



BHAILAL AMIN
GENERAL HOSPITAL



CONCLUSION OF HEALTH CHECKUP

ECU Number	: 3499	MR Number	: 23207051	Patient Name	: SHILPA RANI
Age	: 48	Sex	: Female	Height	: 158
Weight	: 71	Ideal Weight	: 58	BMI	: 28.44
Date	: 27/05/2023				

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 : 3499

MR Number : 23207051

Patient Name: SHILPA RANI

Age : 48

Sex : Female

Height : 158

Weight : 71

Ideal Weight : 58

BMI : 28.44

Date : 27/05/2023

Past H/O : K/C/O DIABETES SINCE 2014 - ON MEDICATION ; K/C/O HYPERTENSION SINCE 2014 - ON MEDICATION.

Present H/O : C/O GEN. WEAKNESS SINE 10-15 DAYS.

Family H/O : MOTHER : HYPERTENSION AND DIABETES (NOT ALIVE)

Habits : NO HABITS.

Gen.Exam. : G.C. GOOD

B.P : 130/80 mm Hg

Pulse : 70/MIN REG.

Others : SPO2 : 99 %

C.V.S : NAD

R.S. : NAD

Abdomen : NP

Spleen : NP

Skin : NAD

C.N.S : NAD

Advice :



BHAILAL AMIN GENERAL HOSPITAL



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Patient Name : SHILPA RANI
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Ophthalmic Check Up :

Right

Left

Ext Exam

NORMAL

Vision Without Glasses

N.5

N.5

Vision With Glasses

WITH OWN GL. 6/6

6/6

Final Correction

NORMAL

NORMAL

Fundus

NORMAL

Colour Vision

NORMAL

Advice

NIL

Orthopaedic Check Up :

Ortho Consultation

Ortho Advice

ENT Check Up :

Ear

NORMAL

Nose

DNS - LT

Throat

NORMAL

Hearing Test

NORMAL

ENT Advice

-NIL

General Surgery Check Up :

General Surgery

Abdominal Lump

Hernia

External Genitals

PVR

Proctoscopy

Any Other

Surgical Advice

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Age : 48

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Patient Name : SHILPA RANI

Height : 158

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Gynaec Check Up :

OBSTETRIC HISTORY	G1 P1 - LSCS
MENSTRUAL HISTORY	PERIMENOPAUSAL
PRESENT MENSTRUAL CYCLE	LMP : 2-3 MONTHS.
PAST MENSTRUAL CYCLE	-
CHIEF COMPLAINTS	-
PA	SOFT
PS	Cx - ENDOCERVICAL POLYP AT EXT OS 3cm * 0.5cm Vg - (N)
PV	UT BULKY Fx CLEAR
BREAST EXAMINATION RIGHT	NORMAL
BREAST EXAMINATION LEFT	NORMAL
PAPSMEAR	TAKEN
BMD	
MAMMOGRAPHY	
ADVICE	OPERATIVE HYSTREOSCOPY WITH POLYPECTOMY AND D AND C ; FOLLOWUP AFTER REPORTS.

Dietary Assesment

ECU Number : 3499 MR Number : 23207051 Patient Name: SHILPA RANI
Age : 48 Sex : Female Height : 158
Weight : 71 Ideal Weight : 58 BMI : 28.44
Date : 27/05/2023

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 servings 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. SHILPA RANI Type : OPD
 Gender / Age : Female / 48 Years 4 Months 20 Days Request No. : 131097
 MR No / Bill No. : 23207051 / 241012470 Request Date : 27/05/2023 09:16 AM
 Consultant : Dr. Manish Mittal Collection Date : 27/05/2023 09:21 AM
 Location : OPD Approval Date : 27/05/2023 02:16 PM

CBC + ESR

Test	Result	Units	Biological Ref. Range
Haemoglobin.			
Haemoglobin	12.7	gm/dL	12 - 15
Red Blood Cell Count (T-RBC)	4.51	mill/cmm	3.8 - 4.8
Hematocrit (HCT)	39.6	%	36 - 46
Mean Corpuscular Volume (MCV)	87.8	fl	83 - 101
Mean Corpuscular Haemoglobin (MCH)	28.2	pg	27 - 32
MCH Concentration (MCHC)	32.1	%	31.5 - 34.5
Red Cell Distribution Width (RDW-CV)	13.5	%	11.6 - 14
Red Cell Distribution Width (RDW-SD)	43.7	fl	39 - 46
Total Leucocyte Count (TLC)			
Total Leucocyte Count (TLC)	5.82	thou/cmm	4 - 10
Differential Leucocyte Count			
Polymorphs	53	%	40 - 80
Lymphocytes	41	%	20 - 40
Eosinophils	2	%	1 - 6
Monocytes	4	%	2 - 10
Basophils	0	%	0 - 2
Polymorphs (Abs. Value)	3.07	thou/cmm	2 - 7
Lymphocytes (Abs. Value)	2.38	thou/cmm	1 - 3
Eosinophils (Abs. Value)	0.11	thou/cmm	0.2 - 0.5
Monocytes (Abs. Value)	0.23	thou/cmm	0.2 - 1
Basophils (Abs. Value)	0.03	thou/cmm	0.02 - 0.1
Immature Granulocytes	0.2	%	1 - 3 : Borderline > 3 : Significant
Platelet Count			
Platelet Count	131	thou/cmm	150 - 410
Smear evaluation	Adequate		
Remarks	large platelets seen.		
ESR	6	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
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📍 Bhaival Amin Marg, Gorwa, Vadodara, Gujarat 390003.

