



BHAILAL AMIN
GENERAL HOSPITAL

ESTD. 1964

CONCLUSION OF HEALTH CHECKUP

ECU Ref. No : MH/22/000578 Patient No : 21040537 Date : 26/03/2022
Name : RATIKA SOOD Sex / Age : F 36
Height / Weight : 164 Cms 81 Kgs Ideal Weight : 61 Kgs BMI : 30.1

1 ECF

Dr. Manish Mittal
Physician

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.



Name : RATIKA SOOD

Sex / Age : F 36

Present History

NO MEDICAL COMPLAINTS AT PRESENT.

Past History

NO P/H/O ANY MAJOR ILLNESS.

Family History

NO F/H/O ANY MAJOR ILLNESS.

Personal History

NON-VEG DIET.

Clinical Examination

B.P. 114/70 mm Hg

Pulse 78/MIN REG.

Others -

Respiratory System

CLINICALLY NAD

Cardio Vascular System

CLINICALLY NAD

Abdominal System

CLINICALLY NAD

Neurological System

CLINICALLY NAD



Name : RATIKA SOOD

Sex / Age : F 36

Eye Checkup

Doctor Name **DR.SIDDHARTH DUA**

	Right	Left
History	normal	
Uncorrected vision	6/9	normal
Corrected vision	0 1.2 * 170' CYL	6/9
IOP	-	- 0.50 / - 1.25 * 180
Fundus	NORMAL	-
Any other	NIL	NORMAL
Advice	NIL	NIL



Name : **RATIKA SOOD** Sex / Age : F 36
Height / Weight : 164 Cms 81 Kgs Ideal Weight : 61 Kgs BMI : 30.1

Obstetric History 2 FT LSCS < MALE - CONGNETAL HEART DISEASE - NND - 3 MONTH / MALE - ;
YRS - L & W

Menstrual History LMP : 04/03/2022

Present Menstrual Cycle REGULAR

Past Menstrual Cycle -

Chief Complaints

NIL

Gynac Examination

P/A SOFT

P/S Cx - (N) Vg - (N)

P/V UT NS Fx CLEAR

Breast examination - Right NORMAL

Breast examination - Left NORMAL

PAP Smear TAKEN

BMD

Mammography

Advice FOLLOWUP WITH REPORTS.

Dr. Sonia Golani
Gynecologist



Dietary Assessment

Name : **RATIKA SOOD** Sex / Age : F 36
Height : 164 Cms Weight : 81 Kgs Ideal Weight : 61 Kgs BMI : 30.1

Body Type : Normal / Underweight / Over weight

Diet History

Diet preference : Vegetarian / Eggeterian / Mixed
Frequency of consuming fried food : / day / week or occasional
Frequency of consuming sweets : / day or occasional
Frequency of consuming outside food : / 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 Beetroot, 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.

Dietitian



Patient Name : Mrs. RATIKA SOOD
 Gender / Age : Female / 36 Years 9 Days
 MR No / Bill No. : 21040537 / 221033861
 Consultant : Dr. Manish Mittal
 Location : OPD

Type : OPD
 Request No. : 34963
 Request Date : 26/03/2022 08:21 AM
 Collection Date : 26/03/2022 08:24 AM
 Approval Date : 26/03/2022 10:41 AM

