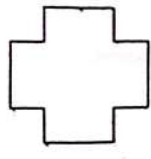


26/08/23

mediwheel



PANCHMUKHI HOSPITAL

Dr C P Dadhaniya
Dr R C Dadhaniya
MBBS, Dip.G.O, Diabetologist

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

policy number :
full name : Sweta Vinodbhai majithiya
identity proof : Aadhar card
identity proof no : 8729
gender : female
height : 150
weight : 66
B P : 110/70
pluse : 64/min Regular
blood sample : yes
fasting mode : yes
non fasting mode : yes

past history : L.S.C.S is done on 13/12/29.

dental : Healthy

Gynac : Healthy

General : Healthy

4
Sheta

C. P. DADHANIYA
 M.B.B.S. Dip.G.O.
 C.I.H., Diabetologist
 Regd. No. G19798
 PANCHMUKHI HOSPITAL
 MAVADI CHOKADI,
 150' RING ROAD RAJKOT

NAME : Sweta v. majithiya
AGE/GENDER: 33/female

DIAG. DATE: 26/08/23

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 :

Dr. C. P. Dadhaniya

4
Sweta

C. P. DADHANIYA
M.B.B.S., D.G.O.
C.I.C. Ophthalmologist
Regd. No. G19798
PANCHMUKHI HOSPITAL
MAVADI CHOKADI,
150' RING ROAD RAJKOT.

Fwd: Health Check up Booking Confirmed Request(bobE44283),Package Code-
PKG10000283, Beneficiary Code-41997

sweta majithiya <sweta.majithiya@gmail.com>

Fri 25-Aug-23 11:27 AM

To:RMC CHOWK BRANCH, RAJKOT <DHEBAR@bankofbaroda.com>

You don't often get email from sweta.majithiya@gmail.com. [Learn why this is important](#)

****सावधान: यह मेल बैंक डोमेन के बाहर से आया है. अगर आप प्रेषक को नहीं जानते तो मेल में दी गयी दि
CAUTION: THIS MAIL IS ORIGINATED FROM OUTSIDE OF THE BANK'S DOMAIN. DO NOT

----- Forwarded message -----

From: **Mediwheel** <wellness@mediwheel.in>

Date: Wed, 16 Aug, 2023, 15:15

Subject: Health Check up Booking Confirmed Request(bobE44283),Package Code-PKG10000283,
Beneficiary Code-41997

To: <sweta.majithiya@gmail.com>

Cc: <customer-care@mediwheel.in>

011-41195959

[Email:wellness@mediwheel.in](mailto:wellness@mediwheel.in)

Dear **MS. MAJITHIYA SWETA VINODBHAI**,

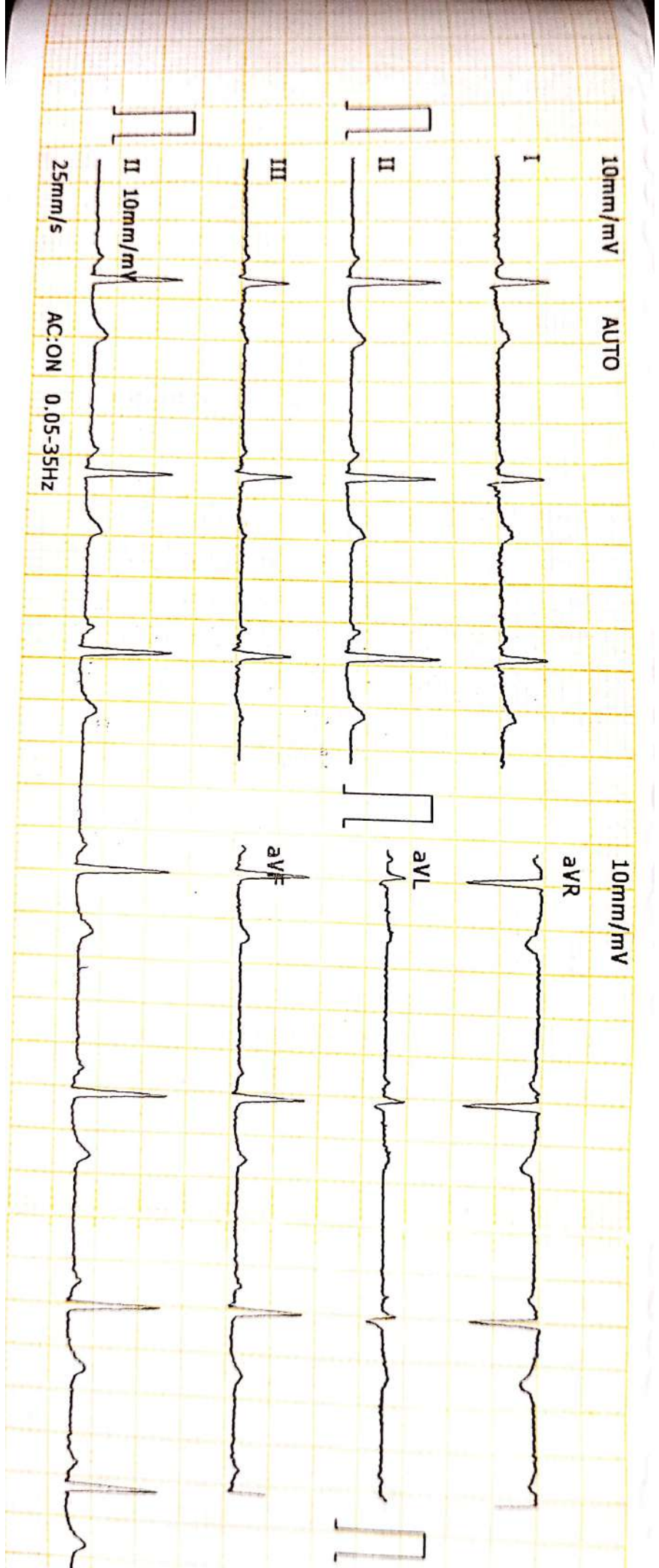
Please find the confirmation for following request.

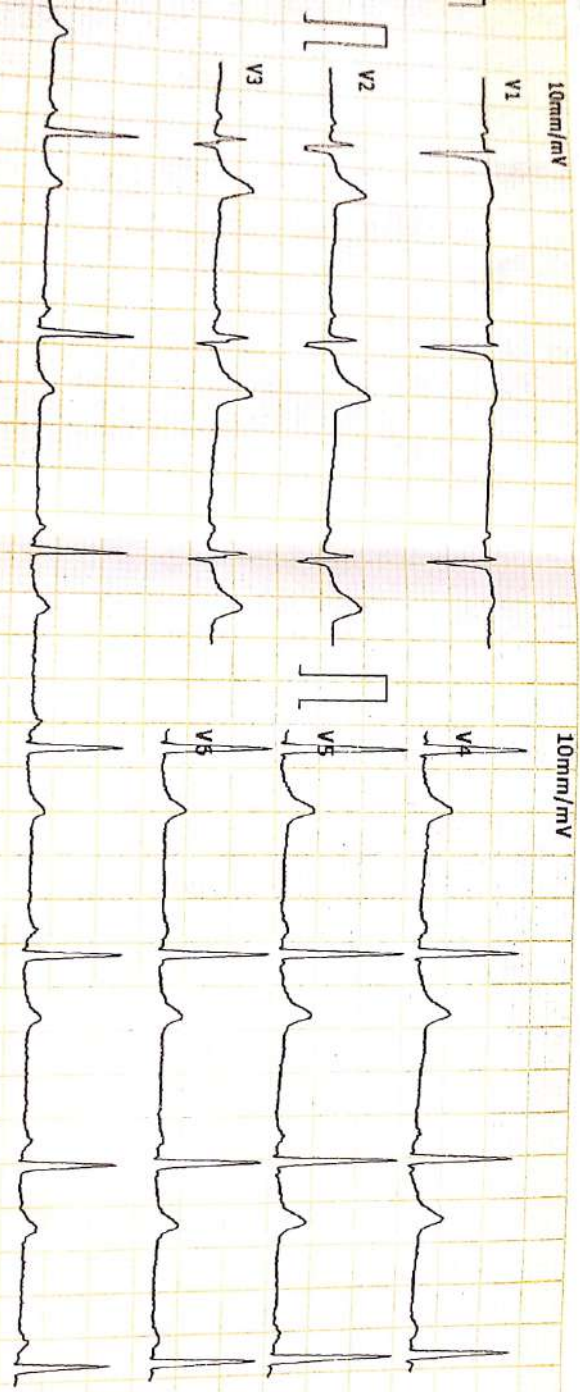
Booking Date : 16-08-2023
Package Name : Medi-Wheel Full Body Health Checkup Female Below 40/Pap Smear
Name of Diagnostic/Hospital : Panchmukhi Hospital
Address of Diagnostic/Hospital : Poonam Society, Mavdi , Chokadi , 150 Ring Road, Oppo. BRT Bus Stand - 360005
Contact Details : 9925333639
City : Rajkot
State : Gujarat
Pincode : 360005
Appointment Date : 26-08-2023
Confirmation Status : Confirmed

Sweta

C. P. DADHANIYA
M.P.H.S. D.G.O.
C.I.H., Diabetologist
Regd. No. G19798
PANCHMUKHI HOSPITAL
MAVADI CHOKADI,
150' RING ROAD RAJKOT







10mm/mV

2023-8-26 9:21:18

ID: 00003397

ID Card: _____
 Name: Sudeta
 Age: 33
 Weight(Kg): _____
 Height(cm): _____
 Gender: male
 BP(mmHg): _____

HR..... bpm 63
 P-R..... ms 110
 Q-R-S..... ms 86
 QT/QTc..... ms 393/400
 P/QRS/T AXES..... deg 65/61/46
 R/S/SV1..... PANCHMUKHI HOSPITAL 1.35/0.68
 R/S+SV1..... MAVADI CHOKADI, 2.03

*The result must be confirmed by doctor RAJKOT

Report Confirmed by: *Sudeta*



भारत सरकार

GOVERNMENT OF INDIA



श्वेता विनोदभाई मज्ठीया

Sweta Vinodbhai Majithiya

जन्म तारीख/DOB: 09/11/1989

स्त्री/ FEMALE



5422 3901 8719

भारी आधार, भारी ओलप



भारतीय विशिष्ट पहचान प्राधिकरण
UNIQUE IDENTIFICATION AUTHORITY OF INDIA

Download Date: 06/12/2017

सम्बन्धः

मातृ छाया, मीरा नगर - 2, टीवीअंस शो रूम रोड,
७ आर्डी सी कॉर्नर पास, पोर्बंदर, पोर्बंदर,
गुजरात - 360577

Address :

Matru chhaya, Mira Nagar
- 2, TVS Show Room
Street, Near G I D C
Corner, Porbandar,
Porbandar,
Gujarat - 360577

5422 3901 8719



1947
1800 300 1947



help@uidai.gov.in

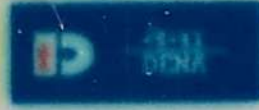
WWW

www.uidai.gov.in

P.O. Box No.1947,
Bengaluru-560 001



बंक ऑफ बड़ोदा
Bank of Baroda



नाम
Name **SWETA MAJITHIYA**

कर्मचारी कूट सं.
E.C. No. **171627**

S. K. Rathod

(S. K. Rathod)
जारीकर्ता प्राधिकारी
Issuing Authority



Sweta

धारक के हस्ताक्षर
Signature of Holder



*Mediwheel sweta
ma jithiya*



GPS Map

Camera Lite

1/13 udaynagar B/h indraprashth hall, Mavdi Main
Road, Poonam Society, Chandreshnagar, Rajkot, Gujarat
360004, India

Latitude

22.2661111°

Longitude

70.7846792°

Local 09:21:59 AM

GMT 03:51:59 AM

Altitude 146 meters

Saturday, 26.08.2023



Scanned with OKEN Scanner

PATIENT NAME: SWETA MAJITHIYA

DATE: 26 August 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 normal in size, shape and position. Endometrial thickness measures 5.0 mm. Endometrial & myometrial echotexture is normal. No focal lesion is seen
- **BOTH OVARIES** are normal in size & echotexture. No focal solid or cystic lesions are seen. 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 angle is clear.

