



BHAILAL AMIN  
GENERAL HOSPITAL

### CONCLUSION OF HEALTH CHECKUP

ECU Ref. No : MH/22/000445 Patient No : 21038315 Date : 12/03/2022  
Name : **MR. MANISH DHARIWAL** Sex / Age : MALE 35  
Height / Weight : 175 Cms 71 Kgs Ideal Weight 70 Kgs BMI : 23.2

---

**Dr. Manish Mittal**  
Physician

*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.*

Page 1 of 5



Name : MR. MANISH DHARIWAL

**Present History**

H/O HEADACHE ON AND OFF  
CHEST PAIN ON AND OFF

**Past History**

K/C/O MIGRAINE

**Family History**

FATHER- DIABETES MELLITUS; HYPERTENSION; CV SROKE

**Personal History**

VEG DIET; NO SMOKING OR ALCOHOL

**Clinical Examination**

B.P. 106/70 MMHG

Pulse 78/MIN; REG

Others NAD

**Respiratory System**

CLINICALLY NAD

**Cardio Vascular System**

CLINICALLY NAD

**Abdominal System**

CLINICALLY NAD

**Neurological System**

CLINICALLY NAD



Name : MR. MANISH DHARIWAL

Sex / Age : MALE 35

**Eye Checkup**

Doctor Name Dr. Ketan J. Patel

	Right	Left
History	NIL	NIL
Uncorrected vision	6/6	6/6
Corrected vision	N.6	N.6
IOP	14.6 MMHG	14.6 MMHG
Fundus	NORMAL	NORMAL
Any other	NAD	NAD
Advice	-	-



### Dietary Assessment

Name : **MR. MANISH DHARIWAL** Sex / Age : MALE 35  
Height : 175 Cms Weight : 71 Kgs Ideal Weight : 70 Kgs BMI : 23.2

Body Type : Normal / Underweight / Over weight

#### Diet History

Diet preference : Vegetarian / Eggeterian / Mixed  
Frequency of consuming fried food : / day / week or occasional  
Frequency of consuming sweets : / day or occasional  
Frequency of consuming outside food : / week or occasional  
Amount of water consumed / day : glasses / liters

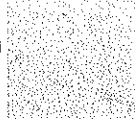
#### Life style assessment

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.  
Drink 3 to 4 liters (12 - 14 glass) of water daily.  
Eat Beetroot, 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.

Dietitian



Patient Name : Mr. MANISH DHARIWAL  
 Gender / Age : Male / 35 Years 4 Months 20 Days  
 MR No / Bill No. : 21038315 / 221029938  
 Consultant : Dr. Manish Mittal  
 Location : OPD

Type : OPD  
 Request No. : 30934  
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**Haematology**

Test	Result	Units	Biological Ref. Range
<b>Blood Group</b>			
ABO system	B		
Rh system.	Positive		

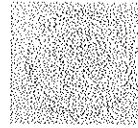
By Gel Technology / Tube Agglutination Method

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 ----

Dr. Nikunj V. Mehta  
MD (Path.)



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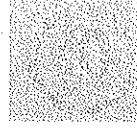
**CBC + ESR**

