

CONCLUSION OF HEALTH CHECKUP

ECU Number : 10149
Age : 32
Weight : 78.3
Date : 14/03/2024

MR Number : 21050364
Sex : Female
Ideal Weight : 57

Patient Name: AAKANSHA GUPTA
Height : 158
BMI : 31.37

↓ B12, Hemoglobin - Liver
- $\frac{1}{2}$ Tab MBLON-SIL - Daily one x 90 days
0-1-0
- Life style modification.
- Consult - Gastro Enterologist for Hemoglobin on a Liver.

Dr. M. L. V. K. R. S.

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.

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

Present H/O : NO MEDICAL COMPLAIN AT PRESENT

Family H/O : NO F/H/O ANY MAJOR ILLNESS

Habits : NO

Gen.Exam. : G.C.GOOD

B.P : 112/70

Pulse : 88

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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Ophthalmic Check Up :

Right

Left

Ext Exam

NORMAL

Vision Without Glasses

6/6

6/6

Vision With Glasses

N.6

N.6

Final Correction

-

Fundus

NORMAL

Colour Vision

NORMAL

Advice

NIL

Orthopaedic 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





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Gynaec Check Up :

OBSTETRIC HISTORY (1) FT LSCS : MALE - 7 YRS L AND DW
MENSTRUAL HISTORY -
PRESENT MENSTRUAL CYCLE LMP : 2 WEEKS BACK
PAST MENSTRUAL CYCLE -
CHIEF COMPLAINTS -
PA SOFT
Cx - PINHOLE (N) Vg - (N)
PV UT AV NS Fx CLEAR
BREAST EXAMINATION RIGHT NORMAL
BREAST EXAMINATION LEFT NORMAL
PAPSMEAR
BMD
MAMMOGRAPHY
ADVICE





Patient Name : Ms. AAKANSHA GUPTA
 Gender / Age : Female / 34 Years 4 Months 27 Days
 MR No / Bill No. : 21050364 / 242090430
 Consultant : Dr. Manish Mittal
 Location : OPD

Type : OPD
 Request No. : 207601
 Request Date : 14/03/2024 08:25 AM
 Collection Date : 14/03/2024 08:41 AM
 Approval Date : 14/03/2024 02:54 PM

CBC + ESR

Test	Result	Units	Biological Ref. Range
Haemoglobin.			
Haemoglobin	<u>11.9</u>	gm/dL	12 - 15
Red Blood Cell Count (T-RBC)	4.29	mill/cmm	3.8 - 4.8
Hematocrit (HCT)	37.4	%	36 - 46
Mean Corpuscular Volume (MCV)	87.2	fl	83 - 101
Mean Corpuscular Haemoglobin (MCH)	27.7	pg	27 - 32
MCH Concentration (MCHC)	31.8	%	31.5 - 34.5
Red Cell Distribution Width (RDW-CV)	<u>14.1</u>	%	11.6 - 14
Red Cell Distribution Width (RDW-SD)	45.0	fl	39 - 46
Total Leucocyte Count (TLC)			
Total Leucocyte Count (TLC)	5.97	thou/cmm	4 - 10
Differential Leucocyte Count			
Polymorphs	71	%	40 - 80
Lymphocytes	23	%	20 - 40
Eosinophils	2	%	1 - 6
Monocytes	4	%	2 - 10
Basophils	0	%	0 - 2
Polymorphs (Abs. Value)	4.25	thou/cmm	2 - 7
Lymphocytes (Abs. Value)	1.34	thou/cmm	1 - 3
Eosinophils (Abs. Value)	<u>0.12</u>	thou/cmm	0.2 - 0.5
Monocytes (Abs. Value)	0.24	thou/cmm	0.2 - 1
Basophils (Abs. Value)	0.02	thou/cmm	0.02 - 0.1
Immature Granulocytes	0.2	%	1 - 3 : Borderline > 3 : Significant
Platelet Count			
Platelet Count	217	thou/cmm	150 - 410
Remarks	This is cell counter generated CBC report, Smear review is not done		
ESR	<u>32</u>	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 required.

