

ચારુસેટ હોસ્પિટલ, ચાંગા

વર્લ્ડ ક્લાસ મલ્ટી સ્પેશિયાલિટી હોસ્પિટલ

Mediawheel

તારીખ / Date

૧૩૫

રજીસ્ટ્રેશન નંબર / Registration Number

CH-24-0059453

દર્દીનું નામ / Patient's Name

Anitaben . H. Thakor

સંપર્ક નંબર / Contact Number

હેલ્થ લાઇન

એપોઇન્ટમેન્ટ માટે સંપર્ક

+91-2697-265502/504

+91-95379 27873

૨૪ કલાક ઈમરજન્સી સંપર્ક

+91-2697-265500

+91-75748 38111

નોંધ : ફરી બતાવવા આવો ત્યારે આ ફાઇલ અચુક સાથે લાવવી.

Patient Name : Anitaben Harshadkumar Thakor	Sample No. : 24000946
Patient ID : CH-2024-0059453	Visit No. : OPD/2024/11/0001055
Age / Sex : 29y / Female	Coll. Date : 23/11/2024 09:44
Visit Doctor : DR. NAITIK BHATIA	S. Coll. Date : 23/11/2024 14:47
Ward :-	Report Date : 23/11/2024 15:00

BIOCHEMISTRY

P2BS

Investigation	Result	Normal Value
Post Prandial Blood Sugar (2Hrs)	97 mg/dl	Normal < 140 Impaired Tolerance : 140 - 199 Diabetes Mellitus : >= 200 (on more than one occasion) (American diabetes association guidelines 2014)

DR. NAITIK BHATIA
CONSULTANT PATHOLOGIST
(M.B.B.S.,D.C.P)

DR. KETAN KAPADIA
CONSULTANT PATHOLOGIST
(M.B.B.S.,M.D)

DATE	PATIENT NAME	SEX	REFERRED BY DR	INVESTIGATION
23-11-2024	ANITABEN H THAKOR	F	BODY PROFILE	UF-TOTAL ABDOMEN USG

X-ray CHEST PA view.

No evidence of abnormality seen involving both lungs. Costophrenic sinuses are clear.

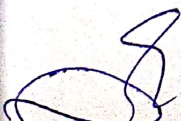
Hilar shadows show evidence of normal size, position & opacity.

Aortic shadow show evidence of normal position & Size. Cardiac size & position is normal.

Domes of diaphragm & bony cage show no evidence of abnormality.

COMMENTS:

NO ABNORMALITY DETECTED




Thanks for reference
DR KIRTI C THAKKAR
M.B.B.S, D.M.R.D

Patient Name : Anitaben Harshadkumar Thakor	Sample No. : 24000928
Patient ID : CH-2024-0059453	Visit No. : OPD/2024/11/0001055
Age / Sex : 29y / Female	Coll. Date : 23/11/2024 09:44
Referring Doctor : DR. NAITIK BHATIA	S. Coll. Date : 23/11/2024 10:07
Referral : -	Report Date : 23/11/2024 12:36

HEMATOLOGY

Hemoglobin (HB)		
Investigation	Result	Normal Value
Hemoglobin	12.50 gm/dl	12.0 - 16.0 g/dl
RBC Count		
Investigation	Result	Normal Value
RBC Count	4.76 mill./c.mm	3.8 - 5.2 mill./c.mm
WBC		
Investigation	Result	Normal Value
WBC Count	6450 /c.mm	4000.0 to 10000.0 /c.mm
WBC count - Differential		
Investigation	Result	Normal Value
Polymorphs	50.70 %	40.0 - 70.0 %
Lymphocytes	39.90 %	20.0 - 40.0 %
Eosinophils	2.80 %	1.0 - 6.0 %
Monocytes	6.60 %	2.0 - 10.0 %
Basophils	0 %	0.0 - 1.0 %
Total	100.00	
Platelet count		
Investigation	Result	Normal Value
Platelets Count	301000 /cmm	1,50,000 - 4,50,000 /cmm
Blood Group		
TEST	RESULT	
Blood Group	O	
Rh Factor	Positive	
ESR		
Investigation	Result	Normal Value
ESR After One Hour	6 mm	4.0 - 7.0 mm

