

PANCHMUKHI HOSPITAL

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

Dr C P Dadhaniya

Dr R C Dadhaniya

MBBS, Dip.G.O, Diabetologist

policy number :
full name : DEVAN ~~KUMAR~~ KUMAR SAMPATH BHAI PATEL
identity proof : Address Card
identity proof no : 3003
gender : male & 35
height : 167
weight : 77
BP : 118/75
pluse : 60/min Regular
blood sample : Yes
fasting mode : Yes
non fasting mode : Yes

past history : no

Dental : normal

Colour vision : normal

b. p. j.

DR. C. P. DADHANIYA

M.B. Diabetologist

Ind. Physician (C1H)

Regd. (C1H) 619792

Code No. 378943

Panchmukhi Hospital

Mavdi Chowki,

150 Ft. Ring Road, RAJKOT.



NAME: Devang Kumar Patel DATE: 09/07/24
 AGE/ GENDER: 35/ male

PATIENT'S REFRACTION DEATILES

		SPHE	CYL	AXIS	VN
R	D	<u>N</u>	<u>N</u>	<u>N</u>	<u>6/6</u>
	N	<u>N</u>			<u>6/6</u>
L	D	<u>N</u>	<u>N</u>	<u>N</u>	<u>6/6</u>
	N	<u>N</u>			<u>6/6</u>

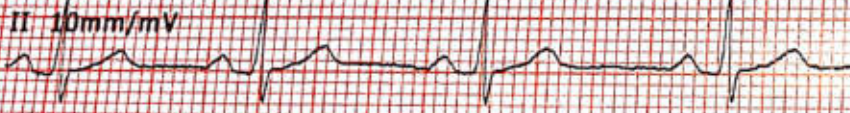
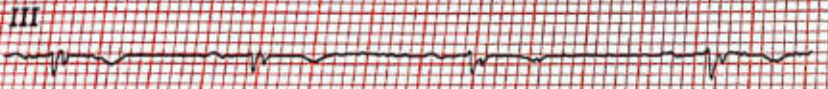
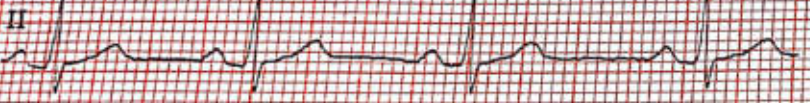
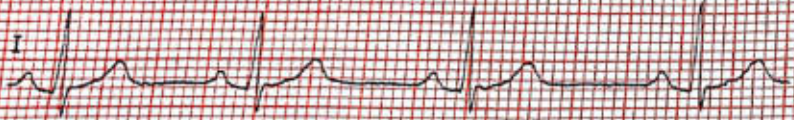
MARKS:

CHECKED BY: GP. Devang Kumar Patel

Dev

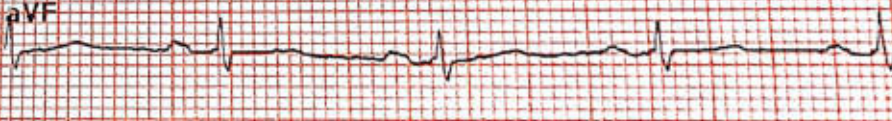
DR. C. P. DADHANIYA
 M.B. Diabetologist
 Ind. Physician (D.O.)
 Reg. No. 378943
 Panchmukhi Hospital
 Mavdi Chowki,
 150 Ft. Ring Road, Patna

10mm/mV AUTO

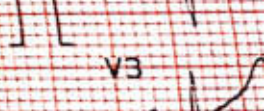
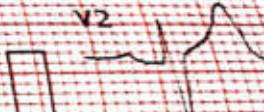
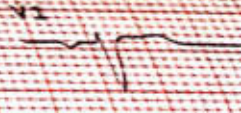


25mm/s AC:ON 0.05-35Hz

10mm/mV



10mm/mV





2024-09-03:51 ID:00003831

ID Card:
 Name: Dhanraj Kumar Patel Gender: male
 Age: 35 Height(cm):
 Weight(Kg): BP(mmHg): /

DR. C. P. DADHANIYA
 M.B. Diabetologist
 Ind. Physician (F.I.H)
 Reg. No: G10-98
 Code No: 378943

HR: 79
 P-R: 143
 Q-R-S: 93
 QT/QTc: 346/396

Panchmukhi Hospital
 Madi Chowki,
 150 Ft. Ring Road, BJKD

*The result must be confirmed by doctor!
 Report Confirmed by:

मल्टी स्पेशलिटी अेन्ड मेटरनीटी नर्सिंग होम

Date :

D. P. Anglunur Patel

सुविधाओ

- जनरल प्रेक्टीस
- स्त्रीरोग विभाग
- सोनोग्राफी
- सर्जरी विभाग
- मेडीसीन विभाग
- ओर्थोपेडीक विभाग
- जाणरोग विभाग
- एनोरेकटल सर्जरी
- युरोलोज
- लेप्रोस्कोपी सर्जरी
- आर.एस.जी.पाथ तथा थिरंजुपी योजना
- दरेक जातनी रसी (वेकसीन) दररोज आपवामा आवे छे

Stool Test.
not required.

— Dr. —

Dr. C. P. DADHANIYA
M.B.B.S., C.I.H
Regd. No. 612798
PANCHMUNI HOSPITAL
MANDECHOKADI
150' RING ROAD RAJKOT



ભારત સરકાર

Government of India



દેવજીકુમાર સંપતભાઈ પટેલ

Devangkumar Sampatbhai Patel

જન્મ તારીખ/DOB: 14/01/1989

પુરુષ/ MALE

9830 6499 3023



મોબાઇલ નંબર, મોબાઇલ ઓફીસ



ભારતીય વિશિષ્ટ ઓળખાણ-પ્રતિષ્ઠા અધિકારણ

Unique Identification Authority of India

Address:

C/O, 30 , Neelkanth Society, Behind Pardi College, Killa - Pardi, Pardi, Valsad, Gujarat - 396125

સરનામું :

૩૦ , નીલકંઠ સોસાયટી, પારડી કોલેજ પાછળ, કિલ્લા - પારડી, પારડી, વલસાડ, ગુજરાત - ૩૯૬૧૨૫

9830 6499 3023



1947



help@uidai.gov.in

www.uidai.gov.in





Mediwheel patel
devangkumar

GPS Map
Camera Lite

150-2, Ring Rd, near Mahiraj Hotel, Poonam Society, Om
Nagar, Rajkot, Gujarat 360004, India

