

MR. GAURAV SADORIYA

37 YEARS /MALE

BOB

23-09-2023

Height: 170 Cms

Weight: 84 Kg

BP: - 135/82 mmhg

Pulse: - 81/- Regular

BMI: - 29.1 kg/m²

EYE: - NORMAL

The Medical Examiner should record the findings under one of the following categories:-

Overweight



Dr. D. S. Chhabra
MBBS, MD
Reg. No. 3007

DR. D.S. CHHABRA

MBBS. MD.

MR. GAURAV SADORIYA

37 Years /M

BANK OF BARODA

23-09-2023

HEAMOGRAM

Test Name	Results	Normal Range
Haemoglobin (HB)	15.0	13 - 18 gm%
R.B.C. Count	5.19	4.5 - 5.5 milli./cu.mm
PCV	45.0	40 - 50 %
MCV	86.71	80 - 95 fl
MCH	28.90	27 - 32 pg
MCHC	33.33	31.5 - 34.5 %
TOTAL WBC COUNT	5,300	4,000 to 11,000 /cu.mm
DIFFERENTIAL WBC COUNT	.	
Neutrophils	60	40 - 75 %
Lymphocytes	35	20 - 40 %
Monocytes	03	02 - 08 %
Eosinophils	02	01 - 05 %
Basophils	00	00 - 01 %
PLATELET COUNT	2.51	1.5 - 4 Lacs/cu.mm.
E.S.R	10	M- 0-10 at the end of 1 hr. F- 0-20 at the end of 1 hr

Dr. POOJA PRAPANNA
MD
DR. POOJA PRAPANNA

Note :- All pathological tests have technical and biological limitations. Please correlate clinically as well as with other investigative findings.
A review should be requested in case of any disparity. This report is not valid for medicolegal purpose.

M.D.

MR. GAURAV SADORIYA
BANK OF BARODA37 Years /M
23-09-2023**LIPID PROFILE**

Test Name	Results	Normal Range
TOTAL LIPIDS	633	400 - 700 mg/dl
CHOLESTROL	172.0	<200 mg/dl- Desirable 200 - 239 mg/dl - Borderline High >240 Mg/dl High
HDL CHOLESTROL	46.0	35- 60 mg/dl
TRIGLYCERIDE	239.0	<150 mg/dl Normal 150 - 199 mg/dl Borderline High 200 - 499 mg/dl High
LDL CHOLESTROL	78.2	<100 mg/dl Optimal 100- 129 mg/dl Borderline high 160 - 189 mg/dl High
VLDL CHOLESTROL	47.8	<40 mg/dl
RISK RATIO	3.74	3 - 6

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Test Name	Results	Normal Range
<u>BIOCHEMISTRY</u>		
P.P. BLOOD SUGAR	130.0	upto 140 mg/dl
FASTING BLOOD SUGAR	110.0	70 - 110 mg/dl
CREATININE	1.10	0.6 - 1.4 mg\dl
BUN	13.0	5 - 21 Mg/dl
URIC ACID	6.59	3.5 - 7 mg\dl
TOTAL PROTEIN	6.58	6.0 to 8.0 g/dl
ALBUMIN	3.86	3.2 to 5.0 g/dl
GLOBULIN	2.72	1.9 to 3.5
A:G RATIO	1.42	1.2 TO 2.3
ALKALINE PHOSPHATE	138.0	Adult - 42 - 128 IU/L Child - 150 - 630 IU/L
TOTAL BILIRUBIN	0.86	0 - 1 mg/dl
DIRECT BILIRUBIN	0.14	<0.25 mg/dl
INDIRECT BILIRUBIN	0.72	< 1.0 mg/dl
GAMA GT	33.0	5 - 43 Iu/l
S.G.O.T	30.0	0 - 45 IU\L
S.G.P.T	34.0	0 - 45 IU\L

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23-09-2023

Test Name	Results	Normal Range
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HAEMATOLOGY PROFILE

BLOOD GROUP	: -
"ABO " GROUP	"B"
Rh (D) Factor	Positive

(Cross matching & recheck of Blood Group is mandatory before any transfusion)

