



BHAILAL AMIN
GENERAL HOSPITAL



H-2015-0297



MC-3004



E-2021-0037



CONCLUSION OF HEALTH CHECKUP

ECU Number : 830

Age : 44

Weight : 54

Date : 24/12/2022

MR Number : 22902969

Sex : Female

Ideal Weight : 56

Patient Name: SHOBHANA PRASHANT

Height : 156

BMI : 22.19

Dr. Manish Mittal

Internal Medicine

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.

ECU Number : 830 MR Number : 22902969 Patient Name: SHOBHANA PRASHANT
Age : 44 Sex : Female Height : 156
Weight : 54 Ideal Weight : 56 BMI : 22.19
Date : 24/12/2022

Past H/O : K/C/O HYPERTENSION - 2 YRS -- ON MEDICATION.

Present H/O : NO MEDICAL COMPLAINTS AT PRESENT.

Family H/O : BOTH PARENTS - HYPERTENSION.

Habits : NO HABITS.

Gen.Exam. : G.C. GOOD

B.P : 136/90 mm Hg

Pulse : 90/MIN REG.

Others : -

C.V.S : NAD

R.S. : NAD

Abdomen : NP

Spleen : NP

Skin : NAD

C.N.S : NAD

Advice :



ECU Number : 830

Age : 44

Weight : 54

Date : 24/12/2022

MR Number : 22902969

Sex : Female

Ideal Weight : 56

Patient Name : SHOBHANA PRASHANT

Height : 156

BMI : 22.19

Ophthalmic Check Up :

Right

Left

Ext Exam

NIL

Vision Without Glasses

6/6

6/6

Vision With Glasses

N.5 + 1.75 D SPH

N.5 + 1.75 D SPH

Final Correction

NORMAL

NORMAL

Fundus

NORMAL

Colour Vision

NORMAL

Advice

NIL

Orthopaedic Check Up :

Ortho Consultation

Ortho Advice

ENT Check Up :

Ear

Nose

Throat

Hearing Test

ENT Advice

General Surgery Check Up :

General Surgery

Abdominal Lump

Hernia

External Genitals

PVR

Proctoscopy

Any Other

Surgical Advice





ECU Number : 830

Age : 44

Weight : 54

MR Number : 22902969

Sex : Female

Ideal Weight : 56

Patient Name: SHOBHANA PRASHANT

Height : 156

BMI : 22.19

Date : 24/12/2022

Gynaec Check Up :

OBSTETRIC HISTORY 2 FTND (1) LSCS
MENSTRUAL HISTORY -
PRESENT MENSTRUAL CYCLE LMP : 22/11/22
PAST MENSTRUAL CYCLE REGULAR
CHIEF COMPLAINTS NIL
PA SOFT
PS Cx - HYPERTROPHIC Vg - (N)
PV UT BULKY Fx CLEAR
BREAST EXAMINATION RIGHT FIBROADENOSIS
BREAST EXAMINATION LEFT FIBROADENOSIS
PAPSMEAR
BMD
MAMMOGRAPHY
ADVICE FOLLOWUP WITH REPORTS.

Dietary Assesment

ECU Number : 830 MR Number : 22902969 Patient Name: SHOBHANA PRASHANT
Age : 44 Sex : Female Height : 156
Weight : 54 Ideal Weight : 56 BMI : 22.19
Date : 24/12/2022

Body Type : Normal / Underweight / Overweight

Diet History : Vegetarian / Eggetarian / Mixed

Frequency of consuming fried food : / Day / Week or occasional

Frequency of consuming Sweets : / Day / or occasional

Frequency of consuming outside food : / Day / 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 seervings of all fruits and vegetables, For Diabetic patients avoid Mango, Chikoo, Banana, Grapes and Custurd apple

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

Eat Beetroots, 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.



Patient Name	: Mrs. SHOBHANA PRASHANT VAGHELA	Type	: OPD
Gender / Age	: Female / 44 Years 2 Months 1 Days	Request No.	: 95388
MR No / Bill No.	: 22902969 / 231056630	Request Date	: 24/12/2022 08:16 AM
Consultant	: Dr. Manish Mittal	Collection Date	: 24/12/2022 08:21 AM
Location	: OPD	Approval Date	: 24/12/2022 02:34 PM

Complete Lipid Profile

Test	Result	Units	Biological Ref. Range
Complete Lipid Profile			
Appearance	Clear		
Triglycerides	99	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	160	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	56	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)	104	mg/dL	1 - 130
<i>(Non- HDL Cholesterol</i>			
<i>< 130 Desirable</i>			
<i>139-159 Borderline High</i>			
<i>160-199 High</i>			
<i>> 191 Very High)</i>			
LDL Cholesterol	87	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)	19.8	mg/dL	12 - 30
LDL Ch. / HDL Ch. Ratio	1.55		2.1 - 3.5
T. Ch./HDL Ch. Ratio	2.86		3.5 - 5
<i>(Recent NECP / ATP III Guidelines / Classification (mg/dl) :)</i>			

---- End of Report ----

Dr. Rakesh Vaidya
MD (Path). DCP.

