



LABORATORY REPORT



Name : Mrs. EKTA KUMARI	Sex/Age : Female / 32 Years	Case ID : 31208000973
Ref. By : Mediwheel	Dis. At :	Pt. ID :
Bill. Loc. : Health packages		Pt. Loc. :
Reg Date and Time : 23-Dec-2023 08:50	Sample Type : Whole Blood EDTA	Mobile No. :
Sample Date and Time : 23-Dec-2023 08:50	Sample Coll. By : non	Ref Id1 :
Report Date and Time : 23-Dec-2023 10:41	Acc. Remarks :	Ref Id2 :

TEST	RESULTS	UNIT	BIOLOGICAL REF. INTERVAL	REMARKS
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HAEMOGRAM REPORT

HB AND INDICES

Haemoglobin	12.7	G%	12.0 - 15.0
RBC (Electrical Impedance)	4.62	millions/cumm	3.80 - 4.80
PCV(Calc)	39.73	%	36.00 - 46.00
MCV (RBC histogram)	86.0	fL	83.00 - 101.00
MCH (Calc)	27.6	pg	27.00 - 32.00
MCHC (Calc)	32.1	gm/dL	31.50 - 34.50
RDW (RBC histogram)	12.30	%	11.00 - 16.00

TOTAL AND DIFFERENTIAL WBC COUNT

		UNIT	EXPECTED VALUES	[Abs]	EXPECTED VALUES
Total WBC Count	7840	/μL	4000.00 - 10000.00	4547	/μL 2000.00 - 7000.00
Neutrophil	[%] 58	%	40.00 - 70.00	2666	/μL 1000.00 - 3000.00
Lymphocyte	34	%	20.00 - 40.00	235	/μL 20.00 - 500.00
Eosinophil	03	%	1.00 - 6.00	392	/μL 200.00 - 1000.00
Monocytes	05	%	2.00 - 10.00	0	/μL 0.00 - 100.00
Basophil	00	%	0.00 - 2.00		

PLATELET COUNT

Platelet Count	187000	/μL	150000.00 - 410000.00
MPV	H 12.70	fL	6.5 - 12
PDW	H 16.8		8 - 13

Method:

TLC-SF cube technology(Flow Cytometry+ fluorescence),

DC by microscopy,

Platelet count by electrical impedance+/-SF cube technology

Note:(LL-VeryLow,L-Low,H-High,HH-VeryHigh A-Abnormal)

Dr. Shweta Patel

Consultant Pathologist

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Reg Date and Time : 23-Dec-2023 08:50	Sample Type : Whole Blood EDTA	Mobile No. :
Sample Date and Time : 23-Dec-2023 08:50	Sample Coll. By : non	Ref Id1 :
Report Date and Time : 23-Dec-2023 12:08	Acc. Remarks :	Ref Id2 :

TEST	RESULTS	UNIT BIOLOGICAL REF RANGE	REMARKS
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HAEMATOLOGY INVESTIGATIONS

ESR Westergren Method	10	mm after 1hr 3 - 20	
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**BLOOD GROUP AND RH TYPING (Erythrocyte Magnetized Technology)
(Both Forward and Reverse Group)**

ABO Type	B
Rh Type	POSITIVE

Note:(LL-VeryLow,L-Low,H-High,HH-VeryHigh ,A-Abnormal)

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 Ref. By : **Mediwheel** Dis. At : Pt. ID :
 Bill. Loc. : **Health packages** Pt. Loc :

Reg Date and Time : 23-Dec-2023 08:50 Sample Type : **Plasma Fluoride F, Plasma Fluoride PP, Whole Blood EDTA** Mobile No. :
 Sample Date and Time : 23-Dec-2023 08:50 Sample Coll. By : **non** Ref Id1 :
 Report Date and Time : 23-Dec-2023 11:48 Acc. Remarks : Ref Id2 :

TEST	RESULTS	UNIT	BIOLOGICAL REF RANGE	REMARKS
Plasma Glucose - F <i>Photometric, Hexokinase</i>	H 102.26	mg/dL	70 - 100	FUS: NIL
Plasma Glucose - PP <i>Photometric, Hexokinase</i>	111.25	mg/dL	70 - 140	PPUS: NIL

Glycated Haemoglobin Estimation

HbA1C <i>Immunoturbidimetric</i>	5.5	% of total Hb	<5.7: Normal 5.7-6.4: Prediabetes >=6.5: Diabetes
Estimated Avg Glucose (3 Mths) <i>Calculated</i>	111.15	mg/dL	Not available

Please Note change in reference range as per ADA 2021 guidelines.

