(Excel) ... (Apollo)

Dr. Ujjal Shah
M.D. Pathology
Reg. No. G-13696

Dr. G. D. Jagani (M.D.)
Reg. No. G-1287

excel eXcel Diagnostic centre

Kim Plaza, Raiya Road, Rajkot-360 007.

DATE: 5/3/24

NAME OF CLIENT: Rinaben Vaishnav

DATE OF BIRTH: 10/6/87 AGE: 36y MALE/FEMALE

HEIGHT:	CM	148				
WEIGHT:	KG	50				
ABDOMEN:	CM	82				
CHEST:	CM	INSPIRATION	89 CM	EXPIRATION	84 CM	

BLOOD PRESSURE: 112/74 /mmHg PULSE: 77 /MIN

HABITS:	TOBACCO/GUTKHA	NO	QUANTITY	NO	DURATION	NO
	SMOKING	NO	QUANTITY	NO	DURATION	NO
	ALCOHOL	NO	QUANTITY	NO	DURATION	NO

IS THERE ANYTHING IN THE MEDICAL HISTORY NOT ALREADY MENTIONED: NO

DETAILS OF OPERATION: L.S.C.S. in 2012 and 2018.

DETAILS OF ACCIDENT: NO

SYSTEMIC EXAMINATION (ANY ABNORMALITY FOUND) : NO

REFRACTIVE ERROR:

LEFT EYE	RIGHT EYE
6/6	6/6

OTHER ILLNESS: NO

H/O DIABETES: NO

H/O HIGH BLOOD PRESSURE: NO

I HAVE EXAMINED THE CANDIDATE PERSONALLY & HE/SHE IS FOUND FIT.

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Kim Plaza, Raiya Road, Rajkot-360 007.

Full name of life to be assured: Rinaben Vaishnav

Age/Sex: 36y/F Date: 5/3/24

REST E.C.G. REPORT:

Position	Within Normal limit
Standardization 1mv	
Mechanism	
Voltage	
Electrical Axis	
Auricular Rate	
Rhythm	
P Wave	
PR Interval	
QRS Complexes	
Q – T Duration	
S – T Segment	
T Wave	
Q Wave	

