

PHYSICIAN CONSULTATION

DATE:- 9/07/22
NAME:- NAVEEN HALDUNIA.
DOB: AGE:- 32 SEX:- Male.
HEIGHT:- ~~165~~ 178
WEIGHT:- ~~88 kg~~ 87 kg
BMI:- 27 -
BP READING:- 120/80 mmHg
Heart Rate:- 85/m
Eye Exam :- 6/6
Ear Exam :- normal

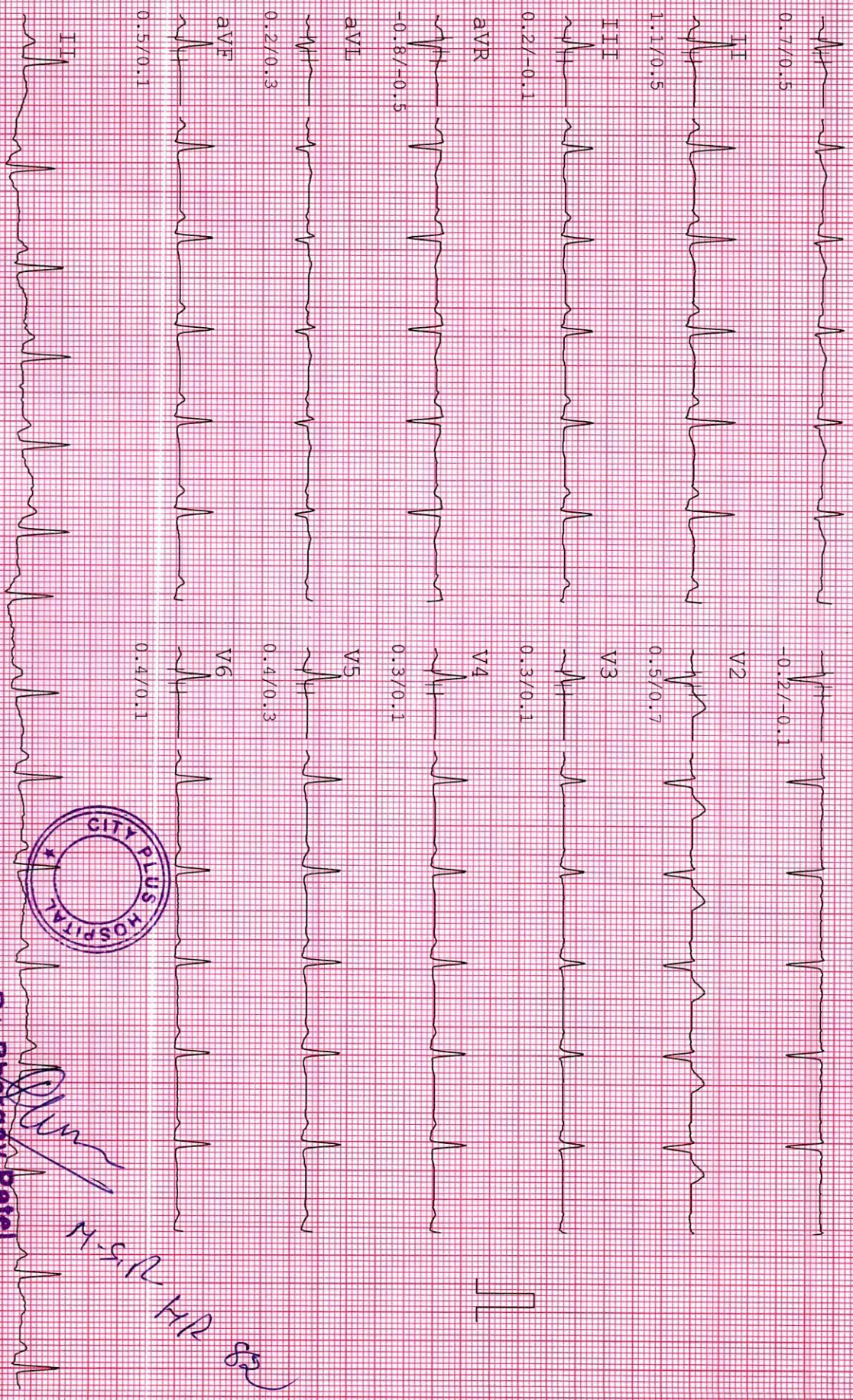
Naveen



NAME : NAVEEN HALDUNIA ID: 391
AGE/GENDER: 32/MALE BP: 120/ 80 mmHg
DATE/TIME: 09/JUL/2022 (10:38) HR: 94 bpm

PROTOCOL : Bruce
STAGE NAME: Supine
STAGE TIME: 00:12
Linked Median Report
SPEED/GRADE: 0.0/0.0
PostJ 80
ST @ 10 mm/mV
STL in mm
STS in mm/sec

ECG



Naresh



Dr. Brargav Patel
M.D. Physician
Reg. No. G.52845

115-12 HR

Computerised Stress Test Report

NAME: NAVEEN HALDUNIA
AGE/GENDER: 32 yrs/MALE

ID: 391
HEIGHT: 178 cm.

Summary report
WEIGHT: 87 Kg.

PROTOCOL: Bruce
DATE/TIME: 09-07-2022 10:38

REF. BY: BOB
SMOKER: Non Smoker

Test Results

Protocol : Bruce
Target HR : 188(160)bpm
Maximum HR : 159(85 %) bpm

Max Work load : 8.5
Exer. Time : 7:30min
Recov. Time : 6:12min

BMI : 27
Max RPP(1000) : 24.804
Max BP : 156/94 mmHg

Reason for termination :
Target heart rate achieved

Indication :
To assess the exercise tolerance capacity

HR Response to Exercise :
Normal appropriate response

BP Response to Exercise :
Resting normal BP - normal response

Overall Impression :
Normal stress test

Comment :
TEST NEGATIVE FOR EXERCISE INDUCIBLE ISCHEMIA

Resting ECG :
Normal

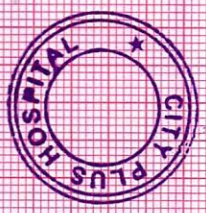
Chest Pain :
None

ST Changes :
None

Arrhythmias :
None

History : None

Medication :
None



M.S.R.

Navel

Dr. Bhargav Patel
M.D. Physician
Reg. No. G-52845

Computerised Stress Test Report

NAME: NAVEEN HALDUNIA
AGE/GENDER: 32 yrs/MALE

ID: 391
HEIGHT: 178 cm.

Summary report
WEIGHT: 87 Kg.

