

SAVITA RECP < recpsavita@gmail.com >

Fwd: Health Check up Booking Confirmed Request(22E20144), Package Code-PKG10000474, Beneficiary Code-312655

1 message

Laxman Nayak < laxmannayak4186@gmail.com> To: "recpsavita@gmail.com" <recpsavita@gmail.com> Sat, Apr 6, 2024 at 10:22 AM

----- Forwarded message -----

From: Mediwheel <wellness@mediwheel.in>

Date: Thu, 4 Apr 2024, 7:00 pm

Subject: Health Check up Booking Confirmed Request(22E20144), Package Code-PKG10000474, Beneficiary Code-

312655

To: <laxmannayak4186@gmail.com> Cc: <customercare@mediwheel.in>



011-41195959

Dear MR. NAYAK LAXMAN,

We are pleased to confirm your health checkup booking request with the following details.

Hospital Package

Name

: Mediwheel Full Body Health Checkup Male Below 40

Patient Package Name: Mediwheel Full Body Health Checkup Male Below 40

Name of

Diagnostic/Hospital

: Savita Superspeciality Hospital

Address of

Parivar Char Rasta, Dabhoi - Waghodia Ring Rd, Sarthi Nagar 2, : Kendranagar, Vadodara - 390019

Diagnostic/Hospital-

City

: Vadodara

State

: Gujarat

Pincode

: 390019

Appointment Date

Confirmation Status

: 06-04-2024

Preferred Time

: Booking Confirmed

: 8:30am

Booking Status

: Booking Confirmed

Member Information		
Booked Member Name	Age	Gender
MR. NAYAK LAXMAN	28 year	Male

Note - Please note to not pay any amount at the center.

Instructions to undergo Health Check:

Please ensure you are on complete fasting for 10-To-12-Hours prior to check.

STATE FOR THE STATE OF NO.

पत्ता:

संबोधितः अमृतलाल नायक, ग्राम रानापुर, जिला झाबुआ, झाबुआ, झाबुआ, मध्य प्रदेश - 457661 Address:

S/O: Amrital Nayak, Gram Ranapur, Dist Jhabua, Jhabua, Jhabua, Madhya Pradesh - 457661

2051 2117 8885

Aadhaar-Aam Admi ka Adhikar

लक्ष्मण नायक Laxman Nayak जन्म तिथि/ DOB: 14/02/1996 पुरुष / MALE 2051 2117 8885 अधार-आम आदमी का अधिकार



2578844 / 2578849 63596 88442





PATIENT NAME: LAXMAN NAYAK

AGE/SEX: 28 YRS/M

DATE: Saturday, 06 April 2024

CHEST X-RAY (PA)

Both lung fields appear normal.

Both hila appear normal

Bilateral costo-phrenic angles appear grossly clear

Mediastinum and cardiac shadow appear normal

Bony thorax appears unremarkable

No evidence of free gas under domes of diaphragm

IMPRESSION:

- NO SIGNFICANT ABNORMALITY NOTED IN LUNG FIELDS
- NORMAL CARDIAC SHADOW

DR SHARAD RUNGTA (MD & DNB)

CONSULTANT RADIOLOGIST

Not all pathologies can be detected on ultrasound in each scan. Further radiographic evaluation is suggested if required.







Patient Name:

Laxman . Nayak

Sample No.:

20240400233

Patient ID:

20240400171

Visit No. :

MANAGEMENT OF STREET, OPD20240400543

Age / Sex: Consultant: 28y/Male

Call. Date:

06/04/2024 10:24

DR KANCHI DESAI

S. Coll. Date:

06/04/2024 10:54

Report Date:

06/04/2024 13:18

CBC, ESR

Ward:

Investigation	Result	Normal Value
Hemoglobin :	15.1 gm/dl	13.5 to 18.0 gm/dl
P.C.V.:	45.5 %	42.0 to 52.0 %
M.C.V.:	100 fL	78 to 100 fL
M.C.H.:	33.2 pg [H]	27 to 31 pg
M.C.H.C. :	33.2 g/dl	32 to 36 g/dl
RDW:	12.8 %	11.5 to 14.0 %
RBC Count :	4.55 X 10^6/ cumm [L]	4.7 to 6.0 X 10^6/ cumm
Polymorphs:	68 %	38 to 70 %
Lymphocytes:	28 %	15 to 48 %
Eosinophils:	2 %	0 to 6 %
Monocytes:	2 % [L]	3 to 11 %
Basophils:	0 %	0.0 to 1.0 %
Total:	100	< 100 > 100
WBC Count :	4600 /cmm	4000 to 10000 /cmm
Platelets Count :	313000 / cmm	1,50,000 to 4,50,000 /cmm
ESR - After One Hour :	7 mm/hr	1 to 13 mm/hr

