

Clarity Medical TrueBeat 200 Ver2-2-6H  
0882  
Seemaben padaliya  
F 36Y 061Kg  
09:31 AM  
11/02/2023

25 mm/s  
10mm/mV  
0.1 - 35Hz  
50Hz ReJ-Y  
AUTO 12LS BLC-Y

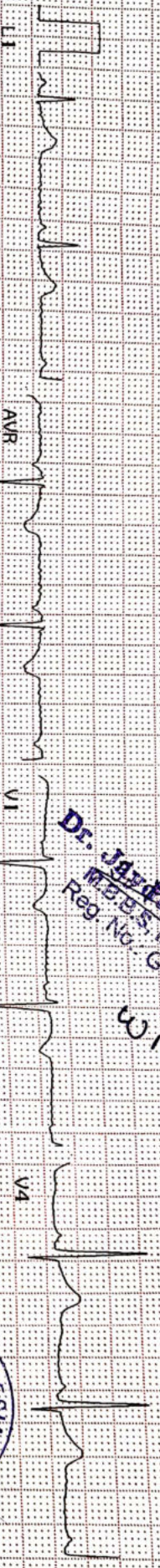
P = 87 ms  
QRS = 67 ms  
PR = 117 ms  
QT = 395 ms  
QTc = 417 ms

QT/QTc = 94%  
QT/RR = 44%  
QRS axis = 43°  
P axis = 45°  
T axis = 10°

Dr. Jaydeep A. Patil  
M.B.B.S, M.D. Medicine  
Reg. No. G-25108

WNL

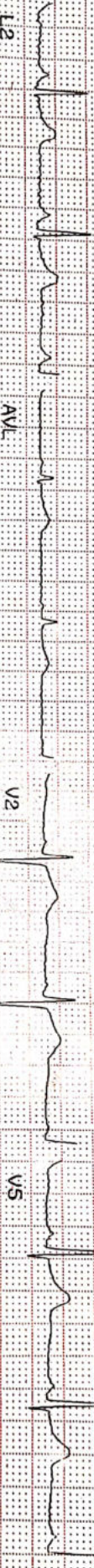
HR = 67bpm



AVR

VI

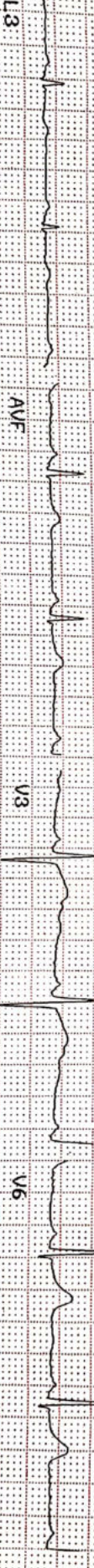
V4



AVL

V2

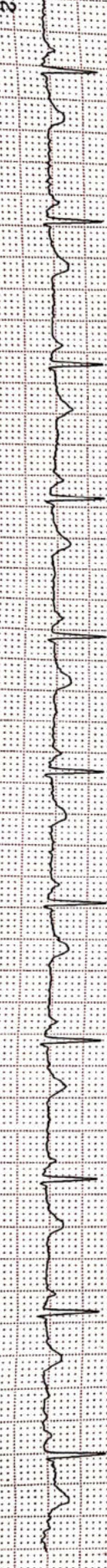
V5



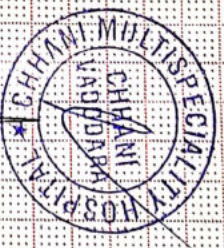
AVF

V3

V6



L2



S. Reddy



# FITNESS CERTIFICATE

C  
A  
N  
D  
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D  
A  
T  
E

Name: Seemaben Padaliya  
 Date of Birth: 05/04/1986 Age: 36 Blood Group: O +ve  
 Sex: Male  Female  Marital Status: Married  Unmarried   
 Address: B-304, Spdhard Ankicave, mothnath  
mundar, kummi Road, vadodra.  
 Any allergy / Disability / Pre-existing disease: no allergy Date: 11/02/23

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S


Height <u>158 Cms.</u>	Weight <u>61 Kgs.</u>	Near L.E. <u>6</u> R.E. <u>6</u> Vision: Distant L.E. <u>6</u> R.E. <u>6</u> Colour Vision <u>NAD</u>	Hearing Left Ear <u>(N)</u> Right Ear <u>(N)</u>
BP: <u>110 / 70 mmHg</u>	Pulse Rate: <u>66 / min</u>	Resp. Rate: <u>18 / min</u>	
CVS: <u>S1 S2 (N)</u>	RS: <u>PEBE clear</u>	Abdomen: <u>soft</u>	