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DEPARTMENT OF LABORATORY MEDICINE

Patient Name	: Ms. AAKANSHA GUPTA	Type	: OPD
Gender / Age	: Female / 34 Years 4 Months 27 Days	Request No.	: 207601
MR No / Bill No.	: 21050364 / 242090430	Request Date	: 14/03/2024 08:25 AM
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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 by Fluorescent flow cytometry using a semi-conductor laser and hydrodynamic focusing in dedicated channels. 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 ESL-30, comparable to Westergrens method and in accordance to ICSH reference method.

---- End of Report ----

Dr. Ameet Soni
MD (Path)

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MR No / Bill No. : 21050364 / 242090430
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Haematology

Test	Result	Units	Biological Ref. Range
Blood Group			
ABO system	A		
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 ----

Dr. Rakesh Vaidya
MD (Path). DCP.

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Fasting Plasma Glucose

Test	Result	Units	Biological Ref. Range
<i>Fasting Plasma Glucose</i>			
Fasting Plasma Glucose	88	mg/dL	70 - 110
Post Prandial 2 Hr. Plasma Glucose	82	mg/dL	70 - 140

By Hexokinase method on EXL Dade Dimension

---- End of Report ----

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HbA1c (Glycosylated Hb)

Test	Result	Units	Biological Ref. Range
HbA1c (Glycosylated Hb)			
Glycosylated Heamoglobin (HbA1c)	4.7	%	
estimated Average Glucose (e AG) *	88.19	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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Complete Lipid Profile

Test	Result	Units	Biological Ref. Range
Complete Lipid Profile			
Appearance	Clear		
Triglycerides (Done by Lipase /Glycerol kinase on Vitros 5600 < 150 Normal 150-199 Borderline High 200-499 High > 499 Very High)	98	mg/dL	1 - 150
Total Cholesterol (Done by Colorimetric - Cholesterol Oxidase, esterase, peroxidase on Vitros 5600. <200 mg/dL - Desirable 200-239 mg/dL - Borderline High > 239 mg/dL - High)	160	mg/dL	1 - 200
HDL Cholesterol (Done by Colorimetric: non HDL precipitation method PTA/MgCl2 on Vitros 5600 < 40 Low > 60 High)	35	mg/dL	40 - 60
Non HDL Cholesterol (calculated) (Non- HDL Cholesterol < 130 Desirable 139-159 Borderline High 160-189 High > 191 Very High)	125	mg/dL	1 - 130
LDL Cholesterol (Done by Enzymatic (Two Step CHE/CHO/POD) on Vitros 5600 < 100 Optimal 100-129 Near / above optimal 130-159 Borderline High 160-189 High > 189 Very High)	105	mg/dL	1 - 100
VLDL Cholesterol (calculated)	19.6	mg/dL	12 - 30
LDL Ch. / HDL Ch. Ratio	3		2.1 - 3.5
T. Ch./HDL Ch. Ratio (Recent NECP / ATP III Guidelines / Classification (mg/dl) :)	4.57		3.5 - 5

---- End of Report ----

Dr. Rakesh Vaidya
MD (Path). DCP.



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Liver Function Test (LFT)

Test	Result	Units	Biological Ref. Range
Bilirubin			
Bilirubin - Total	0.60	mg/dL	0 - 1
Bilirubin - Direct	0.12	mg/dL	0 - 0.3
Bilirubin - Indirect	0.48	mg/dL	0 - 0.7
<i>(Done by Dual Wavelength - Reflectance Spectrophotometry on Vitros 5600)</i>			
Aspartate Aminotransferase (SGOT/AST)	30	U/L	13 - 35
<i>(Done by Multipoint Rate Colorimetric with P-5-P on Vitros 5600)</i>			
Alanine Aminotransferase (SGPT/ALT)	25	U/L	14 - 59
<i>(Done by Multipoint-Rate/Colorimetric with P-5-P (pyridoxa-5-phosphate) on Vitros 5600)</i>			
Alkaline Phosphatase	82	U/L	42 - 98
<i>(Done by Multipoint-Rate - p-nitrophenyl Phosphate, AMP buffer on Vitros 5600)</i>			
Gamma Glutamyl Transferase (GGT)	14	U/L	5 - 55
<i>(Done by Multipoint Rate - L-γ³-glutamyl-p-nitroanilide on Vitros 5600)</i>			
Total Protein			
Total Proteins	8.19	gm/dL	6.4 - 8.2
Albumin	4.30	gm/dL	3.4 - 5
Globulin	3.89	gm/dL	3 - 3.2
A : G Ratio	1.11		1.1 - 1.6
<i>(Done by Biuret endpoint and Bromocresol green method on vitros 5600.)</i>			

