

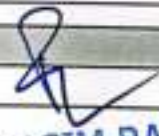


the future of HEALTH CARE

# PALMLAND HOSPITAL

(Managed By Raj Palmland Hospital Pvt. Ltd.)

Personal DATA							
Name	JADAV RAMESHCHANDRA		Employee Code		Sr. No	16	
Age	59	Sex	MALE		Date	26-08-2023	
Designation/dep.			ID MARK	NOT ANY			
Company Name	MEDIWHEEL						
Built History							
Height	171CM		Past History		NO		
Weight	80KG	BMI	27.4		Family History		
Allergic To	NO		Personal History		NAD		
Addiction	NO		Occupational History		NAD		
Present Complain	NOT ANY						
General Examination							
T/P/R	N/72/18		Blood Pressure		110/70MMHG		
SpO2 %	98%						
Pallor/Icterus/ Cyanosis/ Clubbing / Odema/ Lymphnodes/ Others	No						
Systemic Examination							
CVS	NAD		ENT Exa.		NAD		
R/S	NAD		Skin Exa.		NAD		
A/S	NAD		Musculoskeletal System		NAD		
CNS	NAD		Genitourinary System		NAD		
Vision Testing							
Acuity Of Vision							
Without Glass				With Glass			
Right Eye		Left Eye		Right Eye		Left Eye	
Distant	Near	Distant	Near	Distant	Near	Distant	Near
2.50	N/6	N/6	N/6	2.5	N/6	N/6	N/6
COLOR BLINDNESS- NO							
Laboratory Investigation							
Blood Group	B POSITIVE		HAEMOGRAM		NORMAL		
Other Investigation							
Vertigo Test	N/A		AUDIOMETRY		N/A		
ECG	WITHIN NORMAL LIMIT		X-Ray Chest		WITHIN NORMAL LIMIT		
PFT	N/A						
Advice/ Remarks	PHYSICIAN REFF /NO ACTIVE RX FOR RBS						
Fitness Status	PERSON FIT FOR JOB						

  
**DR. WASIM RAJ**  
 M.B.B.S., M.D., CIH  
 Occupational Health  
 Physician & Consultant  
 Reg. No.: G-22785

📍 Falshruti Nagar, Station Road, Bharuch, Gujarat - 392001  
 ☎️ 02642 - 263108 | 97378 55550  
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# PALMLAND HOSPITAL

(Managed By Raj Palmland Hospital Pvt. Ltd.)

## OPD NEW CASE

CASE NO	: 2324/N/6495 (UHID : 2324/04100)	DATE TIME	: 26/08/2023 08:44 AM
NAME	: JADAV RAMESHCHANDRA KALIDAS	AGE / SEX	: 59Y / MALE
ADDRESS	: LALLUBHAI CHOKDI	PHONE NO.	: 9924182505
PATIENT TYPE	: CREDIT	COMPANY	: MEDIWHEEL
CONS. DR.	: WASIM RAJ	REF. DR.	: DIRECT

140/90

NO clo

NO ACTIVE TREATMENT.

VITALS :

TEMP :

PULSE : /MIN

BP : MM/HG

SPO2 : %

RBS :

RS :

CVS :

CNS :



INVESTIGATION

BLOOD :

RADIO :

OTHER :

  
**DR. WASIM RAJ**  
 M.B.B.S., M.D., CIH  
 Occupational Health  
 Physician & Consultant  
 Reg No.: G-22785

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REG NO. G - 22785



**DIAGNOSTIC REPORT**

Name : JADAV RAMESHCHANDRA KALIDAS  
Ref By : DR. WASIM RAJ [ BOB ]

