

DATE: 22/12/22

Test Type: Pre-Employment Medical Examination

Company Name: BoB

Employee Name: Kulpamaben Vasava

Employee Id:

Sex: Female

Age: 26

Date of Birth: 17/02/1996

Date of Joining:

Designation:

Department:

Husband: Mehulkumar Vasava
Father: Sureshbhai Vasava

Physical Examination

Height: CM 156 Body Mass Index: (Healthy 18.5 to 25.)
Weight: KG 42. Chest: On Expiration: N/A
B.P.: On Inspiration N/A
Pulse: 98/min Waist: N/A Hips: N/A
ID Mark:
Waist Hip Ratio: N/A

(Normal: Female Up to 0.85, Male Up to 1.00)
Heart Sound: NORMAL

VISION	Right	Left
Near:	N/6	N/6 without glasses
Far:	6/6	6/6 without glasses
Color Vision: Acceptable		
Comment: NORMAL		

Systemic Examination

Skin: N/A Breath/Adventitious Sound: N/A Abdomen: NORMAL
Respiratory System
Cardio-vascular System: NAD
Genito Urinary System: N/A
Musculo- Skeletal System: N/A
Spine/ Bones / Joints: N/A Other Findings: NAD
CNS: NAD

Personal Health Details

Present Complaints: NIL
Occupational History: NO
Family Health History: NAD
Personal Health History: NO
Past History: NO
Allergic To: NO

Audiometry
Spirometry:
ECG:

X-RAY:
SONOGRAPHY:
REMARKS & ADVISE:.

Colour Vision:

Tonometry:

Right

(H)

Left

(H)

Fundus: (Must in case of DM & HT)

Right

Left

(H)

Eye Movements:

(H)

Right

Left

Clinical Impression:

[Empty box for Clinical Impression]

Recommendation:

A. Additional Inv. / Referral Suggested

[Empty box for Recommendation A]

B. Therapeutic advise

[Empty box for Recommendation B]



Ophthalmology's Signature



OPHTHALMOLOGY CONSULTATION

Name: Kalpamben Vasava

Date: 22/12/22

Age: 26

Sex: Male Female

HCP Reg.No.: _____

Ophthalmic History:

1. Do you feel that your eyesight is falling?

આંખે ઓછું દેખાતું હોય તેવું લાગે છે?

Yes No

2. Any time feel to experience black outs?

કોઈવાર અંધારા આવે છે?

Yes No

3. Any unexpected flicking of eyes?

આંખ વારંવાર અચાનક ધ્રુવે છે?

Yes No

4. Do you get difficulty in reading small letters?

નાના અક્ષર વાંચવામાં તકલીફ પડે છે?

Yes No

5. Do you experience black dots temporarily?

આંખ સામે કોઈવાર કાળા ટપકા દેખાય છે?

Yes No

6. Do you have exclusive aids?

વાંચવા કે ખેલા માટે કોઈ ચક્ષુ કે સ્પેશીયલ સાધન વાપરો છો?

Yes No

Clinical Evaluation / History / Presenting Complain:

Doc

Examination Eyes:

1. Eyelids

Right

N

Left

N

2. Cornea & Conjunctiva

Right

Left

N

3. Vision

Right

N

Left

SPH	CYY	AXIS	VN
			6/6

SPH	CYY	AXIS	VN
			6/6

SPH	CYY	AXIS	VN
			6/6

SPH	CYY	AXIS	VN
			6/6



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DIAGNOSTIC REPORT

2202013741

Name	: Vasava Kalpanaben	Age	: (26Y)
Ref. By	: Dr. Wasim Raj(Bob)	Sex	: Female
Reg. Date	: 22-12-2022 09:20	Reg.No.	: 2202013741
Bill Location	: Palmland Hospital	Mobile No.	: 9638208352

HEMOGRAM REPORT

(Specimen: Whole Blood)

