



# Savita

**Superspeciality Hospital**  
(A Unit of Solace Healthcare Pvt. Ltd.)

Parivar Char Rasta, Waghodia-Dabhoi Ring Road, Vadodara-390019

☎ 0265-2578844 / 2578849 ✉ mh@savitahospital.com 🌐 savitahospital.com

## Examination By Ophthalmologist

<b>Name :</b>	<b>HARU KANWAR</b>	<b>Age :</b>	<b>29/FEMALE</b>
<b>Reg.No :</b>	<b>20220310988</b>	<b>DOE :</b>	<b>22/04/2023</b>
<b>Present Complaints :</b>	<b>NAD</b>		
<b>Medical History :</b>	<b>NAD</b>		
<b>Examination Of Eye :</b>	<b>NAD</b>		
<b>External Examination :</b>	<b>NAD</b>	<b>NAD</b>	
<b>Ati Seg Examination :</b>	<b>A/S: WNL</b>		
<b>Schiotz Tonometry IOP :</b>	<b>P:RRRL</b>		
<b>Fundus :</b>	<b>NILL</b>		
<b>Without Glass</b>	<b>Distant Vision : 6/6</b>	<b>6/6</b>	
	<b>Near Vision : N6</b>	<b>N6</b>	
<b>With Glass</b>	<b>Distant Vision :</b>		
	<b>Near Vision</b>		
<b>Colour Vision (With Ishihara Chart) :</b>	<b>WNL</b>		
<b>Advice :</b>	<b>NAD</b>		



**DR CHETAN CHAUHAN**



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## PHYSICIAN EXAMINATION

<b>Name :</b>	<b>HARU KANWAR</b>	<b>Age :</b>	<b>29/FEMALE</b>
<b>Reg.No :</b>	<b>20220310988</b>	<b>DOE :</b>	<b>22/04/2023</b>

### Physical Examination:

<b>Height:</b>	<b>157CM</b>	<b>Weight:</b>	<b>54 KG</b>	<b>PULSE:</b>	<b>92</b>	<b>Temperature:</b>	<b>NORMAL</b>
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<b>BMI :</b>	<b>21.90</b>	<b>BP :</b>	<b>104/54</b>	<b>SPO2</b>	<b>98%</b>
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<b>Chief Complaint :</b>	<b>NAD</b>
<b>Past History :</b>	<b>NAD</b>
<b>General Examination :</b>	<b>NAD</b>
<b>Systemic Examination :</b>	<b>NAD</b>
<b>INVESTIGATION :</b>	<b>NAD</b>
<b>ADVICE :</b>	<b>NAD</b>

**DR. SAURABH JAIN**





Patient Name : Haru . Kanwar

Sample No. : 20230400901



Patient ID : 20220310988

Visit No. : OPD20230401671

Age / Sex : 29y 1m/Female

Call. Date : 22/04/2023 09:19

Consultant : DR SAURABH JAIN

S. Coll. Date : 22/04/2023 09:48

Ward : -

Report Date : 22/04/2023 13:49

### Urine R/M

Investigation	Result	Normal Value
Quantity - :	20 ml	
Colour - :	Straw	
Reaction (pH) :	6.5	4.6-8.0
Turbidity :	Turbid	
Deposit :	Absent	Absent
Sp.Gravity :	1.005	1.005-1.010
Protein :	Absent	Absent
Glucose :	Absent	Absent
Bile Salts :	Absent	Absent
Bile pigments :	Absent	Absent
Ketones :	Absent	Absent
Urobilinogen :	Absent	
Blood :	Absent	Absent
Pus Cells :	0-1 /hpf	0-5/hpf
Red Blood Cells :	0-1 /hpf	Absent
Epithelial Cells :	10-14 /hpf	

**Dr.Mehul Desai**  
M.B.D.C.P  
Reg.No.G-9521





Unipath Specialty Laboratory (Baroda) LLP- Platinum Complex, Opp. HDFC Bank, Nr. Radha Krishna char rasta, Akota, Vadodara - 390020  
Mobile: 9998724579 / 8155028222 | Email: info.baroda@unipathllp.in



## TEST REPORT

Reg. No. : 30401011484 Reg. Date : 22-Apr-2023 12:14 Collected On : 22-Apr-2023 12:14  
Name : Ms. HARU KANWAR Approved On : 22-Apr-2023 13:26  
Age : 29 Years Gender : Female Ref. No. : Dispatch At :  
Ref. By : Tele No. :  
Location : SAVITA SUPERSPECIALTY HOSPITAL @ WAGHODIYA ROAD

Test Name	Results	Units	Bio. Ref. Interval
<b>THYROID FUNCTION TEST</b>			
T3 (triiodothyronine) <i>Method:CLIA</i>	0.99	ng/mL	0.6 - 1.81
T4 (Thyroxine) <i>Method:CLIA</i>	8.70	µg/dL	4.5 - 12.6
TSH ( ultra sensitive) <i>Method:CLIA</i>	0.958	µIU/mL	0.55 - 4.78
Sample Type:Serum			

**Comments:**

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 stimulate 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 Eddition. Philadelphia: WB Saunders,2012:2170

This is an electronically authenticated report.

