

# PANCHMUKHI HOSPITAL

150' RING ROAD, MAVDI CHOKDI, SANESHWAR ARCADE, RAJKOT

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

Mo.9925333639,8320711901

policy number :  
full name : Miyatara Rishanba  
identity proof : Aadhar card  
identity proof no : 1200  
gender : female / 50 year  
height : 155  
weight : 76  
BP : 140/90  
pluse : 96/min Regular  
blood sample : yes  
fasting mode : yes  
non fasting mode : yes  
  
past history : NO  
  
Dental : Healthy  
  
Colour vision : Normal

2 15251 605 07 2021/21

DR. C. P. DADHANIYA  
M.B. Diabetologist  
Ind. Physician (CHI)  
Regd. (M) G19798  
Code No. 378943  
Panchmukhi Hospital  
Mavdi Chowki,  
150 Ft. Ring Road, RAJKOT.



NAME: मियेतोरु किरुम बन  
 AGE/GENDER: 30 ♀ Female

DATE: 9/03/24

PATIENT'S REFRACTION DEATILES

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

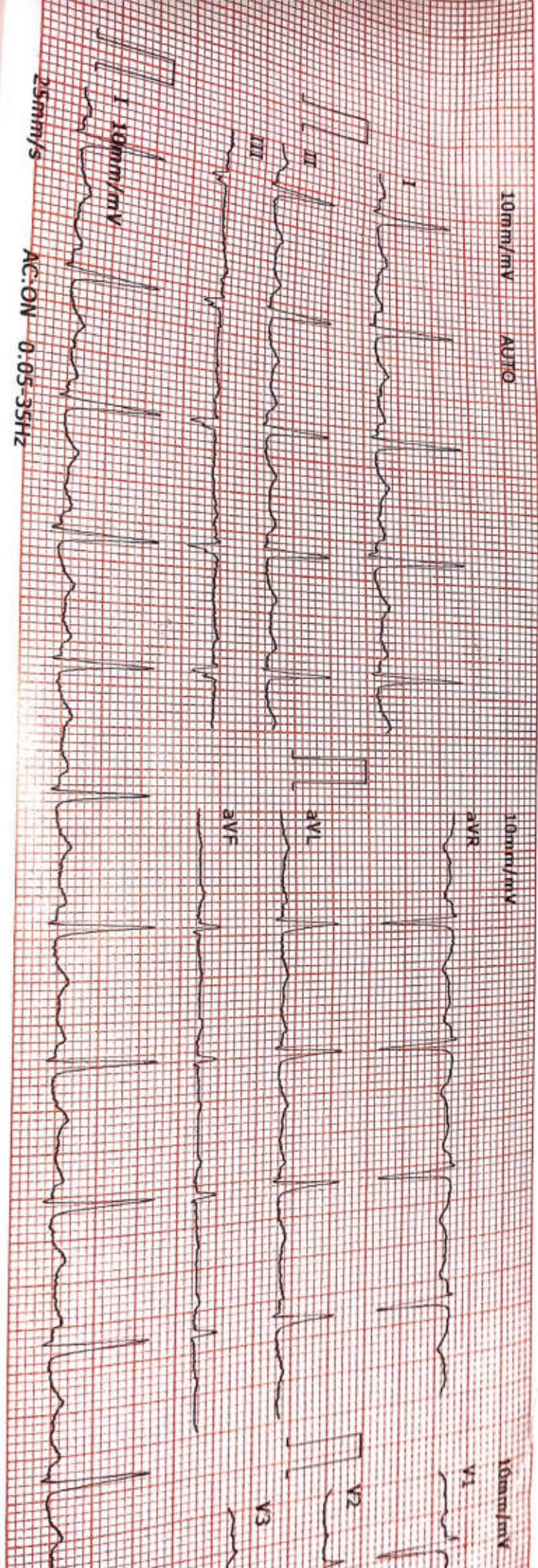
REMARKS:

CHECKED BY:

Dr. C.P. Dadhania

**DR. C. P. DADHANIA**  
 M.B. Diabetologist  
 Ind. Physician (ET)  
 Regd. No. 6177-8  
 (Signature) No. 3785-43  
 Panchmukhi Hospital  
 Mavdi Chowki,  
 150 Ft. Ring Road, RAJKOT.

