



BHAILAL AMIN
GENERAL HOSPITAL



CONCLUSION OF HEALTH CHECKUP

ECU Number	: 2200	MR Number	: 23201818	Patient Name:	RATNESH KUMAR
Age	: 46	Sex	: Male	Height	: 176
Weight	: 81	Ideal Weight	: 71	BMI	: 26.15
Date	: 09/03/2023				

Dr. Manish Mittal

Internal Medicine

Note : General Physical Examination & routine Investigations included in the Health Checkup have certain limitations and may not be able to detect all the latent and asymptomatic diseases.



**BHAILAL AMIN
GENERAL HOSPITAL**



ECU Number : 2200 MR Number : 23201818 Patient Name : RATNESH KUMAR
Age : 46 Sex : Male Height : 176
Weight : 81 Ideal Weight : 71 BMI : 26.15
Date : 09/03/2023

Past H/O : K/C/O : DIABETES ON MEDICATION

Present H/O : NO MEDICAL COMPLAIN AT PRESENT

Family H/O : FATHER AND MOTHER: HYPERTENSION

Habits : NO HABITS
Gen.Exam. : G.C.GOOD
B.P : 130/88 mm HG
Pulse : 82/MIN REG
Others : SPO2-92%
C.V.S : NAD
R.S. : NAD
Abdomen : NP
Spleen : NP
Skin : NAD
C.N.S : NAD
Advice :



ECU Number : 2200
Age : 46
Weight : 81
Date : 09/03/2023

MR Number : 23201818
Sex : Male
Ideal Weight : 71

Patient Name : RATNESH KUMAR
Height : 176
BMI : 26.15

Ophthalmic Check Up :

Right

Left

Ext Exam

NIL

Vision Without Glasses

6/6-1.50 SPH -0.75 ! 180

6/6-1.50 SPH -0.75 ! 180

Vision With Glasses

NA

NA

Final Correction

NA

NA

Fundus

NORMAL

Colour Vision

NORMAL

Advice

NIL

Orthopaedic Check Up :

Ortho Consultation

Ortho Advice

ENT Check Up :

Ear

Nose

Throat

Hearing Test

ENT Advice

General Surgery Check Up :

General Surgery

Abdominal Lump

Hernia

External Genitals

PVR

Proctoscopy

Any Other

Surgical Advice



Patient Name : Mr. RATNESH KUMAR
Gender / Age : Male / 46 Years 1 Months 20 Days
MR No / Bill No. : 23201818 / 231070985
Consultant : Dr. Manish Mittal
Location : OPD

Type : OPD
Request No. : 111848
Request Date : 09/03/2023 08:05 AM
Collection Date : 09/03/2023 08:11 AM
Approval Date : 09/03/2023 01:50 PM

CBC + ESR

Test	Result	Units	Biological Ref. Range
Haemoglobin.			
Haemoglobin	13.2	gm/dL	13 - 17
Red Blood Cell Count (T-RBC)	4.64	mill/cmm	4.5 - 5.5
Hematocrit (HCT)	40.3	%	40 - 50
Mean Corpuscular Volume (MCV)	86.9	fl	83 - 101
Mean Corpuscular Haemoglobin (MCH)	28.4	pg	27 - 32
MCH Concentration (MCHC)	32.8	%	31.5 - 34.5
Red Cell Distribution Width (RDW-CV)	14.1	%	11.6 - 14
Red Cell Distribution Width (RDW-SD)	45.3	fl	39 - 46
Total Leucocyte Count (TLC)			
Total Leucocyte Count (TLC)	7.72	thou/cmm	4 - 10
Differential Leucocyte Count			
Polymorphs	64	%	40 - 80
Lymphocytes	31	%	20 - 40
Eosinophils	2	%	1 - 6
Monocytes	3	%	2 - 10
Basophils	0	%	0 - 2
Polymorphs (Abs. Value)	4.90	thou/cmm	2 - 7
Lymphocytes (Abs. Value)	2.35	thou/cmm	1 - 3
Eosinophils (Abs. Value)	0.16	thou/cmm	0.2 - 0.5
Monocytes (Abs. Value)	0.27	thou/cmm	0.2 - 1
Basophils (Abs. Value)	0.04	thou/cmm	0.02 - 0.1
Immature Granulocytes	0.3	%	1 - 3 : Borderline > 3 : Significant
Platelet Count			
Platelet Count	75	thou/cmm	150 - 410
Smear evaluation	Adequate		
Estimated Platelet count (Smear evaluation)	100	thou/cmm	
Remarks	Few large platelets seen.		
ESR	4	mm/1 hr	0 - 10