Age/Sex : 59 Yrs./M  
Date : 26/08/2023  
Report ID. : 8  
000000000

**HAEMATOLOGY ANALYSIS**

<u>TEST</u>	<u>RESULT</u>	<u>UNIT</u>	<u>REFERENCE INTERVAL</u>
<b><u>BLOOD COUNTS &amp; INDICES</u></b>			
Haemoglobin	: 14.60	gm%	13.5 - 17.0 gm%
Total RBC	: 4.60	mill/cmm	4.6 - 6.2 mill/cmm
PCV	: 41.30	%	40 - 54 %
MCV	: 89.78	fL	80 - 96 fL
MCH	: <u>31.74</u>	pg	27 - 31 pg
MCHC	: 35.35	%	32 - 36 %
RDW	: 12.60	%	10 - 15 %
Total WBC	: 6,300	/cmm	4,000 - 11,000/cmm
Platelet Count	: 1,95,000	/cmm	1.5 - 4.0 Lac/cmm.
<b><u>DIFFERENTIAL LEUCOCYTES COUNT</u></b>			
Neutrophils	: 65	%	55 - 70 %
Lymphocytes	: 27	%	20 - 40 %
Eosinophils	: 04	%	01 - 06 %
Monocytes	: 04	%	02 - 08 %
Basophils	: 00	%	00 - 01 %
<b><u>NEUTROPHIL : LYMPHOCYTE</u></b>			
Ratio	: 2.41		
Platelet In Smear	: ADEQUATE		
Blood Group	: " B "		
Rh Factor (Anti D.)	: " POSITIVE "		

Test done on Fully automated Cellcounter - NIHON KOHDEN, JAPAN

End Of Report



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LABORATORY



**DIAGNOSTIC REPORT**

Name : JADAV RAMESHCHANDRA KALIDAS  
Ref By : DR. WASIM RAJ [ BOB ]

Age/Sex : 59 Yrs./M  
Date : 26/08/2023  
Report ID. : 8  
000000000

**HbA1C REPORT BY HPLC METHOD**

<u>TEST</u>	<u>RESULT</u>	<u>UNIT</u>	<u>REFERENCE INTERVAL</u>
<b><u>GLYCOSYLATED HB</u></b>			
Hb A1C	: <b>6.4</b>	%	Non Diabetic : 4.3 - 6.3 % Good Control : 6.4 - 7.5 % Moderate Control : 7.5 - 9.0 Poor Control : 9.0 % & Above
Avg. Blood Glucose Level	: 151	mg/dl	

Notes :

<u>Average Blood Glucose</u>	<u>Hemoglobin A1c%</u>
298	- 12 %
269	- 11 %
240	- 10 %
212	- 09 %
183	- 08 %
154	- 07 %
126	- 06 %
97	- 05 %

Comment :

HbA1c is an important indicator of long-term glycemic control with the ability to reflect the cumulative glycemic history of the preceding two to three months. HbA1c not only provides a reliable measure of chronic hyperglycemia but also correlates well with the risk of long-term diabetes complications.

*Test done by HPLC Method.*

End Of Report

**Condition of Reporting :** (1) The Reports are not valid for medico - legal purposes. (2) Individual Laboratory investigations are never conclusive, but are for the treating doctor's information and should be interpreted along with other relevant clinical history and examination to conclude final diagnosis, keeping in mind the limitation of methodology and technique. (3) For any query in the report, or if results indicate unexpected abnormality, it is suggested to Contact to laboratory to help carry out follow up action. (rechecking, repeat sampling reflex / confirmatory testing etc.) (4) In unanticipated circumstances (non availability of kits, instrument breakdown & natural calamities) tests may not be reported as per schedule.

**DR. DEV VARMA**

**M.D. (Pathology)**



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**PALMLAND**  
LABORATORY



**DIAGNOSTIC REPORT**

Name : JADAV RAMESHCHANDRA KALIDAS  
Ref By : DR. WASIM RAJ [ BOB ]

Age/Sex : 59 Yrs./M  
Date : 26/08/2023  
Report ID. : 8  
000000000

**BIOCHEMISTRY ANALYSIS**

<u>TEST</u>	<u>RESULT</u>	<u>UNIT</u>	<u>REFERENCE INTERVAL</u>
Fasting Blood Glucose (FBS)	: 122	mg/dl	70 - 110 mg/dl
Urine Glucose	: NIL		
Post-Prandial Blood Glucose	: 140	mg/dl	80 to 140 mg/dl
Urine Glucose	: NIL		
Creatinine	: 1.1	mg/dl	0.70 - 1.40 mg/dl
Blood Urea	: 17.30	mg/dl	10 - 50 mg/dl
Blood Urea Nitrogen	: 8.00	mg/dl	4.5 - 19 mg/dl
S. Uric Acid	: 6.00	mg/dl	2.5-7.0 mg/dl

**PROSTATE SPECIFIC ANTIGEN**

P. S. A.	: 2.600	ng/ml	0.0 - 4.0 ng / ml (i) 04 - 15 ng/ml Possibly Benign Prostate H <sub>y</sub> (ii) > 20 ng/ml Suspected Prostate Carcino
----------	---------	-------	--

End Of Report

**DR. DEV VARMA**  
Condition of Reporting : (1) The Reports are not valid for medico - legal purposes. (2) Individual Laboratory investigations are never conclusive, but are for the physician doctor's information and should be interpreted along with other relevant clinical history and examination to conclude final diagnosis, keeping in mind the limitation of methodology and technology. (3) For any query in the report, or if results indicate unexpected abnormality, it is suggested to Contact to laboratory to help carry out follow up action. (rechecking, repeat sampling reflex / confirmatory testing etc.) (4) In unanticipated circumstances (non availability of kits, instrument breakdown & natural calamities) tests may not be reported as per schedule.



