

CONCLUSION OF HEALTH CHECKUP

ECU Number	: 10178	MR Number	: 23231680	Patient Name	: SANGITA SAH
Age	: 49	Sex	: Female	Height	: 58
Weight	: 160	Ideal Weight	: 64	BMI	: 475.62
Date	: 15/03/2024				

Dyslipidemia

↓
Lipid Hype
malnutrition


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.



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ECU Number : 10178 MR Number : 23231680 Patient Name : SANGITA SAH
Age : 49 Sex : Female Height : 58
Weight : 160 Ideal Weight : 64 BMI : 475.62
Date : 15/03/2024

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

Present H/O : NO MEDICAL COMPLAINS AT PRESENT.

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

Habits : NO

Gen.Exam. : G.C.GOOD

B.P : 140/90

Pulse : 84

Others : SPO2 99%

C.V.S : NAD

R.S. : NAD

Abdomen : NP

Spleen : NP

Skin : NAD

C.N.S : NAD

Force :





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Age : 49
Weight : 160
Date : 15/03/2024

MR Number : 23231680
Sex : Female
Ideal Weight : 64

Patient Name: SANGITA SAH
Height : 58
BMI : 475.62

Ophthalmic Check Up :

Ext Exam
Vision Without Glasses
Vision With Glasses
Final Correction

Right

6/6 + 1.75 D SPH + 0.50 CYL I 140
N.6 + 1.75 D SPH ADD

Left

NORMAL
6/6 + 4.00 D SPH + 0.75 CYL I 60
N.6 + 1.75 D SPH ADD

Fundus
Colour Vision

NORMAL
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





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ECU Number : 10178 MR Number : 23231680 Patient Name : SANGITA SAH
Age : 49 Sex : Female Height : 58
Weight : 160 Ideal Weight : 64 BMI : 475.62
Date : 15/03/2024

Gynaec Check Up :

OBSTETRIC HISTORY G4 P4 ALL FTND 3-F 1-M L A
MENSTRUAL HISTORY
PRESENT MENSTRUAL CYCLE REGULAAR
PAST MENSTRUAL CYCLE NO PERIODS 1 YRS
CHIEF COMPLAINTS
PA SOFT
PS NAD
PV NAD
BREAST EXAMINATION RIGHT NORMAL
BREAST EXAMINATION LEFT NORMAL
PAPSMEAR TAKEN
BMD
MAMMOGRAPHY
ADVICE REGULAR BSE



Dietary Assessment

ECU Number : 10178 MR Number : 23231680 Patient Name: SANGITA SAH
Age : 49 Sex : Female Height : 58
Weight : 160 Ideal Weight : 64 BMI : 475.62
Date : 15/03/2024

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

Lifestyle 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
- 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. SANGITA SAH Type : OPD
 Gender / Age : Female / 49 Years 10 Months 1 Days Request No. : 208059
 MR No / Bill No. : 23231680 / 242090678 Request Date : 15/03/2024 08:28 AM
 Consultant : Dr. Manish Mittal Collection Date : 15/03/2024 08:31 AM
 Location : OPD Approval Date : 15/03/2024 02:36 PM

CBC + ESR

Test	Result	Units	Biological Ref. Range
Haemoglobin.			
Haemoglobin	11.1	gm/dL	12 - 15
Red Blood Cell Count (T-RBC)	3.84	mill/cmm	3.8 - 4.8
Hematocrit (HCT)	35.5	%	36 - 46
Mean Corpuscular Volume (MCV)	92.4	fl	83 - 101
Mean Corpuscular Haemoglobin (MCH)	28.9	pg	27 - 32
MCH Concentration (MCHC)	31.3	%	31.5 - 34.5
Red Cell Distribution Width (RDW-CV)	13.1	%	11.6 - 14
Red Cell Distribution Width (RDW-SD)	43.8	fl	39 - 46
Total Leucocyte Count (TLC)			
Total Leucocyte Count (TLC)	3.10	thou/cmm	4 - 10
Differential Leucocyte Count			
Polymorphs	48	%	40 - 80
Lymphocytes	40	%	20 - 40
Eosinophils	02	%	1 - 6
Monocytes	10	%	2 - 10
Basophils	00	%	0 - 2
Polymorphs (Abs. Value)	1.45	thou/cmm	2 - 7
Lymphocytes (Abs. Value)	1.23	thou/cmm	1 - 3
Eosinophils (Abs. Value)	0.05	thou/cmm	0.2 - 0.5
Monocytes (Abs. Value)	0.31	thou/cmm	0.2 - 1
Basophils (Abs. Value)	0.02	thou/cmm	0.02 - 0.1
Immature Granulocytes	0.3	%	1 - 3 : Borderline > 3 : Significant
Platelet Count			
Platelet Count	115	thou/cmm	150 - 410
Smear evaluation	Adequate		
ESR	31	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 suggested.