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BANK OF BARODA37 Years /M
23-09-2023**URINE EXAMINATION**

Test Name	Results	Normal Range
PHYSICAL EXAMINATION		
Quantity	30 ml	
Colour	Pale Yellow	
Appearance	Clear	
Deposits	Absent	
Specific Gravity	1.015	
Reaction	Acidic	
CHEMICAL EXAMINATION		
Albumin	Nil	
Sugar	Nil	
Ketones	Absent	
Bile Pigments	Negative	
Bile Salt	Negative	
Hematuria	Negative	
MICROSCOPIC EXAMINATION		
Pus Cells	1- 2 /hpf	
Red Blood Cells	Nil/hpf	
Epithelial Cell	1 - 2 /hpf	
Crystals	Nil	
Casts	Absent	

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M.D.

4D SONOGRAPHY • COLOR DOPPLER • ECHO • PATHOLOGY • DIGITAL X-RAY & OPG • TMT • ECG • HOLTER

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BANK OF BARODA

23rd Sep, 2023

X-RAY CHEST PA VIEW

Bony cage is normal.

Trachea is central. C.P. angles are clear.

Cardiac contour and cardiothoracic ratio are normal.

Lung fields are clear.

DR.D.S.CHHABRA.

M.D.

MR. GAURAV SADORIYA

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BANK OF BARODA

23rd Sep, 2023

ABDOMINAL SONOGRAPHY

Liver is of normal size, shape, has smooth margins & regular contours and the parenchyma is mildly hyperechoic in echostructure, **early fatty changes**. No focal lesion.

Gall bladder is of normal size, shape, has thin walls & the contents are clear fluid. No evidence of any calculus. Biliary tree is undilated.

Pancreas is normal, no focal / diffuse pathology. Spleen is normal. The portal and splenic veins are normal in calibre.

Both Kidneys are normal in size [measure about 11 cms. in length], shape and echostructure. No evidence of any calculus in both. The collecting system and ureter on both side are undilated.

Urinary bladder is normal in size, shape & has thin walls.

Prostate is of normal size (around 17 gms.) & is normal in echostructure.

There is no ascitis. No obvious abdominal lymphadenopathy. No sub / supra diaphragmatic pathology on either side.

IMPRESSION:

Early fatty changes in liver.

**DR.D.S.CHHABRA.**

M.D.



LABORATORY REPORT



Name : Mr. GAURAV SADORIYA	Sex/Age : Male / 35 Years	Case ID : 30901605993
Ref. By :	Dis. At :	Pt. ID :
Bill. Loc. : UNIQUE DIAGNOSTIC CENTRE INDORE		Pt. Loc. :
Reg Date and Time : 23-Sep-2023 11:25	Sample Type : Whole Blood EDTA	Mobile No. :
Sample Date and Time : 23-Sep-2023 11:25	Sample Coll. By : non	Ref Id1 :
Report Date and Time : 23-Sep-2023 12:08	Acc. Remarks : -	Ref Id2 :

TEST	RESULTS	UNIT	BIOLOGICAL REF RANGE	REMARKS
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Glycated Haemoglobin Estimation

HbA1C <i>(IT)</i>	4.90	% of total Hb	4.80 - 6.00	
Estimated Avg Glucose (3 Mths) <i>Calculated</i>	93.93	mg/dL	Not available	

Please Note change in reference range as per ADA 2021 guidelines.

Interpretation :

HbA1C level reflects the mean glucose concentration over previous 8-12 weeks and provides better indication of long term glycemic control.
Levels of HbA1C may be low as result of shortened RBC life span in case of hemolytic anemia.
Increased HbA1C values may be found in patients with polycythemia or post splenectomy patients.
Patients with Homozygous forms of rare variant Hb(CC,SS,EE,SC) HbA1c can not be quantitated as there is no HbA.
In such circumstances glycemic control can be monitored using plasma glucose levels or serum Fructosamine.
The A1c target should be individualized based on numerous factors, such as age, life expectancy, comorbid conditions, duration of diabetes, risk of hypoglycemia or adverse consequences from hypoglycemia, patient motivation and adherence.

