

19-12-23



PANCHMUKHI HOSPITAL

Dr CP Dadhaniya

Dr RC Dadhaniya

MBBS, Dip.G.O, Diabetologist

150' RING ROAD, MAVDI CHOKDI, SANESHWAR ARCADE, RAJKOT Mo.9925333639,8320711901

policy number :
full name : TARAIYA Lilaben Shambhubhai
identity proof : Adhaar card
identity proof no : 7938
gender : female / 51
height : 150
weight : 57
BP : 130/90
pluse : 72 min
blood sample : yes
fasting mode : yes
non fasting mode : yes

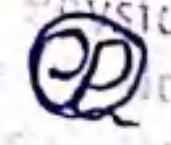
past history : NO

Dental : Healthy

Romberg Test :

Colour vision : normal

↓ ८१८१८५१

DR. C. P. DADHANIYA
 M.B. Diabetologist
 Ind. Physician
 Fe. 
 Panchmukhi Hospital
 Mavdi Chowki,
 150 Ft. Ring Road, RAJKOT.

NAME: Taruniy Lilaben Shambhubhai
 AGE/GENDER: Female & 51
 DIAG. DATE: 19-12-23

PATIENT'S REFRACTION DETAILS

		SPHE	CYL	AXIS	VN
R	D	N	N	N	6/6
	N	N			6/6
L	D	N	N	N	6/6
	N	N			6/6

REMARKS:
 CHECKED BY: C. P. Dadhaniya

DR. C. P. DADHANIYA
 M.B. Diabetologist
 In Physician
 Regd. No. [Signature]
 Code No.
 Panchmukhi Hospital
 Mavdi Chowki,
 150 Ft. Ring Road, RAJKOT.

2107/18
 27/11/23

10mm/mV AUTO

10mm/mV

I

aVR

II

aVL

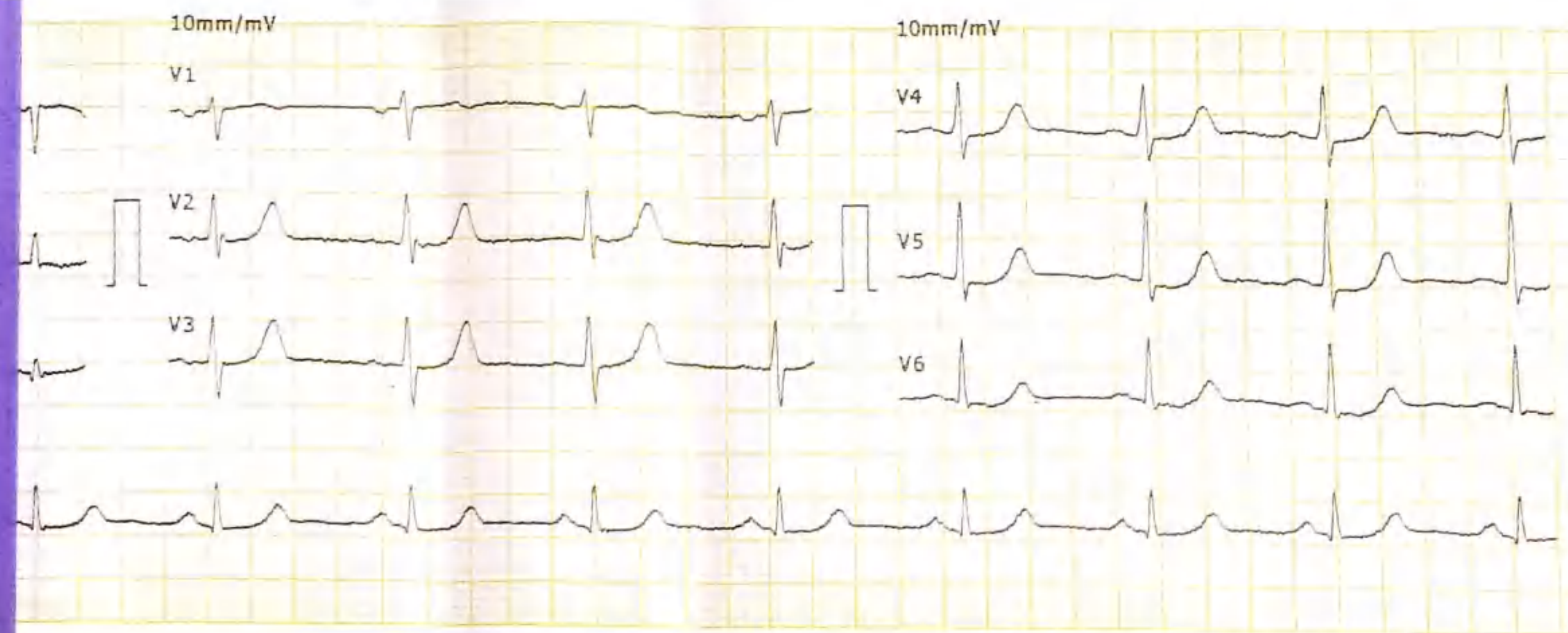
III

aVF

II 10mm/mV

25mm/s

AC:ON 0.05-35Hz



2023-12-19 9:16:54 ID:00003653
 ID Card: _____
 Name: maheeta Lidabera Gender: Female
 Age: 51 Height(cm): _____
 Weight(Kg): _____ BP(mmHg): /

HR.....bpm 72
 P-R.....ms 136
 Q-R-S.....ms 73
 QT/QTc.....ms 386/423
 P/QRS/T AXES.....deg 62/17/48
 RV5/SV1.....mV 0.89/0.33
 RV5+SV1.....mV 1.22
 Panchmukhi Hospi...
 Mavdi Chowki
 150 Ft. Ring Road, RAJKOT.
 *The result must be confirmed by doctor!
 Report Confirmed by: _____

C-17 C-17 C-17



Mediwheel Taraiya
Lilaben

 **GPS Map
Camera Lite**

7Q8M+HPF, Poonam Society, Chandreshnagar, Rajkot,
Gujarat 360004, India

Latitude
22.2664232°

Longitude
70.7843076°

Local 09:24:52 AM
GMT 03:54:52 AM

Altitude 146 meters
Tuesday, 19.12.2023



बैंक ऑफ़ बड़ौदा
Bank of Baroda

नाम

लिलाबेन एस तरैया

Name

LILABEN S TARAIYA

कर्मचारी कूट क्र.

