



**BHAILAL AMIN  
GENERAL HOSPITAL**



### CONCLUSION OF HEALTH CHECKUP

ECU Number	: 3496	MR Number	: 23207048	Patient Name	: GIRISH KUMAR
Age	: 48	Sex	: Male	Height	: 175
Weight	: 69	Ideal Weight	: 71	BMI	: 22.53
Date	: 27/05/2023				

**Dr. Manish Mittal**

**Internal Medicine**

Note : General Physical Examination & routine Investigations included in the Health Checkup have certain limitations and may not be able to detect all the latent and asymptomatic diseases.



# BHAILAL AMIN GENERAL HOSPITAL



ECU Number : 3496                      MR Number : 23207048                      Patient Name: GIRISH KUMAR  
Age : 48                                      Sex : Male                                      Height : 175  
Weight : 69                                      Ideal Weight : 71                                      BMI : 22.53  
Date : 27/05/2023

Past H/O : P/H/O INGUINAL HERNIA OPERATED - 2022.

Present H/O : K/C/O HYPOTHYROIDISM - 5 YRS ; K/C/O DIABETES 4-5 YRS - ON MEDICATION ; H/O ACIDITY SINCE 3-4 YRS.

Family H/O : NO F/H/O ANY MAJOR ILLNESS.

Habits : NO HABITS.

Gen.Exam. : G.C. GOOD

B.P : 118/72 mm Hg

Pulse : 74/MIN REG.

Others : SPO2 : 98 %

C.V.S : NAD

R.S. : NAD

Abdomen : NP

Spleen : NP

Skin : NAD

C.N.S : NAD

Advice :



ECU Number : 3496  
Age : 48  
Weight : 69  
Date : 27/05/2023

MR Number : 23207048  
Sex : Male  
Ideal Weight : 71

Patient Name : GIRISH KUMAR  
Height : 175  
BMI : 22.53

**Ophthalmic Check Up :**

**Right**

**Left**

Ext Exam

NO VISION

Vision Without Glasses

-

-

Vision With Glasses

WITH OWN GL. 6/6 N.5

Final Correction

NORMAL

Fundus

NORMAL

Colour Vision

NORMAL

Advice

NIL

**Orthopaedic Check Up :**

Ortho Consultation

Ortho Advice

ENT Check Up :

Ear

RT CSOM

Nose

NORMAL

Throat

NORMAL

Hearing Test

RT TYMPANOPLASTY DONE BEFORE

ENT Advice

TYMPANOPLASTY REVISION

**General Surgery Check Up :**

General Surgery

Abdominal Lump

Hernia

External Genitals

PVR

Proctoscopy

Any Other

Surgical Advice

Dietary Assessment

ECU Number : 3496                      MR Number : 23207048                      Patient Name : GIRISH KUMAR  
Age : 48                                      Sex : Male                                      Height : 175  
Weight : 69                                      Ideal Weight : 71                                      BMI : 22.53  
Date : 27/05/2023

Body Type : Normal / Underweight / Overweight  
Diet History : Vegetarian / Eggetarian / Mixed

Frequency of consuming fried food : / Day / Week or occasional  
Frequency of consuming Sweets : / Day / or occasional  
Frequency of consuming outside food : / Day / Week or occasional  
Amount of water consumed / day : Glasses / liters

Life style assessment :  
Physical activity : Active / moderate / Sedentary / Nil  
Alcohol intake : Yes / No  
Smoking : Yes / No  
Allergic to any food : Yes / No  
Are you stressed out ? : Yes / No  
Do you travel a lot ? : Yes / No

General diet instructions :

- Have small frequent meals.
- Avoid fatty products like oil, ghee, butter, cheese.
- Take salt restricted diet and avoid table salt.
- Consume fibrous food regularly like whole grains, Daliya, Oats, Bajra, Flex seeds, Pulses, Fruits and Salads.
- Keep changing your cooking oil every three months.
- Avoid Maida, Starchy foods and Bakery products.
- Consume 1-2 servings of all fruits and vegetables, For Diabetic patients avoid Mango, Chikoo, Banana, Grapes and Custurd apple
- Dring 3 to 4 liters (12 - 14 glass) of water daily.
- Eat Beetroots, Figs, Almond, Walnut, Dates, Leafy vegetables, roasted Channa and Jeggary (Gur) for Heamoglobin in case of diabetic patient avoid Rasins, Dates and Jeggary
- Drink green Tea or black Coffee once in a day.
- Do brisk walking daily.