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**PALMLAND**  
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**DIAGNOSTIC REPORT**

Name : JADAV RAMESHCHANDRA KALIDAS  
Ref By : DR. WASIM RAJ [ BOB ]

Age/Sex : 59 Yrs./M  
Date : 26/08/2023  
Report ID. : 8  
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**LIVER FUNCTION TEST**

<u>TEST</u>	<u>RESULT</u>	<u>UNIT</u>	<u>REFERENCE INTERVAL</u>
Total Billirubin	: 0.80	mg/dl	0 - 1.0 mg/dl
Direct Billirubin	: 0.20	mg/dl	up to 0.25 mg/dl
Indirect Billirubin	: 0.60	mg/dl	0.1 - 1.0 mg/dl
S. Alk. Phosphatase	: 49	U/L	38.00 - 113.00 U/L
S.G.P.T.	: 29	U/L	10 - 40 U/L
S.G.O.T.	: 23	IU/L	up to 40 IU/L
Total Protein	: 7.90	g/dl	6.0 - 8.0 g/dl
Albumin	: 4.40	g/dl	3.5 - 5.0 g/dl
Globulin	: 3.50	g/dl	2.3 - 3.5 g/dl
A.G. Ratio	: 1.3		2.5 - 1.2 : 1
GGTP	: <u>89</u>		5 - 85

Test done by (DIASYS)

End Of Report

**Condition of Reporting :** (1) The Reports are not valid for medico - legal purposes. (2) Individual Laboratory investigations are never conclusive, but are for the patient's information and should be interpreted along with other relevant clinical history and examination to conclude final diagnosis, keeping in mind the limitation of methodology employed. (3) For any query in the report, or if results indicate unexpected abnormality, it is suggested to Contact to laboratory to help carry out follow up action. (rechecking, repeat sampling reflex / confirmatory testing etc.) (4) In unanticipated circumstances (non availability of kits, instrument breakdown & natural calamities) tests may not be reported as per schedule.

DR. DEV VARMA

M.D. (Pathology)



The Future of HEALTH CARE

**PALMLAND**  
LABORATORY



**DIAGNOSTIC REPORT**

Name : JADAV RAMESHCHANDRA KALIDAS  
Ref By : DR. WASIM RAJ [ BOB ]

Age/Sex : 59 Yrs./M  
Date : 26/08/2023  
Report ID. : 8  
\*\*\*\*\*

**LIPID PROFILE**

<u>TEST</u>	<u>RESULT</u>	<u>UNIT</u>	<u>REFERENCE INTERVAL</u>
Total Lipid (Calculated)	: 574	mg/dL	350 - 750 mg/dL
Serum Cholesterol	: 189.0	mg/dL	130 - 200 mg/dL
Serum Triglyceride	: 113.0	mg/dL	60 - 165 mg/dL
HDL Cholesterol	: 59.0	mg/dL	30 - 70 mg/dL
LDL Cholesterol	: 107.4	mg/dL	Upto 150 mg/dL
CHOL./HDL Chol. Ratio	: 3.20	: 1	Less than 5
LDL Chol/HDL Chol Ratio	: 1.82	: 1	Less than 3.5

Interpretation Based On New N.C.E.P. Guidelines

Test	Result (mg/dl)	Interpretation
CHOLESTEROL	< 200	Desirable
	200 - 239	Borderline
	> = 240	High
TRIGLYCERIDES	< 170	Normal
	170 - 199	Borderline
	> 200	High
LDL CHOLESTEROL	< 100	Desirable
	100 - 129	Sub-Optional
	130 - 159	Borderline High
	> 160	High
HDL CHOLESTEROL	< 35	Low
	> 35	High
	> 60	High

End Of Report

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**DR. DEV VARMA**

**MD. PATHOLOGY**



the future of HEALTH CARE

**PALMLAND**  
LABORATORY



**DIAGNOSTIC REPORT**

Name : JADAV RAMESHCHANDRA KALIDAS  
Ref By : DR. WASIM RAJ [ BOB ]

Age/Sex : 59 Yrs./M  
Date : 26/08/2023  
Report ID. : 8  
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**THYROID FUNCTION TEST**

TEST	RESULT	UNIT	METHOD	REFERENCE INTERVAL
Total Triiodothyronine(T3)	: 0.90	ng/ml	ELIFA	0.97-1.69 ng/ml
Total Thyroxine(T4)	: 11.00	ug/dl	ELIFA	6.09-12.23ug/dl
Thyroid Stimulating Hormone (TSH)	: 3.10	µIU/ml		0.38-5.33 uIU/ml

NORMAL VALUES

Age	T3 ng/ml	T4 µg/dl	T.S.H. µIU/ml
01 - 12 Month	1.05 - 2.80	7.8 - 16.5	New Born : 1.3-19.0 3 Days : 1.1-17.0 10 weeks : 0.6-10.0 14 months: 0.4-7.0
01 - 05 Yrs	1.05 - 2.69	7.3 - 15.0	0.4-6.0
05 - 10 Yrs	0.94 - 2.41	6.04 - 13.3	0.25-5.25
10 - 15 Yrs	0.83 - 2.13	5.60 - 11.7	0.25-5.25
15 - 20 Yrs	0.80 - 2.00	4.20 - 11.8	0.25-5.25
> 20 Yrs	0.79 - 1.58	4.00 - 11.0	0.25-5.25

\*Test done by Access-2 Beckman Coulter / mini Vidas

End Of Report

**Condition of Reporting :** (1) The Reports are not valid for medico - legal purposes, (2) Individual Laboratory Investigations are never conclusive, but are for the following doctor's information and should be interpreted along with other relevant clinical history and examination to conclude final diagnosis, keeping in mind the limitation of method used. (3) For any query in the report, or if results indicate unexpected abnormality, it is suggested to Contact to laboratory to help carry out follow up action. (rechecking, repeat sampling reflex / confirmatory testing etc.) (4) In unanticipated circumstances (non availability of kits, instrument breakdown & natural calamities) tests may not be reported as per schedule.

**DR. DEV VARMA**

MD (Pathology)





**DIAGNOSTIC REPORT**

Name : JADAV RAMESHCHANDRA KALIDAS  
Ref By : DR. WASIM RAJ [ BOB ]

Age/Sex : 59 Yrs /M  
Date : 26/08/2023  
Report ID. : 8  
0000000000

**STOOL ANALYSIS**

<u>TEST</u>	<u>RESULT</u>	<u>REFERENCE INTERVAL</u>
<b><u>PHYSICAL EXAMINATION</u></b>		
Colour	: YELLOW	
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



**DIAGNOSTIC REPORT**

Name : JADAV RAMESHCHANDRA KALIDAS  
Ref By : DR. WASIM RAJ [ BOB ]

Age/Sex : 59 Yrs./M  
Date : 26/08/2023  
Report ID. : 8  
000000000

**URINE ANALYSIS**

TEST	RESULT	UNIT
Sample	: RANDOM	
<b><u>PHYSICAL EXAMINATION</u></b>		
Quantity	: 10	ml
Colour	: PALE YELLOW	
Transperancy	: CLEAR	
Specific Gravity	: 1.030	
pH	: ACIDIC	
<b><u>CHEMICAL EXAMINATION</u></b>		
Albumin	: ABSENT	
Sugar	: ABSENT	
Acetone	: ABSENT	
Bile Salts	: ABSENT	
Bile Pigments	: ABSENT	
Occult Blood	: ABSENT	
<b><u>MICROSCOPIC EXAMINATION</u></b>		
Pus Cells / h.p.f.	: 1-2	
R.B.C. / h.p.f.	: ABSENT	
Epithelial / h.p.f.	: 5-7	

End Of Report



# ADARSH

HEART & SUPERSPECIALITY HOSPITAL  
(UNIT OF NARMADA HEALTH MISSION PVT. LTD.)

