



LETTER OF APPROVAL / RECOMMENDATION



To,

The Coordinator,
Mediwheel (Arcofemi Healthcare Limited)
Helpline number: 011- 41195959

Dear Sir / Madam,

Sub: Annual Health Checkup for the employees of Bank of Baroda

This is to inform you that the following employee wishes to avail the facility of Cashless Annual Health Checkup provided by you in terms of our agreement.

PARTICULARS	EMPLOYEE DETAILS
NAME	MR. RATHOD RAKESH KARTALSINGH
EC NO.	52137
DESIGNATION	BRANCH OPERATIONS
PLACE OF WORK	AHMEDABAD, VASTRAPUR
BIRTHDATE	14-08-1964
PROPOSED DATE OF HEALTH CHECKUP	08-10-2022
BOOKING REFERENCE NO.	22D52137100026242E

This letter of approval / recommendation is valid if submitted along with copy of the Bank of Baroda employee id card. This approval is valid from **20-09-2022** till **31-03-2023** The list of medical tests to be conducted is provided in the annexure to this letter. Please note that the said health checkup is a **cashless facility** as per our tie up arrangement. We request you to attend to the health checkup requirement of our employee and accord your top priority and best resources in this regard. The EC Number and the booking reference number as given in the above table shall be mentioned in the invoice, invariably.

We solicit your co-operation in this regard.


Yours faithfully,

Sd/-

Chief General Manager
HRM Department
Bank of Baroda

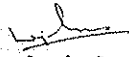




(Note: This is a computer generated letter. No Signature required. For any clarification, please contact Mediwheel (Arcofemi Healthcare Limited))

 **बैंक ऑफ बड़ोदा**
Bank of Baroda

नाम
Name **Rakesh K. Rathod**

कर्मचारी कूट क्र.
Employee Code No. **52137**

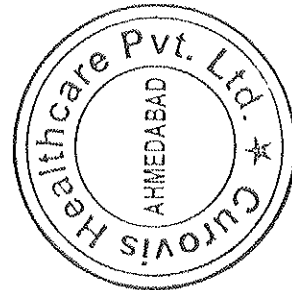

जारीकर्ता प्राधिकारी
Issuing Authority



धारक के हस्ताक्षर
Signature of Holder

*DOB. ~~11-08-66~~
14-08-64*

9428170303

Dr. Jay Soni
M.D. (General Medicine)
Reg. No.: ~~623899~~





LABORATORY REPORT

Name : Mr. Rakesh K Rathod
Sex/Age : Male/58 Years
Ref. By :
Client Name : Mediwheel

Reg. No : 210100375
Reg. Date : 08-Oct-2022 10:09 AM
Collected On :
Report Date : 08-Oct-2022 03:35 PM

Medical Summary

GENERAL EXAMINATION

Height (cms) :171

Weight (kgs) :61.3

Blood Pressure :128/78 mmHg

Pulse :50 /Min

No Clubbing/Cynosis/Pallor/Pedel Oedem

Systemic Examination:

Cardio vascular System - S1,S2 Normal, No Murmur

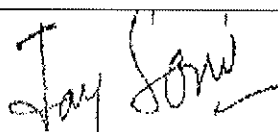
Respiratory system - AEBE

Central Nervous System - No FND

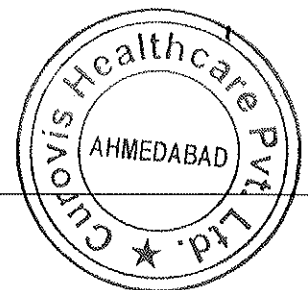
Abdomen - Soft, Non Tender, No Organomegaly

Epilepsy – N/A

This is an electronically authenticated report



Dr. Jay Soni
M.D, GENERAL MEDICINE




TEST REPORT

Reg. No : 210100375	Ref Id : 52137	Collected On : 08-Oct-2022 10:09 AM
Name : Mr. Rakesh K Rathod		Reg. Date : 08-Oct-2022 10:09 AM
Age/Sex : 58 Years / Male	Pass. No. :	Tele No. : 9428170303
Ref. By :		Dispatch At :
Location : CHPL		Sample Type : EDTA Whole Blood

