

**CONCLUSION OF HEALTH CHECKUP**

ECU Number : 8826	MR Number : 23226878	Patient Name : RANJEETA MISHRA
Age : 44	Sex : Female	Height : 158
Weight : 61.2	Ideal Weight : 58	BMI : 24.52
Date : 27/01/2024		

UTI

Tot Levoflox sus  
100  
(5)



Dr. Manish Mittal

Internal Medicine

Note : General Physical Examination & routine Investigations included in the Health Checkup have certain limitations and may not be able to detect all the latent and asymptomatic diseases.



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ECU Number : 8826                      MR Number : 23226878                      Patient Name: RANJEETA MISHRA  
Age : 44                                      Sex : Female                                      Height : 158  
Weight : 61.2                                      Ideal Weight : 58                                      BMI : 24.52  
Date : 27/01/2024

Past H/O : K/C/O HYPOTHYROIDISM  
                    T. THYRONORM 100MCG 1--0--0

Present H/O : BOTH LEG PAIN ON AND OFF

Family H/O : MOTHER : HEALTHY

Habits : NO  
Gen.Exam. : G.C. GOOD  
B.P : 110/70  
Pulse : 60/MIN REG.  
Others : SPO2 99 %  
C.V.S : NAD  
R.S. : NAD  
Abdomen : NP  
Spleen : NP  
Skin : NAD  
C.N.S : NAD  
Advice :



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Ophthalmic Check Up :	Right	Left
Ext Exam		NORMAL
Vision Without Glasses	6/6	6/6
Vision With Glasses	N.5	N.5
Final Correction	WITH READING + 1.25 D SPH	
Fundus	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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## Gynaec Check Up :

OBSTETRIC HISTORY

MENSTRUAL HISTORY

PRESENT MENSTRUAL CYCLE

PAST MENSTRUAL CYCLE

CHIEF COMPLAINTS

PS

PV

BREAST EXAMINATION RIGHT

BREAST EXAMINATION LEFT

PAPSMEAR

BMD

MAMMOGRAPHY

ADVICE





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Patient Name : Mrs. RANJEETA MISHRA  
Gender / Age : Female / 44 Years 3 Months 13 Days  
MR No / Bill No. : 23226878 / 242077880  
Consultant : Dr. Manish Mittal  
Location : OPD

Type : OPD  
Request No. : 194427  
Request Date : 27/01/2024 08:34 AM  
Collection Date : 27/01/2024 08:42 AM  
Approval Date : 27/01/2024 01:59 PM

**CBC + ESR**

Test	Result	Units	Biological Ref. Range
<b>Haemoglobin.</b>			
Haemoglobin	12.0	gm/dL	12 - 15
Red Blood Cell Count (T-RBC)	4.33	mill/cmm	3.8 - 4.8
Hematocrit (HCT)	36.4	%	36 - 46
Mean Corpuscular Volume (MCV)	84.1	fl	83 - 101
Mean Corpuscular Haemoglobin (MCH)	27.7	pg	27 - 32
MCH Concentration (MCHC)	33.0	%	31.5 - 34.5
Red Cell Distribution Width (RDW-CV)	13.5	%	11.6 - 14
Red Cell Distribution Width (RDW-SD)	42.1	fl	39 - 46
<b>Total Leucocyte Count (TLC)</b>			
Total Leucocyte Count (TLC)	6.21	thou/cmm	4 - 10
<b>Differential Leucocyte Count</b>			
Polymorphs	60	%	40 - 80
Lymphocytes	30	%	20 - 40
Eosinophils	5	%	1 - 6
Monocytes	5	%	2 - 10
Basophils	0	%	0 - 2
Polymorphs (Abs. Value)	3.69	thou/cmm	2 - 7
Lymphocytes (Abs. Value)	1.87	thou/cmm	1 - 3
Eosinophils (Abs. Value)	0.27	thou/cmm	0.2 - 0.5
Monocytes (Abs. Value)	0.31	thou/cmm	0.2 - 1
Basophils (Abs. Value)	0.07	thou/cmm	0.02 - 0.1
Immature Granulocytes	0.3	%	1 - 3 : Borderline > 3 : Significant
<b>Platelet Count</b>			
Platelet Count	157	thou/cmm	150 - 410
Remarks	This is counter generated CBC Report, smear review is not done		
ESR	<u>17</u>	mm/1 hr	0 - 12