CONCLUSION: Normal

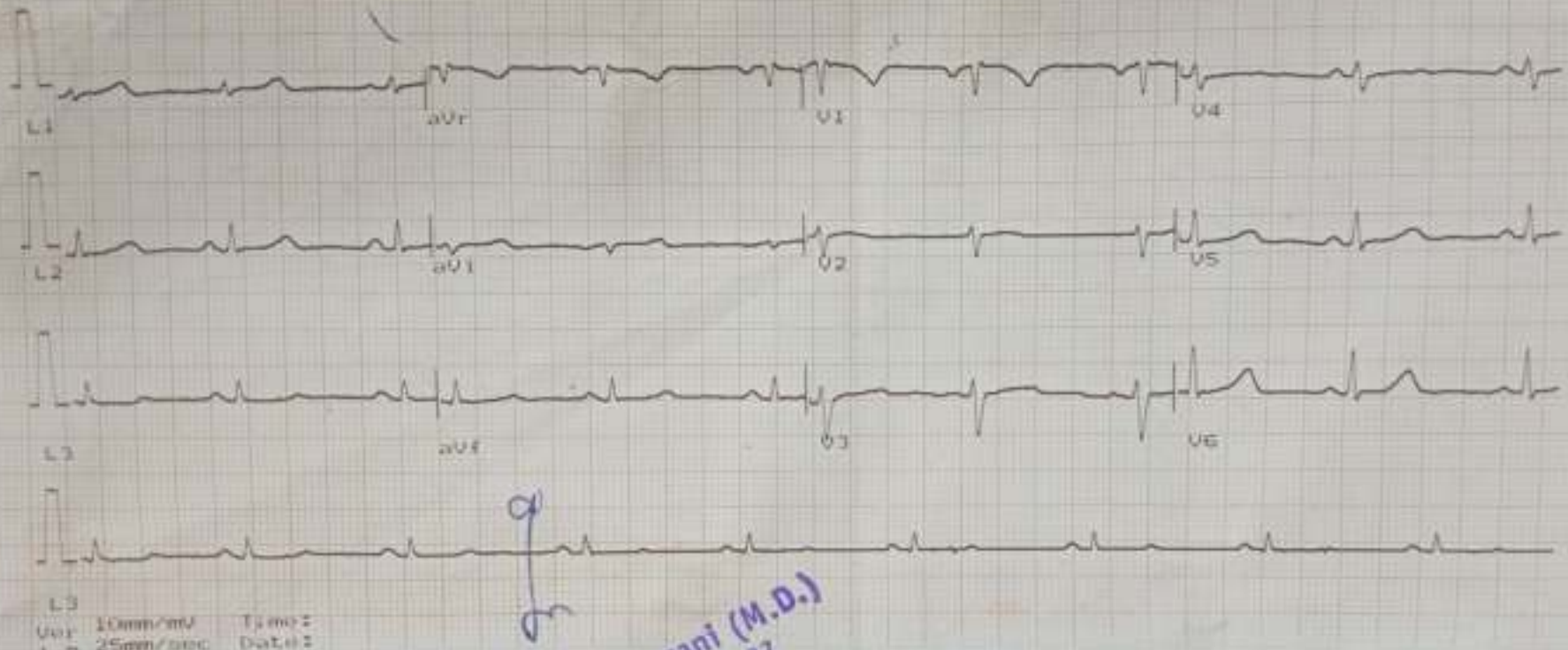
Signature of doctor

Dr. G. D. Jagani (M.D.)
Reg. No. G-1287

Medical center stamp

Name: _____

__yrs __cm __Kg BP__



Heart Rate : 64 /

INTERVAL(ms)

PR:147 QRS: 40

QT:412 QTc:430

ST:205

AXIS(deg)

P : 57 QRS: 56

T : 36

10mm/mV Time:

25mm/sec Date:

Dr. G. D. Jagani (M.D.)
Reg. No. G-1287

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Kim Plaza, Raiya Road, Rajkot-360 007.

EYE EXAMINATION

DATE 05-03-24

NAME OF CLIENT: RINABEN VAISHNAV

AGE: 36 YEARS GENDER: FEMALE

REFRACTIVE ERROR:	LEFT EYE	RIGHT EYE	NIGHT BLINDNESS	COLOUR VISION	
	6/6	6/6	NO	NORMAL	NORMAL

FUNDUS EXAMINATION NORMAL

DIAGNOSTIC CENTRE RAJKOT excel

eXcel eXcel Diagnostic centre
Kim Plaza, Raiya Road, Rajkot-360 007.

PATIENT NAME:RINABEN VAISHNAV

SEX/AGE: FEMALE /36 YEARS

DATE: 05/03/2024

PAP SMEAR

Studied smears show mainly superficial and intermediate squamous epithelial cells.

Few para basal cells are noted.

Few non specific chronic inflammatory cells are noted.

NO EVIDENCE OF ATYPICAL CELLS IN THE STUDIED SMEARS.

CONCLUSION: NORMAL SMEAR STUDY.

EXCEL DIAGNOSTIC CENTRE RAJKOT

Dr. UPAL SHAH (M.D. PATHOLOGY)
eXcel Diagnostic Centre
A COMPUTERIZED PATHOLOGY & MICROBIOLOGY LABORATORY
EMPOWERED WITH ENDOCRINE & SPECIAL TEST UNIT

Patient Name : RINABEN VAISHNAV (I)
Age 36 Year
Sex Female
Reference: DR.

ID.2
Reg. Date: 05/03/2024

URINE ANALYSIS

Test	Observed Value
Sample	Random
PHYSICAL EXAMINATION	
Quantity	20 mL
Colour	Pale yellow
Appearance	Sl.Turbid
pH	ACIDIC
Specific Gravity	1.005
CHEMICAL EXAMINATION	
Protein (Albumin)	ABSENT
Sugar	NIL
Bile Salts	ABSENT
Bile Pigment	ABSENT
MICROSCOPIC EXAMINATION / HPF	
Pus Cells	OCCASIONAL
Red Blood Cells	ABSENT
Epithelial Cells	***ABSENT***
Crystals	Absent
Amorphous material	Absent
Casts	Absent
Trichomonas vaginalis	Absent
Yeast	Absent
Bacteria	Absent
Spermatozoa	Absent
Urobilinogen	***NOT INCREASED***

Dr. Upal Shah
M.D. Pathology
Reg. No. G-13696

Signature.

