

# PANCHMUKHI HOSPITAL

150' RING ROAD, MAVDI CHOKDI, SANESHWAR ARCADE, RAJKOT Mo.9925333639,8320711901

Dr C P Dadhaniya  
Dr R C Dadhaniya  
MBBS, Dip.G.O, Diabetologist

policy number :  
full name : Rachchh mees Jitendraabhai  
identity proof : Aichar card  
identity proof no : 1222  
gender : male / 28  
height : 170  
weight : 78  
B P : 110/74  
pluse : 72/min Regular  
blood sample : Yes  
fasting mode : Yes  
non fasting mode : Yes  
  
past history : NO  
  
Dental : Healthy  
  
Romberg Test :  
  
Colour vision : Normal

*[Handwritten signature]*

**DR. C. P. DADHANIYA**  
M.B. Diabetologist  
Ind. Physician (CIH)  
Reg. No. G19798  
Code No. 378943  
Panchmukhi Hospital  
Mavdi Chowki,  
150 Ft. Ring Road, RAJKOT.

NAME: Meet Jitendra Babhai  
 AGE/GENDER: 28/male  
 DIAG. DATE: 28-10-23

PATIENT'S REFRACTION DETAILS

		SPHE	CYL	AXIS	VN
R	D	-4.00	N	90°	6/6
	N	N			6/6
L	D	-3.25	N	130°	6/6
	N	N			6/6

REMARKS: colour Blindness normal

CHECKED BY: Dr. C. P. Dadhaniya

DR. C. P. DADHANIYA  
 M.D. Diabetologist  
 Ind. Physician (EM)  
 Regd. (R) 619798  
 Code No. 372643  
 Panchmukhi Hospital  
 Mavdi Chowki,  
 150 Ft. Ring Road, RAJKOT.

*[Handwritten signature]*

10mm/mV AUTO

10mm/mV

I

aVR

II

aVL

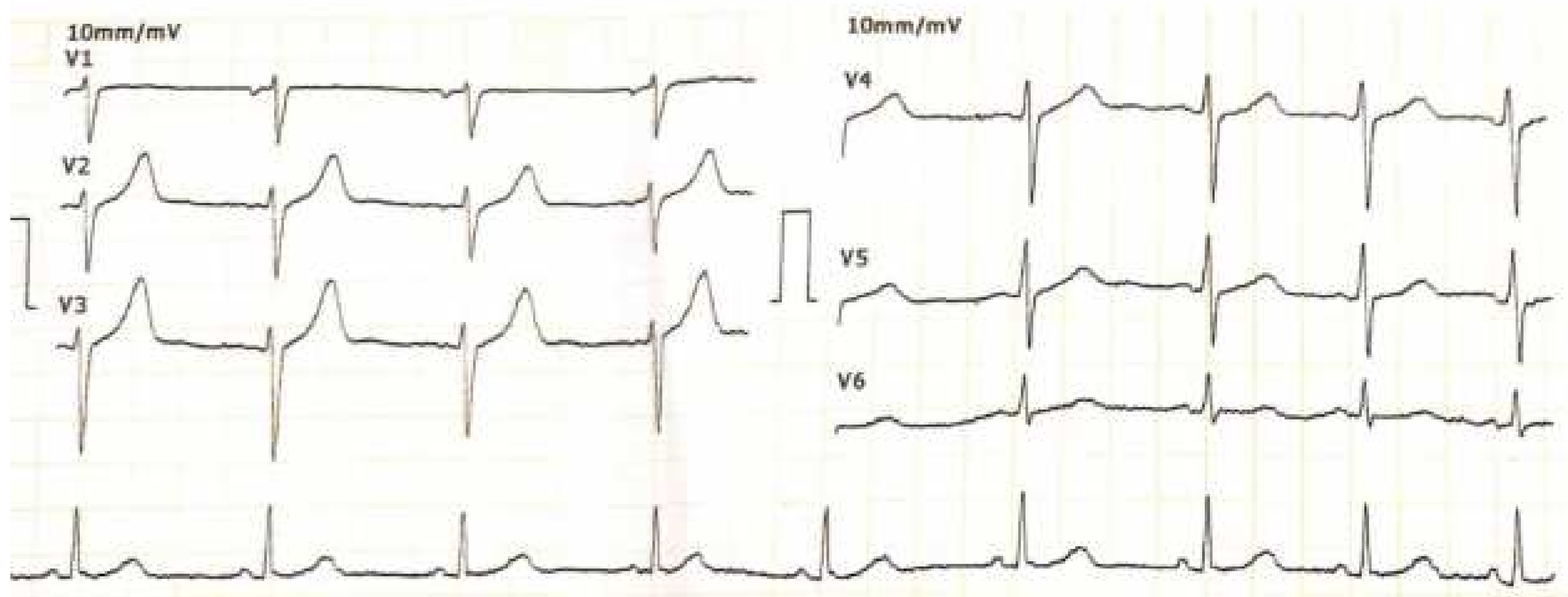
III

aVF

I 10mm/mV

25mm/s

AC:ON 0.05-35Hz



2023-10-28 8:53:43 ID:00003546  
 ID Card: Reichhh meef  
 Name: Reichhh meef Gender: male  
 Age: 28 Height(cm): 1  
 Weight(Kg): 1 BP(mmHg): 1

HR.....bpm 72  
 P-R.....ms 106  
 Q-R-S.....ms 90  
 QT/QTc.....ms 373/406  
 P/QRS/T AXES.....Regd...No...G...deg 56/1/51  
 RV5/SV1.....Code.No...3...mV 0.71/0.57  
 RV5+SV1.....mV 1.28  
 \*The result must be confirmed by doctor!  
 Report Confirmed by: Panchmukhi Hospital  
Maydi Chowki  
150 Ft. Ring Road, RAJKOT.



# પંચમુખી હોસ્પિટલ

ડૉ. રાજેશ્રીબેન ડાહ્યાણીયા  
ડૉ. સી. પી. ડાહ્યાણીયા  
MBBS, Dip.G.O, Diabetologist

૧૫૦ સિંગ રોડ, મવડી ચોકડી, શાનેશર આર્કેડ, રાજકોટ. ફોન : ૦૨૮૧-૨૩૭૧૭૩૨

મલ્ટી સ્પેશ્યાલિટી એન્ડ મેટરનીટી નર્સિંગ હોમ

Date :

સુવિધાઓ

- જનરલ પ્રેક્ટીસ
- સ્ત્રીરોગ વિભાગ
- સોનોગ્રાફી
- સર્જરી વિભાગ
- મેડીસીન વિભાગ
- ઓર્થોપેડીક વિભાગ
- બાળરોગ વિભાગ
- એનોરેક્ટલ સર્જરી
- યુરોલોજી
- લેપ્રોસ્કોપી સર્જરી
- આર.એસ.બી.વાય તથા ચિરંજીવી યોજના
- દરેક જાતની રસી (વેક્સીન) દરરોજ આપવામાં આવે છે

I Meer RACHCH WILLINGLY  
Not want to have  
Stool Report.

*Meer*

Dr. C. P. DADHANIYA

M.B.B.S., C.I.H.

Regd. No. 619798

PANCHMUKHI HOSPITAL

KAVADI CHOKADI,

150 SING ROAD, RAJKOT.

દવાનું રિએક્શન આવે તે દર્દીની તાત્કીર ઉપર આધાર રાખે છે

• ફટી આવો ત્યારે આ ડાગળ સાથે લાવવો



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Scanned with OKEN Scanner





ભારત સરકાર

Government of India

રાચ્છ મીત જિતેન્દ્રભાઈ

Rachchh Meet Jitendrabhai

જન્મ તારીખ / DOB : 20/10/1995

પુરુષ / Male



3010 2199 1211



આધાર – આખા સમાજ માટે સર્વોચ્ચ અધિકાર



ભારતીય ઇદિફિકેશન ઓથોરિટી યુનિટિફિકેશન

Unique Identification Authority of India

સરનામું: માધવ, બજરંગવાડી શેરી નં. 10,  
સર્કલ પાસે, જામનગર રોડ, રાજકોટ, રાજકોટ  
ભોમેશ્વર પ્લોટ, ગુજરાત, 360006

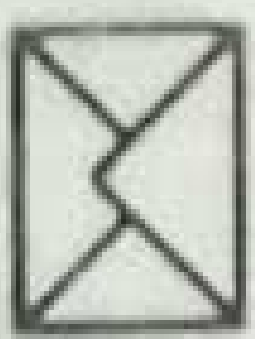
Address: Madhav, Bajrangvadi Street No.  
10, Near Circal, Jamnagar Road, Rajkot,  
Rajkot Bhomeshwar Plot, Gujarat, 360006

3010 2199 1211



1947

1800 300 1947



help@uidai.gov.in

www

www.uidai.gov.in





Mediwheel Rachchh  
meet

GPS Map  
Camera Lite

At mavdi chokdi, 150 Feet Ring Rd, opposite Mahiraj  
Hotel, Mavdi, Rajkot, Gujarat 360004, India

Latitude  
22.2647846°

Longitude  
70.7842447°

Local 09:22:30 AM  
GMT 03:52:30 AM

Altitude 143 meters  
Saturday, 28.10.2023



Pat.s' Name: RACHCH MEET

DATE: 28 October 2023

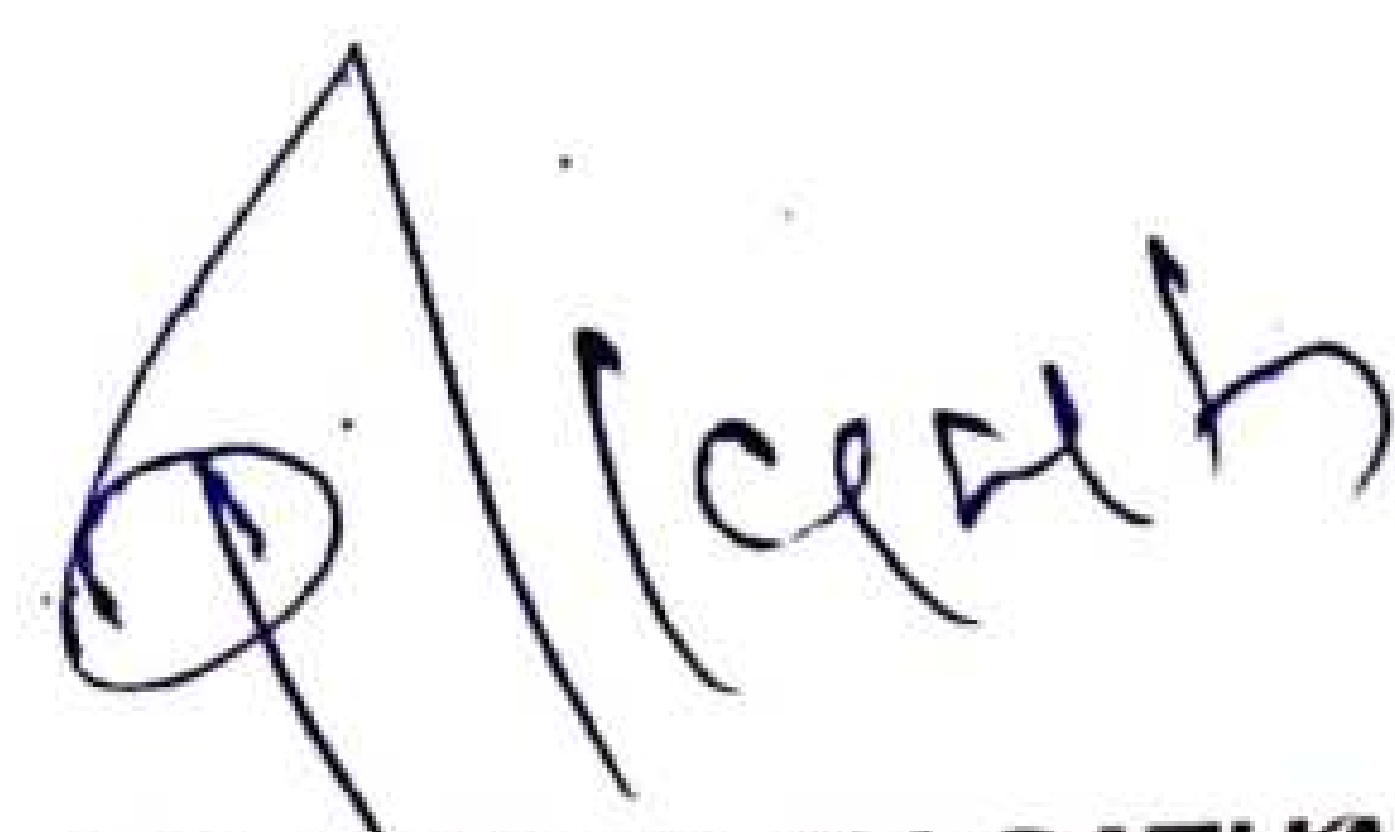
## U.S.G. OF ABDOMEN AND PELVIS

- **LIVER:** is normal size and shows bright parenchymal echotexture. No focal lesion noted. Intrahepatic biliary radicals appear normal. C.B.D and portal vein appears normal in calibre.
- **GALL BLADDER:** Well distended and appears normal. No evidence of gallstone or changes of cholecystitis.
- **PANCREAS:** appears normal in size, shape, echogenicity and echotexture. No focal lesion noted. No e/o peripancreatic fluid collection.
- **SPLEEN:** normal in size, shape, echogenicity and echotexture. No focal lesion noted.
- **BOTH KIDNEYS:** are normal in size and echotexture. Cortical echogenicity appears normal. Cortico medullary differentiation is preserved. No e/o hydronephrosis on either side. **concretions are seen at lower pole calyx of both kidney and mid pole calyx of right kidney.**
- **URINARY BLADDER:** Well distended. No evidence of calculus, wall thickening, diverticula or mass lesion.
- **PROSTATE:** is normal in size, shape and echogenicity. No focal lesion.
- Visualised bowel loops show no evident abnormality. No e/o lymphadenopathy. RIF/ LIF CLEAR. Bilateral C-P angles clear.

### CONCLUSION:

- **Bilateral renal concretions.**
- **Grade I fatty changes in liver.**

Thanks for reference.



**DR PRATIK KAGATHARA**  
MD

Krishna Arcade, 150 Feet Ring Road, Opp. Om Nagar (BRTS), Rajkot. Mo. 72838 42020

**32 SLICE CT SCAN | 3D-4D SONOGRAPHY | COLOUR DOPPLER | X-RAY & PROCEDURE INTERVENTIONS**

Pt.'s Name: RACHCHH MEET

Date: 28 October, 2023

**Radiograph of chest (PA view)**

- *Both the lung fields are clear.*
- *No e/o consolidation, cavitations or collapse.*
- *Both the hila appears normal .*
- *Both costophrenic angles appear clear.*
- *Both domes of diaphragm appear normal.*
- *Cardiac size is within normal limit.*
- *Bones underview reveals no evident abnormality.*

Thanks for reference.



DR PRATIK KAGATHARA  
MD





RACHCHH MEET/M CHEST PA 28-Oct-23  
NEELKANTH DIAGNOSTICS - RAJKOT (DR. PRATIK KAGATHARA)

## Tread Mill Test

Patient Name	:	Meet Rachchh	Age	:	28yrs/M
OPD/IPD	:	OPD	ID. No.	:	
Ref. By	:	Dr. C.P.Dadhaniya	Resting BP	:	120/80
Report Date	:	28/10/2023	Max. BP	:	150/80

Patient Reaches exercise limit at 8.40 METS.

No signs of ischemia at the exercise level and during recovery phase.

Adequate increase of HR & BP.

No significant Arrhythmia.

The stress test was terminated after 7:20 minutes as patient complained of Fatigue.  
Patient achieved 89% THR without chest pain.

The recovery was uneventful.

Fair effort tolerance.

**Conclusion: - The stress test is NEGATIVE for exercise induced myocardial ischaemia.**

*Hansalia M.K.*  
**DR. MAULIK HANSALIA**  
M.B.B.S., PG DIPLOMA CLINICAL CARDIOLOGY

**DR. NISHANT SIRODARIYA**  
M.B.B.S., PG DIPLOMA CLINICAL CARDIOLOGY



**CURE CARDIOLOGY CLINIC**  
**2ND FLOOR KANSAGRA HOSPITAL, ASTRON CHOWK, RAJKOT.**

*Med C*

Summary

356/MEET RACHCHH 28 Yrs/Male 0 Kg/0 Cms  
 Date: 28-Oct-2023 05:23:59 PM

Ref. By :  
 Medication :  
 Objective :

Protocol : BRUCE  
 History :

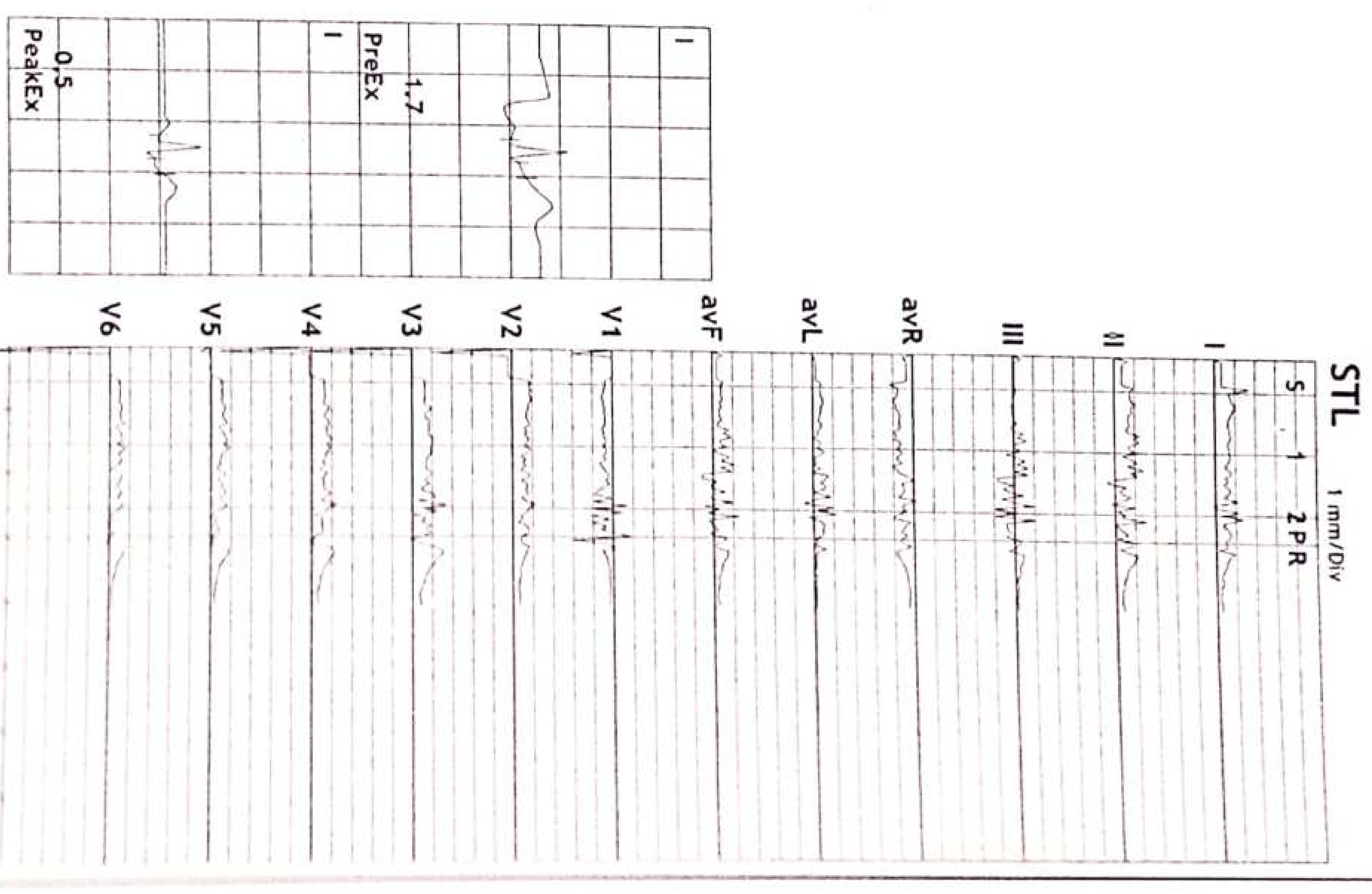


Stage	StageTime (Min:Sec)	PhaseTime (Min:Sec)	Speed (kmph)	Grade (%)	METS	H.R. (bpm)	B.P. (mmHg)	R.P.P. x100	PVC	Comments
Supine	0:01	1:29	0.0	0.0	1.0	79	120/80	94	10	
Standing	0:01	1:34	0.0	0.0	1.0	87	120/80	104	-	
HV	0:01	1:37	0.0	0.0	1.0	84	120/80	100	-	
EXStart	0:01	1:40	0.0	0.0	1.0	82	120/80	98	-	
Stage 1	3:00	3:00	2.7	10.0	4.6	126	130/80	163	-	
Stage 2	3:00	6:00	4.0	12.0	7.0	149	150/80	223	1	
PeakEX	1:18	7:19	5.5	14.0	8.4	170	150/80	255	2	
Recovery	1:00	7:21	0.0	0.0	1.2	120	150/80	180	1	
Recovery	2:00	7:21	0.0	0.0	1.0	102	140/80	142	-	
Recovery	3:00	7:21	0.0	0.0	1.0	107	130/80	139	-	

**Findings :**

Exercise Time : 7:20 minutes  
 Max HR attained : 170 bpm 89% of Max Predictable HR 192  
 Max BP : 150/80(mmHg)  
 Workload attained : 8.4 (Fair Effort Tolerance )  
 No significant ST segment changes noted during exercise or recovery.  
 No Angina/Arrhythmia/S3/murmur  
 Final Impression : Test is negative for inducible ischaemia.  
 Maximum Depression: 0:00

Advice/Comments:





**CURE CARDIOLOGY CLINIC**  
**2ND FLOOR KANSAGRA HOSPITAL, ASTRON CHOWK, RAJKOT.**  
 356 / MEET RACHCHH  
 28 Yrs / Male  
 0 Kg / 0 Cm  
 Date: 28-Oct-2023 05:23:59 PM

HR: 79 bpm  
 METS: 1.0  
 BP: 120/80

MPHR: 41% of 192  
 Speed: 0.0 kmph  
 Grade: 0.0%

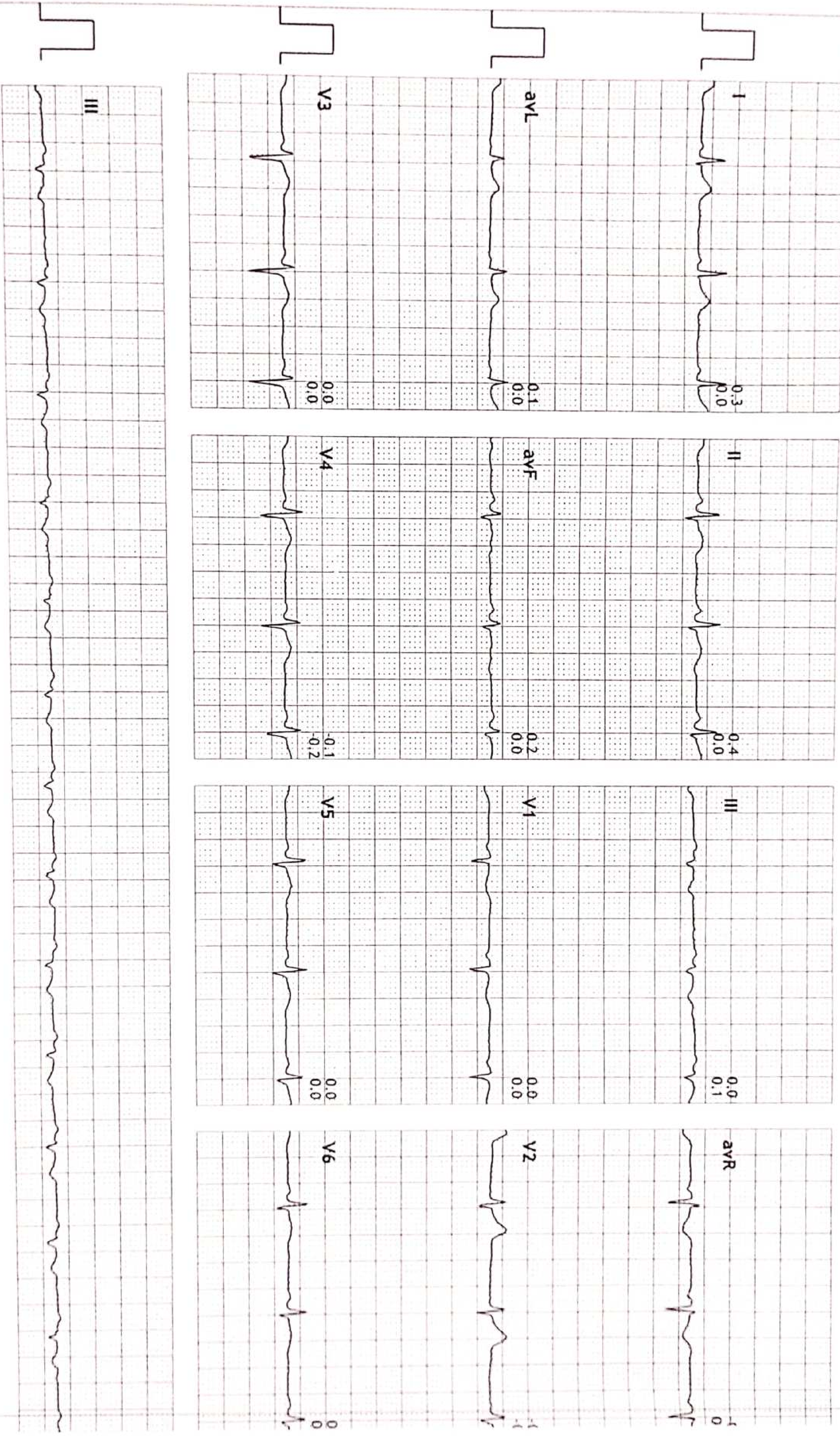
Raw ECG  
 BRUCE  
 (0.05-100)Hz

Ex Time 01:28  
 BLC :On  
 Notch :On

Supine  
 10.0 mm/mV  
 25 mm/Sec.



