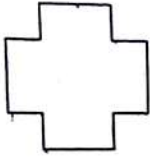


26/08/23



mediwheel
PANCHMUKHI HOSPITAL

Dr C P Dadhaniya
Dr R C Dadhaniya
MBBS, Dip.G.O, Diabetologist

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

policy number :
full name : Asichanaben Sandipkumar Solanki
identity proof : Aadhar card
identity proof no : 8130
gender : Female
height : 152
weight : 52
BP : 120/82
pulse : 62/min Regular
blood sample : YES
fasting mode : YES
non fasting mode : YES

past history : L.S.C.S is done on 11/06/2022.

dental : Healthy

Gynac : Healthy

General : Healthy

J Dr. P. Kumar

C. P. DADHANIYA
M.B.B.S., D.G.O.
C.I.H., Diabetologist
Regd. No. G19798
PANCHMUKHI HOSPITAL
MAVADI CHOKADI,
150' RING ROAD RAJKOT



NAME : Asichanaben Solanki
AGE/GENDER: 27/female

DIAG. DATE: 26/08/23

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 :

CHECKED BY : Dr. C. P. Dadhaniya

✓ Asichanaben

C. P. DADHANIYA
M.B.B.S., D.G.O.
C.I.H., Diabetologist
Regd. No. G19798
PANCHMUKHI HOSPITAL
MAVADI CHOKADI,
150' RING ROAD RAJKOT

To,

The Coordinator,
Mediwheel (Arcofemi Healthcare Limited)
Helpline number: 011- 41195959

Dear Sir / Madam,

Sub: Annual Health Checkup for the employees of Bank of Baroda

This is to inform you that the following spouse of our employee wishes to avail the facility of Cashless Annual Health Checkup provided by you in terms of our agreement.

| PARTICULARS OF HEALTH CHECK UP BENEFICIARY | |
|---|-----------------------------------|
| NAME | ARCHANABEN SANDIPKUMARSOLANKI |
| DATE OF BIRTH | 12-09-1995 |
| PROPOSED DATE OF HEALTH CHECKUP FOR EMPLOYEE SPOUSE | 26-08-2023 |
| BOOKING REFERENCE NO. | 23S181968100066988S |
| SPOUSE DETAILS | |
| EMPLOYEE NAME | MR. SOLANKI SANDIPKUMAR VINODBHAI |
| EMPLOYEE EC NO. | 181968 |
| EMPLOYEE DESIGNATION | BRANCH HEAD |
| EMPLOYEE PLACE OF WORK | DOLIYA |
| EMPLOYEE BIRTHDATE | 11-05-1996 |

This letter of approval / recommendation is valid if submitted along with copy of the Bank of Baroda employee id card. This approval is valid from **21-08-2023** till **31-03-2024**. The list of medical tests to be conducted is provided in the annexure to this letter. Please note that the said health checkup is a **cashless facility** as per our tie up arrangement. We request you to attend to the health checkup requirement of our employee's spouse and accord your top priority and best resources in this regard. The EC Number and the booking reference number as given in the above table shall be mentioned in the invoice, invariably.

We solicit your co-operation in this regard.

Yours faithfully,

Sd/-

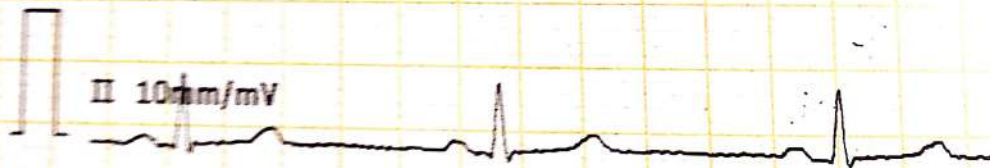
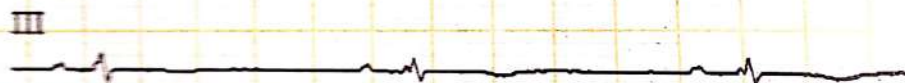
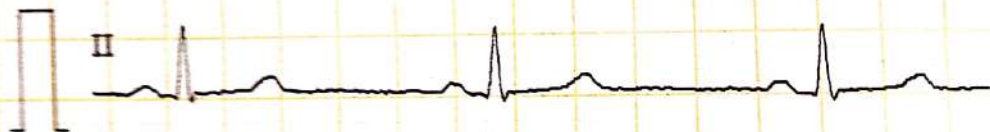
Chief General Manager
HRM Department
Bank of Baroda

(Note: This is a computer generated letter. No Signature required. For any clarification, please contact Mediwheel (Arcofemi Healthcare Limited))



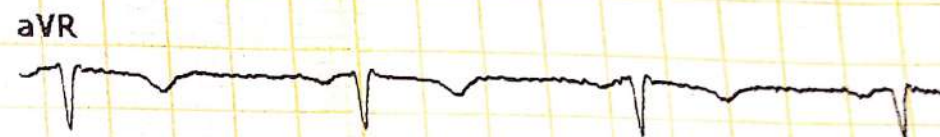
C. P. DADHANIYA
M.B.B.S., D.G.O.
C.I.H., Diabetologist
Regd. No. G19798
PANCHMUKHI HOSPITAL
MAVADI CHOKADI,
150' RING ROAD RAJKOT.

10mm/mV AUTO



25mm/s AC:ON 0.05-35Hz

10mm/mV



10mm/mV

10mm/mV



2023-8-26 8:53:50

ID: 00003394

ID Card: _____

Name: Ashkraben Solanki Gender: Female

Age: 24

Height(cm): _____

Weight(Kg): _____

BP(mmHg): 1

HR.....bpm 61

P-R.....ms 126

Q-R-S.....ms 83

QT/QTc.....ms 406/410

P/QRS/T AXES.....C.I.H., Diabetic Reg. 66/47/37

RV5/SV1.....mV 0.75/0.53

RV5+SV1.....mV 1.28

*The result must be confirmed by doctor

Report Confirmed by: _____

Dr. P. DADHANIYA

P. DADHANIYA
M.B.B.S., D.G.O.

Regd. No. 619798
PANCHMUKHI HOSPITAL
MAVADI CHOKADI,
150' RING ROAD RAJKOT



भारत सरकार

Government of India



अर्थनाबेन सीदिपकुमार सोलंकी

Archanaben Sandipkumar Solanki

जन्म तारीख / DOB : 12/09/1995

स्त्री / FEMALE



4454 9932 8134



4454 9932 8134

मेरा आधार, मेरी पहचान



भारतीय विशिष्ट पहचान प्राधिकरण

Unique Identification Authority of India



सरनाभुं : धरशाळा रोड, सर्वोदय खादी केन्द्र,
जोरावरागर, सुरेन्द्रनगर, गुजरात, 363020

Address: GHARSHALA ROAD, SARVODAY
KHADI KENDRA, Joravarnagar, Surendra
Nagar, Gujarat, 363020



4454 9932 8134



1947



help@uidai.gov.in



www.uidai.gov.in





*Mediwheel Archanaben
solanki*

GPS Map
Camera Lite

1/13 udaynagar B/h indraprashth hall, Mavdi Main Road, Poonam Society, Chandreshnagar, Rajkot, Gujarat 360004, India

Latitude
22.2661111°

Longitude
70.7846792°

Local 08:52:35 AM
GMT 03:22:35 AM

Altitude 146 meters
Saturday, 26.08.2023



Pt.'s Name: ARCHANABEN SOLANKI

Date: 26 August, 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



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. Endometrial thickness measures 4.5 mm. 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 angle is clear.

CONCLUSION:

- No significant abnormality seen in present study.

Thanks for reference.

DR PRATIK KAGATHARA
MD

Krishna Arcade, 150 Feet Ring Road, Opp. Om Nagar (BRTS), Rajkot. Mo. 72838 42020

Tread Mill Test

| | | | |
|--------------|----------------------|------------|-----------|
| Patient Name | : Archanaben Solanki | Age | : 27yrs/F |
| OPD/IPD | : OPD | ID. No. | : 657 |
| Ref. By | : Dr. C.P.Dadhaniya | Resting BP | : 120/80 |
| Report Date | : 26/08/2023 | Max. BP | : 150/80 |

Patient Reaches exercise limit at 8.80 METS.

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

Adequate increase of HR & BP.

No significant Arrhythmia.

The stress test was terminated after 7:41 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, RAJKOT.
Ph.. 0281-2483799

CURE CARDIOLOGY CLINIC

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

CURE CARDIOLOGY CLINIC

2377 / ARCHANABEN SOLANKI
27 Yrs / Female
26-Aug-2023 11:21:37 AM

(Signature)
Dr. Prasad

Summary

Protocol : BRUCE

Medication :
Ref. By : DR C P DADHANIYA

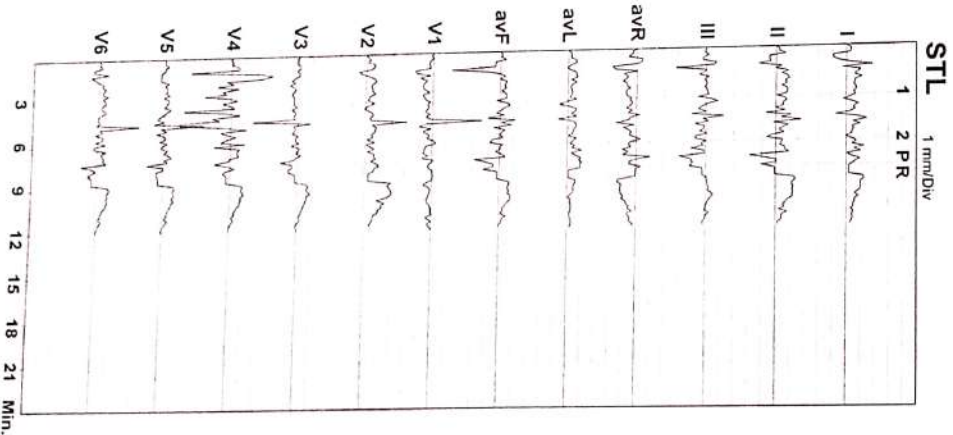
Objective :
History :

| Stage | StageTime (Min:Sec) | PhaseTime (Min:Sec) | Speed (kmph) | Grade (%) | METS | H.R. (bpm) | B.P. (mmHg) | R.P.P. x100 | PVC | Comments |
|----------|---------------------|---------------------|--------------|-----------|------|------------|-------------|-------------|-----|----------|
| Supine | | | | | 1.0 | 80 | 120/80 | 96 | - | |
| Standing | | | | | 1.0 | 77 | 120/80 | 92 | - | |
| HV | | | | | 1.0 | 73 | 120/80 | 87 | - | |
| ExStart | | | | | 1.0 | 73 | 120/80 | 87 | - | |
| Stage 1 | 3:00 | 3:01 | 4.3 | 10.0 | 4.6 | 109 | 130/80 | 141 | 3 | |
| Stage 2 | 3:00 | 6:01 | 6.4 | 12.0 | 7.0 | 141 | 140/80 | 197 | - | |
| PeakEx | 1:40 | 7:41 | 8.8 | 14.0 | 8.8 | 167 | 140/80 | 233 | 1 | |
| Recovery | 1:00 | | 0.0 | 0.0 | 1.1 | 129 | 140/80 | 180 | - | |
| Recovery | 2:00 | | 0.0 | 0.0 | 1.0 | 107 | 150/80 | 160 | - | |
| Recovery | 3:00 | | 0.0 | 0.0 | 1.0 | 80 | 140/80 | 112 | - | |
| Recovery | 4:00 | | 0.0 | 0.0 | 1.0 | 71 | 130/80 | 92 | - | |
| Recovery | 4:05 | | 0.0 | 0.0 | 1.0 | 72 | 120/80 | 86 | - | |

