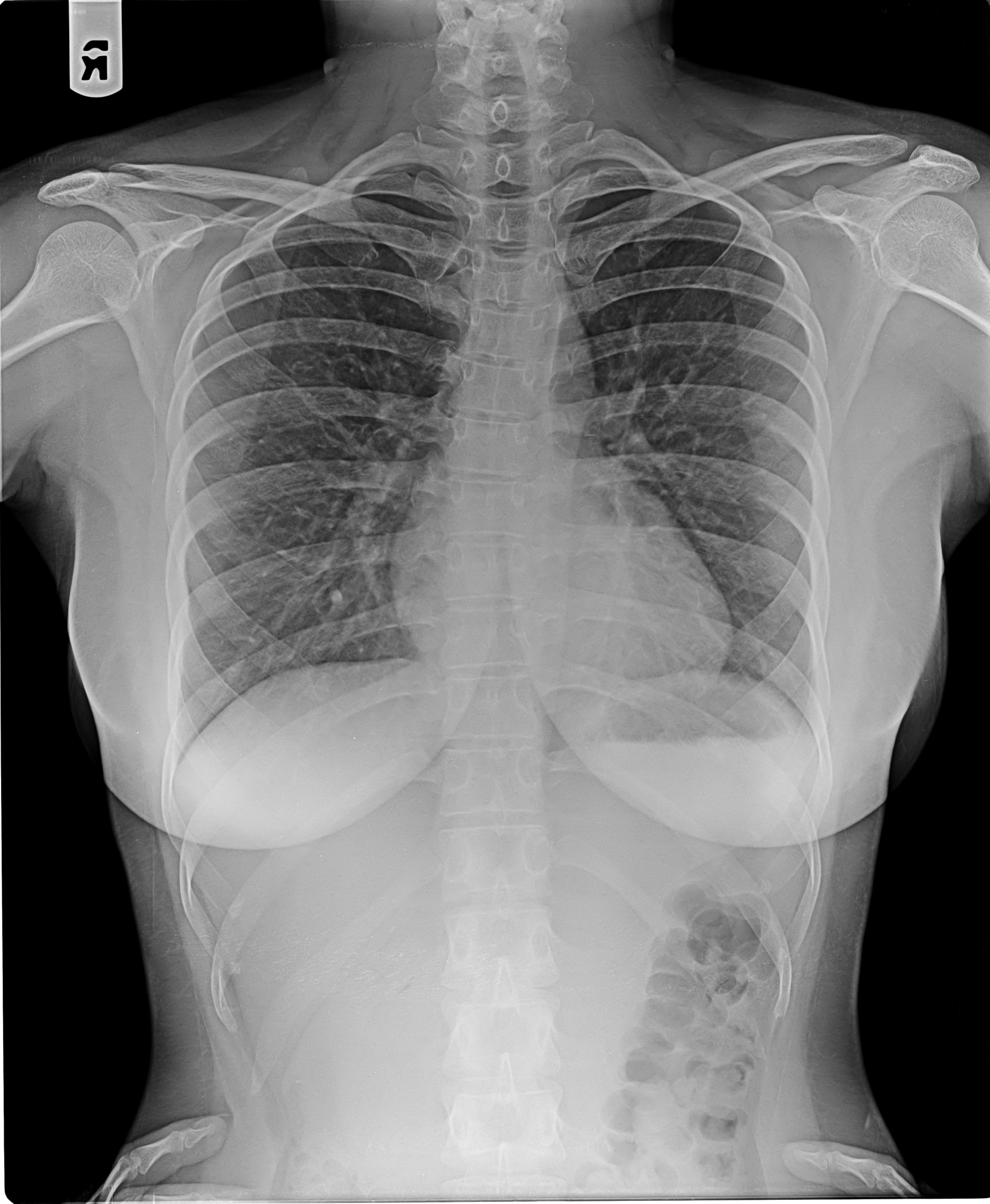


R





NAVJIVAN Multi-Speciality HOSPITAL

Dr.KAUTUK PATEL

MBBS, DNB Emergency Medicine
IDCCM

Dr.ANKIT PATEL

MBBS, DNB Anaesthesia
IDCCM

Dr.ROHIT PATEL

MBBS, M.D. Anaesthesia

Dr.PRAVESH PATEL

MBBS, D.A. F.C.C.S.

HINABEN CHAVDA

AGE –30YEARS.

SEX –FEMALE.

FOR MEDICAL FITNESS

BP – 120/78 MMHG.

HR –75 / MIN.

SPO2 – 98% ON ROOM AIR.

RS – CLEAR, NO ABNORMAL SOUND.

CVS – S1 S2 PRSENT, NORMAL, NO MURMUR.

P/A – SOFT, NON-TENDER.

CNS – FULL COUNSCIOUS, NO FOCAL DEFICIT.

NO H/O SMOKING, SUBSTANCE ABUSE.

P/H : NO ANY DISEASE.

FAMILY H/O –FATHER IS HYPERTENSIVEAND MOTHER IS KNOWN DIABETIC , H/O CA BREAST

HEIGHT –148CM; WEIGHT –50 KG; BMI –22.8

EYE EXAMINATION – NORMAL VISION

ENT EXAMINATION – NORMAL, NO DISCHARGE, PAIN,

DENTAL EXAMINATION – NO DENTAL CARIES.

GYNECOLOGIC EXAMINATION: REGULAR MENSTRUAL CYCLE

DIET ADVICE GIVEN.

