



**BHAILAL AMIN
GENERAL HOSPITAL**



H-2015-0297



MC-3004



E-2021-0037



CONCLUSION OF HEALTH CHECKUP

ECU Number	: 1517	MR Number	: 23199484	Patient Name	: ASHA MEHTA
Age	: 52	Sex	: Female	Height	: 148
Weight	: 58	Ideal Weight	: 50	BMI	: 26.48
Date	: 30/01/2023				

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



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MC-3004



E-2021-0037



GATE 03

ECU Number : 1517 MR Number : 23199484 Patient Name: ASHA MEHTA
Age : 52 Sex : Female Height : 148
Weight : 58 Ideal Weight : 50 BMI : 26.48
Date : 30/01/2023

Past H/O : NO P/H/O ANY MAJOR ILLNESS.

Present H/O : NO MEDICAL COMPLAINTS AT PRESENT.

Family H/O : FATHER : DIABETES ; MOTHER : HYPERTENSION.

Habits : NO HABITS.

Gen.Exam. : G.C. GOOD

B.P : 116/70 mm Hg

Pulse : 86/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 : 1517
Age : 52
V/height : 58
Date : 30/01/2023

MR Number : 23199484
Sex : Female
Ideal Weight : 50

Patient Name: ASHA MEHTA
Height : 148
BMI : 26.48

Cphthalmic Check Up :

Right

Left

Ext Exam

NORMAL

Vision Without Glasses

6/12

6/12

Vision With Glasses

6/6 + 1.00 ! 180

6/6 + 1.50 ! 110

Final Correction

N.6 + 2.00 D SPH ADD

N.6 + 2.00 D SPH ADD

Fundus

NORMAL

Colour Vision

NORMAL

Advice

NIL

Orthopeadic Check Up :

Ortho Consultation

Ortho Advice

ENT Check Up :

Ear

Nose

Throat

Hearing Test

TNT Advice

General Surgery Check Up :

General Surgery

Abdominal Lump

Hernia

External Genitals

FVR

Proctoscopy

Any Other

Surgical Advice



BHAILAL AMIN GENERAL HOSPITAL



ECU Number : 1517
Age : 52
Weight : 58
Date : 30/01/2023

MR Number : 23199484
Sex : Female
Ideal Weight : 50

Patient Name : ASHA MEHTA
Height : 148
BMI : 26.48

Gynaec Check Up :

OBSTETRIC HISTORY	G2 P2 - 2 FTNDS L AND W
MENSTRUAL HISTORY	MENOPAUSAL
PRESENT MENSTRUAL CYCLE	-
PAST MENSTRUAL CYCLE	-
PIEF COMPLAINTS	-
PA	SOFT
PS	SENILE CHANGES
PV	NORMAL
BREAST EXAMINATION RIGHT	NORMAL
BREAST EXAMINATION LEFT	NORMAL
PAPSMEAR	TAKEN
PID	
MAMMOGRAPHY	
ADVICE	REGULAR BSE,



Dietary Assesment

ECU Number : 1517 MR Number : 23199484 Patient Name: ASHA MEHTA
Age : 52 Sex : Female Height : 148
Weight : 58 Ideal Weight : 50 BMI : 26.48
Date : 30/01/2023

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 : Ms. ASHA MEHTA Type : OPD
 Gender / Age : Female / 52 Years 4 Months 15 Days Request No. : 103318
 MR No / Bill No. : 23199484 / 231063362 Request Date : 30/01/2023 09:06 AM
 Consultant : Dr. BAGH Doctor Collection Date : 30/01/2023 09:39 AM
 Location : OPD Approval Date : 30/01/2023 03:38 PM

