


# ohha

## HEALTHCARE

QUALITY LAB | DIAGNOSTIC SERVICES | MULTI SPECIALITY CLINICS

PHYSIOLOGY | MOLECULAR BIOLOGY | MICROBIOLOGY | GENETICS TESTING  
 DRUG TESTING | VACCINATION | OPD CLINIC | DIGITAL X-RAY | ECG



 **GPS Map Camera**

**Bhuj, Gujarat, India**  
 1041A, Jadhavaji Nagar, Bhuj, Gujarat 370020, India  
 Lat 23.235083°  
 Long 69.650475°  
 22/07/23 09:56 AM GMT +05:30

आयकर विभाग

INCOME TAX DEPARTMENT



भारत सरकार

GOVT. OF INDIA

BUHECHA SANGITABEN KISHORBHAI

KISHORBHAI NATHABHAI BUHECHA

09/10/1992

Permanent Account Number

CKAPB1451N

S.K. Buhecha

Signature



27042016





LAB DIVISION

Patient ID	1223241		Collected On	22/07/2023 10:10:49
Patient Name	Mrs. SANGITABEN KISHORBHAI BUHECH		Received On	22/07/2023 10:10:51
Gender / Age	Female / 30 Yrs		Released On	22/07/2023 17:55:57
Refd. By			Printed On	24/07/2023 18:07:09
Client	. Apollo Health & Lifestyle Ltd			

Investigation	Value	Unit	Biological Ref. Range
---------------	-------	------	-----------------------

HAEMATOLOGY

Peripheral Blood Smear  
Microscopy

RBC:- RBC are MILD HYPOCHROMIC Normocytic

WBC:- WBC Shows normal morphology.

PLATELET:- Platelets are adequate with normal morphology.

PARASITES:- Malaria parasites are not detected.

REMARKS:- Unremarkable P/S



Dr. Vishal Bhuva  
MBBS, MD Pathologist, HAM



LAB DIVISION

Patient ID	1223241		Collected On	22/07/2023 10:10:49
Patient Name	Mrs. SANGITABEN KISHORBHAI BUHECH		Received On	22/07/2023 10:10:51
Gender / Age	Female / 30 Yrs		Released On	22/07/2023 17:55:57
Refd. By			Printed On	24/07/2023 18:07:11
Client	. Apollo Health & Lifestyle Ltd			

Investigation	Value	Unit	Biological Ref. Range
Glucose (Fasting) GOD-PAP	93	mg/dL	60 - 110

Fasting Plasma Glucose (mg/dl)	2 hr plasma Glucose (mg/dl) Post Glucose load	Diagnosis
99 or below	139 or below	Normal
100 to 125	140 to 199	Pre-Diabetes (IGT)
126 or above	200 or above	Diabetes

Reference : American Diabetes Association.

Comment :

Impaired glucose tolerance (IGT) fasting, means a person has an increased risk of developing type 2 diabetes but does not have

it yet. A level of 126 mg/dL or above, confirmed by repeating the test on another day, means a person has diabetes.

IGT (2 hrs Post meal ), means a person has an increased risk of developing type 2 diabetes but does not have it yet. A 2-hour glucose level of 200 mg/dL or above, confirmed by repeatig the test on another day, means a person has diabetes

Plasma Glucose Goals	For people with Diabetes
Before meal	70-130 mg/dL
2 Hours after meal	Less than 180 mg/dL
HbA1c	Less than 7%



LAB DIVISION

Patient ID	1223241		Collected On	22/07/2023 10:10:49
Patient Name	Mrs. SANGITABEN KISHORBHAI BUHECH		Received On	22/07/2023 10:10:51
Gender / Age	Female / 30 Yrs		Released On	22/07/2023 17:55:57
Refd. By			Printed On	24/07/2023 18:07:13
Client	. Apollo Health & Lifestyle Ltd			

Investigation	Value	Unit	Biological Ref. Range
Glucose, Post Prandial (PP) GOD-PAP	104.0	mg/dL	70.0 - 140.0



Dr. Vishal Bhuva  
MBBS, MD Pathologist, HAM

**Note :** 1. These report are mere estimation and are liable to vary / Change in different conditions in different laboratories.  
2. The values are to be corroborated with clinical finding and any alarming or unexpected result should be referred to this lab urgently.  
3. These reports are not valid for medico legal purposes.



