



BHAILAL AMIN
GENERAL HOSPITAL



CONCLUSION OF HEALTH CHECKUP

ECU Number	: 2706	MR Number	: 23204011	Patient Name	: RATIKA SOOD
Age	: 36	Sex	: Female	Height	: 166
Weight	: 85	Ideal Weight	: 63	BMI	: 30.85
Date	: 04/04/2023				

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.



BHAILAL AMIN GENERAL HOSPITAL



ECU Number : 2706 MR Number : 23204011 Patient Name: RATIKA SOOD
Age : 36 Sex : Female Height : 166
Weight : 85 Ideal Weight : 63 BMI : 30.85
Date : 04/04/2023

Past H/O : H/O :- LSCS:----> 2015, 2019

Present H/O : C/O:- OCCASIONAL VERTIGO 6-7 MONTH (ONCE/ MONTH)

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

Habits : NO HABITS

Gen.Exam. : G.C.GOOD

B.P : 90/60 mm Hg

Pulse : 69/MIN REG

Others : SPO2-98%

C.V.S : NAD

R.S. : NAD

Abdomen : NP

Spleen : NP

Skin : NAD

C.N.S : NAD

Advice :



ECU Number : 2706
Age : 36
Weight : 85
Date : 04/04/2023

MR Number : 23204011
Sex : Female
Ideal Weight : 63

Patient Name: RATIKA SOOD
Height : 166
BMI : 30.85

Ophthalmic Check Up :

Right

Left

Ext Exam

NIL

Vision Without Glasses

6/6-1.50 SPH ! 180

6/6-0.50 SPH -1.25 SPH

Vision With Glasses

N.6

1 189
N.6

Final Correction

14.6

14.6

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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GENERAL HOSPITAL**

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Age : 36
Weight : 85
Date : 04/04/2023

MR Number : 23204011
Sex : Female
Ideal Weight : 63

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BMI : 30.85

Gynaec Check Up :

OBSTETRIC HISTORY FTLSCS- 4 YRS
MENSTRUAL HISTORY
PRESENT MENSTRUAL CYCLE LMP- 12-03-2023
PAST MENSTRUAL CYCLE
CHIEF COMPLAINTS NIL
PA SOFT
PS Cx-PINHOLE Vg- WHITE DISCHARGE
PV UT NS Fx CLEAR
BREAST EXAMINATION RIGHT NORMAL
BREAST EXAMINATION LEFT NORMAL
PAPSMEAR TAKEN
BMD
MAMMOGRAPHY
ADVICE FOLLOW UP WITH REPORT

Dietary Assesment

ECU Number : 2706 MR Number : 23204011 Patient Name: RATIKA SOOD
Age : 36 Sex : Female Height : 166
Weight : 85 Ideal Weight : 63 BMI : 30.85
Date : 04/04/2023

Body Type : Normal / Underwight / Overwight
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. RATIKA SOOD
 Gender / Age : Female / 36 Years 10 Months 18 Days
 MR No / Bill No. : 23204011 / 241000514
 Consultant : Dr. Manish Mittal
 Location : OPD

Type : OPD
 Request No. : 118849
 Request Date : 04/04/2023 08:00 AM
 Collection Date : 04/04/2023 07:59 AM
 Approval Date : 04/04/2023 03:00 PM

CBC + ESR

Test	Result	Units	Biological Ref. Range
Haemoglobin.			
Haemoglobin	13.0	gm/dL	12 - 15
Red Blood Cell Count (T-RBC)	4.24	mill/cmm	3.8 - 4.8
Hematocrit (HCT)	38.7	%	36 - 46
Mean Corpuscular Volume (MCV)	91.3	fl	83 - 101
Mean Corpuscular Haemoglobin (MCH)	30.7	pg	27 - 32
MCH Concentration (MCHC)	33.6	%	31.5 - 34.5
Red Cell Distribution Width (RDW-CV)	14.3	%	11.6 - 14
Red Cell Distribution Width (RDW-SD)	48.3	fl	39 - 46
Total Leucocyte Count (TLC)			
Total Leucocyte Count (TLC)	8.02	thou/cmm	4 - 10
Differential Leucocyte Count			
Polymorphs	65	%	40 - 80
Lymphocytes	30	%	20 - 40
Eosinophils	2	%	1 - 6
Monocytes	3	%	2 - 10
Basophils	0	%	0 - 2
Polymorphs (Abs. Value)	5.16	thou/cmm	2 - 7
Lymphocytes (Abs. Value)	2.37	thou/cmm	1 - 3
Eosinophils (Abs. Value)	0.16	thou/cmm	0.2 - 0.5
Monocytes (Abs. Value)	0.27	thou/cmm	0.2 - 1
Basophils (Abs. Value)	0.06	thou/cmm	0.02 - 0.1
Immature Granulocytes	0.4	%	1 - 3 : Borderline > 3 : Significant
Platelet Count			
Platelet Count	262	thou/cmm	150 - 410
Smear evaluation	Adequate		
ESR	11	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

