

प्रति,

समन्वयक,
Mediwheel (Arcofemi Healthcare Limited)
हेल्पलाइन नंबर: 011-41195959

महोदय/ महोदया,

विषय: बैंक ऑफ़ बड़ौदा के कर्मचारियों के लिए वार्षिक स्वास्थ्य जांच।

हम आपको सूचित करना चाहते हैं कि हमारे कर्मचारी की पत्नी/पति जिनके विवरण निम्नानुसार हैं हमारे करार के अनुसार आपके द्वारा उपलब्ध कराई गई कैशलेस वार्षिक स्वास्थ्य जांच सुविधा का लाभ लेना चाहते हैं।

स्वास्थ्य जांच लाभार्थी के विवरण	
नाम	MONIKA UTSAV PRAJAPATI MONIKA
जन्म की तारीख	19-08-1993
कर्मचारी की पत्नी/पति के स्वास्थ्य जांच की प्रस्तावित तारीख	11-03-2024
बुकिंग संदर्भ सं.	23M176316100097300S
पत्नी/पति के विवरण	
कर्मचारी का नाम	MR. PRAJAPATI UTSAV RASIKBHAI
कर्मचारी की क.कू.संख्या	176316
कर्मचारी का पद	HEAD CASHIER "E"_II
कर्मचारी के कार्य का स्थान	AHMEDABAD, VASTRAL VB
कर्मचारी के जन्म की तारीख	22-06-1990

यह अनुमोदन/ संस्तुति पत्र तभी वैध माना जाएगा जब इसे बैंक ऑफ़ बड़ौदा के कर्मचारी आईडी कार्ड की प्रति के साथ प्रस्तुत किया जाएगा। यह अनुमोदन पत्र दिनांक 06-03-2024 से 31-03-2024 तक मान्य है। इस पत्र के साथ किए जाने वाले चिकित्सा जांच की सूची अनुलग्नक के रूप में दी गई है। कृपया नोट करें कि उक्त स्वास्थ्य जांच हमारी टाई-अप व्यवस्था के अनुसार कैशलेस सुविधा है। हम अनुरोध करते हैं कि आप हमारे कर्मचारी के पत्नी/पति की स्वास्थ्य जांच संबंधी आवश्यकताओं पर उचित कार्रवाई करें तथा इस संबंध में अपनी सर्वोच्च प्राथमिकता तथा सर्वोत्तम संसाधन उपलब्ध कराएं। उपर्युक्त सारणी में दी गई कर्मचारी कूट संख्या एवं बुकिंग संदर्भ संख्या का उल्लेख अनिवार्य रूप से इनवॉइस में किया जाना चाहिए।

हम इस संबंध में आपके सहयोग की अपेक्षा करते हैं।

भवदीय,

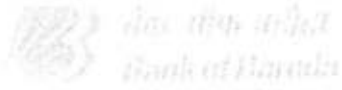
हस्ता/-

(मुख्य महाप्रबंधक)

मानव संसाधन प्रबंधन विभाग

बैंक ऑफ़ बड़ौदा

(नोट: यह कंप्यूटर द्वारा जनरेट किया गया पत्र है। हस्ताक्षर की आवश्यकता नहीं है। कृपया किसी भी स्पष्टीकरण के लिए Mediwheel (Arcofemi Healthcare Limited) से संपर्क करें।)



नाम उत्सव रसिकधारी प्रजापति
Name: UTSAV RASIKDHAI PRAJAPATI

कर्मचारी कोड नं. 176316
Employee Code No.

प्रमाणित अधिकारी
Issuing Authority



धारक के हस्ताक्षर
Signature of Holder



Name: Monika Prajapati Age: 30 yrs Sargam

Complaints: Irregular period since last deliv. & wt gain.

No of deliveries: 1 FVL/2/29/3 yrs
Last Delivery: I & R deliv.

History of abortion: —

H/O medical conditions associated:

Last abortions: —

DM	<u>—</u>
HTN	<u>—</u>
Thyroid	<u>—</u>

MH: 4-5/2-3 deliv. Reg: IR, HIR.

LMP: 26/1/24.

P/A: —

P/S: |

P/V: |

not allowed.
By PT

Refused

By PT

Sample:-

Vagina
Cervix

865
Final report

Doctors Sign:- _____

Prabhu



LABORATORY REPORT



Name : MONIKA UTSAV PRAJAPATI	Sex/Age : Female/ 30 Years	Case ID : 40302200329
Ref.By : AASHKA HOSPITAL	Dis. At :	Pt. ID : 3420241
Bill. Loc. : Aashka hospital		Pt. Loc :
Reg Date and Time : 11-Mar-2024 09:18	Sample Type :	Mobile No : 8141118481
Sample Date and Time : 11-Mar-2024 09:18	Sample Coll. By :	Ref Id1 : osp33469
Report Date and Time :	Acc. Remarks : Normal	Ref Id2 :

Abnormal Result(s) Summary

Test Name	Result Value	Unit	Reference Range
Glyco Hemoglobin (HbA1c)			
HbA1C	6.71	% of total Hb	<5.7: Normal 5.7-6.4: Prediabetes ≥6.5: Diabetes
Haemogram (CBC)			
RDW (RBC histogram)	16.10	%	11.00 - 16.00
Lipid Profile			
HDL Cholesterol	39.2	mg/dL	48 - 77
Chol/HDL	4.52		0 - 4.1
LDL Cholesterol	109.53	mg/dL	0.00 - 100.00
Plasma Glucose - F	178.34	mg/dL	70 - 100
Plasma Glucose - PP	243.31	mg/dL	70.0 - 140.0

Abnormal Result(s) Summary End

Note:(LL-VeryLow,L-Low,H-High,HH-VeryHigh ,A-Abnormal)

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Sample Date and Time : 11-Mar-2024 09:18	Sample Coll. By :	Ref Id1 : osp33469
Report Date and Time : 11-Mar-2024 09:37	Acc. Remarks : Normal	Ref Id2 :

TEST	RESULTS	UNIT	BIOLOGICAL REF. INTERVAL	REMARKS
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HAEMOGRAM REPORT

HB AND INDICES

Haemoglobin	12.7	G%	12.0 - 15.0
RBC (Electrical Impedance)	4.04	millions/cumm	3.80 - 4.80
PCV(Calc)	37.73	%	36.00 - 46.00
MCV (RBC histogram)	93.4	fL	83.00 - 101.00
MCH (Calc)	31.3	pg	27.00 - 32.00
MCHC (Calc)	33.6	gm/dL	31.50 - 34.50
RDW (RBC histogram)	H 16.10	%	11.00 - 16.00

TOTAL AND DIFFERENTIAL WBC COUNT (Flowcytometry)

Total WBC Count	5500	/μL	4000.00 - 10000.00
Neutrophil	[%] 52.0	%	EXPECTED VALUES 40.00 - 70.00 [Abs] 2860 /μL EXPECTED VALUES 2000.00 - 7000.00
Lymphocyte	40.0	%	20.00 - 40.00 2200 /μL 1000.00 - 3000.00
Eosinophil	3.0	%	1.00 - 6.00 165 /μL 20.00 - 500.00
Monocytes	5.0	%	2.00 - 10.00 275 /μL 200.00 - 1000.00
Basophil	0.0	%	0.00 - 2.00 0 /μL 0.00 - 100.00

PLATELET COUNT (Optical)

Platelet Count	301000	/μL	150000.00 - 410000.00
Neut/Lympho Ratio (NLR)	1.30		0.78 - 3.53

SMEAR STUDY

RBC Morphology	Normocytic Normochromic RBCs.
WBC Morphology	Total WBC count within normal limits.
Platelet	Platelets are adequate in number.
Parasite	Malarial Parasite not seen on smear.

Note:(LL-VeryLow,L-Low,H-High,HH-VeryHigh ,A-Abnormal)

Dr. Shreya Shah

M.D. (Pathologist)

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Reg Date and Time : 11-Mar-2024 09:18	Sample Type : Whole Blood EDTA	Mobile No : 8141118481
Sample Date and Time : 11-Mar-2024 09:18	Sample Coll. By :	Ref Id1 : osp33469
Report Date and Time : 11-Mar-2024 11:20	Acc. Remarks : Normal	Ref Id2 :

TEST	RESULTS	UNIT	BIOLOGICAL REF RANGE	REMARKS
ESR Westergren Method	16	mm after 1hr	3 - 20	

Note:(LL-VeryLow,L-Low,H-High,HH-VeryHigh ,A-Abnormal)

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Sample Date and Time : **11-Mar-2024 09:18** Sample Coll. By : Ref Id1 : **osp33469**
Report Date and Time : **11-Mar-2024 09:37** Acc. Remarks : **Normal** Ref Id2 :

TEST	RESULTS	UNIT	BIOLOGICAL REF RANGE	REMARKS
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HAEMATOLOGY INVESTIGATIONS

BLOOD GROUP AND RH TYPING (Erythrocyte Magnetized Technology) (Both Forward and Reverse Group)

ABO Type	A
Rh Type	POSITIVE

Note:(LL-VeryLow,L-Low,H-High,HH-VeryHigh ,A-Abnormal)

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M.D. (Pathologist)



LABORATORY REPORT



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 Ref.By : **AASHKA HOSPITAL** Dis. At : Pt. ID : **3420241**
 Bill. Loc. : **Aashka hospital** Pt. Loc :

Reg Date and Time : 11-Mar-2024 09:18 Sample Type : **Plasma Fluoride F, Plasma Fluoride PP, Serum** Mobile No : **8141118481**
 Sample Date and Time : 11-Mar-2024 09:18 Sample Coll. By : Ref Id1 : **osp33469**
 Report Date and Time : 11-Mar-2024 11:20 Acc. Remarks : **Normal** Ref Id2 :
TEST RESULTS UNIT BIOLOGICAL REF RANGE REMARKS

Plasma Glucose - F <i>Photometric, Hexokinase</i>	H	178.34	mg/dL	70 - 100
Plasma Glucose - PP <i>Photometric, Hexokinase</i>	H	243.31	mg/dL	70.0 - 140.0
BUN (Blood Urea Nitrogen) <i>GLDH</i>		10.1	mg/dL	7.00 - 18.70
Uric Acid <i>Uricase</i>		4.18	mg/dL	2.6 - 6.2
Creatinine		0.63	mg/dL	0.50 - 1.50

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TEST	RESULTS	UNIT	BIOLOGICAL REF RANGE	REMARKS
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Glycated Haemoglobin Estimation

HbA1C	H 6.71		% of total Hb	<5.7: Normal 5.7-6.4: Prediabetes >=6.5: Diabetes
Estimated Avg Glucose (3 Mths) <i>Calculated</i>	145.88	mg/dL		Not available

Please Note change in reference range as per ADA 2021 guidelines.

Interpretation :

HbA1C level reflects the mean glucose concentration over previous 8-12 weeks and provides better indication of long term glycemic control.

Levels of HbA1C may be low as result of shortened RBC life span in case of hemolytic anemia.

Increased HbA1C values may be found in patients with polycythemia or post splenectomy patients.

Patients with Homozygous forms of rare variant Hb(CC,SS,EE,SC) HbA1c can not be quantitated as there is no HbA.

In such circumstances glycemic control can be monitored using plasma glucose levels or serum Fructosamine.

The A1c target should be individualized based on numerous factors, such as age, life expectancy, comorbid conditions, duration of diabetes, risk of hypoglycemia or adverse consequences from hypoglycemia, patient motivation and adherence.

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BIOCHEMICAL INVESTIGATIONS

Lipid Profile

Cholesterol <i>Colorimetric, CHOD-POD</i>		177.03	mg/dL	110 - 200
HDL Cholesterol	L	39.2	mg/dL	48 - 77
Triglyceride <i>Glycerol Phosphate Oxidase</i>		141.48	mg/dL	<150
VLDL <i>Calculated</i>		28.30	mg/dL	10 - 40
Chol/HDL <i>Calculated</i>	H	4.52		0 - 4.1
LDL Cholesterol <i>Calculated</i>	H	109.53	mg/dL	0.00 - 100.00

NEW ATP III GUIDELINES (MAY 2001), MODIFICATION OF NCEP

LDL CHOLESTEROL	CHOLESTEROL	HDL CHOLESTEROL	TRIGLYCERIDES
Optimal <100	Desirable <200	Low <40	Normal <150
Near Optimal 100-129	Border Line 200-239	High >60	Border High 150-199
Borderline 130-159	High >240	-	High 200-499
High 160-189	-	-	-

- LDL Cholesterol level is primary goal for treatment and varies with risk category and assessment
- For LDL Cholesterol level Please consider direct LDL value
- Risk assessment from HDL and Triglyceride has been revised. Also LDL goals have changed.
- Detail test interpretation available from the lab
- All tests are done according to NCEP guidelines and with FDA approved kits.
- LDL Cholesterol level is primary goal for treatment and varies with risk category and assessment

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TEST	RESULTS	UNIT	BIOLOGICAL REF RANGE	REMARKS
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BIOCHEMICAL INVESTIGATIONS

Liver Function Test

S.G.P.T. <i>UV with P5P</i>	19.45	U/L	14 - 59
S.G.O.T. <i>UV with P5P</i>	16.66	U/L	15 - 37
Alkaline Phosphatase	104.73	U/L	35 - 105
Gamma Glutamyl Transferase <i>L-Gamma-glutamyl-3-carboxy-4-nitroanilide Substrate</i>	15.81	U/L	0 - 38
Proteins (Total) <i>Colorimetric, Biuret</i>	7.99	gm/dL	6.40 - 8.30
Albumin <i>Bromocresol purple</i>	4.36	gm/dL	3.4 - 5
Globulin <i>Calculated</i>	3.63	gm/dL	2 - 4.1
A/G Ratio <i>Calculated</i>	1.2		1.0 - 2.1
Bilirubin Total <i>Photometry</i>	0.49	mg/dL	0.3 - 1.2
Bilirubin Conjugated <i>Diazotization reaction</i>	0.24	mg/dL	0 - 0.50
Bilirubin Unconjugated <i>Calculated</i>	0.25	mg/dL	0 - 0.8

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TEST	RESULTS	UNIT	BIOLOGICAL REF RANGE	REMARKS
Thyroid Function Test				
Triiodothyronine (T3)	128.34	ng/dL	70 - 204	
Thyroxine (T4) <small>CMIA</small>	7.23	ng/dL	4.87 - 11.72	
TSH <small>CMIA</small>	2.72	μIU/mL	0.4 - 4.2	

INTERPRETATIONS

- Circulating TSH measurement has been used for screening for euthyroidism, screening and diagnosis for hyperthyroidism & hypothyroidism. Suppressed TSH (<0.01 μIU/mL) suggests a diagnosis of hyperthyroidism and elevated concentration (>7 μIU/mL) suggest hypothyroidism. TSH levels may be affected by acute illness and several medications including dopamine and glucocorticoids. Decreased (low or undetectable) in Graves disease. Increased in TSH secreting pituitary adenoma (secondary hyperthyroidism), PRTN and in hypothalamic disease thyrotropin (tertiary hyperthyroidism). Elevated in hypothyroidism (along with decreased T4) except for pituitary & hypothalamic disease.
- Mild to modest elevations in patient with normal T3 & T4 levels indicates impaired thyroid hormone reserves & incipient hypothyroidism (subclinical hypothyroidism).
- Mild to modest decrease with normal T3 & T4 indicates subclinical hyperthyroidism.
- Degree of TSH suppression does not reflect the severity of hyperthyroidism, therefore, measurement of free thyroid hormone levels is required in patient with a suppressed TSH level.

CAUTIONS

Sick, hospitalized patients may have falsely low or transiently elevated thyroid stimulating hormone. Some patients who have been exposed to animal antigens, either in the environment or as part of treatment or imaging procedure, may have circulating antianimal antibodies present. These antibodies may interfere with the assay reagents to produce unreliable results.

TSH ref range in pregnancy

First trimester
Second trimester
Third trimester

Reference range (microIU/ml)

0.24 - 2.00
0.43-2.2
0.8-2.5

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Report Date and Time : 11-Mar-2024 11:20	Acc. Remarks : Normal	Ref Id2 :

Interpretation Note:

Ultra sensitive-thyroid-stimulating hormone (TSH) is a highly effective screening assay for thyroid disorders. In patients with an intact pituitary-thyroid axis, s-TSH provides a physiologic indicator of the functional level of thyroid hormone activity. Increased s-TSH indicates inadequate thyroid hormone, and suppressed s-TSH indicates excess thyroid hormone. Transient s-TSH abnormalities may be found in seriously ill, hospitalized patients, so this is not the ideal setting to assess thyroid function. However, even in these patients, s-TSH works better than total thyroxine (an alternative screening test), when the s-TSH result is abnormal, appropriate follow-up tests T4 & free T3 levels should be performed. If TSH is between 5.0 to 10.0 & free T4 & free T3 level are normal then it is considered as subclinical hypothyroidism which should be followed up after 4 weeks & If TSH is > 10 & free T4 & free T3 level are normal then it is considered as overt hypothyroidism.

Serum triiodothyronine (T3) levels often are depressed in sick and hospitalized patients, caused in part by the biochemical shift to the production of reverse T3. Therefore, T3 generally is not a reliable predictor of hypothyroidism. However, in a small subset of hyperthyroid patients, hyperthyroidism may be caused by overproduction of T3 (T3 toxicosis). To help diagnose and monitor this subgroup, T3 is measured on all specimens with suppressed s-TSH and normal FT4 concentrations.

Normal ranges of TSH & thyroid hormones vary according trimester in pregnancy.

TSH ref range in Pregnancy	Reference range (microIU/ml)
First trimester	0.24 - 2.00
Second trimester	0.43-2.2
Third trimester	0.8-2.5

	T3	T4	TSH
Normal Thyroid function	N	N	N
Primary Hyperthyroidism	↑	↑	↓
Secondary Hyperthyroidism	↑	↑	↑
Grave's Thyroiditis	↑	↑	↑
T3 Thyrotoxicosis	↑	N	N/↓
Primary Hypothyroidism	↓	↓	↑
Secondary Hypothyroidism	↓	↓	↓
Subclinical Hypothyroidism	N	N	↑
Patient on treatment	N	N/↑	↓

Note:(LL-VeryLow,L-Low,H-High,HH-VeryHigh ,A-Abnormal)

Dr. Shreya Shah

M.D. (Pathologist)

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Printed On : 11-Mar-2024 13:03



Neuberg Diagnostics Private Limited

Laboratory : "KEDAR" Opposite Krupa Petrol Pump, Near Parimal Garden, Ahmedabad - 380006 | 079-40408181 / 61618181

contact@neubergsupratech.com

Regd. Office : Plot No. 7, Industrial Estate, Rajiv Gandhi Salai, Perungudi, Chennai - 600096, Tamil Nadu, India. | CIN - U85300TN2017PTC114099

www.neubergsupratech.com



LABORATORY REPORT



Name : **MONIKA UTSAV PRAJAPATI** Sex/Age : **Female/ 30 Years** Case ID : **40302200329**
 Ref.By : **AASHKA HOSPITAL** Dis. At : Pt. ID : **3420241**
 Bill. Loc. : **Aashka hospital** Pt. Loc :

Reg Date and Time : **11-Mar-2024 09:18** Sample Type : **Spot Urine** Mobile No : **8141118481**
 Sample Date and Time : **11-Mar-2024 09:18** Sample Coll. By : Ref Id1 : **osp33469**
 Report Date and Time : **11-Mar-2024 09:51** Acc. Remarks : **Normal** Ref Id2 :

TEST	RESULTS	UNIT	BIOLOGICAL REF RANGE	REMARKS
------	---------	------	----------------------	---------

URINE EXAMINATION (STRIP METHOD AND FLOWCYTOMETRY)

Physical examination

Colour : **Pale yellow**
 Transparency : **Clear**

Chemical Examination By Sysmex UC-3500

Sp.Gravity	>1.025		1.005 - 1.030
pH	<5.5		5 - 8
Leucocytes (ESTERASE)	Negative		Negative
Protein	Negative		Negative
Glucose	Negative		Negative
Ketone Bodies Urine	Negative		Negative
Urobilinogen	Negative		Negative
Bilirubin	Negative		Negative
Blood	Negative		Negative
Nitrite	Negative		Negative

Flowcytometric Examination By Sysmex UF-5000

Leucocyte	Nil	/HPF	Nil
Red Blood Cell	Nil	/HPF	Nil
Epithelial Cell	Present +	/HPF	Present(+)
Bacteria	Nil	/μL	Nil
Yeast	Nil	/μL	Nil
Cast	Nil	/LPF	Nil
Crystals	Nil	/HPF	Nil

Note: (LL-VeryLow, L-Low, H-High, HH-VeryHigh ,A-Abnormal)

Dr. Shreya Shah

M.D. (Pathologist)

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LABORATORY REPORT



Name : **MONIKA UTSAV PRAJAPATI** Sex/Age : **Female/ 30 Years** Case ID : **40302200329**
 Ref.By : **AASHKA HOSPITAL** Dis. At : Pt. ID : **3420241**
 Bill. Loc. : **Aashka hospital** Pt. Loc :

Reg Date and Time : 11-Mar-2024 09:18 Sample Type : Spot Urine Mobile No : 8141118481
 Sample Date and Time : 11-Mar-2024 09:18 Sample Coll. By : Ref Id1 : osp33469
 Report Date and Time : 11-Mar-2024 09:51 Acc. Remarks : Normal Ref Id2 :

Parameter	Unit	Expected value	Result/Notations				
			Trace	+	++	+++	++++
pH	-	4.6-8.0					
SG	-	1.003-1.035					
Protein	mg/dL	Negative (<10)	10	25	75	150	500
Glucose	mg/dL	Negative (<30)	30	50	100	300	1000
Bilirubin	mg/dL	Negative (0.2)	0.2	1	3	6	-
Ketone	mg/dL	Negative (<5)	5	15	50	150	-
Urobilinogen	mg/dL	Negative (<1)	1	4	8	12	-

Parameter	Unit	Expected value	Result/Notifications				
			Trace	+	++	+++	++++
Leukocytes (Strip)	/micro L	Negative (<10)	10	25	100	500	-
Nitrite(Strip)	-	Negative	-	-	-	-	-
Erythrocytes(Strip)	/micro L	Negative (<5)	10	25	50	150	250
Pus cells (Microscopic)	/hpf	<5	-	-	-	-	-
Red blood cells(Microscopic)	/hpf	<2	-	-	-	-	-
Cast (Microscopic)	/lpf	<2	-	-	-	-	-

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

For test performed on specimens received or collected from non-NSRL locations, it is presumed that the specimen belongs to the patient named or identified as labeled on the container/test request and such verification has been carried out at the point generation of the said specimen by the sender. NSRL will be responsible Only for the analytical part of test carried out. All other responsibility will be of referring Laboratory.

Note:(LL-VeryLow,L-Low,H-High,HH-VeryHigh ,A-Abnormal)

Dr. Shreya Shah

M.D. (Pathologist)

Page 12 of 12

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 www.neubergsupratech.com

PATIENT NAME: MONIKA UTSAV PRAJAPATI

GENDER/AGE: Female / 30 Years

DATE: 11/03/24

DOCTOR: DR. HASIT JOSHI

OPDNO: OSP33469

2D-ECHO

MITRAL VALVE : MILD MVP
AORTIC VALVE : NORMAL
TRICUSPID VALVE : NORMAL
PULMONARY VALVE : NORMAL
AORTA : 31mm
LEFT ATRIUM : 33mm
LV Dd / Ds : 41/27mm EF 60%
IVS / LVPW / D : 10/9mm
IVS : INTACT
IAS : INTACT
RA : NORMAL
RV : NORMAL
PA : NORMAL
PERICARDIUM : NORMAL
VEL : PEAK MEAN
M/S : Gradient mm Hg Gradient mm Hg
MITRAL : 0.9/0.7m/s
AORTIC : 1.2m/s
PULMONARY : 0.9m/s
COLOUR DOPPLER : TRIVIAL MR/TR
RVSP : 28mmHg
CONCLUSION : NORMAL LV SIZE / SYSTOLIC FUNCTION.

CARDIOLOGIST

DR. HASIT JOSHI (9825012235)



REPORT REPORT REPORT

Aashka Hospitals Ltd.

Between Sargasan and Reliance Cross Roads

Sargasan, Gandhinagar - 382421, Gujarat, India

Phone: 079-29750750, +91-7575006000 / 9000

Emergency No.: +91-7575007707 / 9879752777

www.aashkahospitals.in

CIN: L85110GJ2012PLC072647



PATIENT NAME: MONIKA UTSAV PRAJAPATI

GENDER/AGE: Female / 30 Years

DATE: 11/03/24

DOCTOR:

OPDNO: OSP33469

X-RAY CHEST PA

Both lung fields show increased broncho-vascular markings.

No evidence of collapse, consolidation, mediastinal lymph adenopathy, soft tissue infiltration or pleural effusion is seen.

Both hilar shadows and C.P. angles are normal.

Heart shadow appears normal in size. Aorta appears normal.

Bony thorax and both domes of diaphragm appear normal.

No evidence of cervical rib is seen on either side.

DR. SNEHAL PRAJAPATI
CONSULTANT RADIOLOGIST

PATIENT NAME: MONIKA UTSAV PRAJAPATI

GENDER/AGE: Female / 30 Years

DATE: 11/03/24

DOCTOR:

OPDNO: OSP33469

SONOGRAPHY OF ABDOMEN AND PELVIS

LIVER: Liver appears normal in size and shows increased parenchymal echoes. No evidence of focal lesion is seen. No evidence of dilated IHBR is seen. Intrahepatic portal radicles appear normal. No evidence of solid or cystic mass lesion is seen.

GALL BLADDER: Gall bladder is physiologically distended and appears normal. No evidence of calculus or changes of cholecystitis are seen. No evidence of pericholecystic fluid collection is seen. CBD appears normal.

PANCREAS: Pancreas appears normal in size and shows normal parenchymal echoes. No evidence of pancreatitis or pancreatic mass lesion is seen.

SPLEEN: Spleen appears normal in size and shows normal parenchymal echoes. No evidence of focal or diffuse lesion is seen.

KIDNEYS: Both kidneys are normal in size, shape and position. Both renal contours are smooth. Cortical and central echoes appear normal. Bilateral cortical thickness appears normal. No evidence of renal calculus, hydronephrosis or mass lesion is seen on either side. No evidence of perinephric fluid collection is seen.

Right kidney measures about 10.1 x 4.6 cms in size.

Left kidney measures about 10.0 x 4.1 cms in size.

No evidence of suprarenal mass lesion is seen on either side.

Aorta, IVC and para aortic region appears normal.

No evidence of ascites is seen.

BLADDER: Bladder is normally distended and appears normal. No evidence of bladder calculus, diverticulum or mass lesion is seen. Prevoid bladder volume measures about 160 cc.

UTERUS: Uterus is anteverted and appears normal in size, shape and position. Endometrial and myometrial echoes appear normal. Endometrial thickness measures about 4.3 mm. No evidence of uterine mass lesion is seen.

Bilateral adnexa appears normal.

COMMENT: Grade I fatty changes in liver.

Normal sonographic appearance of GB, pancreas, spleen, kidneys, para aortic region, bladder and uterus.


DR. SNEHAL PRAJAPATI
CONSULTANT RADIOLOGIST

11.03.2024 10:56:26 AM
ASHKA HOSPITAL LTD.
SARGASAN
GANDHINAGAR

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

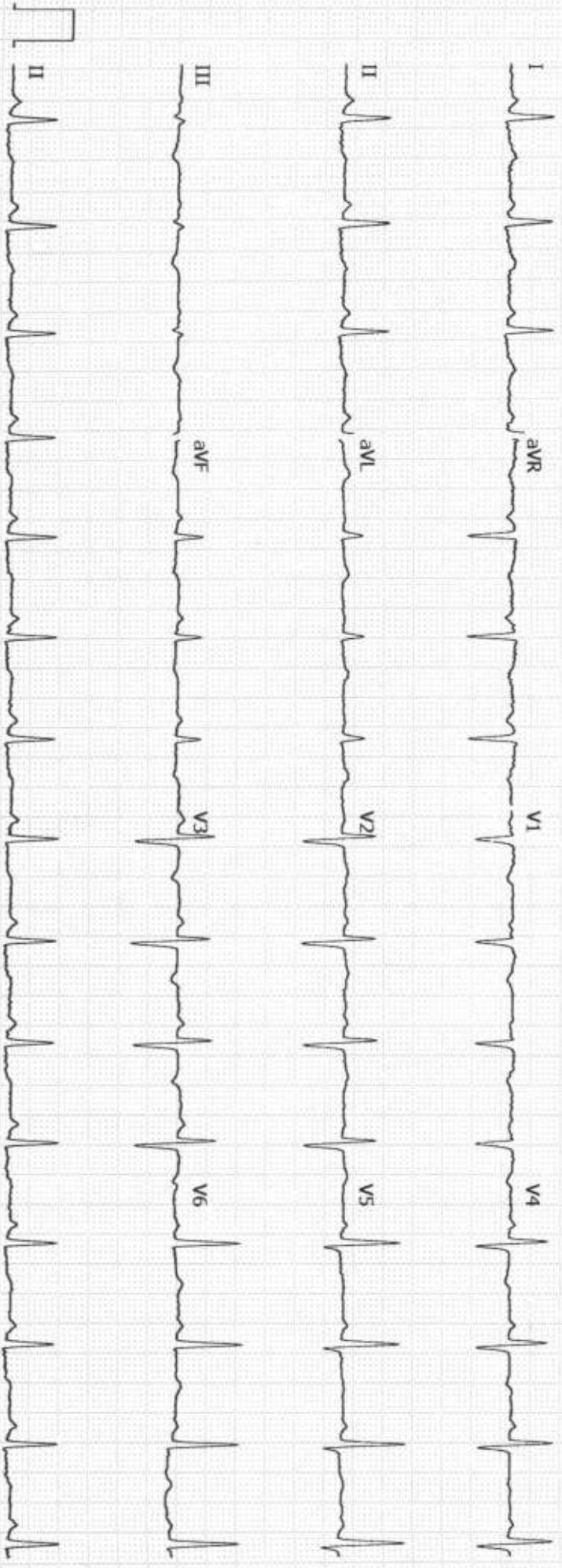
Room: 0459 LOT D 942 #

88 bpm
-- / -- mmHg

Technician:
Ordering Ph:
Referring Ph:
Attending Ph:

QRS : 88 ms
QT / QTcBaz : 384 / 464 ms
PR : 136 ms
P : 94 ms
RR / PP : 682 / 681 ms
P / QRS / T : 47 / 35 / 5 degrees

Normal sinus rhythm
Nonspecific T wave abnormality
Abnormal ECG



GE MAC2000 1.1 12SL™ V241

25 mm/s 10 mm/mV

ADS 0.56-20 Hz 50 Hz

Unconfirmed
4x2.5x3_25_R1 1/1

11/03/24
at 3:00 pm

Pt Name - Monika
30yr / F

NO any other active complaints

NO any previous H/O DM

Ⓢ RBS during pregnancy.

HbA_{1c} - 6.7 Ⓢ

FBS - 178

PP - 243.

P - 80/min

BP - 90/60 mmHg

SpO₂ - 98% on RA

ax / NAD

- all other blood investigation noted.

- ECG - NSR

- CXR - NAD

- 2D echo - EF - 60%.

Ⓢ LV fun.

- USG - grade - I fatty liver

only
- DR. Dipesh opinion.





Rx

No	Dosage Form	Name of drug (IN BLOCK LETTERS ONLY)	Dose	Route	Frequency	Duration

Eye examination:

	RIGHT			LEFT		
	S	C	A	S	C	A
D		0.5	180		0.75	180
N						

Other Advice:

B ^{AC}
USE GLAUSIS

Follow-up:

Consultant's Sign:



DR. SEJAL J AMIN
B.D.S, M.D.S (PERIODONTIST)
IMPLANTOLOGIST
REG NO: A-12942

UHID:	GSP33469	Date:	11/3/24	Time:	
Patient Name:	Monika ben Parajapati	Age/Sex:	30/F	Height:	153cm
				Weight:	81.4kg
Chief Complain:					
History:	Routine dental check up				
Allergy History:					
Nutritional Screening:	Well-Nourished / Malnourished / Obese				
Examination:					
Extra oral :	body				
Intra oral - Teeth Present :	Carious teeth 7/6				
	→ unilateral chewing				
Teeth Absent :	→ Stain +++ Caries +++				
Diagnosis:					

DR. DIPESH FATANIYA
 M.D., IDCCM.
 CRITICAL CARE MEDICINE
 M.NO.-9909906809
 R.NO.G-41495

UHID:		Date: 11/3/24	Time:
Patient Name: MONIKA UTSAV RAJAPATI		Height:	
Age/Sex: 30/f	LMP:	Weight: 81	
History:		History: (34.6)	
C/C/O: Heads clear up		Twin pregnancy 3yr ago	
Allergy History: —		Addiction: —	
Nutritional Screening: Well-Nourished / Malnourished / Obese			
Vitals & Examination:		gute I feels	
Temperature:		HbA1c 6.71	
Pulse: 80		F 174	
BP: 114/74		P 223	
SPO2: 96		LO2 103	
Provisional Diagnosis:			

