



BHAILAL AMIN  
GENERAL HOSPITAL

ESTD. 1964

## CONCLUSION OF HEALTH CHECKUP

ECU Ref. No : MH/22/000612 Patient No : 21040775 Date : 29/03/2022  
Name : MR. NIRAV D RATHOD Sex / Age : MALE 32  
Height / Weight : 166 Cms 84 Kgs Ideal Weight 63 Kgs BMI : 30.5

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. NIRAV D RATHOD

Sex / Age : MALE 32

**Present History**

NO ANY MAJOR ILLNESS AT PRESENT

**Past History**

NO ANY MAJOR ILLNESS IN PAST

**Family History**

MOTHER AND FATHER - DIABETES MELIITUS AND HYPERTENSION

**Personal History**

NON VEG DIET; OCCASIONAL- ALCOHOL OR SMOKING

**Clinical Examination**

B.P. 130/ 84 MMHG

Pulse 74/MIN; REG

Others NAD

**Respiratory System**

CLINICALLY NAD

**Cardio Vascular System**

CLINICALLY NAD

**Abdominal System**

CLINICALLY NAD

**Neurological System**

CLINICALLY NAD



Name : MR. NIRAV D RATHOD

Sex / Age : MALE 32

**Eye Checkup**

Doctor Name Dr. Ketan J. Patel

	Right	Left
History	NIL	NIL
Uncorrected vision	6/6 - 1.50 DSPH	6/6 - 1.25 DSPH
Corrected vision	N.6	N.6
IOP	14.6 MMHG	14.6 MMHG
Fundus	NORMAL	NORMAL
Any other	NAD	NAD
Advice	-	-



### Dietary Assessment

Name : MR. NIRAV D RATHOD Sex / Age : MALE 32  
Height : 166 Cms Weight : 84 Kgs Ideal Weight : 63 Kgs BMI : 30.5

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.

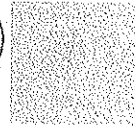
Dietitian

365 Days / 24 Hours Laboratory Services

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

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BHAILAL AMIN  
GENERAL HOSPITAL

DEPARTMENT OF LABORATORY MEDICINE

Patient Name : Mr. NIRAV D RATHOD  
Gender / Age : Male / 32 Years 3 Months 5 Days  
MR No / Bill No. : 21040775 / 221034401  
Consultant : Dr. Manish Mittal  
Location : OPD

Type : OPD  
Request No. : 35576  
Request Date : 29/03/2022 09:18 AM  
Collection Date : 29/03/2022 10:13 AM  
Approval Date : 29/03/2022 12:13 PM

CBC + ESR

Test	Result	Units	Biological Ref. Range
<b>Haemoglobin.</b>			
Haemoglobin	13.9	gm/dL	13 - 17
Red Blood Cell Count (T-RBC)	<b>5.66</b>	mill/cmm	4.5 - 5.5
Hematocrit (HCT)	42.7	%	40 - 50
Mean Corpuscular Volume (MCV)	<b>75.4</b>	fl	83 - 101
Mean Corpuscular Haemoglobin (MCH)	<b>24.6</b>	pg	27 - 32
MCH Concentration (MCHC)	32.6	%	31.5 - 34.5
Red Cell Distribution Width (RDW-CV)	<b>14.3</b>	%	11.6 - 14
Red Cell Distribution Width (RDW-SD)	39.1	fl	39 - 46
<b>Total Leucocyte Count (TLC)</b>			
Total Leucocyte Count (TLC)	8.46	thou/cmm	4 - 10
<b>Differential Leucocyte Count</b>			
Polymorphs	65	%	40 - 80
Lymphocytes	27	%	20 - 40
Eosinophils	02	%	1 - 6
Monocytes	06	%	2 - 10
Basophils	00	%	0 - 2
Polymorphs (Abs. Value)	5.48	thou/cmm	2 - 7
Lymphocytes (Abs. Value)	2.31	thou/cmm	1 - 3
Eosinophils (Abs. Value)	0.20	thou/cmm	0.2 - 0.5
Monocytes (Abs. Value)	0.44	thou/cmm	0.2 - 1
Basophils (Abs. Value)	0.03	thou/cmm	0.02 - 0.1
Immature Granulocytes	0.1	%	1 - 3 : Borderline > 3 : Significant
<b>Platelet Count</b>			
Platelet Count	240	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.

