

CONCLUSION OF HEALTH CHECKUP

ECU Number	: 5373	MR Number	: 23213065	Patient Name	: RANJU SINGH
Age	: 31	Sex	: Female	Height	: 155
Weight	: 56	Ideal Weight	: 55	BMI	: 23.31
Date	: 05/09/2023				

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.

ECU Number : 5373 MR Number : 23213065 Patient Name: RANJU SINGH
Age : 31 Sex : Female Height : 155
Weight : 56 Ideal Weight : 55 BMI : 23.31
Date : 05/09/2023

Past H/O : K/C/O HYPOTHYROIDISM - NO MEDICATION - 11 MONTHS - ONLY FOR ANXIETY.

Present H/O : NO MEDICAL COMPLAINTS AT PRESENT.

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

Habits : NO HABITS.

Gen.Exam. : G.C. GOOD

B.P : 120/80 mm Hg

Pulse : 85/MIN REG.

Others : SPO2 : 98 %

C.V.S : NAD

R.S. : NAD

Abdomen : NP

Spleen : NP

Skin : NAD

C.N.S : NAD

Advice :



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ECU Number : 5373
Age : 31
Weight : 56
Date : 05/09/2023

MR Number : 23213065
Sex : Female
Ideal Weight : 55

Patient Name : RANJU SINGH
Height : 155
BMI : 23.31

Ophthalmic Check Up :

Right

Left

Ext Exam

NORMAL

Vision Without Glasses

6/6

6/6

Vision With Glasses

N.6

N.6

Final Correction

-

-

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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Patient Name : RANJU SINGH
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BMI : 23.31

Gynaec Check Up :

OBSTETRIC HISTORY	FT LSCS
MENSTRUAL HISTORY	-
PRESENT MENSTRUAL CYCLE	LMP : 10 DAYS BACK.
PAST MENSTRUAL CYCLE	-
CHIEF COMPLAINTS	C/O SCANTY CYCLES
	SOFT
PS	Cx - (N) Vg - (N)
PV	UT NS Fx CLEAR
BREAST EXAMINATION RIGHT	NORMAL
BREAST EXAMINATION LEFT	NORMAL
PAPSMEAR	TAKEN
BMD	
MAMMOGRAPHY	
ADVICE	FOLLOWUP WITH REPORTS.



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DEPARTMENT OF LABORATORY MEDICINE

Patient Name : Mrs. RANJU SINGH
Gender / Age : Female / 31 Years 5 Months 5 Days
MR No / Bill No. : 23213065 / 242015127
Consultant : Dr. Manish Mittal
Location : OPD

Type : OPD
Request No. : 154038
Request Date : 05/09/2023 08:39 AM
Collection Date : 05/09/2023 09:49 AM
Approval Date : 05/09/2023 02:42 PM

CBC + ESR

Test	Result	Units	Biological Ref. Range
Haemoglobin.			
Haemoglobin	12.3	gm/dL	12 - 15
Red Blood Cell Count (T-RBC)	4.03	mill/cmm	3.8 - 4.8
Hematocrit (HCT)	35.7	%	36 - 46
Mean Corpuscular Volume (MCV)	88.6	fl	83 - 101
Mean Corpuscular Haemoglobin (MCH)	30.5	pg	27 - 32
MCH Concentration (MCHC)	34.5	%	31.5 - 34.5
Red Cell Distribution Width (RDW-CV)	11.1	%	11.6 - 14
Red Cell Distribution Width (RDW-SD)	36.2	fl	39 - 46
Total Leucocyte Count (TLC)			
Total Leucocyte Count (TLC)	4.74	thou/cmm	4 - 10
Differential Leucocyte Count			
Polymorphs	48	%	40 - 80
Lymphocytes	47	%	20 - 40
Eosinophils	1	%	1 - 6
Monocytes	4	%	2 - 10
Basophils	0	%	0 - 2
Polymorphs (Abs. Value)	2.25	thou/cmm	2 - 7
Lymphocytes (Abs. Value)	2.23	thou/cmm	1 - 3
Eosinophils (Abs. Value)	0.04	thou/cmm	0.2 - 0.5
Monocytes (Abs. Value)	0.21	thou/cmm	0.2 - 1
Basophils (Abs. Value)	0.01	thou/cmm	0.02 - 0.1
Immature Granulocytes	0.0	%	1 - 3 : Borderline > 3 : Significant

Platelet Count

Platelet Count 180 thou/cmm 150 - 410

Remarks This is cell counter generated CBC report, Smear review is not done

ESR **25** 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.