Dr. Mehul Desai M.B.D.C.P Reg.No.G-9521







Patient Name:

Laxman . Nayak

Sample No.:

20240400233

Patient ID:

20240400171

Visit No.:

OPD20240400543

Age / Sex :

28y/Male

Call. Date :

06/04/2024 10:24

Consultant :

DR KANCHI DESAI

S. Coll. Date :

06/04/2024 10:55

Ward:

-

Report Date :

06/04/2024 13:18

Blood Group

Investigation

Result

Normal Value

BLOOD GROUP:

ABO

0

Rh

Positive

RENAL FUNCTION TEST

Result

Normal Value

Creatinine:

Investigation

0.8 mg/dl

0.6 - 1.4 mg/dl

Urea:

26 mg/dl

13 - 45 mg/dl

Uric Acid:

6.1 mg/dl

3.5 - 7.2 mg/dl

Calcium:

9.2 mg/dl

8.5 - 10.5

Dr.Mehul Desai M.B.D.C.P Reg.No.G-9521







Patient Name:

Laxman . Nayak

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Consultant :

DR KANCHI DESAI

S. Coll. Date :

06/04/2024 10:55

Ward:

-

Report Date :

06/04/2024 13:18

Lipid Profile

Total Chol / HDL Ratio:

Total Lipids:

Investigation	Result	Normal Value
Sample :	Fasting	
Sample Type :	Normal	
Cholesterol (Chol):	188 mg/dl	Low risk : < 200 Moderate risk : 200 - 239 High risk : > or = 240
Triglyceride :	115 mg/dl	Normal : < 200.0 High : 200 - 499 Very High : > or = 500
HDL Cholesterol :	40 mg/dl	Low risk: >or = 60 mg/dL High risk : Up to 35 mg/dL
LDL :	125 mg/dl [L]	131.0 to 159.0(N) < 130.0(L) > 159.0(H)
VLDL:	23 mg/dl	Up to 0 to 34 mg/dl
LDL/HDL Ratio :	3.13	Low risk : 0.5 to 3.0 Moderate risk : 3.0 to 6.0 Elevted level high > 6.0

Note :- Lipemic samples give high triglyceride value and falsely low LDL value.

4.7

643 mg/dl

Dr.Mehul Desai M.B.D.C.P Reg.No.G-9521

Low Risk: 3.3 to 4.4 Average Risk: 4.4 to 7.1 Moderate Risk: 7.1 to 11.0

High Risk: > 11.0

400 to 700 mg/dl



1 0265-2578844 / 2578849 **1** 63596 88442





Patient Name:

Laxman . Nayak

Sample No.:

20240400233

Patient ID:

20240400171

Visit No. :

OPD20240400543

Age / Sex :

28y/Male

Call. Date :

06/04/2024 10:24

Consultant :

DR KANCHI DESAI

S. Coll. Date :

06/04/2024 10:55

Ward:

-

Report Date :

06/04/2024 13:18

LFT (Liver Function Test)

Investigation	Result	Normal Value
Total Bilirubin :	1 mg/dl	0.2 to 1.0 mg/dl
Direct Bilirubin :	0.6 mg/dl [H]	0.0 to 0.2 mg/dl
Indirect Bilirubin :	0.4 mg/dl	0.0 to 0.8 mg/dl
AST (SGOT):	25 U/L	5 to 34 U/L
ALT (SGPT):	18 U/L	0 to 55 U/L
Total Protein (TP):	7.6 g/dL	6.4 to 8.3, g/dl
Albumin (ALB):	4.3 g/dl	3.5 to 5.2 g/dl
Globulin:	3.3 g/dl	2.3 to 3.5 g/dl
A/G Ratio :	1.3	
Alkaline Phosphatase (ALP) :	156 U/L [H]	40 to 150 U/L
GAMMA GT. :	25 U/L	7 to 35 U/L