Test Results are dependent on a number of variables & technical limitations. Hence, it is advised to correlate with clinical findings and other related investigations before any firm opinion is made. Recheck / recast may be requested.



Patient Name	: Mr. RATNESH KUMAR	Type	: OPD
Gender / Age	: Male / 46 Years 1 Months 20 Days	Request No.	: 111848
MR No / Bill No.	: 23201818 / 231070985	Request Date	: 09/03/2023 08:05 AM
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CBC + ESR

Immature Granulocyte (IG) count is a useful early marker of infection or inflammation, even when other markers are normal. It is an early and rapid discrimination of bacterial from viral infections. It is also increased in patients on steroid therapy / chemotherapy or haematological malignancy. High IG is always pathological; except in pregnancy and neonates of < 7 days.
Method : HB by Non-Cyanide Hemoglobin analysis method. HCT by RBC pulse height detection method. RBC, TLC & PLC are by Particle Count by Electrical Impedance in Cell Counter. Optical Platelets by Fluorescent + Laser Technology. MCV, MCH, MCHC, RDW (CV & SD) are calculated parameter. DLC by Flowcytometry method using semi-conductor Laser+Smear verification. ESR on Ves metic 20, comparable to Westergrens method and in accordance to ICSH reference method.

---- End of Report ----

Dr. Rakesh Vaidya
MD (Path). DCP.

Text Results are dependent on a number of variables & technical limitations. Hence, it is advised to correlate with clinical findings and other related investigations before any firm opinion is made. Recheck / retest may be requested.



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Haematology

Test	Result	Units	Biological Ref. Range
Blood Group			
ABO system	O		
Rh system.	Positive		

By Gel Technology / Tube Agglutination Method

Note :

- This blood group has been done with new sensitive Gel Technology using both Forward and Reverse Grouping Card with Autocontrol.
- This method check's group both on Red blood cells and in Serum for "ABO" group.

---- End of Report ----

Dr. Rakesh Vaidya
MD (Path). DCP.

Test Results are dependent on a number of variables & technical limitations. Hence, it is advised to correlate with clinical findings and other related investigations before any firm opinion is made. Recheck / retest may be requested.

365 Days / 24 Hours Laboratory Services

Home Collection Facility Available
(Mon To Sat 8:00 am to 5:00 pm)



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DEPARTMENT OF LABORATORY MEDICINE

Patient Name : Mr. RATNESH KUMAR
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Fasting Plasma Glucose

Test	Result	Units	Biological Ref. Range
Fasting Plasma Glucose	153	mg/dL	70 - 110
Post Prandial 2 Hr. Plasma Glucose	235	mg/dL	70 - 140

By Hexokinase method on RXL Dade Dimesion

--- End of Report ---

Dr. Sejal Odedra
M.D.Pathology

Test Results are dependent on a number of variables & technical limitations. Hence, it is advised to correlate with clinical findings and other related investigations before any firm opinion is made. Recheck / retest may be requested.



