

Patient No. : 23204746 Report Date : 12/03/2024

Request No. : 190107512 12/03/2024 8.49 AM

Patient Name : **Mrs. SHEELA KALPESH PATEL**

Gender / Age : Female / 50 Years 6 Months 7 Days

Echo Doppler Screening

MITRAL VALVE : TRIVIAL MR , NO MS
AORTIC VALVE : TRILEAFLET, NORMAL , NO AR , NO AS
TRICUSPID VALVE : MILD TR, MILD PAH (PASP : 38 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 : Normal LV diastolic function
FLOW MAPPING : MILD TR , MILD PAH , TRIVIAL 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. TRIVIAL MR, MILD TR, MILD PULMONARY HYPERTENSION , (IVC COLLAPSING)
7. NO PERICARDIAL EFFUSION, CLOT VEGETATION.

Dr. V C CHAUHAN
Consultant Cardiologist

Patient No. : 23204746 Report Date : 12/03/2024

Request No. : 190107562 12/03/2024 8.49 AM

Patient Name : **Mrs. SHEELA KALPESH PATEL**

Gender / Age : Female / 50 Years 6 Months 7 Days

Mammography (Both Breast)

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

Both breasts show scattered fibro glandular parenchyma.

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.

Bilateral 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



Patient No. : 23204746 Report Date : 12/03/2024

Request No. : 190107494 12/03/2024 8.49 AM

Patient Name : **Mrs. SHEELA KALPESH PATEL**

Gender / Age : Female / 50 Years 6 Months 7 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

Dr. Priyanka Patel, MD.

Consultant Radiologist



DEPARTMENT OF DIAGNOSTIC RADIOLOGY

Patient No. : 23204746 Report Date : 12/03/2024

Request No. : 190107490 12/03/2024 8.49 AM

Patient Name : **Mrs. SHEELA KALPESH PATEL**

Gender / Age : Female / 50 Years 6 Months 7 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.

Priyanka

Dr. Priyanka Patel, MD.

Consultant Radiologist



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DEPARTMENT OF LABORATORY MEDICINE

Patient Name : Mrs. SHEELA KALPESH PATEL
Gender / Age : Female / 50 Years 6 Months 7 Days
MR No / Bill No. : 23204746 / 242089138
Consultant : Dr. Manish Mittal
Location : OPD

Type : OPD
Request No. : 206790
Request Date : 12/03/2024 08:49 AM
Collection Date : 12/03/2024 08:52 AM
Approval Date : 12/03/2024 12:28 PM

Fasting Plasma Glucose

<u>Test</u>	<u>Result</u>	<u>Units</u>	<u>Biological Ref. Range</u>
<i>Fasting Plasma Glucose</i>			
Fasting Plasma Glucose	103	mg/dL	70 - 110
Post Prandial 2 Hr. Plasma Glucose	102	mg/dL	70 - 140

By Hexokinase method on EXL Dade Dimension

--- End of Report ---

Dr. Rakesh Vaidya
MD (Path). DCP.



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 Approval Date : 12/03/2024 11:26 AM

Complete Lipid Profile

Test	Result	Units	Biological Ref. Range
Complete Lipid Profile			
Appearance	Clear		
Triglycerides	103	mg/dL	1 - 150
<i>(Done by Lipase /Glycerol kinase on Vitros 5600)</i>			
<i>< 150 Normal</i>			
<i>150-199 Borderline High</i>			
<i>200-499 High</i>			
<i>> 499 Very High)</i>			
Total Cholesterol	176	mg/dL	1 - 200
<i>(Done by Colorimetric - Cholesterol Oxidase, esterase, peroxidase on Vitros 5600.</i>			
<i><200 mg/dL - Desirable</i>			
<i>200-239 mg/dL - Borderline High</i>			
<i>> 239 mg/dL - High)</i>			
HDL Cholesterol	47	mg/dL	40 - 60
<i>(Done by Colorimetric: non HDL precipitation method PTA/MgCl2 on Vitros 5600</i>			
<i>< 40 Low</i>			
<i>> 60 High)</i>			
Non HDL Cholesterol (calculated)	129	mg/dL	1 - 130
<i>(Non- HDL Cholesterol</i>			
<i>< 130 Desirable</i>			
<i>139-159 Borderline High</i>			
<i>160-189 High</i>			
<i>> 191 Very High)</i>			
LDL Cholesterol	102	mg/dL	1 - 100
<i>(Done by Enzymatic (Two Step CHE/CHO/POD) on Vitros 5600</i>			
<i>< 100 Optimal</i>			
<i>100-129 Near / above optimal</i>			
<i>130-159 Borderline High</i>			
<i>160-189 High</i>			
<i>> 189 Very High)</i>			
VLDL Cholesterol (calculated)	20.6	mg/dL	12 - 30
LDL Ch. / HDL Ch. Ratio	2.17		2.1 - 3.5
T. Ch./HDL Ch. Ratio	3.74		3.5 - 5
<i>(Recent NECP / ATP III Guidelines / Classification (mg/dl) :)</i>			

--- End of Report ---



Dr. Rakesh Vaidya
MD (Path). DCP.



