



S/B Dr. Vivek Gupta
M.D. Medicine



SARDAR
PATEL HOSPITAL
& HEART INSTITUTE

Name: Jansir Kumar

Date: 10/4/23

Age: 32 Sex: M

No. of chest pain, SOB at rest or exertion.

Rec'd sciatica @ leg pain Radiation

No H/o addiction

Vaccination
Adore

g. 1-8uh
120/80 mmHg.

SpO₂ - 97%

Cvs S1S2

H/o - AEROBIC
Clear

PIA 54, 85 ⊕

Adv:

Tab. Livogen-2	1-0-1	} x 1 month
Tab. EDSON-MPF	0-0-1	
Tab. febuprofen 40	0-0-1	
T. udiliv 300	1-0-1	
⊕ T. Lipicard-160	0-0-1	

Repeat CBC, Lipid profile, TSH - fasting
↳ fasting

Chinai



OPD INITIAL ASSESSMENT FORM

(To be filled by Nursing Staff)

Patient Name: - Somyin Kumar UHID Number: - 4170

Consultant Name: DR. Kapesh Date: 10/11/23 Start Time: 5:30 Age: 32 (Years)
Sex: - M (M/F) urologist

Height: - _____ cms, Weight: 70.6 kgs. Temp. _____, Pulse: - _____ (Per minute), SPO2 _____

B.P. :- _____ (mm of Hg), RBS:- _____ First Visit / Follow Up
Visit: First visit (PER)

Nursing Staff Name & Signature: - Sudhy End Time:- _____

Past History: - (TICK MARK)

Diabetes, Hypertension, IHD, COPD, Asthma, TB, Smoker, Alcoholic, Hypothyroidism

Other:- NO

Family History:- _____

Nutritional Screening:- _____

Psychosocial Assessment:- _____

Immunization Status:- _____

To be filled by Clinician) Start Time:- _____

Clinical Findings:-

came to health check up
no abdominal pain
RAO
SPH/OPD/03
noted

Diagnosis:-

Investigations and Advice:-

OK abdomen noted

SHRIMATI JAYABEN MODY HOSPITAL

REGD. No. F/106/BHARUCH

MANAGED BY :

Ankleshwar Industrial Development Society, Ankleshwar
VALIA ROAD, GIDC, ANKLESHWAR - 393 002. PHONE : 222220, 224550

NAME OF PATIENT : SANJIV KUMAR
DATE : 07/04/2023

USG OF ABDOMEN AND PELVIS

Liver appears normal in size, shape and shows fatty echotexture suggestive of grade II fatty liver. No evidence of focal SOL or dilation of IHBR seen.

Porta hepatitis is appears normal.

Gallbladder appears minimally distended.

Pancreas appears normal in size and echotexture.

Spleen appears normal in size and echotexture.

Aorta appears normal. No para aortic lymphnodes seen.

Right kidney appears normal in size, location and echotexture.

Cortex and collecting system of right kidney appears normal.

No calculi or obstructive uropathy.

Left kidney appears normal in size, location and echotexture.

Cortex and collecting system of left kidney appears normal.

No calculi or obstructive uropathy.

Bladder & Prostate appears normal. No calculi seen.

Terminal ileum and caecum appears normal.

Appendix appears normal.

No evidence of free fluid or collection is seen in peritoneal spaces.

COMMENTS:

- Grade II fatty liver.
- No other significant diagnostic abnormality detected.

THANKS FOR THE REFERENCE

DR. JANAKI RAJ (M.D)
CONSULTANT RADIOLOGIST

Patient Name : MR. SANJIV KUMAR
Age / Gender : 32 years / Male
Patient ID : 21277
Source : Sardar Patel Hospital (OPD)

Maharashtra | Goa | Gujarat

Referral : Dr Mediwheel Full body Health Checkup

Collection Time : 25/03/2023, 08:15 AM

Reporting Time : 25/03/2023, 11:52 AM

Sample ID :



Test Description	Value(s)	Unit(s)	Reference Range
CBC			
Complete Blood Count (CBC)			
Hemoglobin (Hb)* Method : Cynmeth Photometric Measurement	11.8	gm/dL	13.5 - 18.0
Erythrocyte (RBC) Count* Method : Electrical Impedance	3.88	mil/cu.mm	4.7 - 6.0
Packed Cell Volume(Hematocrit) Method : Calculated	35.2	%	42 - 52
Red cell Indices			
Method - Calculated/Electrical Impedance			
MCV	90.72	fL	78 - 100
MCH	30.41	pg	27 - 31
MCHC	33.52	gm/dL	32 - 36
RDW - CV	13.4	%	11.5 - 14.0
Total and Differential count			
Method - Electrical Impedance and VCSN Technology			
Total Leucocytes (WBC) Count*	4100 ✓	cell/cu.mm	4000-10000
Neutrophils	52	%	40 - 80
Lymphocytes	36	%	20 - 40
Monocytes	10	%	2 - 10
Eosinophils*	02	%	1 - 6
Basophils	00	%	0 - 2
Platelet Count Method : Electrical Impedance	100 ↓	10 ³ /ul	150 - 450
Platelet on smear	Reduced on smear		
Sample Type : EDTA Whole Blood.			
E.S.R			
Erythrocyte Sedimentation Rate Method : EDTA Whole blood, modified westergren	19 ✓	mm/hr	<15
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