Note:(LL-VeryLow,L-Low,H-High,HH-VeryHigh ,A-Abnormal)

Dr Soma Yadav
M.D. (Pathology)

Dr. A Mishra
M.D. Microbiology

Dr. Soma Yadav
M.D. (Pathology)

Printed On : 23-Sep-2023 13:01

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LABORATORY REPORT



Name : Mr. GAURAV SADORIYA	Sex/Age : Male / 35 Years	Case ID : 30901605993
Ref. By :	Dis. At :	Pt. ID :
Bill. Loc. : UNIQUE DIAGNOSTIC CENTRE INDORE		Pt. Loc. :
Reg Date and Time : 23-Sep-2023 11:25	Sample Type : Serum	Mobile No. :
Sample Date and Time : 23-Sep-2023 11:25	Sample Coll. By : non	Ref Id1 :
Report Date and Time : 23-Sep-2023 12:26	Acc. Remarks : -	Ref Id2 :

TEST	RESULTS	UNIT	BIOLOGICAL REF RANGE	REMARKS
Thyroid Function Test				
Triiodothyronine (T3) <small>CMIA</small>	106.44	ng/dL	58 - 159	
Thyroxine (T4) <small>CMIA</small>	6.72	µg/dL	4.6 - 10.5	
TSH <small>CMIA</small>	0.90	µIU/mL	0.4 - 4.2	

INTERPRETATIONS

- Circulating TSH measurement has been used for screening for euthyroidism, screening and diagnosis for hyperthyroidism & hypothyroidism. Suppressed TSH (<0.01 µIU/mL) suggests a diagnosis of hyperthyroidism and elevated concentration (>7 µIU/mL) suggest hypothyroidism. TSH levels may be affected by acute illness and several medications including dopamine and glucocorticoids. Decreased (low or undetectable) in Graves disease. Increased in TSH secreting pituitary adenoma (secondary hyperthyroidism), PRTH and in hypothalamic disease thyrotropin (tertiary hyperthyroidism). Elevated in hypothyroidism (along with decreased T4) except for pituitary & hypothalamic disease.
- Mild to modest elevations in patient with normal T3 & T4 levels indicates impaired thyroid hormone reserves & incipient hypothyroidism (subclinical hypothyroidism).
- Mild to modest decrease with normal T3 & T4 indicates subclinical hyperthyroidism.
- Degree of TSH suppression does not reflect the severity of hyperthyroidism, therefore, measurement of free thyroid hormone levels is required in patient with a suppressed TSH level.

CAUTIONS

Sick, hospitalized patients may have falsely low or transiently elevated thyroid stimulating hormone. Some patients who have been exposed to animal antigens, either in the environment or as part of treatment or imaging procedure, may have circulating antianimal antibodies present. These antibodies may interfere with the assay reagents to produce unreliable results.

TSH ref range in pregnancy

First trimester
Second trimester
Third trimester

Reference range (microIU/ml)

0.24 - 2.00
0.43-2.2
0.8-2.5

Note:(LL-VeryLow,L-Low,H-High,HH-VeryHigh ,A-Abnormal)

Soma

Dr. Soma Yadav
M.D. (Pathology)

Dr. A Mishra
M.D. Microbiology

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LABORATORY REPORT



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Ref. By :	Dis. At :	Pt. ID :
Bill. Loc. : UNIQUE DIAGNOSTIC CENTRE INDORE		Pt. Loc. :
Reg Date and Time : 23-Sep-2023 11:25	Sample Type : Serum	Mobile No. :
Sample Date and Time : 23-Sep-2023 11:25	Sample Coll. By : non	Ref Id1 :
Report Date and Time : 23-Sep-2023 12:26	Acc. Remarks : -	Ref Id2 :

Interpretation Note:

Ultra sensitive-thyroid-stimulating hormone (TSH) is a highly effective screening assay for thyroid disorders. In patients with an intact pituitary-thyroid axis, s-TSH provides a physiologic indicator of the functional level of thyroid hormone activity. Increased s-TSH indicates inadequate thyroid hormone, and suppressed s-TSH indicates excess thyroid hormone. Transient s-TSH abnormalities may be found in seriously ill, hospitalized patients, so this is not the ideal setting to assess thyroid function. However, even in these patients, s-TSH works better than total thyroxine (an alternative screening test), when the s-TSH result is abnormal, appropriate follow-up tests T4 & free T3 levels should be performed. If TSH is between 5.0 to 10.0 & free T4 & free T3 level are normal then it is considered as subclinical hypothyroidism which should be followed up after 4 weeks & If TSH is > 10 & free T4 & free T3 level are normal then it is considered as overt hypothyroidism.

Serum triiodothyronine (T3) levels often are depressed in sick and hospitalized patients, caused in part by the biochemical shift to the production of reverse T3. Therefore, T3 generally is not a reliable predictor of hypothyroidism. However, in a small subset of hyperthyroid patients, hyperthyroidism may be caused by overproduction of T3 (T3 toxicosis). To help diagnose and monitor this subgroup, T3 is measured on all specimens with suppressed s-TSH and normal FT4 concentrations.

Normal ranges of TSH & thyroid hormones vary according trimester in pregnancy.

TSH ref range in Pregnancy	Reference range (microIU/ml)
First trimester	0.24 - 2.00
Second trimester	0.43-2.2
Third trimester	0.8-2.5

	T3	T4	TSH
Normal Thyroid function	N	N	N
Primary Hyperthyroidism	↑	↑	↓
Secondary Hyperthyroidism	↑	↑	↑
Grave's Thyroiditis	↑	↑	↑
T3 Thyrotoxicosis	↑	N	N/↓
Primary Hypothyroidism	↓	↓	↑
Secondary Hypothyroidism	↓	↓	↓
Subclinical Hypothyroidism	N	N	↑
Patient on treatment	N	N/↑	↓

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Bill. Loc. : UNIQUE DIAGNOSTIC CENTRE INDORE		Pt. Loc. :
Reg Date and Time : 23-Sep-2023 11:25	Sample Type : Serum	Mobile No. :
Sample Date and Time : 23-Sep-2023 11:25	Sample Coll. By : non	Ref Id1 :
Report Date and Time : 23-Sep-2023 12:50	Acc. Remarks : -	Ref Id2 :

TEST RESULTS UNIT BIOLOGICAL REF RANGE REMARKS

Prostate Specific Antigen (PSA)

Prostate Specific Antigen **0.81** ng/mL 0.00 - 4.00
CMA

	0 - 0.5 *(ng/mL)	>0.5 - 2.5 (ng/mL)	>2.5 - 5.0 (ng/mL)	>5.0 - 10 (ng/mL)	>10 (ng/mL)
Healthy Males	87.2	12.8	0.0	0.0	0.0
BPH	51.9	42.9	4.2	0.5	0.5
Stage A Prostate Cancer	38.5	42.3	11.5	3.8	3.8
Stage B Prostate Cancer	23.9	68.7	7.5	0.0	0.0

*% of population

Use

The total PSA test and digital rectal exam (DRE) are used together to help determine the need for a prostate biopsy. The goal of screening is to minimize unnecessary biopsies and to detect clinically significant prostate cancer while it is still confined to the prostate.

Clinical Significance of elevated levels of PSA are associated with prostate cancer, but they may also be seen with prostatitis and benign prostatic hyperplasia (BPH). Mild to moderately increased concentrations of PSA may be seen in those of African American heritage, and levels tend to increase in all men as they age.

Prostate biopsy is required for the diagnosis of cancer.

FREE PSA:TOTAL PSA

Males:

When Total PSA concentration is in the range of 4.0-10.0 ng/mL:

Free PSA/total PSA ratio	Probability of cancer		
	50-59 years	60-69 years	> or =70 years
< or =0.10	49%	58%	65%
0.11-0.18	27%	34%	41%
0.19-0.25	18%	24%	30%
>0.25	9%	12%	16%

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

Note:(LL-VeryLow,L-Low,H-High,HH-VeryHigh ,A-Abnormal)

Soma

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M.D. (Pathology)

Dr. A Mishra

M.D. Microbiology

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LABORATORY REPORT



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Reg Date and Time : 23-Sep-2023 11:25	Sample Type : Serum	Mobile No. :
Sample Date and Time : 23-Sep-2023 11:25	Sample Coll. By : non	Ref Id1 :
Report Date and Time : 23-Sep-2023 12:50	Acc. Remarks : -	Ref Id2 :

For test performed on specimens received or collected from non-NSRL locations, it is presumed that the specimen belongs to the patient named or identified as labeled on the container/test request and such verification has been carried out at the point generation of the said specimen by the sender. NSRL will be responsible Only for the analytical part of test carried out. All other responsibility will be of referring Laboratory.

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Dr. Soma Yadav
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Printed On : 23-Sep-2023 13:01

DR. PRIYANK JAIN
M.D.,D.M.
CONSULTANT CARDIOLOGIST

UNIQUE DIAGNOSTIC CENTRE
45-B, Jaora Compound,
Opp. M.Y.Hospital, M.Y.H. Road,
INDORE - 452 001. (M. P.).
Phone : 2704118. 4082228


ECHOCARDIOGRAPHY REPORT

NAME : MR. GAURAV SADORIYA Age : 35 Yrs./ M
REFERRED BY : BANK OF BARODA Date : 23rd Sep, 2023

ECHOCARDIOGRAPHIC OPINION

INTERPRETATION :-

- ** Normal sized cardiac chambers.
- ** Normal biventricular functions. LVEF : 60 %.
- ** Normal cardiac valves.


DR. PRIYANK JAIN
MBBS, MD, DM.
Reg. No. 19547

DR. PRIYANK JAIN. M.D.,D.M.



TWO DIMENSIONAL ECHOCARDIOGRAPHY

M Mode examination revealed normal movement of both mitral leaflets during diastole.

No SAM or mitral valve prolapse is seen.

Mitral valve opening is normal. No evidence of mitral valve prolapse is seen.

Tricuspid valve is normal, pulmonary valve is normal, aortic root is normal in size, dimensions of left atrium and left ventricle are normal.

Aortic cusps are not thickened and enclosure line is central.

Aortic valve has three cusps and its opening is not restricted.

2 - D imaging in PLAX, SAX and apical views revealed a normal sized left ventricle.

Movement of septum, anterior, posterior, inferior and lateral walls is normal. Global LVEF is 60 %.

Right atrium and right ventricle are normal in size.

Tricuspid valve leaflets move normally.

Pulmonary valve is normal.

Interatrial and interventricular septa are intact.

No intracardiac mass or thrombus is seen.

No pericardial pathology is observed.

MEASUREMENTS :

[C] DIMENSIONS	OBSERVED VALUES	Normal Values (For Adults)
1. Aortic Root diameter	: 2.0 cms.	2.0-3.7 cm < 2.2 cm / M ²
2. Aortic Valve Opening	: 1.6 cms.	1.5-2.6 cm
3. Right Ventricular Dimension	: --	
4. Left Atrial Dimension	: 2.4 cms.	1.9-4.0 cm < 2.2 cm / M ²
5. Left Ventricular ED Dimension	: 4.1 cms.	3.7-5.6 cm < 3.2 cm / M ²
6. Left Ventricular ES Dimension	: 2.3 cms.	2.2-4.0 cm
7. Inter Ventricular ED Septal thickness	: 1.2 cms.	0.6-1.2 cm
8. Left Ventricular ED PW thickness	: 1.2 cms.	0.5-1.0 cm
9. IVS / LVPW	: 01	< 1.3

[E] INDICES OF LEFT VENTRICULAR FUNCTION		
1. Mitral E - Septal Separation	: 0.5	< 0.9- cm
2. Left Ventricular Ejection Fraction	: 60 %	60 - 80 %

DOPPLER

Peak Flow Velocity (M/Sec.)		Peak Gradient (mmHg.)	Regurgitation
MV	Normal	--	Normal
TV	Normal	--	Normal
AV	Normal	--	Normal
PV	Normal	--	Normal

PASP : Normal



भारत सरकार
GOVERNMENT OF INDIA



गौरव सदोरिया
Gaurav Sadoriya
DOB: 26-09-1985
Gender: Male



9866 1270 7728

आधार - आम आदमी का अधिकार

Gaurav Sadoriya

A. D. S. Chhabra
M.B.B.S., M.D.
2007



भारतीय विशिष्ट पहचान प्राधिकरण
UNIQUE IDENTIFICATION AUTHORITY OF INDIA

S/O काशीराम सदोरिया, सेंट पॉल्स
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26, Padmavati Colony, Indore,
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Pradesh, 452001



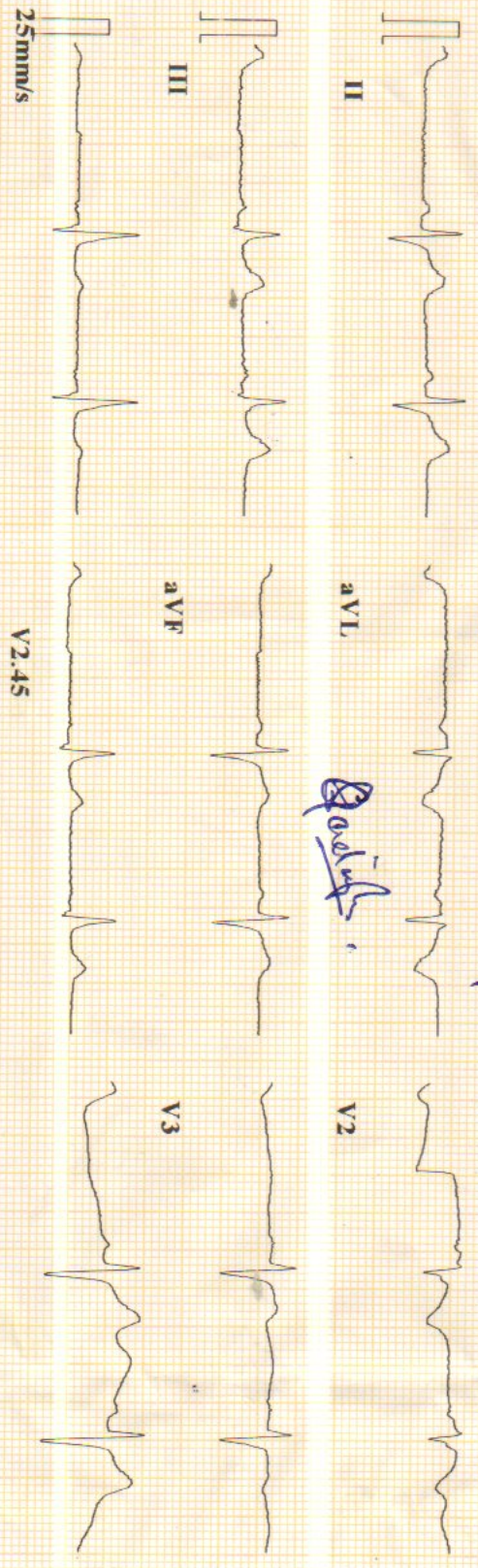
1947
1800 300 1947

help@uidai.gov.in

www.uidai.gov.in

P.O. Box No.1947,
Bengaluru-560 001

10mm/mV 0.25-35Hz AC50
 24-09-2023 10:01:57 MR. Gaurav Sadoriya
 aVR V1



CARDIART

ID : 230924-1002
 Name :
 Age : 37 yr
 Sex : Male
 BP :
 Height : cm
 Weight : kg

Minnesota Code:
 4-2-0(V1)
 9-4-2(V4)

HR : 66 bpm
 P Dur : 96 ms
 P-R int : 153 ms
 QRS Dur : 114 ms
 QT/QTc int : 376/395 ms
 P/QRS/T axis : 16/90/32 °
 RV5/SV1 amp : 0.846/0.444 mV
 RV5+SV1 amp : 1.290 mV
 RV6/SV2 amp : 0.819/0.707 mV

Diagnosis Information:
 800: Sinus Rhythm
 Normal ECG

Report Confirmed by:



Dr. Mahendra Chourasiya
 M.D., D.M. (Cardio)

CARDIART

