



BHAILAL AMIN  
GENERAL HOSPITAL



H-2015-0297



MC-3004



E-2021-0037



### CONCLUSION OF HEALTH CHECKUP

ECU Number : 692

Age : 31

Weight : 67

Date : 16/12/2022

MR Number : 22662969

Sex : Male

Ideal Weight : 71

Patient Name: NILESH SANJIVBHAI NINAMA

Height : 176

BMI : 21.63

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 : 692                      MR Number : 22662969                      Patient Name: NILESH SANJIVBHAI NINAMA  
Age : 31                                      Sex : Male                                      Height : 176  
Weight : 67                                      Ideal Weight : 71                                      BMI : 21.63  
Date : 16/12/2022

Past H/O : FATHER AND MOTHER;- DIABETES

Present H/O : NO MEDICAL COMPLAIN AT PRESENT

Family H/O : NO P/H/O ANY MAJOR ILLNESS

Habits : NO HABITS  
Gen.Exam. : G.C.GOOD  
B.P : 110/70 mm Hg  
Pulse : 82/MIN REG  
Others : SPO298%  
C.V.S : CLINICALLY NAD  
R.S. : CLINICALLY NAD  
Abdomen : NP  
Spleen : NP  
Skin : NAD  
C.N.S : NAD  
Advice :



ECU Number : 692  
Age : 31  
Weight : 67  
Date : 16/12/2022

MR Number : 22662969  
Sex : Male  
Ideal Weight : 71

Patient Name: NILESH SANJIVBHAI NINAMA  
Height : 176  
BMI : 21.63

**Ophthalmic Check Up :**

	Right	Left
Ext Exam		NIL
Vision Without Glasses	6/6(P) 0.50 SPH -0.50 CYL	6/6
Vision With Glasses	<sup>70</sup> N.6	N.6
Final Correction	14.6	14.6
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

### Dietary Assessment

ECU Number : 692      MR Number : 22662969      Patient Name: NILESH SANJIVBHAI NINAMA  
Age : 31      Sex : Male      Height : 176  
Weight : 67      Ideal Weight : 71      BMI : 21.63  
Date : 16/12/2022

Body Type : Normal / Underweight / Overweight  
Diet History : Vegetarian / Eggetarian / Mixed  
Frequency of consuming fried food : / Day / Week or occasional  
Frequency of consuming Sweets : / Day / or occasional  
Frequency of consuming outside food : / Day / Week or occasional  
Amount of water consumed / day : Glasses / liters

Life style assessment :  
Physical activity : Active / moderate / Sedentary / Nil  
Alcohol intake : Yes / No  
Smoking : Yes / No  
Allergic to any food : Yes / No  
Are you stressed out ? : Yes / No  
Do you travel a lot ? : Yes / No

#### General diet instructions :

- Have small frequent meals.
- Avoid fatty products like oil, ghee, butter, cheese.
- Take salt restricted diet and avoid table salt.
- Consume fibrous food regularly like whole grains, Daliya, Oats, Bajra, Flex seeds, Pulses, Fruits and Salads.
- Keep changing your cooking oil every three months.
- Avoid Maida, Starchy foods and Bakery products.
- Consume 1-2 servings of all fruits and vegetables, For Diabetic patients avoid Mango, Chikoo, Banana, Grapes and Custurd apple
- Dring 3 to 4 liters (12 - 14 glass) of water daily.
- Eat Beetroots, Figs, Almond, Walnut, Dates, Leafy vegetables, roasted Channa and Jeggary (Gur) for Heamoglobin in case of diabetic patient avoid Rasins, Dates and Jeggary
- Drink green Tea or black Coffee once in a day.
- Do brisk walking daily.



Patient Name : Mr. NILESH SANJIVBHAI NINAMA  
 Gender / Age : Male / 31 Years 12 Days  
 MR No / Bill No. : 22662969 / 231055061  
 Consultant : Dr. Manish Mittal  
 Location : OPD

Type : OPD  
 Request No. : 93672  
 Request Date : 16/12/2022 08:59 AM  
 Collection Date : 16/12/2022 09:17 AM  
 Approval Date : 16/12/2022 01:12 PM

## CBC + ESR

Test	Result	Units	Biological Ref. Range
<b>Haemoglobin.</b>			
Haemoglobin	14.2	gm/dL	13 - 17
Red Blood Cell Count (T-RBC)	5.30	mill/cmm	4.5 - 5.5
Hematocrit (HCT)	42.5	%	40 - 50
Mean Corpuscular Volume (MCV)	<b>80.2</b>	fl	83 - 101
Mean Corpuscular Haemoglobin (MCH)	<b>26.8</b>	pg	27 - 32
MCH Concentration (MCHC)	33.4	%	31.5 - 34.5
Red Cell Distribution Width (RDW-CV)	<b>14.3</b>	%	11.6 - 14
Red Cell Distribution Width (RDW-SD)	42.0	fl	39 - 46
<b>Total Leucocyte Count (TLC)</b>			
Total Leucocyte Count (TLC)	6.50	thou/cmm	4 - 10
<b>Differential Leucocyte Count</b>			
Polymorphs	55	%	40 - 80
Lymphocytes	38	%	20 - 40
Eosinophils	2	%	1 - 6
Monocytes	5	%	2 - 10
Basophils	0	%	0 - 2
Polymorphs (Abs. Value)	3.63	thou/cmm	2 - 7
Lymphocytes (Abs. Value)	2.51	thou/cmm	1 - 3
Eosinophils (Abs. Value)	<b>0.08</b>	thou/cmm	0.2 - 0.5
Monocytes (Abs. Value)	0.26	thou/cmm	0.2 - 1
Basophils (Abs. Value)	0.02	thou/cmm	0.02 - 0.1
Immature Granulocytes	0.5	%	1 - 3 : Borderline > 3 : Significant
<b>Platelet Count</b>			
Platelet Count	196	thou/cmm	150 - 410
Smear evaluation	Adequate		
ESR	1	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 / retest may be requested.



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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. Sejal Odedra  
M.D.Pathology



Patient Name : Mr. NILESH SANJIVBHAI NINAMA  
 Gender / Age : Male / 31 Years 12 Days  
 MR No / Bill No. : 22662969 / 231055061  
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 Approval Date : 16/12/2022 03:29 PM

**Haematology**

<u>Test</u>	<u>Result</u>	<u>Units</u>	<u>Biological Ref. Range</u>
<b>Blood Group</b>			
ABO system	O		
Rh system	Negative / Du Negative		

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 ----

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M.D.Pathology



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**Fasting Plasma Glucose**

Test	Result	Units	Biological Ref. Range
<i>Fasting Plasma Glucose</i>			
Fasting Plasma Glucose	91	mg/dL	70 - 110
Post Prandial 2 Hr. Plasma Glucose	112	mg/dL	70 - 140

By Hexokinase method on RXL Dade Dimesion

---- End of Report ----

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**HbA1c (Glycosylated Hb)**

Test	Result	Units	Biological Ref. Range
<b>HbA1c (Glycosylated Hb)</b>			
Glycosylated Hemoglobin (HbA1c)	5.3	%	
estimated Average Glucose (e AG) *	105.41	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)

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**Complete Lipid Profile**

Test	Result	Units	Biological Ref. Range
<b>Complete Lipid Profile</b>			
Appearance	Clear		
Triglycerides (By Lipase / Glycerol dehydrogenase on RXL Dade Dimension < 150 Normal 150-199 Borderline High 200-499 High > 499 Very High)	40	mg/dL	1 - 150
Total Cholesterol (By enzymatic colorimetric method on RXL Dade Dimension <200 mg/dL - Desirable 200-239 mg/dL - Borderline High > 239 mg/dL - High)	181	mg/dL	1 - 200
HDL Cholesterol (By Direct homogenous technique, modified enzymatic non-immunological method on RXL Dade Dimension < 40 Low > 60 High)	54	mg/dL	40 - 60
Non HDL Cholesterol (calculated) (Non- HDL Cholesterol < 130 Desirable 139-159 Borderline High 160-189 High > 191 Very High)	127	mg/dL	1 - 130
LDL Cholesterol (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)	<b>114</b>	mg/dL	1 - 100
VLDL Cholesterol (calculated)	<b>8</b>	mg/dL	12 - 30
LDL Ch. / HDL Ch. Ratio	2.11		2.1 - 3.5
T. Ch./HDL Ch. Ratio (Recent NECP / ATP III Guidelines / Classification (mg/dl) :)	<b>3.35</b>		3.5 - 5