CBC + ESR

Test	Result	Units	Biological Ref. Range
Haemoglobin.			
Haemoglobin	13.2	gm/dL	12 - 15
Red Blood Cell Count (T-RBC)	4.28	mill/cmm	3.8 - 4.8
Hematocrit (HCT)	39.9	%	36 - 46
Mean Corpuscular Volume (MCV)	93.2	fl	83 - 101
Mean Corpuscular Haemoglobin (MCH)	30.8	pg	27 - 32
MCH Concentration (MCHC)	33.1	%	31.5 - 34.5
Red Cell Distribution Width (RDW-CV)	13.5	%	11.6 - 14
Red Cell Distribution Width (RDW-SD)	46.9	fl	39 - 46
Total Leucocyte Count (TLC)			
Total Leucocyte Count (TLC)	7.44	thou/cmm	4 - 10
Differential Leucocyte Count			
Polymorphs	63.7	%	40 - 80
Lymphocytes	30.4	%	20 - 40
Eosinophils	1.6	%	1 - 6
Monocytes	3.4	%	2 - 10
Basophils	0.9	%	0 - 2
Polymorphs (Abs. Value)	4.74	thou/cmm	2 - 7
Lymphocytes (Abs. Value)	2.26	thou/cmm	1 - 3
Eosinophils (Abs. Value)	0.12	thou/cmm	0.2 - 0.5
Monocytes (Abs. Value)	0.25	thou/cmm	0.2 - 1
Basophils (Abs. Value)	0.07	thou/cmm	0.02 - 0.1
Immature Granulocytes	0.1	%	1 - 3 : Borderline > 3 : Significant
Platelet Count			
Platelet Count	206	thou/cmm	150 - 410
PBS Overview	This is cell counter generated CBC report, smear review is not done.		
ESR	7	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)



**BHAILAL AMIN
GENERAL HOSPITAL**

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DEPARTMENT OF LABORATORY MEDICINE

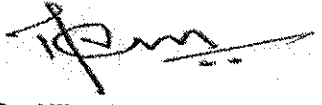
Patient Name : Mrs. RATIKA SOOD
Gender / Age : Female / 36 Years 9 Days
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CBC + ESR

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. Nikunj V. Mehta
MD (Path.)

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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 Approval Date : 26/03/2022 01:13 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 Autocontro
- This method check's group both on Red blood cells and in Serum for "ABO" group.

---- End of Report ----

Dr. Nikunj V. Mehta
MD (Path.)

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DEPARTMENT OF LABORATORY MEDICINE

Patient Name : Mrs. RATIKA SOOD
Gender / Age : Female / 36 Years 9 Days
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Approval Date : 26/03/2022 02:55 PM

Clinical Biochemistry

Test	Result	Units	Biological Ref. Range
Fasting Plasma Glucose	86	mg/dL	70 - 110
Post Prandial 2 Hr. Plasma Glucose	93	mg/dL	70 - 140

By Hexokinase method on RXL Dade Dimension

--- End of Report ---

Dr. Rakesh Vaidya
Approved By Dr. Sejal Odedra

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 Approval Date : 26/03/2022 03:00 PM

Renal Function Test (RFT)

Test	Result	Units	Biological Ref. Range
Urea (By Urease Kinetic method on RXL Dade Dimension)	17	mg/dL	10 - 45
Creatinine (By Modified Kinetic Jaffe Technique)	0.76	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)	4.1	mg/dL	2.2 - 5.8

— End of Report —

Dr. Nikunj V. Mehta
 MD (Path.)



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 Approval Date : 26/03/2022 02:55 PM

Liver Function Test (LFT)

Test	Result	Units	Biological Ref. Range
Bilirubin			
Bilirubin - Total	0.53	mg/dL	0 - 1
Bilirubin - Direct	0.12	mg/dL	0 - 0.3
Bilirubin - Indirect	0.41	mg/dL	0 - 0.7
<i>(By Diazotized sulfanilic acid on RXL Dade Dimension.)</i>			
Aspartate Aminotransferase (SGOT/AST)	11	U/L	13 - 35
<i>(By IFCC UV kinetic method on RXL Dade Dimension.)</i>			
Alanine Aminotransferase (SGPT/ALT)	20	U/L	7 - 35
<i>(By IFCC UV kinetic method on RXL Dade Dimension.)</i>			
Alkaline Phosphatase	87	U/L	42 - 98
<i>(BY PNPP AMP method on RXL Dade Dimension.)</i>			
Gamma Glutamyl Transferase (GGT)	23	U/L	5 - 55
<i>(By IFCC method on RXL Dade Dimension.)</i>			
Total Protein			
Total Proteins	7.30	gm/dL	6.4 - 8.2
Albumin	4.00	gm/dL	3.4 - 5
Globulin	3.3	gm/dL	3 - 3.2
A : G Ratio	1.21		1.1 - 1.6
<i>(By Biuret endpoint and Bromocresol purple method on RXL Dade Dimension.)</i>			

