



PRAMUKH

MULTI SPECIALITY

HOSPITAL

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

MEDICAL EXAMINATION

DATE :- 19 July 2021

NAME :- NIRUBEN K. NAYI

AGE /SEX :- 54 / Female .

O/E :

T: (N)

BP: 136/98 mmHg.

P: 92/min

RS: BAE ⊕

SPO2: 98% on R.A.

CNS: Con/om.

CVS: S1 ⊕ S2 ⊕

P/A: Soft.

ADV:

on 3/1/21

Height: 151

Weight: 98

BMI: 43.0

Eye Exam.: Normal Vision

Ear Exam.: Normal Hearing.





NAME: NIRUBEN K. NAYI
REF BY: PRAMUKH HOSPITAL

F/54YRS
DATE: 19/07/2021

U.S.G. OF ABDOMEN PELVIS

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.
C-M differentiation is well preserved on either side.
No calculus or hydronephrosis 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.

No adnexal mass is seen on either side.

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.

IMPRESSION:

- **Grade I fatty changes in liver.**

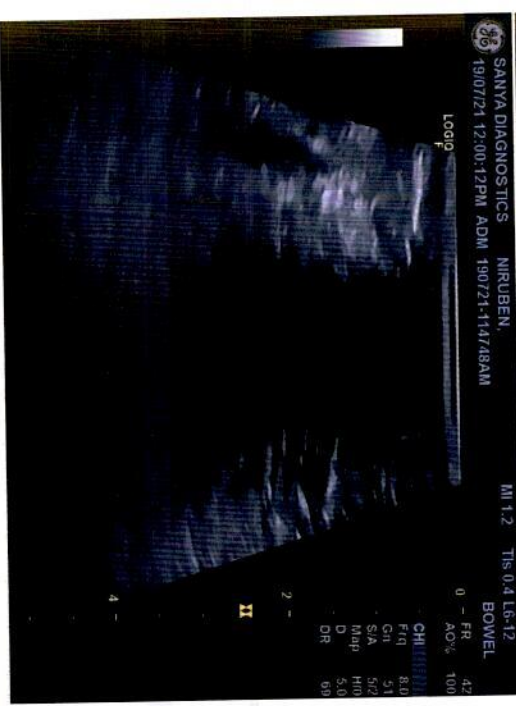


DR. SANDIP MEVADA
M.D.

DR. ANIRUDDHSINH RAHEVAR
DMRD DNB

DR. RUCHIT SHAH
M.D.

DR. AMISHA PATEL
M.D.





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X RAY CHEST PA VIEW

Both lung fields under vision appears normal.

No evidence of koch's lesion or consolidation is seen.

Both CP angles are clear.

Cardiac size is within normal limits.

Bony thoracic cage and both domes of diaphragm appears normal.

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Facility :

- ECG
- 2D ECHO
- TMT
- Holter Monitoring
- 24 Hours Ambulatory BP Monitoring (ABPM)
- Health Checkup

2D-ECHO WITH COLOUR DOPPLER

PATIENT NAME: NIRUBEN NAYI
REF. BY : PRAMUKH HOSPITAL

AGE: 54Y/F
DATE: 19-Jul-21

Observation:

01. NORMAL LV SIZE ,NORMAL LV FUNCTION,LVEF :60%
02. NO RWMA AT REST,
03. NO LVH
04. RA , RV NORMAL:NORMAL RV FUNCTION
05. ALL VALVES ARE STRUCTURALLY NORMAL.
06. NO AR,TRIVIAL MR,TRIVIAL TR. NO PAH
07. REDUCED LV COMPLIANCE.GRADE I DIA. DYSFUNCTION
08. IVS AND IAS ARE INTACT. IVC REACTIVE
09. NO EVIDENCE OF PE / VEGETATION/THROMBUS/EFFUSION

➤ Measurements:

AO: 28 MM	LV DIASTOLE: 49 MM
LA : 29 MM	LV SYSTOLE: 29 MM
RVSP: 27 MMHG	IVS/PW: 10.9/11.3 MM
AOVP : 1.5 M/S	PVP : 1.1 M/S
MVIS : 0.8/0.9 M/S	

