



Name: Ailshkhai rath

Regular medicine 5/3/24  
Age: 57 Sex: M

R

- Tab. Elixium 100ug 1-0-0
  - T. Cobader-CZ 0-1-0
  - T. Rosum-f (10/160) 0-0-1
- } x 60 days

11/01/80

R/A 1 1/2 month's test report.

Airell



Chikuwadi, Opp. Railway Yard, Ankleshwar - 393 001 ☎ : 247882 / 247883

**OPD INITIAL ASSESSMENT FORM**

(To be filled by Nursing Staff)

Patient Name: - Kileshbhai muljibhai Vasava UHID Number: - 4467

Consultant Name: - Dr. Vivek Date: 5/3/24 Start Time: - 5:2 Age: - 32 (Years)  
CRPASH

Sex: - M (M/F)

Height: - 168 cms, Weight: - \_\_\_\_\_ kgs. Temp. 98.4, Pulse: - 80 (Per minute), SPO2 \_\_\_\_\_

B.P. :- 110/80 (mm of Hg), RBS:- \_\_\_\_\_ First Visit / Follow Up  
Visit: First visit

Nursing Staff Name & Signature:- Keilash Patel End Time:- \_\_\_\_\_

**Past History: - (TICK MARK)**

Diabetes, Hypertension, IHD, COPD, Asthma, TB, Smoker, Alcoholic, Hypothyroidism

**Other:-**

**Family History:-**

**Nutritional Screening:-**

**Psychosocial Assessment:-**

**Immunization Status:-**

To be filled by Clinician) Start Time:- \_\_\_\_\_

**Clinical Findings:-**

**Diagnosis:-**

**Investigations and Advice:-**



**OPD INITIAL ASSESSMENT FORM**

(To be filled by Nursing Staff)

Patient Name: - Rekeshbhai M. Vasani UHID Number: - 4457

Consultant Name: Dr. Kalpesh Vadodariya Date: 5/3/24 Start Time: - \_\_\_\_\_ Age: - 37 (Years)

Sex: - M (M/F)

Height: - \_\_\_\_\_ cms, Weight: - \_\_\_\_\_ kgs. Temp. 98, Pulse: - \_\_\_\_\_ (Per minute), SPO2 \_\_\_\_\_

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

Nursing Staff Name & Signature: - Sudha J. Joshi End Time:- \_\_\_\_\_

**Past History: - (TICK MARK)**

Diabetes, Hypertension, IHD, COPD, Asthma, TB, Smoker, Alcoholic, Hypothyroidism

Other:- Mo

Family History:- \_\_\_\_\_

Nutritional Screening:- \_\_\_\_\_

Psychosocial Assessment:- \_\_\_\_\_

Immunization Status:- \_\_\_\_\_

To be filled by Clinician) Start Time:- \_\_\_\_\_

Clinical Findings:-  
came to health check  
ED staff  
Dr. Kalpesh Vadodariya  
MD  
5/3/24  
Dr. Kalpesh Vadodariya

Diagnosis:-

Investigations and Advice:-  
UFG advised  
noted

<b>Patient Name:</b>	<b>RILESHBHAI MULJIBHAI VASAVA</b>	<b>Age /Sex:</b>	<b>37YRS/M</b>
<b>Patient ID:</b>	<b>OP-4467</b>	<b>Date :</b>	<b>05/03/2024</b>
<b>Referred By:</b>	<b>HEALTH CHEKUP</b>	<b>Modality:</b>	<b>X-RAY</b>

**X-RAY CHEST PA.**

- Both Lung fields appear normal  
No evidence of any collapse / consolidation.
- Both Hila appear normal.  
No evidence of any enlarged Hilar lymphnodes.
- Both CP angle clear.
- Cardiac size appear normal.
- Both hemi diaphragm appears normal
- Bony cage appear normal.

**IMPRESSION:**

No significant abnormality detected. .



**Dr. HANSA RATHWA**  
**MD (Radio Diagnosis)**

Disclaimer-It is of medical imaging based on the available clinical data., so this report cannot be utilized for any medico legal purpose/ certifications. All modern machines/procedures have their own limitations. If there is any clinical discrepancy, this investigation may be repeated or reassessed by other tests.

