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PRAMUKH

MULTI SPECIALITY

HOSPITAL

Above Punjab National Bank,
Nr. Railway Crossing, Maninagar (E)
Ahmedabad - 380 008.

MEDICAL EXAMINATION

DATE :- 27/11/2021 .

NAME :- Dahyabhai Nayee .

AGE /SEX :- 51 / Male .

O/E :

T: Normal

BP: 128 / 80 mmHg .

P: 80 / min .

RS: BAE (+)

SPO2: 98.1 .

CNS: com / 001

CVS: S1S1 (+)

P/A: soft .

ADV :

D.K.

Height : 156

Weight : 51 .

BMI :

Eye Exam. : Normal

Ear Exam. : Normal



B-A-Panchal
Dr. Brijesh Panchal
MBBS
Regd. No. G-28095
PRAMUKH MULTISPECIALITY HOSPITAL
Maninagar, Ahmedabad-8.

HELP LINE No.

7227971927

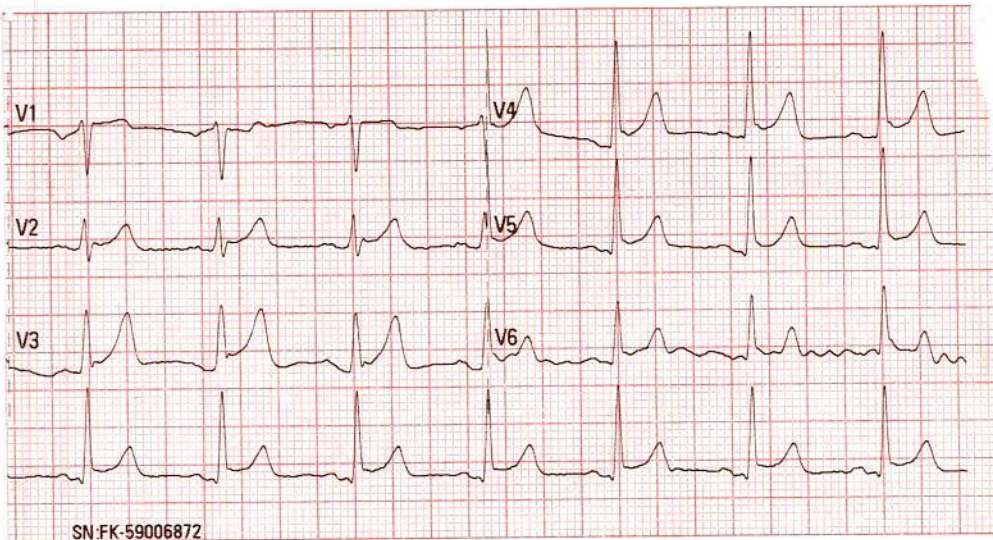
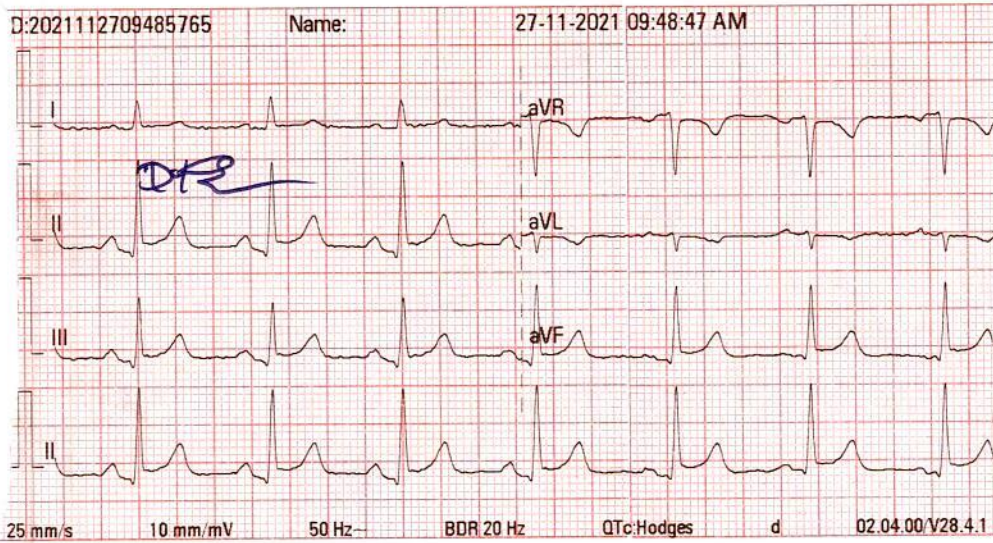