B. Dholiya

Dr. Bhavika Dholiya
M. D. Pathology
Registration No: G-325/1

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Patient ID : 21277
Source : Sardar Patel Hospital (OPD)

Referral : Dr Mediwheel Full body Health Checkup

Collection Time : 25/03/2023, 08:15 AM

Reporting Time : 25/03/2023, 01:38 PM

Sample ID :



001708423

Test Description	Value(s)	Unit(s)	Reference Range
BLOOD GROUP & RH (D) FACTOR, EDTA WHOLE BLOOD			
Blood Group	"A"		
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).			

END OF REPORT

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Referral : Dr Mediwheel Full body Health Checkup

Collection Time : 25/03/2023, 08:15 AM

Reporting Time : 25/03/2023, 01:43 PM

Sample ID :



Test Description	Value(s)	Unit(s)	Reference Range
BLOOD GLUCOSE FASTING (FBS)			
Glucose fasting Method : GOD-POD	119.3	mg/dL	Normal: 70 - 99 Impaired Tolerance: 100-125 Diabetes mellitus: \geq 126 (on more than one occasion) (American diabetes association guidelines 2018)
Urine Fasting	Absent		
BLOOD GLUCOSE POST PRANDIAL (PP2BS)			
Blood Glucose-Post Prandial Method : GOD-POD	119.1	mg/dL	70 - 140
Urine Post Prandial	Absent		
GLYCOSYLATED HB (HBA1C)			
Glyco Hb (HbA1C)	4.5	%	Non-Diabetic: \leq 5.6 Pre Diabetic: 5.7-6.4 Diabetic: \geq 6.5
Estimated Average Glucose :	82.45		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 glycated 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****

Bhaliya

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Age / Gender : 32 years / Male

Patient ID : 21277

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Maharashtra | Goa | Gujarat

Referral : Dr Mediwheel Full body Health Checkup

Collection Time : 25/03/2023, 08:15 AM

Reporting Time : 25/03/2023, 10:37 AM

Sample ID :



001708423

Test Description	Value(s)	Unit(s)	Reference Range
RENAL PROFILE			
Urea *	25.8	mg/dL	17- 55 mg/dL
Method : Serum, Urease			
Creatinine*	0.94	mg/dL	0.6 - 1.4 mg/dl
Method : Serum, Enzymatic			
Uric Acid*	7.4 ↑	mg/dL	3.5 - 7.2
Method : Serum, Uricase/POD			
Blood Urea Nitrogen-BUN*	12.06	mg/dL	7 - 25 mg/dL
Method : Calculated			
Calcium*	9.40	mg/dL	8.8 - 10.6
Method : Arsenazo III			
Sodium*	140.0	mmol/L	136 - 146
Method : Serum, Indirect ISE			
Potassium*	4.69	mmol/L	3.5 - 5.1
Method : Serum, Indirect ISE			
Chloride*	104.1	mmol/L	97.0 - 108.0
Method : Serum, Indirect ISE			
LIVER FUNCTION TEST-1			
Bilirubin - Total	1.73	mg/dL	0.3 - 1.2
Method : Diazotization			
Bilirubin - Direct	0.63	mg/dL	Adults and Children: 0.0 - 0.4
Method : Serum, Diazotization			
Bilirubin - Indirect	1.10		
Method : Calculated			
SGOT	42.5 ↑	U/L	< 50
Method : Serum, UV without P5P			
SGPT	61.6 ↑	U/L	< 50
Method : Serum, UV without P5P			
Alkaline Phosphatase-ALPI	122.0	U/L	30-120
Method : Serum, PNPP, AMP Buffer, IFCC 37 degree			
Total Protein	6.16	g/dL	6.6 - 8.3
Method : Serum, Biuret, reagent blank end point			
Albumin	4.03	g/dL	Adults: 3.5 - 5.2
Method : Serum, Bromocresol green			
Globulin	2.13	g/dL	1.8 - 3.6
Method : Calculated			
A/G Ratio	1.89	ratio	1.2 - 2.2
Method : Calculated			

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Reporting Time : 25/03/2023, 10:38 AM

Sample ID :



