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BHAILAL AMIN
GENERAL HOSPITAL

ESTD. 1964

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DEPARTMENT OF LABORATORY MEDICINE

Patient Name : Mrs. JYOTSNABEN BHAVESHKUMAR
Gender / Age : Female / 34 Years 5 Months 9 Days
MR No / Bill No. : 23226619 / 242077075
Consultant : Dr. Manish Mittal
Location : OPD

Type : OPD
Request No. : 193319
Request Date : 23/01/2024 08:17 AM
Collection Date : 23/01/2024 08:24 AM
Approval Date : 23/01/2024 12:13 PM

CBC + ESR

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 / repeat may be requested.

Test	Result	Units	Biological Ref. Range
Haemoglobin.			
Haemoglobin	12.0	gm/dL	12 - 15
Red Blood Cell Count (T-RBC)	4.28	mill/cmm	3.8 - 4.8
Hematocrit (HCT)	39.5	%	36 - 46
Mean Corpuscular Volume (MCV)	92.3	fl	83 - 101
Mean Corpuscular Haemoglobin (MCH)	28.0	pg	27 - 32
MCH Concentration (MCHC)	30.4	%	31.5 - 34.5
Red Cell Distribution Width (RDW-CV)	14.7	%	11.6 - 14
Red Cell Distribution Width (RDW-SD)	50.2	fl	39 - 46
Total Leucocyte Count (TLC)			
Total Leucocyte Count (TLC)	5.60	thou/cmm	4 - 10
Differential Leucocyte Count			
Polymorphs	78	%	40 - 80
Lymphocytes	16	%	20 - 40
Eosinophils	1	%	1 - 6
Monocytes	5	%	2 - 10
Basophils	0	%	0 - 2
Polymorphs (Abs. Value)	4.35	thou/cmm	2 - 7
Lymphocytes (Abs. Value)	0.87	thou/cmm	1 - 3
Eosinophils (Abs. Value)	0.05	thou/cmm	0.2 - 0.5
Monocytes (Abs. Value)	0.30	thou/cmm	0.2 - 1
Basophils (Abs. Value)	0.03	thou/cmm	0.02 - 0.1
Immature Granulocytes	0.5	%	1 - 3 : Borderline > 3 : Significant

Platelet Count

Platelet Count 288 thou/cmm 150 - 410

Remarks This is counter generated CBC Report, smear review is not done

ESR **65** mm/1 hr 0 - 12

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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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Approval Date : 23/01/2024 03:10 PM

Haematology

Test	Result	Units	Biological Ref. Range
Blood Group			
ABO system	A		
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 ----

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Approval Date : 23/01/2024 02:46 PM

Fasting Plasma Glucose

Test	Result	Units	Biological Ref. Range
Fasting Plasma Glucose			
Fasting Plasma Glucose	98	mg/dL	70 - 110
Post Prandial 2 Hr. Plasma Glucose	94	mg/dL	70 - 140

By Hexokinase method on EXL Dade Dimension

---- End of Report ----

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Approval Date : 23/01/2024 05:53 PM

HbA1c (Glycosylated Hb)

Test	Result	Units	Biological Ref. Range
HbA1c (Glycosylated Hb)			
Glycosylated Heamoglobin (HbA1c)	4.8	%	
estimated Average Glucose (e AG) *	91.06	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 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 opinion is made. Recheck/retest may be requested.