Latitude

22.2652395°

Longitude

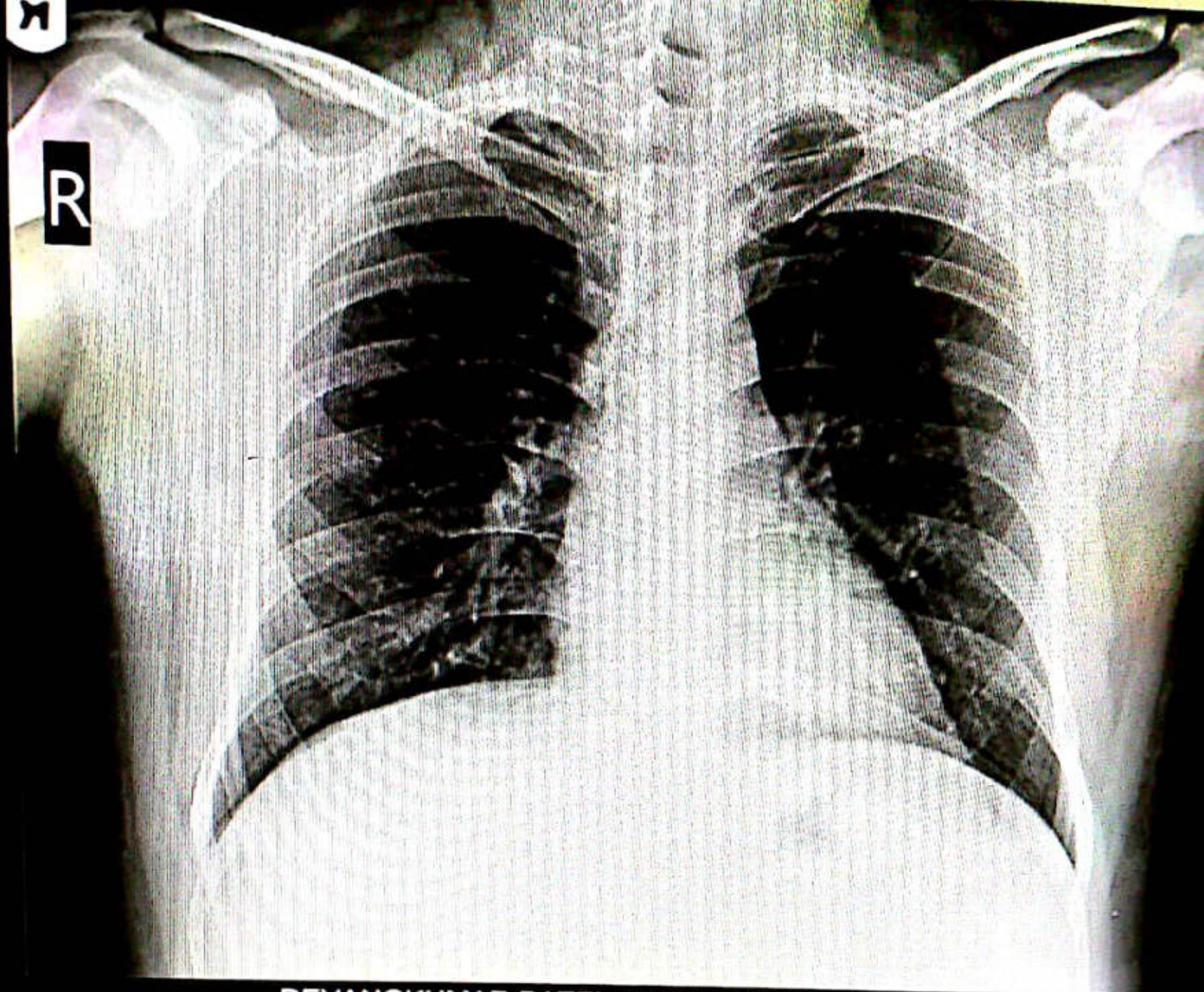
70.7844439°

Local 09:21:50 AM

GMT 03:51:50 AM

Altitude 145 meters

Saturday, 09.03.2024



DEVANGKUMAR PATEL 35Y/M CHEST PA 09-Mar-24
NEELKANTH DIAGNOSTICS - RAJKOT (DR. PRATIK KAGATHARA)



TEST REPORT

Name	: Devangkumar Patel	Reg. No	: 403100374
Age/Sex	: 35 Years / Male	Reg. Date	: 09-Mar-2024 01:37 PM
Ref. By	: Dr. PANCHMUKHI HOSPITAL / INSURANCE	Collected On	: 09-Mar-2024 01:37 PM
Client Name	: PANCHMUKHI HOSPITAL	Report Date	: 09-Mar-2024 04:31 PM

COMPLETE BLOOD COUNT (CBC) Specimen: EDTA blood

Parameter	Result	Unit	Biological Ref. Interval	
RBC Parameters				
Hemoglobin (SLS method)	13.6	g/dL	13.0 - 18.0	
Hematocrit (Electrical Impedance)	65.4	%	47 - 52	
RBC Count (Electrical Impedance)	7.11	million/cmm	4.7 - 6.0	
MCV (Calculated)	91.4	fL	78 - 110	
MCH (Calculated)	19.2	Pg	27 - 31	
MCHC (Calculated)	21.0	%	30 - 35	
RDW (Calculated)	14.7	%	11.5 - 14.0	
WBC Parameters				
WBC Count (Flowcytometry)	11380	/cmm	4000 - 10500	
DIFFERENTIAL WBC COUNT				
	% Value	% Range	Abs. Value	Abs. Range
Neutrophils (%)	76 %	42.0 - 75.2	8649 /cmm	1800 - 7700
Lymphocytes (%)	14 %	20 - 45	1593 /cmm	1000 - 3900
Eosinophils (%)	02 %	1 - 4	228 /cmm	0 - 450
Monocytes (%)	08 %	2 - 8	910 /cmm	200 - 1000
Basophils (%)	00 %	0 - 1	0 /cmm	20 - 100
Platelete Parameter				
Platelet Count	371000	/cmm	150000 - 450000	
MPV	10.4	fL	7.4 - 10.4	
PDW	39.5	%	8.3 - 56.6	
PCT (Platelet Haematocrit)	0.33	%	0.2 - 0.5	

towards the healthiness...

D.R.I.

Dr. Viral Jethava

This is an Electronically Authenticated Report.

Page 1 of 12

Dr. Viral R. Jethava

M.D. (Path, PDCC)




TEST REPORT

Name	: Devankumar Patel	Reg. No	: 403100374
Age/Sex	: 35 Years / Male	Reg. Date	: 09-Mar-2024 01:37 PM
Ref. By	: Dr. PANCHMUKHI HOSPITAL / INSURANCE	Collected On	: 09-Mar-2024 01:37 PM
Client Name	: PANCHMUKHI HOSPITAL	Report Date	: 09-Mar-2024 04:31 PM

BLOOD GROUP & RH

Specimen: EDTA and Serum; Method: Haemagglutination

Parameter	Result	Unit	Biological Ref. Interval
ABO	"A"		
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.

towards the healthiness...

