

**Patient Name :** MRS. MITIKSHABEN BHARATBHAI MODI  
**Age / Gender :** 49 years / Female  
**Patient ID :** 15242  
**Source :** Sardar Patel Hospital (OPD)

**Referral :** Dr Mediwheel Full body Health Checkup  
**Collection Time :** 12/11/2022, 08:39 AM  
**Reporting Time :** 12/11/2022, 12:30 PM  
**Sample ID :**



Test Description	Value(s)	Reference Range	Unit(s)
<b>CBC</b>			
Hemoglobin (Hb)* Method : Cynmeth Photometric Measurement	12.0	12.0 - 15.0	gm/dL
Erythrocyte (RBC) Count* Method : Electrical Impedence	4.53	3.8 - 4.8	mil/cu.mm
Packed Cell Volume (PCV)* Method : Calculated	37.1	36 - 46	%
Mean Cell Volume (MCV)* Method : Electrical Impedence	<b>81.90</b>	83 - 101	fL
Mean Cell Haemoglobin (MCH)* Method : Calculated	<b>26.49</b>	27 - 32	pg
Mean Corpuscular Hb Conc. (MCHC)* Method : Calculated	32.35	31.5 - 34.5	gm/dL
Red Cell Distribution Width (RDW)* Method : Electrical Impedence	12.6	11.6 - 14.0	%
Total Leucocytes (WBC) Count* Method : Electrical Impedence	7320	4000-10000	cell/cu.mm
Neutrophils* Method : VCSn Technology	50	40 - 80	%
Lymphocytes* Method : VCSn Technology	39	20 - 40	%
Monocytes* Method : VCSn Technology	07	2 - 10	%
Eosinophils* Method : VCSn Technology	04	1 - 6	%
Basophils Method : VCSn Technology	00	0 - 4	%
Platelet Count* Method : Electrical Impedence	323	150 - 410	10 <sup>3</sup> /ul

**E.S.R**

**Erythrocyte Sedimentation Rate**

Method : EDTA Whole blood, modified westerngren

**Interpretation:**

It indicates presence and intensity of an inflammatory process. It is a prognostic test and used to monitor the course or response to treatment of diseases like tuberculosis, acute rheumatic fever,. It is also increased in multiple myeloma, hypothyroidism.

\*\*END OF REPORT\*\*

*Bholya*

Dr. Bhavika Dholiya  
M. D. Pathology  
Registration No: G-32571

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**Reporting Time :** 12/11/2022, 05:18 PM  
**Sample ID :**



Test Description	Value(s)	Reference Range	Unit(s)
<b><u>BLOOD GROUP &amp; RH (D) FACTOR, EDTA WHOLE BLOOD</u></b>			
Blood Group Method : Forward and Reverse By Tube Method	"B"		
RH Factor Methodology This is done by forward and reverse grouping by tube Agglutination method.	Positive		
<b>Interpretation</b> Newborn baby does not produce ABO antibodies until 3 to 6 months of age. So the blood group of the Newborn baby is done by ABO antigen grouping (forward grouping) only, antibody grouping (reverse grouping) is not required. Confirmation of the New-born's blood group is indicated when the A and B antigen expression and the isoagglutinins are fully developed (2-4 years).			
<b><u>THYROID FUNCTION TEST 1</u></b>			
T3-Total Method : Serum, CLIA	1.94	0.69 - 2.15 ng/mL	ng/mL
T4-Total Method : Serum, CLIA	52.7	52 - 127 ng/mL	ng/mL
TSH Method : Serum, CLIA	4.45	0.3 - 4.5 uIU/mL	uIU/mL

**\*\*END OF REPORT\*\***

*B. Dholiya*

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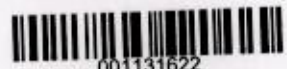