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BIOCHEMISTRY

FASTING BLOOD GLUCOSE

Investigation	Result	Normal Value
Fasting Blood Sugar	86.6 mg/dL	70 to 110 mg/dL

LIPID PROFILE

Investigation	Result	Normal Value
Total Cholesterol (Chol)	177.73 mg/dl	Low risk : < 200 Moderate risk : 200 - 239 High risk : > or = 240
Triglyceride	115.9 mg/dl	Normal : < 150.0 Borderline high : 150 - 199 High : 200 - 499 Very High : > or = 500
LDL Cholesterol	37.23 mg/dl [L]	Negative risk : > or = 60 High risk : < 40
HDL	117.32 mg/dL	
VLDL	23.18 mg/dl	Up to 0 to 34 mg/dl
LDL/HDL Ratio	: 3.15	0.5 to 3.0(Low) 3.0 to 6.0(Moderate) > 6.0(High)
Total Chol / HDL Ratio	4.77	Low Risk : 3.3 to 4.4 Average Risk : 4.4 to 7.1 Moderate Risk : 7.1 to 11.0 High Risk : > 11.0
Total Lipids	519.97 mg/dl	400 to 700 mg/dl



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BIOCHEMISTRY

LOOD UREA

Investigation	Result	Normal Value
lood Urea	23 mg/dl	15 - 40 mg/dl

reatinine

Investigation	Result	Normal Value
reatinine	0.68 mg/dl	F : 0.5 to 1.2


RIC ACID

Investigation	Result	Normal Value
ric Acid	5.31 mg/dl	1.5 to 6.0 mg/dl

JN

Investigation	Result	Normal Value
UN	10.75 mg/dl	8.0 - 23.0 mg/dl

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HEMATOLOGY

BA1C

Investigation	Result	Normal Value
Glycosylated Hb	5.6 %	> 8 : Action Suggested 7-8 : Good Control < 7 : Goal 6-7 : Near Normal Glycemia < 6 : Non-diabetic Level
Estimated Average Glucose	114.02	

Explanation :

Total haemoglobin A1c is continuously synthesized in the red blood cell through its 120 days life span. The concentration of HbA1c in the cell reflects the average blood glucose concentration it encounters.

The level of HbA1c increases proportionately in patients with uncontrolled diabetes. It reflects the average blood glucose concentration over an extended period and remains unaffected by short-term fluctuations in blood glucose levels.

The measurement of HbA1c can serve as a convenient test for evaluating the adequacy of diabetic control and in preventing various diabetic complications. Because the average half life of a red blood cell is sixty days, HbA1c has been accepted as a measurement which reflects the mean daily blood glucose concentration, better than fasting blood glucose determination, and the degree of carbohydrate imbalance over the preceding two months.


It may also provide a better index of control of the diabetic patient without resorting to glucose loading procedures.

3A1C ASSAY Interferences :

Erroneous values might be obtained from samples with abnormally elevated quantities of other Haemoglobins as a result of either their simultaneous elution with HbA1c(HbF) or differences in their glycation from that of HbA (HbS).

Reference : ADA Guideline 2018

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BIOCHEMISTRY

LIVER FUNCTION TEST

Investigation	Result	Normal Value
ASPT	27.9 IU/L	0 to 40 IU/L
ALPOT	16.4 U/L	0.0 to 45.0 U/L
Total Bilirubin	0.83 mg/dl	0.2 - 1.3 mg/dl
Direct Bilirubin	0.27 mg/dl	0.0 to 0.3 mg/dl
Indirect Bilirubin	0.56 mg/dl	0.2-0.90 mg/dl
ALP Alkaline Phosphatase	92.55 IU/L	15 - 100 years 37.0 - 147.0 IU/L
Total Protein	7.73 gm/dl	5.0 - 10.0 gm/dl
Albumin	4.41 gm/dl	3.5 to 5.0 gm/dl
Globulin	3.32 gm/dl	2.4 to 3.5 mg/dl
A/G Globulin	1.33	1.1 to 2.5