Parameter	Results	Unit	Biological Ref. Interval
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COMPLETE BLOOD COUNT (CBC)
Specimen: EDTA blood

Hemoglobin	14.8	g/dL	13.0 - 18.0
Hematocrit (Calculated)	L 43.60	%	47 - 52
RBC Count	L 4.61	million/cmm	4.7 - 6.0
MCV	94.6	fL	78 - 110
MCH (Calculated)	H 32.1	Pg	27 - 31
MCHC (Calculated)	33.9	%	31 - 35
RDW (Calculated)	13.8	%	11.5 - 14.0
WBC Count	7360	/cmm	4000 - 10500
MPV (Calculated)	8.0	fL	7.4 - 10.4

<u>DIFFERENTIAL WBC COUNT</u>	[%]		EXPECTED VALUES	[Abs]	EXPECTED VALUES
Neutrophils (%)	67.90	%	42.0 - 75.2	4997 /cmm	2000 - 7000
Lymphocytes (%)	22.60	%	20 - 45	1663 /cmm	1000 - 3000
Eosinophils (%)	2.80	%	0 - 6	478 /cmm	200 - 1000
Monocytes (%)	6.50	%	2 - 10	206 /cmm	20 - 500
Basophils (%)	0.20	%	0 - 1	15 /cmm	0 - 100


PERIPHERAL SMEAR STUDY

RBC Morphology : Normocytic and Normochromic.
 WBC Morphology : Normal

PLATELET COUNTS

Platelet Count (Volumetric Impedance) : 196000 /cmm 150000 - 450000
 Platelets : Platelets are adequate with normal morphology.
 Parasites : Malarial parasite is not detected.
 Comment : -

This is an electronically authenticated report.
 * This test has been out sourced.

Approved By : 
 Dr. Dhvani Bhatt
 MD (Pathology)

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CUROVIS HEALTHCARE PVT. LTD.

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Age/Sex	: 58 Years / Male	Pass. No.	:	Dispatch At	:
Ref. By	:	Sample Type	: EDTA Whole Blood		
Location	: CHPL				

Parameter	Result	Unit	Biological Ref. Interval
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HEMATOLOGY**BLOOD GROUP & RH**

Specimen: EDTA and Serum; Method: Forward Reverse Tube Agglutination

ABO	"B"
Rh (D)	Positive
Note	-

ERYTHROCYTE SEDIMENTATION RATE [ESR]


ESR (After 1 hour)	02	mm/hr	ESR AT 1 hour : 1-7
<i>Infra red measurement</i>			ESR AT 2 hour : 8-15

ERYTHRO SEDIMENTATION RATE, BLOOD -

Erythrocyte sedimentation rate (ESR) is a non-specific phenomenon and is clinically useful in the diagnosis and monitoring of disorders associated with an increased production of acute phase reactants. The ESR is increased in pregnancy from about the 3rd month and returns to normal by the 4th week post partum. ESR is influenced by age, sex, menstrual cycle and drugs (eg. corticosteroids, contraceptives). It is especially low (<1mm) in polycythaemia, hypofibrinogenemia or congestive cardiac failure and when there are abnormalities of the red cells such as poikilocytosis, spherocytosis or sickle cells.

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Age/Sex	: 58 Years / Male	Pass. No.	:	Tele No.	: 9428170303
Ref. By	:			Dispatch At	:
Location	: CHPL			Sample Type	: Flouride F, Flouride PP

Parameter	Result	Unit	Biological Ref. Interval
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FASTING PLASMA GLUCOSE
Specimen: Flouride plasma

Fasting Blood Sugar (FBS)	114.50	mg/dL	70 - 110
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GOD-POD Method

Criteria for the diagnosis of diabetes

1. HbA1c \geq 6.5 *

Or

2. Fasting plasma glucose $>$ 126 gm/dL. Fasting is defined as no caloric intake at least for 8 hrs.

Or

3. Two hour plasma glucose \geq 200mg/dL during an oral glucose tolerance test by using a glucose load containing equivalent of 75 gm anhydrous glucose dissolved in water.

