

## CONCLUSION OF HEALTH CHECKUP

ECU Ref. No : MH/22/002508 Patient No : 21052546 Date : 13/09/2022  
Name : TRUPTI KAPADIA Sex / Age : F 31  
Height / Weight : 162 Cms 66 Kgs Ideal Weight 60 Kgs BMI : 25.1

**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 : TRUPTI KAPADIA

Sex / Age : F 31

**Present History**

NO MEDICAL COMPLAIN AT PRESENT

**Past History**

NO P/H/O ANY MAJOR ILLNESS

**Family History**

FATHER: HBP

**Personal History**

NO HABITS, SLEEP REGULAR

**Clinical Examination**

B.P. 110/70 mm Hg

Pulse 74/MIN REG

Others SPO2-98%

**Respiratory System**

CLINICALLY NAD

**Cardio Vascular System**

CLINICALLY NAD

**Abdominal System**

CLINICALLY NAD

**Neurological System**

CLINICALLY NAD

Name : TRUPTI KAPADIA

Sex / Age : F 31

**Eye Checkup**

Doctor Name **Dr. Sunil G. Paradkar**

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

### Dietary Assessment

Name : **TRUPTI KAPADIA** Sex / Age : F 31  
Height : 162 Cms Weight : 66 Kgs Ideal Weight : 60 Kgs BMI : 25.1

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

Name : TRUPTI KAPADIA

Sex / Age : F 31

Height / Weight : 162 Cms 66 Kgs

Ideal Weight : 60 Kgs

BMI : 25.1

Obstetric History F T N D - F- 2 MONTH

Menstrual History

Present Menstrual Cycle LMP= 20/6/2022 INREGULAR

Past Menstrual Cycle INREGULAR

Chief Complaints

NIL

**Gynac Examination**

P/A SOFT

P/S Cx- HYPERTROPHY MABOTHELIAN CYST AT ONE CLOCK Vg -(R)

P/V UT NS Fx CLEAR

Breast examination - Right NORMAL

Breast examination - Left NORMAL

PAP Smear TAKEN

BMD

Mammography

Advice FOLLOW UP WITH REPORT

Dr. Sonia Golani  
Gynecologist



Patient Name	: Ms. TRUPTI KAPADIA	Type	: OPD
Gender / Age	: Female / 31 Years 7 Months 7 Days	Request No.	: 71176
MR No / Bill No.	: 21052546 / 231034016	Request Date	: 13/09/2022 09:50 AM
Consultant	: Dr. Manish Mittal	Collection Date	: 13/09/2022 09:52 AM
Location	: OPD	Approval Date	: 13/09/2022 04:06 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 : 1614/22 Received at 12.30 pm		
	Clinical Details : No complain P/V findings : Cx. - Hypertrophic, Nabothian cyst at 1 o'clock/ Vg. - NAD LMP : 20/06/2022 (Irregular cycle)		
	TBS Report / Impression : * Satisfactory for evaluation; transformation zone components identified. * Mild acute inflammatory cellularity. * 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 Papanicolaou system (Modified 2014)

---- End of Report ----

**Dr. Sejal Odedra**  
M.D.Pathology



Patient Name : Ms. TRUPTI KAPADIA  
 Gender / Age : Female / 31 Years 7 Months 7 Days  
 MR No / Bill No. : 21052546 / 231034016  
 Consultant : Dr. Manish Mittal  
 Location : OPD  
 Type : OPD  
 Request No. : 71176  
 Request Date : 13/09/2022 09:50 AM  
 Collection Date : 13/09/2022 09:52 AM  
 Approval Date : 13/09/2022 03:29 PM