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

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DEPARTMENT OF LABORATORY MEDICINE

Patient Name : Mrs. RANJEETA MISHRA  
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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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Approval Date : 27/01/2024 03:35 PM

**Haematology**

Test	Result	Units	Biological Ref. Range
<b>Blood Group</b>			
ABO system	B		
Rh system.	Positive		

By Gel Technology / Tube Agglutination Method

Note :

- This blood group has been done with new sensitive Gel Technology using both Forward and Reverse Grouping Card with Autocontro
- This method check's group both on Red blood cells and in Serum for "ABO" group.

---- End of Report ----

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MD (Path). DCP.

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DEPARTMENT OF LABORATORY MEDICINE

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Gender / Age : Female / 44 Years 3 Months 13 Days  
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Approval Date : 27/01/2024 11:44 AM

**Fasting Plasma Glucose**

Test	Result	Units	Biological Ref. Range
<i>Fasting Plasma Glucose</i>			
Fasting Plasma Glucose	97	mg/dL	70 - 110
Post Prandial 2 Hr. Plasma Glucose	118	mg/dL	70 - 140

By Hexokinase method on EXL Dade Dimension

---- End of Report ----

Dr. Ameer Soni  
MD (Path)

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**HbA1c (Glycosylated Hb)**

Test	Result	Units	Biological Ref. Range
<b>HbA1c (Glycosylated Hb)</b>			
Glycosylated Hemoglobin (HbA1c)	5.2	%	
estimated Average Glucose (e AG) *	102.54	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)

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 Approval Date : 27/01/2024 11:45 AM

## Complete Lipid Profile

Test	Result	Units	Biological Ref. Range
<b>Complete Lipid Profile</b>			
Appearance	Clear		
Triglycerides (Done by Lipase /Glycerol kinase on Vitros 5600 < 150 Normal 150-199 Borderline High 200-499 High > 499 Very High)	98	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)	139	mg/dL	1 - 200
HDL Cholesterol (Done by Colorimetric: non HDL precipitation method PTA/MgCl2 on Vitros 5600 < 40 Low > 60 High)	45	mg/dL	40 - 60
Non HDL Cholesterol (calculated) (Non- HDL Cholesterol < 130 Desirable 139-159 Borderline High 160-189 High > 191 Very High)	94	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)	79	mg/dL	1 - 100
VLDL Cholesterol (calculated)	19.6	mg/dL	12 - 30
LDL Ch. / HDL Ch. Ratio	1.76		2.1 - 3.5
T. Ch./HDL Ch. Ratio (Recent NECP / ATP III Guidelines / Classification (mg/dl) :)	3.09		3.5 - 5

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## Liver Function Test (LFT)

Test	Result	Units	Biological Ref. Range
<b>Bilirubin</b>			
Bilirubin - Total	0.32	mg/dL	0 - 1
Bilirubin - Direct	0.14	mg/dL	0 - 0.3
Bilirubin - Indirect	0.18	mg/dL	0 - 0.7
<i>(Done by Dual Wavelength - Reflectance Spectrophotometry on Vitros 5600)</i>			
Aspartate Aminotransferase (SGOT/AST)	22	U/L	13 - 35
<i>(Done by Multipoint Rate Colorimetric with P-5-P on Vitros 5600)</i>			
Alanine Aminotransferase (SGPT/ALT)	16	U/L	14 - 59
<i>(Done by Multipoint-Rate/Colorimetric with P-5-P (pyridoxa-5-phosphate) on Vitros 5600)</i>			
Alkaline Phosphatase	<b>119</b>	U/L	42 - 98
<i>(Done by Multipoint-Rate - p-nitrophenyl Phosphate, AMP buffer on Vitros 5600)</i>			
Gamma Glutamyl Transferase (GGT)	12	U/L	5 - 55
<i>(Done by Multipoint Rate - L-γ<sup>2</sup>-glutamyl-p-nitroanilide on Vitros 5600)</i>			
<b>Total Protein</b>			
Total Proteins	7.62	gm/dL	6.4 - 8.2
Albumin	4.43	gm/dL	3.4 - 5
Globulin	3.19	gm/dL	3 - 3.2
A : G Ratio	1.39		1.1 - 1.6
<i>(Done by Biuret endpoint and Bromocresol green method on vitros 5600.)</i>			

