



GLOBAL HOSPITAL & TRAUMA CENTRE



Healing Hands Caring Hearts

MANAGE BY :

SHIV SAGAR SEWA TRUST

Add : Plot No. 107, Opp. Old Court, Sector 1/A, Gandhidham (Kutch). E-mail. : shivsgarsewatrust@gmail.com

Eye Examination

Name: Gahlot Surbhi Rajendra
Age: 30/ yrs

Date: 22-07-23
Sex: Female

Conjunctiva: Normal
Cornea: Normal
Iris: Normal
Pupil: Normal
Cons: Normal

Posterior Segment

Disc: Normal
Macula: Normal
Vitreous: Normal
Color Vision: Normal
Night Vision: Normal
IOP/Glaucoma: Normal

Distant Vision

RE: 6/6
LE: 6/6

Near Vision

RE: 6/6
LE: 6/6

Refraction

	Distance	Near
RE:	6/6	6/6
LE:	6/6	6/6
Both:		

Remark: Normal eye examination

Authorised Signature & Seal:



Dr. Jitwal Chhotelal. C.
MBBS
Reg. No. G19250

नोंध : द्या नुं रीयेकशन दर्टीनी तासीर पर आधार राम छ. इरी बतायवा आपो त्यारे आ केस साथे लायवो.

दयाना डोळ मां जते इेरकार न करयो.

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Medical Examination Report/Health Checkup

Name: Gahlot Surbhi Rajendra

Age: 30 Yrs

Appointment Id:

Sex: Female

Date: 22-07-23

Blood Pressure: 122/80

Pulse: 79

&

Spo2: 98°

Height: 161 cms

Weight: 54 Kg

Waist Circumference: 86.7 cms

BMI: 20.8 kg/m²

	Details	Quantity	Duration
Tobacco/Gutkha/Smoking			Occasionally/Regular
in Any Form	:	-	-
Alcohol, Narcotics		-	-
& Drugs	:	-	-

Medical History

	Yes/No	Treatment	Duration
Diabetic:	NO	-	-
Hypertension:	NO	-	-
Thyroid:	NO	-	-
Remark:	-	-	-

Covid-19 History

Tested Positive For Novel Corona virus? NO

Date of Positive Diagnosis? NO

Confirm by: NO

Home Quarantined/Hospitalized? NO

Medical Examination

Dental Examination: normal Dental examination

Ear, Nose, Throat Examination: normal ENT examination

Authorised Seal & Signature :