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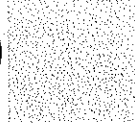
**CBC + ESR**

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. Nikunj V. Mehta  
MD (Path.)

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.



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 Approval Date : 29/03/2022 03:02 PM

**Haematology**

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

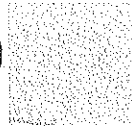
By Gel Technology / Tube Agglutination Method

Note :

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

--- End of Report ---

Dr. Nikunj V. Mehta  
MD (Path.)



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**Clinical Biochemistry**

Test	Result	Units	Biological Ref. Range
Fasting Plasma Glucose	84	mg/dL	70 - 110
Post Prandial 2 Hr. Plasma Glucose	90	mg/dL	70 - 140

By Hexokinase method on RXL Dade Dimension

--- 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>194</b>	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	<b>226</b>	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	42	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)	184	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	<b>154</b>	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	38.8	mg/dL	12 - 30
LDL Ch. / HDL Ch. Ratio	3.67		2.1 - 3.5
T. Ch./HDL Ch. Ratio	5.38		3.5 - 5
<i>(Recent NECP / ATP III Guidelines / Classification (mg/dl) :)</i>			

---- End of Report ----

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## Renal Function Test (RFT)

Test	Result	Units	Biological Ref. Range
Urea (By Urease Kinetic method on RXL Dade Dimension)	17	mg/dL	10 - 45
Creatinine (By Modified Kinetic Jaffe Technique)	0.79	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)	4.8	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	0.81	mg/dL	0 - 1
Bilirubin - Direct	0.13	mg/dL	0 - 0.3
Bilirubin - Indirect	0.68	mg/dL	0 - 0.7
<i>(By Diazotized sulfanilic acid on RXL Dade Dimension.)</i>			
Aspartate Aminotransferase (SGOT/AST)	29	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	72	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	7.22	gm/dL	6.4 - 8.2
Albumin	<b>3.39</b>	gm/dL	3.4 - 5
Globulin	3.83	gm/dL	3 - 3.2
A : G Ratio	0.89		1.1 - 1.6
<i>(By Biuret endpoint and Bromocresol purple method on RXL Dade Dimesion.)</i>			

--- End of Report ---

Dr. Nikunj V. Mehta  
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 Collection Date : 29/03/2022 10:13 AM  
 Approval Date : 29/03/2022 03:46 PM

## Thyroid Hormone Study

Test	Result	Units	Biological Ref. Range
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Triiodothyronine (T3)	1.09	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)	7.81	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)	2.45	microIU/ml	
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(Done by 4th generation electrochemiluminescence based method on automated immunoassay / Cobas e 411.)

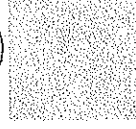
Reference interval (microIU/ml)

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 ---

Dr. Nikunj V. Mehta  
 MD (Path.)



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 Gender / Age : Male / 32 Years 3 Months 5 Days  
 MR No / Bill No. : 21040775 / 221034401  
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 Request No. : 35576  
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 Approval Date : 29/03/2022 03:01 PM

## Clinical Biochemistry

Test	Result	Units	Biological Ref. Range
Glycosylated Heamoglobin (HbA1c)	5.9	%	
estimated Average Glucose (e AG) *	122.63	mg/dL	

(Method:

By Automated HPLC analyser on D-10 Blorad. 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)

— End of Report —

Dr. Nikunj V. Mehta  
MD (Path.)