<b>Patient Name:</b>	<b>RAILESHBHAI MULJIBHAI VASAVA</b>	<b>Age / Sex:</b>	<b>37YRS/M</b>
<b>Patient ID:</b>	<b>OP-4467</b>	<b>Date :</b>	<b>05/03/2024</b>
<b>Referred By:</b>	<b>HEALTH CHEKUP</b>	<b>Modality:</b>	<b>USG</b>

**USG ABDOMEN & PELVIS**

**LIVER :** normal in size shape and normal 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.  
**HEAD AND BODY OF PANCREAS :** reveals normal echotexture. No mass, calcification or pancreatitis.  
Tail of pancreas : Obscure by bowel gas.  
**SPLEEN :** Normal size, 83 mm & reveals normal echotexture. No other focal mass seen.  
**BOTH KIDNEY : RK: 90 X 34 mm LK : 103 X 53 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 :** empty.  
**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 detected  
Suggest clinical correlation



**DR HANSA RATHWA**  
MD(Radio Diagnosis)

**Disclaimer-**It is of medical imaging based on the available clinical data, so this report cannot be utilized for any medico legal purpose/ certifications. All modern machines/procedures have their own limitations. If there is any clinical discrepancy, this investigation may be repeated or reassessed by other tests.



**LABORATORY REPORT**



Name : **Mr RILESHBHAI MULJIBHAI VASAVA** Sex/Age : **Male / 37 Years** Case ID : **40308000238**  
 Ref. By : **Mediwheel Full Body Health Checkup** Dis. At : Pt. ID :  
 Bill. Loc. : **Health packages** Pt. Loc. :  
 Reg Date and Time : **05-Mar-2024 09:28** Sample Type : **Whole Blood EDTA,Plasma Fluoride F,Plasma Fluoride PP** Mobile No. :  
 Sample Date and Time : **05-Mar-2024 09:28** Sample Coll. By : **non** Ref Id1 :  
 Report Date and Time : **05-Mar-2024 13:12** Acc. Remarks : Ref Id2 :

TEST	RESULTS	UNIT	BIOLOGICAL REF RANGE	REMARKS
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**HAEMOGRAM REPORT**

**HB AND INDICES**

<b>Haemoglobin</b> <i>Photometric Method</i>	<b>14.3</b>	<b>G%</b>	<b>13.00 - 17.00</b>
<b>RBC (Electrical Impedance)</b>	<b>H 6.50</b>	<b>millions/cumm</b>	<b>4.50 - 5.50</b>
<b>PCV(Calc)</b>	<b>43.16</b>	<b>%</b>	<b>40.00 - 50.00</b>
<b>MCV (RBC histogram)</b>	<b>L 66.4</b>	<b>fL</b>	<b>83.00 - 101.00</b>
<b>MCH (Calc)</b>	<b>L 21.9</b>	<b>pg</b>	<b>27.00 - 32.00</b>
<b>MCHC (Calc)</b>	<b>33.0</b>	<b>gm/dL</b>	<b>31.50 - 34.50</b>
<b>RDW (RBC histogram)</b>	<b>13.30</b>	<b>%</b>	<b>11.00 - 16.00</b>

**TOTAL AND DIFFERENTIAL WBC COUNT**

<b>Total WBC Count</b>	<b>9210</b>	<b>/µL</b>	<b>4000.00 - 10000.00</b>
<b>Neutrophil</b>	<b>53</b>	<b>%</b>	<b>40.00 - 70.00</b>
<b>Lymphocyte</b>	<b>40</b>	<b>%</b>	<b>20.00 - 40.00</b>
<b>Eosinophil</b>	<b>01</b>	<b>%</b>	<b>1.00 - 6.00</b>
<b>Monocytes</b>	<b>06</b>	<b>%</b>	<b>2.00 - 10.00</b>
<b>Basophil</b>	<b>00</b>	<b>%</b>	<b>0.00 - 2.00</b>
<b>Neutrophil Calculated</b>	<b>4881</b>	<b>/µL</b>	<b>2000.00 - 7000.00</b>
<b>Lymphocyte Calculated</b>	<b>H 3684</b>	<b>/µL</b>	<b>1000.00 - 3000.00</b>
<b>Eosinophil Calculated</b>	<b>92</b>	<b>/µL</b>	<b>20.00 - 500.00</b>
<b>Monocyte Calculated</b>	<b>553</b>	<b>/µL</b>	<b>200.00 - 1000.00</b>
<b>Basophil Calculated</b>	<b>0</b>	<b>/µL</b>	<b>0.00 - 100.00</b>

