











## CONCLUSION OF HEALTH CHECKUP

: Female

ECU Number : 3281

: 59

: 16/05/2023

Patient Name: RAJNI SURINDER LATHAR

Weight :58

Date

Ideal Weight : 56

MR Number : 23206471

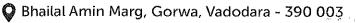
Height BMI

: 155 : 24.14

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.

















ECU Number : 3281

MR Number

: 23206471

Patient Name: RAJNI SURINDER LATHAR

Age

:59

Sex

Height : Female

: 155

Weight

:58

Ideal Weight : 56

BMI

24.14

Date

: 16/05/2023

Past H/O

NO P/H/O ANY MAJOR ILLNESS.

Present H/O

: C/O ACIDITY, HEARTBURN, FLATULENCE SINCE 2 MONTHS .

Family H/O

: MOTHER: HYPERTENSION, DIABETES, HEART DISEASE.

Habits

: NO HABITS.

Gen.Exam.

G.C. GOOD

В.Р

120/80 mm Hg

Pulse

1 80/MIN REG.

Others

: SPO2:98 %

C.V.S

: NAD

R.S.

: NAD

Abdomen

: NP

Spleen

: NP

: NAD

Skin C.N.S

: NAD

Advice













#### **Dietary Assesment**

: 23206471

ECU Number : 3281

MR Number

Patient Name: RAJNI SURINDER LATHAR

Age Weight

:59 :58 Sex : Female

Ideal Weight : 56

Height

: 155 : 24.14

Date

: 16/05/2023

Body Type

. Normal

. Vegetarian

Underwight

BMI

Overrwight

Diet History

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 regalarly 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.

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## **DEPARTMENT OF LABORATORY MEDICINE**

OPD

128774

Patient Name

: Ms. RAJNI SURINDER LATHAR

Gender / Age

: Female / 59 Years 2 Months 16 Days MR No / Bill No. : 23206471 / 241010333

Consultant

Location

: Dr. Manish Mittal

: OPD

Type

Request No.

Request Date

16/05/2023 08:22 AM

Collection Date

16/05/2023 08:45 AM

Approval Date

16/05/2023 02:40 PM

Pap Smear

**Test** 

Pap Smear

Result

**Units** 

Biological Ref. Range

Pap Smear Screening Report / Cervico-Vaginal Cytology...

Cyto no :P/919 /23 Received at 12.20 pm.

Clinical Details: No complain

P/V findings: Cx. - Flushed with Vg / Vg. - Senile vaginitis.

LMP : Before 10 years.

TBS Report / Impression:

\* Satisfactory for evaluation; transformation zone components identified.

\* Postmenopausal smears, no atrophic changes. \* Mild inflammatory cellularity (Neutrophils rich).

\* Benign cellular changes, reparative changes.

\* No epithelial cell abnormality favouring Squamous intraepithelial lesion or frank malignancy (NILM).

€Note / Method:

हुनुष्ट हैं। Mediod . हुन्हिं material received in LBC container, cytosmear was stained by rapid pap method and reported with due consideration to The

---- End of Report ----

Dr. Rakesh Vaidya Approved By Dr. Amee Soni

User: AMEE.SONI

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Request No.

128774

Request Date

**Collection Date** 

16/05/2023 08:22 AM : 16/05/2023 08:45 AM

Approval Date

16/05/2023 12:56 PM

CBC	+	ES	R
-----	---	----	---

Text Results are dependent on a number of variables & rectinical limitations. Hence, it is advised to correlate with clinical findings and other related investigations before any firm opinion is made, Recheck! / retext may be recuested.

