

Patient Name : MRS. SHALINI PATHAK

Age / Gender : 29 years / Female

Patient ID : 21698

Source : Sardar Patel Hospital (OPD)

Maharashtra | Goa | Gujarat

Referral : Dr Mediwheel Full body Health Checkup

Collection Time : 04/04/2023, 08:03 AM

Reporting Time : 04/04/2023, 11:00 AM

Sample ID :



000909423

Test Description	Value(s)	Unit(s)	Reference Range
CBC			
Complete Blood Count (CBC)			
Hemoglobin (Hb)* Method : Cymeth Photometric Measurement	13.1	gm/dL	12.0 - 15.0
Erythrocyte (RBC) Count* Method : Electrical Impedance	4.43	mil/cu.mm	3.8 - 4.8
Packed Cell Volume(Hematocrit) Method : Calculated	38.2	%	36 - 46
Red cell Indices			
Method - Calculated/Electrical Impedance			
MCV	86.23	fL	83 - 101
MCH	29.57	pg	27 - 32
MCHC	34.29	gm/dL	31.5 - 34.5
RDW - CV	12.7	%	11.6 - 14.0
Total and Differential count			
Method - Electrical Impedance and VCSN Technology			
Total Leucocytes (WBC) Count*	5180	cell/cu.mm	4000-10000
Neutrophils	61	%	40 - 80
Lymphocytes	29	%	20 - 40
Monocytes	07	%	2 - 10
Eosinophils*	03	%	1 - 6
Basophils	00	%	0 - 2
Platelet Count Method : Electrical Impedance Sample Type : EDTA Whole Blood.	204	10 ³ /ul	150 - 450
E.S.R			
Erythrocyte Sedimentation Rate Method : EDTA Whole blood, modified westerngren	24	mm/hr	<20
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

B. Sholija

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

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Page 1 of 1

Fidelity Diagnostics Pvt. Ltd., Chikwadi, Opp. Railway Yard, Ankleshwar - 393001

Ph. No.: +91 6353565992, 7227038845 | www.fidelitydiagnostics.com

Patient Name : MRS. SHALINI PATHAK

Age / Gender : 29 years / Female

Patient ID : 21698

Source : Sardar Patel Hospital (OPD)

Referral : Dr Mediwheel Full body Health Checkup Gujarat

Collection Time : 04/04/2023, 08:03 AM

Reporting Time : 04/04/2023, 10:51 AM

Sample ID :



000909423

Test Description	Value(s)	Unit(s)	Reference Range
BLOOD GROUP & RH (D) FACTOR, EDTA WHOLE BLOOD			
Blood Group	"A"		
Method : Forward and Reverse By Tube Method			
RH Factor	Positive		
Methodology			
This is done by forward and reverse grouping by tube Agglutination method.			
Interpretation			
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).			
BLOOD UREA NITROGEN			
Urea *	31.8	mg/dL	17 - 43
Method : Serum, Urease			
Blood Urea Nitrogen-BUN*	14.86	mg/dL	7 - 25 mg/dL
Method : Calculated			
BUN CREATININE RATIO			
Urea	31.8	mg/dL	17 - 43
Blood urea nitrogen	14.86	mg/dL	7 - 25
Creatinine	0.62	mg/dL	0.6 - 1.2
BUN/Creatinine ratio	23.97	Ratio	6 - 22
CREATININE			
Creatinine	0.62	mg/dL	0.6 - 1.2 mg/dl
Method : Enzymatic			
URIC ACID			
Uric Acid*	3.7	mg/dL	2.5 - 6.8 mg/dL
Method : Uricase, POD			

END OF REPORT

Bholiya

Dr. Bhavika Dholiya
M. D. Pathology
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00909423

Test Description	Value(s)	Unit(s)	Reference Range
BLOOD GLUCOSE FASTING (FBS)			
Glucose fasting Method : GOD-POD	111.6	mg/dL	Normal: 70 - 99 Impaired Tolerance: 100-125 Diabetes mellitus: \geq 126 (on more than one occasion) (American diabetes association guidelines 2018)
Urine Fasting	Absent		
BLOOD GLUCOSE POST PRANDIAL (PP2BS)			
Blood Glucose-Post Prandial Method : GOD-POD	111.6	mg/dL	70 - 140
Urine Post Prandial	Absent		
GLYCOSYLATED HB (HBA1C)			
Glyco Hb (HbA1C)	5.1	%	Non-Diabetic: \leq 5.6 Pre Diabetic: 5.7-6.4 Diabetic: \geq 6.5
Estimated Average Glucose :	99.67		mg/dL
Interpretations			
<ol style="list-style-type: none"> HbA1C has been endorsed by clinical groups and American Diabetes Association guidelines 2017 for diagnosing diabetes using a cut off point of 6.5% 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. In known diabetic patients, following values can be considered as a tool for monitoring the glycemc control. Excellent control-6-7 % Fair to Good control – 7-8 % Unsatisfactory control – 8 to 10 % Poor Control – More than 10 % 			

END OF REPORT

Bholya

Dr. Bhavika Dholya
M. D. Pathology
Registration No: G 32571

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Age / Gender : 29 years / Female

Patient ID : 21698

Source : Sardar Patel Hospital (OPD)

Maharashtra | Goa | Gujarat

Referral : Dr Mediwheel Full body Health Checkup

Collection Time : 04/04/2023, 08:03 AM

Reporting Time : 04/04/2023, 11:21 AM

Sample ID :



000908423

Test Description	Value(s)	Unit(s)	Reference Range
LIVER FUNCTION TEST-1			
Bilirubin - Total Method : Diazotization	0.47	mg/dL	0.3 - 1.2
Bilirubin - Direct Method : Serum, Diazotization	0.19	mg/dL	Adults and Children: 0.0 - 0.4
Bilirubin - Indirect Method : Calculated	0.28		
SGOT Method : Serum, UV without P5P	22.4	U/L	< 50
SGPT Method : Serum, UV without P5P	10.6	U/L	< 50
Alkaline Phosphatase-ALPI Method : Serum, PNPP, AMP Buffer, IFCC 37 degree	65.0	U/L	30-120
Total Protein Method : Serum, Biuret, reagent blank end point	6.67	g/dL	6.6 - 8.3
Albumin Method : Serum, Bromocresol green	4.07	g/dL	Adults: 3.5 - 5.2
Globulin Method : Calculated	2.50	g/dL	1.8 - 3.6
A/G Ratio Method : Calculated	1.63	ratio	1.2 - 2.2

END OF REPORT

B. Dholiya

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Collection Time : 04/04/2023, 08:03 AM

Reporting Time : 04/04/2023, 11:21 AM

Sample ID :



000909423

Test Description	Value(s)	Unit(s)	Reference Range
LIPID PROFILE (D)			
Cholesterol-Total Method : Serum, Cholesterol oxidase esterase, peroxidase	157.0	mg/dL	Desirable: <= 200 Borderline High: 201-239 High: > 239
Triglycerides Method : Serum, Enzymatic, endpoint	91.0	mg/dL	Normal: < 150 Borderline High: 150-199 High: 200-499 Very High: >= 500
Cholesterol-HDL Direct Method : Serum, Direct measure-PEG	64.8	mg/dL	Normal: > 40 Major Heart Risk: < 40
LDL Cholesterol Method : Calculated	74.0	mg/dL	Optimal: < 100 Near optimal/above optimal: 100-129 Borderline high: 130-159 High: 160-189 Very High: >= 190
Non - HDL Cholesterol, Serum Method : calculated	92.20	mg/dL	Desirable: < 130 mg/dL Borderline High: 130-159mg/dL High: 160-189 mg/dL Very High: > or = 190 mg/dL
VLDL Cholesterol Method : calculated	18.20	mg/dL	6 - 38
CHOL/HDL RATIO Method : calculated	2.42	ratio	3.5 - 5.0
LDL/HDL RATIO Method : calculated	1.14	ratio	Desirable / low risk - 0.5 - 3.0 Low/ Moderate risk - 3.0- 6.0 Elevated / High risk - > 6.0
HDL/LDL RATIO Method : calculated	0.88	ratio	Desirable / low risk - 0.5 - 3.0 Low/ Moderate risk - 3.0- 6.0 Elevated / High risk - > 6.0

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

Bholya

Dr. Bhavika Dholiya
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Maharashtra | Goa | Gujarat

Referral : Dr Mediwheel Full body Health Checkup

Collection Time : 04/04/2023, 08:03 AM

Reporting Time : 04/04/2023, 10:51 AM

Sample ID :



000909423

Test Description	Value(s)	Unit(s)	Reference Range
THYROID FUNCTION TEST 1			
T3-Total Method : Serum, CLIA	1.51	ng/mL	0.69 - 2.15 ng/mL
T4-Total Method : Serum, CLIA	8.60	ug/dL	5.2 - 12.7 ug/dL
TSH Method : Serum, CLIA	1.58	uIU/mL	0.3 - 4.5 uIU/mL
Interpretation			

END OF REPORT

Dr. Bheika Dholiya
M. D. Pathology
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Age / Gender : 29 years / Female

Patient ID : 21698

Source : Sardar Patel Hospital (OPD)

Referral : Dr Mediwheel Full body Health Checkup

Collection Time : 04/04/2023, 08:03 AM

Reporting Time : 04/04/2023, 12:50 PM

Sample ID :



000909423

Test Description	Value(s)	Unit(s)	Reference Range
URINE ROUTINE			
Volume*	20	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
Chemical Examination (Automated Dipstick Method) Urine			
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
Microscopic Examination Urine			
Pus Cells (WBCs)*	1-2	/hpf	0 - 5
Epithelial Cells*	6-8	/hpf	0 - 4
Red blood Cells*	Absent	/hpf	Absent
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. Dholya

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

Scan to Validate



Patient's Name:-	SHALINI PATHAK	Date :-	04/04/2023
Age & Sex :-	29Y 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. : well distended & normal. No stone or inflammation seen.

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: -95 x36 mm. , LK : -102 x 57 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, Normal in size , shape and echotexture.

Endometrial cavity Empty. ET -5.6 mm. No focal lesion seen.

BOTH OVARIES: appears normal size. Multiple small follicle within. No adnexal mass on both sides.

Rt ovary : -27 x18 mm, **Lt ovary** : -26 x15 mm

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

No free fluid seen. No enlarged lymphnodes seen.

IMPRESSION:

- No significant abnormality seen.



DR. CHAITALI
MDRD

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 Name : Mrs. Shalini Pathak
Registration No : 101-023-4749-000
Sex : Female
Patient Arrived At : 04-Apr-2023 09:00:00 AM
Test Name : ECHO STUDY

DOB : 04-Apr-1994
Age : 29 Yrs/
Result Verified At : 04-Apr-2023 11:30

2D ECHO CARDIOGRAPHY REPORT

- All cardiac chambers are normal in dimension
- Normal LV Systolic function at Rest, LVEF =60 %
- No RWMA at Rest.
- No diastolic dysfunction (E>A, Lat MV E'> 0.12 m/s)
- MV – Normal, No MS/MR AV –Normal, No AS/ AR
- TV – Normal , No TS/ Trivial TR PV – No PS / PR
- No Pulmonary Hypertension, RVSP = 23 mmHg
- IAS / IVS appear Intact
- No e/o obvious Clot / Vegetation / effusion
- IVC not dilated collapsing > 50% on inspiration

IMPRESSION: NORMAL LV SYSTOLIC FUNCTION, NO RWMA, NO PAH


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

04.04.2023 9:45:50
SARDAR JI TEL HOSPITAL
CHIKUW,
ANKLESHWAR

Room:

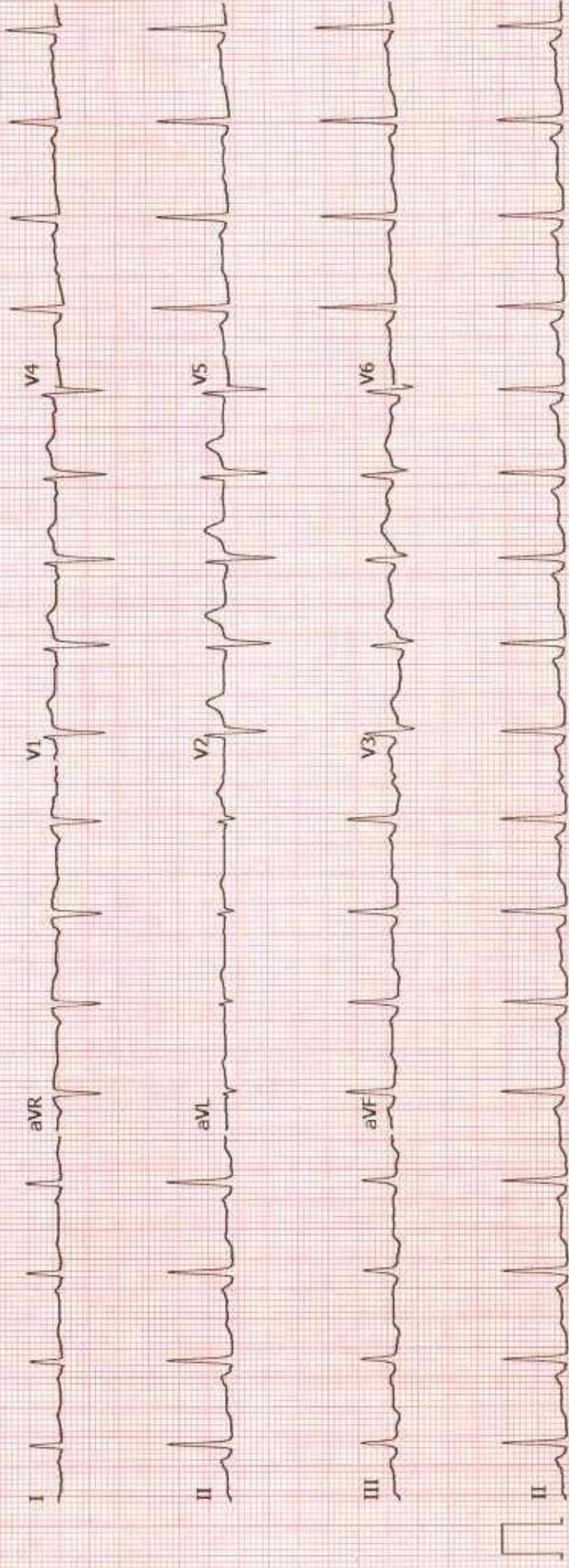
102 bpm
-- / -- mmHg

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

Technician:
Ordering Ph:
Referring Ph:
Attending Ph:

QT / QTcBaz : 320 / 417 ms
PR : 146 ms
P : 114 ms
RR / PP : 590 / 588 ms
P / QRS / T : 57 / 64 / 16 degrees

Sinus tachycardia
Nonspecific T wave abnormality
Abnormal ECG





SARDAR
PATEL HOSPITAL
& HEART INSTITUTE

C/Os routine check up

Name: Sellimi Puthuk

Date: 6/11/23

Age: 29 Sex: F

O/E:

OD
RRR →

OS
RRR → L

UCVA:

6/6

6/6

MDVA:

NS

NS


Dr. Sureya Shah
Consultant Ophthalmologist &
Plastic Surgeon
REG NO. G20085

Sardar Patel Hospital & Heart Institute Chikwadi, Opposite Railway Yard, Ankleshwar - 393001

☎ 02646 - 245883 / 246883 / 247883



OPD INITIAL ASSESSMENT FORM

(To be filled by Nursing Staff)

Patient Name: - Shalini Pathak UHID Number: - 4749

Consultant Name: - Dr. K. P. Kulkarni Date: - 5/1/23 Start Time: - 6:1 Age: - 29 (Years)

Sex: - F (M/F) Kakadi

Height: - _____ cms, Weight: - _____ kgs. Temp. _____, Pulse: - _____ (Per minute), SPO2 _____

B.P. :- _____ (mm of Hg), RBS:- _____ First Visit / Follow Up

Visit: Follow up

Nursing Staff Name & Signature: - Vasavi Savita End Time:-

Past History: - (TICK MARK)

Diabetes, Hypertension, IHD, COPD, Asthma, TB, Smoker, Alcoholic, Hypothyroidism

Other:-

Family History:-

Nutritional Screening:-

Psychosocial Assessment:-

Immunization Status:-

To be filled by Clinician) Start Time:- _____

Diagnosis:-

Clinical Findings:-

NO gynecological
complaints at
present.

plm h = 3-5
24-30 amp

cmp =
not done

oh = unmarried.

Investigations and Advice:-

USG pelvis
je R
m

AD

plm
m 10



OPD INITIAL ASSESSMENT FORM

(To be filled by Nursing Staff)

Patient Name: - Shalim Pathan UHID Number: - 4749

Consultant Name: DR. Kalpesh Vadodariya Date: - _____ Start Time: - _____ Age: - 29 (Years)

Sex: - F (M/F)

Height: - _____ cms, Weight: - (58) kgs. Temp. (37), Pulse: - _____ (Per minute), SPO2 _____

B.P. :- _____ (mm of Hg), RBS:- _____ First Visit / Follow Up Visit: _____

Nursing Staff Name & Signature: - Sudha End Time: - _____

Past History: - (TICK MARK)

Diabetes, Hypertension, IHD, COPD, Asthma, TB, Smoker, Alcoholic, Hypothyroidism

Other: - NO

Family History: - _____

Nutritional Screening: - _____

Psychosocial Assessment: - _____

Immunization Status: - _____

To be filled by Clinician) Start Time: - _____

Clinical Findings: - came for health check up
no c/o abdominal pain

Diagnosis: - _____

SOPIA - Soft
non-tender
BLP

Investigations and Advice: -

CSG abdominal pain