PROTOCOL: Bruce
DATE/TIME: 09-07-2022 10:38

REF. BY: BOB
SMOKER: Non Smoker

Stage	Time Min:Sec	HR bpm	BP mmHg	Speed (mph) /G rate(%)	Load METs	RPP	TI	V2	V5
Supine	00:12	94	120/80	0.00/0.0	1.0	11.28	1.1/0.5	0.5/0.7	0.4/0.3
Standing	00:18	91	120/80	0.00/0.0	1.0	10.92	1.0/0.4	0.6/0.8	0.5/0.4
Hyperv	00:24	85	120/80	0.00/0.0	1.0	10.2	1.2/0.7	0.6/0.9	0.5/0.1
Exer : 1/7	03:00	131	130/84	1.70/10.0	4.5	17.03	0.3/0.5	0.8/1.3	0.2/0.7
Exer : 2/7	03:00	150	148/90	2.50/12.0	7.0	22.2	-1.5/-1.5	1.9/2.1	0.2/0.9
Exer : 3/7	01:30	161	156/92	3.40/14.0	8.5	25.116	0.3/0.9	2.3/2.8	0.4/0.9
Peak	07:30	159	156/92	3.40/14.0	8.5	24.804	0.3/0.9	2.3/2.8	0.4/0.9
Recovery	01:00	126	150/88	0.00/0.0	1.0	18.9	1.6/1.6	1.8/2.3	0.7/1.3
Recovery	02:00	117	138/84	0.00/0.0	1.0	16.146	1.1/0.9	0.7/1.1	0.4/0.9
Recovery	03:00	106	134/84	0.00/0.0	1.0	14.204	1.7/1.5	1.5/1.7	0.7/0.8
Recovery	04:00	101	134/84	0.00/0.0	1.0	13.534	0.5/0.3	0.0/0.3	0.1/0.3
Recovery	05:00	97	128/84	0.00/0.0	1.0	12.416	0.5/0.4	0.1/0.3	0.2/0.3
Recovery	06:00	101	124/82	0.00/0.0	1.0	12.524	0.7/0.4	0.1/0.1	0.3/0.3
Recovery	06:12	98	124/82	0.00/0.0	1.0	12.152	0.6/0.3	0.1/0.1	0.3/0.3

Naveen

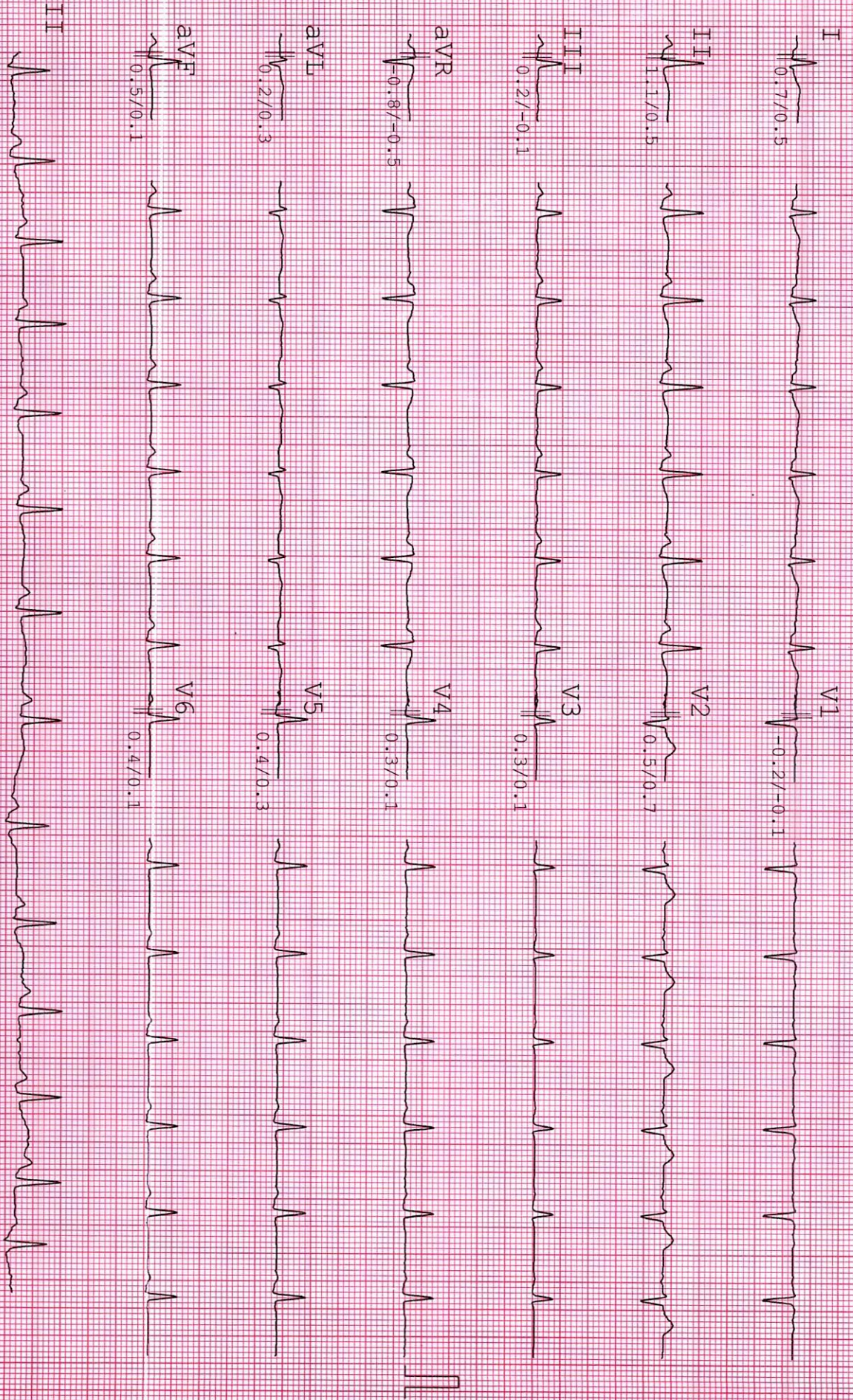
NAME : NAVEEN HALDUNIA
AGE/GENDER : 32 YRS/MALE
DATE/TIME : 09-07-2022 10:38

ID : 391
BP : 120/80mmHg
HR : 94bpm

PROTOCOL : Bruce
STAGE : Supine
STAGE TIME : 00:12

Linked Median Report
SPEED/GRADE : 0.00/0.0
POST J at 80 msec

GAIN : 1X
STL in mm
STs in mm/sec



~~Not~~

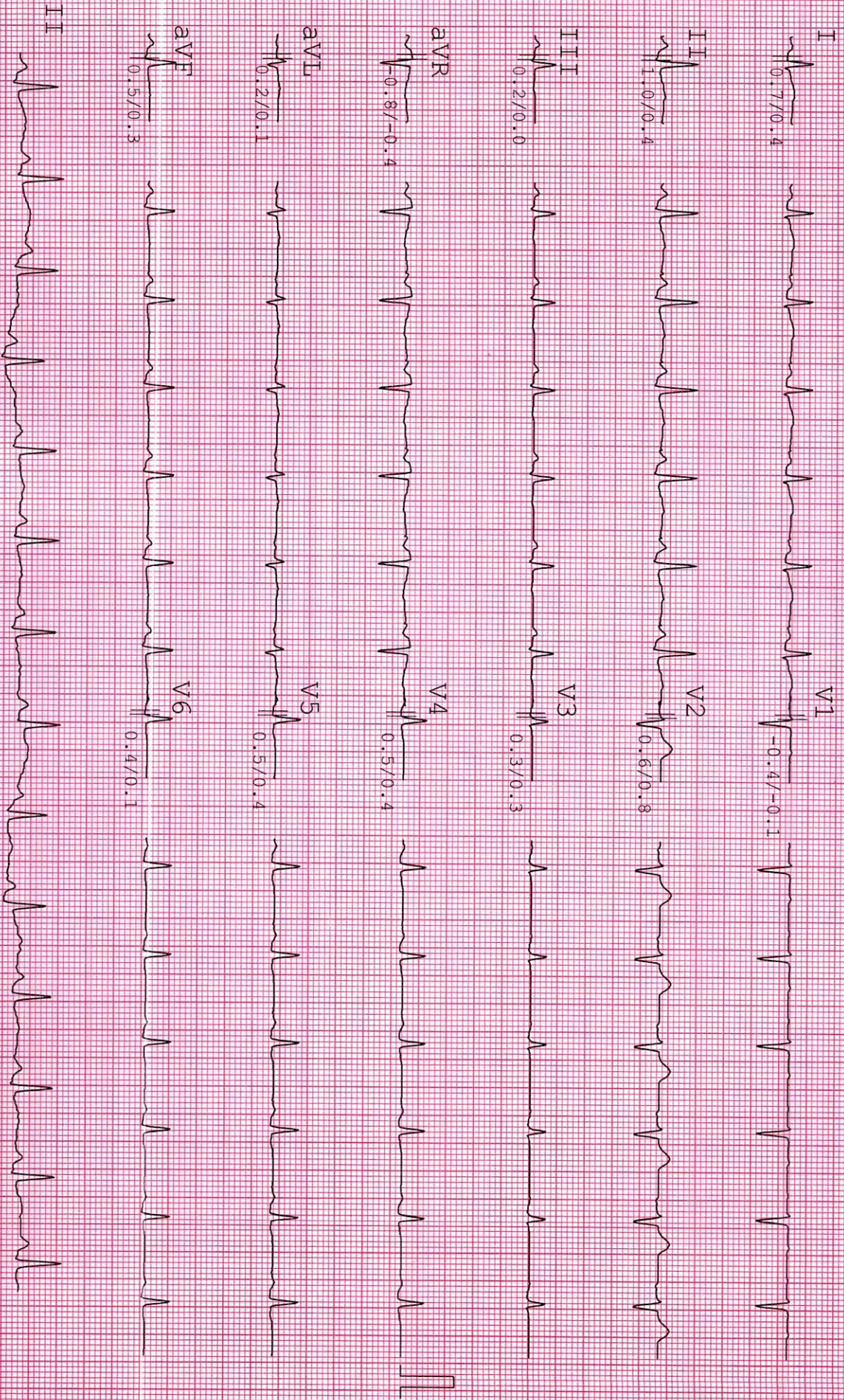
NAME : NAVEEN HALDUNIA
AGE/GENDER : 32 Yrs/Male
DATE/TIME : 09-07-2022 10:38