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Patient Name : RINABEN VAISHNAV (I)
Age 36 Year
Sex Female
Reference: DR.

ID.2
Reg. Date: 05/03/2024

HEMOGLOBIN A1c TEST

Test	Observed Value		Biological Reference Interval
HbA1c	5.39	%	> 8.2 : POOR CONTROL 7.2-8.2 : MODERATE CONTROL **6.2-7.2 : GOOD CONTROL** < 6.2 : WITHIN NORMAL LIMIT
REMARK	WITHIN NORMAL LIMIT		

Importance of HbA1c - Glycated Hb. in Diabetes Mellitus

• HbA1c, also known as Glycated Hemoglobin is the most important test for the assessment of long term blood glucose control (also called glycemic control)
• HbA1c reflects mean blood glucose concentration over past 6-8 weeks and provides amuch better indication of long term glycemic control than blood glucose determination
• 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.
• Long term complications of diabetes such as retinopathy-eye complications, nephropathy-kidney complications and neuropathy-nerve complications, are potentially serious and can lead to blindness, kidney failure etc.
• Glycemic control monitored by HbA1c measurement using HPLC method-(Gold Standard) is considered most important. (Ref. National Glycohemoglobin Standardization Program -NGSP).

BLOOD GLUCOSE TEST

Test	Observed Value		Biological Reference Interval
Sample	*FLOURIDE PLASMA*		60.0 - 100.0
FASTING (FBS)			
Blood Sugar-F	78	mg/dL	60 - 100
Urine Sugar-F	NIL		
Urine Ketone-F	NIL		
POST PRANDIAL (PPBS)			
Blood Sugar-PP	106	mg/dL	80 - 120
Urine Sugar-PP	NIL		
Urine Ketone-PP	NIL		

Dr. Upal Shah
M.D. Pathology
Reg. No. G-[illegible]
Signature

NOTE : The above results are Subject to variations due to technical limitations. Hence correlation with clinical findings and other investigations are requested

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eXcel Diagnostic Centre
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Patient Name : RINABEN VAISHNAV (I)			ID.2
Age	36 Year	Reference:	Reg. Date: 05/03/2024
Sex	Female	DR.	

LIPID PROFILE

Test	Observed Value		Biolpgical Reference Interval
Cholesterol	205	mg/dL	140.0 - 250.0
Triglyceride	98	mg/dL	30.0 - 150.0
HDL Cholesterol	49.63	mg/dL	30-65 mg / dl
VLDL	19.6	mg/dl	0.0 - 40.0
LDL Cholesterol	135.8	mg/dL	Low : < 130 mg / dl Moderate : 130 - 160 mg / dl High :> 160 mg / dl
LDL Chol / HDL Chol Ratio	2.7		
Cholesterol / HDL Chol. Ratio	4.1	L	Low : 5.1 Modrate : 5.1 - 8.0 High : > 8.1

THYROID FUNCTION TEST

Test	Observed Value		Biological Reference Interval
T3 - Triiodothronine	1.27	ng/mL	0.60 - 1.81
T4 - Total Thyroxine	7.79	µg/dL	5.0 - 13.0
TSH	1.98	µIU/mL	0.20 - 6.00

TSH measurement is useful inscreening and diagnosis for euthyroidism,hyperthyroidism and hypothyroidism.
TSH levels may be affected byt acute illness and drugs like doapmine and gluco corticoids.
Low or udetactable TSH is suggestive of graves disease.
TSH between .5 to 15.0 with normal T3 T4 indicates impaire thyroid hormone or subclinical hypothyroidism or normal T3 T4
with slightly low TSH suggests subclinical Hyperthyroidism.
TSH Suppression does not reflect severity of hyperthyroidism therfore, measeruemtn of free thyoid is important.
FreeT3 is first hormone to increase in early Hyperthyroidism.
Only TSH level can prove to be misleading in patients on Treatment. Therefor free T3, FreeT4, along with TSH should be checked.