E.C. No. 165518

जारीकर्ता प्राधिकारी

Issuing Authority



धारक के हस्ताक्षर

Signature of Holder



ભારત સરકાર

Government of India

મહેતા લીલાબેન શંભુભાઈ

Maheta Lilaben Shambhubhai

જન્મ તારીખ / DOB : 05/06/1972

સ્ત્રી / Female



5291 1215 7938

મારો આધાર, મારી ઓળખ

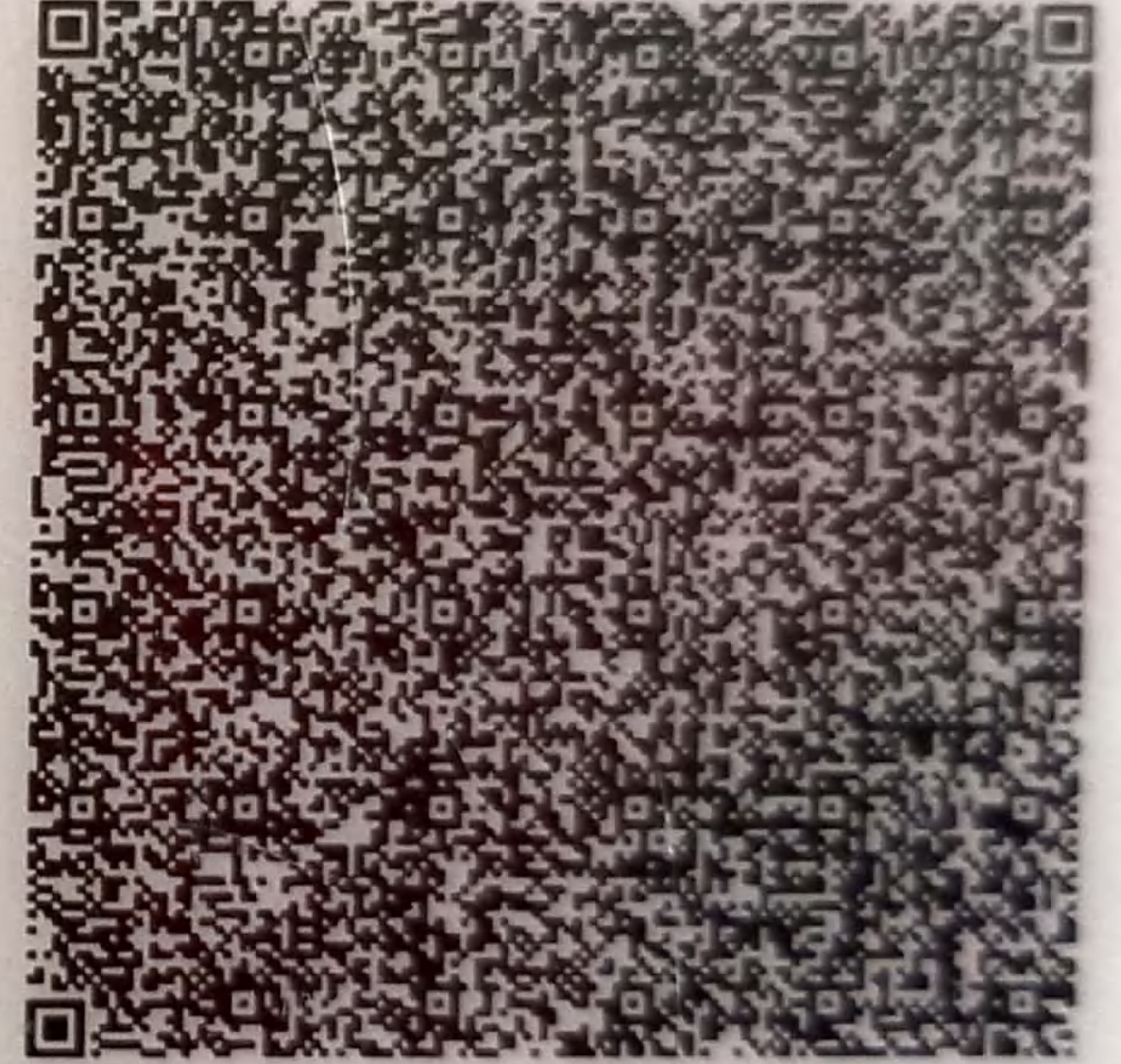


ભારતીય વિશિષ્ટ ઓળખાણ પ્રાધિકરણ

Unique Identification Authority of India

સરનામું: W/O મહેતા શંભુભાઈ જાદવભાઈ,
372-1, જલારામ શેરી, ગોપાલગ્રામ,
ગોપાલગ્રામ, ગોપાલગ્રામ, અમરેલી, ગુજરાત,
365630

Address: W/O Maheta Shambhubhai
Jadavbhai, 372-1, jalaram sheri, gopalgram,
GOPALGRAM, Gopalgram, Amreli, Gujarat,
365630



5291 1215 7938



TEST REPORT

Name	: Maheta Lilaben	Reg. No	: 312100930
Age/Sex	: 51 Years / Female	Reg. Date	: 19-Dec-2023 12:48 PM
Ref. By	: Dr. PANCHMUKHI HOSPITAL / INSURANCE	Collected On	: 19-Dec-2023 12:48 PM
Client Name	: PANCHMUKHI HOSPITAL	Report Date	: 19-Dec-2023 02:29 PM

COMPLETE BLOOD COUNT (CBC)
Specimen: EDTA blood

Parameter	Result	Unit	Biological Ref. Interval
RBC Parameters			
Hemoglobin (SLS method)	8.7	g/dL	12.5 - 16.0
Hematocrit (Electrical Impedance)	27.40	%	37 - 47
RBC Count (Electrical Impedance)	5.11	million/cmm	4.2 - 5.4
MCV (Calculated)	53.6	fL	78 - 100
MCH (Calculated)	17.0	Pg	27 - 31
MCHC (Calculated)	31.8	%	30 - 35
RDW (Calculated)	25.5	%	11.5 - 14.0
WBC Parameters			
WBC Count (Flowcytometry)	6710	/cmm	4000 - 10500
DIFFERENTIAL WBC COUNT			
Neutrophils (%)	66 %	% Range 42.02 - 75.2	Abs. Value 4429 /cmm Abs. Range 1800 - 7700
Lymphocytes (%)	25 %	20 - 45	1678 /cmm 1000 - 3900
Eosinophils (%)	03 %	1 - 4	201 /cmm 0 - 450
Monocytes (%)	06 %	2 - 8	403 /cmm 200 - 1000
Basophils (%)	00 %	0 - 1	0 /cmm 20 - 100
Platelete Parameter			
Platelet Count	530000	/cmm	150000 - 450000
MPV	8.6	fL	7.4 - 10.4
P-LCR	13.80	%	11.9 - 66.9
PDW	9.2	%	8.3 - 56.6
PCT (Platelet Haematocrit)	0.45	%	0.2 - 0.5

DRJ

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Dr. Viral R. Jethava

M.D. (Path, PDCC)





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BLOOD GROUP & RH

Specimen: EDTA and Serum; Method: Haemagglutination

Parameter	Result	Unit	Biological Ref. Interval
ABO	"B"		
Rh (D)	Positive		

The Blood Group is done from received sample. Kindly ask for Blood Group Card. In case of any query, please contact Laboratory.

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Test	Result	Unit	Biological Ref. Interval
Erythrocyte sedimentation rate Sample, EDTA whole blood			
ESR (After 1 hour)	11	mm/hr	3 - 12

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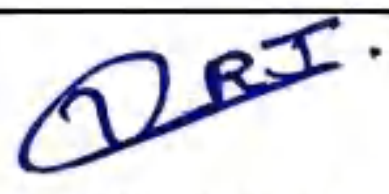
FASTING PLASMA GLUCOSE
 Specimen: Flouride plasma

Parameter	Result	Unit	Biological Ref. Interval
Fasting Blood Sugar (FBS) <small>HEXOKINASE</small>	99.00	mg/dL	<100 :Non-Diabetic 100-125 :Impaired Fasting Glucose (IFG) >=126 :Diabetic

Criteria for the diagnosis of diabetes :

- HbA1c \geq 6.5 *Or
- Fasting plasma glucose >126 gm/dL. Fasting is defined as no caloric intake at least for 8 hrs.Or
- Two-hour plasma glucose \geq 200mg/dL during an oral glucose tolerance test by using a glucose load containing the equivalent of 75 gm anhydrous glucose dissolved in water.Or
- In a patient with classic symptoms of hyperglycemia or hyperglycemic crisis, a random plasma glucose \geq 200 mg/dL.

*In the absence of unequivocal hyperglycemia, criteria 1-3 should be confirmed by repeat testing.
 American diabetes association. Standards of medical care in diabetes 2011. Diabetes care 2011;34; S11.


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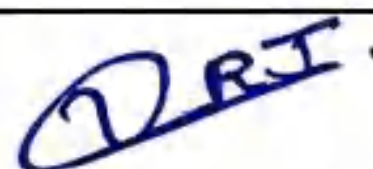
POST PRANDIAL PLASMA GLUCOSE
 Specimen: Flouride plasma

Parameter	Result	Unit	Biological Ref. Interval
Post Prandial Blood Sugar (PPBS) <small>HEXOKINASE</small>	125.00	mg/dL	70 - 140

Criteria for the diagnosis of diabetes :

- HbA1c \geq 6.5 *Or
- Fasting plasma glucose >126 gm/dL. Fasting is defined as no caloric intake at least for 8 hrs.Or
- Two-hour plasma glucose \geq 200mg/dL during an oral glucose tolerance test by using a glucose load containing the equivalent of 75 gm anhydrous glucose dissolved in water.Or
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LIPID PROFILE
Specimen: Serum

Parameter	Result	Unit	Biological Ref. Interval
Cholesterol <i>Cholesterol Oxidase</i>	164.00	mg/dL	Desirable : < 200.0 Borderline High : 200-239 High : > 240.0
Triglyceride <i>Enzymatic Reaction With Glycerol Kinase</i>	100.00	mg/dL	Normal : < 150.0 Borderline : 150-199 High : 200-499 Very High : > 500.0
HDL Cholesterol <i>Siemens AHDL</i>	49.75	mg/dL	High Risk : < 40 Low Risk : >= 60
LDL Cholesterol <i>Siemens ALDL</i>	82.00	mg/dL	Optimal : < 100 Near Optimal/above optimal : 100-129 Borderline High : 130-159 High : 160-189 Very High : >=190
VLDL Cholesterol <i>Calculated</i>	20.00	mg/dL	15 - 35
LDL / HDL RATIO <i>Calculated</i>	1.65		0 - 3.5
Cholesterol /HDL Ratio <i>Calculated</i>	3.30		0 - 5.0

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RENAL FUNCTION TEST

Specimen: Serum

Parameter	Result	Unit	Biological Ref. Interval
Creatinine <i>ALKALINE PICRATE, COLORIMETRIC KINETIC</i>	0.96	mg/dL	0.55 - 1.02
eGFR	97.05	ml/min/1.73 sq m	Normal or High: ≥ 90 Mild decrease: 60-89 Mild moderate decrease: 45-59 Moderate to severe decrease: 30-44 Severe decrease: 15-29 Kidney failure: < 15
Urea <i>Calculated</i>	32.00	mg/dL	17 - 43
Blood Urea Nitrogen (BUN) <i>UREASE/GLDH</i>	14.94	mg/dL	7.0 - 18.0
Uric Acid <i>Uricase</i>	5.30	mg/dL	2.6 - 6.2
Sodium <i>Direct ion selective electrode</i>	142.1	mmol/L	137 - 145
Potassium <i>Direct ion selective electrode</i>	4.21	mmol/L	3.5 - 5.1
Chloride <i>Direct ion selective electrode</i>	103.2	mmol/L	98 - 107
Calcium <i>Cresolphthalein Complexone</i>	9.40	mg/dL	8.5 - 10.1

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Parameter	Result	Unit	Biological Ref. Interval
GGT <small>Siemens/37C</small>	41.00	U/L	5 - 55

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towards the healthiness...



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HEMOGLOBIN A1 C (HBA1C)
Specimen: Blood EDTA

Parameter	Result	Unit	Biological Ref. Interval
HbA1C <i>Siemens Dimension</i>	5.7	%	Non-Diabetic : Normal : < 5.7 % Pre-Diabetes : 5.7 % - 6.4 % Diabetes : >6.4 % Diabetic : Poor Control : > 7.0 % Good Control : 6.0 % - 7.0 %
Mean Blood Glucose <i>Calculated</i>	116.89	mg/dL	Please correlate with clinical condition 90-115: Normal 115-133: Pre-Diabetic 134-150: Good Control 151-180: Average Control 181-210: Action Suggested >211: Panic Value

Explanation :

- Total hemoglobin A1 c 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 time 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

HbA1c assay Interferences :

- Presence of Hemoglobin variants and/or conditions that affect red cell turnover must be considered, particularly when the HbA1C result does not correlate with the patient's blood glucose levels.

DRJ

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THYROID FUNCTION TEST

Parameter	Result	Unit	Biological Ref. Interval
Thyroid Stimulating Hormone (TSH) <small>CLIA</small>	4.210	µIU/ml	0.35 - 5.50

Remarks:

- Thyroid-stimulating hormone (TSH) is synthesized and secreted by the anterior pituitary in response to a negative feedback mechanism involving concentrations of FT3 (free T3) and FT4 (free T4). Additionally, the hypothalamic tripeptide, thyrotropin-releasing hormone (TRH), directly stimulates TSH production. TSH stimulates thyroid cell production and hypertrophy, also stimulates the thyroid gland to synthesize and secrete T3 and T4.
- Quantification of TSH is significant to differentiate primary (thyroid) from secondary (pituitary) and tertiary (hypothalamus) hypothyroidism.
- In primary hypothyroidism, TSH levels are significantly elevated, while in secondary and tertiary hypothyroidism, TSH levels are low.

TSH levels During Pregnancy :

- First Trimester : 0.1 to 2.5 µIU/mL
- Second Trimester : 0.2 to 3.0 µIU/mL
- Third trimester : 0.3 to 3.0 µIU/mL
- Reference: Carl A. Burtis, Edward R. Ashwood, David E. Bruns. Tietz Textbook of Clinical Chemistry and Molecular Diagnostics. 5th Edition. Philadelphia: WB Saunders, 2012:2170

Triiodothyronine (T3) <small>CLIA</small>	1.24	ng/mL	0.6 - 1.81
---	------	-------	------------

Clinical Significance:

- Triiodothyronine (T3) is a hormone synthesized and secreted by the thyroid gland in response to the pituitary hormone TSH and is regulated by a negative feedback mechanism involving the thyroid gland, pituitary gland, and hypothalamus.
- In the circulation, 99.7% of T3 is reversibly bound to transport proteins, primarily thyroxine-binding globulin (TBG) and to a lesser extent albumin and prealbumin. The remaining unbound T3 is free in the circulation and is metabolically active.
- In hypothyroidism and hyperthyroidism, FT3 levels parallel changes in total T3 levels. Measuring FT3 is useful in certain conditions such as normal pregnancy and steroid therapy, when altered levels of total T3 occur due to changes in T3 binding proteins, especially TBG.

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Thyroxine (T4) 9.30 µg/dL 4.5 - 12.6
CLIA

Clinical Significance :

- Thyroxin (T4) is a hormone synthesized and secreted by the thyroid gland in response to the pituitary hormone TSH and is regulated by a negative feedback mechanism involving the thyroid gland, pituitary gland, and hypothalamus. In the circulation, 99.95% of T4 is reversibly bound to transport proteins, primarily thyroxine-binding globulin (TBG) and to a lesser extent albumin and thyroxine-binding prealbumin. The remaining unbound T4 is free in the circulation and is both metabolically active and a precursor to T3.
- In hypothyroidism and hyperthyroidism, FT4 levels parallel changes in total T4 levels. Measuring FT4 is useful in certain conditions such as normal pregnancy and steroid therapy, when altered levels of total T4 occur due to changes in T4 binding proteins, especially TBG.

Limitations:

- The anticonvulsant drug phenytoin may interfere with total and FT4 levels due to competition for TBG binding sites.
- FT4 values may be decreased in patients taking carbamazepine.
- Thyroid autoantibodies in human serum may interfere and cause falsely elevated FT4 results.

towards the healthiness...

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URINE ROUTINE EXAMINATION

Parameter	Result	Unit	Biological Ref. Interval
-----------	--------	------	--------------------------

PHYSICAL EXAMINATION

Quantity	20 cc		
Colour	Pale Yellow		
Clarity	Clear		

CHEMICAL EXAMINATION (BY REFLECTANCE PHOTOMETRIC)

pH	6.5		4.6 - 8.0
Sp. Gravity	1.010		1.001 - 1.035
Protein	Nil		
Glucose	Nil		
Ketone Bodies	Nil		
Urobilinogen	Normal Present		
Bile salts:	Absent		Absent
Bile Pigments:	Absent		Absent
Nitrite	Nil		

MICROSCOPIC EXAMINATION (MANUAL BY MICROSCOPY)

Leucocytes (Pus Cells)	1 - 3/hpf
Erythrocytes (Red Cells)	Absent
Epithelial Cells	Absent
Amorphous Material	Absent
Casts	Absent
Crystals	Absent
Bacteria	Absent

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LIVER FUNCTION TEST

Specimen : Serum

Parameter	Result	Unit	Biological Ref. Interval
Total Protein <i>BIURET</i>	7.40	g/dL	6.4 - 8.2
Albumin <i>Dye Binding - Bromocresol Purple (BCP)</i>	4.50	g/dL	3.40 - 5.00
Globulin <i>Calculated</i>	2.90	g/dL	2.3 - 3.5
A/G Ratio <i>Calculated</i>	1.55		0.8 - 3.1
SGOT (AST) <i>Siemens/37C</i>	32.00	U/L	15 - 37
SGPT (ALT) <i>Siemens/37C</i>	44.00	U/L	14 - 59
Alakaline Phosphatase <i>Siemens/37C</i>	102.00	U/L	46 - 116
Total Bilirubin <i>Diazo-Caffeine/Benzoate Coupling (Jendrassik-Grof) w/blank</i>	0.29	mg/dL	0.2 - 1
Conjugated Bilirubin <i>Diazo-Caffeine/Benzoate Coupling (Jendrassik-Grof) w/blank</i>	0.14	mg/dL	0 - 0.20
Unconjugated Bilirubin <i>Sulph acid dpl/caff-benz</i>	0.15	mg/dL	0.0 - 1.1

----- End Of Report -----

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PATIENT NAME : LILABEN S TARAIYA

DATE: 19 December 2023

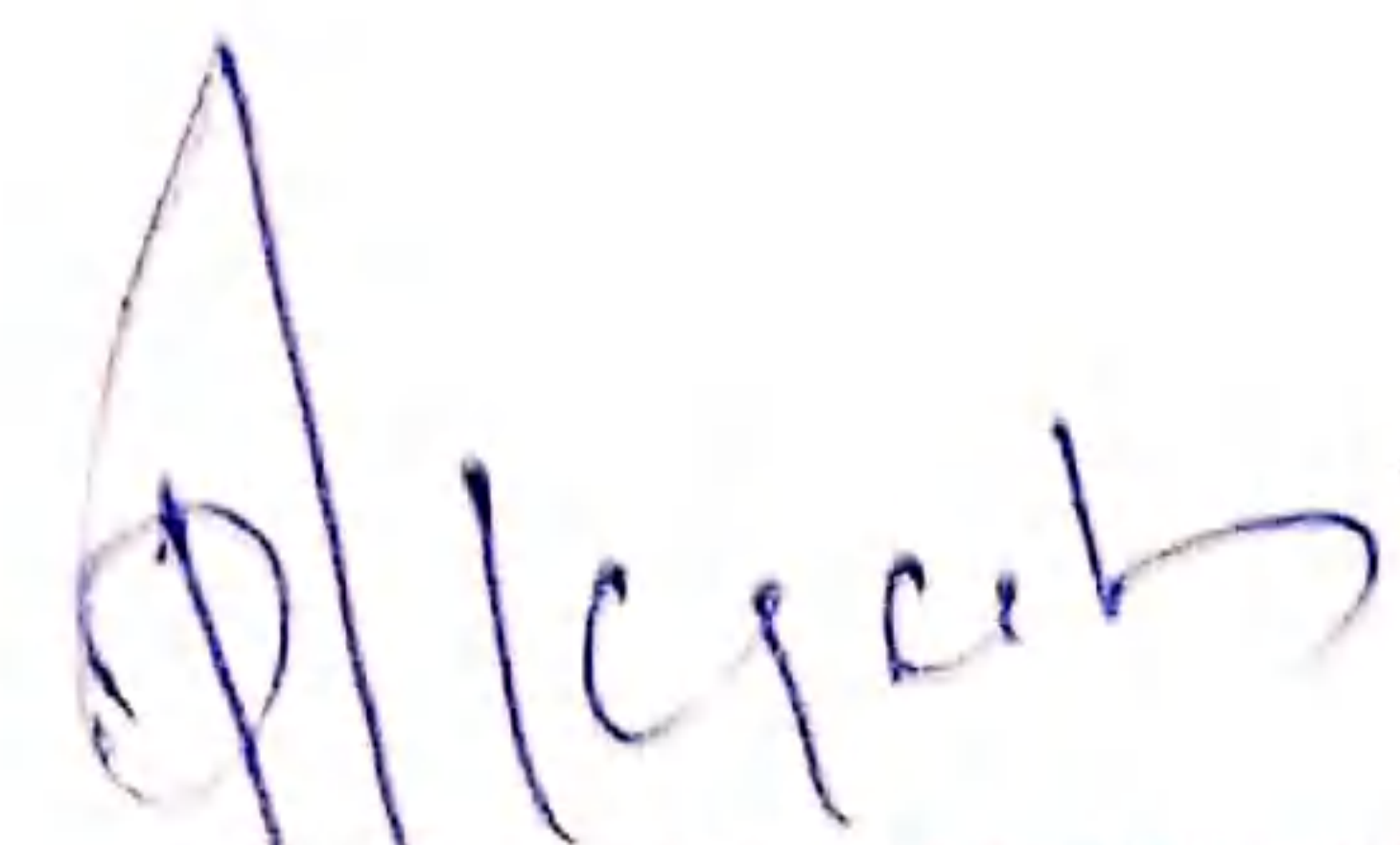
USG ABDOMEN AND PELVIS

- LIVER: is normal in size and shows normal parenchymal echotexture. No focal or diffuse lesions are seen. The intra hepatic biliary and portal radicles are normal. The portal vein and CBD are normal.
- GALL BLADDER: Well distended and appears unremarkable. No evidence of calculus or cholecystitis is seen. Gall bladder wall thickness appears normal.
- PANCREAS: appears normal in size and echotexture. No focal lesion seen. No evidence of peripancreatic inflammatory changes.
- SPLEEN: is normal in size and echotexture. No evidence of focal or diffuse lesion seen.
- BOTH KIDNEYS: are normal in size and echotexture. Cortical echogenicity appears normal. Cortico medullary differentiation is preserved. No evidence of calculus or hydronephrosis on either side.
- URINARY BLADDER: well distended. No evidence of calculus, wall thickening, diverticula or mass lesion.
- UTERUS: is post menopausal atrophic. No adnexal mass is seen.
- No free fluid is seen in the POD. Visualized bowel loops appears unremarkable, No evidence of necrotic lymphadenopathy is seen. RIF/ LIF clear. Bilateral C-P angel clear.

CONCLUSION:

- No significant abnormality seen in present study.

Thanks for reference.



DR PRATIK KAGATHARA
MD

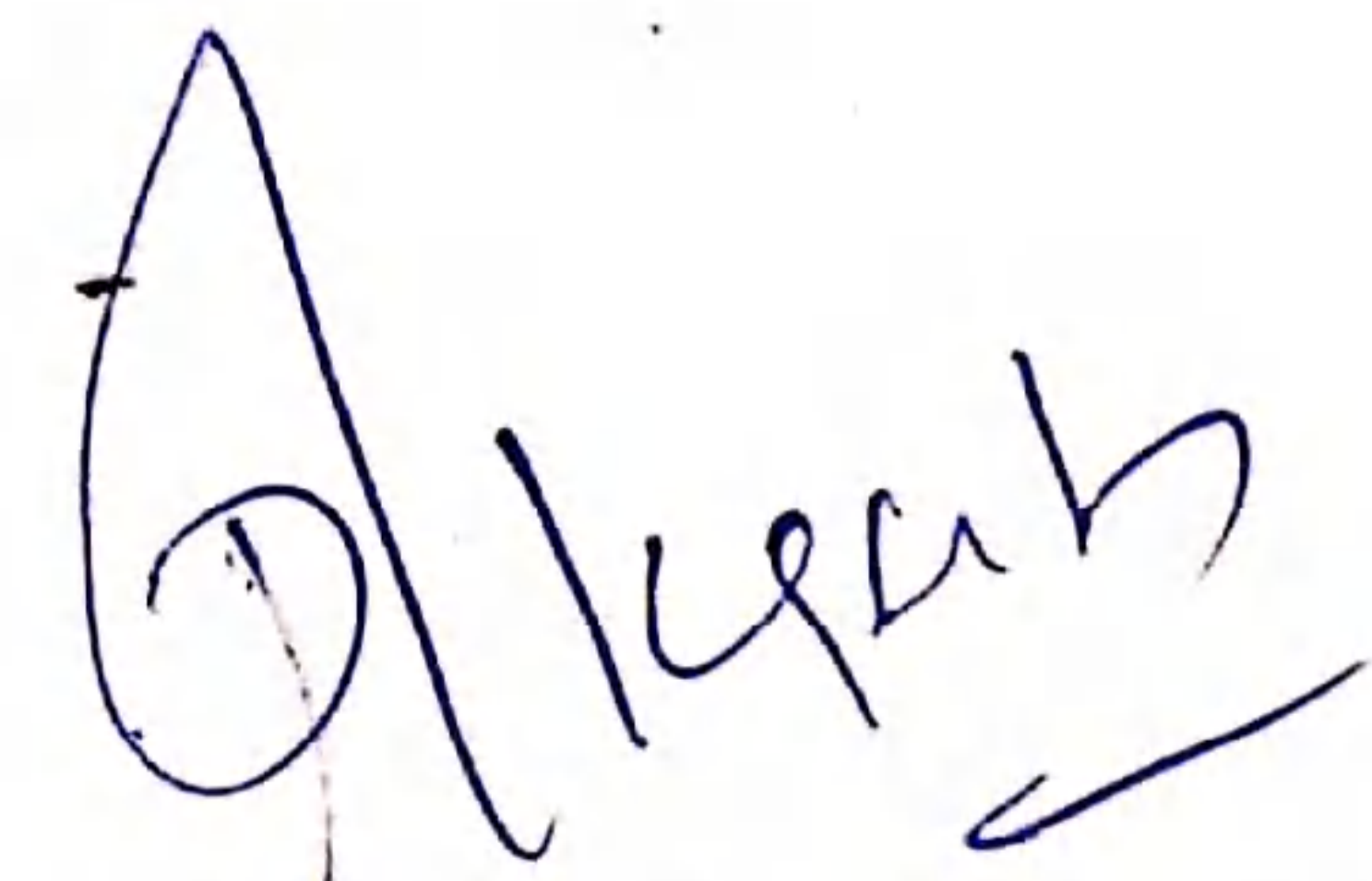
Pt.'s Name: LILABEN S TARAIYA

Date: 19 December, 2023

Radiograph of chest (PA view)

- Both the lung fields are clear.
- No e/o consolidation, cavitations or collapse.
- Both the hila appears normal
- Both costophrenic angles appear clear.
- Both domes of diaphragm appear normal.
- Cardiac size is within normal limit.
- Bones underview reveals no evident abnormality.

Thanks for reference.



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LILABEN S TARAIA 51Y/F CHEST PA 19-Dec-23
NEELKANTH DIAGNOSTICS - RAJKOT (DR. PRATIK KAGATHARA)

ECHOCARDIOGRAPHY & COLOR DOPPLER

Patient Name : Liliben Teraiya
Ref.By : Dr Dadhaniya Sir

Age/Sex : 50/F
Date : 19/12/23

SUMMARY OF 2D ECHO

LA, LV size Normal
Concentric LVH (IVSd-1.3cm, LVIDd-4cm, LVPWd-1.3cm, IVSs-1.5cm, LVIDs-2.7cm, LVPWs-1.18cm) -Image given
No RWMA at rest
Overall LVEF -60 %.

RA , RV size and function Normal
All valves appear Normal in structure

No E/O Vegetation / clot /Pericardial effusion
IAS / IVS intact
No shunt across great vessels
IVC Size Normal 13 mm and collapsing > 50% on deep inspiration

Colour Doppler

Mitral Valve: E/A ratio 0.8 , TDI s/o E*<A* . s/o LV diastolic Dysfunction Grade 1
Trivial MR

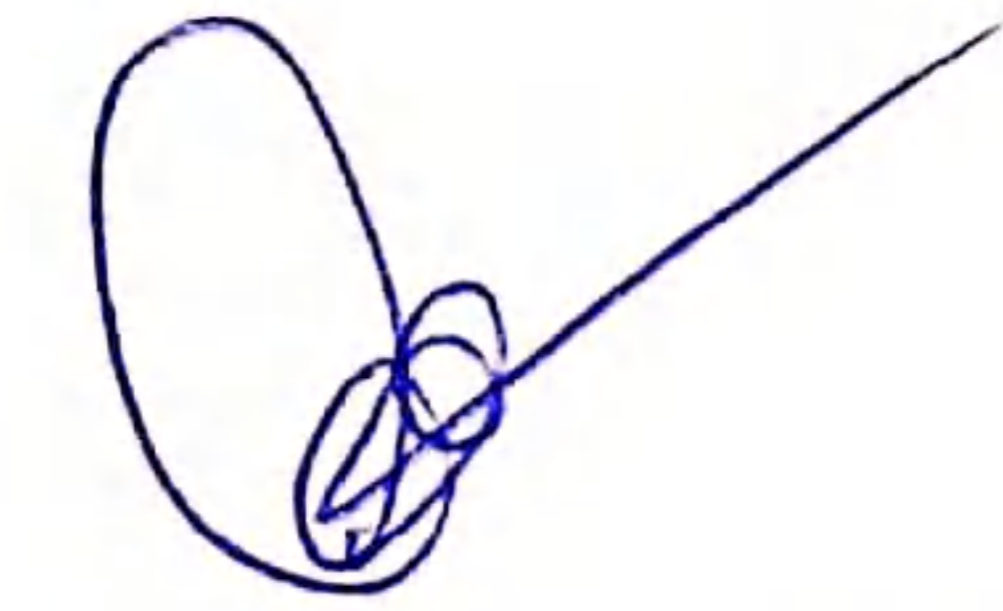
Tricuspid Valve: Trivial TR CW TR jet 29 mmHg
Estimated PASP 34 mm Hg

Aortic Valve: No AR
No significant LVOT gradient - AV PG Max 13 mm Hg

Pulmonary Valve : Trivial PR , PV Max PG 7 mm Hg

FINAL IMPRESSION

Good LV systolic function at rest
LV Diastolic Dysfunction
Concentric LVH



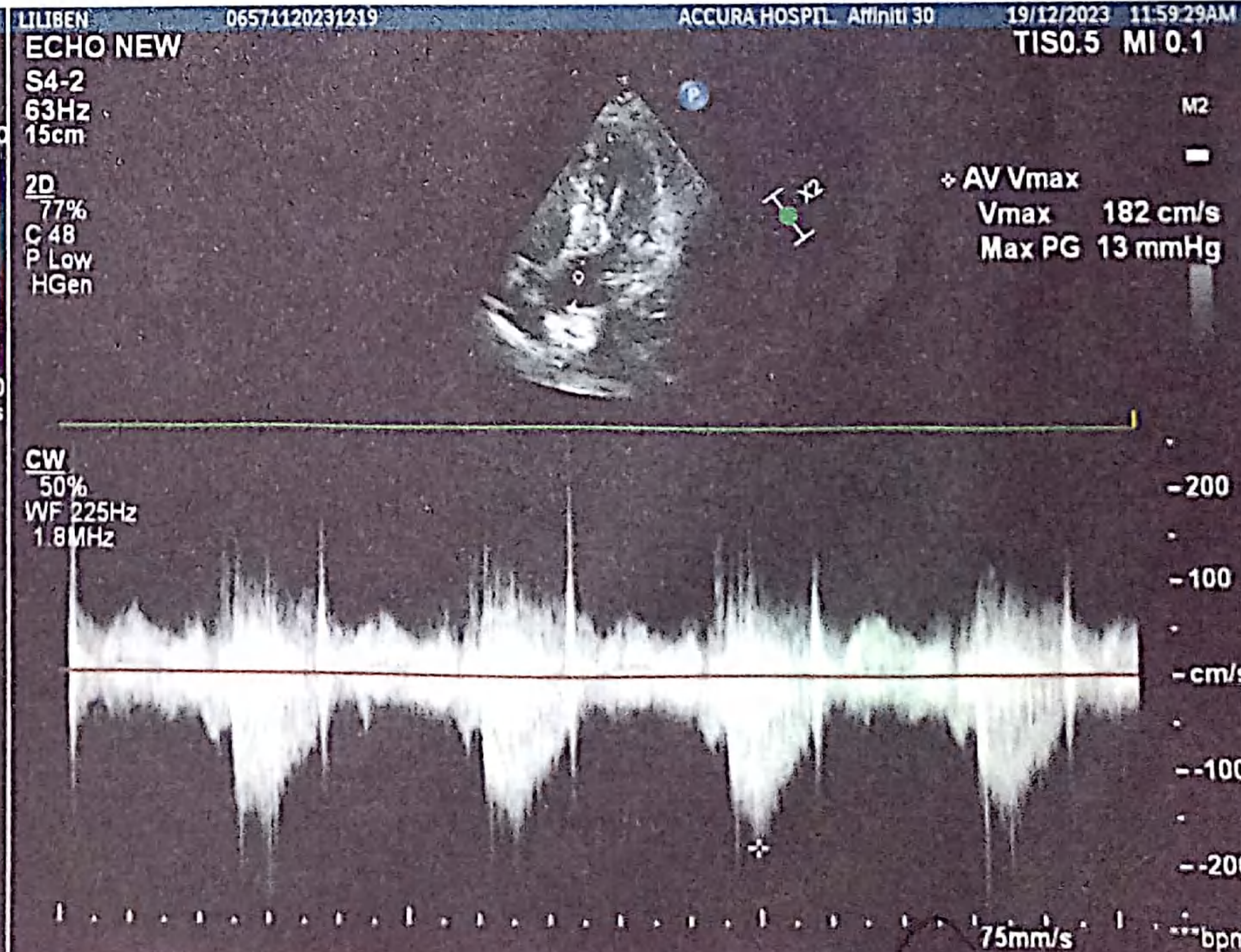
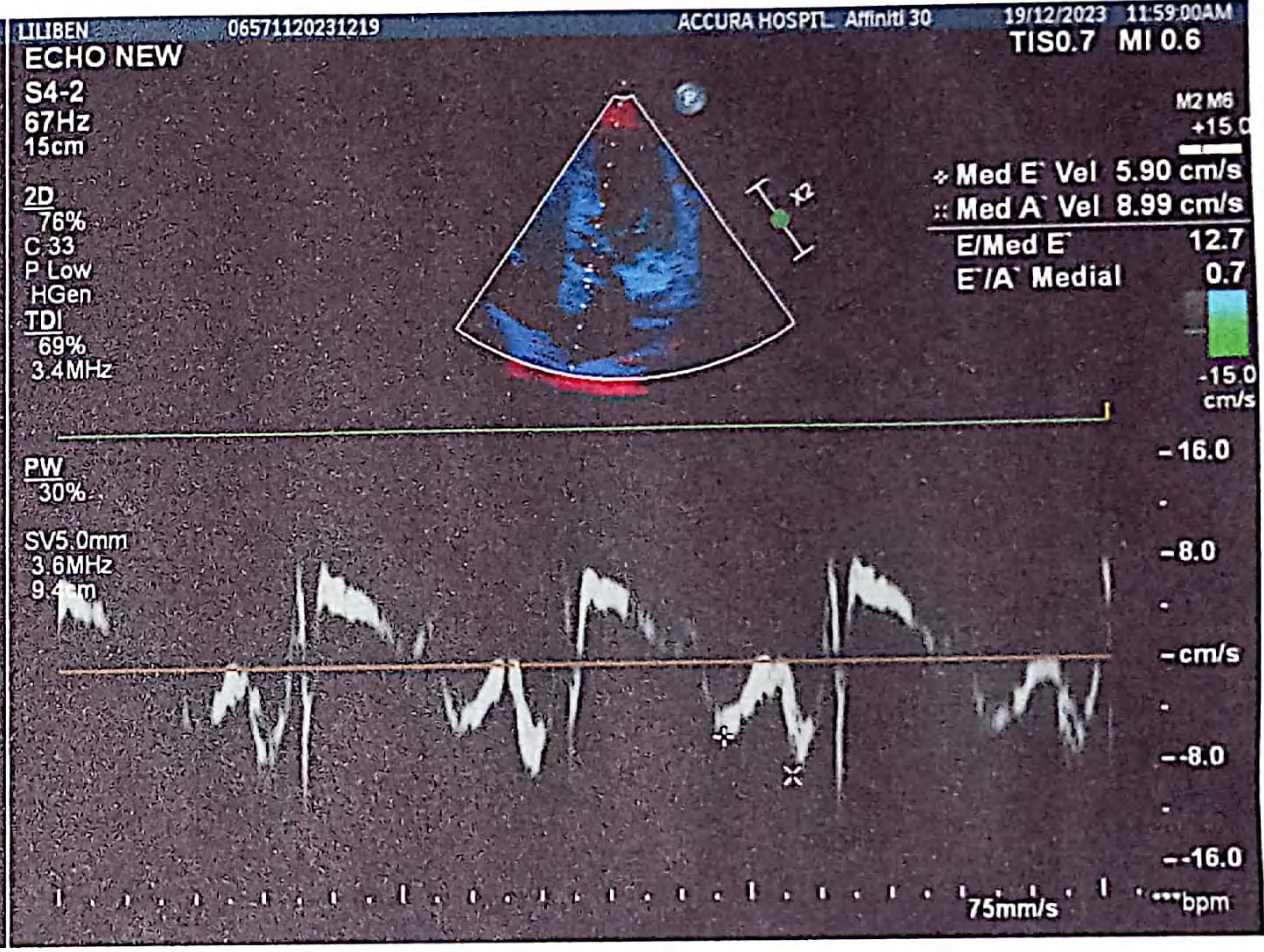
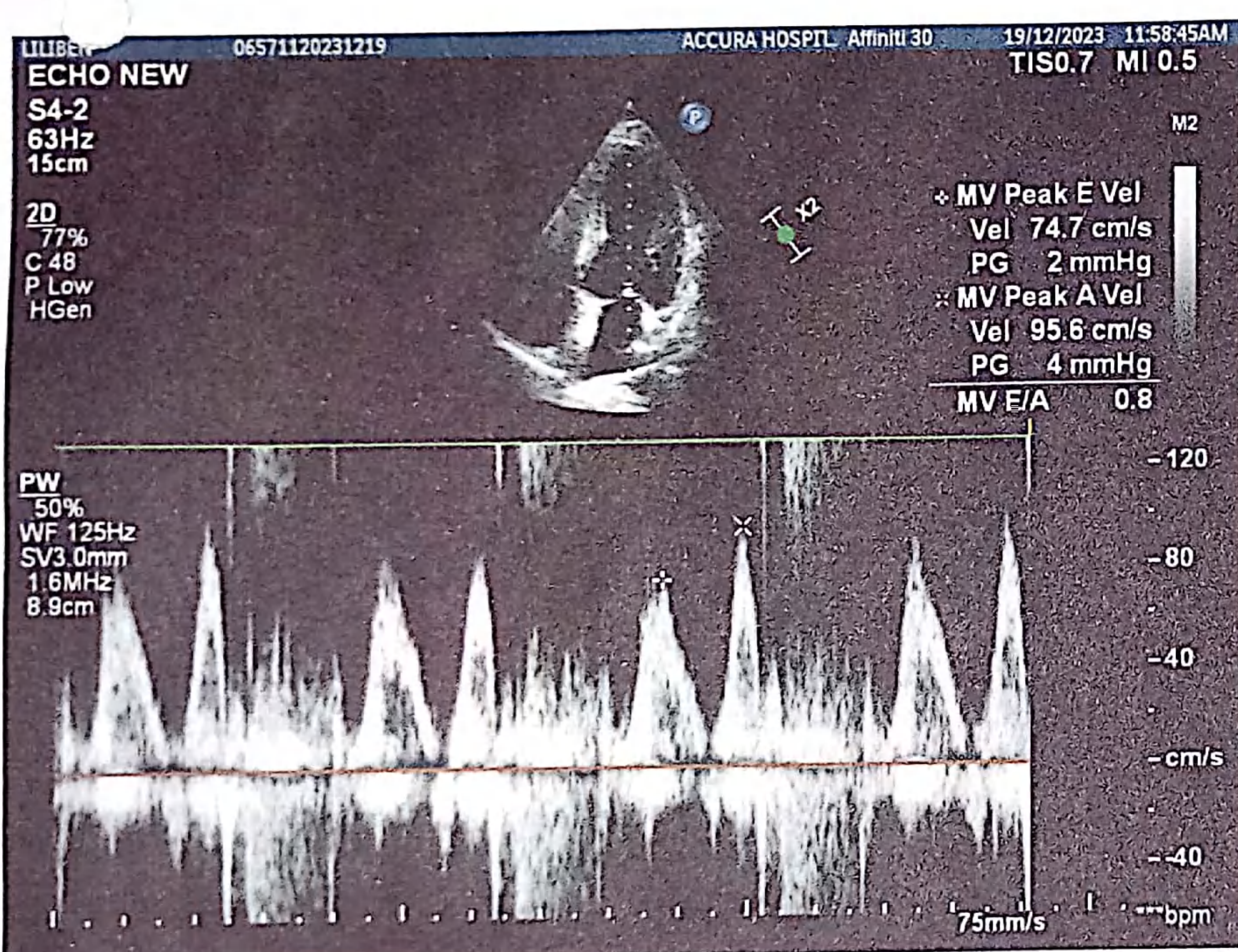
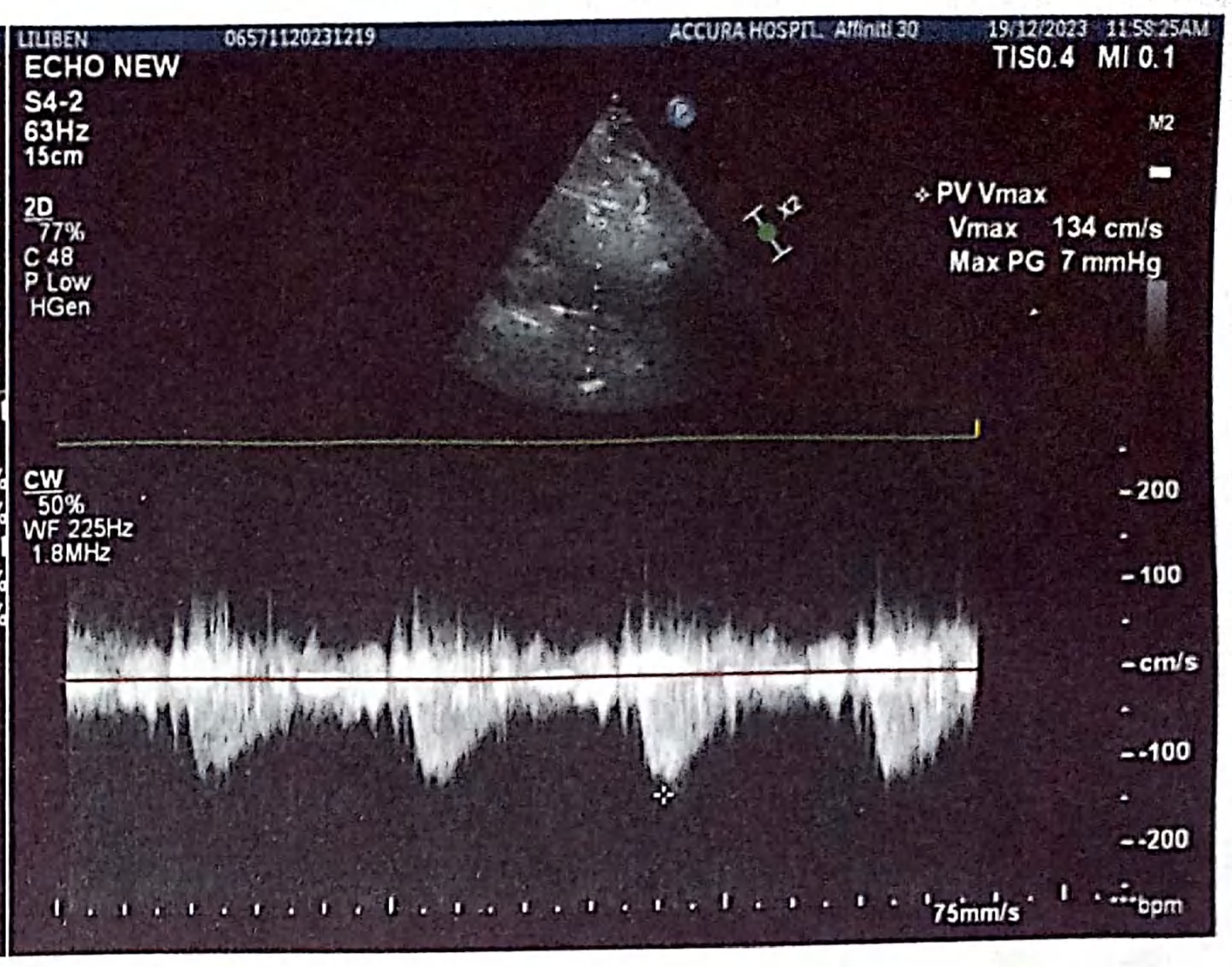
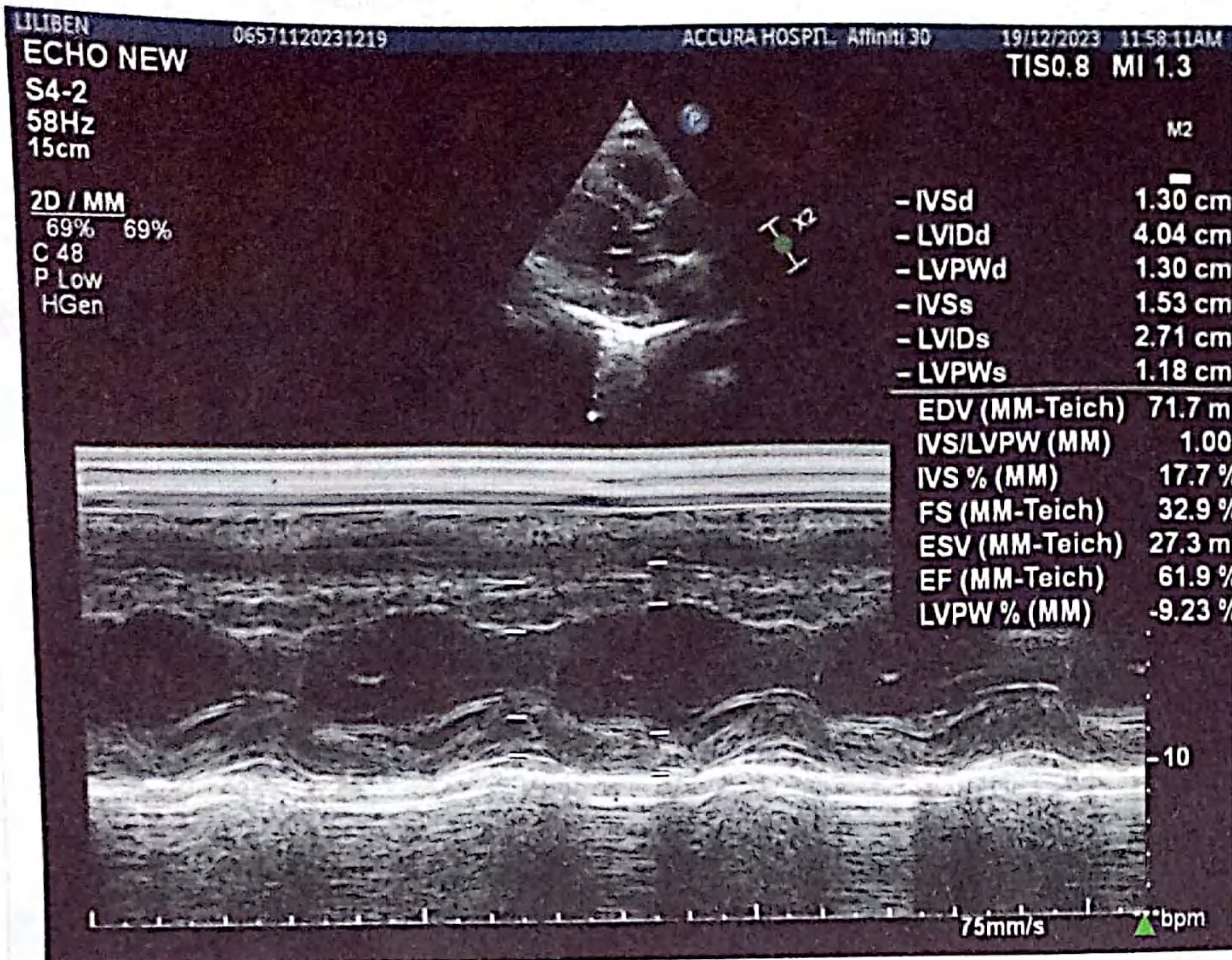
Dr V H Maniyar

For Appointment

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