

Name : Mrs. VARSHA A BHAVSAR (52 /F)

Date : 11/03/2023

Address : AHMEDABAD, AHMADABAD, AHMADABAD, GUJARAT, INDIA

Examined by : Dr .BHAWANA DAGA

UHID : AHCC000127444

Package : MEDIWHEEL-FULL BODY CHK-ABOVE40-FEMALE

AHC No : AHCCA4680

CHIEF COMPLAINTS

For routine health checkup
No specific complaints

PRESENT KNOWN ILLNESS

No history of - Diabetes mellitus,
Dyslipidemia, Thyroid
disorder, Heart disease,
Stroke, Asthma, COPD,
Cancer, Impaired Glycemia
Hypertension Since - 10 YEARS;
Medication - regular

DRUG ALLERGY

NO KNOWN ALLERGY : 11/03/2023

SYSTEMIC REVIEW

Cardiovascular system

Breathing difficulty - yes; Exacerbated by - moderate
exertion; Relieved by - rest

Present medications

- TAB TELMIRIDE H OD; Compliance - regular

Past medical history

Do you have any - No
allergies?
Covid 19 - No

Surgical history

Hysterectomy - 6 YEARS

Immunization history

- Covid Dose1, Covid
Dose2, Precaution Dose

Personal history

Marital status - Married
No. of children - 2

Diet - Mixed Diet
Alcohol - does not consume alcohol
Smoking - No
Chews tobacco - No
Physical activity - Mild

Family history

Father - has expired
Cause - natural cause
Mother - alive
Diabetes - sister
Hypertension - sister
Coronary artery
disease - none
Cancer - None

PHYSICAL EXAMINATION

General

General appearance - normal
Build - Morbid obesity
Height - 148
Weight - 85.1
BMI - 38.85
Pallor - No
Oedema - no

Cardiovascular system

Heart rate (Per minute) - 90
Rhythm - Regular
Systolic(mm of Hg) - 152
Diastolic(mm of Hg) - 106
Heart sounds - S1S2+

Respiratory system

Breath sounds - Normal vesicular breath
sounds

Abdomen

Organomegaly - No
Tenderness - No



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URINE FOR ROUTINE EXAMINATION

Test Name	Result	Unit	Level	Range
Specific Gravity	1.020			
Colour:	Pale-Yellow			
Transparency:	Clear			
pH	6			
Protein :	Nil			
Sugar:	Nil			
Blood:	Negative			
Ketone	Absent			
Bile Pigments:	Absent			
Urobilinogen	Normal	E.U./d L		
Nitrite	Negative			
Pus Cells	Occasional		0-5	
RBC	Nil	/hpf	0-5/hpf	
Epithelial Cells	Occasional			
Casts:	Absent			
Crystals:	Absent			

Basophils	00	%	●	0-1
Platelet Count (Impedance)	313000	/cu mm	●	150000-450000
MPV (Calculated)	8.2	fl	●	7-11
RBC::	Anisocytosis (+)~Hypochromia (+)~Microcytes (+)			
ERYTHROCYTE SEDIMENTATION RATE (ESR) (Automated/ optic-electronic)	32 *	mm/1st hr	●	0-20

URINE GLUCOSE(POST PRANDIAL)

Test Name	Result	Unit	Level	Range
Urine Glucose (Post Prandial)	Nil			

BLOOD GROUPING AND TYPING (ABO and Rh)

Test Name	Result	Unit	Level	Range
BLOOD GROUP:	A Positive			

LFT (LIVER FUNCTION TEST)

Test Name	Result	Unit	Level	Range
ALT(SGPT) - SERUM / PLASMA	19	U/L	●	0-35
ALKALINE PHOSPHATASE - SERUM/PLASMA	127 *	U/L	●	Adult(Female): 35 - 104
AST (SGOT) - SERUM	19	U/L	●	>1 year Female : <32
Total Bilirubin	0.474	mg/dL	●	0.300-1.200
Direct Bilirubin	0.202	mg/dL	●	Upto 0.3 mg/dl

COMPLETE BLOOD COUNT WITH ESR

Test Name	Result	Unit	Level	Range
Hemoglobin (Photometric Measurement)	12.4	gm%	●	12-16
Packed cell volume(Calculated)	38.7	%	●	36-46
RBC COUNT (Impedance)	5.09	Million/ ul	●	3.8-5.2
MCV (From RBC Histogram)	76 *	fl	●	80-100
MCH(Calculated)	24.4 *	pg	●	27-32
MCHC(Calculated)	32.1	%	●	31-36
RDW(Calculated)	15.5 *	%	●	11.5-14.5
WBC Count (Impedance)	8000	/cu mm	●	4000-11000
Neutrophils	56	%	●	40-75
Lymphocytes	32	%	●	20-40
Monocytes	07	%	●	2-10
Eosinophils	05	%	●	01-06