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 Gender / Age : Male / 32 Years 3 Months 5 Days  
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**Urine Routine**

Test	Result	Units	Biological Ref. Range
<b>Physical Examination</b>			
Quantity	50	mL	
Colour	Pale Yellow		
Appearance	Clear		
<b>Chemical Examination (By Reagent strip method)</b>			
pH	6.5		
Specific Gravity	1.010		
Protein	Negative	gm/dL	Negative
Glucose	Negative	mg/dL	Negative
Ketones	Negative		Negative
Bilirubin	Negative		Negative
Urobilinogen	Negative		Negative (upto 1)
Blood	Trace-NH		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	Present (0-2)	/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 ---

Dr. Nikunj V. Mehta  
MD (Path.)



Patient Name : Mr. NIRAV D RATHOD  
 Gender / Age : Male / 32 Years 3 Months 5 Days  
 MR No / Bill No. : 21040775 / 221034488  
 Consultant : Dr. BAGH Doctor  
 Location : OPD

Type : OPD  
 Request No. : 35654  
 Request Date : 29/03/2022 11:02 AM  
 Collection Date : 29/03/2022 11:04 AM  
 Approval Date : 29/03/2022 03:08 PM

## Clinical Biochemistry

Test	Result	Units	Biological Ref. Range
Vitamin B12 Level	221.7	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 : < 179

\* Fasting sample is required.

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



--- End of Report ---

Dr. Nikunj V. Mehta  
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**DEPARTMENT OF DIAGNOSTIC RADIOLOGY**

Patient No. : 21040775      Report Date : 29/03/2022  
Request No. : 190015105      29/03/2022 9.18 AM  
Patient Name : NIRAV D RATHOD  
Gender / Age : Male / 32 Years 3 Months 5 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

*Prerna C Hasani*

**Dr. Prerna C Hasani, MD**  
Consultant Radiologist







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**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. : 21040775 Report Date : 29/03/2022  
Request No. : 190015120 29/03/2022 9.18 AM  
Patient Name : NIRAV D RATHOD  
Gender / Age : Male / 32 Years 3 Months 5 Days

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

Liver is normal in size and 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. **Small concretion is seen in left kidney.**

Prostate appears normal in size and volume is ~ 17 cc.  
Urinary bladder is well distended and appears normal.

No ascites.

**COMMENT:**

**Small left renal concretion.**

*Kindly correlate clinically*

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

*Prerna C Hasani*

Dr. Prerna C Hasani, MD  
Consultant Radiologist





Ecu



BHAILAL AMIN  
GENERAL HOSPITAL

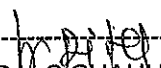
Patient No. : 21040775      Report Date : 29/03/2022  
Request No. : 190015157      29/03/2022 9.18 AM  
Patient Name : **NIRAV D RATHOD**  
Gender / Age : Male / 32 Years 3 Months 5 Days

### 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 -65%, 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. MILD CONCENTRIC LV HYPERTROPHIED
2. NORMAL LV SYSTOLIC FUNCTION LVEF - 65%
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. V. C. CHAUHAN, M.D.  
INTERVENTIONAL CARDIOLOGIST

