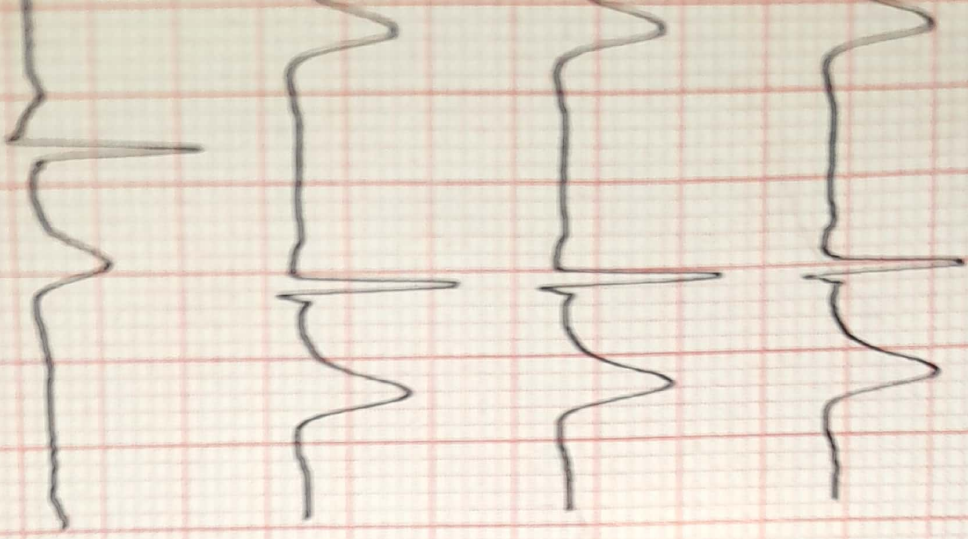


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Date : 2023-05-27 09:13:59

ID : 0000004

Name : Akshita Vyas

Sex : ..

Age : ..

Weight : ..

DR. PRANAV PATEL
M.D. PHYSICIAN
FELLOWSHIP IN MEDICAL EMERGENCY
G-71382
Consultant Physician

Akshita Vyas

<<Conclusion>>
Normal Sinus Rhythm
Cardiac electrical



FITNESS CERTIFICATE

C
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E

Name : Akshita Vyas.
Date of Birth: 17/05/2000 Age: 23 Blood Group: O+ve
Sex : Male Female | Marital Status: Married Unmarried
Address : flat 201, Preyashu residency, near
Buzar, Bhusun, Vadodara
Any allergy / Disability / Pre-existing disease:
no any allergy Date: 27/05/23.

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Height 164 Cms.	Weight 47 Kgs.	Near L.E. 6/6 R.E. 6/6 Vision: Distant L.E. 6/6 R.E. 6/6 Colour Vision: (N)	Hearing Left Ear (N) Right Ear (N)
BP: 100/60 mmHg	Pulse Rate: 76/min	Resp. Rate: 18/min	
CVS: S.S. (N)	RS: A&B&E clear	Abdomen: soft	
Any other Findings: NO			

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I Dr.: DR. Poornav Patel.
hereby certify that I have examined Mr./Ms.: Akshita Vyas.
on 27/05/23 and find him **FIT / UNFIT** for employment.
Remarks if unfit:

Signature & Seal _____ Signature of Candidate _____ Address / Tel No. _____

D
E
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N

I declare that the above information is true and correct to the best of my knowledge and I am not suffering from any disease / illness, the presence of which I have not revealed. I fully understand that any misrepresentation of this declaration could lead to the termination of my offer / appointment. In case of any discrepancy arising out of my declaration, I will undergo the medical check-up by the company's suggested doctor and their findings will be fully binding on me and action thereon towards my employment will be accepted by me.
Signature of Candidate: _____ Date: 27/05/23.





भारत सरकार
Government of India



Download Date: 09/07/2021



अक्षिता व्यास
Akshita Vyas
जन्म तिथि/DOB: 17/05/2000
महिला/ FEMALE

Issue Date: 24/12/2019

4198 4614 9139

VID : 9151 0955 0550 3434

मेरा आधार, मेरी पहचान

Akshita





NAME: MRS AKSHITA VYAS

AGE:23/FEMALE

DATE: 27/05/2023

USG FOR ABDOMEN

LIVER:

The echogenicity of the liver is normal.
There is no focal liver lesion.
There are no dilated intrahepatic biliary radicles.

