



BHAILAL AMIN
GENERAL HOSPITAL



CONCLUSION OF HEALTH CHECKUP

ECU Number : 2495

Age : 46

Weight : .

Date : 24/03/2023

MR Number : 23202950

Sex : Female

Ideal Weight : .

Patient Name: RIMA BAKSHI

Height : .

BMI : 0

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 : 2495 MR Number : 23202950 Patient Name: RIMA BAKSHI
Age : 46 Sex : Female Height : .
Weight : . Ideal Weight : . BMI : 0
Date : 24/03/2023

Past H/O : P/H/O THYROID - ON MEDICATION 2016 ; P/H/O APPENDIECTOMY - 30 YRS AGO.

Present H/O : NO MEDICAL COMPLAINTS AT PRESENT.

Family H/O : MOTHER : HYPERTENSION AND THYROID ; FATHER : HYPERTENSION , IHD (PTCA) MI.

Habits : NO HABITS.
Gen.Exam. : G.C. GOOD
B.P : 120/76 mm Hg
Pulse : 90/MIN REG.
Others : SPO2 : 98 %
C.V.S : NAD
R.S. : NAD
Abdomen : NP
Spleen : NP
Skin : NAD
C.N.S : NAD
Advice :



BHAILAL AMIN GENERAL HOSPITAL



ECU Number : 2495

Age : 46

Weight : .

Date : 24/03/2023

MR Number : 23202950

Sex : Female

Ideal Weight : .

Patient Name : RIMA BAKSHI

Height : .

BMI : 0

Ophthalmic Check Up :

Right

Left

Ext Exam

NORMAL

Vision Without Glasses

6/6

6/6

Vision With Glasses

6/6 - 0.50 CYL ! 90

6/6 - 0.25 CYL ! 90

Final Correction

N.6 + 1.50 D SPH

N.6 + 1.50 D SPH

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



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H-2015-0297



MC-3004



E-2021-0037



ECU Number : 2495

MR Number : 23202950

Patient Name: RIMA BAKSHI

Age : 46

Sex : Female

Height : .

Weight : .

Ideal Weight : .

BMI : 0

Date : 24/03/2023

Gynaec Check Up :

OBSTETRIC HISTORY G2 P2 - 2 FTND L AND W ; TL NOT DONE

MENSTRUAL HISTORY REGULAR CYCLES ; 4-5 / 1-1/2 MONTH / REGULAR

PRESENT MENSTRUAL CYCLE LMP : 02/03/2023

PAST MENSTRUAL CYCLE -

CHIEF COMPLAINTS -

PA SOFT

PS NORMAL

PV NORMAL

BREAST EXAMINATION RIGHT NORMAL

BREAST EXAMINATION LEFT NORMAL

PAPSMEAR TAKEN

BMD

MAMMOGRAPHY

ADVICE REGULAR BSE

Dietary Assessment

ECU Number : 2495 MR Number : 23202950 Patient Name : RIMA BAKSHI
Age : 46 Sex : Female Height : .
Weight : . Ideal Weight : . BMI : 0
Date : 24/03/2023

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 servings of all fruits and vegetables, For Diabetic patients avoid Mango, Chikoo, Banana, Grapes and Custurd apple

Drink 3 to 4 liters (12 - 14 glass) of water daily.

Eat 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. RIMA BAKSHI Type : OPD
 Gender / Age : Female / 46 Years 23 Days Request No. : 114993
 MR No / Bill No. : 23202950 / 231074542 Request Date : 24/03/2023 08:49 AM
 Consultant : Dr. Manish Mittal Collection Date : 24/03/2023 08:53 AM
 Location : OPD Approval Date : 24/03/2023 02:07 PM

CBC + ESR

Test	Result	Units	Biological Ref. Range
Haemoglobin.			
Haemoglobin	11.6	gm/dL	12 - 15
Red Blood Cell Count (T-RBC)	4.29	mill/cmm	3.8 - 4.8
Hematocrit (HCT)	36.8	%	36 - 46
Mean Corpuscular Volume (MCV)	85.8	fl	83 - 101
Mean Corpuscular Haemoglobin (MCH)	27.0	pg	27 - 32
MCH Concentration (MCHC)	31.5	%	31.5 - 34.5
Red Cell Distribution Width (RDW-CV)	13.3	%	11.6 - 14
Red Cell Distribution Width (RDW-SD)	42.0	fl	39 - 46
Total Leucocyte Count (TLC)			
Total Leucocyte Count (TLC)	5.72	thou/cmm	4 - 10
Differential Leucocyte Count			
Polymorphs	56	%	40 - 80
Lymphocytes	35	%	20 - 40
Eosinophils	1	%	1 - 6
Monocytes	6	%	2 - 10
Basophils	0	%	0 - 2
Polymorphs (Abs. Value)	3.25	thou/cmm	2 - 7
Lymphocytes (Abs. Value)	1.99	thou/cmm	1 - 3
Eosinophils (Abs. Value)	0.11	thou/cmm	0.2 - 0.5
Monocytes (Abs. Value)	0.35	thou/cmm	0.2 - 1
Basophils (Abs. Value)	0.02	thou/cmm	0.02 - 0.1
Immature Granulocytes	0.0	%	1 - 3 : Borderline > 3 : Significant
Platelet Count			
Platelet Count	167	thou/cmm	150 - 410
Smear evaluation	Adequate		
ESR	13	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

Patient Name	: Mrs. RIMA BAKSHI	Type	: OPD
Gender / Age	: Female / 46 Years 23 Days	Request No.	: 114993
MR No / Bill No.	: 23202950 / 231074542	Request Date	: 24/03/2023 08:49 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. 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.

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DEPARTMENT OF LABORATORY MEDICINE

Patient Name : Mrs. RIMA BAKSHI
Gender / Age : Female / 46 Years 23 Days
MR No / Bill No. : 23202950 / 231074542
Consultant : Dr. Manish Mittal
Location : OPD

Type : OPD
Request No. : 114993
Request Date : 24/03/2023 08:49 AM
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Approval Date : 24/03/2023 02:07 PM

Haematology

<u>Test</u>	<u>Result</u>	<u>Units</u>	<u>Biological Ref. Range</u>
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 Autocontrol.
- This method check`s group both on Red blood cells and in Serum for "ABO" group.

---- End of Report ----

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DEPARTMENT OF LABORATORY MEDICINE

Patient Name : Mrs. RIMA BAKSHI
Gender / Age : Female / 46 Years 23 Days
MR No / Bill No. : 23202950 / 231074542
Consultant : Dr. Manish Mittal
Location : OPD
Type : OPD
Request No. : 114993
Request Date : 24/03/2023 08:49 AM
Collection Date : 24/03/2023 08:53 AM
Approval Date : 24/03/2023 02:29 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	96	mg/dL	70 - 140

Rv Hexokinase method on RXL Dade Dimension

---- End of Report ----

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Patient Name : Mrs. RIMA BAKSHI Type : OPD
 Gender / Age : Female / 46 Years 23 Days Request No. : 114993
 MR No / Bill No. : 23202950 / 231074542 Request Date : 24/03/2023 08:49 AM
 Consultant : Dr. Manish Mittal Collection Date : 24/03/2023 08:53 AM
 Location : OPD Approval Date : 24/03/2023 03:24 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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 Gender / Age : Female / 46 Years 23 Days Request No. : 114993
 MR No / Bill No. : 23202950 / 231074542 Request Date : 24/03/2023 08:49 AM
 Consultant : Dr. Manish Mittal Collection Date : 24/03/2023 08:53 AM
 Location : OPD Approval Date : 24/03/2023 03:25 PM

Complete Lipid Profile

Test Results are dependent on a number of variables & technical limitations. Hence, it is advised to correlate with clinical findings and other related investigations before any firm opinion is made. Recheck / retest may be requested.

Test	Result	Units	Biological Ref. Range
Complete Lipid Profile			
Appearance	Clear		
Triglycerides	62	mg/dL	1 - 150
<i>(By Lipase / Glycerol dehydrogenase on RXL Dade Dimension)</i>			
< 150 Normal			
150-199 Borderline High			
200-499 High			
> 499 Very High)			
Total Cholesterol	152	mg/dL	1 - 200
<i>(By enzymatic colorimetric method on RXL Dade Dimension)</i>			
<200 mg/dL - Desirable			
200-239 mg/dL - Borderline High			
> 239 mg/dL - High)			
HDL Cholesterol	56	mg/dL	40 - 60
<i>(By Direct homogenous technique, modified enzymatic non-immunological method on RXL Dade Dimension)</i>			
< 40 Low			
> 60 High)			
Non HDL Cholesterol (calculated)	96	mg/dL	1 - 130
<i>(Non- HDL Cholesterol)</i>			
< 130 Desirable			
139-159 Borderline High			
160-189 High			
> 191 Very High)			
LDL Cholesterol	92	mg/dL	1 - 100
<i>(By Direct homogenous technique, modified enzymatic non-immunological method on RXL Dade Dimension)</i>			
< 100 Optimal			
100-129 Near / above optimal			
130-159 Borderline High			
160-189 High			
> 189 Very High)			
VLDL Cholesterol (calculated)	12.4	mg/dL	12 - 30
LDL Ch. / HDL Ch. Ratio	1.64		2.1 - 3.5
T. Ch./HDL Ch. Ratio	2.71		3.5 - 5
<i>(Recent NECP / ATP III Guidelines / Classification (mg/dl) :)</i>			

---- End of Report ----

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 Gender / Age : Female / 46 Years 23 Days Request No. : 114993
 MR No / Bill No. : 23202950 / 231074542 Request Date : 24/03/2023 08:49 AM
 Consultant : Dr. Manish Mittal Collection Date : 24/03/2023 08:53 AM
 Location : OPD Approval Date : 24/03/2023 03:24 PM

Liver Function Test (LFT)

Test	Result	Units	Biological Ref. Range
Bilirubin			
Bilirubin - Total	0.65	mg/dL	0 - 1
Bilirubin - Direct	0.13	mg/dL	0 - 0.3
Bilirubin - Indirect	0.52	mg/dL	0 - 0.7
<i>(By Diazotized sulfanilic acid on RXL Dade Dimension.)</i>			
Aspartate Aminotransferase (SGOT/AST)	31	U/L	13 - 35
<i>(By IFCC UV kinetic method on RXL Dade Dimension.)</i>			
Alanine Aminotransferase (SGPT/ALT)	39	U/L	14 - 59
<i>(By IFCC UV kinetic method on RXL Dade Dimension.)</i>			
Alkaline Phosphatase	80	U/L	42 - 98
<i>(BY PNPP AMP method on RXL Dade Dimension.)</i>			
Gamma Glutamyl Transferase (GGT)	42	U/L	5 - 55
<i>(By IFCC method on RXL Dade Dimension.)</i>			
Total Protein			
Total Proteins	7.89	gm/dL	6.4 - 8.2
Albumin	5.41	gm/dL	3.4 - 5
Globulin	2.48	gm/dL	3 - 3.2
A : G Ratio	2.18		1.1 - 1.6
<i>(By Biuret endpoint and Bromocresol purple method on RXL Dade Dimension.)</i>			

--- End of Report ---

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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. Check / retest may be requested.



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 Gender / Age : Female / 46 Years 23 Days
 MR No / Bill No. : 23202950 / 231074542
 Consultant : Dr. Manish Mittal
 Location : OPD

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 Request No. : 114993
 Request Date : 24/03/2023 08:49 AM
 Collection Date : 24/03/2023 08:53 AM
 Approval Date : 24/03/2023 03:24 PM

Renal Function Test (RFT)

Test	Result	Units	Biological Ref. Range
Urea <i>(By Urease Kinetic method on RXL Dade Dimension)</i>	22	mg/dL	10 - 45
Creatinine <i>(By Modified Kinetic Jaffe Technique)</i>	0.64	mg/dL	0.6 - 1.1
Estimate Glomerular Filtration rate <i>(Ref. range : > 60 ml/min for adults between age group of 18 to 70 yrs. EGFR Calculated by IDMS Traceable MDRD Study equation. Reporting of eGFR can help facilitate early detection of CKD. By Modified Kinetic Jaffe Technique)</i>	More than 60		
Uric acid <i>(By Uricase / Catalase method on RXL Siemens)</i>	5.1	mg/dL	2.2 - 5.8

---- End of Report ----

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 Gender / Age : Female / 46 Years 23 Days
 MR No / Bill No. : 23202950 / 231074542
 Consultant : Dr. Manish Mittal
 Location : OPD

Type : OPD
 Request No. : 114993
 Request Date : 24/03/2023 08:49 AM
 Collection Date : 24/03/2023 08:53 AM
 Approval Date : 24/03/2023 03:24 PM

Thyroid Hormone Study

Test	Result	Units	Biological Ref. Range
------	--------	-------	-----------------------

Triiodothyronine (T3)	1.26	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)	9.65	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)	1.41	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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---- End of Report ----

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Patient Name : Mrs. RIMA BAKSHI Type : OPD
 Gender / Age : Female / 46 Years 23 Days Request No. : 115089
 MR No / Bill No. : 23202950 / 231074693 Request Date : 24/03/2023 12:51 PM
 Consultant : Dr. Manish Mittal Collection Date : 24/03/2023 12:53 PM
 Location : OPD Approval Date : 24/03/2023 03:13 PM

Vitamin B12

Test	Result	Units	Biological Ref. Range
Vitamin B12 Level	371.5	pg/ml	200 - 900

(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, Parenteral 3 wks) may lead to increased level.)

Vitamin D Total (25 OH Vit D) 6.99 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.)

---- End of Report ----

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 MR No / Bill No. : 23202950 / 231074542
 Consultant : Dr. Manish Mittal
 Location : OPD

Type : OPD
 Request No. : 114993
 Request Date : 24/03/2023 08:49 AM
 Collection Date : 24/03/2023 08:53 AM
 Approval Date : 24/03/2023 12:19 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	>=1.030		
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
Bile Salt	Absent		Absent
Leucocytes	Negative		Negative
Bile Pigments	Absent		Absent
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 ----

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- Multi-Detector CT Scan
- Mammography
- Interventional Radiology
- Digital Subtraction Angiography
- Foetal Echocardiography
- Echocardiography

Patient No. : 23202950 Report Date : 24/03/2023
Request No. : 190058163 24/03/2023 8.49 AM
Patient Name : Mrs. RIMA BAKSHI
Gender / Age : Female / 46 Years 23 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





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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. : 23202950 Report Date : 24/03/2023
Request No. : 190058160 24/03/2023 8.49 AM
Patient Name : Mrs. RIMA BAKSHI
Gender / Age : Female / 46 Years 23 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.

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

Hasani

Dr.Perna C Hasani, MD
Consultant Radiologist





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Patient No. : 23202950 Report Date : 24/03/2023
Request No. : 190058178 24/03/2023 8.49 AM
Patient Name : Mrs. RIMA BAKSHI
Gender / Age : Female / 46 Years 23 Days

Mammography (Both Breast)

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

Both breasts show DENSE fibro glandular parenchyma.
No obvious focal mass appreciated 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:

Dense breasts.

Kindly correlate clinically /SONO-MAMMOGRAM

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.

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

Dr. Priyanka Patel, MD
Consultant Radiologist




Patient No. : 23202950 Report Date : 24/03/2023
Request No. : 190058191 24/03/2023 8.49 AM
Patient Name : Mrs. RIMA BAKSHI
Gender / Age : Female / 46 Years 23 Days

Echo Color Doppler

MITRAL VALVE : NORMAL
AORTIC VALVE : TRILEAFLET, NORMAL
TRICUSPID VALVE : NORMAL, TRACE TR, PASP BY TR JET= 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 FLOW MAPPING : Grade I diastolic dysfunction, E/e'=
Trace MR

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. GRADE I DIASTOLIC DYSFUNCTION
6. TRACE MR, TR, NO PULMONARY HYPERTENSION, (IVC COLLAPSING)
7. NO PERICARDIAL EFFUSION, CLOT VEGETATION.


Dr. KILLOL KANERIA MD, DM
Consultant Cardiologist

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

Station
 Telephone: 0265-3956222,3956024.

EXERCISE STRESS TEST REPORT

Patient Name: RIMA BAKSHI
 Patient ID: 00364
 Height:
 Weight:

DOB: 02.03.1977
 Age: 46yrs
 Gender: Female
 Race: Indian

Study Date: 24.03.2023
 Test Type: Treadmill Stress Test
 Protocol: BRUCE

Referring Physician: ARCOFEMI
 Attending Physician: DR. KILLOL KANERIA
 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	00:06	0.00	0.00	103	120/80	
	WARM UP	00:15	1.00	0.00	93		
EXERCISE	STAGE 1	01:01	1.70	10.00	120	130/80	
	STAGE 2	02:01	2.50	12.00	150	130/80	
	STAGE 3	02:19	3.40	14.00	173	140/80	
RECOVERY		03:14	0.00	0.00	105	190/90	

The patient exercised according to the BRUCE for 5:18 min:s, achieving a work level of Max. METS: 10.10. The resting heart rate of 101 bpm rose to a maximal heart rate of 176 bpm. This value represents 101 % of the maximal, age-predicted heart rate. The resting blood pressure of 120/80 mmHg, rose to a maximum blood pressure of 190/90 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 nad ARRHYTHMIAS during test, No Significant ST-T Changes seen during peak exercise and Recovery, Stress test is NEGETIVE for inducible myocardial ischemia

CONFIRMED BY : DR. KILLOL KANERIA _____

Name: Rima bakshi
Patient ID: 23202950

24.03.2023 10:32:39
Standard 12-Lead

Date of birth: 02.03.1977
Gender: Female
Height:
Weight:
Ethnicity: Undefined
Pacemaker: Unknown

