



**BHAILAL AMIN
GENERAL HOSPITAL**



CONCLUSION OF HEALTH CHECKUP

ECU Number : 7755

Age : 37

Weight : 45.9

Date : 19/12/2023

MR Number : 23221372

Sex : Female

Ideal Weight : 52

Patient Name : SHILPA JHARIA

Height : 154

BMI : 19.35

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.





ESTD. 1964

BHAILAL AMIN GENERAL HOSPITAL



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Ideal Weight : 52

Patient Name: SHILPA JHARIA

Height : 154

BMI : 19.35

Past H/O : K/C/O HYPOTHYROIDISM
T. THYROXINE 12.5 1--0--0

Present H/O : INDIGESTION WITH GAS SINCE 5-6 YEARS.

Family H/O : FATHER : DM

Habits : NO HABITS

Gen.Exam. : G.C.GOOD

B.P : 110/70

Pulse : 100

Others : SPO2 99 %

C.V.S : NAD

R.S. : NAD

Abdomen : NP

Spleen : NP

Skin : NAD

C.N.S : NAD

Advice :



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BMI : 19.35

Ophthalmic Check Up :

Right

Left

Ext Exam

NIL

Vision Without Glasses

NA

NA

Vision With Glasses

NA

NA

Final Correction

6/6 N.5

6/6 N.5

Iridus

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



BHAILAL AMIN GENERAL HOSPITAL

ESTD. 1964



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Sex : Female
Ideal Weight : 52

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Height : 154
BMI : 19.35

Gynaec Check Up :

OBSTETRIC HISTORY	FTND-M-11 YRS
MENSTRUAL HISTORY	
PRESENT MENSTRUAL CYCLE	LMP-1/12/2023
PAST MENSTRUAL CYCLE	REGULAR
CHIEF COMPLAINTS	NIL
A	SOFT
PS	Cx-(N) Vg-WHITE DISCHARGES
PV	UT NS Fx CLEAR
BREAST EXAMINATION RIGHT	FIBROADENOSIS
BREAST EXAMINATION LEFT	FIBROADENOSIS
PAPSMEAR	TAKEN
BMD	
MAMMOGRAPHY	
ADVICE	FOLLOW UP WITH REPORTS



Dietary Assesment

ECU Number : 7755 MR Number : 23221372 Patient Name: SHILPA JHARIA
Age : 37 Sex : Female Height : 154
Weight : 45.9 Ideal Weight : 52 BMI : 19.35
Date : 19/12/2023

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 : Mrs. SHILPA JHARIA
 Gender / Age : Female / 37 Years 11 Months 27 Days
 MR No / Bill No. : 23221372 / 242060112
 Consultant : Dr. Manish Mittal
 Location : OPD

Type : OPD
 Request No. : 182911
 Request Date : 19/12/2023 08:53 AM
 Collection Date : 19/12/2023 09:26 AM
 Approval Date : 19/12/2023 12:20 PM

CBC + ESR

Test	Result	Units	Biological Ref. Range
Haemoglobin.			
Haemoglobin	13.0	gm/dL	12 - 15
Red Blood Cell Count (T-RBC)	5.03	mill/cmm	3.8 - 4.8
Hematocrit (HCT)	41.2	%	36 - 46
Mean Corpuscular Volume (MCV)	81.9	fl	83 - 101
Mean Corpuscular Haemoglobin (MCH)	25.8	pg	27 - 32
MCH Concentration (MCHC)	31.6	%	31.5 - 34.5
Red Cell Distribution Width (RDW-CV)	14.5	%	11.6 - 14
Red Cell Distribution Width (RDW-SD)	43.0	fl	39 - 46
Total Leucocyte Count (TLC)			
Total Leucocyte Count (TLC)	6.33	thou/cmm	4 - 10
Differential Leucocyte Count			
Polymorphs	58	%	40 - 80
Lymphocytes	31	%	20 - 40
Eosinophils	02	%	1 - 6
Monocytes	09	%	2 - 10
Basophils	00	%	0 - 2
Polymorphs (Abs. Value)	3.62	thou/cmm	2 - 7
Lymphocytes (Abs. Value)	1.98	thou/cmm	1 - 3
Eosinophils (Abs. Value)	0.18	thou/cmm	0.2 - 0.5
Monocytes (Abs. Value)	0.51	thou/cmm	0.2 - 1
Basophils (Abs. Value)	0.04	thou/cmm	0.02 - 0.1
Immature Granulocytes	0.3	%	1 - 3 : Borderline > 3 : Significant
Platelet Count			
Platelet Count	202	thou/cmm	150 - 410
Remarks	This is counter generated CBC Report, smear review is not done		
ESR	7	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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GENERAL HOSPITAL