CONCLUSION:

- **No significant abnormality seen in present study.**

Thanks for reference.



DR PRATIK KAGATHARA
MD

Krishna Arcade, 150 Feet Ring Road, Opp. Om Nagar (BRTS), Rajkot. Mo. 72838 42020

Pt.'s Name: SWETA MAJITHIYA

Date: 26 August, 2023

Radiograph of chest (PA view)

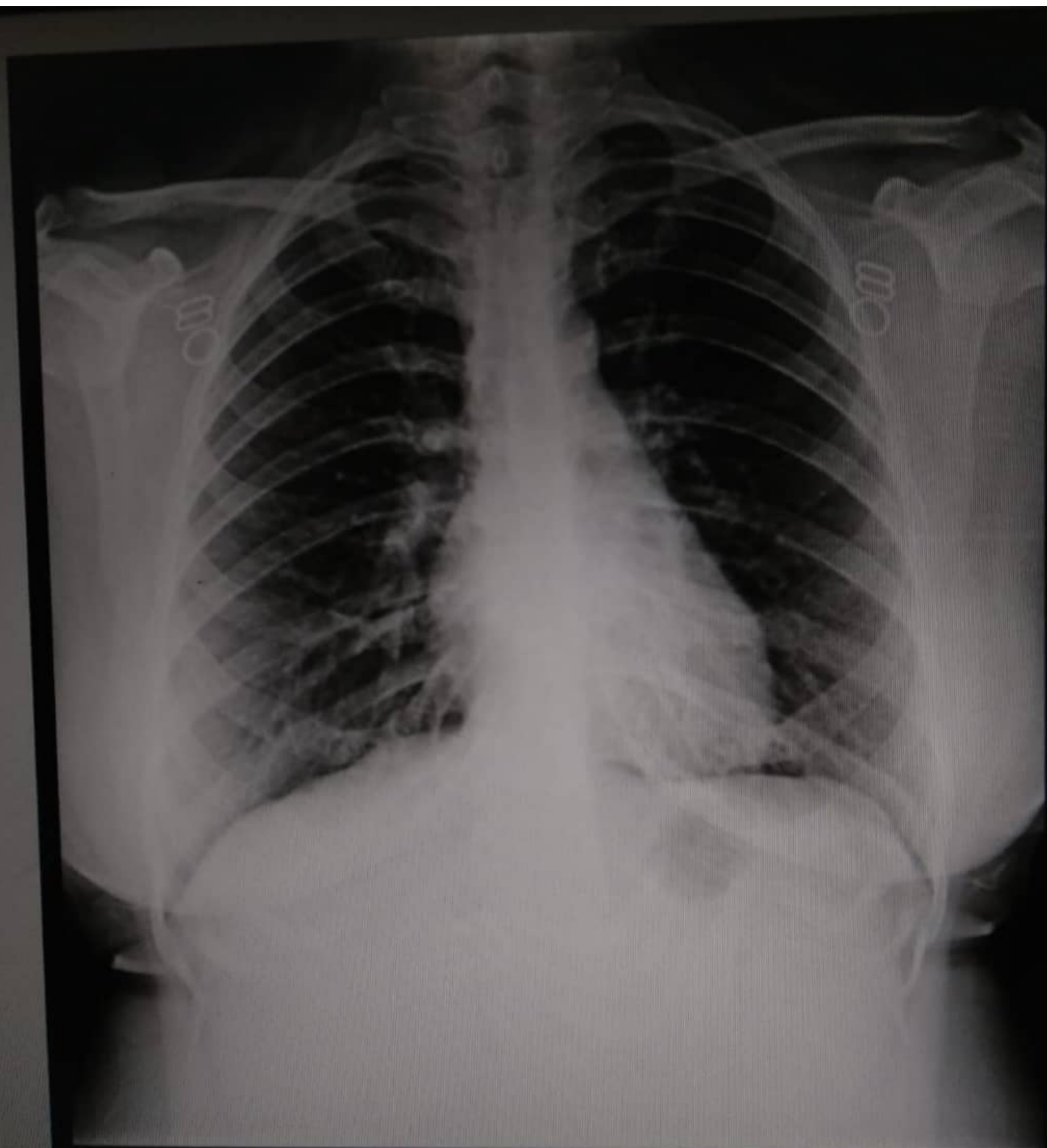
- *Both the lung fields are clear.*
- *No e/o consolidation, cavitations or collapse.*
- *Both the hila appears normal*
- *Both costophrenic angles appear clear.*
- *Both domes of diaphragm appear normal.*
- *Cardiac size is within normal limit.*
- *Bones underview reveals no evident abnormality.*

Thanks for reference.

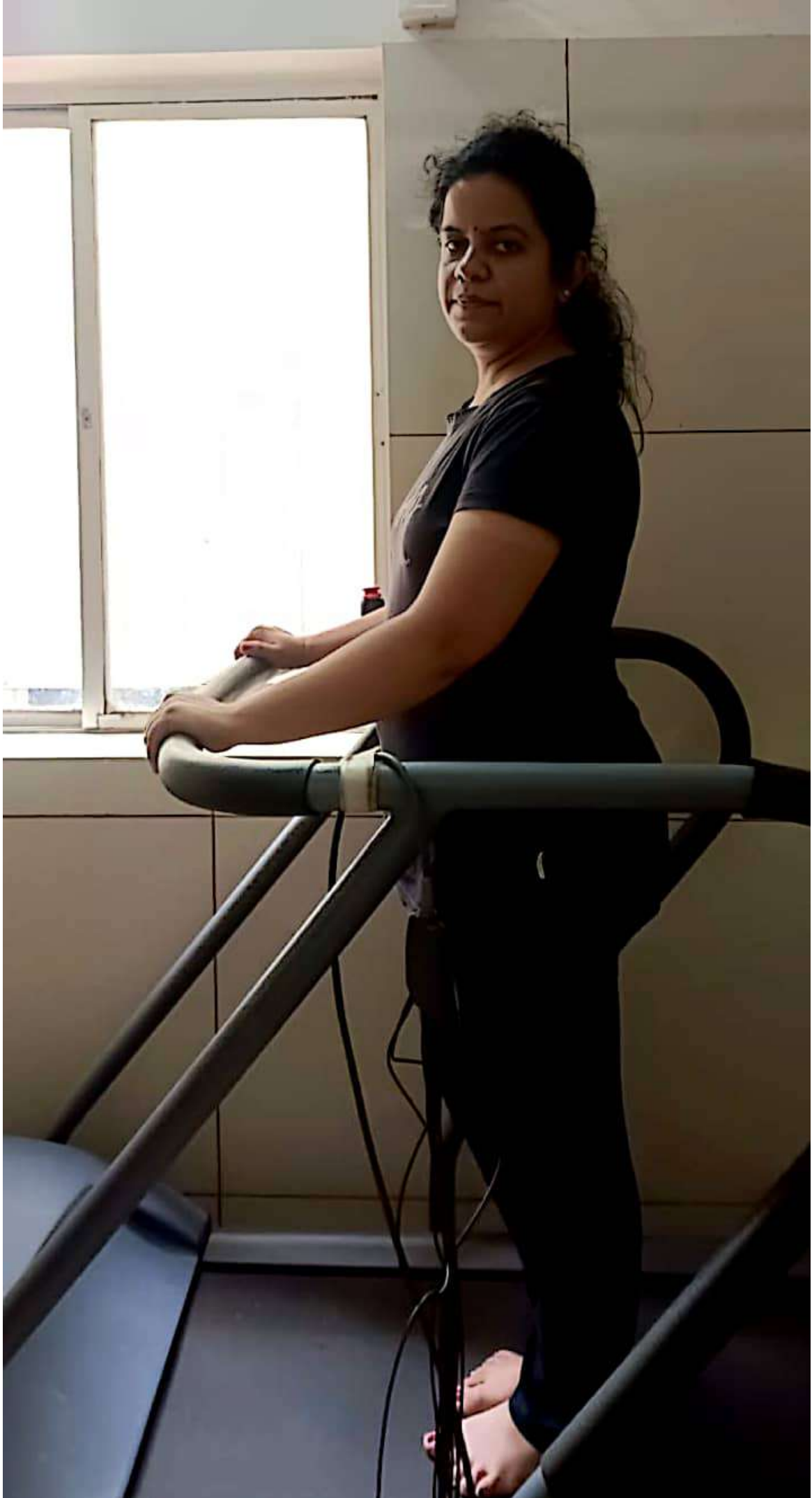


DR. PRATIK KAGATHARA
MD

Krishna Arcade, 150 Feet Ring Road, Opp. Om Nagar (BRTS), Rajkot. Mo. 72838 42020



SWETA MAJITHIYA 33 Y/F CHEST PA 26-Aug-23
NEELKANTH DIAGNOSTICS - RAJKOT (DR. PRATIK KAGATHARA)



Tread Mill Test

Patient Name	:	Sweta Majithiya	Age	:	33yrs/M
OPD/IPD	:	OPD	ID. No.	:	
Ref. By	:	Dr. C.P.Dadhaniya	Resting BP	:	120/80
Report Date	:	26/08/2023	Max. BP	:	160/80

Patient Reaches exercise limit at 7.30 METS.

No signs of ischemia at the exercise level and during recovery phase.

Adequate increase of HR & BP.

No significant Arrhythmia.


The stress test was terminated after 6:18 minutes as patient complained of Fatigue.
Patient achieved 85% THR without chest pain.

The recovery was uneventful.

Fair effort tolerance.

Conclusion: - The stress test is NEGATIVE for exercise induced myocardial ischaemia.