Dr. Viral Jethava

This is an Electronically Authenticated Report.

Page 2 of 12

Dr. Viral R. Jethava

M.D. (Path, PDCC)



TEST REPORT

Name : Devankumar Patel	Reg. No : 403100374
Age/Sex : 35 Years / Male	Reg. Date : 09-Mar-2024 01:37 PM
Ref. By : Dr. PANCHMUKHI HOSPITAL / INSURANCE	Collected On : 09-Mar-2024 01:37 PM
Client Name : PANCHMUKHI HOSPITAL	Report Date : 09-Mar-2024 04:31 PM

Test	Result	Unit	Biological Ref. Interval
Erythrocyte sedimentation rate Sample, EDTA whole blood			
ESR (After 1 hour)	7	mm/hr	1 - 7

towards the healthiness...

D.R.I.

Dr. Viral Jethava

This is an Electronically Authenticated Report.

Page 3 of 12

Dr. Viral R. Jethava

M.D. (Path, PDCC)




TEST REPORT

Name : Devankumar Patel	Reg. No : 403100374
Age/Sex : 35 Years / Male	Reg. Date : 09-Mar-2024 01:37 PM
Ref. By : Dr. PANCHMUKHI HOSPITAL / INSURANCE	Collected On : 09-Mar-2024 01:37 PM
Client Name : PANCHMUKHI HOSPITAL	Report Date : 09-Mar-2024 04:31 PM

FASTING PLASMA GLUCOSE
 Specimen: Flouride plasma

Parameter	Result	Unit	Biological Ref. Interval
Fasting Blood Sugar (FBS) <small>HEXOKINASE</small>	98.45	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: 511.

towards the healthiness...

Dr. Viral Jethava

This is an Electronically Authenticated Report.

Page 4 of 12

Dr. Viral R. Jethava

M.D. (Path, PDCC)




TEST REPORT

Name	: Devankumar Patel	Reg. No	: 403100374
Age/Sex	: 35 Years / Male	Reg. Date	: 09-Mar-2024 01:37 PM
Ref. By	: Dr. PANCHMUKHI HOSPITAL / INSURANCE	Collected On	: 09-Mar-2024 01:37 PM
Client Name	: PANCHMUKHI HOSPITAL	Report Date	: 09-Mar-2024 04:31 PM

POST PRANDIAL PLASMA GLUCOSE

Specimen: Flouride plasma

Parameter	Result	Unit	Biological Ref. Interval
Post Prandial Blood Sugar (PPBS) <i>HEXOKINASE</i>	117.26	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.

*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.

towards the healthiness...

Dr. Viral Jethava

This is an Electronically Authenticated Report.

Page 5 of 12

Dr. Viral R. Jethava

M.D. (Path, PDCC)





TEST REPORT

Name	: Devankumar Patel	Reg. No	: 403100374
Age/Sex	: 35 Years / Male	Reg. Date	: 09-Mar-2024 01:37 PM
Ref. By	: Dr. PANCHMUKHI HOSPITAL / INSURANCE	Collected On	: 09-Mar-2024 01:37 PM
Client Name	: PANCHMUKHI HOSPITAL	Report Date	: 09-Mar-2024 04:31 PM

LIPID PROFILE

Specimen: Serum

Parameter	Result	Unit	Biological Ref. Interval
Cholesterol <i>Cholesterol Oxidase</i>	174.00	mg/dL	Desirable : < 200.0 Borderline High : 200-239 High : > 240.0
Triglyceride <i>Enzymatic Reaction With Glycerol Kinase</i>	123.00	mg/dL	Normal : < 150.0 Borderline : 150-199 High : 200-499 Very High : > 500.0
HDL Cholesterol <i>Siemens AHDL</i>	42.00	mg/dL	High Risk : < 40 Low Risk : >= 60
LDL Cholesterol <i>Siemens ALDL</i>	91.00	mg/dL	Optimal : < 100 Near Optimal/above optimal : 100-129 Borderline High : 130-159 High : 160-189 Very High : >=190
VLDL Cholesterol <i>Calculated</i>	24.60	mg/dL	15 - 35
LDL / HDL RATIO <i>Calculated</i>	2.17		0 - 3.5
Cholesterol /HDL Ratio <i>Calculated</i>	4.14		0 - 5.0

towards the healthiness...

