

MER- MEDICAL EXAMINATION REPORT

Date of Examination	18/7/2023		
NAME	ROHIT MISHRA		
AGE	31	Gender	М
HEIGHT(cm)	5'8'	WEIGHT (kg)	70
B.P.	124/7	0	
ECG	WNL		
X Ray	WNL		
Vision Checkup	Far	Vision: NO COLO Vision Ratio: 6/6 TVision Ratio: N/6	R BLINDNESS
Present Ailments	NAI		
Details of Past ailments (If Any)	NA	D	
Comments / Advice : She /He is Physically Fit		S PHYSICALLY AN JTINE WORK.	DMENTALY FIT FOR HIS

UNITY MULTISPECIALITY HOSPITAL Rajesh Tower Road, Near Harmagar Cross Roads, Gotri, Vadodara-390021.

Signature with Stamp of Medical Examiner

Rajesh Tower Road, Nr. Harinagar Crossroads, Gotri, Vadodara -390021 Phone: 0265 2392663/2392664 • Mobile: 9909931141 / 42 Email: Info@unityhospitals.org • Website: www.unityhospitals.org





Ours Pathology Laboratory
20, Kalpyruksh, Nr. Gotri Medical College, Gotri Main Road, Vadodara - 390 021.
3260 / 72288 66487

NCH: Ground Floor C-64, Nutan Maheshwar Nagar, Opp. IndusInd Bank, Subhanpura, Vadodara 390023. 7490053260 / 8511153260

TEST REPORT

Reg. No : 2307101643 Name : MISHRA ROHIT Reg. Date : 18-Jul-2023 Collected On: 18-Jul-2023

Age : 31 Years

Sex: Male

Ref. By

Location: Unity Health Checkup

Disp. At

Parameter <u>Interval</u> Result

BLOOD GROUP & RH

SPECIMEN: EDTA AND SERUM; METHOD: HAEMAGGLUTINATION

Blood Group

'O' ABO

Rh (D) Positive

End Of Report-

Approved by: Dr. Tushar Sonaiya

M.Ď.



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Unit Biological Reference Interval

PERIPHERAL BLOOD SMEAR EXAMINATION

SPECIMEN: PERIPHERAL BLOOD SMEAR & EDTA BLOOD

PERIPHERAL SMEAR EXAMINATION

RBC are normochromic normocytic. **RBC Morphology**

WBC Morphology Normal morphology

Platelets Platelets are adequate with normal morphology.

----End Of Report---

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Result <u>Unit</u> **Biological Reference Interval Parameter**

COMPLETE BLOOD COUNT (CBC)

SPECIMEN: EDTA BLOOD

Hemoglobin (SLS method)	13.4	g/dL	12.0 - 17.0
RBC Count (Electrical Impedance)	4.65	million/cmm	4.6 - 6.5
Hematrocrit- HCT (Elec. Impedance)	40.70	%	35 - 54
WBC Count (Flowcytometry)	8080	/cmm	4000 - 10500
Platelet Count (Electrical Impedance)	163000	/cmm	150000 - 450000
MCV (Calculated)	87.5	fL	80 - 96
MCH (Calculated)	28.8	Pg	27 - 33
MCHC (Calculated)	32.9	%	32 - 36
DIFFERENTIAL WBC COUNT (Ma	anual By Microscopy)		
DIFFERENTIAL WBC COUNT (Management (Manage	anual By Microscopy) 64	%	45 - 75
		%	45 - 75 20 - 40
Neutrophils (%)	64		
Neutrophils (%) Lymphocytes (%)	64 26	%	20 - 40
Neutrophils (%) Lymphocytes (%) Monocytes (%)	64 26 8	%	20 - 40 1 - 10
Neutrophils (%) Lymphocytes (%) Monocytes (%) Eosinophils (%)	642682	% % %	20 - 40 1 - 10 1 - 4
Neutrophils (%) Lymphocytes (%) Monocytes (%) Eosinophils (%) Basophils (%)	64 26 8 2 0	% % %	20 - 40 1 - 10 1 - 4 0 - 1

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

Approved by: Dr. Tushar Sonaiya M.Ď. Reg. No. 15158



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<u>Parameter</u>	Result	<u>Unit</u>	Biological Reference Interval
		BIOCHEMISTRY	
Fasting Blood Sugar (FBS)	106.50	mg/dL	65 - 110
Urine Glucose -F	Nil		
Post Prandial Blood Sugar (PP2BS)	119.60	mg/dL	65 - 140
Urine Glucose- PP	Nil		

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<u>Parameter</u>	Result	<u>Unit</u>	Biological Reference Interval
	THYROID FUNC	TION TEST	
T3 (Triiodothyronine)	1.20	ng/mL	0.7 - 2.04
T4 (Thyroxine)	7.10	mIU/mL	4.5 - 10.9
TSH	3.497	μIU/ml	0.4 - 4.2

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-relasing 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.

