



BHAILAL AMIN
GENERAL HOSPITAL

ESTD. 1964

CONCLUSION OF HEALTH CHECKUP

ECU Ref. No : MH/22/000395 Patient No : 21037486 Date : 09/03/2022
Name : RIMA V KHANCHANDANI Sex / Age : F 34
Height / Weight : 162 Cms 74 Kgs Ideal Weight 61 Kgs BMI : 28.2

Dr. Manish Mittal
Physician

Note: General Physical Examination & Routine Investigations included in the Health Checkup have certain limitations and may not be able to detect all the latent and asymptomatic diseases.

Page 1 of 5



Name : RIMA V KHANCHANDANI

Sex / Age : F 34

Present History

NO MEDICAL COMPLAINTS AT PRESENT.

Past History

NO P/H/O ANY MAJOR ILLNESS.

Family History

MOTHER : DIABETES ; CKD.

Personal History

VEG DIET.

Clinical Examination

B.P. 120/80 mm Hg

Pulse 80/MIN REG.

Others -

Respiratory System

CLINICALLY NAD

Cardio Vascular System

CLINICALLY NAD

Abdominal System

CLINICALLY NAD

Neurological System

CLINICALLY NAD



Name : RIMA V KHANCHANDANI

Sex / Age : F 34

Eye Checkup

Doctor Name Dr. Ketan J. Patel

	Right	Left
History	NIL	NIL
Uncorrected vision	6/6 - 2.00 CYL ! 20	6/6 - 2.50 CYL ! 180
Corrected vision	N.6	N.6
IOP	14.6	14.6
Fundus	NORMAL	NORMAL
Any other	NIL	NIL
Advice	NIL	



Name : RIMA V KHANCHANDANI Sex / Age : F 34
Height / Weight : 162 Cms 74 Kgs Ideal Weight : 61 Kgs BMI : 28.2

Obstetric History G2 P2 - 2 FTND < MALE - 5 YRS & MALE - 8 MONTHS ; TL DONE

Menstrual History -

Present Menstrual Cycle REGULAR CYCLES

Past Menstrual Cycle LMP : 12/2/22

Chief Complaints

-

Gynac Examination

P/A TL SCAR +

P/S NORMAL

P/V NORMAL

Breast examination - Right NORMAL

Breast examination - Left NORMAL

PAP Smear

BMD

Mammography

Advice REGULAR BSE.

Dr. Monika Jani
Gynecologist



Dietary Assessment

Name : RIMA V KHANCHANDANI Sex / Age : F 34
Height : 162 Cms Weight : 74 Kgs Ideal Weight : 61 Kgs BMI : 28.2

Body Type : Normal / Underweight / Over weight

Diet History

Diet preference : Vegetarian / Eggeterian / Mixed

Frequency of consuming fried food : / day / week or occasional

Frequency of consuming sweets : / day or occasional

Frequency of consuming outside food : / week or occasional

Amount of water consumed / day : glasses / liters

Life style assessment

Physical activity : Active / moderate / Sedentary / Nil

Alcohol intake : Yes / No

Smoking : Yes / No

Allergic to any food : Yes / No

Are you stressed out ? : Yes / No

Do you travel a lot ? : Yes / No

General diet instructions :

Have small frequent meals.

Avoid fatty products like oil, ghee, butter, cheese.

Take salt restricted diet and avoid table salt.

Consume fibrous food regularly like whole grains, Daliya, Oats, Bajra, Flex seeds, Pulses, Fruits and Salads.

Keep changing your cooking oil every three months.

Avoid Maida, Starchy foods and Bakery products.

Consume 1-2 servings of all fruits and vegetables, For Diabetic patients avoid Mango, Chikoo, Banana, Grapes and Custurd Apple.

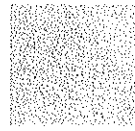
Drink 3 to 4 liters (12 - 14 glass) of water daily.

Eat Beetroot, Figs, Almond, Walnut, Dates, leafy vegetables, roasted Channa and Jeggary (Gur) for Heamoglobin. In case of diabetic patient avoid Rasins, Dates and Jeggary.

