



**OPHTHALMOLOGY CONSULTATION**

Name: Kassa Pavan Kumar Date: 10/9/22

Age: 31 Sex:  Male  Female HCP Reg.No.: \_\_\_\_\_

**Ophthalmic History:**

- 1. Do you feel that your eyesight is falling?  Yes  No  
આંખે ઓછું દેખાતું હોય તેવું લાગે છે?
- 2. Any time feel to experience black outs?  Yes  No  
કોઈવાર અંધારા આવે છે?
- 3. Any unexpected flicking of eyes?  Yes  No  
આંખ વારંવાર અચાનક ધ્રુવે છે?
- 4. Do you get difficulty in reading small letters?  Yes  No  
નાના અક્ષર વાંચવામાં તકલીફ પડે છે?
- 5. Do you experience black dots temporarily?  Yes  No  
આંખ સામે કોઈવાર કાળા ટપકા દેખાય છે?
- 6. Do you have exclusive aids?  Yes  No  
વાંચવા કે જોવા માટે કોઈ ચશ્મા કે સ્પેશીયલ સાધન વાપરો છો?

**Clinical Evaluation / History / Presenting Complain:**

**Examination Eyes:**

- 1. Eyelids  
Right N Left N
- 2. Cornea & Conjunctiva  
Right N Left N
- 3. Vision  
Right N Left N

SPH	CYY	AXIS	VN
-5.50	-1.0	170°	6/6

SPH	CYY	AXIS	VN
-6.0	-0.75	170°	6/6

--	--	--	--

--	--	--	--

Colour Vision: N

Tonometry:  
Right N

Left N

Fundus: (Must in case of DM & HT)

Right N

Left N

Eye Movements:

Right  
Left

Clinical Impression:

✓

Recommendation:

A. Additional Inv. / Referral Suggested

✓

B. Therapeutic advise

✓

WV	WVA	WVY	WVO

WV	WVA	WVY	WVO

Ophthalmology's Signature



**DIAGNOSTIC REPORT**

Name : K.PAVANKUMAR  
Ref By : DR. WASIM RAJ(MEDIWHEEL)

Age/Sex : 31 Yrs./M  
Date : 10/09/2022  
Report ID. : W-8  
Ward : -/  
9642853549

**HAEMATOLOGY ANALYSIS**

TEST	RESULT	UNIT	METHOD	REFERENCE INTERVAL
<b><u>BLOOD COUNTS &amp; INDICES</u></b>				
Haemoglobin	: <b>13.20</b>	gm%		13.5 - 17.0 gm%
Total RBC	: 4.60	mill/cmm		4.6 - 6.2 mill/cmm
PCV	: 40.60	%		40 - 54 %
MCV	: 88.26	fL		80 - 96 fL
MCH	: 28.70	pg		27 - 31 pg
MCHC	: 32.51	%		32 - 36 %
RDW	: 14.30	%		10 - 15 %
Total WBC	: 6,200	/cmm		4,000 - 11,000/cmm
Platelet Count	: 2,35,000	/cmm		1.5 - 4.0 Lac/cmm.
<b><u>DIFFERENTIAL LEUCOCYTES COUNT</u></b>				
Neutrophils	: <b>49</b>	%		55 - 70 %
Lymphocytes	: 38	%		20 - 40 %
Eosinophils	: 05	%		01 - 06 %
Monocytes	: 08	%		02 - 08 %
Basophils	: 00	%		00 - 01 %
<b><u>ABSOLUTE COUNTS</u></b>				
Neutrophils	: 3038	/ $\mu$ L		2000 - 7000 / $\mu$ L
Lymphocytes	: 2356	/ $\mu$ L		800 - 4000 / $\mu$ L
Eosinophils	: 310	/ $\mu$ L		20 - 500 / $\mu$ L
Monocytes	: 496	/ $\mu$ L		120 - 1200 / $\mu$ L
<b><u>NEUTROPHIL : LYMPHOCYTE</u></b>				
Ratio	: 1.29			
Platelet In Smear	: ADEQUATE			
<b><u>ERYTHROCYTES SEDIMENTATION RATE</u></b>				
ESR	: 7	mm	Westergren	01 - 07 mm
Blood Group	: " B "			
Rh Factor (Anti D.)	: " POSITIVE "			

