



भारत सरकार

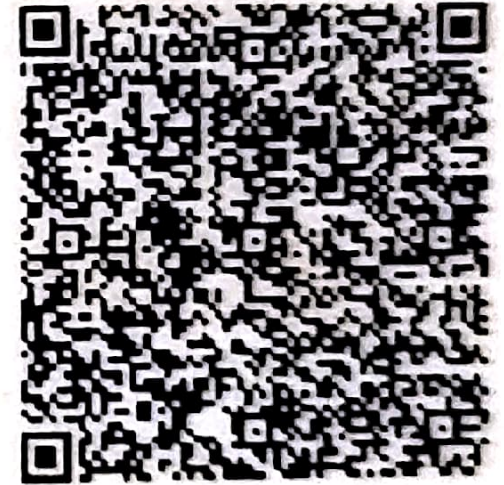
Government of India



Mamta

DOB : 07/08/1994

Female



8897 3810 9408

आधार - आम आदमी का अधिकार



भारतीय विशिष्ट पहचान प्राधिकरण

Unique Identification Authority of India

Address: D/O: Rajender Kumar, 46,  
khyaliwala, 11LNP, Udyog Vihar,  
Ganganagar, Rajasthan, 335002

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1947

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# rohda HEALTHCARE

SPECIALITY LAB | DIAGNOSTIC SERVICES | MULTI SPECIALITY CLINICS

PATHOLOGY | MELEULAR BIOLOGY | MICROBIOLOGY | GENETICS TESTING  
DRUG TESTING | VACCINATION | OPD CLINIC | MENTAL X-RAY | ECG



 GPS Map Camera

Bhuj, Gujarat, India

20, Jadavji Nagar, Bhuj, Gujarat 370020, India

Lat 23.234966°

Long 69.650407°

08/07/23 09:54 AM GMT +05:30



**Patient Name :** MRS. MAMATA  
**Age / Gender :** 27 years / Female  
**Patient ID :** 102497  
**Source :** Roha Healthcare  
**Referral :** SELF

**LAB DIVISION**



**Collection Time :** Jul 08, 2023, 11:12 a.m.  
**Receiving Time :** Jul 08, 2023, 11:12 a.m.  
**Reporting Time :** Jul 08, 2023, 03:26 p.m.  
**Sample ID :**



RH06295

Test Description	Value(s)	Reference Range	Unit(s)
<b>CBC + ESR</b>			
<b>Hemoglobin (Hb)*</b>	12.0	12.0 - 15.0	gm/dL
Method : Cynmeth Photometric Measurement			
<b>Total Leucocytes (WBC) Count*</b>	7.43	4.0 - 11.0	10 <sup>3</sup> uL
Method : Electrical Impedence			
<b>Erythrocyte (RBC) Count*</b>	4.14	3.8 - 4.8	10 <sup>6</sup> uL
Method : Electrical Impedence			
<b>Packed Cell Volume (PCV)*</b>	36.0	36 - 46	%
Method : Electrical Impedence			
<b>Mean Cell Volume (MCV)*</b>	87.1	83 - 101	fL
Method : Calculated			
<b>Mean Cell Haemoglobin (MCH)*</b>	29.0	27 - 32	pg
Method : Calculated			
<b>Mean Corpuscular Hb Conc. (MCHC)*</b>	33.3	31.5 - 34.5	gm/dL
Method : Calculated			
<b>Red Cell Distribution Width (RDW)*</b>	13.5	11.6 - 14.0	%
Method : Electrical Impedence			
<b>Platelet Count*</b>	284	150 - 410	10 <sup>3</sup> /ul
Method : Electrical Impedence			
<b>DIFFERENTIAL LEUCOCYTE COUNT</b>			
<b>Neutrophils*</b>	56	40 - 80	%
Method : VCSn Technology			
<b>Lymphocytes*</b>	35	20 - 40	%
Method : VCSn Technology			
<b>Monocytes*</b>	06	2 - 10	%
Method : VCSn Technology			
<b>Eosinophils*</b>	03	1 - 6	%
Method : VCSn Technology			
<b>Basophils*</b>	00	1-2	%
Method : VCSn Technology			
<b>ESR - Erythrocyte Sedimentation Rate</b>	22	20	mm/hr
Method : Westergren			

**Comments:**

\*\*END OF REPORT\*\*



Dr. Jaydip Gorani  
 MBBS, MD (Pathology)  
 Consultant Pathologist

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Test Description	Value(s)	Reference Range	Unit(s)
<b><u>PERIPHERAL BLOOD SMEAR (PBS)</u></b>			
RBC Morphology	Normocytic Normochromic		
WBC Morphology	Within Normal Limits		
Platelet	Adequate on smear		
Haemoparasites	Not-Detected		
Impression	S/O Normal Peripheral Smear		
Advise	Kindly correlate clinically		

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RH06295

Test Description	Value(s)	Reference Range	Unit(s)
<b><u>Glycosylated Hb</u></b>			
Glyco Hb (HbA1C)	5.2	4.2 - 6.0	%
Method : EDTA Whole blood,HPLC			
Estimated Average Glucose :	102.54		mg/dL

**Interpretations**

The following HbA1c ranges recommended by the American Diabetes Association(ADA) may be used as an aid in the diagnosis of diabetes mellitus.

