

(Manage By Rai Palmland Hospital Pvt. Ltd.)

Personal His	tory		MALE					1
Name	SHALINI N	/ALAVIYA		Employee Code	2		Sr. No	17
Age	29 YRS	Sex	FEMALE				Date	13-05-2023
Designation/dep		OPE	RATION		ID MARK	MOLE ON	CHIN	
Company Na	ime	MEDIWH	EEL					
Built History								
Height	145CM			Past History		NO		
Weight	47KG	вмі	22.4	Family History		NAD		
Allergic To	NO	-		Personal Histor	У	NAD		
diction	NO			Occupational H	istory	NAD		
Present Comp	lain	NOT ANY		•				
General Exa	mination							
T/P/R	N/72/20				Blood Pres	sure	110/70MN	ин <u>б</u>
SpO2 %	97%							
Pallor/Icterus/		bbing / Odema	/ Lymphnode	es/ Others	No			
Systemic Exa	mination							
CVS	NAD			ENT Exa.		NAD		
R/S	NAD			Skin Exa.		NAD		
A/S	NAD			Musculoskletal System NAD				
CNS	NAD			Genitourinary S	Genitourinary System NAD			
	A PROPERTY AND A STATE OF		11 11 11 11 11			1 SA-11		
Vision Testin	ıg			Acuity Of Vision	- Harris III			
ANDY	Withou	ıt Glass				Wit	h Glass	
Righ	t Eye		ft Eye		Rig	ht Eye	Le	eft Eye
Distant	Near	Distant	Near		Distant	Near	Distant	Near
N/6	N/6	N/6	N/6	7				
Color Blindne				1 111				
Laboratory I			a saladayan y					
Blood Group	A POSITIV	and district	The Early	HAEMOGRAM		WITHIN NO	RMAL LIMI	Г
								400000000000000000000000000000000000000
Other Invest			Court of King	AUDIOMETRY	WITHIN N	ORMAL LIN	11T	
Vertigo Test	NO PAST	HISTORY		AUDIOWETRY	VVIITININ	TIVIAL LIIV	1 0 1	1.20
USG ABDOME				V Day Chash	MITHIN N	ORMAL LIN	ALT WITH	
ECG		ORMAL LIN		X-Ray Chest	AALLUHAIA	CINIVIAL LIIV	DP W	ASIM RAJ
PFT	WITHIN N	ORMAL LIN	11.1			- 1	MRR	S., M.D., CIII
Advice/ Rema	rks	NO				1	W.D.D.	onal Health Consultar
							Occupan	onal ricas Consultar No.:G-2278
Fitness Status		DERSON F	IT FOR JOB			Dh	VSICIALIO	~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~

Palshruti Nagar, Station Road, Bharuch, Gujarat - 392001

O 02642 - 263108 | 97378 55550











- MRI (1.5 T)
- Multi Slice CT Scan
- Sonography
- X-Ray
- Colour Doppler

M.B.B.S., M.D. (Radiodiagnosis)

Ex- Clinical Associate, Lilavati hospital
(Mumbai)

Pt Name: Shalini Malviya Date: 15th May 2023

USG OF ABDOMEN & PELVIS

Liver is normal in size, shape and normal in echotexture. No evidence of focal SOL or dilatation of IHBR seen. Porta hepatis appear normal.

Gallbladder appeared normal. No calculi seen.
Gallbladder wall appear normal. No e/o pericholecystic edema noted.
CBD appears normal. no evidence of calculi.

Pancreas appeared normal in size and normal in echotexture.

Spleen appeared normal in size, measuring approx. 64 mm and normal in echotexture.

Aorta appeared normal. No para aortic lymphnodes seen.

Right kidney is normal in size, shape and normal in echotexture. Cortex and collecting system of right kidney appeared normal. No calculi or obstructive uropathy.

Left kidney is normal in size, shape and normal in echotexture. Cortex and collecting system of left kidney appeared normal. No calculi or obstructive uropathy.

Urinary bladder: Appears normal. No calculi are seen.

Uterus appears normal in size and shows homogenous endometrial and myometrial echotexture. Bilateral ovaries appear normal in size, shape and echotexture. Bilateral adnexa appear unremarkable. Bowels are well-visualised and appear normal.

Appendix not seen due to bowel gas.

No evidence of free fluid in pelvis.

Conclusion:

No significant abnormalities are seen.

Dr. Payal D. Shah (MBBS, MD)
Consultant Radiologist

Dr. Darshit B. Shah (MBBS, MD)
Consultant Radiologist

Ground Floor, C tower, R.k Casta, Opp. Healing Touch Hospital, Bharuch 392001. @ 02642356485





Name : SHALINI MALVIYA

Ref By : DR. WASIM RAJ(MEDIWHEEL)

Age/Sex : 29 Yrs./F

Date

: 13/05/2023

: W-1 Report ID. Ward

7415331979

	<u>H</u>	<u>AEMATOL</u>	_OGY	<u>ANALYSIS</u>		
<u>TEST</u>		<u>RESULT</u>	<u>UNIT</u>	<u>METHOD</u>	REFE	RENCE INTERVAL
BLOOD COUNTS & INDICES Haemoglobin Total RBC PCV MCV MCH MCHC RDW Total WBC	: : : : : : : : : : : : : : : : : : : :	13.00 4.10 34.30 83.66 31.71 37.90 13.00 8,300	gm% mill/cn % fL pg % %	nm	4.2 - 37 - 4 80 - 9 27 - 3 32 - 3	96 fL 31 pg 36 %
Platelet Count	:	3,22,000	/cmm		1.5 -	4.0 Lac/cmm.
DIFFERENTIAL LEUCOCYTES (Neutrophils Lymphocytes Eosinophils Monocytes Basophils	: : : :	57 36 03 04 00	% % % %		55 - 7 20 - 4 01 - 0 02 - 0	40 % 06 % 08 %
ABSOLUTE COUNTS Neutrophils Lymphocytes Eosinophils Monocytes NEUTROPHIL: LYMPHOCYTE	: : : : :	4731 2988 249 332	/μL /μL /μL /μL		800 - 20 - 9	- 7000 /µL - 4000 /µL 500 /µL - 1200 /µL
Ratio Platelet In Smear ERYTHROCYTES SEDIMENTAT ESR	: 10	ADEQUA N RATE 10	TE mm	Westergren	03 -	12 mm
Blood Group Rh Factor (Anti D.)	:	" A " " POSITI\	/E "			

End Of Report

Condition of Reporting: (1) The Reports are not valid for medico - legal purposes. (2) Individual Laboratory investigations are never conclusive, but ara for the African information and should be interpreted along with other relevant clinical history and examination to conclude final diagnosis, keeping in mind the limitation of methodology and technology. (3) For any query in the report, or if results indicate unexpected abnormality, it is suggested to Contact to laboratory to help carry out follow up action. (rechecking, repeat sampling reflex / confirmatory testing etc.) (4) In unanticipated circumstances (non availability of kits, instrument breakdown & natural calamilties) tests may not be reported as per schedule.





Name : SHALINI MALVIYA

Ref By : DR. WASIM RAJ(MEDIWHEEL)

Age/Sex : 29 Yrs./F

Date : 13/05/2023

Report ID. : W-1 Ward : -/

7415331979

HbA1C REPORT BY HPLC METHOD

TEST REFERENCE INTERVAL RESULT UNIT **GLYCOSYLATED HB** Hb A1C Non Diabetic: 4.3 - 6.3 % : 5.4 % Good Control: 6.4 - 7.5 % Moderate Control: 7.5 - 9.0

Poor Control: 9.0 % & Abov

Avg. Blood Glucose Level : 115 mg/dl

Notes:

Average Hemoglobin Alc% Blood Glucose 12 % 11 269 10 ક 240 09 212 용 08 183 154 06 126 97

Comment:

HbAlc is an important indicator of long-term glycemic control with the ability to reflect the cumulative glycemic history of the preceding two to three months. HbAlc not only provides a reliable measure of chronic hyperglycemia but also correlates well with the risk of long-term diabetes complications.

Test done by HPLC Method.

End Of Report

Condition of Reporting: (1) The Reports are not valid for medico - legal purposes. (2) Individual Laboratory investigations are never conclusive, but applied the preference along with other relevant clinical history and examination and the interpreted along with other relevant clinical history and examination to conclude final discrete interpreted along with other relevant clinical history and examination are never conclusive, but applied to the conclude final discrete in the conclude final Condition be interpreted along with other relevant clinical history and examination to conclude final diagnosis, keeping in mind the limitation of methodology and technology. (3) For any query and should or if results indicate unexpected abnormality, it is suggested to Contact to laboratory to help acceptance in mind the limitation of methodology and technology. and should be a should be a should record a should record a should record a should be a sh in the report and an appeared abnormality, it is suggested to contact to laboratory to neip carry out follow up action. (rechecking, repetc.) (4) In unanticipated circumstances (non availability of kits, instrument breakdown & natural calamities) tests may not be reported as per schedule.







Name : SHALINI MALVIYA

Ref By : DR. WASIM RAJ(MEDIWHEEL)

Age/Sex : 29 Yrs./F

Date : 13/05/2023

: W-1 Report ID. Ward

7415331979

BIOCHEMISTRY ANALYSIS

TEST	RESULT	<u>UNIT</u>	REFERENCE INTERVAL
Blood Urea Blood Urea Nitrogen Creatinine S. Uric Acid	: 17.70 : 8.20 : 0.7 : 3.60	mg/dl mg/dl mg/dl mg/dl	10 - 50 mg/dl 4.5 - 19 mg/dl 0.60 - 1.20 mg/dl 2.5- 7.0 mg/dl
Fasting Blood Glucose (FBS) Urine Glucose	: 78 : NIL	mg/dl	70 - 110 mg/dl
Post-Prandial Blood Glucose Urine Glucose	: 97 : NIL	mg/dl	80 to 140 mg/dl

End Of Report

Condition of Reporting: (1) The Reports are not valid for medico - legal purposes. (2) Individual Laboratory investigations are never conclusive, but are fering doctor's information and should be interpreted along with other relevant clinical history and examination to conclude final diagnosis, keeping in mind the limitation of methodology and technology. (3) For any query in the report, or if results indicate unexpected abnormality, it is suggested to Contact to laboratory to help carry out follow up action. (rechecking, repeat sampling reflex / confirmatory testing etc.) (4) In unanticipated circumstances (non availability of kits, instrument breakdown & natural calamities) tests may not be reported as per schedule.







Name : SHALINI MALVIYA

Ref By : DR. WASIM RAJ(MEDIWHEEL)

Age/Sex : 29 Yrs./F

: 13/05/2023 Date Report ID. : W-1

Ward 7415331979

LIVER FUNCTION TEST

TEST	<u>RESULT</u>	<u>UNIT</u>	REFERENCE INTERVAL
Total Billirubin Direct Billirubin Indirect Billirubin S. Alk. Phosphatase S.G.P.T. S.G.O.T.	: 0.60 : 0.20 : 0.40 : 113 : 25 : 19 : 7.10 : 4.30 : 2.80 : 1.5 : 18	mg/dl mg/dl mg/dl U/L U/L IU/L g/dl g/dl g/dl	0 - 1.0 mg/dl up to 0.25 mg/dl 0.1 - 1.0 mg/dl 36.00 - 113.00 U/L 10 - 40 U/L up to 40 IU/L 6.00 - 8.00 g/dl 3.5 - 5.0 g/dl 2.3 - 3.5 g/dl 2.5 - 1.2 : 1 5 - 85

Test done by (DIASYS)

End Of Report

Condition of Reporting: (1) The Reports are not valid for medico - legal purposes. (2) Individual Laboratory investigations are never conclusive, but applies the referring deciper's information and should be interpreted along with other relevant clinical history and examination to conclude final diagnosis, keeping in mind the limitation of methodology and technology. (3) For any query in the report, or if results indicate unexpected abnormality, it is suggested to Contact to laboratory to help carry out follow up action. (rechecking, repeat sampling reflex / confirmatory testing etc.) (4) In unanticipated circumstances (non availability of kits, instrument breakdown & natural calamities) tests may not be reported as per schedule.



Name: SHALINI MALVIYA

Ref By : DR. WASIM RAJ(MEDIWHEEL)

Age/Sex : 29 Yrs./F

: 13/05/2023 **Date**

: W-1 Report ID. Ward

7415331979

LIPID PROFILE

<u>TEST</u>	<u>RESULT</u>	<u>UNIT</u>	REFERENCE INTERVAL
Total Lipid (Calculated)	: 471	mg/dL	350 - 750 mg/dL
Serum Cholesterol Serum Triglyceride HDL Cholesterol	: 179.0 : 69.0 : 48.0	mg/dL mg/dL mg/dL	130 - 200 mg/dL 60 - 165 mg/dL 30 - 70 mg/dL
LDL Cholesterol CHOL./HDL Chol. Ratio	: 117.2 : 3.73	mg/dL : 1	Upto 150 mg/dL Less than 5
I DI Chol/HDL Chol Ratio	: 2.44	:1	Less than 3.5

Interpretation Based On New N.C.E.P. Guidelines

Test	Result (mg/dl)	Interpretation
CHOLESTEROL	< 200 200 - 239 > = 240	Desirable Borderline High
TRIGLYCERIDES	< 170 170 - 199	Normal Borderline
LDL CHOLESTEROL	> 200 < 100 100 - 129 130 - 159	High Desirable Sub-Optional Borderline High
HDL CHOLESTEROL	> 160 < 35 > 60	High Low High

End Of Report

Condition of Reporting: (1) The Reports are not valid for medico - legal purposes. (2) Individual Laboratory investigations are never conclusive, but are for the referring elector's information and should be interpreted along with other relevant clinical history and examination to conclude final diagnosis, keeping in mind the limitation of methodology and feed in the relevant clinical history and examination to conclude final diagnosis, keeping in mind the limitation of methodology and feed in the relevant clinical history and examination to conclude final diagnosis, keeping in mind the limitation of methodology and feed in the relevant clinical history and examination to conclude final diagnosis, keeping in mind the limitation of methodology and feed in the relevant clinical history and examination to conclude final diagnosis, keeping in mind the limitation of methodology and feed in the relevant clinical history and examination to conclude final diagnosis, keeping in mind the limitation of methodology and feed in the relevant clinical history and examination to conclude final diagnosis, keeping in mind the limitation of methodology. (3) For any query in the report, or if results indicate unexpected abnormality, it is suggested to Contact to laboratory to help carry out follow up action. (rechecking, repeat sampling reflex / confirmatory testing etc.) (4) In unanticipated circumstances (non availability of kits, instrument breakdown & natural calamities) tests may not be reported as per schedule.





Name : SHALINI MALVIYA

Ref By : DR. WASIM RAJ(MEDIWHEEL)

: 29 Yrs./F Age/Sex : 13/05/2023

Date : W-1 Report ID. Ward

7415331979

THYROID FUNCTION TEST

<u>TEST</u>	RESULT	<u>UNIT</u> <u>METHOD</u>	REFERENCE INTERVAL
Total Triiodothyronine(T3)	: 0.90	ng/ml ELIFA	0.97-1.69 ng/ml
Total Thyroxine(T4)	: 8.40	ug/dl ELIFA	6.09-12.23 ug/dl
Thyroid Stimulating Hormone	: 2.60	μlU/ml	0.38-5.33 uIU/ml

(TSH)

NORMAL VALUES	T3 ng/ml 1.05 - 2.80	T4 μg/dl 7.8 - 16.5	T.S.H. µlu/ml New Born : 1.3-19.0 3 Days : 1.1-17.0 10 weeks : 0.6-10.0 14 months: 0.4-7.0
01 - 05 Yrs	1.05 - 2.69	7.3 - 15.0	0.4-6.0
05 - 10 Yrs	0.94 - 2.41	6.04 - 13.3	0.25-5.25
10 - 15 Yrs	0.83 - 2.13	5.60 - 11.7	0.25-5.25
15 - 20 Yrs	0.80 - 2.00	4.20 - 11.8	0.25-5.25
> 20 Yrs	0.79 - 1.58	4.00 - 11.0	0.25-5.25

*Test done by Access-2 Beckman Coulter / mini Vidas

End Of Report

Condition of Reporting: (1) The Reports are not valid for medico - legal purposes. (2) Individual Laboratory investigations are never conclusive, but are for the referring doctor's information and should be interpreted along with other relevant clinical history and examination to conclude final diagnosis, keeping in mind the limitation of methodology and technology. (3) For any query laboratory to the report or if results indicate unavocated abnormality, it is purposed to Contact to laboratory to halo corner to the results indicate unavocated abnormality. in the report, or if results indicate unexpected abnormality, it is suggested to Contact to laboratory to help carry out follow up action. (rechecking, repeat sampling reflex / confirmatory testing etc.) (4) In unanticipated circumstances (non availability of kits, instrument breakdown & natural calamities) tests may not be reported as per schedule.





Name : SHALINI MALVIYA

Ref By : DR. WASIM RAJ(MEDIWHEEL)

Age/Sex : 29 Yrs./F

Date : 13/05/2023

Report ID. : W-1 Ward : -/

7415331979

STOOL ANALYSIS

TEST RESULT UNIT REFERENCE INTERVAL

PHYSICAL EXAMINATION

Quantity : 10 gms.

Colour : YELLOW

Consistency : SEMI FORMED

Blood : ABSENT Parasites : ABSENT

CHEMICAL TEST

Occult Blood : ABSENT ABSENT

MICROSCOPIC EXAMINATION / HPF

Ova : ABSENT
Cysts. : ABSENT
Pus Cells : ABSENT
Red Blood Cells : ABSENT
Epithelial Cells : ABSENT

End Of Report

A 112

DR DEV VARMA

Condition of Reporting: (1) The Reports are not valid for medico - legal purposes. (2) Individual Laboratory investigations are never conclusive, but age for the descript eductor's information and should be interpreted along with other relevant clinical history and examination to conclude final diagnosis, keeping in mind the limitation of methodology and fechnology. (3) For any query in the report, or if results indicate unexpected abnormality, it is suggested to Contact to laboratory to help carry out follow up action. (rechecking, repeat sampling reflex / confirmatory testing etc.) (4) In unanticipated circumstances (non availability of kits, Instrument breakdown & natural calamities) tests may not be reported as per schedule.



I follows us co.

0.67~25HZ AV



DIAGNOSTIC REPORT

Name : SHALINI MALVIYA

Ref By : DR. WASIM RAJ(MEDIWHEEL)

Age/Sex : 29 Yrs./F

: 13/05/2023 **Date**

: W-1 Report ID. Ward : -/

7415331979

URINE ANALYSIS

RESULT UNIT **TEST**

RANDOM Sample

PHYSICAL EXAMINATION

ml 20 Quantity PALE YELLOW Colour

CLEAR Transperancy 1.020 Specific Gravity **ACIDIC** pН

CHEMICAL EXAMINATION

ABSENT Albumin **ABSENT** Sugar **ABSENT** Acetone **ABSENT** Bile Salts **ABSENT** Bile Pigments **ABSENT** Occult Blood

MICROSCOPIC EXAMINATION

1-2 Pus Cells / h.p.f. ABSENT R.B.C. / h.p.f.

: 3-4 Epithelial / h.p.f.

End Of Report

Condition of Reporting: (1) The Reports are not valid for medico - legal purposes. (2) Individual Laboratory investigations are never conclusive, but are for the referring doctor's information and should be interpreted along with other relevant clinical history and examination to conclude final diagnosis, keeping in mind the limitation of methodology and technology. (3) For any query in the report or if results indicate unexpected abnormality it is presented to Content in the report, or if results indicate unexpected abnormality, it is suggested to Contact to laboratory to help carry out follow up action. (rechecking, repeat sampling reflex / confirmatory testing etc.) (4) In unanticipated circumstances (non availability of kits, instrument breakdown & natural calamities) tests may not be reported as per schedule.





Dr. Jigesh Mehta

MBBS, MS(Obs. & Gynaec) CIH, Laparoscopic Surgeon & Infertility Specialist

(Emergency 24x7)

Sallri Malviys 294VIP

Data -13/05/2023

Adve

MIH: Keguler 2-3 days. cych imp - 2nd day af

BlH:- planny × 6 mille Malligravida

s, prolaetin

No need of paps m

For Husbard Semen Analysis

New Active Gyrae treatment begins at print

o Tab. FOSON-MPB 10

+91-97129 81771 +91-98255 72084

drjigesh131@gmail.com

2nd - 3rd Floor, Hari Krishna Golden Plaza, Behind Super Market, Station Road, Bharuch.

W. M.S.(Obs & Gynec)CIH Gynec Laproscopy Surgeon A Unit Of JHS MEDICARE



DR. WASIM RAJ M.B.B.S., M.D., CIH Occupational Health Physician & Consultant Reg. No.:G-22785	Diagnosis Inform 'ion: Sinus Arrhythmus Short PR Interval Right Axis Deviation Technician : Technician :	HR : 67 bpm PR : 112 ms PR : 112 ms QY/QTc : 385/407 ms P/QRST : 44/102/44 ° P/QRST : 44/102/44 °	Female 29Years Temale 29Years
\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\		√	
~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~			
\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\	~/~~\f_\		T V V V V V V V V V V V V V V V V V V V
	~\~\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\		
		-\\-\\-\\-\\-\\-\\-\\-\\-\\-\\-\\-\\-\\	TVE T



Name:	Sha	lin i	Maly	ulu e	1		Date	15.1	and Hospital Pvt. I
Age:9		Sex:		O		J.No.:			
Ophthalmic	History						No.		,
1. Do you fee આંખે ઓછું દે	l that your	eyesight is	falling?					☐ Yes	No 🗌
2. Any time fo કોઇવાર અંધાર	•	riance blac	k outs?					☐ Yes	No 🗌
3. Any unexp આંખ વારેઘડીઃ		•	?					☐ Yes	No□
4. Do you get difficulty in reading small letters? નાના અક્ષર વાંચવામાં તકલીફ પડે છે?						1.	☐ Yes	No	
5. Do you exp આંખ સામે કો				?				☐ Yes	No□
6. Do you ha	ve exclusiv	e aids?		તામડી છો	7		A place and of the second	☐ Yes	No□
Clinical Eva	aluation /	History / F	Presenting	g Comp	olain:		gore as exe		
Examinatio	n Eyes:								
1. Eyelids Right	5				Left	N			
2. Cornea & 0 Right	Conjunctiva				Left $^{ u}$				
3. Vision Right	The second		100		Left _		<b>*</b>	ing grown start	
SPH	CYY	AXIS	VN		SPH	CYY	AXIS	VN	
-1.25			616		-1.0	XX Rep		616	
-(2.			U	J					

🗣 Falshruti Nagar, Station Road, Bharuch, Gujarat - 392001

**©** 02642 - 263108 | 97378 55550

mww.palmlandhospital.com follows us on: 60







**24X7 EMERGENCY FACILITY** 

CBDT APPROVED HOSPITAL U/S 17(2) OF THE IT ACT.



TC



(Manage By Raj Palmland Hospital Pvt. Ltd.)

13/05/2023 Date: Pt Name: SHALINI MALVIYA

# Plain Skiagram chest (PA View)

Bilateral lung lobes appear normal.

Both dome of hemi diaphragms appear normal.

Bilateral CP angle appears normal.

Bony thorax appears normal.

Cardiac shadow appears normal.

#### Conclusion:

No significant abnormalities are seen.

Thanks for the reference.

Dr. Payal D. Shah (MBBS, MD) Consultant Radiologist

Dr. Darshit B. Shah (MBBS, MD) Consultant Radiologist

🗣 Falshruti Nagar, Station Road, Bharuch, Gujarat - 392001

**(**9 02642 - 263108 | 97378 55550