**CBC + ESR**

Test	Result	Units	Biological Ref. Range
<b>Haemoglobin.</b>			
Haemoglobin	13.2	gm/dL	12 - 15
Red Blood Cell Count (T-RBC)	4.75	mill/cmm	3.8 - 4.8
Hematocrit (HCT)	40.1	%	36 - 46
Mean Corpuscular Volume (MCV)	84.4	fl	83 - 101
Mean Corpuscular Haemoglobin (MCH)	27.8	pg	27 - 32
MCH Concentration (MCHC)	32.9	%	31.5 - 34.5
Red Cell Distribution Width (RDW-CV)	12.8	%	11.6 - 14
Red Cell Distribution Width (RDW-SD)	40.0	fl	39 - 46
<b>Total Leucocyte Count (TLC)</b>			
Total Leucocyte Count (TLC)	<b>12.71</b>	thou/cmm	4 - 10
<b>Differential Leucocyte Count</b>			
Polymorphs	70	%	40 - 80
Lymphocytes	23	%	20 - 40
Eosinophils	3	%	1 - 6
Monocytes	4	%	2 - 10
Basophils	0	%	0 - 2
Polymorphs (Abs. Value)	<b>8.89</b>	thou/cmm	2 - 7
Lymphocytes (Abs. Value)	2.89	thou/cmm	1 - 3
Eosinophils (Abs. Value)	0.46	thou/cmm	0.2 - 0.5
Monocytes (Abs. Value)	0.42	thou/cmm	0.2 - 1
Basophils (Abs. Value)	0.05	thou/cmm	0.02 - 0.1
Immature Granulocytes	0.2	%	1 - 3 : Borderline > 3 : Significant
<b>Platelet Count</b>			
Platelet Count	387	thou/cmm	150 - 410
Smear evaluation	Adequate		
ESR	3	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.



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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. Sejal Odedra  
M.D.Pathology

Dr. Rakesh Vaidya  
MD (Path). DCP.





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**Liver Function Test (LFT)**

Test	Result	Units	Biological Ref. Range
<b>Bilirubin</b>			
Bilirubin - Total	0.27	mg/dL	0 - 1
Bilirubin - Direct	0.08	mg/dL	0 - 0.3
Bilirubin - Indirect	0.19	mg/dL	0 - 0.7
<i>(By Diazotized sulfanilic acid on RXL Dade Dimension.)</i>			
Aspartate Aminotransferase (SGOT/AST)	16	U/L	13 - 35
<i>(By IFCC UV kinetic method on RXL Dade Dimension.)</i>			
Alanine Aminotransferase (SGPT/ALT)	25	U/L	14 - 59
<i>(By IFCC UV kinetic method on RXL Dade Dimension.)</i>			
Alkaline Phosphatase	<b>136</b>	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>			
<b>Total Protein</b>			
Total Proteins	7.82	gm/dL	6.4 - 8.2
Albumin	3.77	gm/dL	3.4 - 5
Globulin	4.05	gm/dL	3 - 3.2
A : G Ratio	0.93		1.1 - 1.6
<i>(By Biuret endpoint and Bromocresol purple method on RXL Dade Dimesion.)</i>			

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**Complete Lipid Profile**

Test	Result	Units	Biological Ref. Range
<b>Complete Lipid Profile</b>			
Appearance	Clear		
Triglycerides (By Lipase / Glycerol dehydrogenase on RXL Dade Dimension < 150 Normal 150-199 Borderline High 200-499 High > 499 Very High)	90	mg/dL	1 - 150
Total Cholesterol (By enzymatic colorimetric method on RXL Dade Dimension <200 mg/dL - Desirable 200-239 mg/dL - Borderline High > 239 mg/dL - High)	173	mg/dL	1 - 200
HDL Cholesterol (By Direct homogenous technique, modified enzymatic non-immunological method on RXL Dade Dimension < 40 Low > 60 High)	43	mg/dL	40 - 60
Non HDL Cholesterol (calculated) (Non- HDL Cholesterol < 130 Desirable 130-159 Borderline High 160-189 High > 191 Very High)	130	mg/dL	1 - 130
LDL Cholesterol (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)	103	mg/dL	1 - 100
VLDL Cholesterol (calculated)	18	mg/dL	12 - 30
LDL Ch. / HDL Ch. Ratio	2.4		2.1 - 3.5
T. Ch./HDL Ch. Ratio (Recent NECP / ATP III Guidelines / Classification (mg/dl) :)	4.02		3.5 - 5

---- End of Report ----



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**Fasting Plasma Glucose**

Test	Result	Units	Biological Ref. Range
<i>Fasting Plasma Glucose</i>			
Fasting Plasma Glucose	88	mg/dL	70 - 110
Post Prandial 2 Hr. Plasma Glucose	120	mg/dL	70 - 140

By Hexokinase method on RXL Dade Dimension

---- End of Report ----

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**HbA1c (Glycosylated Hb)**

Test	Result	Units	Biological Ref. Range
<i>HbA1c (Glycosylated Hb)</i>			
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)

