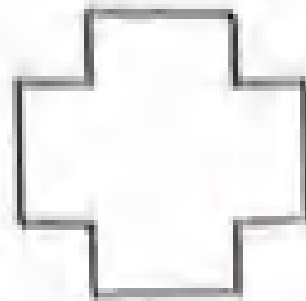


Dada

28/10/2023



PANCHMUKHI HOSPITAL

Dr CP Dadhaniya

Dr RC Dadhaniya

MBBS, Dip, G.O, Diabetologist

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

policy number :
full name : madhavi Bhabubhaiji Hivale
identity proof : Aadhar card
identity proof no : 0695
gender : female / 52 yrs
height : 147
weight : 41
B P : 110/70
pluse : 78/min Regular
blood sample : yes
fasting mode : yes
non fasting mode : yes

past history :

- ① L.S.C.S is done on 05/09/2016
- ② L.S.C.S. is done on 24/09/2021

DR. C. P. DADHANIYA

M.B. Diabetologist

Ind. Physician

Reg. No. 11111

Reg. No. 11111

Panchmukhi Hospital

Mavdi Chokdi,

150' Ring Road, RAJKOT

NAME: Mathuraj Bhadracharya
 AGE/GENDER: 30/Male
 DIAG. DATE: 28-10-23

PATIENT'S REFRACTION DETAILS

| | | SPHE | CYL | AXIS | VN |
|---|---|------|-----|------|-----|
| R | D | N | N | N | 6/6 |
| | N | N | | | 6/6 |
| L | D | N | N | N | 6/6 |
| | N | N | | | 6/6 |

REMARKS: Colour Blindness Normal

CHECKED BY: DP C. P. Dadhaniya

DR. C. P. DADHANIYA

M.B. Diabetologist

Ind. Physician (D)

Reg. No. 61

Code No. 37-3

Panchmukhi Hospital

Mavdi Chowki,

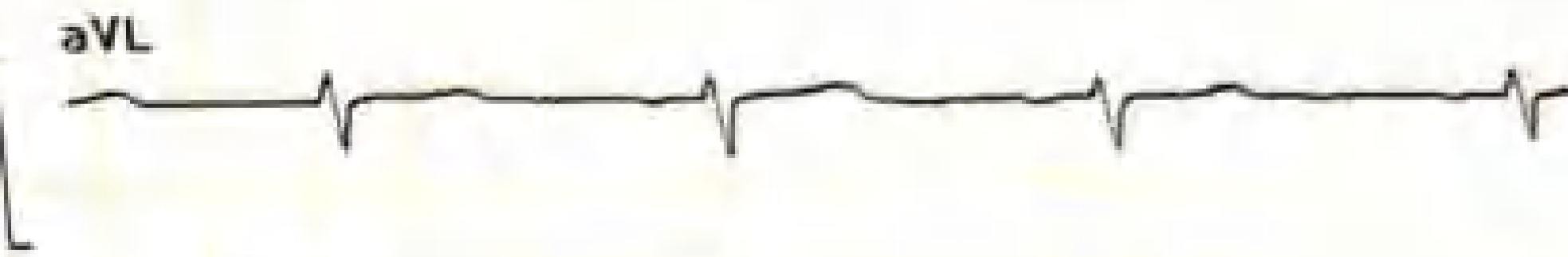
150 Ft. Ring Road, RAJKOT.

10mm/mV AUTO



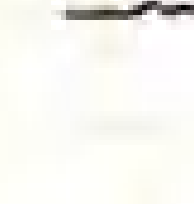
25mm/s AC:ON 0.05-35Hz

10mm/mV



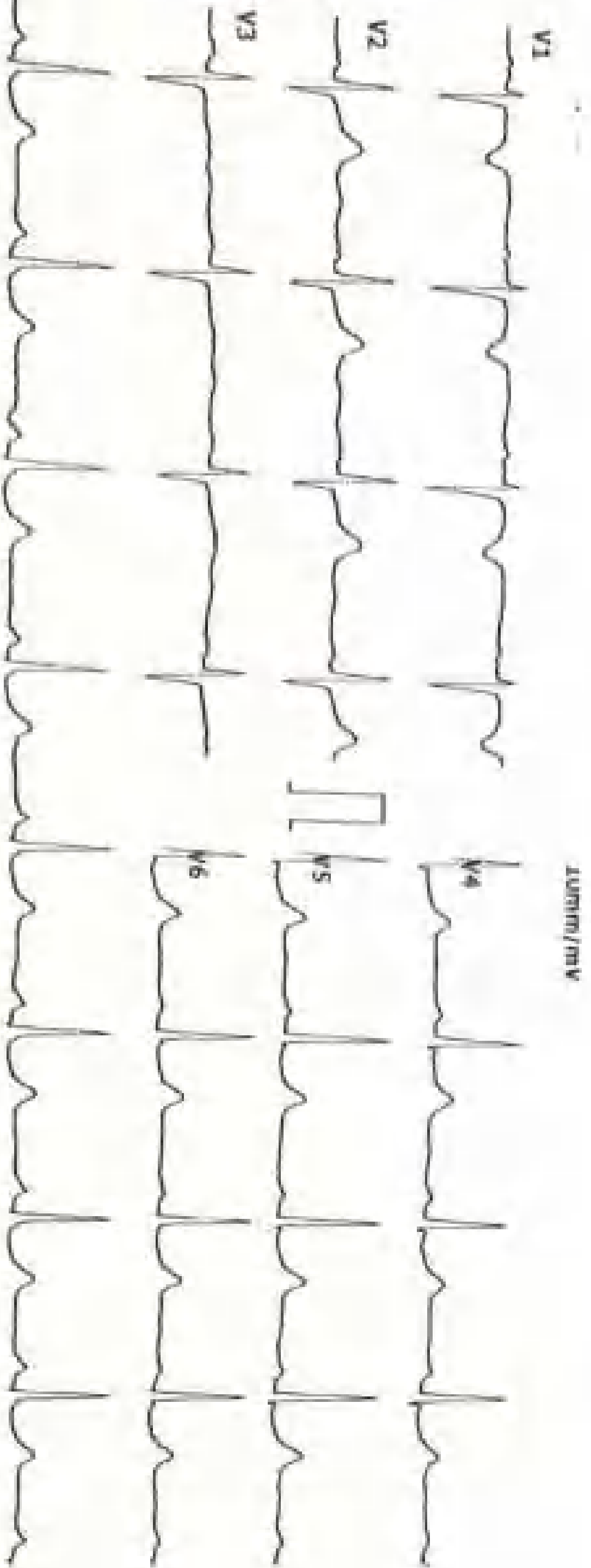
10mm

V1



V2





100mm/mV

2023-10-28 9:40:14

ID: 00003545

ID Card:

Name: मोनाशुशी हिंसुरे Gender: Female

Age: 82

Height(cm): 1

Weight(kg): 82

Bp(mmHg): 1

HR: DR. C. P. DADHIANI 78

P-R: 105 ms 123

Q-R-S: 105 ms 76

QT/QTc: 363 ms 413

P/QRS/T AXES: deg 66/72/45

RV5/AVL: mV 1.05/0.74

R/S in V1: mV 1.79

*The result must be confirmed by doctor!

Report Confirmed by:





भारत सरकार

Government of India



माधुरी भारतभुषण हिवरे
Madhuri Bharatbhushan Hivire
जन्म तारीख/DOB: 10/05/1991
महिला/ FEMALE

9032 3825 0695

VID : 9193 6638 1993 2480



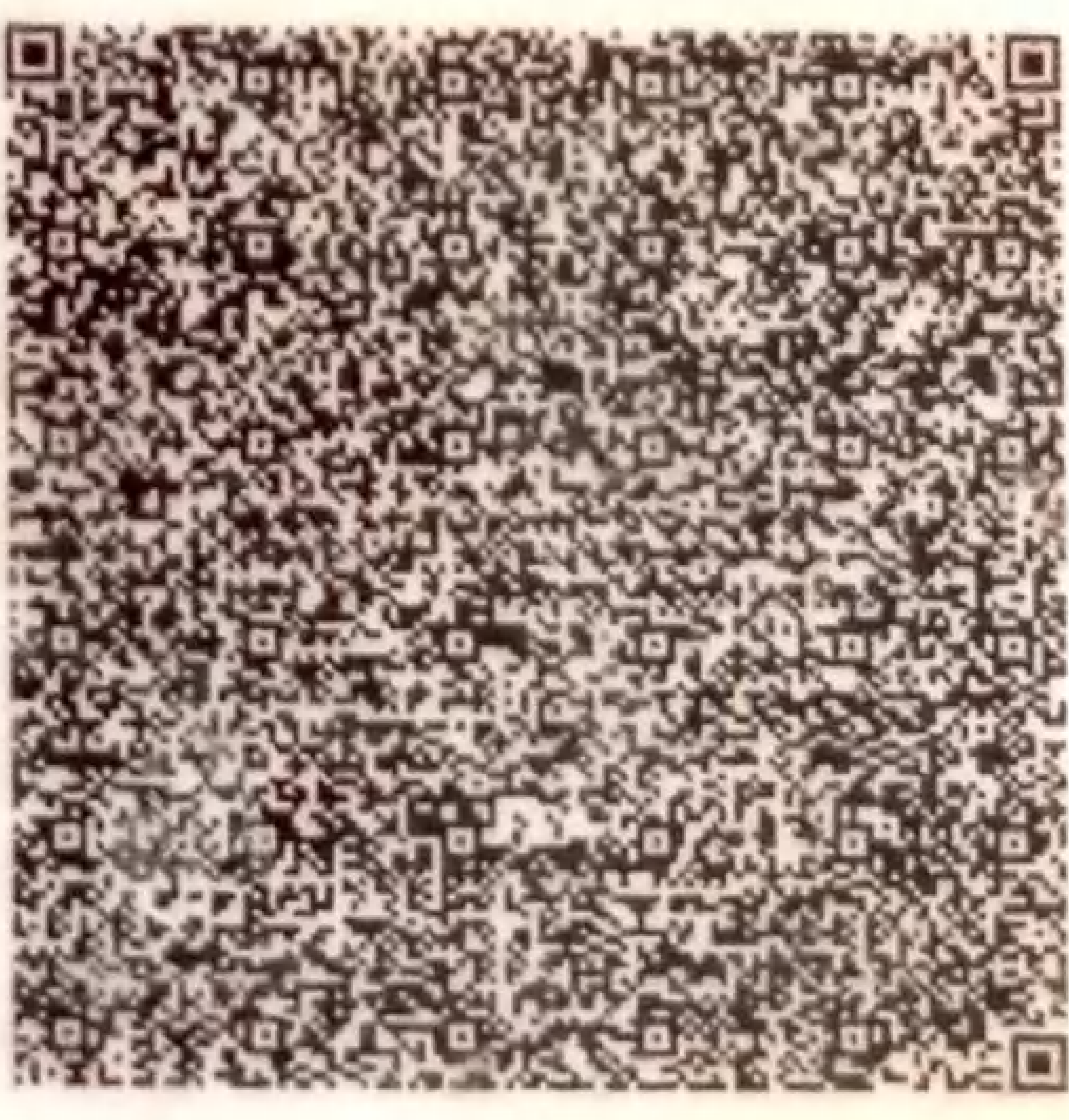
माझे आधार, माझी ओळख



Unique Identification Authority of India

पत्ता:
W/O भारतभुषण हिवरे, फ्लॉट नंबर 4, लता विहार, गुरुदत्त
कॉलनी, अहमदनगर, भूतकरवाडी, नगर, अहमदनगर,
महाराष्ट्र - 414001

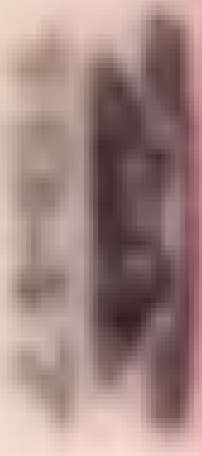
Address:
W/O Bharatbhushan Hivre, Flat No 4, Lata
Vihar, Gurudatta Colony, Ahmednagar,
Bhutatkarwadi, Nagar, Ahmadnagar,
Maharashtra - 414001



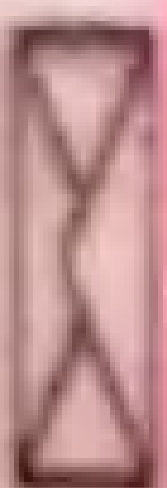
QR Code with Photograph

9032 3825 0695

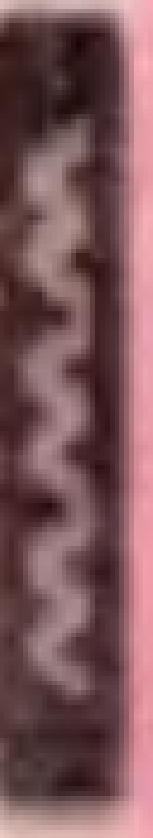
VID : 9193 6638 1993 2480



help@uidai.gov.in



www.uidai.gov.in





बंदक आणक बंदक
Bank of Baroda

नाम

MR. BHARATBHUSHAN DEVIDAS

Name : HIVRE

कर्मचारी कूट क्र.

E.C. No. : 108752

जारीकर्ता प्राधिकारी

Issuing Authority

DGM (Regional Head)

Aurangabad Region



धारक के हस्ताक्षर

Signature of Holder



*Mediwheel hivre
madhuri*

 **GPS Map**
Camera Lite

At mavdi chokdi, 150 Feet Ring Rd, opposite Mahiraj
Hotel, Mavdi, Rajkot, Gujarat 360004, India

Latitude

22.2647846°

Longitude

70.7842447°

Local 09:01:14 AM

GMT 03:31:14 AM

Altitude 143 meters

Saturday, 28.10.2023

PATIENT NAME : MADHURI HIVRE

DATE: 28 October 2023

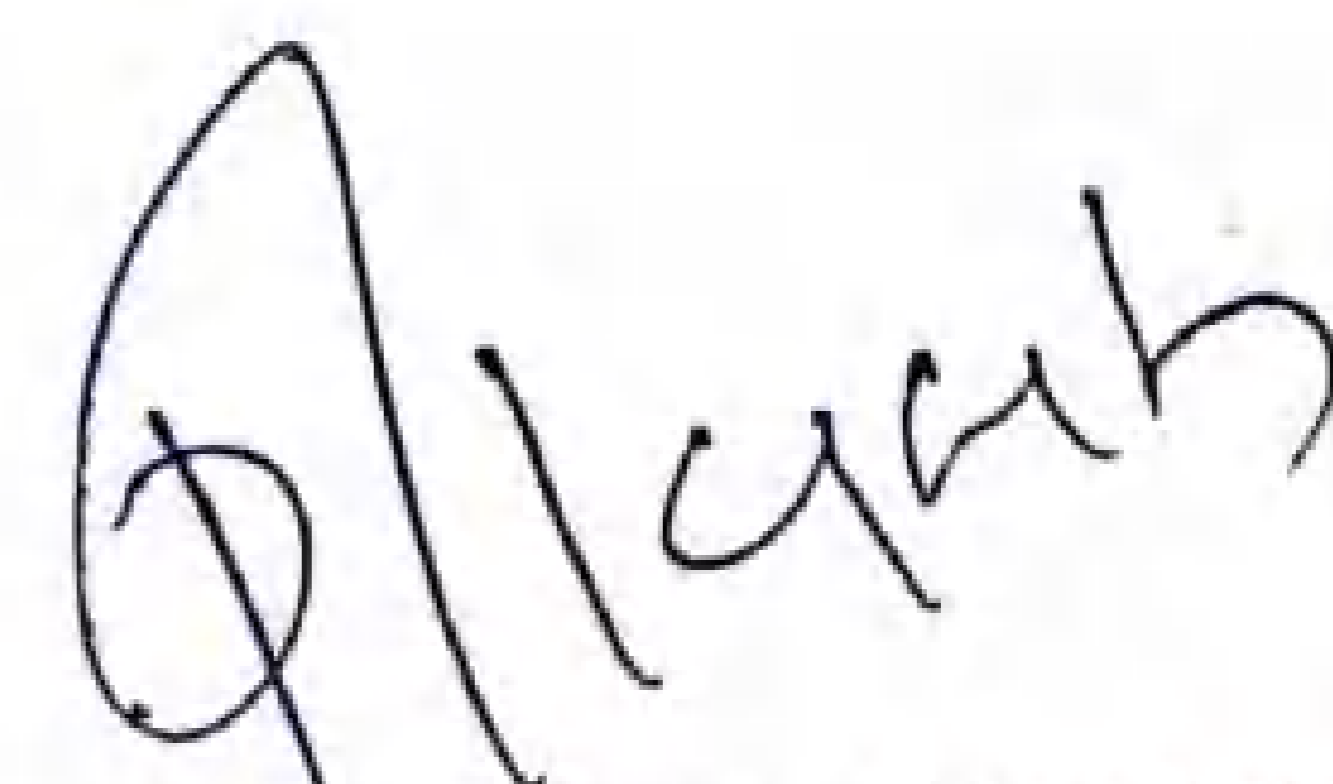
USG ABDOMEN AND PELVIS

- **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. (**IUCD is seen in situ**) 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 angles clear

CONCLUSION:

- **No significant abnormality seen in present study.**

Thanks for reference.



DR PRATIK KAGATHARA
MD

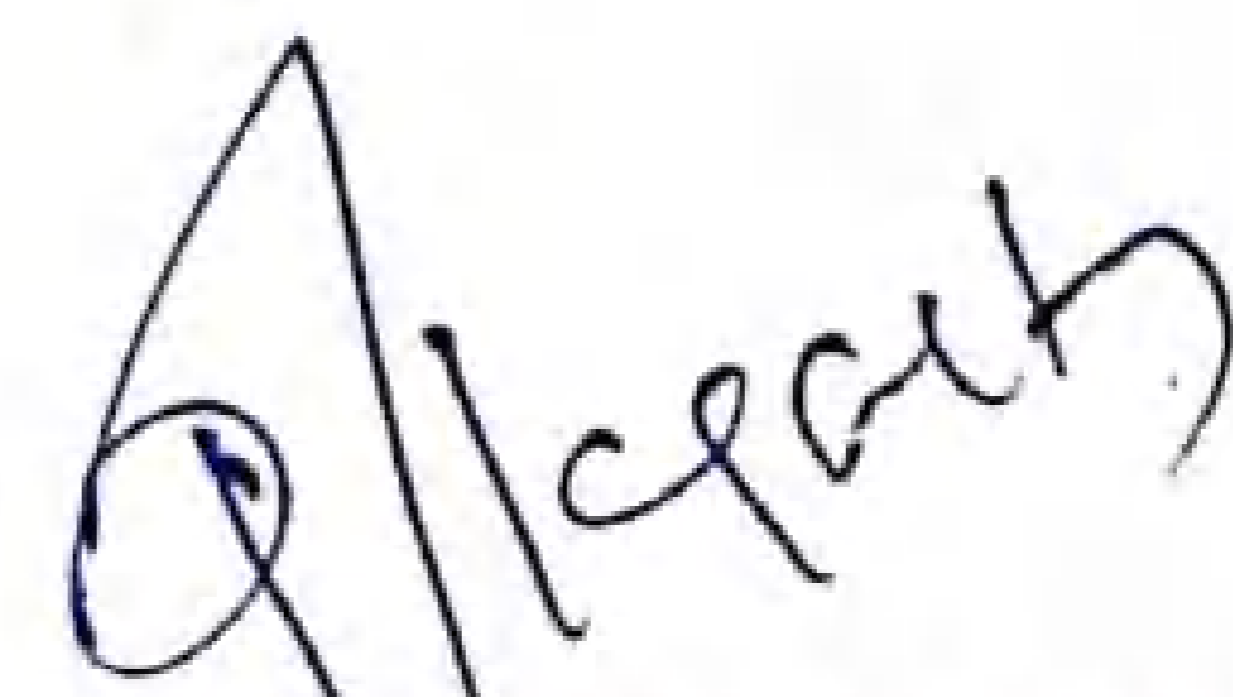
Pt.'s Name: **MADHURI HIVRE**

Date: **28 October, 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



MADHURI HIVRE 32/F CHEST PA 28-Oct-23
NEELKANTH DIAGNOSTICS - RAJKOT (DR. PRATIK KAGATHARA)

Tread Mill Test

| | | | | | |
|--------------|---|-------------------|------------|---|---------|
| Patient Name | : | Madhuri Hivre | Age | : | 32yrs/F |
| Ref. By | : | Dr. C.P.Dadhaniya | Resting BP | : | 120/80 |
| Report Date | : | 28/10/2023 | Max. BP | : | 150/80 |

Patient Reaches exercise limit at 7.60 METS.

No signs of ischemia at the exercise level and during recovery.

Adequate increase of HR & BP.

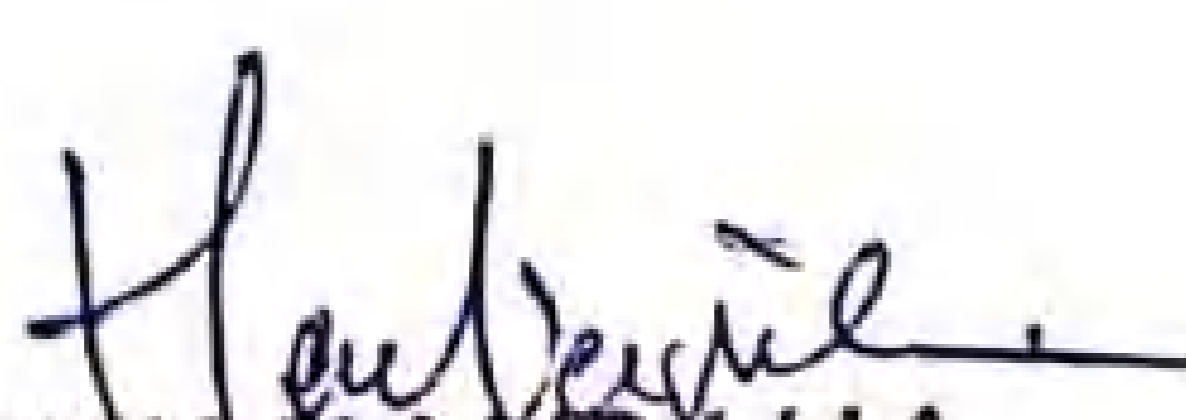
No significant Arrhythmia.

The stress test was terminated after 6:35 minutes as patient complained of Fatigue.
Patient achieved 86% THR without chest pain.

The recovery was uneventful.

Fair effort tolerance.

Conclusion: - The stress test is NEGATIVE for exercise induced myocardial ischaemia.


DR. MAULIK HANSALIA
M.B.B.S., PG DIPLOMA CLINICAL CARDIOLOGY

DR. NISHANT SIRODARIYA
M.B.B.S., PG DIPLOMA CLINICAL CARDIOLOGY

CURE CARDIOLOGY CLINIC

2nd floor, Kansagra Hospital, Astron Chowk, Sardarnagar main road, RAJKOT - 360 001. Ph. 0281-2483799, M. 93 13 12 19 87

(Handwritten signature)



CURE CARDIOLOGY CLINIC
2ND FLOOR KANSAGRA HOSPITAL, ASTRON CHOWK, RAJKOT.

358/MADHURI Hivre 32 Yrs/Female 0 Kg/0 Cms

Date: 28-Oct-2023 06:05:04 PM

Protocol : BRUCE
 History :

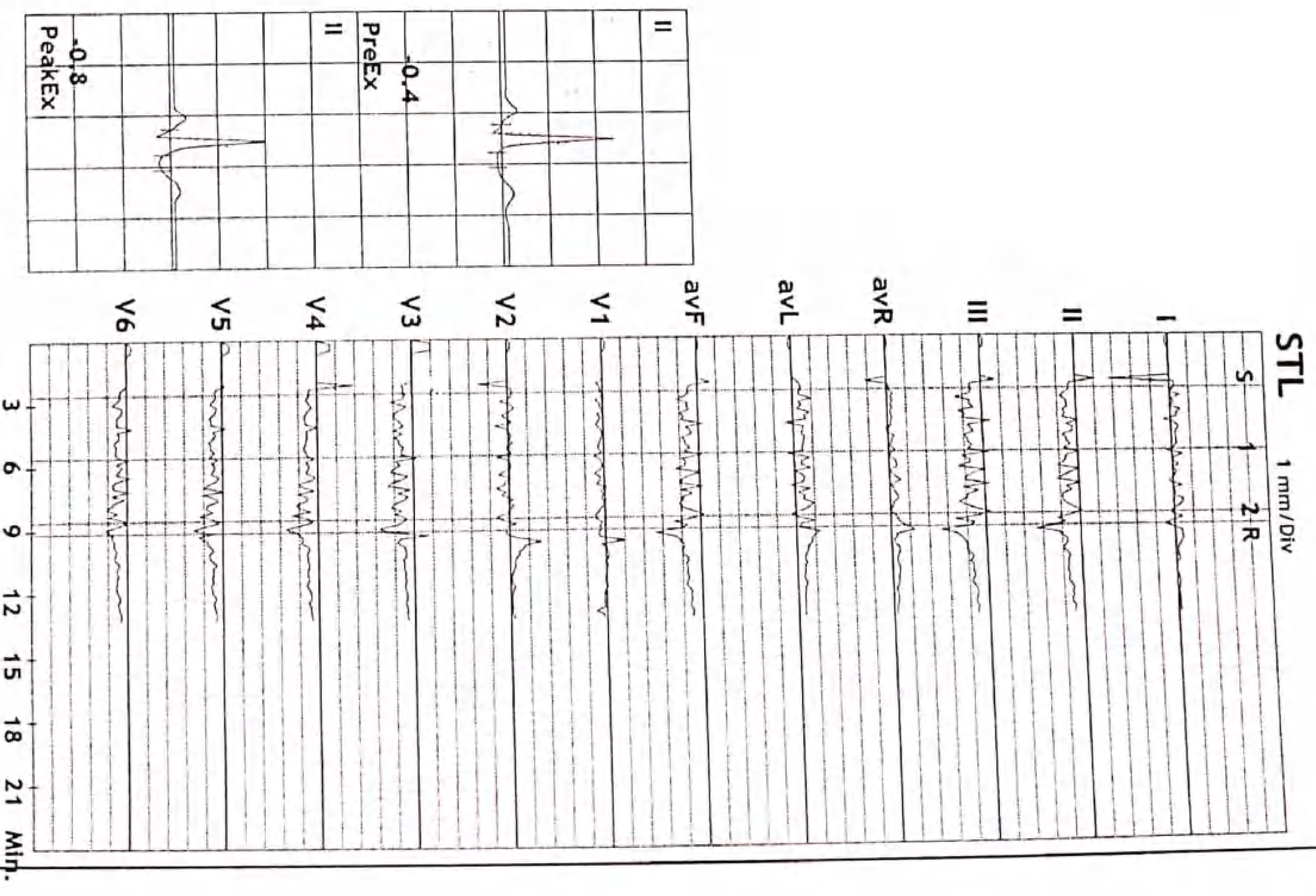
Ref. By :
 Medication :
 Objective :

| Stage | StageTime (Min:Sec) | PhaseTime (Min:Sec) | Speed (Kmph) | Grade (%) | METs | H.R. (bpm) | B.P. (mmHg) | R.P.P. x100 | PVC | Comments |
|----------|---------------------|---------------------|--------------|-----------|------|------------|-------------|-------------|-----|----------|
| Supine | 0:01 | 2:18 | 0.0 | 0.0 | 1.0 | 112 | 120/80 | 134 | - | |
| Standing | 0:01 | 2:22 | 0.0 | 0.0 | 1.0 | 104 | 120/80 | 124 | - | |
| HV | 0:01 | 2:25 | 0.0 | 0.0 | 1.0 | 104 | 120/80 | 124 | - | |
| ExStart | 0:01 | 2:34 | 0.0 | 0.0 | 1.0 | 108 | 120/80 | 129 | - | |
| Stage 1 | 3:00 | 3:00 | 2.7 | 10.0 | 4.6 | 129 | 120/80 | 154 | - | |
| Stage 2 | 3:00 | 6:00 | 4.0 | 12.0 | 7.0 | 150 | 150/80 | 225 | - | |
| PeakEx | 0:33 | 6:34 | 5.5 | 14.0 | 7.6 | 161 | 150/80 | 241 | - | |
| Recovery | 1:00 | 6:36 | 0.0 | 0.0 | 1.2 | 115 | 150/80 | 172 | 1 | |
| Recovery | 2:00 | 6:36 | 0.0 | 0.0 | 1.0 | 95 | 140/80 | 133 | - | |
| Recovery | 3:00 | 6:36 | 0.0 | 0.0 | 1.0 | 101 | 130/80 | 131 | - | |
| Recovery | 4:00 | 6:36 | 0.0 | 0.0 | 1.0 | 102 | 130/80 | 132 | - | |

Findings :

Exercise Time : 6:35 minutes
 Max HR attained : 161 bpm 86% of Max Predictable HR 188
 Max BP : 150/80(mmHg)
 Workload attained : 7.6 (Fair Effort Tolerance)
 No significant ST segment changes noted during exercise or recovery.
 No Angina/Arrhythmia/S3/murmur
 Final Impression : Test is negative for inducible ischaemia.
 Maximum Depression: 6:35
 Test Complete

Advice/Comments:



CURE CARDIOLOGY CLINIC
2ND FLOOR KANSAGRA HOSPITAL, ASTRON CHOWK, RAJKOT.
 358 / MADHURI HIVRE
 32 Yrs / Female
 0 Kg / 0 Cm
 Date: 28-Oct-2023 06:05:04 PM

HR: 112 bpm
 METS: 1.0
 BP: 120/80

MPHR: 59% of 188
 Speed: 0.0 kmph
 Grade: 0.0%

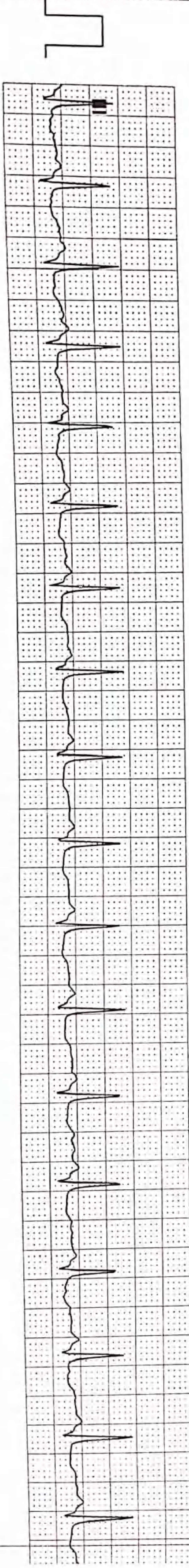
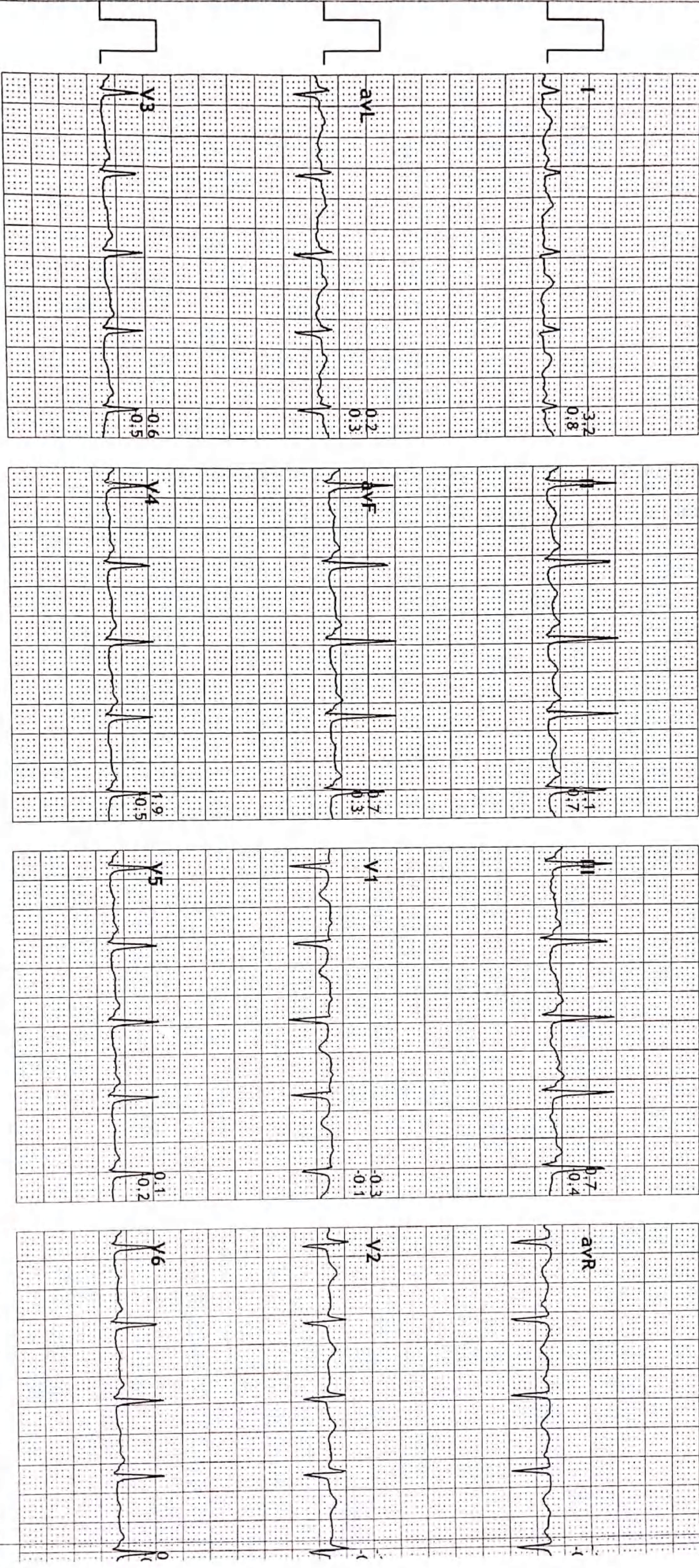
Raw ECG
 BRUCE
 (0.05-100)Hz

Ex Time 02:17
 BLC : On
 Notch : On

Supine
 10.0 mm/mV
 25 mm/Sec.

