

CONCLUSION OF HEALTH CHECKUP

ECU Number : 8444	MR Number : 21052324	Patient Name : SUDIPTA DAS
Age : 36	Sex : Female	Height : 176
Weight : 110	Ideal Weight : 72	BMI : 35.51
Date : 13/01/2024		

Anemic
Fatty Liver

A₂
Tdt derogin 2 (2)
0-1-0
Rpt dtk alt imm
Fibroscan
dy Hyl Mung choi

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 : 8444 MR Number : 21052324 Patient Name: SUDIPTA DAS
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Weight : 110 Ideal Weight : 72 BMI : 35.51
Date : 13/01/2024

Past H/O : NO P/H/O ANY MAJOR ILLNESS.

Present H/O : NO MEDICAL COMPLAINTS AT PRESENT.

Family H/O : FATHER : DM , APLASTIC ANEMIA
MOTHER : ASTHMA

Habits : NIL

Gen.Exam. : G.C. GOOD

B.P : 130/80

Pulse : 92

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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Age : 36
Weight : 110
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MR Number : 21052324
Sex : Female
Ideal Weight : 72

Patient Name : SUDIPTA DAS
Height : 176
BMI : 35.51

Ophthalmic Check Up :

Right

Left

Ext Exam

-

Vision Without Glasses

-

-

Vision With Glasses

WITH OWN GL. N.5

6/6 N.5

Final Correction

NORMAL

NORMAL

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 FT LSCS : FEMALE - 5 YRS.
MENSTRUAL HISTORY -
PRESENT MENSTRUAL CYCLE LMP : 26/12/24
PAST MENSTRUAL CYCLE REGULAR
CHIEF COMPLAINTS NIL
PA SOFT
I () Cx - (N) Vg - WHITE DISCHARGE
PV UT NS Fx CLEAR
BREAST EXAMINATION RIGHT NORMAL
BREAST EXAMINATION LEFT NORMAL
PAPSMEAR TAKEN
BMD
MAMMOGRAPHY
ADVICE FOLLOUWP WITH REPORTS





Patient Name : Mrs. SUDIPTA DAS
 Gender / Age : Female / 37 Years 9 Months 28 Days
 MR No / Bill No. : 21052324 / 242072225
 Consultant : Dr. Manish Mittal
 Location : OPD

Type : OPD
 Request No. : 191133
 Request Date : 13/01/2024 08:19 AM
 Collection Date : 13/01/2024 08:31 AM
 Approval Date : 13/01/2024 03:13 PM

CBC + ESR

Test	Result	Units	Biological Ref. Range
Haemoglobin.			
Haemoglobin	<u>9.8</u>	gm/dL	12 - 15
Red Blood Cell Count (T-RBC)	4.55	mill/cmm	3.8 - 4.8
Hematocrit (HCT)	<u>35.4</u>	%	36 - 46
Mean Corpuscular Volume (MCV)	<u>77.8</u>	fl	83 - 101
Mean Corpuscular Haemoglobin (MCH)	<u>21.5</u>	pg	27 - 32
MCH Concentration (MCHC)	<u>27.7</u>	%	31.5 - 34.5
Red Cell Distribution Width (RDW-CV)	<u>17.7</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>11.40</u>	thou/cmm	4 - 10
Differential Leucocyte Count			
Polymorphs	55	%	40 - 80
Lymphocytes	33	%	20 - 40
Eosinophils	<u>8</u>	%	1 - 6
Monocytes	4	%	2 - 10
Basophils	0	%	0 - 2
Polymorphs (Abs. Value)	6.24	thou/cmm	2 - 7
Lymphocytes (Abs. Value)	<u>3.73</u>	thou/cmm	1 - 3
Eosinophils (Abs. Value)	<u>0.89</u>	thou/cmm	0.2 - 0.5
Monocytes (Abs. Value)	0.40	thou/cmm	0.2 - 1
Basophils (Abs. Value)	<u>0.14</u>	thou/cmm	0.02 - 0.1
Immature Granulocytes	0.5	%	1 - 3 : Borderline > 3 : Significant
Platelet Count			
Platelet Count	378	thou/cmm	150 - 410
Smear evaluation	Adequate		
ESR	<u>23</u>	mm/1 hr	0 - 12

Test Results are dependent on a number of variables & technical specifications. Hence, it is advised to correlate with clinical findings & the results of other investigations for defining any firm opinion is made. Recheck / retest may be suggested.

