



PHYSICIAN EXAMINATION

Name: HARU KANWAR

Age: 28/FEMALE

Reg.No:20220310988

Doe: 12/03/2021

Physical Examination:

Height: 161/CM

Weight:49/KG

PULSE: 61

Temperature: NORMAL

BP:101/61

BMI: 18.9

Chief Complaint: K/C/O ANGIETY

Past History: WITH WEIGHT LOSS

General Examination: NA

Systemic Examination: NA

RX

TAB - ANXIUVA (1-0-0) 10 DAYS

TAB - RBSON-D (0-1-0) 10 DAYS

TAB - HEMYSHIN MD (0-1-0) 30 DAYS

Investigation:

Advice: NIL

DR ABHISHEK SHARMA





Examination By Ophthalmologist

Name: HARU KANWAR
Reg No:20220310988

Age/Sex: 28/FEMALE
DOE: 12-03-2022

Present Complaints: NIL

Medical History: NIL

Examination Of Eye: Right LEFT

External Examination : WNL WNL

Anti Seg Examination: WNL WNL

Schiotz Tonometry IOP: WNL WNL

Fundus:

Without Glass Distant Vision: 6/6 6/6

Near Vision: N/6 N/6

With Glass Distant Vision:

Near Vision:

Colour Vision (With Ishihara Chart): WNL

Impression : NIL

Advice: ECOTEARS GEL

DR CHETAN CHAUHAN




CANON RK-F2
12/MAR/2022 13:48
No. : 002801
NAME : M/

<RIGHT>
[REF] VD: 0.
SPH CYL AX
-0.50 0.00 180

<LEFT >
[REF]
-0.75 -0.25 27

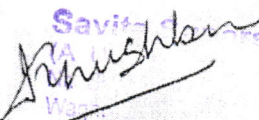
PD : 60 mm



Patient Name : HARU . KANWAR	Sample No. : 20220319884 
Patient ID : 20220310988	Visit No. : OPD20220323366
Age/Sex : 28y/Female	Call. Date : 12-Mar-2022 12:38
Consultant : DR ABHISHEK G SHARMA	S. Coll. Date : 12-Mar-2022 13:06
Ward : -	Report Date : 12-Mar-2022 16:25

CBC, ESR

Investigation	Result	Normal Value
Hemoglobin :	11.5 gm/dl [L]	12.5 to 16.0 gm/dl
P.C.V. :	34.9 % [L]	37.0 to 47.0 %
M.C.V. :	84.5 fL	78 to 100 fL
M.C.H. :	27.8 pg	27 to 31 pg
M.C.H.C. :	33.0 g/dl	32 to 36 g/dl
RDW :	13.1 %	11.5 to 14.0 %
RBC Count :	4.13 X 10 ⁶ / cumm [L]	4.2 to 5.4 X 10 ⁶ / cumm
Polymorphs :	39 %	38 to 70 %
Lymphocytes :	56 % [H]	15 to 48 %
Eosinophils :	03 %	0 to 6 %
Monocytes :	02 % [L]	3 to 11 %
Basophils :	00 %	0.0 to 1.0 %
WBC Count :	4600 /cmm	4000 to 10000 /cmm
Platelets Count :	308000 /cmm	1,50,000 to 4,50,000 /cmm
ESR - After One Hour :	11 mm/hr	1 to 20 mm/hr
P/S :		


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DR. KHUSHBU SHAH
M.D(PATHO)
G-28946



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Blood Group

Investigation	Result	Normal Value
BLOOD GROUP :		
ABO	A	
Rh	Positive	

TFT (Thyroid Function Test)

Investigation	Result	Normal Value
TSH :	1.21 uIU/ml	0.25 - 5

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FBS & PPBS

Investigation	Result	Normal Value
Blood Sugar (FBS) :	85 mg/dl	74 - 100 mg/dl
Urine Sugar (FUS) :	Nil	
Blood Sugar (PP2BS) :	83 mg/dl	70 to 120 mg/dl
Urine Sugar (PP2US) :	Nil	