End Of Report

**DR. DEV VARMA**

**Condition of Reporting :** (1) The Reports are not valid for medico - legal purposes. (2) Individual Laboratory investigations are never conclusive, but are for the referring doctor's information and should be interpreted along with other relevant clinical history and examination to conclude final diagnosis, keeping in mind the limitation of method. (3) For any query in the report, or if results indicate unexpected abnormality, it is suggested to Contact to laboratory to help carry out follow up action. (rechecking, repeat sampling reflex / confirmatory testing etc.) (4) In unanticipated circumstances (non availability of kits, instrument breakdown & natural calamities) tests may not be reported as per schedule.



the future of HEALTH CARE

**PALMLAND**  
LABORATORY



**DIAGNOSTIC REPORT**

Name : K.PAVANKUMAR  
Ref By : DR. WASIM RAJ(MEDIWHEEL)

Age/Sex : 31 Yrs./M  
Date : 10/09/2022  
Report ID. : W-8  
Ward : -/  
9642853549

**Hb A1C REPORT**

TEST	RESULT	UNIT	REFERENCE INTERVAL
<b>GLYCOSYLATED HB</b>			
Hb A1C	: 5.4	%	Non Diabetic : 4.3 - 6.3 % Good Control : 6.4 - 7.5 % Moderate Control : 7.5 - 9.0 % Poor Control : 9.0 % & Above
Avg. Blood Glucose Level	: 115	mg/dl	

Notes :

Average Blood Glucose		Hemoglobin A1c%
298	-	12 %
269	-	11 %
240	-	10 %
212	-	09 %
183	-	08 %
154	-	07 %
126	-	06 %
97	-	05 %

Comment:

HbA1c is an important indicator of long-term glycemic control with the ability to reflect the cumulative glycemic history of the preceding two to three months. HbA1c not only provides a reliable measure of chronic hyperglycemia but also correlates well with the risk of long-term diabetes complications.

Test done by HPLC Method.

End Of Report

**DR. DEV VARMA**  
M.D. (PATH) CC (H)

**Condition of Reporting :** (1) The Reports are not valid for medico - legal purposes. (2) Individual Laboratory investigations are never conclusive, but are for the laboratory's information and should be interpreted along with other relevant clinical history and examination to conclude final diagnosis, keeping in mind the limitation of method used. (3) For any query in the report, or if results indicate unexpected abnormality, it is suggested to Contact to laboratory to help carry out follow up action. (rechecking, repeat sampling reflex / confirmatory testing etc.) (4) In unanticipated circumstances (non availability of kits, instrument breakdown & natural calamities) tests may not be reported as per schedule.



the future of HEALTH CARE

**PALMLAND**  
LABORATORY



**DIAGNOSTIC REPORT**

Name : K.PAVANKUMAR  
Ref By : DR. WASIM RAJ(MEDIWHEEL)

Age/Sex : 31 Yrs./M  
Date : 10/09/2022  
Report ID. : W-8  
Ward : -/  
9642853549

**BIOCHEMISTRY ANALYSIS**

<u>TEST</u>	<u>RESULT</u>	<u>UNIT</u>	<u>REFERENCE INTERVAL</u>
Blood Urea Nitrogen	: 13.50	mg/dl	4.5 - 19 mg/dl
Creatinine	: 0.9	mg/dl	0.70 - 1.40 mg/dl
S. Uric Acid	: 5.40	mg/dl	2.5-7.0 mg/dl
Fasting Blood Glucose (FBS)	: 88	mg/dl	70 - 110 mg/dl
Urine Glucose	: NIL		
Post-Prandial Blood Glucose	: 88	mg/dl	80 to 140 mg/dl
Urine Glucose	: NIL		