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Patient Name : Anitaben Harshadkumar Thakor	Sample No. : 24000938
Patient ID : CH-2024-0059453	Visit No. : OPD/2024/11/0001055
Age / Sex : 29y / Female	Coll. Date : 23/11/2024 09:44
Referring Doctor : DR. NAITIK BHATIA	S. Coll. Date : 23/11/2024 12:53
Referral : -	Report Date : 23/11/2024 12:55


IMMUNOLOGY

Investigation	Result	Normal Value
TSH	1.4 uIU/ml	0.34 - 4.5 uIU/ml

Investigation	Result	Unit	Reference Range
-Triiodothyronine	2.1	ng/ml	0.69 - 2.15 ng/ml

Investigation	Result	Normal Value
Free	107 ng/dl	52.0 - 127.0 ng/dl

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d : -	Report Date : 23/11/2024 12:36

CLINICAL PATHOLOGY

INE R & M

ST	RESULT
Physical Examination :	
Quantity	10
Color	Pale Yellow
Appearance	Clear
Color	URINIOD
Reaction	Acidic
Specific Gravity	1.010
Chemical Examination :	
Albumin	Absent
Sugar	Absent
Bile Salts	Absent
Bile Pigments	Absent
Ketone	Absent
Bilirubinogen	Absent
Microscopic Examination :	
WBCs	3-4
RBCs	Absent
Epithelial cells	4-6
Casts	Absent
Crystals	Absent

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DATE	PATIENT NAME	SEX	REFERRED BY DR	INVESTIGATION
23-11-2024	ANITABEN H THAKOR	F	BODY PROFILE	UF-TOTAL ABDOMEN USG

USG OF THE ABDOMEN/ PELVIS WAS PERFORMED

The liver is normal in size and echotexture. No focal solid or cystic lesions are seen. The intra hepatic biliary radicles are normal. The portal vein and CBD are normal. The gall bladder is contracted with no calculi or polyp. The wall is not thickened.

The pancreas reveals a normal echopattern, with no focal calcification or a neoplasm. The spleen reveals a normal sonographic features.

Both kidneys are normal in size and echotexture. Evidence of good cortico medullary differentiation is noted. No evidence of any calculi or hydronephrosis.

No free fluid or lymphadenopathy is seen.
The urinary bladder is well distended with no calculi or polyps.


The uterus is antverted, normal size.
The endometrium is in the midline. No focal myoma is seen.
Both the ovaries are normal in size and shape. No focal solid or cystic lesion is seen.

No adnexal abnormality is seen.
No free fluid is seen in the pouch of douglas.
Size in CM.

Right Kidney	Left Kidney
9.69x3.13	9.42x4.26

IMPRESSION :

NO ABNORMALITY DETECTED.



Thanks for reference
DR KIRTI C THAKKAR
M.B.B.S,D.M.R.D

DATE	PATIENT NAME	SEX	REFERRED BY
23-11-2024	ANITABEN H THAKOR	F	BODY PROFILE

USG OF THE ABDOMEN/ PELVIS WAS F

The liver is normal in size and echotexture. Intra hepatic biliary radicles are normal. The bladder is contracted with no calculi or polyps.

The pancreas reveals a normal echopattern. Spleen reveals a normal sonographic feature.

Both kidneys are normal in size and echotexture. Differentiation is noted. No evidence of any stones or hydronephrosis.

No free fluid or lymphadenopathy is seen. The urinary bladder is well distended with urine.

The uterus is antverted, normal size. The endometrium is in the midline. No focal lesions. Both ovaries are normal in size and shape.

No adnexal abnormality is seen. No free fluid is seen in the pouch of Douglas.

