

CONCLUSION OF HEALTH CHECKUP

ECU Number	: 5125	MR Number	: 23212201	Patient Name	: SUDHIR SHANABHAI NAYAK
Age	: 35	Sex	: Male	Height	: 171
Weight	: 66	Ideal Weight	: 67	BMI	: 22.57
Date	: 23/08/2023				

Dr. Manish Mittal

Internal Medicine

Note : General Physical Examination & routine Investigations included in the Health Checkup have certain limitations and may not be able to detect all the latent and asymptomatic diseases.



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ECU Number : 5125 MR Number : 23212201 Patient Name : SUDHIR SHANABHAI NAYAK
Age : 35 Sex : Male Height : 171
Weight : 66 Ideal Weight : 67 BMI : 22.57
Date : 23/08/2023

Past H/O : NO P/H/O ANY MAJOR ILLNESS

Present H/O : NO MEDICAL COMPLAIN AT PRESENT

Family H/O : NO F/H/O ANY MAJOR ILLNESS

Habits : NO HABITS

Gen.Exam. : G.C.GOOD

B.P : 120/80 mm Hg

Pulse : 64/MIN REG

Others : SPO2-98%

C.V.S : NAD

R.S. : NAD

Abdomen : NP

Spleen : NP

Skin : NAD

C.N.S : NAD

Advice :

ECU Number : 5125 MR Number : 23212201 Patient Name: SUDHIR SHANABHAI NAYAK
Age : 35 Sex : Male Height : 171
Weight : 66 Ideal Weight : 67 BMI : 22.57
Date : 23/08/2023

Ophthalmic Check Up :	Right	Left
Ext Exam		NIL
Vision Without Glasses	NA	NA
Vision With Glasses	6/6	6/6
Final Correction	N.6	N.6
Fundus	NORMAL	
Colour Vision	NORMAL	
Advice	NIL	

Orthopaedic Check Up :

Ortho Consultation

Ortho Advice

ENT Check Up :

Ear

Nose

Throat

Hearing Test

ENT Advice

General Surgery Check Up :

General Surgery

Abdominal Lump

Hernia

External Genitals

PVR

Proctoscopy

Any Other

Surgical Advice



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For Appointment & Inquiry : 080 69 70 70 70

Patient Name : Mr. SUDHIR SHANABHAI NAYAK
 Gender / Age : Male / 35 Years 7 Months 15 Days
 MR No / Bill No. : 23212201 / 241044407
 Consultant : Dr. Manish Mittal
 Location : OPD

Type : OPD
 Request No. : 150976
 Request Date : 23/08/2023 08:08 AM
 Collection Date : 23/08/2023 08:13 AM
 Approval Date : 23/08/2023 02:46 PM

CBC + ESR

Test	Result	Units	Biological Ref. Range
Haemoglobin.			
Haemoglobin	13.4	gm/dL	13 - 17
Red Blood Cell Count (T-RBC)	6.27	mill/cmm	4.5 - 5.5
Hematocrit (HCT)	42.1	%	40 - 50
Mean Corpuscular Volume (MCV)	67.1	fl	83 - 101
Mean Corpuscular Haemoglobin (MCH)	21.4	pg	27 - 32
MCH Concentration (MCHC)	31.8	%	31.5 - 34.5
Red Cell Distribution Width (RDW-CV)	14.8	%	11.6 - 14
Red Cell Distribution Width (RDW-SD)	34.8	fl	39 - 46
Total Leucocyte Count (TLC)			
Total Leucocyte Count (TLC)	5.41	thou/cmm	4 - 10
Differential Leucocyte Count			
Polymorphs	46	%	40 - 80
Lymphocytes	44	%	20 - 40
Eosinophils	03	%	1 - 6
Monocytes	07	%	2 - 10
Basophils	00	%	0 - 2
Polymorphs (Abs. Value)	2.53	thou/cmm	2 - 7
Lymphocytes (Abs. Value)	2.42	thou/cmm	1 - 3
Eosinophils (Abs. Value)	0.16	thou/cmm	0.2 - 0.5
Monocytes (Abs. Value)	0.24	thou/cmm	0.2 - 1
Basophils (Abs. Value)	0.06	thou/cmm	0.02 - 0.1
Immature Granulocytes	0.2	%	1 - 3 : Borderline > 3 : Significant
Platelet Count			
Platelet Count	283	thou/cmm	150 - 410
Smear evaluation	Adequate		

Test Results are dependent on a number of variables & technical limitations. Hence, it is advised to correlate with clinical findings and other related investigations before any firm diagnosis may be given. Requester's attention is drawn to this.