● Within Normal Range ● Borderline High/Low ● Out of Range



Indirect Bilirubin

0.27 mg/dL ●
 1 Day ≤5.1 mg/dL
 2 Days ≤7.2 mg/dL
 3-5 Days ≤10.3 mg/dL
 6-7 Days ≤8.4 mg/dL
 8-9 Days ≤6.5 mg/dL
 10-11 Days ≤4.6 mg/dL
 12-13 Days ≤2.7 mg/dL
 14 Days - 9 Years 0.2-0.8 mg/dL
 10-19 Years 0.2-1.1 mg/dL
 ≥20 Years 0.2-1.2 mg/dL

GLYCOSYLATED HEMOGLOBIN (HBA1C) - WHOLE BLOOD

Test Name	Result	Unit	Level	Range
Glycosylated Hemoglobin (HbA1c)	8.01 *	%	●	Normal < 5.7
				%Increased risk for Diabetes 5.7 - 6.4%
				Diabetes >= 6.5%
				Monitoring criteria for Diabetes Mellitus <7.0 : Well Controlled Diabetes 7.1 – 8.0 : Unsatisfactory Control > 8.0 : Poor Control & Needs Immediate Treatment

CREATININE - SERUM / PLASMA

Test Name	Result	Unit	Level	Range
CREATININE - SERUM / PLASMA	0.72	mg/dL	●	Adult Female: 0.5 - 1.2

LFT (LIVER FUNCTION TEST)

Test Name	Result	Unit	Level	Range
GGTP: GAMMA GLUTAMYL TRANSPEPTIDASE - SERUM	32	U/L	●	Male : 10 - 71 Female : 6 - 42

Mean Blood Sugar 183

LFT (LIVER FUNCTION TEST)

Test Name	Result	Unit	Level	Range
PROTEIN TOTAL - SERUM / PLASMA	7.4	g/dL	●	6.00-8.00
ALBUMIN - SERUM	4.19	g/dL	●	Adult(18 - 60 Yr): 3.5 - 5.2
Globulin-Serum/Plasma	3.2		●	2.20-4.20
A/G ratio	1.3		●	1.00-2.00

GLUCOSE - SERUM / PLASMA (FASTING)

Test Name	Result	Unit	Level	Range
Glucose - Plasma (Fasting)	165 *	mg/dL	●	70 - 100 : Normal 100 - 125 : Impaired Glucose Tolerance >= 126 : Diabetes Mellitus

THYROID PROFILE (T3,T4 AND TSH)

Test Name	Result	Unit	Level	Range
TOTAL T3: TRI IODOTHYRONINE - SERUM	1.41	ng/mL	●	0.8 - 2.0
TOTAL T4: THYROXINE - SERUM	10 *	ug/dL	●	5.1 - 14.1

GLUCOSE - SERUM / PLASMA (POST PRANDIAL) - PPBS

Test Name	Result	Unit	Level	Range
Glucose - Plasma (Post Prandial)	225 *	mg/dL	●	70-140

● Within Normal Range ● Borderline High/Low ● Out of Range



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MEDIWHEEL-FULL BODY CHK-ABOVE40-FEMALE

AHC No : AHCCAH4680

Organization is Accredited
by Joint Commission InternationalTSH: THYROID
STIMULATING
HORMONE - SERUM

2.87

μIU/mL ●

14-120 years :
0.27 - 4.20

C/H RATIO

3.4

● 0-4.5

URIC ACID - SERUM

Test Name	Result	Unit	Level	Range
URIC ACID - SERUM	6.9 *	mg/dL	●	Male : 3.4-7.0 Female : 2.4-5.7

ECHO/TMT

Concentric LVH.
Normal LV systolic function, LVEF: 60%.
Grade I diastolic dysfunction.
No PAH.

BUN (BLOOD UREA NITROGEN)

Test Name	Result	Unit	Level	Range
BUN (BLOOD UREA NITROGEN)	11	mg/dL	●	6-20
UREA - SERUM / PLASMA	23	mg/dL	●	15 - 50

USG WHOLE ABDOMEN

Liver appears normal in size and shows grade I fatty echotexture. No evidence of focal or diffuse pathology seen. Intra and extra hepatic biliary radicles are not dilated. Portal vein is normal in caliber. Intrahepatic portal radicles appear normal.

