

# PANCHMUKHI HOSPITAL

150' RING ROAD, MAVDI CHOKDI, SANESHWAR ARCADE, RAJKOT Mo.9925333639, 8320711901

Dr C P Dadhaniya

Dr R C Dadhaniya  
MBBS, Dip.G.O, Diabetologist

policy number :  
full name : *Maral Sasigumba Rajeshkumar*  
identity proof : *Aadhar card*  
identity proof no : *7165*  
gender : *female 134*  
height : *165*  
weight : *79*  
BP : *110/72*  
pulse : *80/min regular*  
blood sample : *yes*  
fasting mode : *yes*  
non fasting mode : *yes*

past history : *Thyroid = 4yr Tab = Thyroxine - 100mg (OD)*

Dental : *Healthy*

~~Romberg Test~~ :

Colour vision : *Normal*

*S.R. Newel*

Dr. C. P. DADHANIYA  
M.B.B.S., C.I.H  
Regd. No. *19798*  
PANCHMUKHI HOSPITAL  
MAVADI CHOKADI.  
150' RING ROAD, RAJKOT

NAME : maral Sargambh  
AGE/GENDER: 34 / female

DIAG. DATE: 29-11-23

PATIENT'S REFRACTION DETAILS

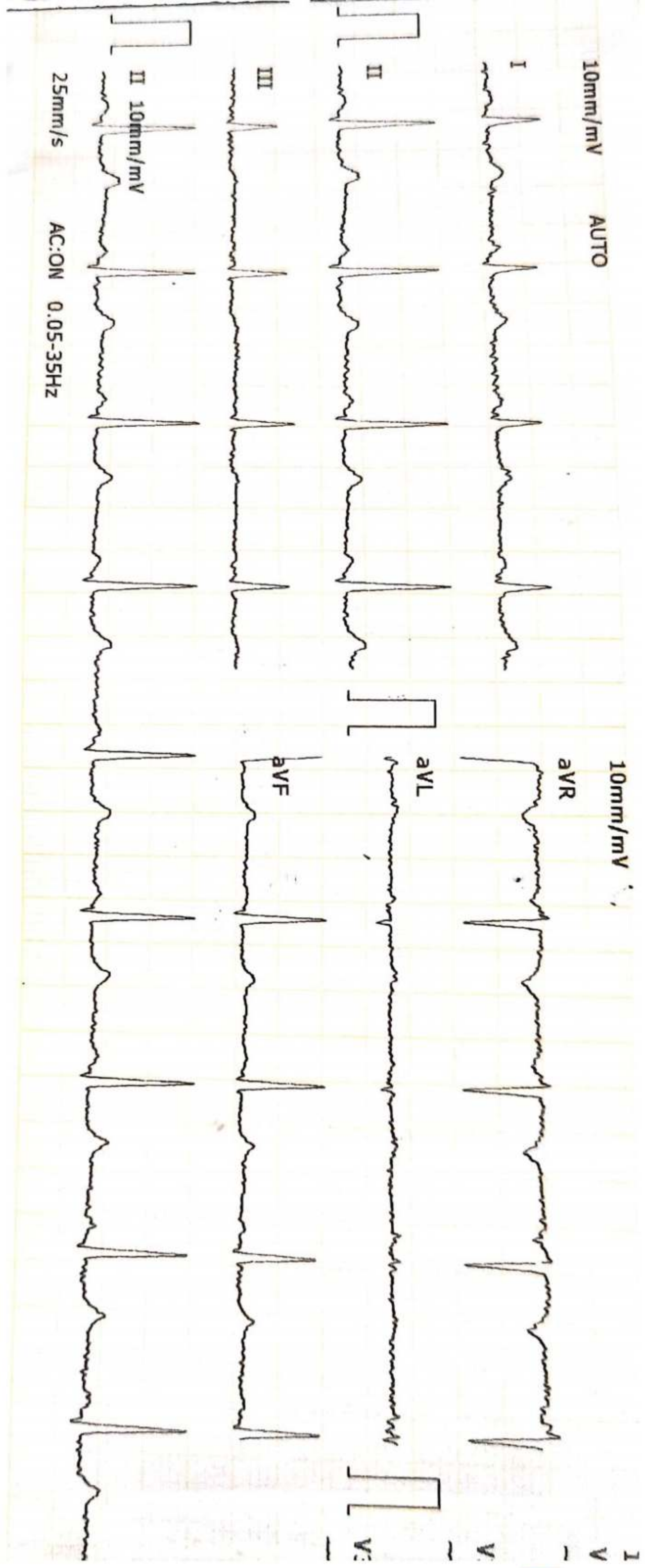
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	N	N			6/6
L	D	N	N	N	6/6
	N	N			6/6

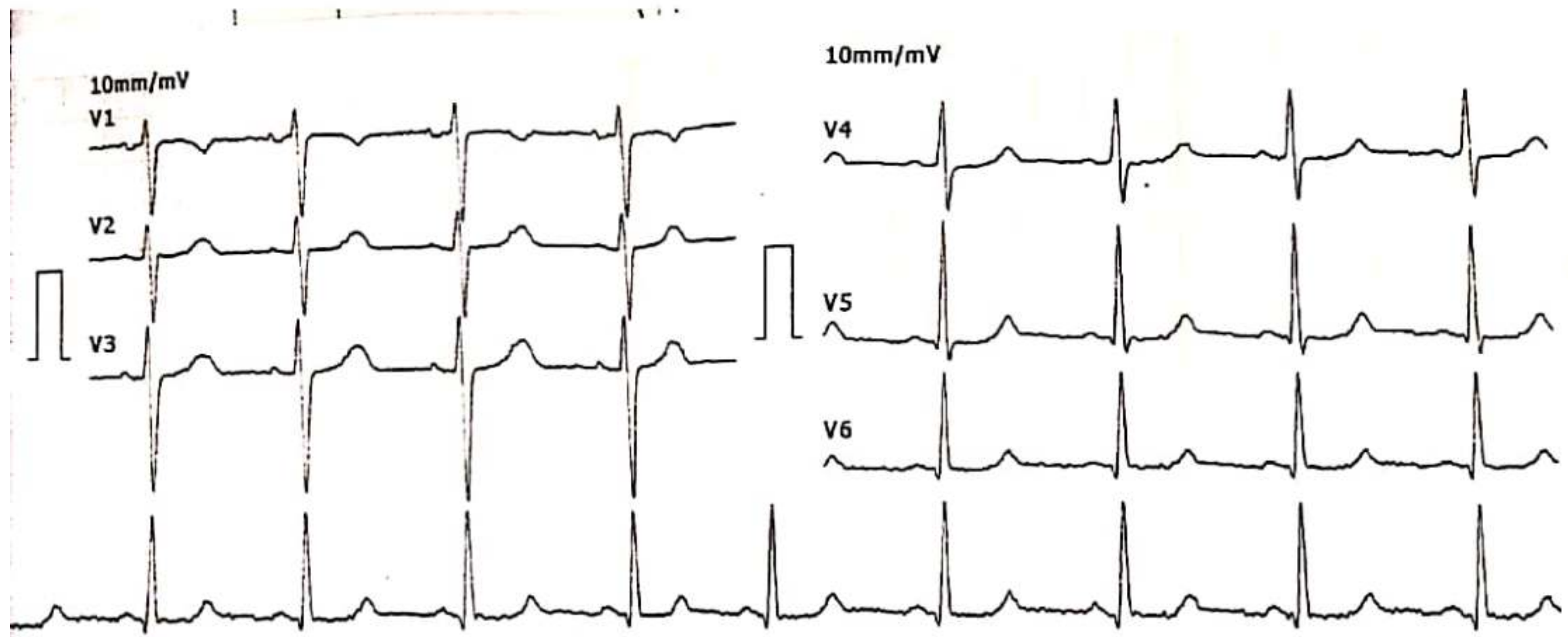
REMARKS :