[Signature]
Dr. Jitwal Chhotelal. C.
MBBS
Reg. No. G19250

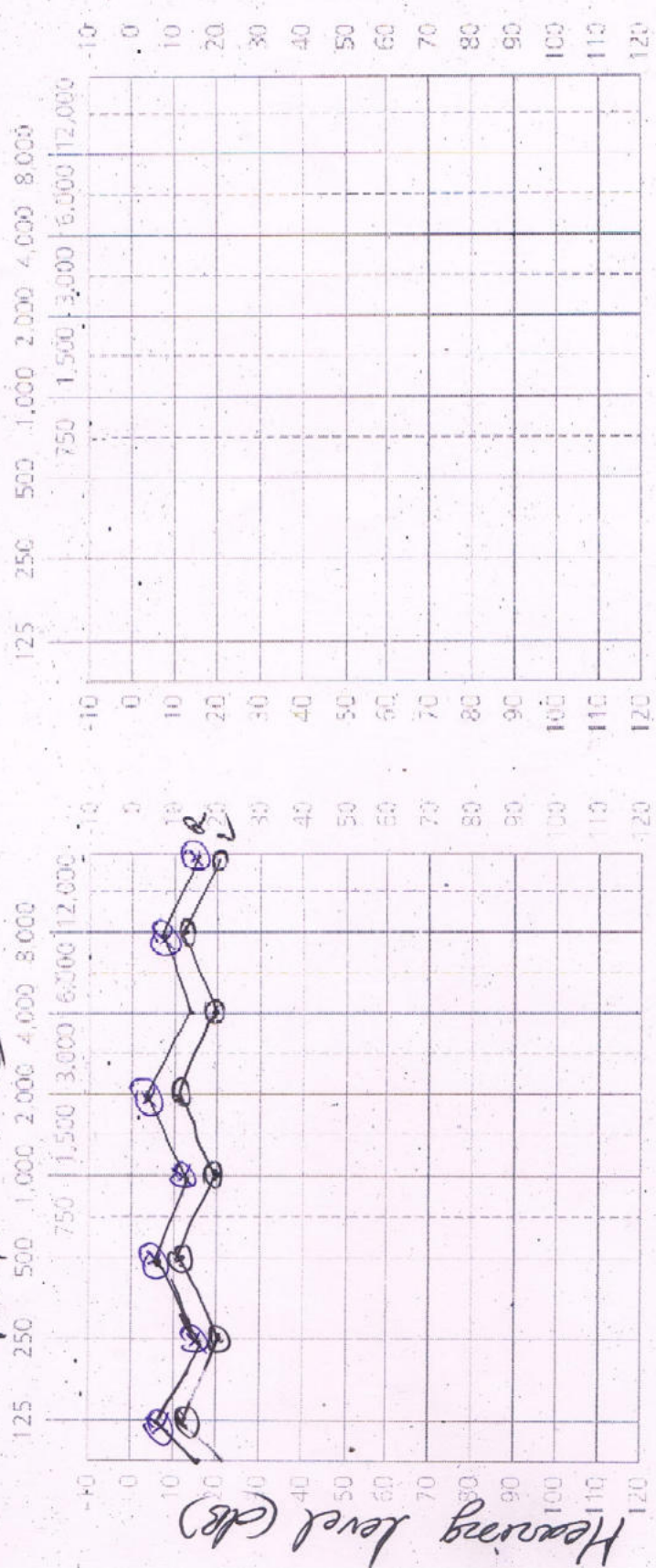
નોંધ : ટવા નું રીચેક્શન ઠદાની તાસીર પર આધાર રાખે છે. ફરી બતાવવા આવો ત્યારે આ કેસ સાથે લાવવો.

ટવાના ડોઝ માં ખતે ફેરફાર ન કરવો.

ઈમરજન્સી સેવા ૨૪ કલાક ચાલે છે.

NAME: Craklot Surbhi Rajendra
 AGE: 30/F

DATE 22/07/2023



Results

Pure Tone Audiometry: Measures the ability to hear sounds of different frequencies (pitches)

- Hearing is within normal limits: Right Left
- Hearing is borderline normal: Right Left
- Hearing loss was noted: Right Left
- Speech is within normal limits: Right Left



[Signature]
 Dr. Jyoti ...
 MBBS
 Reg. No. G19250

BPL - 02

12.5mm/s 10mm/mV



ACS 01HZ + EMG 25HZ + DET

HF (bpm) : 76
 PR (ms) : 160
 P (ms) : 122
 QR (ms) : 74
 T (ms) : 204
 QTc (ms) : 372/413
 P/RS/T : 60.9/66.0/48.7
 R(S)/S(VI) : 1.368/0.496
 R(S)+S(VI) : 1.864

<<Clew>>
 Normal Sinus Rhythm
 Cardiac electric axis normal

Dr. Jonweh Chhntelal C.
 MBBS
 <<Report need physician confirmation>>
 Reg. No. G19250

Name :- Gehlot Subhi Rajendra
 Age :- 30 Female
 Date :- 22-07-2023

CARDIART

- 96 Slice CT Scan
- 3D/4D SONOGRAPHY
- COLOR DOPPLER
- DIGITAL X-RAY
- MAMMOGRAPHY
- O.P.G.

Dr. Priyansh L. Thakkar

(M.B., D.M.R.D.)

Consultant Radiologist & Sonologist

Patient Name : SURBHI GEHALOT

Age/Sex : 30 Years/Female

Ref by : DR. GLOBAL HOSPITAL

Date: 22/07/2023

X-RAY CHEST (PA) VIEW

Both lung fields are clear.

Trachea is central. Both hila appear normal.

Both cp angles are clear.

Heart size is within normal limit.

Bony thoracic cage appears normal.

