













CONCLUSION OF HEALTH CHECKUP

ECU Number: 10234

MR Number

:23231758

ВМІ

Patient Name: VAISHALI SANJAY SHAH

:48 Age

Date

Sex

: Female

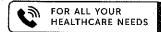
Height

Weight Ideal Weight : 16/03/2024

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.



Home Collection Facility Available (Mon To Sat 8:00 am to 5:00 pm)







Bhailal Amin Marg, Gorwa, Vadodara, Gujarat 390003.

(a) www.baghospital.com (b): 080 69 70 70 70 | Follow us: (b) (c)

DEPARTMENT OF LABORATORY MEDICINE

Patient Name

: Mrs. VAISHALI SANJAY SHAH

Gender / Age

: Female / 48 Years 1 Months 22 Days

MR No / Bill No. : 23231758 / 242091247

Consultant Location

: Dr. Manish Mittal

: OPD

Type

: OPD

Request No.

208494

Request Date

: 16/03/2024 08:14 AM

Collection Date

16/03/2024 09:00 AM

Approval Date

16/03/2024 05:56 PM

Pap Smear

Test

Pap Smear

Result

Units

Biological Ref. Range

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

Cyto No: P/691/24 Received at 02.00 pm.

Clinical Details: No Complain

P/V findings : Cx. - Hypertrophic, Mirena thread not seen. / Vg. -

NAD

LMP: 2 Years Ago

TBS Report / Impression:

* Satisfactory for evaluation; transformation zone components

identified.

Mild acute inflammatory cellularity.

* 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.

User: NAMEETA, BHATT

Page 1 of 1

Home Collection Facility Available (Mon To Sat 8:00 am to 5:00 pm)







Bhailal Amin Marg, Gorwa, Vadodara, Gujarat 390003.

(f) (a) www.baghospital.com (S): 080 69 70 70 70 | Follow us : (f) (a)

DEPARTMENT OF LABORATORY MEDICINE

Patient Name

: Mrs. VAISHALI SANJAY SHAH

Gender / Age

: Female / 48 Years 1 Months 22 Days

Consultant

MR No / Bill No. : 23231758 / 242091247

Location

: Dr. Manish Mittal

: OPD

Type

Request No.

: OPD

Request Date

208494

: 16/03/2024 08:14 AM

Collection Date Approval Date

: 16/03/2024 09:00 AM

: 16/03/2024 01:07 PM

CBC + ESR

<u>Test</u>	<u>Result</u>	<u>Units</u>	Biological Ref. Ran
Haemoglobin.			
Haemoglobin	13.9	gm/dL	12 - 15
Red Blood Cell Count (T-RBC)	<u>4.81</u>	mill/cmm	3.8 - 4.8
Hematocrit (HCT)	43.1	%	36 - 46
Mean Corpuscular Volume (MCV)	89.6	fl	83 - 101
Mean Corpuscular Haemoglobin (MCH)	28.9	pg	27 - 32
MCH Concentration (MCHC)	32.3	%	31.5 - 34.5
Red Cell Distribution Width (RDW-CV)	12.6	%	11.6 - 14
Red Cell Distribution Width (RDW-SD)	41.5	fl	39 - 46
Total Leucocyte Count (TLC)			
Total Leucocyte Count (TLC)	7.63	thou/cmm	4 - 10
Differential Leucocyte Count Polymorphs	00	0.4	
- ,	60	%	40 - 80
Lymphocytes	33	%	20 - 40
Eosinophils	2	%	1 - 6
Monocytes	5	%	2 - 10
Basophils	0	%	0 - 2
Polymorphs (Abs. Value)	4.60	thou/cmm	2 - 7
Lymphocytes (Abs. Value)	2.46	thou/cmm	1 - 3
Eosinophils (Abs. Value)	<u>0.19</u>	thou/cmm	0.2 - 0.5
Monocytes (Abs. Value)	0.35	thou/cmm	0.2 - 1
Basophils (Abs. Value)	0.03	thou/cmm	0.02 - 0.1
Immature Granulocytes	0.3	%	1 - 3 : Borderline > 3 : Significant
Platelet Count			
Platelet Count	223	thou/cmm	150 - 410
Remarks	This is counter ge	enerated CBC Report, s	mear review is not done

ESR

7

mm/1 hr

0 - 12

User: MEGHANA.VYAS

Page 1 of 2

Home Collection Facility Available (Mon To Sat 8:00 am to 5:00 pm)







Bhailal Amin Marg, Gorwa, Vadodara, Gujarat 390003.

(a) www.baghospital.com (b): 080 69 70 70 70 | Follow us: (c) (a)

DEPARTMENT OF LABORATORY MEDICINE

Patient Name

: Mrs. VAISHALI SANJAY SHAH

Gender / Age : Female / 48 Years 1 Months 22 Days

MR No / Bill No. : 23231758 / 242091247

Consultant Location

: Dr. Manish Mittal

: OPD

Type

: OPD

Request No.

: 208494

Request Date

16/03/2024 08:14 AM

Collection Date

16/03/2024 09:00 AM

Approval Date

16/03/2024 01:07 PM

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. Amee Soni MD (Path)

User: MEGHANA.VYAS

Page 2 of 2

Home Collection Facility Available (Mon To Sat 8:00 am to 5:00 pm)







Bhailal Amin Marg, Gorwa, Vadodara, Gujarat 390003.

(a) www.baghospital.com (b): 080 69 70 70 70 | Follow us: (b)

DEPARTMENT OF LABORATORY MEDICINE

Patient Name

: Mrs. VAISHALI SANJAY SHAH

Gender / Age

: Female / 48 Years 1 Months 22 Days

MR No / Bill No. : 23231758 / 242091247

Consultant Location

: Dr. Manish Mittal

: OPD

Type

: OPD

Request No.

208494

Request Date

Collection Date

16/03/2024 08:14 AM 16/03/2024 09:00 AM

Approval Date

16/03/2024 03:42 PM

Haematology

Test

Result

Units

Biological Ref. Range

Blood Group

ABO system

В

Rh system.

Positive

By Gel Technology / Tube Agglutination Method

- 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. Amee Soni MD (Path)

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

User: PINKAL.PARMAR

Page 1 of 1

Home Collection Facility Available (Mon To Sat 8:00 am to 5:00 pm)







DEPARTMENT OF LABORATORY MEDICINE

Bhailal Amin Marg, Gorwa, Vadodara, Gujarat 390003.

www.baghospital.com | © : 080 69 70 70 70 | Follow us : ① @

Patient Name Gender / Age : Mrs. VAISHALI SANJAY SHAH

Gender / Age : Female / 48 Years 1 Months 22 Days MR No / Bill No. : 23231758 / 242091247

Consultant

: Dr. Manish Mittal

Location : OPD

Type Request No. : OPD : 208494

Request No.

: 16/03/2024 08:14 AM

Collection Date Approval Date

: 16/03/2024 09:00 AM : 16/03/2024 12:45 PM

Fasting Plasma Glucose

<u>Test</u> Fasting Plasma Glucose	Result	<u>Units</u>	Biological Ref. Range
Fasting Plasma Glucose	91	mg/dL	70 - 110
Post Prandial 2 Hr.Plasma Glucose	95	mg/dL	70 - 140

By Hexokinase method on EXL Dade Dimension

---- End of Report ----



Dr. Rakesh Vaidya MD (Path). DCP.

Print Date &Time: 16/03/2024 3.48 PM

this abouts are dependent on a number of variables at earning anniagous. Hence, it is advocated to correlate with clinical infinitys and other related investigations before any firm policies made Becker's context may be considered.

Home Collection Facility Available (Mon To Sat 8:00 am to 5:00 pm)







Bhailal Amin Marg, Gorwa, Vadodara, Gujarat 390003.

(a) www.baghospital.com (b): 080 69 70 70 70 | Follow us: (c) (a)

DEPARTMENT OF LABORATORY MEDICINE

Patient Name Gender / Age

: Mrs. VAISHALI SANJAY SHAH

Type Request No.

: OPD 208494

: Female / 48 Years 1 Months 22 Days MR No / Bill No. : 23231758 / 242091247

Request Date

: 16/03/2024 08:14 AM

Consultant

: Dr. Manish Mittal

Collection Date

16/03/2024 09:00 AM

Location

: OPD

Approval Date

16/03/2024 02:44 PM

HbA1c (Glycosylated Hb)

Test HbA1c (Glycosylated Hb)	Result	<u>Units</u>	Biological Ref. Range
Glycosylated Heamoglobin (HbA1c)	4.8	%	
estimated Average Glucose (e AG) * (Method:	91.06	mg/dL	

By Automated HPLC analyser on D-10 Biorad. NGSP Certified, US-FDA approved, Traceable to IFCC reference method.

Guidelines for Interpretation:

Indicated Glycemic control of previous 2-3 months

HbA1c%	e AG (mg/dl)	Glycemic control
> 8	> 183	Action suggestedHigh risk of developing long-term complications. Action suggested, depends on individual patient circumstances
7-8	154 - 183	Good
< 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
< 6	< 126	Nondiabetic level)

---- End of Report ----



Dr. Rakesh Vaidya MD (Path). DCP.

User: NAZIA.SHAIKH

Page 1 of 1

^{*} 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.

Home Collection Facility Available (Mon To Sat 8:00 am to 5:00 pm)







Bhaifal Amin Marg, Gorwa, Vadodara, Gujarat 390003.

⊕ www.baghospital.com | ⑤ : 080 69 70 70 70 | Follow us : ⑤ ⊚

DEPARTMENT OF LABORATORY MEDICINE

Patient Name

: Mrs. VAISHALI SANJAY SHAH

Туре

: OPD

Gender / Age

: Female / 48 Years 1 Months 22 Days

Request No.

: **208494** : 16/03/2024 08:14 AM

Consultant

MR No / Bill No. : 23231758 / 242091247

Request Date

10/03/2024 06.14 AW

Consultant

: Dr. Manish Mittal

Collection Date

: 16/03/2024 09:00 AM

Location

: OPD

Approval Date

: 16/03/2024 01:08 PM

Complete Lipid Profile

	<u>Test</u>	Result	Units	Biological Ref. Range
	Complete Lipid Profile			3
	Appearance	Clear		
	Triglycerides	49	mg/dL	1 - 150
	(Done by Lipase /Glycerol kinase on Vitros 5600 < 150 Normal 150-199 Borderline High 200-499 High > 499 Very High)		3 .44	
	Total Cholesterol	153	mg/dL	1 - 200
	(Done by Colorimetric - Cholesterol Oxidase, esterase, peroxida	se on Vitros 5600.	•	
ested.	<200 mg/dL - Desirable 200-239 mg/dL - Borderline High > 239 mg/dL - High)			
e requ	HDL Cholesterol	45	mg/dL	40 - 60
retest may be	(Done by Colorimetric: non HDL precipitation method PTA/MgCl. < 40 Low > 60 High)	2 on Vitros 5600		
reck/	Non HDL Cholesterol (calculated)	108	mg/dL	1 - 130
÷.	(Non- HDL Cholesterol < 130 Desirable 139-159 Borderline High 160-189 High > 191 Very High)		·	
ny farm	LDL Cholesterol	100	mg/dL	1 - 100
,	(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)			
1	VLDL Cholesterol (calculated)	<u>9.8</u>	mg/dL	12 - 30
	LDL Ch. / HDL Ch. Ratio	2.22		2.1 - 3.5
	T. Ch./HDL Ch. Ratio	3.4		3.5 - 5
- 1	(Recent NECP / ATP III Guidelines / Classification (mg/dl) :)			0.0

---- End of Report ----



Dr. Rakesh Vaidya MD (Path). DCP.

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.

User: NAZIA.SHAIKH

Page 1 of 1

Home Collection Facility Available (Mon To Sat 8:00 am to 5:00 pm)







Bhailal Amin Marg, Gorwa, Vadodara, Gujarat 390003.

www.baghospital.com | © : 080 69 70 70 70 | Follow us : ②

DEPARTMENT OF LABORATORY MEDICINE

Patient Name Gender / Age

: Mrs. VAISHALI SANJAY SHAH

: Female / 48 Years 1 Months 22 Days

MR No / Bill No. : 23231758 / 242091247

Consultant Location

: Dr. Manish Mittal

: OPD

Туре

Request No.

: OPD 208494

Request Date

: 16/03/2024 08:14 AM

Collection Date Approval Date

16/03/2024 09:00 AM 16/03/2024 01:08 PM

Liver Function Test (LFT)

,	<u>Test</u> Bilirubin	Result	<u>Units</u>	Biological Ref. Range			
	Bilirubin - Total	1.00	mg/dL	0 - 1			
	Bilirubin - Direct	0.01	mg/dL	0 - 0.3			
	Bilirubin - Indirect (Done by Dual Wavelength - Reflectance Spectrophotometry on	0.99 Vitros 5600)	mg/dL	0 - 0.7			
j	Aspartate Aminotransferase (SGOT/AST) (Done by Multipoint Rate Colorimetricwith P-5-P on Vitros 5600)	26	U/L	13 - 35			
	Alanine Aminotransferase (SGPT/ALT) (Done by Multipoint-Rate/Colorimetric with P-5-P (pyridoxa-5-pho	12 osphate) on Vitros 5600)	U/L	14 - 59			
retest may be requested.	Alkaline Phosphatase (Done by Multipoint-Rate - p-nitrophenyl Phosphate, AMP buffer	63 on Vitros 5600)	U/L	42 - 98			
/ retest may t	Gamma Glutamyl Transferase (GGT) (Done by Multipoint Rate - L-¿³-glutamyl-p-nitroanilide on Vitros £		U/L	5 - 55			
gerje 7	grand Protein						
s made,	Total Proteins	7.27	gm/dL	6.4 - 8.2			
pínion is	Albumin	4.14	gm/dL	3.4 - 5			
ıy firm o	Globulin	3.13	gm/dL	3 - 3.2			
	A:GRatio (Done by Biuret endpoint and Bromocresol green method on vitro	1.32 s <i>5600.)</i>		1.1 - 1.6			

---- End of Report ----



Dr. Rakesh Vaidya MD (Path). DCP.

User: NAZIA.SHAIKH

Page 1 of 1

Home Collection Facility Available (Mon To Sat 8:00 am to 5:00 pm)







Bhailal Amin Marg, Gorwa, Vadodara, Gujarat 390003.

DEPARTMENT OF LABORATORY MEDICINE

Patient Name

: Mrs. VAISHALI SANJAY SHAH

Gender / Age

: Female / 48 Years 1 Months 22 Days

MR No / Bill No. : 23231758 / 242091247

Consultant

: Dr. Manish Mittal

Location

: OPD

Type

: OPD

Request No.

208494

Request Date

16/03/2024 08:14 AM

Collection Date

: 16/03/2024 09:00 AM

Approval Date

16/03/2024 01:08 PM

Renal Function Test (RFT)

<u>Test</u>	Result	<u>Units</u>	Biological Ref. Range
Urea (Done by Endpoint/Colorimetric - Urease on Vitros 5600)	22	mg/dL	10 - 45
BUN	10.28	mg/dL	5 - 21
Creatinine (By Modified Kinetic Jaffe Technique)	0.58	mg/dL	0.6 - 1.1
Estimate Glomerular Filtration rate (Ref. range : > 60 ml/min for adults between age group of 1 EGFR Calculated by IDMS Traceable MDRD Study equation Reporting of eGFR can help facilitate early detection of CKI By Modified Kinetic Jaffe Technique)	nn.		
Uric acid (Done by Colorimetric - Uricase, Peroxidase on Vitros 5600)	3.3	mg/dL	2.2 - 5.8

--- End of Report ----



Dr. Rakesh Vaidya MD (Path). DCP.

User: NAZIA.SHAIKH

Page 1 of 1

Home Collection Facility Available (Mon To Sat 8:00 am to 5:00 pm)







Bhailal Amin Marg, Gorwa, Vadodara, Gujarat 390003.

www.baghospital.com | © : 080 69 70 70 70 | Follow us : Follow us : ©

: Mrs. VAISHALI SANJAY SHAH

Gender / Age : Female / 48 Years 1 Months 22 Days MR No / Bill No. : 23231758 / 242091247

Consultant

Location : OPD

Patient Name

: Dr. Manish Mittal

DEPARTMENT OF LABORATORY MEDICINE

Type : OPD

Request No. : 208494

Request Date 16/03/2024 08:14 AM Collection Date 16/03/2024 09:00 AM

Approval Date : 16/03/2024 01:08 PM

Thyroid Hormone Study

	Test		Result	<u>Units</u>	Biological Ref. Range
	Triiodothyronine (T3)		1.05	ng/ml	
	(Done by CLIA based meth Reference interval (ng/m 1 - 3 days	nod on automated immunoa l) : 0.1 - 7.4	ssay Vitros 5600.		
	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 month	ins) : 1.2 - 2.5	400 33		
		l guide to laboratory test, 4			
	Thyroxine (T4)		6.52	mcg/dL	
il limitations. Hence, investigations before	(Done by CLIA based meth Reference interval (mcg/d	!L)	ssay Vitros 5600.	•	
& technical limitations. Ier related investigation quested.	1 - 3 days	: 11.8 - 22.6			
nital estig	1- 2 weeks 1 - 4 months	: 9.8 - 16.6			
ii š	4 - 12 months	: 7.2 - 14.4 : 7.8 - 16.5			
ared d.	1-5 years	: 7.8 - 16.5 : 7.3 - 15.0			
tech rek este	5 - 10 years	: 7.3 - 13.0 : 6.4 - 13.3			
s & ther	10 - 20 years	: 5.6 - 11.7			
able id or	Adults (20-99 vears)	: 5.91 - 12.98			
i variables & techn gs and other relav may be requested	(Reference : Tietz - Clinical	auide to laboratory test 4t	h edition 1)		
ding					
nbe Thi	Thyroid Stimulating Hor		3.04	microlU/ml	
Flest Results are dependent on a number of variables. & technica it is advised to correlate with clinical findings and other related any firm opinion is made, Recheck / retest may be requested.	(Done by CLIA based metho Reference interval (microl	U/mI)	ssay Vitros 5600.		
ent o	Infants (1-4 days)	: 1.0 - 39			•
ande late	2-20 weeks	: 1.7 - 9.1			
Jepi Sme	5 months - 20 years	: 0.7 - 6.4			
are dependent on to correlate with c nion is made, Rech	Adults (20-99 years) Pregnancy :	: 0.4001 - 4.049			
alts open	1st trimester	: 0.3 - 4.5			
Rest Idvis	2nd trimester	: 0.5 - 4.6			
Test Results it is advised any firm opi	3rd trimester	: 0.8 - 5.2			
; .= m	(Reference : Tietz - Clinical		adition 11		
	, January Carrious	g 10 1000 10101 y 1031, 40	comon))		

--- End of Report ---

Dr. Rakesh Vaidya MD (Path). DCP.

User: NAZIA.SHAIKH Page 1 of 1 Print Date &Time: 16/03/2024 3,47 PM

Home Collection Facility Available (Mon To Sat 8:00 am to 5:00 pm)







DEPARTMENT OF LABORATORY MEDICINE

Bhailal Amin Marg, Gorwa, Vadodara, Gujarat 390003.

(a) www.baghospital.com (b): 080 69 70 70 70 | Follow us: (b) (a)

Patient Name Gender / Age

: Mrs. VAISHALI SANJAY SHAH

: Female / 48 Years 1 Months 22 Days MR No / Bill No. : 23231758 / 242091247

Consultant

: Dr. Manish Mittal

Location : OPD Type

: OPD

Request No.

: 208494

Request Date

16/03/2024 08:14 AM

Collection Date

16/03/2024 09:00 AM

Approval Date

16/03/2024 02:51 PM

Urine routine analysis (Auto)

	<u>Test</u>	Result	<u>Units</u>	Biological Ref. Range
	Physical Examination			
	Quantity	30	mL	
	Colour	Pale Yellow		
	Appearance	Clear		
,	Chemical Examination (By Reagent strip method)			
1 	· PΗ	6.0		4.6 - 8.0
s before	Specific Gravity	1.018		1.005 - 1.030
correlate with clinical findings and other related investigations before on is made, Recheck / retest may be requested.	Protein	Negative		Negative
ed inves	Glucose	Negative		Negative
aer relat quested	Ketones	Negative		Negative
s and oth ay be re	Bilirubin	Negative		Negative
finding: retest m	Urobilinogen	Negative		Negative (upto 1)
h clinica scheck /	Blood	1+		Negative
late wit nade, Re	Leucocytes	Negative		Negative
to corre	Nitrite	Negative		Negative
is advised ny firm opi	Microscopic Examination (by Microscopy after Centril urine sedimentation analyzer UF4000)	fugation at 2000 rpm for 1	0 min or on fully au	Itomated Sysmex
.# iō	· •	<u>5 - 10</u>	/hpf	0 - 2
	Leucocytes	1 - 5	/hpf	0 - 5
	Epithelial Cells	1 - 5	/hpf	0 - 5
	Casts	Nil	/lpf	Nil

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

---- End of Report ----

/hpf

/hpf

Nil

Absent

Absent



Nil

Print Date &Time: 16/03/2024 3.48 PM

Absent

Crystals

Organism

Mucus

O Bhailal Amin Marg, Gorwa, Vadodara, Gujarat 390003.

DEPARTMENT OF DIAGNOSTIC RADIOLOGY

Patient No.

: 23231758

Report Date : 16/03/2024

Request No.: 190108221

16/03/2024 8.14 AM

Patient Name: Mrs. VAISHALI SANJAY SHAH

Gender / Age: Female / 48 Years 1 Months 22 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.

Dr. Harsh Sanjay Vyas, Consultant Radiologist









ADVANCED DIGITAL SOLUTIONS

Ultra Sensitive Colour Doppler Ultra High Resolution Sonography

Digital Subtraction Angiography

Computer Radiography

Multi-Detector CT Scan

Interventional Radiology

Foetal Echocardiography

Echocardiography

Mammography



Page 1 of 1













ADVANCED DIGITAL SOLUTIONS

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. : 23231758

Report Date : 16/03/2024

Request No. : 190108257

16/03/2024 8.14 AM

Patient Name: Mrs. VAISHALI SANJAY SHAH

Gender / Age: Female / 48 Years 1 Months 22 Days

Mammography (Both Breast)

Both side mammogram has been obtained in mediolateral oblique (MLO) as well as craniocaudal (CC) projections.

Both breasts show scattered fibro glandular parenchyma.

Right breast shows well defined oval shape opacities in lower and inner quadrant .Left breast shows faint opacity in upper mid quadrant. On USG correlation two well defined hypoechoic lesions favouring fibroadenomas are seen in right breast, measure 7 x8 mm at 4 o' clock position and 7 x5 mm at 3 o' clock position. Similar morphology tiny around 3 x3 mm sized fibroadenoma is also seen at 12 o' clock position in left breast.

No obvious skin thickening or nipple retraction seen. Bilateral axillary lymph nodes are seen possibly benign. Right axillary breast noted.

IMPRESSION:

Findings favor fibroadenomas in both breasts as described. BI-RADS category 2.

Kindly correlate clinically /Follow up

BIRADS: 0- needs additional imaging, 1- negative, 2- benign, 3- probably benign (require short term follow up), 4- suspicious (require further evaluation with biopsy), 5- highly suspicious for malignancy, 6- biopsy proven malignancy.

INFORMATION REGARDING MAMMOGRAMS

 A REPORT THAT IS NEGATIVE FOR MALIGNANCY SHOULD NOT DELAY BIOPSY IF THERE IS A DOMINENT OR CLINICALLY SUSPICIOUS MASS.













ADVANCED DIGITAL SOLUTIONS

Magnetic Resonance Imaging (MRI)

Digital Subtraction Angiography (DSA)

Computerized Radiography Ultra Sensitive Colour Doppler Ultra High Resolution Sonography

Multi-Detector CT Scan

Interventional Radiology

Foetal Echocardiography

Echocardiography

4D USG & Doppler

Mammography

DEPARTMENT OF DIAGNOSTIC RADIOLOGY

Patient No.

: 23231758

Report Date : 16/03/2024

Request No.: 190108257

16/03/2024 8.14 AM

Patient Name: Mrs. VAISHALI SANJAY SHAH

Gender / Age: Female / 48 Years 1 Months 22 Days

Mammography (Both Breast)

IN DENSE BREASTS, AN UNDERLYING MASS LESION MAY BE OBSCURED.

FALSE POSITIVE DIAGNOSIS OF CANCER MAY OCCURE IN SMALL PERCENTAGE OF CASES.

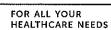
Dr. Sharad Rungta, M.D DNB

Consultant Radiologist

Bhailal Amin Marg, Gorwa, Vadodara, Gujarat - 390 003

(II) www.baghospital.com







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















ADVANCED DIGITAL SOLUTIONS

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. : 23231758

Request No.: 190108214

Report Date : 16/03/2024 16/03/2024 8.14 AM

Patient Name: Mrs. VAISHALI SANJAY SHAH

Gender / Age: Female / 48 Years 1 Months 22 Days

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. No dilated IHBR.

Gall bladder shows no obvious abnormality. Common bile duct is normal.

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.

No ascites.

COMMENT:

No obvious abnormality seen.

Kindly correlate clinically.

Dr. Harsh Sanjay Vyas,

Consultant Radiologist

Phailal Amin Marg, Gorwa, Vadodara, Gujarat - 390 003

(II) www.baghospital.com









Cer









Patient No. : 23231758

Report Date : 16/03/2024

Request No. : 190108235

16/03/2024 8.14 AM

Patient Name: Mrs. VAISHALI SANJAY SHAH

Gender / Age: Female / 48 Years 1 Months 22 Days

Echo Doppler Screening

MITRAL VALVE

NORMAL

AORTIC VALVE

TRILEAFLET, NORMAL

TRICUSPID VALVE

NORMAL, TRIVIAL TR, NO PAH, PASP BY TR JET= 32MMHG

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 INTACT

I.A.S. PULMONARY ARTERY

NORMAL

PERICARDIUM

NORMAL

COLOUR/DOPPLER FLOW MAPPING

TRIVIAL 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, TRIVIAL TR, NO PULMONARY HYPERTENSION, (IVC COLLAPSING)
- 7. NO PERICARDIAL EFFUSION, CLOT VEGETATION.

Dr.KILLOL, KANERIA MD, DM Consultant Cardiologist

Page 1 of 1