➤ **Conclusion**

- NORMAL LV SIZE & NORMAL LV FUNCTION ,LVEF:60%
- NO RWMA AT REST.
- NO AR.TRIVIAL MR.TRIVIAL TR NO PAH RVSP:27MMHG
- REDUCED LV COMPLIANCE.GRADE I DIA. DYSFUNCTION
- NO E/O PE/EFFUSION

NORMAL 2D ECHO DOES NOT RULE OUT CAD. CORRELATE CLINICALLY

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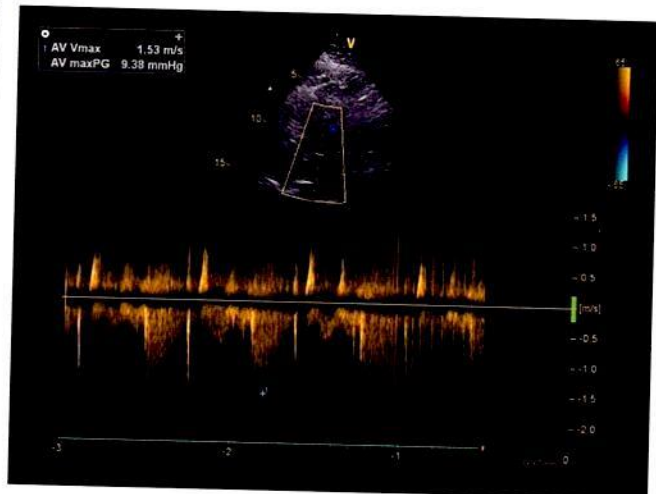
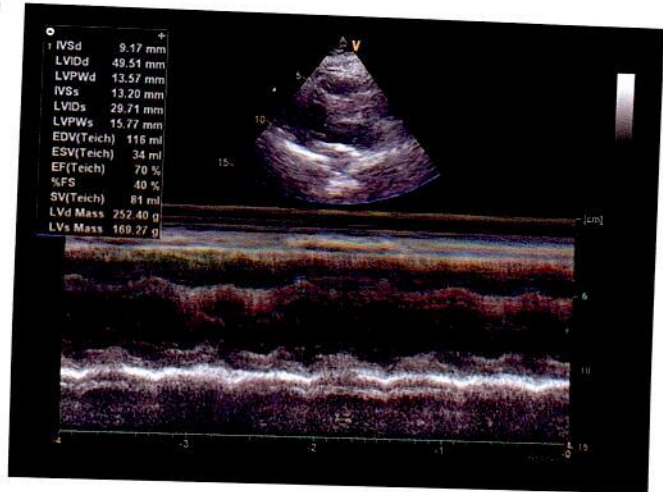