001708423

Test Description	Value(s)	Unit(s)	Reference Range
LIPID PROFILE (D)			
Cholesterol-Total Method : Serum, Cholesterol oxidase esterase, peroxidase	141.0	mg/dL	Desirable: <= 200 Borderline High: 201-239 High: > 239
Triglycerides Method : Serum, Enzymatic, endpoint	224.0 ↑	mg/dL	Normal: < 150 Borderline High: 150-199 High: 200-499 Very High: >= 500
Cholesterol-HDL Direct Method : Serum, Direct measure-PEG	39.4	mg/dL	Normal: > 40 Major Heart Risk: < 40
LDL Cholesterol Method : Calculated	56.80	mg/dL	Optimal: < 100 Near optimal/above optimal: 100-129 Borderline high: 130-159 High: 160-189 Very High: >= 190
Non - HDL Cholesterol, Serum Method : calculated	101.60	mg/dL	Desirable: < 130 mg/dL Borderline High: 130-159mg/dL High: 160-189 mg/dL Very High: > or = 190 mg/dL
VLDL Cholesterol Method : calculated	44.80	mg/dL	6 - 38
CHOL/HDL RATIO Method : calculated	3.58	ratio	3.5 - 5.0
LDL/HDL RATIO Method : calculated	1.44	ratio	Desirable / low risk - 0.5 -3.0 Low/ Moderate risk - 3.0- 6.0 Elevated / High risk - > 6.0
HDL/LDL RATIO Method : calculated	0.69	ratio	Desirable / low risk - 0.5 -3.0 Low/ Moderate risk - 3.0- 6.0 Elevated / High risk - > 6.0

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

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Maharashtra | Goa | Gujarat

Referral : Dr Mediwheel Full body Health Checkup

Collection Time : 25/03/2023, 08:15 AM

Reporting Time : 25/03/2023, 12:48 PM

Sample ID :



001708423

Test Description	Value(s)	Unit(s)	Reference Range
THYROID FUNCTION TEST 1			
T3-Total Method : Serum, CLIA	1.34	ng/mL	0.69 - 2.15 ng/mL
T4-Total Method : Serum, CLIA	7.69	ug/dL	5.2 - 12.7 ug/dL
TSH Method : Serum, CLIA	6.07 ↑	uIU/mL	0.3 - 4.5 uIU/mL
Interpretation			

END OF REPORT

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Referral : Dr Mediwheel Full body Health Checkup

Collection Time : 25/03/2023, 08:15 AM

Reporting Time : 25/03/2023, 11:51 AM

Sample ID :



Test Description	Value(s)	Unit(s)	Reference Range
URINE ROUTINE			
Volume*	10	ml	ml -
Colour*	Pale Yellow		Pale Yellow
Transparency (Appearance)*	Clear		Clear
Deposit*	Absent		Absent
Reaction (pH)*	6.0		4.5 - 8
Specific Gravity*	1.005		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)*	Absent	/hpf	0 - 5
Epithelial Cells*	1-3	/hpf	0 - 4
Red blood Cells*	Absent	/hpf	Absent
Crystals*	Absent		Absent
Cast*	Absent		Absent
Trichomonas Vaginalis*	Absent		Absent
Yeast Cells*	Absent		Absent
Amorphous deposits*	Absent		Absent
Bacteria*	Absent		Absent

END OF REPORT

Bholya

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2D ECHO CARDIOGRAPHY REPORT

Name : Mrs Sanjiv kumar

UHID : 4170

Age / Sex : 32 Yrs. /M

Date : 25.3.2023

Done By: Dr. Milan Mehta

- All cardiac chambers are normal in dimension
- Normal LV Systolic function at Rest, LVEF = 60 %
- No RWMA at Rest.
- Grade I LV diastolic dysfunction
- MV – Normal, No MS/ Trivial MR AV –mildly sclerotic, No AS/Mild AR
- TV – Normal , No TS/ Trivial TR PV – No PS / PR
- No significant Pulmonary Hypertension, RVSP = 30 mmHg
- IAS / IVS appear Intact
- No e/o Clot / Vegetation /pericardial effusion
- IVC normal diameter and collapse > 50 % with respiration

IMPRESSION: NORMAL LVEF, NO RWMA, GRADE I LVDD

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

Dr. Jayveer Atodariya
MD, DM, CARDIOLOGY
Consultant: Interventional Cardiology

25.03.2023 12:09:47
SARDA PATEL HOSPITAL
CHIKI JI
ANKLESHWAR

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

Room :

77 bpm
- / - mmHg

Technician:
Ordering Ph:
Referring Ph:
Attending Ph:

QRS : 88 ms
QT / QTcBaz : 342 / 387 ms
PR : 126 ms
P : 90 ms
RR / PP : 774 / 779 ms
P / QRS / T : 53 / 44 / 41 degrees

Normal sinus rhythm
Nonspecific ST and T wave abnormality
Abnormal ECG

Normal Sinus Rhythm