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For Appointment & Inquiry : 080 69 70 70 70

Patient Name	: Mr. SUDHIR SHANABHAI NAYAK	Type	: OPD
Gender / Age	: Male / 35-Years-7-Months-15-Days	Request No.	: 150976
MR No / Bill No.	: 23212201 / 241044407	Request Date	: 23/08/2023 08:08 AM
Consultant	: Dr. Manish Mittal	Collection Date	: 23/08/2023 08:13 AM
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CBC + ESR

Test	Result	Units	Biological Ref. Range
Remarks	Hypochromia (+), Microcytosis (+), Anisocytosis (+), Target cells (+).		
	Mentzer index: 10.7 (<13)		
	ADV: May do abnormal Haemoglobin study by HPLC to rule out BTT		

ESR	2	mm/1 hr	0 - 10
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Immature Granulocyte (IG) count is a useful early marker of infection or inflammation, even when other markers are normal. It is an early and rapid discrimination of bacterial from viral infections. It is also increased in patients on steroid therapy / chemotherapy or hematological malignancy. High IG is always pathological; except in pregnancy and neonates of < 7 days.

Method : HB by Non-Cyanide Hemoglobin analysis method. HCT by RBC pulse height detection method. RBC, TLC & PLC are by Particle Count by Electrical Impedance in Cell Counter. Optical Platelets by Fluorescent + Laser Technology. MCV, MCH, MCHC, RDW (CV & SD) are calculated parameter. DLC by Flowcytometry method using semi-conductor Laser + Smear verification. ESR on Ves metic 20, comparable to Westergrens method and in accordance to ICSH reference method.

----- End of Report -----

Dr. Ameer Soni
MD (Path)

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DEPARTMENT OF LABORATORY MEDICINE

Patient Name : Mr. SUDHIR SHANABHAI NAYAK
Gender / Age : Male / 35 Years 7 Months 15 Days
MR No / Bill No. : 23212201 / 241044407
Consultant : Dr. Manish Mittal
Location : OPD

Type : OPD
Request No. : 150976
Request Date : 23/08/2023 08:08 AM
Collection Date : 23/08/2023 08:13 AM
Approval Date : 23/08/2023 02:25 PM

Haematology

Test	Result	Units	Biological Ref. Range
Blood Group			
ABO system	A		
Rh system.	Positive		

By Gel Technology / Tube Agglutination Method

Note :

This blood group has been done with new sensitive Gel Technology using both Forward and Reverse Grouping Card with Autocontro
This method check`s group both on Red blood cells and in Serum for "ABO" group.

--- End of Report ---

Dr. Rakesh Vaidya
MD (Path), DCP.

Test Results are dependent on a number of variables & technical limitations. Hence it is advised to correlate with clinical findings and other related investigations before any firm opinion is made. Recheck / retest may be requested.

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Patient Name : Mr. SUDHIR SHANABHAI NAYAK Type : OPD
Gender / Age : Male / 35 Years 7 Months 15 Days Request No. : 150976
MR No / Bill No. : 23212201 / 241044407 Request Date : 23/08/2023 08:08 AM
Consultant : Dr. Manish Mittal Collection Date : 23/08/2023 08:13 AM
Location : OPD Approval Date : 23/08/2023 10:36 AM

Fasting Plasma Glucose

Test	Result	Units	Biological Ref. Range
Fasting Plasma Glucose			
Fasting Plasma Glucose	97	mg/dL	70 - 110
Post Prandial 2 Hr. Plasma Glucose	99	mg/dL	70 - 140

By Hexokinase method on RXL Dade Dimesion

---- End of Report ----

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MR No / Bill No. : 23212201 / 241044407
Consultant : Dr. Manish Mittal
Location : OPD

Type : OPD
Request No. : 150976
Request Date : 23/08/2023 08:08 AM
Collection Date : 23/08/2023 08:13 AM
Approval Date : 23/08/2023 10:50 AM

HbA1c (Glycosylated Hb)

Test	Result	Units	Biological Ref. Range
HbA1c (Glycosylated Hb)			
Glycosylated Hemoglobin (HbA1c)	6.0	%	
estimated Average Glucose (e AG) *	125.5	mg/dL	

(Method:

By Automated HPLC analyser on D-10 Biorad. NGSP Certified, US-FDA approved, Traceable to IFCC reference method.