**PLATELET COUNT**

<b>Platelet Count</b>	<b>262000</b>	<b>/µL</b>	<b>150000.00 - 410000.00</b>
<b>MPV</b>	<b>9.30</b>	<b>fL</b>	<b>6.5 - 12</b>

Note:(LL-VeryLow,L-Low,H-High,HH-VeryHigh ,A-Abnormal)

*Shweta Patel*  
**Dr. Shweta Patel**  
 Consultant Pathologist

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**LABORATORY REPORT**



Name : **Mr RILESHBHAI MULJIBHAI VASAVA** Sex/Age : **Male / 37 Years** Case ID : **40308000238**  
 Ref. By : **Mediwheel Full Body Health Checkup** Dis. At : Pt. ID :  
 Bill. Loc. : **Health packages** Pt. Loc. :

Reg Date and Time : **05-Mar-2024 09:28** Sample Type : **Whole Blood EDTA, Plasma Fluoride F, Plasma Fluoride PP** Mobile No. :  
 Sample Date and Time : **05-Mar-2024 09:28** Sample Coll. By : **non** Ref Id1 :  
 Report Date and Time : **05-Mar-2024 13:12** Acc. Remarks : Ref Id2 :

**PDW** **16.0** **9 - 16**  
**ESR** **04** **mm after 1hr 3 - 15**  
*Westergren Method*

Method:  
*TLC-SF cube technology(Flow Cytometry+ fluorescence),  
 DC by microscopy,  
 Platelet count by electrical impedance+/-SF cube technology*

**BIOCHEMICAL INVESTIGATIONS**

**Plasma Glucose - F** **97.99** **mg/dL** **70 - 100** **FUS: NIL**  
*Photometric, Hexokinase*  
**Plasma Glucose - PP** **91.44** **mg/dL** **70 - 140** **PPUS: NIL**  
*Photometric, Hexokinase*

Note:(LL-VeryLow,L-Low,H-High,HH-VeryHigh A-Abnormal)

*Shweta Patel*  
**Dr. Shweta Patel**  
 Consultant Pathologist

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**LABORATORY REPORT**

Name : Mr RILESHBHAI MULJIBHAI VASAVA	Sex/Age : Male / 37 Years	Case ID : 40308000238
Ref. By : Mediwheel Full Body Health Checkup	Dis. At :	Pt. ID :
Bill. Loc. : Health packages		Pt. Loc. :
Reg Date and Time : 05-Mar-2024 09:28	Sample Type : Whole Blood EDTA	Mobile No. :
Sample Date and Time : 05-Mar-2024 09:28	Sample Coll. By : non	Ref Id1 :
Report Date and Time : 05-Mar-2024 11:49	Acc. Remarks :	Ref Id2 :

TEST	RESULTS	UNIT	BIOLOGICAL REF RANGE	REMARKS
<b>HAEMATOLOGY INVESTIGATIONS</b>				
<b>BLOOD GROUP AND RH TYPING (Erythrocyte Magnetized Technology) (Both Forward and Reverse Group )</b>				
ABO Type	O			
Rh Type	POSITIVE			

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Consultant Pathologist

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**LABORATORY REPORT**



Name : **Mr RILESHBHAI MULJIBHAI VASAVA** Sex/Age : **Male / 37 Years**  
 Ref. By : **Mediwheel Full Body Health Checkup** Dis. At :  
 Bill. Loc. : **Health packages**  
 Reg Date and Time : **05-Mar-2024 09:28** Sample Type : **Whole Blood EDTA**  
 Sample Date and Time : **05-Mar-2024 09:28** Sample Coll. By : **non**  
 Report Date and Time : **05-Mar-2024 10:46** Acc. Remarks :  
 Case ID : **40308000238**  
 Pt. ID :  
 Pt. Loc :  
 Mobile No. :  
 Ref Id1 :  
 Ref Id2 :

TEST	RESULTS	UNIT	BIOLOGICAL REF RANGE	REMARKS
<b>Glycated Haemoglobin Estimation</b>				
<b>HbA1C</b> <i>Immunoturbidimetric</i>	<b>5.7</b>	% of total Hb	<5.7: Normal 5.7-6.4: Prediabetes >=6.5: Diabetes	
<b>Estimated Avg Glucose (3 Mths)</b> <i>Calculated</i>	<b>116.89</b>	mg/dL	Not available	

Please Note change in reference range as per ADA 2021 guidelines.

