

( Manage By Raj Palmland Hospital Pvt. Ltd. )

### OPD NEW CASE

CASE NO : 2324/N/7941 (UHID : 2324/04907 )  
 NAME : AMIN IQBAL MOTIWALA  
 ADDRESS : ANKLESHWER, BHARUCH  
 PATIENT TYPE : CREDIT  
 CONS. DR. : WASIM RAJ

DATE TIME : 23/09/2023 08:23 AM  
 AGE / SEX : 36Y / MALE  
 PHONE NO. : 9510203837  
 COMPANY : MEDIWHEEL  
 REF. DR. : DIRECT

VITALS :  
 TEMP :  
 PULSE : /MIN  
 BP : 130/80 MM/HG  
 SPO2 : %  
 RBS :  
 RS :  
 CVS :  
 CNS :

HEPATITIS  
 ↓  
 KIT LFTG 1 MONTH

INVESTIGATION

BLOOD :

RADIO :

OTHER :

DR. WASIM RAJ  
 M.D. (INTERNAL MEDICINE)  
 REG NO. G - 22785

📍 Falshruti Nagar, Station Road, Bharuch, Gujarat - 392001

📞 02642 - 263108 | 97378 55550

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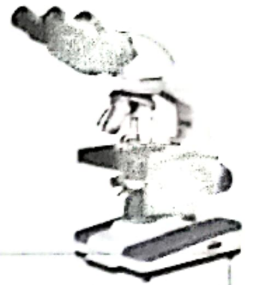
**24X7 EMERGENCY FACILITY**

**CBDT APPROVED HOSPITAL U/S 17(2) OF THE IT ACT.**



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# PALMLAND LABORATORY



## DIAGNOSTIC REPORT

2302019669

Name	: Amin Iqbal Motiwala	Age	: (36Y)
Ref. By	: Dr. Wasim Raj(Bob)	Sex	: Male
Reg.Date	: 23-09-2023 08:57	Reg.No.	: 2302019669
Bill Location	: Palmland Hospital	Mobile No.	: 9510203837


## HEMOGRAM REPORT

(Specimen: Whole Blood)

Parameter	Result	Unit	Biological Ref. Interval	Method
Haemoglobin	14.9	gm%	13.0 - 17.0	Non Cyanide Oxy Hemoglobin
<b>Blood Cell Indices</b>	<b>Result</b>	<b>Unit</b>	<b>Biological Ref. Interval</b>	<b>Method</b>
RBC Count	5.2	mill./c.mm	4.5 - 5.5	Electrical Impedance
PCV	43.5	%	40 - 50	Cumulative Pulse Height
MCV	83.2	fL	83 - 101	Derived From RBC Histogram
MCH	28.5	pg	27 - 32	Calculated
MCHC	34.3	%	31.5 - 34.5	Calculated
RDW	12.2	%	11.6 - 14.0	Derived From RBC Histogram
<b>Total WBC Count</b>	<b>6100</b>	<b>/c.mm</b>	<b>4000 - 10000</b>	<b>Electrical Impedance</b>
<b>Differential Count [ % ]</b>	<b>Unit</b>	<b>Biological Ref. Interval [ Abs. ]</b>	<b>Unit</b>	<b>Biological Ref. Interval</b>
<i>(Flowcytometry /MICROSCOPY)</i>				
Polymorphs	45	%	40 - 80	2745 /c.mm 2000 - 7000
Lymphocytes	43	%	20 - 40	2623 /c.mm 1000 - 3000
Monocytes	06	%	2 - 10	366 /c.mm 200 - 1000
Eosinophils	06	%	1 - 6	366 /c.mm 00 - 500
Basophils	00	%	0 - 2	0 /c.mm 00 - 100
<b>Neutrophil to Lymphocyte Ratio (NLR)</b>	<b>1</b>	<b>%</b>	<b>0.78 - 3.53</b>	<b>Calculated</b>
<b>Platelet Count</b>	<b>211000</b>	<b>/c.mm</b>	<b>150000 - 450000</b>	<b>Electrical Impedance</b>
<b>ESR</b>	<b>6</b>	<b>mm</b>		<b>Modified westergren method</b>
<b>REFERENCES</b>	(1) Practical Hematology by Dacie & Lewis (12th Edition). (2) Nathan/Oski, Hematology of Infancy and Childhood( 7th Edition,2009).			