* Calculated valued for past 60 days, derived from HbA1c %, based on formula recommended by the A1c - Derived Average Glucose study from ADA and EASD funded The ADAG trial.

Guidelines for Interpretation:

Indicated Glycemic control of previous 2-3 months

HbA1c%	e AG (mg/dl)	Glycemic control
> 8	> 183	Action suggested...High risk of developing long-term complications. Action suggested, depends on individual patient circumstances
7 - 8	154 - 183	Good
< 7	< 154	Goal...Some danger of hypoglycemic reaction in type I Diabetics. Some Glucose intolerant individuals and Sub-Clinical diabetics may demonstrate (elevated) HbA1c in this area.
6 - 7	126 - 154	Near Normal
< 6	< 126	Nondiabetic level)

---- End of Report ----

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MD (Path)



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Complete Lipid Profile

Test	Result	Units	Biological Ref. Range
Complete Lipid Profile			
Appearance	Clear		
Triglycerides (By Lipase / Glycerol dehydrogenase on RXL Dade Dimension < 150 Normal 150-199 Borderline High 200-499 High > 499 Very High)	112	mg/dL	1 - 150
Total Cholesterol (By enzymatic colorimetric method on RXL Dade Dimension <200 mg/dL - Desirable 200-239 mg/dL - Borderline High 239 mg/dL - High)	221	mg/dL	1 - 200
HDL Cholesterol (By Direct homogenous technique, modified enzymatic non-immunological method on RXL Dade Dimension < 40 Low > 60 High)	38	mg/dL	40 - 60
Non HDL Cholesterol (calculated) Non- HDL Cholesterol < 130 Desirable 139-159 Borderline High 160-189 High > 191 Very High)	183	mg/dL	1 - 130
LDL Cholesterol (By Direct homogenous technique, modified enzymatic non-immunological method on RXL Dade Dimension < 100 Optimal 100-129 Near / above optimal 130-159 Borderline High 160-189 High > 189 Very High)	151	mg/dL	1 - 100
VLDL Cholesterol (calculated)	22.4	mg/dL	12 - 30
LDL Ch. / HDL Ch. Ratio	3.97		2.1 - 3.5
T. Ch./HDL Ch. Ratio (Recent NECP / ATP III Guidelines / Classification (mg/dl) :)	5.82		3.5 - 5

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For Appointment & Inquiry : 080 69 70 70 70

Patient Name : Mr. SUDHIR SHANABHAI NAYAK

Gender / Age : Male / 35 Years 7 Months 15 Days

MR No. / Bill No. : 23212201 / 241044407

Consultant : Dr. Manish Mittal

Location : OPD

Type : OPD

Request No. : 150976

Request Date : 23/08/2023 08:08 AM

Collection Date : 23/08/2023 08:13 AM

Approval Date : 23/08/2023 10:36 AM

Renal Function Test (RFT)

Test	Result	Units	Biological Ref. Range
Urea (By Urease Kinetic method on RXL Dade Dimension)	23	mg/dL	10 - 45
Creatinine (By Modified Kinetic Jaffe Technique)	1.06	mg/dL	0.9 - 1.3
Estimate Glomerular Filtration rate (Ref. range : > 60 ml/min for adults between age group of 18 to 70 yrs. EGFR Calculated by IDMS Traceable MDRD Study equation. Reporting of eGFR can help facilitate early detection of CKD. By Modified Kinetic Jaffe Technique)	More than 60		
Uric acid (By Uricase / Catalase method on RXL Siemens)	5.8	mg/dL	3.4 - 7.2

--- End of Report ---

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DEPARTMENT OF LABORATORY MEDICINE

Patient Name : Mr. SUDHIR SHANABHAI NAYAK

Type : OPD

Gender / Age : Male / 35 Years 7 Months 15 Days

Request No. : 150976

MR No / Bill No. : 23212201 / 241044407

Request Date : 23/08/2023 08:08 AM

Consultant : Dr. Manish Mittal

Collection Date : 23/08/2023 08:13 AM

Location : OPD

Approval Date : 23/08/2023 10:36 AM

Liver Function Test (LFT)

