


भारत सरकार
GOVERNMENT OF INDIA



परमार भावेशकुमार
Parmar Bhaveshkumar
जन्मदिन/DoB: 1991
पु. Male



4935 6988 8201

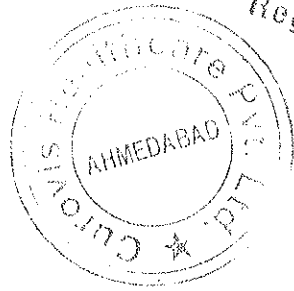
परमार - सामान्य माणसनी अधिकार



न ५३३४१०५९०

30

21/06/21



Dr. Jay Soni
M.D. (General Medicine)
Reg. No.: G-23899



LABORATORY REPORT

Name : Mr. Bhaveshkumar Parmar
Sex/Age : Male/31 Years
Ref. By :
Client Name : Mediwheel

Reg. No : 210100061
Reg. Date : 03-Oct-2022 08:39 AM
Collected On : 03-Oct-2022 08:39 AM
Report Date : 03-Oct-2022 02:38 PM

Medical Summary

GENERAL EXAMINATION

Height (cms) :176

Weight (kgs) :63.6

Blood Pressure :120/70 mmHg

Pulse :74 /Min

No Clubbing/Cynosis/Pallor/Pedel Oedem

Systemic Examination:

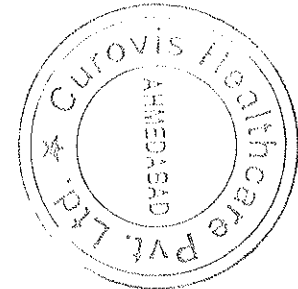
Cardio vascular System - S1,S2 Normal, No Murmur

Respiratory system - AEBE

Central Nervous System - No FND

Abdomen - Soft, Non Tender, No Organomegaly

Epilepsy – N/A



This is an electronically authenticated report

Dr. Jay Soni
M.D, GENERAL MEDICINE


TEST REPORT

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Name : Mr. Bhaveshkumar Parmar		Reg. Date : 03-Oct-2022 08:39 AM
Age/Sex : 31 Years / Male	Pass. No. :	Tele No. : 7433810490
Ref. By :		Dispatch At :
Location : CHPL		Sample Type : EDTA Whole Blood

Parameter	Results	Unit	Biological Ref. Interval
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COMPLETE BLOOD COUNT (CBC)
Specimen: EDTA blood

Hemoglobin	13.5	g/dL	13.0 - 18.0
Hematocrit (Calculated)	L 42.10	%	47 - 52
RBC Count	5.00	million/cmm	4.7 - 6.0
MCV	84.2	fL	78 - 110
MCH (Calculated)	27.0	Pg	27 - 31
MCHC (Calculated)	32.1	%	31 - 35
RDW (Calculated)	12.0	%	11.5 - 14.0
WBC Count	5560	/cmm	4000 - 10500
MPV (Calculated)	9.4	fL	7.4 - 10.4

<u>DIFFERENTIAL WBC COUNT</u>	[%]		EXPECTED VALUES	[Abs]	EXPECTED VALUES
Neutrophils (%)	58.10	%	42.0 - 75.2	3230 /cmm	2000 - 7000
Lymphocytes (%)	34.30	%	20 - 45	1907 /cmm	1000 - 3000
Eosinophils (%)	3.60	%	0 - 6	211 /cmm	200 - 1000
Monocytes (%)	3.80	%	2 - 10	200 /cmm	20 - 500
Basophils (%)	0.20	%	0 - 1	11 /cmm	0 - 100


PERIPHERAL SMEAR STUDY

RBC Morphology : Normocytic and Normochromic.
 WBC Morphology : Normal

PLATELET COUNTS

Platelet Count (Volumetric Impedance) : 298000 /cmm 150000 - 450000
 Platelets : Platelets are adequate with normal morphology.
 Parasites : Malarial parasite is not detected.
 Comment : -

This is an electronically authenticated report.
 * This test has been out sourced.