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DEPARTMENT OF LABORATORY MEDICINE

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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>	21	mg/dL	10 - 45
BUN	9.81	mg/dL	5 - 21
Creatinine <i>(By Modified Kinetic Jaffe Technique)</i>	<b>0.51</b>	mg/dL	0.6 - 1.1
Estimate Glomerular Filtration rate <i>(Ref. range : &gt; 60 ml/min for adults between age group of 18 to 70 yrs. EGFR Calculated by IDMS Traceable MDRD Study equation. Reporting of eGFR can help facilitate early detection of CKD. By Modified Kinetic Jaffe Technique)</i>	More than 60		
Uric acid <i>(Done by Colorimetric - Uricase, Peroxidase on Vitros 5600)</i>	4.1	mg/dL	2.2 - 5.8

--- End of Report ---

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## DEPARTMENT OF LABORATORY MEDICINE

Patient Name : Mrs. RANJEETA MISHRA  
 Gender / Age : Female / 44 Years 3 Months 13 Days  
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## Thyroid Hormone Study

Test	Result	Units	Biological Ref. Range
Triiodothyronine (T3)	1.08	ng/ml	
<i>(Done by CLIA based method on automated immunoassay Vitros 5600.</i>			
<i>Reference interval (ng/ml)</i>			
1 - 3 days	: 0.1 - 7.4		
1-11 months	: 0.1 - 2.45		
1-5 years	: 0.1 - 2.7		
6-10 years	: 0.9 - 2.4		
11-15 years	: 0.8 - 2.1		
16-20 years	: 0.8 - 2.1		
Adults (20 - 50 years)	: 0.7 - 2.0		
Adults (> 50 years)	: 0.4 - 1.8		
Pregnancy (in last 5 months)	: 1.2 - 2.5		
<i>(Reference : Tietz - Clinical guide to laboratory test, 4th edition )</i>			
Thyroxine (T4)	10.8	mcg/dL	
<i>(Done by CLIA based method on automated immunoassay Vitros 5600.</i>			
<i>Reference interval (mcg/dL)</i>			
1 - 3 days	: 11.8 - 22.6		
1-2 weeks	: 9.8 - 16.6		
1-4 months	: 7.2 - 14.4		
4 - 12 months	: 7.8 - 16.5		
1-5 years	: 7.3 - 15.0		
5 - 10 years	: 6.4 - 13.3		
10 - 20 years	: 5.6 - 11.7		
Adults / male	: 4.6 - 10.5		
Adults / female	: 5.5 - 11.0		
Adults (> 60 years)	: 5.0 - 10.7		
<i>(Reference : Tietz - Clinical guide to laboratory test, 4th edition )</i>			
Thyroid Stimulating Hormone (US-TSH)	2.27	microIU/ml	
<i>(Done by CLIA based method on automated immunoassay Vitros 5600.</i>			
<i>Reference interval (microIU/ml)</i>			
Infants (1-4 days)	: 1.0 - 39		
2-20 weeks	: 1.7 - 9.1		
5 months - 20 years	: 0.7 - 6.4		
Adults (21 - 54 years)	: 0.4 - 4.2		
Adults (> 55 years)	: 0.5 - 8.9		
<i>Pregnancy :</i>			
1st trimester	: 0.3 - 4.5		
2nd trimester	: 0.5 - 4.6		
3rd trimester	: 0.8 - 5.2		
<i>(Reference : Tietz - Clinical guide to laboratory test, 4th edition )</i>			

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— End of Report —

Dr. Ameer Soni  
MD (Path)



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 Gender / Age : Female / 44 Years 3 Months 13 Days  
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 Approval Date : 27/01/2024 05:39 PM

**Pap Smear****Test**

Pap Smear

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

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

Cyto No : P/225/23

Received at 2:50 pm

Clinical Details : No complain

P/V findings : Cx.- NAD, Pinhole os. / Vg. -NAD

LMP : 15/11/2023, Delayed cycle.

