



CONCLUSION OF HEALTH CHECKUP

ECU Number	: 2811	MR Number	: 21024082	Patient Name	: SHARMILI S VERMA
Age	: 43	Sex	: Female	Height	: 160
Weight	: 59	Ideal Weight	: 59	BMI	: 23.05
Date	: 10/04/2023				

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.

ECU Number : 2811 MR Number : 21024082 Patient Name: SHARMILI S VERMA
Age : 43 Sex : Female Height : 160
Weight : 59 Ideal Weight : 59 BMI : 23.05
Date : 10/04/2023

Past H/O : H/O:- BREAST CA :---> 2020 ON MEDICATION

Present H/O : NO MEDICAL COMPLAIN AT PRESENT

Family H/O : FATHER: HYPERTENSION

Habits : NO HABITS

Gen.Exam. : G.C.GOOD

B.P : 130/90 mm HG

Pulse : 87/MIN REG

Others : SPO2-99%

C.V.S : NAD

R.S. : NAD

Abdomen : NP

Spleen : NP

Skin : NAD

C.N.S : NAD

Advice :

ECU Number : 2811

Age : 43

Weight : 59

Date : 10/04/2023

MR Number : 21024082

Sex : Female

Ideal Weight : 59

Patient Name: SHARMILI S VERMA

Height : 160

BMI : 23.05

Ophthalmic Check Up :

Right

Left

Ext Exam

NIL

Vision Without Glasses

6/6

6/6

Vision With Glasses

N.6+1.00 SPH

N.6+1.00 SPH

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 : 2811

Age : 43

Weight : 59

Date : 10/04/2023

MR Number : 21024082

Sex : Female

Ideal Weight : 59

Patient Name : SHARMILI S VERMA

Height : 160

BMI : 23.05

Gynaec Check Up :

OBSTETRIC HISTORY POSTMENOPAUSAL SINCE - 2 YRS ; OPERATED FOR CA. BREAT IN 2020

MENSTRUAL HISTORY -

PRESENT MENSTRUAL CYCLE -

PAST MENSTRUAL CYCLE -

CHIEF COMPLAINTS -

PA SOFT

PS Cx - 2 SMALL POLYPS AT .. Vg - NORMAL

PV UT NS Fx CLEAR

BREAST EXAMINATION RIGHT (R) PARTIAL

BREAST EXAMINATION LEFT NORMAL

PAPSMEAR TAKEN.

BMD

MAMMOGRAPHY

ADVICE

Dietary Assesment

ECU Number : 2811 MR Number : 21024082 Patient Name : SHARMILI S VERMA
Age : 43 Sex : Female Height : 160
Weight : 59 Ideal Weight : 59 BMI : 23.05

Date : 10/04/2023

Body Type : Normal / Underwight / Overwight
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 : Mrs. SHARMILI S VERMA
 Gender / Age : Female / 43 Years 10 Months 3 Days
 MR No / Bill No. : 21024082 / 241003222
 Consultant : Dr. Manish Mittal
 Location : OPD

Type : OPD
 Request No. : 121226
 Request Date : 10/04/2023 08:23 AM
 Collection Date : 10/04/2023 08:14 AM
 Approval Date : 10/04/2023 03:36 PM

