

1

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SECRETARY OF DEFENSE

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SECRETARY OF DEFENSE

Rate 73

PR 136

QRSD 86

QT 384

QTc 424

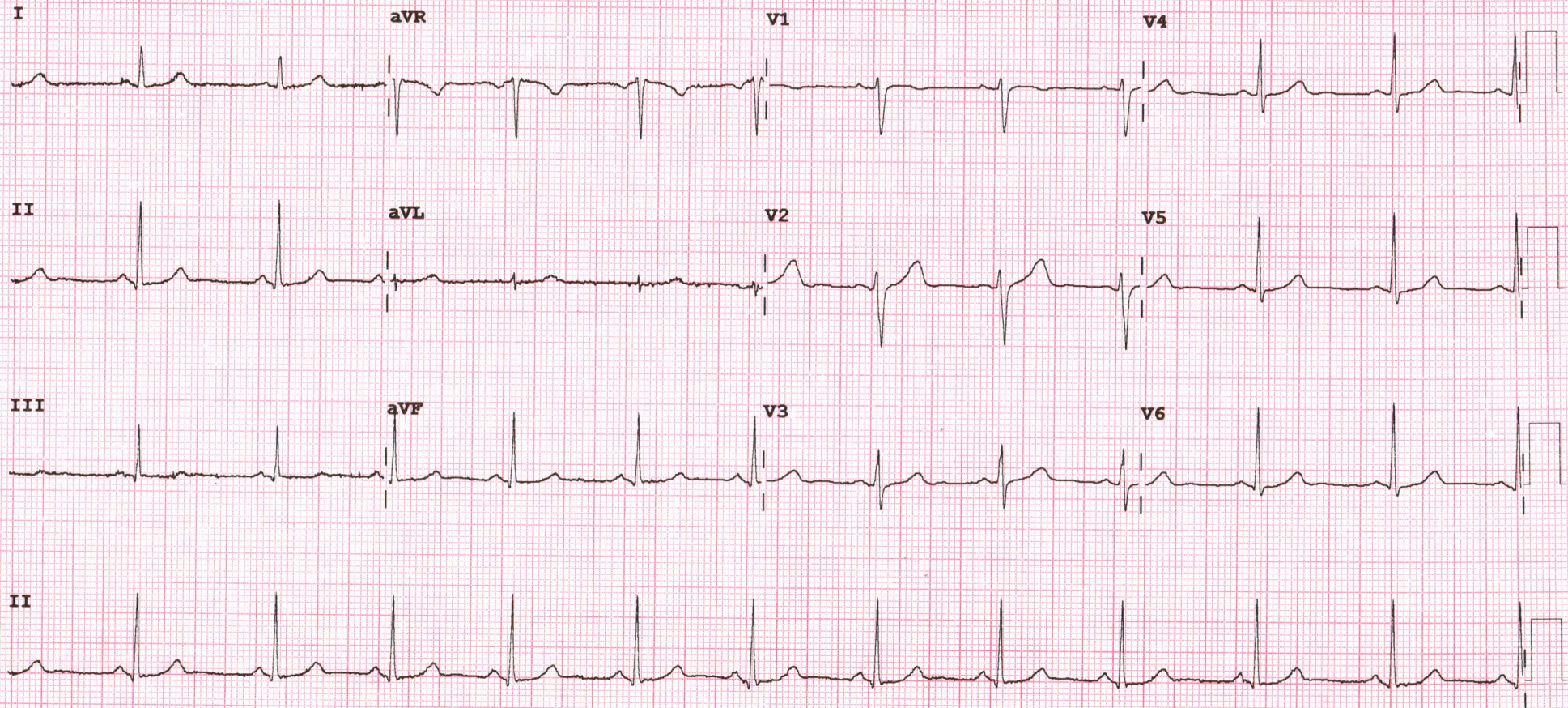
--AXIS--

P 57

QRS 58

T 31

12 Lead; Standard Placement



Device:

Speed: 25 mm/sec

Limb: 10 mm/mV

Chest: 10.0 mm/mV

F 50~ 0.50-150 Hz W

PH09

P?