**Interpretation :**

HbA1C level reflects the mean glucose concentration over previous 8-12 weeks and provides better indication of long term glycaemic control.  
 Levels of HbA1C may be low as result of shortened RBC life span in case of hemolytic anemia.  
 Increased HbA1C values may be found in patients with polycythemia or post splenectomy patients.  
 Patients with Homozygous forms of rare variant Hb(CC,SS,EE,SC) HbA1c can not be quantitated as there is no HbA.  
 In such circumstances glycaemic control can be monitored using plasma glucose levels or serum Fructosamine.  
 The A1c target should be individualized based on numerous factors, such as age, life expectancy, comorbid conditions, duration of diabetes, risk of hypoglycemia or adverse consequences from hypoglycemia, patient motivation and adherence.

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Name : Mr RILESHBHAI MULJIBHAI VASAVA	Sex/Age : Male / 37 Years	Case ID : 40308000238
Ref. By : Mediwheel Full Body Health Checkup	Dis. At :	PL ID :
Bill. Loc. : Health packages		Pt. Loc. :
Reg Date and Time : 05-Mar-2024 09:28	Sample Type : Serum	Mobile No. :
Sample Date and Time : 05-Mar-2024 09:28	Sample Coll. By : non	Ref Id1 :
Report Date and Time : 05-Mar-2024 10:35	Acc. Remarks :	Ref Id2 :

TEST	RESULTS	UNIT	BIOLOGICAL REF RANGE	REMARKS
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**BIOCHEMICAL INVESTIGATIONS**

**Lipid Profile**

<b>Cholesterol</b> <i>Colorimetric, CHOD-PAP</i>	H 268.84	mg/dL	110 - 200
<b>HDL Cholesterol</b>	L 35.9	mg/dL	40 - 60
<b>Triglyceride</b> <i>GPO-PAP</i>	H 297.98	mg/dL	40 - 200
<b>VLDL</b> <i>Calculated</i>	H 59.60	mg/dL	10 - 40
<b>Chol/HDL</b> <i>Calculated</i>	H 7.49		0 - 4.1
<b>LDL Cholesterol</b> <i>Calculated</i>	H 173.34	mg/dL	0.00 - 100.00

**NEW ATP III GUIDELINES (MAY 2001), MODIFICATION OF NCEP**

LDL CHOLESTEROL	CHOLESTEROL	HDL CHOLESTEROL	TRIGLYCERIDES
Optimal <100	Desirable <200	Low <40	Normal <150
Near Optimal 100-129	Border Line 200-239	High >60	Border High 150-199
Borderline 130-159	High >240	-	High 200-499
High 160-189	-	-	-

- LDL Cholesterol level is primary goal for treatment and varies with risk category and assessment
- For LDL Cholesterol level Please consider direct LDL value
- Risk assessment from HDL and Triglyceride has been revised. Also LDL goals have changed.
- Detail test interpretation available from the lab
- All tests are done according to NCEP guidelines and with FDA approved kits.
- LDL Cholesterol level is primary goal for treatment and varies with risk category and assessment

Note: (LL-VeryLow, L-Low, H-High, HH-VeryHigh, A-Abnormal)

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**LABORATORY REPORT**



Name : Mr RILESHBHAI MULJIBHAI VASAVA	Sex/Age : Male / 37 Years	Case ID : 40308000238
Ref. By : Mediwheel Full Body Health Checkup	Dis. At :	PL ID :
Bill. Loc. : Health packages		Pt. Loc. :
Reg Date and Time : 05-Mar-2024 09:28	Sample Type : Serum	Mobile No. :
Sample Date and Time : 05-Mar-2024 09:28	Sample Coll. By : non	Ref Id1 :
Report Date and Time : 05-Mar-2024 10:35	Acc. Remarks :	Ref Id2 :

