

PANCHMUKHI HOSPITAL

Dr C P Dadhaniya
Dr R C Dadhaniya
MBBS, Dip.G.O, Diabetologist

150' RING ROAD, MAVDI CHOKDI, SANESHWAR ARCADE, RAJKOT Mo.9925333639, 8320711901

policy number :
full name : MIYATRA BIRJISHIBHAI
identity proof : Adhar Card
identity proof no : 1413
gender : male & 55
height : 172
weight : 72
B P : 140/90
pulse : 86/min Regular
blood sample : YES
fasting mode : YES
non fasting mode : YES

past history : vision error since 2012

Dental : Normal

Colour vision : Normal

દાદાજીના આરોગ્ય

DR. C. P. DADHANIYA

M.B. Diabetologist

Ind. Physician (Di.)

Regd. No. 619798

Code No. 378043

Panchmukhi Hospital

Mavdi Chowki,

150 Ft. Ring Road, RAJKOT.



NAME: मीरुतय ग्रीशधनी
AGE/GENDER: 55/male

DATE: 9/03/24

PATIENT'S REFRACTION DEATILES

		SPHE	CYL	AXIS	VN
R	D	n	n	n	6/g
	N	n			6/g
L	D	n	n	n	6/g
	N	n			6/g

REMARKS:

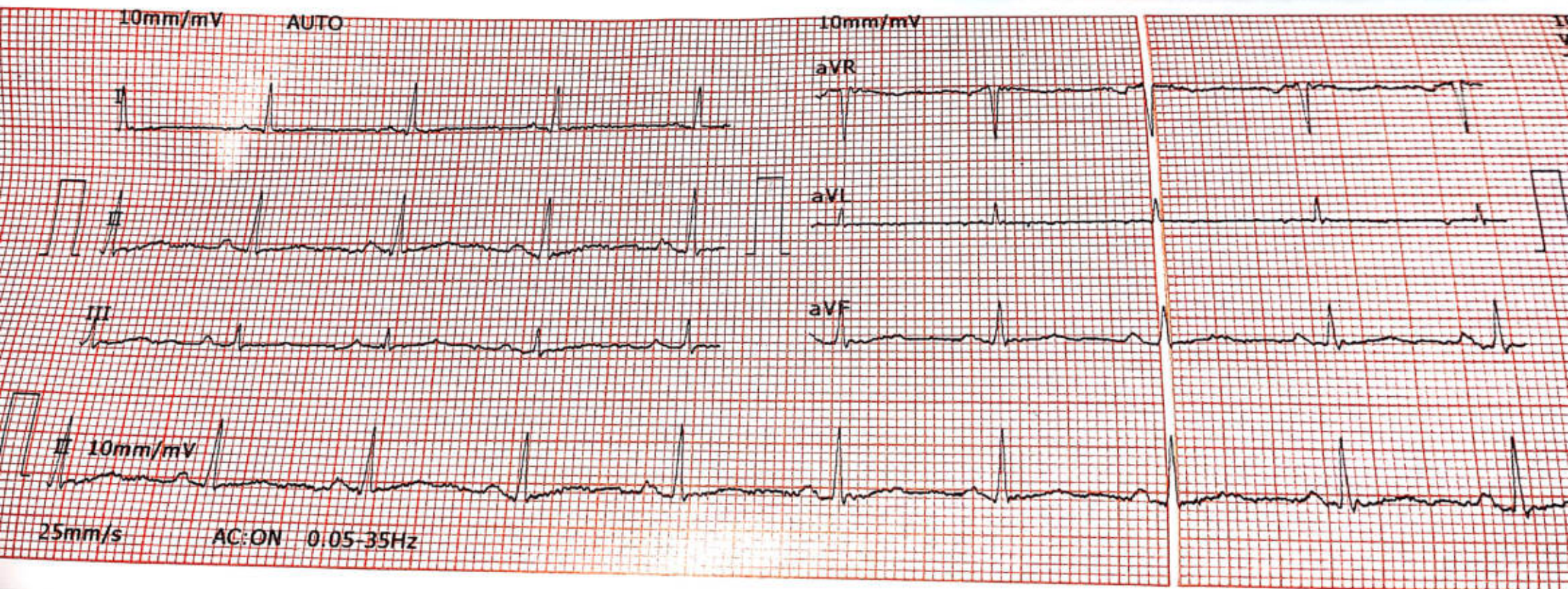
CHECKED BY:

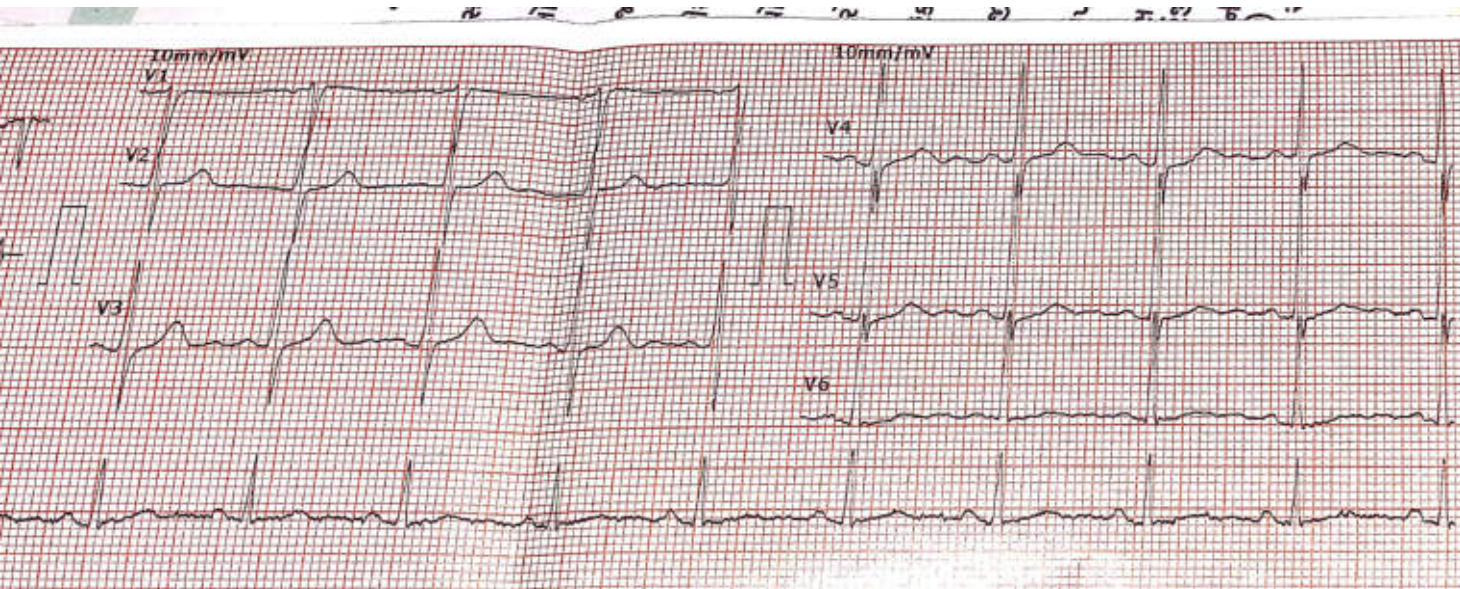
DR. CP. Redhemi

M.B. Diabetologist
Ind. Physician (DM)
Regd. No. G19798
Code No. 378943

Panchmukhi Hospital
Mavdi Chowki,
150 Ft. Ring Road, RAJKOT.

2 for the M. Pharmacy





Dr. C. P. Dadhaniva
 M.B. Diabetologist

2024-3-9 9:59:31 ID:00003834
 ID Card:
 Name: Aiyemal Rishabh male Gender: male
 Age: 55 Height(cm):
 Weight(Kg): 7 BP(mmHg):
DR. C. P. DADHANIVA
M.B. Diabetologist
 HR: 86 bpm
 P-R: 120 ms
 Q-R-S: 96 ms
 QT/QTc: 356/426 ms
 P/QRS/T AXES: 64/47/67 deg
 RVS/SV1: 1.78/0.26 mV
 RVS+SV1: 2.54 mV
 Regd. No. 615128
 Code No. 378943
Panchmukhi Hospital
Maydi Chowki,
150 Ft. Ring Road, RAJKOT.
 *The result must be confirmed by doctor!
 Report Confirmed by:

મલ્ટી સ્પેશ્યાલિટી એન્ડ મેટરનીટી નર્સિંગ હોમ

Date : ૦૧-૦૩-૨૫

સુવિધાઓ

- જનરલ પ્રેક્ટીસ
- સ્ત્રીરોગ વિભાગ
- સોનોગ્રાફી
- સર્જરી વિભાગ
- મેડીસીન વિભાગ
- ઓર્થોપેડીક વિભાગ
- બાળરોગ વિભાગ
- એનોરેક્ટલ સર્જરી
- યુરોલોજી
- લેપ્રોસ્કોપી સર્જરી
- આર.એસ.બી.વાય તથા ચિરંજીવી યોજના
- દરેક જાતની રસી (વેક્સીન) દરરોજ આપવામા આવે છે