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Signature

eXcel Diagnostic Centre
Dr. UPAL SHAH (M.D. PATHOLOGY)
A COMPUTERIZED PATHOLOGY & MICROBIOLOGY LABORATORY
EMPOWERED WITH ENDOCRINE & SPECIAL TEST UNIT

Patient Name : RINABEN VAISHNAV (I)
Age 36 Year
Sex Female
Reference: DR.

ID.2
Reg. Date: 05/03/2024

RENAL FUNCTION TEST

Test	Observed Value		Biological Reference Interval
S. Creatinine	1.13	mg/dL	0.60 - 1.50
Bl. Urea	34.21	mg/dL	10 - 40
BUN	12.78	mg/dl	10.0 - 20.0
PROTEINS			
Total Protein	6.92	g/dL	6.00 - 8.30
Albumin	3.74	g/dL	3.20 - 5.00
Globulin	3.18	g/dL	2.00 - 3.50
A/G Ratio	1.2		1.0 - 2.3
Uric Acid	3.69	mg/dL	3.0 - 6.0

Signature.

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Dr. UPAL SHAH (M.D. PATHOLOGY)
A COMPUTERIZED PATHOLOGY & MICROBIOLOGY LABORATORY
EMPOWERED WITH ENDOCRINE & SPECIAL TEST UNIT

Patient Name : RINABEN VAISHNAV (I)
Age 36 Year
Sex Female
Reference: DR.

ID.2
Reg. Date: 05/03/2024

LIVER FUNCTION TEST

Test	Observed Value		Biological Reference Interval
Bilirubin			
Total	0.57	mg/dL	0.1 - 1.2
Direct	0.45	mg/dL	0.1 - 0.6
Indirect	0.12	mg/dL	0.10 - 0.50
Alkaline Phosphatase	99.62	U/L	60 - 160
SGOT (AST)	28.45	U/L	Up To 46 U/L
SGPT (ALT)	13.65	U/L	Up to 49 U/L
G.G.T.	37.52	U/L	0.0 - 60.0
PROTHROMBIN TIME - PT			
HBsAg TEST	NON-REACTIVE		

Signature.

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eXcel Diagnostic Centre
A COMPUTERIZED PATHOLOGY & MICROBIOLOGY LABORATORY
EMPOWERED WITH ENDOCRINE & SPECIAL TEST UNIT

Patient Name : RINABEN VAISHNAV (I)

Age & Sex: 36 Year | Female

Reference: DR.

ID. 2
000000
Reg. Date: 05/03/2024

CBC

Test	Observed Value		Biological Reference Interval
Blood Count			
Haemoglobin	12.05	g/dL	11.5 - 15.5
RBC Count	4.52	mill./cmm	4.00 - 5.20
Platelet Count	3,78,000	/cmm	150000 - 450000
WBC Count	7,800	/cmm	4000 - 11000
DIFFERENTIAL WBC COUNT			
Polymorphs	62	%	40 - 75
Lymphocytes	34	%	20 - 45
Eosinophils	2	%	0 - 6
Monocytes	2	%	0 - 10
Basophils	00	%	0 - 1
RBC INDICES			
PCV	36.54	%	35.0 - 45.0
MCV	80.8	fL	80.0 - 99.0
MCH	*26.7* *L*	pg	28.0 - 32.0
MCHC	33.0	g/dL	30.0 - 34.0
Perpheral Smear Study			
RBC Morphology	Normochromic and Normocytic RBCs		
WBCs	WITHIN NORMAL LIMIT		
Platelets (on the smear)	Platelets are adequate		
ESR	10	mm/1st hour	0.0 - 10.0
BLOOD GROUP "ABO" Rh	"O" POSITIVE		

End of Report

Dr. Upal Shah
M.D. Pathology
Reg. No. G-13696

SCIENTIFIC
DIAGNOSTIC CENTER

Pooja Commercial Complex, Ground Floor,
Harihar Chowk, Sadar, Rajkot - 360002. (Gujarat). Ph. : 0281-2220220.

