

Name	: Mr. Hitesh sikhligar	Age	: 33Yrs. / M
Thanks To	: Healthcheckup	Date	: 12/1/2024

ULTRASOUND STUDY OF WHOLE ABDOMEN

LIVER

Liver is normal in size, shape & bright in echotexture. No focal mass lesion is seen. Intra hepatic biliary radicles are normal. Portal vein is normal in caliber.

GALL BLADDER

Gall bladder is well distended. The wall thickness appears normal. No evidence of calculus or mass lesion is seen. C.B.D. appears normal.

PANCREAS

Pancreas is normal in size, shape & echotexture. No focal mass lesion is seen.

SPLEEN

Spleen is normal in size, shape & echotexture. No focal mass lesion is seen.

BOTH KIDNEYS

Both kidneys are normal in size, shape & echotexture. Renal parenchyma appears normal. No evidence of hydronephrosis or cortical scarring is seen in both kidneys.

Right kidney measures : 10.8 x 5.3 cms.

Left kidney measures : 11.7 x 5.4 cms.

URINARY BLADDER

Urinary bladder is well distended and appears normal in contour. The wall thickness appears normal.

PROSTATE

Prostate is normal in size, shape and echotexture

No obvious abdominal lymphadenopathy is seen.

No free fluid is seen in peritoneal cavity.

OPINION:

- Grade II fatty liver


Dr. Bharat Jain

MD (Radio-Diagnosis)
Consultant Radiologist

N.B.: This is only a professional opinion and not the final diagnosis. MRI/CT is subject to variations due to technical limitations, hence correlation with clinical findings and other investigations should be carried out to know the true nature of illness

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Name	:	Hitesh sikhligar	Age	:	33Yrs. / M
Thanks To	:	Health checkup	Date	:	13/01/2024

Echocardiography Final Interpretation

1. No RWMA, Normal LV systolic function, LVEF – 60%
2. Normal Cardiac chamber dimensions
3. Mild concentric LVH
4. Normal LV Diastolic Function.
5. No MR/TR, Normal PASP.
6. No clot/mass/PE pathology.
7. IVC Normal

M-Mode/2-D Description:

- **Left Ventricle:** It is normal sized. Mild concentric LVH
- **Left Atrium:** It is normal sized.
- **Right Atrium:** It is normal sized.
- **Right Ventricle:** It is normal sized. RV systolic function is normal.
- **Aortic Valve:** It appears normal.
- **Mitral Valve:** It appears normal.
- **Tricuspid Valve:** It appears normal.
- **Pulmonic Valve:** It appears normal.
- **Main Pulmonary artery & its branches:** Appear normal.
- **Pericardium:** There is no pericardial effusion.

Doppler Analysis:

- **Pulmonic Regurgitation** : Nil
- **Mitral Regurgitation** : Nil
- **Aortic Regurgitation** : Nil
- **Tricuspid Regurgitation** : Nil
- **Diastolic Parameters** :

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Echocardiography

Measurements (mm):

	Observed values	Normal values
Aortic root diameter	23	20-36 (22mm/M ²)
Aortic valve opening		15-26
Left atrium size	28	19-40

	End Diastole	End Systole	Normal Values
Left ventricle size	37	25	(ED=37-56:Es=22-40)
Interventricular septum	13	16	(ED=6-12)
Posterior wall thickness	12	14	(ED=5-10)

LV Ejection Fraction (%)	60%	55%-80%
HR		

Maximum Velocity across valve (cm/s)

Pulmonary	108	Aortic	135

Mitral Inflow Pattern		Normal values
E/A	73/56	1-25
DT		160-200ms
PHT		
PVs:PVd		PVs>PVd



Consultant Radiologist

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JAI
DRISHTI
Eye Hospital

www.drishtihospital.com
Call : 9982996666

Dr. Sharva Pandya

MBBS, M.S. (Ophthalmology)

RMC Reg. No. : 021537

डॉ. शर्वा पण्ड्या

चरिष्य ढेत्र रोग विशेषण सार्जन

Mr. Hitesh Sikligar

33/M

13/01/2024

C/O - For eye check up

DVA 6/6
Egless 6/6

NVA 6/6
N/6

Colour vision - Normal

Sharva

DR. SHARVA PANDYA
MBBS, MS (OPHTH.)
RMC : 021537 (MBBS) 007516 (MS.)
JAI DRISHTI EYE HOSPITAL
UDAIPUR (RA.)

