



LABORATORY REPORT



Name : Mrs. ASMITA VASAVA	Sex/Age : Female / 28 Years	Case ID : 30908000397
Ref. By : MEDIWHEEL PACKAGE	Dis. At :	Pt. ID :
Bill. Loc. : SPH OPD		Pt. Loc. :
Reg Date and Time : 09-Sep-2023 09:11	Sample Type : Whole Blood EDTA	Mobile No. :
Sample Date and Time : 09-Sep-2023 09:11	Sample Coll. By : non	Ref Id1 :
Report Date and Time : 09-Sep-2023 10:34	Acc. Remarks :	Ref Id2 :

TEST	RESULTS	UNIT	BIOLOGICAL REF. INTERVAL	REMARKS
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HAEMOGRAM REPORT

HB AND INDICES

Haemoglobin	L 11.2	G%	12.0 - 15.0
RBC (Electrical Impedance)	H 6.41	millions/cumm	3.80 - 4.80
PCV(Calc)	38.40	%	36.00 - 46.00
MCV (RBC histogram)	L 59.9	fL	83.00 - 101.00
MCH (Calc)	L 17.5	pg	27.00 - 32.00
MCHC (Calc)	L 29.1	gm/dL	31.50 - 34.50
RDW (RBC histogram)	H 16.20	%	11.00 - 16.00

TOTAL AND DIFFERENTIAL WBC COUNT

Total WBC Count	6590	/µL	4000.00 - 10000.00
Neutrophil	[%] 55	%	EXPECTED VALUES [Abs] 3625 /µL 2000.00 - 7000.00
Lymphocyte	37	%	20.00 - 40.00 2438 /µL 1000.00 - 3000.00
Eosinophil	03	%	1.00 - 6.00 198 /µL 20.00 - 500.00
Monocytes	05	%	2.00 - 10.00 330 /µL 200.00 - 1000.00
Basophil	00	%	0.00 - 2.00 0 /µL 0.00 - 100.00

PLATELET COUNT

Platelet Count	H 424000	/µL	150000.00 - 410000.00
MPV	8.50	fL	6.5 - 12
PDW	H 15.2		8 - 13

Method:

TLC-SF cube technology(Flow Cytometry+ fluorescence),
 DC by microscopy,
 Platelet count by electrical impedance+/-SF cube technology

Notes:(LL-VeryLow,L-Low,H-High,HH-VeryHigh ,A-Abnormal)

Dr. Shweta Patel
 Consultant Pathologist
 Page 1 of 11

Printed On : 09-Sep-2023 18:22



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 Ref. By : MEDIMHEEL PACKAGE Dis. At : Pt. ID :
 Bill. Loc. : SPH OPD Pt. Loc. :

Reg Date and Time : 09-Sep-2023 09:11 Sample Type : Plasma Fluoride F, Plasma Fluoride PP, Whole Blood EDTA, Serum Mobile No. :
 Sample Date and Time : 09-Sep-2023 09:11 Sample Coll. By : non Ref Id1 :
 Report Date and Time : 09-Sep-2023 17:55 Acc. Remarks : - Ref Id2 :

TEST	RESULTS	UNIT	BIOLOGICAL REF RANGE	REMARKS
Plasma Glucose - F <i>Photometric, Hexokinase</i>	H 106.66	mg/dL	70 - 100	FUS: NIL
Plasma Glucose - PP <i>Photometric, Hexokinase</i>	91.42	mg/dL	70 - 140	PPUS: NIL
Insulin Fasting <i>GMA</i>	13.0	µIU/mL	2.6 - 37.6	
Glycated Haemoglobin Estimation				
HbA1C <i>Immunoturbidimetric</i>	5.6	% of total Hb	<5.7: Normal 5.7-6.4: Prediabetes ≥6.5: Diabetes	
Estimated Avg Glucose (3 Mths) <i>Calculated</i>	114.02	mg/dL	Not available	

Please Note change in reference range as per ADA 2021 guidelines.