Approved By : 
 Dr. Dhvani Bhatt
 MD (Pathology)

Generated On : 04-Oct-2022 09:19 AM

Approved On : 03-Oct-2022 11:24 AM
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Location : CHPL		Sample Type : EDTA Whole Blood

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HEMATOLOGY
BLOOD GROUP & RH

Specimen: EDTA and Serum; Method: Forward Reverse Tube Agglutination

ABO	"B"
Rh (D)	Negative
Note	-


ERYTHROCYTE SEDIMENTATION RATE [ESR]

ESR (After 1 hour) <i>infra red measurement</i>	02	mm/hr	ESR AT 1 hour : 1-7 ESR AT 2 hour : 8-15
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ERYTHRO SEDIMENTATION RATE, BLOOD -

Erythrocyte sedimentation rate (ESR) is a non-specific phenomena and is clinically useful in the diagnosis and monitoring of disorders associated with an increased production of acute phase reactants. The ESR is increased in pregnancy from about the 3rd month and returns to normal by the 4th week post partum. ESR is influenced by age, sex, menstrual cycle and drugs (eg. corticosteroids, contraceptives). It is especially low (<1mm) in polycythaemia, hypofibrinogenemia or congestive cardiac failure and when there are abnormalities of the red cells such as poikilocytosis, spherocytosis or sickle cells.

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Age/Sex : 31 Years / Male	Pass. No. :	Tele No. : 7433810490
Ref. By :		Dispatch At :
Location : CHPL		Sample Type : Flouride F,Flouride PP

Parameter	Result	Unit	Biological Ref. Interval
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FASTING PLASMA GLUCOSE
Specimen: Flouride plasma

Fasting Blood Sugar (FBS)	327.00	mg/dL	70 - 110
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GOD-POD Method

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.


POST PRANDIAL PLASMA GLUCOSE
Specimen: Flouride plasma

Post Prandial Blood Sugar (PPBS)	515.8	mg/dL	70 - 140
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GOD-POD Method

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 MD (Pathology)

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Ref. By :		Dispatch At :
Location : CHPL		Sample Type : Serum

Parameter	Result	Unit	Biological Ref. Interval
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Lipid Profile

Cholesterol	163.00	mg/dL	Desirable: < 200 Boderline High: 200 - 239 High: > 240
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Enzymatic, colorimetric method

Triglyceride	57.80	mg/dL	Normal: < 150 Boderline High: 150 - 199 High: 200 - 499 Very High: > 500
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Enzymatic, colorimetric method

HDL Cholesterol	34.20	mg/dL	High Risk : < 40 Low Risk : = 60
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Accelerator selective detergent method

LDL	117.24	mg/dL	Optimal : < 100.0 Near / above optimal : 100-129 Borderline High : 130-159 High : 160-189 Very High : >190.0
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Calculated

VLDL	11.56	mg/dL	15 - 35
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Calculated

LDL / HDL RATIO	3.43		0 - 3.5
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Calculated

Cholesterol /HDL Ratio	4.77		0 - 5.0
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Calculated

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Location : CHPL		Sample Type : Serum

Parameter	Result	Unit	Biological Ref. Interval
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BIO - CHEMISTRY
LFT WITH GGT

Total Protein <i>Biuret Reaction</i>	6.39	gm/dL	6.3 - 8.2
Albumin <i>By Bromocresol Green</i>	4.57	g/dL	0 - 4 days: 2.8 - 4.4 4 days - 14 yrs: 3.8 - 5.4 14 - 19 yrs: 3.2 - 4.5 20 - 60 yrs : 3.5 - 5.2 60 - 90 yrs : 3.2 - 4.6 > 90 yrs: 2.9 - 4.5
Globulin <i>Calculated</i>	1.82	g/dL	2.3 - 3.5
A/G Ratio <i>Calculated</i>	2.51		0.8 - 2.0
SGOT <i>UV without P5P</i>	14.90	U/L	0 - 40
SGPT <i>UV without P5P</i>	13.10	U/L	0 - 40
Alakaline Phosphatase <i>p - Nitrophenylphosphate (PNPP)</i>	207.6	U/L	25 - 270
Total Bilirubin <i>Vanadate Oxidation</i>	0.68	mg/dL	0 - 1.2
Conjugated Bilirubin	0.29	mg/dL	0.0 - 0.4
Unconjugated Bilirubin <i>Calculated</i>	0.39	mg/dL	0.0 - 1.1
GGT <i>SZASZ Method</i>	13.40	mg/dL	15 - 73

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CUROVIS HEALTHCARE PVT. LTD.