3x4+1 Rhythm Lead

MA



CURE CARDIOLOGY CLINIC

2ND FLOOR KANSAGRA HOSPITAL, ASTRON CHOWK, RAJKOT.

358 / MADHURI HIVRE

32 Yrs / Female

0 Kg / 0 Cm

Date: 28-Oct-2023 06:05:04 PM

3x4+1 Rhythm Lead

HR: 104 bpm

METS: 1.0

BP: 120/80

MPHR: 55% of 188

Speed: 0.0 kmph

Grade: 0.0%

Raw ECG

BRUCE

(0.05-100)HZ

Ex Time 02:21

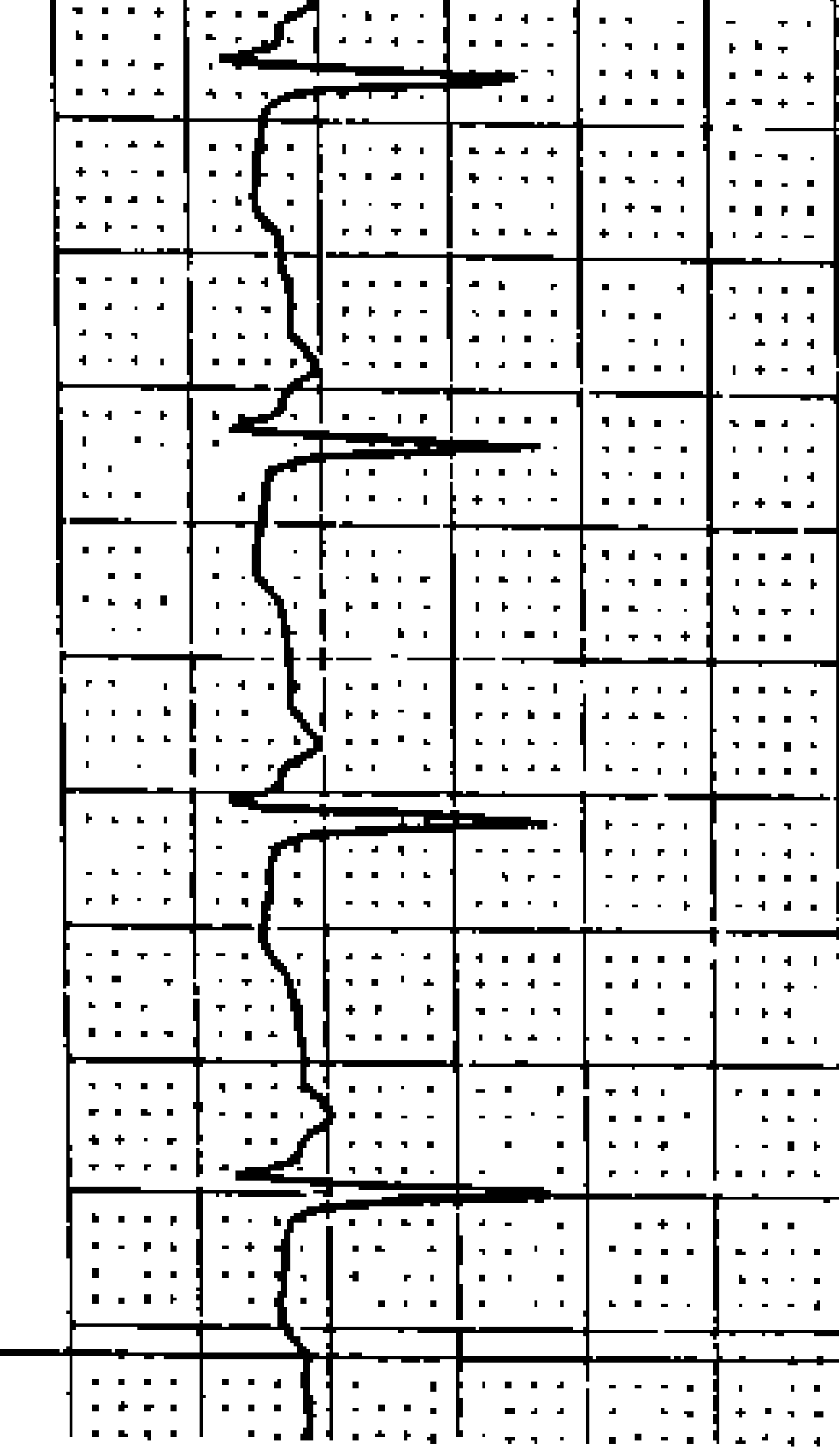
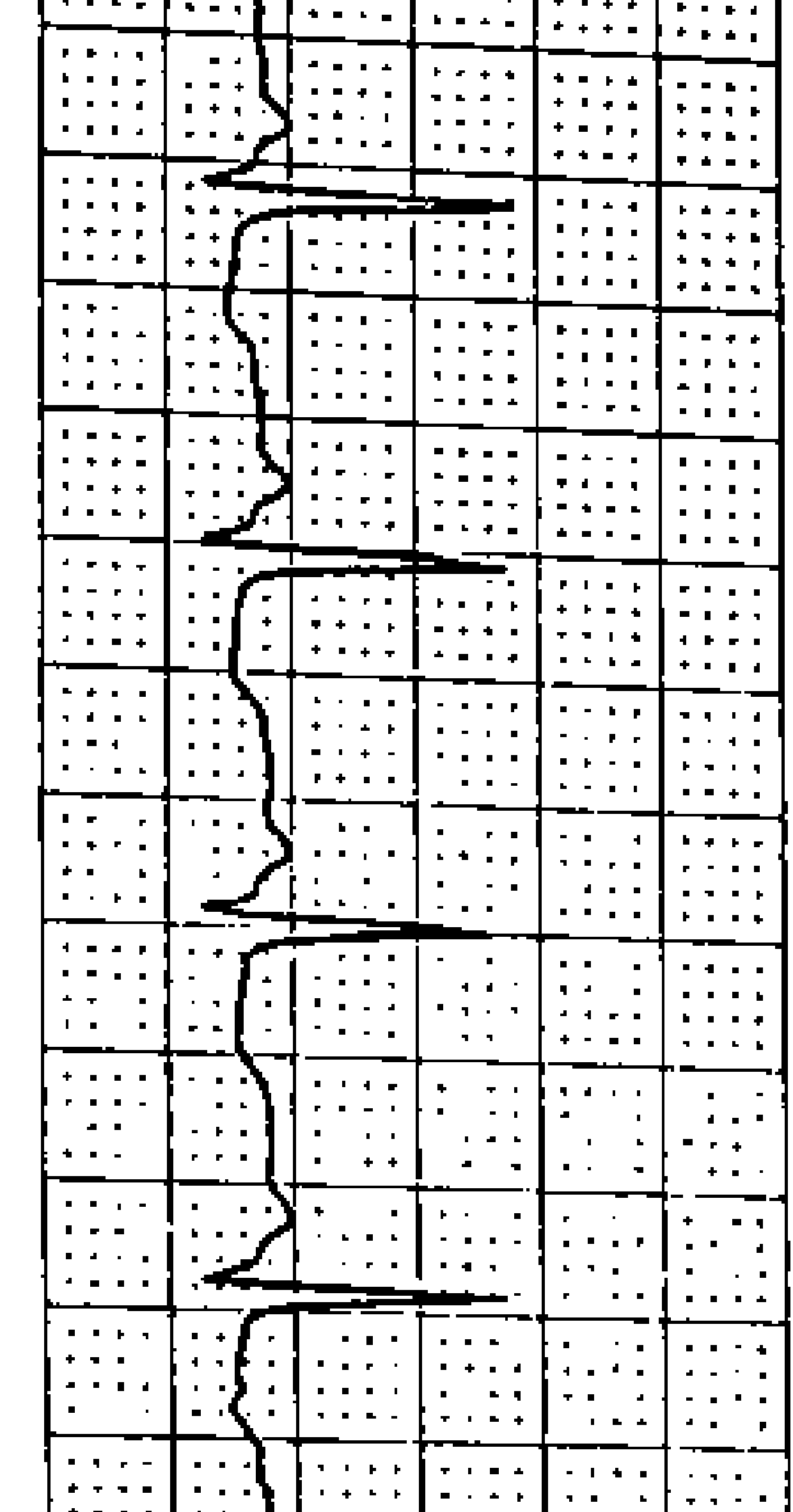
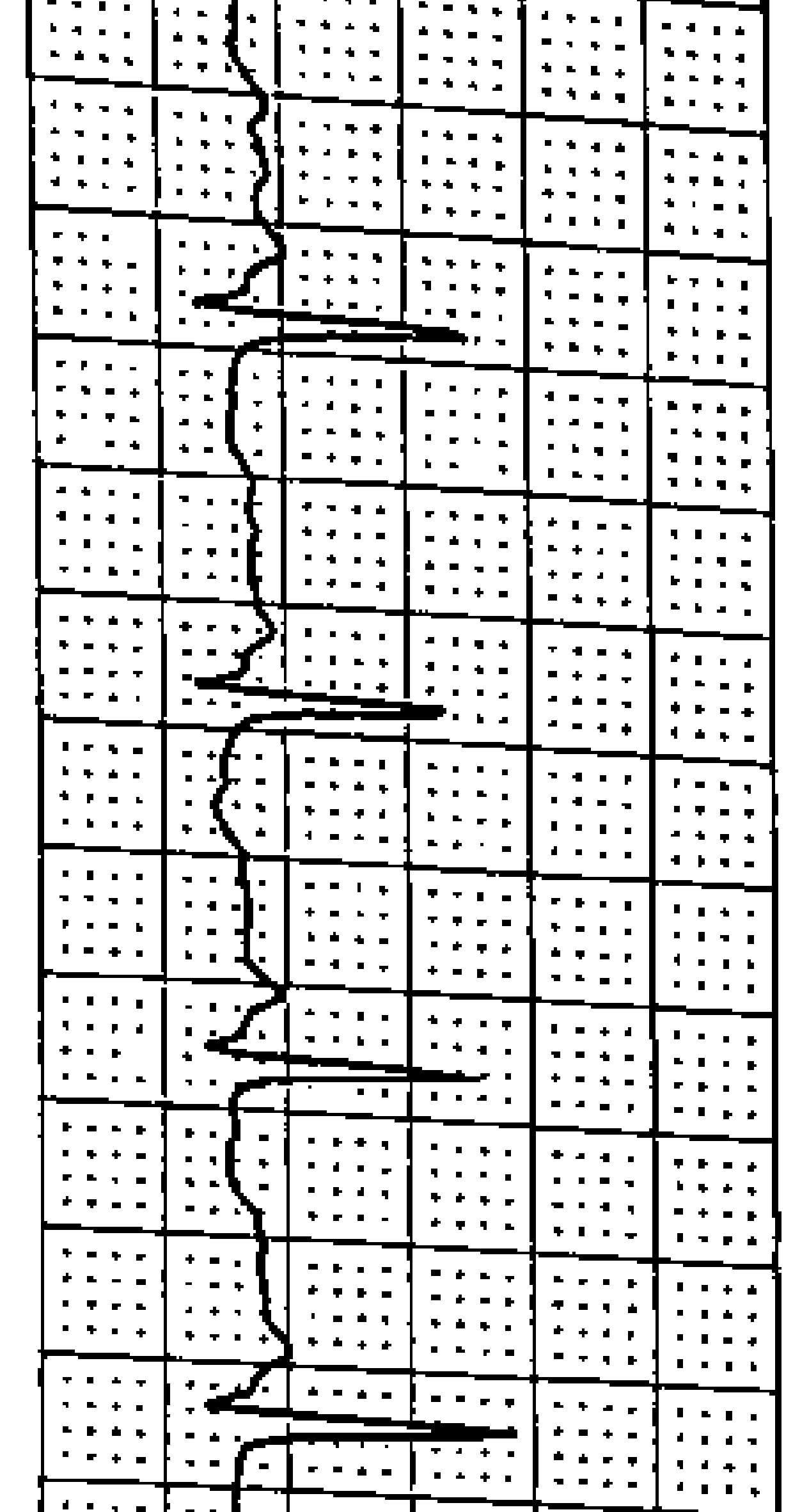
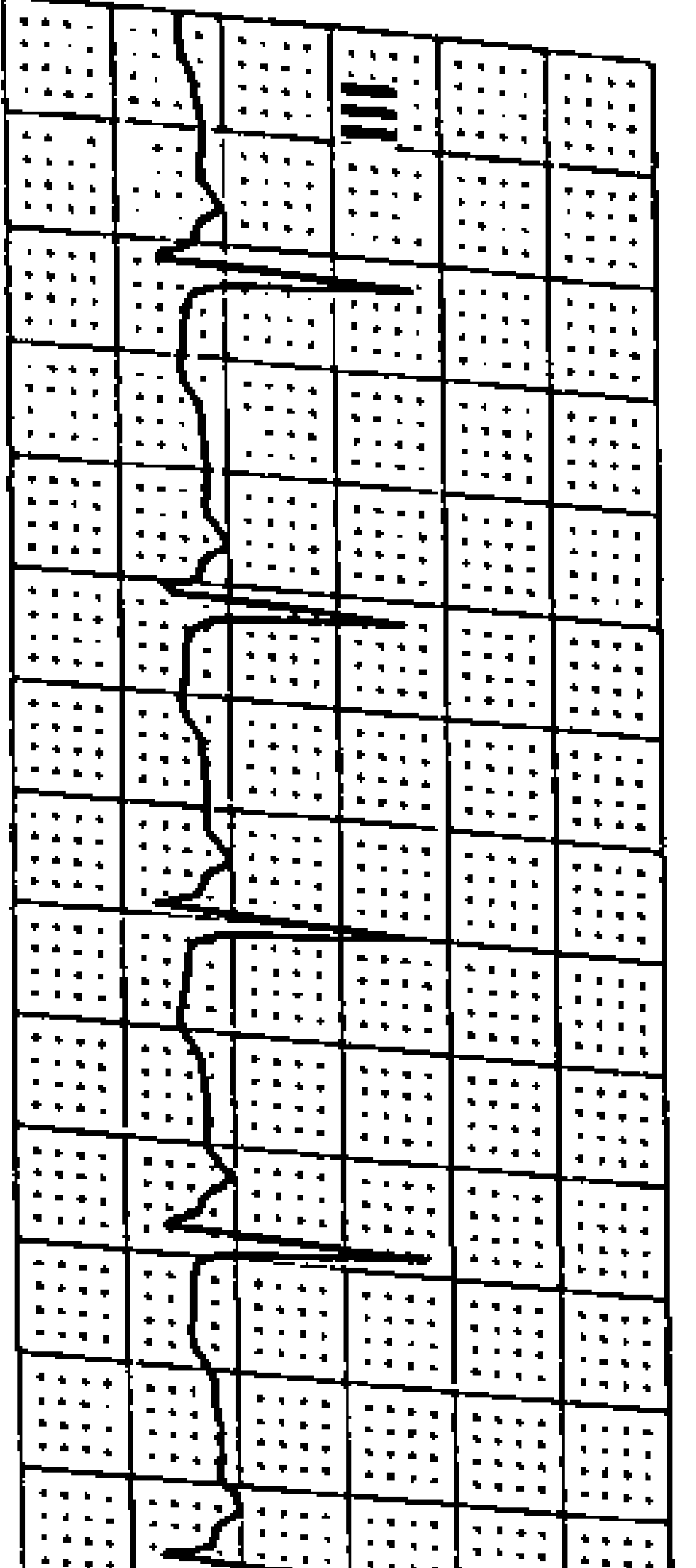
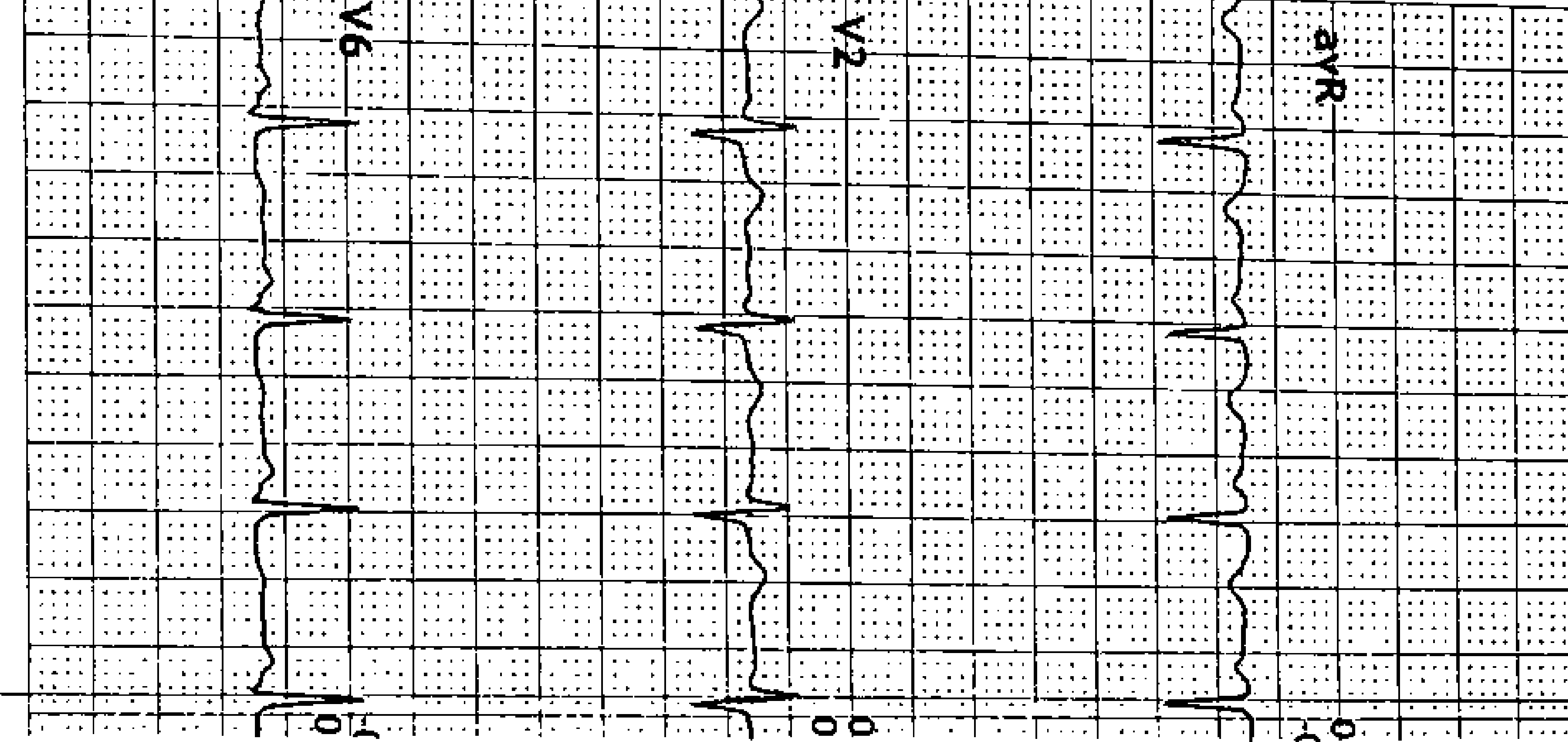
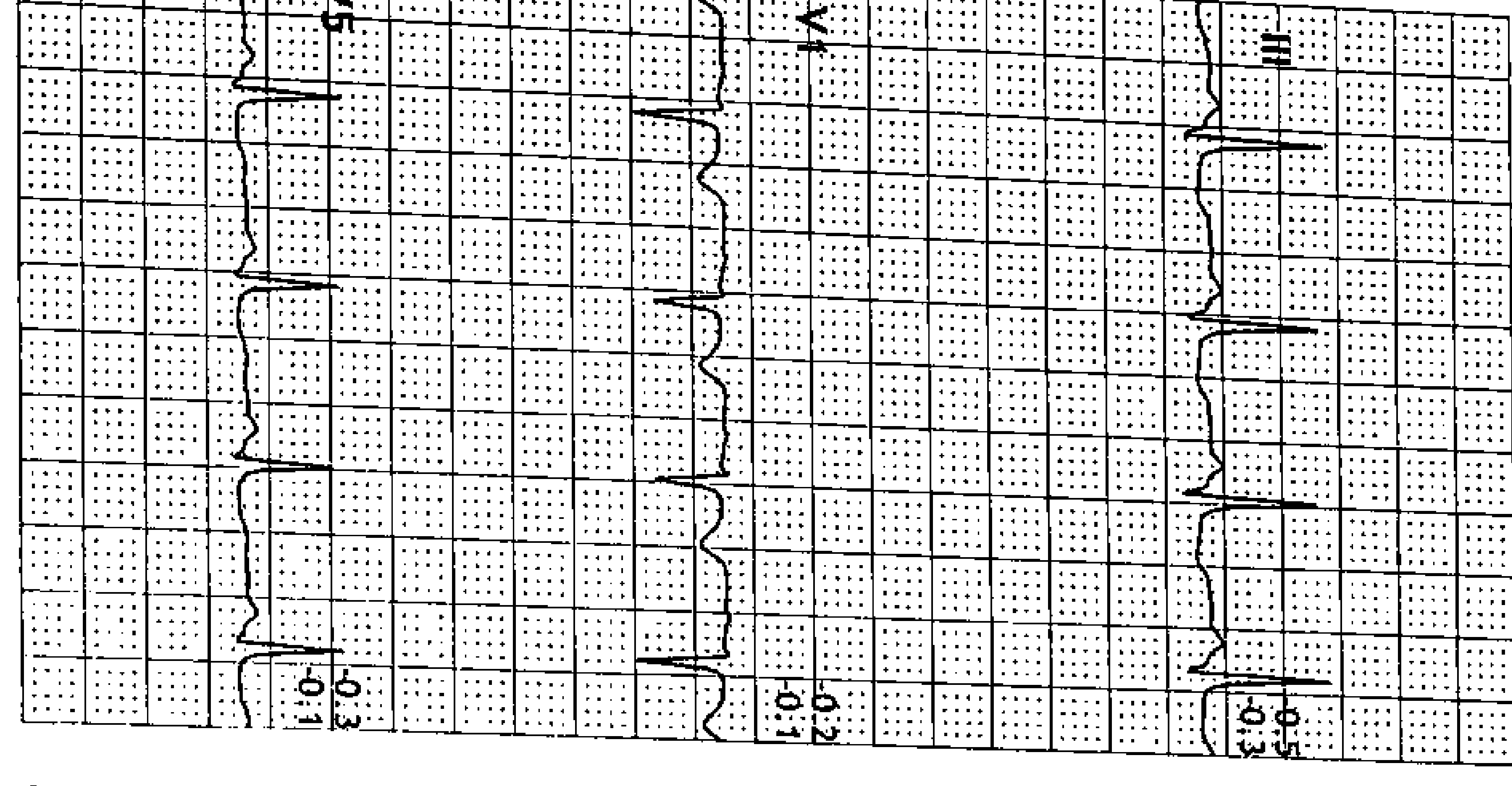
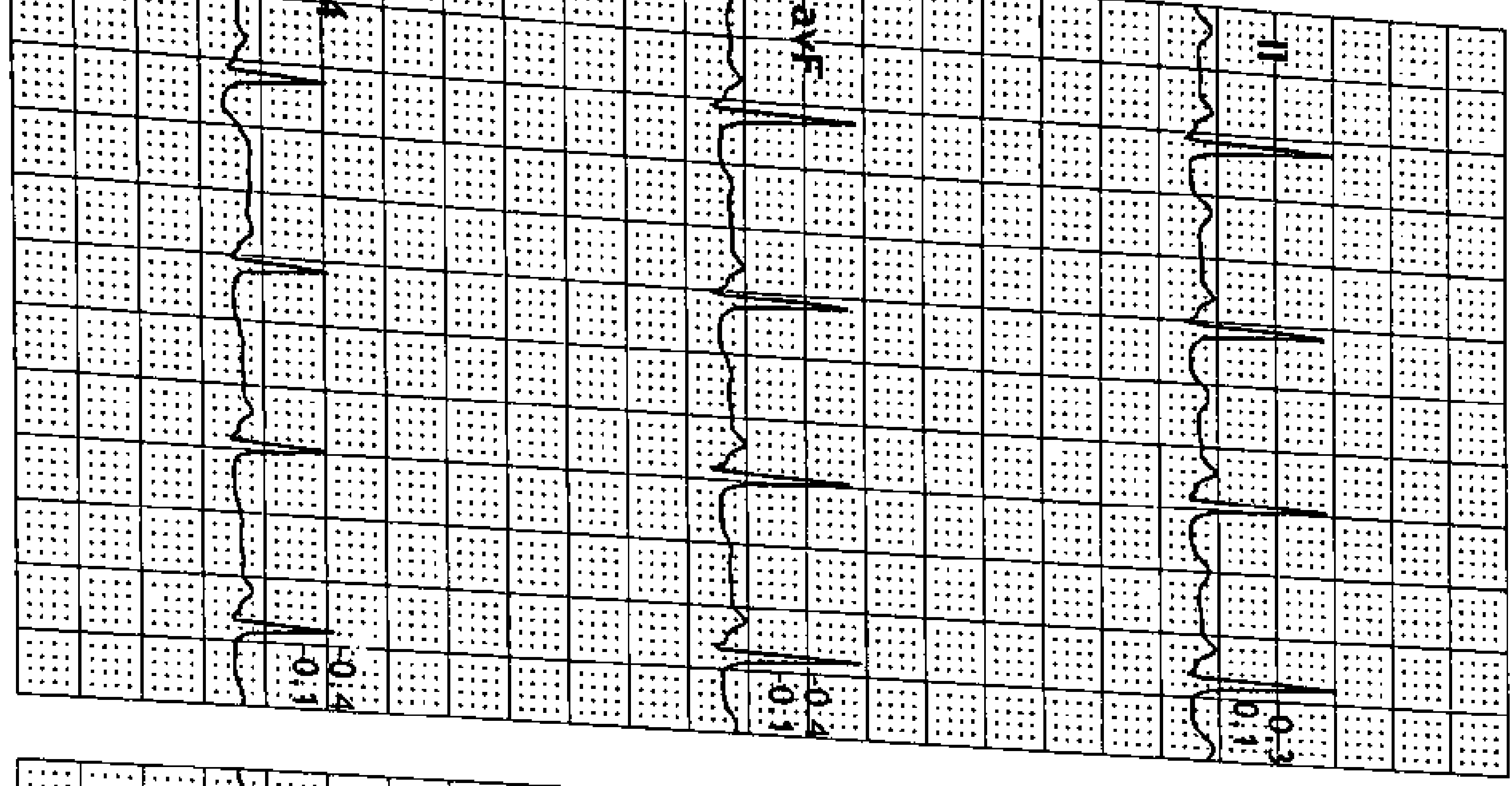
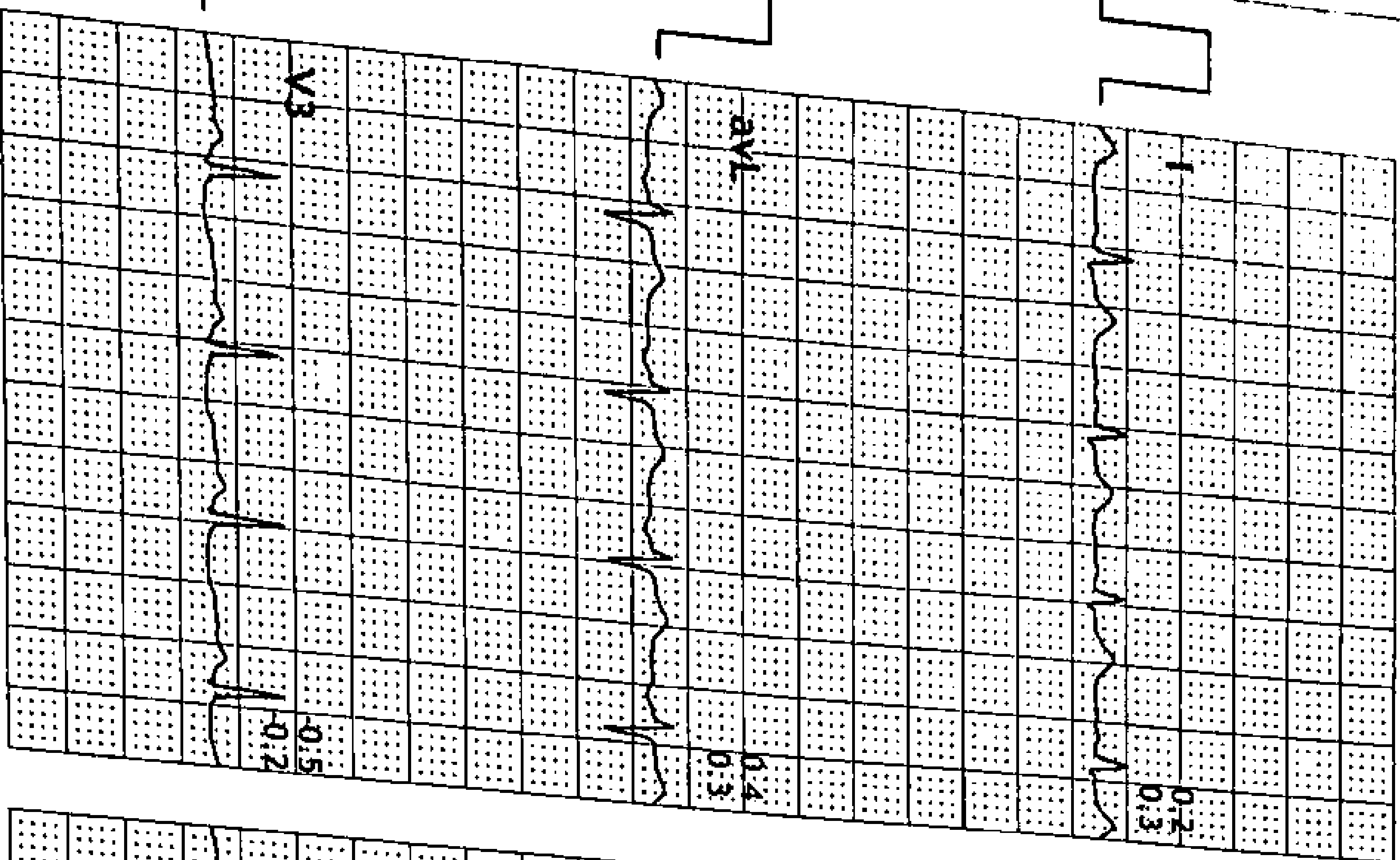
BLC : On

Notch : On

Standing

10.0 mm/mV

25 mm/Sec.



