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Priyanka

2319.

- Lab Serology (D)

9 →

DR. BHAVNA DESAI
MD.DGO
REG. NO.-10538
SUNSHINE GLOBAL HOSPITAL
SURAT.

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Emergency No. : 7574849465

DOC. No.	SGHS/FMT/OPD002	DOI	14/06/2014	Rev. No.	0.1

OPD ASSESSMENT FORM

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Name Mrs. Priyanka Rajyaguru Age.Sex 28/F MR.No. S143364

Doctor Dr. Hardik Shroff Date 23-09-23

Ht : _____ Wt. : _____ Temp : _____ Pulse : _____ BP : _____

SPO2 : _____ Post of walk SPO2 : _____

Chief Complaints :

No complaints

Drug / Food Allergy :

Prior Medication Reviewed : Yes ☐ No ☐

On examination : BE - Ant. Seg WNL

VA c 6/6
6/6 N6

Fundus (Central) BE - WNL

Past History :

Provisional Diagnosis :

Nil ophthalmic

Nutritional Assessment :

- ☐ Obese
- ☐ Well nourished
- ☐ Mild- moderate nourished
- ☐ Severely mal-nourished

Treatment and further Advices :
(Write in Capital Letters)

Rx

—

Investigation advised :

Dr. Hardik Shroff
DOMS, DNB (Ophthalmology)
Regd. No. G-28902
SUNSHINE GLOBAL HOSPITAL
Piplod, SURAT

Follow Up : SOS **Date :** _____ **Signature**

In case of emergency Please report to Emergency Department of Hospital OR
Call : 75748 49465, 0261-4111000

OPD ASSESSMENT FORM

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Name Mrs. Priyanka Prajapati Age.Sex 28/F MR.No. S143364

Doctor Dr. Umang Desai Date 23-09-23

Ht : _____ Wt. : _____ Temp : _____ Pulse : _____ BP : _____

SPO2 : _____ Post of walk SPO2 : _____

Chief Complaints :

- Routine dental check up

Drug / Food Allergy :

Prior Medication Reviewed : Yes ☐ No ☐

On examination :

- +stain +calculus

Past History :

Provisional Diagnosis :

Nutritional Assessment :

- ☐ Obese
- ☐ Well nourished
- ☐ Mild- moderate nourished
- ☐ Severely mal-nourished

Treatment and further Advices :
(Write in Capital Letters)

Rx

1) scaling

Investigation advised :

U.P desai

SHINE GLOBAL HOSPITAL SURAT

Follow Up : **Date :** _____ **Signature**

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Call : 75748 49465, 0261-4111000

OPD ASSESSMENT FORM

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Name Mrs. Priyanka A. Age.Sex 29/F MR.No. S143364

Doctor Dr. Krunal Gajjar Date 23/9/23

Ht : 151cm Wt. : 60.6kg Temp : _____ Pulse : 89b/min BP : 111/70 mmHg

SPO2 : 99% Post of walk SPO2 : _____

Chief Complaints :

c/o irregular menstrual cycle.

Drug / Food Allergy :

NO

Prior Medication Reviewed : Yes ☑ No ☐

On examination :

RS, CVS } NAD.

Past History :

Provisional Diagnosis :

Nutritional Assessment :

- ☐ Obese
- ☑ Well nourished
- ☐ Mild- moderate nourished
- ☐ Severely mal-nourished

Treatment and further Advices :
(Write in Capital Letters)

Rx

Investigation advised :

Dr. Krunal Gajjar
M.B.B.S., MD (MEDICINE)
CONSULTANT PHYSICIAN
Reg. No. G-20422
SUNSHINE GLOBAL HOSPITAL
SURAT

Follow Up : **Date :** _____ **Signature**

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NABH

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GYNAECOLOGICAL CONSULTATION

MR. NO. S143364.

Name : Mrs. Priyanka A Rajpati

Date : 23/09/23.

Age : 28/F. Ht. : 151cm. Wt. : 60.4kg B.P. : 111/70.

Clinical Evaluation / History / Presenting Complain:

Rohini x FH P4.