GALL BLADDER:

Appears to be distended and shows no calculus or polyp in the lumen.
Wall thickness is normal.

SPLEEN:

The echogenicity of the spleen is normal.
There is no focal splenic lesion.

PANCREAS:

The echogenicity appears to be normal.
There is no free fluid in the abdomen.
There are no enlarged retroperitoneal lymphnodes.

KIDNEY:

The kidneys are normal in position, size, shape and outline.
The parenchyma is normal. Right kidney measure 85*40 cm.
Left kidney measure 89*49 cm.

BLADDER:

Bladder is well distended and shows normal wall thickness. No evidence of intraluminal mass or calculi.

UTERUS : Normal in size ,contour, and echotexture.

Both ovaries appears normal in size and echotexture. No adnexal mass lesions.

There is no evidence of ascites.

No evidence of any gross bowel mass seen.

No evidence of any aorto-caval or mesenteric root lymphadenopathy.

Appendix cannot be imaged.No mass or collection in right iliac fossa.





PATIENT NAME: MRS AKSHITA VYAS

AGE /SEX : 23/F

DATE : 27/05/2023

CONCLUSION:

- NORMAL LEFT VENTRICULAR SYSTOLIC FUNCTION
- LVEF 60%
- NORMAL CARDIAC CHAMBERS
- NO RWMA AT REST
- NO MR/NO MS
- NO TR, NO PAH (RVSP-18MMHG)
- NO AR/AS
- NO DIASTOLIC DYSFUNCTION OF LV
- NO CLOT OR VEGETATION
- NO PERICARDIAL EFFUSION
- NO ASD/VSD/CoA NOTED
- IVC -10 MM SIZE WITH MORE THAN 50% COLLAPSIVE

M:MODE

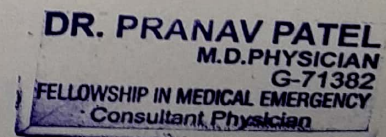
AO: 23mm	LA: 34mm	IVS:10mm
LVdd:46mm	LVds:26mm	PW:10mm

DOPPLER STUDY

MITRAL VAVLE	E : 0.59	A :0.48
AORTIC VALVE	1.08	



DR. PRANAV PATEL



Pt. Name : AKSHITA VYAS

Registered On : 27 May, 2023 10:40 AM

Age/Gender : 23 Years Female

Collected On : 27 May, 2023 10:39 AM

Patient ID : 1044

Reported On : 27 May, 2023 01:13 PM

Ref. By : Dr. BOB



MO : 5858585854

Address :

Complete Blood Count (CBC)

Investigation	Observed Value		Biological Reference Interval	Unit
HEMOGLOBIN				
Hemoglobin (Hb)	11.7	Low	12 - 15	g/dL
Total RBC Count	4.43		3.9 - 4.8	mill/cumm
BLOOD INDICES				
Packed Cell Volume (PCV)	34.5	Low	36.1 - 44.3	%
Mean Corpuscular Volume(MCV)	77.88	Low	78.2 - 97.93	fL
Mean Corpuscular Hemoglobin (MCH)	26.41	Low	27 - 33	pg/cell
Mean Corpuscular Hemoglobin Concentration (MCHC)	33.91		33 - 36	g/dL
Red cell Distribution Width (RDW)	14.1		11.5 - 16	%
WBC COUNT				
Total WBC Count	7100		4000 - 11000	cumm
DIFFERENTIAL WBC COUNT				
Neutrophils	62		40 - 70	%
Lymphocytes	33		20 - 40	
Eosinophils	02		1 - 6	%
Monocytes	03		2 - 6	%
Basophils	00			
Erythrocyte Sedimentation Rate (ESR)	12		0 - 22	mm/hr
PLATELET COUNT				
Platelet Count	246000		150000 - 450000	/cumm

 DR.ASHISH JAWARKAR
 M.D.(Pathology)

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**BLOOD GROUP****Blood Group, ABO & RH Typing**

Investigation	Observed Value	Biological Reference Interval	Unit
BLOOD GROUP, ABO & RH TYPING			
ABO Group	O		
RH Factor	POSITIVE		

The test to determine your blood group is called ABO typing. Your blood sample is mixed with antibodies against type A and B blood. Then, the sample is checked to see whether or not the blood cells stick together. If blood cells stick together, it means the blood reacted with one of the antibodies.