LIPID PROFILE - SERUM

Test Name	Result	Unit	Level	Range
Total Cholesterol	135	mg/dl	●	0 - 200 : Desirable 200 - 240 : Borderline High 240 - 280 : High > 280 : Very High
Triglycerides - Serum	114	mg/dL	●	0-150
HDL CHOLESTEROL - SERUM / PLASMA (Direct Enzymatic Colorimetric)	40 *	mg/dL	●	< 40 : Major risk factor for heart disease 40 - 59 : The higher the better. >=60 : Considered protective against heart disease
LDL Cholesterol (Direct LDL)	81	mg/dL	●	100 : Optimal 100-129 : Near Optimal 130-159 : Borderline High 160-189 : High >=190 : Very High
VLDL CHOLESTEROL	23		●	< 40 mg/dl

Approx 7 to 8 mm sized mobile gall bladder calculus present. Wall thickness appears normal. No evidence of pericholecystic collection.

Visualized pancreas appear normal in size and echotexture. No focal lesions identified. Visualize pancreatic duct appears normal in caliber.
Spleen is normal in size and shows uniform echotexture.

Both kidneys are normal in size and show normal echopattern with good corticomedullary differentiation. Cortical outlines appear smooth. No evidence of calculi. Pelvicalyceal system on both sides appear normal.

No evidence of ascites or significant lymphadenopathy. Visualized bowel loops appear normal and shows normal peristalsis.

Urinary bladder is normal in contour and outline. Wall thickness appears normal. No evidence of any intraluminal pathology seen.

Posthysterectomy status. No definite evidence of adnexal/pelvic mass is seen.

IMPRESSION :

Grade I fatty liver
Approx 7 to 8 mm sized mobile gall bladder calculus, no changes of cholecystitis.

X-RAY CHEST PA

NORMAL STUDY.

● Within Normal Range ● Borderline High/Low ● Out of Range

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**INVESTIGATIONS NOT DONE / NOT YET REPORTED / NOT
PART OF PACKAGE(LAB,RADIOLOGY & CARDIOLOGY)**

Haematology

URINE GLUCOSE(FASTING)

STOOL ROUTINE

CARDIOLOGY

ECG

Mammography

MAMMOGRAPHY BOTH BREAST

● Within Normal Range ● Borderline High/Low ● Out of Range

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Executive Summary


 HTN.
 BMI HIGH
IMPAIRED BLOOD GLUCOSE LEVELS.
HYPERURICEMIA.

Wellness Prescription

Advice On Diet :-

 CARB RESTRICTED, LOW FAT DIET.

Advice On Physical Activity :-

 REGULAR EXERCISE.

Medications

TAB TELMIRIDE H OD
TAB TENUVIA M 20/500 ONCE AFTER DINNER FOR 15 DAYS.
TAB GLADOR M 1/500 ONCE BEFORE BREAKFAST FOR 15 DAYS.
TAB FEBUTAZ 40 MG ONCE A DAY FOR 3 MONTHS.

Recommended Follow-up Tests

Test Name	Test Schedule	Repeat Frequency	Remarks
GLUCOSE - SERUM / PLASMA (FASTING)	15 Day(s)		
GLUCOSE - SERUM / PLASMA (POST PRANDIAL) - PPBS	15 Day(s)		
URIC ACID - SERUM	3 Month(s)		


Dr. BHAWANA DAGA

AHC Physician / Consultant Internal Medicine

Printed By : BHAWANA DAGA



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Note :- The Health Check-up examinations and routine investigations have certain limitations and may not be able to detect all the diseases. Any new or persisting symptoms should be brought to the attention of the Consulting Physician. Additional tests, consultations and follow up may be required in some cases.



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Dr. BHAWANA DAGA
AHC Physicians / Consultant Internal Medicine



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DEPARTMENT OF BIOCHEMISTRY AND IMMUNOLOGY

--

Name : Mrs. VARSHA A BHAVSAR Age : 52Yr 9Mth 10Days Gender : Female
 UHID : AHCC.0000127444 / AHCCAH4680 W/BNo/RefNo : AHC
 SIN \ LRN : 3821448 \ 3821439 \ 3821442 \ 3821446 \ 1637525
 Specimen : Plasma
 Ref Doctor : DR. MHC



Collected on : 11-MAR-2023 08:57:54 AM Received on : 11-MAR-2023 09:05:19 AM Reported on : 11-MAR-2023 03:13:15 PM