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DEPARTMENT OF LABORATORY MEDICINE

Patient Name	: Mrs. SHILPA JHARIA	Type	: OPD
Gender / Age	: Female / 37 Years 11 Months 27 Days	Request No.	: 182911
MR No / Bill No.	: 23221372 / 242060112	Request Date	: 19/12/2023 08:53 AM
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Location	: OPD	Approval Date	: 19/12/2023 12:20 PM

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. SHILPA JHARIA
Gender / Age : Female / 37 Years 11 Months 27 Days
MR No / Bill No. : 23221372 / 242060112
Consultant : Dr. Manish Mittal
Location : OPD
Type : OPD
Request No. : 182911
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Collection Date : 19/12/2023 09:26 AM
Approval Date : 19/12/2023 02:49 PM

Haematology

Test	Result	Units	Biological Ref. Range
Blood Group			
ABO system	B		
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. Ameer Soni
MD (Path)

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DEPARTMENT OF LABORATORY MEDICINE

Patient Name : Mrs. SHILPA JHARIA
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Consultant : Dr. Manish Mittal
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Fasting Plasma Glucose

Test	Result	Units	Biological Ref. Range
<i>Fasting Plasma Glucose</i>			
Fasting Plasma Glucose	76	mg/dL	70 - 110
Post Prandial 2 Hr. Plasma Glucose	88	mg/dL	70 - 140

By Hexokinase method on EXL Dade Dimension

---- End of Report ----

Dr. Rakesh Vaidya
MD (Path). DCP.

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Patient Name : Mrs. SHILPA JHARIA Type : OPD
 Gender / Age : Female / 37 Years 11 Months 27 Days Request No. : 182911
 MR No / Bill No. : 23221372 / 242060112 Request Date : 19/12/2023 08:53 AM
 Consultant : Dr. Manish Mittal Collection Date : 19/12/2023 09:26 AM
 Location : OPD Approval Date : 19/12/2023 01:55 PM

HbA1c (Glycosylated Hb)

Test	Result	Units	Biological Ref. Range
HbA1c (Glycosylated Hb)			
Glycosylated Hemoglobin (HbA1c)	5.1	%	
estimated Average Glucose (e AG) *	99.67	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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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)	32	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)	155	mg/dL	1 - 200
HDL Cholesterol (Done by Colorimetric: non HDL precipitation method PTA/MgCl2 on Vitros 5600 < 40 Low > 60 High)	68	mg/dL	40 - 60
Non HDL Cholesterol (calculated) (Non- HDL Cholesterol < 130 Desirable 139-159 Borderline High 160-189 High > 191 Very High)	87	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)	80	mg/dL	1 - 100
VLDL Cholesterol (calculated)	6.4	mg/dL	12 - 30
LDL Ch. / HDL Ch. Ratio	1.18		2.1 - 3.5
T. Ch./HDL Ch. Ratio (Recent NECP / ATP III Guidelines / Classification (mg/dl) :)	2.28		3.5 - 5

---- End of Report ----

Dr. Rakesh Vaidya
MD (Path). DCP.