3X4+1 Rhythm Lead





**CURE CARDIOLOGY CLINIC**  
**2ND FLOOR KANSAGRA HOSPITAL, ASTRON CHOWK, RAJKOT.**  
 356 / MEET RACHCHH  
 28 Yrs / Male  
 0 Kg / 0 Cm  
 Date: 28-Oct-2023 05:23:59 PM

HR: 87 bpm  
 METS: 1.0  
 BP: 120/80

MPPHR: 45% of 192  
 Speed: 0.0 kmph  
 Grade: 0.0%

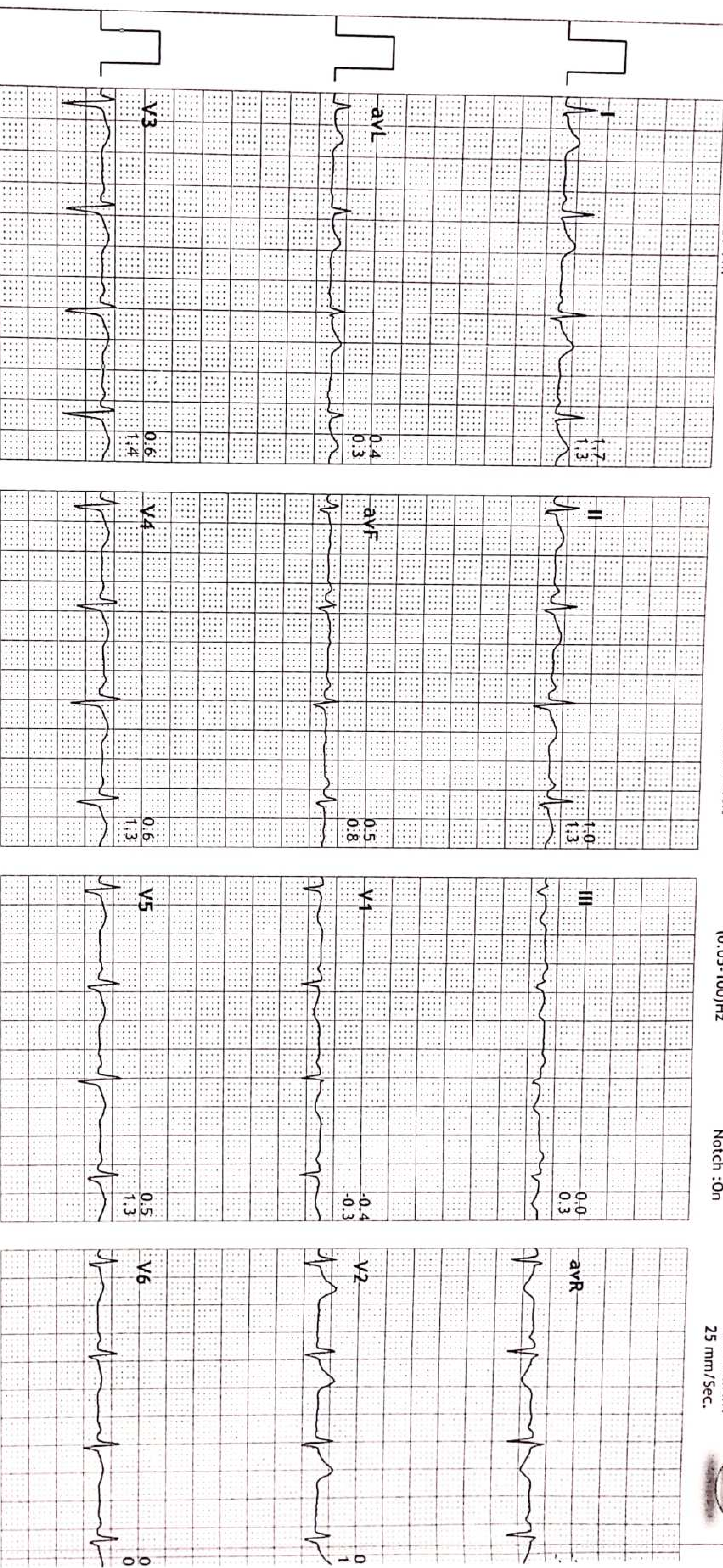
Raw ECG  
 BRUCE  
 (0.05-100)Hz

Ex Time 01:33  
 BLC : On  
 Notch : On

Standing  
 10.0 mm/mv  
 25 mm/Sec.



3x4+1 Rhythm Lead





CURE CARDIOLOGY CLINIC

2ND FLOOR KANSAGRA HOSPITAL, ASTRON CHOWK, RAJKOT.

356 / MEET RACHCHH

28 Yrs / Male

0 Kg / 0 Cm

Date: 28-Oct-2023 05:23:59 PM

3X4+1 Rhythm Lead

HR: 84 bpm

METS: 1.0

BP: 120/80

MPHR: 43% of 192

Speed: 0.0 kmph

Grade: 0.0%

Raw ECG

BRUCE

(0.05-100)Hz

Ex Time 01:36

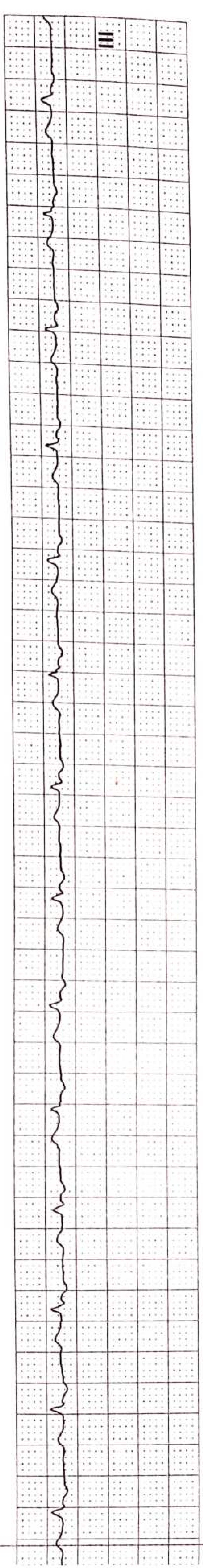
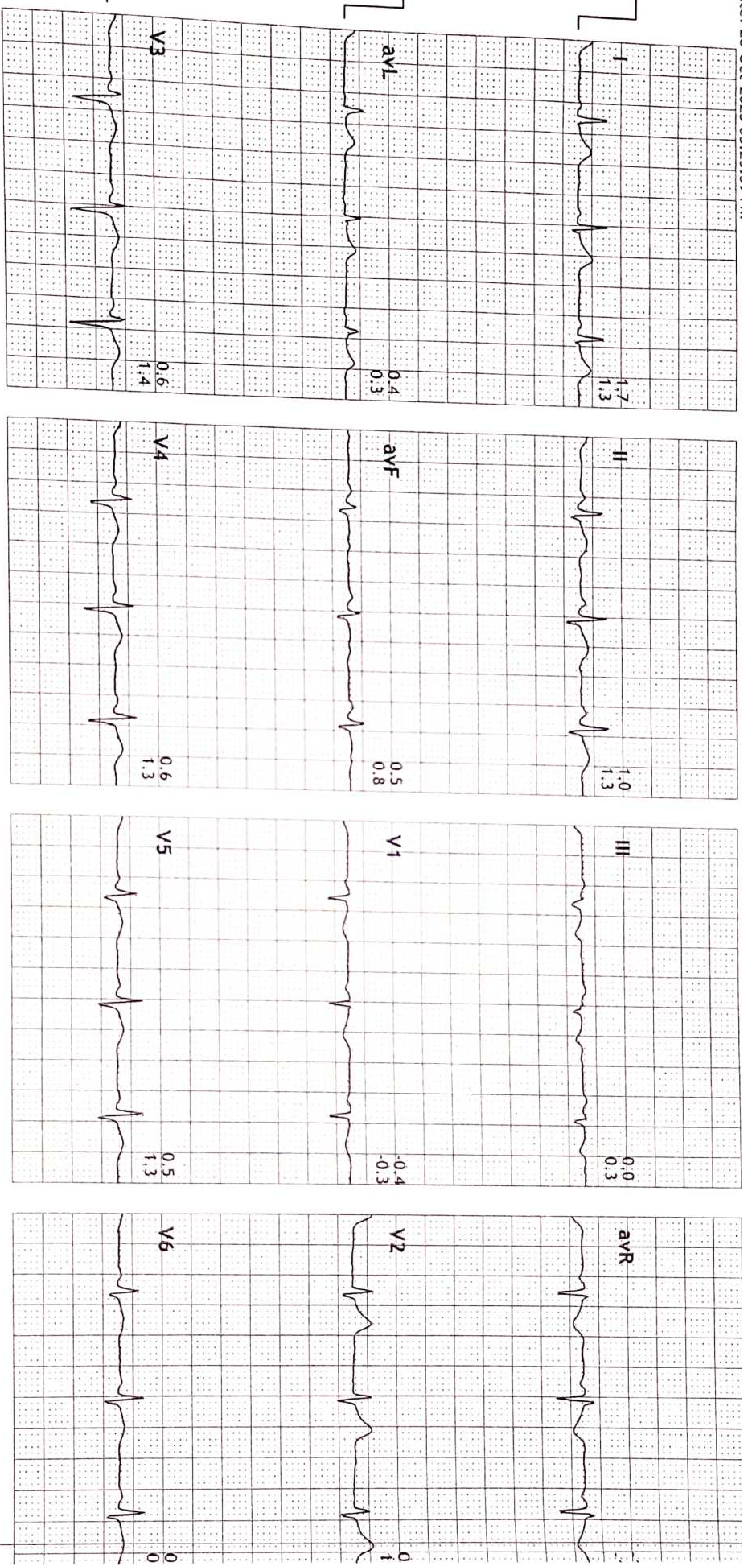
BLC : On

Notch : On

HV

10.0 mm/mV

25 mm/Sec.





CURE CARDIOLOGY CLINIC

2ND FLOOR KANSAGRA HOSPITAL, ASTRON CHOWK, RAJKOT.

356 / MEET RACHCHH  
28 Yrs / Male  
0 Kg / 0 Cm

Date: 28-Oct-2023 05:23:59 PM

3x4+1 Rhythm Lead

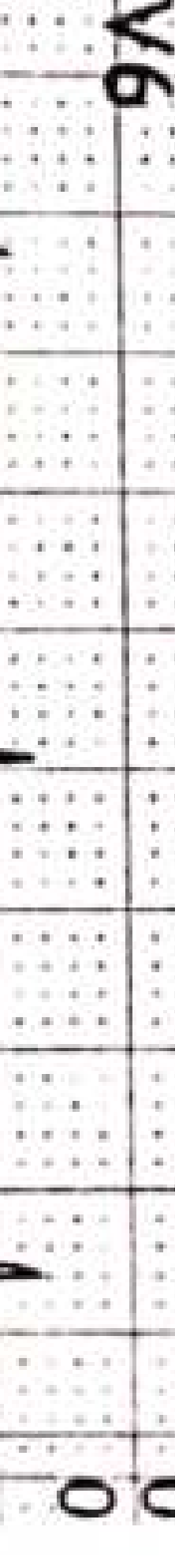
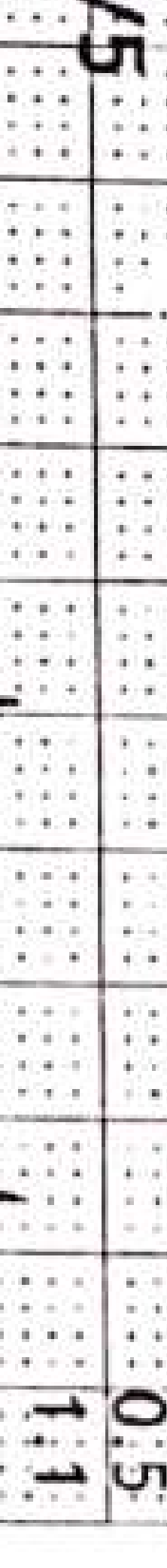
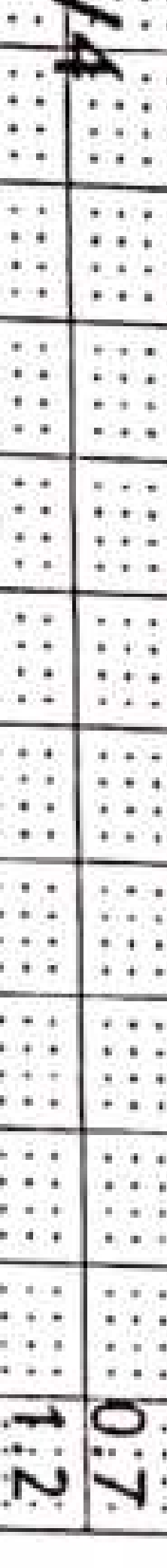
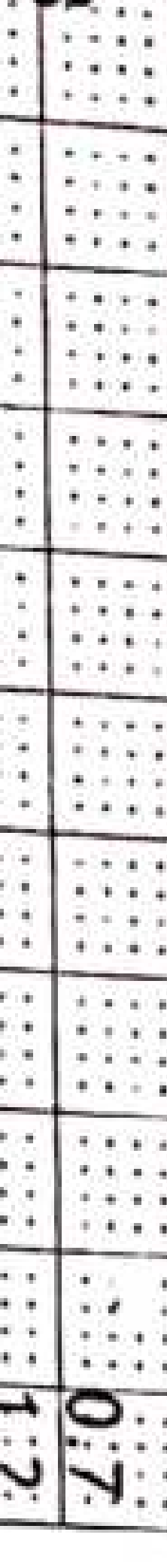
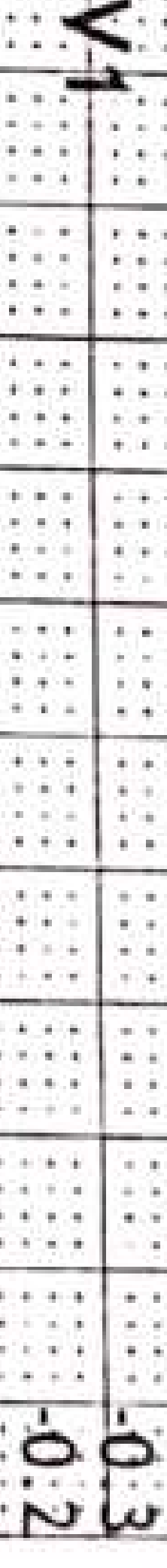
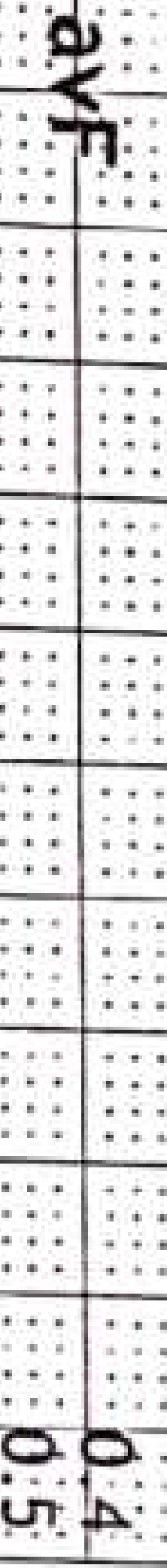
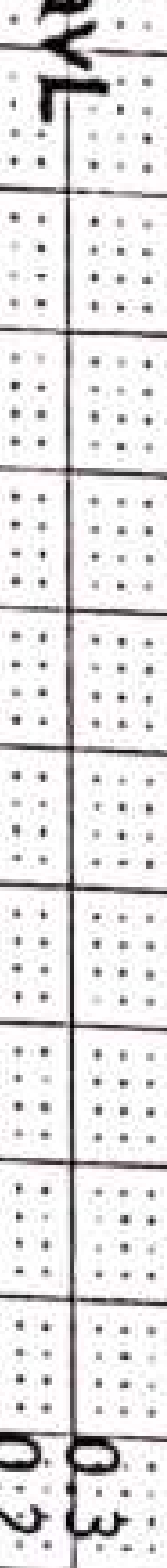
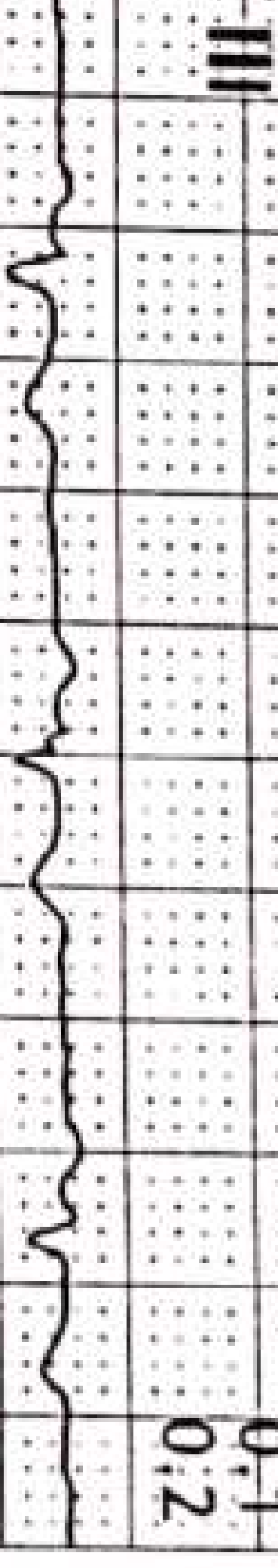
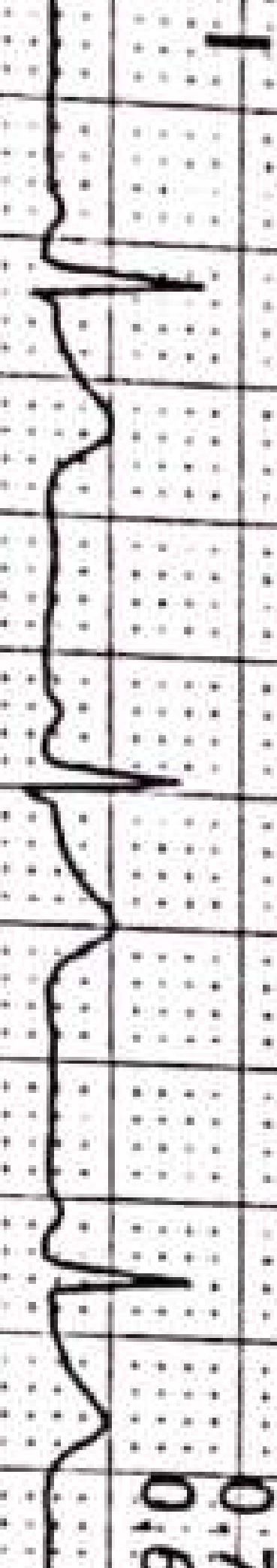
HR: 82 bpm  
METS: 1.0  
BP: 120/80

MPHR: 42% of 192  
Speed: 0.0 kmph  
Grade: 0.0%

Raw ECG  
BRUCE  
(0.05-100)Hz

Ex Time 01:39  
BLC :On  
Notch :On

ExStart  
10.0 mm/mV  
25 mm/Sec.





CURE CARDIOLOGY CLINIC

2ND FLOOR KANSAGRA HOSPITAL, ASTRON CHOWK, RAJKOT.

356 / MEET RACHCHH

28 Yrs / Male

0 Kg / 0 Cm

Date: 28-Oct-2023 05:23:59 PM

3x4+1 Rhythm Lead

HR: 126 bpm

METS: 4.6

BP: 130/80

MPHR: 65% of 192

Speed: 2.7 kmph

Grade: 10.0%

Ex Time 02:59

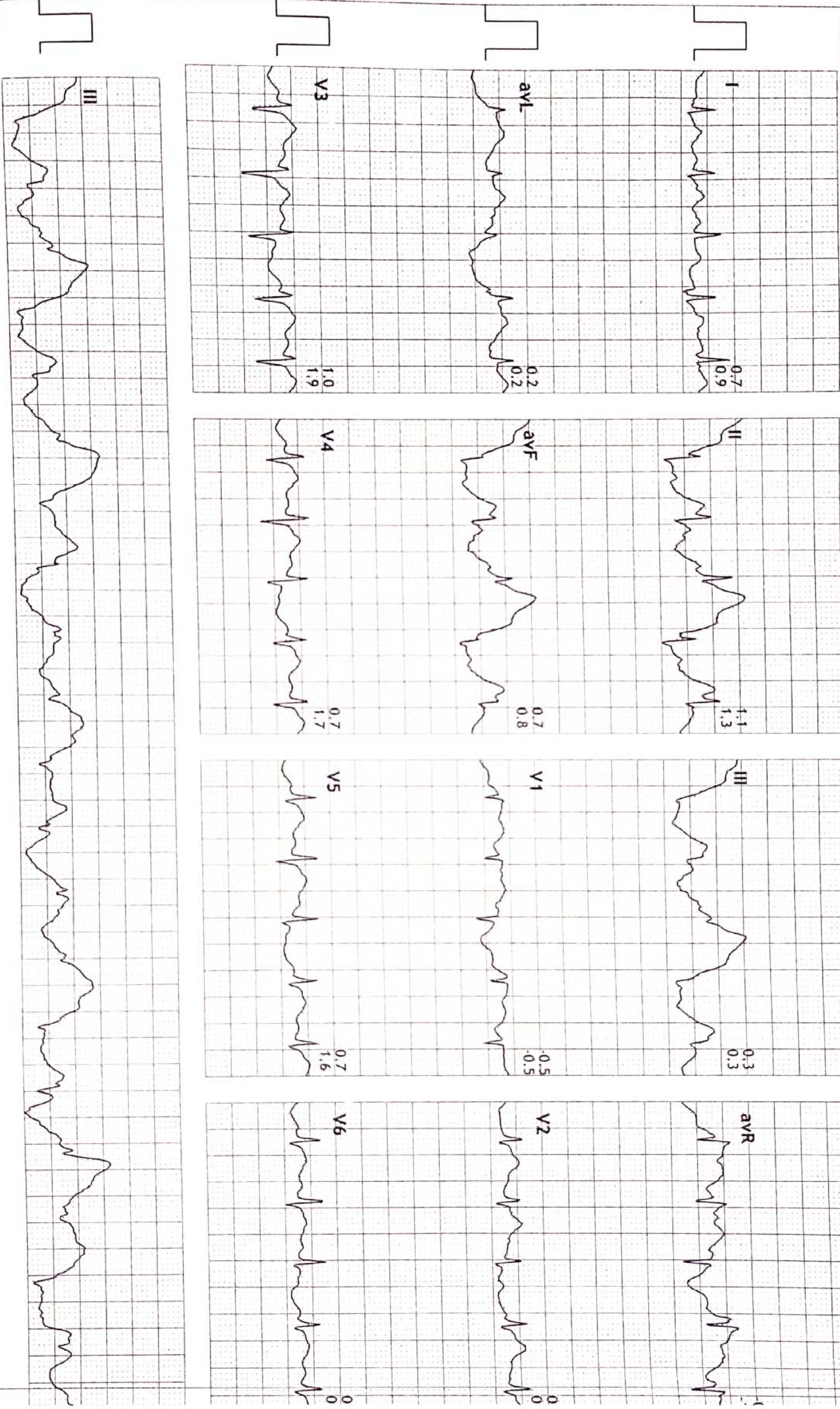
BLC : On

Notch : On

BRUCE: Stage 1

10.0 mm/mV

25 mm/Sec.