Interpretation :

HbA1C level reflects the mean glucose concentration over previous 8-12 weeks and provides better indication of long term glycemc control.
 Levels of HbA1C may be low as result of shortened RBC life span in case of hemolytic anemia.
 Increased HbA1C values may be found in patients with polycythemia or post splenectomy patients.
 Patients with Homozygous forms of rare variant Hb(CC,SS,EE,SC) HbA1c can not be quantitated as there is no HbA.
 In such circumstances glycemc control can be monitored using plasma glucose levels or serum Fructosamine.
 The A1c target should be individualized based on numerous factors, such as age, life expectancy, comorbid conditions, duration of diabetes, risk of hypoglycemia or adverse consequences from hypoglycemia, patient motivation and adherence.

Note: (LL-VeryLow, L-Low, H-High, HH-VeryHigh ,A-Abnormal)

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Consultant Pathologist

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Ref. By : Mediwheel	Dis. At :	Pt. ID :
Bill. Loc. : Health packages		Pt. Loc. :
Reg Date and Time : 23-Dec-2023 08:50	Sample Type : Serum	Mobile No. :
Sample Date and Time : 23-Dec-2023 08:50	Sample Coll. By : non	Ref Id1 :
Report Date and Time : 23-Dec-2023 11:12	Acc. Remarks :	Ref Id2 :

TEST	RESULTS	UNIT	BIOLOGICAL REF RANGE	REMARKS
BUN (Blood Urea Nitrogen) <i>GLDH</i>	9.0	mg/dL	7.00 - 18.70	
Creatinine <i>Jaffe compensated</i>	0.68	mg/dL	0.55 - 1.02	
Uric Acid <i>Uricase-Peroxidase method</i>	4.24	mg/dL	2.6 - 6.2	

Note: (LL-VeryLow, L-Low, H-High, HH-VeryHigh , A-Abnormal)

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TEST	RESULTS	UNIT	BIOLOGICAL REF RANGE	REMARKS
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BIOCHEMICAL INVESTIGATIONS

Liver Function Test

S.G.P.T. <i>IFCC</i>	42.98	U/L	0 - 59	
S.G.O.T. <i>IFCC</i>	27.31	U/L		
Alkaline Phosphatase <i>Modified IFCC method</i>	123.58	U/L	40 - 150	
Proteins (Total) <i>Biuret</i>	7.42	g/dL	6.4 - 8.2	
Albumin <i>Bromo Cresol Green</i>	4.67	g/dL	3.4 - 5.0	
Globulin <i>Calculated</i>	2.75	gm/dL	2 - 4.1	
A/G Ratio <i>Calculated</i>	1.7		1.0 - 2.1	
Bilirubin Total <i>Photometry</i>	0.73	mg/dL	0.3 - 1.2	
Bilirubin Conjugated <i>Diazotized Sulfanilic Acid Method</i>	0.17	mg/dL		
Bilirubin Unconjugated <i>Calculated</i>	0.56	mg/dL	0 - 0.8	

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Shweta Patel

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Sample Date and Time : 23-Dec-2023 08:50	Sample Coll. By : non	Ref Id1 :
Report Date and Time : 23-Dec-2023 11:11	Acc. Remarks :	Ref Id2 :

TEST	RESULTS	UNIT	BIOLOGICAL REF RANGE	REMARKS
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BIOCHEMICAL INVESTIGATIONS

Lipid Profile

Cholesterol <i>Colorimetric, CHOD-POD</i>	199.44	mg/dL	110 - 200
HDL Cholesterol	45.7	mg/dL	40 - 60
Triglyceride <i>GPO-POD</i>	160.42	mg/dL	40 - 200
VLDL <i>Calculated</i>	32.08	mg/dL	10 - 40
Chol/HDL <i>Calculated</i>	H 4.36		0 - 4.1
LDL Cholesterol <i>Calculated</i>	H 121.66	mg/dL	0.00 - 100.00

NEW ATP III GUIDELINES (MAY 2001). MODIFICATION OF NCEP

LDL CHOLESTEROL	CHOLESTEROL	HDL CHOLESTEROL	TRIGLYCERIDES
Optimal <100	Desirable <200	Low <40	Normal <150
Near Optimal 100-129	Border Line 200-239	High >60	Border High 150-199
Borderline 130-159	High >240	-	High 200-499
High 160-189	-	-	-

- LDL Cholesterol level is primary goal for treatment and varies with risk category and assesment
- For LDL Cholesterol level Please consider direct LDL value
Risk assessment from HDL and Trnglyceride has been revised. Also LDL goals have changed.
- Detail test interpretation available from the lab
- All tests are done according to NCEP guidelines and with FDA approved kits.
- LDL Cholesterol level is primary goal for treatment and varies with risk category and assesment

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TEST	RESULTS	UNIT	BIOLOGICAL REF RANGE	REMARKS
BIOCHEMICAL INVESTIGATIONS				
Thyroid Function Test				

Triiodothyronine (T3) <i>CMIA</i>	1.48	ng/mL	0.70 - 2.04	
Thyroxine (T4) <i>CMIA</i>	8.54	µg/dL	5.5 - 11.0	
TSH <i>CMIA</i>	2.15	µIU/mL	0.4 - 4.2	

INTERPRETATIONS

Useful for Monitoring patients on thyroid replacement therapy. Confirmation of thyroid-stimulating hormone (TSH) suppression in thyroid cancer patients on thyroxine therapy, for Prediction of thyrotropin-releasing hormone-stimulated TSH response, as An aid in the diagnosis of primary hyperthyroidism, for Differential diagnosis of hypothyroidism.

The ability to quantitate circulating levels of thyroid-stimulating hormone (TSH) is important in evaluating thyroid function. It is especially useful in the differential diagnosis of primary (thyroid) from secondary (pituitary) and tertiary (hypothalamus) hypothyroidism. In primary hypothyroidism, TSH levels are significantly elevated, while in secondary and tertiary hypothyroidism, TSH levels are low or normal. Concentrations of 5.1 mIU/ml to 7.0 mIU/ml are considered borderline hypothyroid

CAUTIONS

Sick, hospitalized patients may have falsely low or transiently elevated thyroid stimulating hormone.

Some patients who have been exposed to animal antigens, either in the environment or as part of treatment or imaging procedure, may have circulating antianimal antibodies present. These antibodies may interfere with the assay reagents to produce unreliable results.

TSH ref range in Pregnancy

	Reference range (microIU/ml)
First trimester	0.24 - 2.00
Second trimester	0.43-2.2
Third trimester	0.8-2.5

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Sample Date and Time : 23-Dec-2023 08:50	Sample Coll. By : non	Ref Id1 :
Report Date and Time : 23-Dec-2023 12:06	Acc. Remarks :	Ref Id2 :

TEST RESULTS UNIT BIOLOGICAL REF RANGE REMARKS

URINE EXAMINATION (STRIP METHOD AND FLOWCYTOMETRY)

Physical examination

Colour : Pale yellow
 Transparency : Slight Turbid

Chemical Examination By Sysmex UC-3500

Sp.Gravity	1.025		1.003 - 1.035
pH	6.5		4.6 - 8
Leucocytes (ESTERASE)	Trace		Negative
Protein	Negative		Negative
Glucose	Negative		Negative
Ketone Bodies Urine	Negative		Negative
Urobilinogen	Negative		Negative
Bilirubin	Negative		Negative
Blood	Trace		Negative
Nitrite	Negative		Negative

Flowcytometric Examination By Sysmex UF-5000

Leucocyte	1-2	/HPF	Nil
Red Blood Cell	1-2	/HPF	Nil
Epithelial Cell	8-10	/HPF	Present(+)
Bacteria	Nil	/µL	Nil
Yeast	Present (+)	/µL	Nil
Cast	Nil	/LPF	Nil
Crystals	Nil	/HPF	Nil

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Parameter	Unit	Expected value	Result/Notations				
			Trace	+	++	+++	++++
pH	-	4.6-8.0					
SG	-	1.003-1.035					
Protein	mg/dL	Negative (<10)	10	25	75	150	500
Glucose	mg/dL	Negative (<30)	30	50	100	300	1000
Bilirubin	mg/dL	Negative (0.2)	0.2	1	3	6	-
Ketone	mg/dL	Negative (<5)	5	15	50	150	-
Urobilinogen	mg/dL	Negative (<1)	1	4	8	12	-

Parameter	Unit	Expected value	Result/Notifications				
			Trace	+	++	+++	++++
Leukocytes (Strip)	/micro L	Negative (<10)	10	25	100	500	-
Nitrite(Strip)	-	Negative	-	-	-	-	-
Erythrocytes(Strip)	/micro L	Negative (<5)	10	25	50	150	250
Pus cells (Microscopic)	/hpf	<5	-	-	-	-	-
Red blood cells(Microscopic)	/hpf	<2	-	-	-	-	-
Cast (Microscopic)	/lpf	<2	-	-	-	-	-

Pending Services
Stool Examination

----- End Of Report -----

For test performed on specimens received or collected from non-NSRL locations, it is presumed that the specimen belongs to the patient named or identified as labeled on the container/test request and such verification has been carried out at the point generation of the said specimen by the sender. NSRL will be responsible Only for the analytical part of test carried out. All other responsibility will be of referring Laboratory.

Note:(LL-VeryLow,L-Low,H-High,HH-VeryHigh ,A-Abnormal)

Dr. Shweta Patel
Consultant Pathologist

Printed On : 23-Dec-2023 13:21



28/12/2023.

SIB Dr. Vineet



Name : ELLY KUMARI

Date : 28/12/23

Age : 52 Sex : F

No prior any major illness

No No any drug allergy;
any major surgery

LDL ↑

Acv:-

No renal calculi

Avoid Ghee, Refined oil, Cheese, Butter

BP -
120/80
SpO₂ 99.
CNS/RS/ABN

Wt. loss

Vineet



OPD INITIAL ASSESSMENT FORM

(To be filled by Nursing Staff)

Patient Name: - Ekta. Kulkarni UHID Number: - 0234684

Consultant Name: - DR. Vikas Patel Date: - 28/12/23 Start Time: - 5-50 Age: - 32 (Years)

Sex: - F (M/F)

Height: - 152 cms, Weight: - 70 kgs. Temp. ~, Pulse: - 84 (Per minute), SPO2 94%

B.P. :- 120/80 (mm of Hg), RBS:- - First Visit / Follow Up Visit: First visit

Nursing Staff Name & Signature: - Kuldeep Patel End Time: - 5:50 PM

Past History: - (TICK MARK)

Diabetes, Hypertension, IHD, COPD, Asthma, TB, Smoker, Alcoholic, Hypothyroidism

Other:-

Family History:-

Psychosocial Assessment:-

Nutritional Screening:-

Immunization Status:-

To be filled by Clinician) Start Time:- _____

Clinical Findings:-

Diagnosis:-

Investigations and Advice:-



OPD INITIAL ASSESSMENT FORM

(To be filled by Nursing Staff)

Patient Name: - EKTA KUMARI UHID Number: 23-4569

Consultant Name: DR. Kalpesh Vadodariya Date: 28/12/23 Start Time: - 5:20 Age: - 32 (Years)
Sex: - F (M/F)

Height: - 152 cms, Weight: - 70 kgs. Temp. - (N), Pulse: - 83 (Per minute), SPO2 98.1

B.P. :- 120/80 (mm of Hg), RBS:- - First Visit / Follow Up
Visit. First visit

Nursing Staff Name & Signature: - Sudhey End Time:-

Past History: - (TICK MARK)

Diabetes, Hypertension, IHD, COPD, Asthma, TB, Smoker, Alcoholic, Hypothyroidism

Other:- No

Family History:-

Psychosocial Assessment:-

Nutritional Screening:-

Immunization Status:-

To be filled by Clinician) Start Time:-

Clinical Findings:-

Healthy that of
do

GE Puff - soft
non tender
B/A

Diagnosis:-

Investigations and Advice:-

OST



SARDAR PATEL HOSPITAL & HEART INSTITUTE

Name: Ekta Kumari

Date: 28/12/23

Age: 32 Sex: F

Cl white discharge on d of H.

LMP - 2nd day

COIT P/LA/ 2yr / FTMO.

Act

flap with mass for P/S examination

Clinical T2 weighted 115x (3) days pessars

DR. HIMALI PATEL
(M.S. OBGY)
GYNECOLOGIST & GYNAEC ONCO SURGEON
REG NO - G-25002



OPD INITIAL ASSESSMENT FORM

(To be filled by Nursing Staff)

Patient Name: - Ekta Kumari UHID Number: - 023-4569

Consultant Name: - Dr. Himali Patel Date: - 28/12/13 Start Time: - 5:00 Age: - 32 (Years)
Sex: - F (M/F)

Height: - 152 cms, Weight: - 70 kgs. Temp. 99.1, Pulse: - 85 (Per minute), SPO2

B.P. :- 120/80 (mm of Hg), RBS:- 9 First Visit / Follow Up
Visit. First visit.

Nursing Staff Name & Signature: - Vasava Savita End Time:-

Past History: - (TICK MARK)

Diabetes, Hypertension, IHD, COPD, Asthma, TB, Smoker, Alcoholic, Hypothyroidism

Other:-

Family History:-

Psychosocial Assessment:-

Nutritional Screening:-

Immunization Status:-

To be filled by Clinician) Start Time:- _____

Clinical Findings:-

Diagnosis:-

Investigations and Advice:-

Patient's Name:-	EKTA KUMARI	Date :-	23/12/2023
Age & Sex :-	32Y F		
Referred By :-	HEALTH CHECK-UP		

USG ABDOMEN & PELVIS

LIVER : normal in size shape and normal echotexture.No focal solid or cystic mass seen.
Portal & billiary radicals normal.
PV & CBD normal.

G.B. : well distended & normal. No stone or inflammation seen.

PANCREAS : reveals normal echotexture. No mass, calcification or pancreatitis.

SPLEEN : Normal in size,. 102 mm & reveals normal echotexture. No other focal mass seen.

BOTH KIDNEY : RK: 96 X 40 mm. , LK :99 X 48 mm.

Both kidneys are normal size with normal cortical thickness.

No focal solid or cystic mass seen. No calculus. No hydronephrosis seen.
C.M differentiation is preserved. No parenchymal abnormality seen.

U. BLADDER : Well distended & normal.No mass or filling defect seen.

UTERUS : Anteverted, Normal in size

Endometrium appear normal.. ET – 7.8 mm. No focal lesion seen.

BOTH OVARIES: appears normal size. Multiple small follicles within. No adnexal mass.

BOWEL LOOPS : Peristaltic bowel loops seen in lower abdomen. Bowel loops are normal calibre (Visualized).
No free fluid seen. No enlarged lymphnodes seen.

IMPRESSION:

- No significant abnormality seen.
- Suggest clinical correlation.



DR HANSA RATHWA

MD(Radio Diagnosis)

Thanks for reference. Please co-relate clinically.

Note: This report is not valid for medico-legal purpose. There can be typing error, which can be correctable.

Patient's Name:-	EKTA KUMARI	Date :-	23/12/2023
Age & Sex :-	32Y F		
Referred By :-	HEALTH CHECK-UP		

X-RAY CHEST PA.

- Both Lung fields appear normal.
No evidence of any collapse / consolidation.
- Both Hila appear normal.
No evidence of any enlarged Hilar lymphnodes.
- Both CP angle clear.
- Cardiac size appear normal.
- Both hemi diaphragm appears normal
- Bony cage appear normal

COMMENTS :

- No Significant abnormality detected.



Dr. HANSA RATHWA
MD (Radio Diagnosis)

Thanks for reference. Please co-relate clinically.

Note: This report is not valid for medico-legal purpose. There can be typing error, which can be correctable.

SHRIMATI JAYABEN MODY HOSPITAL

REGD. No. F/106/BHARUCH

MANAGED BY :

Ankleshwar Industrial Development Society, Ankleshwar

VALIA ROAD, GIDC, ANKLESHWAR - 393 002. PHONE : 222220, 224550

NAME OF PATIENT : EKTA KUMARI

DATE : 23 /12/2023

TECHNIQUE -

Both breast mammogram is performed using low radiation dose screen film mammography technique.
Craniocaudal and mediolateral oblique view of both breast done.

FINDINGS -

Subtle ill defined radio opacity with upper outer quadrant .
No e/o skin thickening, nipple retraction, abnormal microcalcification.
No e/o focal SOL, architectural distortion.
No e/o abnormal lymphadenopathy noted in both axillary region.

Screening Sonomammography

Approx 15 x7 mm sized lobulated wider than taller hypoechoic lesion with foci of calcification noted at 2 o clock position in left breast , similar lesion measures 10 x6 mm at 12 o clock position and 6 x4 mm at 1 o clock position on right side .
P/ o Benign lesion : Fibroadenoma (BIRADS : III)

No evidence of enlarged lymph nodes in both axilla.

COMMENT - Findings suggest

Benign lesion : Fibroadenoma (BIRADS : III) in both breast as mentioned .


DR CHAITALI PATEL
CONSULTANT RADIOLOGIST



OPD INITIAL ASSESSMENT FORM

(To be filled by Nursing Staff)

Patient Name: - eta kumari UHID Number: - 023-4569

Consultant Name: Dr. Shrey Date: 23/12/23 Start Time: 12:30 PM Age: 32 (Years)

Sex: - F (M/F) shuk

Height: 152 cms, Weight: - 70 kgs. Temp. 37, Pulse: - 94 (Per minute), SPO2 99

B.P.: - 120/80 (mm of Hg), RBS: - - First Visit / Follow Up
Visit: 1st visit

Nursing Staff Name & Signature: - _____ End Time: - _____

Past History: - (TICK MARK) C/O routine check up
Diabetes, Hypertension, IHD, COPD, Asthma, TB, Smoker, Alcoholic, Hypothyroidism

UCVA < 6/6
6/6

Other: -

Family History: -

Psychosocial Assessment: -

Nutritional Screening: -

Immunization Status: -

To be filled by Clinician) Start Time: - _____

Clinical Findings: -

BE ASUTVL
(F) WML

Diagnosis: -

Emmetropia

Investigations and Advice: -



Patient Name : Mrs. Ekta Kumari
Registration No : 101-023-4565-000
Sex : Female
Patient Arrived At : 23-Dec-2023 09:00:00 AM
Test Name : ECHO STUDY

DOB : 31-Mar-1991
Age : 32 Yrs/
Result Verified At : 23-Dec-2023 12:22

2D ECHO CARDIOGRAPHY REPORT

- Sinus Tachycardia +
- All cardiac chambers are normal in dimension
- Normal LV Systolic function at Rest, LVEF = 60-65 %
- No RWMA at Rest.
- Grade I diastolic dysfunction (E<A)
- MV – Normal, No MS/MR AV –Normal, No AS/ AR
- TV – Normal , No TS/ Trivial TR PV – No PS / PR
- No Pulmonary Hypertension, RVSP = 25 mmHg
- IAS / IVS Intact
- No e/o obvious Clot / Vegetation / effusion
- IVC not dilated collapsing > 50% on inspiration