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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DEPARTMENT OF DIAGNOSTIC RADIOLOGY
Patient Name : Mrs. SHOBHANA PRASHANT VAGHELA
Gender / Age : Female / 44 Years 2 Months 1 Days
MR No / Bill No. : 22902969 / 231056630
Consultant : Dr. Manish Mittal
Location : OPD

Type : OPD
Request No. : 95389
Request Date : 24/12/2022 08:16 AM
Collection Date : 24/12/2022 08:21 AM
Approval Date : 24/12/2022 02:30 AM

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

Renal Function Test (RFT)

Test	Result	Units	Biological Ref. Range
Urea <i>(By Urease Kinetic method on RXL Dade Dimension)</i>	17	mg/dL	10 - 45
Creatinine <i>(By Modified Kinetic Jaffe Technique)</i>	0.74	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>	6.1	mg/dL	2.2 - 5.8

---- End of Report ----

Dr. Rakesh Vaidya
MD (Path). DCP.

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





DEPARTMENT OF DIAGNOSTIC RADIOLOGY

Patient Name : Mrs. SHOBHANA PRASHANT VAGHELA
Gender / Age : Female / 44 Years 2 Months 1 Days
MR No / Bill No. : 22902969 / 231056630
Consultant : Dr. Manish Mittal
Location : OPD

Type : **OPD**
Request No. : **Interventional Radiology**
Request Date : **24/12/2022 08:16 AM**
Collection Date : **Digital Subtraction Angiography**
Approval Date : **24/12/2022 08:21 AM**
Foetal Echocardiography
Echocardiography

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

CBC + ESR

Test	Result	Units	Biological Ref. Range
Haemoglobin.			
Haemoglobin	11.1	gm/dL	12 - 15
Red Blood Cell Count (T-RBC)	5.08	mill/cmm	3.8 - 4.8
Hematocrit (HCT)	35.6	%	36 - 46
Mean Corpuscular Volume (MCV)	70.1	fl	83 - 101
Mean Corpuscular Haemoglobin (MCH)	21.9	pg	27 - 32
MCH Concentration (MCHC)	31.2	%	31.5 - 34.5
Red Cell Distribution Width (RDW-CV)	17.7	%	11.6 - 14
Red Cell Distribution Width (RDW-SD)	44.4	fl	39 - 46
Total Leucocyte Count (TLC)			
Total Leucocyte Count (TLC)	6.60	thou/cmm	4 - 10
Differential Leucocyte Count			
Polymorphs	63	%	40 - 80
Lymphocytes	29	%	20 - 40
Eosinophils	4	%	1 - 6
Monocytes	4	%	2 - 10
Basophils	0	%	0 - 2
Polymorphs (Abs. Value)	4.17	thou/cmm	2 - 7
Lymphocytes (Abs. Value)	1.88	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)	0.04	thou/cmm	0.02 - 0.1
Immature Granulocytes	0.2	%	1 - 3 : Borderline > 3 : Significant
Platelet Count			
Platelet Count	331	thou/cmm	150 - 410
Smear evaluation	Adequate		
ESR	6	mm/1 hr	0 - 12

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DEPARTMENT OF DIAGNOSTIC RADIOLOGY

Patient Name : Mrs. SHOBHANA PRASHANT VAGHELA
 Gender / Age : Female / 44 Years 2 Months 1 Days
 MR No / Bill No. : 22902969 / 231056630
 Consultant : Dr. Manish Mittal
 Location : OPD

Type : OPD
 Request No. : Intervenational Radiology
 Request Date : 24/12/2022 08:16 AM
 Collection Date : 24/12/2022 08:21 AM
 Approval Date : Foetal Echocardiography
 Echocardiography

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 sterold 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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 • NOT VALID FOR MEDICO-LEGAL PURPOSES
 • CLINICAL CORRELATION RECOMMENDED





Patient Name : Mrs. SHOBHANA PRASHANT VAGHELA
 Gender / Age : Female / 44 Years 2 Months 1 Days
 MR No / Bill No. : 22902969 / 231056630
 Consultant : Dr. Manish Mittal
 Location : OPD

Type : OPD
 Request No. : 95388
 Request Date : 24/12/2022 08:16 AM
 Collection Date : 24/12/2022 08:21 AM
 Approval Date : 24/12/2022 02:34 PM

Thyroid Hormone Study

Test	Result	Units	Biological Ref. Range
Triiodothyronine (T3)	1.12	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)	8.39	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)	2.14	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		
<i>Pregnancy :</i>			
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>			

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.

