

PHYSICIAN CONSULTATION

DATE:- 31/08/22
NAME:- Darshan Modi (34/M)
DOB: AGE:- 34 SEX:- M
HEIGHT:- 191
WEIGHT:- 103
BMI:- 28
BP READING:- 124/78 mmHg
Heart Rate:- 118/min
Eye Exam :- (P)
Ear Exam :- (P)

TB X 2014

1 yr Treatment Taken.

No other K/C/O-


Dr. Bhargav Patel
M.D. Physician
Reg. No. G-52845

2D ECHO WITH COLOUR DOPPLER STUDY

PATIENT NAME DARSHAN MODI

REF DR NAME BOB

DATE 31/08/2022

MEASUREMENTS:

AO/LA	20/26	MITRAL VALVE	0.90	2.20
LVD/LVS	37/40	TRICUSPID VALVE	1.02	1.90
LVEF	60%	PULMONARY VALVE	0.70	1.30
IVS/LVPW	10/12	AORTIC VALVE	1.20	5.10

COMMENTS:

- Normal internal dimensions of all four cardiac chambers.
- Structurally normal all four cardiac valves.
- Normal LV systolic function. LVEF: 60%
- NO RWMA AT REST.
- IVS & IAS are Intact.
- No PAH. RVSP 22. MM HG.
- No clot / vegetation.
- No Pericardial effusion seen.

Conclusion:

NO RWMA AT REST,

NORMAL LV SYSTOLIC FUNCTION, LVEF 60%

DR. BHARAGV PATEL

Dr. Bhargav Patel
M.D. Physician
Reg. No. G-52845



Pts Name	DARSHAN MODI
Date	31-08-2022
Age	34 Yr/male
Ref Doctor	BOB

USG ABDOMEN AND PELVIS

Liver: appears normal in size and shows normal echotexture. No evidence of focal mass lesion seen. Portal vein and CBD appears normal. No evidence of IHBRD.

Gall bladder: well distended and shows no evidence of calculus. No evidence of wall thickening or edema.

Spleen: appears normal in size and normal in echotexture.

Pancreas: appears normal.

Both Kidneys: appears normal in size, shape and echotexture. No evidence of calculus or hydronephrosis on both side. CMD appears maintained. RK: 9.6 x 3.8 cm LK: 10.7 x 5.2 cm.

Urinary bladder: minimally distended and appears normal.

Prostate: appear normal for age.

No evidence of ascites.

IMPRES SION:

- No significant abnormality detected.


Dr. A. P. Patel

Radiologist



Pts Name	DARSHAN MODI
Date	31/08/2022
Age	34Yr/MALE
Ref By	BOB

X-Ray Chest pa view

Lungs appear normal.

Heart size and mediastinal shadow appears normal.

Both CP angles appear normal.

Domes of diaphragm and bony thorax appears normal.