चित्रकूट नगर, उदयपुर में हमारी
नैत्र चिकित्सा सेवाएं शीघ्र उपलब्ध होगी।

Cosmetology Partner :

Jai Drishti Eye Hospital, 23A, Residency Road, Opp. Equitas Bank, Sardarpura, Udaipur ||
जय दृष्टि आई हॉस्पिटल, 23-ए, रेजीडेन्सी रोड, एक्विटास बैंक के सामने, सरदारपुरा, उदयपुर ||

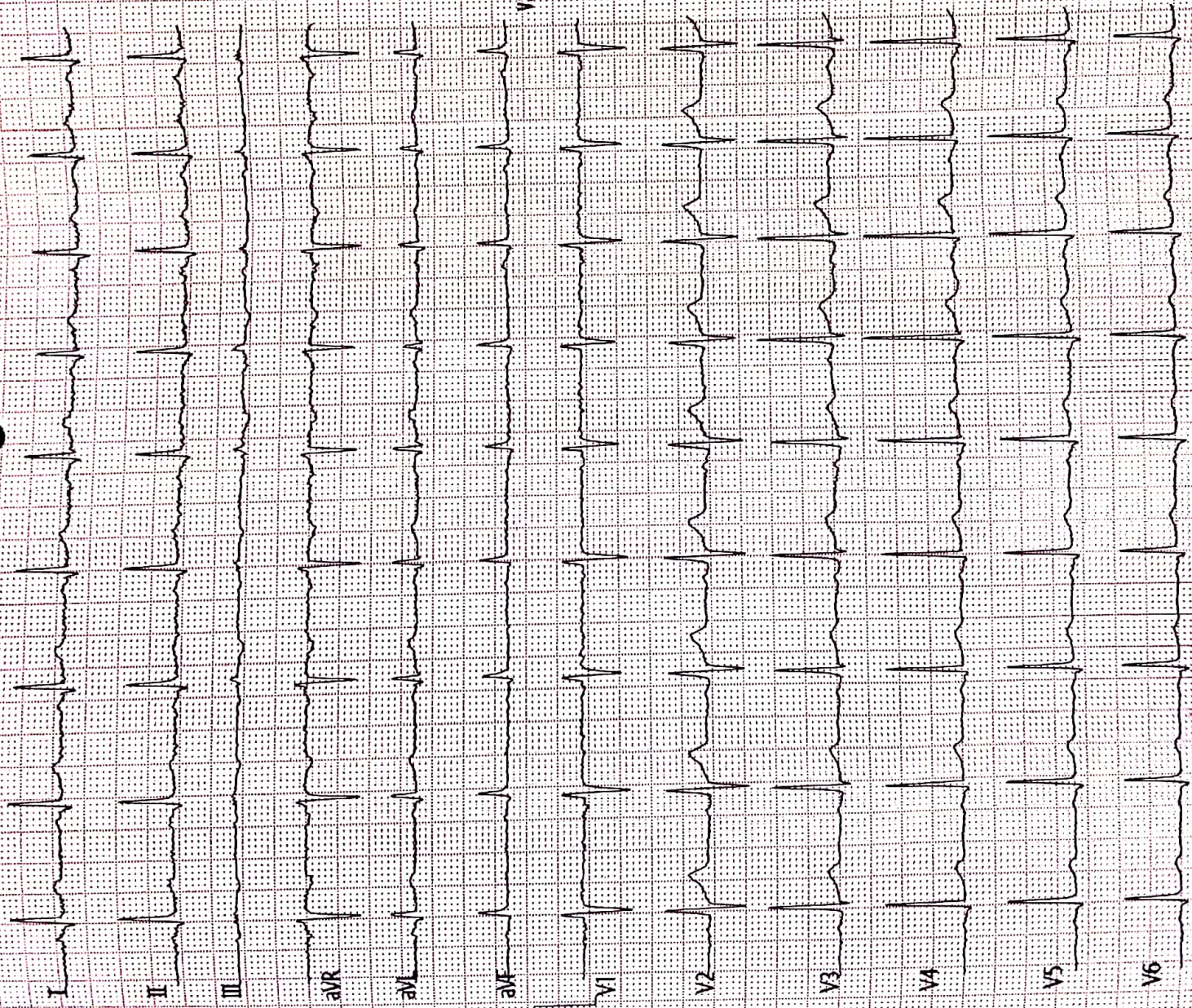


www.vibraclinics.com
9166046591



Scanned with OKEN Scanner

10mm/mV



<ECG Analysis Result>

Vent. Rate(BPM) : 84
 800 Normal Sinus Rhythm
 P/QRS/T Int.(ms) : 93 92 165
 611 T Abnormality(Flat T)
 *** Borderline Abnormal ECG ***

QT/QTc Int.(ms) : 346 411
 P/QRS/T Axis(Deg.) : 17 44 9
 RV1/SV5 Amp.(mV) : 0.34 0.90
 RV5/SV1 Amp.(mV) : 1.16 0.67

V2:33 Technician

Note: Unconfirmed Report. Need to Review

ST LEVEL(mV)

