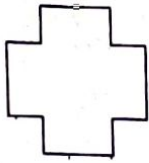


24/06/23



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 : KARIYA VIBHABEN HARDIK  
identity proof : KARIYA VIBHABEN HARDIK  
identity proof no : Pan card ( BHEPG9561A)  
gender : female  
height : 160  
weight : 83  
BP : 110/70  
pluse : 76/min Regular  
blood sample : yes  
fasting mode : yes  
non fasting mode : yes  
  
past history : NO  
  
dental : Healthy  
  
Gynac : Healthy  
  
General : Healthy

+ Qu

DR. C. P. DADHANIYA

M.B. Diabetologist

Ind. Physician (CIH)

Regd. No. G19798

Code No. 378943

Panchmukhi Hospital

Mavdi Chowki,

150 Ft. Ring Road, RAJKOT.

NAME : Kashiya Vibhaben  
AGE/GENDER: female / 30

DIAG. DATE: 24/06/23

PATIENT'S REFRACTION DETAILS

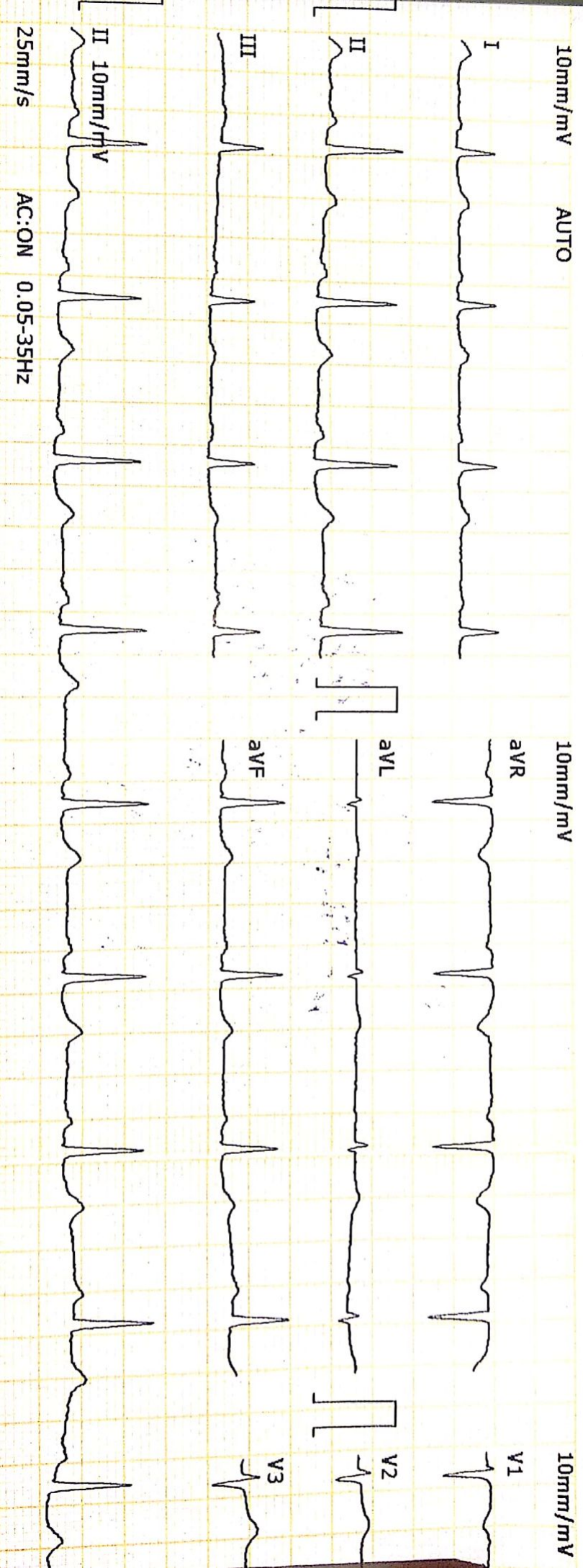
		SPHE	CYL	AXIS	VN
R	D	-2	N	N	6/a
	N	N			6/a
L	D	-2.5	N	N	6/a
	N	N			6/a

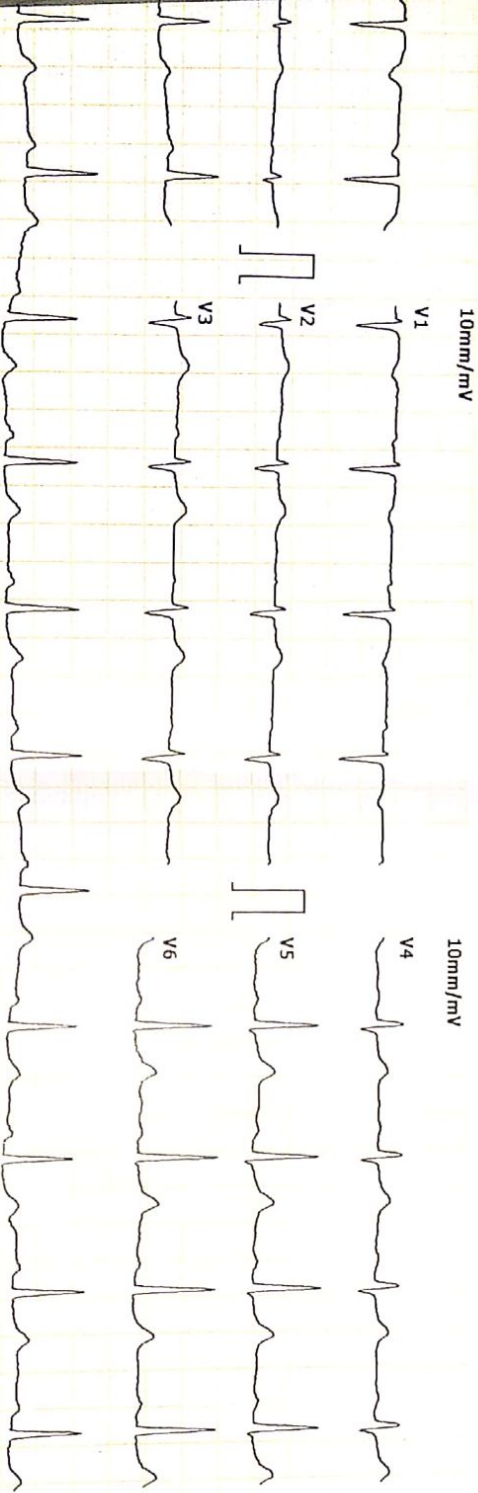
REMARKS :

CHECKED BY : DR. C.P. Dadhaniya

DR. C. P. DADHANIYA  
M.B. Diabetologist  
Ind. Physician (CIH)  
Regd. No. G19798  
Code No. 378943  
Panchmukhi Hospital  
Mavdi Chowki,  
150 Ft. Ring Road, RAJKOT.

X 





10mm/mV

10mm/mV

2023-6-24 9:24:46

ID: 00002979

ID Card:   
 Name: Vibhava Gender: Female   
 Age: 30 Height(cm): 1   
 Weight(Kg): 1 BP(mmHg): 1

HR: 75 bpm   
 P-R: 130 ms   
 Q-R-S: ms   
 QT/QTc: 366/406 ms   
 P/QRS/T AXES: 46/59/49   
 RV5/SV1: 0.90/0.57 mV   
 RV5+SV1: 1.47 mV   
 Ravi Chawki   
 Panchmukhi Hospital   
 150 Ft. King Road, RAJKOT.

Report Confirmed by:

\*The result must be confirmed by doctor

आयकर विभाग  
INCOME TAX DEPARTMENT

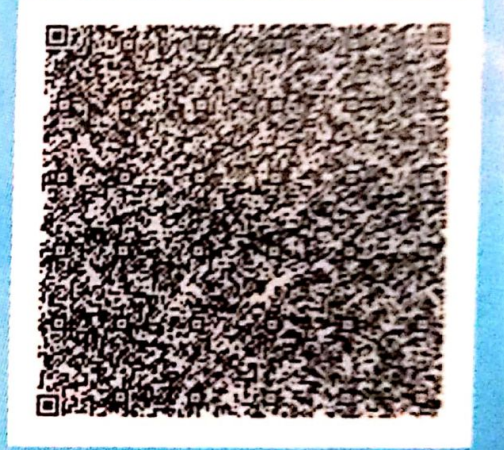


भारत सरकार  
GOVT. OF INDIA



स्थायी लेखा संख्या कार्ड  
Permanent Account Number Card

**BHEPG9561Q**



नाम / Name

**KARIYA VIBHABEN HARDIK**

पिता का नाम / Father's Name

**KISHORBHAI RANCHODDAS GOTECHA**

जन्म की तारीख /

Date of Birth

**02/03/1993**

*V. H. A.*

हस्ताक्षर / Signature

19072021



# Meediwheel Kariya vibhaben

GPS Map  
Camera Lite

150-R, Ring Rd, Poonam Society, Om Nagar, Rajkot, Gujarat  
360004, India

Latitude  
22.2656628°

Longitude  
70.7839359°

Local 09:34:55 AM  
GMT 04:04:55 AM

Altitude 144 meters  
Saturday, 24.06.2023



**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

### **Tread Mill Test**

Patient Name	:	Vibhaben Kariya	Age	:	30yrs/F
Ref. By	:	Dr. C.P Dadhaniya	Resting BP	:	130/80
Report Date	:	24/06/2023	Max. BP	:	160/80

Patient Reaches exercise limit at 7.00 METS.