TEST	RESULTS	UNIT	BIOLOGICAL REF RANGE	REMARKS
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**BIOCHEMICAL INVESTIGATIONS**

**Liver Function Test**

<b>S.G.P.T.</b> <i>IFCC</i>	<b>21.58</b>	U/L	0 - 63	
<b>S.G.O.T.</b> <i>IFCC</i>	<b>25.82</b>	U/L	15 - 37	
<b>Alkaline Phosphatase</b> <i>Modified IFCC method</i>	<b>65.70</b>	U/L	40 - 150	
<b>Proteins (Total)</b> <i>Buret</i>	<b>7.32</b>	g/dL	6.4 - 8.2	
<b>Albumin</b> <i>Bromo Cresol Green</i>	<b>4.35</b>	g/dL	3.4 - 5.0	
<b>Globulin</b> <i>Calculated</i>	<b>2.97</b>	gm/dL	2 - 4.1	
<b>A/G Ratio</b> <i>Calculated</i>	<b>1.5</b>		1.0 - 2.1	
<b>Bilirubin Total</b> <i>Diazotized Sulfanilic Acid Method</i>	<b>0.40</b>	mg/dL	0.2 - 1.0	
<b>Bilirubin Conjugated</b> <i>Diazotized Sulfanilic Acid Method</i>	<b>0.15</b>	mg/dL		
<b>Bilirubin Unconjugated</b> <i>Calculated</i>	<b>0.25</b>	mg/dL	0 - 0.8	

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Consultant Pathologist

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**LABORATORY REPORT**



Name : **Mr RILESHBHAI MULJIBHAI VASAVA** Sex/Age : **Male / 37 Years** Case ID : **40308000238**  
 Ref. By : **Mediwheel Full Body Health Checkup** Dis. At : Pt. ID :  
 Bill. Loc. : **Health packages** Pt. Loc. :  
 Reg Date and Time : **05-Mar-2024 09:28** Sample Type : **Serum** Mobile No. :  
 Sample Date and Time : **05-Mar-2024 09:28** Sample Coll. By : **non** Ref Id1 :  
 Report Date and Time : **05-Mar-2024 10:46** Acc. Remarks : Ref Id2 :

TEST	RESULTS	UNIT	BIOLOGICAL REF RANGE	REMARKS
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**BIOCHEMICAL INVESTIGATIONS**

**Renal Function Test**

<b>Urea</b> <i>Urease/GLDH</i>	<b>28.13</b>	mg/dL	19.01 - 44.1	
<b>Creatinine</b> <i>Jaffe compensated</i>	<b>0.93</b>	mg/dL	0.70 - 1.30	
<b>Uric Acid</b> <i>Uricase-Peroxidase method</i>	<b>H 8.13</b>	mg/dL	3.5 - 7.2	
<b>Sodium</b> <i>ISE</i>	<b>140.1</b>	mmol/L	136 - 145	
<b>Potassium</b> <i>ISE</i>	<b>4.19</b>	mmol/L	3.5 - 5.1	
<b>Chloride</b> <i>ISE</i>	<b>99.7</b>	mmol/L	98 - 107	
<b>Calcium</b> <i>Arsenazo III</i>	<b>10.09</b>	mg/dL	8.4 - 10.2	

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Consultant Pathologist

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**LABORATORY REPORT**



Name : Mr RILESHBHAI MULJIBHAI VASAVA	Sex/Age : Male / 37 Years	Case ID : 40308000238
Ref. By : Mediwheel Full Body Health Checkup	Dis. At :	Pt. ID :
Bill. Loc. : Health packages		Pt. Loc. :
Reg Date and Time : 05-Mar-2024 09:28	Sample Type : Serum	Mobile No. :
Sample Date and Time : 05-Mar-2024 09:28	Sample Coll. By : non	Ref Id1 :
Report Date and Time : 05-Mar-2024 13:12	Acc. Remarks :	Ref Id2 :

TEST	RESULTS	UNIT	BIOLOGICAL REF RANGE	REMARKS
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**BIOCHEMICAL INVESTIGATIONS**

**Thyroid Function Test**

Triiodothyronine (T3) <small>ECLIA</small>	0.73	ng/mL	0.70 - 2.04	
Thyroxine (T4) <small>ECLIA</small>	5.27	µg/dL	4.6 - 10.5	
TSH <small>ECLIA</small>	H 30.350	µIU/mL	0.40 - 4.20	

