

CONCLUSION OF HEALTH CHECKUP

ECU Number : 8558

Age : 34

Weight : 76.3

Date : 17/01/2024

MR Number : 23226008

Sex : Female

Ideal Weight : 53

Patient Name: ANAMIKA VERMA

Height : 153


BMI : 32.59

*Dyslipidemic
Hypothyroid*

A

*Start by 1st
month*

*Adjust dose
of thyroid
medication*


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 : 8558 MR Number : 23226008 Patient Name: ANAMIKA VERMA
Age : 34 Sex : Female Height : 153
Weight : 76.3 Ideal Weight : 53 BMI : 32.59
Date : 17/01/2024

Past H/O : K/C/O HYPOTHYROID - T. THYROXINE 125MCG 1--0--0

Present H/O : NO MEDICAL COMPLAINTS AT PRESENT.

Family H/O : FATHER : DM

Habits : NO
Gen.Exam. : G.C. GOOD
B.P : 120/74
Pulse : 88/MIN REG.
Others : SPO2 18 %
C.V.S : NAD
R.S. : NAD
Abdomen : NP
Spleen : NP
Skin : NAD
S.N.S : NAD
Advice :



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Ophthalmic Check Up :

Right

Left

Ext Exam

NIL

Vision Without Glasses

6/6

6/6

Vision With Glasses

N.6

N.6

Final Correction

14.6

14.6

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 G1 P1 - FTND : FEMALE : 3 YRS OLD

MENSTRUAL HISTORY -

PRESENT MENSTRUAL CYCLE LMP : 31/12/13

PAST MENSTRUAL CYCLE FAIRLY REGULAR CYCLE

CHIEF COMPLAINTS C/O HIRSUITISM , A C/O HYPOTHYROID

PA SOFT

PS DISCHARGE ++, EROSION ++

PV NAD

BREAST EXAMINATION RIGHT NORMAL

BREAST EXAMINATION LEFT NORMAL

PAPSMEAR

BMD

MAMMOGRAPHY

ADVICE CLINGEN FORTE AGINAL 1 HS.

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DEPARTMENT OF LABORATORY MEDICINE

Patient Name : Mrs. ANAMIKA VERMA
Gender / Age : Female / 34 Years 4 Months 2 Days
MR No / Bill No. : 23226008 / 242073128
Consultant : Dr. Manish Mittal
Location : OPD

Type : OPD
Request No. : 191977
Request Date : 17/01/2024 08:56 AM
Collection Date : 17/01/2024 10:03 AM
Approval Date : 17/01/2024 01:31 PM

CBC + ESR

Test	Result	Units	Biological Ref. Range
Haemoglobin.			
Haemoglobin	12.8	gm/dL	12 - 15
Red Blood Cell Count (T-RBC)	4.93	mill/cmm	3.8 - 4.8
Hematocrit (HCT)	42.4	%	36 - 46
Mean Corpuscular Volume (MCV)	86.0	fl	83 - 101
Mean Corpuscular Haemoglobin (MCH)	26.0	pg	27 - 32
MCH Concentration (MCHC)	30.2	%	31.5 - 34.5
Red Cell Distribution Width (RDW-CV)	13.7	%	11.6 - 14
Red Cell Distribution Width (RDW-SD)	43.6	fl	39 - 46
Total Leucocyte Count (TLC)			
Total Leucocyte Count (TLC)	8.18	thou/cmm	4 - 10
Differential Leucocyte Count			
Polymorphs	72	%	40 - 80
Lymphocytes	23	%	20 - 40
Eosinophils	2	%	1 - 6
Monocytes	3	%	2 - 10
Basophils	0	%	0 - 2
Polymorphs (Abs. Value)	5.81	thou/cmm	2 - 7
Lymphocytes (Abs. Value)	1.82	thou/cmm	1 - 3
Eosinophils (Abs. Value)	0.22	thou/cmm	0.2 - 0.5
Monocytes (Abs. Value)	0.28	thou/cmm	0.2 - 1
Basophils (Abs. Value)	0.05	thou/cmm	0.02 - 0.1
Immature Granulocytes	0.2	%	1 - 3 : Borderline > 3 : Significant
Platelet Count			
Platelet Count	343	thou/cmm	150 - 410
Remarks	This is counter generated CBC Report, smear review is not done		
ESR	23	mm/1 hr	0 - 12

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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)

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Haematology

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

---- End of Report ----

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Fasting Plasma Glucose

Test	Result	Units	Biological Ref. Range
Fasting Plasma Glucose			
Fasting Plasma Glucose	86	mg/dL	70 - 110
Post Prandial 2 Hr. Plasma Glucose	93	mg/dL	70 - 140

By Hexokinase method on EXL Dade Dimension

---- End of Report ----

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HbA1c (Glycosylated Hb)

Test	Result	Units	Biological Ref. Range
HbA1c (Glycosylated Hb)			
Glycosylated Hemoglobin (HbA1c)	5.7	%	
estimated Average Glucose (e AG) *	116.89	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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Renal Function Test (RFT)

Test	Result	Units	Biological Ref. Range
Urea <i>(Done by Endpoint/Colorimetric - Urease on Vitros 5600)</i>	14	mg/dL	10 - 45
BUN	6.54	mg/dL	5 - 21
Creatinine <i>(By Modified Kinetic Jaffe Technique)</i>	0.64	mg/dL	0.6 - 1.1
Estimate Glomerular Filtration rate <i>(Ref. range : > 60 ml/min for adults between age group of 18 to 70 yrs. EGFR Calculated by IDMS Traceable MDRD Study equation. Reporting of eGFR can help facilitate early detection of CKD. By Modified Kinetic Jaffe Technique)</i>	More than 60		
Uric acid <i>(Done by Colorimetric - Uricase, Peroxidase on Vitros 5600)</i>	4.1	mg/dL	2.2 - 5.8

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Liver Function Test (LFT)

Test	Result	Units	Biological Ref. Range
Bilirubin			
Bilirubin - Total	0.59	mg/dL	0 - 1
Bilirubin - Direct	0.27	mg/dL	0 - 0.3
Bilirubin - Indirect	0.32	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)	15	U/L	14 - 59
<i>(Done by Multipoint-Rate/Colorimetric with P-5-P (pyridoxa-5-phosphate) on Vitros 5600)</i>			
Alkaline Phosphatase	62	U/L	42 - 98
<i>(Done by Multipoint-Rate - p-nitrophenyl Phosphate, AMP buffer on Vitros 5600)</i>			
Gamma Glutamyl Transferase (GGT)	14	U/L	5 - 55
<i>(Done by Multipoint Rate - L-γ³-glutamyl-p-nitroanilide on Vitros 5600)</i>			
Total Protein			
Total Proteins	<u>8.57</u>	gm/dL	6.4 - 8.2
Albumin	4.88	gm/dL	3.4 - 5
Globulin	3.69	gm/dL	3 - 3.2
A : G Ratio	1.32		1.1 - 1.6
<i>(Done by Biuret endpoint and Bromocresol green method on vitros 5600.)</i>			

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Complete Lipid Profile

Test	Result	Units	Biological Ref. Range
Complete Lipid Profile			
Appearance	Clear		
Triglycerides	137	mg/dL	1 - 150
<i>(Done by Lipase /Glycerol kinase on Vitros 5600)</i> < 150 Normal 150-199 Borderline High 200-499 High > 499 Very High)			
Total Cholesterol	240	mg/dL	1 - 200
<i>(Done by Colorimetric - Cholesterol Oxidase, esterase, peroxidase on Vitros 5600.)</i> <200 mg/dL - Desirable 200-239 mg/dL - Borderline High > 239 mg/dL - High)			
HDL Cholesterol	43	mg/dL	40 - 60
<i>(Done by Colorimetric: non HDL precipitation method PTA/MgCl2 on Vitros 5600)</i> < 40 Low > 60 High)			
Non HDL Cholesterol (calculated)	197	mg/dL	1 - 130
<i>(Non- HDL Cholesterol)</i> < 130 Desirable 139-159 Borderline High 160-189 High > 191 Very High)			
LDL Cholesterol	163	mg/dL	1 - 100
<i>(Done by Enzymatic (Two Step CHE/CHO/POD) on Vitros 5600)</i> < 100 Optimal 100-129 Near / above optimal 130-159 Borderline High 160-189 High > 189 Very High)			
VLDL Cholesterol (calculated)	27.4	mg/dL	12 - 30
LDL Ch. / HDL Ch. Ratio	3.79		2.1 - 3.5
T. Ch./HDL Ch. Ratio	5.58		3.5 - 5
<i>(Recent NECP / ATP III Guidelines / Classification (mg/dl) :)</i>			

--- End of Report ---



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MD (Path)

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 Approval Date : 17/01/2024 02:57 PM

Thyroid Hormone Study

Test	Result	Units	Biological Ref. Range
Triiodothyronine (T3)	0.87	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)	6.88	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)	73.1 (ON TAB)	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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Dr. Ameer Soni
MD (Path)

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Approval Date : 17/01/2024 02:36 PM

Pap Smear

Test	Result	Units	Biological Ref. Range
Pap Smear	Pap Smear Screening Report / Cervico-Vaginal Cytology...		
	Cyto no : P/154/24 Received at 1:00 pm.		
	Clinical Details : Vaginal discharge P/V findings : Cx.- Erosion ++ / Vg. - NAD LMP : 31/12/2023		
	TBS Report / Impression : * Satisfactory for evaluation; transformation zone components identified. * Moderate acute inflammatory cellularity. No evidence of T. vaginalis / Fungal elements. * No epithelial cell abnormality favouring Squamous intraepithelial lesion or frank malignancy (NILM).		

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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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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. : 23226008 Report Date : 17/01/2024

Request No. : 190097919 17/01/2024 8.56 AM

Patient Name : **Mrs. ANAMIKA VERMA**

Gender / Age : Female / 34 Years 4 Months 2 Days

X-Ray Chest AP

Both lung fields are clear.

Both costophrenic sinuses appear clear.

Heart size is normal.

Hilar shadows show no obvious abnormality.

Aorta is normal.

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

Dr. Priyanka Patel, MD.

Consultant Radiologist



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Echocardiography

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- Multi-Detector CT Scan
- Mammography
- Interventional Radiology
- Digital Subtraction Angiography
- Foetal Echocardiography
- Echocardiography

Patient No. : 23226008 Report Date : 17/01/2024
Request No. : 190097951 17/01/2024 8.56 AM
Patient Name : Mrs. ANAMIKA VERMA
Gender / Age : Female / 34 Years 4 Months 2 Days

USG : Abdomen (Excluding Pelvis) Or Upper Abdomen

Liver is normal in size and echo pattern. No mass lesion identified. The hepatic veins are clear and patent. PV patent. No dilated IHBR.

Gall bladder is well distended and shows no obvious abnormality. Common bile duct appears normal.

Pancreas shows no obvious abnormality. Tail obscured.
Spleen is normal size and echo pattern.

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

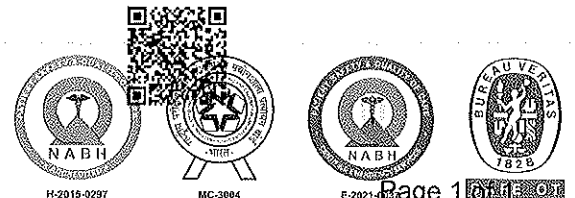
No ascites.

COMMENT:

- **No obvious abnormality seen.**
- Kindly correlate clinically

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

Dr. Harsh Sanjay Vyas, D N
B
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. : 23226008 Report Date : 17/01/2024
Request No. : 190097951 17/01/2024 8.56 AM
Patient Name : **Mrs. ANAMIKA VERMA**
Gender / Age : Female / 34 Years 4 Months 2 Days

USG : Abdomen (Excluding Pelvis) Or Upper Abdomen

Liver is normal in size and echo pattern. No mass lesion identified. The hepatic veins are clear and patent. PV patent. No dilated IHBR.

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No ascites.

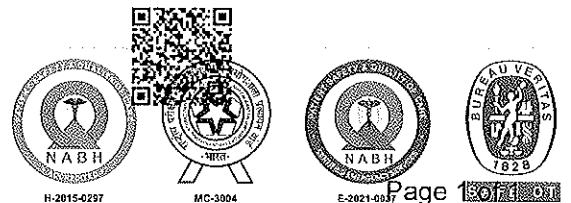
COMMENT:

- **No obvious abnormality seen.**

Kindly correlate clinically

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

Dr. Harsh Sanjay Vyas, D N B
Consultant Radiologist



Patient No. : 23226008 Report Date : 17/01/2024
Request No. : 190098018 17/01/2024 8.56 AM
Patient Name : Mrs. ANAMIKA VERMA
Gender / Age : Female / 34 Years 4 Months 2 Days

Echo Doppler Screening

MITRAL VALVE : NORMAL
AORTIC VALVE : TRILEAFLET, NORMAL
TRICUSPID VALVE : NORMAL, TRACE 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 : Trace TR , NO MR , 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. NO LV DIASTOLIC DYSFUNCTION
6. TRACE TR, NO PULMONARY HYPERTENSION , (IVC COLLAPSING)
7. NO PERICARDIAL EFFUSION, CLOT VEGETATION.

Dr.KILLOL KANERIA MD, DM
Consultant Cardiologist



Name: Mrs. anamika verma -
Patient ID: Ecu / 23226008

17.01.2024 11:05:54
Standard 12-Lead

Age: 034Y
Gender: Female
Ref. phys.

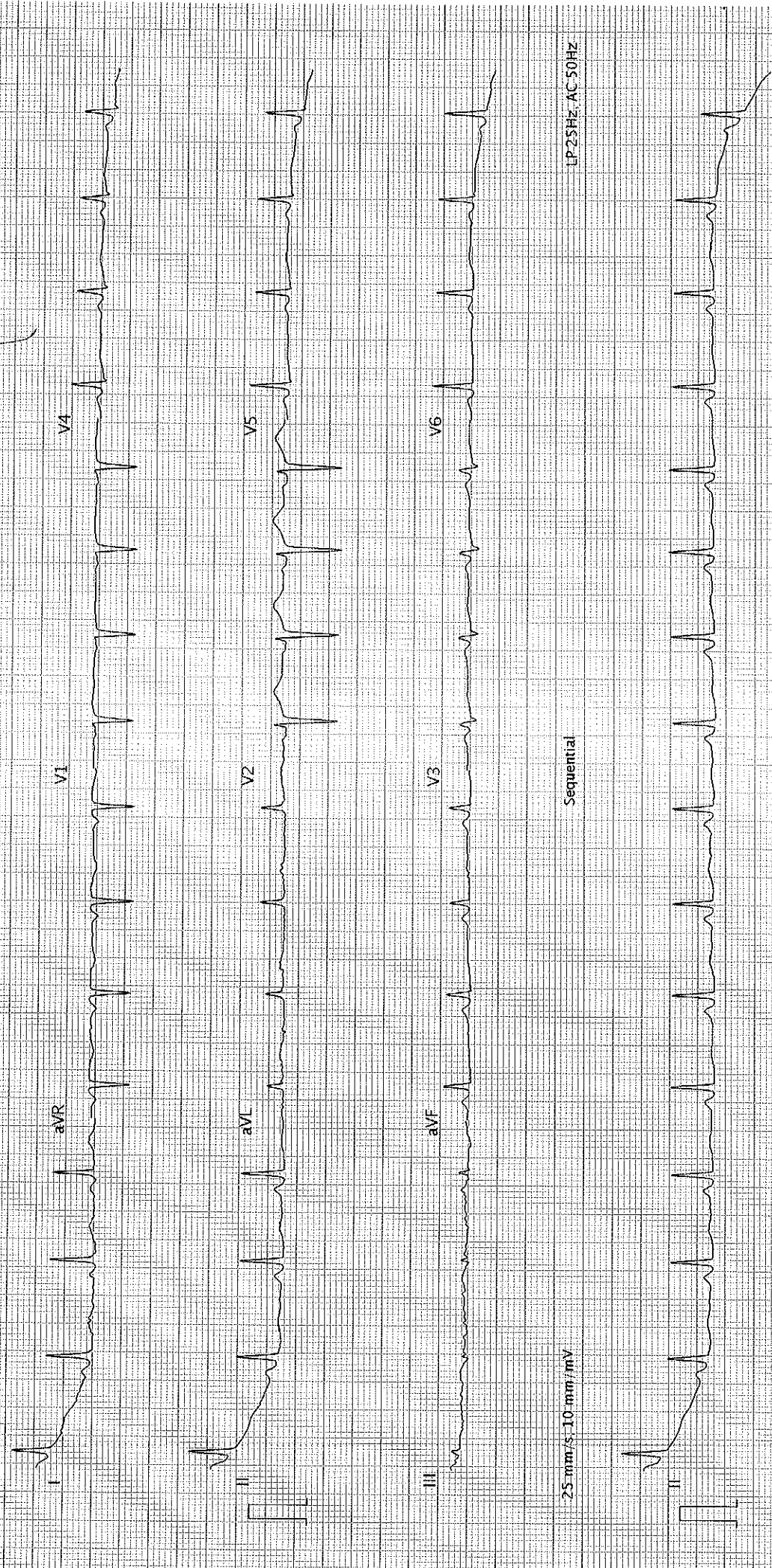
HR: 94 bpm
RR: 636 ms
P: 98 ms
PR: 125 ms
QRS axis: 53°
QT: 371 ms
QTcB: 465 ms

Unconfirmed report

Pacemaker: Unknown

Remark:

Handwritten notes: *✓*



25 mm/s, 10 mm/mV

Sequential

LP25Hz-AC-50Hz

25 mm/s, 10 mm/mV

LP25Hz-AC-50Hz