CHECKED BY : Dr. C.P. Dadhaniya

S.R. newal

Dr. C. P. DADHANIYA  
M.B.B.S., C.I.H.  
Regd No. 619798  
PANCHMUKHI HOSPITAL  
MAVADI CHOKADI.  
150' RING ROAD, RAJKOT





X S.R. Murali

2023-11-29.9:30:18

ID:00003614

ID Card: \_\_\_\_\_

Name: MAVALI

Susigumbi  
Gender: female

Age: 34

Height(cm): \_\_\_\_\_

Weight(Kg): \_\_\_\_\_

BP(mmHg): 1

HR.....bpm 79  
 P-R.....ms 93  
 Q-R-S.....ms 100  
 QT/QTc.....ms 390/446  
 P/QRS/T.....deg 44/60/44  
 RV5/SV1.....mV 1.23/0.86  
 RV5+SV1.....mV 2.09

\*The result must be confirmed by doctor!

Report Confirmed by:



ભારત સરકાર

Government of India



માવલ સરગમબા રાજેશકુમાર  
Maval Sargamba Rajeshkumar

જન્મ તારીખ / DOB : 10/07/1989  
સ્ત્રી / Female



6509 7930 7165

મારો આધાર, મારી ઓળખ



भारतीय विशिष्ट ओळखाए-प्राधिकरण

Unique Identification Authority of India

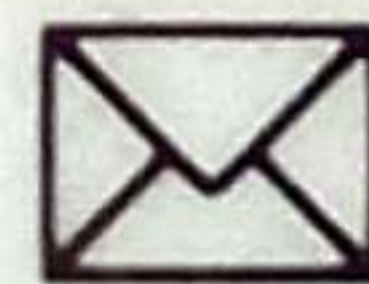
सरनामं: पतिनु नाम: मावल राजेशकुमार,  
निलंकठ रेसिडेन्सी, भगवतपरा, गोंडल,  
राजकोट, गोंडल, गुजरात, 360311

Address: W/O: Maval Rajeshkumar,  
Nilankath Residency, Bhagvatpara,  
Gondal, Rajkot, Gondal, Gujarat, 360311

**6509 7930 7165**



1947



help@uidai.gov.in

WWW

www.uidai.gov.in



**बैंक ऑफ़ बड़ौदा**  
**Bank of Baroda**

**नाम**  
**Name**

**राजेशकुमार पी. मावल**  
**RAJESHKUMAR P. MAVAL**

**कर्मचारी कूट क्र.**

**E.C. No. 158773**



**जारीकर्ता प्राधिकारी**  
**Issuing Authority**

**धारक के हस्ताक्षर**  
**Signature of Holder**

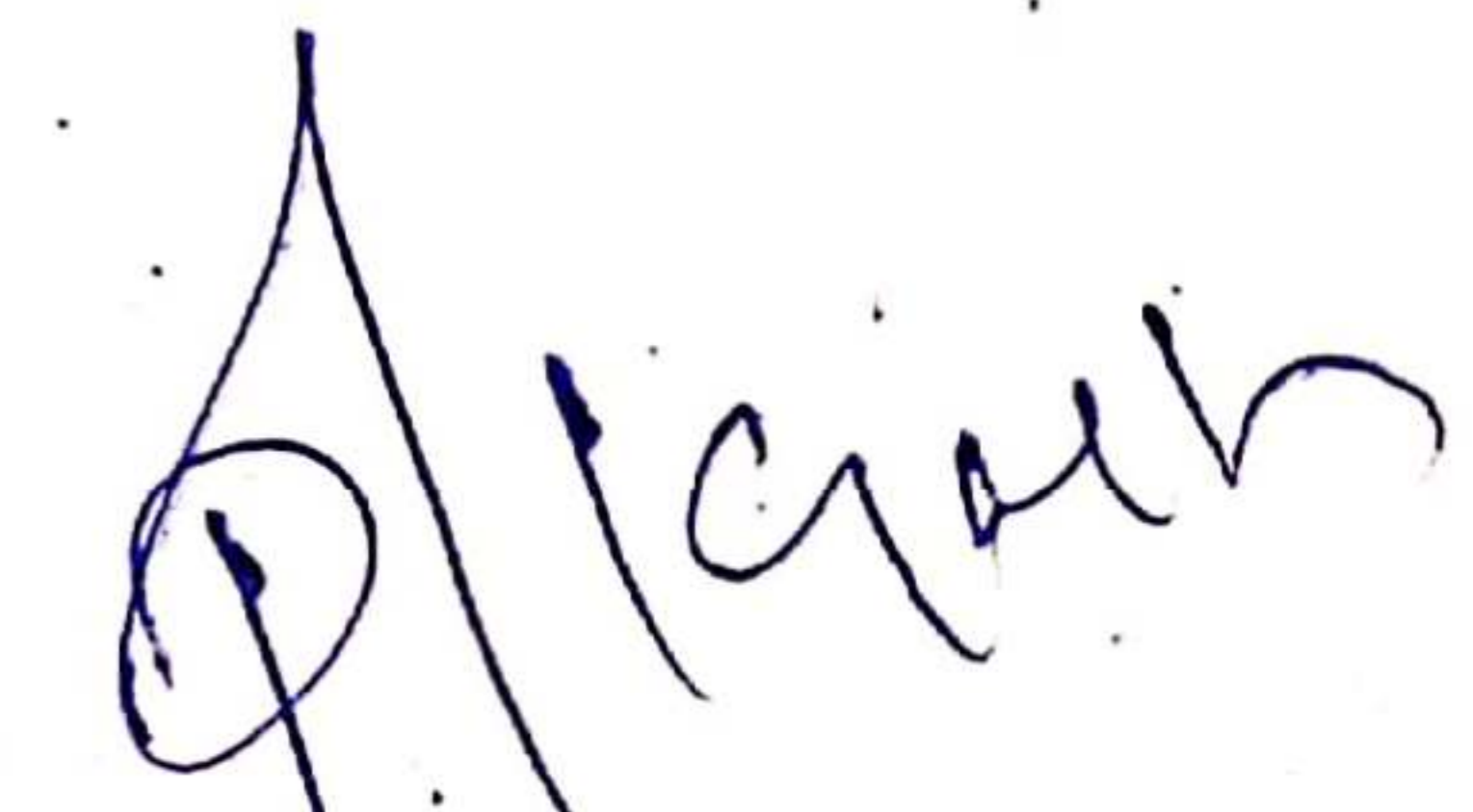
**Pt.'s Name: MAVAL SARGAMBA**

**Date: 29 November, 2023**

**Radiograph of chest (PA view)**

- *Both the lung fields are clear.*
- *No e/o consolidation, cavitations or collapse.*
- *Both the hila appears normal*
- *Both costophrenic angles appear clear.*
- *Both domes of diaphragm appear normal.*
- *Cardiac size is within normal limit.*
- *Bones underview reveals no evident abnormality.*

Thanks for reference.