Parameter	Result	Unit	Biological Ref. Interval	Method
Haemoglobin	12.8	gm%	12.0 - 15.0	Non Cyanide Oxy Hemoglobin
Blood Cell Indices	Result	Unit	Biological Ref. Interval	Method
RBC Count	5.6	mill./c.mm	3.8 - 4.8	Electrical Impedance
PCV	37.8	%	36 - 46	Cumulative Pulse Height
MCV	67.4	fL	83 - 101	Derived From RBC Histogram
MCH	22.8	pg	27 - 32	Calculated
MCHC	33.9	%	31.5 - 34.5	Calculated
RDW	15.1	%	11.6 - 14.0	Derived From RBC Histogram
Total WBC Count	10000	/c.mm	4000 - 10000	Electrical Impedance
Differential Count [%]		Unit	Biological Ref. Interval [Abs.]	Unit Biological Ref. Interval
<small>(Flowcytometry /MICROSCOPY)</small>				
Polymorphs	73	%	40 - 80	7300 /c.mm 2000 - 7000
Lymphocytes	16	%	20 - 40	1600 /c.mm 1000 - 3000
Monocytes	05	%	2 - 10	500 /c.mm 200 - 1000
Eosinophils	06	%	1 - 6	600 /c.mm 00 - 500
Basophils	00	%	0 - 2	0 /c.mm 00 - 100
Neutrophil to Lymphocyte Ratio (NLR)	4.6	%	0.78 - 3.53	Calculated
Platelet Count	241000	/c.mm	1,50,000 - 4,10,000	Electrical Impedance
ESR	5	mm		Modified westergren method

REFERENCES

- (1) Practical Hematology by Dacie & Lewis (12th Edition).
- (2) Nathan/Oski, Hematology of Infancy and Childhood (7th Edition, 2009).

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

Approved by: Dr. Dev Varma
M.D. (Pathologist)
Reg. No. G-2489

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DIAGNOSTIC REPORT TEST REPORT

2202013741

Name	: Vasava Kalpanaben	Age	: (26Y)
Ref. By	: Dr. Wasim Raj(Bob)	Sex	: Female
Reg.Date	: 22-12-2022 09:20	Reg.No.	: 2202013741
Bill Location	: Palmland Hospital	Mobile No.	: 9638208352

BLOOD GROUP

(Specimen: Whole Blood & Serum)

Investigation	Result	Method
ABO TYPE	"O"	Forward & Reverse Grouping By Column Agglutination
RH TYPE	POSITIVE	

REFERENCE: Mollison's Blood Transfusion in Clinical Medicine (12th Edition).

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HAEMOGLOBIN A1 C ESTIMATION (HbA1C)

(Specimen: Whole Blood)

Investigation	Result	Unit	Biological Reference Interval	Method
HbA1C	5.0	%	As Per National Glycohemoglobin Standardization Program (NGSP) Guideline > 10 : Poor Control 8-10 : Unsatisfactory Control 7 - 8 : Fair Control 6 - 7 : Good Control < 5.7 : Normal Value	HPLC
Estimated Average Glucose (eAG)	96.8	mg/dL	90 – 120 : Excellent Control 121 – 150 : Good Control 151 – 180 : Average Control 181 – 210 : Action Suggested > 211 : Panic Value	

As per American Diabetes Association (ADA) -2021

Reference Group	HbA1c in %
Non diabetic adults	<5.7%
At Risk (Prediabetes)	5.7 – 6.4%
Diagnosing Diabetes	>=6.5%

Note:

- Since HbA1c reflects long term fluctuations in the blood glucose concentration, a diabetic patient who is recently under good control may still have a high concentration of HbA1c. Converse is true for a diabetic previously under good control but now poorly controlled. Target goals of < 7.0 % may be beneficial in patients with short duration of diabetes, long life expectancy and no significant cardiovascular disease. In patients with significant complications of diabetes, limited life expectancy or extensive co-morbid condition targeting a goal of < 7.0 % may not be appropriate.

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PLASMA GLUCOSE ANALYSIS

(Specimen: Serum/Plasma, Urine)

Investigation	Result	Unit	Biological Reference Interval	Method
Fasting Plasma Glucose	78.7	mg/dL	70 - 110	GOD POD METHOD
Fasting Urine Glucose	Absent		Absent	Rapid Strip

(Biological Reference Interval as per American Diabetic Association guideline 2016)

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Reg.Date	: 22-12-2022 09:20	Mobile No.	: 9638208352
Bill Location	: Palmland Hospital		

PLASMA GLUCOSE ANALYSIS

(Specimen: Serum/Plasma & Urine)

Investigation	Result	Unit	Biological Reference Interval	Method
Post Prandial Plasma Glucose	88.4	mg/dL	70 - 140	GOD POD Dry Chemistry
Urine Glucose After 2 hour	Absent		Absent	Rapid Strip

(Biological Reference Interval as per American Diabetic Association guideline 2016)

Comments:

- Conditions which can lead to lower postprandial glucose levels as compared to fasting glucose are excessive insulin release, rapid gastric emptying & brisk glucose absorption.

