

CONCLUSION OF HEALTH CHECKUP

ECU Ref. No : MH/22/001909 Patient No : 21048606 Date : 23/07/2022
Name : **VINITA GAUR** Sex / Age : F 42
Height / Weight : 152 Cms 61 Kgs Ideal Weight 53 Kgs BMI : 26.4

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 : VINITA GAUR

Sex / Age : F 42

Present History

VERTIGO OFF & ON.

Past History

NO P/H/O ANY MAJOR ILLNESS.

Family History

MOTHER : DIABETES.

FATHER : BR. ASTHMA.

Personal History

VEG DIET.

Clinical Examination

B.P. 100/68 mm Hg

Pulse 84/MIN REG.

Others -

Respiratory System

CLINICALLY NAD

Cardio Vascular System

CLINICALLY NAD

Abdominal System

CLINICALLY NAD

Neurological System

CLINICALLY NAD



Name : **VINITA GAUR**

Sex / Age : F 42

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	-	-
Fundus	NORMAL	NORMAL
Any other	NIL	NIL
Advice	NIL	

Dietary Assessment

Name : **VINITA GAUR** Sex / Age : F 42
Height : 152 Cms Weight : 61 Kgs Ideal Weight : 53 Kgs BMI : 26.4

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

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Obstetric History G2 P2 - 2 FTND : 13 YRS & 10 YRS -- L & W ; TL NOT DONE.

Menstrual History -

Present Menstrual Cycle REGULAR CYCLE

Past Menstrual Cycle LMP : 17/07/22

Chief Complaints

Gynac Examination

P/A SOFT
P/S RECTOCELE + +
P/V ? MP SIZE, F, M, Fx CLEAR
Breast examination - Right NAD
Breast examination - Left NAD
PAP Smear
BMD
Mammography
Advice REGULAR BSE.
POSTERIOR REPAIR
LAP. TL.

Dr. Monika Jani
Gynecologist



Patient Name : Ms. VINITA GAUR
 Gender / Age : Female / 42 Years 4 Days
 MR No / Bill No. : 21048606 / 231021531
 Consultant : Dr. Manish Mittal
 : OPD

Type : OPD
 Request No. : 58481
 Request Date : 23/07/2022 08:48 AM
 Collection Date : 23/07/2022 09:05 AM
 Approval Date : 23/07/2022 02:02 PM

CBC + ESR

Test	Result	Units	Biological Ref. Range
Haemoglobin.			
Haemoglobin	11.7	gm/dL	12 - 15
Red Blood Cell Count (T-RBC)	4.31	mill/cmm	3.8 - 4.8
Hematocrit (HCT)	36.3	%	36 - 46
Mean Corpuscular Volume (MCV)	84.2	fl	83 - 101
Mean Corpuscular Haemoglobin (MCH)	27.1	pg	27 - 32
MCH Concentration (MCHC)	32.2	%	31.5 - 34.5
Red Cell Distribution Width (RDW-CV)	12.8	%	11.6 - 14
Red Cell Distribution Width (RDW-SD)	39.5	fl	39 - 46
Total Leucocyte Count (TLC)			
Total Leucocyte Count (TLC)	6.05	thou/cmm	4 - 10
Differential Leucocyte Count			
Polymorphs	62	%	40 - 80
Lymphocytes	33	%	20 - 40
Eosinophils	1	%	1 - 6
Monocytes	4	%	2 - 10
Basophils	0	%	0 - 2
Polymorphs (Abs. Value)	3.74	thou/cmm	2 - 7
Lymphocytes (Abs. Value)	1.97	thou/cmm	1 - 3
Eosinophils (Abs. Value)	0.10	thou/cmm	0.2 - 0.5
Monocytes (Abs. Value)	0.20	thou/cmm	0.2 - 1
Basophils (Abs. Value)	0.04	thou/cmm	0.02 - 0.1
Immature Granulocytes	0.5	%	1 - 3 : Borderline > 3 : Significant
Platelet Count			
Platelet Count	246	thou/cmm	150 - 410
Smear evaluation	Adequate		
ESR	11	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 / repeat 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	: Ms. VINITA GAUR	Type	: OPD
Gender / Age	: Female / 42 Years 4 Days	Request No.	: 58481
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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. Rakesh Vaidya
MD (Path). DCP.

