

CONCLUSION OF HEALTH CHECKUP

ECU Number : 8460

Age : 26

Weight : 64

Date : 13/01/2024

MR Number : 23209282

Sex : Female

Ideal Weight : 59

Patient Name: RIYA GARG

Height : 159

BMI : 25.32

Anemic

As

Tel. No. 020 23209282 (3v)

0-1-0

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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BMI : 25.32

Date : 13/01/2024

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

Present H/O : PAIN IN BOTH SOLE OF FEET IN MORNING ? FLAT FOOT

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

Habits : NO

Gen.Exam. : G.C. GOOD

B.P : 100/70

Pulse : 92

Others : SPO2 99 %

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

NIL

Vision Without Glasses

6/6 N.5

6/6 N.5

Vision With Glasses

-

-

Final Correction

NORMAL

NORMAL

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

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Gynaec Check Up :

OBSTETRIC HISTORY	FT LSCS : MALE
MENSTRUAL HISTORY	-
PRESENT MENSTRUAL CYCLE	LMP : 02/01/24
PAST MENSTRUAL CYCLE	REGULAR
CHIEF COMPLAINTS	NIL
PA	SOFT
PS	Cx - (N) Vg - (N)
PV	UT NS Fx CLEAR
BREAST EXAMINATION RIGHT	NORMAL
BREAST EXAMINATION LEFT	NORMAL
PAPSMEAR	TAKEN
BMD	
MAMMOGRAPHY	
ADVICE	FOLLOWUP WITH REPORTS.

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DEPARTMENT OF LABORATORY MEDICINE

Patient Name : **Mrs. RIYA GARG**
Gender / Age : Female / 26 Years 9 Months 26 Days
MR No / Bill No. : **23209282 / 242072249**
Consultant : Dr. Manish Mittal
Location : **OPD**

Type : OPD
Request No. : **191178**
Request Date : 13/01/2024 09:24 AM
Collection Date : 13/01/2024 10:24 AM
Approval Date : 13/01/2024 03:17 PM

CBC + ESR

Test	Result	Units	Biological Ref. Range
Haemoglobin.			
Haemoglobin	10.2	gm/dL	12 - 15
Red Blood Cell Count (T-RBC)	4.00	mill/cmm	3.8 - 4.8
Hematocrit (HCT)	33.3	%	36 - 46
Mean Corpuscular Volume (MCV)	83.3	fl	83 - 101
Mean Corpuscular Haemoglobin (MCH)	25.5	pg	27 - 32
MCH Concentration (MCHC)	30.6	%	31.5 - 34.5
Red Cell Distribution Width (RDW-CV)	13.2	%	11.6 - 14
Red Cell Distribution Width (RDW-SD)	39.9	fl	39 - 46
Total Leucocyte Count (TLC)			
Total Leucocyte Count (TLC)	10.70	thou/cmm	4 - 10
Differential Leucocyte Count			
Polymorphs	76	%	40 - 80
Lymphocytes	18	%	20 - 40
Eosinophils	2	%	1 - 6
Monocytes	4	%	2 - 10
Basophils	0	%	0 - 2
Polymorphs (Abs. Value)	8.30	thou/cmm	2 - 7
Lymphocytes (Abs. Value)	1.86	thou/cmm	1 - 3
Eosinophils (Abs. Value)	0.14	thou/cmm	0.2 - 0.5
Monocytes (Abs. Value)	0.38	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	213	thou/cmm	150 - 410
Remarks	This is counter generated CBC Report, smear review is not done		
ESR	21	mm/1 hr	0 - 12

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DEPARTMENT OF LABORATORY MEDICINE

Patient Name	: Mrs. RIYA GARG	Type	: OPD
Gender / Age	: Female / 26 Years 9 Months 26 Days	Request No.	: 191178
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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.

SR 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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Gender / Age : Female / 26 Years 9 Months 26 Days
MR No / Bill No. : 23209282 / 242072249
Consultant : Dr. Manish Mittal
Location : OPD

Type : OPD
Request No. : 191178
Request Date : 13/01/2024 09:24 AM
Collection Date : 13/01/2024 10:24 AM
Approval Date : 13/01/2024 03:14 PM

Haematology

Test	Result	Units	Biological Ref. Range
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 Autocont			
- 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)

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Fasting Plasma Glucose

Test	Result	Units	Biological Ref. Range
Fasting Plasma Glucose			
Fasting Plasma Glucose	93	mg/dL	70 - 110
Post Prandial 2 Hr. Plasma Glucose	74	mg/dL	70 - 140

By Hexokinase method on EXL Dade Dimension

--- End of Report ---

Dr. Rakesh Vaidya
MD (Path). DCP.