Both domes of diaphragm and mediastinal shadow appear normal.

Advise : Clinical co-relation

Thanks for ref.

DR PRIYANSH L THAKKAR
MB D.M.R.D



Prarthana

Diagnostic Centre

- 96 Slice CT Scan
- 3D/4D SONOGRAPHY
- COLOR DOPPLER
- DIGITAL X-RAY
- MAMMOGRAPHY
- C.P.G.

Dr. Priyansh L. Thakkar

(M.B., D.M.R.D.)

Consultant Radiologist & Sonologist

Patient Name : SURBHI GEHALOT

Age/Sex : 30 Years/Female

Date: 22/07/2023

Ref by : DR. GLOBAL HOSPITAL

SONOGRAPHY OF ABDOMEN & PELVIS

LIVER: appears normal in size and echopattern. No focal lesion seen. No dilated IHBR seen. PV and CBD appear normal.

SPLEEN: appears normal in size and echopattern. No focal lesion seen.

GALL BLADDER: is well distended. No calculus or changes of cholecystitis or mass lesion seen.

PANCREAS: appears normal in size and echopattern. No focal mass lesion or changes of pancreatitis seen.

RIGHT KIDNEY: appears normal in size and echopattern. No evidence of calculus or hydronephrosis or mass lesion seen involving right kidney. Corticomedullary differentiation well preserved.

LEFT KIDNEY: appears normal in size and echopattern. No evidence of calculus or hydronephrosis or mass lesion seen involving left kidney. Corticomedullary differentiation well preserved.

Aorta and IVC appear normal. Paraortic region appear normal. No ascites or lymphadenopathy is seen. No evidence of focal collection or mass lesion in RIF. No evidence of abnormally dilated bowel loops or bowel wall thickening.

URINARY BLADDER: is well distended. No calculus or mass lesion seen.

PELVIS:


Uterus is anteverted and appears normal in size and echopattern.

Endometrial thickness- 7.5 mm No focal myometrial lesion.

Both ovaries appear normal in size and echopattern. No evidence of bilateral adnexal lesions.

IMPRESSION : Normal sonographic appearance of liver, spleen, gall bladder, pancreas, both kidneys, urinary bladder, uterus and both adnexae.

Adv. clinical correlation. Thanks for ref.


DR PRIYANSH THAKKAR
MB D.M.R.D

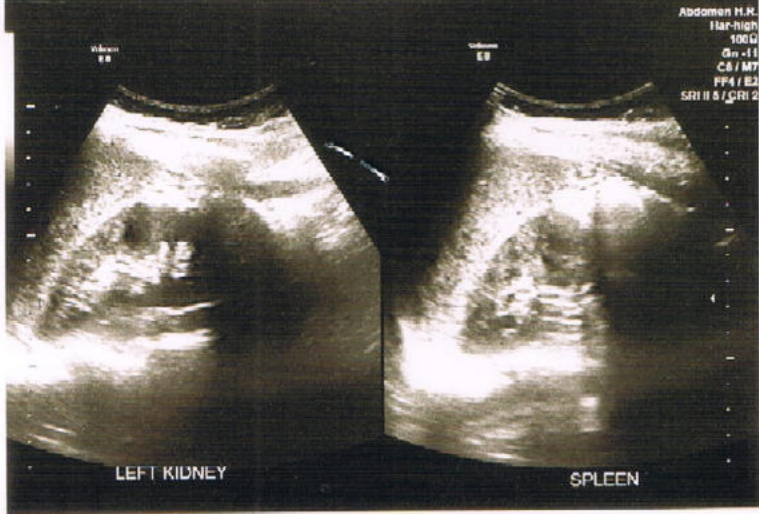


Plot : 248, Sector 1/A, Opp. Kutch Uday Press, Nr. Oslo circle, Gandhidham. Ph. (02836) 227227, M. 942915574