HR: 149 bpm

METS: 7.0

BP: 150/80

MpHR: 77% of 192

Speed: 4.0 kmph

Grade: 12.0%

Raw ECG

BRUCE

(0.05-100)Hz

Ex Time 05:59

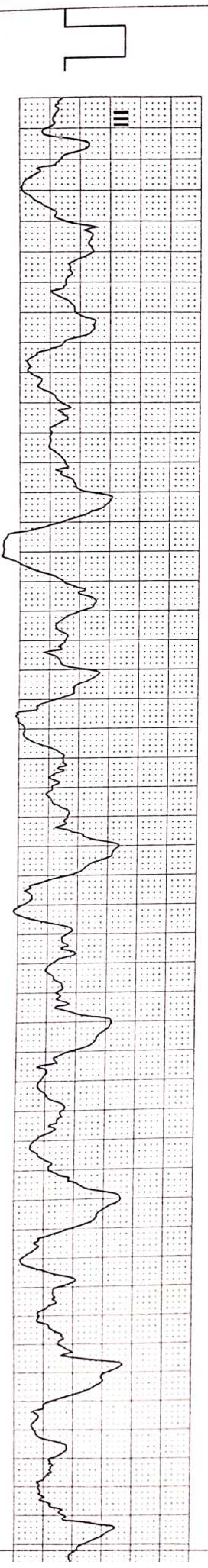
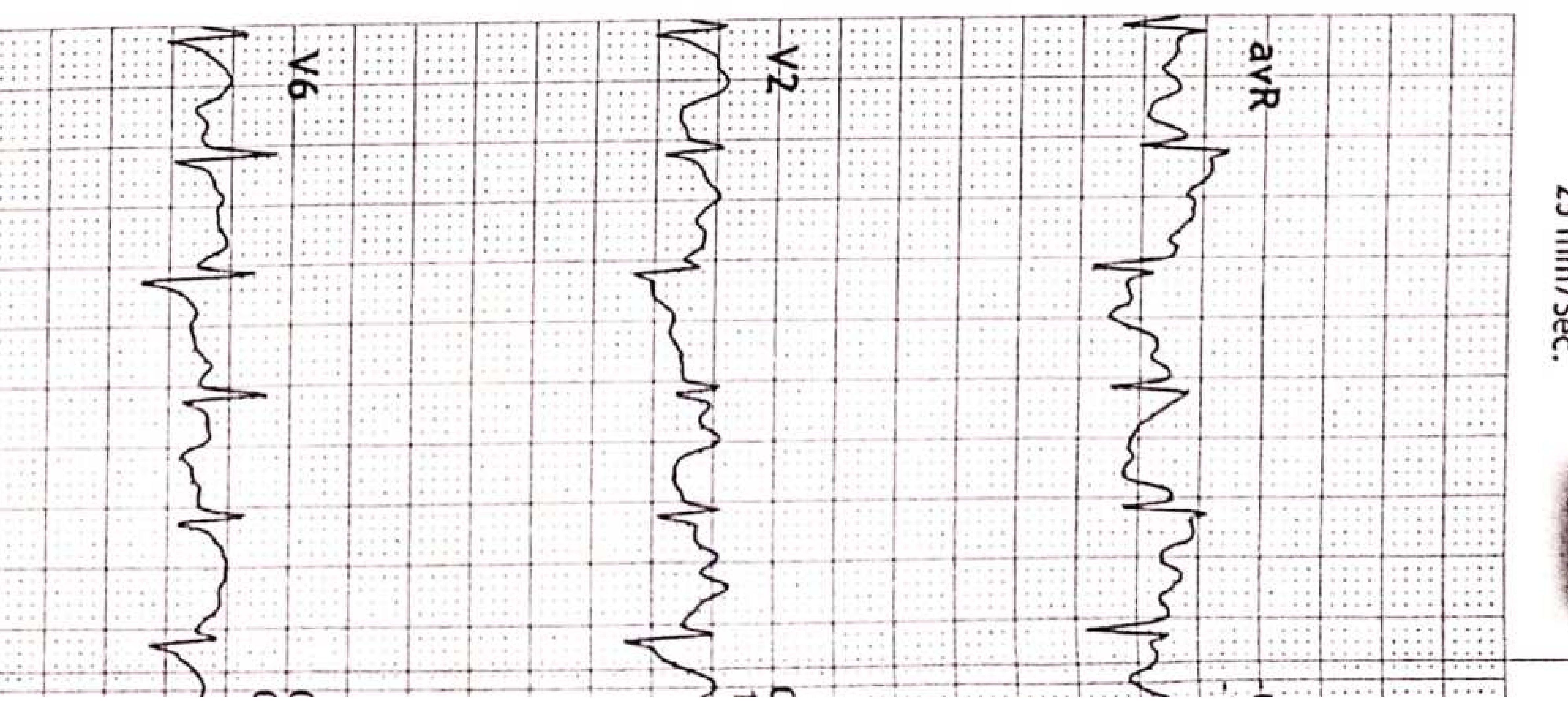
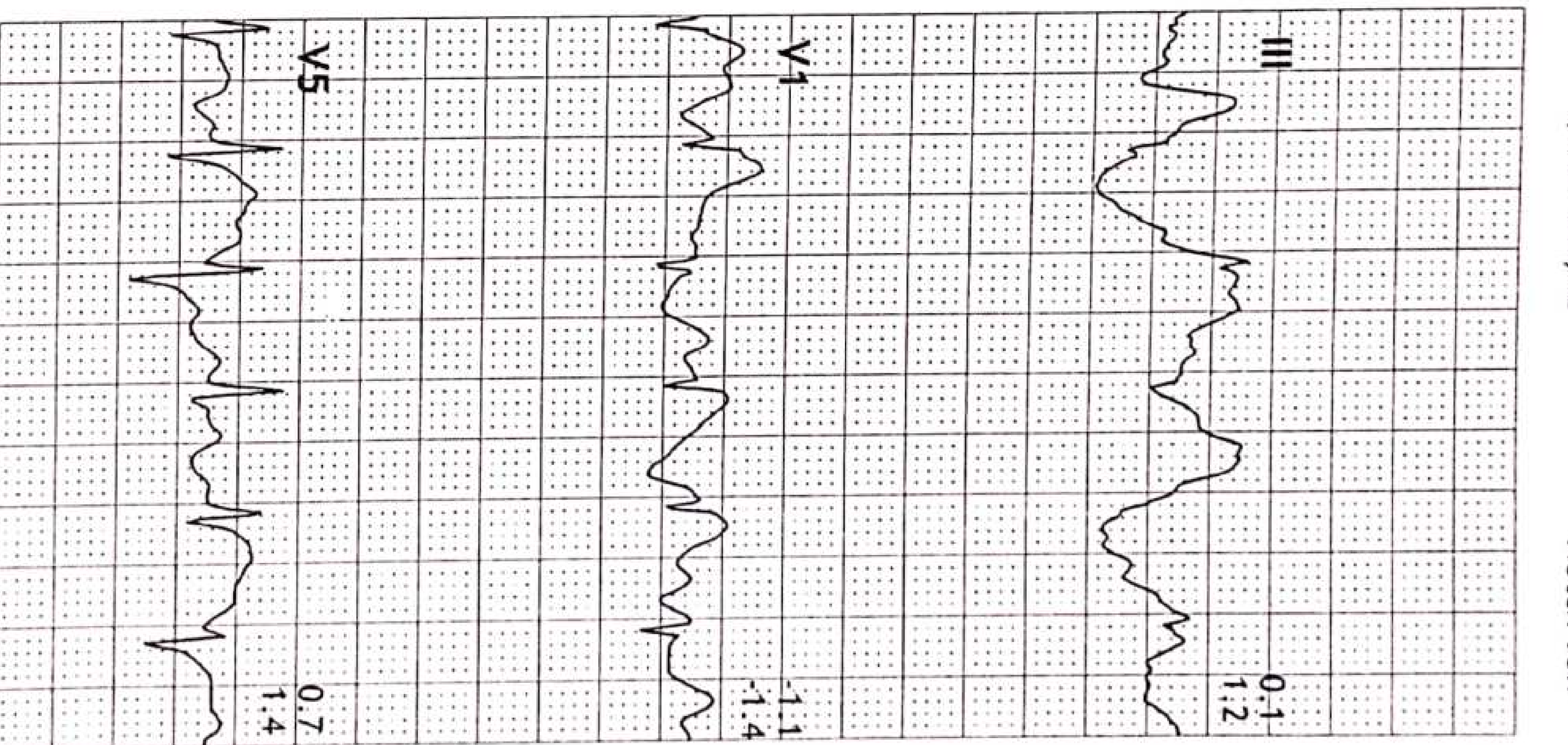
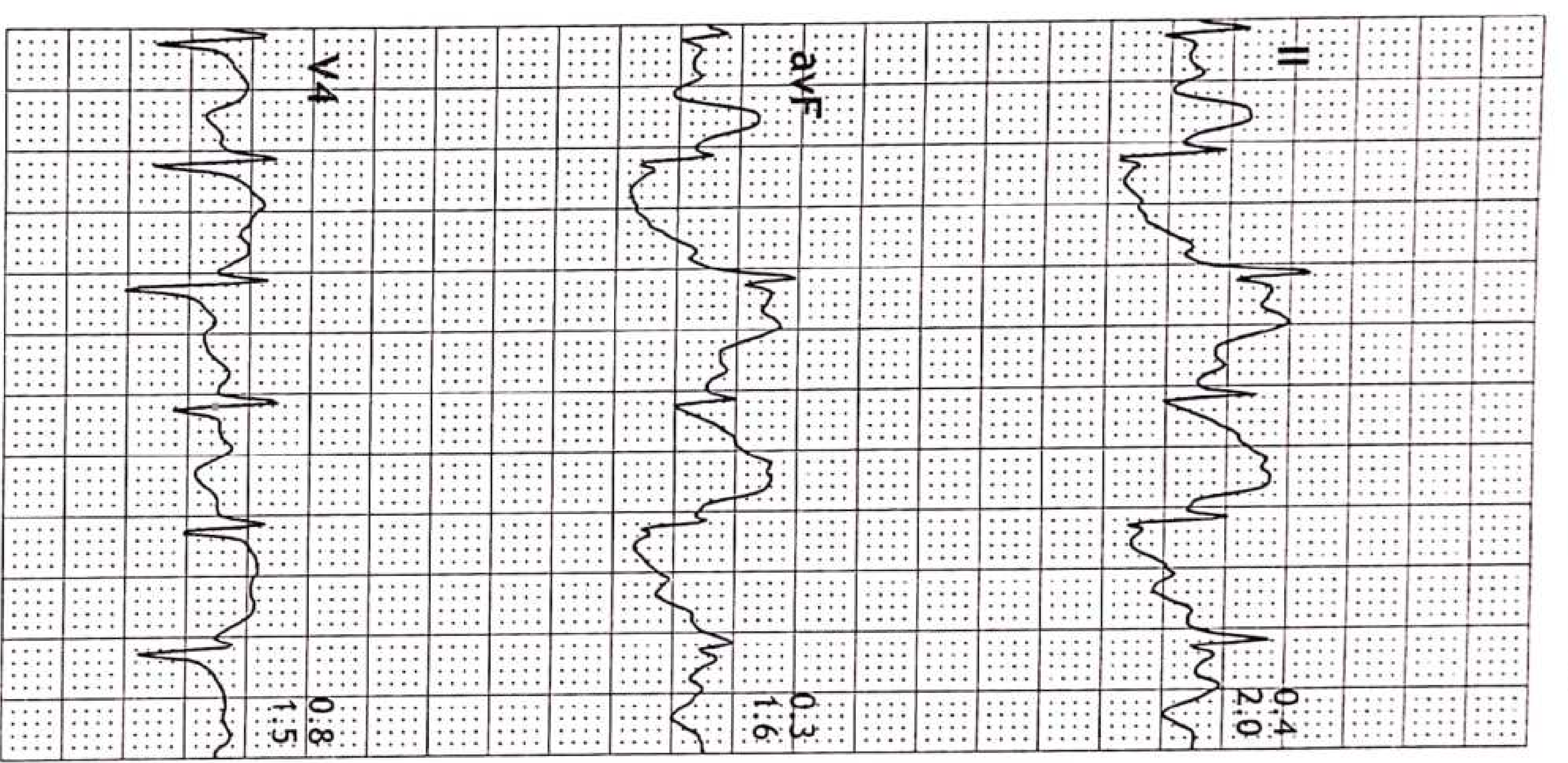
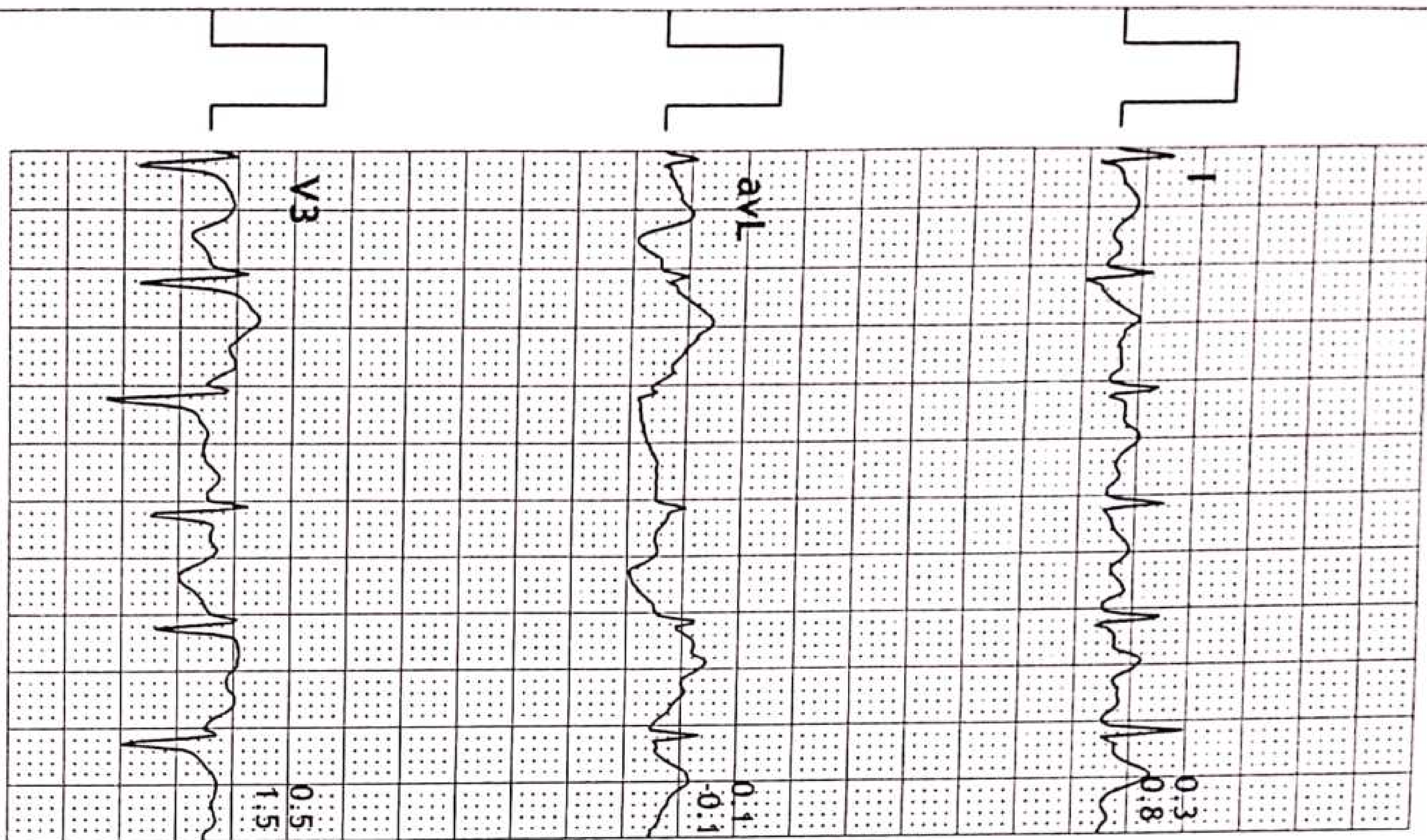
BLC : On

Notch : On

BRUCE: Stage 2

10.0 mm/mV

25 mm/Sec.





CURE CARDIOLOGY CLINIC

2ND FLOOR KANSAGRA HOSPITAL, ASTRON CHOWK, RAJKOT.