LAB DIVISION

Patient ID	1223241		Collected On	22/07/2023 10:10:49
Patient Name	Mrs. SANGITABEN KISHORBHAI BUHECH		Received On	22/07/2023 10:10:51
Gender / Age	Female / 30 Yrs		Released On	22/07/2023 17:55:57
Refd. By			Printed On	24/07/2023 18:07:14
Client	. Apollo Health & Lifestyle Ltd			

Investigation	Value	Unit	Biological Ref. Range
<b>COMPLETE BLOOD COUNT</b>			
Hemoglobin <small>Cynmeth Photometric Measurement</small>	11.8	gm/dL	11.5 - 15.0
Erythrocyte RBC Count <small>Electrical Impedance</small>	4.40	millions/cu.mm	3.80 - 4.80
Total Leukocyte Count (TLC) <small>Electrical Impedance</small>	<b>36.7</b>	X10 <sup>3</sup> /uL	4.0 - 11.0
Platelet Count <small>Electrical Impedance</small>	255	x10 <sup>3</sup> /uL	150 - 450
HCT <small>Electrical Impedance</small>	36.7	%	36.0 - 46.0
Mean Cell Volume (MCV) <small>Electrical Impedance</small>	83.4	fL	80.0 - 100.0
Mean Cell Haemoglobin (MCH) <small>Electrical Impedance</small>	<b>26.9</b>	pg	27.0 - 32.0
Mean Corpuscular Hb Conc. (MCHC) <small>Electrical Impedance</small>	32.2	gm/dL	32.0 - 35.0
Red Cell Distribution Width (RDW-CV) <small>Electrical Impedance</small>	12.7	%	11.5 - 14.5
<b>Differential Leukocyte Count (DLC)</b>			
Neutrophils <small>VCS</small>	56	%	40 - 80
Lymphocytes <small>VCS</small>	34	%	20 - 40
Eosinophils <small>VCS</small>	04	%	01 - 06
Monocytes <small>VCS</small>	06	%	02 - 08
Basophils <small>VCS</small>	00	%	00 - 02
Erythrocyte Sedimentation Rate (ESR) <small>Westergren's</small>	10	mm in 1hr	00 - 12

\* Test conducted on EDTA whole blood at 37 degree Celsius.  
 \* ESR is an index of the presence of the active diseases of many types.



LAB DIVISION

Patient ID	1223241		Collected On	22/07/2023 10:10:49
Patient Name	Mrs. SANGITABEN KISHORBHAI BUHECH		Received On	22/07/2023 10:10:51
Gender / Age	Female / 30 Yrs		Released On	22/07/2023 17:55:57
Refd. By			Printed On	24/07/2023 18:07:19
Client	. Apollo Health & Lifestyle Ltd			

Investigation	Value	Unit	Biological Ref. Range
---------------	-------	------	-----------------------

- \* Increased- in most infections, anaemias, injection of foreign proteins, auto-immune disorders, conditions accompanied by hyperglobunemia and hypercholesterolaemia.
- \* A rising ESR suggests a progressive disease.
- \* Decreased- in polycythemia, congestive heart failure.
- \* ESR is a useful but nonspecific marker of underlying inflammation. C-Reactive Protein(CRP) is the recommended test in a acute inflammatory conditions.



Dr. Vishal Bhuva  
MBBS, MD Pathologist, HAM

**Note :** 1. These report are mere estimation and are liable to vary / Change in different conditions in different laboratories.  
2. The values are to be corroborated with clinical finding and any alarming or unexpected result should be referred to this lab urgently.  
3. These reports are not valid for medico legal purposes.



LAB DIVISION

Patient ID	1223241		Collected On	22/07/2023 10:10:49
Patient Name	Mrs. SANGITABEN KISHORBHAI BUHECH		Received On	22/07/2023 10:10:51
Gender / Age	Female / 30 Yrs		Released On	22/07/2023 17:55:57
Refd. By			Printed On	24/07/2023 18:07:20
Client	. Apollo Health & Lifestyle Ltd			

Investigation	Value	Unit	Biological Ref. Range
Glycosylated Hb HPLC	4.9	%	
Average Plasma Glucose	94		

Interpretation :

HbA1c %

<=5.6	Normal
5.7-6.4	At Risk for Diabetes
>=6.5	Diabetes

Estimated Average Glucose (eAG) is a new way to understand how well you are managing your diabetes. Using eAG may help you get a better idea of how well you are taking care of your diabetes. And that can help you and your health care provider know what changes you may need to make to be as healthy as possible.

HbA1c %	5	5.5	6	6.5	7	7.5	8	8.5	9	10	11	12
(eAG) mg/dL	97	111	126	140	154	169	183	197	212	240	269	298

The HbA1c goal for people with diabetes is less than 7 percent. A 3 to 6 monthly monitoring is recommended in diabetics. People with diabetes should get the test done more often if their blood sugar stays too high or if their healthcare provider makes any change in the treatment plan. HbA1c concentration represents the integrated values for blood glucose over the preceding 6 -10 wks and is not affected by daily glucose fluctuation, exercise & recent food intake. It is a more useful tool for clinical management of *Diabetes mellitus* through routine monitoring & assesses compliance with therapeutic regimen.



Dr. Vishal Bhuva  
MBBS, MD Pathologist, HAM

Note : 1. These report are mere estimation and are liable to vary / Change in different conditions in different laboratories.  
2. The values are to be corroborated with clinical finding and any alarming or unexpected result should be referred to this lab urgently.  
3. These reports are not valid for medico legal purposes.





