

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 : Panjvani Rupal
identity proof : Aadhar Card
identity proof no : 6090
gender : female / 35 Year
height : 157
weight : 75
B P : 120/88
pluse : 98/min Regular
blood sample : Yes
fasting mode : Yes
non fasting mode : Yes

past history : NO

Dental : Healthy

Romberg Test :

Colour vision : Totally Blindness in both eye
 since birth - eye operation done
 NO result of to)



सुप्रसन्नता सदा सदा सदा सदा

Dr. C. P. DADHANIYA
 M.B.B.S., C.I.M
 Reg. No. 610700
 PANCHMUKHI HOSPITAL
 MAVDI CHOKADI,
 150' RING ROAD RAJKOT

NAME: Panyuni Rupul
 AGE/ GENDER: 35 / female

DATE: 10-02-24

PATIENT'S REFRACTION DEATILES

		SPHE	CYL	AXIS	VN			
R	D							
	N	Blind not possible						
L	D							
	N							

REMARKS:

CHECHED BY:

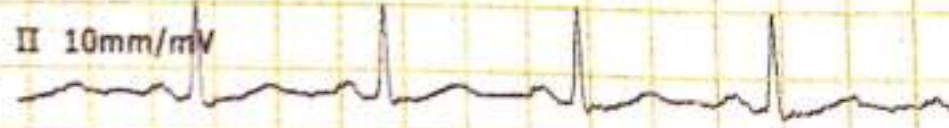
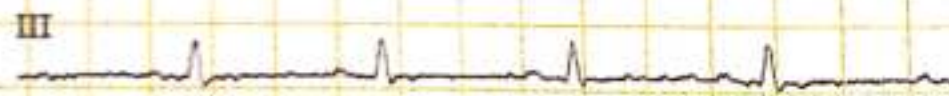


इसका लोका गा सिमा सिमाको रूपमा

Dr. C. P. PANIYA
 M.S. C.M.
 Regd. No. 81704
 PANCHAJYOTI HOSPITAL
 MAVADI CHOKADI
 150' RING ROAD, RAJKOT

10mm/mV

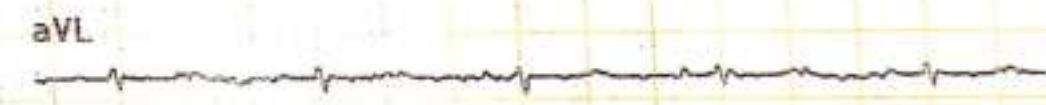
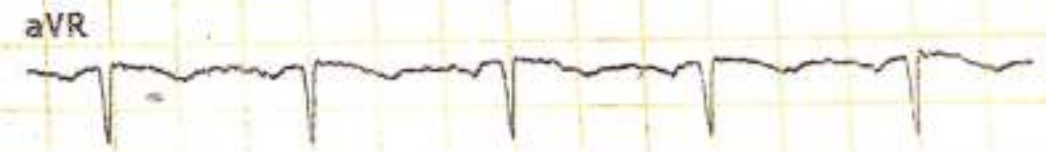
AUTO

