



# PANCHMUKHI HOSPITAL

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

Dr C P Dadhaniya

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

policy number : —  
full name : Deepali Ashish Bodavude  
identity proof : Aadhar card  
identity proof no : 5824  
gender : female / 30  
height : 152  
weight : 49  
BP : 100 / 70  
pulse : 72 / min regular  
blood sample : yes  
fasting mode : yes  
non fasting mode : yes

past history : L.S.C.S is done on 13 / Jun / 2020

Dental : Healthy

Ramberg Test :

Colour vision : Normal

Vision Estrog since 15 yrs

*Deepali*

**DR. C. P. DADHANIYA**

M.B. Diabetologist  
Ind. Physician (CIH)

Regd. No. G-3  
C.O. No. 3

Panchmukhi Hospital  
Mavdi Chowki,  
150 Ft. Ring Road RAJKOT.

NAME : Deepali A. Bodarude      DIAG. DATE: 25-11-23  
 AGE/GENDER: 30/male

**PATIENT'S REFRACTION DETAILS**

		SPHE	CYL	AXIS	VN
R	D	N	N	N	6/9
	N	N			6/9
L	D	N	N	N	6/9
	N	N			6/9

REMARKS :

CHECKED BY : D.P. C.P. Dadhaniya

*Deepali*

DR. C. P. DADHANIYA  
 Panchmushi Hospital  
 Mavdi Chowki,  
 150 Ft. Ring Road, RAJKOT.



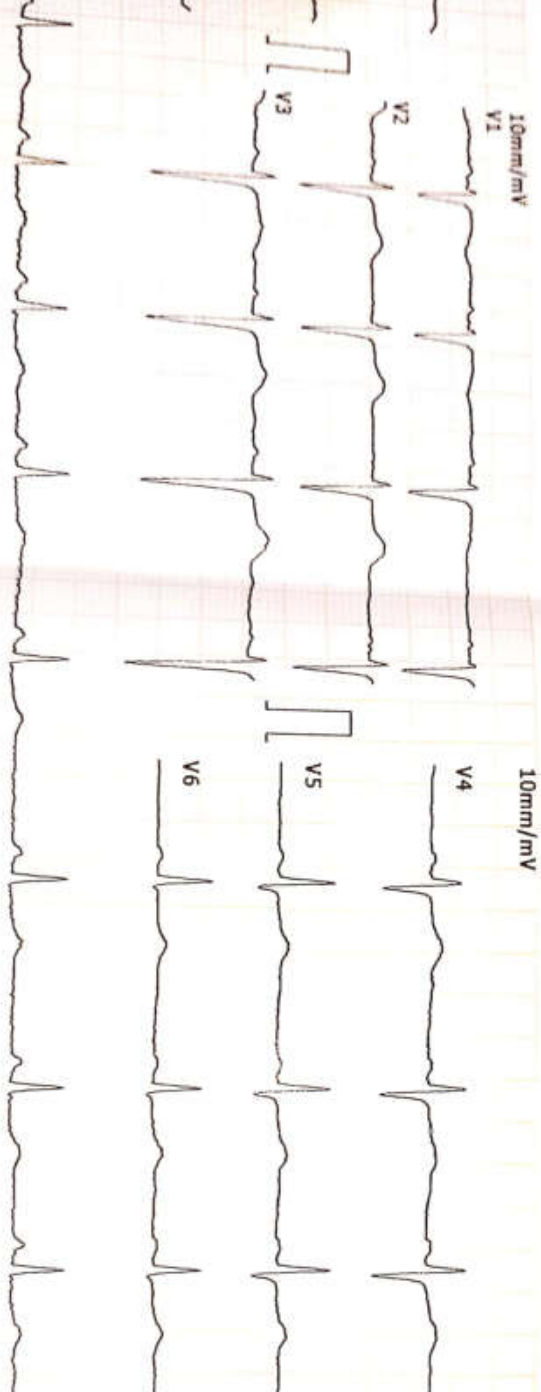
10mm/mV AUTO



10mm/mV



25mm/s AC:ON 0.05-35Hz



Dipali

2023-11-25 8:54:57

ID: 00003597

ID Card:

Name: Dipali Bodakide

Gender: Female

Age: 30

Height(cm):

Weight(Kg):

BP(mmHg):

HR: 72

PRP: P. P. ODHANAYA Spm

Q-R-S: Ind. P. Odhan (CI) Pns 123

QT/QTc: Ind. P. Odhan (CI) Pns 106

P/QRS/T AXES: Ind. P. Odhan (CI) Pns 426/465

RVS/SVL: Ind. P. Odhan (CI) Pns 74/71/47

RVS+SVL: Ind. P. Odhan (CI) Pns 128

\*The result must be confirmed by doctor.