Spandan Heart Care

Name: niruben

Id: NIRUB80_80287

Date: 19/07/2021

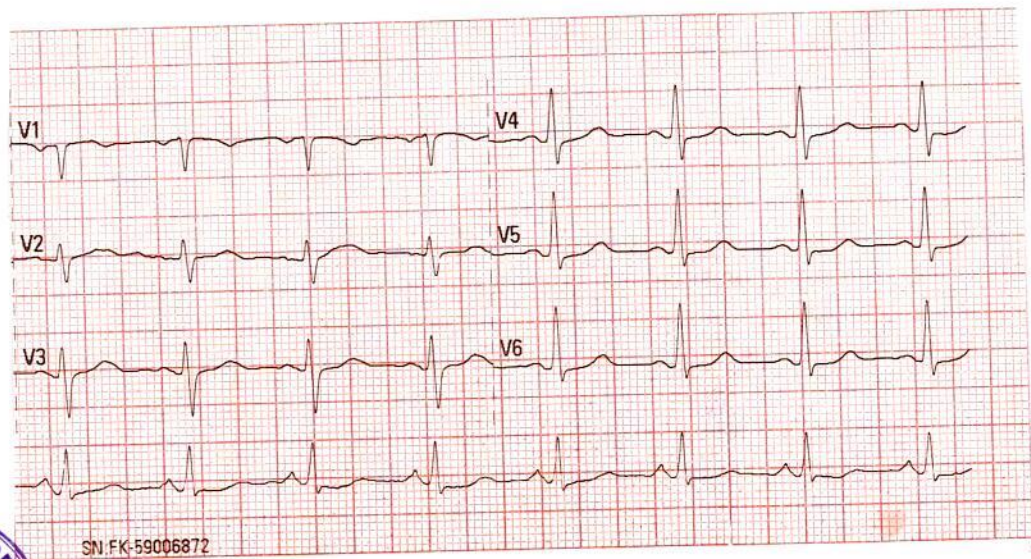
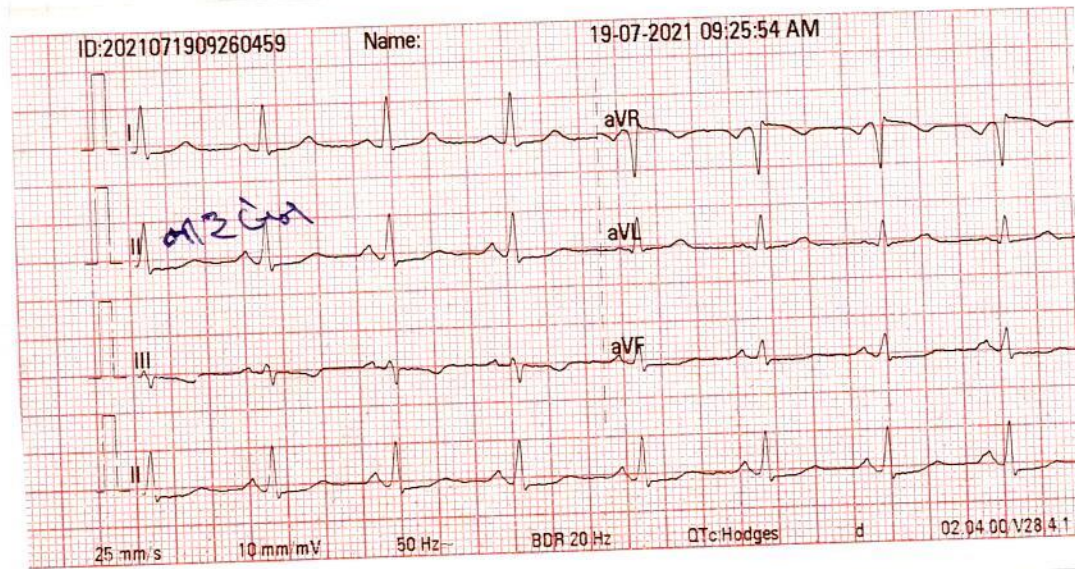




Niruben K. Nayi
(19 July 2021)

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NSR WNL
P-74

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MANINAGAR, AHMEDABAD.



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Above Punjab National Bank,
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Patient Name : Niruben Kirtikumar Nayi
Sample No. : 6989
Referred : C/o. Bank Of Baroda

Age/Sex : 54 Years/Male
Registration On:19/07/2021/13:46
Approved On :19/07/2021 18:24

HAEMOGRAM REPORT

Sample Type :-EDTA

<u>TESTS</u>	<u>RESULT</u>	<u>UNITS</u>	<u>REFERENCE RANGE</u>
BLOOD COUNTS:			
Haemoglobin	10.8	g/dL	11 to 16 g/dL
R.B.C. Count	5.38	mill./c.mm	4.5-6.5 mill./cmm
W.B.C. Count	7000	/c.mm	4,000 - 11,000/cmm
Platelet Count	330000		1,40,000 - 4,50,000 /cmm
DIFFERENTIAL COUNT:			
Polymorphs	56	%	60 - 70
Lymphocytes	41	%	20 - 40
Eosoniphils	01	%	1 - 4
Monocytes	02	%	2 - 6
Basophils	00	%	0 - 1
BLOOD INDICES:			
P.C.V.	36.6	%	38 - 44
M.C.V.	68	fl	80 - 96
M.C.H.	20.1	pg	27 - 31
M.C.H.C.	29.5	g/dl	32 - 36
SMEAR STUDY:			
RBC	Mildly hypochromic , microcytic.		
Platelet	Adequate		
E.S.R. (Western Grain Method)			
At 1Hour	08 mm		01 to 12 mm/Hour

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



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BLOOD SUGAR LEVEL

<u>Test</u>	<u>Result</u>	<u>Unit</u>	<u>Normal Range</u>
Fasting Blood Sugar:	75.1	mg/dl	70-110
Post Prandial Blood Glucose:	138.01	mg/dl	100 - 150 mg/dl