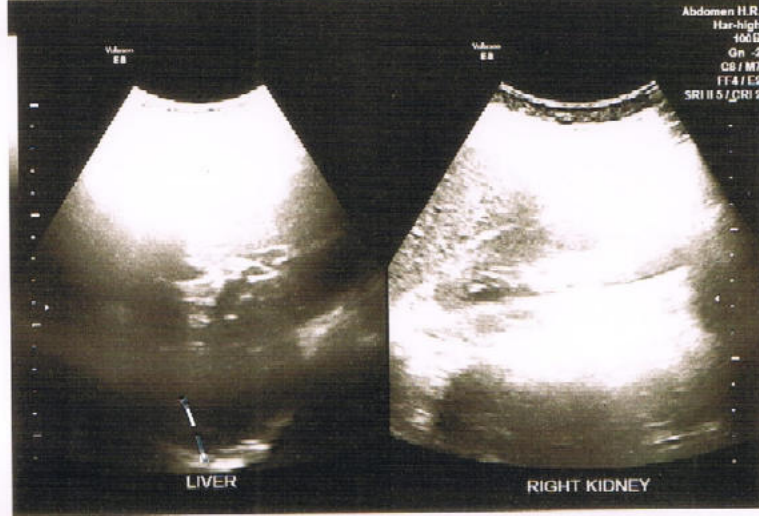
E-mail : drpriyanshthacker@gmail.com

• Not for Medico Legal Purpose

SURABHI GEHLOT, * CI-5-D/ABD MI 1.2 PRARTHANA DIAGNOSTIC CENTRE
D24605 23.07.22.7 14.2cm / 1.0 / 23Hz TIS 0.1 22.07.2023 11:13:53 AM



SURABHI GEHLOT, * CI-5-D/ABD MI 1.2 PRARTHANA DIAGNOSTIC CENTRE
D24605 23.07.22.7 14.2cm / 1.0 / 23Hz TIS 0.1 22.07.2023 11:13:08 AM



2D ECHOCARDIOGRAPHY & COLOUR DOPPLER STUDY

NAME: Surbhi Gehlot

AGE: 30 yrs

SEX : F

REF BY: Global Hospital

DATE: 22/07/2023

MITRAL VALVE: Normal.

AORTIC VALVE: Normal.

TRICUSPID VALVE: Normal.

PULMONARY VALVE: Normal.

EF : 60 %

AORTA: 28 mm.

No RWMA

LEFT ATRIUM: 26 mm.

LEFT VENTRICLE – LV Dd / LV Ds : 38/20 mm.

RIGHT ATRIUM : Normal.

RIGHT VENTRICLE: Normal.

PULMONARY ARTERY: Normal.

PVP : 0.67 mts/sec

IVS: Intact.

AOVP : 0.95 mts/sec

IAS : Intact.

PERICARDIUM : Normal.

COLOUR DOPPLER : No AR, No TR, No MR.