'B' Block, Mondeal Business Park, Near Gurudwara, Bodakdev, S.G. Highway, Ahmedabad - 380 054, Gujarat



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
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BIO - CHEMISTRY

Uric Acid <i>Enzymatic, colorimetric method</i>	2.24	mg/dL	Adult : 3.5 - 8.5 Child : 2.5 - 5.5
Creatinine <i>Enzymatic Method</i>	0.42	mg/dL	Adult : 0.72 - 1.18 Child : 0.5 - 1.0
BUN <i>UV Method</i>	11.70	mg/dL	Adult : 7.0 - 20.0 Child : 5.0 - 18.0

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Location : CHPL		Sample Type : EDTA Whole Blood

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HEMOGLOBIN A1 C ESTIMATION

Specimen: Blood EDTA

*Hb A1C	11.5	% of Total Hb	Normal : < 5.7 % Pre-Diabetes : 5.7 % - 6.4 % Diabetes : 6.5 % or higher
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Boronate Affinity with Fluorescent Quenching

Mean Blood Glucose	283.35	mg/dL
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Calculated
Degree of Glucose Control Normal Range:

Poor Control >7.0% *

Good Control 6.0 - 7.0 %**Non-diabetic level < 6.0 %

* High risk of developing long term complication such as retinopathy, nephropathy, neuropathy, cardiopathy, etc.

* Some danger of hypoglycemic reaction in Type I diabetics.

* Some glucose intolerant individuals and "subclinical" diabetics may demonstrate HbA1c levels in this area.

EXPLANATION :-

*Total haemoglobin A1 c is continuously synthesised 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:

*Erroneous values might be obtained from samples with abnormally elevated quantities of other Haemoglobins as a result of either their simultaneous elution with HbA1c(HbF) or differences in their glycation from that of HbA(HbS)

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Age/Sex : 31 Years / Male	Pass. No. :	Tele No. : 7433810490
Ref. By :		Dispatch At :
Location : CHPL		Sample Type : Urine Spot

Test	Result	Unit	Biological Ref. Interval
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URINE ROUTINE EXAMINATION
PHYSICAL EXAMINATION

Quantity	30 cc
Colour	Pale Yellow
Clarity	Clear

CHEMICAL EXAMINATION (BY REFLECTANCE PHOTOMETRIC)


pH	5	4.6 - 8.0
Sp. Gravity	1.020	1.001 - 1.035
Protein	Nil	
Glucose	Present (+++)	
Ketone Bodies	Nil	
Urobilinogen	Nil	
Bilirubin	Nil	
Nitrite	Nil	
Blood	Nil	

MICROSCOPIC EXAMINATION (MANUAL BY MICROSCOPY)

Leucocytes (Pus Cells)	Nil	
Erythrocytes (Red Cells)	Nil	
Epithelial Cells	Occasional	/hpf
Crystals	Absent	
Casts	Absent	
Amorphous Material	Absent	
Bacteria	Absent	
Remarks	-	

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Ref. By :		Dispatch At :
Location : CHPL		Sample Type : Serum

Parameter	Result	Unit	Biological Ref. Interval
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IMMUNOLOGY
THYROID FUNCTION TEST

*T3 (Triiodothyronine)	0.88	ng/mL	0.6 - 1.81
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CHEMILUMINESCENT MICROPARTICLE IMMUNOASSAY

Triiodothyronine (T3) is a hormone synthesized and secreted by the thyroid gland in response to the pituitary hormone TSH (thyroid stimulating hormone) 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 bond 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, F T3 (free T3) levels parallel changes in total T3 levels. Measuring F T3 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.

*T4 (Thyroxine)	7.80	ng/mL	3.2 - 12.6
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CHEMILUMINESCENT MICROPARTICLE IMMUNOASSAY

Thyroxin (T4) is a hormone synthesized and secreted by the thyroid gland in response to the pituitary hormone TSH (thyroid stimulating hormone) 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 bond 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 triiodothyronine (T3).


In hypothyroidism and hyperthyroidism, F T4 (free T4) 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:

1. The anticonvulsant drug phenytoin may interfere with total and F T4 levels due to competition for TBG binding sites.
2. F T4 values may be decreased in patients taking carbamazepine.
3. Thyroid autoantibodies in human serum may interfere and cause falsely elevated F T4 results.