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HbA1c (Glycosylated Hb)

Test	Result	Units	Biological Ref. Range
HbA1c (Glycosylated Hb)			
Glycosylated Hemoglobin (HbA1c)	5.4	%	
estimated Average Glucose (e AG) *	108.28	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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Request No. : 191178
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Approval Date : 13/01/2024 12:15 PM

Complete Lipid Profile

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.

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)	82	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)	161	mg/dL	1 - 200
HDL Cholesterol (Done by Colorimetric: non HDL precipitation method PTA/MgCl2 on Vitros 5600 < 40 Low > 60 High)	47	mg/dL	40 - 60
Non HDL Cholesterol (calculated) (Non- HDL Cholesterol < 130 Desirable 139-159 Borderline High 160-189 High > 191 Very High)	114	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)	92	mg/dL	1 - 100
VLDL Cholesterol (calculated)	16.4	mg/dL	12 - 30
LDL Ch. / HDL Ch. Ratio	1.96		2.1 - 3.5
T. Ch./HDL Ch. Ratio (Recent NECP / ATP III Guidelines / Classification (mg/dl) :)	3.43		3.5 - 5

--- End of Report ---

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Liver Function Test (LFT)

Test	Result	Units	Biological Ref. Range
Bilirubin			
Bilirubin - Total	0.72	mg/dL	0 - 1
Bilirubin - Direct	0.23	mg/dL	0 - 0.3
Bilirubin - Indirect	0.49	mg/dL	0 - 0.7
<i>(Done by Dual Wavelength - Reflectance Spectrophotometry on Vitros 5600)</i>			
Aspartate Aminotransferase (SGOT/AST)	22	U/L	13 - 35
<i>(Done by Multipoint Rate Colorimetric with P-5-P on Vitros 5600)</i>			
Alanine Aminotransferase (SGPT/ALT)	19	U/L	14 - 59
<i>(Done by Multipoint-Rate/Colorimetric with P-5-P (pyridoxa-5-phosphate) on Vitros 5600)</i>			
Alkaline Phosphatase	72	U/L	42 - 98
<i>(Done by Multipoint-Rate - p-nitrophenyl Phosphate, AMP buffer on Vitros 5600)</i>			
Gamma Glutamyl Transferase (GGT)	10	U/L	5 - 55
<i>(Done by Multipoint Rate - L-γ³-glutamyl-p-nitroanilide on Vitros 5600)</i>			
Total Protein			
Total Proteins	6.73	gm/dL	6.4 - 8.2
Albumin	4.14	gm/dL	3.4 - 5
Globulin	2.59	gm/dL	3 - 3.2
A : G Ratio	1.6		1.1 - 1.6
<i>(Done by Biuret endpoint and Bromocresol green method on vitros 5600.)</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 / repeat may be requested.

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Dr. Rakesh Vaidya
MD (Path), DCP.

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Approval Date : **13/01/2024 03:25 PM**

Renal Function Test (RFT)

Test	Result	Units	Biological Ref. Range
Urea <i>(Done by Endpoint/Colorimetric - Urease on Vitros 5600)</i>	25	mg/dL	10 - 45
BUN	11.68	mg/dL	5 - 21
Creatinine <i>(By Modified Kinetic Jaffe Technique)</i>	0.65	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>	4.3	mg/dL	2.2 - 5.8

— End of Report —

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Patient Name : **Mrs. RIYA GARG**
Gender / Age : Female / 26 Years 9 Months 26 Days
MR No / Bill No. : **23209282 / 242072249**
Consultant : Dr. Manish Mittal
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DEPARTMENT OF LABORATORY MEDICINE
Type : **OPD**
Request No. : **191178**
Request Date : **13/01/2024 09:24 AM**
Collection Date : **13/01/2024 10:24 AM**
Approval Date : **13/01/2024 05:25 PM**

Thyroid Hormone Study

Test	Result	Units	Biological Ref. Range
Triiodothyronine (T3) (Done by CLIA based method on automated immunoassay Vitros 5600. 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))	1.25	ng/ml	
Thyroxine (T4) (Done by CLIA based method on automated immunoassay Vitros 5600. 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))	9.00	mcg/dL	
Thyroid Stimulating Hormone (US-TSH) (Done by CLIA based method on automated immunoassay Vitros 5600. 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))	2.11	microIU/ml	

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MD (Path). DCP.

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Urine routine analysis (Auto)

Test	Result	Units	Biological Ref. Range
Physical Examination			
Quantity	20	mL	
Colour	Pale Yellow		
Appearance	Clear		
Chemical Examination (By Reagent strip method)			
pH	6.0		
Specific Gravity	1.021		
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	1 - 5	/hpf	0 - 5
Epithelial Cells	1 - 5	/hpf	0 - 5
Casts	Nil	/lpf	Nil
Crystals	Nil	/hpf	Nil
Mucus	Absent	/hpf	Absent
Organism	Absent		

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--- End of Report ---

Dr. Ameet Soni
MD (Path)



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Mammography

Interventional Radiology

Digital Subtraction Angiography (DSA)

Foetal Echocardiography

Echocardiography

4D USG & Doppler

DEPARTMENT OF DIAGNOSTIC RADIOLOGY

Patient No. : 23209282 Report Date : 13/01/2024

Request No. : 190097343 13/01/2024 9.24 AM

Patient Name : Mrs. RIYA GARG

Gender / Age : Female / 26 Years 9 Months 26 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



Patient No. : 23209282 Report Date : 13/01/2024
Request No. : 190097336 13/01/2024 9.24 AM
Patient Name : Mrs. RIYA GARG
Gender / Age : Female / 26 Years 9 Months 26 Days

USG : Abdomen (Excluding Pelvis) Or Upper Abdomen

Liver is normal in size and echo pattern. 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 appears normal.

Pancreas shows no obvious abnormality. Tail obscured.
Spleen is normal size and echo pattern.

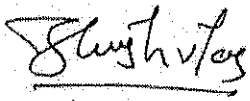
Both kidneys are normal in shape and position. Normal echogenicity and cortico medullary differentiation is noted. No hydronephrosis or mass lesion seen.

No ascites.

COMMENT:

- **No obvious abnormality seen.**

Kindly correlate clinically



Dr. Harsh Sanjay Vyas,
Consultant Radiologist



Patient No. : 23209282 Report Date : 13/01/2024
Request No. : 190097410 13/01/2024 9.24 AM
Patient Name : Mrs. RIYA GARG
Gender / Age : Female / 26 Years 9 Months 26 Days

Echo Doppler Screening

MITRAL VALVE : NORMAL
AORTIC VALVE : TRILEAFLET, NORMAL
TRICUSPID VALVE : NORMAL, NO TR, NO PAH
PULMONARY VALVE : NORMAL
LEFT ATRIUM : NORMAL
AORTA : NORMAL
LEFT VENTRICLE : NORMAL, NO REGIONAL WALL MOTION ABNORMALITY,
LVEF=60%
RIGHT ATRIUM : NORMAL
RIGHT VENTRICLE : NORMAL
I.V.S. : INTACT
I.A.S. : INTACT
PULMONARY ARTERY : NORMAL
PERICARDIUM : NORMAL
COLOUR/DOPPLER FLOW MAPPING : NO LV diastolic dysfunction,
NO AR, MR, 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 LV DIASTOLIC DYSFUNCTION
6. NO AR, MR, TR, NO PULMONARY HYPERTENSION , (IVC COLLAPSING)
7. NO PERICARDIAL EFFUSION, CLOT VEGETATION.

Dr. KILLLOL KANERIA MD, DM
Consultant Cardiologist



Name Riva gang -
Patient ID Ecu/23209282

13.01.2024 11:14:42
Standard 12-Lead

BHAILAL AMIN GENERAL HOSPITAL

Age 026Y
Gender Female
Pacemaker Unknown

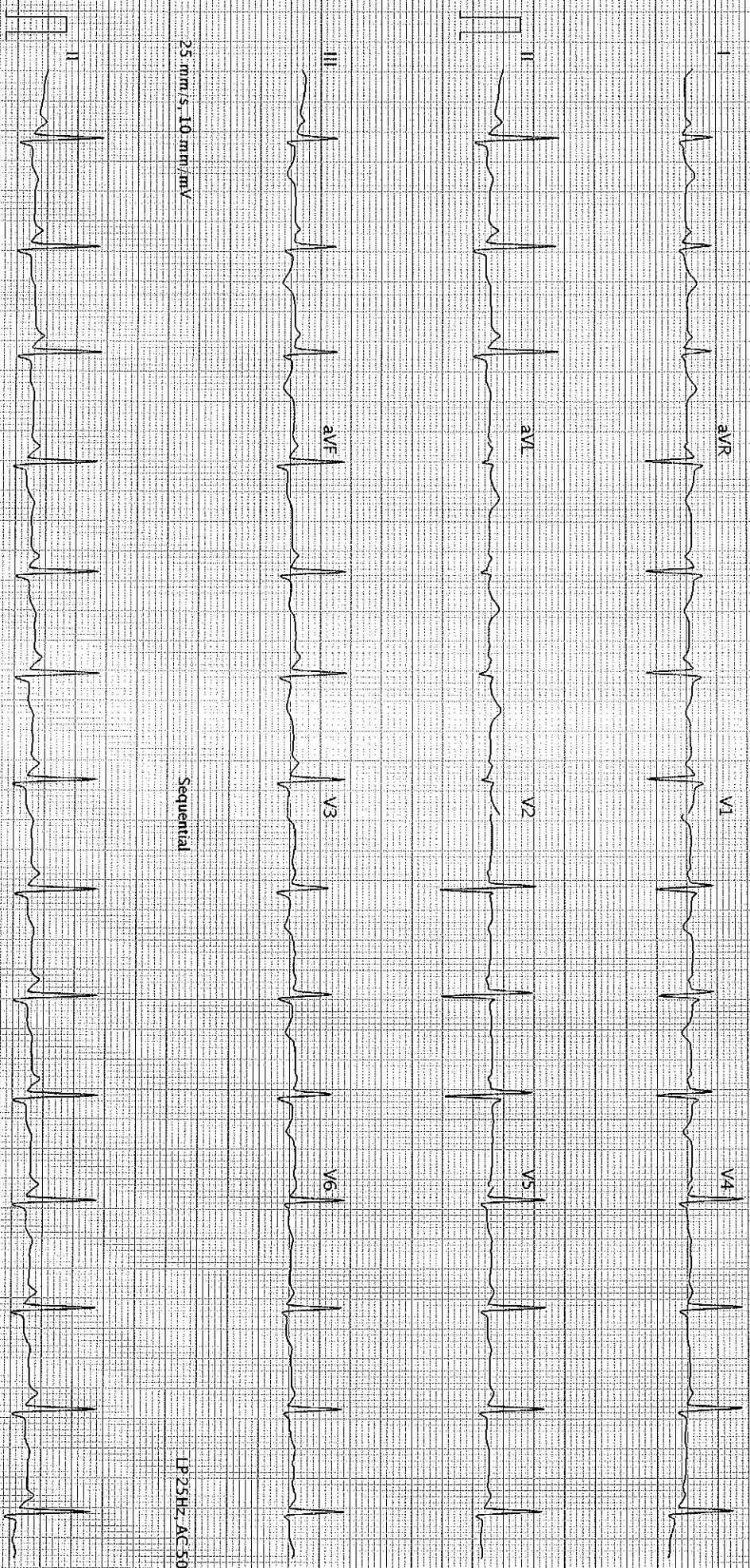
Ref. phys.

HR 84 bpm
P axis 52°
QRS axis 66°
T axis 28°
RR 711 ms
P 98 ms
PR 120 ms
QR5 92 ms
QT 353 ms
QTcf 419 ms

Unconfirmed report

Remark

fe



25 mm/s, 10 mm/mV

Sequential

LP25Hz, AC 50Hz

25 mm/s, 10 mm/mV

LP25Hz, AC 50Hz

AT 102 G212.0 (1080.011030)

BHAILAL AMIN GENERAL HOSPITAL Printed on 13.01.2024 at 14:55

Page 1 of 1

SCHILLER

Part No.2.157048M

0123

S.3D

365 Days / 24 Hours Laboratory Services
Home Collection Facility Available
(Mon To Sat 8:00 am to 5:00 pm)



**BHAILAL AMIN
GENERAL HOSPITAL**

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DEPARTMENT OF LABORATORY MEDICINE

Patient Name : Mrs. RIYA GARG
Gender / Age : Female / 26 Years 9 Months 26 Days
MR No / Bill No. : 23209282 / 242072249
Consultant : Dr. Manish Mittal
Location : OPD

Type : OPD
Request No. : 191178
Request Date : 13/01/2024 09:24 AM
Collection Date : 13/01/2024 10:24 AM
Approval Date : 13/01/2024 05:37 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/108/24 Received at 1:30 pm.		
	Clinical Details : No complain P/V findings : Cx. / Vg. - NAD. LMP : 02/01/2024		
	TBS Report / Impression : * Satisfactory for evaluation; transformation zone components identified. * Mild inflammatory cellularity (Neutrophils rich). * No epithelial cell abnormality favouring squamous intraepithelial lesion or frank malignancy (NILM).		

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

Note / Method :
The material received in LBC container, cytosmear was stained by rapid pap method and reported with due consideration to The Papanicolaou system (Modified 2014)

---- End of Report ----

Dr. Rakesh Vaidya
MD (Path). DCP.