શ્રીમદશબ્ધવાં મૌનજ્ઞ

Stool નો રિપોર્ટ કરવા
હરિદ્યુક નબ,

શ્રીમદશબ્ધવાં મૌનજ્ઞ
૫

Dr. C. P. DADHANIYA
M.B.B.S., C.I.H
Regd. No. 619798
PANCHMUKHI HOSPITAL
MAVADI CHUKADI,
150' RING ROAD, RAJKOT



बैंक ऑफ़ बड़ोदा
Bank of Baroda

नाम

गिरीश बी भियात्रा

Name

GIRISH B MIYATRA

कर्मचारी कूट क्र.

E.C. No. 156484

जारीकर्ता प्राधिकारी

Issuing Authority



गिरीश बी भियात्रा

धारक के हस्ताक्षर

Signature of Holder



ભારત સરકાર

Government of India

મિયાત્રા ગિરિશભાઈ

Miyatra Girishbhai

જન્મ તારીખ / DOB : 01/06/1968

પુરુષ / Male

9996 8850 1413



અધિકાર – સામાન્ય માણસનો અધિકાર



ભારતીય વિશિષ્ટ ઓળખાણ અધિકારણ

Unique Identification Authority of India

સરનામું:

S/O: ભીખુભાઈ, 384 કબલાપા,
ચલાલા, મીઠાપુર ડુંગરી, ચલાલા,
અમરેલી, ગુજરાત, 365630

Address:

S/O: Bhikhubhai, 384 kabalapa,
chalala, Mithapur(Dungri),
Chalala, Amreli, Gujarat, 365630

9996 8850 1413



1947

1800 300 1947



help@uidai.gov.in

WWW

www.uidai.gov.in



...determination of foetus is not done here. It is a punishable offence under PC & PNDT ACT, 1994."
→ "Asking for Sex Determination of foetus is also an offence under PC & PNDT ACT, 1994."



Mediwheel miyatra
girish hai

GPS Map
Camera Lite

3-11-3-11, 3-11-3-11, Ring Rd Cir, near Mahiraj Hotel,
Poonam Society, Om Nagar, Rajkot, Gujarat 360004, India

Latitude
22.2652493°

Longitude
70.7843229°

Local 10:24:30 AM
GMT 04:54:30 AM

Altitude 145 meters
Saturday, 09.03.2024



TEST REPORT

Name : Miyatra Girishbhai	Reg. No : 403100379
Age/Sex : 55 Years / Male	Reg. Date : 09-Mar-2024 01:53 PM
Ref. By : Dr. PANCHMUKHI HOSPITAL / INSURANCE	Collected On : 09-Mar-2024 01:53 PM
Client Name : PANCHMUKHI HOSPITAL	Report Date : 09-Mar-2024 04:40 PM

COMPLETE BLOOD COUNT (CBC) Specimen: EDTA blood

Parameter	Result	Unit	Biological Ref. Interval	
RBC Parameters				
Hemoglobin (SLS method)	15.9	g/dL	13.0 - 18.0	
Hematocrit (Electrical Impedance)	63.5	%	47 - 52	
RBC Count (Electrical Impedance)	5.73	million/cmm	4.7 - 6.0	
MCV (Calculated)	110.8	fL	78 - 110	
MCH (Calculated)	27.8	Pg	27 - 31	
MCHC (Calculated)	25.1	%	30 - 35	
RDW (Calculated)	12.1	%	11.5 - 14.0	
WBC Parameters				
WBC Count (Flowcytometry)	9810	/cmm	4000 - 10500	
DIFFERENTIAL WBC COUNT				
Neutrophils (%)	66 %	% Range 42.0 - 75.2	Abs. Value 6475 /cmm	Abs. Range 1800 - 7700
Lymphocytes (%)	24 %	20 - 45	2354 /cmm	1000 - 3900
Eosinophils (%)	02 %	1 - 4	196 /cmm	0 - 450
Monocytes (%)	08 %	2 - 8	785 /cmm	200 - 1000
Basophils (%)	00 %	0 - 1	0 /cmm	20 - 100
Platelete Parameter				
Platelet Count	501000	/cmm	150000 - 450000	
MPV	10.0	fL	7.4 - 10.4	
PDW	46.6	%	8.3 - 56.6	
PCT (Platelet Haematocrit)	0.50	%	0.2 - 0.5	

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D.R.I.