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Patient Name : Mrs. SUDIPTA DAS
Gender / Age : Female / 37 Years 9 Months 28 Days
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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. 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 consult your physician for any firm opinion is made. Recheck / retest may be required.

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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 checks group both on Red blood cells and in Serum for "ABO" group.

---- End of Report ----

Dr. Ameer Soni
MD (Path)

Test Results are dependent on a number of variables & are subject to variations. Hence, it is advised to correlate with clinical findings & where necessary repeat investigations before any firm opinion is made. Recheck / retest may be suggested.

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Fasting Plasma Glucose

<u>Test</u>	<u>Result</u>	<u>Units</u>	<u>Biological Ref. Range</u>
Fasting Plasma Glucose			
Fasting Plasma Glucose	94	mg/dL	70 - 110
Post Prandial 2 Hr. Plasma Glucose	123	mg/dL	70 - 140

Rv Hexokinase method on EXL Dade Dimension

---- End of Report ----

Dr. Rakesh Vaidya
MD (Path). DCP.

Test Results are dependent on a number of variables & each with its own limitations. Hence, it is advised to correlate with clinical findings and repeat tests if necessary for confirmation. Any firm opinion is made, Recheck / retest may be requested.



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HbA1c (Glycosylated Hb)

Test	Result	Units	Biological Ref. Range
HbA1c (Glycosylated Hb)			
Glycosylated Heamoglobin (HbA1c)	5.6	%	
estimated Average Glucose (e AG) *	114.02	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>	18	mg/dL	10 - 45
BUN	8.41	mg/dL	5 - 21
Creatinine <i>(By Modified Kinetic Jaffe Technique)</i>	0.58	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>	5.5	mg/dL	2.2 - 5.8

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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)	150	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)	180	mg/dL	1 - 200
HDL Cholesterol (Done by Colorimetric: non HDL precipitation method PTA/MgCl2 on Vitros 5600 < 40 Low > 60 High)	49	mg/dL	40 - 60
Non HDL Cholesterol (calculated) (Non- HDL Cholesterol < 130 Desirable 139-159 Borderline High 160-189 High > 191 Very High)	131	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)	99	mg/dL	1 - 100
VLDL Cholesterol (calculated)	30	mg/dL	12 - 30
LDL Ch. / HDL Ch. Ratio	2.02		2.1 - 3.5
T. Ch./HDL Ch. Ratio (Recent NECP / ATP III Guidelines / Classification (mg/dl) :)	3.67		3.5 - 5

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Liver Function Test (LFT)

Test	Result	Units	Biological Ref. Range
Billirubin			
Bilirubin - Total	1.14	mg/dL	0 - 1
Bilirubin - Direct	0.17	mg/dL	0 - 0.3
Bilirubin - Indirect	0.97	mg/dL	0 - 0.7
<i>(Done by Dual Wavelength - Reflectance Spectrophotometry on Vitros 5600)</i>			
Aspartate Aminotransferase (SGOT/AST)	34	U/L	13 - 35
<i>(Done by Multipoint Rate Colorimetric with P-5-P on Vitros 5600)</i>			
Alanine Aminotransferase (SGPT/ALT)	32	U/L	14 - 59
<i>(Done by Multipoint-Rate/Colorimetric with P-5-P (pyridoxa-5-phosphate) on Vitros 5600)</i>			
Alkaline Phosphatase	96	U/L	42 - 98
<i>(Done by Multipoint-Rate - p-nitrophenyl Phosphate, AMP buffer on Vitros 5600)</i>			
Gamma Glutamyl Transferase (GGT)	10	U/L	5 - 55
<i>(Done by Multipoint Rate - L-γ²-glutamyl-p-nitroanilide on Vitros 5600)</i>			
Total Protein			
Total Proteins	8.16	gm/dL	6.4 - 8.2
Albumin	4.46	gm/dL	3.4 - 5
Globulin	3.7	gm/dL	3 - 3.2
A : G Ratio	1.21		1.1 - 1.6
<i>(Done by Biuret endpoint and Bromocresol green method on vitros 5600.)</i>			

---- End of Report ----

Dr. Rakesh Vaidya
MD (Path). DCP.

