



# NAVJIVAN Multi-Speciality HOSPITAL

**Dr.KAUTUK PATEL**  
MBBS, DNB Emergency Medicine  
IDCCM

**Dr.ROHIT PATEL**  
MBBS, M.D. Anaesthesia

**Dr.ANKIT PATEL**  
MBBS, DNB Anaesthesia  
IDCCM

**Dr.PRAVESH PATEL**  
MBBS, D.A. F.C.C.S.

**DATE:** 24-02-2024.

**NAME** – RAVAL DRASHTI RAJNIKANT.

**AGE** – 31 YEARS.

**SEX** – FEMALE.

## FOR MEDICAL FITNESS

PREMORBIDLY HEALTHY.

BP – 110/70 MMHG.

HR – 68 / MIN.

SPO2 – 99% ON ROOM AIR.

RS – CLEAR, NO ABNORMAL SOUND.

CVS – S1 S2 PRESENT, NORMAL, NO MURMUR.

P/A – SOFT, NON-TENDER.

CNS – FULL COUNSCIOUS, NO FOCAL DEFICIT.

NO H/O SMOKING, SUBSTANCE ABUSE.

PAST H/O – NO SIGNIFICANT.

FAMILY H/O – FATHER IS HAVING DM, MOTHER IS HAVING HTN.

HEIGHT – 150 CM; WEIGHT – 57 KG; BMI – 25.

EYE EXAMINATION – NORMAL VISION, NO DEFICIT, H/O RECURRENT STYE SINCE LAST 6 MONTHS.

ENT EXAMINATION – NORMAL, NO DISCHARGE, PAIN,

DENTAL EXAMINATION – NO DENTAL CARIES.

GYNEC EXAMINATION – NO COMPLAINT, PAP SMEAR TAKEN.

DIET ADVICE GIVEN.

REPORTS REVIEWED.

PERSON IS FIT TO JOIN.



**Dr. KAUTUK A. PATEL**  
DNB (Emergency Medicine) G-20427  
MBBS, G-40142  
Intensivist & Triage Physician,  
Navjivan Multi-Speciality Hospital,  
2nd Floor, City Center Complex, Radhanpur-2

SIGNATURE



2nd Floor, City Center Complex, Radhanpur Circle, Mehsana-384002

બીજો માળ, સીટી સેન્ટર કોમ્પ્લેક્સ, રાધાનપુર સર્કલ, મહેસાણા-૩૮૪૦૦૨

navjivan.icu@gmail.com

Emergency No. 9978320202 | Appointment No. 8799443371



# NAVJIVAN

## Multi-Speciality HOSPITAL

**Dr.KAUTUK PATEL**  
MBBS, DNB Emergency Medicine  
IDCCM

**Dr.ROHIT PATEL**  
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IDCCM

**Dr.PRAVESH PATEL**  
MBBS, D.A. F.C.C.S.

### 2D ECHOCARDIOGRAPHY REPORT

Name	RAVAL DRASHTI RAJNIKANT	Date	24/02/2024
Reg.No		Age / Sex	31/ FEMALE
Ward	HEALTH CHECK UP	Tech	

#### Echocardiography Measurements

LV Measurements	Pt value	Normal Value Adults		Pt value	
Method: LV (Teich)					
LVEDD (End Diastole)	44 mm		Mitral Valve	E	2
LVESD (End Systole)	20 mm			A	3
IVS ED	9 mm	( 5.0-10 mm )	Thickening/fibrosis		NO
			Calcification		
LVPW ED	11 mm	( 6.5-11mm )	MV Area (PHT)	4.2	Normal value: 4-6 sq.cm
			(Trace)		
LVEF(Ejection Fraction)	60	(60%±6.2%)	Aortic valve:	4	
EPSS			AV Area		NORMAL
LA Dimension	32	(19-40 mm )			
Aortic Root	34	(20-40mm)	TR GRADE		NORMAL
Aortic Opening	NORMAL		Tricuspid Valve		NORMAL
RV size & Function	NORMAL				
Pericardium	Normal		Pulmonary Valve		NORMAL

#### Conclusion:

LVEF- 60%  
No RWMA at rest  
NO LVH  
ALL FOUR CHAMBERS NORMAL.  
ALL VALVES NORMAL.  
No PULMONARY HYPERTENSION,  
PAP-12 mmHg.  
IVC NORMAL (1.8 CM), COLLAPSING 30% WITH RESPIRATION.  
**NORMAL STUDY....**