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M.D. (Path, PDCC)





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BLOOD GROUP & RH

Specimen: EDTA and Serum; Method: Haemagglutination

Parameter	Result	Unit	Biological Ref. Interval
ABO	"O"		
Rh (D)	Positive		

The Blood Group is done from received sample. Kindly ask for Blood Group Card. In case of any query, please contact Laboratory.

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Test	Result	Unit	Biological Ref. Interval
Erythrocyte sedimentation rate Sample, EDTA whole blood			
ESR (After 1 hour)	6	mm/hr	1 - 7

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FASTING PLASMA GLUCOSE
 Specimen: Flouride plasma

Parameter	Result	Unit	Biological Ref. Interval
Fasting Blood Sugar (FBS) <small>HEXOKINASE</small>	233.70	mg/dL	<100 :Non-Diabetic 100-125 :Impaired Fasting Glucose (IFG) >=126 :Diabetic

Criteria for the diagnosis of diabetes :

- HbA1c \geq 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 \geq 200mg/dL during an oral glucose tolerance test by using a glucose load containing the 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 \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: 511.

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POST PRANDIAL PLASMA GLUCOSE
 Specimen: Flouride plasma

Parameter	Result	Unit	Biological Ref. Interval
Post Prandial Blood Sugar (PPBS) <small>HEXOKINASE</small>	394.00	mg/dL	70 - 140

Criteria for the diagnosis of diabetes :

- HbA1c \geq 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 \geq 200mg/dL during an oral glucose tolerance test by using a glucose load containing the 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 \geq 200 mg/dL.

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 American diabetes association. Standards of medical care in diabetes 2011. Diabetes care 2011;34; S11.

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LIPID PROFILE

Specimen: Serum

Parameter	Result	Unit	Biological Ref. Interval
Cholesterol <i>Cholesterol Oxidase</i>	145.00	mg/dL	Desirable : < 200.0 Borderline High : 200-239 High : > 240.0
Triglyceride <i>Enzymatic Reaction With Glycerol Kinase</i>	112.00	mg/dL	Normal : < 150.0 Borderline : 150-199 High : 200-499 Very High : > 500.0
HDL Cholesterol <i>Siemens AHDL</i>	41.00	mg/dL	High Risk : < 40 Low Risk : >= 60
LDL Cholesterol <i>Siemens ALDL</i>	95.00	mg/dL	Optimal : < 100 Near Optimal/above optimal : 100-129 Borderline High : 130-159 High : 160-189 Very High : >=190
VLDL Cholesterol <i>Calculated</i>	22.40	mg/dL	15 - 35
LDL / HDL RATIO <i>Calculated</i>	2.32		0 - 3.5
Cholesterol /HDL Ratio <i>Calculated</i>	3.54		0 - 5.0

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Parameter	Result	Unit	Biological Ref. Interval
GGT <small>Siemens/37C</small>	63.00	U/L	15 - 85

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HEMOGLOBIN A1 C (HBA1C)

Specimen: Blood EDTA

Parameter	Result	Unit	Biological Ref. Interval
HbA1C <i>Siemens Dimension</i>	5.7	%	Non-Diabetic : Normal : < 5.7 % Pre-Diabetes : 5.7 % - 6.4 % Diabetes : >6.4 % Diabetic : Poor Control : > 7.0 % Good Control : 6.0 % - 7.0 %
Mean Blood Glucose <i>Calculated</i>	116.89	mg/dL	Please correlate with clinical condition 90-115: Normal 115-133: Pre-Diabetic 134-150: Good Control 151-180: Average Control 181-210: Action Suggested >211: Panic Value

Explanation :

- Total hemoglobin A1 c is continuously synthesized 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 :

- Presence of Hemoglobin variants and/or conditions that affect red cell turnover must be considered, particularly when the HbA1C result does not correlate with the patient's blood glucose levels.