Visit ID:
Room:
Medication:
Order ID:
Ord. prov:
Ord. prot:
HR: 82 bpm
RR:
P axis: 45°
QRS axis: 50°
T axis: 22°

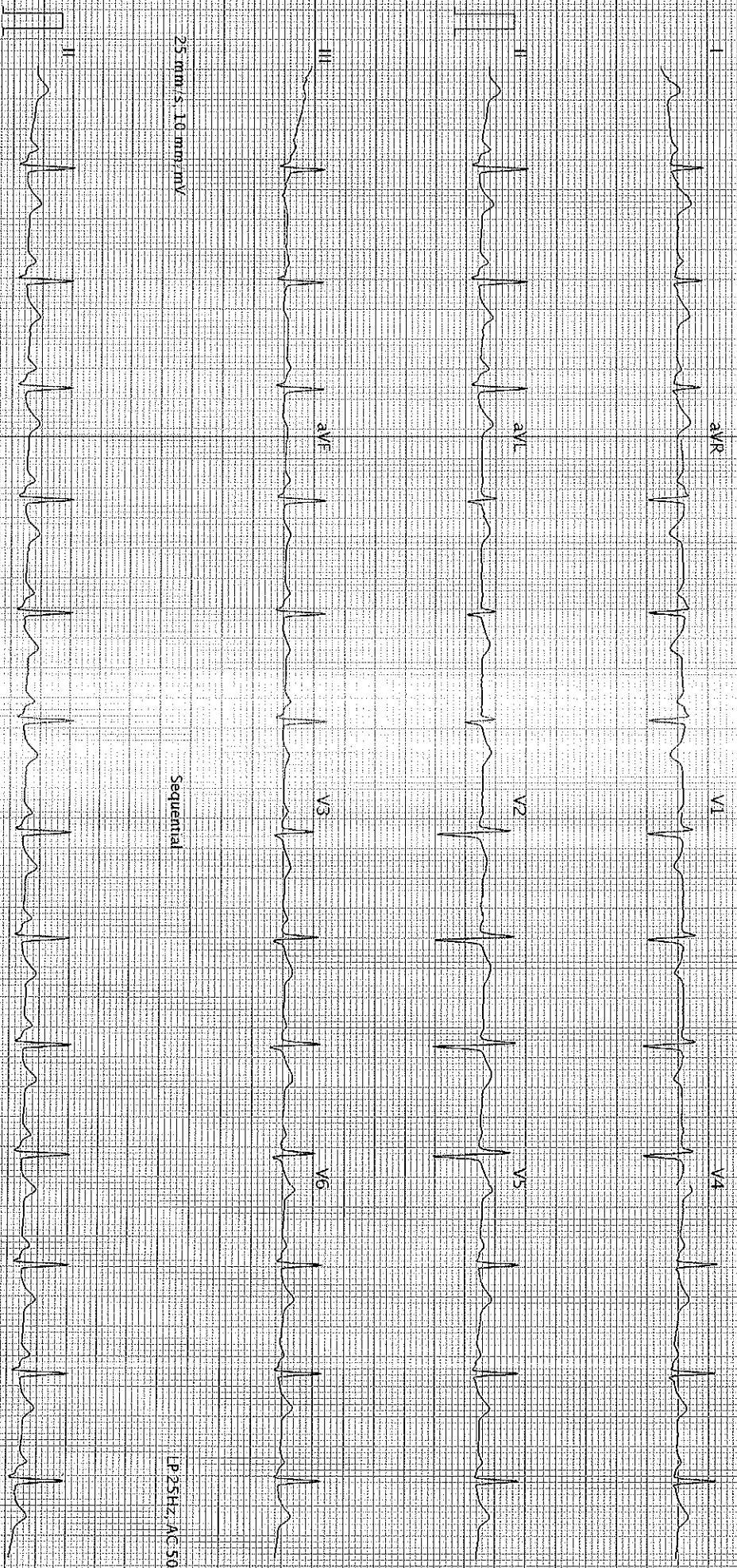
RR: 73 bpm
P: 99 ms
PR: 148 ms
QRS: 75 ms
QT: 346 ms
QTcB: 404 ms

Sinus rhythm
Normal electrical axis
Normal ECG
Unconfirmed report

Indication:
Remark:

Normal

normal



25 mm/s, 10 mm/mV

Sequential

LP 25Hz, AC 50Hz

25 mm/s, 10 mm/mV

LP 25Hz, AC 50Hz

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SCHILLER

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Page 1 of 1
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