Test	Result	Units	Biological Ref. Range
Bilirubin			
Bilirubin - Total	0.38	mg/dL	0 - 1
Bilirubin - Direct	0.09	mg/dL	0 - 0.3
Bilirubin - Indirect	0.29	mg/dL	0 - 0.7
<i>(By Diazotized sulfanilic acid on RXL Dade Dimension.)</i>			
Aspartate Aminotransferase (SGOT/AST)	19	U/L	15 - 40
<i>(By IFCC UV kinetic method on RXL Dade Dimension.)</i>			
Alanine Aminotransferase (SGPT/ALT)	39	U/L	16 - 63
<i>(By IFCC UV kinetic method on RXL Dade Dimension.)</i>			
Alkaline Phosphatase	92	U/L	53 - 128
<i>(By PNPP AMP method on RXL Dade Dimension.)</i>			
Gamma Glutamyl Transferase (GGT)	44	U/L	15 - 85
<i>(By IFCC method on RXL Dade Dimension.)</i>			
Total Protein			
Total Proteins	7.82	gm/dL	6.4 - 8.2
Albumin	3.83	gm/dL	3.4 - 5
Globulin	3.99	gm/dL	3 - 3.2
A : G Ratio	0.96		1.1 - 1.6
<i>(By Biuret endpoint and Bromocresol purple method on RXL Dade Dimension.)</i>			

---- End of Report ----

Dr. Rakesh Vaidya
MD (Path), DCP.



Patient Name : Mr. SUDHIR SHANABHAI NAYAK
 Gender / Age : Male / 35 Years 7 Months 15 Days
 MR No / Bill No. : 23212201 / 241044417
 Consultant : Dr. Manish Mittal
 Location : OPD

Type : OPD
 Request No. : 150992
 Request Date : 23/08/2023 08:42 AM
 Collection Date : 23/08/2023 08:46 AM
 Approval Date : 23/08/2023 10:37 AM

Vitamin B12

Test	Result	Units	Biological Ref. Range
Vitamin B12 Level	593.0	pg/ml	200 - 900

(Done by 4th generation electrochemiluminescence based method on automated immunoassay / Cobas e 411.)
 Interpretation :
 Normal : 200 - 900
 Intermediate : 179 - 200
 Deficiency : < 179

* Fasting sample is required.
 * Therapeutic intake during preceding days (Oral-3 days, Parenteral 3 wks) may lead to increased level.)

Vitamin D Total (25 OH Vit D) 21.16 ng/ml

(Test)	Health based	Reference range
Vitamin D Total	Deficiency	< 20 ng/ml
(25 Hydroxy Calciferol)	Insufficiency	20-30 ng/ml
	Sufficiency	30-80 ng/ml
	Possible toxicity	> 80 ng/ml

Serum or heparinised plasma

Method : Done by ECLIA on Cobas e 411

Vitamin D level varies amongst populations and according to sunshine exposure (peaks in summer months) and nutritional habits and status, hence health based reference range is preferred to usual population based reference intervals.

25 (OH) Calciferol (25 (OH) D) is circulating form of Vitamin D. It is at present the best indicator of Vitamin D status. Fraction of circulating 25 (OH) D is converted to its active metabolites 1-25 (OH) D mainly by the kidneys. This process is regulated by PTH.

If on supplemental therapy, it should be stopped for 3 to 4 days prior to testing.

Classic (nutritional) vitamin D deficiency results in bone demineralization, which may lead to rickets in children and osteomalacia or osteoporosis in adults. Because calcium levels affect muscle strength, vitamin D deficiency can result in muscle weakness and an increased risk of falls in the elderly.

Levels of 25 (OH) D vary with exposure to sunlight, peaking in the summer months.

Decreased vitamin D levels have been linked with an increased incidence of colon, breast, and prostate cancer, as well as a higher mortality from these cancer, and an increased incidence of congestive heart failure, depression and schizophrenia. Individuals Suitable for Testing

Individuals with suspected vitamin D deficiency (e.g., those with persistent, nonspecific musculoskeletal pain; the elderly; housebound individuals; those with malabsorptive syndromes; those receiving treatment with anticonvulsants)

Individuals with suspected toxicity (e.g. those with anemia of obscure origin, unexplained renal disease, etc.)

Individuals being treated for vitamin D- related disorders.

What abnormal results mean:

* Lower-than normal levels suggest a vitamin D deficiency. This condition can result from :

Lack of exposure to sunlight

Lack of adequate vitamin D in the diet

Liver and Kidney diseases

Malabsorption

Use of certain medicines, including phenytoin, Phenobarbital, and rifampicin

* Higher-than - normal levels suggest excess vitamin D (hypervitaminosisD.)

