



**BHAILAL AMIN  
GENERAL HOSPITAL**

ESTD. 1964



### CONCLUSION OF HEALTH CHECKUP

ECU Number : 5947	MR Number : 21048606	Patient Name: VINITA GAUR
Age : 43	Sex : Female	Height : 156
Weight : 62	Ideal Weight : 56	BMI : 25.48
Date : 23/09/2023		

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.

For Appointment & Inquiry : 080 69 70 70 70



# BHAILAL AMIN GENERAL HOSPITAL



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Age : 43                                      Sex : Female                                      Height : 156  
Weight : 62                                      Ideal Weight : 56                                      BMI : 25.48  
Date : 23/09/2023

Past H/O : NO P/H/O ANY MAJOR ILLNESS.

Present H/O : NO MEDICAL COMPLAINTS AT PRESENT.

Family H/O : MOTHER IS DIABETIC. FATHER HAS ASTHMA

Habits : NIL  
Gen.Exam. : NONE  
B.P : 110/70 mm Hg  
Pulse : 65/MIN REG.  
Others : SPO2 98 %  
C.V.S : NAD  
R.S. : NAD  
Abdomen : NP  
Spleen : NP  
Skin : NAD  
C.N.S : NAD  
Advice :

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Age : 43  
Weight : 62  
Date : 23/09/2023

MR Number : 21048606  
Sex : Female  
Ideal Weight : 56

Patient Name: VINITA GAUR  
Height : 156  
BMI : 25.48

**Ophthalmic Check Up :**

	Right	Left
Ext Exam		NORMAL
Vision Without Glasses	6/6 + 0.75 D SPH	6/6 + 0.75 D SPH
Vision With Glasses	N.6 + 2.00	N.6 + 2.00
Final Correction	-	-
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

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ESTD. 1964



H-2015-0297



MC-3904



E-2021-0037



Certified  
NOV 2021-NOV 2022



SAFE ON

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Age : 43      Sex : Female      Height : 156  
Weight : 62      Ideal Weight : 56      BMI : 25.48  
Date : 23/09/2023

## Gynaec Check Up :

OBSTETRIC HISTORY      2 FTNDS  
MENSTRUAL HISTORY      -  
PRESENT MENSTRUAL CYCLE      LMP : 11/09/23  
PAST MENSTRUAL CYCLE      REGULAR  
CHIEF COMPLAINTS      -  
PE      SOFT  
PS      Cx - (N) Vg - (N)  
PV      LAX PERINEUM RECTOCOELE  
BREAST EXAMINATION RIGHT      NORMAL  
BREAST EXAMINATION LEFT      NORMAL  
PAPSMEAR      TAKEN  
BMD  
MAMMOGRAPHY  
ADVICE      PELVIC FLOOR EXERCISES.

For Appointment & Inquiry : 080 69 70 70 70

Dietary Assesment

ECU Number : 5947 MR Number : 21048606 Patient Name: VINITA GAUR  
Age : 43 Sex : Female Height : 156  
Weight : 62 Ideal Weight : 56 BMI : 25.48  
Date : 23/09/2023

Body Type : Normal / Underwight / Overwight  
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 dlabetic patient avoid Rasins, Dates and Jeggary

Drink green Tea or black Coffee once in a day.

Do brisk walking daily.



Patient Name : Ms. VINITA GAUR  
 Gender / Age : Female / 43 Years 2 Months 4 Days  
 MR No / Bill No. : 21048606 / 242023510  
 Consultant : Dr. Manish Mittal  
 Location : OPD

Type : OPD  
 Request No. : 160980  
 Request Date : 23/09/2023 08:34 AM  
 Collection Date : 23/09/2023 08:54 AM  
 Approval Date : 23/09/2023 02:03 PM