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DEPARTMENT OF LABORATORY MEDICINE

Patient Name	: Mrs. SANGITA SAH	Type	: OPD
Gender / Age	: Female / 49 Years 10 Months 1 Days	Request No.	: 208059
MR No / Bill No.	: 23231680 / 242090678	Request Date	: 15/03/2024 08:28 AM
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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 by Fluorescent flow cytometry using a semi-conductor laser and hydrodynamic focusing in dedicated channels. 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 ESL-30, comparable to Westergrens method and in accordance to ICSH reference method.

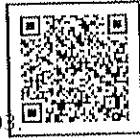
---- End of Report ----

Dr. Ameer Soni
MD (Path)

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DEPARTMENT OF LABORATORY MEDICINE

Patient Name : Mrs. SANGITA SAH
Gender / Age : Female / 49 Years 10 Months 1 Days
MR No / Bill No. : 23231680 / 242090678
Consultant : Dr. Manish Mittal
Location : OPD

Type : OPD
Request No. : 208059
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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 Autocontrol
- This method checks 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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Fasting Plasma Glucose

Test	Result	Units	Biological Ref. Range
<i>Fasting Plasma Glucose</i>			
Fasting Plasma Glucose	101	mg/dL	70 - 110
Post Prandial 2 Hr. Plasma Glucose	118	mg/dL	70 - 140

By Hexokinase method on EXL Dade Dimension

---- End of Report ----

Dr. Rakesh Vaidya
MD (Path). DCP.

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HbA1c (Glycosylated Hb)

Test	Result	Units	Biological Ref. Range
HbA1c (Glycosylated Hb)			
Glycosylated Hemoglobin (HbA1c)	4.3	%	
estimated Average Glucose (e AG) *	76.71	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. Ameet Soni
MD (Path)



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Complete Lipid Profile

Test	Result	Units	Biological Ref. Range
Complete Lipid Profile			
Appearance	Clear		
Triglycerides (Done by Lipase /Glycerol kinase on Vitros 5600 < 150 Normal 150-199 Borderline High 200-499 High > 499 Very High)	79	mg/dL	1 - 150
Total Cholesterol (Done by Colorimetric - Cholesterol Oxidase, esterase, peroxidase on Vitros 5600. <200 mg/dL - Desirable 200-239 mg/dL - Borderline High > 239 mg/dL - High)	207	mg/dL	1 - 200
HDL Cholesterol (Done by Colorimetric: non HDL precipitation method PTAMgCl2 on Vitros 5600 < 40 Low > 60 High)	50	mg/dL	40 - 60
Non HDL Cholesterol (calculated) (Non- HDL Cholesterol < 130 Desirable 139-159 Borderline High 160-189 High > 191 Very High)	157	mg/dL	1 - 130
LDL Cholesterol (Done by Enzymatic (Two Step CHE/CHO/POD) on Vitros 5600 < 100 Optimal 100-129 Near / above optimal 130-159 Borderline High 160-189 High > 189 Very High)	120	mg/dL	1 - 100
VLDL Cholesterol (calculated)	15.8	mg/dL	12 - 30
LDL Ch. / HDL Ch. Ratio	2.4		2.1 - 3.5
T. Ch./HDL Ch. Ratio (Recent NECP / ATP III Guidelines / Classification (mg/dl) :)	4.14		3.5 - 5

---- End of Report ----

Dr. Rakesh Vaidya
MD (Path). DCP.



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Liver Function Test (LFT)

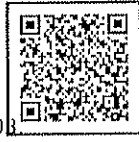
Test	Result	Units	Biological Ref. Range
Bilirubin			
Bilirubin - Total	0.62	mg/dL	0 - 1
Bilirubin - Direct	0.11	mg/dL	0 - 0.3
Bilirubin - Indirect	0.51	mg/dL	0 - 0.7
<i>(Done by Dual Wavelength - Reflectance Spectrophotometry on Vitros 5600)</i>			
Aspartate Aminotransferase (SGOT/AST)	30	U/L	13 - 35
<i>(Done by Multipoint Rate Colorimetric with P-5-P on Vitros 5600)</i>			
Alanine Aminotransferase (SGPT/ALT)	17	U/L	14 - 59
<i>(Done by Multipoint-Rate/Colorimetric with P-5-P (pyridoxa-5-phosphate) on Vitros 5600)</i>			
Alkaline Phosphatase	70	U/L	42 - 98
<i>(Done by Multipoint-Rate - p-nitrophenyl Phosphate, AMP buffer on Vitros 5600)</i>			
Gamma Glutamyl Transferase (GGT)	10	U/L	5 - 55
<i>(Done by Multipoint Rate - L-γ²-glutamyl-p-nitroanilide on Vitros 5600)</i>			
Total Protein			
Total Proteins	7.69	gm/dL	6.4 - 8.2
Albumin	4.44	gm/dL	3.4 - 5
Globulin	3.25	gm/dL	3 - 3.2
A : G Ratio	1.37		1.1 - 1.6
<i>(Done by Biuret endpoint and Bromocresol green method on vitros 5600.)</i>			