## 2D-ECHOCARDIOGRAPHY AND COLOR DOPPLER REPORT

**NAME: ASHVINIKUMARI PARMAR**

**AGE/SEX: 31 YRS/FEMALE**

**DATE: 29/03/2024**

**REF BY: DIRECT**

### **OBSERVATION:**

- NORMAL LV SIZE AND NORMAL LV SYSTOLIC FUNCTION. LVEF = 60% (VISUAL).
- NO RWMA AT REST.
- NORMAL LV DIASTOLIC DYSFUNCTION.
- TRIVIAL MR. NO MS.
- NO AR. NO AS.
- MILD TR. NO PAH.
- NORMAL SIZED LA, RA & RV WITH NORMAL RV SYSTOLIC FUNCTION.
- NORMAL SIZED MPA, RPA & LPA.
- INTACT IAS & IVS.
- NO E/O INTRACARDIAC CLOT/VEGETATION/PE.
- NORMAL IVC.
- NORMAL PERICARDIUM.

**LA: 28MM**

**AO: 22MM**

**IVS: 10/11MM**

**LVPW: 11/13MM**

**LVID: 42/19MM**

### **CONCLUSION:**

- NORMAL LV/RV SIZE AND SYSTOLIC FUNCTION.
- NO RWMA AT REST.
- LVEF = 60% (VISUAL).

**DR.NIRAV BHALANI**  
[CARDIOLOGIST]

**DR.ARVIND SHARMA**  
[CARDIOLOGIST]



**PATIENT NAME: ASHVINIKUMARI PARMAR**

**AGE/SEX: 31 YRS/F**

**DATE: Friday, 29 March 2024**

**CHEST X-RAY (PA)**

Both lung fields appear normal.

Both hila appear normal

Bilateral costo-phrenic angles appear grossly clear

Mediastinum and cardiac shadow appear normal

Bony thorax appears unremarkable

No evidence of free gas under domes of diaphragm

**IMPRESSION:**

- NO SIGNIFICANT ABNORMALITY NOTED IN LUNG FIELDS
- NORMAL CARDIAC SHADOW

  
**DR SHARAD RUNGTA (MD & DNB)**  
**CONSULTANT RADIOLOGIST**

*Not all pathologies can be detected on ultrasound in each scan. Further radiographic evaluation is suggested if required.*



**PATIENT NAME: ASHVINIKUMARI PARMAR**

**AGE/SEX: 31 YRS/F**

**DATE: Friday, 29 March 2024**

**ULTRASOUND OF ABDOMEN & PELVIS**

**LIVER** appears normal in size and shows normal parenchymal echogenicity. No evidence of focal lesion. No evidence of dilated IHBR or portal vein. CBD appears normal.

**GALL BLADDER** is distended. No evidence of abnormal wall thickening or any significant calculus within.

**PANCREAS** appears normal. MPD is WNL.

**SPLEEN** appears normal in size and shows normal parenchymal echogenicity. No evidence of focal lesion.

**BOTH KIDNEYS** appear normal in size, shape and position.

Show normal cortical echogenicity. Corticomedullary differentiation is maintained.

No evidence of calculus or hydronephrosis on either side.

**URINARY BLADDER** is partially full. No evidence of abnormal wall thickening or any significant calculus within.

**UTERUS** appears normal in size and position. CET is 6.2 mm WNL. No evidence of focal lesion noted.

Bilateral ovaries appear normal in size. No evidence of focal or obvious mass lesion noted.

**BOWEL LOOPS** appear normal and show normal peristalsis.

No evidence of LYMPHADENOPATHY noted.

No evidence of ASCITES noted.

**IMPRESSION:**

- **NO SIGNIFICANT ABNORMALITY AT PRESENT SCAN.**

**DR SHARAD RUNGTA (MD & DNB)**  
**CONSULTANT RADIOLOGIST**

*Not all pathologies can be detected on ultrasound in each scan. Further radiographic evaluation is suggested if required.*