Findings :

Exercise Time : 7:41 minutes
Max HR attained : 175 bpm 91% of Target 193
Max BP : 150/80(mmHg)
Max Workload attained : 8.8 (Fair Effort Tolerance)
No significant ST segment changes noted during exercise or recovery.
No Anginal/Arrhythmia/S3/murmur
Final Impression : Test is negative for inducible ischaemia.

Advice/Comments:

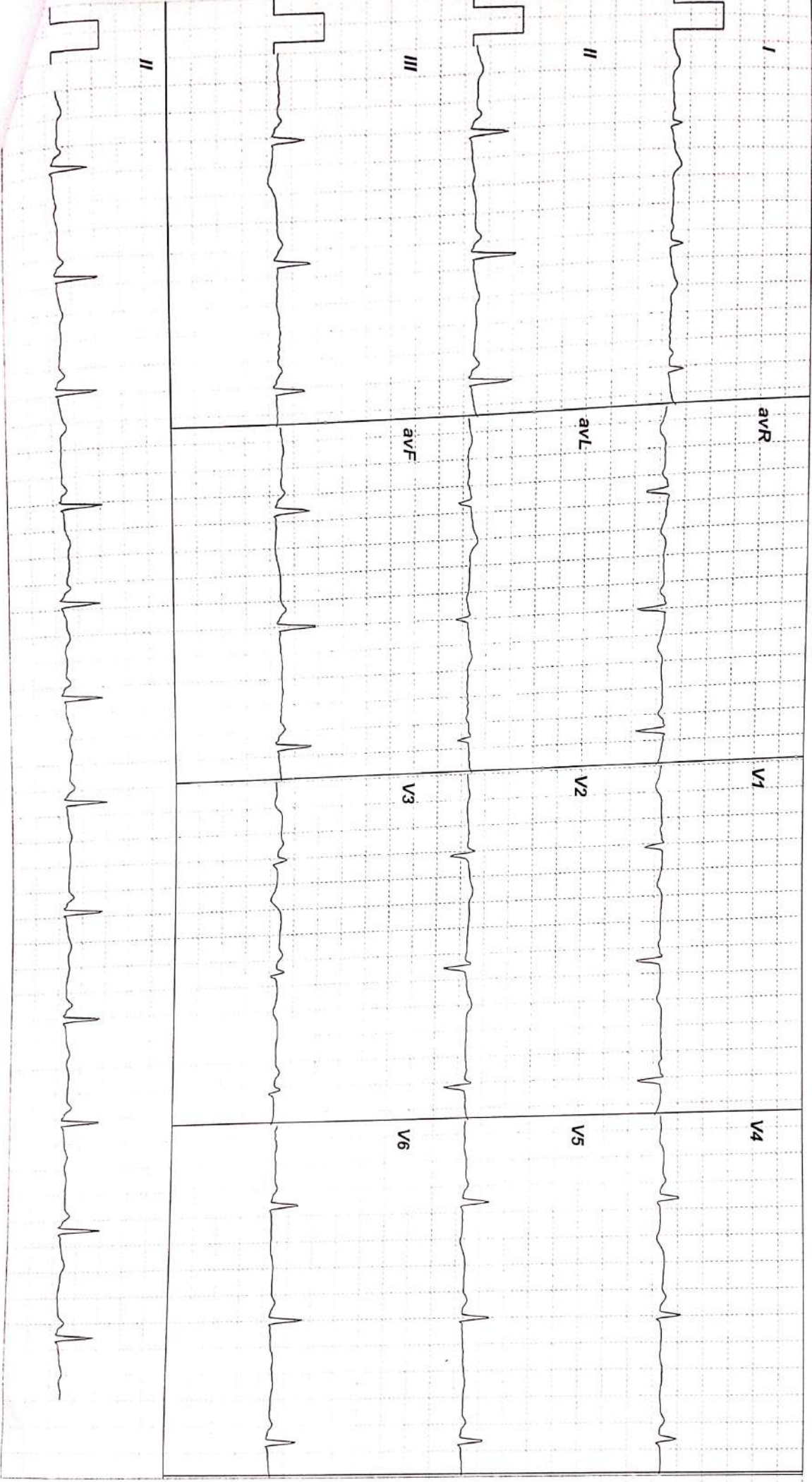


CURE CARDIOLOGY CLINIC
2ND FLOOR, KANSAGRA HOSPITAL, ASTRON CHOWK, RAJKOT.
2377 / ARCHANABEN SOLANKI
27 Yrs / Female
0 Kg / 0 Cm/
Date: 26-Aug-2023 11:21:37 AM

HR: 80 Dpm
METS: 1.0
BP: 120/80
Tgt HR: 41% of 193
Speed: 0.0 mph,
Grade: 0.0%

Raw ECG
Protocol: BRUCE
(0.05-100)Hz
Ex Time 00:09
BLC: On
Notch: On

3x4+1 Rhythm Lead
Supine
1.0 Cm/mV
25 mm/Sec.



CURE CARDIOLOGY CLINIC
2ND FLOOR, KANSAGRA HOSPITAL, ASTRON CHOWK RAJKOT.
2377 / ARCHANABEN SOLANKI
27 Yrs / Female
0 Kg / 0 Cm/
Date: 26-Aug-2023 11:21:37 AM

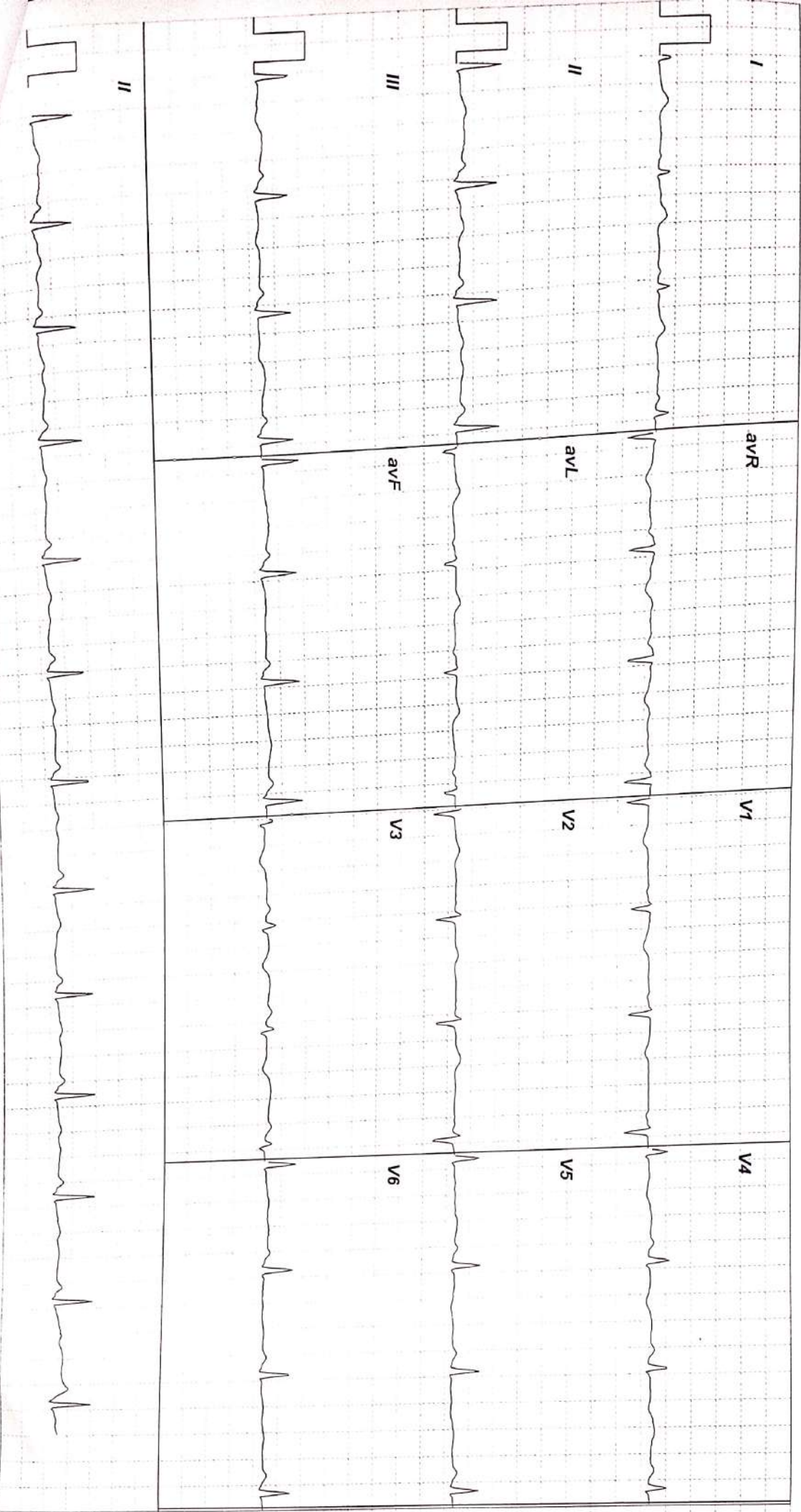
HR: 77 bpm
METs: 1.0
BP: 120/80

Tgt HR: 39% of 193
Speed: 0.0 mph,
Grade: 0.0%

Raw ECG
Protocol: BRUCE
(0.05-100)Hz

Ex Time 00:12
BLC : On
Notch : On

3x4+1 Rhythm Lead
Standing
1.0 Cm/mV
25 mm/Sec.