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

\* Bold Indicates Abnormal Values  
This is an electronically authenticated report.

  
Approved by: Dr. Dev Varma  
M.D. (Pathologist)  
Reg. No. G-2489

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**DIAGNOSTIC REPORT**  
TEST REPORT

2302019669

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**BLOOD GROUP**

(Specimen: Whole Blood & Serum)

Investigation	Result	Method
ABO TYPE	"A"	Forward Grouping By Column Agglutination
RH TYPE	POSITIVE	

REFERENCE: Mollison's Blood Transfusion in Clinical Medicine (12th Edition).

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**HAEMOGLOBIN A1 C ESTIMATION (HbA1C)**

(Specimen: Whole Blood)

Investigation	Result	Unit	Biological Reference Interval	Method	
HbA1C	5.1	%	<b>As Per National Glycohemoglobin Standardization Program (NGSP) Guideline</b>		
			> 10	: Poor Control	[ HPLC ] High Performance Liquid Chromatography
			8-10	: Unsatisfactory Control	
			7 - 8	: Fair Control	
			6 - 7	: Good Control	
< 5.7	: Normal Value				
Estimated Average Glucose (eAG)	99.67	mg/dL	90 – 120 : Excellent Control 121 – 150 : Good Control 151 – 180 : Average Control 181 – 210 : Action Suggested > 211 : Panic Value		

**As per American Diabetes Association (ADA) -2021**

Reference Group	HbA1c in %
Non diabetic adults	<5.7%
At Risk (Prediabetes)	5.7 – 6.4%
Diagnosing Diabetes	>=6.5%

**Note:**

- Since HbA1c reflects long term fluctuations in the blood glucose concentration, a diabetic patient who is recently under good control may still have a high concentration of HbA1c. Converse is true for a diabetic previously under good control but now poorly controlled. Target goals of < 7.0 % may be beneficial in patients with short duration of diabetes, long life expectancy and no significant cardiovascular disease. In patients with significant complications of diabetes, limited life expectancy or extensive co-morbid condition targeting a goal of < 7.0 % may not be appropriate.

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**COMPLETE LIPID PROFILE REPORT**

(Specimen: Serum)

Investigation	Result	Unit	Biological Reference Interval		Method
			NCEP Guidelines for CHD Risk		
Cholesterol	142	mg/dL	< 200	: Desirable	CHOD POD
			200 – 239	: Borderline High	
			≥ 240	: High	
Triglycerides	61	mg/dL	< 150	: Normal	GPO PAP
			150 – 199	: Borderline High	
			200 – 499	: High	
			≥ 500	: Very High	
HDL Cholesterol (Direct)	42	mg/dL	< 40	: Low(High Risk)	Direct Measurement By
			≥ 60	: High(Low Risk)	PTA/MgCl <sub>2</sub> , CHOD-POD
Non-HDL Cholesterol (Calculated)	100.00	mg/dL	< 130	: Desirable	Calculated
			130 – 159	: Above Desirable	
			160 – 189	: Borderline High	
			190 – 219	: High	
			≥ 220	: Very High	
LDL Cholesterol (DIRECT)	83.90	mg/dL	130 – 159	: High	Enzymatic
			160 – 189	: Very High	
			≥ 190		
VLDL Cholesterol	12.20	mg/dL	0 - 30		Calculated
Total Lipids	459.50	mg/dL	400 - 1000		Calculated
Chol/HDL Ratio	3.38		0.0 - 4.0		Calculated
LDL/HDL Ratio	2.00		1.0 - 3.4		Calculated

Alert !!! 10-12 hours fasting is mandatory for lipid parameters. If not, values might fluctuate.

REFERENCES: (1) Tietz Textbook of Clinical Chemistry and Molecular Diagnostics (5th Edition).  
(2) Wallach's Interpretation of Diagnostic Tests (11th edition).

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**LIVER FUNCTION TEST**

(Specimen: SERUM)

Investigation	Result	Unit	Biological Reference Interval	Method
<b>Serum Bilirubin</b>				
Bilirubin-Total	1.0	mg/dL	0.2 - 1.0	DIAZO
Bilirubin (Conjugated)	0.2	mg/dL	0.0 - 0.3	DIAZO
Bilirubin (Unconjugated)	0.8	mg/dL	0.0 - 1.1	DIAZO
Bilirubin (Delta)	0	mg/dL		Calculated
S.G.P.T. (ALT)	<b>82.3</b>	U/L	0 - 40	IFCC
S.G.O.T. (AST)	<b>179.5</b>	U/L	0 - 40	IFCC
Alkaline Phosphatase	48	U/L	35 - 105	AMP
<b>Serum Proteins</b>				
Total Protein	7.4	gm/dL	6.3 - 8.3	BIURET
Albumin	4.0	gm/dL	3.8 - 4.4	BCG
Globulin	3.4	gm/dL	2.7 - 3.5	Calculated
A:G Ratio	1.2	%	1.0 - 4.0	Calculated
G.G.T.	34	U/L	0.0 - 55	GLUPA-C

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## BLOOD CHEMISTRY

(Specimen: SERUM)

Investigation	Result	Unit	Biological Reference Interval	Method:
Fasting Plasma Glucose	86.3	mg/dL	70 - 110	GOD POD Dry Chemistry
Blood Urea Nitrogen	13	mg/dL	0.0 - 18.0	Dry Chemistry
Uric Acid	5.3	mg/dL	3.4 - 7.0	Uricase
Creatinine	1.0	mg/dL	0.4 - 1.5	Enzymatic

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**POST PRANDIAL PLASMA GLUCOSE**

(Specimen: Serum/Plasma, Urine)

Investigation	Result	Unit	Biological Reference Interval	Method
Plasma Glucose After 2 hour	98.3	mg/dL	Normal: <140 Prediabetes: 140-199 Diabetes Mellitus: >=200	GOD POD METHOD

(Biological Reference Interval as per American Diabetic Association guideline 2016)

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**THYROID FUNCTIONS**

(Specimen: Serum)

Investigation	Result	Unit	Biological Reference Interval	Method
Total T3 Estimation	0.8	ng/mL	0.60 - 1.80	ECLIA-Competitive IA
Total T4 Estimation	11.2	µg/dL	5.48 - 14.28	ECLIA-Competitive IA
T.S.H.	1.2	µIU/mL	0.25 - 5.00	ECLIA-Immunometric IA

Note : Thyroid Function Test should always be measured after 10-12 hours of fasting.

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### URINE ROUTINE EXAMINATION (Specimen: Urine (Fasting/Random/P.P.))

Investigation	Result	Biological Ref. Interval	Method
<b>PHYSICAL EXAMINATION</b>			
<u>Colour</u>	Pale Yellow	Pale Yellow	
<u>Transparency</u>	Clear	Clear	( Automated Strip test )
<b>CHEMICAL EXAMINATION</b>			
<u>Specific Gravity</u>	1.015	1.005 - 1.025	
<u>Reaction (pH)</u>	6.0	4.5 - 8.0	
<u>Sugar</u>	Absent	Absent	
<u>Acetone</u>	Absent	Negative	
<u>Proteins</u>	Absent	Absent	
<u>Bilirubin</u>	Absent	Negative	
<u>UroBilinogen</u>	Absent	Negative	
<u>Leukocyte Esterase</u>	Absent	Negative	
<u>Nitrite</u>	Absent	Negative	
<u>Blood</u>	Absent	Negative	

