

PANCHMUKHI HOSPITAL

Dr C P Dadhaniya

Dr R C Dadhaniya

MBBS, Dip.G.O, Diabetologist

150' RING ROAD, MAVDI CHOKDI, SANESHWAR ARCADE, RAJKOT Mo.9925333639,8320711901

policy number :
full name : Thanki Sunviben sandip
identity proof : Aadhar card
identity proof no : 3969 / 24
gender : female
height : 160
weight : 46
BP : 110 / 74
pulse : 78 / min Regular
blood sample : YES
fasting mode : YES
non fasting mode : YES

past history : NO

Dental : Healthy

~~Romberg Test~~ :

Colour vision : Normal

+ Thanki

DR. C. P. DADHANIYA

M.B. Diabetologist

Ind. Physician (H)

Reg. No. G. 9

Code No. 320-43

Panchmukhi Hospital

Mavdi Chowki,

150 Ft. Ring Road, RAJKOT.

NAME: Jhunki Janviben
AGE/ GENDER: female / 24

DATE: 02-02-24

PATIENT'S REFRACTION DEATILES

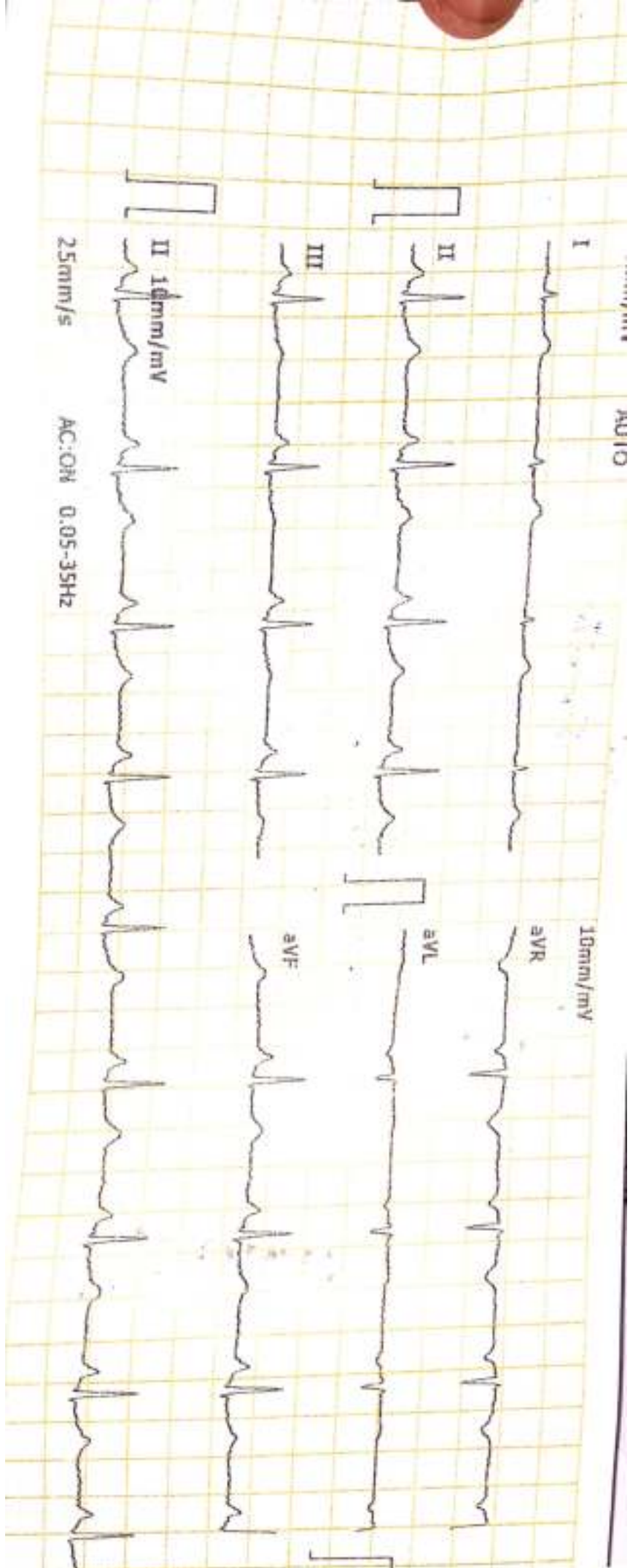
		SPHE	CYL	AXIS	VN
R	D	N	N	N	G/b
	N	N			G/b
L	D	N	N	N	G/b
	N	N			G/b

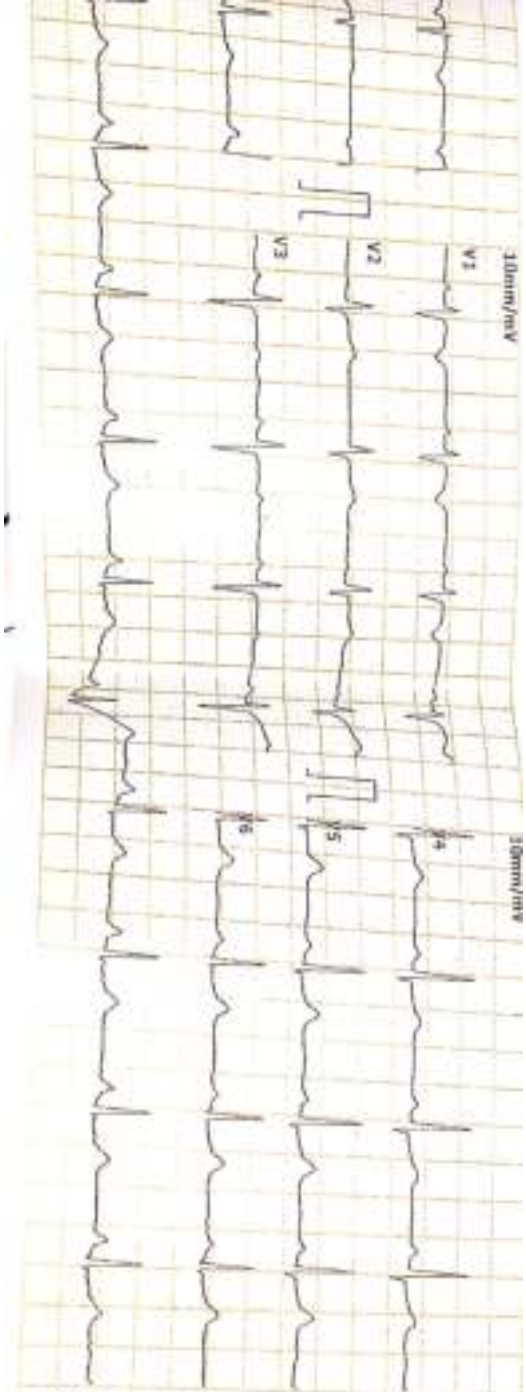
REMARKS:

CHECKED BY: DR. C.P. Dadhaniya

Jsthemki

DR. C. P. DADHANIYA
M.B. Diabetologist
Ind. Physician (CIII)
Regd. No. G19/VB
Club No. 378943
Panchmukhi Hospital
Mavdi Chowki,
150 Ft. Ring Road, RAJKOT.





♀ Ischemia

2024-2-2 9:52:19 ID:00003735

ID Card: **Sarni von Phamkhi** Female

Name: **Sarni von Phamkhi** Gender: **Female**

Age: **24** Height(cm): **1**

Weight(Kg): **24** BP(mmHg): **1**

HR: **78** bpm

P-R: **DR. C. P. DADHANAYA**

Q-R-S: **Diabetologist**

QT/QTc: **Physician (GH)**

P/QRS/T AXES: **NO. 619798**

RV5/RSI: **Code No. 476/54**

RV3+SV1: **mv 0.81/0.37**

Mavdi Chowki Hospital

The result must be confirmed by doctor

Report Confirmed by **150 Ft. King Road, R.T.**



પંચમુખી હોસ્પિટલ

ડૉ. રાજેશ્રીબેન ડઢાણીયા
ડૉ. સી. પી. ડઢાણીયા
MBBS, Dip.G.O, Diabetologist

૧૫૦ ફુટ રીંગ રોડ, મવડી ચોકડી, શાનેશ્વર આર્કેડ, રાજકોટ. ફોન : ૦૨૮૧-૨૩૭૧૬૩૨

મલ્ટી સ્પેશ્યાલિટી એન્ડ મેટરનીટી નર્સિંગ હોમ

Date : ૦૨-૦૨-૨૫

સુવિધાઓ

- જનરલ પ્રેક્ટીસ
- સ્ત્રીરોગ વિભાગ
- સોનોગ્રાફી
- સર્જરી વિભાગ
- મેડીસીન વિભાગ
- ઓર્થોપેડીક વિભાગ
- બાળરોગ વિભાગ
- એનોરેક્ટલ સર્જરી
- યુરોલોજી
- લેપ્રોસ્કોપી સર્જરી
- આર.એસ.બી.વાય તથા ચિરંજીવી યોજના
- દરેક જાતની રસી (વેક્સીન) દરરોજ આપવામા આવે છે

Jamni Sandip Thanki

I don't want a report
of stool report and
PurSincupher

Thanki

DR. C. P. DASHANIYA
M.B.B.S., C.I.H.
Regd. M.D. DIETITIAN
PANCHMURTI HOSPITAL
MAVAOI CHUKADI,
150' RING ROAD, RAJKOT.