Probable causes :

- > Early Type II Diabetes / Glucose intolerance
- > Drugs like Salicylates, Beta blockers, Pentamidine etc.
- > Alcohol
- > Dietary - Intake of excessive carbohydrates and foods with high glycemic index
- > Exercise in between samples
- > Family history of Diabetes
- > Idiopathic
- > Partial / Total Gastrectomy

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Bill Location	: Palmland Hospital	Mobile No.	: 9638208352

COMPLETE LIPID PROFILE REPORT

(Specimen: Serum)

Investigation	Result	Unit	Biological Reference Interval		Method
			NCEP Guidelines for CHD Risk		
Cholesterol	174.5	mg/dL	< 200	: Desirable	CHOD POD
			200 - 239	: Borderline High	
			≥ 240	: High	
Triglycerides	105	mg/dL	< 150	: Normal	GPO PAP
			150 - 199	: Borderline High	
			200 - 499	: High	
			≥ 500	: Very High	
HDL Cholesterol (Direct)	44	mg/dL	< 40	: Low(High Risk)	Direct Measurement By
			≥ 60	: High(Low Risk)	PTA/MgCl ₂ , CHOD-POD
Non-HDL Cholesterol (Calculated)	130.50	mg/dL	< 130	: Desirable	Calculated
			130 - 159	: Above Desirable	
			160 - 189	: Borderline High	
			190 - 219	: High	
			≥ 220	: Very High	
LDL Cholesterol (DIRECT)	107.00	mg/dL		: Borderline High	Enzymatic
			130 - 159	: High	
			160 - 189	: Very High	
			≥ 190		
VLDL Cholesterol	21.00	mg/dL	0 - 30		Calculated
Total Lipids	536.00	mg/dL	400 - 1000		Calculated
Chol/HDL Ratio	3.97		0.0 - 4.0		Calculated
LDL/HDL Ratio	2.43		1.0 - 3.4		Calculated

Alert !!! 10-12 hours fasting is mandatory for lipid parameters. If not, values might fluctuate.

REFERENCES: (1) Tietz Textbook of Clinical Chemistry and Molecular Diagnostics (5th Edition).
(2) Wallach's Interpretation of Diagnostic Tests (11th edition).

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LIVER FUNCTION TEST

(Specimen: SERUM)

Investigation	Result	Unit	Biological Reference Interval	Method
Serum Bilirubin				
Bilirubin-Total	0.3	mg/dL	0.2 - 1.0	DIAZO
Bilirubin (Conjugated)	0.2	mg/dL	0.0 - 0.3	DIAZO
Bilirubin (Unconjugated)	0.1	mg/dL	0.0 - 1.1	DIAZO
Bilirubin (Delta)	0	mg/dL		Calculated
S.G.P.T. (ALT)	10	U/L	0 - 40	IFCC
S.G.O.T. (AST)	11	U/L	0 - 40	IFCC
Alkaline Phosphatase	46	U/L	35 - 105	AMP
Serum Proteins				
Total Protein	7.7	gm/dL	6.3 - 8.2	BIURET
Albumin	4.3	gm/dL	3.8 - 4.4	BCG
Globulin	3.4	gm/dL	2.7 - 3.5	Calculated
A:G Ratio	1.3	%	1.0 - 4.0	Calculated
G.G.T.	16.7	U/L	0.0 - 55	GLUPA-C

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DIAGNOSTIC REPORT
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2202013741

Name : Vasava Kalpanaben

Age : (26Y)

Ref. By : Dr. Wasim Raj(Bob)

Sex : Female

Reg.Date : 22-12-2022 09:20

Reg.No. : 2202013741

Bill Location : Palmland Hospital

Mobile No. : 9638208352

RENAL FUNCTION TEST

(Specimen: SERUM)