CBC + ESR

Test	Result	Units	Biological Ref. Range
Haemoglobin.			
Haemoglobin	11.2	gm/dL	12 - 15
Red Blood Cell Count (T-RBC)	3.84	mill/cmm	3.8 - 4.8
Hematocrit (HCT)	34.2	%	36 - 46
Mean Corpuscular Volume (MCV)	89.1	fl	83 - 101
Mean Corpuscular Haemoglobin (MCH)	29.2	pg	27 - 32
MCH Concentration (MCHC)	32.7	%	31.5 - 34.5
Red Cell Distribution Width (RDW-CV)	14.1	%	11.6 - 14
Red Cell Distribution Width (RDW-SD)	47.0	fl	39 - 46
Total Leucocyte Count (TLC)			
Total Leucocyte Count (TLC)	5.54	thou/cmm	4 - 10
Differential Leucocyte Count			
Polymorphs	65	%	40 - 80
Lymphocytes	28	%	20 - 40
Eosinophils	2	%	1 - 6
Monocytes	5	%	2 - 10
Basophils	0	%	0 - 2
Polymorphs (Abs. Value)	3.64	thou/cmm	2 - 7
Lymphocytes (Abs. Value)	1.56	thou/cmm	1 - 3
Eosinophils (Abs. Value)	0.08	thou/cmm	0.2 - 0.5
Monocytes (Abs. Value)	0.23	thou/cmm	0.2 - 1
Basophils (Abs. Value)	0.03	thou/cmm	0.02 - 0.1
Immature Granulocytes	0.2	%	1 - 3 : Borderline > 3 : Significant
Platelet Count			
Platelet Count	96	thou/cmm	150 - 410
Smear evaluation	Decreased		
ESR	1	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 / retest may be requested.

365 Days / 24 Hours Laboratory Services

Home Collection Facility Available
(Mon To Sat 8:00 am to 5:00 pm)



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DEPARTMENT OF LABORATORY MEDICINE

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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

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DEPARTMENT OF LABORATORY MEDICINE

Patient Name : Mrs. SHARMILI S VERMA
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Collection Date : 10/04/2023 08:14 AM
Approval Date : 10/04/2023 02:24 PM

Haematology

Test	Result	Units	Biological Ref. Range
Blood Group			
ABO system	B		
Rh system	Negative / Du Negative		

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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Approval Date : 10/04/2023 12:05 PM

Fasting Plasma Glucose

Test	Result	Units	Biological Ref. Range
Fasting Plasma Glucose	74	mg/dL	70 - 110
Post Prandial 2 Hr. Plasma Glucose	113	mg/dL	70 - 140

by Hexokinase method on RXL Dade Dimension

---- End of Report ----

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Complete Lipid Profile

Test	Result	Units	Biological Ref. Range
Complete Lipid Profile			
Appearance	Clear		
Triglycerides (By Lipase / Glycerol dehydrogenase on RXL Dade Dimension < 150 Normal 150-199 Borderline High 200-499 High > 499 Very High)	56	mg/dL	1 - 150
Total Cholesterol (By enzymatic colorimetric method on RXL Dade Dimension <200 mg/dL - Desirable 200-239 mg/dL - Borderline High > 239 mg/dL - High)	161	mg/dL	1 - 200
HDL Cholesterol (By Direct homogenous technique, modified enzymatic non-immunological method on RXL Dade Dimension < 40 Low > 60 High)	67	mg/dL	40 - 60
Non HDL Cholesterol (calculated) (Non- HDL Cholesterol < 130 Desirable 139-159 Borderline High 160-189 High > 191 Very High)	94	mg/dL	1 - 130
LDL Cholesterol (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)	81	mg/dL	1 - 100
VLDL Cholesterol (calculated)	11.2	mg/dL	12 - 30
LDL Ch. / HDL Ch. Ratio	1.21		2.1 - 3.5
T. Ch./HDL Ch. Ratio (Recent NECP / ATP III Guidelines / Classification (mg/dl) :)	2.4		3.5 - 5

--- End of Report ---

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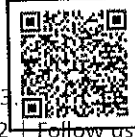
Type : OPD
 Request No. : 121226
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 Approval Date : 10/04/2023 12:06 PM

Liver Function Test (LFT)