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Ref. By : **Dispatch At** :
Location : CHPL **Sample Type** : Serum

***TSH** 2.241 µIU/ml 0.55 - 4.78
CHEMILUMINESCENT MICROPARTICLE IMMUNOASSAY

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 stimulate 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

Referance : Carl A.Burtis,Edward R.Ashwood,David E.Bruns. Tietz Textbook of Clinical Chemistry and Molecular Diagnostics. 5th Eddition. Philadelphia: WB Saunders,2012:2170

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IMMUNOLOGY

*TOTAL PROSTATE SPECIFIC ANTIGEN (PSA)	0.51	ng/mL	0 - 4
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CHEMILUMINESCENT MICROPARTICLE IMMUNOASSAY

Measurement of total PSA alone may not clearly distinguish between benign prostatic hyperplasia (BPH) from cancer, this is especially true for the total PSA values between 4-8 ng/mL.


Percentage of free PSA = free PSA/total PSA X 100

Percentage of free PSA: Patients with prostate cancer generally have a lower percentage of Free PSA than patients with benign prostatic hyperplasia. Percentage Free PSA of less than 25% is a high likelihood of prostatic cancer.

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

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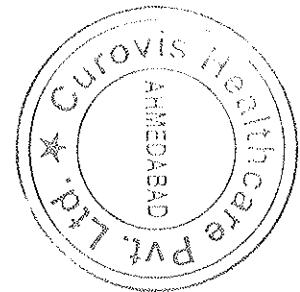
Reg. No : 210100061
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Report Date : 03-Oct-2022 10:42 AM

Electrocardiogram

Findings

Normal Sinus Rhythm.

With in Normal Limit.



This is an electronically authenticated report

Dr. Jay Soni
M.D, GENERAL MEDICINE

Bhaveshkumar

HR 74/min

Axis: P 62°

Parma

5

Intervals: PRS 79°

31 years Male

176 cm / 64 kg

RR 81 ms P (II) 0.12 mV

P 114 ms PR 136 ms QRS 84 ms

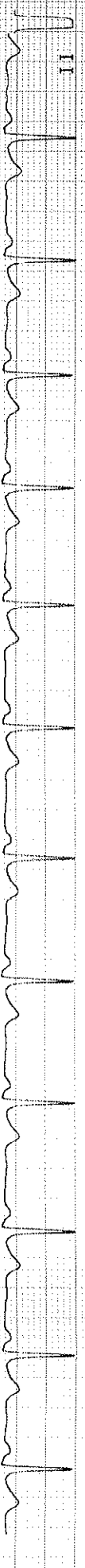
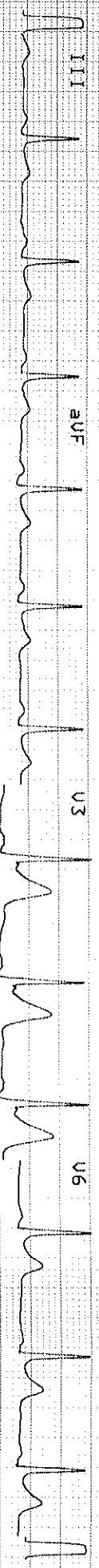
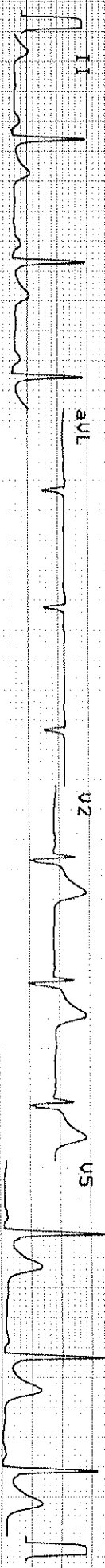
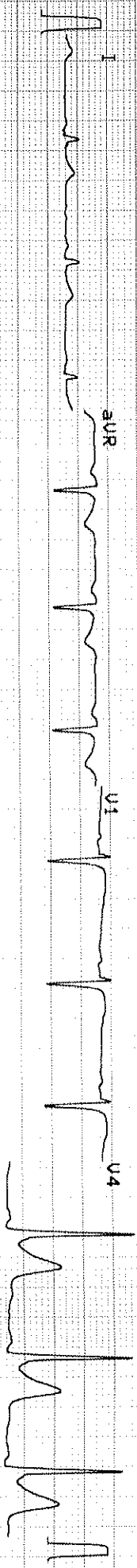
QT 342 ms R (US) 1.86 mV

