



S/B Dr. Vivek Gupta
M.D. Medicine

**SARDAR
PATEL HOSPITAL
& HEART INSTITUTE**

Name : neha Kumari

Date : 10/4/23

Age : 27 Sex : F

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P. fason-upfate	001	

100/80

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Qinac



OPD INITIAL ASSESSMENT FORM

(To be filled by Nursing Staff)

Patient Name: - meha kumarji UHID Number: - 9432

Consultant Name: DR. Kalpesh Vadodariya Date: - 10/11/23 Start Time: - 5:30 Age: - 27 (Years)
Sex: - F (M/F)

Height:- _____ cms, Weight: - 55.5 kgs. Temp. 36, Pulse: - _____ (Per minute), SPO2 _____

B.P. :- _____ (mm of Hg), RBS:- Nil First Visit / Follow Up

Visit: first visit (PK) Sudhey

Nursing Staff Name & Signature: - _____ End Time:- _____

Past History: - (TICK MARK)

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

Other:- LS-OS

Family History:- _____

Nutritional Screening:- _____

Psychosocial Assessment:- _____

Immunization Status:- _____

To be filled by Clinician) Start Time:- _____

Clinical Findings:-

Health check up
no abnormality
soft abdomen

Diagnosis:-

Investigations and Advice:-

USG abdomen
referral



OPD INITIAL ASSESSMENT FORM

(To be filled by Nursing Staff)

Patient Name: - Neha Kumari UHID Number: - 9432

Consultant Name: - Dr. Kulpali Kalkadiya Date: - 8/4/23 Start Time: - 6:40 Age: - 27 (Years)

Sex: - F (M/F)

Height: - _____ cms, Weight: - 55.5 kgs. Temp. _____, Pulse: - _____ (Per minute), SPO2 _____

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

Visit: first visit

Nursing Staff Name & Signature: - Vasava Savitri End Time: - _____

Past History: - (TICK MARK)

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

Other:-

K/clo migraine

Family History:-

Nutritional Screening:-

Psychosocial Assessment:-

Immunization Status:-

To be filled by Clinician) Start Time:- _____

Diagnosis:-

Clinical Findings:-

No neurological complaints at present
occasional
no occ
occasional
comp: 12/3/2023
Bunuj migrain.
almin - 3-5 pmpc

Investigations and Advice:-

ver m

SPH/OPD/03

at 30
oln = P.A.O.L.
♂ / fuses / 2 1/2 yr back (A²n lue.

SHRIMATI JAYABEN MODY HOSPITAL

REGD. No. F/106/BHARUCH

MANAGED BY :

Ankleshwar Industrial Development Society, Ankleshwar
VALIA ROAD, GIDC, ANKLESHWAR - 393 002. PHONE : 222220, 224550

NAME OF PATIENT : KUMARI NEHA
DATE : 08/04/2023

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 is appears normal.
Gallblader appears minimally distended.
Pancreas appears normal in size and echotexture.
Spleen appears normal in size and echotexture.
Aorta appears normal. No para aortic lymphnodes seen.
Right kidney appears normal in size, location and echotexture.
Cortex and collecting system of right kidney appears normal.
No calculi or obsrtuctive uropathy.
Left kidney appears normal in size, location and echotexture.
Cortex and collecting system of left kidney appears normal.
No calculi or obsrtuctive uropathy.
Bladder appears minimally distended.
Visualised portion of visualised portion of uterus and both ovaries appears grossly unremarkable.
Terminal ileum and ceacum appears normal.
Appenidx not seen due to bowel gas.no evidence of probe tenderness.
No evidence of free fluid or collection is seen in peritoneal spaces.

COMMENTS: No significant diagnostic abnormality detected.