Test			
Haemoglobin.	Result	<u>Units</u>	Biological Ref. Range
Haemoglobin	13.6		
Red Blood Cell Count (T-RBC)		gm/dL	12 - 15
Hematocrit (HCT)	4.56	mill/cmm	3.8 - 4.8
Mean Corpuscular Volume (MCV)	41.6	%	36 - 46
•	91.2	fl	83 - 101
Mean Corpuscular Haemoglobin (MCH)	29.8	pg	27 - 32
MCH Concentration (MCHC)	32.7	%	31.5 - 34.5
Red Cell Distribution Width (RDW-CV)	13.0	%	11.6 - 14
Red Cell Distribution Width (RDW-SD)	44.1	fl	39 - 46
Total Leucocyte Count (TLC)  Total Leucocyte Count (TLC)			00 10
Differential Leucocyte Count	6.36	thou/cmm	4 - 10
MCH Concentration (MCHC)  Red Cell Distribution Width (RDW-CV)  Red Cell Distribution Width (RDW-SD)  Total Leucocyte Count (TLC)  Total Leucocyte Count  Polymorphs  Polymorphs	40		
E Lymphocytes	48	%	40 - 80
Eosinophils	<u>45</u>	%	20 - 40
g g g g g g g g g g g g g g g g g g g	2	%	1 - 6
ξ E	5	%	2 - 10
្ទឹទ្ធិ Basophils	0	%	0 - 2
Polymorphs (Abs. Value)	3.03	thou/cmm	2 - 7
Lymphocytes (Abs. Value)	2.86	thou/cmm	1 - 3
Eosinophils (Abs. Value)	<u>0.12</u>	thou/cmm	0.2 - 0.5
Monocytes (Abs. Value)	0.29	thou/cmm	0.2 - 1
Basophils (Abs. Value)	0:06	thou/cmm	
Immature Granulocytes	0.0		0.02 - 0.1
		%	1 - 3 : Borderline > 3 : Significant
Platelet Count			o i digililidani
Platelet Count	477.4		
Smear evaluation	<u>471</u>	thou/cmm	150 - 410
ESR	Adequate		
	2	mm/1 hr	0 - 19

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Patient Name

: Ms. RAJNI SURINDER LATHAR

Gender / Age

: Female / 59 Years 2 Months 16 Days MR No / Bill No. : 23206471 / 241010333

Consultant

: Dr. Manish Mittal

Location

: OPD

Type

: OPD

Request No. Request Date

128774

Collection Date

16/05/2023 08:22 AM

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16/05/2023 12:56 PM

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 pathologicial; 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) comparable to Westergrens method and in accordance to ICSH reference method.

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: OPD

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128774

Request Date

16/05/2023 08:22 AM

Collection Date

16/05/2023 08:45 AM

Approval Date

16/05/2023 01:31 PM

Haematology

**Test** 

Result

**Units** 

Biological Ref. Range

Blood Group ABO system

Rh system.

0

Positive

By Gel Technology / Tube Agglutination Method

- 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.

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: Female / 59 Years 2 Months 16 Days MR No / Bill No. : 23206471 / 241010333

Consultant

: Dr. Manish Mittal

Location

: OPD

Type

Request No.

: OPD 128774

Request Date Collection Date

16/05/2023 08:22 AM 16/05/2023 08:45 AM

Biological Ref. Range

Approval Date

16/05/2023 11:24 AM

Fasting Plasma Glucose

Test Fasting Plasma Glucose Fasting Plasma Glucose

Post Prandial 2 Hr.Plasma Glucose

Result

95

mg/dL

**Units** 

70 - 110

109

mg/dL

70 - 140

By Hexokinase method on RXL Dade Dimesion

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: Female / 59 Years 2 Months 16 Days

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: OPD

Request No. Request Date

128774

Collection Date

16/05/2023 08:22 AM

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16/05/2023 08:45 AM 16/05/2023 11:24 AM

HbA1c (Glycosylated Hb)

Test HbA1c (Glycosylated Hb)	Result	<u>Units</u>	Biological Ref. Range
Glycosylated Heamoglobin (HbA1c)	6.2	%	
estimated Average Glucose (e AG) *	131.24	mg/dL	

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

#### Guidelines for Interpretation:

Indicated Glycemic control of previous 2-3 months

HbA1c%	e AG (mg/dl)	Glycemic control
> 8	> 183	Action suggestedHigh risk of developing long-term complications. Action suggested, depends on individual patient circumstances
7-8	154 - 183	Good
< 7	< 154	GoalSome danger of hypoglycemic reaction in type I Diabetics. Some Glucose intolorant 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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Test Results are dependent on a number of variebles & technical limitations. It is advised to correlate with clinical findings and other related investigations

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<sup>\*</sup> 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.