HbA1C(NGSP %)	Suggested Diagnosis
> 6.5	Diabetic
5.7 - 6.4	Pre- Diabetic
< 5.7	Non - Diabetic

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Test Description	Value(s)	Reference Range	Unit(s)
<b>Lipid Profile</b>			
Total Cholesterol Method : CHOD-POD	160	Desirable: <= 200 Borderline High: 200-239 High: > 240 Ref: The National Cholesterol Education Program (NCEP) Adult Treatment Panel III Report.	mg/dL
Triglycerides Method : GPO-POD Method	93.7	40 - 140	mg/dL
HDL-Cholesterol Method : Direct Method	56.0	36 - 65	mg/dL
Non - HDL Cholesterol Method : calculated	104	< 130	mg/dL
LDL Cholesterol Method : Calculated	85.26	60 - 129	mg/dL
VLDL Method : Calculated	18.74	5 - 40	mg/dL
CHOL/HDL RATIO Method : Calculated	2.86	0 - 4.5	ratio
LDL/HDL RATIO Method : Calculated	1.52	0 - 3	ratio
HDL/LDL RATIO Method : Calculated	0.66	Desirable / low risk - 0.5 -3.0 Low/ Moderate risk - 3.0- 6.0 Elevated / High risk - > 6.0	ratio

**Note:** 8-10 hours fasting sample is required.

**Interpretation :**

Lipid profile is a panel of blood tests that serves as an initial screening tool for abnormalities in lipids, such as cholesterol and triglycerides. The results of this test can identify certain genetic diseases and can determine approximate risks for cardiovascular disease, certain forms of pancreatitis.

Hypertriglyceridemia is indicative of insulin resistance when present with low high-density lipoprotein (HDL) and elevated low-density lipoprotein (LDL), while elevated triglyceride is a clinical risk factor for coronary artery disease (CAD), especially when low HDL is present. Very high levels of triglycerides are defined by serum levels of 500mg/dL or greater and can be concerning for development of pancreatitis. Reference ranges vary between laboratories.

\*\*END OF REPORT\*\*



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RH06295

Test Description	Value(s)	Reference Range	Unit(s)
<b><u>Kidney Function Test + Electrolytes</u></b>			
Urea *	23.9	17- 43	mg/dL
Method : GLDH			
Creatinine*	0.83	0.60-1.20	mg/dL
Method : Jaffe's			
Uric Acid*	4.5	2.3 - 6.1	mg/dL
Method : Uricase-Peroxidase			
Blood Urea Nitrogen-BUN*	11.17	7 - 18	mg/dL
Method : Calculated			
Urea /Creatinine Ratio	28.80	-	mg/dL
Method : Calculated			
BUN /Creatinine Ratio	13.46	-	mg/dL
Method : Calculated			
Calcium*	9.2	8.8 - 10.6	mg/dL
Method : Arsenazo III			
Phosphorus	3.78	Adult -2.5 - 4.5 Children - 4.0 - 7.0	mg/dL
Method : phosphomolybdate			
Sodium*	143	136 - 146	mmol/L
Method : Indirect ISE			
Potassium*	4.28	3.5 - 5.1	mmol/L
Method : Indirect ISE			
Chloride*	104	101 - 109	mmol/L
Method : Indirect ISE			

**Interpretation**

Kidney function tests are group of tests that can be used to evaluate how well the kidneys are functioning. Creatinine is a waste product that comes from protein in the diet and also comes from the normal wear and tear of muscles of the body. In blood, it is a marker of GFR. In urine, it can remove the need for 24-hour collections for many analytes or be used as a quality assurance tool to assess the accuracy of a 24-hour collection. Higher levels may be a sign that the kidneys are not working properly. As kidney disease progresses, the level of creatinine and urea in the blood increases. Certain drugs are nephrotoxic. KFT is done before and after initiation of treatment with these drugs. Low serum creatinine values are rare; they almost always reflect low muscle mass. Apart from renal failure, Blood Urea can increase in dehydration and GI bleed. Reference ranges vary between laboratories. Note : The result obtained relate only to the sample given/ received & tested. A single test result is not always indicative of a disease, it has to be correlated with clinical data for interpretation.

