



**BHAILAL AMIN
GENERAL HOSPITAL**



CONCLUSION OF HEALTH CHECKUP

ECU Number : 6884
Age : 31
Weight : 95
Date : 31/10/2023

MR Number : 23218358
Sex : Male
Ideal Weight : 74

Patient Name: NITISH GAUR
Height : 179
BMI : 29.65

*Fatty liver
Dyslipidemia*

*As
Fibroscan
Lifestyle
Modification*

Dr. Manish Mittal
Internal Medicine

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.



BHAILAL AMIN GENERAL HOSPITAL



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MR Number : 23218358

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Sex : Male

Height : 179

Weight : 95

Ideal Weight : 74

BMI : 29.65

Date : 31/10/2023

Past H/O : NO P/H/O ANY MAJOR ILLNESS.

Present H/O : NO PRESENT COMPLAINTS.

Family H/O : MOTHER : CA OVARY , ALIVE
FATHER : ALIVE

Habits : NIL

Gen.Exam. : NONE

B.P : 110/86

Pulse : 104

Others : SPO2 97 %

C.V.S : NAD

R.S. : NAD

Abdomen : NP

Spleen : NP

Skin : NAD

J.S : NAD

Advice :





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ESTD. 1964



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Ophthalmic Check Up :

Ext Exam

Vision Without Glasses

Vision With Glasses

Final Correction

Fur ... is

Colour Vision

Advice

Orthopaedic Check Up :

Ortho Consultation

Ortho Advice

ENT Check Up :

Ear

Nose

Throat

Hearing Test

ENT Advice

General Surgery Check Up :

Gr ... al Surgery

Abdominal Lump

Hernia

External Genitals

PVR

Proctoscopy

Any Other

Surgical Advice

Right

6/6 - 0.50 D SPH - 1.00 CYL I 180

N.6

-

NORMAL

NORMAL

NIL

Left

NORMAL

50 D SPH - 1.00 CYL I 180

N.6



Patient Name : Mr. NITISH GAUR
 Gender / Age : Male / 31 Years 7 Months 9 Days
 MR No / Bill No. : 23218358 / 242036841
 Consultant : Dr. Manish Mittal
 Location : OPD

Type : OPD
 Request No. : 171428
 Request Date : 31/10/2023 08:51 AM
 Collection Date : 31/10/2023 09:15 AM
 Approval Date : 31/10/2023 02:40 PM

CBC + ESR

Test	Result	Units	Biological Ref. Range
Haemoglobin.			
Haemoglobin	15.7	gm/dL	13 - 17
Red Blood Cell Count (T-RBC)	5.79	mill/cmm	4.5 - 5.5
Hematocrit (HCT)	49.2	%	40 - 50
Mean Corpuscular Volume (MCV)	85.0	fl	83 - 101
Mean Corpuscular Haemoglobin (MCH)	27.1	pg	27 - 32
MCH Concentration (MCHC)	31.9	%	31.5 - 34.5
Red Cell Distribution Width (RDW-CV)	13.3	%	11.6 - 14
Red Cell Distribution Width (RDW-SD)	41.7	fl	39 - 46
Total Leucocyte Count (TLC)			
Total Leucocyte Count (TLC)	6.94	thou/cmm	4 - 10
Differential Leucocyte Count			
Polymorphs	58	%	40 - 80
Lymphocytes	37	%	20 - 40
Eosinophils	01	%	1 - 6
Monocytes	04	%	2 - 10
Basophils	00	%	0 - 2
Polymorphs (Abs. Value)	4.01	thou/cmm	2 - 7
Lymphocytes (Abs. Value)	2.55	thou/cmm	1 - 3
Eosinophils (Abs. Value)	0.06	thou/cmm	0.2 - 0.5
Monocytes (Abs. Value)	0.29	thou/cmm	0.2 - 1
Basophils (Abs. Value)	0.03	thou/cmm	0.02 - 0.1
Immature Granulocytes	0.3	%	1 - 3 : Borderline > 3 : Significant
Platelet Count			
Platelet Count	421	thou/cmm	150 - 410
Remarks	This is cell counter generated report, Smear review is not done.		
ESR	9	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 diagnosis 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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GENERAL HOSPITAL