**Dr. KAUTUK A. PATEL**  
DNB (Emergency Medicine) G-25427  
Intensive & Emergency Physician,  
MBBS. G-19142  
Navjivan Multi Speciality Hospital,  
2nd Floor, City Center Complex, Mehsana-2



2nd Floor, City Center Complex, Radhanpur Circle, Mehsana-384002

બીજો માળ, સીટી સેન્ટર કોમ્પ્લેક્સ, રાધાનપુર સર્કલ, મહેસાણા-૩૮૪૦૦૨

navjivan.icu@gmail.com

Emergency No. 9978320202 | Appointment No. 8799443371

24-02-2024 09:43:35 AM

ID: 1  
Drashtri Rajmunt  
31 Years  
Female  
Ravi

Diagnosis Information:

Normal Sinus Rhythm

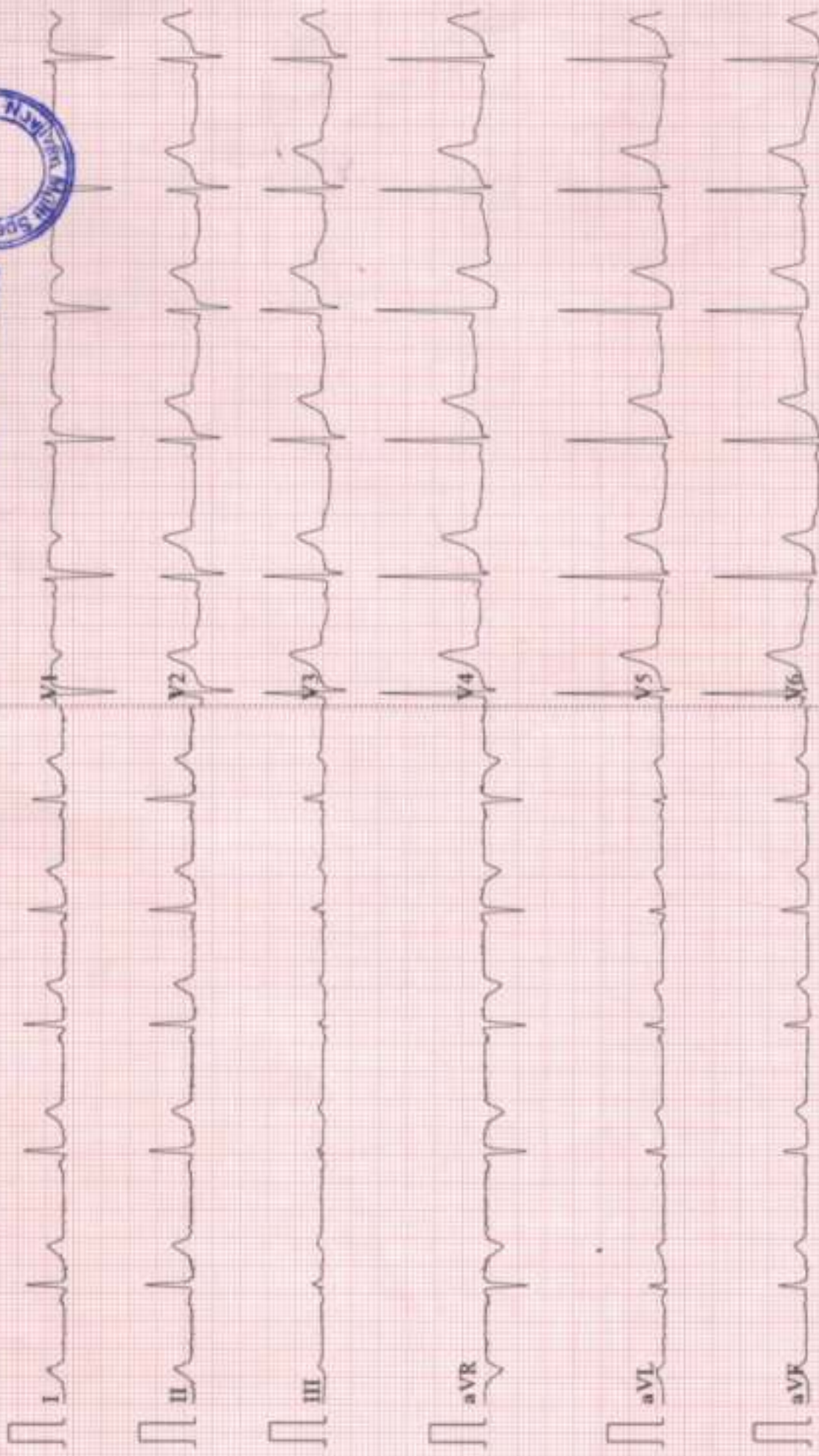
Dr. KAUTUK A. PATEL

DNB (Emergency Medicine) C-26377

Intensivists & Emergency Physician

Navivan Multispecialty Hospital

Report Confirmed by: *[Signature]* Dr. Gaurav Chaudhary



**PATIENT NAME : DRASHTI**  
**REF. BY : NAVJIVAN ICU**  
**DATE: 24/02/2024**

**31 Y/F**

**USG ABDOMEN:**

**LIVER :** Normal in size and echopattern.  
No focal lesion seen. PV- 9 mm at porta  
Intrahepatic biliary radicals (IHBR) are not dilated.

**GB :** No calculus, cholecystitis or mass seen.  
CBD is not dilated.

**SPLEEN :** Normal in size and echopattern.  
**VISUALISED PANCREAS :** Normal in size and echopattern.

**RIGHT KIDNEY :** 9.7 x 4.0 cm      **LEFT KIDNEY :** 10.9 x 4.3 cm  
**BOTH KIDNEYS :** Normal in size, position and echopattern.  
C-M differentiation is well preserved in either side.  
No calculus, hydronephrosis seen in either side.

**URINARY BLADDER :** distended with normal wall thickness. No calculus or mass seen.

**Uterus:** Normal in size and shape.  
42 x 39 mm sized complex cyst seen in left ovary , p/o hemorrhagic cysts.

**VISUALISED BOWEL LOOPS :** unremarkable

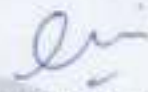
No e/o paraaortic lymphadenopathy .

No e/o ascities .

Adv: clinico-pathological correlation.

Thanks for reference



  
