



Chikuwadi, Opp. Railway Yard, Ankleshwar - 393 001 ☎ : 247882 / 247883

OPD INITIAL ASSESSMENT FORM

(To be filled by Nursing Staff)

Patient Name: - Anshidaben Limiyal UHID Number: - 2073

Consultant Name: - Dr Karpali Kakadiya Date: - 18-2-23 Start Time: - _____ Age: - 31 (Years)

Sex: - F (M/F)

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

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

Visit: first visit

Nursing Staff Name & Signature: - Vasava Savitri 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:- _____

Clinical Findings:-

No active rheumatological complaints at present.

plmth = 3-5 RMP/L
24-30

oln = P.A.O L /
g / 3 1/2 yr / frsy dlt / Azn / VE.
(NPOC)

Diagnosis:-

PIA - soft
non tender

Investigations and Advice:-



18 FEB 2023
S/B Dr. Vivek Gupta
M.D. Medicine



Name: Anshulika - Uniyak

Date: 18/2/23

Age: 31 Sex: F

No complain.
No clo chestpain, SOB

Ix s/o TSH T

S/p USCS

S/p amed

Valerale

Repeat free T3, free T4, TSH after 1 month

p- 7uu

BP- 90/60

SpO₂ - 96

Cx/ PCNMD

(Signature)

Patient Name:-	ANSHULA UNIYAL	Date :-	11/02/2023
Age & Sex :-	31Y F		
Referred By :-	HEALTH CHECK UP		

X-RAY CHEST PA VIEW

Both lung zones are clear

Cardiac silhouette is normal.

Both costophrenic angles clear.

Both domes of diaphragm are at normal level.

Bony thorax is unremarkable.

Impression -No significant abnormality detected in present study.

Please correlate with clinical findings and relevant investigations.



Dr.Vivek Chaudhari
D.M.R.E.
Consultant Radiologist

Patient Name : MRS. ANSHULA UNIYAL

Age / Gender : 31 years / Female

Patient ID : 19361

Source : Sardar Patel Hospital (OPD)

Referral : Dr Mediwheel Full body Health Checkup

Collection Time : 11/02/2023, 08:31 AM

Reporting Time : 11/02/2023, 10:42 AM

Sample ID :



000904223

Test Description	Value(s)	Reference Range	Unit(s)
CBC			
Hemoglobin (Hb)* Method : Cynmeth Photometric Measurement	12.1	12.0 - 15.0	gm/dL
Erythrocyte (RBC) Count* Method : Electrical Impedence	3.87	3.8 - 4.8	mil/cu.mm
Packed Cell Volume (PCV)* Method : Calculated	34.0	36 - 46	%
Mean Cell Volume (MCV)* Method : Electrical Impedence	87.86	83 - 101	fL
Mean Cell Haemoglobin (MCH)* Method : Calculated	31.27	27 - 32	pg
Mean Corpuscular Hb Conc. (MCHC)* Method : Calculated	35.59	31.5 - 34.5	gm/dL
Red Cell Distribution Width (RDW)* Method : Electrical Impedence	12.5	11.6 - 14.0	%
Total Leucocytes (WBC) Count* Method : Electrical Impedence	4460	4000-10000	cell/cu.mm
Neutrophils* Method : VCSn Technology	59	40 - 80	%
Lymphocytes* Method : VCSn Technology	09	20 - 40	%
Monocytes* Method : VCSn Technology	09	2 - 10	%
Eosinophils* Method : VCSn Technology	03	1 - 6	%
Basophils Method : VCSn Technology	00	0 - 4	%
Platelet Count* Method : Electrical Impedence	185	150 - 410	10 ³ /ul

E.S.R

Erythrocyte Sedimentation Rate 20 <20 mm/hr
Method : EDTA Whole blood, modified westerngren

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****

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

Patient Name : MRS. ANSHULA UNIYAL

Age / Gender : 31 years / Female

Patient ID : 19361

Source : Sardar Patel Hospital (OPD)

Referral : Dr Mediwheel Full body Health Checkup

Collection Time : 11/02/2023, 08:31 AM

Reporting Time : 11/02/2023, 12:36 PM

Sample ID :



000904223

Test Description	Value(s)	Reference Range	Unit(s)
<u>CREATININE</u>			
Creatinine Method : Enzymatic	0.62	0.6 - 1.2 mg/dl	mg/dL
<u>URIC ACID</u>			
Uric Acid* Method : Uricase, POD	2.9	2.5 - 6.8 mg/dL	mg/dL
<u>BUN CREATININE RATIO</u>			
Urea	21.2	17 - 43	mg/dL
Blood urea nitrogen	9.90	7 - 25	mg/dL
Creatinine	0.62	0.6 - 1.2	mg/dL
BUN/Creatinine ratio	15.96	6 - 22	Ratio
<u>BLOOD UREA NITROGEN</u>			
Urea * Method : Serum, Urease	21.2	17 - 43	mg/dL
Blood Urea Nitrogen-BUN* Method : Calculated	9.90	7 - 25 mg/dL	mg/dL

****END OF REPORT****

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

Patient Name : MRS. ANSHULA UNIYAL

Age / Gender : 31 years / Female

Patient ID : 19361

Source : Sardar Patel Hospital (OPD)

Referral : Dr Mediwheel Full body Health Checkup

Collection Time : 11/02/2023, 08:31 AM

Reporting Time : 11/02/2023, 12:26 PM

Sample ID :



Test Description	Value(s)	Reference Range	Unit(s)
<u>LIVER FUNCTION TEST-1</u>			
Bilirubin - Total Method : Diazotization	0.50	0.3 - 1.2	mg/dL
Bilirubin - Direct Method : Serum, Diazotization	0.30	Adults and Children: 0.0 - 0.4	mg/dL
Bilirubin - Indirect Method : Calculated	0.20		
SGOT Method : Serum, UV without P5P	32.9	< 50	U/L
SGPT Method : Serum, UV without P5P	31.6	< 50	U/L
Alkaline Phosphatase-ALPI Method : Serum, PNPP, AMP Buffer, IFCC 37 degree	80.0	30-120	U/L
Total Protein Method : Serum, Biuret, reagent blank end point	6.77	6.6 - 8.3	g/dL
Albumin Method : Serum, Bromocresol green	4.13	Adults: 3.5 - 5.2	g/dL
Globulin Method : Calculated	2.64	1.8 - 3.6	g/dL
A/G Ratio Method : Calculated	1.56	1.2 - 2.2	ratio

****END OF REPORT****

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

Patient Name : MRS. ANSHULA UNIYAL

Age / Gender : 31 years / Female

Patient ID : 19361

Source : Sardar Patel Hospital (OPD)

Referral : Dr Mediwheel Full body Health Checkup

Collection Time : 11/02/2023, 08:31 AM

Reporting Time : 11/02/2023, 10:32 AM

Sample ID :



Test Description	Value(s)	Reference Range	Unit(s)
LIPID PROFILE (D)			
Cholesterol-Total Method : Serum, Cholesterol oxidase esterase, peroxidase	136.0	Desirable: <= 200 Borderline High: 201-239 High: > 239	mg/dL
Triglycerides Method : Serum, Enzymatic, endpoint	166.2	Normal: < 150 Borderline High: 150-199 High: 200-499 Very High: >= 500	mg/dL
Cholesterol-HDL Direct Method : Serum, Direct measure-PEG	53.5	Normal: > 40 Major Heart Risk: < 40	mg/dL
LDL Cholesterol Method : Calculated	49.26	Optimal: < 100 Near optimal/above optimal: 100-129 Borderline high: 130-159 High: 160-189	mg/dL
Non - HDL Cholesterol, Serum Method : calculated	82.50	Very High: >= 190 Desirable: < 130 mg/dL Borderline High: 130-159mg/dL High: 160-189 mg/dL Very High: > or = 190 mg/dL	mg/dL
VLDL Cholesterol Method : calculated	33.24	6 - 38	mg/dL
CHOL/HDL RATIO Method : calculated	2.54	3.5 - 5.0	ratio
LDL/HDL RATIO Method : calculated	0.92	Desirable / low risk - 0.5 -3.0 Low/ Moderate risk - 3.0- 6.0 Elevated / High risk - > 6.0	ratio
HDL/LDL RATIO Method : calculated	1.09	Desirable / low risk - 0.5 -3.0 Low/ Moderate risk - 3.0- 6.0 Elevated / High risk - > 6.0	ratio

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****

Bholiya

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

Patient Name : MRS. ANSHULA UNIYAL

Age / Gender : 31 years / Female

Patient ID : 19361

Source : Sardar Patel Hospital (OPD)

Referral : Dr Mediwheel Full body Health Checkup

Collection Time : 11/02/2023, 08:31 AM

Reporting Time : 11/02/2023, 01:27 PM

Sample ID :



Test Description	Value(s)	Reference Range	Unit(s)
THYROID FUNCTION TEST 1			
T3-Total Method : Serum, CLIA	1.33	0.69 - 2.15 ng/mL	ng/mL
T4-Total Method : Serum, CLIA	7.16	5.2 - 12.7 ug/dL	ug/dL
TSH Method : Serum, CLIA	4.72 ↑	0.3 - 4.5 uIU/mL	uIU/mL
Interpretation			

END OF REPORT

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

Patient Name : MRS. ANSHULA UNIYAL

Age / Gender : 31 years / Female

Patient ID : 19361

Source : Sardar Patel Hospital (OPD)

Referral : Dr Mediwheel Full body Health Checkup

Collection Time : 11/02/2023, 08:31 AM

Reporting Time : 11/02/2023, 12:27 PM

Sample ID :



Test Description	Value(s)	Reference Range	Unit(s)
<u>BLOOD GLUCOSE FASTING (FBS)</u>			
Glucose fasting Method : Fluoride Plasma-F, Hexokinase	94.0	Normal: 70 - 99 Impaired Tolerance: 100-125 Diabetes mellitus: ≥ 126 (on more than one occasion) (American diabetes association guidelines 2018)	mg/dL
Urine Fasting	Absent		
<u>BLOOD GLUCOSE POST PRANDIAL (PP2BS)</u>			
Blood Glucose-Post Prandial Method : Hexokinase	96.0	70 - 140	mg/dL
Urine Post Prandial	Absent		
<u>GLYCOSYLATED HB (HBA1C)</u>			
Glyco Hb (HbA1C)	4.3	Non-Diabetic: ≤ 5.6 Pre Diabetic: 5.7-6.4 Diabetic: ≥ 6.5	%
Estimated Average Glucose :	76.71		mg/dL

Interpretations

- 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 glycemic control.

Excellent control-6-7 %

Fair to Good control - 7-8 %

Unsatisfactory control - 8 to 10 %

Poor Control - More than 10 %

****END OF REPORT****

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

Patient Name : MRS. ANSHULA UNIYAL

Age / Gender : 31 years / Female

Patient ID : 19361

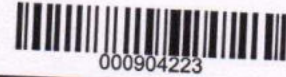
Source : Sardar Patel Hospital (OPD)

Referral : Dr Mediwheel Full body Health Checkup

Collection Time : 11/02/2023, 08:31 AM

Reporting Time : 11/02/2023, 12:41 PM

Sample ID :



Test Description	Value(s)	Reference Range	Unit(s)
BLOOD GROUP & RH (D) FACTOR, EDTA WHOLE BLOOD			
Blood Group	"O"		
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).

****END OF REPORT****

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

Patient Name : MRS. ANSHULA UNIYAL

Age / Gender : 31 years / Female

Patient ID : 19361

Source : Sardar Patel Hospital (OPD)

Referral : Dr Mediwheel Full body Health Checkup

Collection Time : 11/02/2023, 08:31 AM

Reporting Time : 11/02/2023, 12:16 PM

Sample ID :



Test Description	Value(s)	Reference Range	Unit(s)
URINE ROUTINE			
Volume*	20	ml -	
Colour*	Pale Yellow	Pale Yellow	ml
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)*	1-3	0 - 5	/hpf
Epithelial Cells*	6-8	0 - 4	/hpf
Red blood Cells*	Absent	Absent	/hpf
Crystals*	Absent	Absent	
Cast*	Absent	Absent	
Trichomonas Vaginalis*	Absent	Absent	
Yeast Cells*	Absent	Absent	
Amorphous deposits*	Absent	Absent	
Bacteria*	Absent	Absent	

END OF REPORT

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



OPD INITIAL ASSESSMENT FORM

(To be filled by Nursing Staff)

Patient Name: - Anshula uniyal UHID Number: - 19361

Consultant Name: DR. Kalpesh Date: 18/12/23 Start Time: - _____ Age: - 71 (Years)

Sex: - F (M/F) Vadodariya

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

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

Visit. first visit (Pek.)

Nursing Staff Name & Signature:- Sudhey

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:- _____

Clinical Findings:-

Diagnosis:-

Investigations and Advice:-

75 bpm
-- / -- mmHg

Room:

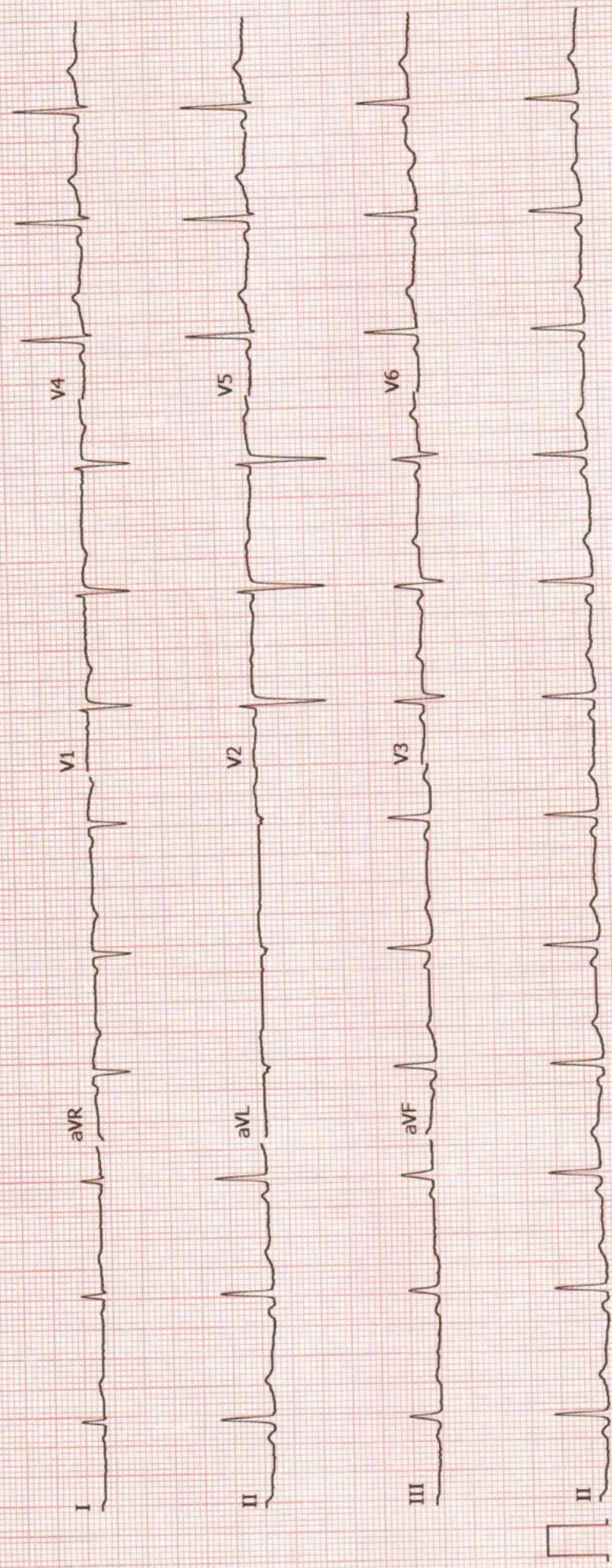
Location:
Number:
Visit:
Indication:
Medication 1:
Medication 2:
Medication 3:

11.02.2023 10:28:17
SARDI ATEL HOSPITAL
CHIKUWADI
ANKLESHWAR

Technician:
Ordering Ph:
Referring Ph:
Attending Ph:

QRS : 70 ms
QT / QTcBaz : 382 / 426 ms
PR : 136 ms
P : 96 ms
RR / pp : 800 / 800 ms
P / QRS / T : 69 / 69 / 35 degrees

Normal sinus rhythm
Normal ECG



Unconfirmed
4x2.5x3_25_R1 1/1

25 mm/s 10 mm/mV 50 Hz

ADS 0.56-20 Hz

GE MAC2000 1.1 12SL™ V241

SHRIMATI JAYABEN MODY HOSPITAL

REGD. No. F/106/BHARUCH

MANAGED BY :

Ankleshwar Industrial Development Society, Ankleshwar

VALIA ROAD, GIDC, ANKLESHWAR - 393 002. PHONE : 222220, 224550

NAME OF PATIENT : ANSHULA UNIYAL
DATE : 11/02/2023

USG OF ABDOMEN AND PELVIS

Liver appears normal in size, shape and shows normal echotexture.
No evidence of focal SOL or dilation of IHBR seen.
Porta hepatis is appears normal.
Gallblader appears normal. No evidence of calculi.
Pancreas appears normal in size and echotexture.
Spleen appears normal in size and echotexture.
Aorta appears normal. No para aortic lymphnodes seen.
Right kidney appears normal in size, location and echotexture.
Cortex and collecting system of right kidney appears normal.
No calculi or obsrtuctive uropathy.
Left kidney appears normal in size, location and echotexture.
Cortex and collecting system of left kidney appears normal.
No calculi or obsrtuctive uropathy.
Bladder appears normal.No calculi seen.
Uterus is antverted, appears normal in size.
Uterus is filled with homogeneous myometrial echoes
Endometrial thickness appears normal. No evidence of G sac seen.
Approx 14 x 12 mm size intramural fibroid is seen along anterior wall.
Both ovaries appears normal. No evidenceof adnexal pathology.
Terminal ileum and ceacum appears normal.
Appenidx not seen due to bowel gas.no evidence of probe tenderness.
No evidence of free fluid or collection is seen in peritoneal spaces.

COMMENTS:

- **Small uterine fibroid.**
- **No significant diagnostic abnormality detected in abdomen.**

THANKS FOR THE REFERENCE

DR. JANAKI RAJ (M.D)
CONSULTANT RADIOLOGIST

SHRIMATI JAYABEN MODY HOSPITAL

REGD. No. F/106/BHARUCH

MANAGED BY :

Ankleshwar Industrial Development Society, Ankleshwar
VALIA ROAD, GIDC, ANKLESHWAR - 393 002. PHONE : 222220, 224550

NAME OF PATIENT : ANSHULA UNIYAL
DATE : 11/02/2023

DIGITAL MAMMOGRAPHY AND SONOMAMMOGRAPHY-BOTH BREAST

Both breast reveals normal parenchymal pattern. No e/o any architectural distortion/ speculated mass. No e/o micro/macrocalfication. No e/o nipple retraction. No e/o of tubular thickening. Overlying skin appears normal. No e/o focal SOL. Axillary tail appears normal. Retromammary tissue and pectoral muscle appear normal. No e/o any significant axillary nodes.

Sonomammaography of both breast reveals normal glandular and fatty parenchyma. No e/o hyper / hypoechoic mass. No e/o any cyst in both breast. Both axillary region appears normal. Both retroareolar region appears normal.

IMPRESSION:

- No abnormality detected in both breast - BIRADS category 1.

DR JANAKI RAJ
M.D.RADIODIAGNOSIS