**INTERPRETATIONS**

Useful for Monitoring patients on thyroid replacement therapy. Confirmation of thyroid-stimulating hormone (TSH) suppression in thyroid cancer patients on thyroxine therapy, for Prediction of thyrotropin-releasing hormone-stimulated TSH response, as An aid in the diagnosis of primary hyperthyroidism, for Differential diagnosis of hypothyroidism. The ability to quantitate circulating levels of thyroid-stimulating hormone (TSH) is important in evaluating thyroid function. It is especially useful in the differential diagnosis of primary (thyroid) from secondary (pituitary) and tertiary (hypothalamus) hypothyroidism. In primary hypothyroidism, TSH levels are significantly elevated, while in secondary and tertiary hypothyroidism, TSH levels are low or normal. Concentrations of 5.1 mIU/ml to 7.0 mIU/ml are considered borderline hypothyroid

**CAUTIONS**

Sick, hospitalized patients may have falsely low or transiently elevated thyroid stimulating hormone. Some patients who have been exposed to animal antigens, either in the environment or as part of treatment or imaging procedure, may have circulating antianimal antibodies present. These antibodies may interfere with the assay reagents to produce unreliable results.

**TSH ref range in Pregnancy**

	Reference range (microIU/ml)
First trimester	0.24 - 2.00
Second trimester	0.43-2.2
Third trimester	0.8-2.5

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*Shweta Patel*

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Consultant Pathologist

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## LABORATORY REPORT



Name : Mr RILESHBHAI MULJIBHAI VASAVA Sex/Age : Male / 37 Years  
 Ref. By : Mediwheel Full Body Health Checkup Dis. At :  
 Bill. Loc. : Health packages  
 Reg Date and Time : 05-Mar-2024 09:28 Sample Type : Spot Urine  
 Sample Date and Time : 05-Mar-2024 09:28 Sample Coll. By : non  
 Report Date and Time : 05-Mar-2024 11:43 Acc. Remarks :  
 Case ID : 40308000238  
 Pt. ID :  
 Pt. Loc :  
 Mobile No. :  
 Ref Id1 :  
 Ref Id2 :

TEST	RESULTS	UNIT	BIOLOGICAL REF RANGE	REMARKS
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### URINE EXAMINATION (STRIP METHOD AND FLOWCYTOMETRY)

<u>Physical examination</u>				
Colour	Pale yellow			
Transparency	Clear			
<u>Chemical Examination By Sysmex UC-3500</u>				
Sp.Gravity	1.030		1.003 - 1.035	
pH	5.0		4.6 - 8	
Leucocytes (ESTERASE)	Negative		Negative	
Protein	Negative		Negative	
Glucose	Negative		Negative	
Ketone Bodies Urine	Negative		Negative	
Urobilinogen	Negative		Negative	
Bilirubin	Negative		Negative	
Blood	Negative		Negative	
Nitrite	Negative		Negative	
<u>Flowcytometric Examination By Sysmex UF-5000</u>				
Leucocyte	Nil	/HPF	Nil	
Red Blood Cell	Nil	/HPF	Nil	
Epithelial Cell	1-2	/HPF	Present(+)	
Bacteria	Nil	/μL	Nil	
Yeast	Nil	/μL	Nil	
Cast	Nil	/LPF	Nil	
Crystals	Nil	/HPF	Nil	

Note: (LL-VeryLow, L-Low, H-High, HH-VeryHigh, A-Abnormal)

Dr. Shweta Patel  
 Consultant Pathologist

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## LABORATORY REPORT



Name : Mr RILESHBHAI MULJIBHAI VASAVA Sex/Age : Male / 37 Years  
 Ref. By : Mediwheel Full Body Health Checkup Dis. At :  
 Bill. Loc. : Health packages

Case ID : 40308000238

PL ID :

PL Loc :

Reg Date and Time : 05-Mar-2024 09:28 Sample Type : Spot Urine

Mobile No. :

Sample Date and Time : 05-Mar-2024 09:28 Sample Coll. By : non

Ref Id1 :

Report Date and Time : 05-Mar-2024 11:43 Acc. Remarks :

Ref Id2 :