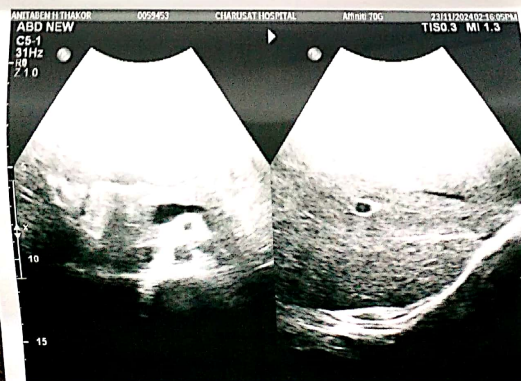
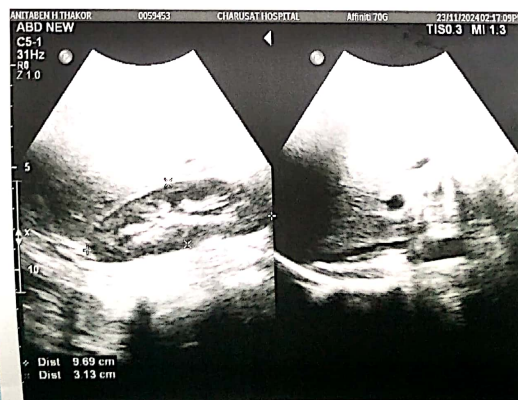
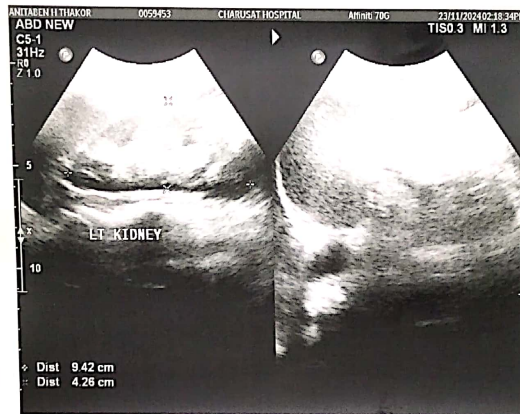
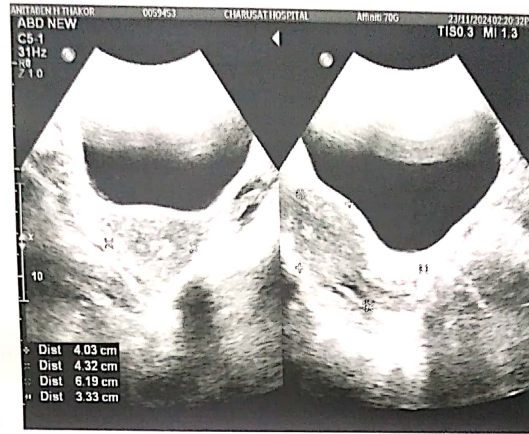
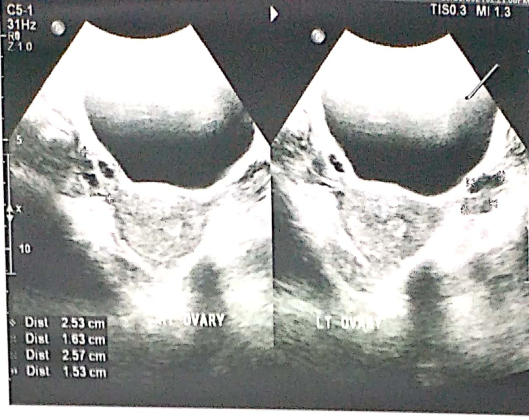
Size in CM.
 Right Kidney 9.69x3.13
 Left Kidney 9.42x4.26

IMPRESSION :

NO ABNORMALITY DETECTED.


