

## PHYSICIAN CONSULTATION

DATE:- 22-10-2022

NAME:- sahin kumar . V. Prajapati

DOB: 02-05-1997

AGE:- 25 yrs      SEX:- Male

HEIGHT:- 181 cms

WEIGHT:- 102 kgs


WAIST :-

HIP :-

BP READING:- 134/82 mm Hg

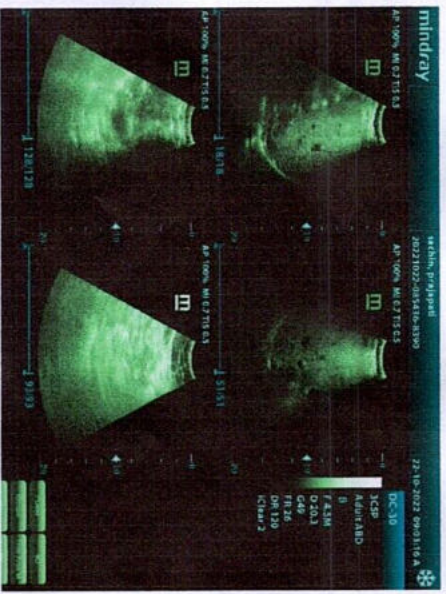
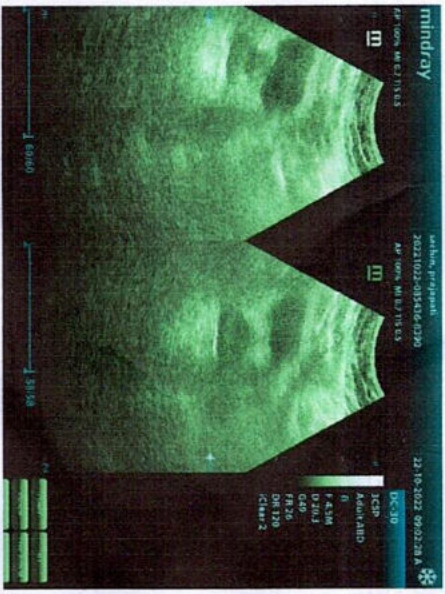
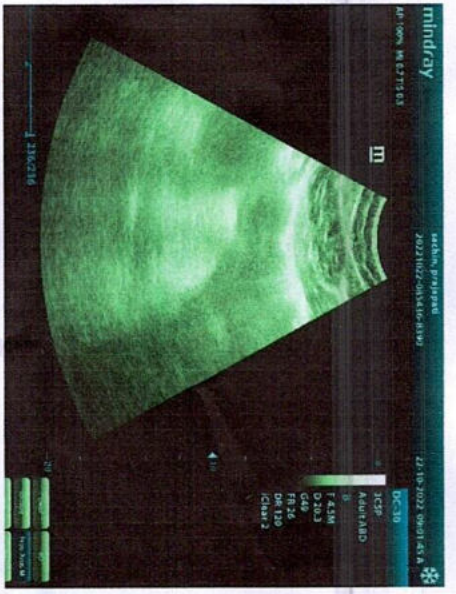
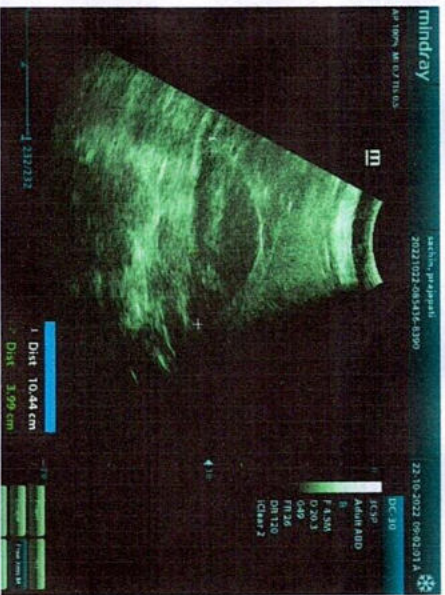
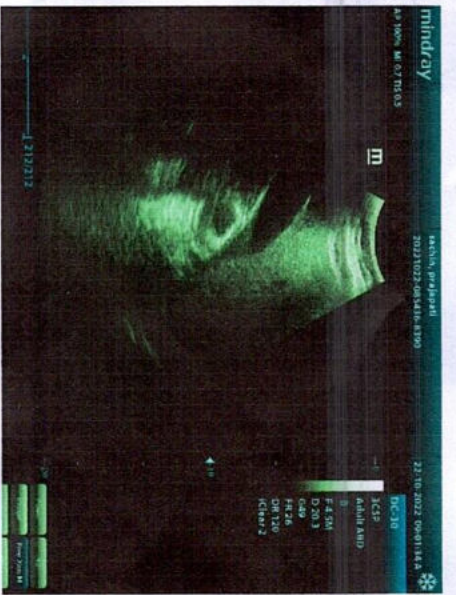
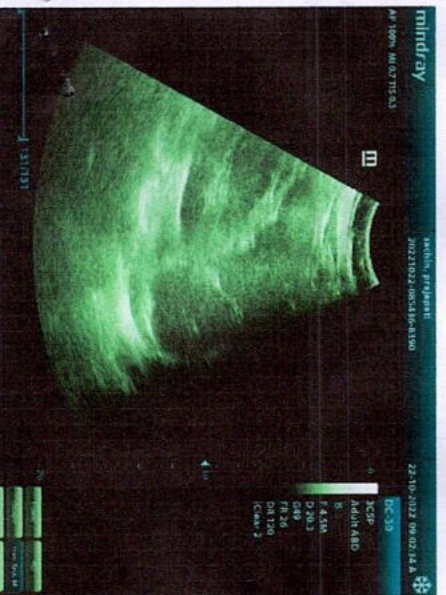
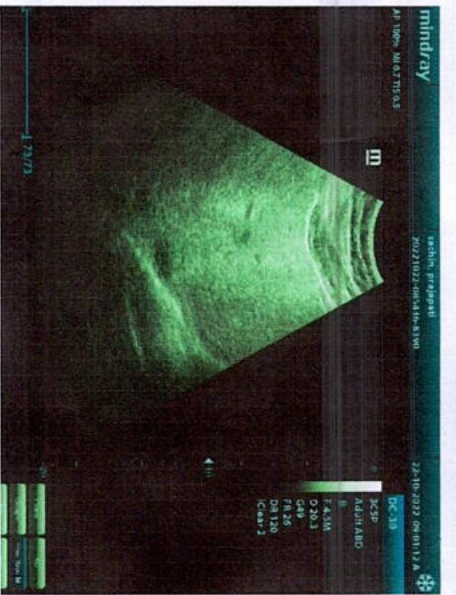
PULSE :- 78 /- min

BMI :- 31.13 kg/m<sup>2</sup>

  
DR. N. R. SHAH  
G-4383 M.D.









\*5516\*

Patient Name : Sachinkumar Vinodbhai Prajapati  
Sample No.. : 5516  
Referred : Bank Of Baroda

Age/Sex : 25 Years/Male  
Registration On:22/10/2022/08:42  
Approved On : 22/10/2022 08:50

### **USG WHOLE ABDOMEN**

**Liver** is normal in size, shows homogenous parenchymal echoes and normal intrahepatic radicles. No focal lesion is seen. Portal vein is normal in calibre and shows normal colour flow.

