



# Savita

**Superspeciality Hospital**  
(A Unit of Solace Healthcare Pvt. Ltd.)

Pariyar Char Rasta, Waghodia-Dabhoi Ring Road, Vadodara-390019

☎ 0265-2578844 / 2578849 ✉ m.h@savitahospital.com 🌐 savitahospital.com

## Examination By Ophthalmologist

Name :	HEMANG G MEHTA	Age :	37/MALE
Reg.No :	20230400309	DOE :	14/04/2023
Present Complaints :	NAD		
Medical History :	NAD		
Examination Of Eye :	NAD		

External Examination :	NAD	NAD
Ati Seg Examination :	A/S: WNL	
Schiotz Tonometry IOP :	P:RRRL	
Fundus :	NILL	
Without Glass	Distant Vision :	
	Near Vision :	
With Glass	Distant Vision : 6/6WITH -1.0/90	6/6WITH - 0.50D <sub>1</sub> Y <sub>1</sub> /90
	Near Vision :N6	N6
Colour Vision (With Ishihara Chart) :	WNL	
Advice :	NIL	



**DR CHETAN CHAUHAN**



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## PHYSICIAN EXAMINATION

<b>Name :</b>	<b>HEMANG G MEHTA</b>	<b>Age :</b>	<b>37/MALE</b>
<b>Reg.No :</b>	<b>20230400309</b>	<b>DOE :</b>	<b>14/04/2023</b>

### Physical Examination:

<b>Height:</b>	<b>183CM</b>	<b>Weight:</b>	<b>83 KG</b>	<b>PULSE:</b>	<b>83</b>	<b>Temperature:</b>	<b>NORMAL</b>
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<b>BMI :</b>	<b>24.78</b>	<b>BP :</b>	<b>130/88</b>	<b>SPO2</b>	<b>98%</b>
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<b>Chief Complaint :</b>	<b>NO COMPLAINTS</b>
<b>Past History :</b>	<b>NO SIGNIFICANT</b>
<b>General Examination :</b>	<b>NAD</b>
<b>Systemic Examination :</b>	<b>NAD</b>
<b>INVESTIGATION :</b>	<b>NAD</b>
<b>ADVICE :</b>	<b>FFD,DAILY EXERCISE</b>

  
**DR. SAURABH JAIN**

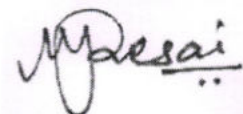




<b>Patient Name :</b>	Hemang Gautamkumar Mehta	<b>Sample No. :</b>	20230400573 
<b>Patient ID :</b>	20230400309	<b>Visit No. :</b>	OPD20230401045
<b>Age / Sex :</b>	37y/Male	<b>Call. Date :</b>	14/04/2023 08:47
<b>Consultant :</b>	DR SAURABH JAIN	<b>S. Coll. Date :</b>	14/04/2023 09:04
<b>Ward :</b>	-	<b>Report Date :</b>	14/04/2023 14:27

### CBC, ESR

Investigation	Result	Normal Value
Hemoglobin :	14 gm/dl	13.5 to 18.0 gm/dl
P.C.V. :	41.5 % [L]	42.0 to 52.0 %
M.C.V. :	88.5 fL	78 to 100 fL
M.C.H. :	29.9 pg	27 to 31 pg
M.C.H.C. :	33.7 g/dl	32 to 36 g/dl
RDW :	11.4 %	11.5 to 14.0 %
RBC Count :	4.69 . X 10 <sup>6</sup> / cumm [L]	4.7 to 6.0 X 10 <sup>6</sup> / cumm
Polymorphs :	60 %	38 to 70 %
Lymphocytes :	35 %	15 to 48 %
Eosinophils :	3 %	0 to 6 %
Monocytes :	2 % [L]	3 to 11 %
Basophils :	0 %	0.0 to 1.0 %
Total :	100	< 100 > 100
WBC Count :	7400 /cmm	4000 to 10000 /cmm
Platelets Count :	343000 / cmm	1,50,000 to 4,50,000 /cmm
ESR - After One Hour :	10 mm/hr	1 to 13 mm/hr



