



the future of HEALTH CARE

PALMLAND HOSPITAL

(Managed By Raj Palmland Hospital Pvt. Ltd.)

OPD FOLLOW UP CASE

CASE NO	: 2223/F/9215 (UHID : 2223/05664)	DATE TIME	: 13/09/2022 06:49 PM
NAME	: SNEHAL RAJENDRASINH RATHOD	AGE / SEX	: 42Y / FEMALE
ADDRESS	: RAJPARDI	PHONE NO.	: 9426893750
PATIENT TYPE	: CREDIT	COMPANY	: MEDIWHEEL
CONS. DR.	: WASIM RAJ	REF. DR.	: DIRECT

VITALS :

TEMP :

PULSE : /MIN

BP : MM/HG

SPO2 : %

RBS :

RS :

CVS :

CNS :

INVESTIGATION

BLOOD :

RADIO :

OTHER :

Skin Examination

Sensitive skin to dust (home dust)
Itching.

NO Warts, Papules

NO Bump.

NO Pustule

NO Abscess

DR. WASIM RAJ
M.D. (INTERNAL MEDICINE)
REG NO. G - 22785

Falshruti Nagar, Station Road, Bharuch, Gujarat - 392001

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24X7 EMERGENCY FACILITY

CBDT APPROVED HOSPITAL U/S 17(2) OF THE IT ACT



OPHTHALMOLOGY CONSULTATION

Name: Snehal Rajendrasinh Rathod Date: 10/9/22

Age: 42 Y Sex: Male Female HCP Reg.No.: _____

Ophthalmic History:

1. Do you feel that your eyesight is falling? Yes No
આંખે ઓછું દેખાતું હોય તેવું લાગે છે?
2. Any time feel to experience black outs? Yes No
કોઈવાર અંધારા આવે છે?
3. Any unexpected flicking of eyes? Yes No
આંખ વારંવાર અચાનક ધ્રુવે છે?
4. Do you get difficulty in reading small letters? Yes No
નાના અક્ષર વાંચવામાં તકલીફ પડે છે?
5. Do you experience black dots temporarily? Yes No
આંખ સામે કોઈવાર કાળા ટપકા દેખાય છે?
6. Do you have exclusive aids? Yes No
વાંચવા કે જોવા માટે કોઈ ચરમા કે સ્પેશીયલ સાધન વાપરો છો?

Clinical Evaluation / History / Presenting Complain:

.....
HED

Examination Eyes:

1. Eyelids 6/6
 Right Left

2. Cornea & Conjunctiva
 Right Left

3. Vision 6/6
 Right Left

SPH	CYY	AXIS	VN
Plus			

SPH	CYY	AXIS	VN
Plus			

Plus			
------	--	--	--

Plus			
------	--	--	--

Colour Vision: Normal

Tonometry:
Right

(Handwritten scribble)

Left

(Handwritten scribble)

Fundus: (Must in case of DM & HT)

Right

(Handwritten scribble)

Left

(Handwritten scribble)

Eye Movements:

Right
Left

(Handwritten scribble)

Clinical Impression:

<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>

Recommendation:

A. Additional Inv. / Referral Suggested

B. Therapeutic advise

Ophthalmology's Signature

10-09-2022 12:03:29 PM

BPL - 02

SNEHAL

Female 42Years

UHID :