356 / MEET RACHCHH

28 Yrs / Male

0 Kg / 0 Cm

Date: 28-Oct-2023 05:23:59 PM

3x4+1 Rhythm Lead

HR: 170 bpm

METS: 8.4

BP: 150/80

MPHR: 88% of 192

Speed: 5.5 kmph

Grade: 14.0%

Raw ECG

BRUCE

(0.05-100)Hz

Ex Time 07:18

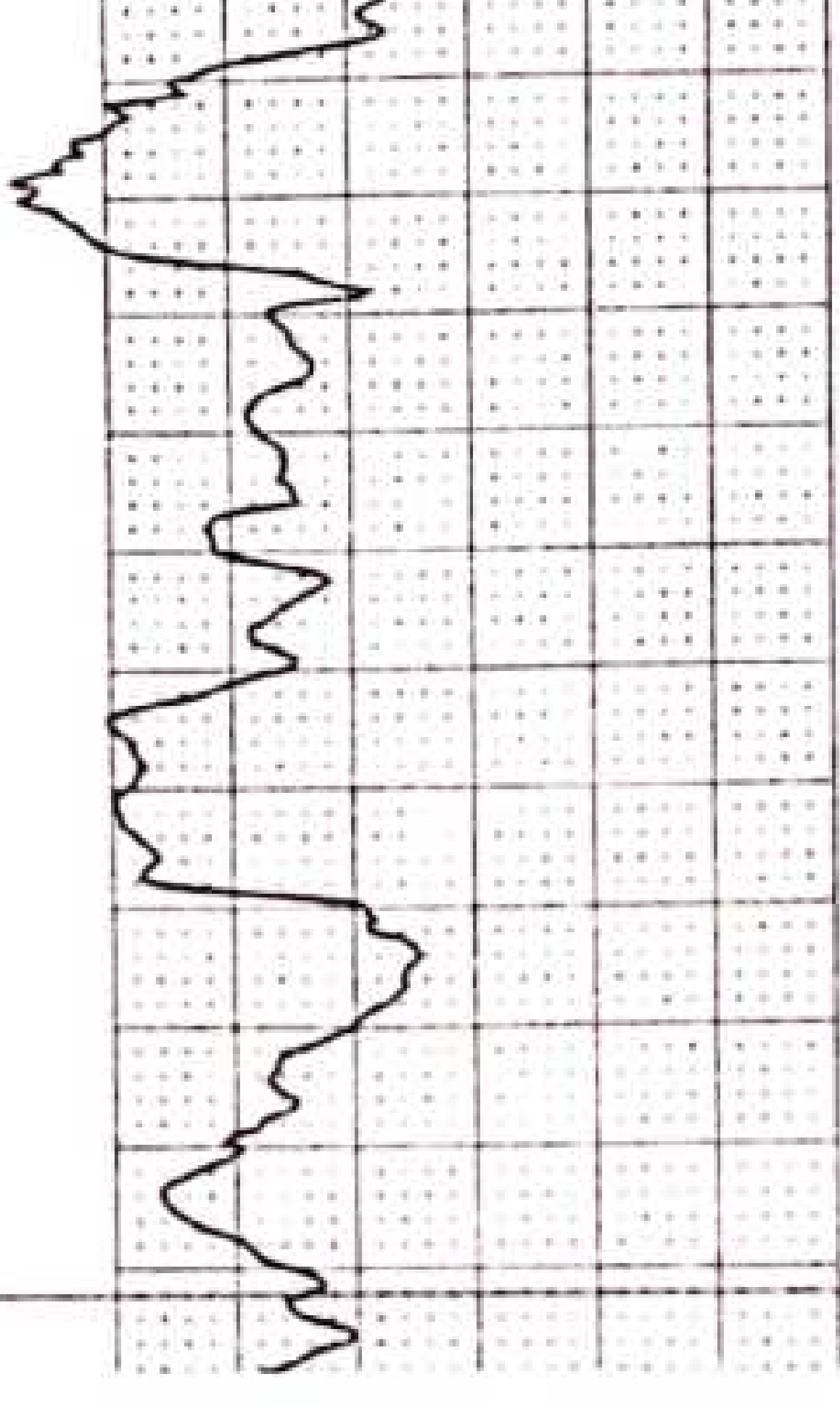
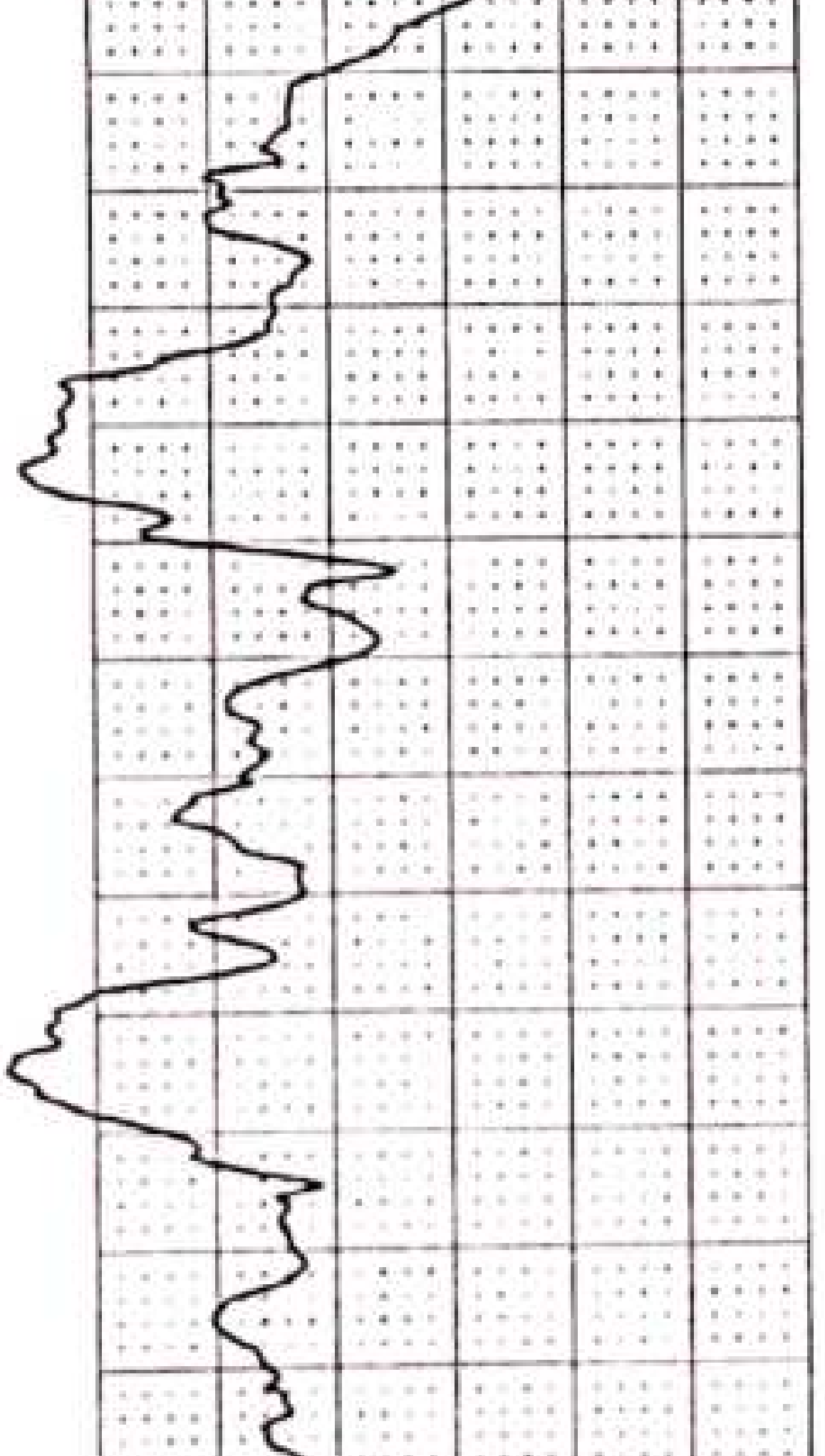
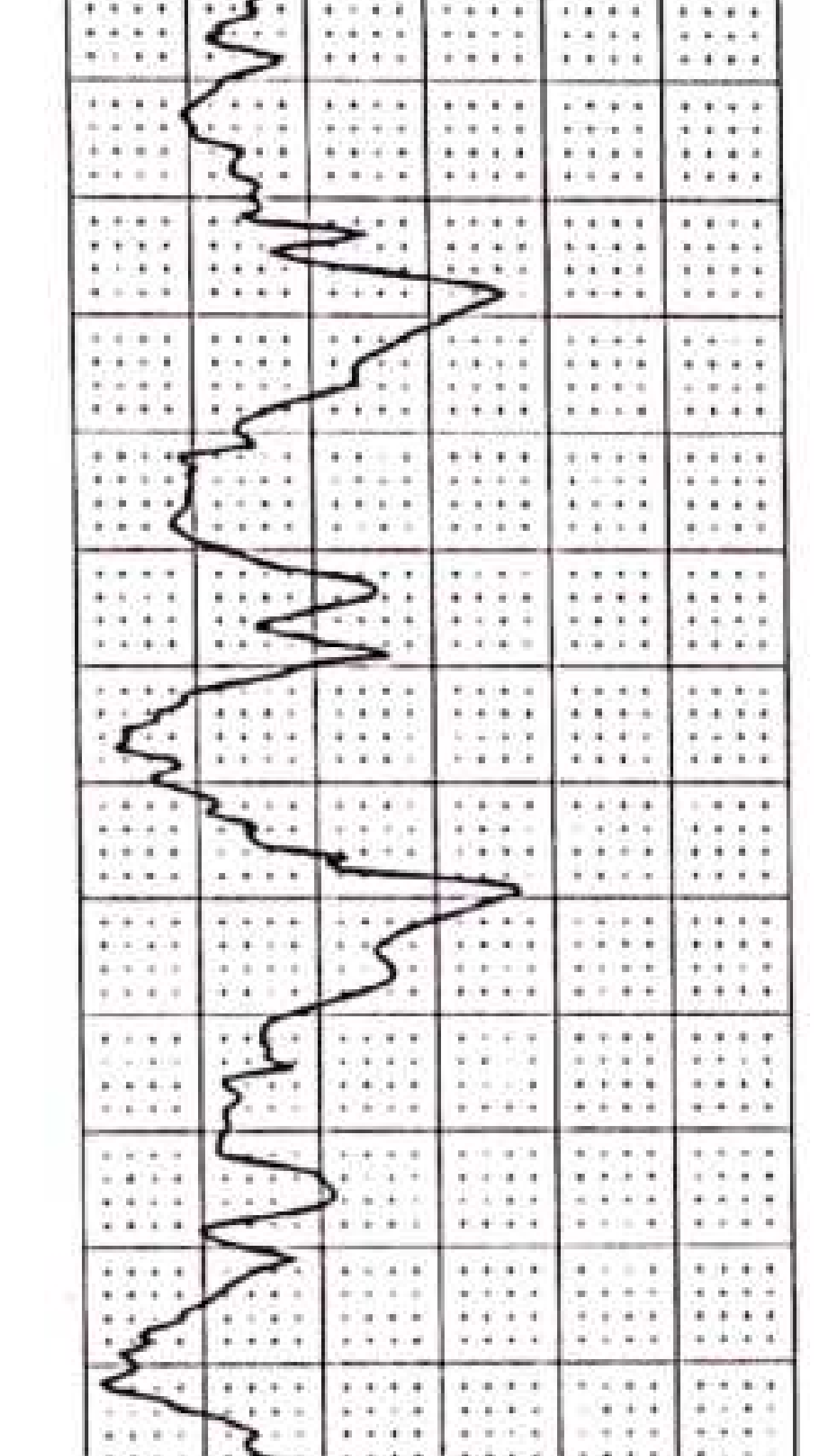
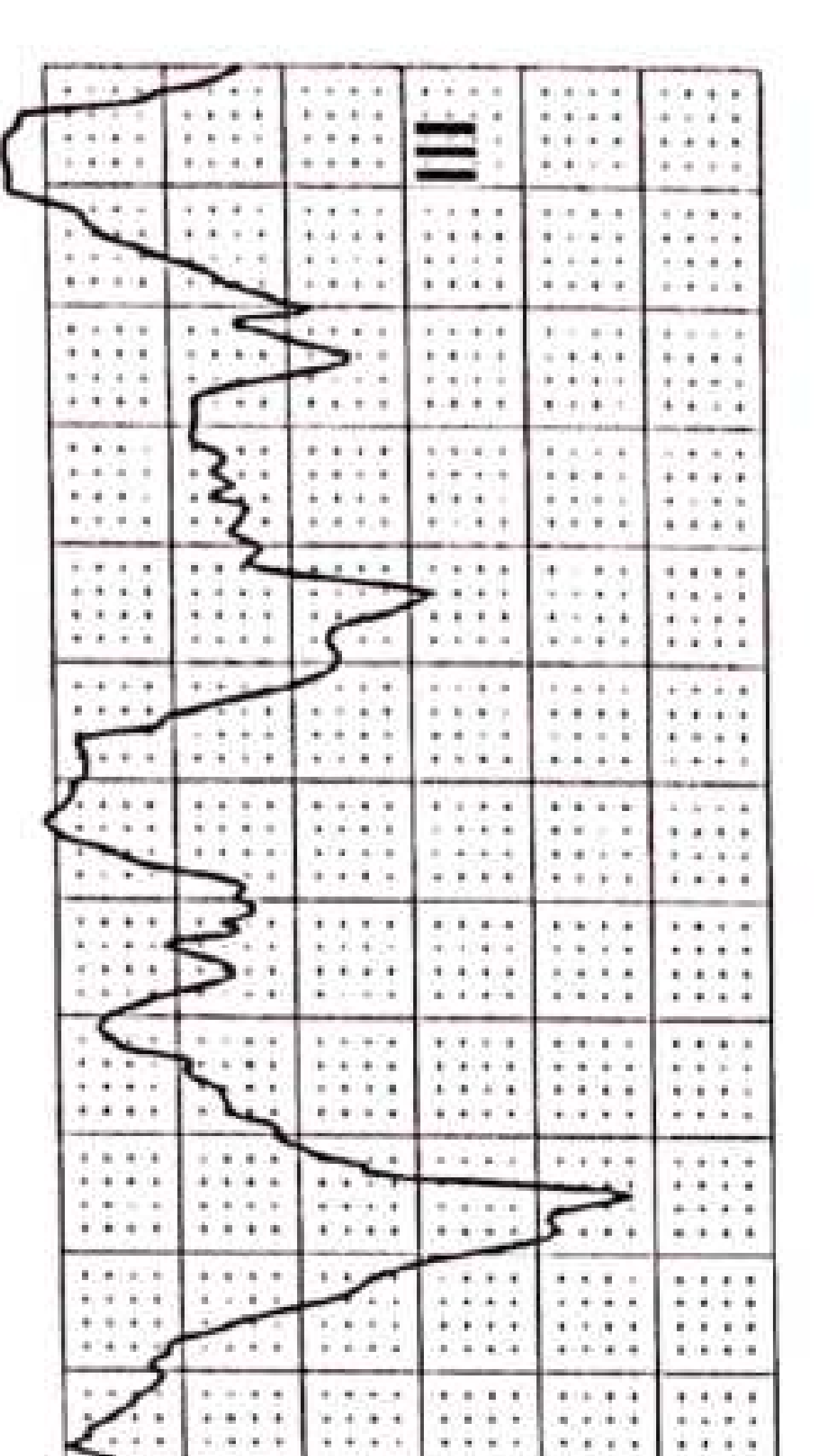
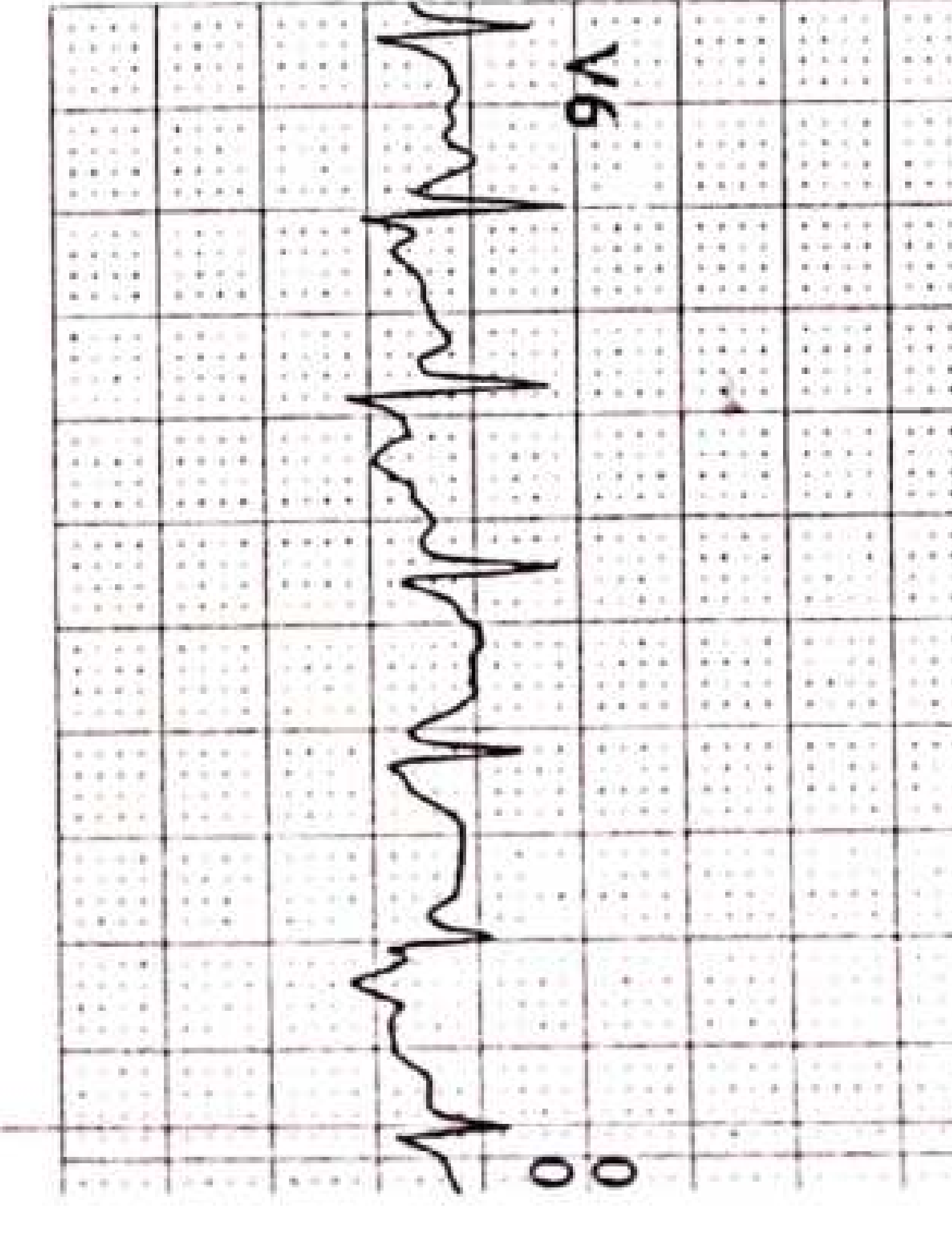
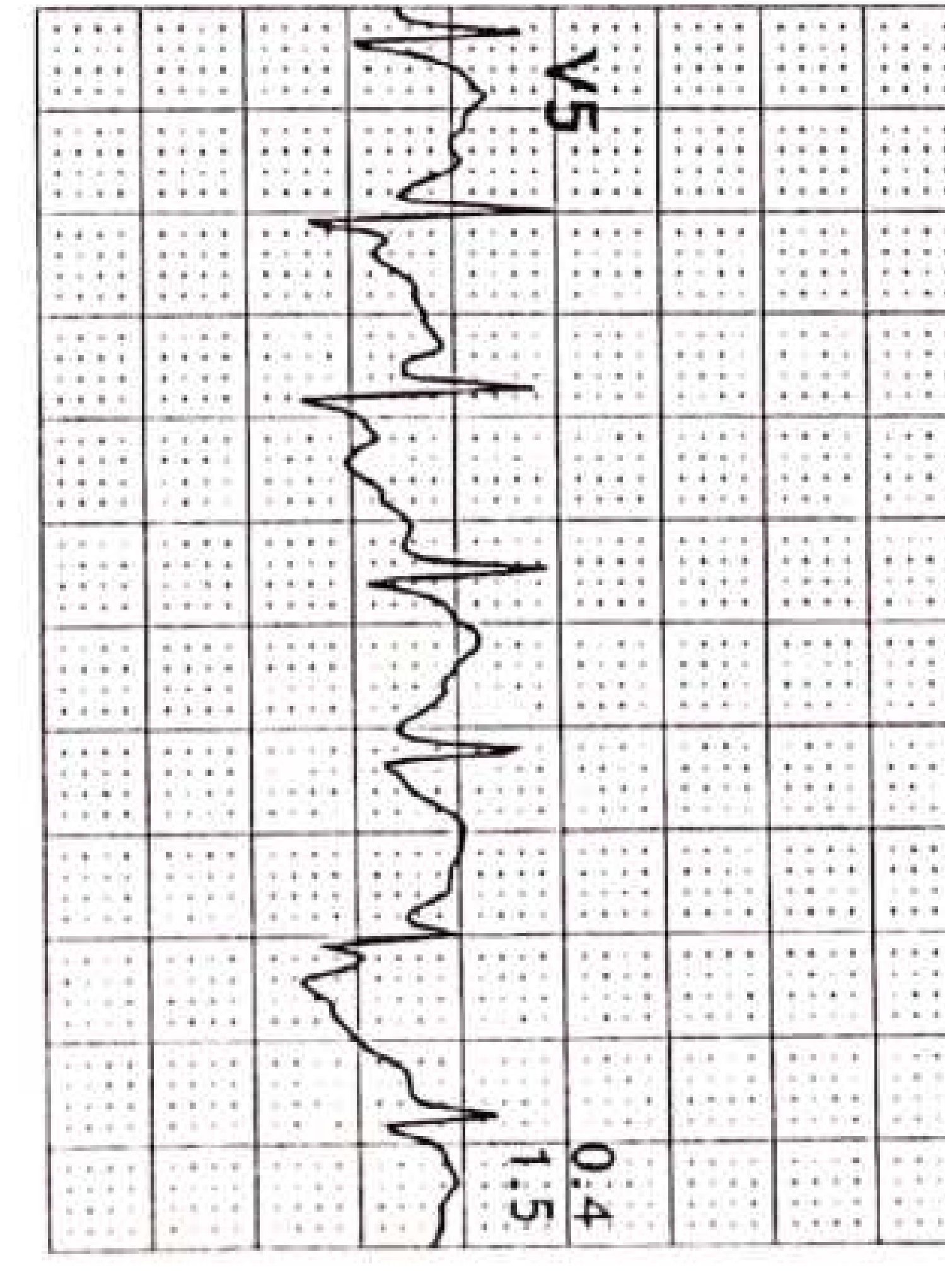
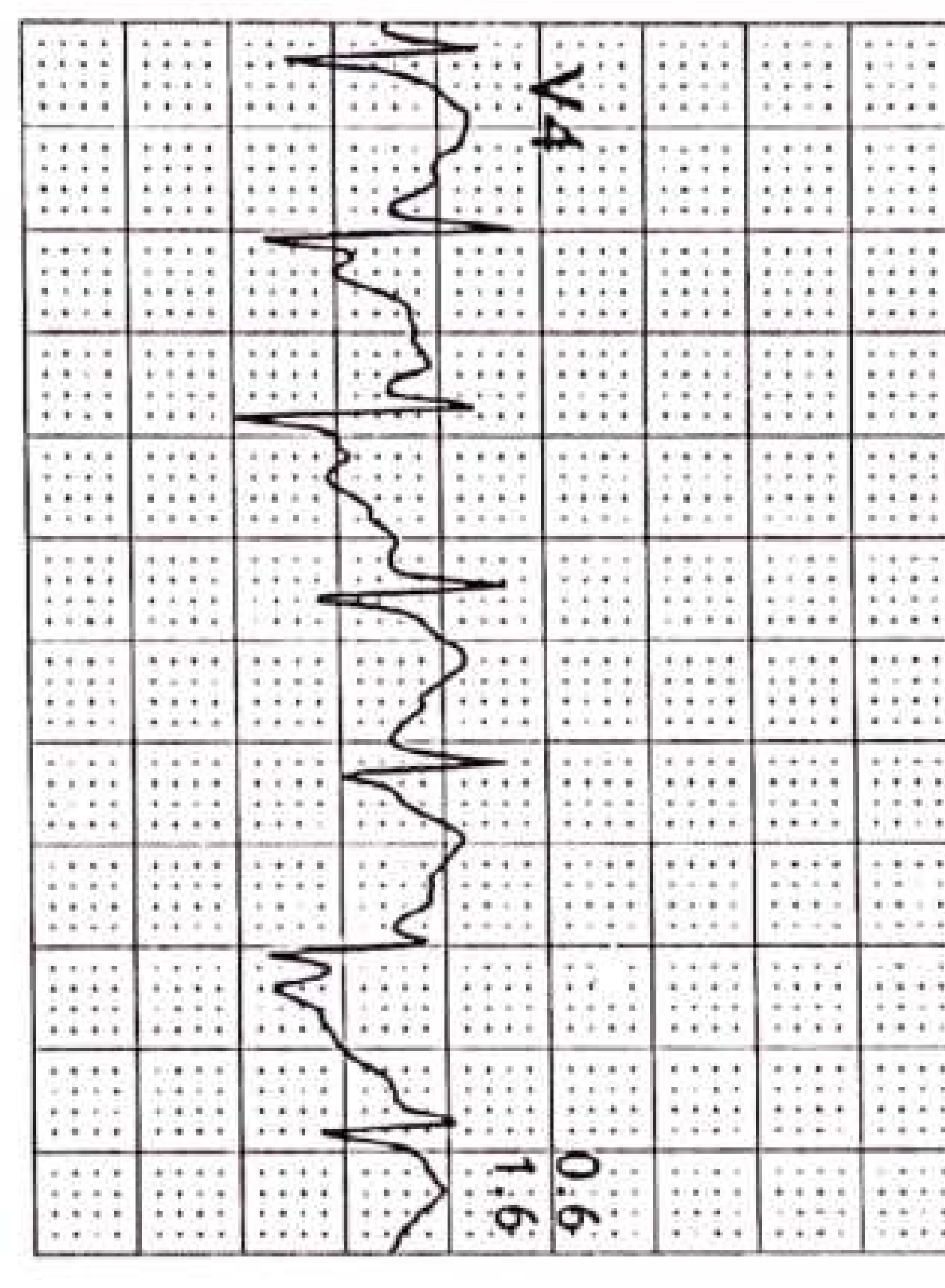
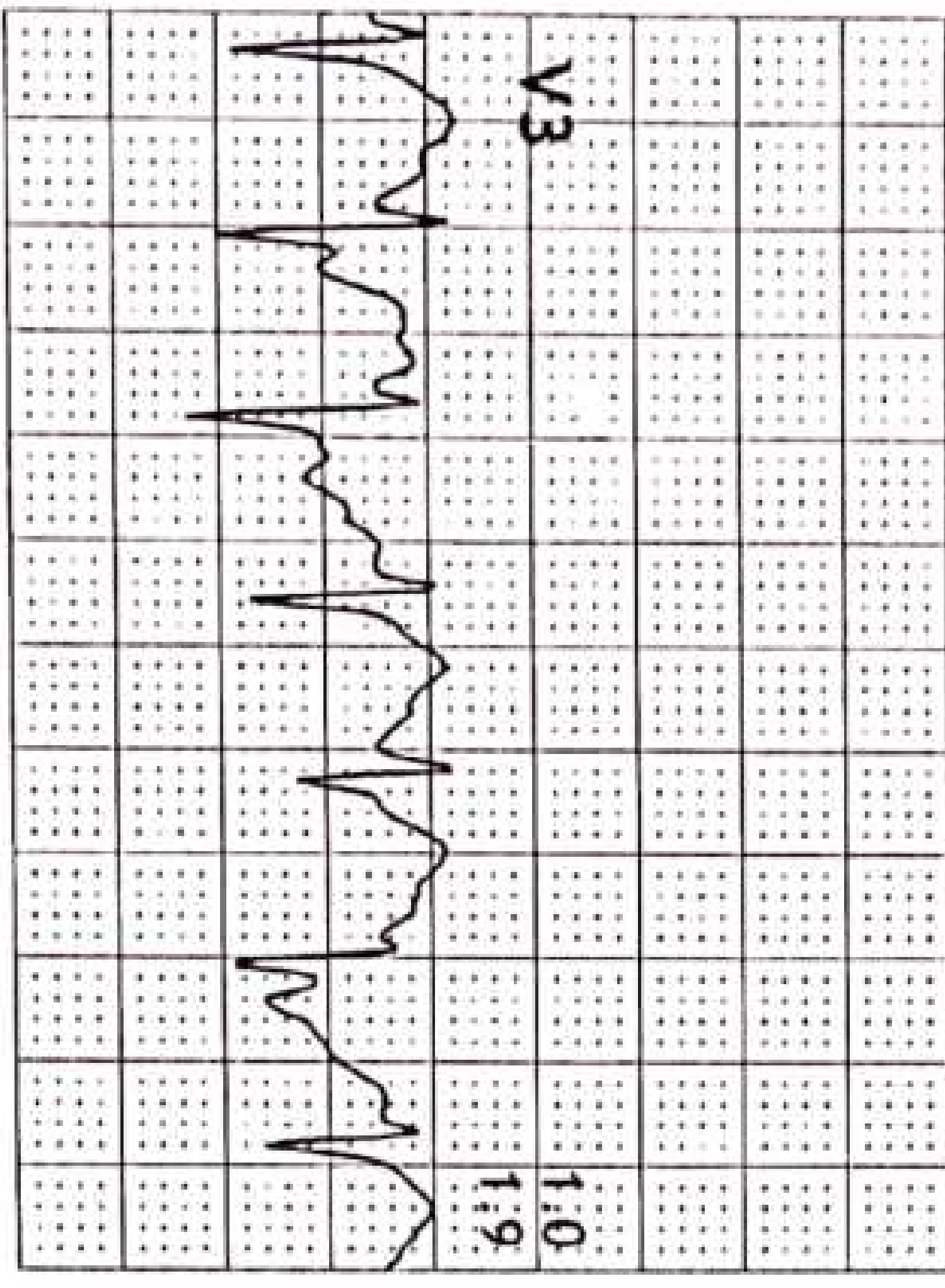
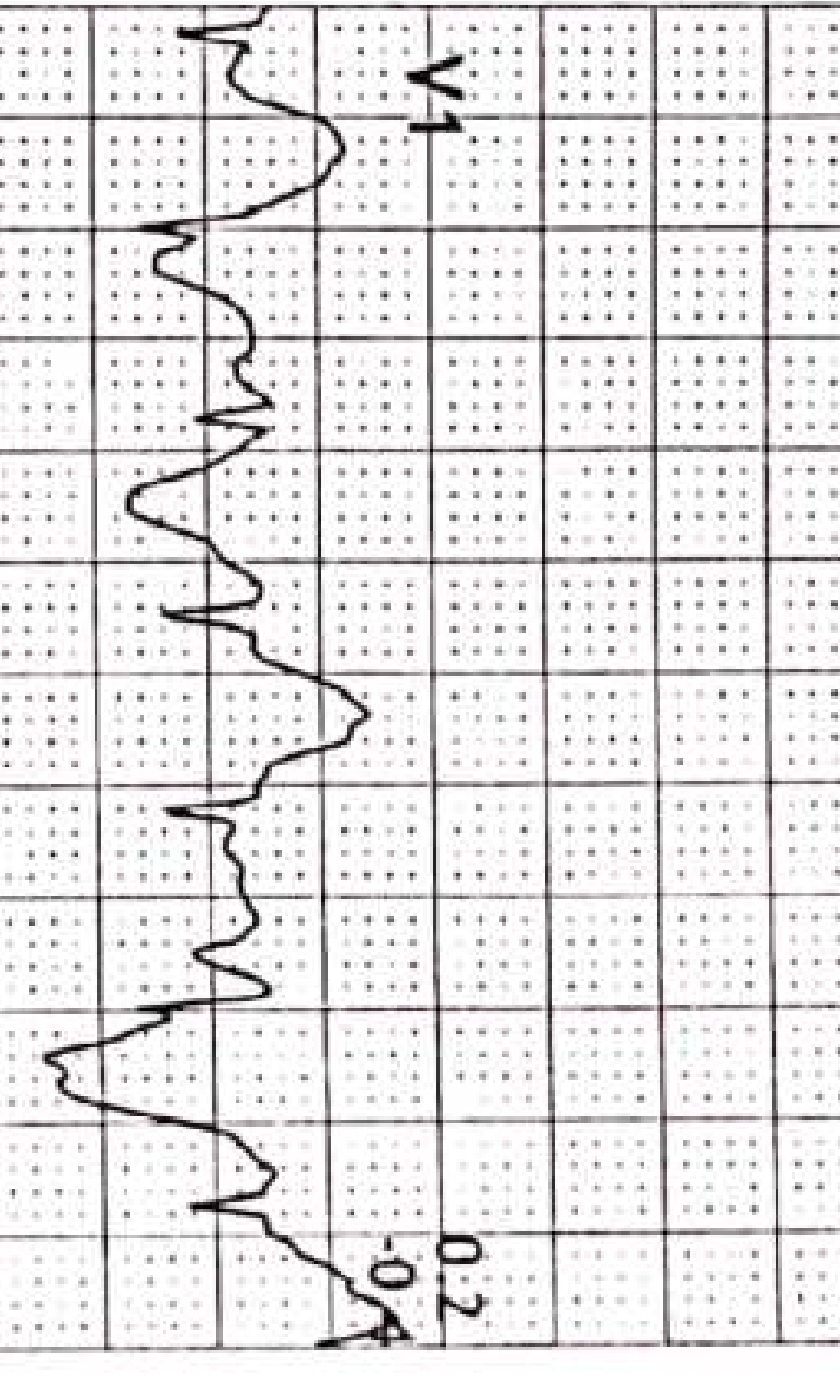
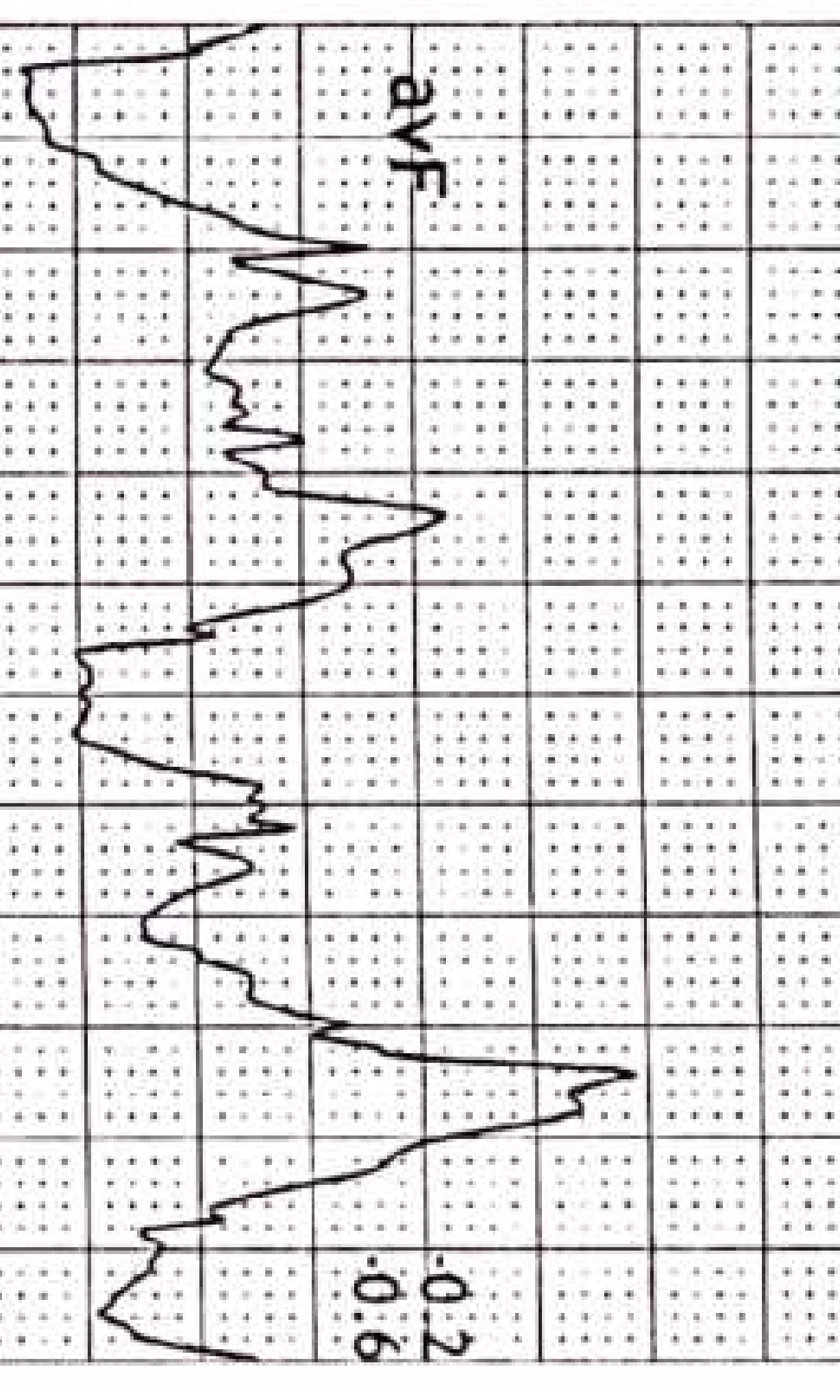
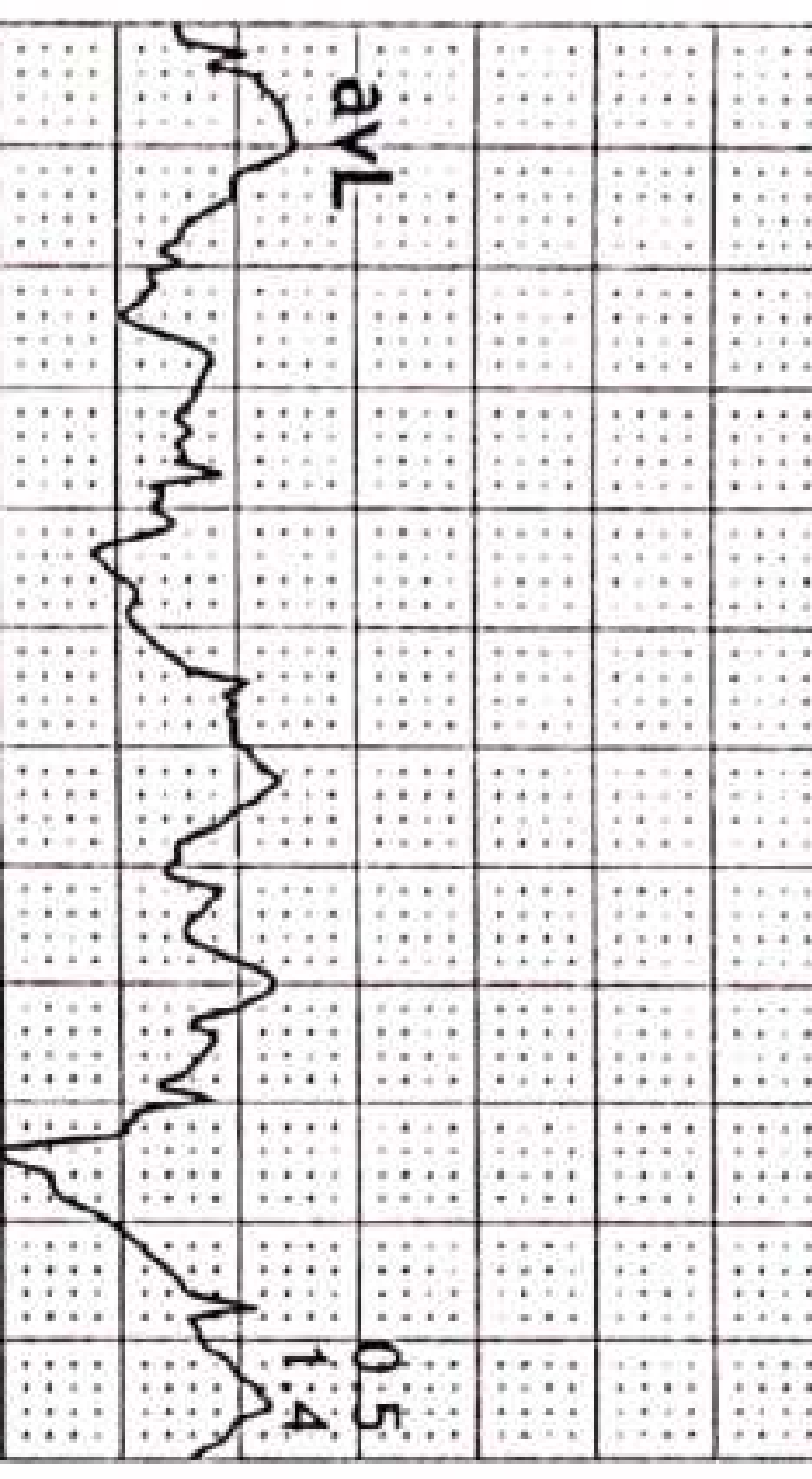
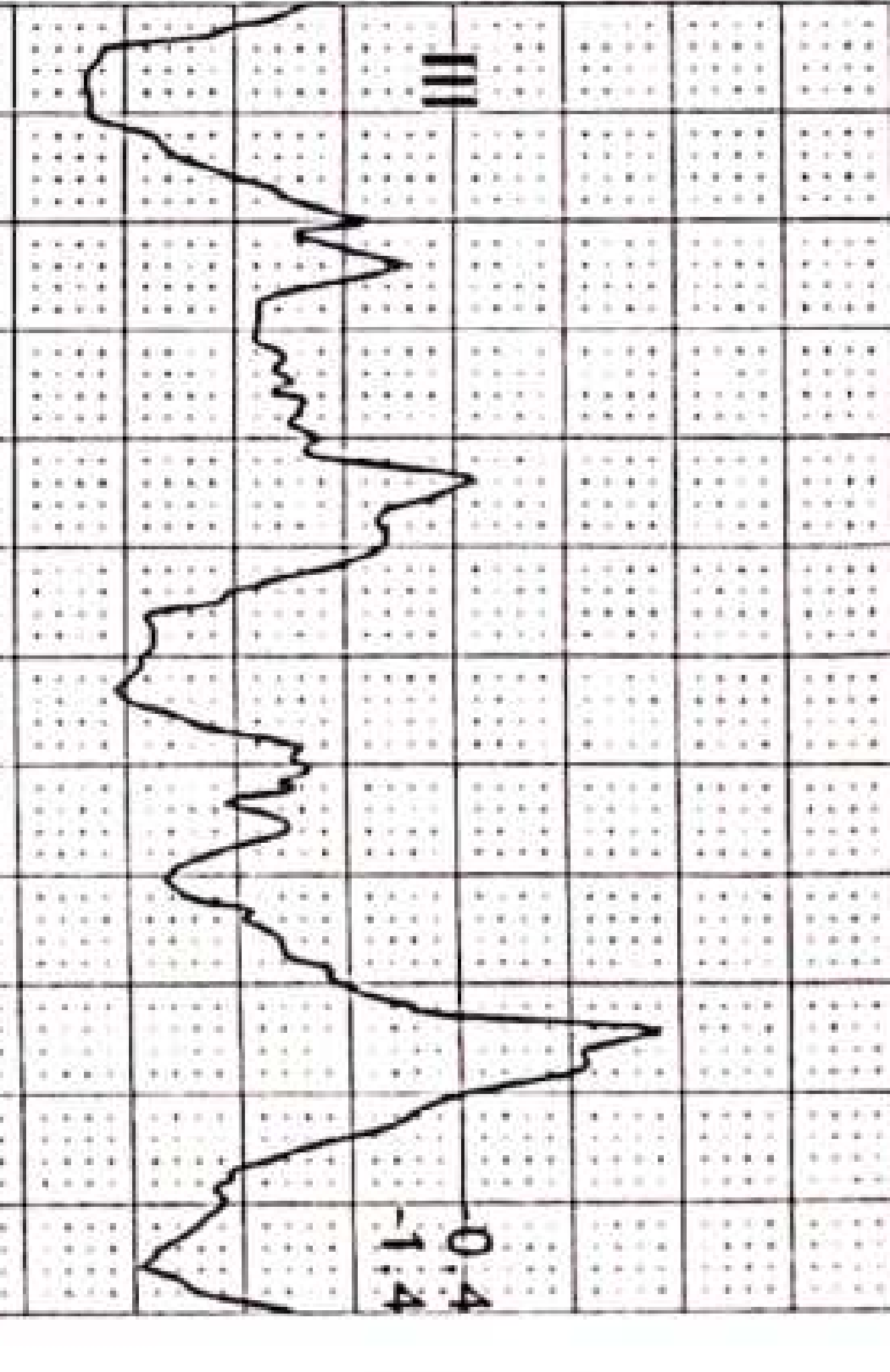
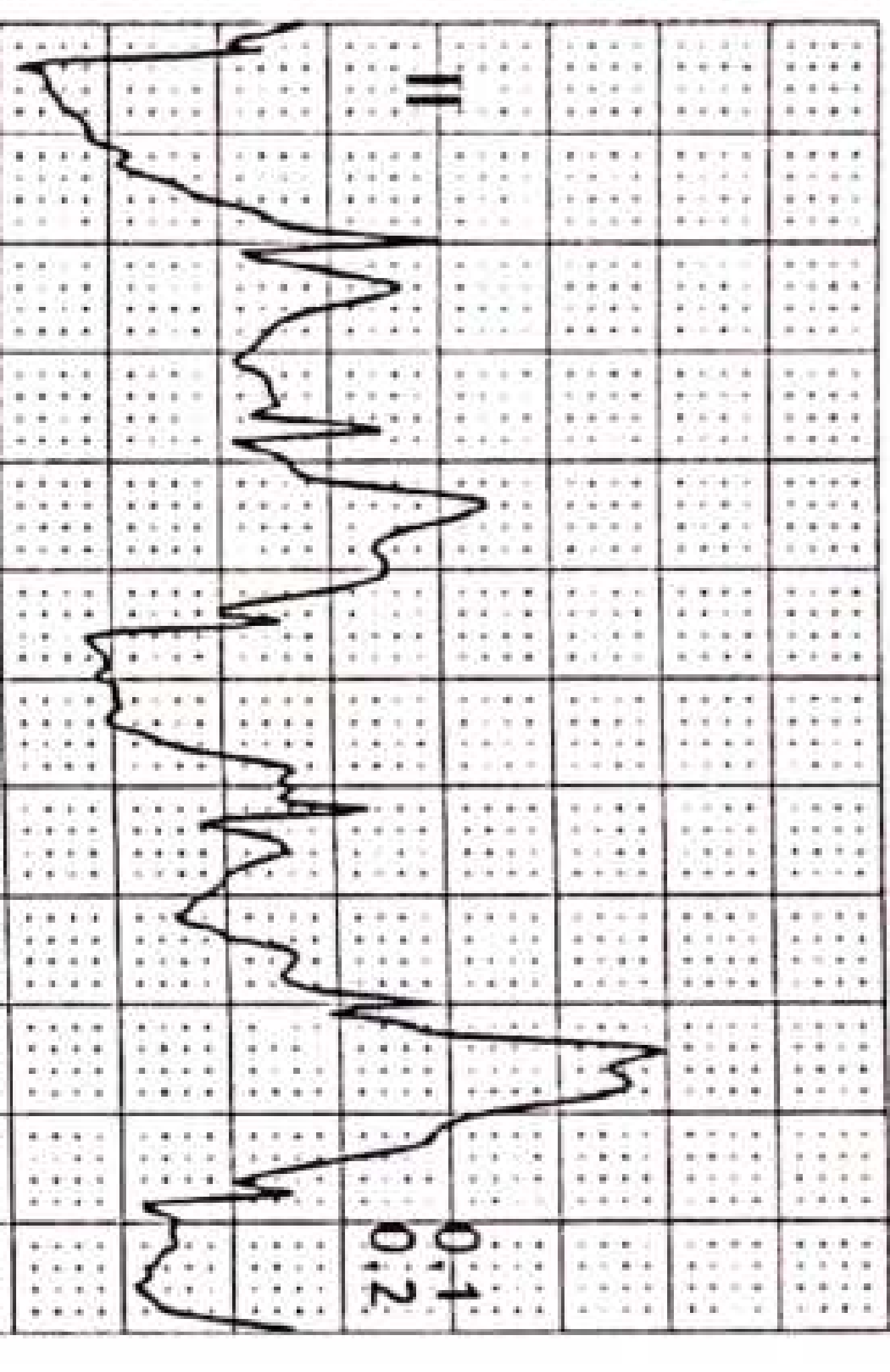
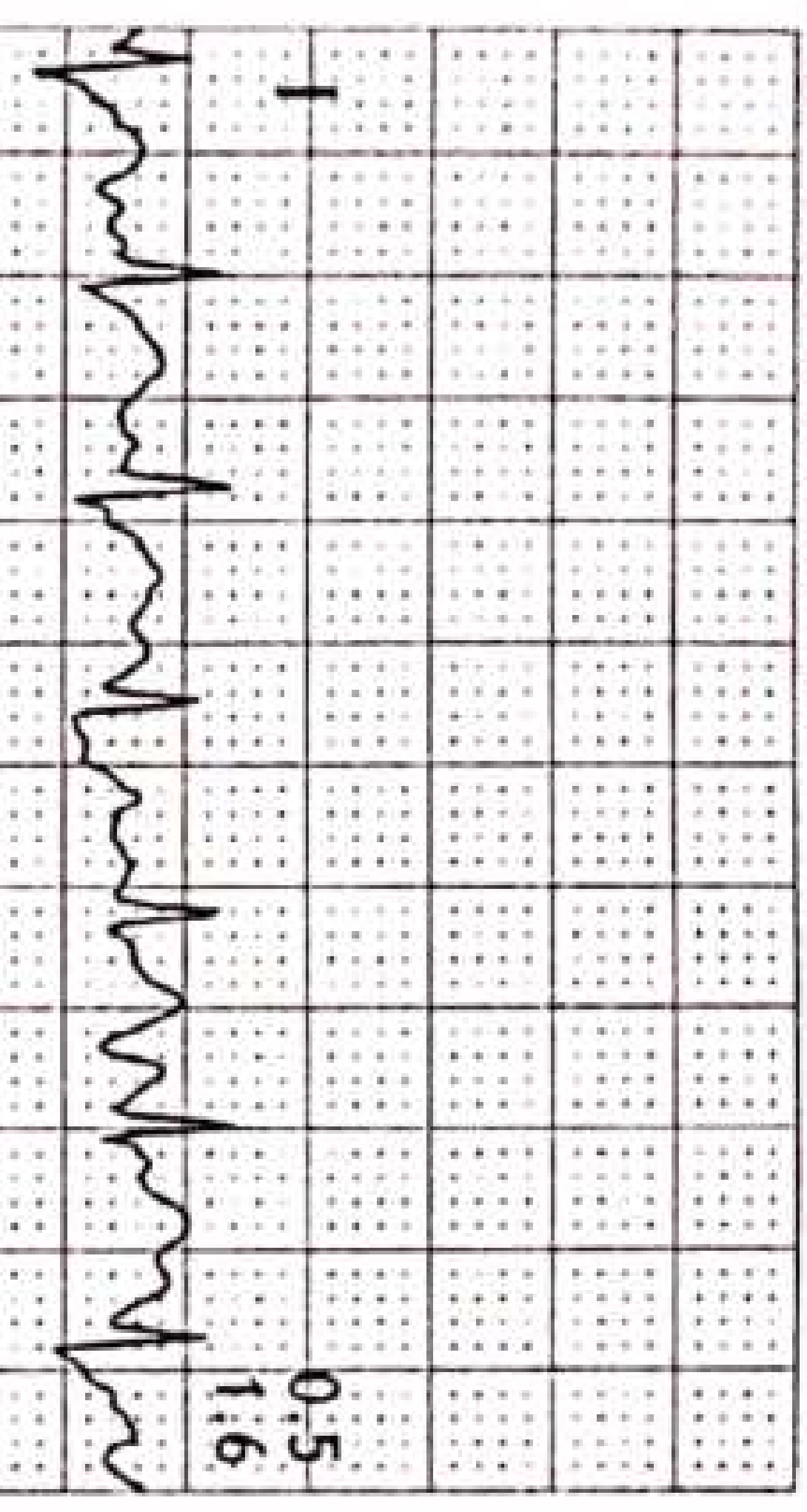
BLC : 0n

