ECG report

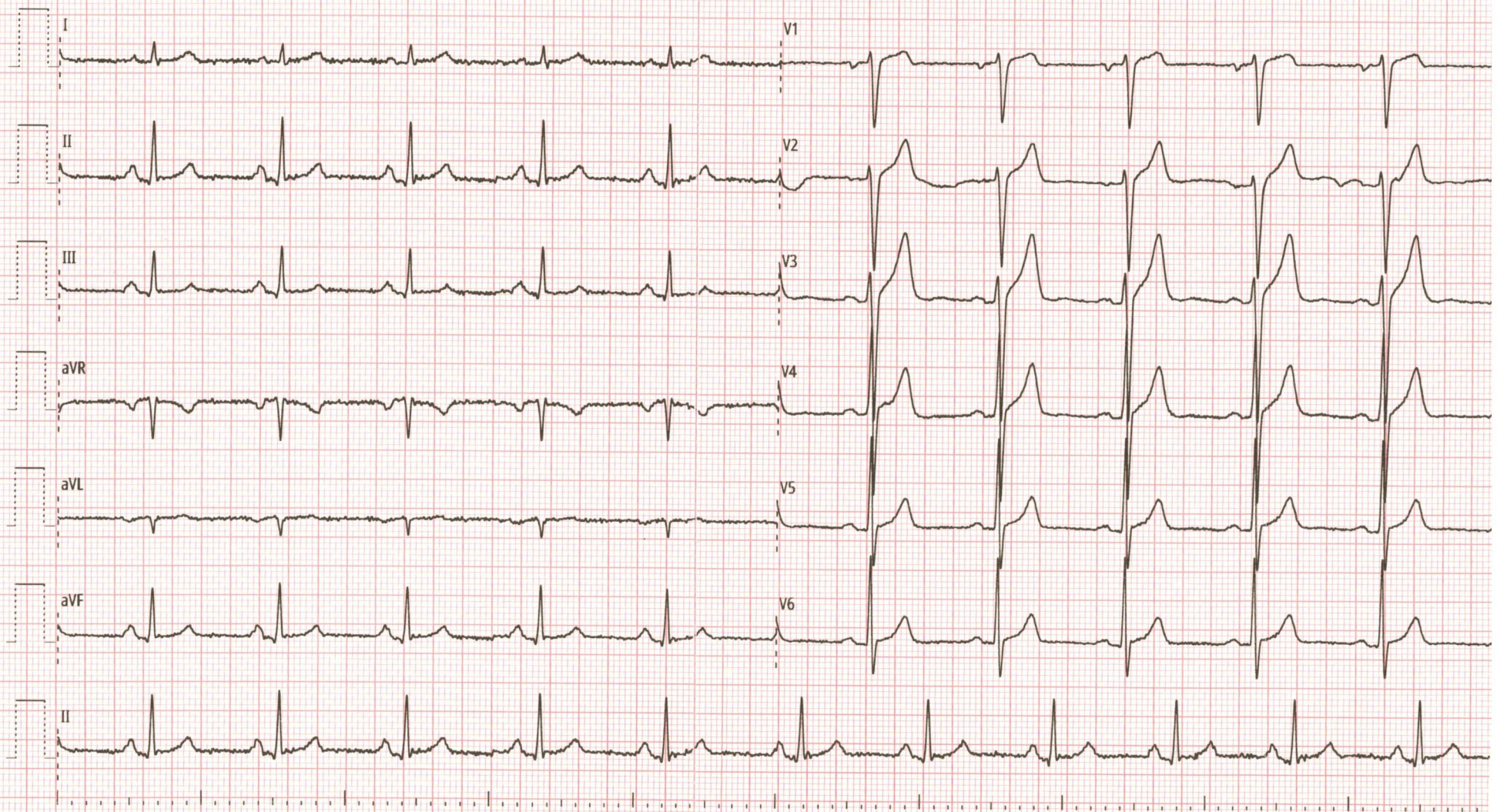
ID	: 3	HR	: 67 bpm
Name	: CHINTAN TRIVEDI	PR	: 160 ms
Gender	: M	QRS	: 92 ms
Age	: 39 Years	QT/QTc	: 368/380 ms
Dept	:	P/QRS/T	: 75/75/59 °
Bed No	:	RV5/SV1	: 1.554/1.047 mv
		RV5+SV1	: 2.601 mv

<<Interpretations >>
Sinus rhythm
Normal ECG

DHS Multispeciality Hospital Ahmedabad

Confirm and sign:

DR. ABHIJIT PARIKH
G-30[illegible]
M. D.(General Medicine)
DHS MULTISPECIALITY HOSPITAL