**DR PRATIK KAGATHARA**  
MD



PATIENT NAME : MAVAL SARGAMBA

DATE: 29 November 2023

## USG ABDOMEN AND PELVIS

- **LIVER:** is normal in size and shows normal parenchymal echotexture. No focal or diffuse lesions are seen. The intra hepatic biliary and portal radicles are normal. The portal vein and CBD are normal.
- **GALL BLADDER:** Well distended and appears unremarkable. No evidence of calculus or cholecystitis is seen. Gall bladder wall thickness appears normal.
- **PANCREAS:** appears normal in size and echotexture. No focal lesion seen. No evidence of peripancreatic inflammatory changes.
- **SPLEEN:** is normal in size and echotexture. No evidence of focal or diffuse lesion seen.
- **BOTH KIDNEYS:** are normal in size and echotexture. Cortical echogenicity appears normal. Cortico medullary differentiation is preserved. No evidence of calculus or hydronephrosis on either side.
- **URINARY BLADDER:** well distended. No evidence of calculus, wall thickening, diverticula or mass lesion.
- **UTERUS:** is normal in size, shape and position. Endometrial thickness measures 4.0 mm. Endometrial & myometrial echotexture is normal. No focal lesion is seen
- **BOTH OVARIES** are normal in size & echotexture. No focal solid or cystic lesions are seen. No adnexal mass is seen
- No free fluid is seen in the POD. Visualized bowel loops appears unremarkable, No evidence of necrotic lymphadenopathy is seen. RIF/ LIF clear. Bilateral C-P angle clear.

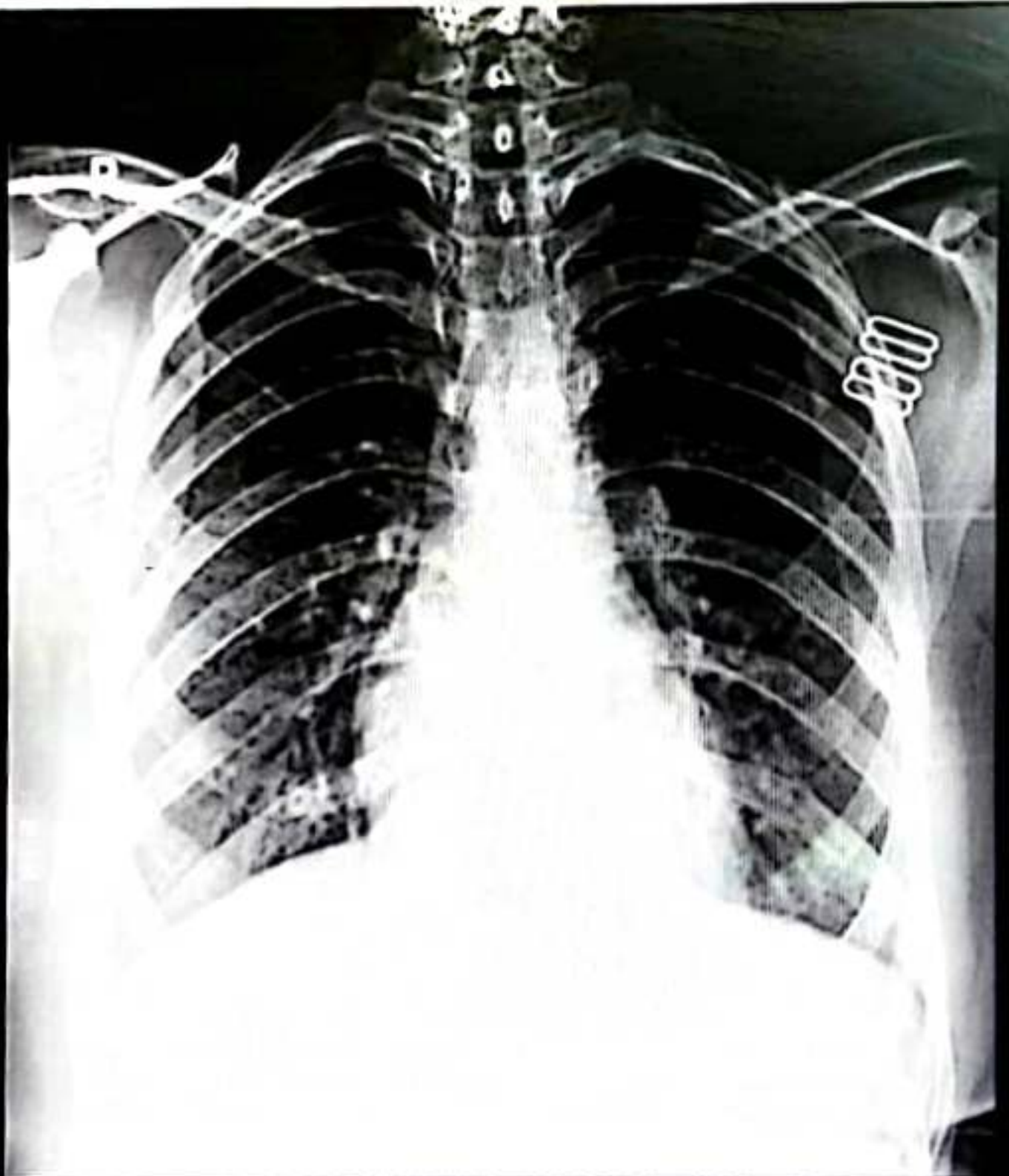
### CONCLUSION:

- No significant abnormality seen in present study.

Thanks for reference.



DR PRATIK KAGATHARA  
MD



MAVAL SARGAMBA 34Y/F CHEST PA 29-Nov-23  
NEELKANTH DIAGNOSTICS - RAJKOT (DR. PRATIK KAGATHARA)



અણ-1994 મુજબ સજાપાત્ર ગુનેહી છે.  
Important  
→ "Sex Determination of foetus is a punishable offence under PC & PNDT Act"  
→ "Asking for Sex Determination of foetus is a punishable offence under PC & PNDT Act"

# MEDY WHEEL MAVAL SARGAMBA

GPS Map  
Camera Lite

150-R, Ring Rd, Poonam Society, Om Nagar, Rajkot, Gujarat  
360004, India

Latitude  
22.2656628°  
Local 01:00:18 PM  
GMT 07:30:18 AM

Longitude  
70.7839359°  
Altitude 144 meters  
Wednesday, 29.11.2023

**ECHOCARDIOGRAPHY & COLOR DOPPLER**

Patient Name : Saragamba Maval  
Ref.By : Dr Dadhaniya Sir

Age/Sex : 34/F  
Date : 29/11/23

**SUMMARY OF 2D ECHO**

LA, LV size Normal  
No LVH  
No RWMA at rest  
**Overall LVEF -60 %.**

RA , RV size and function Normal  
All valves appear Normal in structure

No E/O Vegetation / clot /Pericardial effusion  
IAS / IVS intact  
No shunt across great vessels  
**IVC Size Normal 13 mm and collapsing > 50% on deep inspiration**