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Patient Name : Mrs. SUDIPTA DAS
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Consultant : Dr. Manish Mittal
Location : OPD

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Thyroid Hormone Study

Test	Result	Units	Biological Ref. Range
Triiodothyronine (T3) <i>(Done by CLIA based method on automated immunoassay Vitros 5600. 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 (Reference : Tietz - Clinical guide to laboratory test, 4th edition))	1.28	ng/ml	
Thyroxine (T4) <i>(Done by CLIA based method on automated immunoassay Vitros 5600. 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 (Reference : Tietz - Clinical guide to laboratory test, 4th edition))	10.8	mcg/dL	
Thyroid Stimulating Hormone (US-TSH) <i>(Done by CLIA based method on automated immunoassay Vitros 5600. 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 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))	4.33	microIU/ml	

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Dr. Rakesh Vaidya
MD (Path). DCP.

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Location : OPD

Type : OPD
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Approval Date : 13/01/2024 02:40 PM

Urine routine analysis (Auto)

Test	Result	Units	Biological Ref. Range
Physical Examination			
Quantity	30	mL	
Colour	Pale Yellow		
Appearance	Turbid (Slight)		
Chemical Examination (By Reagent strip method)			
pH	5.5		
Specific Gravity	1.019		
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	0 - 1	/hpf	0 - 5
Epithelial Cells	5 - 10	/hpf	0 - 5
Casts	Nil	/lpf	Nil
Crystals	Nil	/hpf	Nil
Mucus	Absent	/hpf	Absent
Organism	Absent		

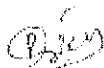
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Dr. Rakesh Vaidya
MD (Path). DCP.

Patient No. : 21052324 Report Date : 13/01/2024
Request No. : 190097297 13/01/2024 8.19 AM
Patient Name : **Mrs. SUDIPTA DAS**
Gender / Age : Female / 37 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.



Dr. Priyanka Patel, MD.

Consultant Radiologist



Patient No. : 21052324 Report Date : 13/01/2024
Request No. : 190097306 13/01/2024 8.19 AM
Patient Name : Mrs. SUDIPTA DAS
Gender / Age : Female / 37 Years 9 Months 28 Days

USG : Abdomen (Excluding Pelvis) Or Upper Abdomen

Liver is normal in size and raised echopattern. No mass lesion identified.
The hepatic veins are clear and patent.

Gall bladder is well 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:

- **Fatty liver.**

Kindly correlate clinically.



Dr. Priyanka Patel, MD.
Consultant Radiologist



Patient No. : 21052324 Report Date : 13/01/2024
Request No. : 190097365 13/01/2024 8.19 AM
Patient Name : Mrs. SUDIPTA DAS
Gender / Age : Female / 37 Years 9 Months 28 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 LV diastolic dysfunction,
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 LV DIASTOLIC DYSFUNCTION
6. NO AR, MR, TR, NO PULMONARY HYPERTENSION , (IVC COLLAPSING)
7. NO PERICARDIAL EFFUSION, CLOT VEGETATION.

Dr. KILLOL KANERIA MD, DM
Consultant Cardiologist



Name Mrs. Sudipta Das -
Patient ID ECU/21052324

13.01.2024 09:24:51
Standard 12-Lead

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Age 037Y
Gender Female
Pacemaker Unknown