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HbA1c (Glycosylated Hb)

Test	Result	Units	Biological Ref. Range
HbA1c (Glycosylated Hb)			
Glycosylated Hemoglobin (HbA1c)	7.4	%	
estimated Average Glucose (e AG) *	165.68	mg/dL	

*(Method:**By Automated HPLC analyser on D-10 Biorad. NGSP Certified, US-FDA approved, Traceable to IFCC reference method.*** Calculated valued for past 60 days, derived from HbA1c %, based on formula recommended by the A1c - Derived Average Glucose study from ADA and EASD funded The ADAG trial.***Guidelines for Interpretation:***Indicated Glycemic control of previous 2-3 months*

HbA1c%	e AG (mg/dl)	Glycemic control
> 8	> 183	Action suggested...High risk of developing long-term complications. Action suggested, depends on individual patient circumstances
7 - 8	154 - 183	Good
< 7	< 154	Goal...Some danger of hypoglycemic reaction in type I Diabetics. Some Glucose intolerant individuals and Sub-Clinical diabetics may demonstrate (elevated) HbA1c in this area.
6 - 7	126 - 154	Near Normal
< 6	< 126	Nondiabetic level)

---- End of Report ----

Dr. Sejal Odedra
M.D.Pathology



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Complete Lipid Profile

Test	Result	Units	Biological Ref. Range
Complete Lipid Profile			
Appearance	Clear		
Triglycerides	237	mg/dL	1 - 150
<i>(By Lipase / Glycerol dehydrogenase on RXL Dade Dimension < 150 Normal 150-199 Borderline High 200-499 High > 499 Very High)</i>			
Total Cholesterol	178	mg/dL	1 - 200
<i>(By enzymatic colorimetric method on RXL Dade Dimension <200 mg/dL - Desirable 200-239 mg/dL - Borderline High > 239 mg/dL - High)</i>			
HDL Cholesterol	41	mg/dL	40 - 60
<i>(By Direct homogenous technique, modified enzymatic non-immunological method on RXL Dade Dimension < 40 Low > 60 High)</i>			
Non HDL Cholesterol (calculated)	137	mg/dL	1 - 130
<i>(Non- HDL Cholesterol < 130 Desirable 139-159 Borderline High 160-189 High > 191 Very High)</i>			
LDL Cholesterol	105	mg/dL	1 - 100
<i>(By Direct homogenous technique, modified enzymatic non-immunological method on RXL Dade Dimension < 100 Optimal 100-129 Near / above optimal 130-159 Borderline High 160-189 High > 189 Very High)</i>			
VLDL Cholesterol (calculated)	47.4	mg/dL	12 - 30
LDL Ch. / HDL Ch. Ratio	2.56		2.1 - 3.5
T. Ch./HDL Ch. Ratio	4.34		3.5 - 5
<i>(Recent NECP / ATP III Guidelines / Classification (mg/dl) :)</i>			

---- End of Report ----

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Liver Function Test (LFT)

Test	Result	Units	Biological Ref. Range
Bilirubin			
Bilirubin - Total	0.43	mg/dL	0 - 1
Bilirubin - Direct	0.09	mg/dL	0 - 0.3
Bilirubin - Indirect	0.34	mg/dL	0 - 0.7
<i>(By Diazotized sulfanilic acid on RXL Dade Dimension.)</i>			
Aspartate Aminotransferase (SGOT/AST)	34	U/L	15 - 40
<i>(By IFCC UV kinetic method on RXL Dade Dimension.)</i>			
Alanine Aminotransferase (SGPT/ALT)	59	U/L	16 - 63
<i>(By IFCC UV kinetic method on RXL Dade Dimension.)</i>			
Alkaline Phosphatase	116	U/L	53 - 128
<i>(BY PNPP AMP method on RXL Dade Dimension.)</i>			
Gamma Glutamyl Transferase (GGT)	49	U/L	15 - 85
<i>(By IFCC method on RXL Dade Dimension.)</i>			
Total Protein			
Total Proteins	7.76	gm/dL	6.4 - 8.2
Albumin	3.96	gm/dL	3.4 - 5
Globulin	3.8	gm/dL	3 - 3.2
A : G Ratio	1.04		1.1 - 1.6
<i>(By Biuret endpoint and Bromocresol purple method on RXL Dade Dimension.)</i>			

---- End of Report ----

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Renal Function Test (RFT)