Gynecological History :

	Yes	No
1. Have you ever noticed any bleeding between menstrual periods ? માસિક ના સમય સિવાય વચ્ચે અનીયમીત બ્લીડીંગ થાય છે ?	☐	☑
2. Are / were your periods Irregular ? પીરીયડ રેગ્યુલર છે ?	☐	☑
3 Are you pregnant now ? અત્યારે તમે પ્રેગનન્ટ છો ?	☐	☑
4 Have you had your change of life (Menopause)? મેનોપોઝ ની કોઈ લક્ષણ ની તકલીફ છે ?	☐	☑
5 Are / were you taking birth control piils? તમે ગર્ભનિરોધક ગોળીલો છે ?	☐	☑
6. Do you have a lump in your beast ? સ્તનમાં દુઃખાવો / સોજો / ગાઠ છે ?	☐	☑
7. Did anyone in your family suffer from beast cancer ? કુટુંબમાં કોઈએ બ્રેસ્ટ કેન્સર છે ?	☐	☑
8. Did anyone in you family suffer from any other cancer ? કુટુંબમાં કોઈને કોઈ પણ પ્રકારનું કેન્સર હતું ?	☐	☑

Obstetric History :

1. Menstrual History : Menarche at 14 Yrs
   Menses: a. Scanty / Average / Excess
   b. No of Days: 3-5 / 5-7 / More than 7 days
   c. Interval ..... days, Reg / Irregular
   d. Pain : Before / During / After / Painless
   Last menstrual Period (LMP): 20/7/23.

2. Obstetric History :
   Gravida ..... Pare ..... Abortion ..... Live 1.
   Married life with cohabitation.....1.....
   Children M: F:2 Last Delivery: Yrs back
   Any bad Obstetric event / history Yes / No
   If yes Describe:

History of Contraception & Family Planning:

Examination

a. Breast Examination - Right NAD Left NAD

b. Per abdomen examination Soft Non tender

c. Local examination Vulva : NAD Vagina NAD

d. Per Speculum Examination Healthy cervix

e. Per vaginal examination :

Cervi : Uterus : AV/RV : ~~Normal~~ / Bulky

Adnexa :

PAP's Smear Taken ~~Yes~~ / No

Clinical Impression:

Recommendation:

A. Additional Inv. / Referral Suggested

B. Therapeutic Advice

DR. BHAVNA DESAI
~~MD,DGO~~
REG. NO.-10538
SUNSHINE GLOBAL HOSPITAL
SURAT.

Followup Date

Gynaecologist's Signature

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MR No.	: **S143364**	**Collection Date**	: 23/09/2023 9:17AM
Patient Name	: **Mrs. Priyanka Ankitbhai Prajapati**	**Age**	: 29 Y **Sex** : Female
Ref By	: Dr. Hospital A Doctor	**Report Date**	: 23/09/2023 11:26AM

HAEMATOLOGY

Parameter	Result	Units	Normal Range
CBC with ESR			
HAEMOGLOBIN	13.4	gm/dl	12.0 - 15.0
PCV	41.7	%	36 - 46
RBC COUNT	**5.06**	mill/cmm	4.0 - 5.0
MCV	82.4	fl	76 - 96
MCH	26.5	pg	26 - 32
MCHC	32.1	%	32 - 36
RDW	12.7	%	11 - 15
PLATELET COUNT	4.06	lacs/cmm	1.5 - 4.5
WBC COUNT	7880	/cmm	4000 - 11000
ESR	05	mm/hr	0 - 15
DIFFERENTIAL WBC COUNT			
NEUTROPHIL	59	%	40 - 70
LYMPHOCYTES	30	%	20 - 40
EOSINOPHILS	02	%	1 - 6
MONOCYTES	09	%	2 - 11
BASOPHILS	00	%	0 - 2
PERIPHERAL SMEAR			
RBC MORPHOLOGY	Normochromic Normocytic		
WBC MORPHOLOGY	Within Normal Range		
PLATELET ON SMEAR	Adequate		
HEMOPARASITES	Not Seen		

SYSMEX XN-550

******* End Report *******

Dr. Shobha Choksi
MD, DCP (Pathology)
Reg. No.: G-9074

23/09/2023 11:28AM

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MR No.	: **S143364**		
Patient Name	: **Mrs. Priyanka Ankitbhai Prajapati**	**Collection Date**	: 23/09/2023 9:17AM
Ref By	: Dr. Hospital A Doctor	**Age**	: 29 Y **Sex** : Female
		Report Date	: 23/09/2023 11:20AM

HAEMATOLOGY

Parameter	Result	Normal Range
BLOOD GROUP & RH FACTOR		
BLOOD GROUP	"O"	
RH FACTOR	POSITIVE	