Or

4. In a patient with classic symptoms of hyperglycemia or hyperglycemic crisis, a random plasma glucose \geq 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.

POST PRANDIAL PLASMA GLUCOSE


Specimen: Flouride plasma

Post Prandial Blood Sugar (PPBS)	109.0	mg/dL	70 - 140
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GOD-POD Method

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Page 3 of 14

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Ref. By :		Dispatch At :
Location : CHPL		Sample Type : Serum


Parameter	Result	Unit	Biological Ref. Interval
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Lipid Profile

Cholesterol	245.00	mg/dL	Desirable: < 200 Boderline High: 200 - 239 High: > 240
<i>Enzymatic, colorimetric method</i>			
Triglyceride	156.30	mg/dL	Normal: < 150 Boderline High: 150 - 199 High: 200 - 499 Very High: > 500
<i>Enzymatic, colorimetric method</i>			
HDL Cholesterol	30.90	mg/dL	High Risk : < 40 Low Risk : = 60
<i>Accelerator selective detergent method</i>			
LDL	182.84	mg/dL	Optimal : < 100.0 Near / above optimal : 100-129 Boderline High : 130-159 High : 160-189 Very High : >190.0
<i>Calculated</i>			
VLDL	31.26	mg/dL	15 - 35
<i>Calculated</i>			
LDL / HDL RATIO	5.92		0 - 3.5
<i>Calculated</i>			
Cholesterol /HDL Ratio	7.93		0 - 5.0
<i>Calculated</i>			

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 Page 4 of 14

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Location : CHPL		Sample Type : Serum

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BIO - CHEMISTRY
LFT WITH GGT

Total Protein <i>Biuret Reaction</i>	6.73	gm/dL	6.3 - 8.2
Albumin <i>By Bromocresol Green</i>	4.98	g/dL	0 - 4 days: 2.8 - 4.4 4 days - 14 yrs: 3.8 - 5.4 14 - 19 yrs: 3.2 - 4.5 20 - 60 yrs: 3.5 - 5.2 60 - 90 yrs: 3.2 - 4.6 > 90 yrs: 2.9 - 4.5
Globulin <i>Calculated</i>	1.75	g/dL	2.3 - 3.5
A/G Ratio <i>Calculated</i>	2.85		0.8 - 2.0
SGOT <i>UV without P5P</i>	29.80	U/L	0 - 40
SGPT <i>UV without P5P</i>	20.10	U/L	0 - 40
Alkaline Phosphatase <i>p - Nitrophenylphosphate (PNPP)</i>	138.0	U/L	25 - 270
Total Bilirubin <i>Vanadate Oxidation</i>	0.48	mg/dL	0 - 1.2
Conjugated Bilirubin	0.14	mg/dL	0.0 - 0.4
Unconjugated Bilirubin <i>Calculated</i>	0.34	mg/dL	0.0 - 1.1
GGT <i>SZASZ Method</i>	24.60	mg/dL	15 - 73

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Page 5 of 14

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Ref. By :		Dispatch At :
Location : CHPL		Sample Type : Serum

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Page 6 of 14

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Ref. By :		Dispatch At :
Location : CHPL		Sample Type : Serum


Parameter	Result	Unit	Biological Ref. Interval
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BIO - CHEMISTRY

Uric Acid <i>Enzymatic, colorimetric method</i>	2.94	mg/dL	Adult : 3.5 - 8.5 Child : 2.5 - 5.5
Creatinine <i>Enzymatic Method</i>	0.65	mg/dL	Adult : 0.72 - 1.18 Child : 0.5 - 1.0
BUN <i>UV Method</i>	9.00	mg/dL	Adult : 7.0 - 20.0 Child : 5.0 - 18.0

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Page 7 of 14

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Ref. By :		Dispatch At :
Location : CHPL		Sample Type : EDTA Whole Blood