**Gallbladder** is physiologically distended. No calculus or wall thickening seen. CBD is normal in calibre.

**Pancreas** is normal in size and echo texture. No diffuse or focal lesion seen.

**Spleen** is normal in size and homogenous in echo texture.

**Kidneys** are normally placed, normal in size, show normal thickness cortical tissue and normal sinus echoes. Cortico-medullary differentiation is well seen. No calculus, hydronephrosis or renal mass seen.

Rt. Kidney is 104 x 40 mms. Lt. Kidney is 118 x 48 mms

**Aorta** is normal in calibre. No para-aortic or mesenteric lymph nodes seen.

**Urinary bladder** shows adequate distension. No evident calculus, wall thickening or mass seen.

**Prostate** is normal in size and homogenous in echotexture.

Bowel loops are unremarkable.

No ascites is seen.

### **Impression:**

**No significant abnormality is seen.**

**Dr PARAG SHETH (M.D.)  
CONSULTANT RADIOLOGIST**





# Computerised Stress Test Report

NAME: SACHINKUMAR V PRAJAPATI  
AGE/GENDER: 25 yrs/MALE

ID: 1452  
HEIGHT: 181 cm.

Summary report  
WEIGHT: 102 Kg.

PROTOCOL: Bruce  
DATE/TIME: 22-10-2022 11:05

REF. BY: BANK OF INDIA  
SMOKER: Non Smoker

## Test Results

Protocol	: Bruce	Max Work load	: 7.67	BMI	: 31
Target HR	: 195(166)bpm	Exer. Time	: 6:42min	Max RPP(1000)	: 24.624
Maximum HR	: 152(78 %) bpm	Recov. Time	: 6:30min	Max BP	: 162/92 mmHg

Reason for termination : Breathlessness

Indication :  
Reduced Effort Tolerance Capacity

HR Response to Exercise :  
Normal appropriate response

BP Response to Exercise :  
Resting normal BP - normal response

Overall Impression :

Inconclusive, Reduced Effort Tolerance

Comment :  
Test inconclusive For Exercise Inducible Ischemia.

ADV : 2D ECHO

Resting ECG :  
Normal

Chest Pain :  
None

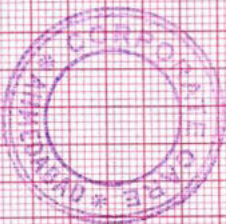
ST Changes :  
None

Arrhythmias :  
None

History : None

Medication :  
None

*SR*  
**DR. N. R. SHAH**  
C-4383 M.D.