LAB DIVISION

Patient ID	1223241		Collected On	22/07/2023 10:10:49
Patient Name	Mrs. SANGITABEN KISHORBHAI BUHECH		Received On	22/07/2023 10:10:51
Gender / Age	Female / 30 Yrs		Released On	22/07/2023 17:55:57
Refd. By			Printed On	24/07/2023 18:07:22
Client	. Apollo Health & Lifestyle Ltd			

Investigation	Value	Unit	Biological Ref. Range
Blood group Gel Technique	"A" Positive		

Blood group is identified by antigens and antibodies present in the blood. Antigens are protein molecules found on the surface of red blood cells. Antibodies are found in plasma. To determine blood group, red cells are mixed with different antibody solutions to give A,B,O or AB. The test is performed by both forward as well as reverse grouping methods.

The report is of sample received. It is presumed that the sample belongs to the patient. In case of any discrepancy related to this report, contact lab.



Dr. Vishal Bhava  
MBBS, MD Pathologist, HAM

**Note :** 1. These report are mere estimation and are liable to vary / Change in different conditions in different laboratories.  
2. The values are to be corroborated with clinical finding and any alarming or unexpected result should be referred to this lab urgently.  
3. These reports are not valid for medico legal purposes.



LAB DIVISION

Patient ID	1223241		Collected On	22/07/2023 10:10:49
Patient Name	Mrs. SANGITABEN KISHORBHAI BUHECH		Received On	22/07/2023 10:10:51
Gender / Age	Female / 30 Yrs		Released On	22/07/2023 19:03:58
Refd. By			Printed On	24/07/2023 18:07:24
Client	. Apollo Health & Lifestyle Ltd			

Investigation	Value	Unit	Biological Ref. Range
<b><u>Liver Function Test</u></b>			
Billirubin – Total <small>Diazonium Salt</small>	0.60	mg/dL	0.50 - 1.90
Billirubin – Direct <small>Diazo Reaction</small>	0.16	mg/dL	0.00 - 0.50
Bilirubin, Indirect <small>Calculated</small>	0.14	mg/dL	0.10 - 1.00
Gultamic Oxaloacetic Transaminase (SGOT, AST) <small>ifcc</small>	13	U/L	10 - 31
Gultamic Pyruvic Transaminase (SGPT, ALT) <small>IFCC</small>	11	U/L	0 - 31
ALP (Alkaline Phosphatase) <small>IFCC</small>	43	U/L	40 - 150
Total Protien <small>Biuret method</small>	<b>6.3</b>	g/dL	6.6 - 8.7
Albumin <small>Bromcresol Green</small>	3.9	g/dL	3.5 - 5.2
Globulin <small>Calculated</small>	2.4	g/dL	2.3 - 3.5
A:G (Albumin:Globulin) Ratio <small>Calculated</small>	1.63		1.20 - 2.00

**Note :** 1. These report are mere estimation and are liable to vary / Change in different conditions in different laboratories.  
2. The values are to be corroborated with clinical finding and any alarming or unexpected result should be referred to this lab urgently.  
3. These reports are not valid for medico legal purposes.



LAB DIVISION

Patient ID	1223241		Collected On	22/07/2023 10:10:49
Patient Name	Mrs. SANGITABEN KISHORBHAI BUHECH		Received On	22/07/2023 10:10:51
Gender / Age	Female / 30 Yrs		Released On	22/07/2023 19:03:58
Refd. By			Printed On	24/07/2023 18:07:26
Client	. Apollo Health & Lifestyle Ltd			

Investigation	Value	Unit	Biological Ref. Range
<b><u>Kidney Function Test</u></b>			
Urea, Serum <small>Urease</small>	14	mg/dL	13 - 43
Creatinine <small>Modified jaffe's</small>	0.83	mg/dL	0.60 - 1.30
Uric Acid, Serum <small>enzymatic</small>	4.80	mg/dL	2.60 - 6.00
Calcium <small>Arsenazo III</small>	9.30	mg/dl	8.40 - 10.20
Phosphorus <small>UV PHOTOMETRIC</small>	2.86	mg/dL	2.60 - 4.50

Kidney function tests are group of tests that can be used to evaluate how well the kidneys are functioning. Creatinine is awaste product that comes from protein in the diet and also comes from the normal wear and tear of muscles of the body. Inblood, it is a marker of GFR .in urine, it can remove the need for 24-hour collections for many analytes or be used as a qualityassurance tool to assess the accuracy of a 24-hour collection Higher levels may be a sign that the kidneys are not workingproperly. As kidney disease progresses, the level of creatinine and urea in the blood increases. Certain drugs are nephrotoxicence KFT is done before and after initiation of treatment with these drugs.Low serum creatinine values are rare; they almost always reflect low muscle mass.Apart from renal failure Blood Urea can increase in dehydration and GI bleed.Reference ranges vary between laboratories.

Note : The result obtained relate only to the sample given/ received & tested. A single test result is not always indicative of a disease, it has to be correlatedwith clinical data for interpretation.