ID : 391
BP : 120/80mmHg
HR : 93bpm

PROTOCOL : Bruce
STAGE : Standing
STAGE TIME : 00:18

Linked Median Report
SPEED/GRADE : 0.00/0.0
POST J at 80 msec

GAIN : 1X
STL in mm
STS in mm/sec



Dr. Arjun

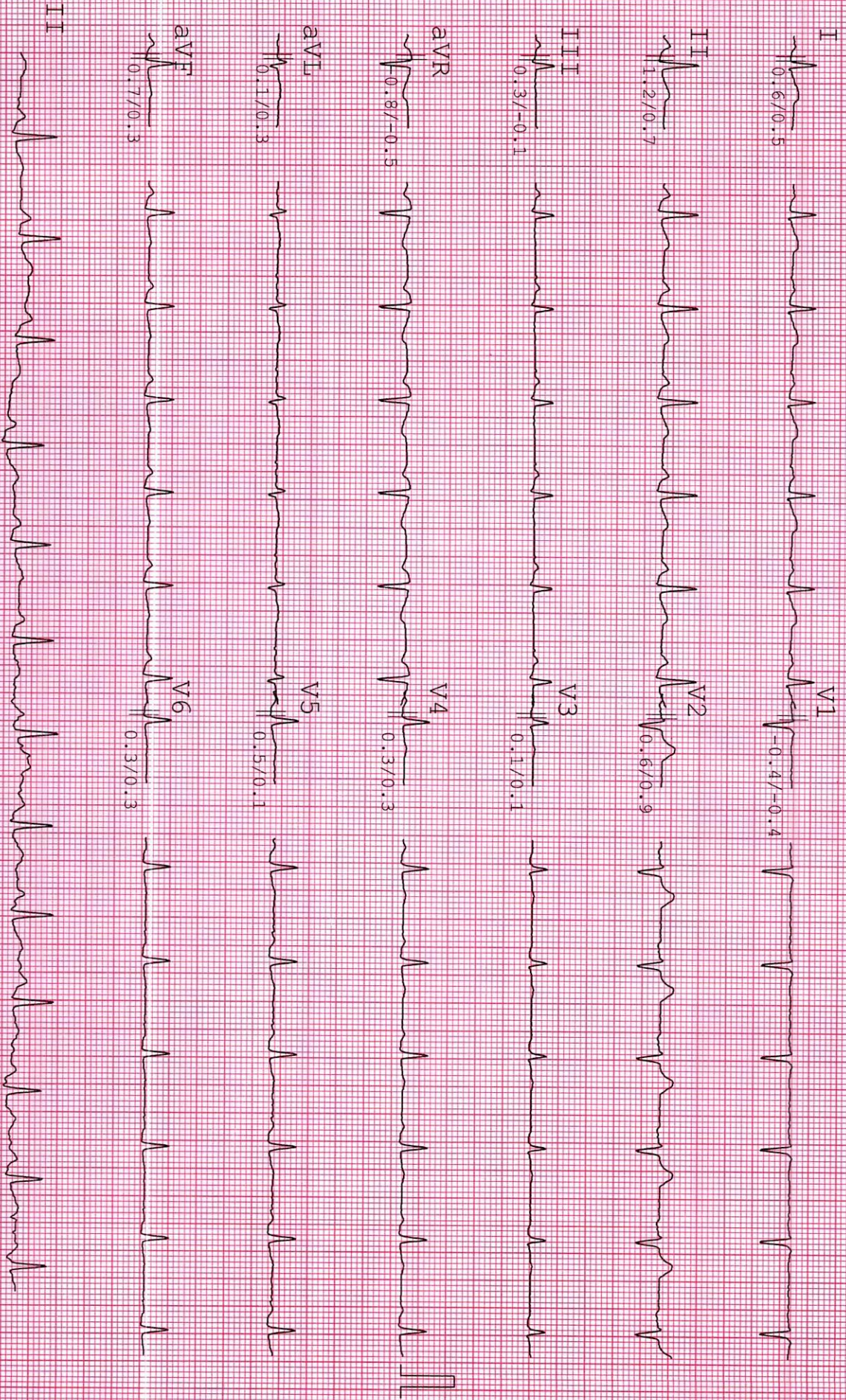
NAME : NAVEEN HALDUNIA
AGE/GENDER : 32 YRS/MALE
DATE/TIME : 09-07-2022 10:38

ID : 391
BP : 120/80mmHg
HR : 87bpm

PROTOCOL : Bruce
STAGE : HyperV
STAGE TIME : 00:24

Linked Median Report
SPEED/GRADE : 0.00/0.0
POST J at 80 msec

GAIN : 1X
STL in mm
STS in mm/sec



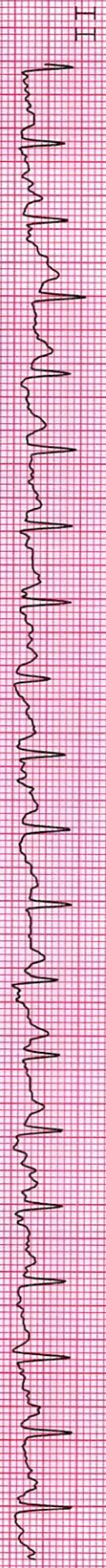
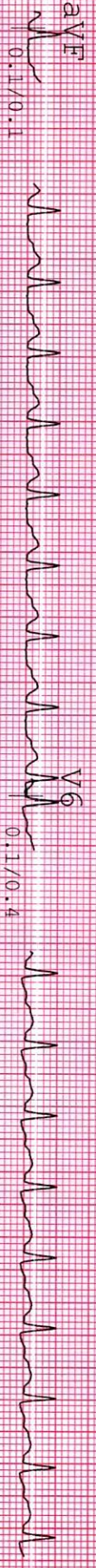
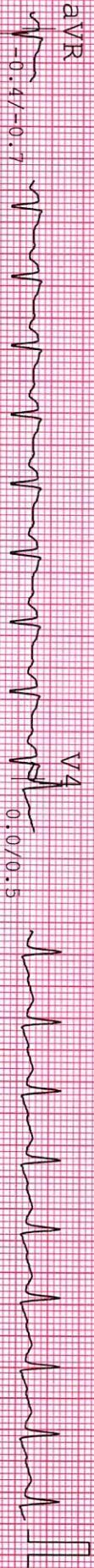
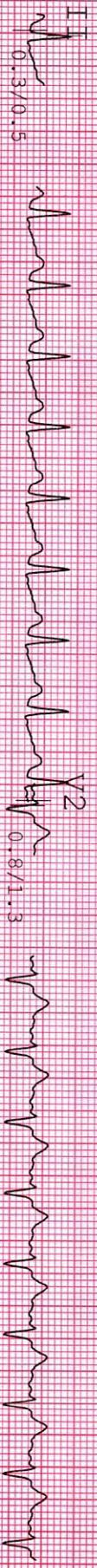
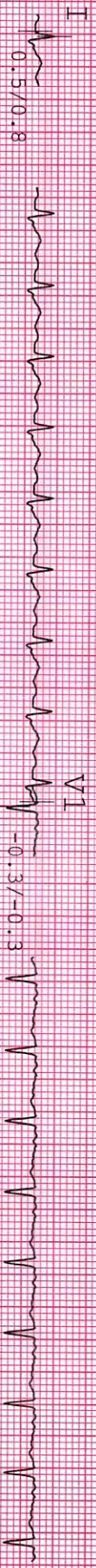
NAME : NAVEEN HALDUNIA
AGE/GENDER : 32 Yrs/MALE
DATE/TIME : 09-07-2022 10:38

ID : 391
BP : 130/84mmHg
HR : 134bpm

PROTOCOL : Bruce
STAGE : Exer : 1/7
STAGE TIME : 03:00

Linked Median Report
SPEED/GRADE : 1.70/10.0
POST J at 80 msec

GAIN : 1X
STL in mm
SIS in mm/sec



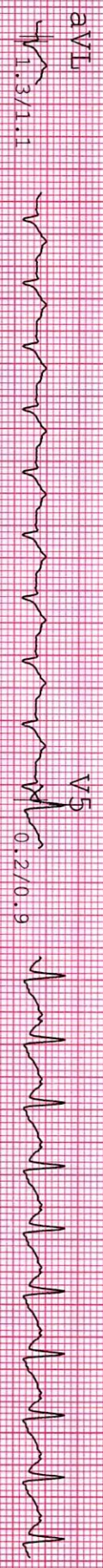
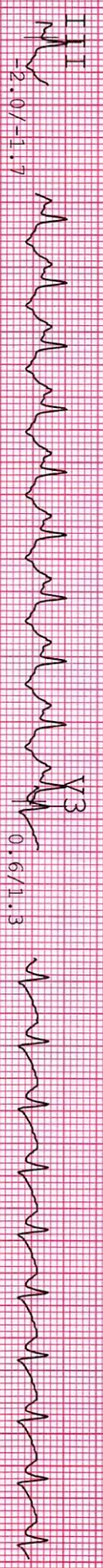
NAME : NAVEEN HALDUNIA
AGE/GENDER : 32 Yrs/MALE
DATE/TIME : 09-07-2022 10:38

ID : 391
BP : 148/90mmHg
HR : 150bpm

PROTOCOL : Bruce
STAGE : Exer : 2/7
STAGE TIME : 03:00

Linked Median Report
SPEED/GRADE : 2.50/12.0
POST J at 80 msec

GAIN : 1X
STL in mm
SPS in mm/sec



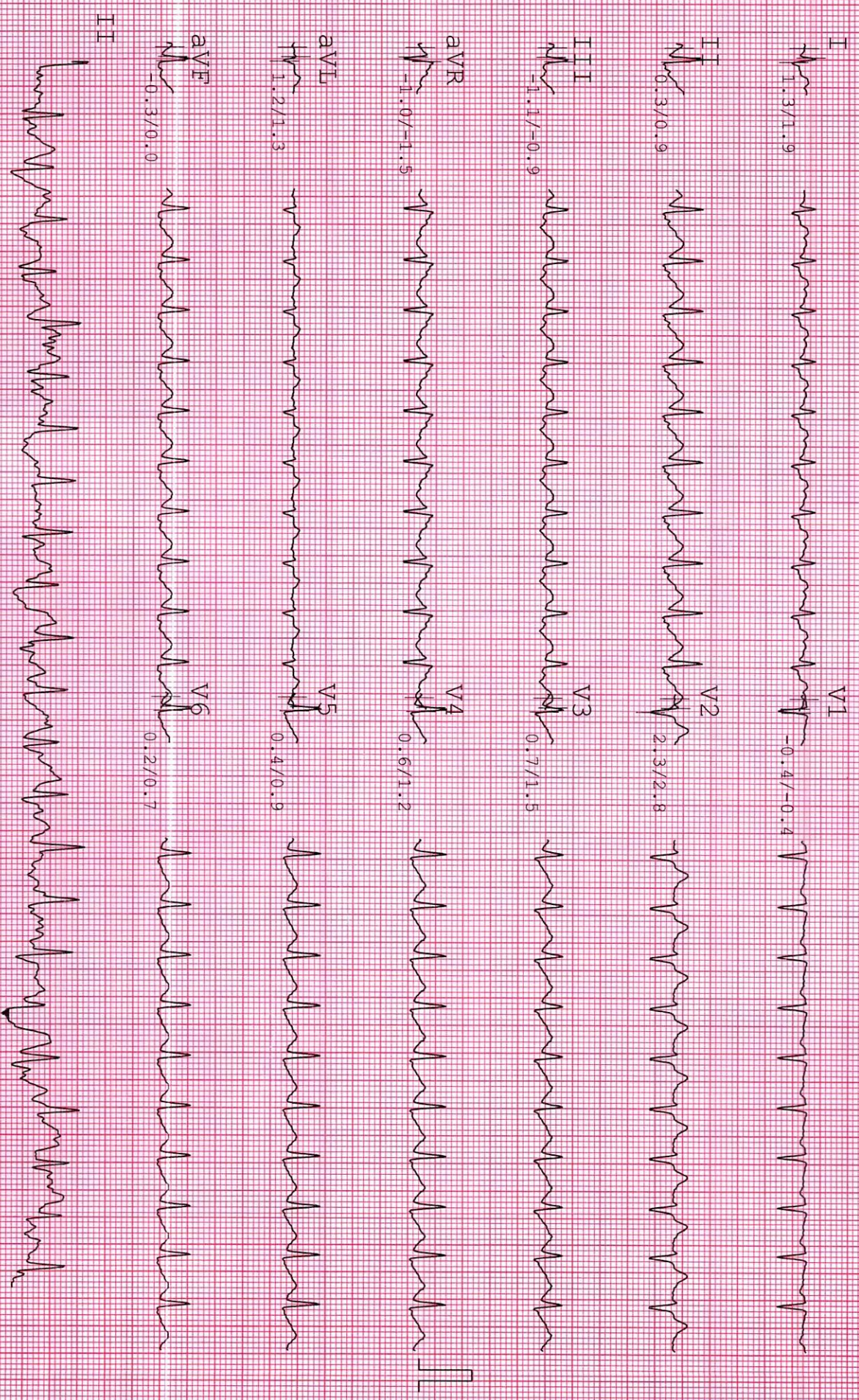
NAME : NAVEEN HALDUNIA
AGE/GENDER : 32 Yrs/MALE
DATE/TIME : 09-07-2022 10:38

ID : 391
BP : 156/92mmHg
HR : 159bpm

PROTOCOL : Bruce
STAGE : Exer : 3/7
STAGE TIME : 01:30

Linked Median Report
SPEED/GRADE : 3.40/14.0
POST J at 80 msec

GAIN : 1X
SPL in mm
Srs in mm/sec



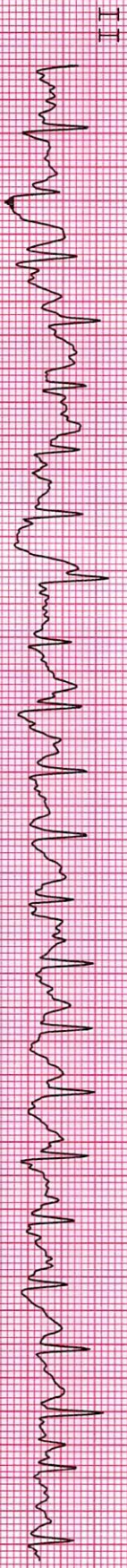
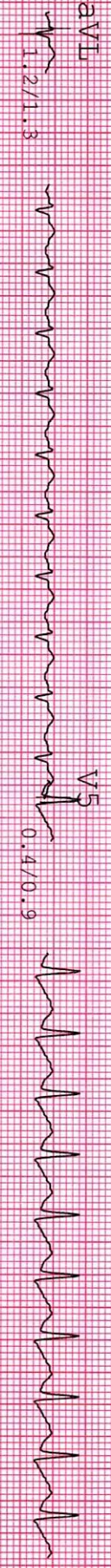
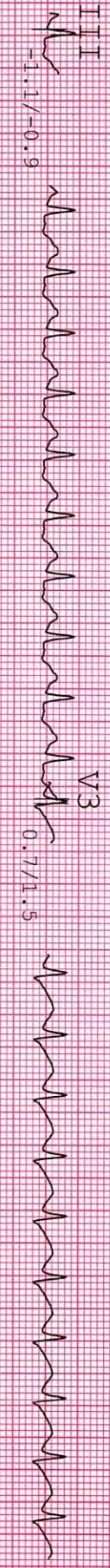
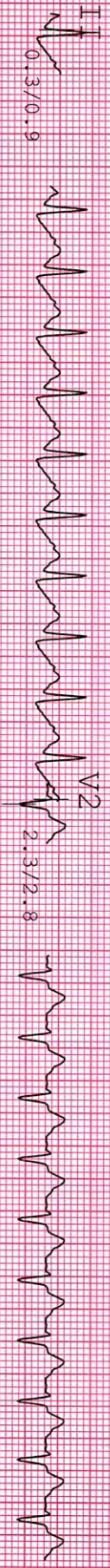
NAME : NAVEEN HAIDUNIA
AGE/GENDER : 32 yrs/MALE
DATE/TIME : 09-07-2022 10:38

ID : 391
BP : 156/92mmHg
HR : 158bpm

PROTOCOL : Bruce
STAGE : Peak
STAGE TIME : 00:06

Linked Median Report
SPEED/GRADE : 3.40/14.0
POST J at 80 msec

GAIN : 1X
STL in mm
ST5 in mm/sec



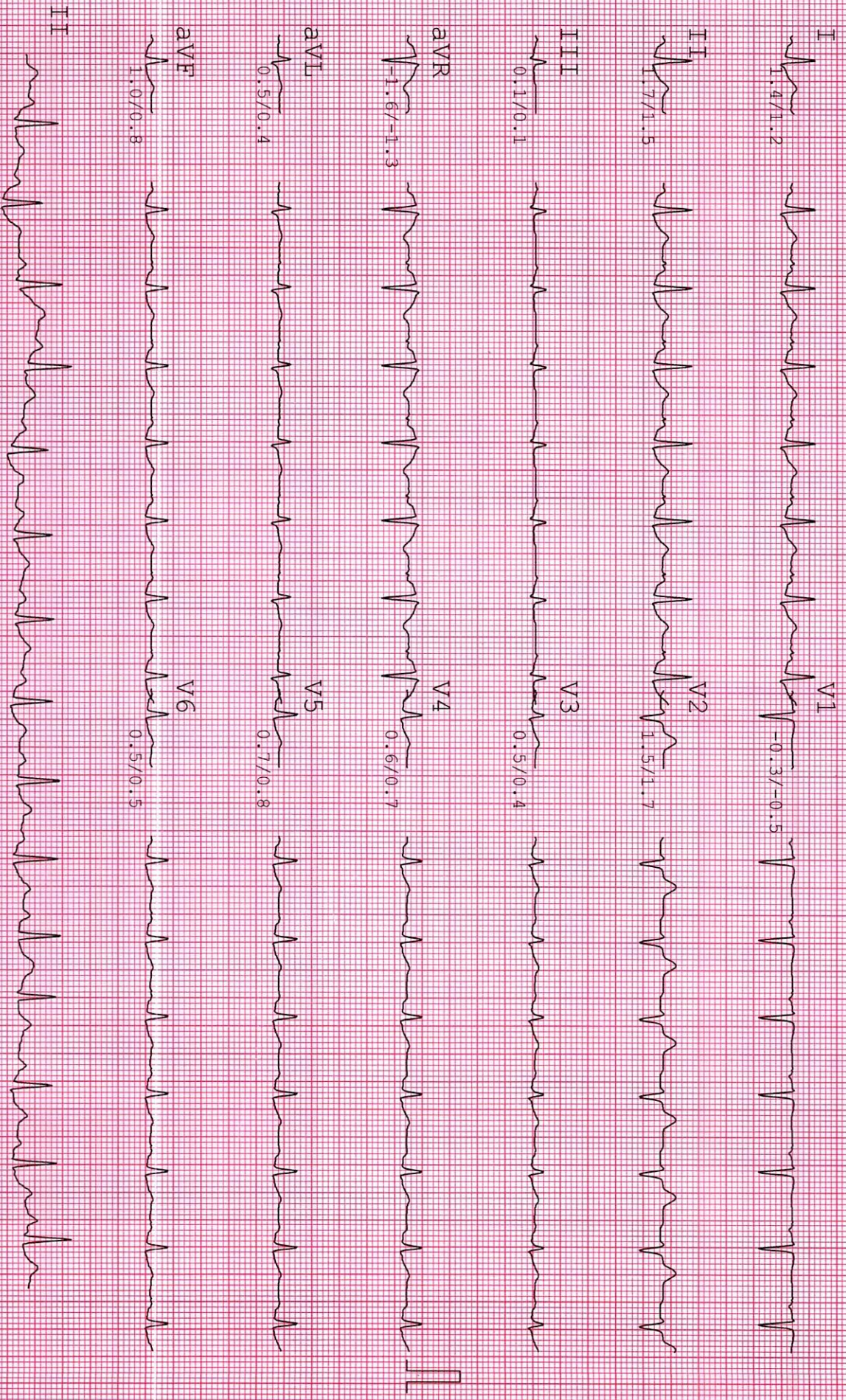
NAME : NAVEEN HALDUNIA
AGE/GENDER : 32 yrs/MALE
DATE/TIME : 09-07-2022 10:38

ID : 391
BP : 134/84mmHg
HR : 104bpm

PROTOCOL : Bruce
STAGE : Recovery
STAGE TIME : 03:00

Linked Median Report
SPEED/GRADE : 0.00/0.0
POST J at 80 msec

GAIN : 1X
STL in mm
STL in mm/sec



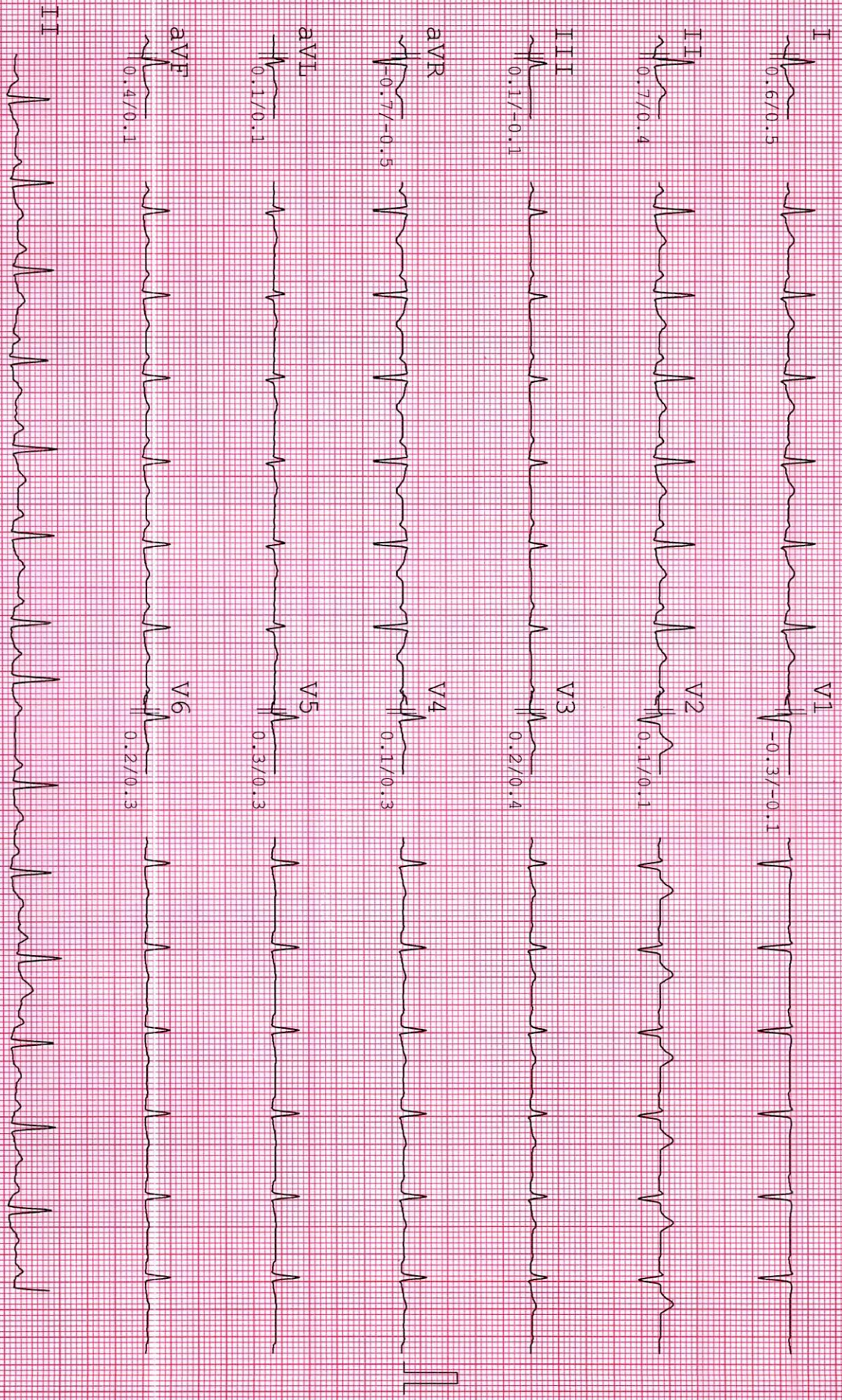
NAME : NAVEEN HAIDUNIA
AGE/GENDER : 32 yrs/MALE
DATE/TIME : 09-07-2022 10:38

ID : 391
BP : 124/82mmHg
HR : 98bpm

PROTOCOL : Bruce
STAGE : Recovery
STAGE TIME : 06:00

Linked Median Report
SPEED/GRADE : 0.00/0.0
POST J at 80 msec

GAIN : 1X
STL in mm
STS in mm/sec



Pts Name	NAVEENBHAI HALDUNIA
Date	09-07-2022
Age	32 Yr/male
Ref Doctor	BOB

USG ABDOMEN AND PELVIS

Liver: appears normal in size and shows normal echotexture. No evidence of focal mass lesion seen. Portal vein and CBD appears normal. No evidence of IHBRD.

Gall bladder: Partially distended and appears normal.

Spleen: appears normal in size and normal in echotexture.

Pancreas: appears normal.

Both Kidneys: appears normal in size, shape and echotexture. No evidence of calculus or hydronephrosis on both side. CMD appears maintained. RK: 9.1 x 4.3 cm LK: 9.3 x 4.5 cm.

Urinary bladder: well distended and appears normal.

Prostate: appears normal in size for age (Vol: 13 cc).

No evidence of ascites.

A well-defined hyperechoic lesion noted anterior to sigmoid colon in left iliac fossa with probe tenderness – suggest possibility of epiploic appendicitis.

IMPRES SION:

- A well-defined hyperechoic lesion anterior to sigmoid colon in left iliac fossa with probe tenderness – suggest possibility of epiploic appendicitis.
- Further evaluation with CT scan is adviced.

Dr. A. P. Patel

Radiologist



Pts Name	NAVEEN HALDUNIA
Date	09/07/2022
Age	32Yr/MALE
Ref By	BOB

X-Ray Chest pa view

Lungs appear normal.

Heart size and mediastinal shadow appears normal.

Both CP angles appear normal.

Domes of diaphragm and bony thorax appears normal.

Dr. A. P. Patel

Radiologist



naveenbhai haldunia 32/m,
22-07-09-110255

CITY PLUS HOSPITAL

09/07/2022 PHILIPS
11:04:42



naveenbhai haldunia 32/m,
22-07-09-110255

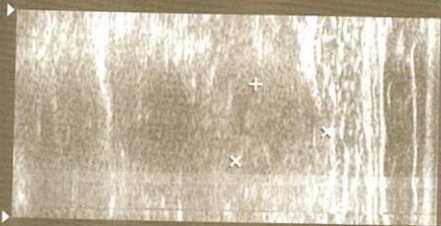
CITY PLUS HOSPITAL

09/07/2022 PHILIPS
11:03:50



HD

P I
R
3.0 12.0



+

+ Length 2.65 cm
X Length 1.58 cm



20Hz 7cm

Scroll

< Bowel
L12-3
MI 1.3
TIS 0.5

< F3 Gn 55
232dB/C5
K/3/2



आयकर विभाग
INCOME TAX DEPARTMENT



भारत सरकार
GOVT. OF INDIA

NAVEEN HALDUNIA
VASU DEV HALDUNIA

25/05/1990

Permanent Account Number

AOZPH0575G

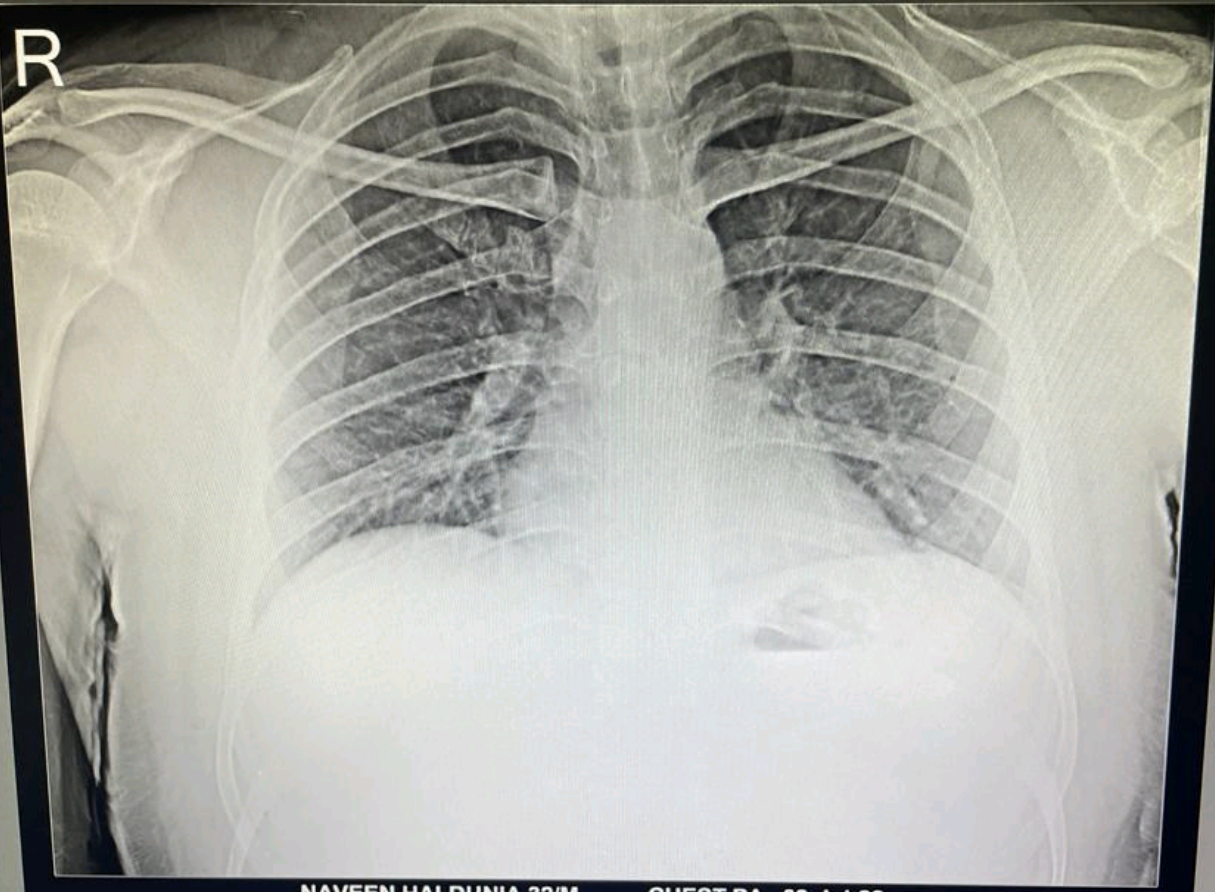
Naveen Haldunia

Signature

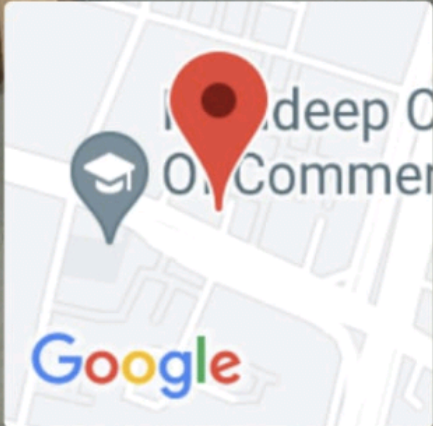


11062016

R



NAVEEN HALDUNIA 32/M CHEST PA 09-Jul-22
CITY PLUS HOSPITAL, AHMEDABAD.



Ahmedabad, Gujarat, India
Nr. Sola Overbidge, Science City Rd, Sola,
Ahmedabad, Gujarat 380060, India
Lat 23.070654°
Long 72.521433°
09/07/22 09:06 AM

Patient Name : Mr. Naveen Haldunia
Sample No.. : 7770
Referred : Bank Of Baroda

Age/Sex : 32 Years/Male
Registration On:09/07/2022/12:23

THYROID FUNCTIONS

<u>TEST</u>	<u>RESULT</u>	<u>UNIT</u>	<u>NORMAL VALUE</u>
Serum T3 :	1.33	ng/dl	0.6 - 1.80 ng/dl
Serum T4 :	9.11	microgm/dl	5.2 - 12.7microgm/dl
Serum T.S.H :	3.54	microU/ml	0.3 - 4.5 microU/ml

COMMENTS :

TSH levels may be affected by acute illness and drugs like doapamine and gluco corticoids.

Low or undetectable TSH is suggestive of Grave~s disease

TSH between 5.5 to 15.0 with normal T3 T4 indicates impaired thyroid hormone or subclinical hypothyroidism or normal T3 T4 with slightly low TSH suggests subclinical Hyperthyroidism.

TSH suppression does not reflect severity of hyperthyroidism therefore , measurement of FT3 ,FT4 is important.

FreeT3 is first hormone to increase in early Hyperthyroidism.

Only TSH level can prove to be misleading in patients on treatment. Therefore FreeT3 , FreeT4 along with TSH should be checked.

During pregnancy clinically T3 T4 can be high and TSH can be slightly low



Pathologist
DR. P.M.SHAH
G-12779

Patient Name : Mr. Naveen Haldunia
Sample No.. : 7770
Referred : Bank Of BarodaAge/Sex : 32 Years/Male
Registration On:09/07/2022/12:23**COMPLETE BLOOD COUNT**

<u>Test</u>		<u>Sample :</u>	<u>Result</u>	<u>Unit</u>	<u>Biological Ref. Interval</u>
<u>BLOOD COUNT</u>					
Hemoglobin	colorimetric		13.6	g/dL	13 - 17
R.B.C Count	Electrical impedance		5.56	mill/cmm	4.5 - 5.5
W.B.C Count	Electrical impedance		8	10 ³ /uL	4.0 - 10.0
Platelet Count	Electrical impedance		148	10 ³ /uL	150 - 450
<u>DIFFERENTIAL COUNT</u>					
Polymorphs	Microscopic		64	%	60 - 70
Lymphocytes	Microscopic		32	%	20 - 40
Eosinophils	Microscopic		01	%	1 - 6
Monocytes	Microscopic		03	%	2 - 10
Basophils	Microscopic		00	%	0 - 2
<u>BLOOD INDISES</u>					
HCT	Rbc Histogram		42.6	%	40 - 50
MCV	Calculated		76.6	fl	80 - 100
MCH	Calculated		24.5	pg	27 - 32
MCHC	Calculated		31.9	g/dl	32 - 36
RDW-CV	Calculated		14.2	%	10 - 16.5

PERIPHERAL SMEAR EXAMINATION

SMEAR RBC Line 1: Normochromic normocytic red cells.

SMEAR Platelets: Adequate

Erythrocyte sedimentation rate

ESR AT 1 hour westergren 06 mm/Hour 00 - 15

Page 2 of 8

**Pathologist**
DR. P.M.SHAH
G-12779

Patient Name : Mr. Naveen Haldunia
Sample No.. : 7770
Reffered : Bank Of Baroda

Age/Sex : 32 Years/Male
Registration On:09/07/2022/12:23

BLOOD GROUP

<u>Test</u>	<u>Result</u>
BLOOD GROUP	: "A"
RH GROUP	: POSITIVE.