Test done from collected sample.

Dr. Vishal Jhaveri



Patient Name : Haru . Kanwar

Sample No. : 20230400901



Patient ID : 20220310988

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### Lipid Profile

Investigation	Result	Normal Value
Sample :	Fasting	
Sample Type :	Normal	
Cholesterol (Chol) :	163 mg/dl	Low risk : < 200 Moderate risk : 200 - 239 High risk : > or = 240
Triglyceride :	54 mg/dl	Normal : < 200.0 High : 200 - 499 Very High : > or = 500
HDL Cholesterol :	57 mg/dl	Low risk: >or = 60 mg/dL High risk : Up to 35 mg/dL
LDL :	95.2 mg/dl [L]	131.0 to 159.0(N) < 130.0(L) > 159.0(H)
VLDL :	10.8 mg/dl	Up to 0 to 34 mg/dl
LDL/HDL Ratio :	1.67	Low risk : 0.5 to 3.0 Moderate risk : 3.0 to 6.0 Elevted level high > 6.0
Total Chol / HDL Ratio :	2.86	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 :	574 mg/dl	400 to 700 mg/dl

**Note :-** Lipemic samples give high triglyceride value and falsely low LDL value.

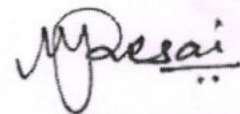
**Dr. Mehul Desai**  
**M.B.D.C.P**  
**Reg.No.G-9521**



<b>Patient Name :</b> Haru . Kanwar	<b>Sample No. :</b> 20230400901 
<b>Patient ID :</b> 20220310988	<b>Visit No. :</b> OPD20230401671
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**LFT (Liver Function Test)**


Investigation	Result	Normal Value
Total Bilirubin :	0.9 mg/dl	0.2 to 1.0 mg/dl
Direct Bilirubin :	0.3 mg/dl	0.0 to 0.2 mg/dl
Indirect Bilirubin :	0.6 mg/dl	0.0 to 0.8 mg/dl
AST (SGOT) :	17 U/L	5 to 34 U/L
ALT (SGPT) :	14 U/L	0 to 55 U/L
Total Protein (TP) :	6.7 g/dl	6.4 to 8.3, g/dl
Albumin (ALB) :	4.1 g/dl	3.5 to 5.2 g/dl
Globulin :	2.6 g/dl	2.3 to 3.5 g/dl
A/G Ratio :	1.58	
Alkaline Phosphatase (ALP) :	78 U/L	40 to 150 U/L
GAMMA GT. :	19 U/L	7 to 35 U/L



**Dr. Mehul Desai**  
**M.B.D.C.P**  
**Reg.No.G-9521**





<b>Patient Name :</b>	Haru . Kanwar	<b>Sample No. :</b>	20230400901 
<b>Patient ID :</b>	20220310988	<b>Visit No. :</b>	OPD20230401671
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### RENAL FUNCTION TEST

Investigation	Result	Normal Value
Creatinine :	1.2 mg/dl	0.6 - 1.4 mg/dl
Urea :	22 mg/ dl	13 - 45 mg/dl
Uric Acid :	2.7 mg/dl	3.5 - 7.2 mg/dl
Calcium :	9.9 mg/dl	8.5 - 10.5
Phosphorus :	4.9 mg/dl	1.5 - 6.8



**Dr.Mehul Desai**  
**M.B.D.C.P**  
**Reg.No.G-9521**



<b>Patient Name :</b>	Haru . Kanwar	<b>Sample No. :</b>	20230400901 
<b>Patient ID :</b>	20220310988	<b>Visit No. :</b>	OPD20230401671
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### Blood Group

Investigation	Result	Normal Value
<b>BLOOD GROUP :</b>		
<b>ABO</b>	A	
<b>Rh</b>	Positive	

### FBS & PPBS

Investigation	Result	Normal Value
Blood Sugar (FBS) :	101 mg/dl	74 - 100 mg/dl
Urine Sugar ( FUS ) :	Nil	
Blood Sugar (PP2BS) :	77 mg/dl	70 to 120 mg/dl
Urine Sugar ( PP2US ) :	Nil	