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Gender / Age

: Female / 59 Years 2 Months 16 Days

Consultant

MR No / Bill No. : 23206471 / 241010333 : Dr. Manish Mittal

Location

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Renal Function Test (RFT)

Test Result Urea

12

**Units** mg/dL

Biological Ref. Range

(By Urease Kinetic method on RXL Dade Dimension)

Creatinine

0.80

mg/dL

10 - 45 0.6 - 1.1

(By Modified Kinetic Jaffe Technique) Estimate Glomerular Filtration rate

More than 60

(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)

Uric acid

5.8

mg/dL

2.2 - 5.8

(By Uricase / Catalse method on RXL Siemens)

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#### **DEPARTMENT OF LABORATORY MEDICINE**

Patient Name

: Ms. RAJNI SURINDER LATHAR

Gender / Age

: Female / 59 Years 2 Months 16 Days

MR No / Bill No. : 23206471 / 241010333

Consultant

: Dr. Manish Mittal

: 0.3 - 4.5

: 0.5 - 4.6

: 0.8 - 5.2 Reference : Tietz - Clinical guide to laboratory test, 4th edition ))

Location : OPD Type

OPD

Request No.

: 128774

Request Date

: 16/05/2023 08:22 AM

**Collection Date** 

: 16/05/2023 08:45 AM

Approval Date

: 16/05/2023 12:49 PM

## Thyroid Hormone Study

Test		Result	Units	Biological Ref. Range
Triiodothyronine (T3		1.38	t	Elological Itel. Kange
Reference interval (ng	n electrochemiluminescence Ł g/ml)	pased method on automated immur	noassay / Cobas e 411.	
1 - 3 days 1-11 months	: 0.1 - 7.4 : 0.1 - 2.45			
1-5 years	: 0.1 - 2.7			
6-10 years	: 0.9 - 2.4			
11-15 years 16-20 years	: 0.8 - 2.1			
Adults (20 - 50 years)	: 0.8 - 2.1 : 0.7 - 2.0			
Adults (> 50 years)	:04-18			
Pregnancy (in last 5 mo	onths) · 1 2 - 2 5			
( Keference : Tietz - Clin	ical guide to laboratory test, 4	Ith edition ))		
Thyroxine (T4)		7.97	ma = = /-11	
(Done by 4th generation	electrochemiluminescence ba	ased method on automated immun	mcg/dL	
Reference interval (mc 1 - 3 days		on automated initions	Dassay / Cobas e 411.	
1- 2 weeks	: 11.8 - 22.6 : 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 10 - 20 years	: 6.4 - 13.3			
Adults / male	: 5.6 - 11.7 : 4.6 - 10.5			
Adults / female	: 5.5 - 11.0			
Adults (> 60 years)	: 5.0 - 10.7			
( Kererence : Letz - Clinic	cal guide to laboratory test, 4th	h edition ))		
Thyroid Stimulating Ho	ormone (US-TSH)	3.63	microlU/ml	
(Done by 4th generation e	electrochemiluminescence had	sed method on automated immuno	microio/mi	
	0.0/)	mounda on abiomatea iminuno	assay / Copas e 411.	
Infants (1-4 days) 2-20 weeks	: 1.0 - 39			
5 months - 20 years	: 1.7 - 9.1 : 0.7 - 6.4			
Adults (21 - 54 years)	: 0.4 - 4.2			
Adults (> 55 years)	: 0.5 - 8.9			
Premoneu				

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Pregnancy: 1st trimester

2nd trimester

3rd trimester

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**DEPARTMENT OF LABORATORY MEDICINE** 

Patient Name Gender / Age

: Ms. RAJNI SURINDER LATHAR

: Female / 59 Years 2 Months 16 Days

Consultant Location

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

MR No / Bill No. : 23206471 / 241010333 : Dr. Manish Mittal

: OPD

Type

: OPD

Request No.

