

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 : Drashti Dhaval Bhadrasha
identity proof : Pan card
identity proof no : EETPB7221F
gender : female
height : 157
weight : 68
BP : 130/90
pulse : 76/min Regul
blood sample : Yes
fasting mode : yes
non fasting mode : yes

past history : NO

Dental : Healthy

~~Romberg Test~~ :

Colour vision : Normal

DRASHTI

DR. C. P. DADHANIYA
M.B. Diabetologist
Ind. Physician (CIH)
Regd. No. G19798
Code No. 378543
Panchmukhi Hospital
Mavdi Chowki,
150 Ft. Ring Road, RAJKOT.



NAME: Darushki Bhadrani
AGE/GENDER: Female

DIAG. DATE: 12-04-24

PATIENT'S REFRACTION DETAILS

		SPHE	CYL	AXIS	VN
R	D	N	N	N	6/9
	N	N			6/9
L	D	N	N	N	6/9
	N	N			6/9

REMARKS:

CHECKED BY: Dr. C.P. Dadhaniya

DR. C. P. DADHANIYA

M.B. Diabetologist
Physician (CIH)

Regd. No. G108

Code No. 8

Panchmukhi Hospital

Mavdi Chowki,

150 Ft. Ring Road, RAJKOT.

DADHANIYA



10mm/mV

AUTO

10mm/mV

I

aVR

II

aVL

III

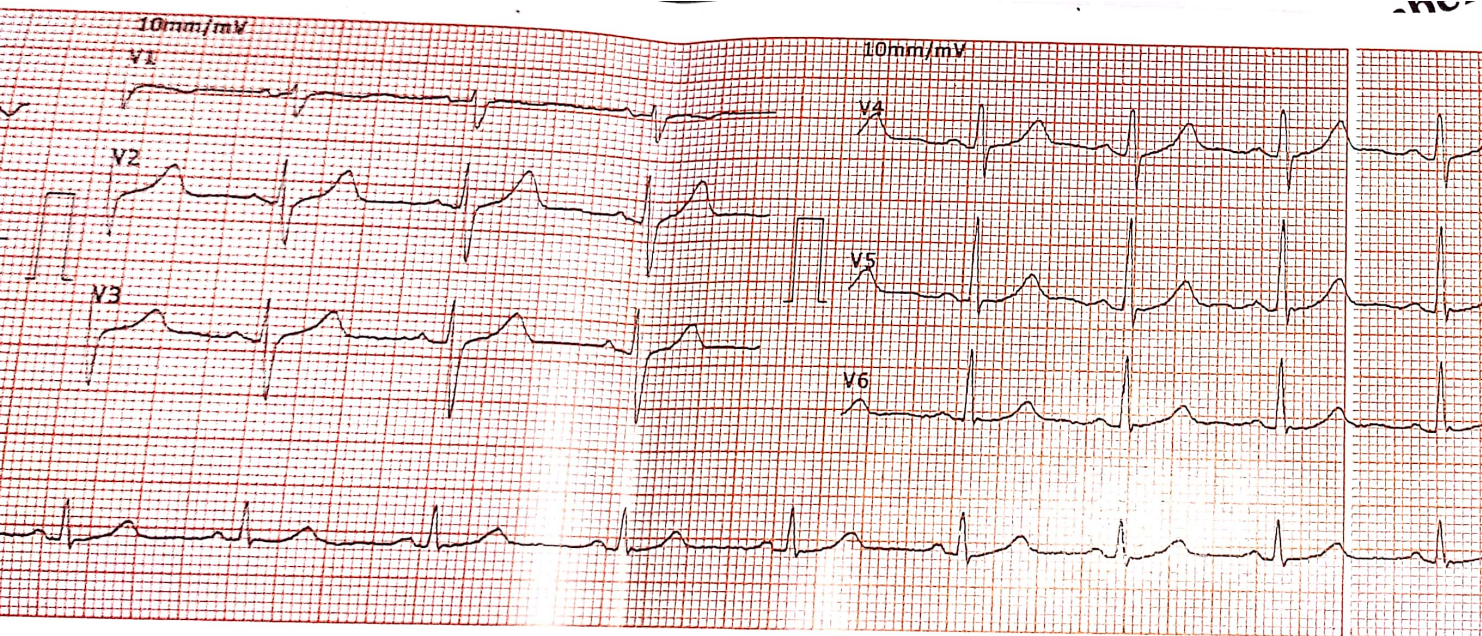
aVF

I 10mm/mV

25mm/s

AC ON 0.05-35Hz





no. 10 20 30 40 50

2024-4-12 9:32:00 ID: 00003943
 ID Card: _____
 Name: Darushiben Gender: female
 Age: _____ Height(Cm): _____
 Weight(Kg): _____ BP(mmHg): _____
 HR: DR. C. P. DADHANIYA 76
 P-R: _____
 Q-R-S: _____
 QT/QTc: _____
 P/QRS/T AXES: _____
 RV5/VI: _____
 RV5+VI: _____
 *The result must be confirmed by doctor.
 Report Confirmed by: _____