Interpretation :

HbA1C level reflects the mean glucose concentration over previous 8-12 weeks and provides better indication of long term glycomic control.
 Levels of HbA1C may be low as result of shortened RBC life span in case of hemolytic anemia.
 Increased HbA1C values may be found in patients with polycythemia or post splenectomy patients.
 Patients with Homozygous forms of rare variant Hb(CC,SS,EE,SC) HbA1c can not be quantitated as there is no HbA.
 In such circumstances glycomic control can be monitored using plasma glucose levels or serum Fructosamine.
 The A1c target should be individualized based on numerous factors, such as age, life expectancy, comorbid conditions, duration of diabetes, risk of hypoglycemia or adverse consequences from hypoglycemia, patient motivation and adherence.

Note:(LL-VeryLow,L-Low,H-High,HH-VeryHigh ,A-Abnormal)

Dr. Deven Desai
 Consultant Pathologist
 GMC No. G-12429
 Page 3 of 11

Dr. Bijal Shah
 Consultant Pathologist
 GMC No. G-11309

Dr. Bhumi Dalsania
 M.D.
 GMC No. G-19675

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Reg Date and Time : 09-Sep-2023 09:11	Sample Type : Serum	Mobile No. :
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Report Date and Time : 09-Sep-2023 11:49	Acc. Remarks : -	Ref Id2 :

TEST	RESULTS	UNIT	BIOLOGICAL REF RANGE	REMARKS
BUN (Blood Urea Nitrogen) <i>GLDH</i>	7.9	mg/dL	7.00 - 18.70	
Creatinine <i>Jaffe compensated</i>	0.69	mg/dL	0.55 - 1.02	
Uric Acid <i>Uricase-Paraoxalase method</i>	4.96	mg/dL	2.6 - 6.2	

Note: (LL-VeryLow, L-Low, H-High, HH-VeryHigh ,A-Abnormal)

[Signature]
Dr. Shweta Patel
Consultant Pathologist

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TEST	RESULTS	UNIT	BIOLOGICAL REF RANGE	REMARKS
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BIOCHEMICAL INVESTIGATIONS

Lipid Profile

Cholesterol <i>Cobrimetric, CHOD-POD</i>	184.68	mg/dL	110 - 200	
HDL Cholesterol	46.2	mg/dL	40 - 60	
Triglyceride <i>GPO-POD</i>	48.68	mg/dL	40 - 200	
VLDL <i>Calculated</i>	L 9.74	mg/dL	10 - 40	
Chol/HDL <i>Calculated</i>	4.00		0 - 4.1	
LDL Cholesterol <i>Calculated</i>	H 128.74	mg/dL	65 - 100	

NEW ATP III GUIDELINES (MAY 2001), MODIFICATION OF NCEP

LDL CHOLESTEROL	CHOLESTEROL	HDL CHOLESTEROL	TRIGLYCERIDES
Optimal <100	Desirable <200	Low <40	Normal <150
Near Optimal 100-129	Border Line 200-239	High >60	Border High 150-199
Borderline 130-159	High >240	-	High 200-499
High 160-189	-	-	-

- LDL Cholesterol level is primary goal for treatment and varies with risk category and assesment
- For LDL Cholesterol level Please consider direct LDL value
- Risk assessment from HDL and Trnglyceride has been revised. Also LDL goals have changed.
- Detail test interpretation available from the lab
- All tests are done according to NCEP guidelines and with FDA approved kits.
- LDL Cholesterol level is primary goal for treatment and varies with risk category and assesment

Note:(LL-VeryLow,L-Low,H-High,HH-VeryHigh ,A-Abnormal)

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TEST	RESULTS	UNIT	BIOLOGICAL REF RANGE	REMARKS
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BIOCHEMICAL INVESTIGATIONS