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Gender / Age : Female / 42 Years 4 Days
MR No / Bill No. : 21048606 / 231021531
Consultant : Dr. Manish Mittal
Location : OPD
Type : OPD
Request No. : 58481
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Haematology

<u>Test</u>	<u>Result</u>	<u>Units</u>	<u>Biological Ref. Range</u>
Blood Group			
ABO system	B		
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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MD (Path), DCP.

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DEPARTMENT OF LABORATORY MEDICINE

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Fasting Plasma Glucose

Test	Result	Units	Biological Ref. Range
<i>Fasting Plasma Glucose</i>			
Fasting Plasma Glucose	99	mg/dL	70 - 110
Post Prandial 2 Hr. Plasma Glucose	106	mg/dL	70 - 140

By Hexokinase method on RXL Dade Dimension

---- End of Report ----

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Renal Function Test (RFT)

<u>Test</u>	<u>Result</u>	<u>Units</u>	<u>Biological Ref. Range</u>
Urea (By Urease Kinetic method on RXL Dade Dimension)	28	mg/dL	10 - 45
Creatinine (By Modified Kinetic Jaffe Technique)	0.86	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)	4.9	mg/dL	2.2 - 5.8

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Complete Lipid Profile

Test	Result	Units	Biological Ref. Range
Complete Lipid Profile			
Appearance	Clear		
Triglycerides	102	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	214	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	59	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)	155	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	118	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 (calculated)	20.4	mg/dL	12 - 30
LDL Ch. / HDL Ch. Ratio	2		2.1 - 3.5
T. Ch./HDL Ch. Ratio	3.63		3.5 - 5
<i>(Recent NECP / ATP III Guidelines / Classification (mg/dl) :)</i>			

--- End of Report ---

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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	0.09	mg/dL	0 - 0.3
Bilirubin - Indirect	0.34	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)	20	U/L	14 - 59
<i>(By IFCC UV kinetic method on RXL Dade Dimension.)</i>			
Alkaline Phosphatase	119	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	6.99	gm/dL	6.4 - 8.2
Albumin	3.73	gm/dL	3.4 - 5
Globulin	3.26	gm/dL	3 - 3.2
A : G Ratio	1.14		1.1 - 1.6
<i>(By Biuret endpoint and Bromocresol purple method on RXL Dade Dimension.)</i>			

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Thyroid Hormone Study

Test	Result	Units	Biological Ref. Range
Triiodothyronine (T3)	0.910	ng/ml	
<i>(Done by 4th generation electrochemiluminescence based method on automated immunoassay / Cobas e 411.</i>			
<i>Reference interval (ng/ml)</i>			
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		
<i>(Reference : Tietz - Clinical guide to laboratory test, 4th edition)</i>			
Thyroxine (T4)	6.03	mcg/dL	
<i>(Done by 4th generation electrochemiluminescence based method on automated immunoassay / Cobas e 411.</i>			
<i>Reference interval (mcg/dL)</i>			
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		
<i>(Reference : Tietz - Clinical guide to laboratory test, 4th edition)</i>			
Thyroid Stimulating Hormone (US-TSH)	1.20	microIU/ml	
<i>(Done by 4th generation electrochemiluminescence based method on automated immunoassay / Cobas e 411.</i>			
<i>Reference interval (microIU/ml)</i>			
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		
<i>(Reference : Tietz - Clinical guide to laboratory test, 4th edition)</i>			

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— End of Report —

Dr. Rakesh Vaidya
MD (Path). DCP.



