



BHAILAL AMIN  
GENERAL HOSPITAL

ESTD. 1966

## CONCLUSION OF HEALTH CHECKUP

ECU Ref. No : MH/22/001105 Patient No : 21043207 Date : 14/05/2022  
Name : **MR. SHUBHAM RATHOD** Sex / Age : MALE 26  
Height / Weight : 178 Cms 79 Kgs Ideal Weight 73 Kgs BMI : 24.9

Dr. Manish Mittal  
Physician

*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.*

Page 1 of 5



Name : MR. SHUBHAM RATHOD

Sex / Age : MALE 26

**Present History**

NO ANY MAJOR ILLNESS AT PRESENT

**Past History**

NO ANY AMJOR ILLNESS IN PAST

**Family History**

NO ANY MAJOR ILLNESS IN FAMILY

**Personal History**

VEG DIET; NO SMOKING OR ALCOHOL

**Clinical Examination**

B.P. 120/70 MMHG

Pulse 66/MIN; REG

Others NAD

**Respiratory System**

CLINICALLY NAD

**Cardio Vascular System**

CLINICALLY NAD

**Abdominal System**

CLINICALLY NAD

**Neurological System**

CLINICALLY NAD



### Dietary Assessment

Name : **MR. SHUBHAM RATHOD** Sex / Age : MALE 26  
Height : 178 Cms Weight : 79 Kgs Ideal Weight : 73 Kgs BMI : 24.9

Body Type : Normal / Underweight / Over weight

#### Diet History

Diet preference : Vegetarian / Eggeterian / Mixed  
Frequency of consuming fried food : / day / week or occasional  
Frequency of consuming sweets : / day or occasional  
Frequency of consuming outside food : / 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.

Drink 3 to 4 liters (12 - 14 glass) of water daily.

Eat Beetroot, 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.

Dietitian



Patient Name : Mr. SHUBHAM RATHOD  
 Gender / Age : Male / 26 Years 10 Months 18 Days  
 MR No / Bill No. : 21043207 / 231007394  
 Consultant : Dr. Manish Mittal  
 Location : OPD

Type : OPD  
 Request No. : 44294  
 Request Date : 14/05/2022 09:31 AM  
 Collection Date : 14/05/2022 09:40 AM  
 Approval Date : 14/05/2022 03:34 PM

**CBC + ESR**

Test	Result	Units	Biological Ref. Range
<b>Haemoglobin.</b>			
Haemoglobin	16.1	gm/dL	13 - 17
Red Blood Cell Count (T-RBC)	5.43	mill/cmm	4.5 - 5.5
Hematocrit (HCT)	47.2	%	40 - 50
Mean Corpuscular Volume (MCV)	86.9	fl	83 - 101
Mean Corpuscular Haemoglobin (MCH)	29.7	pg	27 - 32
MCH Concentration (MCHC)	34.1	%	31.5 - 34.5
Red Cell Distribution Width (RDW-CV)	12.2	%	11.6 - 14
Red Cell Distribution Width (RDW-SD)	39.9	fl	39 - 46
<b>Total Leucocyte Count (TLC)</b>			
Total Leucocyte Count (TLC)	6.29	thou/cmm	4 - 10
<b>Differential Leucocyte Count</b>			
Polymorphs	61	%	40 - 80
Lymphocytes	31	%	20 - 40
Eosinophils	1	%	1 - 6
Monocytes	7	%	2 - 10
Basophils	0	%	0 - 2
Polymorphs (Abs. Value)	3.79	thou/cmm	2 - 7
Lymphocytes (Abs. Value)	1.92	thou/cmm	1 - 3
Eosinophils (Abs. Value)	<b>0.09</b>	thou/cmm	0.2 - 0.5
Monocytes (Abs. Value)	0.45	thou/cmm	0.2 - 1
Basophils (Abs. Value)	0.04	thou/cmm	0.02 - 0.1
Immature Granulocytes	2.5	%	1 - 3 : Borderline > 3 : Significant
<b>Platelet Count</b>			
Platelet Count	232	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 / repeat may be requested.