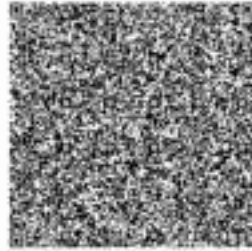


ભારત સરકાર
Government of India

ભારતીય વિશિષ્ટ ઓળખાણ પ્રાધિકરણ
Unique Identification Authority of India

સમર્થન ક્રમ સંખ્યા/ Enrolment No.: 2753/15201/05599

To
શનકી જાનકીબેન સંઘ
Thanki Janiben Sandip
krishna park,
navapara,
chhaya,
VTC: Porbandar,
PO: Porbandar,
Sub District: Porbandar,
District: Porbandar,
State: Gujarat,
PIN Code: 360575,
Mobile: 8355378268



તમારો આધાર નંબર / Your Aadhaar No. :

8736 6433 3969

VID : 9173 8195 1882 4177

મારો આધાર, મારી ઓળખ



ભારત સરકાર
Government of India



Aadhaar no. 8355378268



શનકી જાનકીબેન સંઘ
Thanki Janiben Sandip
ચયા ઓળખ/DOB: 14/02/1989
લિંગ/ FEMALE

આધાર એ ઓળખનો પુરાવો છે, નાગરિકતા અથવા જન્મ તારીખનો નહીં. તેનો ઉપયોગ માત્ર ઓળખાણ પ્રમાણીકરણ અથવા ક્યુઆર કોડ/ઓફલાઇન વેરિફિકેશન સાથે જ કરવો જોઈએ.
Aadhaar is proof of identity, not of citizenship or date of birth. It should be used with verification (online authentication, or scanning of QR code / offline XML).

8736 6433 3969

મારો આધાર, મારી ઓળખ



માહિતી / INFORMATION

- આધાર એ ઓળખનો પુરાવો છે, નાગરિકતા કે જન્મતારીખનો નહીં. જન્મ તારીખ આધાર નંબર પારક દ્વારા જમા કરાવેલ નિધનોમાં ઉમેરવેલ, જન્મ તારીખના દસ્તાવેજના પુરાવા દ્વારા આધારજન્ય માહિતી પર આધારિત છે.
- આ આધાર પત્રનો ચકાસણી ક્વ આઈ. ડી. એ આઈ. દ્વારા નિયુક્ત પ્રમાણીકરણ એજન્સી દ્વારા ઓનલાઇન પ્રમાણીકરણ દ્વારા અથવા બેબિયોકેશન સ્ટોર્સ પર ઉપલબ્ધ એમઆધાર અથવા આધાર ક્યુઆર સ્કેનર બેબિયોકેશનનો ઉપયોગ કરીને અથવા www.uidai.gov.in પર ઉપલબ્ધ સુરક્ષિત ક્યુઆર કોડ રીડર બેબિયોકેશનનો 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 શાળા/સેવાઓને સરળતાથી મેળવવામાં મદદ કરે છે.
- આધારમાં તમારી મોબાઇલ નંબર અને ઈમેલ આઈડી અપડેટ રાખો.
- આધાર સેવાઓની શાળ વેવા માટે mAadhaar એપ ડાઉનલોડ કરો.
- આધાર/બાયોમેટ્રિક્સનો ઉપયોગ ન કરતી વખતે સુરક્ષા સુનિશ્ચિત કરવા માટે આધારને લોક કરો/બાયોમેટ્રિક્સની સુવિધાનો ઉપયોગ કરો.
- આધાર મેળવવાની સંસ્થાઓ સંમતિ મેળવવા માટે ખંચાયેલી 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.

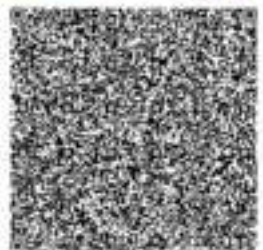


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Unique Identification Authority of India



Details as on: 03/03/2024

સંખ્યા
ક્રમ નંબર / નામ, સ્થા, પોસ્ટકોડ, પોસ્ટોફિસ, પોસ્ટોફિસ
સુવિધા - 360575
Address
krishna park, navapara, chhaya, Porbandar,
PO: Porbandar, DIST: Porbandar,
Gujarat - 360575



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VID : 9173 8195 1882 4177

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PATIENT NAME: THANKI JANVIBEN

DATE: 02 February 2024

USG ABDOMEN AND PELVIS

- **LIVER:** is normal in size and shows normal parenchymal echotexture. No focal or diffuse lesions are seen. The intra hepatic biliary and portal radicles are normal. The portal vein and CBD are normal.
- **GALL BLADDER:** Well distended and appears unremarkable. No evidence of calculus or cholecystitis is seen. Gall bladder wall thickness appears normal.
- **PANCREAS:** appears normal in size and echotexture. No focal lesion seen. No evidence of peripancreatic inflammatory changes.
- **SPLEEN:** is normal in size and echotexture. No evidence of focal or diffuse lesion seen.
- **BOTH KIDNEYS:** are normal in size and echotexture. Cortical echogenicity appears normal. Cortico medullary differentiation is preserved. No evidence of calculus or hydronephrosis on either side.
- **URINARY BLADDER:** well distended. No evidence of calculus, wall thickening, diverticula or mass lesion.
- **UTERUS:** is normal in size, shape and position. Endometrial thickness measures 4.0 mm. Endometrial & myometrial echotexture is normal. No focal lesion is seen
- **BOTH OVARIES** are normal in size & echotexture. No focal solid or cystic lesions are seen. No adnexal mass is seen
- *No free fluid is seen in the POD. Visualized bowel loops appears unremarkable, No evidence of necrotic lymphadenopathy is seen. RIF/ LIF clear. Bilateral C-P angel clear.*

CONCLUSION:

- **No significant abnormality seen in present study.**
- **Bilateral inguinal region is normal.**

Thanks for reference.


DR PRATIK KAGATHARA
MD

Krishna Arcade, 150 Feet Ring Road, Opp. Om Nagar (BRTS), Rajkot. Mo. 72838 42020



Pt.'s Name: THANKI JANVIBEN

Date: 2 February, 2024

Radiograph of chest (PA view)

- *Both the lung fields are clear.*
- *No e/o consolidation, cavitations or collapse.*
- *Both the hila appears normal*
- *Both costophrenic angles appear clear.*
- *Both domes of diaphragm appear normal.*
- *Cardiac size is within normal limit.*
- *Bones underview reveals no evident abnormality.*

Thanks for reference.

DR PRATIK KAGATHARA
MD



TEST REPORT

Name : Thanki Janviben	Reg. No : 402100267
Age/Sex : 24 Years / Female	Reg. Date : 02-Feb-2024 04:26 PM
Ref. By : Dr. PANCHMUKHI HOSPITAL / INSURANCE	Collected On : 02-Feb-2024 04:26 PM
Client Name : PANCHMUKHI HOSPITAL	Report Date : 02-Feb-2024 04:36 PM

COMPLETE BLOOD COUNT (CBC)
Specimen: EDTA blood

Parameter	Result	Unit	Biological Ref. Interval	
RBC Parameters				
Hemoglobin (SLS method)	12.1	g/dL	12.5 - 16.0	
Hematocrit (Electrical Impedance)	37.50	%	37 - 47	
RBC Count (Electrical Impedance)	4.48	million/cmm	4.2 - 5.4	
MCV (Calculated)	83.7	fL	78 - 100	
MCH (Calculated)	27.0	Pg	27 - 31	
MCHC (Calculated)	32.3	%	30 - 35	
RDW (Calculated)	12.2	%	11.5 - 14.0	
WBC Parameters				
WBC Count (Flowcytometry)	6160	/cmm	4000 - 10500	
DIFFERENTIAL WBC COUNT				
Neutrophils (%)	55 %	% Range 42.02 - 75.2	Abs. Value 3388 /cmm	Abs. Range 1800 - 7700
Lymphocytes (%)	39 %	20 - 45	2402 /cmm	1000 - 3900
Eosinophils (%)	01 %	1 - 4	62 /cmm	0 - 450
Monocytes (%)	05 %	2 - 8	308 /cmm	200 - 1000
			62 /cmm	20 - 100
Immature Granulocyte %	0	%		
Platelete Parameter				
Platelet Count	386000	/cmm	150000 - 450000	
MPV	9.3	fL	7.4 - 10.4	
P-LCR	17.90	%	11.9 - 66.9	
PDW	9.4	%	8.3 - 56.6	
PCT (Platelet Haematocrit)	0.36	%	0.2 - 0.5	

towards the healthiness...