----- End of Report -----

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DEPARTMENT OF LABORATORY MEDICINE

Patient Name : Ms. AAKANSHA GUPTA
Gender / Age : Female / 34 Years 4 Months 27 Days
MR No / Bill No. : 21050364 / 242090430
Consultant : Dr. Manish Mittal
Location : OPD

Type : OPD
Request No. : 207601
Request Date : 14/03/2024 08:25 AM
Collection Date : 14/03/2024 08:41 AM
Approval Date : 14/03/2024 03:00 PM

Renal Function Test (RFT)

Test	Result	Units	Biological Ref. Range
Urea <i>(Done by Endpoint/Colorimetric - Urease on Vitros 5600)</i>	13	mg/dL	10 - 45
BUN	6.07	mg/dL	5 - 21
Creatinine <i>(By Modified Kinetic Jaffe Technique)</i>	0.59	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>(Done by Colorimetric - Uricase, Peroxidase on Vitros 5600)</i>	4.2	mg/dL	2.2 - 5.8

---- End of Report ----

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Patient Name : Ms. AAKANSHA GUPTA
 Gender / Age : Female / 34 Years 4 Months 27 Days
 MR No / Bill No. : 21050364 / 242090430
 Consultant : Dr. Manish Mittal
 Location : OPD

Type : OPD
 Request No. : 207601
 Request Date : 14/03/2024 08:25 AM
 Collection Date : 14/03/2024 08:41 AM
 Approval Date : 14/03/2024 03:00 PM

Thyroid Hormone Study

Test	Result	Units	Biological Ref. Range
Triiodothyronine (T3)	1.23	ng/ml	
<i>(Done by CLIA based method on automated immunoassay Vitros 5600.)</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 - 99 years)	: 1.07 - 1.85		
Pregnancy (in last 5 months)	: 1.2 - 2.5		
<i>(Reference : Tietz - Clinical guide to laboratory test, 4th edition)</i>			
Thyroxine (T4)	9.78	mcg/dL	
<i>(Done by CLIA based method on automated immunoassay Vitros 5600.)</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 (20-99 years)	: 5.91 - 12.98		
<i>(Reference : Tietz - Clinical guide to laboratory test, 4th edition)</i>			
Thyroid Stimulating Hormone (US-TSH)	4.53	microIU/ml	
<i>(Done by CLIA based method on automated immunoassay Vitros 5600.)</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 (20-99 years)	: 0.4001 - 4.049		
<i>Pregnancy :</i>			
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>			

---- End of Report ----

Dr. Rakesh Vaidya
 MD (Path). DCP.



Patient Name : Ms. AAKANSHA GUPTA	Type : OPD
Gender / Age : Female / 34 Years 4 Months 27 Days	Request No. : 207601
MR No / Bill No. : 21050364 / 242090430	Request Date : 14/03/2024 08:25 AM
Consultant : Dr. Manish Mittal	Collection Date : 14/03/2024 08:41 AM
Location : OPD	Approval Date : 14/03/2024 02:37 PM

Pap Smear

<u>Test</u>	<u>Result</u>	<u>Units</u>	<u>Biological Ref. Range</u>
-------------	---------------	--------------	------------------------------

Pap Smear

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

Cyto No : P/651/24
Received at 12.45 pm.Clinical Details : No complain
P/V findings : Cx. - Pin hole os, NAD / Vg. - NAD
LMP : 2 week back

TBS Report / Impression :

- * Satisfactory for evaluation; transformation zone components not identified.
- * No significant inflammatory cellularity.
- * No epithelial cell abnormality favouring squamous intraepithelial lesion or frank malignancy (NILM).

