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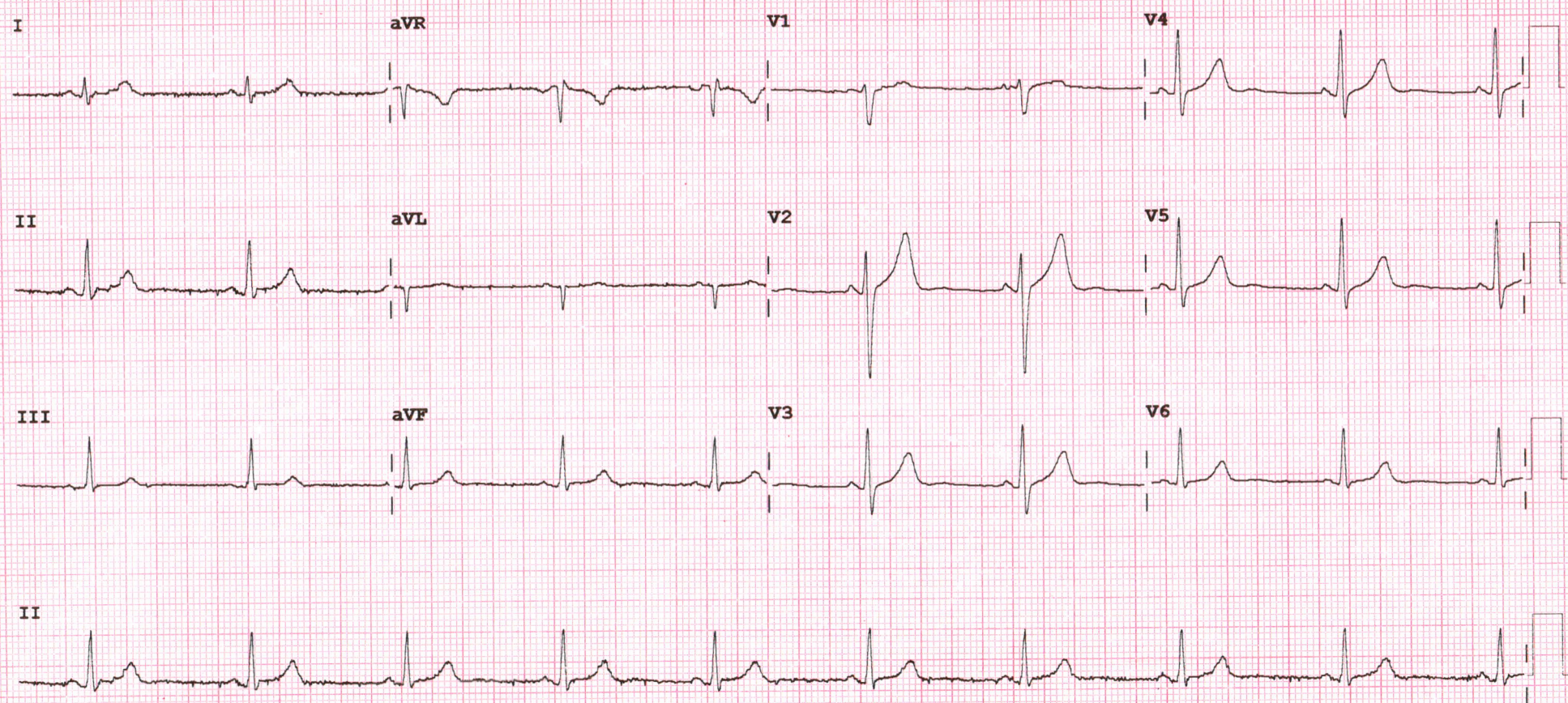
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Rate 58  
PR 120  
QRSD 92  
QT 404  
QTc 397

--AXIS--  
P 36  
QRS 82  
T 52  
12 Lead; Standard Placement



Device: Speed: 25 mm/sec Limb: 10 mm/mV Chest: 10.0 mm/mV Elect. Off F 50~ 0.50-150 Hz W PH09 P?



## 2D-ECHOCARDIOGRAPHY AND COLOR DOPPLER REPORT

**NAME: JITENDRA BHATT**

**AGE/SEX: 32 YRS/MALE**

**DATE: 29/03/2024**

**REF BY: DIRECT**

### **OBSERVATION:**

- NORMAL LV SIZE AND NORMAL LV SYSTOLIC FUNCTION. LVEF = 60% (VISUAL).
- NO RWMA AT REST.
- NORMAL LV DIASTOLIC DYSFUNCTION.
- TRIVIAL MR. NO MS.
- NO AR. NO AS.
- MILD TR. NO PAH.RVSP : 29 MMHG.
- NORMAL SIZED LA, RA & RV WITH NORMAL RV SYSTOLIC FUNCTION.
- NORMAL SIZED MPA, RPA & LPA.
- IAS : THIN,INTACT IVS.
- NO E/O INTRACARDIAC CLOT/VEGETATION/PE.
- NORMAL IVC.
- NORMAL PERICARDIUM.

**LA: 32MM**

**AO: 29MM**

**IVS: 11/13MM**

**LVPW: 10/13MM**

**LVID: 43/24MM**

### **CONCLUSION:**

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

**DR.NIRAV BHALANI**  
[CARDIOLOGIST]

**DR.ARVIND SHARMA**  
[CARDIOLOGIST]



PATIENT NAME: JITENDRA BHATT	
AGE/SEX: 32 YRS/M	DATE: Friday, 29 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: JITENDRA BHATT

AGE/SEX: 32 YRS/M

DATE: Friday, 29 March 2024

**ULTRASOUND OF ABDOMEN & PELVIS**

**LIVER** appears normal in size and **shows mildly 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.

**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:**

- Grade I Fatty Liver.

**DR SHARAD HUNGTA (MD & DNB)**  
**CONSULTANT RADIOLOGIST**

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





Patient Name : Jitendra Bhatt

Sample No. : 20240314838



Patient ID : 20240309239

Visit No. : OPD20240329429

Age / Sex : 32y/Male

Call. Date : 29/03/2024 09:07

Consultant : DR SAURABH JAIN

S. Coii. Date : 29/03/2024 13:22

Ward : -


Report Date : 29/03/2024 16:59

### CBC, ESR

Investigation	Result	Normal Value
Hemoglobin :	16.4 gm/dl	13.5 to 18.0 gm/dl
P.C.V. :	49 %	42.0 to 52.0 %
M.C.V. :	88.9 fL	78 to 100 fL
M.C.H. :	29.8 pg	27 to 31 pg
M.C.H.C. :	33.5 g/dl	32 to 36 g/dl
RDW :	12.3 %	11.5 to 14.0 %
RBC Count :	5.51 X 10 <sup>6</sup> / cumm	4.7 to 6.0 X 10 <sup>6</sup> / cumm
Polymorphs :	60 %	38 to 70 %
Lymphocytes :	35 %	15 to 48 %
Eosinophils :	2 %	0 to 6 %
Monocytes :	3 %	3 to 11 %
Total :	100	< 100 > 100
WBC Count :	7100 /cmm	4000 to 10000 /cmm
Platelets Count :	202000 /cmm	1,50,000 to 4,50,000 /cmm
ESR - After One Hour :	5 mm/hr	1 to 13 mm/hr

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



<b>Patient Name :</b>	Jitendra Bhatt	<b>Sample No. :</b>	20240314838 
<b>Patient ID :</b>	20240309239	<b>Visit No. :</b>	OPD20240329429
<b>Age / Sex :</b>	32y/Male	<b>Call. Date :</b>	29/03/2024 09:07
<b>Consultant :</b>	DR SAURABH JAIN	<b>S. Coll. Date :</b>	29/03/2024 13:22
<b>Ward :</b>	-	<b>Report Date :</b>	29/03/2024 16:59

### Blood Group

Investigation	Result	Normal Value
<b>BLOOD GROUP :</b>		
<b>ABO</b>	B	
<b>Rh</b>	Positive	

### FBS & PPBS

Investigation	Result	Normal Value
Blood Sugar (FBS) :	88 mg/dl	74 - 100 mg/dl
Urine Sugar ( FUS ) :	Nil	
Blood Sugar (PP2BS) :	80 mg/dl	70 to 120 mg/dl
Urine Sugar ( PP2US ) :	Nil	

### HBA1C

Investigation	Result	Normal Value
Glycosylated Hb :	4.9 %	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 :	93.93	

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





**Patient Name :** Jitendra Bhatt

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**Patient ID :** 20240309239

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### RENAL FUNCTION TEST

Investigation	Result	Normal Value
Creatinine :	1.2 mg/dl	0.6 - 1.4 mg/dl
Urea :	29 mg/ dl	13 - 45 mg/dl
Uric Acid :	6.9 mg/dl	3.5 - 7.2 mg/dl
Calcium :	8.8 mg/dl	8.5 - 10.5

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

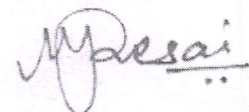




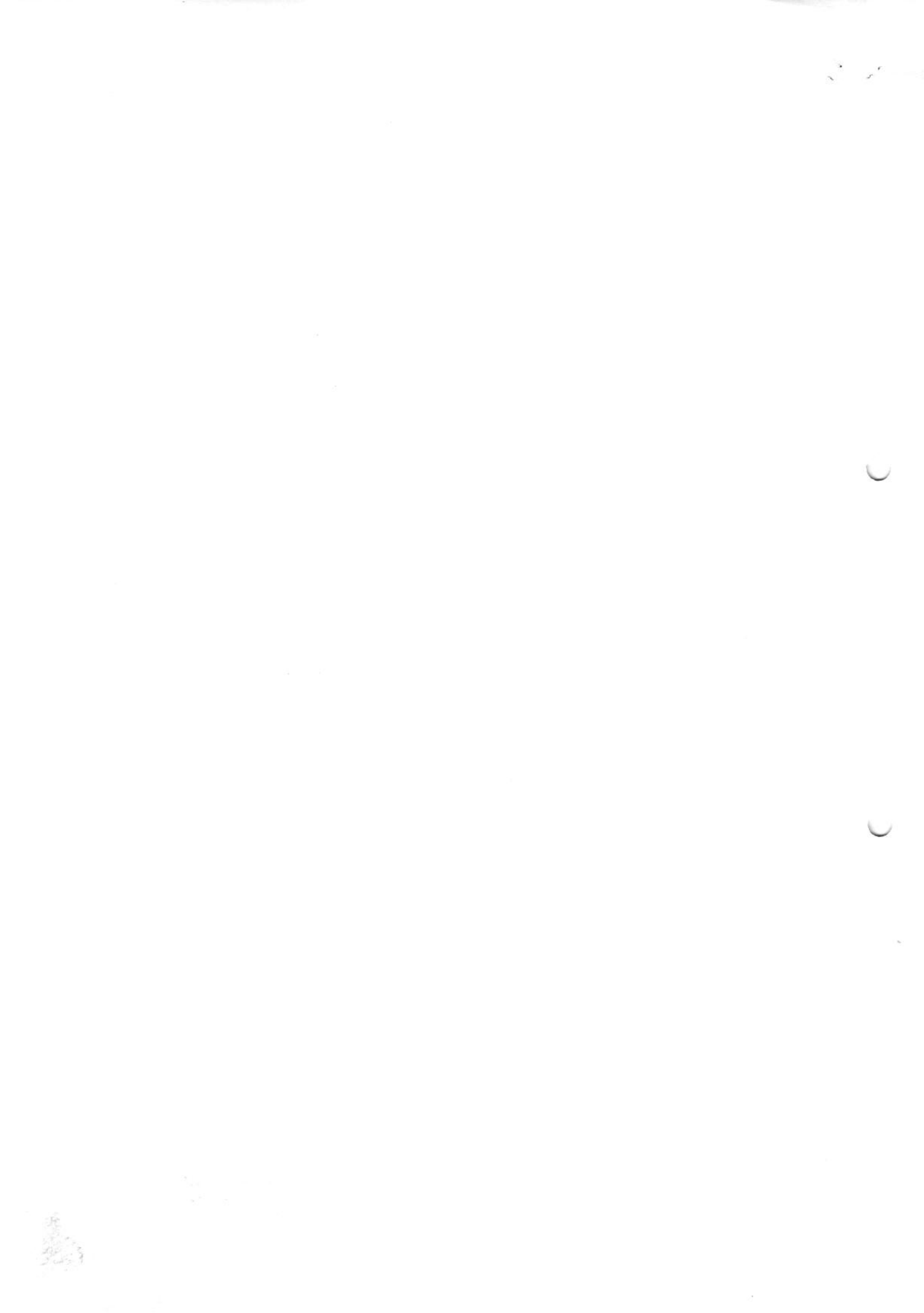
<b>Patient Name :</b>	Jitendra Bhatt	<b>Sample No. :</b>	20240314838 
<b>Patient ID :</b>	20240309239	<b>Visit No. :</b>	OPD20240329429
<b>Age / Sex :</b>	32y/Male	<b>Call. Date :</b>	29/03/2024 09:07
<b>Consultant :</b>	DR SAURABH JAIN	<b>S. Coll. Date :</b>	29/03/2024 13:22
<b>Ward :</b>	-	<b>Report Date :</b>	29/03/2024 16:59

### LFT (Liver Function Test)

Investigation	Result	Normal Value
Total Bilirubin :	0.7 mg/dl	0.2 to 1.0 mg/dl
Direct Bilirubin :	0.4 mg/dl	0.0 to 0.2 mg/dl
Indirect Bilirubin :	0.3 mg/dl	0.0 to 0.8 mg/dl
AST (SGOT) :	19 U/L	5 to 34 U/L
ALT (SGPT) :	38 U/L	0 to 55 U/L
Total Protein (TP) :	7 g/dL	6.4 to 8.3, g/dl
Albumin (ALB) :	4.4 g/dl	3.5 to 5.2 g/dl
Globulin :	2.6 g/dl	2.3 to 3.5 g/dl
A/G Ratio :	1.69	
Alkaline Phosphatase (ALP) :	80 U/L	40 to 150 U/L
GAMMA GT. :	40 U/L [H]	7 to 35 U/L



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





# Savita

**Superspeciality Hospital**  
(A Unit of Solace Healthcare Pvt. Ltd.)

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

☎ 0265-2578844 / 2578849 ✉ mh@savitahospital.com 🌐 savitahospital.com

**Patient Name :** Jitendra Bhatt

**Sample No. :** 20240314838



**Patient ID :** 20240309239

**Visit No. :** OPD20240329429

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**Call. Date :** 29/03/2024 09:07

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**Report Date :** 29/03/2024 16:59

## Lipid Profile


Investigation	Result	Normal Value
Sample :	Fasting	
Sample Type :	Normal	
Cholesterol (Chol) :	160 mg/dl	Low risk : < 200 Moderate risk : 200 - 239 High risk : > or = 240
Triglyceride :	95 mg/dl	Normal : < 200.0 High : 200 - 499 Very High : > or = 500
HDL Cholesterol :	46 mg/dl	Low risk: >or = 60 mg/dL High risk : Up to 35 mg/dL
LDL :	95 mg/dl [L]	131.0 to 159.0(N) < 130.0(L) > 159.0(H)
VLDL :	19 mg/dl	Up to 0 to 34 mg/dl
LDL/HDL Ratio :	2.07	Low risk : 0.5 to 3.0 Moderate risk : 3.0 to 6.0 Elevted level high > 6.0
Total Chol / HDL Ratio :	3.48	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 :	601 mg/dl	400 to 700 mg/dl

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

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

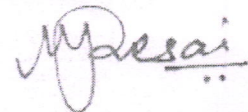




<b>Patient Name :</b>	Jitendra Bhatt	<b>Sample No. :</b>	20240314838 
<b>Patient ID :</b>	20240309239	<b>Visit No. :</b>	OPD20240329429
<b>Age / Sex :</b>	32y/Male	<b>Call. Date :</b>	29/03/2024 09:07
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<b>Ward :</b>	-	<b>Report Date :</b>	29/03/2024 16:59

### 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 :	1.030	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 :	0-1 /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.
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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.
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## 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 sufficient 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. Rakesh Shah MD (Path) , DCP
Dr. Ankit Jhaveri MD (Path)	Dr. Vishal Jhaveri, DCP
Dr. Rachna Parekh DCP	Dr. Hetal Parikh MD (Path) FRCPath (UK)
Dr. Priya Mangukiya MD (Microbiology)	Dr. Mitesh Rathwa MD (Path)
Dr. Varsha Raimalani, PhD	Dr. Shreyas Nisarta MD (Path)
Dr. Nehal Tiwari MD (Path)	Dr. Vaishali Bhatt, DCP
Dr. Usha Amliyar 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 (Baroda) LLP - Platinum Complex, Opp. HDFC Bank, Nr. Radha Krishna char rasta, Akota, Vadodara - 390020  
 Phone: 0269-2354433 / 2326260 | Mobile: 7228800500 / 8155028222 | Email: info.baroda@unipathllp.in  
 Mobile: 7228800500 / 8155028222 | Email: info.baroda@unipathllp.in  
 Home Visit / OPD Reception : 9998724579



TEST REPORT

Reg. No. : 40301017432      Reg. Date : 29-Mar-2024 12:28      Collected On : 29-Mar-2024 12:28  
 Name : Mr. JITENDRA BHATT      Approved On : 29-Mar-2024 14:37  
 Age : 32 Years      Gender : Male      Ref. No. :      Dispatch At :  
 Ref. By :      Tele No. :  
 Location : SAVITA SUPERSPECIALTY HOSPITAL @ WAGHODIYA ROAD

Test Name	Results	Units	Bio. Ref. Interval
<b>THYROID FUNCTION TEST</b>			
T3 (triiodothyronine) <i>Method:CLIA</i>	1.32	ng/mL	0.6 - 1.81
T4 (Thyroxine) <i>Method:CLIA</i>	10.00	µg/dL	4.5 - 12.6
TSH ( ultra sensitive) <i>Method:CLIA</i>	2.890	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 Eddition. Philadelphia: WB Saunders,2012:2170

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

This is an electronically authenticated report.

Test done from collected sample.

Printed On: 29-Mar-2024 14:38

**Dr. Vishal Jhaveri**  
 M.B.B.S, D.C.P  
 Reg. G-13041

We are open 24 x 7 & 365 days

LLP Identification Number: AAN-8932  
 Page 1 of 1



**Examination by Ophthalmologist**

Name: JITENDRA BHATT

Reg. No: 20240309239

Age/ Sex: 32/MALE

DOE: 29/03/2024

no itching x (BE) x 1 month

**Medical History:**

Nil

**Examination of Eye:**

Right                      LEFT

External Examination:

(BE) dry eyes

Anti seg Examination:

} wnl

Schiot Tonometry IOP:

Fundus:

Without Glass Distant Vision:                                       

Near Vision:                                       

With Glass Distant Vision: 6/6                      6/6

Near Vision: Ng                      Ng

Colour Vision (With Ishihara Chart): wnl                              

**Impression:**

(BE) dry eyes

**Advice:**

Glass use

(BE) Ecoteare gel eye drop - QDS

Signature: \_\_\_\_\_





**Examination by Physicia**

Name: JITENDRA BHATT

Reg. No: 20240309239

Age/ Sex: 32/MALE

DOE: 29/03/2024

**Physical Examination**

Height: \_\_\_\_\_ Weight: 76kg BMI: \_\_\_\_\_

Temperature: \_\_\_\_\_ Pulse: \_\_\_\_\_ BP: \_\_\_\_\_

**ChiefComplaints:**

NO complaints

**PastHistory:**

NAD

**Examination:**

General Examination:

NAD

Systemic Examination:

NAD

**Investigation:**

RBS \_\_\_\_\_

ECG \_\_\_\_\_

Others \_\_\_\_\_

**Advice:**

\_\_\_\_\_

pt not examine  
physically

Signature \_\_\_\_\_