I	II	III	aVR	aVL	aVF
+0.00	+0.01	+0.01	-0.01	+0.00	+0.01
V1	V2	V3	V4	V5	V6
+0.01	+0.04	+0.04	+0.02	+0.01	+0.01

CHITESH

755100891451 M-33Y

755 cm/kg

55 /55

MER-MEDICAL EXAMINATION REPORT

DATE OF EXAMINATION	13/01/2024
NAME	HITESH SIKLIGAR
AGE	33YRS /MALE
HEIGHT	169 CM
WEIGHT	71 KG
BP	126 / 78
ECG	NORMAL
X-RAY	NORMAL
PRESENT AILMENTS	NO
DETAILS OF PAST AUMENTS (IF AY)	NO
COMMENTS/ADVICE :SHE/HE IS PHYSICALLY FIT	YES



Signature With Stamp of Medical Examiner



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X-RAY CHEST (PA VIEW)

Both lung fields appear normal.

No e/o Koch's lesion or consolidation seen.

Both CP angles appear clear.

Both domes of diaphragm appear normal.

Heart size and aorta are within normal limits.

Bony thorax under vision appears normal.

Both hila appear normal.

Consultant Radiologist



(This report is not valid for any Medico-legal purpose)

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TEST REPORT

Reg. No : 2401100431
Name : Hitesh Sikhligar
Age/Sex : 33 Years / Male
Ref. By :
Client :

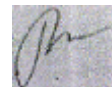
Reg. Date : 13-Jan-2024
Collected On : 13-Jan-2024 13:13
Approved On : 13-Jan-2024 15:29
Printed On : 14-Jan-2024 13:13

<u>Parameter</u>	<u>Result</u>	<u>Unit</u>	<u>Reference Interval</u>
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KIDNEY FUNCTION TEST

UREA <i>(Urease & glutamate dehydrogenase)</i>	29.3	mg/dL	10 - 50
Creatinine <i>(Jaffe method)</i>	0.88	mg/dL	0.5 - 1.4
Uric Acid <i>(Enzymatic colorimetric)</i>	4.2	mg/dL	2.5 - 7.0

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





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Parameter	Result	Unit	Reference Interval
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COMPLETE BLOOD COUNT (CBC)

SPECIMEN: EDTA BLOOD

Hemoglobin	16.5	g/dL	13.0 - 17.0
RBC Count	5.30	million/cmm	4.5 - 5.5
Hematocrit (PCV)	49.4	%	40 - 54
MCH	31.1	Pg	27 - 32
MCV	93.2	fL	83 - 101
MCHC	33.4	%	31.5 - 34.5
RDW	13.0	%	11.5 - 14.5
WBC Count	5800	/cmm	4000 - 11000

DIFFERENTIAL WBC COUNT (Flow cytometry)

Neutrophils (%)	56	%	38 - 70
Lymphocytes (%)	40	%	20 - 40
Monocytes (%)	03	%	2 - 8
Eosinophils (%)	01	%	0 - 6
Basophils (%)	00	%	0 - 2
Neutrophils	3248	/cmm	
Lymphocytes	2320	/cmm	
Monocytes	174	/cmm	
Eosinophils	58	/cmm	
Basophils	0	/cmm	
Platelet Count (Flow cytometry)	245000	/cmm	150000 - 450000
MPV	10.2	fL	7.5 - 11.5

ERYTHROCYTE SEDIMENTATION RATE

ESR (After 1 hour)	05	mm/hr	0 - 14
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Modified Westergren Method

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Parameter

Result

BLOOD GROUP & RH

Specimen: EDTA and Serum; Method: Haemagglutination

ABO : 'A'
Rh (D) : Positive

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

Approved by: DR PS RAO
MD Pathologist



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HEMOGLOBIN A1 C ESTIMATION

Specimen: Blood EDTA

Hb A1C <i>Boronate Affinity with Fluorescent Quenching</i>	5.7	% of Total Hb	Poor Control : > 7.0 % Good Control : 6.2-7.0 % Non-diabetic Level : 4.3-6.2 %
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Mean Blood Glucose <i>Calculated</i>	125.62	mg/dL	
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Degree of Glucose Control Normal Range:

Poor Control >7.0% *

Good Control 6.0 - 7.0 %**Non-diabetic level < 6.0 %

* High risk of developing long term complication such as retinopathy, nephropathy, neuropathy, cardiopathy, etc.

* Some danger of hypoglycemic reaction in Type I diabetics.

* Some glucose intolerant individuals and "subclinical" diabetics may demonstrate HbA1c levels in this area.