PATIENT NAME	**MR. CHINTAN TRIVEDI**
AGE / SEX	**39 YRS/MALE**
REF. DOCTOR	**DR. DHS DOCTOR TEAM**
DATE	**09/11/2024**

2D ECHO CARDIOGRAPHY REPORT

Observation:

1. **Normal LV size with normal LV systolic function. LVEF: 60%.**
2. **No RWMA at rest.**
3. **Grade I LV diastolic dysfunction.**
4. **Normal sized LA, RA and RV. Normal RV function.**
5. **All valves are normal in structure.**
6. **IAS and IVS are intact.**
7. **No PAH. RVSP = 29 mmHg.**
8. **No clot/ vegetation / pericardial effusion.**
9. **Doppler: Mild MR, Mild TR, Trivial AR, No PR.**
10. **IVC is normal in size and well collapse on inspiration.**

Conclusion:

Normal LV systolic function.
No RWMA.
No PAH.

Measurements :

LVIDD	**43.0 mm**	**AO**	**22.0mm**
LVIDS	**22.0 mm**	**LA**	**28.0mm**
LVEF	**60%**		
IVSD/LVPWD	**10.0mm/10.0mm**		

DOPPLER STUDY:

Valves	velocity	Max gradient	Mean gradient	Area	Regurgitation
Aortic	1.3	5.4			Trivial AR
Mitral	E:0.4 A: 0.2				Mild MR
Pulmonary	0.4	3.3			No PR
Tricuspid	0.5	1.2			Mild TR

Dr.ARCHIT PARIKH
DR. ARCHIT PARIKH
G - 30352
M. D.(General Medicine)
DHS MULTISPECIALTY HOSPITAL

TRIVEDI CHINTAN
39 Y/M
HEALTH CHECK UP
09/11/2024

U.S.G. OF ABDOMEN AND PELVIS

s

Liver: appears normal in size & shows normal echopattern. No focal lesion is seen.
No dilated IHBR is seen. Portal vein and CBD appear normal in course and caliber.

Gall bladder: is moderately distended & appears normal. No calculus, sludge or mass is seen.
Gall bladder wall thickness appears normal.

Pancreas: appears normal in size & echopattern. No focal lesion is seen.

Spleen: appears normal in size and shows normal echotexture. No focal lesion is seen.

Both Kidneys appear normal in size, position and echopattern.
Few small calculi are noted in both kidneys, largest approx. 4.5 mm in mid calyx of left kidney. No hydronephrosis on either side.
C-M differentiation is well preserved on either side.
Cortical thickness appears normal on both sides.
No focal lesion is seen on either side.

Urinary bladder is moderately distended & appears normal. No calculus, internal echoes or mass is seen. Urinary bladder wall thickness appears normal.

Prostate appears normal in size and echopattern.

Para-aortic region appears normal.
No abdominal lymphadenopathy is seen.
Bowel loops appear normal in caliber & show normal peristalsis.
No abnormal dilatation of bowel loops or wall thickening is seen.
No fluid collection or lump formation is seen in RIF.
No ascites is seen.

IMPRESSION:

Few small bilateral renal calculi

Clinical correlation suggested. Thanks for reference.

DR. BHADRESH CHUDASAMA
MD RADIOLOGY

Patient Name	TRIVEDI CHINTAN D	Patient ID	UHID27882
Age/Gender	39 Years / M	Study Date	09-Nov-2024
Referred By		Reported Date	09-Nov-2024

X – RAY CHEST PA VIEW:

Both lung fields under vision appear normal.
Cardiac size appears normal.
Both costophrenic angles are clear.
Hilar regions are normal.
Both domes appear normal in position.
Bony thorax under vision appears normal.

Dr.Sunny Shivlani
MD Radiology REG-33548

Date Reported: 09-Nov-2024

This Report is done and digitally signed via Tele Radiology Done at Radiscan Diagnostic Ahmedabad. For any clinical discrepancy, please discuss with the Radiologist. This report is not valid for any medico-legal purposes

TEST REPORT

Reg. No :	2411100086 **UHID :** UHID27882	**Reg. Date :**	09-Nov-2024
Name :	TRIVEDI CHINTAN DEVANGKUMAR	**Collected On :**	09-Nov-2024 08:41
Age/Sex :	39 Years / Male	**Report Date :**	09-Nov-2024
Ref. By :	MEDIWHEEL		