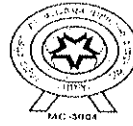
Patient Name : Mrs. SHILPA JHARIA
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Liver Function Test (LFT)

Test	Result	Units	Biological Ref. Range
Bilirubin			
Bilirubin - Total	0.64	mg/dL	0 - 1
Bilirubin - Direct	0.14	mg/dL	0 - 0.3
Bilirubin - Indirect	0.5	mg/dL	0 - 0.7
<i>(Done by Dual Wavelength - Reflectance Spectrophotometry on Vitros 5600)</i>			
Aspartate Aminotransferase (SGOT/AST)	26	U/L	13 - 35
<i>(Done by Multipoint Rate Colorimetric with P-5-P on Vitros 5600)</i>			
Alanine Aminotransferase (SGPT/ALT)	24	U/L	14 - 59
<i>(Done by Multipoint-Rate/Colorimetric with P-5-P (pyridoxa-5-phosphate) on Vitros 5600)</i>			
Alkaline Phosphatase	58	U/L	42 - 98
<i>(Done by Multipoint-Rate - p-nitrophenyl Phosphate, AMP buffer on Vitros 5600)</i>			
Gamma Glutamyl Transferase (GGT)	18	U/L	5 - 55
<i>(Done by Multipoint Rate - L-γ-glutamyl-p-nitroanilide on Vitros 5600)</i>			
Total Protein			
Total Proteins	8.25	gm/dL	6.4 - 8.2
Albumin	4.42	gm/dL	3.4 - 5
Globulin	3.83	gm/dL	3 - 3.2
A : G Ratio	1.15		1.1 - 1.6
<i>(Done by Biuret endpoint and Bromocresol green method on vitros 5600.)</i>			

---- End of Report ----

Dr. Rakesh Vaidya
MD (Path). DCP.



Patient Name : Mrs. SHILPA JHARIA
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 MR No / Bill No. : 23221372 / 242060112
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Type : OPD
 Request No. : 182911
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Renal Function Test (RFT)

Test	Result	Units	Biological Ref. Range
Urea (Done by Endpoint/Colorimetric - Urease on Vitros 5600)	18	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 (Done by Colorimetric - Uricase, Peroxidase on Vitros 5600)	3.1	mg/dL	2.2 - 5.8

---- End of Report ----

Dr. Rakesh Vaidya
MD (Path), DCP.



Patient Name : Mrs. SHILPA JHARIA
 Gender / Age : Female / 37 Years 11 Months 27 Days
 MR No / Bill No. : 23221372 / 242060112
 Consultant : Dr. Manish Mittal
 Location : OPD

Type : OPD
 Request No. : 182911
 Request Date : 19/12/2023 08:53 AM
 Collection Date : 19/12/2023 09:26 AM
 Approval Date : 19/12/2023 12:00 PM

Thyroid Hormone Study

Test	Result	Units	Biological Ref. Range
Triiodothyronine (T3)	1.31	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 - 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)	10.85	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 / 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)	4.26	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 (21 - 54 years)	0.4 - 4.2		
Adults (> 55 years)	0.5 - 8.9		
<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>			

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 / retest may be requested.

---- End of Report ----

Dr. Rakesh Vaidya
MD (Path). DCP.



Patient Name : Mrs. SHILPA JHARIA Type : OPD
 Gender / Age : Female / 37 Years 11 Months 27 Days Request No. : 182911
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Urine routine analysis (Auto)

Test	Result	Units	Biological Ref. Range
Physical Examination			
Quantity	40	mL	
Colour	Pale Yellow		
Appearance	Clear		
Chemical Examination (By Reagent strip method)			
pH	5.0		
Specific Gravity	1.002		
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. Ameet Soni
MD (Path)



**BHAILAL AMIN
GENERAL HOSPITAL**



ADVANCED DIGITAL SOLUTIONS

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. : 23221372 Report Date : 19/12/2023
 Request No. : 190093330 19/12/2023 8.53 AM
 Patient Name : Mrs. SHILPA JHARIA
 Gender / Age : Female / 37 Years 11 Months 27 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. Ravij Patel, M.D (RADIO
DIAGNOSIS)**
 Consultant Radiologist





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DEPARTMENT OF DIAGNOSTIC RADIOLOGY

Patient No. : 23221372 Report Date : 19/12/2023
Request No. : 190093297 19/12/2023 8.53 AM
Patient Name : Mrs. SHILPA JHARIA
Gender / Age : Female / 37 Years 11 Months 27 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 : Abdomen (Excluding Pelvis) Or Upper Abdomen