Drink green Tea or black Coffee once in a day.

Do brisk walking daily.

Dietitian



Patient Name : Ms. RIMA VINOD KHANCHANDANI
Gender / Age : Female / 34 Years 1 Months 25 Days
MR No / Bill No. : 21037486 / 221028648
Consultant : Dr. Manish Mittal
Location : OPD

Type : OPD
Request No. : 30283
Request Date : 09/03/2022 08:33 AM
Collection Date : 09/03/2022 08:34 AM
Approval Date : 09/03/2022 03:29 PM

Pap Smear

Test	Result	Units	Biological Ref. Range
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Pap Smear

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

Cyto No : 338/22
Received at 01.20 pm

Clinical Details : No complain
P/V findings : Cx. / Vg. - NAD
LMP : 12/02/2022

TBS Report / Impression :

- * Satisfactory for evaluation; transformation zone components identified.
- * Mild acute inflammatory cellularity. No evidence of T. vaginalis / Fungal elements.
- * Benign cellular changes, reparative changes.
- * 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 Bathesda system (Modified 2014)

--- End of Report ---

Dr. Rakesh Vaidya
MD (Path). DCP.



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 Gender / Age : Female / 34 Years 1 Months 25 Days
 MR No / Bill No. : 21037486 / 221028648
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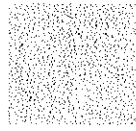
CBC + ESR

Test	Result	Units	Biological Ref. Range
Haemoglobin.			
Haemoglobin	11.8	gm/dL	12 - 15
Red Blood Cell Count (T-RBC)	4.37	mill/cmm	3.8 - 4.8
Hematocrit (HCT)	36.0	%	36 - 46
Mean Corpuscular Volume (MCV)	82.4	fl	83 - 101
Mean Corpuscular Haemoglobin (MCH)	27.0	pg	27 - 32
MCH Concentration (MCHC)	32.8	%	31.5 - 34.5
Red Cell Distribution Width (RDW-CV)	13.0	%	11.6 - 14
Red Cell Distribution Width (RDW-SD)	39.3	fl	39 - 46
Total Leucocyte Count (TLC)			
Total Leucocyte Count (TLC)	5.64	thou/cmm	4 - 10
Differential Leucocyte Count			
Polymorphs	63	%	40 - 80
Lymphocytes	29	%	20 - 40
Eosinophils	03	%	1 - 6
Monocytes	05	%	2 - 10
Basophils	00	%	0 - 2
Polymorphs (Abs. Value)	3.52	thou/cmm	2 - 7
Lymphocytes (Abs. Value)	1.66	thou/cmm	1 - 3
Eosinophils (Abs. Value)	0.17	thou/cmm	0.2 - 0.5
Monocytes (Abs. Value)	0.24	thou/cmm	0.2 - 1
Basophils (Abs. Value)	0.05	thou/cmm	0.02 - 0.1
Immature Granulocytes	0.2	%	1 - 3 : Borderline > 3 : Significant
Platelet Count			
Platelet Count	272	thou/cmm	150 - 410
Smear evaluation	Adequate		
ESR	14	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)



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DEPARTMENT OF LABORATORY MEDICINE

Patient Name : Ms. RIMA VINOD KHANCHANDANI
Gender / Age : Female / 34 Years 1 Months 25 Days
MR No / Bill No. : 21037486 / 221028648
Consultant : Dr. Manish Mittal
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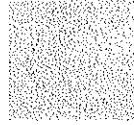
CBC + ESR

Immature Granulocyte (IG) count is a useful early marker of infection or inflammation, even when other markers are normal. It is an early and rapid discrimination of bacterial from viral infections. It is also increased in patients on steroid therapy / chemotherapy or haematological malignancy. High IG is always pathological; except in pregnancy and neonates of < 7 days.
Method : HB by Non-Cyanide Hemoglobin analysis method. HCT by RBC pulse height detection method. RBC, TLC & PLC are by Particle Count by Electrical Impedance in Cell Counter. Optical Platelets by Fluorescent + Laser Technology. MCV, MCH, MCHC, RDW (CV & SD) are calculated parameter. DLC by Flowcytometry method using semi-conductor Laser+Smear verification. ESR on Ves metic 20, comparable to Westergrens method and in accordance to ICSH reference method.