CBC + ESR

Test	Result	Units	Biological Ref. Range
Haemoglobin.			
Haemoglobin	12.5	gm/dL	12 - 15
Red Blood Cell Count (T-RBC)	4.39	mill/cmm	3.8 - 4.8
Hematocrit (HCT)	39.8	%	36 - 46
Mean Corpuscular Volume (MCV)	90.7	fl	83 - 101
Mean Corpuscular Haemoglobin (MCH)	28.5	pg	27 - 32
MCH Concentration (MCHC)	31.4	%	31.5 - 34.5
Red Cell Distribution Width (RDW-CV)	13.9	%	11.6 - 14
Red Cell Distribution Width (RDW-SD)	47.1	fl	39 - 46
Total Leucocyte Count (TLC)			
Total Leucocyte Count (TLC)	5.65	thou/cmm	4 - 10
Differential Leucocyte Count			
Polymorphs	56	%	40 - 80
Lymphocytes	37	%	20 - 40
Eosinophils	2	%	1 - 6
Monocytes	5	%	2 - 10
Basophils	0	%	0 - 2
Polymorphs (Abs. Value)	3.16	thou/cmm	2 - 7
Lymphocytes (Abs. Value)	2.09	thou/cmm	1 - 3
Eosinophils (Abs. Value)	0.09	thou/cmm	0.2 - 0.5
Monocytes (Abs. Value)	0.28	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	308	thou/cmm	150 - 410
Smear evaluation	Adequate		
ESR	14	mm/1 hr	0 - 19

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

Patient Name	: Ms. ASHA MEHTA	Type	: OPD
Gender / Age	: Female / 52 Years 4 Months 15 Days	Request No.	: 103318
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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. Rakesh Vaidya
MD (Path). DCP.

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Haematology

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

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Fasting Plasma Glucose

Test	Result	Units	Biological Ref. Range
<i>Fasting Plasma Glucose</i>			
Fasting Plasma Glucose	95	mg/dL	70 - 110
Post Prandial 2 Hr. Plasma Glucose	114	mg/dL	70 - 140

By Hexokinase method on RXL Dade Dimension

---- End of Report ----

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HbA1c (Glycosylated Hb)

Test	Result	Units	Biological Ref. Range
HbA1c (Glycosylated Hb)			
Glycosylated Hemoglobin (HbA1c)	6.1	%	
estimated Average Glucose (e AG) *	128.37	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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 Consultant : Dr. BAGH Doctor
 Location : OPD

Type : OPD
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Complete Lipid Profile

Test	Result	Units	Biological Ref. Range
Complete Lipid Profile			
Appearance	Clear		
Triglycerides	84	mg/dL	1 - 150
<i>(By Lipase / Glycerol dehydrogenase on RXL Dade Dimension < 150 Normal 150-199 Borderline High 200-499 High > 499 Very High)</i>			
Total Cholesterol	293	mg/dL	1 - 200
<i>(By enzymatic colorimetric method on RXL Dade Dimension <200 mg/dL - Desirable 200-239 mg/dL - Borderline High > 239 mg/dL - High)</i>			
HDL Cholesterol	79	mg/dL	40 - 60
<i>(By Direct homogenous technique, modified enzymatic non-immunological method on RXL Dade Dimension < 40 Low > 60 High)</i>			
Non HDL Cholesterol (calculated)	214	mg/dL	1 - 130
<i>(Non- HDL Cholesterol < 130 Desirable 139-159 Borderline High 160-189 High > 191 Very High)</i>			
LDL Cholesterol	179	mg/dL	1 - 100
<i>(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)</i>			
VLDL Cholesterol (calculated)	16.8	mg/dL	12 - 30
LDL Ch. / HDL Ch. Ratio	2.27		2.1 - 3.5
T. Ch./HDL Ch. Ratio	3.71		3.5 - 5
<i>(Recent NECP / ATP III Guidelines / Classification (mg/dl) :)</i>			

---- End of Report ----

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Liver Function Test (LFT)

