



Patient's Name:-	VIRAL VAIBHAV PARMAR	Date :-	08/07/2023
Age & Sex :-	27Y M		
Referred By :-	HEALTH CHECKUP		

X-RAY CHEST PA.

- Both Lung fields appear normal.
No evidence of any collapse / consolidation.
- Both Hila appear normal.
No evidence of any enlarged Hilar lymphnodes.
- Both CP angle clear.
- Cardiac size appear normal.
- Both hemi diaphragm appears normal
- Bony cage appear normal

COMMENTS :

- No Significant abnormality detected.

Dr. HANSA RATHWA
MD (Radio Diagnosis)

Thanks for reference. Please co-relate clinically.

Note: This report is not valid for medico-legal purpose. There can be typing error, which can be correctable



SARDAR
PATEL HOSPITAL
& HEART INSTITUTE

Name : _____

Date : _____

Age : _____ Sex : _____

8/7/23

c/o. pain. in lower left back
requires jaw since 2 weeks esp.
in morning hrs.

→ Lt side maxilla & tenderness palpation

→ Impacted T8

Adv ÷ Ext: T8 is no issue ÷
ear pres & pain down
shop



OPD INITIAL ASSESSMENT FORM

(To be filled by Nursing Staff)

Patient Name: - NIPAL - V. PARMAR UHID Number: - 8644

Consultant Name: - Dr. Karpesh Vadodwadi Date: 8/7/23 Start Time: 6:30 AM Age: 27 (Years)

Sex: - F (M/F)

Height: 159 cms, Weight: - 61 kgs. Temp. 97.6, Pulse: - 85 (Per minute), SPO2 96

B.P. :- 110/70 (mm of Hg), RBS:- - First Visit / Follow Up
Visit: First visit

Nursing Staff Name & Signature: - Sudha Joshi End Time:-

Past History: - (TICK MARK)

Diabetes, Hypertension, IHD, COPD, Asthma, TB, Smoker, Alcoholic, Hypothyroidism

Other:- -

Family History:- -

Nutritional Screening:- -

Psychosocial Assessment:- -

Immunization Status:- -

To be filled by Clinician) Start Time:- -

Clinical Findings:-

Good health check
BP 110/70 - syst
Diastolic
BP

Diagnosis:-

Investigations and Advice:-

USG abdomen
noted



LABORATORY REPORT



Name : Mrs. VIRAL VAIBHAV PARMAR Sex/Age : Female / 27 Years Case ID : 30708000258
 Ref. By : MEDIWHEEL FULL BODY HEALTH CHECKUP FEMALE ABOVE 40 Dis. At : Pt. ID :
 Bill. Loc. : SPH OPD Pt. Loc. :
 Reg Date and Time : 08-Jul-2023 08:57 Sample Type : Whole Blood EDTA Mobile No. :
 Sample Date and Time : 08-Jul-2023 08:57 Sample Coll. By : non Ref Id1 :
 Report Date and Time : 08-Jul-2023 11:03 Acc. Remarks : Ref Id2 :

TEST	RESULTS	UNIT	BIOLOGICAL REF. INTERVAL	REMARKS
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HAEMOGRAM REPORT

HB AND INDICES

Haemoglobin	14.0	G%	12.00 - 15.00	
RBC (Electrical Impedance)	H 5.30	millions/cumm	3.80 - 4.80	
PCV(Calc)	43.09	%	36.00 - 46.00	
MCV (RBC histogram)	L 81.3	fL	83.00 - 101.00	
MCH (Calc)	L 26.4	pg	27.00 - 32.00	
MCHC (Calc)	32.5	gm/dL	31.50 - 34.50	
RDW (RBC histogram)	12.30	%	11.00 - 16.00	

