



HEALTH CHECK UP SUMMARY

Name :	
Age :	
Sex :	
UHID :	
Exam. Date :	


 UHID : WHPJ.0000477001
 Mrs. KRISHNABEN P THAKRAR
 Age : 54 Yrs/Female
 Dr. Dilip Vyas

To be Filled in by the patient

Has anyone in your family suffered from the following ailments ? if yes, please specify the time period

FAMILY HISTORY

Hypertension :	NO/YES	Asthma :	NO/YES
Heart disease :	NO/YES	Cancer :	NO/YES
Diabetes :	NO/YES	Skin Disease :	NO/YES
Epilepsy :	NO/YES	Mental Disease :	NO/YES
Renal Disease :	NO/YES	Peptic ulcer :	NO/YES
Stroke :	NO/YES		
Arthritis / Gout :	NO/YES		

Have you ever suffered from any of these ailments :

PERSONAL & MEDICAL HISTORY

Heart Disease :	NO/YES	Hypertension :	NO/YES
Asthma :	NO/YES	Cancer :	NO/YES
Diabetes :	NO/YES	Malaria :	NO/YES
Renal Disease :	NO/YES	Skin Disease :	NO/YES
Epilepsy :	NO/YES	Arthritis / Gout :	NO/YES
Stroke :	NO/YES	Peptic Ulcer :	NO/YES
Mental Disorder :	NO/YES	Chronic Dysentery :	NO/YES
Eosinophilia :	NO/YES	Major illness :	NO/YES
Vertigo :	NO/YES	Hospitalization :	NO/YES
Jaundice :	NO/YES	Tuberculosis :	NO/YES
Smoking :	NO/YES	Medication :	NO/YES
Chewing Tobacco :	NO/YES	If yes - please name them	
Pan / Betel nut :	NO/YES	T. Cardace 5-100	
Alcohol intake :	NO/YES	Rt Renal Stone T. Sandalwood 100	
Allergies :	NO/YES	Bankart Repair T. Aspirin 100	
Operations :	NO/YES	Left Shoulder	

Is there any specific issue/concern you may want to discuss with the doctor ?

Oxylipidemia. 2 yrs.

Kidney - Left Renal Stone.

Dr. Jigna R. Ganatra

M.B. D.G.O.
Consultant Obstetrician &
Gynaecologist

WOCKHARDT
HOSPITALS

LIFE
WINS

UHD :

T-Afebrile/Febrile	_____ °C
P- _____/min	R- _____/min
B.P- _____/_____	mmHg
Drug Allergy- Yes/No	_____
Pain- Yes/No	_____
Fall-Risk Yes/No	_____

22/11/2024

Provisional Diagnosis:

Mrs Krishnakar

Age 54 yrs

OH : 1 O → live 30yrs

NA TC done

MH : H/O Menopause 3yrs

Both Breasts
no mass
palpable

PIA - Soft

PIs Cervix normal
PPV taken

PIV Warm AU

NS
fast f x clear

Follow up date - _____

Malnourished/Under/Nourished/Well Nourished
Nutritional Assessment Required:- Yes/ No

Jigna
Dr. JIGNABEN R. GANATRA
CONSULTANT OBSTETRICIAN

&
GYNECOLOGIST
GMC REG. NO. G-9668

WHL/OP/RAJ-01

Wockhardt Hospitals Ltd.

Unit : N M Virani Wockhardt Hospital

Kaleswari Road, Rajkot - 360 037 Tel. : 0291-6894644

Email : enquiry@wockhardthospitals.com Web : www.wockhardthospitals.com

CIN : U65100MH1997PLC063006

Dr. Mrs. Krupa H. Thakkar

B.D.S.

Consultant Dental Surgeon

WOCKHARDT
HOSPITALS

LIFE
WINS

UHID: 22/11/2021

Krishna Parkraw

Provisional Diagnosis:

T-Afebrile/Febrile	_____ °C
P- _____/min	R- _____/min
B.P- _____/_____	mmHg
Drug Allergy- Yes/No	_____
Pain- Yes/No	_____
Fall-Risk Yes/No	_____

Composite Ventrator

(class II, III, IV)

tooth colored

(940 x 2) =

1860/-

Follow up date - _____

Malnourished/Under/Nourished/Well Nourished

Nutritional Assessment Required:- Yes/ No

Wockhardt Hospitals Ltd.

Unit: N M Virani Wockhardt Hospital

Kalwad Road, Rajkot - 360 007 Tel.: 0281-869 4444

Email: enquiry@wockhardthospitals.com Web: www.wockhardthospitals.com

CIN: U85100MH1991PLC063096

Dr. Mrs. Krupa H. Thakkar

B.D.S.

Consultant Dental Surgeon

WHL/OP/RAJ-01

Dr. Kamlesh Kalariya
M.S. (Ophthalmology), D.O.
Consultant Ophthalmologist

UHID : WHRJ.0000477041
Mrs. KRISHNABEN P THAKRAR
Age : 54 Yrs/Female
Dr. Dilip Vyas

WOCKHARDT
HOSPITALS

LIFE
LINES

UHID :

T-Afebrile/Febrile	_____	°C
P- _____/min	S- _____/min	
B.P- _____/_____	mmHg	
Drug Allergy- Yes/No	_____	
Pain- Yes/No	_____	
Fall-Risk Yes/No	_____	

22-11-24

Provisional Diagnosis:

O/E

Vn < 6/6 5/6

Ant seg - NAB

Colour Vn - N

BC Fundus - NAB

Follow up date - _____

Malnourished/Under/Nourished/Well Nourished
Nutritional Assessment Required:- Yes/No

Dr. Dilip Vyas

MBBS, MD (Medicine), Consultant Physician

O.P.D. Mon to Fri

Morning 10:30 to 2:00 / Evening

(Emergency 24x7)



UHID : WHRI.0000477041

Mrs. KRISHNABEN P THAKRAR

Age : 54 Yrs/Female

Dr. Dilip Vyas

Provisional Diagnosis:

UHID :

T-Afebrile/Febrile	_____ °C
P- _____/min	R- _____/min
B.P-	_____/____ mmHg
Drug Allergy- Yes/ No	_____
Pain- Yes/No	_____
Fall-Risk Yes/No	_____

Lv
H.C. - 27

DM 2 Hypertension

- 27yrs
consulting physician

Asymptomatic
no issue

consult physician &
medical code

H- 133 BP 241
Hb 6.6
Platelets 200 +
D3/cp/plate 2376
2-3

consult physician &
consulting physician

2-1 small stone
10-2
renal issue

not D
not D-2

Follow up date - _____

Malnourished/Under/Nourished/Well Nourished
Nutritional Assessment Required:- Yes/ No

Wockhardt Hospitals Ltd.

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Kalewad Road, Rajkot - 360 007 Tel. : 0281-669 4444

Email : enquire@wockhardthospitals.com Web : www.wockhardthospitals.com

CIN : U85100MH1991PLC063096

Dr. Dilip Vyas

MBBS, MD (Medicine)

Consultant Physician

Reg. No G-3051

WH/OP/RAJ-01

DEPARTMENT OF LABORATORY MEDICINE

Patient Name	: Mrs. KUSHI NABEN P THAKRAR	Bill No.	: OCR6/25/0003337
Age/Sex	: 54 Years/Female	Sample Collection	: 22/11/2024 11:00 AM
UHID	: WHRJ.0000477041	Receiving Date Time	: 22/11/2024 11:30 AM
Primary Consultant	: DR.DILIP VYAS	Report Date	: 22/11/2024 11:48 AM
Order Date	: 22/11/2024 08:25 AM	Approval Date Time	: 22/11/2024 11:51 AM
Order No.	: 42504	Specimen	: Serum
Visit Code	: OP6.0215134	Bed No.	:

BIOCHEMISTRY

Final Report

PARAMETER	METHOD	RESULT	UNIT	B.R.I
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Plasma Glucose Post Prandial

Plasma Glucose Post Prandial - Hexokinase 211 mg/dL <140

Interpretation:

American Diabetes Association (ADA) criteria for diagnosis of Diabetes Mellitus:

Normal: Less than 140 mg/dL

Impaired Tolerance: 140 - 199 mg/dL

Diabetes Mellitus: More than 200 mg/dL

Note:

- Two abnormal results, on more than one occasion are required for diagnosis of DM.
- Other causes of transient glucose intolerance must be ruled out before diagnosis of DM.
- For Post prandial blood sugar test, blood sample should be given after 2 hours of meal.
- Strenuous work/Exercise immediately before sample collection can lower glucose test results
- An individual may have higher FBS level in comparison to PPBS level due to following reasons: Glycaemic index and response to food consumed, changes in body composition, high insulin sensitivity, exaggerated response to insulin, alimentary hypoglycemia, renal glycosuria, effect of hypoglycaemics/insulin treatment, anxious individual with disturbed sleep, dawn phenomenon and somogyi effect.

— END OF REPORT —

NIDHI PUROHIT

Verified By



Dr. PRAVIN GOHYA

M.D.(PATHOLOGY)

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P-101, KANAKPUR ROAD, RAJKOT

DEPARTMENT OF LABORATORY MEDICINE

Patient Name	: Mrs. KRISHNABEN P THAKRAR	Bill No.	: OCH6/25/OJ003337
Age/Sex	: 54 Years/Female	Sample Collection	: 22/11/2024 08:39 AM
UHD	: WHRJ.0000477041	Receiving Date Time	: 22/11/2024 08:45 AM
Primary Consultant	: DR.DILIP VYAS	Report Date	: 22/11/2024 09:43 AM
Order Date	: 22/11/2024 08:25 AM	Approval Date Time	: 22/11/2024 10:04 AM
Order No.	: 42904	Specimen	: EDTA Blood
Visit Code	: OP6.0215134	Bed No.	:

HEMATOLOGY

Final Report

PARAMETER	METHOD	RESULT	UNIT	B.R.I
Complete Blood Count (With ESR)- EDTA Blood				
Hemoglobin	SLS Photometric Method	13.9	g/dl	12.5-16.0
Haematocrit	RBC Histogram	44.2	%	37-47
RBC Count	Impedance	5.21	10 ⁶ /μl	4.2-5.4
MCV	Calculated	84.9	f	78-100
MCH	Calculated	26.6	pg	27-31
MCHC	Calculated	31.3	g/dL	30-35
RDW-CV	Calculated	14.7	%	11.5-14.0
WBC Total Count TLC	Flow cytometry / Microscopy	9.39	10 ⁹ /μL	4.0-10.5
Platelet Count	Impedance	443	10 ⁹ /μL	150-450
WBC Differential Count (DLC)				
Neutrophils	Flow cytometry / Microscopy	54.4	%	40 - 80
Lymphocytes	Flow cytometry / Microscopy	35.0	%	20-40
Eosinophils	Flow cytometry / Microscopy	5.0	%	2-6
Monocytes	Flow cytometry / Microscopy	5.2	%	2-10
Basophils	Flow cytometry / Microscopy	0.4	%	0-2
Blood ESR - 1 Hour	Westergren	05	mm/hr	0-20

-- END OF REPORT --

VARSHA DHOLARIYA
Verified By

Dr. PRAVIN GOJIYA

M.D.,(PATHOLOGY)

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* 011 : 26100000 RETRENCE NUMBER.



DEPARTMENT OF LABORATORY MEDICINE

Patient Name	: Mrs. KRISHNABEN P THAKRAR	Bill No.	: OCR6/25/0003337
Age/Sex	: 54 Years/Female	Sample Collection	: 22/11/2024 08:39 AM
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Order No.	: 42904	Specimen	: EDTA Blood
Visit Code	: DP6.0215134	Bed No.	:

HEMATOLOGY

Final Report

PARAMETER	METHOD	RESULT	UNIT	B.R.I
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BB-Blood Group RH Factor Serum and EDTA Blood

Blood Group	Column Agglutination Technology (CAT)	O		
Rh Factor		POSITIVE		

(NON ACCREDITED)

- Method : Blood grouping done by Gel card(Forward and Reverse) and/or Slide Agglutination(Forward) method with Anti-A(IgM), Anti-B(IgM) and Anti-D(IgM+IgG).

- Anti-D(IgG+IgM) does not detect DU(Weak Ag) variant in routine test. All Negative samples should be further tested at Blood Bank by DU Test for final confirmation.

- Subtyping of antigen can not be known by routine RGRh test. All A and AB blood groups should be further investigated at Blood Bank for further subtyping of Antigen(A1 or A2).

- For all Blood samples, it is presumed that the sample belongs to Patient named on it or on Requisition form. Results are released as per the sample received.

-- END OF REPORT --

CHANDNIP CHAUHAN

Reported By



Dr. PRAVIN GOJIYA

M.D.,(PATHOLOGY)

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DEPARTMENT OF LABORATORY MEDICINE

Patient Name	: Mrs. KRISHNABEN P. THAKRAR	Bill No.	: OCR6/25/0003337
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BIOCHEMISTRY

Final Report

PARAMETER	METHOD	RESULT	UNIT	B.R.I
Alkaline Phosphatase - Serum				
Alkaline Phosphatase	PNP AMP Kintetic	121.2	U/L	35 - 105
Bilirubin- Serum				
Serum Total Billrubin	Diazo	0.61	mg/dl	0.1 - 1.2
Serum Direct Bilirubin	Diazo	0.28	mg/dL	0.1-0.9
Serum Indirect Bilirubin	Calculated	0.33	mg/dl	
Blood Urea Nitrogen-Serum				
Blood Urea Nitrogen	Calculated	8.51	mg/dL	Infant/child: 5-18 (18-60 years): 6-20 (60-90 years): 8-23
Urea- Serum	Urease-GLDH	18.4	mg/dL	16.6 - 48.5
Creatinine- Serum				
Serum Creatinine	Jaffe's Kinetic	0.59	mg/dL	Newborn: 0.3-1.0 Infant: 0.2-0.4 Child: 0.3-0.7 Adolescent: 0.5-1.0 Adult: <1.2
Gamma GT- Serum				
Gamma GT	G-glutamyl-p-nitroanilide	48.8	U/L	6 - 42
Plasma Glucose- Fasting				
Plasma Glucose - Fasting.	Hexokinase	133.81	mg/dL	50 - 100

Interpretation:

American Diabetes Association (ADA) criteria for diagnosis of Diabetes Mellitus:

Normal: Less than 100 mg/dL

Impaired Tolerance: 100 - 125 mg/dL

Diabetes Mellitus: More than 126 mg/dL

Note:

- Two abnormal results, on more than one occasion are required for diagnosis of DM.
- Other causes of transient glucose intolerance must be ruled out before diagnosis of DM.
- For Fasting blood sugar test, blood sample should be given after an 8 hour fast.
- An individual may have higher FBS level in comparison to PPBS level due to following reasons: Glycaemic index and response to food consumed, changes in body composition, high insulin sensitivity, exaggerated response to insulin, alimentary hypoglycemia, renal glycosuria, effect of hypoglycaemics/insulin treatment, anxious individual with disturbed sleep, dawn phenomenon and somogyi effect.



DEPARTMENT OF LABORATORY MEDICINE

Patient Name	: Mrs. KRISHNABEN P THAKRAR	Bill No.	: OCR6/25/0003337
Age/Sex	: 54 Years/Female	Sample Collection	: 22/11/2024 08:39 AM
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BIOCHEMISTRY

Final Report

PARAMETER	METHOD	RESULT	UNIT	B.R.I
S.G.O.T (AST)- Serum				
S.O.T (AST)	UV Kinetic	28.6	U/L	0 - 32
S.G.P.T (ALT)	UV Kinetic	36.8	U/L	0 - 33
Total Protein- Serum				
Total Protein	Biuret	7.78	g/dL	Term: 4.6-7.4 7-19 year: 6.3-8.6 Adult: 5.5-8.0
Albumin	BCG	5.00	g/dL	Term: 2.5-3.4 7-19 year: 3.7-5.6 Adult: 3.5-5.5
Globulin	Calculated	2.78	g/dL	2 - 3.5
Albumin/Globulin Ratio	Calculated	1.79		0.9 - 2
Uric Acid- Serum				
Uric Acid	Enzymatic	4.5	mg/dl	1.3 - 6.0
Blood Urea Nitrogen	Calculated	8.51	mg/dL	Infant/child: 5-18 (18-60 years): 6-20 (60-90 years): 8-23 Newborn: 0.3-1.0 Infant: 0.2-0.4
Creatinine	Jaffe's Kinetic	0.59	mg/dL	Child: 0.3-0.7 Adolescent: 0.5-1.0 Adult: <1.2
Blood Urea Nitrogen/Creatinine Ratio	Calculated	14.42		< 20

--- END OF REPORT ---

NIDHI PUROHIT
Verified By

Dr. PRAVIN GOJIYA

M.D.,(PATHOLOGY)

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DEPARTMENT OF LABORATORY MEDICINE

Patient Name	: Mrs. KRISHNABEN P THAKRAR	Bill No.	: OCR6/25/0003337
Age/Sex	: 54 Years/Female	Sample Collection	: 22/11/2024 08:39 AM
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BIOCHEMISTRY

Final Report

PARAMETER	METHOD	RESULT	UNIT	B.R.I
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Glycosylated Haemoglobin- EDTA Blood

Glycosylated Haemoglobin	HPLC	6.6	%	Non-diabetic: <5.7
Estimated Mean glucose	Calculated	142.71	mg/dL	

[NON ACCREDITED]

Test Performed by HPLC method (BioRad - D10)

Interpretation:

American Diabetes Association (ADA) criteria for diagnosis of Diabetes Mellitus:

Prediabetes: 5.7 – 6.4

Diabetes Mellitus: More than 6.5

Note:

- Two abnormal results, on more than one occasion are required for diagnosis of DM.
- Other causes of transient glucose intolerance must be ruled out before diagnosis of DM.
- HbA1C is used for monitoring diabetic control. It reflects the estimated average (Mean) glucose. Trends in HbA1C are better indicator of diabetic control than a solitary test.
- In known diabetic patients, following values can be considered as a tool for monitoring the glycemic control: Excellent control – Less than 7 %, Good control – 7 to 8 %, Action suggested – More than 8 %.

Interference and Limitation:

- All hemoglobin variants which are glycosylated at B-chain N-terminus and which have antibody recognizable region identical to that of HbA1C are determined by this assay.
- Abnormal Hb might affect the half life of RBCs or the in vivo glycation rates. Care must be taken when interpreting any HbA1C result from patient with Hb variants/High Hb-F. For Homozygous/Heterozygous Hemoglobinopathies, alternative method should be used.
- Any cause of shortened erythrocyte survival (Hemolytic anemia or other hemolytic disease), Recent significant or chronic blood loss will reduce exposure of RBCs to glucose with consequent decrease in HbA1C.
- Test result obtained by different testing procedure should not be compared directly. Values may not be comparable with different methodologies and even different laboratories using same methodology. (Ref.: Wallach, 8th Edition)

-- END OF REPORT --

NIDHI PUROHIT

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M.D.,(PATHOLOGY)

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DEPARTMENT OF LABORATORY MEDICINE

Patient Name	: Mrs. KRISHNABEN P THAKRAR	Bill No.	: OCR6/25/0003337
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IMMUNOLOGY

Final Report

PARAMETER	METHOD	RESULT	UNIT	B.R.I
T3 T4 TSH- Serum				
Free T3	Electrochemiluminescence Immunoassay	1.28	ng/ml	0.8 – 2
Total T4	Electrochemiluminescence Immunoassay	11.63	µg/dL	5.1 – 14.1
				Term: 1.3-19.0 3 days: 1.1-17 10 weeks: 0.6-10.0 14 months: 0.4-7.0 5 years: 0.4-6.0 14 years: 0.3-5.0 ADULT: 0.27-4.2 Pregnancy: 1st Trimester: 0.1-2.5 2nd Trimester: 0.2-3.0 3rd Trimester: 0.3-3.0
TSH	Electrochemiluminescence Immunoassay	3.75	µIU/ml	

INTERPRETATION: TSH is formed in anterior pituitary and is subject to a circadian secretion, so result may show considerable physiologic and seasonal variation.

High TSH: Primary hypothyroidism (untreated or inadequately treated), Hashimoto thyroiditis, iodine deficiency goiter, External neck irradiation, Post thyroidectomy, Pituitary thyrotroph adenoma etc.

Drugs: Iodine containing agent like amiodarone / iopanoic acid / Iodate, Amphetamines, Dopamine antagonist like metoclopramide / domperidone / chlorpromazine / haloperidol, Lithium etc. can increase TSH level.

Low TSH: Toxic multinodular goiter, Autonomously functioning thyroid adenoma, Graves disease, Thyroiditis, Extrathyroidal thyroid hormone source, Factitious, Secondary hypothyroidism (Pituitary / hypothalamic tumor or infiltrates) etc.

Drugs: Glucocorticoids, dopamine, dopamine agonist like bromocriptine, L - dopa, Apomorphine, Pyridoxine, Over replacement of thyroid hormone in hypothyroidism etc can decrease TSH level.

TSH result may be transiently altered because of some non thyroidal acute illness (NTI). To evaluate thyroid status of hospitalized ill patient, clinical correlation / repeat testing may be needed.

Interference: RA factor, Heterophile antibodies, Human anti-mouse antibodies, High biotin level, icterus, hemolysis, lipemia etc. may produce spurious results.

Individual test result should not be considered conclusive, Test result should be used with detailed medical history, clinical examination and other findings for final diagnosis.

--- END OF REPORT ---

NIDHI PUROHIT
Verified By

DR. PRAVIN GOJIYA



DEPARTMENT OF LABORATORY MEDICINE

Patient Name	: Mrs. KRISHNABEN P THAKRAR	Bill No.	: OCR6/25/0003337
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Visit Code	: OP6.0215134	Bed No.	:

LABORATORY MEDICINE

Final Report

PARAMETER	METHOD	RESULT	UNIT	B.R.I
LIPOGRAM				
Total Cholesterol	CHOD-PAP	273.57	mg/dL	Desirable: <200 Borderline: 200-239 High: >240
HDL Cholesterol - Direct	Direct Method	55.2	mg/dL	Low: <40.0 High: >60.0
Chol/HDL Ratio	Calculated	4.95		3.5-5.0
Triglycerides	GOP-PAP	245.3	mg/dL	Normal: <150 Borderline: 150-199 High: 200-499 Very High: >500
LDL-Cholesterol -Direct	Homogeneous Enzymetic Colorimetric Assay	208.6	mg/dL	Optimal: <100 Near Optimal: 100-130 Borderline: 130-159 High: 160-190 Very High: >190
LDL/HDL Ratio	Calculated	3.77		2.5-3.5
VLDL Cholesterol	Calculated	49.06	mg/dL	Normal: <30 Optimal: <130
Non-HDL Cholesterol	Calculated	257.66	mg/dL	Desirable: 130-159 Borderline: 159-189 High: 189-220 Very high: >220

As per NCEP guideline, 12 hr fasting is required for Lipid profile testing. Otherwise TG, VLDL and Non HDL cholesterol results might be variably high, depending upon amount and type of food consumed.

Reference: National Cholesterol Education Program (NCEP) Adult treatment Panel II Report.

-- END OF REPORT --

NIDHI PURDHIT

Verified By

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* B.R.I. INDICATIONAL REFERENCE INTERVAL.

Dr. PRAVIN GOJIYA

M.D. (PATHOLOGY)



DEPARTMENT OF LABORATORY MEDICINE

Patient Name	: Mrs. KRISHNABEN P THAKRAR	Bill No.	: UCR6/25/0003337
Age/Sex	: 54 Years/Female	Sample Collection	: 22/11/2024 08:39 AM
UHID	: WHIRL0000477041	Receiving Date Time	: 22/11/2024 08:45 AM
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CLINICAL PATHOLOGY

Final Report

PARAMETER	METHOD	RESULT	UNIT	B.R.I
Urine Routine				
Physical Examination				
Colour	Visual	Pale Yellow		
Volume	Macroscopic View	20	ml	
Appearance	Macroscopic View	Clear		Clear
Urine for pH	Strip Method	6.0		5.0 - 8.0
Specific Gravity	Strip Method	1.010		1.005 - 1.030
Chemical Examination				
Urine Protein	Protein Error of Indicator Method	Absent		Absent
Urine Sugar	Glucose Oxidase Method	Present(++)		Absent
Urine Ketones	Sodium Nitroprusside Method	Absent		Absent
Urine Blood	Peroxidase like Activity	Absent		Absent
Bile Salts/Bile Pigment	Fouchet's Reaction	Absent		Absent
Urobilinogen.	Ehrlich's Reaction	Normal		Normal
Microscopic Examination				
Pus Cells	Microscopy	3-4	/hpf	< 3
Red Blood Cells	Microscopy	Absent	/hpf	Absent
Epithelial Cells	Microscopy	4-5	/hpf	< 5
Casts	Microscopy	Absent		Absent
Crystals	Microscopy	Absent		Absent
Amorphous Deposit	Microscopy	Absent		Absent

--- END OF REPORT ---

VARSHA DHOLARIYA
Verified By

Dr. PRAVIN GOJIYA

M.D.,(PATHOLOGY)

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* 2011: MOLECULAR REFERENCE NETWORK



DEPARTMENT OF CARDIOLOGY

UHID : WHRJ.0000477041 Age: 54Year
Name : KRISHNABEN P THAKRAR
Ref. Doctor : Dr Bhoomi Virpariya

Date: 22-Nov-2024

2D ECHOCARDIOGRAPHY & COLOUR DOPPLER – Health check up
SUMMARY OF 2D ECHO:

Performed By: Dr. Bhoomi Virpariya

Centrally located Ostium Secundum ASD (Size - 13mm) with left to right shunt

Mildly Dilated RA/RV

Mild Tricuspid Regurgitation, Mild PAH, (ERVSP: 30+5=35mmHg)

Grade I Diastolic Dysfunction

Normal LVEF - 60%, No RWMA at rest

Normal chamber dimensions.

All valves are structurally normal (No AS / No MS / No PS.)

Trivial MR / No AR

IVC – Normal (8mm) with >50% inspiratory collapse

No L.A./V clot / No Pericardial effusion. / No Vegetation.

Intact IVS.

FINAL IMPRESSION.

**ACYANOTIC CONGENITAL HEART DISEASE
CENTRALLY LOCATED OSTIUM SECUNDUM ASD WITH LEFT TO RIGHT SHUNT
MILDLY DILATED RA/RV
MILD TRICUSPID REGURGTATION, MILD PAH
GRADE I DIASTOLIC DYSFUNCTION
NORMAL LV FUNCTION (LVEF - 60%), NO RWMA AT REST**


Dr. Bhoomi Virpariya

**M.B.B.S., P.G.D.C.C.
Noninvasive Cardiologist**

Report Generated by :- Shilpa Jethva.

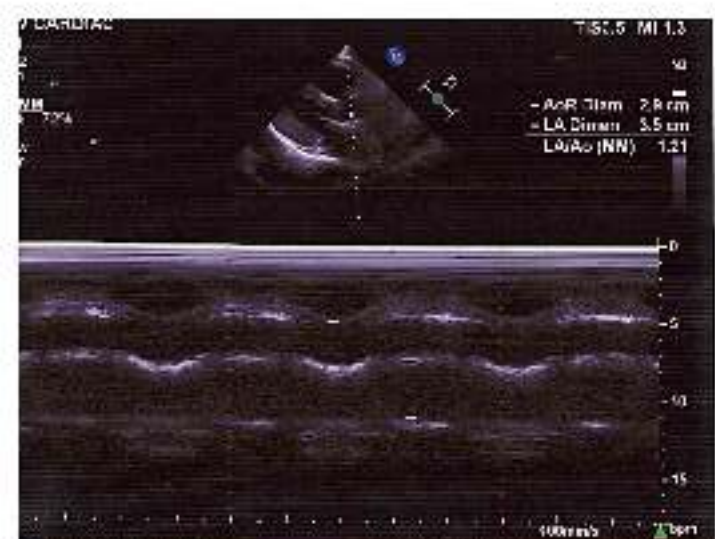
N M Virani Wockhardt Hospital

Kalewad Road, Rajkot - 360 007 Tel. : 0281-669 4266

Email : contact.rtc@wockhardthospitals.com Website : www.wockhardthospitals.com

CIN : U65100MH1991PLC063096 GSTIN : 24AAACW3342G17N





DEPARTMENT OF RADIO DIAGNOSTICS

Patient Name	: Mrs. KRISHNABEN P THAKRAR	Order Date	: 22/11/2024 08:25 AM
Age/Sex	: 54 Yrs / Female	Referred by	:
UHID	: WHR3J0000477041	Order No.	: 19435
Reporting Date	: 22/11/2024 10:35 AM		
Bill No.	: DCR6/25/0003337		

USG ABDOMEN WITH PELVIS

Real Time sonography of the abdomen and pelvis was performed using the 3.5 MHz transducer.

Findings:

* The liver is normal size and shows fatty changes. No focal lesion is seen.

The portal vein appear normal in course and calibre.
The gall bladder is contracted.
CBD appears normal in course and caliber.
Intrahepatic biliary tree is normal.

The pancreas is normal in size and echotexture.
The spleen is normal in size and echotexture.

Both kidneys are normal in size, position and echogenicity. Cortical thickness and corticomedullary differentiation are normal.

* Right kidney shows 3 mm size stone in upper calyx.No hydronephrosis seen.

* Left kidney shows 3 mm size stone in lower calyx.No hydronephrosis seen.

There is no evidence of ascites.

Urinary bladder is normal. No vesical calculi noted.

Uterus is smaller in size (postmenopausal)

No adnexal mass lesion seen.

There is no evidence of free fluid in pelvis.

COMMENTS:

- Grade-I fatty infiltration of liver.

-Bilateral small renal stones.No hydronephrosis.

Dr. Hema Mani

M.D.P.D

Senior Consultant Radiologist

The CT Scan/MR/USG/ X Ray investigation has technical limitations as well as inaccuracies. It should always be viewed with close pathological correlation and other investigations.

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CIN : U85100MH1991PLC063096 GSTIN : 24AAACW3342G1ZK



DEPARTMENT OF RADIODIAGNOSTICS

Patient Name	: Mrs. KRISHNABEN P THAKRAR	Order Date	: 22/11/2024 08:25 AM
Age/Sex	: 54 Yrs / Female	Referred by	:
UHID	: WHRJ.0000477041	Order No.	: 15435
Reporting Date	: 22/11/2024 09:55 AM		
Bill No.	: OCR6/25/0003337		

X RAY CHEST PA

Both lung fields are clear.

The costophrenic angles and domes of diaphragm appear normal.

Cardiac silhouette is within normal limits.

Visualized bony thorax and soft tissues appear normal.

COMMENTS:-

Normal chest x ray

Dr. A. S. Srinivasan

Senior Consultant Radiologist

Image/MPUSCI X RAY investigation has technical limitations as well as nuances. It should always be viewed with clinic-pathological correlation and other investigations.

Verified By: JESSY ABRAHAM

Authorized By:

END OF REPORT

N M Virani Wockhardt Hospital

Kalawadi Road, Rajkot - 360 007 Tel. : 0281-569 4266

Email : contact.rj@wockhardthospitals.com Website : www.wockhardthospitals.com

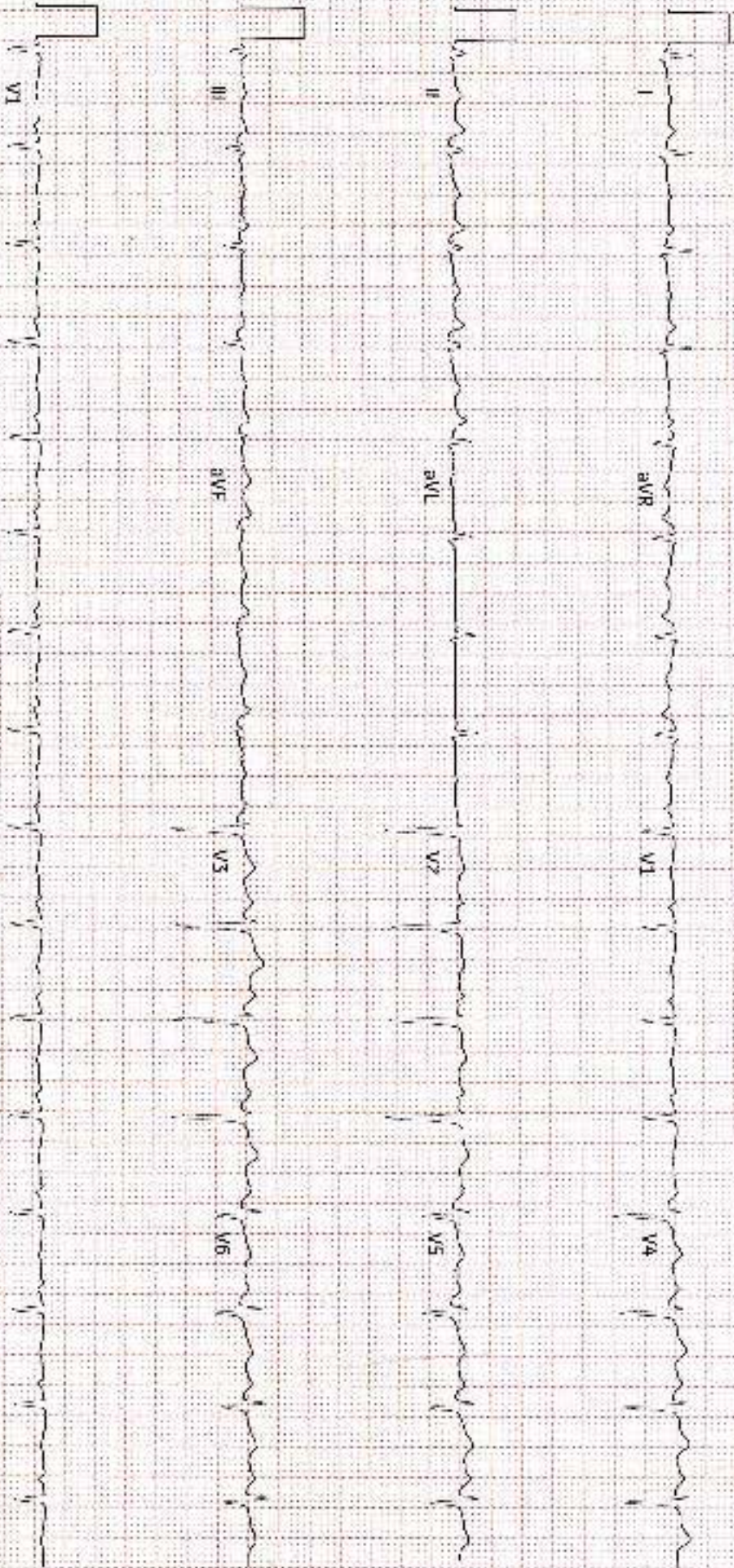
CIN : U65100MH1991PLC063096 GSTIN : 24AAACW3342G1ZV



Vent rate	95	BPM
PR Interval	154	ms
QRS duration	84	ms
QT/QTc Fram	396/453	ms
P-R-T axes	66 -1	63

Normal sinus rhythm
Normal ECG

Unconfirmed





N M Virani Wockhardt Hospital
Kalamand Road,
Rajkot-360 007

1st Nationally Accredited (Gold Standard - NASH)
Hospital of Saurashtra - Kutch

WOCKHARDT | **LIFE**
HOSPITALS | **WINS**

LOW FAT LOW CHOLESTEROL DIET

BEST CHOICES :

Juices like Tomato Juice, Lime Juice, etc.
Rasam & Clear Soup
Buttermilk (Dilute)
Green Leafy Vegetables
Fresh Green Salads and other Vegetables except Roots and Tubers
Plain Soda
Fat free Pickles

FOODS PERMITTED IN LIMITED QUANTITY

Vegetable oils like saffola, Sunflower, Sesame or soyabean are better than other oils, Allowed 3-4 teaspoons/daily.
Mayonnaise and other sauces made in vegetable oil.
Milk intake per day not to exceed 300ml.

FOODS TO BE AVOIDED :

Fats, like butter, ghee, vanaspati and coconut oil.
fried foods and foods cooked in too much fat eg. chips samosa, papads, bhajiya etc.
Puddings, cakes, pastries and ice creams
Pickles made in oil.
Milk products like cheese, khoa, cream etc.
nuts like almond cashew nut, peanut, etc.

FOODS RECOMMENDED :

High fibre food like salads and boiled vegetables, sprouted grams, pulses, fruit with skin whenever possible and whole wheat flour and its products, parboiled rice etc. in preference to refined flour.

Skimmed milk and its products like curd, cheese, paneer, desserts etc. should be taken in limited quantity (maximum allowance per day in 500 ml.)

Process of skimming the milk

Boil milk, cool and remove the cream using a strainer Repeat the process, Reheat to use beverages and curds.

Daily usage of the following offers an additional advantage :-

Garlic-5 gm., Mehi seeds-5 gm (1tsp.), Methi can be included in various preparation to one's taste and choice (Phulkas, Idlis, Sambar, Dosa etc.)

Note : According to weight and height patient's requirement can be changed.

DIETICIAN
WHIRAJIDIPELLIS

PERIODIC MEDICAL EXAMINATION REPORT

Name : Koushikaben

SYSTEMIC EXAMINATION

Cardiovascular System

Peripheral pulsations : Normal
Pulse rate at rest : 78 per minute
Apex beat : Normal/
Heart sounds : Normal/
Murmurs : Nil/

Respiratory System

Shape of chest : Normal/
Chest Movement : Normal/
Trachea : Normal/
Breath Sounds : Normal/
Adventitious Sounds : Absent/
Pleural Rub : Absent/
Chest Inspiration : Normal/

Abdomen : Normal/
Abdominal Girth : Normal/
Liver : Normal/
Spleen : Normal/
Any Lumps : Nil/

PERIODIC MEDICAL EXAMINATION

Name :

PHYSICAL EXAMINATION

Height : 154
Weight : 64.9
Blood Pressure : Supine :
Temperature : 130/80
Respiration :
Nutritional Status :
Mental Status :
Skin :
Lymph Nodes :
Oedema :
Nails :
Tongue :
Teeth / Gums :
Thyroid :
Extremities :
JVP :
Pallor :
ENT :

FINAL IMPRESSIONS :

MV
G / G
No of acute
respiration

- Acute
DM
HT
17/11/2015
15-177 OP 210
10/11/2015
10/11/2015

MEDICAL ADVICE :

Doctor's Name : Dr. S. S. S. S.
WHL/CC/15

Doctor's Sign. : [Signature]
2

Date : 22/11/15