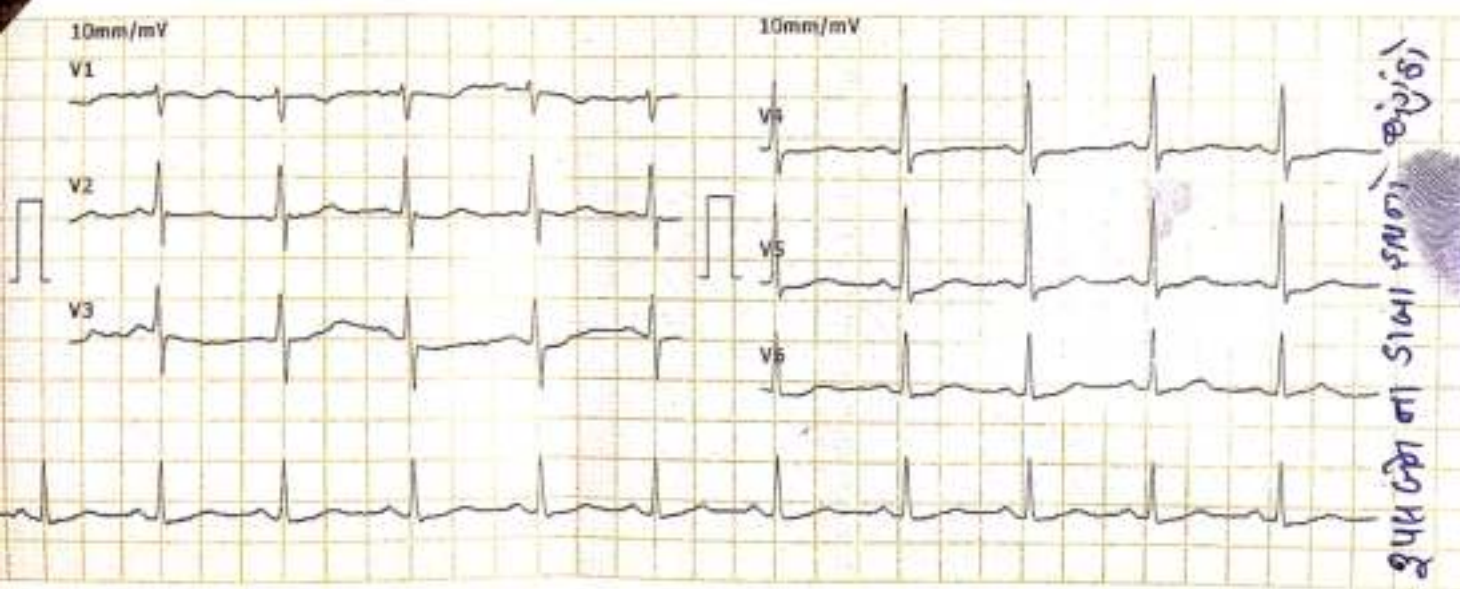


25mm/s

AC:ON 0.05-35Hz

10mm/mV





2024-2-10 10:15:06 ID:00003754
 ID Card: _____
 Name: Punjwari Gender: Female
 Age: 35 Height(cm): _____
 Weight(Kg): _____ BP(mmHg): 1

Dr. C. P. DADHANIVA
 HR..... bpm 99
 P-R..... ms 113
 Q-R-S..... ms 76
 QT/QTc..... ms 373/476
 P/QRS/T..... deg 54/52/42
 RVS/SV1..... mV 0.99/0.28
 RVS+SV1..... mV 1.27
 *The result must be confirmed by doctor!
 Report Confirmed by: _____

ECHOCARDIOGRAPHY & COLOR DOPPLER

Patient Name : Rupalben Panjvani
Ref.By : Dr Dadhaniya Sir

Age/Sex : 33/F
Date : 10/2/24

SUMMARY OF 2D ECHO

LA, LV size Normal
Concentric LVH (IVSd- 1.37cm)
No RWMA at rest
Overall LVEF -60 %.

RA , RV size and function Normal

All valves appear Normal in structure

No E/O Vegetation / clot /Pericardial effusion
IAS / IVS intact
No shunt across great vessels