---- End of Report ----

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For Appointment & Inquiry : 080 69 70 70 70

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 Gender / Age : Male / 35 Years 7 Months 15 Days
 MR No. / Bill No. : 23212201 / 241044407
 Consultant : Dr. Manish Mittal
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Thyroid Hormone Study

Test	Result	Units	Biological Ref. Range
Triiodothyronine (T3)	1.28	ng/ml	
<i>(Done by 4th generation electrochemiluminescence based method on automated immunoassay / Cobas e 411.)</i>			
<i>Reference interval (ng/ml)</i>			
1 - 3 days	: 0.1 - 7.4		
1-11 months	: 0.1 - 2.45		
1-5 years	: 0.1 - 2.7		
6-10 years	: 0.9 - 2.4		
11-15 years	: 0.8 - 2.1		
16-20 years	: 0.8 - 2.1		
Adults (20 - 50 years)	: 0.7 - 2.0		
Adults (> 50 years)	: 0.4 - 1.8		
Pregnancy (in last 5 months)	: 1.2 - 2.5		
<i>(Reference : Tietz - Clinical guide to laboratory test, 4th edition)</i>			
Thyroxine (T4)	7.78	mcg/dL	
<i>(Done by 4th generation electrochemiluminescence based method on automated immunoassay / Cobas e 411.)</i>			
<i>Reference interval (mcg/dL)</i>			
1 - 3 days	: 11.8 - 22.6		
1 - 2 weeks	: 9.8 - 16.6		
1 - 4 months	: 7.2 - 14.4		
4 - 12 months	: 7.8 - 16.5		
1-5 years	: 7.3 - 15.0		
5 - 10 years	: 6.4 - 13.3		
10 - 20 years	: 5.6 - 11.7		
Adults / male	: 4.6 - 10.5		
Adults / female	: 5.5 - 11.0		
Adults (> 60 years)	: 5.0 - 10.7		
<i>(Reference : Tietz - Clinical guide to laboratory test, 4th edition)</i>			
Thyroid Stimulating Hormone (US-TSH)	2.48	microIU/ml	
<i>(Done by 4th generation electrochemiluminescence based method on automated immunoassay / Cobas e 411.)</i>			
<i>Reference interval (microIU/ml)</i>			
Infants (1-4 days)	: 1.0 - 39		
2-20 weeks	: 1.7 - 9.1		
5 months - 20 years	: 0.7 - 6.4		
Adults (21 - 54 years)	: 0.4 - 4.2		
Adults (> 55 years)	: 0.5 - 8.9		
<i>Pregnancy :</i>			
1st trimester	: 0.3 - 4.5		
2nd trimester	: 0.5 - 4.6		
3rd trimester	: 0.8 - 5.2		
<i>(Reference : Tietz - Clinical guide to laboratory test, 4th edition)</i>			

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— End of Report —

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MR No / Bill No. : 23212201 / 241044407 Request Date : 23/08/2023 08:08 AM
Consultant : Dr. Manish Mittal Collection Date : 23/08/2023 08:13 AM
Location : OPD Approval Date : 23/08/2023 01:07 PM

Urine routine analysis (Auto)

Test	Result	Units	Biological Ref. Range
Physical Examination			
Quantity	30	mL	
Colour	Pale Yellow		
Appearance	Clear		
Chemical Examination (By Reagent strip method)			
pH	6.0		
Specific Gravity	<=1.005		
Protein	Negative	gm/dL	0 - 5
Glucose	Negative	mg/dL	0 - 5
Ketones	Negative		0 - 5
Bilirubin	Negative		Negative
Urobilinogen	Negative		Negative (upto 1)
Blood	Negative		Negative
Leucocytes	Negative		Negative
Nitrite	Negative		Negative
Microscopic Examination (by Microscopy after Centrifugation at 2000 rpm for 10 min or on fully automated Sysmex urine sedimentation analyzer UF4000)			
Red Blood Cells	0 - 1	/hpf	0 - 2
Leucocytes	0 - 1	/hpf	0 - 5
Epithelial Cells	0 - 1	/hpf	0 - 5
Casts	Nil	/lpf	Nil
Crystals	Nil	/hpf	Nil
Mucus	Absent	/hpf	Absent
Organism	Absent		

--- End of Report ---

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MD (Path)

Dr. Rakesh Vaidya
MD (Path). DCP.