Report Confirmed by:



## મલ્ટી સ્પેશ્યાલિટી એન્ડ મેટરનીટી નર્સિંગ હોમ

Date :

સુવિધાઓ

- જનરલ પ્રેક્ટીસ
- સ્ત્રીરોગ વિભાગ
- સોનોગ્રાફી
- સર્જરી વિભાગ
- મેડીસીન વિભાગ
- ઓર્થોપેડીક વિભાગ
- બાળરોગ વિભાગ
- એનોરેક્ટલ સર્જરી
- યુરોલોજી
- લેપ્રોસ્કોપી સર્જરી
- આર.એસ.બી.વાય તથા ચિરંજીવી યોજના
- દરેક જાતની રસી (વેક્સીન) દરરોજ આપવામા આવે છે

I Deepali Bodavala  
not conducting serv.  
inspection.

Deepali

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



Issue Date: 22/09/2011



भारत सरकार

Government of India



दिपाली आशिष बोदवडे

Deepali Ashish Bodavade

जन्म तारीख/DOB: 22/10/1992

महिला/ FEMALE

9573 7792 5824

VID : 91117 5364 2969 2855

माझे आधार, माझी ओळख



Scanned with OKEN Scanner



भारतीय विशिष्ट ओळख प्राधिकरण

Unique Identification Authority of India



पत्ता:

D/O सुरेश गुरचल, क नो १२/८६ टाइप २, ऑर्डनेन्स  
फेक्ट्री इस्टेट, भुसावळ, जळगाव,  
महाराष्ट्र - 425203

Address:

D/O Suresh Gurchal, Q no 12/86 Type 2,  
Ordnance Factory Estate, BHUSAWAL,  
Jalgaon,  
Maharashtra - 425203



9573 7792 5824

VID : 9117 5364 2969 2855



1947



help@uidai.gov.in



www.uidai.gov.in





*Mediwheel deepali  
Bodavade*

 **GPS Map  
Camera Lite**

7Q8M+5PP, Poonam Society, Mavdi, Rajkot, Gujarat  
360004, India

Latitude  
**22.2654072°**

Longitude  
**70.7843032°**

Local 09:09:28 AM  
GMT 03:39:28 AM

Altitude 145 meters  
Saturday, 25.11.2023



**ECHOCARDIOGRAPHY & COLOR DOPPLER**

Patient Name : Deepali Bodavade  
Ref.By : Dr Dadhaniya Sir

Age/Sex : 30/M  
Date :25/11/23

**SUMMARY OF 2D ECHO**

LA, LV size Normal  
No LVH  
No RWMA at rest  
**Overall LVEF -60 %.**

RA , RV size and function Normal  
All valves appear Normal in structure

No E/O Vegetation / clot /Pericardial effusion  
IAS / IVS intact  
No shunt across great vessels  
**IVC Size Normal 11 mm and collapsing > 50% on deep inspiration**

