



BHAILAL AMIN  
GENERAL HOSPITAL



### CONCLUSION OF HEALTH CHECKUP

ECU Number : 1906	MR Number : 23200782	Patient Name: VATSAL VATS
Age : 31	Sex : Male	Height : 170
Weight : 80	Ideal Weight : 67	BMI : 27.68
Date : 18/02/2023		

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 : 1906                      MR Number : 23200782                      Patient Name: VATSAL VATS  
Age : 31                                      Sex : Male                                      Height : 170  
Weight : 80                                      Ideal Weight : 67                                      BMI : 27.68  
Date : 18/02/2023

Past H/O : NO P/H/O ANY MAJOR ILLNESS.

Present H/O : NO MEDICAL COMPLAINTS AT PRESENT.

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

Habits : NO HABITS.  
Gen.Exam. : G.C. GOOD  
B.P : 120/80 mm Hg  
Pulse : 80/MIN REG.  
Others : SPO2 : 98 %  
C.V.S : NAD  
R.S. : NAD  
Abdomen : NP  
Spleen : NP  
Jn : NAD  
C.N.S : NAD  
Advice :



ECU Number : 1906  
Age : 31  
Weight : 80  
Date : 18/02/2023

MR Number : 23200782  
Sex : Male  
Ideal Weight : 67

Patient Name: VATSAL VATS  
Height : 170  
BMI : 27.68

**Ophthalmic Check Up :**

**Right**

**Left**

Ext Exam

NORMAL

Vision Without Glasses

-

-

Vision With Glasses

6/6 N.5

6/6 N.5

Final Correction

SAME AS PATIENT OWN GL.

fundus

NORMAL

Colour Vision

NORMAL

Advice

NIL

**Orthopaedic Check Up :**

Ortho Consultation

Ortho Advice

**ENT Check Up :**

Ear

Nose

Throat

Hearing Test

ENT Advice

**General Surgery Check Up :**

General Surgery

Abdominal Lump

Hernia

External Genitals

PVR

Proctoscopy

Any Other

Surgical Advice



Patient Name : Mr. VATSAL VATS  
 Gender / Age : Male / 31 Years 7 Months 24 Days  
 MR No / Bill No. : 23200782 / 231067166  
 Consultant : Dr. Manish Mittal  
 Location : OPD

Type : OPD  
 Request No. : 107604  
 Request Date : 18/02/2023 09:30 AM  
 Collection Date : 18/02/2023 10:24 AM  
 Approval Date : 18/02/2023 01:54 PM

## CBC + ESR

Test	Result	Units	Biological Ref. Range
<b>Haemoglobin.</b>			
Haemoglobin	15.1	gm/dL	13 - 17
Red Blood Cell Count (T-RBC)	4.59	mill/cmm	4.5 - 5.5
Hematocrit (HCT)	41.6	%	40 - 50
Mean Corpuscular Volume (MCV)	90.6	fl	83 - 101
Mean Corpuscular Haemoglobin (MCH)	<u>32.9</u>	pg	27 - 32
MCH Concentration (MCHC)	<u>36.3</u>	%	31.5 - 34.5
Red Cell Distribution Width (RDW-CV)	<u>14.7</u>	%	11.6 - 14
Red Cell Distribution Width (RDW-SD)	<u>48.3</u>	fl	39 - 46
<b>Total Leucocyte Count (TLC)</b>			
Total Leucocyte Count (TLC)	6.01	thou/cmm	4 - 10
<b>Differential Leucocyte Count</b>			
Polymorphs	73	%	40 - 80
Lymphocytes	<u>19</u>	%	20 - 40
Eosinophils	3	%	1 - 6
Monocytes	5	%	2 - 10
Basophils	0	%	0 - 2
Polymorphs (Abs. Value)	4.35	thou/cmm	2 - 7
Lymphocytes (Abs. Value)	1.19	thou/cmm	1 - 3
Eosinophils (Abs. Value)	<u>0.14</u>	thou/cmm	0.2 - 0.5
Monocytes (Abs. Value)	0.31	thou/cmm	0.2 - 1
Basophils (Abs. Value)	0.02	thou/cmm	0.02 - 0.1
Immature Granulocytes	0.8	%	1 - 3 : Borderline > 3 : Significant
<b>Platelet Count</b>			
Platelet Count	253	thou/cmm	150 - 410
Smear evaluation	Adequate		
ESR	8	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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Home Collection Facility Available  
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DEPARTMENT OF LABORATORY MEDICINE