---- End of Report ----

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MR No / Bill No. : 23231680 / 242090678
Consultant : Dr. Manish Mittal
Location : OPD

Type : OPD
Request No. : 208059
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Approval Date : 15/03/2024 12:39 PM

Renal Function Test (RFT)

Test	Result	Units	Biological Ref. Range
Urea (Done by Endpoint/Colorimetric - Urease on Vitros 5600)	24	mg/dL	10 - 45
BUN	11.21	mg/dL	5 - 21
Creatinine (By Modified Kinetic Jaffe Technique)	0.63	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 (Done by Colorimetric - Uricase, Peroxidase on Vitros 5600)	3.6	mg/dL	2.2 - 5.8

---- End of Report ----

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 Request No. : 208059
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 Approval Date : 15/03/2024 12:39 PM

Thyroid Hormone Study

Test	Result	Units	Biological Ref. Range
Triiodothyronine (T3)	1.25	ng/ml	
<i>(Done by CLIA based method on automated immunoassay Vitros 5600.)</i>			
<i>Reference interval (ng/ml)</i>			
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 - 99 years)	: 1.07 - 1.85		
Pregnancy (in last 5 months)	: 1.2 - 2.5		
<i>(Reference : Tietz - Clinical guide to laboratory test, 4th edition)</i>			
Thyroxine (T4)	9.92	mcg/dL	
<i>(Done by CLIA based method on automated immunoassay Vitros 5600.)</i>			
<i>Reference interval (mcg/dL)</i>			
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 (20-99 years)	: 5.91 - 12.98		
<i>(Reference : Tietz - Clinical guide to laboratory test, 4th edition)</i>			
Thyroid Stimulating Hormone (US-TSH)	3.49	microIU/ml	
<i>(Done by CLIA based method on automated immunoassay Vitros 5600.)</i>			
<i>Reference interval (microIU/ml)</i>			
Infants (1-4 days)	: 1.0 - 39		
2-20 weeks	: 1.7 - 9.1		
5 months - 20 years	: 0.7 - 6.4		
Adults (20-99 years)	: 0.4001 - 4.049		
<i>Pregnancy :</i>			
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>			

---- End of Report ----

Dr. Rakesh Vaidya
MD (Path). DCP.



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 Location : OPD

Type : OPD
 Request No. : 208059
 Request Date : 15/03/2024 08:28 AM
 Collection Date : 15/03/2024 08:31 AM
 Approval Date : 15/03/2024 12:42 PM

Urine routine analysis (Auto)

Test	Result	Units	Biological Ref. Range
Physical Examination			
Quantity	20	mL	
Colour	Pale Yellow		
Appearance	Clear		
Chemical Examination (By Reagent strip method)			
pH	6.0		4.6 - 8.0
Specific Gravity	1.002		1.005 - 1.030
Protein	Negative		Negative
Glucose	Negative		Negative
Ketones	Negative		Negative
Bilirubin	Negative		Negative
Urobilinogen	Negative		Negative (upto 1)
Blood	1+		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	1 - 5	/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		

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 reporting. Recheck / repeat may be requested.

Reference : Wallach`s Interpretation to laboratory test, 10th edition

---- End of Report ----

Dr. Ameer Soni
MD (Path)Dr. Rakesh Vaidya
MD (Path). DCP.



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 Collection Date : 15/03/2024 08:31 AM
 Approval Date : 15/03/2024 04:52 PM

Pap Smear**Test**

Pap Smear

Result**Units****Biological Ref. Range**

Pap Smear Screening Report / Cervico-Vaginal Cytology...

Cyto No : P/667/24

Received at 11.45 pm.

Clinical Details : No Complain

P/V findings : Cx. - NAD / Vg. - NAD

LMP : Menopausal 1 Year

TBS Report / Impression :

- * Satisfactory for evaluation; transformation zone components identified.
- * Mild acute 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.