**Colour Doppler**

**Mitral Valve:** E/A ratio 1.2 , TDI s/o E\*>A\*  
No MR

**Tricuspid Valve:** Trivial TR CW TR jet 28 mmHg  
**Estimated PASP 33 mm Hg**

**Aortic Valve:** No AR  
No significant LVOT gradient - AV PG Max 9 mm Hg

**Pulmonary Valve :** No PR , PV Max PG 5 mm Hg

**FINAL IMPRESSION**

Good LV systolic function at rest

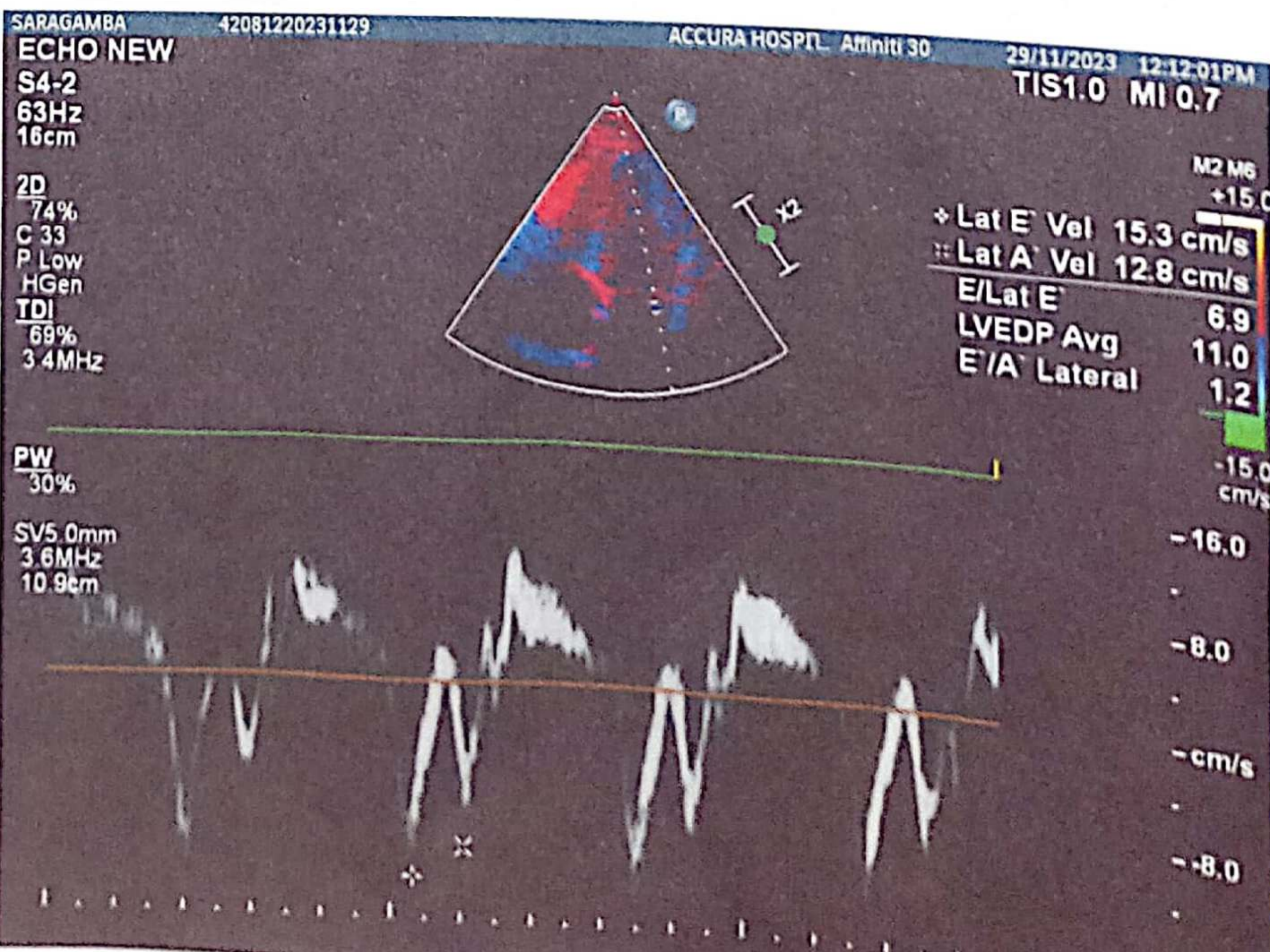
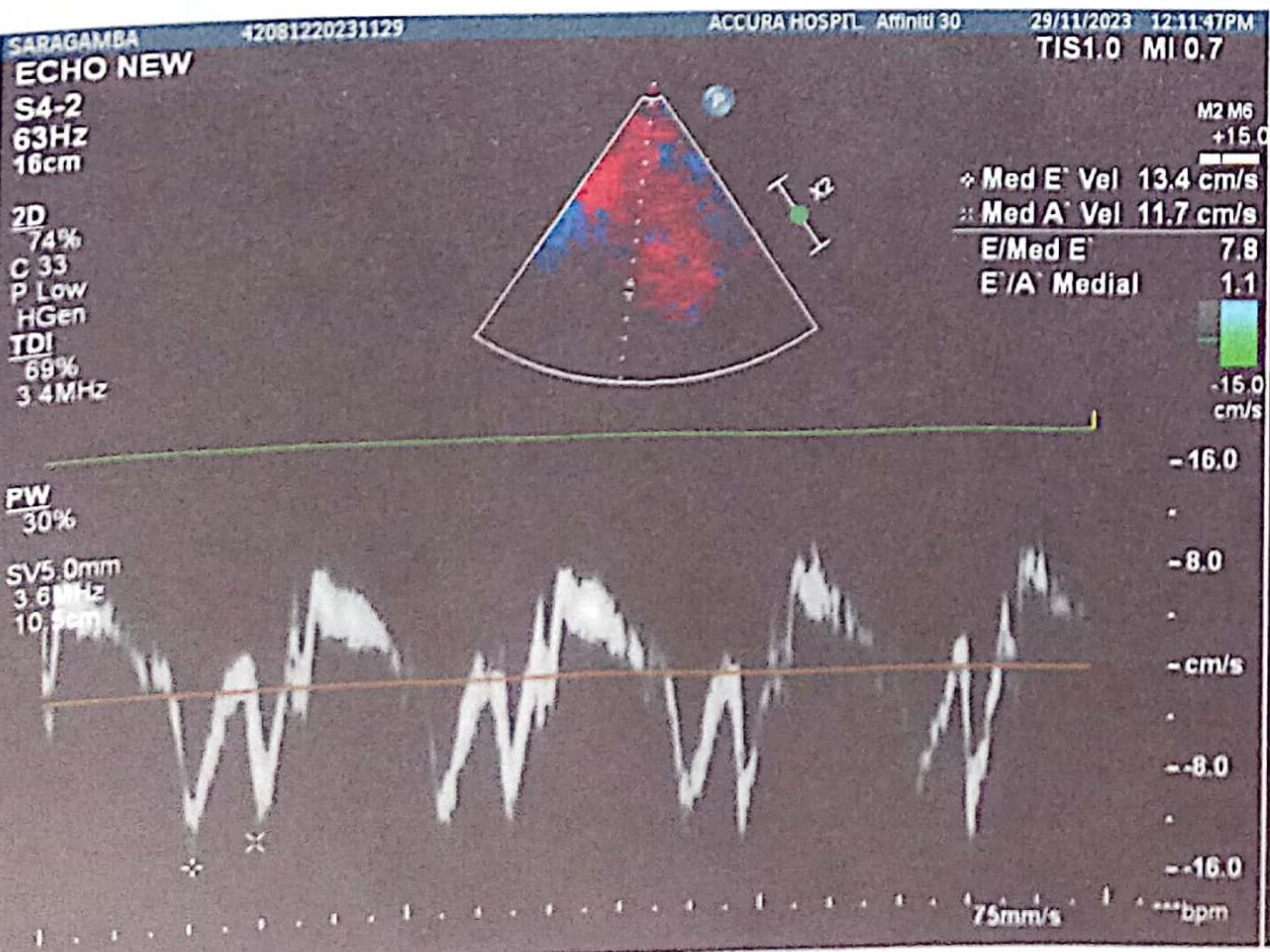
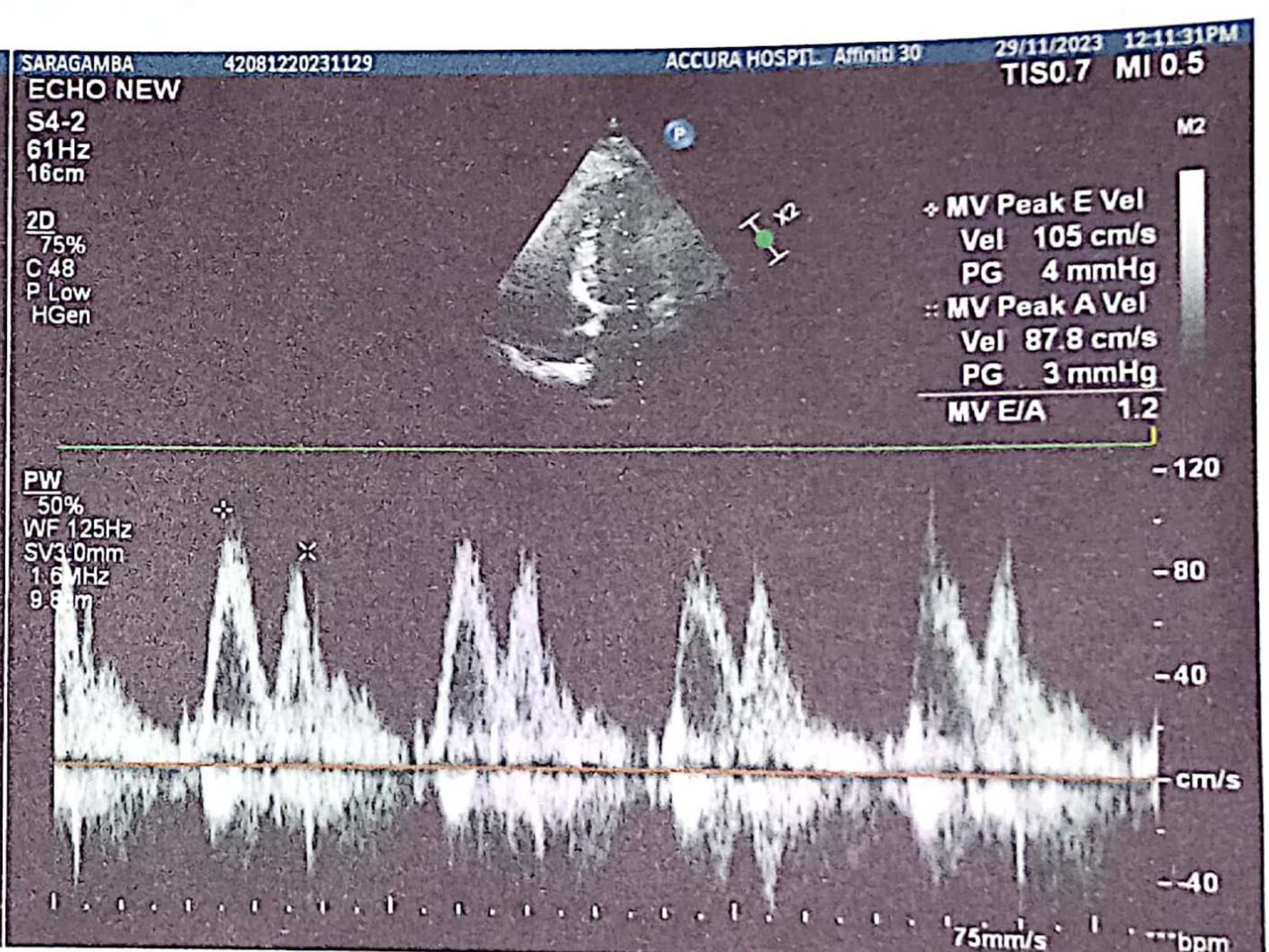
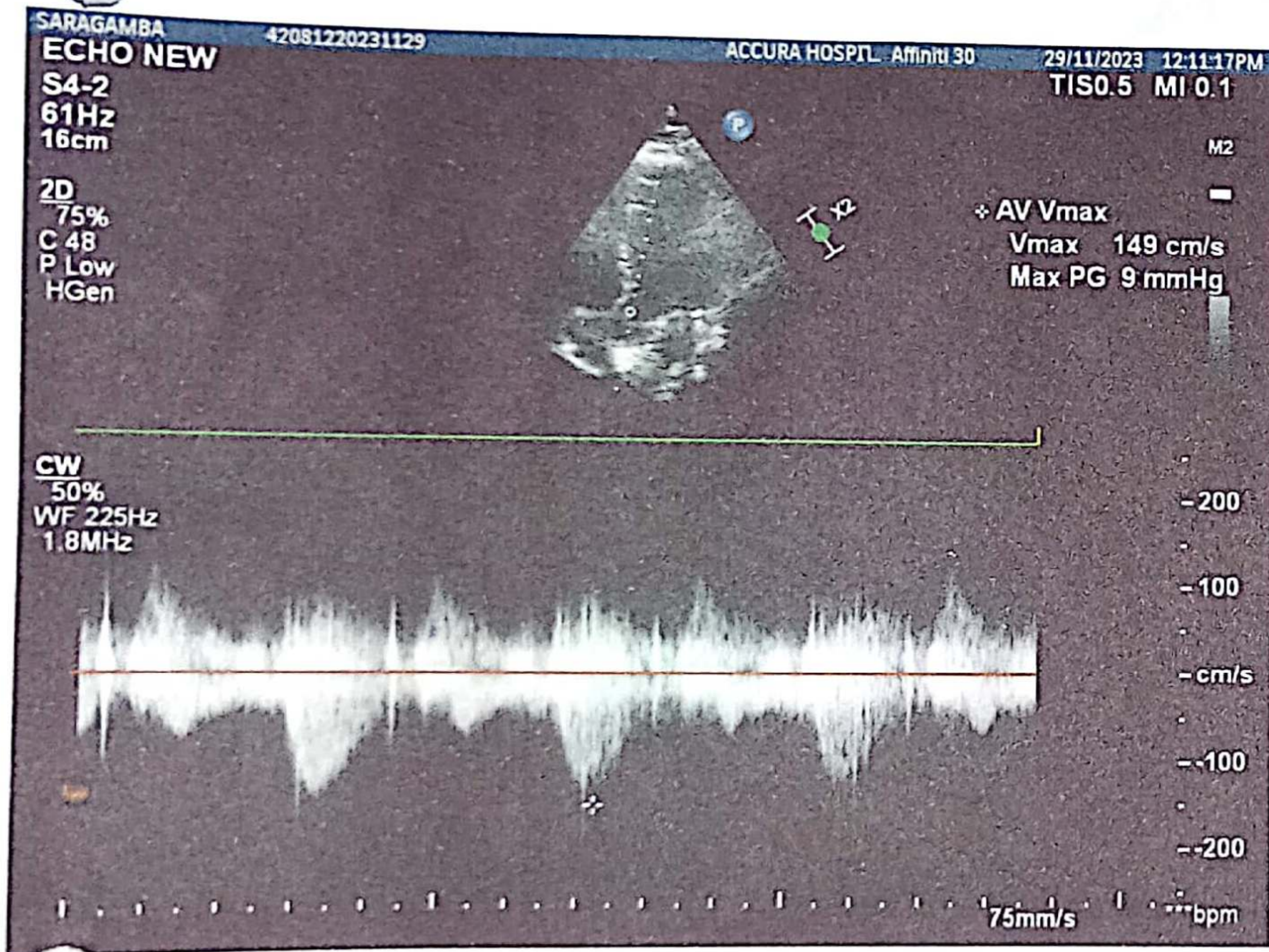
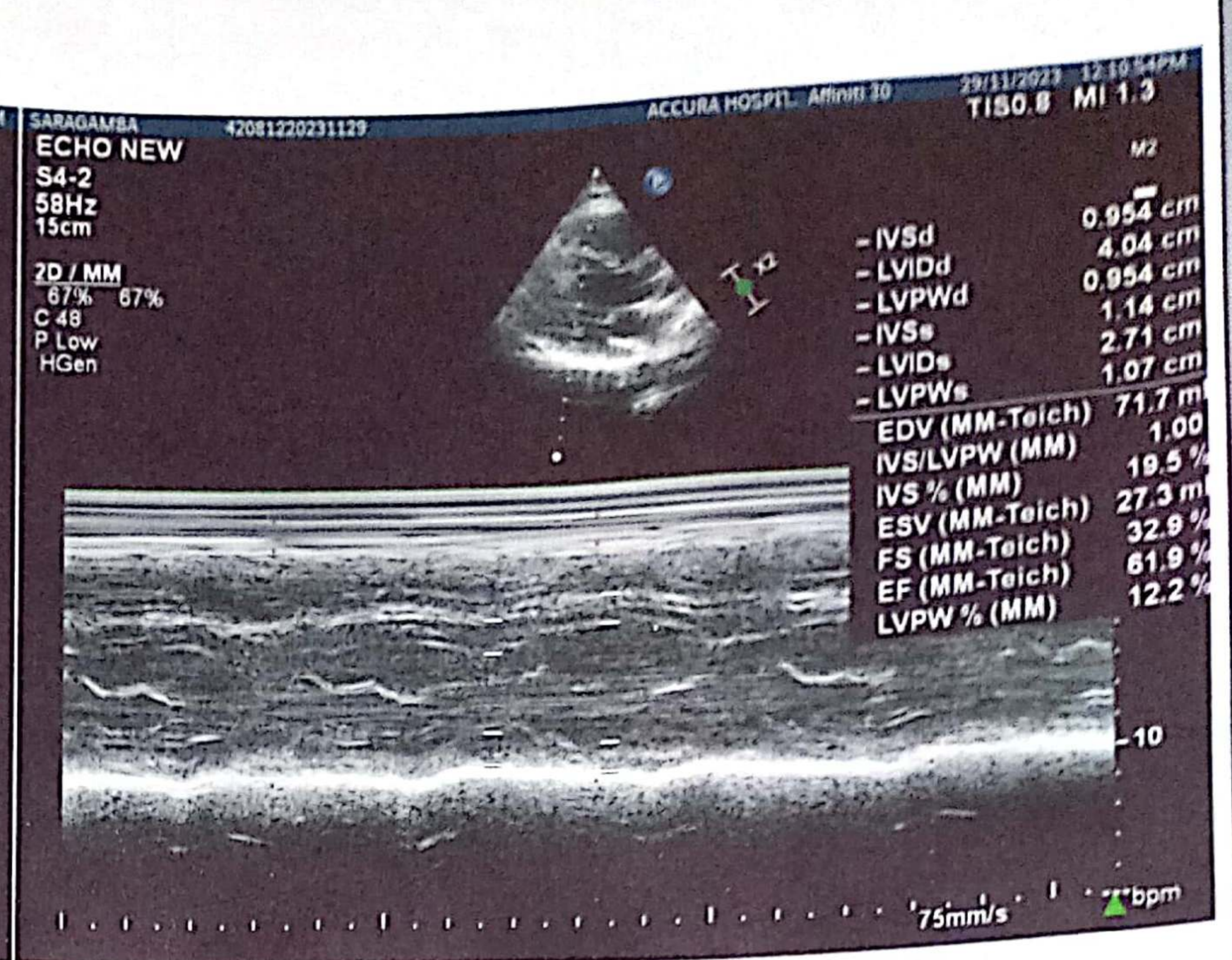
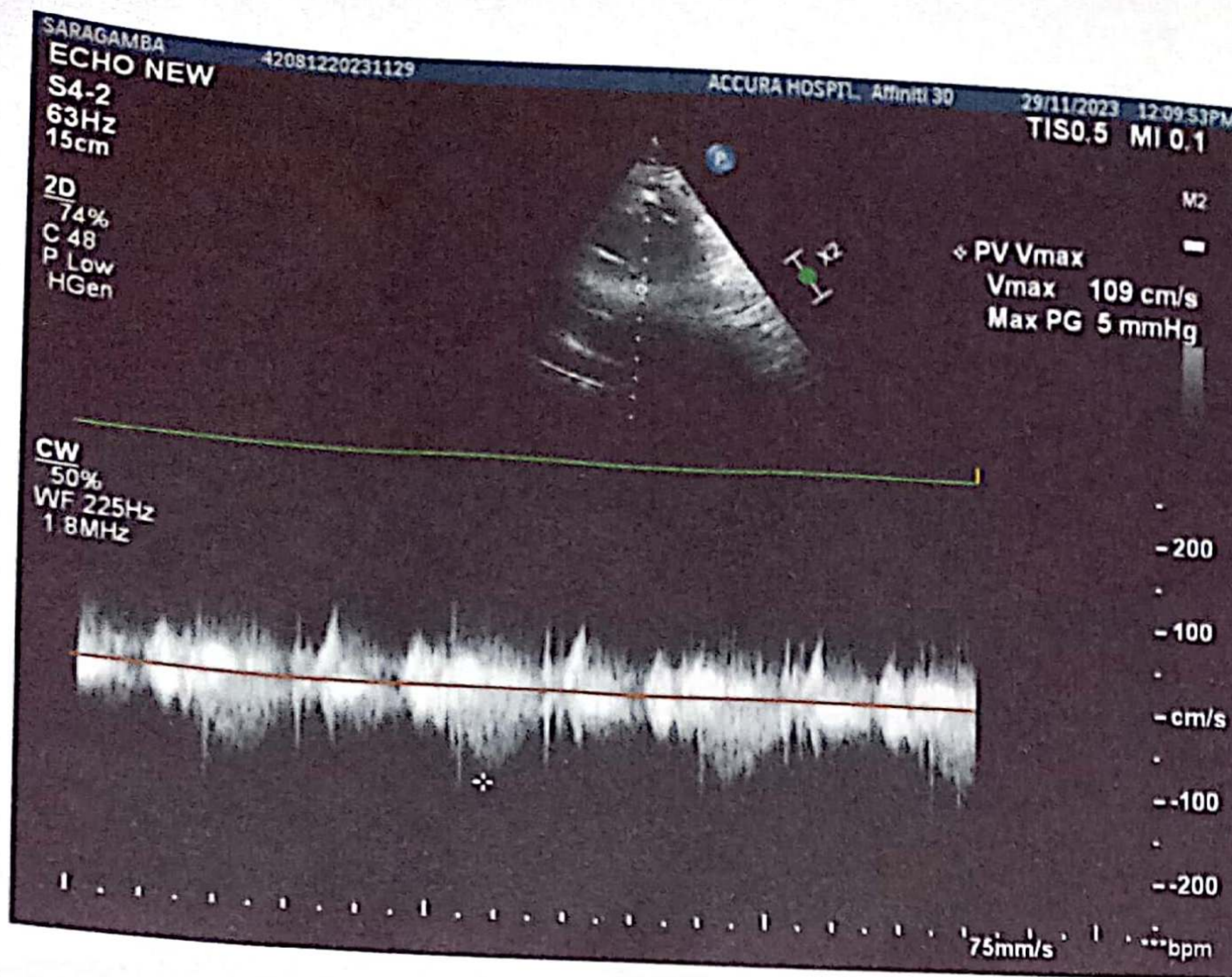
Dr V H Maniyar

M.D., FNIC (Lilavati Hospital , Mumbai)

For Appointment

7 60 60 60 577

First Floor, Nilkanth Plaza, J. K. Park, Bapa Sitaram Chowk, Mavdi Main Road, RAJKOT- 360004.



*[Handwritten signature]*



TEST REPORT

<b>Name</b> : Maval Sargamba R	<b>Reg. No</b> : 311101216
<b>Age/Sex</b> : 34 Years / Female	<b>Reg. Date</b> : 29-Nov-2023 03:39 PM
<b>Ref. By</b> : Dr. PANCHMUKHI HOSPITAL / INSURANCE	<b>Collected On</b> : 29-Nov-2023 03:39 PM
<b>Client Name</b> : PANCHMUKHI HOSPITAL	<b>Report Date</b> : 29-Nov-2023 05:15 PM

**COMPLETE BLOOD COUNT (CBC)**  
Specimen: EDTA blood

Parameter	Result	Unit	Biological Ref. Interval
<b>RBC Parameters</b>			
Hemoglobin (SLS method)	11.5	g/dL	12.5 - 16.0
Hematocrit (Electrical Impedance)	31.70	%	37 - 47
RBC Count (Electrical Impedance)	4.34	million/cmm	4.2 - 5.4
MCV (Calculated)	73.0	fL	78 - 100
MCH (Calculated)	26.5	Pg	27 - 31
MCHC (Calculated)	36.3	%	30 - 35
RDW (Calculated)	13.3	%	11.5 - 14.0
<b>WBC Parameters</b>			
WBC Count (Flowcytometry)	7370	/cmm	4000 - 10500
<b>DIFFERENTIAL WBC COUNT</b>			
Neutrophils (%)	72 %	% Range 42.02 - 75.2	Abs. Value 5306 /cmm Abs. Range 1800 - 7700
Lymphocytes (%)	19 %	20 - 45	1400 /cmm 1000 - 3900
Eosinophils (%)	02 %	1 - 4	147 /cmm 0 - 450
Monocytes (%)	07 %	2 - 8	516 /cmm 200 - 1000
Basophils (%)	00 %	0 - 1	0 /cmm 20 - 100
<b>Platelete Parameter</b>			
Platelet Count	318000	/cmm	150000 - 450000
MPV	10.9	fL	7.4 - 10.4
P-LCR	31.20	%	11.9 - 66.9
PDW	13.2	%	8.3 - 56.6
PCT (Platelet Haematocrit)	0.35	%	0.2 - 0.5

*D.R.J.*

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Dr. Viral R. Jethava

M.D. (Path, PDCC)



towards the healthiness...



**TEST REPORT**

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**BLOOD GROUP & RH**

Specimen: EDTA and Serum; Method: Haemagglutination

Parameter	Result	Unit	Biological Ref. Interval
ABO	"A"		
Rh (D)	Positive		

The Blood Group is done from received sample. Kindly ask for Blood Group Card. In case of any query, please contact Laboratory.

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Test	Result	Unit	Biological Ref. Interval
<b>Erythrocyte sedimentation rate</b> Sample, EDTA whole blood			
ESR (After 1 hour)	11	mm/hr	3 - 12

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**FASTING PLASMA GLUCOSE**  
Specimen: Flouride plasma

Parameter	Result	Unit	Biological Ref. Interval
Fasting Blood Sugar (FBS) <small>HEXOKINASE</small>	93.00	mg/dL	<100 :Non-Diabetic 100-125 :Impaired Fasting Glucose (IFG) >=126 :Diabetic

**Criteria for the diagnosis of diabetes :**

- HbA1c  $\geq$  6.5 \*Or
- Fasting plasma glucose  $>126$  gm/dL. Fasting is defined as no caloric intake at least for 8 hrs.Or
- Two-hour plasma glucose  $\geq$  200mg/dL during an oral glucose tolerance test by using a glucose load containing the equivalent of 75 gm anhydrous glucose dissolved in water.Or
- 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.

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POST PRANDIAL PLASMA GLUCOSE  
Specimen: Flouride plasma

Parameter	Result	Unit	Biological Ref. Interval
Post Prandial Blood Sugar (PPBS) HEXOKINASE	98.00	mg/dL	70 - 140

Criteria for the diagnosis of diabetes :

- HbA1c  $\geq$  6.5 \*Or
- Fasting plasma glucose  $>126$  gm/dL. Fasting is defined as no caloric intake at least for 8 hrs.Or
- Two-hour plasma glucose  $\geq$  200mg/dL during an oral glucose tolerance test by using a glucose load containing the equivalent of 75 gm anhydrous glucose dissolved in water.Or
- In a patient with classic symptoms of hyperglycemia or hyperglycemic crisis, a random plasma glucose  $\geq$  200 mg/dL.

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LIPID PROFILE  
Specimen: Serum

Parameter	Result	Unit	Biological Ref. Interval
Cholesterol <i>Cholesterol Oxidase</i>	161.00	mg/dL	Desirable : < 200.0 Borderline High : 200-239 High : > 240.0
Triglyceride <i>Enzymatic Reaction With Glycerol Kinase</i>	109.00	mg/dL	Normal : < 150.0 Borderline : 150-199 High : 200-499 Very High : > 500.0
HDL Cholesterol <i>Siemens AHDL</i>	66.00	mg/dL	High Risk : < 40 Low Risk : >= 60
LDL Cholesterol <i>Siemens ALDL</i>	73.20	mg/dL	Optimal : < 100 Near Optimal/above optimal : 100-129 Borderline High : 130-159 High : 160-189 Very High : >=190
VLDL Cholesterol <i>Calculated</i>	21.80	mg/dL	15 - 35
LDL / HDL RATIO <i>Calculated</i>	1.11		0 - 3.5
Cholesterol /HDL Ratio <i>Calculated</i>	2.44		0 - 5.0

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RENAL FUNCTION TEST

Specimen: Serum

Parameter	Result	Unit	Biological Ref. Interval
<b>Creatinine</b> <i>ALKALINE PICRATE, COLORIMETRIC KINETIC</i>	0.88	mg/dL	0.55 - 1.02
<b>eGFR</b>	117.42	ml/min/1.73 sq m	Normal or High: >=90 Mild decrease: 60-89 Mild moderate decrease: 45-59 Moderate to severe decrease: 30-44 Severe decrease: 15-29 Kidney failure: <15
<b>Urea</b> <i>Calculated</i>	32.00	mg/dL	17 - 43
<b>Blood Urea Nitrogen (BUN)</b> <i>UREASE/GLDH</i>	14.94	mg/dL	7.0 - 18.0
<b>Uric Acid</b> <i>Uricase</i>	5.40	mg/dL	2.6 - 6.2
<b>Sodium</b> <i>Direct ion selective electrode</i>	138.2	mmol/L	137 - 145
<b>Potassium</b> <i>Direct ion selective electrode</i>	4.51	mmol/L	3.5 - 5.1
<b>Chloride</b> <i>Direct ion selective electrode</i>	102.4	mmol/L	98 - 107
<b>Calcium</b> <i>Cresolphthalein Complexone</i>	9.20	mg/dL	8.5 - 10.1

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Parameter	Result	Unit	Biological Ref. Interval
<b>GGT</b> <small>Siemens/37C</small>	42.00	U/L	5 - 55

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HEMOGLOBIN A1 C (HBA1C)  
Specimen: Blood EDTA

Parameter	Result	Unit	Biological Ref. Interval
HbA1C <i>Siemens Dimension</i>	5.40	%	Non-Diabetic : Normal : < 5.7 % Pre-Diabetes : 5.7 % - 6.4 % Diabetes : >6.4 %  Diabetic : Poor Control : > 7.0 % Good Control : 6.0 % - 7.0 %
Mean Blood Glucose <i>Calculated</i>	108.28	mg/dL	Please correlate with clinical condition 90-115: Normal 115-133: Pre-Diabetic 134-150: Good Control 151-180: Average Control 181-210: Action Suggested >211: Panic Value

**Explanation :**

- Total hemoglobin A1 c is continuously synthesized in the red blood cell through its 120 days life span. The concentration of HBA1c in the cell reflects the average blood glucose concentration it encounters.
- The level of HBA1c increases proportionately in patients with uncontrolled diabetes. It reflects the average blood glucose concentration over an extended time period and remains unaffected by short-term fluctuations in blood glucose levels.
- The measurement of HBA1c can serve as a convenient test for evaluating the adequacy of diabetic control and in preventing various diabetic complications. Because the average half-life of a red blood cell is sixty days, HbA1c has been accepted as a measurement which reflects the mean daily blood glucose concentration, better than fasting blood glucose determination, and the degree of carbohydrate imbalance over the preceding two months.
- It may also provide a better index of control of the diabetic patient without resorting to glucose loading procedures

**HbA1c assay Interferences :**

- Presence of Hemoglobin variants and/or conditions that affect red cell turnover must be considered, particularly when the HbA1C result does not correlate with the patient's blood glucose levels.

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THYROID FUNCTION TEST

Parameter	Result	Unit	Biological Ref. Interval
<b>Thyroid Stimulating Hormone (TSH)</b> <small>CLIA</small>	0.420	µIU/ml	0.35 - 5.50

Remarks:

- 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 stimulates 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.

TSH levels During Pregnancy :

- First Trimester :0.1 to 2.5 µIU/mL
- Second Trimester : 0.2 to 3.0 µIU/mL
- Third trimester : 0.3 to 3.0 µIU/mL
- Reference: Carl A.Burtis,Edward R.Ashwood,David E.Bruns. Tietz Textbook of Clinical Chemistry and Molecular Diagnostics. 5th Edition. Philadelphia: WB Saunders,2012:2170

<b>Triiodothyronine (T3)</b> <small>CLIA</small>	1.24	ng/mL	0.6 - 1.81
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Clinical Significance:

- Triiodothyronine (T3) is a hormone synthesized and secreted by the thyroid gland in response to the pituitary hormone TSH and is regulated by a negative feedback mechanism involving the thyroid gland, pituitary gland, and hypothalamus.
- In the circulation, 99.7% of T3 is reversibly bound to transport proteins, primarily thyroxine-binding globulin (TBG) and to a lesser extent albumin and prealbumin. The remaining unbound T3 is free in the circulation and is metabolically active.
- In hypothyroidism and hyperthyroidism, FT3 levels parallel changes in total T3 levels. Measuring FT3 is useful in certain conditions such as normal pregnancy and steroid therapy, when altered levels of total T3 occur due to changes in T3 binding proteins, especially TBG.

*D.R.J.*

Dr. Viral Jethava

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Dr. Viral R. Jethava

M.D. (Path, PDCC)





TEST REPORT

<b>Name</b>	: Maval Sargamba R	<b>Reg. No</b>	: 311101216
<b>Age/Sex</b>	: 34 Years / Female	<b>Reg. Date</b>	: 29-Nov-2023 03:39 PM
<b>Ref. By</b>	: Dr. PANCHMUKHI HOSPITAL / INSURANCE	<b>Collected On</b>	: 29-Nov-2023 03:39 PM
<b>Client Name</b>	: PANCHMUKHI HOSPITAL	<b>Report Date</b>	: 29-Nov-2023 05:15 PM

**Thyroxine (T4)** 9.50 µg/dL 4.5 - 12.6  
CLIA

**Clinical Significance :**

- Thyroxin (T4) is a hormone synthesized and secreted by the thyroid gland in response to the pituitary hormone TSH and is regulated by a negative feedback mechanism involving the thyroid gland, pituitary gland, and hypothalamus. In the circulation, 99.95% of T4 is reversibly bound to transport proteins, primarily thyroxine-binding globulin (TBG) and to a lesser extent albumin and thyroxine-binding prealbumin. The remaining unbound T4 is free in the circulation and is both metabolically active and a precursor to T3.
- In hypothyroidism and hyperthyroidism, FT4 levels parallel changes in total T4 levels. Measuring FT4 is useful in certain conditions such as normal pregnancy and steroid therapy, when altered levels of total T4 occur due to changes in T4 binding proteins, especially TBG.

**Limitations:**

- The anticonvulsant drug phenytoin may interfere with total and FT4 levels due to competition for TBG binding sites.
- FT4 values may be decreased in patients taking carbamazepine.
- Thyroid autoantibodies in human serum may interfere and cause falsely elevated FT4 results.

*D.R.J.*

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**TEST REPORT**

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**URINE ROUTINE EXAMINATION**

Parameter	Result	Unit	Biological Ref. Interval
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**PHYSICAL EXAMINATION**

Quantity	20 cc		
Colour	Pale Yellow		
Clarity	Clear		

**CHEMICAL EXAMINATION (BY REFLECTANCE PHOTOMETRIC)**

pH	6.0		4.6 - 8.0
Sp. Gravity	1.010		1.001 - 1.035
Protein	Nil		
Glucose	Nil		
Ketone Bodies	Nil		
Urobilinogen	Normal Present		
Bile salts:	Absent		Absent
Bile Pigments:	Absent		Absent
Nitrite	Nil		

**MICROSCOPIC EXAMINATION (MANUAL BY MICROSCOPY)**

Leucocytes (Pus Cells)	1 - 3/hpf		
Erythrocytes (Red Cells)	Absent		
Epithelial Cells	Occasional		
Amorphous Material	Absent		
Casts	Absent		
Crystals	Absent		
Bacteria	Absent		

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TEST REPORT

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**LIVER FUNCTION TEST**

Specimen : Serum

Parameter	Result	Unit	Biological Ref. Interval
Total Protein <i>BIURET</i>	7.20	g/dL	6.4 - 8.2
Albumin <i>Dye Binding - Bromocresol Purple (BCP)</i>	4.20	g/dL	3.40 - 5.00
Globulin <i>Calculated</i>	3.00	g/dL	2.3 - 3.5
A/G Ratio <i>Calculated</i>	1.40		0.8 - 3.1
SGOT (AST) <i>Siemens/37C</i>	31.00	U/L	15 - 37
SGPT (ALT) <i>Siemens/37C</i>	52.00	U/L	14 - 59
Alakaline Phosphatase <i>Siemens/37C</i>	106.00	U/L	46 - 116
Total Bilirubin <i>Diazo-Caffeine/Benzoate Coupling (Jendrassik-Grof) w/blank</i>	0.71	mg/dL	0.2 - 1
Conjugated Bilirubin <i>Diazo-Caffeine/Benzoate Coupling (Jendrassik-Grof) w/blank</i>	0.18	mg/dL	0 - 0.20
Unconjugated Bilirubin <i>Sulph acid dpl/caff-benz</i>	0.53	mg/dL	0.0 - 1.1

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

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