TBS Report / Impression :

- \* Satisfactory for evaluation; transformation zone components identified.
- \* Mild inflammatory cellularity (Neutrophils rich).
- \* No epithelial cell abnormality favouring squamous intraepithelial lesion or frank malignancy ( NILM ).

**Note / Method :**

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

--- End of Report ---

Dr. Rakesh Vaidya  
MD (Path). DCP.



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**Urine routine analysis (Auto)**

Test	Result	Units	Biological Ref. Range
<b>Physical Examination</b>			
Quantity	20	mL	
Colour	Pale Yellow		
Appearance	Turbid (Slight)		
<b>Chemical Examination (By Reagent strip method)</b>			
pH	5.5		
Specific Gravity	1.008		
Protein	Negative	gm/dL	0 - 5
Glucose	Negative	mg/dL	0 - 5
Ketones	Negative		0 - 5
Bilirubin	Negative		Negative
Urobilinogen	Negative		Negative (upto 1)
Blood	Negative		Negative
Leucocytes	1+		Negative
Nitrite	Negative		Negative
<b>Microscopic Examination (by Microscopy after Centrifugation at 2000 rpm for 10 min or on fully automated Sysmex urine sedimentation analyzer UF4000)</b>			
Red Blood Cells	0 - 1	/hpf	0 - 2
Leucocytes	10 - 20	/hpf	0 - 5
Epithelial Cells	5 - 10	/hpf	0 - 5
Casts	Nil	/lpf	Nil
Crystals	Nil	/hpf	Nil
Mucus	Absent	/hpf	Absent
Organism	Absent		

--- End of Report ---

Dr. Ameer Soni  
MD (Path)



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Foetal Echocardiography

Echocardiography

4D USG & Doppler

## DEPARTMENT OF DIAGNOSTIC RADIOLOGY

Patient No. : 23226878 Report Date : 27/01/2024

Request No. : 190099500 27/01/2024 8.34 AM

Patient Name : **Mrs. RANJEETA MISHRA**

Gender / Age : Female / 44 Years 3 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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**DEPARTMENT OF DIAGNOSTIC RADIOLOGY**

Patient No. : 23226878 Report Date : 27/01/2024

Request No. : 190099489 27/01/2024 8.34 AM

Patient Name : Mrs. RANJEETA MISHRA

Gender / Age : Female / 44 Years 3 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. No dilated IHBR.

Gall bladder shows no obvious abnormality. Common bile duct measures 3mm 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 seen.

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

Kindly correlate clinically.

**Dr. Priyanka Patel, MD.**

Consultant Radiologist





**DEPARTMENT OF DIAGNOSTIC RADIOLOGY**

Patient No. : 23226878 Report Date : 27/01/2024

Request No. : 190099586 27/01/2024 8.34 AM

Patient Name : Mrs. RANJEETA MISHRA

Gender / Age : Female / 44 Years 3 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 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 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


Patient No. : 23226878      Report Date : 27/01/2024  
Request No. : 190099496      27/01/2024 8.34 AM  
Patient Name : **Mrs. RANJEETA MISHRA**  
Gender / Age : Female / 44 Years 3 Months 13 Days

**Echo Doppler Screening**

MITRAL VALVE : MAC+, 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 -- 60%, 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 -- 60%
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.