Liver is normal in size and echopattern. No mass lesion identified. The hepatic veins are clear and patent.
Gall bladder shows no obvious abnormality. Common bile duct measures 3mm 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.
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



Patient No. : 23221372 Report Date : 19/12/2023
Request No. : 190093326 19/12/2023 8.53 AM
Patient Name : Mrs. SHILPA JHARIA
Gender / Age : Female / 37 Years 11 Months 27 Days

Echo Color Doppler

MITRAL VALVE : FLAIL AML, NO 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 -- 65%, 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 : NO MR // AR // TR, NO PAH

FINAL CONCLUSION:

1. NORMAL SIZED ALL CARDIAC CHAMBERS, NO LVH
2. NORMAL LV SYSTOLIC FUNCTION, LVEF -- 65%
3. NO REGIONAL WALL MOTION ABNORMALITY
4. NORMAL DIASTOLIC FUNCTION
5. NORMAL RIGHT HEART SIZE AND RV PRESSURES
6. FLAIL AML, NORMAL OTHER CARDIAC VALVES, NO MITRAL // AORTIC STENOSIS
7. NO PERICARDIAL EFFUSION, CLOT OR VEGETATION SEEN, SR+.


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

Patient ID Ew/ 23221372

Age 037Y
Gender Female
Ref. phys. Ref. phys.

