

CONCLUSION OF HEALTH CHECKUP

ECU Number	: 6215	MR Number	: 23215979	Patient Name	: NAYYER LATIFI
Age	: 62	Sex	: Female	Height	: 156
Weight	: 62	Ideal Weight	: 56	BMI	: 25.48
Date	: 04/10/2023				

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 : 6215 MR Number : 23215979 Patient Name : NAYYER LATIFI
Age : 62 Sex : Female Height : 156
Weight : 62 Ideal Weight : 56 BMI : 25.48
Date : 04/10/2023

Past H/O : K/C/O HYPOTHYROIDISM SINCE 10-15 YEARS - T. THYRONORM 75 1-0-0

Present H/O : NO PRESENT COMPLAINTS.

Family H/O : FATHER : IHD , P/H OF MI , DIED
MOTHER : IHD , DIED

Habits : T. THYRONORM 75 1-0-0

Gen.Exam. : NONE

B.P : 110/70

Pulse : 86

Others : SPO2 98 %

C.V.S : NAD

R.S. : NAD

Abdomen : NP

Spleen : NP

Skin : NAD

C.M.S : NAD

Advice :

ECU Number : 6215
Age : 62
Weight : 62
Date : 04/10/2023

MR Number : 23215979
Sex : Female
Ideal Weight : 56

Patient Name : NAYYER LATIFI
Height : 156
BMI : 25.48

Ophthalmic Check Up :

	Right	Left
Ext Exam		NORMAL
Vision Without Glasses	6/6	6/6
Vision With Glasses	N.8	N.6
Final Correction	14.6	14.6
Fu ^r us	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

ECU Number : 6215
Age : 62
Weight : 62
Date : 04/10/2023

MR Number : 23215979
Sex : Female
Ideal Weight : 56

Patient Name : NAYYER LATIFI
Height : 156
BMI : 25.48

Gynaec Check Up :

OBSTETRIC HISTORY : 2 FTNDS
MENSTRUAL HISTORY : ABDOMEN HYSTERECTOMY IN 1997.
PRESENT MENSTRUAL CYCLE : -
PAST MENSTRUAL CYCLE : -
CHIEF COMPLAINTS : -
P/ : SOFT SCAR OF HYSTERECTOMY
PS : VAULT - (N) Vg - SENILE VAGINITIS
PV : NO MASS FELT
BREAST EXAMINATION RIGHT : NORMAL
BREAST EXAMINATION LEFT : NORMAL
PAPSMEAR :
BMD :
MAMMOGRAPHY :
ADVICE :

Dietary Assessment

ECU Number : 6215 MR Number : 23215979 Patient Name: NAYYER LATIFI
Age : 62 Sex : Female Height : 156
Weight : 62 Ideal Weight : 56 BMI : 25.48
Date : 04/10/2023

Body Type : Normal / Underweight / Overweight
Diet History : Vegetarian / Eggetarian / Mixed

Frequency of consuming fried food : / Day / Week or occasional
Frequency of consuming Sweets : / Day / or occasional
Frequency of consuming outside food : / Day / Week or occasional
Amount of water consumed / day : Glasses / liters

Lifestyle assessment :
Physical activity : Active / moderate / Sedentary / Nil
Alcohol intake : Yes / No
Smoking : Yes / No
Allergic to any food : Yes / No
Are you stressed out ? : Yes / No
Do you travel a lot ? : Yes / No

General diet instructions :

- Have small frequent meals.
- Avoid fatty products like oil, ghee, butter, cheese.
- Take salt restricted diet and avoid table salt.
- Consume fibrous food regularly like whole grains, Daliya, Oats, Bajra, Flex seeds, Pulses, Fruits and Salads.
- Change your cooking oil every three months.
- Avoid Maida, Starchy foods and Bakery products.
- Consume 1-2 servings of all fruits and vegetables, For Diabetic patients avoid Mango, Chikoo, Banana, Grapes and Custurd apple
- Drink 3 to 4 liters (12 - 14 glass) of water daily.
- Eat Beetroots, Figs, Almond, Walnut, Dates, Leafy vegetables, roasted Channa and Jeggary (Gur) for Heamoglobin in case of diabetic patient avoid Rasins, Dates and Jeggary
- Drink green Tea or black Coffee once in a day.
- Do brisk walking daily.



