RAUJI, HITENDRAKUMAR

23-Mar-24 8:53:31 AM

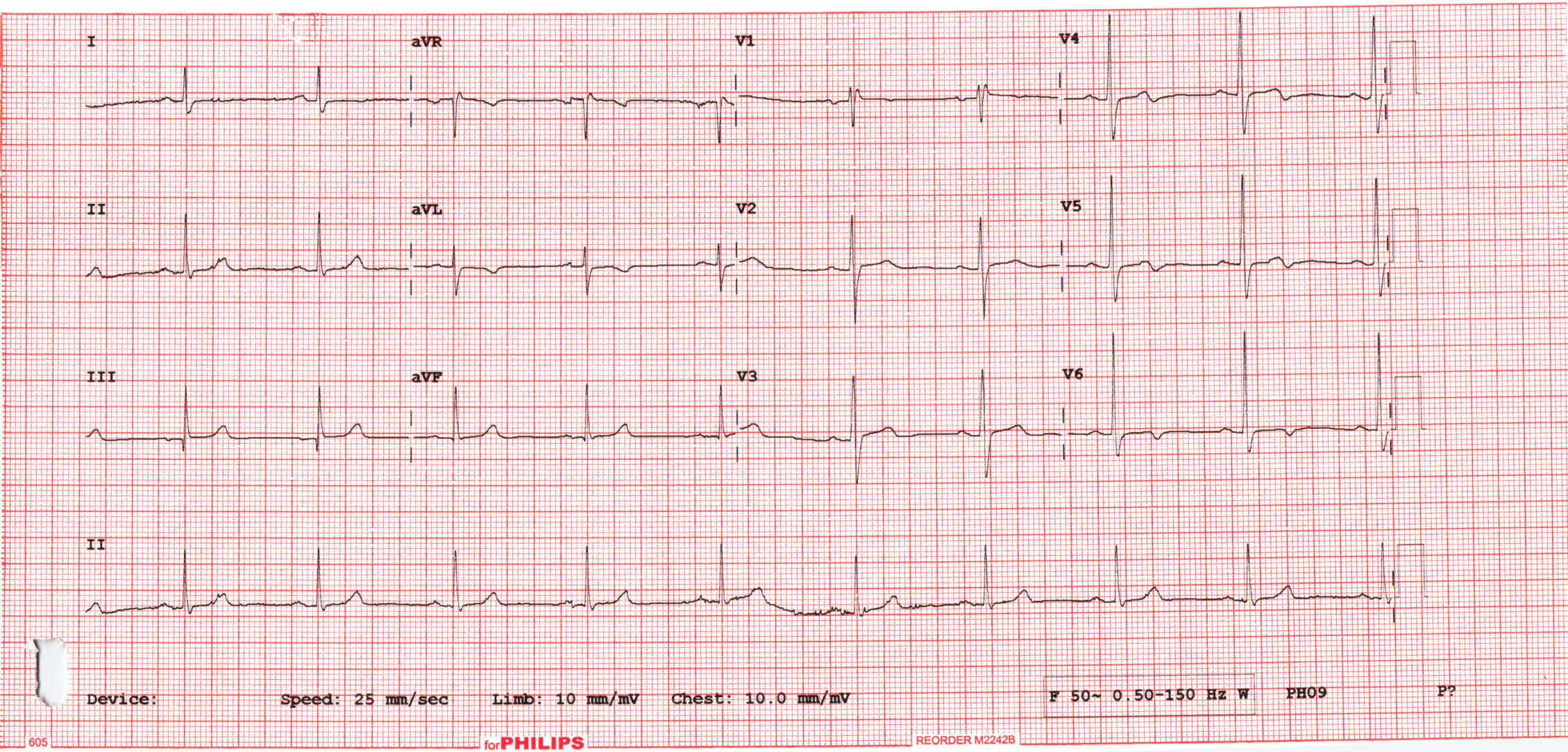
59 Years Male

Rate	59
PR	180
QRSD	100
QT	392
QTc	389

--AXIS--

P	17
QRS	80
T	86

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?

605 forPHILIPS REORDER M2242B

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2D-ECHOCARDIOGRAPHY AND COLOR DOPPLER REPORT

NAME: HITENDRAKUMAR RAULJI **AGE/SEX:59 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.*
- 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: 33MM **AO: 30MM** **IVS: 12/14MM** **LVPW: 11/13MM** **LVID: 45/27MM**

CONCLUSION:

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

Nirav

DR.NIRAV BHALANI
[CARDIOLOGIST]

DR.ARVIND SHARMA
[CARDIOLOGIST]

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PATIENT SAFETY & QUALITY OF CARE
NABH (ENTRY LEVEL)
CERTIFIED

PATIENT NAME: HITENDRAKUAMR RAULJI	
AGE/SEX: 59 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 SIGNFICANT 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.

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PATIENT NAME: HITENDRAKUMAR RAULJI	
AGE/SEX: 59 YRS/M	DATE: Saturday, 23 March 2024

ULTRASOUND OF ABDOMEN & PELVIS

LIVER appears normal in size and **shows raised parenchymal echogenicity.** ***Few tiny anechoic cystic lesions noted in right lobe of liver.*** 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 (27 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 with few tiny hepatic cysts.**

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

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PATIENT SAFETY & QUALITY OF CARE NABH (ENTRY LEVEL) CERTIFIED

Patient Name :	Hitendrakumar . Raulji	**Sample No. :**	20240314621
Patient ID :	20240309090	**Visit No. :**	OPD20240328986
Age / Sex :	59y/Male	**Call. Date :**	23/03/2024 09:25
Consultant :	DR SAURABH JAIN	**S. Coll. Date :**	23/03/2024 11:26
Ward :	-	**Report Date :**	23/03/2024 19:06

CBC, ESR

Investigation	Result	Normal Value
Hemoglobin :	13.9 gm/dl	13.5 to 18.0 gm/dl
P.C.V. :	41.9 % [L]	42.0 to 52.0 %
M.C.V. :	84.6 fL	78 to 100 fL
M.C.H. :	28.1 pg	27 to 31 pg
M.C.H.C. :	33.2 g/dl	32 to 36 g/dl
RDW :	11.3 %	11.5 to 14.0 %
RBC Count :	4.95 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 :	4400 /cmm	4000 to 10000 /cmm
Platelets Count :	209000 / cmm	1,50,000 to 4,50,000 /cmm
ESR - After One Hour :	7 mm/hr	1 to 13 mm/hr

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

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Blood Group

Investigation	Result	Normal Value
BLOOD GROUP :		
ABO	B	
Rh	Positive	

RENAL FUNCTION TEST

Investigation	Result	Normal Value
Creatinine :	1.1 mg/dl	0.6 - 1.4 mg/dl
Urea :	10 mg/ dl	13 - 45 mg/dl
Uric Acid :	5 mg/dl	3.5 - 7.2 mg/dl
Calcium :	8.9 mg/dl	8.5 - 10.5

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FBS & PPBS

Investigation	Result	Normal Value
Blood Sugar (FBS) :	102 mg/dl	74 - 100 mg/dl
Urine Sugar (FUS) :	Nil	
Blood Sugar (PP2BS) :	112 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	

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Lipid Profile

Investigation	Result	Normal Value
Sample :	Fasting	
Sample Type :	Normal	
Cholesterol (Chol) :	155 mg/dl	Low risk : < 200 Moderate risk : 200 - 239 High risk : > or = 240
Triglyceride :	70 mg/dl	Normal : < 200.0 High : 200 - 499 Very High : > or = 500
HDL Cholesterol :	43 mg/dl	Low risk: >or = 60 mg/dL High risk : Up to 35 mg/dL
LDL :	98 mg/dl [L]	131.0 to 159.0(N) < 130.0(L) > 159.0(H)
VLDL :	14 mg/dl	Up to 0 to 34 mg/dl
LDL/HDL Ratio :	2.28	Low risk : 0.5 to 3.0 Moderate risk : 3.0 to 6.0 Elevted level high > 6.0
Total Chol / HDL Ratio :	3.6	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 :	568 mg/dl	400 to 700 mg/dl

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

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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) :	16 U/L	5 to 34 U/L
ALT (SGPT) :	15 U/L	0 to 55 U/L
Total Protein (TP) :	6 g/dL [L]	6.4 to 8.3, g/dl
Albumin (ALB) :	4 g/dl	3.5 to 5.2 g/dl
Globulin :	2 g/dl	2.3 to 3.5 g/dl
A/G Ratio :	2	
Alkaline Phosphatase (ALP) :	60 U/L	40 to 150 U/L
GAMMA GT. :	10 U/L	7 to 35 U/L

MDesai

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

MC-4074

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

TEST REPORT

Reg. No.	: 40301014669	**Reg. Date**	: 23-Mar-2024 12:11	**Collected On**	: 23-Mar-2024 12:11
Name	: Mr. HITENDRA RAULJI			**Approved On**	: 23-Mar-2024 13:23
Age	: 59 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)	1.25	ng/mL	0.6 - 1.81
Method:CLIA			
T4 (Thyroxine)	9.60	µg/dL	4.5 - 12.6
Method:CLIA			
TSH (ultra sensitive)	1.500	µIU/mL	0.55 - 4.78
Method:CLIA			
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-relasing 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

Referance : Carl A.Burtis,Edward R.Ashwood,David E.Bruns. Tietz Textbook of Clinical Chemistry and Molecular Diagnostics. 5th Eddition. Philadelphia: WB Sounders,2012:2170

This is an electronically authenticated report.

Test done from collected sample.

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

Printed On: 23-Mar-2024 14:10

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LLP Identification Number: AAN-8932

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Age	: 59 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	0.380	ng/mL	0 - 4

Method:CLIA

Sample Type:Serum

Useful For

1. Evaluating patients with documented prostate problems in whom multiple prostate-specific antigen tests may be necessary per year
2. Monitoring patients with a history of prostate cancer as an early indicator of recurrence and response to reatment.
3.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.

Test done from collected sample.

Dr. Vaishali Bhatt
M.B.B.S., D.C.P.
Reg No. : G-18266

Printed On: 23-Mar-2024 14:10

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LLP Identification Number: AAN-8932

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Urine R/M

Investigation	Result	Normal Value
Quantity - :	20 ml	
Colour - :	Pale Yellow	
Reaction (pH) :	6.5	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
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PATIENT SAFETY & QUALITY OF CARE
NABH (ENTRY LEVEL) CERTIFIED

Examination by Ophthalmologist

Name: HITENDRAKUMAR RAULJI

Reg. No: 20240309090

Age/ Sex: 59/MALE

DOE: 23/03/2024

came for routine check up

Medical History:

Nil

Examination of Eye:	**Right**	**LEFT**
External Examination:	(N)	(N)
Anti seg Examination:	(N)	(N)
Schiot Tonometry IOP:	17	18
Fundus:	WNL	
Without Glass Distant Vision:	6/18	6/12
Near Vision:	N18	N18
With Glass Distant Vision:	6/6	6/6
Near Vision:	N6	N6
Colour Vision (With Ishihara Chart):	(N)	(N)

(RE) -1.75 x 16

Impression:

Normal

Advice:

Signature:

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PATIENT SAFETY & QUALITY OF CARE
NABH (ENTRY LEVEL) CERTIFIED

Examination by DENTAL

Name: HITENDRAKUMAR RAULJI

Reg. No: 20240309090

Age/sex 59/MALE

DOE: 23/03/2024

Presenting Complaints:

Came for routine dental check-up

Medical History:

No relevant history

Examination:

Severe calculus on molars

Impression:

Advice:

Advised for ngl + gucd

Signature:

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PATIENT SAFETY & QUALITY OF CARE
NABH (ENTRY LEVEL) CERTIFIED

Examination by Physician

Name: HITENDRAKUMAR RAULJI Reg. No: 20240309090

Age/ Sex: 59/MALE DOE: 23/03/2024

Physical Examination

Height: 166 cm Weight: 80 kg BMI: 29.03

Temperature: _____ Pulse: 62 BP: 142/92

ChiefComplaints: SPO2 - 98%

NO complaints

PastHistory:

NAD

Examination:

General Examination:

NAD

Systemic Examination:

NAD

Investigation:

RBS _____

ECG _____

Others _____

Advice: FFD | BP monitoring.
ADD | daily exercise.

Signature _____

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