पेशेवर डॉक्टरों से मिलें







# પંચમુખી હોસ્પિટલ

શેશ્વર આર્કેડ  
ડૉ. રાજેશ્રીબેન ડાહ્યા  
ડૉ. સી. પી. ડાહ્યા  
MBBS, Dip.G.O, Diabetologist

૧૫૦ ફુટ રીંગ રોડ, મવડી ચોકડી, શનેશ્વર આર્કેડ, રાજકોટ. ફોન : ૦૨૮૧-૨૩૭૧૬૩૨

મલ્ટી સ્પેશ્યાલિટી એન્ડ મેટરનીટી નર્સિંગ હોમ

Date: ૦૧-૦૩-૨૫

Kishanben mivasthi

સુવિધાઓ

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

Stoolનો રિપોર્ટ કરવા

ધરતુક નથી

રજીસ્ટ્રારને  
જાહેરાત

Dr. C. P. DADHANIYA  
M.B.B.S., C.I.H  
Regd. No. 619798  
PANCHMUKHI HOSPITAL  
MAVADI CHOKADI.  
150' RING ROAD, RAJKOT.



बैंक ऑफ़ बड़ोदा  
Bank of Baroda

नाम

गिरीश बी भियात्रा

Name

GIRISH B MIYATRA

कर्मचारी कूट क्र.

E.C. No. 156484

जारीकर्ता प्राधिकारी

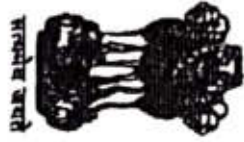
Issuing Authority



गिरीश बी भियात्रा

धारक के हस्ताक्षर

Signature of Holder



ભારત સરકાર

Government of India



મિયાત્રા કિરણબેન

Miyatra Kiranben

જન્મ તારીખ / DOB : 01/06/1975

સ્ત્રી / Female

9812 8407 1200



અધિકાર – સામાજ્ય માણસનો અધિકાર



ભારતીય વિશિષ્ટ ઓળખાણ યુનિટકરણ

Unique Identification Authority of India

સરનામું: W/O: ગિરિશભાઈ, કબલાપા,  
ચલાલા, મીઠાપુર ડુંગરી, ચલાલા, અમરેલી,  
ગુજરાત, 365630

Address: W/O: Girishbhai, Kablapa,  
Chalala, Mithapur(Dungri), Chalala, Amreli,  
Gujarat, 365630

9812 8407 1200



1947

1800 300 1947



help@uidai.gov.in

WWW

www.uidai.gov.in







GPS Map  
Camera Lite

150, 150 Feet Ring Rd, near Sahajanand Restaurant,  
Raiya Chokdi, Naval Nagar, Sardar Nagar, Rajkot, Gujarat  
360004, India

Latitude  
22.2647489°

Longitude  
70.7842057°

Local 10:24:50 AM  
GMT 04:54:50 AM

Altitude 143 meters  
Saturday, 09.03.2024



TEST REPORT

<b>Name</b> : Miyatra Kiranben	<b>Reg. No</b> : 403100376
<b>Age/Sex</b> : 50 Years / Female	<b>Reg. Date</b> : 09-Mar-2024 01:45 PM
<b>Ref. By</b> : Dr. PANCHMUKHI HOSPITAL / INSURANCE	<b>Collected On</b> : 09-Mar-2024 01:45 PM
<b>Client Name</b> : PANCHMUKHI HOSPITAL	<b>Report Date</b> : 09-Mar-2024 04:31 PM