---- End of Report ----

Dr. Rakesh Vaidya
 Approved By Dr. Sejal Odedra



Patient Name : Mrs. RATIKA SOOD
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Type : OPD
 Request No. : 34963
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 Collection Date : 26/03/2022 08:24 AM
 Approval Date : 26/03/2022 03:47 PM

Complete Lipid Profile

Test	Result	Units	Biological Ref. Range
Complete Lipid Profile			
Appearance	Clear		
Triglycerides	115	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	153	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	41	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)	112	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	97	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	23	mg/dL	12 - 30
LDL Ch. / HDL Ch. Ratio	2.37		2.1 - 3.5
T. Ch./HDL Ch. Ratio	3.73		3.5 - 5
<i>(Recent NECP / ATP III Guidelines / Classification (mg/dl) :)</i>			

---- End of Report ----

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Clinical Biochemistry

Test	Result	Units	Biological Ref. Range
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Glycosylated Hemoglobin (HbA1c)	5.1	%	
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estimated Average Glucose (e AG) *	99.67	mg/dL	
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(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
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> 8	> 183	Action suggested...High risk of developing long-term complications. Action suggested, depends on individual patient circumstances
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7 - 8	154 - 183	Good
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< 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.
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6 - 7	126 - 154	Near Normal
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< 6	< 126	Nondiabetic level)
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— End of Report —

Dr. Nikunj V. Mehta
 MD (Path.)



Patient Name : Mrs. RATIKA SOOD
 Gender / Age : Female / 36 Years 9 Days
 MR No / Bill No. : 21040537 / 221033861
 Consultant : Dr. Manish Mittal
 Location : OPD

Type : OPD
 Request No. : 34963
 Request Date : 26/03/2022 08:21 AM
 Collection Date : 26/03/2022 08:24 AM
 Approval Date : 26/03/2022 02:45 PM

Thyroid Hormone Study

Test	Result	Units	Biological Ref. Range
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Triiodothyronine (T3)	0.878	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)	5.71	mcg/dL	
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(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)	1.35	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))

--- End of Report ---

Dr. Rakesh Vaidya
 Approved By Dr. Sejal Odedra



Patient Name : Mrs. RATIKA SOOD
 Gender / Age : Female / 36 Years 9 Days
 MR No / Bill No. : 21040537 / 221033861
 Consultant : Dr. Manish Mittal
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Type : OPD
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 Request Date : 26/03/2022 08:21 AM
 Collection Date : 26/03/2022 08:24 AM
 Approval Date : 26/03/2022 01:07 PM

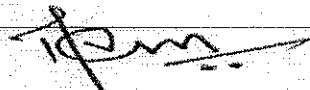
Pap Smear

Test	Result	Units	Biological Ref. Range
Pap Smear	Pap Smear Screening Report / Cervico-Vaginal Cytology...		
	Received at 12:05 PM		
	Cyto No : 434/22		
	Clinical Details : No complains. P/S findings - Cx / Vg : NAD. LMP : 04/03/2022		
	TBS Report / Impression :		
	* Satisfactory for complete evaluation; transformation zone components identified.		
	* Mild inflammatory cellularity (Neutrophils rich).		
	* 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 Bethesda system (Modified 2014)

--- End of Report ---


 Dr. Nikunj V. Mehta
 MD (Path.)



