



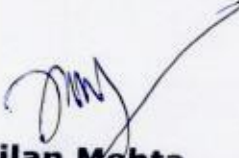
Patient Name : Mr. Bharatkumar Hiralal Modi
Registration No : 101-017-7098-000
Sex : Male
Patient Arrived At : 12-Nov-2022 09:00:00 AM
Test Name : ECHO STUDY

DOB : 22-Apr-1964
Age : 58 Yrs/
Result Verified At : 12-Nov-2022 13:05

2D ECHO CARDIOGRAPHY REPORT

- All cardiac chambers are normal in dimension
- Normal LV Systolic function at Rest, LVEF = 60 %
- No RWMA at Rest.
- Grade I diastolic dysfunction
- MV – Normal, No MS/MR AV –Normal, No AS/ AR
- TV – Normal , No TS/ Trivial TR PV – No PS / PR
- No significant Pulmonary Hypertension, RVSP = 27 mmHg
- IAS / IVS appears Intact
- No e/o obvious Clot / Vegetation
- * No significant pericardial effusion
- IVC not dilated collapsing > 50% on inspiration

IMPRESSION: NORMAL LVEF, NO RWMA, GRADE I LVDD


Dr. Milan Mehta
D.Card (Mumbai)
Non-Invasive cardiology

12.11.2022 13:01:38
SARE PATIL HOSPITAL
CHIKUWADI
ANKLESHWAR

Or Location:
Number:
Visit:
Indication:
Medication 1:
Medication 2:
Medication 3:

69 bpm
--/-- mmHg

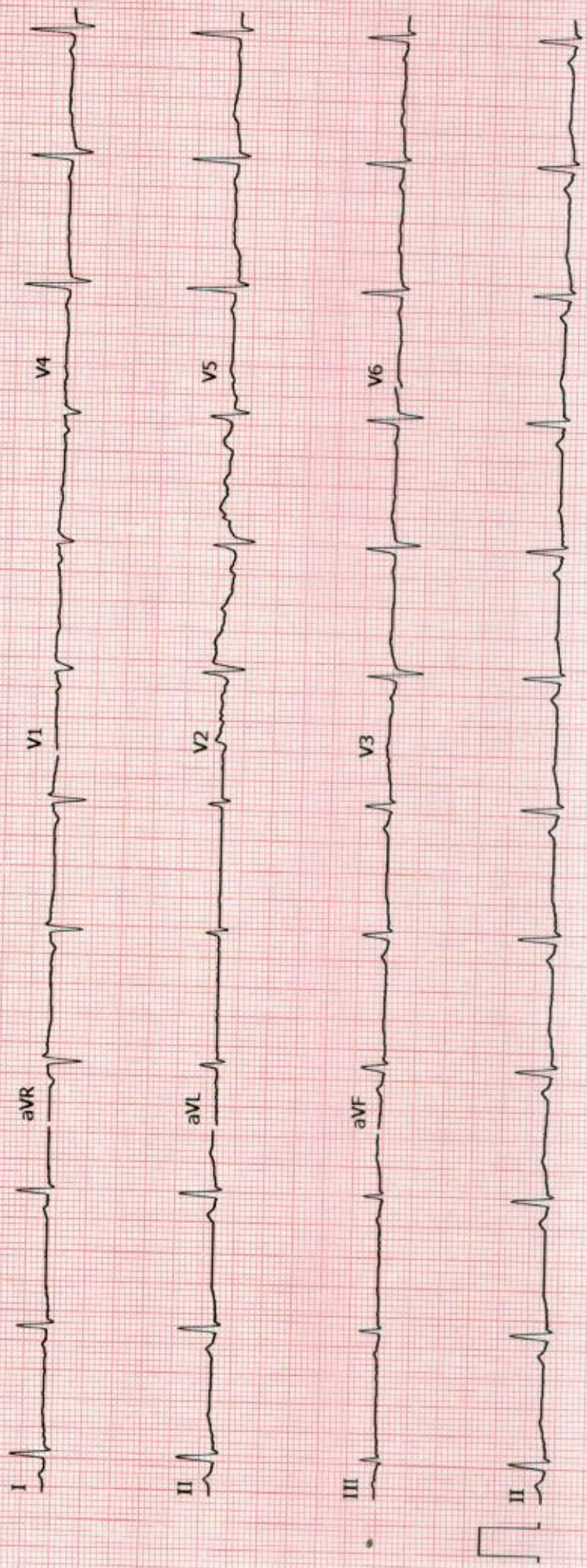
Room:

Bhushant Khandekar
med

Normal sinus rhythm
Nonspecific T wave abnormality
Abnormal ECG

Technician:
Ordering Ph:
Referring Ph:
Attending Ph:

QRS : 86 ms
QT / QTcBaz : 372 / 398 ms
PR : 148 ms
P : 110 ms
RR / PP : 872 / 869 ms
P / QRS / T : 63 / 48 / 61 degrees



Patient's Name:-	BHARATKUMAR HIRALAL MODI		
Age & Sex :-	58Y	M	DATE
Referred By :-	HEALTH CHECKUP		
			12/11/2022

X-RAY CHEST PA.

- Both Lung fields appear normal.
No evidence of any collapse / consolidation.
- Both Hila appear normal.
No evidence of any enlarged Hilar lymphnodes.
- Both CP angle clear.
- Cardiac size appear normal.
- Both hemi diaphragm appears normal
- Bony cage appear normal

COMMENTS :

- **No Significant abnormality detected.**


DR. NIKIYA PATEL
CONSULTANT RADIOLOGIST

Thanks for reference. Please co-relate clinically.

Note: This report is not valid for medico-legal purpose. There can be typing error, which can be correctable.

Patient Name : MR. BHARATKUMAR HIRALAL MODI

Age / Gender : 58 years / Male

Patient ID : 15241

Source : Sardar Patel Hospital (OPD)

Referral : Dr Mediwheel Full body Health Checkup

Collection Time : 12/11/2022, 08:37 AM

Reporting Time : 12/11/2022, 02:16 PM

Sample ID :



001031622

Test Description	Value(s)	Reference Range	Unit(s)
CBC			
Hemoglobin (Hb)* Method : Cynmeth Photometric Measurement	13.6 ✓	13.5 - 18.0	gm/dL
Erythrocyte (RBC) Count* Method : Electrical Impedence	4.25	4.7 - 6.0	mil/cu.mm
Packed Cell Volume (PCV)* Method : Calculated	38.8	42 - 52	%
Mean Cell Volume (MCV)* Method : Electrical Impedence	91.29	78 - 100	fL
Mean Cell Haemoglobin (MCH)* Method : Calculated	32.0	27 - 31	pg
Mean Corpuscular Hb Concn. (MCHC)* Method : Calculated	35.05	32 - 36	gm/dL
Red Cell Distribution Width (RDW)* Method : Electrical Impedence	12.0	11.5 - 14.0	%
Total Leucocytes (WBC) Count* Method : Electrical Impedence	7040 ✓	4000-10000	cell/cu.mm
Neutrophils* Method : VCSn Technology	50	40 - 80	%
Lymphocytes* Method : VCSn Technology	36	20 - 40	%
Monocytes* Method : VCSn Technology	09	2 - 10	%
Eosinophils* Method : VCSn Technology	05	1 - 6	%
Basophils Method : VCSn Technology	00	0 - 4	%
Platelet Count* Method : Electrical Impedence	369 ✓	150 - 450	10 ³ /ul
E.S.R			
Erythrocyte Sedimentation Rate Method : EDTA Whole blood, modified westerngren	10 ✓	<20	mm/hr

Interpretation:

It indicates presence and intensity of an inflammatory process. It is a prognostic test and used to monitor the course or response to treatment of diseases like tuberculosis, acute rheumatic fever,. It is also increased in multiple myeloma, hypothyroidism.

END OF REPORT

Bholiya

Dr. Bhavika Dholiya
M. D. Pathology
Registration No: G-32571

Patient Name : MR. BHARATKUMAR HIRALAL MODI

Age / Gender : 58 years / Male

Patient ID : 15241

Source : Sardar Patel Hospital (OPD)

Referral : Dr Mediwheel Full body Health Checkup

Collection Time : 12/11/2022, 08:37 AM

Reporting Time : 12/11/2022, 05:17 PM

Sample ID :



