

CONCLUSION OF HEALTH CHECKUP

ECU Number	: 3239	MR Number	: 23206339	Patient Name	: ELISHA DYUNDI
Age	: 28	Sex	: Female	Height	: .
Weight	: .	Ideal Weight	: .	BMI	: 0
Date	: 13/05/2023				

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.

ECU Number : 3239 MR Number : 23206339 Patient Name : ELISHA DYUNDI
Age : 28 Sex : Female Height : .
Weight : . Ideal Weight : . BMI : 0
Date : 13/05/2023

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

Present H/O : NO MEDICAL COMPLAINTS AT PRESENT.

Family H/O : FATHER AND MOTHER : HYPERTENSION.

Habits : NO HABITS.

Gen.Exam. : G.C. GOOD

B.P : 170/70 mm Hg

Pulse : 78/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 : 3239

Age : 28

Weight : .

Date : 13/05/2023

MR Number : 23206339

Sex : Female

Ideal Weight : .

Patient Name: ELISHA DYUNDI

Height : .

BMI : 0

Gynaec Check Up :

OBSTETRIC HISTORY

MENSTRUAL HISTORY

PRESENT MENSTRUAL CYCLE

PAST MENSTRUAL CYCLE

CHIEF COMPLAINTS

PA

PS

PV

BREAST EXAMINATION RIGHT

BREAST EXAMINATION LEFT

PAPSMEAR

BMD

MAMMOGRAPHY

ADVICE

Dietary Assessment

ECU Number : 3239 MR Number : 23206339 Patient Name : ELISHA DYUNDI
Age : 28 Sex : Female Height : .
Weight : . Ideal Weight : . BMI : 0
Date : 13/05/2023

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

Drink 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. ELISHA DYUNDI
 Gender / Age : Female / 28 Years 9 Months 22 Days
 MR No / Bill No. : 23206339 / 241009936
 Consultant : Dr. Manish Mittal
 Location : OPD

Type : OPD
 Request No. : 128298
 Request Date : 13/05/2023 10:33 AM
 Collection Date : 13/05/2023 10:44 AM
 Approval Date : 13/05/2023 01:33 PM

CBC + ESR

Test	Result	Units	Biological Ref. Range
Haemoglobin.			
Haemoglobin	13.0	gm/dL	12 - 15
Red Blood Cell Count (T-RBC)	4.05	mill/cmm	3.8 - 4.8
Hematocrit (HCT)	39.2	%	36 - 46
Mean Corpuscular Volume (MCV)	96.8	fl	83 - 101
Mean Corpuscular Haemoglobin (MCH)	32.1	pg	27 - 32
MCH Concentration (MCHC)	33.2	%	31.5 - 34.5
Red Cell Distribution Width (RDW-CV)	11.9	%	11.6 - 14
Red Cell Distribution Width (RDW-SD)	43.1	fl	39 - 46
Total Leucocyte Count (TLC)			
Total Leucocyte Count (TLC)	9.12	thou/cmm	4 - 10
Differential Leucocyte Count			
Polymorphs	53	%	40 - 80
Lymphocytes	38	%	20 - 40
Eosinophils	4	%	1 - 6
Monocytes	5	%	2 - 10
Basophils	0	%	0 - 2
Polymorphs (Abs. Value)	4.83	thou/cmm	2 - 7
Lymphocytes (Abs. Value)	3.45	thou/cmm	1 - 3
Eosinophils (Abs. Value)	0.34	thou/cmm	0.2 - 0.5
Monocytes (Abs. Value)	0.46	thou/cmm	0.2 - 1
Basophils (Abs. Value)	0.04	thou/cmm	0.02 - 0.1
Immature Granulocytes	0.2	%	1 - 3 : Borderline > 3 : Significant
Platelet Count			
Platelet Count	241	thou/cmm	150 - 410
Smear evaluation	Adequate		
ESR	7	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. Retests / retests may be requested.

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DEPARTMENT OF LABORATORY MEDICINE

Patient Name	: Mrs. ELISHA DYUNDI	Type	: OPD
Gender / Age	: Female / 28 Years 9 Months 22 Days	Request No.	: 128298
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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
Approved By Dr. Ameer Soni

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Haematology

Test	Result	Units	Biological Ref. Range
Blood Group			
ABO system	O		
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
<i>Fasting Plasma Glucose</i>			
Fasting Plasma Glucose	84	mg/dL	70 - 110
Post Prandial 2 Hr. Plasma Glucose	103	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
<i>HbA1c (Glycosylated Hb)</i>			
Glycosylated Heamoglobin (HbA1c)	4.9	%	
estimated Average Glucose (e AG) *	93.93	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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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)	82	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)	193	mg/dL	1 - 200
HDL Cholesterol (By Direct homogenous technique, modified enzymatic non-immunological method on RXL Dade Dimension < 40 Low > 60 High)	53	mg/dL	40 - 60
Non HDL Cholesterol (calculated) (Non- HDL Cholesterol < 130 Desirable 139-159 Borderline High 160-189 High > 191 Very High)	140	mg/dL	1 - 130
LDL Cholesterol (By Direct homogenous technique, modified enzymatic non-immunological method on RXL Dade Dimension < 100 Optimal 100-129 Near / abc optimal 130-159 Borderline High 160-189 High > 189 Very High)	114	mg/dL	1 - 100
VLDL Cholesterol (calculated)	16.4	mg/dL	12 - 30
LDL Ch. / HDL Ch. Ratio	2.15		2.1 - 3.5
T. Ch./HDL Ch. Ratio (Recent NECP / ATP III Guidelines / Classification (mg/dl) :)	3.64		3.5 - 5