Parameter	Result	Unit	Biological Ref. Interval
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HEMOGLOBIN A1 C ESTIMATION
Specimen: Blood EDTA

*Hb A1C	5.5	% of Total Hb	Normal : < 5.7 % Pre-Diabetes : 5.7 % - 6.4 % Diabetes : 6.5 % or higher
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Boronate Affinity with Fluorescent Quenching

Mean Blood Glucose	111.15	mg/dL
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Calculated

Degree of Glucose Control Normal Range:

Poor Control >7.0% *

Good Control 6.0 - 7.0 %**Non-diabetic level < 6.0 %

* High risk of developing long term complication such as retinopathy, nephropathy, neuropathy, cardiopathy, etc.

* Some danger of hypoglycemic reaction in Type I diabetics.

* Some glucose intolerant individuals and "subclinical" diabetics may demonstrate HbA1c levels in this area.

EXPLANATION :-

*Total haemoglobin A1 c is continuously synthesised in the red blood cell through its 120 days life span. The concentration of HBA1c in the cell reflects the average blood glucose concentration it encounters.

*The level of HBA1c increases proportionately in patients with uncontrolled diabetes. It reflects the average blood glucose concentration over an extended time period and remains unaffected by short-term fluctuations in blood glucose levels.

*The measurement of HbA1c can serve as a convenient test for evaluating the adequacy of diabetic control and in preventing various diabetic complications. Because the average half life of a red blood cell is sixty days, HbA1c has been accepted as a measurement which reflects the mean daily blood glucose concentration, better than fasting blood glucose determination, and the degree of carbohydrate imbalance over the preceding two months.

*It may also provide a better index of control of the diabetic patient without resorting to glucose loading procedures.

HbA1c assay Interferences:

*Erroneous values might be obtained from samples with abnormally elevated quantities of other Haemoglobins as a result of either their simultaneous elution with HbA1c(HbF) or differences in their glycation from that of HbA(HbS)

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Approved By : Dr. Keyur V Patel
MB, DCP

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Page 8 of 14

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Age/Sex : 58 Years / Male	Pass. No. :	Tele No. : 9428170303
Ref. By :		Dispatch At :
Location : CHPL		Sample Type : Urine Spot

Test	Result	Unit	Biological Ref. Interval
------	--------	------	--------------------------

URINE ROUTINE EXAMINATION**PHYSICAL EXAMINATION**

Quantity	30 cc
Colour	Pale Yellow
Clarity	Clear

CHEMICAL EXAMINATION (BY REFLECTANCE PHOTOMETRIC)


pH	6	4.6 - 8.0
Sp. Gravity	1.000	1.001 - 1.035
Protein	Nil	
Glucose	Nil	
Ketone Bodies	Nil	
Urobilinogen	Nil	
Bilirubin	Nil	
Nitrite	Nil	
Blood	Nil	

MICROSCOPIC EXAMINATION (MANUAL BY MICROSCOPY)

Leucocytes (Pus Cells)	1 - 2/hpf	
Erythrocytes (Red Cells)	Nil	
Epithelial Cells	1 - 2/hpf	/hpf
Crystals	Absent	
Casts	Absent	
Amorphous Material	Absent	
Bacteria	Absent	
Remarks	-	

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Page 9 of 14**CUROVIS HEALTHCARE PVT. LTD.**

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Ref. By :		Dispatch At :
Location : CHPL		Sample Type : Serum

Parameter	Result	Unit	Biological Ref. Interval
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IMMUNOLOGY
THYROID FUNCTION TEST

*T3 (Triiodothyronine) <i>CHEMILUMINESCENT MICROPARTICLE IMMUNOASSAY</i>	1.27	ng/mL	0.6 - 1.81
--	------	-------	------------

Triiodothyronine (T3) is a hormone synthesized and secreted by the thyroid gland in response to the pituitary hormone TSH (thyroid stimulating hormone) and is regulated by a negative feedback mechanism involving the thyroid gland, pituitary gland and hypothalamus.

