

PANCHMUKHI HOSPITAL

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

Dr CP Dadhaniya

Dr R C Dadhaniya

MBBS, Dip.G.O, Diabetologist

policy number :
full name : Bandana Thakur
identity proof : Aadhari card
identity proof no : 5843
gender : female
height : 152 / 46
weight : 63
B P : 120 / 80
pluse : 92 / min Regu
blood sample : yes
fasting mode : yes
non fasting mode : ~~yes~~ NO

past history : BP : Natsilam 1.5 / 5mg - 4 year

DM - Glimison - 100 - 4 year.

Dental

thyroid - thyroxine - 50 - 2 year
normal

Colour vision

: normal

Bandana Thakur

DR. C. P. DADHANIYA

M. B. B. Diabetologist

Ind. Physician (CIH)

Regd. No. G19798

Code No. 378943

Panchmukhi Hospital

Mavdi Chowki,

150 Ft. Ring Road, RAJKOT.



NAME:
AGE/ GENDER:

Bandune Thakus
46/ Female

DATE:

23/03/24

PATIENT'S REFRACTION DEATILES

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

REMARKS:

CHECKED BY:

DR. C. P. DADHANIYA

M.B. Diabetologist

Ind. Physician (CIH)

Regd. No. 619798

Code No. 378843

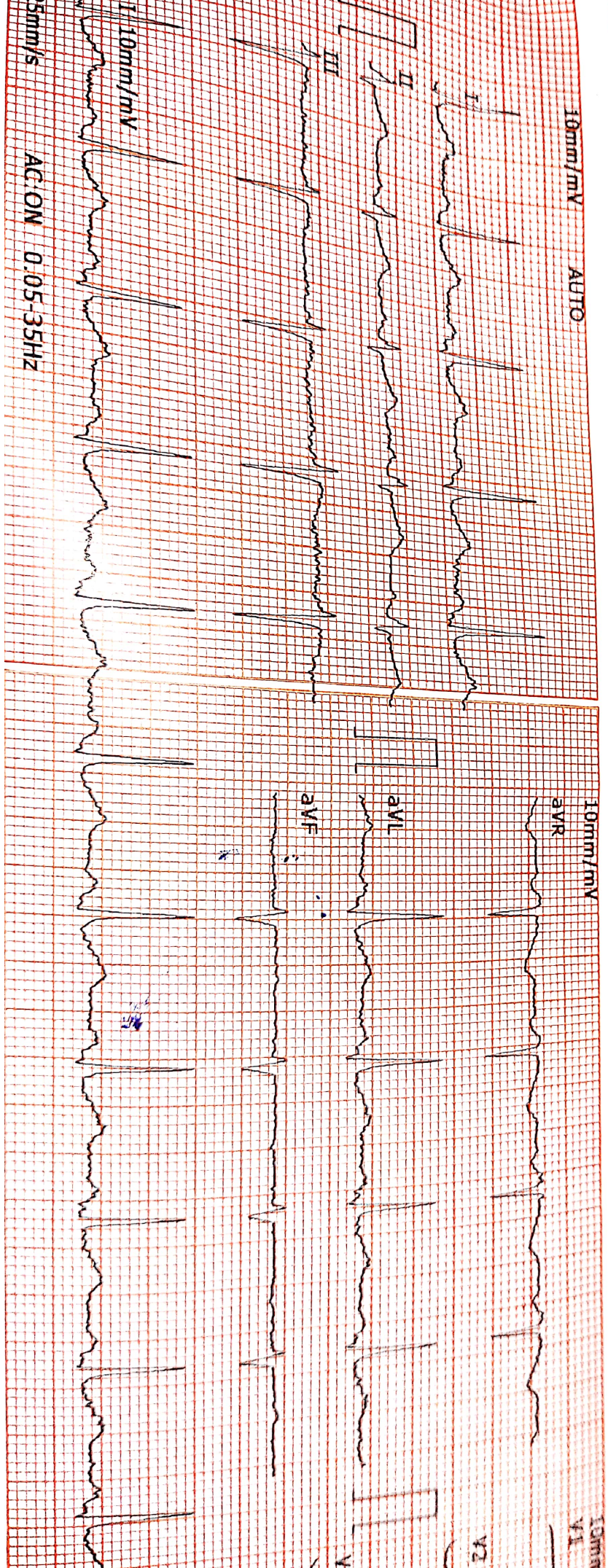
Panchmukhi Hospital

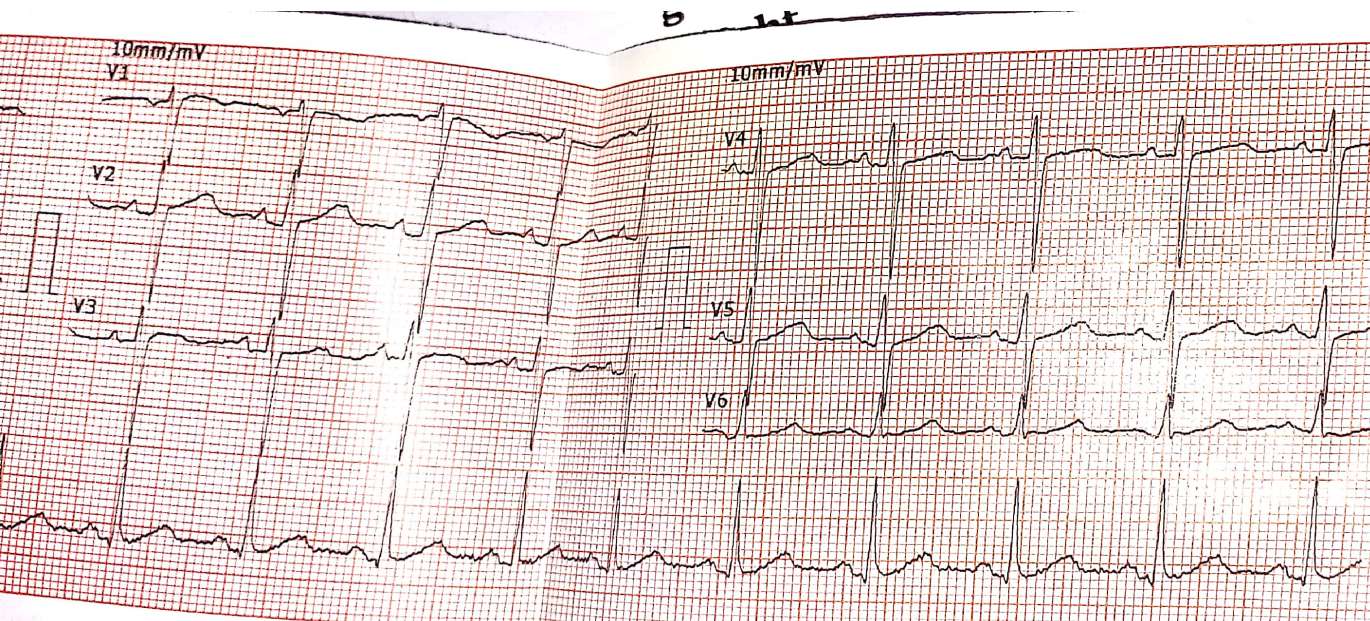
Mavdi Chowki,

150 Ft. Ring Road, RAJKOT.

Bandune Thakus







Bhandana Thakur

2024-3-23 9:30:22

ID:00003873

ID Card:

Name: **Bhandana Thakur** Gender: **female**

Age: **46**

Height(cm):

Weight(Kg):

BP(mmHg):

HR

DR. L. P. BADHAKTA
M.B. Diabetologist
Ind. Physician (C/M)

P-R

Id. No. 5075
Ph. No. 376-43

Q-R-S

ms 123
ms 100
ms 363/446

QT/QTc

deg 49/-10/42

P/QRS/T AXES

Ranchorik Hospital
Mavdi Chowki,
150 Ft. Ring Road, RAJKOT

RV5/SV1

mV 0.58/0.75

RV5+SV1

mV 1.33

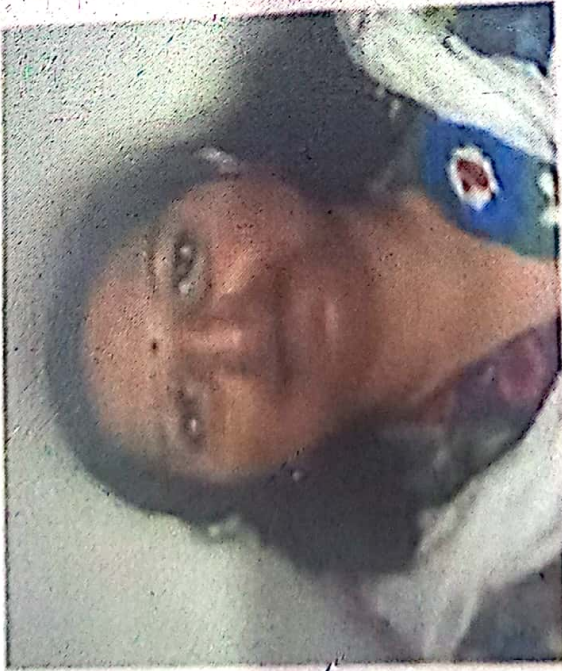
*The result must be confirmed by doctor!

Report Confirmed by:



भारत सरकार

GOVERNMENT OF INDIA



बंदना ठाकुर

Bandana Thakur

जन्म तिथि/ DOB: 01/03/1978

महिला / FEMALE



4349 5189 5843

आधार -आम आदमी का अधिकार





भारतीय विशिष्ट पहचान प्राधिकरण

UNIQUE IDENTIFICATION AUTHORITY OF INDIA

पता:

अर्धांगिनी: हेमकांत ठाकुर,
लेन न.04 गौतम नगर,
सुसुवाही, सुसुवाही,
बाराणसी,

उत्तर प्रदेश - 221011

Address:

W/O: Hemkant Thakur, LANE no.04
GAUTAM NAGAR, SUSUWAHI,
Susuwahi, Varanasi,
Uttar Pradesh - 221011

4349 5189 5843

Aadhaar-Aam Admi ka Adhikar





Mediwheel bandana thakur

 **GPS Map**
Camera Lite

150, 150 Feet Ring Rd, near Sahajanand Restaurant,
Raiya Chokdi, Naval Nagar, Sardar Nagar, Rajkot, Gujarat
360004, India

Latitude
22.2647822°

Longitude
70.7842075°

Local 09:43:48 AM
GMT 04:13:48 AM

Altitude 143 meters
Saturday, 23.03.2024

PATIENT NAME: BANDANA THAKUR

DATE: 23 March 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 4.0 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.
- Bilateral inguinal region is normal.

Thanks for reference.



DR PRATIK KAGATHARA
MD

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

Pt.'s. Name: BANDANA THAKUR

Date: 23 March 2024

USG BOTH BREAST & AXILLARY REGION


Done by using 6-15 MHz High frequency transducer.

- Bilateral breast parenchyma appear normal.
- No evidence or focal solid and cystic lesion seen.
- No evidence of abnormal calcification.
- No evidence of enlarged axillary lymph node.

CONCLUSION:

- No significant abnormality seen in present study.

Thanks for reference.



DR PRATIK KAGATHARA
MD

Pt.'s Name: BANDANA THAKUR

Date: 23 March, 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

CHEST PA
23-Mar-24
10:16:38 AM



CR
NILKANTH DIAGNOSTICS

Centre:
Width:

BANDANA THAKUR 46Y/F CHEST PA 23-Mar-24
NEELKANTH DIAGNOSTICS - RAJKOT (DR. PRATIK KAGATHARA)


TEST REPORT

Name : Bandana Thakar	Reg. No : 403101113
Age/Sex : 46 Years / Female	Reg. Date : 23-Mar-2024 01:31 PM
Ref. By : Dr. PANCHMUKHI HOSPITAL / INSURANCE	Collected On : 23-Mar-2024 01:31 PM
Client Name : PANCHMUKHI HOSPITAL	Report Date : 23-Mar-2024 07:32 PM

COMPLETE BLOOD COUNT (CBC)
 Specimen: EDTA blood

Parameter	Result	Unit	Biological Ref. Interval
RBC Parameters			
Hemoglobin (SLS method)	13.9	g/dL	12.5 - 16.0
Hematocrit (Electrical Impedance)	41.00	%	37 - 47
RBC Count (Electrical Impedance)	5.22	million/cmm	4.2 - 5.4
MCV (Calculated)	78.5	fL	78 - 100
MCH (Calculated)	26.6	Pg	27 - 31
MCHC (Calculated)	33.9	%	30 - 35
RDW (Calculated)	15.5	%	11.5 - 14.0
WBC Parameters			
WBC Count (Flowcytometry)	8790	/cmm	4000 - 10500
DIFFERENTIAL WBC COUNT			
Neutrophils (%)	68 %	% Range 42.02 - 75.2	Abs. Value 5977 /cmm Abs. Range 1800 - 7700
Lymphocytes (%)	24 %	20 - 45	2110 /cmm 1000 - 3900
Eosinophils (%)	2 %	1 - 4	176 /cmm 0 - 450
Monocytes (%)	6 %	2 - 8	527 /cmm 200 - 1000
Basophils (%)	0 %	0 - 1	0 /cmm 20 - 100
Immature Granulocyte %	0	%	
Platelete Parameter			
Platelet Count	231000	/cmm	150000 - 450000
MPV	12.2	fL	7.4 - 10.4
P-LCR	43.80	%	11.9 - 66.9
PDW	17.3	%	8.3 - 56.6
PCT (Platelet Haematocrit)	0.16	%	0.2 - 0.5