**\*\*END OF REPORT\*\***



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**Sample ID :**   
 RH06295

Test Description	Value(s)	Reference Range	Unit(s)
<b>Thyroid Profile-I</b>			
T3-Total	0.88	0.58 - 1.62	ng/dL
T4-Total	8.7	5.0 - 14.5	ug/dL
TSH-Ultrasensitive	2.55	0.45 - 5.6	uIU/mL
Method : CLIA		First Trimester : 0.1-2.5 Second Trimester : 0.2-3.0 Third trimester : 0.3-3.0	

**Interpretation**

TSH	T3	T4	Suggested Interpretation for the Thyroid Function Tests Pattern
Raised	Within range	Within range	Raised Within Range Within Range .Isolated High TSH especially in the range of 4.7 to 15 mIU/ml is commonly associated with Physiological & Biological TSH Variability. Subclinical Autoimmune Hypothyroidism. Intermittent 14 therapy for hypothyroidism .Recovery phase after Non-Thyroidal illness"
Raised	Decreased	Decreased	Chronic Autoimmune Thyroiditis Post thyroidectomy, Post radioiodine Hypothyroid phase of transient thyroiditis"
Raised or within range	Raised	Raised or within range	Interfering antibodies to thyroid hormones (anti-TPO antibodies) Intermittent 14 therapy or T4 overdose •Drug interference- Amiodarone, Heparin, Beta blockers, steroids, anti-epileptics.
Decreased	Raised or within range	Raised or within range	Isolated Low TSH -especially in the range of 0.1 to 0.4 often seen in elderly & Range Range associated with Non-Thyroidal illness .Subclinical Hyperthyroidism .Thyroxine ingestion'
Decreased	Decreased	Decreased	Central Hypothyroidism .Non-Thyroidal illness .Recent treatment for Hyperthyroidism (TSH remains suppressed)"
Decreased	Raised	Raised	Primary Hyperthyroidism (Graves' disease). Multinodular goitre, Toxic nodule •Transient thyroiditis: Postpartum, Silent (lymphocytic), Postviral (granulomatous, subacute, DeQuervain's), Gestational thyrotoxicosis with hyperemesis gravidarum"
Decreased Within Rang	Raised	Within range	T3 toxicosis •Non-Thyroidal illness
Within range	Decreased	Within range	Isolated Low T3-often seen in elderly & associated Non-Thyroidal illness In elderly the drop in T3 level can be upto 25%.

**\*\*END OF REPORT\*\***




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 RH06295

Test Description	Value(s)	Reference Range	Unit(s)
<b>Blood group</b>			
Blood Group	"B"		
Method : Forward and Reverse By Tube Method			
RH Factor	Positive		

**Methodology**

This is done by forward and reverse grouping by tube Agglutination method.

**Interpretation**

Newborn baby does not produce ABO antibodies until 3 to 6 months of age. So the blood group of the Newborn baby is done by ABO antigen grouping (forward grouping) only, antibody grouping (reverse grouping) is not required. Confirmation of the New-born's blood group is indicated when the A and B antigen expression and the isoagglutinins are fully developed (2–4 years).

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Test Description	Value(s)	Reference Range	Unit(s)
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**Blood Sugar Fasting**

Glucose fasting Method : GOD-POD	91.4	60 - 110	mg/dL
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**Interpretation:**

Elevated glucose levels (hyperglycemia) are most often encountered clinically in the setting of diabetes mellitus, but they may also occur with pancreatic neoplasms, hyperthyroidism, and adrenocortical dysfunction. Decreased glucose levels (hypoglycemia) may result from endogenous or exogenous insulin excess, prolonged starvation, or liver disease.

Fasting Glucose	2 HOURS PP Glucose	Diagnosis
100 to 125	140 to 199	Pre Diabetes
>126	>200	Diabetes

Impaired glucose tolerance (IGT) fasting, means a person has an increased risk of developing type 2 diabetes but does not have it yet. A level of 126 mg/dL or above, confirmed by repeating the test on another day, means a person has diabetes. IGT (2 hrs Post meal), means a person has an increased risk of developing type 2 diabetes but does not have it yet. A 2-hour glucose level of 200 mg/dL or above, confirmed by repeating the test on another day, means a person has diabetes

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**Sample ID :**



Test Description	Value(s)	Reference Range	Unit(s)
<b>Blood Sugar PP</b>			
Blood Glucose-Post Prandial Method : GOD-POD	110	70 - 140	mg/dL

**Interpretation:**

Fasting Glucose Plasma	02 hr Plasma Glucose	Diagnosis
100 to 125	140 to 199	Pre Diabetes
>126	>200	Diabetes