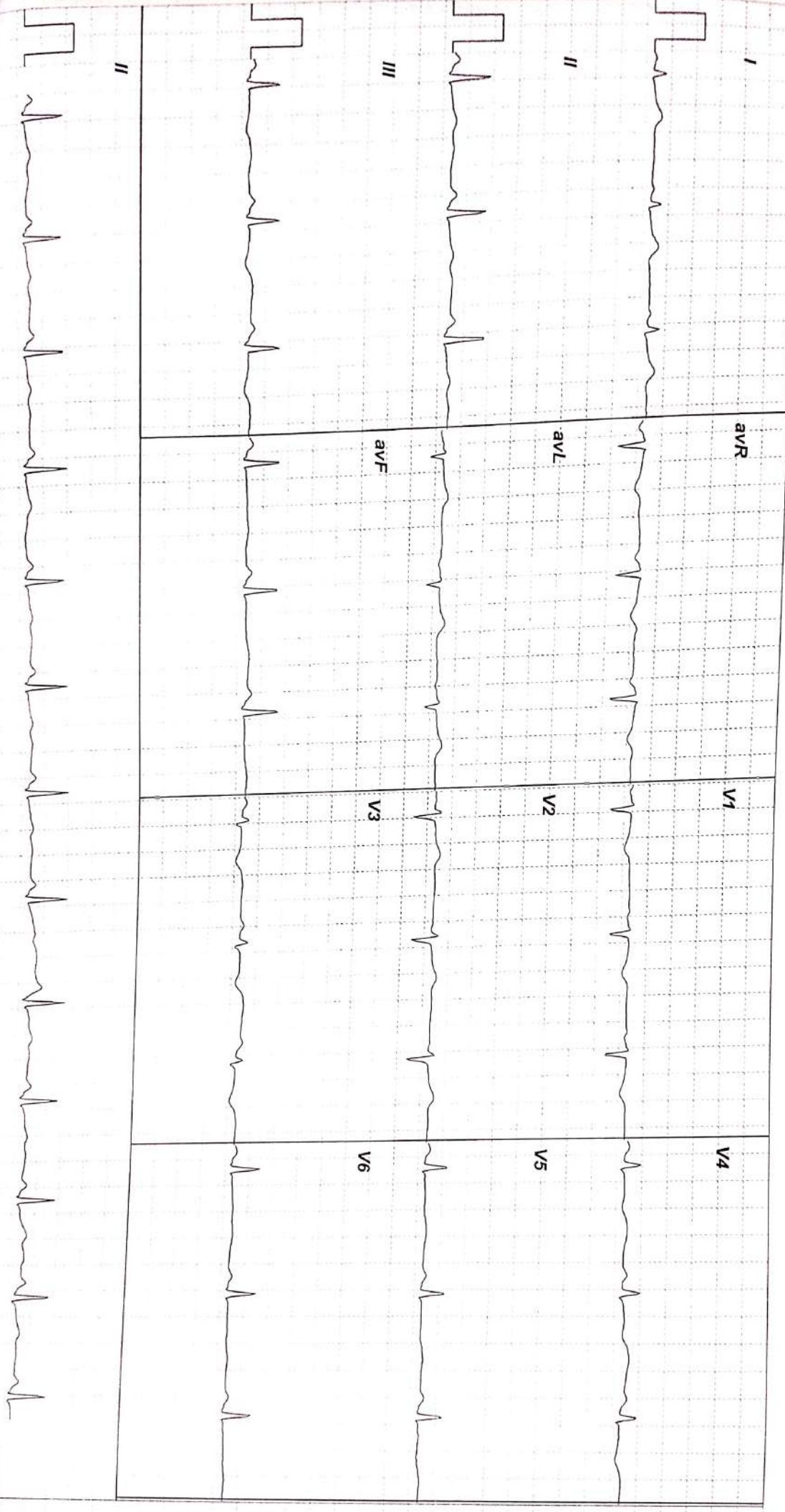


CURE CARDIOLOGY CLINIC
2ND FLOOR, KANSAGRA HOSPITAL, ASTRON CHOWK, RAJKOT.
2377 / ARCHANABEN SOLANKI
27 Yrs / Female
0 Kg / 0 Cm/
Date: 26-Aug-2023 11:21:37 AM

HR: 73 bpm
METs: 1.0
BP: 120/80
Tgt HR: 37% of 193
Speed: 0.0 mph,
Grade: 0.0%

Raw ECG
Protocol: BRUCE
(0.05-100)Hz
Ex Time 00:15
BLC: On
Notch: On

3x4+1 Rhythm Lead
HV
1.0 Cm/mV
25 mm/Sec



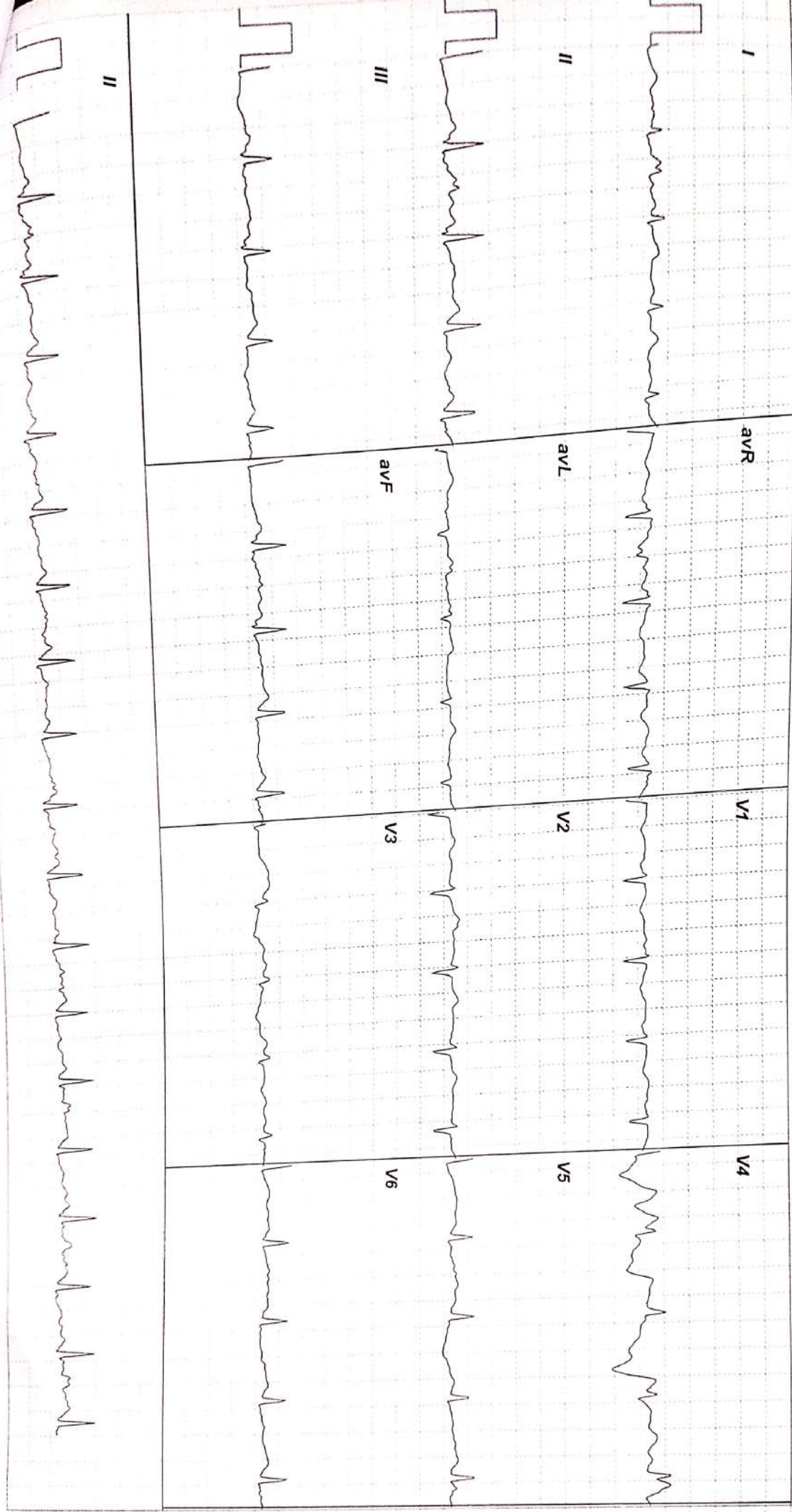
CURE CARDIOLOGY CLINIC
2ND FLOOR, KANSAGRA HOSPITAL, ASTRON CHOWK, RAJKOT.
2377 / ARCHANABEN SOLANKI
27 YRS / Female
0 Kg / 0 Cm/
Date: 26-Aug-2023 11:21:37 AM

HR: 109 bpm
METs: 4.6
BP: 130/80
Tgt HR: 56% of 193
Speed: 2.7 mph,
Grade: 10.0%

Raw ECG
Protocol: BRUCE
(0.05-100)Hz

Ex Time 03:00
BLC : On
Notch : On

3x4+1 Rhythm Lead
BRUCE: Stage 1(3:00)
1.0 Cm/mV
25 mm/Sec.