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Above Punjab National Bank,
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Ahmedabad - 380 008.

Danyabhai Nayee

27/11/2021



Normal ECG
DR. K. N. SHAH

DR. KAMLESH N. SHAH

M.D. (FICA-USA)

HELPLINE No. 345

K.N. SHAH

7227971927

PRAMUKH MULTI SPECIALITY HOSPITAL



NAME: DAHYABHAI NAYEE

M/51YRS.

DATE: 27/11/2021

REF.BY: PRAMUKH HOSPITAL

X RAY CHEST PA VIEW

Both lung fields under vision appears normal.

No evidence of koch's lesion or consolidation is seen.

Both CP angles are clear.

Cardiac size is within normal limits.


Bony thoracic cage and both domes of diaphragm appears normal.

DR. SANDIP MEVADA
M.D.

DR. ANIRUDDHSINH RAHEVAR
DMRD DNB

DR. RUCHIT SHAH
M.D.

DR. AMISHA PATEL
M.D.


DR. PRANAY PATEL
M.D.





NAME: DAHYABHAI NAYEE

M/51YRS.

DATE: 27/11/2021

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U.S.G. OF ABDOMEN PELVIS

Liver: appears normal in size & shows normal echopattern. No focal lesion is seen. No dilated IHBR is seen. Portal vein and CBD appear normal in course and caliber.

Gall bladder: is moderately distended & appears normal. No calculus, sludge or mass is seen. Gall bladder wall thickness appears normal.

Pancreas: appears normal in size & echopattern. No focal lesion is seen.

Spleen: appears normal in size and shows normal echotexture. No focal lesion is seen. Splenic vein appears normal.

Both Kidneys appear normal in size, position and echopattern.

C-M differentiation is well preserved on either side.

No calculus or hydronephrosis on either side.

Cortical thickness appears normal on both sides.

No focal lesion is seen on either side.

Urinary bladder is minimally distended & appears normal. No calculus, internal echoes or mass is seen. Urinary bladder wall thickness appears normal.

Prostate appears enlarged in size (34 cc in volume). No focal lesion is seen.

Para-aortic region appears normal.

No abdominal lymphadenopathy is seen.

Bowel loops appear normal in caliber & show normal peristalsis.

No abnormal dilatation of bowel loops or wall thickening is seen.

No fluid collection or lump formation is seen in RIF.

No ascites is seen.

IMPRESSION:

- Prostatomegaly.



