



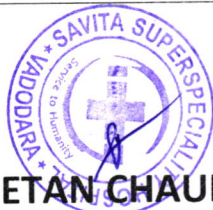
Examination By Ophthalmologist

Name :	MANJULABEN RATHVA	Age :	33/FEMALE
Reg.No :	20230309348	DOE :	28/03/2023

Present Complaints :	NIL
Medical History :	NIL
Examination Of Eye :	NAD

External Examination :	NAD	NAD (BE'S NASAL PTERYGIUM)
Ati Seg Examination :	A/S WNL	NAD
Schiotz Tonometry IOP :	P:RRRL	NAD
Fundus :	NILL	

Without Glass	Distant Vision : 6/6	6/6
	Near Vision : N6	N6
With Glass	Distant Vision :	
	Near Vision :	
Colour Vision (With Ishihara Chart) :	WNL	
Advice :	NIL	



DR CHETAN CHAUHAN



PHYSICIAN EXAMINATION

Name :	MANJULABEN RATHVA	Age :	33/FEMALE
Reg.No :	20230309348	DOE :	28/03/2023

Physical Examination:

Height:	160CM	Weight:	56 KG	PULSE:	99	Temperature:	NORMAL
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BMI :	21.87	BP :	114/74	SPO2	98%
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Chief Complaint :	NAD
Past History :	NAD
General Examination :	NAD
Systemic Examination :	NAD
INVESTIGATION :	NAD
ADVICE :	NAD

DR. SAURABH JAIN






Patient Name : Manjulaben Kaliabhai Rathava	Sample No. : 20230316851
Patient ID : 20230309348	Visit No. : OPD20230328275
Age / Sex : 33y/Female	Call. Date : 28/03/2023 08:09
Consultant : DR SAURABH JAIN	S. Coll. Date : 28/03/2023 12:19
Ward : -	Report Date : 28/03/2023 13:50

CBC, ESR

Investigation	Result	Normal Value
Hemoglobin :	13.1 gm/dl	12.5 to 16.0 gm/dl
P.C.V. :	41.2 %	37.0 to 47.0 %
M.C.V. :	68.9 fL [L]	78 to 100 fL
M.C.H. :	21.9 pg [L]	27 to 31 pg
M.C.H.C. :	31.8 g/dl [L]	32 to 36 g/dl
RDW :	11.9 %	11.5 to 14.0 %
RBC Count :	5.98 X 10 ⁶ / cumm [H]	4.2 to 5.4 X 10 ⁶ / cumm
Polymorphs :	75 % [H]	38 to 70 %
Lymphocytes :	22 %	15 to 48 %
Eosinophils :	1 %	0 to 6 %
Monocytes :	2 % [L]	3 to 11 %
Basophils :	0 %	0.0 to 1.0 %
Total :	100	< 100 > 100
WBC Count :	12100 /cmm	4000 to 10000 /cmm
Platelets Count :	391000 /cmm	1,50,000 to 4,50,000 /cmm
ESR - After One Hour :	9 mm/hr	1 to 20 mm/hr

Dr.Mehul Desai
M.B.D.C.P
Reg.No.G-9521



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Blood Group

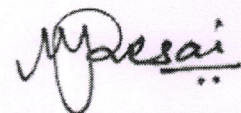
Investigation	Result	Normal Value
BLOOD GROUP :		
ABO	B	
Rh	Positive	

FBS & PPBS

Investigation	Result	Normal Value
Blood Sugar (FBS) :	102 mg/dl	74 - 100 mg/dl
Urine Sugar (FUS) :	Nil	
Blood Sugar (PP2BS) :	100 mg/dl	70 to 120 mg/dl
Urine Sugar (PP2US) :	Nil	


HBA1C

Investigation	Result	Normal Value
Glycosylated Hb :	5.6 %	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 :	114.02	



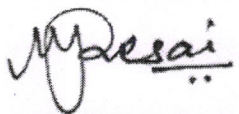
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RENAL FUNCTION TEST