365 Days / 24 Hours Laboratory Services

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



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DEPARTMENT OF LABORATORY MEDICINE

Patient Name	: Mr. SHUBHAM RATHOD	Type	: OPD
Gender / Age	: Male / 26 Years 10 Months 18 Days	Request No.	: 44294
MR No / Bill No.	: 21043207 / 231007394	Request Date	: 14/05/2022 09:31 AM
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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 metic 20, comparable to Westergrens method and in accordance to ICSH reference method.

--- End of Report ---

Dr. Rakesh Vaidya  
Approved By Dr. Sejal Odedra

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GENERAL HOSPITAL

ESTD. 1964

**DEPARTMENT OF LABORATORY MEDICINE**

Patient Name : Mr. SHUBHAM RATHOD  
Gender / Age : Male / 26 Years 10 Months 18 Days  
MR No / Bill No. : 21043207 / 231007394  
Consultant : Dr. Manish Mittal  
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**Haematology**

<u>Test</u>	<u>Result</u>	<u>Units</u>	<u>Biological Ref. Range</u>
<i>Blood Group</i>			
ABO system	B		
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 ----



**Dr. Rakesh Vaidya**  
Approved By Dr. Sejal Odedra

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**DEPARTMENT OF LABORATORY MEDICINE**

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**Clinical Biochemistry**

<u>Test</u>	<u>Result</u>	<u>Units</u>	<u>Biological Ref. Range</u>
Fasting Plasma Glucose	76	mg/dL	70 - 110
Post Prandial 2 Hr. Plasma Glucose	112	mg/dL	70 - 140

By Hexokinase method on RXL Dade Dimesion

— End of Report —

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## Thyroid Hormone Study

Test	Result	Units	Biological Ref. Range
Triiodothyronine (T3)	1.22	ng/ml	
<i>(Done by 4th generation electrochemiluminescence based method on automated immunoassay / Cobas e 411.)</i>			
<i>Reference interval (ng/ml)</i>			
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		
<i>(Reference : Tietz - Clinical guide to laboratory test, 4th edition )</i>			
Thyroxine (T4)	8.66	mcg/dL	
<i>(Done by 4th generation electrochemiluminescence based method on automated immunoassay / Cobas e 411.)</i>			
<i>Reference interval (mcg/dL)</i>			
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		
<i>(Reference : Tietz - Clinical guide to laboratory test, 4th edition )</i>			
Thyroid Stimulating Hormone (US-TSH)	2.15	microIU/ml	
<i>(Done by 4th generation electrochemiluminescence based method on automated immunoassay / Cobas e 411.)</i>			
<i>Reference interval (microIU/ml)</i>			
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		
<i>Pregnancy :</i>			
1st trimester	: 0.3 - 4.5		
2nd trimester	: 0.5 - 4.6		
3rd trimester	: 0.8 - 5.2		
<i>(Reference : Tietz - Clinical guide to laboratory test, 4th edition )</i>			

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.

--- End of Report ---

Dr. Rakesh Vaidya  
 Approved By Dr. Sejal Odedra





Patient Name : Mr. SHUBHAM RATHOD Type : OPD  
 Gender / Age : Male / 26 Years 10 Months 18 Days Request No. : 44294  
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**Complete Lipid Profile**