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

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Ref. By : Dr. PANCHMUKHI HOSPITAL / INSURANCE	Collected On : 23-Mar-2024 01:31 PM
Client Name : PANCHMUKHI HOSPITAL	Report Date : 23-Mar-2024 06:42 PM

BLOOD GROUP & RH

Specimen: EDTA and Serum; Method: Haemagglutination

Parameter	Result	Unit	Biological Ref. Interval
ABO	"B"		
Rh (D)	Negative		

Remarks: It must be confirmed by Du test.

The Blood Group is done from received sample. Kindly ask for Blood Group Card. In case of any query, please contact Laboratory.

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Test	Result	Unit	Biological Ref. Interval
Erythrocyte sedimentation rate Sample, EDTA whole blood			
ESR (After 1 hour)	08	mm/hr	3 - 12

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Client Name : PANCHMUKHI HOSPITAL	Report Date : 23-Mar-2024 05:48 PM

FASTING PLASMA GLUCOSE
 Specimen: Flouride plasma

Parameter	Result	Unit	Biological Ref. Interval
Fasting Blood Sugar (FBS) <i>HEXOKINASE</i>	88.0	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.

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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>	102.0	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.

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LIPID PROFILE

Specimen: Serum

Parameter	Result	Unit	Biological Ref. Interval
Cholesterol <i>Cholesterol Oxidase</i>	165.00	mg/dL	Desirable : < 200.0 Borderline High : 200-239 High : > 240.0
Triglyceride <i>Enzymatic Reaction With Glycerol Kinase</i>	56.00	mg/dL	Normal : < 150.0 Borderline : 150-199 High : 200-499 Very High : > 500.0
HDL Cholesterol <i>Siemens AHDL</i>	56.00	mg/dL	High Risk : < 40 Low Risk : \geq 60
LDL Cholesterol <i>Siemens ALDL</i>	78.00	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>	11.20	mg/dL	15 - 35
LDL / HDL RATIO <i>Calculated</i>	1.39		0 - 3.5
Cholesterol /HDL Ratio <i>Calculated</i>	2.95		0 - 5.0

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RENAL FUNCTION TEST

Specimen: Serum

Parameter	Result	Unit	Biological Ref. Interval
Creatinine <i>ALKALINE PICRATE, COLORIMETRIC KINETIC</i>	1.0	mg/dL	0.55 - 1.02
eGFR	95.33	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>	31.00	mg/dL	17 - 43
Blood Urea Nitrogen (BUN) <i>UREASE/GLDH</i>	14.48	mg/dL	7.0 - 18.0
Uric Acid <i>Uricase</i>	5.10	mg/dL	2.6 - 6.2
Sodium <i>Direct ion selective electrode</i>	141.6	mmol/L	137 - 145
Potassium <i>Direct ion selective electrode</i>	4.12	mmol/L	3.5 - 5.1
Chloride <i>Direct ion selective electrode</i>	100.5	mmol/L	98 - 107
Calcium <i>Cresolphthalein Complexone</i>	8.98	mg/dL	8.5 - 10.1


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Client Name	: PANCHMUKHI HOSPITAL	Report Date	: 23-Mar-2024 05:17 PM

Parameter	Result	Unit	Biological Ref. Interval
GGT <small>Siemens/37C</small>	46.00	U/L	5 - 55

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Dr. Viral R. Jethava

M.D. (Path, PDCC)

Mangla Road Branch: 3rd Floor, Smile Building, 5 Manhar Plot Corner, Mangla Main Road, Rajkot. Ph. 0281 - 247 33 77

Sadhu Vasvani Road Branch: Ground Floor, Office no. 3, Nakshtra-VIII, Nr. Sun City Apt., Sadhu Vasvani Road, Rajkot - 1

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

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




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HEMOGLOBIN A1 C (HBA1C)