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DEPARTMENT OF DIAGNOSTIC RADIOLOGY

Patient No. : 21040537 Report Date : 26/03/2022
Request No. : 190014847 26/03/2022 8.21 AM
Patient Name : **RATIKA SOOD**
Gender / Age : Female / 36 Years 9 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

Prerna C Hasani

Dr. Prerna C Hasani, 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. : 21040537 Report Date : 26/03/2022
Request No. : 190014850 26/03/2022 8.21 AM
Patient Name : **RATIKA SOOD**
Gender / Age : Female / 36 Years 9 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 or mass lesion seen. **6mm calculus is seen in lower pole of right kidney.**

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

Uterine length : 81mm.
A.P. : 46 mm.

Both ovaries reveal small follicles.

Urinary bladder is well distended and appears normal.

No ascites.

COMMENT:

Right renal calculus.

Kindly correlate clinically

Prerna C Hasani

Dr. Prerna C Hasani, MD
Consultant Radiologist





ECU



BHAILAL AMIN
GENERAL HOSPITAL

Patient No. : 21040537 Report Date : 26/03/2022
Request No. : 190014854 26/03/2022 8.21 AM
Patient Name : RATIKA SOOD
Gender / Age : Female / 36 Years 9 Days

Echo Color Doppler

MITRAL VALVE : NORMAL, NO MS, NO MR
AORTIC VALVE : TRILEAFLET, NO AS, NO AR
TRICUSPID VALVE : NORMAL, TRIVIAL TR, NO PAH
PULMONARY VALVE : NORMAL, NO PR, NO PS
LEFT ATRIUM : NORMAL SIZE
AORTA : NORMAL
LEFT VENTRICLE : NORMAL LVEF – 60%, NO RWMA AT REST
RIGHT ATRIUM : NORMAL SIZE
RIGHT VENTRICLE : NORMAL SIZE
I.V.S. : INTACT
I.A.S. : INTACT
PULMONARY ARTERY : NORMAL
PERICARDIUM : NO EFFUSION
COLOUR/DOPPLER FLOW MAPPING : TRIVIAL TR

FINAL CONCLUSION:

1. NORMAL SIZED ALL CARDIAC CHAMBERS
2. NORMAL LV SYSTOLIC FUNCTION LVEF – 60%
3. NO RESTING REGIONAL WALL MOTION ABNORMALITY
4. NORMAL VALVES, NO MITRAL / AORTIC STENOSIS
5. NORMAL RIGHT HEART SIZE AND RV PRESSURES
6. NO PERICARDIAL EFFUSION, CLOT OR VEGETATION SEEN, SR+.

