



BHAILAL AMIN
GENERAL HOSPITAL



CONCLUSION OF HEALTH CHECKUP

ECU Number : 1724

Age : 53

Weight : 61

Date : 11/02/2023

MR Number : 23200270

Sex : Female

Ideal Weight : 53

Patient Name : JAYSHREEBEN RAJ

Height : 151

BMI : 26.75

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

ESTD. 1964



H-2015-0297



MC-3004



E-2021-0037



ECU Number : 1724 MR Number : 23200270 Patient Name: JAYSHREEBEN RAJ
Age : 53 Sex : Female Height : 151
Weight : 61 Ideal Weight : 53 BMI : 26.75
Date : 11/02/2023

Past H/O : P/H/O LOW BACK PAIN - DISC. HERNIATION SINCE 10 YRS.

Present H/O : C/O LEFT KNEE PAIN - 1 YR ; C/O CRUSTED LESIONS , MACULES, OVER SINCE 2 YRS ; C/O HEADACHE SINCE 1-2 DAYS ; C/O CHRONIC COUGH IN MORNING SINCE 1 YR.

Family H/O : FATHER : DIABETES.

Habits : NO HABITS.

Gen.Exam. : G.C. GOOD

B.P : 140/80 mm Hg

Pulse : 88/MIN REG.

Others : SPO2 : 98 %

C.V.S : NAD

R.S. : NAD

Abdomen : NP

Spleen : NP

Skin : NAD

C.N.S : NAD

Advice :

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BMI : 26.75

Ophthalmic Check Up :

Right

Left

Ext Exam

NORMAL

Vision Without Glasses

6/6

6/6

Vision With Glasses

N.5

N.5

Final Correction

BE : + 2.25 D SPH

Fundus

NORMAL

Colour Vision

NORMAL

Advice

NIL

Orthopedic 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



**BHAILAL AMIN
GENERAL HOSPITAL**

ESTD. 1964



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Sex : Female

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Gynaec Check Up :

OBSTETRIC HISTORY POSTMENOPAUSAL - 3 YRS.

MENSTRUAL HISTORY -

PRESENT MENSTRUAL CYCLE -

PAST MENSTRUAL CYCLE -

CHIEF COMPLAINTS -

PA SOFT

PS Cx - (N) Vg - (N)

PV UT NS Fx CLEAR

BREAST EXAMINATION RIGHT NORMAL

BREAST EXAMINATION LEFT NORMAL

PAPSMEAR

BMD

MAMMOGRAPHY

ADVICE

Dietary Assessment

ECU Number : 1724 MR Number : 23200270 Patient Name: JAYSHREEBEN RAJ
Age : 53 Sex : Female Height : 151
Weight : 61 Ideal Weight : 53 BMI : 26.75
Date : 11/02/2023

Body Type : Normal / Underweight / Overweight
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. JAYSHREEBEN RAJ
Gender / Age : Female / 53 Years 9 Months 4 Days
MR No / Bill No. : 23200270 / 231065811
Consultant : Dr. Manish Mittal
Location : OPD

Type : OPD
Request No. : 106019
Request Date : 11/02/2023 08:45 AM
Collection Date : 11/02/2023 09:55 AM
Approval Date : 11/02/2023 01:32 PM

CBC + ESR

Test	Result	Units	Biological Ref. Range
Haemoglobin.			
Haemoglobin	13.8	gm/dL	12 - 15
Red Blood Cell Count (T-RBC)	4.70	mill/cmm	3.8 - 4.8
Hematocrit (HCT)	41.0	%	36 - 46
Mean Corpuscular Volume (MCV)	87.2	fl	83 - 101
Mean Corpuscular Haemoglobin (MCH)	29.4	pg	27 - 32
MCH Concentration (MCHC)	33.7	%	31.5 - 34.5
Red Cell Distribution Width (RDW-CV)	13.2	%	11.6 - 14
Red Cell Distribution Width (RDW-SD)	42.6	fl	39 - 46
Total Leucocyte Count (TLC)			
Total Leucocyte Count (TLC)	4.14	thou/cmm	4 - 10
Differential Leucocyte Count			
Polymorphs	66	%	40 - 80
Lymphocytes	26	%	20 - 40
Eosinophils	1	%	1 - 6
Monocytes	7	%	2 - 10
Basophils	0	%	0 - 2
Polymorphs (Abs. Value)	2.70	thou/cmm	2 - 7
Lymphocytes (Abs. Value)	1.06	thou/cmm	1 - 3
Eosinophils (Abs. Value)	<u>0.06</u>	thou/cmm	0.2 - 0.5
Monocytes (Abs. Value)	0.29	thou/cmm	0.2 - 1
Basophils (Abs. Value)	0.03	thou/cmm	0.02 - 0.1
Immature Granulocytes	0.0	%	1 - 3 : Borderline > 3 : Significant
Platelet Count			
Platelet Count	238	thou/cmm	150 - 410
Smear evaluation	Adequate		
ESR	6	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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GENERAL HOSPITAL