Any other Findings: \_\_\_\_\_

C  
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I Dr.: Jaydutt Patel  
 hereby certify that I have examined Mr./Ms.: Seemaben Padaliya  
 on 27/2/2023 and find him (FIT) ~~UNFIT~~ for employment.  
 Remarks if unfit: \_\_\_\_\_  
 \_\_\_\_\_  
 Dr. Jaydutt A. Patel  
 M.B.B.S. Medicine  
 Reg. No. 225498  
 Signature & Seal

S. Padaliya  
 Signature of Candidate

  
 Address / Tel No.

D  
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I declare that the above information is true and correct to the best of my knowledge and I am not suffering from any disease / illness, the presence of which I have not revealed. I fully understand that any misrepresentation of this declaration could lead to the termination of my offer / appointment. In case of any discrepancy arising out of my declaration, I will undergo the medical check-up by the company's suggested doctor and their findings will be fully binding on me and action thereon towards my employment will be accepted by me.


Signature of Candidate: S. Padaliya Date: 11/02/23



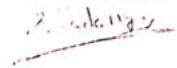
बैंक ऑफ बड़ौदा  
Bank of Baroda  
India's International Bank

नाम  
Name सीमा विनोदभाई पाडलीया  
SEEMA VINODBHAI PADALIYA

कार्यवाही क्र. क.  
E.C. No. 167247

  
जारीकर्ता प्राधिकारी  
Issuing Authority



  
आपक क हस्ताक्षर  
Signature Holder's



भारत सरकार

Government of India

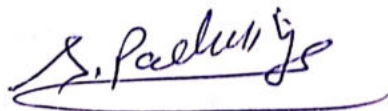


पाडलिया सीमबेन विनोदभाई  
Padaliya Seemaben Vinodbhai  
जन्म तारीख / DOB : 05/04/1986  
स्त्री / Female



3690 3607 8458

भारो आधार, भारी ओळख





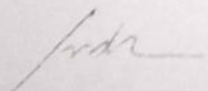
NAME	SEEMABEN PADALIYA	AGE/SEX	36/FEMALE
REF. BY	CHHANI HOSPITAL	DATE	11/02/2023

X-RAY OF CHEST PA VIEW:

FINDING

BOTH LUNG FIELDS APPEAR CLEAR.  
NO CONSOLIDATION OR MASS LESION IS SEEN.  
BOTH CP ANGLES ARE CLEAR.  
CARDIAC SIZE APPEARS WITHIN NORMAL LIMITS.  
TRACHEA IS CENTRAL IN POSITION.  
MEDIASTINAL SHADOW IS NORMAL.  
BOTH DOMES OF DIAPHRAGM ARE NORMAL.  
BONY THORAX UNDER VISION APPEARS NORMAL.

IMPRESSIONS : NO SIGNIFICANT ABNORMALITY DETECTED

  
DR. HIMANI VIRAPARA  
Regn. No: G.28771  
M.D. [Radiodiagnosis]  
(CONSULTANT RADIOLOGIST)





ECHOCARDIOGRAPHY REPORT

PATIENT NAME: MS PADALIYA SEEMA VINODBHAI

AGE /GENDER : 36 /FEMALE      DATE : 11/02/2023

CONCLUSION:

- NORMAL LV SYSTOLIC FUNCTION LVEF 60 %
- NORMAL CARDIAC CHAMBERS
- NO RWMA
- TRIVIAL MR/ NO MS
- MILD TR, NO PAH
- NO AR/AS
- GRADE I DIASTOLIC DYSFUNCTION
- NO CLOT OR VEGETATION
- NO PERICARDIAL EFFUSION

M:MODE

AO: 23mm	LA: 34mm	IVS:09mm
LVdd:48mm	LVds:24mm	PW:09mm

DOPPLER STUDY

MITRAL VAVLE	E : 0.78	A :1.75
AORTI VALVE	0.89	

**Dr. KARSHIT JOSHI**

MBBS, MD, PGDM, FIO

Reg. No. 57206

Cor. No. 11101/2018

General Physician





NAME: PADALIYA SEEMA VINODBHAI      AGE:36/F

DATE: 11/02/2023

**USG FOR ABDOMEN**

**LIVER:**

The echogenicity of the liver is normal.  
There is no focal liver lesion.  
There are no dilated intrahepatic biliary radicles.