Parameter	Result	Unit	Reference Interval
COMPLETE BLOOD COUNT (CBC)			
Hemoglobin (SLS method)	15.3	g/dL	13.0 - 17.0
Hematrocrit (Electrical Impedance)	45.0	%	40 - 54
RBC Count (Electrical Impedance)	5.16	million/cmm	4.5 - 5.5
WBC Count (Flowcytometry)	4670	/cmm	4000 - 10000
Platelet Count (Electrical Impedance)	202000	/cmm	150000 - 410000
MCV (Calculated)	87.3	fL	83 - 101
MCH (Calculated)	29.8	Pg	27 - 32
MCHC (Calculated)	34.1	%	31.5 - 34.5
RDW (Calculated)	12.8	%	11.5 - 14.5
DIFFERENTIAL WBC COUNT			
Neutrophils (%)	55	%	38 - 70
Lymphocytes (%)	36	%	20 - 45
Monocytes (%)	07	%	2 - 8
Eosinophils (%)	02	%	1 - 4
Basophils (%)	00	%	0 - 1
Neutrophils (Absolute)	2560	/cmm	1800 - 7700
Lymphocytes (Absolute)	1700	/cmm	1000 - 3900
Monocytes (Absolute)	310	/cmm	200 - 800
Eosinophils (Absolute)	80	/cmm	20 - 500
Basophils (Absolute)	20	/cmm	0 - 100
Neutrophil-Lymphocyte Ratio(NLR)	1.50	/cmm	0.7 - 4.0
PERIPHERAL SMEAR EXAMINATION			
RBC Morphology	RBCs are Normochromic Normocytic.		
WBC Morphology	Total WBC and differential count is within normal.		
Platelets	Platelets are adequate with normal morphology.		
Parasites	Malarial parasite is not detected.		
ERYTHROCYTE SEDIMENTATION RATE			
ESR (After 1 hour)	12	mm/hr	0 - 14

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

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Ref. By :	MEDIWHEEL				

Parameter	Result	Unit	Reference Interval
FBS			
Fasting Blood Sugar (FBS)	84.6	mg/dL	70 - 110
Glucose Oxidase-Peroxidase			
PPBS			
Post Prandial Blood Sugar (PPBS)	113.8	mg/dL	110 - 140
Glucose Oxidase-Peroxidase			

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Parameter	Result	Unit	Biological Reference Interval

HEMOGLOBIN A1 C ESTIMATION

Specimen: Blood EDTA

Hb A1C *HPLC, NGSP Certified*	5.5	%	>8 : Action Suggested , 7-8 : Good Control , <7 : Goal , 6-7 : Near Normal Glycemia, <6 : Non-diabetic Level
Mean Blood Glucose *Calculated*	111.15	mg/dL	

Criteria for the diagnosis of diabetes:

1. HbA1c >/= 6.5 *Or
2. Fasting plasma glucose >126 gm/dL. Fasting is defined as no caloric intake at least for 8 hrs.Or
3. Two hour plasma glucose >/= 200mg/dL during an oral glucose tolerence test by using a glucose load containing equivalent of 75 gm anhydrous glucosedissolved in water.Or
4. In a patient with classic symptoms of hyperglycemia or hyperglycemic crisis, a random plasma glucose >/= 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.

Importance of HbA1C (Glycated Hb.) in Diabetes Mellitus:

- HbA1C, also known as glycated heamoglobin, is the most important test for the assessment of long term blood glucose control(also called glycemic control).
- HbA1C reflects mean glucose concentration over pas 6-8 weeks and provides a much better indication of longterm glycemic control than blood glucose determination.
- HbA1c is formed by non-enzymatic reaction between glucose and Hb. This reaction is irreversible and therefore remains unaffected by short term fluctuations in blood glucose levels.
- Long term complications of diabetes such as retinopathy (Eye-complications), nephropathy (kidney-complications) and neuropathy (nerve complications), are potentially serious and can lead to blindness, kidney failure, etc.- Glyemic control monitored by HbA1c measurement using HPLC method (GOLD STANDARD) is considered most important.

(Ref. National Glycohaemoglobin Standardization Program - NGSP).

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Parameter	Result	Unit	Reference Interval
LIVER FUNCTION TEST			
SGPT *Optimized UV-IFCC*	33.9	U/L	1 - 45
SGOT *Optimized UV-IFCC*	17.6	U/L	1 - 35
Total Bilirubin *DCA method*	1.23	mg/dL	0 - 2.0
Direct Bilirubin *DCA method*	0.40	mg/dL	0.0 - 0.4
INDIRECT BILIRUBIN *Calculated*	0.83	mg/dL	0.0 - 1.6
Alkaline Phosphatase *PNP-AMP Buffer, Multiple-point rate*	58.0	U/L	53 - 128
Total Protein	6.98	g/dL	6.4 - 8.2
Albumin *By Bromocresol Green*	3.90	g/dL	3.5 - 5.2
Globulin *Calculated*	3.08	g/dL	2.3 - 3.5
A/G Ratio *Calculated*	1.27		0.8 - 2.0
GGT	47.1	U/L	1 - 55