IVC Size Normal 14 mm and collapsing > 50% on deep inspiration

Colour Doppler

Mitral Valve: E/A ratio 1
Trivial MR

Tricuspid Valve: Trivial TR CW TR jet 30 mmHg
Estimated PASP 35 mm Hg

Aortic Valve: Trivial AR
No significant LVOT gradient-- AV PG Max 12 mmHg

FINAL IMPRESSION

Good LV systolic function at rest
Concentric LVH

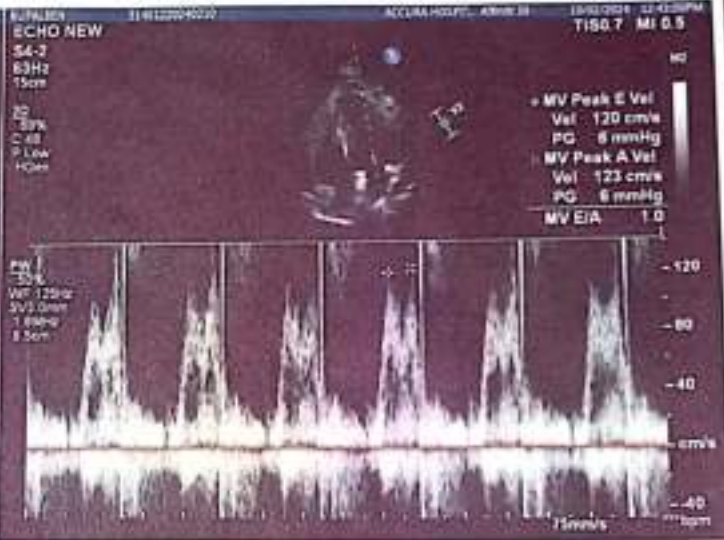
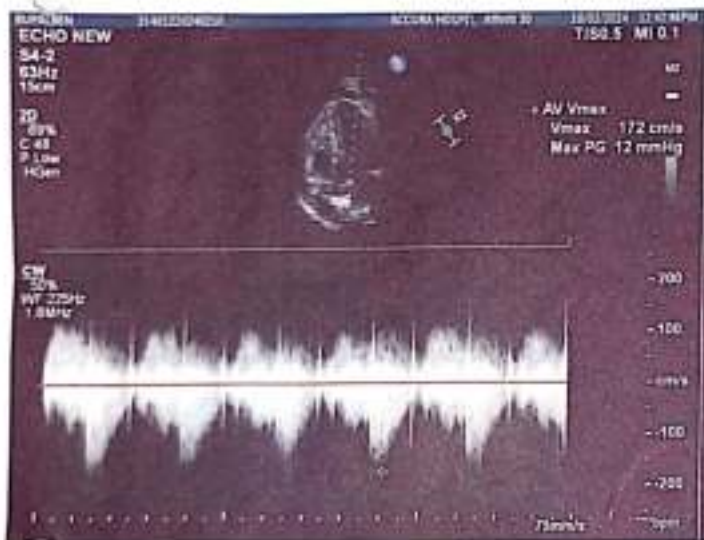
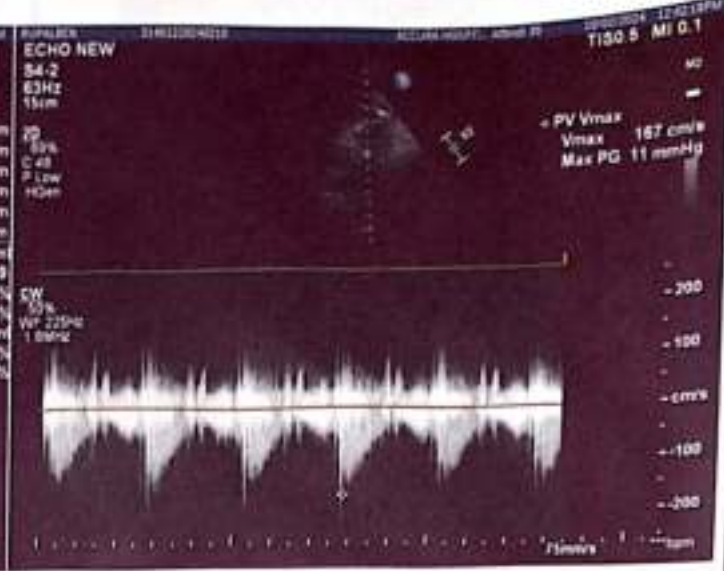
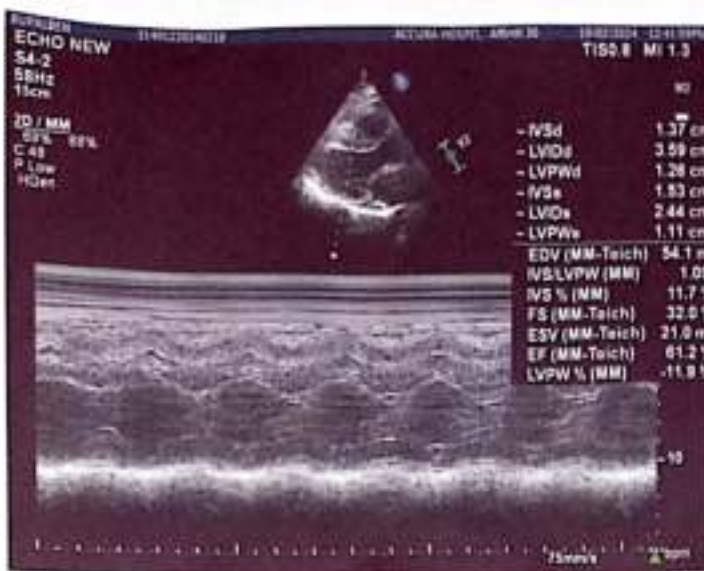