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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. Rakesh Vaidya
MD (Path). DCP.

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Approval Date : 04/04/2023 03:01 PM

Haematology

Test	Result	Units	Biological Ref. Range
Blood Group			
ABO system	O		
Rh system	Negative / Du Negative		

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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MD (Path). DCP.

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DEPARTMENT OF LABORATORY MEDICINE

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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	85	mg/dL	70 - 110
Post Prandial 2 Hr.Plasma Glucose	87	mg/dL	70 - 140

By Hexokinase method on RXL Dade Dimension

---- End of Report ----

Dr. Sejal Odedra
M.D.Pathology

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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)

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MD (Path). DCP.



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Complete Lipid Profile

Test	Result	Units	Biological Ref. Range
Complete Lipid Profile			
Appearance	Clear		
Triglycerides	94	mg/dL	1 - 150
<i>(By Lipase / Glycerol dehydrogenase on RXL Dade Dimension)</i>			
<i>< 150 Normal</i>			
<i>150-199 Borderline High</i>			
<i>200-499 High</i>			
<i>> 499 Very High</i>			
Total Cholesterol	161	mg/dL	1 - 200
<i>(By enzymatic colorimetric method on RXL Dade Dimension)</i>			
<i><200 mg/dL - Desirable</i>			
<i>200-239 mg/dL - Borderline High</i>			
<i>> 239 mg/dL - High</i>			
HDL Cholesterol	42	mg/dL	40 - 60
<i>(By Direct homogenous technique, modified enzymatic non-immunological method on RXL Dade Dimension)</i>			
<i>< 40 Low</i>			
<i>> 60 High</i>			
Non HDL Cholesterol (calculated)	119	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	105	mg/dL	1 - 100
<i>(By Direct homogenous technique, modified enzymatic non-immunological method on RXL Dade Dimension)</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)	18.8	mg/dL	12 - 30
LDL Ch. / HDL Ch. Ratio	2.5		2.1 - 3.5
T. Ch./HDL Ch. Ratio	3.83		3.5 - 5
<i>(Recent NECP / ATP III Guidelines / Classification (mg/dl) :)</i>			

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Liver Function Test (LFT)

Test	Result	Units	Biological Ref. Range
Bilirubin			
Bilirubin - Total	0.61	mg/dL	0 - 1
Bilirubin - Direct	0.13	mg/dL	0 - 0.3
Bilirubin - Indirect	0.48	mg/dL	0 - 0.7
<i>(By Diazotized sulfanilic acid on RXL Dade Dimension.)</i>			
Aspartate Aminotransferase (SGOT/AST)	10	U/L	13 - 35
<i>(By IFCC UV kinetic method on RXL Dade Dimension.)</i>			
Alanine Aminotransferase (SGPT/ALT)	19	U/L	14 - 59
<i>(By IFCC UV kinetic method on RXL Dade Dimension.)</i>			
Alkaline Phosphatase	84	U/L	42 - 98
<i>(BY PNPP AMP method on RXL Dade Dimension.)</i>			
Gamma Glutamyl Transferase (GGT)	24	U/L	5 - 55
<i>(By IFCC method on RXL Dade Dimension.)</i>			
Total Protein			
Total Proteins	7.32	gm/dL	6.4 - 8.2
Albumin	3.73	gm/dL	3.4 - 5
Globulin	3.59	gm/dL	3 - 3.2
A : G Ratio	1.04		1.1 - 1.6
<i>(By Biuret endpoint and Bromocresol purple method on RXL Dade Dimension.)</i>			

--- End of Report ---

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M.D.Pathology



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Renal Function Test (RFT)

Test	Result	Units	Biological Ref. Range
Urea (By Urease Kinetic method on RXL Dade Dimension)	16	mg/dL	10 - 45
Creatinine (By Modified Kinetic Jaffe Technique)	0.80	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)	4.2	mg/dL	2.2 - 5.8

--- End of Report ---

Dr. Sejal Odedra
M.D.Pathology



Patient Name : Mrs. RATIKA SOOD Type : OPD
 Gender / Age : Female / 36 Years 10 Months 18 Days Request No. : 119004
 MR No / Bill No. : 23204011 / 241000626 Request Date : 04/04/2023 11:20 AM
 Consultant : Dr. Empanelment in process Collection Date : 04/04/2023 11:15 AM
 Location : OPD Approval Date : 04/04/2023 03:17 PM

Vitamin B12

Test	Result	Units	Biological Ref. Range
Vitamin B12 Level	205.3	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 preceding days (Oral-3 days, Parenteral 3 wks) may lead to increased level.)

Vitamin D Total (25 OH Vit D) 17.05 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 ----

Dr. Rakesh Vaidya
MD (Path). DCP.



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Thyroid Hormone Study

Test	Result	Units	Biological Ref. Range
Triiodothyronine (T3)	0.968	ng/ml	
<i>(Done by 4th generation electrochemiluminescence based method on automated immunoassay / Cobas e 411.)</i>			
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		
<i>(Reference : Tietz - Clinical guide to laboratory test, 4th edition)</i>			
Thyroxine (T4)	5.16	mcg/dL	
<i>(Done by 4th generation electrochemiluminescence based method on automated immunoassay / Cobas e 411.)</i>			
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		
<i>(Reference : Tietz - Clinical guide to laboratory test, 4th edition)</i>			
Thyroid Stimulating Hormone (US-TSH)	1.83	microIU/ml	
<i>(Done by 4th generation electrochemiluminescence based method on automated immunoassay / Cobas e 411.)</i>			
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		
<i>(Reference : Tietz - Clinical guide to laboratory test, 4th edition)</i>			

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--- End of Report ---

Dr. Sejal Odedra
M.D.Pathology



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Pap Smear

<u>Test</u>	<u>Result</u>	<u>Units</u>	<u>Biological Ref. Range</u>
Pap Smear	Pap Smear Screening Report / Cervico-Vaginal Cytology...		
	Cyto No : P/641/23 Received at 11:50 am.		
	Clinical Details : No complain P/V findings : Cx. - Pinhole os / Vg. - White discharge. LMP : 12/03/2023		
	TBS Report / Impression :		
	* Satisfactory for evaluation; transformation zone components identified.		
	* Mild acute inflammatory cellularity. No evidence of T. vaginalis / Fungal elements.		
	* Progestational effect (Epithelial cytolysis with bacillary background).		
	* 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 Papanicolaou system (Modified 2014)

---- End of Report ----

Dr. Rakesh Vaidya
MD (Path), DCP.



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Urine routine analysis (Auto)

Test	Result	Units	Biological Ref. Range
Physical Examination			
Quantity	50	mL	
Colour	Pale Yellow		
Appearance	Clear		
Chemical Examination (By Reagent strip method)			
pH	6.0		
Specific Gravity	<=1.005		
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. Sejal Odedra
M.D.Pathology



Patient Name	: Mrs. RATIKA SOOD	Type	: OPD
Gender / Age	: Female / 36 Years 10 Months 18 Days	Request No.	: 118849
MR No / Bill No.	: 23204011 / 241000514	Request Date	: 04/04/2023 08:00 AM
Consultant	: Dr. Manish Mittal	Collection Date	: 04/04/2023 07:59 AM
Location	: OPD	Approval Date	: 04/04/2023 12:02 PM

Stool Routine

Test	Result	Units	Biological Ref. Range
Physical Examination (Stool)			
Colour	Brown		
Consistency	Semi Solid		
Mucus.	Absent		
Blood.	Absent		
Chemical Examination			
Reaction	Acidic		
Occult Blood	Negative		
Microscopic Examination			
Ova	Absent		
Cyst.	Absent		
Trophozoites	Absent		
Red Blood Cells.	Absent	/hpf	
Pus Cells	Absent	/hpf	
Epithelial Cells	Absent		
Fat	Absent		

(Method : Manual + Chemical (Occult Blood by Peroxidase like activity of Haemoglobin) + Microscopy)

Test Note :

- Stool Occult Blood test needs to be tested on three consecutive samples for proper interpretation.

- For 72 hours prior to Occult Blood test, patient should not take following items: Red meat, fish, poultry, turnips, horseradish, cauliflower, spinach, broccoli, bananas, black grapes, plums etc., drugs like aspirin, NSAIDs, anticoagulants, reserpine, iodine and high dose of Vitamin C.)

--- End of Report ---

Dr. Sejal Odedra
M.D.Pathology



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DEPARTMENT OF DIAGNOSTIC RADIOLOGY

Patient No. : 23204011 Report Date : 04/04/2023
Request No. : 190059676 04/04/2023 8.00 AM
Patient Name : Mrs. RATIKA SOOD
Gender / Age : Female / 36 Years 10 Months 18 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

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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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. : 23204011 Report Date : 04/04/2023
Request No. : 190059660 04/04/2023 8.00 AM
Patient Name : Mrs. RATIKA SOOD
Gender / Age : Female / 36 Years 10 Months 18 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 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 seen. **Right kidney shows lower calyx calculus measures 6-7 mm.**

Uterus is anteverted, normal in size and echo pattern. Endometrium thickness is about 5 mm. No obvious mass lesion seen.

Uterine length : 87 mm.
A.P. : 44 mm.

Both ovaries are normal .

Urinary bladder is well distended and appears normal.

No ascites.

COMMENT:

Right renal calculus.

Kindly correlate clinically

Hasani

Dr.Pruna C Hasani, MD
Consultant Radiologist



H-2015-0297

MC-3004

E-2021-0037

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

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

Station
 Telephone: 0265-3956222,3956024.

EXERCISE STRESS TEST REPORT

Patient Name: RATIKA SOOD,
 Patient ID: 00010
 Height: 166 cm
 Weight: 84 kg

DOB: 18.05.1986
 Age: 36yrs
 Gender: Female
 Race: Indian

Study Date: 04.04.2023
 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	87		
	WARM UP	00:07	0.80	0.00	86		
EXERCISE	STAGE 1	01:01	1.70	10.00	116	130/80	
	STAGE 2	02:01	2.50	12.00	141	130/80	
	STAGE 3	02:30	3.40	14.00	184	140/80	
RECOVERY		04:03	0.00	0.00	115	160/90	

The patient exercised according to the BRUCE for 5:29 min:s, achieving a work level of Max. METS: 10.40. The resting heart rate of 88 bpm rose to a maximal heart rate of 184 bpm. This value represents 100 % of the maximal, age-predicted heart rate. The resting blood pressure of --/-- mmHg, rose to a maximum blood pressure of 160/90 mmHg. The exercise test was stopped due to Target heart rate achieved.

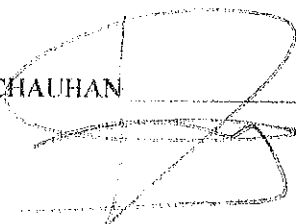
Interpretation

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 and ARRHYTHMIAS during test, No Significant ST -T Changes seen during peak exercise and Recovery, Stress test is NEGATIVE for inducible myocardial ischemia