LAB DIVISION

Patient ID	1223241		Collected On	22/07/2023 10:10:49
Patient Name	Mrs. SANGITABEN KISHORBHAI BUHECH		Received On	22/07/2023 10:10:51
Gender / Age	Female / 30 Yrs		Released On	22/07/2023 19:03:58
Refd. By			Printed On	24/07/2023 18:07:29
Client	. Apollo Health & Lifestyle Ltd			

Investigation	Value	Unit	Biological Ref. Range
<b>Lipid Profile</b>			
Cholesterol TOTAL <small>CHOD-PAP</small>	145	mg/dL	Desirable < 200 Borderline 200 - 239 High Risk >= 240
Triglycerides <small>Glycerol Phosphate Oxidase</small>	43	mg/dL	Normal <150 Borderline 150-199 High 200 -499 Very High >=500
DIRECT HDL <small>Accelerator Selective Detergent</small>	61	mg/dL	Major risk factor for heart disease < 40 Negative risk factor for heart disease =>60
VLDL Cholesterol <small>Calculated</small>	9	mg/dL	0 - 30
DIRECT LDL <small>Calculated</small>	75	mg/dL	Recommended <130 Moderate Risk 130-159 High Risk >160

In High Risk Patients including patient with Diabetes (Ref.NCEP III update 2017, the desirable LDL goal is < 100mg/dl.

Total / HDL Cholesterol Ratio	2.4		Low Risk 3.3-4.4 Average Risk 4.4-7.1 Moderate Risk 7.1-11.0 High Risk >11.0
Non HDL Cholesterol <small>Calculated</small>	84.0	mg/dL	Adult Optimal <130 Above Optimal 130 -159 Borderline High 160-189 High 190 -219 Very High >=220

Lipid profile is a panel of blood tests that serves as an initial screening tool for abnormalities in lipids, such as cholesterol and triglycerides. The results of this test can identify certain genetic diseases and can determine approximate risks for cardiovascular disease, certain forms of pancreatitis. Hypertriglyceridemia is indicative of insulin resistance when present with low high-density lipoprotein (HDL) and elevated low-density lipoprotein (LDL), while elevated triglyceride is a clinical risk factor for coronary artery disease (CAD), especially when low HDL is present. Very high levels of triglycerides are defined by serum levels of 500mg/dL or greater and can be concerning for development of pancreatitis. Reference ranges vary between laboratories.



Dr. Vishal Bhuvra  
MBBS, MD Pathologist, HAM

**Note :** 1. These report are mere estimation and are liable to vary / Change in different conditions in different laboratories.  
2. The values are to be corroborated with clinical finding and any alarming or unexpected result should be referred to this lab urgently.  
3. These reports are not valid for medico legal purposes.



LAB DIVISION

Patient ID	1223241		Collected On	22/07/2023 10:10:49
Patient Name	Mrs. SANGITABEN KISHORBHAI BUHECH		Received On	22/07/2023 10:10:51
Gender / Age	Female / 30 Yrs		Released On	22/07/2023 17:55:57
Refd. By			Printed On	24/07/2023 18:07:37
Client	. Apollo Health & Lifestyle Ltd			

Investigation	Value	Unit	Biological Ref. Range
<b>Thyroid Function Test</b>			
Triiodothyronine (T3) Chemiluminescent Microparticle Immunoassay (CMIA)	1.14	ng/dl	0.69 - 2.15
Thyroxine (T4) Chemiluminescent Microparticle Immunoassay (CMIA)	117.00	ng/mL	52.00 - 127.00
Thyroid Stimulating Hormone (TSH) Chemiluminescent Microparticle Immunoassay (CMIA)	1.69	uIU/ml	0.30 - 4.50
			Euthyroid 0.25 - 5.00 Hyperthyroid < 0.15 Hypothyroid > 7.00

TSH	T3	T4	Suggested Interpretation for the Thyroid Function Tests Pattern
Raised	Within range	Within range	Raised Within Range Within Range .Isolated High TSH especially in the range of 4.7 to 15 mIU/ml is commonly associated with Physiological & Biological TSH Variability. Subclinical Autoimmune Hypothyroidism. Intermittent 14 therapy for hypothyroidism .Recovery phase after Non-Thyroidal illness"
Raised	Raised	Decreased	Chronic Autoimmune Thyroiditis Post thyroidectomy, Post radioiodine Hypothyroid phase of transient thyroiditis"
Raised or within range	Raised	Raised or within range	Interfering antibodies to thyroid hormones (anti-TPO antibodies) Intermittent 14 therapy or T4 overdose •Drug interference☒ Amiodarone, Heparin, Beta blockers, steroids, anti-epileptics
Decreased	Raised or within range	Raised or within range	Isolated Low TSH -especially in the range of 0.1 to 0.4 often seen in elderly & Range Range associated with Non-Thyroidal illness .Subclinical Hyperthyroidism .Thyroxine ingestion'
Decreased	Decreased	Decreased	Central Hypothyroidism .Non-Thyroidal illness .Recent treatment for Hyperthyroidism (TSH remains suppressed)"
Decreased	Raised	Raised	Primary Hyperthyroidism (Graves' disease). Multinodular goitre, Toxic nodule •Transient thyroiditis: Postpartum, Silent (lymphocytic), Postviral (granulomatous, subacute, DeQuervain's), Gestational thyrotoxicosis with hyperemesis gravidarum"
Decreased Within Rang	Raised	Within range	T3 toxicosis •Non-Thyroidal illness
Within range	Decreased	Within range	Isolated Low T3-often seen in elderly & associated Non-Thyroidal illness In elderly the drop in T3 level can be upto 25%.