A.P. Patel
Dr. A. P. Patel

Radiologist



NAME : DARSHAN J MODI
AGE/GENDER : 34 YRS/MALE
DATE/TIME : 31-08-2022 10:41

ID : 453
BP : 122/76mmHg
HR : 117bpm

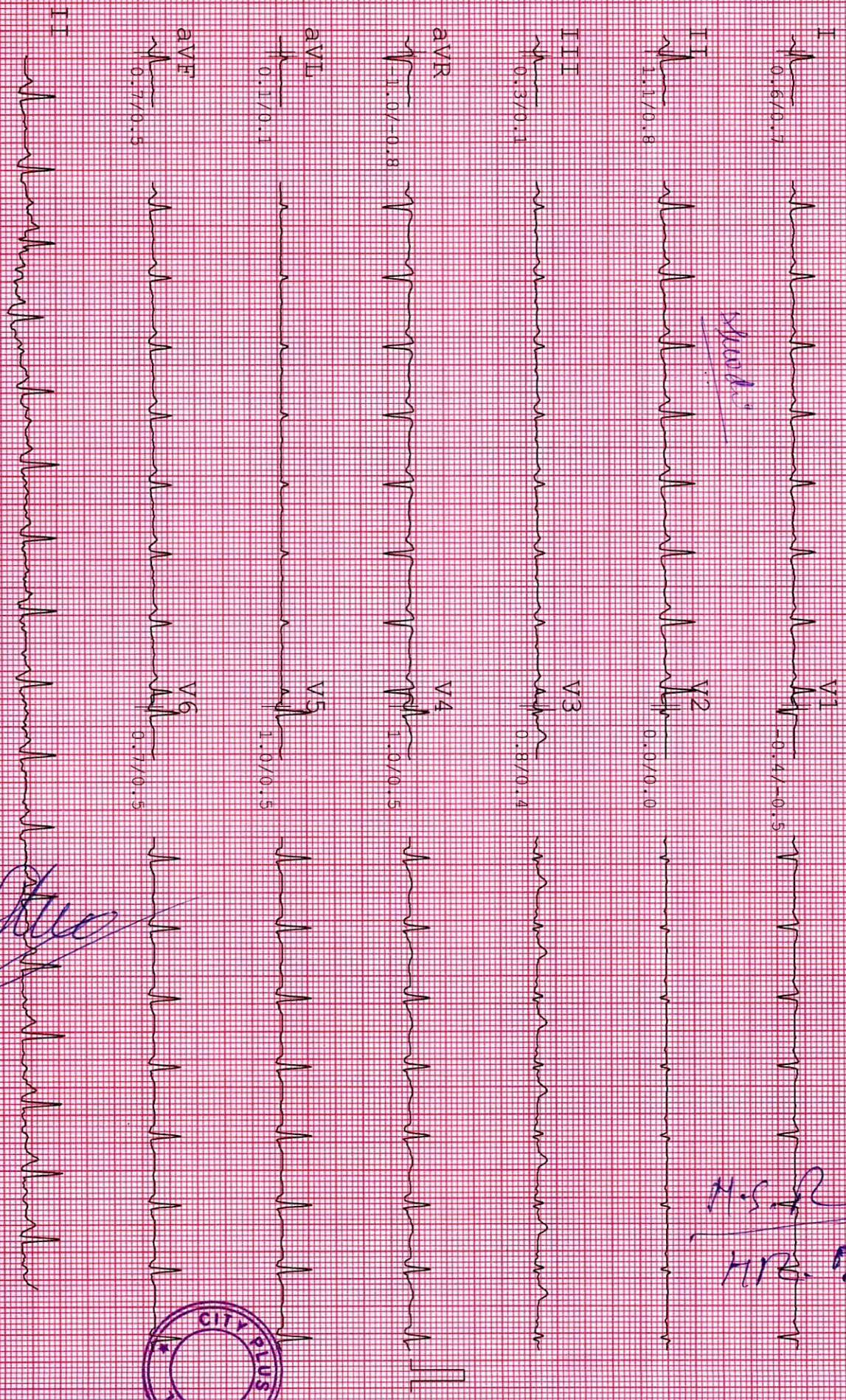
PROTOCOL : Brugada
STRAGE : Supine
STRAGE TIME : 00:36