Test	Result	Units	Biological Ref. Range
Bilirubin			
Bilirubin - Total	0.26	mg/dL	0 - 1
Bilirubin - Direct	0.05	mg/dL	0 - 0.3
Bilirubin - Indirect	0.21	mg/dL	0 - 0.7
<i>(By Diazotized sulfanilic acid on RXL Dade Dimension.)</i>			
Aspartate Aminotransferase (SGOT/AST)	26	U/L	13 - 35
<i>(By IFCC UV kinetic method on RXL Dade Dimension.)</i>			
Alanine Aminotransferase (SGPT/ALT)	34	U/L	14 - 59
<i>(By IFCC UV kinetic method on RXL Dade Dimension.)</i>			
Alkaline Phosphatase	101	U/L	53 - 141
<i>(BY PNPP AMP method on RXL Dade Dimension.)</i>			
Gamma Glutamyl Transferase (GGT)	19	U/L	5 - 55
<i>(By IFCC method on RXL Dade Dimension.)</i>			
Total Protein			
Total Proteins	8.09	gm/dL	6.4 - 8.2
Albumin	3.82	gm/dL	3.4 - 5
Globulin	4.27	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>			

---- End of Report ----

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DEPARTMENT OF LABORATORY MEDICINE

Patient Name : Ms. ASHA MEHTA
Gender / Age : Female / 52 Years 4 Months 15 Days
MR No / Bill No. : 23199484 / 231063362
Consultant : Dr. BAGH Doctor
Location : OPD

Type : OPD
Request No. : 103318
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Approval Date : 30/01/2023 03:38 PM

Renal Function Test (RFT)

Test	Result	Units	Biological Ref. Range
Urea <i>(By Urease Kinetic method on RXL Dade Dimension)</i>	22	mg/dL	10 - 45
Creatinine <i>(By Modified Kinetic Jaffe Technique)</i>	0.78	mg/dL	0.6 - 1.1
Estimate Glomerular Filtration rate <i>(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)</i>	More than 60		
Uric acid <i>(By Uricase / Catalase method on RXL Siemens)</i>	3.9	mg/dL	2.2 - 5.8

— End of Report —

Dr. Rakesh Vaidya
MD (Path), DCP.

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.



Patient Name : Ms. ASHA MEHTA
 Gender / Age : Female / 52 Years 4 Months 15 Days
 MR No / Bill No. : 23199484 / 231063362
 Consultant : Dr. BAGH Doctor
 Location : OPD

Type : OPD
 Request No. : 103318
 Request Date : 30/01/2023 09:06 AM
 Collection Date : 30/01/2023 09:39 AM
 Approval Date : 30/01/2023 08:44 PM

Thyroid Hormone Study

Test	Result	Units	Biological Ref. Range
Triiodothyronine (T3)	0.927	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)	3.82	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)	71.56 (R/C)	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		
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>			

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 / repeat may be requested.

--- End of Report ---

Dr. Rakesh Vaidya
MD (Path). DCP.



Patient Name : Ms. ASHA MEHTA
 Gender / Age : Female / 52 Years 4 Months 15 Days
 MR No / Bill No. : 23199484 / 231063362
 Consultant : Dr. BAGH Doctor
 Location : OPD

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Pap Smear

Test	Result	Units	Biological Ref. Range
Pap Smear	Pap Smear Screening Report / Cervico-Vaginal Cytology...		
	Cyto no : P/153/23 Received at 1:00pm.		
	Clinical Details : No complain P/V findings : Cx. / Vg. - NAD LMP : Menopausal		
	TBS Report / Impression :		
	* Satisfactory for evaluation; transformation zone components identified.		
	* Postmenopausal smears, no atrophic changes.		
	* 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 Papanicolaou method (Modified 2014)

---- End of Report ----

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MD (Path). DCP.



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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	6.0		
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		

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DEPARTMENT OF DIAGNOSTIC RADIOLOGY

Patient No. : 23199484 Report Date : 30/01/2023
 Request No. : 190050906 30/01/2023 9.06 AM
 Patient Name : Ms. ASHA MEHTA
 Gender / Age : Female / 52 Years 4 Months 15 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





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. : 23199484 Report Date : 30/01/2023

Request No. : 190050901 30/01/2023 9.06 AM

Patient Name : Ms. ASHA MEHTA

Gender / Age : Female / 52 Years 4 Months 15 Days

USG : Screening for 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.

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

Uterine length : 47 mm.
A.P. : 22 mm.

No adnexal mass seen.