**DR. CHIRAG PATEL**  
CONSULTANT RADIOLOGIST

**FACILITIES AVAILABLE**

All types of Sonography | Real Time Live 3D / 4D Sonography | Sonography Guided Procedures  
Colour Doppler | X-Ray | X-Ray Procedures

PATIENT NAME : DRASHTI

31 Y/F

REF. BY : NAVJIVAN ICU

DATE: 24/02/2024

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X-RAY OF CHEST - PA. VIEW

both lung fields are normal.

No e/o consolidation or focal lesion.

Both c.p angles appear clear.

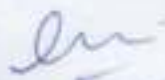
Cardiac shadow appears within normal limits.

Bony thorax appears normal.

Adv: clinico-pathological correlation

Thanks for reference .



  
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CONSULTANT RADIOLOGIST

**FACILITIES AVAILABLE**

All types of Sonography | Real Time Live 3D / 4D Sonography | Sonography Guided Procedures  
Colour Doppler | X-Ray | X-Ray Procedures


**भारत सरकार**  
 Government of India

वरिष्ठ राजकीय कर्मचारी  
 District Rajkari Karmchari

जन्म तिथि / Year of Birth: 1992  
 लिंग / Gender:



**6586 6286 9076**

**आधार - सामान्य माहसुली अधिकार**


**भारतीय पहचान प्राधिकरण**  
 Unique Identification Authority of India

पता: D/O राजकीय कर्मचारी, 11, 11A  
 चंद्रा कॉलोनी, माहसुली रोड, महाराष्ट्र, मुंबई  
 ई. पो. मुंबई, 400002

Address: D/O Rajkari Karmchari, 11,  
 Chandra Colony, Mahasuli Road,  
 Maharashtra, Maharashtra 11, Gujarat,  
 400002

**6586 6286 9076**

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  www.uidai.gov.in

B-22106/1992

अये-314





  
**GOVERNMENT OF INDIA**  
औद्योगिक शक्ति  
Oranhi Rajkumar Rajeev  
Year of Birth / Year of Birth : 1992  
M / Female





**6586 6286 9076**

**अधिकार - सामान्य माहितीसाठी अधिकार**





Unique Identification Authority of India


Address: DPO Bhamburda Road, 11, Chandrasekhar Road, New Delhi, India. Phone: 011-26129100