Dr. Vijay Maniyar

M.D., FNIC (Lilavati Hospital , Mumbai)

For Appointment

7 60 60 60 577

First Floor, Nilkanth Plaza, J. K. Park, Bapa Sitaram Chowk, Mavdi Main Road, RAJKOT- 360004.



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19

Pt.'s Name: PANJVANI RUPAL

Date: 10 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

PATIENT NAME: PANJVANI RUPAL

DATE: 10 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.

Thanks for reference.



DR PRATIK KAGATHARA
MD

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



ભારત સરકાર

Government of India



પંજવાની રુપલ

Panjivani Rupal

જન્મ તારીખ/DOB: 18/08/1988

સ્ત્રી/ FEMALE

Mo. 9904926382

3556 4552 6090

VID : 9166 3124 7447 0957



મારો અધિકાર, મારી યોગ્ય



ભારતીય વિશિષ્ટ ઓળખાણ અધિકારણ

Unique Identification Authority of India

સરનામું :

D/O અનવરભાઈ, બોઘની સ્ટ્રીટ, ત્ર- યોજા જમાત રાજા,
રાજકોટ, રાજકોટ,
ગુજરાત - 360001

Address:

D/O Anvarbhai, BOGHANI STREET, NR-
KHOJA JAMAT KHANA, Rajkot, Rajkot,
Gujarat - 360001