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DEPARTMENT OF LABORATORY MEDICINE

Patient Name	: Mrs. SHILPA RANI	Type	: OPD
Gender / Age	: Female / 48 Years 4 Months 20 Days	Request No.	: 131097
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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 metric 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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GENERAL HOSPITAL**

DEPARTMENT OF LABORATORY MEDICINE

Follow us :  

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Haematology

<u>Test</u>	<u>Result</u>	<u>Units</u>	<u>Biological Ref. Range</u>
Blood Group			
ABO system	AB		
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.

---- End of Report ----

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Fasting Plasma Glucose

Test	Result	Units	Biological Ref. Range
Fasting Plasma Glucose			
Fasting Plasma Glucose	137	mg/dL	70 - 110
Post Prandial 2 Hr. Plasma Glucose	166	mg/dL	70 - 140

Vitamin B12

Vitamin B12 Level 496.0 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 preceeding days (Oral-3 days, Parental 3 wks) may lead to increased level.)

Vitamin D Total (25 OH Vit D) 32.45 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 ---

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HbA1c (Glycosylated Hb)

Test	Result	Units	Biological Ref. Range
HbA1c (Glycosylated Hb)			
Glycosylated Hemoglobin (HbA1c)	7.3	%	
estimated Average Glucose (e AG) *	162.81	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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Renal Function Test (RFT)

Test	Result	Units	Biological Ref. Range
Urea (By Urease Kinetic method on RXL Dade Dimension)	15	mg/dL	10 - 45
Creatinine (By Modified Kinetic Jaffe Technique)	0.66	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)	4.9	mg/dL	2.2 - 5.8

— End of Report —

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Liver Function Test (LFT)

Test	Result	Units	Biological Ref. Range
Bilirubin			
Bilirubin - Total	0.35	mg/dL	0 - 1
Bilirubin - Direct	0.12	mg/dL	0 - 0.3
Bilirubin - Indirect	0.23	mg/dL	0 - 0.7
<i>(By Diazotized sulfanilic acid on RXL Dade Dimension.)</i>			
Aspartate Aminotransferase (SGOT/AST)	40	U/L	13 - 35
<i>(By IFCC UV kinetic method on RXL Dade Dimension.)</i>			
Alanine Aminotransferase (SGPT/ALT)	81	U/L	14 - 59
<i>(By IFCC UV kinetic method on RXL Dade Dimension.)</i>			
Alkaline Phosphatase	82	U/L	42 - 98
<i>(BY PNPP AMP method on RXL Dade Dimension.)</i>			
Gamma Glutamyl Transferase (GGT)	48	U/L	5 - 55
<i>(By IFCC method on RXL Dade Dimension.)</i>			
Total Protein			
Total Proteins	7.54	gm/dL	6.4 - 8.2
Albumin	4.05	gm/dL	3.4 - 5
Globulin	3.49	gm/dL	3 - 3.2
A : G Ratio	1.16		1.1 - 1.6
<i>(By Biuret endpoint and Bromocresol purple method on RXL Dade Dimension.)</i>			

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Complete Lipid Profile

Test	Result	Units	Biological Ref. Range
Complete Lipid Profile			
Appearance	Clear		
Triglycerides	102	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	157	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	53	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)	104	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	66	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)	20.4	mg/dL	12 - 30
LDL Ch. / HDL Ch. Ratio	1.25		2.1 - 3.5
T. Ch./HDL Ch. Ratio	2.96		3.5 - 5
<i>(Recent NECP / ATP III Guidelines / Classification (mg/dl) :)</i>			

--- End of Report ---

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 MR No / Bill No. : 23207051 / 241012470
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 Location : OPD

Type : OPD
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Thyroid Hormone Study

Test	Result	Units	Biological Ref. Range
Triiodothyronine (T3)	1.06	ng/ml	
<i>(Done by 4th generation electrochemiluminescence based method on automated immunoassay / Cobas e 411.)</i>			
<i>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 - 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)	7.32	mcg/dL	
<i>(Done by 4th generation electrochemiluminescence based method on automated immunoassay / Cobas e 411.)</i>			
<i>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 / 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)	1.87	microIU/ml	
<i>(Done by 4th generation electrochemiluminescence based method on automated immunoassay / Cobas e 411.)</i>			
<i>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 (21 - 54 years)	: 0.4 - 4.2		
Adults (> 55 years)	: 0.5 - 8.9		
<i>Pregnancy :</i>			
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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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	7.0		
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	1+		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	5 - 10	/hpf	0 - 5
Epithelial Cells	1 - 5	/hpf	0 - 5
Casts	Nil	/lpf	Nil
Crystals	Nil	/hpf	Nil
Mucus	Absent	/hpf	Absent
Organism	Absent		

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DEPARTMENT OF DIAGNOSTIC RADIOLOGY

Patient No. : 23207051 Report Date : 27/05/2023
Request No. : 190065797 27/05/2023 9.16 AM
Patient Name : **Mrs. SHILPA RANI**
Gender / Age : Female / 48 Years 4 Months 20 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

Hasani

Dr.Prunna C Hasani, MD
Consultant Radiologist





DEPARTMENT OF DIAGNOSTIC RADIOLOGY

Patient No. : 23207051 Report Date : 27/05/2023
Request No. : 190065783 27/05/2023 9.16 AM
Patient Name : Mrs. SHILPA RANI
Gender / Age : Female / 48 Years 4 Months 20 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

USG : Screening for Abdomen (excluding Pelvis) Or Upper Abdomen

Liver is mild enlarged in size (16cm) and increased in 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.

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

Uterine length : 66 mm.
A.P. 34mm.

No adnexal mass seen.

Urinary bladder is partially distended and appears normal.

No ascites.
16mm defect is seen in umbilical region.

COMMENT:

Hepatomegaly with fatty liver.
Umbilical hernia.

Kindly correlate clinically

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





**BHAILAL AMIN
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DEPARTMENT OF DIAGNOSTIC RADIOLOGY

Patient No. : 23207051 Report Date : 27/05/2023

Request No. : 190065783 27/05/2023 9.16 AM

Patient Name : Mrs. SHILPA RANI

Gender / Age : Female / 48 Years 4 Months 20 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

USG : Screening for Abdomen (excluding Pelvis) Or Upper Abdomen

Kindly correlate clinically.

• 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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- Digital Subtraction Angiography
- Foetal Echocardiography
- Echocardiography

Patient No. : 23207051 Report Date : 27/05/2023
Request No. : 190065830 27/05/2023 9.16 AM
Patient Name : **Mrs. SHILPA RANI**
Gender / Age : Female / 48 Years 4 Months 20 Days

Mammography (Both Breast)

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

Both breasts show heterogeneously dense fibro glandular parenchyma, which can obscure the mass lesion.

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:

Heterogeneously dense breast--needs USG Breast SOS
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.

Prerna C Hasani

Dr.Pruna C Hasani, MD
Consultant Radiologist



• ULTRA SONOGRAPHY CANNOT DETECT ALL ABNORMALITIES
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 • 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: SHILPA RANI,
Patient ID: 0002780
Height: 158 cm
Weight: 71 kg

DOB: 08-01-1975
Age: 48 yrs
Gender: Female
Race: Indian

Study Date: 27.05.2023
Test Type: Treadmill Stress Test
Protocol: BRUCE

Referring Physician: ARCOFEMI
Attending Physician: DR. KILLOL KANERIA
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	00:17	0.00	0.00	69	130/80	
	WARM UP	00:10	1.00	0.00	73		
EXERCISE	STAGE 1	01:01	1.70	10.00	110	130/80	
	STAGE 2	03:00	2.50	12.00	129	130/80	
	STAGE 3	01:42	3.40	14.00	151	140/80	
RECOVERY		06:16	0.00	0.00	80	150/80	

The patient exercised according to the BRUCE for 5:43 min:s, achieving a work level of Max. METS: 10.10. The resting heart rate of 69 bpm rose to a maximal heart rate of 151 bpm. This value represents 87% of the maximal, age-predicted heart rate. The resting blood pressure of 130/80 mmHg, rose to a maximum blood pressure of 160/80 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: ST Depression at peak exercise.
Overall impression: Positive stress test.

Conclusions

Good effort tolerance. Normal HR and BP response. No ANGINA and ARRYTHMIAS during test. ST Depression at Peak exercise and recovery. Stress test POSITIVE for inducible myocardial Ischemia.