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THYROID FUNCTION TEST

Parameter	Result	Unit	Biological Ref. Interval
Thyroid Stimulating Hormone (TSH) <small>CLIA</small>	4.260	μIU/ml	0.35 - 5.50

Remarks:

- 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 stimulates 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 μIU/mL
- Second Trimester : 0.2 to 3.0 μIU/mL
- Third trimester : 0.3 to 3.0 μIU/mL
- Reference: Carl A. Burtis, Edward R. Ashwood, David E. Bruns. Tietz Textbook of Clinical Chemistry and Molecular Diagnostics, 5th Edition. Philadelphia: WB Saunders, 2012:2170

Triiodothyronine (T3) <small>CLIA</small>	1.45	ng/mL	0.6 - 1.81
---	------	-------	------------

Clinical Significance:

- Triiodothyronine (T3) is a hormone synthesized and secreted by the thyroid gland in response to the pituitary hormone TSH 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 bound 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, FT3 levels parallel changes in total T3 levels. Measuring FT3 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.


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Thyroxine (T4) 9.80 µg/dL 4.5 - 12.6
CLIA

Clinical Significance :

- Thyroxin (T4) is a hormone synthesized and secreted by the thyroid gland in response to the pituitary hormone TSH 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 bound 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 T3.
- In hypothyroidism and hyperthyroidism, FT4 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:

- The anticonvulsant drug phenytoin may interfere with total and FT4 levels due to competition for TBG binding sites.
- FT4 values may be decreased in patients taking carbamazepine.
- Thyroid autoantibodies in human serum may interfere and cause falsely elevated FT4 results.

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LIVER FUNCTION TEST

Specimen : Serum

Parameter	Result	Unit	Biological Ref. Interval
Total Protein <i>BIURET</i>	8.10	g/dL	6.4 - 8.2
Albumin <i>Dye Binding - Bromocresol Purple (BCP)</i>	3.80	g/dL	3.40 - 5.00
Globulin <i>Calculated</i>	4.30	g/dL	2.3 - 3.5
A/G Ratio <i>Calculated</i>	0.88		0.8 - 3.1
SGOT (AST) <i>Siemens/37C</i>	29.00	U/L	15 - 37
SGPT (ALT) <i>Siemens/37C</i>	51.00	U/L	16 - 63
Alakaline Phosphatase <i>Siemens/37C</i>	105.00	U/L	46 - 116
Total Bilirubin <i>Diazo-Caffeine/Benzoate Coupling (Jendrassik-Grof) w/blank</i>	0.58	mg/dL	0.2 - 1
Conjugated Bilirubin <i>Diazo-Caffeine/Benzoate Coupling (Jendrassik-Grof) w/blank</i>	0.15	mg/dL	0 - 0.20
Unconjugated Bilirubin <i>Sulph acid dpl/calf-benz</i>	0.43	mg/dL	0.0 - 1.1

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

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ECHOCARDIOGRAPHY & COLOR DOPPLER

Patient Name : Girishbhai Miyatra
Ref.By : Dr Dadhaniya Sir

Age/Sex : 55/M
Date : 9/3/24

SUMMARY OF 2D ECHO

LA, LV size Normal
Concentric LVH (IVSd - 1.33cm, LVIDd-4.2cm, LVPWd-1.22cm, IVSs-1.53cm,
LVIDs-2.86cm, LVPWs-1.3cm)
No RWMA at rest
Overall LVEF -60 %.

RA , RV size and function Normal
All valves appear Normal in structure

No E/O Vegetation / clot /Pericardial effusion
IAS / IVS intact
No shunt across great vessels

● VC Size Normal 14 mm and collapsing > 50% on deep inspiration

Colour Doppler

Mitral Valve: E/A ratio 0.7 , TDI s/o E* < A*
Grade 1 MR

Tricuspid Valve: Grade 1 TR , CW TR jet 41 mmHg
Estimated PASP 46 mm Hg (RAP 5mmHg)