Liver Function Test

S.G.P.T. <i>IFCC</i>	19.37	U/L	0 - 59	
S.G.O.T. <i>IFCC</i>	22.54	U/L		
Alkaline Phosphatase <i>Modified IFCC method</i>	98.79	U/L	40 - 150	
Proteins (Total) <i>Buret</i>	7.35	g/dL	6.4 - 8.2	
Albumin <i>Bromo Cresol Green</i>	4.36	g/dL	3.4 - 5.0	
Globulin <i>Calculated</i>	2.99	gm/dL	2 - 4.1	
A/G Ratio <i>Calculated</i>	1.5		1.0 - 2.1	
Bilirubin Total <i>Diazotized Sulfanilic Acid Method</i>	0.40	mg/dL	0.2 - 1.0	
Bilirubin Conjugated <i>Diazotized Sulfanilic Acid Method</i>	0.11	mg/dL		
Bilirubin Unconjugated <i>Calculated</i>	0.29	mg/dL	0 - 0.8	

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Page 6 of 11

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Sample Date and Time : 09-Sep-2023 09:11	Sample Coll. By : non	Ref Id1 :
Report Date and Time : 09-Sep-2023 17:55	Acc. Remarks : -	Ref Id2 :

TEST	RESULTS	UNIT	BIOLOGICAL REF RANGE	REMARKS
Prolactin CMA	9.67	ng/mL	Females Nonpregnant: 2.8–29.2 Pregnant: 9.7–208.5 Postmenopausal: 1.8–20.3	

INTERPRETATIONS:

Useful as an aid in evaluation of pituitary tumors, amenorrhea, galactorrhea, infertility, and hypogonadism, Monitoring therapy of prolactin-producing tumors.
Resurgent prolactin levels in patients on long-term therapy indicate, most often, noncompliance with dopaminergic therapy, but can occasionally be an indication of recurrence.
For diagnostic purpose, result should be used in conjunction with other clinical data. If the prolactin results are in consistent with clinical evidence, additional testing is suggested to confirm the result.

CAUTIONS:

Multiple medications can cause a rise in serum prolactin level, in particular those that 1) decrease central nervous system (CNS) dopamine levels or block CNS dopamine receptors (antipsychotic drugs, anti-nausea/antiemetic drugs), or 2) affect CNS serotonin metabolism, serotonin receptors, or serotonin reuptake (anti-depressants of all classes, ergot derivatives, some illegal drugs such as cannabis) 3) . In several antihypertensive drugs with high CNS concentrations and central action on catecholaminergic neurons or calcium fluxes can cause hyperprolactinemia. 4) high doses of estrogen or progesterone 5) anticonvulsants (valproic acid) 6) anti-tuberculous medications (isoniazid).
Prolactin levels are regularly transiently elevated after a grand-mal seizure, and also often after petit-mal and atypical seizures. Exercise, stress, and sleep can transiently raise prolactin levels.
High-dose hook effect, leading to false-low serum prolactin measurements, is rarely observed. If a hook effect is suspected because low prolactin results are at variance with clinical presentation, then a dilution must be performed.

Note: (LL-Very Low, L-Low, H-High, HH-Very High ,A-Abnormal)

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Page 7 of 11

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Sample Date and Time : 09-Sep-2023 09:11	Sample Coll. By : non	Ref Id1 :
Report Date and Time : 09-Sep-2023 11:50	Acc. Remarks : -	Ref Id2 :

TEST	RESULTS	UNIT	BIOLOGICAL REF RANGE	REMARKS
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BIOCHEMICAL INVESTIGATIONS

Thyroid Function Test

Triiodothyronine (T3) <small>CMIA</small>	1.24	ng/mL	0.70 - 2.04	
Thyroxine (T4) <small>CMIA</small>	9.91	µg/dL	5.5 - 11.0	
TSH <small>CMIA</small>	1.45	µIU/mL	0.4 - 4.2	

INTERPRETATIONS

Useful for Monitoring patients on thyroid replacement therapy, Confirmation of thyroid-stimulating hormone (TSH) suppression in thyroid cancer patients on thyroxine therapy, for Prediction of thyrotropin-releasing hormone-stimulated TSH response, as An aid in the diagnosis of primary hyperthyroidism, for Differential diagnosis of hypothyroidism.