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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 Vesmetic 20, comparable to Westergrens method and in accordance to ICSH reference method.

---- End of Report ----

Dr. Ameet Soni
MD (Path)

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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 ----

Dr. Ameer Soni
MD (Path)

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Fasting Plasma Glucose

Test	Result	Units	Biological Ref. Range
Fasting Plasma Glucose			
Fasting Plasma Glucose	85	mg/dL	70 - 110
Post Prandial 2 Hr. Plasma Glucose	99	mg/dL	70 - 140

By Hexokinase method on RXL Dade Dimesion

---- End of Report ----

Dr. Rakesh Vaidya
MD (Path). DCP.

Dr. Ameer Soni
MD (Path)

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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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MD (Path). DCP.

Dr. Ameer Soni
MD (Path)

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Complete Lipid Profile

Test	Result	Units	Biological Ref. Range
Complete Lipid Profile			
Appearance	Clear		
Triglycerides (By Lipase / Glycerol dehydrogenase on RXL Dade Dimension < 150 Normal 150-199 Borderline High 200-499 High > 499 Very High)	110	mg/dL	1 - 150
Total Cholesterol (By enzymatic colorimetric method on RXL Dade Dimension <200 mg/dL - Desirable 200-239 mg/dL - Borderline High > 239 mg/dL - High)	159	mg/dL	1 - 200
HDL Cholesterol (By Direct homogenous technique, modified enzymatic non-immunological method on RXL Dade Dimension < 40 Low > 60 High)	44	mg/dL	40 - 60
Non HDL Cholesterol (calculated) (Non- HDL Cholesterol < 130 Desirable 139-159 Borderline High 160-189 High > 191 Very High)	115	mg/dL	1 - 130
LDL Cholesterol (By Direct homogenous technique, modified enzymatic non-immunological method on RXL Dade Dimension < 100 Optimal 100-129 Near / above optimal 130-159 Borderline High 160-189 High > 189 Very High)	107	mg/dL	1 - 100
VLDL Cholesterol (calculated)	22	mg/dL	12 - 30
LDL Ch. / HDL Ch. Ratio	2.43		2.1 - 3.5
T. Ch./HDL Ch. Ratio (Recent NECP / ATP III Guidelines / Classification (mg/dl) :)	3.61		3.5 - 5

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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	0.18	mg/dL	0 - 0.3
Bilirubin - Indirect	0.44	mg/dL	0 - 0.7
<i>(By Diazotized sulfanilic acid on RXL Dade Dimension.)</i>			
Aspartate Aminotransferase (SGOT/AST)	258	U/L	13 - 35
<i>(By IFCC UV kinetic method on RXL Dade Dimension.)</i>			
Alanine Aminotransferase (SGPT/ALT)	446	U/L	14 - 59
<i>(By IFCC UV kinetic method on RXL Dade Dimension.)</i>			
Alkaline Phosphatase	54	U/L	42 - 98
<i>(BY PNPP AMP method on RXL Dade Dimension.)</i>			
Gamma Glutamyl Transferase (GGT)	35	U/L	5 - 55
<i>(By IFCC method on RXL Dade Dimension.)</i>			
Total Protein			
Total Proteins	8.02	gm/dL	6.4 - 8.2
Albumin	3.77	gm/dL	3.4 - 5
Globulin	4.25	gm/dL	3 - 3.2
A : G Ratio	0.89		1.1 - 1.6
<i>(By Biuret endpoint and Bromocresol purple method on RXL Dade Dimension.)</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. Recheck / retest may be requested.