CLINICAL CHEMISTRY

THYROID FUNCTION TEST [TFT]			
TOTAL T3 (CLIA)	1.37	ng/ml	0.846 - 2.02
TOTAL T4 (CLIA)	7.61	ug/dl	5.1 - 14.0
TSH (CLIA)	2.60	uIU/ml	0.2 - 4.5

Note:-

Thyroid stimulating hormone (TSH) is synthesized and secreted by the anterior pituitary in response to a negative feedback mechnism involving concentrations of FT3 (free T3) and FT4 (freeT4). Additionally the hypothalamic tripeptide. thyrotropin releasing hormone (TSH) 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 significant to differentiate primary (thyroid) from secondary (pituitary) and tertiary (hypothalamus) hypothyroidism. In primary hypothyroidism. TSH levels are significantly elevated whiled in secondary and tertiary hypothyroidism . TSH levels are low.

******* End Report *******

Dr. Shobha Choksi
MD, DCP (Pathology)
Reg. No.: G-9074

23/09/2023 11:25AM

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MR No.	: **S143364**		
Patient Name	: **Mrs. Priyanka Ankitbhai Prajapati**	**Collection Date**	: 23/09/2023 9:17AM
Ref By	: Dr. Hospital A Doctor	**Age**	: 29 Y **Sex** : Female
		Report Date	: 23/09/2023 11:21AM

BIOCHEMISTRY

Parameter	Result	Units	Normal Range
HBA1C [GLYCOSYLATED HEAMOGLOBIN]			
HbA1C	5.5	%	Non-Diabetic level: <6 Good Control: 6 - 7 Poor Control: 7 - 8 Action Suggested > 8
MEAN BLOOD GLUCOSE	**111.15**	mg/dl	

The test is done on Cobas Integra 400plus-Turbidimetric Inhibition ImmunoAssay

Note:- Criteria for the diagnosis of diabetes HbA1c >/=6.5*

1. HbA1c is important test for the assessment of long term blood glucose control (also called glycemic control).
2. HbA1C reflects mean glucose concentration over pas 6-8 weeks and provides a much better indication of long term glycemic control than blood glucose determination.
3. HbA1C is formed by non-enzymatic reaction between glucose and Hb. This reaction is irreversible and therefor remains unaffected by short term fluctuations in blood glucose levels.
4. Long term complications of diabetes such as retinopathy,nephropathy, and neuropathy are potentially serious and can lead to blindness kidney failure etc.
5. Genetic Variants (Hb-S trait,Hb-C trait) elevated fetal haemoglobin & chemically modified derivatives of haemoglobin (eg carbamylated Hb in patients with renal failure) can affect the accuracy of HbA1C measurement.

FASTING BLOOD SUGAR (FBS)

FASTING BLOOD GLUCOSE (Hexokinase)	87	mg/dl	74 - 110
FASTING URINE GLUCOSE	Absent		
FASTING URINE KETONE	Absent		

******* End Report *******

Dr. Shobha Choksi
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Reg. No.: G-9074

23/09/2023 11:21AM

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MR No.	: **S143364**		
Patient Name	: **Mrs. Priyanka Ankitbhai Prajapati**	**Collection Date**	: 23/09/2023 9:17AM
Ref By	: Dr. Hospital A Doctor	**Age**	: 29 Y **Sex** : Female
		Report Date	: 23/09/2023 11:21AM

BIOCHEMISTRY

Parameter	Result	Units	Normal Range
LIPID PROFILE			
SERUM CHOLESTEROL CHOD PAP	193	mg/dl	50 - 200
HDL CHOLESTEROL Direct	**29**	mg/dl	40 - 60
LDL CHOLESTEROL Direct	**118.8**	mg/dl	0 - 100
SERUM TRIGLYCERIDE GPO PAP	**225**	mg/dl	50 - 150
LDL Calc	**45**	mg/dl	0 - 30
CHOLESTEROL / HDL RATIO	**6.66**		0 - 5
LDL / HDL RATIO	**4.1**		0 - 3

- LDL Cholesterol level is primary goal for treatment and varies with risk category and assessment.
- Risk assessment from HDL and Triglyceride has been revised. Also LDL goals have changed.
- Details on test interpretation available from the lab.