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DEPARTMENT OF LABORATORY MEDICINE

Patient Name : Mrs. JAYSHREEBEN RAJ
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MR No / Bill No. : 23200270 / 231065811
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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.

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	: Mrs. JAYSHREEBEN RAJ	Type	: OPD
Gender / Age	: Female / 53 Years 9 Months 4 Days	Request No.	: 106019
MR No / Bill No.	: 23200270 / 231065811	Request Date	: 11/02/2023 08:45 AM
Consultant	: Dr. Manish Mittal	Collection Date	: 11/02/2023 09:55 AM
Location	: OPD	Approval Date	: 11/02/2023 01:44 PM

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 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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Fasting Plasma Glucose

Test	Result	Units	Biological Ref. Range
<i>Fasting Plasma Glucose</i>			
Fasting Plasma Glucose	89	mg/dL	70 - 110
Post Prandial 2 Hr. Plasma Glucose	120	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 Heamoglobin (HbA1c)	5.9	%	
estimated Average Glucose (e AG) *	122.63	mg/dL	

(Method:

By Automated HPLC analyser on D-10 Biorad. NGSP Certified, US-FDA approved, Traceable to IFCC reference method.

* Calculated valued for past 60 days, derived from HbA1c %, based on formula recommended by the A1c - Derived Average Glucose study from ADA and EASD funded The ADAG trial.

Guidelines for Interpretation:

Indicated Glycemic control of previous 2-3 months

HbA1c%	e AG (mg/dl)	Glycemic control
> 8	> 183	Action suggested...High risk of developing long-term complications. Action suggested, depends on individual patient circumstances
7 - 8	154 - 183	Good
< 7	< 154	Goal...Some danger of hypoglycemic reaction in type I Diabetics. Some Glucose intolerant individuals and Sub-Clinical diabetics may demonstrate (elevated) HbA1c in this area.
6 - 7	126 - 154	Near Normal
< 6	< 126	Nondiabetic level)

--- End of Report ---

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Patient Name : Mrs. JAYSHREEBEN RAJ Type : OPD
 Gender / Age : Female / 53 Years 9 Months 4 Days Request No. : 106019
 MR No / Bill No. : 23200270 / 231065811 Request Date : 11/02/2023 08:45 AM
 Consultant : Dr. Manish Mittal Collection Date : 11/02/2023 09:55 AM
 Location : OPD Approval Date : 11/02/2023 01:29 PM

Complete Lipid Profile

Test	Result	Units	Biological Ref. Range
Complete Lipid Profile			
Appearance	Clear		
Triglycerides (By Lipase / Glycerol dehydrogenase on RXL Dade Dimension < 150 Normal 150-199 Borderline High 200-499 High > 499 Very High)	42	mg/dL	1 - 150
Total Cholesterol (By enzymatic colorimetric method on RXL Dade Dimension <200 mg/dL - Desirable 200-239 mg/dL - Borderline High > 239 mg/dL - High)	170	mg/dL	1 - 200
HDL Cholesterol (By Direct homogenous technique, modified enzymatic non-immunological method on RXL Dade Dimension < 40 Low > 60 High)	<u>77</u>	mg/dL	40 - 60
Non HDL Cholesterol (calculated) (Non- HDL Cholesterol < 130 Desirable 139-159 Borderline High 160-189 High > 191 Very High)	93	mg/dL	1 - 130
LDL Cholesterol (By Direct homogenous technique, modified enzymatic non-immunological method on RXL Dade Dimension < 100 Optimal 100-129 Near / above optimal 130-159 Borderline High 160-189 High > 189 Very High)	82	mg/dL	1 - 100
VLDL Cholesterol (calculated)	8.4	mg/dL	12 - 30
LDL Ch. / HDL Ch. Ratio	1.06		2.1 - 3.5
T. Ch./HDL Ch. Ratio (Recent NECP / ATP III Guidelines / Classification (mg/dl) :)	2.21		3.5 - 5

