

35 Years

Rate 59

PR 136

QRSD 88

QT 372

QTc 369

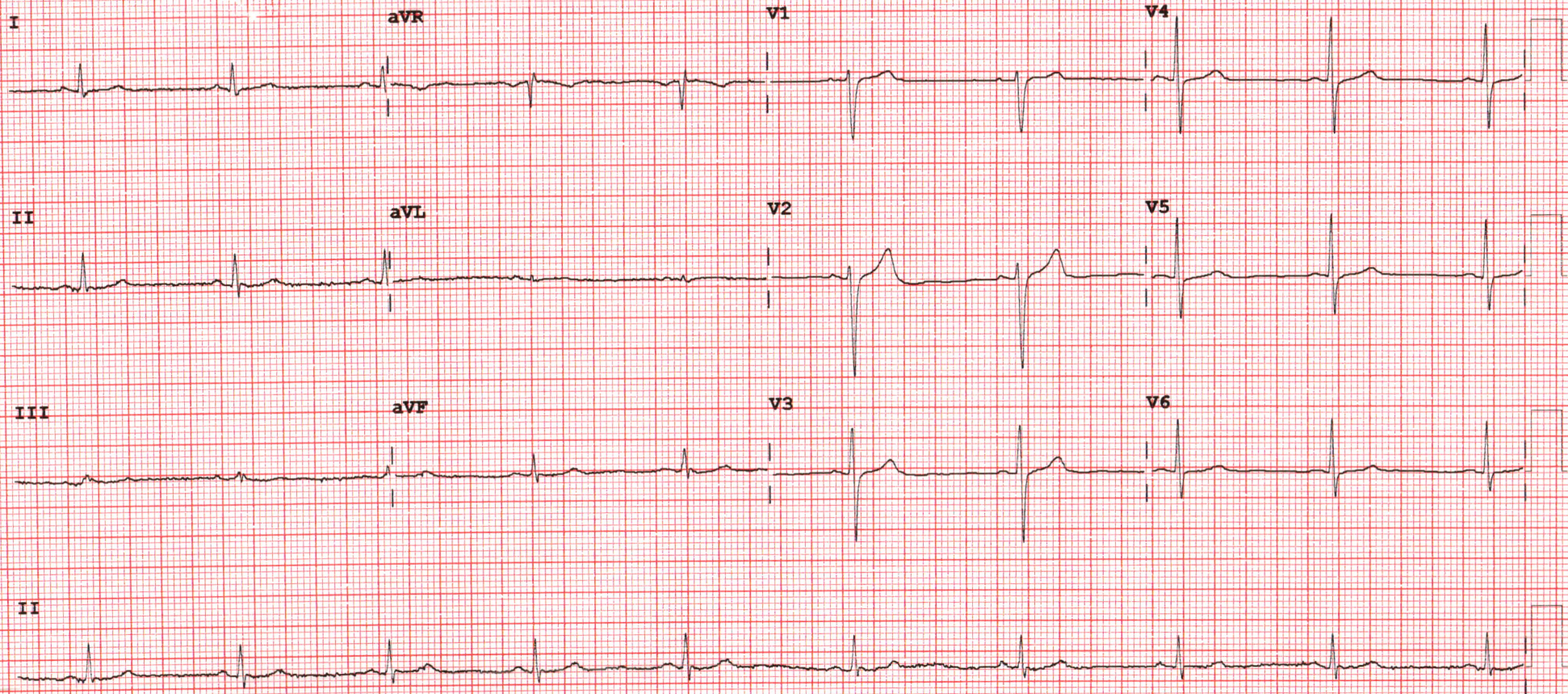
--AXIS--

P 53

QRS 60

T 37

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: HARSH PATHAK**

**AGE/SEX:35 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.
- MILD TR. NO PAH. RVSP : 27 MMHG.
- 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: 27MM**

**IVS: 11/13MM**

**LVPW: 10/12MM**

**LVID: 44/26MM**

### **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: HARSH S. PATHAK**

**AGE/SEX: 35 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.*



<b>PATIENT NAME: HARSH S. PATHAK</b>	
<b>AGE/SEX: 35 YRS/M</b>	<b>DATE: Saturday, 23 March 2024</b>

**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.

**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 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 : Harsh Sanatkumar Pathak

Sample No. : 20240314617



Patient ID : 20240309091

Visit No. : OPD20240328987

Age / Sex : 35y/Male

Call. Date : 23/03/2024 09:29

Consultant : DR SAURABH JAIN

S. Coll. Date : 23/03/2024 11:25

Ward : -


Report Date : 23/03/2024 18:13

### 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. :	83.3 fL	78 to 100 fL
M.C.H. :	27.9 pg	27 to 31 pg
M.C.H.C. :	33.5 g/dl	32 to 36 g/dl
RDW :	12.5 %	11.5 to 14.0 %
RBC Count :	5.88 X 10 <sup>6</sup> /cumm	4.7 to 6.0 X 10 <sup>6</sup> /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 :	7900 /cmm	4000 to 10000 /cmm
Platelets Count :	350000 /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>	Harsh Sanatkumar Pathak	<b>Sample No. :</b>	20240314617 
<b>Patient ID :</b>	20240309091	<b>Visit No. :</b>	OPD20240328987
<b>Age / Sex :</b>	35y/Male	<b>Call. Date :</b>	23/03/2024 09:29
<b>Consultant :</b>	DR SAURABH JAIN	<b>S. Coll. Date :</b>	23/03/2024 11:25
<b>Ward :</b>	-	<b>Report Date :</b>	23/03/2024 18:13

### FBS & PPBS

Investigation	Result	Normal Value
Blood Sugar (FBS) :	108 mg/dl [H]	74 - 100 mg/dl
Urine Sugar ( FUS ) :	Nil	
Blood Sugar (PP2BS) :	122 mg/dl [H]	70 to 120 mg/dl
Urine Sugar ( PP2US ) :	Nil	

### HBA1C

Investigation	Result	Normal Value
Glycosylated Hb :	<u>6.1 % [H]</u>	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 :	128.37	

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





<b>Patient Name :</b>	Harsh Sanatkumar Pathak	<b>Sample No. :</b>	20240314617 
<b>Patient ID :</b>	20240309091	<b>Visit No. :</b>	OPD20240328987
<b>Age / Sex :</b>	35y/Male	<b>Call. Date :</b>	23/03/2024 09:29
<b>Consultant :</b>	DR SAURABH JAIN	<b>S. Coll. Date :</b>	23/03/2024 11:25
<b>Ward :</b>	-	<b>Report Date :</b>	23/03/2024 18:13

### Blood Group

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

### RENAL FUNCTION TEST

Investigation	Result	Normal Value
<b>Creatinine :</b>	1.4 mg/dl	0.6 - 1.4 mg/dl
<b>Urea :</b>	30 mg/ dl	13 - 45 mg/dl
<b>Uric Acid :</b>	5.6 mg/dl	3.5 - 7.2 mg/dl
<b>Calcium :</b>	8.5 mg/dl	8.5 - 10.5

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



Patient Name : Harsh Sanatkumar Pathak

Sample No. : 20240314617



Patient ID : 20240309091

Visit No. : OPD20240328987

Age / Sex : 35y/Male

Call. Date : 23/03/2024 09:29

Consultant : DR SAURABH JAIN

S. Coll. Date : 23/03/2024 11:25

Ward : -

Report Date : 23/03/2024 18:13

### 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) :	12 U/L	5 to 34 U/L
ALT (SGPT) :	46 U/L	0 to 55 U/L
Total Protein (TP) :	7.2 g/dL	6.4 to 8.3, g/dl
Albumin (ALB) :	3.8 g/dl	3.5 to 5.2 g/dl
Globulin :	3.4 g/dl	2.3 to 3.5 g/dl
A/G Ratio :	1.12	
Alkaline Phosphatase (ALP) :	98 U/L	40 to 150 U/L
GAMMA GT. :	20 U/L	7 to 35 U/L

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





<b>Patient Name :</b>	Harsh Sanatkumar Pathak	<b>Sample No. :</b>	20240314617 
<b>Patient ID :</b>	20240309091	<b>Visit No. :</b>	OPD20240328987
<b>Age / Sex :</b>	35y/Male	<b>Call. Date :</b>	23/03/2024 09:29
<b>Consultant :</b>	DR SAURABH JAIN	<b>S. Coll. Date :</b>	23/03/2024 11:25
<b>Ward :</b>	-	<b>Report Date :</b>	23/03/2024 18:13

### Lipid Profile

Investigation	Result	Normal Value
Sample :	Fasting	
Sample Type :	Normal	
Cholesterol (Chol) :	180 mg/dl	Low risk : < 200 Moderate risk : 200 - 239 High risk : > or = 240
Triglyceride :	80 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 :	124 mg/dl [L]	131.0 to 159.0(N) < 130.0(L) > 159.0(H)
VLDL :	16 mg/dl	Up to 0 to 34 mg/dl
LDL/HDL Ratio :	3.1	Low risk : 0.5 to 3.0 Moderate risk : 3.0 to 6.0 Elevted level high > 6.0
Total Chol / HDL Ratio :	4.5	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 :	600 mg/dl	400 to 700 mg/dl

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



**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 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 vary 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 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. Sukanya Patra MBBS, MD (Path)
Dr. Varsha Raimalani, PhD	Dr. Shreyas Nisarta MD(Path)
Dr. Nehal Tiwari MD (Path)	Dr. Vaishali Bhatt, 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)





Unipath Specialty Laboratory (Baroda) LLP - Platinum Complex, Opp. HDFC Bank, Nr. Radha Krishna char rasta, Akota, Vadodara - 390020  
Unipath Specialty Laboratory (Baroda) LLP - Platinum Complex, Opp. HDFC Bank, Nr. Radha Krishna char rasta, Akota, Vadodara - 390020  
Phone: 0265-2554455 / 2526200 | Mobile: 7228800500 / 8155028222 | Email: info.baroda@unipathllp.in  
Home Visit / OPD Reception : 9998724579



TEST REPORT

Reg. No. : 40301014673 Reg. Date : 23-Mar-2024 12:11 Collected On : 23-Mar-2024 12:11  
Name : Mr. HARSH PATHAK Approved On : 23-Mar-2024 13:25  
Age : 35 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>	1.24	ng/mL	0.6 - 1.81
T4 (Thyroxine) <i>Method: CLIA</i>	10.60	µg/dL	4.5 - 12.6
TSH ( ultra sensitive) <i>Method: CLIA</i>	2.304	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

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

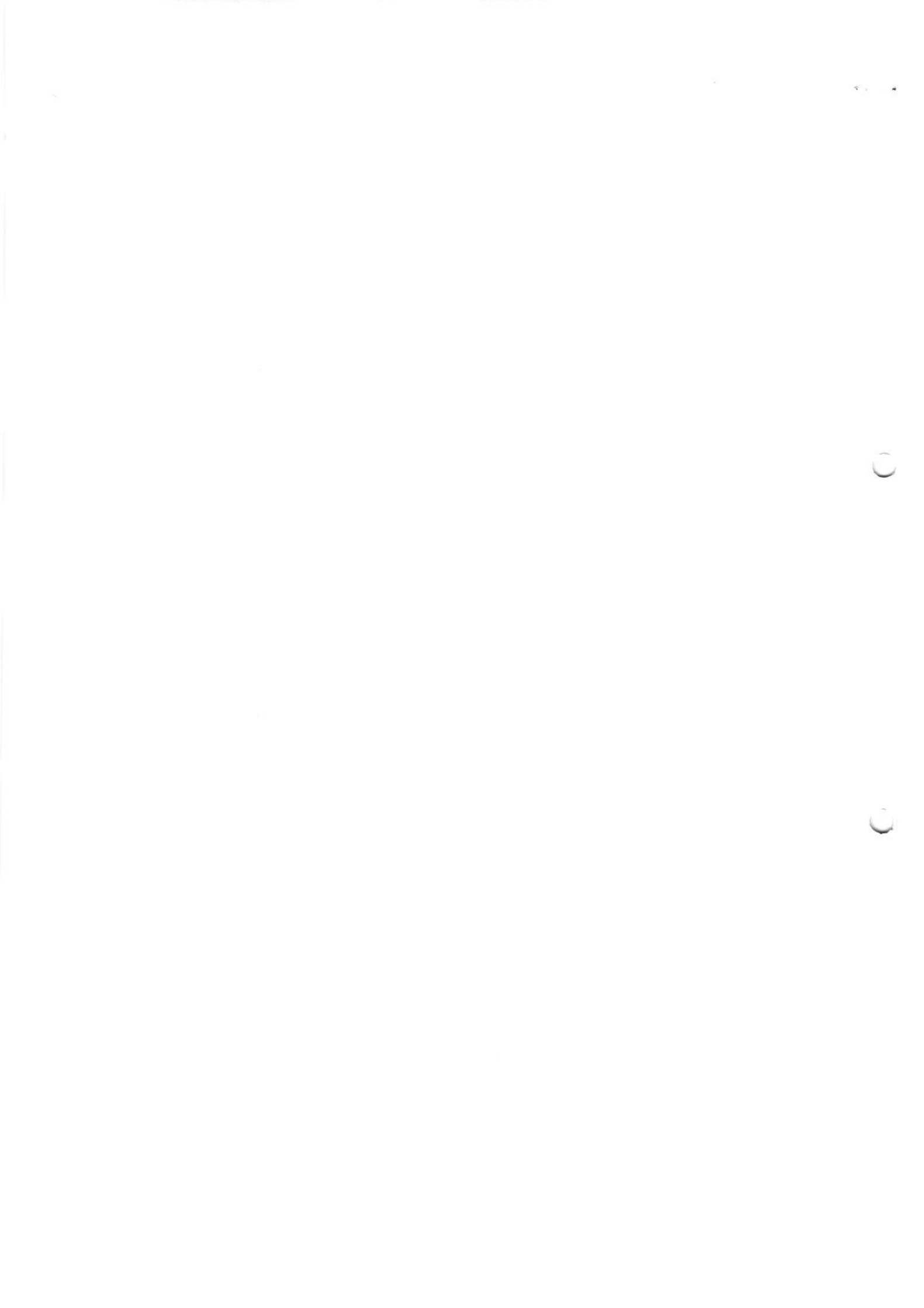
This is an electronically authenticated report.

Test done from collected sample.

Printed On: 23-Mar-2024 13:26


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 1







<b>Patient Name :</b>	Harsh Sanatkumar Pathak	<b>Sample No. :</b>	20240314617 
<b>Patient ID :</b>	20240309091	<b>Visit No. :</b>	OPD20240328987
<b>Age / Sex :</b>	35y/Male	<b>Call. Date :</b>	23/03/2024 09:29
<b>Consultant :</b>	DR SAURABH JAIN	<b>S. Coll. Date :</b>	23/03/2024 11:25
<b>Ward :</b>	-	<b>Report Date :</b>	23/03/2024 18:13

### 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 :	1.010	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**



**Examination by Ophthalmologist**

Name: HARSH PATHAK

Reg. No: 20240309091

Age/ Sex: 35/MALE

DOE: 23/03/2024

came for routine check

**Medical History:**

nil

**Examination of Eye:**

Right

LEFT

External Examination:

(N)

(N)

Anti seg Examination:

(N)

(N)

Schiot Tonometry IOP:

14

12

Fundus:

Without Glass Distant Vision:

(N)

(N)

6/6

6/6

Near Vision:

N/6

N/6

With Glass Distant Vision:

-

-

Near Vision:

-

-

Colour Vision (With Ishihara Chart):

(N)

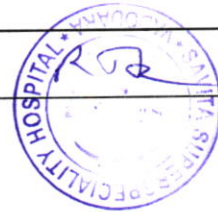
(N)

Impression:

Normal

Advice:

Signature:







**Examination by Physician**

Name: HARSH PATHAK

Reg. No: 20240309091

Age/ Sex: 35/MALE

DOE: 23/03/2024

**Physical Examination**

Height: 162cm Weight: 62kg BMI: 23.62  
Temperature: Normal Pulse: 62 BP: 105/68

sp2-99

**Chief Complaints:**

NO complaints

**Past History:**

NAD

**Examination:**

General Examination:

NAD

Systemic Examination:

NAD

**Investigation:**

RBS \_\_\_\_\_

ECG \_\_\_\_\_

Others \_\_\_\_\_

**Advice:** ADD / daily exercise

T. Rbson - n 10-1-20

plenty of oral fluids

Signature \_\_\_\_\_





भारत सरकार  
Government of India

आधार

हर्य सनतकुमार पाठक  
Harsh Sanatkumar Pathak  
जन्म तारीख / DOB : 12/08/1988  
पुरुष / Male

Issue Date: 09/08/2013

आधार पहचान का प्रमाण है, नागरिकता का नहीं।  
Aadhaar is a proof of identity, not of citizenship.

2422 7837 3463

मेरा आधार, मेरी पहचान

भारतीय विशिष्ट पहचान प्राधिकरण  
Unique Identification Authority of India

आधार

संरनाम: हर्य सनतकुमार पाठक, डुप्लेक्स 17  
अवध सिटी, सयाजी टाउनशिप पास, गाँव  
वडोदरा, वडोदरा, वडोदरा, गुजरात, 390019  
Address: C/O HARSH SANATKUMAR  
PATHAK, DUPLEX 17 AVADH CITY, NEAR  
SAYAJI TOWNSHIP, VILLAGE VADODARA,  
Vadodara, Vadodara, Gujarat, 390019

Print Date: 09/08/2023

2422 7837 3463

1947 help@uidai.gov.in www.uidai.gov.in