Rhesus (Rh) factor is an inherited protein found on the surface of red blood cells. **If your blood has the protein, you're Rh positive. If your blood lacks the protein, you're Rh negative.**

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**HBA1C**

Investigation	Observed Value	Biological Reference Interval	Unit
Glycosylated Hemoglobin(GHb/HbA1c)	5.85	4.0 - 6.0	mg/dL
Mean Blood Glucose	121.19	90 - 210 90-120 Excellent Control 121-150 Good Control 151-180 Average Control 181-210 Action Suggested >210 Panic Value	mg/dL

Comment

- 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. 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.
- Mean Plasma Glucose mg/dL = $28.7 \times A1C - 46.7$. Correlation between HbA1c and Mean Plasma Glucose (MPG) is not "perfect" but rather only this means that to predict or estimate average glucose from HbA1c or vice-versa is not "perfect" but gives a good working ballpark estimate.
- Afternoon and evening results correlate more closely to HbA1c than morning results, perhaps because morning fasting glucose levels vary much more than daytime Glucose levels, which are easier to predict and control. As per IFCC recommendations 2007, HbA1c being reported as above maintaining traceability to both IFCC (mmol/mol) & NGSP (%) units.

DR.ASHISH JAWARKAR
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Frist Floor, Towar-A, Eshantisira, Nr.Sitaram Super Market Chhani Road,Chhani Vadodara -391740

+91 7874106476, +91 9099685928 E-mail barodapathlabs23@gmail.com



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**URINE ROUTINE****Urine Examination Routine**

Investigation	Observed Value	Biological Reference Interval	Unit
PHYSICAL EXAMINATION			
Quantity	10ml	10ml	
Colour	Pale Yellow	Pale yellow	
Appearance	Clear	whitish	
PH	6.0		
Specific Gravity	1.015		
Blood	Absent		
CHEMICAL EXAMINATION			
Proteins	Absent	Nil	
Glucose	Absent	Nil	
Ketones	Absent	Nil	
Bile Pigment	Absent		
Bile salt	Absent		
MICROSCOPIC EXAMINATION			
R.B.C.	Absent		
Pus Cells	2-3/hpf		
Epithelial Cells	1-2/hpf Squamous		
Bacteria	Absent		

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**FASTING BLOOD SUGAR****FBS PP2BS**

Investigation	Observed Value	Biological Reference Interval	Unit
FBS PP2BS			
Fbs	92	70 - 110	mg/dL
PP2BS	149	High 80 - 140	mg/dL

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**LIPID PROFILE****Lipid Profile**

Investigation	Observed Value		Biological Reference Interval	Unit
CHOLESTEROL				
Total Cholesterol	221	High	150 - 199	mg/dL
Serum Triglycerides	95		0 - 150	mg/dL
HDL Cholesterol	45		42 - 88	mg/dL
LDL Cholesterol	157.00	High	0 - 100	mg/dL
VLDL Cholesterol	19.00		0 - 30	mg/dL
Non-HDL cholesterol	176.00	High	- >130 Optimal	mg/dL
RATIO				
LDL HDL Cholesterol Ratio	3.49		1.5 - 3.5	
Total-HDL Cholesterol Ratio	4.91		3.5 - 5	
Triglycerides HDL Ratio	2.11			

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Investigation	Observed Value	Biological Reference Interval	Unit
Total Cholesterol (mg/dL)	HDL Cholesterol (mg/dL)	LDL Cholesterol (mg/dL)	Triglycerides (mg/dL)
Desirable <200 Borderline High 200-239 High >240	Low <40 High <60	Optimal <100 Near Optimal 100-129 Borderline High 130-159 High 160-189 Very High > 190	Normal <150 Borderline High 150-199 High 200-499 Very High >500

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LFT

Liver Function Test (LFT)