No signs of ischemia at the exercise level.

Adequate increase of HR & BP.

No significant Arrhythmia.

The stress test was terminated after 6:00 minutes as patient complained of Fatigue.  
Patient achieved 97% 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

Summary

**PANCHMIUKHI HOSPITAL**  
**MAYADI CHOWK, 150 RING ROAD, RAJKOT**  
 213/VIBHABEN KARIYA 30 Yrs/Female 0 Kg/0 Cms  
 Date: 24-Jun-2023 11:16:05 AM

Protocol : BRUCE  
 History :

*Dr A*

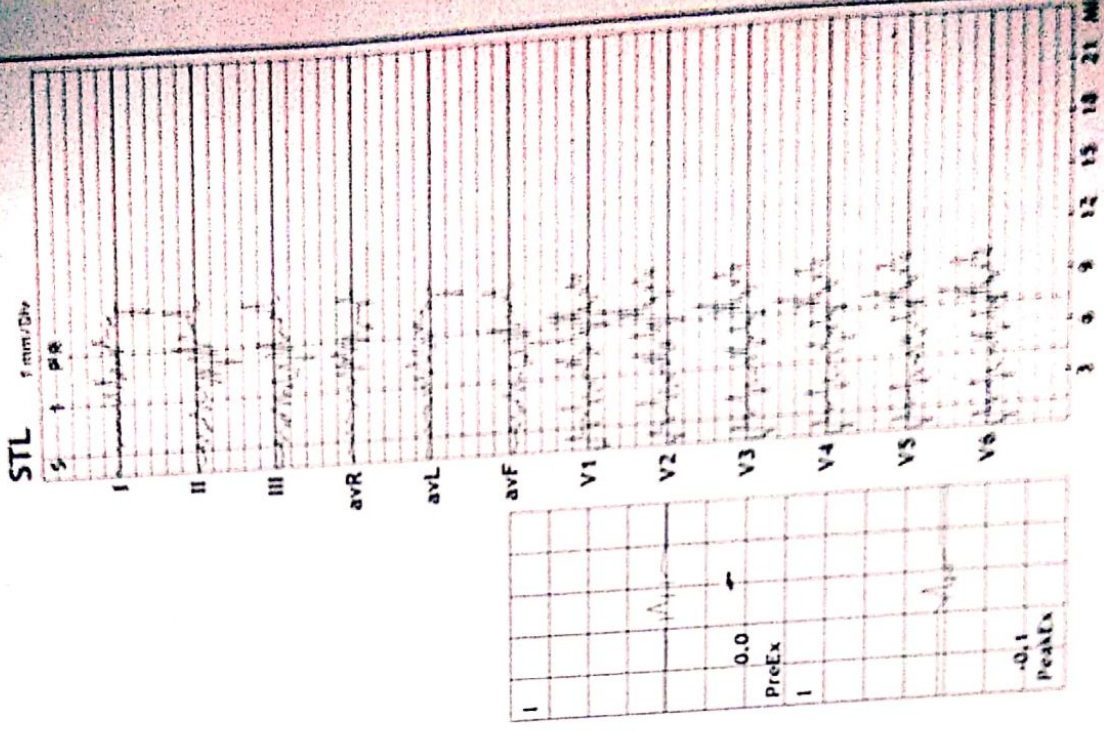
Ref. By :  
 Medication :  
 Objective :

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	1:02	0.0	0.0	1.0	103	130/80	133	-	
Standing	0:01	1:05	0.0	0.0	1.0	101	130/80	131	-	
HV	0:01	1:09	0.0	0.0	1.0	105	130/80	136	-	
ExStart	0:01	1:17	0.0	0.0	1.0	118	130/80	153	-	
Stage 1	3:00	3:01	2.7	10.0	4.6	152	140/80	212	-	
PeakEx	3:00	6:00	4.0	12.0	7.0	185	160/80	296	-	
Recovery	1:00	6:01	0.0	0.0	1.0	147	160/80	235	-	
Recovery	3:00	6:01	0.0	0.0	1.0	123	130/80	159	-	

Findings :

Exercise Time : 6:00 minutes  
 Max HR attained : 185 bpm 97% of Max Predictable HR 190  
 Max BP : 160/80(mmHg)  
 WorkLoad attained : 7 (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.  
 Maxmum Depression: 5:14

Advice/Comments:







**PANCHMUKHI HOSPITAL**  
 MAVADI CHOWK, 150 RING ROAD, RAJKOT  
 213 / VIBHABEN KARIYA  
 30 Yrs / Female  
 0 Kg / 0 Cm  
 Date: 24-Jun-2023 11:18:05 AM

**3x4+1 Rhythm Lead**

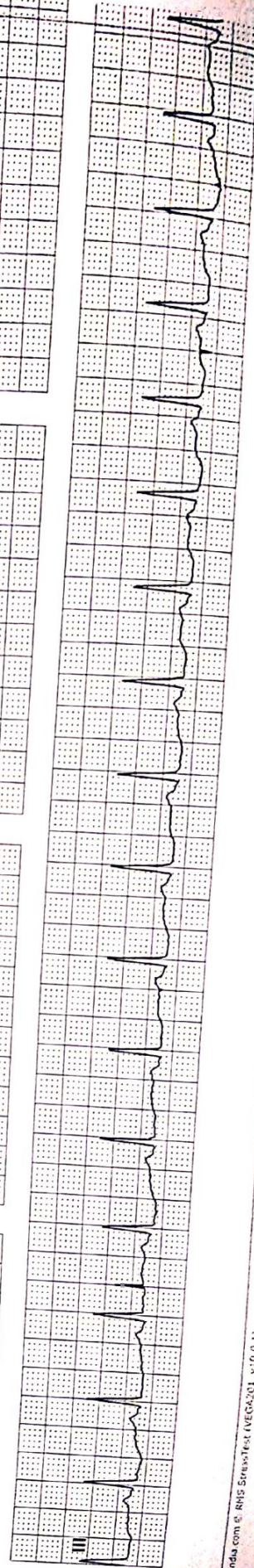
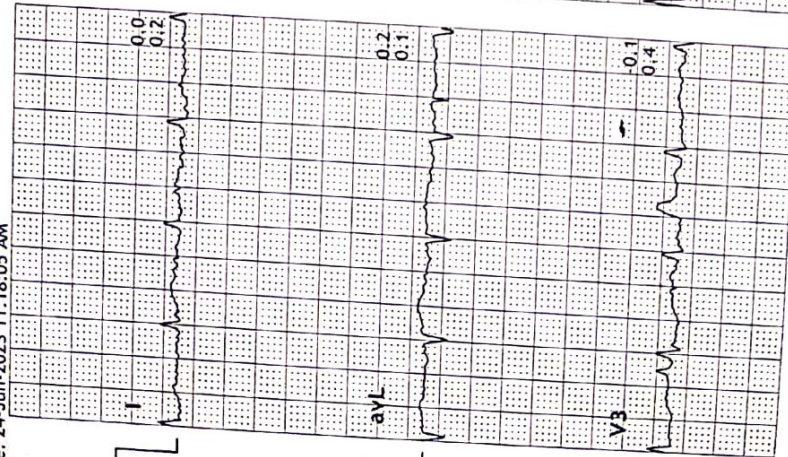
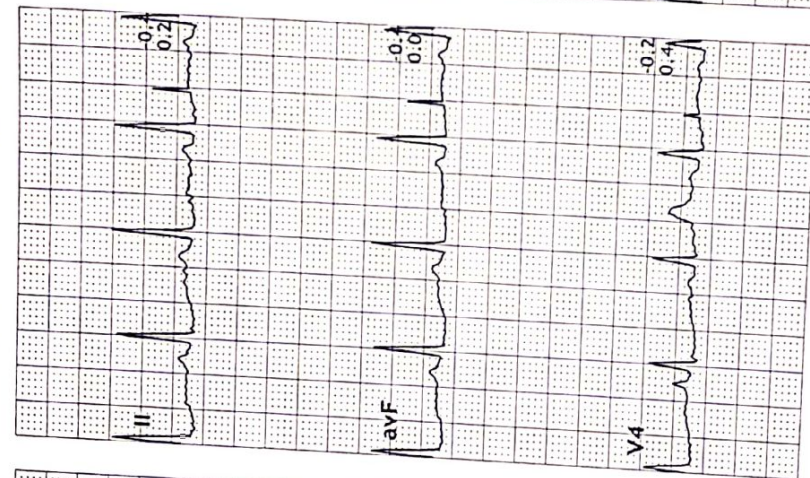
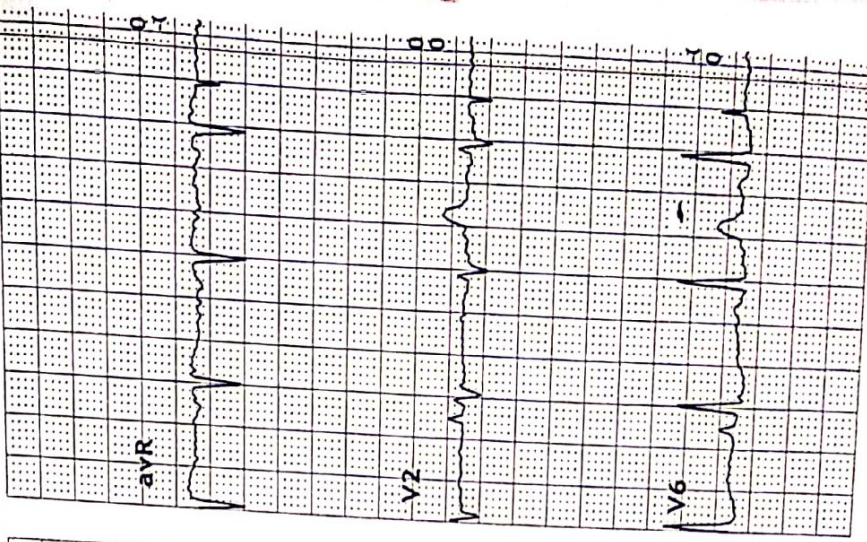
Supine  
 10.0 mm/mV  
 25 mm/Sec.