--- End of Report ---

Dr. Rakesh Vaidya
MD (Path). DCP.

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Renal Function Test (RFT)

Test	Result	Units	Biological Ref. Range
Urea (By Urease Kinetic method on RXL Dade Dimension)	20	mg/dL	10 - 45
Creatinine (By Modified Kinetic Jaffe Technique)	0.44	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 (By Uricase / Catalase method on RXL Siemens)	3.9	mg/dL	2.2 - 5.8

— End of Report —

Dr. Rakesh Vaidya
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MD (Path)

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Thyroid Hormone Study

Test	Result	Units	Biological Ref. Range
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Triiodothyronine (T3)	3.29	ng/ml	
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(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)	17.76	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)	<0.005 (Rechecked)	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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Dr. Rakesh Vaidya
MD (Path). DCP.



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Urine routine analysis (Auto)

Test	Result	Units	Biological Ref. Range
Physical Examination			
Quantity	30	mL	
Colour	Yellow		
Appearance	Clear		
Chemical Examination (By Reagent strip method)			
pH	6.5		
Specific Gravity	1.020		
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	1 - 5	/hpf	0 - 5
Casts	Nil	/lpf	Nil
Crystals	Nil	/hpf	Nil
Mucus	Absent	/hpf	Absent
Organism	Absent		

--- End of Report ---

Dr. Ameer Soni
MD (Path)

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Pap Smear

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

Pap Smear

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

Cyto No : P/1619/23
Received at 1:00 pm.

Clinical Details : No complain
P/V findings : Cx. / Vg. - NAD.
LMP : 10 days ago.

TBS Report / Impression :

- * Satisfactory for evaluation; transformation zone components identified.
- * Mild inflammatory cellularity (Neutrophils rich).
- * Benign cellular changes/repair.
- * 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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Patient No. : 23213065 Report Date : 05/09/2023
Request No. : 190078866 05/09/2023 8.39 AM
Patient Name : Mrs. RANJU SINGH
Gender / Age : Female / 31 Years 5 Months 5 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.

Dr. Priyanka Patel, MD.
Consultant Radiologist





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- Ultra High Resolution Sonography
- Multi-Detector CT Scan
- Mammography
- Interventional Radiology
- Digital Subtraction Angiography
- Foetal Echocardiography
- Echocardiography

Patient No. : 23213065 Report Date : 05/09/2023
Request No. : 190078806 05/09/2023 8.39 AM
Patient Name : Mrs. RANJU SINGH
Gender / Age : Female / 31 Years 5 Months 5 Days

USG : 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 significant abnormality.**

Kindly correlate clinically

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

Priyanka

Dr. Priyanka Patel, MD.
Consultant Radiologist



Patient No. : 23213065 Report Date : 05/09/2023
Request No. : 190078858 05/09/2023 8.39 AM
Patient Name : **Mrs. RANJU SINGH**
Gender / Age : Female / 31 Years 5 Months 5 Days

Echo Color Doppler

MITRAL VALVE : NORMAL
AORTIC VALVE : TRILEAFLET, NORMAL
TRICUSPID VALVE : NORMAL, TRACE TR, NO PAH PASP BY TR JET= 20MMHG
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 : NO LV diastolic dysfunction,
Trace MR, TR, NO PAH

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

Dr. KILLDI KANERIA MD, DM
Consultant Cardiologist

For Appointment & Inquiry : 080 69 70 70 70

Time **Ranjit Singh**
 Patient ID **Ecu 23213065**

05.09.2023 10:13:15
 Standard 12-Lead

Age **Female**
 Gender **Female**
 Height **Undefined**
 Weight **Unknown**
 Ethnicity **Unknown**
 Pacemaker **Unknown**