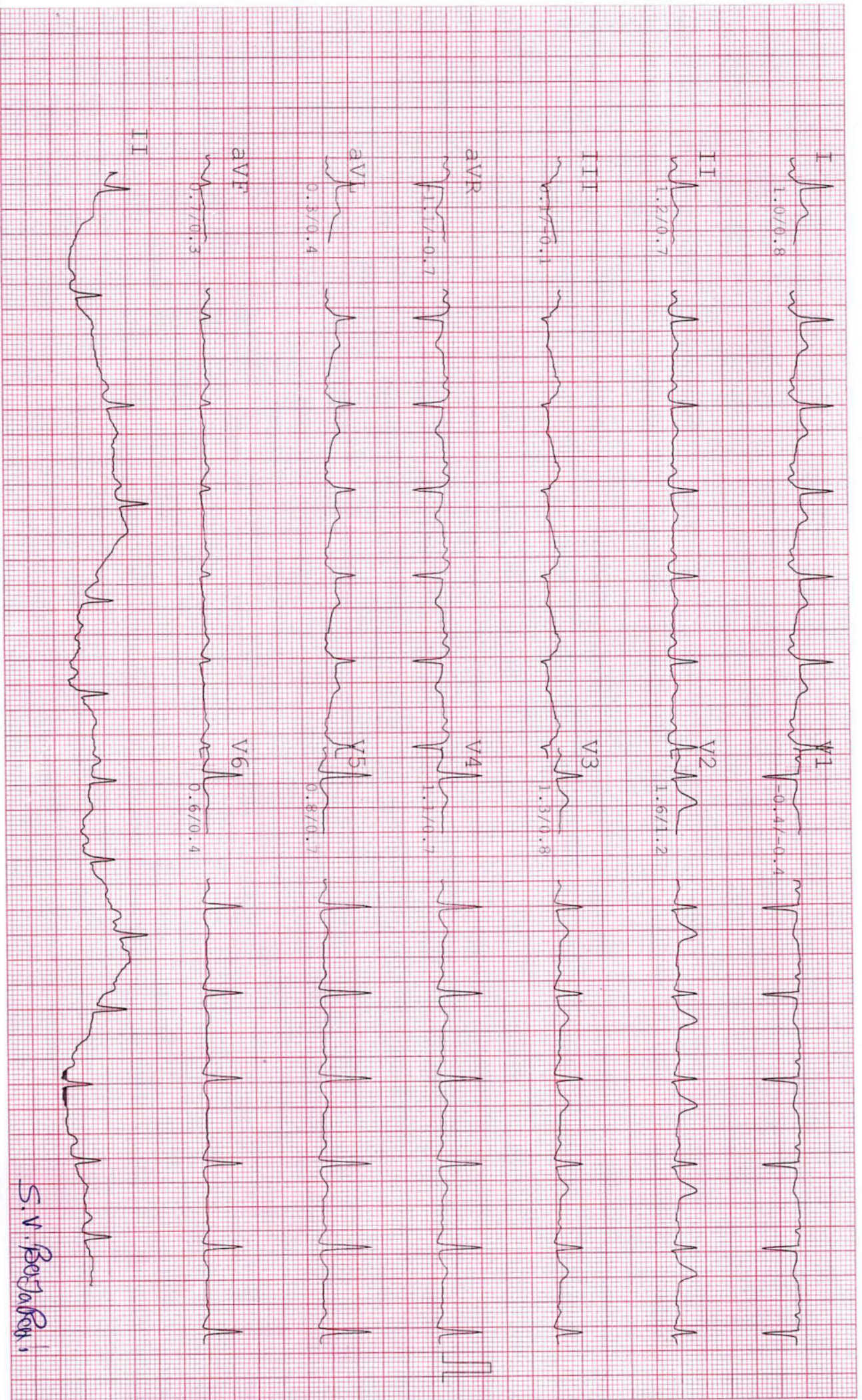








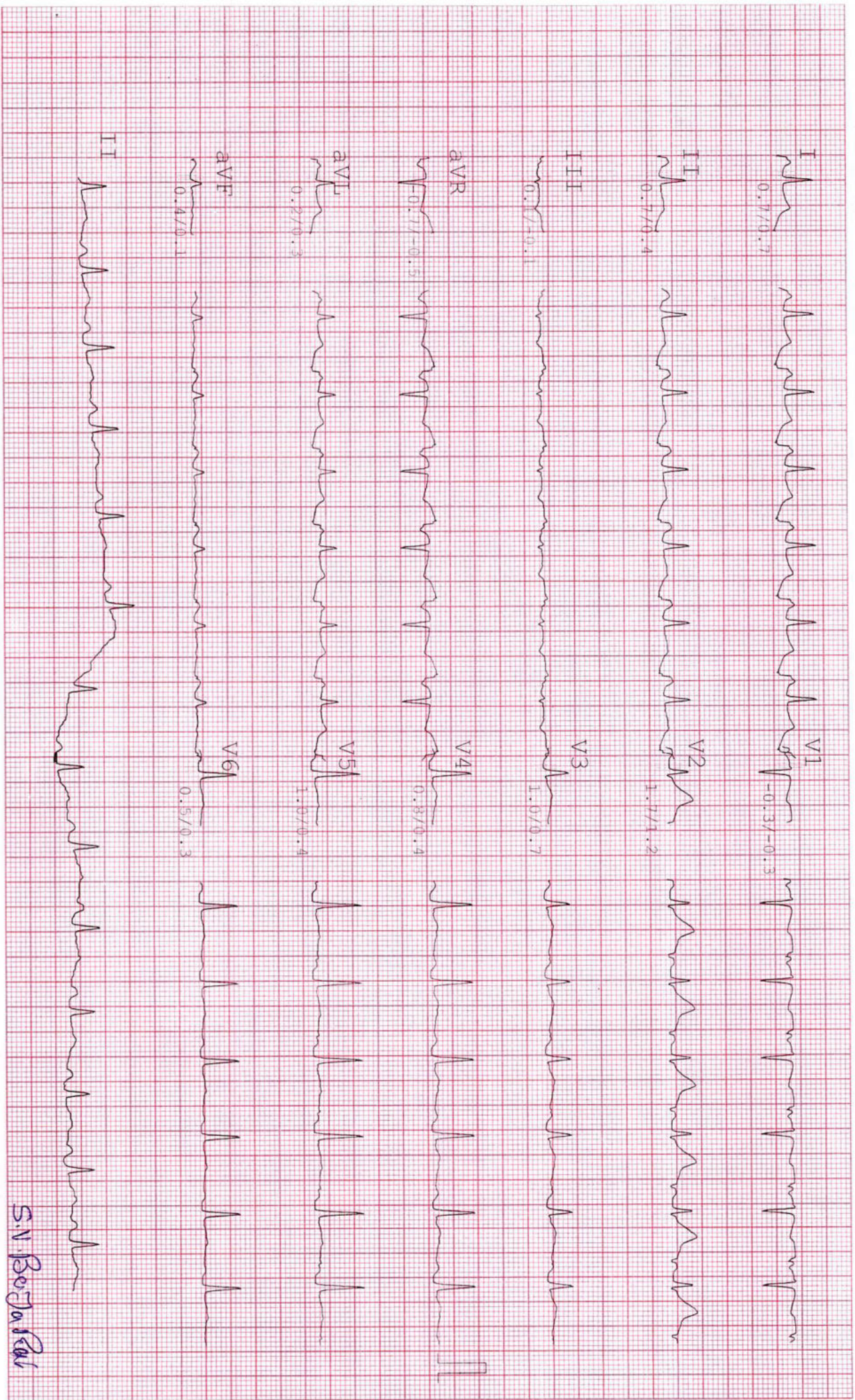
NAME : SACHINKUMAR V ID : 1452  
 AGE/SEX: 25 yrs/MALE BP : 134/82mmHg  
 DATE/TIME : 22-10-2022 11:05 HR : 85bpm  
 PROTOCOL : Bruce STAGE : Supine  
 STAGE TIME : 00:36 Linked Median Report  
 SPEED/GRADE : 0.00/0.0 POST J at 80 msec  
 GAIN : 1X  
 STL in mm  
 STS in mm/sec



S.V. Reddy



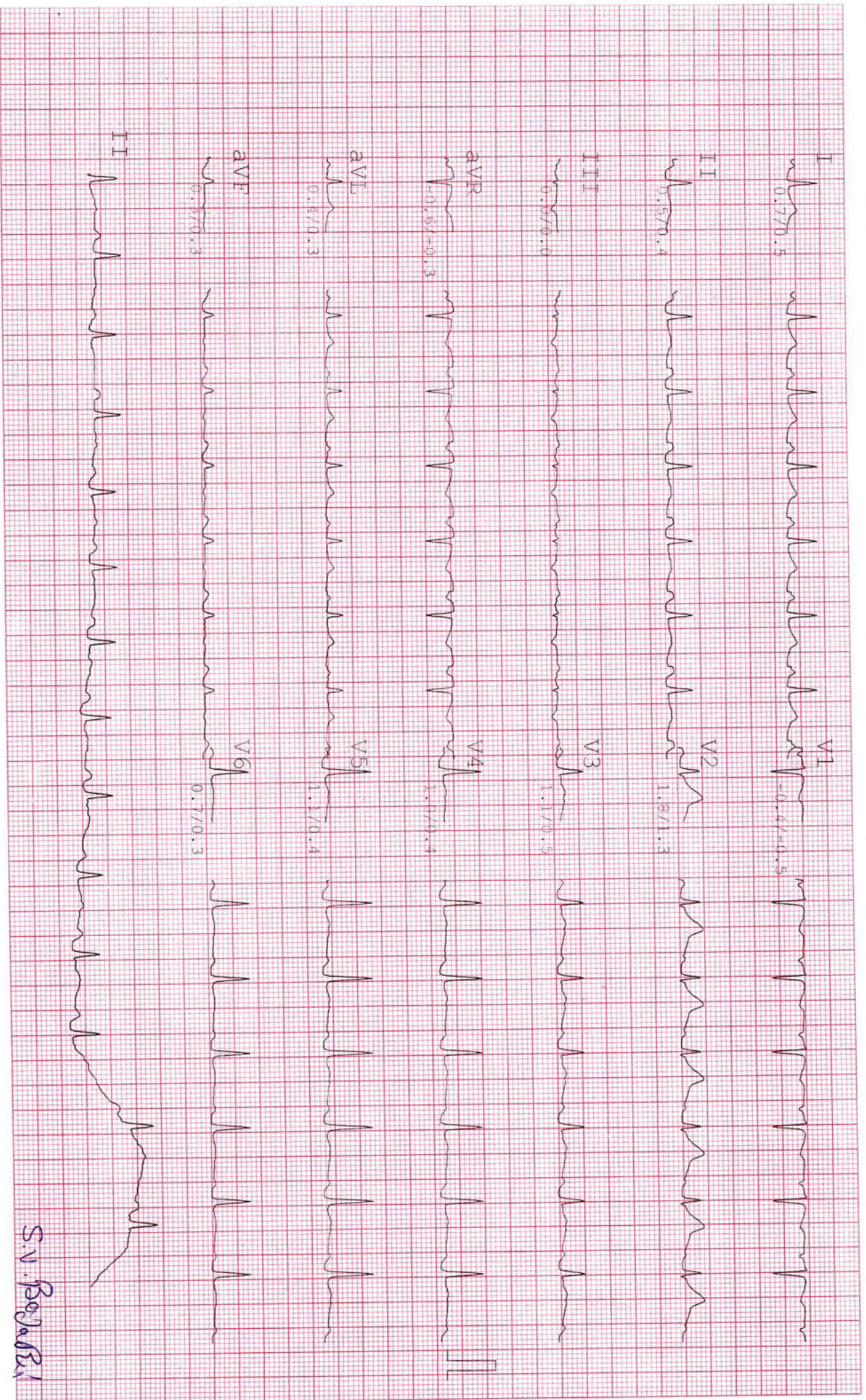
NAME : SACHINKUMAR V ID : 1452  
 AGE/GENDER : 25 yrs/MALE BP : 134/82mmHg  
 DATE/TIME : 22-10-2022 11:05 HR : 95bpm  
 PROTOCOL : Bruce STAGE : Standing  
 STAGE TIME : 00:18  
 Linked Median Report  
 SPEED/GRADE : 0.00/0.0  
 POST J at 80 msec  
 GAIN : 1X  
 STI in mm  
 STS in mm/sec



