



Certificate No. : MC-5200

Shalby Hospital (A Unit of Shalby Limited) Near Navyug College, Rander Road, Adajan, Surat, Gujarat, India.
Tel.: 0261 7190000 | Ext.: 851 | Mo.: 9512036046 | Email : pathology.surat@shalby.in | Web : www.shalby.org

PID : SUR0000363844 OP-001

REPORT STATUS : Interim



Patient Name : **Mrs. Harsha Gautamkumar Jethva /** Registered On : 27-Apr-2024 09:05 AM
 Lab ID : 404901883 Collected On : 27-Apr-2024 08:25 AM
 Gender/Age : Female / 32 Years DOB : 27-Mar-1992 Received On : 27-Apr-2024 09:29 AM
 Ref. By : Dr. Health Check Up . Shalby Sample Type : EDTA Whole Blood

Parameter	Result	Unit	Biological Ref. Interval
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BLOOD COUNT AND INDICIES

HAEMOGLOBIN	Colorimetric Non Cyanide	11.5	g/dL	12.0 - 15.0
RBC COUNT	Electrical Impedance	3.75	mill/cmm	3.8 - 4.8
HCT	Calculated	33.9	%	36 - 46
MCV	Calculated based on the RBC histogram	90.4	fL	83 - 101
MCH	Calculated	30.7	pg	27 - 32
MCHC	Calculated	33.9	g/dL	31.5 - 34.5
RDW	Calculated	11.6	%	11.6 - 14.0

TOTAL LEUCOCYTE COUNT

Total WBC Count	Electrical Impedance	9520	cells/cmm	4000 - 10000
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DIFFERENTIAL LEUCOCYTE COUNT (Manual by Microscopy)

NEUTROPHILS	Flow Cytometry	76	%	40 - 80
LYMPHOCYTES	Flow Cytometry	18	%	20 - 40
EOSINOPHILS	Flow Cytometry	2	%	1 - 6
MONOCYTES	Flow Cytometry	4	%	2 - 10
BASOPHIL	Flow Cytometry	0	%	0 - 2

PLATELET INDICES

PLATELET COUNT	Electrical Impedance	256000	/cmm	150000 - 410000
MPV	Calculated based on PLT Histogram	8.7	fL	7.5 - 12.0

PERIPHERAL SMEAR EXAMINATION

RBCs Normochromic and Normocytic.
 WBCs Total and differential leucocyte counts are within normal limit
 PLATELETs Adequate in number and normal in morphology.
 MALARIAL PARASITE Malarial parasites are not seen on smear examination.

EDTA Whole Blood - Tests done on Automated Five Part Cell Counter. (WBC, RBC, MCV & Platelet count by classical impedance method, Hb by cyanide-free colorimetric method, WBC differential by Chemical dye, Flowcytometry, Semi-conductive Laser scatter Method, independent Basophil channel & other parameters calculated). All Haemograms are reviewed & confirmed microscopically.

Reference Interval: Dacie and Lewis practical haematology 11th edition.

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Generated On : 27-Apr-2024 04:57 PM

Approved On : 27-Apr-2024 11:41 AM

Dr Pankaj Agrawal

Dr Pankaj Agrawal

M.B., D.C.P
Consulting Pathologist

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Certificate No.: MC-5290

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Gender/Age : Female / 32 Years

DOB : 27-Mar-1992

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Sample Type : EDTA Whole Blood

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BLOOD GROUP

(Tube agglutination: Forward & reverse)

ABO Type

"O"

RH Type

POSITIVE

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Parameter	Result	Unit	Biological Ref. Interval
ESR 1st hour * <i>Modified Westergren Method</i>	55	mm in 1 hour	0 - 20
HBA1C HbA1c - Glycated Haemoglobin * <i>Boronate Affinity Assay</i>	5.0	%	Non-diabetic: <= 5.6 Pre-diabetic: 5.7-6.4 Diabetic: >= 6.5 Therapeutic goals for glycemic control Age > 19 years Goal of therapy: < 7.0 Action suggested: > 8.0 Age < 19 years Goal of therapy: <7.5
Estimated Average Glucose (eAG) (mg/dL) * <i>Calculated</i>	97	mg/dL	

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 Ref. By : Dr. Health Check Up . Shalby Sample Type : Fluoride F, Urine (PP),
 Fluoride PP, Urine (F),S

Parameter	Result	Unit	Biological Ref. Interval
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PLASMA GLUCOSE LEVEL**FASTING PLASMA GLUCOSE**

Plasma Glucose (F)	82	mg/dL	74 - 106
---------------------------	----	-------	----------

GOD/POD (Glucose Oxidase/Peroxidase), Colorimetric

Urine Sugar (F)	ABSENT	mg/dL	Absent
------------------------	--------	-------	--------

Glucose-oxidase/oxidase reaction

POST PRANDIAL PLASMA GLUCOSE

Plasma Glucose (PP)	106	mg/dL	Normal: 100-140 Impaired: 140-199 Diabetic :=>200
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GOD/POD (Glucose Oxidase/Peroxidase), Colorimetric

Urine Sugar (PP)	ABSENT	mg/dL	Absent
-------------------------	--------	-------	--------

Glucose-oxidase/oxidase reaction

Liver Function Test**Liver Function Test**

SGPT (ALT)	16	U/L	9 - 52
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Multi Point Rate with P-5-P

SGOT (AST)	16	U/L	14 - 36
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Multi Point Rate with P-5-P

Alkaline Phosphatase	97	U/L	20-50 yrs.: 42 - 98 4-19 yr : 54 - 369 >=51 yr : 56 - 119
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PNPP, AMP Buffer

GGT *	< 10	U/L	12 - 43
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L-gamma-glutamyl-4-nitroanalide/glycylglycine Kinetic

S. PROTEIN	6.3	g/dL	6.3 - 8.2
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Biuret (Alkaline cupric sulfate), End Point

Albumin	3.4	g/dL	3.5 - 5.0
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Bromocresol Green (BCG), Colorimetric

S. GLOBULIN	2.9	g/dL	2.3 - 3.6
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Calculated

A/G Ratio	1.2	Ratio	1.0 - 2.3
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Calculated

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Sample Type : Fluoride F, Urine (PP),
Fluoride PP, Urine (F),S**Liver Function Test****Bilirubin Total**

0.3

mg/dL

Azobilirubin/Dyphylline/Diazonium Salt

0-1 day (premature) 1.0 - 8.0

0-1 day (full term) : 2.0 - 6.0

1-2 day (premature) : 6.0 - 12.0

1-2 day (full term) : 6.0 - 10.0

3-5 day (premature) : 10.0 - 14.0

3-5 day (full term) : 4.0 - 8.0

Adult : 0.2 - 1.3

Bilirubin Unconjugated

0.3

mg/dL

End-point Colorimetric (Dual wavelength spectrophotometric)

Unconjugated bilirubin

Adults: 0.0-1.1

Neonates: 0.6-10.5

Bilirubin Direct

0.0

mg/dL

Calculated

Conjugated bilirubin and

Delta bilirubin (Bilirubin

covalently bound to albumin)

0.0-0.4

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Lab ID : 404901883	Collected On : 27-Apr-2024 08:25 AM
Gender/Age : Female / 32 Years	DOB : 27-Mar-1992
Received On : 27-Apr-2024 09:28 AM	Sample Type : Serum
Ref. By : Dr. Health Check Up . Shalby	

Parameter	Result	Unit	Biological Ref. Interval
LIPID PROFILE			
LIPID PROFILE			
Cholesterol <i>Cholesterol Esterase, Oxidase, Peroxidase</i>	240	mg/dL	Desirable: <200 Borderline High: 200 - 239 High >=240
SERUM TRIGLYCERIDE <i>Lipase/GK/GPO/POD</i>	196	mg/dL	Normal : <150 Borderline High : 150-199 High : 200-499 Very High : > 500
HDL CHOLESTEROL DIRECT * <i>Phosphotungstic Acid/Mgcl2 - Enzymatic</i>	68	mg/dL	Major risk factor for heart disease : < 40 Negative risk factor for heart disease : >= 60
Non HDL Cholesterol <i>Calculated</i>	172	mg/dL	Optimal : <130 Desirable : 130-159 Borderline high : 159-189 High : 189-220 Very High : >=220
LDL Cholesterol <i>Calculated</i>	133	mg/dL	Optimal: <100 Near to above Optimal: 100 - 129 Borderline High: 130 - 159 High: 160 - 189 Very High: > 190
VLDL <i>Calculated</i>	39	mg/dL	6 - 38
LDL/dHDL * <i>Calculated</i>	2.0		2.5 - 3.5
Chol/dHDL * <i>Calculated</i>	3.5	Ratio	3.5 - 5.0

Note: Reference interval as per National Cholesterol Education Programme (NCEP) Adult Treatment Panel III Report. VLDL, CHOL/dHDL RATIO, LDL/dHDL RATIO, LDL Cholesterol, Non HDL Cholesterol are calculated parameters. Estimation of LDL by direct method is recommended when TG>400 mg/dL.

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Consulting Pathologist

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	Sample Type : Serum

Parameter	Result	Unit	Biological Ref. Interval
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RENAL FUNCTION TEST**RENAL FUNCTION TEST**

Urea Nitrogen (BUN) <i>Urease, colorimetric</i>	4	mg/dL	7 - 17
UREA <i>Calculated</i>	9	mg/dL	15 - 36
Creatinine <i>Enzymatic - Creatinine amidohydrolase</i>	0.46	mg/dL	0.52 - 1.04
S. URIC ACID <i>Uricase/Peroxidase, Colorimetric</i>	3.2	mg/dL	2.5 - 6.2
Calcium <i>Arsenazo III dye</i>	9.5	mg/dL	8.4 - 10.2
Phosphorus * <i>Phosphomolybdate reduction (PMA Phenol)</i>	4.7	mg/dL	2.5 - 4.5
Sodium <i>Direct Ion Selective Electrode</i>	135	mmol/L	137 - 145
S. POTASSIUM <i>Direct Ion Selective Electrode</i>	4.14	mmol/L	3.5 - 5.1
Chloride <i>Direct Ion Selective Electrode</i>	105	mmol/L	98 - 107

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Ref. By : Dr. Health Check Up . Shalby

Sample Type : Serum

Parameter	Result	Unit	Biological Ref. Interval
THYROID PROFILE (TFT)			
Total T3 * <i>Chemiluminescence immunoassay (CLIA)</i>	243	ng/dL	87 - 178
Total T4 * <i>Chemiluminescence immunoassay (CLIA)</i>	23.43	µg/dL	99% Reference Interval (µg/dL) 4.82 - 15.65
TSH * <i>Chemiluminescence immunoassay (CLIA)</i>	3.395	µIU/mL	Non Pregnant Females: 0.38- 5.33 µIU/mL Pregnant Females (1st trimester): 0.05-3.70 µIU/mL Pregnant Females (2nd trimester): 0.31-4.35 µIU/mL Pregnant Females (3rd trimester): 0.41-5.18 µIU/mL

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Consulting Pathologist

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Ref. By : Dr. Health Check Up . Shalby

Sample Type : Urine

URINE EXAMINATION

Parameter	Result	Unit	Biological Ref. Interval
Physical Examination			
Colour *	Pale Yellow		Pale yellow
Transparency	Clear		Clear
Chemical Examination			
Glucose	<i>Glucose-oxidase/peroxidase reaction</i> Negative		Negative
Bilirubin	<i>Azo coupling Reaction with diazonium</i> Negative		Negative
Ketone	<i>Sodium Nitroprusside reation</i> Negative		Negative
Specific Gravity	<i>Refractometric Method - Bromthymol blue</i> 1.020	S.G. value	1.001 - 1.035
Blood	<i>Peroxidase like activity of hemoglobin</i> Negative		Negative
pH	<i>Double Indicator principle</i> 6.0	PH value	4.6 - 8.0
Protein	<i>Protein Error of Indicator Principle</i> Negative		Negative
Urobilinogen *	<i>Modified Ehrlich reaction</i> 0.2	EU/dL	Upto 1.0 mg/dL (EU/dL)
Nitrite *	<i>Diazotization reaction of nitrite with an aromatic amine</i> Negative		Negative
Leucocyte	<i>Leucocyte Esterase Test</i> Negative		Negative
Microscopic Examination			
Pus cells	2-3/hpf	/hpf	0-5/hpf
Red blood cells	Nil	/hpf	NIL/hpf
Epithelial cells	0-2/hpf	/hpf	NA
Crystals	Nil		Nil
Cast *	Nil		Nil
Bacteria	Nil		Nil
Amorphous	Nil		Nil
Yeast	Nil		Nil
Others	Nil		Nil

----- End of Report -----

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Dr Pankaj Agrawal

M.B., D.C.P
Consulting Pathologist

Patient's Name: Harsha Jethva

Age: 31 yrs / Female

Date: 27 / 04 / 2024

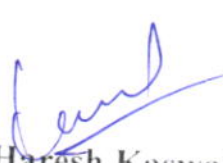
2D ECHOCARDIOGRAPHY REPORT

B mode findings

- Normal LV size
- No LV hypertrophy.
- Normal LA/ RA/ RV size
- No RWMA at rest
- Normal LV systolic function, LVEF – 60 %
- Normal LV diastolic function
- Mitral Valve – Normal , No MR. Aortic Valve – Normal , No AR.
- Tricuspid Valve – Normal ,No TR,
- Pulmonary Valve – Normal . No PR
- No pulmonary arterial hypertension. RVSP – 20 mmHg
- IAS / IVS intact
- IVC is Normal > 50 % collapsible
- No clot / vegetation / effusion

IMPRESSION

- Normal LV Systolic Function
- No RWMA
- LVEF 60 %


Dr. Hareesh Kaswala
Interventional Cardiologist

Note : Normal 2Decho study does not rule out underlying Coronary artery disease.

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CIN: L85110GJ2004PLC044667

G-14916

Patient Name: Harsha Jethva		UHID:	
Age / Sex: 31 Yrs. / Female		Study:	USG Abdomen + Pelvis
Referred By:	Dr. at shalby hospital	Date: 27/04/2024	

ULTRASOUND OF ABDOMEN AND PELVIS (TAS)

Liver is normal in size and appearance. It shows normal parenchymal reflectivity. No focal lesion seen. The Hepatic veins appear normal. No evidence of dilated I.H.B.R.
Portal vein appears normal.

Gall bladder is well distended and appears normal. No evidence of calculi seen. Wall appears normal. No pericholecystic fluid seen. **CBD** appears normal.

Pancreas appears normal in size and echotexture.

Spleen appears normal in size and appearance. No focal lesion seen.

Right kidney it shows normal echotexture and corticomedullary differentiation. There is no evidence of scarring, hydronephrosis or calculi.

Left kidney it shows normal echotexture and corticomedullary differentiation. There is no evidence of scarring, hydronephrosis or calculi.

Urinary bladder well distended and appears normal. No evidence of any intraluminal mass or calculi.

Uterus : Gravid uterus with live fetus in situ

No ascites is seen. No abnormal bowel wall thickening and dilatation seen.

IMPRESSION:

- No significant abnormality detected.

Thanks for referrals.

**DR. ASHUTOSH GANDHI**

DMRD (Radiodiagnosis)

G-14916

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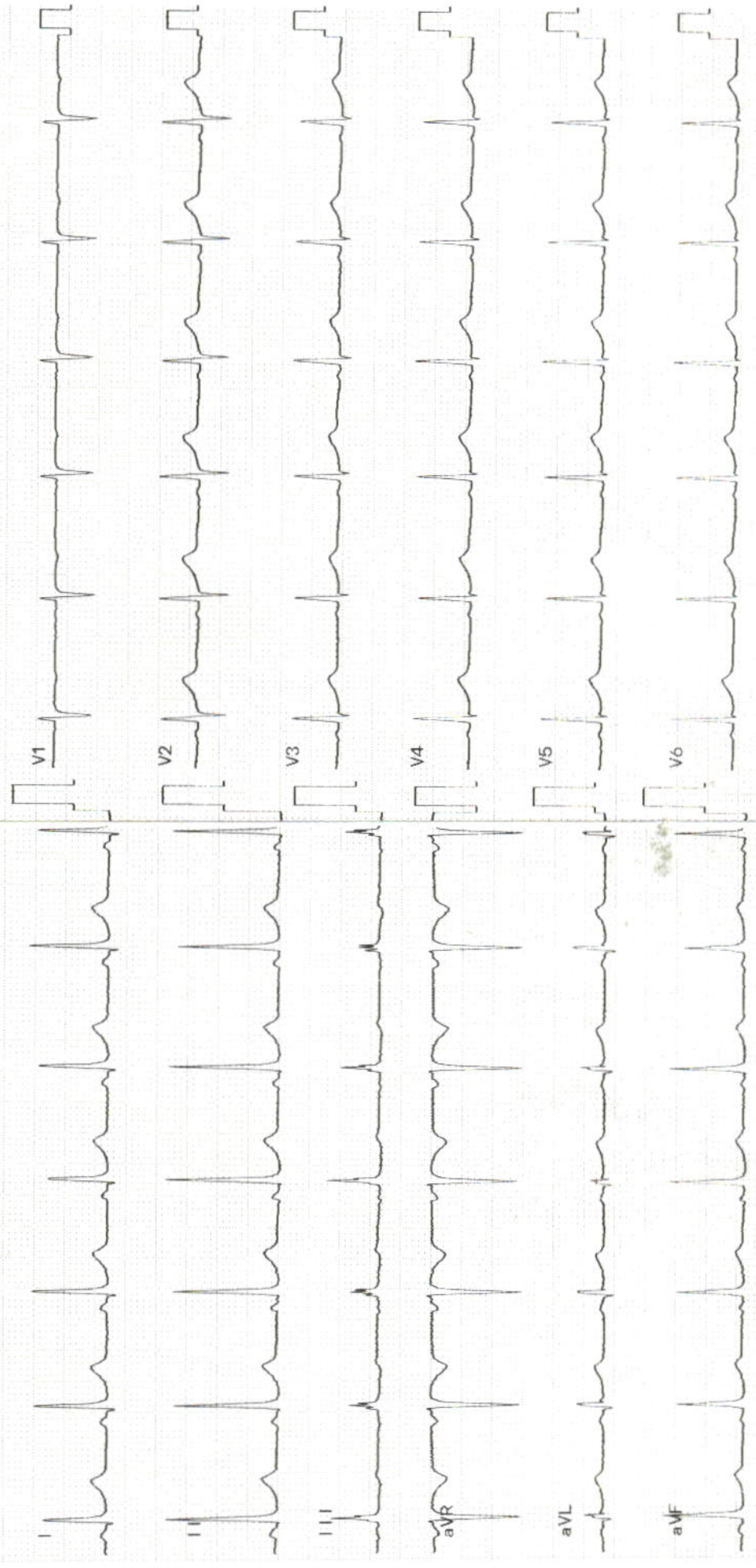
Helshaben

1100 Sinus rhythm
2210 Short PR interval
9150 ** abnormal ECG **

Unconfirmed Report
Reviewed by:

5 mm/mV

10 mm/mV 25 mm/s Filter: H50 d 100 Hz



years

mmHg

Birth date: /

kg

Medication: 79 bpm
 Symptoms: 112 ms
 History: 74 ms
 Heart rate: 366/401 ms
 PR interval: 30/53/27 °
 QT/QTc(E) int: 1.92/1.24 mV
 V5/SV1 amp: 3.17 mV
 V5+SV1 amp:



Pre - op

Post- op

Health Check-up

Date : 27/08/2017

Patient Reg. No. : _____

Patient Name : Harshel G. Jethva Age / Sex : 32/F

Address : Surest

Complaints :

Pain : _____

Bleeding gums : _____

Sensitivity : _____

Swelling : _____

Pus Discharge : _____

Medical History :

Hypertension : _____ DM _____ Acidity _____ Pregnancy : _____

Bleeding Disorders : _____ Asthma : _____ Allergy : _____

Past Surgical Intervention : _____

Any Medication :

On Examination :

Food lodgement : _____

Periodontitis : _____ Gingivitis : 3 2 1 1 2 3

Missing Teeth : _____ Mobility : _____

Treatment Advised :

Scaling : Sittings 1 2 3 Deep Perio Surgery : _____

Restoration : 76 _____ Class V Fillings : _____

RCT : _____ Extraction : _____

Dentures : _____ Partial Denture : _____

Implants : _____ Crown & Bridge Present : _____

Crown / Bridge Replacement :

Advised Crown / Bridge :

Advised X - Ray / O.P.G. :

Some Golden Rules :

1. Brush your teeth twice a day.
2. Floss your teeth daily.
3. Gargle forcefully after each meal.
4. Visit your dentist twice a year.
5. Any dental treatment should be performed in an well maintained.
 - hygienic setup using "autoclaved" instruments & "sterilized pouch" facility.
 - After knee replacement any treatment should be done under "Antibiotic Coverage"

Adv: : Scaling
Restoration 4

Dr. Darshini V. Shah
(Consultant Dental Surgeon)

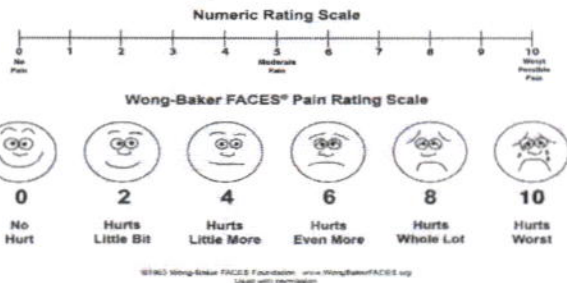
DR. RUJUTA SHELAT

Consultant Ophthalmologist
Reg. No.:- G-48712

Name :- **HARSHA G Ichha**

Date:- **27/04/24.**

Chief Complaints:- **Routine Eye check up**



Pain Assessment:-

Past History:-

Family History:-

Allergy:- **no drugs allergy**

Personal History:- **Habits:-** Alcohol:- Y/N Tobacco: Y/N Smoking: Y/N Regular Exercise: Y/N

General Examination:-

BP:- Pulse:- Temp:- **UN.**

Systemic Examination:-

HT:- WT:-

Visual Acuity:- **6/60**
6/24

PUPP **6/60 N12**
6/24 N10

PH Vision:- **6/8**

NCT **18**
18

STF **PG** **Same**

Plurk **3.50x - 2.50x 20**
5.50x - 2.50x 20

ON Examination

Ant. Segment

Both Eye

Nystagm.

Typical iris coloboma.

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CIN: L85110GJ2004PLC044667

Cornea *micro cornea*

Anterior Chamber

Lens

Fundus -

Rt. EYE

Lt. EYE

Media:-

Disc:-

Blood Vessel:-

Background:-

Macula:-

Diagnosis:-

Investigation:-

Pt with cme

micro cornea

- Myopia

- Typical iris coloboma

Treatment:-

*- carry catar
Cataractive surgery*

Nutritional Assessment:-

Preventive Care & Counsellings:-

Follow Up ON:-

2 months / 803

Signature of the Consultant

[Handwritten Signature]

DR. RUCHI THAKOR

M.S (Gynec) fmas, Infertility Specialist.
Consultant Obstetrician & Gynecologist
Email-ID:- ruchidesai24@yahoo.in
Regi. No. G-17927

Shalby Women's Health Clinic

Name:-

Chief Complaints:-

Gp. A1.

6th m.A.

Clonone

M/H:-

O/H :-

Reports - reviewed.

P/H:-

F/H

Examination:-

Date: 27/11/24

Weight:-

Height:-

OPR NO:-

Nutritional Assessment:-

Obese

Well Nourished

Mild-Moderate Nourished

Severely Mal-Nourished

LMP:-

Adv

- fetal Echo.

Ref not Done

Provisional Diagnosis:-

- Mup c reports / sos.

x-ray Refuse

By

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CIN: L85110GJ2004PLC044667

Date : 27/11/24

O.P.No.:

Name of Patient : Harsha Jethwa

Radiology Investigation (X-Ray / USG / Doppler / CT scan / MRI Scan / Mammography) : Petal Echo.

No. of X-Ray Film : Ref. by Dr. : Ruchi Thakor

Provisional Diagnosis : 6th m. A.

If, CT Scan Study : Contrast :

Plain :

Radiology Dept.

Charges Posted by

Signature 

Signature