TOTAL AND DIFFERENTIAL WBC COUNT

Total WBC Count		UNIT	EXPECTED VALUES	[Abs]	EXPECTED VALUES
Total WBC Count	5620	/μL	4000.00 - 10000.00	2922	/μL 2000.00 - 7000.00
Neutrophil	[%] 52	%	40.00 - 70.00	1967	/μL 1000.00 - 3000.00
Lymphocyte	35	%	20.00 - 40.00	337	/μL 20.00 - 500.00
Eosinophil	06	%	1.00 - 6.00	393	/μL 200.00 - 1000.00
Monocytes	07	%	2.00 - 10.00	0	/μL 0.00 - 100.00
Basophil	00	%	0.00 - 2.00		

PLATELET COUNT

Platelet Count	293000	/μL	150000.00 - 410000.00
MPV	8.60	fL	6.5 - 12
PDW	H 15.9		8 - 13

Method:

TLC-SF cube technology(Flow Cytometry+ fluorescence),
 DC by microscopy,
 Platelet count by electrical impedance+/-SF cube technology

Note:(LL-VeryLow,L-Low,H-High,HH-VeryHigh ,A-Abnormal)

Dr. Shweta Patel

Registered Pathologist

Printed On : 08-Jul-2023 16:59



LABORATORY REPORT



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Ref. By : MEDIWHEEL FULL BODY HEALTH CHECKUP FEMALE ABOVE 40	Dis. At :	Pt. ID :
Bill. Loc. : SPH OPD		Pt. Loc. :
Reg Date and Time : 08-Jul-2023 08:57	Sample Type : Whole Blood EDTA	Mobile No. :
Sample Date and Time : 08-Jul-2023 08:57	Sample Coll. By : non	Ref Id1 :
Report Date and Time : 08-Jul-2023 14:08	Acc. Remarks :	Ref Id2 :

TEST	RESULTS	UNIT	BIOLOGICAL REF RANGE	REMARKS
ESR Westergren Method	10	mm after 1hr	3 - 20	

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Dr. Shweta Patel
Pathologist

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 Bill. Loc. : SPH OPD Pt. Loc. :

Reg Date and Time : 08-Jul-2023 08:57 Sample Type : Whole Blood EDTA Mobile No. :
 Sample Date and Time : 08-Jul-2023 08:57 Sample Coll. By : non Ref Id1 :
 Report Date and Time : 08-Jul-2023 14:49 Acc. Remarks : Ref Id2 :

TEST	RESULTS	UNIT	BIOLOGICAL REF RANGE	REMARKS
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HAEMATOLOGY INVESTIGATIONS
BLOOD GROUP AND RH TYPING (Erythrocyte Magnetized Technology)
(Both Forward and Reverse Group)

ABO Type	A
Rh Type	POSITIVE

Notes: (LL-VeryLow, L-Low, H-High, HH-VeryHigh A-Abnormal)

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 Bill. Loc. : SPH OPD Pt. Loc. :

Reg Date and Time : 08-Jul-2023 08:57 Sample Type : Plasma Fluoride F, Plasma Fluoride PP, Serum Mobile No. :
 Sample Date and Time : 08-Jul-2023 08:57 Sample Coll. By : non Ref Id1 :
 Report Date and Time : 08-Jul-2023 11:39 Acc. Remarks : Ref Id2 :

TEST	RESULTS	UNIT	BIOLOGICAL REF RANGE	REMARKS
Plasma Glucose - F <i>Photometric, Hexokinase</i>	H 103.86	mg/dL	70 - 100	FUS: NIL
Plasma Glucose - PP <i>Photometric, Hexokinase</i>	109.38	mg/dL	70 - 140	PPUS: NIL
BUN (Blood Urea Nitrogen) <i>GLDH</i>	H 24.2	mg/dL	7.00 - 18.70	
Creatinine <i>Jaffe compensated</i>	0.67	mg/dL	0.55 - 1.02	
Urea <i>Urease/GLDH</i>	H 51.77	mg/dL	19.01 - 44.1	
Uric Acid <i>Uricase-Peroxidase method</i>	4.84	mg/dL	2.6 - 6.2	