Patient Name : Mr. GIRISH KUMAR  
Gender / Age : Male / 48 Years 7 Months 16 Days  
MR No / Bill No. : 23207048 / 241012466  
Consultant : Dr. Manish Mittal  
Location : OPD

Type : OPD  
Request No. : 131095  
Request Date : 27/05/2023 09:11 AM  
Collection Date : 27/05/2023 09:19 AM  
Approval Date : 27/05/2023 02:17 PM

**CBC + ESR**

Test	Result	Units	Biological Ref. Range
<b>Haemoglobin.</b>			
Haemoglobin	<u>12.5</u>	gm/dL	13 - 17
Red Blood Cell Count (T-RBC)	5.12	mill/cmm	4.5 - 5.5
Hematocrit (HCT)	40.8	%	40 - 50
Mean Corpuscular Volume (MCV)	<u>79.7</u>	fl	83 - 101
Mean Corpuscular Haemoglobin (MCH)	<u>24.4</u>	pg	27 - 32
MCH Concentration (MCHC)	<u>30.6</u>	%	31.5 - 34.5
Red Cell Distribution Width (RDW-CV)	<u>14.9</u>	%	11.6 - 14
Red Cell Distribution Width (RDW-SD)	44.0	fl	39 - 46
<b>Total Leucocyte Count (TLC)</b>			
Total Leucocyte Count (TLC)	8.76	thou/cmm	4 - 10
<b>Differential Leucocyte Count</b>			
Polymorphs	64	%	40 - 80
Lymphocytes	28	%	20 - 40
Eosinophils	4	%	1 - 6
Monocytes	4	%	2 - 10
Basophils	0	%	0 - 2
Polymorphs (Abs. Value)	5.57	thou/cmm	2 - 7
Lymphocytes (Abs. Value)	2.45	thou/cmm	1 - 3
Eosinophils (Abs. Value)	0.34	thou/cmm	0.2 - 0.5
Monocytes (Abs. Value)	0.33	thou/cmm	0.2 - 1
Basophils (Abs. Value)	0.07	thou/cmm	0.02 - 0.1
Immature Granulocytes	0.2	%	1 - 3 : Borderline > 3 : Significant
<b>Platelet Count</b>			
Platelet Count	186	thou/cmm	150 - 410
Smear evaluation	Adequate		
ESR	1	mm/1 hr	0 - 10

Test Results are dependent on a number of variables & technical limitations. Hence, it is advised to correlate with clinical findings and other related investigations before any firm opinion is made. Recheck / retest may be requested.

365 Days / 24 Hours Laboratory Services

Home Collection Facility Available  
(Mon To Sat 8:00 am to 5:00 pm)



BHAILAL AMIN  
GENERAL HOSPITAL

📍 Bhailal Amin Marg, Gorwa, Vadodara, Gujarat 390003.

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DEPARTMENT OF LABORATORY MEDICINE

Patient Name	: Mr. GIRISH KUMAR	Type	: OPD
Gender / Age	: Male / 48 Years 7 Months 16 Days	Request No.	: 131095
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### CBC + ESR

Immature Granulocyte (IG) count is a useful early marker of infection or inflammation, even when other markers are normal. It is an early and rapid discrimination of bacterial from viral infections. It is also increased in patients on steroid therapy / chemotherapy or haematological malignancy. High IG is always pathological; except in pregnancy and neonates of < 7 days.  
Method : HB by Non-Cyanide Hemoglobin analysis method. HCT by RBC pulse height detection method. RBC, TLC & PLC are by Particle Count by Electrical Impedance in Cell Counter. Optical Platelets by Fluorescent + Laser Technology. MCV, MCH, MCHC, RDW (CV & SD) are calculated parameter. DLC by Flowcytometry method using semi-conductor Laser+Smear verification. ESR on Ves metric 20, comparable to Westergrens method and in accordance to ICSH reference method.

--- End of Report ---

Dr. Rakesh Vaidya  
MD (Path). DCP.

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Patient Name	: Mr. GIRISH KUMAR	Type	: OPD
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**Haematology**

<u>Test</u>	<u>Result</u>	<u>Units</u>	<u>Biological Ref. Range</u>
<b>Blood Group</b>			
ABO system	A		
Rh system.	Positive		

By Gel Technology / Tube Agglutination Method

Note :

- This blood group has been done with new sensitive Gel Technology using both Forward and Reverse Grouping Card with Autocontrol.
- This method check`s group both on Red blood cells and in Serum for "ABO" group.

---- End of Report ----

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MD (Path). DCP.



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**Fasting Plasma Glucose**

Test	Result	Units	Biological Ref. Range
<b>Fasting Plasma Glucose</b>			
Fasting Plasma Glucose	<b>128</b>	mg/dL	70 - 110
Post Prandial 2 Hr. Plasma Glucose	<b>149</b>	mg/dL	70 - 140
<b>Vitamin B12</b>			
Vitamin B12 Level	<b>1158</b>	pg/ml	200 - 900

(Done by 4th generation electrochemiluminescence based method on automated immunoassay / Cobas e 411.

**Interpretation :**

Normal : 200 - 900

Intermediate : 179 - 200

Deficiency : &lt; 179

\* Fasting sample is required.

\* Therapeutic intake during preceeding days (Oral-3 days, Parentral 3 wks) may lead to increased level.)

Vitamin D Total (25 OH Vit D ) 43.56 ng/ml

(Test	Health based	Reference range
Vitamin D Total	Deficiency	< 20 ng/ml
(25 Hydroxy Calciferol)	Insufficiency	20-30 ng/ml
	Sufficiency	30-80 ng/ml
	Possible toxicity	> 80 ng/ml

Serum or heparinised plasma

Method : Done by ECLIA on Cobas e 411

- Vitamin D level varies amongst populations and according to sunshine exposure (peaks in summer months) and nutritional habits and status, hence health based reference range is preferred to usual population based reference intervals.

- 25 (OH) Calciferol (25 (OH) D) is circulating form of Vitamin D. It is at present the best indicator of Vitamin D status. Fraction of circulating 25 (OH) D is converted to its active metabolites 1-25 (OH) D mainly by the kidneys. This process is regulated by PTH.

- If on supplemental therapy, it should be stopped for 3 to 4 days prior to testing.

Classic (nutritional) vitamin D deficiency results in bone demineralization, which may lead to rickets in children and osteomalacia or osteoporosis in adults. Because calcium levels affect muscle strength, vitamin D deficiency can result in muscle weakness and an increased risk of falls in the elderly. Levels of 25 (OH) D vary with exposure to sunlight, peaking in the summer months.

Decreased vitamin D levels have been linked with an increased incidence of colon, breast, and prostate cancer, as well as a higher mortality from these cancer, and an increased incidence of congestive heart failure, depression and schizophrenia. Individuals Suitable for Testing

\* Individuals with suspected vitamin D deficiency (e.g., those with persistent, nonspecific musculoskeletal pain ; the elderly ; housebound individuals ; those with malabsorptive syndromes ; those receiving treatment with anticonvulsants)

Individuals with suspected toxicity (e.g. those with anemia of obscure origin, unexplained renal disease, etc.)

Individuals being treated for vitamin D- related disorders.

What abnormal results mean:

\* Lower-than normal levels suggest a vitamin D deficiency. This condition can result from :

Lack of exposure to sunlight

Lack of adequate vitamin D in the diet

Liver and Kidney diseases

Malabsorption

Use of certain medicines, including phenytoin, Phenobarbital, and rifampicin

\* Higher-than - normal levels suggest excess vitamin D (hypervitaminosisD.)

---- End of Report ----

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**HbA1c (Glycosylated Hb)**

Test	Result	Units	Biological Ref. Range
<b>HbA1c (Glycosylated Hb)</b>			
Glycosylated Heamoglobin (HbA1c)	6.1	%	
estimated Average Glucose (e AG) *	128.37	mg/dL	

*(Method:**By Automated HPLC analyser on D-10 Biorad. NGSP Certified, US-FDA approved, Traceable to IFCC reference method.**\* Calculated valued for past 60 days, derived from HbA1c %, based on formula recommended by the A1c - Derived Average Glucose study from ADA and EASD funded The ADAG trial.**Guidelines for Interpretation:**Indicated Glycemic control of previous 2-3 months*

HbA1c%	e AG (mg/dl)	Glycemic control
> 8	> 183	Action suggested...High risk of developing long-term complications. Action suggested, depends on individual patient circumstances
7 - 8	154 - 183	Good
< 7	< 154	Goal...Some danger of hypoglycemic reaction in type I Diabetics. Some Glucose intolerant individuals and Sub-Clinical diabetics may demonstrate (elevated) HbA1c in this area.
6 - 7	126 - 154	Near Normal
< 6	< 126	Nondiabetic level)

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## Renal Function Test (RFT)

Test	Result	Units	Biological Ref. Range
Urea <i>(By Urease Kinetic method on RXL Dade Dimension)</i>	20	mg/dL	10 - 45
Creatinine <i>(By Modified Kinetic Jaffe Technique)</i>	1.17	mg/dL	0.9 - 1.3
Estimate Glomerular Filtration rate <i>(Ref. range : &gt; 60 ml/min for adults between age group of 18 to 70 yrs. EGFR Calculated by IDMS Traceable MDRD Study equation. Reporting of eGFR can help facilitate early detection of CKD. By Modified Kinetic Jaffe Technique)</i>	More than 60		
Uric acid <i>(By Uricase / Catalase method on RXL Siemens)</i>	5.7	mg/dL	3.4 - 7.2

— End of Report —

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**Liver Function Test (LFT)**

Test	Result	Units	Biological Ref. Range
<b>Bilirubin</b>			
Bilirubin - Total	0.55	mg/dL	0 - 1
Bilirubin - Direct	0.19	mg/dL	0 - 0.3
Bilirubin - Indirect	0.36	mg/dL	0 - 0.7
<i>(By Diazotized sulfanilic acid on RXL Dade Dimension.)</i>			
Aspartate Aminotransferase (SGOT/AST)	35	U/L	15 - 40
<i>(By IFCC UV kinetic method on RXL Dade Dimension.)</i>			
Alanine Aminotransferase (SGPT/ALT)	61	U/L	16 - 63
<i>(By IFCC UV kinetic method on RXL Dade Dimension.)</i>			
Alkaline Phosphatase	54	U/L	53 - 128
<i>(BY PNPP AMP method on RXL Dade Dimension.)</i>			
Gamma Glutamyl Transferase (GGT)	32	U/L	15 - 85
<i>(By IFCC method on RXL Dade Dimension.)</i>			
<b>Total Protein</b>			
Total Proteins	<b>8.54</b>	gm/dL	6.4 - 8.2
Albumin	4.92	gm/dL	3.4 - 5
Globulin	3.62	gm/dL	3 - 3.2
A : G Ratio	1.36		1.1 - 1.6
<i>(By Biuret endpoint and Bromocresol purple method on RXL Dade Dimension.)</i>			

--- End of Report ---

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**Complete Lipid Profile**

Test	Result	Units	Biological Ref. Range
<b>Complete Lipid Profile</b>			
Appearance	Clear		
Triglycerides	<b>162</b>	mg/dL	1 - 150
<i>(By Lipase / Glycerol dehydrogenase on RXL Dade Dimension)</i>			
< 150 Normal			
150-199 Borderline High			
200-499 High			
> 499 Very High)			
Total Cholesterol	131	mg/dL	1 - 200
<i>(By enzymatic colorimetric method on RXL Dade Dimension)</i>			
<200 mg/dL - Desirable			
200-239 mg/dL - Borderline High			
> 239 mg/dL - High)			
HDL Cholesterol	43	mg/dL	40 - 60
<i>(By Direct homogenous technique, modified enzymatic non-immunological method on RXL Dade Dimension)</i>			
< 40 Low			
> 60 High)			
Non HDL Cholesterol (calculated)	88	mg/dL	1 - 130
<i>(Non- HDL Cholesterol)</i>			
< 130 Desirable			
139-159 Borderline High			
160-189 High			
> 191 Very High)			
LDL Cholesterol	74	mg/dL	1 - 100
<i>(By Direct homogenous technique, modified enzymatic non-immunological method on RXL Dade Dimension)</i>			
< 100 Optimal			
100-129 Near / above optimal			
130-159 Borderline High			
160-189 High			
> 189 Very High)			
VLDL Cholesterol (calculated)	32.4	mg/dL	12 - 30
LDL Ch. / HDL Ch. Ratio	1.72		2.1 - 3.5
T. Ch./HDL Ch. Ratio	<b>3.05</b>		3.5 - 5
<i>(Recent NECP / ATP III Guidelines / Classification (mg/dl) :)</i>			

--- End of Report ---

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 MR No / Bill No. : 23207048 / 241012466  
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## Thyroid Hormone Study

Test	Result	Units	Biological Ref. Range
------	--------	-------	-----------------------

Triiodothyronine (T3)	1.05	ng/ml	
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(Done by 4th generation electrochemiluminescence based method on automated immunoassay / Cobas e 411.

Reference interval (ng/ml)

1 - 3 days : 0.1 - 7.4  
 1-11 months : 0.1 - 2.45  
 1-5 years : 0.1 - 2.7  
 6-10 years : 0.9 - 2.4  
 11-15 years : 0.8 - 2.1  
 16-20 years : 0.8 - 2.1  
 Adults (20 - 50 years) : 0.7 - 2.0  
 Adults (> 50 years) : 0.4 - 1.8  
 Pregnancy (in last 5 months) : 1.2 - 2.5

(Reference : Tietz - Clinical guide to laboratory test, 4th edition ))

Thyroxine (T4)	9.67	mcg/dL	
----------------	------	--------	--

(Done by 4th generation electrochemiluminescence based method on automated immunoassay / Cobas e 411.

Reference interval (mcg/dL)

1 - 3 days : 11.8 - 22.6  
 1-2 weeks : 9.8 - 16.6  
 1 - 4 months : 7.2 - 14.4  
 4 - 12 months : 7.8 - 16.5  
 1-5 years : 7.3 - 15.0  
 5 - 10 years : 6.4 - 13.3  
 10 - 20 years : 5.6 - 11.7  
 Adults / male : 4.6 - 10.5  
 Adults / female : 5.5 - 11.0  
 Adults (> 60 years) : 5.0 - 10.7

(Reference : Tietz - Clinical guide to laboratory test, 4th edition ))

Thyroid Stimulating Hormone (US-TSH)	2.20	microIU/ml	
--------------------------------------	------	------------	--

(Done by 4th generation electrochemiluminescence based method on automated immunoassay / Cobas e 411.

Reference interval (microIU/ml)

Infants (1-4 days) : 1.0 - 39  
 2-20 weeks : 1.7 - 9.1  
 5 months - 20 years : 0.7 - 6.4  
 Adults (21 - 54 years) : 0.4 - 4.2  
 Adults (> 55 years) : 0.5 - 8.9

Pregnancy :

1st trimester : 0.3 - 4.5  
 2nd trimester : 0.5 - 4.6  
 3rd trimester : 0.8 - 5.2

(Reference : Tietz - Clinical guide to laboratory test, 4th edition ))

--- End of Report ---

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 Location : OPD Approval Date : 27/05/2023 12:56 PM

**Prostate Sp. (Antigen)**

Test	Result	Units	Biological Ref. Range
Total PSA	0.257	ng/ml	0 - 4

(Method : Done by 4th generation electrochemiluminescence based method on automated immunoassay / Cobas e 411.

## Remark :

Age related reference range for interpretation :

&lt; 40 yrs : 0.21 - 1.72

40 - 49 yrs : 0.27 - 2.19

50 - 59 yrs : 0.27 - 3.42

60 - 69 yrs : 0.27 - 6.16

&gt;69 yrs : 0.21 - 6.77

TPSA may be raised usually mildly in benign prostatic conditions like hyperplasia. Typically 30 % of BPH may show values between 4-10 and 7 % between 10-40.

In Prostatic Malignancy 43 % show values below 4

21 % between 4 to 10

20 % between 10 to 40 &amp;

16 % above 40)

--- End of Report ---

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**Urine routine analysis (Auto)**

Test	Result	Units	Biological Ref. Range
<b>Physical Examination</b>			
Quantity	20	mL	
Colour	Pale Yellow		
Appearance	Clear		
<b>Chemical Examination (By Reagent strip method)</b>			
pH	6.0		
Specific Gravity	1.020		
Protein	Negative	gm/dL	0 - 5
Glucose	Negative	mg/dL	0 - 5
Ketones	Negative		0 - 5
Bilirubin	Negative		Negative
Urobilinogen	Negative		Negative (upto 1)
Blood	Negative		Negative
Leucocytes	Negative		Negative
Nitrite	Negative		Negative
<b>Microscopic Examination (by Microscopy after Centrifugation at 2000 rpm for 10 min or on fully automated Sysmex urine sedimentation analyzer UF4000)</b>			
Red Blood Cells	0 - 1	/hpf	0 - 2
Leucocytes	0 - 1	/hpf	0 - 5
Epithelial Cells	0 - 1	/hpf	0 - 5
Casts	Nil	/lpf	Nil
Crystals	Nil	/hpf	Nil
Mucus	Absent	/hpf	Absent
Organism	Absent		

--- End of Report ---

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**DEPARTMENT OF DIAGNOSTIC RADIOLOGY**

Patient No. : 23207048      Report Date : 27/05/2023  
Request No. : 190065772      27/05/2023 9.11 AM  
Patient Name : Mr. GIRISH KUMAR  
Gender / Age : Male / 48 Years 7 Months 16 Days

**ADVANCED DIGITAL SOLUTIONS**

- Computer Radiography
- Ultra Sensitive Colour Doppler
- Ultra High Resolution Sonography
- Multi-Detector CT Scan
- Mammography
- Interventional Radiology
- Digital Subtraction Angiography
- Foetal Echocardiography
- Echocardiography

**X-Ray Chest AP**

Both lung fields are clear.  
Both costophrenic sinuses appear clear.  
Heart size is normal.  
Hilar shadows show no obvious abnormality.  
Aorta is normal.

ULTRA SONOGRAPHY CANNOT DETECT ALL ABNORMALITIES  
NOT VALID FOR MEDICO-LEGAL PURPOSES  
CLINICAL CORRELATION RECOMMENDED

**Dr. Priyanka Patel, MD**  
Consultant Radiologist







**BHAILAL AMIN**  
GENERAL HOSPITAL

ECU

**ADVANCED DIGITAL SOLUTIONS**

- Computer Radiography
- Ultra Sensitive Colour Doppler
- Ultra High Resolution Sonography
- Multi-Detector CT Scan
- Mammography
- Interventional Radiology
- Digital Subtraction Angiography
- Foetal Echocardiography
- Echocardiography

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**DEPARTMENT OF DIAGNOSTIC RADIOLOGY**

Patient No. : 23207048      Report Date : 27/05/2023  
Request No. : 190065780      27/05/2023 9.11 AM  
Patient Name : Mr. GIRISH KUMAR  
Gender / Age : Male / 48 Years 7 Months 16 Days

**USG : Screening for Abdomen (excluding Pelvis) Or Upper Abdomen**

**Liver is normal in size and increased in echopattern.** No mass lesion identified. The hepatic veins are clear and patent. PV patent. No dilated IHBR.  
Gall bladder is well distended and shows no obvious abnormality. Common bile duct measures 4 mm in diameter.  
Pancreas shows no obvious abnormality. Tail obscured.  
Spleen is normal size and echopattern.

Both kidneys are normal in shape and position. Normal echogenicity and cortico medullary differentiation is noted. No hydronephrosis or mass lesion seen. **Few calculi are seen in right kidney largest measures 5mm. Left kidney shows cortical scarring.**

	<b>RIGHT</b>	<b>LEFT</b>
Renal length :	98 mm.	100 mm.
A.P. :	50 mm.	54 mm.

Prostate appears normal in size and volume is ~ 23 cc.  
Urinary bladder is well distended and appears normal.  
No ascites.

**COMMENT:**

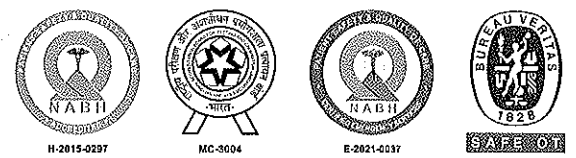
**Fatty liver.  
Right renal calculi.**

*Kindly correlate clinically*

• ULTRA SONOGRAPHY CANNOT DETECT ALL ABNORMALITIES  
 • NOT VALID FOR MEDICO-LEGAL PURPOSES  
 • CLINICAL CORRELATION RECOMMENDED

*Priyanka*

**Dr. Priyanka Patel, MD**  
Consultant Radiologist



Name: Mr. Girish Kumar  
Patient ID: ECU/23-207048

27-05-2023 10:59:42  
Standard 12-Lead

Date of birth: Male  
Gender: Male  
Height: VSR-ID  
Weight: Room  
Ethnicity: Medication  
Pacemaker: Order ID  
Unkown: Ord. prev.  
Unkown: Ord. prot.

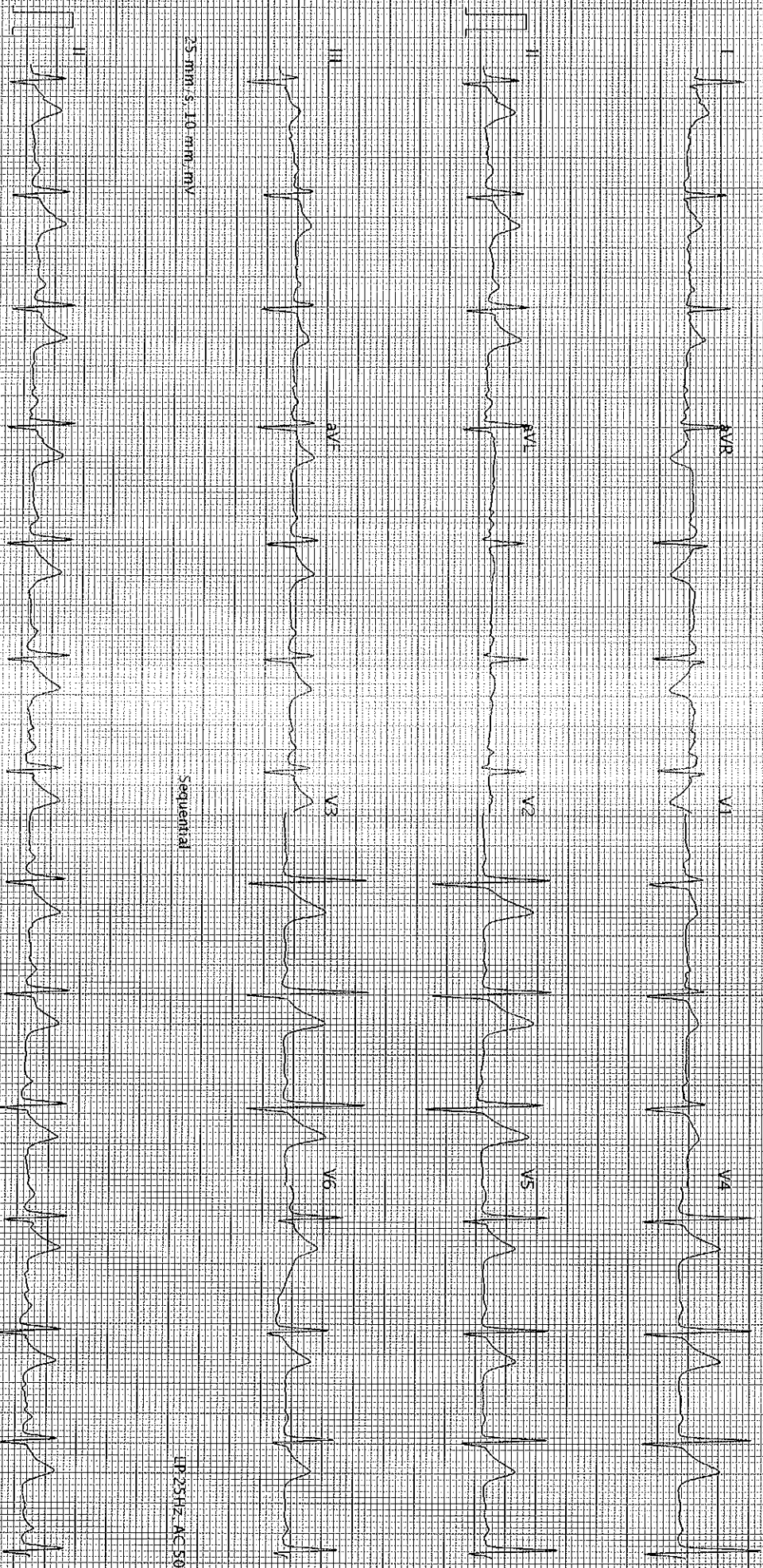
HR 79 bpm  
P axis 59°  
QRS axis 4°  
I axis 53°

RR 758 ms  
PR 160 ms  
QR5 79 ms  
QT 363 ms  
QTcB 417 ms

Sinus rhythm  
Leftward electrical axis  
Nonspecific ST abnormality (elevation)  
Otherwise normal ECG  
Unconfirmed report

Otherwise normal

QWV



25 mm/s, 10 mm/mV

Sequential

IP 25HZ AC 50HZ

25 mm/s, 10 mm/mV

AT 1026212 0 (1080-011030)

Printed on 27-05-2023 10:59:57

IP 25HZ AC 50HZ

SCHILLER

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