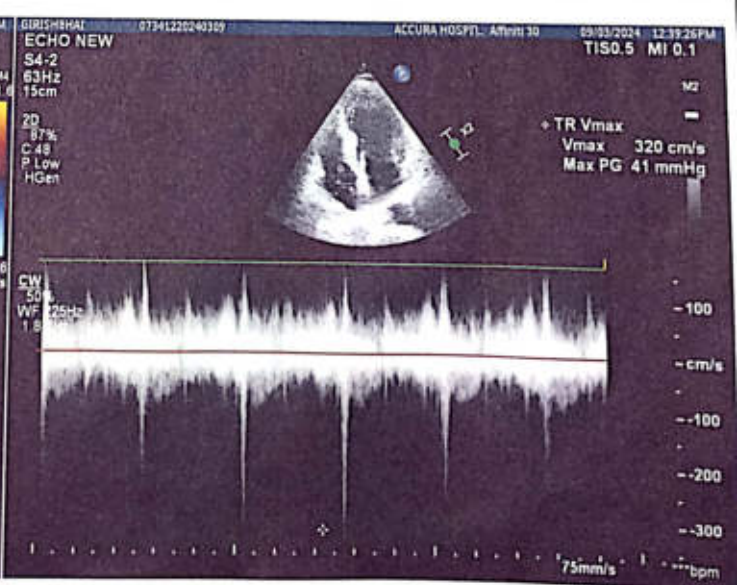
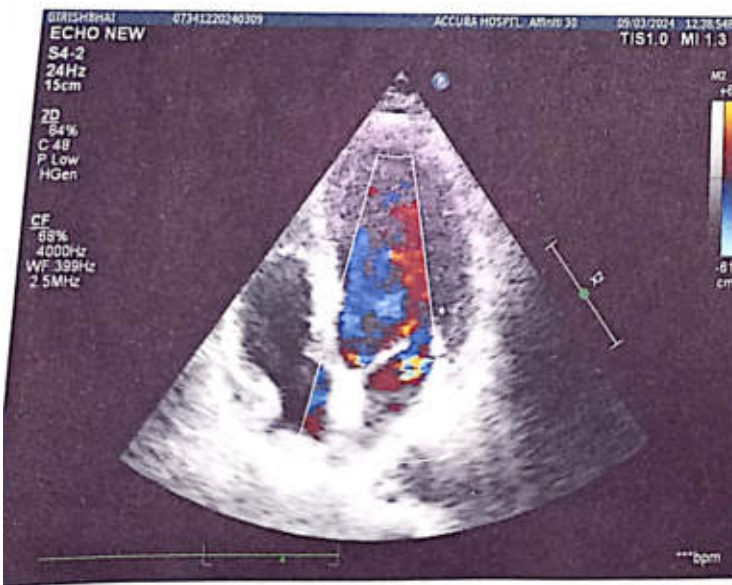
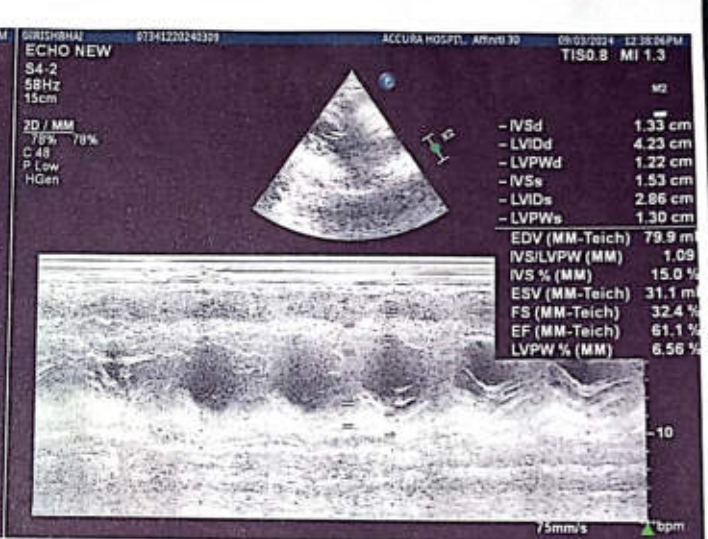