QTc 380 ms Sokol. 2.95 mV

(Bazett)

10 mm/mV

10 mm/mV



10 mm/mV
 25 mm/s
 0.05-25 Hz F50 SSF S85 23.10.2022 09:18:40
 CURVUS HEALTHCARE
 RT-102Plus 1.24 C
 SCHILLER
 157017M



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2D Echo Colour Doppler

OBSERVATION:

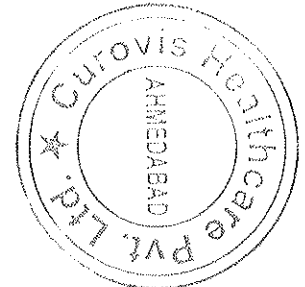
2 D Echo and color flow studies were done in long and short axis, apical and Sub costal views.

1. Normal LV size. No RWMA at rest.
2. Normal RV and RA. No Concentric LVH.
3. All Four valves are structurally normal.
4. Good LV systolic function. LVEF = 60%.
5. Normal LV Compliance.
6. Trivial TR. Mild MR. No AR.
7. No PAH.
8. Intact IAS and IVS.
9. No Clot, No Vegetation.
10. No pericardial effusion.

CONCLUSION

1. Normal LV size with Good LV systolic function.
2. No Concentric LVH . Normal LV Compliance
3. Trivial TR with No PAH. Mild MR. No AR
4. No RWMA at rest.

This echo doesn't rule out any kind of congenital cardiac anomalies.



This is an electronically authenticated report

Dr. Jay Soni
M.D, GENERAL MEDICINE



LABORATORY REPORT

Name : Mr. Bhaveshkumar Parmar
Sex/Age : Male/31 Years
Ref. By :
Client Name : Mediwheel

Reg. No : 210100061
Reg. Date : 03-Oct-2022 08:39 AM
Collected On :
Report Date : 03-Oct-2022 05:23 PM

X RAY CHEST PA

Both lung fields appear clear.

No evidence of any active infiltrations or consolidation.

Cardiac size appears within normal limits.

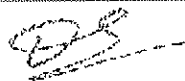
Both costo-phrenic angles appear free of fluid.

Both domes of diaphragm appear normal.

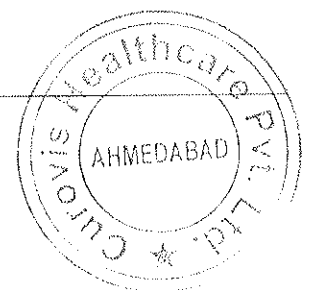
COMMENT: No significant abnormality is detected.

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

This is an electronically authenticated report



DR DHAVAL PATEL
Consultant Radiologist
MB,DMRE
Reg No:0494





LABORATORY REPORT

Name :	Mr. Bhaveshkumar Parmar	Reg. No :	210100061
Sex/Age :	Male/31 Years	Reg. Date :	03-Oct-2022 08:39 AM
Ref. By :		Collected On :	
Client Name :	Mediwheel	Report Date :	03-Oct-2022 05:27 PM

USG ABDOMEN

Liver appears normal in size, show homogenous parenchymal echo. No evidence of focal solid or cystic lesion seen.

No evidence of dilatation of intra-hepatic billiary or portal radicals. PV is normal in caliber.

Gall bladder is normally distended. No evidence of calculus or mass seen. Gall bladder wall thickness appears normal.

Pancreas appears normal in size and echopattern. No evidence of focal lesions.

Spleen appears normal in size & normal in echopattern.

Both kidneys are normal in size, shape and position. C.M. differentiation on both sides is maintained. No evidence of hydronephrosis, calculus or solid mass on either side.

Urinary bladder contour is normal, No evidence of calculus or mass lesion.

Prostate is normal in size, show homogenous echo, outline is smooth.

No evidence of ascites.

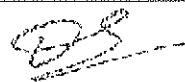
No any lymphadenopathy seen.

No evidence of dilated small bowel loops.