---- End of Report ----

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 Approval Date : 11/02/2023 01:30 PM

Renal Function Test (RFT)

Test	Result	Units	Biological Ref. Range
Urea (By Urease Kinetic method on RXL Dade Dimension)	27	mg/dL	10 - 45
Creatinine (By Modified Kinetic Jaffe Technique)	0.81	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)	5.6	mg/dL	2.2 - 5.8

--- End of Report ---

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 Location : OPD
 Type : OPD
 Request No. : 106019
 Request Date : 11/02/2023 08:45 AM
 Collection Date : 11/02/2023 09:55 AM
 Approval Date : 11/02/2023 01:31 PM

Liver Function Test (LFT)

Test	Result	Units	Biological Ref. Range
Bilirubin			
Bilirubin - Total	0.35	mg/dL	0 - 1
Bilirubin - Direct	0.09	mg/dL	0 - 0.3
Bilirubin - Indirect	0.26	mg/dL	0 - 0.7
<i>(By Diazotized sulfanilic acid on RXL Dade Dimension.)</i>			
Aspartate Aminotransferase (SGOT/AST)	24	U/L	13 - 35
<i>(By IFCC UV kinetic method on RXL Dade Dimension.)</i>			
Alanine Aminotransferase (SGPT/ALT)	31	U/L	14 - 59
<i>(By IFCC UV kinetic method on RXL Dade Dimension.)</i>			
Alkaline Phosphatase	92	U/L	53 - 141
<i>(BY PNPP AMP method on RXL Dade Dimension.)</i>			
Gamma Glutamyl Transferase (GGT)	27	U/L	5 - 55
<i>(By IFCC method on RXL Dade Dimension.)</i>			
Total Protein			
Total Proteins	7.88	gm/dL	6.4 - 8.2
Albumin	3.87	gm/dL	3.4 - 5
Globulin	4.01	gm/dL	3 - 3.2
A : G Ratio	0.97		1.1 - 1.6
<i>(By Biuret endpoint and Bromocresol purple method on RXL Dade Dimension.)</i>			

Test Results are dependent on a number of variables & technical limitations. Hence, it is advised to correlate with clinical findings and other related investigations before any firm opinion is made. Recheck / retest may be requested.

---- End of Report ----

Dr. Rakesh Vaidya
MD (Path). DCP.



Patient Name : Mrs. JAYSHREEBEN RAJ
 Gender / Age : Female / 53 Years 9 Months 4 Days
 MR No / Bill No. : 23200270 / 231065811
 Consultant : Dr. Manish Mittal
 Location : OPD

Type : OPD
 Request No. : 106019
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 Approval Date : 11/02/2023 01:32 PM

Thyroid Hormone Study

Test	Result	Units	Biological Ref. Range
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Triiodothyronine (T3)	1.35	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)	7.65	mcg/dL	
----------------	------	--------	--

(Done by 4th generation electrochemiluminescence based method on automated immunoassay / Cobas e 411.)

Reference interval (mcg/dL)

1 - 3 days	: 11.8 - 22.6
1 - 2 weeks	: 9.8 - 16.6
1 - 4 months	: 7.2 - 14.4
4 - 12 months	: 7.8 - 16.5
1-5 years	: 7.3 - 15.0
5 - 10 years	: 6.4 - 13.3
10 - 20 years	: 5.6 - 11.7
Adults / male	: 4.6 - 10.5
Adults / female	: 5.5 - 11.0
Adults (> 60 years)	: 5.0 - 10.7

(Reference : Tietz - Clinical guide to laboratory test, 4th edition))

Thyroid Stimulating Hormone (US-TSH)	2.43	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
MD (Path), DCP.