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



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**Patient Name :** Hemang Gautamkumar Mehta

**Sample No. :** 20230400573



**Patient ID :** 20230400309

**Visit No. :** OPD20230401045

**Age / Sex :** 37y/Male

**Call. Date :** 14/04/2023 08:47

**Consultant :** DR SAURABH JAIN

**S. Coll. Date :** 14/04/2023 09:05

**Ward :** -

**Report Date :** 14/04/2023 15:15

## FBS & PPBS

Investigation	Result	Normal Value
Blood Sugar (FBS) :	97 mg/dl	74 - 100 mg/dl
Urine Sugar ( FUS ) :	Nil	
Blood Sugar (PP2BS) :	92 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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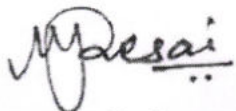
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### Blood Group

Investigation	Result	Normal Value
<b>BLOOD GROUP :</b>		
<b>ABO</b>	B	
<b>Rh</b>	Positive	

### RENAL FUNCTION TEST


Investigation	Result	Normal Value
<b>Creatinine :</b>	0.9 mg/dl	0.6 - 1.4 mg/dl
<b>Urea :</b>	22 mg/dl	13 - 45 mg/dl
<b>Uric Acid :</b>	6.4 mg/dl	3.5 - 7.2 mg/dl
<b>Calcium :</b>	9.6 mg/dl	8.5 - 10.5
<b>Phosphorus :</b>	4.7 mg/dl	1.5 - 6.8



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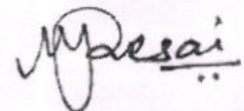




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**LFT (Liver Function Test)**

Investigation	Result	Normal Value
Total Bilirubin :	0.3 mg/dl	0.2 to 1.0 mg/dl
Direct Bilirubin :	0.1 mg/dl	0.0 to 0.2 mg/dl
Indirect Bilirubin :	0.2 mg/dl	0.0 to 0.8 mg/dl
AST (SGOT) :	29 U/L	5 to 34 U/L
ALT (SGPT) :	27 U/L	0 to 55 U/L
Total Protein (TP) :	7.1 g/dL	6.4 to 8.3, g/dl
Albumin (ALB) :	4.2 g/dl	3.5 to 5.2 g/dl
Globulin :	2.9 g/dl	2.3 to 3.5 g/dl
A/G Ratio :	1.45	
Alkaline Phosphatase (ALP) :	219 U/L [H]	40 to 150 U/L
GAMMA GT. :	29 U/L	7 to 35 U/L



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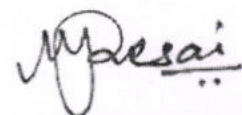
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## Lipid Profile

Investigation	Result	Normal Value
Sample :	Fasting	
Sample Type :	Normal	
Cholesterol (Chol) :	<b>259 mg/dl [H]</b>	Low risk : < 200 Moderate risk : 200 - 239 High risk : > or = 240
Triglyceride :	125 mg/dl	Normal : < 200.0 High : 200 - 499 Very High : > or = 500
HDL Cholesterol :	57 mg/dl	Low risk : >or = 60 mg/dL High risk : Up to 35 mg/dL
LDL :	<b>177 mg/dl [H]</b>	131.0 to 159.0(N) < 130.0(L) > 159.0(H)
VLDL :	25 mg/dl	Up to 0 to 34 mg/dl
LDL/HDL Ratio :	3.11	Low risk : 0.5 to 3.0 Moderate risk : 3.0 to 6.0 Elevted level high > 6.0
Total Chol / HDL Ratio :	4.54	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 :	<b>741 mg/dl [H]</b>	400 to 700 mg/dl

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



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**Reg.No.G-9521**



Unipath Specialty Laboratory (Baroda) LLP- Platinum Complex, Opp. HDFC Bank, Nr. Radha Krishna char rasta, Akota, Vadodara - 390020  
Mobile: 9998724579 / 8155028222 | Email: info.baroda@unipathllp.in