Parameter	Unit	Expected value	Result/Notations				
			Trace	+	++	+++	++++
pH	-	4.6-8.0					
SG	-	1.003-1.035					
Protein	mg/dL	Negative (<10)	10	25	75	150	500
Glucose	mg/dL	Negative (<30)	30	50	100	300	1000
Bilirubin	mg/dL	Negative (0.2)	0.2	1	3	6	-
Ketone	mg/dL	Negative (<5)	5	15	50	150	-
Urobilinogen	mg/dL	Negative (<1)	1	4	8	12	-

Parameter	Unit	Expected value	Result/Notifications				
			Trace	+	++	+++	++++
Leukocytes (Strip)	/micro L	Negative (<10)	10	25	100	500	-
Nitrite(Strip)	-	Negative	-	-	-	-	-
Erythrocytes(Strip)	/micro L	Negative (<5)	10	25	50	150	250
Pus cells (Microscopic)	/hpf	<5	-	-	-	-	-
Red blood cells(Microscopic)	/hpf	<2	-	-	-	-	-
Cast (Microscopic)	/lpf	<2	-	-	-	-	-

Pending Services  
Stool Examination

----- End Of Report -----

# For test performed on specimens received or collected from non-NSRL locations, it is presumed that the specimen belongs to the patient named or identified as labeled on the container/test request and such verification has been carried out at the point generation of the said specimen by the sender. NSRL will be responsible Only for the analytical part of test carried out. All other responsibility will be of referring Laboratory.

Note: (LL-VeryLow, L-Low, H-High, HH-VeryHigh, A-Abnormal)

*Shweta Patel*  
Dr. Shweta Patel

Consultant Pathologist

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Printed On : 05-Mar-2024 15:03



Chikuwadi, Opp. Railway Yard, Ankleshwar - 393 001 ☎ : 247882 / 247883

**OPD INITIAL ASSESSMENT FORM**

(To be filled by Nursing Staff)

Patient Name: - Bhesh bhur Vasavay UHID Number: - 4467

Consultant Name: Dr. Shreyas Date: 5/3/24 Start Time: 9:30 Age: 37 (Years)

Sex: M (M/F) shah

Height: -      cms, Weight: -      kgs. Temp.      °C, Pulse: -      (Per minute), SPO2      %

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

Visit: 1st VISIT

Nursing Staff Name & Signature: - \_\_\_\_\_ End Time:- \_\_\_\_\_

**Past History: - (TICK MARK)**

Routine check-up.

Diabetes, Hypertension, IHD, COPD, Asthma, TB, Smoker, Alcoholic, Hypothyroidism

Other:-

Family History:-

Nutritional Screening:-

Psychosocial Assessment:-

Immunization Status:-

To be filled by Clinician) Start Time:- \_\_\_\_\_

Clinical Findings:-  $V_n \begin{cases} 6/6 \\ 6/6 \end{cases}$  Near  $V_n \begin{cases} 1/6 \\ 1/6 \end{cases}$

BE ASLONE

F walk

Diagnosis:-

Normal

Investigations and Advice:-





**Patient Name :** Mr. Rileshbhai Muljibhai Vasava  
**Registration No :** 101-023-4467-000  
**Sex :** Male  
**Patient Arrived At :** 05-Mar-2024 09:00:00 AM  
**Test Name :** ECHO STUDY

**DOB :** 18-Jun-1986  
**Age :** 37 Yrs/  
**Result Verified At :** 05-Mar-2024 12:00

## 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, MV E'> 0.10 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 = 27 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

**Soorya M.**  
Echo technologist

**Dr. Jayvirsinh Atodariya**  
MD, DM, CARDIOLOGY  
Consultant: Interventional Cardiology

05.03.2024 10:51:43  
SAFAR PATEL HOSPITAL  
CHAWADI  
ANKLESHWAR

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

Room:

68 bpm  
-- / -- mmHg

Technician:  
Ordering Ph:  
Referring Ph:  
Attending Ph:

QRS : 80 ms  
QT / QTcBaz : 390 / 414 ms  
PR : 118 ms  
P : 82 ms  
RR / PP : 886 / 882 ms  
P / QRS / T : 39 / 34 / 32 degrees

Normal sinus rhythm  
Nonspecific ST and T wave abnormality  
Abnormal ECG