Linked Median Report
SPEED/GRADE : 0.00/0.0
PAPER J at 80 msec

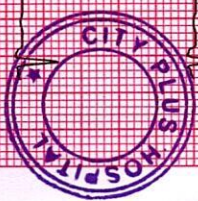
GAIN : 1X
ST1 in mm
ST5 in mm/sec

ECCG

Dr. B. Patel
Dr. B. Patel



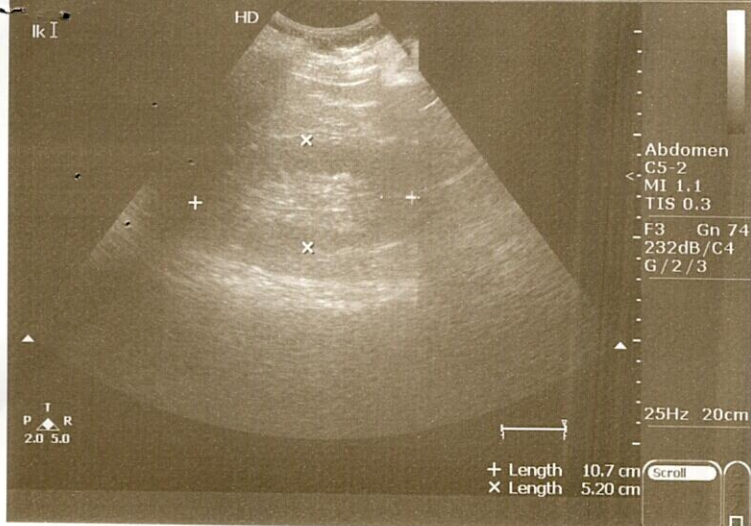
Dr. Bhargav Patel
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Reg. No. G-52845



darshanbhai modi 34/m,
22-08-31-110212

CITY PLUS HOSPITAL

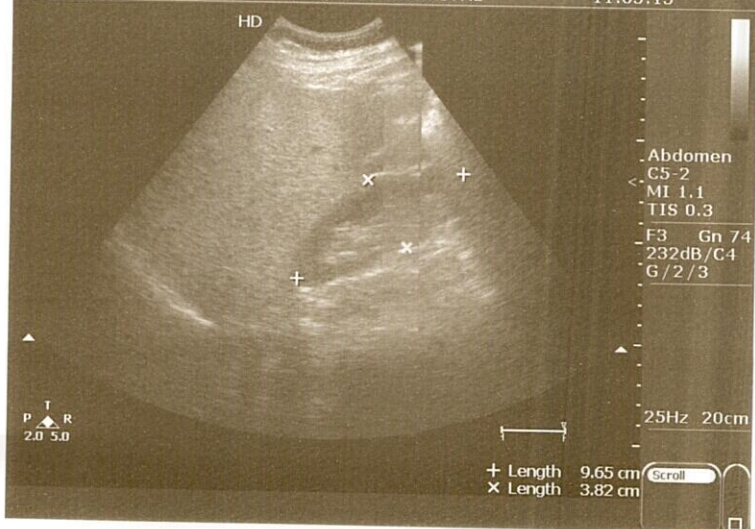
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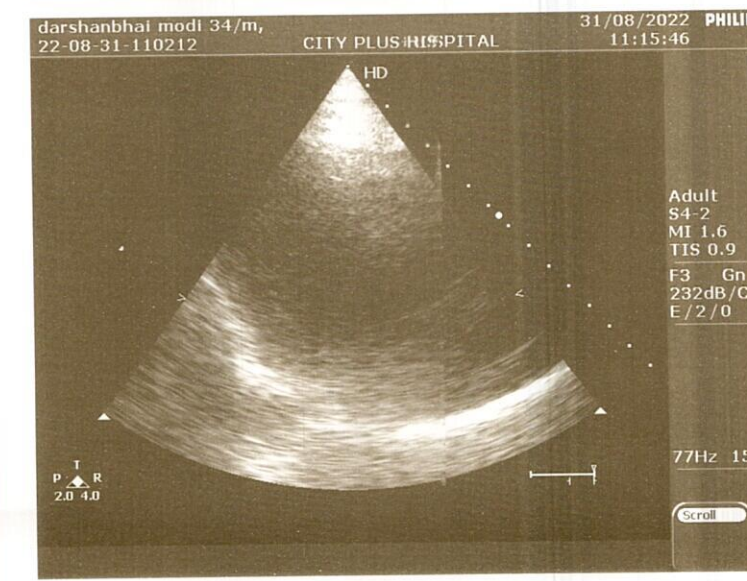