Dr. K. P. Domadia
M.D. Radiodiagnosis

Dr. Niket Domadia
M.D. Radiodiagnosis

Pt's Name :- **RINABEN VAISHNAV** *36YR/FEMALE*

Date & Time :- **05/03/2024 4:40 PM**

X-Ray Of Chest PA view

Both The Lungs Are Clear

Heart Size Is Normal

Both The C.P. Angles Are Clear

Both The Domes Are Normal In Position And Conture.

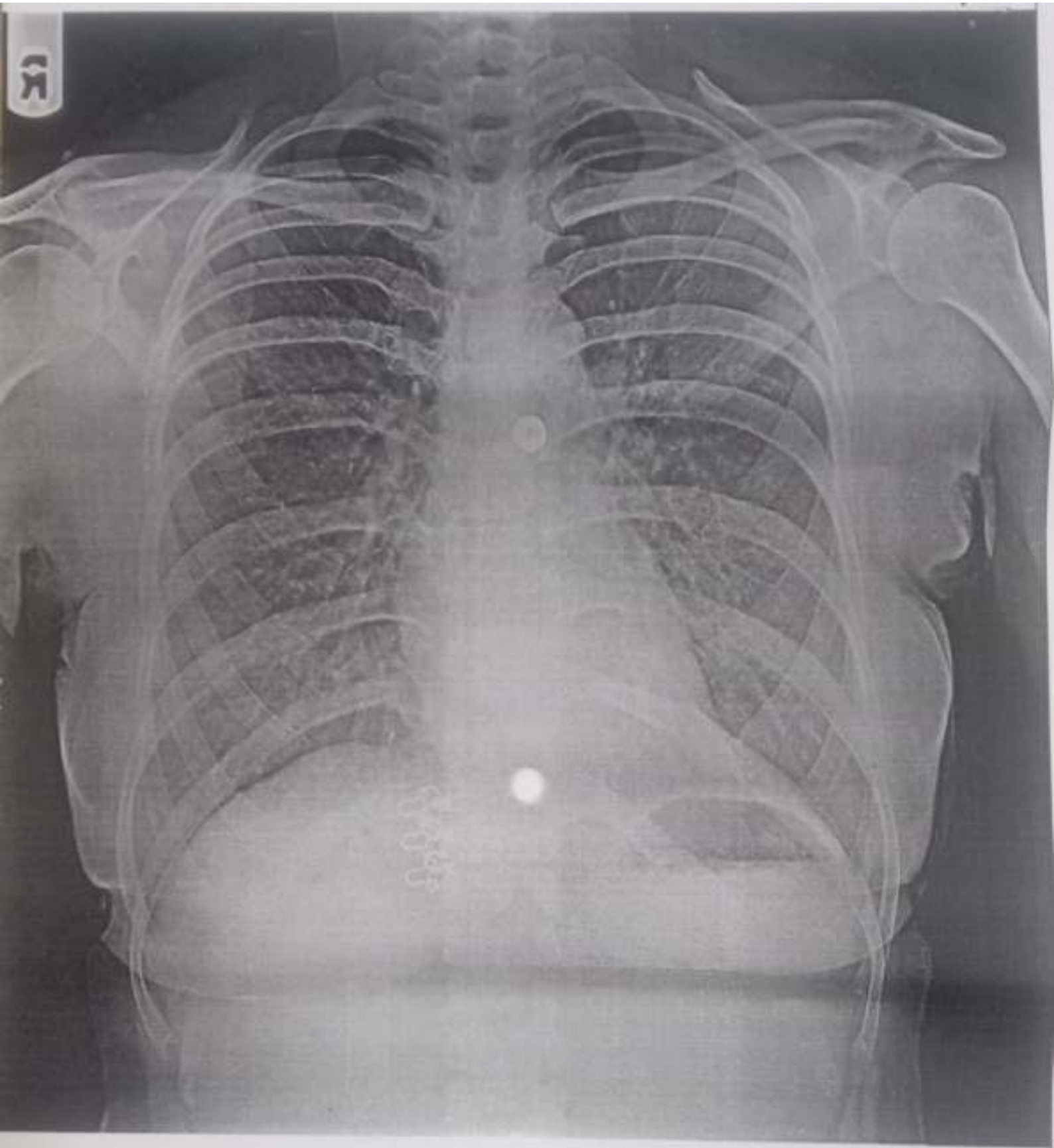
Bony Thorax Is Normal.

Thank You For The Reference

Dr.K.P. Domadia.
M.D. (Radiology)

(P.A.O)

Excel DIAGNOSTIC CENTRE RAJKOT



RINABEN VAISHNAV CHEST PA 05-Mar-24

SCIENTIFIC DIAGNOSTIC CENTER(DR. K P DOMADIA) - RAJKOT

SCIENTIFIC
DIAGNOSTIC CENTER

Pooja Commercial Complex, Ground Floor,
Harihar Chowk, Sadar, Rajkot - 360002. (Gujarat). Ph. : 0281-2220220.

Dr. K. P. Domadia
M.D. (Pathology)

Dr. Niket Domadia
M.D. (Pathology)

Pt's Name :- **RINABEN VAISHNAV** *36YR/FEMALE*

Date & Time :- **05/03/2024 4:43 PM**

SONOGRAPHY OF WHOLE ABDOMEN :

LIVER :

Is Normal In Size And Echopattern And Without Any Mass With Normal Intrahepatic Radicles. Both The Domes Are Moving Normally With Respiration With Clear C.P. Angles

PORTAL VEIN AND CBD :

:Are Normal In Caliber And Echopattern.

GALL BLADDER

: Is Normal In Size, Shape And Position With Normal Wall Echo Without Any Stone.

SPLEEN AND PANCREAS :

Are Normal In Size And Echopattern And Without Any Mass.

KIDNEYS :

Are Normal In Size, Shape And Position Without Any Stone With Normal Pelvicalyceal System And Normal Cortico Medullary Jn. Both The Kidneys Are Moving Normally With Respiration.

URINARY BLADDER

Is Normal In Appearance Without Any Stone Or Filling Defect.

Normal Aorta And Paraaortic Region Without Evidence Of Ascities.

UTERUS;

Is Normal In Size, Shape And Retroverted In Position With Normal Endometrium And Myometrium Without Any Mass.

Cervical Canal Is Normal

OVARIES;-

Both The Ovaries Are Normal In Size And Echopattern.

No Definite Pelvic Mass Or Fluid Is Seen.

Impression : Findings Are Suggestive Of Normal Study.

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SCIENTIFIC DIAGNOSTIC

Name:Rinaben Vaishnav Date:05-Mar-2024

CURE
CARDIOLOGY CLINIC
Complete Cardiac Care...

ECHOCARDIOGRAPHY & COLOR DOPPLER

Patient Name	:	Rinaben Vaishnav	Age	:	36yrs/F
Ref. By	:	Dr. Upal Shah	ID. No	:	3546
Report Date	:	05/03/24	Performed By	:	Dr. Maulik Hansalia

SUMMARY OF 2D ECHO

LV is normal sized.

No RWMA at rest.

Overall LVEF – 60%.

All cardiac valves are structurally normal.

No MR. No AS/AR.

Trivial Tricuspid Regurgitation.
RA/RV are normal sized. Good RV systolic function.
IVC – Collapsing.

IAS/IVS –Intact.
No PDA/Coarctation.

No e/o clot/vegetation on TTE.

No Pericardial effusion.

FINAL IMPRESSION.

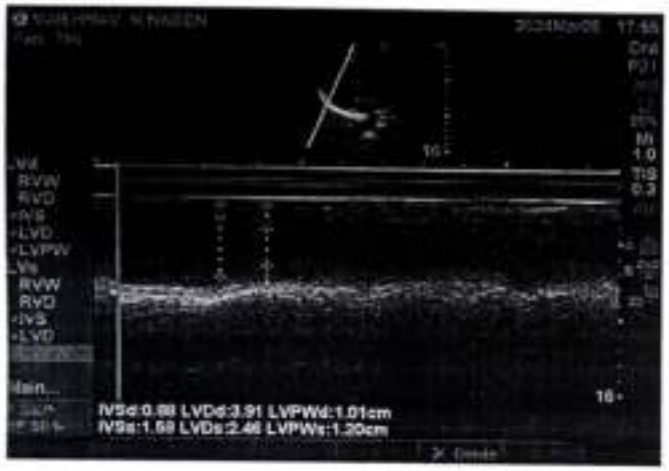
Normal chamber dimensions.
No Regional Wall motion abnormality.
Normal LV Systolic function.
No PAH.