HR : 74 bpm

P : 93 ms

PR : 130 ms

QRS : 75 ms

QT/QTc : 396/441 ms

P/QRS/T : 67/52/-22 °

RV5/SV1 : 1.277/0.353 mV

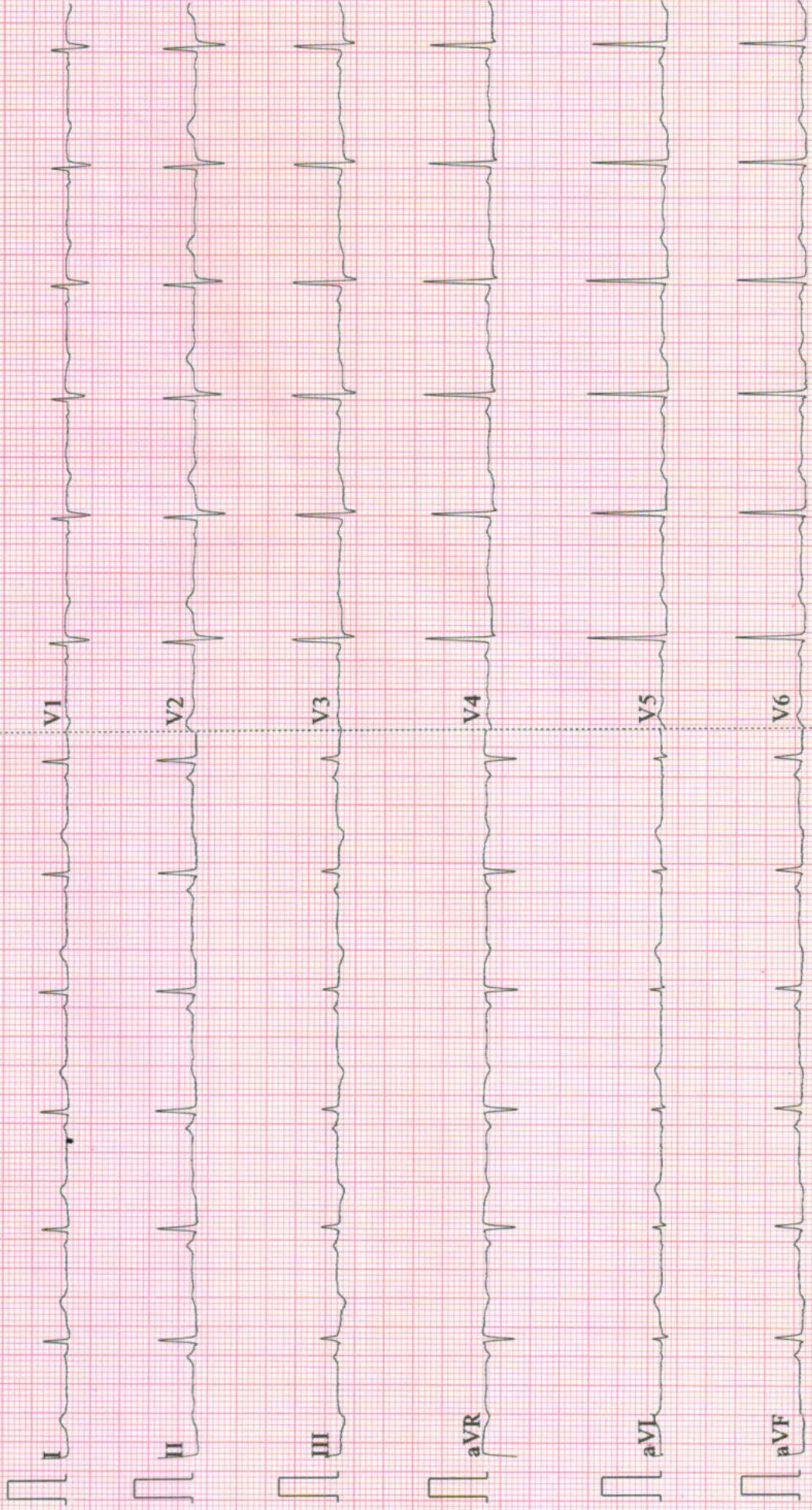
Diagnosis Information:

Sinus Rhythm

T Wave Abnormality(III,aVF,V4,V5,V6)

Technician :

Unconfirmed Report.





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PALMLAND
LABORATORY

DIAGNOSTIC REPORT



Name : SNEHAL RAJENDRASINH RATHOD
Ref By : DR. WASIM RAJ [CASH LESS]

Age/Sex : 42 Yrs./F
Date : 10/09/2022
Report ID. : W-6
Ward : -/
9426893750

HAEMATOLOGY ANALYSIS

TEST	RESULT	UNIT	METHOD	REFERENCE INTERVAL
<u>BLOOD COUNTS & INDICES</u>				
Haemoglobin	: 12.40	gm%		12.0 - 16.0 gm%
Total RBC	: 4.20	mill/cmm		4.2 - 5.4 mill/cmm
PCV	: 37.10	%		37 - 47 %
MCV	: 88.33	fL		80 - 96 fL
MCH	: 29.52	pg		27 - 31 pg
MCHC	: 33.42	%		32 - 36 %
RDW	: 14.80	%		10 - 15 %
Total WBC	: 4,900	/cmm		4,000 - 11,000/cmm
Platelet Count	: 2,60,000	/cmm		1.5 - 4.0 Lac/cmm.
<u>DIFFERENTIAL LEUCOCYTES COUNT</u>				
Neutrophils	: 52	%		55 - 70 %
Lymphocytes	: 36	%		20 - 40 %
Eosinophils	: 05	%		01 - 06 %
Monocytes	: 07	%		02 - 08 %
Basophils	: 00	%		00 - 01 %
<u>ABSOLUTE COUNTS</u>				
Neutrophils	: 2548	/μL		2000 - 7000 /μL
Lymphocytes	: 1764	/μL		800 - 4000 /μL
Eosinophils	: 245	/μL		20 - 500 /μL
Monocytes	: 343	/μL		120 - 1200 /μL
<u>NEUTROPHIL : LYMPHOCYTE</u>				
Ratio	: 1.44			
Platelet In Smear	: ADEQUATE			
<u>ERYTHROCYTES SEDIMENTATION RATE</u>				
ESR	: 5	mm	Westergren	03 - 12 mm
Blood Group	: " B "			
Rh Factor (Anti D.)	: " POSITIVE "			

