

14 cm
_ yrs _ cm _ Kg BP _

Rajeshwar Choudhary
5214

[Signature]

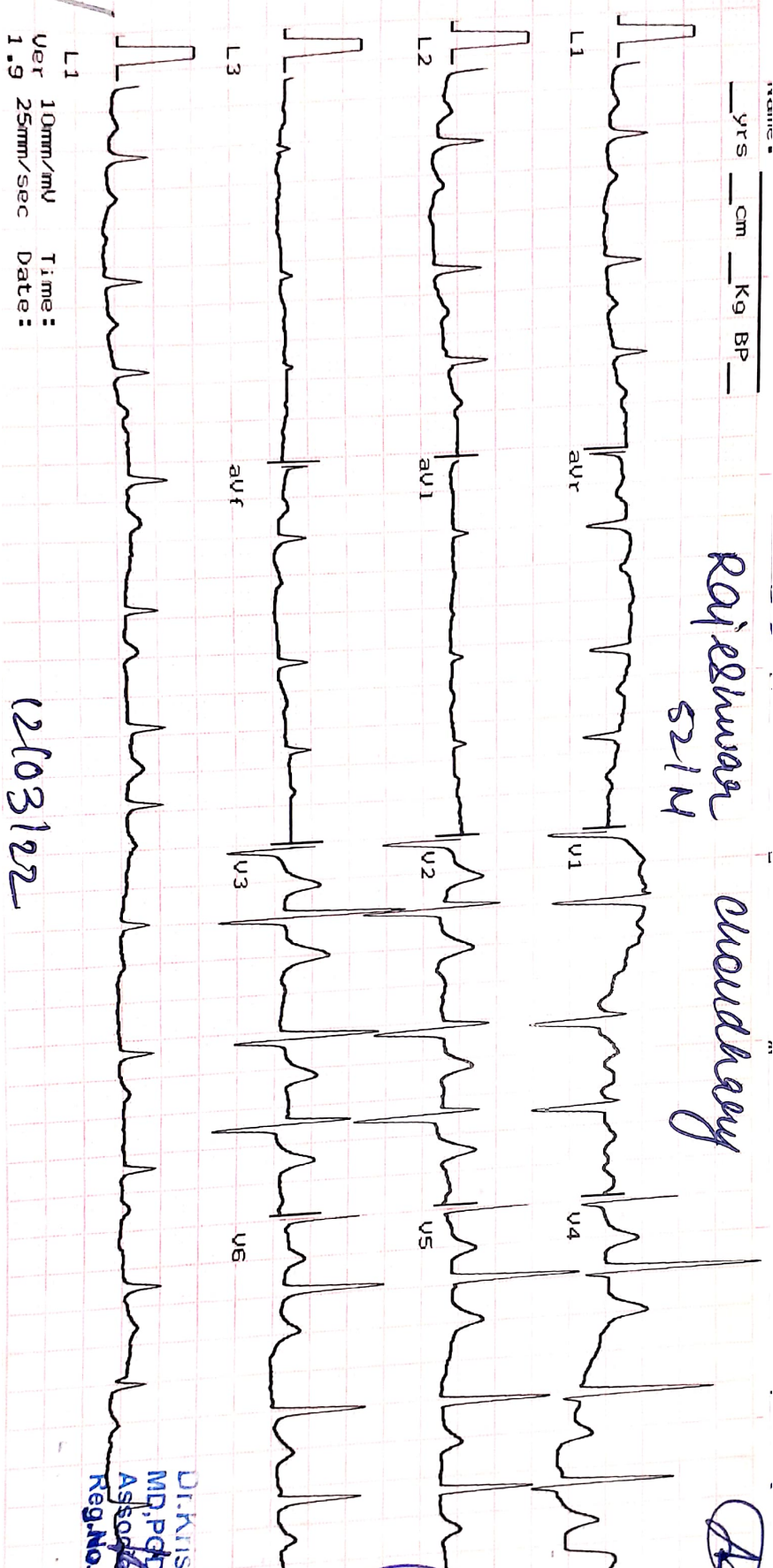
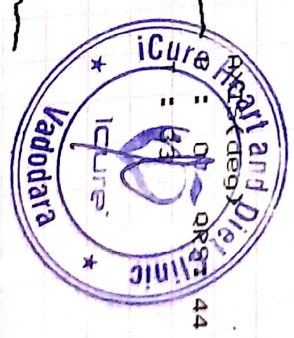
Heart Rate : 99 bpm