Dr. Vishal Bhuvra  
MBBS, MD Pathologist, HAM

Note : 1. These report are mere estimation and are liable to vary / Change in different conditions in different laboratories.  
2. The values are to be corroborated with clinical finding and any alarming or unexpected result should be referred to this lab urgently.  
3. These reports are not valid for medico legal purposes.



LAB DIVISION

Patient ID	1223241		Collected On	22/07/2023 10:10:49
Patient Name	Mrs. SANGITABEN KISHORBHAI BUHECH		Received On	22/07/2023 10:10:51
Gender / Age	Female / 30 Yrs		Released On	22/07/2023 17:55:57
Refd. By			Printed On	24/07/2023 18:07:40
Client	. Apollo Health & Lifestyle Ltd			

Investigation	Value	Unit	Biological Ref. Range
---------------	-------	------	-----------------------

Urine Examination (Routine)

Physical Examination

Volume	20	mL	
Colour	PALE YELLOW		STRAW
Appearance	Clear		Turbid
pH	6.5		8.0
Specific Gravity	1.015		1.001-1.035

Chemical Examination

Urine Protein	Nil		Nil
Urine Glucose	Nil		Negative
Ketone	Negative		Negative
Nitrite	Negative		Negative
Blood	Nil		Nil
Urobilinogen	Not Increased		Not Increased
Bilirubin	Nil		Nil

Microscopic Examination.

Red Blood Cells	Occasional	/hpf	Nil
Pus Cells (WBC)	0-1	/hpf	NIL
Epithelial Cells	0-1	/hpf	Nil
Casts	Nil	/hpf	Nil
Crystals	Nil		Nil
Bacteria	Nil		Nil
Yeast	Nil		Nil
Mucous Threads	Nil		Nil
Trichomonas	Nil		Nil
Amorphous Material	Nil		Nil

\*\*\* End of Report \*\*\*



Dr. Vishal Bhuva  
MBBS, MD Pathologist, HAM



SPECIALITY LAB | DIAGNOSTIC SERVICES | MULTI SPECIALITY CLINICS

MER- MEDICAL EXAMINATION REPORT

Date of Examination	22/7/2023		
NAME	Sangeeta Chireubhai Gohil		
AGE	30	Gender	F
HEIGHT(cm)	160	WEIGHT (kg)	57.0 kg
B.P.	118/72, 89		
ECG	Normal		
X Ray	Normal		
Vision Checkup	Color Vision:	No color vision defect	
	Far Vision Ratio :	6/6	
	Near Vision Ratio :	N/6	
Present Ailments	Nil		
Details of Past ailments (If Any)	Nil		
Comments / Advice : She /He is Physically Fit	Fit		
BMI :- 22.3			

Signature with Stamp of Medical Examiner

**Dr. Ninad J. Gor**  
M.B.B.S.  
Reg. No. : G-64033



SPECIALITY LAB | DIAGNOSTIC SERVICES | MULTI SPECIALITY CLINICS


# CERTIFICATE OF MEDICAL FITNESS

This is to certify that I have conducted the clinical examination

of Songati Chiraybhai Rohil on 22/7/2023

After reviewing the medical history and on clinical examination it has been found that he/she is

	Tick
<ul style="list-style-type: none"> <li>Medically Fit</li> </ul>	<input checked="" type="checkbox"/>
<ul style="list-style-type: none"> <li>Fit with restrictions/recommendations</li> </ul> <p>Though following restrictions have been revealed, in my opinion, these are not impediments to the job.</p> <p>1.....</p> <p>2.....</p> <p>3.....</p> <p>However, the employee should follow the advice/medication that has been communicated to him/her.</p> <p>Review after _____</p>	<input type="checkbox"/>
<ul style="list-style-type: none"> <li>Currently Unfit.</li> </ul> <p>Review after _____ recommended</p>	<input type="checkbox"/>
<ul style="list-style-type: none"> <li>Unfit</li> </ul>	<input type="checkbox"/>

Dr.   
Medical Officer  
The Apollo Clinic, (Location)

*This certificate is not meant for medico-legal purposes*

**Dr. Ninad J. Gor**  
M.B.B.S.  
Reg. No. : G-64033





SPECIALITY LAB | DIAGNOSTIC SERVICES | MULTI SPECIALITY CLINICS

**Patient Name** : MRS SANGEETA BUHECHA  
**MR No** : 220704  
**Modality** : DX  
**Gender** : F  
**Age** : 30YY  
**Date** : 22/07/2023

**RAY CHEST (PA)**

Both the lung fields do not reveal any parenchymal abnormality.