S.N. Bhatia



NAME : SACHINKUMAR V ID : 1452  
 AGE/SEX: 25 yrs/MALE BP : 134/82mmHg  
 DATE/TIME : 22-10-2022 11:05 HR : 98bpm  
 PROTOCOL : Bruce STAGE : HyperV  
 STAGE TIME : 00:12 Linked Median Report  
 SPEED/GRADE : 0.00/0.0  
 POST J at 80 msec STS in mm/sec  
 GAIN : 1X  
 STL in mm  
 STS in mm/sec



S.V. Balar



NAME : SACHINKUMAR V  
AGE/SEX: 25 yrs/MALE  
DATE/TIME : 22-10-2022 11:05

ID : 1452  
BP : 146/84mmHg  
HR : 131bpm

PROTOCOL : Bruce  
STAGE : Exer : 1/7  
STAGE TIME : 03:00

Linked Median Report  
SPEED/GRADE : 1.70/10.0  
POST J at 80 msec

GAIN : 1X  
STL in mm  
STS in mm/sec

I

0.5/1.5



V1

0.4/-0.7



II

0.5/1.5



V2

1.3/1.3



III

0.2/0.0



V3

0.6/2.3



aVR

-1.5/-1.5



V4

0.6/2.3



aVL

0.8/0.7



V5

1.5/2.0



aVF

0.5/0.8



V6

1.2/1.5



II





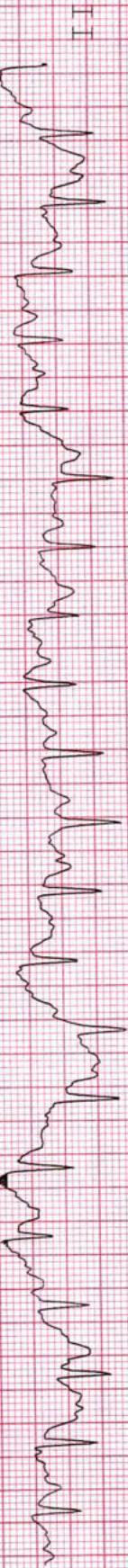
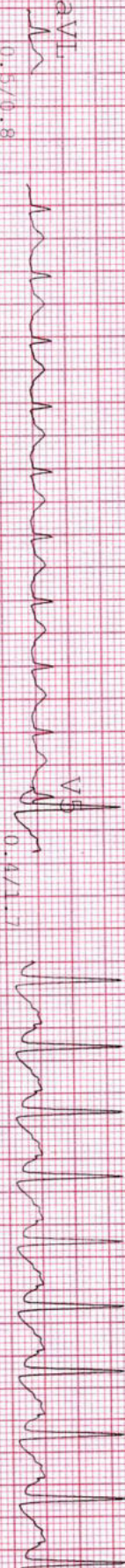
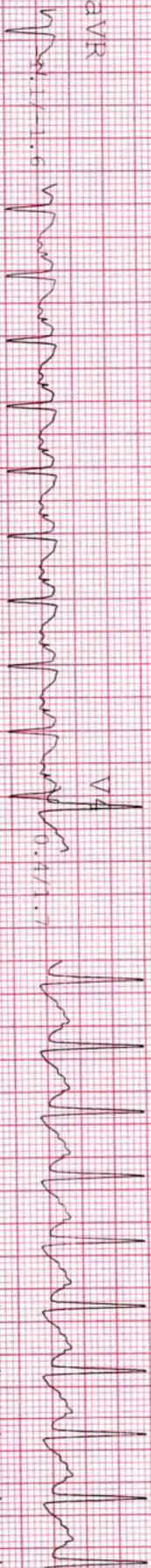
NAME : SACHINKUMAR V  
AGE/SEX: 25 YRS/MALE  
DATE/TIME : 22-10-2022 11:05

ID : 1452  
BP : 154/86mmHg  
HR : 148bpm

PROTOCOL : Bruce  
STAGE : Exer : 2/7  
STAGE TIME : 03:00

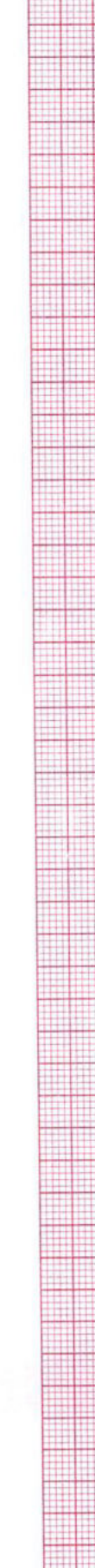
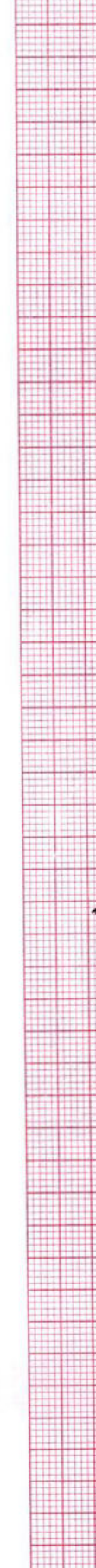
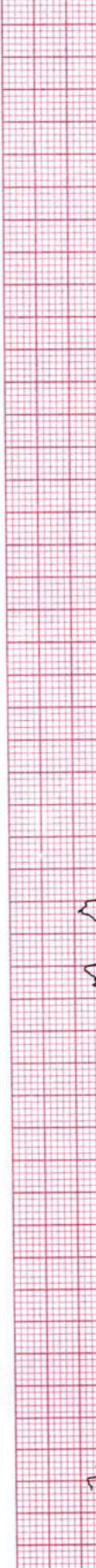
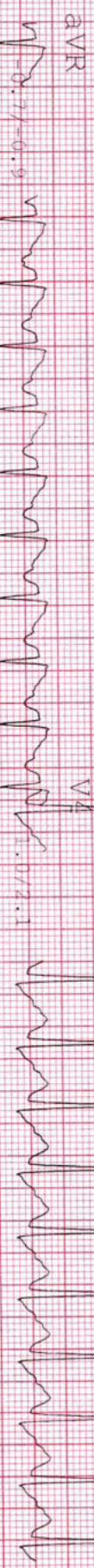
Linked Median Report  
SPEED/GRADE : 2.50/12.0  
POST J at 80 msec

GAIN: 1X  
STL in mm  
STS in mm/sec



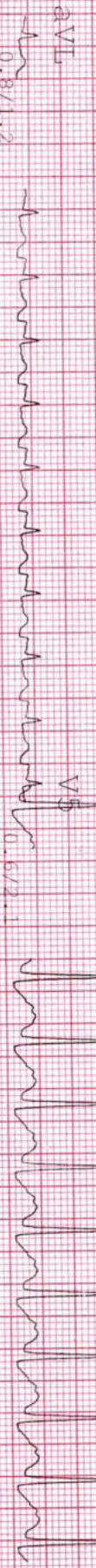
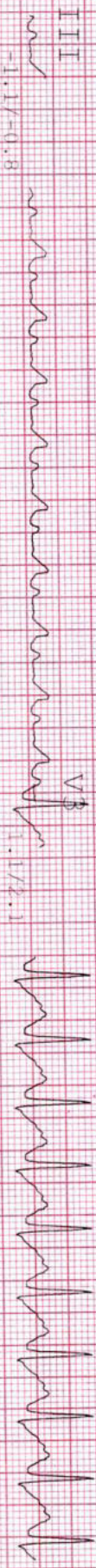
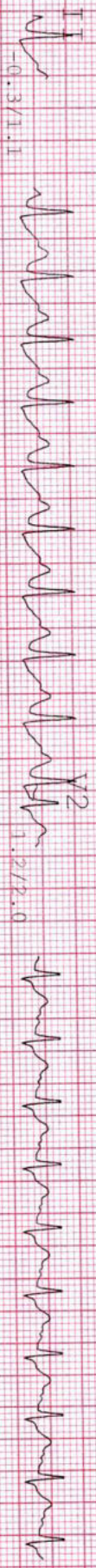
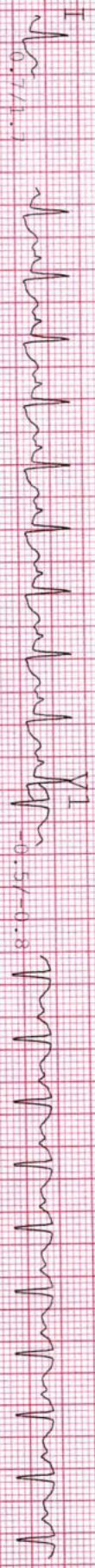