## 2D-ECHOCARDIOGRAPHY AND COLOR DOPPLER REPORT

NAME: MR. RAMESHCHANDRA K JADAV  
DATE: 26/08/2023

AGE / SEX : 59 YRS/ MALE

### SECTOR ECHOCARDIOGRAPHY:

- All cardiac chambers are normal in dimensions
- Cardiac valves are normal in structure & excursions
- LV systolic function is normal at rest ( LVEF = 60% )
- There is no e/o regional wall motion abnormality at rest
- RVOT / MPA are normal. Pulmonary valve normal
- No e/o clot / mass seen

### COLOUR FLOW, CW AND HAEMODYNAMIC DATA:

- Normal flow across all cardiac valves
- Grade I LV diastolic dysfunction
- Trivial MR / AR. No AS
- Trivial TR. Mild PAH.
- Estimated RVSP = 38mmHg
- No E/O Lt--> Rt shunt.

AO : 31mm LA : 39mm IVS : 11mm PW : 12mm LVIDD / DS : 46/34mm

### CONCLUSION:

- *Normal LV systolic function at rest ( LVEF = 60% )*
- *There is no e/o regional wall motion abnormality at rest*
- *Normal valves; Trivial MR / TR.*
- *Mild pulmonary hypertension.*
- *No clot / vegetation / pericardial effusion*
- *IVC is normal and collapsing.*

  
DR. DHIRAJ SATHE

MBBS MD DNB

DNB ( CARDIOLOGIST)

**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: Rameshchandra K. Jadav

Date: 26/08/2023

## USG OF ABDOMEN & PELVIS

Liver is normal in size, measuring approx. 142mm.

- Moderate fatty changes of liver parenchyma noted. (Grade-II)

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. 116mm and normal in echotexture.

Aorta appeared normal. No para aortic lymphnodes seen.

Right kidney appears normal in size, shape and echotexture.

Cortex and collecting system of right kidney appeared normal.

No calculi or obstructive uropathy.

Left kidney appears normal in size, shape and echotexture.

Cortex and collecting system of left kidney appeared normal.

- A non-obstructive 7.7mm sized calculus in lower pole calyx.

Urinary bladder: Appears normal. No calculi are seen.

Prostate appears borderline enlarged in size; measuring approximately 32x46x32mm; VOL: 25cc.

Appendix not seen due to bowel gas.

Bowels are visualized and appeared normal.

No evidence of free fluid in pelvis.

### Conclusion:

- Borderline prostatomegaly.
- Moderate fatty changes of liver parenchyma (Grade-II).
- Non-obstructive left renal calculus.

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.*



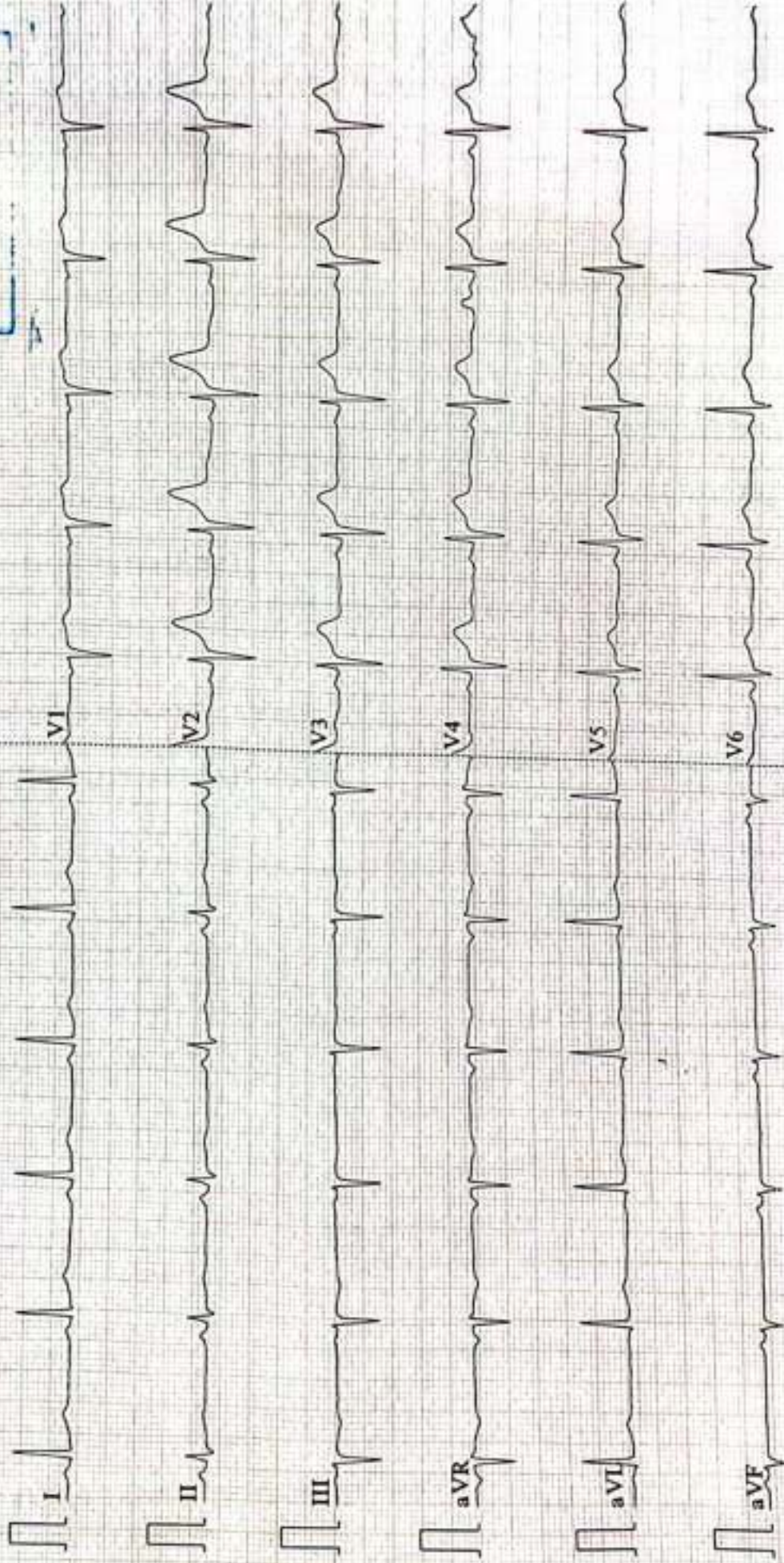
RAMESHBHAI  
Male 59 Years  
UHID :

