











### CONCLUSION OF HEALTH CHECKUP

ECU Ref. No.

: MH/22/001391

Patient No : 21044777

Date : 11/06/2022

Name

(3)

: HENAXI A HATHILA

Sex / Age : F

Height / Weight

: 156 Cms 66 Kgs Ideal Weight 56 Kgs

BMI: 27.1

Or. 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





84/MIN REG.









Name

: HENAXI A HATHILA

Sex / Age

F

35

**Present History** 

FATIGUE OFF & ON.

Past History

K/C/O DIABETES - 1 YR.

**Family History** 

NO F/H/O ANY MAJOR ILLNESS.

**Personal History** 

NON-VEG DIET.

**Clinical Examination** 

B.P. 110/70 mm Hg

Others

0/70 mm Hg Pulse

Respiratory System

**CLINICALLY NAD** 

Cardio Vascular System

**CLINICALLY NAD** 

**Abdominal System** 

CLINICALLY NAD

Neurological System

CLINICALLY NAD

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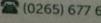




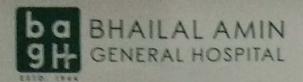
Name : HENAXI A HATHILA		Sex / Age : F 35		
Eye Checkup Doctor Name	Dr. Ketan J. Patel Right	Left		
History	BE : LASIK DONE - 7 YRS.			
Uncorrected vision	6/6	6/6		
Corrected vision	N.6	N.6		
IOP				
Fundus	NORMAL	NORMAL		
Any other	NIL	NIL		
Advice	NIL			

0

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Name

: HENAXI A HATHILA

Sex / Age : F

35

Height / Weight : 156 Cms 66 Kgs

Ideal Weight

56 Kgs

BMI : 27.1

Obstetnic History

G3 P2 - 2 MISSED ABORTIONS ; 3rd LSCS TWIN DELIVERY - 1 MALE / 1

FEMALE - L & W

Menstrual History

Present Menstrual Cycle

REGULAR CYCLES

Past Menstrual Cycle

LMP: 27/05/22

Chief Complaints

#### **Gynac Examination**

PIA

OBESITY / LSCS SCAR

PIS

NORMAL

PN

NORMAL

Breast examination - Right NORMAL

Breast examination - Left NORMAL

PAP Smear

BMD

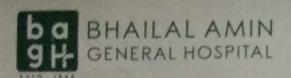
Mammography

Advice

REGULAR BSE

Dr. Monika Jani Gynecologist

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Nil



## **Dietary Assessment**

Sex / Age HENAXI A HATHILA Name 27.1 BMI Ideal Weight: 56 Kgs Weight: 66 Kgs 156 Cms Height Over weight Underweight : Normal Body Type **Diet History** Mixed Eggeterian : Vegetarian Diet preference / day / week or occasional Frequency of consuming fried food / day or occasional Frequency of consuming sweets / week or occasional Frequency of consuming outside food glasses / liters Amount of water consumed / day

### Life style assessment

dea

Sedentary moderate : Active Physical activity : Yes / No Alcohol intake : Yes / No Smoking : Yes/No Allergic to any food : Yes/No Are you stressed out? 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

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## DEPARTMENT OF LABORATORY MEDICINE

Patient Name

: Mrs. HENAXI A HATHILA

Gender / Age

: Female / 35 Years 8 Months 12 Days

MR No / Bill No.

: 21044777 / 231012035

Consultant

: Dr. Manish Mittal

OPD Location

Type Request No.