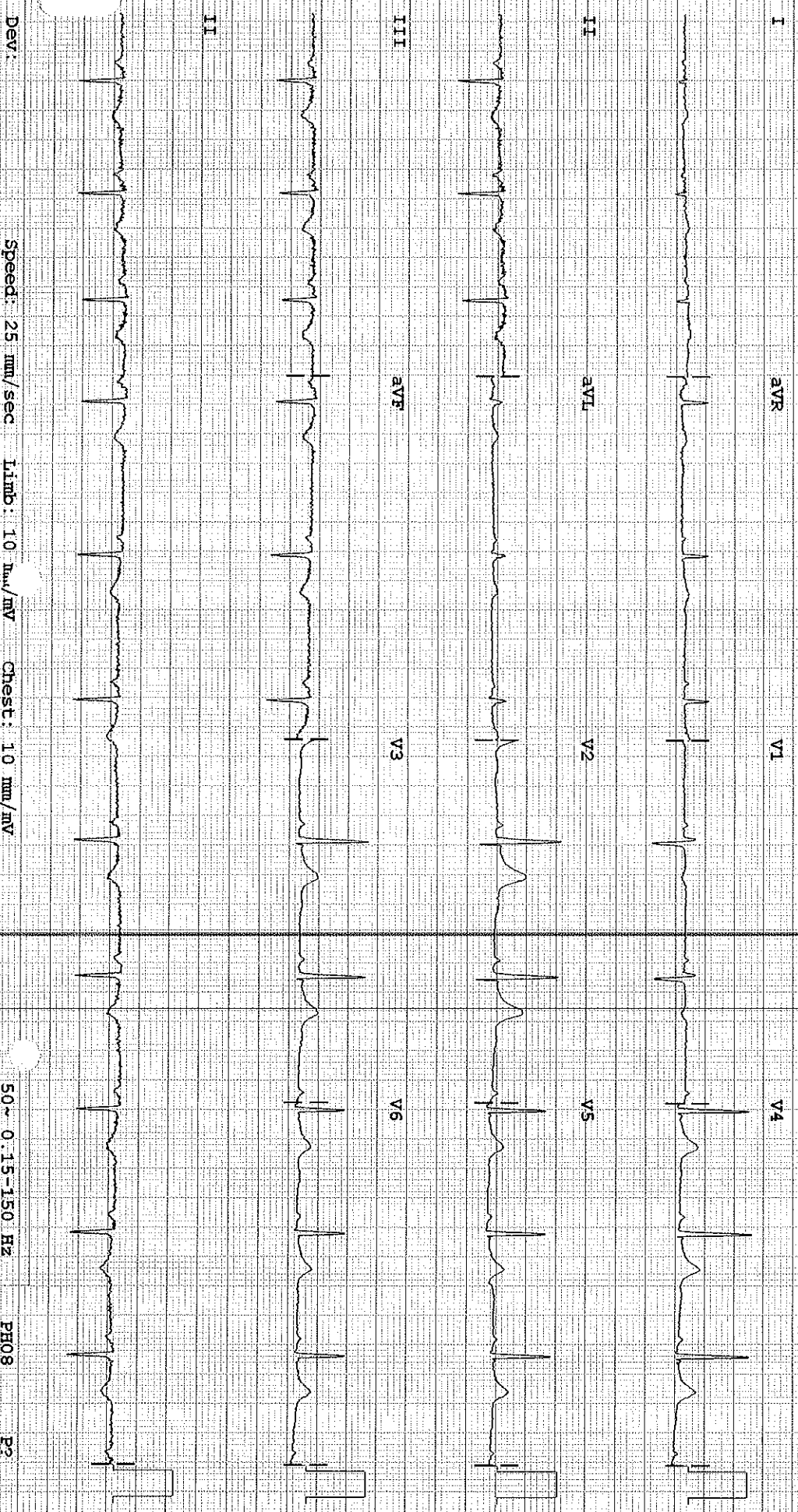

DR. KILLOK KANERIA, M.D., D.M., CARD.

ECU/21040537
36 Years

26-Mar-22

9:30:51 AM
Female
MRS. RAJIKA SOOD

Rate 70
PR 120
QRSD 79
QT 380
QTc 410
--AXIS--
P 265
QRS 265
T -81



Dev: Speed: 25 mm/sec Limb: 10 mm/mV Chest: 10 mm/mV

50- 0.15-150 Hz PR08 Pp



Am. NABH, NABL & ISO Accredited Institute

Doctor DR M MITTAL

Handwritten signature

Dr. Sonica Peshin

Cosmetic Dentist & Implantologist

Reg. No. : 6966-A

M. : 9586867301



BHAILAL AMIN
GENERAL HOSPITAL

Dental assessment form

26/03/2022

Name: Ratika Sood

Age/ Sex: 36 years/Female

Patient has come for a regular check up

On Examination:

- Calculus++ stains++
- History of horizontal brushing
- Mild attrition, recession
- Pus discharge from impacted tooth with respect to 48
- Buccally erupted 18, 28
- Decayed tooth with respect to 28

Provisional diagnosis:


- Chronic generalised gingivitis

Treatment plan:

- Scaling and polishing
- Extraction of 18, 28, 48, if pain arises


Advised:

- Brush your teeth twice daily
- Salt water gargle twice daily
- Clean your tongue and floss in between everyday.
- Follow vertical brushing technique.


Dr Sonica Peshin

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