6586 6286 9076

UIDAI



UIDAI

<b>Patient ID</b> : 022424002	<b>Sample Collected on</b> : 24-Feb-2024 9:31 AM
<b>Patient Name</b> : MRS. DRASHTI RAJNIKANT RAVAL	<b>Report Released on</b> : 24-Feb-2024 11:02 AM
<b>Age / Gender</b> : 31 Years / Female	<b>Center Name</b> : JAINIS PATHOHUB PATHOLOGY LABORATORY
<b>Ref. By</b> : HEALTH CHECK UP	 * 0 2 2 4 2 4 0 0 2 *
<b>Affiliation</b> : NAVJIVAN ICU AND MULTISPECIALITY HOSPITAL	

### HAEMATOLOGY

Investigation	Result	Unit	Bio. Ref. Interval
HAEMOGLOBIN	<b>9.3</b>	gms%	13.5 - 17.5 gm%
RED BLOOD CELL COUNT	<b>4.61</b>	/cumm	4.2 - 5.6 mill/cmm
<b>RBC INDICES</b>			
HEMATOCRIT	<b>30.9</b>	%	40-50
MCV	<b>67.0</b>	fl	80 - 98 fL
MCH	<b>20.1</b>	pg	26 - 34 pg
MCHC	<b>30.1</b>	g/dl	32 - 37 %
RDW_CV	<b>17.9</b>	/ cumm	12 - 14 %
TOTAL WBC COUNT	<b>5300</b>	/ cumm	4000 - 11000 /cmm
<b>WBC DIFFERENTIAL COUNT</b>			
NEUTROPHILS	<b>65.9</b>	%	50 - 74 %
LYMPHOCYTES	<b>29.7</b>	%	20 - 45%
EOSINOPHILS	<b>1.3</b>	%	01 - 06 %
MONOCYTES	<b>03</b>	%	02 - 10 %
BASOPHILS	<b>0.0</b>	%	
PLATELET COUNT	<b>308000</b>	/ cumm	1,50,000 - 4,50,000 /cmm.
MEAN PLATELET VOLUME	<b>8.7</b>	fl	7.4-10.4
PDW	<b>15.5</b>	fl	10-14
PCT	<b>0.27</b>	%	0.10-0.28
<b>ESR (ERYTHROCYTE SEDIMENTATION RATE)</b>			
ERYTHROCYTE SEDIMENTATION RATE	<b>17</b>	mm/1hr.	<50 years: < 15 mm/hr >50 years: < 20 mm/hr

----- END OF REPORT -----




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Authenticity of the report



DR. JAIMINI PATEL  
MBBS, DCP, DNB PATHOLOGY

**Patient ID** : 022424002      **Sample Collected on** : 24-Feb-2024 9:31 AM  
**Patient Name** : MRS. DRASHTI RAJNIKANT RAVAL      **Report Released on** : 24-Feb-2024 2:17 PM  
**Age / Gender** : 31 Years / Female      **Center Name** : JAINIS PATHOHUB PATHOLOGY LABORATORY  
**Ref. By** : HEALTH CHECK UP  
**Affiliation** : NAVJIVAN ICU AND MULTISPECIALITY HOSPITAL



### THYROID FUNCTION TEST

Investigation	Result	Unit	Bio. Ref. Interval
<b>TFT ( T3 T4 TSH)</b>			
TOTAL TRIIODOTHYRONINE (T3)	2.1	pmol/L	Adult :0.9- 2.15 ng/ml
TOTAL THYROXINE (T4)	117.8	nmol/L	60-135 nmol/l
ULTRA TSH	1.30	uIU/mL	Adult: 0.25 - 5.00 1-4 week : 1.7-9.1 1-12 month: 0.8-8.2 1-15 yr: 0.7-5.7

#### INTERPRETATION :

TSH	T3	T4	Interpretation
High	Normal	Normal	Mild (Sub clinical) Hypothyroidism
High	Low or Normal	Low	Hypothyroidism
Low	Normal	Normal	Mild (Sub clinical) Hyperthyroidism
Low	High or Normal	High or Normal	Hyperthyroidism
Low	Low or Normal	Low or Normal	Non thyroidal illness; rare pituitary (secondary) hypothyroidism

#### Interpretation :

Only TSH levels can prove to be misleading in patients on treatment. Therefore Free T3, Free T4 should be checked as it is metabolically active. Physiological rise in Total T3 or T4 levels is seen in patients on steroid therapy and during pregnancy. Collection time for Thyroid function test is very important as per circadian variation / rhythm, the levels are at its peak between 2-4 a.m and are minimum between 6-10 pm. Thyroid abnormality should not get interpret based on single test report. It should be checked for establishment of the abnormality based on repeated investigations at intervals.