Test Description	Value(s)	Reference Range	Unit(s)
<b><u>BLOOD GLUCOSE FASTING (FBS)</u></b>			
Glucose fasting Method : Fluoride Plasma-F, Hexokinase	92.9	Normal: 70 - 99 Impaired Tolerance: 100-125 Diabetes mellitus: >= 126 (on more than one occasion) (American diabetes association guidelines 2018)	mg/dL
Urine Fasting	Absent		
Urine Ketones	-		
<b><u>BLOOD GLUCOSE POST PRANDIAL (PP2BS)</u></b>			
Blood Glucose-Post Prandial Method : Hexokinase	110.2	70 - 140	mg/dL
Urine Post Prandial	Absent		
<b><u>GLYCOSYLATED HB (HBA1C)</u></b>			
Glyco Hb (HbA1C)	5.2	Non-Diabetic: <=5.6 Pre Diabetic:5.7-6.4 Diabetic: >=6.5	%
Estimated Average Glucose :	102.54		mg/dL
<b>Interpretations</b>			
1. HbA1C has been endorsed by clinical groups and American Diabetes Association guidelines 2017 for diagnosing diabetes using a cut off point of 6.5%			
2. Low glycated haemoglobin in a non diabetic individual are often associated with systemic inflammatory diseases, chronic anaemia (especially severe iron deficiency and haemolytic), chronic renal failure and liver diseases. Clinical correlation suggested.			
3. In known diabetic patients, following values can be considered as a tool for monitoring the glycemic control.			
Excellent control-6-7 %			
Fair to Good control - 7-8 %			
Unsatisfactory control - 8 to 10 %			
Poor Control - More than 10 %			

**\*\*END OF REPORT\*\***

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**Reporting Time :** 12/11/2022, 04:16 PM  
**Sample ID :**   
001131622


Test Description	Value(s)	Reference Range	Unit(s)
<b>CREATININE</b> Creatinine Method : Enzymatic	0.87	0.6 - 1.2 mg/dl	mg/dL
<b>URIC ACID</b> Uric Acid* Method : Uricase, POD	4.1	2.5 - 6.8 mg/dL	mg/dL
<b>BUN CREATININE RATIO</b> Urea Blood urea nitrogen Creatinine BUN/Creatinine ratio	26.7 12.47 0.87 14.33	17 - 43 7 - 25 0.6 - 1.2 6 - 22	mg/dL mg/dL mg/dL Ratio
<b>BLOOD UREA NITROGEN</b> Urea * Method : Serum Blood Urea Nitrogen-BUN* Method : Serum, Urease	26.7 12.47	17- 43 7 - 25 mg/dL	mg/dL mg/dL

**\*\*END OF REPORT\*\***

*Bholiya*

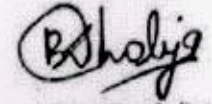
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**Reporting Time :** 12/11/2022, 01:39 PM  
**Sample ID :**   
001131622

Test Description	Value(s)	Reference Range	Unit(s)
<b>LIVER FUNCTION TEST-1</b>			
Bilirubin - Total Method : Serum, Jendrassik Grof	0.38	0.3 - 1.2	mg/dL
Bilirubin - Direct Method : Serum, Diazotization	0.18	Adults and Children: 0.0 - 0.4	mg/dL
Bilirubin - Indirect Method : Serum, Calculated	0.20		U/L
SGOT Method : Serum, UV with P5P, IFCC 37 degree	18.7	< 50	U/L
SGPT Method : Serum, UV with P5P, IFCC 37 degree	23.1	< 50	U/L
Alkaline Phosphatase-ALPI Method : Serum, PNPP, AMP Buffer, IFCC 37 degree	52.0	30-120	U/L
Total Protein Method : Serum, Biuret, reagent blank end point	6.72	6.6 - 8.3	g/dL
Albumin Method : Serum, Bromcresol purple	3.64	Adults: 3.5 - 5.2	g/dL
Globulin Method : Calculated	3.08	1.8 - 3.6	g/dL
A/G Ratio Method : Calculated	1.18	1.2 - 2.2	ratio

**\*\*END OF REPORT\*\***



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**Reporting Time :** 12/11/2022, 01:38 PM  
**Sample ID :**