DR. C. P. DADHANIYA

MP Diabetologist
 MD Physician (CMT)
 Reg. No. G19798
 Code No. 378943
 Panchmukhi Hospital
 Nandi Chowki,
 150 Ft. Ring Road, RAJKOT.

क से अधिक स्थायी लेखा संख्या (पैन) का रखना या उपयोग करना, कानून के विरुद्ध है और
the PAN Card enclosed contains Enhanced QR Code which is readable
App on Google Play Store is "Enhanced QR Code Reader for PAN Card.
लगा पैन कार्ड में एनहान्स क्यूआर कोड शामिल है जो एक विशिष्ट एंड्रॉइड मोबाइल ऐप द
Enhanced QR Code Reader for PAN Card" है।

-Gst-

आयकर विभाग
INCOME TAX DEPARTMENT



भारत सरकार
GOVT. OF INDIA



नाम / Name

DRASHTI DHAVAL BHADRESHHA

स्थायी लेखा संख्या कार्ड
Permanent Account Number Card

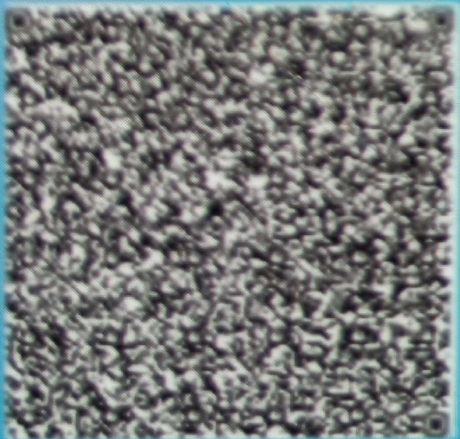
EETPB7221F

पिता का नाम / Father's Name

SURESHBHAI NARANBHAI GHERVADA

जन्म की तारीख /
Date of Birth

28/08/1991



PAN Application Digitally Signed. Card Not Valid unless Physically Signed.





 **GPS Map
Camera Lite**

1, Rd Number 1, Labhdeep Society, Poonam Society, Om
Nagar, Rajkot, Gujarat 360004, India

Latitude

22.2663778°

Longitude

70.7839359°

Local 09:39:12 AM

GMT 04:09:12 AM

Altitude 144 meters

Friday, 12.04.2024



Scanned with OKEN Scanner



પંચમુખી હોસ્પિટલ

ડૉ. રાજેશ્રીબેન ડાહ્યાણીયા
ડૉ. સી. પી. ડાહ્યાણીયા
MBBS, Dip.G.O, Diabetologist

૧૫૦ ફુટ રીંગ રોડ, મવડી ચોકડી, શનેશ્વર આર્કેડ, રાજકોટ. ફોન : ૦૨૮૧-૨૩૭૧૬૩૨

મલ્ટી સ્પેશ્યાલિટી એન્ડ મેટરનીટી નર્સિંગ હોમ

Date :