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DEPARTMENT OF LABORATORY MEDICINE

Patient Name : Mr. NITISH GAUR
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MR No / Bill No. : 23218358 / 242036841
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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. Ameer Soni
MD (Path)

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Fasting Plasma Glucose

<u>Test</u>	<u>Result</u>	<u>Units</u>	<u>Biological Ref. Range</u>
<i>Fasting Plasma Glucose</i>			
Fasting Plasma Glucose	91	mg/dL	70 - 110
Post Prandial 2 Hr. Plasma Glucose	74	mg/dL	70 - 140

By Hexokinase method on EXL Dade Dimension

---- End of Report ----

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HbA1c (Glycosylated Hb)

Test	Result	Units	Biological Ref. Range
HbA1c (Glycosylated Hb)			
Glycosylated Hemoglobin (HbA1c)	5.5	%	
estimated Average Glucose (e AG) *	111.15	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 ---

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Complete Lipid Profile

Test	Result	Units	Biological Ref. Range
Complete Lipid Profile			
Appearance	Clear		
Triglycerides (By Lipase / Glycerol dehydrogenase on EXL Dade Dimension < 150 Normal 150-199 Borderline High 200-499 High > 499 Very High)	94	mg/dL	1 - 150
Total Cholesterol (By enzymatic colorimetric method on EXL Dade Dimension <200 mg/dL - Desirable 200-239 mg/dL - Borderline High > 239 mg/dL - High)	209	mg/dL	1 - 200
HDL Cholesterol (By Direct homogenous technique, modified enzymatic non-immunological method on EXL Dade Dimension < 40 Low > 60 High)	34	mg/dL	40 - 60
Non HDL Cholesterol (calculated) (Non- HDL Cholesterol < 130 Desirable 139-159 Borderline High 160-189 High > 191 Very High)	175	mg/dL	1 - 130
LDL Cholesterol (By Direct homogenous technique, modified enzymatic non-immunological method on EXL Dade Dimension < 100 Optimal 100-129 Near / above optimal 130-159 Borderline High 160-189 High > 189 Very High)	151	mg/dL	1 - 100
VLDL Cholesterol (calculated)	18.8	mg/dL	12 - 30
LDL Ch. / HDL Ch. Ratio	4.44		2.1 - 3.5
T. Ch./HDL Ch. Ratio (Recent NECP / ATP III Guidelines / Classification (mg/dl) :)	6.15		3.5 - 5

---- End of Report ----

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Liver Function Test (LFT)

Test	Result	Units	Biological Ref. Range
Bilirubin			
Bilirubin - Total	0.51	mg/dL	0 - 1
Bilirubin - Direct	0.10	mg/dL	0 - 0.3
Bilirubin - Indirect	0.41	mg/dL	0 - 0.7
<i>(By Diazotized sulfanilic acid on EXL Dade Dimension.)</i>			
Aspartate Aminotransferase (SGOT/AST)	22	U/L	15 - 40
<i>(By IFCC UV kinetic method on EXL Dade Dimension.)</i>			
Alanine Aminotransferase (SGPT/ALT)	50	U/L	16 - 63
<i>(By IFCC UV kinetic method on EXL Dade Dimension.)</i>			
Alkaline Phosphatase	89	U/L	53 - 128
<i>(BY PNPP AMP method on EXL Dade Dimension.)</i>			
Gamma Glutamyl Transferase (GGT)	54	U/L	15 - 85
<i>(By IFCC method on EXL Dade Dimension.)</i>			
Total Protein			
Total Proteins	7.51	gm/dL	6.4 - 8.2
Albumin	3.99	gm/dL	3.4 - 5
Globulin	3.52	gm/dL	3 - 3.2
A : G Ratio	1.13		1.1 - 1.6
<i>(By Biuret endpoint and Bromocresol purple method on EXL Dade Dimension.)</i>			

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 decision is made. Check / retest may be requested.

---- End of Report ----

Dr. Ameet Soni
MD (Path)

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DEPARTMENT OF LABORATORY MEDICINE

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Renal Function Test (RFT)

Test	Result	Units	Biological Ref. Range
Urea (By Urease Kinetic method on EXL Dade Dimension)	34	mg/dL	10 - 45
Creatinine (By Modified Kinetic Jaffe Technique)	1.05	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		
Uric acid (By Uricase / Catalase method on EXL Siemens)	6.7	mg/dL	3.4 - 7.2

— End of Report —

Dr. Ameer Soni
MD (Path)

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Thyroid Hormone Study

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

Triiodothyronine (T3)

1.11

ng/ml

(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)

8.08

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)

3.81

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))

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.

--- End of Report ---

Dr. Ameer Soni
MD (Path)



Patient Name : Mr. NITISH GAUR
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Urine routine analysis (Auto)

Test	Result	Units	Biological Ref. Range
Physical Examination			
Quantity	40	mL	
Colour	Pale Yellow		
Appearance	Clear		
Chemical Examination (By Reagent strip method)			
pH	6.0		
Specific Gravity	>=1.030		
Protein	Negative	gm/dL	0 - 5
Glucose	Negative	mg/dL	0 - 5
Ketones	Negative		0 - 5
Bilirubin	Negative		Negative
Urobilinogen	Negative		Negative (upto 1)
Blood	Negative		Negative
Leucocytes	Negative		Negative
Nitrite	Negative		Negative
Microscopic Examination (by Microscopy after Centrifugation at 2000 rpm for 10 min or on fully automated Sysmex Urine sedimentation analyzer UF4000)			
Red Blood Cells	0 - 1	/hpf	0 - 2
Leucocytes	0 - 1	/hpf	0 - 5
Epithelial Cells	0 - 1	/hpf	0 - 5
Casts	Nil	/hpf	Nil
Crystals	Nil	/hpf	Nil
Mucus	Absent	/hpf	Absent
Organism	Absent		

--- End of Report ---

Dr. Ameer Soni
MD (Path)

Patient No. : 23218358 Report Date : 31/10/2023
Request No. : 190087204 31/10/2023 8.51 AM
Patient Name : Mr. NITISH GAUR
Gender / Age : Male / 31 Years 7 Months 9 Days

USG : Screening for Abdomen (excluding Pelvis) Or Upper Abdomen

Liver is normal in size and shows increased in echo pattern. No mass lesion identified. The hepatic veins are clear and patent. PV patent. No dilated IHBR.

Gall bladder is partially 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 echo pattern.

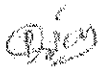
Both kidneys are normal in shape and position. Normal echogenicity and cortico medullary differentiation is noted. No hydronephrosis or mass lesion seen.

No ascites.

COMMENT:

- **Fatty liver.**

Kindly correlate clinically



Dr. Priyanka Patel, MD.
Consultant Radiologist





**BHAILAL AMIN
GENERAL HOSPITAL**



ADVANCED DIGITAL SOLUTIONS

Computerized Radiography

Ultra Sensitive Colour Doppler

Ultra High Resolution Sonography

Multi-Detector CT Scan

Magnetic Resonance Imaging (MRI)

Mammography

Interventional Radiology

Digital Subtraction Angiography (DSA)

Foetal Echocardiography

Echocardiography

4D USG & Doppler

DEPARTMENT OF DIAGNOSTIC RADIOLOGY

Patient No. : 23218358 Report Date : 31/10/2023
Request No. : 190087174 31/10/2023 8.51 AM
Patient Name : **Mr. NITISH GAUR**
Gender / Age : Male / 31 Years 7 Months 9 Days

X-Ray Chest AP

• ULTRA SONOGRAPHY CANNOT DETECT ALL ABNORMALITIES
• NOT VALID FOR MEDICO-LEGAL PURPOSES
• CLINICAL CORRELATION RECOMMENDED

Both lung fields are clear.
Both costophrenic sinuses appear clear.
Heart size is normal.
Hilar shadows show no obvious abnormality.
Aorta is normal.

Dr. Priyanka Patel, MD.



Patient No. : 23218358 Report Date : 31/10/2023
Request No. : 190087282 31/10/2023 8.51 AM
Patient Name : **Mr. NITISH GAUR**
Gender / Age : Male / 31 Years 7 Months 9 Days

Echo Color Doppler

MITRAL VALVE : NORMAL, NO MR, NO MS
AORTIC VALVE : TRILEAFLET, NO AR, NO AS
TRICUSPID VALVE : NORMAL, NO TR, NO PAH
PULMONARY VALVE : NORMAL
LEFT ATRIUM : NORMAL
AORTA : NORMAL
LEFT VENTRICLE : NORMAL LV SIZE AND SYSTOLIC FUNCTION LVEF -- 65%, NO
REGIONAL WALL MOTION ABNORMALITY
RIGHT ATRIUM : NORMAL
RIGHT VENTRICLE : NORMAL
I.V.S. : INTACT
I.A.S. : INTACT
PULMONARY ARTERY : NORMAL
PERICARDIUM : NORMAL
COLOUR/DOPPLER FLOW MAPPING : NO MR // AR // TR, NO PAH

1. NORMAL SIZED ALL CARDIAC CHAMBERS, NO LVH
2. NORMAL LV SYSTOLIC FUNCTION, LVEF -- 65%
3. NO RESTING REGIONAL WALL MOTION ABNORMALITY
4. NORMAL ALL CARDIAC VALVES, NO MITRAL // AORTIC STENOSIS
5. NORMAL DIASTOLIC FUNCTION
6. NORMAL RIGHT HEART SIZE AND RV PRESSURES
7. NO PERICARDIAL EFFUSION, CLOT OR VEGETATION SEEN, SR+


Dr. V. C. CHAUHAN, M.D., CARD.

BHAILAL AMIN GENERAL HOSPITAL
 BHAILAL AMIN MARG,
 VADODARA-3, PH-(0265) 3956222

Station
 Telephone: 0265-3956222,3956024.

EXERCISE STRESS TEST REPORT

Patient Name: NITISH GAUR,
 Patient ID: 01778
 Height: 179 cm
 Weight: 95 kg

DOB: 23.03.1992
 Age: 31 yrs
 Gender: Male
 Race: Indian

Study Date: 31.10.2023
 Test Type: Treadmill Stress Test
 Protocol: BRUCE

Referring Physician: E.C.U
 Attending Physician: DR V.C. CHAUHAN
 Technician: RITA PANCHAL

Medications:

Medical History:

Reason for Exercise Test:
 Screening for CAD

Exercise Test Summary

Phase Name	Stage Name	Time in Stage	Speed (mph)	Grade (%)	HR (bpm)	BP (mmHg)	Comment
PRETEST	SUPINE	00:27	0.00	0.00	102	120/80	
	STANDING	00:02	0.00	0.00	103		
	WARM UP	00:25	1.00	0.00	105		
EXERCISE	STAGE 1	03:00	1.70	10.00	127	120/80	
	STAGE 2	03:00	2.50	12.00	146	160/90	
	STAGE 3	02:02	3.40	14.00	169		
RECOVERY		02:54	0.00	0.00	125	190/100	

The patient exercised according to the BRUCE for 8:01 min:s, achieving a work level of Max. METS: 10.10. The resting heart rate of 100 bpm rose to a maximal heart rate of 173 bpm. This value represents 91 % of the maximal, age-predicted heart rate. The resting blood pressure of 120/80 mmHg, rose to a maximum blood pressure of 190/100 mmHg. The exercise test was stopped due to Target heart rate achieved.

Interpretation

Summary: Resting ECG: normal.
 Functional Capacity: normal.
 HR Response to Exercise: appropriate.
 BP Response to Exercise: normal resting BP - appropriate response.
 Chest Pain: none.
 Arrhythmias: none.
 ST Changes: none.
 Overall impression: Normal stress test.

Conclusions

Good effort tolerance. Normal HR and BP response. No ANGINA // ARRYTHMIAS noted during test. No significant ST-T changes noted during exercise and recovery. Stress test NEGATIVE for Provocable Ischemia.

CONFIRMED BY: DR V.C. CHAUHAN

2023 09:44:38 AM
ID: 218358
NITISH GAUR
Male 41 Years

NITISH GAUR
Age: 31/M

HR 82 bpm
P 115 ms
PR 155 ms
QRS 89 ms
QT/QTc 355/416 ms
P/QRS/T 53/22/35 °
RV5/AV1 0.9/1.0/4.79 mV

Diagnosis: Informative
Normal Rhythm
Normal ECG

Report Confirmed by

