



PANCHMUKHI HOSPITAL

Dr C P Dadhaniya

Dr R C Dadhaniya

MBBS, Dip.G.O., Diabetologist

150' RING ROAD, MAVDI CHOKDI, SANESHWAR ARCADE, RAJKOT Mo.9925333639,8320711901

policy number :
full name : Sadika Santosh Dixit
identity proof : Adhaar Card
identity proof no : 4399
gender : Female & 45
height : 147
weight : 62
B P : 140/100
pluse : 74/min RESUL47
blood sample : yes
fasting mode : yes
non fasting mode : yes

past history : - T.L. is done on 2009.
= HT since 2 yr
Dental : normal Tub = Telmubety = 40/20
(00) mg
~~Komberg Test~~ :
Colour vision : normal

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

2 Dixit

NAME: Sadika Santosh Dixit
AGE/GENDER: Female & 45

DIAG. DATE: 27-12-23

PATIENT'S REFRACTION DETAILS

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

REMARKS:

Normal

CHECKED BY:

C.P. Dadhaniya

2 @ Inil

DR. C. P. DADHANIYA
M.D. Ophthalmologist
Ind. Phys. No. (111)
Lic. No. 619793

Scanned with OKEN Scanner

Panchmukhi Hospital
Mavdi Chowki,
150 Fl. Ring Road, RAJKOT.

10mm/mV AUTO

I

II

III

II 10mm/mV

25mm/s

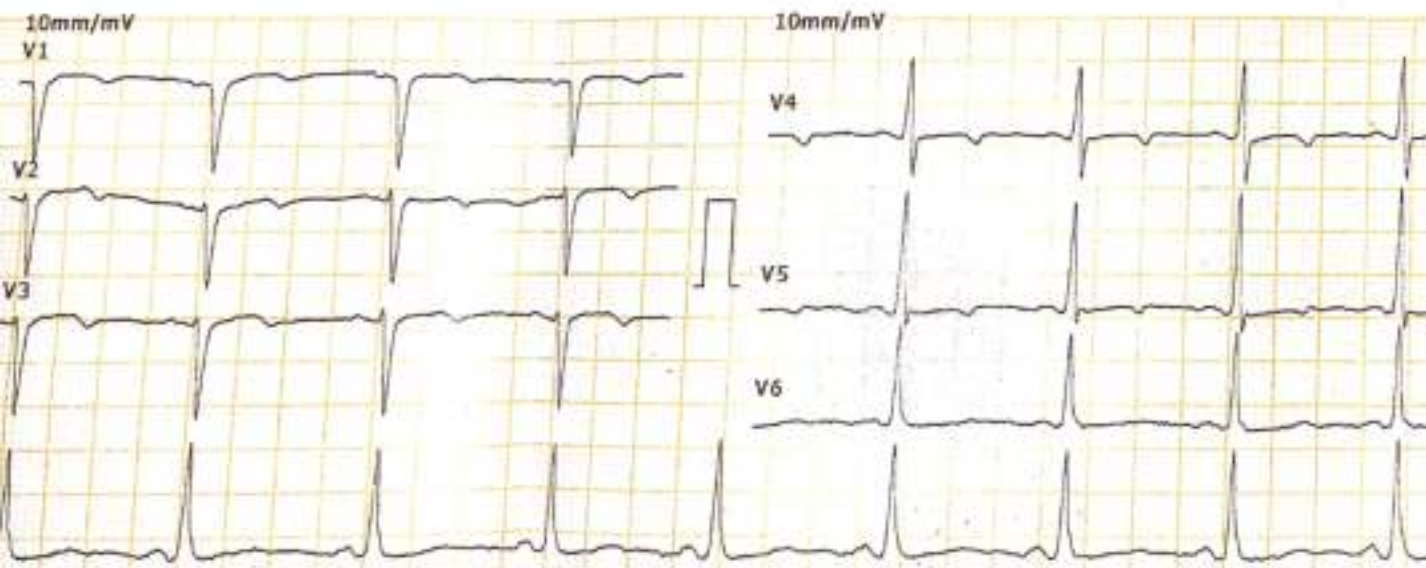
AC:ON 0.05-35Hz

10mm/mV

aVR

aVL

aVF



2023-12-23 11:16:27

ID: 00003671

ID Card:

Name: Susika Diti Gender: female

Age: 45

Height(cm):

Weight(Kg):

BP(mmHg):

HR: 73 bpm

P-R: DR. C. P. DADHANIYA ms 106

Q-R-S: W.H.B. Diabetologist ms 16

QT/QTc: Ind. Physician (C.H) ms 350/396

P/QRS/T AXES: Code No. 619798 deg 20/58/60

RV5/SV1: Code No. 378943 mV 1.28/0.94

RV5+SV1: Panchmukhi Hospital mV 2.22

Maydi Chowki,

150 Ft. Ring Road, RAJKOT.

*The result must be confirmed by doctor!

Report Confirmed by:



પંચમુખી હોસ્પિટલ

ડૉ. રાજેશ્રીબેન ડઢાણીયા
ડૉ. સી. પી. ડઢાણીયા
MBBS, Dip.G.O, Diabetologist

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

મલ્ટી સ્પેશ્યાલિટી એન્ડ મેટરનીટી નર્સિંગ હોમ

Date 23/12/23

સુવિધાઓ

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

I, Sarika Santosh Dixit
declaring that I don't
want to test stool
report.

Sarika

Dr. C. P. DADHANIYA
M.B.B.S., C.I.H.
Regd. No. G19798
PANCHMUKHI HOSPITAL
MAVADI CHOKADI.
156 KUTRING ROAD, RAJKOT

દવાનું રિએક્શન આવે તે દર્દીની તાસીર ઉપર આધાર રાખે છે

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





भारत सरकार

GOVERNMENT OF INDIA



सारिका संतोष दिक्षित

Sarika Santosh Dixit

जन्म तारीख/ DOB: 05/04/1979

महिला / FEMALE

8900 9758 4399



माझे आधार, माझी ओळख



भारतीय विशिष्ट पहचान प्राधिकरण
UNIQUE IDENTIFICATION AUTHORITY OF INDIA

पत्ता:

संतोष रघुनाथ दिक्षित, बी
101, मल्हार विला, बॉटलर
पुरीकिकतिओन मागे, जेजुरी,
जेजुरी रुरल, पुणे,
महाराष्ट्र - 412303

Address:

W/O, Santosh Raghunath Dixit, B
101, Malhar Villa, Behind Water
Purification, Jejuri, Jejuri Rural,
Pune,
Maharashtra - 412303

8900 9758 4399

MERA AADHAAR, MERI PEHACHAN



Mediwheel sarika
Dixit

GPS Map
Camera Lite

1-22, Uday Nagar 1 Rd No 12, near Mahiraj Hotel,
Poonam Society, Om Nagar, Rajkot, Gujarat 360004, India

Latitude
22.26561°

Longitude
70.7846431°

Local 11:22:33 AM
GMT 05:52:33 AM

Altitude 145 meters
Saturday, 23.12.2023



SARIKA DIXIT 45Y/F CHEST PA 23-Dec-23
NEELKANTH DIAGNOSTICS - RAJKOT (DR. PRATIK KACATHARA)

PATIENT NAME : SARIKA DIXIT

DATE: 23 December 2023


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 appears unremarkable. No evidence of calculus or cholecystitis is seen. Gall bladder wall thickness appears normal.
- **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 normal in size, shape and position. Endometrial thickness measures 4.0 mm. Endometrial & myometrial echotexture is normal. No focal lesion is seen.
- **BOTH OVARIES** are normal in size & echotexture. No focal solid or cystic lesions are seen. 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.
- **Defect of size about 12.0 x 8.0 mm is seen at umbilical region resultant herniation of omentum --- umbilical hernia**

CONCLUSION:

- **Umbilical hernia.**

Thanks for reference.