DR. MAULIK HANSALIA
M.B.B.S., PG DIPLOMA CLINICAL CARDIOLOGY


CURE CARDIOLOGY CLINIC
DR. NISHANT SIRODARIYA
2nd floor, Kansagra Hospital,
Astron Chowk, RAJKOT.
M.B.B.S., PG DIPLOMA CLINICAL CARDIOLOGY
Ph.. 0281-2483799

CURE CARDIOLOGY CLINIC

2nd floor, Kansagra Hospital, Astron Chowk, Sardarnagar main road, RAJKOT - 360 001. Ph. 0281-2483799, M. 93 13 12 19 87

CURE CARDIOLOGY CLINIC

Summary

2378 / SWETA MAJITHIYA
33 Yrs / Female
26-Aug-2023 11:41:57 AM

Protocol : BRUCE

Medication :
Ref:By : DR C P DADHANIYA

Objective :
History :

Stage	StageTime (Min:Sec)	PhaseTime (Min:Sec)	Speed (kmph)	Grade (%)	METS	H.R. (bpm)	B.P. (mmHg)	R.P.P. x100	PVC	Comments
Supine					1.0	81	120/80	97	-	
Standing					1.0	76	120/80	91	-	
HV					1.0	82	120/80	98	-	
HV					1.0	81	120/80	97	-	
ExStart					1.0	79	120/80	94	-	
Stage 1	3:00	3:01	4.3	10.0	4.6	127	130/80	165	-	
Stage 2	3:00	6:01	6.4	12.0	7.0	149	130/80	193	-	
PeakEx	0:17	6:18	8.8	14.0	7.3	159	130/80	206	-	
Recovery	1:00		0.0	0.0	1.1	119	130/80	154	-	
Recovery	2:00		0.0	0.0	1.0	95	140/80	133	-	
Recovery	3:00		0.0	0.0	1.0	91	130/80	118	-	
Recovery	3:37		0.0	0.0	1.0	80	130/80	104	-	

Findings :

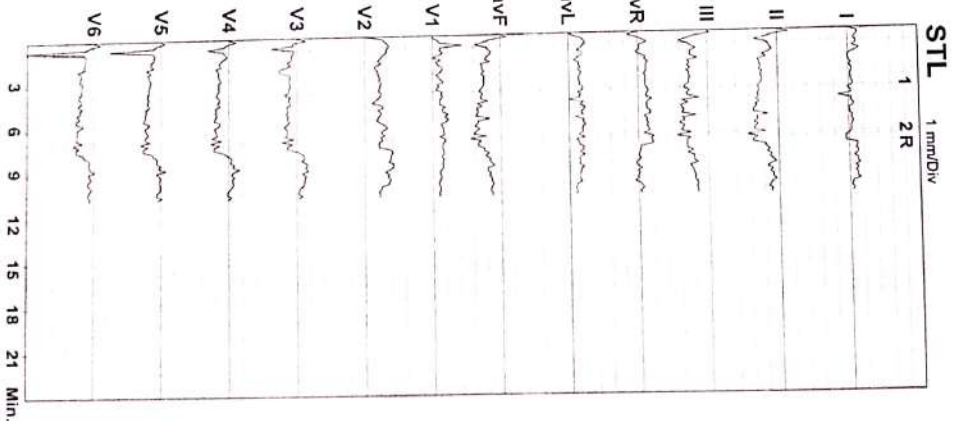
Exercise Time : 6:18 minutes
Max HR attained : 178 bpm 95% of Target 187
Max BP : 140/80(mmHg)
Max Workload attained : 7.3 (Fair Effort Tolerance)
No significant ST segment changes noted during exercise or recovery.
No Anginal/Arrhythmic/S3/murmur
Final Impression : Test is negative for inducible ischaemia.

Advice/Comments:

7RECORDERS AND MEDICARE SYSTEMS, CHANDIGARH

1

DR. NISHANT SIRODARIYA / DR. MAULIK HANSALI



CURE CARDIOLOGY CLINIC
2ND FLOOR, KANSAGRA HOSPITAL, ASTRON CHOWK, RAJKOT.
2378 / SWETA MAJITHIYA
33 Yrs / Female
0 Kg / 0 Cm/
Date: 26-Aug-2023 11:41:57 AM

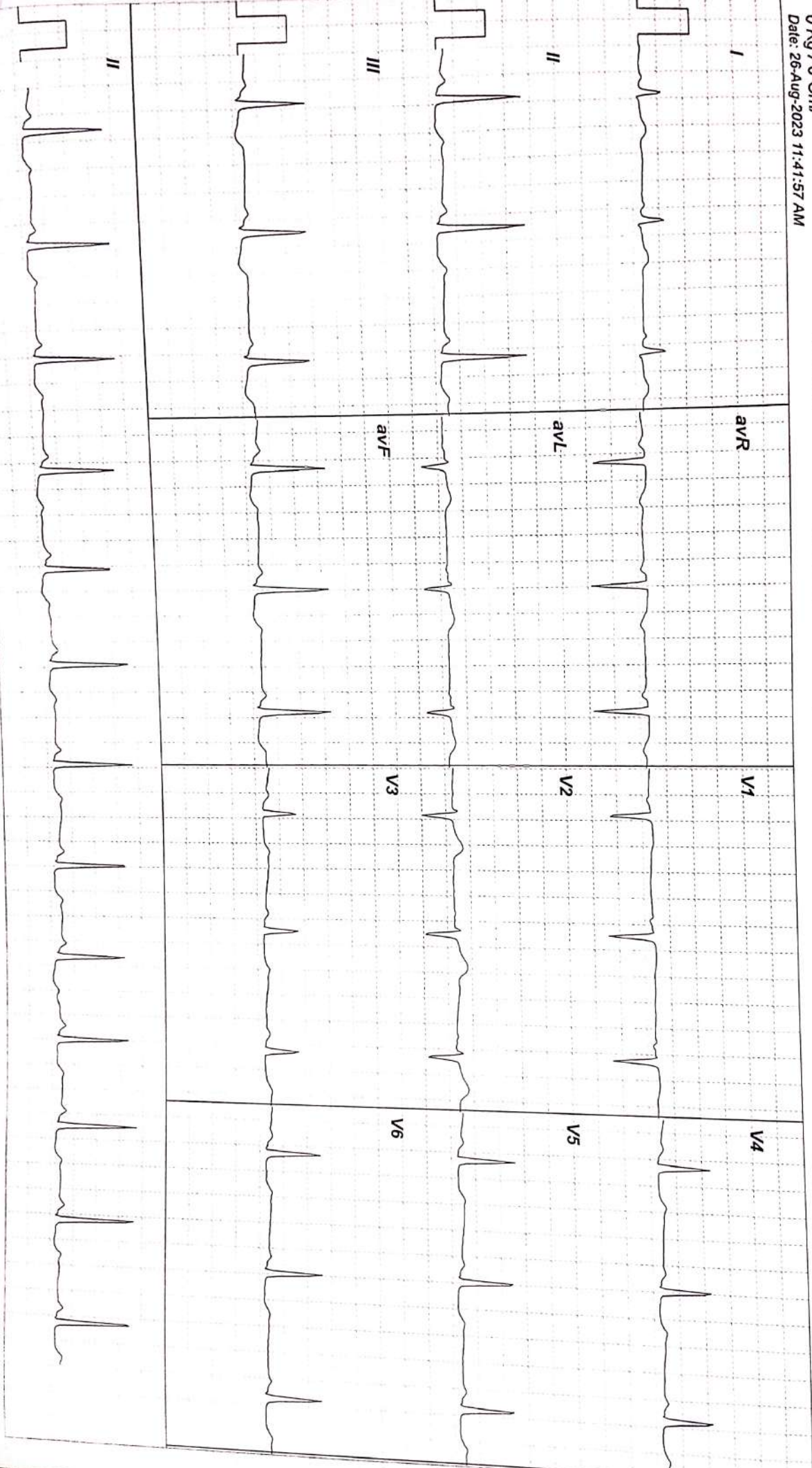
HR: 81 bpm
METs: 1.0
BP: 120/80

Raw ECG
Tgt HR: 43% of 187
Speed: 0.0 mpm,
Grade: 0.0%

Ex Time 00:14
BLC: On
Notch: On

Supine
1.0 Cm/mV
25 mm/Sec.

3x4+1 Rhythm Lead



3x4+1 Rhythm Lead

CURE CARDIOLOGY CLINIC
2ND FLOOR, KANSAGRA HOSPITAL, ASTRON CHOWK, RAJKOT.
2378 / SWETA MAJITHIYA
33 Yrs / Female
0 Kg / 0 Cm/

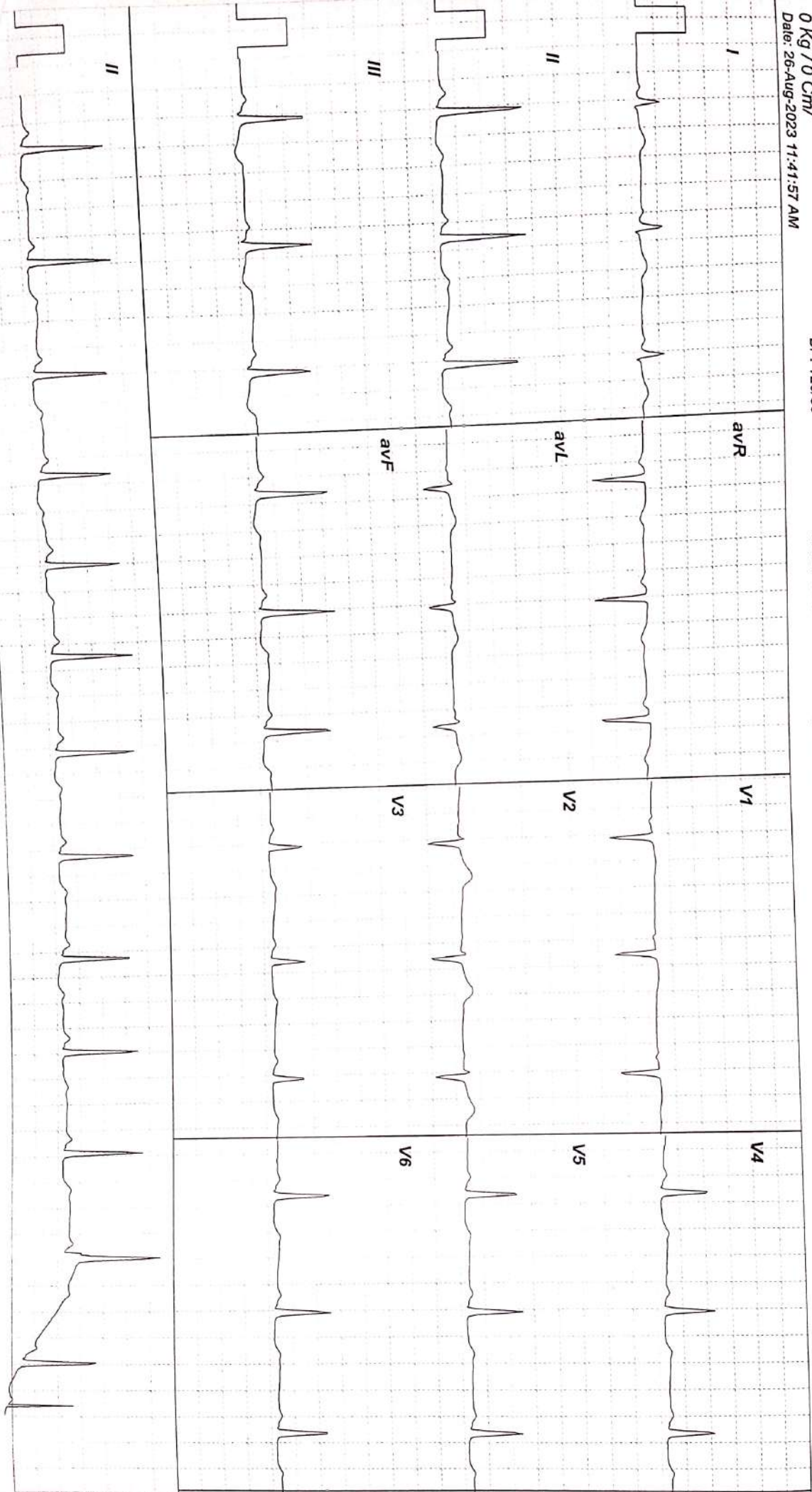
Date: 26-Aug-2023 11:41:57 AM
HR: 76 bpm
METS: 1.0
BP: 120/80

Tgt HR: 40% of 187
Speed: 0.0 mph,
Grade: 0.0%

Raw ECG
Protocol: BRUCE
(0.05-100)Hz

Ex Time 00:18
BLC: On
Notch: On

Standing
1.0 Cm/mV
25 mm/Sec.