**Colour Doppler**

**Mitral Valve:** E/A ratio 1.1 , TDI s/o E\*>A\*  
No MR

**Tricuspid Valve:** Trivial TR CW TR jet 22 mmHg  
**Estimated PASP 27 mm Hg**

**Aortic Valve:** No AR  
No significant LVOT gradient - AV PG Max 9 mm Hg

**Pulmonary Valve :** No PR , PV Max PG 5 mm Hg

**FINAL IMPRESSION**

Good LV systolic function at rest

  
Dr V H Maniyar

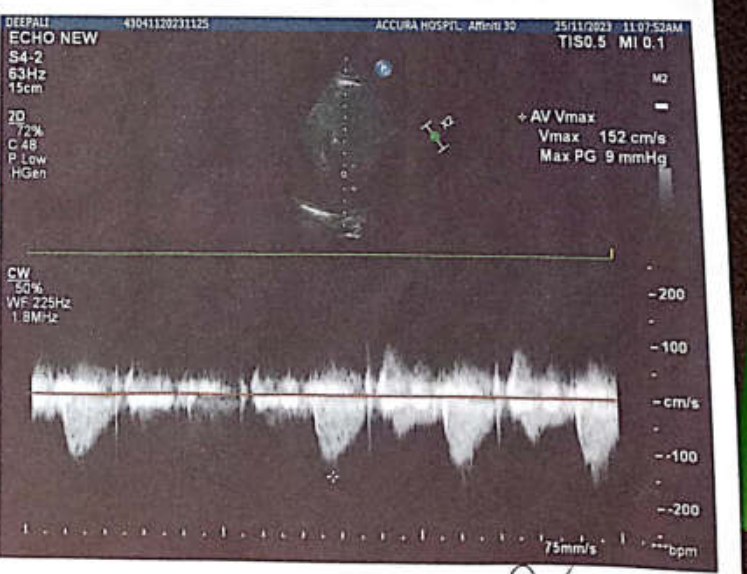
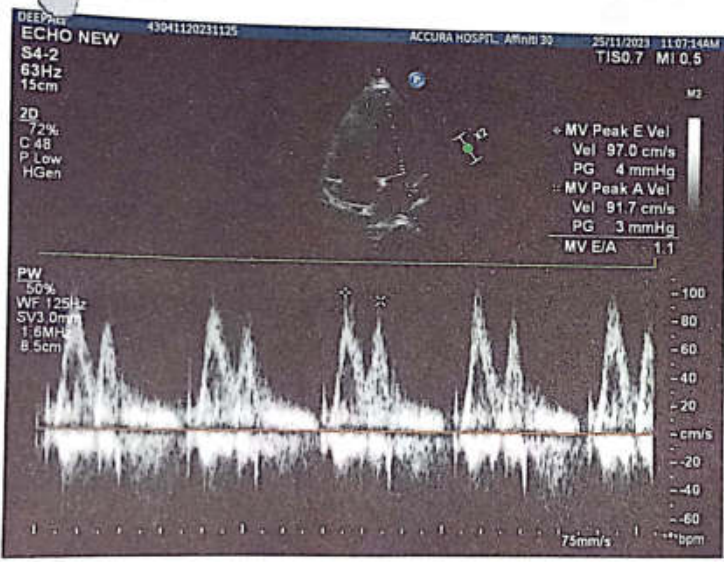
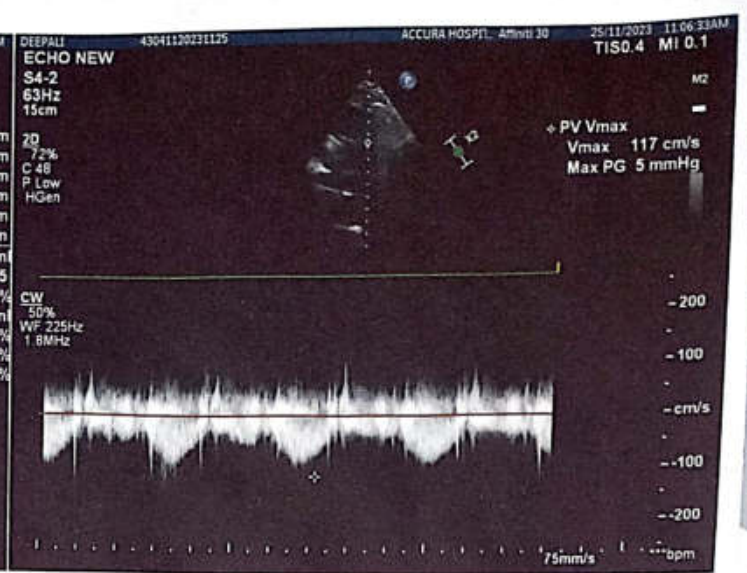
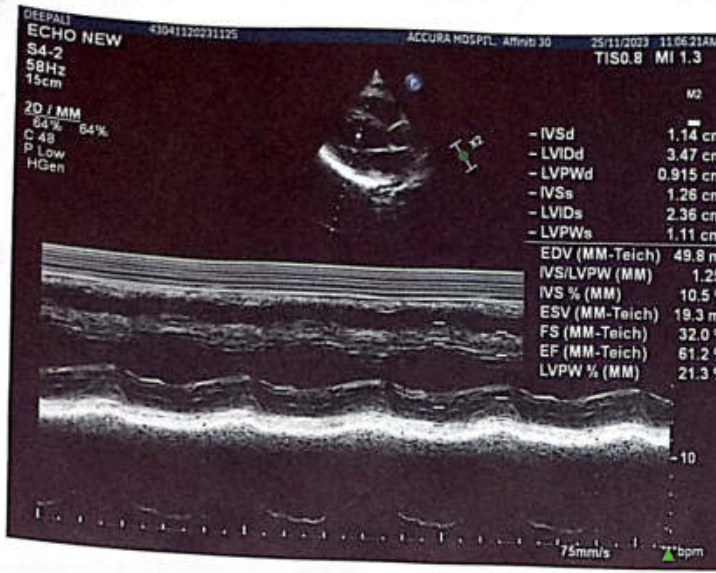
M.D., FNIC (Lilavati Hospital , Mumbai)

