



BHAILAL AMIN  
GENERAL HOSPITAL



H-2015-0297



MC-3004



E-2021-0037



### CONCLUSION OF HEALTH CHECKUP

ECU Number : 1084

Age : 37

Weight : 46

Date : 05/01/2023

MR Number : 23197928

Sex : Female

Ideal Weight : 57

Patient Name: SANGEETA SINGH

Height : 157

BMI : 18.66

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.



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GENERAL HOSPITAL

ESTD. 1964



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Past H/O :

Present H/O :

Family H/O :

Habits :

Gen.Exam. :

B.P :

Pulse :

Others :

C.V.S :

R.S. :

Abdomen :

Spleen :

kin :

C.N.S :

Advice :



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**Ophthalmic Check Up :**

	Right	Left
Ext Exam		
Vision Without Glasses	6/6 + 0.50 D SPH	NIL
Vision With Glasses	N.6 + 0.25 D SPH ADD	6/6 + 0.50 D SPH
Final Correction	14.6	N.6 + 0.25 D SPH ADD
Iridocyclitic Fundus		14.6
Colour Vision	NORMAL	
Advice	NORMAL	
	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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Age : 37

Weight : 46

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Ideal Weight : 57

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Height : 157

BMI : 18.66

**Gynaec Check Up :**

OBSTETRIC HISTORY

FTND : FEMALE - 6 YRS L AND W

MENSTRUAL HISTORY

LMP : 26/12/2022

PRESENT MENSTRUAL CYCLE -

PAST MENSTRUAL CYCLE -

CHIEF COMPLAINTS -

PA SOFT

PS Cx - (N) Vg - WHITE DISCHARE +

PV UT RV NS Fx CLEAR

BREAST EXAMINATION RIGHT NORMAL

BREAST EXAMINATION LEFT NORMAL

PAPSMEAR TAKEN

BMD

MAMMOGRAPHY

ADVICE

FOLLOWUP WITH REPORTS ; C.MECGLA 1 DAILY - 3 MONTHS.



Dietary Assesment

ECU Number : 1084

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Weight : 46

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MR Number : 23197928

Sex : Female

Ideal Weight : 57

Patient Name: SANGEETA SINGH

Height : 157

BMI : 18.66

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 diabetic patient avoid Rasins, Dates and Jeggary

Drink green Tea or black Coffee once in a day.

Do brisk walking daily.



Patient Name : Ms. SANGEETA SINGH  
 Gender / Age : Female / 37 Years 3 Months 17 Days  
 MR No / Bill No. : 23197928 / 231059088  
 Consultant : Dr. Manish Mittal  
 Location : OPD

Type : OPD  
 Request No. : 98172  
 Request Date : 05/01/2023 08:45 AM  
 Collection Date : 05/01/2023 08:48 AM  
 Approval Date : 05/01/2023 02:47 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)	<b>4.95</b>	mill/cmm	3.8 - 4.8
Hematocrit (HCT)	<b>35.7</b>	%	36 - 46
Mean Corpuscular Volume (MCV)	<b>72.1</b>	fl	83 - 101
Mean Corpuscular Haemoglobin (MCH)	<b>23.2</b>	pg	27 - 32
MCH Concentration (MCHC)	32.2	%	31.5 - 34.5
Red Cell Distribution Width (RDW-CV)	<b>16.5</b>	%	11.6 - 14
Red Cell Distribution Width (RDW-SD)	43.4	fl	39 - 46
<b>Total Leucocyte Count (TLC)</b>			
Total Leucocyte Count (TLC)	6.21	thou/cmm	4 - 10
<b>Differential Leucocyte Count</b>			
Polymorphs	68	%	40 - 80
Lymphocytes	27	%	20 - 40
Eosinophils	1	%	1 - 6
Monocytes	4	%	2 - 10
Basophils	0	%	0 - 2
Polymorphs (Abs. Value)	4.22	thou/cmm	2 - 7
Lymphocytes (Abs. Value)	1.69	thou/cmm	1 - 3
Eosinophils (Abs. Value)	<b>0.06</b>	thou/cmm	0.2 - 0.5
Monocytes (Abs. Value)	0.22	thou/cmm	0.2 - 1
Basophils (Abs. Value)	0.02	thou/cmm	0.02 - 0.1
Immature Granulocytes	0.2	%	1 - 3 : Borderline > 3 : Significant
<b>Platelet Count</b>			
Platelet Count	<b>131</b>	thou/cmm	150 - 410
Smear evaluation	Adequate		
Remarks	few large platelets seen.		
ESR	7	mm/1 hr	0 - 12

Text 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. SANGEETA SINGH	Type	: OPD
Gender / Age	: Female / 37 Years 3 Months 17 Days	Request No.	: 98172
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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 / 37 Years 3 Months 17 Days Request No. : 98172  
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 Location : OPD Approval Date : 05/01/2023 12:07 PM

**Haematology**

Test	Result	Units	Biological Ref. Range
<b>Blood Group</b>			
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 Autocontrol.
- This method check's group both on Red blood cells and in Serum for "ABO" group.