સુવિધાઓ

- જનરલ પ્રેક્ટીસ
- સ્ત્રીરોગ વિભાગ
- સોનોગ્રાફી
- સર્જરી વિભાગ
- મેડીસીન વિભાગ
- ઓર્થોપેડીક વિભાગ
- બાળરોગ વિભાગ
- એનોરેક્ટલ સર્જરી
- યુરોલોજી
- લેપ્રોસ્કોપી સર્જરી
- આર.એસ.બી.વાય તથા ચિરંજીવી યોજના
- દરેક જાતની રસી (વેક્સીન) દરરોજ આપવામા આવે છે

દૂધી ઘવાન ભદ્રેશી

વિષય: - સ્ત્રીના રીપોર્ટ વિષે

ઉપરોક્ત વિષયમાં આપને જણાવવા કે આર સ્ત્રીના

રીપોર્ટ કુશલતા નરક નથી.

Dr. C. P. DADHANIYA
M.B.B.S., C.I.H.

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




TEST REPORT

Name : Drashti Bhadresha	Reg. No : 404100598
Age/Sex : 33 Years / Female	Reg. Date : 12-Apr-2024 04:43 PM
Ref. By : Dr. PANCHMUKHI HOSPITAL / INSURANCE	Collected On : 12-Apr-2024 04:44 PM
Client Name : PANCHMUKHI HOSPITAL	Report Date : 12-Apr-2024 06:02 PM

COMPLETE BLOOD COUNT (CBC)
 Specimen: EDTA blood

Parameter	Result	Unit	Biological Ref. Interval
RBC Parameters			
Hemoglobin (SLS method)	12.9	g/dL	12.5 - 16.0
Hematocrit (Electrical Impedance)	37.60	%	37 - 47
RBC Count (Electrical Impedance)	5.18	million/cmm	4.2 - 5.4
MCV (Calculated)	72.6	fL	78 - 100
MCH (Calculated)	24.9	Pg	27 - 31
MCHC (Calculated)	34.3	%	30 - 35
RDW (Calculated)	12.8	%	11.5 - 14.0
WBC Parameters			
WBC Count (Flowcytometry)	5320	/cmm	4000 - 10500
DIFFERENTIAL WBC COUNT			
Neutrophils (%)	56 %	% Range 42.02 - 75.2	Abs. Value 2979 /cmm Abs. Range 1800 - 7700
Lymphocytes (%)	36 %	20 - 45	1915 /cmm 1000 - 3900
Eosinophils (%)	4 %	1 - 4	213 /cmm 0 - 450
Monocytes (%)	4 %	2 - 8	213 /cmm 200 - 1000
Basophils (%)	0 %	0 - 1	0 /cmm 20 - 100
Platelete Parameter			
Platelet Count	304000	/cmm	150000 - 450000
MPV	9.2	fL	7.4 - 10.4
P-LCR	18.40	%	11.9 - 66.9
PDW	9.5	%	8.3 - 56.6
PCT (Platelet Haematocrit)	0.28	%	0.2 - 0.5

towards the healthiness...

Dr. Viral Jethava

This is an Electronically Authenticated Report.

Page 1 of 15

Dr. Viral R. Jethava

M.D. (Path, PDCC)



TEST REPORT

Name : Drashti Bhadresha	Reg. No : 404100598
Age/Sex : 33 Years / Female	Reg. Date : 12-Apr-2024 04:43 PM
Ref. By : Dr. PANCHMUKHI HOSPITAL / INSURANCE	Collected On : 12-Apr-2024 04:44 PM
Client Name : PANCHMUKHI HOSPITAL	Report Date : 12-Apr-2024 06:02 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.

towards the healthiness...



Dr. Viral Jethava

This is an Electronically Authenticated Report.