HR : 67 bpm  
P : 102 ms  
PR : 141 ms  
QRS : 92 ms  
QT/QTc : 373/395 ms  
P/QRS/T : 48/-11/12 °  
RV5/SV1 : 0.707/0.738 mV

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

  
DR. WASIM RAJ  
M.B.B.S. M.D., CIH  
Occupational Health  
Physician & Consultant  
Reg. No.: G-22785

Technician : 2324  
Unconfirmed Report.





**OPHTHALMOLOGY CONSULTATION**

Name: Jadav Rameshchandra K. Date: 26/08/23

Age: 59 Sex:  Male  Female HCP Reg.No.: \_\_\_\_\_

**Ophthalmic History:**

1. Do you feel that your eyesight is falling?  Yes  No  
આંખે ઓછું દેખાતું હોય તેવું લાગે છે?
2. Any time feel to experience black outs?  Yes  No  
કોઈવાર અંધારા આવે છે?
3. Any unexpected flicking of eyes?  Yes  No  
આંખ વારંવાર અચાનક ધ્રુવે છે?
4. Do you get difficulty in reading small letters?  Yes  No  
નાના અક્ષર વાંચવામાં તસલીફ પડે છે?
5. Do you experience black dots temporarily?  Yes  No  
આંખ સામે કોઈવાર કાળા ટપકા દેખાય છે?
6. Do you have exclusive aids?  Yes  No  
વાંચવા કે ખેલા માટે કોઈ અલગ અલગ સ્પેશીયલ સાધન વાપરો છો?

**Clinical Evaluation / History / Presenting Complain:**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Examination Eyes:**

1. Eyelids  
Right N Left N
2. Cornea & Conjunctiva  
Right N Left N
3. Vision  
Right N Left N

SPH	CYY	AXIS	VN
<u>P</u>			<u>200</u>

SPH	CYY	AXIS	VN
<u>P</u>			<u>200</u>

<u>+2.00</u>			<u>NE</u>
--------------	--	--	-----------

<u>+2.00</u>			<u>NE</u>
--------------	--	--	-----------



Colour Vision: N

Tonometry:

Right -

Left -

Fundus: (Must in case of DM & HT)

Right -

Left -

Eye Movements:

Right / ~  
Left / ~

Clinical Impression:

- NIT -

Recommendation:

A. Additional Inv. / Referral Suggested

B. Therapeutic advise

*[Signature]*  
DR. VIKAS M. PATIL  
M.B.B.S., D.M.O.  
Ophthalmologist  
Physician  
Reg. No. G-227895

Ophthalmology's Signature



Pt Name:	JADAV RAMESHCHANDRA KALIDAS	Date:	26/08/2023
----------	-----------------------------	-------	------------

### 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