The ability to quantitate circulating levels of thyroid-stimulating hormone (TSH) is important in evaluating thyroid function. It is especially useful in the differential diagnosis of 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 or normal. Concentrations of 5.1 mIU/ml to 7.0 mIU/ml are considered borderline hypothyroid

CAUTIONS

Sick, hospitalized patients may have falsely low or transiently elevated thyroid stimulating hormone.

Some patients who have been exposed to animal antigens, either in the environment or as part of treatment or imaging procedure, may have circulating antianimal antibodies present. These antibodies may interfere with the assay reagents to produce unreliable results.

TSH ref range in Pregnancy	Reference range (microIU/ml)
First trimester	0.24 - 2.00
Second trimester	0.43-2.2
Third trimester	0.8-2.5

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Report Date and Time : 09-Sep-2023 13:33	Acc. Remarks : -	Ref Id2 :

TEST	RESULTS	UNIT	BIOLOGICAL REF RANGE	REMARKS
HIV I&II <i>Chromatographic immunoassay</i>	Non Reactive		Non Reactive	

All results should be interpreted by a qualified person in the context of history and the window period of the disease. If clinically indicated non-reactive results should be confirmed by other method or after a time interval. There are certain technical limits of analytical methods. All reactive results should be reconfirmed by a higher method.

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Shweta
Dr. Shweta Patel
Consultant Pathologist

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Bill. Loc. : SPH OPD		Pt. Loc. :
Reg Date and Time : 09-Sep-2023 09:11	Sample Type : Spot Urine	Mobile No. :
Sample Date and Time : 09-Sep-2023 09:11	Sample Coll. By : non	Ref Id1 :
Report Date and Time : 09-Sep-2023 12:13	Acc. Remarks :	Ref Id2 :

TEST	RESULTS	UNIT	BIOLOGICAL REF RANGE	REMARKS
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URINE EXAMINATION (STRIP METHOD AND FLOWCYTOMETRY)

Physical examination

Colour : Pale yellow
 Transparency : Clear

Chemical Examination By Sysmex UC-3500

Sp.Gravity	1.025		1.003 - 1.035
pH	6.0		4.6 - 8
Leucocytes (ESTERASE)	Negative		Negative
Protein	Negative		Negative
Glucose	Negative		Negative
Ketone Bodies Urine	Negative		Negative
Urobilinogen	Negative		Negative
Bilirubin	Negative		Negative
Blood	Negative		Negative
Nitrite	Negative		Negative

Flowcytometric Examination By Sysmex UF-5000

Leucocyte	Occasional	/HPF	Nil
Red Blood Cell	Nil	/HPF	Nil
Epithelial Cell	1-2	/HPF	Present(+)
Bacteria	Nil	/ul	Nil
Yeast	Nil	/ul	Nil
Cast	Nil	/LPF	Nil
Crystals	Nil	/HPF	Nil

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 Page 10 of 11

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Parameter	Unit	Expected value	Result/Notations				
			Trace	+	++	+++	++++
pH	-	4.6-8.0					
SG	-	1.003-1.035					
Protein	mg/dL	Negative (<10)	10	25	75	150	500
Glucose	mg/dL	Negative (<30)	30	50	100	300	1000
Bilirubin	mg/dL	Negative (0.2)	0.2	1	3	6	-
Ketone	mg/dL	Negative (<5)	5	15	50	150	-
Urobilinogen	mg/dL	Negative (<1)	1	4	8	12	-

Parameter	Unit	Expected value	Result/Notifications				
			Trace	+	++	+++	++++
Leukocytes (Strip)	/micro L	Negative (<10)	10	25	100	500	-
Nitrite(Strip)	-	Negative	-	-	-	-	-
Erythrocytes(Strip)	/micro L	Negative (<5)	10	25	50	150	250
Pus cells (Microscopic)	/hpf	<5	-	-	-	-	-
Red blood cells(Microscopic)	/hpf	<2	-	-	-	-	-
Cast (Microscopic)	/lpf	<2	-	-	-	-	-

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

For test performed on specimens received or collected from non-NSRL locations, it is presumed that the specimen belongs to the patient named or identified as labeled on the container/test request and such verification has been carried out at the point generation of the said specimen by the sender. NSRL will be responsible Only for the analytical part of test carried out. All other responsibility will be of referring Laboratory.

