

Dr. Jinen M. Shah Registration No: G-20693

अस्य कर विमाज मारत सरकार INCOMETAX DEPARTMENT GOVT OF INDIA DEEPSHIKHA

JEETENDRA KUMAR
18/08/1994
Permanent Account Number Clup D8682E

Repstarka
Signature



Referred by Date

: Self : 24/07/2021

Patient's Id

: DK68

Age/Sex

: 27 Years/Female

Reg. No

: 3229

Mobile

: 9102778571

Ref ID.

Fitness Certificate

GENERAL EXAMINATION

Height (cms): 164

Weight (kgs): 67.3

Blood Pressure: 110/70 mmHg

Pulse: 84/Min

No Clubbing/Cynosis/Pallor/Pedel Oedem

Systemic Examination:

Cardio vascular System - S1,S2 Normal, No Murmur

Respiratory system - AEBE

Central Nervous System - No FND

Abdomen - Soft, Non Tender, No Organomegaly

-- End of Report --

This is an electronically authenticated report. Note:((LL-Very Low, L-Low, HH-Very High)

Approved On : 24/07/2021 2:55:00 PM

Generated On : 24/07/2021 15:26

Dr Jinen M Shah DNB (Medicine)FCCS (USA)



: Self Referred by

Reg. No : 24/07/2021 Mobile : 9102778571 Date

Patient's Id : DK68 Ref ID.

HEMOGRAM REPORT

: 27 Years/Female

: 3229

Performed on 5-Part Fully Auto Hematology Analyzer SIEMENS ADVIA 2120i)

Test	Result	Unit	Biological Reference Interval
Sample Type:	EDTA		
Haemoglobin: Total WBC Count: Platelets Count: Differential Count:	11.4 7700 9 5000	gm/dL /microlitre /microlitre	12.5 - 16.0 4000 - 10500 1,50,000 - 4,50,000
Neutrophils: Lymphocytes: Eosinophils: Monocytes: Basophils:	60 34 03 03 00	% % % %	40-80 20-40 Upto 6 2-10 <1-2
RBC indicies: RBC Count:	4.37	*10^6 /microL	3.8 - 4.8
HCT: MCV: MCH: MCHC:	36.3 83.1 26.1 31.4	% fL pg %	36 - 46 83 - 101 27-32 31,5-34.5
RDW;	13.9	%	11.6 ~ 14.0

(By AUTO ESR-10, USA)

Thick Smear Preparation:

Haemoparasite:

Malarial parasites are not seen.

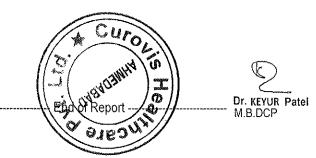
Peripheral Smear Examination:

RBCs: Platelet: Normocytic & Normochromic.

Platelet decreased on smear.

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: 27 Years/Female

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BLOOD GROUP

Sample Type:

EDTA

ABO Group:

"0"

Rh Type:

Negative

THYROID FUNCTION TEST

(by CLIA on SIEMENS ADVIA Centaur XP)

Test	Result	Unit	Biological Reference Interval
Sample Type: Serum			
S.T3 (Total Triidothyronine by CLIA)	1.19	ng/mL	1 - 23 Months: 1.17 - 2.39 2 - 12 Years: 1.05 - 2.07 13 - 20 Years: 0.86 - 1.92 Adult: 0.6 - 1.81
S.T4 (Total Thyroxine by CLIA)	6.0	mcg/dL	3.2 - 12.6
S.TSH (Thyroid Stimulating Hormone by CLIA)	5.33	microU/mL	0 -12 Yrs: 0.77 - 5.64 12-19 Yrs: 0.75-3.69 19-100 Yrs: 0.35 -5.50

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Patient's name : DEEPSHIKHA KAMESHWAR KUMAR Age/Sex : 27 Years/Female : 3229

Reg. No Referred by : Self

Mobile : 9102778571 Date : 24/07/2021 Patient's Id : DK68 Ref ID.