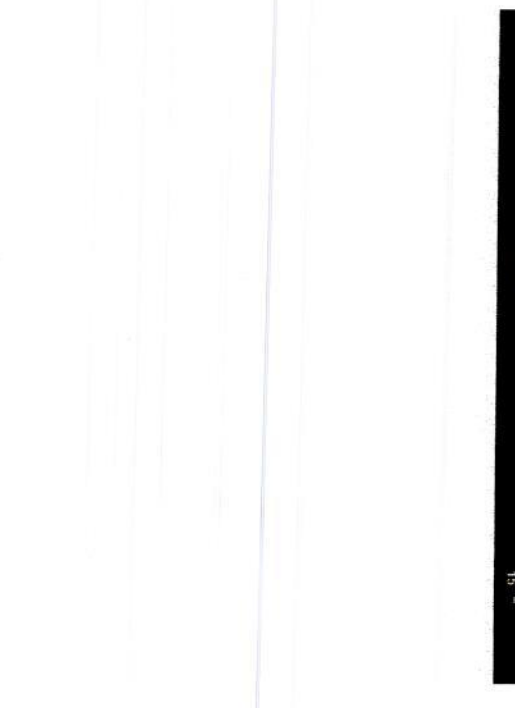
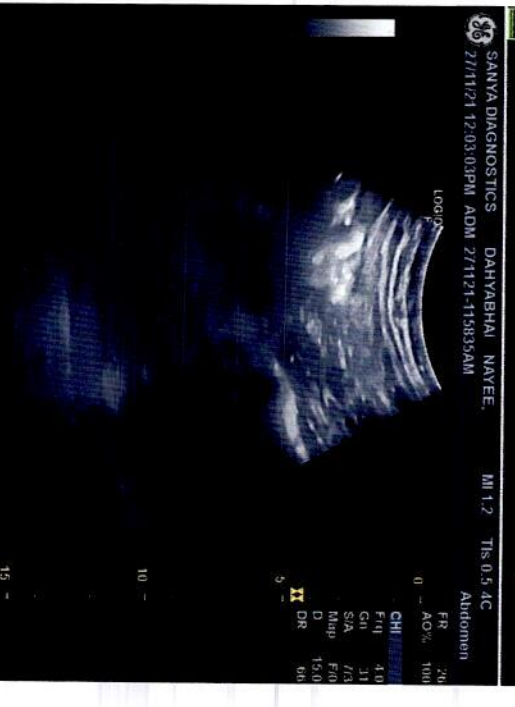
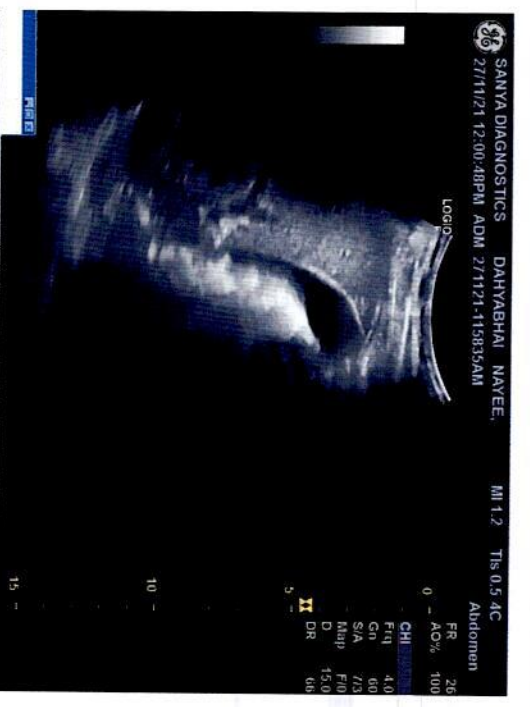
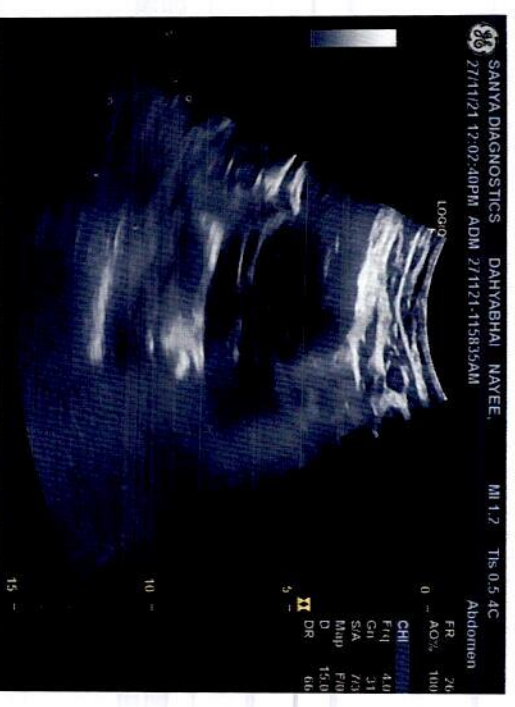
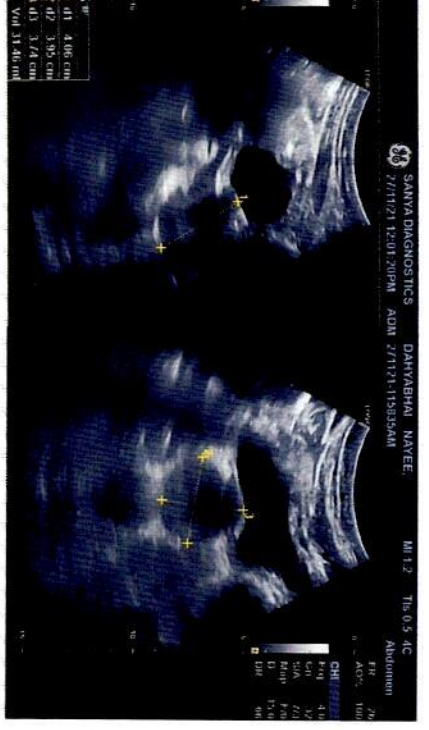
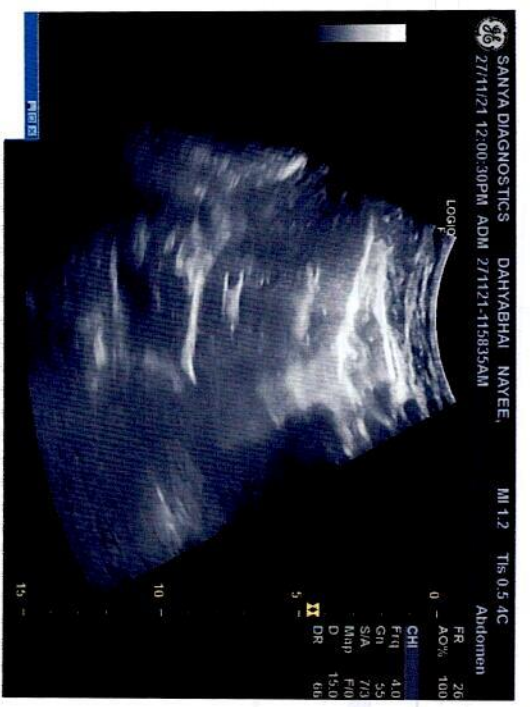
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M.D.