Ex Time 01:01  
 BLC : On  
 Notch : On

Raw ECG  
 BRUCE  
 (0.05-100)Hz

MPHR: 54% of 190  
 Speed: 0.0 kmph  
 Grade: 0.0%

HR: 103 bpm  
 METS: 1.0  
 BP: 130/80



Print Date: 24-Jun-2023

<http://www.mnsindia.com> © RMS StressTest (VEGA201 v10.0.1)

<http://www.mnsindia.com> © RMS StressTest (VEGA201 v10.0.1)

DR MAULIK HANSALIA

**PANCHMUKHI HOSPITAL**  
**MAVADI CHOWK, 150 RING ROAD, RAJKOT**

213 / VIBHABEN KARIYA  
 30 Yrs / Female  
 0 Kg / 0 Cm

Date: 24-Jun-2023 11:18:05 AM

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

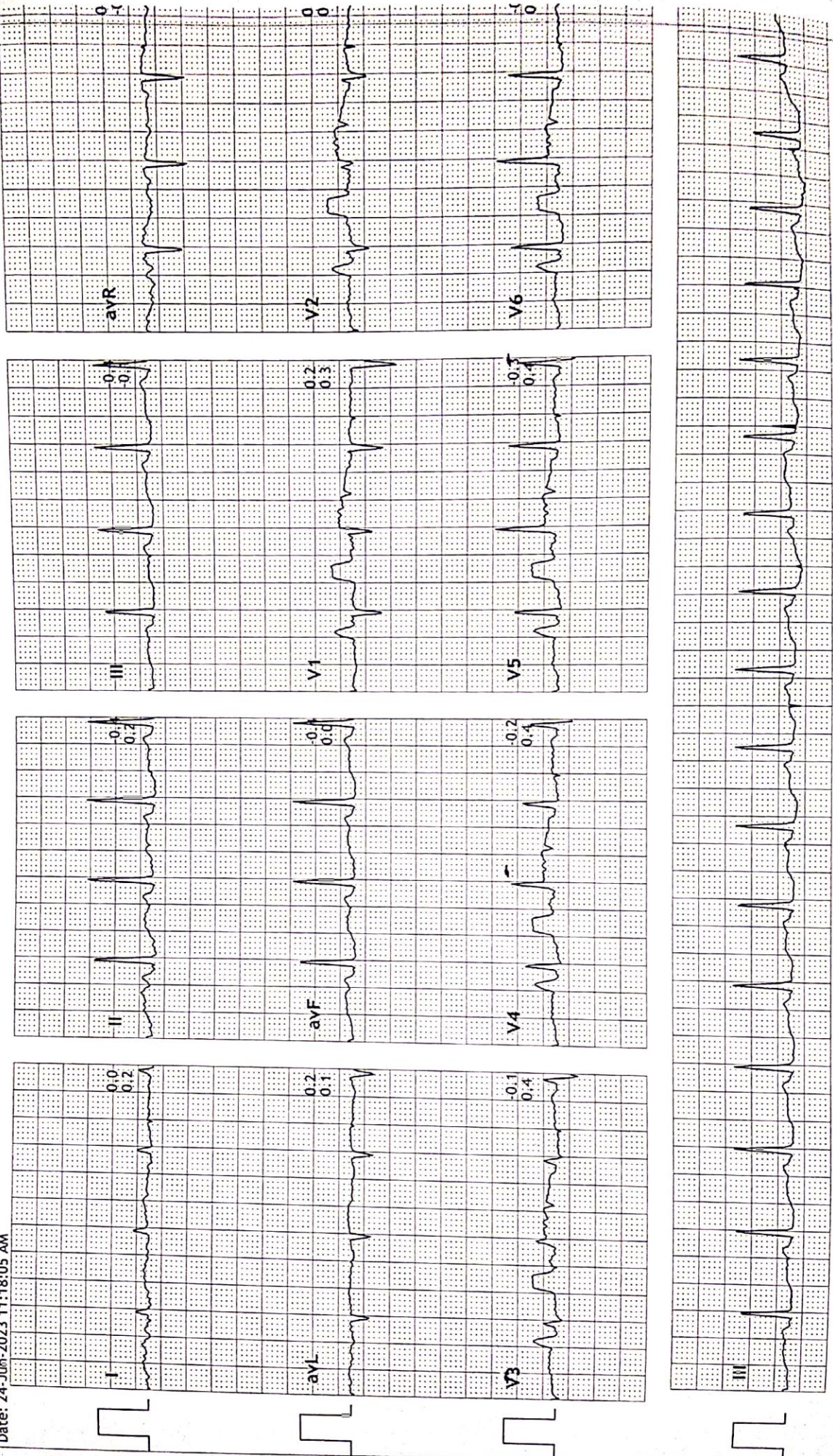
MPHR: 53% of 190  
 Speed: 0.0 kmph  
 Grade: 0.0%

**3x4+1 Rhythm Lead**

Raw ECG  
 BRUCE  
 (0.05-100)Hz

Ex Time 01:04  
 BLC : On  
 Notch : On

Standing  
 10.0 mm/mV  
 25 mm/Sec.



**PANCHMUKHI HOSPITAL**  
**MAYADI CHOWK, 150 RING ROAD, RAJKOT**  
 213 / VIBHABEN KARIYA  
 30 Yrs / Female  
 0 Kg / 0 Cm  
 Date: 24-Jun-2023 11:18:05 AM