Patient Name	: Mr. VATSAL VATS	Type	: OPD
Gender / Age	: Male / 31 Years 7 Months 24 Days	Request No.	: 107604
MR No / Bill No.	: 23200782 / 231067166	Request Date	: 18/02/2023 09:30 AM
Consultant	: Dr. Manish Mittal	Collection Date	: 18/02/2023 10:24 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. Sejal Odedra  
M.D.Pathology

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GENERAL HOSPITAL

ESTD. 1964

**DEPARTMENT OF LABORATORY MEDICINE**

Patient Name : Mr. VATSAL VATS  
Gender / Age : Male / 31 Years 7 Months 24 Days  
MR No / Bill No. : 23200782 / 231067166  
Consultant : Dr. Manish Mittal  
Location : OPD

Type : OPD  
Request No. : 107604  
Request Date : 18/02/2023 09:30 AM  
Collection Date : 18/02/2023 10:24 AM  
Approval Date : 18/02/2023 02:18 PM

**Haematology**

<u>Test</u>	<u>Result</u>	<u>Units</u>	<u>Biological Ref. Range</u>
<b>Blood Group</b>			
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 ----

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M.D.Pathology

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DEPARTMENT OF LABORATORY MEDICINE

Patient Name : Mr. VATSAL VATS  
Gender / Age : Male / 31 Years 7 Months 24 Days  
MR No / Bill No. : 23200782 / 231067166  
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**Fasting Plasma Glucose**

Test	Result	Units	Biological Ref. Range
<i>Fasting Plasma Glucose</i>			
Fasting Plasma Glucose	82	mg/dL	70 - 110
Post Prandial 2 Hr. Plasma Glucose	108	mg/dL	70 - 140

By Hexokinase method on RXL Dade Dimension

---- End of Report ----

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**HbA1c (Glycosylated Hb)**

Test	Result	Units	Biological Ref. Range
<b>HbA1c (Glycosylated Hb)</b>			
Glycosylated Hemoglobin (HbA1c)	5.0	%	
estimated Average Glucose (e AG) *	96.8	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)

---- End of Report ----

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**Complete Lipid Profile**

Test	Result	Units	Biological Ref. Range
<b>Complete Lipid Profile</b>			
Appearance	Clear		
Triglycerides (By Lipase / Glycerol dehydrogenase on RXL Dade Dimension < 150 Normal 150-199 Borderline High 200-499 High > 499 Very High)	113	mg/dL	1 - 150
Total Cholesterol (By enzymatic colorimetric method on RXL Dade Dimension <200 mg/dL - Desirable 200-239 mg/dL - Borderline High > 239 mg/dL - High)	151	mg/dL	1 - 200
HDL Cholesterol (By Direct homogenous technique, modified enzymatic non-immunological method on RXL Dade Dimension < 40 Low > 60 High)	36	mg/dL	40 - 60
Non HDL Cholesterol (calculated) (Non- HDL Cholesterol < 130 Desirable 139-159 Borderline High 160-189 High > 191 Very High)	115	mg/dL	1 - 130
LDL Cholesterol (By Direct homogenous technique, modified enzymatic non-immunological method on RXL Dade Dimension < 100 Optimal 100-129 Near / above optimal 130-159 Borderline High 160-189 High > 189 Very High)	101	mg/dL	1 - 100
VLDL Cholesterol (calculated)	22.6	mg/dL	12 - 30
LDL Ch. / HDL Ch. Ratio	2.81		2.1 - 3.5
T. Ch./HDL Ch. Ratio (Recent NECP / ATP III Guidelines / Classification (mg/dl) :)	4.19		3.5 - 5

