







GLOBAL HOSPITAL & TRAUMA CENTRE



Healing Hands Caring Hearts
MANAGE BY:

SHIV SAGAR SEWA TRUST

Add: Plot No. 107, Opp. Old Court, Sector 1/A, Gandhidham (Kutch). E-mail.: shivsagarsewatrust@gmail.com

Declaration of Medical Fitness

I have examined Mr./Mrs. Ravi Kantilal Raja ,

,Age: 35yrs/Male today and hereby certify that he/she is medically fit to take up the admission. She/he is does not suffer from any serious illness or serious allergy and, Doesn't carry any other terminal or carry any communicable disease.

Authorized Seal & Signature :

Date:

12-08-23

Dr. Jopwal Chhotelal. C. MBBS

Reg. No. G19250

Prarthana Diagnostic Centre

- 96 Slice CT Scan
- 3D/4D SONOGRAPHY
- COLOR DOPPLER
- · DIGITAL X-RAY
- MAMMOGRAPHY
- . O.P.G.

Patient Name

RAVI KANTILAL RAJA

Ref by

DR. GLOBAL HOSPITAL

Dr. Priyansh L. Thakkar

(M.B., D.M.R.D.)

Consultant Radiologist & Sonologist

Age/Sex

: 35 Years/Male

Date: 12/08/2023

X-RAY CHEST (PA) VIEW

Both lung fields are clear.

Trachea is central. Both hila appear normal.

Both cp angles are clear.

Heart size is within normal limit.

Bony thoracic cage appears normal.

Both domes of diaphragm and mediastinal shadow appear normal.

Advise: Clinical co-relation

Thanks for ref.

DR PRIYANSH L THAKKAR MB D.M.R.D





Dr. Anju Rani

M.D. Internal Medicine Consultant Physician & Cardiologist

2D ECHOCARDIOGRAPHY & COLOUR DOPPLER STUDY

NAME: Ravi Kantilal Raja

AGE: 35yrs

SEX: M

EF: 60 %

No RWMA

PVP: 0.78 mts/sec

AOVP: 0.92 mts/sec

REF BY : Global Hospital

DATE: 12/08/2023

MITRAL VALVE: Normal

AORTIC VALVE: Normal

TRICUSPID VALVE: Normal

PULMONARY VALVE: Normal

AORTA: 30 mm

LEFT ATRIUM: 29 mm

LEFT VENTRICLE - LV Dd / LV Ds: 46/28 mm

RIGHT ATRIUM: Normal

RIGHT VENTRICLE: Normal

PULMONARY ARTERY: Normal

IVS: Intact

IAS: Intact

PERICARDIUM: Normal

COLOUR DOPPLER: No MR, No TR, No AR

DOPPLER FINDINGS : MVIS -Ve : 0.61 mts/sec

.Va: 0.48 mts/sec

OTHER FINDINGS: Nil.

CONCLUSION:

Normal LV size with Normal LV Systolic function.

No RWMA.

Normal compliance. No clot or vegetation. No TR, No PAH.

No valvular abnormality seen.

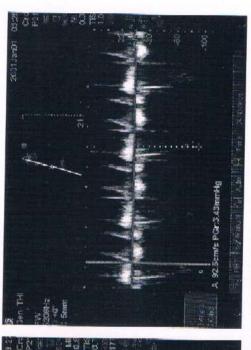
NAST B LAISON DI

r.Anju Rani M.D.

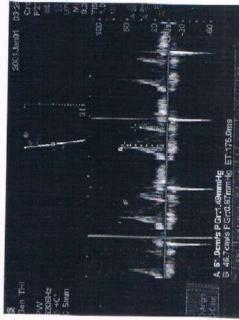
PHYSICIAN

Thanks for the reference.

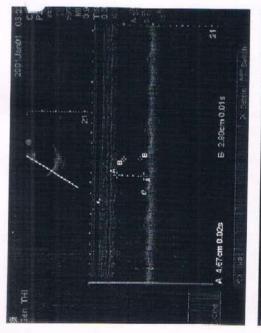


















Prarthana Diagnostic Centre

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ABDOMINAL SONOGRAPHY

LIVER:appears normal in size and echopattern.No focal lesion seen.No dilated IHBR seen.PV and CBD appear normal.

SPLEEN:appears normal in size and echopattern. No focal lesion seen.

GALL BLADDER:is well distended. No calculus or changes of cholecystitis or mass lesion seen.

PANCREAS:appears normal in size and echopattern. No focal mass lesion or changes of pancreatitis seen.

RIGHT KIDNEY:appears normal in size and echopattern. No evidence of calculus or hydronephrosis or mass lesion seen involving right kidney. Corticomedulary differentiation well preserved.

LEFT KIDNEY:appears normal in size and echopattern. No evidence of calculus or hydronephrosis or mass lesion seen involving left kidney. Corticomedullary differentiation well preserved.

Aorta and IVC appear normal. Paraaortic region appear normal. No ascites or lymphadenopathy is seen. No evidence of focal collection or mass lesion in RIF. No evidence of abnormally dilated bowel loops or bowel wall thickening.

URINARY BLADDER: is well distended. No calculus or mass lesion seen.

PROSTATE:appears normal in size and echopattern.

IMPRESSION: Normal sonographic appearance of liver, spleen, gall bladder, pancreas, both kidneys, urinary bladder and prostate.

Adv. clinical corelation. Thanks for ref.



DR PRIYANSH THAKKAR MB D.M.R.D





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Eye Examination

Name: Ravi Kantilal Raja

35/yrs

Date:

12-08-23

Sex:

Male

Anterior Segment

Conjuctiva:

Cornia:

Iris:

Age:

Pupil:

Cons:

Posterior Segment

(P)

80

Morone

Morma

Disc:

Macula:

Vitreous:

Color Vision:

Night Vision:

IOP/Glaucoma:

Distant Vision

RE:

LE: ZIII

616

Near Vision

RE:

LE N6

Refraction

Distance

66

x56

Near No

RE:

610

Both: 4(6)

6/6 NC

6/6 26

Remark:

Normy

Fur exemination



Authorised Signature & Gellarshyadan B. Prajapati D.O.M.S. SHIVAM EYE HOSPITAL G-15916

Reg. No. G19250





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	0.0 - 11	al Evaminatio	n Report/Health (Checkup
	Medica	ai examinatio	ii Kepoty Health	
lame: Ravi Kanti appointment Id: Date: 12-08-23	lal Raja		Age Sex	x: Male
Blood Pressure: 12 Spo2: 98	0/82		Pulse: 8	s- « Regula
Height: 171 Waist Circumferrence	·cms	cms	Weight:	66 Kg
BMI:	kg/m2			1 2 4
		Details	Quantity	Duration
Tobacco/Gutkha/Smo	oking		MARIE J/	Occassionally/Regular
in Any Form	1: 7	Name of S		
		1 2 3 3 3		
Alcohol, Narcotics	0.0			-
& Drugs	: -			
Diabetic: Hypertension: Thyroid: Remark: Covid-19 History Tested Positive For N Date of Positive Diag Confirm by: Home Quarantined/ Medical Examinatio	gnosis?	na virus?	1 Dento	L'Exercisation
Dental Examination: Ear, Nose, Throat Ex Diet Consultation Add Fruit Vegetable Avoid bakery product For dairy Product m Wish you good & he	s & Whole cts & junkfo ust be low	grain in your die ood . fat or fat free		

નોંધ : દવા નું રીચેકશન દર્દીની તાસીર પર આઘાર રાખે છે. ફરી બતાવવા આવો ત્યારે આ કેસ સાથે લાવવો. દવાના ડોઝ માં જાતે ફેરફાર ન કરવો.

MBBS

Reg. No. G19250





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Medical	Examination Report /	Health	Checkup

Name: Ravi Kantilal Appointment ld: Date: 12-08-23	Raja		Age: Sex:	Male	
Blood Pressure: 120 Spo2: 98	182		Pulse: 85	- 8 Reg	Tiela
Height: 171 Waist Circumferrence:	cms	cms	Weight:	56 Kg	
BMI: 22.6	kg/m2		The Part O		
		Details	Quantity	Duration	
Tobacco/Gutkha/Smoki	ng		IP 集产 J / Z	Occassionally/Regular	
in Any Form	:	V. The			
			Stanta -		
Alcohol, Narcotics		Property of	And the second	•	
& Drugs	:				
Hypertension: Thyroid: Remark: Covid-19 History Tested Positive For Nov Date of Positive Diagno Confirm by: Home Quarantined/Hos Medical Examination Dental Examination: Ear, Nose, Throat Exam Diet Consultation Add Fruit Vegetables & Avoid bakery products	sis? spitalized ination:	on mod (Desital ENT ES	Examination	tion
For dairy Product must Wish you good & health	be low fa		HOWE	Dr. Joywal Chhotel	al. C.

નોંધ : દવા નું રીચેકશન દર્દીની તાસીર પર આધાર રાખે છે. ફરી બતાવવા આવો ત્યારે આ કેસ સાથે લાવવો. દવાના કોઝ માં જાતે ફેરફાર ન કરવો.

CENTRE



Reg. No.: 211885 (KDI-5173)
Name: RAVI KANTILAL RAJA

Collection Date : 12-Aug-2023 12:28 PM **Reporting Date :** 13-Aug-2023 1:57 PM

Age: 35 Y

Pt. Tele No: 32215616454

Sex: MALE

Location : KADI

Ref. By: GLOBAL HOSPITAL & TRAUMA CENTRE

Report Status: FINAL

PARAMETR

RESULT

UNIT

BIOLOGICAL REFF. INTERVAL

CLINICAL PATHOLOGY

URINE ROUTINE EXAMINATION

PHYSICAL EXAMINATION

Volume 20 ML Colour Pale Yellow Clear **Appearance** Reaction 6.5 1.015 Sp. Gravity Protein Trace Glucose Nil Bile Salts Absent **Bile Pigments** Absent

MICROSCOPIC EXAMINATION [After centrifugation at 2000 r.p.m for 5 minutes]

Pus Cells 2 to 4 /h.p.f.
Red Cells Absent /h.p.f.
Epithelial Cells 1 to 2 /h.p.f.

Casts Absent Fungus Absent Crystals Absent

BIOCHEMISTRY

FBS & PPBS (BLOOD GLUCOSE)

Fasting Blood Sugar 101.00 mg/dL 70 - 110
Post Prandial Blood Sugar 113.00 mg/dL 90 - 140

CLINICAL PATHOLOGY

FASTING URINE SUGAR

Fasting Urine Sugar Nil

THIS REPORT IS NOT VALID FOR MEDICO LEGAL PURPOSE

This is an electronically authenticated report.

Pathologist:

Dr.Aradhana Gupta (M.D. Path.)

8101-161616

LAB AT YOUR DOORSTEP

Airmed Pathology Pvt. Ltd.

31, Ambika Society, Next to Nabard Bank, Opp. Usmanpura, Ahmedabad, Gujarat - 380 013.



Reg. No.: 211885 (KDI-5173) RAVI KANTILAL RAJA Name:

Collection Date: 12-Aug-2023 12:28 PM Reporting Date: 13-Aug-2023 1:57 PM

BIOLOGICAL REFF. INTERVAL

Age: 35 Y

Pt. Tele No: 32215616454

Sex: MALE Location: KADI

Ref. By: GLOBAL HOSPITAL & TRAUMA CENTRE

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BIOCHEMISTRY

UNIT

HbA1c

HBA1c (GLYCOSYLATED 5.20 %

RESULT

Non Diabetic Level :<6.0 Near Normal Glycemia:6.0-7.0

HEMOGLOBIN)

PARAMETR

Goal for Diabetics :<7.0 Good Control

The hemoglobin A1c test also called HbA1c, glycated hemoglobin test or glycohemoglobin - is the important test for assessment of long term glucose control (also called Glycemic control) and is a better indication of long term glycemic control as than blood glucose determination. Hemoglobin A1c provides an average of your blood sugar control over a six to twelve week period. People with diabetes should have this test every three months to determine whether their blood sugars have reached the target level of control. Those who have their diabetes under good control maybe able to wait longer between the blood tests, but experts recommend checking atleast two times a year. Patients with diseases that affect hemoglobin such as anaemia may get abnormal results with this test. Other abnormalities that can affect the results of the hemoglobin A1c include supplements such as Vitamins C & E and high cholestrol levels. Kidney and liver diseases may also affect the result of the hemoglobin A1c test

HEMATOLOGY

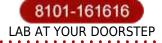
CBC WITH ESR			
HEMOGLOBIN	13.3	gm%	13.0 - 17.0
Total RBC Count	5.01	mil/cumm	4.2 - 6.2
Blood indices			
H.CT	39	%	26 - 50
M.C.V	85		80 - 96
M.C.H.	27.7	pg	26 - 33
M.C.H.C.	33	%	31 - 36
Total WBC Count (TLC)	7600	/cmm	4000 - 10000
Platelet Count	279000	/cmm	150000 - 450000
Differential WBC Count			
Polymorphs	66	%	40 - 70
lymphocytes	30	fL	20 - 40
Eosinophils	1	%	1 - 6
Monocytes	3	%	2 - 10
Basophils	0	%	0 - 2
Peripheral Smear Study			

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Pathologist:







TEST REPORT

Reg. No.: 211885 (KDI-5173) RAVI KANTILAL RAJA Name:

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Age: 35 Y MALE Pt. Tele No: 32215616454

Sex: Ref. By: GLOBAL HOSPITAL & TRAUMA CENTRE Location: KADI **Report Status: FINAL**

RESULT

BIOLOGICAL REFF. INTERVAL

HEMATOLOGY

UNIT

CBC WITH ESR

PARAMETR

Smear Study - RBC RBC's are Normocytic and Normochromic,

Smear Study - WBC WBC count is normal. Smear Study - Platelets Platelets are adequate Smear Study - PS for MP No Blood Parasites are seen. **ESR**

