

Patient Name :-	PRAMOD DEVIDAS BANSI	Date :-	08/04/2023
Age & Sex :-	29Y M		
Referred By :-	HEALTH CHECK UP		

**RADIOGRAPH CHEST AP VIEW**

Both lung zones are clear.

Cardiac silhouette is normal

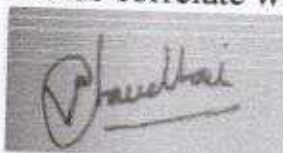
Both costophrenic angles clear.

Both domes of diaphragm are at normal level.

Bony thorax is unremarkable

Impression-No significant abnormality detected in present study.

Please correlate with clinical findings and relevant investigations.



**Dr. Vivek Chaudhari**  
**D.M.R.E**  
**Consultant Radiologist**



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



SARDAR  
PATEL HOSPITAL  
& HEART INSTITUTE

Name: Prateek Modi - 04201

Date: 11/4/23

Age: 29 Sex: M

→ No Cl chest pain, SOB.

No ptHo any major illness

Vaccinated

Falces 1119

In (N)

Avoid oily, Butter, Ghee

Qc  
P- 85k.  
120/80 mmHg  
SpO<sub>2</sub> - 98%

Qin

Cvssis @

Q12 clear

**Patient Name :** MR. PRAMOD DEVIDAS BANSI  
**Age / Gender :** 29 years / Male  
**Patient ID :** 21930  
**Source :** Sardar Patel Hospital (OPD)

**Referral :** Dr Mediwheel Full body Health Checkup  
**Collection Time :** 08/04/2023, 08:30 AM  
**Reporting Time :** 08/04/2023, 10:53 AM  
**Sample ID :**



000809823

Test Description	Value(s)	Unit(s)	Reference Range
<b>CBC</b>			
<b>Complete Blood Count (CBC)</b>			
Hemoglobin (Hb)* Method : Cymeth Photometric Measurement	16.4 ✓	gm/dL	13.5 - 18.0
Erythrocyte (RBC) Count* Method : Electrical Impedance	4.96	mil/cu.mm	4.7 - 6.0
Packed Cell Volume(Hematocrit) Method : Calculated	46.0	%	42 - 52
<b>Red cell Indices</b>			
Method - Calculated/Electrical Impedance			
MCV	92.74	fL	78 - 100
MCH	33.06	pg	27 - 31
MCHC	35.65	gm/dL	32 - 36
RDW - CV	12.7	%	11.5 - 14.0
<b>Total and Differential count</b>			
Method - Electrical Impedance and VCSN Technology			
Total Leucocytes (WBC) Count*	7030	cell/cu.mm	4000-10000
Neutrophils	49	%	40 - 80
Lymphocytes	40	%	20 - 40
Monocytes	08	%	2 - 10
Eosinophils*	03 ✓	%	1 - 6
Basophils	00	%	0 - 2
<b>Platelet Count</b> Method : Electrical Impedance	252	10 <sup>3</sup> /ul	150 - 450
Sample Type : EDTA Whole Blood.			

**E.S.R**

**Erythrocyte Sedimentation Rate**  
Method : EDTA Whole blood, modified westergren  
04 ✓ 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\*\***

*Bholiya*

Dr. Bhavika Dholiya  
M. D. Pathology  
Registration No: G-32571

can to Validate



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000809823

Test Description	Value(s)	Unit(s)	Reference Range
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**BLOOD GROUP & RH (D) FACTOR, EDTA WHOLE BLOOD**

Blood Group

Method : Forward and Reverse By Tube Method

"B"

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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**Sample ID :**



000809823

Test Description	Value(s)	Unit(s)	Reference Range
<b>BLOOD GLUCOSE FASTING (FBS)</b>			
Glucose fasting Method : GOD-POD	104.8	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		
<b>BLOOD GLUCOSE POST PRANDIAL (PP2BS)</b>			
Blood Glucose-Post Prandial Method : GOD-POD	103.0	mg/dL	70 - 140
Urine Post Prandial	Absent		
<b>GLYCOSYLATED HB (HBA1C)</b>			
Glyco Hb (HbA1C)	4.6	%	Non-Diabetic: $\leq$ 5.6 Pre Diabetic: 5.7-6.4 Diabetic: $\geq$ 6.5
Estimated Average Glucose :	85.32		mg/dL
Interpretations			
1. HbA1C has been endorsed by clinical groups and American Diabetes Association guidelines 2017 for diagnosing diabetes using a cut off point of 6.5%			
2. Low glycosylated 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.			
3. 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\*\***

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**Collection Time :** 08/04/2023, 08:30 AM