--- End of Report ---

Dr. Sejal Odedra  
M.D.Pathology



365 Days / 24 Hours Laboratory Services

Home Collection Facility Available  
(Mon To Sat 8:00 am to 5:00 pm)



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ESTD. 1964

Bhailal Amin Marg, Gorwa, Vadodara, Gujarat 390003.

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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	88	mg/dL	70 - 110
Post Prandial 2 Hr. Plasma Glucose	102	mg/dL	70 - 140

By Hexokinase method on RXL Dade Dimesion

--- End of Report ---

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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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**HbA1c (Glycosylated Hb)**

Test	Result	Units	Biological Ref. Range
<b>HbA1c (Glycosylated Hb)</b>			
Glycosylated Hemoglobin (HbA1c)	5.6	%	
estimated Average Glucose (e AG) *	114.02	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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**Complete Lipid Profile**

Test	Result	Units	Biological Ref. Range
<b>Complete Lipid Profile</b>			
Appearance	Clear		
Triglycerides	46	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	128	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	53	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)	75	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	61	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)	9.2	mg/dL	12 - 30
LDL Ch. / HDL Ch. Ratio	1.15		2.1 - 3.5
T. Ch./HDL Ch. Ratio	2.42		3.5 - 5
<i>(Recent NECP / ATP III Guidelines / Classification (mg/dl) :)</i>			

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**Liver Function Test (LFT)**

Test	Result	Units	Biological Ref. Range
<b>Bilirubin</b>			
Bilirubin - Total	0.42	mg/dL	0 - 1
Bilirubin - Direct	0.11	mg/dL	0 - 0.3
Bilirubin - Indirect	0.31	mg/dL	0 - 0.7
<i>(By Diazotized sulfanilic acid on RXL Dade Dimension.)</i>			
Aspartate Aminotransferase (SGOT/AST)	15	U/L	13 - 35
<i>(By IFCC UV kinetic method on RXL Dade Dimension.)</i>			
Alanine Aminotransferase (SGPT/ALT)	19	U/L	14 - 59
<i>(By IFCC UV kinetic method on RXL Dade Dimension.)</i>			
Alkaline Phosphatase	72	U/L	42 - 98
<i>(BY PNPP AMP method on RXL Dade Dimension.)</i>			
Gamma Glutamyl Transferase (GGT)	20	U/L	5 - 55
<i>(By IFCC method on RXL Dade Dimension.)</i>			
<b>Total Protein</b>			
Total Proteins	7.55	gm/dL	6.4 - 8.2
Albumin	3.96	gm/dL	3.4 - 5
Globulin	3.59	gm/dL	3 - 3.2
A : G Ratio	1.1		1.1 - 1.6
<i>(By Biuret endpoint and Bromocresol purple method on RXL Dade Dimension.)</i>			

---- End of Report ----

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 Location : OPD

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**Renal Function Test (RFT)**

Test	Result	Units	Biological Ref. Range
Urea (By Urease Kinetic method on RXL Dade Dimension)	15	mg/dL	10 - 45
Creatinine (By Modified Kinetic Jaffe Technique)	0.65	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)	3.8	mg/dL	2.2 - 5.8

— End of Report —

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## Thyroid Hormone Study

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

Triiodothyronine (T3)	1.29	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)	7.94	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)	4.36	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 —

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Patient Name	: Ms. SANGEETA SINGH	Type	: OPD
Gender / Age	: Female / 37 Years 3 Months 17 Days	Request No.	: 98172
MR No / Bill No.	: 23197928 / 231059088	Request Date	: 05/01/2023 08:45 AM
Consultant	: Dr. Manish Mittal	Collection Date	: 05/01/2023 08:48 AM
Location	: OPD	Approval Date	: 05/01/2023 02:09 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/27/23 Received at 12:20 pm.		
	Clinical Details : No complain P/V findings : Cx. / Vg. - White discharge LMP : 26/12/2022		
	TBS Report / Impression : * Satisfactory for evaluation; transformation zone components identified. * Mild acute inflammatory cellularity. No evidence of T. vaginalis / Fungal elements. * 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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 Consultant : Dr. Manish Mittal  
 Location : OPD