### HBA1C

Investigation	Result	Normal Value
Glycosylated Hb :	5.4 %	Near Normal Glycemia : 6 to 7 Excellent Control : 7 to 8 Good Control : 8 to 9 Fair Control : 9 to 10 Poor Control : > 10
Average Plasma Glucose of Last 3 Months :	108.28	



**Dr.Mehul Desai**  
**M.B.D.C.P**  
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### CBC, ESR

Investigation	Result	Normal Value
Hemoglobin :	12.5 gm/dl	12.5 to 16.0 gm/dl
P.C.V. :	37.1 %	37.0 to 47.0 %
M.C.V. :	85.1 fL	78 to 100 fL
M.C.H. :	28.7 pg	27 to 31 pg
M.C.H.C. :	33.7 g/dl	32 to 36 g/dl
RDW :	11.2 %	11.5 to 14.0 %
RBC Count :	4.36 X 10 <sup>6</sup> / cumm	4.2 to 5.4 X 10 <sup>6</sup> / cumm
Polymorphs :	64 %	38 to 70 %
Lymphocytes :	32 %	15 to 48 %
Eosinophils :	2 %	0 to 6 %
Monocytes :	2 % [L]	3 to 11 %
Basophils :	0 %	0.0 to 1.0 %
Total :	100	< 100 > 100
WBC Count :	5300 /cmm	4000 to 10000 /cmm
Platelets Count :	241000 /cmm	1,50,000 to 4,50,000 /cmm
ESR - After One Hour :	14 mm/hr	1 to 20 mm/hr

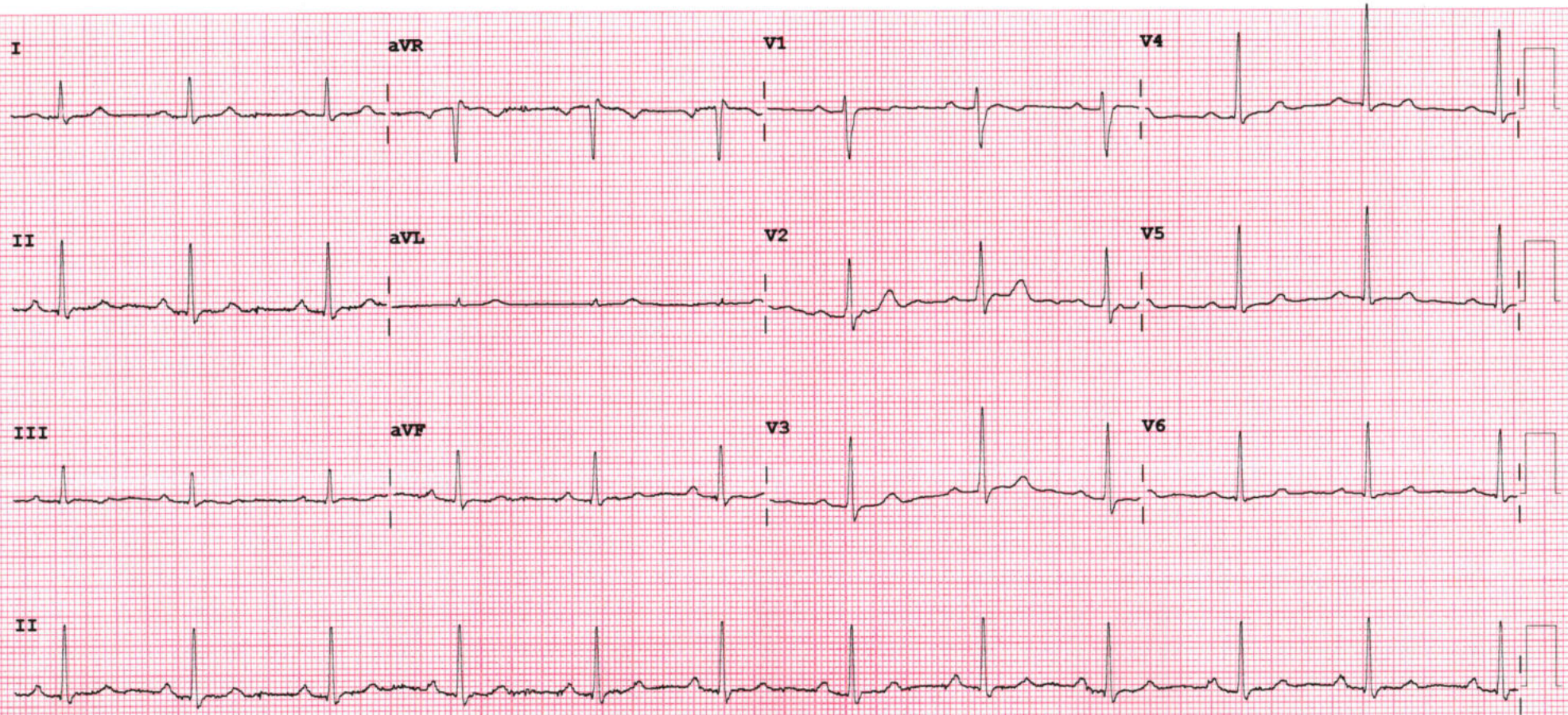
**Dr.Mehul Desai**  
**M.B.D.C.P**  
**Reg.No.G-9521**