Test	Result	Units	Biological Ref. Range
Complete Lipid Profile			
Appearance	Clear		
Triglycerides <i>(Done by Lipase /Glycerol kinase on Vitros 5600 < 150 Normal 150-199 Borderline High 200-499 High > 499 Very High)</i>	97	mg/dL	1 - 150
Total Cholesterol <i>(Done by Colorimetric - Cholesterol Oxidase, esterase, peroxidase on Vitros 5600. <200 mg/dL - Desirable 200-239 mg/dL - Borderline High > 239 mg/dL - High)</i>	195	mg/dL	1 - 200
HDL Cholesterol <i>(Done by Colorimetric: non HDL precipitation method PTA/MgCl2 on Vitros 5600 < 40 Low > 60 High)</i>	70	mg/dL	40 - 60
Non HDL Cholesterol (calculated) <i>Non- HDL Cholesterol < 130 Desirable 139-159 Borderline High 160-189 High > 191 Very High)</i>	125	mg/dL	1 - 130
LDL Cholesterol <i>(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)</i>	103	mg/dL	1 - 100
VLDL Cholesterol (calculated)	19.4	mg/dL	12 - 30
LDL Ch. / HDL Ch. Ratio	1.47		2.1 - 3.5
T. Ch./HDL Ch. Ratio <i>(Recent NECP / ATP III Guidelines / Classification (mg/dl) :)</i>	2.79		3.5 - 5

---- End of Report ----

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Liver Function Test (LFT)

Test	Result	Units	Biological Ref. Range
Bilirubin			
Bilirubin - Total	0.75	mg/dL	0 - 1
Bilirubin - Direct	0.26	mg/dL	0 - 0.3
Bilirubin - Indirect	0.49	mg/dL	0 - 0.7
<i>(Done by Dual Wavelength - Reflectance Spectrophotometry on Vitros 5600)</i>			
Aspartate Aminotransferase (SGOT/AST)	29	U/L	13 - 35
<i>(Done by Multipoint Rate Colorimetric with P-5-P on Vitros 5600)</i>			
Alanine Aminotransferase (SGPT/ALT)	23	U/L	14 - 59
<i>(Done by Multipoint-Rate/Colorimetric with P-5-P (pyridoxa-5-phosphate) on Vitros 5600)</i>			
Alkaline Phosphatase	90	U/L	42 - 98
<i>(Done by Multipoint-Rate - p-nitrophenyl Phosphate, AMP buffer on Vitros 5600)</i>			
Gamma Glutamyl Transferase (GGT)	45	U/L	5 - 55
<i>(Done by Multipoint Rate - L-γ³-glutamyl-p-nitroanilide on Vitros 5600)</i>			
Total Protein			
Total Proteins	7.64	gm/dL	6.4 - 8.2
Albumin	4.26	gm/dL	3.4 - 5
Globulin	3.38	gm/dL	3 - 3.2
A : G Ratio	1.26		1.1 - 1.6
<i>(Done by Biuret endpoint and Bromocresol green method on vitros 5600.)</i>			

---- End of Report ----

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Gender / Age : Female / 34 Years 5 Months 9 Days

MR No / Bill No. : **23226619 / 242077075**

Consultant : Dr. Manish Mittal

Location : **OPD**

Type : **DEPARTMENT OF LABORATORY MEDICINE**

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Renal Function Test (RFT)

Test	Result	Units	Biological Ref. Range
Urea (Done by Endpoint/Colorimetric - Urease on Vitros 5600)	20	mg/dL	10 - 45
BUN	9.35	mg/dL	5 - 21
Creatinine (By Modified Kinetic Jaffe Technique)	0.58	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)	2.7	mg/dL	2.2 - 5.8

--- End of Report ---

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MD (Path)

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Patient Name : Mrs. JYOTSNA BEN BHAVESH KUMAR
Gender / Age : Female / 34 Years 5 Months 9 Days
MR No / Bill No. : 23226619 / 242077075
Consultant : Dr. Manish Mittal
Location : OPD

Type DEPARTMENT OF OPD LABORATORY MEDICINE
Request No. : 193319
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Thyroid Hormone Study

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
Triiodothyronine (T3) (Done by CLIA based method on automated immunoassay Vitros 5600. 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))	2.36	ng/ml	
Thyroxine (T4) (Done by CLIA based method on automated immunoassay Vitros 5600. 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))	12.8	mcg/dL	
Thyroid Stimulating Hormone (US-TSH) (Done by CLIA based method on automated immunoassay Vitros 5600. 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))	1.61	microIU/ml	

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Approval Date : 23/01/2024 05:45 PM

Pap Smear

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

Pap Smear

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

Cyto no : P/191/24
Received at 1:25 pm.