3x4+1 Rhythm Lead

CURE CARDIOLOGY CLINIC
2ND FLOOR, KANSAGRA HOSPITAL, ASTRON CHOWK RAJKOT.
2378 / SWETA MAJITHIYA
33 Yrs / Female
0 Kg / 0 Cm/
Date: 26-Aug-2023 11:41:57 AM

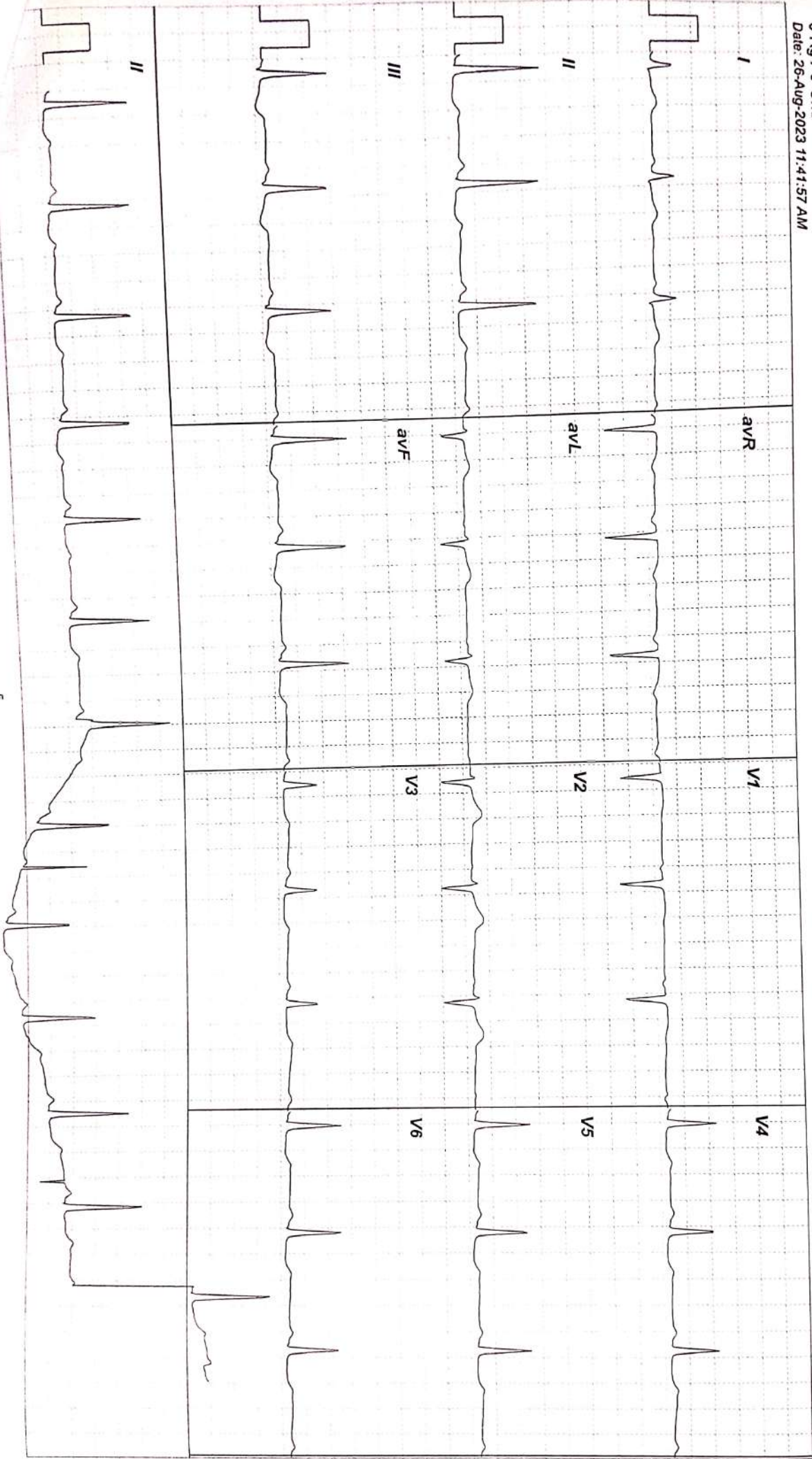
HR: 82 bpm
METS: 1.0
BP: 120/80

Tgt HR: 43% of 187
Speed: 0.0 mph,
Grade: 0.0%

Raw ECG
Protocol: BRUCE
(0.05-100)Hz

Ex Time 00:22
BLC: On
Notch: On

HV
1.0 Cm/mV
25 mm/Sec.



CURE CARDIOLOGY CLINIC
2ND FLOOR, KANSAGRA HOSPITAL, ASTRON CHOWK, RAJKOT.
2378 / SWETA MAJITHIYA
33 YRS / Female
0 Kg / 0 Cm/
Date: 26-Aug-2023 11:41:57 AM

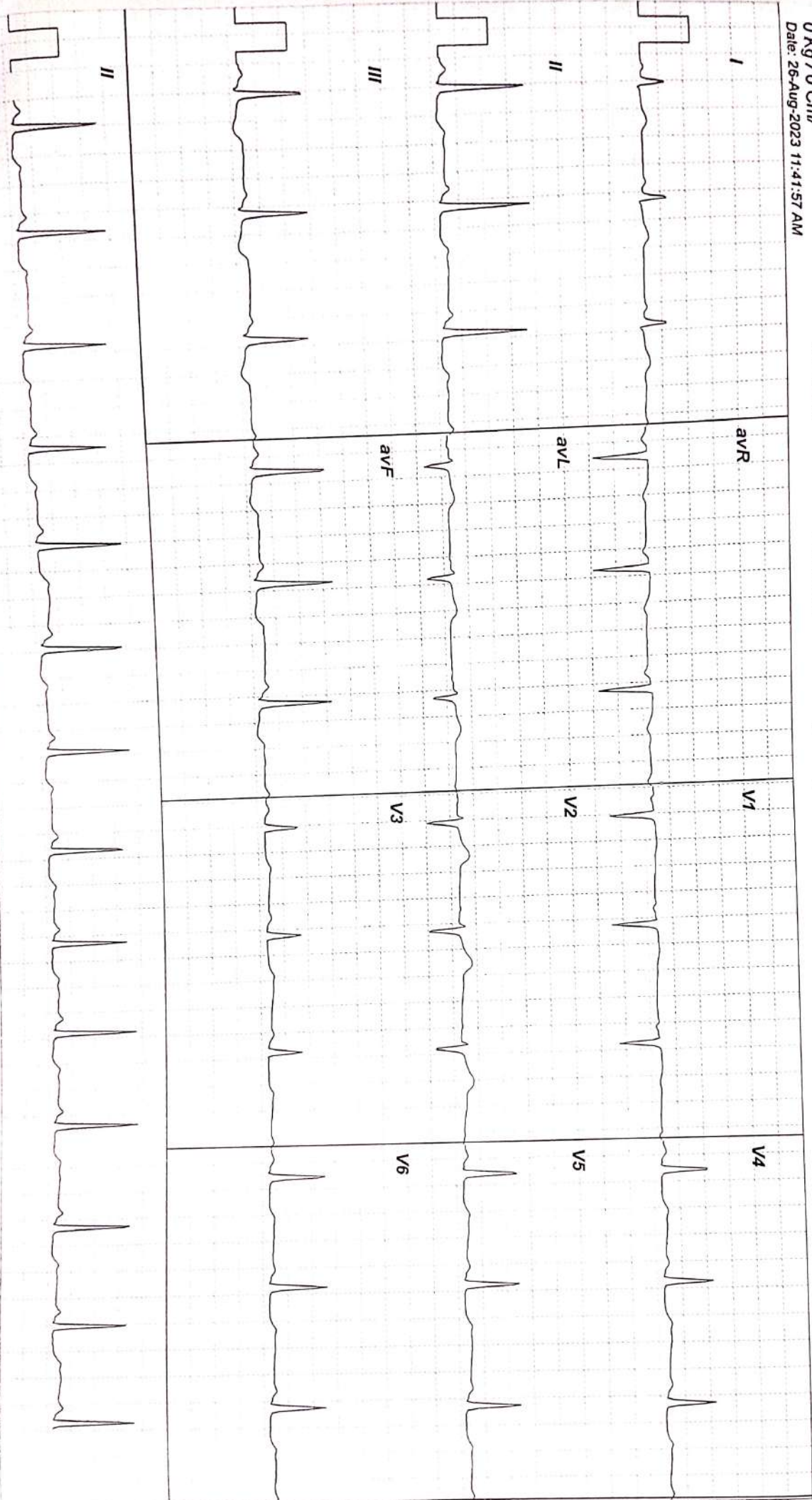
HR: 81 bpm
METs: 1.0
BP: 120/80

Raw ECG
Tgt HR: 43% of 187
Speed: 0.0 mph
Grade: 0.0%

Ex Time 00:43
BLC : On
Notch : On

HV
1.0 Cm/mV
25 mm/Sec.