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Location	: OPD	Approval Date	: 13/09/2022 03:25 PM

**Haematology**

Test	Result	Units	Biological Ref. Range
<b>Blood Group</b>			
ABO system	AB		
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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**Renal Function Test (RFT)**

Test	Result	Units	Biological Ref. Range
Urea (By Urease Kinetic method on RXL Dade Dimension)	21	mg/dL	10 - 45
Creatinine (By Modified Kinetic Jaffe Technique)	0.59	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)	4.3	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)	1.55	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)	7.10	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)	1.74	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. Sejal Odedra  
M.D.Pathology



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**Urine Routine**

Test	Result	Units	Biological Ref. Range
<b>Physical Examination</b>			
Quantity	20	mL	
Colour	Pale Yellow		
Appearance	Turbid (Slight)		
<b>Chemical Examination (By Reagent strip method)</b>			
pH	6.0		
Specific Gravity	>=1.030		
Protein	Negative	gm/dL	Negative
Glucose	Negative	mg/dL	Negative
Ketones	Negative		Negative
Bilirubin	Negative		Negative
Urobilinogen	Negative		Negative (upto 1)
Blood	1+		Negative
Bile Salt	Absent		Absent
Leucocytes	Negative		Negative
Bile Pigments	Absent		Absent
Nitrite	Negative		Negative
<b>Microscopic Examination (After Centrifugation at 2000 rpm for 10 min)</b>			
Red Blood Cells	Present (2-5)	/hpf	0 - 2
Leucocytes	Present (2-5)	/hpf	0 - 5
Epithelial Cells	Present (5-10)	/hpf	0 - 5
Casts	Nil	/lpf	Nil
Crystals	Nil	/hpf	Nil
Mucus	Absent	/hpf	Absent
Organism	Absent		

---- End of Report ----



Dr. Sejal Odedra  
M.D.Pathology





**BHAILAL AMIN**  
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**DEPARTMENT OF DIAGNOSTIC RADIOLOGY**

Patient No. : 21052546      Report Date : 13/09/2022  
Request No. : 190034490      13/09/2022 9.50 AM  
Patient Name : **TRUPTI KAPADIA**  
Gender / Age : Female / 31 Years 7 Months 7 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**

**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. : 21052546      Report Date : 13/09/2022  
Request No. : 190034486      13/09/2022 9.50 AM  
Patient Name : **TRUPTI KAPADIA**  
Gender / Age : Female / 31 Years 7 Months 7 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 in 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 :                      65 mm.  
A.P. :                                      42 mm.

**Right ovary shows cyst measures 47mm x 45mm. in size.**  
Left ovary is normal in size.

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

**COMMENT:**

**Right ovarian cyst.**

*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

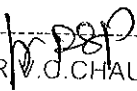
Patient No. : 21052546 Report Date : 13/09/2022  
Request No. : 190034502 13/09/2022 9.50 AM  
Patient Name : TRUPTI KAPADIA  
Gender / Age : Female / 31 Years 7 Months 7 Days

### 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 -70%, NO RWMA  
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 - 70%
3. NO RESTING REGIONAL WALL MOTION ABNORMALITY
4. NORMAL ALL CARDIAC VALVES STRUCTURALLY AND FUNCTIONALLY
5. INTACT IAS / IVS, NO MITRAL / AORTIC STENOSIS
6. NORMAL RIGHT HEART SIZE AND RV PRESSURES
7. NO PERICARDIAL EFFUSION, CLOT OR VEGETATION SEEN, SR+.