---End Of Report-

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Disp. At **Parameter**

Result

Biological Reference Interval

: 18-Jul-2023

Collected On: 18-Jul-2023

URINE ROUTINE EXAMINATION

PHYSICAL EXAMINATION

Quantity 10 cc

Colour Pale Yellow

Clarity Clear

CHEMICAL EXAMINATION (BY REFLECTANCE PHOTOMETRIC METHOD)

4.6 - 8.0 рΗ 6.0

1.030 Sp. Gravity

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

Epithelial Cells 1-2/hpf

Erythrocytes (Red Cells) Nil

Amorphous Material Nil

Nil Casts

Crystals Nil

Bacteria Nil

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

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Result	<u>Unit</u>	Biological Reference Interval
KIDNEY	FUNCTION TEST	
29.20	mg/dL	10 - 40
0.98	mg/dL	0.6 - 1.40
	29.20 KIDNEY	KIDNEY FUNCTION TEST 29.20 mg/dL

----End Of Report---

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<u>Parameter</u>	Result	<u>Unit</u>	Biological Reference Interval
	LIVER FUNC	TION TEST	
Total Protein	6.91	g/dL	6.3 - 7.8
Albumin	3.78	g/dL	3.4 - 5.0
Globulin	3.13	g/dL	2.3 - 3.5
A/G Ratio	1.21		0.8 - 2.0
SGOT	50.50	U/L	5 - 50
SGPT	53.10	U/L	5 - 45
Alakaline Phosphatase	100.50	U/L	42 - 141
Total Bilirubin	0.41	mg/dL	0 - 1.4
Direct (Conjugated) Bilirubin	0.15	mg/dL	0.0 - 0.6
Indirect (Unconjugated) Bilirubin	0.26	mg/dL	0.0 - 1.1

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Age

· 31 Years Sex: Male

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: Unity Health Checkup Location

Disp. At

Parameter Result

Unit

Biological Reference Interval

HEMOGLOBIN A1 C ESTIMATION

SPECIMEN: BLOOD EDTA

Hb A1C 5.70 % of Total Hb >8: Action Suggested,

7-8: Good Control,

<7 : Goal,

6-7: Near Normal Glycemia, <6: Non-diabetic Level

Mean Blood Glucose mg/dL

Criteria for the diagnosis of diabetes

1. HbA1c > = 6.5*

Or

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

- 3.Two hour plasma glucose >/= 200 mg/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 >/= 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.

Limitation of HbA1c

- 1) In patients with Hb variants even analytically correct results do not reflect the same level of glycemic control that would be expected in patients with normal population.
- 2) Any cause of shortened erythrocyte survival or decreased mean erythrocyte survival or decreased mean erythrocyte age eg. hemolytic diseases, pregnancy, significant recent/chronic blood loss etc. will reduce exposure of RBC tog lucose with consequent decrease in HbA1c values.
- 3) Glycated HbF is not detected by this assay and hence specimens containing high HbF (>10%) may result in lower HbA1c values than expected.

----End Of Report--

Approved by: Dr. Tushar Sonaiya M.D.



OPD HEALTH CHECKUP CASE

OPD NO

: OP09696/H/ (UHID: UHG05914)

DATE TIME

: 18-07-2023 09:39 AM

NAME

: MR. ROHIT MISHRA

AGE / GENDER

: 31Y / MALE

ADDRESS

: MEDICAL OFFICER

: 24/RATNADIP SOC, GOTRI, VADODARA

PHONE NO.

: 7838487246

PATIENT TYPE

: CASH

COMPANY

: CASH

CONS. DR.

REF. DR.