**CBC + ESR**

Test	Result	Units	Biological Ref. Range
<b>Haemoglobin.</b>			
Haemoglobin	<b>11.5</b>	gm/dL	12 - 15
Red Blood Cell Count (T-RBC)	4.30	mill/cmm	3.8 - 4.8
Hematocrit (HCT)	36.1	%	36 - 46
Mean Corpuscular Volume (MCV)	84.0	fl	83 - 101
Mean Corpuscular Haemoglobin (MCH)	<b>26.7</b>	pg	27 - 32
MCH Concentration (MCHC)	31.9	%	31.5 - 34.5
Red Cell Distribution Width (RDW-CV)	13.0	%	11.6 - 14
Red Cell Distribution Width (RDW-SD)	40.6	fl	39 - 46
<b>Total Leucocyte Count (TLC)</b>			
Total Leucocyte Count (TLC)	6.59	thou/cmm	4 - 10
<b>Differential Leucocyte Count</b>			
Polymorphs	53	%	40 - 80
Lymphocytes	39	%	20 - 40
Eosinophils	03	%	1 - 6
Monocytes	05	%	2 - 10
Basophils	00	%	0 - 2
Polymorphs (Abs. Value)	3.54	thou/cmm	2 - 7
Lymphocytes (Abs. Value)	2.58	thou/cmm	1 - 3
Eosinophils (Abs. Value)	<b>0.17</b>	thou/cmm	0.2 - 0.5
Monocytes (Abs. Value)	0.24	thou/cmm	0.2 - 1
Basophils (Abs. Value)	0.06	thou/cmm	0.02 - 0.1
Immature Granulocytes	0.3	%	1 - 3 : Borderline > 3 : Significant
<b>Platelet Count</b>			
Platelet Count	248	thou/cmm	150 - 410
Remarks	This is cell counter generated CBC report, Smear review is not done		
ESR	<b>32</b>	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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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. Ameet Soni  
MD (Path)

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**Haematology**

Test	Result	Units	Biological Ref. Range
<b>Blood Group</b>			
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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**Fasting Plasma Glucose**

Test	Result	Units	Biological Ref. Range
<b>Fasting Plasma Glucose</b>			
Fasting Plasma Glucose	91	mg/dL	70 - 110
Post Prandial 2 Hr. Plasma Glucose	103	mg/dL	70 - 140

By Hexokinase method on RXL Dade Dimension

---- End of Report ----

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MD (Path)

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**HbA1c (Glycosylated Hb)**

Test	Result	Units	Biological Ref. Range
<b>HbA1c (Glycosylated Hb)</b>			
Glycosylated Hemoglobin (HbA1c)	5.8	%	
estimated Average Glucose (e AG) *	119.76	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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**Liver Function Test (LFT)**

Test	Result	Units	Biological Ref. Range
<b>Bilirubin</b>			
Bilirubin - Total	0.48	mg/dL	0 - 1
Bilirubin - Direct	0.12	mg/dL	0 - 0.3
Bilirubin - Indirect	0.36	mg/dL	0 - 0.7
<i>(By Diazotized sulfanilic acid on RXL Dade Dimension.)</i>			
Aspartate Aminotransferase (SGOT/AST)	22	U/L	13 - 35
<i>(By IFCC UV kinetic method on RXL Dade Dimension.)</i>			
Alanine Aminotransferase (SGPT/ALT)	17	U/L	14 - 59
<i>(By IFCC UV kinetic method on RXL Dade Dimension.)</i>			
Alkaline Phosphatase	<b>134</b>	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>			
<b>Total Protein</b>			
Total Proteins	7.73	gm/dL	6.4 - 8.2
Albumin	3.84	gm/dL	3.4 - 5
Globulin	3.89	gm/dL	3 - 3.2
A : G Ratio	<b>0.99</b>		1.1 - 1.6
<i>(By Biuret endpoint and Bromocresol purple method on RXL Dade Dimension.)</i>			

---- 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)	20	mg/dL	10 - 45
Creatinine (By Modified Kinetic Jaffe Technique)	0.60	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)	5.1	mg/dL	2.2 - 5.8

--- End of Report ---

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**Thyroid Hormone Study**

Test	Result	Units	Biological Ref. Range
------	--------	-------	-----------------------

Triiodothyronine (T3)	0.924	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)	5.37	mcg/dL	
----------------	------	--------	--

(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)	2.03	microIU/ml	
--------------------------------------	------	------------	--

(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. Ameer Soni  
MD (Path)