Test	Result	Units	Biological Ref. Range
Urea (By Urease Kinetic method on RXL Dade Dimension)	22	mg/dL	10 - 45
Creatinine (By Modified Kinetic Jaffe Technique)	0.95	mg/dL	0.9 - 1.3
Estimate Glomerular Filtration rate (Ref. range : > 60 ml/min for adults between age group of 18 to 70 yrs. EGFR Calculated by IDMS Traceable MDRD Study equation. Reporting of eGFR can help facilitate early detection of CKD. By Modified Kinetic Jaffe Technique)	More than 60		
Uric acid (By Uricase / Catalase method on RXL Siemens)	6.1	mg/dL	3.4 - 7.2

--- End of Report ---

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Prostate Sp. (Antigen)

Test	Result	Units	Biological Ref. Range
Total PSA	0.058	ng/ml	0 - 4

(Method : Done by 4th generation electrochemiluminescence based method on automated immunoassay / Cobas e 411.

Remark :

Age related reference range for interpretation :

< 40 yrs : 0.21 - 1.72

40 - 49 yrs : 0.27 - 2.19

50 - 59 yrs : 0.27 - 3.42

60 - 69 yrs : 0.27 - 6.16

>69 yrs : 0.21 - 6.77

TPSA may be raised usually mildly in benign prostatic conditions like hyperplasia. Typically 30 % of BPH may show values between 4-10 and 7 % between 10-40.

In Prostatic Malignancy 43 % show values below 4

21 % between 4 to 10

20 % between 10 to 40 &

16 % above 40)

----- End of Report -----

Dr. Sejal Odedra
M.D.Pathology



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Thyroid Hormone Study

Test	Result	Units	Biological Ref. Range
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Triiodothyronine (T3)	1.49	ng/ml	
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(Done by 4th generation electrochemiluminescence based method on automated immunoassay / Cobas e 411.

Reference interval (ng/ml)

1 - 3 days : 0.1 - 7.4
 1-11 months : 0.1 - 2.45
 1-5 years : 0.1 - 2.7
 6-10 years : 0.9 - 2.4
 11-15 years : 0.8 - 2.1
 16-20 years : 0.8 - 2.1
 Adults (20 - 50 years) : 0.7 - 2.0
 Adults (> 50 years) : 0.4 - 1.8
 Pregnancy (in last 5 months) : 1.2 - 2.5

(Reference : Tietz - Clinical guide to laboratory test, 4th edition))

Thyroxine (T4)	7.74	mcg/dL	
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(Done by 4th generation electrochemiluminescence based method on automated immunoassay / Cobas e 411.

Reference interval (mcg/dL)

1 - 3 days : 11.8 - 22.6
 1 - 2 weeks : 9.8 - 16.6
 1 - 4 months : 7.2 - 14.4
 4 - 12 months : 7.8 - 16.5
 1-5 years : 7.3 - 15.0
 5 - 10 years : 6.4 - 13.3
 10 - 20 years : 5.6 - 11.7
 Adults / male : 4.6 - 10.5
 Adults / female : 5.5 - 11.0
 Adults (> 60 years) : 5.0 - 10.7

(Reference : Tietz - Clinical guide to laboratory test, 4th edition))

Thyroid Stimulating Hormone (US-TSH)	1.40	microIU/ml	
--------------------------------------	------	------------	--

(Done by 4th generation electrochemiluminescence based method on automated immunoassay / Cobas e 411.

Reference interval (microIU/ml)

Infants (1-4 days) : 1.0 - 39
 2-20 weeks : 1.7 - 9.1
 5 months - 20 years : 0.7 - 6.4
 Adults (21 - 54 years) : 0.4 - 4.2
 Adults (> 55 years) : 0.5 - 8.9
 Pregnancy :
 1st trimester : 0.3 - 4.5
 2nd trimester : 0.5 - 4.6
 3rd trimester : 0.8 - 5.2

(Reference : Tietz - Clinical guide to laboratory test, 4th edition))

