



### CONCLUSION OF HEALTH CHECKUP

ECU Number	: 2486	MR Number	: 23202961	Patient Name	: ASHA KUMARI
Age	: 33	Sex	: Female	Height	: 152
Weight	: 55	Ideal Weight	: 53	BMI	: 23.81
Date	: 24/03/2023				

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.



# BHAILAL AMIN GENERAL HOSPITAL



ECU Number : 2486                      MR Number : 23202961                      Patient Name: ASHA KUMARI  
Age : 33                                      Sex : Female                                      Height : 152  
Weight : 55                                      Ideal Weight : 53                                      BMI : 23.81  
Date : 24/03/2023

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

Present H/O : NO MEDICAL COMPLAIN AT PRESENT

Family H/O : NO F/H/O ANY MAJOR ILLNESS

Habits : NO HABITS  
Gen.Exam. : G.C.GOOD  
B.P : 120/76 mm Hg  
Pulse : 90/MIN REG  
Others : SPO2-99%  
C.V.S : NAD  
R.S. : NAD  
Abdomen : NP  
Spleen : NP  
Skin : NAD  
C.N.S : NAD  
Advice :



ECU Number : 2486  
Age : 33  
Weight : 55  
Date : 24/03/2023

MR Number : 23202961  
Sex : Female  
Ideal Weight : 53

Patient Name : ASHA KUMARI  
Height : 152  
BMI : 23.81

Gynaec Check Up :

OBSTETRIC HISTORY G2 P2 2FTND L AND W  
MENSTRUAL HISTORY  
PRESENT MENSTRUAL CYCLE REGULAR CYCLE LMP= 8/3/2023  
PAST MENSTRUAL CYCLE

CHIEF COMPLAINTS

PA SOFT  
PS DISCHARGES  
PV ? TINY FIVROID POSFERIOR WALL  
BREAST EXAMINATION RIGHT NORMAL  
BREAST EXAMINATION LEFT NORMAL  
PAPSMEAR TAKEN  
BMD  
MAMMOGRAPHY  
ADVICE REGULAR BSE.



Patient Name : Mrs. ASHA KUMARI  
Gender / Age : Female / 33 Years 4 Months 24 Days  
MR No / Bill No. : 23202961 / 231074559  
Consultant : Dr. Manish Mittal  
Location : OPD

Type : OPD  
Request No. : 115009  
Request Date : 24/03/2023 09:24 AM  
Collection Date : 24/03/2023 09:45 AM  
Approval Date : 24/03/2023 02:16 PM

**CBC + ESR**

Test	Result	Units	Biological Ref. Range
<b>Haemoglobin.</b>			
Haemoglobin	12.4	gm/dL	12 - 15
Red Blood Cell Count (T-RBC)	4.14	mill/cmm	3.8 - 4.8
Hematocrit (HCT)	38.2	%	36 - 46
Mean Corpuscular Volume (MCV)	92.3	fl	83 - 101
Mean Corpuscular Haemoglobin (MCH)	30.0	pg	27 - 32
MCH Concentration (MCHC)	32.5	%	31.5 - 34.5
Red Cell Distribution Width (RDW-CV)	13.6	%	11.6 - 14
Red Cell Distribution Width (RDW-SD)	<b>47.3</b>	fl	39 - 46
<b>Total Leucocyte Count (TLC)</b>			
Total Leucocyte Count (TLC)	6.02	thou/cmm	4 - 10
<b>Differential Leucocyte Count</b>			
Polymorphs	58	%	40 - 80
Lymphocytes	36	%	20 - 40
Eosinophils	2	%	1 - 6
Monocytes	4	%	2 - 10
Basophils	0	%	0 - 2
Polymorphs (Abs. Value)	3.48	thou/cmm	2 - 7
Lymphocytes (Abs. Value)	2.15	thou/cmm	1 - 3
Eosinophils (Abs. Value)	<b>0.13</b>	thou/cmm	0.2 - 0.5
Monocytes (Abs. Value)	0.24	thou/cmm	0.2 - 1
Basophils (Abs. Value)	0.02	thou/cmm	0.02 - 0.1
Immature Granulocytes	0.0	%	1 - 3 : Borderline > 3 : Significant
<b>Platelet Count</b>			
Platelet Count	153	thou/cmm	150 - 410
Smear evaluation	Adequate		
ESR	<b>14</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 opinion is made. Requester's consent 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	: Mrs. ASHA KUMARI	Type	: OPD
Gender / Age	: Female / 33 Years 4 Months 24 Days	Request No.	: 115009
MR No / Bill No.	: 23202961 / 231074559	Request Date	: 24/03/2023 09:24 AM
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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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**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 ----