Notch : 0n

BRUCE: PeakEx

10.0 mm/mV

25 mm/Sec.





CURE CARDIOLOGY CLINIC  
 2ND FLOOR KANSAGRA HOSPITAL, ASTRON CHOWK, RAJKOT.  
 356 / MEET RACHCHH  
 28 Yrs / Male  
 0 Kg / 0 Cm  
 Date: 28-Oct-2023 05:23:59 PM

HR: 120 bpm  
 METS: 1.2  
 BP: 150/80

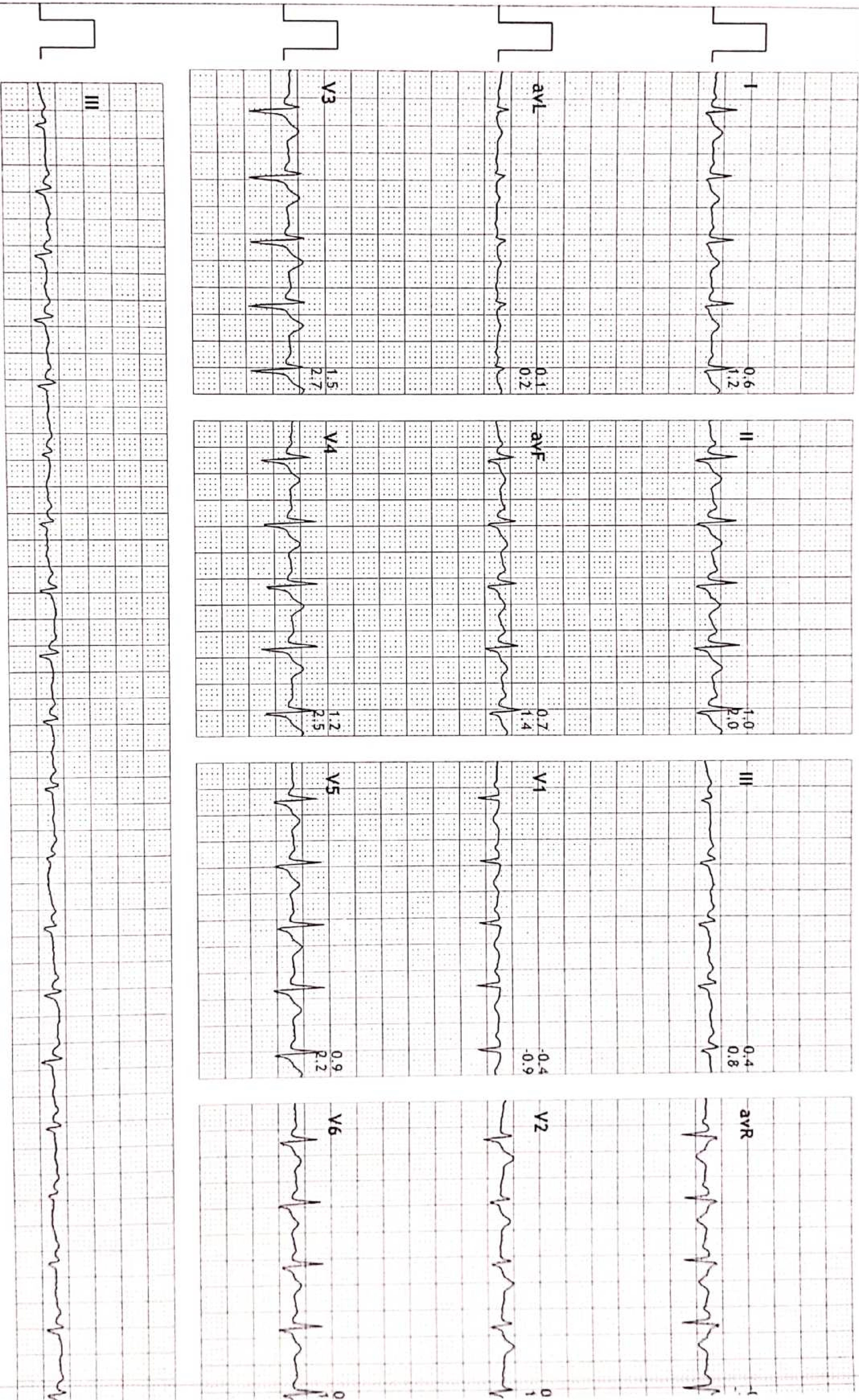
MPHR: 62% of 192  
 Speed: 0.0 kmph  
 Grade: 0.0%

Raw ECG  
 BRUCE  
 (0.05-100)Hz

Ex Time 07:20  
 BLC : On  
 Notch : On

Recovery(1:00)  
 10.0 mm/mV  
 25 mm/Sec.

3x4+1 Rhythm Lead





CURE CARDIOLOGY CLINIC

2ND FLOOR KANSAGRA HOSPITAL, ASTRON CHOWK, RAJKOT.