CONFIRMED BY : DR V.C.CHAUHAN



Name: Ms. Ratika sood
Patient ID: ECU/23204011

04.04.2023 08:16:28
Standard 12-lead

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

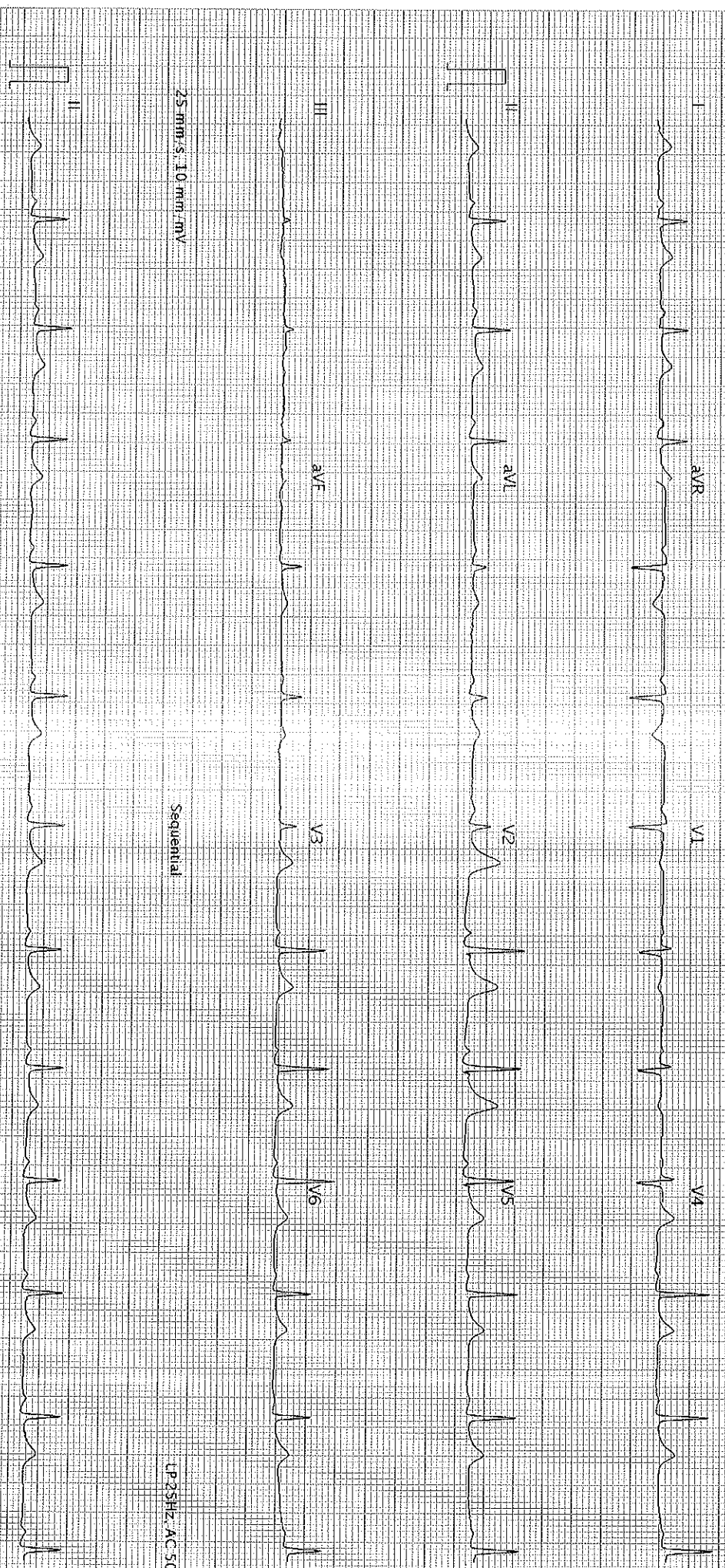
Visit ID:
Room:
Medication:
Order ID:
Ord. prov.:
Ord. prot.:
HR: 72 bpm
RR:
P axis: 23°
QRS axis: 40°
F axis: 24°

PR: 117 ms
QRs: 65 ms
QT: 383 ms
QTcB: 421 ms
Sinus rhythm
Normal electrical axis
R/S transition shift to right
Nonspecific ST abnormality (elevation)
Otherwise-normal ECG
Unconfirmed report

Indication:
Remark:

Otherwise-normal

Normal



25 mm/s, 10 mm/mV

Sequential

LP 25Hz, AC 50Hz

25 mm/s, 10 mm/mV

LP 25Hz, AC 50Hz

AI-102-G2.1.2.0 (1080-011030)

Printed on: 04.04.2023 08:16:43

SCHILLER

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Page 1 of 1

QBC