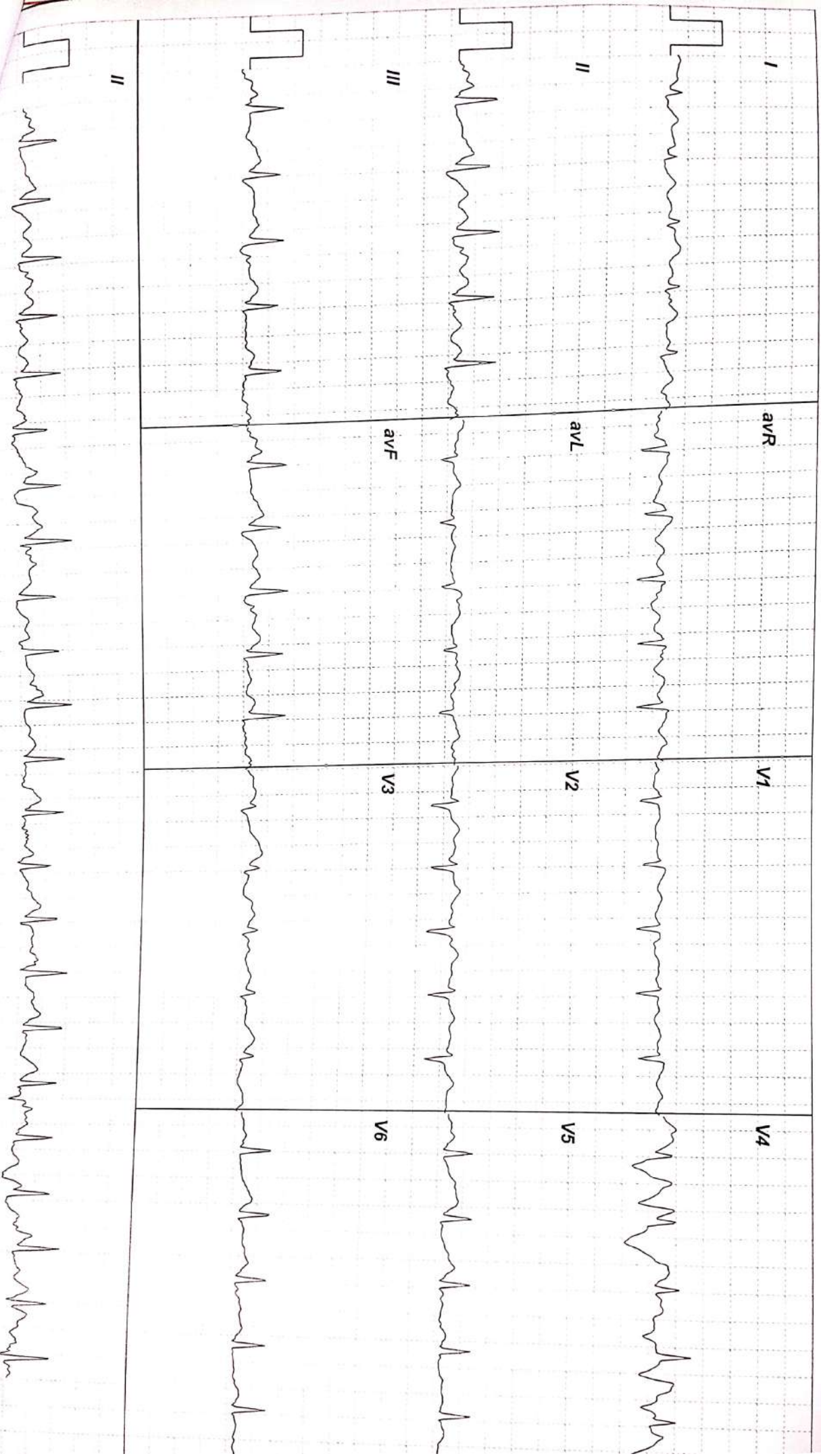
CURE CARDIOLOGY CLINIC
2ND FLOOR, KANSAGRA HOSPITAL, ASTRON CHOWK, RAJKOT.
2377 / ARCHANABEN SOLANKI
27 Yrs / Female
0 Kg / 0 Cm /
Date: 26-Aug-2023 11:21:37 AM

HR: 141 bpm
METs: 7.0
BP: 140/80

Trgt HR: 73% of 193
Speed: 4.0 mph,
Grade: 12.0%

Raw ECG
Protocol: BRUCE
(0.05-100)Hz
Ex Time 06:00
BLC: On
Notch: On

3x4+1 Rhythm Lead
BRUCE: Stage 2(3:00)
1.0 Cm/mV
25 mm/Sec.



CURE CARDIOLOGY CLINIC
2ND FLOOR, KANSAGRA HOSPITAL, ASTRON CHOWK, RAJKOT.
2377 / ARCHANABEN SOLANKI
27 Yrs / Female
0 Kg / 0 Cml/
Date: 26-Aug-2023 11:21:37 AM

HR: 167 bpm
METS: 8.8
BP: 140/80

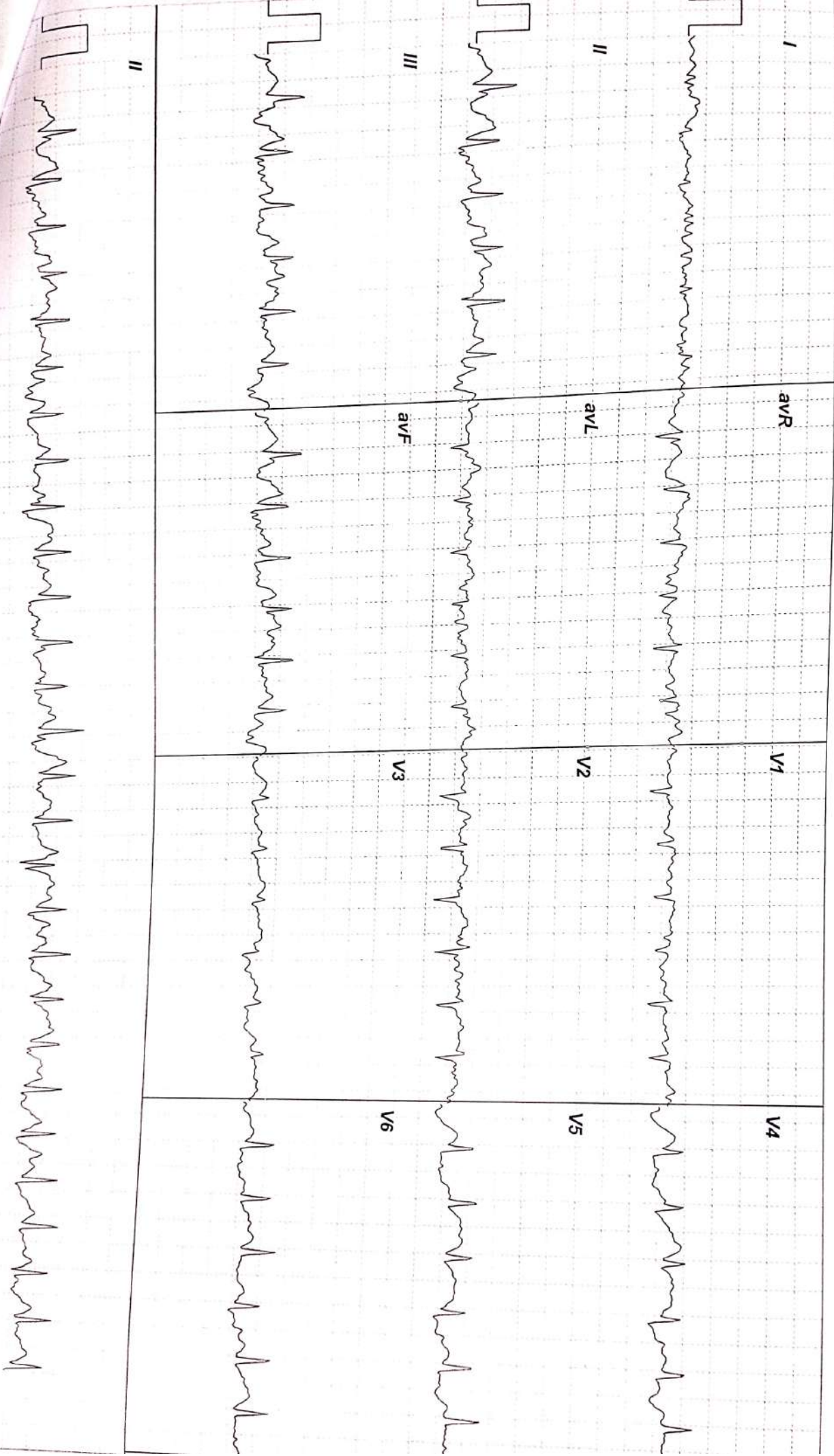
Trgt HR: 86% of 193
Speed: 5.5 mph,
Grade: 14.0%

Raw ECG
Protocol: BRUCE
(0.05-100)Hz

Ex Time 07:40
BLC: On
Notch: On

BRUCE: PeakEx(1:40)
1.0 Cml/mV
25 mm/Sec.

3x4+1 Rhythm Lead



CURE CARDIOLOGY CLINIC
2ND FLOOR, KANSAGRA HOSPITAL,
2377 / ARCHANABEN SOLANKI
27 Yrs / Female
0 Kg / 0 Cm/
Date: 26-Aug-2023 11:21:37 AM