MEDIWHEEL-FULL BODY CHK-ABOVE40-FEMALE

TEST NAME	RESULT	BIOLOGICAL REFERENCE INTERVALS	UNITS
GLYCOSYLATED HEMOGLOBIN (HBA1C) - WHOLE BLOOD (Immunoturbidimetric)	8.01 *	Normal < 5.7% Increased risk for Diabetes 5.7 - 6.4% Diabetes >= 6.5% Monitoring criteria for Diabetes Mellitus <7.0 : Well Controlled Diabetes 7.1 – 8.0 : Unsatisfactory Control > 8.0 : Poor Control & Needs Immediate Treatment	%
Mean Blood Sugar	183		
ALT(SGPT) - SERUM / PLASMA (UV without P5P)	19	Adult Female : <34	U/L
ALKALINE PHOSPHATASE - SERUM/PLASMA (PNP AMP BUFFER)	127 *	Adult(Female): 35 - 104	U/L
AST (SGOT) - SERUM (UV without P5P)	19	>1 year Female : <32	U/L
BILIRUBIN (DIRECT/INDIRECT/TOTAL) - SERUM (Diazotization)			
Bilirubin Total	0.474	0-1 days : 0 - 6mg/dl	mg/dL

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Direct Bilirubin	0.202	1-2 days : 0 - 8mg/dl 2-5 days : 0 - 12mg/dl 5days - 4 months : 0.3 -1.2mg/dl >4 months : 0.3-1.2 mg/dl Upto 0.3 mg/dl	mg/dL
Indirect Bilirubin	0.27	1 Day ≤5.1 mg/dL 2 Days ≤7.2 mg/dL 3-5 Days ≤10.3 mg/dL 6-7 Days ≤8.4 mg/dL 8-9 Days ≤6.5 mg/dL 10-11 Days ≤4.6 mg/dL 12-13 Days ≤2.7 mg/dL 14 Days - 9 Years 0.2-0.8 mg/dL 10-19 Years 0.2-1.1 mg/dL ≥20 Years 0.2-1.2 mg/dL	mg/dL
CREATININE - SERUM / PLASMA (Alkaline picrate - kinetic rate blanked)	0.72	Adult Female: 0.5 - 1.2	mg/dL
GGTP: GAMMA GLUTAMYL TRANSPEPTIDASE - SERUM (IFCC)	32	Male : 10 - 71 Female : 6 - 42	U/L
PROTEIN TOTAL - SERUM / PLASMA (Biuret)	7.4	>2 Year: 6.0 - 8.0	g/dL
ALBUMIN - SERUM	4.19	Adult(18 - 60 Yr): 3.5 - 5.2	g/dL
Globulin-Serum/Plasma	3.2	2.2 - 4.2	
A/G ratio	1.3	1.00 - 2.00	
TOTAL T3: TRI IODOTHYRONINE - SERUM	1.41	0.8 - 2.0	ng/mL

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The Emergency Specialist





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DEPARTMENT OF BIOCHEMISTRY AND IMMUNOLOGY



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 UHID : AHCC.0000127444 / AHCCAH4680 W/BNo/RefNo : AHC
 SIN \ LRN : 3821448 \ 3821439 \ 3821442 \ 3821446 \
 Specimen : 1637525 Plasma
 Ref Doctor : DR. MHC



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(Electrochemiluminescence:ECLIA)			
TOTAL T4: THYROXINE - SERUM	10 *	5.1 - 14.1	ug/dL
(Electrochemiluminescence:ECLIA)			
TSH: THYROID STIMULATING HORMONE - SERUM	2.87	14-120 years : 0.27 - 4.20	µIU/mL
(Electrochemiluminescence:ECLIA)			
URIC ACID - SERUM	6.9 *	Male : 3.4-7.0 Female : 2.4-5.7	mg/dL
(Uricase, colorimetric)			
BUN (BLOOD UREA NITROGEN)	11	Adult : 6 - 20	mg/dL
(Histology)			
UREA - SERUM / PLASMA	23	15 - 50	mg/dL
LIPID PROFILE - SERUM			
TOTAL CHOLESTEROL (CHOD POD)	135	0 - 200 : Desirable 200 - 240 : Borderline High 240 - 280 : High > 280 : Very High	mg/dl
TRIGLYCERIDES - SERUM (Enzymatic Endpoint)	114	Normal: <150 High: 150 - 199 Hypertriglyceridemic: 200 - 499 Very High: >=500	mg/dL
HDL CHOLESTEROL - SERUM / PLASMA (Direct Enzymatic Colorimetric)	40 *	< 40 : Major risk factor for heart disease 40 - 59 : The higher The better. >=60 : Considered protective against heart disease	mg/dL
LDL CHOLESTEROL - SERUM / PLASMA (Direct	81	< 100 : Optimal	mg/dL