**GALL BLADDER:**

Appears to be distended and shows no calculus or polyp in the lumen.  
Wall thickness is normal.

**SPLEEN:**

The echogenicity of the spleen is normal.  
There is no focal splenic lesion.

**PANCREAS:**

The echogenicity appears to be normal.  
There is no free fluid in the abdomen.  
There are no enlarged retroperitoneal lymphnodes.

**KIDNEY:**

The kidneys are normal in position, size, shape and outline.  
The parenchyma is normal. Right kidney measure 85\*40 cm.  
Left kidney measure 89\*49 cm.

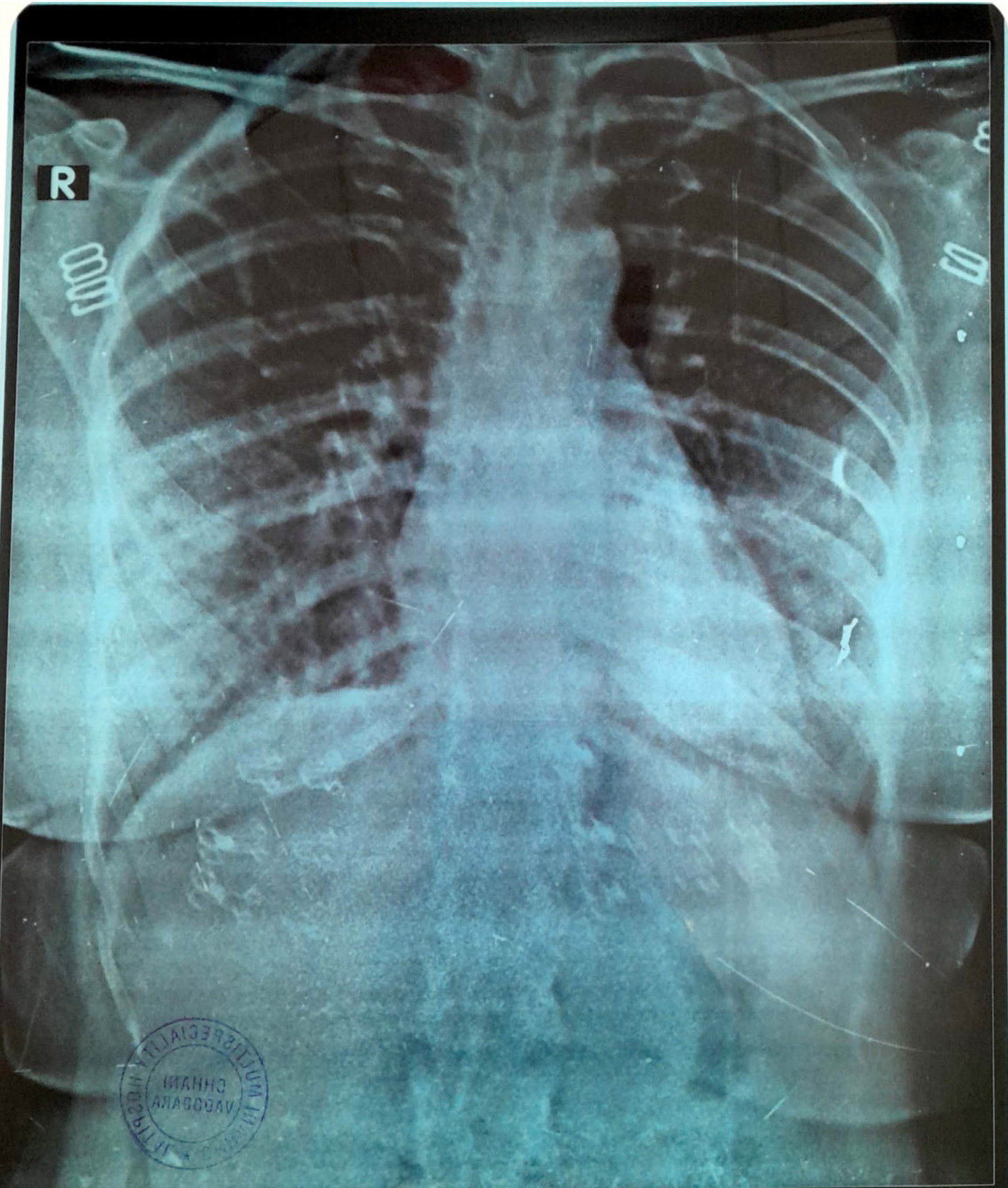
**BLADDER:**

Bladder is well distended and shows normal wall thickness. No evidence of intra-luminal mass or calculi.