For Appointment

7 60 60 60 577

First Floor, Nilkanth Plaza, J. K. Park, Bapa Sitaram Chowk, Mavdi Main Road, RAJKOT- 360004.







PATIENT NAME : DEEPALI BODAVADE

DATE: 25 November 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 8.0 mm. Endometrial echotexture is normal. **Myometrial echotexture is slightly coarsened.** 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 angel 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

32 SLICE CT SCAN | 3D-4D SONOGRAPHY | COLOUR DOPPLER | X-RAY & PROCEDURE INTERVENTIONS

Pt.'s Name: DEEPALI BODAVADE

Date: 25 November, 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







### TEST REPORT

<b>Name</b> : Deepali Ashish Bodavade	<b>Reg. No</b> : 311101031
<b>Age/Sex</b> : 30 Years / Female	<b>Reg. Date</b> : 25-Nov-2023 02:16 PM
<b>Ref. By</b> : Dr. PANCHMUKHI HOSPITAL / INSURANCE	<b>Collected On</b> : 25-Nov-2023 02:16 PM
<b>Client Name</b> : PANCHMUKHI HOSPITAL	<b>Report Date</b> : 25-Nov-2023 05:57 PM

### COMPLETE BLOOD COUNT (CBC) Specimen: EDTA blood

Parameter	Result	Unit	Biological Ref. Interval
-----------	--------	------	--------------------------

#### RBC Parameters

Hemoglobin (SLS method)	12.1	g/dL	12.5 - 16.0
Hematocrit (Electrical Impedance)	33.20	%	37 - 47
RBC Count (Electrical Impedance)	4.38	million/cmm	4.2 - 5.4
MCV (Calculated)	75.8	fL	78 - 100
MCH (Calculated)	27.6	Pg	27 - 31
MCHC (Calculated)	36.4	%	30 - 35
RDW (Calculated)	12.2	%	11.5 - 14.0

#### WBC Parameters

WBC Count (Flowcytometry)	6340	/cmm	4000 - 10500
---------------------------	------	------	--------------

#### DIFFERENTIAL WBC COUNT

	% Value	% Range	Abs. Value	Abs. Range
Neutrophils (%)	60 %	42.02 - 75.2	3804 /cmm	1800 - 7700
Lymphocytes (%)	34 %	20 - 45	2156 /cmm	1000 - 3900
Eosinophils (%)	01 %	1 - 4	63 /cmm	0 - 450
Monocytes (%)	05 %	2 - 8	317 /cmm	200 - 1000
Basophils (%)	00 %	0 - 1	0 /cmm	20 - 100

#### Platelete Parameter

Platelet Count	208000	/cmm	150000 - 450000
MPV	11.6	fL	7.4 - 10.4
P-LCR	36.90	%	11.9 - 66.9
PDW	14.3	%	8.3 - 56.6
PCT (Platelet Haematocrit)	0.24	%	0.2 - 0.5

*D.R.I.*

Dr. Viral Jethava

This is an Electronically Authenticated Report.

Page 1 of 16

Dr. Viral R. Jethava

M.D. (Path, PDCC)



towards the healthiness...