Clinical Details : No complain
P/V findings : Cx. / Vg. - NAD
LMP : 20/01/2024

TBS Report / Impression :

- * Satisfactory for evaluation; transformation zone components identified.
- * No significant inflammatory cellularity.
- * No epithelial cell abnormality favouring Squamous intraepithelial lesion or frank

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. Rectification may be requested.

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)

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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	6.5		
Specific Gravity	1.004		
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 ----

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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. : 23226619 Report Date : 23/01/2024
 Request No. : 190098874 23/01/2024 8.17 AM
 Patient Name : **Mrs. JYOTSNABEN BHAVESHKUMAR MARU**
 Gender / Age : Female / 34 Years 5 Months 9 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



(Signature)

Dr. Priyanka Patel, MD.
 Consultant Radiologist



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DEPARTMENT OF DIAGNOSTIC RADIOLOGY

Patient No. : 23226619 Report Date : 23/01/2024
 Request No. : 190098887 23/01/2024 8.17 AM
 Patient Name : **Mrs. JYOTSNABEN BHAVESHKUMAR MARU**
 Gender / Age : Female / 34 Years 5 Months 9 Days

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. No dilated IHBR.

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



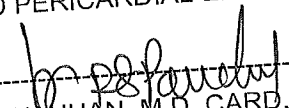
Patient No. : 23226619 Report Date : 23/01/2024
Request No. : 190098889 23/01/2024 8.17 AM
Patient Name : Mrs. JYOTSNABEN BHAVESHKUMAR MARU
Gender / Age : Female / 34 Years 5 Months 9 Days

Echo Doppler Screening

MITRAL VALVE : NORMAL, 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 LV SIZE AND SYSTOLIC FUNCTION LVEF -- 70%, NO
LEFT VENTRICLE : 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, NO AR // TR, NO PAH

FINAL CONCLUSION:

1. NORMAL SIZED ALL CARDIAC CHAMBERS, NO LVH
2. NORMAL LV SYSTOLIC FUNCTION, LVEF -- 70%
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.

23.01.2024 09:53:35
Standard 12-Lead

Mrs. Jyotsna B. Maru
Patient ID: **ECU/23226619**

Ref: phys.