**3x4+1 Rhythm Lead**

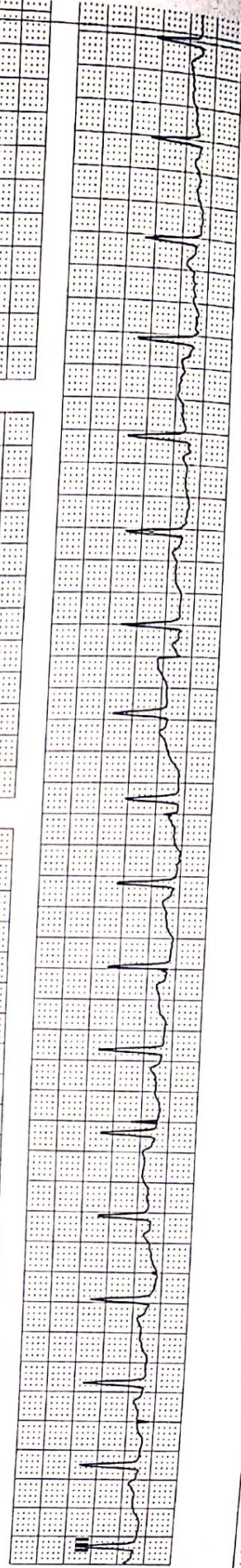
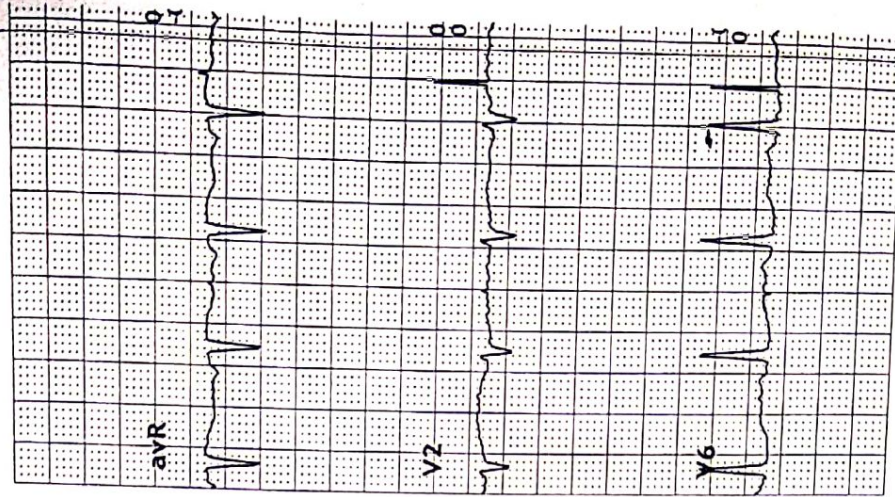
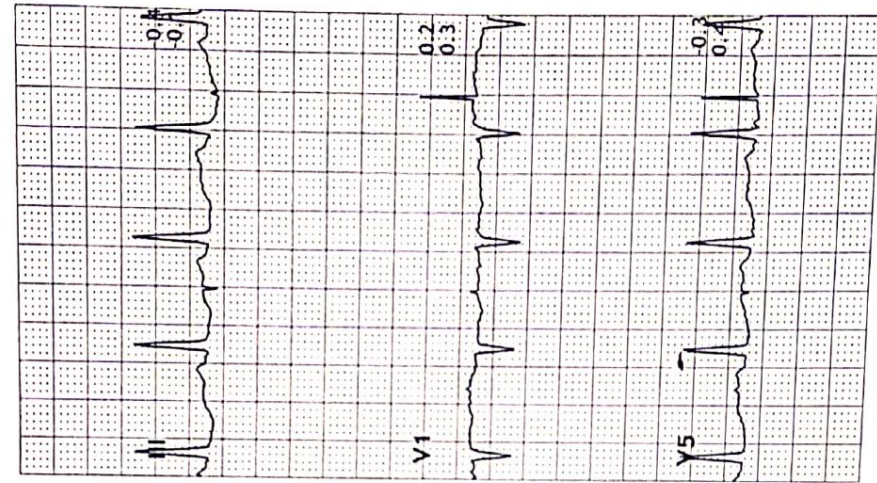
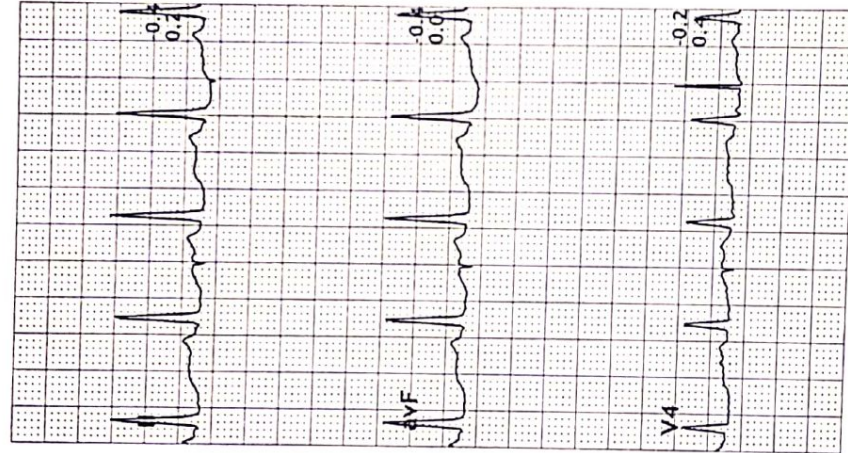
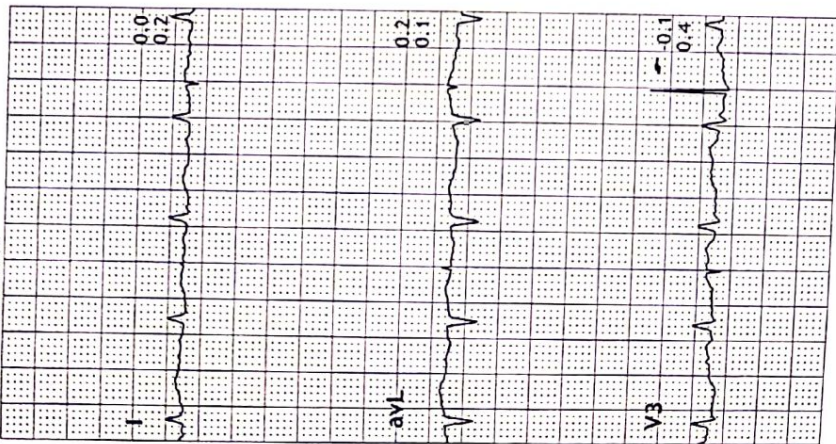
HR: 105 bpm  
 METS: 1.0  
 BP: 130/80

MPHR: 55% of 190  
 Speed: 0.0 kmph  
 Grade: 0.0%

Raw ECG  
 BRUCE  
 (0.05-100)Hz

Ex Time 01:08  
 BLC : On  
 Notch : On

HV  
 10.0 mm/mV  
 25 mm/Sec.



**PANCHMUKHI HOSPITAL**  
MAVADI CHOWK, 150 RING ROAD, RAJKOT  
213 / VIBHABEN KARIYA  
30 Yrs / Female  
0 Kg / 0 Cm  
Date: 24-Jun-2023 11:18:05 AM

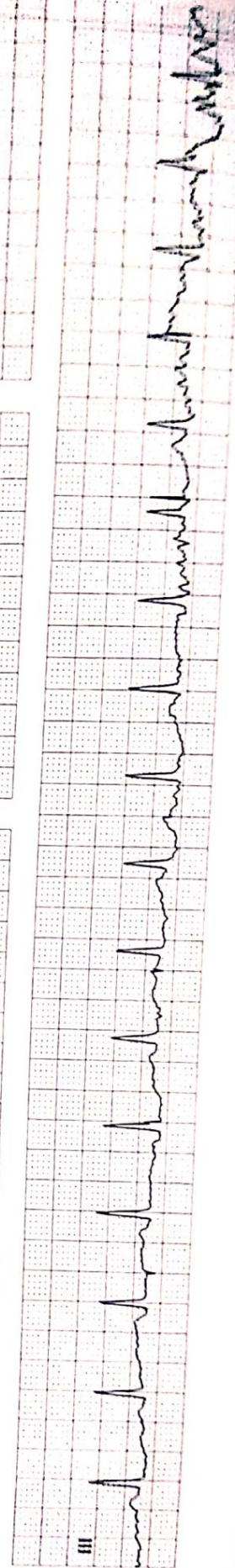
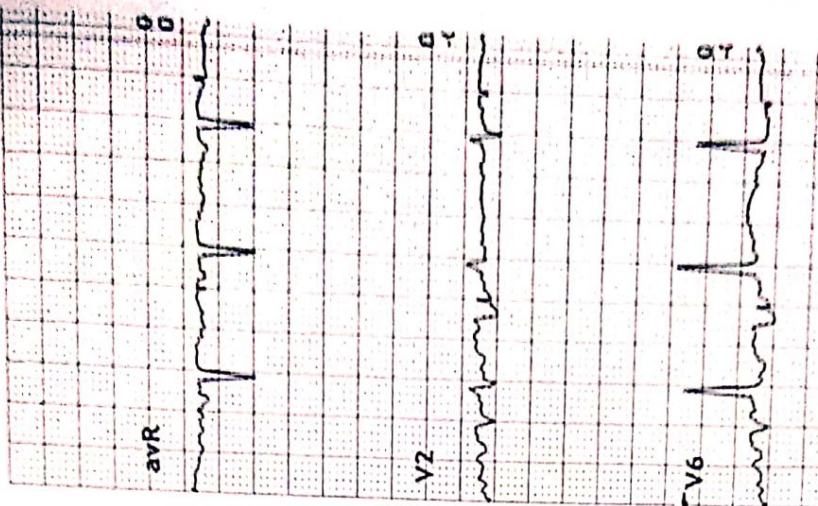
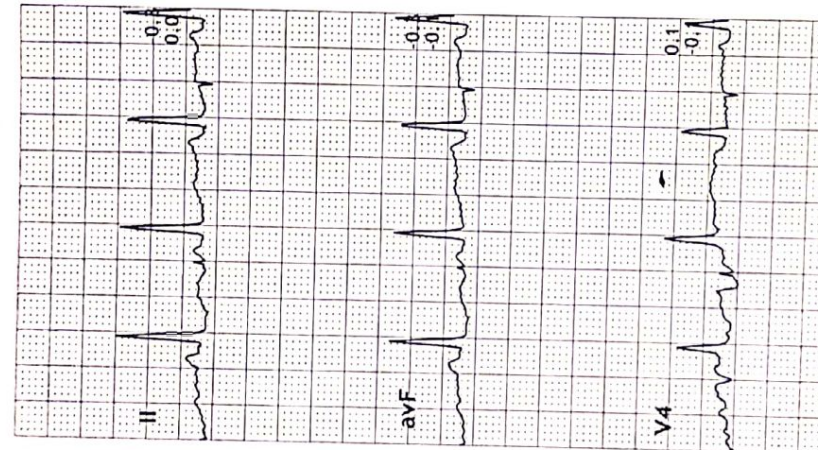
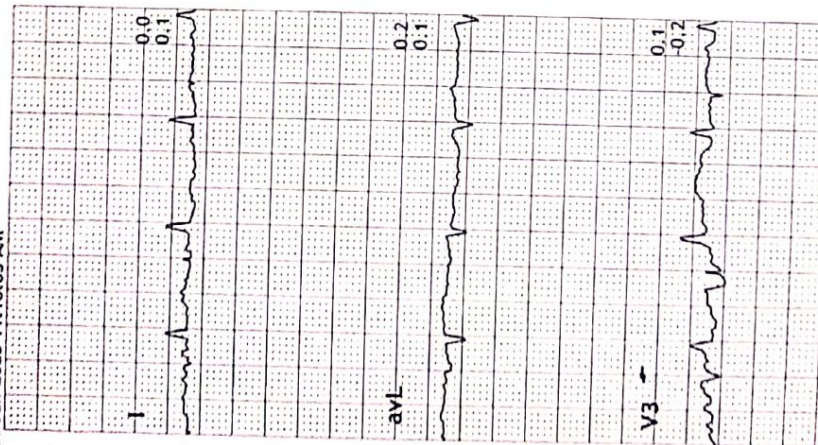
**3x4+1 Rhythm Lead**

HR: 118 bpm  
NETS: 1.0  
BP: 130/80

MPHR: 62% of 190  
Speed: 0.0 kmph  
Grade: 0.0%

Raw ECG  
BRUCE  
(0.05-100)Hz

ExStart  
10.0 mm/mV  
25 mm/Sec.



PANCHMUKHI HOSPITAL  
MAVADI CHOWK, 150 RING ROAD, RAJKOT  
213 / VIBHABEN KARIYA  
30 Yrs / Female  
0 Kg / 0 Cm  
Date: 24-Jun-2023 11:18:05 AM

HR: 152 bpm  
METS: 4.6  
BP: 140/80

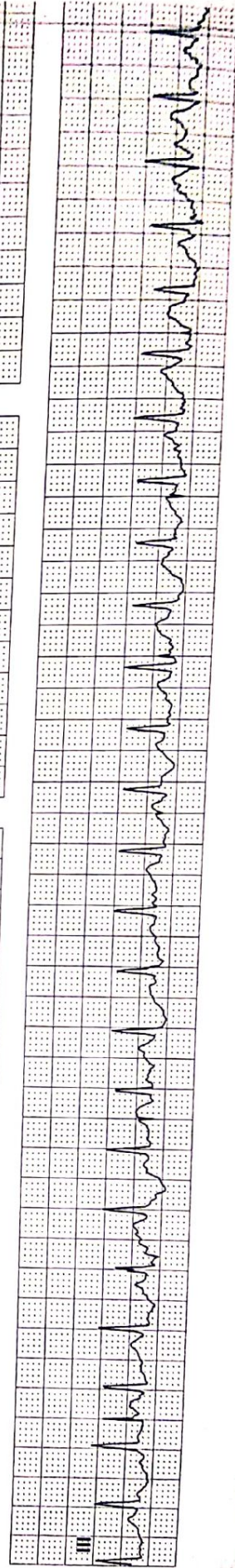
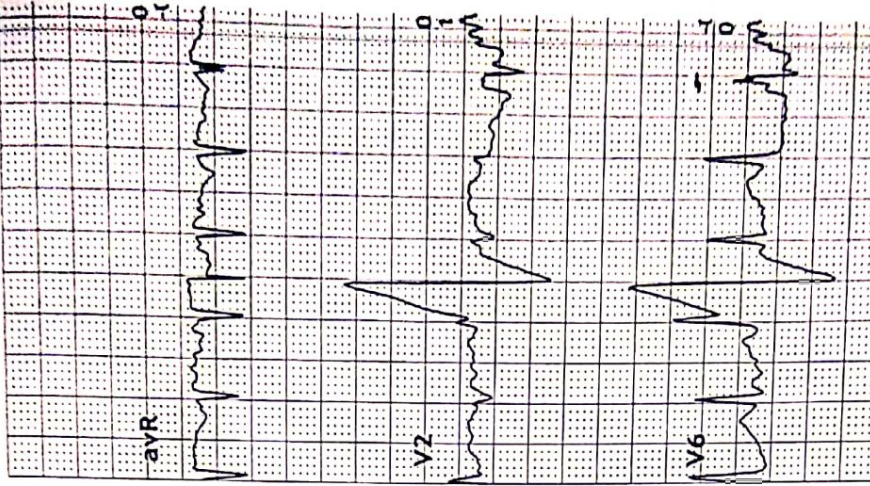
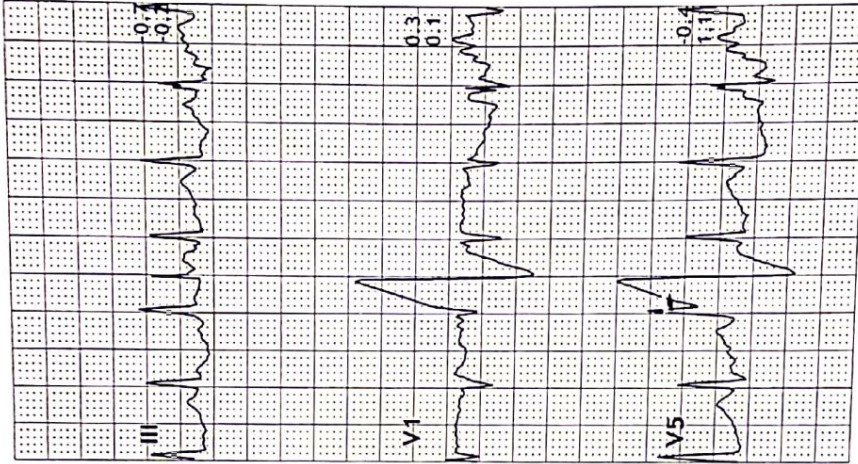
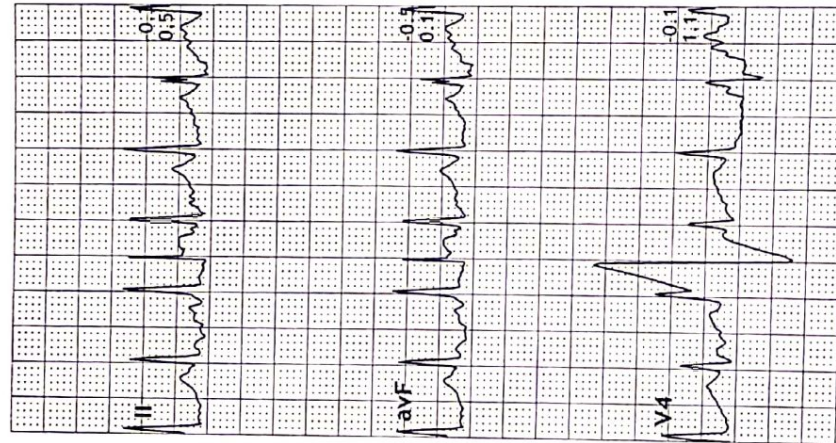
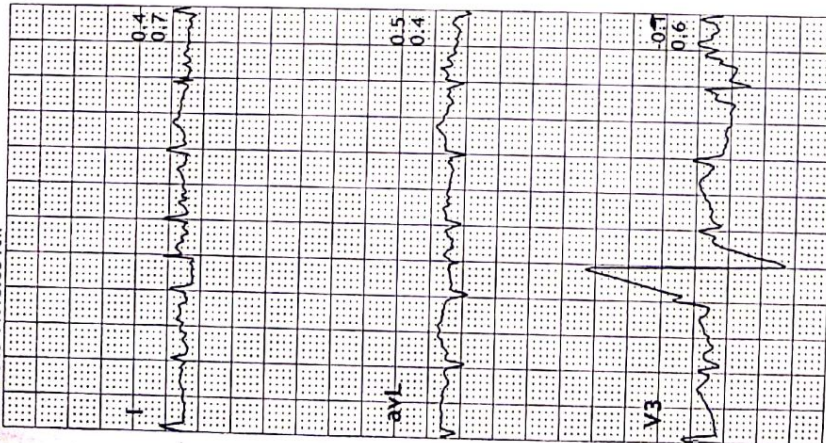
MPHR: 80% of 190  
Speed: 2.7 kmph  
Grade: 10.0%

Raw ECG  
BRUCE  
(0.05-100)Hz

Ex Time 03:00  
BLC :On  
Notch :On

BRUCE: Stage 1  
10.0 mm/mV  
25 mm/Sec.