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Digital Subtraction Angiography

Foetal Echocardiography

Echocardiography

Patient No. : 23212201 Report Date : 23/08/2023

Request No. : 190077211 23/08/2023 8.08 AM

Patient Name : Mr. SUDHIR SHANABHAI NAYAK

Gender / Age : Male / 35 Years 7 Months 15 Days

X-Ray Chest AP

Both lung fields are clear.

Both costophrenic sinuses appear clear.

Heart size is normal.

Hilar shadows show no obvious abnormality.

Aorta is normal.

• ULTRA SONOGRAPHY CANNOT DETECT ALL ABNORMALITIES
• NOT VALID FOR MEDICO-LEGAL PURPOSES
• CLINICAL CORRELATION RECOMMENDED

Dr. Priyanka Patel, MD.

Consultant Radiologist





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- Ultra High Resolution Sonography
- Multi-Detector CT Scan
- Mammography
- Interventional Radiology
- Digital Subtraction Angiography
- Foetal Echocardiography
- Echocardiography

Patient No. : 23212201 Report Date : 23/08/2023
Request No. : 190077229 23/08/2023 8.08 AM
Patient Name : Mr. SUDHIR SHANABHAI NAYAK
Gender / Age : Male / 35 Years 7 Months 15 Days

USG : Screening for Abdomen (excluding Pelvis) Or Upper Abdomen


Liver is normal in size and increased in echo pattern. No mass lesion identified. The hepatic veins are clear and patent.
Gall bladder shows no obvious abnormality. Common bile duct measures 3mm in diameter.
Pancreas shows no obvious abnormality. Tail obscured.
Spleen is normal in size and echopattern.
Both kidneys are normal in shape and position. Normal echogenicity and cortico medullary differentiation is noted. No hydronephrosis or mass lesion seen.
No ascites.

COMMENT:

Fatty liver.

Kindly correlate clinically.

ULTRA SONOGRAPHY CANNOT DETECT ALL ABNORMALITIES
NOT VALID FOR MEDICO-LEGAL PURPOSES
CLINICAL CORRELATION RECOMMENDED


Dr. Priyanka Patel, MD.
Consultant Radiologist



Patient No. : 23212201 Report Date : 23/08/2023

Request No. : 190077244 23/08/2023 8.08 AM

Patient Name : Mr. SUDHIR SHANABHAI NAYAK

Gender / Age : Male / 35 Years 7 Months 15 Days

Echo Color Doppler

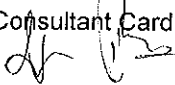
MITRAL VALVE : NORMAL
AORTIC VALVE : TRILEAFLET, NORMAL
TRICUSPID VALVE : NORMAL, TRACE TR, NO PAH PASP BY TR JET= 19MMHG
PULMONARY VALVE : NORMAL
LEFT ATRIUM : NORMAL
AORTA : NORMAL
LEFT VENTRICLE : NORMAL, NO REGIONAL WALL MOTION ABNORMALITY,
LVEF=60%
RIGHT ATRIUM : NORMAL
RIGHT VENTRICLE : NORMAL
I.V.S. : INTACT
I.A.S. : INTACT
PULMONARY ARTERY : NORMAL
PERICARDIUM : NORMAL

COLOUR/DOPPLER : NO LV diastolic dysfunction
FLOW MAPPING : Trace TR, NO PAH

FINAL CONCLUSION:

1. ALL CARDIAC CHAMBERS ARE NORMAL IN DIMENSIONS
2. NO REGIONAL WALL MOTION ABNORMALITY AT REST
3. NORMAL LV SYSTOLIC FUNCTION, LVEF=60%
4. NORMAL VALVES
5. NO LV DIASTOLIC DYSFUNCTION
6. TRACE TR, NO PULMONARY HYPERTENSION , (IVC COLLAPSING)
7. NO PERICARDIAL EFFUSION, CLOT VEGETATION.