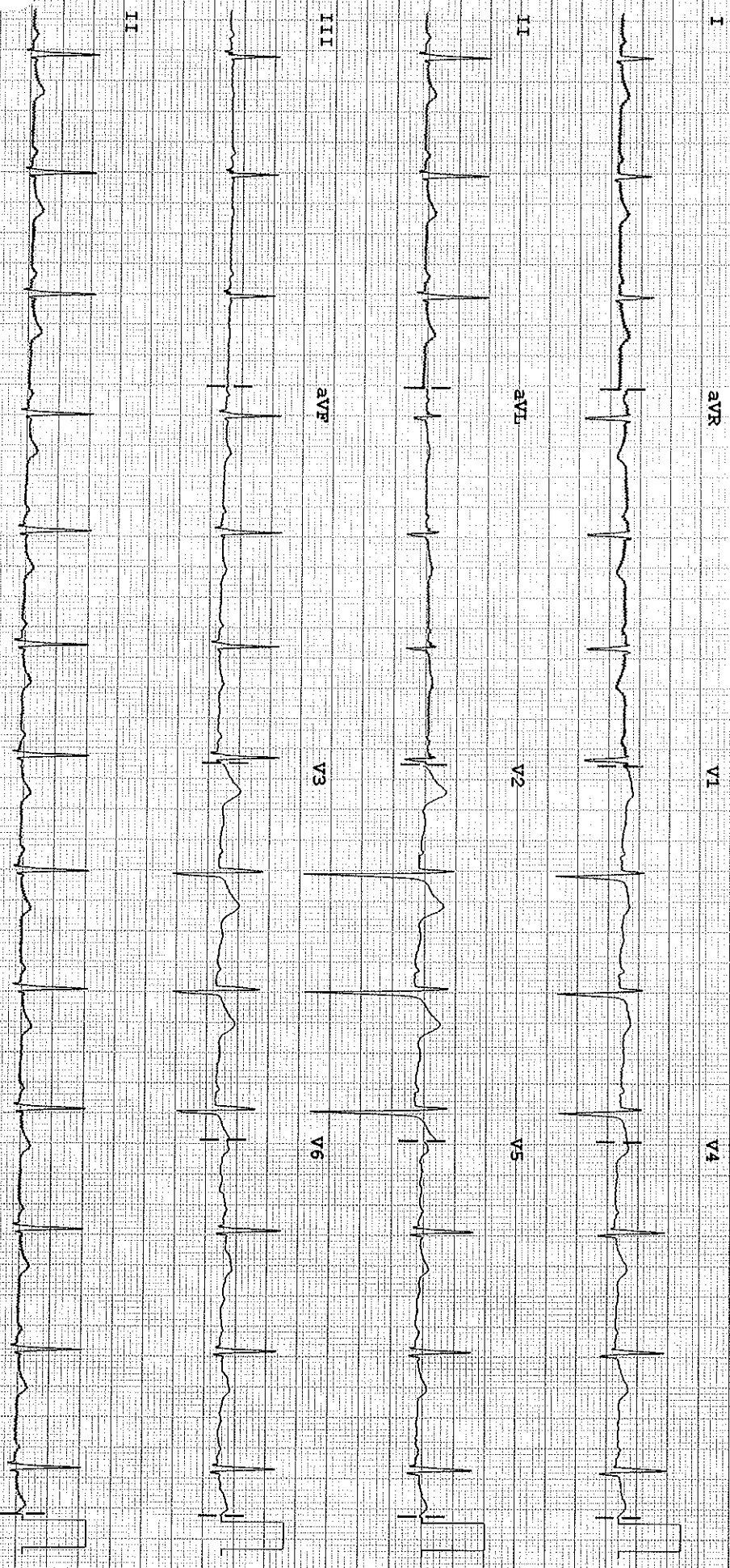
ECU/21040775  
32 Years

29-Mar-22

10:38:32 AM MR. NIRAV D. RATHOD  
Male

Rate 77  
PR 140  
QRSD 74  
QT 372  
QTc 421

--AXIS--  
P 46  
QRS 65  
T 36



Dev: Speed: 25 mm/sec Limb: 10 u. mV Chest: 10 mm/mV

50 ~ 0.15-150 HZ

PH08

P2



**MAMAL ANNI GENERAL HOSPITAL**  
AN NAAM, NAEL & ISO Accredited Institute

Doctor DR. MANISH MITTAL

# Dr. Sonica Peshin

Cosmetic Dentist & Implantologist

Reg. No. : 6966-A

M. : 9586867301



**BHAILAL AMIN  
GENERAL HOSPITAL**

## Dental assessment form

29/03/2022

Name: Nirav D Rathod

Age/ Sex: 32 years/Male

Patient has come for a regular check up.

### On Examination:

- Calculus++ stains+
- History of horizontal brushing
- Mild attrition, recession
- Buccally erupted 18, 28
- Decayed tooth with respect to 28

### Provisional diagnosis:

- Chronic generalised gingivitis

### Treatment plan:

- Scaling and polishing
- Extraction of 18, 28, if pain arises



### Advised:

- Brush your teeth twice daily
- Salt water gargle twice daily
- Clean your tongue and floss in between everyday.
- Follow vertical brushing technique.

  
Dr Sonica Peshin

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