

CONCLUSION OF HEALTH CHECKUP

ECU Ref. No : MH/22/001392 Patient No : 21044774 Date : 11/06/2022
Name : AKSHATA S GRAMPUROHIT Sex / Age : F 32
Height / Weight : 166 Cms 89 Kgs Ideal Weigh 83 Kgs BMI : 32.3

Dr. Manish Mittal
Physician

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.

Page 1 of 5

Name : **AKSHATA S GRAMPUROHIT**

Sex / Age : F 32

Present History

NO MEDICAL COMPLAINTS AT PRESENT.

Past History

NO P/H/O ANY MAJOR ILLNESS.

Family History

NO F/H/O ANY MAJOR ILLNESS.

Personal History

VEG DIET.

Clinical Examination

B.P. 120/70 mm Hg

Pulse 80/MIN REG.

Others -

Respiratory System

CLINICALLY NAD

Cardio Vascular System

CLINICALLY NAD

Abdominal System

CLINICALLY NAD

Neurological System

CLINICALLY NAD

Name : AKSHATA S GRAMPUROHIT

Sex / Age : F 32

Eye Checkup

Doctor Name : Dr. Ketan J. Patel

	Right	Left
History	NIL	NIL
Uncorrected vision	6/6 WITH GL.	6/6 WITH GL.
Corrected vision	N.6	N.6
IOP	-	-
Fundus	NORMAL	NORMAL
Any other	NIL	NIL
Advice	NIL	

Name : AKSHATA S GRAMPUROHIT Sex / Age : F 32
Height / Weight : 166 Cms 89 Kgs Ideal Weight : 63 Kgs BMI : 32.3

Obstetric History G2 P2 - 2 FT < ND - 8 YRS & LSCS - 2 YRS OLD ; TL DONE

Menstrual History -

Present Menstrual Cycle REGULAR CYCLES

Past Menstrual Cycle 4TH DAY OF PERIOD

Chief Complaints -

Gynac Examination

P/A SOFT
P/S REFUSES
P/V REFUSES
Breast examination - Right NAD
Breast examination - Left NAD
PAP Smear
BMD
Mammography
Advice REGULAR BSE.

Dr. Monika Jani
Gynecologist

Dietary Assessment

Name : **AKSHATA S GRAMPUROHIT** Sex / Age : F 32
 Height : 166 Cms Weight : 89 Kgs Ideal Weight : 63 Kgs BMI : 32.3

Body Type : Normal / Underweight / Over weight

Diet History

Diet preference : Vegetarian / Eggeterian / Mixed
 Frequency of consuming fried food : / day / week or occasional
 Frequency of consuming sweets : / day or occasional
 Frequency of consuming outside food : / 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.
- Drink 3 to 4 liters (12 - 14 glass) of water daily.
- Eat Beetroot, 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.

Dietitian



Patient Name : Mrs. AKSHATA S GRAMPUROHIT
 Gender / Age : Female / 32 Years 10 Months 14 Days
 MR No / Bill No. : 21044774 / 231012027
 Consultant : Dr. Manish Mittal
 Location : OPD

Type : OPD
 Request No. : 48909
 Request Date : 11/06/2022 08:52 AM
 Collection Date : 11/06/2022 09:41 AM
 Approval Date : 11/06/2022 12:24 PM