DR. PRANAY PATEL
M.D.





2D-ECHO WITH COLOUR DOPPLER

PATIENT NAME: DAHYABHAI NAI
REF. BY : PRAMUKH HOSPITAL

AGE: 51Y/M
DATE: 27-Nov-21

Observation:

01. NORMAL LV SIZE ,NORMAL LV FUNCTION, LVEF :60%.
02. NO RWMA AT REST,
03. NO LVH.
04. RA , RV NORMAL. NORMAL RV FUNCTION.
05. ALL VALVES ARE STRUCTURALLY NORMAL.
06. NO AR, NO MR, TRIVIAL TR. NO PAH.
07. REDUCED LV COMPLIANCE. GRADE I DIA. DYSFUNCTION.
08. IVS AND IAS ARE INTACT. IVC REACTIVE.
09. NO EVIDENCE OF PE / VEGETATION/THROMBUS/EFFUSION.

➤ Measurements:

AO: 32 MM	LV DIASTOLE: 46 MM
LA : 34 MM	LV SYSTOLE: 31 MM
RVSP: 23 MMHG	IVS/PW: 10.5/10.7 MM
AOVP : 1.1 M/S	PVP : 0.8 M/S
MVIS : 0.5/0.9 M/S	

➤ Conclusion

- NORMAL LV SIZE & NORMAL LV FUNCTION , LVEF:60%.
- NO RWMA AT REST.
- NO AR, NO MR, TRIVIAL TR. NO PAH. RVSP:23MMHG.
- RA , RV NORMAL. NORMAL RV FUNCTION.
- REDUCED LV COMPLIANCE. GRADE I DIA. DYSFUNCTION.
- PA'S NORMAL. NO E/O PE/EFFUSION.