128774

Request Date Collection Date

: 16/05/2023 08:22 AM

Approval Date

: 16/05/2023 08:45 AM 16/05/2023 11:24 AM

Complete Lipid Profile

<u>Test</u>	Result	• • •							
Complete Lipid Profile	<u>1765uit</u>	<u>Units</u>	Biological Ref. Range						
Appearance	Clear								
Triglycerides  (By Lipase / Glycerol dehdrogenase on RXL Dade Din  < 150 Normal  150-199 Borderline High 200-499 High > 499 Very High)	242 Dension	mg/dL	1 - 150						
Total Cholesterol	<sup>2</sup> 255								
(By enzymatic colorimetric method on RXL Dade Dime	nsion	mg/dL	1 - 200						
<200 mg/dL - Desirable 200-239 mg/dL - Borderline High > 239 mg/dL - High)									
HDL Cholesterol	<b>4</b> 6	1 d J	40 - 60						
(By Direct homogenous technique, modified enzymatic, < 40 Low > 60 High)	y Direct homogenous technique, modified enzymatic non-immunological method on RXL Dade Dimension								
Non HDL Cholesterol (calculated)	209								
(Non- HDL Cholesterol 3 < 130 Desirable 139-159 Borderline High 160-189 High > 191 Very High)	200	mg/dL	1 - 130						
LDL Cholesterol	157								
(By Direct homogenous technique, modified enzymatic n < 100 Optimal 100-129 Near / above optimal 130-159 Borderline High 160-189 High > 189 Very High)	on-immunological method oi	mg/dL n RXL Dade Dimension	1 - 100						
VLDL Cholesterol (calculated)	48.4	mg/dL	12 - 30						
LDL Ch. / HDL Ch. Ratio	3.41	g,							
T. Ch./HDL Ch. Ratio	5.54		2.1 - 3.5						
(Recent NECP / ATP III Guidelines / Classification (mg/dl,	) :)		3.5 - 5						

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: Female / 59 Years 2 Months 16 Days MR No / Bill No. : 23206471 / 241010333

Consultant

Location

: Dr. Manish Mittal

: OPD

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Request No.

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Request Date

16/05/2023 08:22 AM

Collection Date

: 16/05/2023 08:45 AM

Approval Date

16/05/2023 11:24 AM

Liver Function Test (LFT)

Ė	<u>Test</u> Bilirubin	Result	<u>Units</u>	Biological Ref. Range
	Bilirubin - Total	0.37	mg/dL	0 - 1
	Bilirubin - Direct	0.08	mg/dL	0 - 0.3
	Bilirubin - Indirect (By Diazotized sulfanilic acid on RXL Dade Dimension.)	0.29	mg/dL	0 - 0.7
	Aspartate Aminotransferase (SGOT/AST) (By IFCC UV kinetic method on RXL Dade Dimension.)	28	U/L	13 - 35
	Alanine Aminotransferase (SGPT/ALT) (By IFCC UV kinetic method on RXL Dade Dimension.)	35	U/L	14 - 59
	Alkaline Phosphatase 'BY PNPP AMP method on RXL Dade Dimension.)	81	U/L	53 - 141
	Gamma Glutamyl Transferase (GGT) By IFCC method on RXL Dade Dimension.)	41	U/L	5 - 55
To	otal Protein			
T	otal Proteins	7.61	gm/dL	6.4 - 8.2
A	Mbumin	0.00	_	3.4 - 5
G	Globulin	2.00		3.4 - 3 3 - 3.2
Α	· C Potio	).91 D.91		
(E	By Bluret endpoint and Bromocresol purple method on RXL Dade	Dimesion.)		1.1 - 1.6

---- End of Report ----



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Patient Name Gender / Age

: Ms. RAJNI SURINDER LATHAR : Female / 59 Years 2 Months 16 Days

Type

: OPD

MR No / Bill No. : 23206471 / 241010333

Request No.