End Of Report

*Dev Varma*

**Condition of Reporting :** (1) The Reports are not valid for medico - legal purposes. (2) Individual Laboratory investigations are never conclusive, but should be interpreted along with other relevant clinical history and examination to conclude final diagnosis, keeping in mind the limitation of method used. (3) For any query in the report, or if results indicate unexpected abnormality, it is suggested to Contact to laboratory to help carry out follow up action. (rechecking, repeat sampling reflex / confirmatory testing etc.) (4) In unanticipated circumstances (non availability of kits, instrument breakdown & natural calamities) tests may not be reported as per schedule.

**DR. DEV VARMA**

MD. (PATH) CIVIL



## DIAGNOSTIC REPORT

Name : K.PAVANKUMAR  
Ref By : DR. WASIM RAJ(MEDIWHEEL)

Age/Sex : 31 Yrs./M  
Date : 10/09/2022  
Report ID. : W-8  
Ward : -/  
9642853549

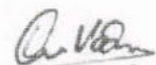
### LIPID PROFILE

TEST	RESULT	UNIT	REFERENCE INTERVAL
Total Lipid (Calculated)	: 591	mg/dL	350 - 750 mg/dL
Serum Cholesterol	: 180.0	mg/dL	130 - 200 mg/dL
Serum Triglyceride	: 131.0	mg/dL	60 - 165 mg/dL
HDL Cholesterol	: 46.4	mg/dL	30 - 70 mg/dL
LDL Cholesterol	: 107.4	mg/dL	Upto 150 mg/dL
CHOL./HDL Chol. Ratio	: 3.88	: 1	Less than 5
LDL Chol/HDL Chol Ratio	: 2.31	: 1	Less than 3.5

Interpretation Based On New N.C.E.P. Guidelines

Test	Result (mg/dl)	Interpretation
CHOLESTEROL	< 200	Desirable
	200 - 239	Borderline
	> = 240	High
TRIGLYCERIDES	< 170	Normal
	170 - 199	Borderline
	> 200	High
LDL CHOLESTEROL	< 100	Desirable
	100 - 129	Sub-Optional
	130 - 159	Borderline High
	> 160	High
HDL CHOLESTEROL	< 35	Low
	> 35	High

End Of Report



DR. DEV VARMA  
W.D. PALMLAND

**Condition of Reporting :** (1) The Reports are not valid for medico - legal purposes. (2) Individual Laboratory investigations are never conclusive, but should be interpreted along with other relevant clinical history and examination to conclude final diagnosis, keeping in mind the limitation of method used. (3) For any query in the report, or if results indicate unexpected abnormality, it is suggested to Contact to laboratory to help carry out follow up action. (rechecking, repeat sampling reflex / confirmatory testing etc.) (4) In unanticipated circumstances (non availability of kits, instrument breakdown & natural calamities) tests may not be reported as per schedule.



the future of HEALTH CARE

**PALMLAND**  
LABORATORY



**DIAGNOSTIC REPORT**

Name : K.PAVANKUMAR  
Ref By : DR. WASIM RAJ(MEDIWHEEL)

Age/Sex : 31 Yrs./M  
Date : 10/09/2022  
Report ID. : W-8  
Ward : -/  
9642853549

**LIVER FUNCTION TEST**

<u>TEST</u>	<u>RESULT</u>	<u>UNIT</u>	<u>REFERENCE INTERVAL</u>
Total Billirubin	: 0.50	mg/dl	0 - 1.0 mg/dl
Direct Billirubin	: 0.30	mg/dl	up to 0.25 mg/dl
Indirect Billirubin	: 0.20	mg/dl	0.1 - 1.0 mg/dl
S. Alk. Phosphatase	: 50	U/L	36.00 - 113.00 U/L
S.G.P.T.	: 34	U/L	10 - 40 U/L
S.G.O.T.	: 25	IU/L	up to 40 IU/L
Total Protein	: 7.30	g/dl	6.0 - 8.0 g/dl
Albumin	: 4.00	g/dl	3.5 - 5.0 g/dl
Globulin	: 3.30	g/dl	2.3 - 3.5 g/dl
A.G. Ratio	: 1.2		2.5 - 1.2 : 1
GGTP	: 21		5 - 85