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 Consultant : Dr. Manish Mittal
 Location : **OPD**

Type : OPD
 Request No. : **206790**
 Request Date : 12/03/2024 08:49 AM
 Collection Date : 12/03/2024 08:52 AM
 Approval Date : 12/03/2024 02:14 PM

CBC + ESR

Test	Result	Units	Biological Ref. Range
Haemoglobin.			
Haemoglobin	13.4	gm/dL	12 - 15
Red Blood Cell Count (T-RBC)	4.74	mill/cmm	3.8 - 4.8
Hematocrit (HCT)	41.5	%	36 - 46
Mean Corpuscular Volume (MCV)	87.6	fl	83 - 101
Mean Corpuscular Haemoglobin (MCH)	28.3	pg	27 - 32
MCH Concentration (MCHC)	32.3	%	31.5 - 34.5
Red Cell Distribution Width (RDW-CV)	13.2	%	11.6 - 14
Red Cell Distribution Width (RDW-SD)	42.8	fl	39 - 46
Total Leucocyte Count (TLC)			
Total Leucocyte Count (TLC)	7.02	thou/cmm	4 - 10
Differential Leucocyte Count			
Polymorphs	60	%	40 - 80
Lymphocytes	30	%	20 - 40
Eosinophils	4	%	1 - 6
Monocytes	6	%	2 - 10
Basophils	0	%	0 - 2
Polymorphs (Abs. Value)	4.15	thou/cmm	2 - 7
Lymphocytes (Abs. Value)	2.13	thou/cmm	1 - 3
Eosinophils (Abs. Value)	0.29	thou/cmm	0.2 - 0.5
Monocytes (Abs. Value)	0.42	thou/cmm	0.2 - 1
Basophils (Abs. Value)	0.03	thou/cmm	0.02 - 0.1
Immature Granulocytes	0.3	%	1 - 3 : Borderline > 3 : Significant
Platelet Count			
Platelet Count	336	thou/cmm	150 - 410
Remarks	This is counter generated CBC Report, smear review is not done		
ESR	14	mm/1 hr	0 - 12



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Location	: OPD	Approval Date	: 12/03/2024 02:14 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. Ameet Soni
MD (Path)



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Approval Date : 12/03/2024 04:35 PM

Pap Smear

Test	Result	Units	Biological Ref. Range
Pap Smear	Pap Smear Screening Report / Cervico-Vaginal Cytology... Cyto No :P/629/24 Received at 12:15 pm. Clinical Details :No complain P/V findings : Cx. / Vg. - NAD. LMP :1 week back, Irregular. 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 Bathesda system (Modified 2014)

---- End of Report ----

Dr. Rakesh Vaidya
MD (Path). DCP.



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 Approval Date : 12/03/2024 01:59 PM

HbA1c (Glycosylated Hb)

Test	Result	Units	Biological Ref. Range
HbA1c (Glycosylated Hb)			
Glycosylated Hemoglobin (HbA1c)	5.6	%	
estimated Average Glucose (e AG) *	114.02	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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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	5.0		4.6 - 8.0
Specific Gravity	1.003		1.005 - 1.030
Protein	Negative		Negative
Glucose	Negative		Negative
Ketones	Negative		Negative
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	1 - 5	/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		

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

---- End of Report ----

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Thyroid Hormone Study

Test	Result	Units	Biological Ref. Range
Triiodothyronine (T3) <i>(Done by CLIA based method on automated immunoassay Vitros 5600. 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>	1.21	ng/ml	
Thyroxine (T4) <i>(Done by CLIA based method on automated immunoassay Vitros 5600. 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>	11.7	mcg/dL	
Thyroid Stimulating Hormone (US-TSH) <i>(Done by CLIA based method on automated immunoassay Vitros 5600. 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 Pregnancy : 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>	4.61	microIU/ml	

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Renal Function Test (RFT)

Test	Result	Units	Biological Ref. Range
Urea <i>(Done by Endpoint/Colorimetric - Urease on Vitros 5600)</i>	18	mg/dL	10 - 45
BUN	8.41	mg/dL	5 - 21
Creatinine <i>(By Modified Kinetic Jaffe Technique)</i>	0.70	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>(Done by Colorimetric - Uricase, Peroxidase on Vitros 5600)</i>	6.3	mg/dL	2.2 - 5.8

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Haematology

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

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Dr. Ameet Soni
MD (Path)



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Liver Function Test (LFT)

Test	Result	Units	Biological Ref. Range
Bilirubin			
Bilirubin - Total	0.60	mg/dL	0 - 1
Bilirubin - Direct	0.18	mg/dL	0 - 0.3
Bilirubin - Indirect	0.42	mg/dL	0 - 0.7
<i>(Done by Dual Wavelength - Reflectance Spectrophotometry on Vitros 5600)</i>			
Aspartate Aminotransferase (SGOT/AST)	33	U/L	13 - 35
<i>(Done by Multipoint Rate Colorimetric with P-5-P on Vitros 5600)</i>			
Alanine Aminotransferase (SGPT/ALT)	20	U/L	14 - 59
<i>(Done by Multipoint-Rate/Colorimetric with P-5-P (pyridoxa-5-phosphate) on Vitros 5600)</i>			
Alkaline Phosphatase	84	U/L	42 - 98
<i>(Done by Multipoint-Rate - p-nitrophenyl Phosphate, AMP buffer on Vitros 5600)</i>			
Gamma Glutamyl Transferase (GGT)	12	U/L	5 - 55
<i>(Done by Multipoint Rate - L-γ³-glutamyl-p-nitroanilide on Vitros 5600)</i>			
Total Protein			
Total Proteins	8.03	gm/dL	6.4 - 8.2
Albumin	4.45	gm/dL	3.4 - 5
Globulin	3.58	gm/dL	3 - 3.2
A : G Ratio	1.24		1.1 - 1.6
<i>(Done by Biuret endpoint and Bromocresol green method on vitros 5600.)</i>			

---- End of Report ----



Dr. Rakesh Vaidya
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