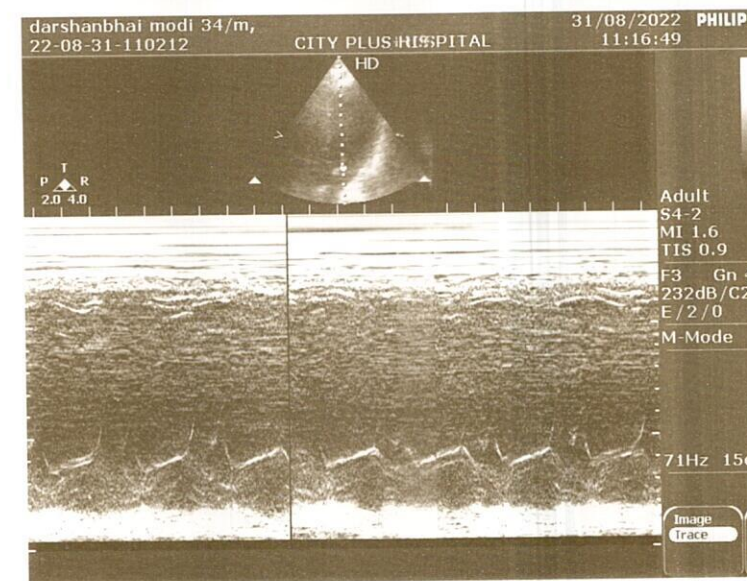
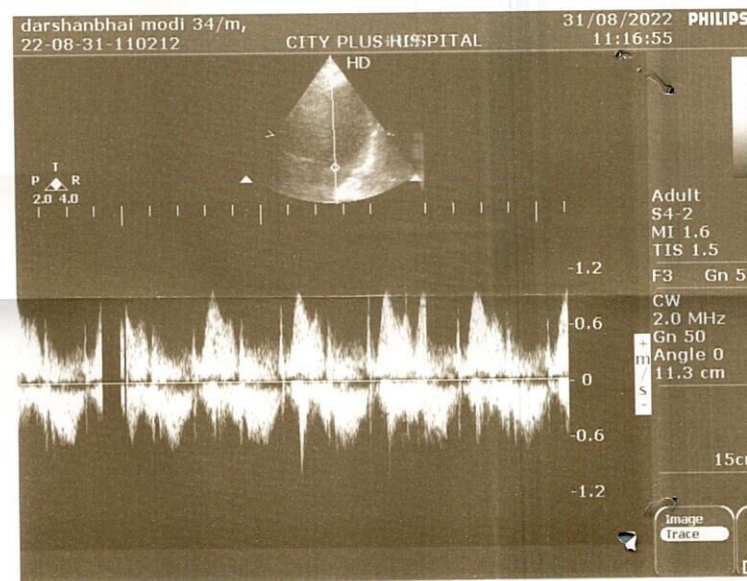
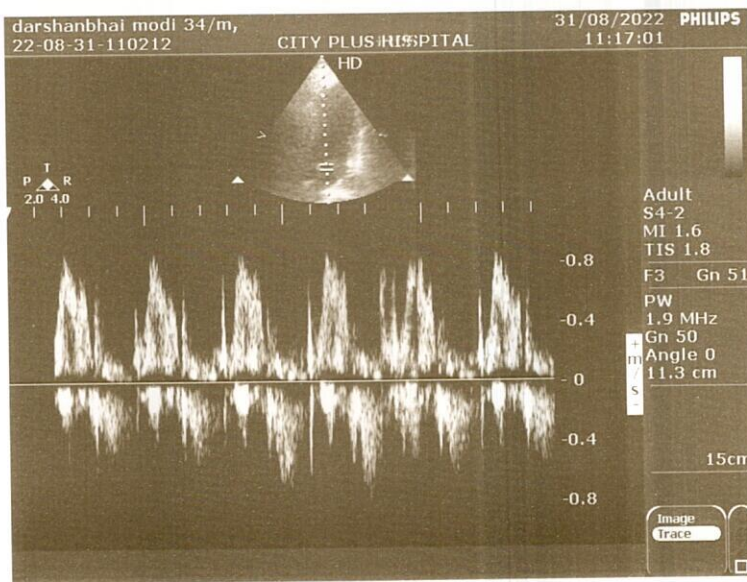
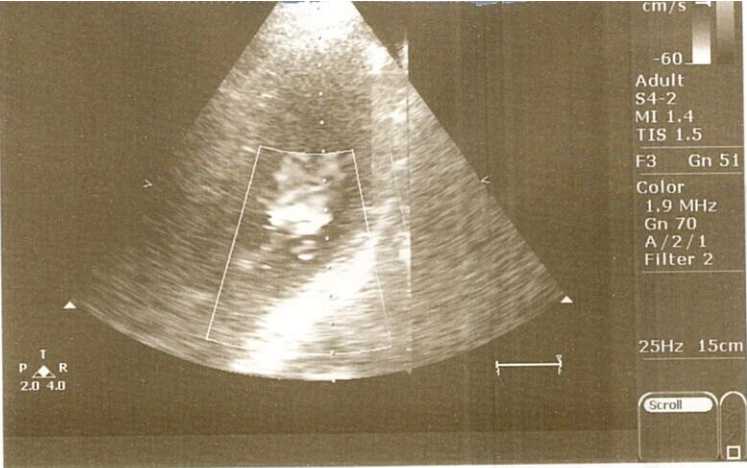