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**Complete Lipid Profile**

Test	Result	Units	Biological Ref. Range
<b>Complete Lipid Profile</b>			
Appearance	Clear		
Triglycerides	<b>184</b>	mg/dL	1 - 150
<i>(By Lipase / Glycerol dehydrogenase on RXL Dade Dimension)</i>			
<i>&lt; 150 Normal</i>			
<i>150-199 Borderline High</i>			
<i>200-499 High</i>			
<i>&gt; 499 Very High)</i>			
Total Cholesterol	<b>222</b>	mg/dL	1 - 200
<i>(By enzymatic colorimetric method on RXL Dade Dimension)</i>			
<i>&lt;200 mg/dL - Desirable</i>			
<i>200-239 mg/dL - Borderline High</i>			
<i>&gt; 239 mg/dL - High)</i>			
HDL Cholesterol	55	mg/dL	40 - 60
<i>(By Direct homogenous technique, modified enzymatic non-immunological method on RXL Dade Dimension)</i>			
<i>&lt; 40 Low</i>			
<i>&gt; 60 High)</i>			
Non HDL Cholesterol (calculated)	167	mg/dL	1 - 130
<i>(Non- HDL Cholesterol)</i>			
<i>&lt; 130 Desirable</i>			
<i>139-159 Borderline High</i>			
<i>160-189 High</i>			
<i>&gt; 191 Very High)</i>			
LDL Cholesterol	<b>134</b>	mg/dL	1 - 100
<i>(By Direct homogenous technique, modified enzymatic non-immunological method on RXL Dade Dimension)</i>			
<i>&lt; 100 Optimal</i>			
<i>100-129 Near / above optimal</i>			
<i>130-159 Borderline High</i>			
<i>160-189 High</i>			
<i>&gt; 189 Very High)</i>			
VLDL Cholesterol (calculated)	36.8	mg/dL	12 - 30
LDL Ch. / HDL Ch. Ratio	2.44		2.1 - 3.5
T. Ch./HDL Ch. Ratio	4.04		3.5 - 5
<i>(Recent NECP / ATP III Guidelines / Classification (mg/dl) :)</i>			

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Dr. Ameer Soni  
MD (Path)

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DEPARTMENT OF LABORATORY MEDICINE

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Approval Date : 23/09/2023 02:38 PM

**Pap Smear**

Test	Result	Units	Biological Ref. Range
Pap Smear	Pap Smear Screening Report / Cervico-Vaginal Cytology...		
	Cyto No : P/1745/23 Received at 1:15 pm		
	Clinical Details : No complain P/V findings : Cx.- NAD / Vg. - NAD. Lax perineum LMP : 11/09/2023		
	TBS Report / Impression : * Satisfactory for evaluation; transformation zone components identified. * Mild inflammatory cellularity (Neutrophils rich). * Benign cellular changes/repair. * 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. Rakesh Vaidya  
MD (Path). DCP.

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DEPARTMENT OF LABORATORY MEDICINE

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**Urine routine analysis (Auto)**

Test	Result	Units	Biological Ref. Range
<b>Physical Examination</b>			
Quantity	50	mL	
Colour	Pale Yellow		
Appearance	Clear		
<b>Chemical Examination (By Reagent strip method)</b>			
pH	6.0		
Specific Gravity	1.020		
Protein	Negative	gm/dL	0 - 5
Glucose	Negative	mg/dL	0 - 5
Ketones	Negative		0 - 5
Billirubin	Negative		Negative
Urobilinogen	Negative		Negative (upto 1)
Blood	Negative		Negative
Leucocytes	Negative		Negative
Nitrite	Negative		Negative
<b>Microscopic Examination (by Microscopy after Centrifugation at 2000 rpm for 10 min or on fully automated Sysmex urine sedimentation analyzer UF4000)</b>			
Red Blood Cells	0 - 1	/hpf	0 - 2
Leucocytes	0 - 1	/hpf	0 - 5
Epithelial Cells	5 - 10	/hpf	0 - 5
Casts	Nil	/lpf	Nil
Crystals	Nil	/hpf	Nil
Mucus	Absent	/hpf	Absent
Organism	Absent		