BLOOD GROUP

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

RENAL FUNCTION

<u>Test</u>	<u>Result</u>	<u>Unit</u>	<u>Normal Range</u>
Urea:	19.15	mg/dl	10 - 50 mg/dl
S. Uric Acid:	5.90	mg/dl	3.2 - 7.2 mg/dl
Blood Urea Nitrogen: (Calculated)	8.95	mg/dl	08 - 23 mg/dl

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LIPID PROFILE

Sample :- SERUM

<u>Test</u>	<u>Result</u>	<u>Unit</u>	<u>Normal Range</u>
S. Cholesterol:	200.56	mg/dl	Desirable : < 200 Borderline High : 200 - 239 High : > 240
Serum Triglycerides:	129.69	mg/dl	Normal : Normal < 150 Borderline : 150 - 199 High : > 200
HDL Cholesterol:	60	mg/dl	40 - 60 mg/dl
Serum LDL Cholesterol:	114.622	mg/dl	Up to 150
(Calculated)			
Serum VLDL Cholesterol:	25.938	mg/dl	Up to 35
(Calculated)			
LDLC/HDLC Ratio:	1.91	mg/dl	Up to 3.4
(Calculated)			
Cholesterol/HDLC Ratio:	3.34	mg/dl	Up to 5.0
(Calculated)			
Total Lipid:	654.872	mg/dl	400 - 1000 mg/dl
(Calculated)			

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LIVER FUNCTION TESTS

<u>Test</u>	<u>Result</u>	<u>Unit</u>	<u>Normal Range</u>
S. Bilirubin (Total):	0.60	mg/dl	upto 1.2 mg/dl
S. Bilirubin (Direct):	0.14	mg/dl	upto 0.2 mg/dl
S. Bilirubin (Indirect):	0.46	mg/dl	up to 1.0 mg/dl
SGPT:	21.33	U/L	up to 42 IU/L
SGOT:	24.24	U/L	up to 40 U/L
GGT:	19.72	U/L	12 - 64 U/L
Total Proteins:	7.15	g/dl	6.0 - 8.3 g/dl
Albumin:	4.04	g/dl	3.5 - 5.2 g/dl
Globulins:	3.11	g/dl	2.4 - 3.7 g/dl
AGRATIO:	1.299		
S.Alkaline Phosphatase:	90.2	U/L	40 - 129 U/L

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Thyroid Functions

<u>Test</u>	<u>Result</u>	<u>Normal Range</u>
T3-Triiodothyronine	: 0.52 ng/ml	0.6 - 1.80 ng/ml
T4-Thyroxine	: 4.0 mcg/dl	4.5 - 10.9 mcg/dl
TSH Thyroid Stimulating Hormone	: 29.26 microIU/ml	0.35 - 5.55 microIU/ml

Comments :

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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Glycosylated HB (HBA1C)

<u>Test</u>	<u>Result</u>	<u>Normal Range</u>
HBA1C:	5.57 %	Normal: \leq 5.6 Prediabetes: 5.7-6.4 Diabetes: \geq 6.5 <i>Diabetes Control Criteria :</i> 6 -7 : Near Normal Glycemia < 7 : Goal 7 - 8 : Good Control > 8 : Action Suggested

Mean Blood Glucose: 113.1 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 glyemic 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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URINE EXAMINATION

PHYSICAL :

Colour - **Pale Yellow**
Deposits - **Absent**
Transparency - **Clear**
Reaction - **Acidic**
Sp. Gravity - **1.009**

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**

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ભારત સરકાર

Government of India



નીરુબેન કિર્તીકુમાર નાયી

Niruben Kirtikumar Nayi

જન્મ તારીખ / DOB : 01/10/1967

સ્ત્રી / Female



3471 2908 2726

આધાર - સામાન્ય માણસનો અધિકાર



ભારતીય વિશિષ્ટ ઓળખાણ પ્રાધિકરણ

Unique Identification Authority of India

સરનામું: નાયી વાસ, નાગવાસણ,

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Lat N 22° 59' 42.5904" Long E 72° 36' 49.2516"

19/07/21 09:16 AM