



OPD ASSESSMENT FORM

sunshine
GLOBAL HOSPITALS
health & happiness... always!

Name Mrs. Pravi D-Shah Age.Sex _____ MR.No. _____

Doctor Dr Shailaja Desai Date 09/02/24

Ht : _____ Wt : _____ Temp : _____ Pulse : _____ BP : _____

SPO2 : _____ Post of walk SPO2 : _____

Chief Complaints :

Drug / Food Allergy :

① - Routine Dental check up

Prior Medication Reviewed : Yes No

On examination :

Past History :

- As train

- Delayed

B
G / GF

Provisional Diagnosis :

Nutritional Assessment :

- Obese
- Well nourished
- Mild- moderate nourished
- Severely mal-nourished

Treatment and further Advices :
(Write in Capital Letters)

Rx

Investigation advised :

1) Scaling

2) X-ray & review

G
G / GF

U.r. nesa

Dr. Shailaja Desai

B.D.S. (Dental Surgeon)

A-9793

Dental Surgeon

Signature

Sunshine Global Hospital, Surat.

Follow Up : _____ Date : _____

In case of emergency Please report to Emergency Department of Hospital OR

Call : 75748 49465, 0261-4111000



GYNAECOLOGICAL CONSULTATION

MR. NO. 8149527

Name: Mrs. Puvi D. Shah

Date: 9/2/14

Age: 33 Ht.: 160 cm Wt.: 66.9 B.P.: 111/68 mmHg

Clinical Evaluation / History / Presenting Complain:

leakage

FH DM.

Gynecological History :

	Yes	No
1. Have you ever noticed any bleeding between menstrual periods ? માસિક ના સમય સિવાય વચ્ચે અનીયમીત બ્લીડિંગ થાય છે ?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
2. Are / were your periods irregular ? પીરિયડ રેગ્યુલર છે ?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
3. Are you pregnant now ? અત્યારે તમે પ્રેગનન્ટ છો ?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
4. Have you had your change of life (Menopause)? મેનોપોઝ ની કોઈ લક્ષણ ની તકલીફ છે ?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
5. Are / were you taking birth control pills? તમે ગર્ભનિરોધક ગોળીઓ છે ?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
6. Do you have a lump in your breast ? સ્તનમાં દુઃખાવો / સોજો / ગાઠ છે ?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
7. Did anyone in your family suffer from breast cancer ? કુટુંબમાં કોઈએ બ્રેસ્ટ કેન્સર છે ?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
8. Did anyone in you family suffer from any other cancer ? કુટુંબમાં કોઈને કોઈ પણ પ્રકારનું કેન્સર હતું ?	<input type="checkbox"/>	<input checked="" type="checkbox"/>

Obstetric History :

1. Menstrual History : Menarche at ^M..... Yrs

- Menses:
- a. Scanty / Average / Excess
 - b. No of Days: 3-5 / 5-7 / More than 7 days
 - c. Interval days, Reg / Irregular
 - d. Pain : Before / During / After / Painless

Last menstrual Period (LMP): 5/2/14

2. Obstetric History :

Gravida Pare Abortion Live 1

Married life with cohabitation.....

Children M: 2 F: 1 Last Delivery: Yrs back

Any bad Obstetric event / history *Yes / No

If yes Describe:

History of Contraception & Family Planning:

Examination

- a. Breast Examination - Right *MM* Left *MM*
- b. Per abdomen examination *See above.*
- c. Local examination Vulva: *MM* Vagina *MM*
- d. Per Speculum Examination *See above*
- e. Per vaginal examination :
 - Cervi : Uterus : AV/RV : Normal / Bulky
 - Adnexa :
 - PAP's Smear Taken Yes / No

Clinical Impression:

Recommendation:

A. Additional Inv. / Referral Suggested

B. Therapeutic Advice

8 sept

Followup Date

DR.
DR. BHAVNA DESAI
MD, DGO
REG. NO.-10538
SUNSHINE GLOBAL HOSPITAL
SURAT
Gynaecologist's Signature

DOB:
9/1, FEMALE

Vent rate: 60 BPM
PR int: 109 ms
QRS dur: 78 ms
QT/QTc: 356/392 ms
p-R-T axes: 2 39 -33

SINUS RHYTHM WITH SHORT PR INTERVAL
LOW QRS VOLTAGE IN PRECORDIAL LEADS
NONSPECIFIC T-WAVE ABNORMALITY
ABNORMAL ECG
INTERPRETATION BASED ON A DEFAULT AGE OF 40 YEARS

Reviewed by -----

Mrs. Punvi P. Shah
83/F



LABULAR SUMMARY REPORT

ID: s149527
 Visit:
 9-Feb-2024
 10:38:27

BRUCE
 Max HR: 201bpm 107% of max predicted 187bpm
 Max BP: 176/84
 Reason for Termination: 10.3METS
 Comments:

25.0 mm/s
 10.0 mm/mV
 100hz

Female

33years

Dr. Feroz Shah

Referred by:
 Test ind:

Phase Name	Stage Name	Time in Stage	Speed (mph)	Grade (%)	WorkLoad (METS)	HR (bpm)	BP (mmHg)	RPP (x100)
PRETEST	SUPINE	2:55	0.2	1.0	1.1	100	111/68	111
EXERCISE	STAGE 1	3:00	1.7	10.0	4.5	165	111/68	150
	STAGE 2	3:00	2.5	12.0	7.0	188	150/68	237
	STAGE 3	3:00	3.4	14.0	10.1	185	170/70	315
	STAGE 4	0:08	4.1	16.0	10.3	186	170/70	316
RECOVERY	RECOVERY	4:07	**	**	1.0	112	160/84	179

Test is negative for inducible ischemia

Technician:

Unconfirmed

MAC55 010B

ID: s149627

Visit:

9-Feb-2024

10:40:48

99bpm

BP: 111/68

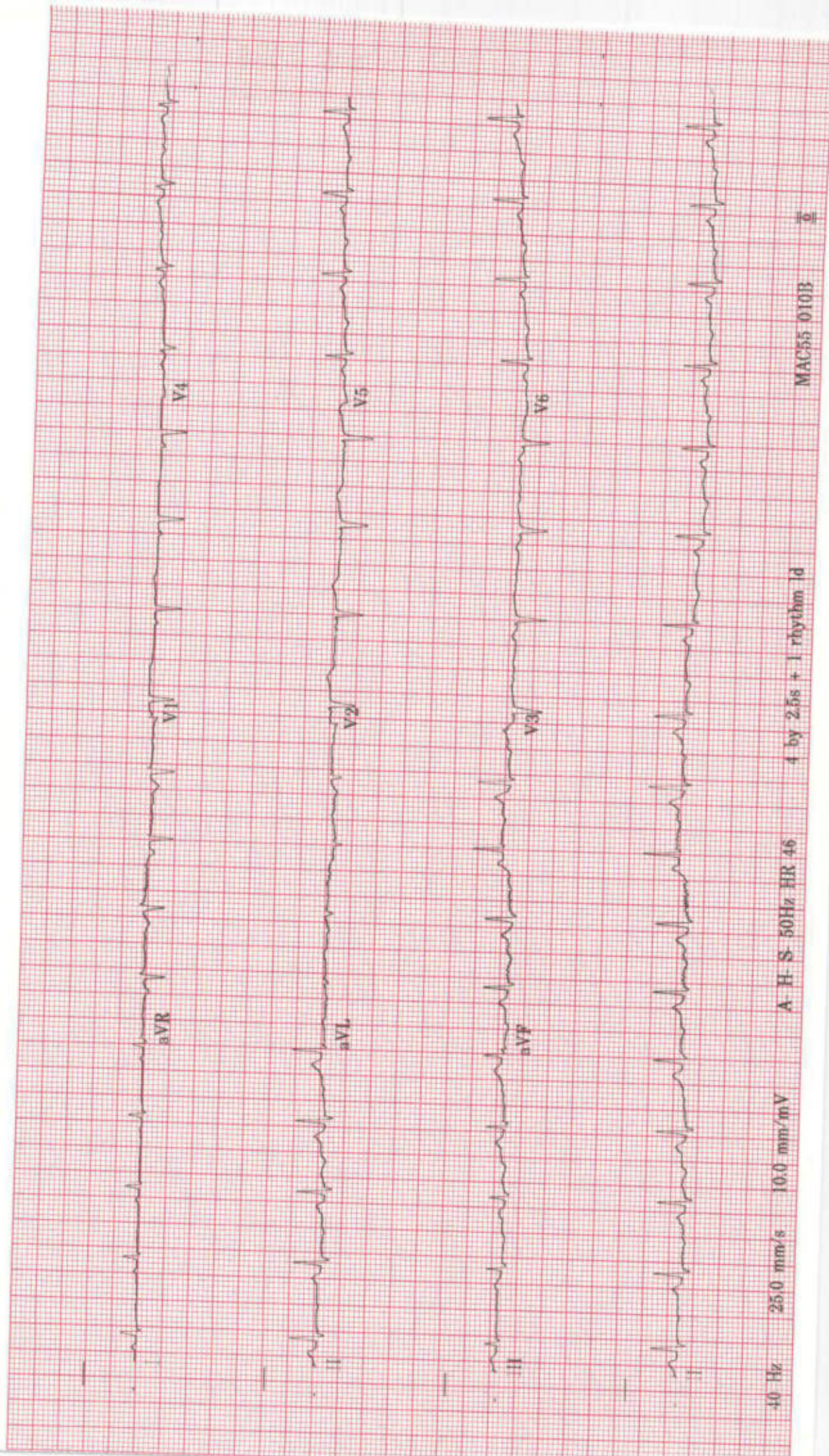
PRETEST
SUPINE

2:21

BRUCE

** ↑ mph

** ↑ %



40 Hz 25.0 mm/s 10.0 mm/mV

A. H. S. 50Hz HR 46

4 by 2.5s + 1 rhythm Id

MAC55 010B

6

ID: s149527

Visit:

9-Feb-2024

10:44:22

EXERCISE MEDICINE REPORT

EXERCISE

STAGE 2

3:00

BRUCE

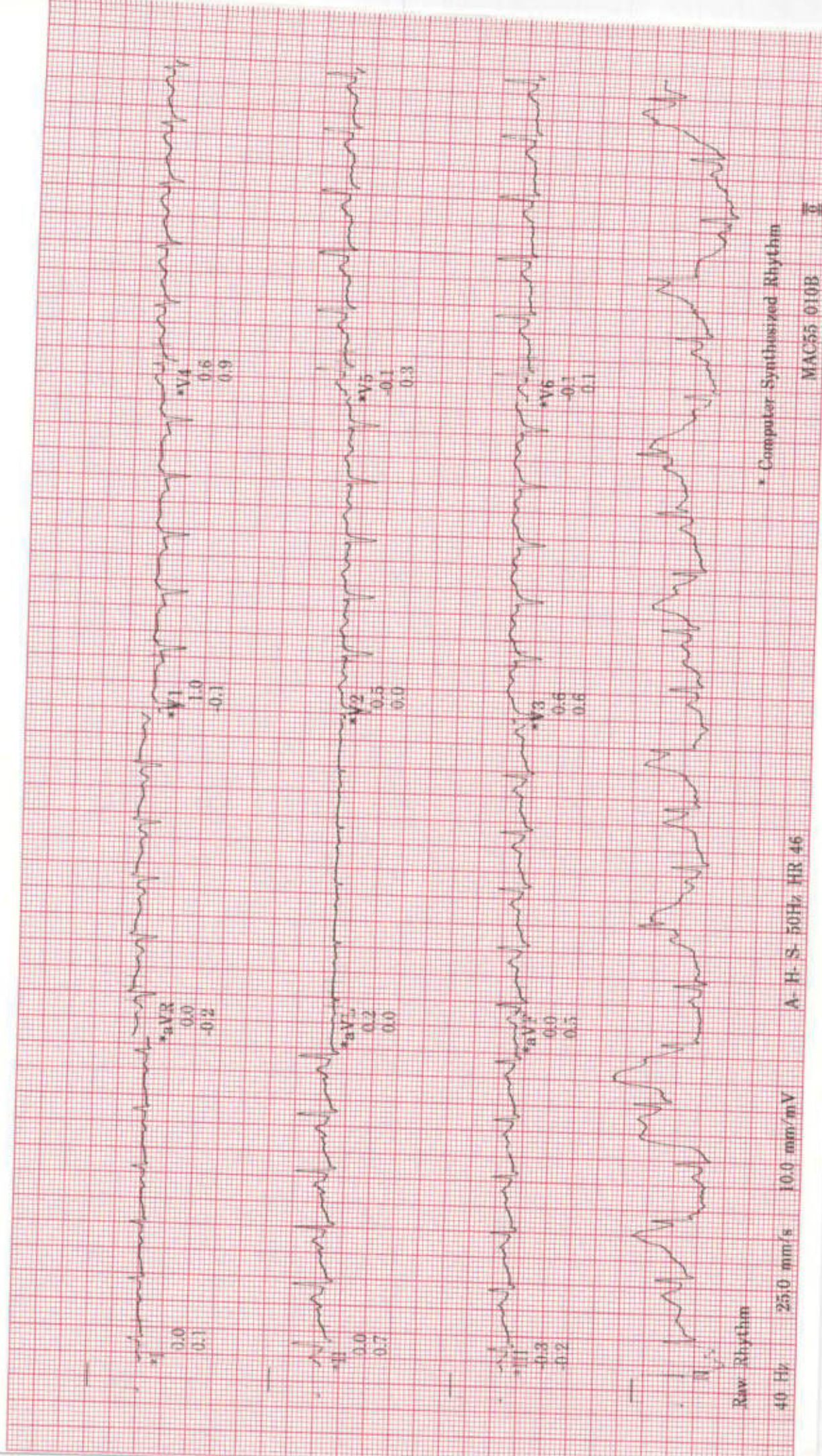
1.7mph

10.0%

ST @ 10mm/mV

80ms postJ

Lead
ST(mm)
Slope(mV/s)