Patient Name : Ms. VINITA GAUR Type : OPD
 Gender / Age : Female / 42 Years 4 Days Request No. : 58481
 MR No / Bill No. : 21048606 / 231021531 Request Date : 23/07/2022 08:48 AM
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 : OPD Approval Date : 23/07/2022 12:05 PM

HbA1c (Glycosylated Hb)

Test	Result	Units	Biological Ref. Range
HbA1c (Glycosylated Hb)			
Glycosylated Hemoglobin (HbA1c)	5.9	%	
estimated Average Glucose (e AG) *	122.63	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 ----

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 Request No. : 58481
 Request Date : 23/07/2022 08:48 AM
 Collection Date : 23/07/2022 09:05 AM
 Approval Date : 23/07/2022 02:51 PM

Urine Routine

Test	Result	Units	Biological Ref. Range
Physical Examination			
Quantity	20	mL	
Colour	Pale Yellow		
Appearance	Clear		
Chemical Examination (By Reagent strip method)			
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	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		

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- Computer Radiography
- Ultra Sensitive Colour Doppler
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- Multi-Detector CT Scan
- Mammography
- Interventional Radiology
- Digital Subtraction Angiography
- Foetal Echocardiography
- Echocardiography

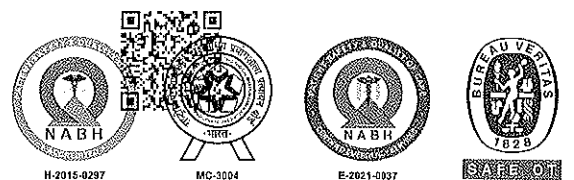
Patient No. : 21048606 Report Date : 23/07/2022
 Request No. : 190028077 23/07/2022 8.48 AM
 Patient Name : **VINITA GAUR**
 Gender / Age : Female / 42 Years 4 Days

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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- Echocardiography

Patient No. : 21048606 Report Date : 23/07/2022
Request No. : 190028080 23/07/2022 8.48 AM
Patient Name : VINITA GAUR
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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.
No obvious focal mass seen on either 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 breasts. 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

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





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- Digital Subtraction Angiography
- Foetal Echocardiography
- Echocardiography

Patient No. : 21048606 Report Date : 23/07/2022
Request No. : 190027980 23/07/2022 8.48 AM
Patient Name : VINITA GAUR
Gender / Age : Female / 42 Years 4 Days

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

Uterine length : 73 mm.
A.P. : 43 mm.

Both ovaries reveal small follicles.

Urinary bladder is well distended and appears normal.

No ascites.

COMMENT:

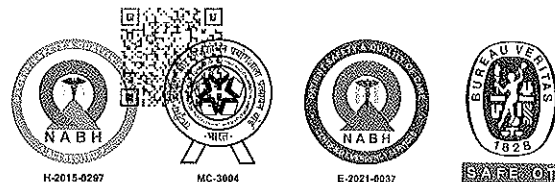
No obvious abnormality seen.

Kindly correlate clinically

• ULTRA SONOGRAPHY CANNOT DETECT ALL ABNORMALITIES
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 • CLINICAL CORRELATION RECOMMENDED

Hasani

Dr. Prerna C Hasani, MD
Consultant Radiologist



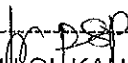
Patient No. : 21048606 Report Date : 23/07/2022
Request No. : 190028093 23/07/2022 8.48 AM
Patient Name : **VINITA GAUR**
Gender / Age : Female / 42 Years 4 Days

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, NO LVH
2. NORMAL LV SYSTOLIC FUNCTION LVEF – 60%
3. NO RESTING REGIONAL WALL MOTION ABNORMALITY
4. NORMAL ALL CARDIAC VALVES STRUCTURALLY, FUNCTIONALLY & MORPHOLOGICALLY
5. NO MITRAL / AORTIC STENOSIS
6. NORMAL RIGHT HEART SIZE AND RV PRESSURES
7. NO PERICARDIAL EFFUSION, CLOT OR VEGETATION SEEN, SR+.