There is no evidence of ascites.  
No evidence of any gross bowel mass seen.  
No evidence of any aorto-caval or mesenteric root lymphadenopathy.  
Appendix cannot be imaged.No mass or collection in right iliac fossa.



**DR. KUNAL VADWANI**  
MBBS, DMRD, DNB  
Consultant Radiologist  
Reg. No. G-20511



R

MULTISPECIALTY  
CHHANNI  
VADODARA  
1792011

SEEMA PADALIYA 36Y 11022302 F CHEST PA 11-Feb-23 10:25 AM  
Sunny Digital Portable X-Ray Services 8758530074

Patient's Name : **SEEMABEN PADALIYA**  
Referred by : Chhani Multispeciality Hospital  
Date : 13/02/2023

Ref. No. : 8690  
Age : 36 Years  
Sex : Female

### HEMOGRAM

Test Name	Result	Units	Biological Reference Interval
Hemoglobin :	12.5	g/dl	[12.0-16.0]
Total RBC Count :	4.70	mill/cmm	[4.2-5.4]
Total WBC Count :	6100	/cmm	[4000-10000]
Platelet Count :	352000	/cmm	150000-450000
<b><u>Blood Indices</u></b>			
P.C.V :	39.2	%	[37-47]
M.C.V. :	83.4	femtolitre	[78-100]
M.C.H. :	26.6	pg	[27-31]
M.C.H.C. :	31.9	g/dl	[32-36]
R.D.W. :	15.4	%	[11.5-14.0]
<b><u>Differential WBC Count</u></b>			
Polymorphs :	60	%	[60 - 70]
Lymphocytes :	30	%	[20 - 40]
Eosinophils :	04	%	[1 - 4]
Monocytes :	06	%	[2 - 6]
Basophils :	00	%	[0 - 1]
<b><u>Erythrocyte Sedimentation Rate</u> [Modified Westergren]</b>			
After 1 hour :	10	mm	[M: 1 - 7 / F: 3 - 12]

### BLOOD GROUP

Test Name	Result
ABO System :	"O"
Rh Typing :	"POSITIVE"

### HBA1C [Glycosylated Haemoglobin]

Test Name	Result	Units	Biological Reference Interval
Glycosylated Haemoglobin : (HBA1C)	5.0	%	Excellent control: 4.2-6.2 Good Control : 6.3-7.2



Patient's Name : **SEEMABEN PADALIYA** Ref. No. : 8690  
 Referred by : Chhani Multispeciality Hospital Age : 36 Years  
 Date : 13/02/2023 Sex : Female

Fair Control : 7.3-8.2

Estimated Average glucose : 96.8 mg/dl

Comment \*As per the new 2009 update of American Diabetes Association regarding HbA1C & Mean Blood Glucose relationship.

NOTE: This test is used to monitor diabetic patients compliance with the therapeutic regimen and long term blood glucose control. It's level is proportional to both the average blood glucose concentration and the life span of the red blood cells (RBC) in circulation. HbA1c values are free of day to day glucose fluctuations and are unaffected by exercise or recent food intake.

### THYROID FUNCTION TEST

Test Name	Result	Units	Biological Reference Interval
Serum T3 :	1.23	ng/ml	[0.60 - 1.81]
Serum T4 :	6.40	µg/dl	[4.50 - 10.90]
Serum TSH : (CHEMILUMINESCENCE)	2.85	µIU/ml	[0.55 - 4.78]

### BIOCHEMICAL TESTS

Test Name	Result	Units	Biological Reference Interval
Fasting Blood sugar :	102	mg/dl	70 - 110
Fasting Urine sugar :	Nil		
Blood Urea :	30	mg/dl	10 - 50
Creatinine :	1.10	mg/dl	0.4 - 1.5
Blood Urea Nitrogen :	14	mg/dl	0 - 18
Uric Acid :	<b>3.0</b>	mg/dl	3.4 - 7.0

### LIVER FUNCTION TEST

Patient's Name : **SEEMABEN PADALIYA**  
Referred by : Chhani Multispeciality Hospital  
Date : 13/02/2023