Investigation	Result	Unit	Biological Reference Interval	Method
Creatinine	0.8	mg/dL	0.4 - 1.5	Enzymatic
Blood Urea	13.6	mg/dL	10 - 50	UREASE-GLDH
Blood Urea Nitrogen	6.4	mg/dL	0 - 18.0	Dry Chemistry
BUN CREATININE RATIO	8	%		Calculated

- REFERENCES: (1) Tietz Textbook of Clinical Chemistry and Molecular Diagnostics (5th Edition).
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BLOOD CHEMISTRY

(Specimen: SERUM)

Investigation	Result	Unit	Biological Reference Interval	Method:
Uric Acid	3.6	mg/dL	2.5 - 7.0	Uricase

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THYROID FUNCTIONS

(Specimen: Serum)

Investigation	Result	Unit	Biological Reference Interval	Method
Total T3 Estimation	1.1	ng/mL	0.97 - 1.69	ECLIA-Competitive IA
Total T4 Estimation	8.6	µg/dL	6.09 - 12.23	ECLIA-Competitive IA
T.S.H.	1.0	µIU/mL	0.38 - 5.33	ECLIA-Immunometric IA

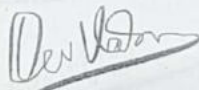
Normal Level in Pregnancy

1st trimester - 0.1 - 2.5
 2nd trimester - 0.2 - 3.0
 3rd trimester - 0.3 - 3.0

Note : Thyroid Function Test should always be measured after 10-12 hours of fasting.

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TEST REPORT

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PREGNANCY TEST-URINE

(Specimen: Urine)

Investigation	Result	Method
Pregnancy Test	Positive	One Step Dip-Stic Method

Note:

1. This is a preliminary qualitative test for HCG which gives a presumptive diagnosis of pregnancy.
2. Recommended specimen is first morning urine.
3. False positive: results are seen in conditions like Trophoblastic disease and certain Non trophoblastic neoplasms, Bacterial contamination, Protein or blood in urine.
4. False negative : results may occur if the HCG level is below the sensitivity of the test, Dilute Urine, Missed abortion, Dead Fetus Syndrome, Drugs like- Promethazine.
5. Sensitivity of the test is >95%.

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Reg.No. : 2202013741

Bill Location : Palmland Hospital

Mobile No. : 9638208352

URINE ROUTINE EXAMINATION

(Specimen: Urine (Fasting/Random/P.P.))

Investigation	Result	Biological Ref. Interval	Method
PHYSICAL EXAMINATION			
Colour	Pale Yellow	Pale Yellow	
Transparency	Clear	Clear	
CHEMICAL EXAMINATION			
Specific Gravity	1.015	1.005 - 1.025	(Automated Strip test)
Reaction (pH)	5.0	4.5 - 8.0	
Sugar	Absent	Absent	
Acetone	Absent	Negative	
Proteins	Absent	Absent	
Bilirubin	Absent	Negative	
UroBilinogen	Absent	Negative	
Leukocyte Esterase	Absent	Negative	
Nitrite	Absent	Negative	
Blood	Absent	Negative	

MICROSCOPIC EXAMINATION	Result	Unit	Biological Ref.Interval	Method (Microscopy)
Pus Cells	1-2	/HPF	Absent	
Red Cells	1-2	/HPF	Absent	
Epithelial Cells	3-4	/HPF	Absent	

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

* Bold Indicates Abnormal Values
This is an electronically authenticated report.

Approved by: Dr. Dev Varma
M.D. (Pathologist)
Reg. No. G-2489

Condition of Reporting : (1) The Reports are not valid for medico - legal purposes. (2) Individual Laboratory investigations are never conclusive, but are for the referring doctor's information and should be interpreted along with other relevant clinical history and examination to conclude final diagnosis, keeping in mind the limitation of methodology and technology. (3) For any query in the report, or if results indicate unexpected abnormality, it is suggested to Contact to laboratory to help carry out follow up action. (rechecking, repeat sampling reflex / confirmatory testing etc.) (4) In unanticipated circumstances (non availability of kits, instrument breakdown & natural calamities) tests may not be reported as per schedule.

Palmland Hospital, Falshruti Nagar, Near S.T. Depot, Station Raod, Bharuch-392 001. (Guj.)

Scanned with CamScanner



the future of HEALTH CARE

PALMLAND
LABORATORY



DIAGNOSTIC REPORT

TEST REPORT

2202013741

Name	: Vasava Kalpanaben	Age	: (26Y)
Ref. By	: Dr. Wasim Raj(Bob)	Sex	: Female
Reg.Date	: 22-12-2022 09:20	Reg.No.	: 2202013741
Bill Location	: Palmland Hospital	Mobile No.	: 9638208352

STOOL EXAMINATION-R/M

(Specimen: Stool)

Investigation	Result	Unit	Biological Reference Interval
PHYSICAL EXAMINATION:			
Colour	Yellow		
Consistency	Semisolid		
Blood	Absent		Absent
Pus	Absent		Absent
CHEMICAL EXAMINATION:			
Occult Blood	Negative		Absent
Reaction			7.0 – 7.5
MICROSCOPIC EXAMINATION:			
Pus Cells	Occasional	/hpf	Absent
Red Blood Cells	0 - 1	/hpf	Absent
Epithelial Cells	Absent	/hpf	Absent
Fat droplets	Absent	/hpf	Absent
Macrophages	Absent	/hpf	Absent
BY CONCENTRATION METHOD:			
Trophozoites	Absent		Absent
Ova	Absent		Absent
Cysts	Absent		Absent
Parasites	Absent		Absent

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

Approved by: Dr. Dev Varma
M.D. (Pathologist)
Reg. No. G-2489

* Bold Indicates Abnormal Values
This is an electronically authenticated report.

Condition of Reporting : (1) The Reports are not valid for medico - legal purposes. (2) Individual Laboratory investigations are never conclusive, but are for the referring doctor's information and should be interpreted along with other relevant clinical history and examination to conclude final diagnosis, keeping in mind the limitation of methodology and technology. (3) For any query in the report, or if results indicate unexpected abnormality, it is suggested to Contact to laboratory to help carry out follow up action. (rechecking, repeat sampling reflex / confirmatory testing etc.) (4) In unanticipated circumstances (non availability of kits, instrument breakdown & natural calamities) tests may not be reported as per schedule.

Palmland Hospital, Falshruti Nagar, Near S.T. Depot, Station Raod, Bharuch-392 001. (Guj.)

OPD NEW CASE

(Emergency 24x7)

Kalpna Vasav

Date - 22/12/2022

for Routine Gynec
Consult

Comp - 21/09/2022

UPP positive

was s/o 13w 4 days
pregn

Go ahead depr

Adv

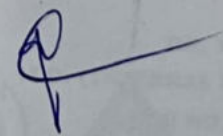
Routine Antenatal
Care

Hemulis

+91-97129 81771
+91-98255 72084

sparshhospital5917@gmail.com

2nd - 3rd Floor, Hari Krishna Golden Plaza,
Behind Super Market, Station Road, Bharuch.



A Unit Of JHS MEDICARE LLP

ID: 10

KALPANABEN

Female Years

UHID :