D.R.I.

Dr. Viral Jethava

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Page 1 of 12

Dr. Viral R. Jethava

M.D. (Path. PDCC)




TEST REPORT

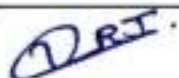
Name	: Thanki Janviben	Reg. No	: 402100267
Age/Sex	: 24 Years / Female	Reg. Date	: 02-Feb-2024 04:26 PM
Ref. By	: Dr. PANCHMUKHI HOSPITAL / INSURANCE	Collected On	: 02-Feb-2024 04:26 PM
Client Name	: PANCHMUKHI HOSPITAL	Report Date	: 02-Feb-2024 04:59 PM

BLOOD GROUP & RH

Specimen: EDTA and Serum; Method: Haemagglutination

Parameter	Result	Unit	Biological Ref. Interval
ABO	*AB*		
Rh (D)	Positive		

The Blood Group is done from received sample. Kindly ask for Blood Group Card. In case of any query, please contact Laboratory.

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Dr. Viral Jethava

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Page 2 of 12

Dr. Viral R. Jethava

M.D. (Path. PDCC)





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Ref. By : Dr. PANCHMUKHI HOSPITAL / INSURANCE	Collected On : 02-Feb-2024 04:26 PM
Client Name : PANCHMUKHI HOSPITAL	Report Date : 02-Feb-2024 04:56 PM

Test	Result	Unit	Biological Ref. Interval
Erythrocyte sedimentation rate Sample, EDTA whole blood			
ESR (After 1 hour)	04	mm/hr	3 - 12

towards the healthiness...

D.R.J.

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Dr. Viral R. Jethava
M.D. (Path. PDCC)




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Client Name : PANCHMUKHI HOSPITAL	Report Date : 02-Feb-2024 04:56 PM

FASTING PLASMA GLUCOSE

Specimen: Flouride plasma

Parameter	Result	Unit	Biological Ref. Interval
Fasting Blood Sugar (FBS) <small>HEXONWASE</small>	74.00	mg/dL	<100 :Non-Diabetic 100-125 :Impaired Fasting Glucose (IFG) >=126 :Diabetic

Criteria for the diagnosis of diabetes :

- HbA1c \geq 6.5 %Or
- Fasting plasma glucose $>$ 126 gm/dL. Fasting is defined as no caloric intake at least for 8 hrs.Or
- Two-hour plasma glucose \geq 200mg/dL during an oral glucose tolerance test by using a glucose load containing the equivalent of 75 gm anhydrous glucose dissolved in water.Or
- In a patient with classic symptoms of hyperglycemia or hyperglycemic crisis, a random plasma glucose \geq 200 mg/dL.

*In the absence of unequivocal hyperglycemia, criteria 1-3 should be confirmed by repeat testing.
 American diabetes association. Standards of medical care in diabetes 2011. Diabetes care 2011;34: S11.


Dr. Viral Jethava

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Page 4 of 12

Dr. Viral R. Jethava

M.D. (Path. PDCC)





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Client Name : PANCHMUKHI HOSPITAL	Report Date : 02-Feb-2024 04:56 PM

POST PRANDIAL PLASMA GLUCOSE

Specimen: Flouride plasma

Parameter	Result	Unit	Biological Ref. Interval
Post Prandial Blood Sugar (PPBS) HEXORWASE	96.00	mg/dL	70 - 140

Criteria for the diagnosis of diabetes :

- HbA1c \geq 6.5 %Or
- Fasting plasma glucose $>$ 126 gm/dL. Fasting is defined as no caloric intake at least for 8 hrs.Or
- Two-hour plasma glucose \geq 200mg/dL during an oral glucose tolerance test by using a glucose load containing the equivalent of 75 gm anhydrous glucose dissolved in water.Or
- In a patient with classic symptoms of hyperglycemia or hyperglycemic crisis, a random plasma glucose \geq 200 mg/dL.

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Client Name : PANCHMUKHI HOSPITAL	Report Date : 02-Feb-2024 04:56 PM

LIPID PROFILE
Specimen: Serum

Parameter	Result	Unit	Biological Ref. Interval
Cholesterol <small>Cholesterol Oxidase</small>	134.00	mg/dL	Desirable : < 200.0 Borderline High : 200-239 High : > 240.0
Triglyceride <small>Enzymatic Reaction With Glycerol Kinase</small>	90.0	mg/dL	Normal : < 150.0 Borderline : 150-199 High : 200-499 Very High : > 500.0
HDL Cholesterol <small>Siemens AHDL</small>	67.0	mg/dL	High Risk : < 40 Low Risk : >= 60
LDL Cholesterol <small>Siemens ALDL</small>	94.0	mg/dL	Optimal : < 100 Near Optimal/above optimal : 100-129 Borderline High : 130-159 High : 160-189 Very High : >=190
VLDL Cholesterol <small>Calculated</small>	18.00	mg/dL	15 - 35
LDL / HDL RATIO <small>Calculated</small>	1.40		0 - 3.5
Cholesterol /HDL Ratio <small>Calculated</small>	2.00		0 - 5.0

towards the healthiness...

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Client Name : PANCHMUKHI HOSPITAL	Report Date : 02-Feb-2024 04:56 PM

RENAL FUNCTION TEST

Specimen: Serum

Parameter	Result	Unit	Biological Ref. Interval
Creatinine <small>ALKALINE PICRATE, COLORIMETRIC KINETIC</small>	0.79	mg/dL	0.55 - 1.02
eGFR	129.47	ml/min/1.73 sq m	Normal or High: ≥ 90 Mild decrease: 60-89 Mild moderate decrease: 45-59 Moderate to severe decrease: 30-44 Severe decrease: 15-29 Kidney failure: < 15
Urea <small>Calculated</small>	22.00	mg/dL	17 - 43
Blood Urea Nitrogen (BUN) <small>UREASE/GLDH</small>	10.27	mg/dL	7.0 - 18.0
Uric Acid <small>Uricase</small>	4.97	mg/dL	2.6 - 6.2
Sodium <small>Direct ion selective electrode</small>	139.0	mmol/L	137 - 145
Potassium <small>Direct ion selective electrode</small>	4.12	mmol/L	3.5 - 5.1
Chloride <small>Direct ion selective electrode</small>	102.6	mmol/L	98 - 107
Calcium <small>Cresolphthalein Complexone</small>	8.70	mg/dL	8.5 - 10.1

towards the healthiness...

D.R.I.

Dr. Viral Jethava

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Dr. Viral R. Jethava
M.D. (Path. PDCC)




TEST REPORT

Name : Thanki Janviben	Reg. No : 402100267
Age/Sex : 24 Years / Female	Reg. Date : 02-Feb-2024 04:26 PM
Ref. By : Dr. PANCHMUKHI HOSPITAL / INSURANCE	Collected On : 02-Feb-2024 04:26 PM
Client Name : PANCHMUKHI HOSPITAL	Report Date : 02-Feb-2024 04:57 PM

HEMOGLOBIN A1 C (HBA1C)

Specimen: Blood EDTA

Parameter	Result	Unit	Biological Ref. Interval
HbA1C <small>Siemens Dimension</small>	5.04	%	Non-Diabetic : Normal : < 5.7 % Pre-Diabetes : 5.7 % - 6.4 % Diabetes : >6.4 % Diabetic : Poor Control : > 7.0 % Good Control : 6.0 % - 7.0 %
Mean Blood Glucose <small>Calculated</small>	97.95	mg/dL	Please correlate with clinical condition 90-115: Normal 115-133: Pre-Diabetic 134-150: Good Control 151-180: Average Control 181-210: Action Suggested >211: Panic Value

Explanation :

- Total hemoglobin A1c is continuously synthesized in the red blood cell through its 120 days life span. The concentration of HbA1c in the cell reflects the average blood glucose concentration it encounters.
- The level of HbA1c increases proportionately in patients with uncontrolled diabetes. It reflects the average blood glucose concentration over an extended time period and remains unaffected by short-term fluctuations in blood glucose levels.
- The measurement of HbA1c can serve as a convenient test for evaluating the adequacy of diabetic control and in preventing various diabetic complications. Because the average half-life of a red blood cell is sixty days, HbA1c has been accepted as a measurement which reflects the mean daily blood glucose concentration, better than fasting blood glucose determination, and the degree of carbohydrate imbalance over the preceding two months.
- It may also provide a better index of control of the diabetic patient without resorting to glucose loading procedures

HbA1c assay Interferences :

- Presence of Hemoglobin variants and/or conditions that affect red cell turnover must be considered, particularly when the HbA1c result does not correlate with the patient's blood glucose levels.