DRJ

Dr. Viral Jethava

This is an Electronically Authenticated Report.

Page 6 of 12

Dr. Viral R. Jethava

M.D. (Path, PDCC)




TEST REPORT

Name : Devankumar Patel	Reg. No : 403100374
Age/Sex : 35 Years / Male	Reg. Date : 09-Mar-2024 01:37 PM
Ref. By : Dr. PANCHMUKHI HOSPITAL / INSURANCE	Collected On : 09-Mar-2024 01:37 PM
Client Name : PANCHMUKHI HOSPITAL	Report Date : 09-Mar-2024 04:31 PM

RENAL FUNCTION TEST

Specimen: Serum

Parameter	Result	Unit	Biological Ref. Interval
Creatinine <small>ALKALINE PICRATE, COLORIMETRIC KINETIC</small>	0.82	mg/dL	0.7 - 1.3
eGFR	96.95	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>	23.00	mg/dL	17 - 43
Blood Urea Nitrogen (BUN) <small>UREASE/GLDH</small>	10.74	mg/dL	7.0 - 18.0
Uric Acid <small>Uricase</small>	6.20	mg/dL	3.5 - 7.2
Sodium <small>Direct ion selective electrode</small>	142.3	mmol/L	137 - 145
Potassium <small>Direct ion selective electrode</small>	4.50	mmol/L	3.5 - 5.1
Chloride <small>Direct ion selective electrode</small>	105.3	mmol/L	98 - 107
Calcium <small>Cresolphthalein Complexone</small>	9.50	mg/dL	8.5 - 10.1

towards the healthiness...

Dr. Viral Jethava

This is an Electronically Authenticated Report.

Page 7 of 12

Dr. Viral R. Jethava

M.D. (Path, PDCC)





TEST REPORT

Name : Devankumar Patel	Reg. No : 403100374
Age/Sex : 35 Years / Male	Reg. Date : 09-Mar-2024 01:37 PM
Ref. By : Dr. PANCHMUKHI HOSPITAL / INSURANCE	Collected On : 09-Mar-2024 01:37 PM
Client Name : PANCHMUKHI HOSPITAL	Report Date : 09-Mar-2024 04:31 PM

Parameter	Result	Unit	Biological Ref. Interval
GGT <small>Siemens/37C</small>	61.00	U/L	15 - 85

towards the healthiness...

D.R.I.

Dr. Viral Jethava

This is an Electronically Authenticated Report.

Page 8 of 12

Dr. Viral R. Jethava

M.D. (Path, PDCC)




TEST REPORT

Name	: Devangkumar Patel	Reg. No	: 403100374
Age/Sex	: 35 Years / Male	Reg. Date	: 09-Mar-2024 01:37 PM
Ref. By	: Dr. PANCHMUKHI HOSPITAL / INSURANCE	Collected On	: 09-Mar-2024 01:37 PM
Client Name	: PANCHMUKHI HOSPITAL	Report Date	: 09-Mar-2024 04:31 PM

HEMOGLOBIN A1 C (HBA1C)

Specimen: Blood EDTA

Parameter	Result	Unit	Biological Ref. Interval
HbA1C <i>Siemens Dimension</i>	5.50	%	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 <i>Calculated</i>	111.15	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 A1 c 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 Jethava

This is an Electronically Authenticated Report.

Page 9 of 12

Dr. Viral R. Jethava

M.D. (Path, PDCC)


TEST REPORT

Name : Devankumar Patel	Reg. No : 403100374
Age/Sex : 35 Years / Male	Reg. Date : 09-Mar-2024 01:37 PM
Ref. By : Dr. PANCHMUKHI HOSPITAL / INSURANCE	Collected On : 09-Mar-2024 01:37 PM
Client Name : PANCHMUKHI HOSPITAL	Report Date : 09-Mar-2024 04:31 PM

THYROID FUNCTION TEST

Parameter	Result	Unit	Biological Ref. Interval
Thyroid Stimulating Hormone (TSH) <small>CLIA</small>	4.250	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>	1.26	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.


Dr. Viral Jethava

This is an Electronically Authenticated Report.

Page 10 of 12

Dr. Viral R. Jethava

M.D. (Path, PDCC)

towards the healthiness...



