













#### CONCLUSION OF HEALTH CHECKUP

ECU Number : 10477

MR Number

: 23202950 : Female Patient Name: RIMA BAKSHI

Age Weight : 46 : 71 Sex :Fe
Ideal Weight :53

Height BMI : 151 : 31.14

Date

: 27/03/2024

Cop Vitamon Dy

5 C. a week

(8)

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 : 10477

MR Number

Ideal Weight : 53

:23202950

Height

Patient Name: RIMA BAKSHI

Age Weight :46 :71 Sex

: Female

BMI

: 151 : 31.14

Date

: 27/03/2024

Past H/O

: K/C/O HYPOTHYROIDISM

T. THYROXINE 100MCG OD

Present H/O

. NO MEDICAL COMPLAINTS AT PRESENT. .

Family H/O

NO F/H/O ANY MAJOR ILLNESS.

Habits

: NO HABITS.

Gen.Exam.

: G.C. GOOD

B.P

: 120/70 mm Hg

Pulse

: 68/MIN REG.

Others

: SPO2 99 %

C.V.S

: NAD

R.S.

: NAD

Abdomen

: NP

Spleen

: NP

Skin

: NAD : NAD

C.N.S Advice















ECU Number: 10477

Age :40

:46 :71 MR Number

Ideal Weight :53

Sex

:23202950

:Female Heigh

Patient Name: RIMA BAKSHI

Height BMI : 151 : 31.14

Weight Date

:27/03/2024

Ophthalmic Check Up:

Right

Left NIL

Ext Exam

Vision Without Glasses

6/6

6/6

Vision With Glasses

N.6 + 1.50 D SPH

N.6 + 1.50 D SPH

Final Correction

14.6

14.6

ndus

NORMAL

Colour Vision

NORMAL

Advice

NIL

Orthopeadic Check Up:

Ortho Consultation

Ortho Advice

ENT Check Up:

Ear

B/L TM INTACT

Nose

NAD

Throat

NAD

Hearing Test

NORMAL

**ENT Advice** 

NIL

General Surgery Check Up:

Seneral Surgery

Abdominal Lump

Hernia

External Genitals

PVR

Proctoscopy

Any Other

Surgical Advice













ECU Number : 10477

MR Number : 23202950

Ideal Weight : 53

Patient Name: RIMA BAKSHI

Age Weight . 46 :71

Sex

: Female

Height вмі

: 151 : 31.14

Date

: 27/03/2024

Gynaec Check Up:

**OBSTETRIC HISTORY** 

2 FTNDS

MENSTRUAL HISTORY

PRESENT MENSTRUAL CYCLE

LMP: 18/02/24, IRREGULAR CYCLE

PAST MENSTRUAL CYCLE

**IRREGULAR SINCE 1 YR** 

**CHIEF COMPLAINTS** 

**BURNING IN Vg** 

SOFT

PS

Cx - (N) PIN HOLE OS Vg - (N)

PV

UT BULKY Fx CLEAR

**BREAST EXAMINATION RIGHT** 

**NORMAL** 

**BREAST EXAMINATION LEFT** 

**NORMAL** 

**PAPSMEAR** 

**TAKEN** 

**BMD** 

**MAMMOGRAPHY** 

**ADVICE** 

FOLLOWUP WITH REPORTS.



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

#### DEPARTMENT OF LABORATORY MEDICINE

Patient Name

: Mrs. RIMA BAKSHI

Gender / Age

: Female / 47 Years 26 Days

MR No / Bill No. : 23202950 / 242095516 Consultant

: Dr. Manish Mittal

Location

: OPD

Request No.

Type

: OPD

Request Date

212140

27/03/2024 09:25 AM

Collection Date

: 27/03/2024 O9:56 AM

Approval Date

27/03/2024 05:54 PM

Pap Smear

**Test** 

Pap Smear

Result

**Units** 

Biological Ref. Range

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

Cvto No :P/799/24 Received at 01.30 pm.

Clinical Details : No Complain

P/V findings : Cx. - Pin hole OS / Vg. - NAD

LMP: 18/02/2024

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 ).

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

---- End of Report ----

Dr. Amee Soni MD (Path)

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Patient Name

: Mrs. RIMA BAKSHI

Gender / Age

: Female / 47 Years 26 Days

MR No / Bill No. : 23202950 / 242095516

Consultant

: Dr. Manish Mittal

: OPD Location

Type

: OPD

Request No.

: 212140

: 27/03/2024 09:25 AM

Request Date **Collection Date** 

27/03/2024 09:56 AM

Approval Date

27/03/2024 02:25 PM

CBC + E8R

Test	Result	<u>Units</u>	Biological Ref. Range				
Haemoglobin.							
Haemoglobin	<u>10.7</u>	gm/dL	12 - 15				
Red Blood Cell Count (T-RBC)	4.12	mill/cmm	3.8 - 4.8				
Hematocrit (HCT)	<u>35.2</u>	%	36 - 46				
Mean Corpuscular Volume (MCV)	85.4	fl	83 - 101				
Mean Corpuscular Haemoglobin (MCH)	26.0	pg	27 - 32				
MCH Concentration (MCHC)	30.4	%	31.5 - 34.5				
Red Cell Distribution Width (RDW-CV)	13.1	%	11.6 - 14				
Red Cell Distribution Width (RDW-SD)	40.9	fl	39 - 46				
Total Leucocyte Count (TLC)							
Total Leucocyte Count (TLC)	5.17	thou/cmm	4 - 10				
Differential Leucocyte Count		0.4	4000				
Polymorphs	61	%	40 - 80				
Lymphocytes	31	%	20 - 40				
Eosinophils	3	%	1 - 6				
Monocytes	5	%	2 - 10				
Basophils	0	%	0 - 2				
Polymorphs (Abs. Value)	3.14	thou/cmm	2 - 7				
Lymphocytes (Abs. Value)	1.56	thou/cmm	1 - 3				
Eosinophils (Abs. Value)	<u>0.16</u>	thou/cmm	0.2 - 0.5				
Monocytes (Abs. Value)	0.29	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	450	thou/cmm	150 - 410				
Platelet Count	159 This is counter generate						
Remarks	This is counter generate	ed CBC Report, sir	leat feview is not done				
ESR	22	mm/1 hr	0 - 12				

fest Results are dependent on a number of variables & technical limitations. Hence,

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Patient Name

: Mrs. RIMA BAKSHI

Gender / Age

: Female / 47 Years 26 Days MR No / Bill No. : 23202950 / 242095516

Consultant

Location

: Dr. Manish Mittal

: OPD

Type

Request No.

: OPD

212140

Request Date

: 27/03/2024 09:25 AM

Collection Date

: 27/03/2024 09:56 AM

Approval Date 27/03/2024 02:25 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: PINKAL.PARMAR

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Patient Name

: Mrs. RIMA BAKSHI

Gender / Age

: Female / 47 Years 26 Days

MR No / Bill No. : 23202950 / 242095516

Consultant Location

: Dr. Manish Mittal

: OPD

Type

: OPD

Request No.

212140

Request Date

27/03/2024 09:25 AM

Collection Date

27/03/2024 09:56 AM

Approval Date

27/03/2024 04:21 PM

Haematology

Test

Result

**Units** 

Biological Ref. Range

**Blood Group** 

ABO system

В

Positive

Rh system.

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)

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 raquested.

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

Phailal Amin Marg, Gorwa, Vadodara, Gujarat 390003.

Patient Name Gender / Age

: Mrs. RIMA BAKSHI

: Female / 47 Years 26 Days MR No / Bill No. : 23202950 / 242095516

Consultant

: Dr. Manish Mittal

Location

: OPD

Type

: OPD

Request No.

: 212140

Request Date

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: 27/03/2024 09:56 AM

Approval Date

: 27/03/2024 02:33 PM

Fasting Plasma Glucose

Test	Result	<u>Units</u>	Biological Ref. Range
Fasting Plasma Glucose			
Fasting Plasma Glucose	89	mg/dL	70 - 110
Post Prandial 2 Hr.Plasma Glucose	87	mg/dL	70 - 140

By Hexokinase method on EXL Dade Dimension

---- End of Report ----



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#### DEPARTMENT OF LABORATORY MEDICINE

Patient Name

: Mrs. RIMA BAKSHI

Gender / Age

: Female / 47 Years 26 Days

Consultant

MR No / Bill No. : 23202950 / 242095516

Location

: Dr. Manish Mittal

: OPD

**BayT** 

OPD

Request No.

212140

Request Date

27/03/2024 09:25 AM

Collection Date Approval Date

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HbA1c (Glycosylated Hb)

Test

Result

**Units** 

Biological Ref. Range

HbA1c (Glycosylated Hb)

Glycosylated Heamoglobin (HbA1c)

5.5

%

estimated Average Glucose (e AG) \*

111.15

mg/dL

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

HbA 1c%	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)

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### DEPARTMENT OF LABORATORY MEDICINE

Patient Name

: Mrs. RIMA BAKSHI

Gender / Age

: Female / 47 Years 26 Days

MR No / Bill No. : 23202950 / 242095516

Consultant Location

: Dr. Manish Mittal

: OPD

Type

: OPD

Request No. Request Date 212140

27/03/2024 09:25 AM

**Collection Date** 

27/03/2024 09:56 AM

Approval Date

27/03/2024 02:32 PM

# Complete Lipid Profile

Test	Resu	ult <u>Units</u>	Biological Ref. Range
Complete Lipid Profile			
Appearance	Clea	•	
Triglycerides	57	mg/dL	1 - 150
(Done by Lipase /Glycerol kinase < 150 Normal 150-199 Borderline High 200-499 High > 499 Very High)		ma/dl	1 - 200
Total Cholesterol	145	mg/dL	1 - 200
(Done by Colorimetric - Cholester	ol Oxidase, esterase, peroxidase on '	√itros 5600.	
<200 mg/dL - Desirable 200-239 mg/dL - Borderline High > 239 mg/dL - High) HDL Cholesterol	<u>62</u>	mg/dL	40 - 60
	orecipitation method PTA/MgCl2 on V	'itros 5600	
< 40 Low > 60 High)		mg/dL	1 - 130
Non HDL Cholesterol (calc	ulated) 03		
(Non- HDL Cholesterol < 130 Desirable 139-159 Borderline High 160-189 High > 191 Very High)	78	mg/dl_	1 - 100
LDL Cholesterol			
(Done by Enzymatic (Two Step C < 100 Optimal 100-129 Near / above optima 130-159 Borderline High 160-189 High > 189 Very High)			
VLDL Cholesterol (calcula	ted) <u>11.</u> 4	<u>₄</u> mg/dL	12 - 30
LDL Ch. / HDL Ch. Ratio	<u>1.2</u> 0	<u>6</u>	2.1 - 3.5
T. Ch./HDL Ch. Ratio	2.34	<u>4</u>	3.5 - 5
(Recent NECP / ATP III Guidelin		_	

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**DEPARTMENT OF LABORATORY MEDICINE** 

Patient Name

: Mrs. RIMA BAKSHI

Gender / Age MR No / Bill No. : 23202950 / 242095516

: Female / 47 Years 26 Days

Consultant

: Dr. Manish Mittal

Location

: OPD

Type

: OPD

Request No.

212140

Request Date

27/03/2024 09:25 AM

Collection Date

: 27/03/2024 09:56 AM

Approval Date

: 27/03/2024 02:32 PM

Liver Function Test (LFT)

	Test	Result	<u>Units</u>	Biological Ref. Range		
	Bilirubin		( (	0 - 1		
	Bilirubin - Total	0.39	mg/dL			
	Bilirubin - Direct	0.08	mg/dL	0 - 0.3		
	Bilirubin - Indirect	0.31	mg/dL	0 - 0.7		
\	(Done by Dual Wavelength - Reflectance Spectrophotometry of	on Vitros 5600)				
ŕ	Aspartate Aminotransferase (SGOT/AST)	31	U/L	13 - 35		
	(Done by Multipoint Rate Colorimetricwith P-5-P on Vitros 560	0)				
	Alanine Aminotransferase (SGPT/ALT)	36	U/L	14 - 59		
	(Done by Multipoint-Rate/Colorimetric with P-5-P (pyridoxa-5-)	phosphate) on Vitros 5600)				
vested.	Alkaline Phosphatase	75	U/L	42 - 98		
be red	(Done by Multipoint-Rate - p-nitrophenyl Phosphate, AMP buf	fer on Vitros 5600)				
retest may be requested.	Gamma Glutamyl Transferase (GGT)	37	U/L	5 - 55		
sck / ret	(Done by Multipoint Rate - L-¿³-glutamyl-p-nitroanilide on Vitro	os 5600)				
e, Reche	Total Protein		(-11	6.4 - 8.2		
is made	Total Proteins	6.63	gm/dL			
noinid	Albumin	3.84	gm/dL	3.4 - 5		
any firm opinion is made, Reci	Globulin	<u>2.79</u>	gm/dL	3 - 3.2		
Ë	A : G Ratio	1.38		1.1 - 1.6		
ļ	(Done by Biuret endpoint and Bromocresol green method on	vitros 5600.)				
1						

---- End of Report ----



Dr. Amee Soni MD (Path)

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

Patient Name

: Mrs. RIMA BAKSHI

Gender / Age

: Female / 47 Years 26 Days

MR No / Bill No. : 23202950 / 242095516

Consultant

: Dr. Manish Mittal

: OPD Location

Type

: OPD

Request No.

212140

Request Date

27/03/2024 09:25 AM

Collection Date

27/03/2024 09:56 AM

10 - 45

5 - 21

0.6 - 1.1

Approval Date

27/03/2024 02:35 PM

Biological Ref. Range

Renal Function Test (RFT)

Result Test

26 Urea

(Doneby Endpoint/Colorimetric - Urease on Vitros 5600)

Creatinine (By Modified Kinetic Jaffe Technique)

Estimate Glomerular Filtration rate

(Ref. range : > 60 ml/min for adults between age group of 18 to 70 yrs.

EGFR Calculated by IDMS Traceable MDRD Study equation.

Repositing of eGFR can help facilitate early detection of CKD.

By Modified Kinetic Jaffe Technique)

Uric acid

6.2

12.15

0.58

More than 60

mg/dL

Units

mg/dL

mg/dL

mg/dL

2.2 - 5.8

(Done by Colorimetric - Uricase, Peroxidase on Vitros 5600)

--- End of Report ----



Dr. Amee Soni MD (Path)

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Test Results are dependent on a number of variables & techaical limitations. Hence, it is advised to correlate with clinical findings and other related investigations before

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#### DEPARTMENT OF LABORATORY MEDICINE

: Mrs. RIMA BAKSHI **Patient Name** 

Gender / Age : Female / 47 Years 26 Davs

MR No / Bill No. : 23202950 / 242095516 Consultant

Location : OPD

: Dr. Manish Mittal

OPD Type

ng/ml

mcg/dL

microlU/ml

Request No. 212140

: 27/03/2024 09:25 AM Request Date 27/03/2024 09:56 AM Collection Date 27/03/2024 02:35 PM Approval Date

Thyroid Hormone Study

Biological Ref. Range **Units** Result **Test** 

1.12 Triiodothyronine (T3)

(Done by CLIA based method on automated immunoassay Vitros 5600. Reference interval (ng/ml)

1 - 3 days 1-11 months 1-5 years : 0.1 - 2.7 6-10 years : 0.9 - 2.4 : 0.8 - 2.1 11-15 years : 0.8 - 2.1 16-20 years

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))

Thyroxine (T4) 9.72

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

Reference interval (mcg/dL) 1 - 3 days : 11.8 - 22.6 : 9.8 - 16.6 1-2 weeks 1 - 4 months 4 - 12 months : 7.2 - 14.4 : 7.8 - 16.5 7.3 - 15.0 1-5 years 5 - 10 years 6.4 - 13.3

10 - 20 years : 5.6 - 11.7 : 5.91 - 12.98 Adults (20-99 years) (Reference: Tietz - Clinical guide to laboratory test, 4th edition))

Thyroid Stimulating Hormone (US-TSH) 2.84

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

Reference interval (microIU/ml) Infants (1-4 days) : 1 : 1.7 - 9.1 2-20 weeks 5 months - 20 years : 0.7 - 6.4 Adults (20-99 years) : 0.4001 - 4.049

Pregnancy: 0.3 - 4.51st trimester : 0.5 - 4.6 2nd trimester : 0.8 - 5.2 3rd trimester

(Reference: Tietz - Clinical guide to laboratory test, 4th edition))

---- End of Report ----

Dr. Amee Soni MD (Path)

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

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

Patient Name

: Mrs. RIMA BAKSHI

: Female / 47 Years 26 Days Gender / Age

MR No / Bill No. : 23202950 / 242095516 : Dr. Manish Mittal

Consultant Location

: OPD

Type

OPD

Request No.

212140

Request Date

27/03/2024 09:25 AM

Collection Date Approval Date

27/03/2024 09:56 AM

27/03/2024 02:25 PM

Urine routine analysis (Auto)

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

Physical Examination

Quantity

20

mL

Colour

Pale Yellow

Clear Appearance

Chemical Examination (By Reagent strip method)

5.0 На

4.6 - 8.0

Specific Gravity

1.007

1.005 - 1.030

Protein

Negative

Negative Negative

Glucose Ketones Negative Negative

Negative

Bilirubin

Negative

Negative Negative (upto 1)

Urobilinogen Blood

Negative 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
Leucocytes	0 - 1
Enithelial Cells	0 - 1

/hpf

1

/hpf /hpf

Casts

Nil

/lpf

0 - 5Nil

Crystals

Nil

**Absent** 

/hpf

/hpf

Nil

Absent

Mucus

Absent Organism

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

---- End of Report ----



MD (Path)

User: SHITAL.SAVALIYA

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#### DEPARTMENT OF LABORATORY MEDICINE

Patient Name

: Mrs. RIMA BAKSHI

Type

OPD

212143

Gender / Age

: Female / 47 Years 1 Months 26 Days

Request No. Request Date

27/03/2024 09:30 AM

MR No / Bill No. : 23202950 / 242095520 : Dr. Darshil Asit Vaishnav

Collection Date

27/03/2024 09:57 AM

Consultant Location

: OPD

Approval Date

27/03/2024 02:33 PM

Vitamin B12

**Test** 

Result

**Units** 

Biological Ref. Range

Vitamin B12

Vitamin B12 Level

295

pg/ml

200 - 900

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

Interpretation :

: 200 - 900 Normal 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)

27.2

na/ml

(Test

Health based

Reference range

Vitamin D Total (25 Hydroxy Calciferol)

Deficiency Insufficiency < 20 na/ml 20-30 ng/ml

Sufficiency

30-80 ng/ml

Possible toxicity

> 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. Amee Soni MD (Path)

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











#### 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.

: 23202950

Report Date : 27/03/2024

Request No.: 190110024

27/03/2024 9.25 AM

Patient Name: Mrs. RIMA BAKSHI

Gender / Age: Female / 47 Years 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.

Dr. Priyanka Patel, MD.

Consultant Radiologist

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









Bhailal Amin Marg, Gorwa, Vadodara, Gujarat 390003.

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#### DEPARTMENT OF DIAGNOSTIC RADIOLOGY

Patient No. : 23202950

Report Date : 27/03/2024

Request No.: 190110067

27/03/2024 9.25 AM

Patient Name: Mrs. RIMA BAKSHI

Gender / Age: Female / 47 Years 26 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: 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 partially 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 abnomality seen.

Kindly correlate clinically.

Dr.Priyanka Patel, MD.

Consultant Radiologist











Page 1 of 1

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.

: 23202950

Report Date : 27/03/2024

Request No.: 190110066

27/03/2024 9.25 AM

Patient Name: Mrs. RIMA BAKSHI

Gender / Age: Female / 47 Years 26 Days

# Mammography (Both Breast)

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

Both breasts show extremely dense 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.

Bilateral benign axillary lymph nodes seen.

#### IMPRESSION:

Dense breasts.

BI-RADS category 0.

Kindly correlate clinically /Follow up with USG sos.

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.

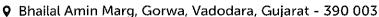
#### INFORMATION REGARDING MAMMOGRAMS:

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











Cen











Patient No. : 23202950

Report Date : 27/03/2024

RequestNo.: 190110041

27/03/2024 9.25 AM

Patient Name: Mrs. RIMA BAKSHI

Gender / Age: Female / 47 Years 26 Days

# Echo Doppler Screening

MITRAL VALVE

TRIVIAL MR, NO MS

**AORTIC VALVE** 

TRILEAFLET, NORMAL, NO AR, NO AS

TRICUSPID VALVE

NORMAL, TRIVIAL TR, PASP BY TR JET= 18 MMHG

PULMONARY VALVE LEFT ATRIUM

NORMAL

**AORTA** 

: NORMAL

LEFT VENTRICLE

: NORMAL NORMAL, NO REGIONAL WALL MOTION ABNORMALITY, LVEF=60%

RIGHT ATRIUM RIGHT VENTRICLE NORMAL

NORMAL

1.V.S.

INTACT

I.A.S. PULMONARY ARTERY

INTACT NORMAL.

PERICARDIUM

NORMAL

COLOUR/DOPPLER FLOW MAPPING

TRIVIAL MR, TR, NO PAH, NO AR, NO AS

### 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. NORMAL LV DIASTOLIC FUNCTION
- 6. TRIVIAL MR, TR, NO PULMONARY HYPERTENSION, (IVC COLLAPSING)
- 7. NO PERICARDIAL EFFUSION, CLOT VEGETATION.

Dr.KILLOL KANERIA MD, DM Consultant Cardiologist



	Mrs. Rima Bakshi - 23202950
	A Sef BAVC
aVF To P	<b>3</b> 2
P 100 ms P 21	27.03.2024 11:06:58 Standard 12-Lead HR: 74 bpm 88
100 ms 161 ms 368 ms 368 ms 409 ms 409 ms  400	SII ms
Part No.2.15704	BHAILAL AMIN GENERAL HOSPITAL

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

Telephone: 0265-3956222,3956024.

### EXERCISE STRESS TEST REPORT

Patient Name: RIMA BAKSHI; Patient ID: 2780 Height: 151 cm Weight: 71 kg DOB: 02.03.1977 Age: 47yrs Gender: Female Race: Indian

Study Date: 27 03.2024 Test Type: Treadmill Stress Test Referring Physician: ACROFEMI HEALTH CARE Attending Physician: DR. KILLOL KANERIA Technician: POOJA GUPTA

Protocol: BRUCE

Medications:

Medical History:

Reason for Exercise Test: Screening for CAD

Exercise Test Summary

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The patient exercised according to the BRUCE for 5:28 min; s, achieving a work level of Max. METS: 7.00. The resting heart rate of 73 bpm rose to a maximal heart rate of 151 bpm. This value represents 87 % of the maximal, age-predicted heart rate. The resting blood pressure of 120/80 mmHg, rose to a maximum blood pressure of 150/80 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 and ARRHYTHMIAS during test, No Significant ST-T Changes seen during Peak exercise and Recovery, Stress test is NEGATIVE for inducible myocardial ischemia

CONFIRMED BY : DR. KILLOL KANERIA