Test Description	Value(s)	Reference Range	Unit(s)
<b>LIPID PROFILE (D)</b>			
<b>Cholesterol-Total</b> Method : Serum, Cholesterol oxidase esterase, peroxidase	210.0	Desirable: <= 200 Borderline High: 201-239 High: > 239 Ref: The National Cholesterol Education Program (NCEP) Adult Treatment Panel III Report.	mg/dL
<b>Triglycerides</b> Method : Serum, Enzymatic, endpoint	105.6	Normal: < 150 Borderline High: 150-199 High: 200-499 Very High: >= 500	mg/dL
<b>Cholesterol-HDL Direct</b> Method : Serum, Direct measure-PEG	58.5	Normal: > 40 Major Heart Risk: < 40	mg/dL
<b>LDL Cholesterol</b> Method : Calculated	130.38	Optimal: < 100 Near optimal/above optimal: 100-129 Borderline high: 130-159 High: 160-189 Very High: >= 190	mg/dL
<b>Non - HDL Cholesterol, Serum</b> Method : calculated	151.50	Desirable: < 130 mg/dL Borderline High: 130-159mg/dL High: 160-189 mg/dL Very High: > or = 190 mg/dL	mg/dL
<b>VLDL Cholesterol</b> Method : calculated	21.12	6 - 38	mg/dL
<b>CHOL/HDL RATIO</b> Method : calculated	3.59	3.5 - 5.0	ratio
<b>LDL/HDL RATIO</b> Method : calculated	2.23	Desirable / low risk - 0.5 -3.0 Low/ Moderate risk - 3.0- 6.0 Elevated / High risk - > 6.0	ratio
<b>HDL/LDL RATIO</b> Method : calculated	0.45	Desirable / low risk - 0.5 -3.0 Low/ Moderate risk - 3.0- 6.0 Elevated / High risk - > 6.0	ratio

**Note:** 8-10 hours fasting sample is required. Test results may show interferences due to pregnancy, certain drugs such as estrogens and other drugs (such as androgenic and related steroids), and insulin therapy etc. 12 hours fast is recommended prior to the test as non fasting status may result in falsely elevated test values. Alcohol should not be consumed for atleast 24 hours before the test. Values may be increased in acute illness, colds or flu. Obesity, stress, physical inactivity, cigarette smoking may lead to increase test values. If possible all medications should be withheld for atleast 24 hours before testing (On Doctors Advice). Intraindividual variations, seasonal as well as positional variations (levels lower when sitting compared to standing etc.) have been observed. Cholesterol and HDL-C should not be measured immediately after MI, and 3 months wait is suggested.

**\*\*END OF REPORT\*\***

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Referral : Dr Mediwheel Full body Health Checkup

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Reporting Time : 12/11/2022, 12:31 PM

Sample ID :



Test Description	Value(s)	Reference Range	Unit(s)
<b>URINE ROUTINE</b>			
Volume*	30	ml -	ml
Colour*	Pale Yellow	Pale Yellow	
Transparency (Appearance)*	Clear	Clear	
Deposit*	Absent	Absent	
Reaction (pH)*	6.0	4.5 - 8	
Specific Gravity*	1.015	1.010 - 1.030	
<b>Chemical Examination (Automated Dipstick Method) Urine</b>			
Urine Glucose (sugar)*	Absent	Absent	
Urine Protein (Albumin)*	Absent	Absent	
Urine Ketones (Acetone)*	Absent	Absent	
Blood*	Absent	Absent	
Bile pigments*	Absent	Absent	
Nitrite*	Absent	Absent	
<b>Microscopic Examination Urine</b>			
Pus Cells (WBCs)*	3-5	0 - 5	/hpf
Epithelial Cells*	OCCASIONAL	0 - 4	/hpf
Red blood Cells*	Absent	Absent	/hpf
Crystals*	Absent	Absent	
Cast*	Absent	Absent	
Trichomonas Vaginalis*	Absent	Absent	
Yeast Cells*	Absent	Absent	
Amorphous deposits*	Absent	Absent	
Bacteria*	Absent	Absent	

\*\*END OF REPORT\*\*

*B. Dholiya*

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**Reporting Time :** 12/11/2022, 12:32 PM  
**Sample ID :**