Patient Name : Ashvinikumari Jigneshkumar Parmar

Sample No. : 20240314832

Patient ID : 20240309244

Visit No. : OPD20240329436

Age / Sex : 31y/Female

Call. Date : 29/03/2024 09:37

Consultant : DR SAURABH JAIN

S. Coll. Date : 29/03/2024 13:20

Ward : -

Report Date : 29/03/2024 16:59

### CBC, ESR

| Investigation          | Result                        | Normal Value                        |
|------------------------|-------------------------------|-------------------------------------|
| Hemoglobin :           | 12.3 gm/dl [L]                | 12.5 to 16.0 gm/dl                  |
| P.C.V. :               | 38.5 %                        | 37.0 to 47.0 %                      |
| M.C.V. :               | 77.6 fL [L]                   | 78 to 100 fL                        |
| M.C.H. :               | 24.8 pg [L]                   | 27 to 31 pg                         |
| M.C.H.C. :             | 31.9 g/dl [L]                 | 32 to 36 g/dl                       |
| RDW :                  | 12.5 %                        | 11.5 to 14.0 %                      |
| RBC Count :            | 4.96 X 10 <sup>6</sup> / cumm | 4.2 to 5.4 X 10 <sup>6</sup> / cumm |
| Polymorphs :           | 65 %                          | 38 to 70 %                          |
| Lymphocytes :          | 31 %                          | 15 to 48 %                          |
| Eosinophils :          | 2 %                           | 0 to 6 %                            |
| Monocytes :            | 2 % [L]                       | 3 to 11 %                           |
| Basophils :            | 0 %                           | 0.0 to 1.0 %                        |
| Total :                | 100                           | < 100<br>> 100                      |
| WBC Count :            | 7500 /cmm                     | 4000 to 10000 /cmm                  |
| Platelets Count :      | 268000 /cmm                   | 1,50,000 to 4,50,000 /cmm           |
| ESR - After One Hour : | 16 mm/hr                      | 1 to 20 mm/hr                       |


Dr. Mehul Desai  
M.B.D.C.P  
Reg.No.G-9521



# Savita

**Superspeciality Hospital**  
(A Unit of Solace Healthcare Pvt. Ltd.)

Parivar Char Rasta, Waghodia-Dabhoi Ring Road, Vadodara-390019  
0265-2578844 / 2578849 ✉ mh@savitahospital.com 🌐 savitahospital.com

|                       |                                   |   |                  |
|-----------------------|-----------------------------------|---|------------------|
| <b>Patient Name :</b> | Ashvinikumari Jigneshkumar Parmar | <b>Sample No. :</b>   | 20240314832      |
| <b>Patient ID :</b>   | 20240309244                       |  |                  |
| <b>Age / Sex :</b>    | 31y/Female                        | <b>Visit No. :</b>  | OPD20240329436   |
| <b>Consultant :</b>   | DR SAURABH JAIN                   | <b>Call. Date :</b>   | 29/03/2024 09:37 |
| <b>Ward :</b>         | -                                 | <b>S. Coll. Date :</b>  | 29/03/2024 13:20 |
|                       |                                   | <b>Report Date :</b>  | 29/03/2024 16:59 |

## Blood Group

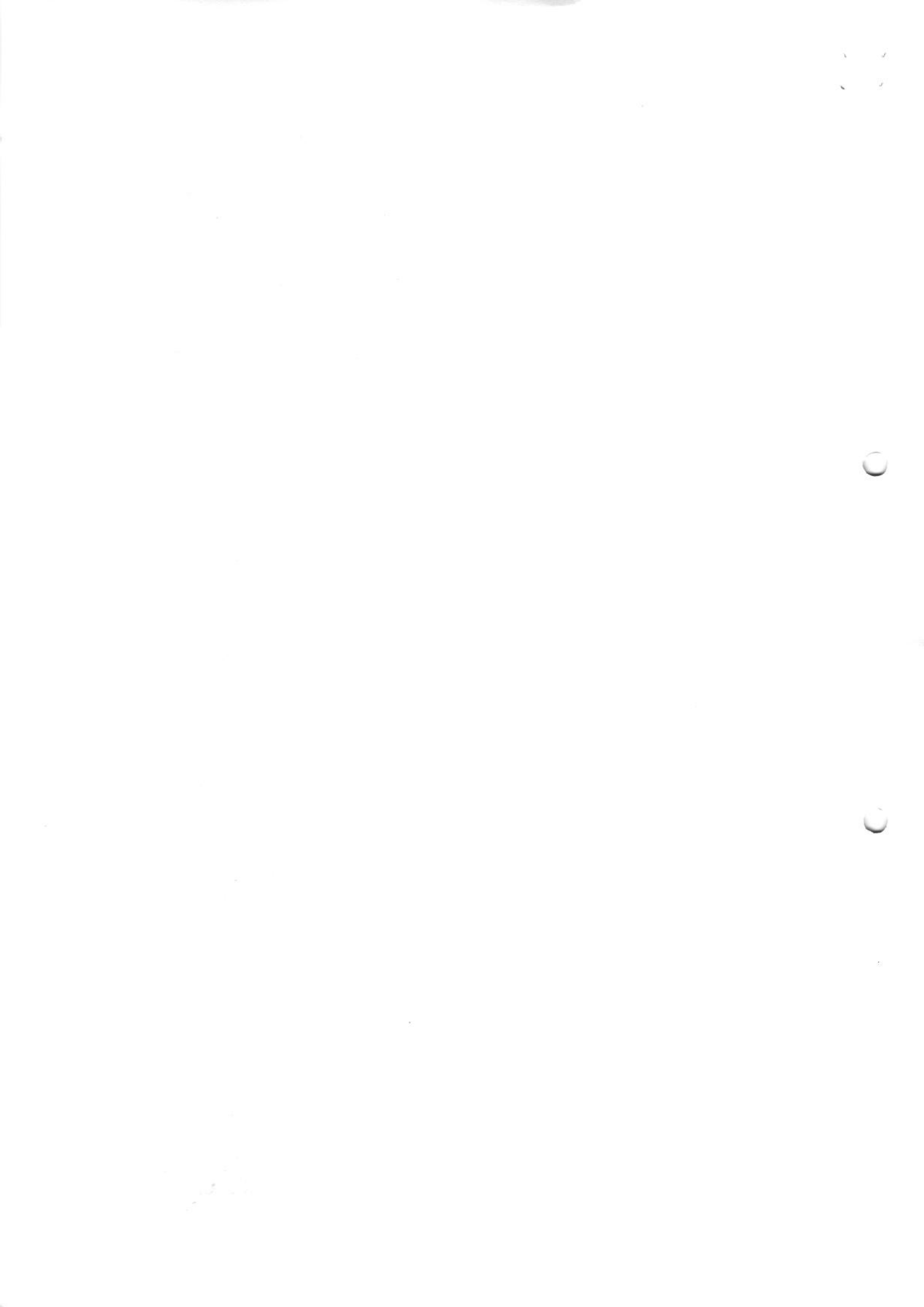
| Investigation        | Result   | Normal Value |
|----------------------|----------|--------------|
| <b>BLOOD GROUP :</b> |          |              |
| ABO                  | B        |              |
| Rh                   | Positive |              |

## RENAL FUNCTION TEST

| Investigation | Result    | Normal Value    |
|---------------|-----------|-----------------|
| Creatinine :  | 0.6 mg/dl | 0.6 - 1.4 mg/dl |
| Urea :        | 25 mg/ dl | 13 - 45 mg/dl   |
| Uric Acid :   | 2.2 mg/dl | 3.5 - 7.2 mg/dl |
| Calcium :     | 7.9 mg/dl | 8.5 - 10.5      |

**Dr. Mehul Desai**  
**M.B.D.C.P**  
**Reg.No.G-9521**







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☎ 0265-2578844 / 2578849 ✉ mh@savitahospital.com 🌐 savitahospital.com

**Patient Name :** Ashvinikumari Jigneshkumar Parmar

**Sample No. :** 20240314832



**Patient ID :** 20240309244

**Visit No. :** OPD20240329436

**Age / Sex :** 31y/Female

**Call. Date :** 29/03/2024 09:37

**Consultant :** DR SAURABH JAIN

**S. Coll. Date :** 29/03/2024 13:21

**Ward :** -

**Report Date :** 29/03/2024 16:59


## LFT (Liver Function Test)

| Investigation                | Result    | Normal Value     |
|------------------------------|-----------|------------------|
| Total Bilirubin :            | 0.9 mg/dl | 0.2 to 1.0 mg/dl |
| Direct Bilirubin :           | 0.5 mg/dl | 0.0 to 0.2 mg/dl |
| Indirect Bilirubin :         | 0.4 mg/dl | 0.0 to 0.8 mg/dl |
| AST (SGOT) :                 | 21 U/L    | 5 to 34 U/L      |
| ALT (SGPT) :                 | 18 U/L    | 0 to 55 U/L      |
| Total Protein (TP) :         | 6.5 g/dL  | 6.4 to 8.3, g/dl |
| Albumin (ALB) :              | 4.8 g/dl  | 3.5 to 5.2 g/dl  |
| Globulin :                   | 1.7 g/dl  | 2.3 to 3.5 g/dl  |
| A/G Ratio :                  | 2.82      |                  |
| Alkaline Phosphatase (ALP) : | 110 U/L   | 40 to 150 U/L    |
| GAMMA GT. :                  | 20 U/L    | 7 to 35 U/L      |