Ref. No. : 8690  
Age : 36 Years  
Sex : Female

Test Name	Result	Units	Biological Reference Interval
S.G.P.T. (ALT) :	20	U/L	30- 65
S.G.O.T. (AST) :	28	IU/L	[Female: 0 - 31] [Male: 0 - 35]
S. Alkaline Phosphatase :	70	IU/L	[upto 15 yrs Female 50-162] [>20 yrs Female 42 - 141] [>20 yrs Male 53 - 119]
S. Bilirubin (Total) :	0.52	mg/dl	[0.1 to 1.2]
S. Bilirubin (Direct) :	0.30	mg/dl	[0.0 to 0.3]
S. Bilirubin (Indirect) :	0.22	mg/dl	[0.0 to 0.9]
S. Proteins: (Total) :	6.50	gm/dl	[6.6 to 8.8]
S. Albumin :	3.89	gm/dl	[3.5 to 5.2]
S. Globulin :	2.61	gm/dl	[2.5 to 3.0]
A/G Ratio :	1.5		

### LIPID PROFILE

Test Name	Result	Units	Biological Reference Interval
Cholesterol :	182	mg/dl	Desirable level/low risk : < 200 Borderline level/moderate risk : 200-250 Elevated level/ high risk : > 250
Triglyceride :	78	mg/dl	Normal : <150 Borderline high :150-200 High : > 200
HDL Cholesterol :	53	mg/dl	Desirable level/low risk : >60 Borderline level/moderate risk : 35-60 Elevated level/ high risk : <35
LDL Cholesterol :	113.4	mg/dl	Desirable level/low risk : <130 Borderline level/moderate risk : 130-159 Elevated level/ high risk : >159
VLDL :	15.6	mg/dl	Upto 34
Chol./HDL Ratio :	3.4		
LDL/HDL Ratio :	2.1		Desirable level/low risk : 0.5-3.0 Borderline level/moderate risk : 3.0-6.0 Elevated level/ high risk : >6.0

Patient's Name : **SEEMABEN PADALIYA**  
Referred by : Chhani Multispeciality Hospital  
Date : 13/02/2023

Ref. No. : 8690  
Age : 36 Years  
Sex : Female

Total Lipids : 642 mg/dl 400 - 1000

## URINE EXAMINATION

### PHYSICAL EXAMINATION:

Volume - 10 ml  
Colour - Pale Yellow  
Blood - Absent  
Appearance - Clear  
Deposit - Absent

### CHEMICAL EXAMINATION:

Sp. Gravity - 1.010  
Protein - Absent  
Glucose - Absent  
Ketone - Absent  
Urobilinogens - Absent  
Bile Salts - Absent  
Bile Pigments - Absent  
Reaction - Acidic

### MICROSCOPIC EXAMINATION: [ After centrifugation at 2000 r.p.m. for 5 minutes ]

Pus Cells - **4-6** /H.P.F  
Red Cells - **20-30** /H.P.F.  
Epithelial Cells - 3-5 /H.P.F.  
Casts - Absent  
Crystals - Absent  
Yeast Cells - Absent  
Trichomonas Vag. - Absent  
Bacteria - Absent

NOTE:

PH:6.5



**DR.MANJARI BHABHOR**  
MD( PATHOLOGY)D.C.P.  
(REG NO.G-20483)

This is an electronically authenticated report.



## TEST REPORT

<b>Name</b>	: Ms. SEEMABEN PADALIYA	<b>Reg. No</b>	: 30260100002
<b>Age/Sex</b>	: 36 Years / Female	<b>Reg. Date</b>	: 11-Feb-2023 06:04 PM
<b>Ref. By</b>	: Baroda Path lab	<b>Collected On</b>	: 11-Feb-2023 06:04 PM
<b>Client Name</b>	:	<b>Report Date</b>	: 11-Feb-2023 10:30 PM

### CYTOPATHOLOGY

**Lab. No. :**

Specimen Type : \*

LBC container for cytological examination

Clinical History \*

NA

Gross Examination \*

Received container with 10 ml preservative. Smears prepared. Pap04/23

Microscopic Examination : \*

Smears studied reveal predominantly superficial and intermediate squamous cells. There is moderate acute inflammatory infiltrate. No evidence of atypical cells/malignancy.

Diagnosis : \*

Negative for intraepithelial lesion/Malignancy (NILM)

Footer \*

Slide and blocks labelled Pap04/23 are preserved in laboratory. They can be issued for second opinion as and when required. Laboratory may be contacted for the same.

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

This is an Electronically Authenticated Report.

Report Status : **Final**

Verified by :

**DR.ASHISH JAWARKAR**  
Consulting HistoPathologist  
G-22786

