



CONCLUSION OF HEALTH CHECKUP

ECU Ref. No : MH/22/000490 Patient No : 21038747 Date : 16/03/2022
Name : MRS. RAJANI SURINDER LATHAR Sex / Age : FEMALE 58
Height / Weight : 155 Cms 57 Kgs Ideal Weight 55 Kgs BMI : 23.7

- FBS & PPSBS
- RA factor
- Anti CCP
- Life Style Modification
- Td Dots 650
1500
- Td Combiplan
500

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.



Name : MRS. RAJANI SURINDER LATHAR

Sex / Age : FEMAL 58

Present History

H/O FINGER JOINT PAIN
STIFFNESS OF BODY
KNEE JOINT PAIN

Past History

NO ANY MAJOR ILLNESS IN PAST

Family History

MOTHER- HYPERTENSION; DIABETES MELLITUS; IHD; HYPOTHYROIDISM

Personal History

NON VEG DIET; NO SMOKING OR ALCOHOL

Clinical Examination

B.P. 130/80 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. RAJANI SURINDER LATHAR

Sex / Age : FEMALE 58

Eye Checkup

Doctor Name

Dr. Ketan J. Patel

	Right	Left
History	NIL	NIL
Uncorrected vision	6/6 + 1.25 DSPH	6/6 + 1.25 DSPH
Corrected vision	N.6 + 3.75 DSPH (+ 2.50 ADD)	N.6 + 3.75 DSPH
IOP	14.6 MMHG	14.6 MMHG
Fundus	NORMAL	NORMAL
Any other	NAD	NAD
Advice	NIL	



Name : MRS. RAJANI SURINDER LATHAR

Sex / Age : FEMALE 58

Height / Weight : 155 Cms 57 Kgs

Ideal Weight : 55 Kgs

BMI : 23.7

Obstetric History G2P2; 2 FTLSCS; L &W

Menstrual History

Present Menstrual Cycle MENOPAUSAL

Past Menstrual Cycle VAGINAL DRYNESS

Chief Complaints

NIL

Gynac Examination

P/A MIDLINE SCAR

P/S SENILE CHANGES

P/V NAD

Breast examination - Right NORMAL

Breast examination - Left NORMAL

PAP Smear TAKEN

BMD -

Mammography -

Advice REG BSE
EVALON CREAM
K-Y JELLY

Dr. Monika Jani
Gynecologist



Dietary Assessment

Name : MRS. RAJANI SURINDER LATHAR Sex / Age : FEMALE 58
Height : 155 Cms Weight : 57 Kgs Ideal Weight : 55 Kgs BMI : 23.7

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. RAJANI SURINDER LATHAR
 Gender / Age : Female / 58 Years 16 Days
 MR No / Bill No. : 21038747 / 221030937
 Consultant : Dr. Manish Mittal
 Location : OPD

Type : OPD
 Request No. : 32179
 Request Date : 16/03/2022 09:05 AM
 Collection Date : 16/03/2022 09:18 AM
 Approval Date : 16/03/2022 12:51 PM

CBC + ESR

Test	Result	Units	Biological Ref. Range
Haemoglobin.			
Haemoglobin	13.7	gm/dL	12 - 15
Red Blood Cell Count (T-RBC)	4.49	mill/cmm	3.8 - 4.8
Hematocrit (HCT)	40.1	%	36 - 46
Mean Corpuscular Volume (MCV)	89.3	fl	83 - 101
Mean Corpuscular Haemoglobin (MCH)	30.5	pg	27 - 32
MCH Concentration (MCHC)	34.2	%	31.5 - 34.5
Red Cell Distribution Width (RDW-CV)	13.4	%	11.6 - 14
Red Cell Distribution Width (RDW-SD)	44.7	fl	39 - 46
Total Leucocyte Count (TLC)			
Total Leucocyte Count (TLC)	11.84 ✓	thou/cmm	4 - 10
Differential Leucocyte Count			
Polymorphs	71	%	40 - 80
Lymphocytes	23	%	20 - 40
Eosinophils	02	%	1 - 6
Monocytes	04	%	2 - 10
Basophils	00	%	0 - 2
Polymorphs (Abs. Value)	8.36	thou/cmm	2 - 7
Lymphocytes (Abs. Value)	2.77	thou/cmm	1 - 3
Eosinophils (Abs. Value)	0.19	thou/cmm	0.2 - 0.5
Monocytes (Abs. Value)	0.47	thou/cmm	0.2 - 1
Basophils (Abs. Value)	0.05	thou/cmm	0.02 - 0.1
Immature Granulocytes	0.1	%	1 - 3 : Borderline > 3 : Significant
Platelet Count			
Platelet Count	242	thou/cmm	150 - 410
Smear evaluation	Adequate		
ESR	5	mm/1 hr	0 - 19



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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. Nikunj V. Mehta
MD (Path.)



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Haematology

Test	Result	Units	Biological Ref. Range
Blood Group			
ABO system	O		
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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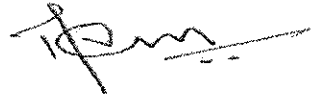
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Renal Function Test (RFT)

Test	Result	Units	Biological Ref. Range
Urea (By Urease Kinetic method on RXL Dade Dimension)	17	mg/dL	10 - 45
Creatinine (By Modified Kinetic Jaffe Technique)	0.76	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)	<u>6.3</u>	mg/dL	2.2 - 5.8

--- End of Report ---


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Clinical Biochemistry

Test	Result	Units	Biological Ref. Range
Fasting Plasma Glucose	82	mg/dL	70 - 110
Post Prandial 2 Hr. Plasma Glucose	158	mg/dL	70 - 140

By Hexokinase method on RXL Dade Dimension

--- End of Report ---

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Clinical Biochemistry

Test	Result	Units	Biological Ref. Range
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 value 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.

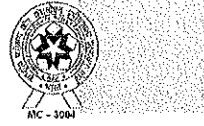
Guidelines for Interpretation:

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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MD (Path.)



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Thyroid Hormone Study

Test	Result	Units	Biological Ref. Range
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Triiodothyronine (T3)	1.30	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)	7.59	mcg/dL	
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(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)	2.69	microIU/ml	
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(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 ----

Dr. Nikunj V. Mehta
MD (Path.)



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 Approval Date : 16/03/2022 02:29 PM

Pap Smear

Test	Result	Units	Biological Ref. Range
Pap Smear	Pap Smear Screening Report / Cervico-Vaginal Cytology...		
	Cyto No : 382/22 Received at 12.45 pm.		
	Clinical Details : No complain P/V findings : Cx. / Vg. - NAD LMP : Menopausal		
	TBS Report / Impression :		
	* Satisfactory for evaluation; transformation zone components identified.		
	* Postmenopausal smears, no atrophic changes.		
	* Mild inflammatory cellularity (Neutrophils rich).		
	* Benign cellular changes, reparative changes.		
	* 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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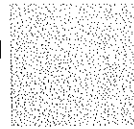
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Liver Function Test (LFT)

Test	Result	Units	Biological Ref. Range
Bilirubin			
Bilirubin - Total	0.29	mg/dL	0 - 1
Bilirubin - Direct	0.09	mg/dL	0 - 0.3
Bilirubin - Indirect	0.2	mg/dL	0 - 0.7
<i>(By Diazotized sulfanilic acid on RXL Dade Dimension.)</i>			
Aspartate Aminotransferase (SGOT/AST)	28	U/L	13 - 35
<i>(By IFCC UV kinetic method on RXL Dade Dimension.)</i>			
Alanine Aminotransferase (SGPT/ALT)	35	U/L	7 - 35
<i>(By IFCC UV kinetic method on RXL Dade Dimension.)</i>			
Alkaline Phosphatase	86	U/L	53 - 141
<i>(BY PNPP AMP method on RXL Dade Dimension.)</i>			
Gamma Glutamyl Transferase (GGT)	41	U/L	5 - 55
<i>(By IFCC method on RXL Dade Dimension.)</i>			
Total Protein			
Total Proteins	7.17	gm/dL	6.4 - 8.2
Albumin	3.56	gm/dL	3.4 - 5
Globulin	3.61	gm/dL	3 - 3.2
A : G Ratio	0.99		1.1 - 1.6
<i>(By Biuret endpoint and Bromocresol purple method on RXL Dade Dimension.)</i>			

---- End of Report ----

Dr. Nikunj V. Mehta
MD (Path.)



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 Gender / Age : Female / 58 Years 16 Days
 MR No / Bill No. : 21038747 / 221030937
 Consultant : Dr. Manish Mittal
 Location : OPD

Type : OPD
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Complete Lipid Profile

Test	Result	Units	Biological Ref. Range
Complete Lipid Profile			
Appearance	Clear		
Triglycerides <i>(By Lipase / Glycerol dehydrogenase on RXL Dade Dimension < 150 Normal 150-199 Borderline High 200-499 High > 499 Very High)</i>	151	mg/dL	1 - 150
Total Cholesterol <i>(By enzymatic colorimetric method on RXL Dade Dimension <200 mg/dL - Desirable 200-239 mg/dL - Borderline High > 239 mg/dL - High)</i>	216	mg/dL	1 - 200
HDL Cholesterol <i>(By Direct homogenous technique, modified enzymatic non-immunological method on RXL Dade Dimension < 40 Low > 60 High)</i>	50	mg/dL	40 - 60
Non HDL Cholesterol (calculated) <i>(Non- HDL Cholesterol < 130 Desirable 139-159 Borderline High 160-189 High > 191 Very High)</i>	166	mg/dL	1 - 130
LDL Cholesterol <i>(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)</i>	146	mg/dL	1 - 100
VLDL Cholesterol	30.2	mg/dL	12 - 30
LDL Ch. / HDL Ch. Ratio	2.92		2.1 - 3.5
T. Ch./HDL Ch. Ratio <i>(Recent NECP / ATP III Guidelines / Classification (mg/dl) :)</i>	4.32		3.5 - 5

--- End of Report ---

Dr. Nikunj V. Mehta
MD (Path.)



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 Gender / Age : Female / 58 Years 16 Days
 MR No / Bill No. : 21038747 / 221030937
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 Location : OPD

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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	6.0		
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		

---- End of Report ----

Dr. Nikunj V. Mehta
MD (Path.)



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DEPARTMENT OF DIAGNOSTIC RADIOLOGY

Patient No. : 21038747 Report Date : 16/03/2022
Request No. : 190013840 16/03/2022 9.05 AM
Patient Name : **RAJANI SURINDER LATHAR**
Gender / Age : Female / 58 Years 16 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

Prerna C Hasani

Dr. Prerna C Hasani, MD
Consultant Radiologist





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DEPARTMENT OF DIAGNOSTIC RADIOLOGY

Patient No. : 21038747 Report Date : 16/03/2022
Request No. : 190013843 16/03/2022 9.05 AM
Patient Name : **RAJANI SURINDER LATHAR**
Gender / Age : Female / 58 Years 16 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)

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

Both breasts show scattered fibro glandular parenchyma. Two small fibroadenoma seen in left breast inner central quadrant.
No obvious focal mass seen on right side.
No obvious micro/cluster calcification seen.
Bilateral benign specks of calcifications are seen.
No obvious skin thickening or nipple retraction seen.
No enlarged axillary lymph nodes seen.

IMPRESSION:

No obvious focal mass in right breast. Fibroadenomas in left breast. BI-RADS category 2.
Kindly correlate clinically /Follow up

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

Prerna C Hasani

Dr. Prerna C Hasani, MD
Consultant Radiologist





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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. : 21038747 Report Date : 16/03/2022

Request No. : 190013862 16/03/2022 9.05 AM

Patient Name : RAJANI SURINDER LATHAR

Gender / Age : Female / 58 Years 16 Days

USG : Screening for Abdomen (excluding Pelvis) Or Upper Abdomen

Liver is normal in size and 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 postmenopausal.

Uterine length : 70 mm.
A.P. : 33 mm.

No adnexal mass seen.