Dr.Mehul Desai M.B.D.C.P Reg.No.G-9521



1 0265-2578844 / 2578849 **1** 63596 88442





Patient Name:

Pankaj . Choudhary

Sample No.:

20240400229

Patient ID :

20240400170

Visit No. :

OPD20240400538

Age / Sex:

36y/Male

Call. Date :

06/04/2024 09:19

Consultant:

DR KANCHI DESAI

S. Coll. Date :

06/04/2024 09:19

Ward:

BICTO MOIN BEOM

Report Date :

06/04/2024 16:40

FBS & PPBS

Investigation

Result

Normal Value

Blood Sugar (FBS):

100 mg/dl

74 - 100 mg/dl

Urine Sugar (FUS):

Nil

Blood Sugar (PP2BS):

96 mg/dl

70 to 120 mg/dl

Urine Sugar (PP2US):

Nil

HBA1C

Investigation

Result

Normal Value

Glycosylated Hb:

5.7 %

Near Normal Glycemia: 6 to 7

Excellent Control: 7 to 8 Good Control: 8 to 9 Fair Control: 9 to 10 Poor Control: > 10

Average Plasma Glucose of Last 3

116.89

Months:

Dr.Mehul Desai

Reg.No.G-9521

M.B.D.C.P



□ 0265-2578844 / 2578849 □ 63596 88442
 □ mh@savitahospital.com ⊕ savitahospital.com





Patient Name:

Laxman . Nayak

Sample No.:

Visit No.:

20240400233

Patient ID:

20240400171

Age / Sex:

28y/Male

Consultant:

DR KANCHI DESAI

Ward:

Call. Date :

S. Coll. Date: Report Date:

06/04/2024 10:24 06/04/2024 10:55

OPD20240400543

06/04/2024 13:18

Urine R/M

Investigation	Result	Normal Value
Quantity - :	20 ml	
Colour - :	Pale Yellow	
Reaction (pH):	5.0	4.6-8.0
Turbidity:	Clear	
Deposit :	Absent	Absent
Sp.Gravity:	1.025	1.005-1.010
Protein:	Absent	Absent
Glucose:	Absent	Absent
Bile Salts :	Absent	Absent
Bile pigments :	Absent	Absent
Ketones:	Absent	Absent
Urobilinogen :	Absent	
Blood:	Absent	Absent
Pus Cells :	0-2 /hpf	0-5/hpf
Red Blood Cells :	Absent /hpf	Absent
Epithelial Cells:	0-1 /hpf	

Dr.Mehul Desai M.B.D.C.P Reg.No.G-9521

CONDITIONS OF REPORTING

- 1. The reported results are for the referring doctor's information only. Isolated results may not confirm the final diagnosis of a disease and should be interpreted with patient's clinical history, keeping in mind the limitations of methodology and technology. Partial reproduction of these reports are illegal.
- 2. Neither Unipath Specialty Laboratory (Baroda) LLP. nor its partners, officer, employee / representatives and and affiliate assume liability, responsibility for any loss or damage of any nature whatsoever that may be incurred or suffered by any person as a result of use of the report.
- 3. In case of collected specimens, which are referred to USL(B). LLP. from a referral centre, it is presumed that patient's demographics are verified and confirmed at the point of generation of the said specimens and the result(s) relate only to the samples(s) receive.
- 4. USL(B).LLP.does not verify client/patients' identity at the time of sample collection. It is presumed that whatever information given by them is true which is reflected in reports.
- 5. Laboratory results are subject to pre-analytical, analytical, post-analytical variable and technical limitations including human errors. USL(B).LLP. kindly requests to correlate the reported results clinically. USL(B).LLP. strongly recommends reconfirmation of high abnormal/unusual results with repeat fresh sample before taking any medical decision.
- 6. Results relate only to the sample tested. Result of laboratory tests may very from laboratory to laboratory and also in some parameters from time to time for the same patient; may be due to physiological variations, different methodology, technology & its limitations etc.
- 7. A requested test might not be performed in case of following reasons: a) Insufficient quantity of specimen (inadequate collection/spillage in transit) b) Specimen quality unacceptable (hemolysed/clotted/lipemic etc) c) Incorrect specimen type d) Incorrect identity of specimen. In above mentioned circumstances it is expected that a fresh specimen will be sent for the purpose of the reporting on the same parameter.
- 8. In unanticipated circumstances (non-availability of kits, instrument breakdown & natural calamities) tests may not be reported as per schedule. However USL(B). LLP, will ensure that the delay is minimized.
- 9. The sex of the fetus will not be revealed as per the Prenatal Diagnostic Technique (Regulation and Prevention of Misuse Act, 1994)
- 10. Tests parameters marked by asterisks (*) are excluded from the "scope" of NABL accredited tests.
- 11. It is mandatory to send Biopsy/Histopathology specimen in 10% formalin.
- 12. Partial reproduction of these reports are illegal & not permitted.
- 13. These reports are not valid for medico-legal purposes.
- 14. Any queries regarding possible interpretation / clinical pathological correlation from referring doctor/patient should be directed to the pathologists.
- 15. Subject to Baroda Jurisdiction only.

GENERAL PRINCIPLES OF LABORATORY TESTING & LABORATORY REFERENCE RANGES

- 1. Under the best of circumstances, no test is having 100% sensitivity & 100% specificity. In the majority of laboratory parameters, the combination of short-term physiologic variation & analytical error/technological limitations are so fficient to render the interpretation of single determinations difficult especially when the concentrations are in borderline range. Any particular laboratory test result may be misleading (not correlating with clinical findings) for large varieties of reasons, regardless of high quality of laboratory, such results should be rechecked. If indicated new specimen should be submitted.
- 2. Reference ranges (biological reference interval) vary from one laboratory to another and with age, sex, race, size, physiologic status (e.g. pregnancy & lactation) that apply to the particular patient. Reference values represent the statistical data for 95% of the population; values outside these ranges do not necessarily represent disease. Result may still be within the reference range but be elevated above the patient's baseline, which is why serial testing is important in a number of conditions.
- 3. The effects of drugs on laboratory test values must never be overlooked. Laboratory values in elderly must be interpreted in light of many factors that affects "normal" values in this group.
- 4. Negative laboratory test results do not necessary rule out a clinical diagnosis.

TEAM OF DOCTORS

Dr. Girish Gupta, MD (Path)

Dr. Ankit Jhaveri MD (Path)

Dr. Rachna Parekh DCP

Dr Priya Mangukiya MD (Microbiology)

Dr. Varsha Raimalani, PhD

Dr. Nehal Tiwari MD (Path)

Dr. Usha Amliyar DCP

Dr. Rakesh Shah MD (Path), DCP

Dr. Vishal Jhaveri, DCP

Dr. Hetal Parikh MD (Path) FRCPath (UK)

Dr. Mitesh Rathwa MD (Path)

Dr. Shreyas Nisarta MD (Path)

Dr. Vaishali Bhatt, DCP

Dr. Manjari Bhabhor DCP

OUR UNITS

- a) Aayu Path Lab (Tarsali) 9376224836, 7043940202
- b) Purak Hi-Tech Lab (Nizampura) 7229046350, 9377559900
- c) Dr. Jhaveri Laboratory (Akota) 0265-2329428, 9998724579
- d) Dr. Jhaveri Laboratory (Polo Ground) 0265-2424335, 9725282172
- e) Jhaveri Advanced Path Lab (Subhanpura).
- f) Jhaveri Advanced Path Lab (Waghodiya road)







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Unipath Specialty Laboratory (Banoda) LLP-38 attraum Complex, Opp. HDES 8 attraum Radho Krishna char rasta, Akota, Vadodara - 390020
Mobile: 7228800500 / 8155028222 | Email: info.baroda@unipathlp.in

Home Visit / OPD Reception: 9998724579

TEST REPORT

: 40401003199

Reg. Date : 06-Apr-2024 12:26

Collected On

: 06-Apr-2024 12:26

Reg. No. Name

: Mr. LAXMAN NAYAK

Approved On

: 06-Apr-2024 13:47

Age

: 28 Years

: Male

Tele No.