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**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	86	mg/dL	70 - 110
Post Prandial 2 Hr. Plasma Glucose	89	mg/dL	70 - 140

By Hexokinase method on RXL Dade Dimesion

---- End of Report ----

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**HbA1c (Glycosylated Hb)**

Test	Result	Units	Biological Ref. Range
<b>HbA1c (Glycosylated Hb)</b>			
Glycosylated Heamoglobin (HbA1c)	4.9	%	
estimated Average Glucose (e AG) *	93.93	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	64	mg/dL	1 - 150
<i>(By Lipase / Glycerol dehydrogenase on RXL Dade Dimension)</i>			
< 150 Normal			
150-199 Borderline High			
200-499 High			
> 499 Very High			
Total Cholesterol	168	mg/dL	1 - 200
<i>(By enzymatic colorimetric method on RXL Dade Dimension)</i>			
< 200 mg/dL - Desirable			
200-239 mg/dL - Borderline High			
> 239 mg/dL - High			
HDL Cholesterol	63	mg/dL	40 - 60
<i>(By Direct homogenous technique, modified enzymatic non-immunological method on RXL Dade Dimension)</i>			
< 40 Low			
> 60 High			
Non HDL Cholesterol (calculated)	105	mg/dL	1 - 130
<i>(Non- HDL Cholesterol)</i>			
< 130 Desirable			
139-159 Borderline High			
160-189 High			
> 191 Very High			
LDL Cholesterol	101	mg/dL	1 - 100
<i>(By Direct homogenous technique, modified enzymatic non-immunological method on RXL Dade Dimension)</i>			
< 100 Optimal			
100-129 Near / above optimal			
130-159 Borderline High			
160-189 High			
> 189 Very High			
VLDL Cholesterol (calculated)	12.8	mg/dL	12 - 30
LDL Ch. / HDL Ch. Ratio	1.6		2.1 - 3.5
T. Ch./HDL Ch. Ratio	2.67		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
<b>Bilirubin</b>			
Bilirubin - Total	0.30	mg/dL	0 - 1
Bilirubin - Direct	0.07	mg/dL	0 - 0.3
Bilirubin - Indirect	0.23	mg/dL	0 - 0.7
<i>(By Diazotized sulfanilic acid on RXL Dade Dimension.)</i>			
Aspartate Aminotransferase (SGOT/AST)	23	U/L	13 - 35
<i>(By IFCC UV kinetic method on RXL Dade Dimension.)</i>			
Alanine Aminotransferase (SGPT/ALT)	31	U/L	14 - 59
<i>(By IFCC UV kinetic method on RXL Dade Dimension.)</i>			
Alkaline Phosphatase	73	U/L	42 - 98
<i>(BY PNPP AMP method on RXL Dade Dimension.)</i>			
Gamma Glutamyl Transferase (GGT)	24	U/L	5 - 55
<i>(By IFCC method on RXL Dade Dimension.)</i>			
<b>Total Protein</b>			
Total Proteins	8.14	gm/dL	6.4 - 8.2
Albumin	4.23	gm/dL	3.4 - 5
Globulin	3.91	gm/dL	3 - 3.2
A : G Ratio	1.08		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.

### Dietary Assessment

ECU Number : 2486      MR Number : 23202961      Patient Name : ASHA KUMARI  
Age : 33      Sex : Female      Height : 152  
Weight : 55      Ideal Weight : 53      BMI : 23.81  
Date : 24/03/2023

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 servings 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.



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**Renal Function Test (RFT)**

Test	Result	Units	Biological Ref. Range
Urea (By Urease Kinetic method on RXL Dade Dimension)	30	mg/dL	10 - 45
Creatinine (By Modified Kinetic Jaffe Technique)	0.67	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 -----

Dr. Rakesh Vaidya  
MD (Path), DCP.