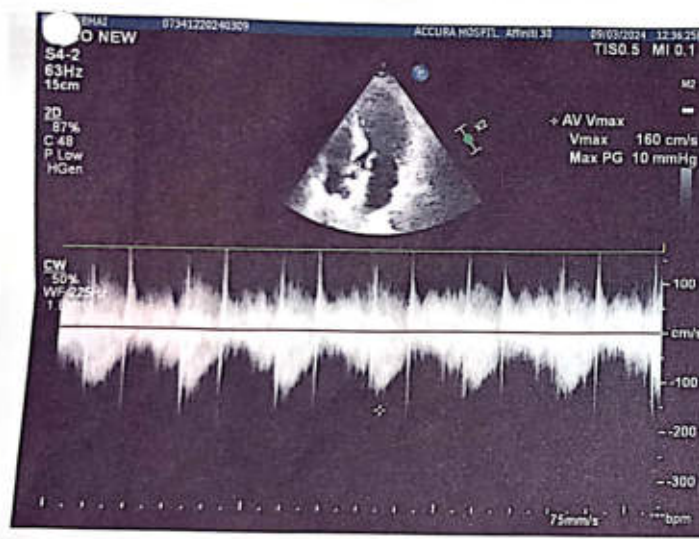
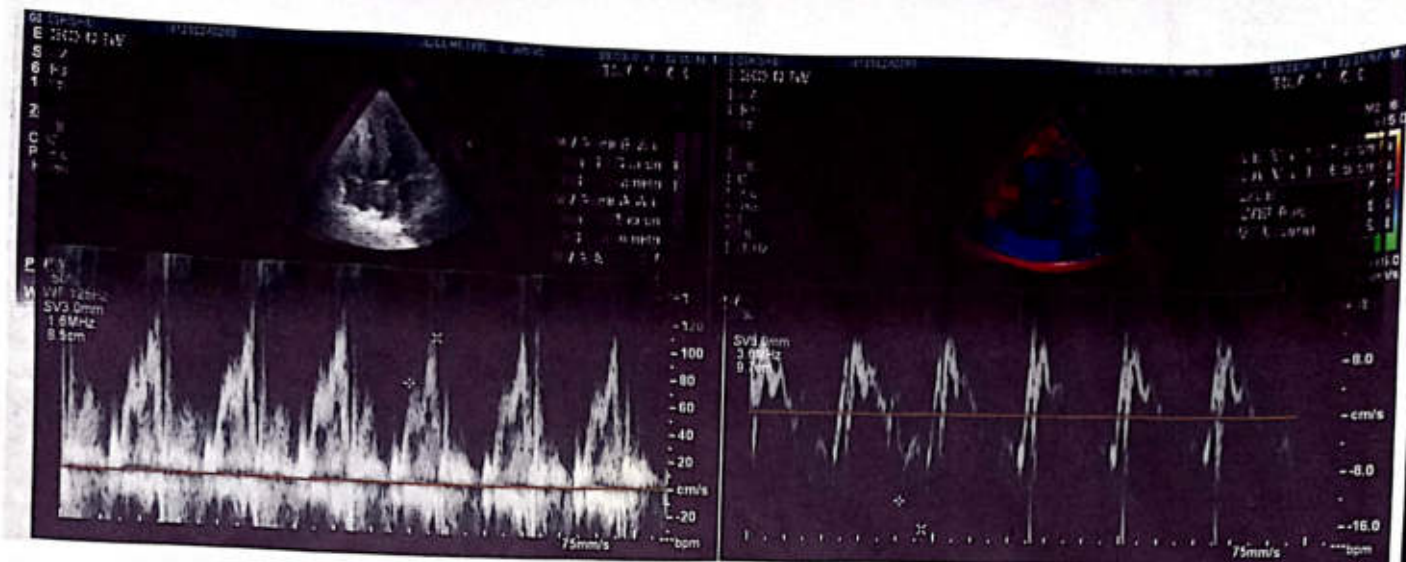
Aortic Valve: Trivial AR
No significant LVOT gradient - AV PG Max 10 mm Hg