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 ---

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Liver Function Test (LFT)

Test	Result	Units	Biological Ref. Range
Bilirubin			
Bilirubin - Total	0.48	mg/dL	0 - 1
Bilirubin - Direct	0.11	mg/dL	0 - 0.3
Bilirubin - Indirect	0.37	mg/dL	0 - 0.7
<i>(By Diazotized sulfanilic acid on RXL Dade Dimension.)</i>			
Aspartate Aminotransferase (SGOT/AST)	16	U/L	13 - 35
<i>(By IFCC UV kinetic method on RXL Dade Dimension.)</i>			
Alanine Aminotransferase (SGPT/ALT)	21	U/L	14 - 59
<i>(By IFCC UV kinetic method on RXL Dade Dimension.)</i>			
Alkaline Phosphatase	61	U/L	42 - 98
<i>(BY PNPP AMP method on RXL Dade Dimension.)</i>			
Gamma Glutamyl Transferase (GGT)	23	U/L	5 - 55
<i>(By IFCC method on RXL Dade Dimension.)</i>			
Total Protein			
Total Proteins	8.03	gm/dL	6.4 - 8.2
Albumin	4.50	gm/dL	3.4 - 5
Globulin	3.53	gm/dL	3 - 3.2
A : G Ratio	1.27		1.1 - 1.6
<i>(By Biuret endpoint and Bromocresol purple method on RXL Dade Dimension.)</i>			

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Renal Function Test (RFT)

Test	Result	Units	Biological Ref. Range
Urea (By Urease Kinetic method on RXL Dade Dimension)	19	mg/dL	10 - 45
Creatinine (By Modified Kinetic Jaffe Technique)	0.72	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)	5.2	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)	1.05	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)	7.69	mcg/dL	
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(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)	1.14	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))

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--- End of Report ---

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Urine routine analysis (Auto)

Test	Result	Units	Biological Ref. Range
Physical Examination			
Quantity	30	mL	
Colour	Yellow		
Appearance	Turbid (Slight)		
Chemical Examination (By Reagent strip method)			
pH	5.5		
Specific Gravity	>=1.030		
Protein	Negative	gm/dL	0 - 5
Glucose	Negative	mg/dL	0 - 5
Ketones	Negative		0 - 5
Bilirubin	Negative		0 - 5
Urobilinogen	Negative		Negative
Blood	Trace		Negative (upto 1)
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	1 - 5	/hpf	0 - 2
Leucocytes	1 - 5	/hpf	0 - 5
Epithelial Cells	10 - 20	/hpf	0 - 5
Casts	Nil	/hpf	0 - 5
Crystals	Nil	/hpf	Nil
Mucus	Present	/hpf	Nil
Organism	Bacteria ++	/hpf	Absent

--- End of Report ---

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ECU

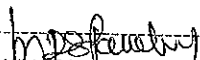
Patient No. : 23206339 Report Date : 13/05/2023
Request No. : 190064162 13/05/2023 10.33 AM
Patient Name : **Mrs. ELISHA DYUNDI**
Gender / Age : Female / 28 Years 9 Months 22 Days

Echo Color Doppler

MITRAL VALVE : NORMAL, NO MR, NO MS
AORTIC VALVE : TRILEAFLET, NO AR, NO AS
TRICUSPID VALVE : NORMAL, NO TR, NO PAH
PULMONARY VALVE : NORMAL
LEFT ATRIUM : 3.2cm, NORMAL
AORTA : 2.4cm, NORMAL
LEFT VENTRICLE : NORMAL LV SIZE AND SYSTOLIC FUNCTION LVEF -- 65%, NO
RESTING REGIONAL WALL MOTION ABNORMALITY
RIGHT ATRIUM : NORMAL
RIGHT VENTRICLE : NORMAL
I.V.S. : INTACT
I.A.S. : INTACT
PULMONARY ARTERY : NORMAL
PERICARDIUM : NORMAL
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 ALL CARDIAC VALVES STRUCTURALLY AND FUNCTIONALLY
5. NORMAL RIGHT HEART SIZE AND RV PRESSURES
6. NO PERICARDIAL EFFUSION, CLOT OR VEGETATION SEEN, SR+.


Dr. KILLOL KANERIA, MD, DM, CARD.



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USG : Screening for 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 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 : 63mm.
 A.P. : 30mm.

Both ovaries are normal.

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 MEDICO-LEGAL PURPOSES
 • CLINICAL CORRELATION RECOMMENDED

Hasani

Dr. Prerna C Hasani, MD
 Consultant Radiologist



H-2015-0297

MC-3804

E-2021-0037

SAFE OT