## TEST REPORT

Reg. No. : 30401007143	Reg. Date : 14-Apr-2023 11:19	Collected On : 14-Apr-2023 11:19
Name : Mr. HEMANG MEHTA		Approved On : 14-Apr-2023 12:08
Age : 37 Years	Gender : Male	Ref. No. :
Ref. By :		Dispatch At :
Location : SAVITA SUPERSPECIALTY HOSPITAL @ WAGHODIYA ROAD		Tele No. :

Test Name	Results	Units	Bio. Ref. Interval
<b>THYROID FUNCTION TEST</b>			
T3 (triiodothyronine) <i>Method:CLIA</i>	0.79	ng/mL	0.6 - 1.81
T4 (Thyroxine) <i>Method:CLIA</i>	5.00	µg/dL	4.5 - 12.6
TSH ( ultra sensitive) <i>Method:CLIA</i>	1.872	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 Edditcn. Philadelphia: WB Saunders,2012:2170

----- 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






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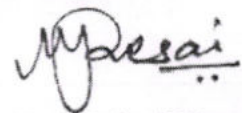
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## Urine R/M

Investigation	Result	Normal Value
Quantity - :	20 ml	
Colour - :	Straw	
Reaction (pH) :	6.0	4.6-8.0
Turbidity :	Turbid	
Deposit :	Absent	Absent
Sp.Gravity :	1.010	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 :	3-4 /hpf	0-5/hpf
Red Blood Cells :	Absent /hpf	Absent
Epithelial Cells :	0-1 /hpf	
Leucocytes Esterase :	++	



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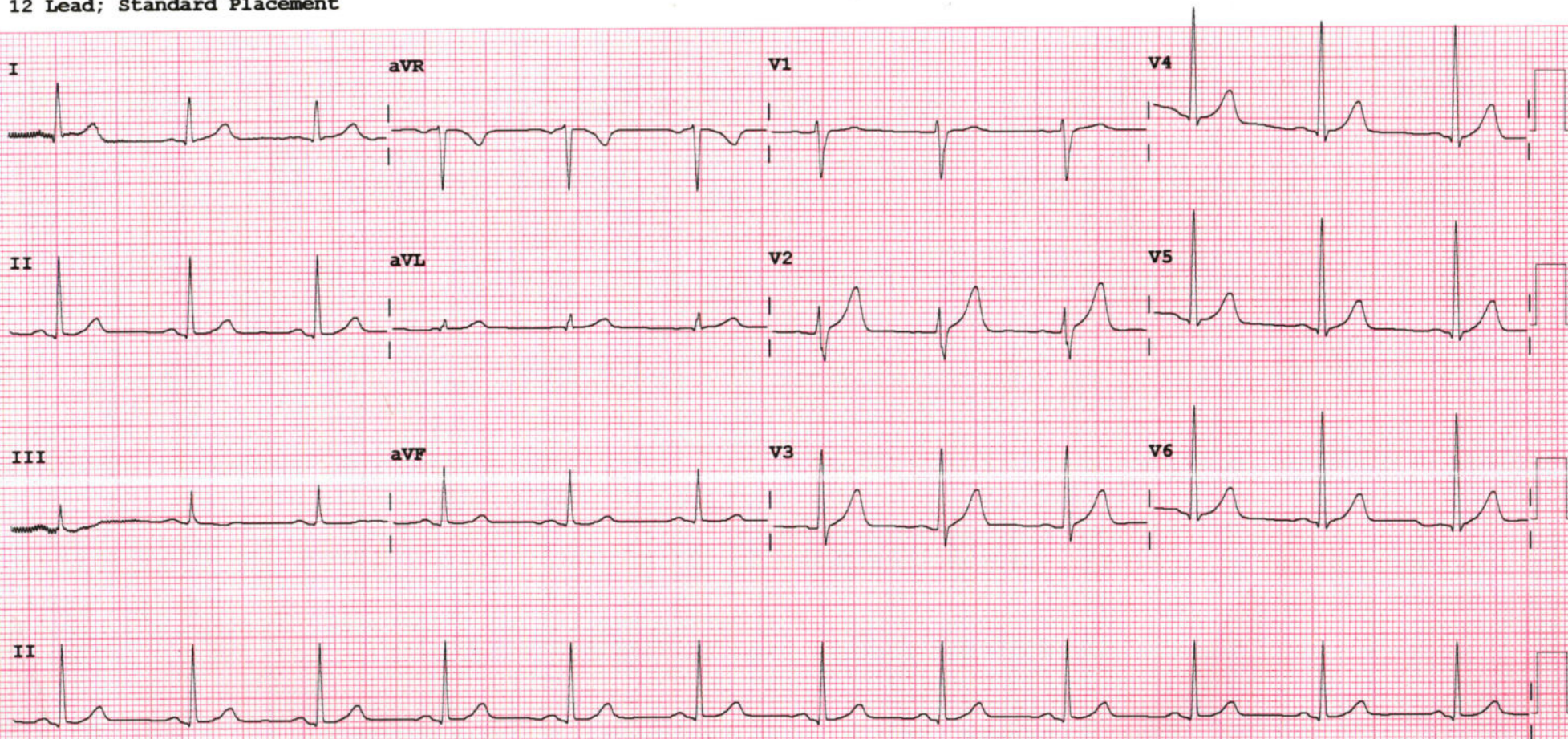
37 Years