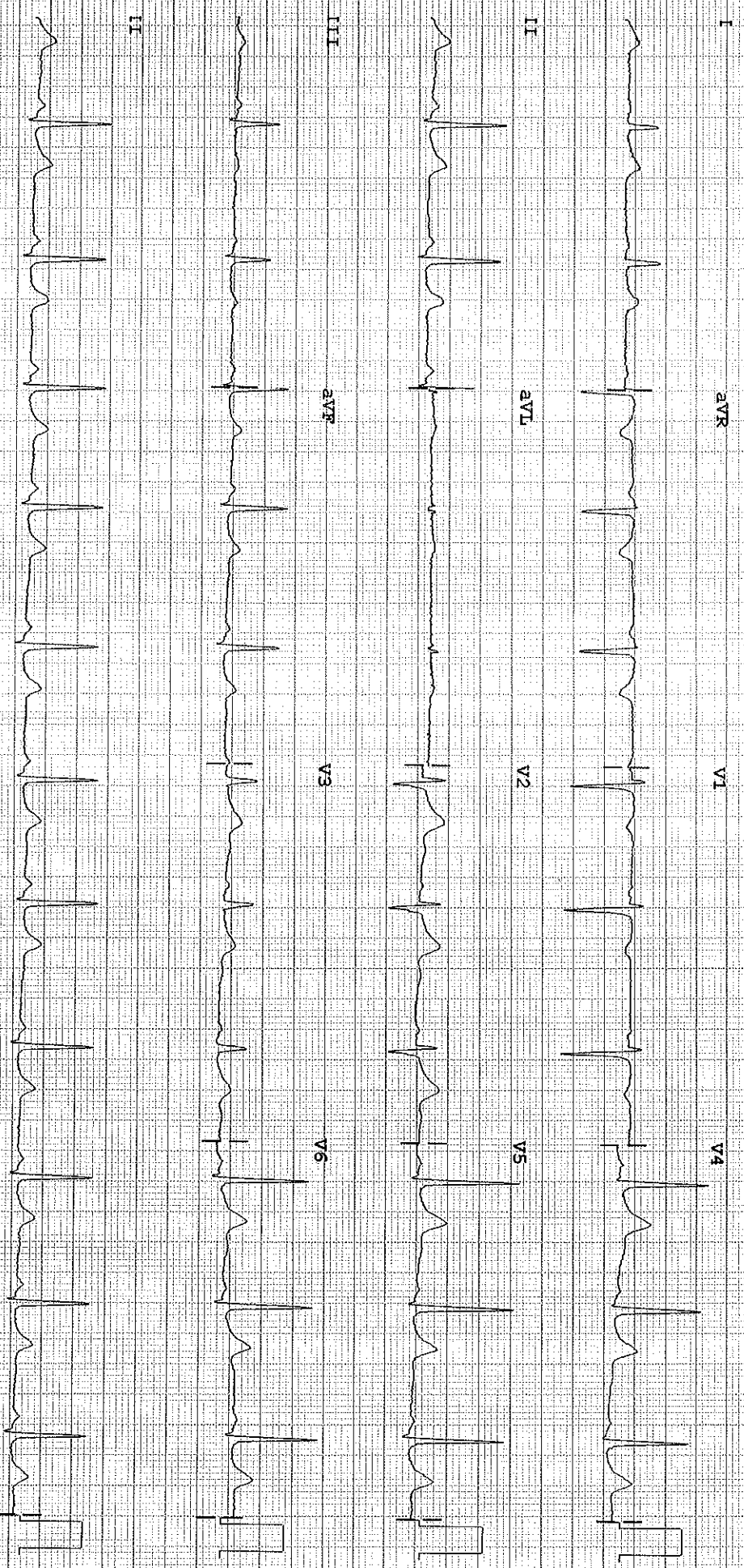
  
DR. V.O. CHAUHAN, M.D.  
INTERVENTIONAL CARDIOLOGIST

ECU21052546 13-sep-22 12:21:37 PM MRS TRUPTI KAPADIA  
31 Years Female



Doctor DR M MITTAL

Rate 69  
PR 144  
QRS 87  
QT 404  
QTc 433  
--AXIS--  
P 60  
QRS 58  
T 41



Dev: Speed: 25 mm/sec -mv: 10 mm/mV Chest: 10 mm/mV 50 ~ 0.15-150 Hz PH08 P?