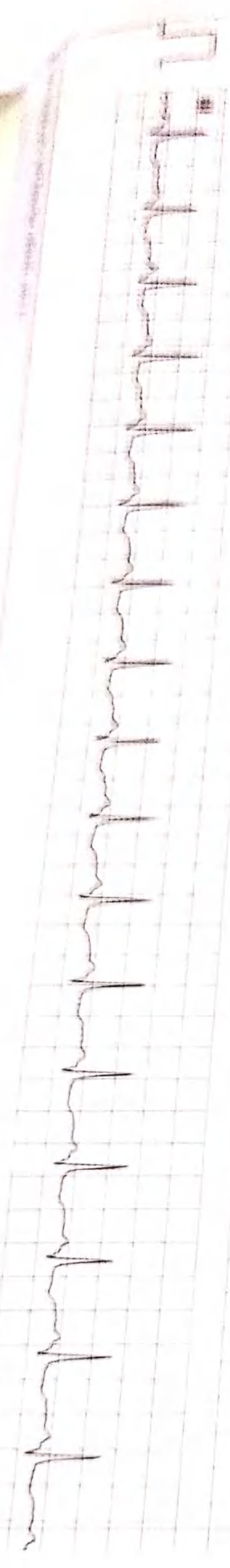
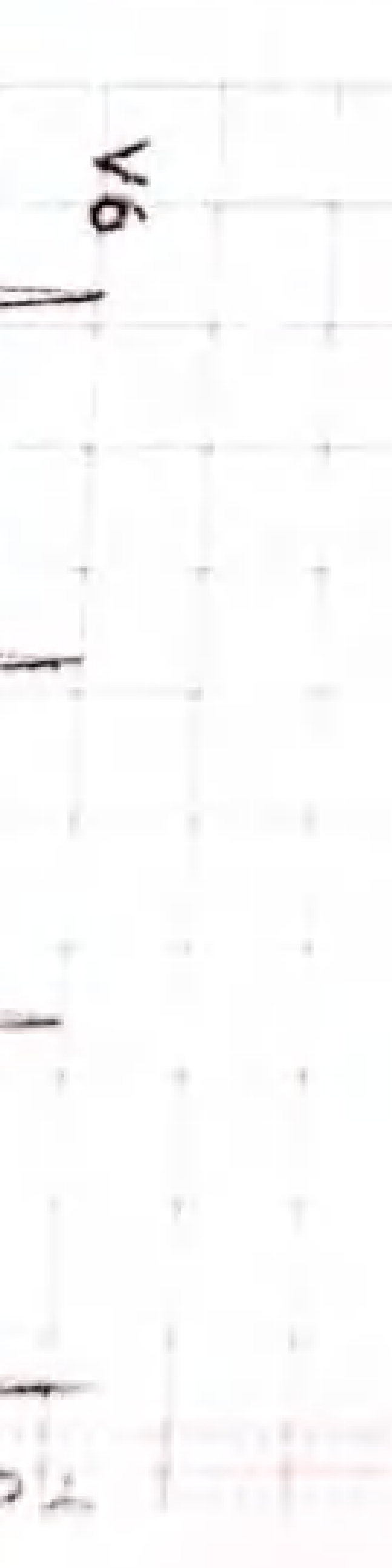
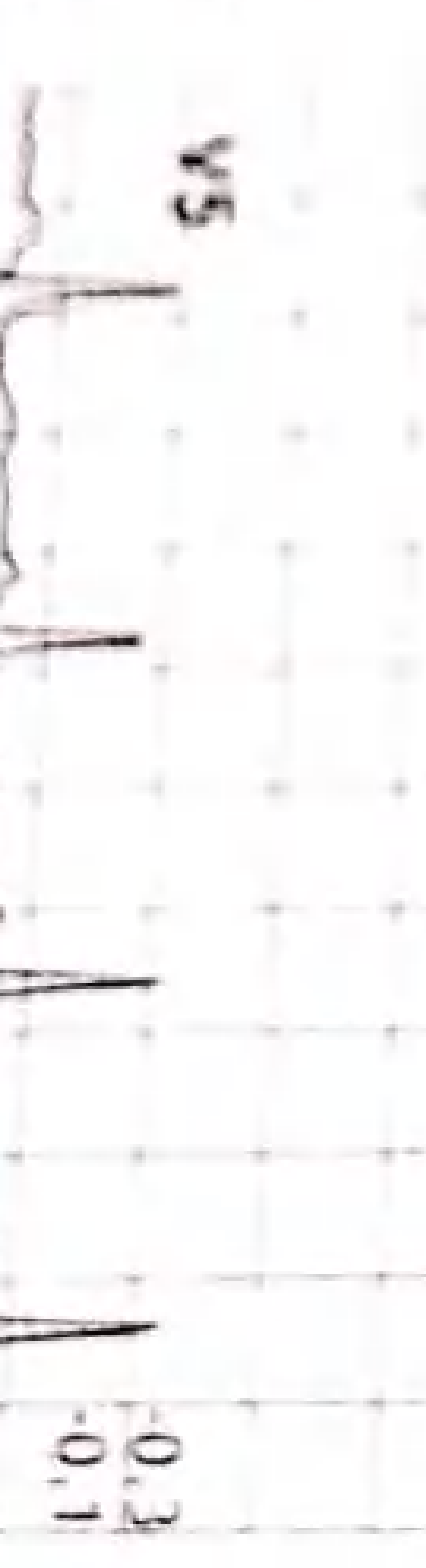
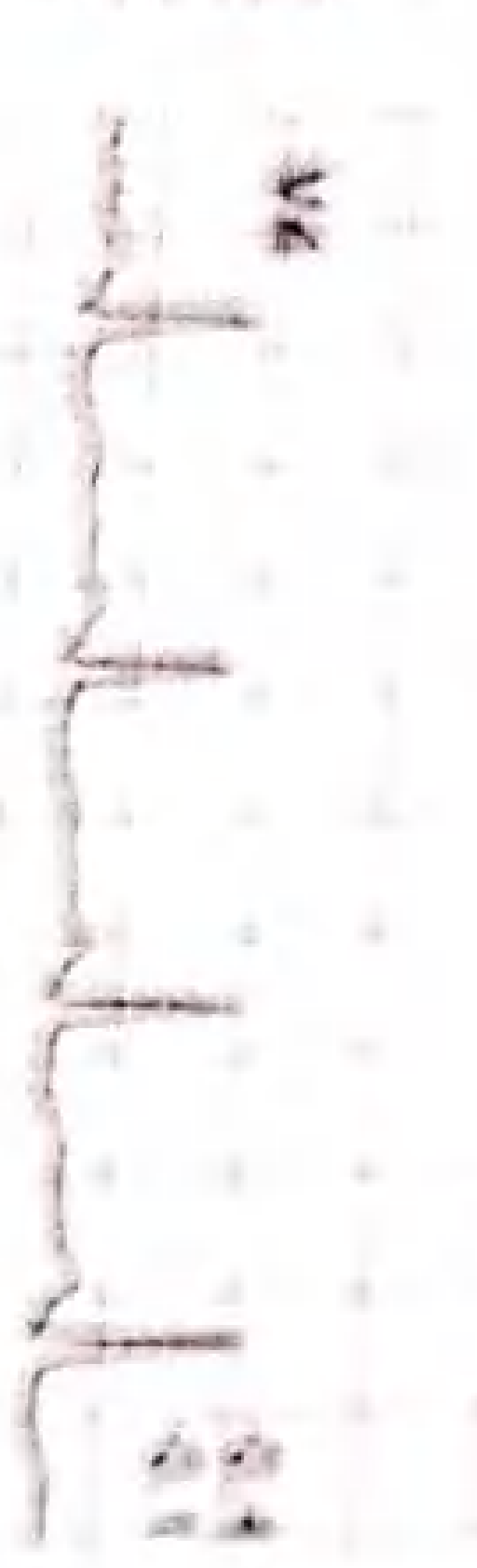
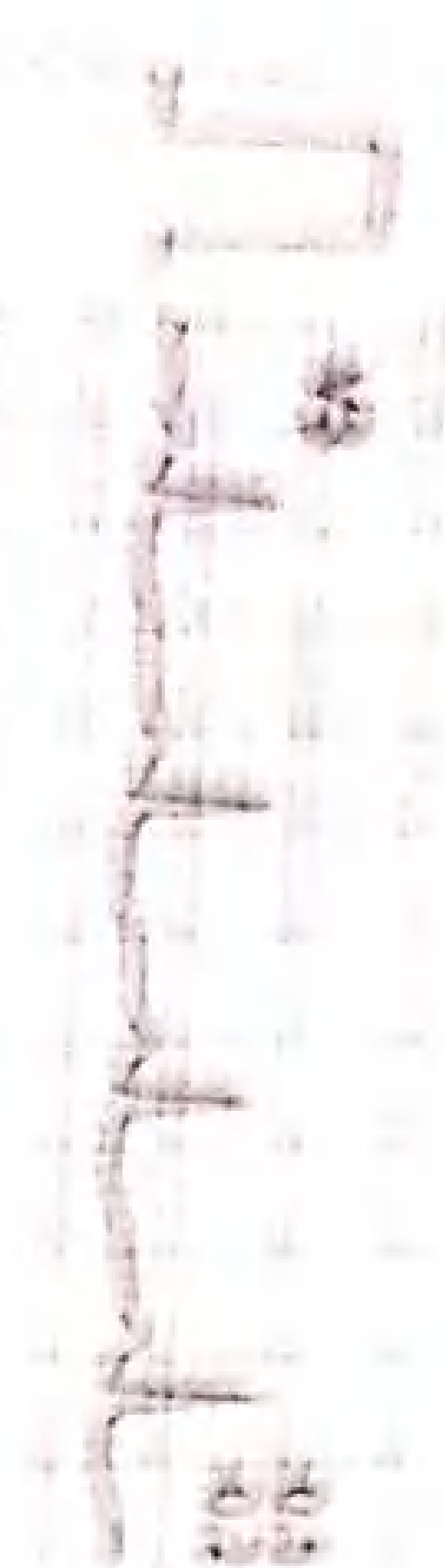
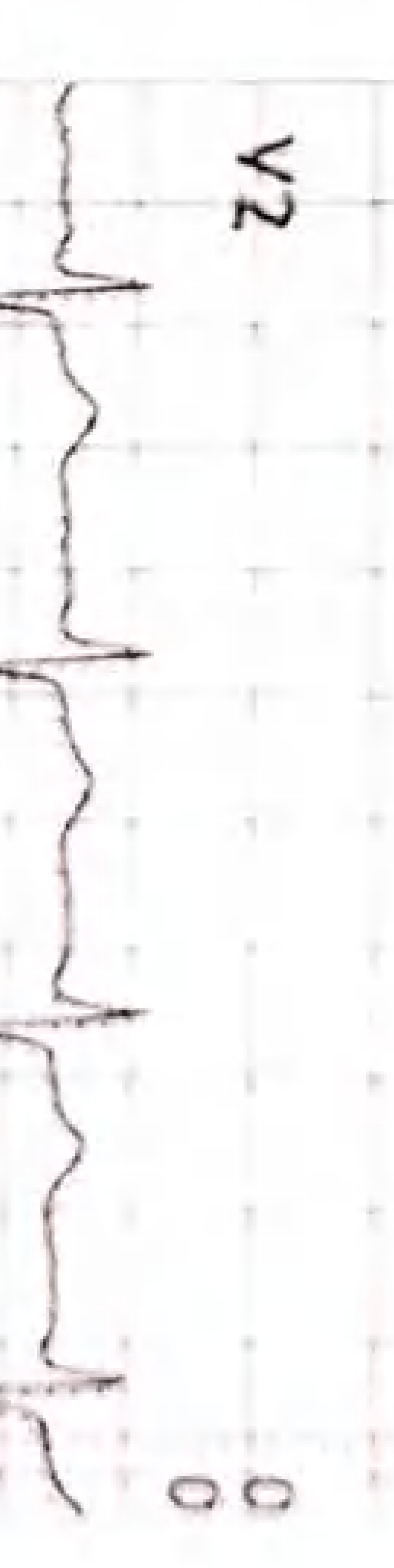
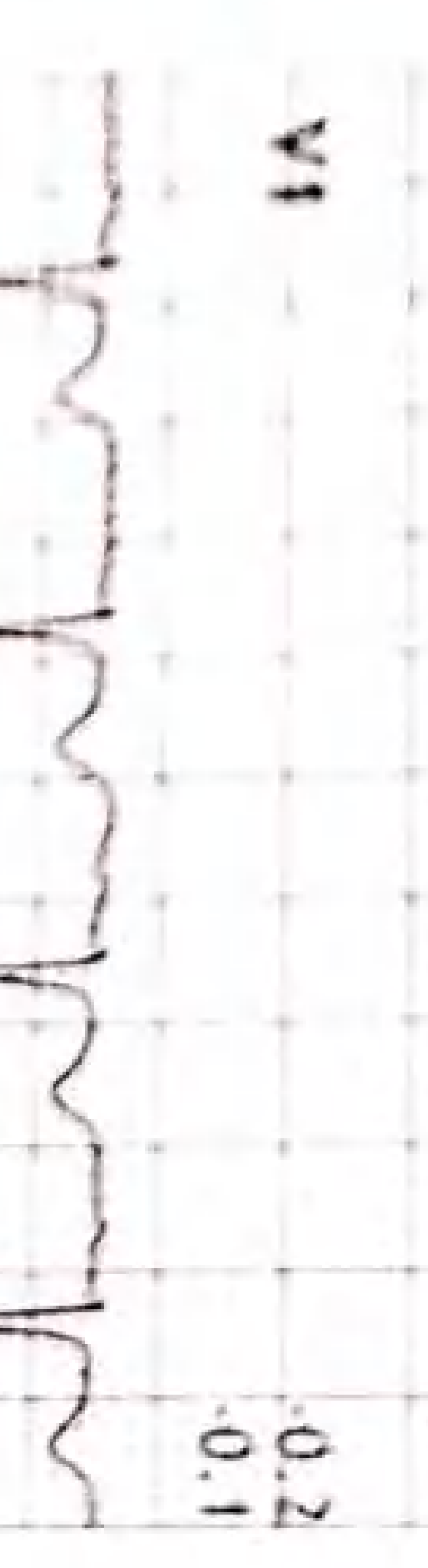
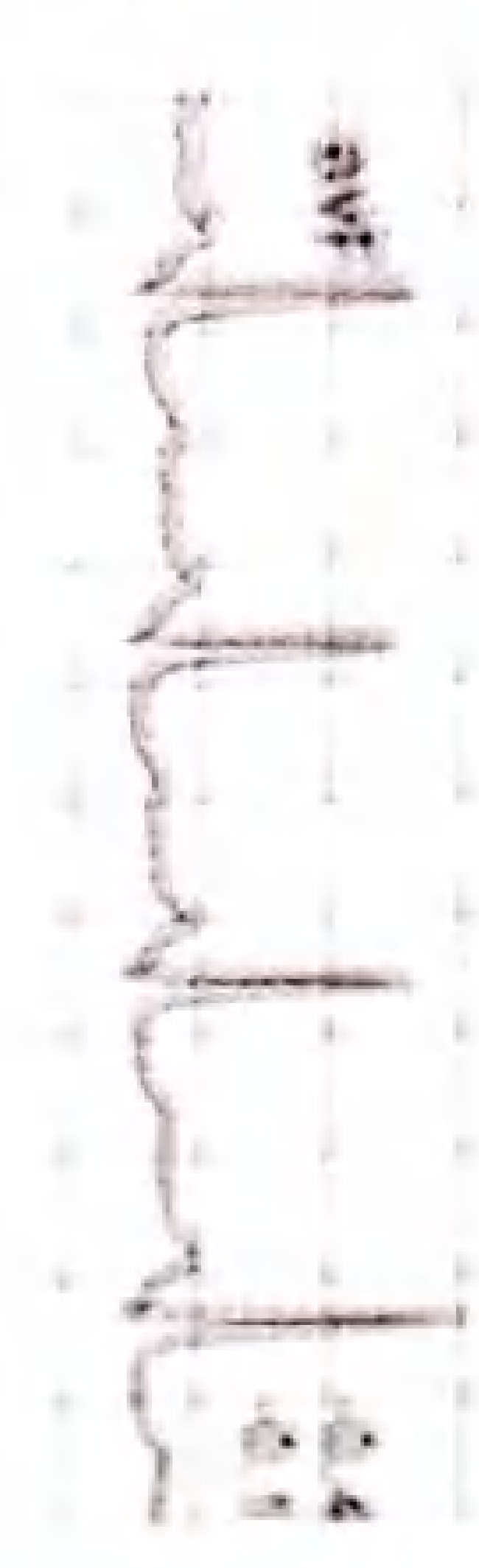
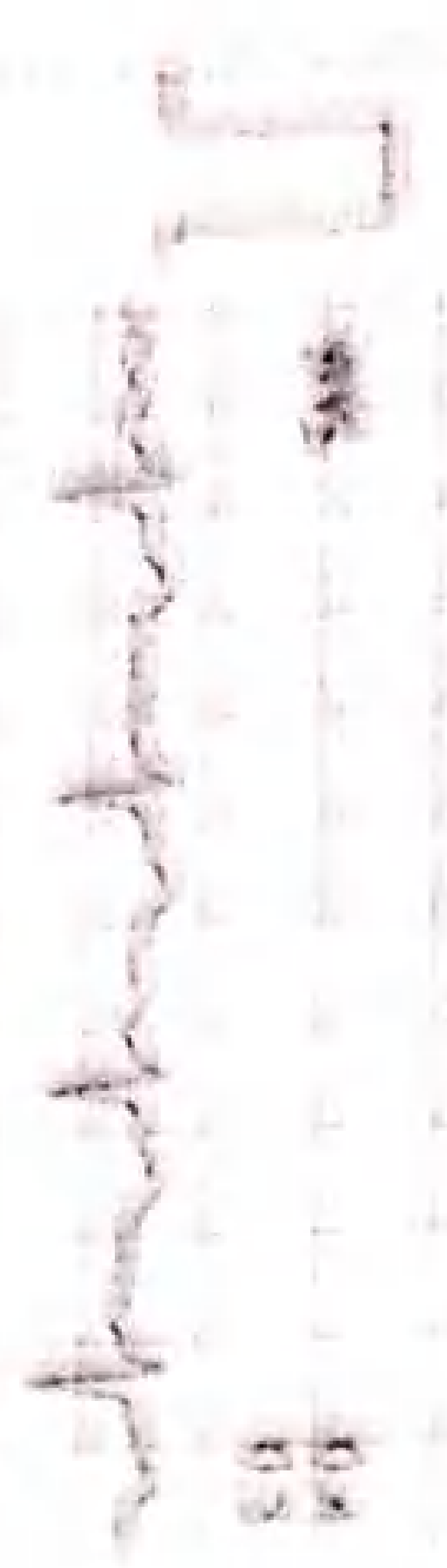
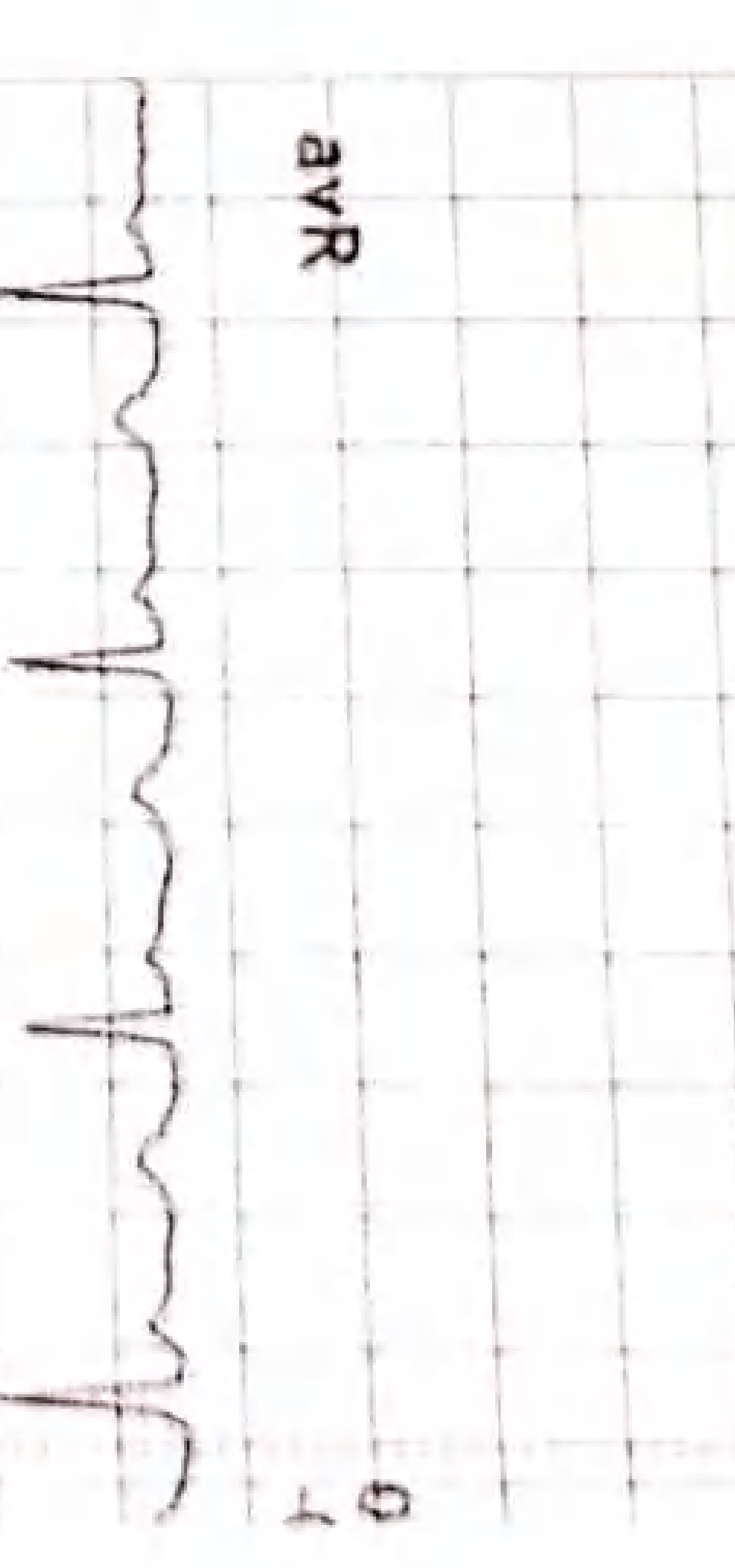
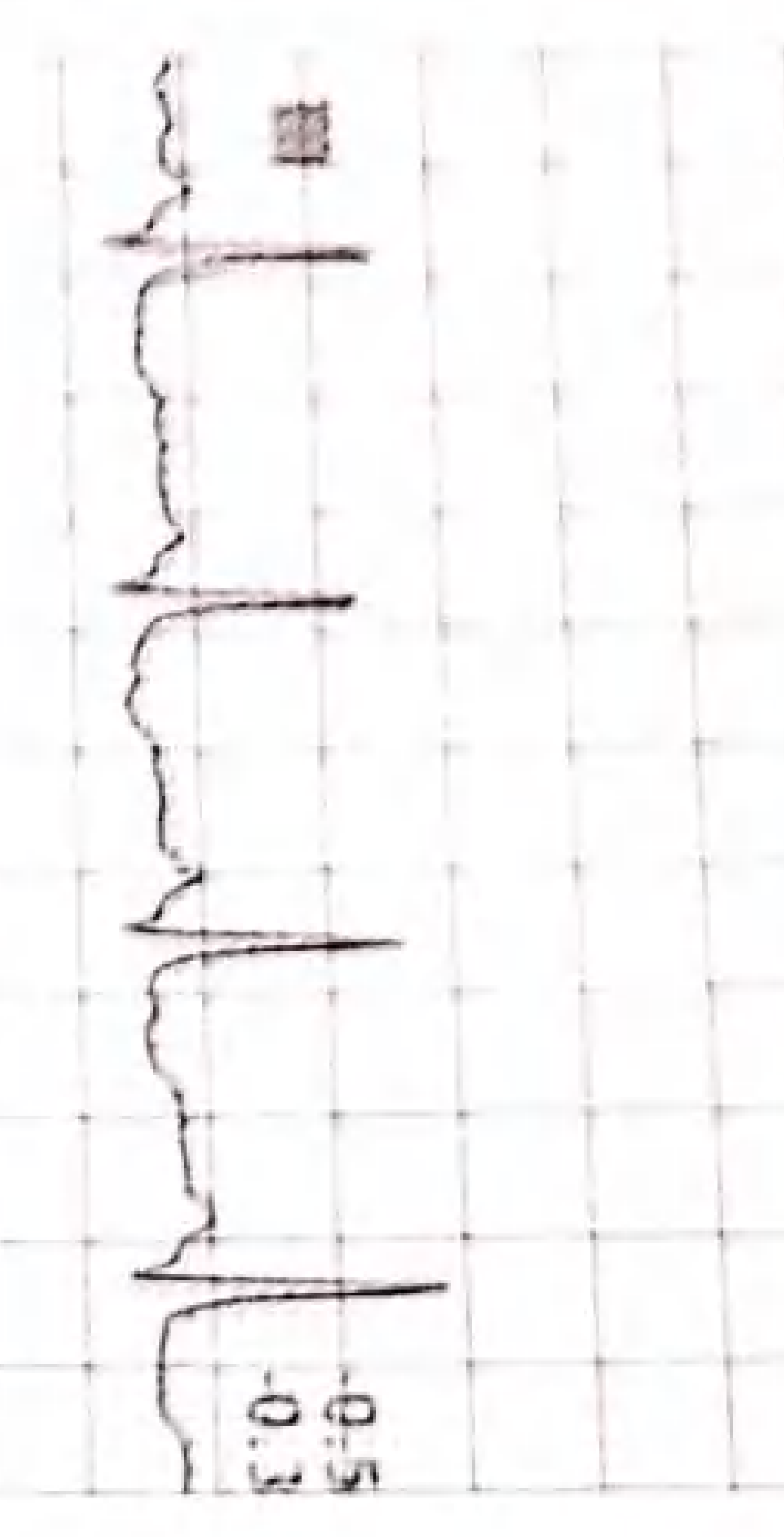
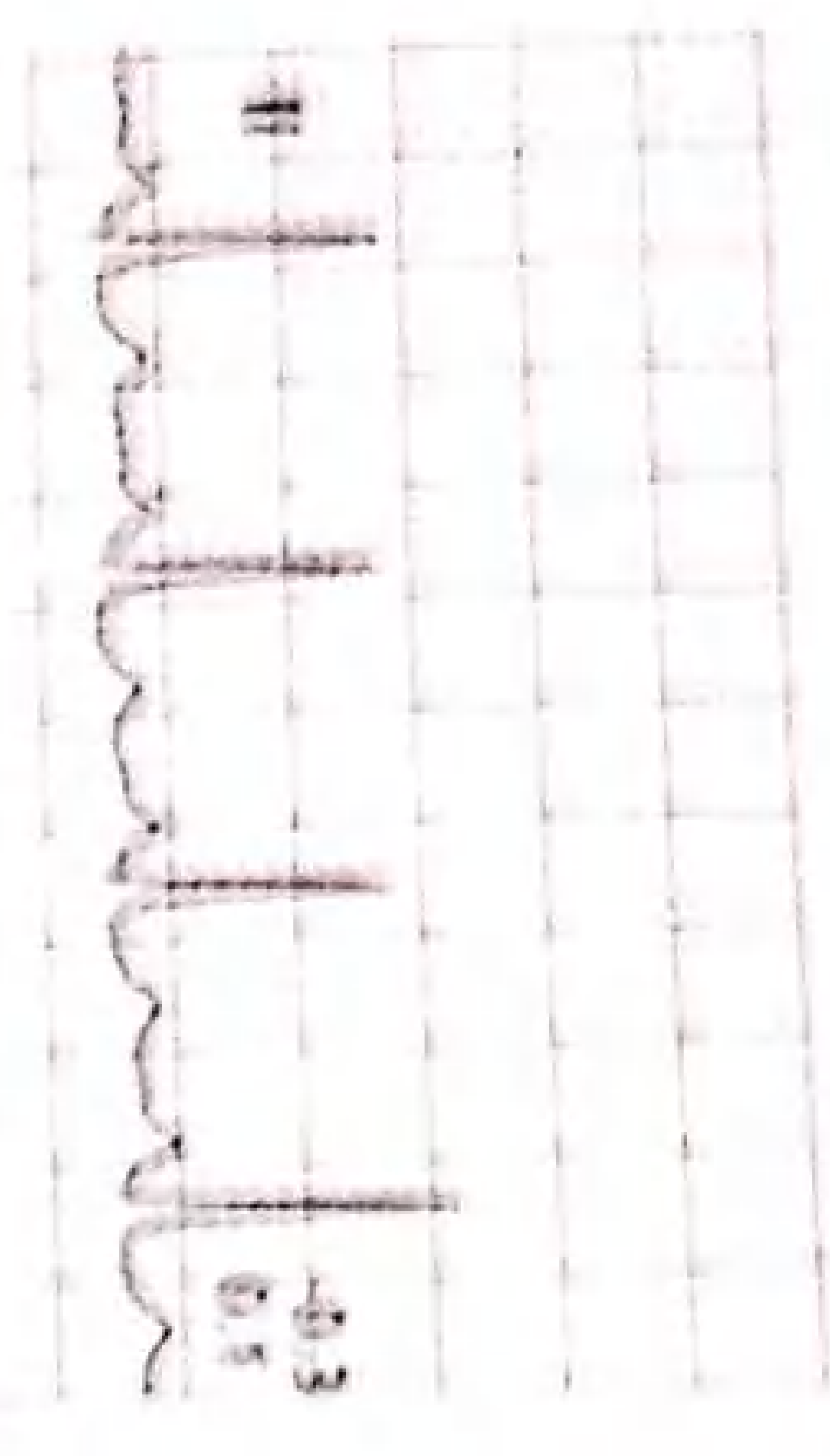
HR: 104 bpm
WETS: 1.0
BP: 120/80

WAVEFORM OF 188
Speed: 0.0 mm/s
Grade: 0.01

RAW ECG
GRUCE
10.05-100VHZ

Ex Time 02:24
BLC : On
Notch : On

HV
10.0 mm/mV
25 mm/Sec.



DR MAULIK HANSALIA/DR NISHANT SIRODARIYA

HR: 108 bpm
 METS: 1.0
 BP: 120/80

MPHR: 57% of 188
 Speed: 0.0 kmph
 Grade: 0.0%

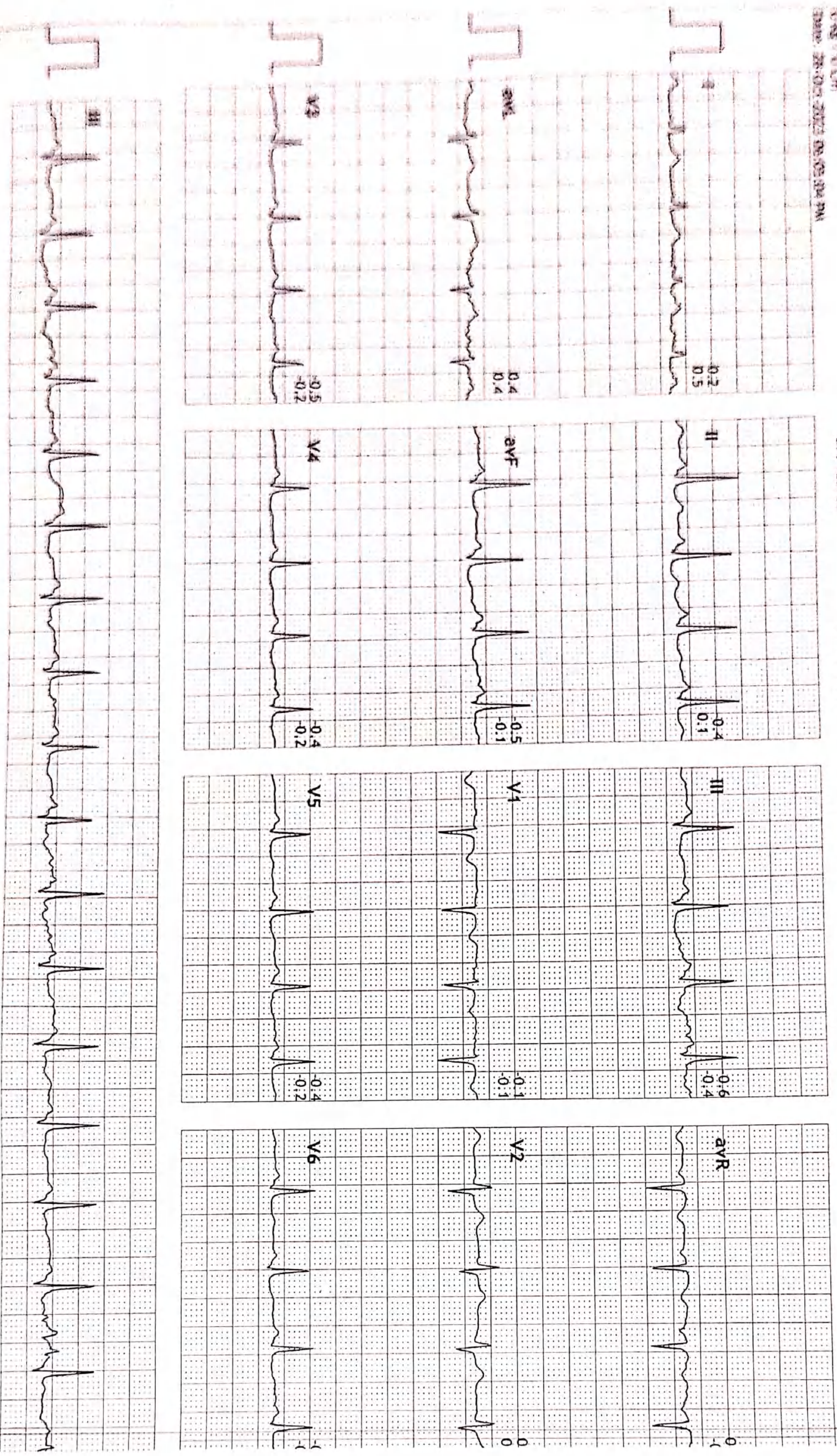
Raw ECG
 BRUCE
 (0.05-100)Hz

Ex Time 02:33
 BLC : On
 Notch : On

ExStart
 10.0 mm/mV
 25 mm/Sec.