356 / MEET RACHCHH

28 Yrs / Male

0 Kg / 0 Cm

Date: 28-Oct-2023 05:23:59 PM

3x4+1 Rhythm Lead

HR: 102 bpm

METS: 1.0

BP: 140/80

MPHR: 53% of 192

Speed: 0.0 kmph

Grade: 0.0%

Raw ECG

BRUCE

(0.05-100)Hz

Ex Time 07:20

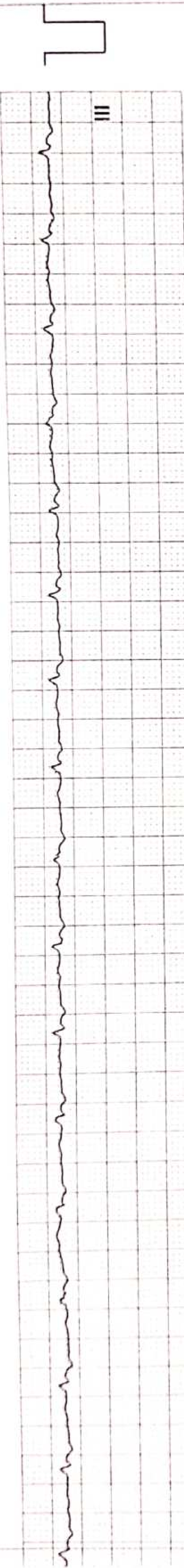
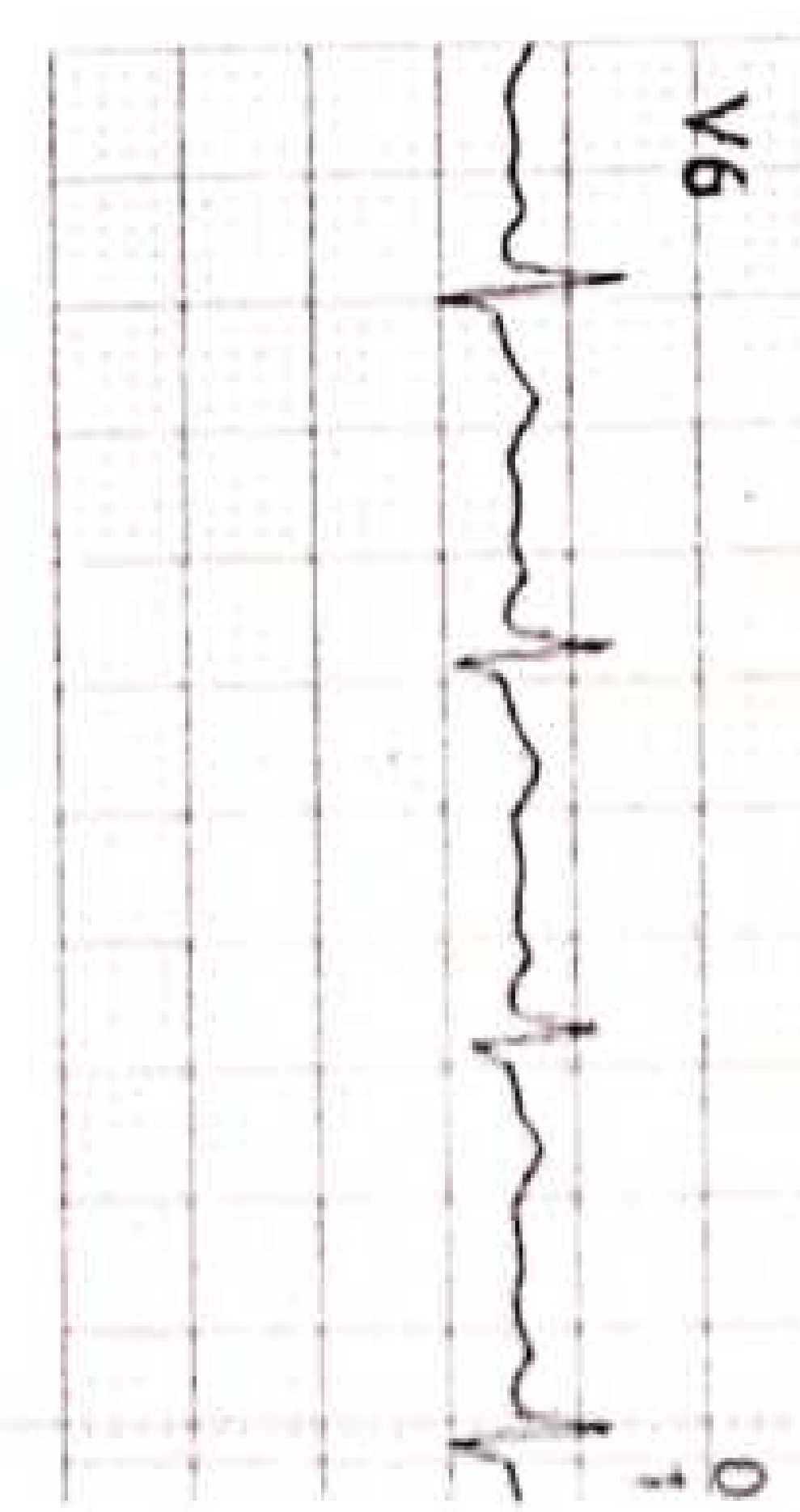
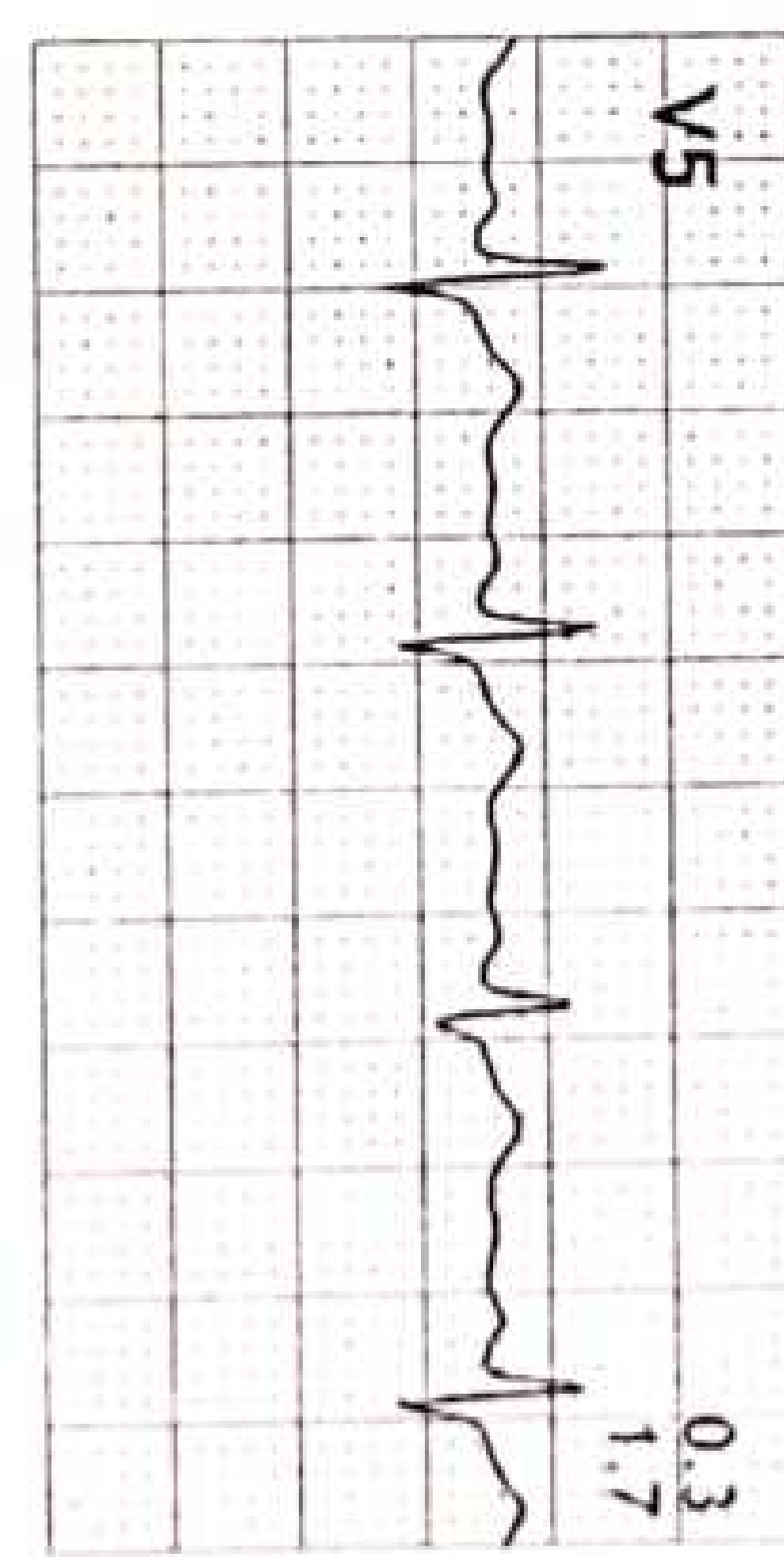
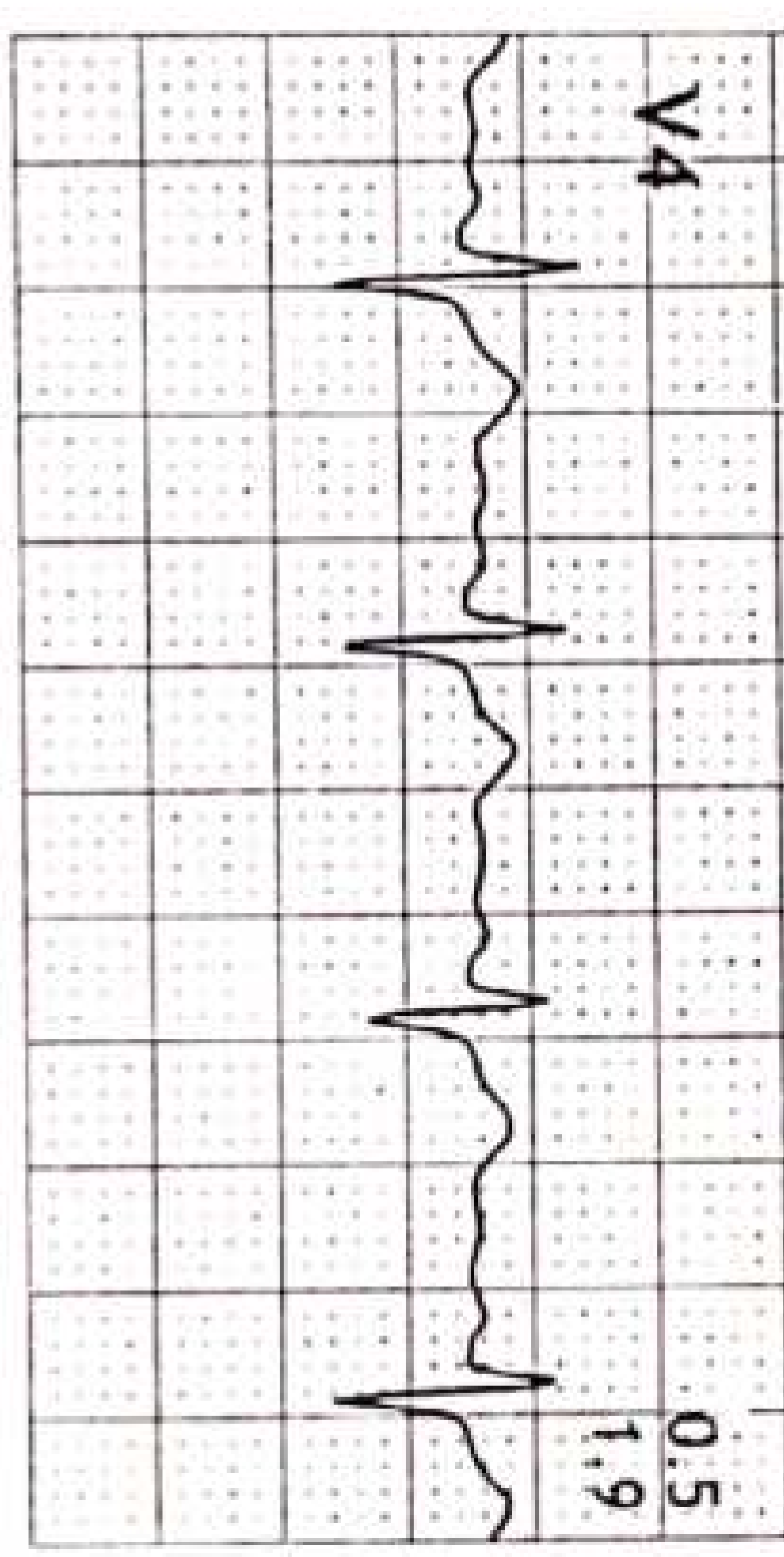
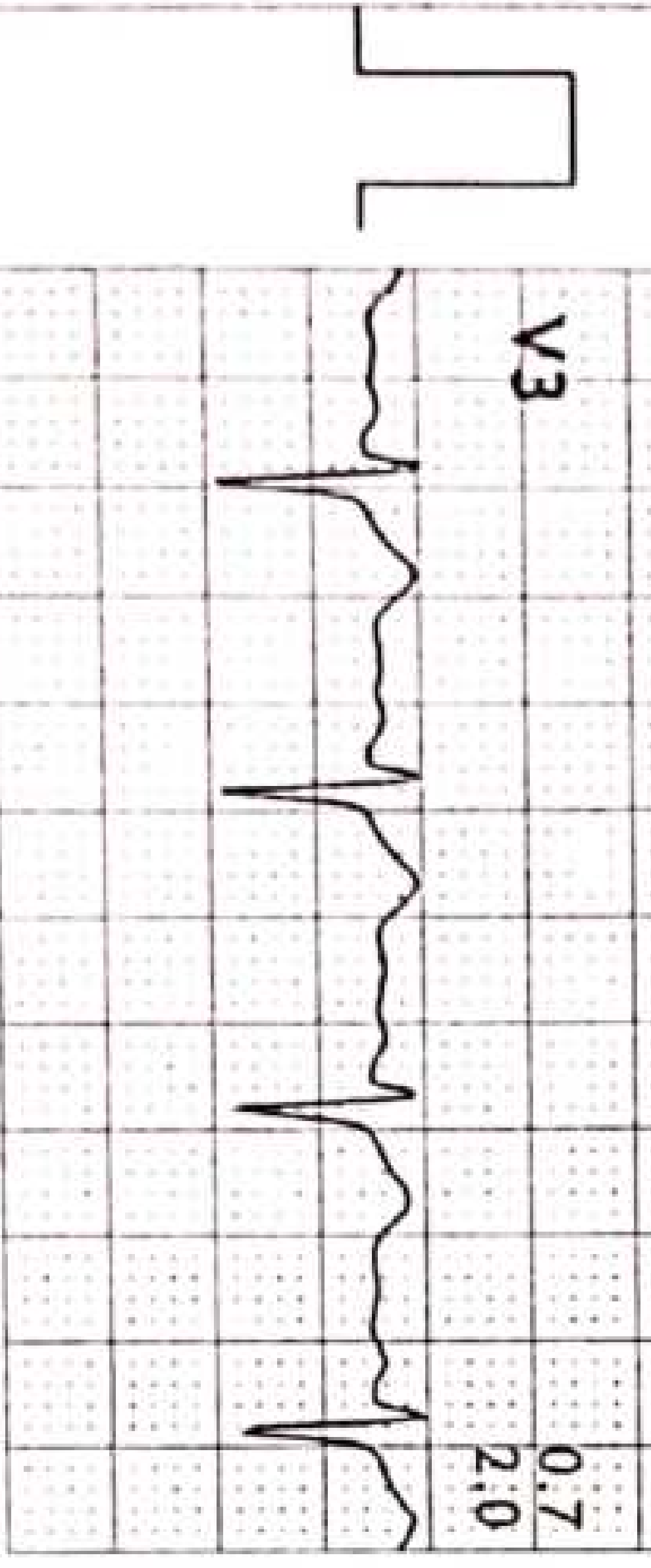
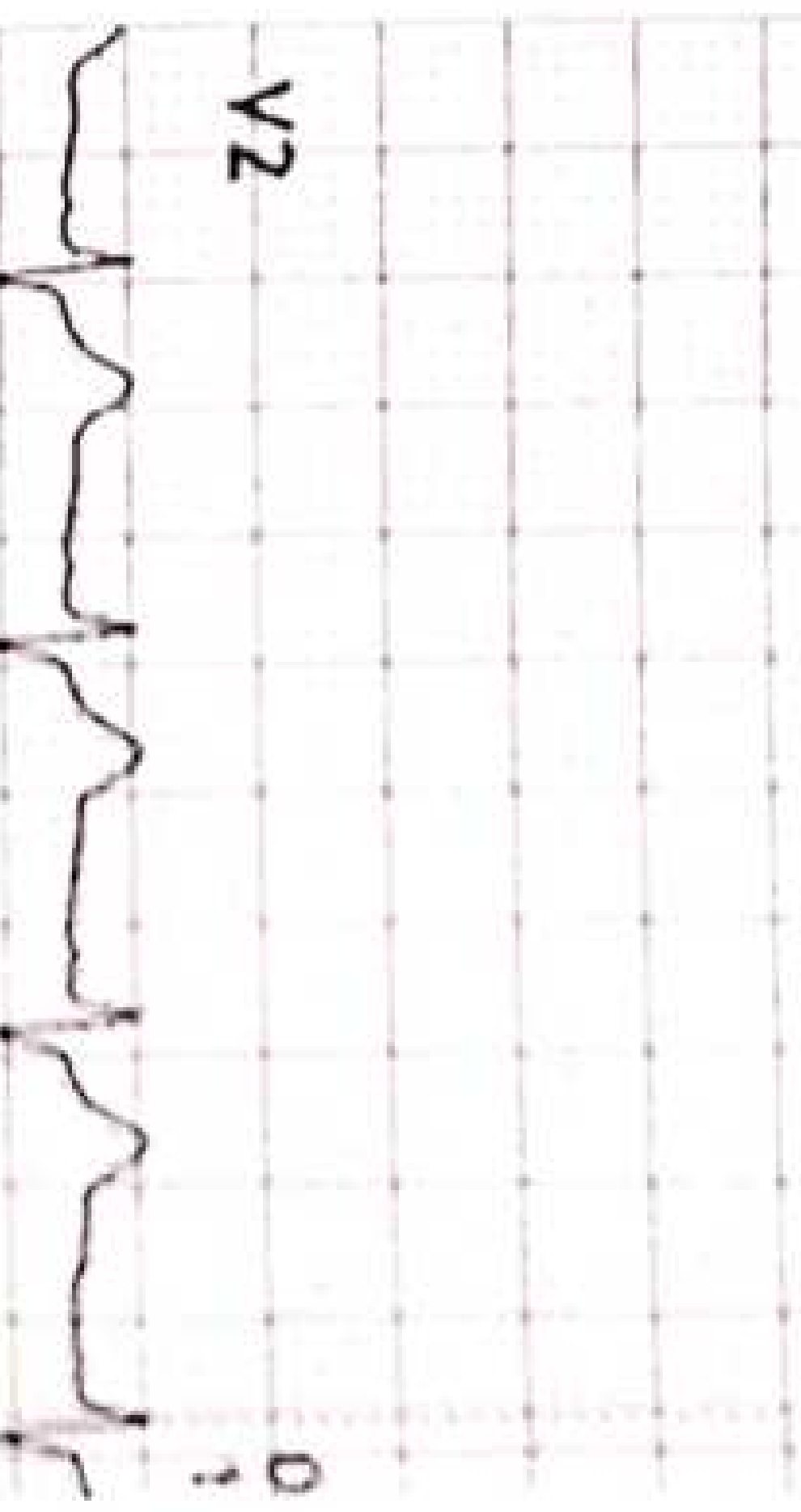
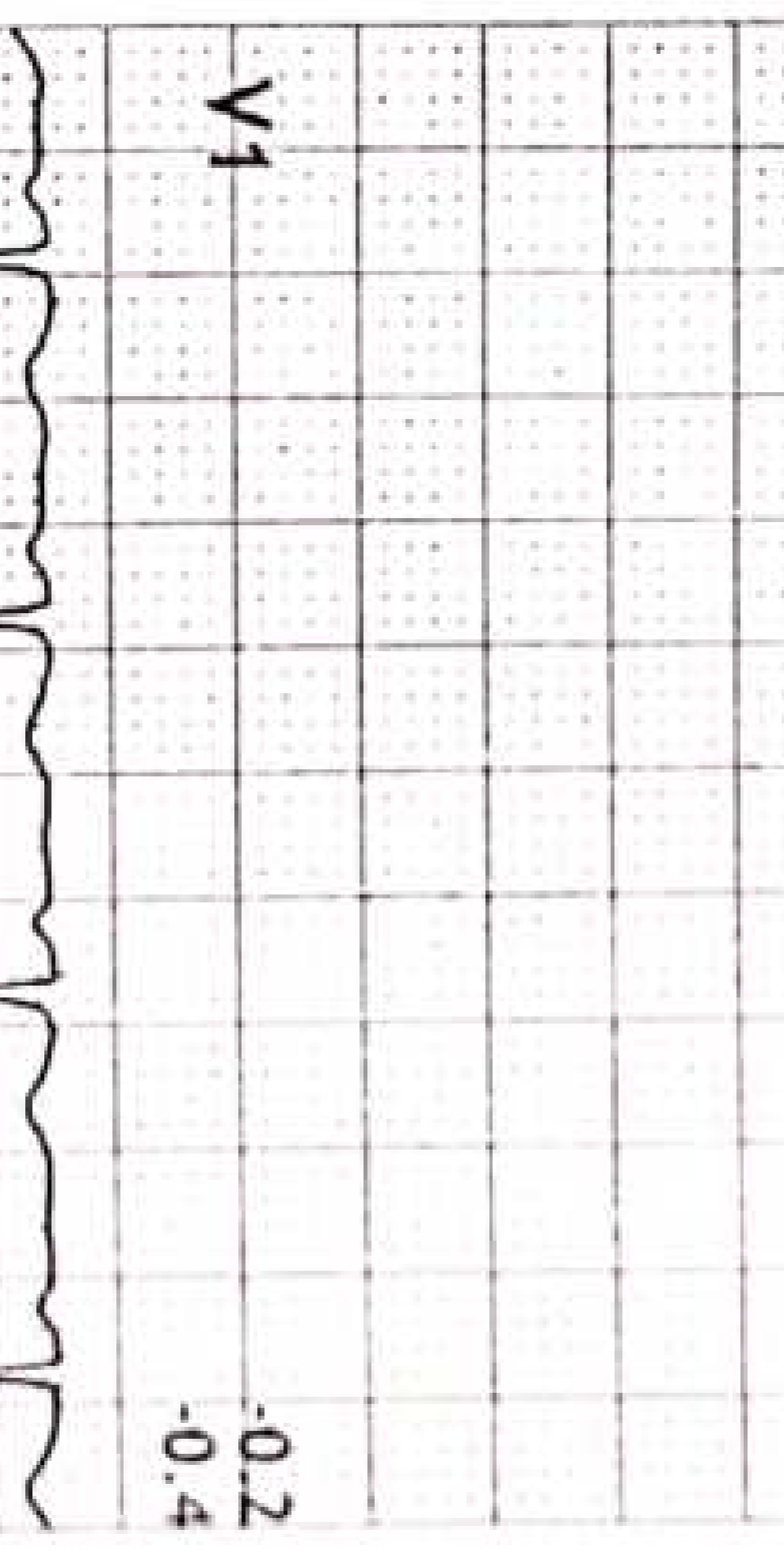
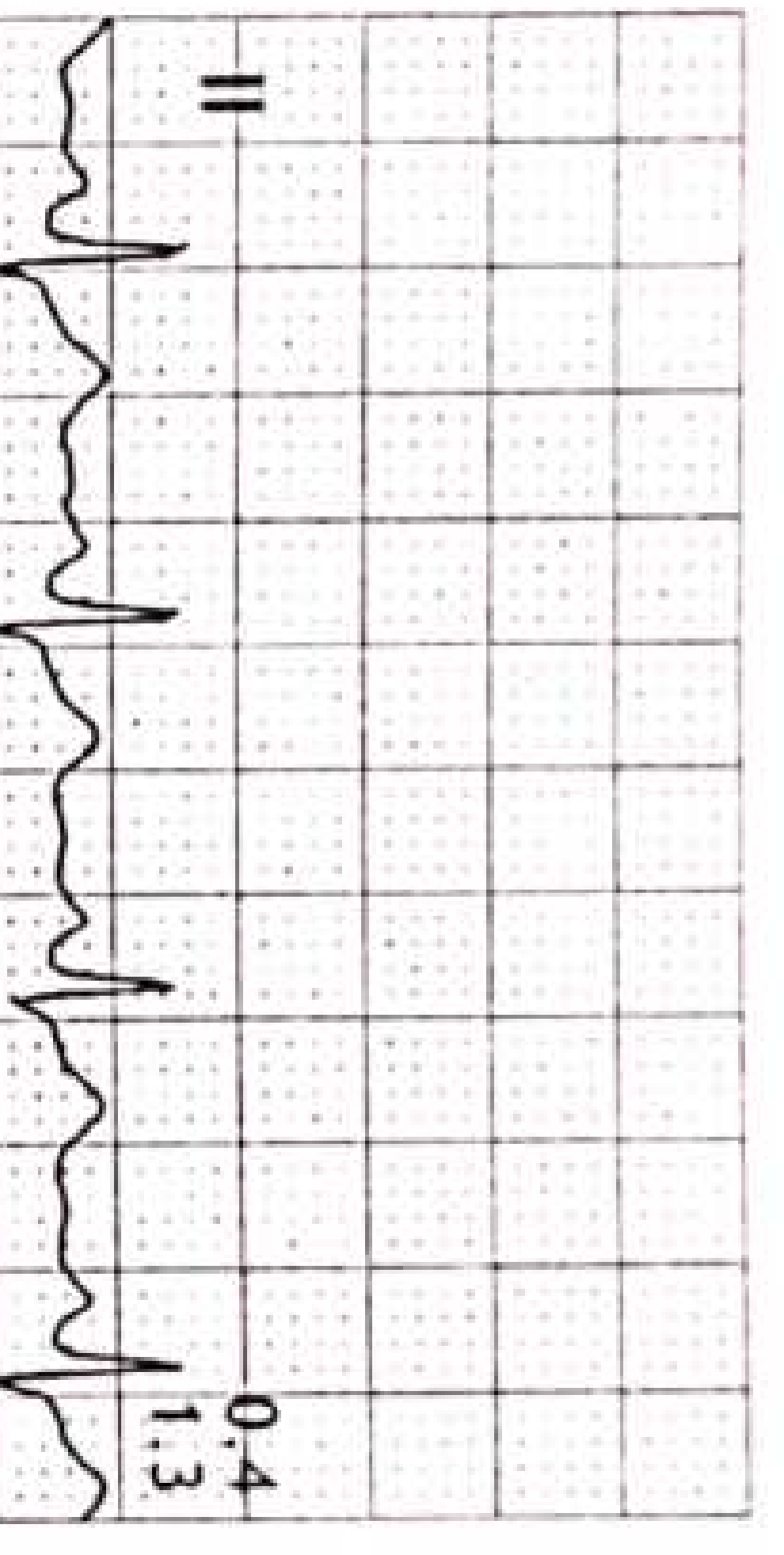
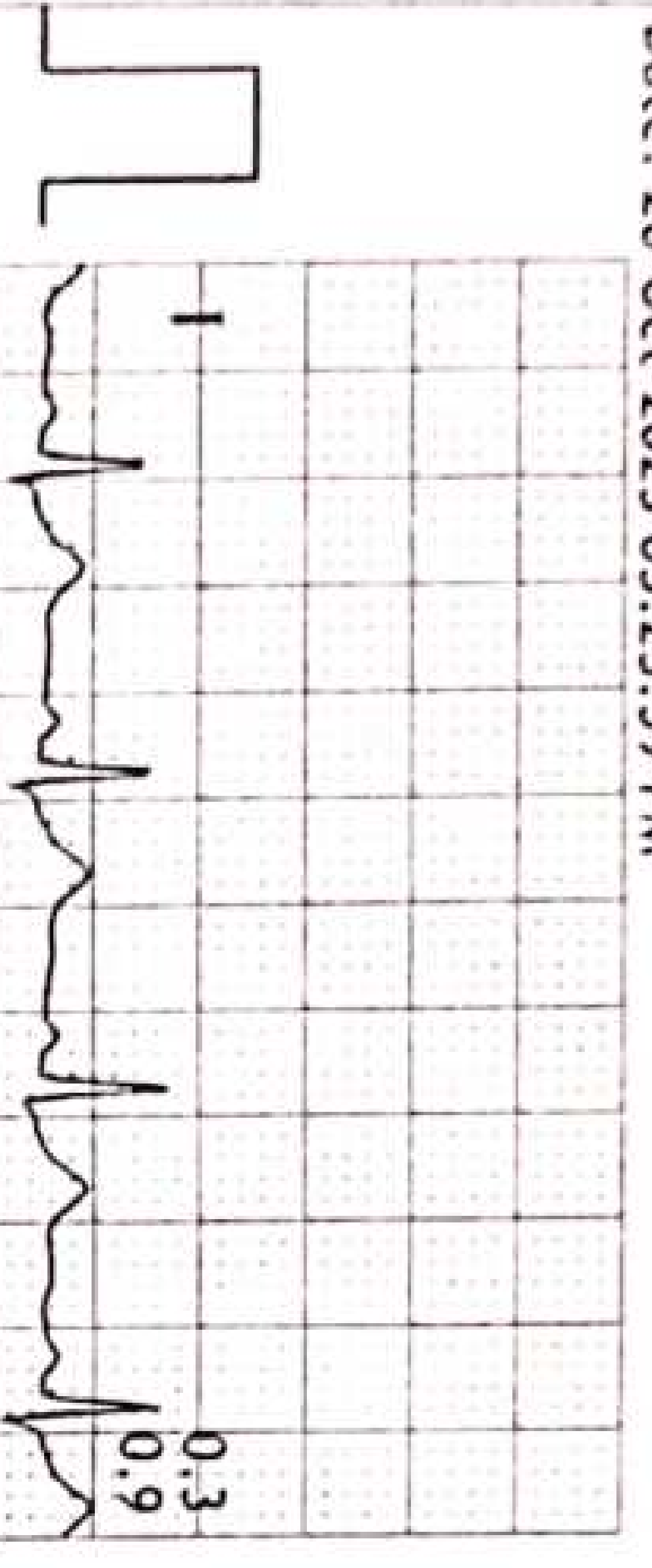
BLC :On

Notch :On

Recovery(2:00)

10.0 mm/mV

25 mm/Sec.