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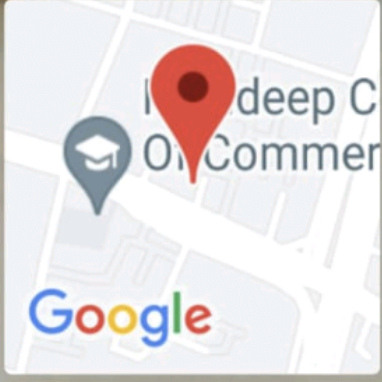




OPD-4



GPS Map Camera



Ahmedabad, Gujarat, India

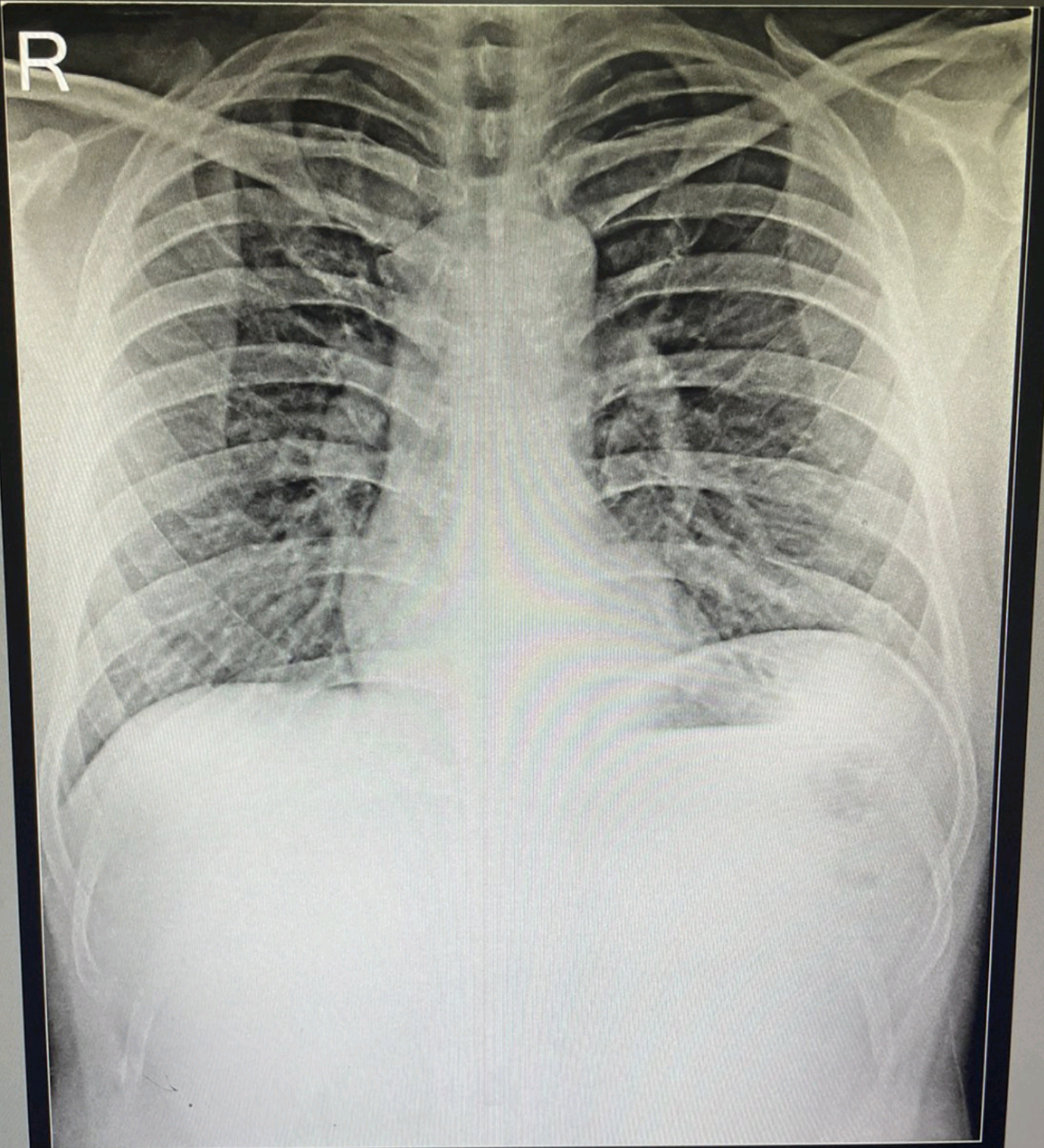
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Gujarat 380060, India

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DARSHAN MODI 35/M CHEST PA 31-Aug-22
CITY PLUS HOSPITAL, AHMEDABAD.



भारत सरकार

Government of India



Issue Date: 27/01/2014



दर्शन मोदी

Darshan Modi

जन्म तारीख / DOB : 27/12/1987

पुरुष / Male

6452 9582 2228



मेरा आधार, मेरी पहचान

Patient Name : Darshan Modi
Sample No.. : 1398
Referred : Bank Of Baroda

Age/Sex : 34 Years/Male
Registration On:31/08/2022/12:24

THYROID FUNCTIONS

<u>TEST</u>	<u>RESULT</u>	<u>UNIT</u>	<u>NORMAL VALUE</u>
Serum T3 :	1.20	ng/dl	0.69 - 2.15 ng/dl
Serum T4 :	8.32	microgm/dl	5.2 - 12.7 microgm/dl
Serum T.S.H :	3.26	microU/ml	0.3 - 4.5 microU/ml

COMMENTS :

TSH levels may be affected by acute illness and drugs like doapamine and gluco corticoids.

Low or undetectable TSH is suggestive of Grave~s disease

TSH between 5.5 to 15.0 with normal T3 T4 indicates impaired thyroid hormone or subclinical hypothyroidism or normal T3 T4 with slightly low TSH suggests subclinical Hyperthyroidism.

TSH suppression does not reflect severity of hyperthyroidism therefore , measurement of FT3 ,FT4 is important.

FreeT3 is first hormone to increase in early Hyperthyroidism.

Only TSH level can prove to be misleading in patients on treatment. Therefore FreeT3 , FreeT4 along with TSH should be checked.