— End of Report —

Dr. Sejal Odedra
M.D.Pathology



Patient Name : Mr. RATNESH KUMAR
 Gender / Age : Male / 46 Years 1 Months 20 Days
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Urine routine analysis (Auto)

Test	Result	Units	Biological Ref. Range
Physical Examination			
Quantity	20	mL	
Colour	Pale Yellow		
Appearance	Clear		
Chemical Examination (By Reagent strip method)			
pH	6.0		
Specific Gravity	<=1.005		
Protein	Negative	gm/dL	0 - 5
Glucose	Negative	mg/dL	0 - 5
Ketones	Negative		0 - 5
Bilirubin	Negative		Negative
Urobilinogen	Negative		Negative (upto 1)
Blood	Negative		Negative
Leucocytes	Negative		Negative
Nitrite	Negative		Negative
Microscopic Examination (by Microscopy after Centrifugation at 2000 rpm for 10 min or on fully automated Sysmex urine sedimentation analyzer UF4000)			
Red Blood Cells	0 - 1	/hpf	0 - 2
Leucocytes	0 - 1	/hpf	0 - 5
Epithelial Cells	0 - 1	/hpf	0 - 5
Casts	Nil	/lpf	Nil
Crystals	Nil	/hpf	Nil
Mucus	Absent	/hpf	Absent
Organism	Absent		

---- End of Report ----

Dr. Sejal Odedra
M.D.Pathology



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DEPARTMENT OF DIAGNOSTIC RADIOLOGY

Patient No. : 23201818 Report Date : 09/03/2023
Request No. : 190056064 09/03/2023 8.05 AM
Patient Name : **Mr. RATNESH KUMAR**
Gender / Age : Male / 46 Years 1 Months 20 Days

ADVANCED DIGITAL SOLUTIONS

- Computer Radiography
- Ultra Sensitive Colour Doppler
- Ultra High Resolution Sonography
- Multi-Detector CT Scan
- Mammography
- Interventional Radiology
- Digital Subtraction Angiography
- Foetal Echocardiography
- Echocardiography

X-Ray Chest AP

Both lung fields are clear.
Both costophrenic sinuses appear clear.
Heart size is normal.
Hilar shadows show no obvious abnormality.
Aorta is normal.

• ULTRA SONOGRAPHY CANNOT DETECT ALL ABNORMALITIES
 • VALID FOR MEDICO-LEGAL PURPOSES
 • CLINICAL CORRELATION RECOMMENDED

Prerna C Hasani

Dr. Prerna C Hasani, MD
Consultant Radiologist





**BHAILAL AMIN
GENERAL HOSPITAL**

ECU

ADVANCED DIGITAL SOLUTIONS

- Computer Radiography
- Ultra Sensitive Colour Doppler
- Ultra High Resolution Sonography
- Multi-Detector CT Scan
- Mammography
- Interventional Radiology
- Digital Subtraction Angiography
- Foetal Echocardiography
- Echocardiography

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DEPARTMENT OF DIAGNOSTIC RADIOLOGY

Patient No. : 23201818 Report Date : 09/03/2023
 Request No. : 190056066 09/03/2023 8.05 AM
 Patient Name : **Mr. RATNESH KUMAR**
 Gender / Age : Male / 46 Years 1 Months 20 Days

USG : Screening for Abdomen (excluding Pelvis) Or Upper Abdomen

Liver is normal in size and shows increased in echopattern. No mass lesion identified. The hepatic veins are clear and patent. PV patent. No dilated IHBR.

Gall bladder is well distended and shows no obvious abnormality. Common bile duct measures 4 mm in diameter.

Pancreas shows no obvious abnormality. Tail obscured. Spleen is normal size and echopattern.

Both kidneys are normal in shape and position. Normal echogenicity and cortico medullary differentiation is noted. No hydronephrosis seen. **Right renal cyst measuring 25x29 noted.**

Prostate appears normal in size and volume is ~ 29 cc. Prostate measures 20mm x 28mm x 28mm.

Urinary bladder is well distended and appears normal.

No ascites.