THANKS FOR THE REFERENCE

DR. JANAKI RAJ (M.D)
CONSULTANT RADIOLOGIST



**SARDAR
PATEL HOSPITAL
& HEART INSTITUTE**

Patient Name : MRS. NEHA KUMARI

Age / Gender : 27 years / Female

Patient ID : 21276

Source : Sardar Patel Hospital (OPD)



Maharashtra | Goa | Gujarat

Referral : Dr Mediwheel Full body Health Checkup

Collection Time : 25/03/2023, 08:12 AM

Reporting Time : 25/03/2023, 10:30 AM

Sample ID :



Test Description	Value(s)	Unit(s)	Reference Range
CBC			
Complete Blood Count (CBC)			
Hemoglobin (Hb)* Method : Cymeth Photometric Measurement	9.9	gm/dL	12.0 - 15.0
Erythrocyte (RBC) Count* Method : Electrical Impedance	4.17	mil/cu.mm	3.8 - 4.8
Packed Cell Volume(Hematocrit) Method : Calculated	31.9	%	36 - 46
Red cell Indices			
Method - Calculated/Electrical Impedance			
MCV	76.50	fL	83 - 101
MCH	23.74	pg	27 - 32
MCHC	31.03	gm/dL	31.5 - 34.5
RDW - CV	14.9	%	11.6 - 14.0
Total and Differential count			
Method - Electrical Impedance and VCSN Technology			
Total Leucocytes (WBC) Count*	5790	cell/cu.mm	4000-10000
Neutrophils	53	%	40 - 80
Lymphocytes	39	%	20 - 40
Monocytes	06	%	2 - 10
Eosinophils*	02	%	1 - 6
Basophils	00	%	0 - 2
Platelet Count Method : Electrical Impedance	140	10 ³ /ul	150 - 450
Platelet on smear	Occasional giant platelets are seen		
Sample Type : EDTA Whole Blood.			

E.S.R

Erythrocyte Sedimentation Rate Method : EDTA Whole blood, modified westergren	42	mm/hr	<20
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Interpretation:

It indicates presence and intensity of an inflammatory process. It is a prognostic test and used to monitor the course or response to treatment of diseases like tuberculosis, acute rheumatic fever., It is also increased in multiple myeloma, hypothyroidism.

****END OF REPORT****

Bholiya

Dr. Bhavika Dholiya
M. D. Pathology
Registration No: G-32571

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Maharashtra | Goa | Gujarat

Referral : Dr Mediwheel Full body Health Checkup

Collection Time : 25/03/2023, 08:12 AM

Reporting Time : 25/03/2023, 01:35 PM

Sample ID :



001608423

Test Description	Value(s)	Unit(s)	Reference Range
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BLOOD GROUP & RH (D) FACTOR, EDTA WHOLE BLOOD

Blood Group

Method : Forward and Reverse By Tube Method

"AB"

RH Factor

Positive

Methodology

This is done by forward and reverse grouping by tube Agglutination method.

Interpretation

Newborn baby does not produce ABO antibodies until 3 to 6 months of age. So the blood group of the Newborn baby is done by ABO antigen grouping (forward grouping) only, antibody grouping (reverse grouping) is not required. Confirmation of the New-born's blood group is indicated when the A and B antigen expression and the isoagglutinins are fully developed (2-4 years).

END OF REPORT

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Referral : Dr Mediwheel Full body Health Checkup

Collection Time : 25/03/2023, 08:12 AM

Reporting Time : 25/03/2023, 12:30 PM

Sample ID :



Test Description	Value(s)	Unit(s)	Reference Range
BLOOD GLUCOSE FASTING (FBS)			
Glucose fasting Method : GOD-POD	109.0	mg/dL	Normal: 70 - 99 Impaired Tolerance: 100-125 Diabetes mellitus: \geq 126 (on more than one occasion) (American diabetes association guidelines 2018)
Urine Fasting	Absent		
BLOOD GLUCOSE POST PRANDIAL (PP2BS)			
Blood Glucose-Post Prandial Method : GOD-POD	107.6	mg/dL	70 - 140
Urine Post Prandial	Absent		
GLYCOSYLATED HB (HBA1C)			
Glyco Hb (HbA1C)	4.7	%	Non-Diabetic: \leq 5.6 Pre Diabetic: 5.7-6.4 Diabetic: \geq 6.5
Estimated Average Glucose :	88.19		mg/dL

Interpretations

- HbA1C has been endorsed by clinical groups and American Diabetes Association guidelines 2017 for diagnosing diabetes using a cut off point of 6.5%
- Low glycosylated haemoglobin in a non diabetic individual are often associated with systemic inflammatory diseases, chronic anaemia (especially severe iron deficiency and haemolytic), chronic renal failure and liver diseases. Clinical correlation suggested.
- In known diabetic patients, following values can be considered as a tool for monitoring the glycemic control.
 - Excellent control-6-7 %
 - Fair to Good control - 7-8 %
 - Unsatisfactory control - 8 to 10 %
 - Poor Control - More than 10 %

END OF REPORT

B. Dholiya

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Collection Time : 25/03/2023, 08:12 AM

Reporting Time : 25/03/2023, 10:36 AM

Sample ID :



Test Description	Value(s)	Unit(s)	Reference Range
CREATININE			
Creatinine Method : Enzymatic	0.54	mg/dL	0.6 - 1.2 mg/dl
URIC ACID			
Uric Acid* Method : Uricase, POD	3.5	mg/dL	2.5 - 6.8 mg/dL
BLOOD UREA NITROGEN			
Urea * Method : Serum, Urease	21.2	mg/dL	17 - 43
Blood Urea Nitrogen-BUN* Method : Calculated	9.90	mg/dL	7 - 25 mg/dL
BUN CREATININE RATIO			
Urea	21.2	mg/dL	17 - 43
Blood urea nitrogen	9.90	mg/dL	7 - 25
Creatinine	0.54	mg/dL	0.6 - 1.2
BUN/Creatinine ratio	18.35	Ratio	6 - 22
LIVER FUNCTION TEST-1			
Bilirubin - Total Method : Diazotization	1.25	mg/dL	0.3 - 1.2
Bilirubin - Direct Method : Serum, Diazotization	0.44	mg/dL	Adults and Children: 0.0 - 0.4
Bilirubin - Indirect Method : Calculated	0.81		
SGOT Method : Serum, UV without P5P	26.9	U/L	< 50
SGPT Method : Serum, UV without P5P	31.6	U/L	< 50
Alkaline Phosphatase-ALPI Method : Serum, PNPP, AMP Buffer, IFCC 37 degree	128.0	U/L	30-120
Total Protein Method : Serum, Biuret, reagent blank end point	6.97	g/dL	6.6 - 8.3
Albumin Method : Serum, Bromocresol green	4.32	g/dL	Adults: 3.5 - 5.2
Globulin Method : Calculated	2.65	g/dL	1.8 - 3.8
AVG Ratio Method : Calculated	1.63	ratio	1.2 - 2.2

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Collection Time : 25/03/2023, 08:12 AM

Reporting Time : 25/03/2023, 10:36 AM

Sample ID :



Test Description	Value(s)	Unit(s)	Reference Range
LIPID PROFILE (D)			
Cholesterol-Total Method : Serum, Cholesterol oxidase esterase, peroxidase	175.0	mg/dL	Desirable: <= 200 Borderline High: 201-239 High: > 239
Triglycerides Method : Serum, Enzymatic, endpoint	137.0	mg/dL	Normal: < 150 Borderline High: 150-199 High: 200-499
Cholesterol-HDL Direct Method : Serum, Direct measure-PEG	54.4	mg/dL	Very High: >= 500 Normal: > 40
LDL Cholesterol Method : Calculated	93.20	mg/dL	Major Heart Risk: < 40 Optimal: < 100 Near optimal/above optimal: 100-129 Borderline high: 130-159 High: 160-189
Non - HDL Cholesterol, Serum Method : calculated	120.60	mg/dL	Very High: >= 190 Desirable: < 130 mg/dL Borderline High: 130-159mg/dL High: 160-189 mg/dL
VLDL Cholesterol Method : calculated	27.40	mg/dL	Very High: > or = 190 mg/dL 6 - 38
CHOL/HDL RATIO Method : calculated	3.22	ratio	3.5 - 5.0
LDL/HDL RATIO Method : calculated	1.71	ratio	Desirable / low risk - 0.5 - 3.0 Low/ Moderate risk - 3.0- 6.0
HDL/LDL RATIO Method : calculated	0.58	ratio	Elevated / High risk - > 6.0 Desirable / low risk - 0.5 - 3.0 Low/ Moderate risk - 3.0- 6.0 Elevated / High risk - > 6.0

Note: 8-10 hours fasting sample is required. Test results may show interferences due to pregnancy, certain drugs such as estrogens and other drugs (such as androgenic and related steroids), and insulin therapy etc. 12 hours fast is recommended prior to the test as non fasting status may result in falsely elevated test values. Alcohol should not be consumed for atleast 24 hours before the test. Values may be increased in acute illness, colds or flu. Obesity, stress, physical inactivity, cigarette smoking may lead to increase test values. If possible all medications should be withheld for atleast 24 hours before testing (On Doctors Advice). Intraindividual variations, seasonal as well as positional variations (levels lower when sitting compared to standing etc.) have been observed. Cholesterol and HDL-C should not be measured immediately after MI, and 3 months wait is suggested.

END OF REPORT

Bholya

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Collection Time : 25/03/2023, 08:12 AM

Reporting Time : 25/03/2023, 12:48 PM

Sample ID :



Test Description	Value(s)	Unit(s)	Reference Range
THYROID FUNCTION TEST 1			
T3-Total Method : Serum, CLIA	1.51	ng/mL	0.69 - 2.15 ng/mL
T4-Total Method : Serum, CLIA	7.25	ug/dL	5.2 - 12.7 ug/dL
TSH Method : Serum, CLIA	4.80	uIU/mL	0.3 - 4.5 uIU/mL

Interpretation

END OF REPORT

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M. D. Pathology
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Referral : Dr Mediwheel Full body Health Checkup

Collection Time : 25/03/2023, 08:12 AM

Reporting Time : 25/03/2023, 12:33 PM

Sample ID :



Test Description	Value(s)	Unit(s)	Reference Range
URINE ROUTINE			
Volume*	10	ml	ml -
Colour*	Pale Yellow		Pale Yellow
Transparency (Appearance)*	Slightly Hazy		Clear
Deposit*	Present		Absent
Reaction (pH)*	6.0		4.5 - 8
Specific Gravity*	1.010		1.010 - 1.030
Chemical Examination (Automated Dipstick Method) Urine			
Urine Glucose (sugar)*	Absent		Absent
Urine Protein (Albumin)*	Absent		Absent
Urine Ketones (Acetone)*	Absent		Absent
Blood*	Absent		Absent
Bile pigments*	Absent		Absent
Nitrite*	Absent		Absent
Microscopic Examination Urine			
Pus Cells (WBCs)*	20-25	/hpf	0 - 5
Epithelial Cells*	30-35	/hpf	0 - 4
Red blood Cells*	Occasional	/hpf	Absent
Crystals*	Absent		Absent
Cast*	Absent		Absent
Trichomonas Vaginalis*	Absent		Absent
Yeast Cells*	Absent		Absent
Amorphous deposits*	Absent		Absent
Bacteria*	Absent		Absent

END OF REPORT

B. Sholija

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2D ECHO CARDIOGRAPHY REPORT

Name : Mrr Nena Kkumari

UHID : 9432

Age / Sex : 27 Yrs. / f

Date : 25.3.2023

Done By: Dr. Milan Mehta

- All cardiac chambers are normal in dimension
- Normal LV Systolic function at Rest, LVEF = 60 %
- No RWMA at Rest.
- Grade I LV diastolic dysfunction
- MV – Normal, No MS/ Trivial MR AV – mildly sclerotic, No AS/Mild AR
- TV – Normal , No TS/ Trivial TR PV – No PS / PR
- No significant Pulmonary Hypertension, RVSP = 30 mmHg
- IAS / IVS appear Intact
- No e/o Clot / Vegetation /pericardial effusion
- IVC normal diameter and collapse > 50 % with respiration

IMPRESSION: NORMAL LVEF, NO RWMA, GRADE I LVDD

Dr. Milan Mehta
D.Card (Mumbai)
Non-Invasive cardiology

Dr. Jayveer Atotariya
MD, DM, CARDIOLOGY
Consultant: Interventional Cardiology

Sardar Patel Hospital & Heart Institute

Chikwadi, Opp. Railway Yard, Ankleshwar - 393001 | Phone: +91 2646 247882/83
Emergency: +91 72270 34848 | Email: info@sardarpatelhospital.com | www.sardarpatelhospital.com

25.03.2023 12:02:43
SARD PATEL HOSPITAL
CHIK DI
ANKLESHWAR

Location:
Order Number:
Visit:
Medication 1:
Medication 2:
Medication 3:

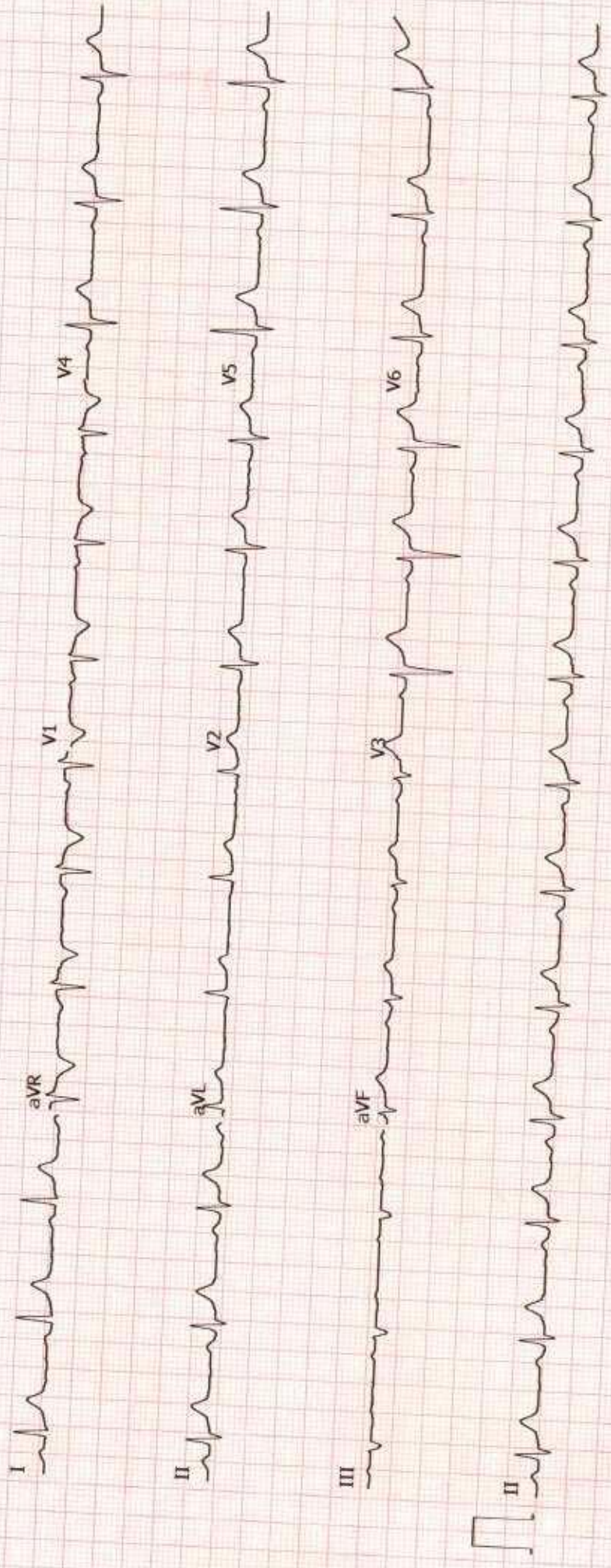
78 bpm
/ / mmHg

Room:

Technician:
Ordering Ph:
Referring Ph:
Attending Ph:

QRS : 74 ms
QT / QTcBaz : 358 / 408 ms
PR : 158 ms
P : 104 ms
RR / pp : 770 / 769 ms
P / QRS / T : 46 / 14 / 31 degrees

Normal sinus rhythm
Normal ECG



GE MAC2000 1.1 12SL™ v241

25 mm/s 10 mm/mV ADS 0.56-20 Hz 50 Hz

Unconfirmed
4x2.5x3.25_R1