**Dr. Mehul Desai**  
**M.B.D.C.P**  
**Reg.No.G-9521**



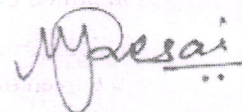


|                       |                                   |                        |  |
|-----------------------|-----------------------------------|------------------------|--|
| <b>Patient Name :</b> | Ashvinikumari Jigneshkumar Parmar | <b>Sample No. :</b>    | 20240314832<br> |
| <b>Patient ID :</b>   | 20240309244                       | <b>Visit No. :</b>     | OPD20240329436   |
| <b>Age / Sex :</b>    | 31y/Female                        | <b>Call. Date :</b>    | 29/03/2024 09:37   |
| <b>Consultant :</b>   | DR SAURABH JAIN                   | <b>S. Coll. Date :</b> | 29/03/2024 13:21   |
| <b>Ward :</b>         | -                                 | <b>Report Date :</b>   | 29/03/2024 16:59   |

### Lipid Profile

| Investigation            | Result         | Normal Value  |
|--------------------------|----------------|---|
| Sample :                 | Fasting        |   |
| Sample Type :            | Normal         |   |
| Cholesterol (Chol) :     | 140 mg/dl      | Low risk : < 200<br>Moderate risk : 200 - 239<br>High risk : > or = 240                                 |
| Triglyceride :           | 51 mg/dl       | Normal : < 200.0<br>High : 200 - 499<br>Very High : > or = 500  |
| HDL Cholesterol :        | 64 mg/dl       | Low risk: >or = 60 mg/dL<br>High risk : Up to 35 mg/dL  |
| LDL :                    | 65.8 mg/dl [L] | 131.0 to 159.0(N)<br>< 130.0(L)<br>> 159.0(H)   |
| VLDL :                   | 10.2 mg/dl     | Up to 0 to 34 mg/dl   |
| LDL/HDL Ratio :          | 1.03           | Low risk : 0.5 to 3.0<br>Moderate risk : 3.0 to 6.0<br>Elevted level high > 6.0                         |
| Total Chol / HDL Ratio : | 2.19           | Low Risk : 3.3 to 4.4<br>Average Risk : 4.4 to 7.1<br>Moderate Risk : 7.1 to 11.0<br>High Risk : > 11.0 |
| Total Lipids :           | 555 mg/dl      | 400 to 700 mg/dl  |

**Note :-** Lipemic samples give high triglyceride value and falsely low LDL value.



**Dr. Mehul Desai**  
**M.B.D.C.P**  
**Reg.No.G-9521**

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1. The reported results are for the referring doctor's information only. Isolated results may not confirm the final diagnosis of a disease and should be interpreted with patient's clinical history, keeping in mind the limitations of methodology and technology. Partial reproduction of these reports are illegal.
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3. In case of collected specimens, which are referred to USL(B). LLP. from a referral centre, it is presumed that patient's demographics are verified and confirmed at the point of generation of the said specimens and the result(s) relate only to the samples(s) receive.
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6. Results relate only to the sample tested. Result of laboratory tests may vary from laboratory to laboratory and also in some parameters from time to time for the same patient; may be due to physiological variations, different methodology, technology & its limitations etc.
7. A requested test might not be performed in case of following reasons: a) Insufficient quantity of specimen (inadequate collection/spillage in transit) b) Specimen quality unacceptable (hemolysed/clotted/lipemic etc) c) Incorrect specimen type d) Incorrect identity of specimen. In above mentioned circumstances it is expected that a fresh specimen will be sent for the purpose of the reporting on the same parameter.
8. In unanticipated circumstances (non-availability of kits, instrument breakdown & natural calamities) tests may not be reported as per schedule. However USL(B). LLP. will ensure that the delay is minimized.
9. The sex of the fetus will not be revealed as per the Prenatal Diagnostic Technique (Regulation and Prevention of Misuse Act, 1994)
10. Tests parameters marked by asterisks (\*) are excluded from the "scope" of NABL accredited tests.
11. It is mandatory to send Biopsy/Histopathology specimen in 10% formalin.
12. Partial reproduction of these reports are illegal & not permitted.
13. These reports are not valid for medico-legal purposes.
14. Any queries regarding possible interpretation / clinical - pathological correlation from referring doctor/patient should be directed to the pathologists.
15. Subject to Baroda Jurisdiction only.