Dr. KILLOL KANERIA MD, DM
Consultant Cardiologist



Name: Mr. Sudhir S. Nayak
Patient ID: ECU723212201

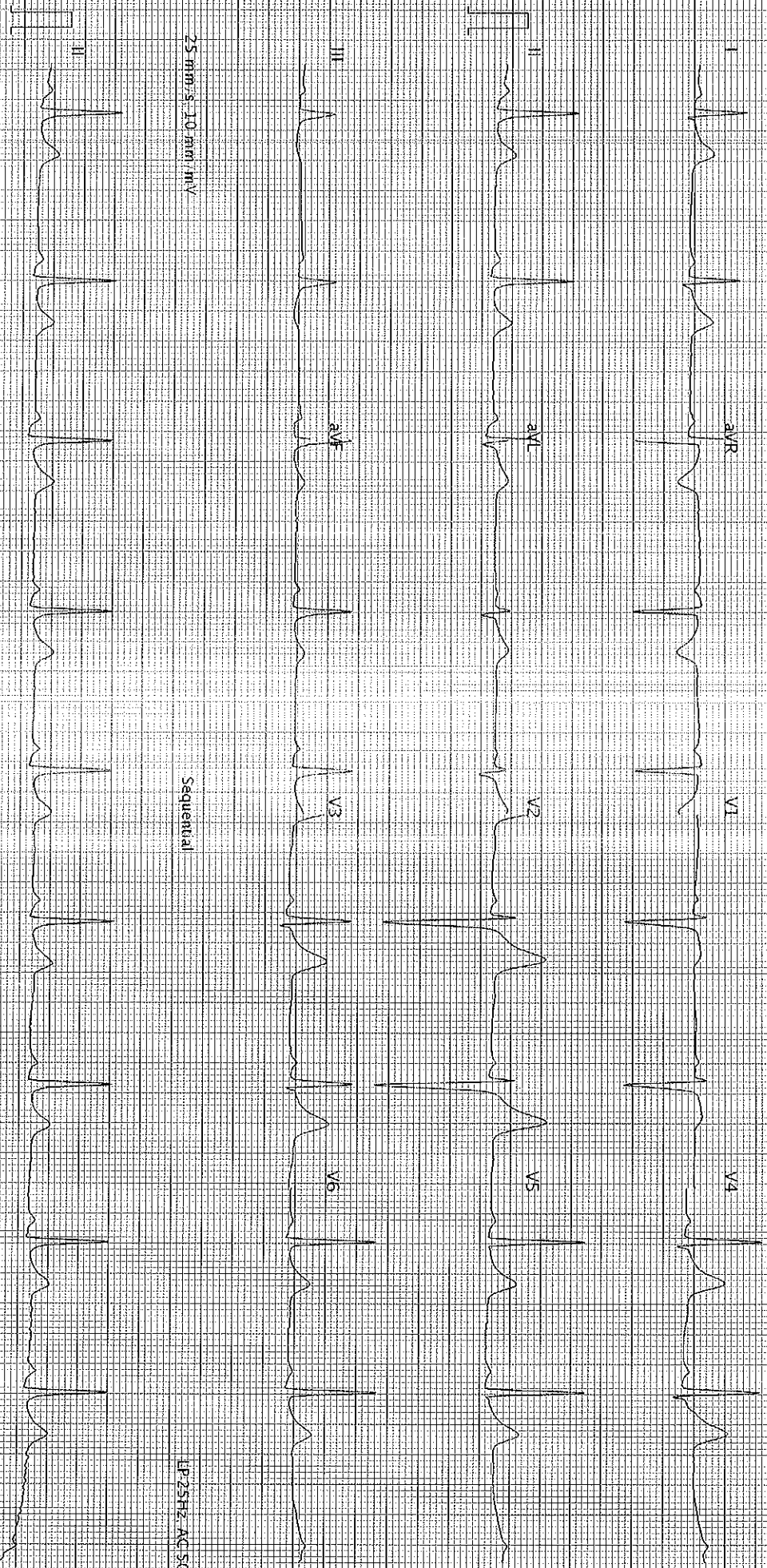
23.08.2023 08:25:48
Standard 12-Lead

Age:
Gender: Male
Height:
Weight:
Ethnicity: Undefined
Patient Maker: Unknown

HR: 57 bpm
P: 1086 ms
PR: 145 ms
QRS: 97 ms
QT: 412 ms
QTcB: 401 ms

Indication:
Remark:

Handwritten signature



25 mm/s 10 mm/mV

Sequential

1P25HZ AC 50HZ

25 mm/s 10 mm/mV

1P25HZ AC 50HZ

AJ 102 G2 12.0 (0080 010030)

Printed on 23.08.2023 08:26:05

Page 1 of 1

SCHILLER

Part No.2.157048M

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