**TEST REPORT**

<b>Name</b>	: Deepali Ashish Bodavade	<b>Reg. No</b>	: 311101031
<b>Age/Sex</b>	: 30 Years / Female	<b>Reg. Date</b>	: 25-Nov-2023 02:16 PM
<b>Ref. By</b>	: Dr. PANCHMUKHI HOSPITAL / INSURANCE	<b>Collected On</b>	: 25-Nov-2023 02:16 PM
<b>Client Name</b>	: PANCHMUKHI HOSPITAL	<b>Report Date</b>	: 25-Nov-2023 05:57 PM

**BLOOD GROUP & RH**

Specimen: EDTA and Serum; Method: Haemagglutination

Parameter	Result	Unit	Biological Ref. Interval
ABO	"O"		
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.

*towards the healthiness...*

**Dr. Viral Jethava**

This is an Electronically Authenticated Report.

Page 2 of 16

**Dr. Viral R. Jethava**

M.D. (Path, PDCC)



TEST REPORT

<b>Name</b> : Deepali Ashish Bodavade	<b>Reg. No</b> : 311101031
<b>Age/Sex</b> : 30 Years / Female	<b>Reg. Date</b> : 25-Nov-2023 02:16 PM
<b>Ref. By</b> : Dr. PANCHMUKHI HOSPITAL / INSURANCE	<b>Collected On</b> : 25-Nov-2023 02:16 PM
<b>Client Name</b> : PANCHMUKHI HOSPITAL	<b>Report Date</b> : 25-Nov-2023 05:57 PM

Test	Result	Unit	Biological Ref. Interval
<b>Erythrocyte sedimentation rate</b> Sample, EDTA whole blood			
ESR (After 1 hour)	12	mm/hr	3 - 12

*towards the healthiness...*

*D.R.I.*

Dr. Viral Jethava

This is an Electronically Authenticated Report.

Page 3 of 16

Dr. Viral R. Jethava

M.D. (Path, PDCC)







TEST REPORT

<b>Name</b> : Deepali Ashish Bodavade	<b>Reg. No</b> : 311101031
<b>Age/Sex</b> : 30 Years / Female	<b>Reg. Date</b> : 25-Nov-2023 02:16 PM
<b>Ref. By</b> : Dr. PANCHMUKHI HOSPITAL / INSURANCE	<b>Collected On</b> : 25-Nov-2023 02:17 PM
<b>Client Name</b> : PANCHMUKHI HOSPITAL	<b>Report Date</b> : 25-Nov-2023 05:57 PM

FASTING PLASMA GLUCOSE

Specimen: Flouride plasma

Parameter	Result	Unit	Biological Ref. Interval
Fasting Blood Sugar (FBS) <small>HEXOKINASE</small>	81.00	mg/dL	<100 :Non-Diabetic 100-125 :Impaired Fasting Glucose (IFG) >=126 :Diabetic

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; 511.

*towards the healthiness...*

*D.R.I.*

Dr. Viral Jethava

This is an Electronically Authenticated Report.

Page 4 of 16

Dr. Viral R. Jethava

M.D. (Path, PDCC)




**TEST REPORT**

<b>Name</b>	: Deepali Ashish Bodavade	<b>Reg. No</b>	: 311101031
<b>Age/Sex</b>	: 30 Years / Female	<b>Reg. Date</b>	: 25-Nov-2023 02:16 PM
<b>Ref. By</b>	: Dr. PANCHMUKHI HOSPITAL / INSURANCE	<b>Collected On</b>	: 25-Nov-2023 02:17 PM
<b>Client Name</b>	: PANCHMUKHI HOSPITAL	<b>Report Date</b>	: 25-Nov-2023 05:57 PM

**POST PRANDIAL PLASMA GLUCOSE**  
 Specimen: Flouride plasma

Parameter	Result	Unit	Biological Ref. Interval
Post Prandial Blood Sugar (PPBS) <i>HEXOKINASE</i>	114.00	mg/dL	70 - 140

**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.

*towards the healthiness...*

**Dr. Viral Jethava**

This is an Electronically Authenticated Report.