22-12-2022 11:53:04 AM

HR : 81 bpm

P : 8 ms

PR : 124 ms

QRS : 91 ms

QT/QTc : 359/419 ms

P/QRS/T : 68/78/3 °

RV5/SV1 : 0.879/0.448 mV

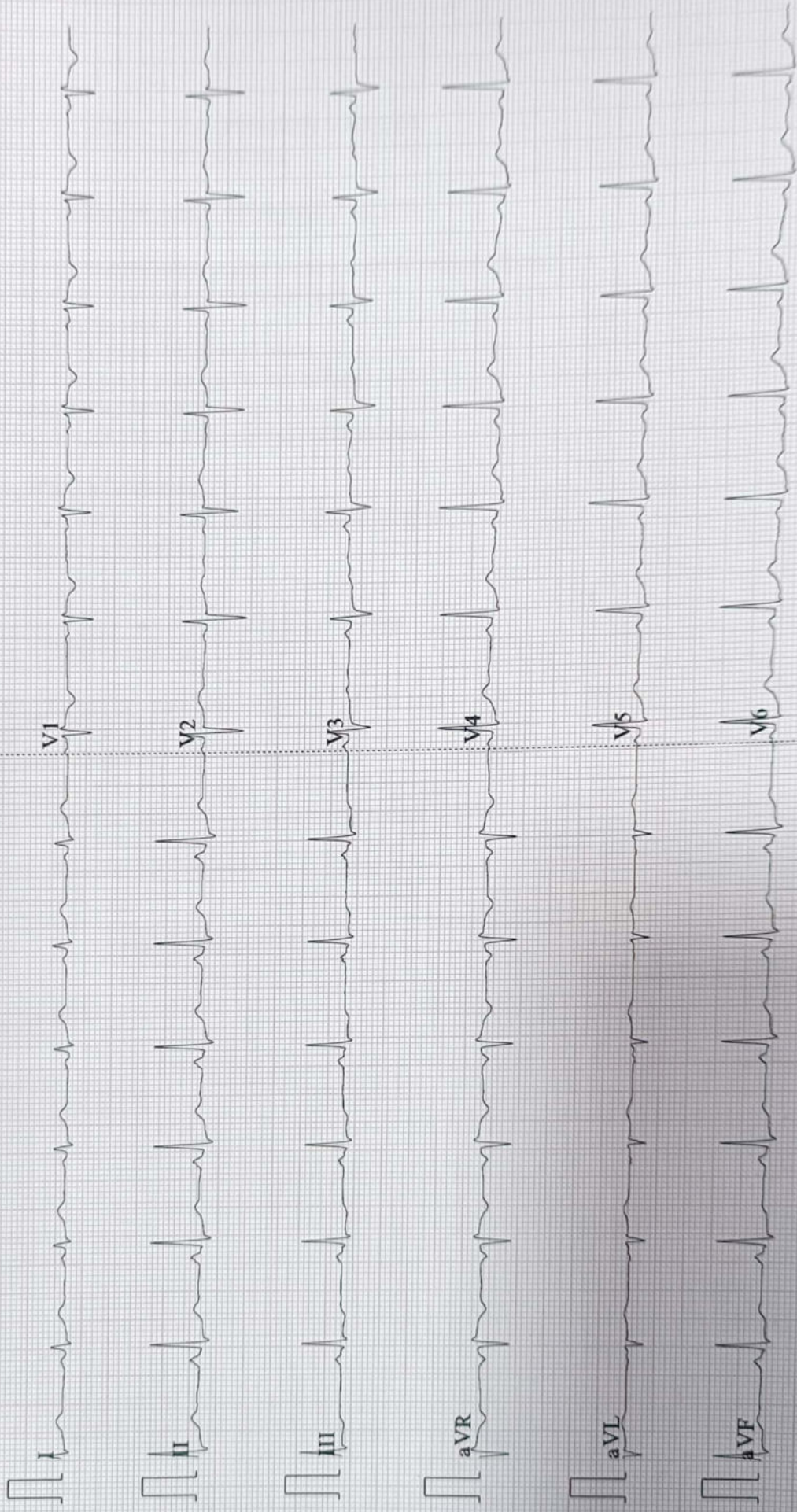
Diagnosis Information:

Sinus Rhythm

Normal ECG

Technician :

Unconfirmed Report.





AKSHAR IMAGING CENTER

B-17/18, Falshrutinagar, Hafez Building, 1st Floor, Opp. ONGC Dispensary,
Bharuch - 392001. • Ph. : (02642) 252200

NAME OF PATIENT : KALPNABEN VASAVA
DATE : 22/12/2022

USG OF ABDOMEN AND PELVIS

Liver appears normal in size, shape and shows normal echotexture.
No evidence of focal SOL or dilation of IHBR seen.
Porta hepatis appears normal.
Gallbladder appears normal. No calculi seen.
Pancreas appears normal in size and echotexture.
Spleen appears normal in size and echotexture.
Aorta appears normal. No para aortic lymphnodes seen.

Right kidney measures 94x38mm.
Cortex and collecting system of right kidney appear normal.
No calculi or obstructive uropathy.

Left kidney measures 100x44mm.
Cortex and collecting system left kidney appear normal.
No calculi or obstructive uropathy.

Bladder appears normal. No calculi is seen.
Uterus is gravid.
Terminal Ileum and Ceacum appear normal
Appendix is not seen due to bowel gas.
No evidence of free fluid or collection is seen in peritoneal space.

COMMENTS : No abnormality detected.

THANKS FOR THE REFERENCE

K. B. Vasava

DR. KRUTIKKUMAR VASAVA
CONSULTANT RADIOLOGIST