QR Code With Photograph

3556 4552 6090

VID : 9166 3124 7447 0957



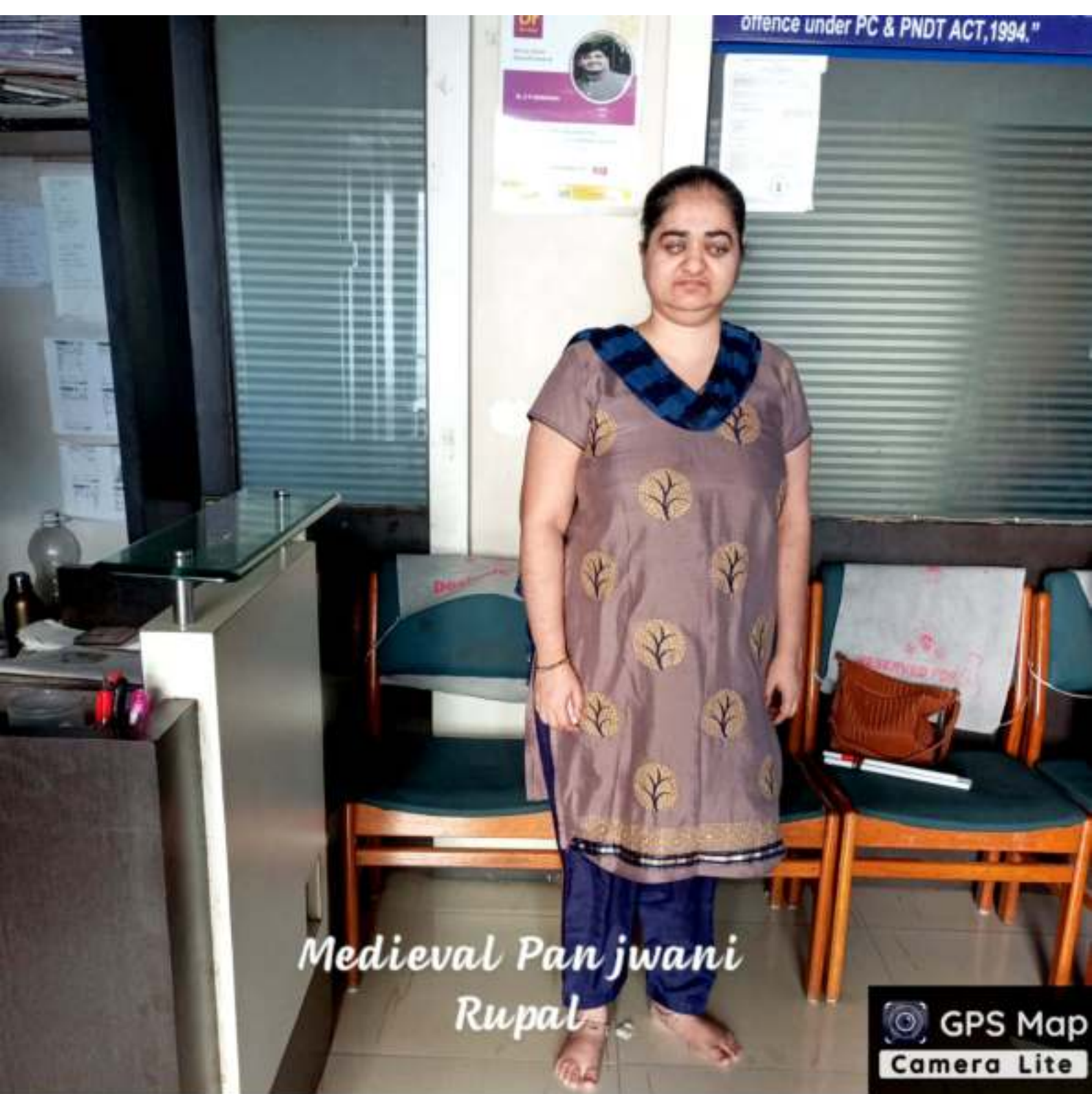
help@uidai.gov.in



www.uidai.gov.in



Scanned with OKEN Scanner



*Medieval Panjwani
Rupal*

 GPS Map
Camera Lite

7Q8M+HPF, Poonam Society, Chandreshnagar, Rajkot,
Gujarat 360004, India

Latitude

22.2664232°

Longitude

70.7843076°

Local 10:00:21 AM

GMT 04:30:21 AM

Altitude 146 meters

Saturday, 10.02.2024



PANJVANI RUPAL/F CHEST AP 10-Feb-24
NEELKANTH DIAGNOSTICS - RAJKOT (DR. PRATIK KAGATHARA)



TEST REPORT

Name : Panjvani Rupal	Reg. No : 402100666
Age/Sex : 35 Years / Female	Reg. Date : 10-Feb-2024 08:24 PM
Ref. By : Dr. PANCHMUKHI HOSPITAL / INSURANCE	Collected On : 10-Feb-2024 08:24 PM
Client Name : PANCHMUKHI HOSPITAL	Report Date : 10-Feb-2024 09:28 PM

COMPLETE BLOOD COUNT (CBC)
Specimen: EDTA blood

Parameter	Result	Unit	Biological Ref. Interval	
RBC Parameters				
Hemoglobin (SLS method)	10.2	g/dL	12.5 - 16.0	
Hematocrit (Electrical Impedance)	35.20	%	37 - 47	
RBC Count (Electrical Impedance)	4.95	million/cmm	4.2 - 5.4	
MCV (Calculated)	71.1	fL	78 - 100	
MCH (Calculated)	20.6	Pg	27 - 31	
MCHC (Calculated)	29.0	%	30 - 35	
RDW (Calculated)	16.4	%	11.5 - 14.0	
WBC Parameters				
WBC Count (Flowcytometry)	9900	/cmm	4000 - 10500	
DIFFERENTIAL WBC COUNT				
Neutrophils (%)	52 %	% Range 42.02 - 75.2	Abs. Value 5148	Abs. Range /cmm 1800 - 7700
Lymphocytes (%)	42 %	20 - 45	4158	/cmm 1000 - 3900
Eosinophils (%)	02 %	1 - 4	198	/cmm 0 - 450
Monocytes (%)	04 %	2 - 8	396	/cmm 200 - 1000
Basophils (%)	00 %	0 - 1	0	/cmm 20 - 100
Platelete Parameter				
Platelet Count	424000	/cmm	150000 - 450000	
MPV	10.3	fL	7.4 - 10.4	
P-LCR	27.70	%	11.9 - 66.9	
PDW	12.3	%	8.3 - 56.6	
PCT (Platelet Haematocrit)	0.44	%	0.2 - 0.5	

towards the healthiness...

D.R.J.

Dr. Viral Jethava

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




TEST REPORT

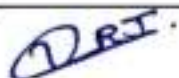
Name	: Panjvani Rupal	Reg. No	: 402100666
Age/Sex	: 35 Years / Female	Reg. Date	: 10-Feb-2024 08:24 PM
Ref. By	: Dr. PANCHMUKHI HOSPITAL / INSURANCE	Collected On	: 10-Feb-2024 08:24 PM
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BLOOD GROUP & RH

Specimen: EDTA and Serum; Method: Haemagglutination

Parameter	Result	Unit	Biological Ref. Interval
ABO	"B"		
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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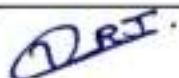


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Test	Result	Unit	Biological Ref. Interval
Erythrocyte sedimentation rate Sample, EDTA whole blood			
ESR (After 1 hour)	11	mm/hr	3 - 12

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FASTING PLASMA GLUCOSE


Specimen: Flouride plasma

Parameter	Result	Unit	Biological Ref. Interval
Fasting Blood Sugar (FBS) <small>HEXONWASE</small>	93.00	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.

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Client Name : PANCHMUKHI HOSPITAL	Report Date : 10-Feb-2024 09:28 PM

POST PRANDIAL PLASMA GLUCOSE

Specimen: Flouride plasma

Parameter	Result	Unit	Biological Ref. Interval
Post Prandial Blood Sugar (PPBS) HEXORWASE	113.00	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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LIPID PROFILE
Specimen: Serum

Parameter	Result	Unit	Biological Ref. Interval
Cholesterol <small>Cholesterol Oxidase</small>	173.00	mg/dL	Desirable : < 200.0 Borderline High : 200-239 High : > 240.0
Triglyceride <small>Enzymatic Reaction With Glycerol Kinase</small>	126.0	mg/dL	Normal : < 150.0 Borderline : 150-199 High : 200-499 Very High : > 500.0
HDL Cholesterol <small>Siemens HDL</small>	46.00	mg/dL	High Risk : < 40 Low Risk : >= 60
LDL Cholesterol <small>Siemens ALDL</small>	97.00	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>	25.20	mg/dL	15 - 35
LDL / HDL RATIO <small>Calculated</small>	2.11		0 - 3.5
Cholesterol /HDL Ratio <small>Calculated</small>	3.76		0 - 5.0

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DRJ

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RENAL FUNCTION TEST

Specimen: Serum

Parameter	Result	Unit	Biological Ref. Interval
Creatinine <small>ALKALINE PICRATE, COLORIMETRIC KINETIC</small>	0.82	mg/dL	0.55 - 1.02
eGFR	119.43	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>	19.00	mg/dL	17 - 43
Blood Urea Nitrogen (BUN) <small>UREASE/GLDH</small>	8.87	mg/dL	7.0 - 18.0
Uric Acid <small>Uricase</small>	5.60	mg/dL	2.6 - 6.2
Sodium <small>Direct ion selective electrode</small>	139.5	mmol/L	137 - 145
Potassium <small>Direct ion selective electrode</small>	4.80	mmol/L	3.5 - 5.1
Chloride <small>Direct ion selective electrode</small>	105.2	mmol/L	98 - 107
Calcium <small>Cresolphthalein Complexone</small>	9.80	mg/dL	8.5 - 10.1

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HEMOGLOBIN A1 C (HBA1C)

Specimen: Blood EDTA

Parameter	Result	Unit	Biological Ref. Interval
HbA1C <small>Siemens Dimension</small>	5.30	%	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>	105.41	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.


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THYROID FUNCTION TEST

Parameter	Result	Unit	Biological Ref. Interval
Thyroid Stimulating Hormone (TSH) <small>CLIA</small>	5.100	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) <small>CLIA</small>	1.34	ng/mL	0.6 - 1.81
---	------	-------	------------

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.

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TEST REPORT

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Thyroxine (T4) 9.60 µg/dL 4.5 - 12.6
CLM

Clinical Significance:

- Thyroxin (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.

D.R.I.

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Name : Panjvani Rupal	Reg. No : 402100666
Age/Sex : 35 Years / Female	Reg. Date : 10-Feb-2024 08:24 PM
Ref. By : Dr. PANCHMUKHI HOSPITAL / INSURANCE	Collected On : 10-Feb-2024 08:24 PM
Client Name : PANCHMUKHI HOSPITAL	Report Date : 10-Feb-2024 09:28 PM

STOOL EXAMINATION

Parameter	Result	Unit	Biological Ref. Interval
Colour	Brown		
Consistency	Solid		
CHEMICAL EXAMINATION			
Occult Blood <small>Peroxidase Reaction with o-Diaminidine</small>	Negative		
Reaction <small>pH Strip Method</small>	Neutral		
Reducing Substance	Absent		
MICROSCOPIC EXAMINATION			
Mucus	Absent		
Pus Cells	Absent		
Red Cells	Absent		
Epithelial Cells	Absent		
Vegetable Cells	Absent		
Trophozoites	Absent		
Cysts	Absent		
Ova	Absent		
Neutral Fat	Absent		
Monilia	Absent		
Bacteria	Absent		

Note: Stool occult blood test is highly sensitive to peroxidase like activity of free hemoglobin.
False negative: False negative occult blood test may be observed in case of excess (>250mg/day) Vitamin C intake and in case of occasional unruptured RBCs.
False positive: False positive occult blood test may be observed in stool samples containing vegetable peroxidase (turnips, horseradish, cauliflower, brocoli, cantaloupe, parsnips) and myoglobin from food (meat diet) intake.

D.R.J.
Dr. Viral Jethava

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TEST REPORT

Name : Panjvani Rupal	Reg. No : 402100666
Age/Sex : 35 Years / Female	Reg. Date : 10-Feb-2024 08:24 PM
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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	5.5		4.6 - 8.0
Sp. Gravity	1.015		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	Absent
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 : Panjvani Rupal	Reg. No : 402100666
Age/Sex : 35 Years / Female	Reg. Date : 10-Feb-2024 08:24 PM
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LIVER FUNCTION TEST

Specimen : Serum

Parameter	Result	Unit	Biological Ref. Interval
Total Protein <small>BIURET</small>	7.50	g/dL	6.4 - 8.2
Albumin <small>Dye Binding - Bromocresol Purple (BCP)</small>	4.30	g/dL	3.40 - 5.00
Globulin <small>Calculated</small>	3.20	g/dL	2.3 - 3.5
A/G Ratio <small>Calculated</small>	1.34		0.8 - 3.1
SGOT (AST) <small>Siemens/37C</small>	23.00	U/L	15 - 37
SGPT (ALT) <small>Siemens/37C</small>	51.00	U/L	14 - 59
Alakaline Phosphatase <small>Siemens/37C</small>	109.00	U/L	46 - 116
Total Bilirubin <small>Diaz-Caffeine/Benzoate Coupling (Jendrassik-Grof) w/bilirubin</small>	0.85	mg/dL	0.2 - 1
Conjugated Bilirubin <small>Diaz-Caffeine/Benzoate Coupling (Jendrassik-Grof) w/bilirubin</small>	0.13	mg/dL	0 - 0.20
Unconjugated Bilirubin <small>Suph acid ip/calf-benz</small>	0.72	mg/dL	0.0 - 1.1

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

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D.R.J.

Dr. Viral Jethava

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