



**PRAMUKH**

**MULTI SPECIALITY**

**HOSPITAL**

Above Punjab National Bank,  
Nr. Railway Crossing, Maninagar (E)  
Ahmedabad - 380 008.

**MEDICAL EXAMINATION**

DATE :- 28 June 2021

NAME :- Kumar Subodh

AGE /SEX :- 42/male

O/E :

T: Normal

BP: 140/92 mm Hg.

P: 88/min

RS: BAE ⊕

SPO2: 96% on R.A.

CNS: Con/001.

CVS: S1 ⊕ S2 ⊕

P/A: Soft

ADV:

Height: 164 cms

Weight: 81 Kgs.

BMI: 30.1

Eye Exam.: Vision Normal.

Ear Exam.: Hearing Normal.



B.A. Panchal  
Dr. Brijesh Panchal  
MBBS  
Regd. No. G-20095  
PRAMUKH MULTISPECIALITY HOSPITAL  
Maninagar, Ahmedabad-8.



Kumar Subodh

28th June 2021

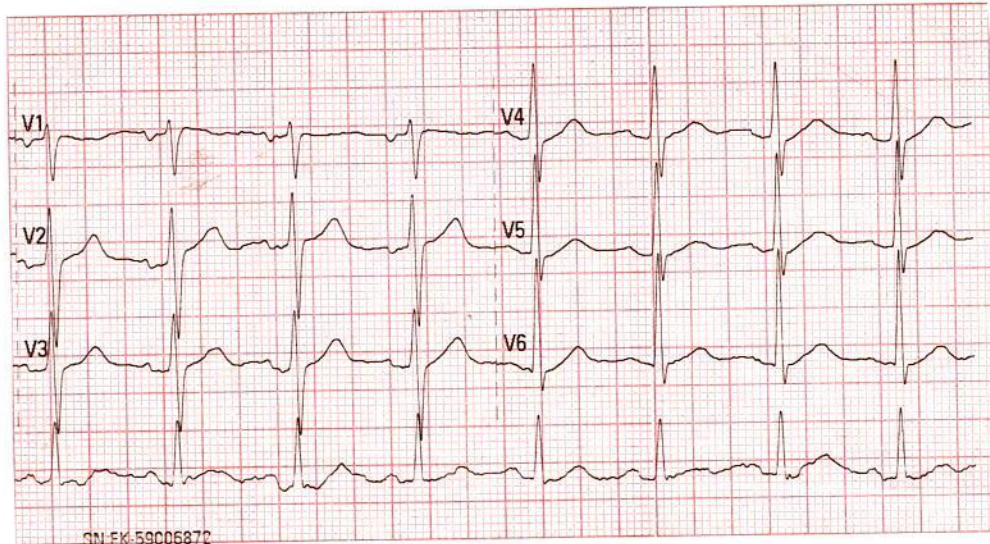
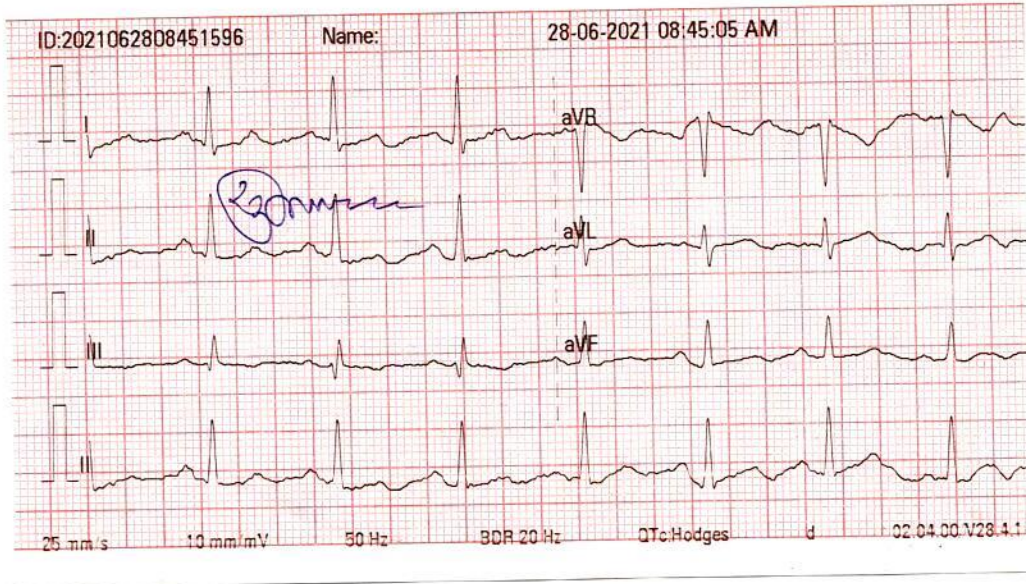
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NSR WNL  
P-92