NAME : SACHINKUMAR V ID: 1452  
 AGE/GENDER: 25 yrs/MALE BP: 162/90mmHg  
 DATE/TIME: 22-10-2022 11:05 HR: 152bpm  
 PROTOCOL: Bruce STAGE: Exer: 3/7  
 STAGE TIME: 00:42  
 Linked Median Report  
 SPEED/GRADE: 3.40/14.0  
 POST J at 80 msec  
 GAIN: 1X  
 STL in mm  
 STS in mm/sec



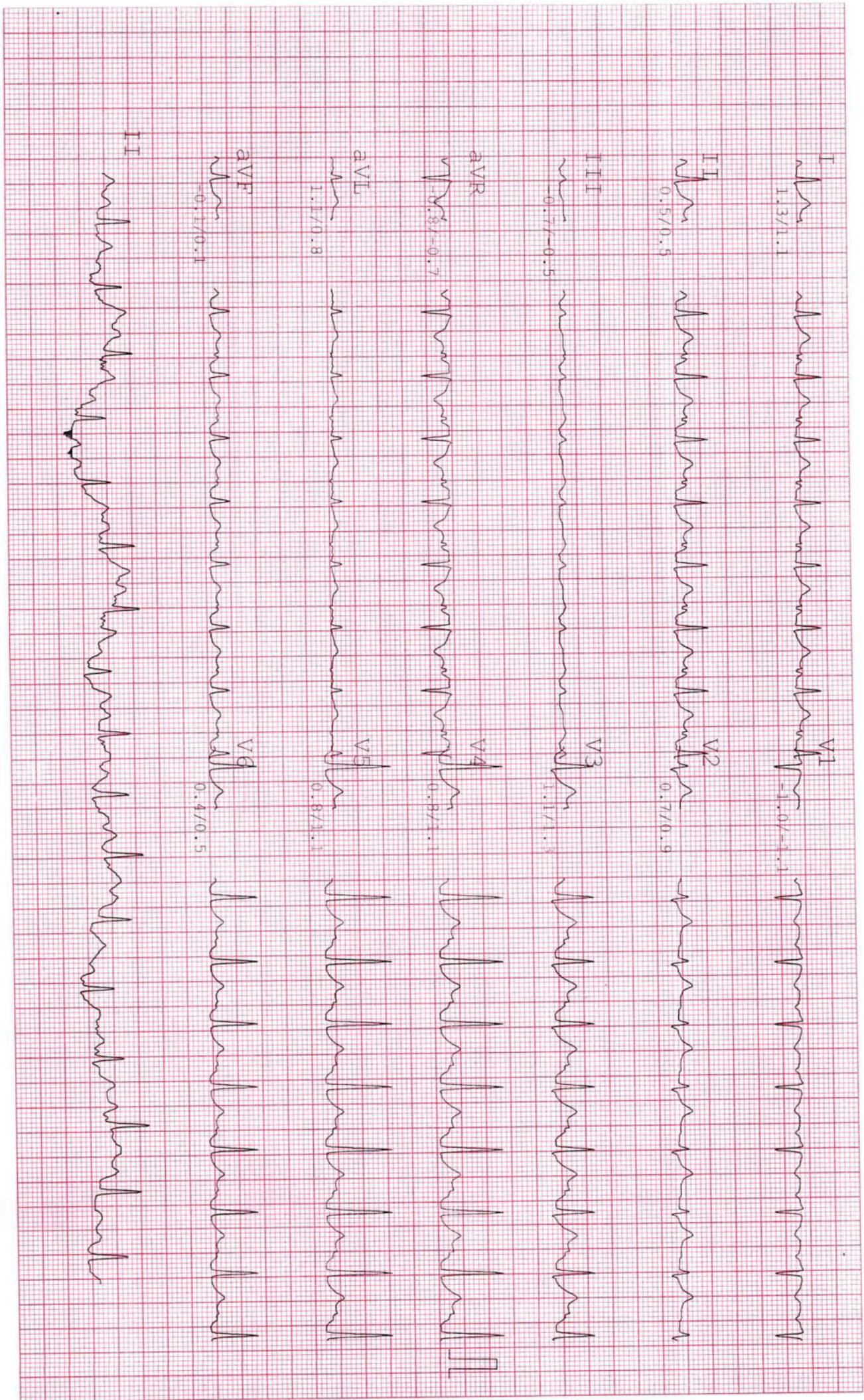


NAME : SACHINKUMAR V      ID: 1452      PROTOCOL : Bruce      Linked Median Report      GAIN: 1X  
 SEX/AGE: 25 yrs/MALE      BP: 162/90mmHg      STAGE : Peak      SPEED/GRADE: 3.40/14.0      STL in mm  
 DATE/TIME : 22-10-2022 11:05      HR: 152bpm      STAGE TIME: 00:06      POST J at 80 msec      STS in mm/sec