CBC + ESR

Test	Result	Units	Biological Ref. Range
Haemoglobin.			
Haemoglobin	12.1	gm/dL	12 - 15
Red Blood Cell Count (T-RBC)	4.27	mill/cmm	3.8 - 4.8
Hematocrit (HCT)	37.6	%	36 - 46
Mean Corpuscular Volume (MCV)	88.1	fl	83 - 101
Mean Corpuscular Haemoglobin (MCH)	28.3	pg	27 - 32
MCH Concentration (MCHC)	32.2	%	31.5 - 34.5
Red Cell Distribution Width (RDW-CV)	13.2	%	11.6 - 14
Red Cell Distribution Width (RDW-SD)	43.3	fl	39 - 46
Total Leucocyte Count (TLC)			
Total Leucocyte Count (TLC)	8.35	thou/cmm	4 - 10
Differential Leucocyte Count			
Polymorphs	68	%	40 - 80
Lymphocytes	27	%	20 - 40
Eosinophils	01	%	1 - 6
Monocytes	04	%	2 - 10
Basophils	00	%	0 - 2
Polymorphs (Abs. Value)	5.69	thou/cmm	2 - 7
Lymphocytes (Abs. Value)	2.26	thou/cmm	1 - 3
Eosinophils (Abs. Value)	0.10	thou/cmm	0.2 - 0.5
Monocytes (Abs. Value)	0.27	thou/cmm	0.2 - 1
Basophils (Abs. Value)	0.03	thou/cmm	0.02 - 0.1
Immature Granulocytes	0.4	%	1 - 3 : Borderline > 3 : Significant
Platelet Count			
Platelet Count	252	thou/cmm	150 - 410
Smear evaluation	Adequate		
ESR	17	mm/1 hr	0 - 12

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Patient Name	: Mrs. AKSHATA S GRAMPUROHIT	Type	: OPD
Gender / Age	: Female / 32 Years 10 Months 14 Days	Request No.	: 48909
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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. 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. Recheck / retest may be requested.

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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 ---

Dr. Rakesh Vaidya
MD (Path). DCP.

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Clinical Biochemistry

Test	Result	Units	Biological Ref. Range
Fasting Plasma Glucose	96	mg/dL	70 - 110
Post Prandial 2 Hr. Plasma Glucose	101	mg/dL	70 - 140

By Hexokinase method on RXL Dade Dimension

--- End of Report ---

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Clinical Biochemistry

Test	Result	Units	Biological Ref. Range
Glycosylated Heamoglobin (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)

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Renal Function Test (RFT)

Test	Result	Units	Biological Ref. Range
Urea <i>(By Urease Kinetic method on RXL Dade Dimension)</i>	12	mg/dL	10 - 45
Creatinine <i>(By Modified Kinetic Jaffe Technique)</i>	0.74	mg/dL	0.6 - 1.1
Estimate Glomerular Filtration rate <i>(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)</i>	More than 60		
Uric acid <i>(By Uricase / Catalase method on RXL Siemens)</i>	3.7	mg/dL	2.2 - 5.8

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Liver Function Test (LFT)

Test	Result	Units	Biological Ref. Range
Bilirubin			
Bilirubin - Total	0.15	mg/dL	0 - 1
Bilirubin - Direct	0.07	mg/dL	0 - 0.3
Bilirubin - Indirect	0.08	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)	22	U/L	7 - 35
<i>(By IFCC UV kinetic method on RXL Dade Dimension.)</i>			
Alkaline Phosphatase	89	U/L	42 - 98
<i>(By PNPP AMP method on RXL Dade Dimension.)</i>			
Gamma Glutamyl Transferase (GGT)	14	U/L	5 - 55
<i>(By IFCC method on RXL Dade Dimension.)</i>			
Total Protein			
Total Proteins	7.23	gm/dL	6.4 - 8.2
Albumin	3.26	gm/dL	3.4 - 5
Globulin	3.97	gm/dL	3 - 3.2
A : G Ratio	0.82		1.1 - 1.6
<i>(By Biuret endpoint and Bromocresol purple method on RXL Dade Dimension.)</i>			

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Complete Lipid Profile

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 a firm opinion is made. Recheck / retest may be requested.

Test	Result	Units	Biological Ref. Range
Complete Lipid Profile			
Appearance	Clear		
Triglycerides <i>(By Lipase / Glycerol dehydrogenase on RXL Dade Dimension < 150 Normal 150-199 Borderline High 200-499 High > 499 Very High)</i>	114	mg/dL	1 - 150
Total Cholesterol <i>(By enzymatic colorimetric method on RXL Dade Dimension <200 mg/dL - Desirable 200-239 mg/dL - Borderline High > 239 mg/dL - High)</i>	150	mg/dL	1 - 200
HDL Cholesterol <i>(By Direct homogenous technique, modified enzymatic non-immunological method on RXL Dade Dimension < 40 Low > 60 High)</i>	41	mg/dL	40 - 60
Non HDL Cholesterol (calculated) <i>(Non- HDL Cholesterol < 130 Desirable 139-159 Borderline High 160-189 High > 191 Very High)</i>	109	mg/dL	1 - 130
LDL Cholesterol <i>(By Direct homogenous technique, modified enzymatic non-immunological method on RXL Dade Dimension < 100 Optimal 100-129 Near / above optimal 130-159 Borderline High 160-189 High > 189 Very High)</i>	88	mg/dL	1 - 100
VLDL Cholesterol (calculated)	22.8	mg/dL	12 - 30
LDL Ch. / HDL Ch. Ratio	2.15		2.1 - 3.5
T. Ch./HDL Ch. Ratio <i>(Recent NECP / ATP III Guidelines / Classification (mg/dl) :)</i>	3.66		3.5 - 5

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M.D.Pathology

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DEPARTMENT OF LABORATORY MEDICINE

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Thyroid Hormone Study

Test	Result	Units	Biological Ref. Range
Triiodothyronine (T3)	1.44	ng/ml	
<i>(Done by 4th generation electrochemiluminescence based method on automated immunoassay / Cobas e 411.)</i>			
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		
<i>(Reference : Tietz - Clinical guide to laboratory test, 4th edition)</i>			
Thyroxine (T4)	9.64	mcg/dL	
<i>(Done by 4th generation electrochemiluminescence based method on automated immunoassay / Cobas e 411.)</i>			
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		
<i>(Reference : Tietz - Clinical guide to laboratory test, 4th edition)</i>			
Thyroid Stimulating Hormone (US-TSH)	2.52	microIU/ml	
<i>(Done by 4th generation electrochemiluminescence based method on automated immunoassay / Cobas e 411.)</i>			
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		
<i>(Reference : Tietz - Clinical guide to laboratory test, 4th edition)</i>			

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— End of Report —

Dr. Rakesh Vaidya
MD (Path). DCP.




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Urine Routine

Test	Result	Units	Biological Ref. Range
Physical Examination			
Quantity	50	mL	
Colour	Pale Yellow		
Appearance	Clear		
Chemical Examination (By Reagent strip method)			
pH	6.0		
Specific Gravity	1.010		
Protein	Negative	gm/dL	Negative
Glucose	Negative	mg/dL	Negative
Ketones	Negative		Negative
Bilirubin	Negative		Negative
Urobilinogen	Negative		Negative (upto 1)
Blood	1+		Negative
Bile Salt	Absent		Absent
Leucocytes	Trace		Negative
Bile Pigments	Absent		Absent
Nitrite	Negative		Negative
Microscopic Examination (After Centrifugation at 2000 rpm for 10 min)			
Red Blood Cells	Present (0-2)	/hpf	0 - 2
Leucocytes	Present (2-5)	/hpf	0 - 5
Epithelial Cells	Present (2-5)	/hpf	0 - 5
Casts	Nil	/hpf	Nil
Crystals	Nil		Nil
Mucus	Absent		Absent
Organism	Absent		

--- End of Report ---


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DEPARTMENT OF DIAGNOSTIC RADIOLOGY

Patient No. : 21044774 Report Date : 11/06/2022
 Request No. : 190023003 11/06/2022 8.52 AM
 Patient Name : AKSHATA S GRAMPUROHIT
 Gender / Age : Female / 32 Years 10 Months 14 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 MEDICOLEGAL PURPOSES
 CLINICAL CORRELATION RECOMMENDED

Priyanka Patel
Dr. Priyanka Patel, MD
 Consultant Radiologist





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DEPARTMENT OF DIAGNOSTIC RADIOLOGY

Patient No. : 21044774 Report Date : 11/06/2022

Request No. : 190022942 11/06/2022 8.52 AM

Patient Name : AKSHATA S GRAMPUROHIT

Gender / Age : Female / 32 Years 10 Months 14 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 : Screening for Abdomen (excluding Pelvis) Or Upper Abdomen

Liver is enlarged in size(16.5cm) and increased in echopattern. No mass lesion identified. The hepatic veins 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 in 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 retroverted, normal in size and echo pattern. Endometrium thickness is about 5 mm. No obvious mass lesion seen.

Uterine length : 90 mm.
A.P. : 48 mm.

Both ovaries are normal in size.

Urinary bladder is well distended and appears normal. No ascites.

COMMENT:

Hepatomegaly with Fatty Liver.

Kindly correlate clinically

Prerna C

Dr. Prerna C Hasani, MD
Consultant Radiologist



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



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- 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. : 21044774 Report Date : 11/06/2022
Request No. : 190023029 11/06/2022 8.52 AM
Patient Name : **AKSHATA S GRAMPUROHIT**
Gender / Age : Female / 32 Years 10 Months 14 Days

Mammography (Both Breast)

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

Both breasts show scattered fibro glandular parenchyma.
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.
No enlarged axillary lymph nodes seen.

IMPRESSION:

No obvious focal mass in breasts. BI-RADS category 2.
Kindly correlate clinically /Follow up

BI-RADS: 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.

Hasani

Dr. Prema C Hasani, MD
Consultant Radiologist



"ULTRASONOGRAPHY" CANNOT DETECT ALL ABNORMALITIES
 "NOT VALID FOR MEDICOLEGAL PURPOSES"
 "CLINICAL CORRELATION RECOMMENDED"

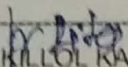
Patient No. : 21044774 Report Date : 11/06/2022
Request No. : 190023037 11/06/2022 8.52 AM
Patient Name : AKSHATA S GRAMPUROHIT
Gender / Age : Female / 32 Years 10 Months 14 Days

Echo Color Doppler

MITRAL VALVE : NORMAL, NO MS, NO MR
AORTIC VALVE : TRILEAFLET, NO AS, NO AR
TRICUSPID VALVE : NORMAL, NO TR, NO PAH
PULMONARY VALVE : NORMAL, NO PR, NO PS
LEFT ATRIUM : NORMAL SIZE
AORTA : NORMAL
LEFT VENTRICLE : NORMAL LVEF - 64%, 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 : NO MR // AR // TR, NO PAH

FINAL CONCLUSION:

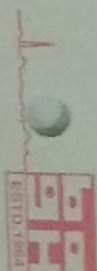
1. NORMAL SIZED ALL CARDIAC CHAMBERS
2. NORMAL LV SYSTOLIC FUNCTION LVEF - 64%
3. NO RESTING REGIONAL WALL MOTION ABNORMALITY
4. NORMAL VALVES, NO MITRAL / AORTIC STENOSIS
5. NORMAL RIGHT HEART SIZE AND RV PRESSURES
6. NO PERICARDIAL EFFUSION, CLOT OR VEGETATION SEEN, SR+


DR. KILLOL KANERIA, M.D., D.M., CARD.

ECU/21044774
32 Years

11-Jun-22

11:03:02 AM NRS AKSHATA GRAMPURHIT
Female

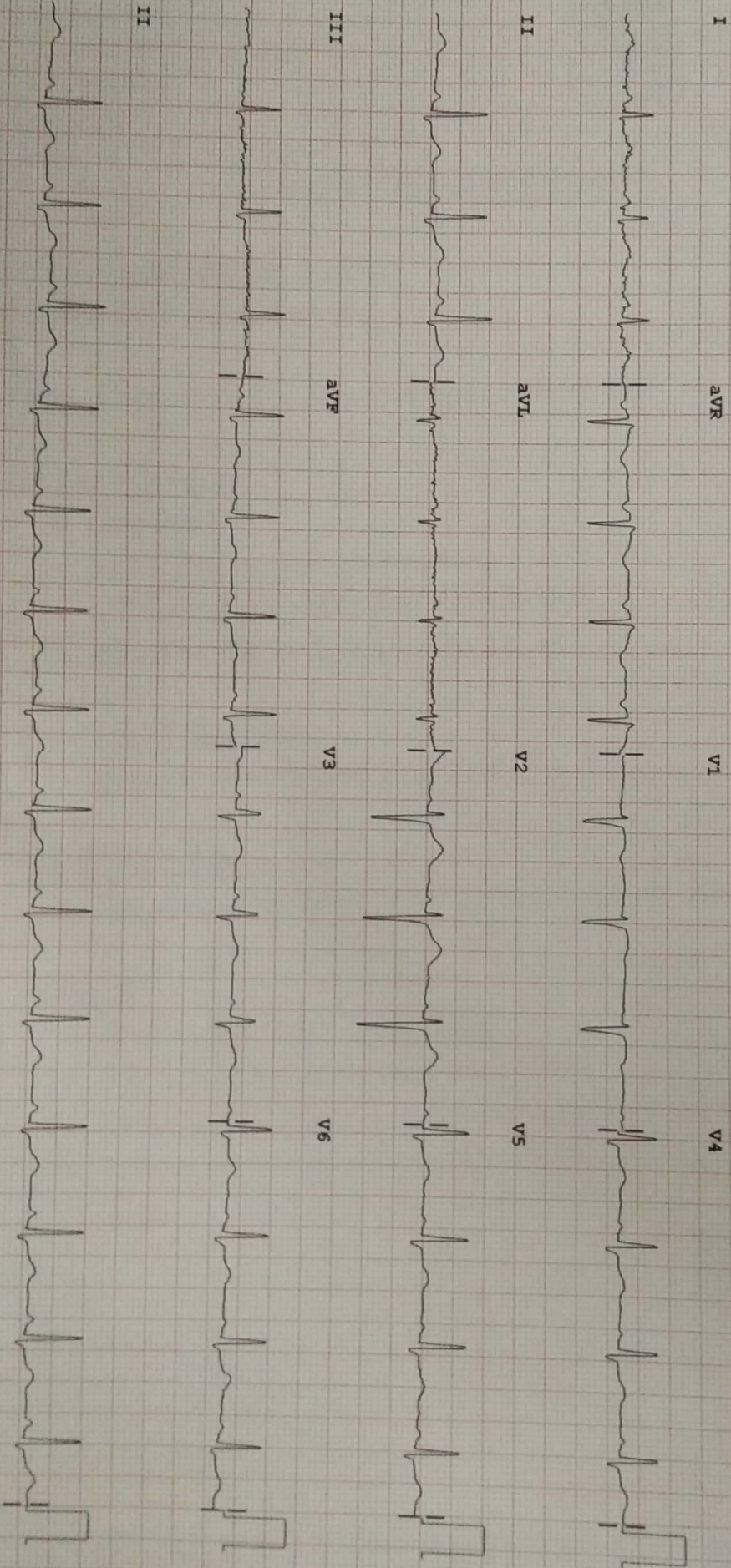


BHAILAL AMIN GENERAL HOSPITAL
An NABH, NABL & ISO Accredited Institute

Doctor DR MANISH MITTAL

Rate 88
PR 132
QRSD 91
QT 364
QTc 440

--AXIS--
P 32
QRS 60
T 37



Dev:

Speed: 25 mm/sec

Limb: 10 mm/mV

Chest: 10 mm/mV

F 50~0.5-150 Hz W

PH08

P?