**\* Confirm by repeating the test on a different day**

Impaired glucose tolerance (IGT) fasting, means a person has an increased risk of developing type 2 diabetes but does not have it yet. A level of 126 mg/dL or above, confirmed by repeating the test on another day, means a person has diabetes. IGT (2 hrs Post meal), means a person has an increased risk of developing type 2 diabetes but does not have it yet. A 2-hour glucose level of 200 mg/dL or above, confirmed by repeating the test on another day, means a person has diabetes

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Test Description	Value(s)	Reference Range	Unit(s)
<b><u>URINE ROUTINE</u></b>			
Volume*	30	-	ml
Colour*	Pale Yellow	Pale Yellow	
Transparency (Appearance)*	Clear	Clear	
Deposit*	Absent	Absent	
Reaction (pH)*	6.0	4.5 - 8	
Specific Gravity*	1.015	1.010 - 1.030	
<b><u>Chemical Examination (Automated Dipstick Method) Urine</u></b>			
Urine Glucose *	Absent	Absent	
Urine Protein	Absent	Absent	
Urine Ketones*	Absent	Absent	
Blood*	Absent	Absent	
Bile pigments*	Absent	Absent	
Nitrite*	Absent	Absent	
Urobilinogen*	Normal	Normal	
<b><u>Microscopic Examination Urine</u></b>			
Pus Cells (WBCs)*	4-6	0 - 5	/hpf
Epithelial Cells*	3-4	0 - 4	/hpf
Red blood Cells*	<b>1-2</b>	Absent	/hpf
Crystals*	Absent	Absent	
Cast*	Absent	Absent	
Amorphous deposits*	Absent	Absent	
Bacteria*	Absent	Absent	

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 RH06295

Test Description	Value(s)	Reference Range	Unit(s)
<b><u>Liver Function Test + GGT</u></b>			
Bilirubin - Total Method : Diazotized Sulfanilic Acid ( DSA ) Method	0.46	0.3 - 1.2	mg/dL
Bilirubin - Direct Method : Diazotization	0.23	Adults and Children: < 0.30	mg/dL
Bilirubin - Indirect Method : Calculated	0.23	0.1 - 1.0	mg/dL
SGOT ( AST ) Method : UV-assay IFCC	22	< 35	U/L
SGPT ( ALT ) Method : UV-assay IFCC	28	< 34	U/L
GGT-Gamma Glutamyl Transpeptidase Method : G-glutamyl-carboxy-nitroanilide	27	9 - 39	U/L
Alkaline Phosphatase-ALPI Method : IFCC Method	103	30-120	U/L
Total Protein Method : Biuret Method	6.82	6.6 - 8.3	g/dL
Albumin Method : Bromocresol Green ( BCG ) Method	3.99	Adults: 3.5 - 5.2	g/dL
Globulin Method : Calculated	2.83	1.8 - 3.6	g/dL
A/G Ratio Method : Calculated	1.41	1.2 - 2.2	ratio

**Interpretation.**

These are group of tests that can be used to detect the presence of liver disease, distinguish among different types of liver disorders, gauge the extent of known liver damage, and monitor the response to treatment. Most liver diseases cause only mild symptoms initially, but these diseases must be detected early. Some tests are associated with functionality (e.g., albumin), some with cellular integrity (e.g., transaminase), and some with conditions linked to the biliary tract (gamma-glutamyl transferase and alkaline phosphatase).

Conditions with elevated levels of ALT and AST include hepatitis A, B, C, paracetamol toxicity etc. Several biochemical tests are useful in the evaluation and management of patients with hepatic dysfunction. Some or all of these measurements are also carried out (usually about twice a year for routine cases) on those individuals taking certain medications, such as anticonvulsants, to ensure that the medications are not adversely impacting the person's liver. Reference ranges vary between laboratories.

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SPECIALITY LAB | DIAGNOSTIC SERVICES | MULTI SPECIALITY CLINICS

MER- MEDICAL EXAMINATION REPORT

Date of Examination	8/7/2023		
NAME	Mamta		
AGE		Gender	F
HEIGHT(cm)	153 cms	WEIGHT (kg)	57.2
B.P.	114 / 66 mm		
ECG	NSR		
X Ray	didn't get a ray.		
Vision Checkup	Color Vision:		
	Far Vision Ratio : 6/6 no color vision def		
	Near Vision Ratio : M/6		
Present Ailments	Nil		
Details of Past ailments (If Any)	Nil		
Comments / Advice : She /He is Physically Fit	Fit		
EMT 			

