



BHAILAL AMIN
GENERAL HOSPITAL



CONCLUSION OF HEALTH CHECKUP

ECU Number	: 2388	MR Number	: 23202410	Patient Name	: PRIYANKA SHRIVASTAVA
Age	: 39	Sex	: Female	Height	: 154
Weight	: 69	Ideal Weight	: 54	BMI	: 29.09
Date	: 18/03/2023				

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 : 2388 MR Number : 23202410 Patient Name: PRIYANKA SHRIVASTAVA
Age : 39 Sex : Female Height : 154
Weight : 69 Ideal Weight : 54 BMI : 29.09
Date : 18/03/2023

Past H/O : K/C/O :- PCOD, COVID-19 2021

Present H/O : C/O OFF AND ON URTI

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

Habits : NO HABITS

Gen.Exam. : G.C.GOOD

B.P : 126/84 mm HG

Pulse : 74/MIN REG

Others :

C.V.S : NAD

R.S. : NAD

Abdomen : NP

Spleen : NP

Skin : NAD

C.N.S : NAD

Advice :



ECU Number : 2388 MR Number : 23202410 Patient Name : PRIYANKA SHRIVASTAVA
 Age : 39 Sex : Female Height : 154
 Weight : 69 Ideal Weight : 54 BMI : 29.09
 Date : 18/03/2023

Ophthalmic Check Up :	Right	Left
Ext Exam		NIL
Vision Without Glasses	NA	NA
Vision With Glasses	6/6 N.5	6/6 N.6
Final Correction	NA	NA
Fundus	NORMAL	
Colour Vision	NORMAL	
Advice	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



ECU Number : 2388
Age : 39
Weight : 69
Date : 18/03/2023

MR Number : 23202410
Sex : Female
Ideal Weight : 54

Patient Name : PRIYANKA SHRIVASTAVA
Height : 154
BMI : 29.09

Gynaec Check Up :

OBSTETRIC HISTORY TLSCS-2019-M
MENSTRUAL HISTORY
PRESENT MENSTRUAL CYCLE LMP= 13-3-2023
PAST MENSTRUAL CYCLE

CHIEF COMPLAINTS

PA SOFT
PS Cx-(N) Vg-(N)
PV UT NS Fx CLEAR
BREAST EXAMINATION RIGHT NORMAL
BREAST EXAMINATION LEFT NORMAL
PAPSMEAR
BMD
MAMMOGRAPHY
ADVICE

Dietary Assesment

ECU Number : 2388 MR Number : 23202410 Patient Name: PRIYANKA SHRIVASTAVA
Age : 39 Sex : Female Height : 154
Weight : 69 Ideal Weight : 54 BMI : 29.09
Date : 18/03/2023

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 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. PRIYANKA SHRIVASTAVA RAWAL Type : OPD
 Gender / Age : Female / 39 Years 4 Months 19 Days Request No. : 113749
 MR No / Bill No. : 23202410 / 231072967 Request Date : 18/03/2023 08:54 AM
 Consultant : Dr. Manish Mittal Collection Date : 18/03/2023 08:46 AM
 Location : OPD Approval Date : 18/03/2023 02:01 PM

CBC + ESR

Test	Result	Units	Biological Ref. Range
Haemoglobin.			
Haemoglobin	12.5	gm/dL	12 - 15
Red Blood Cell Count (T-RBC)	4.30	mill/cmm	3.8 - 4.8
Hematocrit (HCT)	37.7	%	36 - 46
Mean Corpuscular Volume (MCV)	87.7	fl	83 - 101
Mean Corpuscular Haemoglobin (MCH)	29.1	pg	27 - 32
MCH Concentration (MCHC)	33.2	%	31.5 - 34.5
Red Cell Distribution Width (RDW-CV)	13.8	%	11.6 - 14
Red Cell Distribution Width (RDW-SD)	44.7	fl	39 - 46
Total Leucocyte Count (TLC)			
Total Leucocyte Count (TLC)	6.86	thou/cmm	4 - 10
Differential Leucocyte Count			
Polymorphs	66	%	40 - 80
Lymphocytes	28	%	20 - 40
Eosinophils	1	%	1 - 6
Monocytes	5	%	2 - 10
Basophils	0	%	0 - 2
Polymorphs (Abs. Value)	4.53	thou/cmm	2 - 7
Lymphocytes (Abs. Value)	1.93	thou/cmm	1 - 3
Eosinophils (Abs. Value)	0.07	thou/cmm	0.2 - 0.5
Monocytes (Abs. Value)	0.28	thou/cmm	0.2 - 1
Basophils (Abs. Value)	0.05	thou/cmm	0.02 - 0.1
Immature Granulocytes	0.1	%	1 - 3 : Borderline > 3 : Significant
Platelet Count			
Platelet Count	160	thou/cmm	150 - 410
Smear evaluation	Adequate		
Remarks	few large platelets seen.		
ESR	8	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. Recheck / 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