**DR. KANESH N. SHAH**  
M.D. (FICA-USA)

Reg. No. G-3945  
PRAMUKH MULTISPECIALITY HOSPITAL  
MANINAGAR, AHMEDABAD.  
7227971927

HELP LINE No. [REDACTED]



■ MRI ■ CT Scan ■ Sonography ■ Colour Doppler ■ Digital X-Ray ■ 2D - Echo ■ Mammography

NAME: SUBODH KUMAR

42YRS/M

DATE: 28/06/2021

REF.BY: DR. PRAMUKH HOSPITAL

**U.S.G. OF ABDOMEN**

**Liver:** appears normal in size & shows bright echopattern. No focal lesion is seen. No dilated IHBR is seen. Portal vein and CBD appear normal in course and caliber.

**Gall bladder:** is moderately distended & appears normal. No calculus, sludge or mass is seen. Gall bladder wall thickness appears normal.

**Pancreas:** appears normal in size & echopattern. No focal lesion is seen.

**Spleen:** appears normal in size and shows normal echotexture. No focal lesion is seen. Splenic vein appears normal.

**Both Kidneys** appear normal in size, position and echopattern.

**Few calculi are seen in upper and lower calyx of right kidney, averages size measures 4-5 mm.**

**Few concretions are seen in left kidney.**

**No hydronephrosis on either side.**

C-M differentiation is well preserved on either side.

Cortical thickness appears normal on both sides.

No focal lesion is seen on either side.

**Urinary bladder** is moderately distended & appears normal. No calculus, internal echoes or mass is seen. Urinary bladder wall thickness appears normal.

**Prostate** appears normal in size and echotexture. No focal lesion is seen

Para-aortic region appears normal.

No abdominal lymphadenopathy is seen.

Bowel loops appear normal in caliber & show normal peristalsis.

No abnormal dilatation of bowel loops or wall thickening is seen.

No fluid collection or lump formation is seen in RIF.

No ascites is seen.

No pleural effusion is seen on either side.

**IMPRESSION:**

- Few right renal calculi.
- Few concretions in left kidney.
- No hydronephrosis on either side.

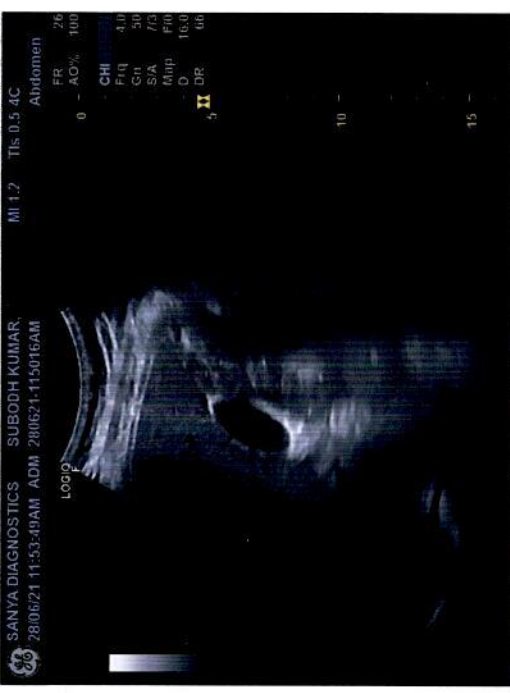
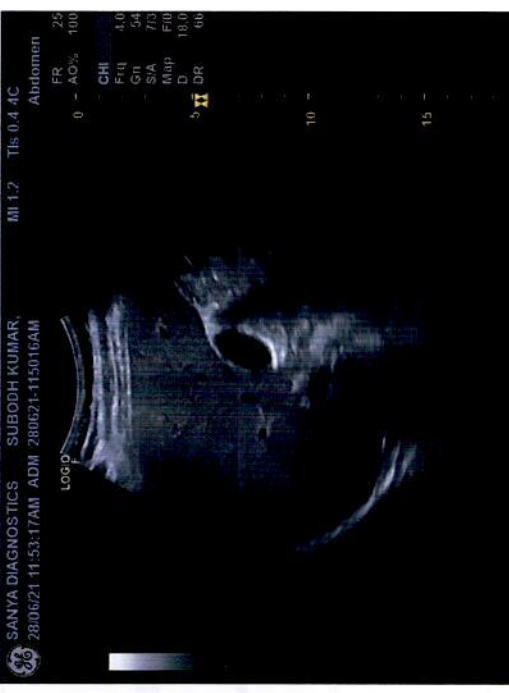
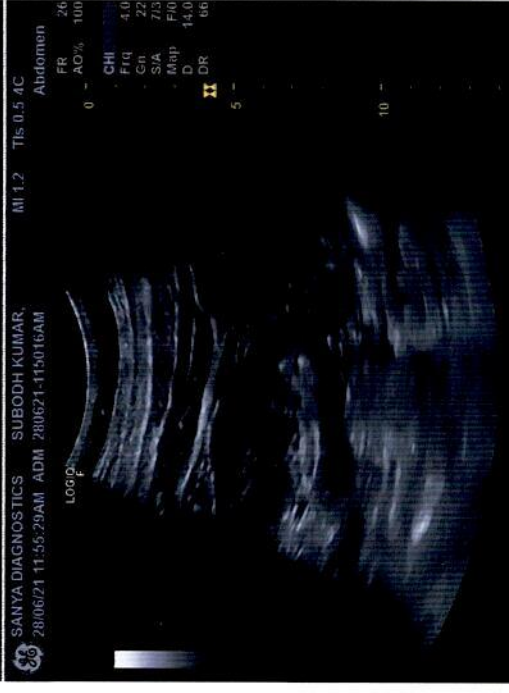
DR.SANDIP MEVADA  
M.D.