**Comment** : Please correlate with Clinical Condition

**Technology** : minividas

**Notes** : Clinical diagnosis should not be made on the findings of a single test result, but should integrate both clinical and laboratory data.

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<b>Patient ID</b> : 022424002	<b>Sample Collected on</b> : 24-Feb-2024 9:31 AM
<b>Patient Name</b> : MRS. DRASHTI RAJNIKANT RAVAL	<b>Report Released on</b> : 24-Feb-2024 11:31 AM
<b>Age / Gender</b> : 31 Years / Female	<b>Center Name</b> : JAINIS PATHOHUB PATHOLOGY LABORATORY
<b>Ref. By</b> : HEALTH CHECK UP	
<b>Affiliation</b> : NAVJIVAN ICU AND MULTISPECIALITY HOSPITAL	



### DIABETES CARE

Investigation	Result	Unit	Bio. Ref. Interval
<b>FASTING BLOOD SUGAR(FBS)</b>			
FASTING BLOOD SUGAR	96.0	mg/dL	normal Glucose: 60.00 - 100.00 Mg/dL Impaired Glucose: 101-125.00 Mg/dL Diabetic: >=126Mg/dL

#### Interpretation :

The fasting (F) blood glucose test is the test most commonly used to diagnose diabetes. It measures blood glucose levels after a period of fasting, usually at least eight hours without food or liquid (except water). This test is more definitive than a random test, because there is no chance that it has been influenced by recent food intake.

#### HBA1C

HBA1C (GLYCOSYLATED HEMOGLOBIN), BLOOD	5.4	%	Below 6.0 : Normal Value 6.0-7.0 : Good Control 7.0-8.0 : Fair Control 8.0-10.0 : Unsatisfactory Control Above 10 : Poor Control
MEAN BLOOD GLUCOSE	108.28	mg/dL	Below 136 : Normal Value 137 - 172 : Good Control 173 - 208 : Fair Control 208 - 279 : Unsatisfactory Control Above 279 : Poor Control

#### Interpretation

HbA1c is an indicator of glycemic control. HbA1c represents average glycemia over the past six to eight weeks. Glycation of hemoglobin occurs over the entire 120 day life span of the red blood cell, but within this 120 days. Recent glycemia has the largest influence on the HbA1c value. Clinical studies suggest that a patient in stable control will have 50% of their HbA1c formed in the month before sampling, 25% in the month before that, and the remaining 25% in months two to four.

Comment Please correlate with with Clinical condition


Notes : Clinical diagnosis should not be made on the findings of a single test result, but should integrate both clinical and laboratory data.



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<b>Patient ID</b> : 022424002	<b>Sample Collected on</b> : 24-Feb-2024 9:31 AM
<b>Patient Name</b> : MRS. DRASHTI RAJNIKANT RAVAL	<b>Report Released on</b> : 24-Feb-2024 4:00 PM
<b>Age / Gender</b> : 31 Years / Female	<b>Center Name</b> : JAINIS PATHOHUB PATHOLOGY LABORATORY
<b>Ref. By</b> : HEALTH CHECK UP	 * 0 2 2 4 2 4 0 0 2 *
<b>Affiliation</b> : NAVJIVAN ICU AND MULTISPECIALITY HOSPITAL	

**DIABETES CARE**

Investigation	Result	Unit	Bio. Ref. Interval
<b>GLUCOSE - POST PRANDIAL(PP)</b>			
GLUCOSE - POST PRANDIAL	111.0	mg/dL	Normal: 80-140 Impaired Tolerance :140-199 Diabetes mellitus: ≥200

**Interpretation :**

A postprandial (PP) glucose test is a blood glucose test that determines the amount of a type of sugar, called glucose, in the blood after a meal. A 2-hour postprandial blood glucose test measures blood glucose exactly 2 hours after eating a meal, timed from the start of the meal. By this point blood sugar has usually gone back down in healthy people, but it may still be elevated in people with diabetes.