Name Mrs. Ranjeeta Mishra  
Patient ID ECU/23226878

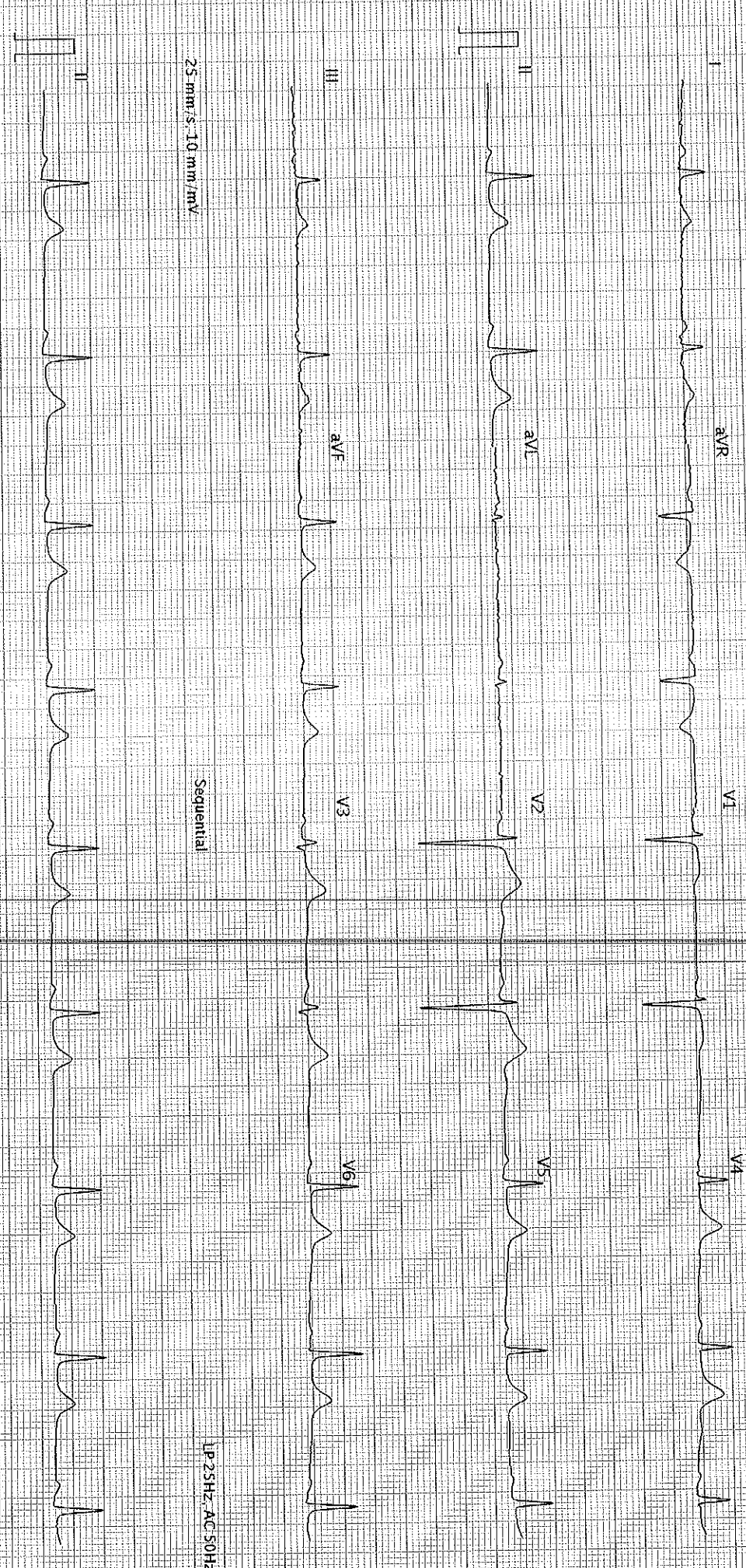
27.01.2024 08:55:12  
Standard 12-Lead

BHAIJAL AMIN GENERAL HOSPITAL

Age 044Y  
Gender Male  
Ref. phys  
Facemaker Unknown  
Remark

HR 52 bpm  
RR 115 bpm  
P 95 ms  
PR 154 ms  
QRS 83 ms  
QT 453 ms  
QTcB 422 ms  
P axis 23°  
QRS axis 60°  
T axis 57°

Unconfirmed report



25 mm/s, 10 mm/mV

Sequential

LP 25HZ AC 50HZ

25 mm/s, 10 mm/mV  
AT-102-G2-1-2-0 (I080-011030)

BHAIJAL AMIN GENERAL HOSPITAL - Printed on 27.01.2024 08:55:24

LP 25HZ AC 50HZ

SCHILLER

Part No.2.157048M

€ € 0123

Page 1 of 1  
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