DR.ANIRUDDHSINH RAHEVER  
DMRD DNB

DR. RUCHIT SHAH  
M.D.

  
DR. AMISHA PATEL  
M.D.







NAME: SUBODH KUMAR  
REF.BY: DR. PRAMUKH HOSPITAL

42YRS/M

DATE: 28/06/2021

**X-RAY CHEST PA VIEW:**

Both lung fields appear normal.

No e/o pleural effusion is seen on either side.

Cardiac size appears normal.


Both domes of diaphragm are normal

The bony thoracic cage appears normal.

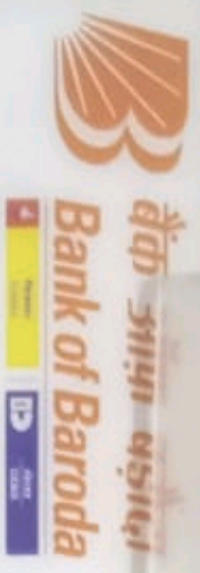
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DR. AMISHA PATEL  
M.D.





नाम  
Name Subodh Kumar

कर्मचारी कूट क्र.  
Employee Code No. 180366

जारीकर्ता प्राधिकारी  
Issuing Authority

A handwritten signature in black ink, appearing to read 'Subodh', is written over a faint background.



Subodh Kumar  
धारक के हस्ताक्षर  
Signature of Holder



**Ahmedabad, Gujarat, India**

**Bhawan Avenue, Mansarovar Rd, Ahbab Nagar, Maninagar  
East, Khokhra, Ahmedabad, Gujarat 380008, India**

**Lat N 22° 59' 42.7632" Long E 72° 36' 49.2192"**

**28/06/21 09:26 AM**



Patient Name : Subodh Kumar  
Sample No.. : 5975  
Reffered : C/o. Bank Of Baroda

Age/Sex : 42 Years/Male  
Registration On:28/06/2021/11:40  
Approved On :28/06/2021 18:45

## URINE EXAMINATION

### PHYSICAL :

Colour - **Pale Yellow**  
Deposits - **Absent**  
Transparency - **Clear**  
Reaction - **Acidic**  
Sp. Gravity - **1.004**

### CHEMICAL :

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

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

Pus Cells - **0 - 1** /h.p.f.  
Red Cells - **Not seen** /h.p.f.  
Epithelial Cells - **2 - 3** /h.p.f.  
Casts - **Not seen**/l.p.f.  
Crystals - **Not seen**  
Amorphous - **Not seen**

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**PATHOLOGIST**  
**Dr.Satishkumar Patel**  
**M.D.,Patho**  
**Reg No :G-6486**





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**RENAL FUNCTION**

**Test**                      **Result**                      **Unit**                      **Normal Range**

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**HAEMOGRAM REPORT**

Sample Type :-EDTA

<b><u>TESTS</u></b>	<b><u>RESULT</u></b>	<b><u>UNITS</u></b>	<b><u>REFERENCE RANGE</u></b>
<b>BLOOD COUNTS:</b>			
Haemoglobin	<b>13</b>	g/dL	11 to 16 g/dL
R.B.C. Count	<b>5.15</b>	mill./c.mm	4.5-6.5 mill./cmm
W.B.C. Count	<b>9000</b>	/c.mm	4,000 - 11,000/cmm
Platelet Count	<b>176000</b>		1,40,000 - 4,50,000 /cmm
<b>DIFFERENTIAL COUNT:</b>			
Polymorphs	<b>68</b>	%	60 - 70
Lymphocytes	<b>29</b>	%	20 - 40
Eosoniphils	<b>01</b>	%	1 - 4
Monocytes	<b>02</b>	%	2 - 6
Basophils	<b>00</b>	%	0 - 1
<b>BLOOD INDICES:</b>			
P.C.V.	<b>41.6</b>	%	38 - 44
M.C.V.	<b>80.8</b>	fl	80 - 96
M.C.H.	<b>25.2</b>	pg	27 - 31
M.C.H.C.	<b>31.3</b>	g/dl	32 - 36