3x4+1 Rhythm Lead



3x4+1 Rhythm Lead

BRUCE: Stage 1 (3:00)

1.0 Cm/mV
25 mm/Sec.

Ex Time 03:00
BLC: On
Notch: On

Raw ECG
Protocol: BRUCE
(0.05-100)Hz

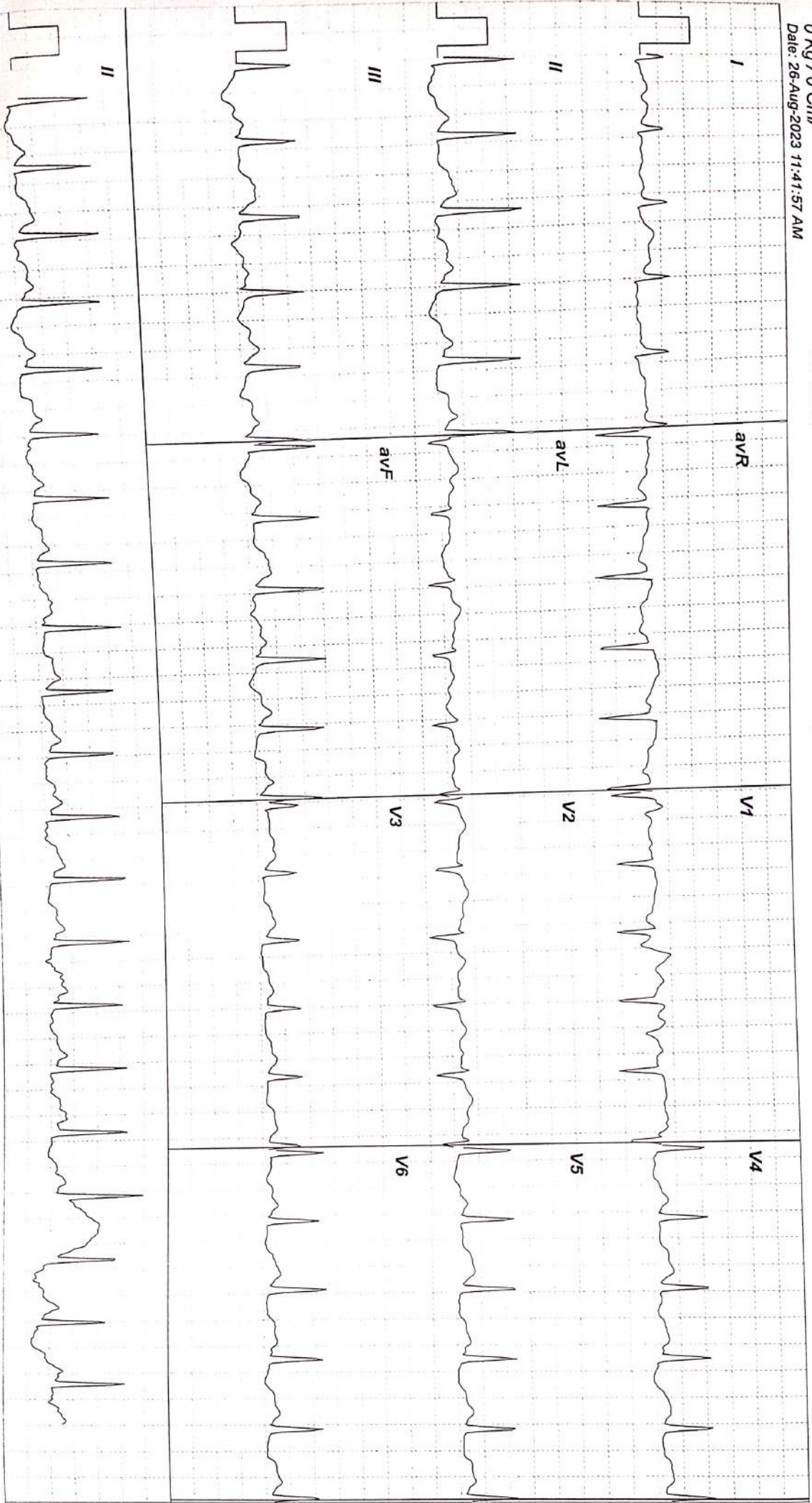
Tgt HR: 67% of 187
Speed: 2.7 mph,
Grade: 10.0%

HR: 127 bpm
METs: 4.6
BP: 130/80

CURE CARDIOLOGY CLINIC
2ND FLOOR, KANSAGRA HOSPITAL, ASTRON CHOWK, RAJKOT.

2378 / SWETA MAJITHIYA
33 Yrs / Female
0 Kg / 0 Cm/

Date: 26-Aug-2023 11:41:57 AM



CURE CARDIOLOGY CLINIC
2ND FLOOR, KANSAGRA HOSPITAL, ASTRON CHOWK, RAJKOT.
2378 / SWETA MAJITHIYA
33 Yrs / Female
0 Kg / 0 Cm/
Date: 26-Aug-2023 11:41:57 AM

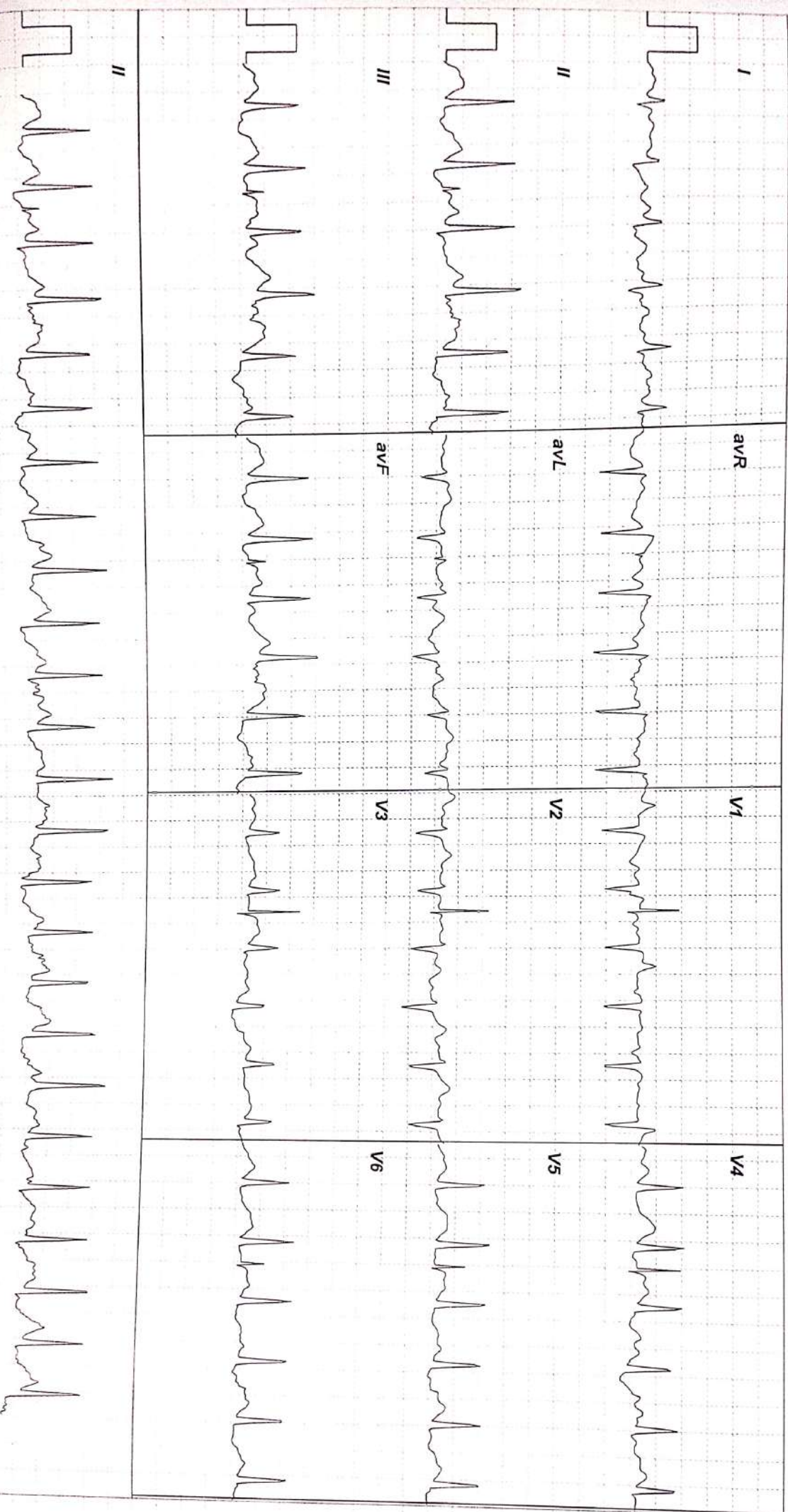
HR: 149 bpm
METs: 7.0
BP: 130/80

Tgt HR: 79% of 187
Speed: 4.0 mph,
Grade: 12.0%

Raw ECG
Protocol: BRUCE
(0.05-100)Hz

Ex Time 06:00
BLC: On
Notch: On

3x4+1 Rhythm Lead
BRUCE: Stage 2(3:00)
1.0 Cm/mV
25 mm/Sec.



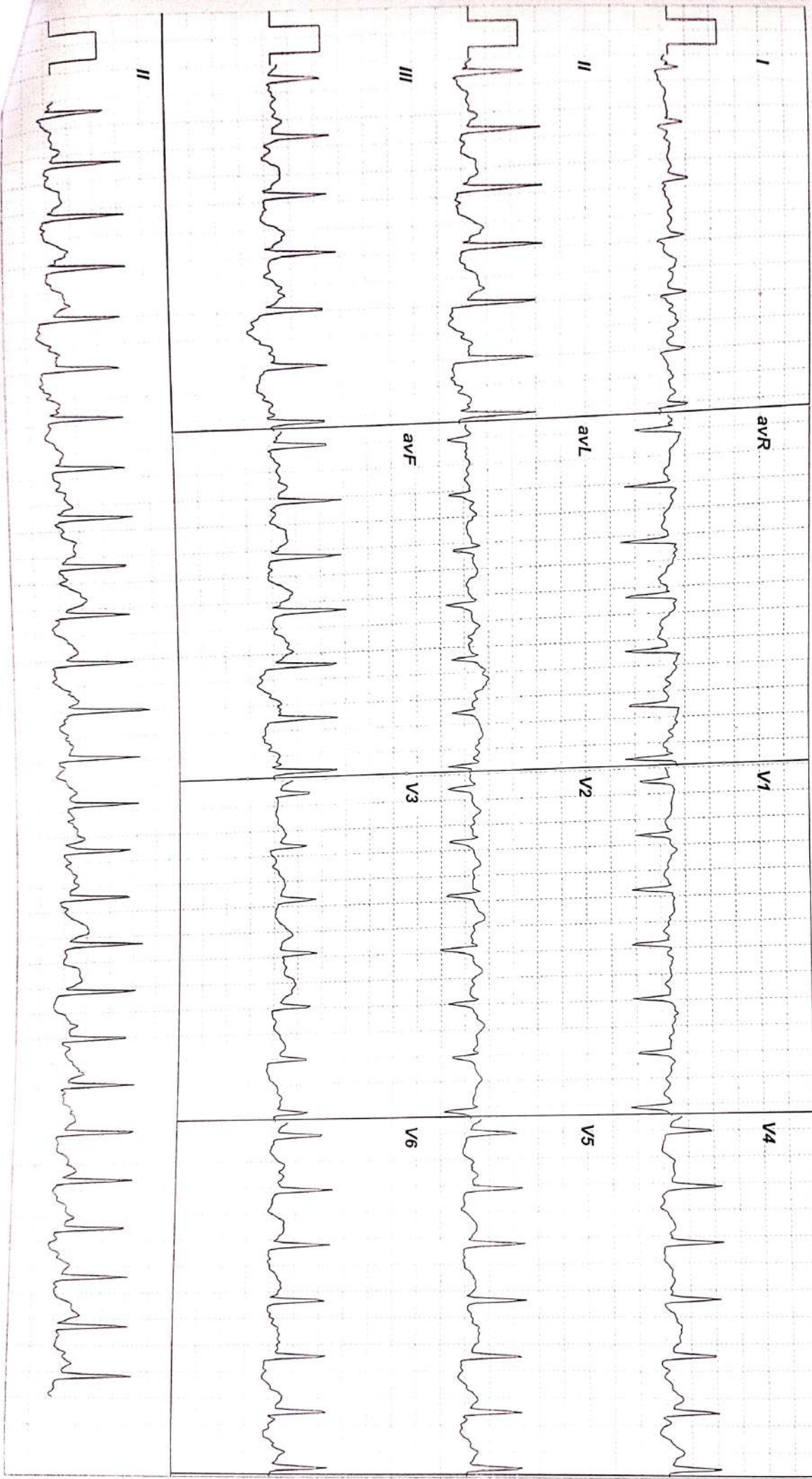
CURE CARDIOLOGY CLINIC
2ND FLOOR, KANSAGRA HOSPITAL, ASTRON CHOWK, RAJKOT.
2378 / SWETA MAJITHIYA
33 Yrs / Female
0 Kg / 0 Cml
Date: 26-Aug-2023 11:41:57 AM