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- Computerized Radiography
- Ultra Sensitive Colour Doppler
- Ultra High Resolution Sonography
- Multi-Detector CT Scan
- Magnetic Resonance Imaging (MRI)
- Mammography
- Interventional Radiology
- Digital Subtraction Angiography (DSA)
- Foetal Echocardiography
- Echocardiography
- 4D USG & Doppler

DEPARTMENT OF DIAGNOSTIC RADIOLOGY

Patient No. : 23231680 Report Date : 15/03/2024
 Request No. : 190108023 15/03/2024 8.28 AM
 Patient Name : Mrs. SANGITA SAH
 Gender / Age : Female / 49 Years 10 Months 1 Days

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





- Computerized Radiography
- Ultra Sensitive Colour Doppler
- Ultra High Resolution Sonography
- Multi-Detector CT Scan
- Magnetic Resonance Imaging (MRI)
- Mammography
- Interventional Radiology
- Digital Subtraction Angiography (DSA)
- Foetal Echocardiography
- Echocardiography
- 4D USG & Doppler

DEPARTMENT OF DIAGNOSTIC RADIOLOGY

Patient No. : 23231680 Report Date : 15/03/2024
 Request No. : 190108024 15/03/2024 8.28 AM
 Patient Name : Mrs. SANGITA SAH
 Gender / Age : Female / 49 Years 10 Months 1 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 is not dilated.

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.

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

Dr.Priyanka Patel, MD.
 Consultant Radiologist





Computerized Radiography
Ultra Sensitive Colour Doppler
Ultra High Resolution Sonography
Multi-Detector CT Scan
Magnetic Resonance Imaging (MRI)
Mammography
Interventional Radiology
Digital Subtraction Angiography (DSA)
Foetal Echocardiography
Echocardiography
4D USG & Doppler

DEPARTMENT OF DIAGNOSTIC RADIOLOGY

Patient No. : 23231680 Report Date : 15/03/2024
 Request No. : 190108103 15/03/2024 8.28 AM
 Patient Name : Mrs. SANGITA SAH
 Gender / Age : Female / 49 Years 10 Months 1 Days

Mammography (Both Breast)

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

Both breasts show scattered fibro glandular parenchyma. Few asymmetrical areas of dense tissue in upper and outer quadrant.

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.

Right side benign axillary lymph nodes seen.

IMPRESSION:

No obvious focal mass in breasts.

BI-RADS category 2.

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:

- 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



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



**BHAILAL AMIN
GENERAL HOSPITAL**

ESTD. 1964



Ecu

Patient No. : 23231680 Report Date : 15/03/2024
Request No. : 190108036 15/03/2024 8.28 AM
Patient Name : **Mrs. SANGITA SAH**
Gender / Age : Female / 49 Years 10 Months 1 Days

Echo Doppler Screening

MITRAL VALVE : NORMAL, TRIVIAL MR, NO MS
AORTIC VALVE : NORMAL, NO AR, NO AS
TRICUSPID VALVE : NORMAL, NO TR, NO PAH
PULMONARY VALVE : NORMAL
LEFT ATRIUM : NORMAL
AORTA : NORMAL
LEFT VENTRICLE : NORMAL LV SIZE AND SYSTOLIC FUNCTION LVEF -- 60%, NO
RESTING REGIONAL WALL MOTION ABNORMALITY
RIGHT ATRIUM : NORMAL
RIGHT VENTRICLE : NORMAL
I.V.S. : INTACT
I.A.S. : INTACT
PULMONARY ARTERY : NORMAL
PERICARDIUM : NORMAL
COLOUR/DOPPLER FLOW MAPPING : TRIVIAL MR, NO AR // TR, NO PAH

FINAL CONCLUSION:

1. NORMAL CARDIAC SIZE, NO LVH
2. NORMAL LV SYSTOLIC FUNCTION, LVEF -- 60%
3. NO RESTING REGIONAL WALL MOTION ABNORMALITY
4. NORMAL DIASTOLIC FUNCTION
5. NORMAL RIGHT HEART SIZE AND RV PRESSURES
6. NORMAL CARDIAC VALVES, NO MITRAL // AORTIC STENOSIS
7. NO PERICARDIAL EFFUSION, CLOT OR VEGETATION SEEN, SR+.


Dr. V.C. CHAUHAN, M.D., CARD.

NAME: Mrs. sangita sah
Patient ID: Ecu/ 23231680
15.03.2024 09:22:34
Standard 12-Lead
HR: 81 bpm RR: 740 ms
Bhailal Amin General Hospital