Test	Result	Units	Biological Ref. Range
<b>Haemoglobin.</b>			
Haemoglobin	14.3	gm/dL	13 - 17
Red Blood Cell Count (T-RBC)	4.56	mill/cmm	4.5 - 5.5
Hematocrit (HCT)	41.7	%	40 - 50
Mean Corpuscular Volume (MCV)	91.4	fl	83 - 101
Mean Corpuscular Haemoglobin (MCH)	31.4	pg	27 - 32
MCH Concentration (MCHC)	34.3	%	31.5 - 34.5
Red Cell Distribution Width (RDW-CV)	<b>14.5</b>	%	11.6 - 14
Red Cell Distribution Width (RDW-SD)	<b>48.8</b>	fl	39 - 46
<b>Total Leucocyte Count (TLC)</b>			
Total Leucocyte Count (TLC)	4.74	thou/cmm	4 - 10
<b>Differential Leucocyte Count</b>			
Polymorphs	48	%	40 - 80
Lymphocytes	<b>44</b>	%	20 - 40
Eosinophils	2	%	1 - 6
Monocytes	6	%	2 - 10
Basophils	0	%	0 - 2
Polymorphs (Abs. Value)	2.26	thou/cmm	2 - 7
Lymphocytes (Abs. Value)	2.07	thou/cmm	1 - 3
Eosinophils (Abs. Value)	<b>0.12</b>	thou/cmm	0.2 - 0.5
Monocytes (Abs. Value)	0.27	thou/cmm	0.2 - 1
Basophils (Abs. Value)	0.02	thou/cmm	0.02 - 0.1
Immature Granulocytes	0.6	%	1 - 3 : Borderline > 3 : Significant
<b>Platelet Count</b>			
Platelet Count	255	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.

365 Days / 24 Hours Laboratory Services

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



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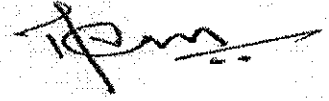
Patient Name : Mr. MANISH DHARIWAL  
Gender / Age : Male / 35 Years 4 Months 20 Days  
MR No / Bill No. : 21038315 / 221029938  
Consultant : Dr. Manish Mittal  
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**CBC + ESR**

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.

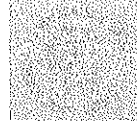
--- End of Report ---

  
Dr. Nikunj V. Mehta  
MD (Path.)

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**Clinical Biochemistry**

Test	Result	Units	Biological Ref. Range
Fasting Plasma Glucose	94	mg/dL	70 - 110
Post Prandial 2 Hr. Plasma Glucose	91	mg/dL	70 - 140

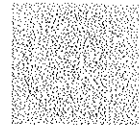
By Hexokinase method on RXL Dade Dimension

— End of Report —

Dr. Rakesh Vaidya  
MD (Path). DCP.

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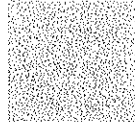
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**Complete Lipid Profile**

Test	Result	Units	Biological Ref. Range
<b>Complete Lipid Profile</b>			
Appearance	Clear		
Triglycerides	<b>178</b>	mg/dL	1 - 150
<i>(By Lipase / Glycerol dehydrogenase on RXL Dade Dimension)</i>			
<i>&lt; 150 Normal</i>			
<i>150-199 Borderline High</i>			
<i>200-499 High</i>			
<i>&gt; 499 Very High)</i>			
Total Cholesterol	<b>207</b>	mg/dL	1 - 200
<i>(By enzymatic colorimetric method on RXL Dade Dimension)</i>			
<i>&lt;200 mg/dL - Desirable</i>			
<i>200-239 mg/dL - Borderline High</i>			
<i>&gt; 239 mg/dL - High)</i>			
HDL Cholesterol	55	mg/dL	40 - 60
<i>(By Direct homogenous technique, modified enzymatic non-immunological method on RXL Dade Dimension)</i>			
<i>&lt; 40 Low</i>			
<i>&gt; 60 High)</i>			
Non HDL Cholesterol (calculated)	152	mg/dL	1 - 130
<i>(Non- HDL Cholesterol)</i>			
<i>&lt; 130 Desirable</i>			
<i>139-159 Borderline High</i>			
<i>160-189 High</i>			
<i>&gt; 191 Very High)</i>			
LDL Cholesterol	<b>130</b>	mg/dL	1 - 100
<i>(By Direct homogenous technique, modified enzymatic non-immunological method on RXL Dade Dimension)</i>			
<i>&lt; 100 Optimal</i>			
<i>100-129 Near / above optimal</i>			
<i>130-159 Borderline High</i>			
<i>160-189 High</i>			
<i>&gt; 189 Very High)</i>			
VLDL Cholesterol	35.6	mg/dL	12 - 30
LDL Ch. / HDL Ch. Ratio	2.36		2.1 - 3.5
T. Ch./HDL Ch. Ratio	3.76		3.5 - 5
<i>(Recent NECP / ATP III Guidelines / Classification (mg/dl) :)</i>			

--- End of Report ---

Dr. Rakesh Vaidya  
MD (Path). DCP.



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## DEPARTMENT OF LABORATORY MEDICINE

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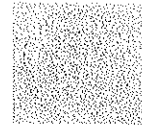
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## Renal Function Test (RFT)

Test	Result	Units	Biological Ref. Range
Urea (By Urease Kinetic method on RXL Dade Dimension)	27	mg/dL	10 - 45
Creatinine (By Modified Kinetic Jaffe Technique)	0.85	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		
Jric acid (By Uricase / Catalase method on RXL Siemens)	5.6	mg/dL	3.4 - 7.2

— End of Report —

Dr. Rakesh Vaidya  
MD (Path). DCP.



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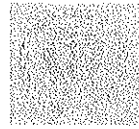
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**Liver Function Test (LFT)**

Test	Result	Units	Biological Ref. Range
<b>Bilirubin</b>			
Bilirubin - Total	0.41	mg/dL	0 - 1
Bilirubin - Direct	0.11	mg/dL	0 - 0.3
Bilirubin - Indirect	0.3	mg/dL	0 - 0.7
<i>(By Diazotized sulfanilic acid on RXL Dade Dimension.)</i>			
Aspartate Aminotransferase (SGOT/AST)	<b>47</b>	U/L	15 - 40
<i>(By IFCC UV kinetic method on RXL Dade Dimension.)</i>			
Alanine Aminotransferase (SGPT/ALT)	<b>90</b>	U/L	10 - 40
<i>(By IFCC UV kinetic method on RXL Dade Dimension.)</i>			
Alkaline Phosphatase	<b>129</b>	U/L	53 - 128
<i>(BY PNPP AMP method on RXL Dade Dimension.)</i>			
Gamma Glutamyl Transferase (GGT)	46	U/L	15 - 85
<i>(By IFCC method on RXL Dade Dimension.)</i>			
<b>Total Protein</b>			
Total Proteins	7.62	gm/dL	6.4 - 8.2
Albumin	4.25	gm/dL	3.4 - 5
Globulin	3.37	gm/dL	3 - 3.2
A : G Ratio	1.26		1.1 - 1.6
<i>(By Biuret endpoint and Bromocresol purple method on RXL Dade Dimension.)</i>			

--- End of Report ---

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## Clinical Biochemistry

Test	Result	Units	Biological Ref. Range
Glycosylated Heamoglobin (HbA1c)	5.4	%	
estimated Average Glucose (e AG) *	108.28	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.

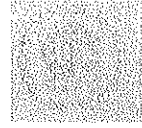
Guidelines for Interpretation:

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. Rakesh Vaidya  
MD (Path). DCP.



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**Urine Routine**

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	6.0		
Specific Gravity	1.020		
Protein	Negative	gm/dL	Negative
Glucose	Negative	mg/dL	Negative
Ketones	Negative		Negative
Bilirubin	Negative		Negative
Urobilinogen	Negative		Negative (upto 1)
Blood	Trace-Intact		Negative
Bile Salt	Absent		Absent
Leucocytes	Negative		Negative
Bile Pigments	Absent		Absent
Nitrite	Negative		Negative
<b>Microscopic Examination (After Centrifugation at 2000 rpm for 10 min)</b>			
Red Blood Cells	Present (0-2)	/hpf	0 - 2
Leucocytes	Present (0-2)	/hpf	0 - 5
Epithelial Cells	Present (0-2)	/hpf	0 - 5
Casts	Nil	/lpf	Nil
Crystals	Nil		Nil
Mucus	Absent		Absent
Organism	Absent		

--- End of Report ---

Dr. Nikunj V. Mehta  
MD (Path.)



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## Thyroid Hormone Study

Test	Result	Units	Biological Ref. Range
------	--------	-------	-----------------------

Triiodothyronine (T3)	1.23	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)	8.51	mcg/dL	
----------------	------	--------	--

(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)	1.84	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. Rakesh Vaidya  
MD (Path). DCP.Dr. Nikunj V. Mehta  
MD (Path.)



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**DEPARTMENT OF DIAGNOSTIC RADIOLOGY**

Patient No. : 21038315      Report Date : 12/03/2022  
Request No. : 190013369      12/03/2022 8.47 AM  
Patient Name : **MANISH DHARIWAL**  
Gender / Age : Male / 35 Years 4 Months 20 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



**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. : 21038315 Report Date : 12/03/2022  
Request No. : 190013383 12/03/2022 8.47 AM  
Patient Name : **MANISH DHARIWAL**  
Gender / Age : Male / 35 Years 4 Months 20 Days

200  
**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

**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 ~ 12 cc. Prostate measures 28mm x 27mm x 31mm.

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. Prerna C Hasani, MD**  
Consultant Radiologist







Ece



BHAILAL AMIN  
GENERAL HOSPITAL

ESTD. 1964

Patient No. : 21038315      Report Date : 12/03/2022  
Request No. : 190013373      12/03/2022 8.47 AM  
Patient Name : **MANISH DHARIWAL**  
Gender / Age : Male / 35 Years 4 Months 20 Days

### Echo Color Doppler

MITRAL VALVE : NORMAL, NO MS, NO 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 – 60%, 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 : NO MR // AR // TR, NO PAH

---

### FINAL CONCLUSION:

1. NORMAL SIZED ALL CARDIAC CHAMBERS
2. NORMAL LV SYSTOLIC FUNCTION LVEF – 60%
3. NO RESTING REGIONAL WALL MOTION ABNORMALITY
4. NORMAL VALVES, NO MITRAL / AORTIC STENOSIS
5. NORMAL RIGHT HEART SIZE AND RV PRESSURES
6. NO PERICARDIAL EFFUSION, CLOT OR VEGETATION SEEN, SR+.

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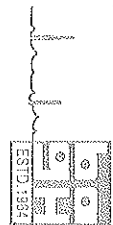
  
DR. KILLOOL KANERIA, M.D., D.M., CARD.