Gender

Ref. No.:

Dispatch At

Ref. By Location

: SAVITA SUPERSPECIALTY HOSPITAL @ WAGHODIYA ROAD

Test Name	Results	Units	Bio. Ref. Interval
	THYROID FUNCT	TION TEST	
T3 (triiodothyronine) Method:CLIA	1.29	ng/mL	0.6 - 1.81
T4 (Thyroxine) Method:CLIA	10.90	μg/dL	4.5 - 12.6
TSH (ultra sensitive)	0.905	µIU/mL	0.55 - 4.78
Sample Type:Serum			

Comments:

Thyroid stimulating hormone (TSH) is synthesized and secreted by the anterior pituitary in response to a negative feedback mechanism involving concentrations of FT3 (free T3) and FT4 (free T4). Additionally, the hypothalamic tripeptide, thyrotropin-relasing hormone (TRH), directly stimulates TSH production. TSH stimulates thyroid cell production and hypertrophy, also stimulate the thyroid gland to synthesize and secrete T3 and T4. Quantification of TSH is significant to differentiate 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.

TSH levels During Pregnancy:

First Trimester : 0.1 to 2.5 μ IU/mL Second Trimester: 0.2 to 3.0 µIU/mL Third trimester: 0.3 to 3.0 µIU/mL

Referance : Carl A.Burtis, Edward R.Ashwood, David E.Bruns. Tietz Textbook of Clinical Chemistry and Molecular Diagnostics. 5th Eddition. Philadelphia: WB Sounders, 2012:2170

End Cf Report -

This is an electronically authenticated report.

Test done from collected sample.

Printed On: 06-Apr-2024 13:48

We are open 24 x 7 & 365 days

We are open 24 x 7 & 365 days

Dr. Vishal Jhaveri Reg. G-13041 LLP Identification Number: AAN-8932 Page 1 of 1 M.B.B.S, D.C.P

1 0265-2578844 / 2578849 **1** 63596 88442





PATIENT NAME: LAXMAN NAYAK

AGE/SEX: 28 YRS/M DATE: Saturday, 06 April 2024

ULTRASOUND OF ABDOMEN & PELVIS

LIVER appears normal in size and shows normal parenchymal echogenicity. No evidence of focal lesion. No evidence of dilated IHBR or portal vein. CBD appears normal.

GALL BLADDER is distended. No e/o wall thickening, pericholecystic edema or calculus within.

VISUALIZED PART OF PANCREAS appears normal. MPD is WNL.

SPLEEN appears normal in size and shows normal parenchymal echogenicity. No evidence of focal lesion.

BOTH KIDNEYS appear normal in size and position.

Show normal cortical echogenicity. Corticomedullary differentiation is maintained. No calculus or hydronephrosis on either side.

URINARY BLADDER is full. Mucosal surface appears smooth with no e/o obvious wall thickening or calculus within.

PROSTATE appears normal in size. No evidence of focal lesion noted.

BOWEL LOOPS appear normal and show normal peristalsis No evidence of LYMPHADENOPATHY noted.

No evidence of ASCITES or PLEURAL EFFUSION noted.

IMPRESSION:

• NO SIGNIFICANT ABNORMALITY NOTED IN PRESENT SCAN.

DR SHARAD RUNGTA (MD & DNB)

CONSULTANT RADIOLOGIST

Not all pathologies can be detected on ultrasound in each scan. Further radiographic evaluation is suggested if required.



2578844 / **2578849 363596 88442**





2D-ECHOCARDIOGRAPHY AND COLOR DOPPLER REPORT

NAME: LAXMAN NAYAK

AGE/SEX:28 YRS/MALE

DATE: 06/04/2024

REF BY: DIRECT

OBSERVATION:

- NORMAL LV SIZE AND NORMAL LV SYSTOLIC FUNCTION. LVEF = 60% (VISUAL).
- NO RWMA AT REST.
- NORMAL LV DIASTOLIC DYSFUNCTION.
- MILD MR. NO MS.
- NO AR. NO AS.
- TRIVIAL TR. NO PAH.
- NORMAL SIZED LA, RA & RV WITH NORMAL RV SYSTOLIC FUNCTION.
- NORMAL SIZED MPA, RPA & LPA.
- INTACT IAS & IVS.
- NO E/O INTRACARDIAC CLOT/VEGETATION/PE.
- NORMAL IVC.
- NORMAL PERICARDIUM.