Type : OPD  
 Request No. : 98172  
 Request Date : 05/01/2023 08:45 AM  
 Collection Date : 05/01/2023 08:48 AM  
 Approval Date : 05/01/2023 12:03 PM

**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	6.5		
Specific Gravity	1.010		
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
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	1 - 5	/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**  
GENERAL HOSPITAL

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**DEPARTMENT OF DIAGNOSTIC RADIOLOGY**

Patient No. : 23197928      Report Date : 05/01/2023  
Request No. : 190047689      05/01/2023 8.45 AM  
Patient Name : **Ms. SANGEETA SINGH**  
Gender / Age : Female / 37 Years 3 Months 17 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

*Hasani*

**Dr.Pruna C Hasani, MD**  
Consultant Radiologist



H-2016-0297

MC-3064

E-2021-0037



**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. : 23197928      Report Date : 05/01/2023  
Request No. : 190047676      05/01/2023 8.45 AM  
Patient Name : **Ms. SANGEETA SINGH**  
Gender / Age : Female / 37 Years 3 Months 17 Days

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

Uterine length :      86mm.  
A.P. :      37 mm.

Both ovaries are normal in size.

Urinary bladder is well distended and appears normal. 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

*Hasani*

**Dr.Pruna C Hasani, MD**  
Consultant Radiologist



**DEPARTMENT OF DIAGNOSTIC RADIOLOGY**

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Request No. : 190047676      05/01/2023 8.45 AM  
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Gender / Age : Female / 37 Years 3 Months 17 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

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

Uterine length :      86mm.  
A.P. :      37 mm.

Both ovaries are normal in size.

Urinary bladder is well distended and appears normal.  
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

*Prerna C Hasani*

**Dr.Prerna C Hasani, MD**  
Consultant Radiologist



H-2015-0297

MC-3004

E-2021



**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. : 23197928      Report Date : 05/01/2023  
Request No. : 190047676      05/01/2023 8.45 AM  
Patient Name : Ms. SANGEETA SINGH  
Gender / Age : Female / 37 Years 3 Months 17 Days

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*Prerna C Hasani*

**Dr.Prerna C Hasani, MD**  
Consultant Radiologist



Patient No. : 23197928      Report Date : 05/01/2023  
Request No. : 190047741      05/01/2023 8.45 AM  
Patient Name : Ms. SANGEETA SINGH  
Gender / Age : Female / 37 Years 3 Months 17 Days

Echo Color Doppler

MITRAL VALVE : NORMAL, NO MS, NO MR  
AORTIC VALVE : TRILEAFLET, NO AS, NO AR  
TRICUSPID VALVE : NORMAL, TRIVIAL TR, NO PAH  
PULMONARY VALVE : NORMAL, NO PR, NO PS  
LEFT ATRIUM : NORMAL SIZE  
AORTA : NORMAL  
LEFT VENTRICLE : NORMAL LVEF – 65 %, 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 : TRIVIAL TR NO PAH

FINAL CONCLUSION:

1. NORMAL SIZED ALL CARDIAC CHAMBERS
2. NORMAL LV SYSTOLIC FUNCTION LVEF – 65%
3. NO RESTING RWMA
4. NORMAL VALVES, NO MITRAL / AORTIC STENOSIS
5. NORMAL RIGHT HEART SIZE AND RV PRESSURE
6. NO PERICARDIAL EFFUSION, CLOT OR VEGETATION SEEN, SR+.

