



बैंक ऑफ बरोडा
Bank of Baroda
India's International Bank

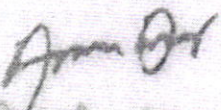
नाम
Name


अजय प्रतापसिंह राज
AJAY PRATAPSIH RAJ

कर्मचारी कुट्टक
E.C. No.

157792




जारीकर्ता प्राधिकारी
Issuing Authority


आमक के हस्ताक्षर
Signature Holder's



Patient Name : Ajay Pratapsinh Raj

Sample No. : 20240906182



Patient ID : 20240904707

Visit No. : OPD20240914693

Age / Sex : 56y/Male

Call. Date : 14/09/2024 08:51

Consultant : DR KANCHI DESAI

S. Coll. Date : 14/09/2024 09:02

Ward : -

Report Date : 14/09/2024 15:34

CBC, ESR

Investigation	Result	Normal Value
Hemoglobin :	15.1 gm/dl	13.5 to 18.0 gm/dl
P.C.V. :	44 %	42.0 to 52.0 %
M.C.V. :	83.5 fL	78 to 100 fL
M.C.H. :	28.7 pg	27 to 31 pg
M.C.H.C. :	34.3 g/dl	32 to 36 g/dl
RDW :	12.2 %	11.5 to 14.0 %
RBC Count :	5.27 X 10 ⁶ / cumm	4.7 to 6.0 X 10 ⁶ / cumm
Polymorphs :	75 % [H]	38 to 70 %
Lymphocytes :	23 %	15 to 48 %
Eosinophils :	1 %	0 to 6 %
Monocytes :	1 % [L]	3 to 11 %
Basophils :	0 %	0.0 to 1.0 %
Total :	100	< 100 > 100
WBC Count :	9600 /cmm	4000 to 10000 /cmm
Platelets Count :	255000 /cmm	1,50,000 to 4,50,000 /cmm
ESR - After One Hour :	6 mm/hr	1 to 13 mm/hr

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



Patient Name : Ajay Pratapsinh Raj	Sample No. : 20240906182
Patient ID : 20240904707	Visit No. : OPD20240914693
Age / Sex : 56y/Male	Call. Date : 14/09/2024 08:51
Consultant : DR KANCHI DESAI	S. Coll. Date : 14/09/2024 09:02
Ward : -	Report Date : 14/09/2024 15:34

Blood Group

Investigation	Result	Normal Value
BLOOD GROUP :		
ABO	B	
Rh	Positive	

FBS & PPBS


Investigation	Result	Normal Value
Blood Sugar (FBS) :	99 mg/dl	74 - 100 mg/dl
Urine Sugar (FUS) :	Nil	
Blood Sugar (PP2BS) :	98 mg/dl	70 to 120 mg/dl
Urine Sugar (PP2US) :	Nil	

HBA1C

Investigation	Result	Normal Value
Glycosylated Hb :	6 % [H]	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 :	125.5	

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




Patient Name : Ajay Pratapsinh Raj	Sample No. : 20240906182 
Patient ID : 20240904707	Visit No. : OPD20240914693
Age / Sex : 56y/Male	Call. Date : 14/09/2024 08:51
Consultant : DR KANCHI DESAI	S. Coll. Date : 14/09/2024 09:02
Ward : -	Report Date : 14/09/2024 15:43

RENAL FUNCTION TEST

Investigation	Result	Normal Value
Creatinine :	1 mg/dl	0.6 - 1.4 mg/dl
Urea :	25 mg/ dl	13 - 45 mg/dl
Uric Acid :	6.9 mg/dl	3.5 - 7.2 mg/dl
Calcium :	9.1 mg/dl	8.5 - 10.5
Phosphorus :	5 mg/dl	1.5 - 6.8

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



Patient Name : Ajay Pratapsinh Raj	Sample No. : 20240906182 
Patient ID : 20240904707	Visit No. : OPD20240914693
Age / Sex : 56y/Male	Call. Date : 14/09/2024 08:51
Consultant : DR KANCHI DESAI	S. Coll. Date : 14/09/2024 09:02
Ward : -	Report Date : 14/09/2024 15:34

Lipid Profile

Investigation	Result	Normal Value
Sample :	Fasting	
Sample Type :	Normal	
Cholesterol (Chol) :	149 mg/dl	Low risk : < 200 Moderate risk : 200 - 239 High risk : > or = 240
Triglyceride :	75 mg/dl	Normal : < 200.0 High : 200 - 499 Very High : > or = 500
HDL Cholesterol :	30 mg/dl [L]	Low risk: >or = 60 mg/dL High risk : Up to 35 mg/dL
LDL :	104 mg/dl [L]	131.0 to 159.0(N) < 130.0(L) > 159.0(H)
VLDL :	15 mg/dl	Up to 0 to 34 mg/dl
LDL/HDL Ratio :	3.47	Low risk : 0.5 to 3.0 Moderate risk : 3.0 to 6.0 Elevted level high > 6.0
Total Chol / HDL Ratio :	4.97	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 :	554 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



Patient Name : Ajay Pratapsinh Raj	Sample No. : 20240906182
Patient ID : 20240904707	
Age / Sex : 56y/Male	Visit No. : OPD20240914693
Consultant : DR KANCHI DESAI	Call. Date : 14/09/2024 08:51
Ward : -	S. Coll. Date : 14/09/2024 09:02
	Report Date : 14/09/2024 15:34

LFT (Liver Function Test)

Investigation	Result	Normal Value
Total Bilirubin :	0.4 mg/dl	0.2 to 1.0 mg/dl
Direct Bilirubin :	0.2 mg/dl	0.0 to 0.2 mg/dl
Indirect Bilirubin :	0.2 mg/dl	0.0 to 0.8 mg/dl
AST (SGOT) :	29 U/L	5 to 34 U/L
ALT (SGPT) :	44 U/L	0 to 55 U/L
Total Protein (TP) :	6.6 g/dL	6.4 to 8.3, g/dl
Albumin (ALB) :	4.1 g/dl	3.5 to 5.2 g/dl
Globulin :	2.5 g/dl	2.3 to 3.5 g/dl
A/G Ratio :	1.64	
Alkaline Phosphatase (ALP) :	172 U/L [H]	40 to 150 U/L
GAMMA GT. :	26 U/L	7 to 35 U/L

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



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: 0266-2954435 / 2326760 | 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. : 40901008010 Reg. Date : 14-Sep-2024 13:15 Collected On : 14-Sep-2024 13:15
 Name : Mr. AJAY RAJ Approved On : 14-Sep-2024 15:23
 Age : 56 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>	1.13	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>	3.050	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 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

This is an electronically authenticated report. "Please verify the authenticity of this report by scanning the QR code to ensure data integrity."

Test done from collected sample.

Printed On: 14-Sep-2024 15:25

Dr. Vishal Jhaveri
 M.B.B.S, Page 1 of 2
 Reg. G-13041

We are open 24 x 7 & 365 days

LLP Identification Number: AAN-8932



Unipath Specialty Laboratory (Baroda) LLP - Platinum Complex, Opp. HDFC Bank, Nr. Radha Krishna char rasta, Akota, Vadodara - 390020
 Phone: 0766-2354435 / 2326760 | Mobile: 7228800500 / 8155028222 | Email: info.baroda@unipathllp.in
 Unipath Specialty Laboratory (Baroda) LLP - Platinum Complex, Opp. HDFC Bank, Nr. Radha Krishna char rasta, Akota, Vadodara - 390020
 Mobile: 7228800500 / 8155028222 | Email: info.baroda@unipathllp.in
 Home Visit / OPD Reception : 9998724579



TEST REPORT

Reg. No. : 40901008010 Reg. Date : 14-Sep-2024 13:15 Collected On : 14-Sep-2024 13:15
 Name : Mr. AJAY RAJ Approved On : 14-Sep-2024 14:40
 Age : 56 Years Gender : Male Ref. No. : Dispatch At :
 Ref. By : Tele No. :
 Location : SAVITA SUPERSPECIALTY HOSPITAL @ WAGHODIYA ROAD

Test Name	Results	Units	Bio. Ref. Interval
PSA	0.700	ng/mL	0 - 4

Method: CLIA

Sample Type: Serum

Useful For

- Evaluating patients with documented prostate problems in whom multiple prostate-specific antigen tests may be necessary per year
- Monitoring patients with a history of prostate cancer as an early indicator of recurrence and response to treatment.
- Prostate cancer screening.

Comments

-Prostate-specific antigen (PSA) is a glycoprotein that is produced by the prostate gland, the lining of the urethra, and the bulbourethral gland. Normally, very little PSA is secreted in the blood. Increases in glandular size and tissue damage caused by benign prostatic hypertrophy, prostatitis, or prostate cancer may increase circulating PSA levels.
 -Digital rectal examination generally does not increase normal prostate-specific antigen (PSA) values. However, cystoscopy, urethral instrumentation, and prostate biopsy may increase PSA levels.

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

This is an electronically authenticated report. "Please verify the authenticity of this report by scanning the QR code to ensure data integrity."
 Test done from collected sample.

Printed On: 14-Sep-2024 15:25

Dr. Vaishali Bhatt
 M.B.B Page 2 of 2
 Reg No :- G-18266

LLP Identification Number: AAN-8932

We are open 24 x 7 & 365 days



Patient Name : Ajay Pratapsinh Raj

Sample No. : 20240906182



Patient ID : 20240904707

Visit No. : OPD20240914693

Age / Sex : 56y/Male

Call. Date : 14/09/2024 08:51

Consultant : DR KANCHI DESAI

S. Coll. Date : 14/09/2024 09:02

Ward : -

Report Date : 14/09/2024 15:34

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 :	1.005	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 :	1-2 /hpf	

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



PATIENT NAME: AJAY P RAJ

AGE/SEX: 56 YRS/M

DATE: Saturday, 14 September 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 (24.1 cc). 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: AJAY P RAJ

AGE/SEX: 56 YEARS/M

DATE: Saturday, 14 September 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.



2D-ECHOCARDIOGRAPHY AND COLOR DOPPLER REPORT

NAME: AJAY RAJ

AGE/SEX: 56 YRS/MALE

DATE: 14/09/2024

REF BY: DIRECT

OBSERVATION:

- NORMAL LV SIZE AND NORMAL LV SYSTOLIC FUNCTION. LVEF = 60% (VISUAL).
- NO RWMA AT REST.
- GRADE I LV DIASTOLIC DYSFUNCTION.
- TRIVIAL 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: 33MM

AO: 26MM


IVS: 12/15MM

LVPW: 11/14MM

LVID: 45/27MM

CONCLUSION:

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


DR. NIRAV BHALANI
[CARDIOLOGIST]

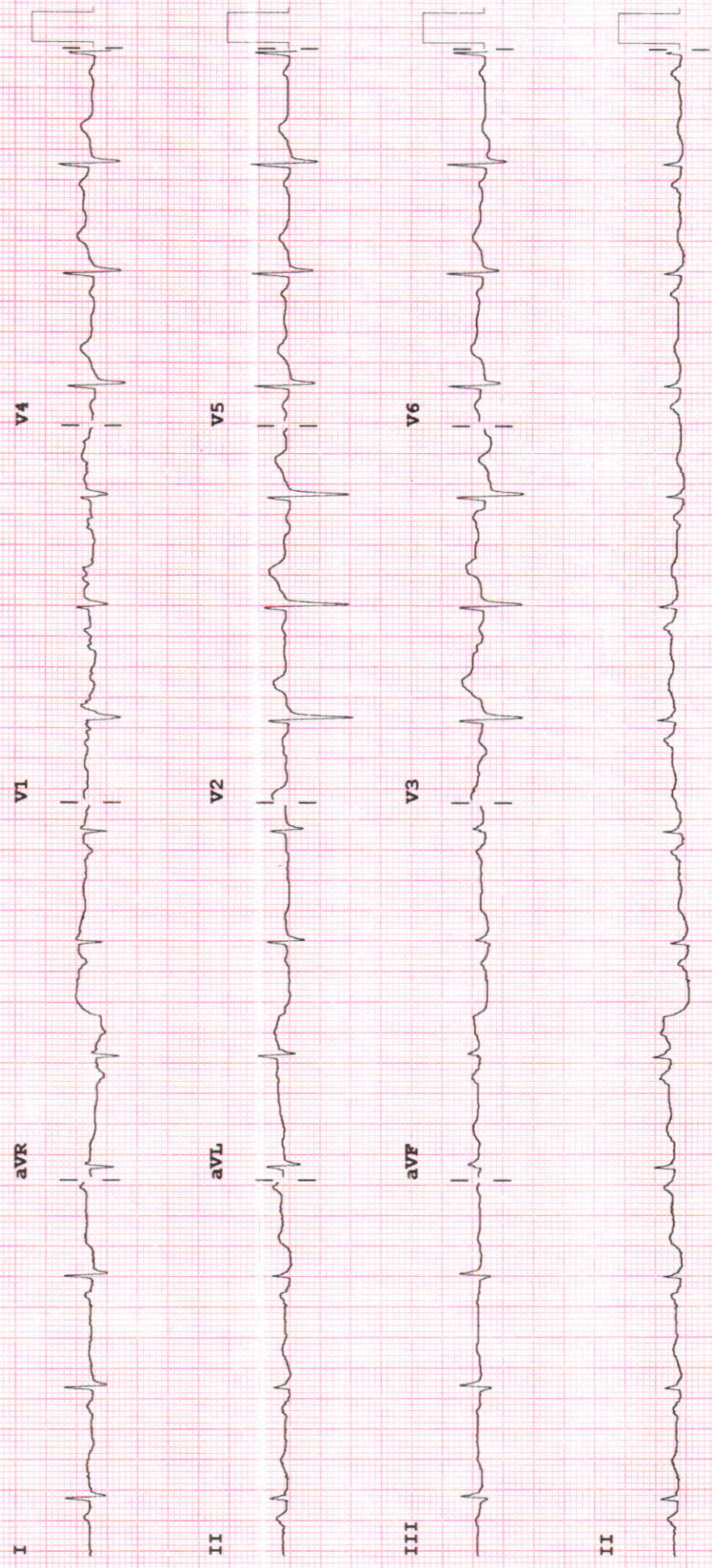
DR. ARVIND SHARMA
[CARDIOLOGIST]

14-Sep-24 9:53:43 AM

AJAYBHAI RAJ
Male

56 Years

Rate 82
 PR 168
 QRSD 80
 QT 364
 QTc 425
 --AXIS--
 P 50
 QRS 57
 T 72
 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?

REORDER M242B

for PHILIPS



Examination by Physician

Name : AJAY PRATAPSIKH RAJ

Reg. No : 20240904707

Age/ Sex : 56Y/MALE

DOE : 14-09-2024

Physical Examination

Height: 82 kg Weight: 164 cm BMI: _____ Tempera
ture: _____ Pulse: 110 BP: 121/90

SPO2-98%

Chief Complaints:

Routine check up

Past History:

K100 Hypothyroidism on
Thyronorm 50mg

Examination:

General Examination:

NAD

Systemic Examination:

NAD

Investigation:

RBS

98mg/dl

ECG

OK

Others

USA 510- grade I fatty liver

Advice:

- avoid oily food.
- Exercise

Signature _____





Examination by Ophthalmologist

Name : AJAY PRATAPSIKH RAJ

Reg. No : 20240904707

Age/ Sex : 56Y/MALE

DOE : 14-09-2024

Nil

Medical History:

RECE 201 x 5 years.

plus Thyroid - Ours

plus CA (?) Brain Sp done

Examination of Eye: Right LEFT

External Examination:

Anti seg Examination:

Schiot Tonometry IOP:

Fundus:

Without Glass Distant Vision: _____

Near Vision: _____

With Glass Distant Vision: 6/12 6/6

Near Vision: N6 N6

Colour Vision (With Ishihara Chart): WNL

Impression: LE IMSC

Advice: LE Cataract Sp

Signature: 





Examination by DENTAL

Name : AJAY PRATAPSIKH R/AJ

Reg. No : 20240904707

Age/sex : 56Y/MALE

DOE : 14-09-2024

Presenting Complaints:

Routine checkup

Medical History:

Hypothyroidism,

Examination:

Root Grumpior 75, Calculus + stain +

Impression:

Advice:

Extraction in 75, scaling and polishing
FPD in 7456

Signature:

