



बैंक ऑफ बरोडा
Bank of Baroda

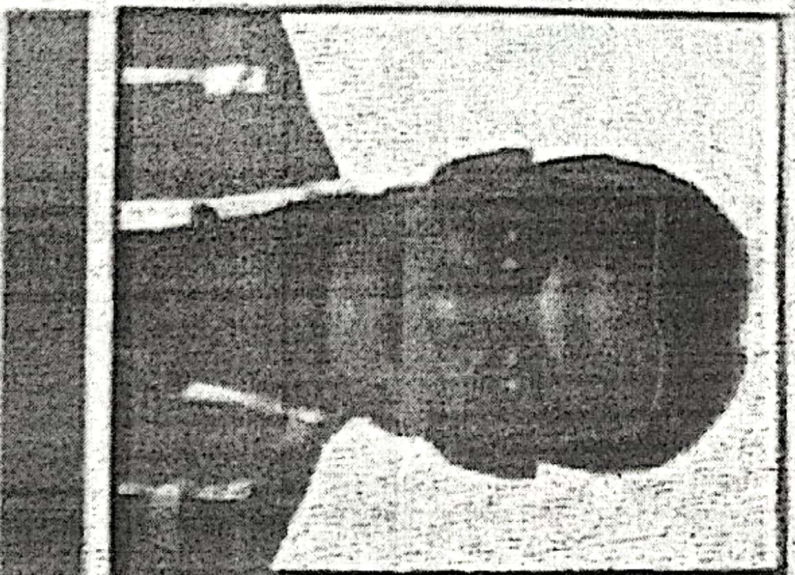
नाम
NAME
शरण तुलसीदास राणा
AJAY TULSIDAS RANA

कार्यकारी सूट नं.

E.C. No. 78006

कार्यकारी अधिकारी

Issuing Authority



Ajay. T. Rana

धरक के हस्ताक्षर

Signature of Holder



Examination By Ophthalmologist

Name :	AJAY RANA	Age :	51/MALE
Reg.No :	20220311282	DOE :	24/06/2023

Present Complaints :	NAD
Medical History :	NAD
Examination Of Eye :	NAD

External Examination :		
Anti Seg Examination :	A/S WNL	
Schiotz Tonometry IOP :	P: RRRL	
Fundus :		
Without Glass	Distant Vision :	
	Near Vision :	
With Glass	Distant Vision :6/6WITH+1.0 DSPH	6/6WITH+1.0 DSPH
	Near Vision :N6WITH+2.25 DSPH	N6WITH+2.25DSPH
Colour Vision (With Ishihara Chart) :	WNL	
Advice :	NIL	



DR CHETAN CHAUHAN



PHYSICIAN EXAMINATION

Name :	AJAY RANA	Age :	51/MALE
Reg.No :	20220311282	DOE :	24/06/2023

Physical Examination:

Height:	160CM	Weight:	60 KG	PULSE:	97	Temperature:	NORMAL
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BMI :	23.43	BP :	130/84	SPO2	97%
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Chief Complaint :	NO COMPLAINTS
Past History :	NAD
General Examination :	NAD
Systemic Examination :	NAD
INVESTIGATION : OTHER:	
ADVICE :	TAB: PAN -D (40/30) 1--0--0 SYP: DUPHALAC 15ML (BBF) 0--0--1 & SOS HS

DR. SAURABH JAIN



EXAMINATION BY DENTAL

Name :	AJAY RANA	Age/Sex:	51/MALE
Reg No :	20220311282	DOE:	24/06/23

Presenting Complaint :	WANTS REPLACEMENT OF MISSING TEETH
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Medical History :	NO RELEVANT HISTORY
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Examination :	NAD	NAD
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Impression :	NAD
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Advice :	FULL MOUTH REHAB
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DR RUSDA MALEK



2D-ECHOCARDIOGRAPHY AND COLOR DOPPLER REPORT

NAME: AJAY T RANA

DATE: 24/06/2023

AGE/SEX: 51YRS/MALE

REF BY: DR. SAURABH JAIN

OBSERVATION:

- NORMAL LV SIZE AND NORMAL LV SYSTOLIC FUNCTION. LVEF = 60% (VISUAL).
- NO RWMA AT REST.
- GRADE II LV DIASTOLIC DYSFUNCTION.
- TRIVIAL MR. NO MS.
- NO AR. NO AS.
- NO TR. NO PAH.
- NORMAL SIZED LA, RA & RV WITH NORMAL RV SYSTOLIC FUNCTION.
- NORMAL SIZED MPA, RPA & LPA.
- INTACT IAS & IVS.
- NO E/O INTRACARDIAC CLOT/VEGETATION/PE.
- NORMAL SIZED IVC.
- NORMAL PERICARDIUM.

LA: 31MM

AO: 30MM

IVS: 09/12MM

LVPW: 08/12MM

LVID: 42/28MM

CONCLUSION:

- NORMAL LV/RV SIZE AND SYSTOLIC FUNCTION.
- NO RWMA AT REST.
- LVEF = 60% (VISUAL).

DR. NIRAV BHALANI
[CARDIOLOGIST]



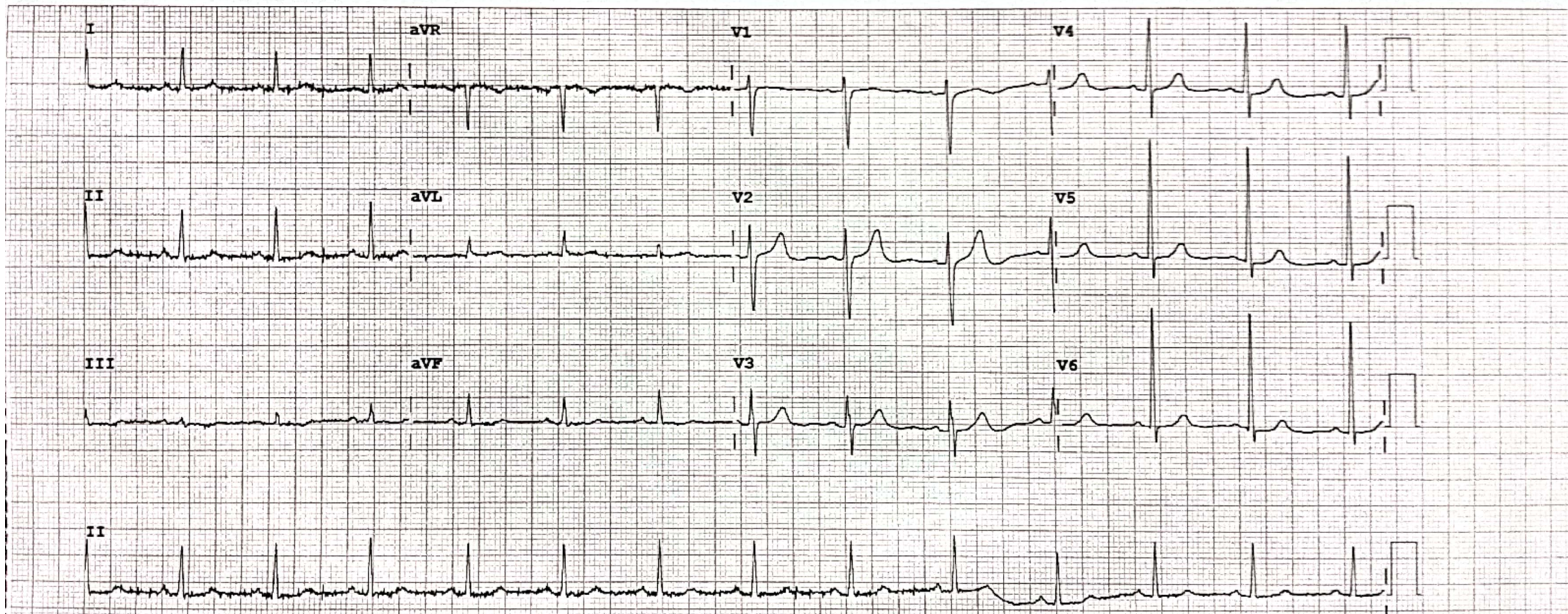
DR. ARVIND SHARMA
[CARDIOLOGIST]

Rate 80
PR 152
QRSD 76
QT 364
QTc 420



--AXIS--
P 63
QRS 39
T 12

12 Lead; Standard Placement



Device:

Speed: 25 mm/sec

Limb: 10 mm/mV


Chest: 10.0 mm/mV

F 50~ 0.50-150 Hz W

PH09

P?



Patient Name :	Ajay Tulsidas Rana	Sample No. :	20230603384 
Patient ID :	20220311282	Visit No. :	OPD20230606546
Age / Sex :	51y 2m/Male	Call. Date :	24/06/2023 10:00
Consultant :	DR SAURABH JAIN	S. Coll. Date :	24/06/2023 10:20
Ward :	-	Report Date :	24/06/2023 17:37

Urine R/M

Investigation	Result	Normal Value
Quantity - :	20 ml	
Colour - :	Straw	
Reaction (pH) :	6.0	4.6-8.0
Turbidity :	Clear	
Deposit :	Absent	Absent
Sp.Gravity :	1.005	1.005-1.010
Protein :	Absent	Absent
Glucose :	Absent	Absent
Bile Salts :	Absent	Absent
Bile pigments :	Absent	Absent
Ketones :	Absent	Absent
Urobilinogen :	Absent	
Blood :	Absent	Absent
Pus Cells :	Absent /hpf	0-5/hpf
Red Blood Cells :	Absent /hpf	Absent
Epithelial Cells :	0-1 /hpf	

Dr. Mehul Desai
M.B.D.C.P
Reg.No.G-9521





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 Unipath Specialty Laboratory (Baroda) LLP - Platinum Complex, Opp. Mobile, 9298724879 / 8155028222, Email: info.baroda@unipathllp.in
 Phone: 0765-2354435 / 2326260 | Mobile: 7228800500 / 8155028222 | Email: info.baroda@unipathllp.in



TEST REPORT

Reg. No. : 30601012486 Reg. Date : 24-Jun-2023 12:02 Collected On : 24-Jun-2023 12:02
 Name : Mr. AJAY RANA Approved On : 24-Jun-2023 14:15
 Age : 51 Years Gender : Male Ref. No. : Dispatch At :
 Ref. By : Tele No. :
 Location : SAVITA SUPERSPECIALTY HOSPITAL @ WAGHODIYA ROAD

Test Name	Results	Units	Bio. Ref. Interval
PSA	0.36	ng/mL	0 - 4

Method: CLIA

Sample Type: Serum

Useful For

1. Evaluating patients with documented prostate problems in whom multiple prostate-specific antigen tests may be necessary per year
2. Monitoring patients with a history of prostate cancer as an early indicator of recurrence and response to treatment.
3. Prostate cancer screening.

Comments

Prostate-specific antigen (PSA) is a glycoprotein that is produced by the prostate gland, the lining of the urethra, and the bulbourethral gland. Normally, very little PSA is secreted into the blood. Increases in glandular size and tissue damage caused by benign prostatic hypertrophy, prostatitis, or prostate cancer may increase circulating PSA levels.
 Digital rectal examination generally does not increase normal prostate-specific antigen (PSA) values. However, cystoscopy, urethral instrumentation, and prostate biopsy may increase PSA levels.

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

This is an electronically authenticated report.

Test done from collected sample

Dr. Vishal Jhaveri

We are open 24 x 7 & 365 days

LLP Identification Number: AAN-8932



Unipath Specialty Laboratory (Baroda) LLP - Platinum Complex, Opp. HDFC Bank, Nr. Radha Krishna char rasta, Akola, Vadodara - 390020
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 Location : SAVITA SUPERSPECIALTY HOSPITAL @ WAGHODIYA ROAD

Test Name	Results	Units	Bio. Ref. Interval
THYROID FUNCTION TEST			
T3 (triiodothyronine) <i>Method: CLIA</i>	0.83	ng/mL	0.6 - 1.81
T4 (Thyroxine) <i>Method: CLIA</i>	7.0	µg/dL	4.5 - 12.6
TSH (ultra sensitive) <i>Method: CLIA</i>	1.464	µIU/mL	0.55 - 4.78
Sample Type: Serum			

Comments:

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

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Test done from collected sample.

Dr. Vishal Jhaveri


We are open 24 x 7 & 365 days

LLP Identification Number: AAN-8932



Scanned with OKEN Scanner



Patient Name : Ajay Tulsidas Rana	Sample No. : 20230603384 
Patient ID : 20220311282	Visit No. : OPD20230606546
Age / Sex : 51y 2m/Male	Call. Date : 24/06/2023 10:00
Consultant : DR SAURABH JAIN	S. Coll. Date : 24/06/2023 10:20
Ward : -	Report Date : 24/06/2023 17:37

LFT (Liver Function Test)


Investigation	Result	Normal Value
Total Bilirubin :	1 mg/dl	0.2 to 1.0 mg/dl
Direct Bilirubin :	0.3 mg/dl	0.0 to 0.2 mg/dl
Indirect Bilirubin :	0.7 mg/dl	0.0 to 0.8 mg/dl
AST (SGOT) :	22 U/L	5 to 34 U/L
ALT (SGPT) :	18 U/L	0 to 55 U/L
Total Protein (TP) :	7.2 g/dL	6.4 to 8.3, g/dl
Albumin (ALB) :	4.3 g/dl	3.5 to 5.2 g/dl
Globulin :	2.9 g/dl	2.3 to 3.5 g/dl
A/G Ratio :	1.48	
Alkaline Phosphatase (ALP) :	101 U/L	40 to 150 U/L
GAMMA GT. :	10 U/L	7 to 35 U/L



Dr.Mehul Desai
M.B.D.C.P
Reg.No.G-9521





Patient Name : Ajay Tulsidas Rana	Sample No. : 20230603384 
Patient ID : 20220311282	Visit No. : OPD20230606546
Age / Sex : 51y 2m/Male	Call. Date : 24/06/2023 10:00
Consultant : DR SAURABH JAIN	S. Coll. Date : 24/06/2023 10:20
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RENAL FUNCTION TEST

Investigation	Result	Normal Value
Creatinine :	0.8 mg/dl	0.6 - 1.4 mg/dl
Urea :	22 mg/ dl	13 - 45 mg/dl
Uric Acid :	4.1 mg/dl	3.5 - 7.2 mg/dl
Calcium :	8.9 mg/dl	8.5 - 10.5
Phosphorus :	3.8 mg/dl	1.5 - 6.8



Dr. Mehul Desai
M.B.D.C.P
Reg.No.G-9521





Patient Name : Ajay Tulsidas Rana

Sample No. : 20230603384

Patient ID : 20220311282

Age / Sex : 51y 2m/Male

Consultant : DR SAURABH JAIN

Ward : -

Visit No. : OPD20230606546

Call. Date : 24/06/2023 10:00

S. Coll. Date : 24/06/2023 10:20

Report Date : 24/06/2023 17:37

Lipid Profile

Investigation	Result	Normal Value
Sample :	Fasting	
Sample Type :	Normal	
Cholesterol (Chol) :	90 mg/dl	Low risk : < 200 Moderate risk : 200 - 239 High risk : > or = 240
Triglyceride :	158 mg/dl	Normal : < 200.0 High : 200 - 499 Very High : > or = 500
HDL Cholesterol :	48 mg/dl	Low risk: >or = 60 mg/dL High risk : Up to 35 mg/dL
LDL :	10.4 mg/dl [L]	131.0 to 159.0(N) < 130.0(L) > 159.0(H)
VLDL :	31.6 mg/dl	Up to 0 to 34 mg/dl
LDL/HDL Ratio :	0.22	Low risk : 0.5 to 3.0 Moderate risk : 3.0 to 6.0 Elevted level high > 6.0
Total Chol / HDL Ratio :	1.88	Low Risk : 3.3 to 4.4 Average Risk : 4.4 to 7.1 Moderate Risk : 7.1 to 11.0 High Risk : > 11.0
Total Lipids :	596 mg/dl	400 to 700 mg/dl

Note :- Lipemic samples give high triglyceride value and falsely low LDL value.

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Patient Name : Ajay Tulsidas Rana

Sample No. : 20230603384

Patient ID : 20220311282

Visit No. : OPD20230606546

Age / Sex : 51y 2m/Male

Call. Date : 24/06/2023 10:00

Consultant : DR SAURABH JAIN

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Blood Group

Investigation	Result	Normal Value
BLOOD GROUP :		
ABO	A	
Rh	Positive	

FBS & PPBS

Investigation	Result	Normal Value
Blood Sugar (FBS) :	91 mg/dl	74 - 100 mg/dl
Urine Sugar (FUS) :	Nil	
Blood Sugar (PP2BS) :	116 mg/dl	70 to 120 mg/dl
Urine Sugar (PP2US) :	Nil	

HBA1C

Investigation	Result	Normal Value
Glycosylated Hb :	5.6 %	Near Normal Glycemia : 6 to 7 Excellent Control : 7 to 8 Good Control : 8 to 9 Fair Control : 9 to 10 Poor Control : > 10
Average Plasma Glucose of Last 3 Months :	114.02	

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Patient Name : Ajay Tulsidas Rana

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Age / Sex : 51y 2m/Male

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Consultant : DR SAURABH JAIN

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Report Date : 24/06/2023 17:37

CBC, ESR

Investigation	Result	Normal Value
Hemoglobin :	11.6 gm/dl [L]	13.5 to 18.0 gm/dl
P.C.V. :	35.7 % [L]	42.0 to 52.0 %
M.C.V. :	90.4 fL	78 to 100 fL
M.C.H. :	29.4 pg	27 to 31 pg
M.C.H.C. :	32.5 g/dl	32 to 36 g/dl
RDW :	20.4 % [H]	11.5 to 14.0 %
RBC Count :	3.95 X 10 ⁶ / cumm [L]	4.7 to 6.0 X 10 ⁶ / cumm
Polymorphs :	65 %	38 to 70 %
Lymphocytes :	32 %	15 to 48 %
Eosinophils :	1 %	0 to 6 %
Monocytes :	2 % [L]	3 to 11 %
Basophils :	0 %	0.0 to 1.0 %
Total :	100	< 100 > 100
WBC Count :	4500 /cmm	4000 to 10000 /cmm
Platelets Count :	186000 /cmm	1,50,000 to 4,50,000 /cmm
ESR - After One Hour :	8 mm/hr	1 to 13 mm/hr

Dr.Mehul Desai
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PATIENT NAME: AJAY RANA

AGE / SEX: 51 YRS/M

DATE: 24 June 2023

ULTRASOUND OF ABDOMEN

LIVER appears normal in size (14.1cm) and shows normal parenchymal echogenicity. *Area of focal fat sparring seen in segment VII.* No evidence of dilated IHBR or portal vein. CBD appears normal.

GALL BLADDER is well-distended. No evidence of calculus or sludge within. No evidence of wall thickening or pericholecystic edema seen.

VISUALIZED PART OF PANCREAS appears normal and shows normal parenchymal echogenicity. MPD is within normal limits.

SPLEEN appears normal in size (12.1cm) and shows normal parenchymal echogenicity. No evidence of focal lesion.

BOTH KIDNEYS appear normal in size and position. Show normal cortical parenchymal thickness and echogenicity. Corticomedullary differentiation is maintained.

No evidence of calculus or hydronephrosis or focal lesion on either side.

URINARY BLADDER is full. No evidence of calculus or wall thickening seen.

PROSTATE appears normal in size. No evidence of focal lesion noted.

BOWEL LOOPS appear normal in caliber and show normal peristalsis.

No evidence of ascites or significant lymphadenopathy noted.

IMPRESSION:

- NO SIGNIFICANT SONOGRAPHICAL ABNORMALITY SEEN AT PRESENT SCAN.

DR JAY PANCHAL
MD RADIOLOGY

[This report is not valid for medico-legal purpose. Not all pathologies can be detected on ultrasound in each scan. Further radiographic evaluation is suggested if required.]



PATIENT NAME: AJAY RANA

AGE / SEX: 51YRS/M

DATE: 24 June 2023

CHEST XRAY (PA view)

Both lung fields appear normal.

Both hila appear normal.

Bilateral costo-phrenic angles appear grossly clear.

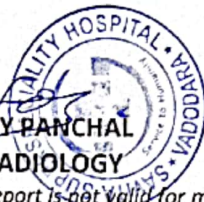
Mediastinum and cardiac shadow appear normal.

Bony thorax appears unremarkable.

No evidence of free gas under domes of diaphragm.

IMPRESSION:

- NO SIGNIFICANT ABNORMALITY NOTED IN LUNG FIELDS
- NORMAL CARDIAC SHADOW


DR JAY PANCHAL
MD RADIOLOGY
[This report is not valid for medico-legal purpose.]