DR. V C CHAUHAN MD  
INTERVENTIONAL CARDIOLOGIST



ID: 23197928  
SANGEETA SINGH  
Female 37years

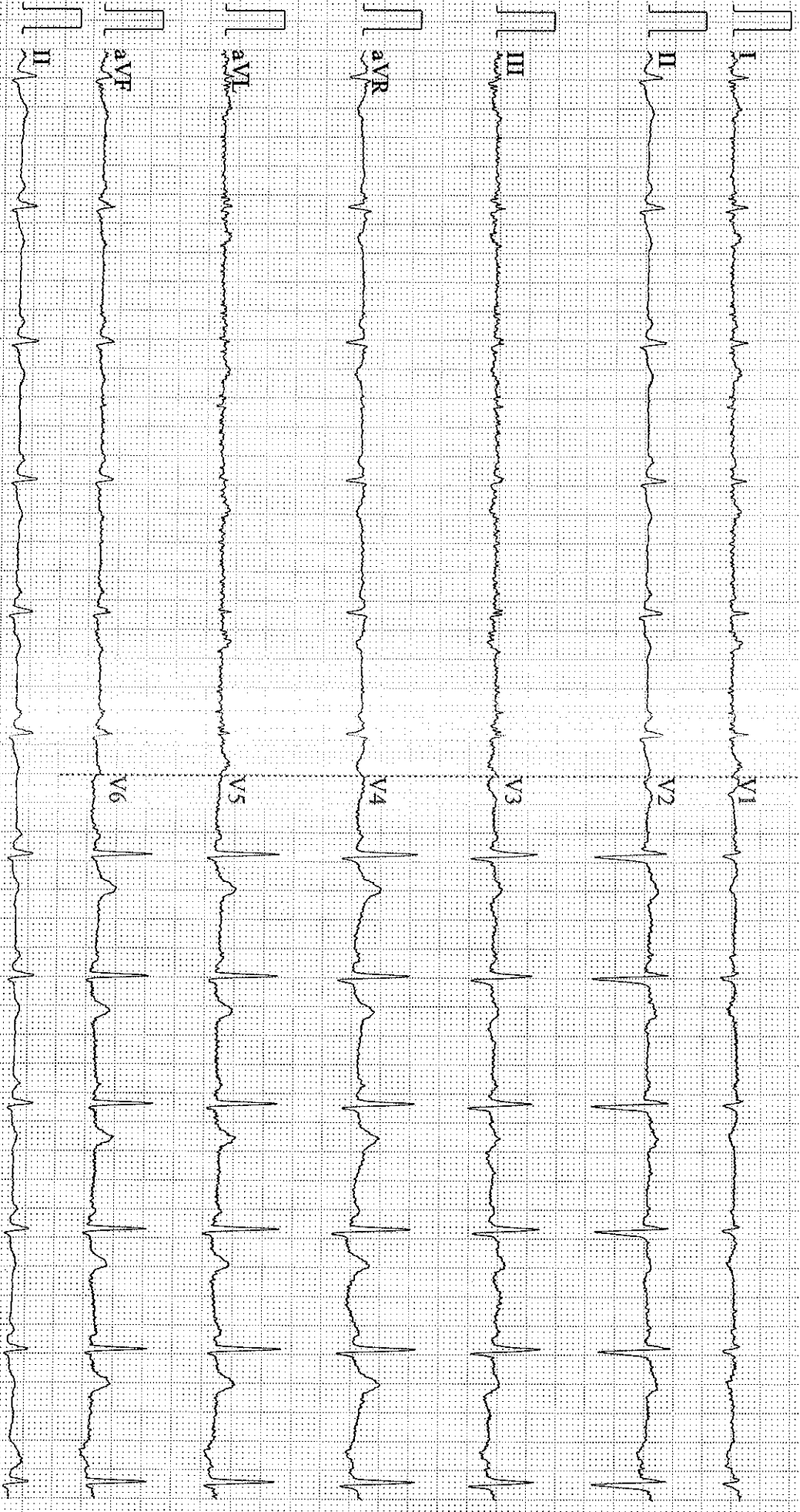
*Parm Mukherjee*

HR	: 68	bpm
P	: 115	ms
PR	: 151	ms
QRS	: 93	ms
QT/QTc	: 370/395	ms
P/QRS/T	: 64/50/21	°
RV5/SV1	: 1050/0.200	mV

Diagnosis Information:  
Sinus Rhythm  
Low Voltage(Limb Leads)

Report Confirmed by:

*JP*



0.67-25Hz AC50 25mm/s 10mm/mV 2\*5s+1r W68 V193 SEMIP V1.7

# Dr. Sonica Peshin

Cosmetic Dentist & Implantologist

Reg. No. : 6966-A

M. : 9586867301



**BHAILAL AMIN  
GENERAL HOSPITAL**

## Dental assessment form

05/01/2023

Name: Sangeeta Singh

Age/ Sex: 37 years/Female

Patient has come for an oral hygiene check up

### On Examination:

- Stains++ Calculus++
- History of horizontal brushing
- Mild attrition, recession, sensitivity

### 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

**HEART CARE | BRAIN & SPINE | BONE & JOINT | MINIMAL ACCESS SURGERY  
24X7 EMERGENCY | DIAGNOSTICS | PHARMACY | BLOOD BANK**

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