



BHAILAL AMIN
GENERAL HOSPITAL

ESTD. 1964

CONCLUSION OF HEALTH CHECKUP

ECU Ref. No : MH/22/000436 Patient No : 21038314 Date : 12/03/2022
Name : MRS. PRIYANKA KUMARI Sex / Age : FEMALE 31
Height / Weight : 153 Cms 62 Kgs Ideal Weight: 54 Kgs BMI : 26.5

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 6



Sex / Age : FEMAL 31

Name : MRS. PRIYANKA KUMARI

Present History

NO ANY MAJOR ILLNESS AT PRESENT

Past History

H/O CAESAREAN IN PAST

Family History

MOTHER- DIABETES MELLITUS

Personal History

NON VEG DIET; NO SMOKING OR ALCOHOL

Clinical Examination

B.P. 120/80 MMHG

Pulse 78/MIN; REG

Others NAD

Respiratory System

CLINICALLY NAD

Cardio Vascular System

CLINICALLY NAD

Abdominal System

CLINICALLY NAD

Neurological System

CLINICALLY NAD



Name : MRS. PRIYANKA KUMARI

Sex / Age : FEMALE 31

Eye Checkup

Doctor Name **Dr. Ketan J. Patel**

	Right	Left
History	NIL	NIL
Uncorrected vision	6/6	6/6
Corrected vision	N.6	N.6
IOP	14.6 MMHG	14.6 MMHG
Fundus	NORMAL	NORMAL
Any other	NAD	NAD
Advice	-	-



Name : MRS. PRIYANKA KUMARI

Sex / Age : FEMALE 31

Height / Weight : 153 Cms 62 Kgs Ideal Weight : 54 Kgs

BMI : 26.5

Obstetric History 2 LSCS - 1 MALE 5YRS ADN 1 FEMLE- 6 MONTHS

Menstrual History

Present Menstrual Cycle LMP- 23/2/2022

Past Menstrual Cycle REUGLAR

Chief Complaints

NIL

Gynac Examination

P/A SOFT

P/S CERVIX- NORMAL; VAGINA- MIN DISCHARGE

P/V UTERUS- NORMAL SIZE; FX CLEAR

Breast examination - Right NORMAL

Breast examination - Left NORMAL

PAP Smear TAKEN

BMD -

Mammography -

Advice FOLLOW UP WITH REPORTS

Dr. Sonia Golani
Gynecologist



Dietary Assessment

Name : MRS. PRIYANKA KUMARI Sex / Age : FEMALE 31
Height : 153 Cms Weight : 62 Kgs Ideal Weight : 54 Kgs BMI : 26.5

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.

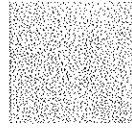
Drink 3 to 4 liters (12 - 14 glass) of water daily.

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



Patient Name : Mrs. PRIYANKA KUMARI
 Gender / Age : Female / 31 Years
 MR No / Bill No. : 21038314 / 221029937
 Consultant : Dr. Manish Mittal
 Location : OPD

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Clinical Biochemistry

Test	Result	Units	Biological Ref. Range
Glycosylated Heamoglobin (HbA1c)	5.2	%	
estimated Average Glucose (e AG) *	102.54	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 —

Dr. Rakesh Vaidya
MD (Path). DCP.Dr. Nikunj V. Mehta
MD (Path.)



Patient Name : Mrs. PRIYANKA KUMARI
 Gender / Age : Female / 31 Years
 MR No / Bill No. : 21038314 / 221029937
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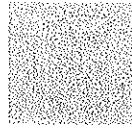
CBC + ESR

Test	Result	Units	Biological Ref. Range
Haemoglobin.			
Haemoglobin	11.1	gm/dL	12 - 15
Red Blood Cell Count (T-RBC)	3.62	mill/cmm	3.8 - 4.8
Hematocrit (HCT)	32.8	%	36 - 46
Mean Corpuscular Volume (MCV)	90.6	fl	83 - 101
Mean Corpuscular Haemoglobin (MCH)	30.7	pg	27 - 32
MCH Concentration (MCHC)	33.8	%	31.5 - 34.5
Red Cell Distribution Width (RDW-CV)	14.5	%	11.6 - 14
Red Cell Distribution Width (RDW-SD)	48.5	fl	39 - 46
Total Leucocyte Count (TLC)			
Total Leucocyte Count (TLC)	6.14	thou/cmm	4 - 10
Differential Leucocyte Count			
Polymorphs	65	%	40 - 80
Lymphocytes	32	%	20 - 40
Eosinophils	0	%	1 - 6
Monocytes	3	%	2 - 10
Basophils	0	%	0 - 2
Polymorphs (Abs. Value)	3.99	thou/cmm	2 - 7
Lymphocytes (Abs. Value)	1.94	thou/cmm	1 - 3
Eosinophils (Abs. Value)	0.05	thou/cmm	0.2 - 0.5
Monocytes (Abs. Value)	0.14	thou/cmm	0.2 - 1
Basophils (Abs. Value)	0.02	thou/cmm	0.02 - 0.1
Immature Granulocytes	0.2	%	1 - 3 : Borderline > 3 : Significant
Platelet Count			
Platelet Count	179	thou/cmm	150 - 410
Smear evaluation	Adequate		
ESR	25	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. PRIYANKA KUMARI
Gender / Age : Female / 31 Years
MR No / Bill No. : 21038314 / 221029937
Consultant : Dr. Manish Mittal
Location : OPD

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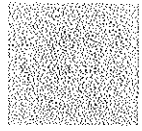
CBC + ESR

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 Westergrens method, comparable to Westergrens method and in accordance to ICSH reference method.

---- End of Report ----

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MD (Path.)

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Haematology

Test	Result	Units	Biological Ref. Range
Blood Group			
ABO system	A		
Rh system.	Positive		

By Gel Technology / Tube Agglutination Method

Note :

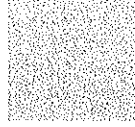
- This blood group has been done with new sensitive Gel Technology using both Forward and Reverse Grouping Card with Autocontrol
- This method check's group both on Red blood cells and in Serum for "ABO" group.

---- End of Report ----

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DEPARTMENT OF LABORATORY MEDICINE

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Gender / Age : Female / 31 Years
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Clinical Biochemistry

Test	Result	Units	Biological Ref. Range
Fasting Plasma Glucose	95	mg/dL	70 - 110
Post Prandial 2 Hr. Plasma Glucose	136	mg/dL	70 - 140

By Hexokinase method on RXL Dade Dimesion

— End of Report —

Dr. Rakesh Vaidya
MD (Path). DCP.

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Complete Lipid Profile

Test	Result	Units	Biological Ref. Range
Complete Lipid Profile			
Appearance	Clear		
Triglycerides	91	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	145	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	52	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)	93	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	80	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	18.2	mg/dL	12 - 30
LDL Ch. / HDL Ch. Ratio	1.54		2.1 - 3.5
T. Ch./HDL Ch. Ratio	2.79		3.5 - 5
<i>(Recent NECP / ATP III Guidelines / Classification (mg/dl) :)</i>			

--- End of Report ---

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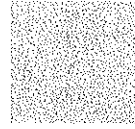
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Liver Function Test (LFT)

Test	Result	Units	Biological Ref. Range
Bilirubin			
Bilirubin - Total	0.43	mg/dL	0 - 1
Bilirubin - Direct	0.14	mg/dL	0 - 0.3
Bilirubin - Indirect	0.29	mg/dL	0 - 0.7
<i>(By Diazotized sulfanilic acid on RXL Dade Dimension.)</i>			
Aspartate Aminotransferase (SGOT/AST)	17	U/L	13 - 35
<i>(By IFCC UV kinetic method on RXL Dade Dimension.)</i>			
Alanine Aminotransferase (SGPT/ALT)	54	U/L	7 - 35
<i>(By IFCC UV kinetic method on RXL Dade Dimension.)</i>			
Alkaline Phosphatase	86	U/L	42 - 98
<i>(BY PNPP AMP method on RXL Dade Dimension.)</i>			
Gamma Glutamyl Transferase (GGT)	31	U/L	5 - 55
<i>(By IFCC method on RXL Dade Dimension.)</i>			
Total Protein			
Total Proteins	7.43	gm/dL	6.4 - 8.2
Albumin	3.85	gm/dL	3.4 - 5
Globulin	3.58	gm/dL	3 - 3.2
A : G Ratio	1.08		1.1 - 1.6
<i>(By Biuret endpoint and Bromocresol purple method on RXL Dade Dimension.)</i>			

---- End of Report ----

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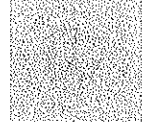
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Renal Function Test (RFT)

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)	0.46	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)	5.0	mg/dL	2.2 - 5.8

— End of Report —

Dr. Nikunj V. Mehta
 MD (Path.)



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Pap Smear

Test	Result	Units	Biological Ref. Range
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Pap Smear

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

Cyto No : 365/22
 Received at 11.50 am.

Clinical Details : No complain
 P/V findings : Cx. - NAD / Vg. - Minimum discharge.
 LMP : 23/02/2022

TBS Report / Impression :

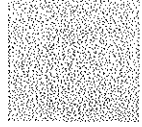
- * Satisfactory for evaluation; transformation zone components identified.
- * Mild acute inflammatory cellularity. No evidence of T. vaginalis / Fungal elements.
- * No epithelial cell abnormality favouring squamous intraepithelial lesion or frank malignancy (NILM).

Note / Method :

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

---- End of Report ----

Dr. Rakesh Vaidya
 MD (Path). DCP.



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 Gender / Age : Female / 31 Years
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Thyroid Hormone Study

Test	Result	Units	Biological Ref. Range
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Triiodothyronine (T3)	1.03	ng/ml	
-----------------------	------	-------	--

(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)	6.57	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)	1.83	microIU/ml	
--------------------------------------	------	------------	--

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

Reference interval (microIU/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))

— End of Report —

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Urine Routine

Test	Result	Units	Biological Ref. Range
Physical Examination			
Quantity	30	mL	
Colour	Pale Yellow		
Appearance	Clear		
Chemical Examination (By Reagent strip method)			
pH	6.5		
Specific Gravity	<=1.005		
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	Negative		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 (0-2)	/hpf	0 - 5
Epithelial Cells	Present (0-2)	/hpf	0 - 5
Casts	Nil	/lpf	Nil
Crystals	Nil		Nil
Mucus	Absent		Absent
Organism	Absent		Absent

---- End of Report ----

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DEPARTMENT OF DIAGNOSTIC RADIOLOGY

Patient No. : 21038314 Report Date : 12/03/2022
Request No. : 190013421 12/03/2022 8.44 AM
Patient Name : **PRIYANKA KUMARI**
Gender / Age : Female / 31 Years

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

Patient No. : 21038314 Report Date : 12/03/2022
Request No. : 190013370 12/03/2022 8.44 AM
Patient Name : **PRIYANKA KUMARI**
Gender / Age : Female / 31 Years

SCU
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 : 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 is not dilated.

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. **There is 4 mm calculus seen in lower calyx of right kidney.**

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

Uterine length : 102 mm.
A.P. : 52 mm.

Both ovaries are normal in size.

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

COMMENT:

Right renal calculus.

Kindly correlate clinically

Prerna C Hasani

Dr. Prerna C Hasani, MD
Consultant Radiologist



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



Ecc



BHAILAL AMIN
GENERAL HOSPITAL

ESTD. 1964

Patient No. : 21038314 Report Date : 12/03/2022
Request No. : 190013442 12/03/2022 8.44 AM
Patient Name : PRIYANKA KUMARI
Gender / Age : Female / 31 Years

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 -68%, 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 - 68%
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+.

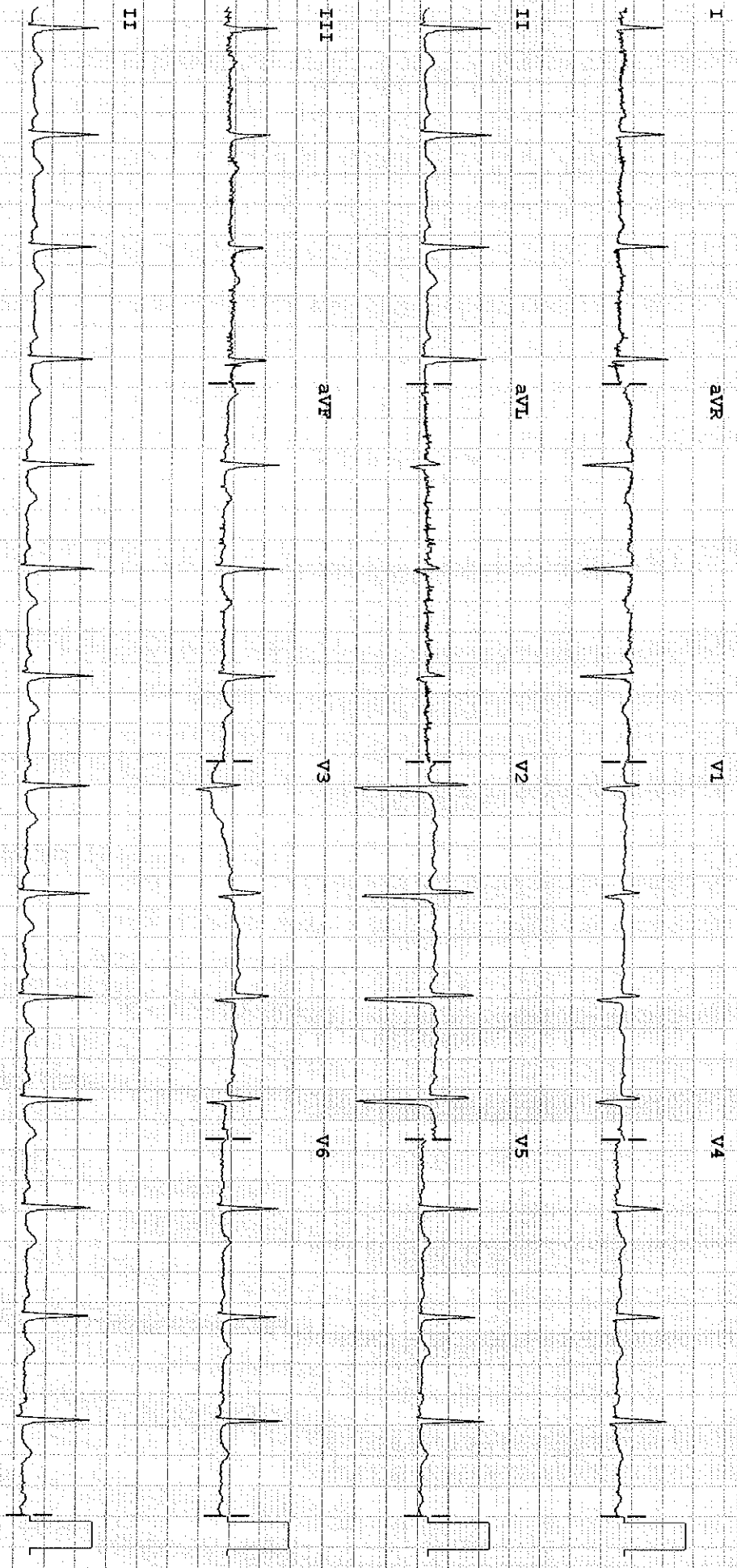
K. D. D.
DR. KILLOL KANERIA, M.D., D.M., CARD.

ECG/21/038314 12-Mar-22 1:10:13 PM Mrs. PRIYANKA KUMARI
31 Years Female

Doctor **MANISH MITTAL**

Rate 85
PR 160
QRSD 80
QT 340
QTc 404

--AXIS--
P 4
QRS 57
T 61



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

50~ 0.15-150 Hz

PH08

P2

Dr. Sonica Peshin

Cosmetic Dentist & Implantologist

Reg. No. : 6966-A

M. : 9586867301



BHAILAL AMIN
GENERAL HOSPITAL

12/03/2022

Name: Priyanka Kumari

Age/ Sex: 31 years/Female

Patient has come for a regular check up.

On examination:

- Stains+++ Calculus+
- History of horizontal brushing
- Mild recession, attrition

Provisional Diagnosis:

- Chronic generalised gingivitis

Treatment plan:

- Scaling and polishing

Advice:-

- Brush your teeth twice daily
- Salt water gargle twice daily
- Clean your tongue and floss in between everyday.
- Follow vertical brushing technique.

Dr Sonica Peshin

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