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Parameter	Result	Unit	Reference Interval
RENAL FUNCTION TEST			
Creatinine *Enzymatic ,IDMS Traceable*	0.87	mg/dL	0.7 - 1.3
Urea *Urease-GLDH, enzmatic UV*	25.3	mg/dL	19.0 - 45.0
BUN *Calculated*	11.82	mg/dL	7 - 18
Uric Acid *Enzymatic using TBHBA*	4.2	mg/dL	3.5 - 7.2
Sodium *Direct ISE*	140.2	mmol/L	137 - 145
Potassium *Direct ISE*	4.85	mmol/L	3.6 - 5.1
Chloride *Direct ISE*	95.3	mmol/L	94 - 110
Ionized Calcium *Direct ISE*	4.96	mg/dL	4.4 - 5.4

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LIPID PROFILE

Parameter	Result	Unit	Biological Reference Interval
Cholesterol *CHOD-PAP method*	193	mg/dL	Desirable : < 200.0 Borderline High : 200-239 High : > 240.0
Triglyceride *Enzymatic with GPO method*	110.2	mg/dL	Normal : < 150.0 Borderline : 150-199 High : 200-499 Very High : > 500.0
VLDL *Calculated*	22.04	mg/dL	15 - 35
LDL CHOLESTEROL	132.96	mg/dL	Optimal : < 100.0 Near / above optimal : 100-129 Borderline High : 130-159 High : 160-189 Very High : >190.0
HDL Cholesterol *Magnetic Cholesterol Oxidase*	38.0	mg/dL	Low : < 40 High : > 60
Cholesterol /HDL Ratio *Calculated*	**5.08**		0 - 5.0
LDL / HDL RATIO *Calculated*	3.50		0 - 3.5
Total Lipids *Calculated*	566.40		400 - 1000

- Pre-analytical requirements for given tests are -Fasting status anywhere between 10-12 hours before collection. Avoid alcohol beverages before lipid panel - minimum 24 hrs.
- Lipid profile results can be erroneous if pre-analytical requirements are not met properly.
- Any medical decision based on test results is to be taken with 2 or more consecutive results suggesting pattern.
- Please note that any lipid lowering drug may interfere in results estimation.
- Sudden commencement or sudden withdrawal of Lipid lowering drug will interfere with test result.

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Parameter	Result	Unit	Biological Reference Interval
THYROID FUNCTION TEST			
T3 (Triiodothyronine) *CMIA*	0.98	ng/mL	0.6 - 1.81
T4 (Thyroxine) *CMIA*	5.6	µg/dL	4.5 - 12.5
TSH *ELFA-Enzyme Linked Fluorescent Assay*	3.478	µIU/ml	0.35 - 4.94

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-relasing hormone (TRH),directly stimulates TSH production. TSH stimulates thyroid cell production and hypertrophy, also stimulate 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 tertiaryhypothyroidism, 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

Referance : Carl A.Burtis,Edward R.Ashwood,David E.Bruns. Tietz Textbook of Clinical Chemistry and Molecular Diagnostics. 5th Eddition.
Philadelphia: WB Sounders,2012:2170

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URINE ROUTINE EXAMINATION

Parameter	Result	Reference Interval
PHYSICAL EXAMINATION		
Quantity	10 cc	
Colour	Pale Yellow	
Clarity	Clear	
CHEMICAL EXAMINATION (BY REFLECTANCE PHOTOMETRIC METHOD)		
pH	7.0	4.6 - 8.0
Sp. Gravity	1.015	1.002 - 1.03
Protein	Nil	
Glucose	Nil	
Ketone Bodies	Nil	
Urobilinogen	Nil	
Bilirubin	Nil	
Nitrite	Nil	
Leucocytes	Nil	
Blood	Nil	
MICROSCOPIC EXAMINATION (MANUAL BY MICROSCOPY)		
Leucocytes (Pus Cells)	1 - 5/hpf	
Erythrocytes (Red Cells)	Nil	
Epithelial Cells	1-2/hpf	
Amorphous Material	Nil	
Casts	Nil	
Crystals	Nil	
Bacteria	Nil	
Yeast	Nil	
T. Vaginalis	Nil	
Spermatozoa	Nil	

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

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Ref. By :	MEDIWHEEL				

Parameter	Result	Unit	Reference Interval
BLOOD GROUP & RH			
SPECIMEN: EDTA AND SERUM; METHOD: HAEMAGGLUTINATION			
ABO	'B'		
Rh (D)	Positive		

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

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