--- End of Report ---

Dr. Nikunj V. Mehta
MD (Path.)

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Patient Name	: Ms. RIMA VINOD KHANCHANDANI	Type	: OPD
Gender / Age	: Female / 34 Years 1 Months 25 Days	Request No.	: 30283
MR No / Bill No.	: 21037486 / 221028648	Request Date	: 09/03/2022 08:33 AM
Consultant	: Dr. Manish Mittal	Collection Date	: 09/03/2022 08:34 AM
Location	: OPD	Approval Date	: 09/03/2022 02:55 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 :

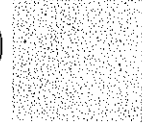
- This blood group has been done with new sensitive Gel Technology using both Forward and Reverse Grouping Card with Autocontro
This method check's group both on Red blood cells and in Serum for "ABO" group.

--- End of Report ---

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DEPARTMENT OF LABORATORY MEDICINE

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Gender / Age : Female / 34 Years 1 Months 25 Days
MR No / Bill No. : 21037486 / 221028648
Consultant : Dr. Manish Mittal
Location : OPD

Type : OPD
Request No. : 30283
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Approval Date : 09/03/2022 11:30 AM

Clinical Biochemistry

Test	Result	Units	Biological Ref. Range
Fasting Plasma Glucose	81	mg/dL	70 - 110
Post Prandial 2 Hr. Plasma Glucose	98	mg/dL	70 - 140

By Hexokinase method on RXL Dade Dimension

— End of Report —

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MD (Path.)

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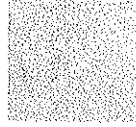
Type : OPD
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Complete Lipid Profile

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)	70	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)	157	mg/dL	1 - 200
HDL Cholesterol (By Direct homogenous technique, modified enzymatic non-immunological method on RXL Dade Dimension < 40 Low > 60 High)	50	mg/dL	40 - 60
Non HDL Cholesterol (calculated) (Non- HDL Cholesterol < 130 Desirable 139-159 Borderline High 160-189 High > 191 Very High)	107	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)	91	mg/dL	1 - 100
VLDL Cholesterol	14	mg/dL	12 - 30
LDL Ch. / HDL Ch. Ratio	1.82		2.1 - 3.5
T. Ch./HDL Ch. Ratio (Recent NECP / ATP III Guidelines / Classification (mg/dl) :)	3.14		3.5 - 5

--- End of Report ---

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 MD (Path.)



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Renal Function Test (RFT)

Test	Result	Units	Biological Ref. Range
Urea <i>(By Urease Kinetic method on RXL Dade Dimension)</i>	25	mg/dL	10 - 45
Creatinine <i>(By Modified Kinetic Jaffe Technique)</i>	0.60	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>	3.8	mg/dL	2.2 - 5.8

— End of Report —

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Thyroid Hormone Study

Test	Result	Units	Biological Ref. Range
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Triiodothyronine (T3)

1.22

ng/ml

(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)

8.20

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)

2.74

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. Nikunj V. Mehta
MD (Path.)



Patient Name : Ms. RIMA VINOD KHANCHANDANI
 Gender / Age : Female / 34 Years 1 Months 25 Days
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Clinical Biochemistry

Test	Result	Units	Biological Ref. Range
Glycosylated Hemoglobin (HbA1c)	5.6	%	
estimated Average Glucose (e AG) *	114.02	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.

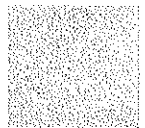
Guidelines for Interpretation:

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 —

Dr. Nikunj V. Mehta
 MD (Path.)