Pathologist
DR. P.M.SHAH
G-12779

Patient Name : Mr. Naveen Haldunia
Sample No.. : 7770
Referred : Bank Of BarodaAge/Sex : 32 Years/Male
Registration On:09/07/2022/12:23**COMPLETE BLOOD CHEMISTRY**

<u>Test</u>	<u>Result</u>	<u>Unit</u>	<u>Normal Range</u>
S. Cholesterol	: 192.07	mg/dl	Desirable : < 200 Borderline High : 200 - 239 High : > 240
Serum Triglycerides	: 101.18	mg/dl	Normal : Normal < 150 Borderline : 150 - 199 High : > 200
HDL Cholesterol	: <u>33.36</u>	mg/dl	40 - 60 mg/dl
Serum LDL Cholesterol (Calculated)	: 138.47	mg/dl	Up to 150
Cholesterol/HDLC Ratio (Calculated)	: <u>5.76</u>	mg/dl	Up to 5.0
Serum VLDL Cholesterol (Calculated)	: 20.23	mg/dl	Up to 35
LDLC/HDLC Ratio (Calculated)	: <u>4.15</u>	mg/dl	Up to 3.4
Total Lipid (Calculated)	: 615.08	mg/dl	400 - 1000 mg/dl
S. Bilirubin (Total)	: 0.68	mg/dl	up to 1.2
S. Bilirubin (Direct)	: 0.12	mg/dl	up to 0.2
S. Bilirubin (Indirect)	: 0.56	mg/dl	up to 1.0
SGOT	: 36.98	U/L	up to 40
SGPT	: <u>43.71</u>	U/L	up to 42
GGT	: 38.07	U/L	12 - 64
S. Alkaline Phosphatase	: 98.6	U/L	40 - 129
Total Proteins	: 6.81	g/dl	6.0 - 8.3
Albumin	: 4.34	g/dl	3.5 - 5.2
Globulins	: 2.47	g/dl	2.4 - 3.7
AGRATIO	: 1.757		

**Pathologist**
DR. P.M.SHAH
G-12779

Patient Name : Mr. Naveen Haldunia
Sample No.. : 7770
Reffered : Bank Of Baroda

Age/Sex : 32 Years/Male
Registration On:09/07/2022/12:23

Glycosylated HB - (HBA1C)

<u>Test</u>	<u>Result</u>	<u>Unit</u>	<u>Biological Ref Interval</u>
HBA1C: (Immunturbidimetric)	5.96	%	Normal : ≤ 5.6 Prediabetes : 5.7 - 6.4 Diabetes : ≥ 6.5 DIABETES CONTROL CRITERIA 6 - 7 : Near Normal Glycemia < 7 : Goal 7 - 8 : Good Control > 8 : Action Suggested
Mean Blood Glucose:	124.3	mg/dl	

Criteria for the diagnosis of diabetes

- HbA1c ≥ 6.5 *
Or
- Fasting plasma glucose >126 gm/dL. Fasting is defined as no caloric intake at least for 8 hrs.
Or
- Two hour plasma glucose ≥ 200 mg/dL during an oral glucose tolerance test by using a glucose load containing equivalent of 75 gm anhydrous glucose dissolved in water.
Or.
- In a patient with classic symptoms of hyperglycemia or hyperglycemic crisis, a random plasma glucose ≥ 200 mg/dL. *In the absence of unequivocal hyperglycemia, criteria 1-3 should be confirmed by repeat testing. American diabetes association. Standards of medical care in diabetes 2011. Diabetes care 2011;34;S11.

Limitation of HbA1c

- 1) In patients with Hb variants even analytically correct results do not reflect the same level of glycemic control that would be expected in patients with normal population. 2) Any cause of shortened erythrocyte survival or decreased mean erythrocyte survival or decreased mean erythrocyte age eg. hemolytic diseases, pregnancy, significant recent/chronic blood loss etc. will reduce exposure of RBC to glucose with consequent decrease in HbA1c values. 3) Glycated HbF is not detected by this assay and hence specimens containing high HbF ($>10\%$) may result in lower HbA1c values than expected.

Page 5 of 8

Pathologist
DR. P.M.SHAH
G-12779

Patient Name : Mr. Naveen Haldunia
Sample No.. : 7770
Referred : Bank Of Baroda

Age/Sex : 32 Years/Male
Registration On:09/07/2022/12:23

BLOOD SUGAR LEVEL

Specimen :

<u>Test</u>	<u>Result</u>	<u>Unit</u>	<u>Biological Ref. Interval</u>
Fasting Blood Sugar: (GOD-POD)	90.67	mg/dl	70-110
Post Prandial Blood Glucose: (GOD-POD)	102.1	mg/dl	100 - 150

American Diabetes Association Reference Range :

Normal : < 100 mg/dl

Impaired fasting glucose(Prediabetes) : 100 - 126 mg/dl

Diabetes : >= 126 mg/dl

Conditions that can result in an elevated blood glucose level include: Acromegaly, Acute stress (response to trauma, heart attack, and stroke for instance), Chronic kidney disease, Cushing syndrome, Excessive consumption of food, Hyperthyroidism, Pancreatitis. A low level of glucose may indicate hypoglycemia, a condition characterized by a drop in blood glucose to a level where first it causes nervous system symptoms (sweating, palpitations, hunger, trembling, and anxiety), then begins to affect the brain (causing confusion, hallucinations, blurred vision, and sometimes even coma and death). A low blood glucose level (hypoglycemia) may be seen with: Adrenal insufficiency, Drinking excessive

alcohol, Severe liver disease, Hypopituitarism, Hypothyroidism, Severe infections, Severe heart failure, Chronic kidney (renal) failure, Insulin overdose, Tumors that produce insulin (insulinomas), Starvation.



Pathologist
DR. P.M. SHAH
G-12779

Patient Name : Mr. Naveen Haldunia
Sample No.. : 7770
Reffered : Bank Of Baroda

Age/Sex : 32 Years/Male
Registration On:09/07/2022/12:23

URINE EXAMINATION

PHYSICAL :

Colour - **Pale Yellow**
Deposits - **Absent**
Transparency - **Clear**
Reaction - **Acidic**
Sp. Gravity - **1.004**

CHEMICAL :

Albumin - **Absent**
Sugar - **Absent**
Bile Salts - **Absent**
Bile Pigments - **Absent**

MICROSCOPIC: (After centrifugation at 2000 r.p.m. for 5 minutes)

Pus Cells - **Not seen** /h.p.f.
Red Cells - **Not seen** /h.p.f.
Epithelial Cells - **2 - 3** /h.p.f.
Casts - **Not seen**/l.p.f.
Crystals - **Not seen**
Amorphous - **Not seen**



Pathologist
DR. P.M.SHAH

G-12779
Page 7 of 8

Patient Name : Mr. Naveen Haldunia
Sample No.. : 7770
Referred : Bank Of Baroda

Age/Sex : 32 Years/Male
Registration On:09/07/2022/12:23

Kidney Function Test

<u>Test</u>	<u>Result</u>	<u>Unit</u>	<u>Normal Range</u>
S. Uric Acid:	6.26	mg/dl	3.2 - 7.2 mg/dl
Sr. Creatinine:	0.92	mg/dl	0.6 - 1.2 mg/dl
Urea:	13.94	mg/dl	10 - 50 mg/dl
Bun/Creat Ratio:	7.07		

Intrinsic renal damage (< 40: 1)



Pathologist
DR. P.M.SHAH
G-12779