Note / Method :

Material received in LBC container, cytosmear was stained by rapid pap method and reported with due consideration to The Bethesda system (Modified 2014)

---- End of Report ----

Dr. Rakesh Vaidya
MD (Path). DCP.



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 Gender / Age : Female / 34 Years 4 Months 27 Days
 MR No / Bill No. : 21050364 / 242090430
 Consultant : Dr. Manish Mittal
 Location : OPD

Type : OPD
 Request No. : 207601
 Request Date : 14/03/2024 08:25 AM
 Collection Date : 14/03/2024 08:41 AM
 Approval Date : 14/03/2024 01:18 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	5.5		4.6 - 8.0
Specific Gravity	1.001		1.005 - 1.030
Protein	Negative		Negative
Glucose	Negative		Negative
Ketones	Negative		Negative
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		

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 decision is made. Recheck / retest may be requested.

Reference : Wallach`s Interpretation to laboratory test, 10th edition

---- End of Report ----

Dr. Ameer Soni
MD (Path)



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Patient Name : Ms. AAKANSHA GUPTA
Gender / Age : Female / 34 Years 4 Months 27 Days
MR No / Bill No. : 21050364 / 242090432
Consultant : Dr. BAGH Doctor
Location : OPD

Type : OPD
Request No. : 207716
Request Date : 14/03/2024 08:27 AM
Collection Date : 14/03/2024 10:40 AM
Approval Date : 14/03/2024 03:33 PM

Vitamin B12

Test	Result	Units	Biological Ref. Range
Vitamin B12			
Vitamin B12 Level	184	pg/ml	200 - 900

(Done by CLIA based method on automated immunoassay Vitros 5600.)

Interpretation :

Normal : 200 - 900

Intermediate : 179 - 200

Deficiency : < 179

* Fasting sample is required.

* Therapeutic intake during preceeding days (Oral-3 days, Parentral 3 wks) may lead to increased level.)

Vitamin D Total (25 OH Vit D) 32.8 ng/ml

Test	Health based Deficiency	Reference range
Vitamin D Total (25 Hydroxy Calciferol)	Insufficiency	< 20 ng/ml
	Sufficiency	20-30 ng/ml
	Possible toxicity	30-80 ng/ml
		> 80 ng/ml

Serum or heparinised plasma

Method : Done by CLIA based method on automated immunoassay Vitros 5600

- Vitamin D level varies amongst populations and according to sunshine exposure (peaks in summer months) and nutritional habits and status, hence health based reference range is preferred to usual population based reference intervals.

- 25 (OH) Calciferol (25 (OH) D) is circulating form of Vitamin D. It is at present the best indicator of Vitamin D status. Fraction of circulating 25 (OH) D is converted to its active metabolites 1-25 (OH) D mainly by the kidneys. This process is regulated by PTH.

- If on supplemental therapy, it should be stopped for 3 to 4 days prior to testing.

Classic (nutritional) vitamin D deficiency results in bone demineralization, which may lead to rickets in children and osteomalacia or osteoporosis in adults. Because calcium levels affect muscle strength, vitamin D deficiency can result in muscle weakness and an increased risk of falls in the elderly. Levels of 25 (OH) D vary with exposure to sunlight, peaking in the summer months.

Decreased vitamin D levels have been linked with an increased incidence of colon, breast, and prostate cancer, as well as a higher mortality from these cancer, and an increased incidence of congestive heart failure, depression and schizophrenia. Individuals Suitable for Testing

Individuals with suspected vitamin D deficiency (e.g., those with persistent, nonspecific musculoskeletal pain ; the elderly ; housebound individuals ; those with malabsorptive syndromes ; those receiving treatment with anticonvulsants)

Individuals with suspected toxicity (e.g. those with anemia of obscure origin, unexplained renal disease, etc.)

Individuals being treated for vitamin D- related disorders.

What abnormal results mean:

* Lower-than normal levels suggest a vitamin D deficiency. This condition can result from :

Lack of exposure to sunlight

Lack of adequate vitamin D in the diet

Liver and Kidney diseases

Malabsorption

Use of certain medicines, including phenytoin, Phenobarbital, and rifampicin

* Higher-than - normal levels suggest excess vitamin D (hypervitaminosisD.)