During pregnancy clinically T3 T4 can be high and TSH can be slightly low



Pathologist
DR. P.M.SHAH
G-12779

Patient Name : Darshan Modi
Sample No.. : 1398
Referred : Bank Of BarodaAge/Sex : 34 Years/Male
Registration On:31/08/2022/12:24**COMPLETE BLOOD COUNT**

<u>Test</u>		<u>Sample :</u>	<u>Result</u>	<u>Unit</u>	<u>Biological Ref. Interval</u>
<u>BLOOD COUNT</u>					
Hemoglobin	colorimetric		14.19	g/dL	13 - 17
R.B.C Count	Electrical impedance		5.13	mill/cmm	4.5 - 5.5
W.B.C Count	Electrical impedance		8.06	10 ³ /uL	4.0 - 10.0
Platelet Count	Electrical impedance		269.4	10 ³ /uL	150 - 450
<u>DIFFERENTIAL COUNT</u>					
Polymorphs	Microscopic		64	%	60 - 70
Lymphocytes	Microscopic		31	%	20 - 40
Eosinophils	Microscopic		02	%	1 - 6
Monocytes	Microscopic		03	%	2 - 10
Basophils	Microscopic		00	%	0 - 2
<u>BLOOD INDISES</u>					
HCT	Rbc Histogram		43.0	%	40 - 50
MCV	Calculated		83.8	fl	80 - 100
MCH	Calculated		27.7	pg	27 - 32
MCHC	Calculated		33.0	g/dl	32 - 36
RDW-CV	Calculated		12.6	%	10 - 16.5

PERIPHERAL SMEAR EXAMINATION

SMEAR RBC Line 1: Normochromic normocytic red cells.

SMEAR Platelets: Adequate

Erythrocyte sedimentation rate

ESR AT 1 hour westergren 08 mm/Hour 00 - 15

Page 2 of 8

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BLOOD GROUP

<u>Test</u>	<u>Result</u>
BLOOD GROUP	: "A"
RH GROUP	: POSITIVE.



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RENAL FUNCTION

<u>Test</u>	<u>Result</u>	<u>Unit</u>	<u>Normal Range</u>
Sr. Creatinine:	1.18	mg/dl	0.6 - 1.2 mg/dl
Urea:	22.30	mg/dl	10 - 50 mg/dl
S. Uric Acid:	7.2	mg/dl	3.2 - 7.2 mg/dl
Blood Urea Nitrogen:	10.42	mg/dl	08 - 23 mg/dl
Bun/Creat Ratio:	8.83		



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Patient Name : Darshan Modi
Sample No.. : 1398
Referred : Bank Of BarodaAge/Sex : 34 Years/Male
Registration On:31/08/2022/12:24**COMPLETE BLOOD CHEMISTRY**

<u>Test</u>	<u>Result</u>	<u>Unit</u>	<u>Normal Range</u>
S. Cholesterol	: 184.6	mg/dl	Desirable : < 200 Borderline High : 200 - 239 High : > 240
Serum Triglycerides	: 178.7	mg/dl	Normal : Normal < 150 Borderline : 150 - 199 High : > 200
HDL Cholesterol	: <u>36.8</u>	mg/dl	40 - 60 mg/dl
Serum LDL Cholesterol (Calculated)	: 112.06	mg/dl	Up to 150
Cholesterol/HDLC Ratio (Calculated)	: <u>5.02</u>	mg/dl	Up to 5.0
Serum VLDL Cholesterol (Calculated)	: <u>35.74</u>	mg/dl	Up to 35
LDLC/HDLC Ratio (Calculated)	: 3.05	mg/dl	Up to 3.4
Total Lipid (Calculated)	: 662.16	mg/dl	400 - 1000 mg/dl
S. Bilirubin (Total)	: 0.64	mg/dl	up to 1.2
S. Bilirubin (Direct)	: 0.12	mg/dl	up to 0.2
S. Bilirubin (Indirect)	: 0.52	mg/dl	up to 1.0
SGOT	: 29.03	U/L	up to 40
SGPT	: 32.2	U/L	up to 42
GGT	: 26.89	U/L	12 - 64
S. Alkaline Phosphatase	: 90.65	U/L	40 - 129
Total Proteins	: 6.90	g/dl	6.0 - 8.3
Albumin	: 4.23	g/dl	3.5 - 5.2
Globulins	: 2.67	g/dl	2.4 - 3.7
AGRATIO	: 1.584		