Note:(LL-VeryLow,L-Low,H-High,HH-VeryHigh ,A-Abnormal)

Dr. Shweta Patel
Consultant Pathologist

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OPD INITIAL ASSESSMENT FORM

(To be filled by Nursing Staff)

Patient Name: - Asmita Vasava

UHID Number: 023-11332

Consultant Name: DR. K. P. Pesh Date: 9/9/23 Start Time: - 8:49 Age: - 28 (Years)

Sex: - F (M/F) Vadodariya

Height: - 153 cms, Weight: - 62 kgs. Temp. CM, Pulse: - 76 (Per minute), SPO2 98%

B.P. :- _____ (mm of Hg), RBS: - LN First Visit / Follow Up Visit: First visit

Nursing Staff Name & Signature: - MUSKATI ANSARI End Time: - _____

Past History: - (TICK MARK)

Diabetes, Hypertension, IHD, COPD, Asthma, TB, Smoker, Alcoholic, Hypothyroidism

Other: - _____ 770

Family History: - _____

Nutritional Screening: - _____

Psychosocial Assessment: - _____

Immunization Status: - _____

To be filled by Clinician) Start Time: - _____

Clinical Findings: - corrected health check up

Diagnosis: - _____

GI/P/A - soft
normal
ABG

Investigations and Advice: - USG abdomen
noted

Patient Name :	ASMITA VASAVA F28 Y	Age / Gender :	28 / Female
Patient ID :	OP UH 02311332	Date & Time :	09-09-2023
Refd By :		Modality :	DX

X-RAY CHEST PA VIEW

FINDINGS :-

The lungs on the either side show equal translucency.

The peripheral pulmonary vasculature is normal.

No focal lung lesion is seen.

Bilateral CP angles are normal.

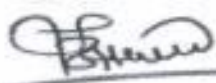
Both hila are normal in size, have equal density and bear normal relationship.

The heart and trachea are central in position and no mediastinal abnormality is visible.

The cardiac size is normal.

The domes of the diaphragms are normal in position, and show smooth outline.

IMPRESSION :- No significant abnormality detected.



Dr. Santoh Rathod
MBBS DNB (Radiology)
Consultant Radiologist



SARDAR
PATEL HOSPITAL
& HEART INSTITUTE

Name : Ashmita. Verma

Date : 9/9/23

Age : 27 Sex : F

No complain

No pitto any waji klin

pre-diabetes

Adv:-

Diet explained

Diet

110/80

Counseling



Chikwadi, Opp. Railway Yard, Ankleshwar - 393 001 ☎ : 247882 / 247883

OPD INITIAL ASSESSMENT FORM

(To be filled by Nursing Staff)

Patient Name: - Ashitha. rajani UHID Number: - 023-11332

Consultant Name: - Dr. Vivek Chaudh. Date: - 01/09/23 Start Time: - _____ Age: - 28 (Years)

Sex: - F (M/F)

Height: - 153 cms, Weight: - 52 kgs. Temp. N, Pulse: - 28 (Per minute), SPO2 98

B.P. :- 110/50 (mm of Hg), RBS:- _____ First Visit / Follow Up Visit. First visit

Nursing Staff Name & Signature:- Pratiksh. Patel End Time:- _____

Past History: - (TICK MARK)

Diabetes, Hypertension, IHD, COPD, Asthma, TB, Smoker, Alcoholic, Hypothyroidism

Other:-

Family History:-

Nutritional Screening:-

Psychosocial Assessment:-

Immunization Status:-

To be filled by Clinician) Start Time:- _____

Clinical Findings:-

Diagnosis:-

Investigations and Advice:-

SHRIMATI JAYABEN MODY HOSPITAL

REGD. No. F/106/BHARUCH

MANAGED BY :

Ankleshwar Industrial Development Society, Ankleshwar

VALIA ROAD, GIDC, ANKLESHWAR - 393 002. PHONE : 222220, 224550

NAME OF PATIENT : ASMITA VASAVA

DATE : 09/09/2023

USG OF ABDOMEN AND PELVIS

Liver appears normal in size, shape and shows normal echotexture.