Raw Rhythm

40 Hz 25.0 mm/s 10.0 mm/mV

A-H-S 50Hz HR 46

* Computer Synthesized Rhythm

MAC55 010B

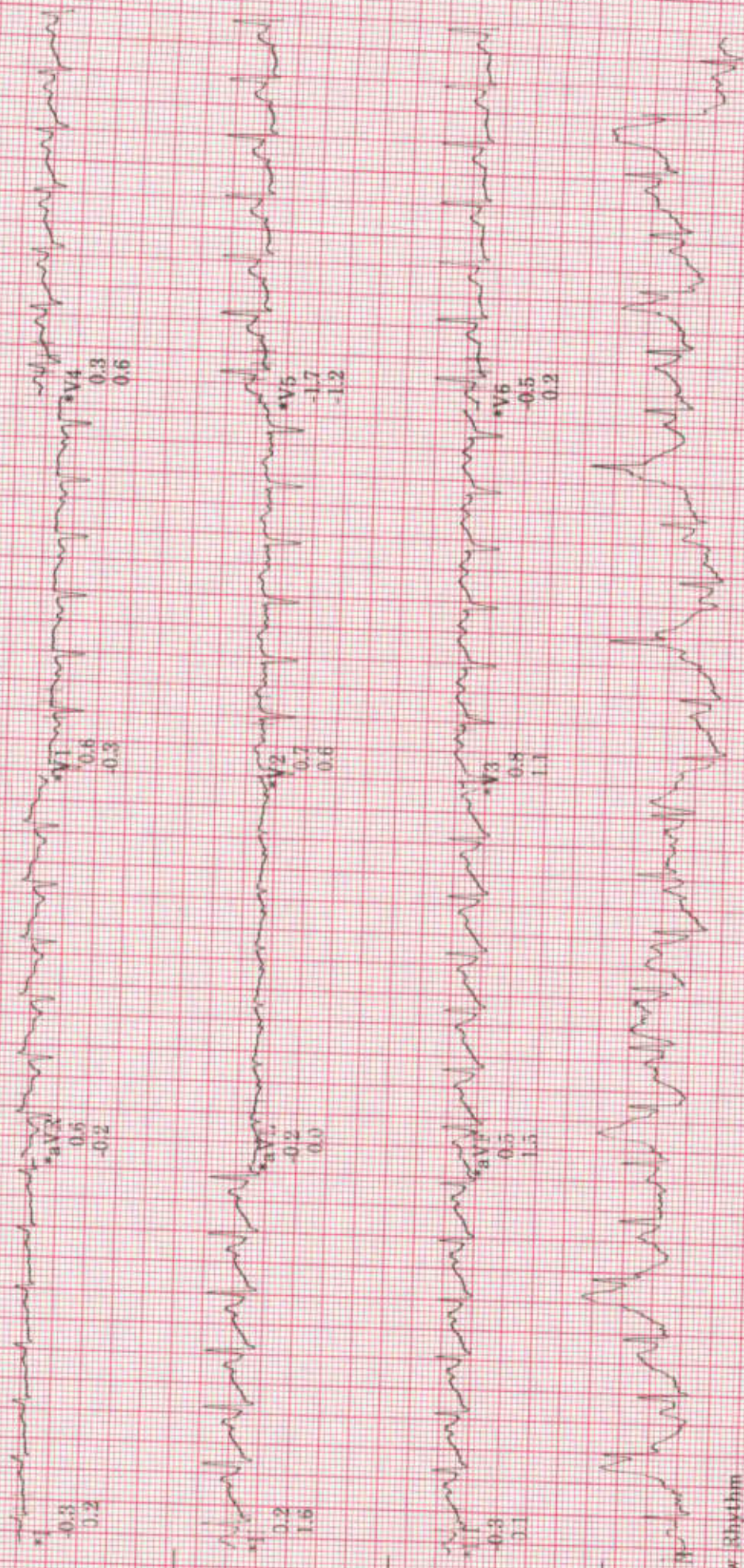
II

ID: s149527
Visit:
9-Feb-2024
10:47:22

EXERCISE STAGE 3
6:00
BRUCE
158bpm
BP: 150/68
2.5mph
12.0%

ST @ 10mm/mV
80ms post J

Lead
ST(mm)
Slope(mV/s)



Raw Rhythm

40 Hz 25.0 mm/s 10.0 mm/mV A-H-S-50Hz HR 46

* Computer Synthesized Rhythm

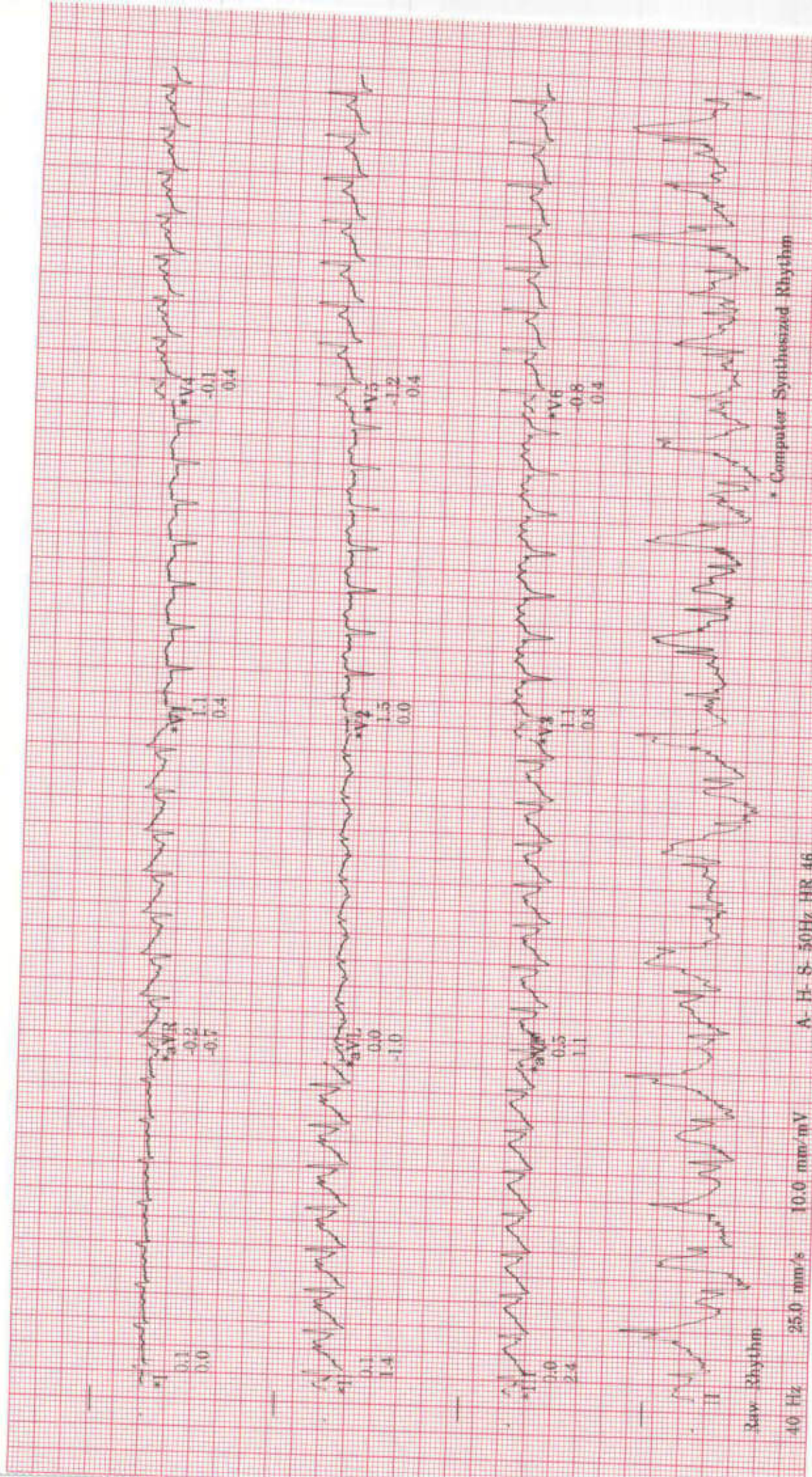
MAC55 010B

ID: s149527
Visit:
9-Feb-2024
10:50:31

EXERCISE STAGE 4
9:08
185bpm
BP: 170/70
BRUCE
4.2mph
16.0%

ST @ 10mm/mV
80ms post J

Lead
ST(mm)
Slope(mV/s)



ID: s149527

Visit:

9-Feb-2024

10:52:30

128bpm

BP: 159/88

ST @ 10mm/mV

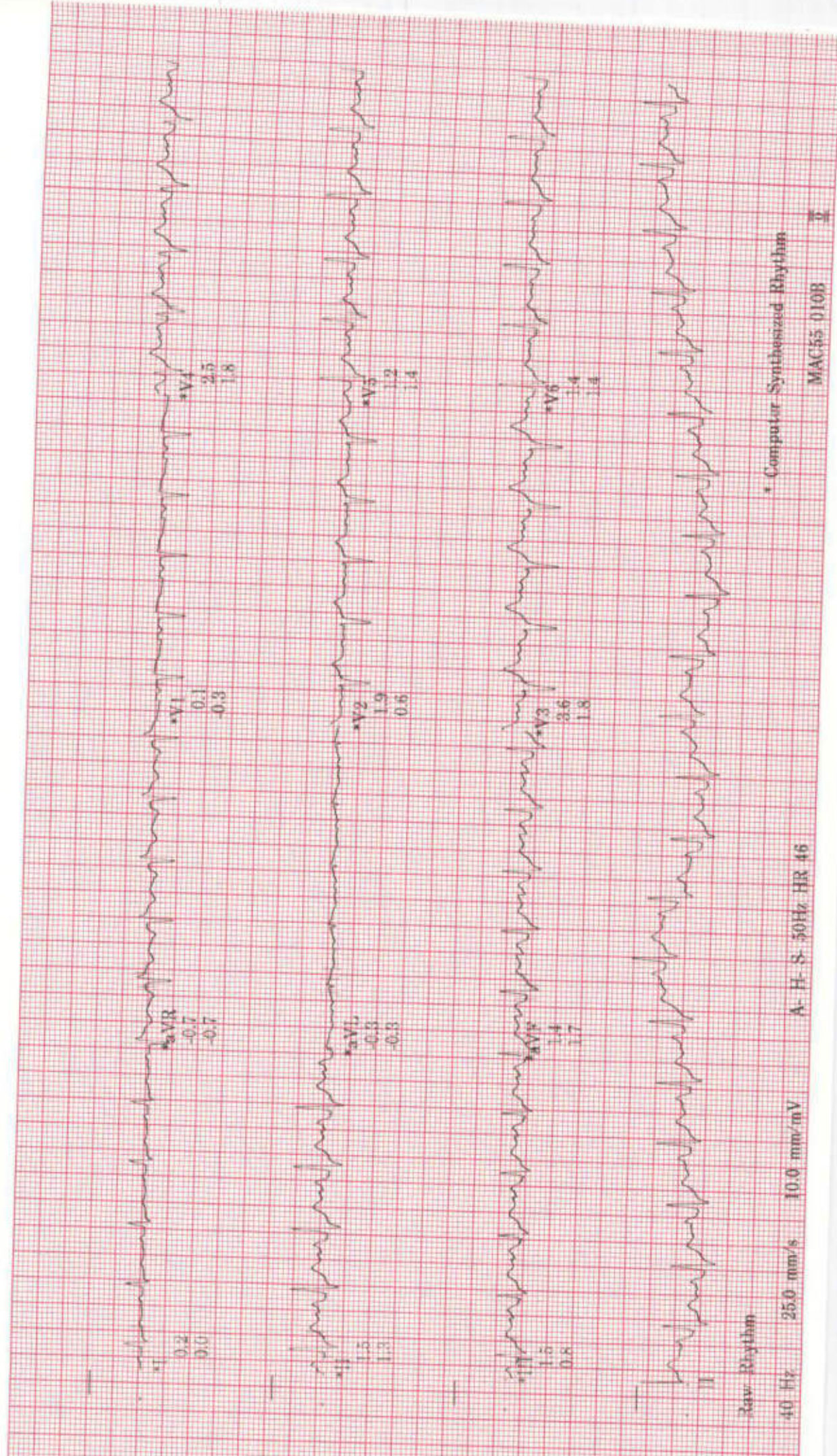
80ms postJ

BRUCE

***mph

**%

Lead
ST(mm)
Slope(mV/s)



Raw Rhythm

40 Hz 25.0 mm/s 10.0 mm/mV

A. H. S. 50Hz HR 46

* Computer Synthesized Rhythms

MAC55 010B

II

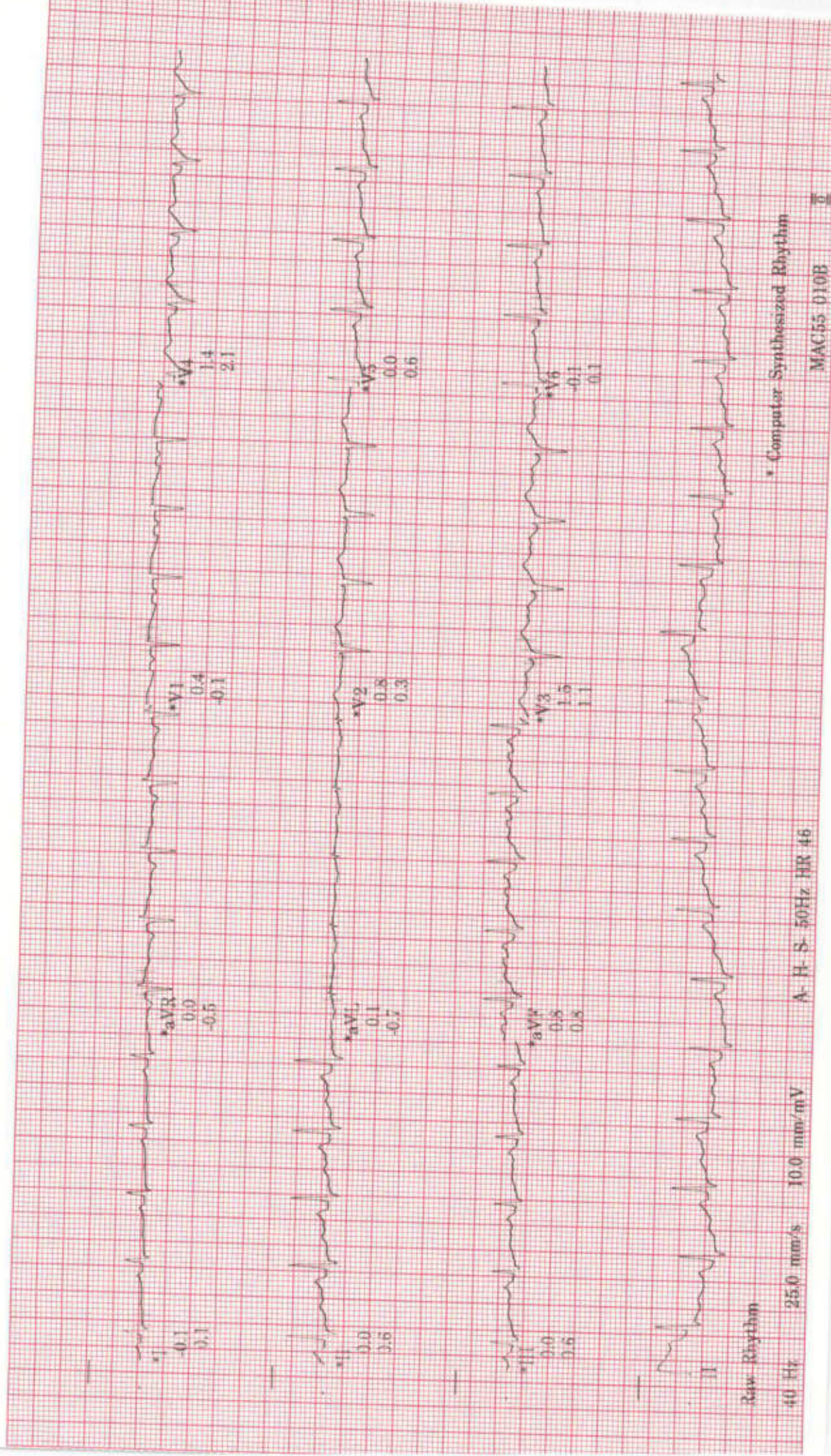
ID: s149527
Visit:
9-Feb-2024
10:54:30

UNFILED MEDICAL REPORT

RECOVERY RECOVERY
4:00
114bpm
BP: 160/84
BRUCE
***+mph
***+%

ST @ 10mm/mV
80ms postL

Lead
ST(mm)
Slope(mV/s)



Raw Rhythm

40 Hz 25.0 mm/s 10.0 mm/mV A-H-S-50Hz HR 46

* Computer Synthesized Rhythm

MAC55 010B

SELECTED MEDIAN REPORT

ID: s149527
 Visit:
 9-Feb-2024
 10:38:27

BRUC3

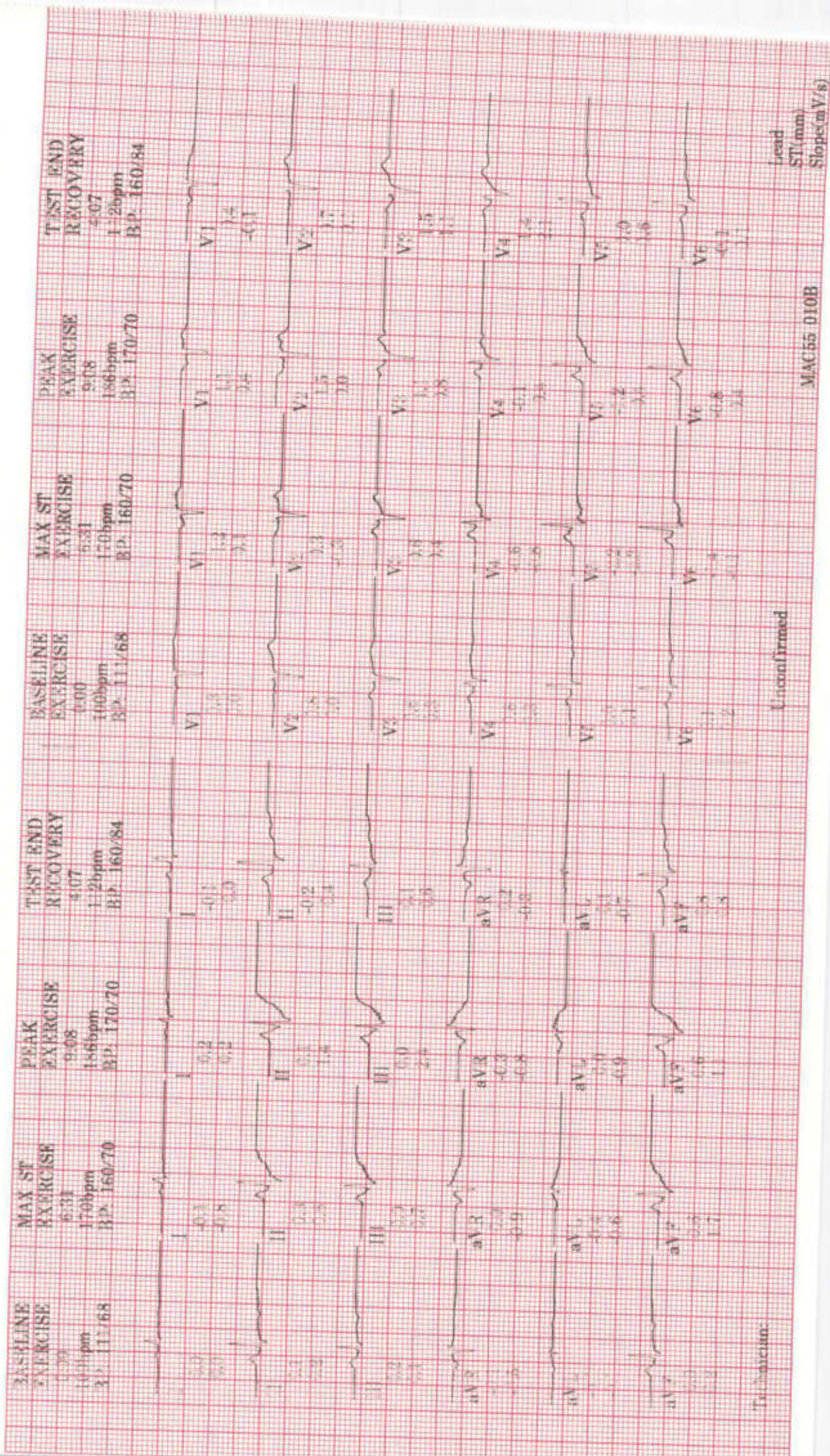
Total Exercise time: 9:08
 Max HR: 201bpm 107% of max predicted 187bpm
 Max BP: 176/84
 Reason for Termination: 10.3METS
 Comments:

25.0 mm/s
 10.0 mm/mV
 100hz

Female

33years

Referred by:
 Test ind:



ID: s149527
Visit:
9-Feb-2024
10:38:27

33years

Female

BRUCE
Total Exercise time: 9:08
Max HR: 201bpm 107% of max predicted 187bpm
Max BP: 176/84
Reason for Termination: 10.3METS
Comments:

25.0 mm/s
10.0 mm/mV
100hz

Referred by:
Test ind:



Technician:

Unconfirmed

ID: s149527

9-Feb-2024
10:38:27

PRETEST
SUPINE
2:49
93bpm
BP: 111/68
1.0METS

EXERCISE
STAGE 1
0:00
100bpm
BP: 111/68
1.1METS
BASELINE

EXERCISE
STAGE 1
1:00
125bpm
BP: 111/68
2.8METS

EXERCISE
STAGE 1
2:00
136bpm
BP: 111/68
4.6METS

EXERCISE
STAGE 1
3:00
135bpm
BP: 111/68
4.6METS

EXERCISE
STAGE 2
4:00
145bpm
BP: 111/68
5.8METS

EXERCISE
STAGE 2
5:00
153bpm
7.0METS

VISIT:

BRUCE

ST @ 10mm/mV
50ms postJ
25.0 mm/s
10.0 mm/mV
100hz



Lead
ST(mm)
Slope(mV/s)