Patient Name : Mrs. JAYSHREEBEN RAJ
 Gender / Age : Female / 53 Years 9 Months 4 Days
 MR No / Bill No. : 23200270 / 231065811
 Consultant : Dr. Manish Mittal
 Location : OPD

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 Request No. : 106019
 Request Date : 11/02/2023 08:45 AM
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 Approval Date : 11/02/2023 01:31 PM

Urine routine analysis (Auto)

Test	Result	Units	Biological Ref. Range
Physical Examination			
Quantity	30	mL	
Colour	Pale Yellow		
Appearance	Clear		
Chemical Examination (By Reagent strip method)			
pH	6.0		
Specific Gravity	1.015		
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. Rakesh Vaidya
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DEPARTMENT OF DIAGNOSTIC RADIOLOGY

Patient No. : 23200270 Report Date : 11/02/2023
Request No. : 190052662 11/02/2023 8.45 AM
Patient Name : Mrs. JAYSHREEBEN RAJ
Gender / Age : Female / 53 Years 9 Months 4 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

Patient No. : 23200270 Report Date : 11/02/2023
Request No. : 190052655 11/02/2023 8.45 AM
Patient Name : Mrs. JAYSHREEBEN RAJ
Gender / Age : Female / 53 Years 9 Months 4 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 normal in size and shows increased in echopattern. No mass lesion identified. The hepatic veins are clear and patent. 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 in 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.

	RIGHT	LEFT
Renal length :	80 mm.	90 mm.
A.P. :	33 mm.	54 mm.

No ascites.

COMMENT:

• Fatty liver.

Kindly correlate clinically.

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

Dr. Priyanka Patel, MD
Consultant Radiologist



H-2015-0297

MC-3004

E-2021-0937



DEPARTMENT OF DIAGNOSTIC RADIOLOGY

Patient No. : 23200270 Report Date : 11/02/2023
Request No. : 190052656 11/02/2023 8.45 AM
Patient Name : Mrs. JAYSHREEBEN RAJ
Gender / Age : Female / 53 Years 9 Months 4 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

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.
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.
Left side benign enlarged axillary lymph nodes seen.

IMPRESSION:

No obvious focal mass in breasts.
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.

Dr. Priyanka Patel, MD
Consultant Radiologist



H-2015-0287

MC-3004

E-2021-0837

SAFE ON

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

Patient No. : 23200270 Report Date : 11/02/2023
Request No. : 190052679 11/02/2023 8.45 AM
Patient Name : Mrs. JAYSHREEBEN RAJ
Gender / Age : Female / 53 Years 9 Months 4 Days

Echo Color Doppler

MITRAL VALVE : NORMAL, NO MS, TRIVIAL MR
AORTIC VALVE : TRILEAFLET, NO AS, MILD AR
TRICUSPID VALVE : NORMAL, TRIVIAL TR, NO PAH
PULMONARY VALVE : NORMAL, NO PR, NO PS
LEFT ATRIUM : NORMAL SIZE
AORTA : NORMAL
LEFT VENTRICLE : MILD CONCENTRIC LVH, 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 : MILD AR, TRIVIAL MR, TR NO PAH

FINAL CONCLUSION:

1. NORMAL SIZED ALL CARDIAC CHAMBERS, MILD CONCENTRIC LVH
2. NORMAL LV SYSTOLIC FUNCTION LVEF – 60%
3. NO RESTING RWMA
4. NORMAL VALVES, NO MITRAL / AORTIC STENOSIS
5. MILD AR, TRIVIAL MR/TR, NO PAH
6. NO PERICARDIAL EFFUSION, CLOT OR VEGETATION SEEN, SR+.


DR. KILLEOL KANERIA MD, DM
INTERVENTIONAL CARDIOLOGIST

Name: Jayshreeben raj
Patient ID: 23200270

11.02.2023 09:16:30
Standard 12-Lead

Date of birth: Undefined
Gender: Undefined
Height: Undefined
Weight: Undefined
Ethnicity: Unknown
Facemaker: Unknown