Dr. Viral R. Jethava

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Dr. Viral R. Jethava

M.D. (Path. PDCC)


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TEST REPORT

Name : Thanki Janviben	Reg. No : 402100267
Age/Sex : 24 Years / Female	Reg. Date : 02-Feb-2024 04:26 PM
Ref. By : Dr. PANCHMUKHI HOSPITAL / INSURANCE	Collected On : 02-Feb-2024 04:26 PM
Client Name : PANCHMUKHI HOSPITAL	Report Date : 02-Feb-2024 04:56 PM

THYROID FUNCTION TEST

Parameter	Result	Unit	Biological Ref. Interval
Thyroid Stimulating Hormone (TSH) CLM	1.674	µIU/ml	0.35 - 5.50

Remarks:

- 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 stimulates 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 Edition. Philadelphia: WB Saunders, 2012:2170

Triiodothyronine (T3) CLM	1.64	ng/mL	0.6 - 1.81
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Clinical Significance:

- Triiodothyronine (T3) is a hormone synthesized and secreted by the thyroid gland in response to the pituitary hormone TSH and is regulated by a negative feedback mechanism involving the thyroid gland, pituitary gland, and hypothalamus.
- In the circulation, 99.7% of T3 is reversibly bound to transport proteins, primarily thyroxine-binding globulin (TBG) and to a lesser extent albumin and prealbumin. The remaining unbound T3 is free in the circulation and is metabolically active.
- In hypothyroidism and hyperthyroidism, FT3 levels parallel changes in total T3 levels. Measuring FT3 is useful in certain conditions such as normal pregnancy and steroid therapy, when altered levels of total T3 occur due to changes in T3 binding proteins, especially TBG.

D.R.I.

Dr. Viral Jethava

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Dr. Viral R. Jethava

M.D. (Path. PDCC)



towards the healthiness...


TEST REPORT

Name : Thanki Janviben	Reg. No : 402100267
Age/Sex : 24 Years / Female	Reg. Date : 02-Feb-2024 04:26 PM
Ref. By : Dr. PANCHMUKHI HOSPITAL / INSURANCE	Collected On : 02-Feb-2024 04:26 PM
Client Name : PANCHMUKHI HOSPITAL	Report Date : 02-Feb-2024 04:56 PM

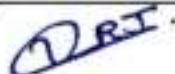
Thyroxine (T4) 9.15 µg/dL 4.5 - 12.6

Clinical Significance:

- Thyroxine (T4) is a hormone synthesized and secreted by the thyroid gland in response to the pituitary hormone TSH and is regulated by a negative feedback mechanism involving the thyroid gland, pituitary gland, and hypothalamus. In the circulation, 99.95% of T4 is reversibly bound to transport proteins, primarily thyroxine-binding globulin (TBG) and to a lesser extent albumin and thyroxine-binding prealbumin. The remaining unbound T4 is free in the circulation and is both metabolically active and a precursor to T3.
- In hypothyroidism and hyperthyroidism, FT4 levels parallel changes in total T4 levels. Measuring FT4 is useful in certain conditions such as normal pregnancy and steroid therapy, when altered levels of total T4 occur due to changes in T4 binding proteins, especially TBG.

Limitations:

- The anticonvulsant drug phenytoin may interfere with total and FT4 levels due to competition for TBG binding sites.
- FT4 values may be decreased in patients taking carbamazepine.
- Thyroid autoantibodies in human serum may interfere and cause falsely elevated FT4 results.

towards the healthiness...

Dr. Viral Jethava

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Dr. Viral R. Jethava
 M.D. (Path. PDCC)




TEST REPORT

Name : Thanki Janviben	Reg. No : 402100267
Age/Sex : 24 Years / Female	Reg. Date : 02-Feb-2024 04:26 PM
Ref. By : Dr. PANCHMUKHI HOSPITAL / INSURANCE	Collected On : 02-Feb-2024 04:26 PM
Client Name : PANCHMUKHI HOSPITAL	Report Date : 02-Feb-2024 04:56 PM

URINE ROUTINE EXAMINATION

Parameter	Result	Unit	Biological Ref. Interval
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PHYSICAL EXAMINATION

Quantity	20 cc		
Colour	Pale Yellow		
Clarity	Clear		

CHEMICAL EXAMINATION (BY REFLECTANCE PHOTOMETRIC)

pH	5.0		4.6 - 8.0
Sp. Gravity	1.005		1.001 - 1.035
Protein	Nil		
Glucose	Nil		
Ketone Bodies	Nil		
Urobilinogen	Normal Present		
Bile salts:	Absent		Absent
Bile Pigments:	Absent		Absent
Nitrite	Nil		

MICROSCOPIC EXAMINATION (MANUAL BY MICROSCOPY)

Leucocytes (Pus Cells)	1 - 3/hpf
Erythrocytes (Red Cells)	Absent
Epithelial Cells	2 - 3/hpf
Amorphous Material	Absent
Casts	Absent
Crystals	Absent
Bacteria	Absent

DRJ

Dr. Viral Jethava

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Dr. Viral R. Jethava

M.D. (Path. PDCC)





TEST REPORT

Name : Thanki Janviben	Reg. No : 402100267
Age/Sex : 24 Years / Female	Reg. Date : 02-Feb-2024 04:26 PM
Ref. By : Dr. PANCHMUKHI HOSPITAL / INSURANCE	Collected On : 02-Feb-2024 04:26 PM
Client Name : PANCHMUKHI HOSPITAL	Report Date : 02-Feb-2024 04:56 PM

LIVER FUNCTION TEST

Specimen : Serum

Parameter	Result	Unit	Biological Ref. Interval
Total Protein <small>BIURET</small>	8.01	g/dL	6.4 - 8.2
Albumin <small>Dye Binding - Bromocresol Purple (BCP)</small>	3.97	g/dL	3.40 - 5.00
Globulin <small>Calculated</small>	4.04	g/dL	2.3 - 3.5
A/G Ratio <small>Calculated</small>	0.98		0.8 - 3.1
SGOT (AST) <small>Siemens/37C</small>	28.00	U/L	15 - 37
SGPT (ALT) <small>Siemens/37C</small>	40.00	U/L	14 - 59
Alakaline Phosphatase <small>Siemens/37C</small>	67.0	U/L	46 - 116
Total Bilirubin <small>Diazot-Caffeine/Benzoate Coupling (Jendrassik-Grof) w/bilirubin</small>	0.67	mg/dL	0.2 - 1
Conjugated Bilirubin <small>Diazot-Caffeine/Benzoate Coupling (Jendrassik-Grof) w/bilirubin</small>	0.13	mg/dL	0 - 0.20
Unconjugated Bilirubin <small>Suph acid ip/calf-benz</small>	0.54	mg/dL	0.0 - 1.1

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

D.R.J.

Dr. Viral Jethava

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Dr. Viral R. Jethava

M.D. (Path. PDCC)



towards the healthiness...

Tread Mill Test

Patient Name	:	Janviben Thanki	Age	:	24yrs/F
OPD/IPD	:	OPD	ID. No.	:	
Ref. By	:	Dr. C.P.Dadhaniya	Resting BP	:	130/80
Report Date	:	02/02/24	Max. BP	:	160/80

Patient Reaches exercise limit at 7.80 METS.

No signs of ischemia at the exercise level and during recovery phase.

Adequate increase of HR & BP.

No significant Arrhythmia.

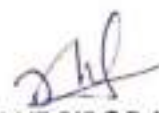
The stress test was terminated after 6:45 minutes as patient complained of Fatigue.
Patient achieved 87% THR without chest pain.

The recovery was uneventful.

Fair effort tolerance.

Conclusion: - The stress test is NEGATIVE for exercise induced myocardial ischaemia.