---- End of Report ----

Dr. Rakesh Vaidya
MD (Path). DCP.

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. SHOBHANA PRASHANT VAGHELA	Type	: OPD
Gender / Age	: Female / 44 Years 2 Months 1 Days	Request No.	: 95388
MR No / Bill No.	: 22902969 / 231056630	Request Date	: 24/12/2022 08:16 AM
Consultant	: Dr. Manish Mittal	Collection Date	: 24/12/2022 08:21 AM
Location	: OPD	Approval Date	: 24/12/2022 02:34 PM

Haematology

Test	Result	Units	Biological Ref. Range
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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DEPARTMENT OF LABORATORY MEDICINE

Patient Name	: Mrs. SHOBHANA PRASHANT VAGHELA	Type	: OPD
Gender / Age	: Female / 44 Years 2 Months 1 Days	Request No.	: 95388
MR No / Bill No.	: 22902969 / 231056630	Request Date	: 24/12/2022 08:16 AM
Consultant	: Dr. Manish Mittal	Collection Date	: 24/12/2022 08:21 AM
Location	: OPD	Approval Date	: 24/12/2022 02:30 PM

Fasting Plasma Glucose

<u>Test</u>	<u>Result</u>	<u>Units</u>	<u>Biological Ref. Range</u>
<i>Fasting Plasma Glucose</i>			
Fasting Plasma Glucose	103	mg/dL	70 - 110
Post Prandial 2 Hr. Plasma Glucose	94	mg/dL	70 - 140

By Hexokinase method on RXL Dade Dimesion

---- End of Report ----

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MD (Path). DCP.

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 required.



Patient Name	: Mrs. SHOBHANA PRASHANT VAGHELA	Type	: OPD
Gender / Age	: Female / 44 Years 2 Months 1 Days	Request No.	: 95388
MR No / Bill No.	: 22902969 / 231056630	Request Date	: 24/12/2022 08:16 AM
Consultant	: Dr. Manish Mittal	Collection Date	: 24/12/2022 08:21 AM
Location	: OPD	Approval Date	: 24/12/2022 02:34 PM

HbA1c (Glycosylated Hb)

<u>Test</u>	<u>Result</u>	<u>Units</u>	<u>Biological Ref. Range</u>
<i>HbA1c (Glycosylated Hb)</i>			
Glycosylated Hemoglobin (HbA1c)	5.7	%	
estimated Average Glucose (e AG) *	116.89	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*

<u>HbA1c%</u>	<u>e AG (mg/dl)</u>	<u>Glycemic control</u>
> 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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Patient Name	: Mrs. SHOBHANA PRASHANT VAGHELA	Type	: OPD
Gender / Age	: Female / 44 Years 2 Months 1 Days	Request No.	: 95388
MR No / Bill No.	: 22902969 / 231056630	Request Date	: 24/12/2022 08:16 AM
Consultant	: Dr. Manish Mittal	Collection Date	: 24/12/2022 08:21 AM
Location	: OPD	Approval Date	: 24/12/2022 01:55 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 : P/2314/22
Received at 12:35 pm.Clinical Details : Bleeding
P/V findings : Cx. - Hypertrophic / Vg. - NAD
LMP : 22/11/2022

TBS Report / Impression :

- * Satisfactory for evaluation; transformation zone components identified.
- * 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 Bathesda system (Modified 2014)

---- End of Report ----

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Patient Name : Mrs. SHOBHANA PRASHANT VAGHELA Type : OPD
 Gender / Age : Female / 44 Years 2 Months 1 Days Request No. : 95388
 MR No / Bill No. : 22902969 / 231056630 Request Date : 24/12/2022 08:16 AM
 Consultant : Dr. Manish Mittal Collection Date : 24/12/2022 08:21 AM
 Location : OPD Approval Date : 24/12/2022 02:31 PM

Urine routine analysis (Auto)

