





PATIENT NAME: RASHMIKA MAKWANA AGE/SEX: 33 YRS/F DATE: Monday, 14 August 2023

CHEST X-RAY (PA)

Both lung fields appear normal.

Both hila appear normal

Bilateral costo-phrenic angles appear grossly clear

Mediastinum and cardiac shadow appear normal

Bony thorax appears unremarkable

No evidence of free gas under domes of diaphragm

IMPRESSION:

- NO SIGNFICANT ABNORMALITY NOTED IN LUNG FIELDS
- NORMAL CARDIAC SHADOW

DR SHARAD RUNGTA (MD & DNB)

CONSULTANT RADIOLOGIST

Not all pathologies can be detected on ultrasound in each scan. Further radiographic evaluation is suggested if required.



Parivar Char Rasta, Waghodia-Dabhoi Ring Road, Vadodara-390019

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2D-ECHOCARDIOGRAPHY AND COLOR DOPPLER REPORT

NAME: RASHMIKABEN MAKWANA

AGE/SEX: 33YRS/FEMALE

DATE: 14/08/2023

REF BY: DIRECT

OBSERVATION:

- NORMAL LV SIZE AND NORMAL LV SYSTOLIC FUNCTION. LVEF = 60% (VISUAL).
- NO RWMA AT REST.
- NO LV DIASTOLIC DYSFUNCTION.
- TRIVIAL MR. NO MS.
- NO AR. NO AS.
- TRIVIAL TR. NO PAH.
- NORMAL SIZED LA, RA & RV WITH NORMAL RV SYSTOLIC FUNCTION.
- NORMAL SIZED MPA, RPA & LPA.
- INTACT IAS & IVS.
- NO E/O INTRACARDIAC CLOT/VEGETATION/PE.
- NORMAL IVC.
- NORMAL PERICARDIUM.

LA: 30MM

AO: 27MM

IVS: 10/12MM

LVPW: 10/11MM

LVID: 38/21MM

CONCLUSION:

- NORMAL LV/RV SIZE AND SYSTOLIC FUNCTION.
- NO RWMA AT REST.
- LVEF = 60 % (VISUAL).

DR.NIRAV BHALANI

[CARDIOLOGIST]

DR.ARVIND SHARMA
[CARDIOLOGIST]







PATIENT NAME: RASHMIKA MAKWANA

AGE/SEX: 33 YRS/F

DATE: Monday, 14 August 2023

ULTRASOUND OF ABDOMEN & PELVIS

LIVER appears normal in size (13.3 cm) and shows normal parenchymal echogenicity. No evidence of focal lesion. No evidence of dilated IHBR or portal vein. CBD appears normal.

GALL BLADDER is distended. No evidence of abnormal wall thickening or any significant calculus within.

PANCREAS appears normal. MPD is WNL.

SPLEEN appears normal in size (9.3 cm) and shows normal parenchymal echogenicity. No evidence of focal lesion.

BOTH KIDNEYS appear normal in size (RK: 10.5 cm & LK: 9.8 cm), shape and position. Show normal cortical echogenicity. Corticomedullary differentiation is maintained. No evidence of calculus or hydronephrosis on either side.

URINARY BLADDER is partially full. No evidence of abnormal wall thickening or any significant calculus within.

UTERUS appears normal in size and position. CET is WNL. No evidence of focal lesion noted. Bilateral ovaries appear normal in size. No evidence of focal or obvious mass lesion noted.

BOWEL LOOPS appear normal and show normal peristalsis. No evidence of LYMPHADENOPATHY noted. No evidence of ASCITES noted.

IMPRESSION:

NO SIGNIFICANT ABNORMALITY AT PRESENT SCAN.

DR SHARAD RONGTA (MD & DNB)

Not all pathologies can be detected on ultrasound in each scan. Further radiographic evaluation is suggested if required.