HR: 107 bpm

METS: 1.0

BP: 130/80

MPHR:55% of 192

Speed: 0.0 kmph

Grade: 0.0%

Raw ECG

BRUCE

(0.05-100)Hz

Ex Time 07:20

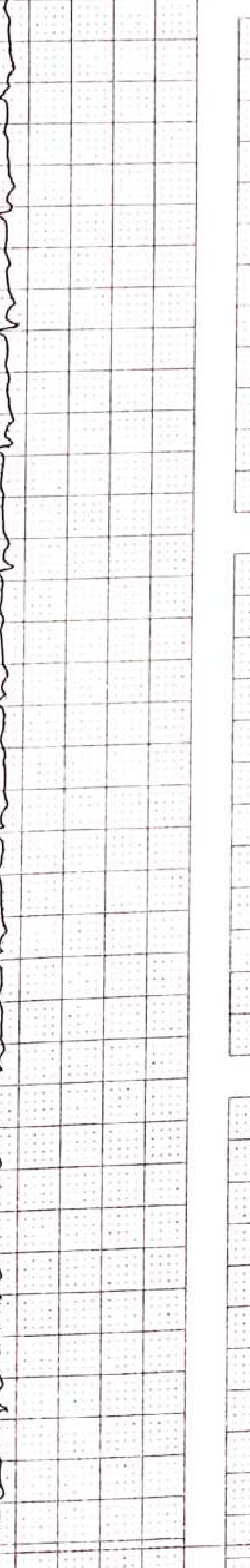
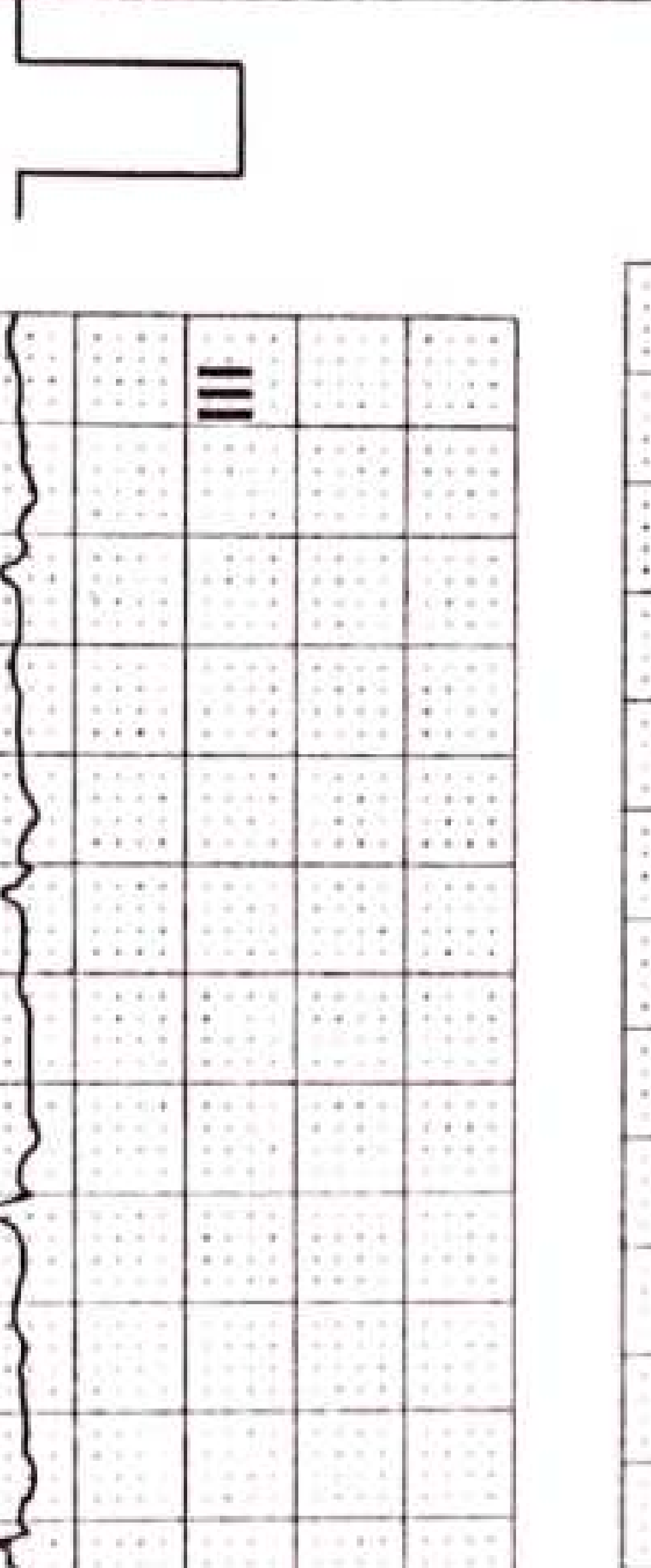
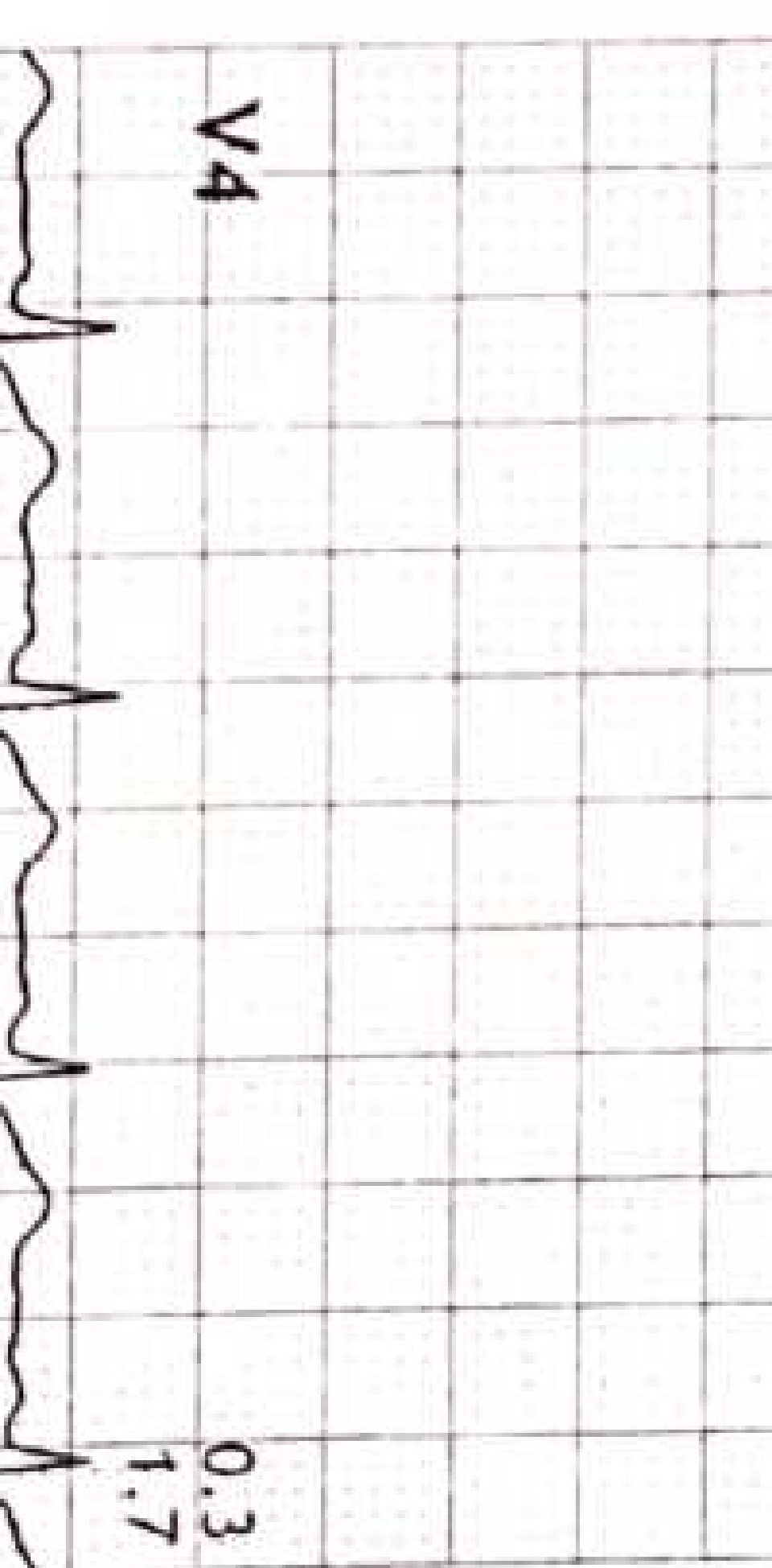
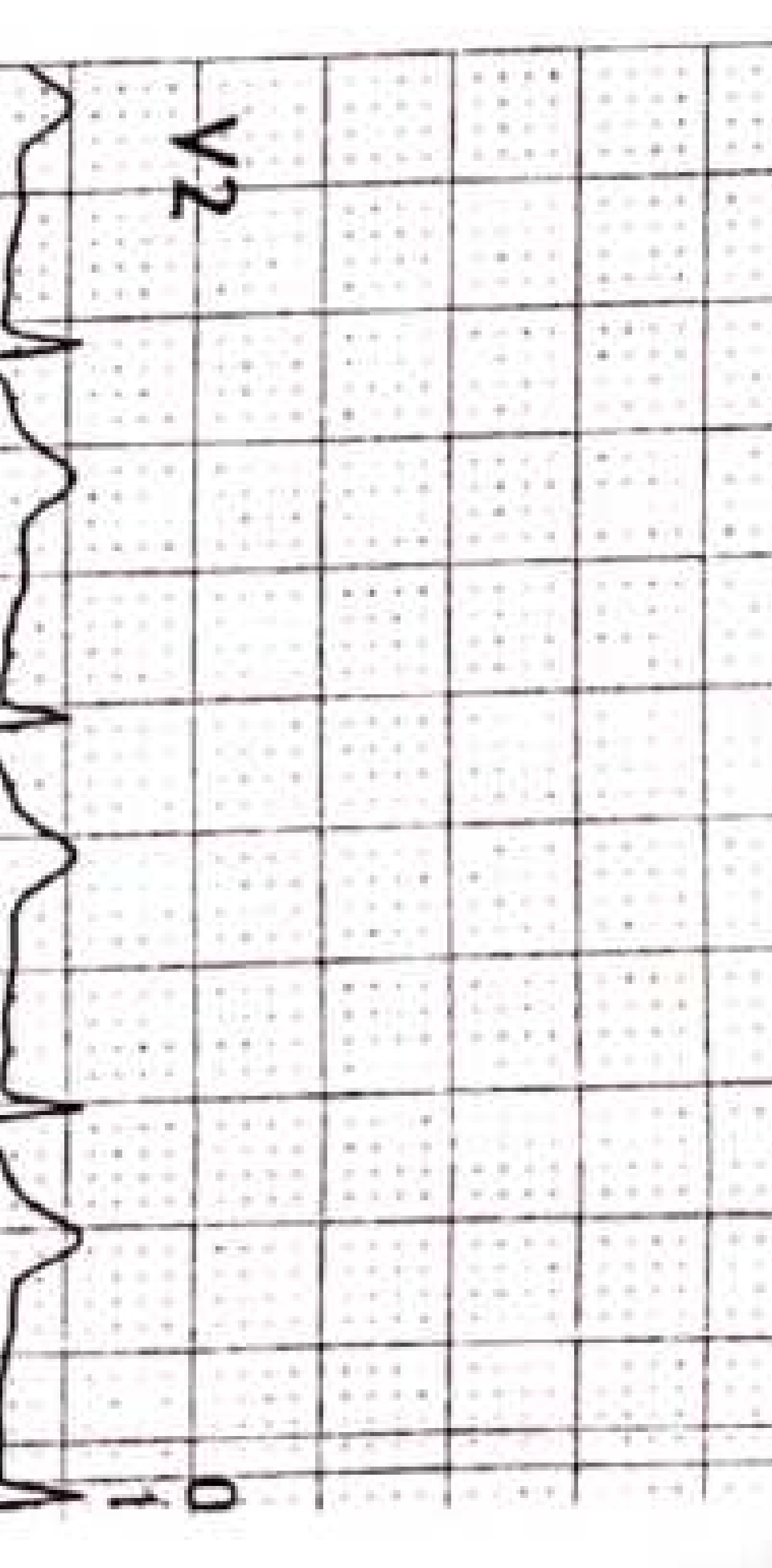
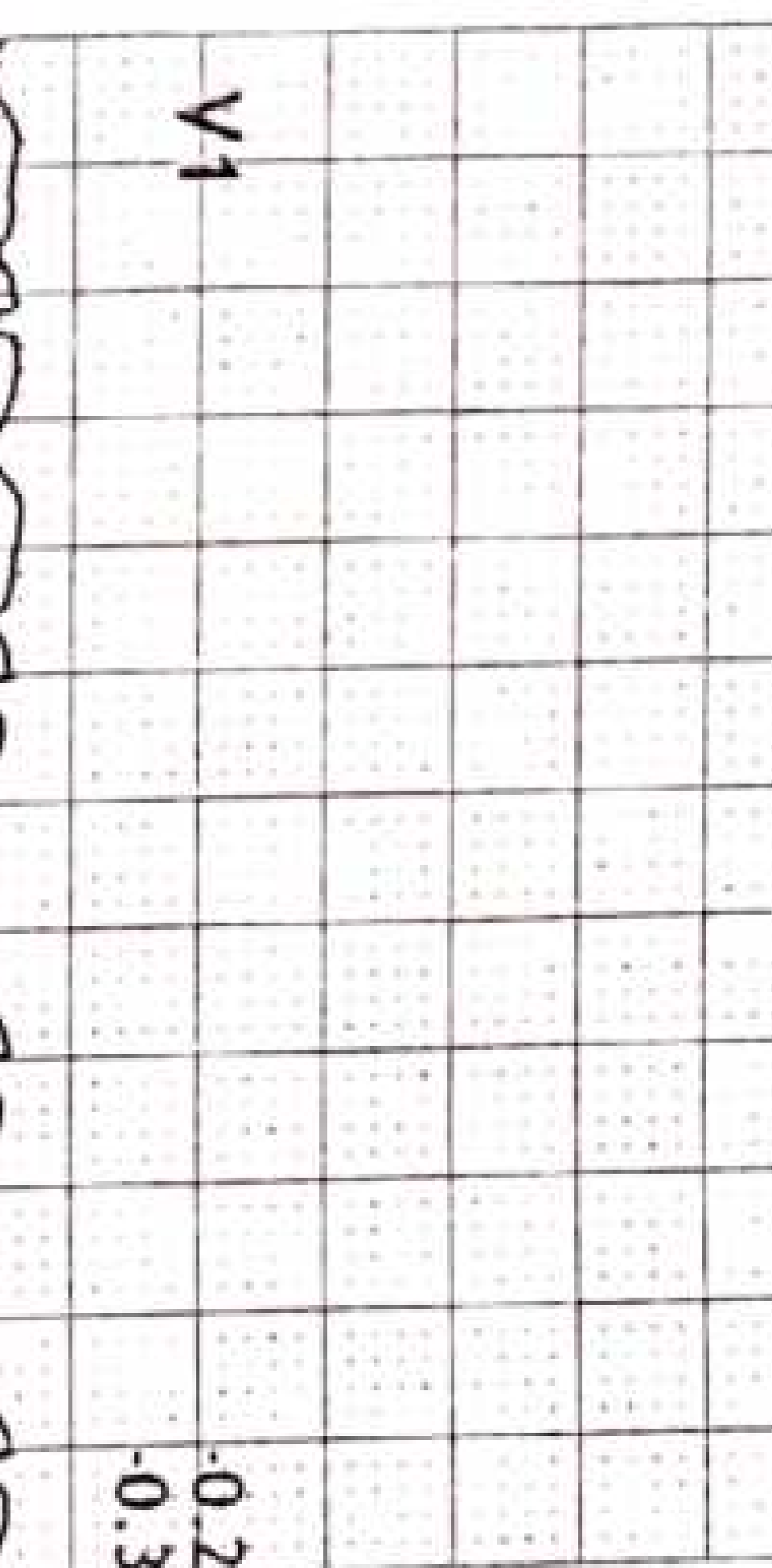
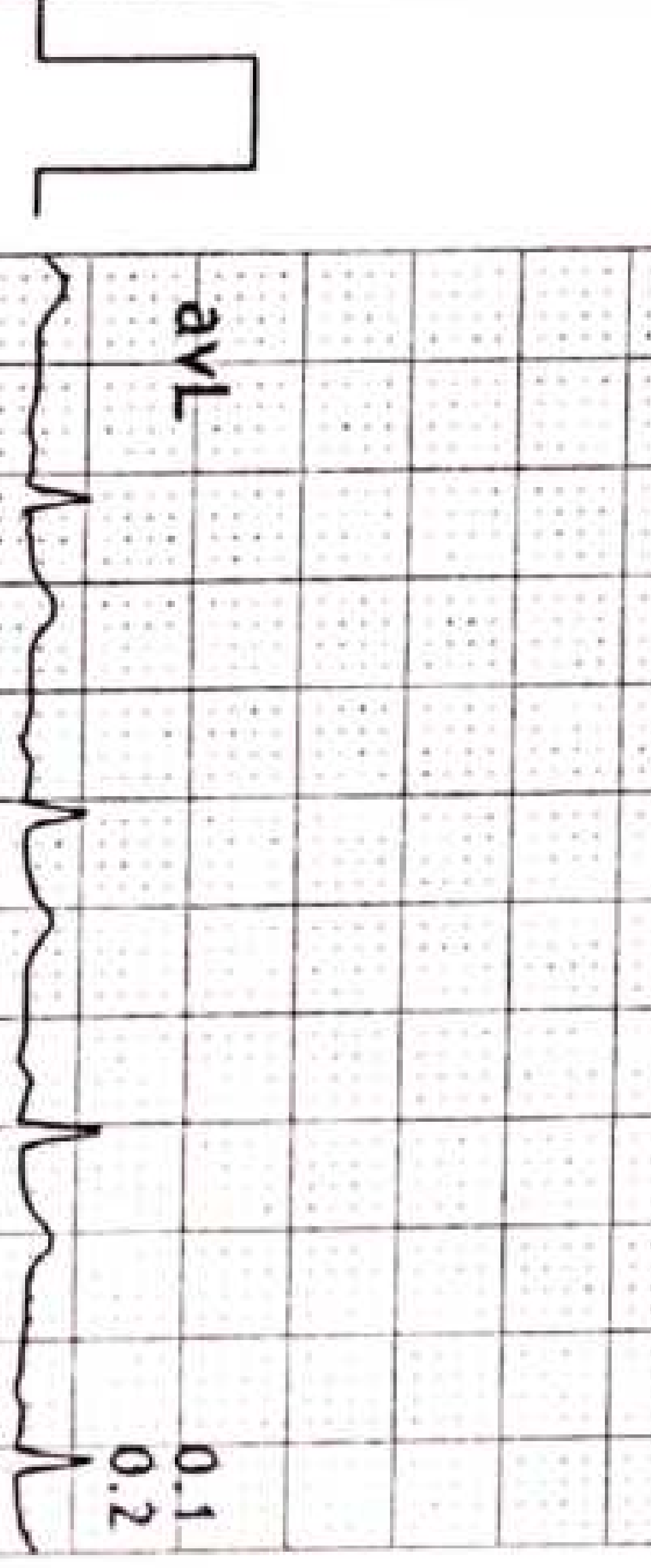
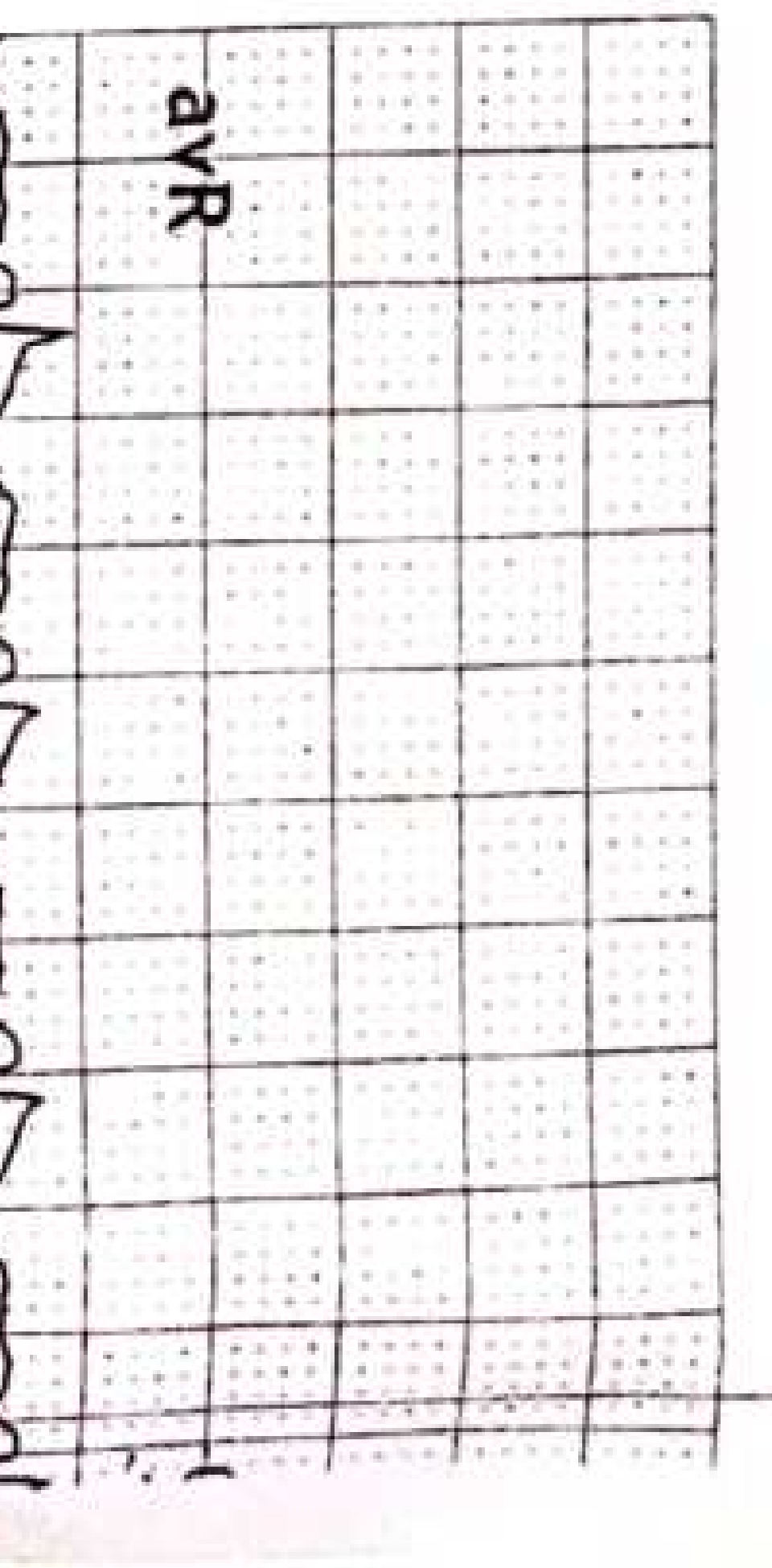
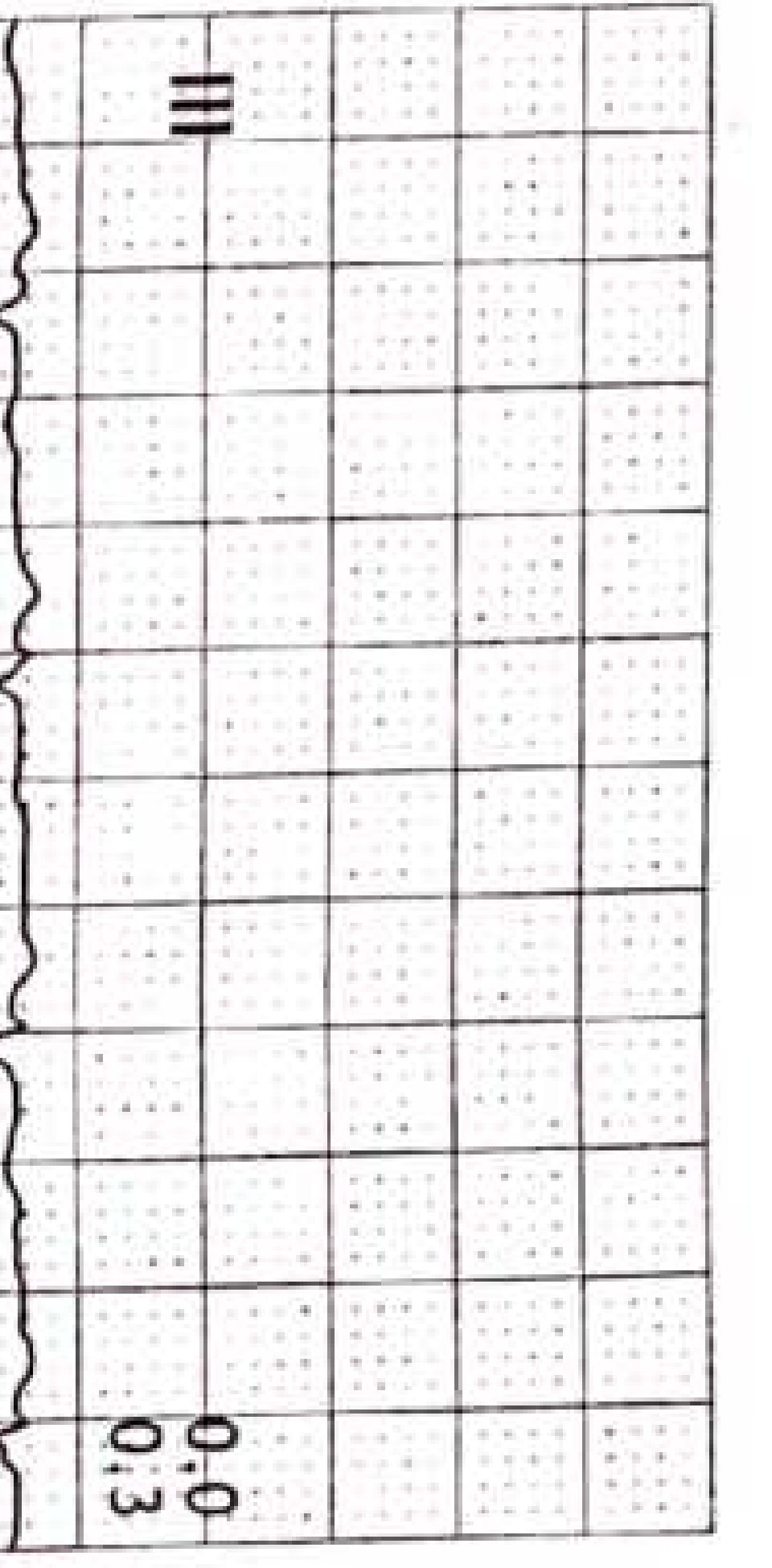
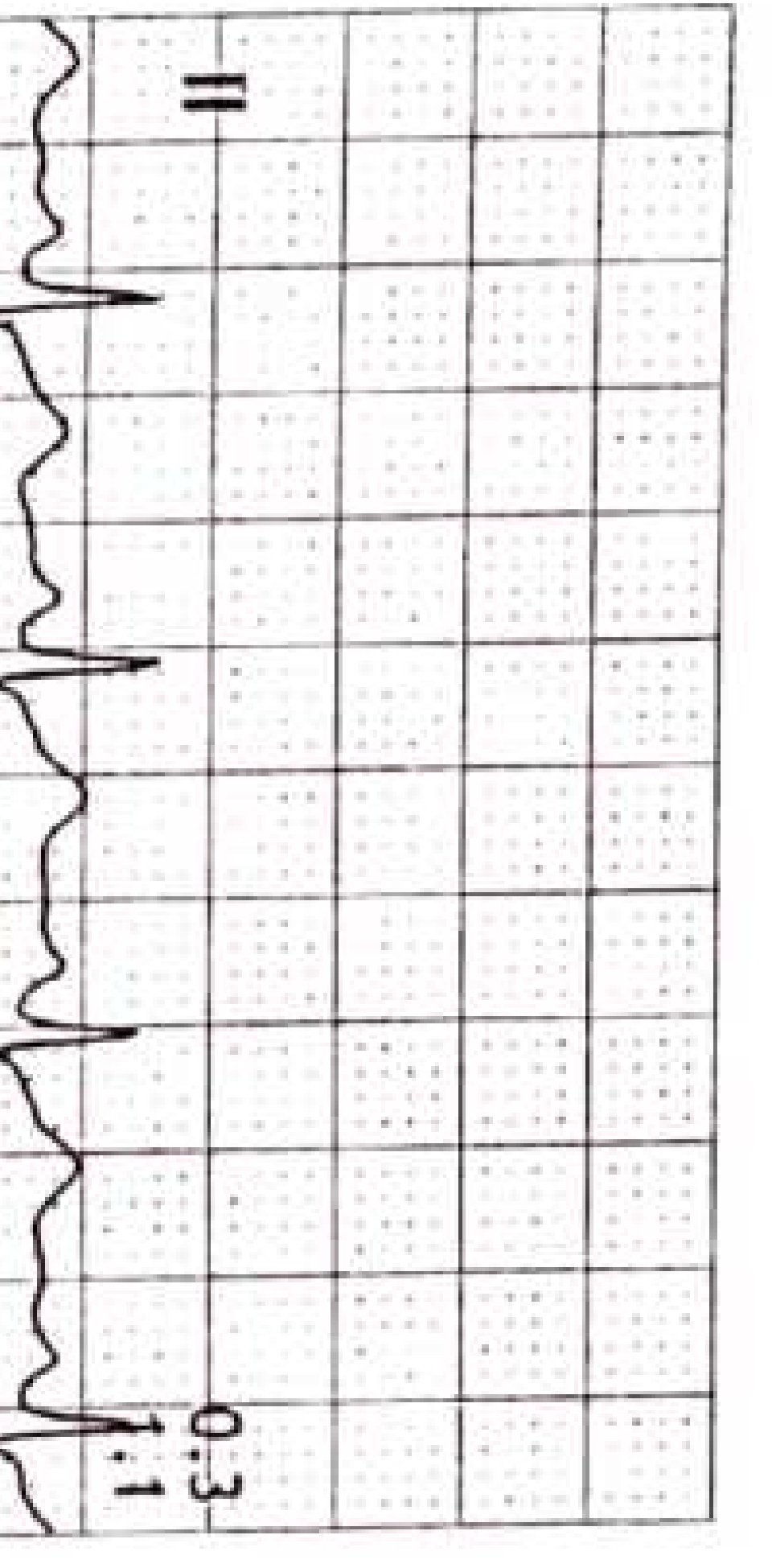
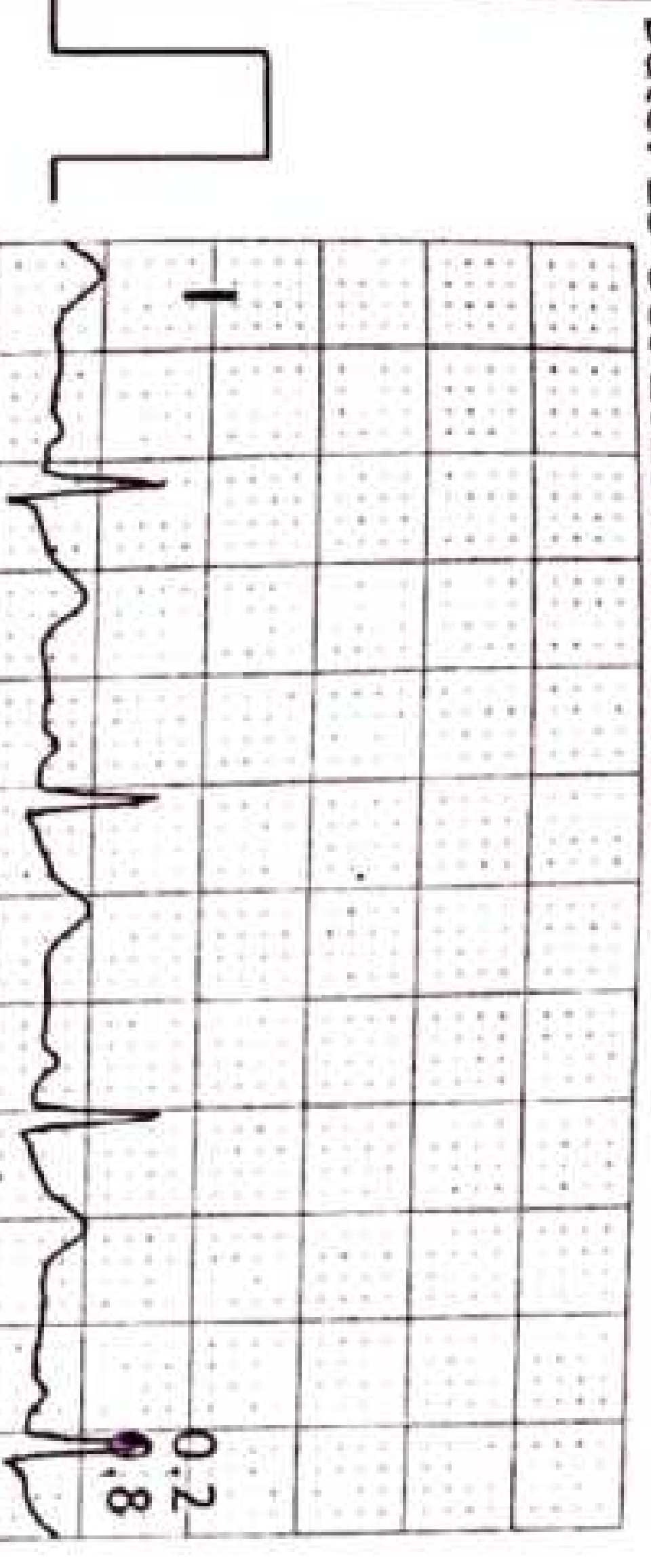
BLC :On