In the circulation, 99.7% of T3 is reversibly bond to transport proteins, primarily thyroxine-binding globulin (TBG) and to a lesser extent albumin and prealbumin. The remaining unbound T3 is free in the circulation and is metabolically active.

In hypothyroidism and hyperthyroidism, F T3 (free T3) levels parallel changes in total T3 levels. Measuring F T3 is useful in certain conditions such as normal pregnancy and steroid therapy, when altered levels of total T3 occur due to changes in T3 binding proteins, especially TBG.

*T4 (Thyroxine) <i>CHEMILUMINESCENT MICROPARTICLE IMMUNOASSAY</i>	7.70	ng/mL	3.2 - 12.6
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Thyroxin (T4) is a hormone synthesized and secreted by the thyroid gland in response to the pituitary hormone TSH (thyroid stimulating hormone) and is regulated by a negative feedback mechanism involving the thyroid gland, pituitary gland and hypothalamus. In the circulation, 99.95% of T4 is reversibly bond to transport proteins, primarily thyroxine-binding globulin (TBG) and to a lesser extent albumin and thyroxine-binding prealbumin. The remaining unbound T4 is free in the circulation and is both metabolically active and a precursor to triiodothyronine (T3).


In hypothyroidism and hyperthyroidism, F T4 (free T4) levels parallel changes in total T4 levels. Measuring FT4 is useful in certain conditions such as normal pregnancy and steroid therapy, when altered levels of total T4 occur due to changes in T4 binding proteins, especially TBG.

Limitations:

1. The anticonvulsant drug phenytoin may interfere with total and F T4 levels due to competition for TBG binding sites.
2. F T4 values may be decreased in patients taking carbamazepine.
3. Thyroid autoantibodies in human serum may interfere and cause falsely elevated F T4 results.

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 Page 12 of 1

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Location : CHPL		Sample Type : Serum

***TSH** 1.037 μ IU/ml 0.55 - 4.78
CHEMILUMINESCENT MICROPARTICLE IMMUNOASSAY

Thyroid stimulating hormone (TSH) is synthesized and secreted by the anterior pituitary in response to a negative feedback mechanism involving concentrations of FT3 (free T3) and FT4 (free T4). Additionally, the hypothalamic tripeptide, thyrotropin-releasing hormone (TRH), directly stimulates TSH production. TSH stimulates thyroid cell production and hypertrophy, also stimulate the thyroid gland to synthesize and secrete T3 and T4. Quantification of TSH is significant to differentiate primary (thyroid) from secondary (pituitary) and tertiary (hypothalamus) hypothyroidism. In primary hypothyroidism, TSH levels are significantly elevated, while in secondary and tertiary hypothyroidism, TSH levels are low.

TSH levels During Pregnancy :

First Trimester : 0.1 to 2.5 μ IU/mL


Second Trimester : 0.2 to 3.0 μ IU/mL

Third trimester : 0.3 to 3.0 μ IU/mL

Referance : Carl A.Burtis,Edward R.Ashwood,David E.Bruns. Tietz Textbook of Clinical Chemistry and Molecular Diagnostics. 5th Eddition. Philadelphia: WB Saunders,2012:2170

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Page 13 of 1

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IMMUNOLOGY

*TOTAL PROSTATE SPECIFIC ANTIGEN (PSA) <i>CHEMILUMINESCENT MICROPARTICLE IMMUNOASSAY</i>	1.00	ng/mL	0 - 4
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Measurement of total PSA alone may not clearly distinguish between benign prostatic hyperplasia (BPH) from cancer, this is especially true for the total PSA values between 4-8 ng/mL.

Percentage of free PSA = free PSA/total PSA X 100


Percentage of free PSA: Patients with prostate cancer generally have a lower percentage of Free PSA than patients with benign prostatic hyperplasia. Percentage Free PSA of less than 25% is a high likelihood of prostatic cancer.