## GENERAL PRINCIPLES OF LABORATORY TESTING & LABORATORY REFERENCE RANGES

1. Under the best of circumstances, no test is having 100% sensitivity & 100% specificity. In the majority of laboratory parameters, the combination of short-term physiologic variation & analytical error/technological limitations are sufficient to render the interpretation of single determinations difficult especially when the concentrations are in borderline range. Any particular laboratory test result may be misleading (not correlating with clinical findings) for large varieties of reasons, regardless of high quality of laboratory, such results should be rechecked. If indicated new specimen should be submitted.
2. Reference ranges (biological reference interval) vary from one laboratory to another and with age, sex, race, size, physiologic status (e.g. pregnancy & lactation) that apply to the particular patient. Reference values represent the statistical data for 95% of the population; values outside these ranges do not necessarily represent disease. Result may still be within the reference range but be elevated above the patient's baseline, which is why serial testing is important in a number of conditions.
3. The effects of drugs on laboratory test values must never be overlooked. Laboratory values in elderly must be interpreted in light of many factors that affects "normal" values in this group.
4. Negative laboratory test results do not necessary rule out a clinical diagnosis.

## TEAM OF DOCTORS

|                                       |  |
|---------------------------------------|--|
| Dr. Girish Gupta, MD (Path)           | Dr. Rakesh Shah MD (Path) , DCP          |
| Dr. Ankit Jhaveri MD (Path)           | Dr. Vishal Jhaveri, DCP                  |
| Dr. Rachna Parekh DCP                 | Dr. Hetal Parikh MD (Path) FRCPPath (UK) |
| Dr. Priya Mangukiya MD (Microbiology) | Dr. Mitesh Rathwa MD (Path)              |
| Dr. Varsha Raimalani, PhD             | Dr. Shreyas Nisarta MD(Path)             |
| Dr. Nehal Tiwari MD (Path)            | Dr. Vaishali Bhatt, DCP                  |
| Dr. Usha Amliyar DCP                  | Dr. Manjari Bhabhor DCP                  |

## OUR UNITS

- a) Aayu Path Lab (Tarsali) - 9376224836, 7043940202
- b) Purak Hi-Tech Lab (Nizampura) - 7229046350, 9377559900
- c) Dr. Jhaveri Laboratory (Akota) - 0265-2329428, 9998724579
- d) Dr. Jhaveri Laboratory (Polo Ground) - 0265-2424335, 9725282172
- e) Jhaveri Advanced Path Lab (Subhanpura)
- f) Jhaveri Advanced Path Lab (Waghodiya road)



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 Unipath Specialty Laboratory (Baroda) LLP - Platinum Complex, Opp. HDFC Bank, Nr. Radhe Krishna char rasta, Akota, Vadodra - 390020  
 Mobile: 7228800500 / 8155028222 | Email: info.baroda@unipathllp.in  
 Home Visit / OPD Reception : 9998724579



TEST REPORT

Reg. No. : 40301017416      Reg. Date : 29-Mar-2024 12:23      Collected On : 29-Mar-2024 12:23  
 Name : Ms. ASHWINIKUMARI PARMAR      Approved On : 29-Mar-2024 14:44  
 Age : 31 Years      Gender : Female      Ref. No. :      Dispatch At :  
 Ref. By :      Tele No. :  
 Location : SAVITA SUPERSPECIALTY HOSPITAL @ WAGHODIYA ROAD

| Test Name                                    | Results | Units  | Bio. Ref. Interval |
|--|---------|--------|--------------------|
| <b>THYROID FUNCTION TEST</b>                 |         |        |                    |
| T3 (triiodothyronine)<br><i>Method:CLIA</i>  | 1.25    | ng/mL  | 0.6 - 1.81         |
| T4 (Thyroxine)<br><i>Method:CLIA</i>         | 9.50    | µg/dL  | 4.5 - 12.6         |
| TSH ( ultra sensitive)<br><i>Method:CLIA</i> | 3.881   | µIU/mL | 0.55 - 4.78        |
| Sample Type:Serum                            |         |        |                    |

Comments:

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 stimulate 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 Eddition. Philadelphia: WB Saunders,2012:2170

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

This is an electronically authenticated report.