Page 2 of 15

Dr. Viral R. Jethava

M.D. (Path, PDCC)




TEST REPORT

Name	: Drashti Bhadresha	Reg. No	: 404100598
Age/Sex	: 33 Years / Female	Reg. Date	: 12-Apr-2024 04:43 PM
Ref. By	: Dr. PANCHMUKHI HOSPITAL / INSURANCE	Collected On	: 12-Apr-2024 04:44 PM
Client Name	: PANCHMUKHI HOSPITAL	Report Date	: 12-Apr-2024 06:02 PM

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

towards the healthiness...

Dr. Viral Jethava

This is an Electronically Authenticated Report.

Page 3 of 15

Dr. Viral R. Jethava

M.D. (Path, PDCC)




TEST REPORT

Name : Drashti Bhadresha	Reg. No : 404100598
Age/Sex : 33 Years / Female	Reg. Date : 12-Apr-2024 04:43 PM
Ref. By : Dr. PANCHMUKHI HOSPITAL / INSURANCE	Collected On : 12-Apr-2024 04:44 PM
Client Name : PANCHMUKHI HOSPITAL	Report Date : 12-Apr-2024 06:02 PM

FASTING PLASMA GLUCOSE
 Specimen: Flouride plasma

Parameter	Result	Unit	Biological Ref. Interval
Fasting Blood Sugar (FBS) <i>HEXOKINASE</i>	91.70	mg/dL	<100 :Non-Diabetic 100-125 :Impaired Fasting Glucose (IFG) ≥126 :Diabetic
Urine Glucose -F <i>Glucose Oxidase-Peroxidase</i>	Nil		
Urine Acetone -F	Nil		

Criteria for the diagnosis of diabetes :

- HbA1c ≥ 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 ≥ 200 mg/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 ≥ 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.

towards the healthiness...

Dr. Viral Jethava

This is an Electronically Authenticated Report.

Page 4 of 15

Dr. Viral R. Jethava

M.D. (Path, PDCC)


TEST REPORT

Name	: Drashti Bhadresha	Reg. No	: 404100598
Age/Sex	: 33 Years / Female	Reg. Date	: 12-Apr-2024 04:43 PM
Ref. By	: Dr. PANCHMUKHI HOSPITAL / INSURANCE	Collected On	: 12-Apr-2024 04:44 PM
Client Name	: PANCHMUKHI HOSPITAL	Report Date	: 12-Apr-2024 06:02 PM

POST PRANDIAL PLASMA GLUCOSE

Specimen: Flouride plasma

Parameter	Result	Unit	Biological Ref. Interval
Post Prandial Blood Sugar (PPBS) <i>HEXOKINASE</i>	122.80	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.

*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.

towards the healthiness...

Dr. Viral Jethava

This is an Electronically Authenticated Report.

Page 5 of 15

Dr. Viral R. Jethava

M.D. (Path, PDCC)


TEST REPORT

Name : Drashti Bhadresha	Reg. No : 404100598
Age/Sex : 33 Years / Female	Reg. Date : 12-Apr-2024 04:43 PM
Ref. By : Dr. PANCHMUKHI HOSPITAL / INSURANCE	Collected On : 12-Apr-2024 04:44 PM
Client Name : PANCHMUKHI HOSPITAL	Report Date : 12-Apr-2024 06:02 PM

LIPID PROFILE

Specimen: Serum

Parameter	Result	Unit	Biological Ref. Interval
Cholesterol <i>Cholesterol Oxidase</i>	182.70	mg/dL	Desirable : < 200.0 Borderline High : 200-239 High : > 240.0
Triglyceride <i>Enzymatic Reaction With Glycerol Kinase</i>	111.20	mg/dL	Normal : < 150.0 Borderline : 150-199 High : 200-499 Very High : > 500.0
HDL Cholesterol <i>Siemens AHDL</i>	42.50	mg/dL	High Risk : < 40 Low Risk : \geq 60
LDL Cholesterol <i>Siemens ALDL</i>	90.20	mg/dL	Optimal : < 100 Near Optimal/above optimal : 100-129 Borderline High : 130-159 High : 160-189 Very High : \geq 190
VLDL Cholesterol <i>Calculated</i>	22.24	mg/dL	15 - 35
LDL / HDL RATIO <i>Calculated</i>	2.12		0 - 3.5
Cholesterol /HDL Ratio <i>Calculated</i>	4.30		0 - 5.0

towards the healthiness...