Test	Result	Units	Biological Ref. Range
<b>Complete Lipid Profile</b>			
Appearance	Clear		
Triglycerides	133	mg/dL	1 - 150
<i>(By Lipase / Glycerol dehydrogenase on RXL Dade Dimension)</i>			
<i>&lt; 150 Normal</i>			
<i>150-199 Borderline High</i>			
<i>200-499 High</i>			
<i>&gt; 499 Very High</i>			
Total Cholesterol	159	mg/dL	1 - 200
<i>(By enzymatic colorimetric method on RXL Dade Dimension)</i>			
<i>&lt;200 mg/dL - Desirable</i>			
<i>200-239 mg/dL - Borderline High</i>			
<i>&gt; 239 mg/dL - High</i>			
HDL Cholesterol	40	mg/dL	40 - 60
<i>(By Direct homogenous technique, modified enzymatic non-immunological method on RXL Dade Dimension)</i>			
<i>&lt; 40 Low</i>			
<i>&gt; 60 High</i>			
Non HDL Cholesterol (calculated)	119	mg/dL	1 - 130
<i>(Non- HDL Cholesterol)</i>			
<i>&lt; 130 Desirable</i>			
<i>139-159 Borderline High</i>			
<i>160-189 High</i>			
<i>&gt; 191 Very High</i>			
LDL Cholesterol	102	mg/dL	1 - 100
<i>(By Direct homogenous technique, modified enzymatic non-immunological method on RXL Dade Dimension)</i>			
<i>&lt; 100 Optimal</i>			
<i>100-129 Near / above optimal</i>			
<i>130-159 Borderline High</i>			
<i>160-189 High</i>			
<i>&gt; 189 Very High</i>			
VLDL Cholesterol (calculated)	26.6	mg/dL	12 - 30
LDL Ch. / HDL Ch. Ratio	2.55		2.1 - 3.5
T. Ch./HDL Ch. Ratio	3.98		3.5 - 5
<i>(Recent NECP / ATP III Guidelines / Classification (mg/dl) :)</i>			

--- 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	0.14	mg/dL	0 - 0.3
Bilirubin - Indirect	0.41	mg/dL	0 - 0.7
<i>(By Diazotized sulfanilic acid on RXL Dade Dimension.)</i>			
Aspartate Aminotransferase (SGOT/AST)	21	U/L	15 - 40
<i>(By IFCC UV kinetic method on RXL Dade Dimension.)</i>			
Alanine Aminotransferase (SGPT/ALT)	29	U/L	10 - 40
<i>(By IFCC UV kinetic method on RXL Dade Dimension.)</i>			
Alkaline Phosphatase	79	U/L	53 - 128
<i>(BY PNPP AMP method on RXL Dade Dimension.)</i>			
Gamma Glutamyl Transferase (GGT)	34	U/L	15 - 85
<i>(By IFCC method on RXL Dade Dimension.)</i>			
<b>Total Protein</b>			
Total Proteins	7.73	gm/dL	6.4 - 8.2
Albumin	4.29	gm/dL	3.4 - 5
Globulin	3.44	gm/dL	3 - 3.2
A : G Ratio	1.25		1.1 - 1.6
<i>(By Biuret endpoint and Bromocresol purple method on RXL Dade Dimension.)</i>			

--- End of Report ---

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Patient Name : Mr. SHUBHAM RATHOD  
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**Renal Function Test (RFT)**

Test	Result	Units	Biological Ref. Range
Urea (By Urease Kinetic method on RXL Dade Dimension)	14	mg/dL	10 - 45
Creatinine (By Modified Kinetic Jaffe Technique)	<b>0.89</b>	mg/dL	0.9 - 1.3
Estimate Glomerular Filtration rate (Ref. range : > 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)	More than 60		
Uric acid (By Uricase / Catalase method on RXL Siemens)	6.2	mg/dL	3.4 - 7.2

— End of Report —

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## Clinical Biochemistry

Test	Result	Units	Biological Ref. Range
Glycosylated Hemoglobin (HbA1c)	5.1	%	
estimated Average Glucose (e AG) *	99.67	mg/dL	

(Method:

By Automated HPLC analyser on D-10 Biorad. NGSP Certified, US-FDA approved, Traceable to IFCC reference method.

\* Calculated value 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)

— End of Report —

Dr. Rakesh Vaidya  
 Approved By Dr. Sejal Odedra



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**Urine Routine**

Test	Result	Units	Biological Ref. Range
<b>Physical Examination</b>			
Quantity	40	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	Negative
Glucose	Negative	mg/dL	Negative
Ketones	Negative		Negative
Bilirubin	Negative		Negative
Urobilinogen	Negative		Negative (upto 1)
Blood	Negative		Negative
Bile Salt	Absent		Absent
Leucocytes	Negative		Negative
Bile Pigments	Absent		Absent
Nitrite	Negative		Negative
<b>Microscopic Examination (After Centrifugation at 2000 rpm for 10 min)</b>			
Red Blood Cells	Nil	/hpf	0 - 2
Leucocytes	Present (0-2)	/hpf	0 - 5
Epithelial Cells	Present (0-2)	/hpf	0 - 5
Casts	Nil	/lpf	Nil
Crystals	Nil		Nil
Mucus	Absent		Absent
Organism	Absent		