CONFIRMED BY: DR. KILLOL KANERIA

Name: Shilpa rani
Patient ID: 23207051

27.05.2023 09:56:15
Standard 12-Lead

Date of birth: Female
Gender: Female
Height: Undefined
Weight: Unknown
Ethnicity: Unknown
Pacemaker: Unknown
Indication: Remark

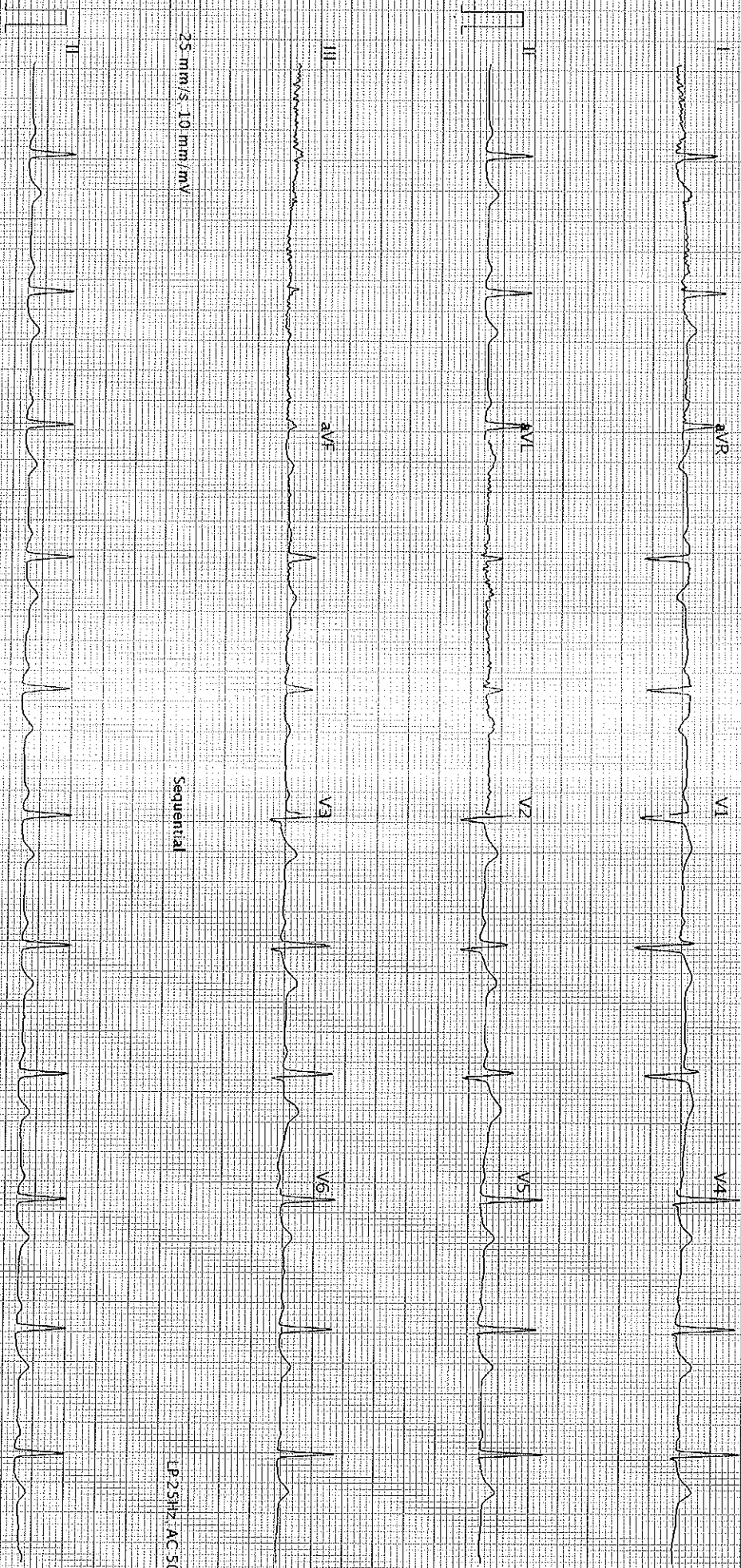
Visit ID:
Room:
Medication:
Order ID:
Ord. prov:
Ord. prot:

HR 69 bpm
P axis 34°
QRS axis 43°
T axis 38°
RR 864 ms
P 111 ms
PR 164 ms
QRS 74 ms
QT 371 ms
QTcB 399 ms

Sinus rhythm
Normal electrical axis
Normal ECG
Unconfirmed report

Normal

Normal



25 mm/s, 10 mm/mV

Sequential

LP 25Hz AC 50Hz

25 mm/s, 10 mm/mV

LP 25Hz AC 50Hz

AT 102 G2 I 2.0 (0080-011030)

Printed on 27.05.2023 09:56:28

SCHILLER

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KSD

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