End Of Report

DR. DEV VARMA
MD (PATH) (C) (H)

Condition of Reporting : (1) The Reports are not valid for medico - legal purposes. (2) Individual Laboratory investigations are never conclusive, but are for the referring doctor's information and should be interpreted along with other relevant clinical history and examination to conclude final diagnosis, keeping in mind the limitation of methodology and technology. (3) For any query in the report, or if results indicate unexpected abnormality, it is suggested to Contact to laboratory to help carry out follow up action. (rechecking, repeat sampling reflex / confirmatory testing etc.) (4) In unanticipated circumstances (non availability of kits, instrument breakdown & natural calamities) tests may not be reported as per schedule.



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Hb A1C REPORT

TEST	RESULT	UNIT	REFERENCE INTERVAL
GLYCOSYLATED HB			
Hb A1C	: 5.9	%	Non Diabetic : 4.3 - 6.3 % Good Control : 6.4 - 7.5 % Moderate Control : 7.5 - 9.0 % Poor Control : 9.0 % & Above
Avg. Blood Glucose Level	: 133	mg/dl	

Notes :

Average Blood Glucose		Hemoglobin Alc%
298	-	12 %
269	-	11 %
240	-	10 %
212	-	09 %
183	-	08 %
154	-	07 %
126	-	06 %
97	-	05 %

Comment:

HbA1c is an important indicator of long-term glycemic control with the ability to reflect the cumulative glycemic history of the preceding two to three months. HbA1c not only provides a reliable measure of chronic hyperglycemia but also correlates well with the risk of long-term diabetes complications.

Test done by HPLC Method.

End Of Report

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MD, PATHOLOGY

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BIOCHEMISTRY ANALYSIS

TEST	RESULT	UNIT	REFERENCE INTERVAL
Blood Urea Nitrogen	: 14.40	mg/dl	4.5 - 19 mg/dl
Creatinine	: 0.7	mg/dl	0.60 - 1.20 mg/dl
S. Uric Acid	: 4.70	mg/dl	2.5- 7.0 mg/dl
Fasting Blood Glucose (FBS)	: 91	mg/dl	70 - 110 mg/dl
Urine Glucose	: NIL		
Post-Prandial Blood Glucose	: 121	mg/dl	80 to 140 mg/dl
Urine Glucose	: NIL		

LIVER FUNCTION TEST

Total Billirubin	: 0.30	mg/dl	0 - 1.0 mg/dl
Direct Billirubin	: 0.20	mg/dl	up to 0.25 mg/dl
Indirect Billirubin	: 0.10	mg/dl	0.1 - 1.0 mg/dl
S. Alk. Phosphatase	: 45	U/L	36.00 - 113.00 U/L
S.G.P.T.	: 30	U/L	10 - 40 U/L
S.G.O.T.	: 21	IU/L	up to 40 IU/L
Total Protein	: 6.90	g/dl	6.00 - 8.00 g/dl
Albumin	: 3.90	g/dl	3.5 - 5.0 g/dl
Globulin	: 3.00	g/dl	2.3 - 3.5 g/dl
A.G. Ratio	: 1.3		2.5 - 1.2 : 1
GGTP	: 18		5 - 85

Test done by (DIASYS)

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LIPID PROFILE

TEST	RESULT	UNIT	REFERENCE INTERVAL
Total Lipid (Calculated)	: 574	mg/dL	350 - 750 mg/dL
Serum Cholesterol	: 156.0	mg/dL	130 - 200 mg/dL
Serum Triglyceride	: 146.0	mg/dL	60 - 165 mg/dL
HDL Cholesterol	: 46.0	mg/dL	30 - 70 mg/dL
LDL Cholesterol	: 80.8	mg/dL	Upto 150 mg/dL
CHOL./HDL Chol. Ratio	: 3.39	: 1	Less than 5
LDL Chol/HDL Chol Ratio	: 1.76	: 1	Less than 3.5

Interpretation Based On New N.C.E.P. Guidelines

Test	Result (mg/dl)	Interpretation
CHOLESTEROL	< 200	Desirable
	200 - 239	Borderline
	> = 240	High
TRIGLYCERIDES	< 170	Normal
	170 - 199	Borderline
	> 200	High
LDL CHOLESTEROL	< 100	Desirable
	100 - 129	Sub-Optional
	130 - 159	Borderline High
HDL CHOLESTEROL	> 160	High
	< 35	Low
	> 60	High