Patient Name : Ms. RIMA VINOD KHANCHANDANI Type : OPD
 Gender / Age : Female / 34 Years 1 Months 25 Days Request No. : 30283
 MR No / Bill No. : 21037486 / 221028648 Request Date : 09/03/2022 08:33 AM
 Consultant : Dr. Manish Mittal Collection Date : 09/03/2022 08:34 AM
 Location : OPD Approval Date : 09/03/2022 02:40 PM

Urine Routine

Test	Result	Units	Biological Ref. Range
Physical Examination			
Quantity	30	mL	
Colour	Pale Yellow		
Appearance	Turbid (Slight)		
Chemical Examination (By Reagent strip method)			
pH	6.0		
Specific Gravity	1.010		
Protein	Negative	gm/dL	Negative
Glucose	Negative	mg/dL	Negative
Ketones	Negative		Negative
Bilirubin	Negative		Negative
Urobilinogen	0.2		Negative (upto 1)
Blood	Negative		Negative
Bile Salt	Absent		Absent
Leucocytes	1+		Negative
Bile Pigments	Absent		Absent
Nitrite	Positive		Negative
Microscopic Examination (After Centrifugation at 2000 rpm for 10 min)			
Red Blood Cells	Nil	/hpf	0 - 2
Leucocytes	Present (5-10)	/hpf	0 - 5
Epithelial Cells	Present (5-10)	/hpf	0 - 5
Casts	Nil	/lpf	Nil
Crystals	Nil		Nil
Mucus	Absent		Absent
Organism	Bacteria +		

--- End of Report ---

Dr. Nikunj V. Mehta
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DEPARTMENT OF DIAGNOSTIC RADIOLOGY

Patient No. : 21037486 Report Date : 09/03/2022
Request No. : 190013056 09/03/2022 8.33 AM
Patient Name : **RIMA VINOD KHANCHANDANI**
Gender / Age : Female / 34 Years 1 Months 25 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





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GENERAL HOSPITAL

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DEPARTMENT OF DIAGNOSTIC RADIOLOGY

ADVANCED DIGITAL SOLUTIONS

- Computer Radiography
- Ultra Sensitive Colour Doppler
- Ultra High Resolution Sonography
- Multi-Detector CT Scan
- Mammography
- Interventional Radiology
- Digital Subtraction Angiography
- Foetal Echocardiography
- Echocardiography

Patient No. : 21037486 Report Date : 09/03/2022
Request No. : 190013041 09/03/2022 8.33 AM
Patient Name : **RIMA VINOD KHANCHANDANI**
Gender / Age : Female / 34 Years 1 Months 25 Days

USG : Abdomen (Excluding Pelvis) Or Upper Abdomen

Liver is normal in size and echopattern. No mass lesion identified. The hepatic veins 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 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.

Uterus is retroverted, normal in size and echo pattern. **Endometrium thickness is about 12 mm.** No obvious mass lesion seen.

Uterine length : 101 mm.
A.P. : 61 mm.

Both ovaries reveal small follicles.

Urinary bladder is well distended and appears normal.

No ascites.

COMMENT:

No significant abnormality noted.

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





ECU



BHAILAL AMIN
GENERAL HOSPITAL

Patient No. : 21037486 Report Date : 09/03/2022
Request No. : 190013032 09/03/2022 8.33 AM
Patient Name : RIMA VINOD KHANCHANDANI
Gender / Age : Female / 34 Years 1 Months 25 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 – 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 : NO MR // AR // TR, NO PAH

FINAL CONCLUSION:

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


DR. KILLOI KANERIA, M.D., D.M.
INTERVENTIONAL CARDIOLOGIST

ECU/21037486
34 Years

09-Mar-22

10:00:54 AM MRS. RIMA V. KHANCHANDANI
Female

Medicheer

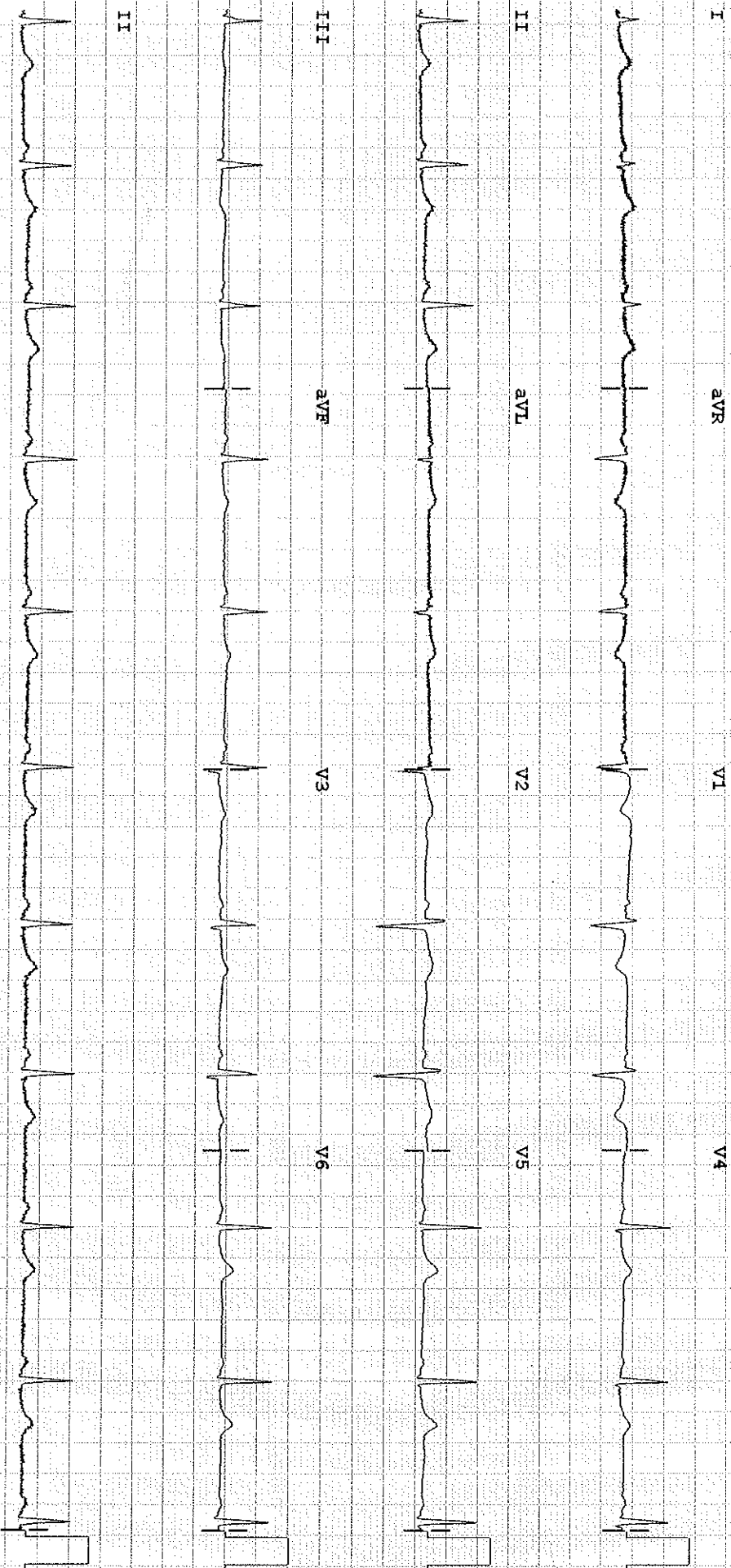


MEDICHEER HOSPITAL
ESTD 1987
AN NABH, NABL & ISO Accredited Institute

Doctor **MANISH MITTAL**

Rate 60
PR 128
QRSD 78
QT 408
QTc 408

--AXIS--
P 36
QRS 70
T 14



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

50 ~ 0.15-150 Hz

PH08

pp

Dr. Sonica Peshin

Cosmetic Dentist & Implantologist

Reg. No. : 6966-A

M. : 9586867301



BHAILAL AMIN
GENERAL HOSPITAL

Dental assessment form

09/03/2022

Name: Rima Vinod Khanchandani

Age/ Sex: 34 years/Female

Patient has come for a regular check up.

On Examination:

- Stains++ Calculus++
- History of horizontal brushing
- Mild attrition
- Impacted teeth with respect to 38, 48

Provisional diagnosis:


- Chronic generalised gingivitis

Treatment plan:

- Scaling and polishing



Advised:

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


Dr Sonica Peshin

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