Notch :On

Recovery(3:00)

10.0 mm/mV

25 mm/Sec.







**TEST REPORT**

<b>Name</b>	: Rachchh Meet	<b>Reg. No</b>	: 310101633
<b>Age/Sex</b>	: 28 Years / Male	<b>Reg. Date</b>	: 28-Oct-2023 12:49 PM
<b>Ref. By</b>	: Dr. PANCHMUKHI HOSPITAL / INSURANCE	<b>Collected On</b>	: 28-Oct-2023 12:49 PM
<b>Client Name</b>	: PANCHMUKHI HOSPITAL	<b>Report Date</b>	: 28-Oct-2023 04:28 PM

**COMPLETE BLOOD COUNT (CBC)**  
Specimen: EDTA blood

Parameter	Result	Unit	Biological Ref. Interval
<b>RBC Parameters</b>			
Hemoglobin (SLS method)	15.5	g/dL	13.0 - 18.0
Hematocrit (Electrical Impedance)	<b>44.00</b>	%	47 - 52
RBC Count (Electrical Impedance)	5.01	million/cmm	4.7 - 6.0
MCV (Calculated)	87.8	fL	78 - 110
MCH (Calculated)	30.9	Pg	27 - 31
MCHC (Calculated)	<b>35.2</b>	%	30 - 35
RDW (Calculated)	<b>14.4</b>	%	11.5 - 14.0
<b>WBC Parameters</b>			
WBC Count (Flowcytometry)	6940	/cmm	4000 - 10500
<b>DIFFERENTIAL WBC COUNT</b>			
Neutrophils (%)	53 %	% Range 42.0 - 75.2	Abs. Value 3678 /cmm Abs. Range 1800 - 7700
Lymphocytes (%)	40 %	20 - 45	2776 /cmm 1000 - 3900
Eosinophils (%)	01 %	1 - 4	69 /cmm 0 - 450
Monocytes (%)	06 %	2 - 8	416 /cmm 200 - 1000
Basophils (%)	00 %	0 - 1	0 /cmm 20 - 100
<b>Platelete Parameter</b>			
Platelet Count	271000	/cmm	150000 - 450000
MPV	10.2	fL	7.4 - 10.4
P-LCR	25.40	%	11.9 - 66.9
PDW	10.6	%	8.3 - 56.6
PCT (Platelet Haematocrit)	0.28	%	0.2 - 0.5

*DRJ*

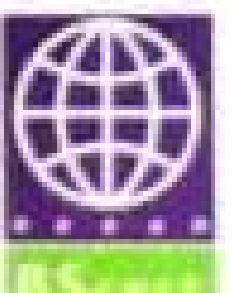
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**Dr. Viral Jethava**

**Dr. Viral R. Jethava**

M.D. (Path, PDCC)



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**TEST REPORT**

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<b>Client Name</b> : PANCHMUKHI HOSPITAL	<b>Report Date</b> : 28-Oct-2023 04:28 PM

**BLOOD GROUP & RH**

Specimen: EDTA and Serum; Method: Haemagglutination

Parameter	Result	Unit	Biological Ref. Interval
ABO	"A"		
Rh (D)	Positive		

The Blood Group is done from received sample. Kindly ask for Blood Group Card. In case of any query, please contact Laboratory.

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*D.R.I.*

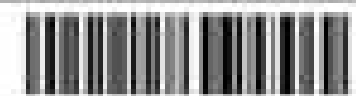
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Test	Result	Unit	Biological Ref. Interval
<b>Erythrocyte sedimentation rate</b> Sample, EDTA whole blood			
ESR (After 1 hour)	02	mm/hr	1 - 7

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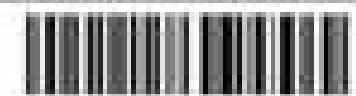
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**FASTING PLASMA GLUCOSE**  
Specimen: Flouride plasma

Parameter	Result	Unit	Biological Ref. Interval
Fasting Blood Sugar (FBS) <small>HEXOKINASE</small>	85.00	mg/dL	<100 :Non-Diabetic 100-125 :Impaired Fasting Glucose (IFG) >=126 :Diabetic
Urine Glucose -F <small>Glucose Oxidase-Peroxidase</small>	Nil		
Urine Acetone -F	Nil		

Criteria for the diagnosis of diabetes :

- HbA1c  $\geq$  6.5 %Or
- Fasting plasma glucose  $\geq$ 126 gm/dL. Fasting is defined as no caloric intake at least for 8 hrs.Or
- Two-hour plasma glucose  $\geq$  200mg/dL during an oral glucose tolerance test by using a glucose load containing the 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; 511.

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<b>Ref. By</b>	: Dr. PANCHMUKHI HOSPITAL / INSURANCE	<b>Collected On</b>	: 28-Oct-2023 05:54 PM
<b>Client Name</b>	: PANCHMUKHI HOSPITAL	<b>Report Date</b>	: 28-Oct-2023 06:54 PM

**POST PRANDIAL PLASMA GLUCOSE**

Specimen: Flouride plasma

Parameter	Result	Unit	Biological Ref. Interval
Post Prandial Blood Sugar (PPBS) <small>HEXOKINASE</small>	105.00	mg/dL	70 - 140
Urine Glucose- PP <small>Glucose Oxidase-Peroxidase</small>	Nil		
Urine Acetone- PP	Nil		

**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  $\geq$  200mg/dL during an oral glucose tolerance test by using a glucose load containing the 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.

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American diabetes association: Standards of medical care in diabetes 2011. Diabetes care 2011;34: 511.

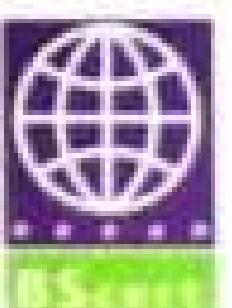

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**LIPID PROFILE**  
Specimen: Serum

Parameter	Result	Unit	Biological Ref. Interval
<b>Cholesterol</b> <i>Cholesterol Oxidase</i>	155.00	mg/dL	Desirable : < 200.0 Borderline High : 200-239 High : > 240.0
<b>Triglyceride</b> <i>Enzymatic Reaction With Glycerol Kinase</i>	111.00	mg/dL	Normal : < 150.0 Borderline : 150-199 High : 200-499 Very High : > 500.0
<b>HDL Cholesterol</b> <i>Siemens AHDL</i>	58.00	mg/dL	High Risk : < 40 Low Risk : >= 60
<b>LDL Cholesterol</b> <i>Siemens ALDL</i>	74.80	mg/dL	Optimal : < 100 Near Optimal/above optimal : 100-129 Borderline High : 130-159 High : 160-189 Very High : >=190
<b>VLDL Cholesterol</b> <i>Calculated</i>	22.20	mg/dL	15 - 35
<b>LDL / HDL RATIO</b> <i>Calculated</i>	1.29		0 - 3.5
<b>Cholesterol /HDL Ratio</b> <i>Calculated</i>	2.67		0 - 5.0

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**RENAL FUNCTION TEST**

Specimen: Serum

Parameter	Result	Unit	Biological Ref. Interval
<b>Creatinine</b> <small>ALKALINE PICRATE, COLORIMETRIC KINETIC</small>	0.91	mg/dL	0.7 - 1.3
<b>eGFR</b>	<b>89.37</b>	ml/min/1.73 sq m	Normal or High: $\geq 90$ Mild decrease: 60-89 Mild moderate decrease: 45-59 Moderate to severe decrease: 30-44 Severe decrease: 15-29 Kidney failure: $< 15$
<b>Urea</b> <small>Calculated</small>	38.00	mg/dL	17 - 43
<b>Blood Urea Nitrogen (BUN)</b> <small>UREASE/GLDH</small>	17.75	mg/dL	7.0 - 18.0
<b>Uric Acid</b> <small>Uricase</small>	4.95	mg/dL	3.5 - 7.2
<b>Sodium</b> <small>Direct ion selective electrode</small>	139.4	mmol/L	137 - 145
<b>Potassium</b> <small>Direct ion selective electrode</small>	4.62	mmol/L	3.5 - 5.1
<b>Chloride</b> <small>Direct ion selective electrode</small>	103.2	mmol/L	98 - 107
<b>Calcium</b> <small>Cresolphthalein Complexone</small>	9.60	mg/dL	8.5 - 10.1

*D.R.I.*

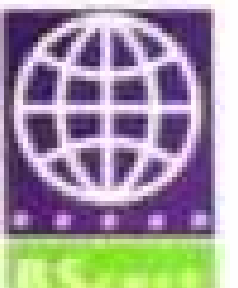
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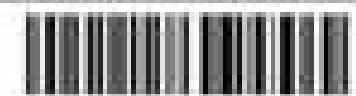
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Parameter	Result	Unit	Biological Ref. Interval
<b>GGT</b> <small>Siemens/37C</small>	71.00	U/L	15 - 85

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**TEST REPORT**

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**HEMOGLOBIN A1 C (HBA1C)**  
Specimen: Blood EDTA

Parameter	Result	Unit	Biological Ref. Interval
HbA1C <i>Siemens Dimension</i>	4.93	%	Non-Diabetic : Normal : < 5.7 % Pre-Diabetes : 5.7 % - 6.4 % Diabetes : >6.4 %  Diabetic : Poor Control : > 7.0 % Good Control : 6.0 % - 7.0 %
Mean Blood Glucose <i>Calculated</i>	94.79	mg/dL	Please correlate with clinical condition 90-115: Normal 115-133: Pre-Diabetic 134-150: Good Control 151-180: Average Control 181-210: Action Suggested >211: Panic Value

**Explanation :**

- Total hemoglobin A1 c is continuously synthesized 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 :**

- Presence of Hemoglobin variants and/or conditions that affect red cell turnover must be considered, particularly when the HbA1C result does not correlate with the patient's blood glucose levels.

*D.R.I.*

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**THYROID FUNCTION TEST**

Parameter	Result	Unit	Biological Ref. Interval
<b>Thyroid Stimulating Hormone (TSH)</b> <small>CLIA</small>	1.470	µIU/ml	0.35 - 5.50

**Remarks:**

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

<b>Triiodothyronine (T3)</b> <small>CLIA</small>	0.95	ng/mL	0.6 - 1.81
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**Clinical Significance:**

- Triiodothyronine (T3) is a hormone synthesized and secreted by the thyroid gland in response to the pituitary hormone TSH 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 bound 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, FT3 levels parallel changes in total T3 levels. Measuring FT3 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.

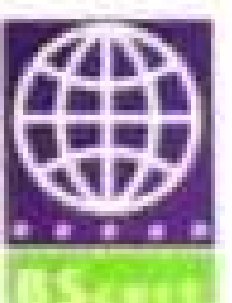

**Dr. Viral Jethava**

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**Dr. Viral R. Jethava**

M.D. (Path, PDCC)


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**TEST REPORT**

<b>Name</b> : Rachchh Meet	<b>Reg. No</b> : 310101633
<b>Age/Sex</b> : 28 Years / Male	<b>Reg. Date</b> : 28-Oct-2023 12:49 PM
<b>Ref. By</b> : Dr. PANCHMUKHI HOSPITAL / INSURANCE	<b>Collected On</b> : 28-Oct-2023 12:49 PM
<b>Client Name</b> : PANCHMUKHI HOSPITAL	<b>Report Date</b> : 28-Oct-2023 04:28 PM

**Thyroxine (T4)** 9.24 µg/dL 4.5 - 12.6  
CLIA

**Clinical Significance:**

- Thyroxin (T4) is a hormone synthesized and secreted by the thyroid gland in response to the pituitary hormone TSH 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 bound 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 T3.
- In hypothyroidism and hyperthyroidism, FT4 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:**

- The anticonvulsant drug phenytoin may interfere with total and FT4 levels due to competition for TBG binding sites.
- FT4 values may be decreased in patients taking carbamazepine.
- Thyroid autoantibodies in human serum may interfere and cause falsely elevated FT4 results.

*D.R.J.*

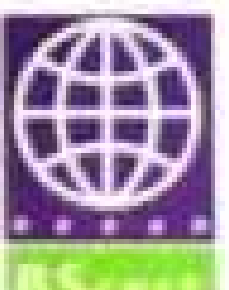
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**TEST REPORT**

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**URINE ROUTINE EXAMINATION**

Parameter	Result	Unit	Biological Ref. Interval
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**PHYSICAL EXAMINATION**

Quantity	15 cc		
Colour	Pale Yellow		
Clarity	Clear		

**CHEMICAL EXAMINATION (BY REFLECTANCE PHOTOMETRIC)**

pH	6.0		4.6 - 8.0
Sp. Gravity	1.010		1.001 - 1.035
Protein	Nil		
Glucose	Nil		
Ketone Bodies	Nil		
Urobilinogen	Normal Present		
Bile salts:	Absent		Absent
Bile Pigments:	Absent		Absent
Nitrite	Nil		

**MICROSCOPIC EXAMINATION (MANUAL BY MICROSCOPY)**

Leucocytes (Pus Cells)	Occasional/hpf
Erythrocytes (Red Cells)	Absent
Epithelial Cells	8 - 10/hpf
Amorphous Material	Absent
Casts	Absent
Crystals	Absent
Bacteria	Absent

*DRJ*

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**TEST REPORT**

<b>Name</b>	: Rachchh Meet	<b>Reg. No</b>	: 310101633
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**LIVER FUNCTION TEST**

Specimen : Serum

Parameter	Result	Unit	Biological Ref. Interval
Total Protein <i>BIURET</i>	6.90	g/dL	6.4 - 8.2
Albumin <i>Dye Binding - Bromocresol Purple (BCP)</i>	3.92	g/dL	3.40 - 5.00
Globulin <i>Calculated</i>	2.98	g/dL	2.3 - 3.5
A/G Ratio <i>Calculated</i>	1.32		0.8 - 3.1
SGOT (AST) <i>Siemens/37C</i>	30.00	U/L	15 - 37
SGPT (ALT) <i>Siemens/37C</i>	50.00	U/L	16 - 63
Alakaline Phosphatase <i>Siemens/37C</i>	78.00	U/L	46 - 116
Total Bilirubin <i>Diazo-Caffeine/Benzoate Coupling (Jendrassik-Grof) w/blank</i>	0.49	mg/dL	0.2 - 1
Conjugated Bilirubin <i>Diazo-Caffeine/Benzoate Coupling (Jendrassik-Grof) w/blank</i>	0.13	mg/dL	0 - 0.20
Unconjugated Bilirubin <i>Sulph acid diazo-calf-benz</i>	0.36	mg/dL	0.0 - 1.1

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

*D.R.I.*

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