ECU/21038315  
35 Years

12-Mar-22

Male

10:20:17 AM MR. MANISH DHARITAL

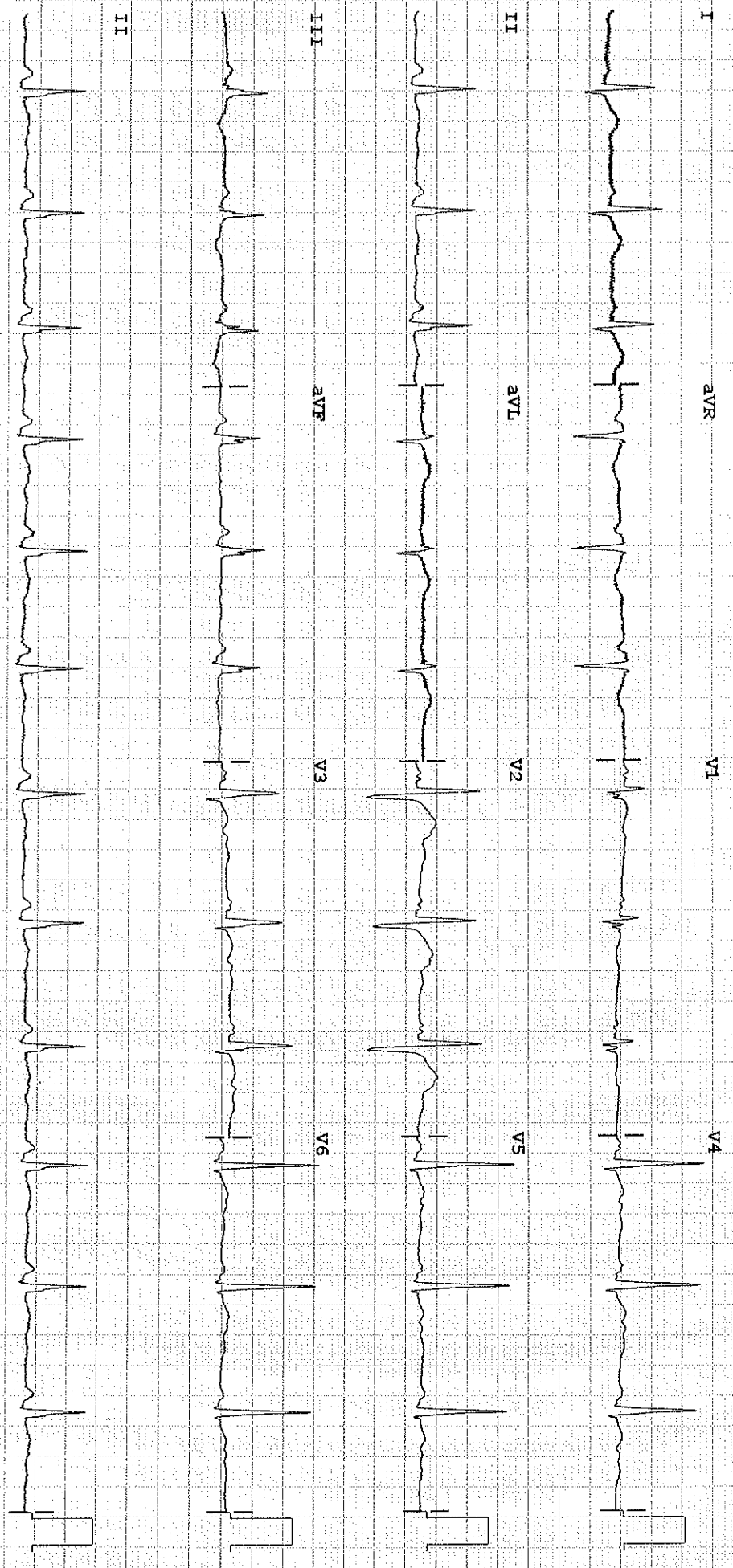


**DR. MANISH MITTAL**  
GENERAL HOSPITAL  
ESTD 1984  
AN NABH, NABL & ISO Accredited Institute

Mediwher

Doctor **DR. MANISH MITTAL**

Rate 75  
PR 138  
QRSD 98  
QT 376  
QTc 420  
--AXIS--  
P 69  
QRS 66  
T 0



Dev: Speed: 25 mm/sec Limb: 10 mm AV Chest: 10 mm/mV

50~ 0.15-150 Hz

PH08

P?

# Dr. Sonica Peshin

Cosmetic Dentist & Implantologist

Reg. No. : 6966-A

M. : 9586867301



BHAILAL AMIN  
GENERAL HOSPITAL

## Dental assessment form

12/03/2022

Name: Manish Dhariwal

Age/ Sex: 35 years/Male

Patient has come for a regular check up.

### On Examination:

- Stains++ Calculus++
- History of horizontal brushing
- Generalised attrition
- Mild recession
- Abrasion with sensitivity with respect to 34
- Initial caries with respect to 16

### Provisional diagnosis:

- Chronic generalised gingivitis

### Treatment plan:

- Scaling and polishing .
- Restoration of 34

### Advised:

- Brush your teeth twice daily
- Salt water gargle twice daily
- Clean your tongue and floss in between everyday.
- Follow vertical brushing technique.

Dr Sonica Peshin

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