Age: 034Y
Gender: Female

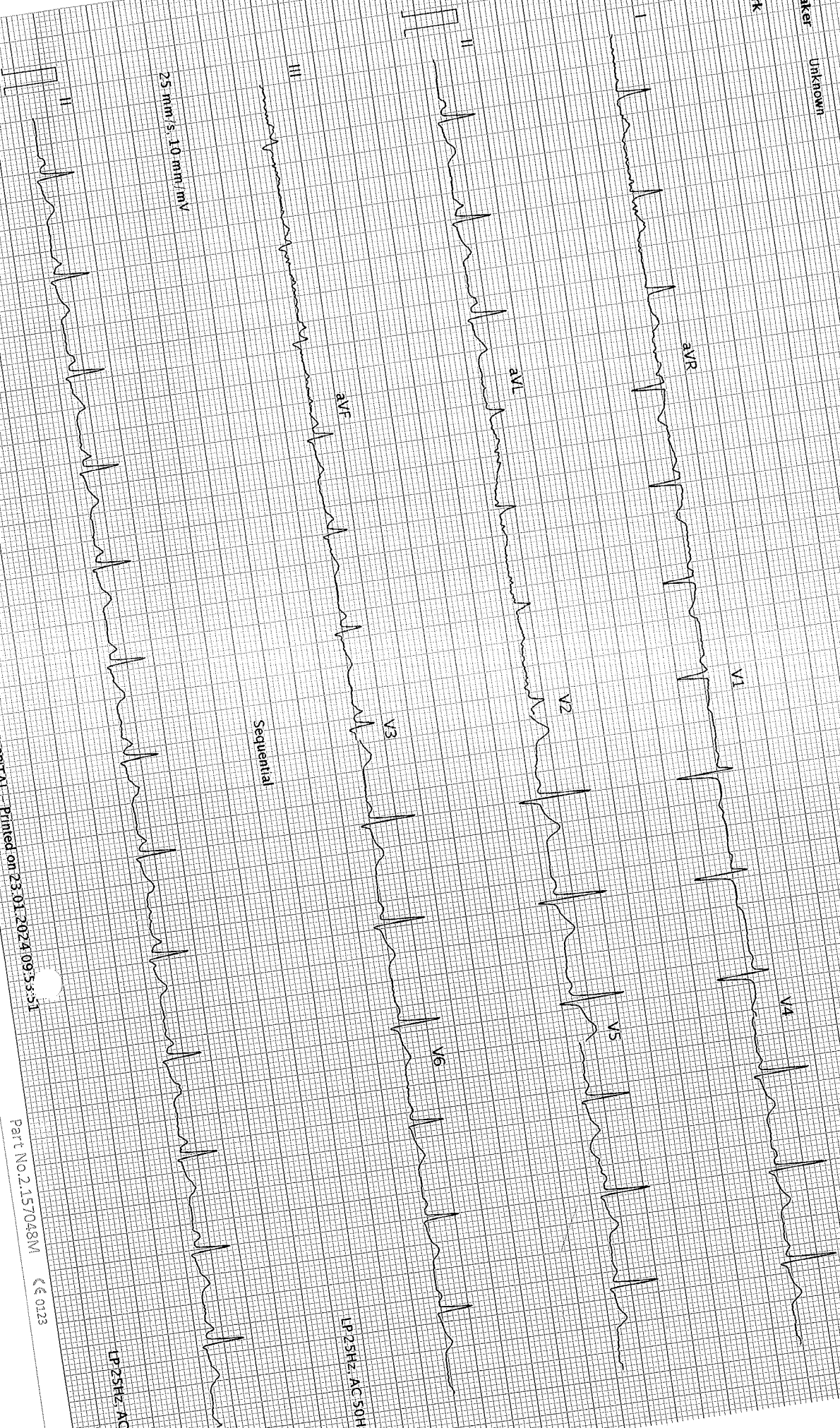
Pacemaker: Unknown

Remark:

HR	81 bpm	RR	742 ms
P axis	68°	P	91 ms
QRS axis	25°	PR	122 ms
T axis	26°	QT	81 ms
		QTcB	353 ms
			410 ms

Unconfirmed report

Dr. S. C. Verma



25 mm/s, 10 mm/mV

25 mm/s, 10 mm/mV

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LP 25Hz, AC 50Hz

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CONCLUSION OF HEALTH CHECKUP

ECU Number : 8719
Age : 34
Weight : 63
Date : 23/01/2024

MR Number : 23226619
Sex : Female
Ideal Weight : 69

Patient Name : JYOTSNABEN
Height : 173
BMI : 21.05

Continue same



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 : 8719 MR Number : 23226619 Patient Name : JYOTSNABEN
Age : 34 Sex : Female Height : 173
Weight : 63 Ideal Weight : 69 BMI : 21.05
Date : 23/01/2024

Past H/O : P/H OF LEFT HEMIPLEGIA SINCE 2007. - *TREATMENT IS CONTINUE*

Present H/O : NO MEDICAL COMPLAIN AT PRESENT

Family H/O : MOTHER : HEALTHY

(A)

Habits : NO
Gen.Exam. : G.C.GOOD
B.P : 100/70
Pulse : 90
Others : SPO2 99 %
C.V.S : NAD
R.S. : NAD
Abdomen : NP
Spleen : NP
Skin : NAD
C.N.S : NAD
Advice :