MICROSCOPIC EXAMINATION	Result	Unit	Biological Ref.Interval	Method ( Microscopy )
<u>Pus Cells</u>	1-2	/HPF	Absent	
<u>Red Cells</u>	NIL	/HPF	Absent	
<u>Epithelial Cells</u>	2-3	/HPF	Absent	

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**DIAGNOSTIC REPORT**

Name : AMIN IQBAL MOTIWALA  
Ref By : DR. WASIM RAJ [ BOB ]

Age/Sex : 36 Yrs /M  
Date : 23/09/2023  
Report ID. : 3  
9510203837

**STOOL ANALYSIS**

<u>TEST</u>	<u>RESULT</u>	<u>REFERENCE INTERVAL</u>
<b><u>PHYSICAL EXAMINATION</u></b>		
Colour	: BROWN	
Consistency	: SEMI FORMED	
Blood	: ABSENT	
<b><u>CHEMICAL TEST</u></b>		
Occult Blood	: ABSENT	ABSENT
<b><u>MICROSCOPIC EXAMINATION / HPF</u></b>		
Ova	: ABSENT	
Cysts.	: ABSENT	
Pus Cells	: ABSENT	
Red Blood Cells	: ABSENT	
Epithelial Cells	: ABSENT	

End Of Report

**DR. DEV VARMA**

**M.D. (PATHY) C.M.P.**

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### PROSTATE SPECIFIC ANTIGEN

(Specimen: Serum)

Investigation	Result	Unit	Biological Reference Interval	Method
S.PSA	2.5	ng/mL	0 - 4.5	ECLIA-Immunometric IA

#### Note:

- This is a recommended test for detection of prostate cancer along with Digital Rectal Examination (DRE) in males above 50 years of age.
- False negative / positive results are observed in patients receiving mouse monoclonal antibodies for diagnosis or therapy .
- PSA levels may appear consistently elevated / depressed due to the interference by heterophilic antibodies & nonspecific protein binding,.
- Immediate PSA testing following digital rectal examination, ejaculation, prostatic massage, indwelling catheterization, ultrasonography and needle biopsy of prostate is not recommended as they falsely elevate levels.
- PSA values regardless of levels should not be interpreted as absolute evidence of the presence or absence of disease. All values should be correlated with clinical findings and results of other investigations.
- Sites of Non-prostatic PSA production are breast epithelium, salivary glands, periurethral & anal glands, cells of male urethra & breast milk.
- Physiological decrease in PSA level by 18% has been observed in hospitalized / sedentary patients either due to supine position or suspended sexual activity

#### Clinical Use:

- An aid in the early detection of Prostate cancer in males 50 years or older with Total PSA values between 4.0 and 10.0 ng/mL and nonsuspicious digital rectal examination.
- An aid in discriminating between Prostate cancer and Benign Prostatic disease.
- Patients with benign conditions have a higher proportion of Free PSA compared with Prostate cancer.

#### Increased Levels :

- Prostate cancer .
- Benign Prostatic Hyperplasia .
- Prostatitis
- Genitourinary infections

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**Dr. Payal D. Shah**

M.B.B.S., M.D. (Radiodiagnosis)

**Dr. Darshit B. Shah**

M.B.B.S., M.D. (Radiodiagnosis)

Ex-Clinical Associate, Lilavati hospital  
(Mumbai)



# MADHURAM Imaging Center

- MRI (1.5 T)
- Multi Slice CT Scan
- Sonography
- X-Ray
- Colour Doppler

Pt Name: Amin Iqbal Motiwala

Date: 23/09/2023

## USG OF ABDOMEN & PELVIS

**Liver** is normal in size, shape and normal in echotexture.

No evidence of focal SOL or dilatation of IHBR seen.

**Porta hepatis** appear normal.

**Gallbladder** appeared normal. No calculi seen.

Gallbladder wall appear normal. No e/o pericholecystic edema noted.

**CBD** appears normal. no evidence of calculi.

**Pancreas** appeared normal in size and normal in echotexture.

**Spleen** appeared normal in size, measuring approx. 102mm and normal in echotexture.

**Aorta** appeared normal. No para aortic lymphnodes seen.

**Right kidney** measured 95x43mm.

Cortex and collecting system of right kidney appeared normal.

No calculi or obstructive uropathy.

**Left kidney** measured 96x46mm.

Cortex and collecting system of left kidney appeared normal.

No calculi or obstructive uropathy.

**Urinary bladder:** Appears normal. No calculi are seen.

**Prostate** appears normal in size, shape and echotexture.

Appendix not seen due to bowel gas.


Bowels are visualized and appeared normal.

No evidence of free fluid in pelvis.

### Conclusion:

- No significant abnormalities are seen.

**Dr. Payal D. Shah (MBBS, MD)**  
Consultant Radiologist

  
**Dr. Darshit B. Shah (MBBS, MD)**  
Consultant Radiologist

*\*Please contact immediately for any typographical error.*

*\*This is only professional opinion, not a final diagnosis. Kindly co-relate clinically. Not valid for medico-legal purpose.*