Test Description	Value(s)	Reference Range	Unit(s)
<b><u>STOOL ROUTINE</u></b>			
<b><u>Stool Examination-Routine</u></b>			
<b><u>General Examination (Stool)</u></b>			
Colour*	Yellow	Brown	
Form & Consistency*	Semi Solid	Semi Solid	
Mucus*	Absent	Absent	
Blood*	Absent	Absent	
Worms (Adult/Segment)*	Absent		
<b><u>Chemical Examination (Stool)</u></b>			
Reaction*	Acidic	Acidic	
Occult Blood*	Negative	Negative	
<b><u>Microscopy (Saline and Iodine mount) (Stool)</u></b>			
Cyst*	Absent		
Ova*	Absent		
Trophozoites*	Absent		
Red Blood Cells*	Absent		/hpf
Pus Cells*	2-4	0 - 5	/hpf
Epithelial Cells*	Absent	0 - 4	
Undigested Material*	Absent	Absent	

**\*\*END OF REPORT\*\***

**Dr. Bhavika Dholiya**  
M. D. Pathology  
Registration No: G-32571





**Patient Name :** Mrs. Mitikshaben Bharatbhai Modi  
**Registration No :** 101-017-7099-000  
**Sex :** Female  
**Patient Arrived At :** 12-Nov-2022 09:00:00 AM  
**Test Name :** ECHO STUDY  
**DOB :** 22-Apr-1973  
**Age :** 49 Yrs/  
**Result Verified At :** 12-Nov-2022 13:15

## 2D ECHO CARDIOGRAPHY REPORT

- All cardiac chambers are normal in dimension
- Normal LV Systolic function at Rest, LVEF = 60 %
- No RWMA at Rest.
- Grade I diastolic dysfunction
- MV – Normal, No MS/MR                      AV –Normal, No AS/ AR
- TV – Normal , No TS/ Trivial TR                      PV – No PS / PR
- No significant Pulmonary Hypertension, RVSP = 27 mmHg
- IAS / IVS appears Intact
- No e/o obvious Clot / Vegetation / effusion
- IVC not dilated collapsing > 50% on inspiration

**IMPRESSION: NORMAL LVEF, NO RWMA, GRADE I LVDD**

  
**Dr. Milan Mehta**  
D.Card (Mumbai)  
Non-Invasive cardiology

74 bpm  
-- / -- mmHg

Room:

Location:  
Order Number:  
Visit:  
Indication:  
Medication 1:  
Medication 2:  
Medication 3:

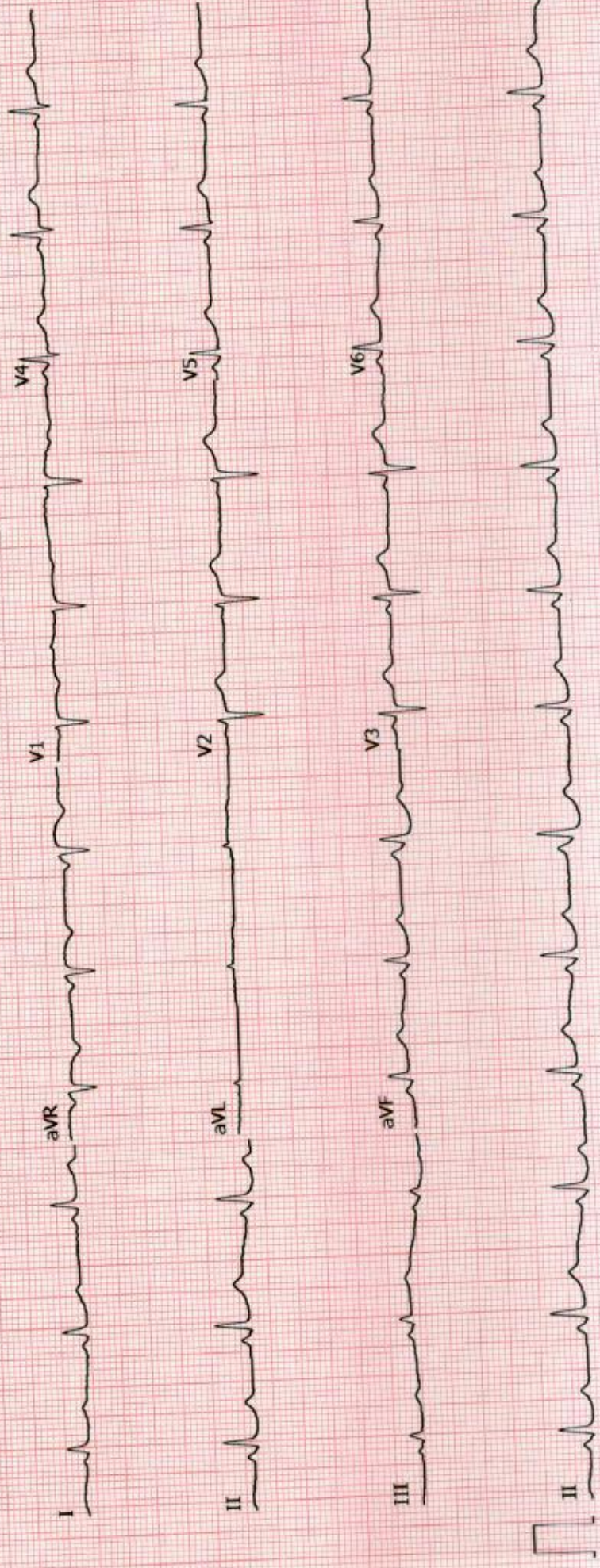
12.11.2022 13:06:02  
SARDAL TEL HOSPITAL  
CHEKUNWADI  
ANKLESHWAR

*Mitkshoban Modi*

Technician:  
Ordering Ph:  
Referring Ph:  
Attending Ph:

Sinus rhythm with short PR  
Otherwise normal ECG

QRS : 78 ms  
QT / QTcBaz : 386 / 428 ms  
PR : 102 ms  
P : 88 ms  
RR / PP : 806 / 810 ms  
P / QRS / T : 59 / 51 / 50 degrees





Patient's Name:-	MITIKSHABEN BHARATBHAI MODI	Date :-	12/11/2022
Age & Sex :-	49Y F		
Referred By :-	HEALTH CHECKUP		

### USG ABDOMEN & PELVIS

**LIVER** : normal in size shape and normal echotexture.

No focal solid or cystic mass seen.

Portal & biliary radicals normal.

PV & CBD normal.

**G.B.** : Minimamly Distended.

**PANCREAS** : visualised reveals normal echotexture. No mass, calcification or pancreatitis.

**SPLEEN** : Normal in size & reveals normal echotexture. No other focal mass seen.

**BOTH KIDNEY** : RK: 104 x 41 mm. , LK : 103 x 40 mm.

Both kidneys are normal size with normal cortical thickness.

No focal solid or cystic mass seen. No calculus. No hydronephrosis seen.

C.M differentiation is preserved. No parenchymal abnormality seen.

**U. BLADDER** : Well distended & normal. No mass or filling defect seen.

**UTERUS** : Anteverted, Mildly Bulky in Size and Shows Altered Echotexture in Anterior Myometrial Wall. Suggestive Of Focal Adenomyosis.

Endometrial cavity Empty. ET 5 mm. No focal lesion seen.

**BOTH OVARIES**: appears normal size. Multiple small follicle within. No adnexal mass.

**BOWEL LOOPS** : Peristaltic bowel loops seen in lower abdomen. Bowel loops are normal calibre (Visualized).

No free fluid seen. No enlarged lymphnodes seen.

### IMPRESSION:

- Mildly Bulky Uterus With Focal Adenomyosis As Mentioned.
- Rest No significant abnormality seen.

**DR. NIKITA PATEL**  
CONSULTANT RADIOLOGIST

Thanks for reference. Please co-relate clinically.

Note: This report is not valid for medico-legal purpose. There can be typing error, which can be correctable.

Sonography has its own limitation. Clinical Correlation and Further Invention If Needed Clinically.

Patient's Name:-	MITIKSHABEN BHARATBHAI MODI	DATE	12/11/2022
Age & Sex :-	49Y F		
Referred By :-	HEALTH CHECKUP		

**X-RAY CHEST PA.**

- Both Lung fields appear normal.  
No evidence of any collapse / consolidation.
- Both Hila appear normal.  
No evidence of any enlarged Hilar lymphnodes.
- Both CP angle clear.
- Cardiac size appear normal.
- Both hemi diaphragm appears normal
- Bony cage appear normal

**COMMENTS :**

- **No Significant abnormality detected.**

**DR. NIKITA PATEL**  
**CONSULTANT RADIOLOGIST**

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