Pulmonary Valve : No PR , PV Max PG 8 mm Hg

FINAL IMPRESSION

Good LV systolic function at rest
Concentric LVH
Mild MR, Mild PH
LV Diastolic Dysfunction

Dr V H Maniyar




Pt.'s Name: MIYATRA GIRISHBHAI

Date: 9 March, 202

Radiograph of chest (PA view)

- Both the lung fields are clear.
- No e/o consolidation, cavitations or collapse.
- Both the hila appears normal
- Both costophrenic angles appear clear.
- Both domes of diaphragm appear normal.
- Cardiac size is within normal limit.
- Bones underview reveals no evident abnormality.

Thanks for reference.


DR PRATIK KAGATHARA
MD

Pat.s' Name: MIYATRA GIRISHBHAI

DATE: 9 March 2024

U.S.G. OF ABDOMEN AND PELVIS

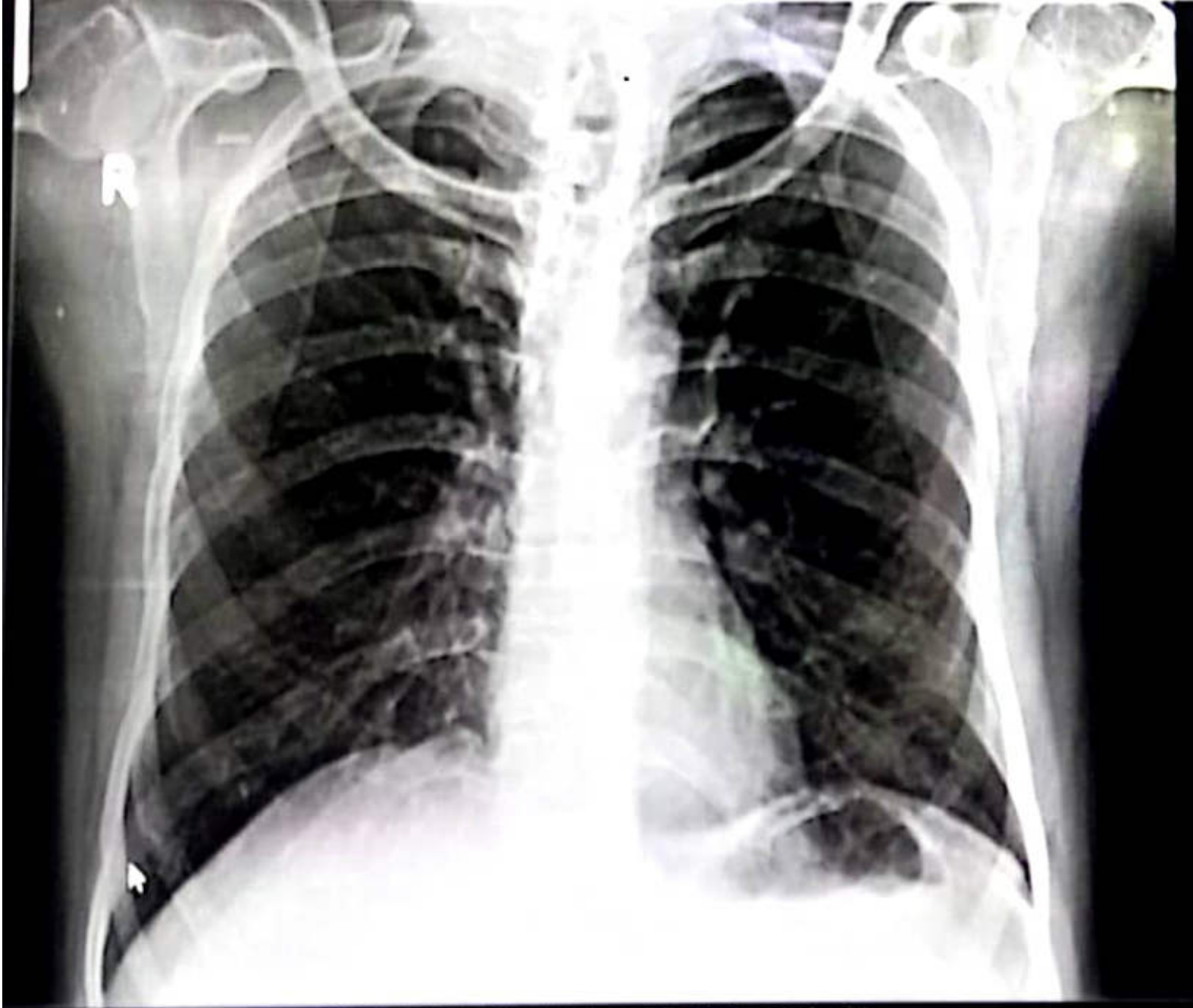
- **LIVER:** is normal size and shows bright parenchymal echotexture. No focal lesion noted. Intrahepatic billiary radicals appear normal. C.B.D and portal vein appears normal in calibre.
- **GALL BLADDER:** Well distended and appears normal. No evidence of gallstone or changes of cholecystitis.
- **PANCREAS:** appears normal in size, shape, echogenicity and echotexture. No focal lesion noted. No e/o peripancreatic fluid collection.
- **SPLEEN:** normal in size, shape, echogenicity and echotexture. No focal lesion noted.
- **BOTH KIDNEYS:** are normal in size and echotexture. Cortical echogenicity appears normal. Cortico medullary differentiation is preserved. No e/o calculi or hydronephrosis on either side.
- **URINARY BLADDER:** Minimally distended. No evidence of calculus, wall thickening, diverticula or mass lesion.
- **PROSTATE:** is enlarged in size (30 x 33 x 39 mm volume 26 cc), shape and echogenicity. No focal lesion.
- *Visualised bowel loops show no evident abnormality. No e/o lymphadenopathy. RIF/ LIF CLEAR. Bilateral C-P angels clear.*

CONCLUSION:

- Grade I fatty changes in liver.
- Mild prostatomegaly without significant post void residual volume.

Thanks for reference.


DR PRATIK KAGATHARA
MD



MIYATRA GIRISHBHAI M CHEST PA 09-Mar-24
NEELKANTH DIAGNOSTICS - RAJKOT (DR. PRATIK KAGATHARA)