ECU21052546  
31 Years

13-Sep-22

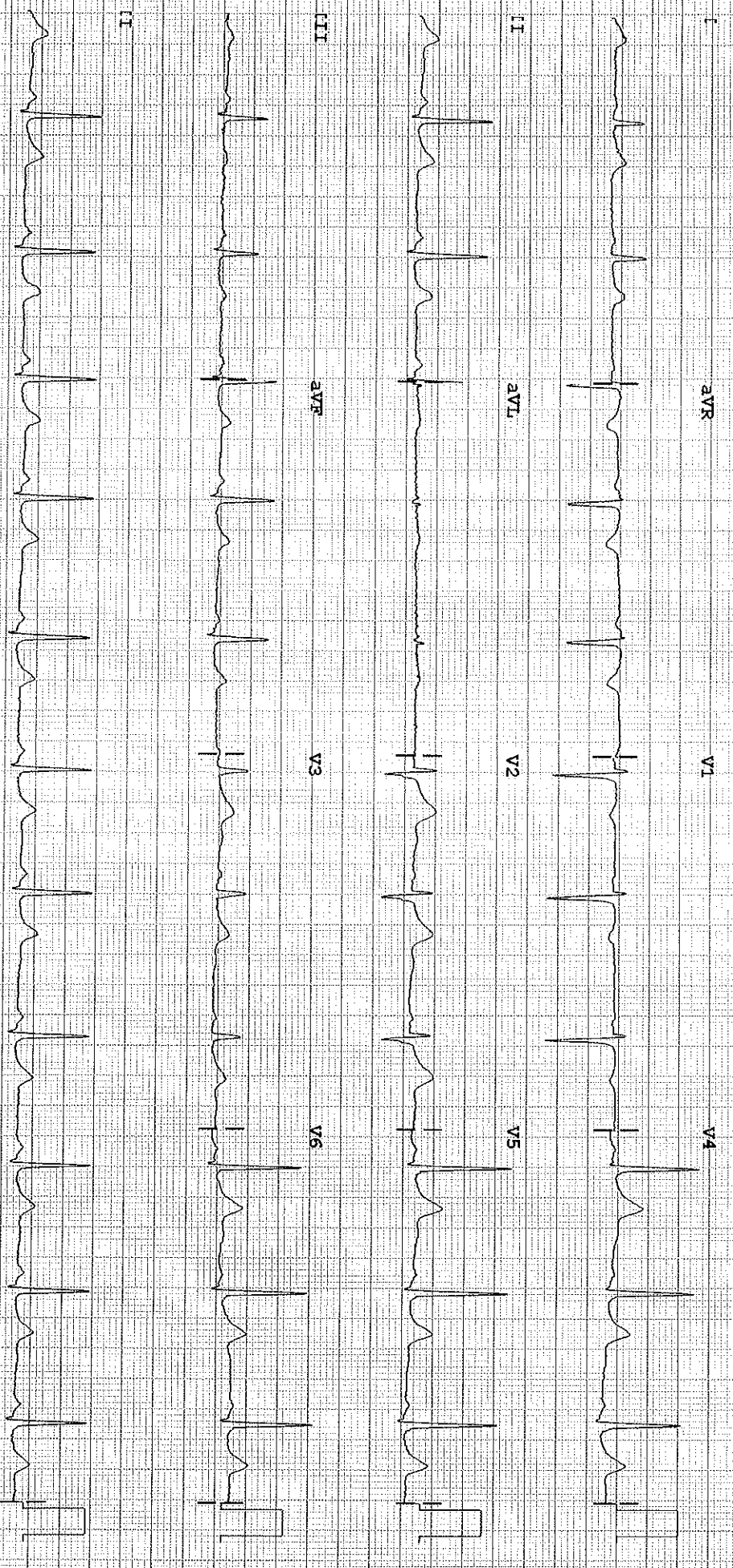
12:21:37 PM MRS TRUPTI KAPADIA  
Female



Doctor DR M MITTAL

Rate 69  
PR 144  
DRSD 87  
QT 404  
QTc 433

--AXIS--  
P 60  
QRS 58  
R 41



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

## Dental assessment form

13/09/2022

Name: Trupti Kapadia

Age/ Sex: 31 years/Female

Patient has come for an oral hygiene check up

### On Examination:

- Stains++ Calculus++
- History of horizontal brushing
- Mild attrition, recession, sensitivity
- Mild fluorosis seen
- Impacted teeth with respect to 18, 28, 38, 48

### Provisional diagnosis:

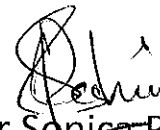
- Chronic generalised gingivitis

### Treatment plan:

- -Scaling and polishing

### Advised:

- Brush your teeth twice daily
- Salt water rinses atleast once a day.
- Clean your tongue and floss in between everyday.
- Follow vertical brushing technique.

  
Dr. Sonica Peshin

ITEM CODE:SMD066

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