Test	Result	Units	Biological Ref. Range
Bilirubin			
Bilirubin - Total	0.38	mg/dL	0 - 1
Bilirubin - Direct	0.09	mg/dL	0 - 0.3
Bilirubin - Indirect	0.29	mg/dL	0 - 0.7
<i>(By Diazotized sulfanilic acid on RXL Dade Dimension.)</i>			
Aspartate Aminotransferase (SGOT/AST)	17	U/L	13 - 35
<i>(By IFCC UV kinetic method on RXL Dade Dimension.)</i>			
Alanine Aminotransferase (SGPT/ALT)	23	U/L	14 - 59
<i>(By IFCC UV kinetic method on RXL Dade Dimension.)</i>			
Alkaline Phosphatase	47	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	6.91	gm/dL	6.4 - 8.2
Albumin	3.85	gm/dL	3.4 - 5
Globulin	3.06	gm/dL	3 - 3.2
A : G Ratio	1.26		1.1 - 1.6
<i>(By Biuret endpoint and Bromocresol purple method on RXL Dade Dimension.)</i>			

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Renal Function Test (RFT)

Test	Result	Units	Biological Ref. Range
Urea (By Urease Kinetic method on RXL Dade Dimension)	30	mg/dL	10 - 45
Creatinine (By Modified Kinetic Jaffe Technique)	0.69	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)	4.0	mg/dL	2.2 - 5.8

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 Approval Date : 10/04/2023 12:05 PM

HbA1c (Glycosylated Hb)

Test	Result	Units	Biological Ref. Range
HbA1c (Glycosylated Hb)			
Glycosylated Hemoglobin (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 ---

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 Request No. : 121226
 Request Date : 10/04/2023 08:23 AM
 Collection Date : 10/04/2023 08:14 AM
 Approval Date : 10/04/2023 12:42 PM

Thyroid Hormone Study

Test	Result	Units	Biological Ref. Range
Triiodothyronine (T3) (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))	1.74	ng/ml	
Thyroxine (T4) (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))	10.79	mcg/dL	
Thyroid Stimulating Hormone (US-TSH) (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))	10.28	microIU/ml	

— End of Report —

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 Request Date : 10/04/2023 08:23 AM
 Collection Date : 10/04/2023 08:14 AM
 Approval Date : 10/04/2023 03:54 PM

Pap Smear

Test	Result	Units	Biological Ref. Range
Pap Smear	Pap Smear Screening Report / Cervico-Vaginal Cytology...		
	Cyto no : P/687 /23 Received at 02.15 pm.		
	Clinical Details : No complain P/V findings : Cx. - Small polyp at ext. os 1x1 cm/ Vg. - NAD LMP : 02 years before		
	TBS Report / Impression : * Satisfactory for evaluation; transformation zone components identified. * Postmenopausal smears, no atrophic changes. * Mild inflammatory cellularity (Neutrophils rich). * Benign cellular changes, reparative changes. * 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 Bathesda system (Modified 2014)

---- End of Report ----

Dr. Sejal Odedra
M.D.Pathology



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Urine routine analysis (Auto)

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	<=1.005		
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	1 - 5	/hpf	0 - 5
Casts	Nil	/lpf	Nil
Crystals	Nil	/hpf	Nil
Mucus	Absent	/hpf	Absent
Organism	Absent		

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M.D.Pathology



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DEPARTMENT OF DIAGNOSTIC RADIOLOGY

Patient No. : 21024082 Report Date : 10/04/2023

Request No. : 190060499 10/04/2023 8:23 AM

Patient Name : Mrs. SHARMILI S VERMA

Gender / Age : Female / 43 Years 10 Months 3 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.

Chemoport+

• 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

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. : 21024082 Report Date : 10/04/2023
Request No. : 190060485 10/04/2023 8.23 AM
Patient Name : Mrs. SHARMILI S VERMA
Gender / Age : Female / 43 Years 10 Months 3 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 echo pattern. Endometrium thickness is about 5 mm. No obvious mass lesion seen.

Uterine length : 75 mm.
A.P. : 26 mm.

Both ovaries are normal .

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

COMMENT:

No obvious abnormality seen.

Kindly correlate clinically

Prerna C Hasani

Dr.Prerna C Hasani, MD
Consultant Radiologist



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



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. : 21024082 Report Date : 10/04/2023
Request No. : 190060505 10/04/2023 8.23 AM
Patient Name : Mrs. SHARMILI S VERMA
Gender / Age : Female / 43 Years 10 Months 3 Days

Mammography (Both Breast)

Clinical profile : operated case of Ca breast on right side

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

Both breasts show dense glandular parenchyma.(Type c), which can obscure the mass lesion

Right breast shows ill defined hypoechoic area in lower central quadrant.(USG correlation done)--p/o post operative changes/scar--BI-RADS 3--needs Follow Up

Skin thickening seen involving lower quadrant of right breast.

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:

Right breast shows ill defined hypoechoic area in lower central quadrant.(USG correlation done)--p/o post operative changes/scar--BI-RADS 3--needs Follow Up
Skin thickening seen involving lower quadrant of right breast.

Kindly correlate clinically /Follow up

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:

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



H-2015-0297

MC-3004

E-2021-0037

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BHAILAL AMIN
GENERAL HOSPITAL

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DEPARTMENT OF DIAGNOSTIC RADIOLOGY

ADVANCED DIGITAL SOLUTIONS

- Computer Radiography
- Ultra Sensitive Colour Doppler
- Ultra High Resolution Sonography
- Multi-Detector CT Scan
- Mammography
- Interventional Radiology
- Digital Subtraction Angiography
- Foetal Echocardiography
- Echocardiography

Patient No. : 21024082 Report Date : 10/04/2023

Request No. : 190060505 10/04/2023 8:23 AM

Patient Name : Mrs. SHARMILI S VERMA

Gender / Age : Female / 43 Years 10 Months 3 Days

Mammography (Both Breast)

- 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.

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

Hasani

Dr.Perna C Hasani, MD
Consultant Radiologist



H-2015-0297

MC-3004

E-2021-0037

Patient No. : 21024082 Report Date : 10/04/2023
Request No. : 190060571 10/04/2023 8.23 AM

Patient Name : **Mrs. SHARMILI S VERMA**

Gender / Age : Female / 43 Years 10 Months 3 Days

Echo Color Doppler

MITRAL VALVE : NORMAL
AORTIC VALVE : TRILEAFLET, NORMAL
TRICUSPID VALVE : NORMAL, TRIVIAL TR, PASP BY TR JET= 20 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 : NO LV diastolic dysfunction
FLOW MAPPING : TRIVIAL 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. TRIVIAL MR, TR, NO PULMONARY HYPERTENSION , (IVC COLLAPSING)
7. NO PERICARDIAL EFFUSION, CLOT VEGETATION.

Dr. KILLOL KANERIA MD, DM
Consultant Cardiologist

Name: Sharmila divatia
Patient ID: 23204613

10.04.2023 09:19:56
Standard 12-Lead

Date of birth: 21.09.1964
Gender: Female
Height:
Weight:
Ethnicity: Undefined
Pacemaker: Unknown
Indication:
Remark:

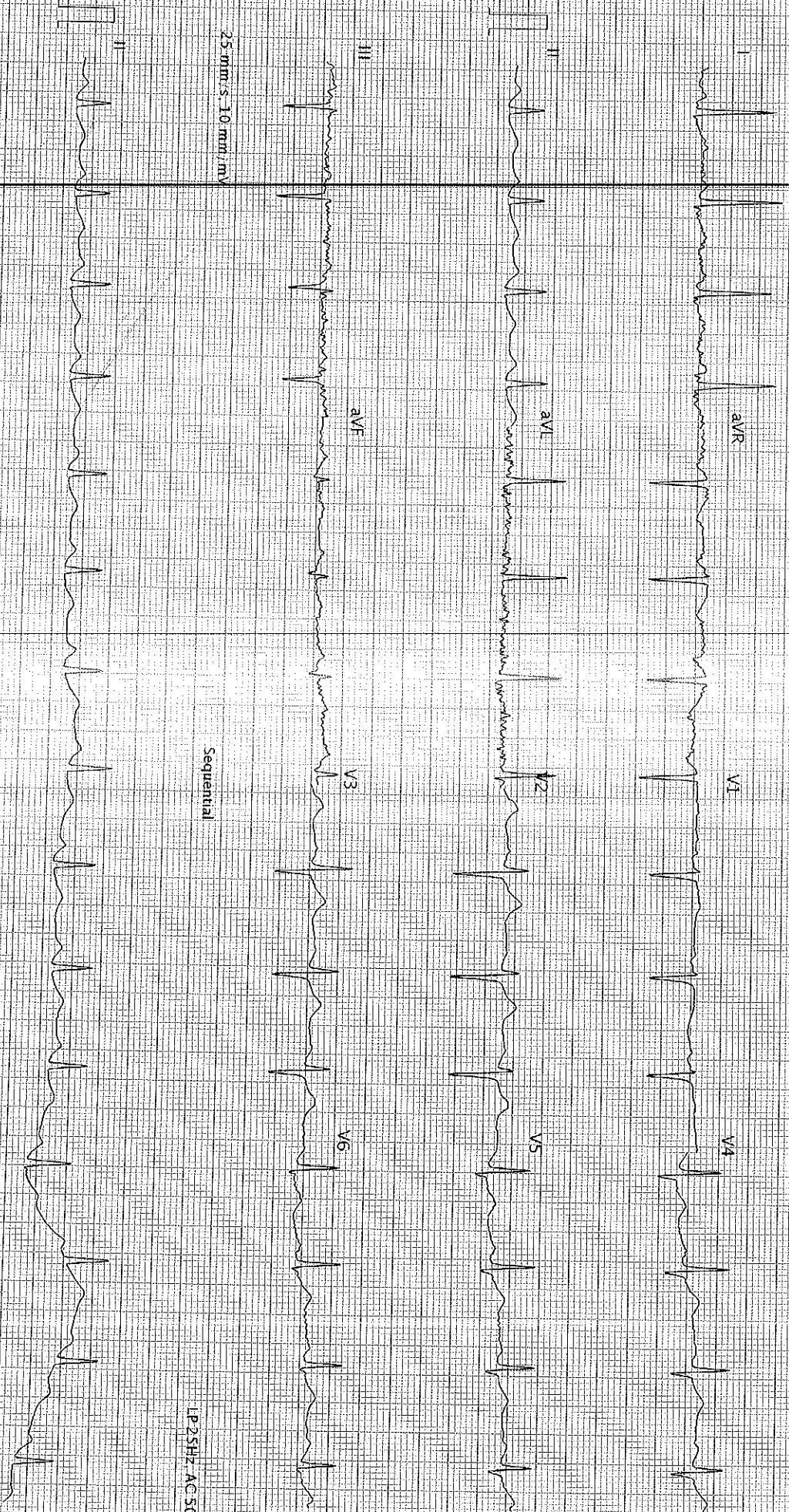
Visit ID:
Room:
Medication:
Order ID:
Ord. prov:
Ord. prot:

HR: 89 bpm
RR: 64
PR: 7
QRS: 31
QTc: 31

P: 6/73 ms
PR: 153 ms
QRS: 78 ms
QTc: 338 ms
QTd: 412 ms
Sinus rhythm
Normal electrical axis
QRS(T) contour abnormality
consistent with old inferior myocardial infarction
Abnormal ECG
Unconfirmed report

Abnormal

ECG



25 mm/s, 10 mm/mV

Sequential

LP 25HZ AC 50HZ

25 mm/s, 10 mm/mV

AT-102 G2.1 2.0 (10880.0) (10350)

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SCHLER

LP 25HZ AC 50HZ