MAC55 010B

ID: s149527

EXERCISE STAGE 2
6:00
158bpm
BP: 150/68
7.0METS

EXERCISE STAGE 3
6:31
170bpm
BP: 160/70
7.7METS
MAX ST

EXERCISE STAGE 3
7:00
180bpm
BP: 160/70
8.5METS

EXERCISE STAGE 3
8:00
191bpm
BP: 170/70
10.1METS

EXERCISE STAGE 3
9:00
185bpm
BP: 170/70
10.1METS

EXERCISE STAGE 4
9:08
186bpm
BP: 170/70
10.3METS
PEAK

RECOVERY RECOVERY
1:00
150bpm
5.7METS

LEAD I, II, III, aVR, aVL, aVF, V1, V2, V3, V4, V5, V6

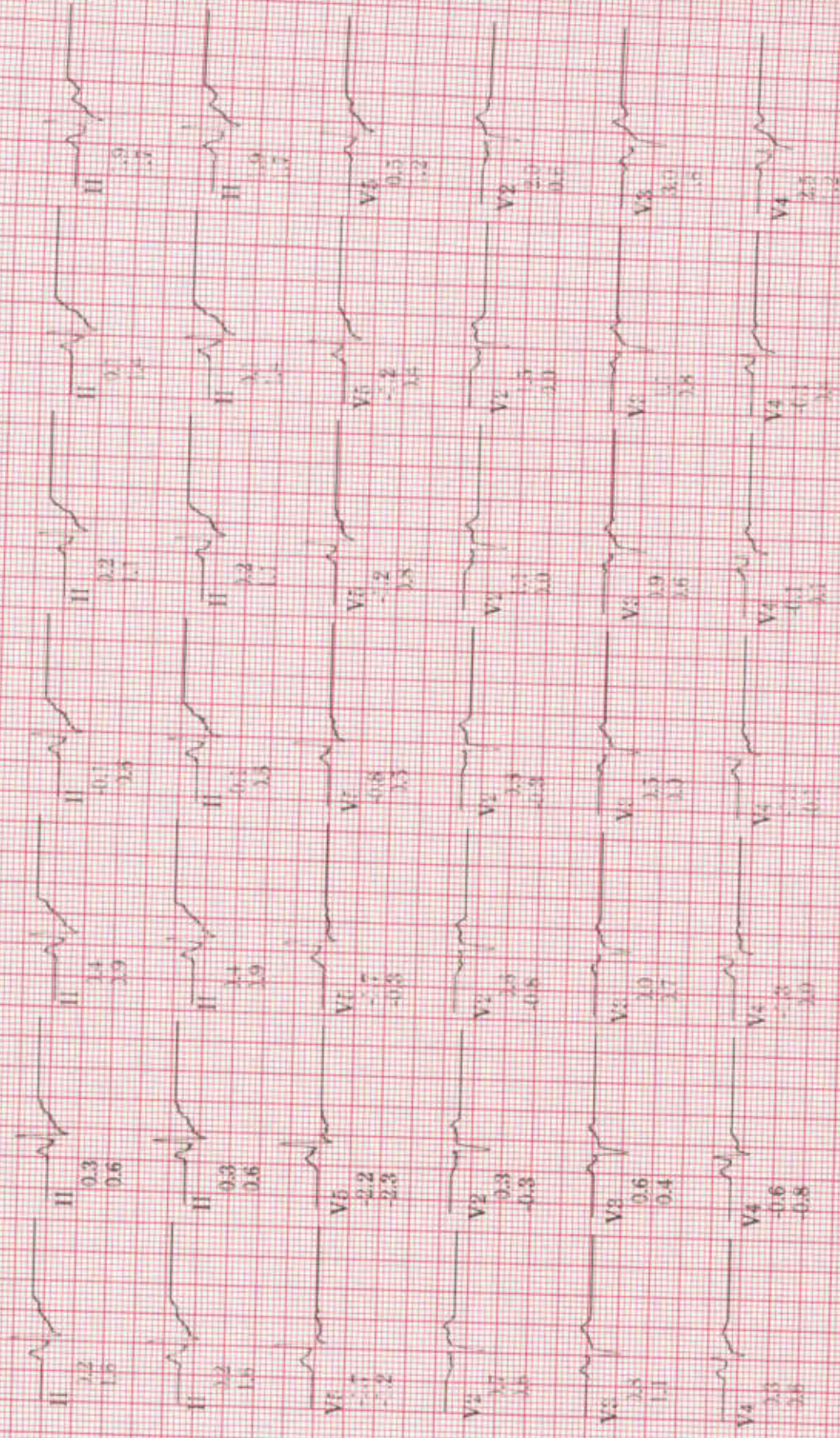
Visit:

BRUCE

SI @ 10mm/mV
40ms post

25.0 mm/s
10.0 mm/mV
100hr

Lead
ST (mm)
Slope (mV/s)



MAC55 010B

ID: s14952/

9-Feb-2024
10:38:27

RECOVERY RECOVERY
2:00
128bpm
BP: 159/88
1.0METS

RECOVERY RECOVERY
3:00
115bpm
BP: 176/84
1.0METS

RECOVERY RECOVERY
4:00
114bpm
BP: 160/84
1.0METS

RECOVERY RECOVERY
4:07
112bpm
BP: 160/84
1.0METS

Visit:

BRUCE

ST @ 10mm/mV
50ms post/d
25.0 mm/s
10.0 mm/mV
1.00hz



Lead
ST (mm)
Slope (mV/s)

ID: s149527
Visit:

9-Feb-2024
10:38:27

BRUCH

ST @ 10mm/mV 40
80ms post J

EXERCISE

0.00

PVCs/m

Heart Rate (bpm)

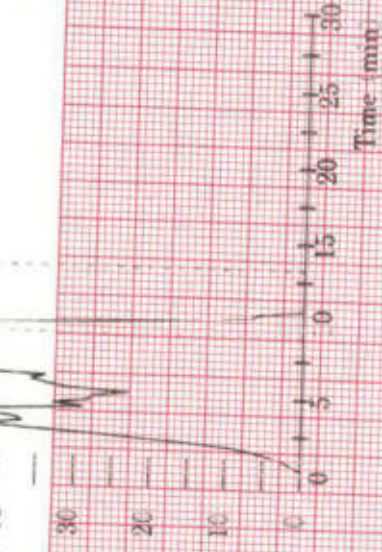
BP (mm Hg)

250
200

250
200

250
200

250
200



ST Slope II (mV/s)

4
2
0
-2
-4

ST Level II (mm)

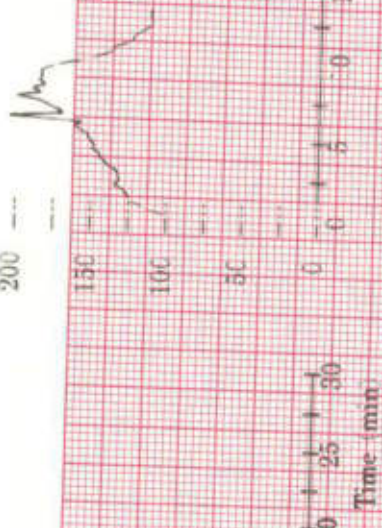
4
2
0
-2
-4

ST Level V5 (mm)

4
2
0
-2
-4

ST Slope V5 (mV/s)

4
2
0
-2
-4



ST Slope II (mV/s)

4
2
0
-2
-4

ST Level II (mm)

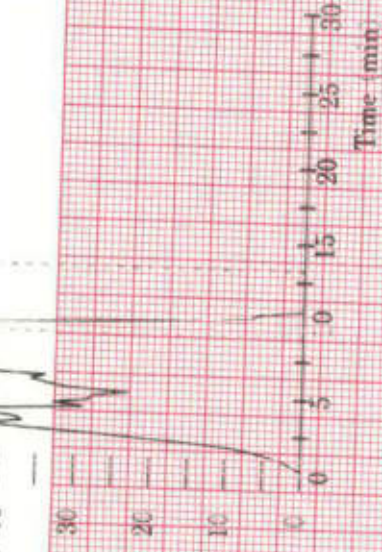
4
2
0
-2
-4

ST Level V5 (mm)

4
2
0
-2
-4

ST Slope V5 (mV/s)

4
2
0
-2
-4



ST Slope II (mV/s)

4
2
0
-2
-4

ST Level II (mm)

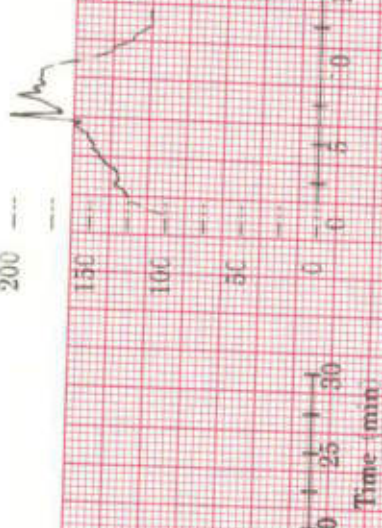
4
2
0
-2
-4

ST Level V5 (mm)

4
2
0
-2
-4

ST Slope V5 (mV/s)

4
2
0
-2
-4



ST Slope II (mV/s)

4
2
0
-2
-4

ST Level II (mm)

4
2
0
-2
-4

ST Level V5 (mm)

4
2
0
-2
-4

ST Slope V5 (mV/s)

4
2
0
-2
-4

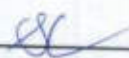


MR No. : S149527
Patient Name : Mrs. Purvi D Shah
Ref By : Dr. Hospital A Doctor
Collection Date : 09/02/2024 9:00AM
Age : 33 Y Sex : Female
Report Date : 09/02/2024 12:26 PM

BIOCHEMISTRY

<u>Parameter</u>	<u>Result</u>	<u>Units</u>	<u>Normal Range</u>
POST PRANDIAL BLOOD GLUCOSE [PPBS]			
POST PRANDIAL BLOOD GLUCOSE (Hexokinase)	80	mg/dl	100 - 140
POST PRANDIAL URINE GLUCOSE	SNR		
POST PRANDIAL URINE KETONE	SNR		