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

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Sex/Age : Male/58 Years
Ref. By :
Client Name : Mediwheel

Reg. No : 210100375
Reg. Date : 08-Oct-2022 10:09 AM
Collected On : 08-Oct-2022 10:09 AM
Report Date : 08-Oct-2022 02:11 PM

Electrocardiogram

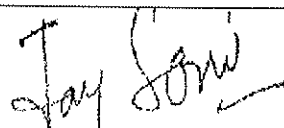
Findings

Sinus Brady cardia

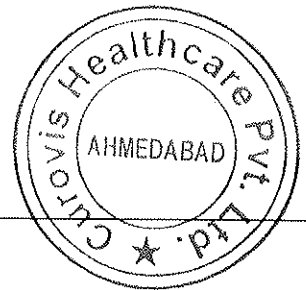
Rest Within Normal Limit.

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

This is an electronically authenticated report



Dr. Jay Soni
M.D, GENERAL MEDICINE



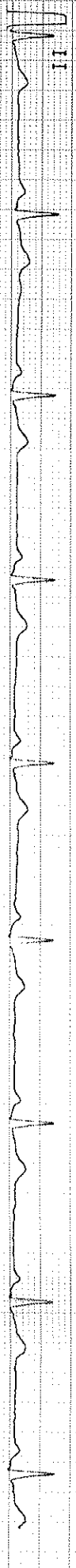
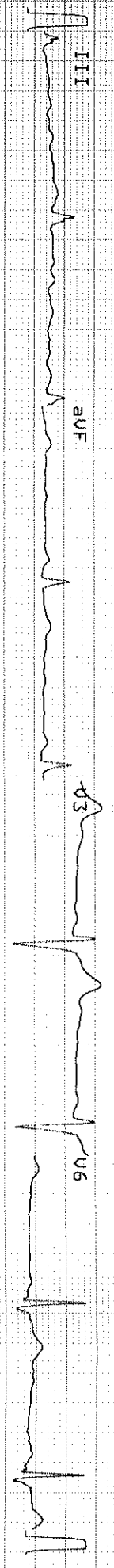
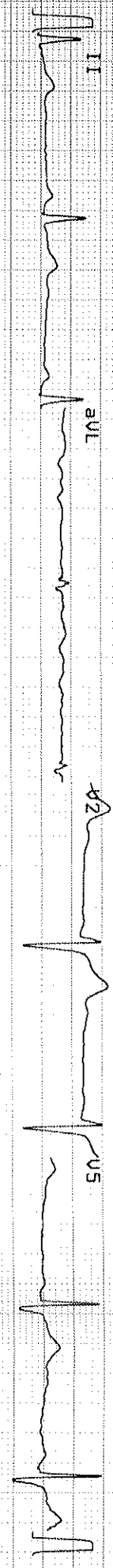
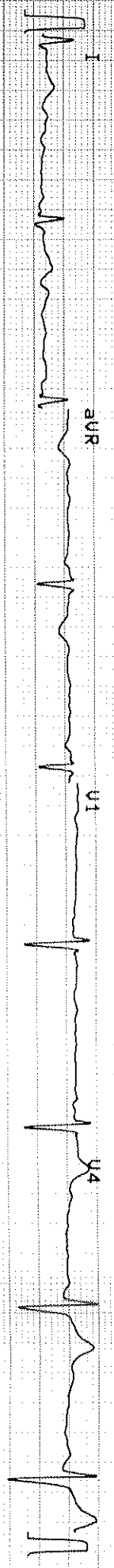
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Rakesh Rathod
24 years
58 years / 61 kg
Male

HR 50/min
Raxis: P 81°
Intervals: QR5 56°
RR 1200 ms T 49°
P 124 ms
PR 172 ms P (II) 0.12 mV
QR5 108 ms S (V1) -0.92 mV
QT 420 ms R (V5) 1.28 mV
QTc 385 ms Sokol. 2.48 mV
(Bazett)
10 mm/mV

Sinus Brady Cardia



25 mm/s
10 mm/mV
SCHILLER
0.05-25 Hz F50 SSF 585 08.10.2022 10:35:56
CURIOUS HEALTHCARE
PI-102plus 1.24 C