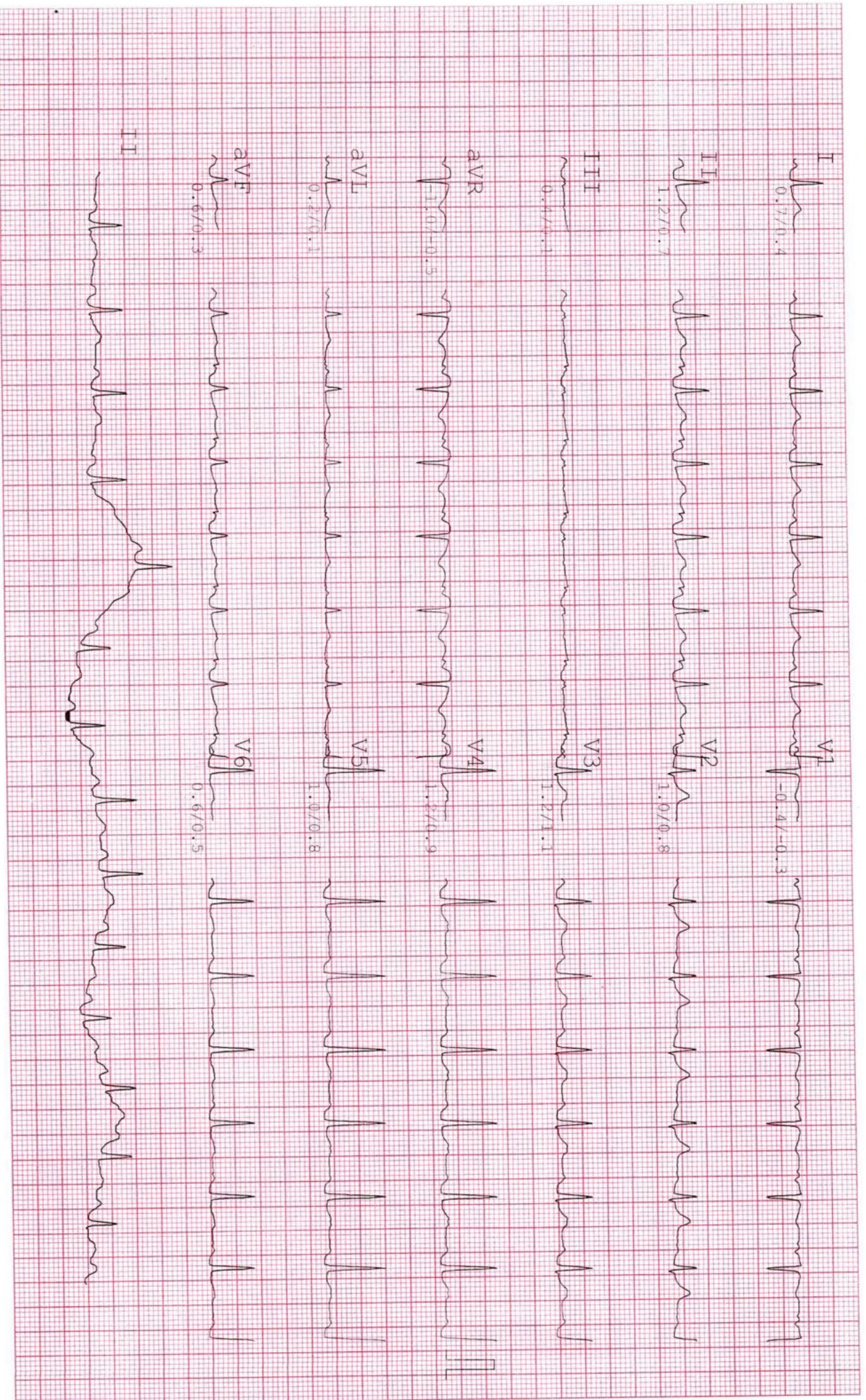


NAME : SACHINKUMAR V ID: 1452  
 SEX/AGE: 25 yrs/MALE BP: 162/90mmHg  
 DATE/TIME : 22-10-2022 11:05 HR: 116bpm  
 PROTOCOL : Bruce STAGE : Recovery  
 STAGE TIME: 03:00  
 Linked Median Report  
 SPEED/GRADE: 0.00/0.0  
 POST J at 80 msec  
 GAIN: 1X  
 STL in mm  
 STS in mm/sec





NAME : SACHINKUMAR V ID: 1452  
 PGM/SPENDER: 25 yrs/MALE BP: 150/84mmHg  
 DATE/TIME : 22-10-2022 11:05 HR: 99bpm  
 PROTOCOL : Bruce STAGE : Recovery  
 STAGE TIME : 06:00 Linked Median Report  
 SPEED/GRADE: 0.00/0.0  
 POST J at 80 msec STL in mm  
 STS in mm/sec





## Eye Test Report

NAME		SACHINKUMAR VINODBHAI PRAJAPATI				DATE	22/10/22
SR.	01	EMP.ID		AGE	25	GENDER	MALE
HISTORY							
VISION		DIST.		NEAR			
		OD	OS	OD	OS		
WITHOUT CORRECTION		-	-	-	-		
WITH CORRECTION		6/6	6/6	N <sub>6</sub>	N <sub>6</sub>		
COLOR VISION		NORMAL					

### R<sub>x</sub> DETAILS:

DIST.	SPH	CYL	AXIS
RIGHT	-	-	-
LEFT	-	-	-
COMMENTS			

NEAR ADD : \_\_\_\_ -N<sub>6</sub> @ 40CM

Dr. L. A. Shukla (M. S. Opthal)

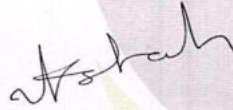
Stamp and Sign



Name : SACHINKUMAR VINODBHAI PRAJAPATI  
Date : 22/10/2022  
AGE : 25/M

X-RAY : CHEST PA

Both lung fields appears normal  
There is no evidence of pulmonary tuberculosis  
No evidence of pleural Effusion on either side.  
Heart size appears normal.  
Bony thorax and diaphragms appear normal.

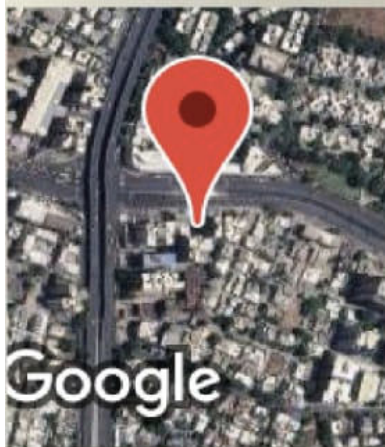


DR .VIKRAM SHAH.  
M.D





 GPS Map Camera



## Ahmedabad, Gujarat, India

1, Surendra Mangaldas Rd, Shivranjani,  
Bimanagar, Ambawadi, Ahmedabad, Gujarat  
380015, India

Lat 23.023948°

Long 72.531273°

22/10/22 08:35 AM GMT +05:30



आयकर विभाग  
INCOME TAX DEPARTMENT



भारत सरकार  
GOVT. OF INDIA



स्थायी लेखा संख्या कार्ड  
Permanent Account Number Card

DULPP2223J

नाम / Name

SACHINKUMAR VINODBHAI PRAJAPATI

पिता का नाम / Father's Name

VINODBHAI REVAVBHAI PRAJAPATI

जन्म की तारीख / Date of Birth

02/05/1997

S. V Prajapati

हस्ताक्षर / Signature



13062017





Patient Name : Sachinkumar Vinodbhai Prajapati  
Sample No.. : 5516  
Referred : Bank Of Baroda


Age/Sex : 25 Years/Male  
Registration On:22/10/2022/08:42  
Approved On : 22/10/2022 15:46

## THYROID FUNCTIONS

<u>TEST</u>	<u>RESULT</u>	<u>UNIT</u>	<u>NORMAL VALUE</u>
Serum T3 :	<b>1.18</b>	ng/dl	0.6 - 1.80 ng/dl
Serum T4 :	<b>7.6</b>	microgm/dl	4.5 - 10.9 microgm/dl
Serum T.S.H :	<b>0.88</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



**Pathologist**  
**Dr.Pravin Shah**  
**(M.D.Path) G-15478**






Patient Name : Sachinkumar Vinodbhai Prajapati  
Sample No.. : 5516  
Referred : Bank Of Baroda

Age/Sex : 25 Years/Male  
Registration On:22/10/2022/08:42  
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## BLOOD GROUP

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



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Dr.Pravin Shah  
(M.D.Path) G-15478





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Registration On:22/10/2022/08:42  
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## 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 - **Not seen** /h.p.f.  
Red Cells - **Not seen** /h.p.f.  
Epithelial Cells - **Occasional** /h.p.f.  
Casts - **Not seen**/l.p.f.  
Crystals - **Not seen**  
Amorphous - **Not seen**