---- End of Report ----

Dr. Ameer Soni
MD (Path)



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- Ultra High Resolution Sonography
- Multi-Detector CT Scan
- Magnetic Resonance Imaging (MRI)
- Mammography
- Interventional Radiology
- Digital Subtraction Angiography (DSA)
- Foetal Echocardiography
- Echocardiography
- 4D USG & Doppler

DEPARTMENT OF DIAGNOSTIC RADIOLOGY

Patient No. : 21050364 Report Date : 14/03/2024
 Request No. : 190107841 14/03/2024 8.25 AM
 Patient Name : **Ms. AAKANSHA GUPTA**
 Gender / Age : Female / 34 Years 4 Months 27 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.

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

Dr. Priyanka Patel, MD.
 Consultant Radiologist





Computerized Radiography
Ultra Sensitive Colour Doppler
Ultra High Resolution Sonography
Multi-Detector CT Scan
Magnetic Resonance Imaging (MRI)
Mammography
Interventional Radiology
Digital Subtraction Angiography (DSA)
Foetal Echocardiography
Echocardiography
4D USG & Doppler

DEPARTMENT OF DIAGNOSTIC RADIOLOGY

Patient No. : 21050364 Report Date : 14/03/2024
 Request No. : 190107908 14/03/2024 8.25 AM
 Patient Name : Ms. AAKANSHA GUPTA
 Gender / Age : Female / 34 Years 4 Months 27 Days

USG : Abdomen (Excluding Pelvis) Or Upper Abdomen

Liver is normal in size and echopattern. **A 13x8mm sized echogenic lesion is seen in left lobe of liver-- p/o hemangioma likely.** The hepatic veins are clear and patent. PV patent. No dilated IHBR.

Gall bladder is partially distended and shows no obvious abnormality. Common bile duct measures 4mm.

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.

No ascites.

COMMENT:

• Echogenic lesion in left lobe of liver p/o hemangioma.

Kindly correlate clinically

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

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Patient No. : 21050364 Report Date : 14/03/2024
Request No. : 190107837 14/03/2024 8.25 AM
Patient Name : Ms. AAKANSHA GUPTA
Gender / Age : Female / 34 Years 4 Months 27 Days

Echo Doppler Screening

MITRAL VALVE : NORMAL
AORTIC VALVE : TRILEAFLET, NORMAL
TRICUSPID VALVE : NORMAL, TRACE TR, NO PAH
PULMONARY VALVE : NORMAL
LEFT ATRIUM : NORMAL
AORTA : NORMAL
LEFT VENTRICLE : NORMAL, NO REGIONAL WALL MOTION ABNORMALITY,
LVEF=60-65%
RIGHT ATRIUM : NORMAL
RIGHT VENTRICLE : NORMAL
I.V.S. : INTACT
I.A.S. : INTACT
PULMONARY ARTERY : NORMAL
PERICARDIUM : NORMAL

COLOUR/DOPPLER FLOW MAPPING : Trace TR, NO PAH

FINAL CONCLUSION:

1. ALL CARDIAC CHAMBERS ARE NORMAL IN DIMENSIONS
2. NO REGIONAL WALL MOTION ABNORMALITY AT REST
3. NORMAL LV SYSTOLIC FUNCTION, LVEF=60%
4. NORMAL VALVES
5. NO E/O LV DIASTOLIC DYSFUNCTION
6. NO AR, MR, TRACE TR, NO PULMONARY HYPERTENSION , (IVC COLLAPSING)
7. NO PERICARDIAL EFFUSION, CLOT VEGETATION.

Dr. V C CHAUHAN
Consultant Cardiologist

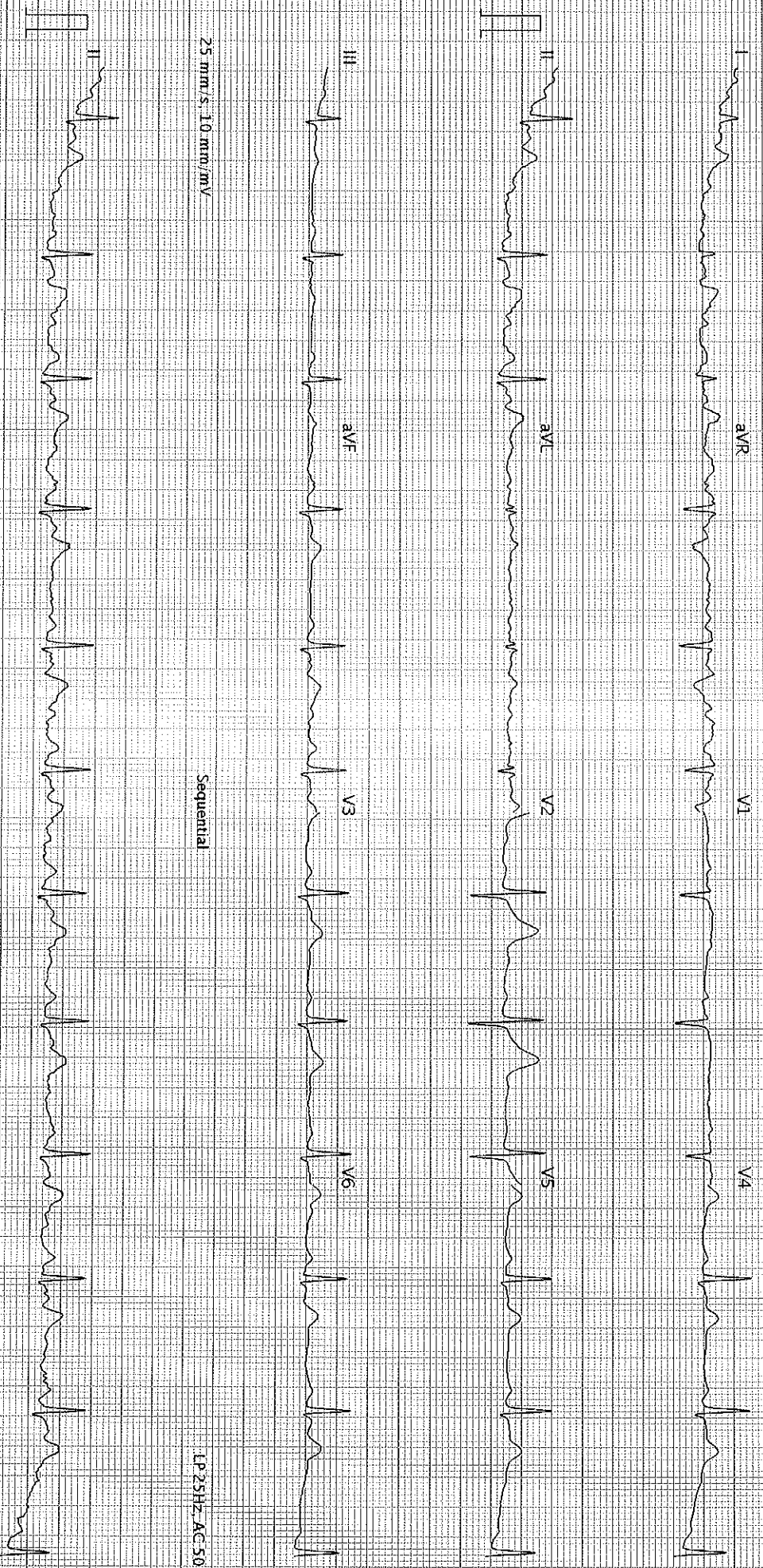
Age: 035Y
 Gender: Female
 Ref. phys:
 Facemaker: unknown

HR: 70 bpm
 RR: 860 ms
 P axis: 67°
 QRS axis: 62°
 T axis: 31°

PR: 153 ms
 QR5: 85 ms
 QT: 398 ms
 QTcB: 429 ms

Unconfirmed report

pw



25 mm/s, 10 mm/mV

Sequential

LP 25HZ AC 50HZ

25 mm/s, 10 mm/mV

LP 25HZ AC 50HZ