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--- End of Report ---

Dr. Ameer Soni  
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**DEPARTMENT OF DIAGNOSTIC RADIOLOGY**

Patient No. : 21048606      Report Date : 23/09/2023  
Request No. : 190081798      23/09/2023 8.34 AM  
Patient Name : **Ms. VINITA GAUR**  
Gender / Age : Female / 43 Years 2 Months 4 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**

Patient No. : 21048606      Report Date : 23/09/2023  
Request No. : 190081810      23/09/2023 8.34 AM  
Patient Name : Ms. VINITA GAUR  
Gender / Age : Female / 43 Years 2 Months 4 Days

- ADVANCED DIGITAL SOLUTIONS

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- Computer Radiography

---

- Ultra Sensitive Colour Doppler

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- Ultra High Resolution Sonography

---

- Multi-Detector CT Scan

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- Mammography

---

- Interventional Radiology

---

- Digital Subtraction Angiography

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- Foetal Echocardiography

---

- Echocardiography

**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 partially 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.

No ascites.

**COMMENT:**

**• No obvious abnormality seen.**

*Kindly correlate clinically*

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

**Dr. Priyanka Patel, MD.**  
Consultant Radiologist





**BHAILAL AMIN**  
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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. : 21048606                      Report Date : 23/09/2023  
Request No. : 190081854              23/09/2023 8.34 AM  
Patient Name : Ms. VINITA GAUR  
Gender / Age : Female / 43 Years 2 Months 4 Days

**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 left side.

**Right breast shows well defined oval shaped opacity in lower and inner quadrant.**

No obvious skin thickening or nipple retraction seen.

Right benign axillary lymph nodes are seen possibly benign.

**IMPRESSION:**

**Findings favor benign lesion in right breast—fibroadenoma.**

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.

• 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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MC-3004

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Patient No. : 21048606      Report Date : 23/09/2023  
Request No. : 190081871      23/09/2023 8.34 AM  
Patient Name : **Ms. VINITA GAUR**  
Gender / Age : Female / 43 Years 2 Months 4 Days

**Echo Color Doppler**

MITRAL VALVE : NORMAL, NO MR, NO MS  
AORTIC VALVE : TRILEAFLET, NO AR, NO AS  
TRICUSPID VALVE : NORMAL, MILD TR, NO PAH  
PULMONARY VALVE : NORMAL  
LEFT ATRIUM : NORMAL  
AORTA : NORMAL  
LEFT VENTRICLE : NORMAL LV SIZE AND SYSTOLIC FUNCTION LVEF -- 65%, NO RESTING REGIONAL WALL MOTION ABNORMALITY  
RIGHT ATRIUM : NORMAL  
RIGHT VENTRICLE : NORMAL  
I.V.S. : INTACT  
I.A.S. : BULGING TO RA  
PULMONARY ARTERY : NORMAL  
PERICARDIUM : NORMAL  
  
COLOUR/DOPPLER FLOW MAPPING : NO MR // AR, MILD TR, NO PAH

**FINAL CONCLUSION:**

1. NORMAL SIZED ALL CARDIAC CHAMBERS, NO LVH
2. NORMAL LV SYSTOLIC FUNCTION, LVEF --65%
3. NO RESTING REGIONAL WALL MOTION ABNORMALITY
4. NORMAL ALL CARDIAC VALVES, NO MITRAL // AORTIC STENOSIS
5. NORMAL DIASTOLIC FUNCTION
6. NORMAL RIGHT HEART SIZE AND RV PRESSURES
7. NO PERICARDIAL EFFUSION, CLOT OR VEGETATION SEEN, SR+.

  
Dr. V. C. CHAUHAN, M.D., CARD.