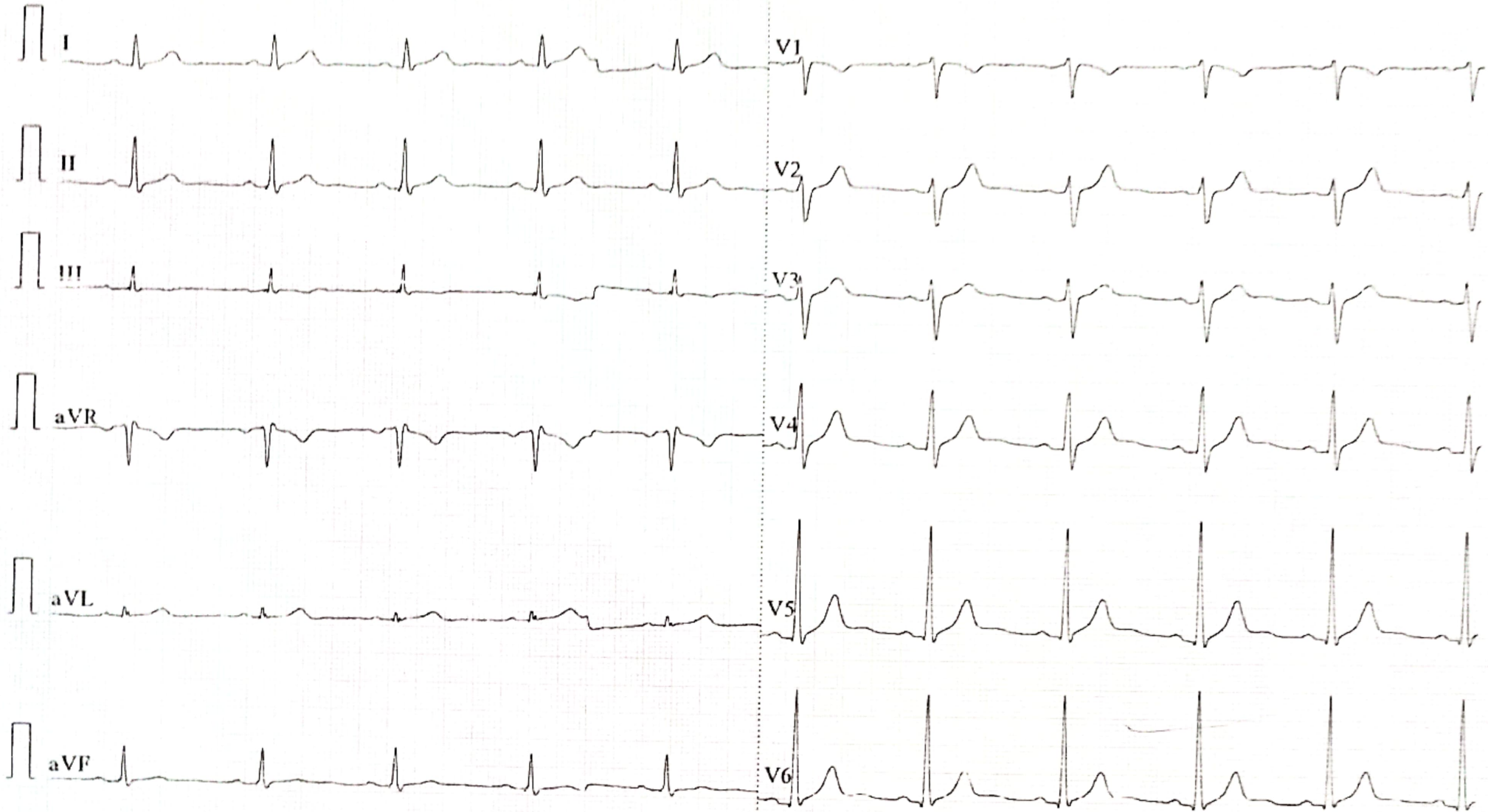


ID: 04797  
AMINI 36 Years  
UHID :

23/09/2023 08:34:46 AM  
HR : 64 bpm  
P : 7 ms  
PR : 162 ms  
QRS : 106 ms  
QT/QTc : 391/403 ms  
P/QRS/T : 25/56/24 °  
RV5/SV1 : 2.017/0.601 mV

Diagnosis Information:  
Sinus Rhythm  
\*\*\*Normal ECG\*\*\*

Technician : 2324  
Unconfirmed Report.





the future of HEALTH CARE

# PALMLAND HOSPITAL

(Managed By Raj Palmland Hospital Pvt. Ltd.)

Name: Amin Iqbal Motiwala Date: 23/9/23

Age: 36 Sex:  Male  Female  HCP Reg. No.: \_\_\_\_\_

Company Name: - \_\_\_\_\_

### Ophthalmic History:

1. Do you feel that your eyesight is falling?  Yes  No
2. Any time feel to experience black outs?  Yes  No
- 3 Any unexpected flicking of eyes?  Yes  No
- 4 Do you get difficulty in reading small letters?  Yes  No
5. Do you experience black dots temporarily?  Yes  No
6. Do you have exclusive aids for reading?  Yes  No

### Clinical Evaluation / History / Presenting Complain:

NO ANY PRESENTING COMPLAIN

Colour Vision: NORMAL Right (N) Left (N)

### Vision test: -

Acuity of Vision		Right	Left
Without glasses	Distance	6/6	6/6
	Near	N/6	N/6
With glasses	Distance		
	Near		

Advice / Remark: - B/L NAD

Signature \_\_\_\_\_

📍 Falshruti Nagar, Station Road, Bharuch, Gujarat - 392001

📞 02642 - 263108 | 97378 55550

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Pt Name:	AMIN IQBAL MOTIWALA	Date:	23/09/2023
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### Plain Skiagram chest (PA View)

Bilateral lung lobes appear normal.

Both dome of hemi diaphragms appear normal.

Bilateral CP angle appears normal.

Bony thorax appears normal.


Cardiac shadow appears normal.

#### Conclusion:


- No significant abnormalities are seen.

Thanks for the reference.

Dr. Payal D. Shah (MBBS, MD)  
Consultant Radiologist

  
Dr. Darshit B. Shah (MBBS, MD)  
Consultant Radiologist

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**24X7 EMERGENCY FACILITY**

**CBDT APPROVED HOSPITAL U/S 17(2) OF THE IT ACT**

