



BHAILAL AMIN
GENERAL HOSPITAL

ESTD. 1964

CONCLUSION OF HEALTH CHECKUP

ECU Ref. No : MH/22/000450 Patient No : 21038318 Date : 12/03/2022
Name : **MS. AULUCK TARANJEET** Sex / Age : FEMALE 38
Height / Weight : 149 Cms 53 Kgs Ideal Weight 51 Kgs BMI : 23.9

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



Name : MS. AULUCK TARANJEET

Sex / Age : FEMAL 38

Present History

NO ANY MAJOR ILLNESS AT PRESENT

Past History

K/C/O ALLERGIC RHINITIES

Family History

NO ANY MAJOR ILLNESS IN FAMILY

Personal History

NON VEG DIET; NO SMOKING OR ALCOHOL

Clinical Examination

B.P. 100/70 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 : MS. AULUCK TARANJEET

Sex / Age : FEMALE 38

Height / Weight : 149 Cms 53 Kgs

Ideal Weight : 51 Kgs

BMI : 23.9

Obstetric History 2 FTND'S 1 FEMALE- 5 YRS AND 1 MALE- 1.5 YRS

Menstrual History

Present Menstrual Cycle LMP- 18/2/2022

Past Menstrual Cycle REGULAR

Chief Complaints

NIL

Gynac Examination

P/A SOFT

P/S CERVIX- EROSION + ; VAGINA- MIN DISCHARGE

P/V UTERUS NORMAL SIZE; FX CLEAR

Breast examination - Right NORMAL

Breast examination - Left NORMAL

PAP Smear TAKEN

BMD -

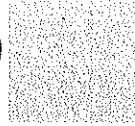
Mammography -

Advice T. CELAR 250 MG-- BD 1---1 X 5 DAYS -----(10)
T. FENZA INTERNALLY (12/2, 15/3) -----(2)
CANDID B OINTMENT-----1 TUBE
ABSORB POWDER -----1 BOTTLE

Dr. Sonia Golani
Gynecologist

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 : Ms. AULUCH TARANJEET
Gender / Age : Female / 38 Years 5 Months 9 Days
MR No / Bill No. : 21038318 / 221029943
Consultant : Dr. Manish Mittal
Location : OPD

Type : OPD
Request No. : 30926
Request Date : 12/03/2022 08:55 AM
Collection Date : 12/03/2022 09:03 AM
Approval Date : 12/03/2022 04:30 PM

Haematology

<u>Test</u>	<u>Result</u>	<u>Units</u>	<u>Biological Ref. Range</u>
Blood Group			
ABO system	O		
Rh system.	Positive		

By Gel Technology / Tube Agglutination Method

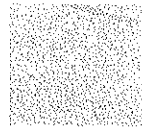
Note :

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

---- End of Report ----

Dr. Nikunj V. Mehta
MD (Path.)

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.



Patient Name : Ms. AULUCH TARANJEET
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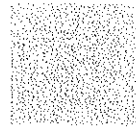
CBC + ESR

Test	Result	Units	Biological Ref. Range
Haemoglobin.			
Haemoglobin	12.4	gm/dL	12 - 15
Red Blood Cell Count (T-RBC)	4.24	mill/cmm	3.8 - 4.8
Hematocrit (HCT)	37.5	%	36 - 46
Mean Corpuscular Volume (MCV)	88.4	fl	83 - 101
Mean Corpuscular Haemoglobin (MCH)	29.2	pg	27 - 32
MCH Concentration (MCHC)	33.1	%	31.5 - 34.5
Red Cell Distribution Width (RDW-CV)	12.6	%	11.6 - 14
Red Cell Distribution Width (RDW-SD)	41.3	fl	39 - 46
Total Leucocyte Count (TLC)			
Total Leucocyte Count (TLC)	7.12	thou/cmm	4 - 10
Differential Leucocyte Count			
Polymorphs	67	%	40 - 80
Lymphocytes	26	%	20 - 40
Eosinophils	3	%	1 - 6
Monocytes	4	%	2 - 10
Basophils	0	%	0 - 2
Polymorphs (Abs. Value)	4.73	thou/cmm	2 - 7
Lymphocytes (Abs. Value)	1.83	thou/cmm	1 - 3
Eosinophils (Abs. Value)	0.26	thou/cmm	0.2 - 0.5
Monocytes (Abs. Value)	0.25	thou/cmm	0.2 - 1
Basophils (Abs. Value)	0.05	thou/cmm	0.02 - 0.1
Immature Granulocytes	0.3	%	1 - 3 : Borderline > 3 : Significant
Platelet Count			
Platelet Count	249	thou/cmm	150 - 410
Smear evaluation	Adequate		
ESR	12	mm/1 hr	0 - 12

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DEPARTMENT OF LABORATORY MEDICINE

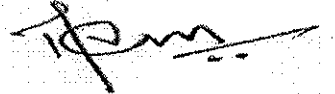
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CBC + ESR

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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Clinical Biochemistry

Test	Result	Units	Biological Ref. Range
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 Dimension

— End of Report —

Dr. Rakesh Vaidya
MD (Path). DCP.

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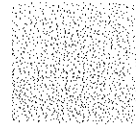
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Complete Lipid Profile

Test	Result	Units	Biological Ref. Range
Complete Lipid Profile			
Appearance	Clear		
Triglycerides	77	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	169	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	60	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)	109	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	97	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	15.4	mg/dL	12 - 30
LDL Ch. / HDL Ch. Ratio	1.62		2.1 - 3.5
T. Ch./HDL Ch. Ratio	2.82		3.5 - 5
<i>(Recent NECP / ATP III Guidelines / Classification (mg/dl) :)</i>			

--- End of Report ---

Dr. Rakesh Vaidya
MD (Path). DCP.



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Renal Function Test (RFT)

Test	Result	Units	Biological Ref. Range
Urea <i>(By Urease Kinetic method on RXL Dade Dimension)</i>	20	mg/dL	10 - 45
Creatinine <i>(By Modified Kinetic Jaffe Technique)</i>	0.56	mg/dL	0.6 - 1.1
Estimate Glomerular Filtration rate <i>(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)</i>	More than 60		
Uric acid <i>(By Uricase / Catalase method on RXL Siemens)</i>	4.1	mg/dL	2.2 - 5.8

— End of Report —

Dr. Rakesh Vaidya
MD (Path). DCP.

Dr. Nikunj V. Mehta
MD (Path.)



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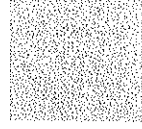
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Liver Function Test (LFT)

Test	Result	Units	Biological Ref. Range
Bilirubin			
Bilirubin - Total	0.23	mg/dL	0 - 1
Bilirubin - Direct	0.09	mg/dL	0 - 0.3
Bilirubin - Indirect	0.14	mg/dL	0 - 0.7
<i>(By Diazotized sulfanilic acid on RXL Dade Dimension.)</i>			
Aspartate Aminotransferase (SGOT/AST)	26	U/L	13 - 35
<i>(By IFCC UV kinetic method on RXL Dade Dimension.)</i>			
Alanine Aminotransferase (SGPT/ALT)	<u>37</u>	U/L	7 - 35
<i>(By IFCC UV kinetic method on RXL Dade Dimension.)</i>			
Alkaline Phosphatase	73	U/L	42 - 98
<i>(BY PNPP AMP method on RXL Dade Dimension.)</i>			
Gamma Glutamyl Transferase (GGT)	18	U/L	5 - 55
<i>(By IFCC method on RXL Dade Dimension.)</i>			
Total Protein			
Total Proteins	7.01	gm/dL	6.4 - 8.2
Albumin	3.62	gm/dL	3.4 - 5
Globulin	3.39	gm/dL	3 - 3.2
A : G Ratio	1.07		1.1 - 1.6
<i>(By Biuret endpoint and Bromocresol purple method on RXL Dade Dimension.)</i>			

---- End of Report ----

Dr. Rakesh Vaidya
MD (Path). DCP.



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Thyroid Hormone Study

Test	Result	Units	Biological Ref. Range
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Triiodothyronine (T3)	1.09	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)	6.77	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)	3.28	microIU/ml	
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(Done by 4th generation electrochemiluminescence based method on automated immunoassay / Cobas e 411.)

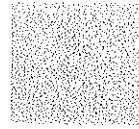
Reference interval (microIU/ml)

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. Rakesh Vaidya
MD (Path). DCP.



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Clinical Biochemistry

Test	Result	Units	Biological Ref. Range
Glycosylated Hemoglobin (HbA1c)	5.5	%	
estimated Average Glucose (e AG) *	111.15	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.

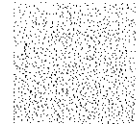
Guidelines for Interpretation:

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
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Patient Name	: Ms. AULUCH TARANJEET	Type	: OPD
Gender / Age	: Female / 38 Years 5 Months 9 Days	Request No.	: 30926
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Consultant	: Dr. Manish Mittal	Collection Date	: 12/03/2022 09:03 AM
Location	: OPD	Approval Date	: 12/03/2022 02:27 PM

Pap Smear

<u>Test</u>	<u>Result</u>	<u>Units</u>	<u>Biological Ref. Range</u>
Pap Smear	Pap Smear Screening Report / Cervico-Vaginal Cytology...		
	Cyto No : 357/22 Received at 11.50 am.		
	Clinical Details : No complain P/V findings : Cx. - Erosion on anterior lip / Vg. - Minimum discharge LMP : 18/02/2022		
	TBS Report / Impression : * Satisfactory for evaluation; transformation zone components identified. * Mild acute inflammatory cellularity. No evidence of T. vaginalis / Fungal elements. * 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 Bathesda system (Modified 2014)

---- End of Report ----

Dr. Rakesh Vaidya
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DEPARTMENT OF DIAGNOSTIC RADIOLOGY

Patient No. : 21038318 Report Date : 12/03/2022
Request No. : 190013410 12/03/2022 8.55 AM
Patient Name : **AULUCH TARANJEET**
Gender / Age : Female / 38 Years 5 Months 9 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





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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. : 21038318 Report Date : 12/03/2022

Request No. : 190013437 12/03/2022 8.55 AM

Patient Name : AULUCH TARANJEET

Gender / Age : Female / 38 Years 5 Months 9 Days

USG : Abdomen (Excluding Pelvis) Or Upper Abdomen

Liver is normal in size and echopattern. No mass lesion identified. The hepatic veins 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 : 75 mm.
A.P. : 41 mm.

Right ovary is normal. **Left ovary shows hemorrhagic cyst measures 12mm x 13mm. in size.**

Urinary bladder is well distended and appears normal.

No ascites.

COMMENT:

Small left ovarian hemorrhagic cyst.

Kindly correlate clinically

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

P. Hasani

Dr. Perna C Hasani, MD

Consultant Radiologist





ECW



BHAILAL AMIN
GENERAL HOSPITAL

ESTD. 1964

Patient No. : 21038318 Report Date : 12/03/2022
Request No. : 190013461 12/03/2022 8.55 AM
Patient Name : **AULUCH TARANJEET**
Gender / Age : Female / 38 Years 5 Months 9 Days

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 – 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 : NO MR // AR // TR, NO PAH

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.,CARD.

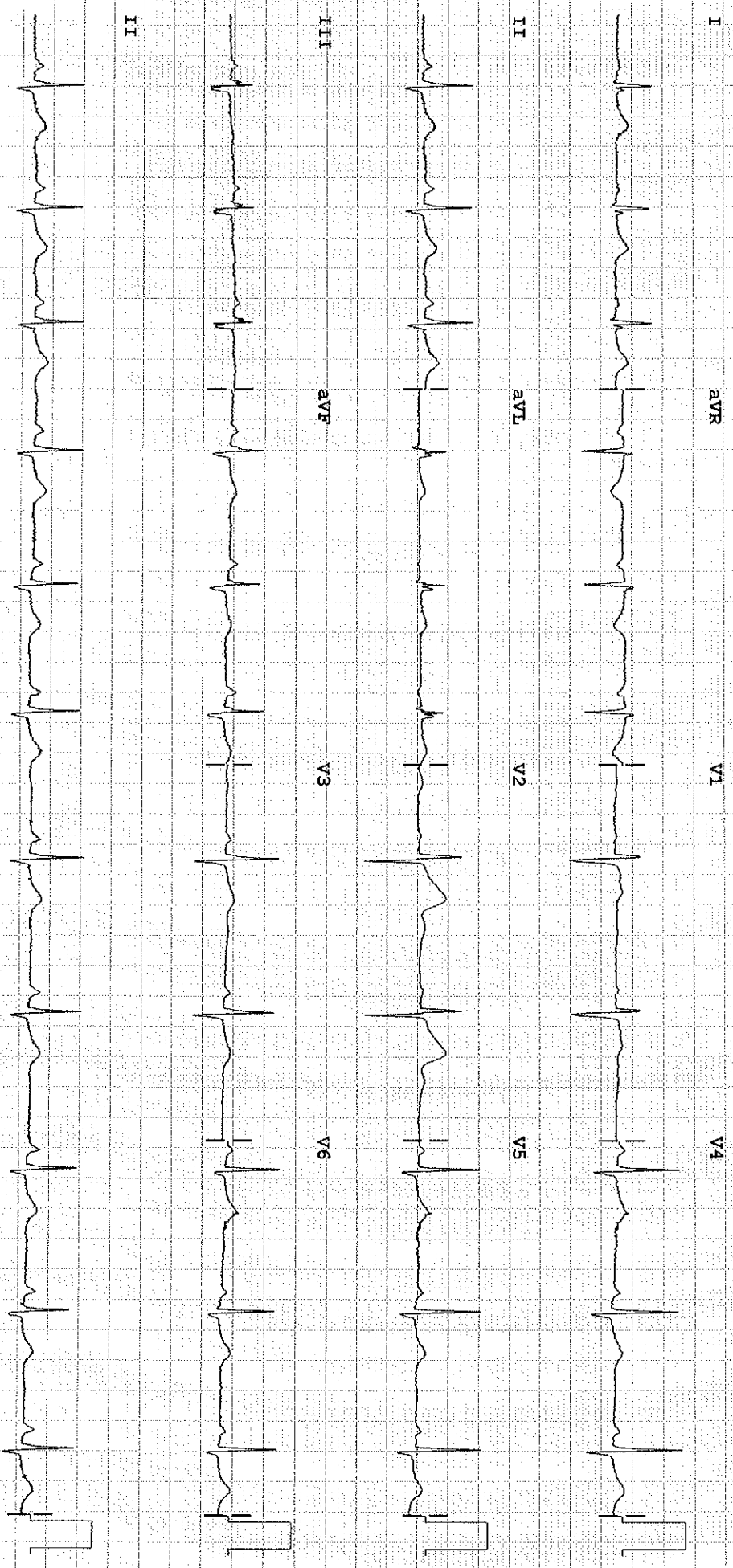
mpsp

ECU/21/038318 12-Mar-22 9:50:24 AM MS. TARANJEET AULUCK
38 Years Female

Doctor **MANISH MITTAL**

Rate 67
PR 148
QRSD 83
QT 400
QTc 422

--AXIS--
P 71
QRS 4
T 33



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

50 ~ 0.15-150 Hz

PH08 P?