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Test Description	Value(s)	Unit(s)	Reference Range
<b>LIVER FUNCTION TEST-1</b>			
Bilirubin - Total Method : Diazoization	0.78	mg/dL	0.3 - 1.2
Bilirubin - Direct Method : Serum, Diazoization	0.28	mg/dL	Adults and Children: 0.0 - 0.4
Bilirubin - Indirect Method : Calculated	0.50		
SGOT Method : Serum, UV without P5P	30.8	U/L	< 50
GPT Method : Serum, UV without P5P	21.0	U/L	< 50
Alkaline Phosphatase-ALPI Method : Serum, PNPP, AMP Buffer, IFCC 37 degree	144.0	U/L	30-120
Total Protein Method : Serum, Biuret, reagent blank end point	6.61	g/dL	6.6 - 8.3
Albumin Method : Serum, Bromocresol green	4.35	g/dL	Adults: 3.5 - 5.2
Globulin Method : Calculated	2.26	g/dL	1.8 - 3.6
A/G Ratio Method : Calculated	1.92	ratio	1.2 - 2.2
<b>RENAL PROFILE</b>			
Urea* Method : Serum, Urease	31.3	mg/dL	17- 55 mg/dL
Creatinine* Method : Serum, Enzymatic	0.98	mg/dL	0.6 - 1.4 mg/dl
Uric Acid* Method : Serum, Uricase/POD	5.6	mg/dL	3.5 - 7.2
Blood Urea Nitrogen-BUN* Method : Calculated	14.63	mg/dL	7 - 25 mg/dL
Calcium* Method : Arsenazo III	9.48	mg/dL	8.8 - 10.6
Sodium* Method : Serum, Indirect ISE	141.6	mmol/L	136 - 148
Potassium* Method : Serum, Indirect ISE	3.96	mmol/L	3.5 - 5.1
Chloride* Method : Serum, Indirect ISE	102.2	mmol/L	97.0 - 108.0

**\*\*END OF REPORT\*\***

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Reporting Time : 08/04/2023, 01:38 PM

Sample ID :



000809823

Test Description	Value(s)	Unit(s)	Reference Range
<b>LIPID PROFILE (D)</b>			
Cholesterol-Total Method : Serum, Cholesterol oxidase esterase, peroxidase	170.0	mg/dL	Desirable: <= 200 Borderline High: 201-239 High: > 239
Triglycerides Method : Serum, Enzymatic, endpoint	193.0	mg/dL	Normal: < 150 Borderline High: 150-199 High: 200-499 Very High: >= 500
Cholesterol-HDL Direct Method : Serum, Direct measure-PEG	38.4	mg/dL	Normal: > 40 Major Heart Risk: < 40 Optimal: < 100 Near optimal/above optimal: 100-129 Borderline high: 130-159 High: 160-189 Very High: >= 190
LDL Cholesterol Method : Calculated	93.0	mg/dL	Desirable: < 100 Borderline high: 130-159 High: 160-189 Very High: >= 190
Non - HDL Cholesterol, Serum Method : calculated	131.60	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	38.60	mg/dL	6 - 38
CHOL/HDL RATIO Method : calculated	4.43	ratio	3.5 - 5.0
LDL/HDL RATIO Method : calculated	2.42	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	0.41	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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**Collection Time :** 08/04/2023, 08:30 AM

**Reporting Time :** 08/04/2023, 02:04 PM

**Sample ID :**



000809823

Test Description	Value(s)	Unit(s)	Reference Range
<b>THYROID FUNCTION TEST 1</b>			
T3-Total Method : Serum, CLIA	1.41	ng/mL	0.69 - 2.15 ng/mL
T4-Total Method : Serum, CLIA	9.67	ug/dL	5.2 - 12.7 ug/dL
TSH Method : Serum, CLIA	3.82	uIU/mL	0.3 - 4.5 uIU/mL
<b>Interpretation</b>			

\*\*END OF REPORT\*\*

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Collection Time : 08/04/2023, 08:30 AM

Reporting Time : 08/04/2023, 03:18 PM

Sample ID :



Test Description	Value(s)	Unit(s)	Reference Range
<b>URINE ROUTINE</b>			
Volume*	6.0	ml	ml -
Colour*	Pale Yellow		Pale Yellow
Transparency (Appearance)*	Clear		Clear
Deposit*	Absent		Absent
Reaction (pH)*	6.0		4.5 - 8
Specific Gravity*	1.030		1.010 - 1.030
<b>Chemical Examination (Automated Dipstick Method) Urine</b>			
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
<b>Microscopic Examination Urine</b>			
Pus Cells (WBCs)*	1-3	/hpf	0 - 5
Epithelial Cells*	Absent	/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\*\*

*B. Dholiya*

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Patient Name : MR. PRAMOD DEVIDAS BANSI

Age / Gender : 29 years / Male

Patient ID : 21930

Source : Sardar Patel Hospital (OPD)

Referral : Dr Mediwheel Full body Health Checkup

Collection Time : 08/04/2023, 08:30 AM

Reporting Time : 08/04/2023, 05:39 PM

Sample ID :