No evidence of focal SOL or dilation of IHBR seen.

Porta hepatis is appears normal.

Gallbladder appears normal. No evidence of calculi.

Pancreas appears normal in size and echotexture.

Spleen appears normal in size and echotexture.

Aorta appears normal. No para aortic lymphnodes seen.

Right kidney appears normal in size, location and echotexture.

Cortex and collecting system of right kidney appears normal.

No calculi or obstructive uropathy.

Left kidney appears normal in size location and echotexture.

Cortex and collecting system of left kidney appears normal.

No calculi or obstructive uropathy.

Bladder well distended appear normal . no calculus or growth .

Uterus appear retroverted normal in size shape and chotexture.

ET: 7 mm normal.

Both ovaries appear normal.

No adnexal mass on both sides.

Terminal ileum , ICJ and caecum appear normal.

No evidence of free fluid or collection is seen in peritoneal spaces.

COMMENTS : No significant abnormality detected.

THANKS FOR THE REFERENCE


DR. Chaitali patel (M.D.)
CONSULTANT RADIOLOGIST

SHRIMATI JAYABEN MODY HOSPITAL

REGD. No. F/106/BHARUCH

MANAGED BY :

Ankleshwar Industrial Development Society, Ankleshwar

VALIA ROAD, GIDC, ANKLESHWAR - 393 002. PHONE : 222220, 224550

NAME OF PATIENT : ASMITA VASAVA / 28Y/F

DATE : 09/09/2023

TECHNIQUE -

Both breast mammogram is performed using low radiation dose screen film mammography technique.
Craniocaudal and mediolateral oblique view of both breast done.

FINDINGS -

Both breast show normal parenchymal pattern.
No e/o skin thickening, nipple retraction, abnormal microcalcification.
No e/o focal SOL, architectural distortion.
No e/o abnormal lymphadenopathy noted in both axillary region.

Sonomammography

Few prominent lactiferous ducts noted in both retroareolar region , Diameter measures 2.5 to 3 mm .

Both breast parenchyma show normal fibrogular tissue.
No evidence of any hypoechoic or hyperechoic lesion noted in both breasts.
No evidence of any solid or cystic lesion noted in both breast.
No evidence of enlarged lymph nodes in both axilla.

COMMENT - Findings suggest

- **Bilateral Normal mammography and sonomammography.**


DR .CHAITALI PATEL
CONSULTANT RADIOLOGIST



OPD INITIAL ASSESSMENT FORM

(To be filled by Nursing Staff)

Patient Name: - Asmita Vasava UHID Number: 023-11332

Consultant Name: - Dr. Himani Patel Date: - 9/9/23 Start Time: - 8:49 Age: 28 (Years)
Sex: - F (M/F)

Height: - 159 cms, Weight: - 62 kgs. Temp. 100, Pulse: - 76 (Per minute), SPO2 98%

B.P. :- 100/40 (mm of Hg), RBS:- 10 First Visit / Follow Up
Visit: First visit

Nursing Staff Name & Signature: - Vasava Savita End Time:-

Past History: - (TICK MARK) No complaint present.
Diabetes, Hypertension, IHD, COPD, Asthma, TB, Smoker, Alcoholic, Hypothyroidism

Other:- LMP - 3rd day.
Family History:- OH - Melligravida (4 yrs) - AMD.
Nutritional Screening:-