DR PRATIK KAGATHARA
MD

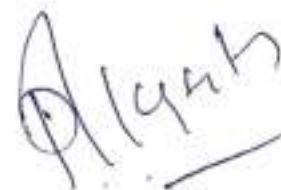
Pt.'s Name: SARIKA DIXIT

Date: 23 December, 2023

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 underview reveals no evident abnormality.*

Thanks for reference.



DR PRATIK KAGATHARA
MD

ECHOCARDIOGRAPHY & COLOR DOPPLER

Patient Name : Sarika Dixit
Ref.By : Dr Dadhaniya Sir

Age/Sex : 45/F
Date : 23/12/23

SUMMARY OF 2D ECHO

LA, LV size Normal
No LVH
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 0.7 , TDI s/o E* < A*
No MR

Tricuspid Valve: Trivial TR CW TR jet 28 mmHg
Estimated PASP 33 mm Hg

Aortic Valve: No AR
No significant LVOT gradient - AV PG Max 8 mm Hg

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

FINAL IMPRESSION

Good LV systolic function at rest
LV Diastolic Dysfunction Noted

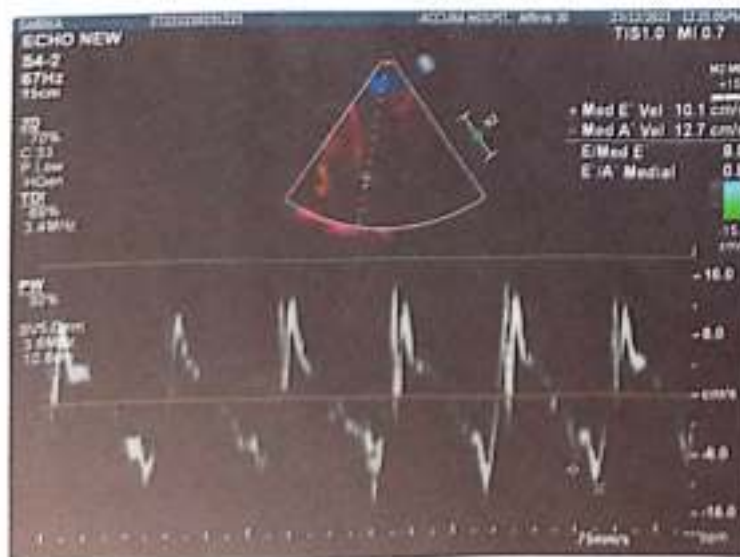
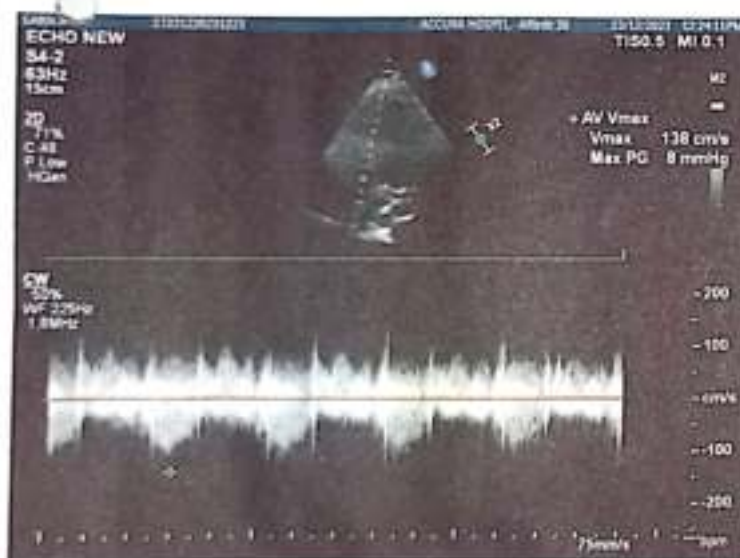
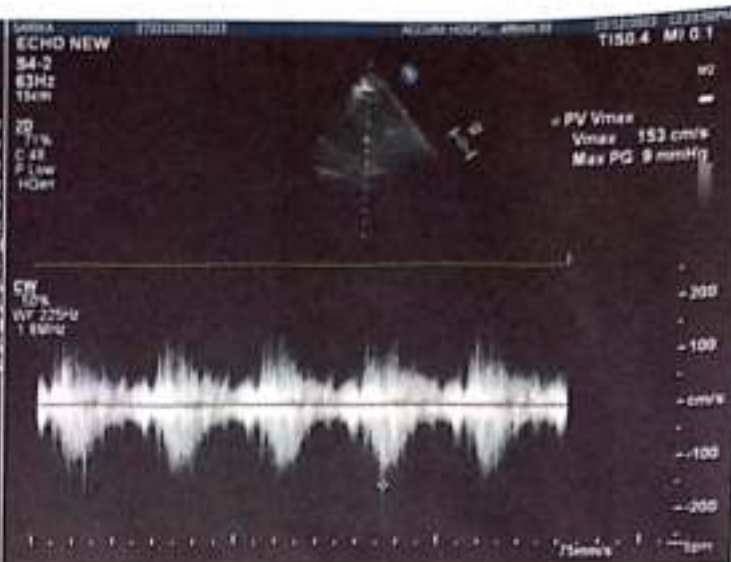
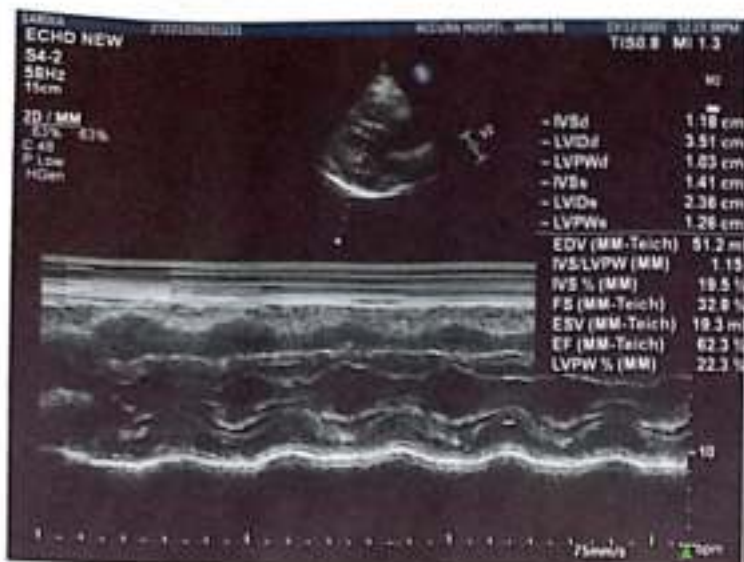

Dr V H Maniyar

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.





TEST REPORT

Name : Sarika Dixit	Reg. No : 312101187
Age/Sex : 45 Years / Female	Reg. Date : 23-Dec-2023 03:00 PM
Ref. By : Dr. PANCHMUKHI HOSPITAL / INSURANCE	Collected On : 23-Dec-2023 03:00 PM
Client Name : PANCHMUKHI HOSPITAL	Report Date : 23-Dec-2023 05:53 PM

COMPLETE BLOOD COUNT (CBC)
Specimen: EDTA blood

Parameter	Result	Unit	Biological Ref. Interval	
RBC Parameters				
Hemoglobin (SLS method)	10.6	g/dL	12.5 - 16.0	
Hematocrit (Electrical Impedance)	31.10	%	37 - 47	
RBC Count (Electrical Impedance)	4.28	million/cmm	4.2 - 5.4	
MCV (Calculated)	72.7	fL	78 - 100	
MCH (Calculated)	24.8	Pg	27 - 31	
MCHC (Calculated)	34.1	%	30 - 35	
RDW (Calculated)	13.5	%	11.5 - 14.0	
WBC Parameters				
WBC Count (Flowcytometry)	4800	/cmm	4000 - 10500	
DIFFERENTIAL WBC COUNT				
Neutrophils (%)	50 %	% Range 42.02 - 75.2	Abs. Value 2400 /cmm	Abs. Range 1800 - 7700
Lymphocytes (%)	42 %	20 - 45	2016 /cmm	1000 - 3900
Eosinophils (%)	04 %	1 - 4	192 /cmm	0 - 450
Monocytes (%)	04 %	2 - 8	192 /cmm	200 - 1000
Basophils (%)	00 %	0 - 1	0 /cmm	20 - 100
Platelete Parameter				
Platelet Count	237000	/cmm	150000 - 450000	
MPV	10.6	fL	7.4 - 10.4	
P-LCR	29.50	%	11.9 - 66.9	
PDW	12.5	%	8.3 - 56.6	
PCT (Platelet Haematocrit)	0.25	%	0.2 - 0.5	

towards the healthiness...

D.R.I.

Dr. Viral Jethava

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M.D. (Path. PDCC)




TEST REPORT

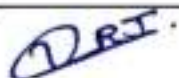
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Age/Sex	: 45 Years / Female	Reg. Date	: 23-Dec-2023 03:00 PM
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Client Name	: PANCHMUKHI HOSPITAL	Report Date	: 23-Dec-2023 05:53 PM

BLOOD GROUP & RH

Specimen: EDTA and Serum; Method: Haemagglutination

Parameter	Result	Unit	Biological Ref. Interval
ABO	*A*		
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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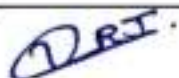


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Test	Result	Unit	Biological Ref. Interval
Erythrocyte sedimentation rate Sample, EDTA whole blood			
ESR (After 1 hour)	11	mm/hr	3 - 12

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FASTING PLASMA GLUCOSE

Specimen: Flouride plasma

Parameter	Result	Unit	Biological Ref. Interval
Fasting Blood Sugar (FBS) <small>HEXONWASE</small>	94.00	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: S11.

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POST PRANDIAL PLASMA GLUCOSE

Specimen: Flouride plasma

Parameter	Result	Unit	Biological Ref. Interval
Post Prandial Blood Sugar (PPBS) <small>HEXOKINASE</small>	140.00	mg/dL	70 - 140
Urine Glucose- PP <small>Glucose Oxidase- Peroxidase</small>	Nil		

Criteria for the diagnosis of diabetes :

- HbA1c \geq 6.5 %Or
- Fasting plasma glucose \geq 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.

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LIPID PROFILE
Specimen: Serum

Parameter	Result	Unit	Biological Ref. Interval
Cholesterol <small>Cholesterol Oxidase</small>	176.00	mg/dL	Desirable : < 200.0 Borderline High : 200-239 High : > 240.0
Triglyceride <small>Enzymatic Reaction With Glycerol Kinase</small>	118.00	mg/dL	Normal : < 150.0 Borderline : 150-199 High : 200-499 Very High : > 500.0
HDL Cholesterol <small>Siemens AHD</small>	68.00	mg/dL	High Risk : < 40 Low Risk : \geq 60
LDL Cholesterol <small>Siemens ALDL</small>	84.00	mg/dL	Optimal : < 100 Near Optimal/above optimal : 100-129 Borderline High : 130-159 High : 160-189 Very High : \geq 190
VLDL Cholesterol <small>Calculated</small>	23.60	mg/dL	15 - 35
LDL / HDL RATIO <small>Calculated</small>	1.24		0 - 3.5
Cholesterol /HDL Ratio <small>Calculated</small>	2.59		0 - 5.0

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RENAL FUNCTION TEST

Specimen: Serum

Parameter	Result	Unit	Biological Ref. Interval
Creatinine <small>ALKALINE PICRATE, COLORIMETRIC KINETIC</small>	0.84	mg/dL	0.55 - 1.02
eGFR	111.35	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
Urea <small>Calculated</small>	19.20	mg/dL	17 - 43
Blood Urea Nitrogen (BUN) <small>UREASE/GLDH</small>	8.97	mg/dL	7.0 - 18.0
Uric Acid <small>Uricase</small>	4.56	mg/dL	2.6 - 6.2
Sodium <small>Direct ion selective electrode</small>	142.3	mmol/L	137 - 145
Potassium <small>Direct ion selective electrode</small>	4.58	mmol/L	3.5 - 5.1
Chloride <small>Direct ion selective electrode</small>	99.20	mmol/L	98 - 107
Calcium <small>Cresolphthalein Complexone</small>	9.20	mg/dL	8.5 - 10.1

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Parameter	Result	Unit	Biological Ref. Interval
GGT <small>Siemens/3TC</small>	48.00	U/L	5 - 55

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HEMOGLOBIN A1 C (HBA1C)

Specimen: Blood EDTA

Parameter	Result	Unit	Biological Ref. Interval
HbA1C <small>Siemens Dimension</small>	4.97	%	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 <small>Calculated</small>	95.94	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 A1c 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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THYROID FUNCTION TEST

Parameter	Result	Unit	Biological Ref. Interval
Thyroid Stimulating Hormone (TSH) CLM	4.590	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

Triiodothyronine (T3) CLM	1.47	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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Dr. Viral Jethava

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Dr. Viral R. Jethava

M.D. (Path. PDCC)



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TEST REPORT

Name : Sarika Dixit	Reg. No : 312101187
Age/Sex : 45 Years / Female	Reg. Date : 23-Dec-2023 03:00 PM
Ref. By : Dr. PANCHMUKHI HOSPITAL / INSURANCE	Collected On : 23-Dec-2023 03:00 PM
Client Name : PANCHMUKHI HOSPITAL	Report Date : 23-Dec-2023 05:53 PM

Thyroxine (T4) 10.28 µg/dL 4.5 - 12.6
CLM

Clinical Significance:

- Thyroxine (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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URINE ROUTINE EXAMINATION

Parameter	Result	Unit	Biological Ref. Interval
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PHYSICAL EXAMINATION

Quantity	30 cc		
Colour	Pale Yellow		
Clarity	Clear		

CHEMICAL EXAMINATION (BY REFLECTANCE PHOTOMETRIC)

pH	6.0		4.6 - 8.0
Sp. Gravity	1.020		1.001 - 1.035
Protein	Nil		
Glucose	Nil		
Ketone Bodies	Nil		
Urobilinogen	Normal Present		
Bile salts:	Absent		Absent
Bile Pigments:	Absent		Absent
Nitrite	Nil		

MICROSCOPIC EXAMINATION (MANUAL BY MICROSCOPY)

Leucocytes (Pus Cells)	1 - 3/hpf
Erythrocytes (Red Cells)	Absent
Epithelial Cells	2 - 3/hpf
Amorphous Material	Absent
Casts	Absent
Crystals	Absent
Bacteria	Absent

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LIVER FUNCTION TEST

Specimen : Serum

Parameter	Result	Unit	Biological Ref. Interval
Total Protein <small>BIURET</small>	7.20	g/dL	6.4 - 8.2
Albumin <small>Dye Binding - Bromocresol Purple (BCP)</small>	4.59	g/dL	3.40 - 5.00
Globulin <small>Calculated</small>	2.61	g/dL	2.3 - 3.5
A/G Ratio <small>Calculated</small>	1.76		0.8 - 3.1
SGOT (AST) <small>Siemens/37C</small>	28.00	U/L	15 - 37
SGPT (ALT) <small>Siemens/37C</small>	48.00	U/L	14 - 59
Alakaline Phosphatase <small>Siemens/37C</small>	104.00	U/L	46 - 116
Total Bilirubin <small>Diazot-Caffeine/Benzoate Coupling (Jendrassik-Grof) w/blank</small>	0.48	mg/dL	0.2 - 1
Conjugated Bilirubin <small>Diazot-Caffeine/Benzoate Coupling (Jendrassik-Grof) w/blank</small>	0.12	mg/dL	0 - 0.20
Unconjugated Bilirubin <small>Suph acid ip/calf-benz</small>	0.36	mg/dL	0.0 - 1.1

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

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