Investigation	Observed Value	Biological Reference Interval	Unit
BILLIRUBIN			
Total Bilirubin	0.87	0 - 1.2	mg/dL
Direct Bilirubin	0.41	High 0.0 - 0.25	mg/dL
Indirect Bilirubin	0.46	0.2 - 1	mg/dL
LIVER ENZYMES			
SGPT (ALT)	14	0 - 40	IU/L
SGOT (AST)	16	0 - 31	U/L
Alkaline Phosphatase	78	60 - 320	U/L
SERUM PROTEINS			
Total Serum Protein	6.95	6.3 - 7.9	g/dL
Serum Albumin	4.26	3.5 - 5.5	g/dL
Serum Globulin	2.69	2.5 - 3.5	g/dL
A/G Ratio	1.58	1.1 - 2.1	

Clinical Information:

Liver function tests, also known as liver chemistries, help determine the health of your liver by measuring the levels of proteins, liver enzymes, and bilirubin in your blood. Having abnormal results on any of these liver tests typically requires follow up to determine the cause of the abnormalities. Even mildly elevated results can be associated with liver disease. However, these enzymes can also be found in other places besides the liver.

Talk to your doctor about the results of your liver function test and what they may mean for you.

DR. ASHISH JAWARKAR
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Address :

**THYROID SERUM HORMONS****Thyroid Function Test (TFT)**

Investigation	Observed Value	Biological Reference Interval	Unit
THYROID SERUM HORMONS			
Serum Triiodothyronine (T3)	1.43	0.6 - 1.81	ng/mL
Serum thyroxine (T4)	7.21	3.2 - 12.6	ug/dL
Thyroid Stimulating Hormone (TSH)	2.21	0.3 - 4.2	μIU/mL

**BARODA**
PATH LABSDR.ASHISH JAWARKAR
M.D.(Pathology)

Frist Floor, Towar-A, Eshantisira, Nr.Sitaram Super Market Chhani Road, Chhani Vadodara -391740

+91 7874106476, +91 9099685928 E-mail barodapathlabs23@gmail.com



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Investigation	Observed Value	Biological Reference Interval	Unit
UREA			
Urea	20.80	15 - 40	mg/dL
SERUM CREATININE			
Serum Creatinine	0.86	0.5 - 0.9	mg/dL

Note: 1) Diagnosing and monitoring treatment of acute and chronic renal disease.

2) adjusting dosage of renally excreted medications

3) Monitoring renal transplant recipients.

BUN			
BUN	9.71	7.0 - 20.0	mg/dL
URIC ACID			
Serum Uric Acid	3.36	2.6 - 6.0	mg/dL

Most uric acid is synthesized in the liver and mainly excreted by kidney. It is an end product of purine catabolism. Levels are labile and show day to day and seasonal variation in same person. Levels are also increased by emotional stress, total fasting and increased body weight. Mainly used for monitoring treatment of gout and chemotherapeutic treatment of neoplasm. Levels are increased in renal failure, gout, certain neoplastic condition (Increased cell turn over), Hemolytic anemia, toxemia of pregnancy.