Signature with Stamp of Medical Examiner

**Dr. Ninad J. Gor**  
M.B.B.S.

Reg. No. : G-64033



SPECIALITY LAB | DIAGNOSTIC SERVICES | MULTI SPECIALITY CLINICS

## CERTIFICATE OF MEDICAL FITNESS

This is to certify that I have conducted the clinical examination

of Mamta on 8/7/2023

After reviewing the medical history and on clinical examination it has been found that he/she is

	Tick
<ul style="list-style-type: none"> <li>• Medically Fit</li> </ul>	<input checked="" type="checkbox"/>
<ul style="list-style-type: none"> <li>• Fit with restrictions/recommendations</li> </ul> <p>Though following restrictions have been revealed, in my opinion, these are not impediments to the job.</p> <p>1.....</p> <p>2.....</p> <p>3.....</p> <p>However the employee should follow the advice/medication that has been communicated to him/her.</p> <p>Review after _____</p>	<input type="checkbox"/>
<ul style="list-style-type: none"> <li>• Currently Unfit. Review after _____ recommended</li> </ul>	<input checked="" type="checkbox"/>
<ul style="list-style-type: none"> <li>• Unfit</li> </ul>	<input type="checkbox"/>

Dr. Dr. Ninad J. Gor  
Medical Officer  
The Apollo Clinic, (Location)

*This certificate is not meant for medico-legal purposes.*

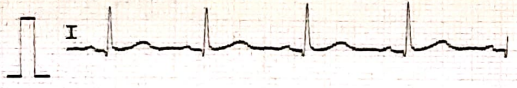
**Dr. Ninad J. Gor**  
M.B.B.S.

Reg. No. : G-64033



BPL

25mm/s 10mm/mV



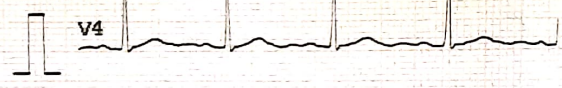
25mm/s 10mm/mV



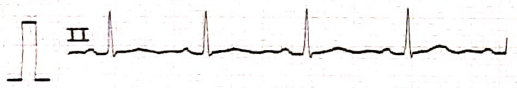
25mm/s 10mm/mV



25mm/s 10mm/mV



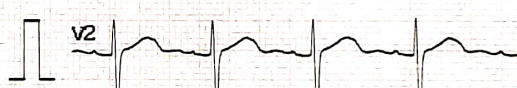
II



avL



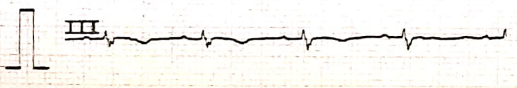
V2



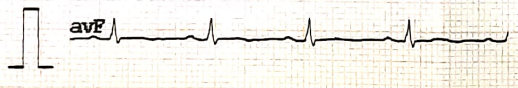
V5



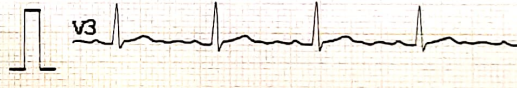
III



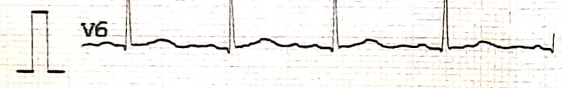
avF



V3



V6



EMG35Hz + DFT

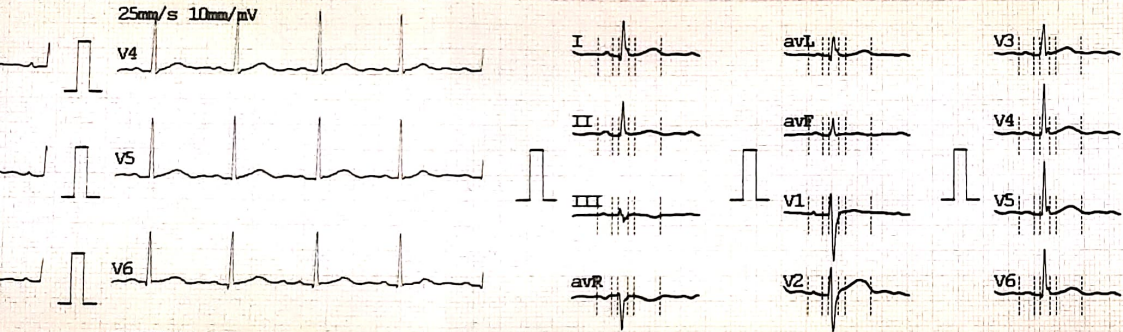
EMG35Hz + DFT

EMG35Hz + DFT

EMG35Hz + DFT

CARDIART

25mm/s 10mm/mV



EMG35Hz + DFT

Date : ~~2008-02-01~~ 2014  
 ID : ~~200802~~  
 Name : Mamata  
 Sex : F  
 Age : 27  
 Weight : 57.2 kg