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Patient Name :	HARU . KANWAR	Sample No. :	20220319901 
Patient ID :	20220310988	Visit No. :	OPD20220323366
Age/Sex :	28y/Female	Call. Date :	12-Mar-2022 12:38
Consultant :	DR ABHISHEK G SHARMA	S. Coll. Date :	12-Mar-2022 15:49
Ward :	-	Report Date :	12-Mar-2022 16:25


HBA1C

Investigation	Result	Normal Value
Glycosylated Hb :	4.9 %	Near Normal Glycemia : 6 to 7 Excellent Control : 7 to 8 Good Control : 8 to 9 Fair Control : 9 to 10 Poor Control : > 10
Average Plasma Glucose of Last 3 Months :	93.93	

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✉ contact@savitahospital.com



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RENAL FUNCTION TEST

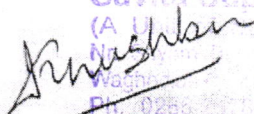
Investigation	Result	Normal Value
Creatinine :	0.5 mg/dl	0.6 - 1.4 mg/dl
Urea :	10 mg/dl	13 - 45 mg/dl
Uric Acid :	3.7 mg/dl	3.5 - 7.2 mg/dl
Calcium :	10.0 mg/dl	8.5 - 10.5
Phosphorus :	4.4 mg/dl	1.5 - 6.8

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LFT (Liver Function Test)

Investigation	Result	Normal Value
Total Bilirubin :	0.4 mg/dl	0.2 to 1.0 mg/dl
Direct Bilirubin :	0.2 mg/dl	0.0 to 0.2 mg/dl
Indirect Bilirubin :	0.2 mg/dl	0.0 to 0.8 mg/dl
AST (SGOT) :	12 U/L	5 to 34 U/L
ALT (SGPT) :	21 U/L	0 to 55 U/L
Total Protein (TP) :	6.1 g/dL [L]	6.4 to 8.3, g/dl
Albumin (ALB) :	4.2 g/dl	3.5 to 5.2 g/dl
Globulin :	1.9 g/dl	2.3 to 3.5 g/dl
A/G Ratio :	2.21	
Alkaline Phosphatase (ALP) :	57 U/L	40 to 150 U/L
GAMMAGT :	17 U/L	12 - 43 U/L

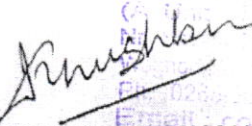
Dr. Khushbu Shah
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Lipid Profile

Investigation	Result	Normal Value
Cholesterol (Chol) :	141 mg/dl	Low risk : < 200 Moderate risk : 200 - 239 High risk : > or = 240
Triglyceride :	50 mg/dl	Normal : < 150.0 Borderline high : 150 - 199 High : 200 - 499 Very High : > or = 500
HDL Cholesterol :	23 mg/dl [L]	Negative risk : >or = 60 High risk : < 40
LDL :	108 mg/dl [L]	131.0 to 159.0(N) < 130.0(L) > 159.0(H)
VLDL :	10 mg/dl	Up to 0 to 34 mg/dl
LDL/HDL Ratio :	4.7	Low risk : 0.5 to 3.0 Moderate risk : 3.0 to 6.0 Elevted level high > 6.0
Total Chol / HDL Ratio :	6.13	Low Risk : 3.3 to 4.4 Average Risk : 4.4 to 7.1 Moderate Risk : 7.1 to 11.0 High Risk : > 11.0
Total Lipids :	514 mg/dl	400 to 700 mg/dl


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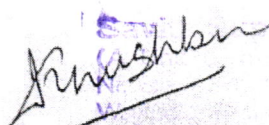
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Urine R/M

Investigation	Result	Normal Value
Quantity - :	20 ml	
Colour - :	Pale Yellow	
Reaction (pH) :	7.0	4.6-8.0
Turbidity :	Clear	
Deposit :	Absent	Absent
Sp.Gravity :	1.010	1.005-1.010
Protein :	Absent	Absent
Glucose :	Absent	Absent
Bile Salts :	Absent	Absent
Bile pigments :	Absent	Absent
Ketones :	Absent	Absent
Urobilinogen :	Absent	
Blood :	Absent	Absent
Pus Cells :	0-1 /hpf	0-5/hpf
Red Blood Cells :	Absent /hpf	Absent
Epithelial Cells :	25-30 /hpf	


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TEST REPORT

Name : HARU KANWAR	Acc. ID : 221005360
Age/Sex : 28 Years / Male	Birthdate :
Refd. By : SAVITA SUPERSPECIALITY HOSPITAL	Regd. Dt : 12-Mar-2022 03:02 PM
Sample : Serum	Coll Dt. TM. : 12-Mar-2022 02:30 PM
Client Details : SAVITA SUPERSPECIALITY HOSPITAL	Recd. Dt. Tm. : 12-Mar-2022 03:02 PM
Status : Final	Report Dt. Tm. : 12-Mar-2022 04:28 PM
PassportNo:	
Mobile :	

IMMUNOLOGY

Test Name	Result	Unit	Biological Ref. Interval
T3 (Triiodothyronine) <small>CHEMILUMINESCENT MICROPARTICLE IMMUNOASSAY</small>	1.25	ng/mL	0.97 - 1.69

- Thyroid function test is imperative to diagnose level of defect in thyroid dysfunction; primary/secondary or tertiary hypo or hyperthyroidism can be categorized leading to medical or surgical management accordingly.
- Mild elevation of TSH may be found in patients with subclinical hypothyroidism or non thyroidal illness.
- Significant elevation in TSH suggests inadequate thyroid hormone replacement if the dose has not been changed for at least six weeks and the patient has been taking medicines regularly.
- Thyroid antibody testing can be useful in subclinical hypothyroidism.

T4 (Thyroxine) <small>CHEMILUMINESCENT MICROPARTICLE IMMUNOASSAY</small>	10.90	µg/dL	5.5 - 11.0
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- Thyroid function test is imperative to diagnose level of defect in thyroid dysfunction; primary/secondary or tertiary hypo or hyperthyroidism can be categorized leading to medical or surgical management accordingly.
- Mild elevation of TSH may be found in patients with subclinical hypothyroidism or non thyroidal illness.
- Significant elevation in TSH suggests inadequate thyroid hormone replacement if the dose has not been changed for at least six weeks and the patient has been taking medicines regularly.
- Thyroid antibody testing can be useful in subclinical hypothyroidism.

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

This is an Electronically Authenticated Report.

Kinjal Patel
Dr. Kinjal Patel
M. D. PATHOLOGY
GMC No. G-33123

Verified By
Auto

Dr. VIRAL A. PATEL
M. D. PATHOLOGY
GMC No. G-22658

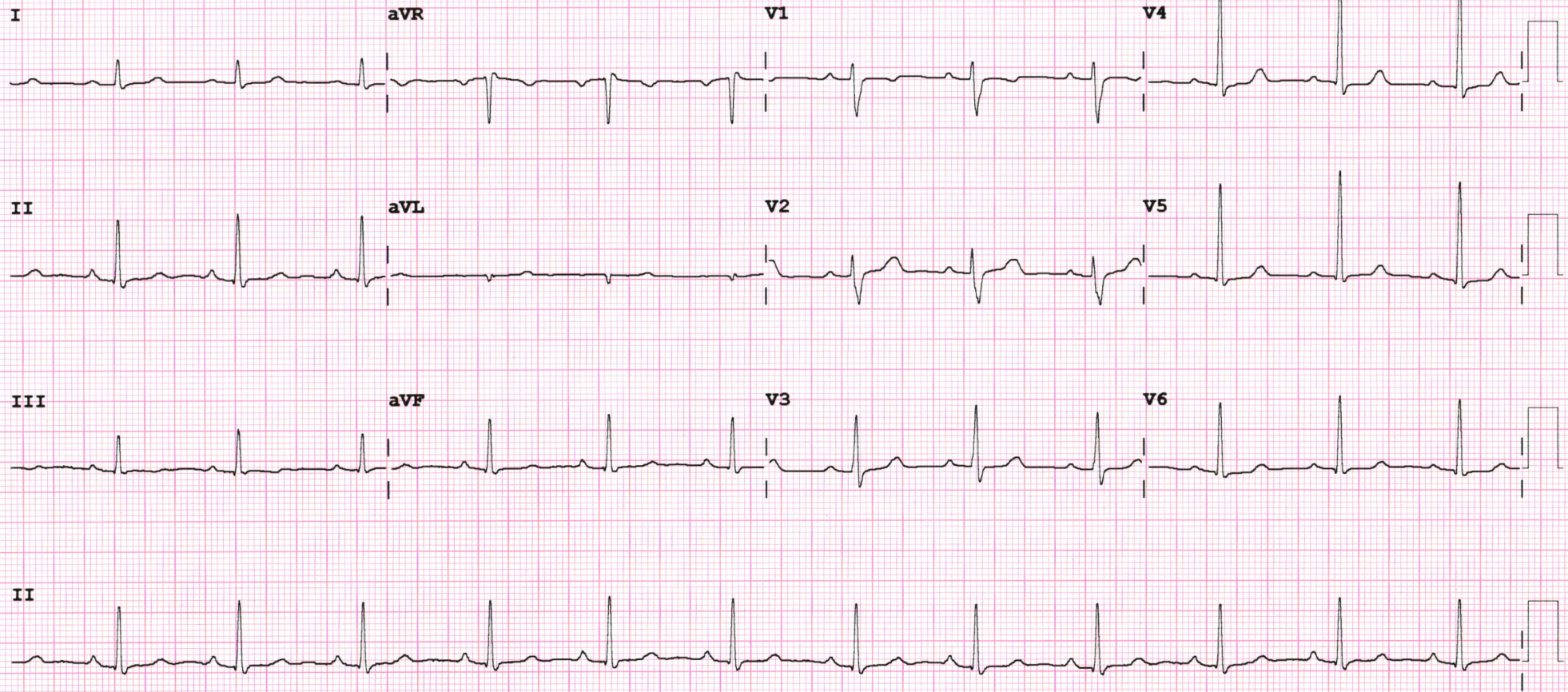
28 Years

Rate 75
PR 180
QRSD 94
QT 372
QTc 416

--AXIS--

P 61
QRS 64
T 17

12 Lead; Standard Placement





Saturday, March 12, 2022

HARU KANWAR

28 YEARS/FEMALE

ULTRASONOGRAPHY OF ABDOMEN AND PELVIS SCREENING

Liver shows normal size and echogenicity. No mass lesion detected.

PV, CBD and intrahepatic biliary radicals shows no dilatation.

The gall bladder is collapsed.

Spleen appears normal in size and echotexture. No evidence of focal lesion.

Pancreas appears normal in size and echotexture. No focal lesion.

Both kidneys show normal size, position and cortical echogenicity.

Corticomedullary differentiation is preserved bilaterally.

No calculus or hydronephrosis on either side.

The urinary bladder is distended and appears normal.

Uterus appears normal. No focal lesion. ET measures 6.0 mm.


Right ovary shows simple ovarian cyst of size 25 x 24 mm.

No evidence of Lymphadenopathy or ascites seen.

No e/o dilated bowel loops seen.

CONCLUSION:

RIGHT SIDED SIMPLE OVARIAN CYST.


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Dr. Sarjan Vasava
DMRD



Saturday, March 12, 2022

HARU KANWAR

28 YEARS/FEMALE

CHEST X RAY PA VIEW

Both the lung fields appear normal.

Both costophrenic angles appear clear.

Cardiac silhouette appear normal.

Both hila appears normal.

Mediastinum and aorta appear normal.

Bony thorax appears normal.

No evidence of free gas seen under dome of diaphragm.

COMMENTS:

- **NORMAL BOTH LUNG FIELDS.**
- **NORMAL CARDIAC SIZE.**

Dr. Sarjan Vasava
DMRD



Savita

Superspeciality Hospital

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OUTDOOR CASE PAPER



12-03-2022 10:47

Patient Name : HARU . KANWAR

OPD No. : OPD20220323366

Patient ID : 20220310988

Address : BODELI CHOTAUDEPUR, Vadodara,
VADODARA, VADODARA, GUJARAT,
INDIA

Age/Gender : 28y / Female

Specialty : Internal Medicine

Consulting Dr. : DR ABHISHEK G SHARMA

City/Village : Vadodara

Referred By: self

Contact No. : 9784230008

Relief/Contract : N/A

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