: 48922

: OPD

Request Date Collection Date : 11/06/2022 09:03 AM 11/06/2022 10:10 AM

Approval Date

: 11/06/2022 02:14 PM

CBC + ESR

Test	Result	Units	Biological Ref. Range
Haemoglobin.		gm/dL	12 - 15
Haemoglobin	13.0	mill/cmm	3.8 - 4.8
Red Blood Cell Count (T-RBC)	6.59	%	36 - 46
Hematocrit (HCT)	42.4		83 - 101
Mean Corpuscular Volume (MCV)	64.3	fl	27 - 32
Mean Corpuscular Haemoglobin (MCH)	19.7	pg	31.5 - 34.5
MCH Concentration (MCHC)	30.7	%	11.6 - 14
Red Cell Distribution Width (RDW-CV)	15.4	%	
Red Cell Distribution Width (RDW-SD)	33.4	fl	39 - 46
Total Leucocyte Count (TLC)	7.48	thou/cmm	4 - 10
bifferential Leucocyte Count	64	%	40 - 80
Polymorphs		%	20 - 40
Lymphocytes	30	%	1 - 6
Eosinophils	02	%	2 - 10
Monocytes	04	%	0 - 2
Basophils	00	thou/cmm	2 - 7
Polymorphs (Abs. Value)	4.79		1-3
Lymphocytes (Abs. Value)	2.25	thou/cmm	
Eosinophils (Abs. Value)	0.15	thou/cmm	0.2 - 0.5
Monocytes (Abs. Value)	0.25	thou/cmm	0.2 - 1
Basophils (Abs. Value)	0.04	thou/cmm	0.02 - 0.1
Immature Granulocytes	0.7	%	1 - 3 : Borderline > 3 : Significant
Platelet Count			450 440
Platelet Count	268	thou/cmm	150 - 410
Smear evaluation	Adequate		
PBS Overview		Microcytosis (+), Few to I Hb study to R/O BTT.	arget cells.

User: RASHMIKA.VEGDA

ESR

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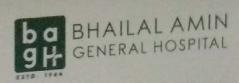
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mm/1 hr

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# DEPARTMENT OF LABORATORY MEDICINE

Patient Name

: Mrs. HENAXI A HATHILA

Gender / Age

Female / 35 Years 8 Months 12 Days

AR No / Bill No. Consultant

: 21044777 / 231012035 : Dr. Manish Mittal

OPD ocation

: OPD Type 48922

Request No. : 11/06/2022 09:03 AM Request Date 11/06/2022 10:10 AM

Collection Date 11/06/2022 02:14 PM Approval Date

CBC + ESR

mmature Granulocyte (IG) count is a useful early marker of infection or inflammation, even when other markers are normal. It is an arrive and rarried discrimination of hactorial framily life of the countries of arly and rapid discrimination of bacterial from viral infections. It is also increased in patients on steroid therapy / chemotherapy or Method: HB by Non-Cyanide Hemoglobin analysis method. HCT by RBC pulse height detection method. RBC,TLC & PLC are by Particle Method: HB by Non-Cyanide Hemoglobin analysis method. HCT by RBC pulse height detection method. RBC,TLC & PLC are by Particle Method: HB by Non-Cyanide Hemoglobin analysis method. HCT by RBC pulse height detection method. RBC,TLC & PLC are by Particle Method: HB by Non-Cyanide Hemoglobin analysis method. HCT by RBC pulse height detection method. RBC,TLC & PLC are by Particle Method: HCT by RBC pulse height detection method. RBC,TLC & PLC are by Particle Method: HCT by RBC pulse height detection method. RBC,TLC & PLC are by Particle Method: HCT by RBC pulse height detection method. RBC,TLC & PLC are by Particle Method: HCT by RBC pulse height detection method. RBC,TLC & PLC are by Particle Method: HCT by RBC pulse height detection method. RBC,TLC & PLC are by Particle Method: HCT by RBC pulse height detection method. RBC,TLC & PLC are by Particle Method: HCT by RBC pulse height detection method. RBC,TLC & PLC are by Particle Method: HCT by RBC pulse height detection method. RBC,TLC & PLC are by Particle Method: HCT by RBC pulse height detection method. RBC,TLC & PLC are by Particle Method: HCT by RBC pulse height detection method. RBC,TLC & PLC are by Particle Method: HCT by RBC pulse height detection method: HCT by RBC pulse height detection method. RBC,TLC & PLC are by Particle Method: HCT by RBC pulse height detection method: HCT by RBC pulse height aematological malignancy. High IG is always pathologicial; except in pregnancy and neonates of < 7 days. re calculated parameter.DLC by Flowcytometry method using semi-conductor Laser+Smear verification. ESR on Ves metic 20, omparable to Westergrens method and in accordance to ICSH reference method.

--- End of Report ----



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

Patient Name : Mrs. HENAXI A HATHILA

Female / 35 Years 8 Months 12 Days

Gender / Age MR No / Bill No.

: 21044777 / 231012035

Consultant

: Dr. Manish Mittal

Location OPD Type

OPD

Request No.

48922

Request Date

11/06/2022 09:03 AM

Collection Date

11/06/2022 10:10 AM

Approval Date

11/06/2022 02:11 PM

Haematology

Test

Result

Units

Biological Ref. Range

**Blood Group** 

Rh system.

ABO system

B

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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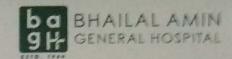
Yes feruits are dependent on a number of variables & it is adopted to commiss with cleany feedings and other any fees appropriate its made. Section J. vetest may be required.



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### DEPARTMENT OF LABORATORY MEDICINE

: Mrs. HENAXI A HATHILA Patient Name

Gender / Age : Female / 35 Years 8 Months 12 Days

MR No / Bill No. : 21044777 / 231012035

Consultant : Dr. Manish Mittal

Location : OPD

: OPD Type : 48922 Request No.

: 11/06/2022 09:03 AM Request Date : 11/06/2022 10:10 AM Collection Date : 11/06/2022 01:35 PM Approval Date

#### Clinical Biochemistry

Test	Result	Units	Biological Ref. Range
Fasting Plasma Glucose	132	mg/dL	70 - 110
Post Prandial 2 Hr.Plasma Glucose	183	mg/dL	70 - 140

By Hexokinase method on RXL Dade Dimesion

- End of Report -



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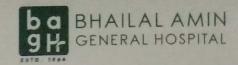
Test Results are dependent on a number of variables & technical limitations. Hence, it is advised to correlate with clinical findings and other related investigations before any firm opinion is made. Recheck / retest may be requested.



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## DEPARTMENT OF LABORATORY MEDICINE

Patient Name

: Mrs. HENAXI A HATHILA

Gender / Age

: Female / 35 Years 8 Months 12 Days

MR No / Bill No. : 21044777 / 231012035

Consultant

: Dr. Manish Mittal

Location

OPD

Туре

: OPD

Request No.

: 48922

Request Date

: 11/06/2022 09:03 AM

Collection Date

: 11/06/2022 10:10 AM

Approval Date

: 11/06/2022 12:42 PM

#### Clinical Biochemistry

Test	Result	<u>Units</u>	Biological Ref. Range
Glycosylated Heamoglobin (HbA1c)	7.9	%	
estimated Average Glucose (e AG) *	180.03	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:

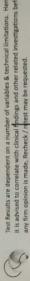
Indicated Glycemic control of previous 2-3 months

	HUM 1070	e AG (mg/di)	Glycenic control
	> 8	> 183	Action suggestedHigh risk of developing long-term complications. Action suggested, depends on individual patient circumstances
	7-8	154 - 183	Good
- december	< 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
1000	< 6	< 126	Nondiabetic level)
9			

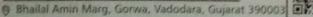
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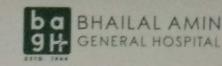


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#### DEPARTMENT OF LABORATORY MEDICINE

Patient Name

: Mrs. HENAXI A HATHILA

Gender / Age

: Female / 35 Years 8 Months 12 Days

MR No / Bill No.

