

CONCLUSION OF HEALTH CHECKUP

ECU Number	: 2846	MR Number	: 23204859	Patient Name	: SALIL CHANDRA MISHRA
Age	: 33	Sex	: Male	Height	: 170
Weight	: 75	Ideal Weight	: 67	BMI	: 25.95
Date	: 14/04/2023				

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.



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GENERAL HOSPITAL**



ECU Number : 2846

Age : 33

Weight : 75

Date : 14/04/2023

MR Number : 23204859

Sex : Male

Ideal Weight : 67

Patient Name : SALIL CHANDRA MISHRA

Height : 170

BMI : 25.95

Past H/O : NO P/H/O ANY MAJOR ILLNESS.

Present H/O : NO MEDICAL COMPLAINTS AT PRESENT.

Family H/O : FATHER : DIABETES.

Habits : NO HABITS.

Gen.Exam. : G.C. GOOD

B.P : 120/80 mm Hg

Pulse : 61/MIN REG.

Others : SPO2 : 98 %

C.V.S : NAD

R.S. : NAD

Abdomen : NP

Spleen : NP

Skin : NAD

C.N.S : NAD

Advice :

ECU Number : 2846 MR Number : 23204859 Patient Name: SALIL CHANDRA MISHRA
Age : 33 Sex : Male Height : 170
Weight : 75 Ideal Weight : 67 BMI : 25.95
Date : 14/04/2023

Ophthalmic Check Up :	Right	Left
Ext Exam		NORMAL
Vision Without Glasses	6/6 N.5	6/6 N.5
Vision With Glasses	N.A	N.A
Final Correction	N.A	N.A
Fundus	NORMAL	
Colour Vision	PARTIAL RED GREEN COLOUR BLINDNESS	
Advice	NIL	

Orthopedic 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 Assesment

ECU Number : 2846 MR Number : 23204859 Patient Name: SALIL CHANDRA MISHRA
Age : 33 Sex : Male Height : 170
Weight : 75 Ideal Weight : 67 BMI : 25.95

Date : 14/04/2023

Body Type : Normal / Underwight / Overwight
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 seervings 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. SALIL CHANDRA MISHRA Type : OPD
 Gender / Age : Male / 33 Years 6 Months 21 Days Request No. : 122707
 MR No / Bill No. : 23204859 / 241004276 Request Date : 14/04/2023 08:54 AM
 Consultant : Dr. Manish Mittal Collection Date : 14/04/2023 08:49 AM
 Location : OPD Approval Date : 14/04/2023 01:47 PM

CBC + ESR

Test	Result	Units	Biological Ref. Range
Haemoglobin.			
Haemoglobin	15.7	gm/dL	13 - 17
Red Blood Cell Count (T-RBC)	5.18	mill/cmm	4.5 - 5.5
Hematocrit (HCT)	46.1	%	40 - 50
Mean Corpuscular Volume (MCV)	89.0	fl	83 - 101
Mean Corpuscular Haemoglobin (MCH)	30.3	pg	27 - 32
MCH Concentration (MCHC)	34.1	%	31.5 - 34.5
Red Cell Distribution Width (RDW-CV)	13.3	%	11.6 - 14
Red Cell Distribution Width (RDW-SD)	44.0	fl	39 - 46
Total Leucocyte Count (TLC)			
Total Leucocyte Count (TLC)	6.85	thou/cmm	4 - 10
Differential Leucocyte Count			
Polymorphs	58	%	40 - 80
Lymphocytes	33	%	20 - 40
Eosinophils	3	%	1 - 6
Monocytes	6	%	2 - 10
Basophils	0	%	0 - 2
Polymorphs (Abs. Value)	4.00	thou/cmm	2 - 7
Lymphocytes (Abs. Value)	2.31	thou/cmm	1 - 3
Eosinophils (Abs. Value)	0.15	thou/cmm	0.2 - 0.5
Monocytes (Abs. Value)	0.32	thou/cmm	0.2 - 1
Basophils (Abs. Value)	0.07	thou/cmm	0.02 - 0.1
Immature Granulocytes	0.3	%	1 - 3 : Borderline > 3 : Significant
Platelet Count			
Platelet Count	268	thou/cmm	150 - 410
Smear evaluation	Adequate		
ESR	3	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. Retest / repeat may be requested.

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Patient Name	: Mr. SALIL CHANDRA MISHRA	Type	: OPD
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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

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Location	: OPD	Approval Date	: 14/04/2023 03:24 PM

Haematology

<u>Test</u>	<u>Result</u>	<u>Units</u>	<u>Biological Ref. Range</u>
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 Autocontro
- 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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Patient Name : Mr. SALIL CHANDRA MISHRA
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Fasting Plasma Glucose

Test	Result	Units	Biological Ref. Range
Fasting Plasma Glucose			
Fasting Plasma Glucose	92	mg/dL	70 - 110
Post Prandial 2 Hr. Plasma Glucose	135	mg/dL	70 - 140

By Hexokinase method on RXL Dade Dimension

---- End of Report ----

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Complete Lipid Profile

Test	Result	Units	Biological Ref. Range
Complete Lipid Profile			
Appearance	Clear		
Triglycerides	98	mg/dL	1 - 150
<i>(By Lipase / Glycerol dehydrogenase on RXL Dade Dimension)</i>			
< 150 Normal			
150-199 Borderline High			
200-499 High			
> 499 Very High)			
Total Cholesterol	212	mg/dL	1 - 200
<i>(By enzymatic colorimetric method on RXL Dade Dimension)</i>			
<200 mg/dL - Desirable			
200-239 mg/dL - Borderline High			
> 239 mg/dL - High)			
HDL Cholesterol	51	mg/dL	40 - 60
<i>(By Direct homogenous technique, modified enzymatic non-immunological method on RXL Dade Dimension)</i>			
< 40 Low			
> 60 High)			
Non HDL Cholesterol (calculated)	161	mg/dL	1 - 130
<i>(Non- HDL Cholesterol)</i>			
< 130 Desirable			
139-159 Borderline High			
160-189 High			
> 191 Very High)			
LDL Cholesterol	136	mg/dL	1 - 100
<i>(By Direct homogenous technique, modified enzymatic non-immunological method on RXL Dade Dimension)</i>			
< 100 Optimal			
100-129 Near / above optimal			
130-159 Borderline High			
160-189 High			
> 189 Very High)			
VLDL Cholesterol (calculated)	19.6	mg/dL	12 - 30
LDL Ch. / HDL Ch. Ratio	2.67		2.1 - 3.5
T. Ch./HDL Ch. Ratio	4.16		3.5 - 5
<i>(Recent NECP / ATP III Guidelines / Classification (mg/dl) :)</i>			

---- End of Report ----

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HbA1c (Glycosylated Hb)

Test	Result	Units	Biological Ref. Range
HbA1c (Glycosylated Hb)			
Glycosylated Hearnoglobin (HbA1c)	5.1	%	
estimated Average Glucose (e AG) *	99.67	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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 Location : OPD Approval Date : 14/04/2023 01:27 PM

Liver Function Test (LFT)

Test	Result	Units	Biological Ref. Range
Bilirubin			
Bilirubin - Total	0.46	mg/dL	0 - 1
Bilirubin - Direct	0.12	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)	25	U/L	15 - 40
<i>(By IFCC UV kinetic method on RXL Dade Dimension.)</i>			
Alanine Aminotransferase (SGPT/ALT)	41	U/L	16 - 63
<i>(By IFCC UV kinetic method on RXL Dade Dimension.)</i>			
Alkaline Phosphatase	80	U/L	53 - 128
<i>(BY PNPP AMP method on RXL Dade Dimension.)</i>			
Gamma Glutamyl Transferase (GGT)	35	U/L	15 - 85
<i>(By IFCC method on RXL Dade Dimension.)</i>			
Total Protein			
Total Proteins	7.91	gm/dL	6.4 - 8.2
Albumin	4.34	gm/dL	3.4 - 5
Globulin	3.57	gm/dL	3 - 3.2
A : G Ratio	1.22		1.1 - 1.6
<i>(By Biuret endpoint and Bromocresol purple method on RXL Dade Dimension.)</i>			

--- End of Report ---

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 Gender / Age : Male / 33 Years 6 Months 21 Days
 MR No / Bill No. : 23204859 / 241004276
 Consultant : Dr. Manish Mittal
 Location : OPD

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 Request No. : 122707
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 Collection Date : 14/04/2023 08:49 AM
 Approval Date : 14/04/2023 01:26 PM

Renal Function Test (RFT)

Test	Result	Units	Biological Ref. Range
Urea (By Urease Kinetic method on RXL Dade Dimension)	18	mg/dL	10 - 45
Creatinine (By Modified Kinetic Jaffe Technique)	0.98	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)	5.6	mg/dL	3.4 - 7.2

— End of Report —

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 Gender / Age : Male / 33 Years 6 Months 21 Days
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 Consultant : Dr. Manish Mittal
 Location : OPD

Type : OPD
 Request No. : 122707
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 Approval Date : 14/04/2023 01:26 PM

Thyroid Hormone Study

Test	Result	Units	Biological Ref. Range
Triiodothyronine (T3)	1.26	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)	7.82	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)	1.94	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		
<i>Pregnancy :</i>			
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>			

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— End of Report —

Dr. Sejal Odedra
M.D.Pathology



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 Gender / Age : Male / 33 Years 6 Months 21 Days Request No. : 122707
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 Consultant : Dr. Manish Mittal Collection Date : 14/04/2023 08:49 AM
 Location : OPD Approval Date : 14/04/2023 03:06 PM

Urine routine analysis (Auto)

Test	Result	Units	Biological Ref. Range
Physical Examination			
Quantity	10	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 ----

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M.D.Pathology



Patient Name : Mr. SALIL CHANDRA MISHRA Type : OPD
 Gender / Age : Male / 33 Years 6 Months 21 Days Request No. : 122886
 MR No / Bill No. : 23204859 / 241004449 Request Date : 14/04/2023 12:50 PM
 Consultant : Dr. BAGH Doctor Collection Date : 14/04/2023 12:47 PM
 Location : OPD Approval Date : 14/04/2023 03:07 PM

Vitamin B12

Test	Result	Units	Biological Ref. Range
Vitamin B12			
Vitamin B12 Level	112.7	pg/ml	200 - 900

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

Interpretation :

Normal : 200 - 900
 Intermediate : 179 - 200
 Deficiency : < 179

* Fasting sample is required.

* Therapeutic intake during preceeding days (Oral-3 days, Parental 3 wks) may lead to increased level.)

Vitamin D Total (25 OH Vit D)	11.25	ng/ml
--------------------------------	-------	-------

Test	Health based	Reference range
Vitamin D Total	Deficiency	< 20 ng/ml
(25 Hydroxy Calciferol)	Insufficiency	20-30 ng/ml
	Sufficiency	30-80 ng/ml
	Possible toxicity	> 80 ng/ml

Serum or heparinised plasma

Method : Done by ECLIA on Cobas e 411

- Vitamin D level varies amongst populations and according to sunshine exposure (peaks in summer months) and nutritional habits and status, hence health based reference range is preferred to usual population based reference intervals.

- 25 (OH) Calciferol {25 (OH) D} is circulating form of Vitamin D. It is at present the best indicator of Vitamin D status. Fraction of circulating 25 (OH) D is converted to its active metabolites 1-25 (OH) D mainly by the kidneys. This process is regulated by PTH.

- If on supplemental therapy, it should be stopped for 3 to 4 days prior to testing.

Classic (nutritional) vitamin D deficiency results in bone demineralization, which may lead to rickets in children and osteomalacia or osteoporosis in adults. Because calcium levels affect muscle strength, vitamin D deficiency can result in muscle weakness and an increased risk of falls in the elderly.

Levels of 25 (OH) D vary with exposure to sunlight, peaking in the summer months.

Decreased vitamin D levels have been linked with an increased incidence of colon, breast, and prostate cancer, as well as a higher mortality from these cancer, and an increased incidence of congestive heart failure, depression and schizophrenia. Individuals Suitable for Testing

* Individuals with suspected vitamin D deficiency (e.g., those with persistent, nonspecific musculoskeletal pain ; the elderly ; housebound individuals ; those with malabsorptive syndromes ; those receiving treatment with anticonvulsants)

Individuals with suspected toxicity (e.g. those with anemia of obscure origin, unexplained renal disease, etc.)

Individuals being treated for vitamin D- related disorders.

What abnormal results mean:

* Lower-than normal levels suggest a vitamin D deficiency. This condition can result from :

Lack of exposure to sunlight

Lack of adequate vitamin D in the diet

Liver and Kidney diseases

Malabsorption

Use of certain medicines, including phenytoin, Phenobarbital, and rifampicin

* Higher-than - normal levels suggest excess vitamin D (hypervitaminosisD.)

---- End of Report ----

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- Ultra High Resolution Sonography
- Multi-Detector CT Scan
- Mammography
- Interventional Radiology
- Digital Subtraction Angiography
- Foetal Echocardiography
- Echocardiography

Patient No. : 23204859 Report Date : 14/04/2023

Request No. : 190060947 14/04/2023 8.54 AM

Patient Name : Mr. SALIL CHANDRA MISHRA

Gender / Age : Male / 33 Years 6 Months 21 Days

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

Dr. Priyanka Patel, MD
Consultant Radiologist





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- Multi-Detector CT Scan
- Mammography
- Interventional Radiology
- Digital Subtraction Angiography
- Foetal Echocardiography
- Echocardiography

Patient No. : 23204859 Report Date : 14/04/2023

Request No. : 190060955 14/04/2023 8.54 AM

Patient Name : Mr. SALIL CHANDRA MISHRA

Gender / Age : Male / 33 Years 6 Months 21 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 ~ 14 cc. Prostate measures 25mm x 34mm x 30mm.

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.Perna C Hasani, MD
Consultant Radiologist



H-2015-0287

MC-3004

E-2021-0337

Patient No. : 23204859 Report Date : 14/04/2023
Request No. : 190061065 14/04/2023 8.54 AM

Patient Name : Mr. SALIL CHANDRA MISHRA

Gender / Age : Male / 33 Years 6 Months 21 Days

Echo Color Doppler

MITRAL VALVE : NORMAL
AORTIC VALVE : TRILEAFLET, NORMAL
TRICUSPID VALVE : NORMAL, TRACE TR, PASP BY TR JET=15 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,
Trace MR

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 MR, TR, NO PULMONARY HYPERTENSION , (IVC COLLAPSING)
7. NO PERICARDIAL EFFUSION, CLOT VEGETATION.