Patient Name : Ms. NAYYER LATIFI
 Gender / Age : Female / 62 Years 9 Months 28 Days
 MR No / Bill No. : 23215979 / 242029028
 Consultant : Dr. Manish Mittal
 Location : OPD

Type : OPD
 Request No. : 163995
 Request Date : 04/10/2023 09:02 AM
 Collection Date : 04/10/2023 09:41 AM
 Approval Date : 04/10/2023 03:01 PM

CBC + ESR

Test	Result	Units	Biological Ref. Range
Haemoglobin.			
Haemoglobin	12.7	gm/dL	12 - 15
Red Blood Cell Count (T-RBC)	4.64	mill/cmm	3.8 - 4.8
Hematocrit (HCT)	39.4	%	36 - 46
Mean Corpuscular Volume (MCV)	84.9	fl	83 - 101
Mean Corpuscular Haemoglobin (MCH)	27.4	pg	27 - 32
MCH Concentration (MCHC)	32.2	%	31.5 - 34.5
Red Cell Distribution Width (RDW-CV)	13.4	%	11.6 - 14
Red Cell Distribution Width (RDW-SD)	41.8	fl	39 - 46
Total Leucocyte Count (TLC)			
Total Leucocyte Count (TLC)	5.66	thou/cmm	4 - 10
Differential Leucocyte Count			
Polymorphs	59	%	40 - 80
Lymphocytes	35	%	20 - 40
Eosinophils	02	%	1 - 6
Monocytes	04	%	2 - 10
Basophils	00	%	0 - 2
Polymorphs (Abs. Value)	3.37	thou/cmm	2 - 7
Lymphocytes (Abs. Value)	1.98	thou/cmm	1 - 3
Eosinophils (Abs. Value)	0.09	thou/cmm	0.2 - 0.5
Monocytes (Abs. Value)	0.16	thou/cmm	0.2 - 1
Basophils (Abs. Value)	0.06	thou/cmm	0.02 - 0.1
Immature Granulocytes	0.2	%	1 - 3 : Borderline > 3 : Significant
Platelet Count			
Platelet Count	333	thou/cmm	150 - 410
Remarks	This is counter generated CBC Report, smear review is not done		
ESR	29	mm/1 hr	0 - 20



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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. 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 Ves metic 20, comparable to Westergrens method and in accordance to ICSH reference method.

— End of Report —

Dr. Ameer Soni
MD (Path)



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 Approval Date : 04/10/2023 04:33 PM

Complete Lipid Profile

Test	Result	Units	Biological Ref. Range
Complete Lipid Profile			
Appearance	Clear		
Triglycerides	130	mg/dL	1 - 150
<i>(By Lipase / Glycerol dehydrogenase on RXL Dade Dimension)</i>			
< 150 Normal			
150-199 Borderline High			
200-499 High			
> 499 Very High)			
Total Cholesterol	246	mg/dL	1 - 200
<i>(By enzymatic colorimetric method on RXL Dade Dimension)</i>			
<200 mg/dL - Desirable			
200-239 mg/dL - Borderline High			
> 239 mg/dL - High)			
HDL Cholesterol	44	mg/dL	40 - 60
<i>(By Direct homogenous technique, modified enzymatic non-immunological method on RXL Dade Dimension)</i>			
< 40 Low			
> 60 High)			
Non HDL Cholesterol (calculated)	202	mg/dL	1 - 130
<i>(Non- HDL Cholesterol)</i>			
< 130 Desirable			
139-159 Borderline High			
160-189 High			
> 191 Very High)			
LDL Cholesterol	171	mg/dL	1 - 100
<i>(By Direct homogenous technique, modified enzymatic non-immunological method on RXL Dade Dimension)</i>			
< 100 Optimal			
100-129 Near / above optimal			
130-159 Borderline High			
160-189 High			
> 189 Very High)			
VLDL Cholesterol (calculated)	26	mg/dL	12 - 30
LDL Ch. / HDL Ch. Ratio	3.89		2.1 - 3.5
T. Ch./HDL Ch. Ratio	5.59		3.5 - 5
<i>(Recent NECP / ATP III Guidelines / Classification (mg/dl) :)</i>			

— End of Report —

Dr. Amee Soni
MD (Path)The results are dependent on a number of variables & technical measures. Heavy
 use of alcohol, tobacco, fatty meals, drugs, and other factors may affect the
 results. For more information, please contact the laboratory.



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Liver Function Test (LFT)

Test	Result	Units	Biological Ref. Range
Bilirubin			
Bilirubin - Total	0.5	mg/dL	0 - 1
Bilirubin - Direct	0.1	mg/dL	0 - 0.3
Bilirubin - Indirect	0.4	mg/dL	0 - 0.7
<i>(By Diazotized sulfanilic acid on RXL Dade Dimension.)</i>			
Aspartate Aminotransferase (SGOT/AST)	17	U/L	9 - 36
<i>(By IFCC UV kinetic method on RXL Dade Dimension.)</i>			
Alanine Aminotransferase (SGPT/ALT)	25	U/L	14 - 59
<i>(By IFCC UV kinetic method on RXL Dade Dimension.)</i>			
Alkaline Phosphatase	115	U/L	53 - 141
<i>(BY PNPP AMP method on RXL Dade Dimension.)</i>			
Gamma Glutamyl Transferase (GGT)	24	U/L	5 - 55
<i>(By IFCC method on RXL Dade Dimension.)</i>			
Total Protein			
Total Proteins	8.6	gm/dL	6.4 - 8.2
Albumin	3.8	gm/dL	3.4 - 5
Globulin	4.8	gm/dL	3 - 3.2
A : G Ratio	0.79		1.1 - 1.6
<i>(By Biuret endpoint and Bromocresol purple method on RXL Dade Dimension.)</i>			

— End of Report —

Dr. Ameer Soni
MD (Path)

Test Results are provided as a number of variables & internal levels. Some
 of the laboratory variables with clinical findings and other related management levels
 in this report are provided for your reference. For more information, please contact the
 laboratory.



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 Approval Date : 04/10/2023 04:32 PM

Renal Function Test (RFT)

Test	Result	Units	Biological Ref. Range
Urea <i>(By Urease Kinetic method on RXL Dade Dimension)</i>	26	mg/dL	10 - 45
Creatinine <i>(By Modified Kinetic Jaffe Technique)</i>	0.83	mg/dL	0.6 - 1.2
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>(By Uricase / Catalase method on RXL Siemens)</i>	3.2	mg/dL	2.2 - 5.8

— End of Report —

Dr. Ameet Soni
MD (Path)

Test Results are dependent on a number of variables & individual variations. Hence, it is advised to consult with clinical findings and other related investigations before any firm opinion is given. Accuracy / Validity may be compromised.



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 Approval Date : 04/10/2023 04:06 PM

Thyroid Hormone Study

Test	Result	Units	Biological Ref. Range
Triiodothyronine (T3)	1.18	ng/ml	

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

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 - 50 years) : 0.7 - 2.0
 Adults (> 50 years) : 0.4 - 1.8
 Pregnancy (in last 5 months) : 1.2 - 2.5

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

Thyroxine (T4)	11.56	mcg/dL	
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(Done by 4th generation electrochemiluminescence based method on automated immunoassay / Cobas e 411.)

Reference interval (mcg/dL)

1 - 3 days : 11.8 - 22.6
 1-2 weeks : 9.8 - 18.6
 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 : 5.8 - 11.7
 Adults / male : 4.6 - 10.5
 Adults / female : 5.5 - 11.0
 Adults (> 60 years) : 5.0 - 10.7

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

Thyroid Stimulating Hormone (US-TSH)	4.07	microIU/ml	
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(Done by 4th generation electrochemiluminescence based method on automated immunoassay / Cobas e 411.)

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 (21 - 54 years) : 0.4 - 4.2
 Adults (> 55 years) : 0.5 - 8.9

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))

— End of Report —

Dr. Ameer Soni
MD (Path)

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DEPARTMENT OF LABORATORY MEDICINE

Patient Name : Ms. NAYYER LATIFI
Gender / Age : Female / 62 Years 9 Months 28 Days
MR No / Bill No. : 23215979 / 242029028
Consultant : Dr. Manish Mittal
Location : OPD

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Approval Date : 04/10/2023 04:34 PM

Fasting Plasma Glucose

Test	Result	Units	Biological Ref. Range
<i>Fasting Plasma Glucose</i>			
Fasting Plasma Glucose	93	mg/dL	70 - 110
Post Prandial 2 Hr. Plasma Glucose	94	mg/dL	70 - 140

By Hexokinase method on RXL Dade Dimension

--- End of Report ---

Dr. Ameer 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 relevant investigations before any firm opinion is made. Analysis / report may be misinterpreted.

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DEPARTMENT OF LABORATORY MEDICINE

Patient Name : Ms. NAYYER LATIFI
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Approval Date : 04/10/2023 04:06 PM

Haematology

Test	Result	Units	Biological Ref. Range
Blood Group			
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 Autocontrol.
- This method check's group both on Red blood cells and in Serum for "ABO" group.

--- End of Report ---

Dr. Ameer Soni
MD (Path)

Not Ready are dependent on the number of samples & technical facilities. Hence, it is advised to comply with clinical findings and other related investigations. Long are free opinion to make. Analysis / result may be requested.



Patient Name : Ms. NAYYER LATIFI
 Gender / Age : Female / 62 Years 9 Months 28 Days
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HbA1c (Glycosylated Hb)

Test	Result	Units	Biological Ref. Range
HbA1c (Glycosylated Hb)			
Glycosylated Hemoglobin (HbA1c)	5.8	%	
estimated Average Glucose (e AG) *	119.76	mg/dL	

(Method:

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

* Calculated value 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 ---

Dr. Ameer Soni
MD (Path)

Test Results are dependent on a number of variables & technical limitations. Hence, it is always to correlate with clinical findings and other related investigations before any therapeutic decision is made. Reference / action may be required.



Patient Name	: Ms. NAYYER LATIFI	Type	: OPD
Gender / Age	: Female / 62 Years 9 Months 28 Days	Request No.	: 163995
MR No / Bill No.	: 23215979 / 242029028	Request Date	: 04/10/2023 09:02 AM
Consultant	: Dr. Manish Mittal	Collection Date	: 04/10/2023 09:41 AM
Location	: OPD	Approval Date	: 04/10/2023 05:25 PM

Pap Smear

Test	Result	Units	Biological Ref. Range
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Pap Smear

Pap Smear Screening Report...

Cyto No : P/1824/23

Received at 2:25 pm.

Clinical Details : H/O Hysterectomy.

P/V findings : Vault - Senile vaginitis.

TBS Report / Impression :

* Satisfactory for evaluation.

* Benign cellular changes/repair.

* 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 Bethesda system (Modified 2014)

--- End of Report ---

Dr. Rakesh Vaidya
MD (Path). DCP.

All Results are dependent on a number of variables & technical limitations. Hence, if it is advised to consult a pathologist for a proper diagnosis and other related investigations before any further steps to be taken.



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 Collection Date : 04/10/2023 09:41 AM
 Approval Date : 04/10/2023 12:45 PM

Urine routine analysis (Auto)

Test	Result	Units	Biological Ref. Range
Physical Examination			
Quantity	30	mL	
Colour	Pale Yellow		
Appearance	Clear		
Chemical Examination (By Reagent strip method)			
pH	5.5		
Specific Gravity	>=1.030		
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	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	/hpf	0 - 2
Leucocytes	1 - 5	/hpf	0 - 5
Epithelial Cells	5 - 10	/hpf	0 - 5
Casts	Nil	/hpf	Nil
Crystals	Nil	/hpf	Nil
Mucus	Absent	/hpf	Absent
Organism	Absent		

— End of Report —

Dr. Ameet Soni
MD (Path)

This result is dependent on a number of variables & is subject to change. It is subject to change with clinical findings and other related investigations. Do not use for clinical decisions. Results / report may be requested.



DEPARTMENT OF DIAGNOSTIC RADIOLOGY

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

Patient No. : 23215979 Report Date : 04/10/2023
 Request No. : 190083456 04/10/2023 9.02 AM
 Patient Name : Ms. NAYYER LATIFI
 Gender / Age : Female / 62 Years 9 Months 28 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. Ravij Patel, M.D
Consultant Radiologist





DEPARTMENT OF DIAGNOSTIC RADIOLOGY

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

Patient No. : 23215979 Report Date : 04/10/2023
Request No. : 190083498 04/10/2023 9.02 AM
Patient Name : Ms. NAYYER LATIFI
Gender / Age : Female / 62 Years 9 Months 28 Days

USG : Screening for Abdomen (excluding Pelvis) Or Upper Abdomen

Liver is normal in size and echopattern. No mass lesion identified. The hepaticveins are clear and patent. PV patent. No dilated IHBR.

Gall bladder is well distended and shows no obvious abnormality. Common bile duct is not dilated.

Pancreas shows no obvious abnormality. Tail obscured.
Spleen is normal size and echopattern. Linear Foci of benign calcification is seen in spleen.

Both kidneys are normal in shape and position. Normal echogenicity and cortico medullary differentiation is noted. No hydronephrosis or mass lesion seen.

Uterus is not seen h/o hysterectomy.
No adnexal mass seen.

Urinary bladder is well distended and appears normal.
No ascites.

COMMENT:

- No obvious abnormality.

Kindly correlate clinically

**Dr. Ravij Patel, M.D (RADIO
DIAGNOSIS)**
Consultant Radiologist



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



DEPARTMENT OF DIAGNOSTIC RADIOLOGY

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

Patient No. : 23215979 Report Date : 05/10/2023

Request No. : 190083545 04/10/2023 9.02 AM

Patient Name : Ms. NAYYER LATIFI

Gender / Age : Female / 62 Years 9 Months 28 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 left side.

Right breast show few well defined opacities in upper and outer quadrant.--Appears benign lesions.

Few calcific opacities are seen in right breast-- upper and inner quadrant.

No obvious micro/cluster calcification seen.

No obvious skin thickening or nipple retraction seen.

Bilateral benign axillary lymph nodes seen.

IMPRESSION:

Right breast opacities--appear benign lesions p/o intra mammary nodes. BI-RADS category 2.

Kindly correlate clinically /Follow up/sos sono mammogram

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 ABDOMINAL ILLS
• NOT VALID FOR MEDICO LEGAL PURPOSES
• CLINICAL CORRELATION RECOMMENDED

Patient No. : 23215979 Report Date : 04/10/2023
Request No. : 190083549 04/10/2023 9.02 AM
Patient Name : **Ms. NAYYER LATIFI**
Gender / Age : Female / 62 Years 9 Months 28 Days

Echo Color Doppler

MITRAL VALVE	: NORMAL, MILD MR, NO MS
AORTIC VALVE	: NORMAL, NO AR, NO AS
TRICUSPID VALVE	: NORMAL, TRIVIAL TR, NO PAH
PULMONARY VALVE	: NORMAL
LEFT ATRIUM	: NORMAL
AORTA	: NORMAL
LEFT VENTRICLE	: NORMAL LV SIZE AND SYSTOLIC FUNCTION LVEF – 58%, 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, TRIVIAL TR, NO PAH

FINAL CONCLUSION:

1. NORMAL SIZED ALL CARDIAC CHAMBERS, NO LVH
2. NORMAL LV SYSTOLIC FUNCTION, LVEF – 58%
3. NO RESTING REGIONAL WALL MOTION ABNORMALITY
4. NORMAL ALL CARDIAC VALVES, NO MITRAL // AORTIC STENOSIS
5. GRADE I LV DIASTOLIC DYSFUNCTION
6. NORMAL RIGHT HEART SIZE AND RV PRESSURES
7. NO PERICARDIAL EFFUSION, CLOT OR VEGETATION SEEN, SR+.


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

For Appointment & Inquiry : 080 69 70 70 70

Patient Name: Mrs. Nayyer Latif -
Patient ID: ECU/23215979

04.10.2023 12:44:15
Standard 12-Lead

IRHAILAL AMIN GENERAL HOSPITAL

Age: 60.27
Gender: Female
Ref. phys:

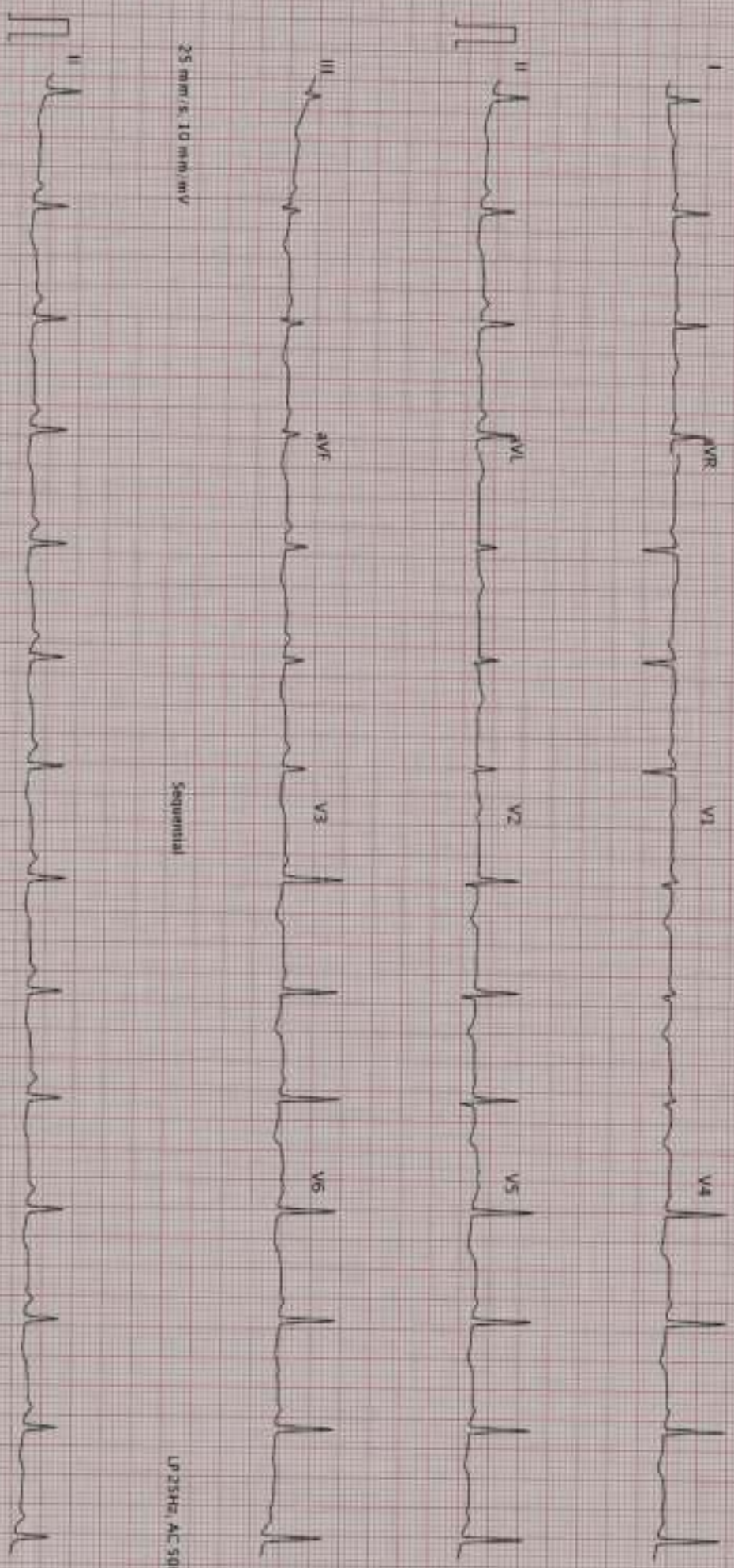
Paramaker: Unknown

HR 80 bpm
PR 143 ms
P axis 58°
QRS axis 36°
T axis 44°
QT 394 ms
QTcB 394 ms

Unconfirmed report

Remark:

PR lead



25 mm/s, 10 mm/mV

Sequential

LP 25Hz, AC 50Hz

25 mm/s, 10 mm/mV

LP 25Hz, AC 50Hz