Both CP angles are clear.

Cardiac size is within normal limits.

Both domes of the diaphragm appear normal.

Bony thoracic cage appears normal.

**CONCLUSION:**

**NO SIGNIFICANT ABNORMALITY DETECTED.**

ADV: Clinical correlation and further investigation. Thanks for ref...

**Dr. KRIPALSINH JADEJA**  
**M.B.,D.M.R.E**  
**RADIOLOGIST KRIBHUJ**





# SWAMINARAYAN HOSPITAL

NCD CLINIC & COUNSELLING CENTER

**Dr. Jagdish Dhanji Halai**

MBBS, D. CARDIOLOGY & DIABETOLOGY

NAME : SANGEETABEN GOHEL

AGE/SEX : 30/FEMALE

DATE : 22.07.2023

REF BY: ROHA HEALTHCARE

## 2D ECHO AND COLOUR DOPPLER STUDY

MITRAL VALVE	: NORMAL.
AORTIC VALVE	: NORMAL.
PULMONARY VALVE	: NORMAL.
TRICUSPID VALVE	: NORMAL.
AORTA	: ROOT: 18.00 MM AND AORTA ST JUNCTION: 22.00 MM. NORMAL ARCH AND WHOLE AORTA FROM ORIGINE TO BIFURCATION.
LA	: 32 MM
LV- D/LV-S	: 38/26 MM.
LVEF	: 66.00 %, RWMA PRESENT AT REST.
IVS	: INTACT, IVS: 09.00 MM.
IAS	: INTACT, PW: 09.00 MM.
AOVP	: 1.68 M/SEC. PVP: 0.80 M/SEC.
RA AND RV	: NORMAL, PA: NORMAL.
RVSP	: TR JET + RA MEAN PRESSURE: 28 MM HG TAPSE: 19.60 MM
COLOR DOPPLER STUDY	: TRIVIAL MR, TRIVAL TR, PR : NO , TRIVIAL AR. NO AS, NO MS, NO TS, NO PS. ALL VLVES ARE NORMAL WITH NORMAL HEMODYNAMIC.
MVIS	: VE/VA > 1, NO PERICARDIAL EFFUSION. <del>NO PERICARDIAL EFFUSION.</del> NO VSR, NO SCAR, NO CLOT, NO VEGETATION. NO THROMBUS IN LV/LVA.

नाम नोधामा माटे Appointment : 74074 98098

*Education is Foundation For Prevention, Prevention is better than cure*  
स्वतःस्वुर्क्षा : स्वाट आजादीनो - Swata:Sfurna : The taste of Freedom





# SWAMINARAYAN HOSPITAL

NCD CLINIC & COUNSELLING CENTER

NAME : SANGEETABEN GOHEL

DATE : 22.07.2023

**Dr. Jagdish Dhanji Halai**

AGE/SEX : 30/FEMALE  
MBBS, D. CARDIOLOGY & DIABETOLOGY


REF BY: ROHA HELATHCARE

## 2D ECHO AND COLOUR DOPPLER STUDY

### FINAL IMPRESSION:

- NORMAL LV SYSTOLIC FUNCTION WITH NORMAL LV SIZE.
- LVEF : 66.00 %, NO RWMA AT REST.  
TRIVIAL MR, TRIVIAL TR/AR, NO PR.
- NORMAL PAH, NORMAL RA/RV. NORMAL LA.
- NORMAL LV COMPLIANCE.
- NORMAL RV FUNCTION.
- NO ASD, NO VSD, NO PDA. NO PE.
- IVC : NORMAL.
- NO CHD, NO SHD, NO VHD

NOTE :

  
**Dr. Jagdish Dhanji Halai**  
MBBS, D. Cardiology & Diabetology  
Clinical Cardiologist  
Reg.No.G 42676 IG 27-200855/  
Sr.No.D-19188

नाम नोधामा माटे Appointment : 74074 98098

*Education is Foundation For Prevention, Prevention is better than cure*

स्वतःस्फुर्णा : स्वाद आजादीनो - Swata:Sfurna : The taste of Freedom



# KUTCH

## RADIOLOGY & IMAGING CENTRE

(A Division of KRIC Radio Diagnostic Pvt. Ltd.)

• Email : kric2008@gmail.com • Website : www.kric.in

**Dr. Kripalsinh Jadeja**

M.B., D.M.R.E.

Consultant Radiologist

**Patient Name :** GOHIL SANGEETABEN

**MR No :** D91125

**Modality :** US

**Gender :** F

**Age:** 30YY

**Date :** 22/07/2023

**Referred By :** ROHA HEALTH CARE

**Dr. Bhaven Shah**

M.D.

Consultant Radiologist

### USG ABDOMEN & PELVIS.

**LIVER :** Appears normal in size and echotexture. No e/o focal or diffuse lesion seen. No evidence of dilated IHBR. PV and CBD appear normal in calibre.