Dr. Viral Jethava

This is an Electronically Authenticated Report.

Page 6 of 15

Dr. Viral R. Jethava

M.D. (Path, PDCC)


TEST REPORT

Name	: Drashti Bhadresha	Reg. No	: 404100598
Age/Sex	: 33 Years / Female	Reg. Date	: 12-Apr-2024 04:43 PM
Ref. By	: Dr. PANCHMUKHI HOSPITAL / INSURANCE	Collected On	: 12-Apr-2024 04:44 PM
Client Name	: PANCHMUKHI HOSPITAL	Report Date	: 12-Apr-2024 06:02 PM

RENAL FUNCTION TEST

Specimen: Serum

Parameter	Result	Unit	Biological Ref. Interval
Creatinine <i>ALKALINE PICRATE, COLORIMETRIC KINETIC</i>	0.69	mg/dL	0.55 - 1.02
eGFR	128.00	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>	18.60	mg/dL	17 - 43
Blood Urea Nitrogen (BUN) <i>UREASE/GLDH</i>	8.69	mg/dL	7.0 - 18.0
Uric Acid <i>Uricase</i>	4.30	mg/dL	2.6 - 6.2
Sodium <i>Direct ion selective electrode</i>	138.20	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>	99.00	mmol/L	98 - 107
Calcium <i>Cresolphthalein Complexone</i>	8.70	mg/dL	8.5 - 10.1

towards the healthiness...

Dr. Viral Jethava

This is an Electronically Authenticated Report.

Page 7 of 15

Dr. Viral R. Jethava

M.D. (Path, PDCC)


TEST REPORT

Name : Drashti Bhadresha	Reg. No : 404100598
Age/Sex : 33 Years / Female	Reg. Date : 12-Apr-2024 04:43 PM
Ref. By : Dr. PANCHMUKHI HOSPITAL / INSURANCE	Collected On : 12-Apr-2024 04:44 PM
Client Name : PANCHMUKHI HOSPITAL	Report Date : 12-Apr-2024 06:02 PM

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.


Dr. Viral Jethava

This is an Electronically Authenticated Report.

Page 8 of 15

Dr. Viral R. Jethava

M.D. (Path, PDCC)

towards the healthiness...


TEST REPORT

Name : Drashti Bhadresha	Reg. No : 404100598
Age/Sex : 33 Years / Female	Reg. Date : 12-Apr-2024 04:43 PM
Ref. By : Dr. PANCHMUKHI HOSPITAL / INSURANCE	Collected On : 12-Apr-2024 04:44 PM
Client Name : PANCHMUKHI HOSPITAL	Report Date : 12-Apr-2024 06:02 PM

THYROID FUNCTION TEST

Parameter	Result	Unit	Biological Ref. Interval
Thyroid Stimulating Hormone (TSH) <small>CLIA</small>	1.702	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>	0.97	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.


Dr. Viral Jethava

This is an Electronically Authenticated Report.

Page 9 of 15

Dr. Viral R. Jethava

M.D. (Path, PDCC)

towards the healthiness...


TEST REPORT

Name	: Drashti Bhadresha	Reg. No	: 404100598
Age/Sex	: 33 Years / Female	Reg. Date	: 12-Apr-2024 04:43 PM
Ref. By	: Dr. PANCHMUKHI HOSPITAL / INSURANCE	Collected On	: 12-Apr-2024 04:44 PM
Client Name	: PANCHMUKHI HOSPITAL	Report Date	: 12-Apr-2024 06:02 PM

Thyroxine (T4) 11.30 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.

towards the healthiness...

Dr. Viral R. Jethava

This is an Electronically Authenticated Report.

Page 10 of 15

Dr. Viral R. Jethava

M.D. (Path, PDCC)


TEST REPORT

Name : Drashti Bhadresha	Reg. No : 404100598
Age/Sex : 33 Years / Female	Reg. Date : 12-Apr-2024 04:43 PM
Ref. By : Dr. PANCHMUKHI HOSPITAL / INSURANCE	Collected On : 12-Apr-2024 04:44 PM
Client Name : PANCHMUKHI HOSPITAL	Report Date : 12-Apr-2024 06:02 PM

URINE ROUTINE EXAMINATION

Parameter	Result	Unit	Biological Ref. Interval
-----------	--------	------	--------------------------

PHYSICAL EXAMINATION

Quantity	10 cc		
Colour	Pale Yellow		
Clarity	Clear		

CHEMICAL EXAMINATION (BY REFLECTANCE PHOTOMETRIC)

pH	5.5		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)	1 - 3/hpf
Erythrocytes (Red Cells)	Absent
Epithelial Cells	2 - 3/hpf
Amorphous Material	Absent
Casts	Absent
Crystals	Absent
Bacteria	Absent

towards the healthiness...

Dr. Viral Jethava

This is an Electronically Authenticated Report.

Page 11 of 15

Dr. Viral R. Jethava

M.D. (Path, PDCC)



LABORATORY REPORT

Name	: Drashti Bhadresha	Reg. No	: 404100598
Sex/Age	: Female/33 Years	Histo / Cyto No	: C4H00026
Ref. By	: Dr. PANCHMUKHI HOSPITAL / INSURANCE	Reg. Date	: 12-Apr-2024 04:43 PM
Client Name	: PANCHMUKHI HOSPITAL	Collected On	: 12-Apr-2024 04:44 PM
		Report Date	: 12-Apr-2024 05:59 PM

CYTOPATHOLOGY REPORT

Specimen :

Liquid Based Cervical Cytology Material.

Grossing Description :

C4H00026/24

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.

This is an electronically authenticated report



Dr. Viral R. Jethava

M.D. (Path, PDCC)

Page 12 of 15


LABORATORY REPORT

Name :	Drashti Bhadresha	Reg. No :	404100598
Sex/Age :	Female/33 Years	Histo / Cyto No :	C4H00026
Ref. By :	Dr. PANCHMUKHI HOSPITAL / INSURANCE	Reg. Date :	12-Apr-2024 04:43 PM
Client Name :	PANCHMUKHI HOSPITAL	Collected On :	12-Apr-2024 04:44 PM
		Report Date :	12-Apr-2024 05:59 PM

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.

This is an electronically authenticated report



Dr. Viral R. Jethava

M.D. (Path, PDCC)



LABORATORY REPORT

Name :	Drashti Bhadresha	Reg. No :	404100598
Sex/Age :	Female/33 Years	Histo / Cyto No :	C4H00026
Ref. By :	Dr. PANCHMUKHI HOSPITAL / INSURANCE	Reg. Date :	12-Apr-2024 04:43 PM
Client Name :	PANCHMUKHI HOSPITAL	Collected On :	12-Apr-2024 04:44 PM
		Report Date :	12-Apr-2024 05:59 PM

This is an electronically authenticated report



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

Page 14 of 15

towards the healthiness...


TEST REPORT

Name	: Drashti Bhadresha	Reg. No	: 404100598
Age/Sex	: 33 Years / Female	Reg. Date	: 12-Apr-2024 04:43 PM
Ref. By	: Dr. PANCHMUKHI HOSPITAL / INSURANCE	Collected On	: 12-Apr-2024 04:44 PM
Client Name	: PANCHMUKHI HOSPITAL	Report Date	: 12-Apr-2024 06:02 PM