NORMAL 2D ECHO DOES NOT RULE OUT CAD. CORRELATE CLINICALLY

Facility :

- ECG
- 2D ECHO
- EECF
- TMT
- Holler Monitoring
- 24 Hours Ambulatory BP Monitoring (ABPM)
- Health Checkup



Dr. Ritesh G. Patel
M.B.B.S., PGDCC
Clinical Cardiologist
M. 88665 51708

Dr. Ankit Katariya
M.D., PGDCC
Clinical Cardiologist
M. 89059 56146

Appointment No. 8511 800 444

321 & 324, ABC Complex, Above ICICI Bank, Opp. Rabari Colony BRTS Bus Stop,
N.H. No.8, Rabari Colony, Ahmedabad.

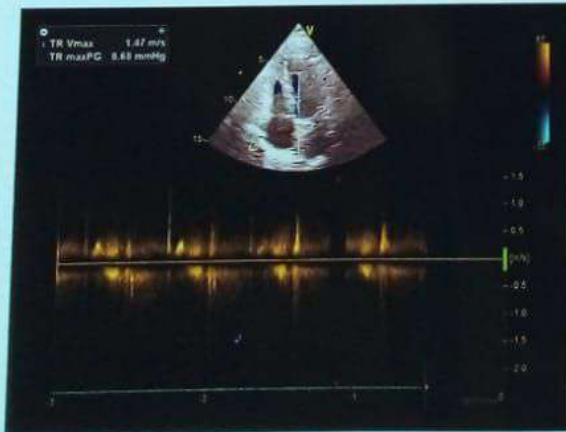
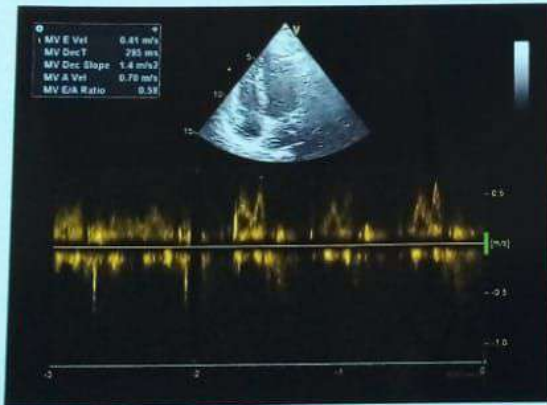
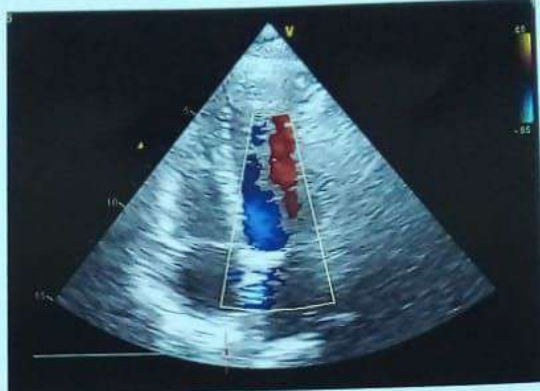
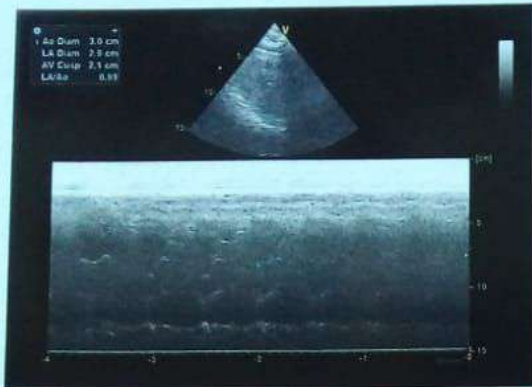


Spandan Heart Care

Name: dahyabhai

Id: DAHYA09_09393

Date: 27/11/2021



R PA



DAHABHAI NAYEE 51/YRS Male

Chest PA

27/11/2021 10:52:25 AM

SANYA DIAGNOSTICS , MANINAGAR , AHMEDABAD.