Dr. V C CHAUHAN
Consultant Cardiologist

Name: Mr. Satish C Mishra -
Patient ID: 23204859

14.04.2023 09:59:23
Standard 12-Lead

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

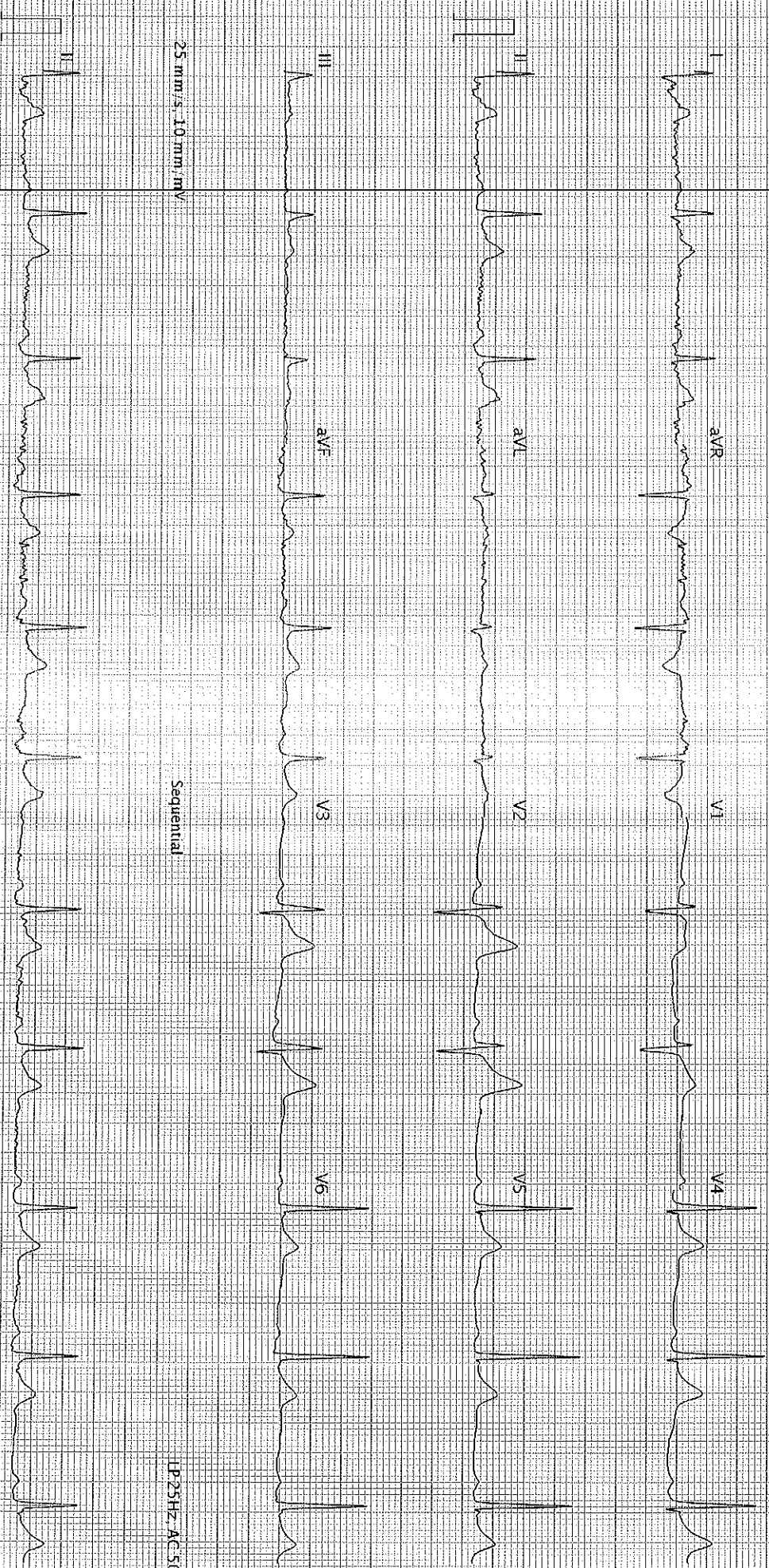
Visit ID: _____
Room: _____
Medication: _____
Order ID: _____
Ord. prov: _____
Ord. prot: _____

HR: 63 bpm
RR: 952 ms
PR: 167 ms
QRS: 93 ms
QT: 379 ms
QTcB: 388 ms
P axis: 40°
QRS axis: 61°
T axis: 44°

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

Otherwise normal

Normal



25 mm/s, 10 mm/mV

Sequential

LP 25Hz AC 50Hz

25 mm/s, 10 mm/mV

LP 25Hz AC 50Hz

AT-102-EZ-1.2.0 (1080-911030)

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Page 1 of 1

SCHILLER

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