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

ECU21048606
42 Years

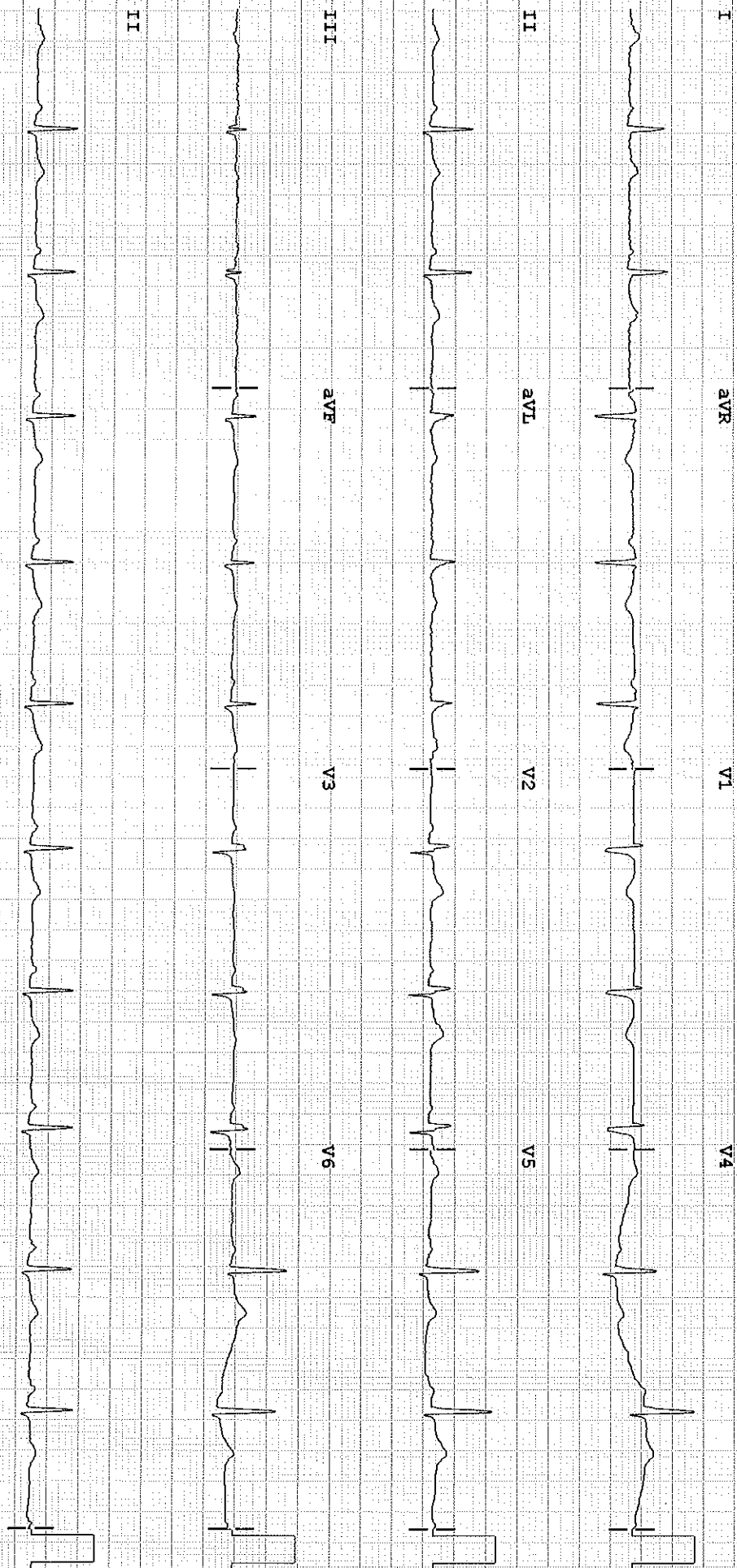
23-Jul-22

10:27:10 AM VINITA GAUR
Female

Doctor DR M MITTAL

Rate 64
PR 147
QRS 86
QT 396
QTc 408

--AXIS--
P 49
QRS 16
T 25



Dev: Speed: 25 mm/sec Limb: 1.0 mV/mV Chest: 10 mm/mV

F-50 ~ 0.5-150 Hz W

PH08

P2

Dr. Sonica Peshin

Cosmetic Dentist & Implantologist

Reg. No. : 6966-A

M. : 9586867301



BHAILAL AMIN
GENERAL HOSPITAL

Dental assessment form

22/07/2022

Name: Vinita Gaur

Age/ Sex: 42 years/Female

Patient has come for an oral hygiene check up

On Examination:

- Stains++ Calculus++
- History of horizontal brushing
- Mild attrition, recession
- Deep decayed teeth with respect to 26, 47
- Missing tooth with respect to 36
- Supra-eruption of 36

Provisional diagnosis:


- Chronic generalised gingivitis

Treatment plan:

- Scaling and polishing
- Restoration of 26, 47
- Prosthesis with respect to 36



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

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