--- End of Report ---

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**DEPARTMENT OF DIAGNOSTIC RADIOLOGY**

Patient No. : 21043207      Report Date : 14/05/2022  
Request No. : 190020084      14/05/2022 9.31 AM  
Patient Name : **SHUBHAM RATHOD**  
Gender / Age : Male / 26 Years 10 Months 18 Days

**ADVANCED DIGITAL SOLUTIONS**

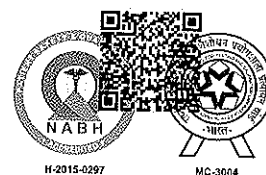
- Computer Radiography
- Ultra Sensitive Colour Doppler
- Ultra High Resolution Sonography
- Multi-Detector CT Scan
- Mammography
- Interventional Radiology
- Digital Subtraction Angiography
- Foetal Echocardiography
- Echocardiography

**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





**DEPARTMENT OF DIAGNOSTIC RADIOLOGY**

**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

Patient No. : 21043207      Report Date : 14/05/2022  
Request No. : 190020090      14/05/2022 9.31 AM  
Patient Name : **SHUBHAM RATHOD**  
Gender / Age : Male / 26 Years 10 Months 18 Days

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

Liver is normal in size echo pattern. 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 in size and echo pattern.

Both kidneys are normal in shape and position. Normal echogenicity and cortico medullary differentiation is noted. No hydronephrosis or mass lesion seen. **Right kidney shows tiny concretion.**

	<b>RIGHT</b>	<b>LEFT</b>
Renal length :	96 mm.	89 mm.
A.P. :	50 mm.	50 mm.


Prostate appears normal in size and volume is ~18 cc.  
Urinary bladder is well distended and appears normal.  
No ascites.

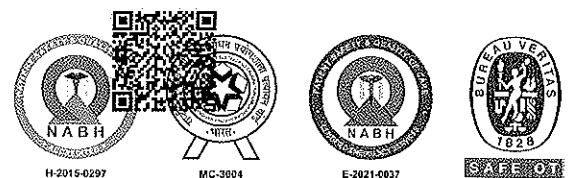
**COMMENT:**

**Right renal tiny concretion. No obstruction.**

*Kindly correlate clinically*

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

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





ECU



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Patient No. : 21043207      Report Date : 14/05/2022  
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**Echo Color Doppler**

MITRAL VALVE : NORMAL, NO MS, NO MR  
AORTIC VALVE : TRILEAFLET, NO AS, NO AR  
TRICUSPID VALVE : NORMAL, NO TR, NO PAH  
PULMONARY VALVE : NORMAL, NO PR, NO PS  
LEFT ATRIUM : NORMAL SIZE  
AORTA : NORMAL  
LEFT VENTRICLE : NORMAL LVEF – 60%, NO RWMA AT REST  
RIGHT ATRIUM : NORMAL SIZE  
RIGHT VENTRICLE : NORMAL SIZE  
I.V.S. : INTACT  
I.A.S. : INTACT  
PULMONARY ARTERY : NORMAL  
PERICARDIUM : NO EFFUSION  
COLOUR/DOPPLER FLOW MAPPING : NO MR // AR // TR, NO PAH

**FINAL CONCLUSION:**

1. NORMAL SIZED ALL CARDIAC CHAMBERS
2. NORMAL LV SYSTOLIC FUNCTION LVEF – 60%
3. NO RESTING REGIONAL WALL MOTION ABNORMALITY
4. NORMAL VALVES, NO MITRAL / AORTIC STENOSIS
5. NORMAL RIGHT HEART SIZE AND RV PRESSURES
6. NO PERICARDIAL EFFUSION, CLOT OR VEGETATION SEEN, SR+.

  
DR. KILLOL KANERIA, M.D., D.M., CARD.