3x4+1 Rhythm Lead



**PANCHMUKHI HOSPITAL**  
**MAVADI CHOWK, 150 RING ROAD, RAJKOT**  
 213 / VIBHABEN KARIYA  
 30 Yrs / Female  
 0 Kg / 0 Cm  
 Date: 24-Jun-2023 11:18:05 AM

HR: 185 bpm  
 METS: 7.0  
 BP: 160/80

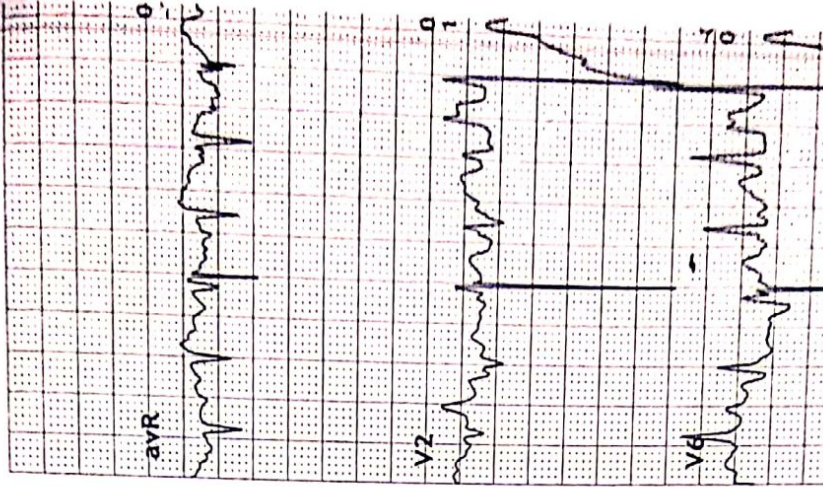
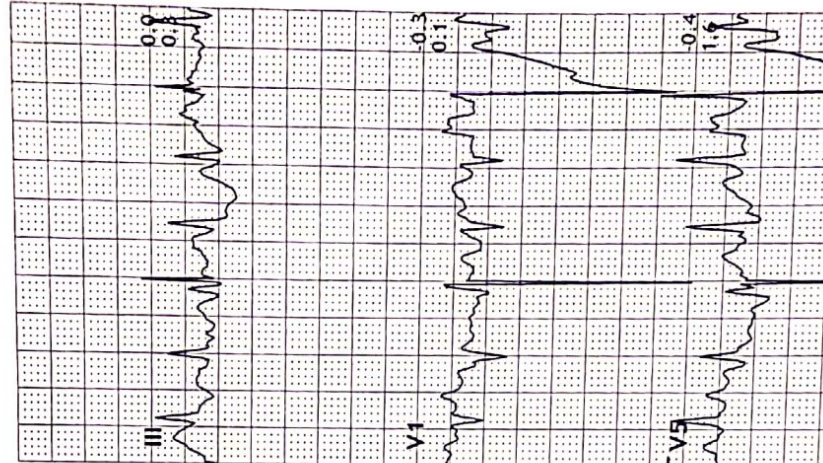
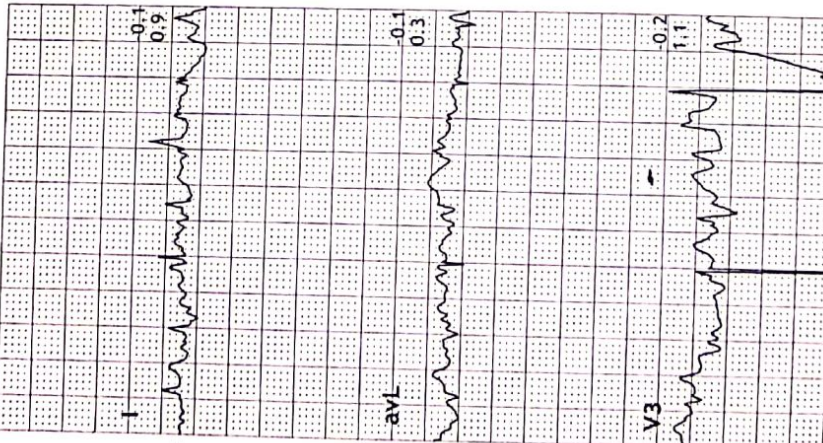
APHR: 97% of 190  
 Speed: 4.0 kmph  
 Grade: 12.0%

Raw ECG  
 BRUCE  
 (0.05-100)Hz

Ex Time 05:59  
 BLC :On  
 Notch :On

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

**3x4+1 Rhythm Lead**



**PANCHMUKHI HOSPITAL**  
**MAVADI CHOWK, 150 RING ROAD, RAJKOT**  
 30 Yrs / Female  
 0 Kg / 0 Cm  
 Date: 24-Jun-2023 11:18:05 AM

**3x4+1 Rhythm Lead**

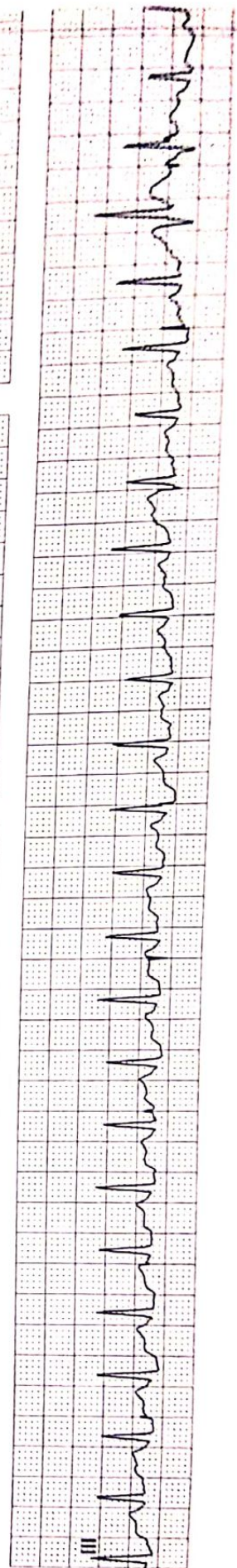
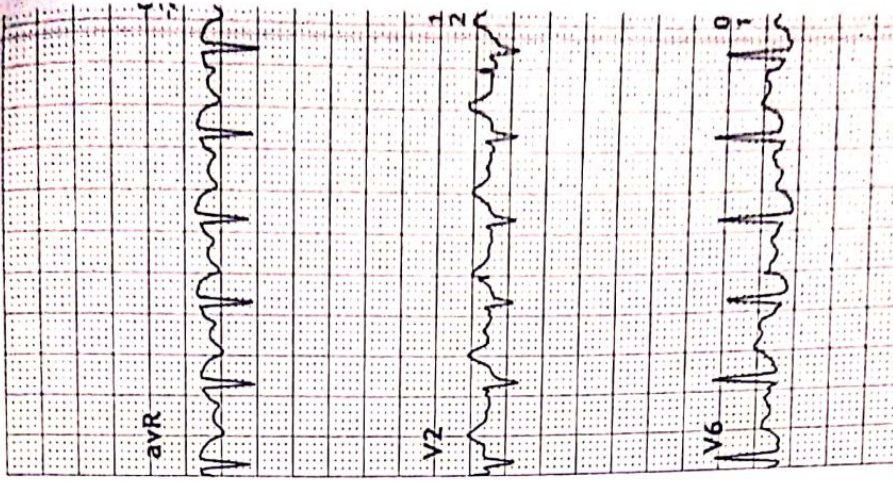
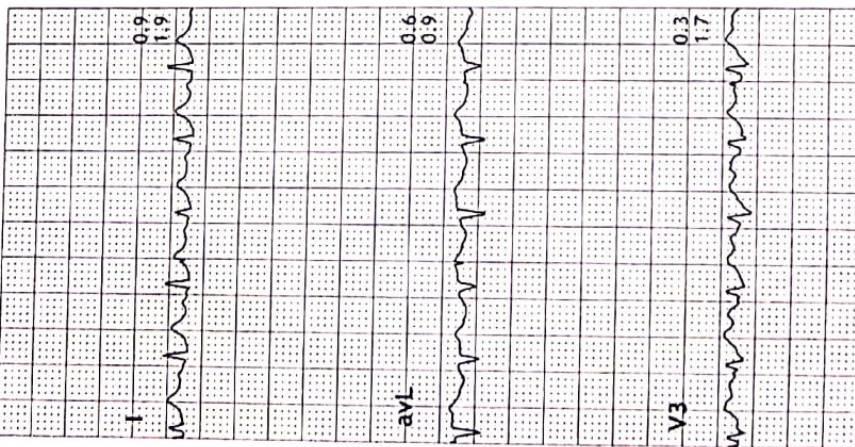
HR: 147 bpm  
 METS: 1.0  
 BP: 160/80