COMMENT:

**Fatty liver.
Right renal cyst**

Kindly correlate clinically

• ULTRA SONOGRAPHY CANNOT DETECT ALL ABNORMALITIES
 • NOT VALID FOR MEDICO-LEGAL PURPOSES
 • CLINICAL CORRELATION RECOMMENDED

Hasani

Dr.Perna C Hasani, MD
 Consultant Radiologist



Patient No. : 23201818 Report Date : 09/03/2023
Request No. : 190056078 09/03/2023 8.05 AM
Patient Name : Mr. RATNESH KUMAR
Gender / Age : Male / 46 Years 1 Months 20 Days

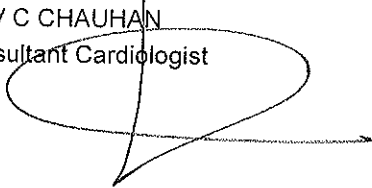
Echo Color Doppler

MITRAL VALVE : NORMAL
AORTIC VALVE : TRILEAFLET, NORMAL
TRICUSPID VALVE : NORMAL, TRACE TR, PASP BY TR JET=14 MMHG
PULMONARY VALVE : NORMAL
LEFT ATRIUM : NORMAL
AORTA : NORMAL
LEFT VENTRICLE : NORMAL, NO REGIONAL WALL MOTION ABNORMALITY,
LVEF=60%
RIGHT ATRIUM : NORMAL
RIGHT VENTRICLE : NORMAL
I.V.S. : INTACT
I.A.S. : INTACT
PULMONARY ARTERY : NORMAL
PERICARDIUM : NORMAL
COLOUR/DOPPLER FLOW MAPPING : No diastolic dysfunction

FINAL CONCLUSION:

1. ALL CARDIAC CHAMBERS ARE NORMAL IN DIMENSIONS
2. NO REGIONAL WALL MOTION ABNORMALITY AT REST
3. NORMAL LV SYSTOLIC FUNCTION, LVEF=60%
4. NORMAL VALVES
5. NO DIASTOLIC DYSFUNCTION
6. TRACE TR, NO PULMONARY HYPERTENSION, (IVC COLLAPSING)
7. NO PERICARDIAL EFFUSION, CLOT VEGETATION.

Dr. V C CHAUHAN
Consultant Cardiologist



Name: Ratnesh Kumar
 Patient ID: 23201818

09-03-2023 08:47:18
 Standard 12-Lead

Date of birth: Undefined
 Gender: Undefined
 Height: Undefined
 Weight: Undefined
 Ethnicity: Unknown
 Pacemaker: Unknown