Hansalia M.D.

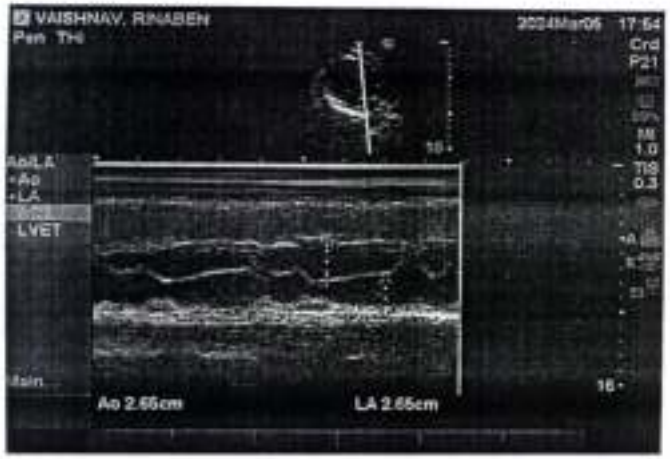
DR. MAULIK HANSALIA
M.B.B.S., PG DIPLOMA CLINICAL CARDIOLOGY

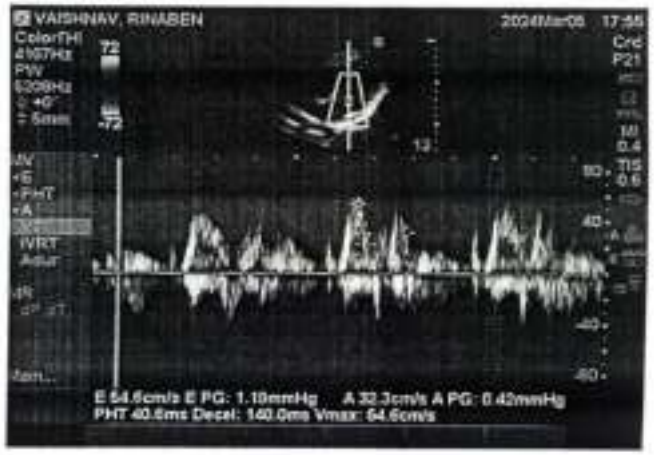
DR. NISHANT SIRODARIYA
M.B.B.S., PG DIPLOMA CLINICAL CARDIOLOGY

Excel DIAGNOSTIC C.L. RAJKOT


IVSd:0.88 LVDd:3.91 LVPWd:1.01cm
IVSs:1.59 LVDs:2.46 LVPWs:1.20cm


VAISHNAV, RINABEN
Vmax 81.7cm/s PGmax: 2.67mmHg

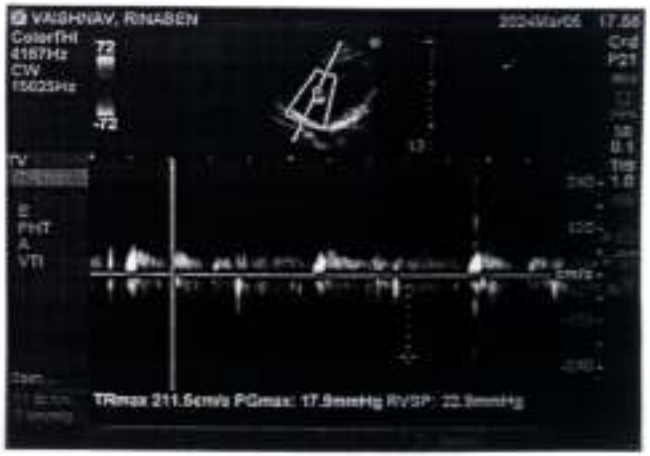

VAISHNAV, RINABEN
2024Mar06 17:54
Ao 2.65cm
LA 2.65cm


VAISHNAV, RINABEN
2024Mar06 17:55
E 54.6cm/s E PG: 1.19mmHg A 32.3cm/s A PG: 0.42mmHg
PHT 40.6ms Decel: 140.0ms Vmax: 64.6cm/s