MPHR: 77% of 190  
 Speed: 0.0 kmph  
 Grade: 0.0%

Raw ECG  
 BRUCE  
 (0.05-100)Hz

Ex Time 06:00  
 BLC :On  
 Notch :On

Recovery (1:00)  
 10.0 mm/mV  
 25 mm/Sec.



**PANCHMUKHI HOSPITAL**  
**MAVADI CHOWK, 150 RING ROAD, RAJKOT**  
 213 / VIBHABEN KARIYA  
 30 Yrs / Female  
 0 Kg / 0 Cm  
 Date: 24-Jun-2023 11:18:05 AM

**3x4+1 Rhythm Lead**

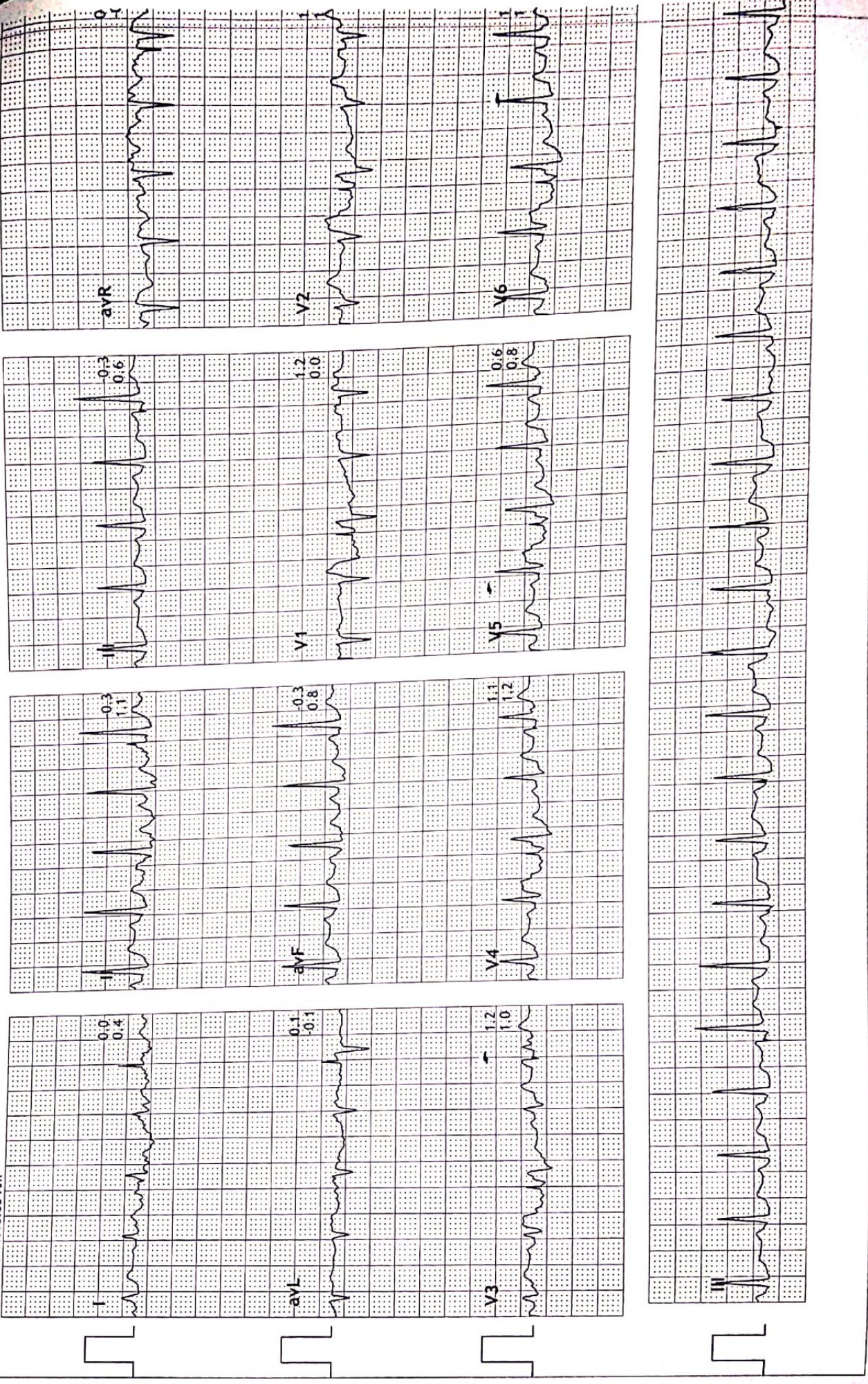
HR: 123 bpm  
 METS: 1.0  
 BP: 130/80

MPHR: 64% of 190  
 Speed: 0.0 kmph  
 Grade: 0.0%

Raw ECG  
 BRUCE  
 (0.05-100)Hz

Ex Time 06:00  
 BLC : On  
 Notch : On

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







**NEELKANTH**  
Diagnostics

Pt.'s Name: KARIYA VIBHABEN

Date: 24 June, 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

450 Feet Ring Road, Opp. Om Nagar (BRTS), Rajkot. Mo. 72838 42020



PATIENT NAME : KARIYA VIBHABEN

**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 9.0 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 angel is clear.

**CONCLUSION:**

- No significant abnormality seen in present study.

Thanks for reference.

  
**DR PRATIK KAGATHARA**  
MD

R



VIBHABEN KARIYA 30Y/F CHEST AP 24-Jun-23  
NEELKANTH DIAGNOSTICS - RAJKOT (DR. PRATIK KAGATHARA)



TEST REPORT

<b>Name</b> : Kariya Vibhaben	<b>Reg. No</b> : 306101507
<b>Age/Sex</b> : 30 Years / Female	<b>Reg. Date</b> : 24-Jun-2023 01:41 PM
<b>Ref. By</b> : Dr. PANCHMUKHI HOSPITAL / INSURANCE	<b>Collected On</b> : 24-Jun-2023 12:00 AM
<b>Client Name</b> : PANCHMUKHI HOSPITAL	<b>Report Date</b> : 24-Jun-2023 04:43 PM

**COMPLETE BLOOD COUNT (CBC)**  
Specimen: EDTA blood

Parameter	Result	Unit	Biological Ref. Interval	
<b>RBC Parameters</b>				
Hemoglobin (SLS method)	11.2	g/dL	12.5 - 16.0	
Hematocrit (Electrical Impedance)	44.00	%	37 - 47	
RBC Count (Electrical Impedance)	4.85	million/cmm	4.2 - 5.4	
MCV (Calculated)	90.7	fL	78 - 100	
MCH (Calculated)	23.0	Pg	27 - 31	
MCHC (Calculated)	25.3	%	30 - 35	
RDW (Calculated)	14.2	%	11.5 - 14.0	
<b>WBC Parameters</b>				
WBC Count (Flowcytometry)	7400	/cmm	4000 - 10500	
<b>DIFFERENTIAL WBC COUNT</b>				
Neutrophils (%)	69 %	% Range 42.02 - 75.2	Abs. Value 5106 /cmm	Abs. Range 1800 - 7700
Lymphocytes (%)	25 %	20 - 45	1850 /cmm	1000 - 3900
Eosinophils (%)	02 %	1 - 4	148 /cmm	0 - 450
Monocytes (%)	04 %	2 - 8	296 /cmm	200 - 1000
Basophils (%)	00 %	0 - 1	0 /cmm	20 - 100
<b>Platelete Parameter</b>				
Platelet Count	501000	/cmm	150000 - 450000	
MPV	9.6	fL	7.4 - 10.4	
PDW	48.2	%	8.3 - 56.6	
PCT (Platelet Haematocrit)	0.48	%	0.2 - 0.5	

towards the healthiness...

