

Patient No. : 23208885 Report Date : 09/03/2024
Request No. : 190106951 09/03/2024 8.35 AM
Patient Name : **Mrs. RACHITA GUPTA**
Gender / Age : Female / 52 Years 2 Months 13 Days

Echo Doppler Screening

MITRAL VALVE : NORMAL, MILD MR, NO MS
AORTIC VALVE : NORMAL, NO AR, NO AS
TRICUSPID VALVE : NORMAL, NO TR, NO PAH
PULMONARY VALVE : NORMAL
LEFT ATRIUM : NORMAL
AORTA : NORMAL
LEFT VENTRICLE : NORMAL LV SIZE AND SYSTOLIC FUNCTION LVEF -- 64%, 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 : MILD MR, NO AR // TR, NO PAH

FINAL CONCLUSION:

1. NORMAL SIZED ALL CARDIAC CHAMBERS, NO LVH
2. NORMAL LV SYSTOLIC FUNCTION, LVEF -- 64%
3. NO RESTING REGIONAL WALL MOTION ABNORMALITY
4. NORMAL DIASTOLIC FUNCTION
5. NORMAL RIGHT HEART SIZE AND RV PRESSURES
6. NORMAL CARDIAC VALVES, NO MITRAL // AORTIC STENOSIS
7. NO PERICARDIAL EFFUSION, CLOT OR VEGETATION SEEN, SR+.



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

CONCLUSION OF HEALTH CHECKUP

ECU Number : 10040	MR Number : 23208885	Patient Name : RACHITA GUPTA
Age : 51	Sex : Female	Height : 152
Weight : 53.4	Ideal Weight : 53	BMI : 23.11
Date : 09/03/2024		

Dyslipidemic

A1
Tot Az tot 157 (90)
112
Lipo stat medication

M
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 : 10040
Age : 51
Weight : 53.4
Date : 09/03/2024

MR Number : 23208885
Sex : Female
Ideal Weight : 53

Patient Name : RACHITA GUPTA
Height : 152
BMI : 23.11

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

Present H/O : CHEST PAIN OCCASSIONALLY

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

Habits : NO
Gen.Exam. : G.C.GOOD
B.P : 110/70
Pulse : 70
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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Ideal Weight : 53

Patient Name: RACHITA GUPTA
Height : 152
BMI : 23.11

Ophthalmic Check Up :

Right

Left

Ext Exam

NORMAL

Vision Without Glasses

6/6

6/6

Vision With Glasses

WITH OWN GLASS N.5

N.5

Final Correction

NORMAL

NORMAL

Refraction

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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ECU Number : 10040
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Ideal Weight : 53

Patient Name : RACHITA GUPTA
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BMI : 23.11

Gynaec Check Up :

OBSTETRIC HISTORY	2 FTNDS
MENSTRUAL HISTORY	-
PRESENT MENSTRUAL CYCLE	LMP : 15/02/24 , SCANTY
PAST MENSTRUAL CYCLE	REGULAR
CHIEF COMPLAINTS	-
V.C.	SOFT
PS	Cx - (N) Vg - (N)
PV	UT NS Fx CLEAR
BREAST EXAMINATION RIGHT	FIBROADENOMA
BREAST EXAMINATION LEFT	FIBROADENOMA
PAPSMEAR	TAKEN
BMD	
MAMMOGRAPHY	
ADVICE	FOLLOWUP WITH REPORTS.





Patient Name : Mrs. RACHITA GUPTA Type : OPD
 Gender / Age : Female / 52 Years 2 Months 13 Days Request No. : 205959
 MR No / Bill No. : 23208885 / 242088414 Request Date : 09/03/2024 08:35 AM
 Consultant : Dr. Manish Mittal Collection Date : 09/03/2024 09:26 AM
 Location : OPD Approval Date : 09/03/2024 03:08 PM

CBC + ESR

Test	Result	Units	Biological Ref. Range
Haemoglobin.			
Haemoglobin	12.4	gm/dL	12 - 15
Red Blood Cell Count (T-RBC)	4.07	mill/cmm	3.8 - 4.8
Hematocrit (HCT)	40.3	%	36 - 46
Mean Corpuscular Volume (MCV)	99.0	fl	83 - 101
Mean Corpuscular Haemoglobin (MCH)	30.5	pg	27 - 32
MCH Concentration (MCHC)	30.8	%	31.5 - 34.5
Red Cell Distribution Width (RDW-CV)	14.6	%	11.6 - 14
Red Cell Distribution Width (RDW-SD)	53.0	fl	39 - 46
Total Leucocyte Count (TLC)			
Total Leucocyte Count (TLC)	5.90	thou/cmm	4 - 10
Differential Leucocyte Count			
Polymorphs	60	%	40 - 80
Lymphocytes	31	%	20 - 40
Eosinophils	3	%	1 - 6
Monocytes	6	%	2 - 10
Basophils	0	%	0 - 2
Polymorphs (Abs. Value)	3.54	thou/cmm	2 - 7
Lymphocytes (Abs. Value)	1.83	thou/cmm	1 - 3
Eosinophils (Abs. Value)	0.17	thou/cmm	0.2 - 0.5
Monocytes (Abs. Value)	0.34	thou/cmm	0.2 - 1
Basophils (Abs. Value)	0.02	thou/cmm	0.02 - 0.1
Immature Granulocytes	0.5	%	1 - 3 : Borderline > 3 : Significant
Platelet Count			
Platelet Count	198	thou/cmm	150 - 410
Remarks	This is counter generated CBC Report, smear review is not done		
ESR	24	mm/1 hr	0 - 19

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. RACHITA GUPTA	Type	: OPD
Gender / Age	: Female / 52 Years 2 Months 13 Days	Request No.	: 205959
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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. Rakesh Vaidya
MD (Path). DCP.

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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 Autocontro
- This method check`s group both on Red blood cells and in Serum for "ABO" group.

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Fasting Plasma Glucose

<u>Test</u>	<u>Result</u>	<u>Units</u>	<u>Biological Ref. Range</u>
Fasting Plasma Glucose			
Fasting Plasma Glucose	90	mg/dL	70 - 110
Post Prandial 2 Hr. Plasma Glucose	84	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 Hemoglobin (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)

---- 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)	115	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)	232	mg/dL	1 - 200
HDL Cholesterol (Done by Colorimetric: non HDL precipitation method PTA/MgCl2 on Vitros 5600 < 40 Low > 60 High)	44	mg/dL	40 - 60
Non HDL Cholesterol (calculated) (Non- HDL Cholesterol < 130 Desirable 139-159 Borderline High 160-189 High > 191 Very High)	188	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)	138	mg/dL	1 - 100
VLDL Cholesterol (calculated)	23	mg/dL	12 - 30
LDL Ch. / HDL Ch. Ratio	3.14		2.1 - 3.5
T. Ch./HDL Ch. Ratio (Recent NECP / ATP III Guidelines / Classification (mg/dl) :)	5.27		3.5 - 5

--- End of Report ---

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Liver Function Test (LFT)

<u>Test</u>	<u>Result</u>	<u>Units</u>	<u>Biological Ref. Range</u>
Bilirubin			
Bilirubin - Total	0.43	mg/dL	0 - 1
Bilirubin - Direct	0.03	mg/dL	0 - 0.3
Bilirubin - Indirect	0.4	mg/dL	0 - 0.7
<i>(Done by Dual Wavelength - Reflectance Spectrophotometry on Vitros 5600)</i>			
Aspartate Aminotransferase (SGOT/AST)	32	U/L	13 - 35
<i>(Done by Multipoint Rate Colorimetric with P-5-P on Vitros 5600)</i>			
Alanine Aminotransferase (SGPT/ALT)	20	U/L	14 - 59
<i>(Done by Multipoint-Rate/Colorimetric with P-5-P (pyridoxa-5-phosphate) on Vitros 5600)</i>			
Alkaline Phosphatase	103	U/L	53 - 141
<i>(Done by Multipoint-Rate - p-nitrophenyl Phosphate, AMP buffer on Vitros 5600)</i>			
Gamma Glutamyl Transferase (GGT)	26	U/L	5 - 55
<i>(Done by Multipoint Rate - L-γ^l-glutamyl-p-nitroanilide on Vitros 5600)</i>			
Total Protein			
Total Proteins	7.90	gm/dL	6.4 - 8.2
Albumin	4.19	gm/dL	3.4 - 5
Globulin	3.71	gm/dL	3 - 3.2
A : G Ratio	1.13		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

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Gender / Age : Female / 52 Years 2 Months 13 Days
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Renal Function Test (RFT)

Test	Result	Units	Biological Ref. Range
Urea <i>(Done by Endpoint/Colorimetric - Urease on Vitros 5600)</i>	26	mg/dL	10 - 45
BUN	12.15	mg/dL	5 - 21
Creatinine <i>(By Modified Kinetic Jaffe Technique)</i>	0.67	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>	2.9	mg/dL	2.2 - 5.8

--- End of Report ---

Dr. Rakesh Vaidya
MD (Path), DCP.

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 Request No. : 205959
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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 - 99 years) : 1.07 - 1.85 Pregnancy (in last 5 months) : 1.2 - 2.5 (Reference : Tietz - Clinical guide to laboratory test, 4th edition))	1.06	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 (20-99 years) : 5.91 - 12.98 (Reference : Tietz - Clinical guide to laboratory test, 4th edition))	8.02	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 (20-99 years) : 0.4001 - 4.049 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))	4.03	microIU/ml	

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---- End of Report ----

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Foetal Echocardiography

Echocardiography

4D USG & Doppler

DEPARTMENT OF DIAGNOSTIC RADIOLOGY

Patient No. : 23208885 Report Date : 09/03/2024

Request No. : 190106982 09/03/2024 8.35 AM

Patient Name : **Mrs. RACHITA GUPTA**

Gender / Age : Female / 52 Years 2 Months 13 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



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- Echocardiography
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DEPARTMENT OF DIAGNOSTIC RADIOLOGY

Patient No. : 23208885 Report Date : 09/03/2024
 Request No. : 190106983 09/03/2024 8.35 AM
 Patient Name : **Mrs. RACHITA GUPTA**
 Gender / Age : Female / 52 Years 2 Months 13 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.

No obvious focal mass seen on either side.

No obvious micro/cluster calcification seen. Bilateral benign specks of calcifications are seen.

No obvious skin thickening or nipple retraction seen.

No enlarged axillary lymph nodes seen.

IMPRESSION:

No obvious focal mass in breasts.

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 DOMINANT OR CLINICALLY SUSPICIOUS MASS.
- IN DENSE BREASTS, AN UNDERLYING MASS LESION MAY BE OBSCURED.
- FALSE POSITIVE DIAGNOSIS OF CANCER MAY OCCURE IN SMALL PERCENTAGE OF CASES.

Dr. Priyanka Patel, MD.

Consultant Radiologist



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



DEPARTMENT OF DIAGNOSTIC RADIOLOGY

Patient No. : 23208885 Report Date : 09/03/2024
 Request No. : 190106883 09/03/2024 8.35 AM
 Patient Name : Mrs. RACHITA GUPTA
 Gender / Age : Female / 52 Years 2 Months 13 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.

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 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.

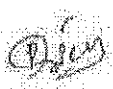
COMMENT:

- No obvious abnormality.

Kindly correlate clinically.

Kindly correlate clinically.

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


Dr. Priyanka Patel, MD.
 Consultant Radiologist





Patient Name : Mrs. RACHITA GUPTA
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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	5.5		4.6 - 8.0
Specific Gravity	1.008		1.005 - 1.030
Protein	Negative		Negative
Glucose	Negative		Negative
Ketones	Negative		Negative
Bilirubin	Negative		Negative
Urobilinogen	Negative		Negative (upto 1)
Blood	Trace		Negative
Leucocytes	1+		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	5 - 10	/hpf	0 - 5
Epithelial Cells	1 - 5	/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 final conclusion is made. Recheck / retest may be requested.

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

---- End of Report ----

Dr. Rakesh Vaidya
MD (Path). DCP.

Name Mrs. Ruchita Gupta -
Patient ID ECU/23208885

09.03.2024 08:57:58
Standard 12-Lead

BHAIJAL AMIN GENERAL HOSPITAL

Age 052Y
Gender Female
Pacemaker Unknown

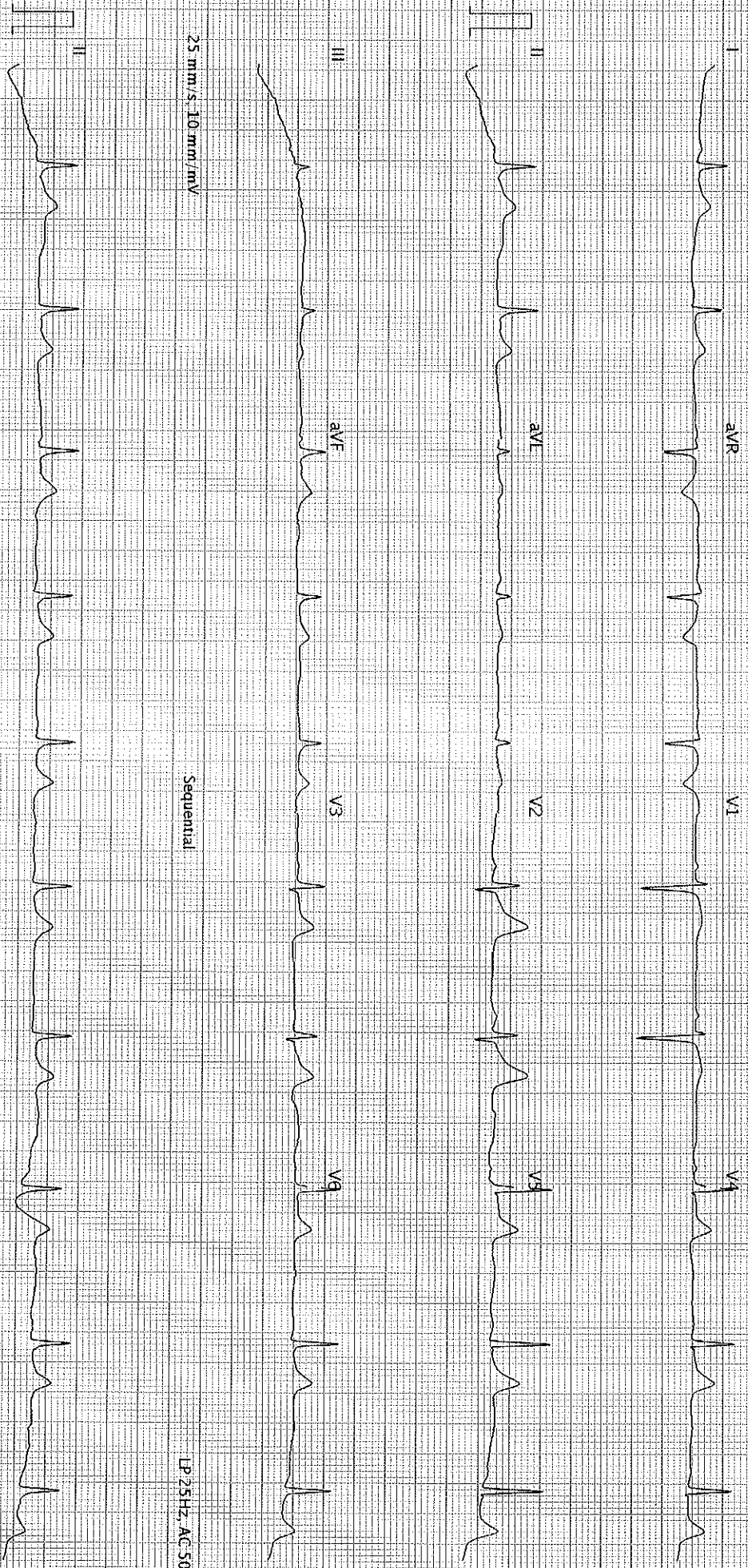
Ref. phys.

HR 61 bpm

RR	982 ms
P	89 ms
PR	129 ms
P axis	0°
QRS	76 ms
QRS axis	44°
QT	388 ms
T axis	48°
QTcB	392 ms

Unconfirmed report

Remark



25 mm/s, 10 mm/mV

Sequential

LP 25Hz, AC 50Hz

25 mm/s, 10 mm/mV

LP 25Hz, AC 50Hz

AT-102 G2 I 2.0 (1080-011030)

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SCHILLER

Part No. 2.157048M

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SBD

BHAILAL AMIN GENERAL HOSPITAL
BHAILAL AMIN MARG,
VADODARA-3, PH-(0265) 3956222

Station
Telephone: 0265-3956222,3956024

EXERCISE STRESS TEST REPORT

Patient Name: RACHITA GUPTA,
Patient ID: 2672
Height:
Weight:

DOB: 26.12.1971
Age: 52yrs
Gender: Female
Race: Indian

Study Date: 09.03.2024
Test Type: Treadmill Stress Test
Protocol: BRUCE

Referring Physician: ECU
Attending Physician: DR. KILLOL KANERIA
Technician: POOJA GUPTA

Medications:

Medical History:

Reason for Exercise Test:
Screening for CAD

Exercise Test Summary

Phase Name	Stage Name	Time in Stage	Speed (mph)	Grade (%)	HR (bpm)	BP (mmHg)	Comment
PRETEST	SUPINE	00:19	0.00	0.00	91	130/90	
EXERCISE	WARM UP	00:09	1.00	0.00	90		
	STAGE 1	03:00	1.70	10.00	130	140/90	
RECOVERY	STAGE 2	02:31	2.50	12.00	160	150/90	
		14:14	0.00	0.00		170/90	

The patient exercised according to the BRUCE for 5:30 min:s, achieving a work level of Max. METS: 7.00. The resting heart rate of 93 bpm rose to a maximal heart rate of 160 bpm. This value represents 95 % of the maximal, age-predicted heart rate. The resting blood pressure of 130/90 mmHg, rose to a maximum blood pressure of 170/90 mmHg. The exercise test was stopped due to Target heart rate achieved.

Interpretation

Summary: Resting ECG: normal.
Functional Capacity: normal.
HR Response to Exercise: appropriate.
BP Response to Exercise: normal resting BP - appropriate response.
Chest Pain: none.
Arrhythmias: none.
ST Changes: none.
Overall impression: Normal stress test.

Conclusions

Good effort tolerance, Normal HR and BP response, No ANGINA & ARRHYTHMIAS noted during study, No significant ST-T changes noted during peak exercise and recovery, Stress test is NEGATIVE for inducible myocardial ischemia

CONFIRMED BY : DR. KILLOL KANERIA