HR: 159 bpm
METs: 7.3
BP: 130/80
Tgt HR: 85% of 187
Speed: 5.5 mph,
Grade: 14.0%

Raw ECG
Protocol: BRUCE
(0.05-100)Hz

Ex Time 06:17
BLC: On
Notch: On

3x4+1 Rhythm Lead
BRUCE: PeakEx(0:17)
1.0 Cm/mV
25 mm/Sec.



3x4+1 Rhythm Lead

CURE CARDIOLOGY CLINIC
2ND FLOOR, KANSAGRA HOSPITAL, ASTRON CHOWK, RAJKOT.
2378 / SWETA MAJITHIYA
33 Yrs / Female
0 Kg / 0 Cml/
Date: 26-Aug-2023 11:41:57 AM

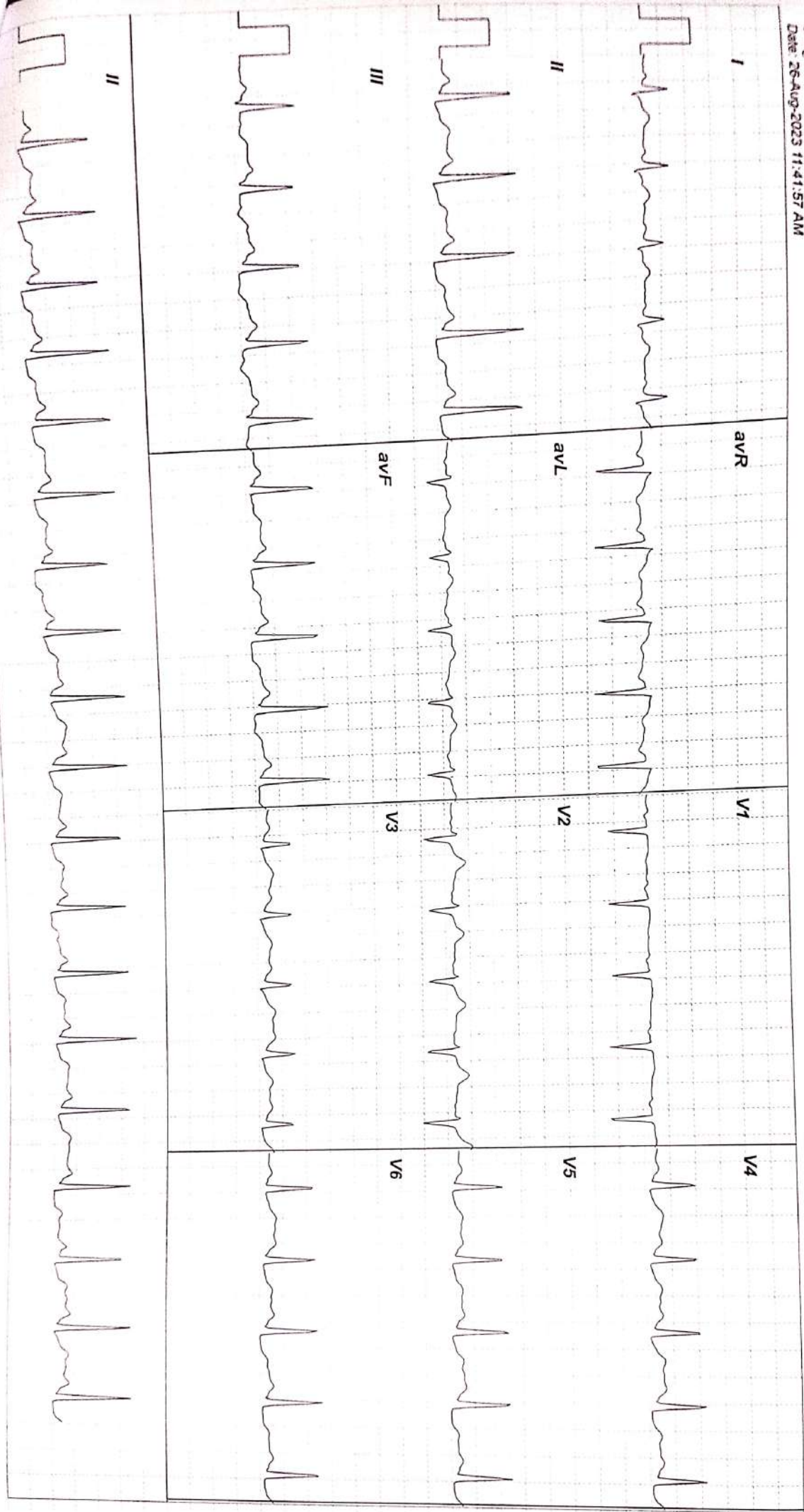
HR: 119 bpm
METS: 1.1
BP: 130/80

Tgt HR: 63% of 187
Speed: 0.0 mph,
Grade: 0.0%

Raw ECG
Protocol: BRUCE
(0.05-100)Hz

Ex Time 06:18
BLC: On
Notch: On

Recovery(1:00)
1.0 Cm/mV
25 mm/Sec.

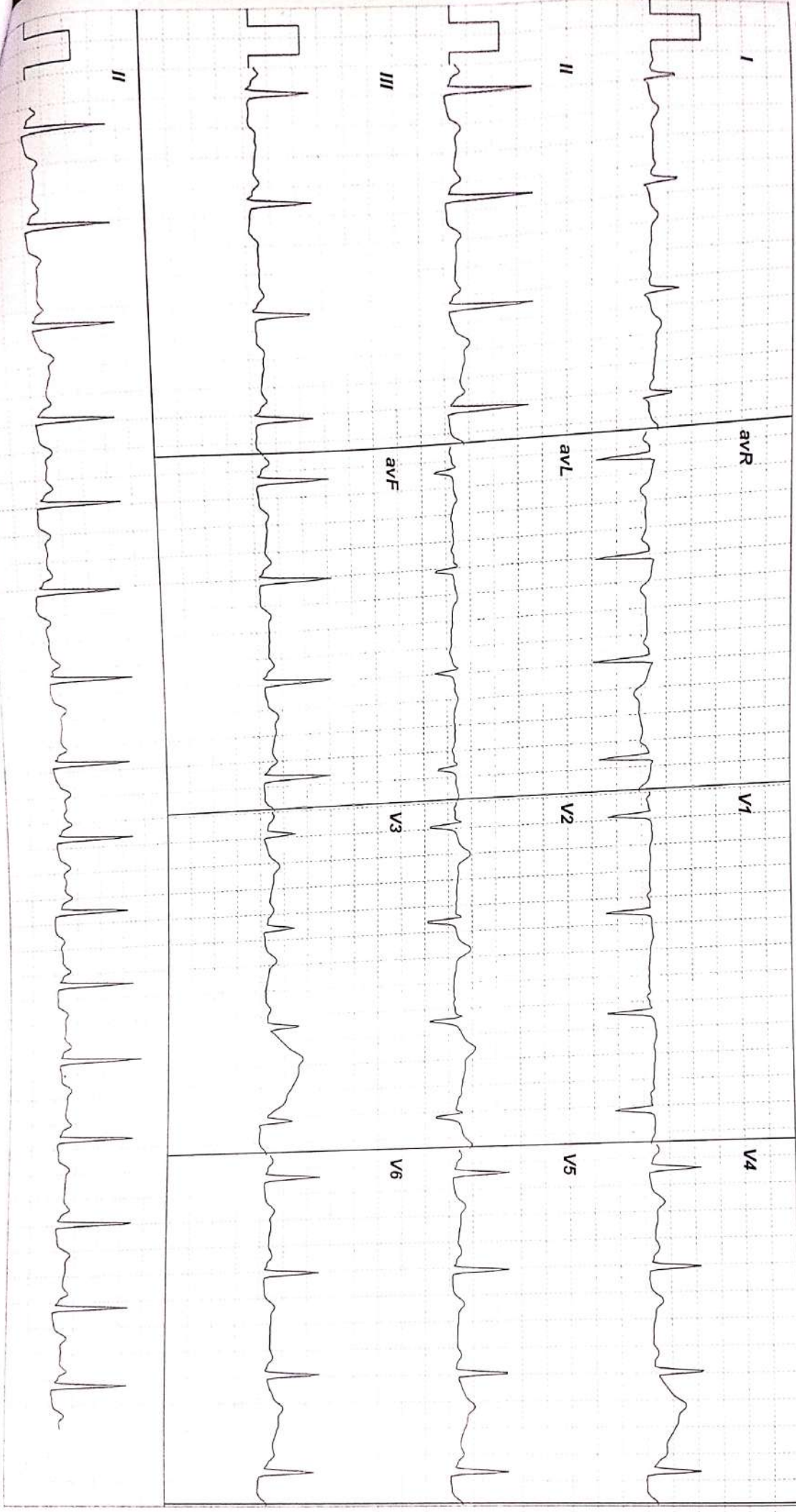


CURE CARDIOLOGY CLINIC
2ND FLOOR, KANSAGRA HOSPITAL, ASTRON CHOWK, RAJKOT.
2378 / SWETA MAJITHIYA
33 Yrs / Female
0 Kg / 0 Cm/
Date: 26-Aug-2023 11:41:57 AM

HR: 95 bpm
METS: 1.0
BP: 140/80
Tgt HR: 50% of 187
Speed: 0.0 mph,
Grade: 0.0%

Raw ECG
Protocol: BRUCE
(0.05-100)Hz
Ex Time 06:18
BLC: On
Notch: On

3x4+1 Rhythm Lead
Recovery(2:00)
1.0 Cm/mV
25 mm/Sec.