  
Page 3 of 3

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\* 5 5 1 6 \*

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## COMPLETE BLOOD COUNT

Test	Sample :	Result	Unit	Biological Ref. Interval
<b>BLOOD COUNT</b>				
Hemoglobin	colorimetric	<u>12.88</u>	g/dL	13 - 17
R.B.C Count	Electrical impedance	5.31	mill/cmm	4.5 - 5.5
W.B.C Count	Electrical impedance	6.92	10 <sup>3</sup> /uL	4.0 - 10.0
Platelet Count	Electrical impedance	371.3	10 <sup>3</sup> /uL	150 - 350 10 <sup>3</sup> /uL
<b>DIFFERENTIAL COUNT</b>				
Polymorphs	Microscopic	64	%	60 - 70
Lymphocytes	Microscopic	32	%	20 - 40
Eosinophils	Microscopic	02	%	1 - 6
Monocytes	Microscopic	02	%	2 - 10
Basophils	Microscopic	00	%	0 - 2
<b>BLOOD INDISES</b>				
HCT	Rbc Histogram	40.8	%	33.5 - 52.0 %
MCV	Calculated	<u>76.8</u>	fl	80 - 100
MCH	Calculated	<u>24.3</u>	pg	28.0 - 32.0 pg
MCHC	Calculated	31.6	g/dl	31.0 - 35.0 g/dl
RDW-CV	Calculated	15.0	%	11.6 - 14.0 %

### PERIPHERAL SMEAR EXAMINATION

SMEAR WBC LINE 1: Are within normal limits.

SMEAR Platelets: Adequate

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### Erythrocyte sedimentation rate

ESR AT 1 hour westergren 05 mm/Hour 00 - 15



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## RENAL FUNCTION

<u>Test</u>	<u>Result</u>	<u>Unit</u>	<u>Normal Range</u>
Sr. Creatinine:	0.94	mg/dl	0.6 - 1.2 mg/dl
Urea:	30.45	mg/dl	10 - 50 mg/dl
S. Uric Acid:	4.87	mg/dl	3.2 - 7.2 mg/dl
Blood Urea Nitrogen:	14.23	mg/dl	08 - 23 mg/dl
Bun/Creat Ratio:	15.14		



**Pathologist**  
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## COMPLETE BLOOD CHEMISTRY

<u>Test</u>	<u>Result</u>	<u>Unit</u>	<u>Normal Range</u>
S. Cholesterol	: 119.38	mg/dl	Desirable : < 200 Borderline High : 200 - 239 High : > 240
Serum Triglycerides	: 76.40	mg/dl	Normal : Normal < 150 Borderline : 150 - 199 High : > 200
HDL Cholesterol	: <b>32.1</b>	mg/dl	40 - 60 mg/dl
Serum LDL Cholesterol (Calculated)	: 72	mg/dl	Up to 150
Cholesterol/HDLC Ratio (Calculated)	: 3.72	mg/dl	Up to 5.0
Serum VLDL Cholesterol (Calculated)	: 15.28	mg/dl	Up to 35
LDLC/HDLC Ratio (Calculated)	: 2.24	mg/dl	Up to 3.4
Total Lipid (Calculated)	: 449.88	mg/dl	400 - 1000 mg/dl
S. Bilirubin (Total)	: 0.68	mg/dl	up to 1.2
S. Bilirubin (Direct)	: 0.15	mg/dl	up to 0.2
S. Bilirubin (Indirect)	: 0.53	mg/dl	up to 1.0
SGOT	: <b>43.1</b>	U/L	up to 40
SGPT	: <b>62.84</b>	U/L	up to 42
GGT	: 31.1	U/L	12 - 64
S. Alkaline Phosphatase	: 86.3	U/L	40 - 129
Total Proteins	: 7.47	g/dl	6.0 - 8.3
Albumin	: 3.92	g/dl	3.5 - 5.2
Globulins	: 3.55	g/dl	2.4 - 3.7
AGRATIO	: 1.104		

*Prakash*





ISO CERTIFIED

O- 5,6,10 Maruti Tower, Shivranjani Cross Road,  
Satellite, Ahmedabad.   
Ph : 079 4800 7051 M. : 98986 76445   
E-mail : corporatecare0120@gmail.com 



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## Glycosylated HB - (HBA1C)

<u>Test</u>	<u>Result</u>	<u>Unit</u>	<u>Biological Ref Interval</u>
<b>HBA1C:</b> (Immunoturbidimetric)	4.80	%	Normal : $\leq 5.6$ Prediabetes : 5.7 - 6.4 Diabetes : $\geq 6.5$ <b><u>DIABETES CONTROL CRITERIA</u></b> 6 - 7 : Near Normal Glycemia < 7 : Goal 7 - 8 : Good Control > 8 : Action Suggested
<b>Mean Blood Glucose:</b>	91.06	mg/dl	

### Criteria for the diagnosis of diabetes

- HbA1c  $\geq 6.5$  \*  
Or
- Fasting plasma glucose  $>126$  gm/dL. Fasting is defined as no caloric intake at least for 8 hrs.  
Or
- Two hour plasma glucose  $\geq 200$ mg/dL during an oral glucose tolerance test by using a glucose load containing equivalent of 75 gm anhydrous glucose dissolved in water.  
Or.
- 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

- 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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**Pathologist**  
Dr.Pravin Shah  
(M.D.Path) G-15478





\* 5 5 1 6 \*

Patient Name : Sachinkumar Vinodbhai Prajapati  
Sample No.. : 5516  
Referred : Bank Of Baroda

Age/Sex : 25 Years/Male  
Registration On:22/10/2022/08:42  
Approved On : 22/10/2022 15:46

## BLOOD SUGAR LEVEL

Specimen :

<u>Test</u>	<u>Result</u>	<u>Unit</u>	<u>Biological Ref. Interval</u>
Fasting Blood Sugar: (GOD-POD)	85.0	mg/dl	70-110
Post Prandial Blood Glucose: <u>94.8</u> (GOD-POD)		mg/dl	100 - 150

American Diabetes Association Reference Range :

Normal : &lt; 100 mg/dl

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

Diabetes : &gt;= 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.

