URMILABEN RATHWA
Female
50 Years

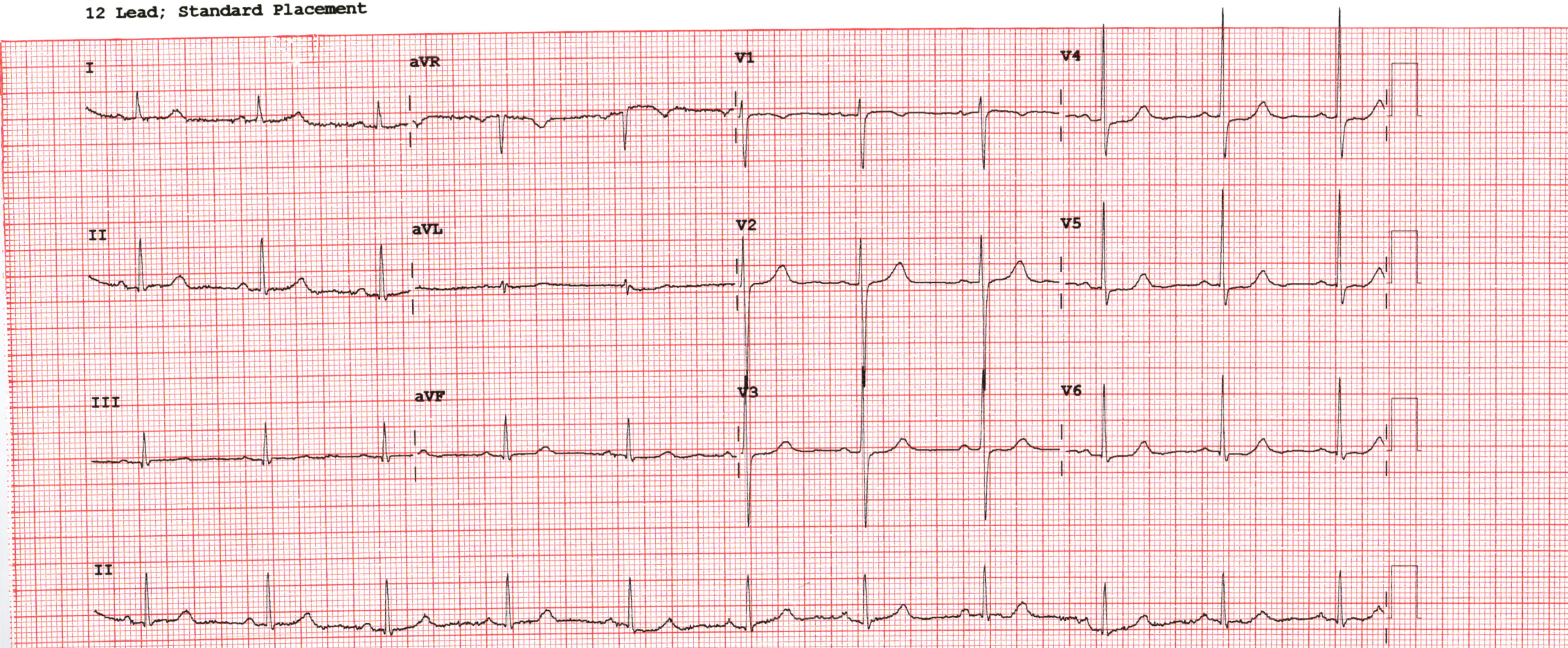
23-Mar-24 8:12:26 AM

Rate	65
PR	168
QRSD	82
QT	440
QTc	458

--AXIS--

P	43
QRS	59
T	49

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?

605

forPHILIPS

REORDER M2242B

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PATIENT SAFETY & QUALITY OF CARE NABH (ENTRY LEVEL) CERTIFIED

2D-ECHOCARDIOGRAPHY AND COLOR DOPPLER REPORT

NAME: URMILABEN RATHWA

AGE/SEX:50 YRS/FEMALE

DATE: 23/03/2024

REF BY: DIRECT

OBSERVATION:

- NORMAL LV SIZE AND NORMAL LV SYSTOLIC FUNCTION. LVEF = 60% (VISUAL).
- NO RWMA AT REST.
- CONCENTRIC LEFT VENTRICULAR HYPERTROPHY.
- GRADE I LV DIASTOLIC DYSFUNCTION.
- MILD MR. NO MS.
- NO AR. NO AS.
- MILD TR. NO PAH. RVSP : 26 MMHG.
- NORMAL SIZED LA, RA & RV WITH NORMAL RV SYSTOLIC FUNCTION.
- NORMAL SIZED MPA, RPA & LPA.
- INTACT IAS & IVS.
- NO E/O INTRACARDIAC CLOT/VEGETATION/PE.
- NORMAL IVC.
- NORMAL PERICARDIUM.