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

Parameter	Result	Unit	Biological Ref. Interval	
<b>RBC Parameters</b>				
Hemoglobin (SLS method)	11.7	g/dL	12.5 - 16.0	
Hematocrit (Electrical Impedance)	52.3	%	37 - 47	
RBC Count (Electrical Impedance)	5.65	million/cmm	4.2 - 5.4	
MCV (Calculated)	92.5	fL	78 - 100	
MCH (Calculated)	20.7	Pg	27 - 31	
MCHC (Calculated)	22.4	%	30 - 35	
RDW (Calculated)	13.0	%	11.5 - 14.0	
<b>WBC Parameters</b>				
WBC Count (Flowcytometry)	11910	/cmm	4000 - 10500	
<b>DIFFERENTIAL WBC COUNT</b>				
Neutrophils (%)	64 %	% Range 42.02 - 75.2	Abs. Value 7622 /cmm	Abs. Range 1800 - 7700
Lymphocytes (%)	28 %	20 - 45	3335 /cmm	1000 - 3900
Eosinophils (%)	02 %	1 - 4	238 /cmm	0 - 450
Monocytes (%)	06 %	2 - 8	715 /cmm	200 - 1000
Basophils (%)	00 %	0 - 1	0 /cmm	20 - 100
<b>Platelete Parameter</b>				
Platelet Count	588000	/cmm	150000 - 450000	
MPV	9.7	fL	7.4 - 10.4	
PDW	45.6	%	8.3 - 56.6	
PCT (Platelet Haematocrit)	0.57	%	0.2 - 0.5	

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*D.R.I.*

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Page 1 of 12

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M.D. (Path, PDCC)





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**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.

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Page 2 of 12

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

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Page 3 of 12

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**FASTING PLASMA GLUCOSE**

Specimen: Flouride plasma

Parameter	Result	Unit	Biological Ref. Interval
Fasting Blood Sugar (FBS) <small>HEXOKINASE</small>	97.30	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.

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Page 4 of 12

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**POST PRANDIAL PLASMA GLUCOSE**

Specimen: Flouride plasma

Parameter	Result	Unit	Biological Ref. Interval
Post Prandial Blood Sugar (PPBS) <i>HEXOKINASE</i>	129.00	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.

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Page 5 of 12

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<b>Ref. By</b> : Dr. PANCHMUKHI HOSPITAL / INSURANCE	<b>Collected On</b> : 09-Mar-2024 01:45 PM
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LIPID PROFILE

Specimen: Serum

Parameter	Result	Unit	Biological Ref. Interval
Cholesterol <i>Cholesterol Oxidase</i>	193.00	mg/dL	Desirable : < 200.0 Borderline High : 200-239 High : > 240.0
Triglyceride <i>Enzymatic Reaction With Glycerol Kinase</i>	128.00	mg/dL	Normal : < 150.0 Borderline : 150-199 High : 200-499 Very High : > 500.0
HDL Cholesterol <i>Siemens AHDL</i>	41.00	mg/dL	High Risk : < 40 Low Risk : >= 60
LDL Cholesterol <i>Siemens ALDL</i>	94.00	mg/dL	Optimal : < 100 Near Optimal/above optimal : 100-129 Borderline High : 130-159 High : 160-189 Very High : >=190
VLDL Cholesterol <i>Calculated</i>	25.60	mg/dL	15 - 35
LDL / HDL RATIO <i>Calculated</i>	2.29		0 - 3.5
Cholesterol /HDL Ratio <i>Calculated</i>	4.71		0 - 5.0

