



the future of HEALTH CARE

# PALMLAND HOSPITAL

(Manage By Raj Palmland Hospital Pvt. Ltd.)

## OPD NEW CASE

CASE NO	: 2223/N/9066 (UHID : 2223/05670)	DATE TIME	: 10/09/2022 11:57 AM
NAME	: GAYATRI KASSA	AGE / SEX	: 24Y / FEMALE
ADDRESS	: NARAYAN NAGER , BHARUCH	PHONE NO.	: 7901690492
PATIENT TYPE	: CREDIT	COMPANY	: MEDIWHEEL
CONS. DR.	: DR JIGESH MEHTA	REF. DR.	: DIRECT

**VITALS :**

TEMP :

PULSE : /MIN

BP : MM/HG

SPO2 : %

RBS :

RS :

CVS :

CNS :

INVESTIGATION

BLOOD :

RADIO :

OTHER :

AML - 1 1/2 YW.

Date

28/09/2022

I° Leukemia

M/H :- CMP - 10/08/2022

OPT - Lent slender  
signature

Adv

OPT

S. Pradaetin

Dr. Kapdix file  
to further discuss  
on Leukemia

Falshruti Nagar, Station Road, Bharuch, Gujarat - 392001

02642 - 263108 | 97378 55550

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24X7 EMERGENCY FACILITY

CBDT APPROVED HOSPITAL U/S 17(2) OF THE IT ACT.



**PALMLAND**  
HOSPITAL

(Unit of Raj Palmland Hospital Pvt. Ltd.)

**OPHTHALMOLOGY CONSULTATION**

Name: Gayathri kassai Date: 10/9/22

Age: 24 Sex:  Male  Female HCP Reg.No.: \_\_\_\_\_

**Ophthalmic History:**

- 1. Do you feel that your eyesight is falling?  Yes No   
આંખે ઓછું દેખાતું હોય તેવું લાગે છે?
- 2. Any time feel to experience black outs?  Yes No   
કોઈવાર અંધારા આવે છે?
- 3. Any unexpected flicking of eyes?  Yes No   
આંખ વારંવાર અચાનક ધ્રુવે છે?
- 4. Do you get difficulty in reading small letters?  Yes No   
નાના અક્ષર વાંચવામાં તકલીફ પડે છે?
- 5. Do you experience black dots temporarily?  Yes No   
આંખ સામે કોઈવાર કાળા ટપકા દેખાય છે?
- 6. Do you have exclusive aids?  Yes No   
વાંચવા કે જોવા માટે કોઈ ચશ્મા કે સ્પેશીયલ સાધન વાપરો છો?

**Clinical Evaluation / History / Presenting Complain:**

\_\_\_\_\_ no \_\_\_\_\_

**Examination Eyes:**

- 1. Eyelids  
Right N Left N
- 2. Cornea & Conjunctiva  
Right N Left N
- 3. Vision  
Right N Left N

SPH	CYY	AXIS	VN
—	-3.0	180° →	6/6

SPH	CYY	AXIS	VN
—	-3.0	180° →	6/6

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Colour Vision: N

Tonometry:  
Right N

Left N

Fundus: (Must in case of DM & HT)

Right N

Left N

Eye Movements:

Right }  
Left } N

Clinical Impression:

<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Recommendation:

A. Additional Inv. / Referral Suggested


B. Therapeutic advise




Ophthalmology's Signature



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**PALMLAND**  
HOSPITAL

(Managed By Raj Palmland Hospital Pvt. Ltd.)

for: Gayatri Kassa

24/9/22


Case seen;

No any H/O of any skin disease  
in adulthood or childhood; not  
at present also.

*Rajal*

📍 Falshruti Nagar, Station Road, Bharuch, Gujarat - 392001

☎ 02642 - 263108 | 97378 55550

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24X7 EMERGENCY FACILITY



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Medicines :

Grapti Hussa.

has been under been

my under my

feet and he's

hand Chinch up

and his eye

teeths eye good.

and no cavity,

Dr. Fuzair Marwan  
Zain Dental & Implant Center  
124, Adara Market, 5th. block, Medan  
Panch Sati, Suruch - Ph.: 031-8222151  
Klinik Gigi, Marwan  
031-8222151

Date	Time	₹	Pro.
10/11/20	PM	-	1/1/11
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# PARAM DIAGNOSTIC CENTRE PVT. LTD.