INTERVAL (ms)

PR:150 QRS: 50

QT:287 QTc:374

ST:140



12103122

L1 10mm/mV Time:
Ver 25mm/sec Date:
1.9

Dr. Kishu P. Valdyia
MD, PDDCC
Associate Consultant-Cardiology
Reg. No. G-50510



Heart & General Clinic

iCure Heart & Diet Clinic, 402, Epsilon tower, opp Pasha bhai park, Race course, Vadodara

:: PERSONAL HEALTH REPORT ::

| | |
|---------------------------------|---|
| NAME <u>Rejeshwar Choudhary</u> | DATE <u>12/03/22</u> |
| | SR. NO. SEX. <u>Male</u> AGE <u>52</u> HEIGHT <u>177cm</u> WEIGHT <u>91kg</u> |

HISTORY

Present History : RHD mild to moderate MS Navivel 5mg Rosuvastatin 5mg Actonin 1mg since 1991
 Past Illness History : NO Diabetes/Hypertension/Tuberculosis/Asthma/Epilepsy
 Past Occupational History : NO
 Family History : NO
 Personal History : NO
 Addiction : NO Tobacco/Gutkha/Smoking/Alcohol

GENERAL EXAMINATION

T.P.R. : B.P. : 130/90 mm Hg :
 Pallor/Icterus/Cyanosis/Varicosity/Lymph Nodes/Thyroid/Oedema/NVE/Other : NAD

SYSTEMIC EXAMINATION

R.S. : NAD
 C.V.S : NAD
 C.N.S : NAD
 A.S. : NAD
 Musculo-skelet System : NAD


| E.N.T. Ex. <u>NAD</u> Dental Ex. <u>little cavities formation</u> Skin Ex. <u>NAD</u> Psychic Ex. <u>NAD</u> | ACUITY OF VISION | | RT EYE | LT EYE |
|---|------------------|---------|--------|--------|
| | Without Glass | DISTANT | 6/ 6 | 6/ 6 |
| | | Near | 6/ 6 | 6/ 6 |
| | With Glass | DISTANT | 6/ | 6/ |
| Near | | 6/ | 6/ | |
| COLOUR BLINDNESS <u>NAD</u> | | | | |

REMARK


ADVICE

The Worker is FIT/UNFIT for the assigned job.

Dr. Krish P Vaidya
 MD, FRCC
 Associate Consultant-Cardiology
 Reg. No G-50510
 DR. KRISH VAIDYA
 MD G-50510, CIH


बँक ऑफ बरोडा
Bank of Baroda

Name: राजेश्वर प्रसाद चौधरी
 Name: RAJESHWAR PRASAD CHOUDHARY
 E.C. No. 97299



11/2/22
 only for Heart & Diet Clinic
 from Vadodara



आयकर विभाग
INCOME TAX DEPARTMENT

भारत सरकार
GOVT. OF INDIA

RAJESHWAR PRASAD CHOUDHARY
SHANKAR CHOUDHARY



10/02/1969

AENPC3792E



Handwritten signatures and dates:
01/11/2021
[Signature]
[Signature]





JKV LABORATORY



Name : RAJESHWAR CHOUDHARY
Ref By : ICURE HEART & DIET CLINIC

Age/Sex : 52 Yrs./M
Date : 12/03/2022
Report ID. : 9

HAEMOGRAM PROFILE

| <u>TEST</u> | <u>RESULT</u> |
|------------------------|----------------|
| Blood Group | : " A " |
| Rh Factor (Anti D.) | : " POSITIVE " |

BIOCHEMISTRY

FASTING (FBS)

Blood Glucose : 97.0 mg/dL 70 - 110 mg/dL

POST-PRANDIAL

Blood Glucose : 115.0 mg/dL 80 - 140 mg/dL

Done By Fully Auto Analyzer MIURA, A-1004

END OF REPORT



DR JIGAR SHAH (G23327)
M.D. Pathologist

Time : 7 a.m. to 9.00 p.m. ● Emergency 24 Hrs.

FF-5, Pancham Elite, Khodiyar Nagar, New V.I.P. Road, Vadodara-390 022

☎ 8320343731 / 9601969303 ✉ jkvlaboratory2021@gmail.com

Test Report are subject to technical limitations & should be clinically correlated. Laboratory may be contacted whenever required.



JKV LABORATORY



Name : RAJESHWAR CHOUDHARY
Ref By : ICURE HEART & DIET CLINIC

Age/Sex : 52 Yrs./M
Date : 12/03/2022
Report ID. : 9

EXAMINATION OF URINE

| TEST | RESULT | UNIT |
|--------------------------------|--------------------------|------|
| Sample | : FASTING | |
| PHYSICAL EXAMINATION | | |
| Quantity | : 10 | mL |
| Colour | : COLOURLESS | |
| Transperancy | : CLEAR | |
| Specific Gravity | : 1.003 | |
| Reaction | : ACIDIC | |
| Deposits | : ABSENT | |
| CHEMICAL EXAMINATION | | |
| Albumin | : NIL | |
| Sugar | : NIL | |
| Acetone | : ABSENT | |
| Bile Salts | : ABSENT | |
| Bile Pigments | : ABSENT | |
| Urobilinogen | : NORMAL : ~ < 1.0 mg/dL | |
| Occult Blood | : ABSENT | |
| Nitrate | : ABSENT | |
| MICROSCOPIC EXAMINATION | | |
| Pus Cells | : 0-1 / hpf | |
| RBC | : NIL | |
| Epithelial Cells | : NIL | |
| Crystals | : NIL | |
| Amorphous Phosphate | : NIL | |
| Cast | : NIL | |

END OF REPORT



DR JIGAR SHAH (G23327)
M.D. Pathologist

Time : 7 a.m. to 9.00 p.m. ● Emergency 24 Hrs.

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8320343731 / 9601969303 | jkvlaboratory2021@gmail.com

Test Report are subject to technical limitations & should be clinically correlated. Laboratory may be contacted whenever required.

2D Echocardiography & Color Doppler Report

iCure Hear care, 402, Epsilon tower, opp Pasha bhai park, Race course, Vadodara

Patient Name: Mr. Rajeshwar Choudhary

Date: 12 / 03 / 2022

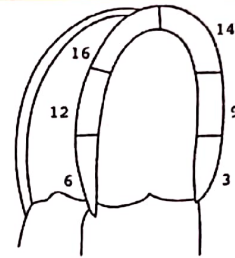
Age, Gender: Male - 52 Years

M. Mode Study:

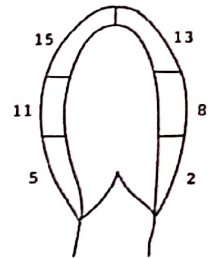
| | | | | | |
|-----------|-----------|-------------|-----------|-------------|-----------|
| LA | 62 | IVS | 10 | PWD | 11 |
| AO | 26 | LVDs | 32 | LVDd | 48 |

Doppler Study:

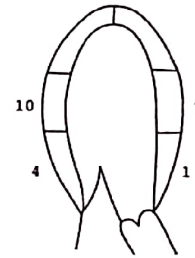
| | |
|------------------------|--------------------|
| Mitral Valve | E: - A: - |
| Aortic Valve | Moderate AR |
| Tricuspid Valve | Mild TR |
| Pulmonary Valve | NAD |



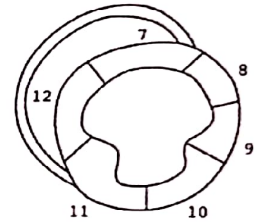
Apical
4 chamber view



Apical
2 chamber view



Apical
3 chamber view



Parasternal short
axis view

Conclusion: RHD (mild to moderate MS)

- **Normal LV Systolic function**
- **LVEF: 60 % ,No RWMA**
- **Cardiac Chambers: LA dilated**
- **Diastolic function: No lvdd**
- **TR: Mild PAH: Mild , RVSP: 36 mmhg**
- **Mild MR, Aml domain Pml fixed with Mild to Moderate MS (MVA by 2d and pht 1.5 cm² , PG/MG (15/9 mmhg)**
- **Moderate AR , No AS**
- **ASD/VSD/PDA/Co-A : No**
- **No Clots or vegetations found**
- **IVC: Normal**

Note:

Normal 2D echo report does not rule out cardiac diseases
this report shall not be used for Medico legal purposes,
Clinical Correlation advisable.



Dr. Krish P. Vaidya
 MD, PGDCC
 Consultant Cardiologist, Diabetologist
 & General Physician
 Reg. No. G-60518

iCure™ Heart & General Clinic

iCure Heart & Diet Clinic, 402, Epsilon tower, opp Pasha bhai park, Race course, Vadodara



Sunny K. Machhi
+91 87585 30074
+91 83205 61551
sunnydigitalxray@yahoo.com

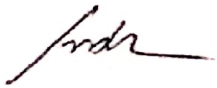
| | | | |
|---------|---------------------------|---------|------------|
| NAME | RAJESHWAR P CHOUDHARY | AGE/SEX | 53/MALE |
| REF. BY | ICURE HEART & DIET CLINIC | DATE | 12-03-2022 |

X-RAY OF CHEST PA VIEW:

FINDING

BOTH LUNG FIELDS APPEAR CLEAR.
NO CONSOLIDATION OR MASS LESION IS SEEN.
BOTH CP ANGLES ARE CLEAR.
CARDIAC SIZE APPEARS WITHIN NORMAL LIMITS.
TRACHEA IS CENTRAL IN POSITION.
MEDIASTINAL SHADOW IS NORMAL.
BOTH DOMES OF DIAPHRAGM ARE NORMAL.
BONY THORAX UNDER VISION APPEARS NORMAL.

IMPRESSIONS : NO SIGNIFICANT ABNORMALITY DETECTED



DR. HIMANI VIRAPARA
Regn. No: G.28771
M.D. [Radiodiagnosis]
(CONSULTANT RADIOLOGIST)




Heart & General Clinic

iCure Heart & Diet Clinic, 402, Epsilon tower, opp Pasha bhai park, Race course, Vadodara

| | | |
|-------------------------------|-------------|-------------------|
| NAME : Mr Rajeshwar Choudhary | AGE: 52 Y/M | DATE : 12/03/2022 |
|-------------------------------|-------------|-------------------|

ULTRASOUND WHOLE ABDOMEN
(Screening Only)

Liver is normal in size and shows normal parenchymal reflectivity. No focal lesion is seen. Hepatic veins appear normal. There is no evidence of any dilated intra hepatic biliary radicals.

Portal Vein appears normal in diameter. **Common Bile Duct** is of normal diameter.

Gallbladder is distended with normal wall thickness. There is no evidence of gallstones. No evidence of peri-cholecystic fluid or probe tenderness.

Pancreas is normal in size and shows homogenous reflectivity. There is no evidence of any calcification or ductal dilatation.

Spleen is normal size and shows a homogenous echotexture. There is no evidence of any focal lesion.

Both Kidneys are normal in position and size. They show normal cortical reflectivity and cortico-medullary distinction. Right kidney measures 97x42mm. Left kidney measures 91x45mm. There is no evidence of renal calculi, hydronephrosis or mass seen.

Bladder is well distended and shows normal wall thickness. No evidence of intra-luminal mass or calculi.

Prostate gland is normal in size. It has smooth outlines and normal reflectivity. There is no evidence of ascites.

No evidence of any gross bowel mass seen.

No evidence of any aorto-caval or mesenteric root lymphadenopathy.

Appendix cannot be imaged. No mass or collection in right iliac fossa.

CONCLUSION: No sonographic abnormality is seen.



DR. MEHUL PRAJAPATI
CONSULTANT RADIOLOGIST





JKV LABORATORY

FF-5, Pancham Elite, Khodiyar Nagar, New V.I.P. Road, Vadodara-390 022.
☎ 8320343731 / 9601969303M jkvlaboratory2021@gmail.com



Patient's Name : RAJESHWAR CHAUDHRY Ref. No. : 10048
Referred by : I Cure Heart & Diet Clinic Age : 52 Years
Date : 12/03/2022 16:24 Sex : Male

Prostate specific antigen - PSA

| Test Name | Result | Units | Biological Reference Interval |
|----------------------------------|--------|-------|-------------------------------|
| Prostate Specific Antigen (PSA): | 2.97 | ng/ml | [0.0 - 4.0] |

- Generally recommended in : prostatic malignancy
- Schedule for tumour marker determination
Pre-operatively
Post operatively - At regular intervals until the values have shown a marked decrease.
- Potential clinical applications of tumour markers are :
Prognosis - The level of tumour marker is corresponds to the mass of tumour. Moderate elevations are suggestive of better prognosis than persistent high levels.
Monitoring - The profile of tumour marker concentration against time can mirror the condition of patients diagnosed to have cancer.
- Tumour marker profile usually reflects one of the following classical patterns :
A rapid decline in the concentration following surgery or therapy indicates successful treatment.
The lack of a decline to basal level following first line therapy indicates partial success in the treatment.
Continue low level of the tumour marker indicates that remission has been maintain.
A subsequent rise in the concentration of the tumour marker suggests a recurrence of the disease.
if tumour marker concentration remain elevated after treatment, the tumour may be resistant to the therapeutic method and prognosis is poor.


DR. K. K. PATEL
MD (G-20476)
CONSULTANT PATHOLOGIST



JKV LABORATORY

FF-5, Pancham Elite, Khodiyar Nagar, New V.I.P. Road, Vadodara-390 022.
8320343731 / 9601969303M jkvlaboratory2021@gmail.com



Patient's Name : RAJESHWAR CHAUDHRY
Referred by : I Cure Heart & Diet Clinic
Date : 12/03/2022 16:24

Ref. No. : 10048
Age : 52 Years
Sex : Male

BIOCHEMICAL TESTS

| Test Name | Result | Units | Biological Reference Interval |
|-----------------------|--------|-------|-------------------------------|
| Blood Urea : | 27.5 | mg/dl | 10 - 50 |
| Creatinine : | 1.11 | mg/dl | 0.4 - 1.5 |
| Blood Urea Nitrogen : | 12.8 | mg/dl | 0 - 18 |
| Uric Acid : | 6.71 | mg/dl | 3.4 - 7.0 |


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Patient's Name : RAJESHWAR CHAUDHRY
Referred by : I Cure Heart & Diet Clinic
Date : 12/03/2022 16:24

Ref. No. : 10648
Age : 52 Years
Sex : Male

THYROID FUNCTION TEST

| Test Name | Result | Units | Biological Reference Interval |
|------------------------------------|--------------|--------|-------------------------------|
| Serum T3 : | 0.72 | ng/ml | [0.60 - 1.81] |
| Serum T4 : | 6.18 | µg/dl | [4.50 - 10.90] |
| Serum TSH : (CHEMILUMINESCENCE) | 5.025 | µIU/ml | [0.35 - 4.95] |

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 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

DR. K.K. PATEL
MD (G-20476)
CONSULTANT PATHOLOGIST





JKV LABORATORY



FF-5, Pancham Elite, Khodiyar Nagar, New V.I.P. Road, Vadodara-390 022.
8320343731 / 9601969303M jkvlaboratory2021@gmail.com

Patient's Name : RAJESHWAR CHAUDHRY
Referred by : I Cure Heart & Diet Clinic
Date : 12/03/2022 16:24

Ref. No. : 10048
Age : 52 Years
Sex : Male

LIVER FUNCTION TEST

| Test Name | Result | Units | Biological Reference Interval |
|--|--------|-------|---|
| S.G.P.T. (ALT) : | 31.2 | U/L | 30- 65 |
| S.G.O.T. (AST) : | 25.6 | IU/L | [Female: 0 - 31] [Male: 0 - 35] |
| S. Alkaline Phosphatase : | 59 | IU/L | [upto 15 yrs Female 50-162] [>20 yrs Female 42 - 141] [>20 yrs Male 53 - 119] |
| S. Bilirubin (Total) : | 0.91 | mg/dl | [0.1 to 1.2] |
| S. Bilirubin (Direct) : | 0.28 | mg/dl | [0.0 to 0.3] |
| S. Bilirubin (Indirect) : | 0.63 | mg/dl | [0.0 to 0.9] |
| S. Proteins: (Total) : | 6.97 | gm/dl | [6.6 to 8.8] |
| S. Albumin : | 4.05 | gm/dl | [3.5 to 5.2] |
| S. Globulin : | 2.92 | gm/dl | [2.5 to 3.0] |
| A/G Ratio : | 1.4 | | |
| G.G.T. : (Gamma-Glutamyl Transferase) | 38.4 | IU/L | [8 to 78] |

DR K K PATEL

MD (G-20476)

CONSULTANT PATHOLOGIST



J K V LABORATORY



FF-5, Pancham Elite, Khodiyar Nagar, New V.I.P. Road, Vadodara-390 022.
☎ 8320343731 / 9601969303M jkvlaboratory2021@gmail.com


Patient's Name : RAJESHWAR CHAUDHRY Ref. No. : 10048
Referred by : I Cure Heart & Diet Clinic Age : 52 Years
Date : 12/03/2022 16:24 Sex : Male

HBA1C [Glycosylated Haemoglobin]

| Test Name | Result | Units | Biological Reference Interval |
|---------------------------------------|--------|-------|--|
| Glycosylated Haemoglobin : (HBA1C) | 5.7 | % | Excellent control: 4.2-6.2 Good Control : 6.3-7.2 Fair Control : 7.3-8.2 Poor Control : >8.3 |
| Estimated Average glucose : | 116.89 | mg/dl | |

Comment : *As per the new 2009 update of American Diabetes Association regarding HbA1C & Mean Blood Glucose relationship.

NOTE: This test is used to monitor diabetic patients compliance with the therapeutic regimen and long term blood glucose control. It's level is proportional to both the average blood glucose concentration and the life span of the red blood cells (RBC) in circulation. HbA1c values are free of day to day glucose fluctuations and are unaffected by exercise or recent food intake.


DR K. K. PATEL
MD (G-20475)
G-23327
CONSULTANT PATHOLOGIST



JKV LABORATORY

FF-5, Pancham Elite, Khodiyar Nagar, New V.I.P. Road, Vadodara-390 022.
8320343731 / 9601969303M jkvlaboratory2021@gmail.com



Patient's Name : RAJESHWAR CHAUDHRY Ref. No. : 10048
Referred by : I Cure Heart & Diet Clinic Age : 52 Years
Date : 12/03/2022 16:24 Sex : Male

LIPID PROFILE

| Test Name | Result | Units | Biological Reference Interval |
|-------------------|--------|-------|--|
| Cholesterol : | 169.4 | mg/dl | Desirable level/low risk : < 200 Borderline level/moderate risk : 200-250 Elevated level/ high risk : > 250 |
| Triglyceride : | 140.3 | mg/dl | Normal : <150 Borderline high :150-200 High : > 200 |
| HDL Cholesterol : | 54.6 | mg/dl | Desirable level/low risk : >60 Borderline level/moderate risk : 35-60 Elevated level/ high risk : <35 |
| LDL Cholesterol : | 86.74 | mg/dl | Desirable level/low risk : <130 Borderline level/moderate risk : 130-159 Elevated level/ high risk : >159 |
| VLDL : | 28.06 | mg/dl | Upto 34 |
| Chol./HDL Ratio : | 3.1 | | |
| LDL/HDL Ratio : | 1.6 | | Desirable level/low risk : 0.5-3.0 Borderline level/moderate risk : 3.0-6.0 Elevated level/ high risk : >6.0 |
| Total Lipids : | 679.1 | mg/dl | 400 - 1000 |

DR. K. K. PATEL
MD (G-20476)
G-23327
CONSULTANT PATHOLOGIST
M.D. (Pathology)



J K V LABORATORY

FF-5, Pancham Elite, Khodiyar Nagar, New V.I.P. Road, Vadodara-390 022.
8320343731 / 9601969303M jkvlaboratory2021@gmail.com



Patient's Name : RAJESHWAR CHAUDHRY Ref. No. : 10648
Referred by : I Cure Heart & Diet Clinic Age : 52 Years
Date : 12/03/2022 16:24 Sex : Male

HEMOGRAM

| Test Name | Result | Units | Biological Reference Interval |
|--|--------|------------|-------------------------------|
| Hemoglobin : | 13.7 | g/dl | [13.0-18.0] |
| Total RBC Count : | 4.68 | mill/cmm | [4.7-6.0] |
| <u>Blood Indices</u> | | | |
| P.C.V : | 45.0 | % | [42-52] |
| M.C.V. : | 96.15 | femtolitre | [78-100] |
| M.C.H. : | 29.27 | pg | [27-31] |
| M.C.H.C. : | 30.4 | g/dl | [32-36] |
| R.D.W. : | 13.7 | % | [11.5-14.0] |
| Total WBC Count : | 5760 | /cmm | [4000-10000] |
| Platelet Count : | 195000 | /cmm | 150000-450000 |
| <u>Differential WBC Count</u> | | | |
| Polymorphs : | 66 | % | [60 - 70] |
| Lymphocytes : | 30 | % | [20 - 40] |
| Eosinophils : | 01 | % | [1 - 4] |
| Monocytes : | 03 | % | [2 - 6] |
| Basophils : | 00 | % | [0 - 1] |
| MPV : | 11.8 | | |
| PDW-CV : | 16.5 | | |
| PDW-SD : | 15.6 | | |
| PCT : | 0.11 | | |
| P-LCR : | 42.7 | | |
| <u>Erythrocyte Sedimentation Rate</u> [Modified Westergren] | | | |
| After 1 hour : | 06 | mm | [M: 1 - 7 / F: 3 - 12] |

DR K K PATEL

G-23327
MD (G-20476)

CONSULTANT PATHOLOGIST