 Thanks for reference
 DR. KIRTI C THAKKAR
 M.B.B.S,D.M.R.D

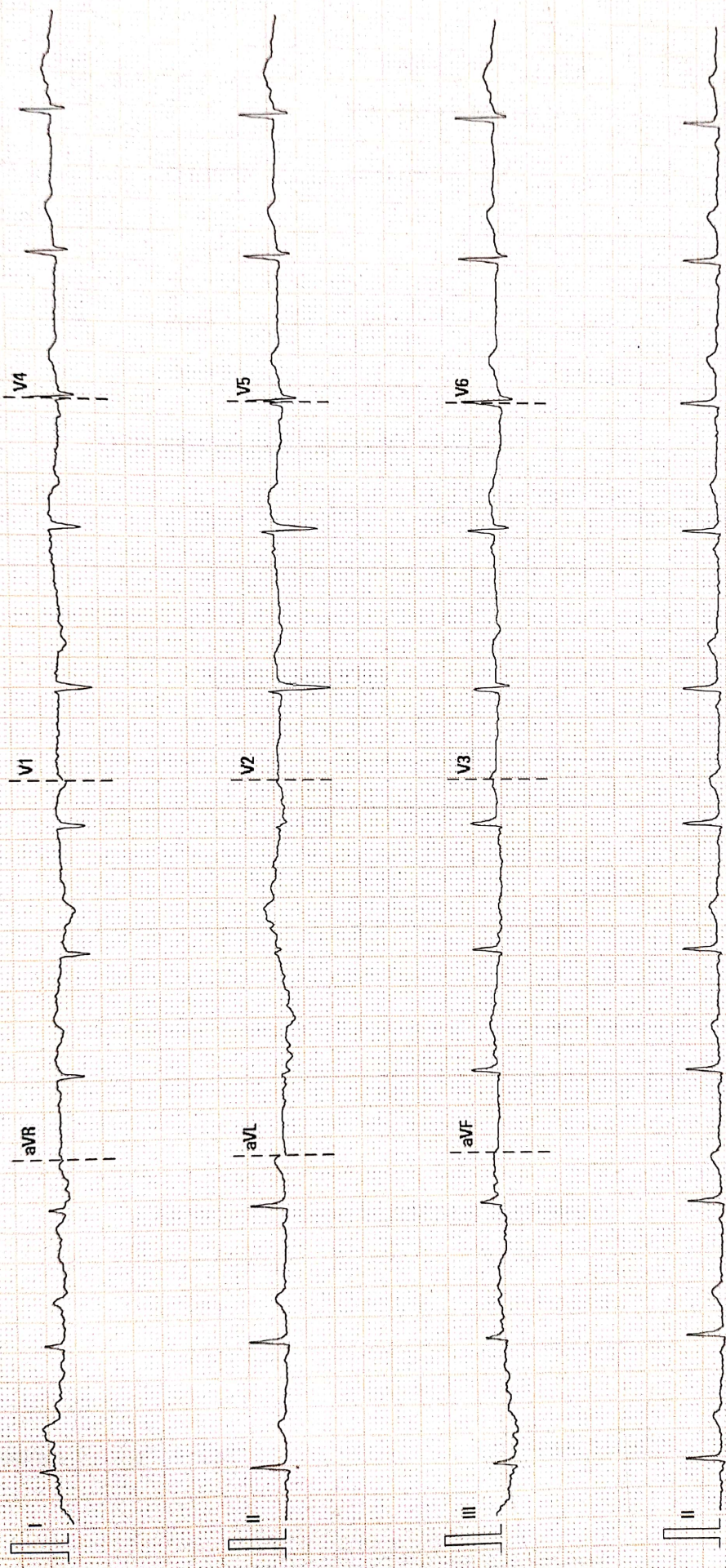
CHARUSAT Campus, Changa, District Anand 388 421 (Guj) India
 Web : www.ch-rf.org / www.charusat.org