ECU/21043207  
26 Years

14-May-22

Male

9:57:15 AM

SHUBHAM PATHOD

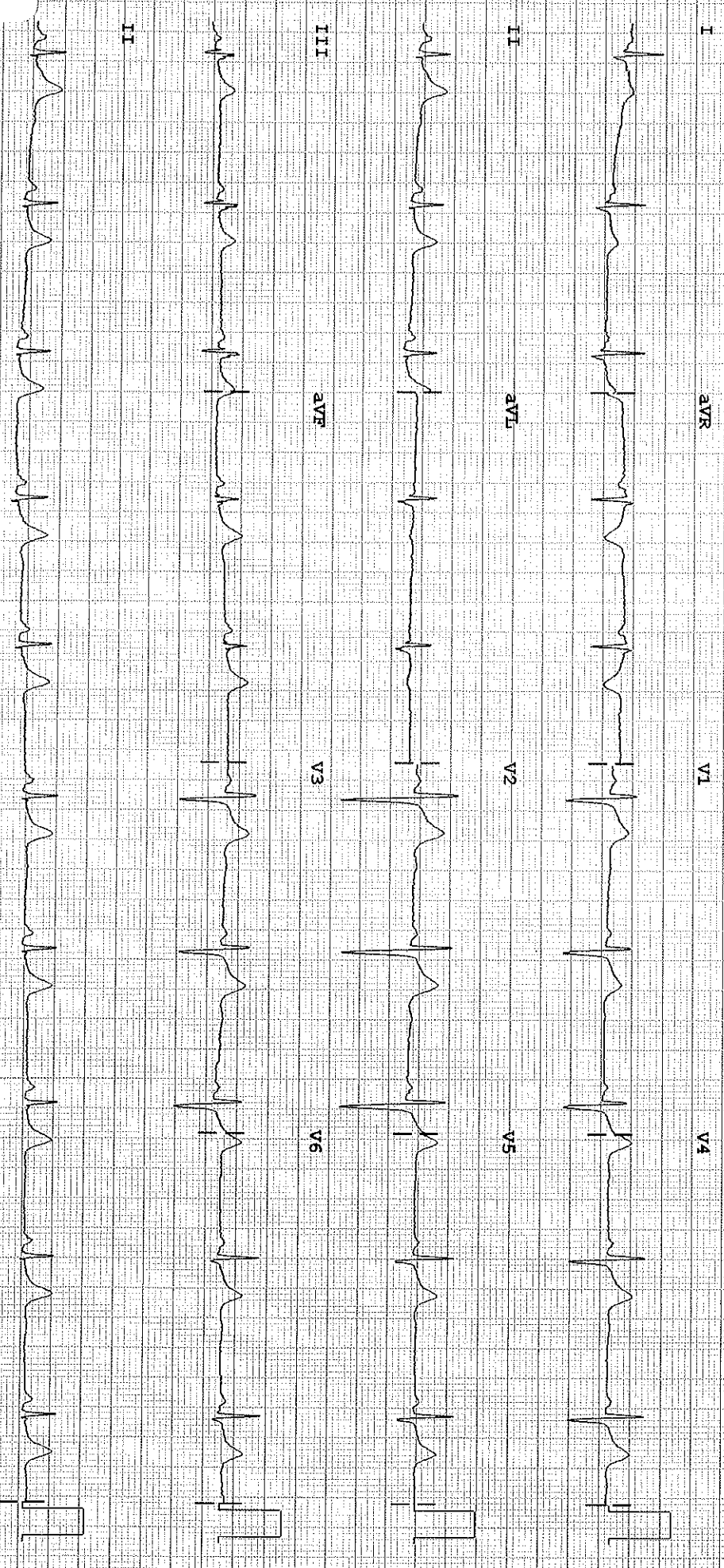


**DR. DHALLA AMIN GENERAL HOSPITAL**  
AN NABHI, NABL & ISO Accredited Institute

Doctor **MANISH MITTAL**

Rate 59  
PR 124  
QRSD 85  
QT 384  
QTc 380

--AXIS--  
P 65  
QRS 68  
T 66



Speed: 25 mm/sec  
I limb: 10 mm/mV  
Chest: 10 mm/mV

50 ~ 0.15-150 Hz

PH08

P3