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Dr. Dev Varma

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THYROID FUNCTION TEST

TEST	RESULT	UNIT	METHOD	REFERENCE INTERVAL
Total Triiodothyronine(T3)	: 0.71	ng/ml	ELIFA	0.6-2.02 ng/ml
Total Thyroxine(T4)	: 5.60	ug/dl	ELIFA	5.13-14.06 ug/dl
Thyroid Stimulating Hormone (TSH)	: 2.10	µIU/ml		0.27-5.25 uIU/ml

NORMAL VALUES

Age	T3 ng/ml	T4 µg/dl	T.S.H. µIU/ml
01 - 12 Month	1.05 - 2.80	7.8 - 16.5	New Born : 1.3-19.0 3 Days : 1.1-17.0 10 weeks : 0.6-10.0 14 months: 0.4-7.0
01 - 05 Yrs	1.05 - 2.69	7.3 - 15.0	0.4-6.0
05 - 10 Yrs	0.94 - 2.41	6.04 - 13.3	0.25-5.25
10 - 15 Yrs	0.83 - 2.13	5.60 - 11.7	0.25-5.25
15 - 20 Yrs	0.80 - 2.00	4.20 - 11.8	0.25-5.25
> 20 Yrs	0.79 - 1.58	4.00 - 11.0	0.25-5.25

*Test done by Access-2 Beckman Coulter / mini Vidas

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URINE ANALYSIS

<u>TEST</u>	<u>RESULT</u>	<u>UNIT</u>
Sample	: RANDOM	
<u>PHYSICAL EXAMINATION</u>		
Quantity	: 20	ml
Colour	: PALE YELLOW	
Transparency	: CLEAR	
Specific Gravity	: 1.020	
pH	: ACIDIC	
<u>CHEMICAL EXAMINATION</u>		
Albumin	: ABSENT	
Sugar	: ABSENT	
Acetone	: ABSENT	
Bile Salts	: ABSENT	
Bile Pigments	: ABSENT	
Occult Blood	: ABSENT	
<u>MICROSCOPIC EXAMINATION</u>		
Pus Cells / h.p.f.	: 1-2	
R.B.C. / h.p.f.	: ABSENT	
Epithelial / h.p.f.	: OCCASIONAL	

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M.D. (PATHOLOGY)

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STOOL ANALYSIS

<u>TEST</u>	<u>RESULT</u>	<u>REFERENCE INTERVAL</u>
<u>PHYSICAL EXAMINATION</u>		
Colour	: BROWN	
Consistency	: SEMI FORMED	
<u>CHEMICAL TEST</u>		
Occult Blood	: ABSENT	ABSENT
<u>MICROSCOPIC EXAMINATION / HPF</u>		
Ova	: ABSENT	
Cysts.	: ABSENT	
Pus Cells	: ABSENT	
Red Blood Cells	: ABSENT	
Epithelial Cells	: ABSENT	

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Palmland Hospital, Falshruti Nagar, Near S.T. Depot, Station Raod, Bharuch-392 001. (Guj.)



NAME OF PATIENT : SNEHAL RATHOD
DATE : 10/09/2022

USG OF AB/DOMEN AND PELVIS

Liver appears normal in size, shape and shows normal echotexture.
No evidence of focal SOL or dilation of IHBR seen.
Porta hepatis appears normal.
Gallbladder appears normal. No calculi seen.
Pancreas appears normal in size and echotexture.
Spleen appears normal in size and echotexture.
Aorta appears normal. No para aortic lymphnodes seen.

Right kidney measures 87x42mm.
Cortex and collecting system of right kidney appear normal.
No calculi or obstructive uropathy.

Left kidney measures 99x43mm.
Cortex and collecting system of left kidney appear normal.
No calculi or obstructive uropathy.

Bladder appears partially distended.
Prostate appears normal in size, and shows normal echotexture.
Terminal Ileum and Caecum appear normal.
Appendix is not seen due to bowel gas.
No evidence of collection or lump in RIF.
No evidence of free fluid or collection is seen in peritoneal space.

COMMENTS : No significant abnormality detected.

THANKS FOR THE REFERENCE

K. B. Vasava

DR. KRUTIKKUMAR VASAVA
CONSULTANT RADIOLOGIST



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PALMLAND HOSPITAL

(Manage By Raj Palmland Hospital Pvt. Ltd.)

NAME OF PATIENT : SNEHAL R.RATHOD
DATE : 10/09/2022

Plain Skiagram of Chest PA View

Both lung fields appears normal.
Mediastinal shadow and hila appears normal.
Heart and aorta appears normal.
No evidence of pleural effusion is seen.
Domes of diaphragm appears normal.
Bones under view appears normal.

Comments: No abnormality detected.

THANKS FOR REFERENCE.

**Dr.PARITOSH.MODI.
CONSUTANT RADIOLOGIST**

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