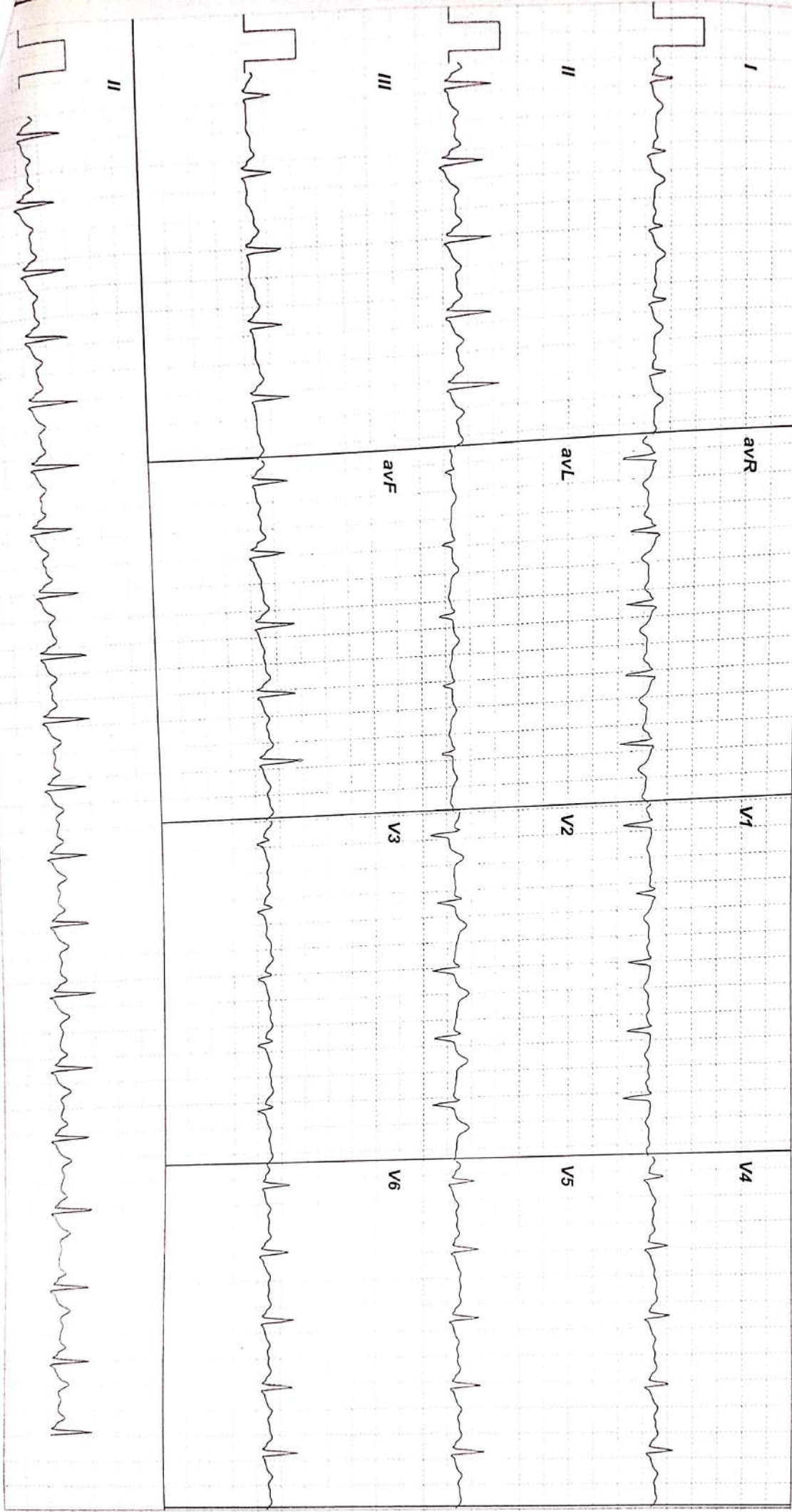
HR: 129 bpm
METs: 1.1
BP: 140/80

Trgt HR: 66% of 193
Speed: 0.0 mph,
Grade: 0.0%

Raw ECG
Protocol: BRUCE
(0.05-100)Hz

Ex Time 07:41
BLC : On
Match : On

3x4+1 Rhythm Lead
Recovery(1:00)
1.0 Cm/mV
25 mm/Sec.



CURE CARDIOLOGY CLINIC
2ND FLOOR, KANSAGRA HOSPITAL, ASTRON CHOWK, RAJKOT.
2377 / ARCHANABEN SOLANKI
27 Yrs / Female
0 Kg / 0 Cm
Date: 26-Aug-2023 11:21:37 AM

HR: 107 bpm
METS: 1.0
BP: 150/80

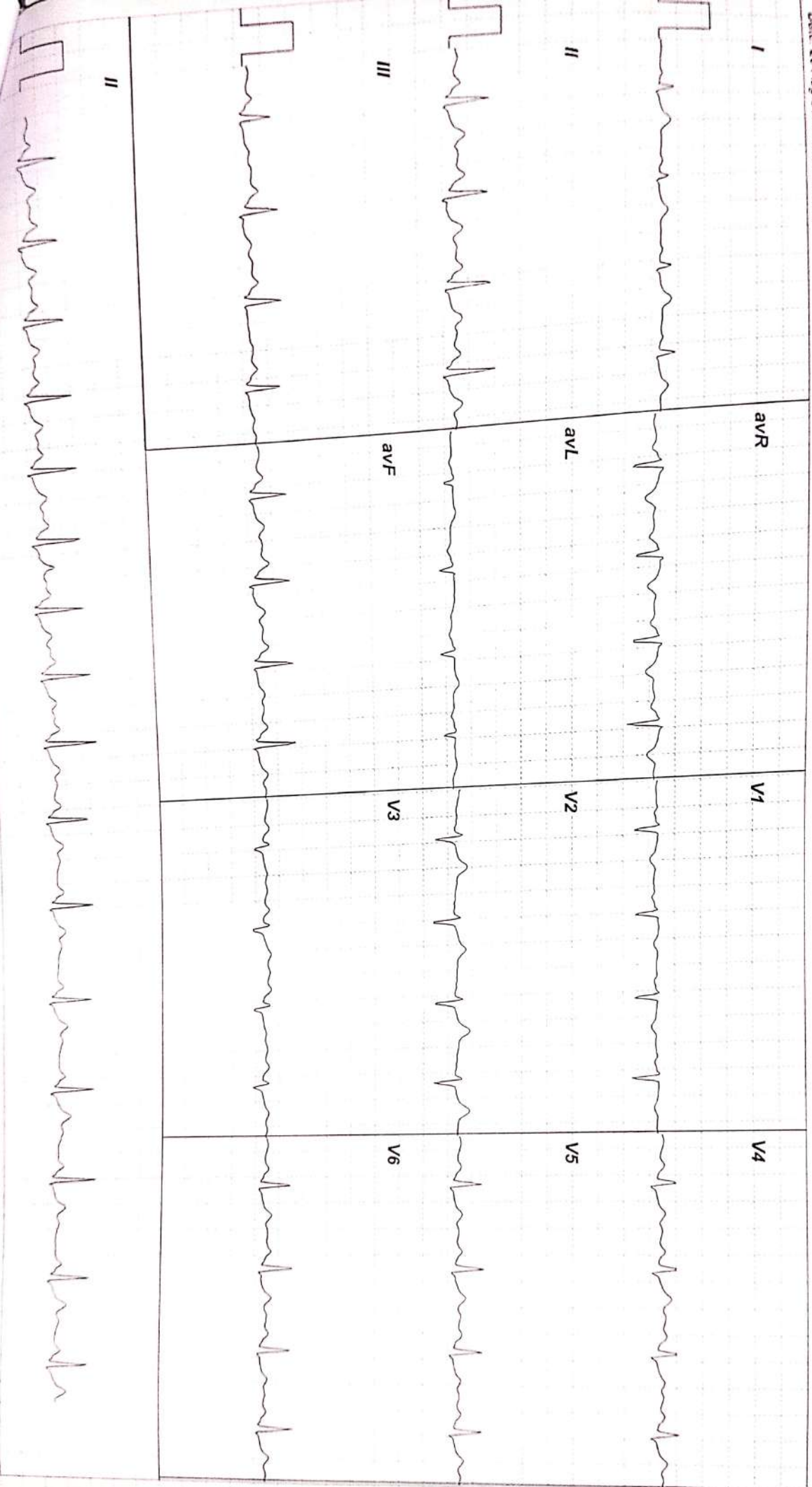
Tgt HR: 55% of 193
Speed: 0.0 mph,
Grade: 0.0%

Raw ECG
Protocol: BRUCE
(0.05-100)Hz

Ex Time 07:41
BLC: On
Notch: On

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

3x4+1 Rhythm Lead



CURE CARDIOLOGY CLINIC
2ND FLOOR, KANSAGRA HOSPITAL, ASTRON CHOWK, RAJKOT.
2377 / ARCHANABEN SOLANKI
27 Yrs / Female
0 Kg / 0 Cm/
Date: 26-Aug-2023 11:21:37 AM

HR: 80 bpm
METs: 1.0
BP: 140/80

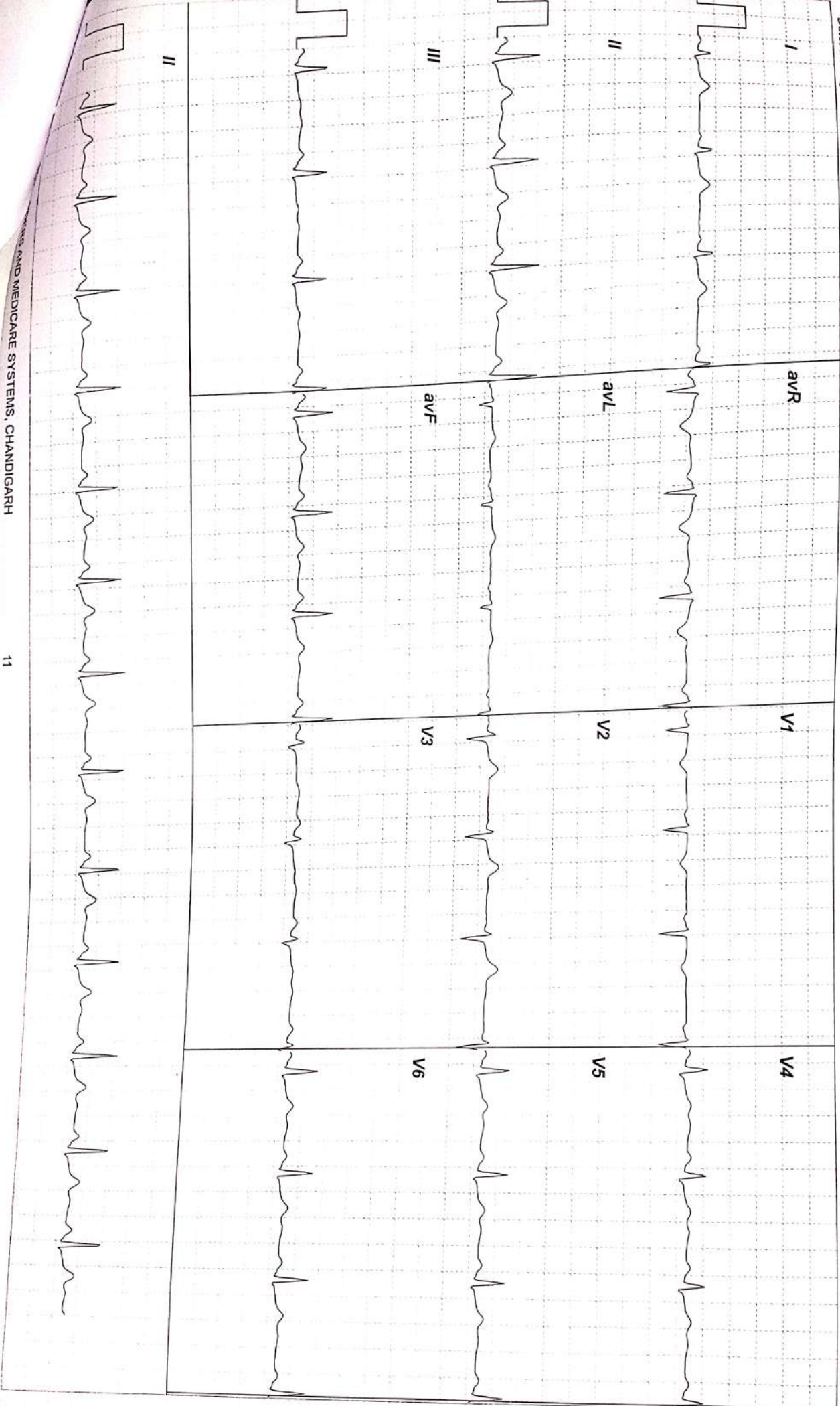
Tgt HR: 41% of 193
Speed: 0.0 mph,
Grade: 0.0%