LABORATORY REPORT

Name : Mr. Rakesh K Rathod
Sex/Age : Male/58 Years
Ref. By :
Client Name : Mediwheel

Reg. No : 210100375
Reg. Date : 08-Oct-2022 10:09 AM
Collected On :
Report Date : 08-Oct-2022 02:44 PM

2D Echo Colour Doppler

OBSERVATION:

2 D Echo and color flow studies were done in long and short axis, apical and Sub coastal views.

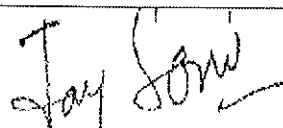
1. Normal LV size. No RWMA at rest.
2. Normal RV and RA. Concentric LVH.
3. All Four valves are structurally normal.
4. Good LV systolic function. LVEF = 55-60%.
5. Stage I diastolic dysfunction.
6. Trivial TR. Mild MR. No AR.
7. Mild PAH. RVSP = 42 mmHG.
8. Intact IAS and IVS.
9. No Clot, No Vegetation.
10. No pericardial effusion.

CONCLUSION

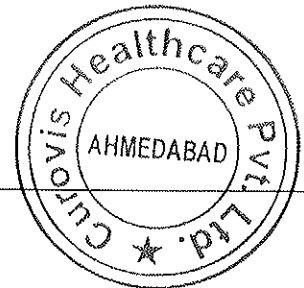
1. Normal LV size with Good LV systolic function.
2. Concentric LVH . Stage I diastolic dysfunction
3. Trivial TR with Mild PAH. Mild MR. No AR
4. No RWMA at rest.

This echo doesn't rule out any kind of congenital cardiac anomalies.

This is an electronically authenticated report



Dr. Jay Soni
M.D, GENERAL MEDICINE





LABORATORY REPORT

Name	: Mr. Rakesh K Rathod	Reg. No	: 210100375
Sex/Age	: Male/58 Years	Reg. Date	: 08-Oct-2022 10:09 AM
Ref. By	:	Collected On	: 08-Oct-2022 10:09 AM
Client Name	: Mediwheel	Report Date	: 08-Oct-2022 04:22 PM

X RAY CHEST PA

Both lung fields appear clear.

No evidence of any active infiltrations or consolidation.

Cardiac size appears within normal limits.

Both costo-phrenic angles appear free of fluid.

Both domes of diaphragm appear normal.

COMMENT: No significant abnormality is detected.

This is an electronically authenticated report



DR DHAVAL PATEL
Consultant Radiologist
MB,DMRE
Reg No:0494

Page 11 of 1

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LABORATORY REPORT

Name :	Mr. Rakesh K Rathod	Reg. No :	210100375
Sex/Age :	Male/58 Years	Reg. Date :	08-Oct-2022 10:09 AM
Ref. By :		Collected On :	08-Oct-2022 10:09 AM
Client Name :	Mediwheel	Report Date :	08-Oct-2022 04:22 PM

USG ABDOMEN

Liver appears normal in size, show homogenous parenchymal echo. No evidence of focal solid or cystic lesion seen.

No evidence of dilatation of intra-hepatic biliary or portal radicals. PV is normal in caliber.

Gall bladder is normally distended. No evidence of calculus or mass seen. Gall bladder wall thickness appears normal.

Pancreas appears normal in size and echopattern. No evidence of focal lesions.

Spleen appears normal in size & normal in echopattern.

Both kidneys are normal in size, shape and position. C.M. differentiation on both sides is maintained. No evidence of hydronephrosis, calculus or solid mass on either side.

Urinary bladder contour is normal, No evidence of calculus or mass lesion.

Prostate is normal in size, show homogenous echo, outline is smooth.

No evidence of ascites.

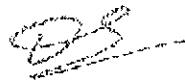
No any lymphadenopathy seen.

No evidence of dilated small bowel loops.

COMMENTS :

Normal study.