REPORTS REVIEWED.

PERSON IS FIT TO JOIN.

K.A. Patel
Dr. KAUTUK A. PATEL
DNB (Emergency Medicine) 36827
Intensivist & Emergency Physician,
Navjivan Multi Speciality Hospital,
2nd Floor, City Centre Complex, Mehsana-2
SIGNATURE.



2nd Floor, City Center Complex, Radhanpur Circle, Mehsana-384002

બીજો માળ, સીટી સેન્ટર કોમ્પ્લેક્સ, રાધનપુર સર્કલ, મહેસાણા-૩૮૪૦૦૨

navjivan.icu@gmail.com

Emergency No. 9978320202 | Appointment No. 8799443371





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MBBS, D.A. F.C.C.S.

2D ECHOCARDIOGRAPHY REPORT

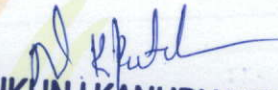
| | | | |
|--------|-----------------|-----------|------------|
| Name | HINABEN CHAVDA | Date | 29/03/2024 |
| Reg.No | | Age / Sex | 30/FEMALE |
| Ward | HEALTH CHECK UP | Tech | |

Echocardiography Measurements

| LV Measurements | Pt value | Normal Value | | Pt value | |
|-------------------------|----------|---------------|---------------------|----------|----------------------------|
| Method: LV (Teich) | | Adults | | | |
| LVEDD (End Diastole) | 40 mm | | Mitral Valve E | 2 | |
| LVESD (End Systole) | 18 mm | | A | 2 | |
| IVS ED | 06 mm | (5.0-10 mm) | Thickening/fibrosis | NO | |
| LVPW ED | 10.5 mm | (6.5-11mm) | Calcification | | |
| LVEF(Ejection Fraction) | 60 | (60%±6.2%) | MV Area (PHT) | 4.8 | Normal value: 4-6 sq.cm |
| EPSS | | | (Trace) | | |
| LA Dimension | 28 | (19-40 mm) | Aortic valve: | 4 | |
| Aortic Root | 38 | (20-40mm) | AV Area | NORMAL | |
| Aortic Opening | NORMAL | | TR GRADE | NORMAL | |
| RV size & Function | NORMAL | | Tricuspid Valve | NORMAL | |
| Pericardium | Normal | | Pulmonary Valve | NORMAL | |

Conclusion:

LVEF- 60%
No RWMA at rest
NO LVH
ALL FOUR CHAMBERS NORMAL.
ALL VALVES NORMAL.
No PULMONARY HYPERTENSION,
PAP-10 mmHg.
IVC NORMAL (0.9 CM), COLLAPSING 40% WITH RESPIRATION.
NORMAL STUDY....


DR. NIKUNJ KANUBHAI PATEL
MBBS, DNB, DM (Cardiology)
Consultant Cardiologist
Reg. No. G-31811



2nd Floor, City Center Complex, Radhanpur Circle, Mehsana-384002

બીજો માળ, સીટી સેન્ટર કોમ્પ્લેક્સ, રાધનપુર સર્કલ, મહેસાણા-૩૮૪૦૦૨

navjivan.icu@gmail.com

Emergency No. 9978320202 | Appointment No. 8799443371



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Dr.ROHIT PATEL

MBBS, M.D. Anaesthesia

Dr.PRAVESH PATEL

MBBS, D.A. F.C.C.S.

Patient's Name : HINA CHAVDA

30 Y/F

Date: 29-Mar-24

REF. BY : NAVJIVAN ICU

X-RAY OF CHEST - PA. VIEW

Both lung fields are normal.

No e/o consolidation or focal lesion.

Both c.p angles appear clear.

Cardiac shadow appears within normal limits.

Bony thorax appears normal.

Adv: clinico-pathological correlation

Thanks for reference .

DR. CHIRAG PATEL
CONSULTANT RADIOLOGIST



2nd Floor, City Center Complex, Radhanpur Circle, Mehsana-384002

બીજો માળ, સીટી સેન્ટર કોમ્પ્લેક્સ, રાધનપુર સર્કલ, મહેસાણા-૩૮૪૦૦૨



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Dr.ANKIT PATEL
MBBS, DNB Anaesthesia
IDCCM

Dr.PRAVESH PATEL
MBBS, D.A. F.C.C.S.

Patient's Name: HINA CHAVDA
Date: 29-Mar-24
REF. BY : NAVJIVAN ICU

30 Y/F

USG ABDOMEN:

LIVER : Normal in size and echopattern.
No focal lesion seen. PV- 9 mm at porta
Intrahepatic billiary radicals (IHBR) are not dilated.

GB : No calculus, cholecystitis or mass seen.
CBD is not dilated.

SPLEEN : Normal in size and echopattern.
VISUALISED PANCREAS : Normal in size and echopattern.

RIGHT KIDNEY : 9.2 x 3.8 cm **LEFT KIDNEY :** 8.7 x 4.0 cm
BOTH KIDNEYS : Normal in size, position and echopattern.
C-M differentiation is well preserved in either side.
No calculus, hydronephrosis seen in either side.

URINARY BLADDER : distended with normal wall thickness. No calculus or mass seen.




Uterus: Normal in size and shape.
B/L ADNAXAE : Unremarkable

VISUALISED BOWEL LOOPS : unremarkable

No e/o paraaortic lymphadenopathy .
No e/o ascities .