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

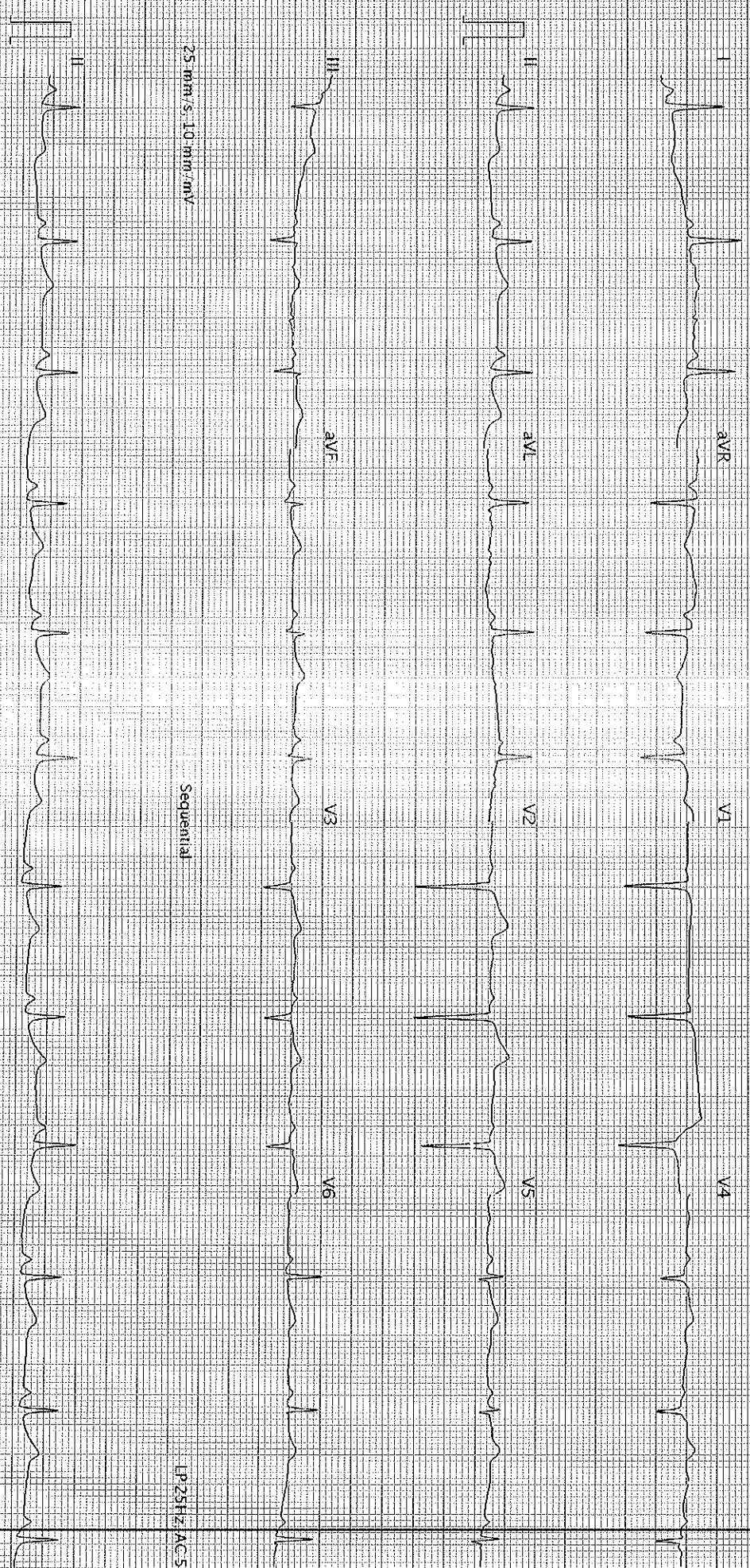
HR: 69 bpm
RR: 872 ms
PR: 85 ms
QRS: 117 ms
QTcB: 436 ms
P axis: 32°
QRS axis: 10°
T axis: 40°

Indication:
Remark:

Abnormal

Sinus rhythm
Normal electrical axis
QRS(T) contour abnormality
consistent with old anterior myocardial infarction
Abnormal ECG
Unconfirmed report

ppc



25 mm/s, 10 mm/mV

Sequential

LP25Hz, AC 50Hz

25 mm/s, 10 mm/mV

LP25Hz, AC 50Hz

AT 102-G2-12-0 (1080:011030)

Printed on 11.02.2023 09:16:43

SCHILLER

Part No.2.157048M

€ 0123

Q9C

Dr. Sonica Peshin

Cosmetic Dentist & Implantologist

Reg. No. : 6966-A

M. : 9586867301



BHAILAL AMIN
GENERAL HOSPITAL

Dental assessment form

11/02/2023

Name: Jayshree Raj

Age/ Sex: 53 years/Female

Patient has come for an oral hygiene check up

On Examination:

- Stains++ Calculus+
- History of horizontal brushing
- Generalised attrition, recession
- Decayed tooth close to pulp with respect to 35
- Multiple missing teeth seen

Provisional diagnosis:

- Chronic generalised gingivitis

Treatment plan:

- Scaling and polishing
- Test cavity with respect to 35
- Prosthesis with respect to missing teeth

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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