Rate 72  
PR 160  
QRSD 90  
QT 360  
QTc 394

--AXIS--

P 74  
QRS 50  
T 24

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?





**2D-ECHOCARDIOGRAPHY AND COLOR DOPPLER REPORT**

**NAME: HEMANG MEHTA**

**AGE/SEX: 37 YRS/MALE**

**DATE : 14/04/2023**

**REF BY: DIRECT**

**OBSERVATION:**

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

**LA: 34 MM    AO: 22 MM    IVS: 09/13 MM    LVPW: 08/12 MM    LVID: 46/30 MM**

**CONCLUSION:**

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

**DR.NIRAV BHALANI**  
[CARDIOLOGIST]

**DR.ARVIND SHARMA**  
[CARDIOLOGIST]

**DR. DARSHAN THAKKAR**  
[CARDIOLOGIST]





Patient name	HEMANG MEHTA
Age / Sex	37 Y/M
Date	Friday, 14 April 2023

**ULTRASOUND OF ABDOMEN**

**LIVER** appears normal in size (14.3 cm) and shows normal parenchymal echogenicity. No evidence of focal lesion. No evidence of dilated IHBR or portal vein. CBD appears normal.

**GALL BLADDER** is distended. No e/o wall thickening or calculus within.

**VISUALIZED PART OF PANCREAS** appears normal. MPD is WNL

**SPLEEN** appears normal in size (9.9 cm) and shows normal parenchymal echogenicity. No evidence of focal lesion.

**BOTH KIDNEYS** appear normal in size (RK: 10.3 cm & LK: 11.0 cm) and position. Show normal cortical echogenicity. Corticomedullary differentiation is maintained. No calculus or hydronephrosis on either side.

**URINARY BLADDER** is full (Pre-void: & Post-void: ). No e/o wall thickening or calculus within.

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

**BOWEL LOOPS** appear normal and show normal peristalsis  
No evidence of LYMPHADENOPATHY noted.  
No evidence of ASCITES or PLEURAL EFFUSION noted.

**IMPRESSION:**

- **NO SIGNIFICANT ABNORMALITY NOTED AT PRESENT SCAN.**

**DR SHARAD RUNGTA**  
**MD RADIOLOGY**

*Not all pathologies can be detected on radiograph. Further radiographic evaluation is suggested if required.*





<b>NAME: HEMANG MEHTA</b>	<b>AGE/SEX: 37 YRS/M</b>
<b>DATE: Tuesday, April 11, 2023</b>	

**CHEST XRAY (PA)**

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 SHARAD RUNGTA**  
**MD RADIOLOGY**

*Not all pathologies can be detected on radiograph. Further radiographic evaluation is suggested if required.*