Urinary bladder is well distended and appears normal.

No ascites.

COMMENT:

No obvious abnormality seen.

Kindly correlate clinically

• ULTRA SONOGRAPHY CANNOT DETECT ALL ABNORMALITIES
• NOT VALID FOR MEDICOLEGAL PURPOSES
• CLINICAL CORRELATION RECOMMENDED





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. : 23199484 Report Date : 30/01/2023
Request No. : 190050901 30/01/2023 9.06 AM
Patient Name : Ms. ASHA MEHTA
Gender / Age : Female / 52 Years 4 Months 15 Days

USG : Screening for 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.

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

Uterine length : 47 mm.
A.P. : 22 mm.

No adnexal mass seen.

Urinary bladder is well distended and appears normal.

No ascites.

COMMENT:

No obvious abnormality seen.

Kindly correlate clinically

Hasani

Dr.Pruna C Hasani, MD
Consultant Radiologist





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. : 23199484 Report Date : 30/01/2023
Request No. : 190051003 30/01/2023 9.06 AM
Patient Name : **Ms. ASHA MEHTA**
Gender / Age : Female / 52 Years 4 Months 15 Days

Mammography (Both Breast)

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

Both breasts show scattered fibro glandular parenchyma (Type B Breast).
No obvious focal mass seen on right side.

Left breast shows well defined lobulated opacity in retroareolar location with calcifications within.

No obvious skin thickening or nipple retraction seen.
Bilateral axillary lymph nodes are seen possibly benign.

IMPRESSION:

**Findings favor benign lesion in left breast—fibroadenoma.
BI-RADS category 2.**

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.Prerna C Hasani, MD
Consultant Radiologist



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


Patient No. : 23199484 Report Date : 30/01/2023
Request No. : 190050938 30/01/2023 9.06 AM
Patient Name : Ms. ASHA MEHTA
Gender / Age : Female / 52 Years 4 Months 15 Days

Echo Color Doppler

MITRAL VALVE : NORMAL, NO MS, NO MR
AORTIC VALVE : TRILEAFLET, NO AS, NO AR
TRICUSPID VALVE : NORMAL, NO TR, NO PAH
PULMONARY VALVE : NORMAL, NO PR, NO PS
LEFT ATRIUM : NORMAL SIZE
AORTA : NORMAL
LEFT VENTRICLE : NORMAL LVEF – 65%, 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 : NO MR // AR // TR, NO PAH

FINAL CONCLUSION:

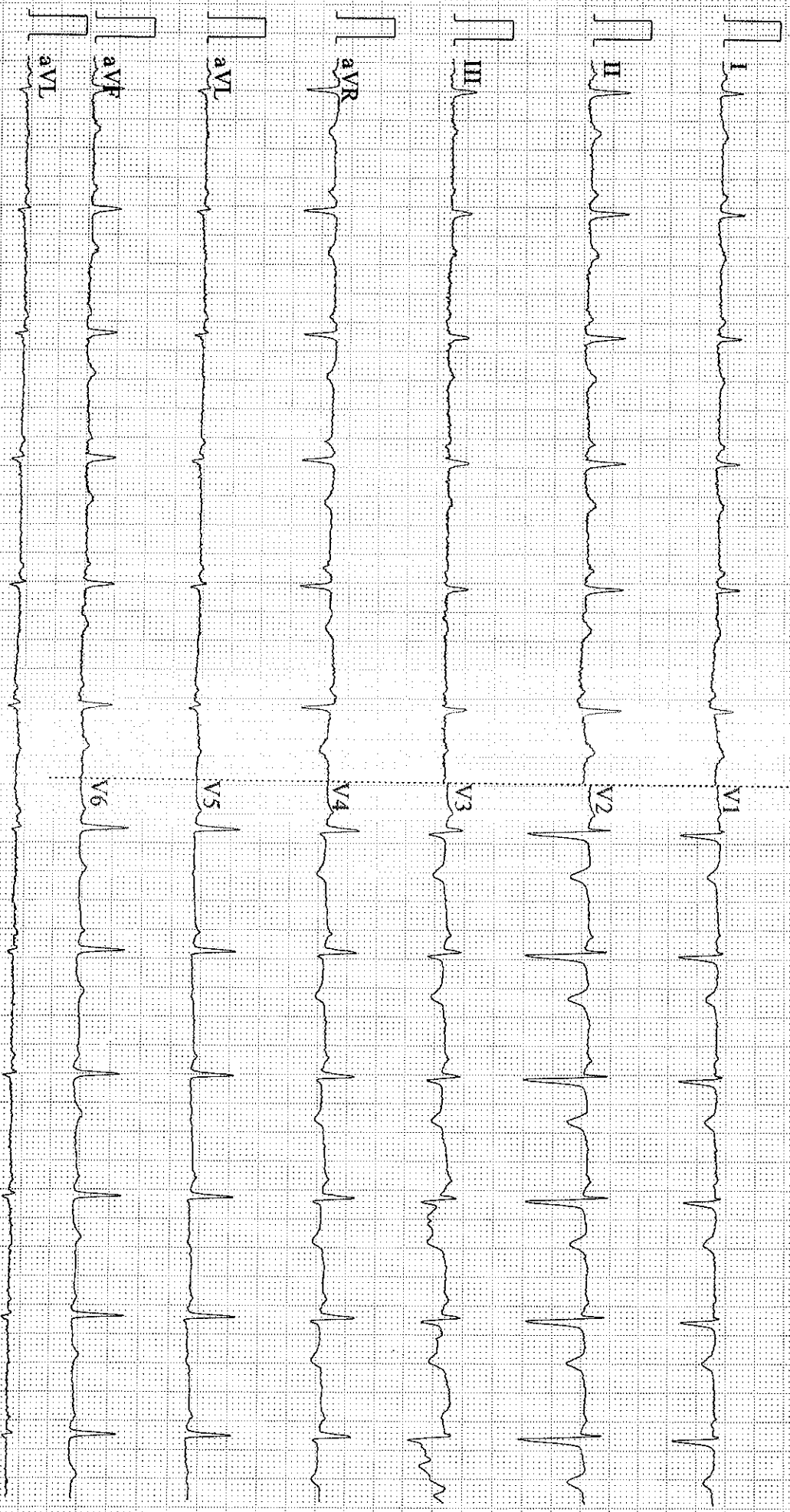
1. NORMAL SIZED ALL CARDIAC CHAMBERS, NO LVH
2. NORMAL LV SYSTOLIC FUNCTION LVEF – 65%
3. NO RESTING REGIONAL WALL MOTION ABNORMALITY
4. NORMAL DIASTOLIC FUNCTION
5. NORMAL ALL CARDIAC VALVES, NO MITRAL / AORTIC STENOSIS
6. NORMAL RIGHT HEART SIZE AND RV PRESSURES
7. NO PERICARDIAL EFFUSION, CLOT OR VEGETATION SEEN, SR+.


DR. KILLOL KANERIA, M.D., D.M., CARD.

HR : 70 bpm
P : 108 ms
PR : 144 ms
QRS : 92 ms
QT/QTc : 400/434 ms
P/QRS/T : 376/4/49 °
RV5/SV1 : 0.745/0.606 mV

Diagnosis Information:
Sinus Rhythm
Poor R Wave Progression(V3)
Inverted T Wave(V2,V3,V4)

Report Confirmed by:



Dental assessment form

30/01/2023

Name: Asha Mehta
Age/ Sex: 52 years/Female

Patient has come for an oral hygiene check up

On Examination:

- Stains+ Calculus+
- History of horizontal brushing
- Generalised attrition, recession
- Missing tooth with respect to 46
- Supra-erupting tooth with respect to 16

Provisional diagnosis:

- Regressive alterations of the teeth

Treatment plan:

- Prosthesis with respect to 46

Advised:

- Brush your teeth twice daily
- Salt water rinses atleast once a day.
- Clean your tongue and floss in between everyday.
- Follow vertical brushing technique.


Dr Sonica Peshin

ITEM CODE:SMD066

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