

PANCHMUKHI HOSPITAL

Dr C P Dadhaniya
Dr R C Dadhaniya
MBBS, Dip.G.O, Diabetologist

150' RING ROAD, MAVDI CHOKDI, SANESHWAR ARCADE, RAJKOT Mo.9925333639, 8320711901

policy number :
full name : Anil muljibhai RAKHASIYA
identity proof : Aadhar card
identity proof no : 53 29
gender : male / hope
height : 165
weight : 62
BP : 120/80
pulse : 84/min Regular
blood sample : yes
fasting mode : yes
non fasting mode : yes

past history : No

Dental : Healthy

Colour vision : NO issue

DR. C. P. DADHANIYA
M.B. Diabetologist
Ind. Physician (CIH)
Regd. No. G19798
Code No. 378943
Panchmukhi Hospital
Mavdi Chokdi,
150 Ft. Ring Road, RAJKOT.

150 Ft. Ring Road, RAJKOT,



NAME: Anil m. Ralhasiya
 AGE/ GENDER: male / 40y

DATE: 12-04-24

PATIENT'S REFRACTION DEATILES

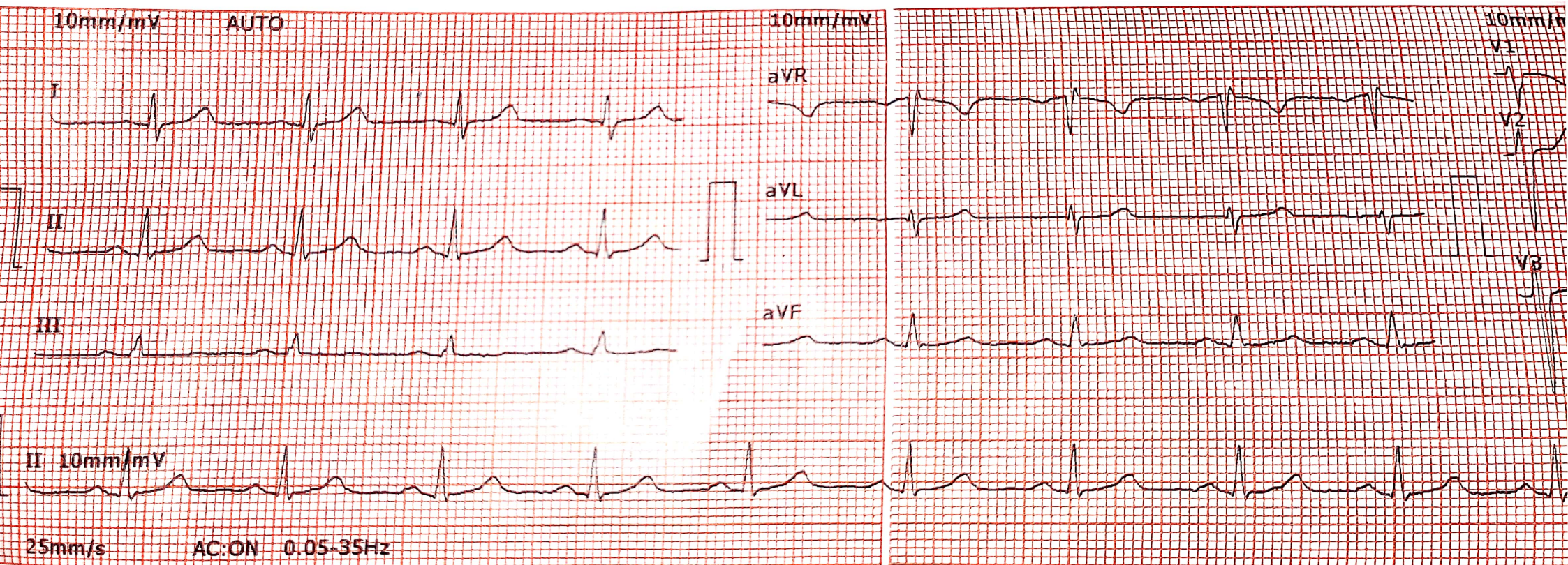
		SPHE	CYL	AXIS	VN
R	D	M	N	N	6/6
	N	M			6/6
L	D	M	N	N	6/6
	N	M			6/6

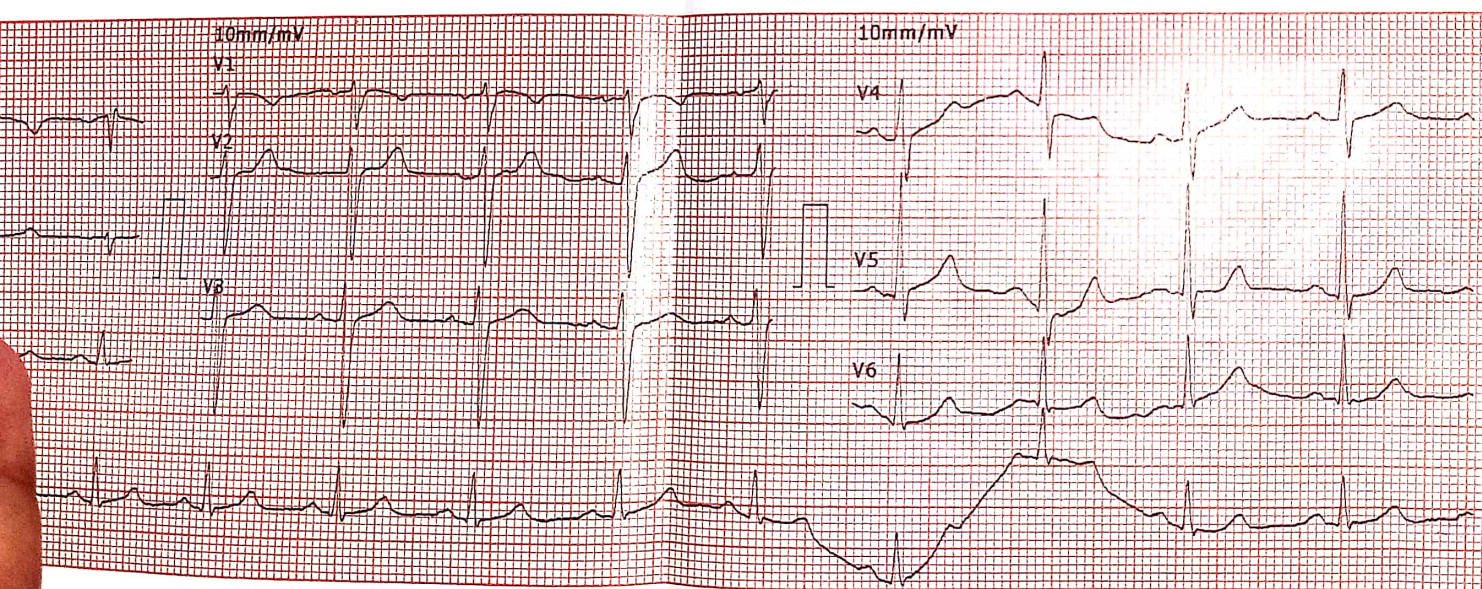
REMARKS:

CHECHED BY: DR. C. P. Dadhaniya

DR. C. P. DADHANIYA
 M.B. Diabetologist
 Ind. Physcian (CIH)
 Regd. No. G19798
 Code No. 378943
 Panchmukhi Hospital
 Mavdi Chowki,

st
H)
1243
AJKOT.





2024-12-10 10:44 ID:0003944

ID Card:
 Name: **Anil Rukhasiya** Gender: **Male**
 Age: **40** Height(cm):
 Weight(Kg): BP(mmHg):

HR..... bpm 83
 P-R..... ms 120
 Q-R-S..... ms 103
 QT/QTc..... ms 360/423
 P/QRS/T AXES..... Regd. No. **619798**
 RV5/SV1..... Code No. **378943**
 RV5+SV1..... mV 1.71
 Panchmukhi Hospital
 Mavdi Chowky.
 *The result must be confirmed by doctor!
 Report Confirmed By: Ring Road, RAJKOT.

Issue Date: 03/06/2013



भारत सरकार

Government of India



अनिल मुण्जुबाई राखसीया

Anil Mujibhai Rakhasiya

जन्म तारीख / DOB : 12/11/1983

पुरुष / Male

5978 7839 5329

5978 7839 5329

मेरा आधार, मेरी पहचान



Scanned with OKEN Scanner

Print Date: 20/12/2021



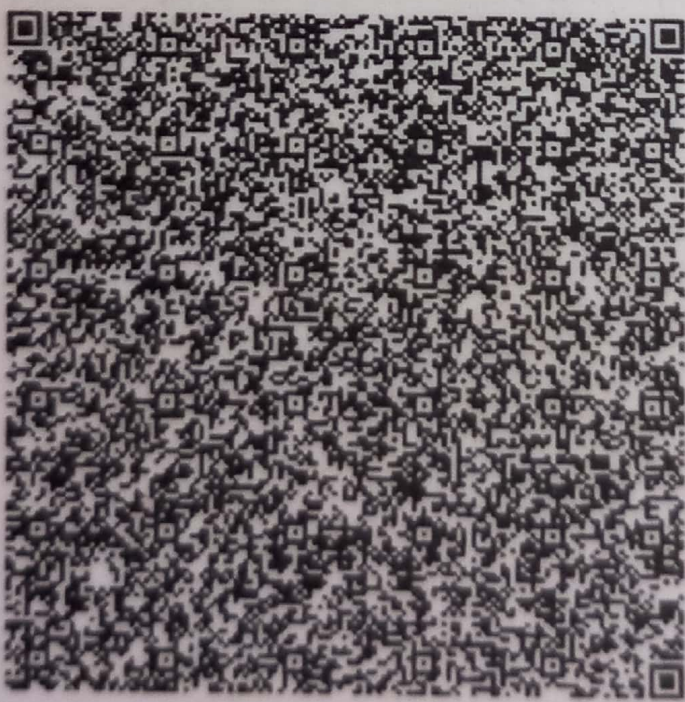
भारतीय विशिष्ट पहचान प्राधिकरण

Unique Identification Authority of India



सरनाभुं : रोहिदास परा शेरी नं 7, महाकाली
कृपा, कुवडवा रोड, राजकोट, गुजरात,
360003

Address: Rohidas Para Street No 7,
Mahakali Krupa, Kuvadva Road, Rajkot,
Rajkot, Gujarat, 360003



5978 7839 5329



1947




help@uidai.gov.in



www.uidai.gov.in



Scanned with OKEN Scanner


बैंक ऑफ बरोडा
Bank of Baroda

नाम

Name ANIL MULJIBHAI RAKHASIYA

कर्मचारी कूट कं.

E.C. No. 186098

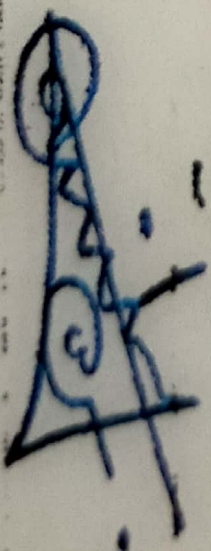


JAGJEET KUMAR

DY.REGIONAL MANAGER(AGM)
REGIONAL OFFICE, RAJKOT

जारीकर्ता प्राधिकारी

Issuing Authority



धारक के हस्ताक्षर

Signature of Holder



1-R, Ring Rd, near Mahiraj Hotel, Poonam Society, Om
Nagar, Rajkot, Gujarat 360004, India

Latitude

22.2656745°

Longitude

70.7844094°

Local 10:16:41 AM

GMT 04:46:41 AM

Altitude 145 meters

Friday, 12.04.2024



કેન્દ્રનું નામ :

રોડ નં :

પંચમુખી હોસ્પિટલ

ડૉ. રાજેશ્રીબેન ડાહાણીયા
ડૉ. સી. પી. ડાહાણીયા
MBBS, Dip.G.O, Diabetologist

૧૫૦ ફુટ રીંગ રોડ, મવડી ચોકડી, શાનેશ્વર આર્કેડ, રાજકોટ. ફોન : ૦૨૮૧-૨૩૭૧૬૩૨

મલ્ટી સ્પેશ્યાલિટી એન્ડ મેટરનીટી નર્સિંગ હોમ

Date :

૧૨/૦૫/૨૦૨૫

સુવિધાઓ

- જનરલ પ્રેક્ટીસ
- સ્ત્રીરોગ વિભાગ
- સોનોગ્રાફી
- સર્જરી વિભાગ
- મેડીસીન વિભાગ
- ઓર્થોપેડીક વિભાગ
- બાળરોગ વિભાગ
- એનોરેક્ટલ સર્જરી
- યુરોલોજી
- લેપ્રોસ્કોપી સર્જરી
- આર.એસ.બી.વાય તથા ચિરંજીવી યોજના
- દરેક જાતની રસી (વેક્સીન) દરરોજ આપવામા આવે છે

Anil Rakhaniya

Subject: Stool Report

I want to inform you that I don't want to Report for my stool.

Dr. C. P. DADHANIYA

M.B.B.S., C.I.H.

Regd. No. G19798

PANCHMUKHI HOSPITAL

MAVADI CHOKADI.

150' RING ROAD, RAJKOT

દવાનું રિએક્શન આવે તે દર્દીની તાસીર ઉપર આધાર રાખે છે

● ફરી આવો ત્યારે આ ઠાગળ સાથે લાવવો




TEST REPORT

Name : Anil Rakhasiya	Reg. No : 404100600
Age/Sex : 40 Years / Male	Reg. Date : 12-Apr-2024 04:51 PM
Ref. By : Dr. PANCHMUKHI HOSPITAL / INSURANCE	Collected On : 12-Apr-2024 04:51 PM
Client Name : PANCHMUKHI HOSPITAL	Report Date : 12-Apr-2024 06:02 PM

COMPLETE BLOOD COUNT (CBC)
 Specimen: EDTA blood

Parameter	Result	Unit	Biological Ref. Interval
RBC Parameters			
Hemoglobin (SLS method)	15.4	g/dL	13.0 - 18.0
Hematocrit (Electrical Impedance)	42.20	%	47 - 52
RBC Count (Electrical Impedance)	4.88	million/cmm	4.7 - 6.0
MCV (Calculated)	86.5	fL	78 - 110
MCH (Calculated)	31.6	Pg	27 - 31
MCHC (Calculated)	36.5	%	30 - 35
RDW (Calculated)	14.4	%	11.5 - 14.0
WBC Parameters			
WBC Count (Flowcytometry)	4180	/cmm	4000 - 10500
DIFFERENTIAL WBC COUNT			
Neutrophils (%)	72 %	% Range 42.0 - 75.2	Abs. Value 3010 /cmm Abs. Range 1800 - 7700
Lymphocytes (%)	22 %	20 - 45	920 /cmm 1000 - 3900
Eosinophils (%)	01 %	1 - 4	42 /cmm 0 - 450
Monocytes (%)	05 %	2 - 8	209 /cmm 200 - 1000
Basophils (%)	00 %	0 - 1	0 /cmm 20 - 100
Platelete Parameter			
Platelet Count	243000	/cmm	150000 - 450000
MPV	9.1	fL	7.4 - 10.4
P-LCR	17.10	%	11.9 - 66.9
PDW	9.5	%	8.3 - 56.6
PCT (Platelet Haematocrit)	0.22	%	0.2 - 0.5

towards the healthiness...

Dr. Viral Jethava

This is an Electronically Authenticated Report.

Page 1 of 12

Dr. Viral R. Jethava

M.D. (Path, PDCC)



TEST REPORT

Name : Anil Rakhasiya	Reg. No : 404100600
Age/Sex : 40 Years / Male	Reg. Date : 12-Apr-2024 04:51 PM
Ref. By : Dr. PANCHMUKHI HOSPITAL / INSURANCE	Collected On : 12-Apr-2024 04:51 PM
Client Name : PANCHMUKHI HOSPITAL	Report Date : 12-Apr-2024 06:02 PM

BLOOD GROUP & RH

Specimen: EDTA and Serum; Method: Haemagglutination

Parameter	Result	Unit	Biological Ref. Interval
ABO	"AB"		
Rh (D)	Positive		

The Blood Group is done from received sample. Kindly ask for Blood Group Card. In case of any query, please contact Laboratory.

towards the healthiness...



Dr. Viral Jethava

This is an Electronically Authenticated Report.

Page 2 of 12

Dr. Viral R. Jethava

M.D. (Path, PDCC)



TEST REPORT

Name : Anil Rakhasiya	Reg. No : 404100600
Age/Sex : 40 Years / Male	Reg. Date : 12-Apr-2024 04:51 PM
Ref. By : Dr. PANCHMUKHI HOSPITAL / INSURANCE	Collected On : 12-Apr-2024 04:51 PM
Client Name : PANCHMUKHI HOSPITAL	Report Date : 12-Apr-2024 06:02 PM

Test	Result	Unit	Biological Ref. Interval
Erythrocyte sedimentation rate Sample, EDTA whole blood			
ESR (After 1 hour)	07	mm/hr	1 - 7

towards the healthiness...

D.R.J.

This is an Electronically Authenticated Report.

Page 3 of 12

Dr. Viral Jethava

Dr. Viral R. Jethava

M.D. (Path, PDCC)




TEST REPORT

Name : Anil Rakhasiya	Reg. No : 404100600
Age/Sex : 40 Years / Male	Reg. Date : 12-Apr-2024 04:51 PM
Ref. By : Dr. PANCHMUKHI HOSPITAL / INSURANCE	Collected On : 12-Apr-2024 04:51 PM
Client Name : PANCHMUKHI HOSPITAL	Report Date : 12-Apr-2024 06:02 PM

FASTING PLASMA GLUCOSE
 Specimen: Flouride plasma

Parameter	Result	Unit	Biological Ref. Interval
Fasting Blood Sugar (FBS) <i>HEXOKINASE</i>	79.20	mg/dL	<100 :Non-Diabetic 100-125 :Impaired Fasting Glucose (IFG) ≥126 :Diabetic
Urine Glucose -F <i>Glucose Oxidase-Peroxidase</i>	Nil		
Urine Acetone -F	Nil		

Criteria for the diagnosis of diabetes :

- HbA1c ≥ 6.5 %Or
- Fasting plasma glucose >126 gm/dL. Fasting is defined as no caloric intake at least for 8 hrs.Or
- Two-hour plasma glucose ≥ 200 mg/dL during an oral glucose tolerance test by using a glucose load containing the equivalent of 75 gm anhydrous glucose dissolved in water.Or
- In a patient with classic symptoms of hyperglycemia or hyperglycemic crisis, a random plasma glucose ≥ 200 mg/dL.

*In the absence of unequivocal hyperglycemia, criteria 1-3 should be confirmed by repeat testing.
 American diabetes association. Standards of medical care in diabetes 2011. Diabetes care 2011;34; S11.

towards the healthiness...

Dr. Viral Jethava

This is an Electronically Authenticated Report.

Page 4 of 12

Dr. Viral R. Jethava

M.D. (Path, PDCC)


TEST REPORT

Name : Anil Rakhasiya	Reg. No : 404100600
Age/Sex : 40 Years / Male	Reg. Date : 12-Apr-2024 04:51 PM
Ref. By : Dr. PANCHMUKHI HOSPITAL / INSURANCE	Collected On : 12-Apr-2024 04:51 PM
Client Name : PANCHMUKHI HOSPITAL	Report Date : 12-Apr-2024 06:02 PM

POST PRANDIAL PLASMA GLUCOSE

Specimen: Flouride plasma

Parameter	Result	Unit	Biological Ref. Interval
Post Prandial Blood Sugar (PPBS) <i>HEXOKINASE</i>	119.30	mg/dL	70 - 140
Urine Glucose- PP <i>Glucose Oxidase-Peroxidase</i>	Nil		
Urine Acetone- PP	Nil		

Criteria for the diagnosis of diabetes :

- HbA1c \geq 6.5 %Or
- Fasting plasma glucose $>$ 126 gm/dL. Fasting is defined as no caloric intake at least for 8 hrs.Or
- Two-hour plasma glucose \geq 200mg/dL during an oral glucose tolerance test by using a glucose load containing the equivalent of 75 gm anhydrous glucose dissolved in water.Or
- In a patient with classic symptoms of hyperglycemia or hyperglycemic crisis, a random plasma glucose \geq 200 mg/dL.

*In the absence of unequivocal hyperglycemia, criteria 1-3 should be confirmed by repeat testing.

American diabetes association. Standards of medical care in diabetes 2011. Diabetes care 2011;34: S11.

towards the healthiness...

Dr. Viral Jethava

This is an Electronically Authenticated Report.

Page 5 of 12

Dr. Viral R. Jethava

M.D. (Path, PDCC)


TEST REPORT

Name : Anil Rakhasiya	Reg. No : 404100600
Age/Sex : 40 Years / Male	Reg. Date : 12-Apr-2024 04:51 PM
Ref. By : Dr. PANCHMUKHI HOSPITAL / INSURANCE	Collected On : 12-Apr-2024 04:51 PM
Client Name : PANCHMUKHI HOSPITAL	Report Date : 12-Apr-2024 06:02 PM

LIPID PROFILE

Specimen: Serum

Parameter	Result	Unit	Biological Ref. Interval
Cholesterol <i>Cholesterol Oxidase</i>	183.70	mg/dL	Desirable : < 200.0 Borderline High : 200-239 High : > 240.0
Triglyceride <i>Enzymatic Reaction With Glycerol Kinase</i>	112.04	mg/dL	Normal : < 150.0 Borderline : 150-199 High : 200-499 Very High : > 500.0
HDL Cholesterol <i>Siemens AHDL</i>	42.03	mg/dL	High Risk : < 40 Low Risk : \geq 60
LDL Cholesterol <i>Siemens ALDL</i>	92.10	mg/dL	Optimal : < 100 Near Optimal/above optimal : 100-129 Borderline High : 130-159 High : 160-189 Very High : \geq 190
VLDL Cholesterol <i>Calculated</i>	22.41	mg/dL	15 - 35
LDL / HDL RATIO <i>Calculated</i>	2.19		0 - 3.5
Cholesterol /HDL Ratio <i>Calculated</i>	4.37		0 - 5.0

towards the healthiness...

Dr. Viral Jethava

This is an Electronically Authenticated Report.

Page 6 of 12

Dr. Viral R. Jethava

M.D. (Path, PDCC)


TEST REPORT

Name : Anil Rakhasiya	Reg. No : 404100600
Age/Sex : 40 Years / Male	Reg. Date : 12-Apr-2024 04:51 PM
Ref. By : Dr. PANCHMUKHI HOSPITAL / INSURANCE	Collected On : 12-Apr-2024 04:51 PM
Client Name : PANCHMUKHI HOSPITAL	Report Date : 12-Apr-2024 06:02 PM

RENAL FUNCTION TEST

Specimen: Serum

Parameter	Result	Unit	Biological Ref. Interval
Creatinine <i>ALKALINE PICRATE, COLORIMETRIC KINETIC</i>	0.72	mg/dL	0.7 - 1.3
eGFR	109.86	ml/min/1.73 sq m	Normal or High: ≥ 90 Mild decrease: 60-89 Mild moderate decrease: 45-59 Moderate to severe decrease: 30-44 Severe decrease: 15-29 Kidney failure: < 15
Urea <i>Calculated</i>	18.20	mg/dL	17 - 43
Blood Urea Nitrogen (BUN) <i>UREASE/GLDH</i>	8.50	mg/dL	7.0 - 18.0
Uric Acid <i>Uricase</i>	4.30	mg/dL	3.5 - 7.2
Sodium <i>Direct ion selective electrode</i>	138.60	mmol/L	137 - 145
Potassium <i>Direct ion selective electrode</i>	4.10	mmol/L	3.5 - 5.1
Chloride <i>Direct ion selective electrode</i>	100.10	mmol/L	98 - 107
Calcium <i>Cresolphthalein Complexone</i>	8.90	mg/dL	8.5 - 10.1

towards the healthiness...

Dr. Viral Jethava

This is an Electronically Authenticated Report.

Page 7 of 12

Dr. Viral R. Jethava

M.D. (Path, PDCC)


TEST REPORT

Name : Anil Rakhasiya	Reg. No : 404100600
Age/Sex : 40 Years / Male	Reg. Date : 12-Apr-2024 04:51 PM
Ref. By : Dr. PANCHMUKHI HOSPITAL / INSURANCE	Collected On : 12-Apr-2024 04:51 PM
Client Name : PANCHMUKHI HOSPITAL	Report Date : 12-Apr-2024 06:02 PM

HEMOGLOBIN A1 C (HBA1C)

Specimen: Blood EDTA

Parameter	Result	Unit	Biological Ref. Interval
HbA1C <i>Siemens Dimension</i>	5.00	%	Non-Diabetic : Normal : < 5.7 % Pre-Diabetes : 5.7 % - 6.4 % Diabetes : >6.4 % Diabetic : Poor Control : > 7.0 % Good Control : 6.0 % - 7.0 %
Mean Blood Glucose <i>Calculated</i>	96.80	mg/dL	Please correlate with clinical condition 90-115: Normal 115-133: Pre-Diabetic 134-150: Good Control 151-180: Average Control 181-210: Action Suggested >211: Panic Value

Explanation : Total hemoglobin A1 c is continuously synthesized in the red blood cell through its 120 days life span. The concentration of HBA1c in the cell reflects the average blood glucose concentration it encounters. The level of HBA1c increases proportionately in patients with uncontrolled diabetes. It reflects the average blood glucose concentration over an extended time period and remains unaffected by short-term fluctuations in blood glucose levels. The measurement of HbA1c can serve as a convenient test for evaluating the adequacy of diabetic control and in preventing various diabetic complications. Because the average half-life of a red blood cell is sixty days, HbA1c has been accepted as a measurement which reflects the mean daily blood glucose concentration, better than fasting blood glucose determination, and the degree of carbohydrate imbalance over the preceding two months. It may also provide a better index of control of the diabetic patient without resorting to glucose loading procedures

HbA1c assay Interferences : Presence of Hemoglobin variants and/or conditions that affect red cell turnover must be considered, particularly when the HbA1C result does not correlate with the patient's blood glucose levels.

towards the healthiness...

Dr. Viral Jethava

This is an Electronically Authenticated Report.

Page 8 of 12

Dr. Viral R. Jethava

M.D. (Path, PDCC)




TEST REPORT

Name : Anil Rakhasiya	Reg. No : 404100600
Age/Sex : 40 Years / Male	Reg. Date : 12-Apr-2024 04:51 PM
Ref. By : Dr. PANCHMUKHI HOSPITAL / INSURANCE	Collected On : 12-Apr-2024 04:51 PM
Client Name : PANCHMUKHI HOSPITAL	Report Date : 12-Apr-2024 06:02 PM

THYROID FUNCTION TEST

Parameter	Result	Unit	Biological Ref. Interval
Thyroid Stimulating Hormone (TSH) <small>CLIA</small>	1.230	μIU/ml	0.35 - 5.50

Remarks:

- 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 stimulates 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

Triiodothyronine (T3) <small>CLIA</small>	1.10	ng/mL	0.6 - 1.81
---	------	-------	------------

Clinical Significance:

- Triiodothyronine (T3) is a hormone synthesized and secreted by the thyroid gland in response to the pituitary hormone TSH and is regulated by a negative feedback mechanism involving the thyroid gland, pituitary gland, and hypothalamus.
- In the circulation, 99.7% of T3 is reversibly bound to transport proteins, primarily thyroxine-binding globulin (TBG) and to a lesser extent albumin and prealbumin. The remaining unbound T3 is free in the circulation and is metabolically active.
- In hypothyroidism and hyperthyroidism, FT3 levels parallel changes in total T3 levels. Measuring FT3 is useful in certain conditions such as normal pregnancy and steroid therapy, when altered levels of total T3 occur due to changes in T3 binding proteins, especially TBG.


Dr. Viral Jethava

This is an Electronically Authenticated Report.

Page 9 of 12

Dr. Viral R. Jethava

M.D. (Path, PDCC)

towards the healthiness...


TEST REPORT

Name : Anil Rakhasiya	Reg. No : 404100600
Age/Sex : 40 Years / Male	Reg. Date : 12-Apr-2024 04:51 PM
Ref. By : Dr. PANCHMUKHI HOSPITAL / INSURANCE	Collected On : 12-Apr-2024 04:51 PM
Client Name : PANCHMUKHI HOSPITAL	Report Date : 12-Apr-2024 06:02 PM

Thyroxine (T4) 11.40 µg/dL 4.5 - 12.6
CLIA

Clinical Significance :

- Thyroxin (T4) is a hormone synthesized and secreted by the thyroid gland in response to the pituitary hormone TSH and is regulated by a negative feedback mechanism involving the thyroid gland, pituitary gland, and hypothalamus. In the circulation, 99.95% of T4 is reversibly bound to transport proteins, primarily thyroxine-binding globulin (TBG) and to a lesser extent albumin and thyroxine-binding prealbumin. The remaining unbound T4 is free in the circulation and is both metabolically active and a precursor to T3.
- In hypothyroidism and hyperthyroidism, FT4 levels parallel changes in total T4 levels. Measuring FT4 is useful in certain conditions such as normal pregnancy and steroid therapy, when altered levels of total T4 occur due to changes in T4 binding proteins, especially TBG.

Limitations:

- The anticonvulsant drug phenytoin may interfere with total and FT4 levels due to competition for TBG binding sites.
- FT4 values may be decreased in patients taking carbamazepine.
- Thyroid autoantibodies in human serum may interfere and cause falsely elevated FT4 results.

towards the healthiness...

Dr. Viral R. Jethava

This is an Electronically Authenticated Report.

Page 10 of 12

Dr. Viral R. Jethava

M.D. (Path, PDCC)


TEST REPORT

Name : Anil Rakhasiya	Reg. No : 404100600
Age/Sex : 40 Years / Male	Reg. Date : 12-Apr-2024 04:51 PM
Ref. By : Dr. PANCHMUKHI HOSPITAL / INSURANCE	Collected On : 12-Apr-2024 04:51 PM
Client Name : PANCHMUKHI HOSPITAL	Report Date : 12-Apr-2024 06:02 PM

URINE ROUTINE EXAMINATION

Parameter	Result	Unit	Biological Ref. Interval
-----------	--------	------	--------------------------

PHYSICAL EXAMINATION

Quantity	10 cc
Colour	Yellow
Clarity	Hazy

CHEMICAL EXAMINATION (BY REFLECTANCE PHOTOMETRIC)

pH	6.0	4.6 - 8.0
Sp. Gravity	1.030	1.001 - 1.035
Protein	Nil	
Glucose	Nil	
Ketone Bodies	Nil	
Urobilinogen	Normal Present	
Bile salts:	Absent	Absent
Bile Pigments:	Absent	Absent
Nitrite	Nil	

MICROSCOPIC EXAMINATION (MANUAL BY MICROSCOPY)

Leucocytes (Pus Cells)	1 - 3/hpf
Erythrocytes (Red Cells)	Absent
Epithelial Cells	Occasional
Amorphous Material	Absent
Casts	Absent
Crystals	Absent
Bacteria	Absent


Dr. Viral Jethava

This is an Electronically Authenticated Report.

Page 11 of 12

Dr. Viral R. Jethava

M.D. (Path, PDCC)

towards the healthiness...


TEST REPORT

Name : Anil Rakhasiya	Reg. No : 404100600
Age/Sex : 40 Years / Male	Reg. Date : 12-Apr-2024 04:51 PM
Ref. By : Dr. PANCHMUKHI HOSPITAL / INSURANCE	Collected On : 12-Apr-2024 04:51 PM
Client Name : PANCHMUKHI HOSPITAL	Report Date : 12-Apr-2024 06:02 PM

LIVER FUNCTION TEST

Specimen : Serum

Parameter	Result	Unit	Biological Ref. Interval
Total Protein <i>BIURET</i>	6.99	g/dL	6.4 - 8.2
Albumin <i>Dye Binding - Bromocresol Purple (BCP)</i>	3.81	g/dL	3.40 - 5.00
Globulin <i>Calculated</i>	3.18	g/dL	2.3 - 3.5
A/G Ratio <i>Calculated</i>	1.20		0.8 - 3.1
SGOT (AST) <i>Siemens/37C</i>	24.10	U/L	15 - 37
SGPT (ALT) <i>Siemens/37C</i>	36.80	U/L	16 - 63
Alakaline Phosphatase <i>Siemens/37C</i>	88.10	U/L	46 - 116
Total Bilirubin <i>Diazo-Caffeine/Benzoate Coupling (Jendrassik-Grof) w/blank</i>	0.66	mg/dL	0.2 - 1
Conjugated Bilirubin <i>Diazo-Caffeine/Benzoate Coupling (Jendrassik-Grof) w/blank</i>	0.11	mg/dL	0 - 0.20
Unconjugated Bilirubin <i>Sulph acid dpl/caif-benz</i>	0.55	mg/dL	0.0 - 1.1

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

towards the healthiness...

Dr. Viral Jethava

This is an Electronically Authenticated Report.

Page 12 of 12

Dr. Viral R. Jethava

M.D. (Path, PDCC)



ANIL RAJHISIA 40 YM CHEST PA 12-Apr-24
NEELKANTH DIAGNOSTICS - RAJOT (DR. PRATIK SAGATHARA)

DGLL

ECHOCARDIOGRAPHY & COLOR DOPPLER

Patient Name : Anil Rakhasiya
Ref.By : Dr Dadhaniya Sir
Age/Sex : 40/M
Date : 12/4/24

SUMMARY OF 2D ECHO

LA, LV size Normal
No LVH
No RWMA at rest
Overall LVEF -60 %.

RA , RV size and function Normal
All valves appear Normal in structure

No E/O Vegetation / clot /Pericardial effusion
IAS / IVS intact
No shunt across great vessels
IVC Size Normal 14 mm and collapsing > 50% on deep inspiration

Colour Doppler

Mitral Valve: E/A ratio 1.2 , TDI s/o E*>A*
No MR

Tricuspid Valve: Trivial TR CW TR jet 28 mmHg
Estimated PASP 33 mm Hg

Aortic Valve: No AR
No significant LVOT gradient - AV PG Max 7 mm Hg

Pulmonary Valve : No PR , PV Max PG 5 mm Hg

FINAL IMPRESSION

Good LV systolic function at rest

Dr V H Maniyar

M.D., FNIC (Lilavati Hospital , Mumbai)

For Appointment

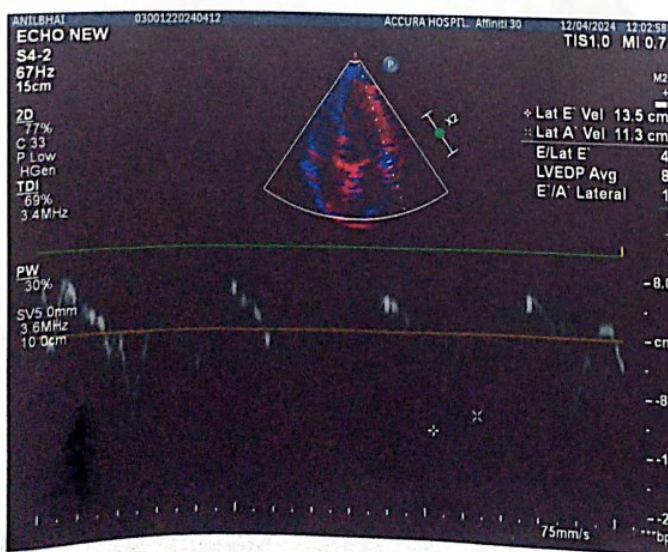
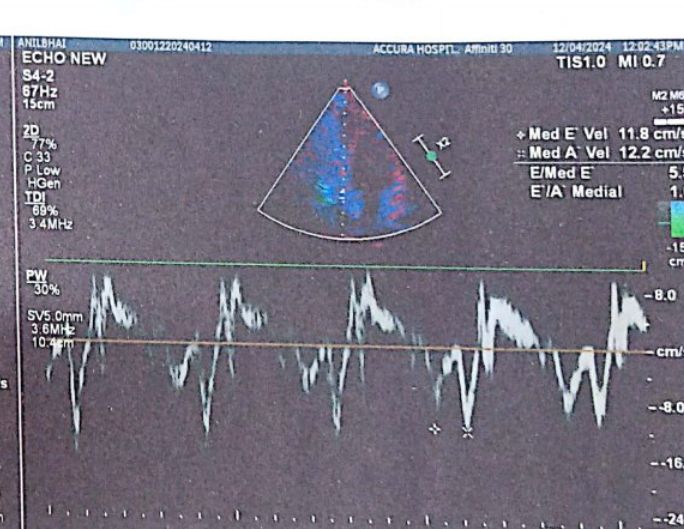
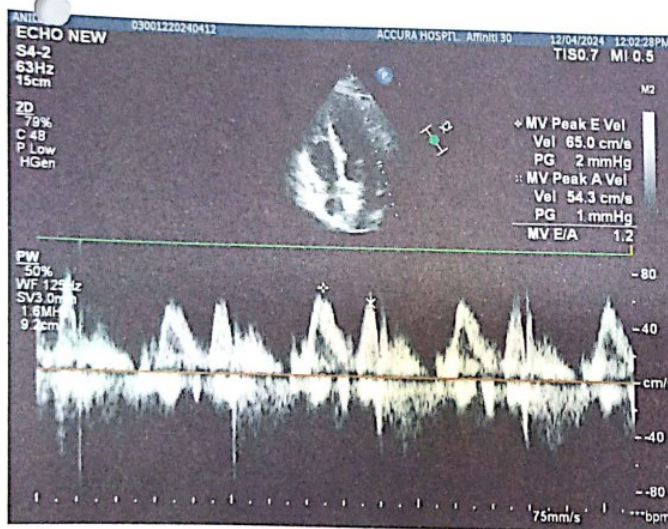
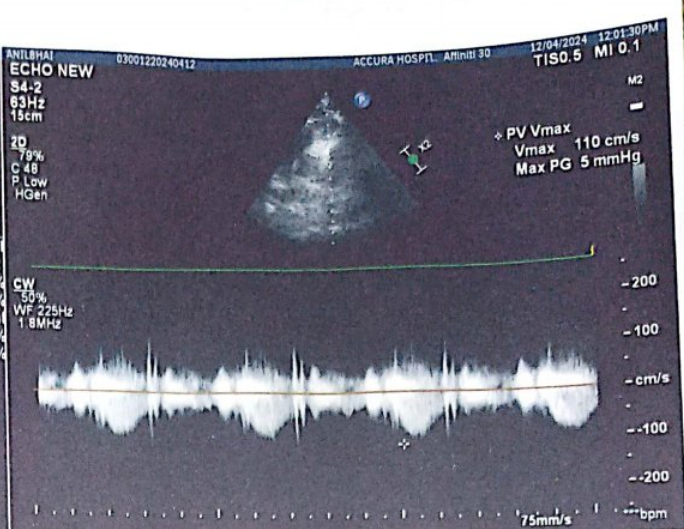
7 60 60 60 577

First Floor, Nilkanth Plaza, J. K. Park, Bapa Sitaram Chowk, Mavdi Main Road, RAJKOT- 360004.

7 60 60 60 577

Time : 10 to 1.30, 5 to 8

First Floor, Nilkanth Plaza, J. K. Park, Bapa Sitaram Chowk, Mavdi Main Road, RAJKOT- 360004.



60 60 60 577

First Floor, Nilkanth Plaza, J. K. Park, Bapa Sitaram Chowk, Mavdi Main Road, RAJKOT


Pt.'s Name: ANIL RAKHASIYA

Date: 12 April, 2024

Radiograph of chest (PA view)

- Both the lung fields are clear.
- No e/o consolidation, cavitations or collapse.
- Both the hila appears normal
- Both costophrenic angles appear clear.
- Both domes of diaphragm appear normal.
- Cardiac size is within normal limit.
- Bones underview reveals no evident abnormality.

Thanks for reference.



DR PRATIK KAGATHARA
MD

Krishna Arcade, 150 Feet Ring Road, Opp. Om Nagar (BRTS), Rajkot. Mo. 72838 42020

32 SLICE CT SCAN | 3D-4D SONOGRAPHY | COLOUR DOPPLER | X-RAY & PROCEDURE INTERVENTIONS

Pat.s' Name: ANIL RAKHASIYA

DATE: 12 April 2024

U.S.G. OF ABDOMEN AND PELVIS

- **LIVER:** is normal size and shows bright parenchymal echotexture. No focal lesion noted. Intrahepatic biliary radicals appear normal. C.B.D and portal vein appears normal in calibre.
- **GALL BLADDER:** Well distended and appears normal. No evidence of gallstone or changes of cholecystitis.
- **PANCREAS:** appears normal in size, shape, echogenicity and echotexture. No focal lesion noted. No e/o peripancreatic fluid collection.
- **SPLEEN:** normal in size, shape, echogenicity and echotexture. No focal lesion noted.
- **BOTH KIDNEYS:** are normal in size and echotexture. Cortical echogenicity appears normal. Cortico medullary differentiation is preserved. No e/o calculi or hydronephrosis on either side. **Concretion is seen at lower pole calyx of right kidney.**
- **URINARY BLADDER:** Well distended. No evidence of calculus, wall thickening, diverticula or mass lesion.
- **PROSTATE:** is normal in size, shape and echogenicity. No focal lesion.
- Visualised bowel loops show no evident abnormality. No e/o lymphadenopathy. RIF/ LIF CLEAR. Bilateral C-P angels clear.

CONCLUSION:

- **Grade I fatty changes in liver.**

Thanks for reference.


DR PRATIK KAGATHARA
MD

Krishna Arcade, 150 Feet Ring Road, Opp. Om Nagar (BRTS), Rajkot. Mo. 72838 42020

32 SLICE CT SCAN | 3D-4D SONOGRAPHY | COLOUR DOPPLER | X-RAY & PROCEDURE INTERVENTIONS