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	1.015		
Protein	Negative	gm/dL	0 - 5
Glucose	Negative	mg/dL	0 - 5
Ketones	Negative		0 - 5
Bilirubin	Negative		Negative
Urobilinogen	Negative		Negative (upto 1)
Blood	Negative		Negative
Bile Salt	Absent		Absent
Leucocytes	2+		Negative
Bile Pigments	Absent		Absent
Nitrite	Negative		Negative
Microscopic Examination (by Microscopy after Centrifugation at 2000 rpm for 10 min or on fully automated Sysmex urine sedimentation analyzer UF4000)			
Red Blood Cells	1 - 5	/hpf	0 - 2
Leucocytes	30 - 50	/hpf	0 - 5
Epithelial Cells	20 - 30	/hpf	0 - 5
Casts	Nil	/lpf	Nil
Crystals	Nil	/hpf	Nil
Mucus	Absent	/hpf	Absent
Organism	Absent		

--- End of Report ---

Dr. Rakesh Vaidya
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Patient Name	: Mrs. SHOBHANA PRASHANT VAGHELA	Type	: OPD
Gender / Age	: Female / 44 Years 2 Months 1 Days	Request No.	: 95388
MR No / Bill No.	: 22902969 / 231056630	Request Date	: 24/12/2022 08:16 AM
Consultant	: Dr. Manish Mittal	Collection Date	: 24/12/2022 08:21 AM
Location	: OPD	Approval Date	: 24/12/2022 02:31 PM

Liver Function Test (LFT)

Test	Result	Units	Biological Ref. Range
Bilirubin			
Bilirubin - Total	0.54	mg/dL	0 - 1
Bilirubin - Direct	0.13	mg/dL	0 - 0.3
Bilirubin - Indirect	0.41	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)	24	U/L	14 - 59
<i>(By IFCC UV kinetic method on RXL Dade Dimension.)</i>			
Alkaline Phosphatase	41	U/L	42 - 98
<i>(BY PNPP AMP method on RXL Dade Dimension.)</i>			
Gamma Glutamyl Transferase (GGT)	29	U/L	5 - 55
<i>(By IFCC method on RXL Dade Dimension.)</i>			
Total Protein			
Total Proteins	7.40	gm/dL	6.4 - 8.2
Albumin	3.70	gm/dL	3.4 - 5
Globulin	3.7	gm/dL	3 - 3.2
A : G Ratio	1		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.



DEPARTMENT OF DIAGNOSTIC RADIOLOGY

- 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. : 22902969 Report Date : 24/12/2022
Request No. : 190046048 24/12/2022 8.16 AM
Patient Name : Mrs. SHOBHANA PRASHANT VAGHELA
Gender / Age : Female / 44 Years 2 Months 1 Days

Mammography (Both Breast)

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

Both breasts show extremally dense fibro glandular parenchyma which can obscure mass or lesion.(Type D Breast).

- 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.
- Bilateral benign axillary lymph nodes seen.

IMPRESSION:

Both breasts show extremally dense fibro glandular parenchyma, which can obscure the mass lesion---Needs
USG breast SOS.

Kindly correlate clinically /Follow up with USG sos.

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

Dr.Perna C Hasani, MD
Consultant Radiologist



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



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. : 22902969 Report Date : 24/12/2022
Request No. : 190046013 24/12/2022 8.16 AM
Patient Name : Mrs. SHOBHANA PRASHANT VAGHELA
Gender / Age : Female / 44 Years 2 Months 1 Days

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

**Liver is normal in size and shows 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 anteverted, bulky in size and heterogeneous in echo pattern. Endometrium thickness is about 7 mm. 26x22mm fibroid is seen at fundus.

Uterine length : 114 mm.
A.P. : 52 mm.

Both ovaries reveal small follicles.

Urinary bladder is well distended and appears normal.

No ascites.

COMMENT:

**Fatty liver.
Bulky adenomyotic uterus with fibroid.**

Kindly correlate clinically

Prerna C

Dr.Prerna C Hasani, MD
Consultant Radiologist



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



H-2015-0297

MC-3004

E-2021-0637

SAFE QM



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DEPARTMENT OF DIAGNOSTIC RADIOLOGY

Patient No. : 22902969 Report Date : 24/12/2022

Request No. : 190046027 24/12/2022 8.16 AM

Patient Name : Mrs. SHOBHANA PRASHANT VAGHELA

Gender / Age : Female / 44 Years 2 Months 1 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



MRS. SHOBHANA P. VAGHELA
Female 44Years
Department:

HR : 73 bpm
P : 117 ms
PR : 164 ms
QRS : 94 ms
QT/QTc : 404/445 ms
P/QRS/T : 64/-6/33 °
RV5/SVI : 0.840/0.374 mV

Diagnosis Information:
Sinus Rhythm
Poor R Wave Progression(V3)

Report Confirmed by:

