N M Virani Wockhardt Hospital
Kalawad Road,
Rajkot- 360 007
1st Nationally Accredited (Gold Standard - NABH)
Hospital of Saurashtra - Kutch

WOCKHARDT HOSPITALS | LIFE WINS

HEALTH CHECK UP SUMMARY

Name :
Age :
Sex :
UHID :
Exam. Date :

UHID : WHRJ.0000663459
Mr. AHMAD SHEKH
Age : 33 Yrs/Male
Dr. SHYAM KARIA

To be Filled in by the patient

Has anyone in your family suffered from the following ailments ? if yes, please specify the time period

FAMILY HISTORY

Hypertension :	NO/YES	Asthma :	NO/YES
Heart disease :	NO/YES	Cancer :	NO/YES
Diabetes :	NO/YES	Skin Disease :	NO/YES
Epilepsy :	NO/YES	Mental Disease :	NO/YES
Renal Disease :	NO/YES	Peptic ulcer :	NO/YES
Stroke :	NO/YES		
Arthritis / Gout :	NO/YES		

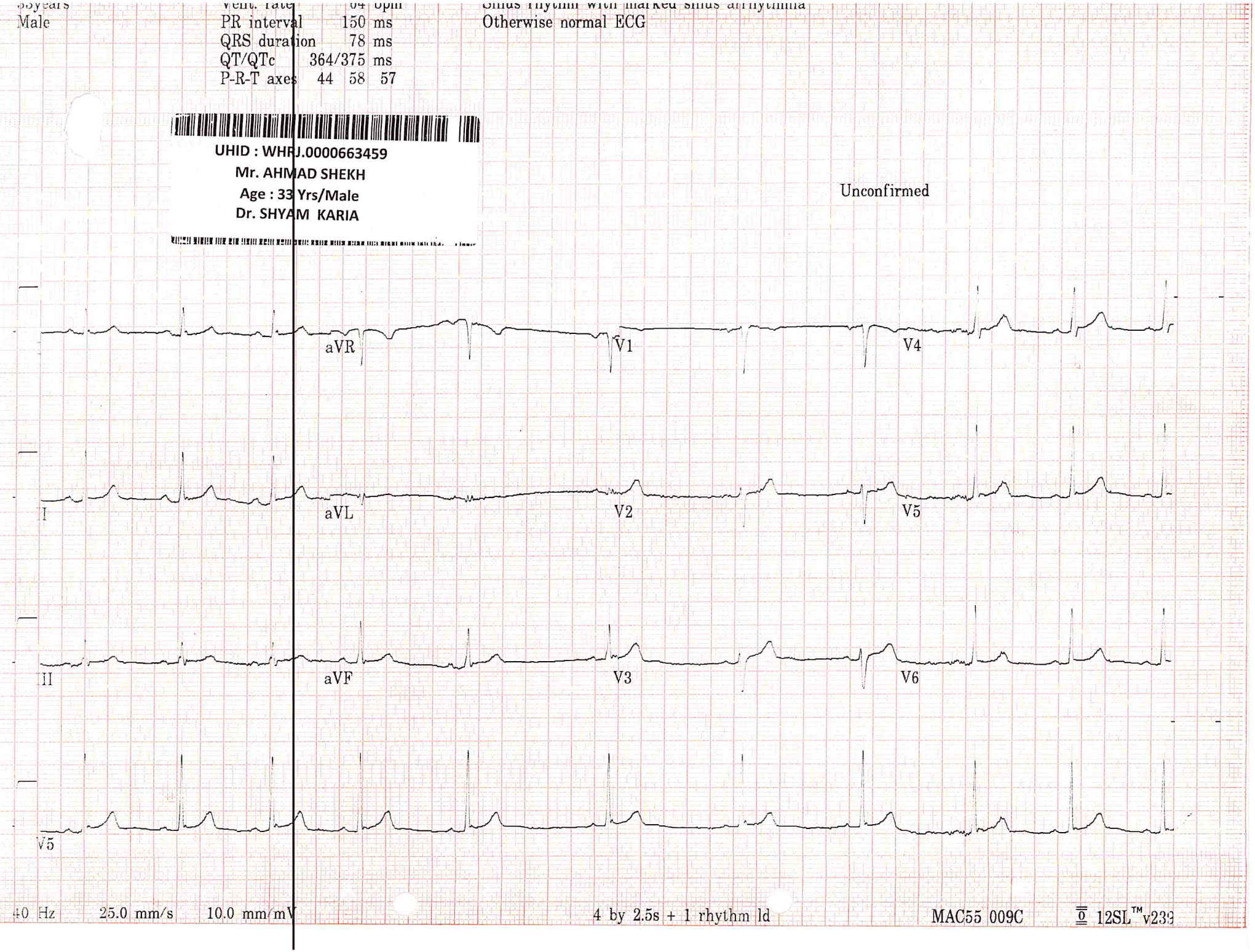
Have you ever suffered from any of these ailments :

PERSONAL & MEDICAL HISTORY

Heart Disease :	NO/YES	Hypertension :	NO/YES
Asthma :	NO/YES	Cancer :	NO/YES
Diabetes :	NO/YES	Malaria :	NO/YES
Renal Disease	NO/YES	Skin Disease :	NO/YES
Epilepsy :	NO/YES	Arthritis / Gout :	NO/YES
Stroke :	NO/YES	Peptic Ulcer :	NO/YES
Mental Disorder :	NO/YES	Chronic Dysentery	NO/YES
Eosinophilia :	NO/YES	Major illness :	NO/YES
Vertigo :	NO/YES	Hospitalization :	NO/YES
Jaundice :	NO/YES	Tuberculosis :	NO/YES
Smoking :	NO/YES	Medication :	NO/YES
Chewing Tobacco	NO/YES	If yes - please name them	
Pan / Betel nut :	NO/YES		
Alcohol intake :	NO/YES		
Allergies :	NO/YES		
Operations :	NO/YES		

Is there any specific issue/concern you may want to discuss with the doctor ?

Also Constipation


35years
Male
Vent. rate 64 bpm
PR interval 150 ms
QRS duration 78 ms
QT/QTc 364/375 ms
P-R-T axes 44 58 57
Sinus rhythm with marked sinus arrhythmia
Otherwise normal ECG
UHID : WHRJ.0000663459
Mr. AHMAD SHEKH
Age : 33 Yrs/Male
Dr. SHYAM KARIA
Unconfirmed
I
aVR
V1
V4
II
aVL
V2
V5
III
aVF
V3
V6
V5
40 Hz
25.0 mm/s
10.0 mm/mV
4 by 2.5s + 1 rhythm ld
MAC55 009C
12SL™v239

WOCKHARDT HOSPITALS | LIFE WINS

DEPARTMENT OF LABORATORY MEDICINE

Patient Name	: MR. AHMAD SHEKH	**Bill No.**	: OCR6/25/0003189
Age/Sex	: 33 Years/Male	**Sample Collection**	: 09/11/2024 10:59 AM
UHID	: WHRJ.0000663459	**Receiving Date Time**	: 09/11/2024 10:59 AM
Primary Consultant	: DR. SHYAM KARIA	**Report Date**	: 09/11/2024 10:59 AM
Order Date	: 09/11/2024 10:14 AM	**Approval Date Time**	: 09/11/2024 11:03 AM
Order No.	: 40385	**Specimen**	: EDTA Whole Blood
Visit Code	: OP6.0211158	**Bed No.**	:

HEMATOLOGY

Final Report

PARAMETER	METHOD	RESULT	UNIT	B.R.I
Complete Blood Count (With ESR)- EDTA Blood				
Haemoglobin	SLS Photometric Method	13.7	g/dL	13.5-18.0
Haematocrit	RBC Histogram	43.2	%	42 – 52
RBC Count	Impedance	5.30	10^6/µl	4.7-6.0
MCV	Calculated	81.4	fl	78-100
MCH	Calculated	**25.8**	pg	27-31
MCHC	Calculated	**31.7**	g/dL	30 – 35
RDW-CV	Calculated	**14.1**	%	11.5-14.0
WBC Total Count TLC	Flow cytometry / Microscopy	7.07	10^3/µL	4.0-10.5
Platelet Count	Impedance	242	10^3/µL	150-450
WBC Differential Count (DLC)				
Neutrophils	Flow cytometry / Microscopy	55.2	%	40 - 80
Lymphocytes	Flow cytometry / Microscopy	21.5	%	20 - 40
Eosinophils	Flow cytometry / Microscopy	**10.8**	%	2-6
Monocytes	Flow cytometry / Microscopy	**11.8**	%	2-10
Basophils	Flow cytometry / Microscopy	0.7	%	0-2
Blood ESR - 1 Hour	Westergren	06	mm/hr	0 – 20

--- END OF REPORT ---

VARSHA DHOLARIYA
Verified By

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M.D.,(PATHOLOGY)

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MC-2974

WOCKHARDT HOSPITALS | LIFE WINS

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LABORATORY MEDICINE

Final Report

PARAMETER	METHOD	RESULT	UNIT	B.R.I
LIPOGRAM				
Total Cholesterol	CHOD-PAP	166.06	mg/dL	Desirable: <200 Borderline: 200-239 High: >240
HDL Cholesterol - Direct	Direct Method	40.1	mg/dL	Low: <40.0 High: >60.0
Chol/HDL Ratio	Calculated	4.14		3.5-5.0
Triglycerides	GOP-PAP	65.5	mg/dL	Normal: <150 Borderline: 150-199 High: 200-499 Very High: >500
LDL-Cholesterol -Direct	Homogeneous Enzymetic Colorimetric Assay	125.3	mg/dL	Optimal: <100 Near Optimal: 100-130 Borderline: 130-159 High: 160–190 Very High: >190
LDL/HDL Ratio	Calculated	3.12		2.5-3.5
VLDL Cholesterol	Calculated	13.1	mg/dL	Normal: <30
Non - HDL Cholesterol	Calculated	138.4	mg/dL	Optimal: <130 Desirable: 130-159 Borderline: 159-189 High: 189-220 Very high: >220

As per NCEP guidline, 12 hr fasting is required for Lipid profile testing. Otherwise TG, VLDL and Non HDL cholesterol results might be variably high, depending upon amount and type of food consumed.

Reference: National Cholesterol Education Program (NCEP) Adult treatment Panel III Report.

--- END OF REPORT ---

NIDHI PUROHIT
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BIOCHEMISTRY

Final Report

PARAMETER	METHOD	RESULT	UNIT	B.R.I
Alkaline Phosphatase - Serum				
Alkaline Phosphatase	PNP AMP Kintetic	100.8	U/L	40 – 130
Bilirubin- Serum				
Serum Total Bilirubin	Diazo	0.22	mg/dl	0.1 - 1.2
Serum Direct Bilirubin	Diazo	0.11	mg/dL	0.1-0.3
Serum Indirect Bilirubin	Calculated	0.11	mg/dl	
Blood Urea Nitrogen-Serum				
Blood Urea Nitrogen	Calculated	12.54	mg/dL	Infant/child: 5-18 (18-60 years): 6-20 (60-90 years): 8-23
Urea- Serum	Urease-GLDH	27.1	mg/dL	16.6 - 48.5
Creatinine- Serum				
Serum Creatinine	Jaffe's Kinetic	0.85	mg/dL	Newborn: 0.3-1.0 Infant: 0.2-0.4 Child: 0.3-0.7 Adolescent: 0.5-1.0 Adult: <1.2
Gamma GT- Serum				
Gamma GT (NON ACCREDITED)	G-glutamyl-p-nitroanilide	31.3	U/L	10 – 71
lasma Glucose- Fasting				
Plasma Glucose - Fasting.	Hexokinase	92.57	mg/dL	60 – 100

Interpretation:
American Diabetes Association (ADA) criteria for diagnosis of Diabetes Mellitus:
Normal: Less than 100 mg/dL
Impaired Tolerance: 100 – 125 mg/dL
Diabetes Mellitus: More than 126 mg/dL

Note:
- Two abnormal results, on more than one occasion are required for diagnosis of DM.
- Other causes of transient glucose intolerance must be ruled out before diagnosis of DM.
- For Fasting blood sugar test, blood sample should be given after an 8 hour fast.
- An individual may have higher FBS level in comparison to PPBS level due to following reasons: Glycaemic index and response to food consumed, changes in body composition, high insulin sensitivity, exaggerated response to insulin, alimentary hypoglycemia, renal glycosuria, effect of hypoglycaemics/insulin treatment, anxious individual with disturbed sleep, dawn phenomenon and somogyi effect.

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BIOCHEMISTRY

Final Report

PARAMETER	METHOD	RESULT	UNIT	B.R.I
S.G.O.T (AST)- Serum				
S.G.O.T (AST)	UV Kinetic	22	U/L	0 - 40
S.G.P.T (ALT)	UV Kinetic	39.1	U/L	0 – 41
Total Protein- Serum				
Total Protein	Biuret	7.17	g/dL	Term: 4.6-7.4 7-19 year: 6.3-8.6 Adult: 5.5-8.0
Albumin	BCG	4.76	g/dL	Term: 2.5-3.4 7-19 year: 3.7-5.6 Adult: 3.5-5.5
Globulin	Calculated	2.41	g/dL	2 - 3.5
Albumin/Globulin Ratio	Calculated	1.97		0.9 - 2
Uric Acid- Serum				
Uric Acid	Enzymatic	5.9	mg/dl	2.5 - 8.0
Blood Urea Nitrogen	Calculated	12.54	mg/dL	Infant/child: 5-18 (18-60 years): 6-20 (60-90 years): 8-23
Creatinine	Jaffe's Kinetic	0.85	mg/dL	Newborn: 0.3-1.0 Infant: 0.2-0.4 Child: 0.3-0.7 Adolescent: 0.5-1.0 Adult: <1.2
Blood Urea Nitrogen/Creatinine Ratio	Calculated	14.75		< 20

--- END OF REPORT ---

NIDHI PUROHIT
Verified By

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HEMATOLOGY

Final Report

PARAMETER	METHOD	RESULT	UNIT	B.R.I
BB-Blood Group RH Factor Serum and EDTA Blood				
Blood Group	Column Agglutionation Technology (CAT)	B		
Rh Factor		POSITIVE		

(NON ACCREDITED)

- Method : Blood grouping done by Gel card(Forward and Reverse) and/or Slide Agglutination(Forward) method with Anti-A(IgM), Anti-B(IgM) and Anti-D(IgM+IgG).

- Anti-D(IgG+IgM) does not detect DU(Weak Ag) varient in routine test. All Negative samples should be further tested at Blood Bank by DU Test for final confirmation.

- Subtyping of antigen can not be known by routine BGRh test. All A and AB blood groups should be further investigated at Blood Bank for further subtyping of Antigen(A1 or A2).

- For all Blood samples, it is presumed that the sample belongs to Patient named on it or on Requisition form. Results are released as per the sample received.

--- END OF REPORT ---

KAVITA RATHOD
Verified By

Dr. PRAVIN GOJIYA
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R.I : BIOLOGICAL REFERENCE INTERVAL

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BIOCHEMISTRY

Final Report

PARAMETER	METHOD	RESULT	UNIT	B.R.I
Glycosylated Haemoglobin- EDTA Blood				
Glycosylated Haemoglobin	HPLC	5.5	%	Non-diabetic: <5.7
Estimated Mean glucose	Calculated	111.14	mg/dL	
(NON ACCREDITED)				

Test Performed by HPLC method (BioRad - D10)

Interpretation:
American Diabetes Association (ADA) criteria for diagnosis of Diabetes Mellitus:
Prediabetes: 5.7 – 6.4
Diabetes Mellitus: More than 6.5

Note:
- Two abnormal results, on more than one occasion are required for diagnosis of DM.
- Other causes of transient glucose intolerance must be ruled out before diagnosis of DM.
- HbA1C is used for monitoring diabetic control. It reflects the estimated average (Mean) glucose. Trends in HbA1C are better indicator of diabetic control than a solitary test.
- In known diabetic patients, following values can be considered as a tool for monitering the glycemic control: Excellent control – Less than 7 %, Good control – 7 to 8 %, Action suggested – More than 8 %.

Interference and Limitation:
- All hemoglobin variants which are glycated at B-chain N-terminus and which have antibody recognizable region identical to that of HbA1C are determined by this assay.
Abnormal Hb might affect the half life of RBCs or the invivo glycation rates. Care must be taken when interpreting any HbA1C result from patient with Hb variants/High Hb-F. For Homozygous/Heterozygous Hemoglobinopathies, alternative method should be used.
- Any cause of shortened erythrocyte survival (Hemolytic anemia or other hemolytic disease), Recent significant or chronic blood loss will reduce exposure of RBCs to glucose with consequent decrease in HbA1C.
- Test result obtained by different testing procedure should not be compared directly. Values may not be comparable with different methodologies and even different laboratories using same methodology. (Ref.: Wallach, 8th Edition)

--- END OF REPORT ---

NIDHI PUROHIT
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IMMUNOLOGY

Final Report

PARAMETER	METHOD	RESULT	UNIT	B.R.I
T3 T4 TSH- Serum				
Total T3	Electrochemiluminescence immunoassay	1.32	ng/mL	0.8 – 2
Total T4	Electrochemiluminescence immunoassay	7.61	µg/dL	5.1 – 14.1
TSH	Electrochemiluminescence immunoassay	1.44	µIU/ml	Term: 1.3-19.0 3 days: 1.1-17 10 weeks: 0.6-10.0 14 months: 0.4-7.0 5 years: 0.4-6.0 14 years: 0.3-5.0 ADULT: 0.27-4.2 Pregnancy: 1st Trimester: 0.1-2.5 2nd Trimester: 0.2-3.0 3rd Trimester: 0.3-3.0

INTERPRETATION: TSH is formed in anterior pituitary and is subject to a circadian secretion, so result may show considerable physiologic and seasonal variation.

High TSH : Primary hypothyroidism (untreated or inadequately treated), Hashimoto thyroiditis, Iodine deficiency goiter, External neck irradiation, Post thyroidectomy, Pituitary thyrotroph adenoma etc.
Drugs : Iodine containing agent like amiodarone / iopanoic acid / ipodate, Amphetamines, Dopamine antagonist like metoclopramide / domperidone / chlorpromazine / haloperidol, Lithium etc. can increase TSH level.

Low TSH : Toxic multinodular goiter, Autonomously functioning thyroid adenoma, Graves disease, Thyroiditis, Extrathyroidal thyroid hormone source, Factitious, Secondary hypothyroidism (Pituitary / hypothalamic tumor or infiltrates) etc.
Drugs : Glucocorticoids, dopamine, dopamine agonist like bromocriptine, L – dopa, Apomorphine, Pyridoxine, Over replacement of thyroid hormone in hypothyroidism etc can decrease TSH level.

TSH result may be transiently altered because of some non thyroidal acute illness (NTI). To evaluate thyroid status of hospitalized ill patient, clinical correlation / repeat testing may be needed.
Interference : RA factor, Heterophile antibodies, Human anti-mouse antibodies, High biotin level, icterus, hemolysis, lipemia etc. may produce spurious results.
Individual test result should not be considered conclusive, Test result should be used with detailed medical history, clinical examination and other findings for final diagnosis.

--- END OF REPORT ---

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CLINICAL PATHOLOGY

Final Report

PARAMETER	METHOD	RESULT	UNIT	B.R.I
Urine Routine				
Physical Examination				
Colour	Visual	Pale Yellow		
Volume	Macroscopic View	20	ml	
Appearance	Macroscopic View	Clear		Clear
Urine for pH	Strip Method	6.0		5.0 - 8.0
Specific Gravity	Strip Method	1.025		1.005 - 1.030
Chemical Examination				
Urine Protein	Protein Error of Indicator Method	Absent		Absent
Urine Sugar	Glucose Oxidase Method	Absent		Absent
Urine Ketones	Sodium Nitroprusside Method	Absent		Absent
Urine Blood	Peroxidase like Activity	Absent		Absent
Bile Salts/Bile Pigment	Fouchet's Reaction	Absent		Absent
Urobilinogen.	Ehrlich's Reaction	Normal		Normal
Microscopic Examination				
Pus Cells	Microscopy	Occasional	/hpf	< 3
Red Blood Cells	Microscopy	Absent	/hpf	Absent
Epithelial Cells	Microscopy	0-1	/hpf	< 5
Casts	Microscopy	Absent		Absent
Crystals	Microscopy	Absent		Absent
Amorphous Deposit	Microscopy	Absent		Absent

--- END OF REPORT ---

VARSHA DHOLARIYA
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MC-2974

Dr. Harshal Baldha
M.S. (Ophth.), FRF, DO
Consultant Ophthalmologist

WOCKHARDT HOSPITALS | LIFE WINS

UHID : 9/11/24

UHID : WHRJ.0000663459
Mr. AHMAD SHEKH
Age : 33 Yrs/Male
Dr. SHYAM KARIA

Provisional Diagnosis: ....

T-Afebrile/Febrile_____°C
P-_____/min R-_____/min
B.P-_____/_____mmHg
Drug Allergy- Yes/No _____
Pain- Yes/No _____
Fall-Risk Yes/No _____

No Rec

Subj :

Obj :

Vn :

:

Tn :

:

A/s :

P/s :

Wockhardt Hospitals Ltd.
Unit : **N M Virani Wockhardt Hospital**
Kalawad Road, Rajkot - 360 007 Tel. : 0281-669 4444
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CIN : U85100MH1991PLC063096

DEPARTMENT OF RADIODIAGNOSTICS

Patient Name	: MR. AHMAD SHEKH		
Age/Sex	: 33 Yrs / Male	**Order Date**	: 09/11/2024 10:14 AM
UHID	: WHRJ.0000663459	**Referred by**	:
Reporting Date	: 09/11/2024 10:19 AM	**Order No.**	: 18256
Bill No.	: OCR6/25/0003189		

USG ABDOMEN WITH PELVIS

Real time sonography of the abdomen and pelvis was performed using the 3.5 MHz transducer.

ndings:

The liver is normal in size and echotexture. No focal lesion is seen.

The portal vein appear normal in course and calibre.
The gall bladder is normal in size with a normal wall thickness and there are no calculi noted within.
CBD appears normal in course and caliber.
Intrahepatic biliary tree is normal.

The pancreas is normal in size and echotexture.
The spleen is normal in size and echotexture.

Both kidneys are normal in size, position and echogenecity. Cortical thickness and corticomedullary differentiation are normal.No hydronephrosis or calculi noted.
Right kidney measures 94x 38 mm
Left kidney measures 100x 52 mm

There is no evidence of obvious ascites.
e urinary bladder is normal. No vesical calculi noted.
The prostate is normal in size and homogenous in echotexture.

COMMENTS;
- No significant abnormality detected.

Dr. Ashvin Karavadiya
D.M.R.D
Senior Consultant Radiologist
The CT Scan/MRI/USG/ X RAY investigation has techincal limitations as well as inaccuracles. It should always be viewed with clino-pathological correlation and other investigations.

Verified By: JESSY ABRAHAM

Authorized By:

N M Virani Wockhardt Hospital
Kalawad Road, Rajkot - 360 007 Tel. : 0281-669 4266
Email : contact.rjt@wockhardthospitals.com Website : www.wockhardthospitals.com
CIN : U85100MH1991PLC063096 GSTIN : 24AAACW3342G1ZN

DEPARTMENT OF RADIODIAGNOSTICS

Patient Name	: MR. AHMAD SHEKH		
Age/Sex	: 33 Yrs / Male	**Order Date**	: 09/11/2024 10:14 AM
UHID	: WHRJ.0000663459	**Referred by**	:
Reporting Date	: 09/11/2024 10:21 AM	**Order No.**	: 18256
Bill No.	: OCR6/25/0003189		

X RAY CHEST PA

Both lung fields are clear.

The costophrenic angles and domes of diaphragm appear normal.

Cardiac silhouette is within normal limits.

Visualised bony thorax and soft tissues appear normal.

COMMENTS:

Normal chest x ray

The CT Scan/MRI/USG/ X RAY investigation has techincal limitations as well as inaccuracles. It should always be viewed with clino-pathological correlation and other investigations.

Verified By: Dr KHYATI VADERA

Authorized By:

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

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CIN : U85100MH1991PLC063096 GSTIN : 24AAACW3342G1ZN

DEPARTMENT OF CARDIOLOGY

Patient Name	: MR. AHMAD SHEKH		
Age/Sex	: 33 Yrs / Male	**Order Date**	: 09/11/2024 10:14 AM
UHID	: WHRJ.0000663459	**Referred by**	:
Reporting Date	: 09/11/2024 11:08 AM	**Order No.**	: 9032
Bill No.	: OCR6/25/0003189		

T.M.T. REPORT

Interpretation

Patient reaches exercise limit of 11.8 Mets.

Adequate increase of Blood Pressure & Heart Rate.

No significant ST T changes seen during test & recovery. No arrhythmia seen.

The stress test was terminated after 10:02 mins. As he/she achieved 85% of MHR without chest pain.

The recovery was uneventful.

FINAL IMPRESSION.

THE TEST IS **NEGATIVE** FOR INDUCED MYOCARDIAL ISCHEMIA AT THE WORKLOAD ACHIEVED.

Dr.Bhoomi Virpariya
M.B.B.S.,P.G.D.C.C.
Noninvasive Cardiologist

Verified By: SHILPA KATARIYA

Authorized By:

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

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WOCKHARDT HOSPITALS | LIFE WINS

PERIODIC MEDICAL EXAMINATION REPORT

Name : Mr. Ahmed

SYSTEMIC EXAMINATION

Cardiovascular System

Peripheral pulsations	:	Normal
Pulse rate at rest	:	78 per minute
Apex beat	:	Normal/
Heart sounds	:	Normal/
Murmurs	:	Nil/

Respiratory System

Shape of chest	:	Normal/
Chest Movement	:	Normal/
Trachea	:	Normal/
Breath Sounds	:	Normal/
Adventitious Sounds	:	Absent/
Pleural Rub	:	Absent/
Chest Inspiration	:	Normal/

Abdomen	:	Normal/
Abdominal Girth	:	Normal/
Liver	:	Normal/
Spleen	:	Normal/
Any Lumps	:	Nil/

PERIODIC MEDICAL EXAMINATION REPOR

Name :

PHYSICAL EXAMINATION

Height :	162.	cm
Weight :	62.0	kg
Blood Pressure : Supine :	110/80	mm/hg
Temperature :		Normal/
Respiration :		Normal/
Nutritional Status :		Normal/
Mental Status :		Normal/
Skin :		Normal/
Lymph Nodes :		Not Enlarg
Oedema :		Absent/
Nails :		Normal/
Tongue :		Normal/
Teeth / Gums :		Normal/
Thyroid :		Normal/
Extremities :		Normal/
JVP :		Not Raised
Pallor :		Normal/
ENT :		Normal/

FINAL IMPRESSIONS : S/b Dr. Shyam K.
No known co-morbs
C/O Constipation
Mr. by DM Sady[?]
Negative

MEDICAL ADVICE : Adv
- Lifestyle - Diet modification
- Regular Exercise & follow

Doctor'sName : [signature] Doctor's Sign. : Date :

WHL/CC/15