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


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

CURE CARDIOLOGY CLINIC

2323382 / JANVIBEN THANKI

24 Yrs / Female

24 Yrs / Female

02-Feb-2024 11:48:06 AM

D. S. Hanjali

Protocol : BRUCE

Medication :

Ref. By : DR. C.P.DADHANIYA

Objective :

History :

Stage	StageTime (Min:Sec)	PhaseTime (Min:Sec)	Speed (kmph)	Grade (%)	METs	H.R. (bpm)	B.P. (mmHg)	R.P.P. x100	PVC	Comments
Supine					1.0	91	120/80	109	-	
Standing					1.0	97	120/80	116	-	
HV					1.0	96	120/80	115	-	
ExStart					1.0	93	120/80	111	-	
Stage 1	3:00	3:01	4.3	10.0	4.6	138	120/80	165	1	
Stage 2	3:00	6:01	6.4	12.0	7.0	157	140/80	219	-	
PeakEx	0:44	6:45	8.8	14.0	7.8	170	140/80	238	-	
Recovery	1:00		0.0	0.0	1.1	129	140/80	180	1	
Recovery	2:00		0.0	0.0	1.0	112	160/80	179	1	
Recovery	3:00		0.0	0.0	1.0	112	150/80	168	-	
Recovery	4:00		0.0	0.0	1.0	111	140/80	155	-	
Recovery	4:20		0.0	0.0	1.0	106	140/80	148	-	

Findings :

Exercise Time : 6:45 minutes

Max HR attained : 170 bpm 87% of Target 196

Max BP : 160/80(mmHg)

Max WorkLoad attained : 7.8 (Fair Effort Tolerance)

No significant ST segment changes noted during exercise or recovery.

No Angina/Arrhythmia/S3/murmur

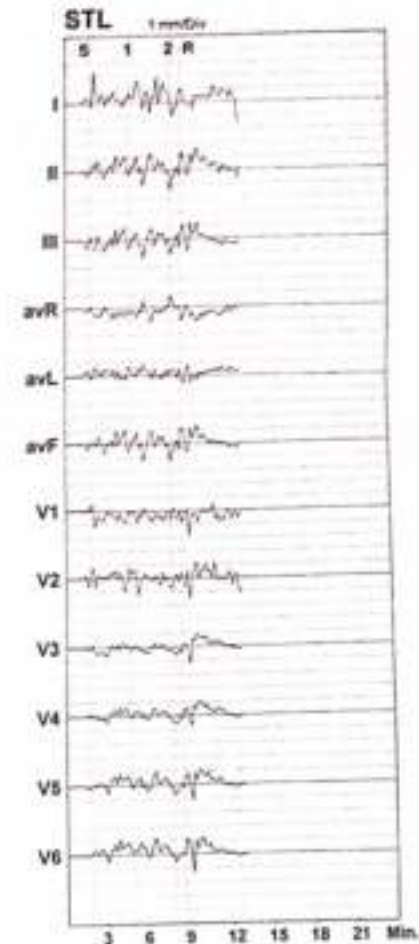
Final Impression : Test is negative for inducible ischaemia.

cc/Comments:

RECORDERS AND MEDICARE SYSTEMS, CHANDIGARH

1

Summary



DR. NISHANT SIRODARIYA / DR. MAULIK HANSALI.

Scanned with OKEN Scanner

Scanned with OKEN Scanner

CURE CARDIOLOGY CLINIC
2ND FLOOR, KANSAGRA HOSPITAL, ASTRON CHOWK, RAJKOT.
 2323382 / JANVIBEN THANKI
 24 Yrs / Female
 0 Kg / 0 Cm/
 Date: 02-Feb-2024 11:48:05 AM

HR: 91 bpm
 METS: 1.0
 BP: 120/80

Tgt HR 45% of 195
 Speed: 0.0 mph
 Grade: 0.0%

Raw ECG
 Protocol BRUCE
 (0.05-100)Hz

Ex Time 01:31
 BLC: On
 Notch: On

3x4+1 Rhythm Lead

Supine
 1.0 Cm/mV
 25 mm/Sec



CURE CARDIOLOGY CLINIC
2ND FLOOR, KANSAGRA HOSPITAL, ASTRON CHOWK, RAJKOT.
2323382 / JANVIBEN THANKI
24 Yrs / Female
0 Kg / 0 Cm/
Date: 02-Feb-2024 11:48:06 AM

HR: 97 bpm
METs: 1.0
BP: 120/80

Trgt HR: 49% of 196
Speed: 0.0 mph,
Grade: 0.0%

Raw ECG
Protocol: BRUCE
(0.05-100)Hz

Ex Time: 01:37
BLC: On
Notch: On

3x4+1 Rhythm Lead

Standing
1.0 Cm/mV
25 mm/Sec



CURE CARDIOLOGY CLINIC
2ND FLOOR, KANSAGRA HOSPITAL, ASTRON CHOWK, RAJKOT.
2323382 / JANVIBEN THANKI
24 Yrs / Female
0 Kg / 0 Cm/
Date: 02-Feb-2024 11:48:05 AM

HR: 96 bpm
METs 1.0
BP: 120/80

Tgt HR 48% of 190
Speed 0.0 mph
Grade 0.0%

Raw ECG
Protocol BRUCE
(0.05-100)Hz

Ex Time 01:44
BLC On
Notch On

3x4+1 Rhythm Lead

HV
1.0 Cm/mV
25 mm/Sec



CURE CARDIOLOGY CLINIC
2ND FLOOR, KANSAGRA HOSPITAL, ASTRON CHOWK, RAJKOT.
 2323382 / JANVIBEN THANKI
 24 Yrs / Female
 0 Kg / 0 Cm/
 Date: 02-Feb-2024 11:48:05 AM

HR: 138 bpm
 METS 4.6
 BP 120/80

Trgt HR 70% of 196
 Speed 2.7 mph
 Grade 10.0%

Linked Median
 Protocol BRUCE
 (0.05-100)Hz

Ex Time 03:00
 BLC On
 Notch -On

Linked Medians Report

BRUCE Stage 1(3:00)
 1.0 Cm/mV
 25 mm/Sec



Raw Rhythm

CURE CARDIOLOGY CLINIC
2ND FLOOR, KANSAGRA HOSPITAL, ASTRON CHOWK, RAJKOT.
 2323382 / JANVIBEN THANKI
 24 Yrs / Female
 0 Kg / 0 Cm/
 Date: 02-Feb-2024 11:48:06 AM

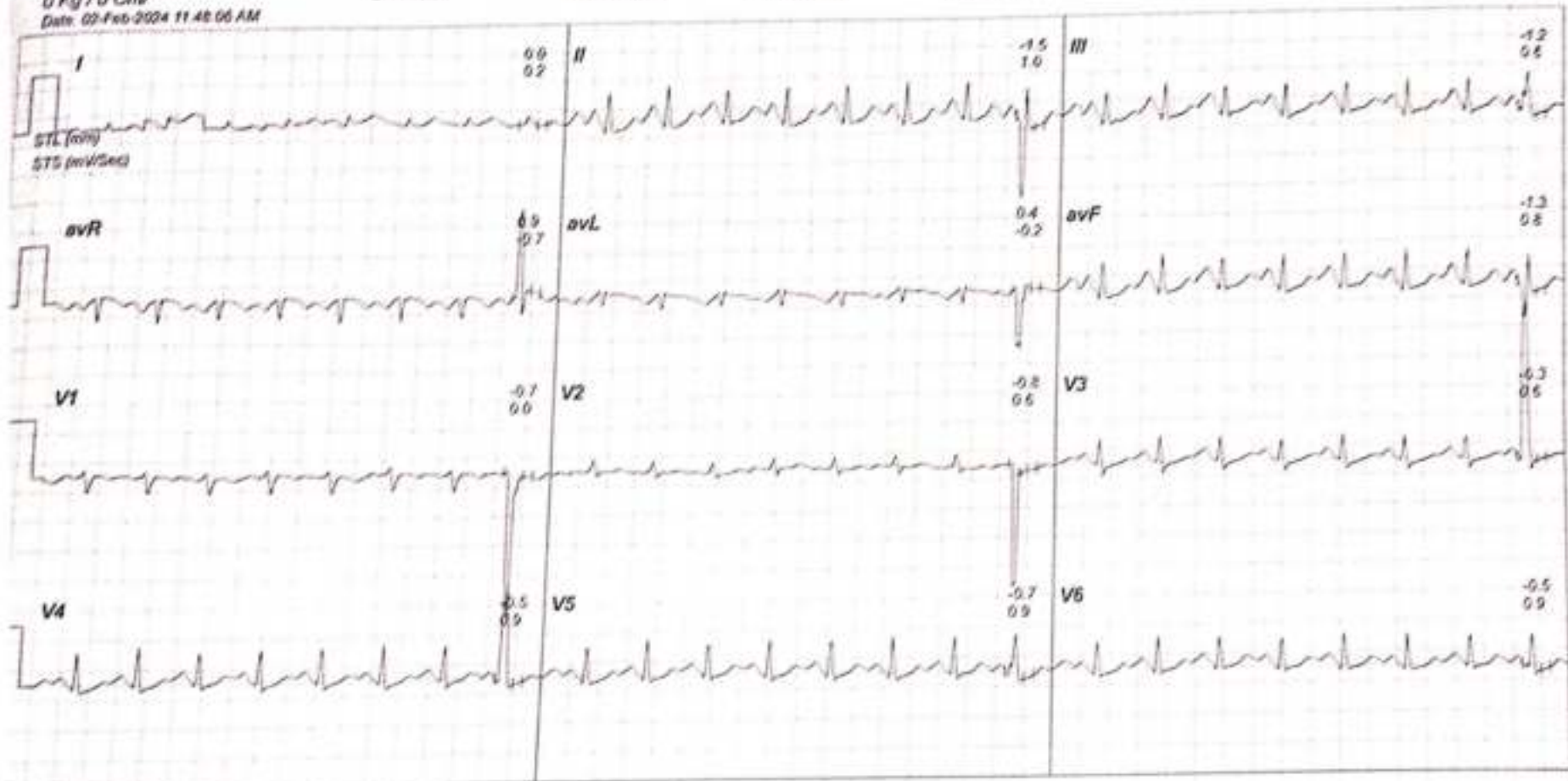
HR: 157 bpm
 METS: 7.0
 BP: 140/80

Top HR: 85% of 195
 Speed: 4.0 mph
 Grade: 12.0%

Linked Median
 Protocol: BRUCE
 (0.05-100)/1hr

Ex Time: 05:00
 BLT: On
 Match: On

BRUCE Stage 2(3:00)
 1.5 Control/
 25 min/Sec



Raw Rhythm

CURE CARDIOLOGY CLINIC
2ND FLOOR, KANSAGRA HOSPITAL, ASTRON CHOWK, RAJKOT.
 2323352 / JANVIBEN THANKI
 24 Yrs / Female
 0 Kg / 0 Cm/
 Date: 02-Feb-2024 11:48:06 AM

HR: 170 bpm
 METS: 7.6
 BP: 140/50

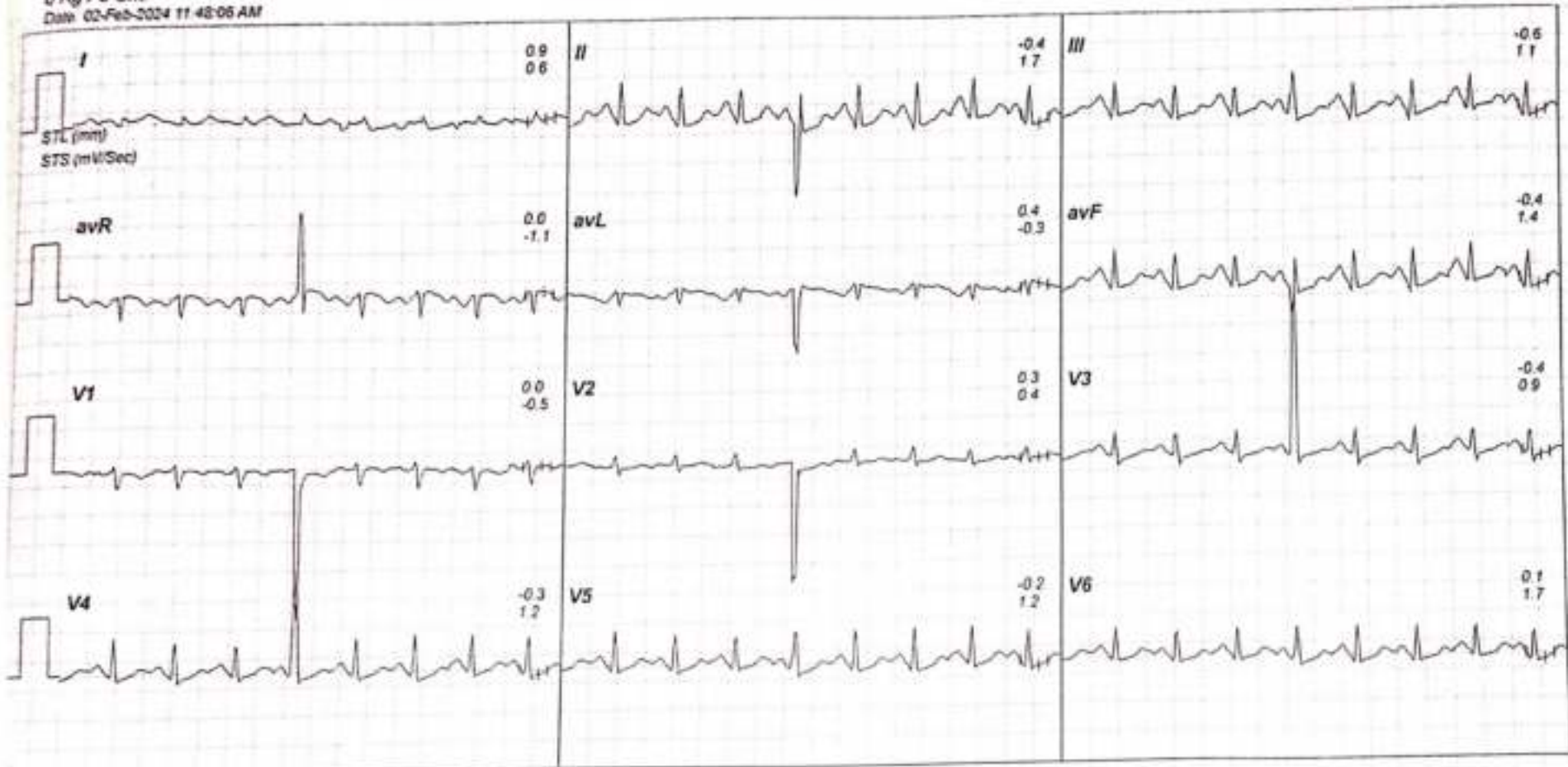
Tgt HR: 86% of 196
 Speed: 5.5 mph
 Grade: 14.0%

Linked Median
 Protocol: BRUCE
 (0.05-100)Hz

Ex Time: 06:44
 BLC: On
 Notch: On

Linked Medians Report

BRUCE: PeakEx(0:44)
 1.0 Cm/mV
 25 mm/Sec



Raw Rhythm

RECORDERS AND MEDICARE SYSTEMS CHANDIGARH

CURE CARDIOLOGY CLINIC

2ND FLOOR, KANSAGRA HOSPITAL, ASTRON CHOWK, RAJKOT.

2323382 / JANVIBEN THANKI

24 Yrs / Female

0 Kg / 0 Cm

Date: 02-Feb-2024 11:48:06 AM

HR: 129 bpm

METS: 1.1

BP: 140/90

Tgt HR: 65% of 196

Speed: 0.0 mph

Grade: 0.0%

Linked Median

Protocol: BRUCE

(0.05-100)Hz

Ex Time: 06:45

BLC: On

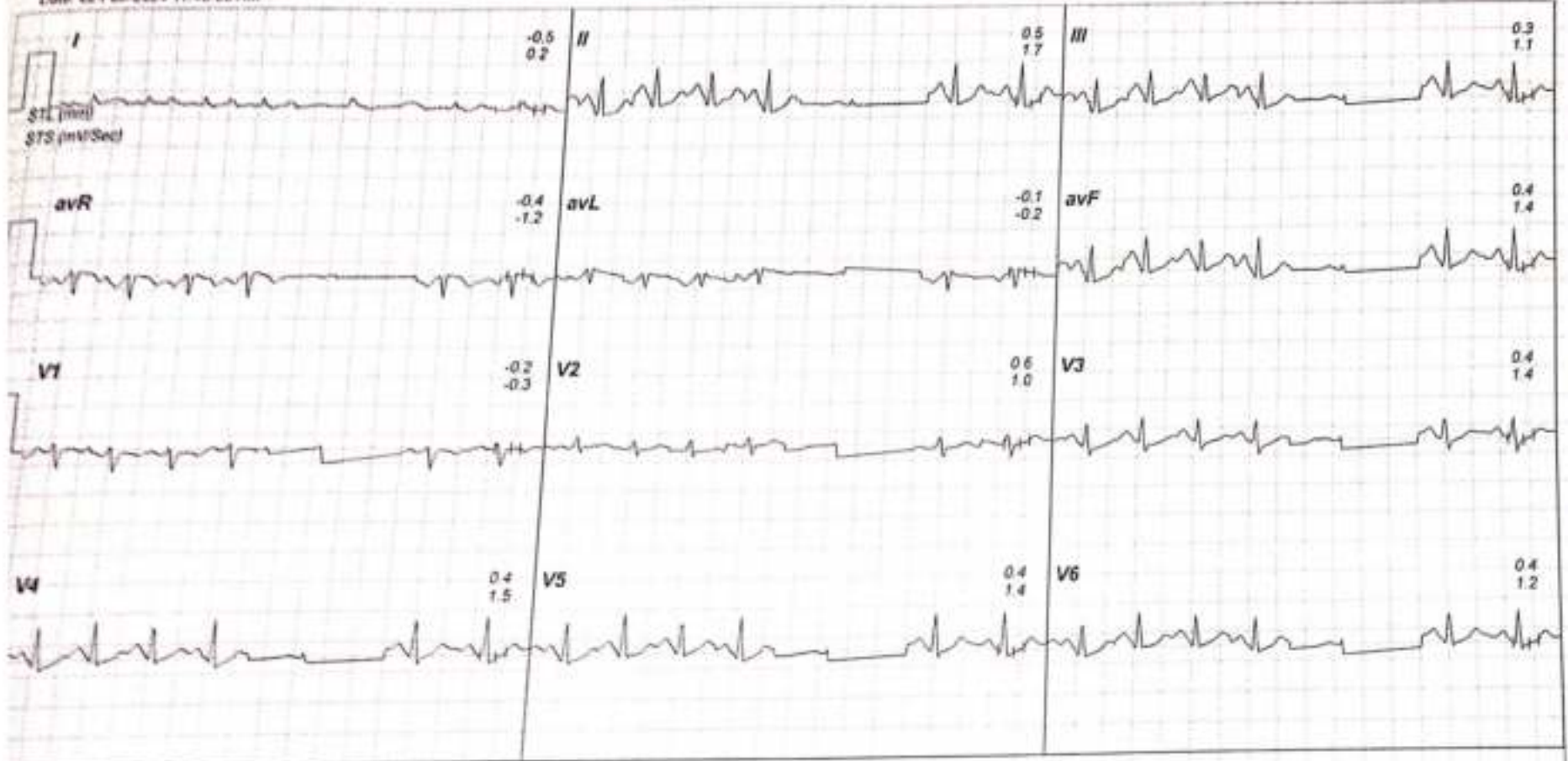
Notch: On

Linked Medians Report

Recovery(1:00)

1.0 Cm/mV

25 mm/Sec



Rhythm

CURE CARDIOLOGY CLINIC
2ND FLOOR, KANSAGRA HOSPITAL, ASTRON CHOWK, RAJKOT.
 2323382 / JANVIBEN THANKI
 24 Yrs / Female
 0 Kg / 0 Cm/
 Date: 02-Feb-2024 11:48:06 AM

HR: 112 bpm
 METS: 1.0
 BP: 160/80

Tgt HR: 57% of 196
 Speed: 0.0 mph
 Grade: 0.0%

Linked Median
 Protocol: BRUCE
 (0.05-100)Hz

Ex Time: 06:45
 BLC: On
 Natch: On

Linked Medians Report

Recovery(2:00)
 1.0 Cm/mV
 25 mm/Sec



Raw Rhythm

CURE CARDIOLOGY CLINIC
2ND FLOOR, KANSAGRA HOSPITAL, ASTRON CHOWK, RAJKOT.
 2323382 / JANVIBEN THANKI
 24 Yrs / Female
 0 Kg / 0 Cm/
 Date 02-Feb-2024 11 48 06 AM

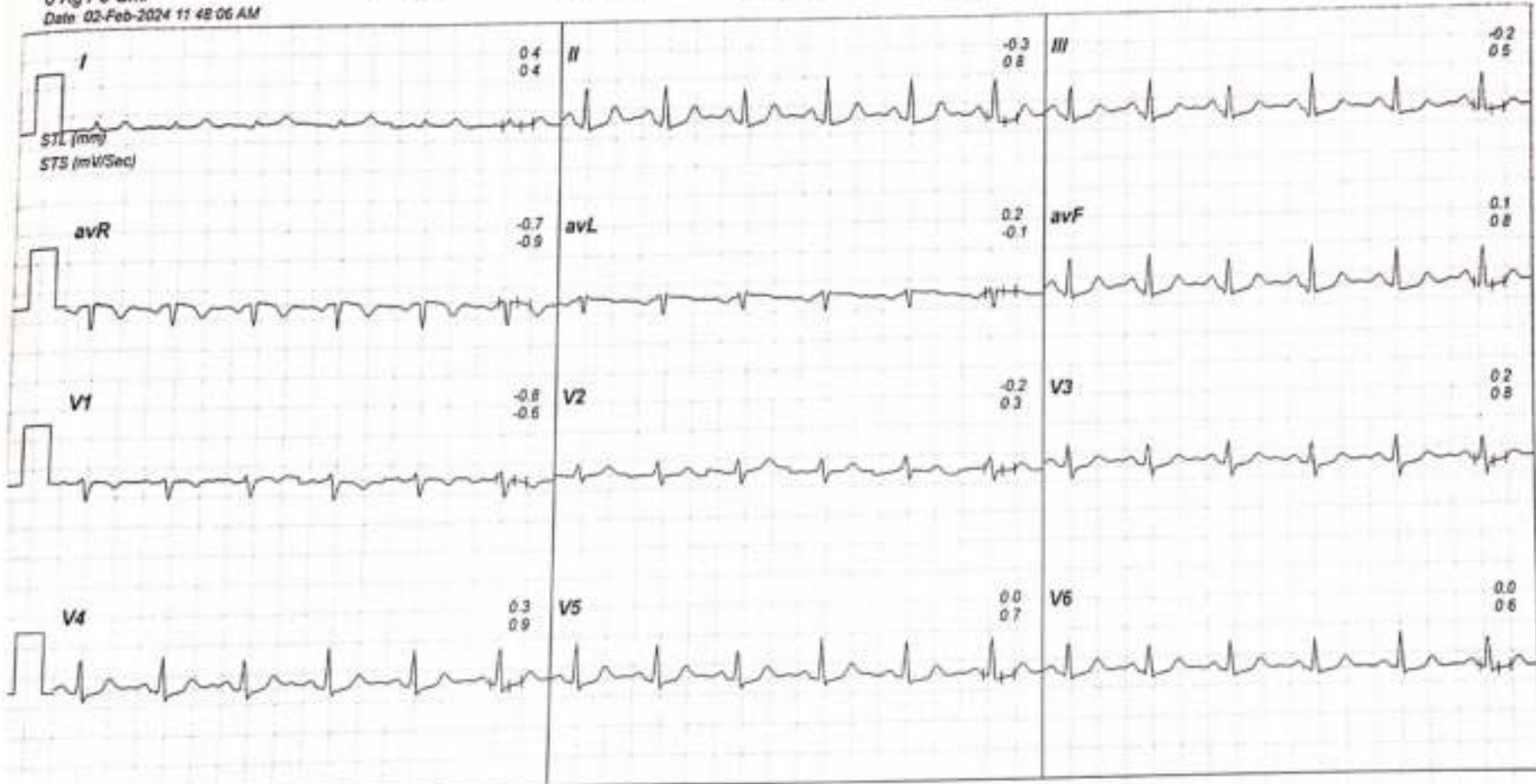
HR 112 bpm
 METS 1.0
 BP 150/80

Trgt HR 57% of 196
 Speed 0.0 mph,
 Grade 0.0%

Linked Median
 Protocol BRUCE
 (0.05-100)Hz

Ex Time 06 45
 BLC On
 Notch On

Recovery(3:00)
 1.0 Cm/mv
 25 mm/Sec



Raw Rhythm

CURE CARDIOLOGY CLINIC
2ND FLOOR, KANSAGRA HOSPITAL, ASTRON CHOWK, RAJKOT.

2323382 / JANVIBEN THANKI
 24 Yrs / Female
 0 Kg / 0 Cm/
 Date: 02-Feb-2024 11:42:05 AM

HR: 111 bpm
 METS 1.0
 BP: 140/80

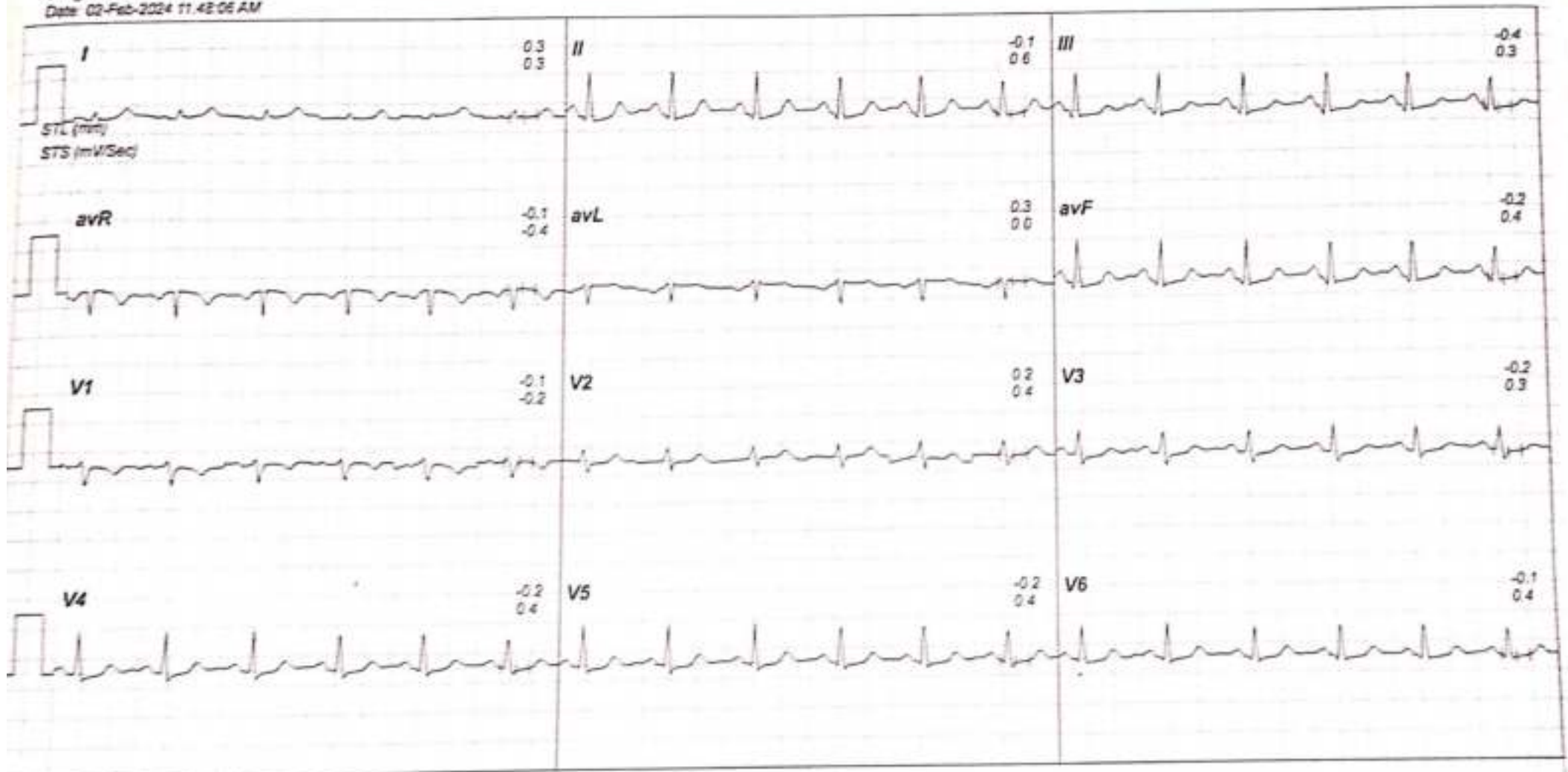
Trgt HR 55% of 156
 Speed: 0.0 mph
 Grade: 0.0%

Linked Median
 Protocol: BRUCE
 (0.05-100)Hz

Ex Time 05:45
 BLC: On
 Notch: On

Linked Medians Report

Recovery(4:00)
 1.0 Cm/mV
 25 mm/Sec



Raw Rhythm

2323382 / JANVIBEN THANKI
 24 Yrs / Female
 0 Kg / 0 Cm/
 Date: 02-Feb-2024 11:48:06 AM

HR: 106 bpm
 METS: 1.0
 BP: 140/80

Tgt HR: 54% of 196
 Speed: 0.0 mph
 Grade: 0.0%

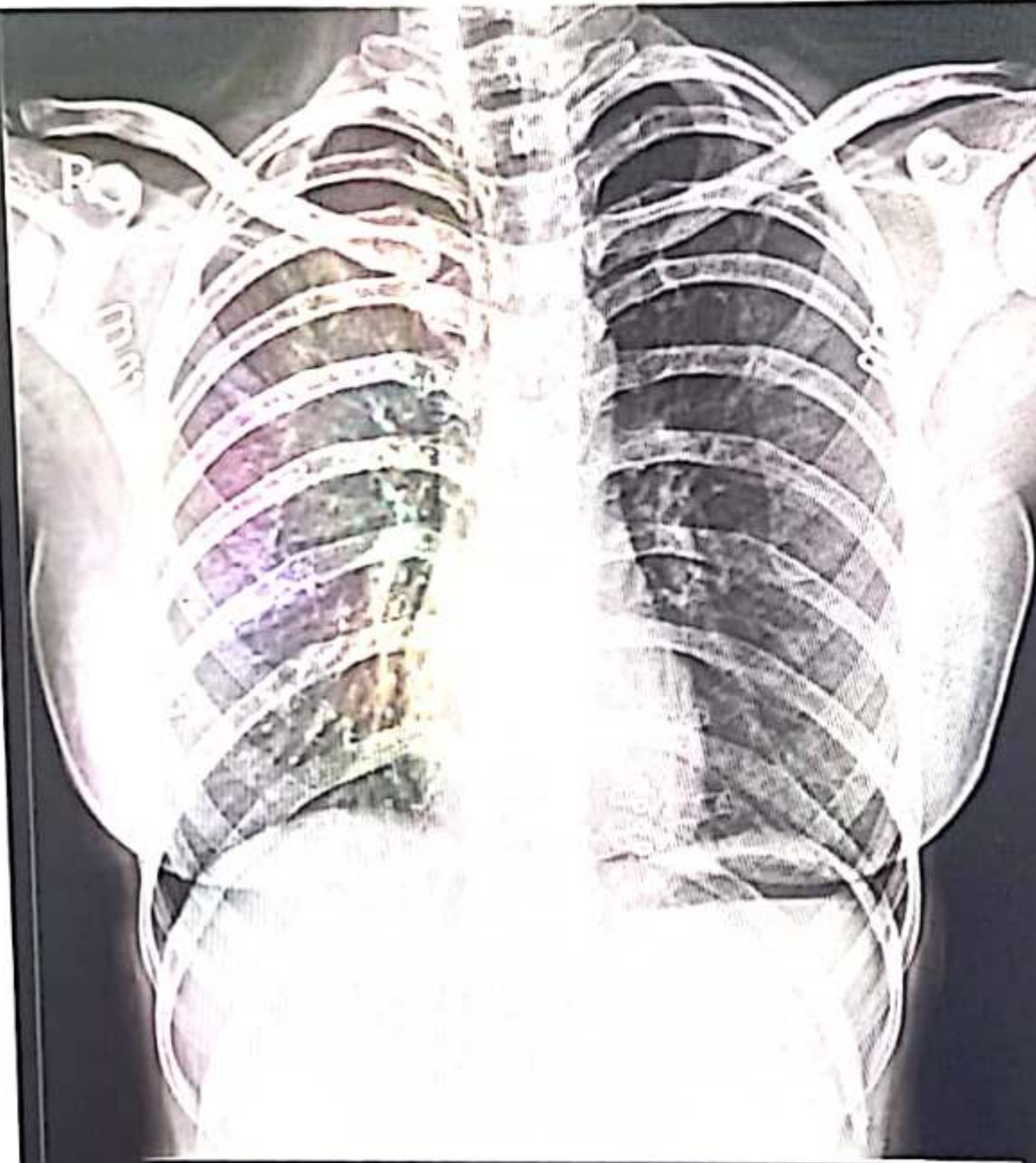
Linked Median
 Protocol: BRUCE
 (0.05-100)Hz

Ex Time: 05:45
 BLC: On
 Notch: On

Recovery: (4:20)
 1.0 Cm/mV
 25 mm/Sec



Rhythm



THANKI JANVIBEN 24Y/F CHEST PA 02-Feb-24
NEELKANTH DIAGNOSTICS - RAJKOT (DR. PRATIK KAGATHARA)