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Patient Name : Darshan Modi
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Registration On:31/08/2022/12:24**Glycosylated HB - (HBA1C)**

<u>Test</u>	<u>Result</u>	<u>Unit</u>	<u>Biological Ref Interval</u>
HBA1C: (Immunoturbidimetric)	4.70	%	Normal : <= 5.6 Prediabetes : 5.7 - 6.4 Diabetes : > = 6.5 <u>DIABETES CONTROL CRITERIA</u> 6 - 7 : Near Normal Glycemia < 7 : Goal 7 - 8 : Good Control > 8 : Action Suggested
Mean Blood Glucose:	88.19	mg/dl	

Criteria for the diagnosis of diabetes

1. HbA1c \geq 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 \geq 200mg/dL during an oral glucose tolerance test by using a glucose load containing equivalent of 75 gm anhydrous glucose dissolved in water.
Or.
4. 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.

Limitation of HbA1c

- 1) In patients with Hb variants even analytically correct results do not reflect the same level of glycemic control that would be expected in patients with normal population. 2) Any cause of shortened erythrocyte survival or decreased mean erythrocyte survival or decreased mean erythrocyte age eg. hemolytic diseases, pregnancy, significant recent/chronic blood loss etc. will reduce exposure of RBC to glucose with consequent decrease in HbA1c values. 3) Glycated HbF is not detected by this assay and hence specimens containing high HbF ($>10\%$) may result in lower HbA1c values than expected.


Page 6 of 8**Pathologist**
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BLOOD SUGAR LEVEL

Specimen :

<u>Test</u>	<u>Result</u>	<u>Unit</u>	<u>Biological Ref. Interval</u>
Fasting Blood Sugar: (GOD-POD)	80.57	mg/dl	70-110
Post Prandial Blood Glucose: (GOD-POD)	<u>91.2</u>	mg/dl	100 - 150

American Diabetes Association Reference Range :

Normal : < 100 mg/dl

Impaired fasting glucose(Prediabetes) : 100 - 126 mg/dl

Diabetes : >= 126 mg/dl

Conditions that can result in an elevated blood glucose level include: Acromegaly, Acute stress (response to trauma, heart attack, and stroke for instance), Chronic kidney disease, Cushing syndrome, Excessive consumption of food, Hyperthyroidism, Pancreatitis. A low level of glucose may indicate hypoglycemia, a condition characterized by a drop in blood glucose to a level where first it causes nervous system symptoms (sweating, palpitations, hunger, trembling, and anxiety), then begins to affect the brain (causing confusion, hallucinations, blurred vision, and sometimes even coma and death). A low blood glucose level (hypoglycemia) may be seen with: Adrenal insufficiency, Drinking excessive

alcohol, Severe liver disease, Hypopituitarism, Hypothyroidism, Severe infections, Severe heart failure, Chronic kidney (renal) failure, Insulin overdose, Tumors that produce insulin (insulinomas), Starvation.



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URINE EXAMINATION

PHYSICAL :

Colour - **Pale Yellow**
Deposits - **Absent**
Transparency - **Clear**
Reaction - **Acidic**
Sp. Gravity - **1.002**

CHEMICAL :

Albumin - **Absent**
Sugar - **Absent**
Bile Salts - **Absent**
Bile Pigments - **Absent**

MICROSCOPIC: (After centrifugation at 2000 r.p.m. for 5 minutes)

Pus Cells - **Ocassional** /h.p.f.
Red Cells - **Not seen** /h.p.f.
Epithelial Cells - **1 - 2** /h.p.f.
Casts - **Not seen**/l.p.f.
Crystals - **Not seen**
Amorphous - **Not seen**



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