/hpf

/hpf

128774 16/05/2023 08:22 AM

Consultant

: Dr. Manish Mittal

Request Date Collection Date

16/05/2023 08:45 AM

Location

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: OPD

Approval Date

16/05/2023 11:05 AM

# Urine routine analysis (Auto)

Test Physical Examination	Result	<u>Units</u>	Biological Ref. Range
Quantity	50	mL	
Colour	Pale Yellow	· · · · · · · · · · · · · · · · · · ·	
Appearance	Clear		
Chemical Examination (By Reagent strip n	nethod)		
pH	6.0		
Specific Gravity	<=1.005		
Protein	Negative	gm/dL	0 - 5
Glucose	Negative	mg/dL	0 - 5
Ketones	Negative	9	0 - 5
Bilirubin	Negative		Negative
Urobilinogen	Negative		
Blood	Negative		Negative (upto 1)
g Leucocytes	Negative		Negative
Nitrite	Negative		Negative
Microscopic Examination (by Microscopy aft urine sedimentation analyzer UF4000)	ter Centrifugation at 2000 rm	m for 10 min	Negative
	io. Commugation at 2000 Ipi	יייטרייט min or on tu	illy automated Sysmex
Red Blood Cells	0 - 1	/hpf	0 - 2
Leucocytes	1 - 5	/hpf	0 - 5
Epithelial Cells	1 - 5	/hpf	0 - 5
Casts	<sub>ž</sub> Nil	/lpf	Nil
Crystals	Nil	/hnf	Ma

---- End of Report ----

Absent

Absent



Dr. Rakesh Vaidya Approved By Dr. Amee Soni

Nil

Absent

User: PINKAL.PARMAR

Mucus

Organism

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#### **DEPARTMENT OF DIAGNOSTIC RADIOLOGY**

Patient No. : 23206471 Report Date : 16/05/2023

Request No.: 190064428

16/05/2023 8.22 AM

Patient Name: Ms. RAJNI SURINDER LATHAR

Gender / Age: Female / 59 Years 2 Months 16 Days

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.

Tenting of right hemidiaphragm is seen.

Dr.Priyanka Patel, MD Consultant Radiologist









ADVANCED DIGITAL SOLUTIONS

Ultra Sensitive Colour Doppler Ultra High Resolution Sonography

Digital Subtraction Angiography

Computer Radiography

Multi-Detector CT Scan

Interventional Radiology

Foetal Echocardiography

Echocardiography

Mammography



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Bhailal Amin Marg, Gorwa, Vadodara, Gujarat 390003.

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#### DEPARTMENT OF DIAGNOSTIC RADIOLOGY

Patient No. : 23206471

Report Date : 16/05/2023

Request No.: 190064424

16/05/2023 8.22 AM

Patient Name: Ms. RAJNI SURINDER LATHAR

Gender / Age: Female / 59 Years 2 Months 16 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 enlarged in size (16.5cm) and shows 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 seen. Left kidney shows renal concretion.

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

Uterine length:

63mm.

A.P.

30 mm.

Both ovaries are normal.

Urinary bladder is well distended and appears normal.

No ascites.

## **COMMENT:**

Hepetomegaly with fatty liver. Left renal concreation.

Kindly correlate clinically

Dr.Prerna C Hasani, MD

Consultant Radiologist













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#### **DEPARTMENT OF DIAGNOSTIC RADIOLOGY**

Patient No.

: 23206471

Report Date : 16/05/2023

Request No. : 190064488

16/05/2023 8.22 AM

Patient Name: Ms. RAJNI SURINDER LATHAR

Gender / Age: Female / 59 Years 2 Months 16 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.