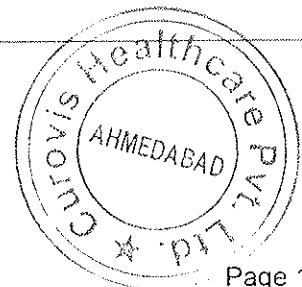
COMMENTS :

Normal study.

This is an electronically authenticated report



DR DHAVAL PATEL
Consultant Radiologist
MB,DMRE
Reg No:0494




LABORATORY REPORT

Name : Mr. Bhaveshkumar Parmar
Sex/Age : Male/31 Years
Ref. By :
Client Name : Mediwheel

Reg. No : 210100061
Reg. Date : 03-Oct-2022 08:39 AM
Collected On : 03-Oct-2022 08:39 AM
Report Date : 03-Oct-2022 02:19 PM

Eye Check - Up

No Eye Complaints

RIGHT EYE

SP:-0.75

CY: -0.50

AX: 83

LEFT EYE

SP : -1.00

CY : -0.25

AX :110

	Without Glasses	With Glasses
Right Eye	6/5	N.A
Left Eye	6/5	N.A

Near Vision: Right Eye - N/6, Left Eye - N/6

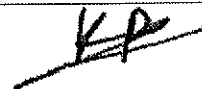
Fundus Examination - Within Normal Limits.

ColorVision : Normal

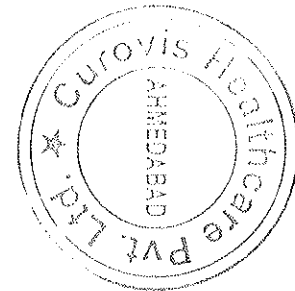
Comments: Normal

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

This is an electronically authenticated report



Dr Kejal Patel
 MB,DO(Ophthi)



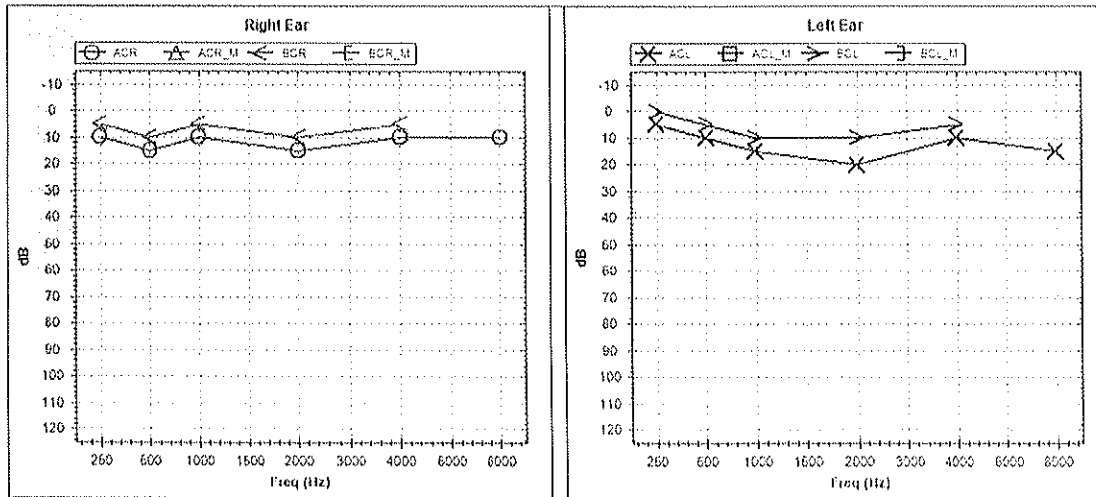
NAME:- BHAVESH U PARMAR.

ID NO:-

AGE:- 31Y/ M

Date:- 03/10/2022

AUDIOGRAM



EAR	MODE	Air Conduction		Bone Conduction		Colour Code	Threshold In dB	RIGHT	LEFT
		Masked	UnMasked	Masked	UnMasked				
LEFT		□	×	□	>	Blue	AIR CONDUCTION	10.5	10.5
RIGHT		△	○	□	<	Red	BONE CONDUCTION		
NO RESPONSE : Add ↓ below the respective symbols							SPEECH		

Comments:-

Bilateral Hearing Sensitivity Within Normal Limits.