***** End Report *****


Dr. Shobha Choksi
MD, DCP (Pathology)

Reg. No.: G-9074

Surat:
Pincode
09/02/2024 12:26PM
Beside Big Bazar, Gaurav Path,
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Vadodara :
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F: +91 265 2632400

Vadodara :
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Anant Apartment, B/s. Aradhna Cinema, Page 1 of 1
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F: +91 265 434073



OPD ASSESSMENT FORM



Name Mrs. Pooji D. Shah Age.Sex 33/F MR.No. 5149527

Doctor Dr Krunal Gajjar Date 09/02/2024

Ht : 160cm Wt. : 66.9 kg Temp : 98° Pulse : 86 b/m BP : 111/68 mmHg

SPO2 : 99% Post of walk SPO2 : _____

Chief Complaints :

NOT-ANY

Drug / Food Allergy :

Prior Medication Reviewed : Yes No

On examination :

RS } NAD
CVS }

Past History :

— N.S. — except
K140 thalasemia minor.

Provisional Diagnosis :

Nutritional Assessment :

- Obese
- Well nourished
- Mild- moderate nourished
- Severely mal-nourished

Treatment and further Advices :
(Write in Capital Letters)

Rx

Investigation advised :

Krunal
Dr. Krunal Gajjar
M.B.B.S., MD (MEDICINE)
CONSULTANT PHYSICIAN

Reg. No. G-20422

SUNSHINE GLOBAL HOSPITAL
SURAT. Signature

Follow Up : _____ Date : _____




PAT. NAME: Purvi Shah	Date : 09/02/2024
REF. DOCTOR : Hosp. Dr.	AGE : 33 Yrs / F
INV. : Radiograph of Chest PA	MR NO. : S149527

Clinical Details: HC

Observation:

- Both the lung fields appears normal.
- Both costophrenic angles appear clear.
- Both the hila appears normal.
- Trachea appears in midline.
- Cardiac size and other mediastinal shadows appears normal.
- Both domes of diaphragm appear normal.
- Bony thorax appears normal.


Dr. Sneha Dumaswala
MBBS, DNB-Radiodiagnosis
Consultant Radiologist
G-21796

Transcribed By: Asha

Page: 1 out of 1
Date & Time of report: 09/02/2024 – 12:25 PM

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PAT. NAME: Purvi Shah	Date : 09/02/2024
REF. DOCTOR : Hosp. Dr.	AGE : 33 Yrs / F
INV. : USG Abdomen & Pelvis	MR NO. : S149527

Findings:

Liver is normal in size, shape and shows normal echopattern. No e/o any focal or diffuse lesion noted. Intrahepatic biliary radicals are normal.

Gall bladder is distended and appears normal. No e/o calculus, sludge or mass lesion is seen. CBD and Portal Vein appears normal in size and calibre.

Pancreas appears normal in size and shows normal echopattern to the extent assessed. Spleen appears normal in size, shape and homogenous echopattern.

Both kidneys appear normal in size, shape and echopattern. The corticomedullary differentiation is well maintained. No e/o any calculus or hydronephrosis is seen.

Aorta and para-aortic regions appears normal. No e/o any lymphadenopathy.

Urinary bladder appears well distended and normal.

Uterus appears normal size, shape and echopattern. No e/o any focal or diffuse lesion noted. Endometrial thickness is normal.


Right ovary appear normal in size, shape and echopattern.

Left ovary : A cyst measuring 3.8 x 2.2 x 2.6 cm noted in left ovary.

No e/o free fluid in abdomen / pelvis.

IMPRESSION:

- A left ovarian cyst, likely benign.


Dr. Sneha Dumaswala
MBBS, DNB-Radiodiagnosis
Consultant Radiologist
G-21796

Transcribed By: Asha

Page: 1 out of 1
Date & Time of report: 02/09/2024 – 12:28 PM

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MR No. : S149527 Collection Date : 09/02/2024 9:00AM
Patient Name : Mrs. Purvi D Shah Age : 33 Y Sex : Female
Ref By : Dr. Hospital A Doctor Report Date : 09/02/2024 11:43AM

HAEMATOLOGY

Parameter	Result	Units	Normal Range
CBC with ESR			
HAEMOGLOBIN	10.9	gm/dl	12.0 - 15.0
PCV	37.3	%	36 - 46
RBC COUNT	5.30	mill/cmm	4.0 - 5.0
MCV	70.4	fl	76 - 96
MCH	20.6	pg	26 - 32
MCHC	29.2	%	32 - 36
RDW	17.0	%	11 - 15
PLATELET COUNT	1.59	lacs/cmm	1.5 - 4.5
WBC COUNT	7230	/cmm	4000 - 11000
ESR	04	mm/hr	0 - 15
DIFFERENTIAL WBC COUNT			
NEUTROPHIL	54	%	40 - 70
LYMPHOCYTES	34	%	20 - 40
EOSINOPHILS	03	%	1 - 6
MONOCYTES	09	%	2 - 11
BASOPHILS	00	%	0 - 2
PERIPHERAL SMEAR			
RBC MORPHOLOGY	Hypochromasia(+), Microcytosis(+), Anisocytosis(+)		
WBC MORPHOLOGY	Within Normal Range		
PLATELET ON SMEAR	Adequate		
HEMOPARASITES	Not Seen		

SYSMEX XN-550

***** End Report *****


Dr. Shobha Choksi
MD, DCP (Pathology)

Reg. No.: G-9074

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Page 1 of 1



MR No. : S149527
Patient Name : Mrs. Purvi D Shah
Ref By : Dr. Hospital A Doctor
Collection Date : 09/02/2024 9:00AM
Age : 33 Y Sex : Female
Report Date : 09/02/2024 11:38AM

HAEMATOLOGY

Parameter	Result	Normal Range
BLOOD GROUP & RH FACTOR		
BLOOD GROUP	"O"	
RH FACTOR	POSITIVE	

BIOCHEMISTRY

SERUM URIC ACID		
SERUM URIC ACID (Uricase)	4.5	mg/dl 2.4 - 5.7
FASTING BLOOD SUGAR (FBS)		
FASTING BLOOD GLUCOSE (Hexokinase)	100	mg/dl 74 - 110
FASTING URINE GLUCOSE	Absent	
FASTING URINE KETONE	Absent	

***** End Report *****

Dr. Shobha Choksi
MD, DCP (Pathology)

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MR No. : S149527	Collection Date : 09/02/2024 9:00AM
Patient Name : Mrs. Purvi D Shah	Age : 33 Y Sex : Female
Ref By : Dr. Hospital A Doctor	Report Date : 09/02/2024 11:40AM

BIOCHEMISTRY

Parameter	Result	Units	Normal Range
HBA1C [GLYCOSYLATED HEAMOGLOBIN]			
HbA1C	5.9	%	Non-Diabetic level: <6 Good Control: 6 - 7 Poor Control: 7 - 8 Action Suggested > 8
MEAN BLOOD GLUCOSE	122.63	mg/dl	

The test is done on Cobas Integra 400plus-Turbidimetric Inhibition ImmunoAssay

Note:- Criteria for the diagnosis of diabetes HbA1c $\geq 6.5\%$

1. HbA1c is important test for the assessment of long term blood glucose control (also called glycemic control).
2. HbA1C reflects mean glucose concentration over past 6-8 weeks and provides a much better indication of long term glycemic control than blood glucose determination.
3. HbA1C is formed by non-enzymatic reaction between glucose and Hb. This reaction is irreversible and therefore remains unaffected by short term fluctuations in blood glucose levels.
4. Long term complications of diabetes such as retinopathy, nephropathy, and neuropathy are potentially serious and can lead to blindness kidney failure etc.
5. Genetic Variants (Hb-S trait, Hb-C trait) elevated fetal haemoglobin & chemically modified derivatives of haemoglobin (eg carbamylated Hb in patients with renal failure) can affect the accuracy of HbA1C measurement.