CURE CARDIOLOGY CLINIC
2ND FLOOR, KANSAGRA HOSPITAL,
2378 / SWETA MAJITHIYA
33 Yrs / Female
0 Kg / 0 Cml/
Date: 26-Aug-2023 11:41:57 AM

HR: 91 bpm
METS: 1.0
BP: 130/80

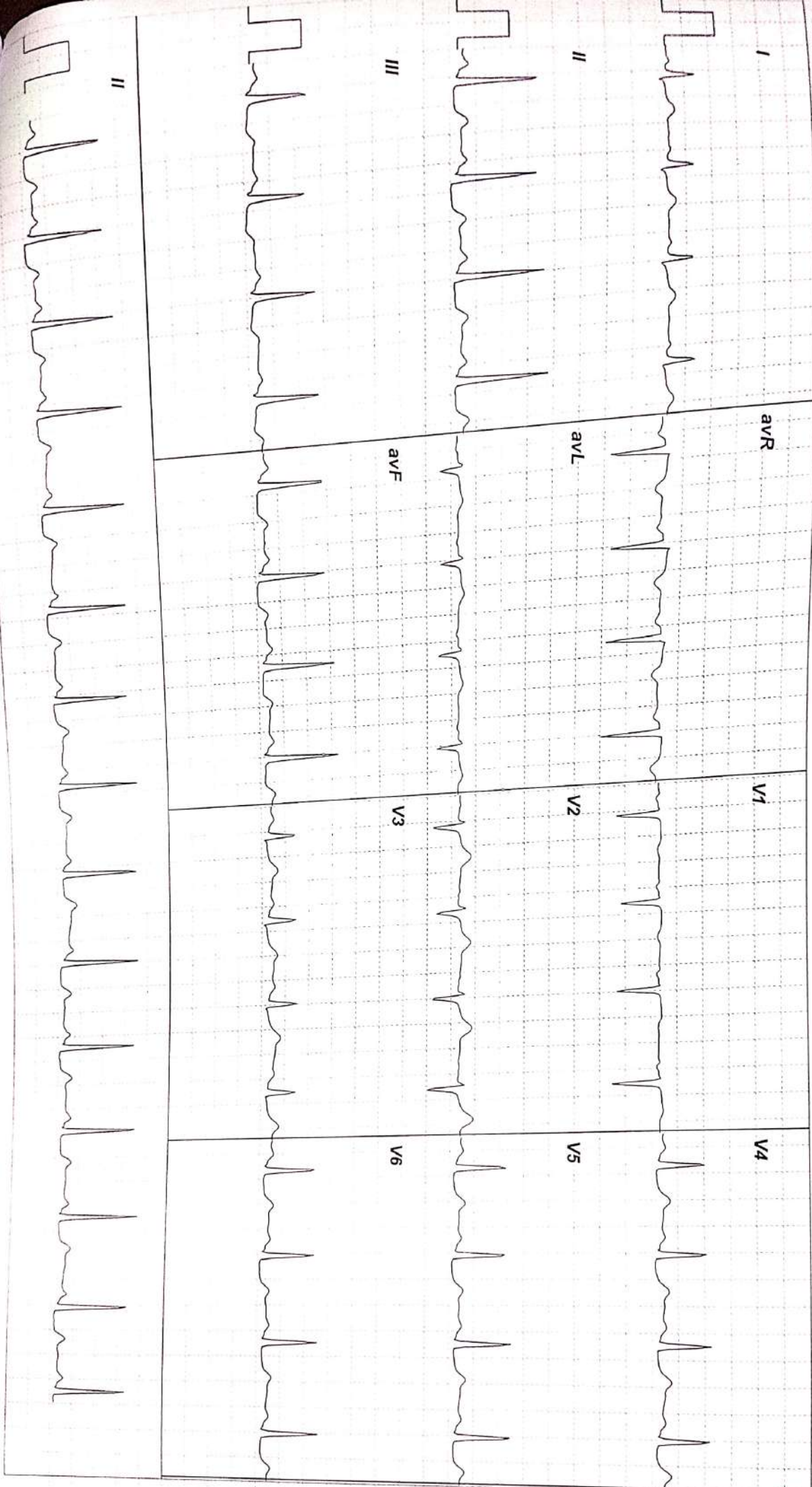
Tgt HR: 48% of 187
Speed: 0.0 mph,
Grade: 0.0%

Raw ECG
Protocol: BRUCE
(0.05-100)/Hz

Ex Time 06:18
BLC: On
Notch: On

Recovery(3:00)
1.0 Cm/mV
25 mm/Sec.

3x4+1 Rhythm Lead



3x4+1 Rhythm Lead

Recovery(3:37)

1.0 Cm/mV
25 mm/Sec.

Ex Time 06:18

BLC : On

Notch : On

Raw ECG
Protocol:BRUCE
(0.05-100)Hz

Tgt HR:42% of 187
Speed: 0.0 mph,
Grade: 0.0%

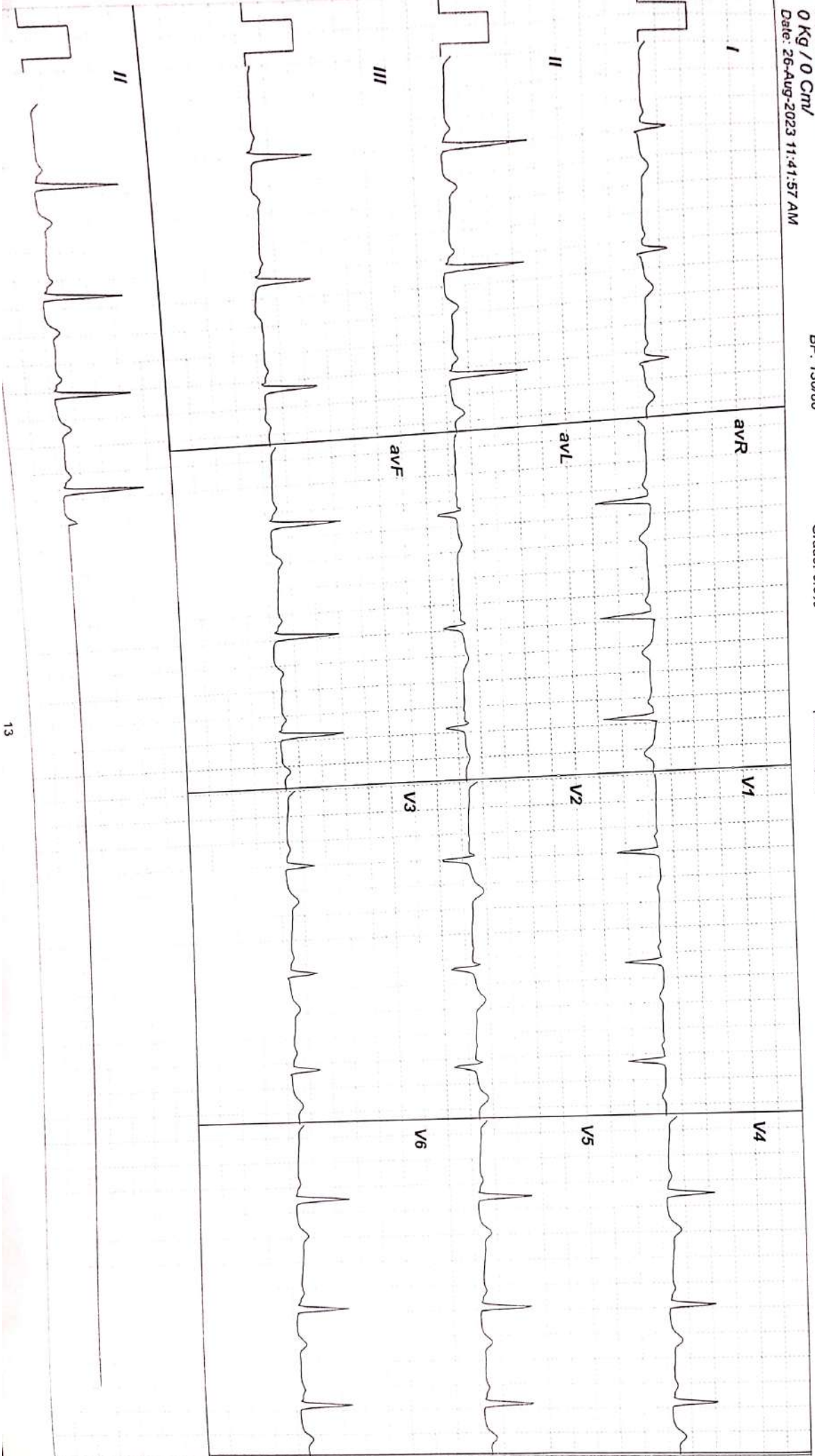
HR: 80 bpm
METS: 1.0
BP: 130/80

CURE CARDIOLOGY CLINIC
2ND FLOOR, KANSAGRA HOSPITAL, ASTRON CHOWK, RAJKOT.

2378 / SWETA MAJITHIYA

33 Yrs / Female

0 Kg / 0 Cm/
Date: 26-Aug-2023 11:41:57 AM




TEST REPORT

Name : Sweta V Majithiya	Reg. No : 308101483
Age/Sex : 33 Years / Female	Reg. Date : 26-Aug-2023 03:17 PM
Ref. By : Dr. PANCHMUKHI HOSPITAL / INSURANCE	Collected On : 26-Aug-2023 03:17 PM
Client Name : PANCHMUKHI HOSPITAL	Report Date : 26-Aug-2023 07:48 PM

COMPLETE BLOOD COUNT (CBC)
 Specimen: EDTA blood

Parameter	Result	Unit	Biological Ref. Interval
RBC Parameters			
Hemoglobin (SLS method)	11.7	g/dL	12.5 - 16.0
Hematocrit (Electrical Impedance)	32.8	%	37 - 47
RBC Count (Electrical Impedance)	4.25	million/cmm	4.2 - 5.4
MCV (Calculated)	77.2	fL	78 - 100
MCH (Calculated)	27.5	Pg	27 - 31
MCHC (Calculated)	35.6	%	30 - 35
RDW (Calculated)	13.5	%	11.5 - 14.0
WBC Parameters			
WBC Count (Flowcytometry)	7200	/cmm	4000 - 10500
DIFFERENTIAL WBC COUNT			
Neutrophils (%)	59 %	% Range 42.02 - 75.2	Abs. Value 4248 /cmm Abs. Range 1800 - 7700
Lymphocytes (%)	34 %	20 - 45	2448 /cmm 1000 - 3900
Eosinophils (%)	02 %	1 - 4	144 /cmm 0 - 450
Monocytes (%)	05 %	2 - 8	360 /cmm 200 - 1000
Basophils (%)	00 %	0 - 1	0 /cmm 20 - 100
Platelete Parameter			
Platelet Count	347000	/cmm	150000 - 450000
MPV	7.4	fL	7.4 - 10.4
PDW	15.0	%	8.3 - 56.6
PCT (Platelet Haematocrit)	0.25	%	0.2 - 0.5

towards the healthiness...