LIVER FUNCTION TEST

Specimen : Serum

Parameter	Result	Unit	Biological Ref. Interval
Total Protein <i>BIURET</i>	7.30	g/dL	6.4 - 8.2
Albumin <i>Dye Binding - Bromocresol Purple (BCP)</i>	3.80	g/dL	3.40 - 5.00
Globulin <i>Calculated</i>	3.50	g/dL	2.3 - 3.5
A/G Ratio <i>Calculated</i>	1.09		0.8 - 3.1
SGOT (AST) <i>Siemens/37C</i>	28.30	U/L	15 - 37
SGPT (ALT) <i>Siemens/37C</i>	34.00	U/L	14 - 59
Alakaline Phosphatase <i>Siemens/37C</i>	79.04	U/L	46 - 116
Total Bilirubin <i>Diazo-Caffeine/Benzoate Coupling (Jendrassik-Grof) w/blank</i>	0.68	mg/dL	0.2 - 1
Conjugated Bilirubin <i>Diazo-Caffeine/Benzoate Coupling (Jendrassik-Grof) w/blank</i>	0.14	mg/dL	0 - 0.20
Unconjugated Bilirubin <i>Sulph acid dpl/caif-benz</i>	0.54	mg/dL	0.0 - 1.1

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

towards the healthiness...

Dr. Viral Jethava

This is an Electronically Authenticated Report.

Page 15 of 15

Dr. Viral R. Jethava

M.D. (Path, PDCC)



**DRASHTI BHADRESHA 32Y/F CHEST PA 12-Apr-24
NEELKANTH DIAGNOSTICS - RAJKOT (DR. PRATIK KAGATHARA)**

ECHOCARDIOGRAPHY & COLOR DOPPLER

Patient Name : Drashti Bhadresha
Ref.By : Dr Dadhaniya Sir

Age/Sex : 32/F
Date : 12/4/24

SUMMARY OF 2D ECHO

LA, LV size Normal
No LVH
No RWMA at rest
Overall LVEF -60 %.

RA , RV size and function Normal
All valves appear Normal in structure

No E/O Vegetation / clot /Pericardial effusion
IAS / IVS intact
No shunt across great vessels
IVC Size Normal 14 mm and collapsing > 50% on deep inspiration