Page 5 of 16

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





TEST REPORT

<b>Name</b> : Deepali Ashish Bodavade	<b>Reg. No</b> : 311101031
<b>Age/Sex</b> : 30 Years / Female	<b>Reg. Date</b> : 25-Nov-2023 02:16 PM
<b>Ref. By</b> : Dr. PANCHMUKHI HOSPITAL / INSURANCE	<b>Collected On</b> : 25-Nov-2023 02:16 PM
<b>Client Name</b> : PANCHMUKHI HOSPITAL	<b>Report Date</b> : 25-Nov-2023 05:57 PM

LIPID PROFILE  
Specimen: Serum

Parameter	Result	Unit	Biological Ref. Interval
Cholesterol <i>Cholesterol Oxidase</i>	137.00	mg/dL	Desirable : < 200.0 Borderline High : 200-239 High : > 240.0
Triglyceride <i>Enzymatic Reaction With Glycerol Kinase</i>	85.00	mg/dL	Normal : < 150.0 Borderline : 150-199 High : 200-499 Very High : > 500.0
HDL Cholesterol <i>Siemens AHDL</i>	52.00	mg/dL	High Risk : < 40 Low Risk : $\geq$ 60
LDL Cholesterol <i>Siemens ALDL</i>	68.00	mg/dL	Optimal : < 100 Near Optimal/above optimal : 100-129 Borderline High : 130-159 High : 160-189 Very High : $\geq$ 190
VLDL Cholesterol <i>Calculated</i>	17.00	mg/dL	15 - 35
LDL / HDL RATIO <i>Calculated</i>	1.31		0 - 3.5
Cholesterol /HDL Ratio <i>Calculated</i>	2.63		0 - 5.0

towards the healthiness...

*DRI*

Dr. Viral Jethava

This is an Electronically Authenticated Report.

Page 6 of 16

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





TEST REPORT

<b>Name</b> : Deepali Ashish Bodavade	<b>Reg. No</b> : 311101031
<b>Age/Sex</b> : 30 Years / Female	<b>Reg. Date</b> : 25-Nov-2023 02:16 PM
<b>Ref. By</b> : Dr. PANCHMUKHI HOSPITAL / INSURANCE	<b>Collected On</b> : 25-Nov-2023 02:16 PM
<b>Client Name</b> : PANCHMUKHI HOSPITAL	<b>Report Date</b> : 25-Nov-2023 05:57 PM

RENAL FUNCTION TEST

Specimen: Serum

Parameter	Result	Unit	Biological Ref. Interval
<b>Creatinine</b> <small>ALKALINE PICRATE, COLORIMETRIC KINETIC</small>	0.98	mg/dL	0.55 - 1.02
<b>eGFR</b>	107.88	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
<b>Urea</b> <small>Calculated</small>	25.00	mg/dL	17 - 43
<b>Blood Urea Nitrogen (BUN)</b> <small>UREASE/GLDH</small>	11.68	mg/dL	7.0 - 18.0
<b>Uric Acid</b> <small>Uricase</small>	5.30	mg/dL	2.6 - 6.2
<b>Sodium</b> <small>Direct ion selective electrode</small>	138.2	mmol/L	137 - 145
<b>Potassium</b> <small>Direct ion selective electrode</small>	4.25	mmol/L	3.5 - 5.1
<b>Chloride</b> <small>Direct ion selective electrode</small>	106.2	mmol/L	98 - 107
<b>Calcium</b> <small>Cresolphthalein Complexone</small>	9.24	mg/dL	8.5 - 10.1

towards the healthiness...

*DRI.*

Dr. Viral Jethava

This is an Electronically Authenticated Report.

Page 7 of 16

Dr. Viral R. Jethava

M.D. (Path, PDCC)







TEST REPORT

<b>Name</b> : Deepali Ashish Bodavade	<b>Reg. No</b> : 311101031
<b>Age/Sex</b> : 30 Years / Female	<b>Reg. Date</b> : 25-Nov-2023 02:16 PM
<b>Ref. By</b> : Dr. PANCHMUKHI HOSPITAL / INSURANCE	<b>Collected On</b> : 25-Nov-2023 02:16 PM
<b>Client Name</b> : PANCHMUKHI HOSPITAL	<b>Report Date</b> : 25-Nov-2023 05:57 PM

Parameter	Result	Unit	Biological Ref. Interval
<b>GGT</b> <small>Siemens/37C</small>	45.00	U/L	5 - 55

*towards the healthiness...*

*D.R.I.*

Dr. Viral Jethava

This is an Electronically Authenticated Report.

Page 8 of 16

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




**TEST REPORT**

<b>Name</b> : Deepali Ashish Bodavade	<b>Reg. No</b> : 311101031
<b>Age/Sex</b> : 30 Years / Female	<b>Reg. Date</b> : 25-Nov-2023 02:16 PM
<b>Ref. By</b> : Dr. PANCHMUKHI HOSPITAL / INSURANCE	<b>Collected On</b> : 25-Nov-2023 02:16 PM
<b>Client Name</b> : PANCHMUKHI HOSPITAL	<b>Report Date</b> : 25-Nov-2023 05:57 PM

**HEMOGLOBIN A1 C (HBA1C)**

Specimen: Blood EDTA

Parameter	Result	Unit	Biological Ref. Interval
HbA1C <i>Siemens Dimension</i>	4.87	%	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>	93.07	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 A1 c 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.

  
**Dr. Viral R. Jethava**

This is an Electronically Authenticated Report.

Page 9 of 16

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

*towards the healthiness...*




**TEST REPORT**

<b>Name</b>	: Deepali Ashish Bodavade	<b>Reg. No</b>	: 311101031
<b>Age/Sex</b>	: 30 Years / Female	<b>Reg. Date</b>	: 25-Nov-2023 02:16 PM
<b>Ref. By</b>	: Dr. PANCHMUKHI HOSPITAL / INSURANCE	<b>Collected On</b>	: 25-Nov-2023 02:16 PM
<b>Client Name</b>	: PANCHMUKHI HOSPITAL	<b>Report Date</b>	: 25-Nov-2023 05:57 PM

**THYROID FUNCTION TEST**

Parameter	Result	Unit	Biological Ref. Interval
<b>Thyroid Stimulating Hormone (TSH)</b> <small>CLIA</small>	2.360	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

<b>Triiodothyronine (T3)</b> <small>CLIA</small>	0.98	ng/mL	0.6 - 1.81
---	------	-------	------------

**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.


**Dr. Viral Jethava**

This is an Electronically Authenticated Report.

Page 10 of 16

**Dr. Viral R. Jethava**

M.D. (Path, PDCC)


**TEST REPORT**

<b>Name</b> : Deepali Ashish Bodavade	<b>Reg. No</b> : 311101031
<b>Age/Sex</b> : 30 Years / Female	<b>Reg. Date</b> : 25-Nov-2023 02:16 PM
<b>Ref. By</b> : Dr. PANCHMUKHI HOSPITAL / INSURANCE	<b>Collected On</b> : 25-Nov-2023 02:16 PM
<b>Client Name</b> : PANCHMUKHI HOSPITAL	<b>Report Date</b> : 25-Nov-2023 05:57 PM

**Thyroxine (T4)** 8.56 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.

*towards the healthiness...*

**Dr. Viral Jethava**

This is an Electronically Authenticated Report.

Page 11 of 16

**Dr. Viral R. Jethava**

M.D. (Path, PDCC)





TEST REPORT

<b>Name</b> : Deepali Ashish Bodavade	<b>Reg. No</b> : 311101031
<b>Age/Sex</b> : 30 Years / Female	<b>Reg. Date</b> : 25-Nov-2023 02:16 PM
<b>Ref. By</b> : Dr. PANCHMUKHI HOSPITAL / INSURANCE	<b>Collected On</b> : 25-Nov-2023 02:16 PM
<b>Client Name</b> : PANCHMUKHI HOSPITAL	<b>Report Date</b> : 25-Nov-2023 05:57 PM

URINE ROUTINE EXAMINATION

Parameter	Result	Unit	Biological Ref. Interval
-----------	--------	------	--------------------------

**PHYSICAL EXAMINATION**

Quantity	20 cc		
Colour	Pale Yellow		
Clarity	Clear		

**CHEMICAL EXAMINATION (BY REFLECTANCE PHOTOMETRIC)**

pH	6.0		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

towards the healthiness...

*D.R.I.*

Dr. Viral Jethava

This is an Electronically Authenticated Report.

Page 12 of 16

Dr. Viral R. Jethava

M.D. (Path, PDCC)




**LABORATORY REPORT**

<b>Name</b> :	Deepali Ashish Bodavade	<b>Reg. No</b> :	311101031
<b>Sex/Age</b> :	Female/30 Years	<b>Histo / Cyto No</b> :	C3H00155
<b>Ref. By</b> :	Dr. PANCHMUKHI HOSPITAL / INSURANCE	<b>Reg. Date</b> :	25-Nov-2023 02:16 PM
<b>Client Name</b> :	PANCHMUKHI HOSPITAL	<b>Collected On</b> :	25-Nov-2023 06:01 PM
		<b>Report Date</b> :	25-Nov-2023 06:22 PM

**CYTOPATHOLOGY REPORT**
**Specimen :**

Liquid Based Cervical Cytology Material.

**Grossing Description :**

C3H00155/23

**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 &amp; 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.

This is an electronically authenticated report



Dr. Viral R. Jethava

M.D. (Path, PDCC)





## LABORATORY REPORT

Name	: Deepali Ashish Bodavade	Reg. No	: 311101031
Sex/Age	: Female/30 Years	Histo / Cyto No	: C3H00155
Ref. By	: Dr. PANCHMUKHI HOSPITAL / INSURANCE	Reg. Date	: 25-Nov-2023 02:16 PM
Client Name	: PANCHMUKHI HOSPITAL	Collected On	: 25-Nov-2023 06:01 PM
		Report Date	: 25-Nov-2023 06:22 PM

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.

This is an electronically authenticated report



Dr. Viral R. Jethava

M.D. (Path, PDCC)

Page 14 of 16



LABORATORY REPORT

<b>Name</b> :	Deepali Ashish Bodavade	<b>Reg. No</b> :	311101031
<b>Sex/Age</b> :	Female/30 Years	<b>Histo / Cyto No</b> :	C3H00155
<b>Ref. By</b> :	Dr. PANCHMUKHI HOSPITAL / INSURANCE	<b>Reg. Date</b> :	25-Nov-2023 02:16 PM
<b>Client Name</b> :	PANCHMUKHI HOSPITAL	<b>Collected On</b> :	25-Nov-2023 06:01 PM
		<b>Report Date</b> :	25-Nov-2023 06:22 PM

This is an electronically authenticated report



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

Page 15 of 16

towards the healthiness...





TEST REPORT

<b>Name</b> : Deepali Ashish Bodavade	<b>Reg. No</b> : 311101031
<b>Age/Sex</b> : 30 Years / Female	<b>Reg. Date</b> : 25-Nov-2023 02:16 PM
<b>Ref. By</b> : Dr. PANCHMUKHI HOSPITAL / INSURANCE	<b>Collected On</b> : 25-Nov-2023 02:16 PM
<b>Client Name</b> : PANCHMUKHI HOSPITAL	<b>Report Date</b> : 25-Nov-2023 05:57 PM

**LIVER FUNCTION TEST**

Specimen : Serum

Parameter	Result	Unit	Biological Ref. Interval
Total Protein <i>BIURET</i>	6.94	g/dL	6.4 - 8.2
Albumin <i>Dye Binding - Bromocresol Purple (BCP)</i>	4.23	g/dL	3.40 - 5.00
Globulin <i>Calculated</i>	2.71	g/dL	2.3 - 3.5
A/G Ratio <i>Calculated</i>	1.56		0.8 - 3.1
SGOT (AST) <i>Siemens/37C</i>	29.00	U/L	15 - 37
SGPT (ALT) <i>Siemens/37C</i>	49.00	U/L	14 - 59
Alakaline Phosphatase <i>Siemens/37C</i>	105.00	U/L	46 - 116
Total Bilirubin <i>Diazo-Caffeine/Benzoate Coupling (Jendrassik-Grof) w/blank</i>	0.38	mg/dL	0.2 - 1
Conjugated Bilirubin <i>Diazo-Caffeine/Benzoate Coupling (Jendrassik-Grof) w/blank</i>	0.15	mg/dL	0 - 0.20
Unconjugated Bilirubin <i>Sulph acid dpl/calif-benz</i>	0.23	mg/dL	0.0 - 1.1

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

towards the healthiness...

*DRI*

Dr. Viral Jethava

This is an Electronically Authenticated Report.

Page 16 of 16

Dr. Viral R. Jethava

M.D. (Path, PDCC)