BLOOD GLUCOSE LEVEL

Test Sample Type:	Result Flouride	Unit	Biological Reference Interval
Fasting Blood Glucose (Hexokinase)	74.9	mg/dl	70-110
Fasting Urine Glucose	Nil		
Collection Time:			
Post Prandial Blood Glucose (2 Hrs) (Hexokinase)	104.4	mg/dl	80-140
Post Prandial Urine Glucose (2 Hrs)	Nil		

Tests Performed on Fully Auto DRY Chemistry Analyzer VITROS-250 **RENAL FUNCTION TEST**

(Performed on Fully Auto DRY Chemistry Analyzer VITROS-250)

Test	Result	Unit	Biological Reference Interval
Sample Type: Serum			
S.Urea (Urease with indicator dye)	37.1	mg/dl	Maie: 19.6-43.6 Female: 15.2-37.0
S.Creatinine (Enzymatic)	0.68	mg/dL	0.55 - 1.30
S.Uric Acid (Uricase)	3.04	mg/dL	Male: 3.5-8.5 Female: 2.5-6.2

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GLYCOSYLATED HAEMOGLOBIN (HbA1C) ESTIMATION

Test	Result	Unit	Biological Reference Interval
Sample Type: EDTA			
Glycosylated Haemoglobin (HbA1C)	4.7	%	Pre-Diabetic (Adult): 5.7 - 6.4 Diabetic (Adult): >6.5 Therapeutic goal for glycemic control: <7.0
Mean Blood Glucose Level (An average of 2 -3 Months)	88.19		

Method: HPLC on D-10, Bio-Rad, USA

INTERPRETATION:

* Blood sample can be drawn at any time. Fasting is not required.

* Reflects average blood sugar levels for the 2 to 3 months period before the test.

* Provides information for evaluating diabetic treatment modalities and tracks control of blood glucose of particular value in diabetic children, diabetics in whom the renal threshold for glucose is abnormal, unstable insulin dependent diabetics where blood sugars vary markedly from day to day.

* High value in poorly controlled DM and moves towards normal in patients with optimal control.

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LIPID PROFILE

	LIPID F	PROFILE	
+ %	(Performed on Semi Auto Cl		
Test Sample Type: Fasting Serum	Result	Unit	Biological Reference Interval
S.Cholesterol (Oxidase Peroxidase)	169	mg/dL	< 200 Desirable 200-239 Boderline High > 240 High
S.HDLC (Direct) (Phosphotungsstic Acid)	55.9	mg/dL	< 40 Low > 60 High
S.Triglyceride (GPO-POD)	132.1	mg/dL	< 150 mg/dl Normal 150-199 Boderline High 200-499 High > 500 Very High
S.VLDL (Calculated)	26.42	mg/dL	10-40 Normal
S.LDLC (Calculated)	86.68	mg/dL	< 100 Optimal 100-129 Near to above optimal 130-159 Boderline high 160-189 High >190 Very High
S.Cholesterol / HDLC Ratio (Calculated)	3.02		< 4 Normal 4-6 Borderline 6-8 Risklevel > 8 High Risk
S.LDLC / HDLC Ratio (Calculated)	1.55		< 3 Normal 3-4 Borderline 4-6 Risk Level > 6 High Risk
Cholesterol / HDLC Ratio (Calculated)	3.02		< 3.5 Normal
Triglyceride / HDLC Ratio (Calculated)	2.36		< 2 Normal > 4 Risk Level > 6 High Risk
Non HDLC (Calculated)	113.1		< 130 Normal 130 - 159 Near Normal 160 - 189 Borderline 190 - 219 Risklevel > 220 High Risk

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Patient's name : DEEPSHIKHA KAMESHWAR KUMAR Age/Sex : 27 Years/Female

Referred by : Self Reg. No : 3229

Date : 24/07/2021 Mobile : 9102778571
Patient's Id : DK68 Ref ID. :

LIVER FUNCTION TEST

(Performed on Fully Auto DRY Chemistry Analyzer VITROS-250)

Test	Result	Unit	Biological Reference Interval
Sample Type: Serum			
S.Billirubin	^ 7		0 40
Total Bilirubin (Azobillirubin)	0.7	mg/dl	0 - 1.2
Conjugated Bilirubin	0.1	mg/dl	0 - 0.4
(Dual Wavelength spectrophotometric)			
Unconjugated Bilirubin	0.6	mg/di	0.0 - 1.1
(Dual Wavelength spectrophotometric)			
S.G.P.T. (ALT)	21.8	IU/L	0 - 49
(Kinetic with Pyridoxal 5-Phosphate)	45.0		
S.G.O.T. (AST)	15.3	IU/L	Up to 46
(Kinetic with Pyridoxal 5-Phosphate)	279.9	U/L	64 - 306
S.ALP (Alkaline Phosphatase) (4-Nitrophenyl phosphate)	213.3	U/L	04 - 300
S.Protein			
Total Protein	6.9	gm/dl	6.3 - 8.2
(Biuret)	0.0	9.1.1.41	
Albumin	4.41	gm/dl	3.5 - 5.2
(BCG)		_	
Globulin	2.49	gm/dl	1.9 - 3.5
(Calculated)			
Albumin Globulin Ratio	1.77		
S.GammaGT	27.6	IU/L	12-43
(L-Gamma Glutamyl-4-Nitroanalide)			