TEST REPORT

Name : Devankumar Patel	Reg. No : 403100374
Age/Sex : 35 Years / Male	Reg. Date : 09-Mar-2024 01:37 PM
Ref. By : Dr. PANCHMUKHI HOSPITAL / INSURANCE	Collected On : 09-Mar-2024 01:37 PM
Client Name : PANCHMUKHI HOSPITAL	Report Date : 09-Mar-2024 04:31 PM

Thyroxine (T4) 8.40 µg/dL 4.5 - 12.6
CLIA

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.

towards the healthiness...



Dr. Viral Jethava

This is an Electronically Authenticated Report.

Page 11 of 12

Dr. Viral R. Jethava

M.D. (Path, PDCC)





TEST REPORT

Name : Devankumar Patel	Reg. No : 403100374
Age/Sex : 35 Years / Male	Reg. Date : 09-Mar-2024 01:37 PM
Ref. By : Dr. PANCHMUKHI HOSPITAL / INSURANCE	Collected On : 09-Mar-2024 01:37 PM
Client Name : PANCHMUKHI HOSPITAL	Report Date : 09-Mar-2024 04:31 PM

LIVER FUNCTION TEST

Specimen : Serum

Parameter	Result	Unit	Biological Ref. Interval
Total Protein <i>BIURET</i>	7.10	g/dL	6.4 - 8.2
Albumin <i>Dye Binding - Bromocresol Purple (BCP)</i>	4.20	g/dL	3.40 - 5.00
Globulin <i>Calculated</i>	2.90	g/dL	2.3 - 3.5
A/G Ratio <i>Calculated</i>	1.45		0.8 - 3.1
SGOT (AST) <i>Siemens/37C</i>	28.00	U/L	15 - 37
SGPT (ALT) <i>Siemens/37C</i>	39.00	U/L	16 - 63
Alakaline Phosphatase <i>Siemens/37C</i>	105.00	U/L	46 - 116
Total Bilirubin <i>Diazo-Caffeine/Benzoate Coupling (Jendrassik-Grof) w/blank</i>	0.82	mg/dL	0.2 - 1
Conjugated Bilirubin <i>Diazo-Caffeine/Benzoate Coupling (Jendrassik-Grof) w/blank</i>	0.14	mg/dL	0 - 0.20
Unconjugated Bilirubin <i>Sulph acid dpl/calf-benz</i>	0.68	mg/dL	0.0 - 1.1

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

DRJ

Dr. Viral Jethava

This is an Electronically Authenticated Report.

Page 12 of 12

Dr. Viral R. Jethava

M.D. (Path, PDCC)



towards the healthiness...