: 21044777 / 231012035

Consultant

: Dr. Manish Mittal

Location : OPD

Type : OPD : 4892

Request No. : 48922

Request Date : 11/06/2022 09:03 AM Collection Date : 11/06/2022 10:10 AM Approval Date : 11/06/2022 01:35 PM

#### Renal Function Test (RFT)

1001011011011			
Test	Result	Units	Biological Ref. Range
Urea (By Urease Kinetic method on RXL Dade Dimension)	18	mg/dL	10 - 45
Creatinine (By Modified Kinetic Jaffe Technique)	0.70	mg/dL	0.6 - 1.1
Estimate Glomerular Filtration rate  (Ref. range: > 60 mi/min for adults between age group EGFR Calculated by IDMS Traceable MDRD Study equ Reporting of eGFR can help facilitate early detection of By Modified Kinetic Jaffe Technique)	uation.		22-58
Uric acid (By Uricase / Catalse method on RXL Siemens)	5.2	mg/dL	2.2 - 5.0

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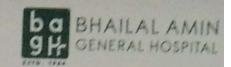
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## DEPARTMENT OF LABORATORY MEDICINE

Patient Name : Mrs. HENAXI A HATHILA Gender / Age : Female / 35 Years 8 Months 12 Days

MR No / Bill No. : 21044777 / 231012035

Consultant : Dr. Manish Mittal

Location OPD Type : OPD Request No. : 48922

Request Date : 11/06/2022 09:03 AM Collection Date : 11/06/2022 10:10 AM Approval Date : 11/06/2022 01:35 PM

## Liver Function Test (LFT)

Test Bilirubin	Result	Units	Biological Ref. Range
Bilirubin - Total	0.29		
Bilirubin - Direct	0.28	mg/dL	0-1
Billirubin - Indirect	0.08	mg/dL	0 - 0.3
(By Diazotized sulfanilic acid on RXL Dade Dimension.)	0.2	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.)	<u>53</u>	U/L	7 - 35
Alkaline Phosphatase BY PNPP AMP method on RXL Dade Dimension.)	67	U/L	42 - 98
Gamma Glutamyl Transferase (GGT) Say IFCC method on RXL Dade Dimension.)	28	U/L	5 - 55
otal Protein			
Total Proteins	8.00	gm/dL	6.4 - 8.2
Albumin	3.69	gm/dL	3.4 - 5
Globulin	4.31	gm/dL	3 - 3.2
A : G Ratio	0.86		1.1 - 1.6
By Siuret endpoint and Bromocresol purple method on RXL D	Pade Dimesion.)		

--- End of Report ----



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### **DEPARTMENT OF LABORATORY MEDICINE**

Patient Name : Mrs. HENAXI A HATHILA Type : OPD Gender / Age : Female / 35 Years 8 Months 12 Days Request No. : 4892

MR No / Bill No. : 21044777 / 231012035 Request Date : 11/06/2022 09:03 AM

Consultant : Dr. Manish Mittal

Consultant : Dr. Manish Mittal Collection Date : 11/06/2022 10:10 AM Location : OPD Approval Date : 11/06/2022 01:35 PM

#### Complete Lipid Profile

Test	Result	Units	Biological Ref. Range
Complete Lipid Profile			
Appearance	Clear		
Triglycerides	262	mg/dL	1 - 150
(By Lipase / Glycerol dehdrogenase on RXL Dade Dimension < 150 Normal 150-199 Borderline High 200-499 High > 499 Very High)			
Total Cholesterol	159	mg/dL	1 - 200
(By enzymatic colorimetric method on RXL Dade Dimension			
<200 mg/dL - Desirable 200-239 mg/dL - Borderline High 3 > 239 mg/dL - High)			
HDL Cholesterol	27	mg/dL	40 - 60
# g(By Direct homogenous technique, modified enzymatic non-imm 4 40 Low 8 8 8 8 9 8 9 60 High)	nunological method on RXL Dad	le Dimension	
Non HDL Cholesterol (calculated)	132	mg/dL	1 - 130
William (Non-HDL Cholesterol 130 Desirable 139-159 Borderline High 160-189 High 191 Very High)			
DL Cholesterol	86	mg/dL	1 - 100
(By Direct homogenous technique, modified enzymatic non-imn  < 100 Optimal 100-129 Near / above optimal 130-159 Bordenline High 160-189 High > 189 Very High)	nunological method on RXL Dade	e Dimension	
VLDL Cholesterol (calculated)	52.4	mg/dL	12 - 30
LDL Ch. / HDL Ch. Ratio	3.19		2.1 - 3.5
T. Ch./HDL Ch. Ratio	5.89		3.5 - 5
(Recent NECP / ATP III Guidelines / Classification (mg/dl):)			

--- End of Report ---



Dr. Rakesh Vaidya MD (Path). DCP.

User NAMEETA BHATT

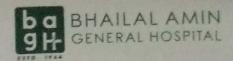
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: Mrs. HENAXI A HATHILA Patient Name

: Female / 35 Years 8 Months 12 Days Gender / Age

: 21044777 / 231012035 MR No / Bill No.

Dr. Manish Mittal Consultant

: OPD Location

: OPD Type 48922 Request No.

ng/ml

: 11/06/2022 09:03 AM Request Date 11/06/2022 10:10 AM Collection Date

: 11/06/2022 01:35 PM Approval Date

Thyroid Hormone Study

Biological Ref. Range **Units** Result Test

1.36 Triiodothyronine (T3) (Done by 4th generation electrochemiluminescence based method on automated immunoassay / Cobas e 411. Reference interval (ng/ml)

1 - 3 days 0.1 - 7.4

0.1 - 2.45 1-11 months 1-5 years 0.9 - 2.4 6-10 years 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 ))

mcg/dL 11.14 Thyroxine (T4)

(Done by 4th generation electrochemiluminescence based method on automated immunoassay / Cobas e 411. Reference interval (mcg/dL)

11.8 - 22.6 1 - 3 days 9.8 - 16.6 1-2 weeks 7.2 - 14.4 1 - 4 months 7.8 - 16.5 4 - 12 months 1-5 years 5 - 10 years 10 - 20 years 7.3 - 15.0 6.4 - 13.3 5.6 - 11.7 Adults / male : 4.6 - 10.5 5.5 - 11.0 Adults / female 5.0 - 10.7

a number of variables & ted inical findings and other rel eck / retest may be request

Adults (> 60 years) : 5.0 - 10.7 (Reference : Tietz - Clinical guide to laboratory test, 4th edition ))

microlU/ml 1.26 (Done by 4th generation electrochemiluminescence based method on automated immunoassay / Cobas e 411.

The passing of the pa 0.4 - 4.2

5 months - 20 years Adults (21 - 54 years) Adults (> 55 years) 0.5 - 8.9 Pregnancy 0.3 - 4.5 1st trimester 0.5 - 4.6 2nd trimester

0.8 - 5.2 3rd trimester ( Reference : Tietz - Clinical guide to laboratory test, 4th edition ))

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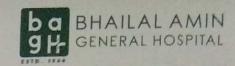
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## DEPARTMENT OF LABORATORY MEDICINE

Patient Name : Mrs. HENAXI A HATHILA

Gender / Age : Female / 35 Years 8 Months 12 Days

MR No / Bill No. : 21044777 / 231012035 Consultant : Dr. Manish Mittal

Location : OPD

Type : OPD Request No. : 48922

Request Date : 11/06/2022 09:03 AM
Collection Date : 11/06/2022 10:10 AM
Approval Date : 11/06/2022 01:05 PM

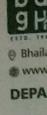
### **Urine Routine**

Toot	Result	Units	Biological Ref. Range
Test Physical Examination	Liveria		
Quantity	30	mL	
Colour	Pale Yellow		
Appearance	Turbid (Slight)		
Chemical Examination (By Reagent strip	o method)		
рН	6.0		
Specific Gravity	1.015		
Protein	Negative	gm/dL	Negative
Glucose	2+ (R/C)	mg/dL	Negative
Ketones	Negative		Negative
a Bilirubin	Negative		Negative
Urobilinogen	Negative		Negative (upto 1)
Blood	1+		Negative
Bile Salt	Absent		Absent
Leucocytes	1+		Negative
Bile Pigments	Absent		Absent
Nitrite	Positive		Negative
(Aicroscopic Examination (After Centrifuga	ation at 2000 rpm for 10 min)		
Red Blood Cells	Present (0-2)	/hpf	0 - 2
Leucocytes	Present (5-10)	/hpf	0 - 5
Epithelial Cells	Present (0-2)	/hpf	0 - 5
Casts	Nil	/lpf	Nil
Crystals	Nil		Nil
Mucus	Absent		Absent
Organism	Bacteria ++		

--- End of Report ----



Dr. Rakesh Vaidya MD (Path). DCP.



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## DEPARTMENT OF DIAGNOSTIC RADIOLOGY

Patient No. : 21044777

Report Date : 11/06/2022

11/06/2022 9.03 AM Request No.: 190022964

Patient Name: HENAXI A HATHILA

Gender / Age: Female / 35 Years 8 Months 12 Days

X-Ray Chest AP

. ULTRA SONGGRAPHY CANNOT DETECT ALL ABNORMALTIES
. NOT VALID FOR MEDICO-LEGAL PURPOSES
. CLINICAL CORRELATION RECOMMENDED

Both lung fields are clear. Both costophrenic sinuses appear clear. Heart size is normal. Hilar shadows show no obvious abnormality. Aorta is normal.



Dr. Priyanka Patel, MD Consultant Radiologist

Computer Radiography

Ultra Sensitive Colour Doppler

Ultra High Resolution Sonography

Multi-Detector CT Scan

Mammography

Interventional Radiology

Digital Subtraction Angiography

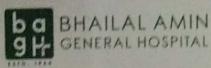
Foetal Echocardiography

Echocardiography









Bhailal Amin Marg, Gorwa, Vadodara, Gujarat 390003.

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## DEPARTMENT OF DIAGNOSTIC RADIOLOGY

Patient No. : 21044777 Report Date : 11/06/2022

Request No. : 190022959 11/06/2022 9.03 AM

Patient Name: HENAXI A HATHILA

Gender / Age: Female / 35 Years 8 Months 12 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: Abdomen (Excluding Pelvis) Or Upper Abdomen

Liver is normal in size and 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 mild enlarged size (12.5cm) and normal in 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. IUCD noted.

Uterine length: 71 mm. A.P. : 41 mm.

Both ovaries reveal small follicles.

Urinary bladder is well distended and appears normal.

No ascites.

#### COMMENT:

Fatty liver.

Kindly correlate clinically

flaroys

Dr. Prema C Hasani, MD Consultant Radiologist





















Patient No. : 21044777

Report Date : 11/06/2022

Request No.: 190023030

11/06/2022 9.03 AM

Patient Name: HENAXI A HATHILA

Gender / Age: Female / 35 Years 8 Months 12 Days

### Echo Color Doppler

MITRAL VALVE AORTIC VALVE

TRICUSPID VALVE **PULMONARY VALVE** 

LEFT ATRIUM AORTA

LEFT VENTRICLE

RIGHT ATRIUM RIGHT VENTRICL

1.V.S. I.A.S.