ESTD. 1964

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DEPARTMENT OF LABORATORY MEDICINE

Patient Name	: Ms. PRIYANKA SHRIVASTAVA RAWAL	Type	: OPD
Gender / Age	: Female / 39 Years 4 Months 19 Days	Request No.	: 113749
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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.

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.



Patient Name	: Ms. PRIYANKA SHRIVASTAVA RAWAL	Type	: OPD
Gender / Age	: Female / 39 Years 4 Months 19 Days	Request No.	: 113749
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Haematology

<u>Test</u>	<u>Result</u>	<u>Units</u>	<u>Biological Ref. Range</u>
Blood Group			
ABO system	A		
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. Rakesh Vaidya
MD (Path), DCP.

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DEPARTMENT OF LABORATORY MEDICINE

Patient Name : Ms. PRIYANKA SHRIVASTAVA RAWAL
Gender / Age : Female / 39 Years 4 Months 19 Days
MR No / Bill No. : 23202410 / 231072967
Consultant : Dr. Manish Mittal
Location : OPD

Type : OPD
Request No. : 113749
Request Date : 18/03/2023 08:54 AM
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Approval Date : 18/03/2023 03:24 PM

Fasting Plasma Glucose

Test	Result	Units	Biological Ref. Range
<i>Fasting Plasma Glucose</i>			
Fasting Plasma Glucose	82	mg/dL	70 - 110
Post Prandial 2 Hr. Plasma Glucose	85	mg/dL	70 - 140

By Hexokinase method on RXL Dade Dimesion

---- End of Report ----

Dr. Sejal Odedra
M.D.Pathology

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Patient Name : Ms. PRIYANKA SHRIVASTAVA RAWAL
 Gender / Age : Female / 39 Years 4 Months 19 Days
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 Consultant : Dr. Manish Mittal
 Location : OPD

Type : OPD
 Request No. : 113749
 Request Date : 18/03/2023 08:54 AM
 Collection Date : 18/03/2023 08:46 AM
 Approval Date : 18/03/2023 02:02 PM

HbA1c (Glycosylated Hb)

Test	Result	Units	Biological Ref. Range
HbA1c (Glycosylated Hb)			
Glycosylated Heamoglobin (HbA1c)	5.0	%	
estimated Average Glucose (e AG) *	96.8	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. Rakesh Vaidya
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Gender / Age : Female / 39 Years 4 Months 19 Days
MR No / Bill No. : 23202410 / 231072967
Consultant : Dr. Manish Mittal
Location : OPD

Type : OPD
Request No. : 113749
Request Date : 18/03/2023 08:54 AM
Collection Date : 18/03/2023 08:46 AM
Approval Date : 18/03/2023 11:42 AM

Complete Lipid Profile

Test	Result	Units	Biological Ref. Range
Complete Lipid Profile			
Appearance	Clear		
Triglycerides	75	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	191	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	50	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	125	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)	15	mg/dL	12 - 30
LDL Ch. / HDL Ch. Ratio	2.5		2.1 - 3.5
T. Ch./HDL Ch. Ratio	3.82		3.5 - 5
<i>(Recent NECP / ATP III Guidelines / Classification (mg/dl) :)</i>			

---- End of Report ----

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Renal Function Test (RFT)

Test	Result	Units	Biological Ref. Range
Urea (By Urease Kinetic method on RXL Dade Dimension)	22	mg/dL	10 - 45
Creatinine (By Modified Kinetic Jaffe Technique)	0.74	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)	4.8	mg/dL	2.2 - 5.8

— End of Report —

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 Gender / Age : Female / 39 Years 4 Months 19 Days
 MR No / Bill No. : 23202410 / 231072967
 Consultant : Dr. Manish Mittal
 Location : OPD

Type : OPD
 Request No. : 113749
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 Collection Date : 18/03/2023 08:46 AM
 Approval Date : 18/03/2023 11:42 AM

Liver Function Test (LFT)

Test	Result	Units	Biological Ref. Range
Bilirubin			
Bilirubin - Total	0.32	mg/dL	0 - 1
Bilirubin - Direct	0.07	mg/dL	0 - 0.3
Bilirubin - Indirect	0.25	mg/dL	0 - 0.7
<i>(By Diazotized sulfanilic acid on RXL Dade Dimension.)</i>			
Aspartate Aminotransferase (SGOT/AST)	20	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)	17	U/L	5 - 55
<i>(By IFCC method on RXL Dade Dimension.)</i>			
Total Protein			
Total Proteins	7.45	gm/dL	6.4 - 8.2
Albumin	3.34	gm/dL	3.4 - 5
Globulin	4.11	gm/dL	3 - 3.2
A : G Ratio	0.81		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 : Ms. PRIYANKA SHRIVASTAVA RAWAL
 Gender / Age : Female / 39 Years 4 Months 19 Days
 MR No / Bill No. : 23202410 / 231072967
 Consultant : Dr. Manish Mittal
 Location : OPD

Type : OPD
 Request No. : 113749
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Thyroid Hormone Study

Test	Result	Units	Biological Ref. Range
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Triiodothyronine (T3)

1.33

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)

7.78

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)

3.21

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)

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

— End of Report —

Dr. Sejal Odedra
 M.D.Pathology



Patient Name : Ms. PRIYANKA SHRIVASTAVA RAWAL
 Gender / Age : Female / 39 Years 4 Months 19 Days
 MR No / Bill No. : 23202410 / 231072967
 Consultant : Dr. Manish Mittal
 Location : OPD

Type : OPD
 Request No. : 113749
 Request Date : 18/03/2023 08:54 AM
 Collection Date : 18/03/2023 08:46 AM
 Approval Date : 18/03/2023 02:17 PM

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	1 - 5	/hpf	0 - 5
Epithelial Cells	5 - 10	/hpf	0 - 5
Casts	Nil	/lpf	Nil
Crystals	Nil	/hpf	Nil
Mucus	Absent	/hpf	Absent
Organism	Budding yeast cells seen		

---- End of Report ----

Dr. Rakesh Vaidya
MD (Path). DCP.



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Consultant	: Dr. Manish Mittal	Collection Date	: 18/03/2023 08:46 AM
Location	: OPD	Approval Date	: 18/03/2023 03:35 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 : 504/23

Received at 02.25 pm.

Clinical Details : No complain
P/V findings : Cx. / Vg. - NAD.
LMP : 13/03/2023

TBS Report / Impression :

- * Satisfactory for evaluation; transformation zone components identified.
- * No significant inflammatory cellularity.
- * 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 Bethesda system (Modified 2014)

--- End of Report ---

Dr. Rakesh Vaidya
MD (Path). DCP.



Patient Name : Ms. PRIYANKA SHRIVASTAVA RAWAL
 Gender / Age : Female / 39 Years 4 Months 19 Days
 MR No / Bill No. : 23202410 / 231073078
 Consultant : Dr. BAGH Doctor
 Location : OPD

Type : OPD
 Request No. : 113826
 Request Date : 18/03/2023 11:56 AM
 Collection Date : 18/03/2023 11:48 AM
 Approval Date : 18/03/2023 03:19 PM

Calcium

Test	Result	Units	Biological Ref. Range
Calcium			
Calcium (Total) (By OCPC method on RXL Dade Dimension)	8.2	mg/dL	8.5 - 10.1

Calcium (Adjusted)	8.8	mg/dL	
--------------------	-----	-------	--

Vitamin B12

Vitamin B12 Level	429.7	pg/ml	200 - 900
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(Done by 4th generation electrochemiluminescence based method on automated immunoassay / Cobas e 411.)

Interpretation :

Normal : 200 - 900
 Intermediate : 179 - 200
 Deficiency : < 179

* Fasting sample is required.

* Therapeutic intake during preceeding days (Oral-3 days, Parental 3 wks) may lead to increased level.)

Vitamin D Total (25 OH Vit D)	23.97	ng/ml	
--------------------------------	-------	-------	--

Test	Health based	Reference range
Vitamin D Total	Deficiency	< 20 ng/ml
(25 Hydroxy Calciferol)	Insufficiency	20-30 ng/ml
	Sufficiency	30-80 ng/ml
	Possible toxicity	> 80 ng/ml

Serum or heparinised plasma

Method : Done by ECLIA on Cobas e 411

- Vitamin D level varies amongst populations and according to sunshine exposure (peaks in summer months) and nutritional habits and status, hence health based reference range is preferred to usual population based reference intervals.

- 25 (OH) Calciferol (25 (OH) D) is circulating form of Vitamin D. It is at present the best indicator of Vitamin D status. Fraction of circulating 25 (OH) D is converted to its active metabolites 1-25 (OH) D mainly by the kidneys. This process is regulated by PTH.

- If on supplemental therapy, it should be stopped for 3 to 4 days prior to testing.

Classic (nutritional) vitamin D deficiency results in bone demineralization, which may lead to rickets in children and osteomalacia or osteoporosis in adults. Because calcium levels affect muscle strength, vitamin D deficiency can result in muscle weakness and an increased risk of falls in the elderly. Levels of 25 (OH) D vary with exposure to sunlight, peaking in the summer months.

Decreased vitamin D levels have been linked with an increased incidence of colon, breast, and prostate cancer, as well as a higher mortality from these cancer, and an increased incidence of congestive heart failure, depression and schizophrenia. Individuals Suitable for Testing

* Individuals with suspected vitamin D deficiency (e.g., those with persistent, nonspecific musculoskeletal pain ; the elderly ; housebound individuals ; those with malabsorptive syndromes ; those receiving treatment with anticonvulsants)

Individuals with suspected toxicity (e.g. those with anemia of obscure origin, unexplained renal disease, etc.)

Individuals being treated for vitamin D- related disorders.

What abnormal results mean:

* Lower-than normal levels suggest a vitamin D deficiency. This condition can result from :

Lack of exposure to sunlight

Lack of adequate vitamin D in the diet

Liver and Kidney diseases

Malabsorption

Use of certain medicines, including phenytoin, Phenobarbital, and rifampicin

* Higher-than - normal levels suggest excess vitamin D (hypervitaminosisD.)

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DEPARTMENT OF LABORATORY MEDICINE

Patient Name	: Ms. PRIYANKA SHRIVASTAVA RAWAL	Type	: OPD
Gender / Age	: Female / 39 Years 4 Months 19 Days	Request No.	: 113826
MR No / Bill No.	: 23202410 / 231073078	Request Date	: 18/03/2023 11:56 AM
Consultant	: Dr. BAGH Doctor	Collection Date	: 18/03/2023 11:48 AM
Location	: OPD	Approval Date	: 18/03/2023 03:19 PM

Vitamin D Total (25 OH Vit D)

---- End of Report ----

Dr. Rakesh Vaidya
MD (Path). DCP.

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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DEPARTMENT OF DIAGNOSTIC RADIOLOGY

Patient No. : 23202410 Report Date : 18/03/2023
Request No. : 190057458 18/03/2023 8.54 AM
Patient Name : **Ms. PRIYANKA SHRIVASTAVA RAWAL**
Gender / Age : Female / 39 Years 4 Months 19 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

Prerna C Hasani

Dr. Prerna 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. : 23202410 Report Date : 18/03/2023
Request No. : 190057348 18/03/2023 8.54 AM
Patient Name : **Ms. PRIYANKA SHRIVASTAVA RAWAL**
Gender / Age : Female / 39 Years 4 Months 19 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 : 57mm.
A.P. : 29 mm.

Both ovaries reveal small follicles.

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

Dr.Prerna C Hasani, MD
Consultant Radiologist




Patient No. : 23202410 Report Date : 18/03/2023
Request No. : 190057353 18/03/2023 8.54 AM
Patient Name : Ms. PRIYANKA SHRIVASTAVA RAWAL
Gender / Age : Female / 39 Years 4 Months 19 Days

Echo Color Doppler

MITRAL VALVE : NORMAL
AORTIC VALVE : TRILEAFLET, NORMAL
TRICUSPID VALVE : NORMAL, NO TR, NO PAH
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 : NO LV diastolic dysfunction
NO AR, MR, 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. NO LV DIASTOLIC DYSFUNCTION
6. NO AR,MR, TR, NO PULMONARY HYPERTENSION , (IVC COLLAPSING)
7. NO PERICARDIAL EFFUSION, CLOT VEGETATION.

 Dr.KILLOL KANERIA MD, DM
Consultant Cardiologist

Name: Priyanka Rawal
Patient ID: 23202410

18.03.2023 10:28:29
Standard 12-Lead

Date of birth: 30.10.1983
Gender: Female
Height: [blank]
Weight: [blank]
Ethnicity: Undefined
Facemaker: Unknown
Indication: [blank]
Remark: [blank]

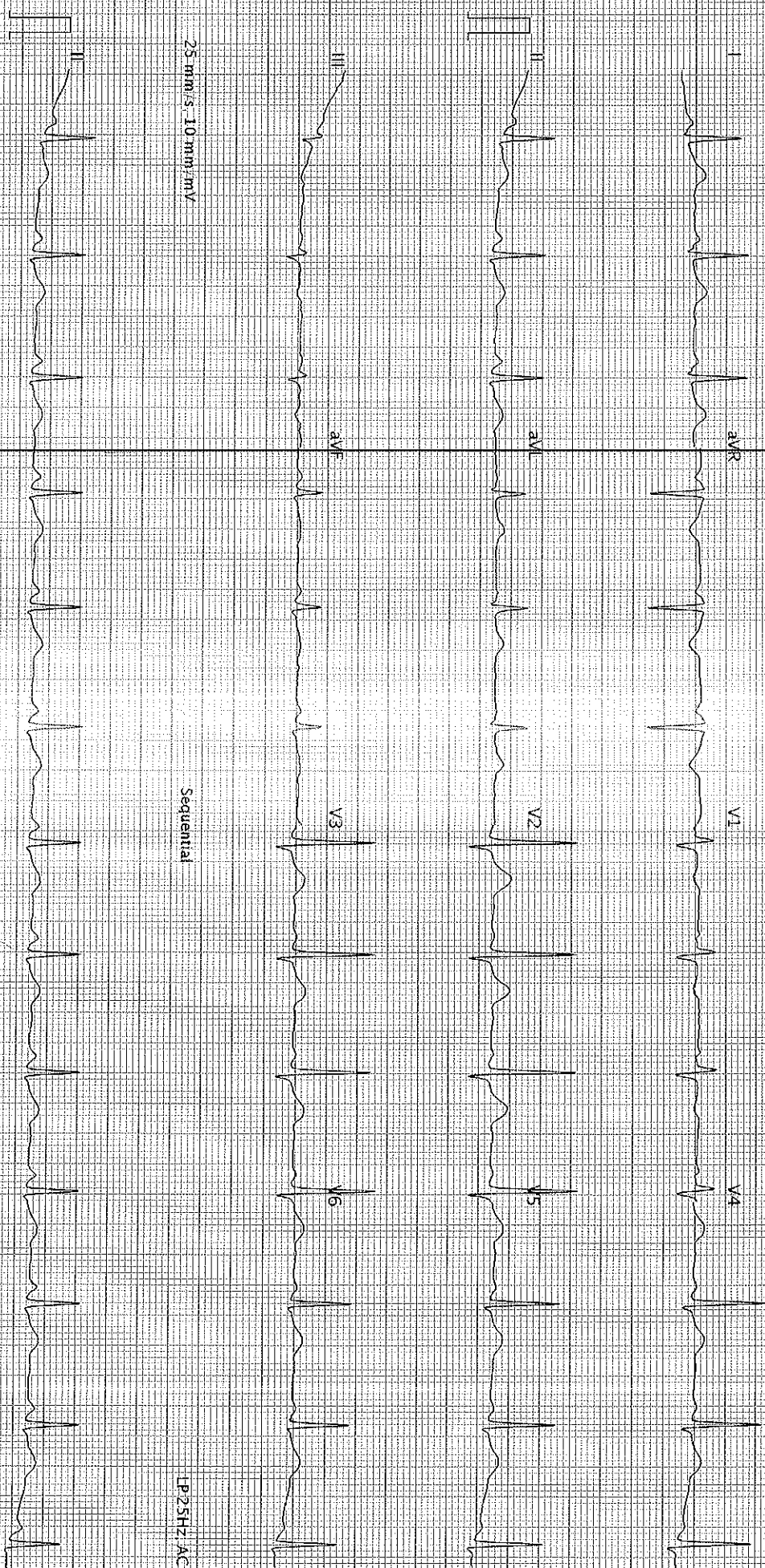
Visit ID: [blank]
Room: [blank]
Medication: [blank]
Order ID: [blank]
Ord. prov: [blank]
Ord. prot: [blank]

HR: 77 bpm
RR: [blank]
P axis: 41°
QRS axis: 27°
T axis: 8°

PR: 126 ms
QR: 83 ms
QT: 379 ms
QTcB: 431 ms

Otherwise normal

normal



25 mm/s, 10 mm/mV

Sequential

LP25HZ AC 50HZ

25 mm/s, 10 mm/mV

LP25HZ AC 50HZ

AT-102-G2-12-0 (4080-011030)

Printed on 18.03.2023 10:28:42

Page 1 of 1

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