001031622

Test Description	Value(s)	Reference Range	Unit(s)
BLOOD GROUP & RH (D) FACTOR, EDTA WHOLE BLOOD			
Blood Group	"B"		
Method : Forward and Reverse By Tube Method			
RH Factor	Positive		
Methodology			
This is done by forward and reverse grouping by tube Agglutination method.			
Interpretation			
Newborn baby does not produce ABO antibodies until 3 to 6 months of age. So the blood group of the Newborn baby is done by ABO antigen grouping (forward grouping) only, antibody grouping (reverse grouping) is not required. Confirmation of the New-born's blood group is indicated when the A and B antigen expression and the isoagglutinins are fully developed (2-4 years).			
THYROID FUNCTION TEST 1			
T3-Total	2.01	0.69 - 2.15 ng/mL	ng/mL
Method : Serum, CLIA			
T4-Total	48.9	52 - 127 ng/mL	ng/mL
Method : Serum, CLIA			
TSH	4.21	0.3 - 4.5 uIU/mL	uIU/mL
Method : Serum, CLIA			

END OF REPORT

Bholiya

Dr. Bhavika Dholiya
M. D. Pathology
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Patient Name : MR. BHARATKUMAR HIRALAL MODI

Age / Gender : 58 years / Male

Patient ID : 15241

Source : Sardar Patel Hospital (OPD)

Referral : Dr Mediwheel Full body Health Checkup

Collection Time : 12/11/2022, 08:37 AM

Reporting Time : 12/11/2022, 01:41 PM

Sample ID :



001031622

Test Description	Value(s)	Reference Range	Unit(s)
BLOOD GLUCOSE FASTING (FBS)			
Glucose fasting Method : Fluoride Plasma-F, Hexokinase	103.3	Normal: 70 - 99 Impaired Tolerance: 100-125 Diabetes mellitus: \geq 126 (on more than one occasion) (American diabetes association guidelines 2018)	mg/dL
Urine Fasting	Absent		
GLYCOSYLATED HB (HBA1C)			
Glyco Hb (HbA1C)	4.4	Non-Diabetic: \leq 5.6 Pre Diabetic:5.7-6.4 Diabetic: \geq 6.5	%
Estimated Average Glucose :	79.58		mg/dL

Interpretations

- HbA1C has been endorsed by clinical groups and American Diabetes Association guidelines 2017 for diagnosing diabetes using a cut off point of 6.5%
- Low glycosylated haemoglobin in a non diabetic individual are often associated with systemic inflammatory diseases, chronic anaemia (especially severe iron deficiency and haemolytic), chronic renal failure and liver diseases. Clinical correlation suggested.
- In known diabetic patients, following values can be considered as a tool for monitoring the glycemic control.
 - Excellent control-6-7 %
 - Fair to Good control - 7-8 %
 - Unsatisfactory control - 8 to 10 %
 - Poor Control - More than 10 %

END OF REPORT

B. Dholiya

Dr. Bhavika Dholiya
M. D. Pathology
Registration No: G-32571

Patient Name : MR. BHARATKUMAR HIRALAL MODI

Age / Gender : 58 years / Male

Patient ID : 15241

Source : Sardar Patel Hospital (OPD)

Referral : Dr Mediwheel Full body Health Checkup

Collection Time : 12/11/2022, 08:37 AM

Reporting Time : 12/11/2022, 02:32 PM

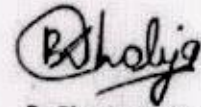
Sample ID :



001031622

Test Description	Value(s)	Reference Range	Unit(s)
BLOOD GLUCOSE POST PRANDIAL (PP2BS)			
Blood Glucose-Post Prandial Method : Hexokinase	113.8	70 - 140	mg/dL
Urine Post Prandial	Absent		

END OF REPORT



Dr. Bhavika Dholiya
M. D. Pathology
Registration No: G-32571

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Age / Gender : 58 years / Male

Patient ID : 15241

Source : Sardar Patel Hospital (OPD)

Referral : Dr Mediwheel Full body Health Checkup

Collection Time : 12/11/2022, 08:37 AM

Reporting Time : 12/11/2022, 02:57 PM

Sample ID :



Test Description	Value(s)	Reference Range	Unit(s)
LIVER FUNCTION TEST-1			
Bilirubin - Total Method : Serum, Jendrassik Grof	0.48	0.3 - 1.2	mg/dL
Bilirubin - Direct Method : Serum, Diazotization	0.21	Adults and Children: 0.0 - 0.4	mg/dL
Bilirubin - Indirect Method : Serum, Calculated	0.27		
SGOT Method : Serum, UV with P5P, IFCC 37 degree	42.2	< 50	U/L
SGPT Method : Serum, UV with P5P, IFCC 37 degree	64.7	< 50	U/L
Alkaline Phosphatase-ALPI Method : Serum, PNPP, AMP Buffer, IFCC 37 degree	60.0	30-120	U/L
Total Protein Method : Serum, Biuret, reagent blank end point	6.93	6.6 - 8.3	g/dL
Albumin Method : Serum, Bromocresol purple	3.93	Adults: 3.5 - 5.2	g/dL
Globulin Method : Calculated	3.00	1.8 - 3.6	g/dL
A/G Ratio Method : Calculated	1.31	1.2 - 2.2	ratio
RENAL PROFILE			
Urea * Method : Serum	18.3	17- 55 mg/dL	mg/dL
Creatinine* Method : Serum, Jaffe IDMS	0.84	0.6 - 1.4 mg/dl	mg/dL
Uric Acid* Method : Serum, Uricase/POD	6.9	3.5 - 7.2	mg/dL
Blood Urea Nitrogen-BUN* Method : Serum, Urease	8.55	7 - 25 mg/dL	mg/dL
Calcium* Method : Arsenazo III	10.47	8.8 - 10.6	mg/dL
Sodium* Method : Serum, Indirect ISE	144.7	136 - 146	mmol/L
Potassium* Method : Serum, Indirect ISE	4.80	3.5 - 5.1	mmol/L
Chloride* Method : Serum, Indirect ISE	101.9	101 - 109	mmol/L

END OF REPORT

Dr. Bhavika Dholiya
M. D. Pathology
Registration No: G-32571

Patient Name : MR. BHARATKUMAR HIRALAL MODI

Age / Gender : 58 years / Male

Patient ID : 15241

Source : Sardar Patel Hospital (OPD)

Referral : Dr Mediwheel Full body Health Checkup

Collection Time : 12/11/2022, 08:37 AM

Reporting Time : 12/11/2022, 02:20 PM

Sample ID :



001031622

Test Description	Value(s)	Reference Range	Unit(s)
LIPID PROFILE (D)			
Cholesterol-Total Method : Serum, Cholesterol oxidase esterase, peroxidase	228.0 f	Desirable: <= 200 Borderline High: 201-239 High: > 239 Ref: The National Cholesterol Education Program (NCEP) Adult Treatment Panel III Report.	mg/dL
Triglycerides Method : Serum, Enzymatic, endpoint	217.5 ↑	Normal: < 150 Borderline High: 150-199 High: 200-499 Very High: >= 500	mg/dL
Cholesterol-HDL Direct Method : Serum, Direct measure-PEG	55.8	Normal: > 40	mg/dL
LDL Cholesterol Method : Calculated	128.70	Major Heart Risk: < 40 Optimal: < 100 Near optimal/above optimal: 100-129 Borderline high: 130-159 High: 160-189	mg/dL
Non - HDL Cholesterol, Serum Method : calculated	172.20	Very High: >= 190 Desirable: < 130 mg/dL Borderline High: 130-159mg/dL High: 160-189 mg/dL	mg/dL
VLDL Cholesterol Method : calculated	43.50	Very High: > or = 190 mg/dL	mg/dL
CHOL/HDL RATIO Method : calculated	4.09	6 - 38	ratio
LDL/HDL RATIO Method : calculated	2.31	3.5 - 5.0	ratio
HDL/LDL RATIO Method : calculated	0.43	Desirable / low risk - 0.5 -3.0 Low/ Moderate risk - 3.0- 6.0 Elevated / High risk - > 6.0 Desirable / low risk - 0.5 -3.0 Low/ Moderate risk - 3.0- 6.0 Elevated / High risk - > 6.0	ratio

Note: 8-10 hours fasting sample is required. Test results may show interferences due to pregnancy, certain drugs such as estrogens and other drugs (such as androgenic and related steroids), and insulin therapy etc. 12 hours fast is recommended prior to the test as non fasting status may result in falsely elevated test values. Alcohol should not be consumed for atleast 24 hours before the test. Values may be increased in acute illness, colds or flu. Obesity, stress, physical inactivity, cigarette smoking may lead to increase test values. If possible all medications should be withheld for atleast 24 hours before testing (On Doctors Advice). Intraindividual variations, seasonal as well as positional variations (levels lower when sitting compared to standing etc.) have been observed. Cholesterol and HDL-C should not be measured immediately after MI, and 3 months wait is suggested.

****END OF REPORT****

Patient Name : MR. BHARATKUMAR HIRALAL MODI

Age / Gender : 58 years / Male

Patient ID : 15241

Source : Sardar Patel Hospital (OPD)

Referral : Dr Mediwheel Full body Health Checkup

Collection Time : 12/11/2022, 08:37 AM

Reporting Time : 12/11/2022, 02:15 PM

Sample ID :



Test Description	Value(s)	Reference Range	Unit(s)
URINE ROUTINE			
Volume*	40	ml -	ml
Colour*	Pale Yellow	Pale Yellow	
Transparency (Appearance)*	Clear	Clear	
Deposit*	Absent	Absent	
Reaction (pH)*	6.0	4.5 - 8	
Specific Gravity*	1.010	1.010 - 1.030	
Chemical Examination (Automated Dipstick Method) Urine			
Urine Glucose (sugar)*	Absent	Absent	
Urine Protein (Albumin)*	Absent	Absent	
Urine Ketones (Acetone)*	Absent	Absent	
Blood*	Absent	Absent	
Bile pigments*	Absent	Absent	
Nitrite*	Absent	Absent	
Microscopic Examination Urine			
Pus Cells (WBCs)*	OCCASIONAL	0 - 5	/hpf
Epithelial Cells*	Absent	0 - 4	/hpf
Red blood Cells*	Absent	Absent	/hpf
Crystals*	Absent	Absent	
Cast*	Absent	Absent	
Trichomonas Vaginalis*	Absent	Absent	
Yeast Cells*	Absent	Absent	
Amorphous deposits*	Absent	Absent	
Bacteria*	Absent	Absent	

END OF REPORT

B. Dholiya

Dr. Bhavika Dholiya
M. D. Pathology
Registration No: G-32571

Patient Name : MR. BHARATKUMAR HIRALAL MODI

Age / Gender : 58 years / Male

Patient ID : 15241

Source : Sardar Patel Hospital (OPD)

Referral : Dr Mediwheel Full body Health Checkup

Collection Time : 12/11/2022, 08:37 AM

Reporting Time : 12/11/2022, 02:16 PM

Sample ID :



Test Description	Value(s)	Reference Range	Unit(s)
STOOL ROUTINE			
Stool Examination-Routine			
General Examination (Stool)			
Colour*	Yellow	Brown	
Form & Consistency*	Semi Solid	Semi Solid	
Mucus*	Absent	Absent	
Blood*	Absent	Absent	
Worms (Adult/Segment)*	Absent	Absent	
Chemical Examination (Stool)			
Reaction*	Acidic	Alkaline	
Occult Blood*	Negative	Negative	
Microscopy (Saline and Iodine mount) (Stool)			
Cyst*	Absent		
Ova*	Absent		
Trophozoites*	Absent		
Red Blood Cells*	Absent		
Pus Cells*	1-3	0 - 5	/hpf
Epithelial Cells*	OCCASIONAL	0 - 4	/hpf
Undigested Material*	Present	Absent	

END OF REPORT

B. Dholiya

Dr. Bhavika Dholiya
M. D. Pathology
Registration No: G-32571

Patient's Name:-	BHARATKUMAR HIRALAL MODI		Date :-	12/11/2022
Age & Sex :-	58Y	M		
Referred By :-	HEALTH CHECKUP			

Clinical Profile : Right Hemicolectomy Done for Lymphoma.

USG ABDOMEN & PELVIS

Poor penetration due to excessive body wall fat.

LIVER : normal in size shape and fatty echotexture.

No focal solid or cystic mass seen.

Portal & biliary radicals normal.

PV & CBD normal.

G.B. : Contracted.

PANCREAS : visualised reveals normal echotexture. No mass, calcification or pancreatitis.

SPLEEN : Normal size & reveals normal echotexture. No other focal mass seen.

BOTH KIDNEY : RK: 106 x 51 mm. , LK : 98 x 53 mm.

Both kidneys are normal size with normal cortical thickness.

No focal solid or cystic mass seen. No calculus. No hydronephrosis seen.

C.M differentiation is preserved. No parenchymal abnormality seen.

U. BLADDER : Well distended & normal. No mass or filling defect seen.

PROSTATE: Normal in size & echotexture. No mass or calcification seen.

BOWEL LOOPS : peristaltic bowel loops seen in lower abdomen. Bowel loops are normal calibre (Visualized).

No free fluid seen. No enlarged lymphnodes seen.

IMPRESSION:

- **Fatty changes in liver.(grade I)**

DR. NIKITA PATEL
CONSULTANT RADIOLOGIST

Thanks for reference. Please co-relate clinically.

Note: This report is not valid for medico-legal purpose. There can be typing error, which can be correctable.

Sonography has its own limitation. Clinical Correlation and Further Invention If Needed Clinically.