Rate 70  
PR 200  
QRSD 104  
QT 376  
QTc 406

--AXIS--  
P 67  
QRS 57  
T 4

12 Lead; Standard Placement



Device:

Speed: 25 mm/sec

Limb: 10 mm/mV

Chest: 10.0 mm/mV

F 50~ 0.50-150 Hz W

PH09

P?





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## 2D-ECHOCARDIOGRAPHY AND COLOR DOPPLER REPORT

**NAME: HARU KANWAR**

**AGE/SEX: 29 YRS/ FEMALE**

**DATE: 22/04/2023**

**REF BY: DIRECT**

### **OBSERVATION:**

- NORMAL LV SIZE AND NORMAL LV SYSTOLIC FUNCTION. LVEF = 60% (VISUAL).
- NO RWMA AT REST.
- NORMAL LV DIASTOLIC FUNCTION..
- TRIVIAL MR. NO MS.
- NO AR. NO AS.
- NO TR. NO PAH.
- NORMAL SIZED LA, RA, RV WITH NORMAL RV SYSTOLIC FUNCTION.
- NORMAL SIZED MPA, RPA & LPA.
- INTACT IAS AND IVS.
- NO E/O INTRACARDIAC CLOT/VEGETATION/PE.
- NORMAL IVC.
- NORMAL PERICARDIUM.

**LA: 24 MM**

**AO: 20 MM**

**IVS: 09/11MM**

**LVPW: 08/11MM**

**LVID: 44/32 MM**

### **CONCLUSION:**

- NORMAL LV / RV SIZE AND SYSTOLIC FUNCTION.
- NO RWMA AT REST.
- LVEF = 60 % (VISUAL).

**DR.NIRAV BHALANI**  
[CARDIOLOGIST]

**DR.ARVIND SHARMA**  
[CARDIOLOGIST]

**DR. DARSHAN THAKKAR**  
[CARDIOLOGIST]







Patient name	HARU KANWAR
Age / Sex	29 Y/F
Date	Saturday, 22 April 2023

**ULTRASOUND OF ABDOMEN**

**LIVER** appears normal in size (12.1 cm) and shows normal parenchymal echogenicity. No evidence of focal lesion. No evidence of dilated IHBR or portal vein. CBD appears normal.

**GALL BLADDER** is distended. No evidence of abnormal wall thickening or any significant calculus within.

**PANCREAS** appears normal. MPD is WNL

**SPLEEN** appears normal in size (10.9 cm) and shows normal parenchymal echogenicity. No evidence of focal lesion.

**BOTH KIDNEYS** appear normal in size (RK: 10.2 cm & LK: 9.8 cm), shape and position. Show normal cortical echogenicity. Corticomedullary differentiation is maintained. No evidence of calculus or hydronephrosis on either side.

**URINARY BLADDER** is partially full. No evidence of abnormal wall thickening or any significant calculus within.

**UTERUS** appears normal in size and position. CET is 7.7 mm WNL. No evidence of focal lesion noted. Bilateral ovaries appear normal in size. No evidence of focal or obvious mass lesion noted.

**BOWEL LOOPS** appear normal and show normal peristalsis  
No evidence of LYMPHADENOPATHY noted.  
No evidence of ASCITES noted.

**IMPRESSION:**

- NO SIGNIFICANT ABNORMALITY AT PRESENT SCAN.

  
DR SHARAD RUNGTA  
MD RADIOLOGY

*Not all pathologies can be detected on radiograph. Further radiographic evaluation is suggested if required.*



<b>NAME: HARU KANWAR</b>	<b>AGE/SEX: 29 YRS/F</b>
<b>DATE: Saturday, April 22, 2023</b>	

**CHEST XRAY (PA)**

Both lung fields appear normal.

Both hila appear normal

Bilateral costo-phrenic angles appear grossly clear

Mediastinum and cardiac shadow appear normal

Bony thorax appears unremarkable

No evidence of free gas under domes of diaphragm

**IMPRESSION:**

- NO SIGNIFICANT ABNORMALITY NOTED IN LUNG FIELDS
- NORMAL CARDIAC SHADOW



**DR SHARAD RUNGTA**  
**MD RADIOLOGY**

*Not all pathologies can be detected on radiograph. Further radiographic evaluation is suggested if required.*