Unconfirmed Diagnosis

29/60/53 deg

12/11/15 10:00 AM
PQRS/T Axes
QTc-Hodges



SN.FN-52001657

02.03.00.V26.4.1

CHARUSAT HOSPITAL

SDR 20 Hz

50 Hz

10 mm/mV

25 mm/s

LALITABEN P. D. PATEL OPD SERVICES REGISTRATION FORM (OPD)



Dr. Jaimish

Date & Time : 23/11/24

Registration No. : CH-24-0059453

Name : Anitaben M Thakkar Contact No. : (M) _____

Age : 29 Sex : F (O) _____

Address : _____

BP : 100/60

Pulse : 80

SpO₂ : 99

Height : _____

Weight : _____

OPD-INITIAL ASSESSMENT FORM

Chief Complaints : Care for health care

CASE ANALYSIS

Past History : _____

NO

Present History : _____

PE Vitals : _____

Systemic Examination : _____

FAMILY HISTORY :

- Diabetes
- IHD
- Hypertension
- Others (Specify) : _____

PATIENT'S MEDICAL/OTHER HISTORY :

- | | | | |
|---------------------------------------|------------------------------------|--|--------------------------------------|
| <input type="checkbox"/> Hypertension | <input type="checkbox"/> IHD | <input type="checkbox"/> T.B. | <input type="checkbox"/> Jaundice |
| <input type="checkbox"/> Epilepsy | <input type="checkbox"/> Asthma | <input type="checkbox"/> Hepatitis B | <input type="checkbox"/> Hepatitis C |
| <input type="checkbox"/> Food Allergy | <input type="checkbox"/> AIDS/HIV | <input type="checkbox"/> Bleeding Disorder | |
| <input type="checkbox"/> Drug Allergy | <input type="checkbox"/> Pregnancy | | |

HABBITTS : Smoking Alcohol Tobacco Others (Specify) : _____

CHRF/OPD/5083

LALITABEN P. D. PATEL OPD SERVICES REGISTRATION FORM (OPD)



Dr. Krutika

Date & Time : 23/11/24

Registration No. : CH-24-0059453

Name : Anitaben H Thakur

Age : 29 Sex : F

Contact No. : (M) _____

(O) _____

Address : _____

P. : _____

Pulse : _____

SpO₂ : _____

MI : _____

Height : _____

Weight : _____

OPD-INITIAL ASSESSMENT FORM

Brief Complaints : _____

CASE ANALYSIS

Past History : _____

Present History : _____

/E Vitals : _____

Systemic Examination : _____

FAMILY HISTORY :

- Diabetes
- IHD
- Hypertension
- Others (Specify) : _____

PATIENT'S MEDICAL/OTHER HISTORY :

- Hypertension
- Epilepsy
- Food Allergy
- Drug Allergy
- IHD
- Asthma
- AIDS/HIV
- Pregnancy
- T.B.
- Hepatitis B
- Bleeding Disorder
- Jaundice
- Hepatitis C

HABBITS :

- Smoking
- Alcohol
- Tobacco
- Others (Specify) : _____

CHRF/OPD/5083


Investigation/s Advised : _____

Provisional Diagnosis : _____

Allergy : _____

Nutritional Advice : _____

TREATMENT ADVISED

DATE	DOCTOR'S NOTE	REM
<p>23/11/24</p> <hr/> <p>SIBENT.</p> <p>(R) 1 (C)</p>	 <p>ONS to (R) side Allergic changes (+)</p> <p>each day bron contact</p> <p>been → LN/ ASD working</p> <p>— function. ft. Nas 2 ply TDS.</p>	<p>Flow</p> <p>x(3)</p> <p>T. Bilastine</p> <p>Got (15)</p> <p>Q</p>

Signature with Stamp

LALITABEN P. D. PATEL OPD SERVICES
REGISTRATION FORM (OPD)



Dr. Janalci

Date & Time : 23/11/24

Registration No. : CLP-24-0059453

Name : Anitaben H Thakur Contact No. : (M) _____

Age : 29 Sex : F (O) _____

Address : _____

Temp : _____ Pulse : _____ SpO₂ : _____

BP : _____ Height : _____ Weight : _____

OPD-INITIAL ASSESSMENT FORM

Chief Complaints : _____ NO fresh complaint.