Adv: clinico-pathological correlation.
Thanks for reference


DR. CHIRAG PATEL
CONSULTANT RADIOLOGIST

 2nd Floor, City Center Complex, Radhanpur Circle, Mehsana-384002
 બીજો માળ, સીટી સેન્ટર કોમ્પ્લેક્સ, રાધનપુર સર્કલ, મહેસાણા-૩૮૪૦૦૨
 navjivan.icu@gmail.com
Emergency No. 9978320202 | Appointment No. 8799443371



24/7
Emergency
Services

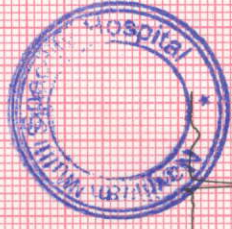
29-03-2024 11:36:41 AM
 HR : 74 bpm
 P : 78 ms
 PR : 121 ms
 QRS : 84 ms
 QT/QTc : 374/417 ms
 P/QRS/T : 5/64/21 °
 RV5/SV1 : 0.783/0.746 mV

ID: 54
 HINABEN
 30 Years

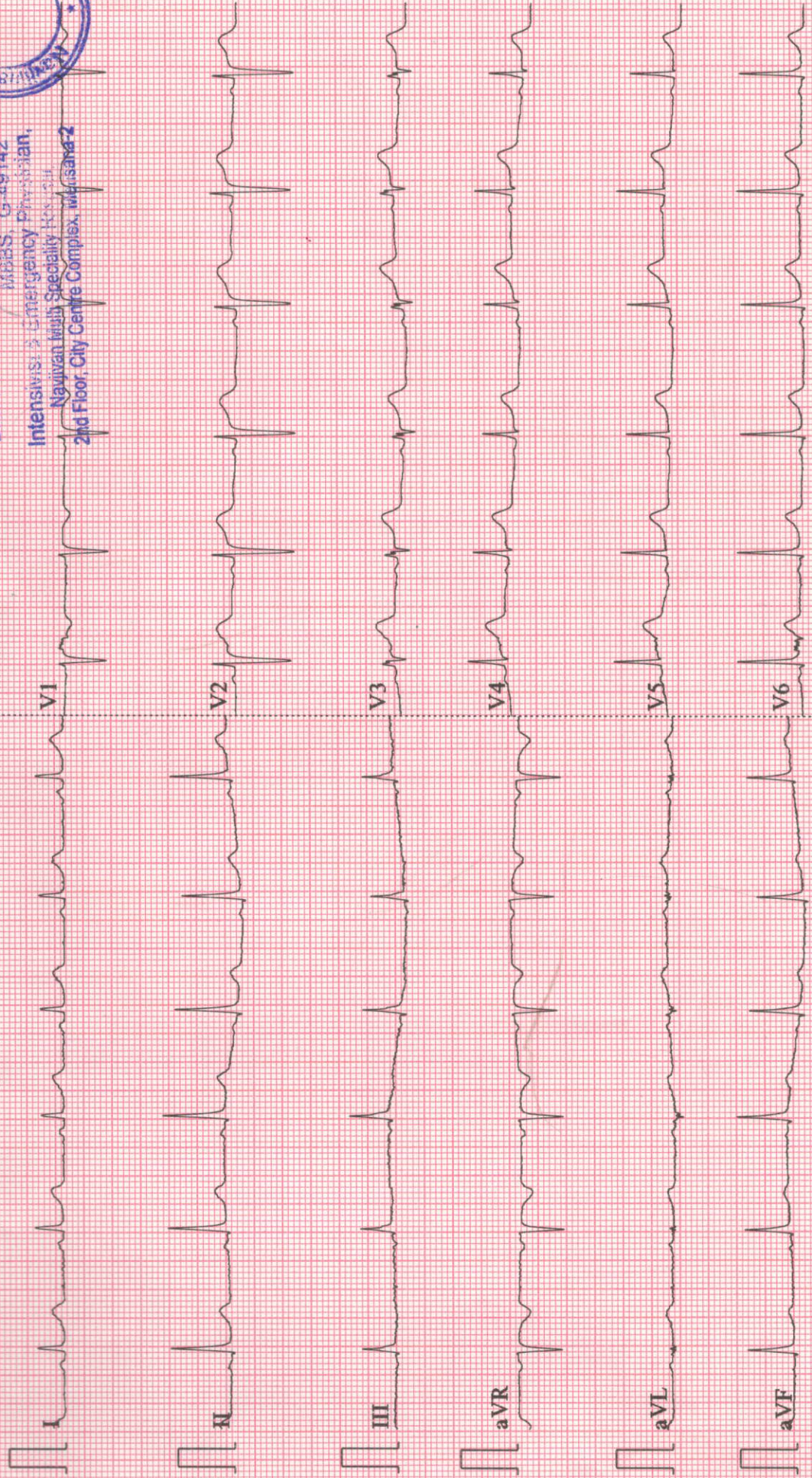
H. P. Chavvel

Diagnosis Information:

Normal Sinus Rhythm
K. Patel



Report Confirmed by: **Dr. KAJTUK A. PATEL**
 DNE (Emergency Medicine) G-26827
 MBBS, G-49142
 Intensivist & Emergency Physician,
 Navivan Health Services Hospital,
 2nd Floor, City Centre Complex, Indraprastha-2



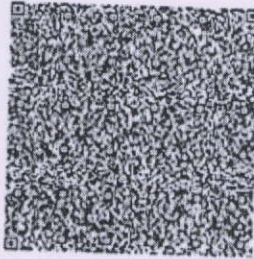


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Government of India

ભારતીય વિશિષ્ટ ઓળખાણ પ્રાધિકરણ
Unique Identification Authority of India

નામોંકન ક્રમ સંખ્યા/ Enrolment No.: 1081/16110/05799

To
કિનાબેન ચાવડા
Hinaben Chavda
D/O: Hiralal Chavda,
44,
Sidhdheswari society,
visnagar link road,
VTC: Mahesana,
PO: Mahesana,
Sub District: Mahesana,
District: Mahesana,
State: Gujarat,
PIN Code: 384001,
Mobile: 9998813929



Signature Not Verified
Digitally signed by Unique Identification Authority of India
Date: 2023.07.27 09:34:38
+05'30'

તમારો આધાર નંબર / Your Aadhaar No. :

3429 9905 2434

VID : 9154 6087 0356 6555

મારો આધાર, મારી ઓળખ



ભારત સરકાર
Government of India



Aadhaar no. issued: 220002013

કિનાબેન ચાવડા
Hinaben Chavda
જન્મ તારીખ/DOB: 09/07/1993
સ્ત્રી/ FEMALE

આધાર એ ઓળખનો પુરાવો છે. નાગરિકતા અથવા જન્મ તારીખનો નહીં. તેનો ઉપયોગ માત્ર યકાસખી (બિનવાઇબ પ્રમાણીકરણ અથવા જાન્યુઅર કોડ/બીડવાઇબ એક્સપેમએવનું સ્કેનીંગ સાથે જ થવો જોઈએ.
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મારો આધાર, મારી ઓળખ



Government of India



માહિતી / INFORMATION

- આધાર એ ઓળખનો પુરાવો છે. નાગરિકતા કે જન્મતારીખનો નહીં. જન્મ તારીખ આધાર નંબર ધારક દ્વારા જમા કરાવેલ નિયમોમાં ઉલ્લેખિત, જન્મ તારીખના દસ્તાવેજના પુરાવા દ્વારા આધારભૂત માહિતી પર આધારિત છે.
- આ આધાર પત્રની યકાસખી યુ આઈ ડી એ આઈ દ્વારા નિયુક્ત પ્રમાણીકરણ એજન્સી દ્વારા ઓનલાઇન પ્રમાણીકરણ દ્વારા અથવા એપ્લિકેશન સ્ટોર્સ પર ઉપલબ્ધ એમઆધાર અથવા આધાર ક્યુઆર સ્કેનર એપ્લિકેશનનો ઉપયોગ કરીને અથવા www.uidai.gov.in પર ઉપલબ્ધ સુરક્ષિત ક્યુઆર કોડ સ્કેનર એપ્લિકેશનનો ઉપયોગ કરીને ક્યુઆર કોડ સ્કેનીંગ દ્વારા થવી જોઈએ.
- આધાર અનન્ય અને સુરક્ષિત છે.
- આધાર માટે નોંધણીની તારીખથી દર 10 વર્ષ પછી ઓળખ અને સરનામાને સમર્થન આપતા દસ્તાવેજો આધારમાં અપડેટ થવા જોઈએ.
- આધાર તમને વિવિધ સરકારી અને બિન-સરકારી વાળો/સેવાઓને સરળતાથી મેળવવામાં મદદ કરે છે.
- આધારમાં તમારો મોબાઇલ નંબર અને ઈમેલ આઈડી અપડેટ રાખો.
- આધાર સેવાઓનો વામ વેવા માટે mAadhaar એપ ડાઉનલોડ કરો.
- આધાર/બાયોમેટ્રિક્સનો ઉપયોગ ન કરતી વખતે સુરક્ષા સુનિશ્ચિત કરવા માટે આધારને લોક કરો/બિલો/બાયોમેટ્રિક્સની સુવિધાનો ઉપયોગ કરો.
- આધાર મેળવવાની સંસ્થાઓ સંમતિ મેળવવા માટે અંપાચેલી છે.
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- Documents to support identity and address should be updated in Aadhaar after every 10 years from date of enrolment for Aadhaar.
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- Keep your mobile number and email id updated in Aadhaar.
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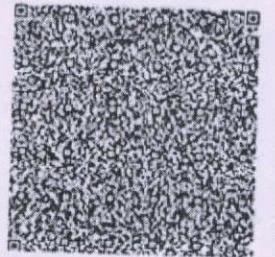
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Unique Identification Authority of India



સ્કેનરનું :
D/O: કિનાબેન ચાવડા, 44, સિદ્ધેશ્વરી સેતલબટી, વીસનગર
લોક રોડ, વહેરાણ, મહેસાણા, ગુજરાત,
ગુજરાત - 384001

Address:
D/O: Hiralal Chavda, 44, Sidhdheswari society, visnagar link road, Mahesana, PO: Mahesana, DIST: Mahesana, Gujarat - 384001