**SMEAR STUDY:**

RBC **Normochromic normocytic red cells.**  
Platelet **Adequate**

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**E.S.R. (Western Grain Method)**

At 1Hour **07 mm**

01 to 12 mm/Hour

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## THYROID FUNCTIONS

<u>TEST</u>	<u>RESULT</u>	<u>UNIT</u>	<u>NORMAL VALUE</u>
Serum T3 :	<b>1.24</b>	ng/dl	0.60 - 1.80 ng/dl
Serum T4 :	<b>8.2</b>	microgm/dl	4.50 - 10.9 microgm/dl
Serum T.S.H :	<b>2.23</b>	microU/ml	0.35 - 5.55 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

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**BLOOD GROUP**

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

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## COMPLETE BLOOD CHEMISTRY

<u>Test</u>	<u>Result</u>	<u>Unit</u>	<u>Normal Range</u>
S. Cholesterol	: 228.7	mg/dl	Desirable : < 200 Borderline High : 200 - 239 High : > 240
Serum Triglycerides	: <b>445.0</b>	mg/dl	Normal :Normal < 150 Borderline : 150 - 199 High : > 200
HDL Cholesterol	: <b>36.1</b>	mg/dl	40 - 60 mg/dl
Serum LDL Cholesterol (Calculated)	: 103.6	mg/dl	Up to 150
Cholesterol/HDL Ratio (Calculated)	: <b>6.34</b>	mg/dl	Up to 5.0
Serum VLDL Cholesterol (Calculated)	: <b>89</b>	mg/dl	Up to 35
LDLC/HDL Ratio (Calculated)	: 2.87	mg/dl	Up to 3.4
Total Lipid (Calculated)	: 963.4	mg/dl	400 - 1000 mg/dl
Sr. Creatinine	: 1.14	mg/dl	0.6 - 1.4 mg/dl
Sr. Uric Acid	: 7.2	mg/dl	3.2 - 7.2 mg/dl
S. Bilirubin (Total)	: 0.65	mg/dl	upto 1.2 mg/dl
S. Bilirubin (Direct)	: 0.19	mg/dl	upto 0.2 mg/dl
S. Bilirubin (Indirect)	: 0.46	mg/dl	up to 1.0 mg/dl
SGOT	: 34.9	U/L	up to 40 U/L
SGPT	: <b>54.8</b>	U/L	up to 42 IU/L
GGT	: 51.1	U/L	12 - 64 U/L
S.Alkaline Phosphatase	: 90.1	U/L	40 - 129 U/L
Total Proteins	: 7.15	g/dl	6.0 - 8.3 g/dl
Albumin	: 4.28	g/dl	3.5 - 5.2 g/dl
Globulins	: 2.87	g/dl	2.4 - 3.7 g/dl
AGRATIO	: 1.491		



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### Glycosylated HB ( HBA1C )

<u>Test</u>	<u>Result</u>	<u>Normal Range</u>
<b>HBA1C:</b>	<b>4.15 %</b>	Normal: <= 5.6 Prediabetes: 5.7-6.4 Diabetes: >= 6.5 <i>Diabetes Control Criteria :</i> 6 -7 : Near Normal Glycemia < 7 : Goal 7 - 8 : Good Control > 8 : Action Suggested

**Mean Blood Glucose: 72.40 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 retesting. 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.

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**BLOOD UREA NITROGEN**

<b><u>Test</u></b>	<b><u>Result</u></b>	<b><u>Unit</u></b>	<b><u>Normal Range</u></b>
Urea:	40.4	mg/dl	10 - 50 mg/dl
Blood Urea Nitrogen:	18.88	mg/dl	08 - 23 mg/dl

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**BLOOD SUGAR LEVEL**

<b><u>Test</u></b>	<b><u>Result</u></b>	<b><u>Unit</u></b>	<b><u>Normal Range</u></b>
Fasting Blood Sugar:	77.8	mg/dl	70-110
Post Prandial Blood Glucose:	107.4	mg/dl	100 - 150 mg/dl

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