---- End of Report ----

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**Liver Function Test (LFT)**

Test	Result	Units	Biological Ref. Range
<b>Bilirubin</b>			
Bilirubin - Total	0.72	mg/dL	0 - 1
Bilirubin - Direct	0.17	mg/dL	0 - 0.3
Bilirubin - Indirect (By Diazotized sulfanilic acid on RXL Dade Dimension.)	0.55	mg/dL	0 - 0.7
Aspartate Aminotransferase (SGOT/AST) (By IFCC UV kinetic method on RXL Dade Dimension.)	27	U/L	15 - 40
Alanine Aminotransferase (SGPT/ALT) (By IFCC UV kinetic method on RXL Dade Dimension.)	31	U/L	16 - 63
Alkaline Phosphatase (BY PNPP AMP method on RXL Dade Dimension.)	88	U/L	53 - 128
Gamma Glutamyl Transferase (GGT) (By IFCC method on RXL Dade Dimension.)	23	U/L	15 - 85
<b>Total Protein</b>			
Total Proteins	7.34	gm/dL	6.4 - 8.2
Albumin	4.25	gm/dL	3.4 - 5
Globulin	3.09	gm/dL	3 - 3.2
A : G Ratio (By Biuret endpoint and Bromocresol purple method on RXL Dade Dimension.)	1.38		1.1 - 1.6

---- 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)	20	mg/dL	10 - 45
Creatinine (By Modified Kinetic Jaffe Technique)	0.90	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)	3.8	mg/dL	3.4 - 7.2

— End of Report —

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## Thyroid Hormone Study

Test	Result	Units	Biological Ref. Range
Triiodothyronine (T3)	1.36	ng/ml	
<i>(Done by 4th generation electrochemiluminescence based method on automated immunoassay / Cobas e 411.)</i>			
<i>Reference interval (ng/ml)</i>			
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		
<i>(Reference : Tietz - Clinical guide to laboratory test, 4th edition )</i>			
Thyroxine (T4)	9.37	mcg/dL	
<i>(Done by 4th generation electrochemiluminescence based method on automated immunoassay / Cobas e 411.)</i>			
<i>Reference interval (mcg/dL)</i>			
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		
<i>(Reference : Tietz - Clinical guide to laboratory test, 4th edition )</i>			
Thyroid Stimulating Hormone (US-TSH)	1.76	microIU/ml	
<i>(Done by 4th generation electrochemiluminescence based method on automated immunoassay / Cobas e 411.)</i>			
<i>Reference interval (microIU/ml)</i>			
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		
<i>(Reference : Tietz - Clinical guide to laboratory test, 4th edition )</i>			

--- End of Report ---

Dr. Sejal Odedra  
M.D.Pathology



Patient Name : Mr. NILESH SANJIVBHAI NINAMA  
 Gender / Age : Male / 31 Years 12 Days  
 MR No / Bill No. : 22662969 / 231055061  
 Consultant : Dr. Manish Mittal  
 Location : OPD

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**Urine routine analysis (Auto)**

Test	Result	Units	Biological Ref. Range
<b>Physical Examination</b>			
Quantity	30	mL	
Colour	Pale Yellow		
Appearance	Clear		
<b>Chemical Examination (By Reagent strip method)</b>			
pH	6.5		
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
Bile Salt	Absent		Absent
Leucocytes	Negative		Negative
Bile Pigments	Absent		Absent
Nitrite	Negative		Negative
<b>Microscopic Examination (by Microscopy after Centrifugation at 2000 rpm for 10 min or on fully automated Sysmex urine sedimentation analyzer UF4000)</b>			
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



**BHAILAL AMIN**  
GENERAL HOSPITAL

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**DEPARTMENT OF DIAGNOSTIC RADIOLOGY**

Patient No. : 22662969      Report Date : 16/12/2022  
Request No. : 190045008      16/12/2022 8.59 AM  
Patient Name : **Mr. NILESH SANJIVBHAI NINAMA**  
Gender / Age : Male / 31 Years 12 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  
 • NOT VALID FOR MEDICO-LEGAL PURPOSES  
 • CLINICAL CORRELATION RECOMMENDED

*Prerna C Hasani*

**Dr. Prerna C Hasani, MD**  
Consultant Radiologist





**DEPARTMENT OF DIAGNOSTIC RADIOLOGY**

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

Patient No. : 22662969      Report Date : 16/12/2022  
Request No. : 190045021      16/12/2022 8.59 AM  
Patient Name : Mr. NILESH SANJIVBHAI NINAMA  
Gender / Age : Male / 31 Years 12 Days

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

Liver is normal in size and 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 or mass lesion seen.

Prostate appears normal in size and volume is ~ 10 cc. Prostate measures 29mm x 24mm x 26mm.

Urinary bladder is well distended and appears normal.

No ascites.

**COMMENT:**

**No obvious abnormality seen.**

*Kindly correlate clinically*

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

*Hasani*

**Dr.Pruna C Hasani, MD**  
Consultant Radiologist





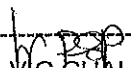
Patient No. : 22662969      Report Date : 16/12/2022  
Request No. : 190045028      16/12/2022 8.59 AM  
Patient Name : **Mr. NILESH SANJIVBHAI NINAMA**  
Gender / Age : Male / 31 Years 12 Days

**Echo Color Doppler**

MITRAL VALVE : NORMAL, NO MS, MILD MR  
AORTIC VALVE : TRILEAFLET, NO AS, NO AR  
TRICUSPID VALVE : NORMAL, NO TR, NO PAH  
PULMONARY VALVE : NORMAL, NO PR, NO PS  
LEFT ATRIUM : NORMAL SIZE  
AORTA : NORMAL  
LEFT VENTRICLE : NORMAL LVEF -65%, NO RWMA AT REST  
RIGHT ATRIUM : NORMAL SIZE  
RIGHT VENTRICLE : NORMAL SIZE  
I.V.S. : INTACT  
I.A.S. : INTACT  
PULMONARY ARTERY : NORMAL  
PERICARDIUM : NO EFFUSION  
COLOUR/DOPPLER FLOW MAPPING : MILD MR, NO AR // TR, NO PAH

**FINAL CONCLUSION:**

1. NORMAL SIZED ALL CARDIAC CHAMBERS, NO LVH
2. NORMAL LV SYSTOLIC FUNCTION LVEF - 65%
3. NO RESTING REGIONAL WALL MOTION ABNORMALITY
4. NORMAL ALL CARDIAC VALVES, NO MITRAL / AORTIC STENOSIS
5. NORMAL RIGHT HEART SIZE AND RV PRESSURES
6. NO PERICARDIAL EFFUSION, CLOT OR VEGETATION SEEN, SR+.

  
DR. V.C. CHAUHAN, M.D.  
INTERVENTIONAL CARDIOLOGIST

Male      Years

HR	65	bpm
P	97	ms
PR	131	ms
QRS	80	ms
QT/QTc	365/380	ms
PQRST	58.58.53	°
R/S/STI	0.8/80.4/96	mV