000809823

Test Description	Value(s)	Unit(s)	Reference Range
<b>STOOL ROUTINE</b>			
<b>Stool Examination-Routine</b>			
<b>General Examination (Stool)</b>			
Colour*	Brown		Brown
Form & Consistency*	Semi Solid		Semi Solid
Mucus*	Absent		Absent
Blood*	Absent		Absent
Worms (Adult/Segment)*	Absent		Absent
<b>Chemical Examination (Stool)</b>			
Reaction*	Alkaline		Alkaline
Occult Blood*	Negative		Negative
<b>Microscopy (Saline and Iodine mount) (Stool)</b>			
Cyst*	Absent		Absent
Ova*	Absent		Absent
Trophozoites*	Absent		Absent
Red Blood Cells*	Absent		Absent
Pus Cells*	2-4	/hpf	0 - 5
Epithelial Cells*	Absent	/hpf	0 - 4
Undigested Material*	Present		Absent

\*\*END OF REPORT\*\*

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**OPD INITIAL ASSESSMENT FORM**

(To be filled by Nursing Staff)

Patient Name: - P. Mod Pramod P. Bani UHID Number: - 4965

Consultant Name: DR. Kalpesh Date: 11/04/23 Start Time: - \_\_\_\_\_ Age: - 29 (Years)

Sex: - M (M/F) vacloclax 199

Height: - \_\_\_\_\_ cms, Weight: - \_\_\_\_\_ kgs. Temp. - \_\_\_\_\_, Pulse: - \_\_\_\_\_ (Per minute), SPO2 \_\_\_\_\_

B.P. :- \_\_\_\_\_ (mm of Hg), RBS:- \_\_\_\_\_ First Visit / Follow Up

Visit: 1st visit

Nursing Staff Name & Signature: - Sudhej 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: - corneal reflex present

GIB PIA - soft  
redness  
BFO

Diagnosis: -

Investigations and Advice: -

USG abdomen  
started



Patient's Name:-	PRAMOD DEVIDAS BANSI	Date :-	11/04/2023
Age & Sex :-	29Y M		
Referred By :-	HEALTH CHECKUP		

**USG ABDOMEN & PELVIS**

**LIVER** : normal in size shape and echotexture.

No focal solid or cystic mass seen.

Portal & biliary radicals normal.

PV & CBD normal.

**G.B.** : well distended & normal. No stone or inflammation seen.

**PANCREAS** : reveals normal echotexture. No mass, calcification or pancreatitis.

**SPLEEN** : Normal size & reveals normal echotexture. No other focal mass seen.

**BOTH KIDNEY** : RK: 83 X40 mm. LK: 94 X45 mm.

Both kidneys are normal size with normal cortical thickness.

No focal solid or cystic mass seen. No calculus. No hydronephrosis seen.

C.M differentiation is preserved. No parenchymal abnormality seen.

**U. BLADDER** : Well distended & normal. No mass or filling defect seen.

**PROSTATE**: Normal in size & echotexture. No mass or calcification seen.

**BOWEL LOOPS** : peristaltic bowel loops seen in lower abdomen. Bowel loops are normal calibre (Visualized).

No free fluid seen. No enlarged lymphnodes seen.

**IMPRESSION:**

- No significant abnormality seen.

  
**DR. CHAITALI PATEL**  
MDRD

Thanks for reference. Please co-relate clinically.

Note: This report is not valid for medico-legal purpose. There can be typing error, which can be correctable.

Sonography has its own limitation. Clinical Correlation and Further Invention If Needed Clinically.



**Patient Name :** Mr. Pramod Devidas Bansi  
**Registration No :** 101-023-4965-000  
**Sex :** Male  
**Patient Arrived At :** 08-Apr-2023 09:00:00 AM  
**Test Name :** ECHO STUDY

**DOB :** 08-Apr-1994  
**Age :** 29 Yrs/  
**Result Verified At :** 08-Apr-2023 13:44

## 2D ECHO CARDIOGRAPHY REPORT

- All cardiac chambers are normal in dimension
- Normal LV Systolic function at Rest, LVEF =60 %
- No RWMA at Rest.
- No diastolic dysfunction (E>A, Lat MV E'> 0.12 m/s )
- MV – Normal, No MS/MR AV –Normal, No AS/ AR
- TV – Normal , No TS/ Trivial TR PV – No PS / PR
- No Pulmonary Hypertension, RVSP = 25 mmHg
- IAS / IVS appear Intact
- No e/o obvious Clot / Vegetation / effusion
- IVC not dilated collapsing > 50% on inspiration

**IMPRESSION: NORMAL LV SYSTOLIC FUNCTION, NO RWMA, NO PAH**

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



08.04.2023 13:38:38  
SARDY SATEL HOSPITAL  
CHIKL DE  
ANKLESHWAR

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

80 bpm  
--/-- mmHg

Technician:  
Ordering Ph:  
Referring Ph:  
Attending Ph:

QRS : 82 ms  
QT / QTcBaz : 336 / 387 ms  
PR : 116 ms  
P : 90 ms  
RR / pp : 750 / 750 ms  
P / QRS / T : 34 / -21 / 5 degrees

Normal sinus rhythm  
Normal ECG

