



BHAILAL AMIN
GENERAL HOSPITAL



CONCLUSION OF HEALTH CHECKUP

ECU Number : 2253

Age : 48

Weight : 59

Date : 11/03/2023

MR Number : 23201945

Sex : Female

Ideal Weight : 52

Patient Name: ILA SAMIR SHAH

Height : 154

BMI : 24.88

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 : 2253 MR Number : 23201945 Patient Name: ILA SAMIR SHAH
Age : 48 Sex : Female Height : 154
Weight : 59 Ideal Weight : 52 BMI : 24.88
Date : 11/03/2023

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

Present H/O : COMPLAIN NO MEDICAL AT PRESENT

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

Habits : NO HABITS
Gen.Exam. : G.C.GOOD
B.P : 120/74 mm Hg
Pulse : 70/MIN REG
Others : SPO2-98%
C.V.S : NAD
R.S. : NAD
Abdomen : NP
Spleen : NP
Skin : NAD
C.N.S : NAD
Advice :



ECU Number : 2253
Age : 48
Weight : 59
Date : 11/03/2023

MR Number : 23201945
Sex : Female
Ideal Weight : 52

Patient Name: ILA SAMIR SHAH
Height : 154
BMI : 24.88

Ophthalmic Check Up :

Right

Left

Ext Exam

NIL

Vision Without Glasses

NA

NA

Vision With Glasses

NA

NA

Final Correction

+0.25+0.50 SPH ! ADD +1.75

+0.25+0.75 SPH

Fundus

SPH150
NORMAL

Colour Vision

NORMAL

Advice

NIL

Orthopedic 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



Patient Name : Mrs. ILA SAMIR SHAH
 Gender / Age : Female / 48 Years 1 Months 9 Days
 MR No / Bill No. : 23201945 / 231071436
 Consultant : Dr. Manish Mittal
 Location : OPD

Type : OPD
 Request No. : 112250
 Request Date : 11/03/2023 08:15 AM
 Collection Date : 11/03/2023 08:29 AM
 Approval Date : 11/03/2023 12:36 PM

CBC + ESR

| Test | Result | Units | Biological Ref. Range |
|--------------------------------------|----------|----------|---|
| Haemoglobin. | | | |
| Haemoglobin | 11.8 | gm/dL | 12 - 15 |
| Red Blood Cell Count (T-RBC) | 3.90 | mill/cmm | 3.8 - 4.8 |
| Hematocrit (HCT) | 36.1 | % | 36 - 46 |
| Mean Corpuscular Volume (MCV) | 92.6 | fl | 83 - 101 |
| Mean Corpuscular Haemoglobin (MCH) | 30.3 | pg | 27 - 32 |
| MCH Concentration (MCHC) | 32.7 | % | 31.5 - 34.5 |
| Red Cell Distribution Width (RDW-CV) | 12.5 | % | 11.6 - 14 |
| Red Cell Distribution Width (RDW-SD) | 43.0 | fl | 39 - 46 |
| Total Leucocyte Count (TLC) | | | |
| Total Leucocyte Count (TLC) | 8.43 | thou/cmm | 4 - 10 |
| Differential Leucocyte Count | | | |
| Polymorphs | 66 | % | 40 - 80 |
| Lymphocytes | 27 | % | 20 - 40 |
| Eosinophils | 3 | % | 1 - 6 |
| Monocytes | 4 | % | 2 - 10 |
| Basophils | 0 | % | 0 - 2 |
| Polymorphs (Abs. Value) | 5.57 | thou/cmm | 2 - 7 |
| Lymphocytes (Abs. Value) | 2.28 | thou/cmm | 1 - 3 |
| Eosinophils (Abs. Value) | 0.20 | thou/cmm | 0.2 - 0.5 |
| Monocytes (Abs. Value) | 0.31 | thou/cmm | 0.2 - 1 |
| Basophils (Abs. Value) | 0.07 | thou/cmm | 0.02 - 0.1 |
| Immature Granulocytes | 0.4 | % | 1 - 3 : Borderline > 3 : Significant |
| Platelet Count | | | |
| Platelet Count | 299 | thou/cmm | 150 - 410 |
| Smear evaluation | Adequate | | |
| ESR | 10 | 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. Rechecks / repeat 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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GENERAL HOSPITAL