DOPPLER FINDINGS : MVIS – Ve - 0.70 mts/sec
Va - 0.55 mts/sec

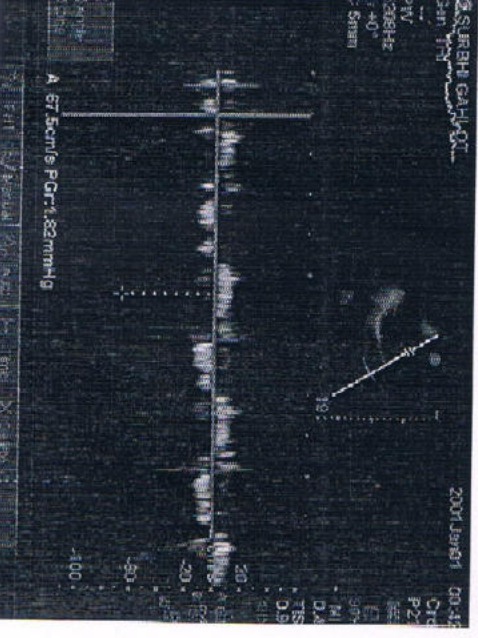
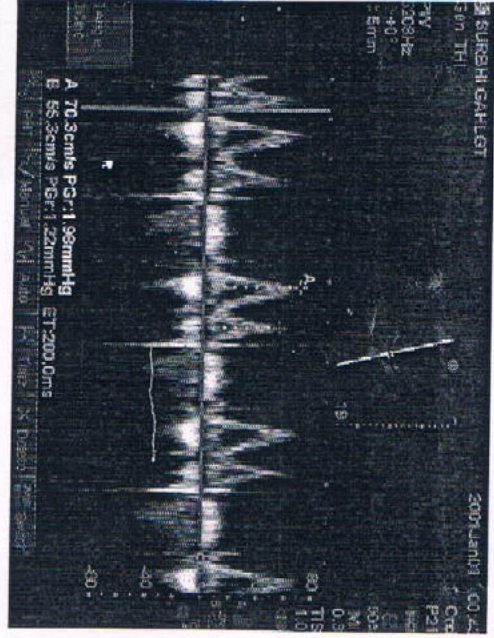
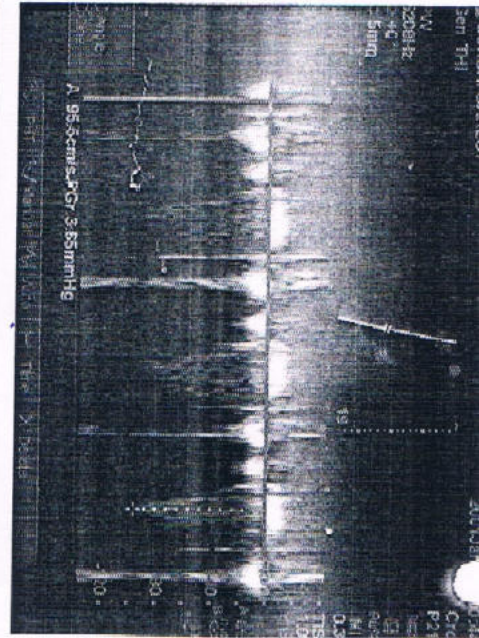
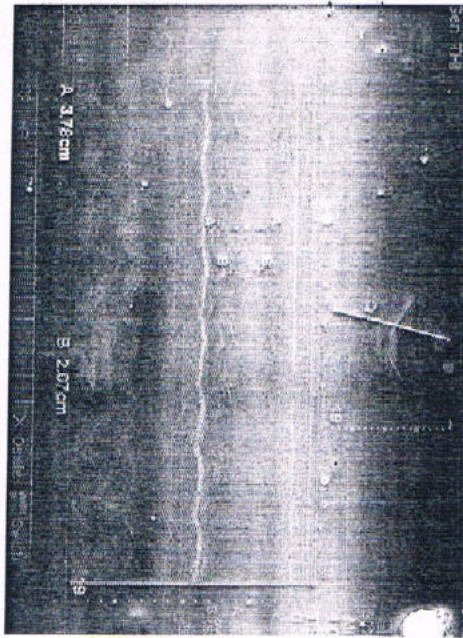
OTHER FINDINGS: Nil.

CONCLUSION : *Normal LV Size with Normal LV Systolic Function.
Normal Compliance.
No clot, AF or vegetation.
No TR, No PAH.
No valvular abnormality seen.
No RWMA.*



Anju Rani
Dr. Anju Rani
M.D.
PHYSICIAN

Thanks for the reference.





Mob. 09537856968



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Declaration of Medical Fitness

I have examined Mr./Mrs. **Gahlot Surbhi Rajendra** ,
,Age: **30yrs/Female** today and hereby certify that he/she is medically fit
to take up the admission. She/he is does not suffer from any serious
illness or serious allergy and, Doesn't carry any
other terminal or carry any communicable disease.

Authorized Seal & Signature :

Date: 22-07-23


Dr. Jyoti Chhotal. C.
MBBS
Reg. No. G19250

નોંધ : દવા નું રીચેક્શન દર્દીની તાસીર પર આધાર રાખે છે. ફરી બતાવવા આપો ત્યારે આ કેસ સાથે લાવવો.

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દર્મિતજાતી સેવા રજૂ કરવામાં આવી છે.

**TEST REPORT**

Reg. No. : 211558 (KDI-5078)
Name : GAHLOT SURBHI RAJENDRA
Age : 30 Y
Sex : FEMALE
Ref. By : GLOBAL HOSPITAL & TRAUMA CENTRE

Collection Date : 22-Jul-2023 12:06 PM
Reporting Date : 23-Jul-2023 1:04 PM
Pt. Tele No: 2658512849
Location : KADI
Report Status: FINAL

PARAMETR	RESULT	UNIT	BIOLOGICAL REFF. INTERVAL
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CLINICAL PATHOLOGY**URINE ROUTINE EXAMINATION****PHYSICAL EXAMINATION**

Volume	20 ML
Colour	Pale Yellow
Appearance	Clear
Reaction	6.5
Sp. Gravity	1.015
Glucose	Nil
Bile Salts	Absent
Bile Pigments	Absent

MICROSCOPIC EXAMINATION [After centrifugation at 2000 r.p.m for 5 minutes]

Pus Cells	1 to 3	/h.p.f.	-
Red Cells	Absent	/h.p.f.	-
Epithelial Cells	0 to 1	/h.p.f.	-
Casts	Absent		
Fungus	Absent		
Crystals	Absent		

BIOCHEMISTRY**FBS & PPBS (BLOOD GLUCOSE)**

Fasting Blood Sugar	104.00	mg/dL	70 - 110
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HbA1c

HBA1c (GLYCOSYLATED HEMOGLOBIN)	5.30	%	Non Diabetic Level :<6.0 Near Normal Glycemia:6.0-7.0 Goal for Diabetics :<7.0 Good Control
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THIS REPORT IS NOT VALID FOR MEDICO LEGAL PURPOSE

This is an electronically authenticated report.

Pathologist :

Dr.Aradhana Gupta
(M.D. Path.)**8101-161616**

LAB AT YOUR DOORSTEP

Airmed Pathology Pvt. Ltd.

31, Ambika Society, Next to Nabard Bank, Opp. Usmanpura, Ahmedabad, Gujarat - 380 013.

info@airmedlabs.com **www.airmedlabs.com**



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HbA1c

The hemoglobin A1c test also called HbA1c, glycated hemoglobin test or glycohemoglobin - is the important test for assessment of long term glucose control (also called Glycemic control) and is a better indication of long term glycemic control as than blood glucose determination. Hemoglobin A1c provides an average of your blood sugar control over a six to twelve week period. People with diabetes should have this test every three months to determine whether their blood sugars have reached the target level of control. Those who have their diabetes under good control maybe able to wait longer between the blood tests, but experts recommend checking atleast two times a year. Patients with diseases that affect hemoglobin such as anaemia may get abnormal results with this test. Other abnormalities that can affect the results of the hemoglobin A1c include supplements such as Vitamins C & E and high cholesterol levels. Kidney and liver diseases may also affect the result of the hemoglobin A1c test

HEMATOLOGY

CBC WITH ESR

HEMOGLOBIN	12.2	gm%	12.0 - 16.0
Total RBC Count	4.65	mil/cumm	4.2 - 6.2

Blood indices

H.CT	36.6	%	26 - 50
M.C.V	82.5		80 - 96
M.C.H.	27.7	pg	26 - 38
M.C.H.C.	32.3	%	31 - 37
Total WBC Count (TLC)	5400	/cmm	4000 - 10000
Platelet Count	234000	/cmm	150000 - 450000

Differential WBC Count

Polymorphs	62	%	40 - 70
lymphocytes	33	fL	20 - 40
Eosinophils	1	%	1 - 7
Monocytes	4	%	2 - 10
Basophils	0	%	0 - 2

Peripheral Smear Study

Smear Study - RBC	RBC's are Normocytic and Normochromic ,
Smear Study - WBC	WBC count is normal.
Smear Study - Platelets	Platelets are adequate

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HEMATOLOGY

CBC WITH ESR

Smear Study - PS for MP	No Blood Parasites are seen.		
ESR	7.1	mm	3 - 12

BIOCHEMISTRY

LIPID PROFILE

CHOLESTEROL	165.00	mg/dL	Adult Desirable: <200 Borderline high: 200-239 High: >240 Child Desirable : <170 Borderline high:170-199 High:>199
TRIGLYCERIDE	93.00	mg/dL	Normal : <161 High: 161-199 hypertriglyceridemic: 200-499 very high: >499
HDL CHOLESTEROL	49.00	mg/dL	42.0 - 88.0
LDL CHOLESTEROL	102.00	mg/dL	Desirable level/low risk:<130 Borderline level/moderate risk : 130-159 Elevated level/high risk : >160
VLDL CHOLESTEROL	30.00	mg/dL	Upto 34
CHOL. / HDL RATIO	3.36	mg/dL	-
LDL / HDL RATIO	2.08	mg/dL	Desirable level/low risk :0.5-3.0 Borderline level/moderate risk : 3.0-6.0 Elevated level/high risk : >6.0

KIDNEY FUNCTION TEST (KFT)

UREA	23.00	mg/dL	21 - 40
CREATININE	0.67	mg/dL	0.6 - 1.30
URIC ACID	2.90	mg/dL	2.6 - 6.0
CALCIUM	9.60	mg/dL	8.8 - 10.2

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HEMATOLOGY

ABO RH

ABO "A"
 Rh Type Positive

SEROLOGY/IMMUNOLOGY

T3,T4, TSH

TRIIODOTHYRONINE T3	1.46	ng/mL	0.58 - 1.59
THYROID STIMULATING HORMONE (TSH)	3.66	MicroIU/ml	0.35 - 4.94

TSH	T3/FT3	T4/FT4	Suggested Interpretation for the Thyroid Function Tests Pattern
Within Range	Decreased	Within Range	- Isolated Low T3-offen seen in elderly & associated Non-Thyroidal illness. In elderly the drop in T3 level can be upto 25%
Raised	Within Range	Within Range	- Isolated High TSH especially in the range of 4.7 to 15 mIU/ml is commonly associated with physiological & Biological TSH Variability. - Subclinical Autoimmune Hypothyroidism - Intermittent T4 therapy for hypothyroidism - Recovery phase after Non-Thyroidal illness
Raised	Decreased	Decreased	- Chronic autoimmune Thyroiditis - Post thyroidectomy, Post radioiodine - Hypothyroid phase of transient thyroiditis
Raised or Within Range	Raised	Raised or Within Range	- Interfering antibodies to thyroid hormones (anti-TPO antibodies) - intermittent T4 therapy or T4 overdose - Drug interference-Amiodarone, Heparin, Beta blockers, steroids. anti-epileptics
Decreased	Raised or within Range	Raised or within Range	- Isolated Low TSH - especially in the range of 0.1 to 0.4 offen seen in elderly & associated with Non-Thyroidal illness - Subclinical Hyperthyroidism - Thyroxine ingestion
Decreased	Decreased	Decreased	- Central Hypothyroidism - Non-Thyroidal illness - Recent treatment for Hyperthyroidism (TSH remains suppressed)
Decreased	Raised	Raised	- Primary Hyperthyroidism (Graves disease), Multinodular goitre Toxic nodule - Transient thyroiditis:Postpartum, Silent (lymphocytic), Postviral (granulomatous, subacute, DeQuervain'a) Gestational thyrotoxicosis with hyperemesis gravidarum
Decreased or within range	Raised	Within Range	- T3 toxicosis - Non-Thyroidal illness

THYROXIN T4	5.53	µg/dL	4.87 - 11.72
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BIOCHEMISTRY

LIVER FUNCTION TEST -WITH GGT

Azobilirubin chromophores colorimetry

Direct Bilirubin	0.12	mg/dL	0.0 - 0.2
Indirect Bilirubin	0.21	mg/dL	-

S Billirubin

TOTAL BILLIRUBIN	0.33	mg/dL	0.2 - 1.3
S.G.P.T	11.00	IU/L	upto 34
SGOT	12.00	U/L	upto 31
ALKALINE PHOSPHATASE	45.00	U/L	39 - 118

S. PROTEINS

ALBUMIN	4.23	gm/dL	3.4 - 5
GGT	20.00	IU/L	12 - 43

CYTOPATHOLOGY

PAP SMEAR

SPECIMEN	cervix cell	-
Diagnosis	Test is Negative	-
REMARKS	Normal	-

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

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