  
Page 6 of 6

**Pathologist**  
Dr. Pravin Shah  
(M.D.Path) G-15478



आयकर विभाग  
INCOME TAX DEPARTMENT



भारत सरकार  
GOVT. OF INDIA



स्थायी लेखा संख्या कार्ड  
Permanent Account Number Card

DULPP2223J

नाम / Name

SACHINKUMAR VINODBHAI PRAJAPATI

पिता का नाम / Father's Name

VINODBHAI REVABHAI PRAJAPATI

जन्म की तारीख / Date of Birth

02/05/1997

S. V. Parivahar

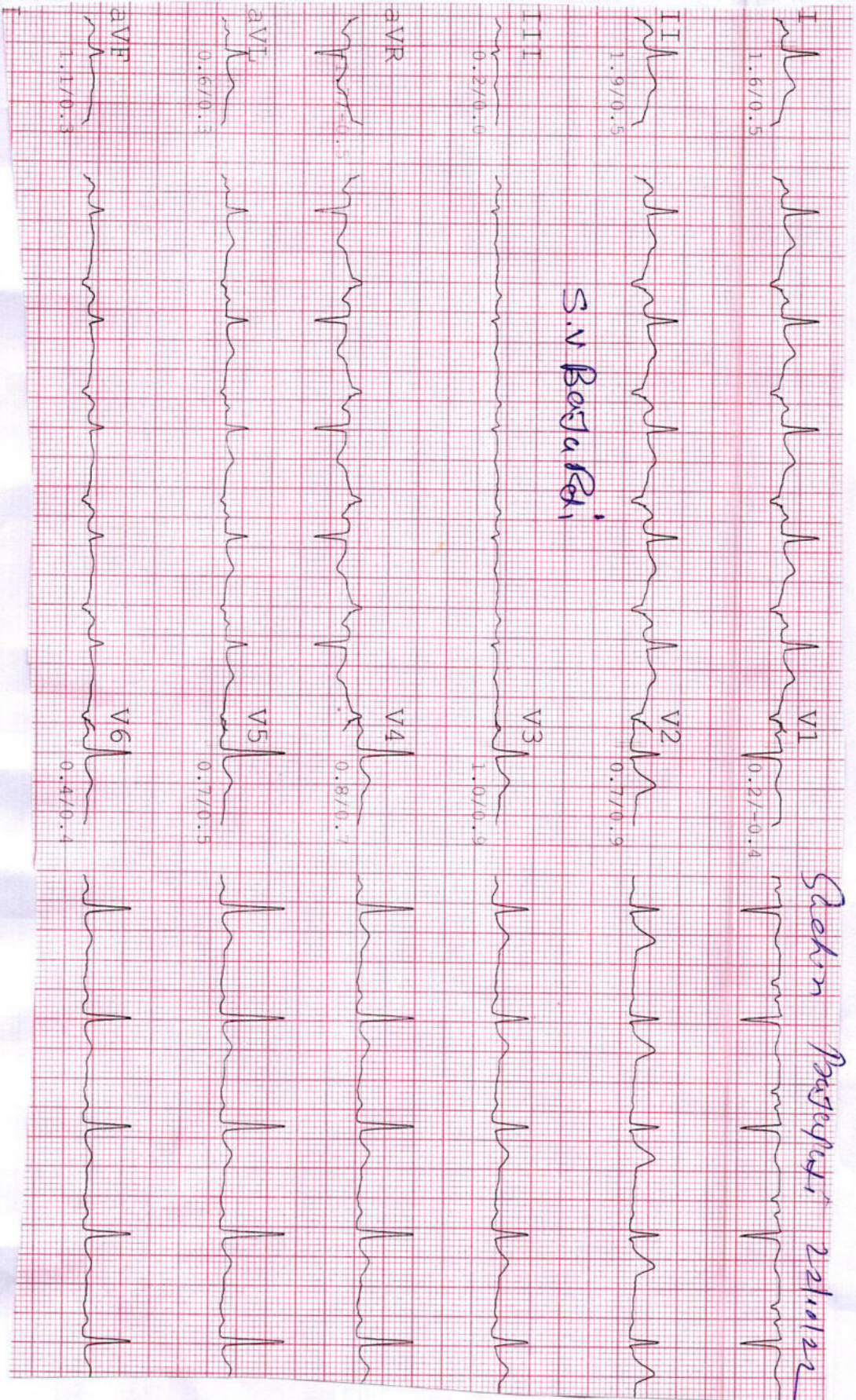
हस्ताक्षर / Signature

S. V. Parivahar



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S.V. Basu & Co.

Dr. N. I. Shah 22/10/22

NSR wave



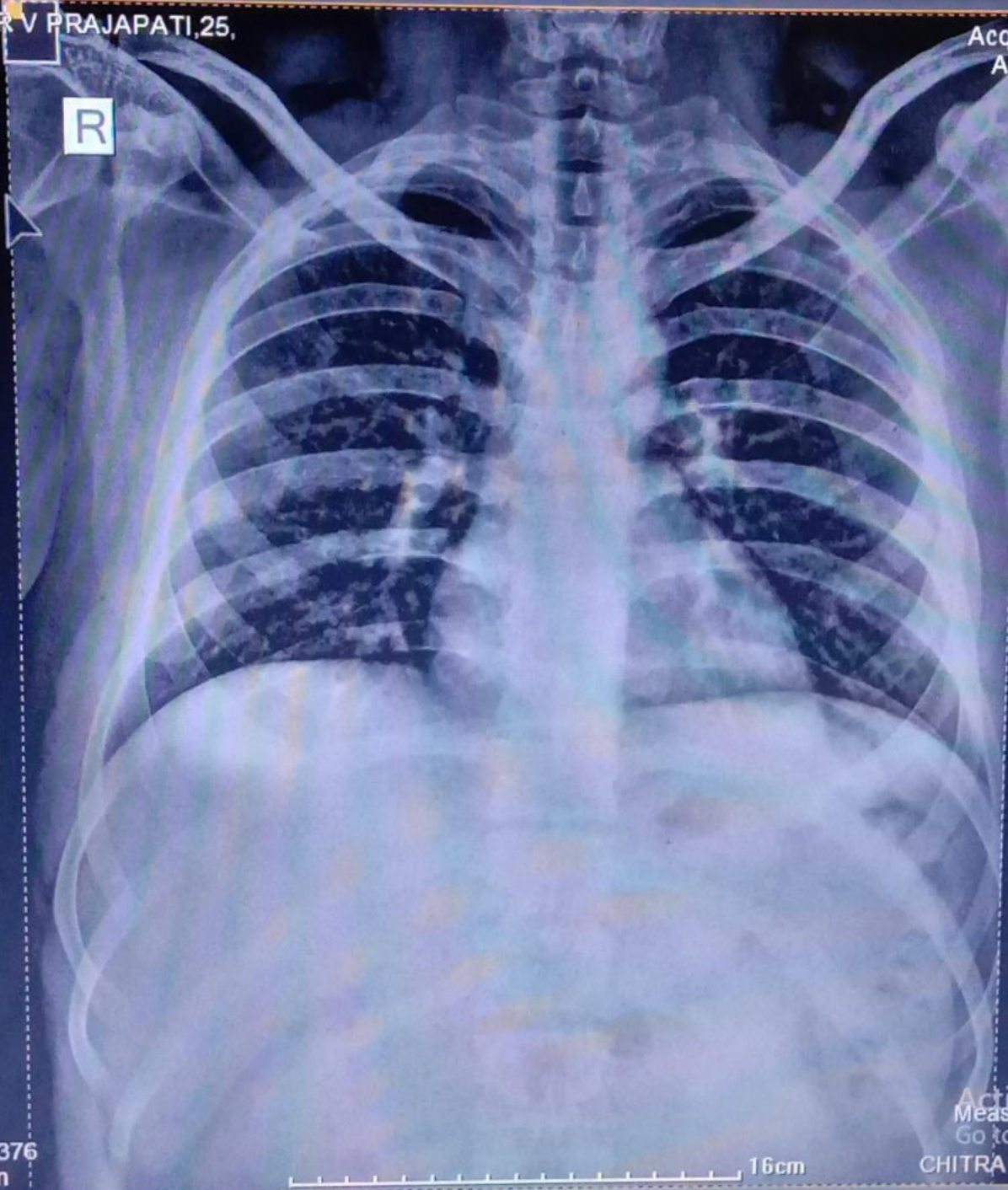
DR. N. I. SHAH  
G-4383 M.D.



SACHIN KUMAR V PRAJAPATI, 25,  
Sex: Male  
DOB:  
ID: PAT000148

Acq. Date: 22/10/2022  
Acq. Time: 08:58:25  
Exp. Index: 1269

R



CHEST  
AP  
W: 4078, L: 1376  
Tech ID: admin

14cm

16cm

Activate Windows  
Measure at receptor  
Go to Settings to activate  
Scale: 0.25  
CHITRA ENTERPRISE