Colour Doppler

Mitral Valve: E/A ratio 1.2 , TDI s/o E*>A*
Trivial MR

Tricuspid Valve: Trivial TR CW TR jet 31 mmHg
Estimated PASP 36 mm Hg

Aortic Valve: No AR
No significant LVOT gradient - AV PG Max 11 mm Hg

Pulmonary Valve : No PR , PV Max PG 7 mm Hg

FINAL IMPRESSION

Good LV systolic function at rest

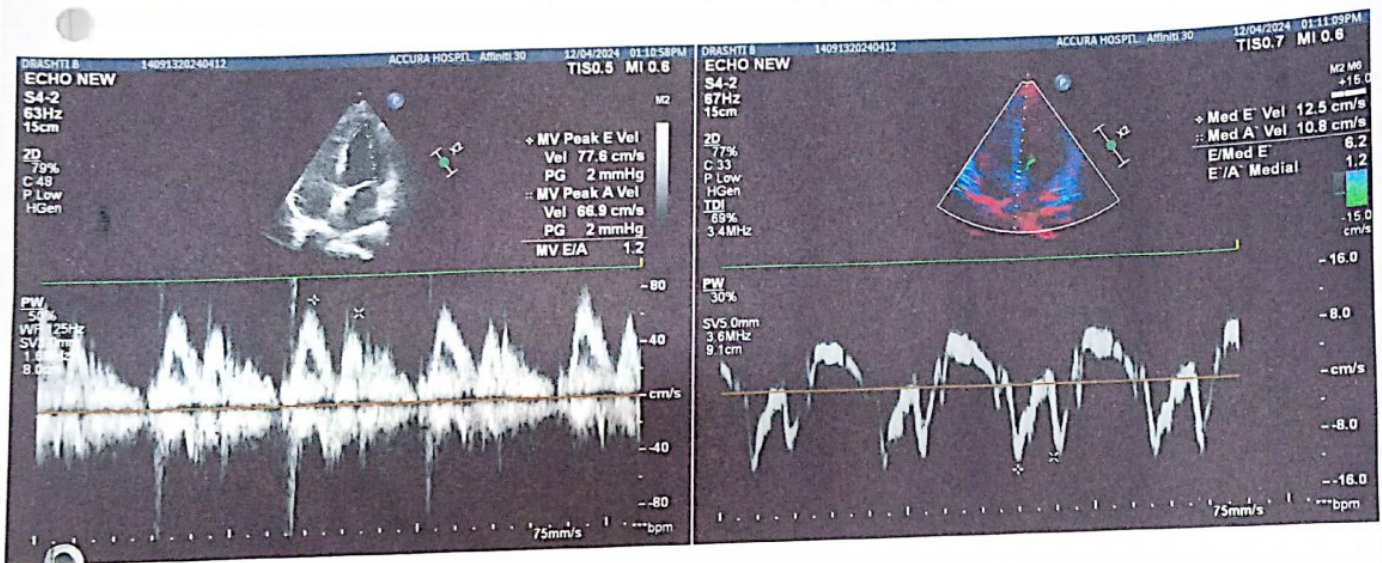
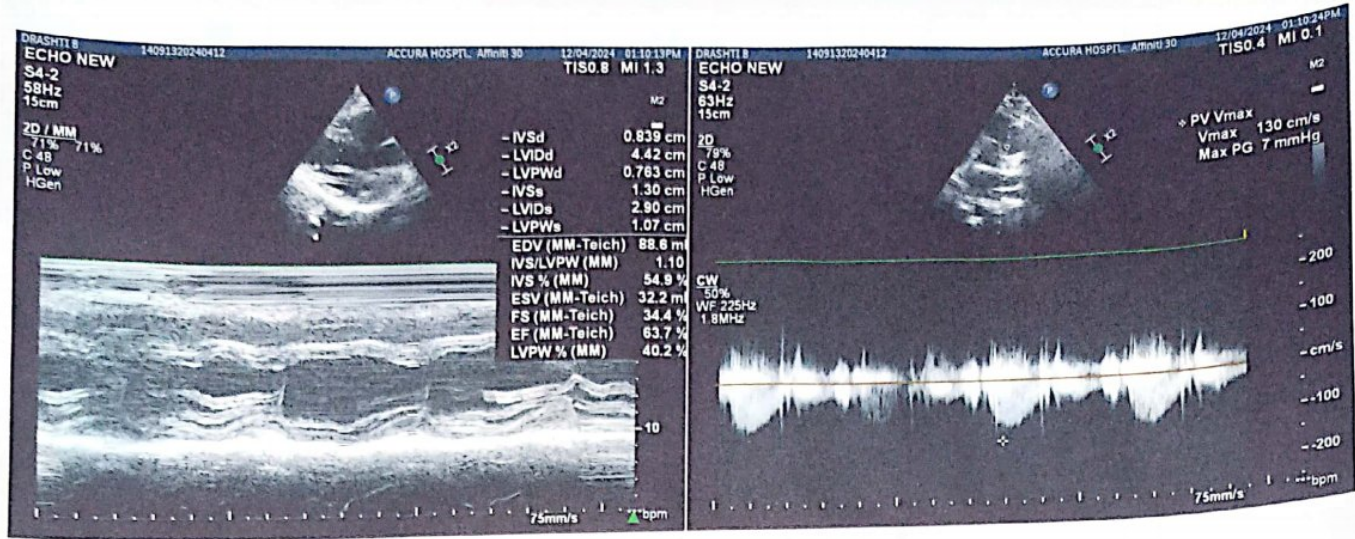

Dr V H Maniyar

M.D., FNIC (Lilavati Hospital , Mumbai)

For Appointment

7 60 60 60 577

📍 First Floor, Nilkanth Plaza, J. K. Park, Bapa Sitaram Chowk, Mavdi Main Road, RAJKOT- 360004.



PATIENT NAME : DRASHTI BHADRESHA

DATE: 12 April 2024

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 5.0 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 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

Pt.'s Name: DRASHTI BHADRESHA

Date: 12 April, 2024

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

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