Investigation	Result	Normal Value
Creatinine :	0.7 mg/dl	0.6 - 1.4 mg/dl
Urea :	13 mg/ dl	13 - 45 mg/dl
Uric Acid :	4 mg/dl	3.5 - 7.2 mg/dl
Calcium :	8 mg/dl	8.5 - 10.5
Phosphorus :	4.2 mg/dl	1.5 - 6.8



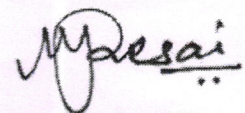
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LFT (Liver Function Test)

Investigation	Result	Normal Value
Total Bilirubin :	0.7 mg/dl	0.2 to 1.0 mg/dl
Direct Bilirubin :	0.2 mg/dl	0.0 to 0.2 mg/dl
Indirect Bilirubin :	0.5 mg/dl	0.0 to 0.8 mg/dl
AST (SGOT) :	14 U/L	5 to 34 U/L
ALT (SGPT) :	17 U/L	0 to 55 U/L
Total Protein (TP) :	6.6 g/dL	6.4 to 8.3, g/dl
Albumin (ALB) :	4.1 g/dl	3.5 to 5.2 g/dl
Globulin :	2.5 g/dl	2.3 to 3.5 g/dl
A/G Ratio :	1.64	
Alkaline Phosphatase (ALP) :	115 U/L	40 to 150 U/L
GAMMA GT. :	17 U/L	7 to 35 U/L



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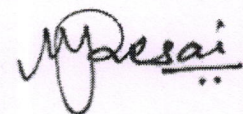


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Lipid Profile


Investigation	Result	Normal Value
Sample :	Fasting	
Sample Type :	Normal	
Cholesterol (Chol) :	198 mg/dl	Low risk : < 200 Moderate risk : 200 - 239 High risk : > or = 240
Triglyceride :	76 mg/dl	Normal : < 200.0 High : 200 - 499 Very High : > or = 500
HDL Cholesterol :	46 mg/dl	Low risk: >or = 60 mg/dL High risk : Up to 35 mg/dL
LDL :	136.8 mg/dl [N]	131.0 to 159.0(N) < 130.0(L) > 159.0(H)
VLDL :	15.2 mg/dl	Up to 0 to 34 mg/dl
LDL/HDL Ratio :	2.97	Low risk : 0.5 to 3.0 Moderate risk : 3.0 to 6.0 Elevted level high > 6.0
Total Chol / HDL Ratio :	4.3	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 :	620 mg/dl	400 to 700 mg/dl

Note :- Lipemic samples give high triglyceride value and falsely low LDL value.



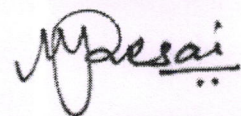
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Urine R/M

Investigation	Result	Normal Value
Quantity - :	20 ml	
Colour - :	Pale Yellow	
Reaction (pH) :	6.0	4.6-8.0
Turbidity :	Clear	
Deposit :	Absent	Absent
Sp.Gravity :	1.030	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
Crystals :	Calcium Oxalate	Absent
Pus Cells :	14-18 /hpf	0-5/hpf
Red Blood Cells :	1-2 /hpf	Absent
Epithelial Cells :	2-3 /hpf	
Leucocytes Esterase :	++	



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 Mobile: 9998724579 / 8155028222 | Email: info.baroda@unipathllp.in



TEST REPORT

Reg. No. : 30301015900 Reg. Date : 28-Mar-2023 12:18 Collected On : 28-Mar-2023 12:18
 Name : Ms. MANJULABEN RATHVA Approved On : 28-Mar-2023 13:54
 Age : 33 Years Gender : Female Ref. No. : Dispatch At :
 Ref. By : Tele No. :
 Location : SAVITA SUPERSPECIALTY HOSPITAL @ WAGHODIYA ROAD

Test Name	Results	Units	Bio. Ref. Interval
THYROID FUNCTION TEST			
T3 (triiodothyronine) <i>Method:CLIA</i>	1.08	ng/mL	0.6 - 1.81
T4 (Thyroxine) <i>Method:CLIA</i>	8.00	µg/dL	4.5 - 12.6
TSH (ultra sensitive) <i>Method:CLIA</i>	1.045	µIU/mL	0.55 - 4.78
Sample Type:Serum			

Comments:

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 stimulate 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 Eddition. Philadelphia: WB Saunders,2012:2170

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

This is an electronically authenticated report.

Test done from collected sample.

Dr. Vishal Jhaveri

33 Years

Female

Rate 70

PR 128

QRSD 96

QT 376

QTc 406

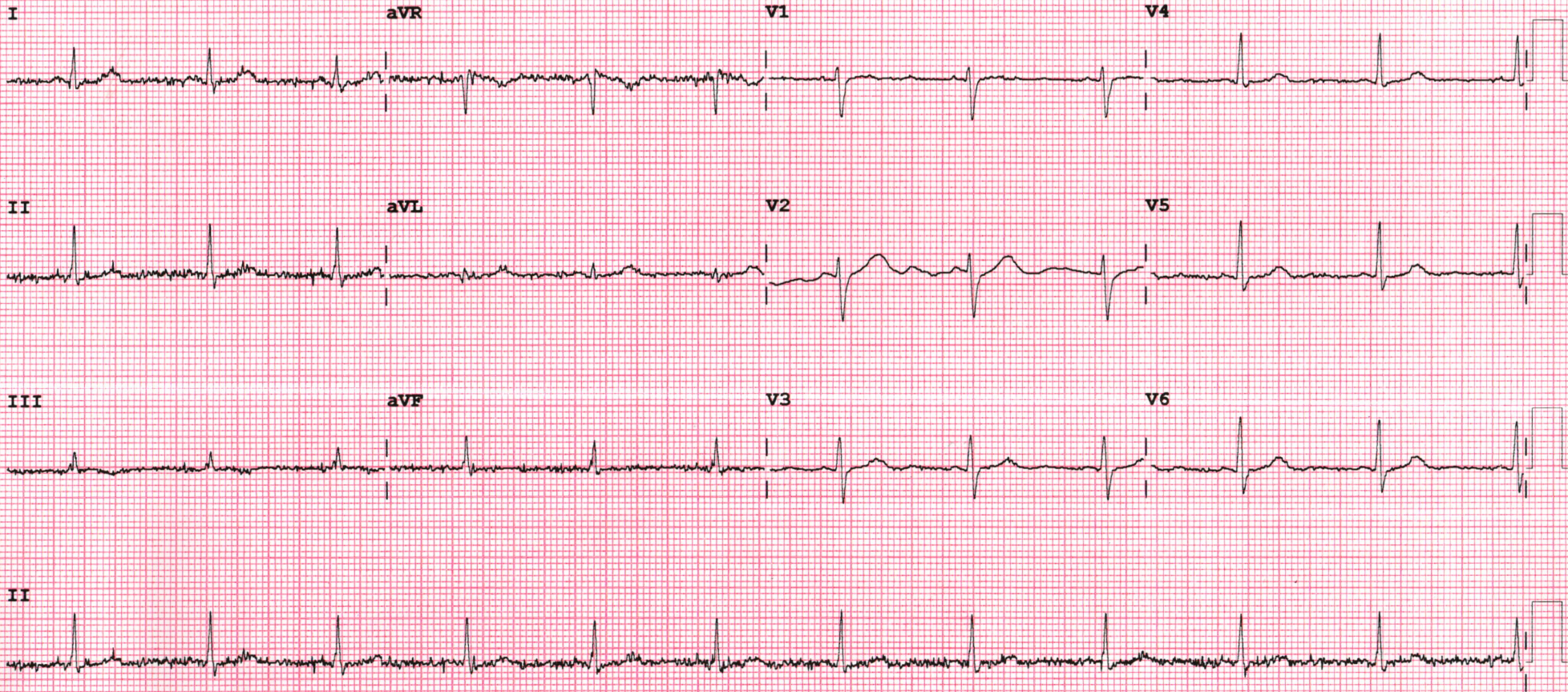
--AXIS--

P 0

QRS 68

T 3

12 Lead; Standard Placement



Device:

Speed: 25 mm/sec

Limb: 10 mm/mV

Chest: 10.0 mm/mV

F 50~ 0.50-150 Hz W

PH09

P?



2D-ECHOCARDIOGRAPHY AND COLOR DOPPLER REPORT

NAME: MANJULABEN KALIBHAI RATHAVA

AGE/SEX: 33 YRS/FEMALE

DATE : 28/03/2023

REF BY: DR.

OBSERVATION:

- NORMAL LV SIZE AND NORMAL LV SYSTOLIC FUNCTION. LVEF = 60% (VISUAL).
- NO RWMA AT REST
- GRADE I DIASTOLIC DYSFUNCTION.
- TRIVIAL MR. NO MS.
- TRIVIAL AR. NO AS.
- MILD TR. NO PAH
- NORMAL SIZED LA, RA & RV WITH NORMAL RV SYSTOLIC FUNCTION.
- NORMAL SIZED MPA, RPA & LPA.
- THIN IAS / INTACT IAS AND IVS.
- NO COARCTATION OF AORTA
- NO E/O INTRACARDIAC CLOT/VEGETATION/ PE.
- NORMAL IVC.

CONCLUSION:

- NORMAL LV/RV SIZE AND NORMAL LV SYSTOLIC FUNCTION.
- GRADE I LV DIASTOLIC DYSFUNCTION
- NO RWMA AT REST.
- LVEF = 60% (VISUAL).
- MILD TR / NO PAH

DR.NIRAV BHALANI
[CARDIOLOGIST]

DR.ARVIND SHARMA
[CARDIOLOGIST]

DR. CHIRAG SHEKH
[CARDIOLOGIST]





Patient name	MANJULA RATHWA
Age / Sex	33 Y/F
Date	Tuesday, 28 March 2023

ULTRASOUND OF ABDOMEN

LIVER appears normal in size (12.1 cm) and shows normal parenchymal echogenicity. No evidence of focal lesion. No evidence of dilated IHBR or portal vein. CBD appears normal.

GALL BLADDER is distended. No evidence of abnormal wall thickening or any significant calculus within.

PANCREAS appears normal. MPD is WNL

SPLEEN appears normal in size (8.6 cm) and shows normal parenchymal echogenicity. No evidence of focal lesion.

BOTH KIDNEYS appear normal in size (RK: 10.3 cm & LK: 9.8 cm), shape and position.

Show normal cortical echogenicity. Corticomedullary differentiation is maintained.

No evidence of calculus or hydronephrosis on either side.

URINARY BLADDER is partially full. No evidence of abnormal wall thickening or any significant calculus within.

UTERUS appears normal in size and position. CET is WNL. No evidence of focal lesion noted.

No evidence of focal or obvious adnexal mass lesion noted.

BOWEL LOOPS appear normal and show normal peristalsis

No evidence of LYMPHADENOPATHY noted.

No evidence of ASCITES noted.

IMPRESSION:

- NO SIGNIFICANT ABNORMALITY AT PRESENT SCAN.



DR SHARAD RUNGTA
MD RADIOLOGY

Not all pathologies can be detected on radiograph. Further radiographic evaluation is suggested if required.



NAME: MANJULA K RATHVA	AGE/SEX: 33 YRS/F
DATE: Tuesday, March 28, 2023	

CHEST XRAY (PA)

Both lung fields appear normal.

Both hila appear normal

Bilateral costo-phrenic angles appear grossly clear

Mediastinum and cardiac shadow appear normal

Bony thorax appears unremarkable

No evidence of free gas under domes of diaphragm

IMPRESSION:

- NO SIGNIFICANT ABNORMALITY NOTED IN LUNG FIELDS
- NORMAL CARDIAC SHADOW

DR SHARAD RUNGTA
MD RADIOLOGY



Not all pathologies can be detected on radiograph. Further radiographic evaluation is suggested if required.