**PULMONARY ARTERY** PERICARDIUM

: NORMAL, NO MS, NO MR

TRILEALFT, NO AS, NO AR NORMAL, NO TR, NO PAH

NORMAL, NO PR, NO PS

NORMAL SIZE NORMAL

NORMAL LVEF - 60%, NO RWMA AT REST

NORMAL SIZE NORMAL SIZE

INTACT INTACT NORMAL

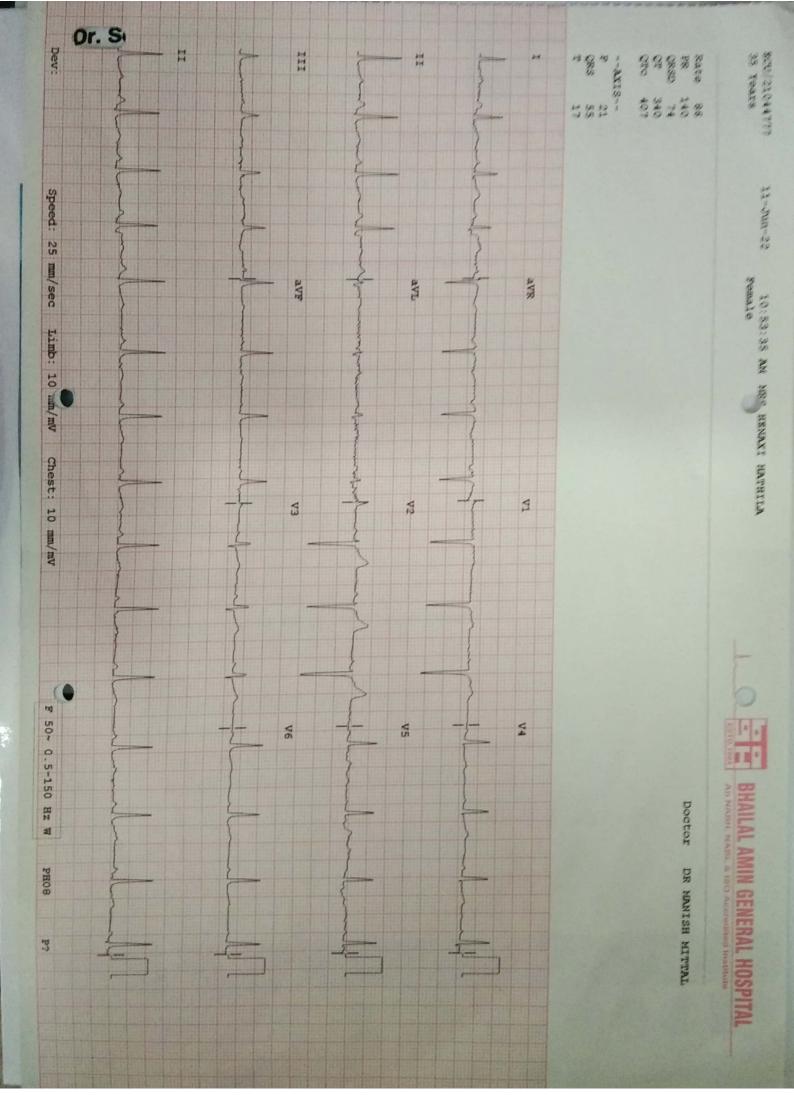
NO EFFUSION

: NO MR // AR // TR, NO PAH

#### FINAL CONCLUSION:

- 1. NORMAL SIZED ALL CARDIAC CHAMBERS, NO LVH
- 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+.

KILLOL KANERIA, M.D., D.M., CARD.



Dr. Sonica Peshin

Cosmetic Dentist & Implantologist

Reg. No.: 6966-A

M.: 9586867301



Dental assessment form

11/06/2022

Name: Henaxi A Hathila

Age/ Sex: 35 years/Female

Patient has come for an oral hygiene check up

## On Examination:

- Stains++ Calculus++
- · History of horizontal brushing
- · Mild attrition, recession
- Decayed teeth with respect to 18, 28, 38
- History of extraction of 48

## **Provisional diagnosis:**

Chronic generalised gingivitis

## Treatment plan:

- Scaling and polishing
- Extraction of 18, 28, 38, if pain arises

## Advised:

- Brush your teeth twice daily
- Salt water rinses atleast once a day.
- Clean your tongue and floss in between everyday.
- Follow vertical brushing technique.

ITEM CODE:SMD066

HEART CARE | BRAIN & SPINE | BONE & JOINT | MINIMAL ACCESS SURGERY 24X7 EMERGENCY | DIAGNOSTICS | PHARMACY | BLOOD BANK

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