Specimen: Blood EDTA

Parameter	Result	Unit	Biological Ref. Interval
HbA1C <i>Siemens Dimension</i>	5.2	%	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>	102.54	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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THYROID FUNCTION TEST

Parameter	Result	Unit	Biological Ref. Interval
Thyroid Stimulating Hormone (TSH) <small>CLIA</small>	3.542	µIU/ml	0.35 - 5.50

Remarks:

- Thyroid-stimulating hormone (TSH) is synthesized and secreted by the anterior pituitary in response to a negative feedback mechanism involving concentrations of FT3 (free T3) and FT4 (free T4). Additionally, the hypothalamic tripeptide, thyrotropin-releasing hormone (TRH), directly stimulates TSH production. TSH stimulates thyroid cell production and hypertrophy, also stimulates the thyroid gland to synthesize and secrete T3 and T4.
- Quantification of TSH is significant to differentiate primary (thyroid) from secondary (pituitary) and tertiary (hypothalamus) hypothyroidism.
- In primary hypothyroidism, TSH levels are significantly elevated, while in secondary and tertiary hypothyroidism, TSH levels are low.

TSH levels During Pregnancy :

- First Trimester : 0.1 to 2.5 µIU/mL
- Second Trimester : 0.2 to 3.0 µIU/mL
- Third trimester : 0.3 to 3.0 µIU/mL
- Reference: Carl A. Burtis, Edward R. Ashwood, David E. Bruns. Tietz Textbook of Clinical Chemistry and Molecular Diagnostics. 5th Edition. Philadelphia: WB Saunders, 2012:2170

Triiodothyronine (T3) <small>CLIA</small>	1.73	ng/mL	0.6 - 1.81
-----------------------------------------------------	------	-------	------------

Clinical Significance:

- Triiodothyronine (T3) is a hormone synthesized and secreted by the thyroid gland in response to the pituitary hormone TSH and is regulated by a negative feedback mechanism involving the thyroid gland, pituitary gland, and hypothalamus.
- In the circulation, 99.7% of T3 is reversibly bound to transport proteins, primarily thyroxine-binding globulin (TBG) and to a lesser extent albumin and prealbumin. The remaining unbound T3 is free in the circulation and is metabolically active.
- In hypothyroidism and hyperthyroidism, FT3 levels parallel changes in total T3 levels. Measuring FT3 is useful in certain conditions such as normal pregnancy and steroid therapy, when altered levels of total T3 occur due to changes in T3 binding proteins, especially TBG.



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Thyroxine (T4) 8.17 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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URINE ROUTINE EXAMINATION

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

PHYSICAL EXAMINATION

Quantity	20 cc		
Colour	Pale Yellow		
Clarity	Clear		

CHEMICAL EXAMINATION (BY REFLECTANCE PHOTOMETRIC)

pH	5.5		4.6 - 8.0
Sp. Gravity	1.030		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)	Absent
Erythrocytes (Red Cells)	Absent
Epithelial Cells	Absent
Amorphous Material	Absent
Casts	Absent
Crystals	Absent
Bacteria	Absent

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LIVER FUNCTION TEST

Specimen : Serum

Parameter	Result	Unit	Biological Ref. Interval
Total Protein <i>BIURET</i>	7.24	g/dL	6.4 - 8.2
Albumin <i>Dye Binding - Bromocresol Purple (BCP)</i>	4.20	g/dL	3.40 - 5.00
Globulin <i>Calculated</i>	3.04	g/dL	2.3 - 3.5
A/G Ratio <i>Calculated</i>	1.38		0.8 - 3.1
SGOT (AST) <i>Siemens/37C</i>	32.00	U/L	15 - 37
SGPT (ALT) <i>Siemens/37C</i>	48.00	U/L	14 - 59
Alakaline Phosphatase <i>Siemens/37C</i>	98.00	U/L	46 - 116
Total Bilirubin <i>Diazo-Caffeine/Benzoate Coupling (Jendrassik-Grof) w/blank</i>	0.24	mg/dL	0.2 - 1
Conjugated Bilirubin <i>Diazo-Caffeine/Benzoate Coupling (Jendrassik-Grof) w/blank</i>	0.11	mg/dL	0 - 0.20
Unconjugated Bilirubin <i>Sulph acid dpl/caif-benz</i>	0.13	mg/dL	0.0 - 1.1

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


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

This is an Electronically Authenticated Report.

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towards the healthiness...