This is an electronically authenticated report



DR DHAVAL PATEL
Consultant Radiologist
MB,DMRE
Reg No:0494

Page 10 of 1

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LABORATORY REPORT

Name : Mr. Rakesh K Rathod
Sex/Age : Male/58 Years
Ref. By :
Client Name : Mediwheel

Reg. No : 210100375
Reg. Date : 08-Oct-2022 10:09 AM
Collected On :
Report Date : 08-Oct-2022 02:30 PM

Eye Check - Up

No Eye Complaints

RIGHT EYE

SP:+1.00

CY: -1.50

AX: 80

LEFT EYE

SP : +1.50

CY : -1.50

AX :84

	Without Glasses	With Glasses
Right Eye	6/5	N.A
Left Eye	6/9	N.A

Near Vision: Right Eye - N/6, Left Eye - N/6

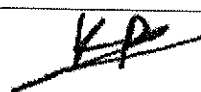
Fundus Examination - Within Normal Limits.

ColorVision : Normal

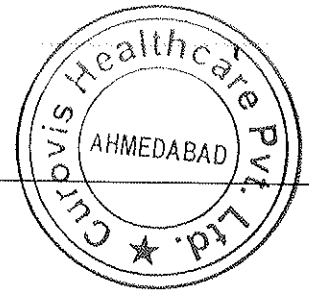
Comments: Right eye cataract surgery in 2022.

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

This is an electronically authenticated report



Dr Kejal Patel
MB,DO(Ophth)



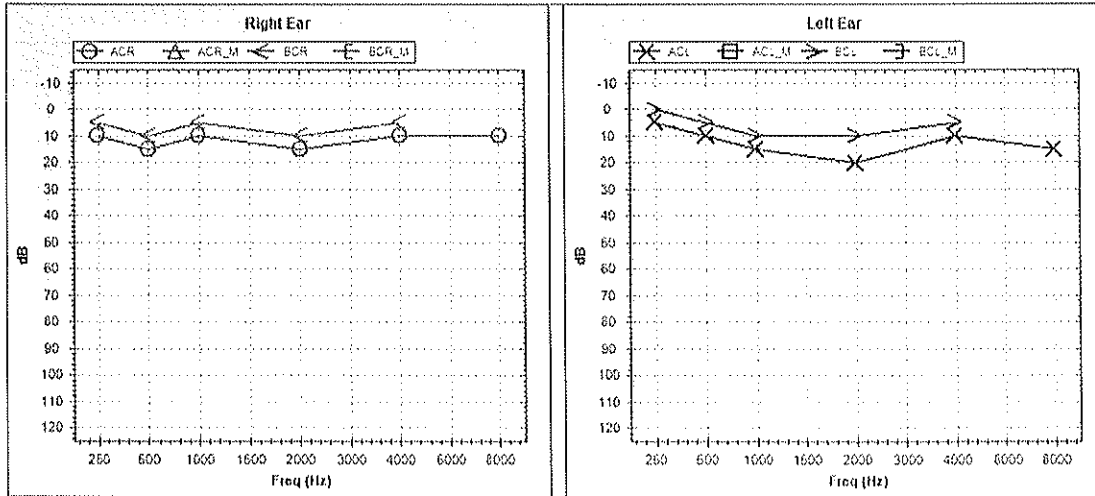
NAME:- RAKESH RATHOD.

ID NO :-

AGE:- 58Y/ M

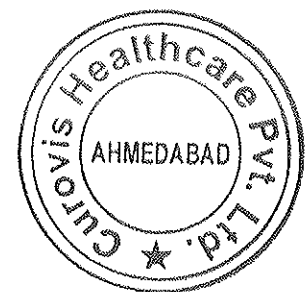
Date:- 08/10/2022

AUDIOGRAM



EAR \ MODE	Air Conduction		Bone Conduction		Colour Code	Threshold in dB	RIGHT	LEFT
	Masked	UnMasked	Masked	UnMasked				
LEFT	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Blue	AIR CONDUCTION	11	11.5
RIGHT	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Red	BONE CONDUCTION		
NO RESPONSE : Add ↓ below the respective symbols						SPEECH		

Comments:- Bilateral Hearing Sensitivity Within Normal Limits.



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