Details as on: 29/07/2024



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VID : 9154 6087 0356 6555

1047 | help@uidai.gov.in | www.uidai.gov.in

H.H. Chavda



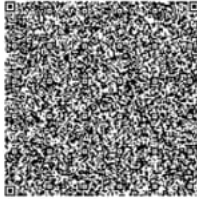


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Government of India

ભારતીય વિશિષ્ટ ઓળખણ પ્રાધિકરણ
Unique Identification Authority of India

નામોંકન ક્રમ સંખ્યા/ Enrolment No.: 1081/16110/05799

To
દિનબેન ચાવડા
Hinaben Chavda
D/O: Hiralal Chavda,
44,
Sidhdheswari society,
visnagar link road,
VTC: Mahesana,
PO: Mahesana,
Sub District: Mahesana,
District: Mahesana,
State: Gujarat,
PIN Code: 384001,
Mobile: 9998813929



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Digitally signed by D/O: Hiralal Chavda,
DN: cn=D/O: Hiralal Chavda, o=Unique
Identification Authority of India, email=D/O:
Hiralal Chavda, ou=384001

તમારો આધાર નંબર / Your Aadhaar No. :

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મારો આધાર, મારી ઓળખ



ભારત સરકાર
Government of India



Aadhaar no. Issued: 22/05/2013



દિનબેન ચાવડા
Hinaben Chavda
જન્મ તારીખ/DOB: 09/07/1993
લેન્ડ/ FEMALE

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- આ આધાર પત્રની ચકાસણી યુ. આઈ. ડી. એ. આઈ. દ્વારા નિયુક્ત પ્રમાણીકરણ એજન્સી દ્વારા બિનબાઇન પ્રમાણીકરણ દ્વારા અથવા એવિલેક્શન સ્ટોર્સ પર ઉપલબ્ધ એમઆધાર અથવા આધાર ક્યુઆર સ્કેનર એવિલેક્શનનો ઉપયોગ કરીને અથવા www.uidai.gov.in પર ઉપલબ્ધ સુરક્ષિત ક્યુઆર કોડ રીડર એવિલેક્શનનો ઉપયોગ કરીને ક્યુઆર કોડ સ્કેનિંગ દ્વારા થવો જોઈએ.
- આધાર અનન્ય અને સુરક્ષિત છે.
- આધાર માટે નોંધણીની તારીખથી ૬૨ ૧૦ વર્ષ પછી ઓળખ અને સરનામાને સમર્થન આપતા દસ્તાવેજો આધારમાં અપડેટ થવા જોઈએ.
- આધાર તમને વિવિધ સરકારી અને બિન-સરકારી વાણી/સેવાઓને સરળતાથી મેળવવામાં મદદ કરે છે.
- આધારમાં તમારો મોબાઇલ નંબર અને ઈમેલ આઈડી અપડેટ રાખો.
- આધાર સેવાઓનો વાલુ વિવા માટે mAadhaar એપ ડાઉનલોડ કરો.
- આધાર/બાયોમેટ્રિક્સનો ઉપયોગ ન કરતી વખતે સુરક્ષા સુનિશ્ચિત કરવા માટે આધારને બંધ કરો/બોલો/બાયોમેટ્રિક્સની સુવિધાનો ઉપયોગ કરો.
- આધાર મેળવવાની સંસ્થાઓ સંમતિ મેળવવા માટે બંધાયેલી છે.
- Aadhaar is proof of identity, not of citizenship or date of birth (DOB). DOB is based on information supported by proof of DOB document specified in regulations, submitted by Aadhaar number holder.
- This Aadhaar letter should be verified through either online authentication by UIDAI-appointed authentication agency or QR code scanning using mAadhaar or Aadhaar QR Scanner app available in app stores or using secure QR code reader app available on www.uidai.gov.in.
- Aadhaar is unique and secure.
- Documents to support identity and address should be updated in Aadhaar after every 10 years from date of enrolment for Aadhaar.
- Aadhaar helps you avail of various Government and Non-Government benefits/services.
- Keep your mobile number and email id updated in Aadhaar.
- Download mAadhaar app to avail of Aadhaar services.
- Use the feature of Lock/Unlock Aadhaar/biometrics to ensure security when not using Aadhaar/biometrics.
- Entities seeking Aadhaar are obligated to seek consent.



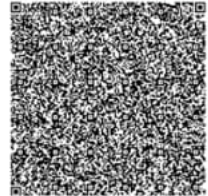
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Unique Identification Authority of India



દસ્તાવેજીકરણ

D/O: હીરાલાલ ચાવડા, 44, સિદ્ધેશ્વરી સેલાસ્ટી, વીસનગર લીંક રોડ, મહેસાણા, ગુજરાત - 384001


Address:
D/O: Hiralal Chavda, 44, Sidhdheswari society, visnagar link road, Mahesana, PO: Mahesana, DIST: Mahesana, Gujarat - 384001



3429 9905 2434

VID : 9154 6087 0356 6555

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| | |
|---|---|
| Patient ID : 032429012 | Sample Collected on : 29-Mar-2024 10:00 AM |
| Patient Name : MRS. HINA CHAVDA | Report Released on : 29-Mar-2024 4:05 PM |
| Age / Gender : 30 Years / Female | Center Name : JAINIS PATHOHUB PATHOLOGY LABORATORY |
| Ref. By : HEALTH CHECK UP |  |
| Affiliation : HEALTH CHECK UP | * 0 3 2 4 2 9 0 1 2 * |

PAP Smear Cytology

| Investigation | Result | Unit | Bio. Ref. Interval |
|---------------|--|------|--------------------|
| CYTO NO : | 00010 | | |
| SPECIMEN: | Cervical PAP smear | | |
| MICROSCOPY: | Smear studied show pedominantly superficial squamous epithelial cells with few intermediate cells.the cells have pyknotic nuclei and abundant cytoplasm.Few clusters of columnar cells noted.background shows dense accuteon in chronic inflammatory infiltrate.there is no evidence of clue cells,candida,trichomonas,dyplasia or malignancy in the present smears studied. | | |
| IMPRESSION : | Non specific Inflammatory pathology.(chronic cervicitis) | | |
| SUGGESTED: | Regular follow up | | |


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| | |
|---|--|
| Patient ID : 032429012 | Sample Collected on : 29-Mar-2024 10:00 AM |
| Patient Name : MRS. HINA CHAVDA | Report Released on : 29-Mar-2024 2:42 PM |
| Age / Gender : 30 Years / Female | Center Name : JAINIS PATHOHUB PATHOLOGY LABORATORY |
| Ref. By : HEALTH CHECK UP |  * 0 3 2 4 2 9 0 1 2 * |
| Affiliation : HEALTH CHECK UP | |

THYROID FUNCTION TEST

| Investigation | Result | Unit | Bio. Ref. Interval |
|-----------------------------|--------|--------|---|
| TFT (T3 T4 TSH) | | | |
| TOTAL TRIIODOTHYRONINE (T3) | 1.2 | pmol/L | Adult :0.9- 2.15 ng/ml |
| TOTAL THYROXINE (T4) | 98.5 | nmol/L | 60-135 nmol/l |
| ULTRA TSH | 1.29 | uIU/mL | Adult: 0.25 - 5.00 1-4 week : 1.7-9.1 1-12 month: 0.8-8.2 1-15 yr: 0.7-5.7 |

INTERPRETATION :

| TSH | T3 | T4 | Interpretation |
|------|----------------|----------------|--|
| High | Normal | Normal | Mild (Sub clinical) Hypothyroidism |
| High | Low or Normal | Low | Hypothyroidism |
| Low | Normal | Normal | Mild (Sub clinical) Hyperthyroidism |
| Low | High or Normal | High or Normal | Hyperthyroidism |
| Low | Low or Normal | Low or Normal | Non thyroidal illness; rare pituitary (secondary) hypothyroidism |

Interpretation :

Only TSH levels can prove to be misleading in patients on treatment. Therefore Free T3, Free T4 should be checked as it is metabolically active. Physiological rise in Total T3 or T4 levels is seen in patients on steroid therapy and during pregnancy. Collection time for Thyroid function test is very important as per circadian variation / rhythm, the levels are at its peak between 2-4 a.m and are minimum between 6-10 pm. Thyroid abnormality should not get interpret based on single test report. It should be checked for establishment of the abnormality based on repeated investigations at intervals.

Comment : Please correlate with Clinical Condition

Technology : minividas

Notes : Clinical diagnosis should not be made on the findings of a single test result, but should integrate both clinical and laboratory data.

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Patient ID : 032429012 **Sample Collected on** : 29-Mar-2024 10:00 AM
Patient Name : MRS. HINA CHAVDA **Report Released on** : 29-Mar-2024 11:04 AM
Age / Gender : 30 Years / Female **Center Name** : JAINIS PATHOHUB PATHOLOGY LABORATORY
Ref. By : HEALTH CHECK UP
Affiliation : HEALTH CHECK UP



HAEMATOLOGY

| Investigation | Result | Unit | Bio. Ref. Interval |
|---|--------|---------|--|
| ESR (ERYTHROCYTE SEDIMENTATION RATE) | | | |
| ERYTHROCYTE SEDIMENTATION RATE | 11 | mm/1hr. | <50 years: < 15 mm/hr >50 years: < 20 mm/hr |

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| | |
|---|---|
| Patient ID : 032429012 | Sample Collected on : 29-Mar-2024 10:00 AM |
| Patient Name : MRS. HINA CHAVDA | Report Released on : 29-Mar-2024 11:06 AM |
| Age / Gender : 30 Years / Female | Center Name : JAINIS PATHOHUB PATHOLOGY LABORATORY |
| Ref. By : HEALTH CHECK UP | |
| Affiliation : HEALTH CHECK UP | |



DIABETES CARE

| Investigation | Result | Unit | Bio. Ref. Interval |
|---------------------------------|--------|-------|--|
| FASTING BLOOD SUGAR(FBS) | | | |
| FASTING BLOOD SUGAR | 90.3 | mg/dL | normal Glucose: 60.00 - 100.00 Mg/dL Impaired Glucose: 101-125.00 Mg/dL Diabetic: >=126Mg/dL |

Interpretation :

The fasting (F) blood glucose test is the test most commonly used to diagnose diabetes. It measures blood glucose levels after a period of fasting, usually at least eight hours without food or liquid (except water). This test is more definitive than a random test, because there is no chance that it has been influenced by recent food intake.

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Patient ID : 032429012 **Sample Collected on** : 29-Mar-2024 10:00 AM
Patient Name : MRS. HINA CHAVDA **Report Released on** : 29-Mar-2024 2:44 PM
Age / Gender : 30 Years / Female **Center Name** : JAINIS PATHOHUB PATHOLOGY LABORATORY
Ref. By : HEALTH CHECK UP
Affiliation : HEALTH CHECK UP



BIOCHEMISTRY

| Investigation | Result | Unit | Bio. Ref. Interval |
|------------------------------------|--------|-------|--|
| GLUCOSE - POST PRANDIAL(PP) | | | |
| GLUCOSE - POST PRANDIAL | 105.0 | mg/dL | Normal: 80-140 Impaired Tolerance :140-199 Diabetes mellitus: ≥200 |

Interpretation :

A postprandial (PP) glucose test is a blood glucose test that determines the amount of a type of sugar, called glucose, in the blood after a meal. A 2-hour postprandial blood glucose test measures blood glucose exactly 2 hours after eating a meal, timed from the start of the meal. By this point blood sugar has usually gone back down in healthy people, but it may still be elevated in people with diabetes.

Method: Spectrophotometry. Clinical diagnosis should not be made on the findings of a single test result, but should integrate both clinical and laboratory data.

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| | |
|---|---|
| Patient ID : 032429012 | Sample Collected on : 29-Mar-2024 10:00 AM |
| Patient Name : MRS. HINA CHAVDA | Report Released on : 29-Mar-2024 3:49 PM |
| Age / Gender : 30 Years / Female | Center Name : JAINIS PATHOHUB PATHOLOGY LABORATORY |
| Ref. By : HEALTH CHECK UP | |
| Affiliation : HEALTH CHECK UP | |



URINE ROUTINE MICROSCOPIC

| Investigation | Result | Uni | Bio. Ref. Range |
|--------------------------------|-------------|-------|-----------------|
| PHYSICAL EXAMINATION | | | |
| COLOUR | Pale Yellow | | |
| APPEARANCE | Clear | | |
| SPECIFIC GRAVITY | 1.025 | | |
| PH | 6.0 | | |
| CHEMICAL EXAMINATION | | | |
| ALBUMIN | Absent | | |
| GLUCOSE | Absent | | |
| BILE PIGMENT | Absent | | |
| BILE SALT | Absent | | |
| KETONE | Absent | | |
| UROBILINOGEN | Normal | | |
| NITRITE | Negative | | |
| MICROSCOPIC EXAMINATION | | | |
| PUS CELLS | 2-3 | / HPF | |
| RBCS | NIL | / HPF | |
| EPITHELLIAL CELLS | 0-2 | / HPF | |
| HYALINE CAST | Absent | | |
| GRANULAR CAST | Absent | | |
| CALCIUM OXALATE CRYSTALS | Absent | | |
| AMORPHOUS DEPOSIT | Absent | | |

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| | |
|---|---|
| Patient ID : 032429012 | Sample Collected on : 29-Mar-2024 10:00 AM |
| Patient Name : MRS. HINA CHAVDA | Report Released on : 29-Mar-2024 10:15 AM |
| Age / Gender : 30 Years / Female | Center Name : JAINIS PATHOHUB PATHOLOGY LABORATORY |
| Ref. By : HEALTH CHECK UP | |
| Affiliation : HEALTH CHECK UP | |



HAEMATOLOGY

| Investigation | Result | Unit | Bio. Ref. Interval |
|-------------------------------|-------------|--------|---------------------------|
| HAEMOGLOBIN | 11.7 | gms% | 13.5 - 17.5 gm% |
| RED BLOOD CELL COUNT | 4.18 | /cumm | 4.2 - 5.6 mill/cmm |
| RBC INDICES | | | |
| HEMATOCRIT | 35.3 | % | 40-50 |
| MCV | 84.3 | fl | 80 - 98 fL |
| MCH | 28.0 | pg | 26 - 34 pg |
| MCHC | 33.2 | g/dl | 32 - 37 % |
| RDW_CV | 13.2 | / cumm | 12 - 14 % |
| TOTAL WBC COUNT | 6300 | / cumm | 4000 - 11000 /cmm |
| WBC DIFFERENTIAL COUNT | | | |
| NEUTROPHILS | 63 | % | 50 - 74 % |
| LYMPHOCYTES | 31.3 | % | 20 - 45% |
| EOSINOPHILS | 0.4 | % | 01 - 06 % |
| MONOCYTES | 05 | % | 02 - 10 % |
| BASOPHILS | 0.0 | % | |
| PLATELET COUNT | 254000 | / cumm | 1,50,000 - 4,50,000 /cmm. |
| MEAN PLATELET VOLUME | 8.2 | fl | 7.4-10.4 |
| PDW | 15.8 | fl | 10-14 |
| PCT | 0.21 | % | 0.10-0.28 |


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| | |
|---|--|
| Patient ID : 032429012 | Sample Collected on : 29-Mar-2024 10:00 AM |
| Patient Name : MRS. HINA CHAVDA | Report Released on : 29-Mar-2024 11:06 AM |
| Age / Gender : 30 Years / Female | Center Name : JAINIS PATHOHUB PATHOLOGY LABORATORY |
| Ref. By : HEALTH CHECK UP |  * 0 3 2 4 2 9 0 1 2 * |
| Affiliation : HEALTH CHECK UP | |

DIABETES CARE

| Investigation | Value | Unit | |
|--|-------|-------|--|
| HBA1C | | | |
| HBA1C (GLYCOSYLATED HEMOGLOBIN), BLOOD | 5.1 | % | Below 6.0 : Normal Value 6.0-7.0 : Good Control 7.0-8.0 : Fair Control 8.0-10.0 : Unsatisfactory Control Above 10 : Poor Control |
| MEAN BLOOD GLUCOSE | 99.67 | mg/dL | Below 136 : Normal Value 137 - 172 : Good Control 173 - 208 : Fair Control 208 - 279 : Unsatisfactory Control Above 279 : Poor Control |

Interpretation

HbA1c is an indicator of glycemic control. HbA1c represents average glycemia over the past six to eight weeks. Glycation of hemoglobin occurs over the entire 120 day life span of the red blood cell, but with in this 120 days. Recent glycemia has the largest influence on the HbA1c value. Clinical studies suggest that a patient in stable control will have 50% of their HbA1c formed in the month before sampling, 25% in the month before that, and the remaining 25% in months two to four.

