

1

2

3

33 Years

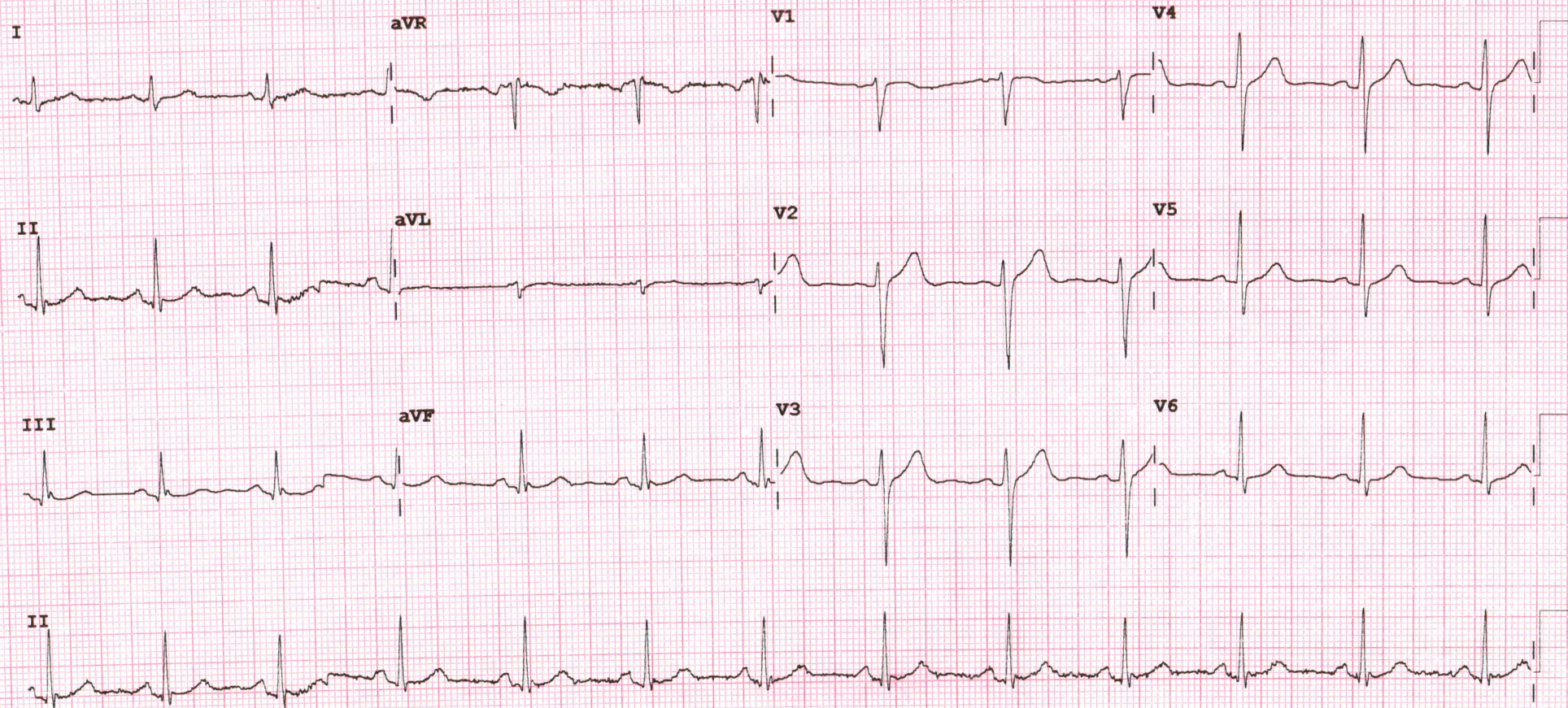
Male

Rate 76
PR 156
QRSD 96
QT 376
QTc 423

--AXIS--

P 64
QRS 73
T 44

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: NILAY SHAH

AGE/SEX:33 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.
- 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: 28MM

AO: 26MM


IVS: 09/11MM

LVPW: 10/12MM

LVID: 41/22MM

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: NILAY SHAH | |
| AGE/SEX: 33 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: NILAY SHAH

AGE/SEX: 33 YRS/M

DATE: Friday, 29 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.

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

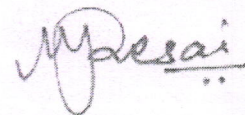
Not all pathologies can be detected on ultrasound in each scan. Further radiographic evaluation is suggested if required.



| | | | |
|-----------------------|-----------------|------------------------|--|
| Patient Name : | Nilay B Shah | Sample No. : | 20240314826  |
| Patient ID : | 20240309241 | Visit No. : | OPD20240329433 |
| Age / Sex : | 33y/Male | Call. Date : | 29/03/2024 09:20 |
| Consultant : | DR SAURABH JAIN | S. Coll. Date : | 29/03/2024 13:24 |
| Ward : | - | Report Date : | 29/03/2024 16:29 |


CBC, ESR

| Investigation | Result | Normal Value |
|------------------------|-------------------------------|-------------------------------------|
| Hemoglobin : | 14.9 gm/dl | 13.5 to 18.0 gm/dl |
| P.C.V. : | 43.5 % | 42.0 to 52.0 % |
| M.C.V. : | 86.8 fL | 78 to 100 fL |
| M.C.H. : | 29.7 pg | 27 to 31 pg |
| M.C.H.C. : | 34.3 g/dl | 32 to 36 g/dl |
| RDW : | 11.4 % | 11.5 to 14.0 % |
| RBC Count : | 5.01 X 10 ⁶ / cumm | 4.7 to 6.0 X 10 ⁶ / cumm |
| Polymorphs : | 63 % | 38 to 70 % |
| Lymphocytes : | 33 % | 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 : | 5700 /cmm | 4000 to 10000 /cmm |
| Platelets Count : | 192000 / 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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FBS & PPBS

| Investigation | Result | Normal Value |
|-------------------------|-----------|-----------------|
| Blood Sugar (FBS) : | 95 mg/dl | 74 - 100 mg/dl |
| Urine Sugar (FUS) : | Nil | |
| Blood Sugar (PP2BS) : | 102 mg/dl | 70 to 120 mg/dl |
| Urine Sugar (PP2US) : | Nil | |

HBA1C

| Investigation | Result | Normal Value |
|---|--------|---|
| Glycosylated Hb : | 5.8 % | 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 : | 119.76 | |



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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

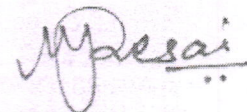
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Blood Group

| Investigation | Result | Normal Value |
|----------------------|----------|--------------|
| BLOOD GROUP : | | |
| ABO | B | |
| Rh | Positive | |

RENAL FUNCTION TEST

| Investigation | Result | Normal Value |
|---------------------|-----------|-----------------|
| Creatinine : | 0.7 mg/dl | 0.6 - 1.4 mg/dl |
| Urea : | 25 mg/ dl | 13 - 45 mg/dl |
| Uric Acid : | 5.3 mg/dl | 3.5 - 7.2 mg/dl |
| Calcium : | 8.8 mg/dl | 8.5 - 10.5 |



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| | |
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| Consultant : DR SAURABH JAIN | Call. Date : 29/03/2024 09:20 |
| Ward : - | S. Coll. Date : 29/03/2024 13:25 |
| | Report Date : 29/03/2024 16:29 |


Lipid Profile

| Investigation | Result | Normal Value |
|--------------------------|----------------|---|
| Sample : | Fasting | |
| Sample Type : | Normal | |
| Cholesterol (Chol) : | 146 mg/dl | Low risk : < 200 Moderate risk : 200 - 239 High risk : > or = 240 |
| Triglyceride : | 135 mg/dl | Normal : < 200.0 High : 200 - 499 Very High : > or = 500 |
| HDL Cholesterol : | 37 mg/dl [L] | Low risk : >or = 60 mg/dL High risk : Up to 35 mg/dL |
| LDL : | 82 mg/dl [L] | 131.0 to 159.0(N) < 130.0(L) > 159.0(H) |
| VLDL : | 27 mg/dl | Up to 0 to 34 mg/dl |
| LDL/HDL Ratio : | 2.22 | Low risk : 0.5 to 3.0 Moderate risk : 3.0 to 6.0 Elevted level high > 6.0 |
| Total Chol / HDL Ratio : | 3.95 | 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 : | 618 mg/dl | 400 to 700 mg/dl |

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

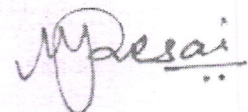
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Reg.No.G-9521



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| Ward : | - | Report Date : | 29/03/2024 16:29 |

LFT (Liver Function Test)


| Investigation | Result | Normal Value |
|------------------------------|---------------|------------------|
| Total Bilirubin : | 1.2 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 : | 0.6 mg/dl | 0.0 to 0.8 mg/dl |
| AST (SGOT) : | 33 U/L | 5 to 34 U/L |
| ALT (SGPT) : | 28 U/L | 0 to 55 U/L |
| Total Protein (TP) : | 7.2 g/dL | 6.4 to 8.3, g/dl |
| Albumin (ALB) : | 4.4 g/dl | 3.5 to 5.2 g/dl |
| Globulin : | 2.8 g/dl | 2.3 to 3.5 g/dl |
| A/G Ratio : | 1.57 | |
| Alkaline Phosphatase (ALP) : | 78 U/L | 40 to 150 U/L |
| GAMMA GT. : | 18 U/L | 7 to 35 U/L |



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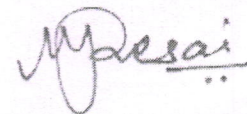




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| Ward : | - | Report Date : | 29/03/2024 15:41 |

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 : | 1.010 | 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 : | Absent /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

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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 physiological 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 necessarily rule out a clinical diagnosis.

TEAM OF DOCTORS

- | | |
|--|--|
| 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. Vatshall Bhatt, DCP Dr. Manjari Bhabhor DCP | Dr. Girish Gupta, MD (Path) Dr. Ankit Jhaveri MD (Path) Dr. Rachna Parekh DCP Dr. Priya Mangunkiya MD (Microbiology) Dr. Varsha Raimalani, PhD Dr. Nehal Tiwari MD (Path) Dr. Usha Amliyar DCP |
|--|--|

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



TEST REPORT

Reg. No. : 40301017399 Reg. Date : 29-Mar-2024 12:18 Collected On : 29-Mar-2024 12:18
Name : Mr. NILAY SHAH Approved On : 29-Mar-2024 14:27
Age : 33 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> | 1.16 | ng/mL | 0.6 - 1.81 |
| T4 (Thyroxine) <i>Method:CLIA</i> | 10.20 | µg/dL | 4.5 - 12.6 |
| TSH (ultra sensitive) <i>Method:CLIA</i> | 1.988 | 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 14:28

Dr. Vishal Jhaveri
M.B.B.S, D.C.P

We are open 24 x 7 & 365 days

Reg. G-13041
LLP Identification Number: AAN-8932
Page 1 of 1



Examination by Ophthalmologist

Name: NILAY SHAH

Reg. No: 20240309241

Age/ Sex: 33/MALE

DOE: 29/03/2024

Nil

Medical History:

Nil

Examination of Eye:

Right

LEFT

External Examination: _____

Anti seg Examination: _____

Schiot Tonometry IOP: _____

Fundus: _____

Without Glass Distant Vision: _____

Near Vision: _____

With Glass Distant Vision: 6/6 6/6

Near Vision: N6 N6

Colour Vision (With Ishihara Chart): normal

Impression:

(BE) day eyes.

Advice:

(BE) Ecoteare gel eye drops - o/s

Signature: _____





Examination by Physicia

Name: NILAY SHAH

Reg. No: 20240309241

Age/ Sex: 33/MALE

DOE: 29/03/2024

Physical Examination

Height: 174cm Weight: 60kg BMI: 19.81

Temperature: N Pulse: 90 BP: 127/85 SpO2- 99

ChiefComplaints:

Headache

PastHistory:

NAD

Examination:

General Examination:

NAD ,

Systemic Examination:

NAD ,

Investigation:

RBS _____

ECG _____

Others _____

Advice: T. Dab - MR 1-0-0 (S) flb sos,

Signature _____