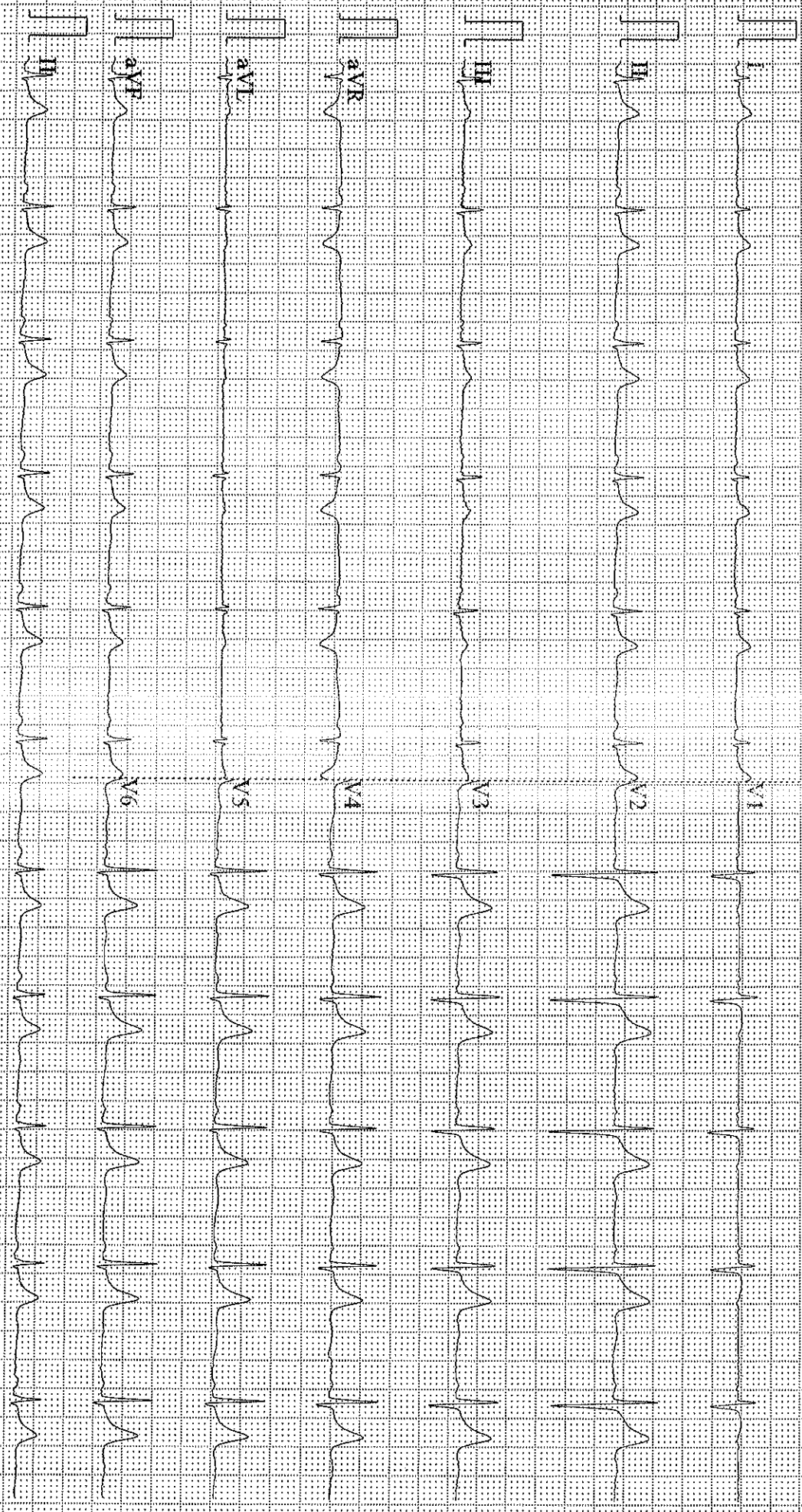
Diagnosis Information:

Sinus Rhythm  
Low Voltage(Limb Leads)

MR. No 22662964  
mm- Nilish Nimande  
Date 16/12/11  
Page 3/3  
Dr. M. M. M. M.

*Dr. M. M. M. M.*

Report confirmed by



# Dr. Sonica Peshin

Cosmetic Dentist & Implantologist

Reg. No. : 6966-A

M. : 9586867301



BHAILAL AMIN  
GENERAL HOSPITAL

## Dental assessment form

16/12/2022

Name: Nilesh Sanjiv Ninama

Age/ Sex: 31 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:

- Recalled after an year for an oral hygiene check up

### 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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