Raw ECG
Protocol: BRUCE
(0.05-100)/Hz

Ex Time 07:41
BLC: On
Notch: On

3x4+1 Rhythm Lead

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



CURE CARDIOLOGY CLINIC
2ND FLOOR, KANSAGRA HOSPITAL,
2377 / ARCHANABEN SOLANKI
27 Yrs / Female
0 Kg / 0 Cm/
Date: 26-Aug-2023 11:21:37 AM

HR: 71 bpm
METS: 1.0
BP: 130/80

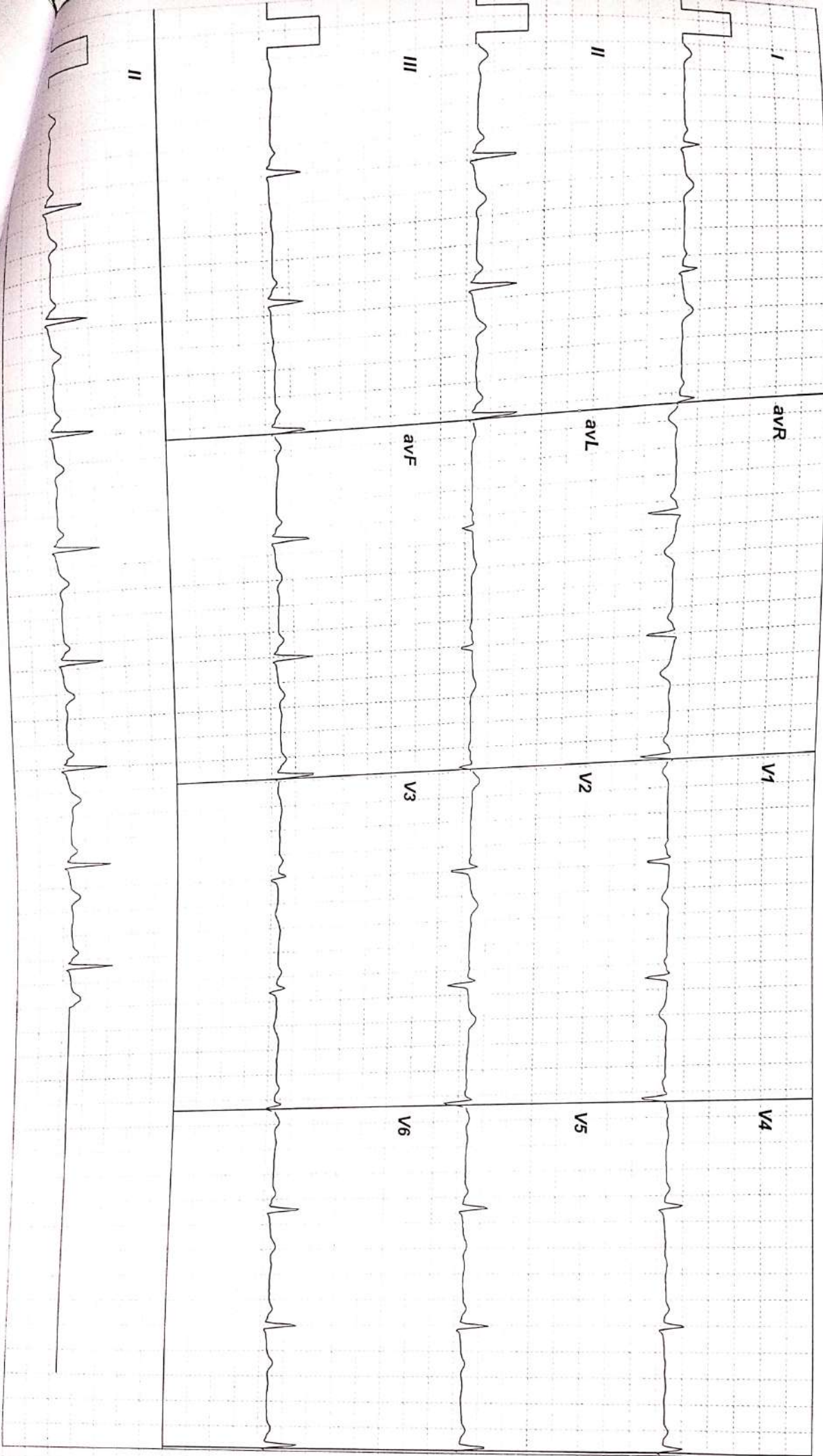
Tgt HR: 36% of 193
Speed: 0.0 mph,
Grade: 0.0%

Raw ECG
Protocol: BRUCE
(0.05-100)Hz

Ex Time 07:41
BLC : On
Notch : On

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

3x4+1 Rhythm Lead



CURE CARDIOLOGY CLINIC
2ND FLOOR, KANSAGRA HOSPITAL, ASTRON CHOWK, RAJKOT.
2377 / ARCHANABEN SOLANKI
27 Yrs / Female
0 Kg / 0 Cm/
Date: 26-Aug-2023 11:21:37 AM