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DEPARTMENT OF LABORATORY MEDICINE

Patient Name : Mrs. ILA SAMIR SHAH
Gender / Age : Female / 48 Years 1 Months 9 Days
MR No / Bill No. : 23201945 / 231071436
Consultant : Dr. Manish Mittal
Location : OPD

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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 Westergren's method, comparable to Westergren's method and in accordance to ICSH reference method.

---- End of Report ----

Dr. Rakesh Vaidya
MD (Path). DCP.

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DEPARTMENT OF LABORATORY MEDICINE

Patient Name : Mrs. ILA SAMIR SHAH
Gender / Age : Female / 48 Years 1 Months 9 Days
MR No / Bill No. : 23201945 / 231071436
Consultant : Dr. Manish Mittal
Location : OPD

Type : OPD
Request No. : 112250
Request Date : 11/03/2023 08:15 AM
Collection Date : 11/03/2023 08:29 AM
Approval Date : 11/03/2023 01:01 PM

Haematology

| Test | Result | Units | Biological Ref. Range |
|--------------------|----------|-------|-----------------------|
| Blood Group | | | |
| 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 Autocontro
- This method check's group both on Red blood cells and in Serum for "ABO" group.

---- End of Report ----

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MD (Path). DCP.

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DEPARTMENT OF LABORATORY MEDICINE

Patient Name : Mrs. ILA SAMIR SHAH
Gender / Age : Female / 48 Years 1 Months 9 Days
MR No / Bill No. : 23201945 / 231071436
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Location : OPD

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Request No. : 112250
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Approval Date : 11/03/2023 10:49 AM

Fasting Plasma Glucose

| Test | Result | Units | Biological Ref. Range |
|------------------------------------|--------|-------|-----------------------|
| Fasting Plasma Glucose | | | |
| Fasting Plasma Glucose | 92 | mg/dL | 70 - 110 |
| Post Prandial 2 Hr. Plasma Glucose | 112 | mg/dL | 70 - 140 |

By Hexokinase method on RXL Dade Dimesion

---- End of Report ----

Dr. Sejal Odedra
M.D.Pathology

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. Retest / check / retest may be requested.



Patient Name : Mrs. ILA SAMIR SHAH
 Gender / Age : Female / 48 Years 1 Months 9 Days
 MR No / Bill No. : 23201945 / 231071436
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 Location : OPD

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HbA1c (Glycosylated Hb)

| Test | Result | Units | Biological Ref. Range |
|------------------------------------|--------|-------|-----------------------|
| HbA1c (Glycosylated Hb) | | | |
| Glycosylated Heamoglobin (HbA1c) | 5.2 | % | |
| estimated Average Glucose (e AG) * | 102.54 | 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 ----

Dr. Sejal Odedra
M.D.Pathology



| | | | |
|------------------|-------------------------------------|-----------------|-----------------------|
| Patient Name | : Mrs. ILA SAMIR SHAH | Type | : OPD |
| Gender / Age | : Female / 48 Years 1 Months 9 Days | Request No. | : 112250 |
| MR No / Bill No. | : 23201945 / 231071436 | Request Date | : 11/03/2023 08:15 AM |
| Consultant | : Dr. Manish Mittal | Collection Date | : 11/03/2023 08:29 AM |
| Location | : OPD | Approval Date | : 11/03/2023 10:49 AM |

Complete Lipid Profile

| Test | Result | Units | Biological Ref. Range |
|--|------------|-------|-----------------------|
| Complete Lipid Profile | | | |
| Appearance | Clear | | |
| Triglycerides | 91 | 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 | 190 | 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 | 49 | 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) | 141 | mg/dL | 1 - 130 |
| <i>(Non- HDL Cholesterol)</i> | | | |
| <i>< 130 Desirable</i> | | | |
| <i>139-159 Borderline High</i> | | | |
| <i>160-189 High</i> | | | |
| <i>> 191 Very High</i> | | | |
| LDL Cholesterol | 119 | 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) | 18.2 | mg/dL | 12 - 30 |
| LDL Ch. / HDL Ch. Ratio | 2.43 | | 2.1 - 3.5 |
| T. Ch./HDL Ch. Ratio | 3.88 | | 3.5 - 5 |
| <i>(Recent NECP / ATP III Guidelines / Classification (mg/dl) :)</i> | | | |

---- End of Report ----

Dr. Sejal Odedra
M.D.Pathology



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 Gender / Age : Female / 48 Years 1 Months 9 Days
 MR No / Bill No. : 23201945 / 231071436
 Consultant : Dr. Manish Mittal
 Location : OPD

Type : OPD
 Request No. : 112250
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Liver Function Test (LFT)

| Test | Result | Units | Biological Ref. Range |
|--|-------------|-------|-----------------------|
| Bilirubin | | | |
| Bilirubin - Total | 0.26 | mg/dL | 0 - 1 |
| Bilirubin - Direct | 0.05 | mg/dL | 0 - 0.3 |
| Bilirubin - Indirect | 0.21 | 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) | 21 | U/L | 14 - 59 |
| <i>(By IFCC UV kinetic method on RXL Dade Dimension.)</i> | | | |
| Alkaline Phosphatase | 75 | U/L | 42 - 98 |
| <i>(BY PNPP AMP method on RXL Dade Dimension.)</i> | | | |
| Gamma Glutamyl Transferase (GGT) | 16 | U/L | 5 - 55 |
| <i>(By IFCC method on RXL Dade Dimension.)</i> | | | |
| Total Protein | | | |
| Total Proteins | 6.88 | gm/dL | 6.4 - 8.2 |
| Albumin | 3.20 | gm/dL | 3.4 - 5 |
| Globulin | 3.68 | gm/dL | 3 - 3.2 |
| A : G Ratio | 0.87 | | 1.1 - 1.6 |
| <i>(By Biuret endpoint and Bromocresol purple method on RXL Dade Dimension.)</i> | | | |

--- End of Report ---

Dr. Sejal Odedra
M.D.Pathology



Patient Name : Mrs. ILA SAMIR SHAH
 Gender / Age : Female / 48 Years 1 Months 9 Days
 MR No / Bill No. : 23201945 / 231071436
 Consultant : Dr. Manish Mittal
 Location : OPD

Type : OPD
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Renal Function Test (RFT)

| Test | Result | Units | Biological Ref. Range |
|---|--------------|-------|-----------------------|
| Urea (By Urease Kinetic method on RXL Dade Dimension) | 18 | mg/dL | 10 - 45 |
| Creatinine (By Modified Kinetic Jaffe Technique) | 0.58 | 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) | 3.6 | mg/dL | 2.2 - 5.8 |

— End of Report —

Dr. Sejal Odedra
M.D.Pathology



Patient Name : Mrs. ILA SAMIR SHAH
 Gender / Age : Female / 48 Years 1 Months 9 Days
 MR No / Bill No. : 23201945 / 231071436
 Consultant : Dr. Manish Mittal
 Location : OPD

Type : OPD
 Request No. : 112250
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Thyroid Hormone Study

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

| | | | |
|-----------------------|------|-------|--|
| Triiodothyronine (T3) | 1.38 | ng/ml | |
|-----------------------|------|-------|--|

(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) | 8.44 | 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) | 3.20 | 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. Sejal Odedra
M.D.Pathology



Patient Name : Mrs. ILA SAMIR SHAH
 Gender / Age : Female / 48 Years 1 Months 9 Days
 MR No / Bill No. : 23201945 / 231071436
 Consultant : Dr. Manish Mittal
 Location : OPD

Type : OPD
 Request No. : 112250
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Urine routine analysis (Auto)

| Test | Result | Units | Biological Ref. Range |
|---|-------------|-------|-----------------------|
| Physical Examination | | | |
| Quantity | 30 | mL | |
| Colour | Pale Yellow | | |
| Appearance | Clear | | |
| Chemical Examination (By Reagent strip method) | | | |
| pH | 6.0 | | |
| Specific Gravity | <=1.005 | | |
| 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 |
| Microscopic Examination (by Microscopy after Centrifugation at 2000 rpm for 10 min or on fully automated Sysmex urine sedimentation analyzer UF4000) | | | |
| Red Blood Cells | 0 - 1 | /hpf | 0 - 2 |
| Leucocytes | 0 - 1 | /hpf | 0 - 5 |
| Epithelial Cells | 0 - 1 | /hpf | 0 - 5 |
| Casts | Nil | /lpf | Nil |
| Crystals | Nil | /hpf | Nil |
| Mucus | Absent | /hpf | Absent |
| Organism | Absent | | |

--- End of Report ---

Dr. Rakesh Vaidya
MD (Path). DCP.



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DEPARTMENT OF DIAGNOSTIC RADIOLOGY

Patient No. : 23201945 Report Date : 11/03/2023
Request No. : 190056391 11/03/2023 8.15 AM
Patient Name : Mrs. ILA SAMIR SHAH
Gender / Age : Female / 48 Years 1 Months 9 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

- 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. : 23201945 Report Date : 11/03/2023
Request No. : 190056425 11/03/2023 8.15 AM
Patient Name : **Mrs. ILA SAMIR SHAH**
Gender / Age : Female / 48 Years 1 Months 9 Days

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 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 echopattern. Endometrium thickness is about 5 mm. 7mm fibroid is seen in posterior wall of uterus.

Uterine length : 78 mm.
A.P. : 48 mm.

Both ovaries are normal.

Urinary bladder is well distended and appears normal.

No ascites.

COMMENT:

Heterogeneous echoopattern of uterus--adenomyosis. Small uterine fibroid.

Kindly correlate clinically

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

Hasani

Dr.Perna C Hasani, MD
Consultant Radiologist





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. : 23201945 Report Date : 11/03/2023
Request No. : 190056426 11/03/2023 8.15 AM
Patient Name : Mrs. ILA SAMIR SHAH
Gender / Age : Female / 48 Years 1 Months 9 Days

Mammography (Both Breast)

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

Both breasts show dense glandular parenchyma.(Type c)
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 enlarged axillary lymph nodes seen.

IMPRESSION:

Dense breast
Kindly correlate clinically /sos sonomamogram.

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.

Dr.Priyanka Patel, MD
Consultant Radiologist



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

Patient No. : 23201945 Report Date : 11/03/2023
Request No. : 190056476 11/03/2023 8.15 AM
Patient Name : Mrs. ILA SAMIR SHAH
Gender / Age : Female / 48 Years 1 Months 9 Days


Echo Color Doppler

MITRAL VALVE : NORMAL
AORTIC VALVE : TRILEAFLET, NORMAL
TRICUSPID VALVE : NORMAL, TRACE TR, PASP BY TR JET=15 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'=8

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: Ila samir shah
Patient ID: 23201945

11.03.2023 08:44:42
Standard 12-lead

Date of birth: Female
Gender: Female
Height:
Weight:
Ethnicity: Undefined
Facemaker: Unknown
Indication:
Remark:

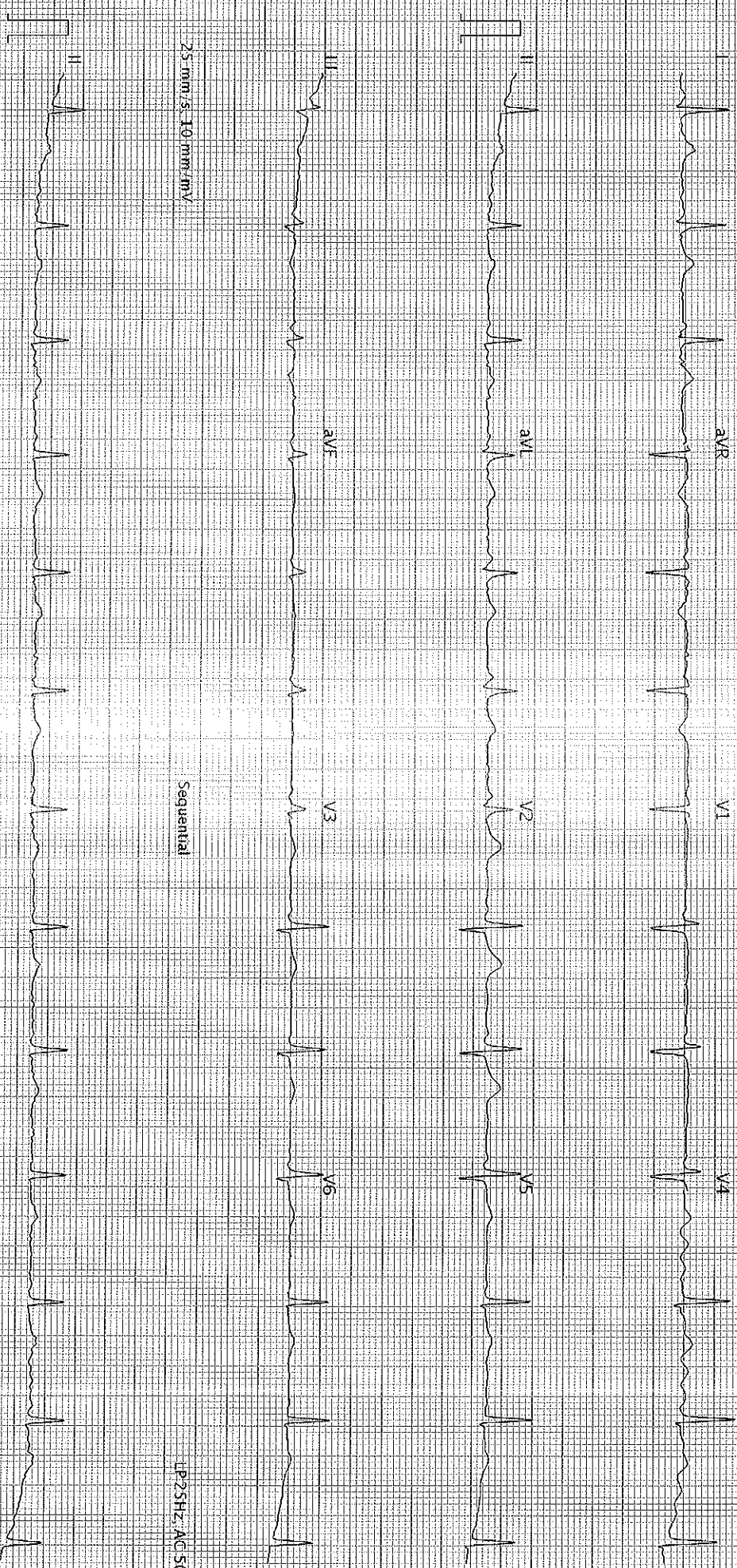
Visit ID:
Room:
Medication:
Order ID:
Ord. prov:
Ord. prot:

HR 75 bpm
RR 799 ms
P 75 ms
PR 99 ms
QRS 78 ms
QT 369 ms
QTc 413 ms
P axis -31°
QRS axis 9°
T axis 0°

Simus rhythm
Normal electrical axis
Nonspecific T abnormality
Borderline ECG
Unconfirmed report

Borderline

POUR



25 mm/s, 10 mm/mV

Sequential

LP25HZ, AC 50HZ

25 mm/s, 10 mm/mV

LP 25HZ, AC 50HZ

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Page 1 of 1

SCHILLER

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