

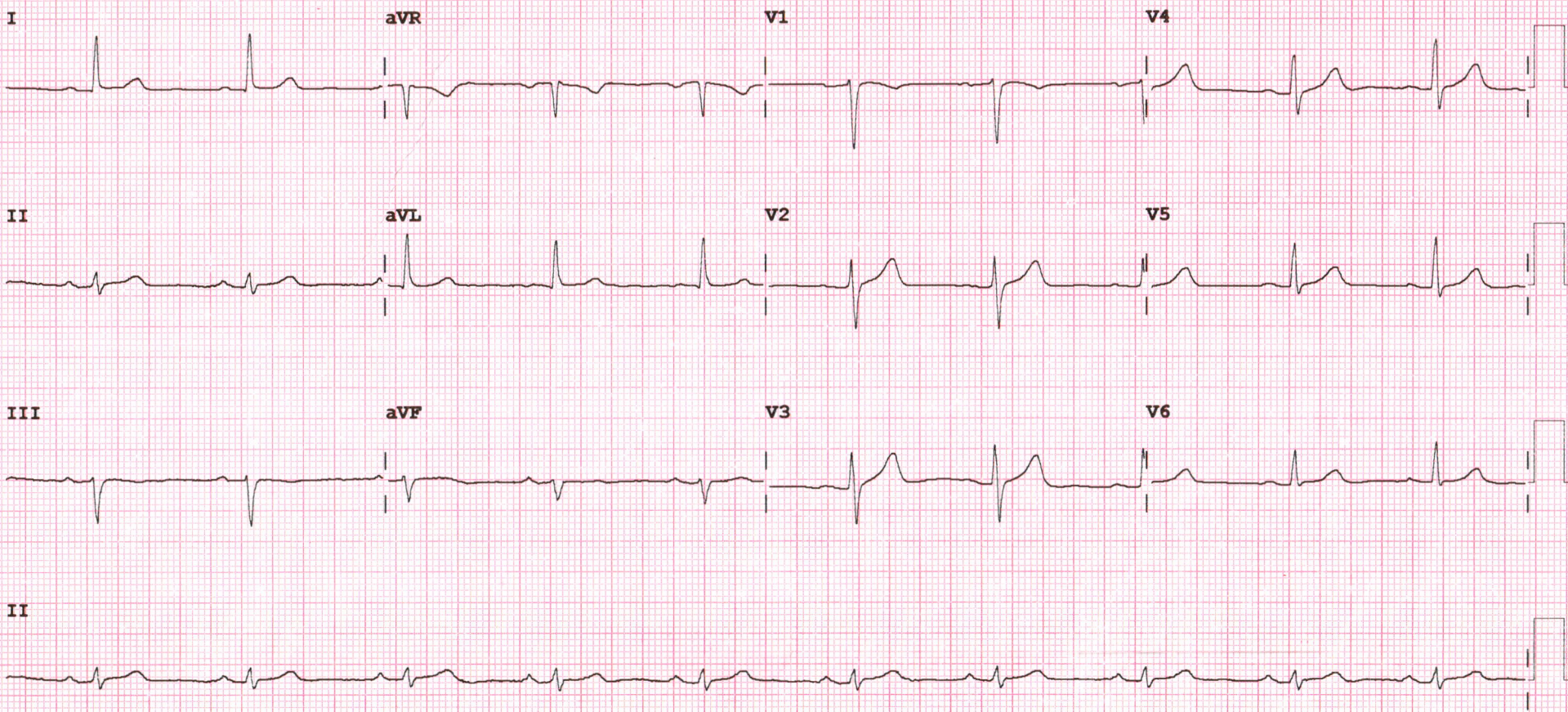
47 Years

Rate 62
PR 188
QRSD 92
QT 396
QTc 402

--AXIS--

P 55
QRS -22
T 21

12 Lead; Standard Placement



Device:

Speed: 25 mm/sec

Limb: 10 mm/mV

Chest: 10.0 mm/mV

F 50~ 0.50-150 Hz W

PH09

P?



2D-ECHOCARDIOGRAPHY AND COLOR DOPPLER REPORT

NAME: ARVINDBHAI BARIYA

AGE/SEX: 47 YRS/MALE

DATE: 23/03/2024

REF BY: DIRECT

OBSERVATION:

- NORMAL LV SIZE AND NORMAL LV SYSTOLIC FUNCTION. LVEF = 60% (VISUAL).
- NO RWMA AT REST.
- GRADE I 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: 32MM

AO: 24MM

IVS: 10/13MM

LVPW: 11/13MM

LVID: 43/27MM

CONCLUSION:

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

DR.NIRAV BHALANI
[CARDIOLOGIST]

DR.ARVID SHARMA
[CARDIOLOGIST]



PATIENT NAME: ARVINDBHAI C. BARIYA	
AGE/SEX: 47 YRS/M	DATE: Saturday, 23 March 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 SIGNIFICANT 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: ARVINDBHAI C. BARIYA	
AGE/SEX: 47 YRS/M	DATE: Saturday, 23 March 2024

ULTRASOUND OF ABDOMEN & PELVIS

LIVER appears normal in size and **shows raised 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. **Right kidney shows few tiny concretions at lower pole.**

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

PROSTATE appears normal in size (18.1 cc). 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:

- Grade I Fatty Liver.
- Right renal concretions.

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 :	Arvinbhai Chimanbhai Bariya	Sample No. :	20240314611 
Patient ID :	20240309098	Visit No. :	OPD20240328995
Age / Sex :	47y/Male	Call. Date :	23/03/2024 09:55
Consultant :	DR SAURABH JAIN	S. Coll. Date :	23/03/2024 11:22
Ward :	-	Report Date :	23/03/2024 19:45

CBC, ESR

Investigation	Result	Normal Value
Hemoglobin :	12.8 gm/dl [L]	13.5 to 18.0 gm/dl
P.C.V. :	39.7 % [L]	42.0 to 52.0 %
M.C.V. :	64.1 fL [L]	78 to 100 fL
M.C.H. :	20.7 pg [L]	27 to 31 pg
M.C.H.C. :	32.2 g/dl	32 to 36 g/dl
RDW :	13.5 %	11.5 to 14.0 %
RBC Count :	6.19 X 10 ⁶ /cumm [H]	4.7 to 6.0 X 10 ⁶ /cumm
Polymorphs :	58 %	38 to 70 %
Lymphocytes :	38 %	15 to 48 %
Eosinophils :	2 %	0 to 6 %
Monocytes :	2 % [L]	3 to 11 %
Total :	100	< 100 > 100
WBC Count :	8900 /cmm	4000 to 10000 /cmm
Platelets Count :	322000 /cmm	1,50,000 to 4,50,000 /cmm
ESR - After One Hour :	11 mm/hr	1 to 13 mm/hr

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



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Blood Group

Investigation	Result	Normal Value
BLOOD GROUP :		
ABO	O	
Rh	Positive	


RENAL FUNCTION TEST

Investigation	Result	Normal Value
Creatinine :	1 mg/dl	0.6 - 1.4 mg/dl
Urea :	17 mg/ dl	13 - 45 mg/dl
Uric Acid :	4.6 mg/dl	3.5 - 7.2 mg/dl
Calcium :	8.5 mg/dl	8.5 - 10.5



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FBS & PPBS

Investigation	Result	Normal Value
Blood Sugar (FBS) :	185 mg/dl [H]	74 - 100 mg/dl
Urine Sugar (FUS) :	+	
Blood Sugar (PP2BS) :	234 mg/dl [H]	70 to 120 mg/dl
Urine Sugar (PP2US) :	+++	

HBA1C

Investigation	Result	Normal Value
Glycosylated Hb :	9.1 % [H]	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 Months :	214.47	

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Patient Name :	Arvinbhai Chimanbhai Bariya	Sample No. :	20240314611 
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Ward :	-	Report Date :	23/03/2024 19:45

Lipid Profile

Investigation	Result	Normal Value
Sample :	Fasting	
Sample Type :	Normal	
Cholesterol (Chol) :	201 mg/dl [H]	Low risk : < 200 Moderate risk : 200 - 239 High risk : > or = 240
Triglyceride :	175 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 :	126 mg/dl [L]	131.0 to 159.0(N) < 130.0(L) > 159.0(H)
VLDL :	35 mg/dl [H]	Up to 0 to 34 mg/dl
LDL/HDL Ratio :	3.15	Low risk : 0.5 to 3.0 Moderate risk : 3.0 to 6.0 Elevted level high > 6.0
Total Chol / HDL Ratio :	5.03	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
Total Lipids :	716 mg/dl [H]	400 to 700 mg/dl

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

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Patient Name :	Arvinbhai Chimanbhai Bariya	Sample No. :	20240314611 
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Age / Sex :	47y/Male	Call. Date :	23/03/2024 09:55
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LFT (Liver Function Test)

Investigation	Result	Normal Value
Total Bilirubin :	0.6 mg/dl	0.2 to 1.0 mg/dl
Direct Bilirubin :	0.2 mg/dl	0.0 to 0.2 mg/dl
Indirect Bilirubin :	0.4 mg/dl	0.0 to 0.8 mg/dl
AST (SGOT) :	10 U/L	5 to 34 U/L
ALT (SGPT) :	13 U/L	0 to 55 U/L
Total Protein (TP) :	6.3 g/dL [L]	6.4 to 8.3, g/dl
Albumin (ALB) :	3.6 g/dl	3.5 to 5.2 g/dl
Globulin :	2.7 g/dl	2.3 to 3.5 g/dl
A/G Ratio :	1.33	
Alkaline Phosphatase (ALP) :	78 U/L	40 to 150 U/L
GAMMA GT. :	24 U/L	7 to 35 U/L

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Patient Name :	Arvinbhai Chimanbhai Bariya	Sample No. :	20240314611 
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Urine R/M

Investigation	Result	Normal Value
Quantity - :	20 ml	
Colour - :	Pale Yellow	
Reaction (pH) :	6.0	4.6-8.0
Turbidity :	Clear	
Deposit :	Absent	Absent
Sp.Gravity :	1.030	1.005-1.010
Protein :	Absent	Absent
Glucose :	Present (+++)	Absent
Bile Salts :	Absent	Absent
Bile pigments :	Absent	Absent
Ketones :	Absent	Absent
Urobilinogen :	Absent	
Blood :	Absent	Absent
Crystals :	Calcium oxalate.	Absent
Pus Cells :	2-4 /hpf	0-5/hpf
Red Blood Cells :	0-1 /hpf	Absent
Epithelial Cells :	3-4 /hpf	

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 Mobile: 7228800500 / 8155028222 | Email: info.baroda@unipathllp.in
 Home Visit / OPD Reception : 9998724579



TEST REPORT

Reg. No. : 40301014687 Reg. Date : 23-Mar-2024 12:15 Collected On : 23-Mar-2024 12:15
 Name : Mr. ARVINDBHAI BARIYA Approved On : 23-Mar-2024 13:27
 Age : 47 Years Gender : Male Ref. No. : Dispatch At :
 Ref. By : Tele No. :
 Location : SAVITA SUPERSPECIALTY HOSPITAL @ WAGHODIYA ROAD

Test Name	Results	Units	Bio. Ref. Interval
THYROID FUNCTION TEST			
T3 (triiodothyronine) <i>Method:CLIA</i>	1.22	ng/mL	0.6 - 1.81
T4 (Thyroxine) <i>Method:CLIA</i>	9.40	µg/dL	4.5 - 12.6
TSH (ultra sensitive) <i>Method:CLIA</i>	2.888	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-releasing 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 µIU/mL
- Second Trimester : 0.2 to 3.0 µIU/mL
- Third trimester : 0.3 to 3.0 µIU/mL

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

This is an electronically authenticated report.

Test done from collected sample.

Printed On: 23-Mar-2024 14:12

We are open 24 x 7 & 365 days.

Dr. Vishal Jhaveri
 M.B.B.S, D.C.P
 Reg. G-13041
 LLP Identification Number: AAN-8932
 Page 1 of 2



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TEST REPORT

Reg. No. : 40301014687	Reg. Date : 23-Mar-2024 12:15	Collected On : 23-Mar-2024 12:15
Name : Mr. ARVINDBHAI BARIYA		Approved On : 23-Mar-2024 14:11
Age : 47 Years	Gender : Male	Ref. No. :
Ref. By :		Dispatch At :
Location : SAVITA SUPERSPECIALTY HOSPITAL @ WAGHODIYA ROAD		Tele No. :

Test Name	Results	Units	Bio. Ref. Interval
PSA	0.270	ng/mL	0 - 4

Method: CLIA

Sample Type: Serum

Useful For

1. Evaluating patients with documented prostate problems in whom multiple prostate-specific antigen tests may be necessary per year
2. Monitoring patients with a history of prostate cancer as an early indicator of recurrence and response to treatment.
3. Prostate cancer screening.

Comments

-Prostate-specific antigen (PSA) is a glycoprotein that is produced by the prostate gland, the lining of the urethra, and the bulbourethral gland. Normally, very little PSA is secreted in the blood. Increases in glandular size and tissue damage caused by benign prostatic hypertrophy, prostatitis, or prostate cancer may increase circulating PSA levels.
 -Digital rectal examination generally does not increase normal prostate-specific antigen (PSA) values. However, cystoscopy, urethral instrumentation, and prostate biopsy may increase PSA levels.

----- Era of Report -----

This is an electronically authenticated report.

Test done from collected sample.

Printed On: 23-Mar-2024 14:12

We are open 24 x 7 & 365 days

Unipath
Dr. Vaishali Bhatt
 M.B.B.S., D.C.P.

LLP Identification Number: AAN-8932
 Reg. No.: G-18266
 Page 2 of 2



Examination by Ophthalmologist

Name: ARVINDBHAI BARIYA

Reg. No: 20240309098

Age/ Sex: 47/MALE

DOE: 23/03/2024

Routine

Medical History:

K/C/O DM

Examination of Eye:

Right

LEFT

External Examination:

(N)

(N)

Anti seg Examination:

(N)

(N)

Schiot Tc nometry IOP:

12

12

Fundus:

Without Glass Distant Vision:

6/12

6/12

Near Vision:

N/8

N/8

With Glass Distant Vision:

6/6

6/6

Near Vision:

N/6

N/6

Colour Vision (With Ishihara Chart):

(N)

(N)

Impression:

Normal

Advice:

Signature: _____





8866 631456

Examination by DENTAL

Name: ARVINDBHAI BARIYA

Reg. No: 20240309098

Age/sex 47/MALE

DOE: 23/03/2024

Presenting Complaints:

elo pain in 7

Medical History:

Diabetic since last 2 years

Examination:

Caries in 7

Impression:

Advice:

RCT in 7

Signature: _____





Examination by Physician

Name: ARVINDBHAI BARIYA

Reg. No: 20240309098

Age/ Sex: 47/MALE

DOE: 23/03/2024

Physical Examination

Height: 187 cm Weight: 95 kg BMI: 28.99
Temperature: Normal Pulse: 82 BP: 128/84

Chief Complaints:

SPO2-99%
K140 - DM

Past History:

NAD

Examination:

General Examination:

NAD

Systemic Examination:

NAD

Investigation:

RBS _____

ECG _____

Others _____

Advice: - cont. care by

CR Blood Reports

Signature _____



ભારત સરકાર
Government of India

બારીયા અરવિંદભાઈ ચીમનભાઈ
Bariya Arvindbhai Chimanbhai
જન્મ તારીખ/ DOB: 10/07/1976
પુરુષ / MALE

7224 7316 5001

મારો આધાર, મારી ઓળખ

ભારતીય વિશિષ્ટ ઓળખાણ પ્રાધિકરણ
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301/3-ઉપવન વિલા-2,
ટાઉનશિપ સામે-સયાજી, ન્યૂ
ગાર્ડન/લક, આજવા રોડ, વડોદરા,
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