---- End of Report ----

Dr. Sejal Odedra  
M.D.Pathology



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**Liver Function Test (LFT)**

Test	Result	Units	Biological Ref. Range
<b>Bilirubin</b>			
Bilirubin - Total	<b>1.43</b>	mg/dL	0 - 1
Bilirubin - Direct	0.23	mg/dL	0 - 0.3
Bilirubin - Indirect	1.2	mg/dL	0 - 0.7
<i>(By Diazotized sulfanilic acid on RXL Dade Dimension.)</i>			
Aspartate Aminotransferase (SGOT/AST)	23	U/L	15 - 40
<i>(By IFCC UV kinetic method on RXL Dade Dimension.)</i>			
Alanine Aminotransferase (SGPT/ALT)	24	U/L	16 - 63
<i>(By IFCC UV kinetic method on RXL Dade Dimension.)</i>			
Alkaline Phosphatase	<b>129</b>	U/L	53 - 128
<i>(By PNPP AMP method on RXL Dade Dimension.)</i>			
Gamma Glutamyl Transferase (GGT)	19	U/L	15 - 85
<i>(By IFCC method on RXL Dade Dimension.)</i>			
<b>Total Protein</b>			
Total Proteins	7.31	gm/dL	6.4 - 8.2
Albumin	3.74	gm/dL	3.4 - 5
Globulin	3.57	gm/dL	3 - 3.2
A : G Ratio	1.05		1.1 - 1.6
<i>(By Biuret endpoint and Bromocresol purple method on RXL Dade Dimension.)</i>			

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M.D.Pathology

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Renal Function Test (RFT)

Test	Result	Units	Biological Ref. Range
Urea (By Urease Kinetic method on RXL Dade Dimension)	18	mg/dL	10 - 45
Creatinine (By Modified Kinetic Jaffe Technique)	0.92	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)	5.9	mg/dL	3.4 - 7.2

----- End of Report -----

Dr. Sejal Odedra  
M.D.Pathology

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 Collection Date : 18/02/2023 10:24 AM  
 Approval Date : 18/02/2023 01:29 PM

## Thyroid Hormone Study

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

Triiodothyronine (T3)	1.15	ng/ml	
-----------------------	------	-------	--

(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)	7.69	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)	3.49	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 ---

Dr. Sejal Odedra  
M.D.Pathology



Patient Name : Mr. VATSAL VATS  
 Gender / Age : Male / 31 Years 7 Months 24 Days  
 MR No / Bill No. : 23200782 / 231067166  
 Consultant : Dr. Manish Mittal  
 Location : OPD

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 Collection Date : 18/02/2023 10:24 AM  
 Approval Date : 18/02/2023 01:28 PM

**Urine routine analysis (Auto)**

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	6.0		
Specific Gravity	>=1.030		
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 ----

Dr. Sejal Odedra  
M.D.Pathology



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**DEPARTMENT OF DIAGNOSTIC RADIOLOGY**

Patient No. : 23200782      Report Date : 18/02/2023  
Request No. : 190053631      18/02/2023 9.30 AM  
Patient Name : Mr. VATSAL VATS  
Gender / Age : Male / 31 Years 7 Months 24 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



H-2015-0297

MC-3004

B-2021-0037

1825



**DEPARTMENT OF DIAGNOSTIC RADIOLOGY**

Patient No. : 23200782 Report Date : 18/02/2023  
Request No. : 190053667 18/02/2023 9.30 AM  
Patient Name : Mr. VATSAL VATS  
Gender / Age : Male / 31 Years 7 Months 24 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

**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 echopattern.

Both kidneys are normal in shape and position. Normal echogenicity and cortico medullary differentiation is noted. No hydronephrosis or mass lesion seen.