Psychosocial Assessment:- Immunization Status:-

To be filled by Clinician) Start Time:- _____

Clinical Findings:-

Diagnosis:-

Investigations and Advice:-

63 bpm
- / - mmHg

Room:

Location:
Order # / Veric
Indication:

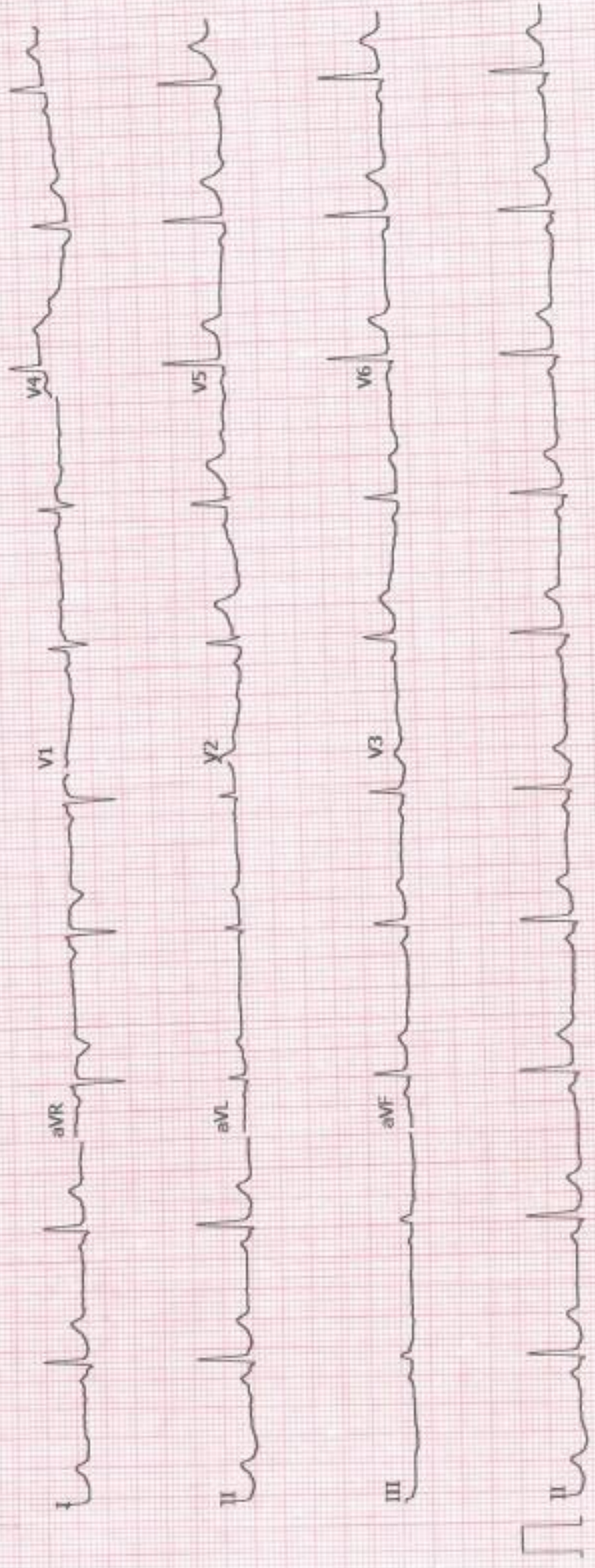
Medication 1:
Medication 2:
Medication 3:

09.09.2023 10:39:06
SARDAR EL HOSPITAL
CHIKOMARA
ANKLESHWAR

Technician:
Ordering Ph:
Referring Ph:
Attending Ph:

QRS : 76 ms
QT / QTcbaz : 384 / 392 ms
PR : 144 ms
P : 92 ms
RR / PP : 954 / 952 ms
P / QRS / T : 54 / 38 / 33 degrees

Normal sinus rhythm
Normal ECG



Unconfirmed
4x2.5x3_25_R1 1/1

25 mm/s 10 mm/mV 50 Hz
ADS 0.56-20 Hz

GE MAC2000 1.1 125L™ V241