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 Gender / Age : Female / 33 Years 4 Months 24 Days  
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 Consultant : Dr. Manish Mittal  
 Location : OPD

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 Request No. : 115009  
 Request Date : 24/03/2023 09:24 AM  
 Collection Date : 24/03/2023 09:45 AM  
 Approval Date : 24/03/2023 03:26 PM

## Thyroid Hormone Study

Test	Result	Units	Biological Ref. Range
Triiodothyronine (T3)	1.39	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)	8.06	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)	2.31	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>			

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— End of Report —

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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. : 23202961      Report Date : 24/03/2023

Request No. : 190058227      24/03/2023 9.24 AM

Patient Name : Mrs. ASHA KUMARI

Gender / Age : Female / 33 Years 4 Months 24 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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**DEPARTMENT OF DIAGNOSTIC RADIOLOGY**

Patient No. : 23202961      Report Date : 24/03/2023  
Request No. : 190058236      24/03/2023 9.24 AM  
Patient Name : Mrs. ASHA KUMARI  
Gender / Age : Female / 33 Years 4 Months 24 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 heterogeneous in echo pattern. Endometrium thickness is about 5 mm. No obvious mass lesion seen.**

Uterine length :            72 mm.  
A.P.                         :        36 mm.

Both ovaries reveal small follicles.

Urinary bladder is well distended and appears normal.

**Minimal fluid is seen in pelvis.**

**COMMENT:**

**Heterogeneous echopattern of uterus—adenomayotic changes.  
Minimal free fluid in pelvis.**

*Kindly correlate clinically*

*Hasani*

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



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



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- Interventional Radiology
- Digital Subtraction Angiography
- Foetal Echocardiography
- Echocardiography

Patient No. : 23202961      Report Date : 24/03/2023  
Request No. : 190058236      24/03/2023 9.24 AM  
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Dr.Prerna C Hasani, MD  
Consultant Radiologist



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 • CLINICAL CORRELATION RECOMMENDED



H-2015-0287

MC-3804

E-2021-0037



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### Echo Color Doppler

MITRAL VALVE : NORMAL  
AORTIC VALVE : TRILEAFLET, NORMAL  
TRICUSPID VALVE : NORMAL, TRACE TR, PASP BY TR JET=21 MMHG  
PULMONARY VALVE : NORMAL  
LEFT ATRIUM : NORMAL  
AORTA : NORMAL  
LEFT VENTRICLE : NORMAL, NO REGIONAL WALL MOTION ABNORMALITY,  
LVEF=60%  
RIGHT ATRIUM : NORMAL  
RIGHT VENTRICLE : NORMAL  
I.V.S. : INTACT  
I.A.S. : INTACT  
PULMONARY ARTERY : NORMAL  
PERICARDIUM : NORMAL  
COLOUR/DOPPLER FLOW MAPPING : Grade I diastolic dysfunction, E/e'=12  
Trace MR, Trace TR, No PAH

#### FINAL CONCLUSION:

1. ALL CARDIAC CHAMBERS ARE NORMAL IN DIMENSIONS
2. NO REGIONAL WALL MOTION ABNORMALITY AT REST
3. NORMAL LV SYSTOLIC FUNCTION, LVEF=60%
4. NORMAL VALVES
5. GRADE I DIASTOLIC DYSFUNCTION
6. TRACE MR, TR, NO PULMONARY HYPERTENSION , ( IVC COLLAPSING )
7. NO PERICARDIAL EFFUSION, CLOT VEGETATION.