Name: Vinita gaur  
Patient ID: Ecu 21048606

23-09-2023 11:11:35  
Standard 12-Lead

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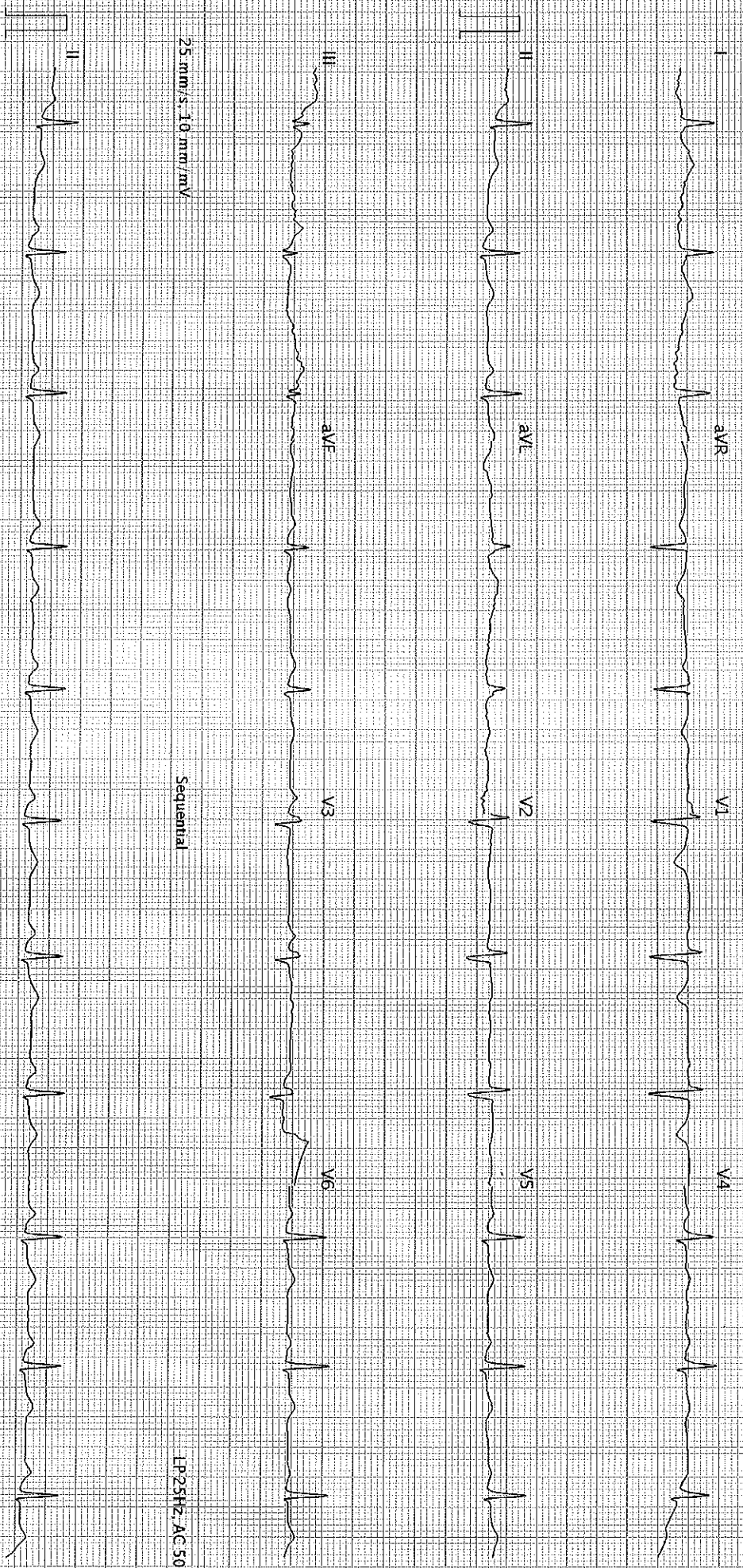
Age: 042Y  
Gender: Female  
Ref phys:  
Pacemaker: Unknown

HR: 65 bpm  
P: 123 ms  
PR: 171 ms  
P axis: 89°  
QRS axis: 18°  
T axis: 3°  
QT: 96 ms  
QTcB: 399 ms  
QTcB: 414 ms

Unconfirmed report

Remark:

*Normal*



25 mm/s, 10 mm/mV

Sequential

LP 25HZ, AC 50HZ

25 mm/s, 10 mm/mV

LP 25HZ, AC 50HZ

AT-102 G2 1.2.0 (1080 011030)

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