

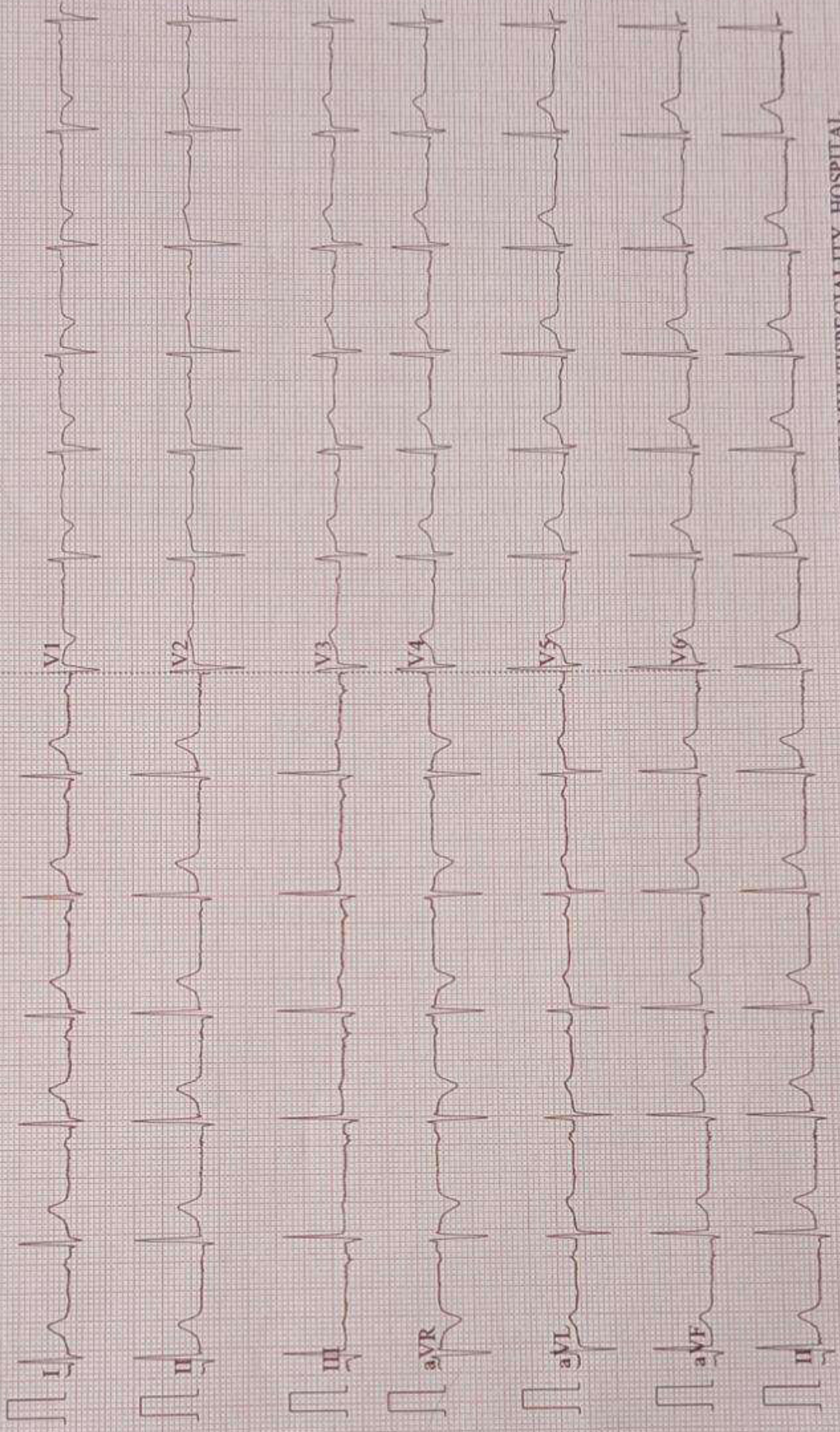
Female Years

Gaspreet Kaur
26/F
14/8/23

Diagnosis Information:
Coronary Sinus Rhythm

HR : 73 bpm
P : 95 ms
PR : 156 ms
QRS : 80 ms
QT/QTc : 369/407 ms
P/QRS/T : -43/67/41 °
RV5/SV1 : 1.063/0.682 mV

Report Confirmed by:



2D ECHOCARDIOGRAPHY AND COLOR DOPPLER REPORT

PATIENT NAME- Jaspreet Kaur, ADDRESSOGRAPH
 AGE/GENDER-
 DATE- 14/08/23,
 REF. BY DOCTOR - Unity Hospital.

M.MODE STUDY:

LA-	<u>50</u>	IVS-	<u>11</u>	PWD-10
AO-	<u>25</u>	LVDS-	<u>25</u>	LVDD- <u>16</u>

DOPPLER STUDY:

MITRAL VALVE:	E: <u>0.99</u> A: <u>0.56</u>
AORTIC VALVE:	
TRICUSPID VALVE:	<u>(N)</u>
PULMONARY VALVE:	

CONCLUSION:

- LV FUNCTION: normal lv function
- LVEF: 60%
- RWMA: no RWMA
- CARDIAC CHAMBERS: normal
- DIASTOLIC FUNCTION:
- TR: no PAH: no RVSP: 15mmHg
- MR/MS: no
- AR/AS: no
- ASD/VSD/PDA/Co-A: no
- IVC: 10mm (N) collapsibility

SIGN- [Signature]
 NAME- Dr. Anshu Verma
 DATE 14/08/23



Nirmeet Women's Hospital



Dr. Saloni Prajapati
M.D. (Obstetrics and Gynecology)

Jaspreet Kaur p/26yrs

ડૉ. સલોની પ્રજાપતિ
પ્રસુતિ અને સ્ત્રીરોગના નિષ્ણાંત

14.08.23

BP - 130/80 mmHg
Pulse - 89/w
SpO2 99%
wt: 61.50 kg

Clb irregular cycles

LMP - 6/8/23

Older. ml - 9 months
Co Post

O/E: P/S - Cy - NPS
candy white discharge tra

ADV

Pop smear taken

- VDM Kt - (1)

- Contrace vag pessary (G)
કોન્ટ્રાસ મુજબ

તપાસવાનો સમય

(સોમવાર થી શનિવાર)

સવારે : ૧૦.૦૦ થી ૧.૦૦

સાંજે : ૫.૦૦ થી ૭.૦૦

CONSULTING TIME

(Monday to Saturday)

Morning : 10 am to 1 pm,

Evening : 5 pm to 7 pm.

Please take appointment for your convenience

ડી-૧૪, અમરનગર, અરુણાચલ રોડ, સમતા ચાર રસ્તા પાસે, સુભાનપુરા, વડોદરા-૩૯૦૦૨૩. મો : ૮૭૮૦૧૮૧૧૫૦

D-14, Amarnagar, Arunachal Road, Nr. Samta Char Rasta, Subhanpura, Vadodara-390023, M : 8780181150



NAME	JASPREET KAUR	AGE/SEX	26/FEMALE
REF BY	UNITY HOSPITAL	DATE	14-08-2023

X-RAY CHEST PA VIEW (PORTABLE)

FINDING

BOTH LUNGS FIELDS ARE NORMAL .

REMAINING LUNG FIELDS ARE NORMAL.

BOTH COSTOPHRENIC RECESS ARE CLEAR.

CARDIAC SIZE WITHIN NORMAL LIMITS.

MEDIASTINUM AND BONY THORACIC CAGE REVEAL NO ABNORMALITY.

IMPRESSION : NORMAL LUNGS HEART AND MEDIASTUINUM..



DR.HIMANI VIRAPARA

Regn. No: G.28771

M.D. [Radiodiagnosis]

(CONSULTANT RADIOLOGIST)



24 Hours Pathology Laboratory

G/F - 17, 18, 20, Kalpvruksh, Nr. Gotri Medical College, Gotri Main Road, Vadodara - 390 021.
(M) 96620 53260 / 72288 66487

BRANCH : Ground Floor C-64, Nutan Maheshwar Nagar, Opp. Indusind Bank, Subhanpura, Vadodara 390023.
(M) 7490053260 / 8511153260



TEST REPORT

Reg. No : 2308101405

Reg. Date : 14-Aug-2023

Name : JASPREET KAUR

Collected On : 14-Aug-2023

Age : 26 Years Sex : Female

Ref. By :

Location : Unity Multispeciality Hospital, Gotri

Disp. At :

Parameter	Result	Unit	Biological Reference Interval
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COMPLETE BLOOD COUNT (CBC)

SPECIMEN: EDTA BLOOD

Hemoglobin (SLS method)	13.4	g/dL	12.0 - 16.0
RBC Count (Electrical Impedance)	4.73	million/cmm	3.9 - 5.4
Hematocrit- HCT (Elec. Impedance)	40.30	%	35 - 54
WBC Count (Flowcytometry)	6510	/cmm	4000 - 10500
Platelet Count (Electrical Impedance)	242000	/cmm	150000 - 450000
MCV (Calculated)	85.2	fL	80 - 96
MCH (Calculated)	28.3	Pg	27 - 33
MCHC (Calculated)	33.3	%	32 - 36

DIFFERENTIAL WBC COUNT (Manual By Microscopy)

Neutrophils (%)	59	%	45 - 75
Lymphocytes (%)	34	%	20 - 40
Monocytes (%)	6	%	1 - 10
Eosinophils (%)	1	%	1 - 4
Basophils (%)	0	%	0 - 1

ERYTHROCYTE SEDIMENTATION RATE

ESR (After 1 hour)	20	mm/hr	0 - 20
RDW (Calculated)	13.9	%	11.7 - 14.4
MPV	12.5	%	7.5 - 12.0

By Fully Automated 5 Part Differential Cell Counter Sysmex XN 350

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

Approved by: Dr. Tushar Sonaiya
M.D.
Reg. No. 15158



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PERIPHERAL BLOOD SMEAR EXAMINATION

SPECIMEN: PERIPHERAL BLOOD SMEAR & EDTA BLOOD

PERIPHERAL SMEAR EXAMINATION

RBC Morphology RBC are normochromic normocytic.

WBC Morphology Normal morphology

Platelets Platelets are adequate with normal morphology.

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

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Parameter

Result

Interval

BLOOD GROUP & RH

SPECIMEN: EDTA AND SERUM; METHOD: HAEMAGGLUTINATION

Blood Group

ABO

'AB'

Rh (D)

Positive

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

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Parameter	Result	Unit	Biological Reference Interval
BIOCHEMISTRY			
Fasting Blood Sugar (FBS)	97.80	mg/dL	65 - 110
Urine Glucose -F	Nil		
Post Prandial Blood Sugar (PP2BS)	144.50	mg/dL	65 - 140
Urine Glucose- PP	Nil		
UREA	18.30	mg/dL	10 - 40
Creatinine	0.82	mg/dL	0.6 - 1.40

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THYROID FUNCTION TEST

T3 (Triiodothyronine)	1.11	ng/mL	0.7 - 2.04
T4 (Thyroxine)	9.50	mIU/mL	4.5 - 10.9
TSH	3.915	µIU/ml	0.4 - 4.2

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 stimulate 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.

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

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URINE ROUTINE EXAMINATION

PHYSICAL EXAMINATION

Quantity	10 cc
Colour	Pale Yellow
Clarity	Turbid

CHEMICAL EXAMINATION (BY REFLECTANCE PHOTOMETRIC METHOD)

pH	6.0	4.6 - 8.0
Sp. Gravity	1.030	
Protein	Nil	
Glucose	Nil	
Ketone Bodies	Nil	
Urobilinogen	Nil	
Bilirubin	Nil	
Nitrite	Nil	
Blood	Nil	

MICROSCOPIC EXAMINATION (MANUAL BY MICROSCOPY)

Leucocytes (Pus Cells)	25-30/hpf
Epithelial Cells	4-6/hpf
Erythrocytes (Red Cells)	Nil
Amorphous Material	Nil
Casts	Nil
Crystals	Nil
Bacteria	Nil

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Parameter	Result	Unit	Biological Reference Interval
LIPID PROFILE SPECIMEN: SERUM SAMPLE			
Cholesterol	180.90	mg/dL	Desirable : < 200.0 Borderline High: 200-239 High : >240
Triglyceride	102.70	mg/dL	Normal : < 150.0 Borderline : 150-199 High : 200-499 Very High : > 500.0
VLDL	20.54	mg/dL	7 - 40
LDL	119.56	mg/dL	Optimal : < 100.0 Near / above optimal : 100-129 Borderline High : 130-159 High : 160-189 Very High : >190.0
HDL Cholesterol	40.80	mg/dL	Low : < 40 High : > 60
Cholesterol /HDL Ratio	4.43		0 - 5.0
LDL / HDL RATIO	2.93		0 - 3.5

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

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Age : 26 Years Sex : Female

Ref. By :

Location : Unity Multispeciality Hospital, Gotri

Disp. At :

Parameter	Result	Unit	Biological Reference Interval
LIVER FUNCTION TEST			
Total Protein	6.78	g/dL	6.3 - 7.8
Albumin	4.00	g/dL	3.4 - 5.0
Globulin	2.78	g/dL	2.3 - 3.5
A/G Ratio	1.44		0.8 - 2.0
SGOT	30.20	U/L	5 - 50
SGPT	26.30	U/L	5 - 50
Alakaline Phosphatase	128.20	U/L	42 - 141
Total Bilirubin	0.45	mg/dL	0 - 1.4
Direct (Conjugated) Bilirubin	0.21	mg/dL	0.0 - 0.6
Indirect (Unconjugated) Bilirubin	0.24	mg/dL	0.0 - 1.1

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

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Sex/Age : Female / 26 Years

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Location : Unity Multispeciality Hospital, Gotri

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<u>Parameter</u>	<u>Result</u>	<u>Unit</u>	<u>Biological Reference Interval</u>
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LIVER FUNCTION TEST

GGT	10.00	U/L	10 - 50
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-----End Of Report-----

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HEMOGLOBIN A1 C ESTIMATION

SPECIMEN: BLOOD EDTA

Hb A1C	5.40	% of Total Hb	>8 : Action Suggested , 7-8 : Good Control , <7 : Goal , 6-7 : Near Normal Glycemia, <6 : Non-diabetic Level
Mean Blood Glucose	108.28	mg/dL	

Criteria for the diagnosis of diabetes

1. HbA1c \geq 6.5*

Or

2. Fasting plasma glucose \geq 126 mg/dL. Fasting is defined as no caloric intake at least for 8 hrs.

Or

3. Two hour plasma glucose \geq 200 mg/dL during an oral glucose tolerance test by using a glucose load containing equivalent of 75 gm anhydrous glucose dissolved in water.

Or

4. 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.

Limitation of HbA1c

1) In patients with Hb variants even analytically correct results do not reflect the same level of glycemic control that would be expected in patients with normal population.

2) Any cause of shortened erythrocyte survival or decreased mean erythrocyte survival or decreased mean erythrocyte age eg. hemolytic diseases, pregnancy, significant recent/chronic blood loss etc. will reduce exposure of RBC to glucose with consequent decrease in HbA1c values.

3) Glycated HbF is not detected by this assay and hence specimens containing high HbF (>10%) may result in lower HbA1c values than expected.

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

Approved by: Dr. Tushar Sonaiya
M.D.
Reg. No. 15158

OPD HEALTH CHECKUP CASE

D	: OP09933/H/ (UHID : UHG06034)	DATE TIME	: 14-08-2023 09:14 AM
	: MRS. JASPREET KAUR	AGE / GENDER	: 26Y / FEMALE
SS	: A-104, SANGANI SKYZ, VASNA BHAYALI, VADODARA	PHONE NO.	: 8146747834
IT TYPE	: CASH	COMPANY	: CASH
DR.	: CHIRAG RATHOD	REF. DR.	: DIRECT

VITALS

HEIGHT: CM
WEIGHT: KG
TEMP :
PULSE : 87 /MIN
BP : 134/80 MM/HG
SPO2 : %
RS :
CVS :
CNS :

PRESENTING COMPLAIN(S) :

H/O UTI
bunij wickusitan
(J) - Periwacel

INVESTIGATION

Repeat
- FBUI (P/R)
- HbA1C
after (1) month

FOLLOW UP DATE

Adv

(S) {
- TB. URITOP 1-27
C1000
- Sp. Cibaculka
(3) TSF / 1/2 glwakt
TPJ

Centric = Vaginal pessary
- TB. Ucin Kit

DR. CHIRAG RATHOD

M.D.MEDICINE

DR. CHIRAG RATHOD

CONSULTANT PHYSICIAN

Reg. No. G-16203



DR. SANJAY PANCHAL
M.B.B.S. M.D. (RADIOLOGY)
Reg. No. G-27454 / G-11657

ANAND IMAGING CENTER

FACILITIES AVAILABLE : High Resolution Sonography, 3D/4D Sonography, Colour Doppler, Digital X-Ray, Digital OPG, All Kind of radiological Procedure

Patient Name : Jaspreet Kaur
Age/Sex : 26 Years / Female
Referred By : Dr. Unity Hospital
Date : 14/08/2023

ABDOMINAL SONOGRAM (SCREENING)

Liver appears normal in size and echogenicity. No mass lesion detected. PV at porta measure 8.9 mm and CBD measure 3.2 mm. Portal vein and porta hepatis show no abnormality. CBD and intrahepatic radicles show no dilatation.

Gall bladder is well distended. No calculi or sludge seen. No wall thickening or pericholecystic edema seen.

Pancreas shows normal size and echogenicity. No mass lesion detected.

Spleen appears normal in size and measure 10.4 cm in long axis. No mass lesion detected. No collaterals detected in splenic hilum.

Right kidney measure 11.3 cm x 4.6 cm and **left kidney** measure 11.4 cm x 5.3 cm. Both kidneys show normal size and echogenicity. Central and parenchymal echoes are normal. No calculi or hydronephrosis seen. Corticomedullary differentiation well preserved.

Urinary bladder is partially full and appears normal. No mass lesion or calculi noted.

No mass or collection noted in right iliac fossa. No abnormal dilatation of bowel loops or wall thickening noted.

No enlarged **lymph nodes** detected in pre and paraortic region.
No ascites or effusion detected.

CONCLUSION: Normal sonogram.

Thanks for your reference


DR. SANJAY PANCHAL

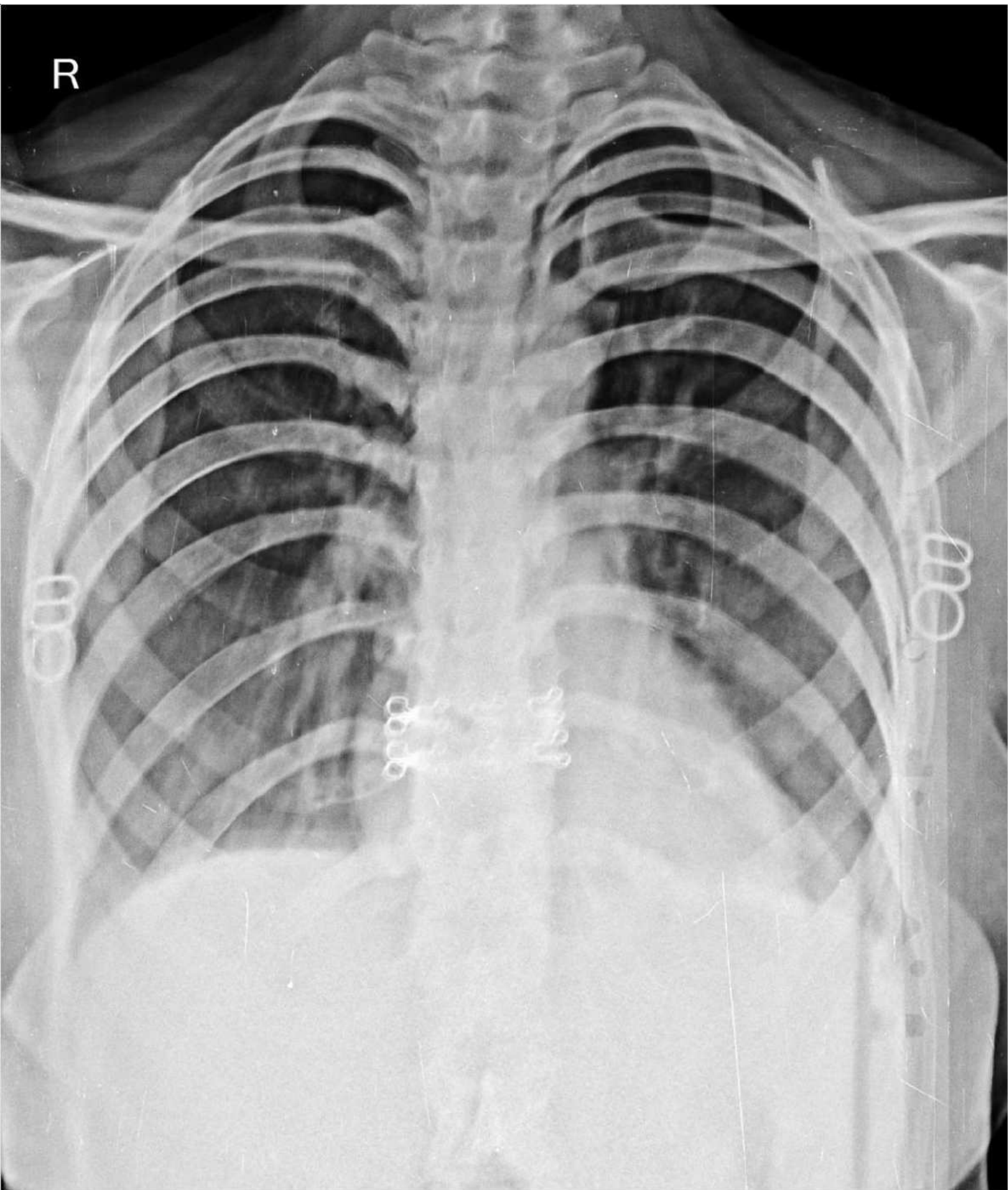
MANAGED BY : DIVINE IMAGING CENTER PRIVATE LTD.

CIN. : U85300GJ2021PTC122022, Ph. : (C) 2359010, (M) 74900 15646 , Email. : drspanchal@gmail.com

107, Matri Mandir Soc., Hari Nagar - Vasna Road, Near Pratham Complex, Gotri, Vadodara.

This Investigation report is just guideline. Please correlate with clinical findings.





JASPREET KAUR 29Y CHEST PA 14-08-2023
SUNNY DIGITAL X-RAY SERVICES 8758530074