Test done by (DIASYS)

End Of Report

**Condition of Reporting :** (1) The Reports are not valid for medico - legal purposes. (2) Individual Laboratory investigations are never conclusive, but are for the reference of the patient's information and should be interpreted along with other relevant clinical history and examination to conclude final diagnosis, keeping in mind the limitation of method used. (3) For any query in the report, or if results indicate unexpected abnormality, it is suggested to Contact to laboratory to help carry out follow up action. (rechecking, repeat sampling reflex / confirmatory testing etc.) (4) In unanticipated circumstances (non availability of kits, instrument breakdown & natural calamities) tests may not be reported as per schedule.



the future of HEALTH CARE

**PALMLAND**  
LABORATORY



**DIAGNOSTIC REPORT**

Name : K.PAVANKUMAR  
Ref By : DR. WASIM RAJ(MEDIWHEEL)

Age/Sex : 31 Yrs./M  
Date : 10/09/2022  
Report ID. : W-8  
Ward : -/  
9642853549

**PROSTATE SPECIFIC ANTIGEN**

<u>TEST</u>	<u>RESULT</u>	<u>UNIT</u>	<u>REFERENCE INTERVAL</u>
P. S. A.	: 1.500	ng/ml	0.0 - 4.0 ng / ml (i) 04 - 15 ng/ml Possibly Benign Prostate (ii) > 20 ng/ml Suspected Prostate Carc

End Of Report

**Condition of Reporting :** (1) The Reports are not valid for medico - legal purposes. (2) Individual Laboratory investigations are never conclusive, but should be interpreted along with other relevant clinical history and examination to conclude final diagnosis, keeping in mind the limitation of method used. (3) For any query in the report, or if results indicate unexpected abnormality, it is suggested to Contact to laboratory to help carry out follow up action. (rechecking, repeat sampling reflex / confirmatory testing etc.) (4) In unanticipated circumstances (non availability of kits, instrument breakdown & natural calamities) tests may not be reported as per schedule.

**DR. DEV VARMA**  
M.D. (PATH) CIVIL





the future of HEALTH CARE

**PALMLAND**  
LABORATORY



**DIAGNOSTIC REPORT**

Name : K.PAVANKUMAR  
Ref By : DR. WASIM RAJ(MEDIWHEEL)

Age/Sex : 31 Yrs./M  
Date : 10/09/2022  
Report ID. : W-8  
Ward : -/  
9642853549

**THYROID FUNCTION TEST**

TEST	RESULT	UNIT	METHOD	REFERENCE INTERVAL
Total Triiodothyronine(T3)	: 1.60	ng/ml	ELIFA	0.6-2.02 ng/ml
Total Thyroxine(T4)	: 6.30	ug/dl	ELIFA	5.13-14.06 ug/dl
Thyroid Stimulating Hormone (TSH)	: 2.90	μIU/ml		0.27-5.25 uIU/ml

NORMAL VALUES

Age	T3 ng/ml	T4 μg/dl	T.S.H. μIU/ml
01 - 12 Month	1.05 - 2.80	7.8 - 16.5	New Born : 1.3-19.0 3 Days : 1.1-17.0 10 weeks : 0.6-10.0 14 months: 0.4-7.0
01 - 05 Yrs	1.05 - 2.69	7.3 - 15.0	0.4-6.0
05 - 10 Yrs	0.94 - 2.41	6.04 - 13.3	0.25-5.25
10 - 15 Yrs	0.83 - 2.13	5.60 - 11.7	0.25-5.25
15 - 20 Yrs	0.80 - 2.00	4.20 - 11.8	0.25-5.25
> 20 Yrs	0.79 - 1.58	4.00 - 11.0	0.25-5.25

\*Test done by Access-2 Beckman Coulter / mini Vidas

End Of Report

*Dr. Dev Varma*

**Condition of Reporting :** (1) The Reports are not valid for medico - legal purposes. (2) Individual Laboratory investigations are never conclusive, but should be interpreted along with other relevant clinical history and examination to conclude final diagnosis, keeping in mind the limitation of methodology and technology. (3) For any query in the report, or if results indicate unexpected abnormality, it is suggested to Contact to laboratory to help carry out follow up action. (rechecking, repeat sampling reflex / confirmatory testing etc.) (4) In unanticipated circumstances (non availability of kits, instrument breakdown & natural calamities) tests may not be reported as per schedule.



the future of HEALTH CARE

**PALMLAND**  
LABORATORY



**DIAGNOSTIC REPORT**

Name : K.PAVANKUMAR  
Ref By : DR. WASIM RAJ(MEDIWHEEL)

Age/Sex : 31 Yrs./M  
Date : 10/09/2022  
Report ID. : W-8  
Ward : -/  
9642853549

**STOOL ANALYSIS**

<u>TEST</u>	<u>RESULT</u>	<u>REFERENCE INTERVAL</u>
<b><u>PHYSICAL EXAMINATION</u></b>		
Colour	: YELLOW	
Consistency	: SEMI FORMED	
<b><u>CHEMICAL TEST</u></b>		
Occult Blood	: ABSENT	ABSENT
<b><u>MICROSCOPIC EXAMINATION / HPF</u></b>		
Ova	: ABSENT	
Cysts.	: ABSENT	
Pus Cells	: ABSENT	
Red Blood Cells	: ABSENT	
Epithelial Cells	: ABSENT	

End Of Report

**Condition of Reporting :** (1) The Reports are not valid for medico - legal purposes. (2) Individual Laboratory investigations are never conclusive, but should be interpreted along with other relevant clinical history and examination to conclude final diagnosis, keeping in mind the limitation of method used. (3) For any query in the report, or if results indicate unexpected abnormality, it is suggested to Contact to laboratory to help carry out follow up action. (rechecking, repeat sampling reflex / confirmatory testing etc.) (4) In unanticipated circumstances (non availability of kits, instrument breakdown & natural calamities) tests may not be reported as per schedule.

**DR. DEV VARMA**  
MD (PATH) CIVIL



the future of HEALTH CARE

**PALMLAND**  
LABORATORY



**DIAGNOSTIC REPORT**

Name : K.PAVANKUMAR  
Ref By : DR. WASIM RAJ(MEDIWHEEL)

Age/Sex : 31 Yrs./M  
Date : 10/09/2022  
Report ID. : W-8  
Ward : -/  
9642853549

**URINE ANALYSIS**

<u>TEST</u>	<u>RESULT</u>	<u>UNIT</u>
Sample	: RANDOM	
<b><u>PHYSICAL EXAMINATION</u></b>		
Quantity	: 15	ml
Colour	: PALE YELLOW	
Transperancy	: CLEAR	
Specific Gravity	: 1.015	
pH	: ACIDIC	
<b><u>CHEMICAL EXAMINATION</u></b>		
Albumin	: ABSENT	
Sugar	: ABSENT	
Acetone	: ABSENT	
Bile Salts	: ABSENT	
Bile Pigments	: ABSENT	
Occult Blood	: ABSENT	
<b><u>MICROSCOPIC EXAMINATION</u></b>		
Pus Cells / h.p.f.	: 1-2	
R.B.C. / h.p.f.	: ABSENT	
Epithelial / h.p.f.	: 5-7	

End Of Report

**Condition of Reporting :** (1) The Reports are not valid for medico - legal purposes. (2) Individual Laboratory investigations are never conclusive, but are for the reference of the patient's information and should be interpreted along with other relevant clinical history and examination to conclude final diagnosis, keeping in mind the limitation of method used. (3) For any query in the report, or if results indicate unexpected abnormality, it is suggested to Contact to laboratory to help carry out follow up action. (rechecking, repeat sampling reflex / confirmatory testing etc.) (4) In unanticipated circumstances (non availability of kits, instrument breakdown & natural calamities) tests may not be reported as per schedule.

**DR. DEV VARMA**  
M.D. (PATH) OGNH

ID: 923

10-09-2022 12:43:19 PM

BPL - 02

*Perum. Kumar*

male  
UHID :

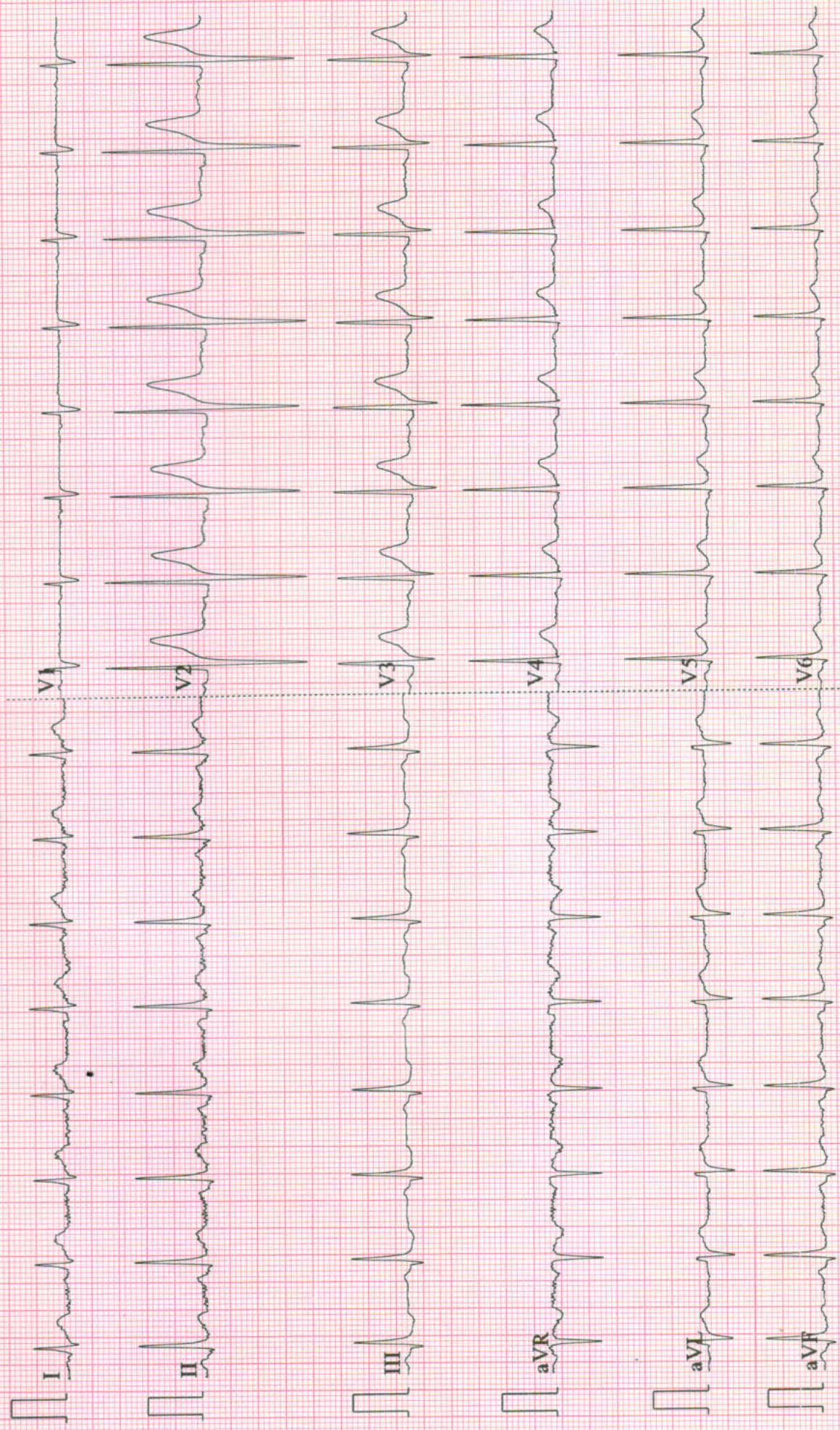
Years

Diagnosis Information:

Sinus Rhythm  
\*\*\*Normal ECG\*\*\*

HR : 95 bpm  
 P : ms  
 PR : 135 ms  
 QRS : 96 ms  
 QT/QTc : 312/393 ms  
 P/QRS/T : 63/68/17 °  
 RV5/SV1 : 1.549/0.352 mV

Technician :  
Unconfirmed Report.





# MADHURAM Imaging Center

Multi Slice CT Scan | USG | X-Ray | Colour Doppler

**Dr. Payal D. Shah**

M.B.B.S., M.D. (Radiodiagnosis)

**Dr. Darshit B. Shah**

M.B.B.S., M.D. (Radiodiagnosis)

Ex- Clinical Associate, Lilavati hospital  
(Mumbai)

Pt Name: K. Pavan Kumar

Date: 10<sup>th</sup> September 2022

## USG OF ABDOMEN & PELVIS

**Liver** is normal in size, measuring approx. 124mm and normal in echotexture.  
No evidence of focal SOL or dilatation of IHBR seen.  
**Porta hepatis** appear normal.

### **Gallbladder**

- **A mobile calculus is seen;** measuring appx. 6.4mm.

Gallbladder wall appear normal. No e/o pericholecystic edema noted.  
CBD appears normal. no evidence of calculi.

**Pancreas** appeared normal in size and normal in echotexture.

**Spleen** appeared normal in size, measuring approx. 89mm and normal in echotexture.

**Aorta** appeared normal. No para aortic lymphnodes seen.

**Right kidney** measured 105x56mm.  
Cortex and collecting system of right kidney appeared normal.  
No calculi or obstructive uropathy.

**Left kidney** measured 101x52mm.  
Cortex and collecting system of left kidney appeared normal.  
No calculi or obstructive uropathy.

**Urinary bladder:** Appears normal. No calculi are seen.

**Prostate** appears normal in size & normal in shape and echotexture.  
Appendix not seen due to bowel gas.  
Bowels are visualized and appeared normal.  
No evidence of free fluid in pelvis.

### Conclusion:

- **Cholelithiasis.**

Dr. Payal D. Shah (MBBS, MD)  
Consultant Radiologist

  
Dr. Darshit B. Shah (MBBS, MD)  
Consultant Radiologist





the future of HEALTH CARE

**PALMLAND**  
HOSPITAL

(Managed By Raj Palmland Hospital Pvt. Ltd.)

NAME OF PATIENT : K.PAVAN KUMAR  
DATE : 10/09/2022

**Plain Skiagram of Chest PA View**

Both lung fields appears normal.

Mediastinal shadow and hila appears normal.

Heart and aorta appears normal.

No evidence of pleural effusion is seen.

Domes of diaphragm appears normal.

Bones under view appears normal.

**Comments: No abnormality detected.**

THANKS FOR REFERENCE.

**Dr. PARITOSH.MODI.**  
**CONSULTANT RADIOLOGIST**

Falshruti Nagar, Station Road, Bharuch, Gujarat - 392001

02642 - 263108 | 97378 55550

[www.palmlandhospital.com](http://www.palmlandhospital.com) | follows us on :



**24X7 EMERGENCY FACILITY**

**CBDT APPROVED HOSPITAL U/S 17(2) OF THE IT ACT**