Test done from collected sample.

Printed On: 29-Mar-2024 14:45

We are open 24 x 7 & 365 days

**Dr. Vishal Jhaveri**  
 M.B.B.S, D.C.P  
 Reg. G-13041  
 LLP Identification Number: AAN-8932  
 Page 1 of 1





**Patient Name :** Ashvinikumari Jigneshkumar Parmar

**Sample No. :** 20240314832



**Patient ID :** 20240309244

**Visit No. :** OPD20240329436

**Age / Sex :** 31y/Female

**Call. Date :** 29/03/2024 09:37

**Consultant :** DR SAURABH JAIN

**S. Coll. Date :** 29/03/2024 13:20

**Ward :** -

**Report Date :** 29/03/2024 16:59

### Urine R/M


| Investigation      | Result      | Normal Value |
|--------------------|-------------|--------------|
| Quantity - :       | 20 ml       |              |
| Colour - :         | Pale Yellow |              |
| Reaction (pH) :    | 5.0         | 4.6-8.0      |
| Turbidity :        | Turbid      |              |
| Deposit :          | Absent      | Absent       |
| Sp.Gravity :       | 1.010       | 1.005-1.010  |
| Protein :          | Absent      | Absent       |
| Glucose :          | Absent      | Absent       |
| Bile Salts :       | Absent      | Absent       |
| Bile pigments :    | Absent      | Absent       |
| Ketones :          | Absent      | Absent       |
| Urobilinogen :     | Absent      |              |
| Blood :            | Absent      | Absent       |
| Pus Cells :        | Absent /hpf | 0-5/hpf      |
| Red Blood Cells :  | Absent /hpf | Absent       |
| Epithelial Cells : | 4-6 /hpf    |              |

**Dr.Mehul Desai**  
**M.B.D.C.P**  
**Reg.No.G-9521**







|                       |                                   |                        |  |
|-----------------------|-----------------------------------|------------------------|--|
| <b>Patient Name :</b> | Ashvinikumari Jigneshkumar Parmar | <b>Sample No. :</b>    | 20240314832<br> |
| <b>Patient ID :</b>   | 20240309244                       | <b>Visit No. :</b>     | OPD20240329436   |
| <b>Age / Sex :</b>    | 31y/Female                        | <b>Call. Date :</b>    | 29/03/2024 09:37   |
| <b>Consultant :</b>   | DR SAURABH JAIN                   | <b>S. Coll. Date :</b> | 29/03/2024 13:20   |
| <b>Ward :</b>         | -                                 | <b>Report Date :</b>   | 29/03/2024 17:18   |

### FBS & PPBS

| Investigation           | Result   | Normal Value    |
|-------------------------|----------|-----------------|
| Blood Sugar (FBS) :     | 88 mg/dl | 74 - 100 mg/dl  |
| Urine Sugar ( FUS ) :   | Nil      |                 |
| Blood Sugar (PP2BS) :   | 93 mg/dl | 70 to 120 mg/dl |
| Urine Sugar ( PP2US ) : | Nil      |                 |

### HBA1C

| Investigation                             | Result  | Normal Value  |
|---|---------|---|
| Glycosylated Hb :                         | 6 % [H] | Near Normal Glycemia : 6 to 7<br>Excellent Control : 7 to 8<br>Good Control : 8 to 9<br>Fair Control : 9 to 10<br>Poor Control : > 10 |
| Average Plasma Glucose of Last 3 Months : | 125.5   |   |

**Dr.Mehul Desai**  
**M.B.D.C.P**  
**Reg.No.G-9521**





**Examination by Physicia**

Name: ASHVINIKUMARI PARMAR

Reg. No: 20230309244

Age/ Sex: 31/FEMALE

DOE: 29/03/2024

**Physical Examination**

Height: 149 cm Weight: 55 kg BMI: 24.77

Temperature: N Pulse: 85 BP: 104/66

spo2=97

**ChiefComplaints:**

NO complainity

**PastHistory:**

NAD

**Examination:**

General Examination:

NAD

Systemic Examination:

NAD.

**Investigation:**

RBS \_\_\_\_\_

ECG \_\_\_\_\_

Others \_\_\_\_\_

**Advice:** ADD plenty of oral fluids/ daily exercise

Signature \_\_\_\_\_