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 UHID : AHCC.0000127444 / AHCCAH4680 W/BN/RefNo : AHC
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LDL)		100-129 : Near Optimal 130-159 : Borderline High 160-189 : High ≥190 : Very High	
VLDL CHOLESTEROL (Calculated)	23	< 40 mg/dl	
C/H RATIO (Calculated)	3.4	< 4.5	
GLUCOSE - SERUM / PLASMA (FASTING) (Hexokinase)	165 *	70 - 100 : Normal 100 - 125 : Impaired Glucose Tolerance ≥ 126 : Diabetes Mellitus	mg/dL
GLUCOSE - SERUM / PLASMA (POST PRANDIAL) - PPBS (Hexokinase)			
GLUCOSE - SERUM / PLASMA (POST PRANDIAL)	225 *	70 - 140	mg/dL


11/03/2023

Report Status:Final

* END OF REPORT *

CHECKED BY 1010782
717880

Printed On : 12-MAR-2023 10:49:38 AM


Dr.HARDIK KOSHTI
MD PATHOLOGY,
CONSULTANT

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DEPARTMENT OF HAEMATOLOGY

Name : Mrs. VARSHA A BHAVSAR Age : 52Yr 9Mth 10Days Gender : Female
 UHID : AHCC.0000127444 / AHCCAH4680 W/BNo/RefNo : AHC
 SIN \LRN : 3821447 \ 1637525
 Specimen : Whole Blood (EDTA)
 Ref Doctor : DR. MHC



Collected on : 11-MAR-2023 08:57:54 AM Received on : 11-MAR-2023 09:05:03 AM Reported on : 11-MAR-2023 10:26:41 AM

MEDIWHEEL-FULL BODY CHK-ABOVE40-FEMALE

TEST NAME	RESULT	BIOLOGICAL REFERENCE INTERVALS	UNITS
COMPLETE BLOOD COUNT WITH ESR			
Hemoglobin (Photometric Measurement)	12.4	12 - 16	gm%
Packed cell volume(Calculated)	38.7	36 - 46	%
RBC COUNT (Impedance)	5.09	3.8 - 5.2	Million/ul
MCV (From RBC Histogram)	76 *	80 - 100	fl
MCH(Calculated)	24.4 *	27 - 32	pg
MCHC(Calculated)	32.1	31 - 36	%
RDW(Calculated)	15.5 *	11.5 - 14.5	%
WBC Count (Impedance)	8000	4000 - 11000	/cu mm
Differential Count (VCS Technology and Microscopy)			
Neutrophils	56	40 - 75	%
Lymphocytes	32	20 - 40	%
Monocytes	07	2 - 10	%
Eosinophils	05	01 - 06	%
Basophils	00	0 - 1	%
Platelet Count (Impedance)	313000	150000 - 450000	/cu mm
MPV (Calculated)	8.2	7 - 11	fl
PERIPHERAL SMEAR(Microscopy)			
RBC::	Anisocytosis (+),Hypochromia (+),Microcytes (+)		
ERYTHROCYTE SEDIMENTATION RATE (ESR) (Automated/ optic-electronic)	32 *	0 - 20	mm/1st hr

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DEPARTMENT OF HAEMATOLOGY

Name : Mrs. VARSHA A BHAVSAR Age : 52Yr 9Mth 10Days Gender : Female
 UHID : AHCC.0000127444 / AHCCAH4680 W/BN/RefNo : AHC
 SIN ILRN : 3821447 \ 1637525
 Specimen : Whole Blood (EDTA)
 Ref Doctor : DR. MHC



Collected on : 11-MAR-2023 08:57:54 AM Received on : 11-MAR-2023 09:05:03 AM Reported on : 11-MAR-2023 10:26:41 AM

*11/03/2023

Report Status:Final

* END OF REPORT *

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717880

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Dr.HARDIK KOSHTI
MD PATHOLOGY,
CONSULTANT

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DEPARTMENT OF BLOOD BANK

Name : Mrs. VARSHA A BHAVSAR Age : 52Yr 9Mth 10Days Gender : Female
 UHID : AHCC.0000127444 / AHCCAH4680 W/BN/RefNo : AHC
 SIN ILRN : 3821444 \ 1637525
 Specimen : Blood
 Ref Doctor : DR. MHC



Collected on : 11-MAR-2023 08:57:54 AM Received on : 11-MAR-2023 01:06:54 PM Reported on : 11-MAR-2023 02:13:58 PM

MEDIWHEEL-FULL BODY CHK-ABOVE40-FEMALE

TEST NAME RESULT

BLOOD GROUPING AND TYPING (ABO and Rh)
 BLOOD GROUP: A Positive
 Report Status:Final

* END OF REPORT *

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 717844

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Dr.SANJAY GUPTA
 MBBS, DIHBT,
 CONSULTANT, BLOOD BANK

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DEPARTMENT OF CLINICAL PATHOLOGY

Name : Mrs. VARSHA A BHAVSAR Age : 52Yr 9Mth 10Days Gender : Female
 UHID : AHCC.0000127444 / AHCCA4680 W/BNo/RefNo : AHC
 SIN ILRN : 3821445 \ 3821443 \ 1637525
 Specimen : Urine
 Ref Doctor : DR. MHC



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MEDIWHEEL-FULL BODY CHK-ABOVE40-FEMALE

TEST NAME	RESULT	BIOLOGICAL REFERENCE INTERVALS	UNITS
URINE FOR ROUTINE EXAMINATION : (Solubility Method)			
PHYSICAL EXAMINATION			
Specific Gravity	1.020		
Colour:	Pale-Yellow		
Transparency:	Clear		
CHEMICAL EXAMINATION			
pH	6		
Protein :	Nil		
Sugar:	Nil		
Blood:	Negative		
Ketone	Absent		
Bile Pigments:	Absent		
Urobilinogen	Normal		E.U./dL
Nitrite	Negative		
Cells:			
Pus Cells	Occassional	0-5/hpf	
RBC	Nil	0-5/hpf	/hpf
Epithelial Cells	Occassional		
Casts:	Absent		
Crystals:	Absent		
URINE GLUCOSE(POST PRANDIAL)			
\$ URINE GLUCOSE(POST PRANDIAL)	Nil		

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DEPARTMENT OF CLINICAL PATHOLOGY

Name : Mrs. VARSHA A BHAVSAR Age : 52Yr 9Mth 10Days Gender : Female
 UHID : AHCC.0000127444 / AHCCAH4680 W/BNo/RefNo : AHC
 SIN ILRN : 3821445 \ 3821443 \ 1637525
 Specimen : Urine
 Ref Doctor : DR. MHC



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*11/03/2023

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724146

Ravish Shah

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Dr.RAVISH SHAH
MD PATHOLOGY

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DEPARTMENT OF RADIOLOGY

PATIENT NAME : VARSHABEN A BHAVSAR
AGE/SEX : 52 YRS / FEMALE
REF. DOCTOR : APOLLO CBCC
DATE : 11/03/2023

BILATERAL MAMMOGRAPHY BOTH BREAST

Dedicated digital mammography with cranio caudal and medio lateral oblique view was performed.

The mammary parenchyma shows scatter areas of fibrofatty and glandular density on either side. No definite evidence of mass, abnormal microcalcification or architectural distortion is seen. No skin thickening or nipple retraction seen on either side. Reactive looking bilateral axillary nodes noted.


OPINION:-

Normal mammography of breast seen on either side (BIRADS I).

BIRADS Categories:

- 0 need imaging evaluation
- I negative
- II benign finding
- III probably benign findings
- IV suspicious abnormality
- V highly suggestive of malignancy
- VI biopsy proven malignancy

The false negative of mammography is approximately 10%. Management of palpable abnormality must be based upon clinical grounds.


DR. NISARG PATEL
CONSULTANT RADIOLOGIST



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DEPARTMENT OF RADIOLOGY AND IMAGING SCIENCES

Patient Details : Mrs. VARSHA A BHAVSAR | Female | 52Yr 9Mth 10Days
UHID : AHCC.0000127444 **Patient Location:** AHC
Patient Identifier: AHCCA4680 
DRN : 123031876 **Completed on :** 11-MAR-2023 10:26
Ref Doctor : DR. MHC

X-RAY CHEST PA

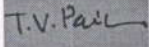
FINDINGS :

Both lung fields appear normal. No evidence of consolidation or collapse.
 Bilateral hilar shadows appear normal. Trachea and major bronchi appear normal.
 Cardiothoracic ratio is normal.
 Both costophrenic angles are clear. Domes of diaphragm are well delineated.
 Visualized bony thorax appear normal.

IMPRESSION

NORMAL STUDY.

--- END OF THE REPORT ---



TIRTH VINAYKUMAR PARIKH

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DEPARTMENT OF RADIOLOGY AND IMAGING SCIENCES

Patient Details : Mrs. VARSHA A BHAVSAR | Female | 52Yr 9Mth 10Days
UHID : AHCC.0000127444 **Patient Location:** AHC
Patient Identifier: AHCCA4680 
DRN : 223013642 **Completed on :** 11-MAR-2023 08:45
Ref Doctor : DR. MHC

USG WHOLE ABDOMEN

IMPRESSION

Liver appears normal in size and shows grade I fatty echotexture. No evidence of focal or diffuse pathology seen. Intra and extra hepatic biliary radicles are not dilated. Portal vein is normal in caliber. Intrahepatic portal radicles appear normal.