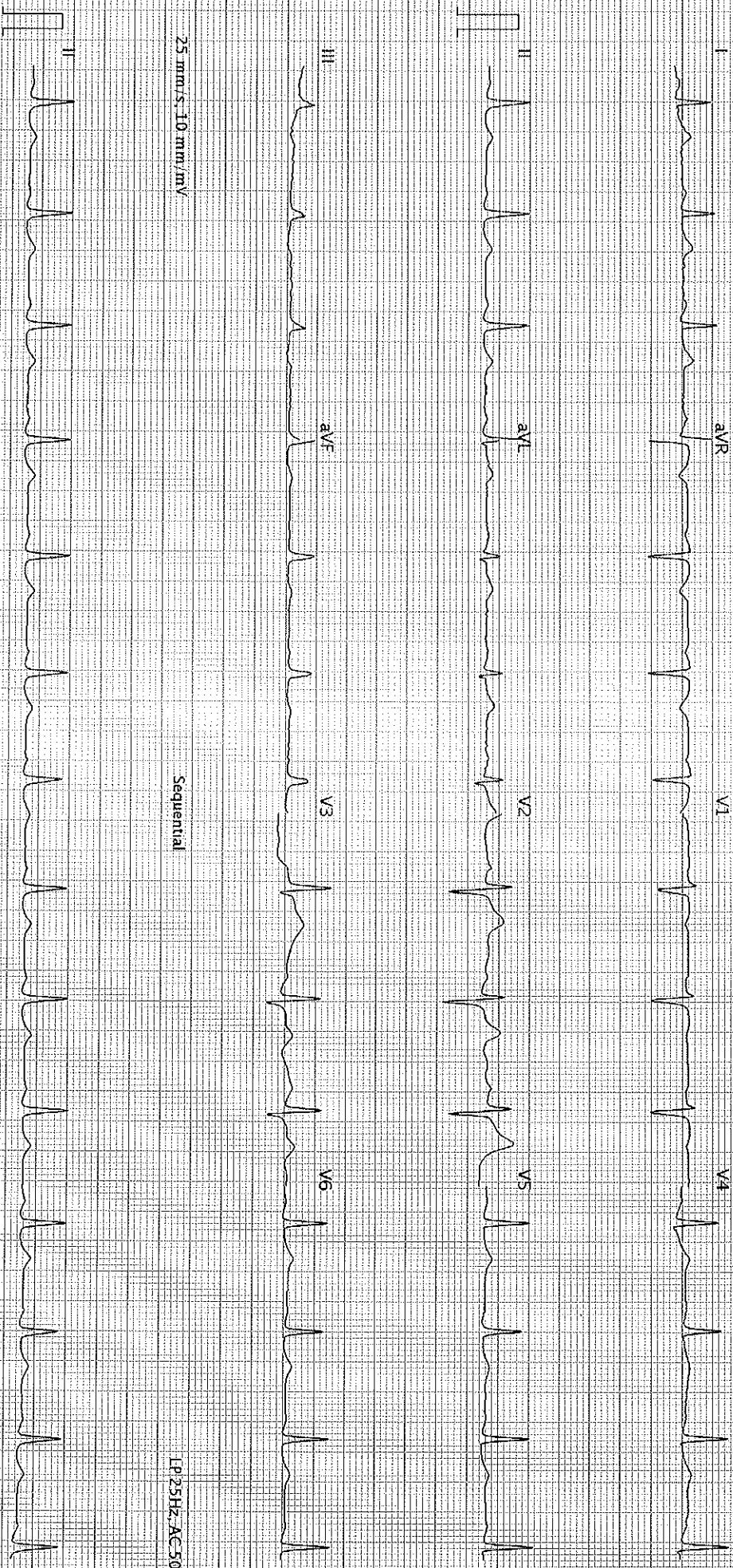
Ref. phys.

HR 81 bpm
RR 745 ms
P axis 13° PR 147 ms
QRS axis 36° QRS 340 ms
T axis 3° QTcB 394 ms

Unconfirmed report

Remark

[Handwritten signature]



25 mm/s, 10 mm/mV

Sequential

LP25HZ: AC 50HZ

25 mm/s, 10 mm/mV

LP25HZ: AC 50HZ

AT-102-G2-I-2.0 (0080-011030)

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Patient Name : Mrs. SUDIPTA DAS
Gender / Age : Female / 37 Years 9 Months 28 Days
MR No / Bill No. : 21052324 / 242072225
Consultant : Dr. Manish Mittal
Location : OPD

Type : OPD
Request No. : 191133
Request Date : 13/01/2024 08:19 AM
Collection Date : 13/01/2024 08:31 AM
Approval Date : 13/01/2024 05:38 PM

Pap Smear

<u>Test</u>	<u>Result</u>	<u>Units</u>	<u>Biological Ref. Range</u>
Pap Smear	Pap Smear Screening Report / Cervico-Vaginal Cytology...		
	Cyto No : P/111/24 Received at 1:30 pm.		
	Clinical Details : No complain P/V findings : Cx.- NAD / Vg. - White discharge. LMP : 26/12/2023		
	TBS Report / Impression : * Satisfactory for evaluation; transformation zone components identified. * Mild acute inflammatory cellularity. No evidence of T. vaginalis / Fungal elements. * No epithelial cell abnormality favouring squamous intraepithelial lesion or frank malignancy (NILM).		

Test Results are dependent on a number of variables & technical limitations. Hence, it is advised to correlate with clinical findings and/or further confirmatory investigations, before any firm opinion is made. If retest may be requested.

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

---- End of Report ----

Dr. Rakesh Vaidya
MD (Path), DCP.