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Reg Date and Time : 08-Jul-2023 08:57 Sample Type : Serum Mobile No. :
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BIOCHEMICAL INVESTIGATIONS

Lipid Profile

Cholesterol Colorimetric, CHOD-POD	189.34	mg/dL	110 - 200	
HDL Cholesterol	41.0	mg/dL	40 - 60	
Triglyceride GPO-POD	100.59	mg/dL	40 - 200	
VDL Calculated	20.12	mg/dL	10 - 40	
Chol/HDL Calculated	H 4.62		0 - 4.1	
LDL Cholesterol Calculated	H 128.22	mg/dL	65 - 100	

NEW ATP III GUIDELINES (MAY 2001), MODIFICATION OF NCEP

LDL CHOLESTEROL	CHOLESTEROL	HDL CHOLESTEROL	TRIGLYCERIDES
Optimal <100	Desirable <200	Low <40	Normal <150
Near Optimal 100-129	Border Line 200-239	High >60	Border High 150-199
Borderline 130-159	High >240	-	High 200-499
High 160-189	-	-	-

- LDL Cholesterol level is primary goal for treatment and varies with risk category and assesment
- For LDL Cholesterol level Please consider direct LDL value
Risk assesment from HDL and Triglyceride has been revised. Also LDL goals have changed.
- Detail test interpretation available from the lab
- All tests are done according to NCEP guidelines and with FDA approved kits.
- LDL Cholesterol level is primary goal for treatment and varies with risk category and assesment

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Reg Date and Time : 08-Jul-2023 08:57 Sample Type : Serum Mobile No. :
 Sample Date and Time : 08-Jul-2023 08:57 Sample Coll. By : non Ref Id1 :
 Report Date and Time : 08-Jul-2023 11:40 Acc. Remarks : Ref Id2 :

TEST	RESULTS	UNIT	BIOLOGICAL REF RANGE	REMARKS
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BIOCHEMICAL INVESTIGATIONS

Liver Function Test

S.G.P.T. <i>IFCC</i>	9.48	U/L	0 - 59	
S.G.O.T. <i>IFCC</i>	10.33	U/L		
Alkaline Phosphatase <i>Modified IFCC method</i>	51.29	U/L	40 - 150	
Proteins (Total) <i>Buret</i>	7.66	g/dL	6.4 - 8.2	
Albumin <i>Bromo Cresol Green</i>	4.80	g/dL	3.4 - 5.0	
Globulin <i>Calculated</i>	2.86	gm/dL	2 - 4.1	
A/G Ratio <i>Calculated</i>	1.7		1.0 - 2.1	
Bilirubin Total <i>Diazotized Sulfanilic Acid Method</i>	H 1.02	mg/dL	0.2 - 1.0	
Bilirubin Conjugated <i>Diazotized Sulfanilic Acid Method</i>	0.27	mg/dL		
Bilirubin Unconjugated <i>Calculated</i>	0.75	mg/dL	0 - 0.8	

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Pathologist

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Reg Date and Time : 08-Jul-2023 08:57 Sample Type : Whole Blood EDTA Mobile No. :
 Sample Date and Time : 08-Jul-2023 08:57 Sample Coll. By : non Ref Id1 :
 Report Date and Time : 08-Jul-2023 14:09 Acc. Remarks : Ref Id2 :

TEST	RESULTS	UNIT	BIOLOGICAL REF RANGE	REMARKS
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Glycated Haemoglobin Estimation

HbA1C <i>Immunoturbidimetric</i>	5.6		% of total Hb <5.7: Normal 5.7-6.4: Prediabetes >=6.5: Diabetes	
Estimated Avg Glucose (3 Mths) <i>Calculated</i>	114.02	mg/dL		

Please Note change in reference range as per ADA 2021 guidelines.