LA: 30MM **AO: 27MM** **IVS: 13/15MM** **LVPW: 13/16MM** **LVID: 40/23MM**

CONCLUSION:

- **CONCENTRIC LEFT VENTRICULAR HYPERTROPHY**
- **NORMAL LV/RV SIZE AND SYSTOLIC FUNCTION.**
- **NO RWMA AT REST, LVEF = 60% (VISUAL).**

Nirav

DR.NIRAV BHALANI
[CARDIOLOGIST]

DR.ARVIND SHARMA
[CARDIOLOGIST]

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PATIENT SAFETY & QUALITY OF CARE
NABH (ENTRY LEVEL)
CERTIFIED

PATIENT NAME: URMILABEN K. RATHWA	
AGE/SEX: 50 YRS/F	DATE: Saturday, 23 March 2024

CHEST X-RAY (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 SIGNFICANT ABNORMALITY NOTED IN LUNG FIELDS**
- **NORMAL CARDIAC SHADOW**

DR SHARAD RUNGTA (MD & DNB)
CONSULTANT RADIOLOGIST
Not all pathologies can be detected on ultrasound in each scan. Further radiographic evaluation is suggested if required.

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PATIENT SAFETY & QUALITY OF CARE NABH (ENTRY LEVEL) CERTIFIED

PATIENT NAME: URMILABEN K. RATHWA	
AGE/SEX: 50 YRS/F	DATE: Saturday, 23 March 2024

ULTRASOUND OF ABDOMEN & PELVIS

LIVER appears normal in size 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 and shows normal parenchymal echogenicity. No evidence of focal lesion.

BOTH KIDNEYS appear normal in size, shape and position.
Show normal cortical echogenicity. Corticomedullary differentiation is maintained.
No evidence of calculus or hydronephrosis on either side. ***Left kidney shows 22x17 mm sized simple cyst at upper pole.***

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 8.3 mm 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.
There is approximately 7 mm sized defect noted in umbilical region through which omentum is seen to herniate.

IMPRESSION:

- **Umbilical hernia.**
- **Left renal cortical simple cyst.**

DR SHARAD RUNGTA (MD & DNB)
COUNSULTANT RADIOLOGIST
Not all pathologies can be detected on ultrasound in each scan. Further radiographic evaluation is suggested if required.

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PATIENT SAFETY & QUALITY OF CARE NABH (ENTRY LEVEL) CERTIFIED

Patient Name :	Urmilaben Kanubhai Rathwa	**Sample No. :**	20240314620
Patient ID :	20240309084	**Visit No. :**	OPD20240328978
Age / Sex :	50y/Female	**Call. Date :**	23/03/2024 08:59
Consultant :	DR SAURABH JAIN	**S. Coll. Date :**	23/03/2024 11:25
Ward :	-	**Report Date :**	23/03/2024 16:22

CBC, ESR

Investigation	Result	Normal Value
Hemoglobin :	11.4 gm/dl [L]	12.5 to 16.0 gm/dl
P.C.V. :	37 %	37.0 to 47.0 %
M.C.V. :	66.9 fL [L]	78 to 100 fL
M.C.H. :	20.6 pg [L]	27 to 31 pg
M.C.H.C. :	30.8 g/dl [L]	32 to 36 g/dl
RDW :	11.4 %	11.5 to 14.0 %
RBC Count :	5.53 X 10^6/ cumm [H]	4.2 to 5.4 X 10^6/ cumm
Polymorphs :	68 %	38 to 70 %
Lymphocytes :	28 %	15 to 48 %
Eosinophils :	2 %	0 to 6 %
Monocytes :	2 % [L]	3 to 11 %
Basophils :	0 %	0.0 to 1.0 %
Total :	100	< 100 > 100
WBC Count :	5500 /cmm	4000 to 10000 /cmm
Platelets Count :	364000 / cmm	1,50,000 to 4,50,000 /cmm
ESR - After One Hour :	10 mm/hr	1 to 20 mm/hr

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

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Age / Sex :	50y/Female	**Call. Date :**	23/03/2024 08:59
Consultant :	DR SAURABH JAIN	**S. Coll. Date :**	23/03/2024 11:26
Ward :	-	**Report Date :**	23/03/2024 16:22

Blood Group

Investigation	Result	Normal Value
BLOOD GROUP :		
ABO	A	
Rh	Positive	

RENAL FUNCTION TEST

Investigation	Result	Normal Value
Creatinine :	0.9 mg/dl	0.6 - 1.4 mg/dl
Urea :	19 mg/ dl	13 - 45 mg/dl
Uric Acid :	3.2 mg/dl	3.5 - 7.2 mg/dl
Calcium :	7.8 mg/dl	8.5 - 10.5
Phosphorus :	3.8 mg/dl	1.5 - 6.8

MDesai

Dr.Mehul Desai
M.B.D.C.P
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Consultant :	DR SAURABH JAIN	**S. Coll. Date :**	23/03/2024 11:26
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Lipid Profile

Investigation	Result	Normal Value
Sample :	Fasting	
Sample Type :	Normal	
Cholesterol (Chol) :	204 mg/dl [H]	Low risk : < 200 Moderate risk : 200 - 239 High risk : > or = 240
Triglyceride :	215 mg/dl [H]	Normal : < 200.0 High : 200 - 499 Very High : > or = 500
HDL Cholesterol :	43 mg/dl	Low risk: >or = 60 mg/dL High risk : Up to 35 mg/dL
LDL :	118 mg/dl [L]	131.0 to 159.0(N) < 130.0(L) > 159.0(H)
VLDL :	43 mg/dl [H]	Up to 0 to 34 mg/dl
LDL/HDL Ratio :	2.74	Low risk : 0.5 to 3.0 Moderate risk : 3.0 to 6.0 Elevted level high > 6.0
Total Chol / HDL Ratio :	4.74	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 :	762 mg/dl [H]	400 to 700 mg/dl

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

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Consultant :	DR SAURABH JAIN	**S. Coll. Date :**	23/03/2024 11:26
Ward :	-	**Report Date :**	23/03/2024 16:22

LFT (Liver Function Test)

Investigation	Result	Normal Value
Total Bilirubin :	0.3 mg/dl	0.2 to 1.0 mg/dl
Direct Bilirubin :	0.1 mg/dl	0.0 to 0.2 mg/dl
Indirect Bilirubin :	0.2 mg/dl	0.0 to 0.8 mg/dl
AST (SGOT) :	14 U/L	5 to 34 U/L
ALT (SGPT) :	19 U/L	0 to 55 U/L
Total Protein (TP) :	6.7 g/dL	6.4 to 8.3, g/dl
Albumin (ALB) :	3.8 g/dl	3.5 to 5.2 g/dl
Globulin :	2.9 g/dl	2.3 to 3.5 g/dl
A/G Ratio :	1.31	
Alkaline Phosphatase (ALP) :	49 U/L	40 to 150 U/L
GAMMA GT. :	10 U/L	7 to 35 U/L

MDesai

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Reg.No.G-9521

MC-4074

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Phone: 0265-2354455 / 2328260 Mobile: 7228800500 / 8155028222 I Email: info.baroda@unipathllp.in

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Mobile: 7228800500 / 8155028222 I Email: info.baroda@unipathllp.in
Home Visit / OPD Reception : 9998724579

TEST REPORT

Reg. No.	: 40301014655	**Reg. Date**	: 23-Mar-2024 12:05	**Collected On**	: 23-Mar-2024 12:06
Name	: Ms. URMILABEN RATHWA			**Approved On**	: 23-Mar-2024 13:29
Age	: 50 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)	1.07	ng/mL	0.6 - 1.81
Method:CLIA			
T4 (Thyroxine)	7.30	µg/dL	4.5 - 12.6
Method:CLIA			
TSH (ultra sensitive)	1.834	µIU/mL	0.55 - 4.78
Method:CLIA			
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-relasing 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

Referance : Carl A.Burtis,Edward R.Ashwood,David E.Bruns. Tietz Textbook of Clinical Chemistry and Molecular Diagnostics. 5th Eddition. Philadelphia: WB Sounders,2012:2170

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

This is an electronically authenticated report. Test done from collected sample.

Printed On: 23-Mar-2024 13:30

Dr. Vishal Jhaveri
M.B.B.S, D.C.P
Reg. G-13041

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PATIENT SAFETY & QUALITY OF CARE NABH (ENTRY LEVEL) CERTIFIED

Patient Name :	Urmilaben Kanubhai Rathwa	**Sample No. :**	20240314620
Patient ID :	20240309084	**Visit No. :**	OPD20240328978
Age / Sex :	50y/Female	**Call. Date :**	23/03/2024 08:59
Consultant :	DR SAURABH JAIN	**S. Coll. Date :**	23/03/2024 11:26
Ward :	-	**Report Date :**	23/03/2024 16:22

Urine R/M

Investigation	Result	Normal Value
Quantity - :	20 ml	
Colour - :	Pale Yellow	
Reaction (pH) :	5.5	4.6-8.0
Turbidity :	Clear	
Deposit :	Absent	Absent
Sp.Gravity :	1.020	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 :	6-9 /hpf	0-5/hpf
Red Blood Cells :	0-1 /hpf	Absent
Epithelial Cells :	4-7 /hpf	

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Age / Sex :	50y/Female	**Call. Date :**	23/03/2024 08:59
Consultant :	DR SAURABH JAIN	**S. Coll. Date :**	23/03/2024 11:26
Ward :	-	**Report Date :**	23/03/2024 18:05

HBA1C

Investigation	Result	Normal Value
Glycosylated Hb :	6.3 % [H]	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 :	134.11	

FBS & PPBS

Investigation	Result	Normal Value
Blood Sugar (FBS) :	113 mg/dl [H]	74 - 100 mg/dl
Urine Sugar (FUS) :	Nil	
Blood Sugar (PP2BS) :	145 mg/dl [H]	70 to 120 mg/dl
Urine Sugar (PP2US) :	Nil	

MDesai

Dr.Mehul Desai
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Examination by Physician

Name: URMILABEN RATHWA Reg. No: 20240309084

Age/ Sex: 50/FEMALE DOE: 23/03/2024

Physical Examination

Height: 160cm Weight: 56kg BMI: 21.87

Temperature: Normal Pulse: 73 BP: 140/80

ChiefComplaints: SPO2-99%.

K/C/O HTN

PastHistory:

NAD

Examination:

General Examination:

NAD

Systemic Examination:

NAD.

Investigation:

RBS

ECG

Others

Advice: ADD/ AFD/ daily exercise

cont. antihypertensive

T. DOLO 1 tab SOS

Signature

T. Supradyn 0-1-0 x 1 month

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PATIENT SAFETY & QUALITY OF CARE NABH (ENTRY LEVEL) CERTIFIED

Examination by Ophthalmologist

Name: URMILABEN RATHWA Reg. No: 20240309084

Age/ Sex: 50/FEMALE DOE: 23/03/2024

Routine check up

Medical History:

H/C/O HTN

Examination of Eye:	**Right**	**LEFT**
External Examination:	(N)	(N)
Anti seg Examination:	(N)	(N)
Schiot Tonometry IOP:	12	12
Fundus:	(N)	(N)
Without Glass Distant Vision:	6/6	6/6
Near Vision:	N/8	N/8
With Glass Distant Vision:	6/6	6/6
Near Vision:	N/6	N/6
Colour Vision (With Ishihara Chart):	(N)	(N)

C +2.0 sph

Impression:

Normal

Advice:

Signature:

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PATIENT SAFETY & QUALITY OF CARE NABH (ENTRY LEVEL) CERTIFIED

Examination by DENTAL

Name: URMILABEN RATHWA

Reg. No: 20240309084

Age/sex 50/FEMALE

DOE: 23/03/2024

Presenting Complaints:

C/o pain and food lodgement in ~~lower~~ upper left tooth back region

Medical History:

Hypertensive since last 10 years and is on medication

Examination:

Impression:

Advice:

Cranium + 6 Scaling

Signature:

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PATIENT SAFETY & QUALITY OF CARE NABH (ENTRY LEVEL) CERTIFIED

Examination by Gynaecologist

Name: URMILABEN RATHWA

Reg. No: 20240309084

Age/ Sex: 50/FEMALE

DOE: 23-03-2024

Presenting Complaints:

none.

Medical History:

M/H: LMP-6/3/24. ← R/F PL.

O/H: P2L2 (All FTVP)

Other: K/C/O HTN.

Examination:

P/A : Soft, Nontender, Umbilical Hernia ✱ 1cm ⊕ ≤1/2c

P/S :

P/V :

Impression:

surgery referral rec. K/C/O Umbilical Hernia.

Advice:

NAD Further Tx Needed

Signature:

SUPERSPECIALITY HOSPITAL * SAVITA * VADODARA

भारत सरकार

आधार

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ભારત સરકાર

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નોંધણીની ઓળખ / Enrollment No.: 1116/35071/86527

To
ઉર્મિલાબેન કનુભાઇ રાઠવા
Urmilaben Kanubhai Rathwa
W/O: Kanubhai Rathwa
E-264 GOVARDHAN TOWNSHIP
NEAR NARAYAN VIDHYALAY WAGHODIYA ROAD
Vadodara
Soma Talav
Vadodara Vadodara
Gujarat 390025
9712547465

10/01/2014

3402154411

MA402154411FT

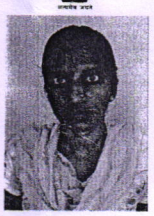
તમારો આધાર નંબર / Your Aadhaar No. :

3617 6008 1989

મારો આધાર, મારી ઓળખ

भारत सरकार

Government of India



ઉર્મિલાબેન કનુભાઇ રાઠવા
Urmilaben Kanubhai Rathwa
જન્મ તારીખ / DOB : 01/06/1973
સ્ત્રી / Female

3617 6008 1989

મારો આધાર, મારી ઓળખ