HR 87 bpm

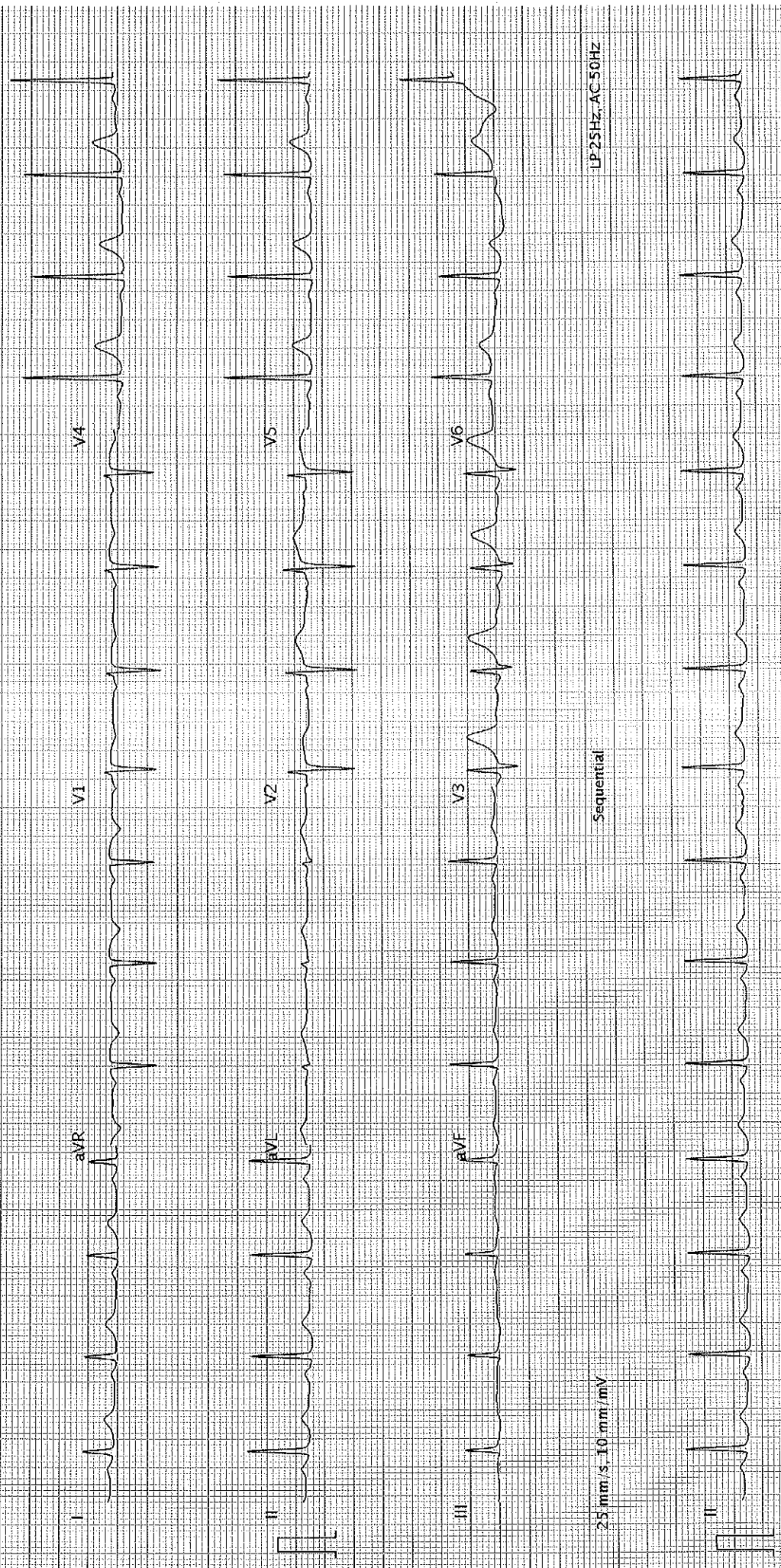
Unconfirmed report

RR	689 ms
P	101 ms
PR	140 ms
QRS	56 ms
QT	345 ms
QTcB	416 ms
P axis	42°
QRS axis	57°
T axis	12°

Pacemaker Unknown

Remark

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LP 25HZ, AC 50HZ

Sequential

25 mm/s, 10 mm/mV

LP 25HZ, AC 50HZ

25 mm/s, 10 mm/mV

BHAILAL AMIN GENERAL HOSPITAL
 BHAILAL AMIN MARG,
 VADODARA-3, PH-(0265) 3956222

Station
 Telephone: 0265-3956222,3956024.

EXERCISE STRESS TEST REPORT

Patient Name: SHILPA JHARIA ,
 Patient ID: 2102
 Height:
 Weight:

DOB: 24.12.1985
 Age: 37yrs
 Gender: Female
 Race: Indian

Study Date: 19.12.2023
 Test Type: Treadmill Stress Test
 Protocol: BRUCE

Referring Physician: ARCOFEMI
 Attending Physician: DR V.C.CHAUHAN
 Technician: PRATAP RATHVA

Medications:

Medical History:

Reason for Exercise Test:
 Screening for CAD

Exercise Test Summary

Phase Name	Stage Name	Time in Stage	Speed (mph)	Grade (%)	HR (bpm)	BP (mmHg)	Comment
PRETEST	SUPINE	00:04	0.00	0.00	96		
	HYPERV.	00:06	0.00	0.00	97	120/80	
	WARM UP	00:10	1.00	0.00	98		
EXERCISE	STAGE 1	01:01	1.70	10.00	127		
	STAGE 2	03:00	2.50	12.00	144	120/80	
	STAGE 3	01:23	3.40	14.00	171	140/80	
RECOVERY		04:35	0.00	0.00	111	140/80	

The patient exercised according to the BRUCE for 5:22 min:s, achieving a work level of Max. METS: 10.1
 The resting heart rate of 96 bpm rose to a maximal heart rate of 171 bpm. This value represents 93 % of the
 maximal, age-predicted heart rate. The resting blood pressure of 120/80 mmHg , rose to a maximum blood
 pressure of 140/80 mmHg. The exercise test was stopped due to Target heart rate achieved.

Interpretation

Summary: Resting ECG: normal.
 Functional Capacity: normal.
 HR Response to Exercise: appropriate.
 BP Response to Exercise: normal resting BP - appropriate response.
 Chest Pain: none.
 Arrhythmias: none.
 ST Changes: none.
 Overall impression: Normal stress test.

Conclusions

Good effort tolerance. Normal HR and BP response. No ANGINA// ARRYTHMIAS noted during test. No
 significant ST-T changes noted during Peak exercise and Recovery. Stress test NEGATIVE for Inducible
 myocardial Ischemia

CONFIRMED BY : DR V.C.CHAUHAN _____