Interpretation :

HbA1C level reflects the mean glucose concentration over previous 8-12 weeks and provides better indication of long term glycemic control.
 Levels of HbA1C may be low as result of shortened RBC life span in case of hemolytic anemia.
 Increased HbA1C values may be found in patients with polycythemia or post splenectomy patients.
 Patients with Homozygous forms of rare variant Hb(CC,SS,EE,SC) HbA1c can not be quantitated as there is no HbA.
 In such circumstances glycemic control can be monitored using plasma glucose levels or serum Fructosamine.
 The A1c target should be individualized based on numerous factors, such as age, life expectancy, comorbid conditions, duration of diabetes, risk of hypoglycemia or adverse consequences from hypoglycemia, patient motivation and adherence.

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 Pathologist

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Reg Date and Time : 08-Jul-2023 08:57 Sample Type : Serum Mobile No. :
 Sample Date and Time : 08-Jul-2023 08:57 Sample Coll. By : non Ref Id1 :
 Report Date and Time : 08-Jul-2023 15:02 Acc. Remarks : Ref Id2 :

TEST	RESULTS	UNIT	BIOLOGICAL REF RANGE	REMARKS
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BIOCHEMICAL INVESTIGATIONS

Thyroid Function Test

Triiodothyronine (T3) CLIA	1.60	ng/mL	0.69 - 2.15	
Thyroxine (T4) CLIA	56.7	ng/mL	52 - 127	
TSH CLIA	1.379	µIU/mL	0.3 - 4.5	

INTERPRETATIONS

Useful for Monitoring patients on thyroid replacement therapy. Confirmation of thyroid-stimulating hormone (TSH) suppression in thyroid cancer patients on thyroxine therapy, for Prediction of thyrotropin-releasing hormone-stimulated TSH response, as An aid in the diagnosis of primary hyperthyroidism, for Differential diagnosis of hypothyroidism.

The ability to quantitate circulating levels of thyroid-stimulating hormone (TSH) is important in evaluating thyroid function. It is especially useful in the differential diagnosis of 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 or normal. Concentrations of 5.1 mIU/ml to 7.0 mIU/ml are considered borderline hypothyroid

CAUTIONS

Sick, hospitalized patients may have falsely low or transiently elevated thyroid stimulating hormone.

Some patients who have been exposed to animal antigens, either in the environment or as part of treatment or imaging procedure, may have circulating antianimal antibodies present. These antibodies may interfere with the assay reagents to produce unreliable results.

TSH ref range in Pregnancy	Reference range (microIU/ml)
First trimester	0.24 - 2.00
Second trimester	0.43-2.2
Third trimester	0.8-2.5

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

For test performed on specimens received or collected from non-NSRL locations, it is presumed that the specimen belongs to the patient named or identified as labeled on the container/test request and such verification has been carried out at the point generation of the said specimen by the sender. NSRL will be responsible Only for the analytical part of test carried out. All other responsibility will be of referring Laboratory.

Note:(LL-VeryLow,L-Low,H-High,HH-VeryHigh A-Abnormal)

Dr. Mohini Vadodariya

INIS 1025-10691

Printed On : 08-Jul-2023 16:59



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 Bill. Loc. : SPH OPD Pt. Loc. :

Reg Date and Time : 08-Jul-2023 08:57 Sample Type : Spot Urine Mobile No. :
 Sample Date and Time : 08-Jul-2023 08:57 Sample Coll. By : non Ref Id1 :
 Report Date and Time : 08-Jul-2023 11:34 Acc. Remarks : Ref Id2 :

TEST	RESULTS	UNIT	BIOLOGICAL REF RANGE	REMARKS
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URINE EXAMINATION (STRIP METHOD AND FLOWCYTOMETRY)

Physical examination

Colour : Pale yellow
 Transparency : Clear

Chemical Examination By Sysmex UC-3500

Sp.Gravity	1.005		1.003 - 1.035
pH	7.5		4.6 - 8
Leucocytes (ESTERASE)	Negative		Negative
Protein	Negative		Negative
Glucose	Negative		Negative
Ketone Bodies Urine	Negative		Negative
Urobilinogen	Negative		Negative
Bilirubin	Negative		Negative
Blood	Negative		Negative
Nitrite	Negative		Negative

Flowcytometric Examination By Sysmex UF-5000

Leucocyte	Nil	/HPF	Nil
Red Blood Cell	Nil	/HPF	Nil
Epithelial Cell	1-2	/HPF	Present(+)
Bacteria	Nil	/ul	Nil
Yeast	Nil	/ul	Nil
Cast	Nil	/LPF	Nil
Crystals	Nil	/HPF	Nil

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 Registered Pathologist

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Parameter	Unit	Expected value	Result/Notations				
			Trace	+	++	+++	++++
pH	-	4.6-8.0					
SG	-	1.003-1.035					
Protein	mg/dL	Negative (<10)	10	25	75	150	500
Glucose	mg/dL	Negative (<30)	30	50	100	300	1000
Bilirubin	mg/dL	Negative (0.2)	0.2	1	3	6	-
Ketone	mg/dL	Negative (<5)	5	15	50	150	-
Urobilinogen	mg/dL	Negative (<1)	1	4	8	12	-

Parameter	Unit	Expected value	Result/Notifications				
			Trace	+	++	+++	++++
Leukocytes (Strip)	/micro L	Negative (<10)	10	25	100	500	-
Nitrite(Strip)	-	Negative	-	-	-	-	-
Erythrocytes(Strip)	/micro L	Negative (<5)	10	25	50	150	250
Pus cells (Microscopic)	/hpf	<5	-	-	-	-	-
Red blood cells(Microscopic)	/hpf	<2	-	-	-	-	-
Cast (Microscopic)	/lpf	<2	-	-	-	-	-

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Shweta Patel
Dr. Shweta Patel
 Registered Pathologist

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Patient's Name:-	VIRAL VAIBHAV PARAMAR	Date :-	8/7/2023
Age & Sex :-	27Y F		
Referred By :-	HEALTH CHEK-UP		

USG ABDOMEN & PELVIS

LIVER : normal in size shape and normal echotexture.

No focal solid or cystic mass seen.

Portal & biliary radicals normal.

PV & CBD normal.

G.B. : well distended & normal. No stone or inflammation seen.

PANCREAS : reveals normal echotexture. No mass, calcification or pancreatitis.

SPLEEN : Normal in size, 88 mm & reveals normal echotexture. No other focal mass seen.

BOTH KIDNEY : RK:95x32 mm. , LK : 90x42 mm.

Both kidneys are normal size with normal cortical thickness.

No focal solid or cystic mass seen. No calculus. No hydronephrosis seen.

C.M differentiation is preserved. No parenchymal abnormality seen.

U. BLADDER : patially distended & normal.No mass or filling defect seen.

UTERUS : Anteverted, Normal in size . No focal lesion seen. Endometrium appears normal.

No adnexal mass.

BOWEL LOOPS : Peristaltic bowel loops seen in lower abdomen. Bowel loops are normal calibre (Visualized).

No free fluid seen. No enlarged lymphnodes seen.

IMPRESSION:

- **No significant abnormality seen.**
- Suggest clinical correlation.


DR HANSA RATHWA
MD(Radio Diagnosis)

Thanks for reference. Please co-relate clinically.

Note: This report is not valid for medico-legal purpose. There can be typing error, which can be correctable.

Technician:
Ordering Ph:
Referring Ph:
Attending Ph:

QRS : 68 ms
QT / QTcBaz : 344 / 404 ms
PR : 142 ms
P : 102 ms
RR / PP : 722 / 722 ms
P / QRS / T : 72 / 51 / -22 degrees

Normal sinus rhythm
Possible Anterior infarct , age undetermined
Abnormal ECG