मिलने-पर, निम्नलिखित को लौटाएं

मुख्य प्रबंधक (सुरक्षा)

बैंक ऑफ बड़ौदा, गुजरात परिचालन

चौथा तल, बैंक ऑफ बड़ौदा टावर्स, लॉ गार्डन के पास, एलिसब्रिज,
अहमदाबाद - 380 006. गुजरात, भारत.

फोन 91 079 26473041 फैक्स 91 079 26467816

No. _____

If found, please return to

Chief Manager (Security)

Bank of Baroda, Gujarat Operations

4th Floor, Bank of Baroda Towers, Nr. Law Garden, Ellisbridge,

Ahmedabad - 380 006. Gujarat, India.

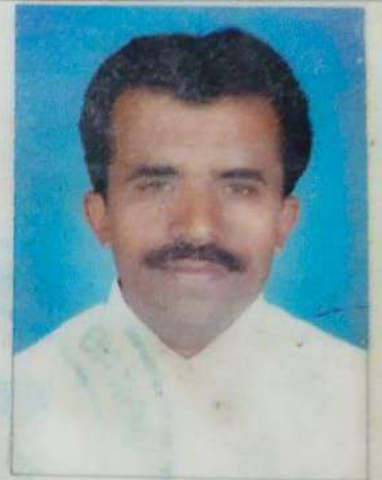
Phone : 91 079 26473041 Fax : 91 079 26467816

रक्त समूह/ Blood Group

पहचान चिन्ह / Identification Marks



बैंक ऑफ़ बड़ौदा
Bank of Baroda



नाम
Name

डी के नाई

कर्मचारी कूट क्र. 78454
E.C. No.



By Regional Manager

जासकता प्राधिकारी


Issuing Authority
महसना क्षेत्र, Mehsana Region

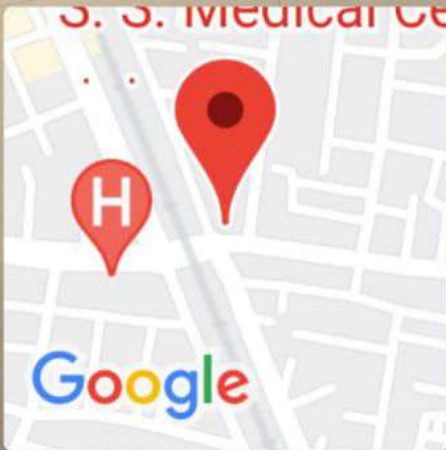


धारक के हस्ताक्षर

Signature of Holder



 GPS Map Camera



Ahmedabad, Gujarat, India

Pramukh Hospital First Floor, near Ilaj Medical, above Punjab National Bank, Ahbab Nagar, Maninagar East, Khokhra, Ahmedabad, Gujarat 380008, India

Lat 22.99512°
Long 72.613634°
27/11/21 09:28 AM



Patient Name : Dahyabhai K Nayee
Sample No.. : 4098
Referred : C/o. Bank Of Baroda

Age/Sex : 51 Years/Male
Registration On:27/11/2021/12:47
Approved On :27/11/2021 17:54

Thyroid Functions

<u>Test</u>	<u>Result</u>	<u>Normal Range</u>
T3-Triodothyronine	: 1.28 ng/ml	0.6 - 1.80 ng/ml
T4-Thyroxine	: 8.7 mcg/dl	4.5 - 10.9 mcg/dl
TSH Thyroid Stimulating Hormone	: 1.470 microIU/ml	0.35 - 5.55 microIU/ml

Comments :

COMMENTS :

TSH levels may be affected by acute illness and drugs like doapamine and gluco corticoids.
Low or undetectable TSH is suggestive of Grave~s disease
TSH between 5.5 to 15.0 with normal T3 T4 indicates impaired thyroid hormone or subclinical hypothyroidism or normal T3 T4 with slightly low TSH suggests subclinical Hyperthyroidism.
TSH suppression does not reflect severity of hyperthyroidism therefore , measurement of FT3 ,FT4 is important.
FreeT3 is first hormone to increase in early Hyperthyroidism.
Only TSH level can prove to be misleading in patients on treatment. Therefore FreeT3 , FreeT4 along with TSH should be checked.
During pregnancy clinically T3 T4 can be high and TSH can be slightly low