51, Narmada Commercial Complex, Nr. Central Bank, Panchbatti, Bharuch.

**DR PARITOSH MODI**  
Consultant Radiologist

NAME OF PATIENT : GAYATRI KASSA  
DATE : 24/09/2022

## MAMMOGRAPHY OF BOTH BREAST

### TECHNIQUE -

Both breast mammogram is performed using low radiation dose screen film mammography technique.  
Craniocaudal and mediolateral oblique view of both breast done.

### FINDINGS -

Both breast show normal parenchymal pattern.  
No e/o skin thickening, nipple retraction, microcalcification.  
No e/o focal SOL, architectural distortion.  
No e/o abnormal lymphadenopathy noted in both axillary region.

### USG Breast screening :

No evidence of solid or cystic lesion is seen.  
No evidence of calcification is seen.  
Retro mammary muscle appears normal.  
Both axillary region appears normal.  
No evidence of enlarged lymphnodes in both axillary regions.

**COMMENT** - Findings suggest B/L normal mammogram.

**BIRAD CATEGORY** - Both breast - I

THANKS FOR REFERENCE.

Dr. PARITOSH MODI  
CONSULTANT RADIOLOGIST

DR. TAPAS SHAH  
CONSULTANT RADIOLOGIST

DR. KRUTIKKUMAR VASAVA  
CONSULTANT RADIOLOGIST



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**PALMLAND**  
LABORATORY



**DIAGNOSTIC REPORT**

Name : GAYATRI KASSA  
Ref By : DR. WASIM RAJ(MEDIWHEEL)

Age/Sex : 24 Yrs./F  
Date : 24/09/2022  
Report ID. : W-13  
Ward : -/  
7901690492

**URINE FOR PREGNANCY TEST**

<u>TEST</u>	<u>RESULT</u>	<u>METHOD</u>
<b><u>PREGNANCY TEST</u></b>		
Sample	: RANDOM	
Result	: TEST IS NEGATIVE	Chromatography

Interpretation & Limitations :

- 
- (1) Negative: (a) Non pregnant woman,  
(b) Very early pregnancy,  
(c) Subclinical abortion.
- (2) Positive result becoming negative on subsequent testing :-  
Subclinical or spontaneous abortion of early gestation.
- (3) Positive: (a) Pregnancy.  
(b) The test may remain positive for variable time after  
subclinical or spontaneous abortion & delivery.  
(c) Ectopic gestation.  
(d) Menopause(rarely).  
(e) Trophoblastic disease.  
(f) Some non-trophoblastic neoplasma.  
(g) Choriocarcinoma and Hydatiform mole.

End Of Report

**DR. DEV VARMA**  
MD (PATHOLOGY)

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**S.PROLACTIN LEVEL**

<u>TEST</u>	<u>RESULT</u>	<u>UNIT</u>	<u>REFERENCE INTERVAL</u>
S.Prolactin	: 6.90	ng/mL	Non Pregnant: 2.8 - 29.2 ng Pregnant: 9.7 - 208.2 ng/ml Post Menopausal: 1.8 - 20 r

COMMENTS :

-----  
FSH & LH Values Should Be Correlated With Phase Of Cycle.

- \* High FSH & LH Indicates Ovarian Faliure Or Menopause.
- \* Low FSH & LH Indicates Hypogonadism.
- \* LH/FSH Ratio More Than 2 Indicates PCOD.(Poly Cytic Ovarian Disorder)
- \* Prolactin Is Stress Hormone & Many Drugs Effects Prolactin Result
- \* Pooled Serum Is Recommended To Avoid False HyperProlactin.

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**DIAGNOSTIC REPORT**

Name : G.GAYATRI  
Ref By : DR. WASIM RAJ(MEDIWHEEL)

Age/Sex : 21 Yrs./F  
Date : 10/09/2022  
Report ID. : W-7  
Ward : -/  
7901690492

**HAEMATOTOLOGY ANALYSIS**

TEST	RESULT	UNIT	METHOD	REFERENCE INTERVAL
<b><u>BLOOD COUNTS &amp; INDICES</u></b>				
Haemoglobin	: 12.30	gm%		12.0 - 16.0 gm%
Total RBC	: 4.40	mill/cmm		4.2 - 5.4 mill/cmm
PCV	: 37.90	%		37 - 47 %
MCV	: 86.14	fL		80 - 96 fL
MCH	: 27.95	pg		27 - 31 pg
MCHC	: 32.45	%		32 - 36 %
RDW	: 14.70	%		10 - 15 %
Total WBC	: 6,900	/cmm		4,000 - 11,000/cmm
Platelet Count	: 3,70,000	/cmm		1.5 - 4.0 Lac/cmm.
<b><u>DIFFERENTIAL LEUCOCYTES COUNT</u></b>				
Neutrophils	: 54	%		55 - 70 %
Lymphocytes	: 36	%		20 - 40 %
Eosinophils	: 05	%		01 - 06 %
Monocytes	: 05	%		02 - 08 %
Basophils	: 00	%		00 - 01 %
<b><u>ABSOLUTE COUNTS</u></b>				
Neutrophils	: 3726	/μL		2000 - 7000 /μL
Lymphocytes	: 2484	/μL		800 - 4000 /μL
Eosinophils	: 345	/μL		20 - 500 /μL
Monocytes	: 345	/μL		120 - 1200 /μL
<b><u>NEUTROPHIL : LYMPHOCYTE</u></b>				
Ratio	: 1.50			
Platelet In Smear	: ADEQUATE			
<b><u>ERYTHROCYTES SEDIMENTATION RATE</u></b>				
ESR	: 5	mm	Westergren	03 - 12 mm
Blood Group	: " B "			
Rh Factor (Anti D.)	: " POSITIVE "			

End Of Report

*DR. DEV VARMA*

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**Hb A1C REPORT**

<u>TEST</u>	<u>RESULT</u>	<u>UNIT</u>	<u>REFERENCE INTERVAL</u>
<b><u>GLYCOSYLATED HB</u></b>			
Hb A1C	: 5.3	%	Non Diabetic : 4.3 - 6.3 % Good Control : 6.4 - 7.5 % Moderate Control : 7.5 - 9.0 % Poor Control : 9.0 % & Above
Avg. Blood Glucose Level	: 111	mg/dl	

Notes :

<u>Average Blood Glucose</u>	<u>Hemoglobin Alc%</u>
298	- 12 %
269	- 11 %
240	- 10 %
212	- 09 %
183	- 08 %
154	- 07 %
126	- 06 %
97	- 05 %

Comment :

HbA1c is an important indicator of long-term glycemic control with the ability to reflect the cumulative glycemic history of the preceding two to three months. HbA1c not only provides a reliable measure of chronic hyperglycemia but also correlates well with the risk of long-term diabetes complications.

Test done by HPLC Method.

End Of Report

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M.D. (PATH) C.I.B.

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**BIOCHEMISTRY ANALYSIS**

<u>TEST</u>	<u>RESULT</u>	<u>UNIT</u>	<u>REFERENCE INTERVAL</u>
Blood Urea Nitrogen	: 8.80	mg/dl	4.5 - 19 mg/dl
Creatinine	: 0.8	mg/dl	0.60 - 1.20 mg/dl
S. Uric Acid	: 3.20	mg/dl	2.5- 7.0 mg/dl
Fasting Blood Glucose (FBS)	: 87	mg/dl	70 - 110 mg/dl
Urine Glucose	: NIL		
Post-Prandial Blood Glucose	: <u>77</u>	mg/dl	80 to 140 mg/dl
Urine Glucose	: NIL		

End Of Report

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MD (PATH) GI, H

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**LIPID PROFILE**

TEST	RESULT	UNIT	REFERENCE INTERVAL
Total Lipid (Calculated)	: 642	mg/dL	350 - 750 mg/dL
Serum Cholesterol	: <b>222.4</b>	mg/dL	130 - 200 mg/dL
Serum Triglyceride	: 115.3	mg/dL	60 - 165 mg/dL
HDL Cholesterol	: 45.0	mg/dL	30 - 70 mg/dL
LDL Cholesterol	: <b>154.3</b>	mg/dL	Upto 150 mg/dL
CHOL./HDL Chol. Ratio	: 4.94	: 1	Less than 5
LDL Chol/HDL Chol Ratio	: 3.43	: 1	Less than 3.5

Interpretation Based On New N.C.E.P. Guidelines

Test	Result (mg/dl)	Interpretation
CHOLESTEROL	< 200	Desirable
	200 - 239	Borderline
	> = 240	High
TRIGLYCERIDES	< 170	Normal
	170 - 199	Borderline
	> 200	High
LDL CHOLESTEROL	< 100	Desirable
	100 - 129	Sub-Optional
	130 - 159	Borderline High
HDL CHOLESTEROL	> 160	High
	< 35	Low
	> 60	High

End Of Report

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**LIVER FUNCTION TEST**

<u>TEST</u>	<u>RESULT</u>	<u>UNIT</u>	<u>REFERENCE INTERVAL</u>
Total Billirubin	: 0.60	mg/dl	0 - 1.0 mg/dl
Direct Billirubin	: 0.30	mg/dl	up to 0.25 mg/dl
Indirect Billirubin	: 0.30	mg/dl	0.1 - 1.0 mg/dl
S. Alk. Phosphatase	: 49	U/L	36.00 - 113.00 U/L
S.G.P.T.	: 19	U/L	10 - 40 U/L
S.G.O.T.	: 15	IU/L	up to 40 IU/L
Total Protein	: 7.00	g/dl	6.00 - 8.00 g/dl
Albumin	: 4.20	g/dl	3.5 - 5.0 g/dl
Globulin	: 2.80	g/dl	2.3 - 3.5 g/dl
A.G. Ratio	: 1.5		2.5 - 1.2 : 1
GGTP	: 15		5 - 85

Test done by (DIASYS)

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M.D. (PATH) C.H.

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### THYROID FUNCTION TEST

TEST	RESULT	UNIT	METHOD	REFERENCE INTERVAL
Total Triiodothyronine(T3)	: 1.00	ng/ml	ELIFA	0.6-2.02 ng/ml
Total Thyroxine(T4)	: 9.00	ug/dl	ELIFA	5.13-14.06 ug/dl
Thyroid Stimulating Hormone (TSH)	: 1.20	μIU/ml		0.27-5.25 uIU/ml

#### NORMAL VALUES

Age	T3 ng/ml	T4 μg/dl	T.S.H. μIU/ml
01 - 12 Month	1.05 - 2.80	7.8 - 16.5	New Born : 1.3-19.0 3 Days : 1.1-17.0 10 weeks : 0.6-10.0 14 months: 0.4-7.0
01 - 05 Yrs	1.05 - 2.69	7.3 - 15.0	0.4-6.0
05 - 10 Yrs	0.94 - 2.41	6.04 - 13.3	0.25-5.25
10 - 15 Yrs	0.83 - 2.13	5.60 - 11.7	0.25-5.25
15 - 20 Yrs	0.80 - 2.00	4.20 - 11.8	0.25-5.25
> 20 Yrs	0.79 - 1.58	4.00 - 11.0	0.25-5.25

\*Test done by Access-2 Beckman Coulter / mini Vidas

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**STOOL ANALYSIS**

<u>TEST</u>	<u>RESULT</u>	<u>REFERENCE INTERVAL</u>
<b><u>PHYSICAL EXAMINATION</u></b>		
Colour	: GREENISH YELLOW	
Consistency	: LOOSE	
<b><u>CHEMICAL TEST</u></b>		
Occult Blood	: ABSENT	ABSENT
<b><u>MICROSCOPIC EXAMINATION / HPF</u></b>		
Ova	: ABSENT	
Cysts.	: ABSENT	
Pus Cells	: ABSENT	
Red Blood Cells	: ABSENT	
Epithelial Cells	: ABSENT	

End Of Report

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**URINE ANALYSIS**

<u>TEST</u>	<u>RESULT</u>	<u>UNIT</u>
Sample	: RANDOM	
<b><u>PHYSICAL EXAMINATION</u></b>		
Quantity	: 15	ml
Colour	: PALE YELLOW	
Transperancy	: CLEAR	
Specific Gravity	: 1.020	
pH	: ACIDIC	
<b><u>CHEMICAL EXAMINATION</u></b>		
Albumin	: ABSENT	
Sugar	: ABSENT	
Acetone	: ABSENT	
Bile Salts	: ABSENT	
Bile Pigments	: ABSENT	
Occult Blood	: ABSENT	
<b><u>MICROSCOPIC EXAMINATION</u></b>		
Pus Cells / h.p.f.	: 1-2	
R.B.C. / h.p.f.	: ABSENT	
Epithelial / h.p.f.	: 1-2	

End Of Report

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ID: 2234

gayatriiben

Female 24Years

Req. No. :

10-09-2022 12:38:48

HR : 77 bpm

P : 89 ms

PR : 110 ms

QRS : 80 ms

QT/QTcBz : 361/409 ms

P/QRST : 70/74/47 °

RV5/SV1 : 1.146/0.607 mV

BPL - 02

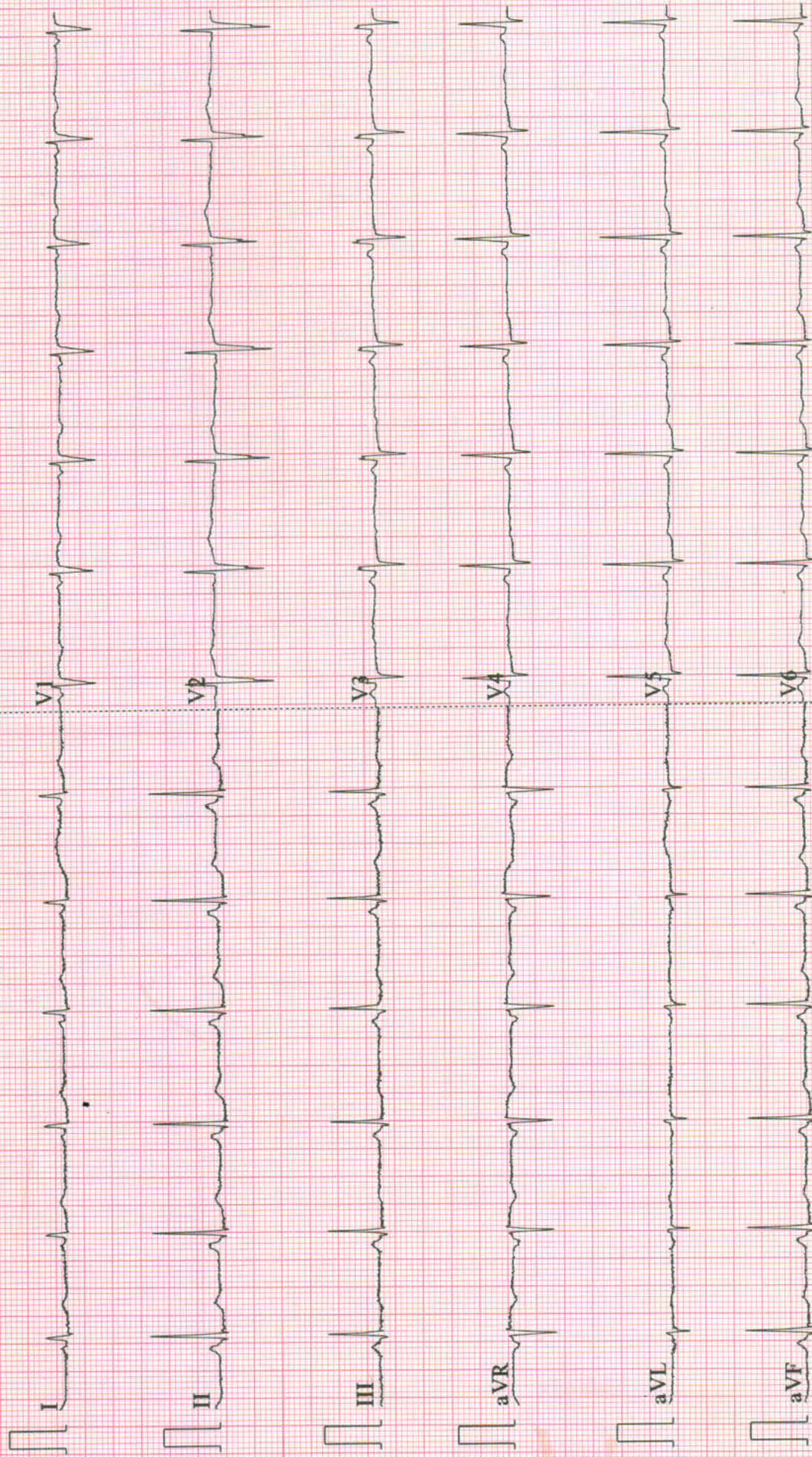
Diagnosis Information:

Sinus Rhythm

Short PR Interval

Low T Wave(II,III,aVF,V4,V5,V6)

Report Confirmed by:





# MADHURAM Imaging Center

Multi Slice CT Scan | USG | X-Ray | Colour Doppler

**Dr. Payal D. Shah**

M.B.B.S., M.D. (Radiodiagnosis)

**Dr. Darshit B. Shah**

M.B.B.S., M.D. (Radiodiagnosis)

Ex- Clinical Associate, Lilavati hospital  
(Mumbai)

Pt Name: **Gayatri Kassa**

Date: **10<sup>th</sup> September 2022**

## USG OF ABDOMEN & PELVIS

**Liver** is normal in size, measuring approx. 132mm and normal in echotexture.  
No evidence of focal SOL or dilatation of IHBR seen.  
**Porta hepatis** appear normal.

**Gallbladder** appeared normal. No calculi seen.  
Gallbladder wall appear normal. No e/o pericholecystic edema noted.  
**CBD** appears normal. no evidence of calculi.

**Pancreas** appeared normal in size and normal in echotexture.

**Spleen** appeared normal in size, measuring approx. 96mm and normal in echotexture.

**Aorta** appeared normal. No para aortic lymphnodes seen.

**Right kidney** measured 87x40mm.  
Cortex and collecting system of right kidney appeared normal.  
No calculi or obstructive uropathy.

**Left kidney** measured 84x47mm.  
Cortex and collecting system of left kidney appeared normal.  
No calculi or obstructive uropathy.

**Urinary bladder:** Appears normal. No calculi are seen.

**Uterus** appears normal in size and shows homogenous endometrial and myometrial echotexture.  
**Bilateral ovaries** appear normal in size, shape and echotexture.  
Bilateral adnexa appear unremarkable.  
Bowels are well-visualised and appear normal.  
Appendix not seen due to bowel gas.  
No evidence of free fluid in pelvis.

### Conclusion:

- **No significant abnormalities are seen.**

Thanks for the reference.

**Dr. Payal D. Shah (MBBS, MD)**  
Consultant Radiologist

**Dr. Darshit B. Shah (MBBS, MD)**  
Consultant Radiologist

NAME OF PATIENT : GAYATRI KASSA  
DATE : 10/09/2022

Plain Skiagram of Chest PA View

Both lung fields appears normal.  
Mediastinal shadow and hila appears normal.  
Heart and aorta appears normal.  
No evidence of pleural effusion is seen.  
Domes of diaphragm appears normal.  
Bones under view appears normal.

Comments: No abnormality detected.

THANKS FOR REFERENCE.



Dr. PARITOSH. MODI.  
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CBDT APPROVED HOSPITAL U/S 17(2) OF THE IT ACT.