3x4+1 Rhythm Lead



CURE CARDIOLOGY CLINIC
2ND FLOOR KANSAGRA HOSPITAL, ASTRON CHOWK, RAJKOT.
 358 / MADHURI HIVE
 32 Yrs / Female
 0 Kg / 0 Cm

Date: 28-Oct-2023 06:05:04 PM

HR: 150 bpm
 METS: 7.0
 BP: 150/80

MPHR: 79% of 188
 Speed: 4.0 kmph
 Grade: 12.0%

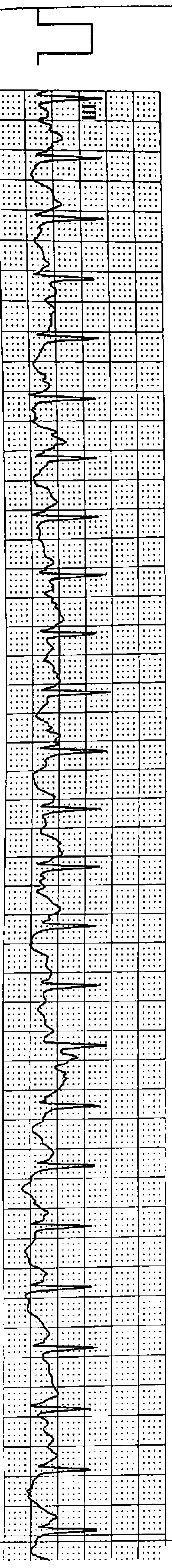
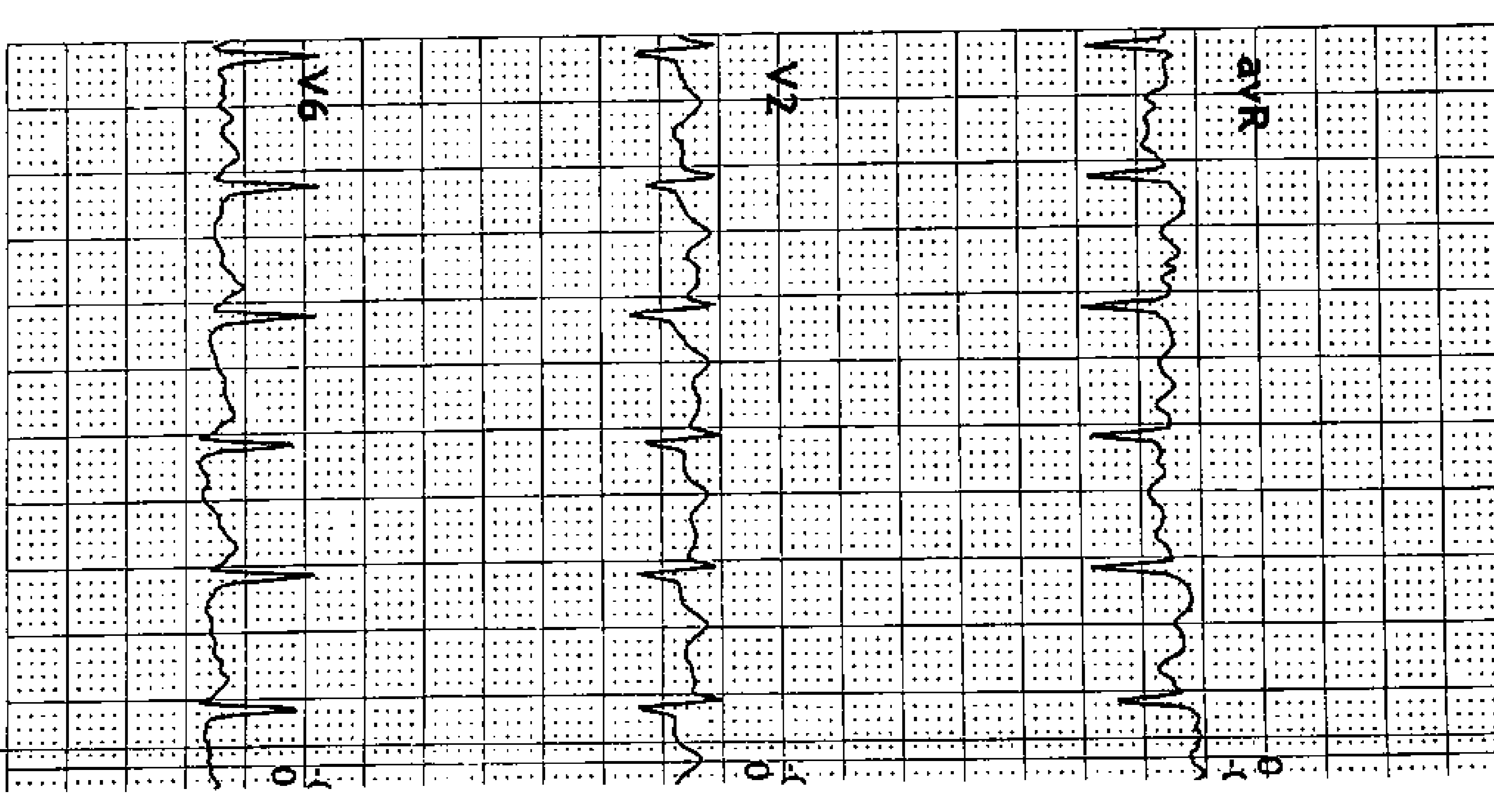
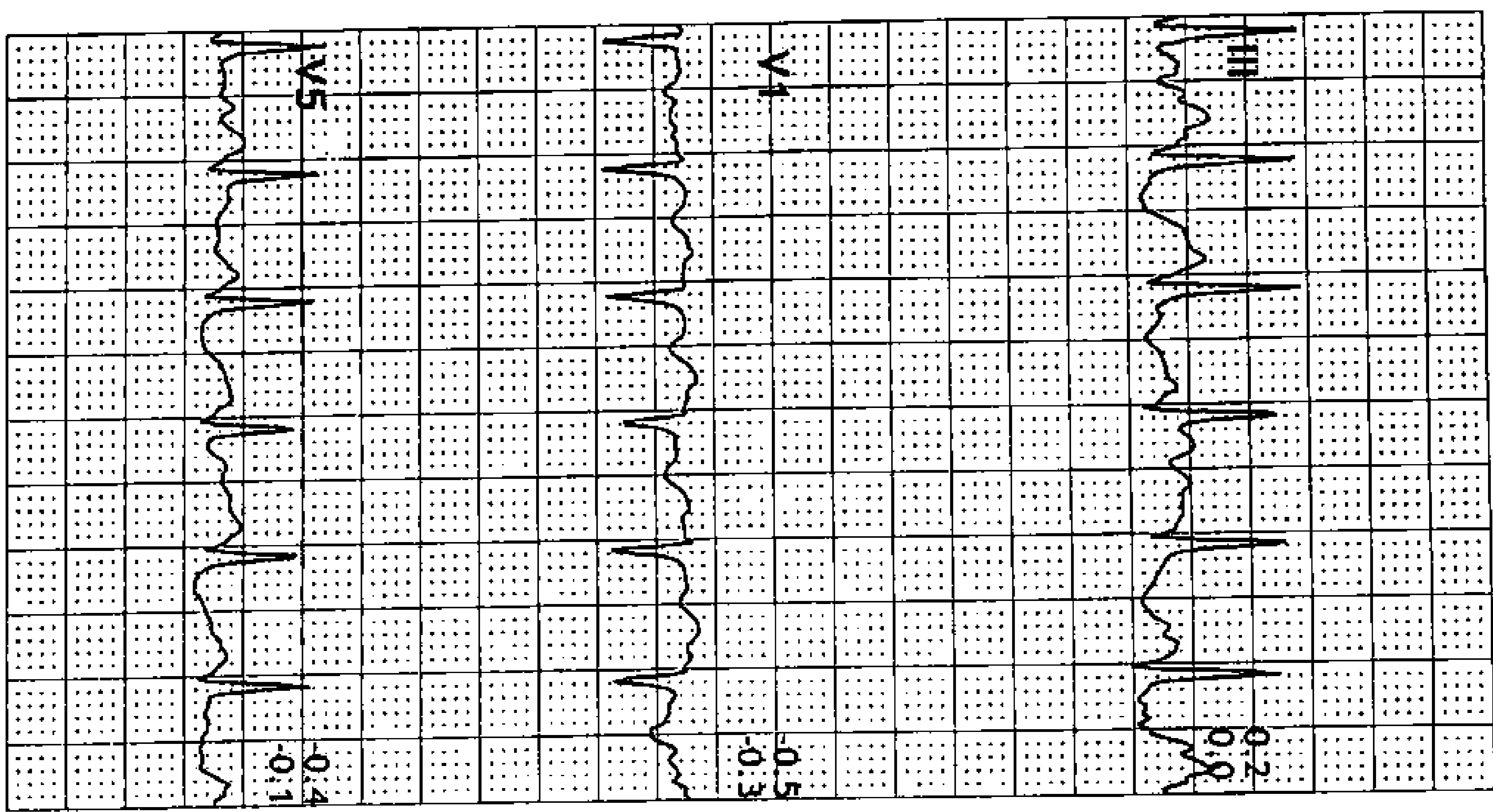
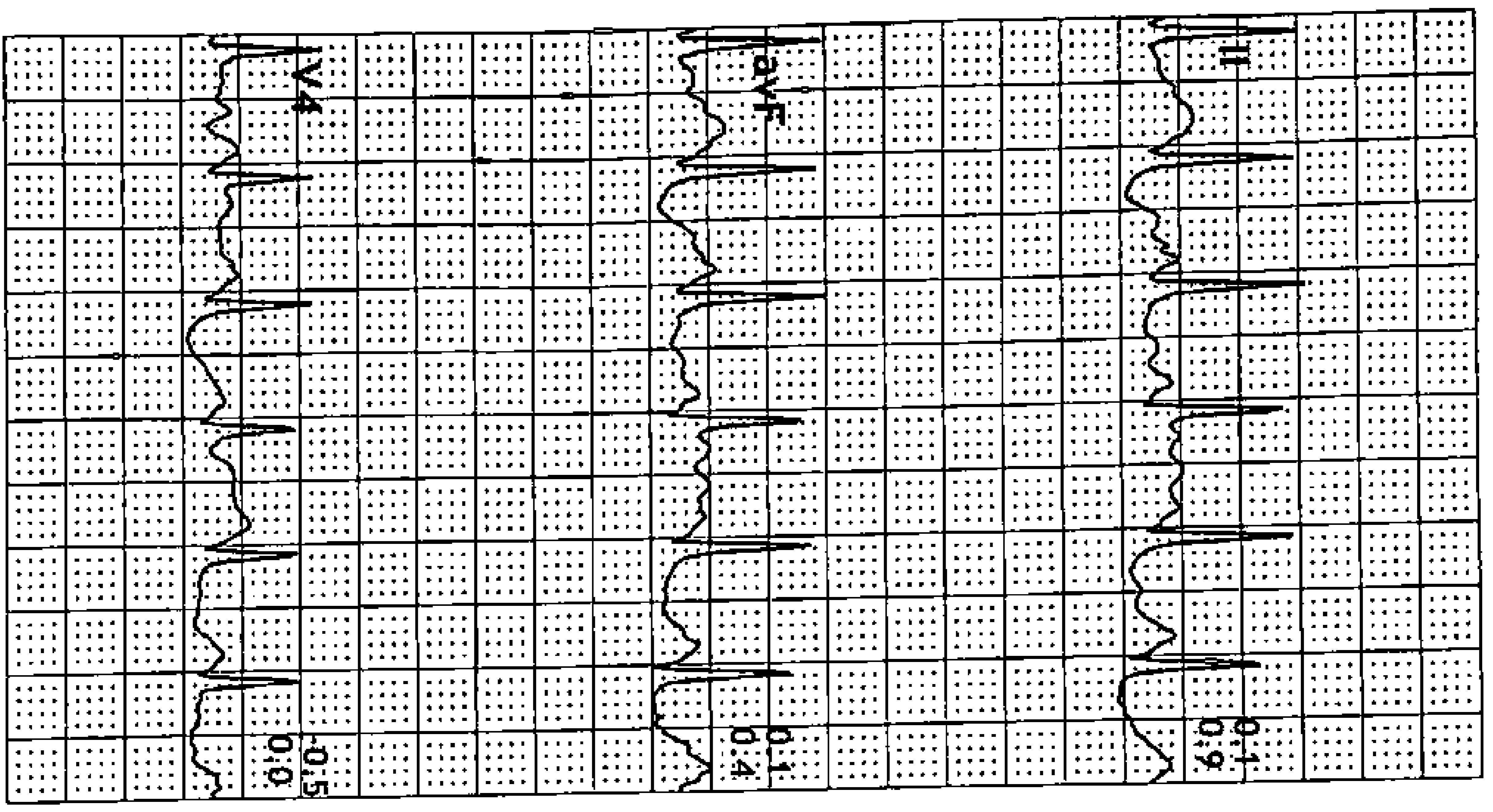
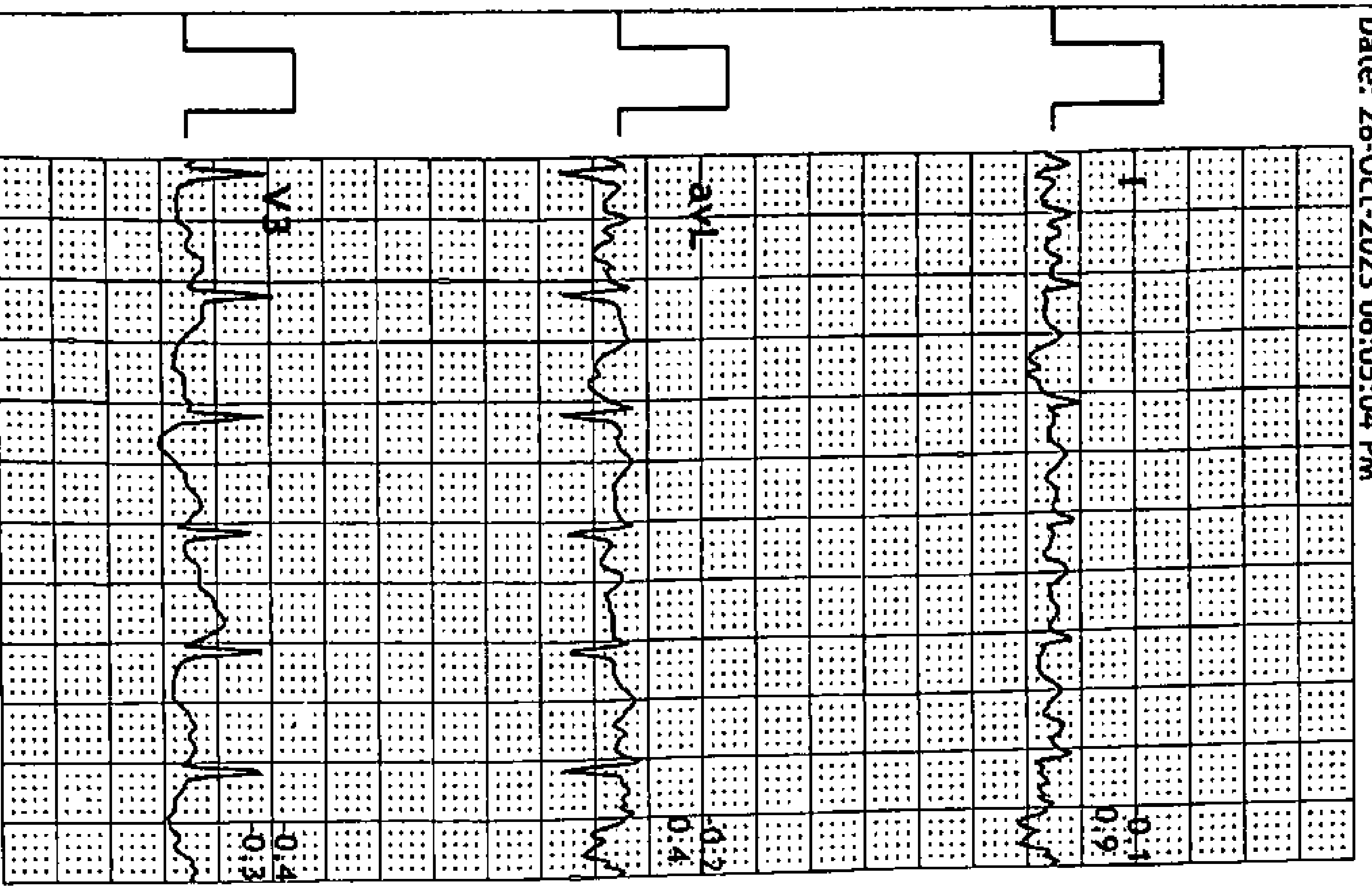
Raw ECG
 BRUCE
 (0.05-100)Hz

Ex Time 05:59
 BLC : On
 Notch : On

BRUCE: Stage 2
 10.0 mm/mV
 25 mm/Sec.



3x4+1 Rhythm Lead



CURE CARDIOLOGY CLINIC
2ND FLOOR KANSAGRA HOSPITAL, ASTRON CHOWK, RAJKOT.
358 / MADHURI HVRE
32 Yrs / Female
0 Kg / 0 Cm

Date: 28-Oct-2023 06:05:04 PM

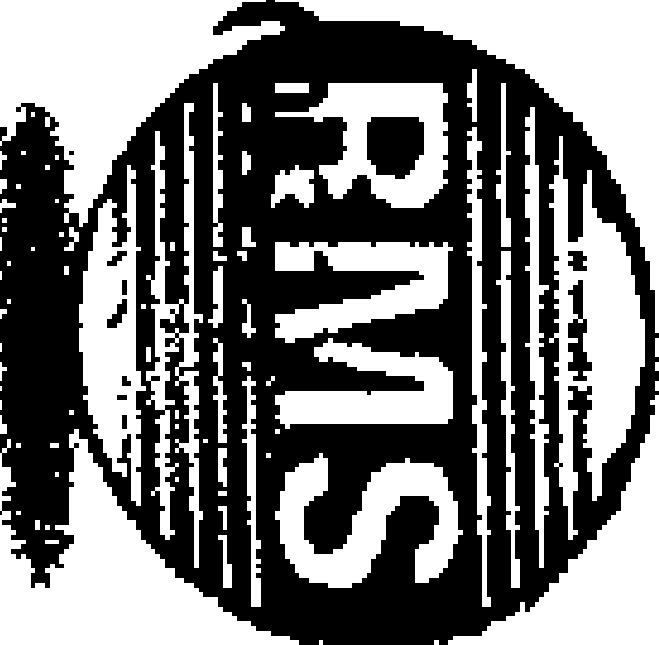
HR: 161 bpm
METS: 7.6
BP: 150/80

MPHR: 85% of 188
Speed: 5.5 kmph
Grade: 14.0%

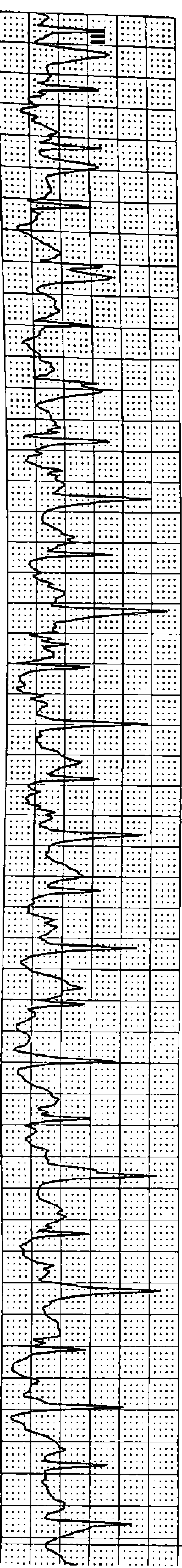
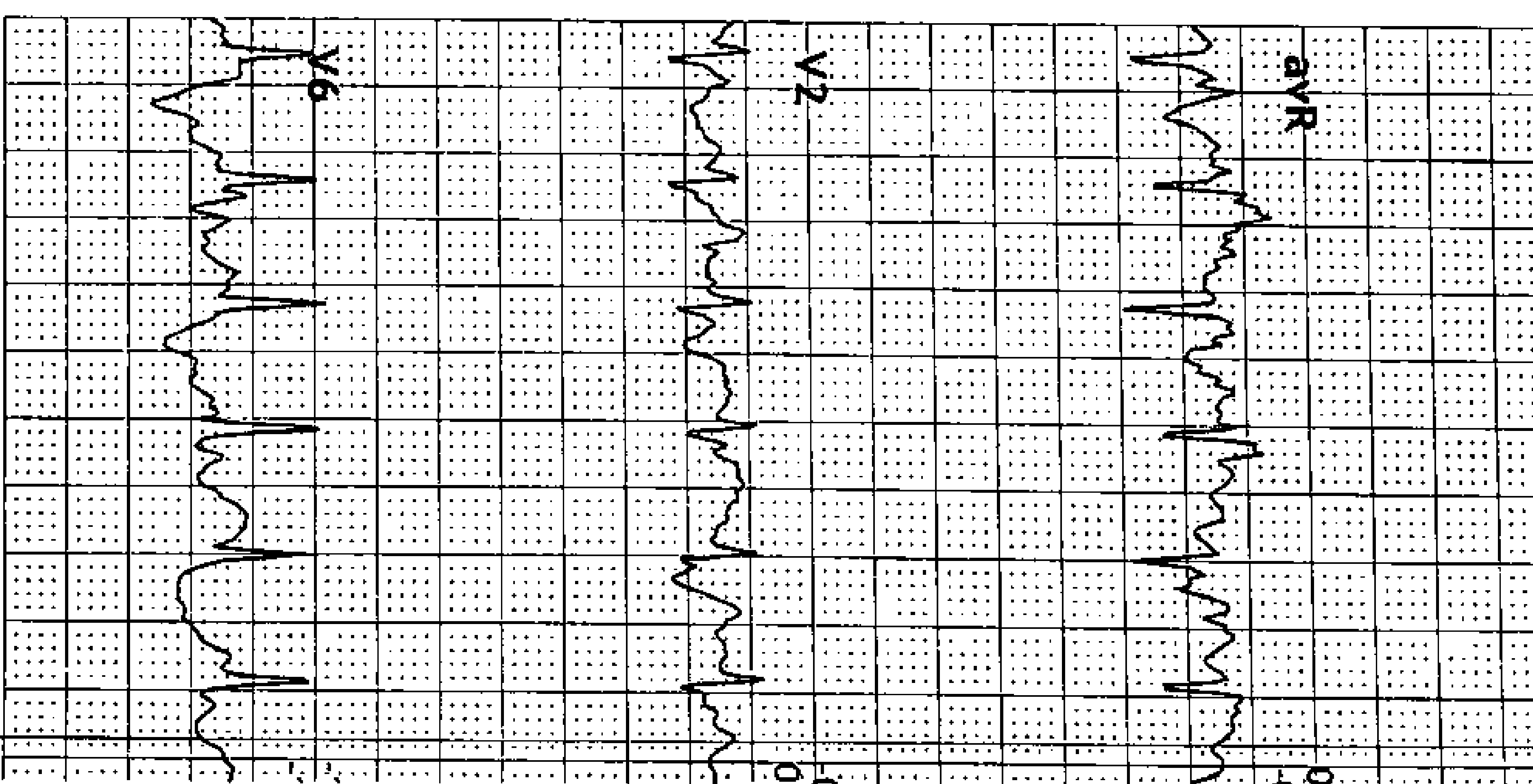
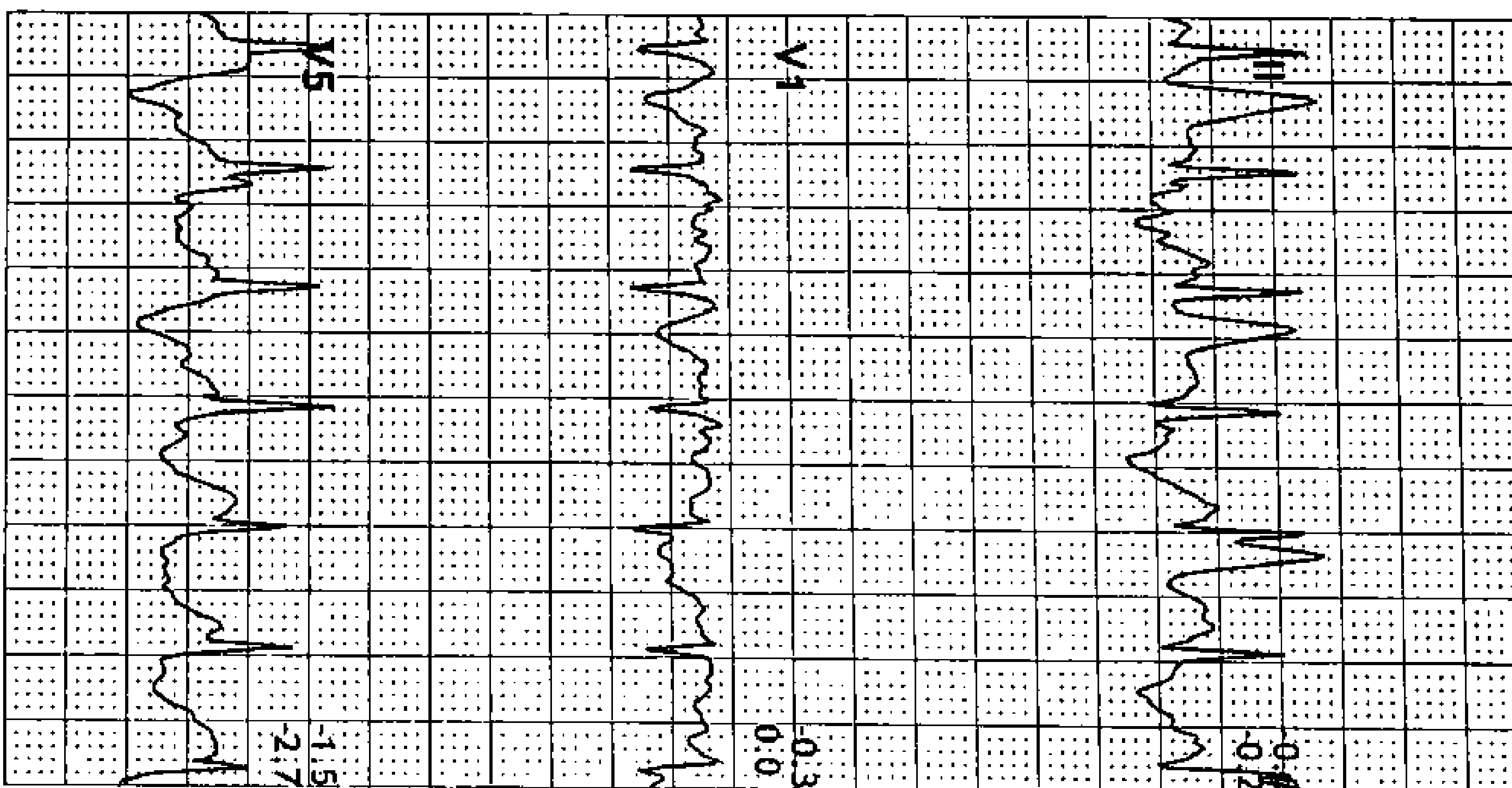
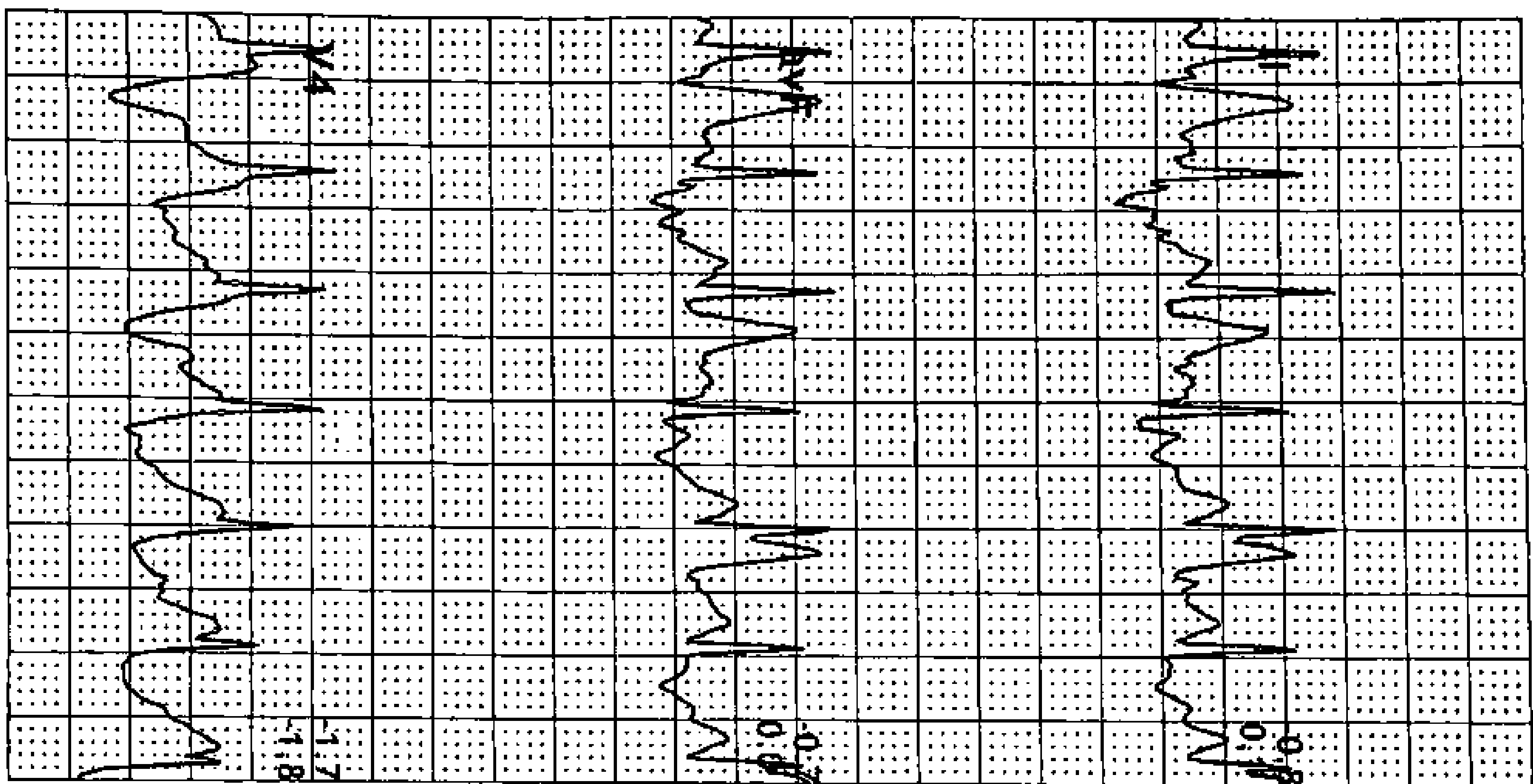
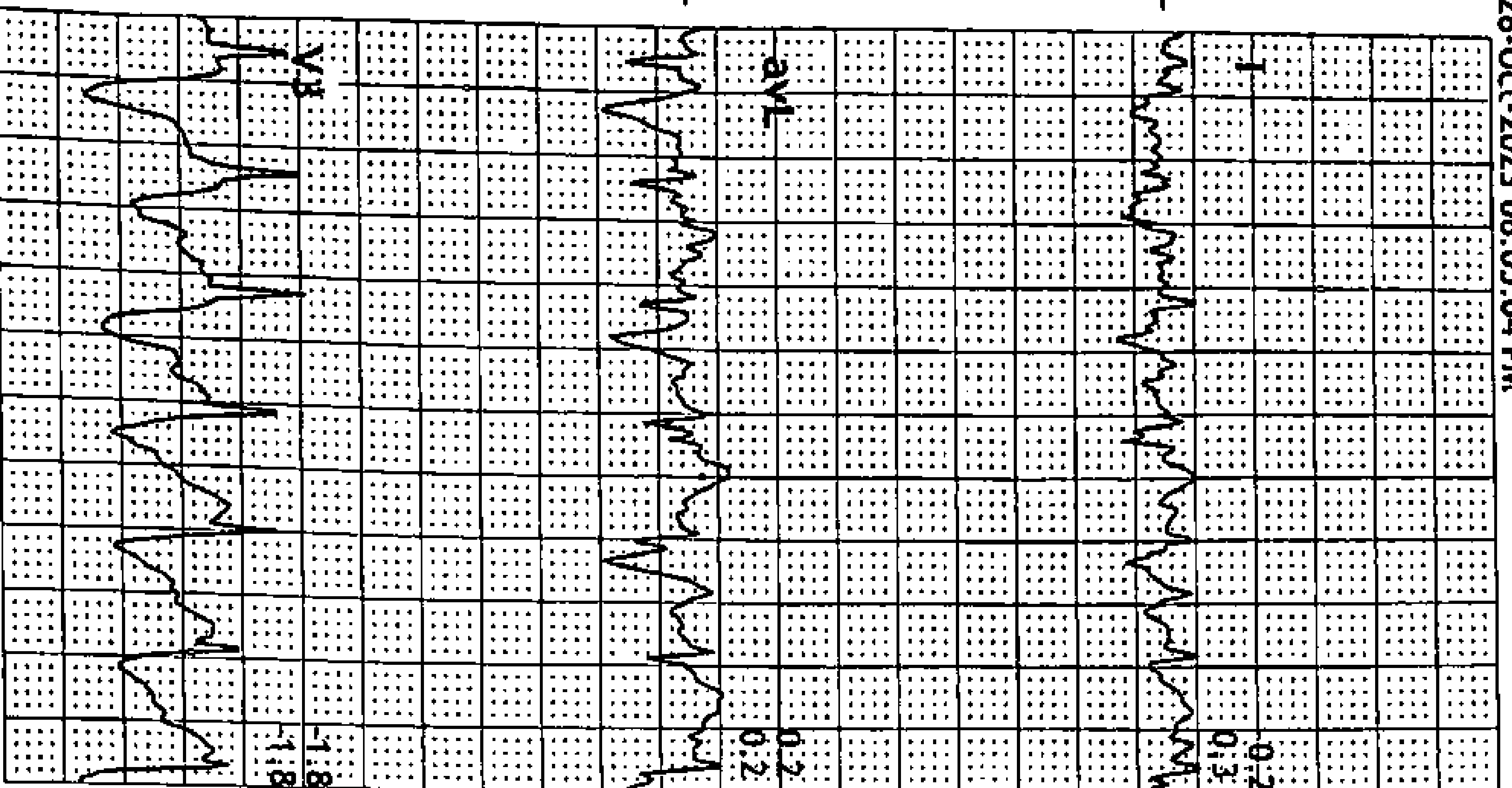
Raw ECG
BRUCE
(0.05-100)Hz

Ex Time 06:33
BLC : On
Notch : On

BRUCE: PeakEx
10.0 mm/mV
25 mm/Sec.