	RIGHT	LEFT
Renal length :	99 mm.	112 mm.
A.P. :	40 mm.	45 mm.

Prostate appears normal in size and volume is ~ 13 cc.  
Prostate measures 25mm x 33mm x 28mm.

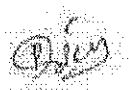
Urinary bladder is Partly distended and appears normal.  
No ascites.

**COMMENT:**

**No obvious abnormality seen.**

*Kindly correlate clinically*

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

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



Patient No. : 23200782      Report Date : 18/02/2023  
Request No. : 190053661      18/02/2023 9.30 AM  
Patient Name : Mr. VATSAL VATS  
Gender / Age : Male / 31 Years 7 Months 24 Days

### Echo Color Doppler

MITRAL VALVE : NORMAL  
AORTIC VALVE : TRILEAFLET, NORMAL  
TRICUSPID VALVE : NORMAL, TRACE TR, PASP BY TR JET=15 MMHG  
PULMONARY VALVE : NORMAL  
LEFT ATRIUM : NORMAL  
AORTA : NORMAL  
LEFT VENTRICLE : NORMAL, NO REGIONAL WALL MOTION ABNORMALITY,  
LVEF=60%  
RIGHT ATRIUM : NORMAL  
RIGHT VENTRICLE : NORMAL  
I.V.S. : INTACT  
I.A.S. : INTACT  
PULMONARY ARTERY : NORMAL  
PERICARDIUM : NORMAL  
  
COLOUR/DOPPLER FLOW MAPPING : No diastolic dysfunction,  
Trace MR

### FINAL CONCLUSION:

1. ALL CARDIAC CHAMBERS ARE NORMAL IN DIMENSIONS
2. NO REGIONAL WALL MOTION ABNORMALITY AT REST
3. NORMAL LV SYSTOLIC FUNCTION, LVEF=60%
4. NORMAL VALVES
5. No DIASTOLIC DYSFUNCTION
6. TRACE MR, TR, NO PULMONARY HYPERTENSION, ( IVC COLLAPSING )
7. NO PERICARDIAL EFFUSION, CLOT VEGETATION.

  
Dr. KILLOL KANERIA MD, DM  
Consultant Cardiologist



Name: Vatsal Vats  
Patient ID: 2300782

18.02.2023 11:59:47  
Standard 12-Lead

Date of birth:   
Gender: Male  
Height:   
Weight:   
Ethnicity: Undefined  
Facemaker: Unknown  
Indication:   
Remark:

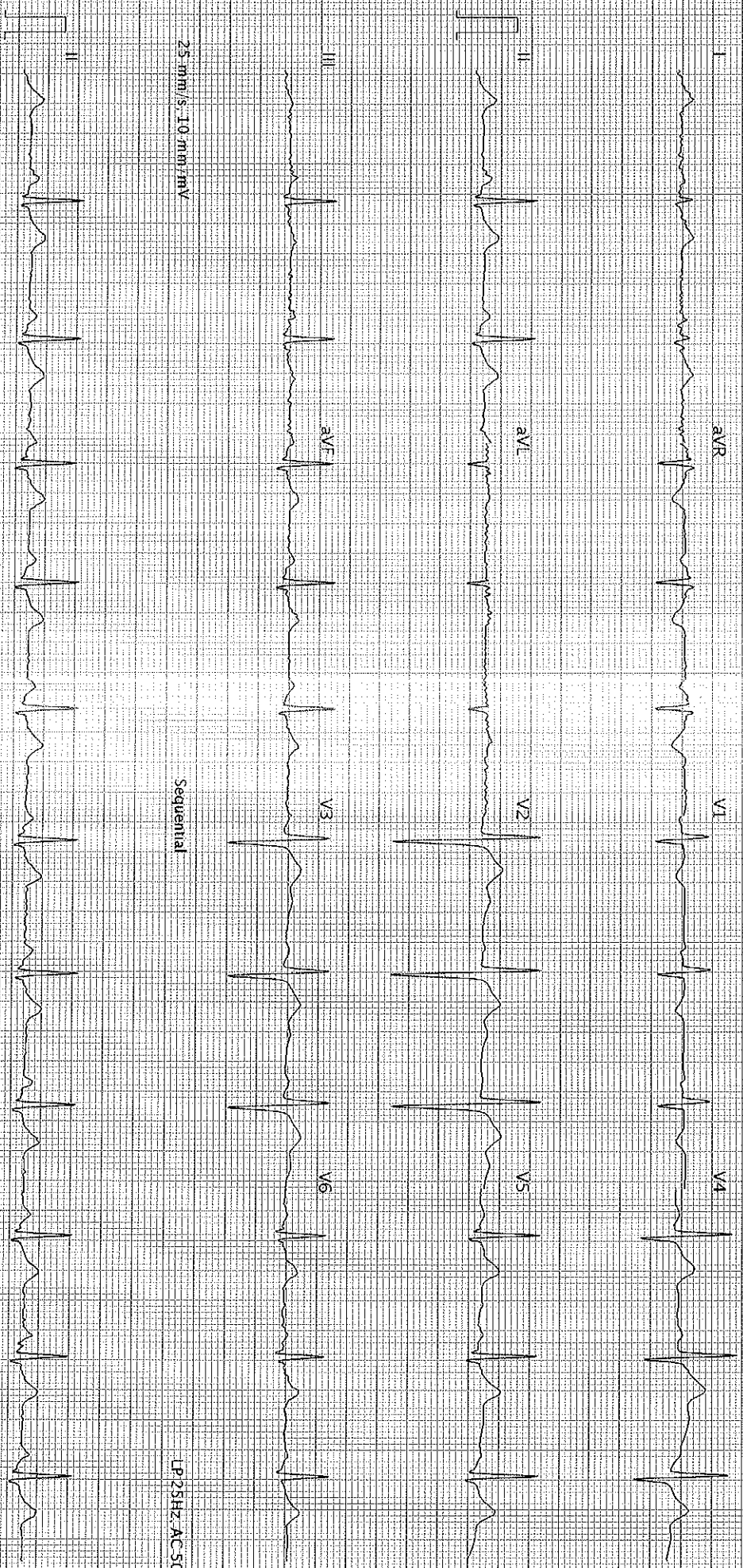
Visit ID:   
Room:   
Medication:   
Order ID:   
Ord. prov.:   
Ord. prot.:

HR 70 bpm RR 860 ms  
P axis 37° PR 165 ms  
QRS axis 86° QT 366 ms  
T axis 47° QTcB 395 ms

Sinus rhythm  
Normal electrical axis  
QRST contour abnormality  
cannot rule out high-lateral myocardial damage  
borderline ECG  
Unconfirmed report

*power*

Borderline



25 mm/s, 10 mm/mV

Sequential

LP 25HZ AC 50HZ

25 mm/s, 10 mm/mV

LP 25HZ AC 50HZ

AT-102-GZ-1.2.0 (1086-011030)

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Page 1 of 1

SCHILLER

Part No. 2.157048M

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Dental assessment form

18/02/2023

Name: Vatsal Vats  
Age/ Sex: 31 years/Male

Patient has come for an oral hygiene check up

On Examination:

- Stains+ Calculus+
- History of horizontal brushing
- Mild attrition, recession
- Decayed teeth with respect to 18, 28, 38, 48, 43
- History of undergoing orthodontic treatment using aligners

Provisional diagnosis:

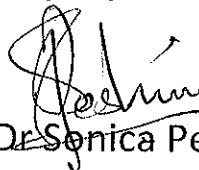
- Dentinal caries with respect to 18, 28, 38, 48, 43

Treatment plan:

- Restoration of all the decayed teeth

Advised:

- Brush your teeth twice daily
- Salt water rinses atleast once a day.
- Clean your tongue and floss in between everyday.
- Follow vertical brushing technique.

  
Dr. Sonica Peshin

ITEM CODE:SMD066

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