (MCH)	24.5	pg	27 - 32
MCH Concentration (MCHC)	30.9	%	31.5 - 34.5
Red Cell Distribution Width (RDW-CV)	15.2	%	11.6 - 14
Red Cell Distribution Width (RDW-SD)	43.8	fl	39 - 46
Total Leucocyte Count (TLC)			
Total Leucocyte Count (TLC)	8.08	thou/cmm	4 - 10
Differential Leucocyte Count			
Polymorphs	67	%	40 - 80
Lymphocytes	28	%	20 - 40
Eosinophils	1	%	1 - 6
Monocytes	4	%	2 - 10
Basophils	0	%	0 - 2
Polymorphs (Abs. Value)	5.43	thou/cmm	2 - 7
Lymphocytes (Abs. Value)	2.23	thou/cmm	1 - 3
Eosinophils (Abs. Value)	0.10	thou/cmm	0.2 - 0.5
Monocytes (Abs. Value)	0.30	thou/cmm	0.2 - 1
Basophils (Abs. Value)	0.02	thou/cmm	0.02 - 0.1
Immature Granulocytes	0.6	%	1 - 3 : Borderline > 3 : Significant
Platelet Count			
Platelet Count	331	thou/cmm	150 - 410
Smear evaluation	Adequate		
ESR	10	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)



BHAILAL AMIN
GENERAL HOSPITAL

📍 Bhai Lal Amin Marg, Gorwa, Vadodara, Gujarat 390003.

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DEPARTMENT OF LABORATORY MEDICINE

Patient Name	: Mrs. SAYARA BANO NIZAMUDDIN MALEK	Type	: OPD
Gender / Age	: Female / 46 Years 10 Months 1 Days	Request No.	: 93316
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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. Rakesh Vaidya
MD (Path). DCP.

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ESTD. 1964

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Haematology

Test	Result	Units	Biological Ref. Range
Blood Group			
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.

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Fasting Plasma Glucose

Test	Result	Units	Biological Ref. Range
<i>Fasting Plasma Glucose</i>			
Fasting Plasma Glucose	109	mg/dL	70 - 110
Post Prandial 2 Hr. Plasma Glucose	122	mg/dL	70 - 140

By Hexokinase method on RXL Dade Dimension

---- End of Report ----

Dr. Sejal Odedra
M.D.Pathology

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HbA1c (Glycosylated Hb)

Test	Result	Units	Biological Ref. Range
HbA1c (Glycosylated Hb)			
Glycosylated Hemoglobin (HbA1c)	6.3	%	
estimated Average Glucose (e AG) *	134.11	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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Complete Lipid Profile

Test	Result	Units	Biological Ref. Range
Complete Lipid Profile			
Appearance	Clear		
Triglycerides	101	mg/dL	1 - 150
<i>(By Lipase / Glycerol dehydrogenase on RXL Dade Dimension</i>			
<i>< 150 Normal</i>			
<i>150-199 Borderline High</i>			
<i>200-499 High</i>			
<i>> 499 Very High)</i>			
Total Cholesterol	144	mg/dL	1 - 200
<i>(By enzymatic colorimetric method on RXL Dade Dimension</i>			
<i><200 mg/dL - Desirable</i>			
<i>200-239 mg/dL - Borderline High</i>			
<i>> 239 mg/dL - High)</i>			
HDL Cholesterol	38	mg/dL	40 - 60
<i>(By Direct homogenous technique, modified enzymatic non-immunological method on RXL Dade Dimension</i>			
<i>< 40 Low</i>			
<i>> 60 High)</i>			
Non HDL Cholesterol (calculated)	106	mg/dL	1 - 130
<i>(Non- HDL Cholesterol</i>			
<i>< 130 Desirable</i>			
<i>139-159 Borderline High</i>			
<i>160-189 High</i>			
<i>> 191 Very High)</i>			
LDL Cholesterol	95	mg/dL	1 - 100
<i>(By Direct homogenous technique, modified enzymatic non-immunological method on RXL Dade Dimension</i>			
<i>< 100 Optimal</i>			
<i>100-129 Near / above optimal</i>			
<i>130-159 Borderline High</i>			
<i>160-189 High</i>			
<i>> 189 Very High)</i>			
VLDL Cholesterol (calculated)	20.2	mg/dL	12 - 30
LDL Ch. / HDL Ch. Ratio	2.5		2.1 - 3.5
T. Ch./HDL Ch. Ratio	3.79		3.5 - 5
<i>(Recent NECP / ATP III Guidelines / Classification (mg/dl) :)</i>			

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Liver Function Test (LFT)

Test	Result	Units	Biological Ref. Range
Bilirubin			
Bilirubin - Total	0.31	mg/dL	0 - 1
Bilirubin - Direct	0.07	mg/dL	0 - 0.3
Bilirubin - Indirect	0.24	mg/dL	0 - 0.7
<i>(By Diazotized sulfanilic acid on RXL Dade Dimension.)</i>			
Aspartate Aminotransferase (SGOT/AST)	22	U/L	13 - 35
<i>(By IFCC UV kinetic method on RXL Dade Dimension.)</i>			
Alanine Aminotransferase (SGPT/ALT)	33	U/L	14 - 59
<i>(By IFCC UV kinetic method on RXL Dade Dimension.)</i>			
Alkaline Phosphatase	85	U/L	42 - 98
<i>(By PNPP AMP method on RXL Dade Dimension.)</i>			
Gamma Glutamyl Transferase (GGT)	32	U/L	5 - 55
<i>(By IFCC method on RXL Dade Dimension.)</i>			
Total Protein			
Total Proteins	7.11	gm/dL	6.4 - 8.2
Albumin	3.74	gm/dL	3.4 - 5
Globulin	3.37	gm/dL	3 - 3.2
A : G Ratio	1.11		1.1 - 1.6
<i>(By Biuret endpoint and Bromocresol purple method on RXL Dade Dimension.)</i>			

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 Location : OPD Approval Date : 15/12/2022 01:01 PM

Renal Function Test (RFT)

Test	Result	Units	Biological Ref. Range
Urea (By Urease Kinetic method on RXL Dade Dimension)	16	mg/dL	10 - 45
Creatinine (By Modified Kinetic Jaffe Technique)	0.67	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)	5.1	mg/dL	2.2 - 5.8

— End of Report —

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Thyroid Hormone Study

Test	Result	Units	Biological Ref. Range
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Triiodothyronine (T3)	1.48	ng/ml	
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(Done by 4th generation electrochemiluminescence based method on automated immunoassay / Cobas e 411.)

Reference interval (ng/ml)

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

(Reference : Tietz - Clinical guide to laboratory test, 4th edition))

Thyroxine (T4)	9.93	mcg/dL	
----------------	------	--------	--

(Done by 4th generation electrochemiluminescence based method on automated immunoassay / Cobas e 411.)

Reference interval (mcg/dL)

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

(Reference : Tietz - Clinical guide to laboratory test, 4th edition))

Thyroid Stimulating Hormone (US-TSH)	1.12	microu/ml	
--------------------------------------	------	-----------	--

(Done by 4th generation electrochemiluminescence based method on automated immunoassay / Cobas e 411.)

Reference interval (microu/ml)

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 - Clinical guide to laboratory test, 4th edition))

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Urine routine analysis (Auto)

Test	Result	Units	Biological Ref. Range
Physical Examination			
Quantity	20	mL	
Colour	Pale Yellow		
Appearance	Clear		
Chemical Examination (By Reagent strip method)			
pH	6.0		
Specific Gravity	1.025		
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	Negative		Negative
Bile Salt	Absent		Absent
Leucocytes	Negative		Negative
Bile Pigments	Absent		Absent
Nitrite	Negative		Negative
Microscopic Examination (by Microscopy after Centrifugation at 2000 rpm for 10 min or on fully automated Sysmex urine sedimentation analyzer UF4000)			
Red Blood Cells	1 - 5	/hpf	0 - 2
Leucocytes	5 - 10	/hpf	0 - 5
Epithelial Cells	1 - 5	/hpf	0 - 5
Casts	Nil	/hpf	Nil
Crystals	Nil	/hpf	Nil
Mucus	Absent	/hpf	Absent
Organism	Absent		

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DEPARTMENT OF DIAGNOSTIC RADIOLOGY

Patient No. : 22620969 Report Date : 15/12/2022

Request No. : 190044858 15/12/2022 8.26 AM

Patient Name : Mrs. SAYARA BANO NIZAMUDDIN MALEK

Gender / Age : Female / 46 Years 10 Months 1 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





DEPARTMENT OF DIAGNOSTIC RADIOLOGY

Patient No. : 22620969 Report Date : 15/12/2022
Request No. : 190044842 15/12/2022 8.26 AM
Patient Name : Mrs. SAYARA BANO NIZAMUDDIN MALEK
Gender / Age : Female / 46 Years 10 Months 1 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

USG : Screening for 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 : 71 mm.
A.P. : 48 mm.

No adnexal mass seen.

Urinary bladder is well distended and appears normal.

No ascites.

COMMENT:

Fatty liver, otherwise no obvious abnormality seen.

Kindly correlate clinically

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

Hasani

Dr.Perna C Hasani, MD
Consultant Radiologist





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. : 22620969 Report Date : 15/12/2022
Request No. : 190044886 15/12/2022 8.26 AM
Patient Name : Mrs. SAYARA BANO NIZAMUDDIN MALEK
Gender / Age : Female / 46 Years 10 Months 1 Days

Mammography (Both Breast)

Both side mammogram has been obtained in mediolateral oblique (MLO) as well as craniocaudal (CC) projections.

Both breasts show dense fibro glandular parenchyma.

No obvious focal appreciable mass seen on either side.

No obvious micro/cluster calcification seen. Bilateral benign specks of calcifications are seen.

No obvious skin thickening or nipple retraction seen.

Bilateral benign axillary lymph nodes seen.

IMPRESSION:

Mild dense breasts.

Kindly correlate clinically /Follow up/SOS SONO MAMMOGRAM

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

BIRADS: 0- needs additional imaging, **1-** negative, **2-** benign, **3-** probably benign (require short term follow up), **4-** suspicious (require further evaluation with biopsy), **5-** highly suspicious for malignancy, **6-** biopsy proven malignancy.

INFORMATION REGARDING MAMMOGRAMS:

- A REPORT THAT IS NEGATIVE FOR MALIGNANCY SHOULD NOT DELAY BIOPSY IF THERE IS A DOMINANT OR CLINICALLY SUSPICIOUS MASS.
- IN DENSE BREASTS, AN UNDERLYING MASS LESION MAY BE OBSCURED.





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GENERAL HOSPITAL**

ESTD. 1964
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DEPARTMENT OF DIAGNOSTIC RADIOLOGY

Patient No. : 22620969 Report Date : 15/12/2022
Request No. : 190044886 15/12/2022 8.26 AM
Patient Name : Mrs. SAYARA BANO NIZAMUDDIN MALEK
Gender / Age : Female / 46 Years 10 Months 1 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

Mammography (Both Breast)

- FALSE POSITIVE DIAGNOSIS OF CANCER MAY OCCURE IN SMALL PERCENTAGE OF CASES.

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

Dr. Priyanka Patel, MD
Consultant Radiologist



H-2015-0297

MC-3004

E-2021-0037



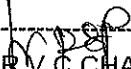
Patient No. : 22620969 Report Date : 15/12/2022
Request No. : 190044861 15/12/2022 8.26 AM
Patient Name : **Mrs. SAYARA BANO NIZAMUDDIN MALEK**
Gender / Age : Female / 46 Years 10 Months 1 Days

Echo Color Doppler

MITRAL VALVE : NORMAL, NO MS, NO MR
AORTIC VALVE : BILEAFLET, NO AS, NO AR
TRICUSPID VALVE : NORMAL, TRIVIAL 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. : BULGING TO RA, NO LEFT TO RIGHT SHUNT ACROSS
PULMONARY ARTERY : NORMAL
PERICARDIUM : NO EFFUSION
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 – 60%
3. NO RESTING REGIONAL WALL MOTION ABNORMALITY
4. NORMAL ALL CARDIAC VALVES STRUCTURALLY AND FUNCTIONALLY
5. NO MITRAL / AORTIC STENOSIS, IAS BULGING TO RA, NO LEFT TO RIGHT SHUNT ACROSS
6. NORMAL RIGHT HEART SIZE AND RV PRESSURES
7. NO PERICARDIAL EFFUSION, CLOT OR VEGETATION SEEN, SR+.


DR. V.C. CHAUHAN, M.D.
INTERVENTIONAL CARDIOLOGIST

ECU/22620969
46 Years

15-Dec-22

9:32:18 AM
Female

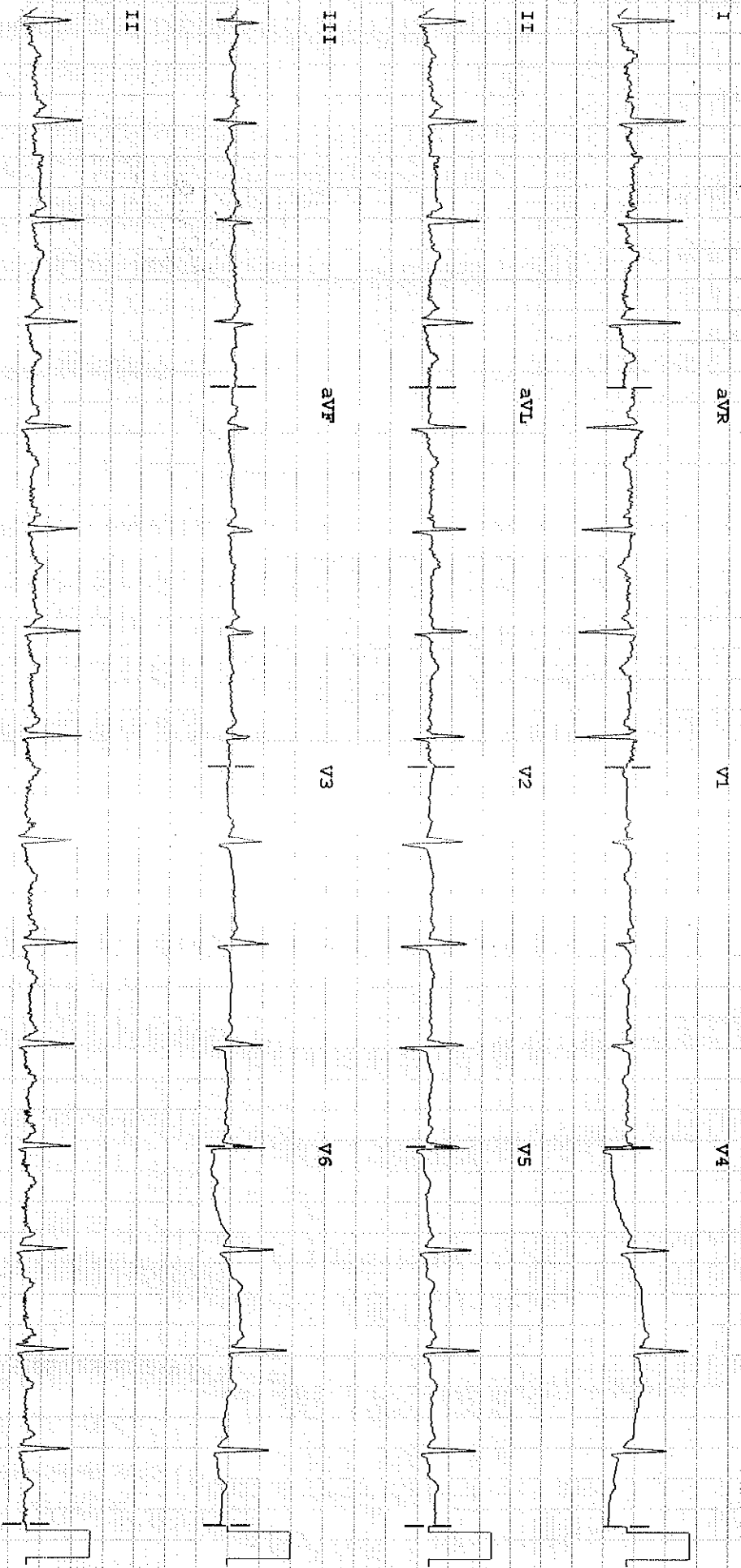
MRS SAHABANO N MALIK

Doctor DR M MITTAL

Rate 89
PR 124
QRSD 102
QT 368
QTc 448

--AXIS--
P Ind. 29
QRS 29
T 11

psw



Dev: Speed: 25 mm/sec Limb: 10 mm/mV Chest: 10 mm/mV

F 50 ~ 0.5-150 Hz W

PH08

P2