	KASHMIKABEN MAKWANA Female	14-Aug-23 8:48:58 A	M
33 Years	remate		
Rate 93 PR 140 QRSD 88 QT 348 QTc 433 AXIS P 72 QRS 73 T -25			A SPECIAL HOSPI
12 Lead; Standard Pl	acement		ROODARA
I	aVR	V1	
11	aVL	V2 V5	
111	aVF	v3 v6	
11			
Device: S	peed: 25 mm/sec Limb: 10 mm/mV	Chest: 10.0 mm/mV	Hz W PE09 P?

CONDITIONS OF REPORTING

- The reported results are for the referring doctor's information only. Isolated results may not confirm the final
 diagnosis of a disease and should be interpreted with patient's clinical history, keeping in mind the limitations of
 methodology and technology. Partial reproduction of these reports are illegal.
- Neither Unipath Specialty Laboratory (Baroda) LLP, nor its partners, officer, employee / representatives and and
 affiliate assume liability, responsibility for any loss or damage of any nature whatsoever that may be incurred or
 suffered by any person as a result of use of the report.
- In case of collected specimens, which are referred to USL(B). LLP. from a referral centre, it is presumed that
 patient's demographics are verified and confirmed at the point of generation of the said specimens and the
 result(s) relate only to the samples(s) receive.
- USL(B).LLP.does not verify client/patients' identity at the time of sample collection. It is presumed that whatever
 information given by them is true which is reflected in reports.
- Laboratory results are subject to pre-analytical, analytical, post-analytical variable and technical limitations including human errors. USL(B). LLP, kindly requests to correlate the reported results clinically. USL(B). LLP, strongly recommends reconfirmation of high abnormal/unusual results with repeat fresh sample before taking any medical decision.
- Results relate only to the sample tested. Result of laboratory tests may very from laboratory to laboratory and also in some parameters from time to time for the same patient; may be due to physiological variations, different methodology, technology & its limitations etc.
- 7. A requested test might not be performed in case of following reasons: a) Insufficient quantity of specimen (inadequate collection/spillage in transit) b) Specimen quality unacceptable (hemolysed/clotted/lipemic etc) c) Incorrect specimen type d) Incorrect identity of specimen. In above mentioned circumstances it is expected that a fresh specimen will be sent for the purpose of the reporting on the same parameter.
- 8. In unanticipated circumstances (non-availability of kits, instrument breakdown & natural calamities) tests may not be reported as per schedule. However USL(B), LLP, will ensure that the delay is minimized.
- The sex of the fetus will not be revealed as per the Prenatal Diagnostic Technique (Regulation and Prevention of Misuse Act, 1994)
- 10. Tests parameters marked by asterisks (*) are excluded from the "scope" of NABL accredited tests.
- 11. It is mandatory to send Biopsy/Histopathology specimen in 10% formalin.
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- Any queries regarding possible interpretation / clinical pathological correlation from referring doctor/patient should be directed to the pathologists.
- 15. Subject to Baroda Jurisdiction only.

GENERAL PRINCIPLES OF LABORATORY TESTING & LABORATORY REFERENCE RANGES

- 1. Under the best of circumstances, no test is having 100% sensitivity & 100% specificity. In the majority of laboratory parameters, the combination of short-term physiologic variation & analytical error/technological limitations are sufficient to render the interpretation of single determinations difficult especially when the concentrations are in borderline range. Any particular laboratory test result may be misleading (not correlating with clinical findings) for large varieties of reasons, regardless of high quality of laboratory, such results should be rechecked. If indicated new specimen should be submitted.
- 2. Reference ranges (biological reference interval) vary from one laboratory to another and with age, sex, race, size, physiologic status (e.g. pregnancy & lactation) that apply to the particular patient. Reference values represent the statistical data for 95% of the population; values outside these ranges do not necessarily represent disease. Result may still be within the reference range but be elevated above the patient's baseline, which is why serial testing is important in a number of conditions.
- The effects of drugs on laboratory test values must never be overlooked. Laboratory values in elderly must be interpreted in light of many factors that affects "normal" values in this group.
- 4. Negative laboratory test results do not necessary rule out a clinical diagnosis.

TEAM OF DOCTORS

Dr. Girish Gupta, MD (Path)

Dr. Ankit Jhaveri MD (Path)

Dr. Rachna Parekh DCP

Dr. Bhoomika Rajyaguru MD (Micro)

Dr. Varsha Raimalani, PhD

Dr. Nehal Tiwari MD (Path)

Dr. Rakesh Shah MD (Path), DCP

Dr. Vishal Jhaveri, DCP

Dr. Hetal Parikh MD (Path) FRCPath (UK)

Dr. Sukanya Patra MBBS, MD (Path)

Dr. Shreyas Nisarta MD (Path)

Dr. Vaishali Bhatt. MD

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- b) Purak Hi-Tech Lab (Nizampura) 7229046350, 9377559900
- c) Dr. Jhaveri Laboratory (Akota) 0265-2329428, 9998724579
- d) Dr. Jhaveri Laboratory (Polo Ground) 0265-2424335, 9725282172
- e) Jhaveri Advanced Path Lab (Subhanpura)
- f) Jhaveri Advanced Path Lab (Waghodiya road)









MC-4074

SPECIALTY LABORATORY

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TEST REPORT

Reg. No. : 3

: 30801007416

Reg. Date: 14-Aug-2023 11:53

Collected On

: 14-Aug-2023 11:53

Name

: Ms. RASHMIKABEN MAKWANA

Approved On

: 14-Aug-2023 12:52

Age

: 33 Years

Gender

: Female Ref. No. :

Dispatch At

Tele No.

Ref. By Location

: SAVITA SUPERSPECIALTY HOSPITAL @ WAGHODIYA ROAD

Test Name	Results	Units	Bio. Ref. Interval
	THYROID FUNC	TION TEST	
T3 (triiodothyronine)	1.19	ng/mL	0.6 - 1.81
Method:CLIA			
T4 (Thyroxine)	7.90	µg/dL	4.5 - 12.6
Method:CLIA			
TSH (ultra sensitive)	H 6.049	µIU/mL	0.55 - 4.78
Method:CLIA			
Sample Type:Serum			

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-relasing hormone (TRH), 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 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

Referance: Carl A.Burtis, Edward R.Ashwood, David E.Bruns. Tietz Textbook of Clinical Chemistry and Molecular Diagnostics. 5th Eddition. Philadelphia: WB Sounders, 2012:2170

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

This is an electronically authenticated report.

Test done from collected sample.

Dr. Ankit Jhaveri



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savitahospital.com



Patient Name :

Rashmikaben Punjabhai Makwana

Sample No.:

20230805794

Patient ID :

20230803271

33y/Female

Visit No. : Call. Date : OPD20230810637

Age / Sex : Consultant :

DD CALIDADLI IAI

14/08/2023 08:49

Ward :

DR SAURABH JAIN

S. Coll. Date :

14/08/2023 09:39

rd:

Report Date :

14/08/2023 15:13

Urine R/M

Epithelial Cells:

OTTILE IN/IN		
Investigation	Result	Normal Value
Quantity - :	20 ml	
Colour - :	Straw	
Reaction (pH):	6.0	4.6-8.0
Turbidity:	Clear	
Deposit :	Absent	Absent
Sp.Gravity:	1.020	1.005-1.010
Protein :	Absent	Absent
Glucose:	Absent	Absent
Bile Salts :	Absent	Absent
Bile pigments :	Absent	Absent
Ketones:	Absent	Absent
Urobilinogen :	Absent	
Blood:	Absent	Absent
Pus Cells :	0-1 /hpf	0-5/hpf
Red Blood Cells :	0-1 /hpf	Absent

0-1 /hpf



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Lipid Profile

Investigation	

Result

Normal Value

Sample:

Fasting

Sample Type:

Triglyceride:

Cholesterol (Chol):

Normal

133 mg/dl

Low risk : < 200

Moderate risk: 200 - 239 High risk : > or = 240

185 mg/dl

Normal: < 200.0

High: 200 - 499

Very High: > or = 500

HDL Cholesterol:

30 mg/dl [L]

Low risk: >or = 60 mg/dL

High risk: Up to 35 mg/dL

LDL:

66 mg/dl [L]

131.0 to 159.0(N)

< 130.0(L)

> 159.0(H)

VLDL:

37 mg/dl [H]

Up to 0 to 34 mg/dl

LDL/HDL Ratio:

2.2

Low risk: 0.5 to 3.0

Moderate risk: 3.0 to 6.0

Elevted level high > 6.0

Total Chol / HDL Ratio:

4.43

Low Risk: 3.3 to 4.4

Average Risk: 4.4 to 7.1

Moderate Risk: 7.1 to 11.0

High Risk: > 11.0

Total Lipids:

648 mg/dl

400 to 700 mg/dl

Note: - Lipemic samples give high triglyceride value and falsely low LDL value.



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LFT (Liver Function Test)

LF I (Liver I diletion rest)		
Investigation	Result	Normal Value
Total Bilirubin :	0.8 mg/dl	0.2 to 1.0 mg/dl
Direct Bilirubin :	0.2 mg/dl	0.0 to 0.2 mg/dl
Indirect Bilirubin :	0.6 mg/dl	0.0 to 0.8 mg/dl
		5 to 34 U/L
AST (SGOT):	74 U/L [H]	
ALT (SGPT):	12 U/L	0 to 55 U/L
Total Protein (TP):	6.9 g/dL	6.4 to 8.3, g/dl
	4 g/dl	3.5 to 5.2 g/dl
Albumin (ALB):	,74	2.3 to 3.5 g/dl
Globulin:	2.9 g/dl	
A/G Ratio :	1.38	.=0.148
Alkaline Phosphatase (ALP):	127 U/L	40 to 150 U/L
	20 U/L	7 to 35 U/L
GAMMA GT. :	20 0	







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Call. Date:

14/08/2023 08:49

Consultant :

DR SAURABH JAIN

S. Coll. Date:

14/08/2023 09:39

Ward:

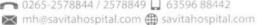
Report Date :

14/08/2023 15:31

RENAL FUNCTION TEST

Normal Value
0.6 - 1.4 mg/dl
13 - 45 mg/dl
3.5 - 7.2 mg/dl
8.5 - 10.5
1.5 - 6.8







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Call. Date: S. Coll. Date : OPD20230810637 14/08/2023 08:49

14/08/2023 09:39

Report Date : 14/08/2023 15:13

Blood Group

Investigation

Result

Normal Value

BLOOD GROUP:

ABO

Α

Rh

Positive

FBS & PPBS

Investigation

Result

Normal Value

Blood Sugar (FBS):

96 mg/dl

74 - 100 mg/dl

Urine Sugar (FUS):

Nil

Blood Sugar (PP2BS):

104 mg/dl

70 to 120 mg/dl

Urine Sugar (PP2US):

Nil

HBA1C

Investigation

Result

Normal Value

Glycosylated Hb:

5 %

Near Normal Glycemia: 6 to 7

Excellent Control: 7 to 8 Good Control: 8 to 9 Fair Control: 9 to 10

Poor Control: > 10

Average Plasma Glucose of Last 3

96.8

Months:



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14/08/2023 15:13

CBC, ESR

Investigation	Result	Normal Value
Hemoglobin:	11.6 gm/dl [L]	12.5 to 16.0 gm/dl
P.C.V.:	37.5 %	37.0 to 47.0 %
M.C.V. :	74.6 fL [L]	78 to 100 fL
M.C.H.:	23.1 pg [L]	27 to 31 pg
M.C.H.C. :	30.9 g/dl [L]	32 to 36 g/dl
RDW:	11.6 %	11.5 to 14.0 %
RBC Count :	5.03 X 10^6/ cumm	4.2 to 5.4 X 10^6/ cumm
Polymorphs :	72 % [H]	38 to 70 %
Lymphocytes:	24 %	15 to 48 %
Eosinophils :	2 %	0 to 6 %
Monocytes:	2 % [L]	3 to 11 %
Basophils:	0 %	0.0 to 1.0 %
Total:	100	< 100 > 100
WBC Count :	7500 /cmm	4000 to 10000 /cmm
Platelets Count :	304000 / cmm	1,50,000 to 4,50,000 /cmm
ESR - After One Hour :	32 mm/hr [H]	1 to 20 mm/hr





Examination By Ophthalmologist

Name:	RASHMIKABEN MAKWANA	Age:	33/FEMALE
	I -	DOF.	1//09/2023
Reg.No:	20230803271	DOE:	14/08/2023

Present Complaints:	NIL	
Medical History:		
Examination Of Eye:		

External Examination:		
Anti Seg Examination:	A/S	WNL
Schiotz Tonometry IOP:	P	RRRL
Fundus :		

Without Glass	Distant Vision	Distant Vision:	
	Near Vision:		
With Glass	Distant Vision: 6/6c -1.75DSPH		6/6c -1.75DSPH
	Near Vision : N	6	N6
Colour Vision (Wit	th Ishihara Chart):	WNL	
Advice :NIL			

DR CHETAN CHAUHAN



Parivar Char Rasta, Waghodia-Dabhoi Ring Road, Vadodara-390019 □ 0265-2578844 / 2578849 □ 63596 88442
 □ mh@savitahospital.com ⊕ savitahospital.com





PHYSIC AN EXAMINATION

Name :	RASHMIKABEN MAKWANA	Age:	33/FEMALE 14/08/2023	
Reg.No :	20230803271	DOE:		

Physical Examination:

Height:	156CM	Weight:	65KG	PULSE:	96	Temperature:	NORMAL		
BMI: 26.		.7	BP:	10	06/66	SPO2	98%		
Chief Co	mplaint :		GIDD	GIDDINESS OCCAISIONAL					
Past Hist	ory:		NAD	NAD					
General	Examinat	ion :	NAD	NAD					
Systemic	Examina	tion :	NAD	NAD					
INVESTIGATION :									
ADVICE :			-	- REPEAT THYROID PROFILE AFTER 3 MONTH - T.MBTRON PLUS 0-1-0 *1MONTH - T.VERTIN (16) 1-1-1 *5 DAYS F/B SOS					

DR.SAURABH JAIN

10:04 PM 🌀 🖸 🗐 🙃

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HEARTH CHECK UP

Booking Confirmed Request(bobE42750),Package Code-PKG10000228, Beneficiary Code-21801 Inbox



Mediwheel 25 Jul

to me, customercare 🗸





011-41195959

Email:wellness@mediwheel.in

Dear MS. MAKWANA RASHMIKABEN PUNJABHAI,

Please find the confirmation for following request.

Booking Date

: 25-07-2023

Package Name

Medi-Wheel Full Body Health Checkup

Female Below 40

Diagnostic/Hospital Savita Superspeciality Hospital

Address of

Parivar Char Rasta, Dabhoi - Waghodia Ring Diagnostic/Hospital Rd, Sarthi Nagar 2, Kendranagar - 390019

Contact Details

: 7574078561

City

: Vadodara

State

: Gujarat

Pincode

: 390019

Appointment Date : 14-08-2023

Confirmation

Status

: Confirmed

Preferred Time

: 8:00am-9:00am

Comment

· ADDOINTMENT TIME 9-20AM











्र पान्तीय विशिष्ट ओलभाष्ट्र प्राधि इर्छ। Unique identification Authority of India

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ગુજરાત - 392150

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