Approx 7 to 8 mm sized mobile gall bladder calculus present. Wall thickness appears normal. No evidence of pericholecystic collection.

Visualized pancreas appear normal in size and echotexture. No focal lesions identified.

Visualize pancreatic duct appears normal in caliber.

Spleen is normal in size and shows uniform echotexture.

Both kidneys are normal in size and show normal echopattern with good corticomedullary differentiation. Cortical outlines appear smooth. No evidence of calculi. Pelvicalyceal system on both sides appear normal.

No evidence of ascites or significant lymphadenopathy. Visualized bowel loops appear normal and shows normal peristalsis.

Urinary bladder is normal in contour and outline. Wall thickness appears normal. No evidence of any intraluminal pathology seen.

Posthysterectomy status. No definite evidence of adnexal/pelvic mass is seen.

IMPRESSION :

Grade I fatty liver

Approx 7 to 8 mm sized mobile gall bladder calculus, no changes of cholecystitis.

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Mrs. VARSHA A BHAVSAR

AHCC.0000127444

AHCCA4680

USG WHOLE ABDOMEN

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T.V. Parikh

TIRTH VINAYKUMAR PARIKH

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Copy ID: _____
 Name: _____
 Sex: _____ cm _____ kg
 Birth date: _____ / _____ / _____
 Medication: _____
 Symptoms: _____
 History: _____
 Vent. rate: _____ bpm
 PR int: _____ ms
 QRS dur: _____ ms
 QT/QTc(E) int: _____ ms
 P/QRS/T axis: _____ °
 RV5/SV1 amp: _____ mV
 RV5+SV1 amp: _____ mV

years

1100 Sinus rhythm
 3113 Cannot rule out anterior myocardial infarction, probably old [R amp. (V4) < 0.2 mV]
 4564 Twave abnormality, possible lateral ischemia [negative T (I, aVL)]
 8102 Low QRS voltage in chest leads [QRS deflection < 1.0 mV in chest leads]
 9150 ** abnormal ECG **

AHCC.0000127444
 MRS. VARSHA A BHA
 Age: 52 Year(s) Year(s)/Fe
 11 Mar 2023 8:16:13 AM



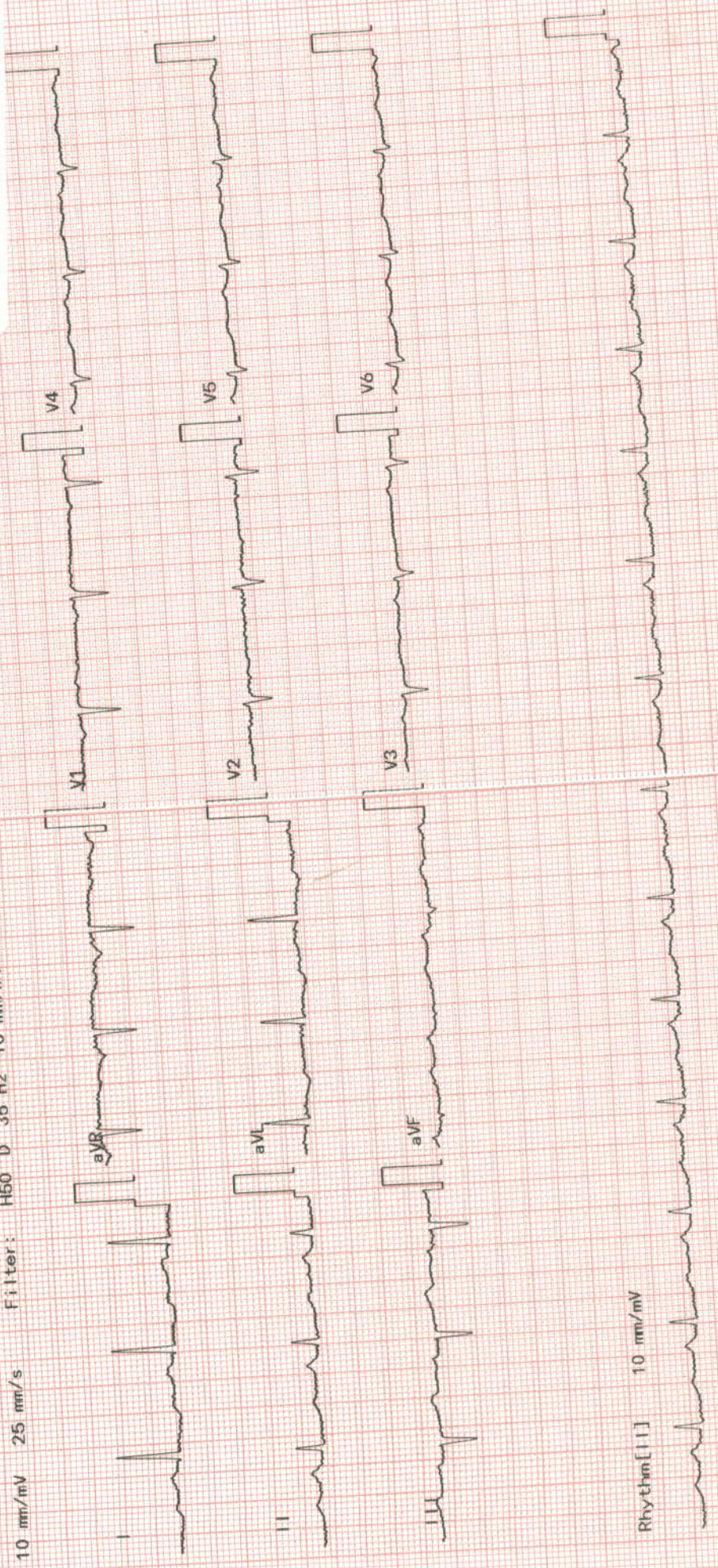
Unconfirmed Report
 Reviewed by:

10 mm/mV 25 mm/s Filter: H50 D 35 Hz 10 mm/mV

10 mm/mV

10 mm/mV

10 mm/mV



Rhythm [11] 10 mm/mV



OBSTETRICS & GYNAECOLOGY - AHC

Name :
Occupation :
Age : Sex : Male Female

Date : Unit No. :
Ref. Physician :
Copies to :

GYNAEC CHECK UP

Chief Complaint:

Nil

Children: 2 FTND (03-3040)

Deliveries: 2 (03-2+ yrs)

Last Child: 2+ yrs

Abortions: -1

Periods: -

LMP: -

Menopause:

G. Condition: Tubectomy

P/A: Soft

S/E: - Not done

PV: NA

P/R:

Impression:

Adv. Mammography

Weight:

BP:

Breasts: NAD

PAP Smear: - NA

Previous Medical H/O:

NS

Previous Surgical H/O:

Myst. done 6 yrs back

J C Desai

Doctor Signature
Date & Time

EYE CHECK UP

NAME Mrs Vasshabe Blousag

Date
11/03/23
S3/F

VA { 6/9
6/9

flor

BCVA(Distance & Near)

RE -0.5 ~~10~~ 6/6
LE -0.5 x 90 6/6

Appt 2.5

Colour Vision Normal

Advice:

Checked By


Anterior Segment

Fundus

Advice:

Diagnosis

Checked By

ELECTROCARDIOGRAM REPORT

AHCC.0000127444
MRS. VARSHA A BHAVSAR
Age: 52 Year(s) Year(s)/Female
11 Mar 2023 8:16:22 AM



Name: _____ Date: _____
 Age/Sex: _____ UHID/IP: _____
 Ref. By: _____ ECG No.: _____

Referral Diagnosis:

Atria - Rate:

Rhythm:

Axis:

PR Interval:

P Wave:

Voltage:

Q Wave:

S-T Changes:

Final Impression:

Reported By:

Ventricular Rate:

QRS:

QTc:

	V4R	V1	V2	V5	V6
R/S					

ST flattening in inferlat leads



Cardiologist


*Caution: Please get the ECG photocopied for future reference.



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CARDIOLOGY

Patient Details : Mrs. VARSHA A BHAVSAR | Female | 52Yr 9Mth 10Days
UHID : AHCC.0000127444 **Patient Location:** AHC
Patient Identifier: AHCCA4680 
DRN : 5623023472 **Completed on :** 11-MAR-2023 14:44
Ref Doctor : DR. MHC

ECHO

Concentric LVH.

Normal cardiac chamber dimensions.

Normal LV systolic function, LVEF: 60%. No RWMA at rest.

Grade I diastolic dysfunction.

All cardiac valves are structurally normal.

Trivial MR, No AR, No PR, Trivial TR. No PAH, RVSP: 27 mm Hg.

No clots/ vegetation/ effusion.

Impression

Concentric LVH.

Normal LV systolic function, LVEF: 60%.

Grade I diastolic dysfunction.

No PAH.

— END OF THE REPORT —

DR SAMEER DANI MD.DM

Interventional Cardiologist

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