



NAVJIVAN Multi-Speciality HOSPITAL

Dr.KAUTUK PATEL
MBBS, DNB Emergency Medicine
IDCCM

Dr.ROHIT PATEL
MBBS, M.D. Anaesthesia

Dr.ANKIT PATEL
MBBS, DNB Anaesthesia
IDCCM

Dr.PRAVESH PATEL
MBBS, D.A. F.C.C.S.

JADAV AJAY NATVARLAL

AGE –30YEARS.

SEX –MALE.

FOR MEDICAL FITNESS

BP – 130/84 MMHG.

HR –93 / MIN.

SPO2 – 99% ON ROOM AIR.

RS – CLEAR, NO ABNORMAL SOUND.

CVS – S1 S2 PRSENT, NORMAL, NO MURMUR.

P/A – SOFT, NON-TENDER.

CNS – FULL COUNSCIOUS, NO FOCAL DEFICIT.

NO H/O SMOKING, SUBSTANCE ABUSE.

PAST H/O LASER SURGERY FOR HEMORRHOIDS IN 2022.

FAMILY H/O –FATHER IS HEALTHYAND MOTHER IS KNOWN HYPERTENSIVE

HEIGHT –175CM; WEIGHT –71 KG; BMI –23.2

EYE EXAMINATION – NORMAL VISION

ENT EXAMINATION – NORMAL, NO DISCHARGE, PAIN,

DENTAL EXAMINATION – NO DENTAL CARIES.

DIET ADVICE GIVEN.

REPORTS REVIEWED.

PERSON IS FIT TO JOIN.

K.A. Patel
Dr. KAUTUK A. PATEL
DNB (Emergency Medicine) 26827
IDCCM, 142
Intensivist & Emergency Physician,
Navjivan Multi Speciality Hospital,
2nd Floor, City Centre Complex, Mehsana-2

SIGNATURE.

2nd Floor, City Center Complex, Radhanpur Circle, Mehsana-384002

બીજો માળ, સીટી સેન્ટર કોમ્પ્લેક્સ, રાધનપુર સર્કલ, મહેસાણા-૩૮૪૦૦૨

navjivan.icu@gmail.com

Emergency No. 9978320202 | Appointment No. 8799443371





NAVJIVAN Multi-Speciality HOSPITAL

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2D ECHOCARDIOGRAPHY REPORT


Name	JADAV AJAY NATVARLAL	Date	29/03/2024
Reg.No		Age / Sex	30/MALE
Ward	HEALTH CHECK UP	Tech	

Echocardiography Measurements

LV Measurements	Pt value	Normal Value		Pt value	
Method: LV (Teich)		Adults			
LVEDD (End Diastole)	44 mm		Mitral Valve E	3	
LVESD (End Systole)	22 mm		A	2	
IVS ED	10 mm	(5.0-10 mm)	Thickening/fibrosis	NO	
LVPW ED	11 mm	(6.5-11mm)	Calcification		
LVEF(Ejection Fraction)	50	(60%±6.2%)	MV Area (PHT)	4.4	Normal value: 4-6 sq.cm
EPSS			(Trace)		
LA Dimension	26	(19-40 mm)	Aortic valve:	4	
Aortic Root	34	(20-40mm)	AV Area	NORMAL	
Aortic Opening	NORMAL		TR GRADE	NORMAL	
RV size & Function	NORMAL		Tricuspid Valve	NORMAL	
Pericardium	Normal		Pulmonary Valve	NORMAL	

Conclusion:

LVEF- 50%
No RWMA at rest
NO LVH
ALL FOUR CHAMBERS NORMAL.
ALL VALVES NORMAL.
No PULMONARY HYPERTENSION,
PAP-10 mmHg.
IVC NORMAL (1.2 CM), COLLAPSING 20% WITH RESPIRATION.
NORMAL STUDY....


DR. NIKUNJ KANUBHAI PATEL
MBBS, DNB, DM (Cardiology)
Consultant Cardiologist
Reg. No. G-31811



2nd Floor, City Center Complex, Radhanpur Circle, Mehsana-384002

બીજો માળ, સીટી સેન્ટર કોમ્પ્લેક્સ, રાધનપુર સર્કલ, મહેસાણા-૩૮૪૦૦૨

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MBBS, D.A. F.C.C.S.

PATIENT NAME : AJAY JADAV

30 Y/M

REF. BY : NAVJIVAN ICU

DATE : 29/03/2024

X-RAY OF CHEST - PA. VIEW

Both lung fields are normal.

No e/o consolidation or focal lesion.

Both c.p angles appear clear.

Cardiac shadow appears within normal limits.

Bony thorax appears normal.

Adv: clinico-pathological correlation

Thanks for reference .

DR. CHIRAG PATEL
CONSULTANT RADIOLOGIST



2nd Floor, City Center Complex, Radhanpur Circle, Mehsana-384002

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IDCCM

Dr.PRAVESH PATEL
MBBS, D.A. F.C.C.S.

PATIENT NAME : AJAY JADAV
REF. BY : NAVJIVAN ICU
DATE : 29/03/2024

30 Y/M

USG ABDOMEN:

LIVER : Normal in size and echopattern.
No focal lesion seen. PV- 9 mm at porta
Intrahepatic billiary radicals (IHBR) are not dilated.

GB : No calculus, cholecystitis or mass seen.
CBD is not dilated.

SPLEEN : Normal in size and echopattern.
VISUALISED PANCREAS : Normal in size and echopattern.

RIGHT KIDNEY : 9.2 x 3.9 cm **LEFT KIDNEY :** 10.4 x 4.9 cm
BOTH KIDNEYS : Normal in size, position and echopattern.
C-M differentiation is well preserved in either side.
3 mm and 4 mm sized two calculi seen in mid calyx of Right kidney. No hydronephrosis
4 mm sized calculus seen in mid calyx of Left kidney. No hydronephrosis

URINARY BLADDER : distended with normal wall thickness. No calculus or mass seen.

PROSTATE: Normal in size.

VISUALISED BOWEL LOOPS : unremarkable

No e/o paraaortic lymphadenopathy .
No e/o ascities .

Adv: clinico-pathological correlation.
Thanks for reference


DR. CHIRAG PATEL
CONSULTANT RADIOLOGIST



24/7
Emergency
Services

2nd Floor, City Center Complex, Radhanpur Circle, Mehsana-384002

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Emergency No. 9978320202 | Appointment No. 8799443371

ID: 55
AJAY
30Years

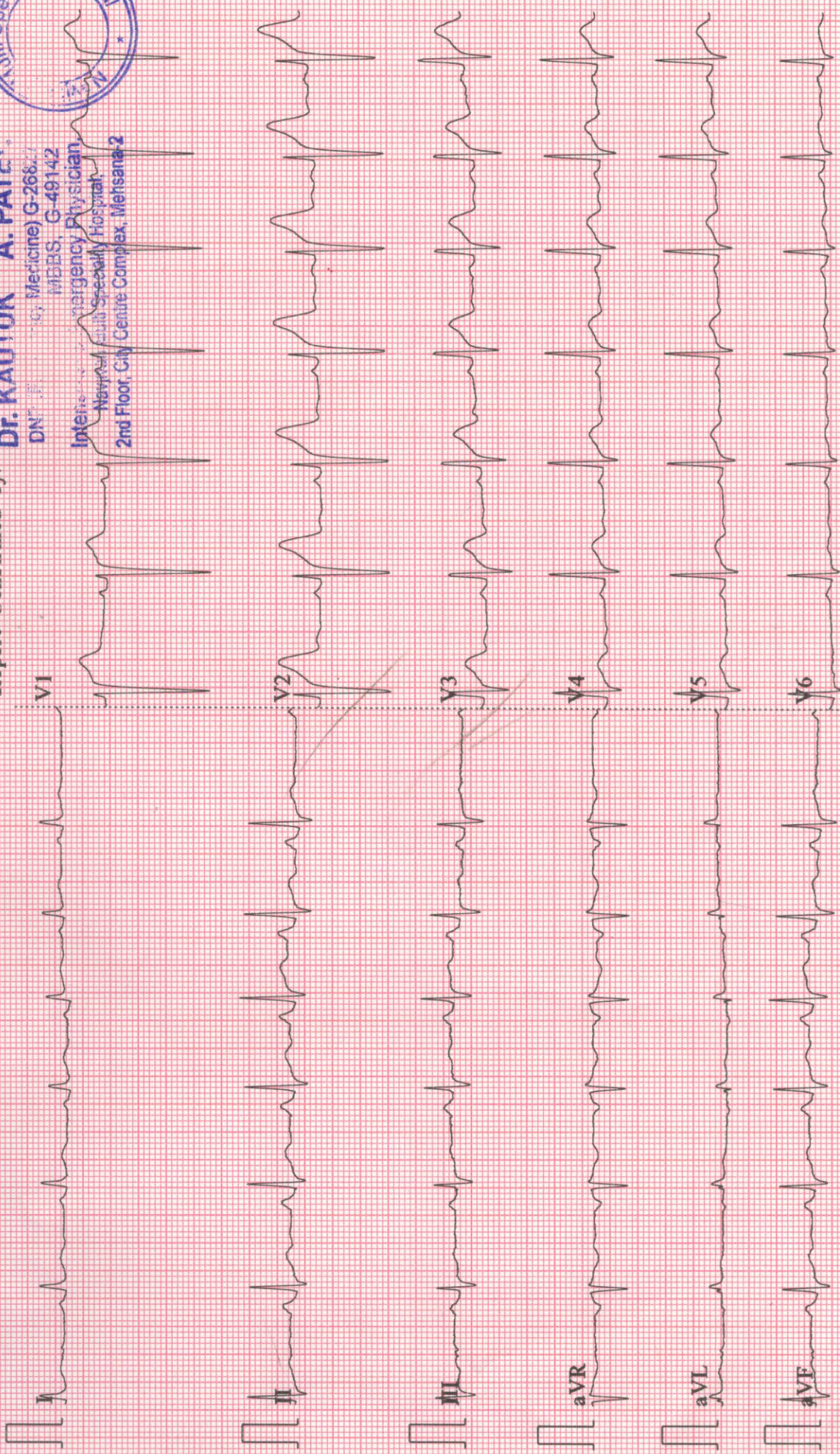
29-03-2024 11:43:46 AM
HR : 81 bpm
P : 108 ms
PR : 155 ms
QRS : 93 ms
QT/QTc : 341/396 ms
P/QRS/T : 58/42/59 °
RV5/SV1 : 0.977/1.591 mV

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Diagnosis Information:

Report Confirmed by:

Dr. KAUTUK A. PATEL
DN (Emergency Medicine) G-268, 27
MBBS, G-49142
Intensive Care Emergency Physician
Nawal Jalil Speciality Hospital,
2nd Floor, City Centre Complex, Mehsana-2


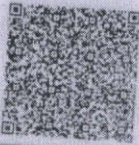


ભારત સરકાર
Government of India

જાદવ અજય નટવરલાલ
Jadav Ajay Natvarlal
જન્મ તારીખ / DOB : 11/08/1993
પુરુષ / Male


4648 4540 9421

મારો આધાર, મારી ઓળખ




Handwritten signature



 **आधार** Unique Identification Authority of India

संख्या: **जदव नटवरभाई गणेशभाई, 22
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Patan, Patan, Gujarat, 384265

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Kidari



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Government of India



જાદવ અજય નટવરલાલ

Jadav Ajay Natvarlal

જન્મ તારીખ / DOB : 11/08/1993

પુરુષ / Male



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મારો આધાર, મારી ઓળખ



આધાર

ભારતીય વિશિષ્ટ ઓળખાણ પ્રાધિકરણ
Unique Identification Authority of India

સરનામું:

જાદવ નટવરભાઈ ગણેશભાઈ, 22
અન્નપૂર્ણા સોસાયટી, ચાણસ્મા રોડ,
લીલીવાડી ની સામે, પાટણ, પાટણ,
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Patient ID : 032429011	Sample Collected on : 29-Mar-2024 9:54 AM
Patient Name : MR. AJAY JADHAV	Report Released on : 29-Mar-2024 2:38 PM
Age / Gender : 30 Years / Male	Center Name : JAINIS PATHOHUB PATHOLOGY LABORATORY
Ref. By : HEALTH CHECK UP	 * 0 3 2 4 2 9 0 1 1 *
Affiliation : HEALTH CHECK UP	

THYROID FUNCTION TEST

Investigation	Result	Unit	Bio. Ref. Interval
TFT (T3 T4 TSH)			
TOTAL TRIIODOTHYRONINE (T3)	1.34	pmol/L	Adult :0.9- 2.15 ng/ml
TOTAL THYROXINE (T4)	120.2	nmol/L	Adult: 60-135 nmol/l
ULTRA TSH	5.98	uIU/mL	Adult: 0.25 - 5.00 1-4 week : 1.7-9.1 1-12 month: 0.8-8.2 1-15 yr: 0.7-5.7

INTERPRETATION :

TSH	T3	T4	Interpretation
High	Normal	Normal	Mild (Sub clinical) Hypothyroidism
High	Low or Normal	Low	Hypothyroidism
Low	Normal	Normal	Mild (Sub clinical) Hyperthyroidism
Low	High or Normal	High or Normal	Hyperthyroidism
Low	Low or Normal	Low or Normal	Non thyroidal illness; rare pituitary (secondary) hypothyroidism

Interpretation :

Only TSH levels can prove to be misleading in patients on treatment. Therefore Free T3, Free T4 should be checked as it is metabolically active. Physiological rise in Total T3 or T4 levels is seen in patients on steroid therapy and during pregnancy. Collection time for Thyroid function test is very important as per circadian variation / rhythm, the levels are at its peak between 2-4 a.m and are minimum between 6-10 pm. Thyroid abnormality should not get interpret based on single test report. It should be checked for establishment of the abnormality based on repeated investigations at intervals.

Comment : Please correlate with Clinical Condition

Technology : minividas

Notes : Clinical diagnosis should not be made on the findings of a single test result, but should integrate both clinical and laboratory data.

----- END OF REPORT -----



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MBBS, DCP, DNB PATHOLOGY

Patient ID : 032429011 **Sample Collected on** : 29-Mar-2024 9:54 AM
Patient Name : MR. AJAY JADHAV **Report Released on** : 29-Mar-2024 10:59 AM
Age / Gender : 30 Years / Male **Center Name** : JAINIS PATHOHUB PATHOLOGY LABORATORY
Ref. By : HEALTH CHECK UP
Affiliation : HEALTH CHECK UP



HAEMATOLOGY

Investigation	Result	Unit	Bio. Ref. Interval
ESR (ERYTHROCYTE SEDIMENTATION RATE)			
ERYTHROCYTE SEDIMENTATION RATE	09	mm/1hr.	<50 years: < 15 mm/hr >50 years: < 20 mm/hr

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Patient ID : 032429011 **Sample Collected on** : 29-Mar-2024 9:54 AM
Patient Name : MR. AJAY JADHAV **Report Released on** : 29-Mar-2024 11:03 AM
Age / Gender : 30 Years / Male **Center Name** : JAINIS PATHOHUB PATHOLOGY LABORATORY
Ref. By : HEALTH CHECK UP
Affiliation : HEALTH CHECK UP



BIOCHEMISTRY

Investigation	Result	Unit	Bio. Ref. Interval
GLUCOSE FASTING, PLASMA			
BLOOD SUGAR FASTING	91.2	mg/dL	65-110
URINE GLUCOSE - FASTING	NIL		

Interpretation :

The fasting (F) blood glucose test is the test most commonly used to diagnose diabetes. It measures blood glucose levels after a period of fasting, usually at least eight hours without food or liquid (except water). This test is more definitive than a random test, because there is no chance that it has been influenced by recent food intake.

TECHNOLOGY

Spectrophotometry

NOTES

Clinical diagnosis should not be made on the findings of a single test result, but should integrate both clinical and laboratory data.


----- **END OF REPORT** -----



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Patient ID : 032429011	Sample Collected on : 29-Mar-2024 9:54 AM
Patient Name : MR. AJAY JADHAV	Report Released on : 29-Mar-2024 10:25 AM
Age / Gender : 30 Years / Male	Center Name : JAINIS PATHOHUB PATHOLOGY LABORATORY
Ref. By : HEALTH CHECK UP	
Affiliation : HEALTH CHECK UP	* 0 3 2 4 2 9 0 1 1 *

BLOOD EXAMINATION

Investigation	Result
BLOOD GROUP	
ABO GROUPING	O
RH GROUPING	NEGATIVE

Interpretation :

Blood typing is used to determine an individual's blood group, to establish whether a person is blood group A, B, AB, or O and whether he or she is Rh positive or Rh negative. Blood typing has the following significance,

- Ensure compatibility between the blood type of a person who requires a transfusion of blood or blood components and the ABO and Rh type of the unit of blood that will be transfused.
- Determine compatibility between a pregnant woman and her developing baby (fetus). Rh typing is especially important during pregnancy because a mother and her fetus could be incompatible.

Technology : Agglutination


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Patient ID : 032429011	Sample Collected on : 29-Mar-2024 9:54 AM
Patient Name : MR. AJAY JADHAV	Report Released on : 29-Mar-2024 2:30 PM
Age / Gender : 30 Years / Male	Center Name : JAINIS PATHOHUB PATHOLOGY LABORATORY
Ref. By : HEALTH CHECK UP	
Affiliation : HEALTH CHECK UP	* 0 3 2 4 2 9 0 1 1 *

BIOCHEMISTRY

Investigation	Result	Unit	Bio. Ref. Interval
GLUCOSE - POST PRANDIAL(PP)			
GLUCOSE - POST PRANDIAL	115.0	mg/dL	Normal: 80-140 Impaired Tolerance :140-199 Diabetes mellitus: ≥200

Interpretation :

A postprandial (PP) glucose test is a blood glucose test that determines the amount of a type of sugar, called glucose, in the blood after a meal. A 2-hour postprandial blood glucose test measures blood glucose exactly 2 hours after eating a meal, timed from the start of the meal. By this point blood sugar has usually gone back down in healthy people, but it may still be elevated in people with diabetes.

Method: Spectrophotometry. Clinical diagnosis should not be made on the findings of a single test result, but should integrate both clinical and laboratory data.


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Patient ID : 032429011	Sample Collected on : 29-Mar-2024 9:54 AM
Patient Name : MR. AJAY JADHAV	Report Released on : 29-Mar-2024 3:48 PM
Age / Gender : 30 Years / Male	Center Name : JAINIS PATHOHUB PATHOLOGY LABORATORY
Ref. By : HEALTH CHECK UP	 * 0 3 2 4 2 9 0 1 1 *
Affiliation : HEALTH CHECK UP	

URINE ROUTINE MICROSCOPIC

Investigation	Result	Uni	Bio. Ref. Range
PHYSICAL EXAMINATION			
COLOUR	Pale Yellow		
APPEARANCE	Clear		
SPECIFIC GRAVITY	1.030		
PH	6.0		
CHEMICAL EXAMINATION			
ALBUMIN	Absent		
GLUCOSE	Absent		
BILE PIGMENT	Absent		
BILE SALT	Absent		
KETONE	Absent		
UROBILINOGEN	Normal		
NITRITE	Negative		
MICROSCOPIC EXAMINATION			
PUS CELLS	0-2	/	HPF
RBCS	NIL	/	HPF
EPITHELLIAL CELLS	0-2	/	HPF
HYALINE CAST	Absent		
GRANULAR CAST	Absent		
CALCIUM OXALATE CRYSTALS	Absent		
AMORPHOUS DEPOSIT	Absent		


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Patient ID : 032429011	Sample Collected on : 29-Mar-2024 9:54 AM
Patient Name : MR. AJAY JADHAV	Report Released on : 29-Mar-2024 10:14 AM
Age / Gender : 30 Years / Male	Center Name : JAINIS PATHOHUB PATHOLOGY LABORATORY
Ref. By : HEALTH CHECK UP	 * 0 3 2 4 2 9 0 1 1 *
Affiliation : HEALTH CHECK UP	

HAEMATOLOGY

Investigation	Result	Unit	Bio. Ref. Interval
HAEMOGLOBIN	14.1	gms%	13.5 - 17.5 gm%
RED BLOOD CELL COUNT	4.87	/cumm	4.2 - 5.6 mill/cmm
RBC INDICES			
HEMATOCRIT	42.3	%	40-50
MCV	86.9	fl	80 - 98 fL
MCH	29.0	pg	26 - 34 pg
MCHC	33.3	g/dl	32 - 37 %
RDW_CV	13.5	/ cumm	12 - 14 %
TOTAL WBC COUNT	4800	/ cumm	4000 - 11000 /cmm
WBC DIFFERENTIAL COUNT			
NEUTROPHILS	60	%	50 - 74 %
LYMPHOCYTES	33.5	%	20 - 45%
EOSINOPHILS	1.5	%	01 - 06 %
MONOCYTES	05	%	02 - 10 %
BASOPHILS	0.0	%	00 - 01 %
PLATELET COUNT	195000	/ cumm	1,50,000 - 4,50,000 /cmm.
MEAN PLATELET VOLUME	11.5	fl	7.4-10.4
PDW	16.6	fl	10-14
PCT	0.22	%	0.10-0.28


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Patient ID : 032429011	Sample Collected on : 29-Mar-2024 9:54 AM
Patient Name : MR. AJAY JADHAV	Report Released on : 29-Mar-2024 11:07 AM
Age / Gender : 30 Years / Male	Center Name : JAINIS PATHOHUB PATHOLOGY LABORATORY
Ref. By : HEALTH CHECK UP	 * 0 3 2 4 2 9 0 1 1 *
Affiliation : HEALTH CHECK UP	

DIABETES CARE

Investigation	Value	Unit	
HBA1C			
HBA1C (GLYCOSYLATED HEMOGLOBIN), BLOOD	5.3	%	Below 6.0 : Normal Value 6.0-7.0 : Good Control 7.0-8.0 : Fair Control 8.0-10.0 : Unsatisfactory Control Above 10 : Poor Control
MEAN BLOOD GLUCOSE	105.41	mg/dL	Below 136 : Normal Value 137 - 172 : Good Control 173 - 208 : Fair Control 208 - 279 : Unsatisfactory Control Above 279 : Poor Control

Interpretation

HbA1c is an indicator of glycemic control. HbA1c represents average glycemia over the past six to eight weeks. Glycation of hemoglobin occurs over the entire 120 day life span of the red blood cell, but with in this 120 days. Recent glycemia has the largest influence on the HbA1c value. Clinical studies suggest that a patient in stable control will have 50% of their HbA1c formed in the month before sampling, 25% in the month before that, and the remaining 25% in months two to four.

Comment Please correlate with with Clinical condition

Notes : Clinical diagnosis should not be made on the findings of a single test result, but should integrate both clinical and laboratory data.


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Patient ID : 032429011	Sample Collected on : 29-Mar-2024 9:54 AM
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Age / Gender : 30 Years / Male	Center Name : JAINIS PATHOHUB PATHOLOGY LABORATORY
Ref. By : HEALTH CHECK UP	 * 0 3 2 4 2 9 0 1 1 *
Affiliation : HEALTH CHECK UP	

LIPID PROFILE REPORT

Investigation	Result	Unit	Bio. Ref. Interval
LIPID PROFILE REPORT			
TOTAL CHOLESTEROL	204.4	mg/dL	130-200
HDL CHOLESTEROL - DIRECT	50.0	mg/dL	30 - 60
TRIGLYCERIDES	122.1	mg/dL	60 - 170
LDL CHOLESTEROL	130.0	mg/dL	Up To 150
VLDL CHOLESTEROL	24.4	mg/dL	5-40
TC/HDL CHOLESTEROL RATIO	4.1	Ratio	3.0-5.0
LDL / HDL RATIO	2.6	Ratio	Less Than 5

Interpretation :

The lipid profile is used as part of a cardiac risk assessment to help determine an individual's risk of heart disease and to help make decisions about what treatment may be best if there is borderline or high risk. Lipids are a group of fats and fat-like substances that are important constituents of cells and sources of energy. Monitoring and maintaining healthy levels of these lipids is important in staying healthy. A lipid profile typically includes: 1. Total cholesterol — this test measures all of the cholesterol in all the lipoprotein particles. 2. High-density lipoprotein cholesterol (HDL-C) — measures the cholesterol in HDL particles; often called "good cholesterol" because it removes excess cholesterol and carries it to the liver for removal. 3. Low-density lipoprotein cholesterol (LDL-C) — calculates the cholesterol in LDL particles; often called "bad cholesterol" because it d

Comment : Please correlate with clinical condition

Technology : Spectrophotometry

Notes : Clinical diagnosis should not be made on the findings of a single test result, but should integrate both clinical and laboratory data.


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Patient Name : MR. AJAY JADHAV	Report Released on : 29-Mar-2024 3:48 PM
Age / Gender : 30 Years / Male	Center Name : JAINIS PATHOHUB PATHOLOGY LABORATORY
Ref. By : HEALTH CHECK UP	 * 0 3 2 4 2 9 0 1 1 *
Affiliation : HEALTH CHECK UP	

BIOCHEMISTRY

Investigation	Result	Unit	Bio. Ref. Interval
RENAL FUNCTION TEST			
BLOOD UREA	16.10	mg/dL	10 - 50 mg/dL
SERUM CREATININE	0.94	mg/dL	0.50 - 1.30 mg/dL
SERUM SODIUM (NA)	136.4	mEq/L	130.00 - 150.00 mEq/L
SERUM POTASSIUM (K)	4.50	mEq/L	3.5 - 5.5 mEq/L
SERUM CHLORIDE (CL)	101.20	mEq/L	96 - 106 mEq/L
LIVER FUNCTION TEST			
SGPT (ALT)	21.1	IU/L	00-50 IU/L
SGOT (AST)	27.03	IU/L	Up to 50 IU/L
ALKALINE PHOSPHATASE	102.0	U/L	0.0 - 306.0 U/L
S. BILIRUBIN TOTAL	0.57	mg/dL	0.0 - 1.2 mg/dl 0.0 - 1.2 mg/dl Ascetic Fluid 0.6 - 0.8 mg/dl
S. BILIRUBIN DIRECT	0.09	mg/dL	Up to 0.5 mg/dl
S. BILIRUBIN INDIRECT	0.48	mg/dL	0.1-1.0 Mg/dl

Please correlate with clinical condition

FULLY AUTO BIOCHEM ANALYSER

Clinical diagnosis should not be made on the findings of a single test result, but should integrate both clinical and laboratory data

----- END OF REPORT -----



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DR. JAIMINI PATEL
MBBS, DCP, DNB PATHOLOGY



 **GPS Map**
Camera Lite



611/7, Gautam Nagar, Mehsana, Gujarat 384002, India

Latitude

23.6047442°

Longitude

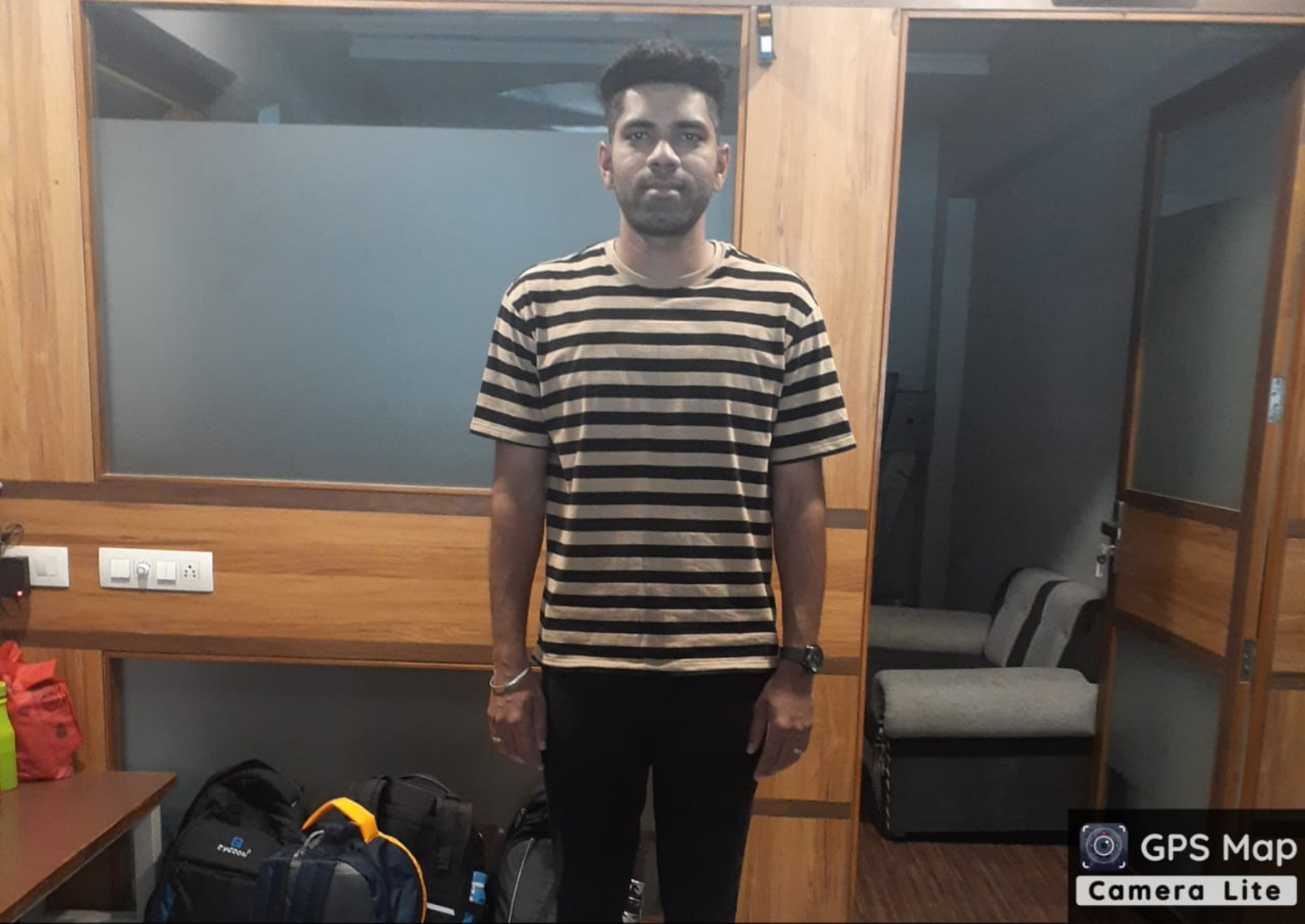
72.3811303°

Local 11:30:09 AM


GMT 06:00:09 AM

Altitude 91 meters

Friday, 29.03.2024



 **GPS Map**
Camera Lite

 33/8, Pilaji Gunj, Mehsana, Gujarat 384001, India


Latitude
23.6046375°

Longitude
72.3816129°

Local 11:29:39 AM
GMT 05:59:39 AM

Altitude 91 meters
Friday, 29.03.2024



 **GPS Map**
Camera Lite



611/7, Gautam Nagar, Mehsana, Gujarat 384002, India

Latitude
23.6047442°

Longitude
72.3811303°

Local 11:30:02 AM
GMT 06:00:02 AM

Altitude 91 meters
Friday, 29.03.2024