EXPLANATION :-

*Total haemoglobin A1 c is continuously synthesised 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:

*Erroneous values might be obtained from samples with abnormally elevated quantities of other Haemoglobins as a result of either their simultaneous elution with HbA1c(HbF) or differences in their glycation from that of HbA(HbS)

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Parameter	Result	Unit	Reference Interval
LIPID PROFILE			
Cholesterol <i>(Enzymatic colorimetric)</i>	193.0	mg/dL	Desirable : < 200.0 Borderline High : 200-239 High : > 240.0
Triglyceride <i>(Enzymatic colorimetric)</i>	174.8	mg/dL	Normal : < 150.0 Borderline : 150-199 High : 200-499 Very High : > 500.0
VLDL <i>Calculated</i>	34.96	mg/dL	15 - 35
LDL CHOLESTEROL	106.84	mg/dL	Optimal : < 100.0 Near / above optimal : 100-129 Borderline High : 130-159 High : 160-189 Very High : >190.0
HDL Cholesterol <i>Homogeneous enzymatic colorimetric</i>	51.2	mg/dL	30 - 70
Cholesterol /HDL Ratio <i>Calculated</i>	3.77		0 - 5.0
LDL / HDL RATIO <i>Calculated</i>	2.09		0 - 3.5



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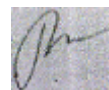
Parameter	Result	Unit	Reference Interval
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NEW ATP III GUIDELINES (MAY 2001), MODIFICATION OF NCEP<?xml:namespace prefix = "o" ns = "urn:schemas-microsoft-com:office:office" />

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 Triglyceride has been revised. Also LDL goals have changed.
- Detail test interpreation 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
- # For test performed on specimens received or collected from non-KSHIPRA 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.
KSHIPRA will be responsible Only for the analytical part of test carried out. All other responsibility will be of referring Laboratory.
. All other responsibility will be of referring Laboratory.

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



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MD Pathologist



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LIVER FUNCTION TEST			
Total Bilirubin <i>Colorimetric diazo method</i>	0.62	mg/dL	0.10 - 1.0
Conjugated Bilirubin <i>Sulph acid dpl/caff-benz</i>	0.27	mg/dL	0.0 - 0.3
Unconjugated Bilirubin <i>Sulph acid dpl/caff-benz</i>	0.35	mg/dL	0.0 - 1.1
SGOT <i>(Enzymatic)</i>	35.2	U/L	0 - 37
SGPT <i>(Enzymatic)</i>	29.6	U/L	0 - 40
Alakaline Phosphatase <i>(Colorimetric standardized method)</i>	78.1	U/L	53 - 130
Protien with ratio			
Total Protein <i>(Colorimetric standardized method)</i>	7.4	g/dL	6.5 - 8.7
Albumin <i>(Colorimetric standardized method)</i>	4.6	mg/dL	3.5 - 5.3
Globulin <i>Calculated</i>	2.80	g/dL	2.3 - 3.5
A/G Ratio <i>Calculated</i>	1.64		0.8 - 2.0

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<u>Parameter</u>	<u>Result</u>	<u>Unit</u>	<u>Reference Interval</u>
Fasting Blood Sugar (FBS) <i>Hexokinase Method</i>	98.0	mg/dL	70 - 110
Post Prandial Blood Sugar (PPBS) <i>Hexokinase Method</i>	122.9	mg/dL	70 - 140

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THYROID FUNCTION TEST

T3 (Triiodothyronine) <i>Chemiluminescence</i>	0.97	ng/mL	0.87 - 1.81
T4 (Thyroxine) <i>Chemiluminescence</i>	8.92	µg/dL	5.89 - 14.9
TSH (ultra sensitive) <i>Chemiluminescence</i>	3.941	µIU/ml	0.34 - 5.6

SUMMARY The hypophyseal release of TSH (thyrotropic hormone) is the central regulating mechanism for the biological action of thyroid hormones. TSH is a very sensitive and specific parameter for assessing thyroid function and is particularly suitable for early detection or exclusion of disorders in the central regulating circuit between the hypothalamus, pituitary and thyroid. **LIMITATION** Presence of autoantibodies may cause unexpected high value of TSH

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



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URINE ROUTINE EXAMINATION

PHYSICAL EXAMINATION

Quantity	20 cc
Colour	Pale Yellow
Appearance	Clear

CHEMICAL EXAMINATION (BY REFLECTANCE PHOTOMETRIC METHOD)

pH	7.0	5.0 - 8.0
Sp. Gravity	1.025	1.002 - 1.03
Protein	Nil	
Glucose	Nil	
Ketone Bodies	Nil	
Urine Bile salt and Bile Pigment	Nil	
Urine Bilirubin	Nil	
Nitrite	Nil	
Leucocytes	Nil	
Blood	Nil	

MICROSCOPIC EXAMINATION (MANUAL BY MCIROSCOPY)

Leucocytes (Pus Cells)	Occasional/hpf
Erythrocytes (Red Cells)	Nil
Epithelial Cells	1-2/hpf
Amorphous Material	Nil
Casts	Nil
Crystals	Nil
Bacteria	Nil
Monilia	Nil

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