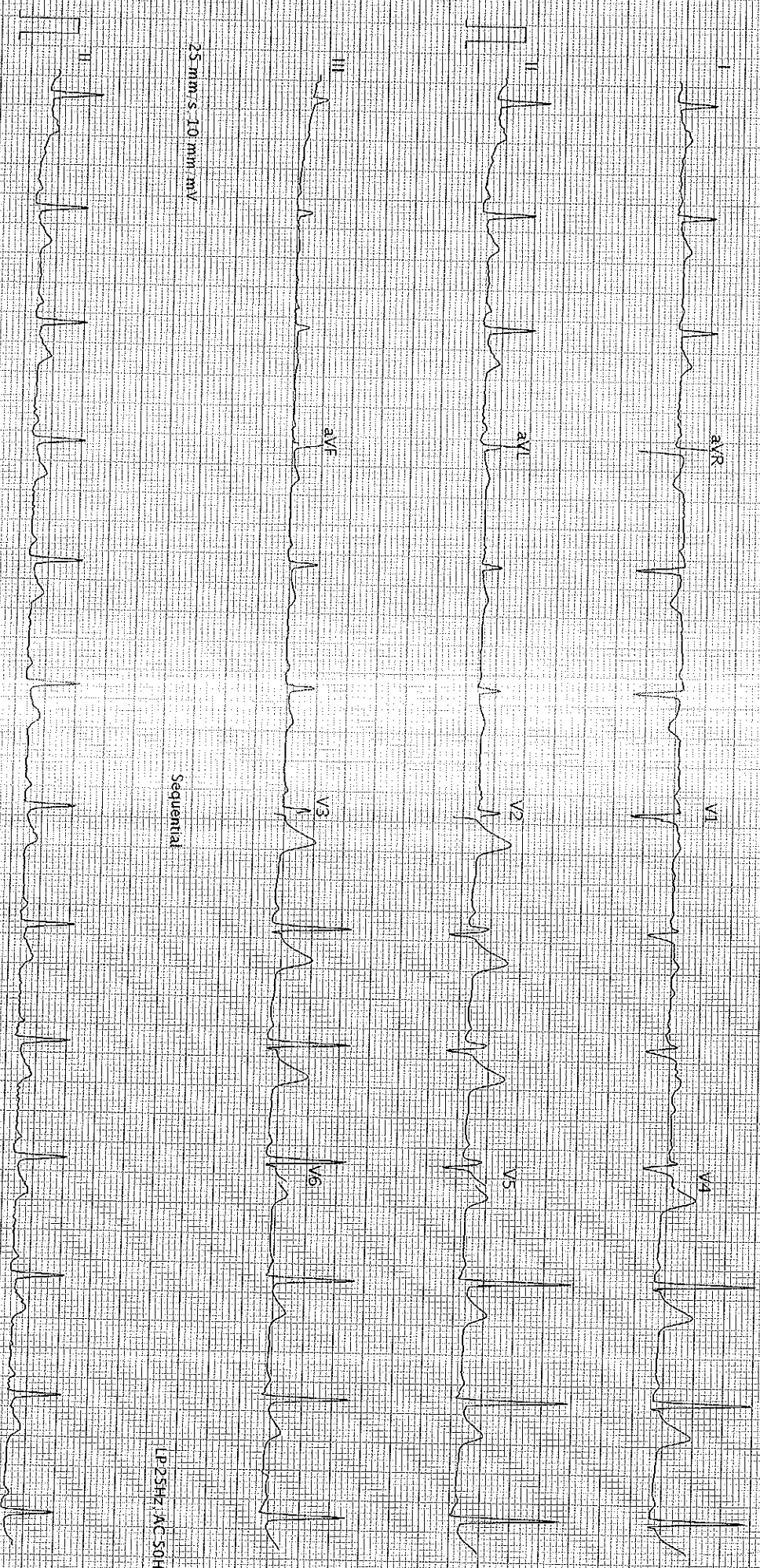
Visit ID:
 Room:
 Medication:
 Order ID:
 Ord. prov.:
 Ord. prof.:

HR: 75 bpm
 RR: 804 ms
 P axis: 41°
 QRS axis: 38°
 T axis: 31°

Sinus rhythm
 Normal electrical axis
 Nonspecific ST abnormality (elevation)
 Otherwise normal ECG
 Unconfirmed report

Otherwise normal

Pr



25 mm/s, 10 mm/mV

Sequential

LP25Hz, AC 50Hz

25 mm/s, 10 mm/mV

AT-102-G21.2-0 (I0800-011030)

Printed on: 09-03-2023 08:47:32

LP25Hz, AC 50Hz

SCHILLER

Page 1 of 1

Dr. Sonica Peshin

Cosmetic Dentist & Implantologist

Reg. No. : 6966-A

M. : 9586867301



BHAILAL AMIN
GENERAL HOSPITAL

Dental assessment form

09/03/2023

Name: Ratnesh Kumar

Age/ Sex: 46 years/Male

Patient has come for an oral hygiene check up

On Examination:

- Stains++ Calculus++
- History of horizontal brushing
- Mild attrition, recession

Provisional diagnosis:


- Chronic generalised gingivitis

Treatment plan:

- Scaling and polishing

Advised:

- Brush your teeth twice daily
- Salt water rinses atleast once a day.
- Clean your tongue and floss in between everyday.
- Follow vertical brushing technique.


Dr. Sonica Peshin

ITEM CODE:SMD066

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