Bilateral benign 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 DOMINENT 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

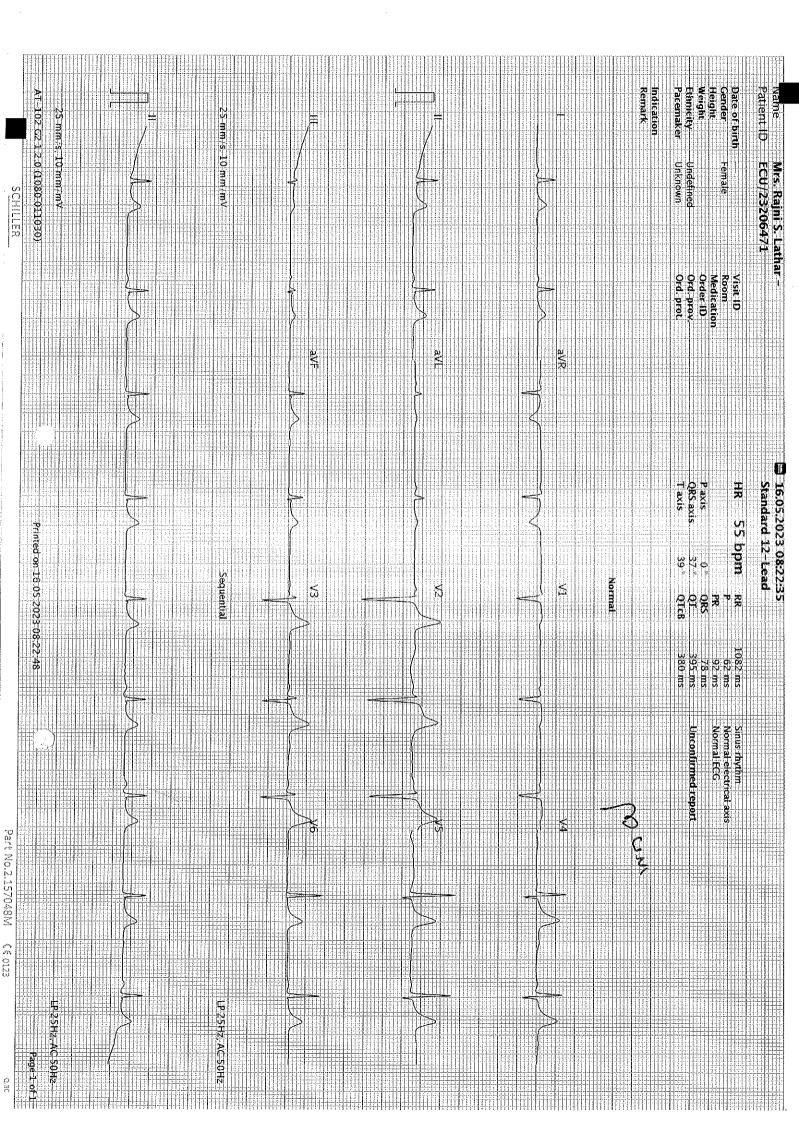












# EXERCISE STRESS TEST REPORT

Patient Name: RAJNIS LATHAR, Patient ID: 000185 Height: 155 cm Weight: 57 kg

Age: 59yrs Gender: Female Race: Indian

DOB: 01.03.1964

Study Date: 16.05 2023 Test Type: Treadmill Stress Test

Referring Physician: ARCOFEMI Attending Physician: DR V.C.CHAUHAN Technician: PRATAP RATHVA

Protocol: BRUCE

--Medical History:

Medications:

医型2104788-007

Reason for Exercise Test: Screening for CAD

Exercise Test Summary

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The patient exercised according to the BRUCE for 6:17 min:s, achieving a work level of Max. METS: 7.80. The resting heart rate of 76 bpm rose to a maximal heart rate of 150 bpm. This value represents 93 % 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: none.

Overall impression: Normal stress test.

## Conclusions

Good effort tolerance. Normal HR and BP response. No ANGINA and ARRYTHMIAS noted during test. No Significant ST-T changes seen during peak exercise and recovery. Stress test NEGATIVE for inducible myocardial Ischemia.

CONFIRMED BY : DR V.C.CHAUHAN