LA: 29MM

AO: 26MM

IVS: 09/11MM

LVPW: 10/12MM

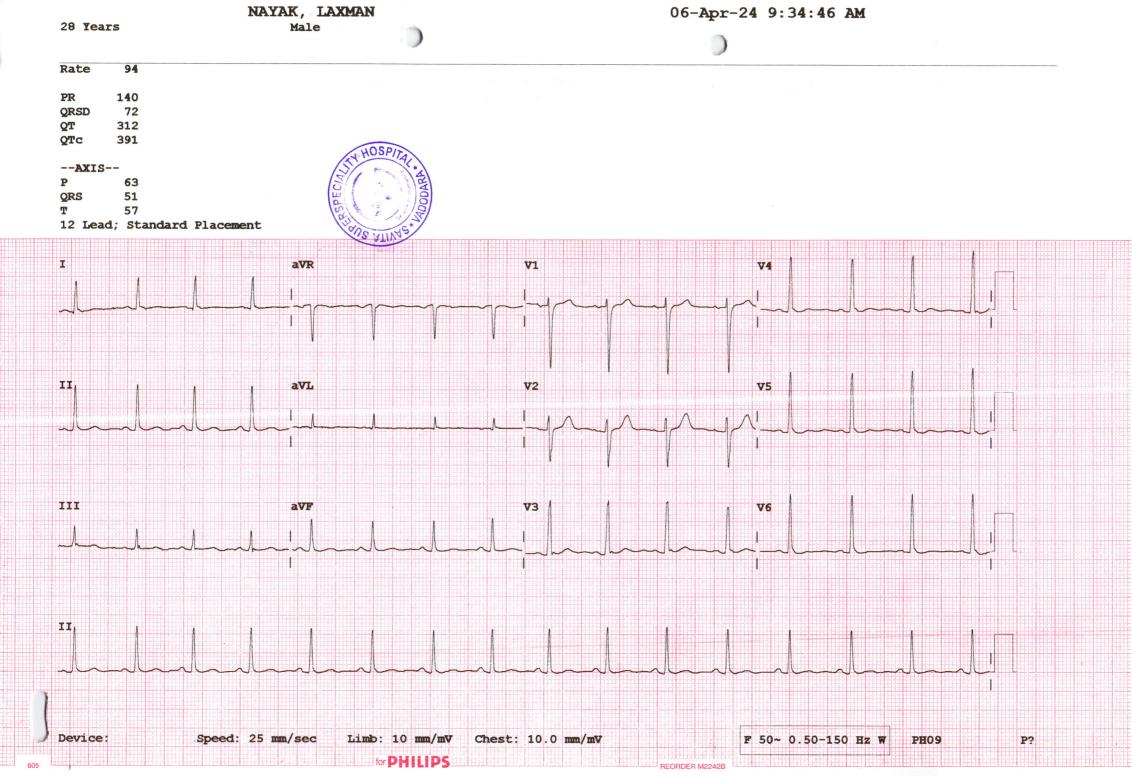
LVID: 43/22MM

CONCLUSION:

- NORMAL LV/RV SIZE AND SYSTOLIC FUNCTION.
- NO RWMA AT REST.
- LVEF = 60% (VISUAL).

DR.NIRAV BHALANI [CARDIOLOGIST]

DR.ARVIND SHARMA
[CARDIOLOGIST]





Parivar Char Rasta, Waghodia-Dabhoi Ring Road, Vadodara-390019

0265-2578844 / 2578849 63596 88442

mh@savitahospital.com savitahospital.com





Examination by Physician

Name: <u>LAXMAN NAYAK</u>	Reg. No: <u>20240400171</u>
Age/ Sex: <u>28 Y/M</u>	DOE: <u>06/04/24</u>
Physical Examination	
Height: 165 COM Weight: 65 Kg	BMI:
Temperature: Pulse: 92/n	in BP: 126/83 mod Clos ~ a
ChiefComplaints:	
No fresh compl	oin
No tresh complexitions:	
Examination:	·
General Examination:	
Systemic Examination: BS - BS	
nvestigation: RBS FBS-100mg/11	
ω_{N}	
Others	<u>, </u>
Advice: T. LCZ Clevocet) sng H3 x 10days.
	Signature 4.5.
	ARAGOCIA .









Examination by Ophthalmologist

Name:LAXMAN VYAS	Reg. No: 20240400171
Age/ Sex:28 Y/M	DOE: 06/04/24
Present Complaints:	
Medical History:	
Examination of Eye: Right LEFT	
External Examination: Anti seg Examination: Schiot Tonometry IOP:	
Fundus:	
Without Glass Distant Vision:	
Near Vision:	616 N6
0 010	
Advice:	
Advice.	
	Signature: