



**BHAILAL AMIN
GENERAL HOSPITAL**



CONCLUSION OF HEALTH CHECKUP

ECU Number : 10168	MR Number : 23231306	Patient Name : SUDHA KUMARI
Age : 49	Sex : Female	Height : 163
Weight : 87	Ideal Weight : 61	BMI : 32.74
Date : 14/03/2024		

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.





BHAILAL AMIN GENERAL HOSPITAL

ESTD. 1964



ECU Number : 10168 MR Number : 23231306 Patient Name: SUDHA KUMARI
Age : 49 Sex : Female Height : 163
Weight : 87 Ideal Weight : 61 BMI : 32.74
Date : 14/03/2024

Past H/O : K/C/O HYPOTHYROIDISM
T. THYROXINE 75MCG OD

Present H/O : BODYACHE
WEAKNESS +

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

Habits : NIL

Gen.Exam. : G.C. GOOD

B.P : 146/76

Pulse : 98/MIN REG.

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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ESTD. 1964



ECU Number : 10168
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Sex : Female
Ideal Weight : 61

Patient Name : SUDHA KUMARI
Height : 163
BMI : 32.74

Ophthalmic Check Up :

Right

Left

Ext Exam

NORMAL

Vision Without Glasses

6/6 - 0.25 CYL I 90

6/6 - 0.25 CYL I 90

Vision With Glasses

N.6 + 1.75 D SPH

N.6 + 1.75 D SPH

Final Correction

-

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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ESTD. 1964



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Weight : 87
Date : 14/03/2024

MR Number : 23231306
Sex : Female
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Patient Name : SUDHA KUMARI
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Gynaec Check Up :

OBSTETRIC HISTORY FTND : MALE - 19 YRS.
MENSTRUAL HISTORY H/O MENORRHAGIA
PRESENT MENSTRUAL CYCLE LMP : 23/02/24
PAST MENSTRUAL CYCLE IRREGULAR
CHIEF COMPLAINTS BODYACHE
PS SOFT
PV Cx - (N) Vg - (N)
BREAST EXAMINATION RIGHT UT AV BULKY Fx CLEAR
BREAST EXAMINATION LEFT NORMAL
PAPSMEAR OUTER QUADRANT ? CYST ; ENLARGED AXILLARY TAIL
BMD
MAMMOGRAPHY
ADVICE





Patient Name : Mrs. SUDHA KUMARI
 Gender / Age : Female / 49 Years 1 Months 1 Days
 MR No / Bill No. : 23231306 / 242090457
 Consultant : Dr. Manish Mittal
 Location : OPD

Type : OPD
 Request No. : 207667
 Request Date : 14/03/2024 09:08 AM
 Collection Date : 14/03/2024 09:50 AM
 Approval Date : 14/03/2024 03:00 PM

CBC + ESR

Test	Result	Units	Biological Ref. Range
Haemoglobin.			
Haemoglobin	12.0	gm/dL	12 - 15
Red Blood Cell Count (T-RBC)	4.50	mill/cmm	3.8 - 4.8
Hematocrit (HCT)	38.7	%	36 - 46
Mean Corpuscular Volume (MCV)	86.0	fl	83 - 101
Mean Corpuscular Haemoglobin (MCH)	<u>26.7</u>	pg	27 - 32
MCH Concentration (MCHC)	<u>31.0</u>	%	31.5 - 34.5
Red Cell Distribution Width (RDW-CV)	<u>16.0</u>	%	11.6 - 14
Red Cell Distribution Width (RDW-SD)	<u>49.8</u>	fl	39 - 46
Total Leucocyte Count (TLC)			
Total Leucocyte Count (TLC)	<u>11.15</u>	thou/cmm	4 - 10
Differential Leucocyte Count			
Polymorphs	63	%	40 - 80
Lymphocytes	30	%	20 - 40
Eosinophils	4	%	1 - 6
Monocytes	3	%	2 - 10
Basophils	0	%	0 - 2
Polymorphs (Abs. Value)	6.97	thou/cmm	2 - 7
Lymphocytes (Abs. Value)	<u>3.35</u>	thou/cmm	1 - 3
Eosinophils (Abs. Value)	0.43	thou/cmm	0.2 - 0.5
Monocytes (Abs. Value)	0.34	thou/cmm	0.2 - 1
Basophils (Abs. Value)	0.06	thou/cmm	0.02 - 0.1
Immature Granulocytes	0.3	%	1 - 3 : Borderline > 3 : Significant
Platelet Count			
Platelet Count	236	thou/cmm	150 - 410
Remarks	This is cell counter generated CBC report, Smear review is not done		
ESR	<u>25</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 / retest may be requested.



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

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DEPARTMENT OF LABORATORY MEDICINE

Patient Name	: Mrs. SUDHA KUMARI	Type	: OPD
Gender / Age	: Female / 49 Years 1 Months 1 Days	Request No.	: 207667
MR No / Bill No.	: 23231306 / 242090457	Request Date	: 14/03/2024 09:08 AM
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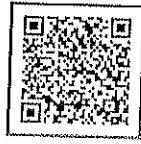
CBC + ESR

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. Amee Soni
MD (Path)



Patient Name : Mrs. SUDHA KUMARI
Gender / Age : Female / 49 Years 1 Months 1 Days
MR No / Bill No. : 23231306 / 242090457
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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.

--- End of Report ---

Dr. Ameet 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 requested.

365 Days / 24 Hours Laboratory Services

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



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ESTD. 1966

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DEPARTMENT OF LABORATORY MEDICINE

Patient Name : Mrs. SUDHA KUMARI
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Fasting Plasma Glucose

Test	Result	Units	Biological Ref. Range
<i>Fasting Plasma Glucose</i>			
Fasting Plasma Glucose	133	mg/dL	70 - 110
Post Prandial 2 Hr. Plasma Glucose	125	mg/dL	70 - 140

By Hexokinase method on EXL Dade Dimension

---- End of Report ----

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MD (Path)

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HbA1c (Glycosylated Hb)

Test	Result	Units	Biological Ref. Range
HbA1c (Glycosylated Hb)			
Glycosylated Heamoglobin (HbA1c)	5.1	%	
estimated Average Glucose (e AG) *	99.67	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)	127	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)	205	mg/dL	1 - 200
HDL Cholesterol (Done by Colorimetric: non HDL precipitation method PTA/MgCl2 on Vitros 5600 < 40 Low > 60 High)	46	mg/dL	40 - 60
Non HDL Cholesterol (calculated) (Non- HDL Cholesterol < 130 Desirable 139-159 Borderline High 160-189 High > 191 Very High)	159	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)	134	mg/dL	1 - 100
VLDL Cholesterol (calculated)	25.4	mg/dL	12 - 30
LDL Ch. / HDL Ch. Ratio	2.91		2.1 - 3.5
T. Ch./HDL Ch. Ratio (Recent NECP / ATP III Guidelines / Classification (mg/dl) :)	4.46		3.5 - 5

---- End of Report ----

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Liver Function Test (LFT)

Test	Result	Units	Biological Ref. Range
Bilirubin			
Bilirubin - Total	0.54	mg/dL	0 - 1
Bilirubin - Direct	0.17	mg/dL	0 - 0.3
Bilirubin - Indirect	0.37	mg/dL	0 - 0.7
<i>(Done by Dual Wavelength - Reflectance Spectrophotometry on Vitros 5600)</i>			
Aspartate Aminotransferase (SGOT/AST)	25	U/L	13 - 35
<i>(Done by Multipoint Rate Colorimetric with P-5-P on Vitros 5600)</i>			
Alanine Aminotransferase (SGPT/ALT)	26	U/L	14 - 59
<i>(Done by Multipoint-Rate/Colorimetric with P-5-P (pyridoxa-5-phosphate) on Vitros 5600)</i>			
Alkaline Phosphatase	125	U/L	42 - 98
<i>(Done by Multipoint-Rate - p-nitrophenyl Phosphate, AMP buffer on Vitros 5600)</i>			
Gamma Glutamyl Transferase (GGT)	19	U/L	5 - 55
<i>(Done by Multipoint Rate - L-γ-glutamyl-p-nitroanilide on Vitros 5600)</i>			
Total Protein			
Total Proteins	8.82	gm/dL	6.4 - 8.2
Albumin	4.92	gm/dL	3.4 - 5
Globulin	3.9	gm/dL	3 - 3.2
A : G Ratio	1.26		1.1 - 1.6
<i>(Done by Biuret endpoint and Bromocresol green method on vitros 5600.)</i>			

---- End of Report ----

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MD (Path)



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Renal Function Test (RFT)

Test	Result	Units	Biological Ref. Range
Urea (Done by Endpoint/Colorimetric - Urease on Vitros 5600)	37	mg/dL	10 - 45
BUN	17.29	mg/dL	5 - 21
Creatinine (By Modified Kinetic Jaffe Technique)	0.72	mg/dL	0.6 - 1.1
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. Reporting of eGFR can help facilitate early detection of CKD. By Modified Kinetic Jaffe Technique)	More than 60		
Uric acid (Done by Colorimetric - Uricase, Peroxidase on Vitros 5600)	6.8	mg/dL	2.2 - 5.8

---- End of Report ----

Dr. Ameer Soni
MD (Path)



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 Gender / Age : Female / 49 Years 1 Months 1 Days
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Thyroid Hormone Study

Test	Result	Units	Biological Ref. Range
Triiodothyronine (T3)	1.09	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 - 99 years)	: 1.07 - 1.85		
Pregnancy (in last 5 months)	: 1.2 - 2.5		
<i>(Reference : Tietz - Clinical guide to laboratory test, 4th edition)</i>			
Thyroxine (T4)	9.91	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 (20-99 years)	: 5.91 - 12.98		
<i>(Reference : Tietz - Clinical guide to laboratory test, 4th edition)</i>			
Thyroid Stimulating Hormone (US-TSH)	5.74	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 (20-99 years)	: 0.4001 - 4.049		
<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>			

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.

---- End of Report ----

Dr. Ameer Soni
MD (Path)



Patient Name : Mrs. SUDHA KUMARI
Gender / Age : Female / 49 Years 1 Months 1 Days
MR No / Bill No. : 23231306 / 242090457
Consultant : Dr. Manish Mittal
Location : OPD

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Pap Smear

Test	Result	Units	Biological Ref. Range
------	--------	-------	-----------------------

Pap Smear

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

Cyto No :P/652/24
Received at 12.45 pm.

Clinical Details : No complain
P/V findings : Cx. - NAD / Vg. - NAD
LMP : 23/02/2024, Irregular.

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 Bethesda system (Modified 2014)

--- End of Report ---

Dr. Rakesh Vaidya
MD (Path). DCP.

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ESTD. 1964



ADVANCED DIGITAL SOLUTIONS

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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. : 23231306 Report Date : 14/03/2024

Request No. : 190107924 14/03/2024 9.08 AM

Patient Name : Mrs. SUDHA KUMARI

Gender / Age : Female / 49 Years 1 Months 1 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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Digital Subtraction Angiography (DSA)

Foetal Echocardiography

Echocardiography

4D USG & Doppler

DEPARTMENT OF DIAGNOSTIC RADIOLOGY

Patient No. : 23231306 Report Date : 14/03/2024
Request No. : 190107945 14/03/2024 9.08 AM
Patient Name : **Mrs. SUDHA KUMARI**
Gender / Age : Female / 49 Years 1 Months 1 Days

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

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

Gall bladder is well distended and shows few mobile calculi, largest measures about 18mm in size. There is no e/o pericholecystic inflammatory changes. Common bile duct is not dilated.

Pancreas shows no obvious abnormality. Tail obscured.
Spleen is normal 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:

- **Fatty liver.**
- **Few mobile calculi without features of cholecystitis.**

Kindly correlate clinically

Dr. Harsh Sanjay Vyas,
Consultant Radiologist



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



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. : 23231306 Report Date : 14/03/2024
 Request No. : 190107961 14/03/2024 9.08 AM
 Patient Name : **Mrs. SUDHA KUMARI**
 Gender / Age : Female / 49 Years 1 Months 1 Days

Mammography (Both Breast)

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

Both breasts show heterogeneously dense fibro glandular parenchyma.

Left breast show a 5x3mm sized well defined hypoechoic lesion in retroareolar region at 3 O'clock position-- p/o benign lesion. No obvious focal mass seen on right side (USG Correlation done).

No obvious micro/cluster calcification seen. Bilateral benign specks of calcifications are seen. No obvious skin thickening or nipple retraction seen.

Bilateral axillary breast tissue seen. No enlarged axillary lymph nodes seen.

IMPRESSION:

Well defined hypoechoic lesion in retroareolar region at 3 O'clock position in left breast-- benign lesion likely. (USG Correlation done)

Bilateral axillary breast tissue.

BI-RADS category 3.

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. Harsh Sanjay Vyas, D N
B
Consultant Radiologist**



• ULTRA SONOGRAPHY CANNOT DETECT ALL ABNORMALITIES
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 • CLINICAL CORRELATION RECOMMENDED

Ece



Patient No. : 23231306 Report Date : 14/03/2024
Request No. : 190107953 14/03/2024 9.08 AM
Patient Name : **Mrs. SUDHA KUMARI**
Gender / Age : Female / 49 Years 1 Months 1 Days

Echo Doppler Screening

MITRAL VALVE : NORMAL
AORTIC VALVE : TRILEAFLET, NORMAL
TRICUSPID VALVE : NORMAL, NO TR, NO PAH
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
I.A.S. : INTACT
PULMONARY ARTERY : NORMAL
PERICARDIUM : NORMAL
COLOUR/DOPPLER FLOW MAPPING : NO AR, MR, 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, TR, NO PULMONARY HYPERTENSION , (IVC COLLAPSING)
7. NO PERICARDIAL EFFUSION, CLOT VEGETATION.

Dr/ V C CHAUHAN
Consultant Cardiologist





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 Gender / Age : Female / 49 Years 1 Months 1 Days
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 Consultant : Dr. Manish Mittal
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Type : OPD
 Request No. : 207667
 Request Date : 14/03/2024 09:08 AM
 Collection Date : 14/03/2024 09:50 AM
 Approval Date : 14/03/2024 01:22 PM

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	5.0		4.6 - 8.0
Specific Gravity	1.014		1.005 - 1.030
Protein	Negative		Negative
Glucose	Negative		Negative
Ketones	Negative		Negative
Bilirubin	Negative		Negative
Urobilinogen	Negative		Negative (upto 1)
Blood	Negative		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	0 - 1	/hpf	0 - 2
Leucocytes	1 - 5	/hpf	0 - 5
Epithelial Cells	1 - 5	/hpf	0 - 5
Casts	Nil	/lpf	Nil
Crystals	Nil	/hpf	Nil
Mucus	Absent	/hpf	Absent
Organism	Absent		

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

---- End of Report ----

Dr. Ameet Soni
MD (Path)

Name: Mrs. sudha kumari -
Patient ID: Ecu/ 23231306

14-03-2024 10:19:22
Standard 12-Lead

BHALAL AMIN GENERAL HOSPITAL

Age: 049Y
Gender: Female
Pacemaker: Unknown

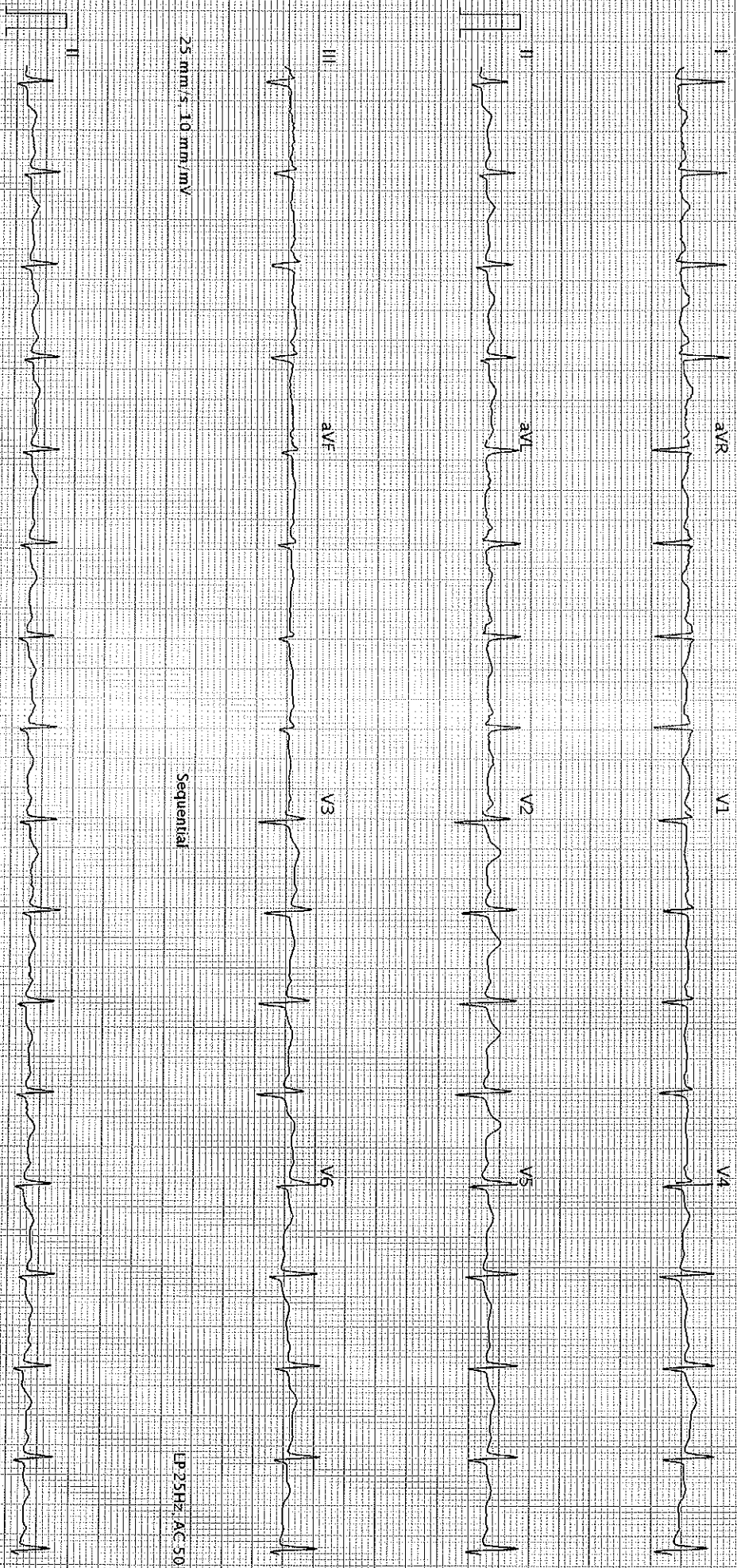
Ref. phys:

HR 97 bpm RR 61.6 ms
PR 90 ms
P axis 22° QR 130 ms
QRS axis -2° QT 73 ms
T axis 17° QTcB 44.1 ms

Unconfirmed report

SP

Remark:



25 mm/s, 10 mm/mV

Sequential

EP 25Hz AC 50Hz

25 mm/s, 10 mm/mV

AT-102 G2 I-2.0 (1080 011030)

BHALAL AMIN GENERAL HOSPITAL - Printed on 14-03-2024 10:19:35

EP 25Hz AC 50Hz

Page 1 of 1

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