**COMMENT**

Please correlate with clinical condition

**TECHNOLOGY**

Spectrophotometry

**NOTES**

Clinical diagnosis should not be made on the findings of a single test result, but should integrate both clinical and laboratory data.


----- **END OF REPORT** -----



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MBBS, DCP, DNB PATHOLOGY

<b>Patient ID</b> : 022424002	<b>Sample Collected on</b> : 24-Feb-2024 9:31 AM
<b>Patient Name</b> : MRS. DRASHTI RAJNIKANT RAVAL	<b>Report Released on</b> : 24-Feb-2024 2:15 PM
<b>Age / Gender</b> : 31 Years / Female	<b>Center Name</b> : JAINIS PATHOHUB PATHOLOGY LABORATORY
<b>Ref. By</b> : HEALTH CHECK UP	 * 0 2 2 4 2 4 0 0 2 *
<b>Affiliation</b> : NAVJIVAN ICU AND MULTISPECIALITY HOSPITAL	

### LIPID PROFILE REPORT

Investigation	Result	Unit	Bio. Ref. Interval
<b>LIPID PROFILE REPORT</b>			
TOTAL CHOLESTEROL	151.3	mg/dL	130-200
HDL CHOLESTEROL - DIRECT	56.4	mg/dL	35-60
TRIGLYCERIDES	<b>34.8</b>	mg/dL	60 - 170
LDL CHOLESTEROL	87.9	mg/dL	Up To 150
VLDL CHOLESTEROL	7.0	mg/dL	5-40
TC/HDL CHOLESTEROL RATIO	<b>2.7</b>	Ratio	3.0-4.0
LDL / HDL RATIO	1.6	Ratio	Less Than 5

#### Interpretation :

The lipid profile is used as part of a cardiac risk assessment to help determine an individual's risk of heart disease and to help make decisions about what treatment may be best if there is borderline or high risk. Lipids are a group of fats and fat-like substances that are important constituents of cells and sources of energy. Monitoring and maintaining healthy levels of these lipids is important in staying healthy. A lipid profile typically includes: 1. Total cholesterol — this test measures all of the cholesterol in all the lipoprotein particles. 2. High-density lipoprotein cholesterol (HDL-C) — measures the cholesterol in HDL particles; often called "good cholesterol" because it removes excess cholesterol and carries it to the liver for removal. 3. Low-density lipoprotein cholesterol (LDL-C) — calculates the cholesterol in LDL particles; often called "bad cholesterol" because it d

Comment : Please correlate with clinical condition

Technology : Spectrophotometry

Notes : Clinical diagnosis should not be made on the findings of a single test result, but should integrate both clinical and laboratory data.


----- END OF REPORT -----



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<b>Patient ID</b> : 022424002	<b>Sample Collected on</b> : 24-Feb-2024 9:31 AM
<b>Patient Name</b> : MRS. DRASHTI RAJNIKANT RAVAL	<b>Report Released on</b> : 24-Feb-2024 2:16 PM
<b>Age / Gender</b> : 31 Years / Female	<b>Center Name</b> : JAINIS PATHOHUB PATHOLOGY LABORATORY
<b>Ref. By</b> : HEALTH CHECK UP	 * 0 2 2 4 2 4 0 0 2 *
<b>Affiliation</b> : NAVJIVAN ICU AND MULTISPECIALITY HOSPITAL	

### BIOCHEMISTRY

Investigation	Result	Unit	Bio. Ref. Interval
<b>LIVER FUNCTION TEST</b>			
SGPT (ALT)	25.4	IU/L	00-50 IU/L
SGOT (AST)	20.19	IU/L	Up to 50 IU/L
ALKALINE PHOSPHATASE	94.5	U/L	0.0 - 306.0 U/L
S. BILIRUBIN TOTAL	0.39	mg/dL	0.0 - 1.2 mg/dl 0.0 - 1.2 mg/dl Ascetic Fluid 0.6 - 0.8 mg/dl
S. BILIRUBIN DIRECT	0.11	mg/dL	Up to 0.5 mg/dl
S. BILIRUBIN INDIRECT	0.28	mg/dL	0.1-1.0 Mg/dl
Please correlate with clinical condition FULLY AUTO BIOCHEM ANALYSER Clinical diagnosis should not be made on the findings of a single test result, but should integrate both clinical and laboratory data			
<b>RENAL FUNCTION TEST</b>			
BLOOD UREA	16.80	mg/dL	10 - 50 mg/dL
SERUM CREATININE	0.52	mg/dL	0.50 - 1.30 mg/dL
SERUM SODIUM (NA)	138.6	mEq/L	130.00 - 150.00 mEq/L
SERUM POTASSIUM (K)	4.30	mEq/L	3.5 - 5.5 mEq/L
SERUM CHLORIDE (CL)	104.60	mEq/L	96 - 106 mEq/L