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

Prerna C Hasani

Dr. Prerna C Hasani, MD

Consultant Radiologist





ECU



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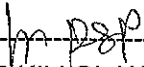
Patient No. : 21038747 Report Date : 16/03/2022
Request No. : 190013884 16/03/2022 9.05 AM
Patient Name : **RAJANI SURINDER LATHAR**
Gender / Age : Female / 58 Years 16 Days

Echo Color Doppler

MITRAL VALVE : NORMAL, NO MS, NO MR
AORTIC VALVE : NORMAL, NO AS, TRIVIAL 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 : TRIVIAL AR

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. KILLOL KANERIA, M.D., D.M.
INTERVENTIONAL CARDIOLOGIST

ECG/21038747
58 Years

16-Mar-22

Female

10:03:12 AM MRS. RAJANI S. LATHAR

Rate 62

PR 132

QRSD 80

QT 364

QTc 370

--AXIS--

P 51

QRS 43

T 45

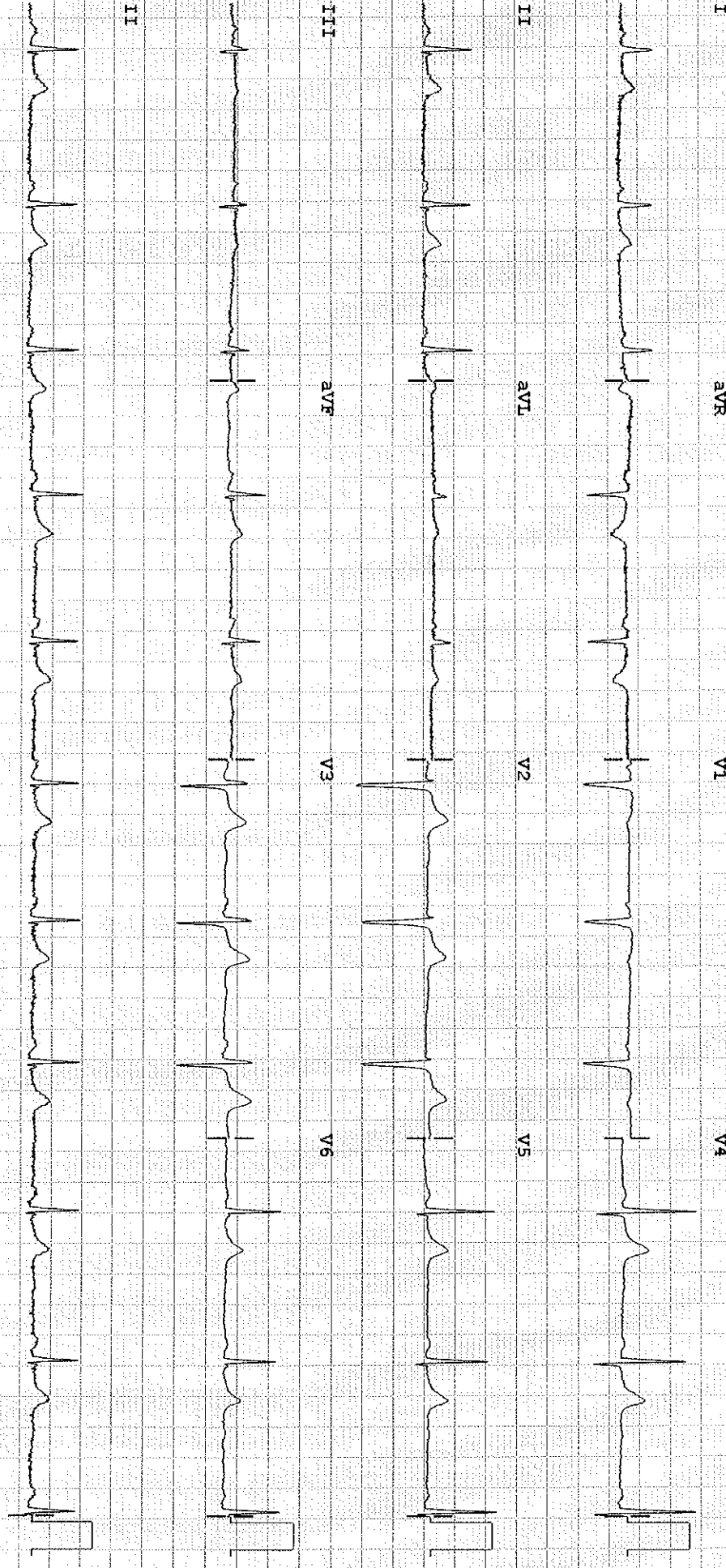
Doctor MANISH MITTAL

SRD 1504

1	2	3	4
5	6	7	8

SHARMA MANI GENERAL HOSPITAL
AN NABH, NABL & ISO Accredited Institute

MediHub



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

50~ 0.15-150 Hz

PH08

P2

PCW