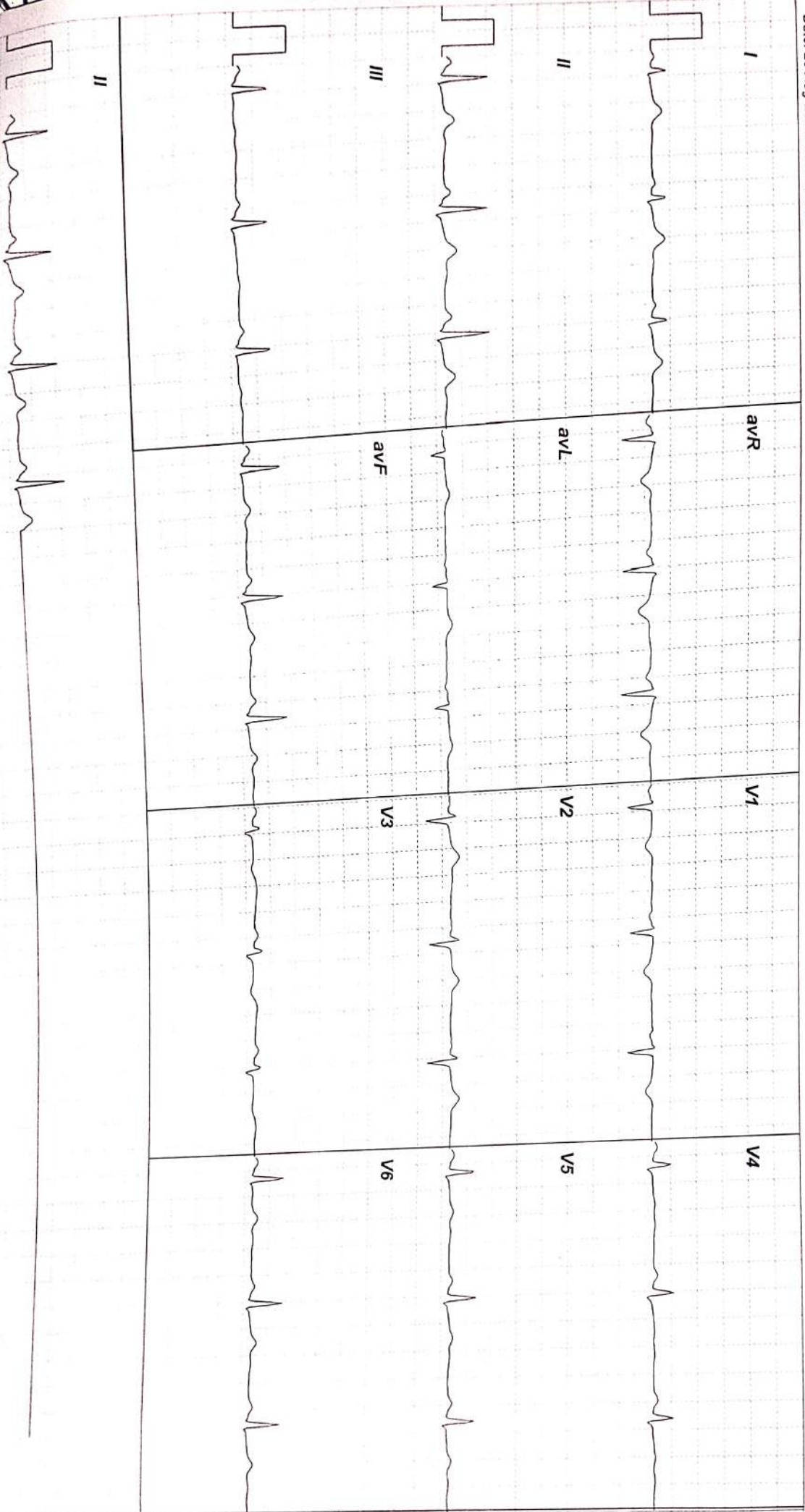
HR: 72 bpm
METs: 1.0
BP: 120/80

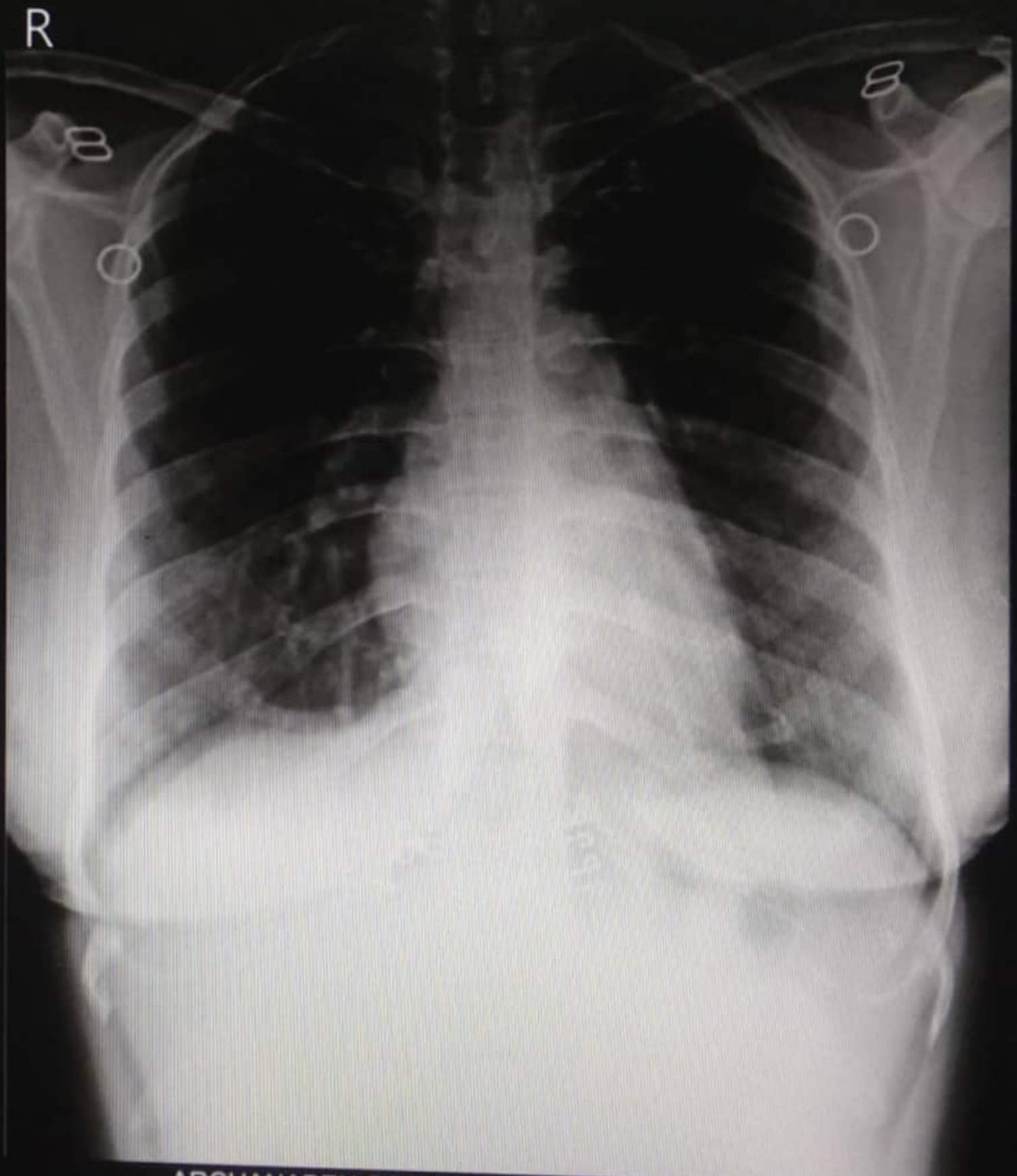
Raw ECG
Tgt HR: 37% of 193
Speed: 0.0 mph.
Grade: 0.0%

Ex Time 07:41
BLC: On
Notch: On

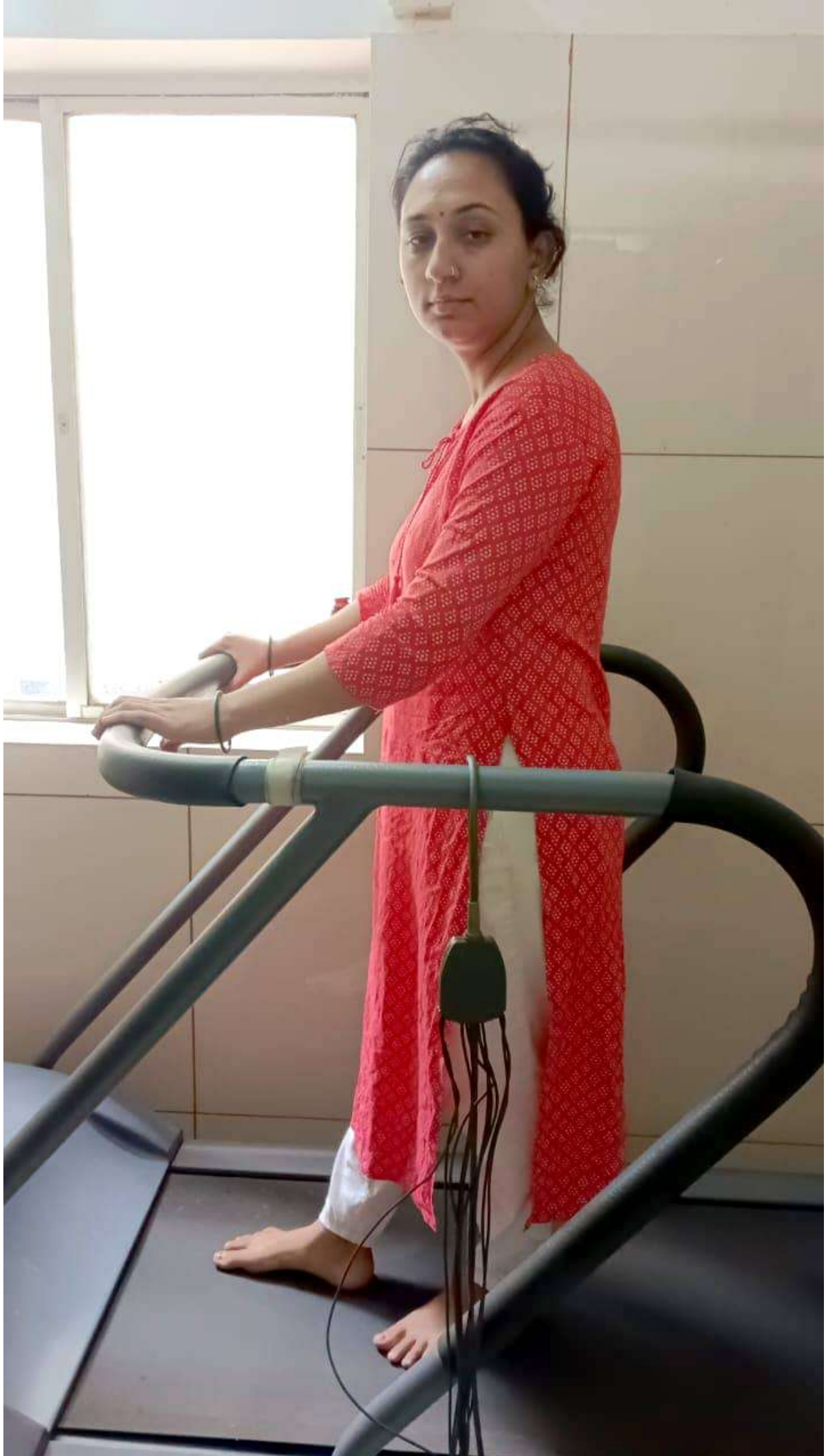
Recovery(4:05)
1.0 Cm/mV
25 mm/Sec.

3x4+1 Rhythm Lead





ARCHANABEN SOLANKI/F CHEST PA 26-Aug-23
NEELKANTH DIAGNOSTICS - RAJKOT (DR. PRATIK KAGATHARA) 2023/





TEST REPORT

| | |
|--|--|
| Name : Archanaben Solanki | Reg. No : 308101481 |
| Age/Sex : 27 Years / Female | Reg. Date : 26-Aug-2023 03:00 PM |
| Ref. By : Dr. PANCHMUKHI HOSPITAL / INSURANCE | Collected On : 26-Aug-2023 03:01 PM |
| Client Name : PANCHMUKHI HOSPITAL | Report Date : 26-Aug-2023 07:47 PM |

COMPLETE BLOOD COUNT (CBC)
Specimen: EDTA blood

| Parameter | Result | Unit | Biological Ref. Interval |
|-----------------------------------|--------|----------------------|---|
| RBC Parameters | | | |
| Hemoglobin (SLS method) | 10.9 | g/dL | 12.5 - 16.0 |
| Hematocrit (Electrical Impedance) | 31.5 | % | 37 - 47 |
| RBC Count (Electrical Impedance) | 4.36 | million/cmm | 4.2 - 5.4 |
| MCV (Calculated) | 72.3 | fL | 78 - 100 |
| MCH (Calculated) | 25.0 | Pg | 27 - 31 |
| MCHC (Calculated) | 34.6 | % | 30 - 35 |
| RDW (Calculated) | 14.5 | % | 11.5 - 14.0 |
| WBC Parameters | | | |
| WBC Count (Flowcytometry) | 5800 | /cmm | 4000 - 10500 |
| DIFFERENTIAL WBC COUNT | | | |
| Neutrophils (%) | 56 % | % Range 42.02 - 75.2 | Abs. Value 3248 /cmm Abs. Range 1800 - 7700 |
| Lymphocytes (%) | 37 % | 20 - 45 | 2146 /cmm 1000 - 3900 |
| Eosinophils (%) | 02 % | 1 - 4 | 116 /cmm 0 - 450 |
| Monocytes (%) | 05 % | 2 - 8 | 290 /cmm 200 - 1000 |
| Basophils (%) | 00 % | 0 - 1 | 0 /cmm 20 - 100 |
| Platelete Parameter | | | |
| Platelet Count | 296000 | /cmm | 150000 - 450000 |
| MPV | 7.9 | fL | 7.4 - 10.4 |
| PDW | 15.9 | % | 8.3 - 56.6 |
| PCT (Platelet Haematocrit) | 0.23 | % | 0.2 - 0.5 |

towards the healthiness...