: DIRECT

VITALS

HEIGHT:

CM

WEIGHT:

KG

TEMP : (N

PULSE : 8 4 /MIN

BP : 124 7 0MM/HG

SP02 : 98 %

: AEBT-1-

cvs : 5152+

CNS

: Conscious

INVESTIGATION

PRESENTING COMPLAIN(S):

The Cume for Health

Rudiceleogical Ja

FOLLOW UP DATE

UNITY MULTISPECIALITY HOSPITAL Rajesh Tower Road, Near Harinagar Cross Roads, Gotri, Vadodara-390021.



OPD HEALTH CHECKUP CASE

OPD NO

: OP09696/H/ (UHID: UHG05914)

NAME

: MR. ROHIT MISHRA

ADDRESS

: 24/RATNADIP SOC, GOTRI, VADODARA

PATIENT TYPE

: CASH

CONS. DR.

: CHIRAG RATHOD

DATE TIME

: 18-07-2023 09:39 AM

AGE / GENDER

: 31Y / MALE : 7838487246

PHONE NO. COMPANY

: CASH

REF. DR.

: DIRECT

VITALS

HEIGHT:

CM

WEIGHT:

KG

TEMP :

PULSE :

/MIN

: 724 7 0M/HG

SP02 : 9 6

: MEBT.cla

: 51521

CNS : (Ongciche

INVESTIGATION

PRESENTING COMPLAIN(S):

- Come for health cheeking

No any Jains of Complaint

T-ca, 2 DT-elo moted

Mild weight Reduction - Avoid Spidy, oily green - Wulling

2. Partit, Nishru DR. CHIRAG RATHOD UNITY MULTISPECIALITY HOSPITAL

M.D.MEDICINE

Rajesh Tower Road, Near Harinagar Cross Roads, Gotri, Vadodara-390021.

FOLLOW UP DATE

- in c/o chest thin



OPD HEALTH CHECKUP CASE

OPD NO

: OP09696/H/ (UHID: UHG05914)

NAME

: MR. ROHIT MISHRA

ADDRESS

: 24/RATNADIP SOC, GOTRI, VADODARA

PATIENT TYPE

: CASH

CONS. DR.

: JAYMAN RAVAL

DATE TIME

ALE LAUTE

: 18-07-2023 09:39 AM

AGE / GENDER

: 31Y / MALE : 7838487246

PHONE NO.
COMPANY

: CASH

REF. DR.

: DIRECT

VITALS

HEIGHT:

CM

WEIGHT:

KG

TEMP :

PULSE :

/MIN

BP

SPO2 :

MM/HG

RS :

cve

1

CNS

INVESTIGATION

PRESENTING COMPLAIN(S):

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Thering - Neuman

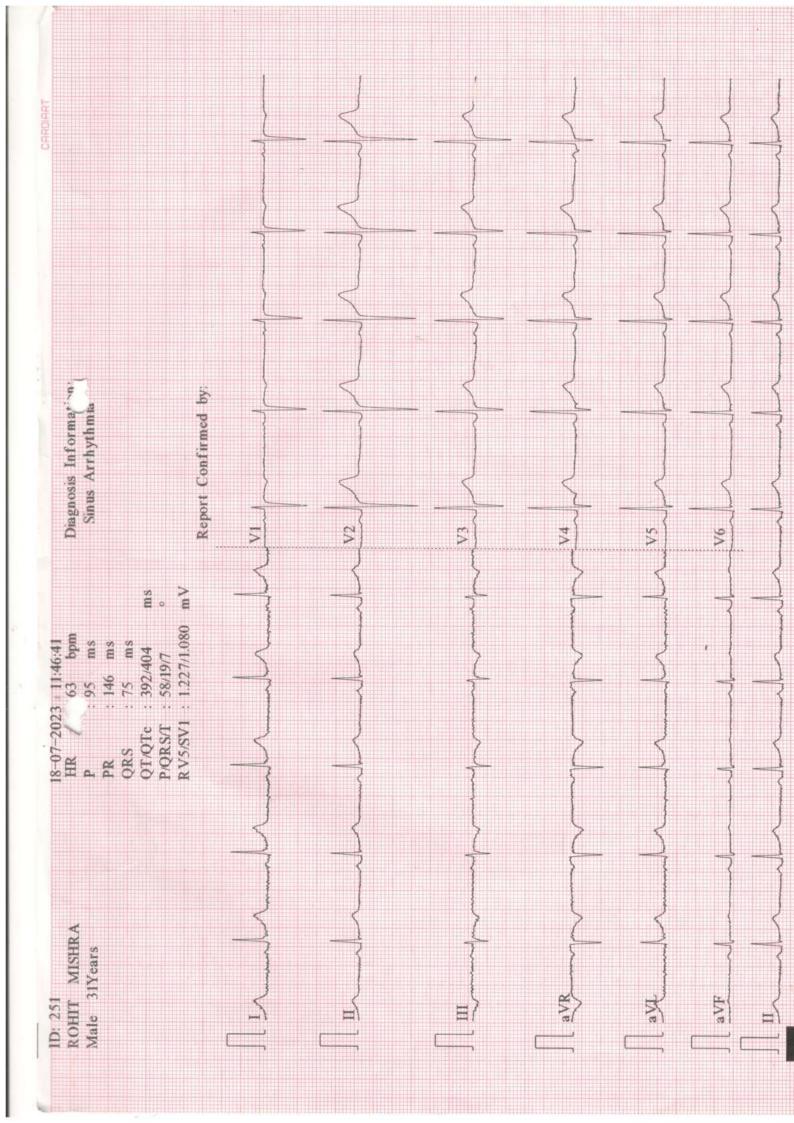
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Noese, Thin