IMPRESSION: NORMAL LVEF, NO RWMA, GRADE I LVDD

Dr. Milan Mehta
D.Card (Mumbai)
Non-Invasive cardiology

102 bpm
-- / -- mmHg

Room:

23/12/23

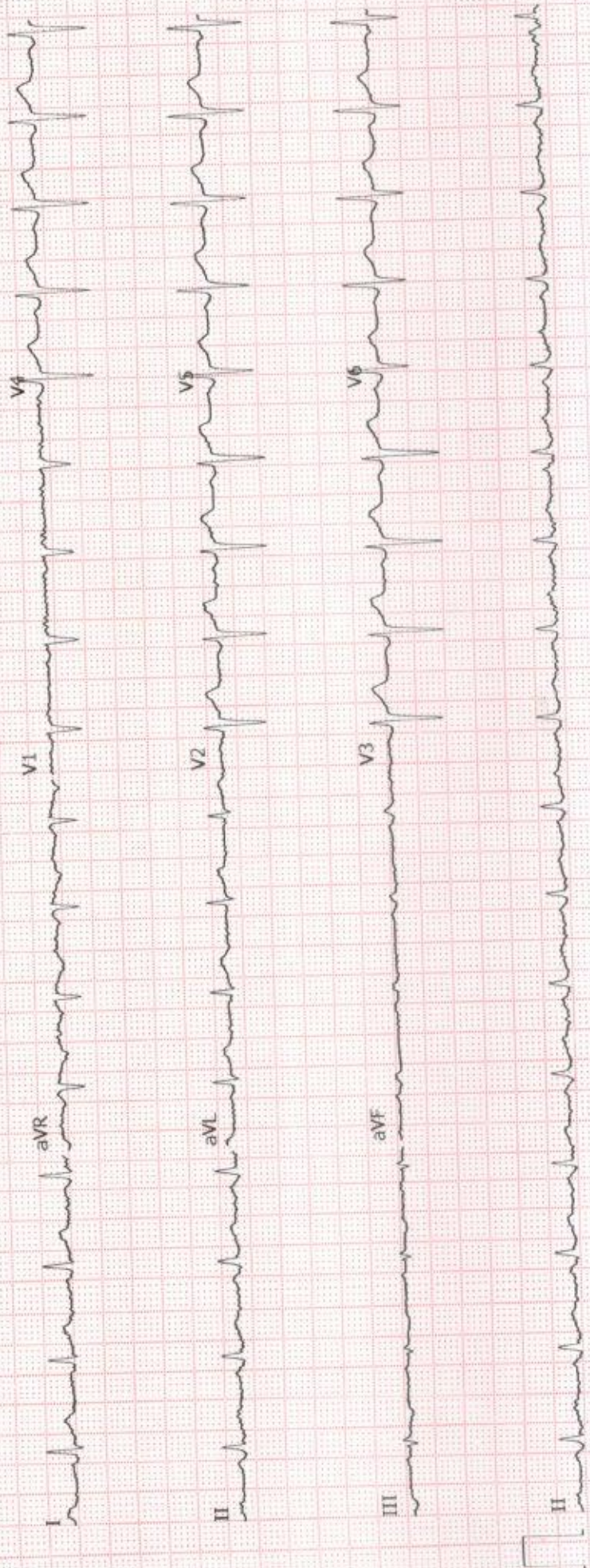
Location:
Order Number:
Indication:
Medication 1:
Medication 2:
Medication 3:

23.12.2023 9:58:43
SARDAR PATIL HOSPITAL
CHIKUWADI
ANKLASHWAR

Sinus tachycardia
Otherwise normal ECG

Technician:
Ordering Ph:
Referring Ph:
Attending Ph:

QRS : 76 ms
QT / QTcBaz : 332 / 432 ms
PR : 134 ms
P : 100 ms
RR / PP : 588 / 588 ms
P / QRS / T : 37 / 21 / 16 degrees



Unconfirmed
4x2.5x3_25_R1 1/1

ADS 0.56-20 Hz 50 Hz

25 mm/s 10 mm/mV

12SL™ v241

GE MAC2000 1.1