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BLOOD SUGAR LEVEL

Specimen : FLOURIDE

<u>Test</u>	<u>Result</u>	<u>Unit</u>	<u>Biological Ref. Interval</u>
Fasting Blood Sugar: (GOD-POD)	83.37	mg/dl	70-110
Post Prandial Blood Glucose: 166.08 (GOD-POD)		mg/dl	100 - 150

PATHOLOGIST
Dr.Satishkumar Patel
M.D.,Patho
Reg No :G-6486



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BLOOD GROUP

<u>Test</u>	<u>Result</u>
BLOOD GROUP	: " B "
RH GROUP	: POSITIVE.

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Lipid Profile

Specimen :SERUM

<u>Test</u>	<u>Result</u>	<u>Unit</u>	<u>Biological Ref. Interval</u>
S. Cholesterol: (CHOD-POD)	263.24	mg/dl	Normal :< 200 Borderline : 200 - 240 High : > 240
Serum Triglycerides: (GPO-POD)	148.83	mg/dl	Normal :Normal < 150 Borderline : 150 - 199 High : > 200
HDL Cholesterol: (Direct-Cholesterol Esterase HSDA)	50.43	mg/dl	40 - 60 mg/dl
Serum LDL Cholesterol: (Calculated)	183.044	mg/dl	Up to 150
Serum VLDL Chlesterol: (Calculated)	29.766	mg/dl	Up to 35
LDLC/HDLC Ratio: (Calculated)	3.63	mg/dl	Up to 3.4
Cholesterol/HDLC Ratio: (Calculated)	5.22	mg/dl	Up to 5.0
Total Lipid: (Calculated)	795.544	mg/dl	400 - 1000 mg/dl

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Glycosylated HB - (HBA1C)

<u>Test</u>	<u>Result</u>	<u>Unit</u>	<u>Biological Ref Interval</u>
HBA1C: (Immunoturbidimetric)	5.00	%	Normal : ≤ 5.6 Prediabetes : 5.7 - 6.4 Diabetes : ≥ 6.5 <u>DIABETES CONTROL CRITERIA</u> 6 - 7 : Near Normal Glycemia < 7 : Goal 7 - 8 : Good Control > 8 : Action Suggested
Mean Blood Glucose:	96.8	mg/dl	

Criteria for the diagnosis of diabetes

1. HbA1c ≥ 6.5 *
Or
2. Fasting plasma glucose >126 gm/dL. Fasting is defined as no caloric intake at least for 8 hrs.
Or
3. Two hour plasma glucose ≥ 200 mg/dL during an oral glucose tolerance test by using a glucose load containing equivalent of 75 gm anhydrous glucose dissolved in water.
Or.
4. In a patient with classic symptoms of hyperglycemia or hyperglycemic crisis, a random plasma glucose ≥ 200 mg/dL. *In the absence of unequivocal hyperglycemia, criteria 1-3 should be confirmed by repeat testing. American diabetes association. Standards of medical care in diabetes 2011. Diabetes care 2011;34;S11.

Limitation of HbA1c

- 1) In patients with Hb variants even analytically correct results do not reflect the same level of glycemic control that would be expected in patients with normal population. 2) Any cause of shortened erythrocyte survival or decreased mean erythrocyte survival or decreased mean erythrocyte age eg. hemolytic diseases, pregnancy, significant recent/chronic blood loss etc. will reduce exposure of RBC to glucose with consequent decrease in HbA1c values. 3) Glycated HbF is not detected by this assay and hence specimens containing high HbF ($>10\%$) may result in lower HbA1c values than expected.