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<b>Patient ID</b> : 022424002	<b>Sample Collected on</b> : 24-Feb-2024 9:31 AM
<b>Patient Name</b> : MRS. DRASHTI RAJNIKANT RAVAL	<b>Report Released on</b> : 24-Feb-2024 3:59 PM
<b>Age / Gender</b> : 31 Years / Female	<b>Center Name</b> : JAINIS PATHOHUB PATHOLOGY LABORATORY
<b>Ref. By</b> : HEALTH CHECK UP	 * 0 2 2 4 2 4 0 0 2 *
<b>Affiliation</b> : NAVJIVAN ICU AND MULTISPECIALITY HOSPITAL	

### URINE ROUTINE MICROSCOPIC

Investigation	Result	Uni	Bio. Ref. Range
<b>PHYSICAL EXAMINATION</b>			
COLOUR	Pale Yellow		
APPEARANCE	Clear		
SPECIFIC GRAVITY	1.020		
PH	6.0		
<b>CHEMICAL EXAMINATION</b>			
ALBUMIN	Absent		
GLUCOSE	Absent		
BILE PIGMENT	Absent		
BILE SALT	Absent		
KETONE	Absent		
UROBILINOGEN	Normal		
NITRITE	Negative		
<b>MICROSCOPIC EXAMINATION</b>			
PUS CELLS	0-2	/	HPF
RBCS	NIL	/	HPF
EPITHELLIAL CELLS	0-2	/	HPF
HYALINE CAST	Absent		
GRANULAR CAST	Absent		
CALCIUM OXALATE CRYSTALS	Absent		
AMORPHOUS DEPOSIT	Absent		

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<b>Patient ID</b> : 022424002	<b>Sample Collected on</b> : 24-Feb-2024 9:31 AM
<b>Patient Name</b> : MRS. DRASHTI RAJNIKANT RAVAL	<b>Report Released on</b> : 24-Feb-2024 2:22 PM
<b>Age / Gender</b> : 31 Years / Female	<b>Center Name</b> : JAINIS PATHOHUB PATHOLOGY LABORATORY
<b>Ref. By</b> : HEALTH CHECK UP	 * 0 2 2 4 2 4 0 0 2 *
<b>Affiliation</b> : NAVJIVAN ICU AND MULTISPECIALITY HOSPITAL	

**PAP Smear Cytology**

Investigation	Result	Unit	Bio. Ref. Interval
CYTO NO :	00010		
SPECIMEN:	Cervical PAP smear		
MICROSCOPY:	Smear studied show pedominantly superficial squamous epithelial cells with few intermediate cells.the cells have pyknotic nuclei and abundant cytoplasm.Few clusters of columnar cells noted.background shows few mixed inflammatory infiltrate.there is no evidence of clue cells,candida,trichomonas,dyplasia or malignancy in the present smears studied.		
IMPRESSION :	Non specific Inflammatory pathology.(chronic cervicitis)		
SUGGESTED:	Regular follow up		

----- END OF REPORT -----



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DR.JAIMINI PATEL  
MBBS, DCP,DNB PATHOLOGY



 **GPS Map  
Camera Lite**

J93J+RMW, Manglaytan Society, Mehsana, Gujarat 384001, India

Latitude

23.604731024242938°

Longitude

72.38192827440798°

Local 09:35:38 AM

GMT 04:05:38 AM

Altitude 92 meters

Saturday, 24.02.2024



 **GPS Map  
Camera Lite**

J93J+RMW, Manglaytan Society, Mehsana, Gujarat 384001, India

Latitude

23.6046176°

Longitude

72.381745°

Local 09:35:57 AM

GMT 04:05:57 AM

Altitude 92 meters

Saturday, 24.02.2024