DR. J.

This is an Electronically Authenticated Report.

Page 1 of 16

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

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




TEST REPORT

| | | | |
|--------------------|---------------------------------------|---------------------|------------------------|
| Name | : Archanaben Solanki | Reg. No | : 308101481 |
| Age/Sex | : 27 Years / Female | Reg. Date | : 26-Aug-2023 03:00 PM |
| Ref. By | : Dr. PANCHMUKHI HOSPITAL / INSURANCE | Collected On | : 26-Aug-2023 03:01 PM |
| Client Name | : PANCHMUKHI HOSPITAL | Report Date | : 26-Aug-2023 07:47 PM |

BLOOD GROUP & RH

Specimen: EDTA and Serum; Method: Haemagglutination

| Parameter | Result | Unit | Biological Ref. Interval |
|-----------|----------|------|--------------------------|
| ABO | "O" | | |
| 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 | Result | Unit | Biological Ref. Interval |
|---|--------|-------|--------------------------|
| Erythrocyte sedimentation rate Sample, EDTA whole blood | | | |
| ESR (After 1 hour) | 03 | mm/hr | 3 - 12 |

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Mangla Road Branch: 3rd Floor, Smile Building, 5 Manhar Plot Corner, Mangla Main Road, Rajkot. Ph. 0281 - 247 33 77
Sadhu Vasvani Road Branch: Ground Floor, Office no. 3, Nakshtra-VIII, Nr. Sun City Apt., Sadhu Vasvani Road, Rajkot - 1

Helpline No. : 70965 77000  www.neutropath.com  neutropath@gmail.com

The test results are subject to variations due to technical variations. Hence co-relation with clinical findings and other investigations should be done.




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FASTING PLASMA GLUCOSE
 Specimen: Flouride plasma

| Parameter | Result | Unit | Biological Ref. Interval |
|---|--------|-------|--|
| Fasting Blood Sugar (FBS) <i>HEXOKINASE</i> | 70.00 | mg/dL | <100 :Non-Diabetic 100-125 :Impaired Fasting Glucose (IFG) >=126 :Diabetic |
| Urine Glucose -F <i>Glucose Oxidase-Peroxidase</i> | 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: S11.

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POST PRANDIAL PLASMA GLUCOSE

Specimen: Flouride plasma

| Parameter | Result | Unit | Biological Ref. Interval |
|--|--------|-------|--------------------------|
| Post Prandial Blood Sugar (PPBS) <i>HEXOKINASE</i> | 121.00 | mg/dL | 70 - 140 |
| Urine Glucose- PP <i>Glucose Oxidase-Peroxidase</i> | 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.

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LIPID PROFILE
 Specimen: Serum

| Parameter | Result | Unit | Biological Ref. Interval |
|--|--------|-------|---|
| Cholesterol <i>Cholesterol Oxidase</i> | 168.00 | mg/dL | Desirable : < 200.0 Borderline High : 200-239 High : > 240.0 |
| Triglyceride <i>Enzymatic Reaction With Glycerol Kinase</i> | 101.00 | mg/dL | Normal : < 150.0 Borderline : 150-199 High : 200-499 Very High : > 500.0 |
| HDL Cholesterol <i>Siemens AHDL</i> | 59.00 | mg/dL | High Risk : < 40 Low Risk : >= 60 |
| LDL Cholesterol <i>Siemens ALDL</i> | 88.80 | mg/dL | Optimal : < 100 Near Optimal/above optimal : 100-129 Borderline High : 130-159 High : 160-189 Very High : >=190 |
| VLDL Cholesterol <i>Calculated</i> | 20.20 | mg/dL | 15 - 35 |
| LDL / HDL RATIO <i>Calculated</i> | 1.51 | | 0 - 3.5 |
| Cholesterol /HDL Ratio <i>Calculated</i> | 2.85 | | 0 - 5.0 |

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RENAL FUNCTION TEST

Specimen: Serum

| Parameter | Result | Unit | Biological Ref. Interval |
|--|--------|------------------|--|
| Creatinine <i>ALKALINE PICRATE, COLORIMETRIC KINETIC</i> | 0.60 | mg/dL | 0.55 - 1.02 |
| eGFR | 139.11 | 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 <i>Calculated</i> | 25.00 | mg/dL | 17 - 43 |
| Blood Urea Nitrogen (BUN) <i>UREASE/GLDH</i> | 11.68 | mg/dL | 7.0 - 18.0 |
| Uric Acid <i>Uricase</i> | 5.20 | mg/dL | 2.6 - 6.2 |
| Sodium <i>Direct ion selective electrode</i> | 139.00 | mmol/L | 137 - 145 |
| Potassium <i>Direct ion selective electrode</i> | 4.20 | mmol/L | 3.5 - 5.1 |
| Chloride <i>Direct ion selective electrode</i> | 102.00 | mmol/L | 98 - 107 |
| Calcium <i>Cresolphthalein Complexone</i> | 8.60 | mg/dL | 8.5 - 10.1 |

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HEMOGLOBIN A1 C (HBA1C)

Specimen: Blood EDTA

| Parameter | Result | Unit | Biological Ref. Interval |
|---|--------|-------|--|
| HbA1C <i>Siemens Dimension</i> | 5.10 | % | 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 <i>Calculated</i> | 99.67 | 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 A1c 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> | 3.210 | 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. Bruns. Tietz Textbook of Clinical Chemistry and Molecular Diagnostics. 5th Edition. Philadelphia: WB Saunders, 2012:2170

| | | | |
|---|------|-------|------------|
| Triiodothyronine (T3) <small>CLIA</small> | 1.23 | 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.


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Thyroxine (T4) 7.21 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.

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STOOL EXAMINATION

| Parameter | Result | Unit | Biological Ref. Interval |
|---|------------|------|--------------------------|
| Colour | Brown | | |
| Consistency | Semi Solid | | |
| CHEMICAL EXAMINATION | | | |
| Occult Blood <i>Peroxidase Reaction with o-Dianisidine</i> | Negative | | |
| Reaction <i>pH Strip Method</i> | Alkaline | | |
| Reducing Substance | Absent | | |
| MICROSCOPIC EXAMINATION | | | |
| Mucus | Absent | | |
| Pus Cells | Absent | | |
| 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 occassinal unruptured RBCs.

False positive: False positive occult blood test may be observed in stool samples containing vegetable peroxidase (turnips, horseradish, cauliflower, brocoli, cantaloupe, parsnips) and myoglobin from food (meat diet) intake.



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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 | 6.5 | | 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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LABORATORY REPORT

| | | | |
|-------------|---------------------------------------|-----------------|------------------------|
| Name | : Archanaben Solanki | Reg. No | : 308101481 |
| Sex/Age | : Female/27 Years | Histo / Cyto No | : C3H00117 |
| Ref. By | : Dr. PANCHMUKHI HOSPITAL / INSURANCE | Reg. Date | : 26-Aug-2023 03:00 PM |
| Client Name | : PANCHMUKHI HOSPITAL | Collected On | : 26-Aug-2023 03:09 PM |
| | | Report Date | : 26-Aug-2023 07:14 PM |

CYTOPATHOLOGY REPORT

Specimen :

Liquid Based Cervical Cytology Material.

Grossing Description :

C3H00117/23 - 1

Microscopic Description :**Specimen Adequacy :** Satisfactory for evaluation.**Endocervical cells (Transformation Zone Component) :** Seen.**Partially obscuring component like inflammation :** Seen.**General Categorization :** Negative for Intraepithelial Lesion and Malignancy.**Squamous Cell Abnormalities :**

Squamous cell : Normal superficial & Intermediate squamous cells are seen.

Few glandular normal endocervical cells present.

No evidence of malignancy in studied smear.

Non Neoplastic cellular variation like :

Squamous metaplasia : Not seen.

Keratotic changes : Not seen.

Tubal metaplasia : Not seen.

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Atrophic changes : Not seen.

Pregnancy associated changes : Not seen.

Reactive cellular changes associated with :

Inflammation : Absent.

Radiation : Absent.

Intrauterine Contraceptive Device (IUD) : Absent.

Organism :

Normal vaginal flora preserved.

Shift in flora suggestible of bacterial vaginosis : Not seen.

Trichomonas Vaginalis : Not seen.

Fungal organism morphologically consistent with Candida species : Not seen.

Bacteria morphologically consistent with Actinomyces species : Not seen.

Cellular changes consistent with Herpes Simplex Virus : Not seen.

Cellular changes consistent with Cytomegalovirus : Not seen.

Impression :

Negative for Intraepithelial Lesion or Malignancy.

Clinical and Radiological correlation and SOS further work up is advised.

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LIVER FUNCTION TEST

Specimen : Serum

| Parameter | Result | Unit | Biological Ref. Interval |
|---|--------|-------|--------------------------|
| Total Protein <i>BIURET</i> | 6.90 | g/dL | 6.4 - 8.2 |
| Albumin <i>Dye Binding - Bromocresol Purple (BCP)</i> | 4.20 | g/dL | 3.40 - 5.00 |
| Globulin <i>Calculated</i> | 2.70 | g/dL | 2.3 - 3.5 |
| A/G Ratio <i>Calculated</i> | 1.56 | | 0.8 - 3.1 |
| SGOT (AST) <i>Siemens/37C</i> | 31.00 | U/L | 15 - 37 |
| SGPT (ALT) <i>Siemens/37C</i> | 51.00 | U/L | 14 - 59 |
| Alakaline Phosphatase <i>Siemens/37C</i> | 82.00 | U/L | 46 - 116 |
| Total Bilirubin <i>Diazo-Caffeine/Benzoate Coupling (Jendrassik-Grof) w/blank</i> | 0.30 | mg/dL | 0.2 - 1 |
| Conjugated Bilirubin <i>Diazo-Caffeine/Benzoate Coupling (Jendrassik-Grof) w/blank</i> | 0.12 | mg/dL | 0 - 0.20 |
| Unconjugated Bilirubin <i>Sulph acid dpl/caff-benz</i> | 0.18 | mg/dL | 0.0 - 1.1 |

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

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