FOLLOW UP DATE

DR. JAYMAN RAVAL

UNITY MULTISPECIALITY HOSPITAL Rajesh Tower Road, Near Harinagar Cross Roads, Gotri, Vadodara-390021





- · High Resolution Ultrasonography
- Colour Doppler
- All Pregnancy Scan
- 3D 4D Imaging
- Digital X-ray



NAME: ROHIT MISHRA

DATE: 18-07-2023

AGE: 31 YRS/ MALE

USG SCREENING OF WHOLE ABDOMEN

Liver – appears normal in size (span = 13.5 cm), normal shape and shows mild increase reflectivity-often seen in fatty infiltration, Intrahepatic biliary radicles show no dilatation. Portal vein is patent and normal in size.

Gall bladder is partially distended and appears normal, no calculus or wall thickening. **Spleen** appears normal in size and normal echotexture, no evidence of focal lesion.

Pancreas – visualized part of pancreas appears normal in size and echotexture .no obvious bulky or hypoechoic echotexture seen. No peri pancreatic fluid. Pancreatic duct is not dilated.

Right Kidney:

10.3

4.6 cm in size

Left Kidney :

9.7

4.0

cm in size

Both kidneys show normal size, position and cortical echogenicity.

Corticomedulary differentiation is preserved bilaterally.

No obvious renal calculus or hydronephrosis detected in either side.

Urinary bladder is partially distended and appears normal, No calculus or diverticulum noted. No urinary bladder wall thickening.

Prostate: Appears normal in size and appearance. Normal in volume.

No evidence of obvious small bowel loop dilatation. Large bowel loops are gaseous. No evidence of pre or para aortic abnormal lymphadenopathy.

No omental thickening, free fluid or abnormal morphology mesenteric lymph nodes seen in right iliac fossa.

No evidence of intraperitoneal free fluid seen. No evidence of pleural effusion. Kindly correlate clinically.

IMPRESSION:

Fatty liver (Grade-II)

DR ASHISH BHALODIYA Consultant Radiologist.



2D ECHOCARDIOGRAPHY AND COLOR DOPPLER REPORT

PATIENT NAME- ROHIT MISHRA

AGE/GENDER- 31YR/MALE

DATE-18/07/2023

DOCTOR - DR. CHIRAG RATHOD

M.MODE STUDY

LA-	3.09cm	IVS-	1.5cm	PWD- 1.5cm
AO-	3.06cm	LVDs-	2.8cm	LVDD- 3.5cm

DOPPLER STUDY:

MITRAL VALVE:	E: A -0.9	
AORTIC VALVE PGmax	6mm/hg	ATTEN
TRICUSPID VALVE		
PGmax	17 mm/hg	
PULMONARY VALVE:	Trace PR	

CONCLUSION:

- LV FUNCTION: Normal LV systolic function,
- LVEF :60%
- RWMA: No RWMA
- CARDIAC CHAMBERS: Normal LV/LA/RA and RV size
- DIASTOLIC FUNCTION: Grade I Diastolic dysfunction
- TR: 17mmhg, NOTR
- PAH: No PAH
- RVSP:27mmhg

- · Normal aortic and mitral valve
- NO MR/NO MS,NO AR/NO AS
- NO CLOT, NO VEGETATIONS
- NO PERICARDIAL EFFUSION

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