ECHOCARDIOGRAPHY & COLOR DOPPLER

Patient Name : Devang Patel
Ref.By : Dr Dadhaniya Sir

Age/Sex : 34/M
Date : 9/3/24

SUMMARY OF 2D ECHO

LA, LV size Normal

No LVH

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 1.3 , TDI s/o E*>A*
No MR

Tricuspid Valve: Trivial TR CW TR jet 28 mmHg
Estimated PASP 33 mm Hg

Aortic Valve: No AR

No significant LVOT gradient - AV PG Max 8 mm Hg

Pulmonary Valve : No PR , PV Max PG 8 mm Hg

FINAL IMPRESSION

Good LV systolic function at rest

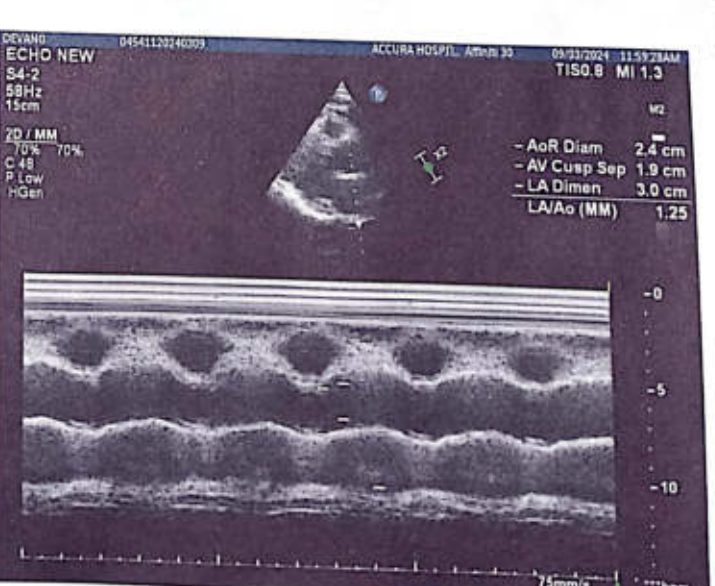
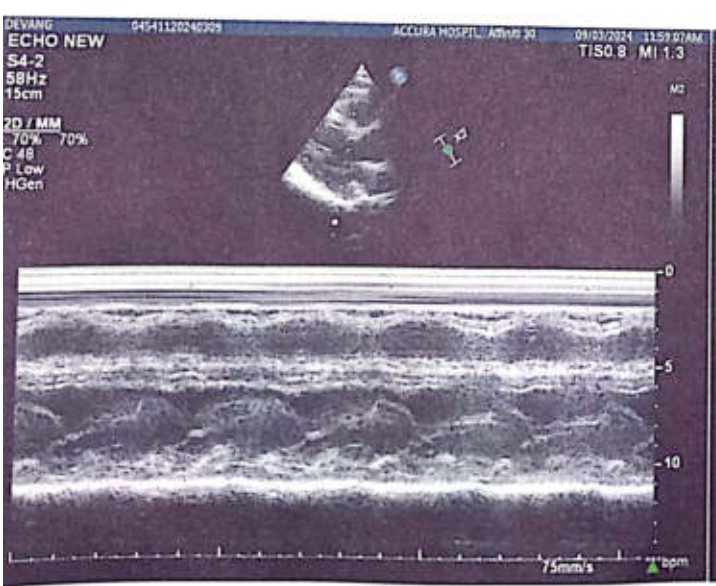
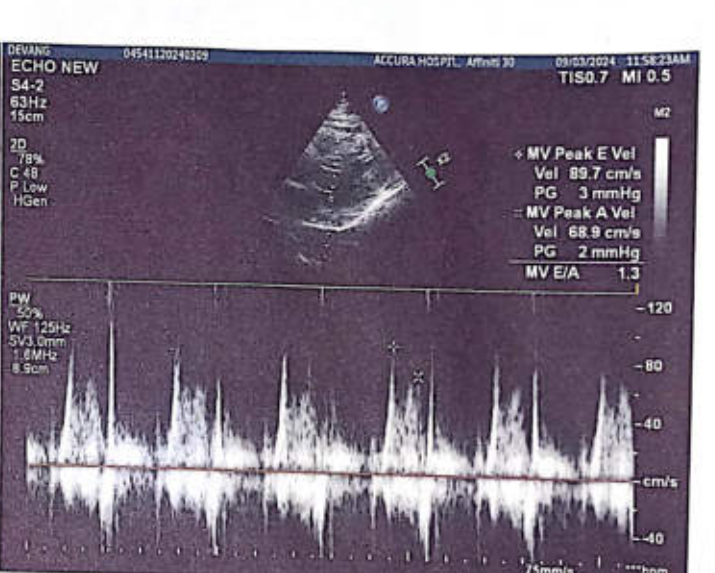
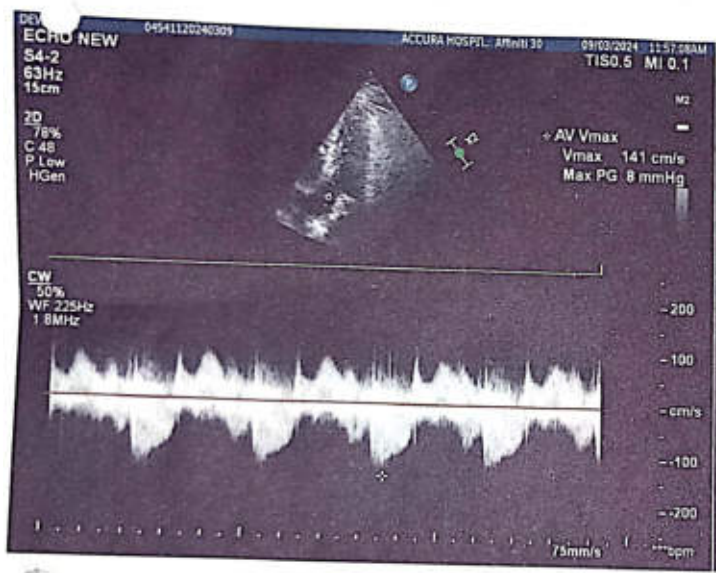
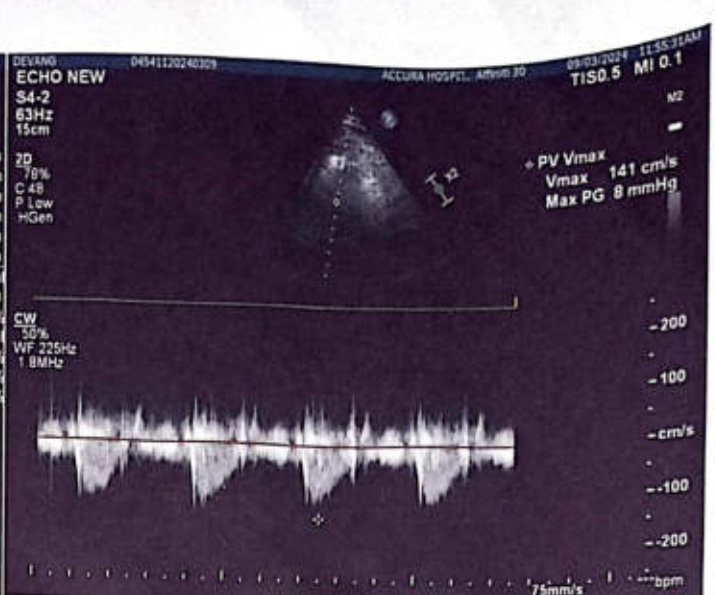
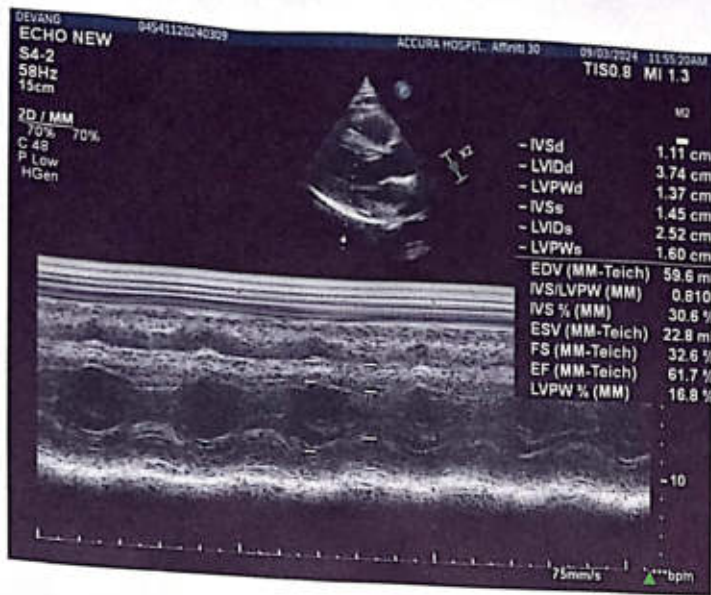