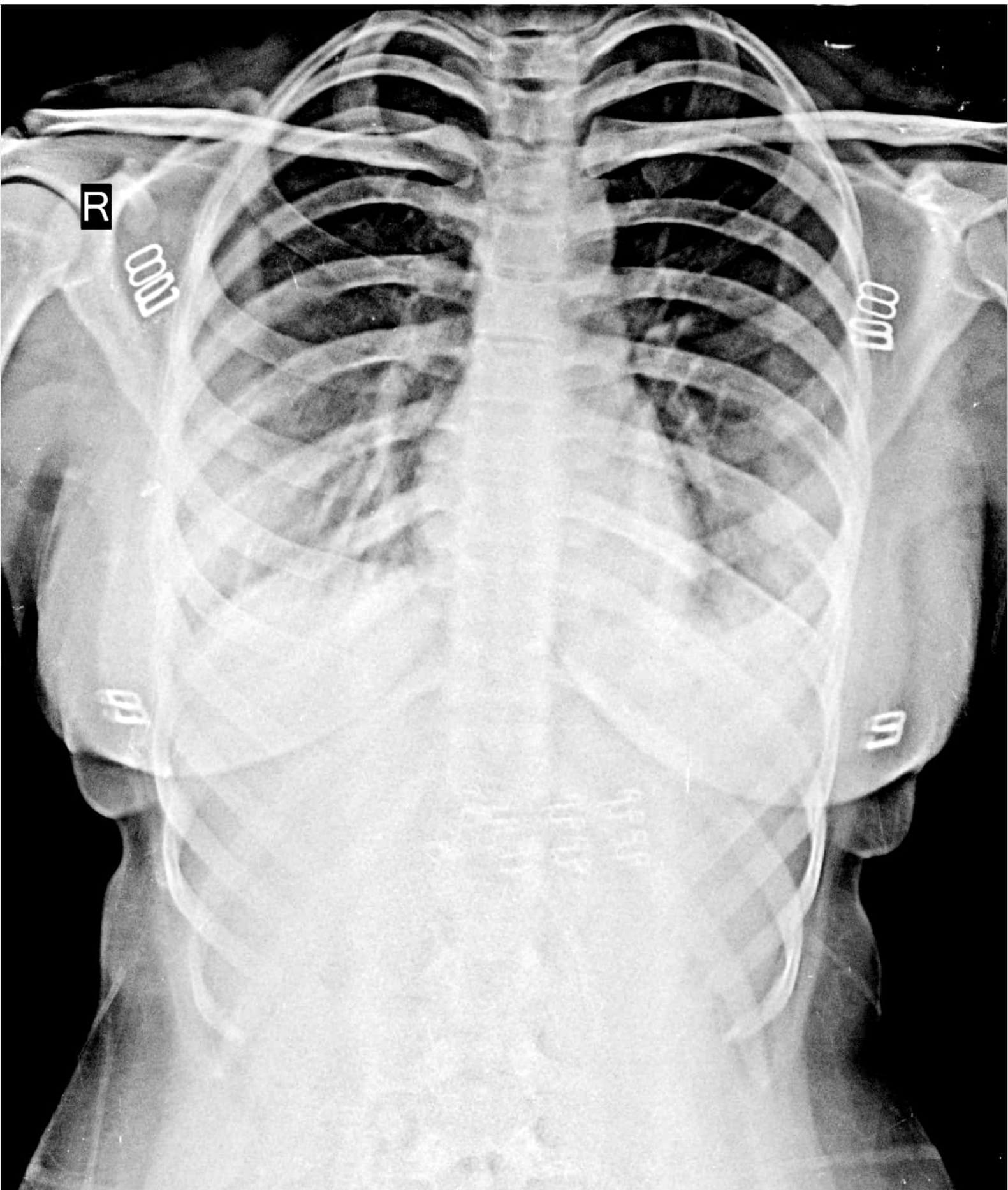
(GGT)			
Gamma Glutamyl Transferase (GGT)	26.49	5 - 36	U/L

*****End Of Report*****

DR.ASHISH JAWARKAR
M.D.(Pathology)

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AKSHITA VYAS 23Y 27052302 CHEST PA 27-05-2023
SUNNY DIGITAL X-RAY SERVICES 8758530074

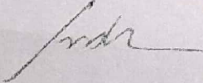
NAME	AKSHITA VYAS	AGE/SEX	23/MALE
REF. BY	CHHANI HOSPITAL	DATE	27/05/2023

X-RAY OF CHEST PA VIEW:

FINDING

BOTH LUNG FIELDS APPEAR CLEAR.
NO CONSOLIDATION OR MASS LESION IS SEEN.
BOTH CP ANGLES ARE CLEAR.
CARDIAC SIZE APPEARS WITHIN NORMAL LIMITS.
TRACHEA IS CENTRAL IN POSITION.
MEDIASTINAL SHADOW IS NORMAL.
BOTH DOMES OF DIAPHRAGM ARE NORMAL.
BONY THORAX UNDER VISION APPEARS NORMAL.

IMPRESSIONS : NO SIGNIFICANT ABNORMALITY DETECTED


DR. HIMANI VIRAPARA
Regn. No: G.28771
M.D. [Radiodiagnosis]
(CONSULTANT RADIOLOGIST)