***** End Report *****

Dr. Shobha Choksi
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Reg. No.: G-9074

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MR No. : S149527
 Patient Name : Mrs. Purvi D Shah
 Ref By : Dr. Hospital A Doctor
 Collection Date : 09/02/2024 9:00AM
 Age : 33 Y Sex : Female
 Report Date : 09/02/2024 11:39AM

BIOCHEMISTRY

Parameter	Result	Units	Normal Range
LIPID PROFILE			
SERUM CHOLESTEROL CHOD PAP	172	mg/dl	50 - 200
HDL CHOLESTEROL Direct	55	mg/dl	40 - 60
LDL CHOLESTEROL Direct	92.6	mg/dl	0 - 100
SERUM TRIGLYCERIDE GPO PAP	122	mg/dl	50 - 150
VLDL Calc	24.4	mg/dl	0 - 30
CHOLESTEROL / HDL RATIO	3.13		0 - 5
LDL / HDL RATIO	1.68		0 - 3

- LDL Cholesterol level is primary goal for treatment and varies with risk category and assessment.
 - Risk assessment from HDL and Triglyceride has been revised. Also LDL goals have changed.
 - Details on test interpretation available from the lab.

TEST	NEAR OPTIMAL (Moderate Risk)	BORDER LINE (Risk)	HIGH (Risk)	VERY HIGH
CHOLESTROL	160-199	200-239	240-279	280
HDL	50-59	40-49	< 40	
LDL	100-129	130-159	160-190	>190
TRIGLYCERIDES	150-169	170-199	240-499	>500
CHO/HDL RATIO	3.3-4.4	4.4-11.0	>11.0	
LDL/HDL RATIO	0.5-3.0	3.0-6.0	>6.0	

***** End Report *****

SC
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 MD, DCP (Pathology)
 Reg. No.: G-9074

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MR No. : S149527
Patient Name : Mrs. Purvi D Shah
Ref By : Dr. Hospital A Doctor
Collection Date : 09/02/2024 9:00AM
Age : 33 Y Sex : Female
Report Date : 09/02/2024 11:41AM

BIOCHEMISTRY

Parameter	Result	Units	Normal Range
LIVER FUNCTION TEST			
ALKALINE PHOSPHATASE (IFCC)	72	U/L	35 - 130
BILIRUBIN TOTAL Diazo	0.3	mg/dl	0.0 - 1.2
BILIRUBIN DIRECT Diazo	0.2	mg/dl	0.0 - 0.4
BILIRUBIN INDIRECT (Calc)	0.1	mg/dl	0.0 - 0.8
SGPT (IFCC)	32	U/L	5 - 41
SGOT (IFCC)	24	U/L	5 - 40
SERUM TOTAL PROTEIN Biuret	7.2	gm/dl	6.6 - 8.7
SERUM ALBUMIN BCG	4.4	gm/dl	3.5 - 5.2
SERUM GLOBULIN Calc	2.8	gm/dl	1.5 - 3.5
SERUM A/G RATIO Calc	1.57	gm/dl	1.5 - 2.5
SERUM CREATININE			
SERUM CREATININE (JAFFE)	0.8	mg/dl	0.5 - 1.2
BUN [BLOOD UREA NITROGEN]			
BUN	7.0	mg/dl	8 - 23
ALBUMIN-CREATININE RATIO			
URINE ALBUMIN/MICROALBUMIN (Immunoturbidimetry)	6.3	mg/L	
URINE CREATININE (JAFFE)	165.6	mg/dl	
ALBUMIN-CREATININE RATIO (Calculated)	0.003	mg/gm	Normal: <30; Microalbuminuria: 30-299; Clinical Albuminuria: >300

***** End Report *****

Dr. Shobha Choksi
MD, DCP (Pathology)

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MR No. : S149527
Patient Name : Mrs. Purvi D Shah
Ref By : Dr. Hospital A Doctor
Collection Date : 09/02/2024 9:00AM
Age : 33 Y Sex : Female
Report Date : 09/02/2024 11:40AM

CLINICAL CHEMISTRY


Parameter	Result	Units	Normal Range
THYROID FUNCTION TEST [TFT]			
TOTAL T3 (CLIA)	1.29	ng/ml	0.846 - 2.02
TOTAL T4 (CLIA)	6.01	ug/dl	5.1 - 14.0
TSH (CLIA)	2.63	uIU/ml	0.2 - 4.5

Note:-

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 (freeT4). Additionally the hypothalamic tripeptide, thyrotropin releasing hormone (TSH) 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 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.

***** End Report *****


Dr. Shobha Choksi
MD, DCP (Pathology)

Reg. No.: G-9074

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MR No. : S149527	Collection Date : 09/02/2024 9:00AM
Patient Name : Mrs. Purvi D Shah	Age : 33 Y Sex : Female
Ref By : Dr. Hospital A Doctor	Report Date : 09/02/2024 11:44AM

CLINICAL PATHOLOGY

<u>Parameter</u>	<u>Result</u>	<u>Normal Range</u>
URINE ROUTINE & MICROSCOPIC EXAMINATION		
TYPE OF SPECIMEN - URINE	Random	
PHYSICAL EXAMINATION		
QUANTITY	25	ml
COLOUR	Pale Yellow	
APPEARANCE	Sl.Turbid	
REACTION (pH)	6.0	
SPECIFIC GRAVITY	1.020	
CHEMICAL EXAMINATION		
PROTEIN	Absent	
GLUCOSE	Absent	
KETONE	Absent	
BILE SALT	Absent	
BILE PIGMENT	Absent	
OCCULT BLOOD	Absent	
NITRITE	Absent	
MICROSCOPIC EXAMINATION		
PUS CELLS	4-5	/hpf
EPITHELIAL CELLS	3-4	/hpf
RBC	Absent	/hpf
CASTS	Absent	
CRYSTALS	Absent	
BACTERIA	Absent	
YEAST CELLS	Absent	

***** End Report *****

Dr. Shobha Choksi
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 33 Yrs
 Female
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 Dr.Hospital Doctor

MR No : S149527
 Patient Name : Purvi D Shah
 Date : 09 Feb 2024
 Bed Name :
 Ref.Doctor :
 Result Entry Date : 09/02/2024
 OPD/IPD No :
 Age :
 Sex :
 Company Name :
 Admitted / Visited Doc Name :

CYTOPATHOLOGY REPORT

PAP No.33/24

Specimen

Two unstained slide received, for PAP smear evaluation.

Microscopic Description

Smears are adequate for evaluation.
 Transformational zone component not seen.
 Smears predomianantly show superficial, intermediate squamous cells.
 Polymorphs (++)

IMPRESSION:

No evidence of intraepithelial lesion or malignancy.

Note- The pap test is a screening procedure to aid in the detection of cervical cancer and its precursors. Because false negative results may occur, regular PAP tests are recommended.

Population	ACSI/ASCCP/ASCPs
Younger than 21 years	No screening
21-29 years	Screening with cytology alone every 3 years is recommended.
30-65 years	Cytology and HPV testing ("co-testing") every 5 years (preferred) or Cytology alone every 3 years (acceptable) is recommended.
Older than 65 years	Stop screening with adequate screening history.

Note - Women who have a history of cervical cancer, HIV infection, weakened immune system should not follow these routine guidelines. If you have an abnormal cervical cancer screening test result, you may have additional testing/treatment. Your doctor will recommend when you can resume routine screening.

SC
Dr Shobha R
Choksi

***** END OF REPORT *****

Printed Date:- 10/02/2024

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