VAISHNAV, RINABEN
2024Mar06 17:56


VAISHNAV, RINABEN
2024Mar06 17:54


VAISHNAV, RINABEN
2024Mar06 17:55


VAISHNAV, RINABEN
2024Mar06 17:56
TRmax 211.5cm/s PGmax: 17.9mmHg RVSP: 22.9mmHg

Patient Report

Patient Information

Patient Name	VAISHNAV, RINABEN	Procedure Type	
ID	(_No_ID_)	Procedure ID	1
Accession		Study Date	2024 /03 /05
Date of Birth	YYYY MM DD		YYYY MM DD
		Study Time	5:48 PM
Gender		Indications	
Ethnicity		Institution	
Height		Department ID	
Weight		User	
		Reading Dr.	
		Referring Dr.	

Cardiac

BSA

BP
HR

M Mode (Mean Values)

	Diastolic	Systolic
RVW		
RVD		
IVS	0.88 cm	1.33 cm
LVD	3.91 cm	2.68 cm
LVPW	1.01 cm	1.20 cm

EF	60 %	LVESV	26.5 ml	Ao	2.65 cm
CO		LVEDV	66.3 ml	LA	2.65 cm
CI		IVSFT	51.1 %	ACS	
SV	39.8 ml	LVDFS	31.5 %	LA/Ao	1.00
SI		LVPWFT	18.8 %	LVET	
		LV Mass	113.2 g	EF:Slope	
				EPSS	

2D LV (Mean Values)

	Diastolic	Systolic
RVW		
RVD		
IVS		
LVD		
LVPW		

EF	LVESV	Ao	
CO	LVEDV	LA	
CI	IVSFT	LA/Ao	
SV	LVDFS	AAo	
SI	LVPWFT		

2D Valve Area (Mean Values)

MV	
AV	

2D LV Volume (Mean Values)

	Diastolic	Systolic
A4C		
A2C		
Biplane		
EF		
CO		
CI		
SV		
SI		

2D LV Mass (Mean Values)

LV Mass	
Epi Area	
Endo Area	
D Apical	

MV (Mean Values)

E	54.6 cm/s	E PG	1.19 mmHg
A	32.3 cm/s	A PG	0.42 mmHg
E:A	1.69		
PHT	40.6 ms	Decel	140.0 ms
		MVA	5.42 cm²
VTI			
Vmax		PGmax	
Vmean		PGmean	
Adur		IVRT	

P.Vein (Mean Values)

A		Adur	
S			
D		S:D	

MR (Mean Values)

dP:dT	

TV (Mean Values)

TRmax	211.5 cm/s	PGmax	17.9 mmHg
RA	5 mmHg	RVSP	22.9 mmHg
E		E PG	
A		A PG	
E:A			
PHT		Decel	
		TVA	
VTI			
Vmax		PGmax	
Vmean		PGmean	

PV (Mean Values)

VTI		AT	
Vmax		PGmax	
Vmean		PGmean	

AV (Mean Values)

VTI			
Vmax	81.7 cm/s	PGmax	2.67 mmHg
Vmean		PGmean	
		AVA	
AI Slope		PHT	

LVOT (Mean Values)

VTI			
Vmax		PGmax	
Vmean		PGmean	
LVOT D		LVOT Area	
CO		CI	
SV		SI	

PISA (Mean Values)

PISA Area		Reg Volume	
ERO		Reg Fraction	
MV Rate			

PISA MR (Mean Values)

VTI			
Vmax		PGmax	
Vmean		PGmean	

Radius
V Alias

PISA MV (Mean Values)

VTI
Vmax
Vmean
Ann D

PGmax
PGmean

Qp/Qs (Mean Values)

	LVOT	RVOT
D		
VTI		
Vmax		
SV		
Qp/Qs		

TDI (Mean Values)

e'
a'
e'
a'
e'
a'
e'
a'

E(MV)/e'
E(MV)/e'
E(MV)/e'
E(MV)/e'