*DRI.*

This is an Electronically Authenticated Report.

Page 1 of 19

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

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





TEST REPORT

<b>Name</b>	: Kariya Vibhaben	<b>Reg. No</b>	: 306101507
<b>Age/Sex</b>	: 30 Years / Female	<b>Reg. Date</b>	: 24-Jun-2023 01:41 PM
<b>Ref. By</b>	: Dr. PANCHMUKHI HOSPITAL / INSURANCE	<b>Collected On</b>	: 24-Jun-2023 12:00 AM
<b>Client Name</b>	: PANCHMUKHI HOSPITAL	<b>Report Date</b>	: 24-Jun-2023 05:37 PM

**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.

towards the healthiness...

*DRI.*

This is an Electronically Authenticated Report.

Page 2 of 19

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

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





TEST REPORT

<b>Name</b> : Kariya Vibhaben	<b>Reg. No</b> : 306101507
<b>Age/Sex</b> : 30 Years / Female	<b>Reg. Date</b> : 24-Jun-2023 01:41 PM
<b>Ref. By</b> : Dr. PANCHMUKHI HOSPITAL / INSURANCE	<b>Collected On</b> : 24-Jun-2023 12:00 AM
<b>Client Name</b> : PANCHMUKHI HOSPITAL	<b>Report Date</b> : 24-Jun-2023 04:41 PM

Test	Result	Unit	Biological Ref. Interval
<b>Erythrocyte sedimentation rate</b>			
<b>Sample, EDTA whole blood</b>			
ESR (After 1 hour)	05	mm/hr	3 - 12

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Page 3 of 19

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**FASTING PLASMA GLUCOSE**  
Specimen: Flouride plasma

Parameter	Result	Unit	Biological Ref. Interval
Fasting Blood Sugar (FBS) <small>HEXOKINASE</small>	88.00	mg/dL	<100 :Non-Diabetic 100-125 :Impaired Fasting Glucose (IFG) >=126 :Diabetic

**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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Page 4 of 19

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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>	104.00	mg/dL	70 - 140
Urine Glucose- PP <i>Glucose Oxidase-Peroxidase</i>	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.

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Page 5 of 19

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LIPID PROFILE  
Specimen: Serum

Parameter	Result	Unit	Biological Ref. Interval
Cholesterol <i>Cholesterol Oxidase</i>	191.00	mg/dL	Desirable : < 200.0 Borderline High : 200-239 High : > 240.0
Triglyceride <i>Enzymatic Reaction With Glycerol Kinase</i>	136.00	mg/dL	Normal : < 150.0 Borderline : 150-199 High : 200-499 Very High : > 500.0
HDL Cholesterol <i>Siemens AHDL</i>	73.00	mg/dL	High Risk : < 40 Low Risk : >= 60
LDL Cholesterol <i>Siemens ALDL</i>	86.00	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>	27.20	mg/dL	15 - 35
LDL / HDL RATIO <i>Calculated</i>	1.18		0 - 3.5
Cholesterol /HDL Ratio <i>Calculated</i>	2.62		0 - 5.0

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Page 6 of 19

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**BILIRUBIN**

Specimen : Serum

Parameter	Result	Unit	Biological Ref. Interval
Total Bilirubin <i>Diazo-Caffeine/Benzoate Coupling (Jendrassik-Grof) w/blank</i>	0.25	mg/dL	0.2 - 1
Conjugated Bilirubin <i>Diazo-Caffeine/Benzoate Coupling (Jendrassik-Grof) w/blank</i>	0.10	mg/dL	0 - 0.20
Unconjugated Bilirubin <i>Sulph acid dpl/caff-benz</i>	0.15	mg/dL	0.0 - 1.1

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Page 7 of 19

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Parameter	Result	Unit	Biological Ref. Interval
<b>SGPT (ALT)</b> <i>Siemens/37C</i>	43.00	U/L	14 - 59
<b>SGOT (AST)</b> <i>Siemens/37C</i>	27.00	U/L	15 - 37
<b>Uric Acid</b> <i>Uricase</i>	4.2	mg/dL	2.6 - 6.2
<b>Alkaline Phosphatase</b> <i>Siemens/37C</i>	96.00	U/L	46 - 116
<b>GGT</b> <i>Siemens/37C</i>	25.00	U/L	5 - 55

**UREA & BLOOD UREA NITROGEN**

Specimen : Serum

<b>Urea</b> <i>Calculated</i>	32.00	mg/dL	17 - 43
<b>Blood Urea Nitrogen (BUN)</b> <i>UREASE/GLDH</i>	14.94	mg/dL	7.0 - 18.0

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Page 8 of 19

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**Creatinine With eGFR**

Specimen : Serum

Parameter	Result	Unit	Biological Ref. Interval
Creatinine <small>ALKALINE PICRATE, COLORIMETRIC KINETIC</small>	0.96	mg/dL	0.55 - 1.02
eGFR	110.59	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

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Page 9 of 19

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HEMOGLOBIN A1 C (HBA1C)  
Specimen: Blood EDTA

Parameter	Result	Unit	Biological Ref. Interval
HbA1C <i>Siemens Dimension</i>	5.02	%	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>	97.37	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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Page 10 of 19

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THYROID FUNCTION TEST

Parameter	Result	Unit	Biological Ref. Interval
<b>Thyroid Stimulating Hormone (TSH)</b> <small>CLIA</small>	2.03	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

<b>Triiodothyronine (T3)</b> <small>CLIA</small>	1.05	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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Page 11 of 19

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**Thyroxine (T4)** 5.02 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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Page 12 of 19

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<b>Client Name</b> : PANCHMUKHI HOSPITAL	<b>Report Date</b> : 24-Jun-2023 04:42 PM

STOOL EXAMINATION

Parameter	Result	Unit	Biological Ref. Interval
<b><u>PHYSICAL EXAMINATION</u></b>			
Quantity	20 gms		
Colour	Brown		
Consistency	Semi Solid		
<b><u>CHEMICAL EXAMINATION</u></b>			
Occult Blood <i>Peroxidase Reaction with o-Dianisidine</i>	Negative		
Reaction <i>pH Strip Method</i>	Neutral		
Reducing Substance	Absent		
<b><u>MICROSCOPIC EXAMINATION</u></b>			
Mucus	Absent		
Pus Cells	1 - 2/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 occassinal 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.

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Page 13 of 19

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Page 14 of 19

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URINE ROUTINE EXAMINATION

Parameter	Result	Unit	Biological Ref. Interval
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**PHYSICAL EXAMINATION**

Quantity	20 cc		
Colour	Pale Yellow		
Clarity	Clear		

**CHEMICAL EXAMINATION (BY REFLECTANCE PHOTOMETRIC)**

pH	5.5		4.6 - 8.0
Sp. Gravity	1.005		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)	1 - 3/hpf
Erythrocytes (Red Cells)	Absent
Epithelial Cells	Occasional
Amorphous Material	Absent
Casts	Absent
Crystals	Absent
Bacteria	Absent

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Page 15 of 19

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LABORATORY REPORT

<b>Name</b> :	Kariya Vibhaben	<b>Reg. No</b> :	306101507
<b>Sex/Age</b> :	Female/30 Years	<b>Histo / Cyto No</b> :	C3H00094
<b>Ref. By</b> :	Dr. PANCHMUKHI HOSPITAL / INSURANCE	<b>Reg. Date</b> :	24-Jun-2023 01:41 PM
<b>Client Name</b> :	PANCHMUKHI HOSPITAL	<b>Collected On</b> :	24-Jun-2023 01:55 PM
		<b>Report Date</b> :	24-Jun-2023 09:01 PM

**CYTOPATHOLOGY REPORT**

**Specimen :**

Liquid Based Cervical Cytology Material.

**Grossing Description :**

C3H00094/23

**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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Page 16 of 19



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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 suggestive 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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<b>Sex/Age</b> :	Female/30 Years	<b>Histo / Cyto No</b> :	C3H00094
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Page 18 of 19



TEST REPORT

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SERUM PROTEIN WITH A/G RATIO

Parameter	Result	Unit	Biological Ref. Interval
Total Protein <i>BIURET</i>	7.3	g/dL	6.4 - 8.2
Albumin <i>Dye Binding - Bromocresol Purple (BCP)</i>	4.02	g/dL	3.40 - 5.00
Globulin <i>Calculated</i>	3.28	g/dL	2.3 - 3.5
A/G Ratio <i>Calculated</i>	1.23		0.8 - 3.1

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Page 19 of 19

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