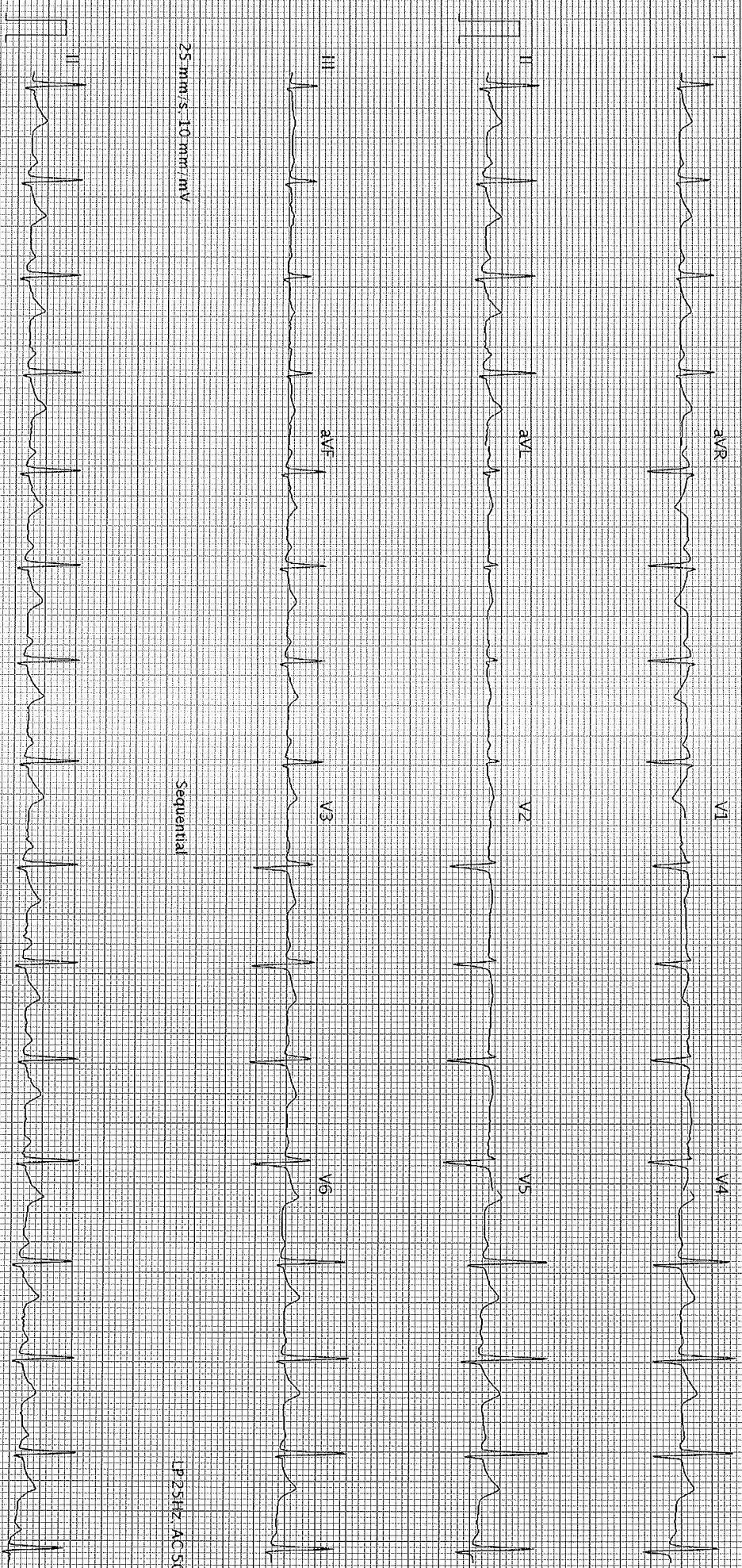
HR **92 bpm**
 P axis **41°**
 QRS axis **56°**
 T axis **39°**

RR **65.5 ms**
 P **103 ms**
 PR **133 ms**
 QRS **71 ms**
 QT **360 ms**
 QTcB **445 ms**

Indication
 Remark

Unconfirmed report

Normal



25 mm/s, 10 mm/mV

Sequential

LP25HZ, AC 50HZ

25 mm/s, 10 mm/mV

LP25HZ, AC 50HZ

AT 102 G2 I2 0 (0080-011030)

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