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*DRJ*

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Page 6 of 12

Dr. Viral R. Jethava

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RENAL FUNCTION TEST

Specimen: Serum

Parameter	Result	Unit	Biological Ref. Interval
<b>Creatinine</b> <small>ALKALINE PICRATE, COLORIMETRIC KINETIC</small>	0.67	mg/dL	0.55 - 1.02
<b>eGFR</b>	116.27	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>	32.00	mg/dL	17 - 43
<b>Blood Urea Nitrogen (BUN)</b> <small>UREASE/GLDH</small>	14.94	mg/dL	7.0 - 18.0
<b>Uric Acid</b> <small>Uricase</small>	5.20	mg/dL	2.6 - 6.2
<b>Sodium</b> <small>Direct ion selective electrode</small>	141.0	mmol/L	137 - 145
<b>Potassium</b> <small>Direct ion selective electrode</small>	4.50	mmol/L	3.5 - 5.1
<b>Chloride</b> <small>Direct ion selective electrode</small>	102.5	mmol/L	98 - 107
<b>Calcium</b> <small>Cresolphthalein Complexone</small>	9.10	mg/dL	8.5 - 10.1

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Page 7 of 12

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Parameter	Result	Unit	Biological Ref. Interval
<b>GGT</b> <small>Siemens/37C</small>	41.00	U/L	5 - 55

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Page 8 of 12

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**HEMOGLOBIN A1 C (HBA1C)**

Specimen: Blood EDTA

Parameter	Result	Unit	Biological Ref. Interval
HbA1C <i>Siemens Dimension</i>	5.60	%	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>	114.02	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.


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Page 9 of 12

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**THYROID FUNCTION TEST**

Parameter	Result	Unit	Biological Ref. Interval
<b>Thyroid Stimulating Hormone (TSH)</b> <small>CLIA</small>	0.580	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>	1.23	ng/mL	0.6 - 1.81
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**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.


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Page 10 of 12

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**Thyroxine (T4)** 7.50 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.

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Page 11 of 12

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<b>Name</b> : Miyatra Kiranben	<b>Reg. No</b> : 403100376
<b>Age/Sex</b> : 50 Years / Female	<b>Reg. Date</b> : 09-Mar-2024 01:45 PM
<b>Ref. By</b> : Dr. PANCHMUKHI HOSPITAL / INSURANCE	<b>Collected On</b> : 09-Mar-2024 01:45 PM
<b>Client Name</b> : PANCHMUKHI HOSPITAL	<b>Report Date</b> : 09-Mar-2024 04:31 PM

**LIVER FUNCTION TEST**

Specimen : Serum

Parameter	Result	Unit	Biological Ref. Interval
Total Protein <i>BIURET</i>	7.40	g/dL	6.4 - 8.2
Albumin <i>Dye Binding - Bromocresol Purple (BCP)</i>	4.50	g/dL	3.40 - 5.00
Globulin <i>Calculated</i>	2.90	g/dL	2.3 - 3.5
A/G Ratio <i>Calculated</i>	1.55		0.8 - 3.1
SGOT (AST) <i>Siemens/37C</i>	25.00	U/L	15 - 37
SGPT (ALT) <i>Siemens/37C</i>	34.00	U/L	14 - 59
Alakaline Phosphatase <i>Siemens/37C</i>	102.00	U/L	46 - 116
Total Bilirubin <i>Diazo-Caffeine/Benzoate Coupling (Jendrassik-Grof) w/blank</i>	0.54	mg/dL	0.2 - 1
Conjugated Bilirubin <i>Diazo-Caffeine/Benzoate Coupling (Jendrassik-Grof) w/blank</i>	0.12	mg/dL	0 - 0.20
Unconjugated Bilirubin <i>Sulph acid dpl/calf-benz</i>	0.42	mg/dL	0.0 - 1.1

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

towards the healthiness...

*DRJ*

Dr. Viral Jethava

This is an Electronically Authenticated Report.

Page 12 of 12

Dr. Viral R. Jethava

M.D. (Path, PDCC)





**ECHOCARDIOGRAPHY & COLOR DOPPLER**

Patient Name : Kiranben Miyatra  
Ref.By : Dr Dadhaniya Sir

Age/Sex : 50/F  
Date : 9/3/24

**SUMMARY OF 2D ECHO**

LA, LV size Normal  
Concentric LVH (IVSd - 1.49cm, LVIDd-4.12cm, LVPWd-1.56cm, IVSs-1.79cm,  
LVIDs-2.8cm, LVPWs-1.5cm)  
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 14 mm and collapsing > 50% on deep inspiration

**Colour Doppler**

Mitral Valve: E/A ratio 0.8 , TDI s/o E\* < A\*  
Trivial MR

Tricuspid Valve: Grade 1 TR , CW TR jet 31 mmHg  
Estimated PASP 36 mm Hg (RAP 5mmHg)

Aortic Valve: Trivial AR  
No significant LVOT gradient - AV PG Max 20 mm Hg

Pulmonary Valve : No PR , PV Max PG 9 mm Hg

**FINAL IMPRESSION**

Good LV systolic function at rest  
Concentric LVH  
LV Diastolic Dysfunction

Dr V H Maniyar

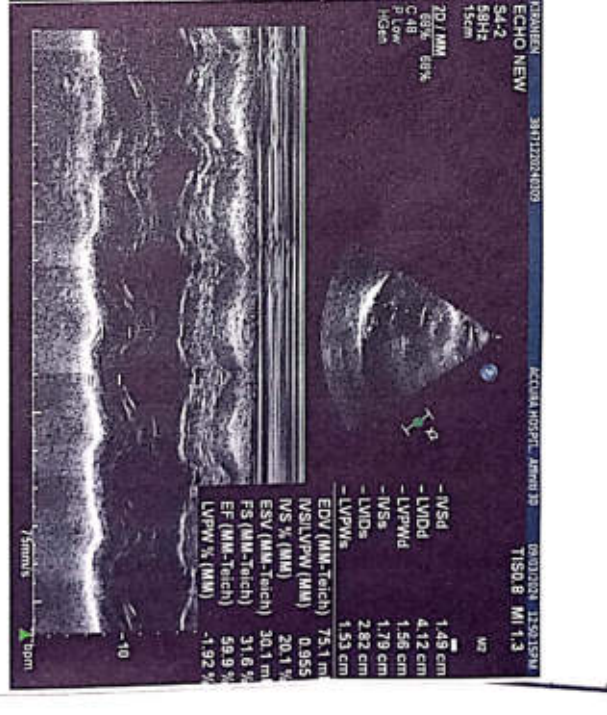
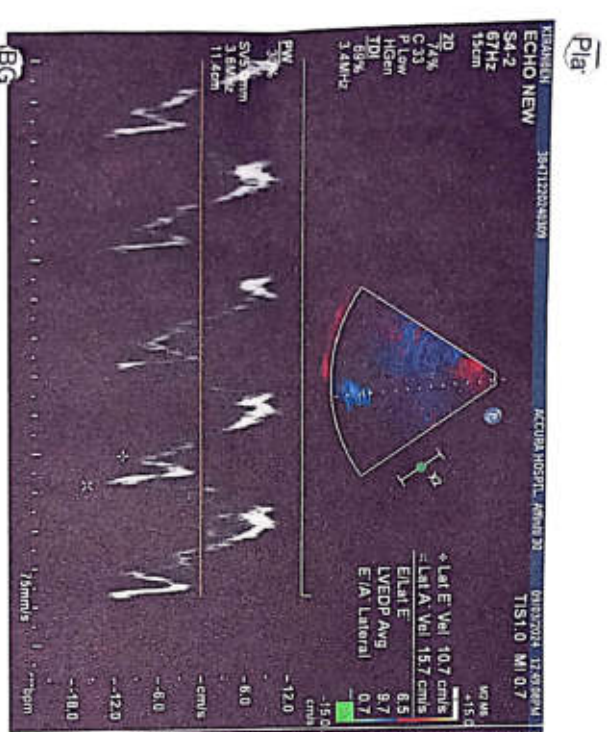
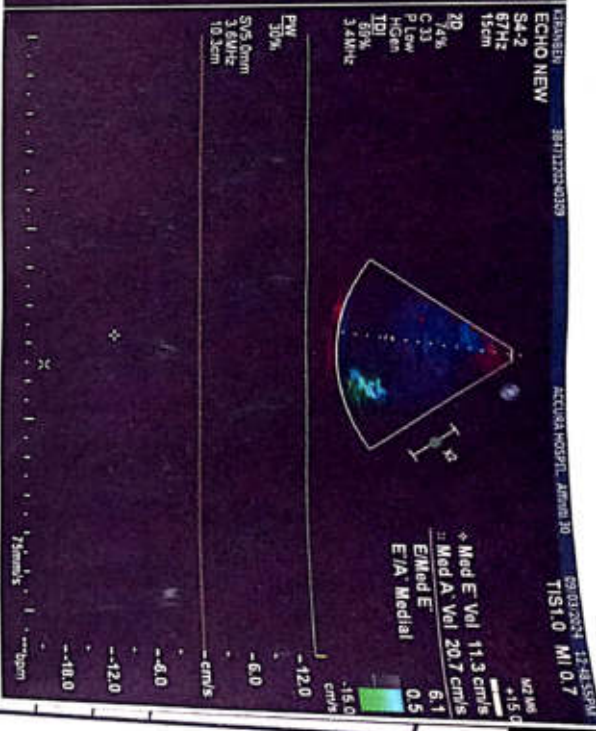
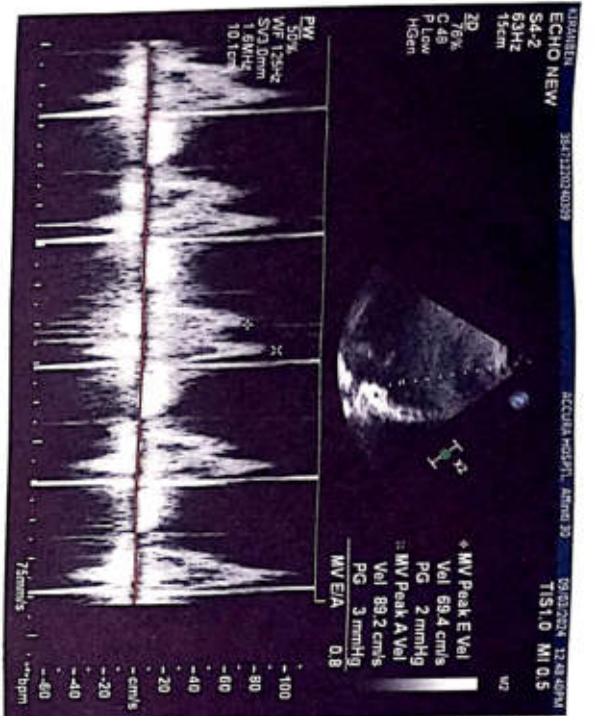
M.D., FNIC (Lilavati Hospital , Mumbai)

For Appointment

7 60 60 60 577

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





Hbs.Ag / Dt. :

Other

PATIENT NAME: MIYATRA KIRANBEN

DATE: 09 March 2024

### 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 shows few mobile calculi largest calculus measures 6.0 mm. no e/o wall thickening or changes of cholecystitis.
- **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 post menopausal atrophic. 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:

- Few Mobile gall bladder calculi without changes of cholecystitis.

Thanks for reference.



DR PRATIK KAGATHARA  
MD

Krishna Arcade, 150 Feet Ring Road, Opp. Om Nagar (BRTS), Rajkot. Mo. 72838 42020



Pt.'s Name: MIYATRA KIRANBEN

Date: 9 March, 2024

**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 under view reveals no evident abnormality.

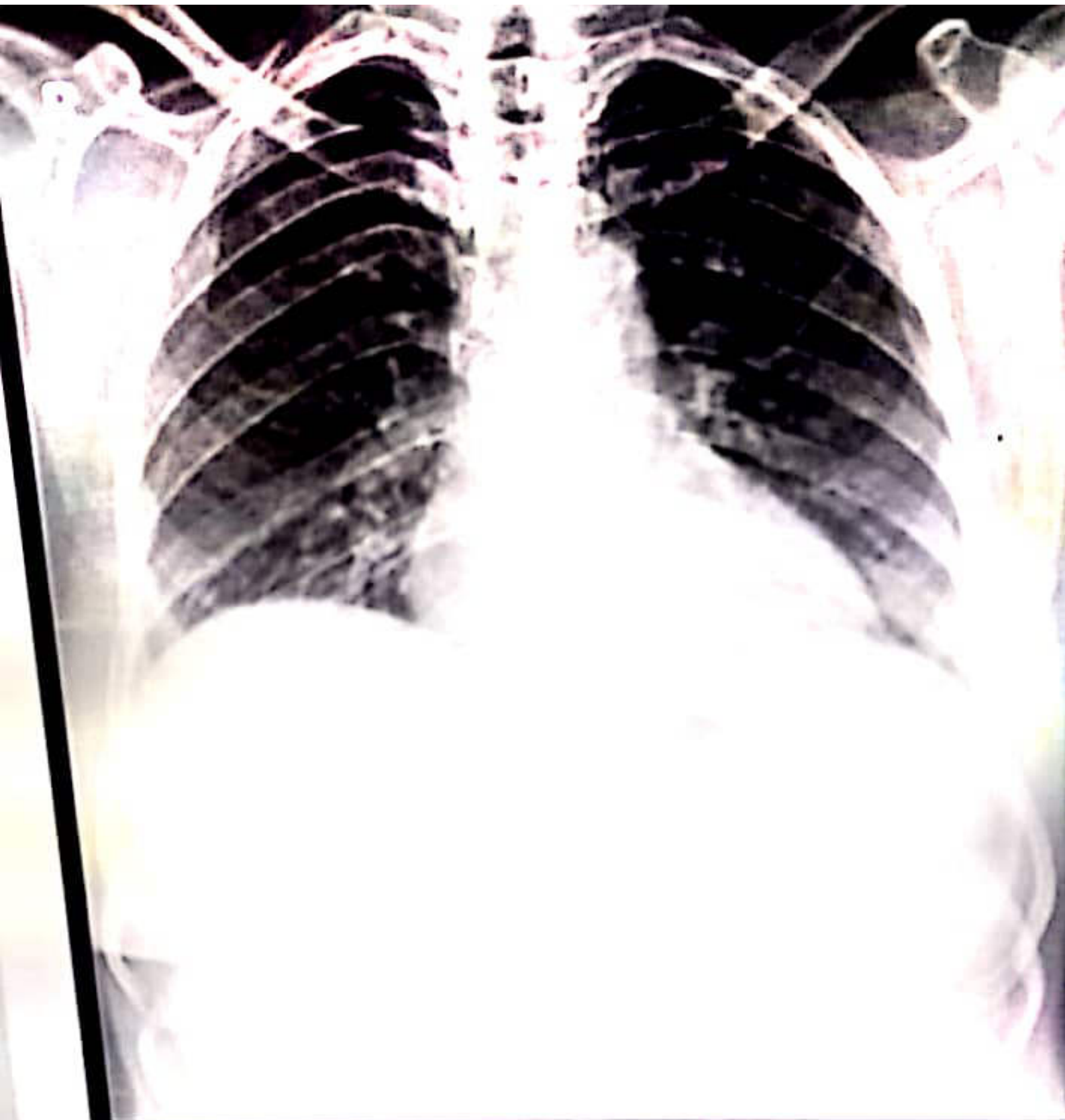
Thanks for reference.



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



MIYATRA KIRANBENF CHEST PA 09-Mar-24  
NEELKANTH DIAGNOSTICS - RAJKOT (DR. PRATIK KAGATHARA)