Comment Please correlate with with Clinical condition

Notes : Clinical diagnosis should not be made on the findings of a single test result, but should integrate both clinical and laboratory data.


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| | |
|---|--|
| Patient ID : 032429012 | Sample Collected on : 29-Mar-2024 10:00 AM |
| Patient Name : MRS. HINA CHAVDA | Report Released on : 29-Mar-2024 11:04 AM |
| Age / Gender : 30 Years / Female | Center Name : JAINIS PATHOHUB PATHOLOGY LABORATORY |
| Ref. By : HEALTH CHECK UP |  * 0 3 2 4 2 9 0 1 2 * |
| Affiliation : HEALTH CHECK UP | |

LIPID PROFILE REPORT

| Investigation | Result | Unit | Bio. Ref. Interval |
|-----------------------------|--------------|-------|--------------------|
| LIPID PROFILE REPORT | | | |
| TOTAL CHOLESTEROL | 125.7 | mg/dL | 130-200 |
| HDL CHOLESTEROL - DIRECT | 48.0 | mg/dL | 35-60 |
| TRIGLYCERIDES | 62.1 | mg/dL | 60 - 170 |
| LDL CHOLESTEROL | 65.3 | mg/dL | Up To 150 |
| VLDL CHOLESTEROL | 12.4 | mg/dL | 5-40 |
| TC/HDL CHOLESTEROL RATIO | 2.6 | Ratio | 3.0-4.0 |
| LDL / HDL RATIO | 1.4 | Ratio | Less Than 5 |

Interpretation :

The lipid profile is used as part of a cardiac risk assessment to help determine an individual's risk of heart disease and to help make decisions about what treatment may be best if there is borderline or high risk. Lipids are a group of fats and fat-like substances that are important constituents of cells and sources of energy. Monitoring and maintaining healthy levels of these lipids is important in staying healthy. A lipid profile typically includes: 1. Total cholesterol — this test measures all of the cholesterol in all the lipoprotein particles. 2. High-density lipoprotein cholesterol (HDL-C) — measures the cholesterol in HDL particles; often called "good cholesterol" because it removes excess cholesterol and carries it to the liver for removal. 3. Low-density lipoprotein cholesterol (LDL-C) — calculates the cholesterol in LDL particles; often called "bad cholesterol" because it d

Comment : Please correlate with clinical condition

Technology : Spectrophotometry

Notes : Clinical diagnosis should not be made on the findings of a single test result, but should integrate both clinical and laboratory data.


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| | |
|---|--|
| Patient ID : 032429012 | Sample Collected on : 29-Mar-2024 10:00 AM |
| Patient Name : MRS. HINA CHAVDA | Report Released on : 29-Mar-2024 11:05 AM |
| Age / Gender : 30 Years / Female | Center Name : JAINIS PATHOHUB PATHOLOGY LABORATORY |
| Ref. By : HEALTH CHECK UP |  * 0 3 2 4 2 9 0 1 2 * |
| Affiliation : HEALTH CHECK UP | |

BIOCHEMISTRY

| Investigation | Result | Unit | Bio. Ref. Interval |
|----------------------------|--------|-------|--|
| RENAL FUNCTION TEST | | | |
| BLOOD UREA | 12.20 | mg/dL | 10 - 50 mg/dL |
| SERUM CREATININE | 0.67 | mg/dL | 0.50 - 1.30 mg/dL |
| SERUM SODIUM (NA) | 138.2 | mEq/L | 130.00 - 150.00 mEq/L |
| SERUM POTASSIUM (K) | 4.15 | mEq/L | 3.5 - 5.5 mEq/L |
| SERUM CHLORIDE (CL) | 100.00 | mEq/L | 96 - 106 mEq/L |
| LIVER FUNCTION TEST | | | |
| SGPT (ALT) | 24.1 | IU/L | 00-50 IU/L |
| SGOT (AST) | 21.91 | IU/L | Up to 50 IU/L |
| ALKALINE PHOSPHATASE | 106.0 | U/L | 0.0 - 306.0 U/L |
| S. BILIRUBIN TOTAL | 0.41 | mg/dL | 0.0 - 1.2 mg/dl 0.0 - 1.2 mg/dl Ascetic Fluid 0.6 - 0.8 mg/dl |
| S. BILIRUBIN DIRECT | 0.10 | mg/dL | Up to 0.5 mg/dl |
| S. BILIRUBIN INDIRECT | 0.31 | mg/dL | 0.1-1.0 Mg/dl |

Please correlate with clinical condition

FULLY AUTO BIOCHEM ANALYSER

Clinical diagnosis should not be made on the findings of a single test result, but should integrate both clinical and laboratory data

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Latitude

23.6046257°

Longitude

72.381634°

Local 11:45:35 AM

GMT 06:15:35 AM

Altitude 91 meters

Friday, 29.03.2024