LMP - 17/11/24. - Routine checkup.

MH - 3-4 days
28-30

CASE ANALYSIS

Past History : _____

OH - C₄P₃A₁L₃ - ♀ - 10 yr }
♀ - 5 yr } FND.
♂ - 4 yr }

Present History : _____

PE Vitals : _____

Systemic Examination : _____

FAMILY HISTORY :

- Diabetes
- IHD
- Hypertension
- Others (Specify) : _____

PATIENT'S MEDICAL/OTHER HISTORY :

- Hypertension
- IHD
- T.B.
- Jaundice
- Epilepsy
- Asthma
- Hepatitis B
- Hepatitis C
- Food Allergy
- AIDS/HIV
- Bleeding Disorder
- Drug Allergy
- Pregnancy

HABBITTS : Smoking Alcohol Tobacco Others (Specify) : _____

CHRF/OPD/5083

Date & Time : 23/11/24
Registration No. : CH-24-0059453

Name : Anitaben K Thaker

Contact No. : _____

Age : _____

Emergency Contact No. : _____

Sex : _____

Address : _____

OPD-INITIAL ASSESSMENT FORM

Chief Complain : Routine Check up.

Family History :

- Diabetes
 Hypertension
 IHD
Others (Specify) :
Habits : Tobacco

- Hypertension
 Diabetes
 Epilepsy
 Bleeding Disorder
 Smoking

Medical/Other History :

- IHD
 Asthma
 AIDS/HIV
 Pregnancy
 Other (Specify) :
 T.B.
 Hepatitis B
 Food Allergy
 Others (Specify) :
 Jaundice
 Hepatitis C
 Drug Allergy

સંમતિ પત્રક

..... ડૉક્ટરને મારી સારવાર વાની મંજૂરી આપુ છું. આ સારવારનો પૂરેપૂરો ખર્ચો, ફાયદા-ગેરફાયદા, દવાની કે ઈન્જેક્શનની આડ અસર અને સારવારની સફળતા, સફળતા વિશે મને તથા મારા સંબંધીઓને સમજૂતી આપેલ છે. મેં ડૉક્ટરને મારી શારીરિક સ્થિતિ તથા તેને લગતી દવા વિશે સંપૂર્ણ માહિતી પેલ છે. જો કોઈપણ સંજોગોમાં સારવાર અધૂરી છોડીશ કે અનિયમિત રહીશ તો તેની નિષ્ફળતા માટે ડૉક્ટર કે ચારિસેટ હોસ્પિટલ જાબદાર નથી. તથા સારવારની ડિપોઝીટ પેટે અપાયેલ રકમ મેળાવવા માટે હકકદાર રહીશ નહીં. આ સંમતિ હું સ્વેચ્છાએ કોઈપણ દબાણ ર આપું છું.

ખ : _____
થ : _____

દર્દી / સગાની સહી

CONSENT

..... hereby request and authorize Doctor
perform the required dental treatment. Doctor has informed me and my relatives about the treatment plan in
ails with success and failure of the treatment with all expenditure, possible complications from medicines or
il anesthesia. I have informed the Doctor about my medical history and drug history in details. If in any
umstances, I am irregular or leave the treatment in between, the doctor and CHARUSAT Hospital will not be
onsible for the same and treatment charges will not be returned back.
re my consent to proceed with my dental treatment.

ા : _____
ે : _____

Patient's / Relative's Sign.

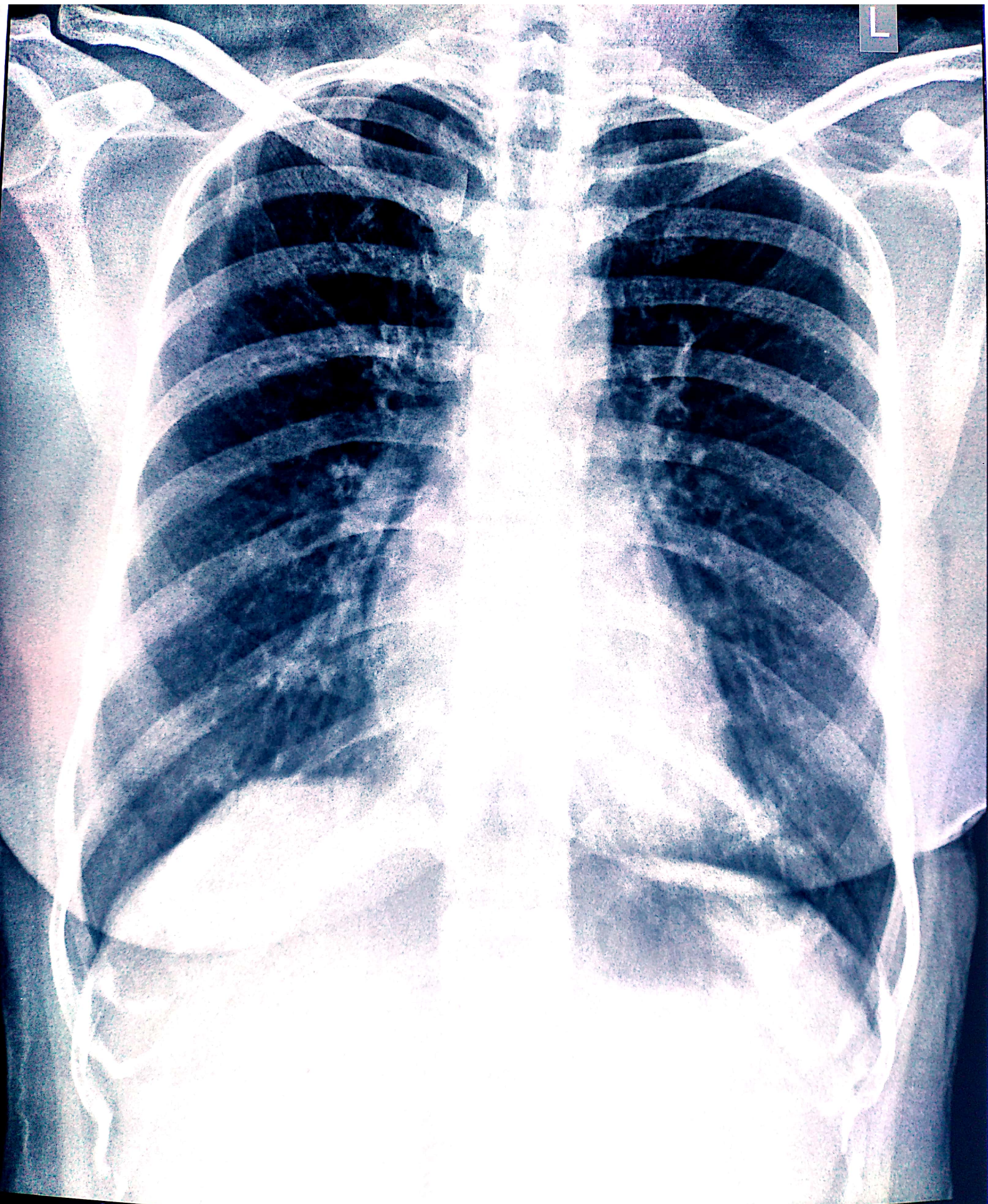
Investigation Advised : Stains ++

al Diagnosis : _____

tment Plan : Scaling

ા : _____
ે : _____

Name of Doctor Falgu
Signature : _____



ANITABEN H THAKOR 29Y/F

Pat. Id. CH-2024-0059453

CHARUSAT HOSPITAL , CHANGA .

CHEST PA

Ref. By. DR. H/C

23/11/2024 11:10:08

TECH ID : VD