TEST	NEAR OPTIMAL (Moderate Risk)	BORDER LINE (Risk)	HIGH (Risk)	VERY HIGH
CHOLESTROL	160-199	200-239	240-279	280
HDL	50-59	40-49	< 40	
LDL	100-129	130-159	160-190	>190
TRIGLYCERIDES	150-169	170-199	240-499	>500
CHO/HDL RATIO	3.3-4.4	4.4-11.0	>11.0	
LDL/HDL RATIO	0.5-3.0	3.0-6.0	>6.0	

******* End Report *******

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23/09/2023 11:21AM

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MR No.	: **S143364**		
Patient Name	: **Mrs. Priyanka Ankitbhai Prajapati**	**Collection Date**	: 23/09/2023 9:17AM
Ref By	: Dr. Hospital A Doctor	**Age**	: 29 Y **Sex** : Female
		Report Date	: 23/09/2023 11:24AM

BIOCHEMISTRY

Parameter	Result	Units	Normal Range
LIVER FUNCTION TEST			
ALKALINE PHOSPHATASE (IFCC)	70	U/L	35 - 130
BILIRUBIN TOTAL Diazo	0.5	mg/dl	0.0 - 1.2
BILIRUBIN DIRECT Diazo	0.2	mg/dl	0.0 - 0.4
BILIRUBIN INDIRECT (Calc)	0.3	mg/dl	0.0 - 0.8
SGPT (IFCC)	17	U/L	5 - 41
SGOT (IFCC)	19	U/L	5 - 40
SERUM TOTAL PROTEIN Biuret	7.6	gm/dl	6.6 - 8.7
SERUM ALBUMIN BCG	4.8	gm/dl	3.5 - 5.2
SERUM GLOBULIN Calc	2.8	gm/dl	1.5 - 3.5
SERUM A/G RATIO Calc	1.71	gm/dl	1.5 - 2.5
SERUM CREATININE			
SERUM CREATININE (JAFFE)	0.6	mg/dl	0.5 - 1.2
SERUM URIC ACID			
SERUM URIC ACID (Uricase)	5.4	mg/dl	2.4 - 7
BUN [BLOOD UREA NITROGEN]			
BUN	10.0	mg/dl	8 - 23

******* End Report *******

Dr. Shobha Choksi
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23/09/2023 11:24AM

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MR No.	: **S143364**		
Patient Name	: **Mrs. Priyanka Ankitbhai Prajapati**	**Collection Date**	: 23/09/2023 9:17AM
Ref By	: Dr. Hospital A Doctor	**Age**	: 29 Y **Sex** : Female
		Report Date	: 23/09/2023 11:27AM

BIOCHEMISTRY

Parameter	Result	Units	Normal Range
ALBUMIN-CREATININE RATIO			
URINE ALBUMIN/MICROALBUMIN (Immunoturbidimetry)	**7.2**	mg/L	
URINE CREATININE (JAFFE)	**51.6**	mg/dl	
ALBUMIN-CREATININE RATIO (Calculated)	13.9	mg/gm	Normal: <30; Microalbuminuria: 30-299; Clinical Albuminuria: >300

******* End Report *******

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MR No.	: **S143364**		
Patient Name	: **Mrs. Priyanka Ankitbhai Prajapati**	**Collection Date**	: 23/09/2023 9:17AM
Ref By	: Dr. Hospital A Doctor	**Age**	: 29 Y **Sex** : Female
		Report Date	: 23/09/2023 11:28AM

CLINICAL PATHOLOGY

Parameter	Result	Normal Range
URINE ROUTINE & MICROSCOPIC EXAMINATION		
TYPE OF SPECIMEN - URINE	Random	
PHYSICAL EXAMINATION		
QUANTITY	**50**	ml
COLOUR	Pale Yellow	
APPEARANCE	Sl.Turbid	
REACTION (pH)	6.5	
SPECIFIC GRAVITY	1.015	
CHEMICAL EXAMINATION		
PROTEIN	Absent	
GLUCOSE	Absent	
KETONE	Absent	
BILE SALT	Absent	
BILE PIGMENT	Absent	
OCCULT BLOOD	Absent	
NITRITE	Absent	
MICROSCOPIC EXAMINATION		
PUS CELLS	5-6	/hpf
EPITHELIAL CELLS	3-4	/hpf
RBC	Absent	/hpf
CASTS	Absent	
CRYSTALS	Absent	
BACTERIA	Absent	
YEAST CELLS	Absent	

******* End Report *******

Dr. Shobha Choksi
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23/09/2023 11:28AM

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MR No.	: **S143364**		
Patient Name	: **Mrs. Priyanka Ankitbhai Prajapati**	**Collection Date**	: 23/09/2023 9:17AM
Ref By	: Dr. Hospital A Doctor	**Age**	: 29 Y **Sex** : Female
		Report Date	: 23/09/2023 12:56 PM

BIOCHEMISTRY

Parameter	Result	Units	Normal Range
POST PRANDIAL BLOOD GLUCOSE [PPBS]			
POST PRANDIAL BLOOD GLUCOSE (Hexokinase)	109	mg/dl	100 - 140
POST PRANDIAL URINE GLUCOSE	SNR		
POST PRANDIAL URINE KETONE	SNR		

******* End Report *******

Dr. Shobha Choksi
MD, DCP (Pathology)
Reg. No.: G-9074

23/09/2023 12:56PM

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Tilak Road, Vadodara - 390 001.
T : +91 265 2429282, 2429262
F : +91 265 434073

PAT. NAME : Priyanka Prajapati	**Date** : 23/09/2023
REF. DOCTOR : Hosp. Dr.	**AGE** : 28 Yrs / F
INV. : USG Abdomen & Pelvis	**MR NO.** : S143364

Findings:

Liver is normal in size, shape and shows normal echopattern. No e/o any focal or diffuse lesion noted. Intrahepatic biliary radicals are normal.

Gall bladder is distended and appears normal. No e/o calculus, sludge or mass lesion is seen.
CBD and Portal Vein appears normal is size and calibre.

Pancreas appears normal in size and shows normal echopattern to the extent assessed.
Spleen appears normal in size, shape and homogenous echopattern.

Both kidneys appear normal in size, shape and echopattern. The corticomedullary differentiation is well maintained. No e/o any calculus or hydronephrosis is seen.

Aorta and para-aortic regions appears normal. No e/o any lymphadenopathy.
Urinary bladder appears well distended and normal.
Uterus appears normal size, shape and echopattern. No e/o any focal or diffuse lesion noted.
Endometrial thickness is 10 mm.
Both ovaries appear mildly bulky in size (10 cc right ovary & 10.5 cc left ovary), shape and shows multiple small follicles.
No e/o free fluid in abdomen / pelvis.

IMPRESSION:

- **Both ovaries appear mildly bulky in size (10 cc right ovary & 10.5 cc left ovary), shape and shows multiple small follicles.**
  Adv: hormonal correlation to rule out PCOD.

Dr. Pratik R
Consultant Radiologist

Transcribed By: Asha

Date & Time of report: 23/09/2023 – 02:35 PM

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PAT. NAME : Priyanka Prajapati	**Date** : 23/09/2023
REF. DOCTOR : Hosp. Dr.	**AGE** : 28 Yrs / F
INV. : Radiograph of Chest PA	**MR NO.** : S143364

Clinical Details: HC

Observation:

- Both the lung fields appears normal.
- Both costophrenic angles appear clear.
- Both the hila appears normal.
- Trachea appears in midline.
- Cardiac size and other mediastinal shadows appears normal.
- Both domes of diaphragm appear normal.
- Bony thorax appears normal.

Dr. Pratik R
Consultant Radiologist

Transcribed By: Asha

Date & Time of report: 23/09/2023 – 02:32 PM

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MR NO:- 5143364

ECHO CARDIOGRAPHIC REPORT

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Patient's Name : Mrs. Priyanka Bayapalli Date : 23/09/23 11:10AM

Sex : F Age : 28 Ref. by Dr. : Medicheel Done by Dr. Seeravenkata Sirisha

LV Size : (N)

LVEF : 70 % (VISUAL)

DIASTOLIC DYSFUNCTION : No

LVH : No

RWMA : ANTERIOR WALL

ANTERIOR SEPTUM

IVS

LV APEX

POSTERIOR WALL

LATERAL WALL

INFERIOR WALL

/ No RWMA

MITRAL VALVE :

PULMONARY VALVE : / (N)

AORTIC VALVE

TRICUSPID VALVE (N)

PAH :

RA :

RV : / (N)

PASP :

LA :

IVC : / (N)

IAS :

IVS : / Intact

IVS (s)	cm	LV(s)	cm	PW (s)	cm	LVEF =	%
IVS (d)	cm	LV (d)	cm	PW (d)	cm	FS =	%

CONCLUSION :

No regional WMA

DOB:
yr, FEMALE

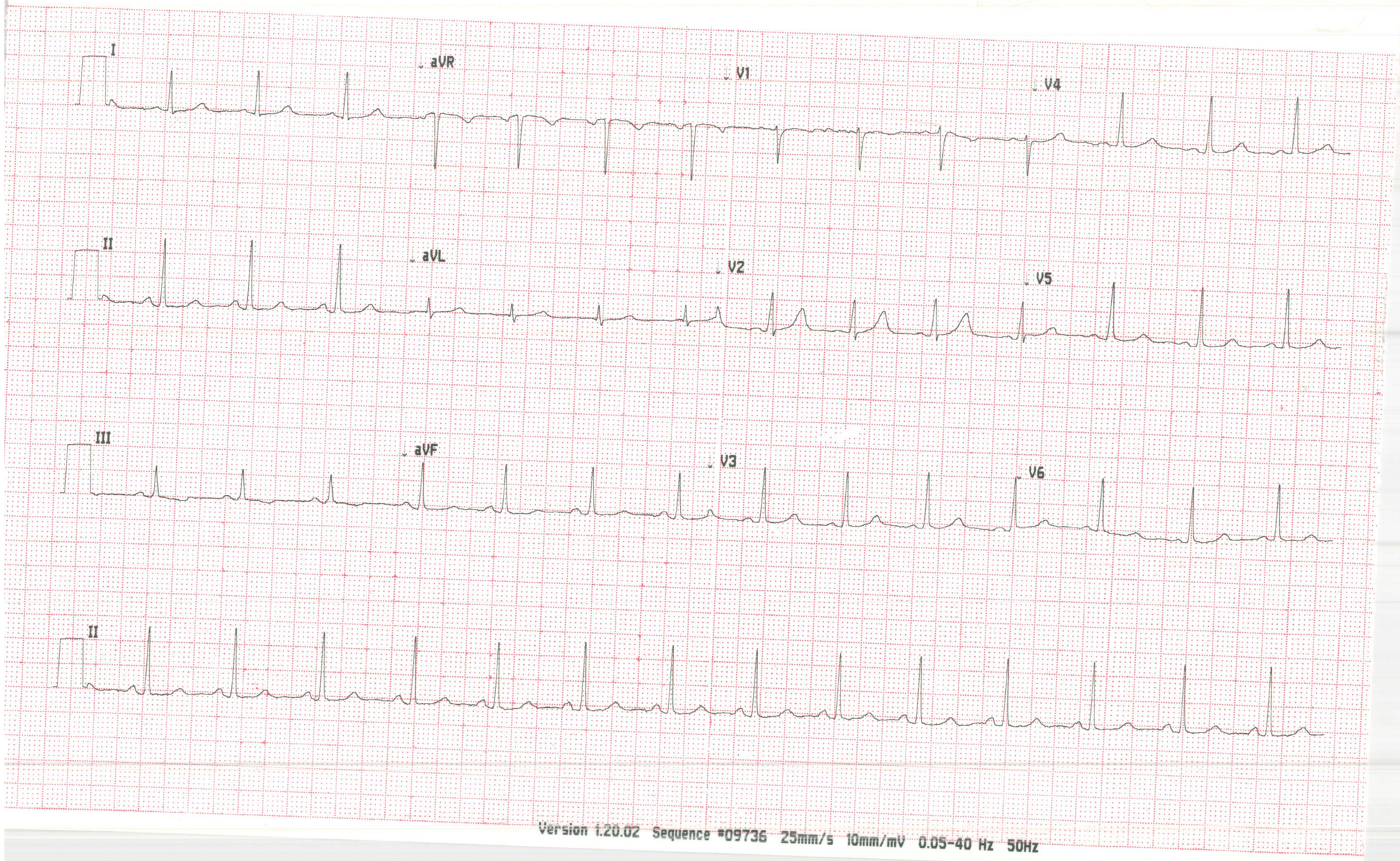
23-Sep-2023 10:21:36

Vent rate:	86 BPM
PR int:	136 ms
QRS dur:	65 ms
QT/QTc:	349/392 ms
P-R-T axes:	61 59 28

SINUS RHYTHM
NORMAL ECG
INTERPRETATION BASED ON A DEFAULT AGE OF 40 YEARS

Reviewed by _____

Mrs. Priyanka A. Prajapati
28 F



Version 1.20.02 Sequence #09736 25mm/s 10mm/mV 0.05-40 Hz 50Hz