5.4 mm

BIOCHEMISTRY

LIPID PROFILE

CHOLESTEROL 155.00 mg/dL Adult Desirable: <200 Borderline high: 200-239

High: >240

1 - 7

Child Desirable: <170 Borderline high:170-199

High:>199

TRIGLYCERIDE 83.00 mg/dL Normal: <161 High: 161-199

hypertriglyceridemic: 200-499

very high: >499

HDL CHOLESTEROL 50.00 mg/dL 35.3 - 79.5

LDL CHOLESTEROL 103.00 mg/dL Desirable level/low risk:<130 Borderline level/moderate risk:

130-159

VLDL CHOLESTEROL 29.00 Upto 34 mg/dL

CHOL. / HDL RATIO 3.10 mg/dL

LDL / HDL RATIO 2.06 mg/dL Desirable level/low risk: 0.5-3.0

Borderline level/moderate risk:

Elevated level/high risk: >160

3.0-6.0

Elevated level/high risk: >6.0

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BIOLOGICAL REFF. INTERVAL

HEMATOLOGY

ABO RH

PARAMETR

ABO "B"
Rh Type Positive

CYTOPATHOLOGY

UNIT

PAP SMEAR

SPECIMEN Cervix cells Diagnosis Negative -

RESULT

BIOCHEMISTRY

KIDNEY FUNCTION TEST (KFT)

UREA 22.00 mg/dL 18 - 39 0.7 - 1.30 **CREATININE** 0.80 mg/dL **URIC ACID** 3.59 3.5 - 7.2 mg/dL 9.90 8.8 - 10.2 **CALCIUM** mg/dL

CLINICAL PATHOLOGY

POST PRANDIAL URINE SUGAR

Post Prandial Urine Sugar Nill -

SEROLOGY/IMMUNOLOGY

T3,T4, TSH

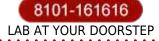
TRIIODOTHYRONINE T3 1.15 ng/mL 0.58 - 1.59
THYROID STIMULATING HORMONE 2.54 MicroIU/ml 0.35 - 4.94
(TSH)

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BIOLOGICAL REFF. INTERVAL

SEROLOGY/IMMUNOLOGY

T3,T4, TSH

TSH	T3/FT3	T4/FT4	Suggested Interpretation for the Thyroid Function Tests Pattern
Within Range	Decreased	Within Range	- Isolated Low T3-offen seen in elderly & associated Non-Thyroidal illlness. In elderly the drop in T3 level can be upto 25%
Raised	Within Range	Within Range	- Isolated High TSH especially in the range of 4.7 to 15 mlU/ml is commonly associated with physiological & Biological TSH Variability Subclinical Autoimmune Hypothyroidism - Intermitted T4 therapy for hypothyroidism - Recovery phase after Non-Thyroidal illness
Raised	Decreased	Decreased	- Chronic autoimmune Thyroiditis - Post thyroidectomy, Post radioiodine - Hypothyroid phase of transient thyroiditis
Raised or Within Range	Raised	Raised or Within Range	- Interfering antibodies to thyroid hormones (anti-TPO antibodies) - intermittent T4 therapy or T4 overdose - Drug interference-Amiodarone, Heparin, Beta blockers, steroids. anti-epileptics
Decreased	Raised or within Range	Raised or within Range	- Isolated Low TSH - especially in the range of 0.1 to 0.4 offen seen in elderly & associated with Non-Thyroidal illness - Subclinical Hyperthyroidism - Thyroxine ingestion
Decreased	Decreased	Decreased	- Central Hypothyroidism - Non-Thyroidal illness - Recent treatment for Hyperthyroidism (TSH remains suppressed)
Decreased	Raised	Raised	- Primary Hyperthyroidism (Graves disease), Multinodular goitre Toxic nodule - Transient thyroiditis:Postpartum, Silent (lymphocytic), Postviral (granulomatous, subacute, DeQuervain'a) Gestational thyrotoxicosis with hyperemesis gravidarum
Decreased or within range	Raised	Within Range	- T3 toxicosis - Non-Thyroidal illness

THYROXIN T4 4.78 $\mu g/dL$ 3.2 - 12.6

BIOCHEMISTRY

LIVER FUNCTION TEST -WITH GGT

Indirect Bilirubin 0.34 mg/dL

Azobilirubin chromophores colorimetry

Direct Bilirubin 0.14 mg/dL 0.0 - 0.2

S Billirubin

TOTAL BILLIRUBIN 0.48 mg/dL 0.2 - 1.3

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PARAMETR	RESULT	UNIT	BIOLOGICAL REFF. INTERVAL
		BIOCHEMISTRY	
LIVER FUNCTION TEST -WITH	I GGT		
S.G.P.T	13.00	IU/L	upto 45
SGOT	14.00	U/L	upto 35
ALKALINE PHOSPHATASE	49.00	U/L	39 - 118
S. PROTEINS			
ALBUMIN	4.32	gm/dL	3.4 - 5
GGT	22.00	IU/L	5 - 85
		End Of Report	

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