**GALL BLADDER :** Appears normal. No evidence of stone or cholecystitis seen.

**PANCREAS :** Appears normal in size and echotexture. No focal mass lesion or changes of pancreatitis seen.

**SPLEEN :** Appears normal in size and echotexture. No evidence of focal or diffuse lesion.

**BOTH KIDNEYS :** Appear normal in size and echotexture with preservation of corticomedullary differentiation. No evidence of calculus, hydronephrosis or mass lesion involving Either kidney.

RK: 10.6 x 3.6 cm LK: 10.4 x 4.4 cm

**URINARY BLADDER :** appears normal. No intrinsic lesion seen.

**UTERUS:** Appears normal in size and measures 7.2 x 2.8 cm and show normal echotexture. Endometrial thickness is 7.4 mm.

Both ovaries appear normal. No e/o adnexal mass lesion. Right ovary measures 3.3 x 1.5 cm. Left ovary measures 2.2 x 1.3 cm.

No evidence of ascites or paraaortic lymphadenopathy.

### **CONCLUSION:**

**\* NORMAL SONOGRAPHY STUDY OF LIVER, GB, PANCREAS, SPLEEN, BOTH KIDNEYS, U.BLADDER, UTERUS AND BOTH OVARIES.**

ADV: Clinical correlation and further investigation. Thanks for ref...

**Dr. KRIPALSINH JADEJA**

M.B., D.M.R.E

RADIOLOGIST

**KRICBHUIJ**

1.5 TESLA 196 CHANNEL MRI | 16 SLICE MDCT SCAN | 3D & 4D USG | COLOUR DOPPLER | DIGITAL X-RAY | MAMMOGRAPHY | CBCT | OPG

"KRIC", PLOT NO. 76/B, BANKER'S COLONY, MUNDRA ROAD, OPP. JUBILEE GROUND, BHUIJ - KUTCH. PINCODE - 370001.

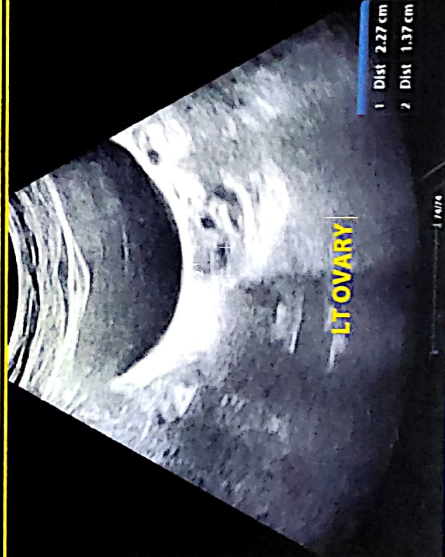
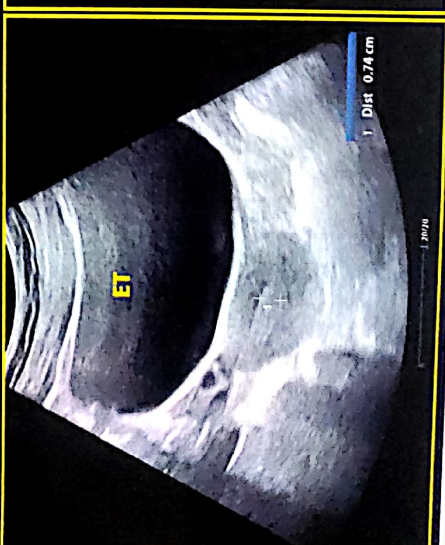
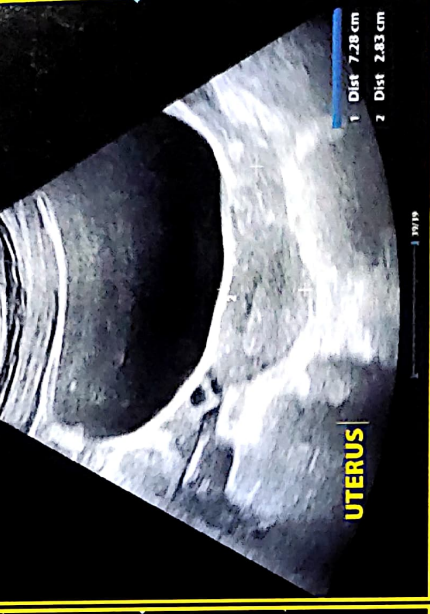
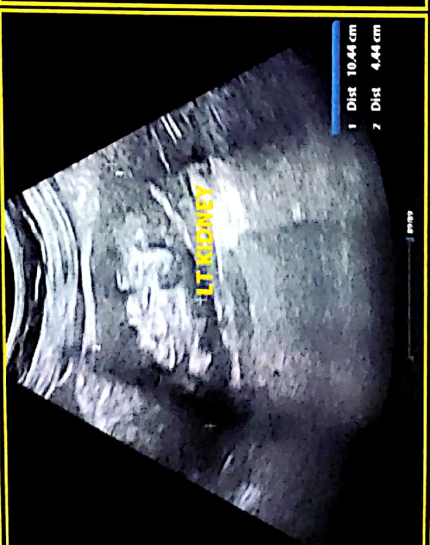
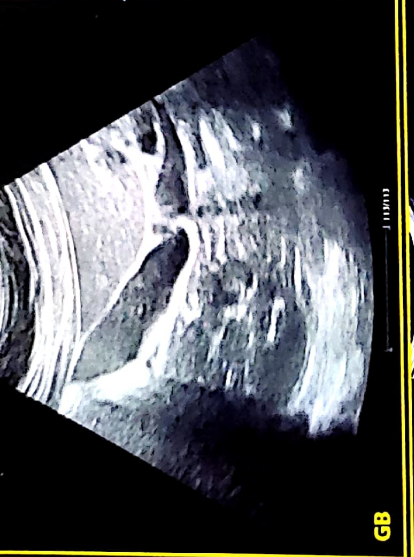
PH. : 02832 - 222178, Mob. : 84870 22178, **AMBULANCE : 81281 99249.**

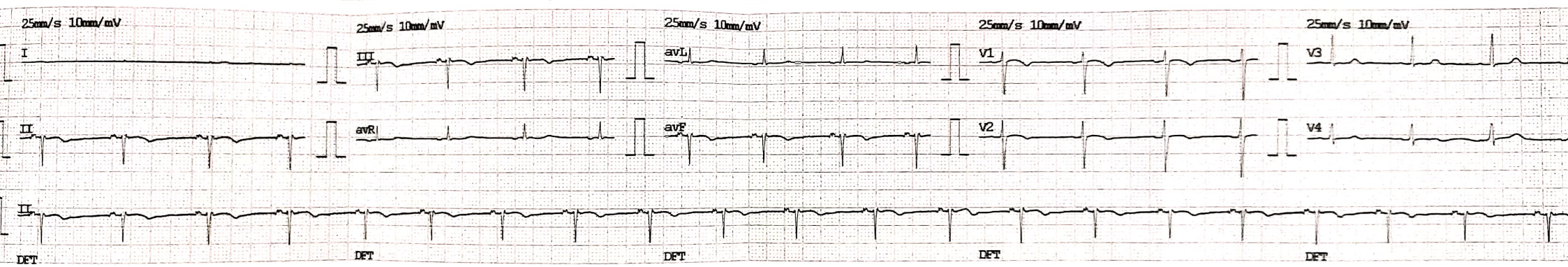


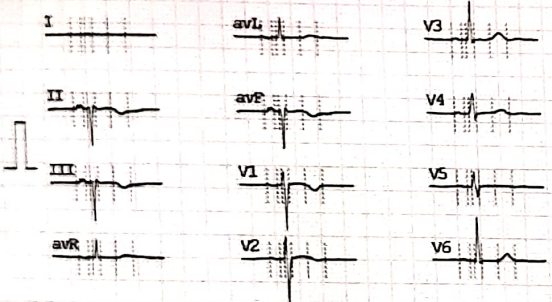
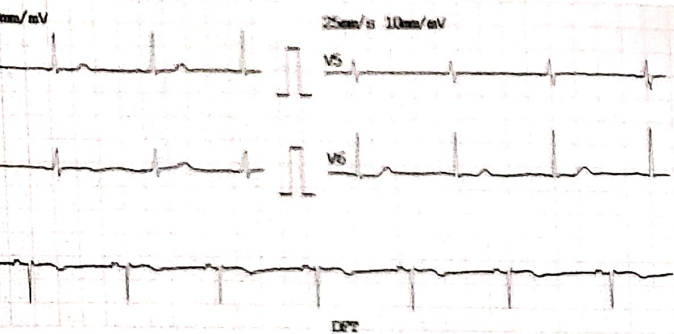
Scanned with OKEN Scanner

22 Jul 2023 Study : ABD  
Name : GOHIL SANGEETAHN 0307/E

DATE OF STUDY : 12 Jul 2023  
SCANNED BY : P. P. P.  
GODHIL SANGEETAHN  
0307123  
AGE AND SEX : 30Y / F  
65.1E  
ministry  
DC 00  
0  
P. P. P.  
0.18  
0.18  
0.18  
0.18  
0.18  
0.18  
0.18







Date : 2000-01-01 00:00:43  
 ID : 0000003  
 Name : Sundeer  
 Sex :  
 Age :  
 Weight : 57.0 kg  
 Ht : 160 cms

HR (bpm) : 70  
 PR (ms) : 128  
 P (ms) : 90  
 QRS (ms) : 68  
 T (ms) : 152  
 QT/QTc (ms) : 360/394  
 P/QRS/T : 88.0/88.2/88.5  
 R (V5)/S (V1) (mV) : 0.326/0.987  
 R (V5)+S (V1) (mV) : 1.313

<<Conclusion>>  
 Cardiac electric axis normal  
~~ST-segment MI~~



<Report need physician confirm>  
 Paul Jones  
 Rhythm



**SANGEETA BUHECHA**  
**30/F**