SERUM LDH LEVEL

Test Result Unit Biological Reference Interval
Sample Type: Serum

LDH Activity(Lactate Dehydrogenase): 113.1 U/L 120 - 246

Pyruvate to lactate Kinetic Method

#Tests Performed on Fully Auto DRY Chemistry Analyzer VITROS-250

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Mobile : 9102778571 Date : 24/07/2021

Ref ID. Patient's Id : DK68

URINE ROUTINE ANALYSIS

Physical Examination	Result	Biological Ref. Value
(Naked Eye Observation)		_
Amount	10 ml	>10 ml
Colour	Pale Yellow	Pale Yellow
Appearance	Clear	Clear

Chemical Examination

рН	7	4.5-8.0
(Dip stick)		
Specific Gravity	1.020	1.002-1.030
(Bromothymol Blue)		
Albumin	Absent	Absent
(Tetrabromophenol)		

Absent Absent Glucose (Specific Glucose Oxidase/Peroxidase) Bilirubin Absent Absent

(Azo-coupling reaction) Absent Absent Acetone

(Sodium Nitroprusside Reaction) Absent Absent Urobilinogen (Modified Ehrlich Reaction) **Nitrites** Absent Absent

Microscopic Examination

(Diazotization Reaction)

(After centrifugation at 1500 RPM for 10min./hpf) Pus Cells(WBCs) Absent Absent

Absent Red Blood Cells(RBCs) Absent Epithelial cells Absent T. Vaginals Absent Absent Spermatozoa Absent Absent Absent Casts Absent Absent Crystals Absent

Absent Amorphous Material Absent

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Electrocardiogram

F	i	n	d	i	n	g	S

Normal Sinus Rhythm.

Within Normal Limit.

---- End of Report -

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Approved On : 24/07/2021 2:55:00 PM

Generated On : 24/07/2021 15:27



Dr Jinen M Shah

DNB (Medicine)FCCS (USA)

				Deepshikha Kumar Kumar 20 20 27 years 164 cm / 67 kg
-EE-10-10-10-10-10-10-10-10-10-10-10-10-10-) a fi	AUL aut	AUR AUR	HR 84/min te RR 715 ms PR 190 ms QRS 86 ms QT 322 ms GTC 383 ms
285 24 07 2021				P (11) 6.13 mU P (11) 6.13 mU P (11) 7.84 mU S (U1) 1.98 mU S (U1) 3.81 mU
CUROUIS HEALTHCARE				
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Date : 24/07/2021 Mobile : 9102778571
Patient's Id : DK68 Ref ID. :

2D Echo Colour Doppler

OBSERVATION:

- 2 D Echo and color flow studies were done in long and short axis, apical and Sub coastal views.
- 1. Normal LV size. No RWMA at rest.
- 2. Normal RV and RA. No Concentric LVH.
- 3. All Four valves are structurally normal.
- 4. Good LV systolic function. LVEF = 60%.
- 5. Normal LV Compliance.
- 6. Trivial TR. Mild MR. No AR.
- 7. No PAH. RVSP = 26 mmHG.
- 8. Intact IAS and IVS.
- 9. No Clot, No Vegetation.
- 10. No pericardial effusion.

CONCLUSION

- 1. Normal LV size with Good LV systolic function.
- 2. No Concentric LVH . Normal LV Compliance
- 3. Trivial TR with No PAH. Mild MR. No AR
- 4. No RWMA at rest.

This echo doesn't rule out any kind of congenital cardiac anomalies.

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'B' Block, Mondeal Business Park, Near Gurudwara, Bodakas

Dr Jine

Dr Jinen M Shah DNB (Medicine)FCCS (USA)

(ighty)y, Ahmedabad-380054, Gujarat.



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Mobile

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•

: 27 Years/Female

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: 9102778571

X RAY CHEST PA

Left dome is raised with blunting of left c.p.angle, crowding of left side ribs seen, pleural thickening seen along the

left lateral chest wall.

Rest of the lung fields appear clear.

Cardiac size appears within normal limits.

Right c.p.angle is clear.

Right dome of diaphragm is clearly seen.

COMMENT: Left dome is raised with pleural thickening seen in left c.p.angle and left lateral chest wall with? pleural effusion.Crowding of left side ribs seen.

This is an electronically authenticated report.

Note:((LL-Very Low, L-Low, HH-Very High)

Dr. Jaimin Shah
DMRD
Cunsaltant Radiologist

Approved On : 24/07/2021 2:48:00 PM Generated On : 24/07/2021 14:48





Referred by Date : Self

: 24/07/2021

Patient's Id : DK68

Age/Sex

: 27 Years/Female

Reg. No

: 3229

Mobile Ref ID. : 9102778571

USG ABDOMEN

Liver appears normal in size & bright echogenicity. No evidence of focal solid or cystic lesion seen. No evidence of dilatation of intra-hepatic billiary or portal radicals. PV is normal in caliber.

Gall bladder is normally distended. No evidence of calculus or mass seen. Gall bladder wall thickness appears normal.

Pancreas Visualized portion appears normal in size and echopattern. No evidence of focal lesions.

Spleen appears normal in size & echopattern. No evidence of focal lesions.

Both kidneys are normal in size, shape and position. C.M. differentiation on both sides is maintained. No evidence of hydronephrosis, calculus or solid mass on either side.

Urinary bladder is partially distended. No evidence of calculus or mass.

Uterus appears normal. No adnexal mass is seen.

No adnexal mass seen.

No evidence of free fluid in peritoneal cavity.

No evidence of para-aortic lymph adenopathy.

No evidence of dilated small bowel loops.

Pleural thickening seen in left c p angle and along the left lateral chest wall.

COMMENTS:

Pleural thickening seen in left c.p.angle and along the left lateral chest wall.

? Pleural effusion. In left c.p.angle . ADV : CAT SCAN IF CLINICALY INDICATED.

------ End of Report ------ Dr. Jaimin Shah
DMRD
t. Cunsaltant Radiologist

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Color of the Color



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Eye Check - Up

RIGHT EYE

SP: CY: -0.50 -0.50

AX:

106

LEFT EYE

SP:

-0.50

CY: AX:

-0.5077

Without Glasses

With Glasses

Right Eye Left Eye

6/6

6/6

N.A N.A

Near Vision:

Right Eye -N/6, Left Eye - N/6

Fundus Examination: Within Normal Limits.

Colour Vision:

Normal

Comments:

Normal

Dr.Kejal Patel MB,DO(Ophth)

Approved On : 24/07/2021 2:50:00 PM

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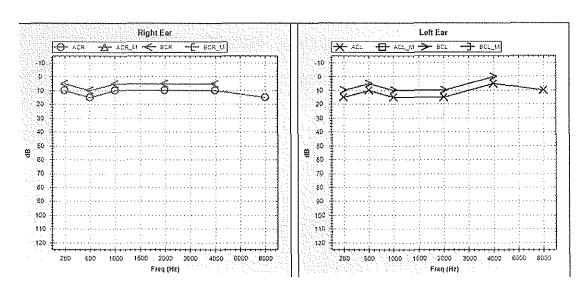


CLIENT NAME: -DEEPSHIKHA K .

AGE:- 27Y/F

DATE:-24/07/2021

AUDIOGRAM



MODE	Air Cor	duction	Bone Conduction		Colour		the second section of the second		RIGHT	LEFT
EAR	Masked	UnMasked		UnMasked	1 1	Threshold in do	NIGHT	LEFI		
LEFT		X	Andrew Andrews and Andrews	20-1-17-0-0-0-0-0-0-0-0-0-0-0-0-0-0-0-0-0	Blae	AIR CONDUCTION	10.5	10.5		
RIGHT	Δ	0	С	<	Red	BONE CONDUCTION				
NO RESPONS	E; Ado	i ၞ below t	he respe	ctive symt	ols	SPEECH				

Comments:-

Bilateral Hearing Sensitivity Within Normal Limits.