Dr V H Maniyar

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.



Handwritten signature



Pat.s' Name: DEVANGKUMAR PATEL

DATE: 9-March 2024

U.S.G. OF ABDOMEN AND PELVIS

- **LIVER:** is normal size and shows bright parenchymal echotexture. No focal lesion noted. Intrahepatic biliary radicals appear normal. C.B.D and portal vein appears normal in calibre.
- **GALL BLADDER:** Well distended and appears normal. No evidence of gallstone or changes of cholecystitis.
- **PANCREAS:** appears normal in size, shape, echogenicity and echotexture. No focal lesion noted. No e/o peripancreatic fluid collection.
- **SPLEEN:** normal in size, shape, echogenicity and echotexture. No focal lesion noted.
- **BOTH KIDNEYS:** are normal in size and echotexture. Cortical echogenicity appears normal. Cortico medullary differentiation is preserved. No e/o calculi or hydronephrosis on either side.
- **URINARY BLADDER:** Well distended. No evidence of calculus, wall thickening, diverticula or mass lesion.
- **PROSTATE:** is normal in size, shape and echogenicity. No focal lesion.
- Visualised bowel loops show no evident abnormality. No e/o lymphadenopathy. RIF/ LIF CLEAR. Bilateral C-P angels clear.

CONCLUSION:

- Grade I fatty changes in liver.
- Bilateral inguinal region is normal.

Thanks for reference.


DR PRATIK KAGATHARA
MD

Pt.'s Name: DEVANGKUMAR PATEL

Date: 9 March, 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

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

32 SLICE CT SCAN | 3D-4D SONOGRAPHY | COLOUR DOPPLER | X-RAY & PROCEDURE INTERVENTIONS