3x4+1 Rhythm Lead



CURE CARDIOLOGY CLINIC
 2ND FLOOR KANSAGRA HOSPITAL, ASTRON CHOWK, RAJKOT.
 358 / MADHURI Hivre
 32 Yrs / Female
 0 Kg / 0 Cm
 Date: 28-Oct-2023 06:05:04 PM

HR: 95 bpm
 METS: 1.0
 BP: 140/80

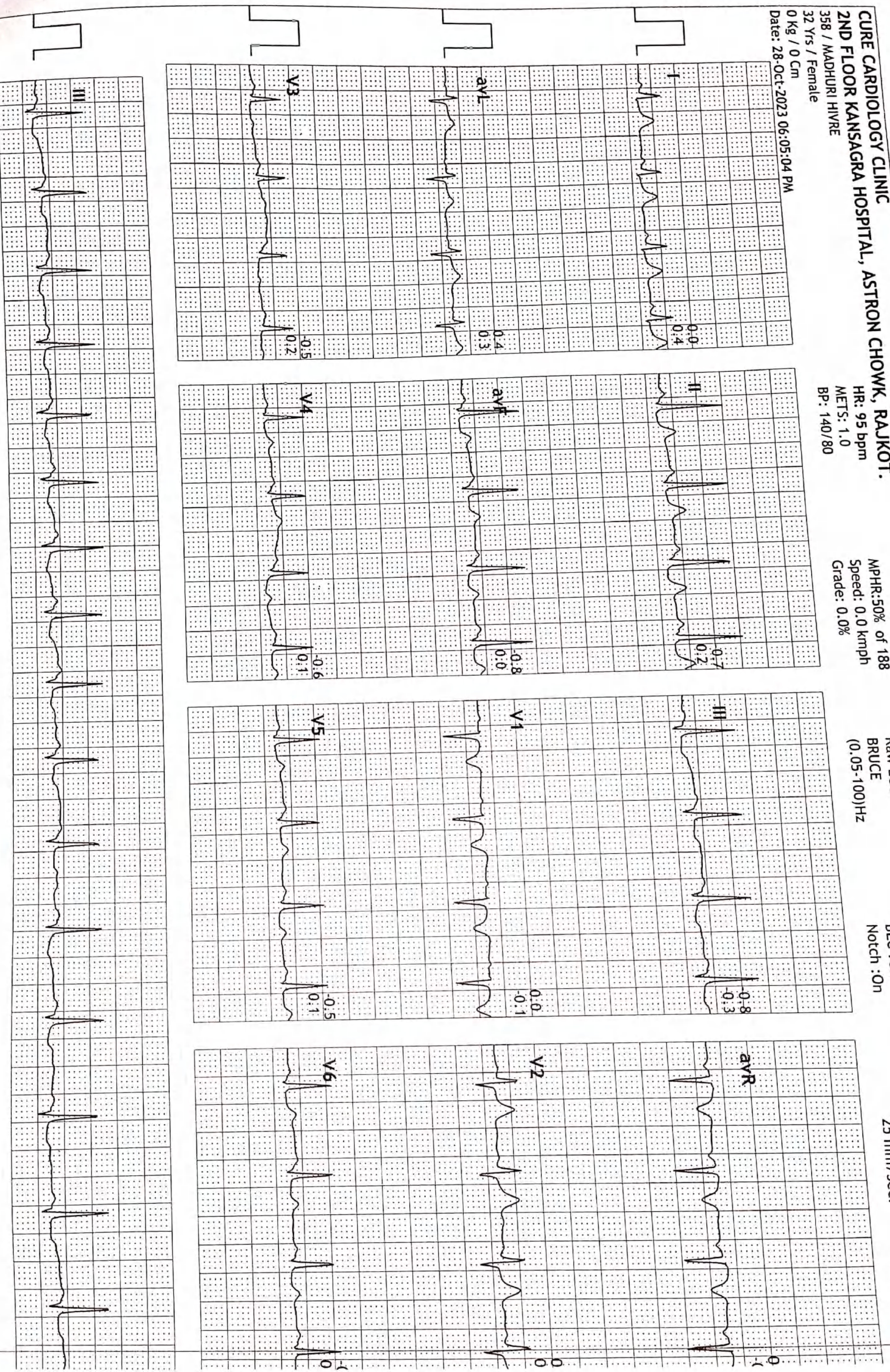
MPHR: 50% of 188
 Speed: 0.0 kmph
 Grade: 0.0%

Raw ECG
 BRUCE
 (0.05-100)Hz

Ex Time 06:35
 BLC : On
 Notch : On

Recovery(2:00)
 10.0 mm/mV
 25 mm/Sec.

3X4+1 Rhythm Lead



CURE CARDIOLOGY CLINIC

2ND FLOOR KANSAGRA HOSPITAL, ASTRON CHOWK, RAJKOT.

358 / MADHURI HIVRE

32 Yrs / Female

0 Kg / 0 Cm

Date: 28-Oct-2023 06:05:04 PM

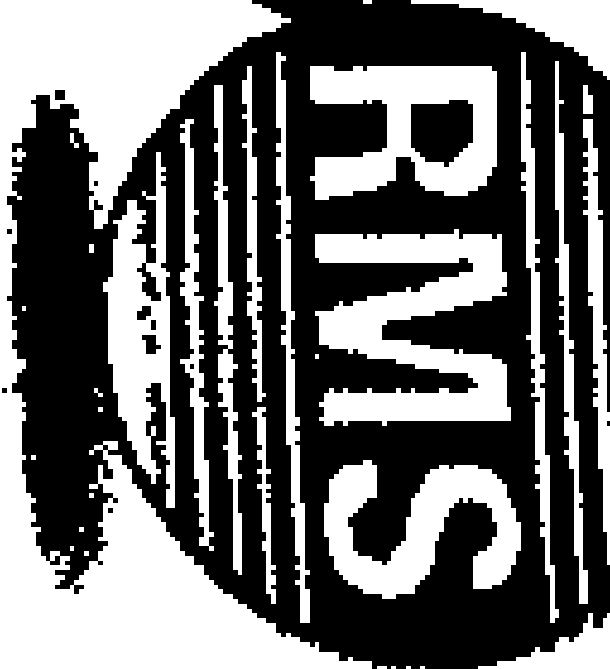
HR: 101 bpm
METS: 1.0
BP: 130/80

MPHR: 53% of 188
Speed: 0.0 kmph
Grade: 0.0%

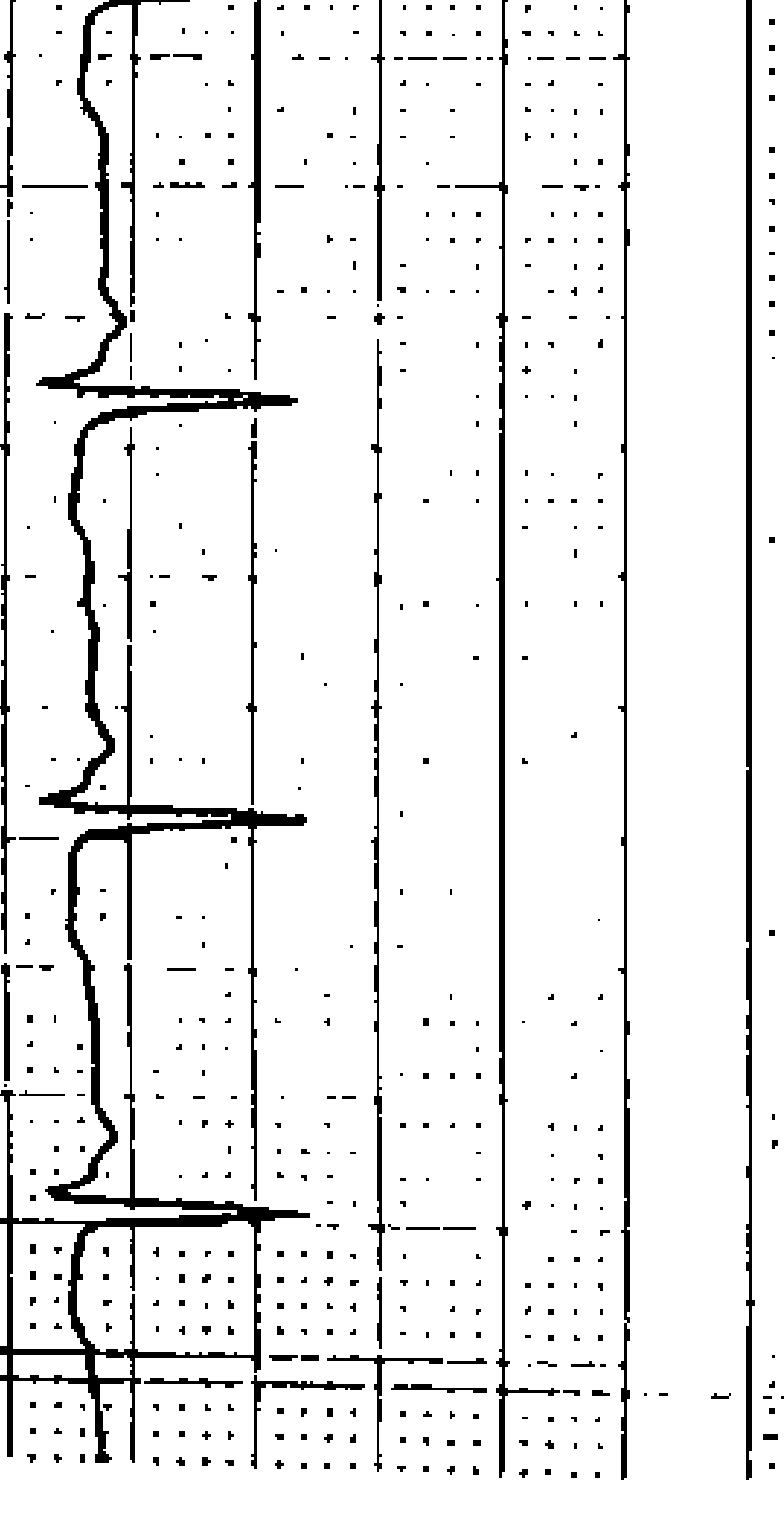
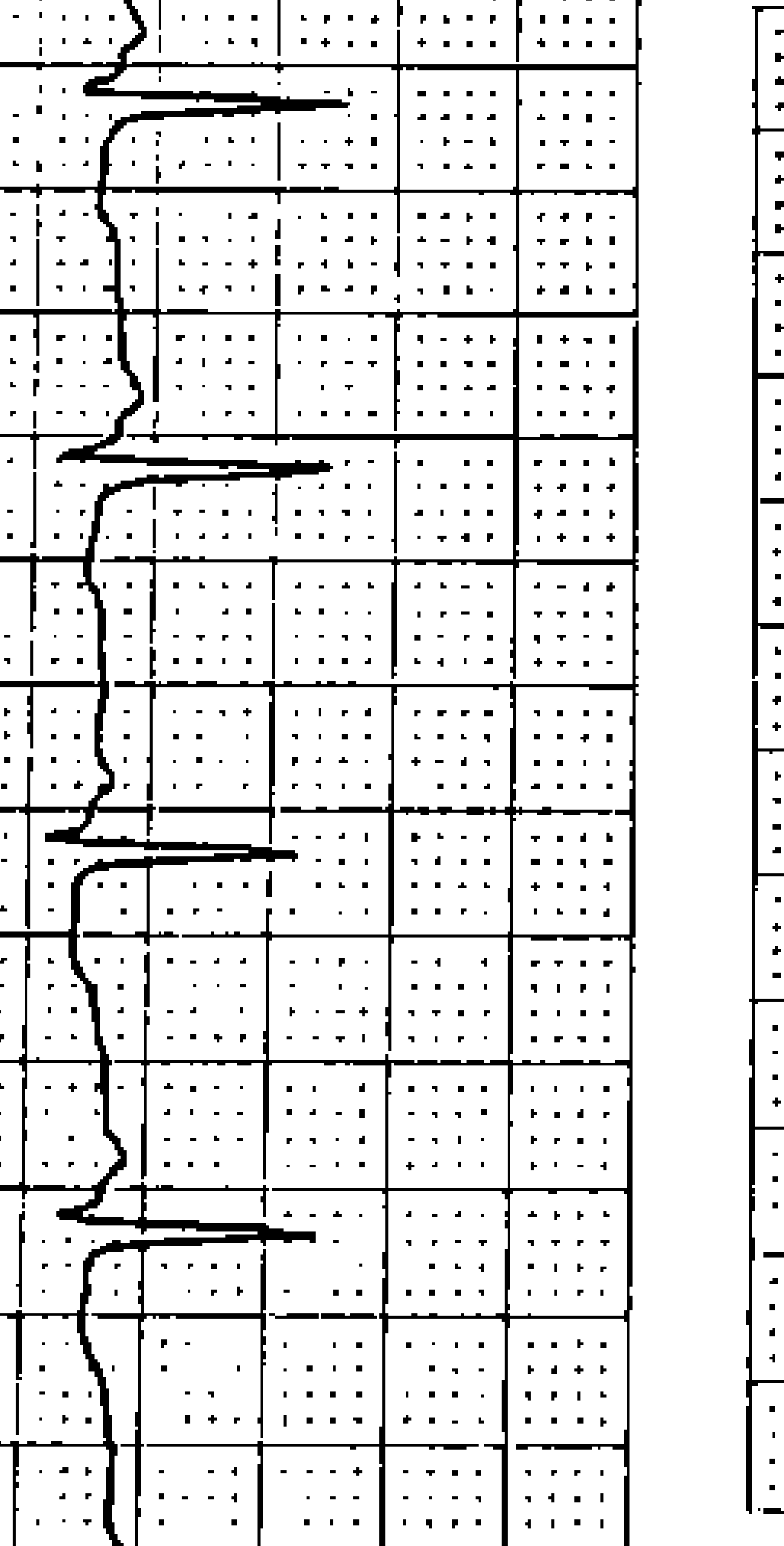
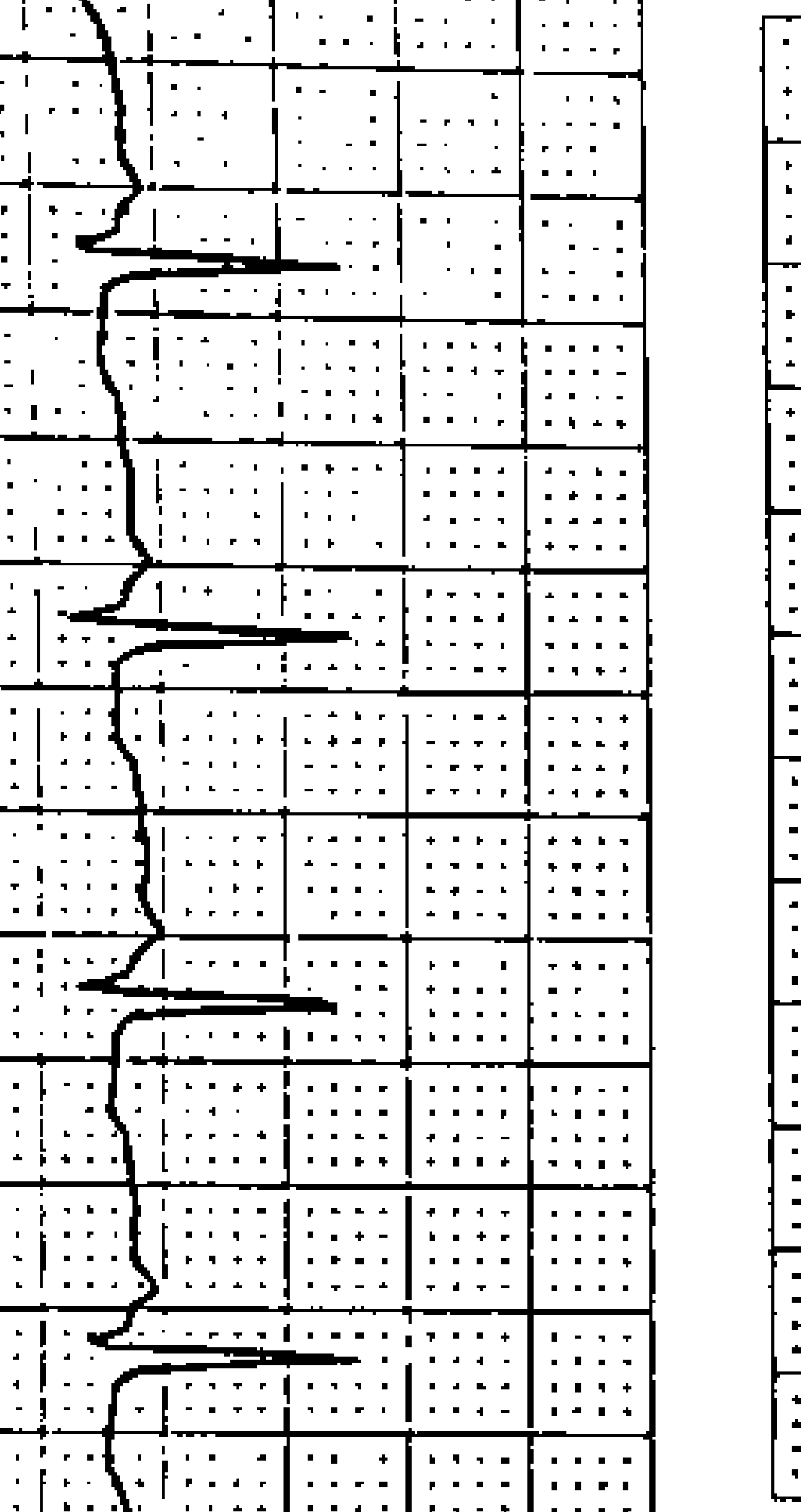
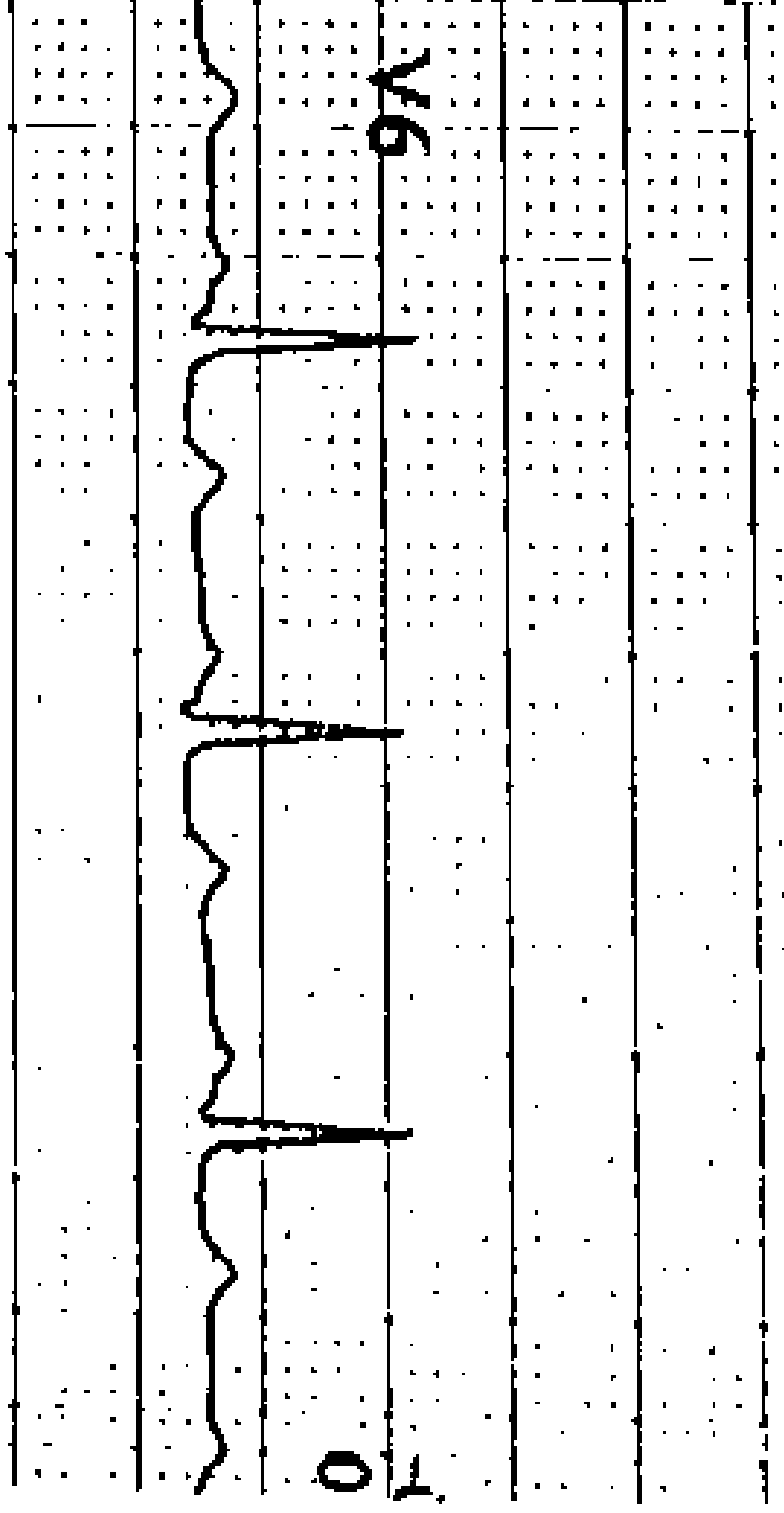
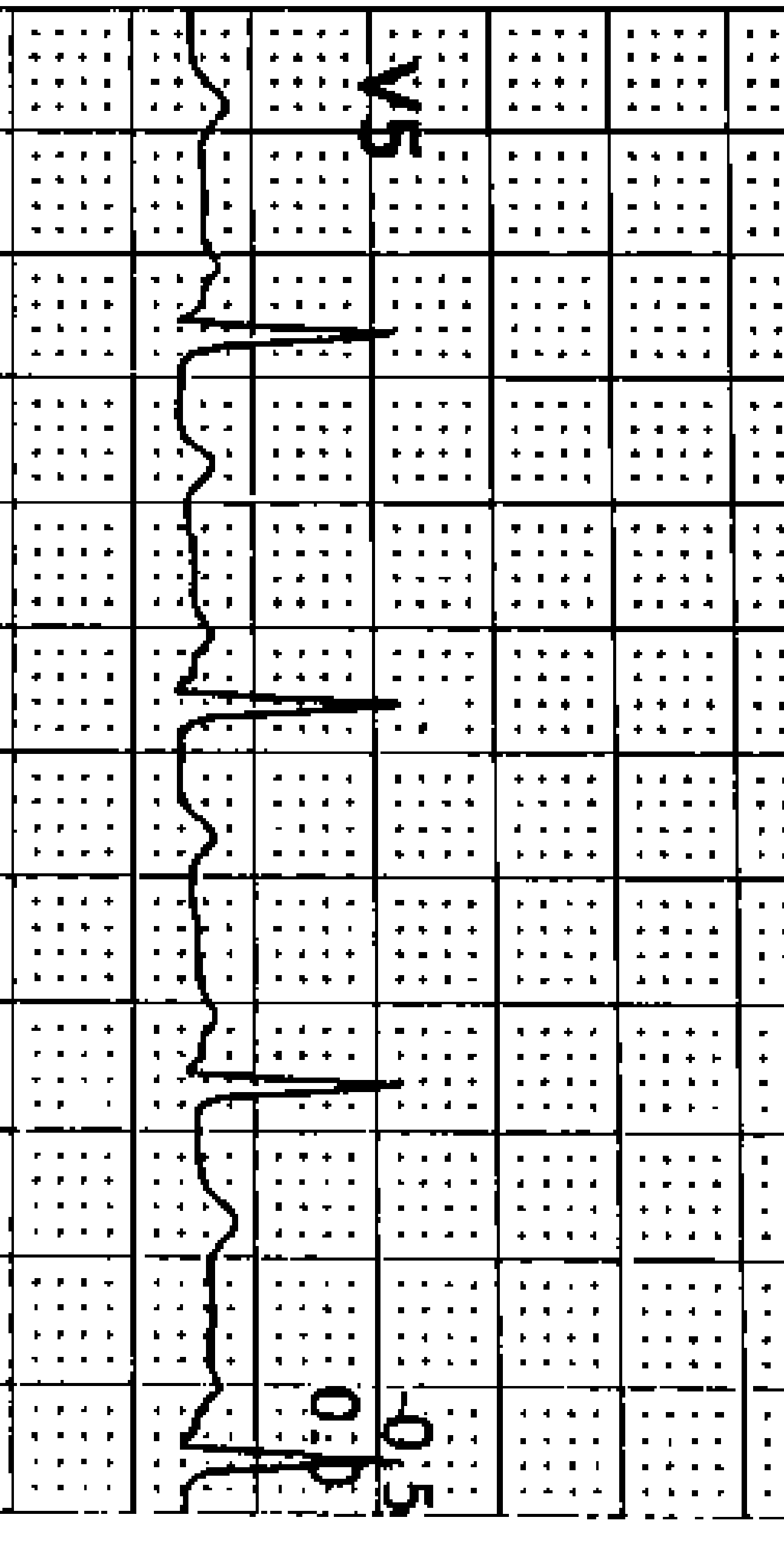
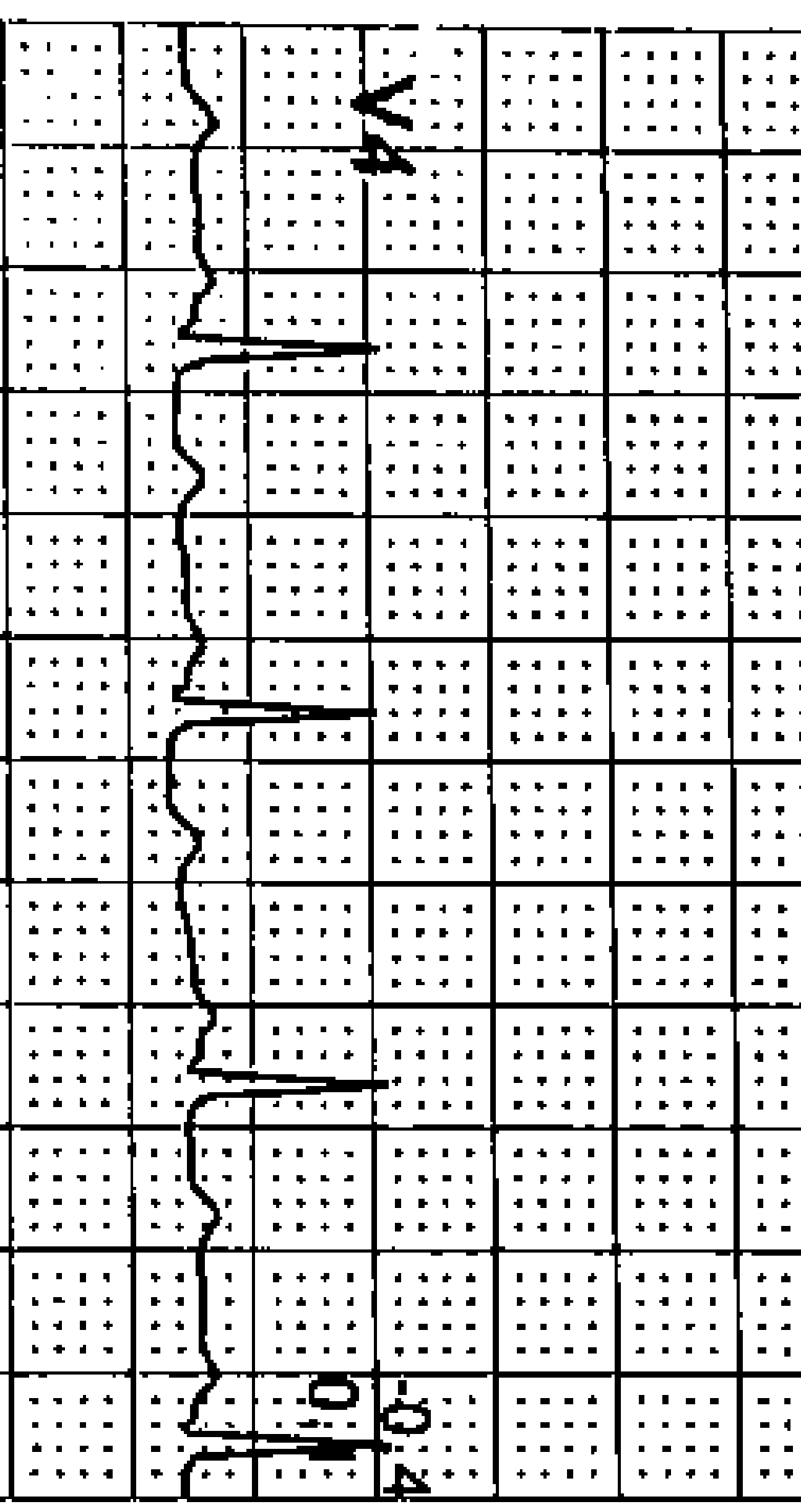
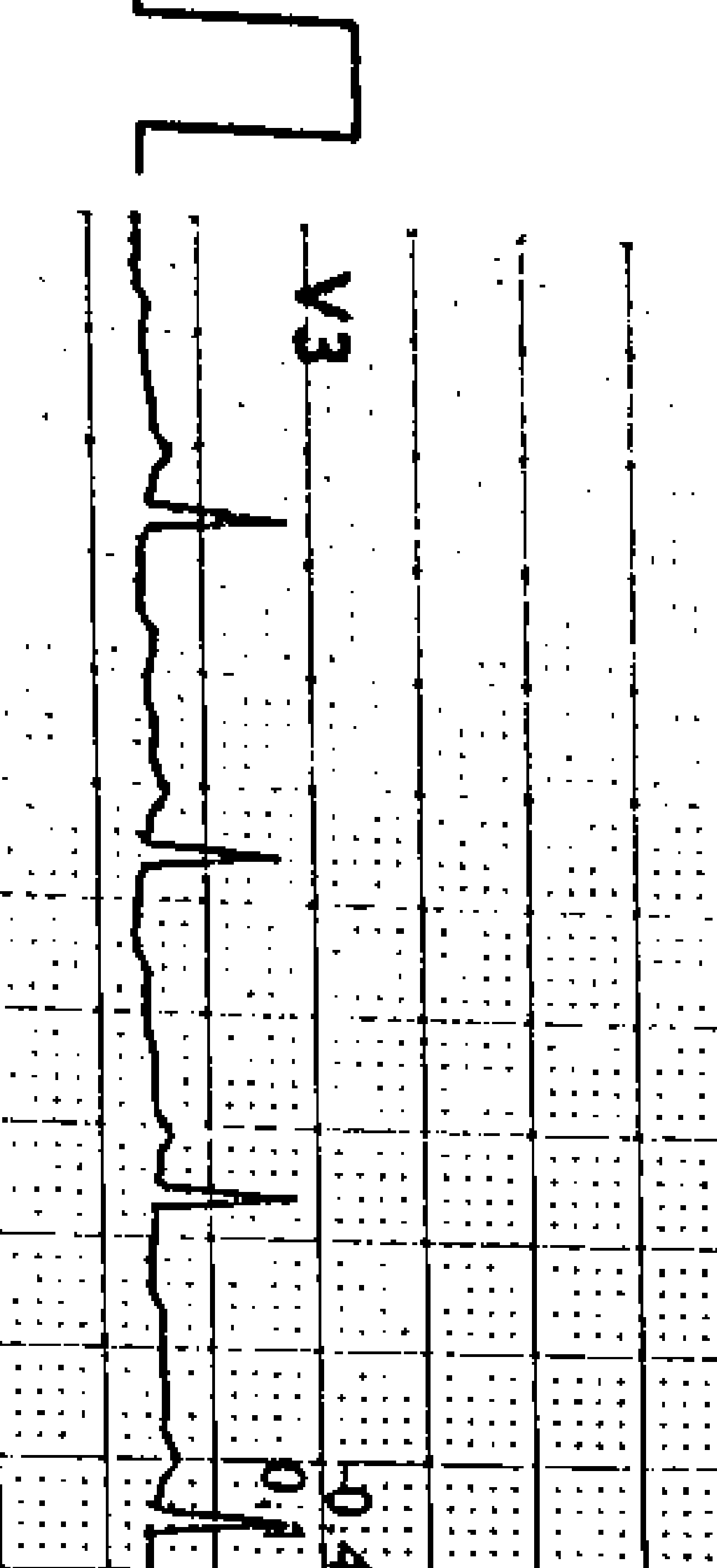
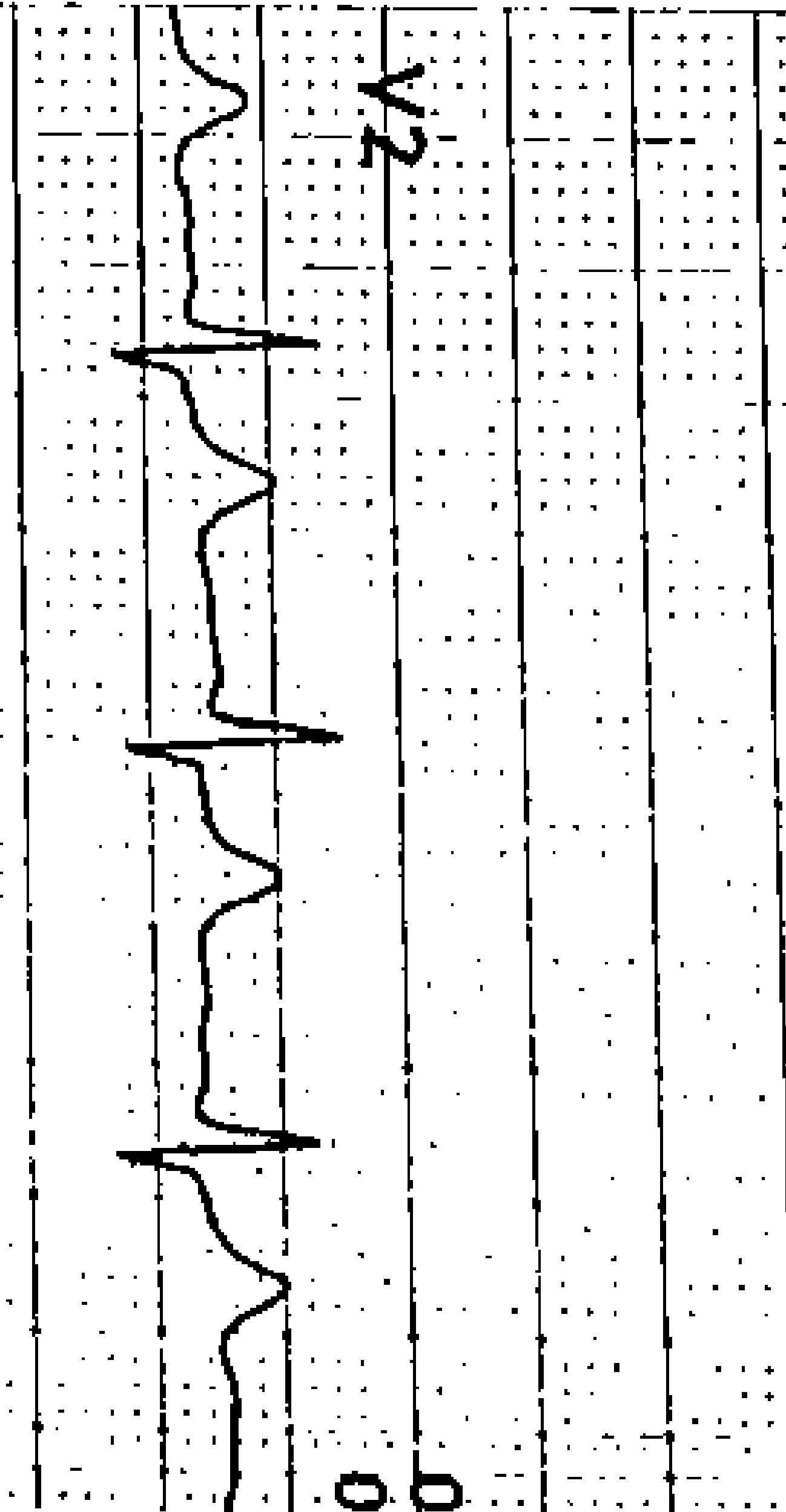
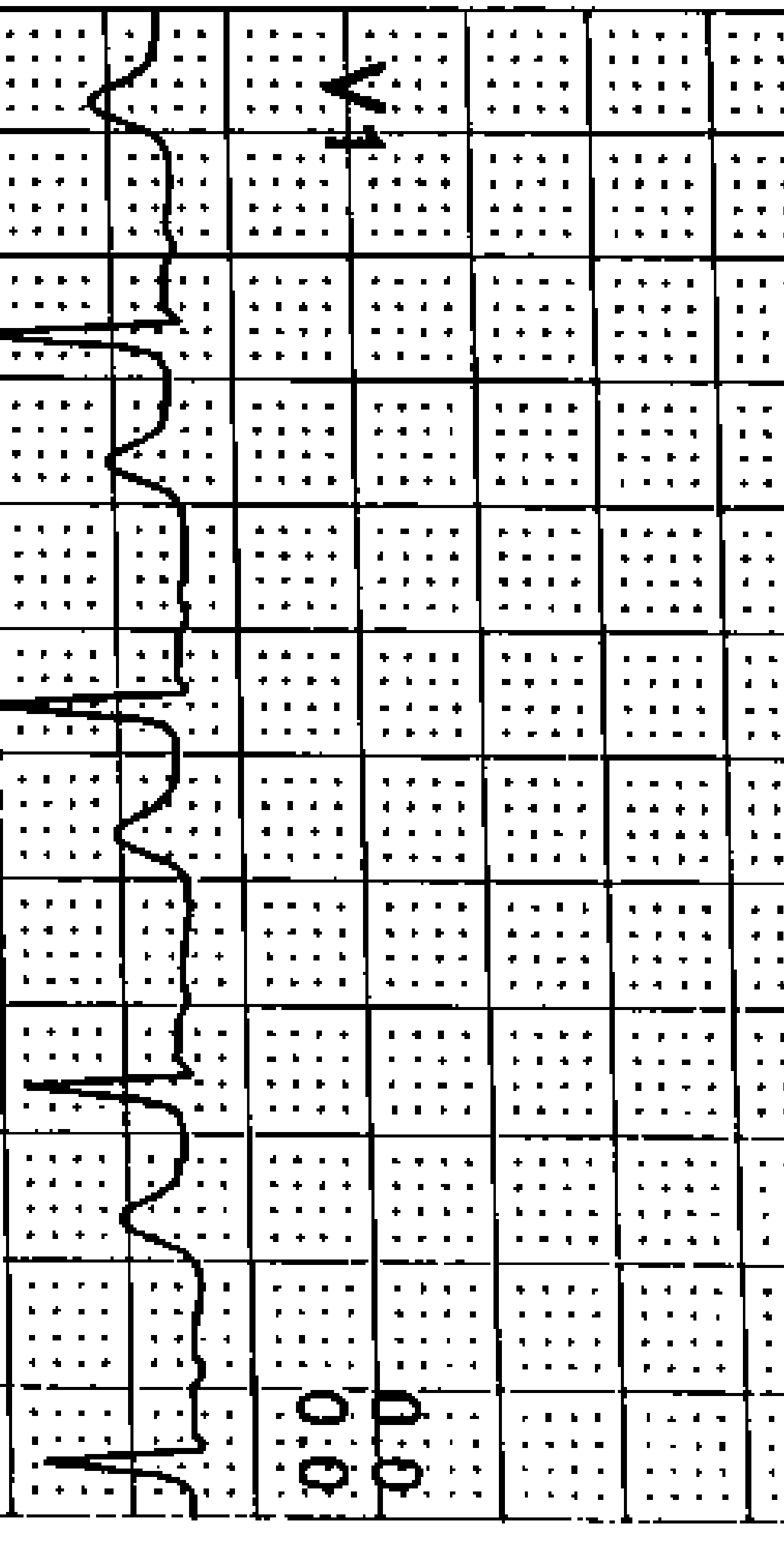
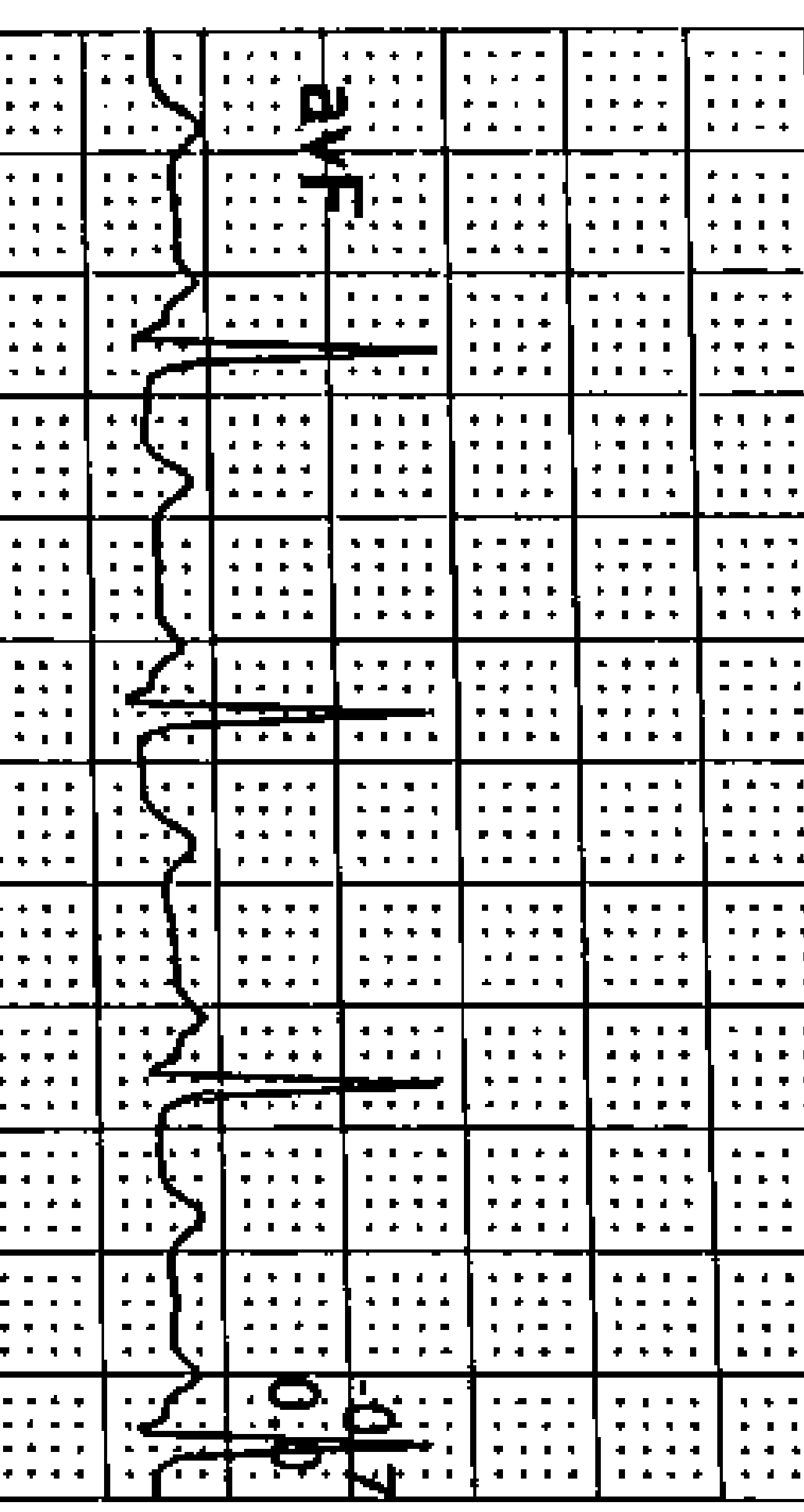
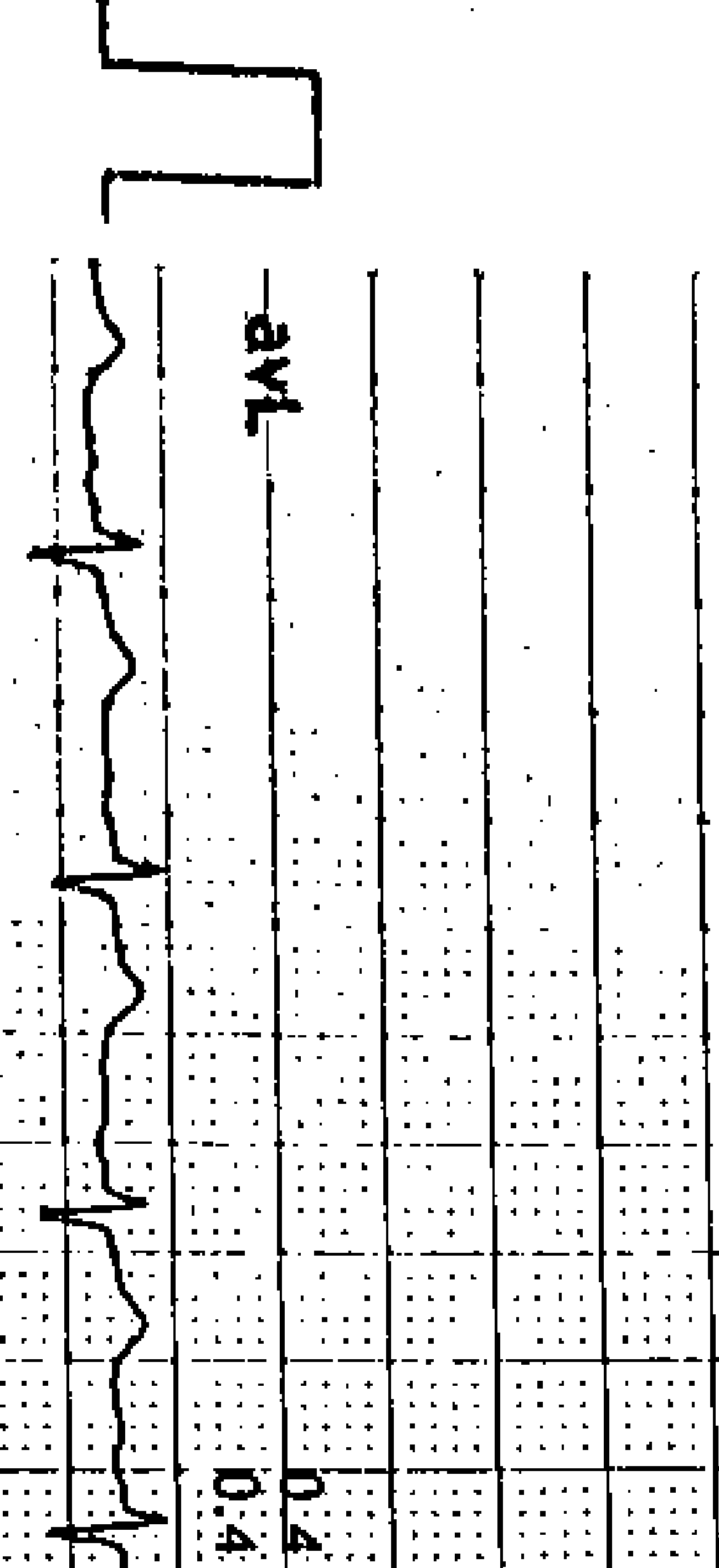
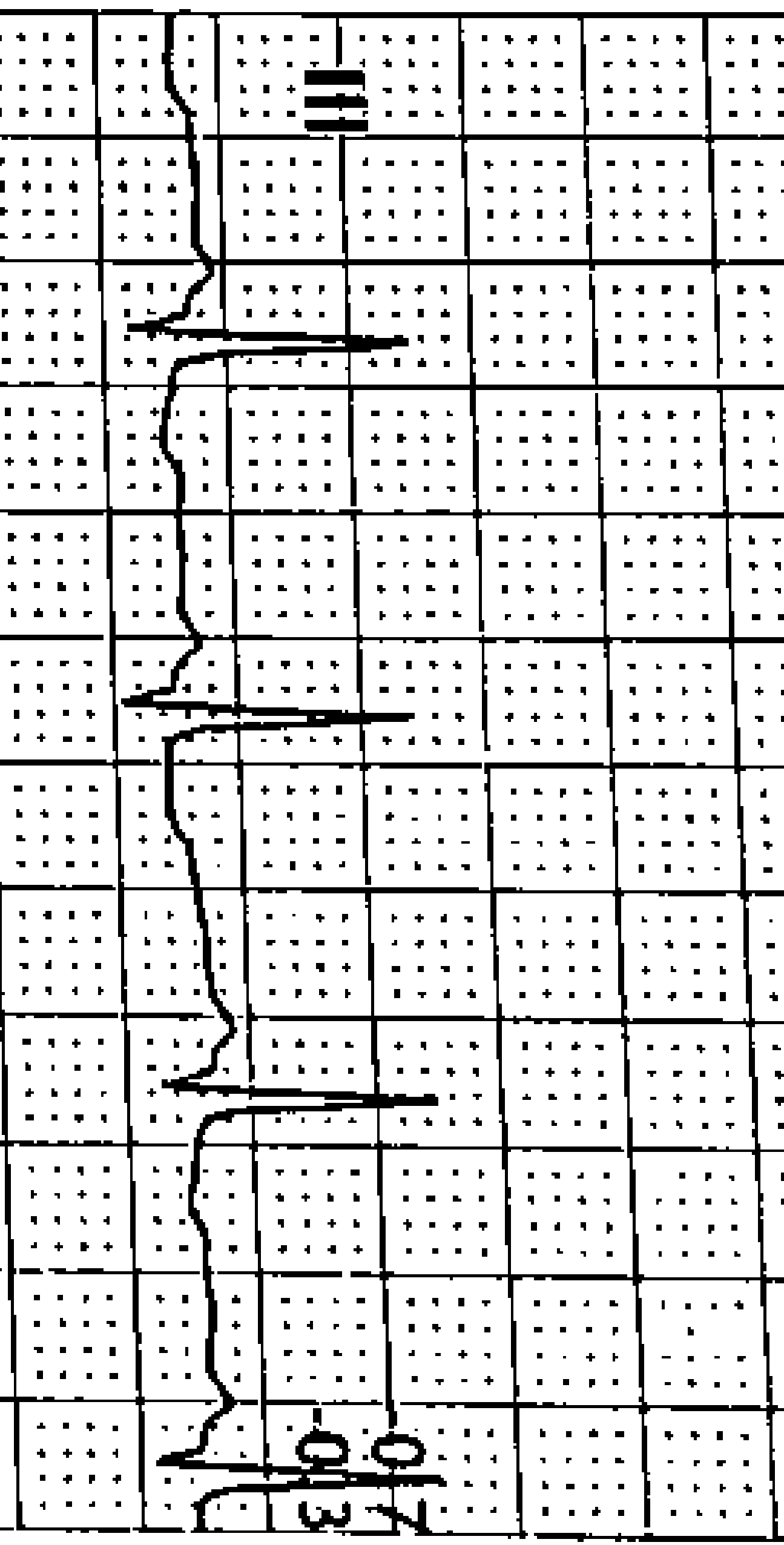
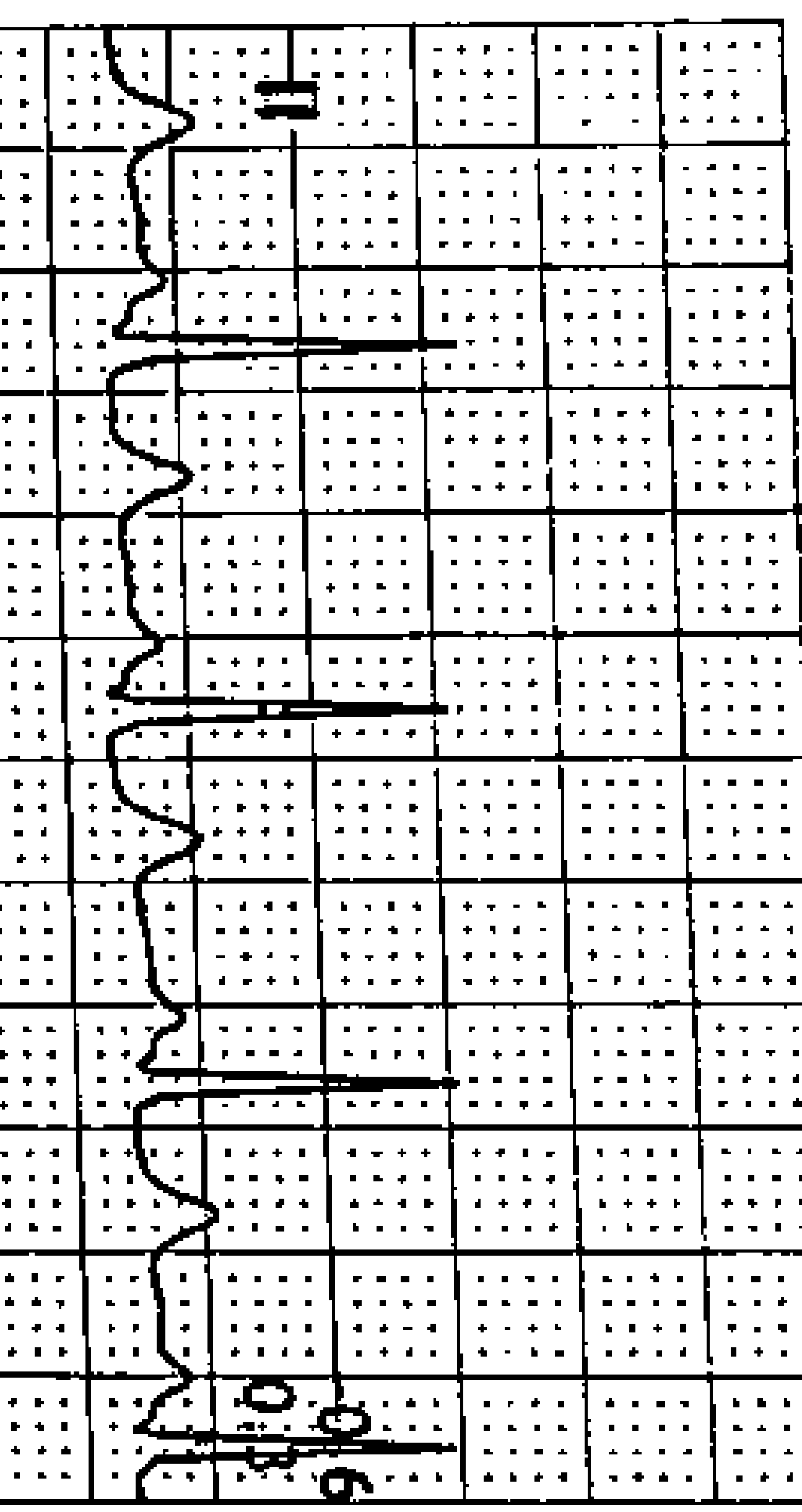
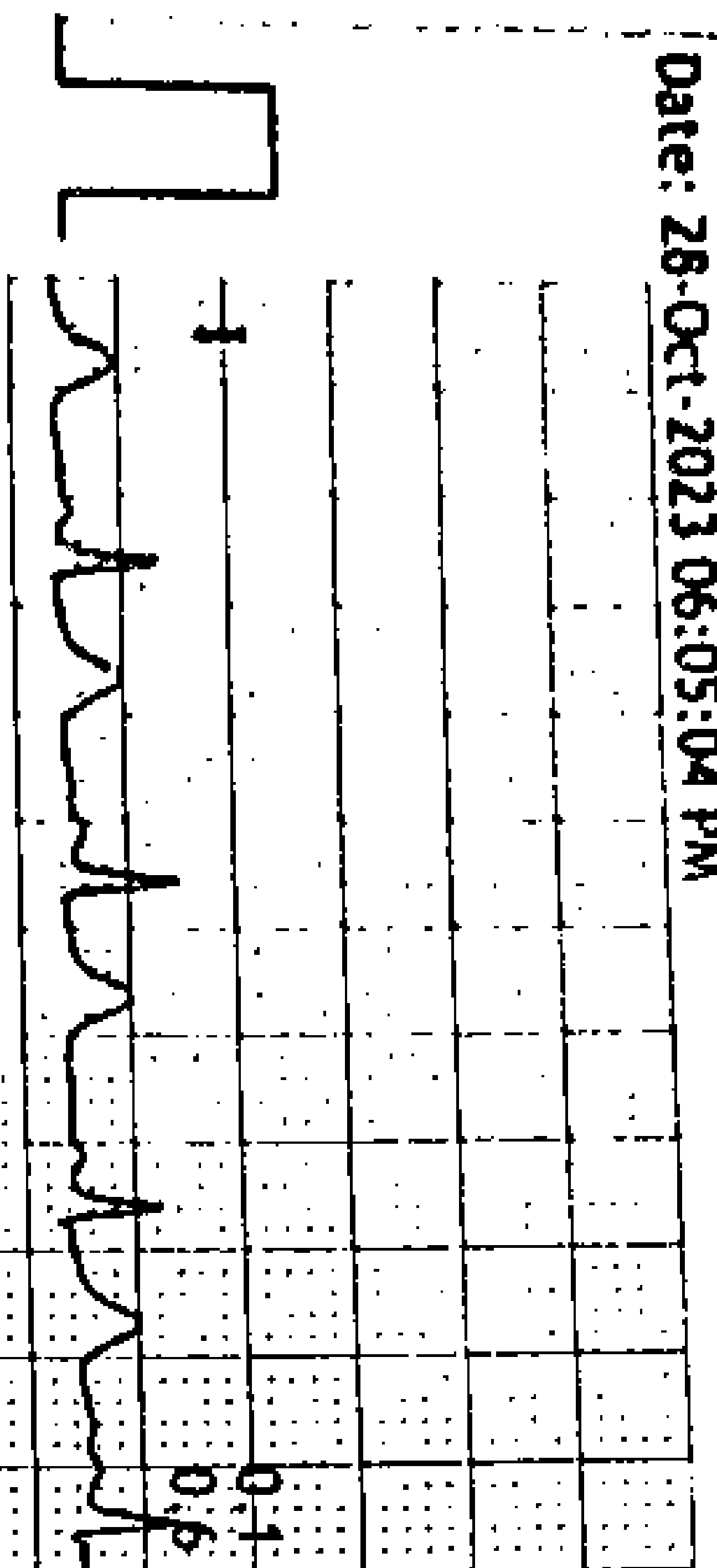
Raw ECG
BRUCE
(0.05-100)Hz

Ex Time 06:35
BLC : On
Notch : On

Recovery(3:00)
10.0 mm/mV
25 mm/Sec.



3x4+1 Rhythm Lead

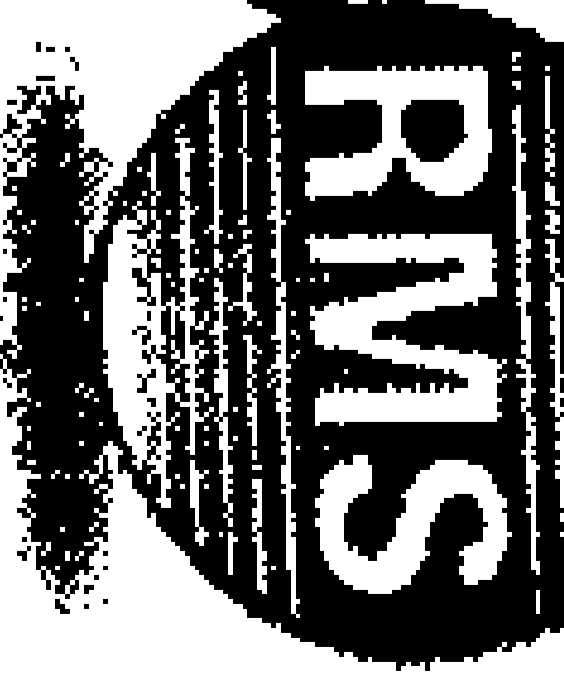


HR: 102 bpm
 METS: 1.0
 BP: 130/80
 MPH: 54% of 188
 Speed: 0.0 kmph
 Grade: 0.0%

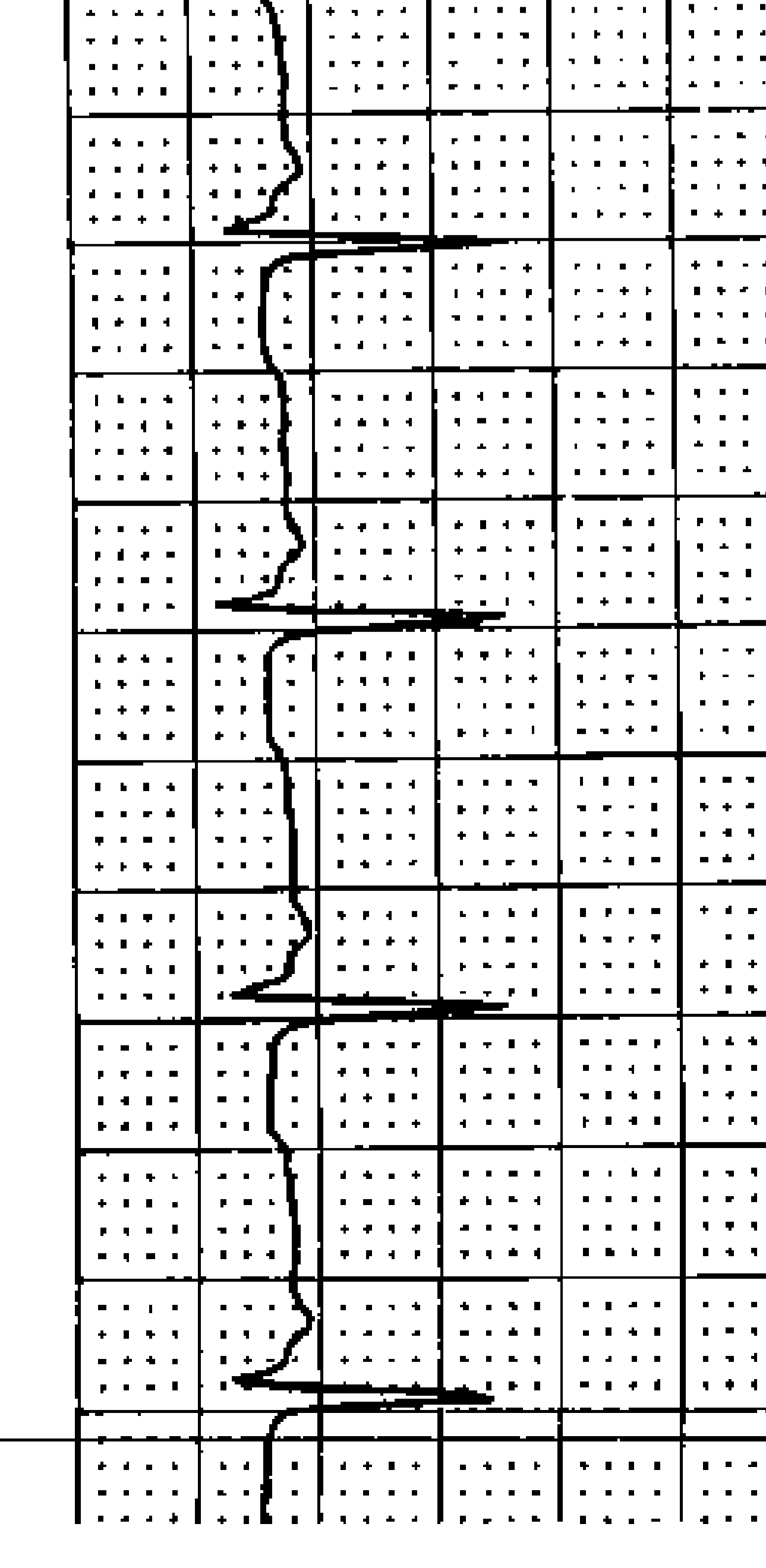
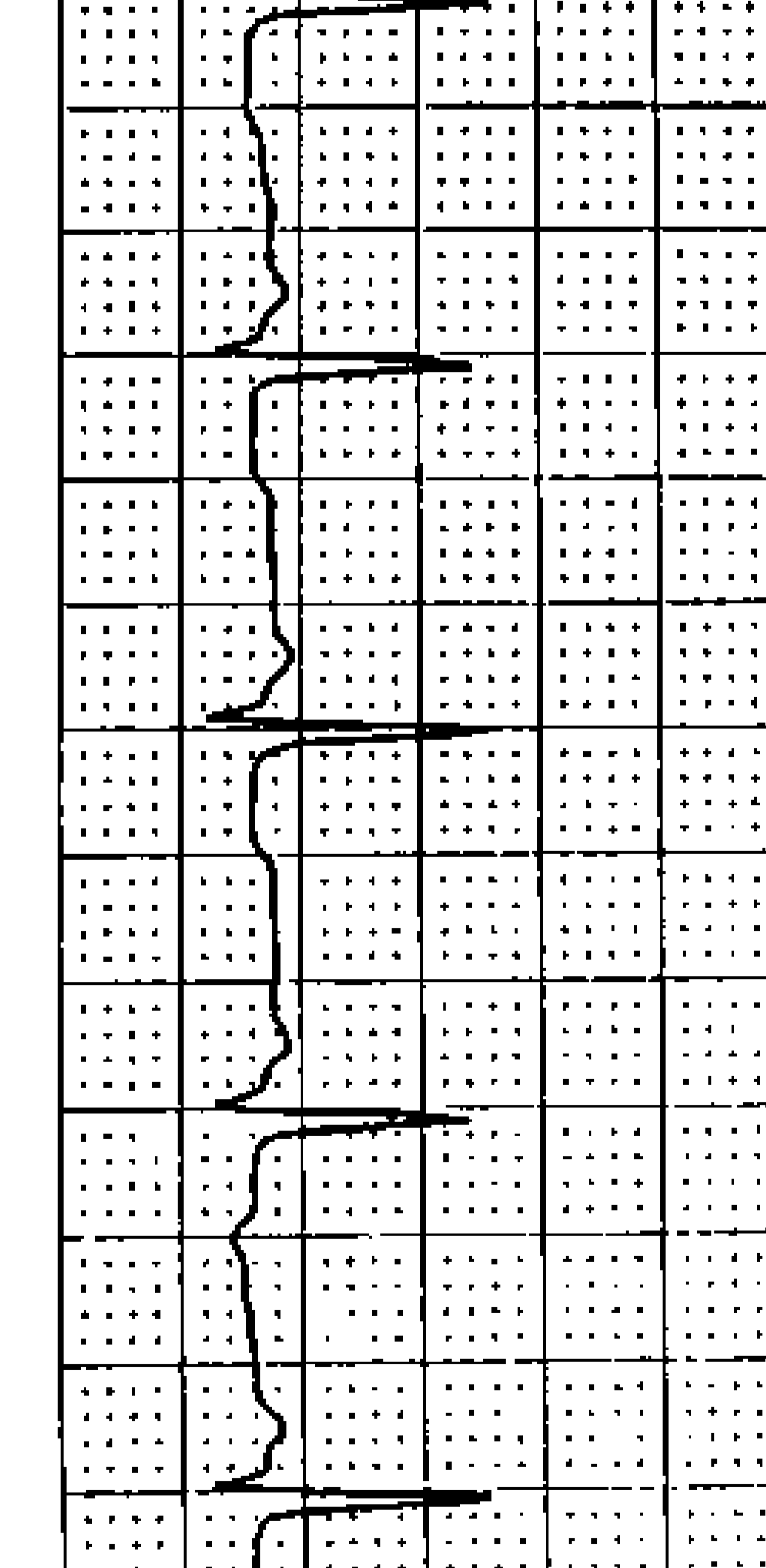
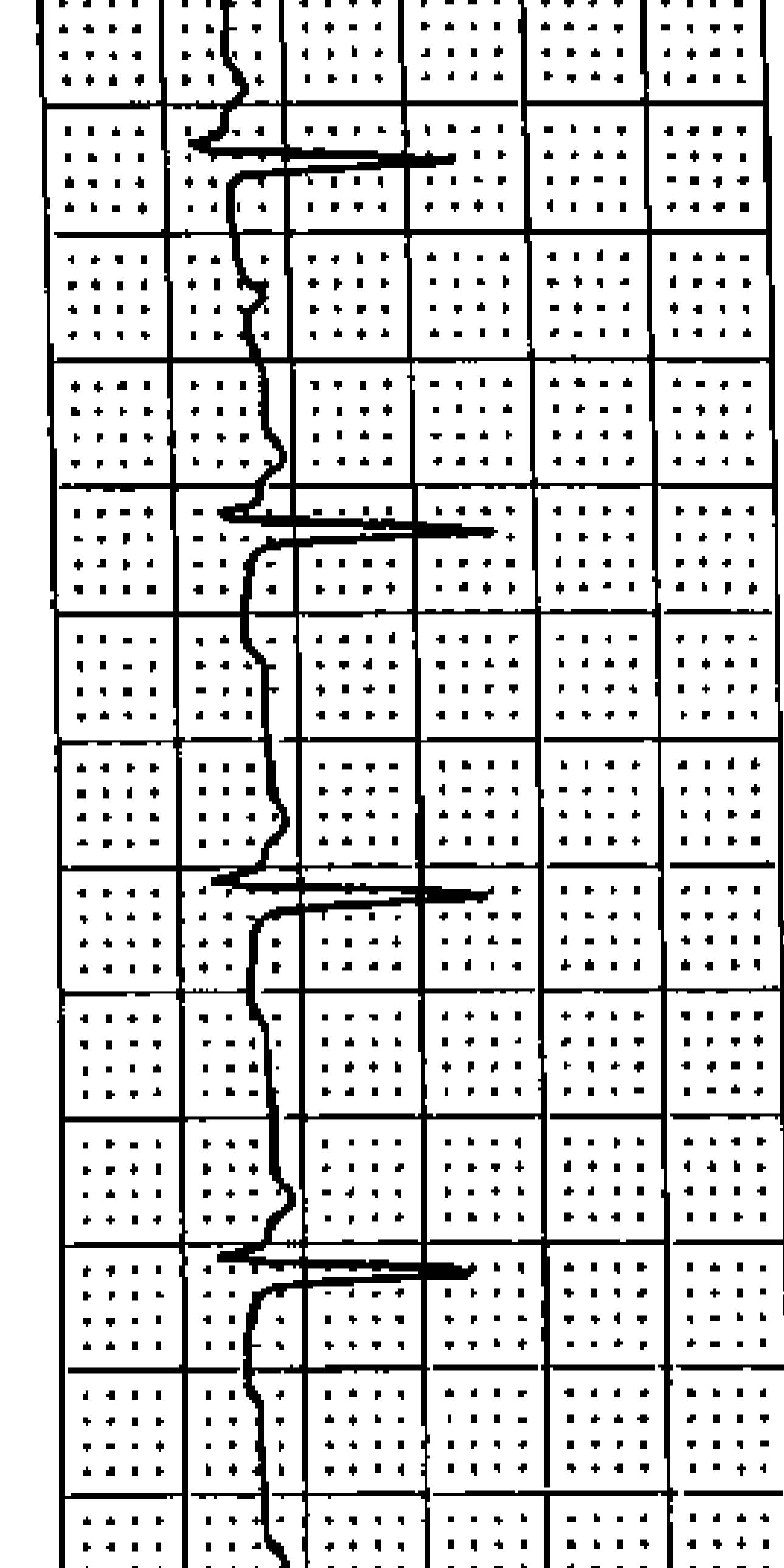
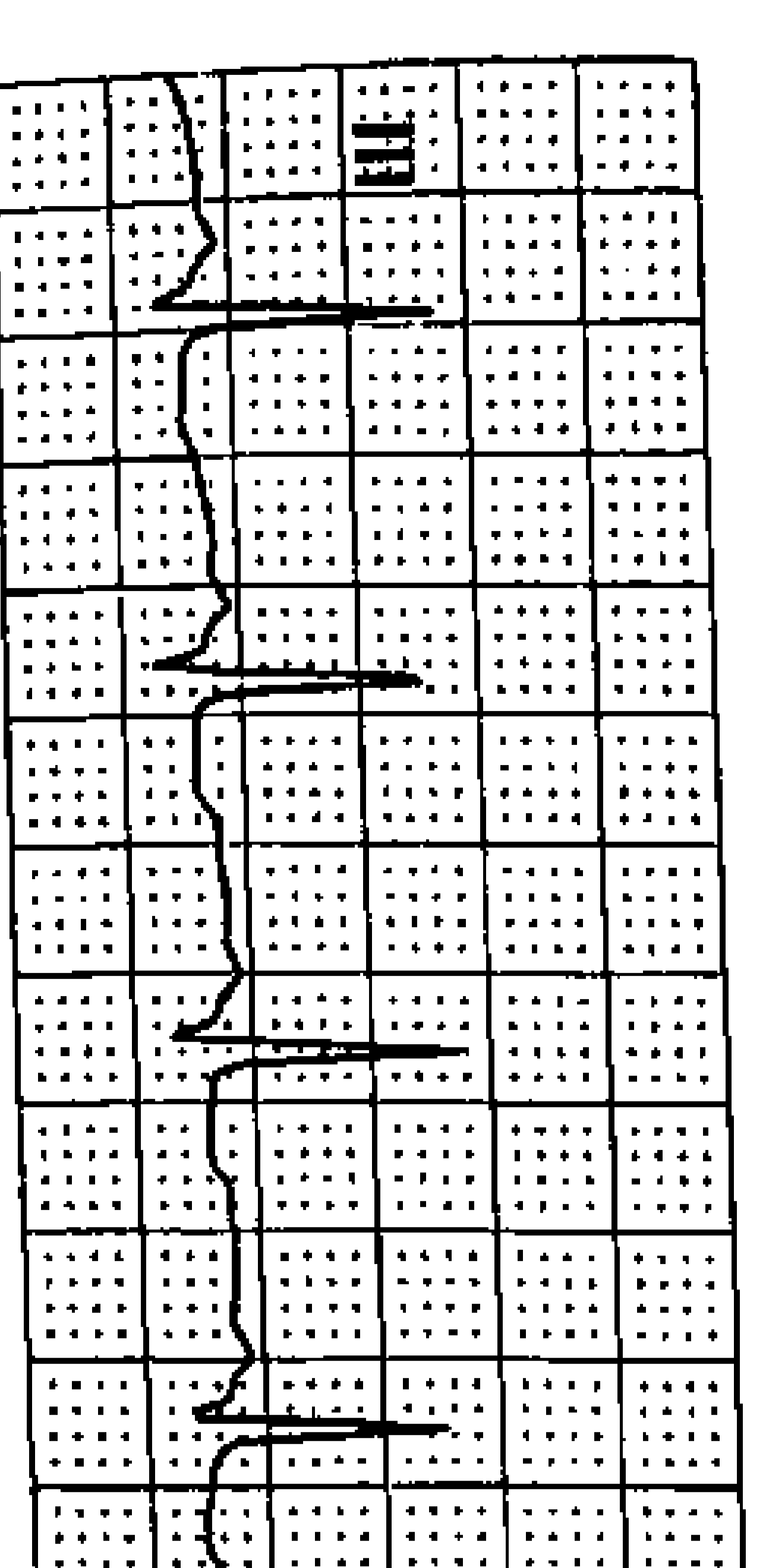
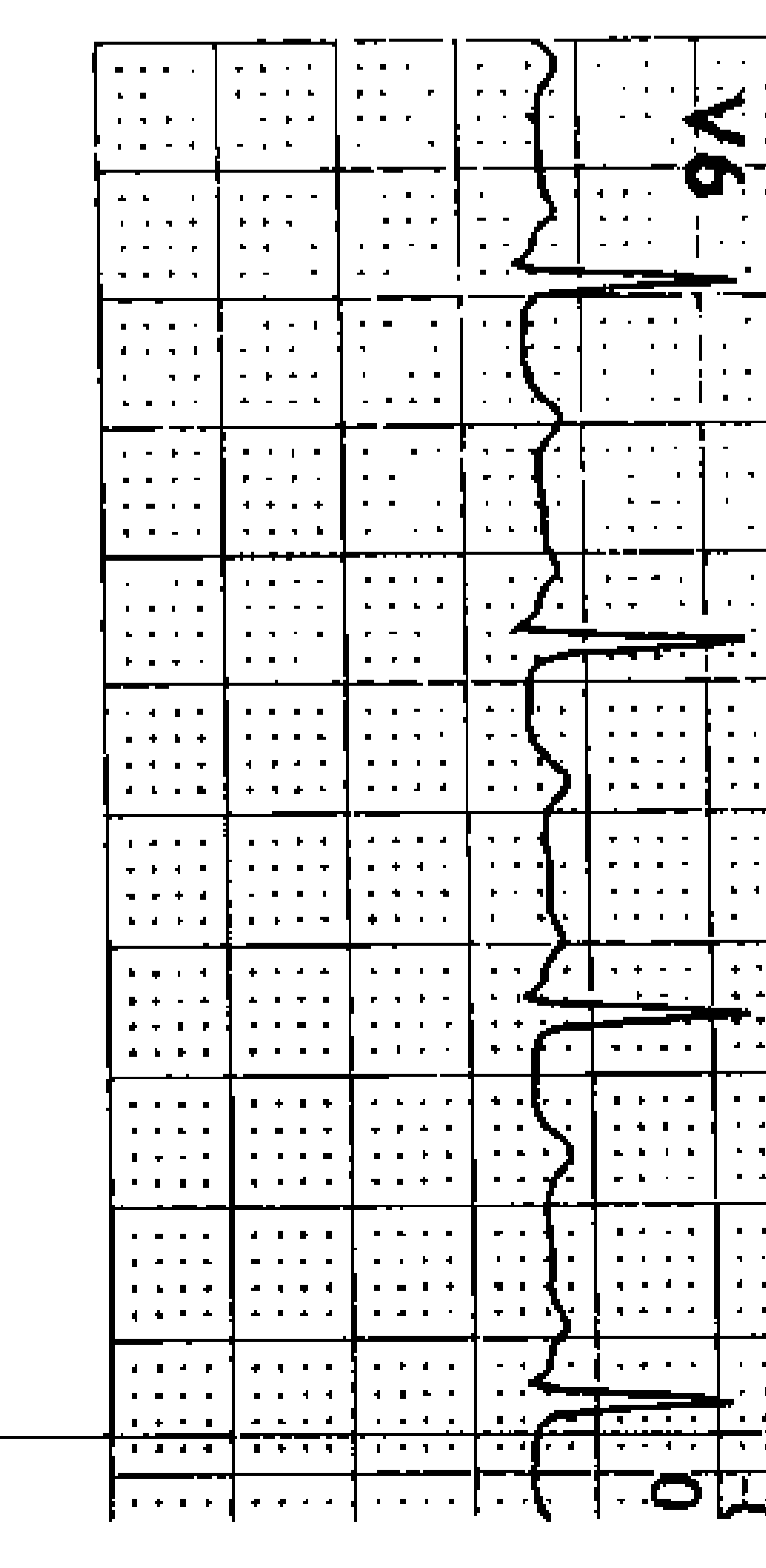
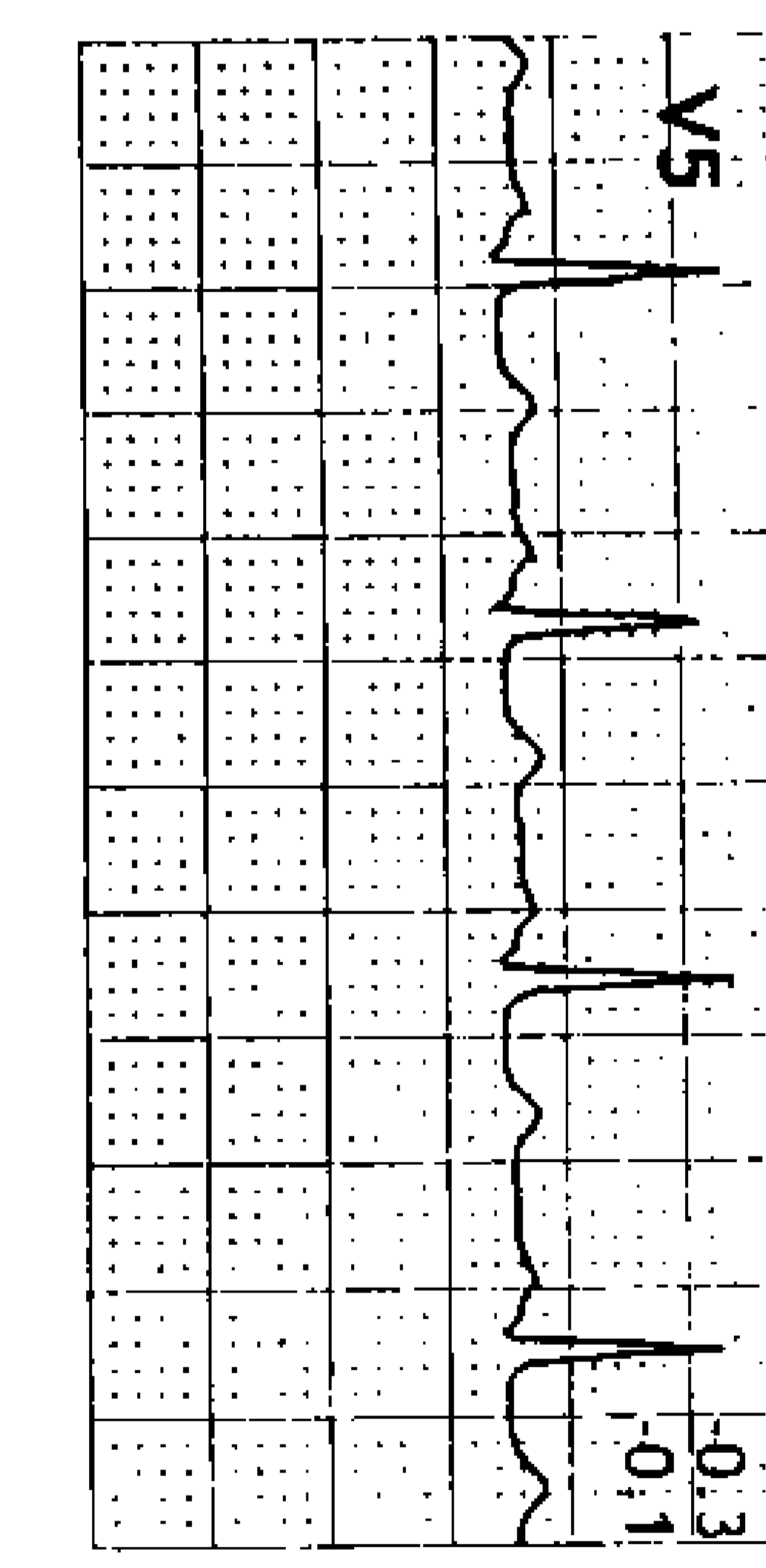
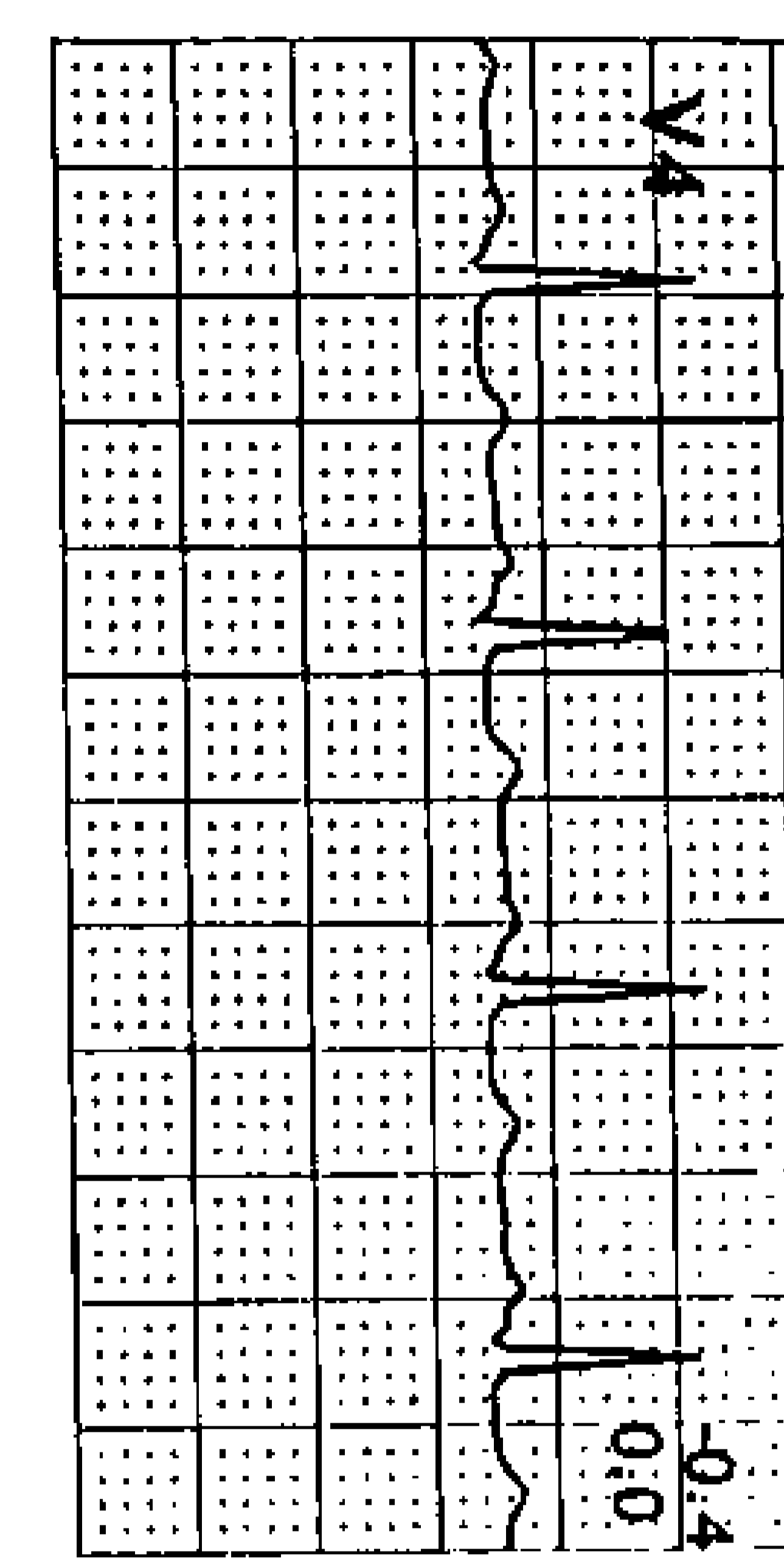
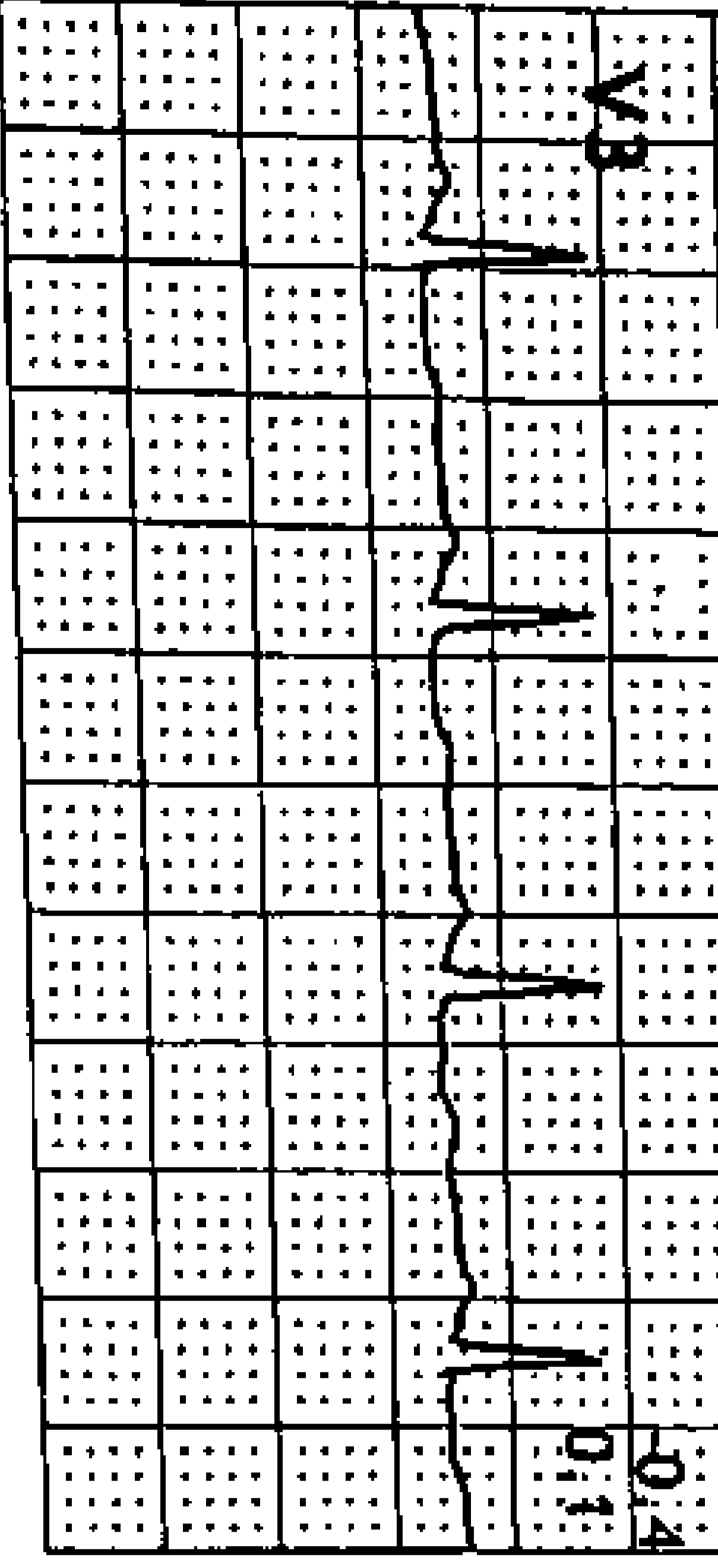
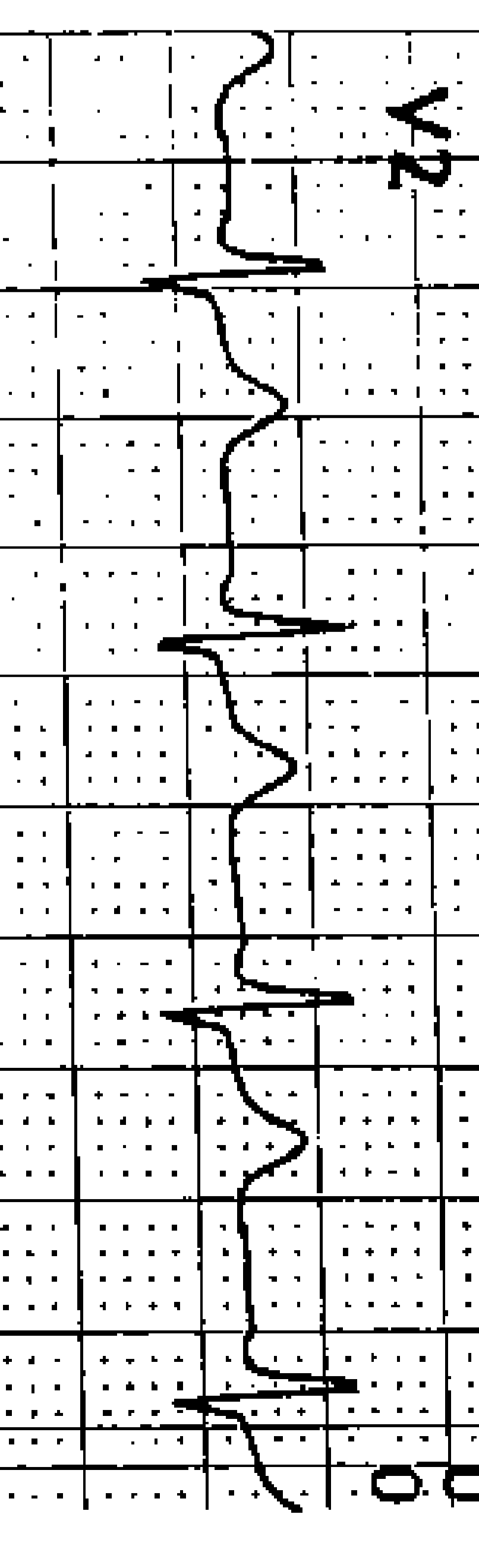
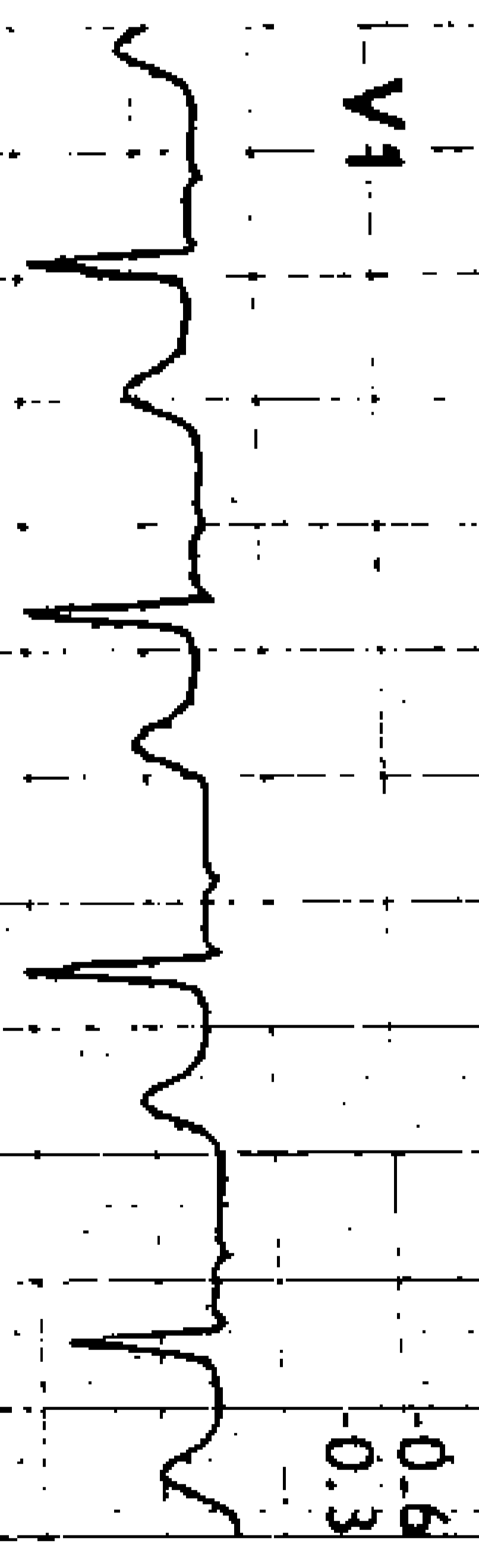
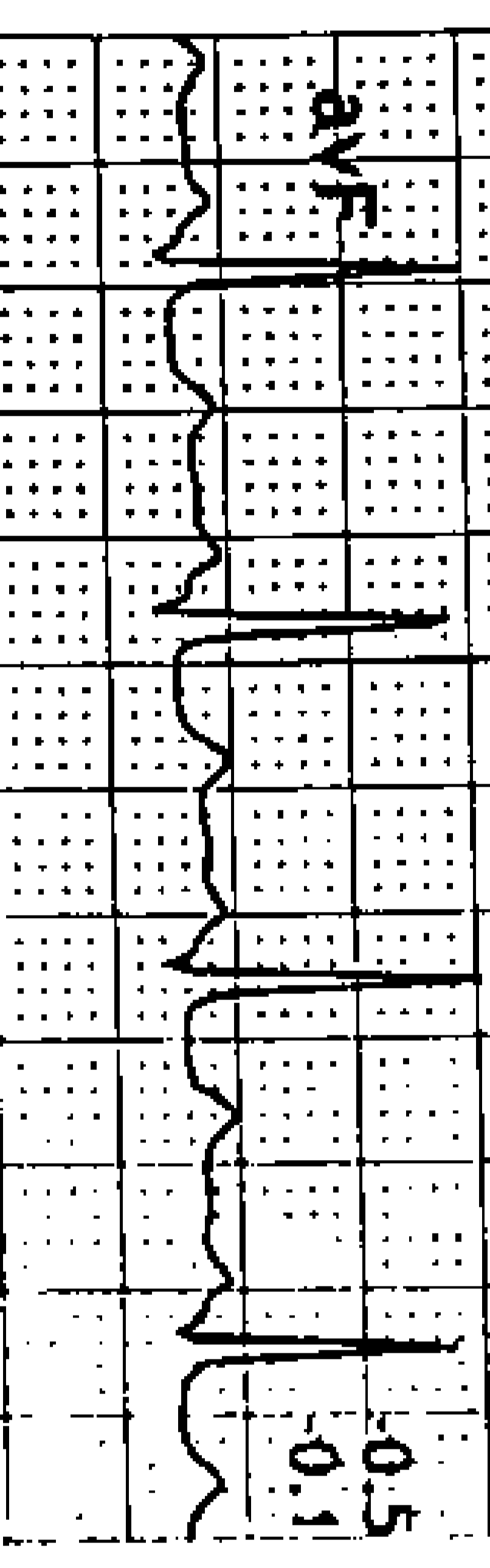
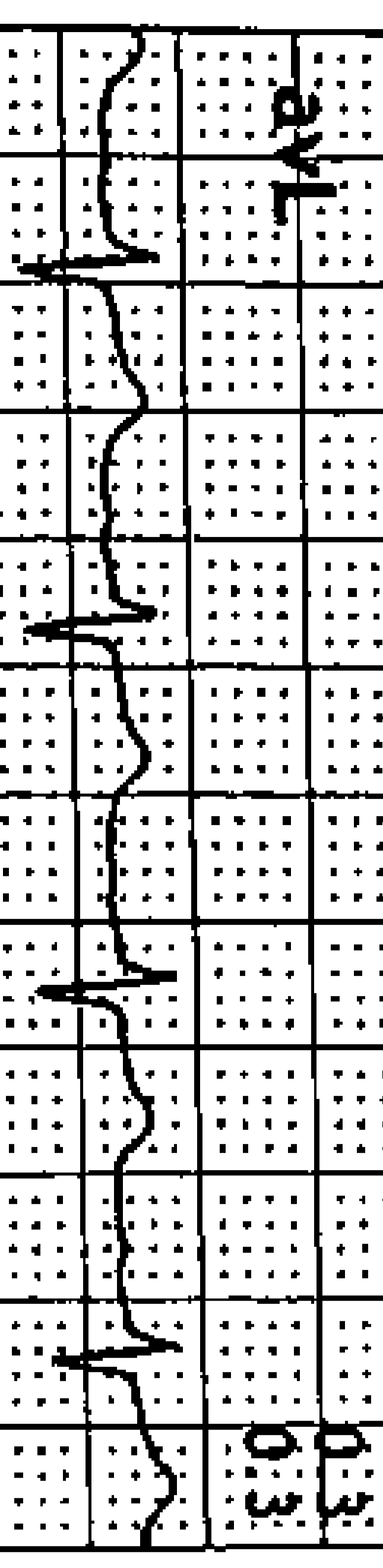
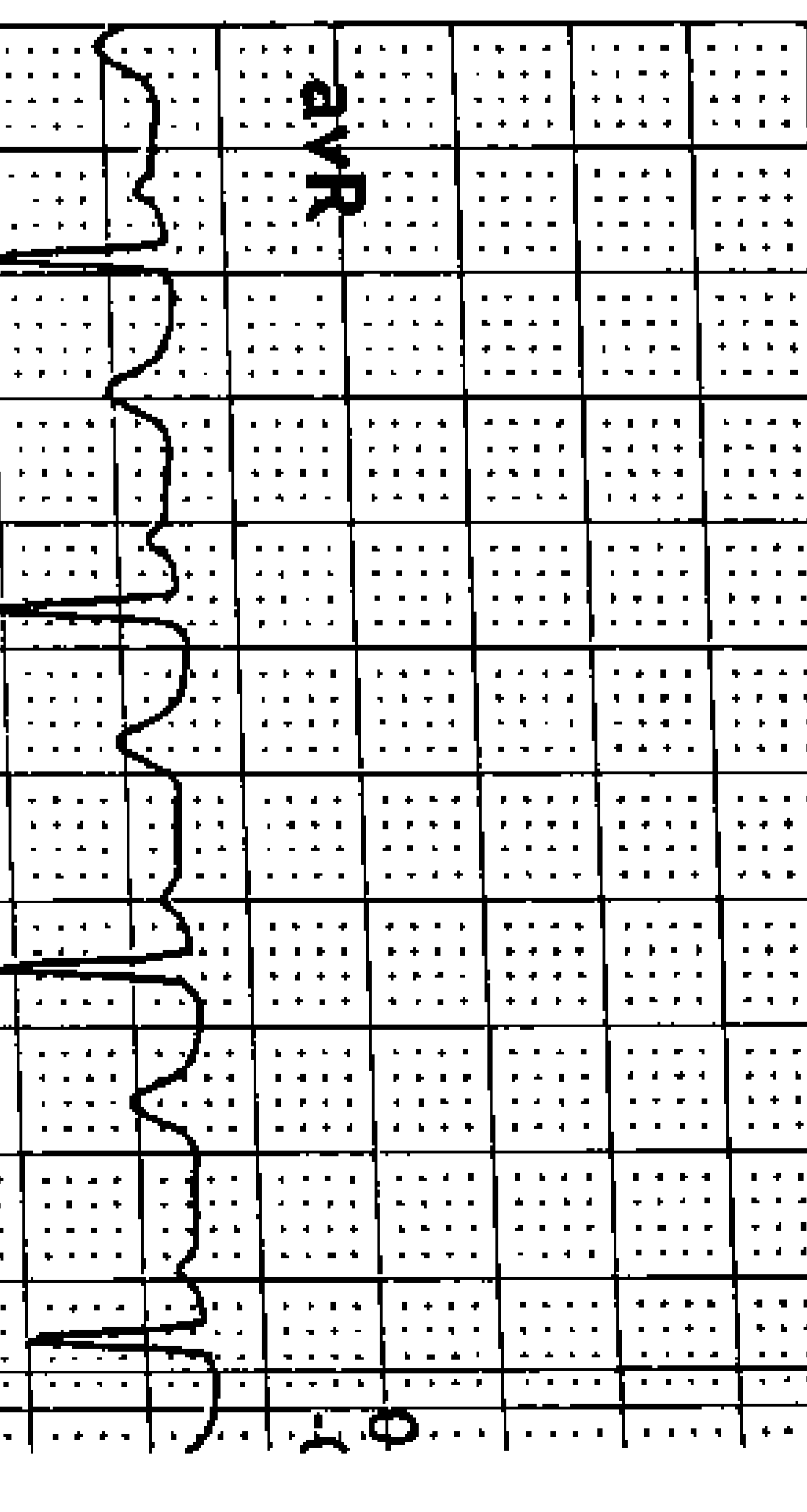
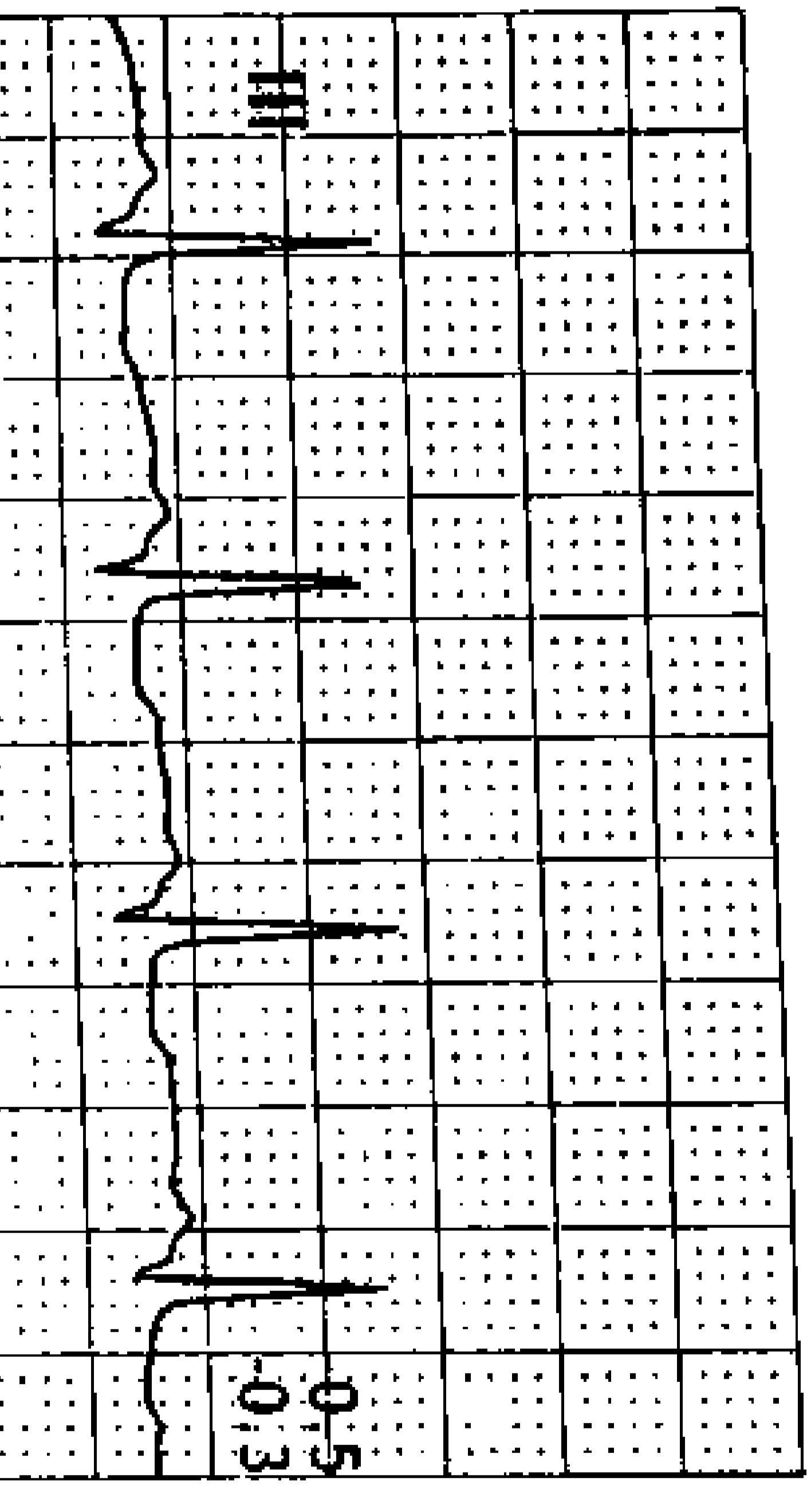
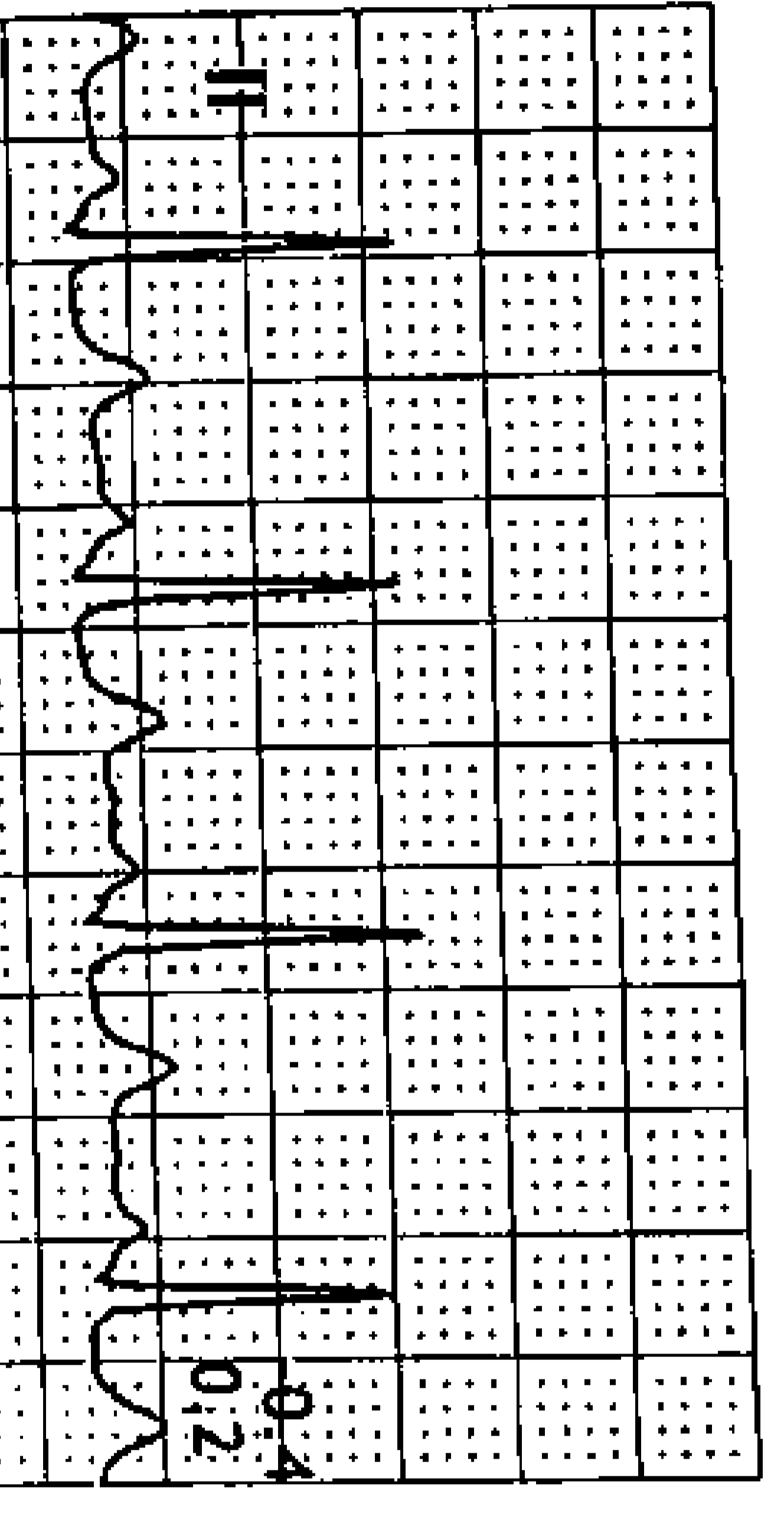
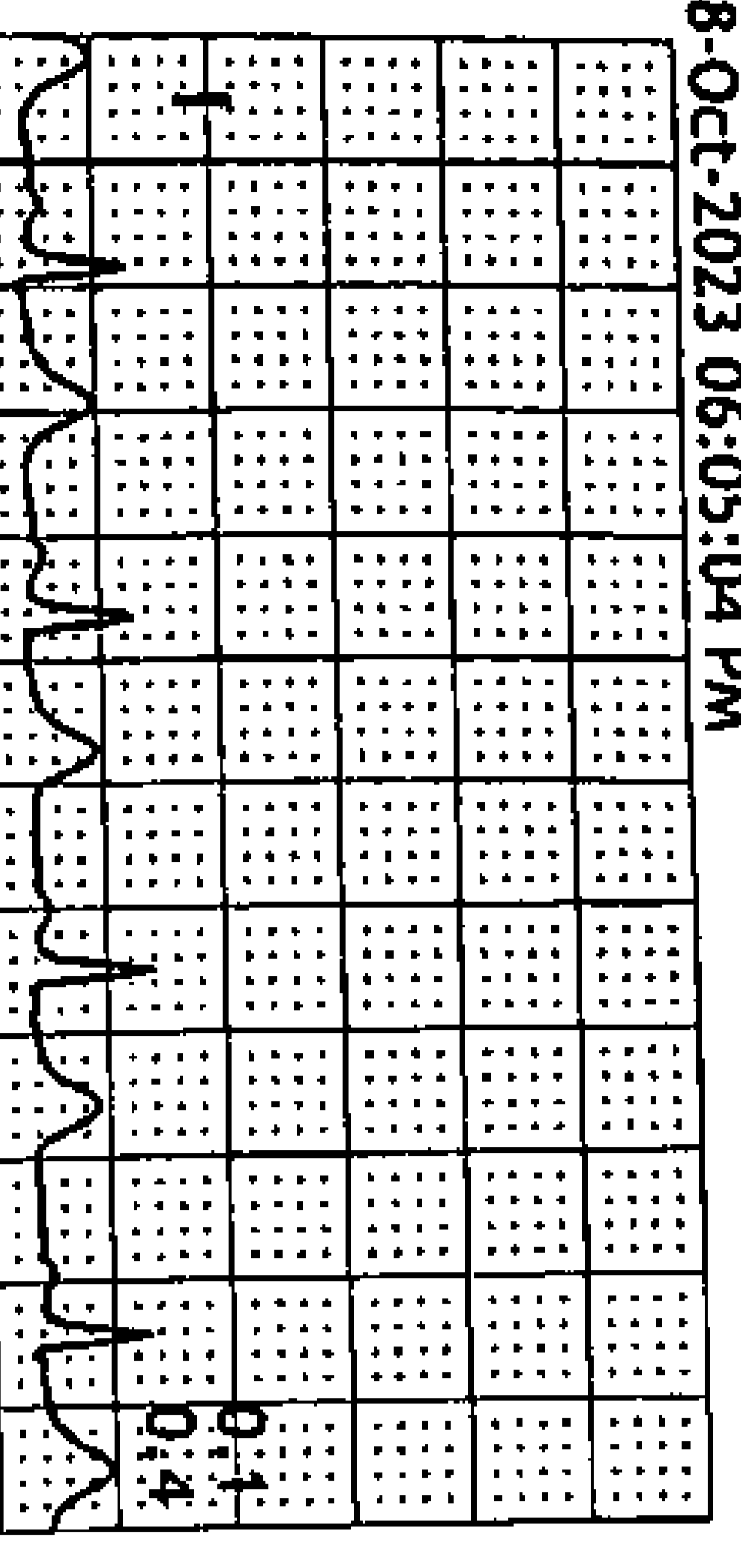
Raw ECG
 BRUCE
 (0.05-100)Hz

Ex Time 06:35
 BLC : On
 Notch : On

Recovery(4:00)
 10.0 mm/mV
 25 mm/Sec.



3x4+1 Rhythm Lead





TEST REPORT

| | |
|--|--|
| Name : Madhuri Hivre | Reg. No : 310101628 |
| Age/Sex : 32 Years / Female | Reg. Date : 28-Oct-2023 12:34 PM |
| Ref. By : Dr. PANCHMUKHI HOSPITAL / INSURANCE | Collected On : 28-Oct-2023 12:34 PM |
| Client Name : PANCHMUKHI HOSPITAL | Report Date : 28-Oct-2023 04:25 PM |

COMPLETE BLOOD COUNT (CBC)
Specimen: EDTA blood

| Parameter | Result | Unit | Biological Ref. Interval |
|-----------------------------------|--------|----------------------|---|
| RBC Parameters | | | |
| Hemoglobin (SLS method) | 11.4 | g/dL | 12.5 - 16.0 |
| Hematocrit (Electrical Impedance) | 33.30 | % | 37 - 47 |
| RBC Count (Electrical Impedance) | 4.88 | million/cmm | 4.2 - 5.4 |
| MCV (Calculated) | 68.2 | fL | 78 - 100 |
| MCH (Calculated) | 23.4 | Pg | 27 - 31 |
| MCHC (Calculated) | 34.2 | % | 30 - 35 |
| RDW (Calculated) | 14.4 | % | 11.5 - 14.0 |
| WBC Parameters | | | |
| WBC Count (Flowcytometry) | 7540 | /cmm | 4000 - 10500 |
| DIFFERENTIAL WBC COUNT | | | |
| Neutrophils (%) | 59 % | % Range 42.02 - 75.2 | Abs. Value 4449 /cmm Abs. Range 1800 - 7700 |
| Lymphocytes (%) | 31 % | % Range 20 - 45 | Abs. Value 2337 /cmm Abs. Range 1000 - 3900 |
| Eosinophils (%) | 03 % | % Range 1 - 4 | Abs. Value 226 /cmm Abs. Range 0 - 450 |
| Monocytes (%) | 07 % | % Range 2 - 8 | Abs. Value 528 /cmm Abs. Range 200 - 1000 |
| Basophils (%) | 00 % | % Range 0 - 1 | Abs. Value 0 /cmm Abs. Range 20 - 100 |
| Platelete Parameter | | | |
| Platelet Count | 265000 | /cmm | 150000 - 450000 |
| MPV | 10.1 | fL | 7.4 - 10.4 |
| P-LCR | 24.90 | % | 11.9 - 66.9 |
| PDW | 10.4 | % | 8.3 - 56.6 |
| PCT (Platelet Haematocrit) | 0.27 | % | 0.2 - 0.5 |

DRI

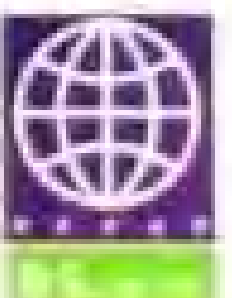
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Dr. Viral R. Jethava

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TEST REPORT

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BLOOD GROUP & RH

Specimen: EDTA and Serum; Method: Haemagglutination

| Parameter | Result | Unit | Biological Ref. Interval |
|-----------|----------|------|--------------------------|
| ABO | "B" | | |
| 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 REPORT

| | | | |
|--------------------|---------------------------------------|---------------------|------------------------|
| Name | : Madhuri Hivre | Reg. No | : 310101628 |
| Age/Sex | : 32 Years / Female | Reg. Date | : 28-Oct-2023 12:34 PM |
| Ref. By | : Dr. PANCHMUKHI HOSPITAL / INSURANCE | Collected On | : 28-Oct-2023 12:34 PM |
| Client Name | : PANCHMUKHI HOSPITAL | Report Date | : 28-Oct-2023 04:25 PM |

| Test | Result | Unit | Biological Ref. Interval |
|---|--------|-------|--------------------------|
| Erythrocyte sedimentation rate Sample, EDTA whole blood | | | |
| ESR (After 1 hour) | 04 | 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> | 81.00 | mg/dL | <100 :Non-Diabetic 100-125 :Impaired Fasting Glucose (IFG) >=126 :Diabetic |
| Urine Glucose -F <small>Glucose Oxidase-Peroxidase</small> | Nil | | |
| Urine Acetone -F | Nil | | |

Criteria for the diagnosis of diabetes :

- HbA1c \geq 6.5 %Or
- Fasting plasma glucose \geq 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: 511.

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TEST REPORT

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| Ref. By : Dr. PANCHMUKHI HOSPITAL / INSURANCE | Collected On : 28-Oct-2023 05:54 PM |
| Client Name : PANCHMUKHI HOSPITAL | Report Date : 28-Oct-2023 06:54 PM |

POST PRANDIAL PLASMA GLUCOSE
Specimen: Flouride plasma

| Parameter | Result | Unit | Biological Ref. Interval |
|---|--------|-------|--------------------------|
| Post Prandial Blood Sugar (PPBS) <small>HEXOKINASE</small> | 96.00 | mg/dL | 70 - 140 |
| Urine Glucose- PP <small>Glucose Oxidase- Peroxidase</small> | Nil | | |
| Urine Acetone- PP | Nil | | |

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: 513.

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TEST REPORT

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LIPID PROFILE
Specimen: Serum

| Parameter | Result | Unit | Biological Ref. Interval |
|---|--------|-------|--|
| Cholesterol <small>Cholesterol Oxidase</small> | 152.00 | mg/dL | Desirable : < 200.0 Borderline High : 200-239 High : > 240.0 |
| Triglyceride <small>Enzymatic Reaction With Glycerol Kinase</small> | 95.00 | mg/dL | Normal : < 150.0 Borderline : 150-199 High : 200-499 Very High : > 500.0 |
| HDL Cholesterol <small>Siemens HDL</small> | 48.00 | mg/dL | High Risk : < 40 Low Risk : \geq 60 |
| LDL Cholesterol <small>Siemens LDL</small> | 85.00 | mg/dL | Optimal : < 100 Near Optimal/above optimal : 100-129 Borderline High : 130-159 High : 160-189 Very High : \geq 190 |
| VLDL Cholesterol <small>Calculated</small> | 19.00 | mg/dL | 15 - 35 |
| LDL / HDL RATIO <small>Calculated</small> | 1.77 | | 0 - 3.5 |
| Cholesterol /HDL Ratio <small>Calculated</small> | 3.17 | | 0 - 5.0 |

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TEST REPORT

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| Client Name | : PANCHMUKHI HOSPITAL | Report Date | : 28-Oct-2023 04:25 PM |

RENAL FUNCTION TEST

Specimen: Serum

| Parameter | Result | Unit | Biological Ref. Interval |
|--|--------|------------------|--|
| Creatinine <small>ALKALINE PIGRATE, COLORIMETRIC KINETIC</small> | 0.94 | mg/dL | 0.55 - 1.02 |
| eGFR | 112.01 | 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 |
| Urea <small>Calculated</small> | 35.00 | mg/dL | 17 - 43 |
| Blood Urea Nitrogen (BUN) <small>UREASE/GLDH</small> | 16.35 | mg/dL | 7.0 - 18.0 |
| Uric Acid <small>Uricase</small> | 4.20 | mg/dL | 2.6 - 6.2 |
| Sodium <small>Direct Ion selective electrode</small> | 138.20 | mmol/L | 137 - 145 |
| Potassium <small>Direct Ion selective electrode</small> | 4.21 | mmol/L | 3.5 - 5.1 |
| Chloride <small>Direct Ion selective electrode</small> | 106.2 | mmol/L | 98 - 107 |
| Calcium <small>Cresolphthalein Complexone</small> | 9.21 | mg/dL | 8.5 - 10.1 |

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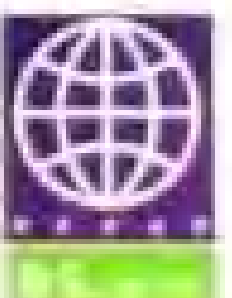
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| Parameter | Result | Unit | Biological Ref. Interval |
|--|--------|------|--------------------------|
| GGT <small>Siemens/COC</small> | 45.00 | U/L | 5 - 55 |

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HEMOGLOBIN A1 C (HBA1C)
Specimen: Blood EDTA

| Parameter | Result | Unit | Biological Ref. Interval |
|--|--------|-------|--|
| HbA1C <small>Siemens Dimension</small> | 4.95 | % | 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 <small>Calcu/med</small> | 95.36 | 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 |
|---|--------|--------|--------------------------|
| Thyroid Stimulating Hormone (TSH) <small>CLIA</small> | 2.310 | 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.Brunz. Tietz Textbook of Clinical Chemistry and Molecular Diagnostics. 5th Edition, Philadelphia: WB Saunders, 2012:2170

| | | | |
|---|------|-------|------------|
| Triiodothyronine (T3) <small>CLIA</small> | 1.24 | ng/mL | 0.6 - 1.81 |
|---|------|-------|------------|

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.


Dr. Viral Jethava

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Dr. Viral R. Jethava

M.D. (Path, PDCC)





TEST REPORT

| | |
|--|--|
| Name : Madhuri Hivre | Reg. No : 310101628 |
| Age/Sex : 32 Years / Female | Reg. Date : 28-Oct-2023 12:34 PM |
| Ref. By : Dr. PANCHMUKHI HOSPITAL / INSURANCE | Collected On : 28-Oct-2023 12:34 PM |
| Client Name : PANCHMUKHI HOSPITAL | Report Date : 28-Oct-2023 04:25 PM |

Thyroxine (T4) 11.20 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.

DRJ

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Dr. Viral Jethava

Dr. Viral R. Jethava
M.D. (Path, PDCC)





TEST REPORT

| | | | |
|--------------------|---------------------------------------|---------------------|------------------------|
| Name | : Madhuri Hivre | Reg. No | : 310101628 |
| Age/Sex | : 32 Years / Female | Reg. Date | : 28-Oct-2023 12:34 PM |
| Ref. By | : Dr. PANCHMUKHI HOSPITAL / INSURANCE | Collected On | : 30-Oct-2023 12:35 PM |
| Client Name | : PANCHMUKHI HOSPITAL | Report Date | : 30-Oct-2023 12:49 PM |

STOOL EXAMINATION

| Parameter | Result | Unit | Biological Ref. Interval |
|--|-----------|------|--------------------------|
| Colour | Brown | | |
| Consistency | Solid | | |
| CHEMICAL EXAMINATION | | | |
| Occult Blood <small>Peroxidase Reaction with D-Diaminobenzidine</small> | Negative | | |
| Reaction <small>pH Strip Method</small> | Alkaline | | |
| Reducing Substance | Absent | | |
| MICROSCOPIC EXAMINATION | | | |
| Mucus | Absent | | |
| Pus Cells | 1 - 5/hpf | | |
| Red Cells | Absent | | |
| Epithelial Cells | Absent | | |
| Vegetable Cells | Absent | | |
| Trophozoites | Absent | | |
| Cysts | Absent | | |
| Ova | Absent | | |
| Neutral Fat | Absent | | |
| Monilia | Absent | | |
| Bacteria | Absent | | |

Note: Stool occult blood test is highly sensitive to peroxidase like activity of free hemoglobin.
False negative: False negative occult blood test may be observed in case of excess (>250mg/day) Vitamin C intake and in case of occasional unruptured RBCs.
False positive: False positive occult blood test may be observed in stool samples containing vegetable peroxidase (turnips, horseradish, cauliflower, broccoli, cantaloupe, parsnips) and myoglobin from food (meat diet) intake.

D.R.I.

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TEST REPORT

| | | | |
|--------------------|---------------------------------------|---------------------|------------------------|
| Name | : Madhuri Hivre | Reg. No | : 310101628 |
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| Ref. By | : Dr. PANCHMUKHI HOSPITAL / INSURANCE | Collected On | : 28-Oct-2023 12:34 PM |
| Client Name | : PANCHMUKHI HOSPITAL | Report Date | : 28-Oct-2023 04:25 PM |

URINE ROUTINE EXAMINATION

| Parameter | Result | Unit | Biological Ref. Interval |
|-----------|--------|------|--------------------------|
|-----------|--------|------|--------------------------|

PHYSICAL EXAMINATION

| | |
|----------|-------------|
| Quantity | 30 cc |
| Colour | Pale Yellow |
| Clarity | Clear |

CHEMICAL EXAMINATION (BY REFLECTANCE PHOTOMETRIC)

| | | |
|----------------|----------------|---------------|
| pH | 5.5 | 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) | Occasional/hpf |
| Erythrocytes (Red Cells) | Absent |
| Epithelial Cells | 2 - 3/hpf |
| Amorphous Material | Absent |
| Casts | Absent |
| Crystals | Absent |
| Bacteria | Absent |

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TEST REPORT

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| Client Name | : PANCHMUKHI HOSPITAL | Report Date | : 28-Oct-2023 04:25 PM |

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> | 4.21 | g/dL | 3.40 - 5.00 |
| Globulin <i>Calculated</i> | 2.99 | g/dL | 2.3 - 3.5 |
| A/G Ratio <i>Calculated</i> | 1.41 | | 0.8 - 3.1 |
| SGOT (AST) <i>Siemens/CDC</i> | 29.00 | U/L | 15 - 37 |
| SGPT (ALT) <i>Siemens/CDC</i> | 41.00 | U/L | 14 - 59 |
| Alkaline Phosphatase <i>Siemens/CDC</i> | 104.00 | U/L | 46 - 116 |
| Total Bilirubin <i>Diazot-Carotene/Benzotriazol Coupling (Jendrassik-Grof) method</i> | 0.65 | mg/dL | 0.2 - 1 |
| Conjugated Bilirubin <i>Diazot-Carotene/Benzotriazol Coupling (Jendrassik-Grof) method</i> | 0.18 | mg/dL | 0 - 0.20 |
| Unconjugated Bilirubin <i>Suph word diphenyl-benz</i> | 0.47 | mg/dL | 0.0 - 1.1 |

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

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