Dr. KILLOL KANERIA MD, DM  
Consultant Cardiologist

Name: Asha kumar  
Patient ID: 23202961

24.03.2023 11:30:50  
Standard 12-Lead

Date of birth: 01.11.1989  
Gender: Female  
Height:   
Weight:   
Ethnicity: Undefined  
Pacemaker: Unknown

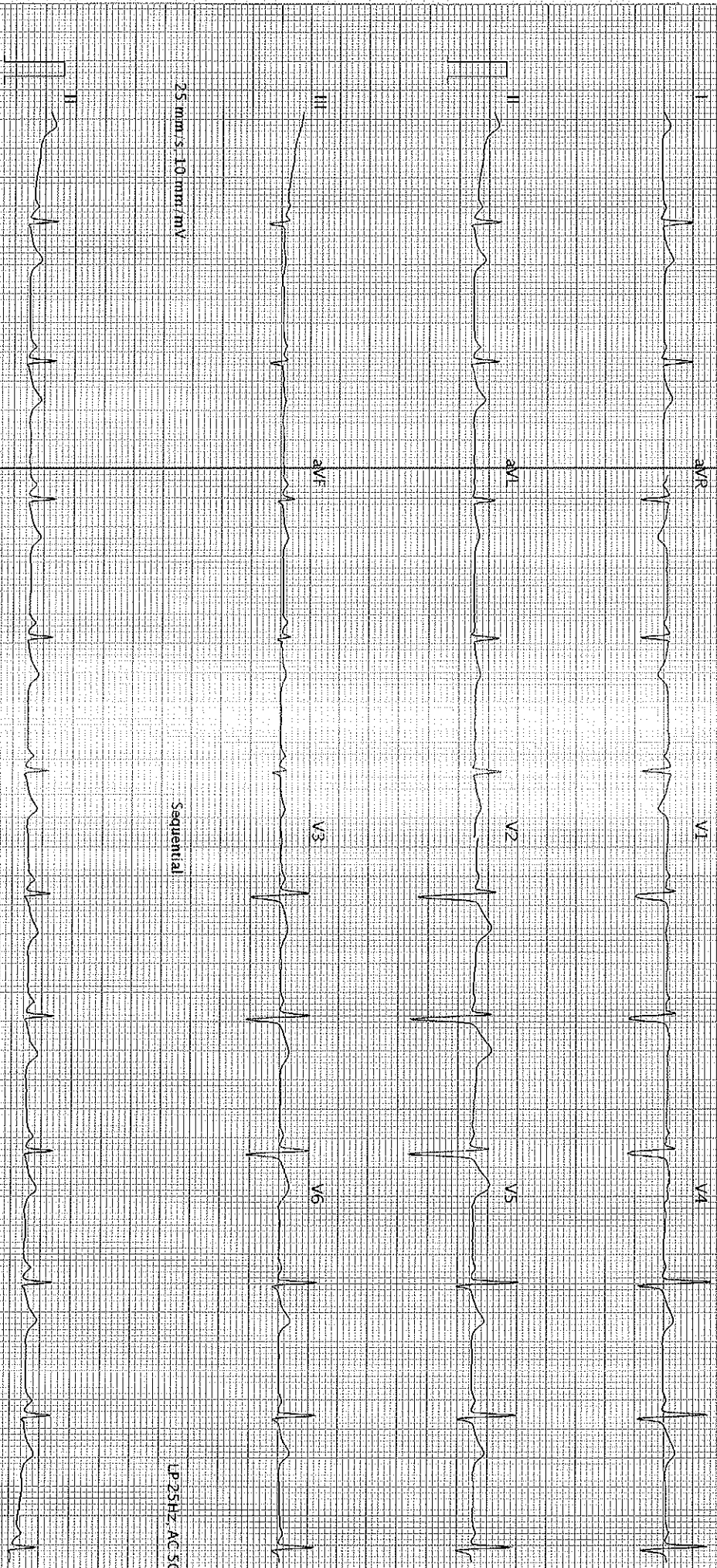
Visit ID:   
Room:   
Medication:   
Order ID:   
Ord. prov:   
Ord. prot:

HR: 65 bpm  
P axis: 54°  
QRS axis: 18°  
T axis: 22°

RR: 91.7 ms  
P: 98 ms  
PR: 119 ms  
QRS: 82 ms  
QTcB: 369 ms  
QTcB: 385 ms

Sinus rhythm  
Normal electrical axis  
Normal ECG  
Unconfirmed report

*AD 13*



Normal

25 mm/s, 10 mm/mV

Sequential

LP 25Hz AC 50Hz

25 mm/s, 10 mm/mV

LP 25Hz AC 50Hz

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Printed on 24.03.2023 11:31:05

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SCHILLER

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