Dr. Viral Jethava
 M.D. (Path, PDCC)

This is an Electronically Authenticated Report.

Page 1 of 16

Dr. Viral R. Jethava
 M.D. (Path, PDCC)




TEST REPORT

Name : Sweta V Majithiya **Reg. No** : 308101483
Age/Sex : 33 Years / Female **Reg. Date** : 26-Aug-2023 03:17 PM
Ref. By : Dr. PANCHMUKHI HOSPITAL / INSURANCE **Collected On** : 26-Aug-2023 03:17 PM
Client Name : PANCHMUKHI HOSPITAL **Report Date** : 26-Aug-2023 07:48 PM

BLOOD GROUP & RH

Specimen: EDTA and Serum; Method: Haemagglutination

Parameter	Result	Unit	Biological Ref. Interval
ABO	"AB"		
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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Page 2 of 16

Dr. Viral R. Jethava
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Test	Result	Unit	Biological Ref. Interval
Erythrocyte sedimentation rate Sample, EDTA whole blood			
ESR (After 1 hour)	05	mm/hr	3 - 12

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Page 3 of 16

Dr. Viral Jethava
M.D. (Path, PDCC)

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Mangla Road Branch: 3rd Floor, Smile Building, 5 Manhar Plot Corner, Mangla Main Road, Rajkot. Ph. 0281 - 247 33 77
Sadhu Vasvani Road Branch: Ground Floor, Office no. 3, Nakshtra-VIII, Nr. Sun City Apt., Sadhu Vasvani Road, Rajkot - 1

Helpline No. : 70965 77000  www.neutropath.com  neutropath@gmail.com

The test results are subject to variations due to technical variations. Hence co-relation with clinical findings and other investigations should be done.




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FASTING PLASMA GLUCOSE
 Specimen: Flouride plasma

Parameter	Result	Unit	Biological Ref. Interval
Fasting Blood Sugar (FBS) <i>HEXOKINASE</i>	80.00	mg/dL	<100 :Non-Diabetic 100-125 :Impaired Fasting Glucose (IFG) >=126 :Diabetic
Urine Glucose -F <i>Glucose Oxidase-Peroxidase</i>	Nil		

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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 M.D. (Path, PDCC)

This is an Electronically Authenticated Report.

Page 4 of 16

Dr. Viral R. Jethava
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POST PRANDIAL PLASMA GLUCOSE

Specimen: Flouride plasma

Parameter	Result	Unit	Biological Ref. Interval
Post Prandial Blood Sugar (PPBS) <i>HEXOKINASE</i>	98.00	mg/dL	70 - 140
Urine Glucose- PP <i>Glucose Oxidase-Peroxidase</i>	Nil		

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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This is an Electronically Authenticated Report.

Page 5 of 16

Dr. Viral R. Jethava
 M.D. (Path, PDCC)


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LIPID PROFILE
 Specimen: Serum

Parameter	Result	Unit	Biological Ref. Interval
Cholesterol <i>Cholesterol Oxidase</i>	174.00	mg/dL	Desirable : < 200.0 Borderline High : 200-239 High : > 240.0
Triglyceride <i>Enzymatic Reaction With Glycerol Kinase</i>	112.00	mg/dL	Normal : < 150.0 Borderline : 150-199 High : 200-499 Very High : > 500.0
HDL Cholesterol <i>Siemens AHDL</i>	71.00	mg/dL	High Risk : < 40 Low Risk : >= 60
LDL Cholesterol <i>Siemens ALDL</i>	80.60	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>	22.40	mg/dL	15 - 35
LDL / HDL RATIO <i>Calculated</i>	1.14		0 - 3.5
Cholesterol /HDL Ratio <i>Calculated</i>	2.45		0 - 5.0

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This is an Electronically Authenticated Report.

Page 6 of 16

Dr. Viral R. Jethava
 M.D. (Path, PDCC)



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RENAL FUNCTION TEST

Specimen: Serum

Parameter	Result	Unit	Biological Ref. Interval
Creatinine <i>ALKALINE PICRATE, COLORIMETRIC KINETIC</i>	0.80	mg/dL	0.55 - 1.02
eGFR	121.92	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>	23.00	mg/dL	17 - 43
Blood Urea Nitrogen (BUN) <i>UREASE/GLDH</i>	10.74	mg/dL	7.0 - 18.0
Uric Acid <i>Uricase</i>	4.20	mg/dL	2.6 - 6.2
Sodium <i>Direct ion selective electrode</i>	141.00	mmol/L	137 - 145
Potassium <i>Direct ion selective electrode</i>	4.20	mmol/L	3.5 - 5.1
Chloride <i>Direct ion selective electrode</i>	100.00	mmol/L	98 - 107
Calcium <i>Cresolphthalein Complexone</i>	8.90	mg/dL	8.5 - 10.1

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Page 7 of 16

Dr. Viral Jethava
 M.D. (Path, PDCC)

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HEMOGLOBIN A1 C (HBA1C)

Specimen: Blood EDTA

Parameter	Result	Unit	Biological Ref. Interval
HbA1C <i>Siemens Dimension</i>	5.20	%	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>	102.54	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 A1c 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.


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 M.D. (Path, PDCC)

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Page 8 of 16

Dr. Viral R. Jethava
 M.D. (Path, PDCC)

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TEST REPORT

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THYROID FUNCTION TEST

Parameter	Result	Unit	Biological Ref. Interval
Thyroid Stimulating Hormone (TSH) <small>CLIA</small>	2.510	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>	0.80	ng/mL	0.6 - 1.81
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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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 M.D. (Path, PDCC)

This is an Electronically Authenticated Report.

Page 9 of 16

Dr. Viral R. Jethava
 M.D. (Path, PDCC)


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Thyroxine (T4) 8.20 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.

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Dr. Viral Jethava
 M.D. (Path, PDCC)

This is an Electronically Authenticated Report.

Page 10 of 16

Dr. Viral R. Jethava
 M.D. (Path, PDCC)



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STOOL EXAMINATION

Parameter	Result	Unit	Biological Ref. Interval
Colour	Dark Yellow		
Consistency	Solid		
CHEMICAL EXAMINATION			
Occult Blood <i>Peroxidase Reaction with o-Dianisidine</i>	Negative		
Reaction <i>pH Strip Method</i>	Alkaline		
Reducing Substance	Absent		
MICROSCOPIC EXAMINATION			
Mucus	Absent		
Pus Cells	Absent		
Red Cells	Absent		
Epithelial Cells	Absent		
Vegetable Cells	Absent		
Trophozoites	Absent		
Cysts	Absent		
Ova	Absent		
Neutral Fat	Absent		
Monilia	Absent		
Bacteria	Absent		

Note: Stool occult blood test is highly sensitive to peroxidase like activity of free hemoglobin.

False negative: False negative occult blood test may be observed in case of excess (>250mg/day) Vitamin C intake and in case of occassinal unruptured RBCs.

False positive: False positive occult blood test may be observed in stool samples containing vegetable peroxidase (turnips, horseradish, cauliflower, brocoli, cantaloupe, parsnips) and myoglobin from food (meat diet) intake.



Dr. Viral Jethava
 M.D. (Path, PDCC)

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Page 11 of 16


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URINE ROUTINE EXAMINATION

Parameter	Result	Unit	Biological Ref. Interval
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PHYSICAL EXAMINATION

Quantity	30 cc		
Colour	Pale Yellow		
Clarity	Clear		

CHEMICAL EXAMINATION (BY REFLECTANCE PHOTOMETRIC)

pH	6.5		4.6 - 8.0
Sp. Gravity	1.015		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	2 - 3/hpf
Amorphous Material	Absent
Casts	Absent
Crystals	Absent
Bacteria	Absent

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Dr. Viral Jethava
 M.D. (Path, PDCC)

This is an Electronically Authenticated Report.

Page 12 of 16

Dr. Viral R. Jethava
 M.D. (Path, PDCC)




LABORATORY REPORT

Name	: Sweta V Majithiya	Reg. No	: 308101483
Sex/Age	: Female/33 Years	Histo / Cyto No	: C3H00118
Ref. By	: Dr. PANCHMUKHI HOSPITAL / INSURANCE	Reg. Date	: 26-Aug-2023 03:17 PM
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CYTOPATHOLOGY REPORT

Specimen :

Liquid Based Cervical Cytology Material.

Grossing Description :

C3H00118/23 - 1

Microscopic Description :**Specimen Adequacy :** Satisfactory for evaluation.**Endocervical cells (Transformation Zone Component) :** Seen.**Partially obscuring component like inflammation :** Seen.**General Categorization :** Negative for Intraepithelial Lesion and Malignancy.**Squamous Cell Abnormalities :**

Squamous cell : Normal superficial & Intermediate squamous cells are seen.

Few glandular normal endocervical cells present.

No evidence of malignancy in studied smear.

Non Neoplastic cellular variation like :

Squamous metaplasia : Not seen.

Keratotic changes : Not seen.

Tubal metaplasia : Not seen.

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Dr. Viral R. Jethava

M.D. (Path, PDCC)

Page 13 of 16

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Atrophic changes : Not seen.

Pregnancy associated changes : Not seen.

Reactive cellular changes associated with :

Inflammation : Absent.

Radiation : Absent.

Intrauterine Contraceptive Device (IUD) : Absent.

Organism :

Normal vaginal flora preserved.

Shift in flora suggestible of bacterial vaginosis : Not seen.

Trichomonas Vaginalis : Not seen.

Fungal organism morphologically consistent with Candida species : Not seen.

Bacteria morphologically consistent with Actinomyces species : Not seen.

Cellular changes consistent with Herpes Simplex Virus : Not seen.

Cellular changes consistent with Cytomegalovirus : Not seen.

Impression :

Negative for Intraepithelial Lesion or Malignancy.

Clinical and Radiological correlation and SOS further work up is advised.

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Dr. Viral R. Jethava

M.D. (Path, PDCC)

Page 14 of 16



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Dr. Viral R. Jethava
M.D. (Path, PDCC)

Page 15 of 16

towards the healthiness...


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LIVER FUNCTION TEST

Specimen : Serum

Parameter	Result	Unit	Biological Ref. Interval
Total Protein <i>BIURET</i>	7.20	g/dL	6.4 - 8.2
Albumin <i>Dye Binding - Bromocresol Purple (BCP)</i>	4.20	g/dL	3.40 - 5.00
Globulin <i>Calculated</i>	3.00	g/dL	2.3 - 3.5
A/G Ratio <i>Calculated</i>	1.40		0.8 - 3.1
SGOT (AST) <i>Siemens/37C</i>	24.00	U/L	15 - 37
SGPT (ALT) <i>Siemens/37C</i>	49.00	U/L	14 - 59
Alakaline Phosphatase <i>Siemens/37C</i>	110.00	U/L	46 - 116
Total Bilirubin <i>Diazo-Caffeine/Benzoate Coupling (Jendrassik-Grof) w/blank</i>	0.70	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>	0.56	mg/dL	0.0 - 1.1

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

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Page 16 of 16

Dr. Viral R. Jethava
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