HR (bpm): 87  
 PR (ms): 162  
 P (ms): 114  
 QRS (ms): 80  
 T (ms): 204  
 QT/QTc (ms): 334/405  
 P/QRS/T : 44.4/41.8/43.1  
 R (V5)/S (V1) (mV): 1.039/0.925  
 R (V5)+S (V1) (mV): 1.964

<<Conclusion>>  
 Normal Sinus Rhythm  
 Cardiac electric axis normal

<<Report need physician confirm>>



Mamata

ECG ART



**SHRADDHA**  
**HOSPITAL**

Compassion & Healthcare

**Dr. Vinit A. Thacker**  
M.D. (Medicine)  
Consultant Physician

**2D ECHOCARDIOGRAPHY WITH COLOUR DOPPLER REPORT**

Patient Name: Mamta Shyam Sundar

Age/ Sex: 27/F

Referred by: Roha Healthcare

Date: 08/07/2023

MITRAL VALVE: Normal

AORTIC VALVE: Normal

TRICUSPID VALVE: Normal

PULMONARY VALVE: Normal

PVP: 76 cm/s

AORTA : Normal Aod 29 mm

LEFT ATRIUM: Normal LADs 30 mm

LEFT VENTRICLE: Normal LVIDd/LVIDs 39/25 mm

EF: 66%

RIGHT ATRIUM: Normal

RIGHT VENTRICLE: Normal

AVP: 145 cm/s

PULMONARY ARTERY: Normal

IVS: Intact

IAS: Intact

PERICARDIUM: Normal

COLOUR DOPPLER: N.P.

DOPPLER FINDINGS: MV PFVe 73 cm/s, PFVa 60 cm/s, DecT 132 msec

OTHER FINDINGS: IVC is normal & reactive. No thrombus or vegetation seen.

CONCLUSIONS: Normal size LV with normal systolic function. EF: 66%  
Normal LV relaxation  
No AR, MR or TR are noted  
All valves are structurally normal  
No PAH  
No RWMA seen at rest

*These are findings on the day of the study and not diagnosis. Clinical correlation is recommended.  
Thanks for reference.*