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Age/Sex : 51 Years/Male
Registration On:27/11/2021/12:47
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URINE EXAMINATION

PHYSICAL :

Colour - **Pale Yellow**
Deposits - **Absent**
Transparency - **Clear**
Reaction - **Acidic**
Sp. Gravity - **1.008**

CHEMICAL :

Albumin - **Absent**
Sugar - **Absent**
Bile Salts - **Absent**
Bile Pigments - **Absent**

MICROSCOPIC: (After centrifugation at 2000 r.p.m. for 5 minutes)

Pus Cells - **0-2** /h.p.f.
Red Cells - **Not seen** /h.p.f.
Epithelial Cells - **2-4** /h.p.f.
Casts - **Not seen**/l.p.f.
Crystals - **Not seen**
Amorphous - **Not seen**

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LIVER FUNCTION TESTS

Specimen: SERUM

<u>Test</u>	<u>Result</u>	<u>Unit</u>	<u>Biological Ref Interval</u>
S. Bilirubin (Total): <small>(Photometric DC Diazo)</small>	0.65	mg/dl	up to 1.2
S. Bilirubin (Direct): <small>(Photometric DC Diazo)</small>	0.54	mg/dl	up to 0.2
S. Bilirubin (Indirect): <small>(Calculated)</small>	0.11	mg/dl	up to 1.0
SGPT(ALT) <small>(UV Kinetic)</small>	63.73	U/L	up to 42
SGOT (AST) <small>(UV Kinetic)</small>	59.98	U/L	up to 40
GGT <small>(Optimized kinetic color test IFCC)</small>	72.51	U/L	12 - 64
Total Proteins: <small>(Biuret)</small>	7.23	g/dl	6.0 - 8.3
Albumin <small>(BCG)</small>	4.34	g/dl	3.5 - 5.2
Globulins: <small>(Calculated)</small>	2.89	g/dl	2.4 - 3.7
AGRATIO: <small>(Calculated)</small>	1.502		
S. Alkaline Phosphatase: <small>(Colorimetric Optimized Kinetic IFCC)</small>	93.92	U/L	40 - 129

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RENAL FUNCTION

Specimen :SERUM

<u>Test</u>	<u>Result</u>	<u>Unit</u>	<u>Biological Ref. Interval</u>
Sr. Creatinine: <small>(Modified Jaffe's)</small>	0.92	mg/dl	0.6 - 1.2 mg/dl
Urea: <small>(GLDH)</small>	23.43	mg/dl	10 - 50 mg/dl
S. Uric Acid: <small>(Uricase-POD)</small>	4.11	mg/dl	3.2 - 7.2 mg/dl
Blood Urea Nitrogen: <small>(Calculated)</small>	10.95	mg/dl	08 - 23 mg/dl
Bun/Creat Ratio: <small>(Calculated)</small>	11.8		

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COMPLETE BLOOD COUNT

Sample :EDTA

Test		Result	Unit	Biological Ref. Interval
<u>BLOOD COUNT</u>				
Hemoglobin	colorimetric	14.6	g/dL	13 - 17
R.B.C Count	Electrical impedance	5.4	mill/cmm	4.5 - 5.5
W.B.C Count	Electrical impedance	6.9	10 ³ /uL	4.0 - 10.0
Platelet Count	Electrical impedance	363	10 ³ /uL	150 - 450
<u>DIFFERENTIAL COUNT</u>				
Polymorphs	Microscopic	70	%	60 - 70
Lymphocytes	Microscopic	25	%	20 - 40
Eosinophils	Microscopic	03	%	1 - 6
Monocytes	Microscopic	02	%	2 - 10
Basophils	Microscopic	00	%	0 - 2
<u>BLOOD INDISES</u>				
HCT	Rbc Histogram	43.4	%	40 - 50
MCV	Calculated	80.4	fl	80 - 100
MCH	Calculated	27	pg	27 - 32
MCHC	Calculated	33.6	g/dl	32 - 36
RDW-CV	Calculated	12.7	%	10 - 16.5

PERIPHERAL SMEAR EXAMINATION

SMEAR Platelets: Adequate

Erythrocyte sedimentation rate

ESR AT 1 hour westergren 06

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mm/Hour

00 - 15

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