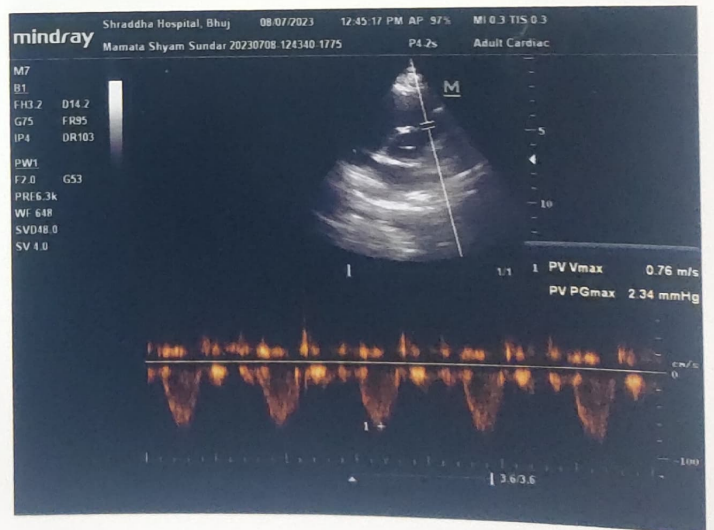
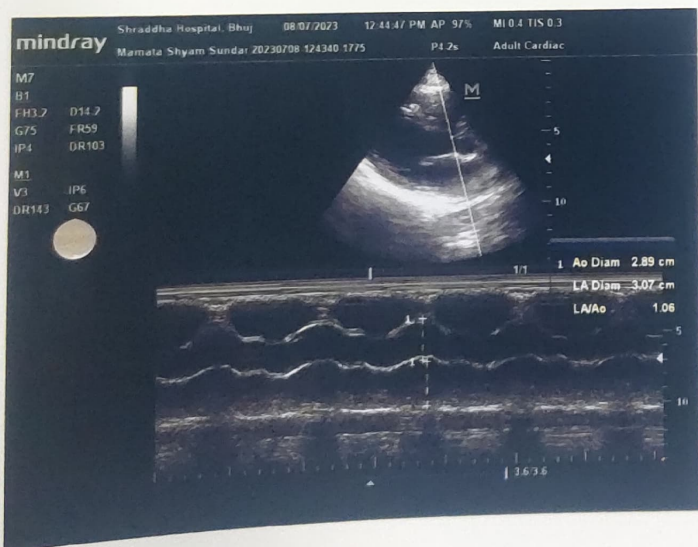
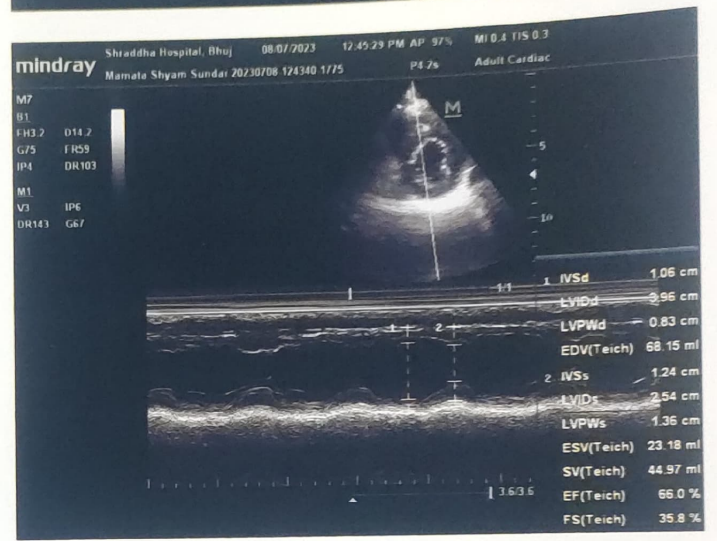
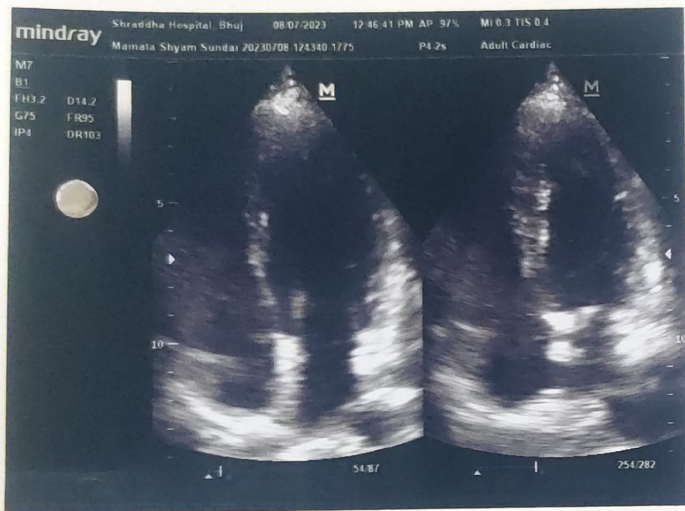
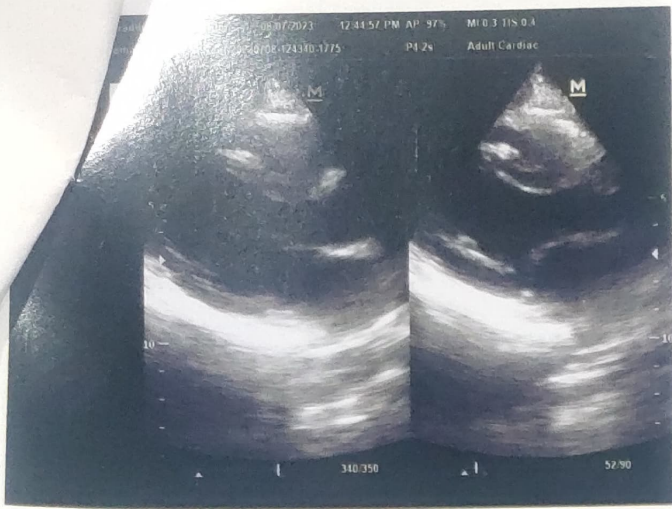
**DR VINIT A THACKER**  
MD (Medicine), Consulting Physician  
Reg. No. G-52253

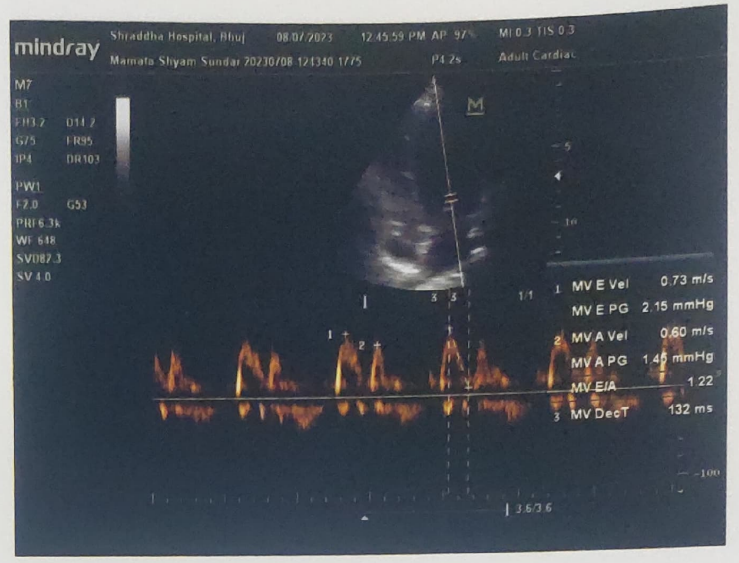
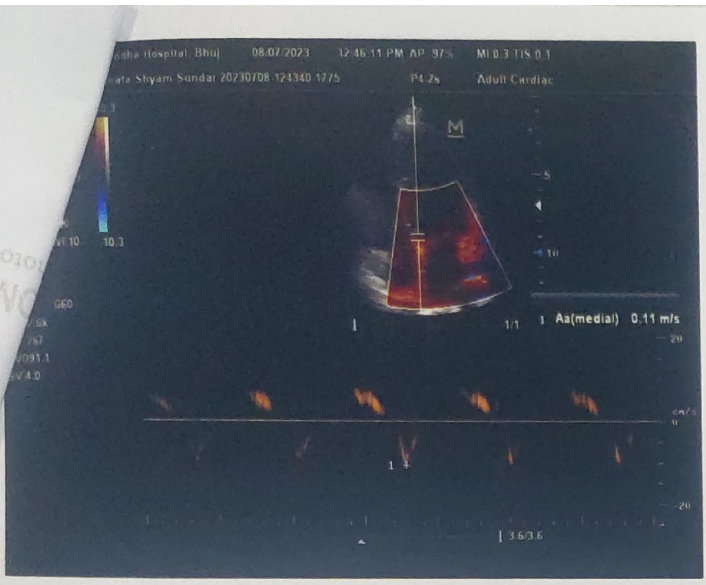
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drvinitthacker@yahoo.com







# KUTCH

## RADIOLOGY & IMAGING CENTRE

(A Division of KRIC Radio Diagnostic Pvt. Ltd.)

• Email : kric2008@gmail.com • Website : www.kric.in

**Dr. Kripalsinh Jadeja**

M.B., D.M.R.E.

Consultant Radiologist

**Dr. Bhaven Shah**

M.D.

Consultant Radiologist

**Patient Name :** ., MAMTA  
**MR No :** D90237  
**Modality :** US  
**Gender :** F  
**Age:** 27YY  
**Date :** 08/07/2023  
**Referred By :** ROHA HEALTH CARE

### USG ABDOMEN & PELVIS.

**LIVER :** Appears normal in size and echotexture. No e/o focal or diffuse lesion seen. No evidence of dilated IHBR. PV and CBD appear normal in calibre.

**GALL BLADDER :** Appears normal. No evidence of stone or cholecystitis seen.

**PANCREAS :** Appears normal in size and echotexture. No focal mass lesion or changes of pancreatitis seen.

**SPLEEN :** Appears enlarged in size and measures 12.2 cm and show normal echotexture. No evidence of focal or diffuse lesion.

**BOTH KIDNEYS :** Appear normal in size and echotexture with preservation of corticomedullary differentiation. No evidence of calculus, hydronephrosis or mass lesion involving Either kidney.

RK: 10.5 x 4.2 cm LK: 10.9 x 3.9 cm

**URINARY BLADDER :** appears normal. No intrinsic lesion seen.

**UTERUS:** Appears normal in size and echotexture. Endometrial thickness is 5 mm.

Both adnexa appear normal. No e/o adnexal mass lesion.No evidence of ascites or paraaortic lymphadenopathy.

### **CONCLUSION:**

\* Mild Splenomegaly.

\* **NORMAL SONOGRAPHY STUDY OF LIVER, GB, PANCREAS, BOTH KIDNEYS, U.BLADDER, UTERUS AND BOTH ADENEXA.**

ADV: Clinical correlation and further investigation.Thanks for ref...

**Dr.BHAVEN SHAH**  
M.D  
RADIOLOGIST

**KRICBHUIJ**

1.5 TESLA 196 CHANNEL MRI | 16 SLICE MDCT SCAN | 3D & 4D USG | COLOUR DOPPLER | DIGITAL X-RAY | MAMMOGRAPHY | CBCT | OPG

“KRIC”, PLOT NO. 76/B, BANKER'S COLONY, MUNDRA ROAD, OPP. JUBILEE GROUND, BHUIJ - KUTCH. PINCODE - 370001.  
PH. : 02832 - 222178, Mob. : 84870 22178, **AMBULANCE : 81281 99249.**

08 Jul 2023 Study : ABD  
Name : MAMTA 027Y / F

