

1100 Sinus rhyt.
1470 with occasional supraventricular premature complexes
9140 ** abnormal rhythm ECG **

Rajinbhai

R

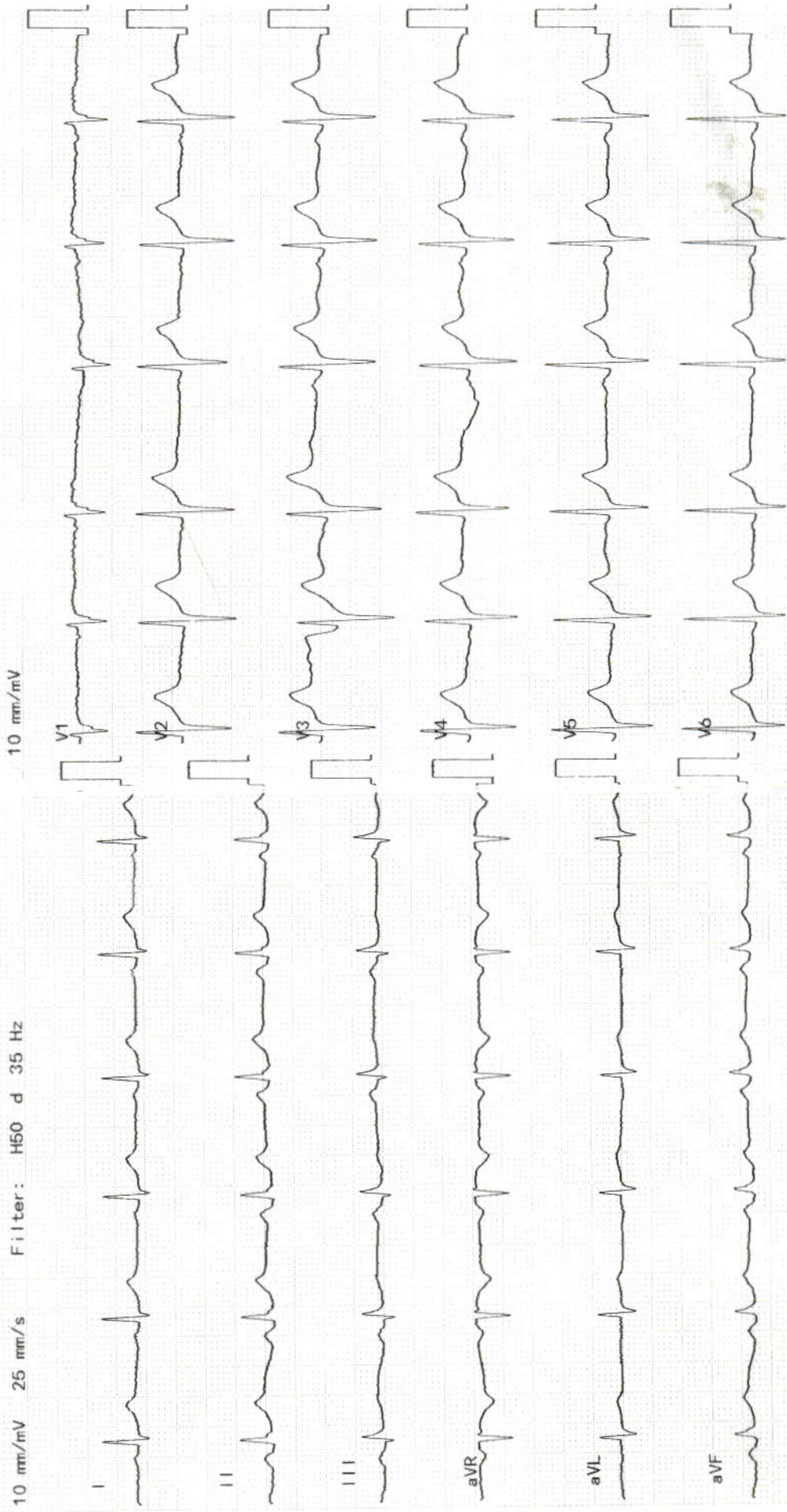
Unconfirmed Report
Reviewed by:

years

Birth date: / mmHg

Sex: M kg

Indication:
Symptoms:
History:
Heart rate 75 bpm
PR int 150 ms
RS dur 90 ms
RT/QTc(E) int 358/386 ms
P/QRS/T axis 71/41/44 °
RV5/SV1 amp 1.15/0.59 mV
RV5+SV1 amp 1.75 mV



Patient Name: RAJIV RANJAN		UHID: 361284	
Age / Sex: 49 Yrs. / Male		Study:	USG Abdomen + Pelvis
Referred By:	Dr. at shalby Hospital	Date: 08/03/2024	

ULTRASOUND OF ABDOMEN AND PELVIS

Liver is normal in size shows grade II fatty changes. No focal lesion seen. The Hepatic veins appear normal. No evidence of dilated I.H.B.R. Portal vein appears normal.

Gall bladder is well distended and appears normal. No evidence of calculi seen. Wall appears normal. No pericholecystic fluid seen. CBD appears normal.

Pancreas appears normal in size and echotexture.
Spleen appears normal in size and appearance. No focal lesion seen.

Right kidney It shows normal echotexture and corticomedullary differentiation. There is no evidence of scarring, hydronephrosis.

Left kidney It shows normal echotexture and corticomedullary differentiation. There is no evidence of scarring, hydronephrosis.

Bilateral small renal calyceal concretions (2 to 3 mm.)

Urinary bladder well distended and appears normal. No evidence of any intraluminal mass or calculi.

Prostate is moderate enlarged in size and measures 36 x 41 x 47 mm (Approx. vol- 37 cc). It has smooth outlines and normal reflectivity.

No ascites is seen. No abnormal bowel wall thickening and dilatation seen.

IMPRESSION:

- Bilateral small renal calyceal concretions (2 to 3 mm.) 10mm
- Moderate prostatomegaly.
- Grade II fatty liver.

Thanks for referral.

DR. ASHUTOSH GANDHI
DMRD (Radiodiagnosis)
G-14916

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CIN: L85110GJ2004PLC044667

SHALBY HOSPITAL
NR. NAVYUG COLLAGE, RANDEK ROAD
SURAT

Station
Telephone:

EXERCISE STRESS TEST REPORT

Patient Name: RAJIV RANJAN,
Patient ID: 361284
Height:
Weight:

DOB: 02.11.1974
Age: 49yrs
Gender: Male
Race: Asian

Study Date: 09.03.2024
Test Type: --
Protocol: BRUCE

Referring Physician: --
Attending Physician: --
Technician: --

Medications:
--

Medical History:
--

Reason for Exercise Test:
--

Exercise Test Summary

Phase Name	Stage Name	Time in Stage	Speed (km/h)	Grade (%)	HR (bpm)	BP (mmHg)	Comment
PRETEST	SUPINE	00:06	0.00	0.00	88	120/80	
EXERCISE	STANDING	00:05	0.00	0.00	88		
	STAGE 1	03:00	2.70	0.00	109		
	STAGE 2	03:00	4.00	12.00	134	140/80	
	STAGE 3	01:05	5.40	14.00	150	170/80	
RECOVERY		04:01	0.00	0.00	93	140/80	

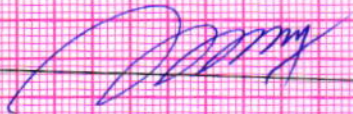
The patient exercised according to the BRUCE for 7:05 min:s, achieving a work level of Max. METS: 10.00. The resting heart rate of 88 bpm rose to a maximal heart rate of 151 bpm. This value represents 88 % of the maximal, age-predicted heart rate. The resting blood pressure of 120/80 mmHg, rose to a maximum blood pressure of 170/80 mmHg. The exercise test was stopped due to Target heart rate achieved.

Interpretation

Summary: Resting ECG: normal.
Functional Capacity: normal.
HR Response to Exercise: appropriate.
BP Response to Exercise: normal resting BP - appropriate response.
Chest Pain: none.
Arrhythmias: none.
ST Changes: none.
Overall impression: Normal stress test.

Conclusions

TMT IS NEGATIVE FOR INDUCIBLE ISCHEMIA

Physician 

Technician _____

RAJIV RANJAN,
Patient ID 361284

Tabular Summary

SHALBY HOSPITAL

09.03.2024 Male
10:36:13 49yrs Asian
Meds:

Test Reason:
Medical History:

Ref. MD: Ordering MD:
Technician: Test Type:
Comment:

BRUCE: Total Exercise Time 07:05
Max HR: 151 bpm 88% of max predicted 171 bpm HR at rest: 88
Max BP: 170/80 mmHg BP at rest: 120/80 Max RPP: 23290 mmHg*bpm
Maximum Workload: 10.00 METS
Max. ST: -1.05 mm, 0.00 mV/s in V6; EXERCISE STAGE 3 06:59
Arrhythmia: A:16, PSVC:1
ST/HR index: 1.61 μ V/bpm
Reasons for Termination: Target heart rate achieved
Summary: Resting ECG: normal. Functional Capacity: normal. HR Response to Exercise: appropriate. BP Response to Exercise: normal resting BP - appropriate response. Chest Pain: none. Arrhythmias: none. ST Changes: none. Overall impression: Normal stress test
Conclusion: TMT IS NEGATIVE FOR INDUCIBLE ISCHEMIA
Location Number: * 0 *

Phase Name	Stage Name	Time in Stage	Speed (km/h)	Grade (%)	Workload (METS)	HR (bpm)	BP (mmHg)	RPP (mmHg*bpm)	VE (/min)	ST Level (V6 mm)	Comment
PRETEST	SUPINE	00:06	0.00	0.00	1.0	88	120/80	10560	0	0.35	
EXERCISE	STANDING	00:05	0.00	0.00	1.0	88			0	0.25	
	STAGE 1	03:00	2.70	0.00	2.2	109			0	0.05	
	STAGE 2	03:00	4.00	12.00	7.0	134	140/80	18760	0	-0.30	
RECOVERY	STAGE 3	01:05	5.40	14.00	10.0	150	170/80	25500	0	-0.80	
		04:01	0.00	0.00	1.0	93	140/80	13020	0	-0.50	

RAJIV RANJAN,
Patient ID 361284
09.03.2024
10:36:25

12-Lead Report

86 bpm
120/80 mmHg

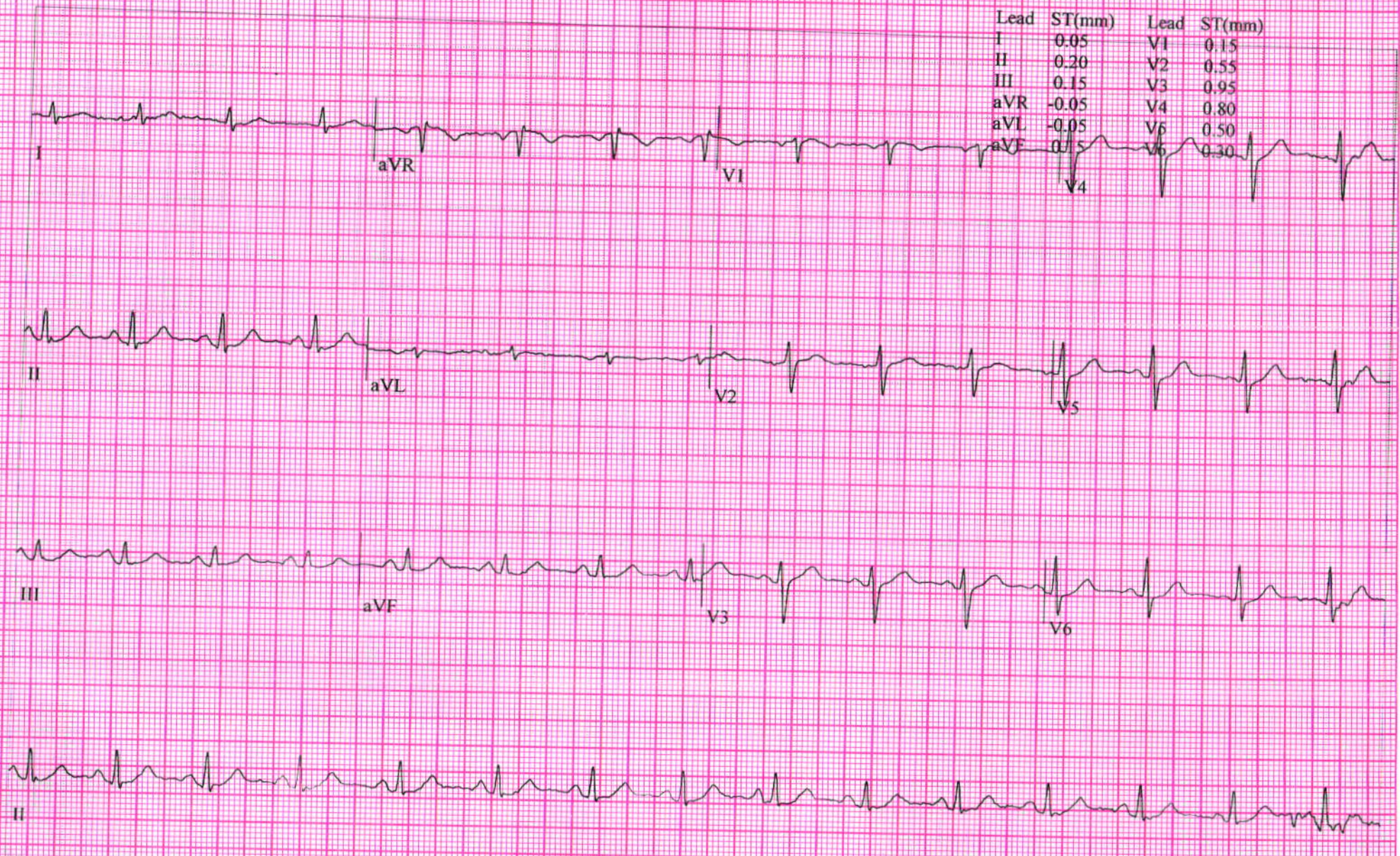
PRETEST
STANDING
00:07

BRUCE
0.0 km/h
0.0 %

SHALBY HOSPITAL

Measured at 60ms Post J (10mm/mV)
Auto Points

Lead	ST(mm)	Lead	ST(mm)
I	0.05	V1	0.15
II	0.20	V2	0.55
III	0.15	V3	0.95
aVR	-0.05	V4	0.80
aVL	-0.05	V5	0.50
aVF	0.15	V6	0.30



RAJIV RANJAN,
Patient ID 361284
09.03.2024
10:39:18

109 bpm

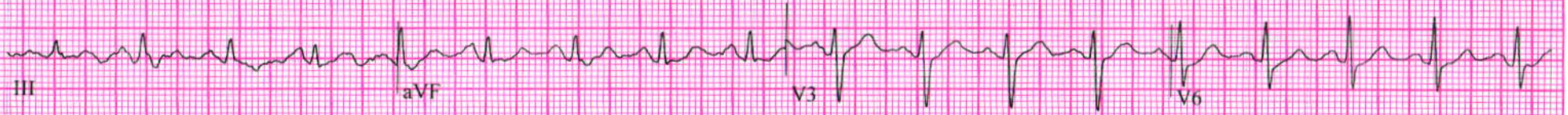
12-Lead Report
EXERCISE
STAGE I
02:50

BRUCE
2.7 km/h
0.0 %

SHALBY HOSPITAL

Measured at 60ms Post J (10mm/mV)
Auto Points

Lead	ST(mm)	Lead	ST(mm)
I	0.20	V1	0.25
II	0.25	V2	0.55
III	0.05	V3	0.95
aVR	-0.20	V4	0.90
aVL	0.05	V5	0.55
aVF	0.15	V6	0.15



RAJIV RANJAN,
Patient ID 361284
09.03.2024
10:42:18

12-Lead Report

SHALBY HOSPITAL

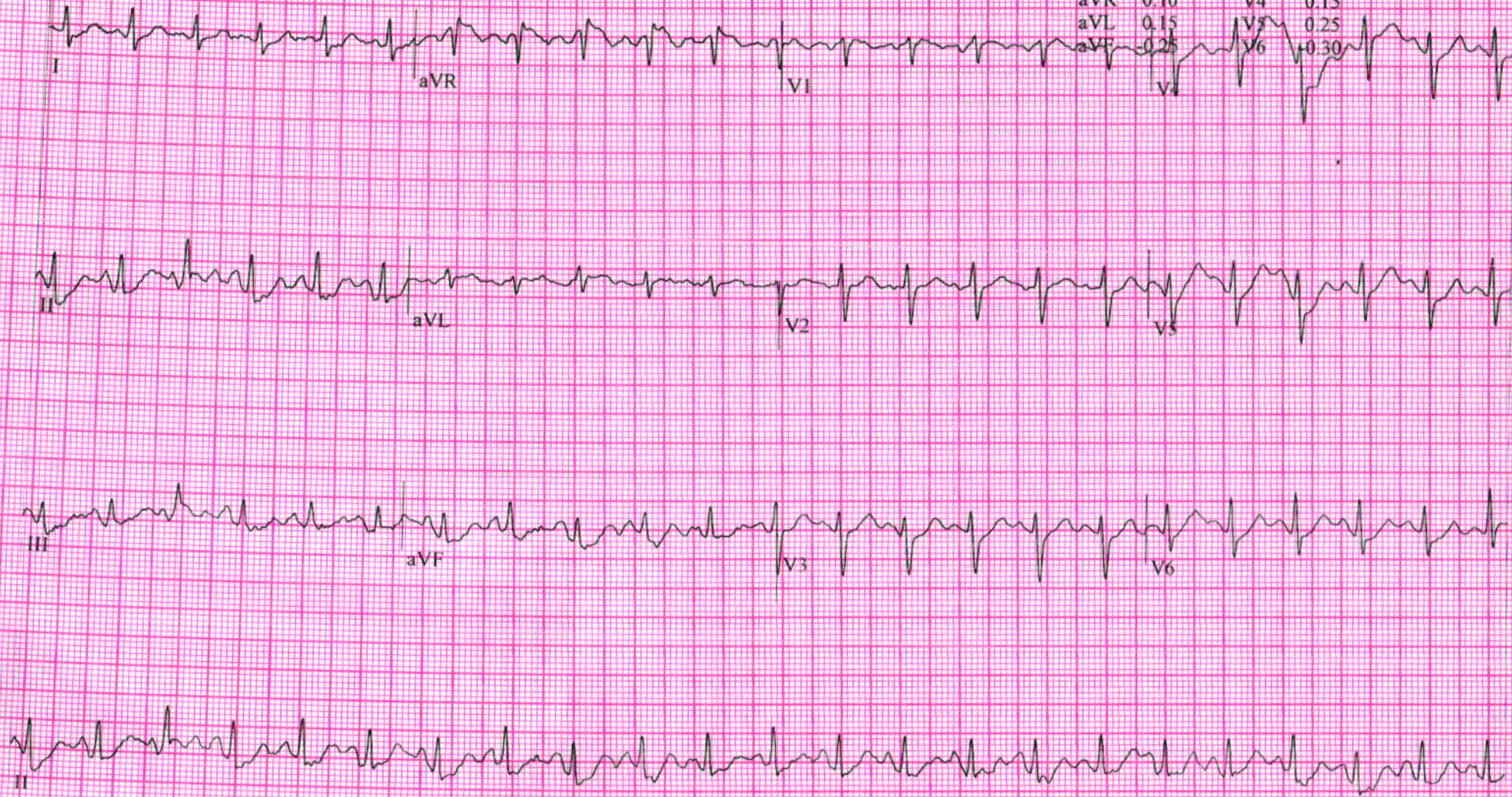
136 bpm
140/80 mmHg

EXERCISE
STAGE 2
05:50

BRUCE
4.0 km/h
12.0 %

Measured at 60ms Post J (10mm/mV)
Auto Points

Lead	ST(mm)	Lead	ST(mm)
I	0.00	V1	0.35
II	-0.30	V2	0.45
III	-0.30	V3	0.30
aVR	0.10	V4	0.15
aVL	0.15	V5	0.25
aVF	-0.25	V6	-0.30



RAJIV RANJAN,
Patient ID 361284
09.03.2024
10:43:33

12-Lead Report (PEAK EXERCISE)

SHALBY HOSPITAL

150 bpm
170/80 mmHg

EXERCISE
STAGE 3
07:05

BRUCL
5.4 km/h
14.0 %

Measured at 60ms Post J (10mm/mV)
Auto Points

Lead	ST(mm)	Lead	ST(mm)
I	-0.25	V1	0.35
II	-0.85	V2	0.45
III	-0.55	V3	-0.05
aVR	0.50	V4	-0.20
aVL	0.15	V5	-0.70
aVF	0.65	V6	0.80



RAJIV RANJAN,
Patient ID 361284
09.03.2024
10:44:23

12-Lead Report

122 bpm

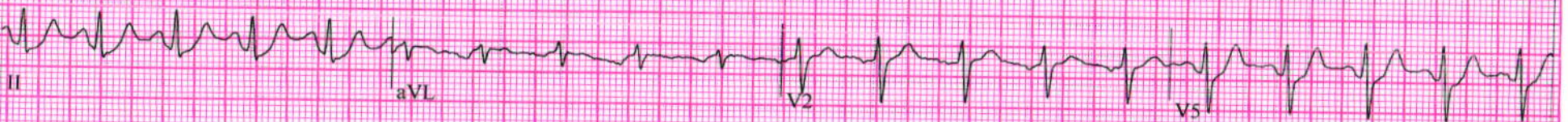
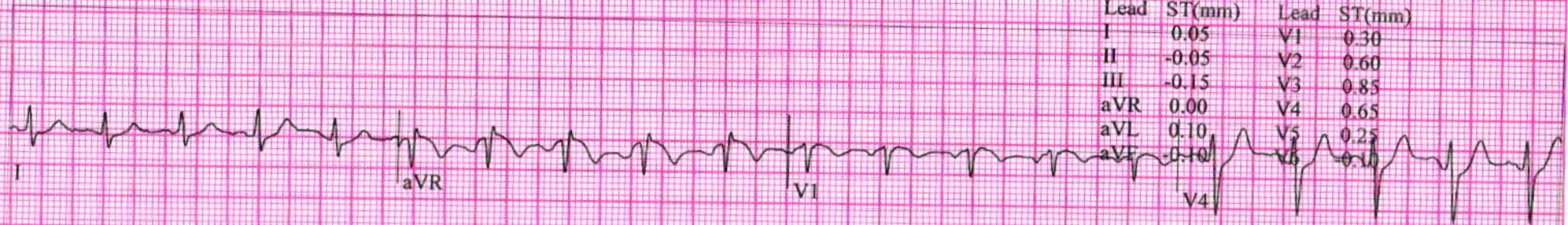
RECOVERY
#1
00:50

BRUCI
0.0 km/h
0.0 %

SHALBY HOSPITAL

Measured at 60ms Post J (10mm/mV)
Auto Points

Lead	ST(mm)	Lead	ST(mm)
I	0.05	V1	0.30
II	-0.05	V2	0.60
III	-0.15	V3	0.85
aVR	0.00	V4	0.65
aVL	0.10	V5	0.25
aVF	-0.10	V6	0.10



RAJIV RANJAN,
Patient ID 361284
09.03.2024
10:45:23

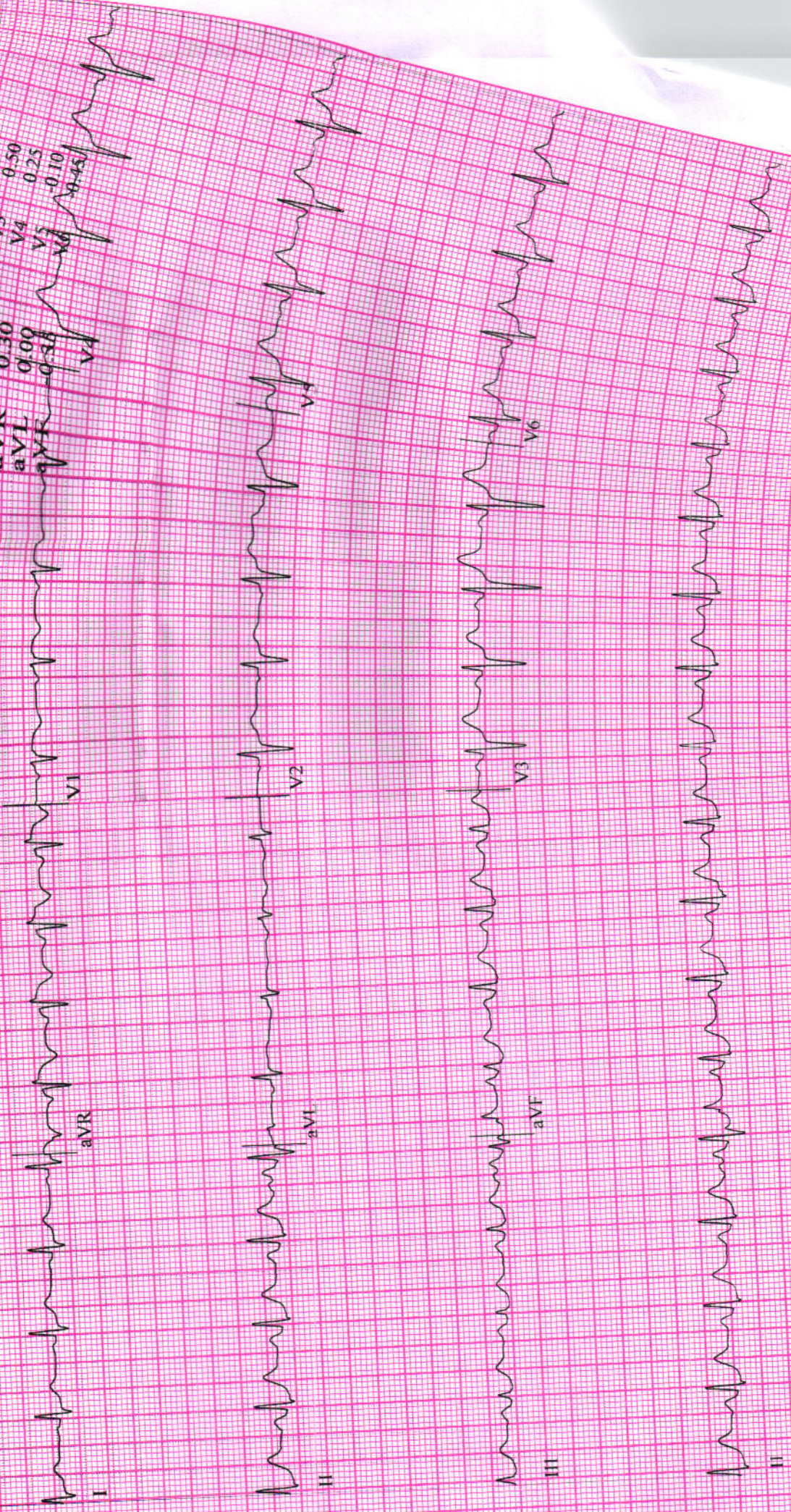
100 bpm
170/80 mmHg

RECOVERY
#1
01:50

BRUCE
0.0 km/h
0.0%

Measured at 60ms Post J (10mm/mV)
Auto Points

Lead	ST(mm)	Lead	ST(mm)
I	-0.20	V1	0.40
II	-0.45	V2	0.40
III	-0.25	V3	0.50
aVR	0.30	V4	0.25
aVL	0.00	V5	-0.10
aVF	-0.30	V6	-0.45



GE CardioSoft V6.73 (2)
25 mm/s 10 mm/mV 50Hz 0.01 - 20Hz S+ HR(V6, V4)

Start of Test: 10:36:13

RAJIV RANJAN,
Patient ID 361284
09.03.2024
10:46:23

12-Lead Report

SHALBY HOSPITAL

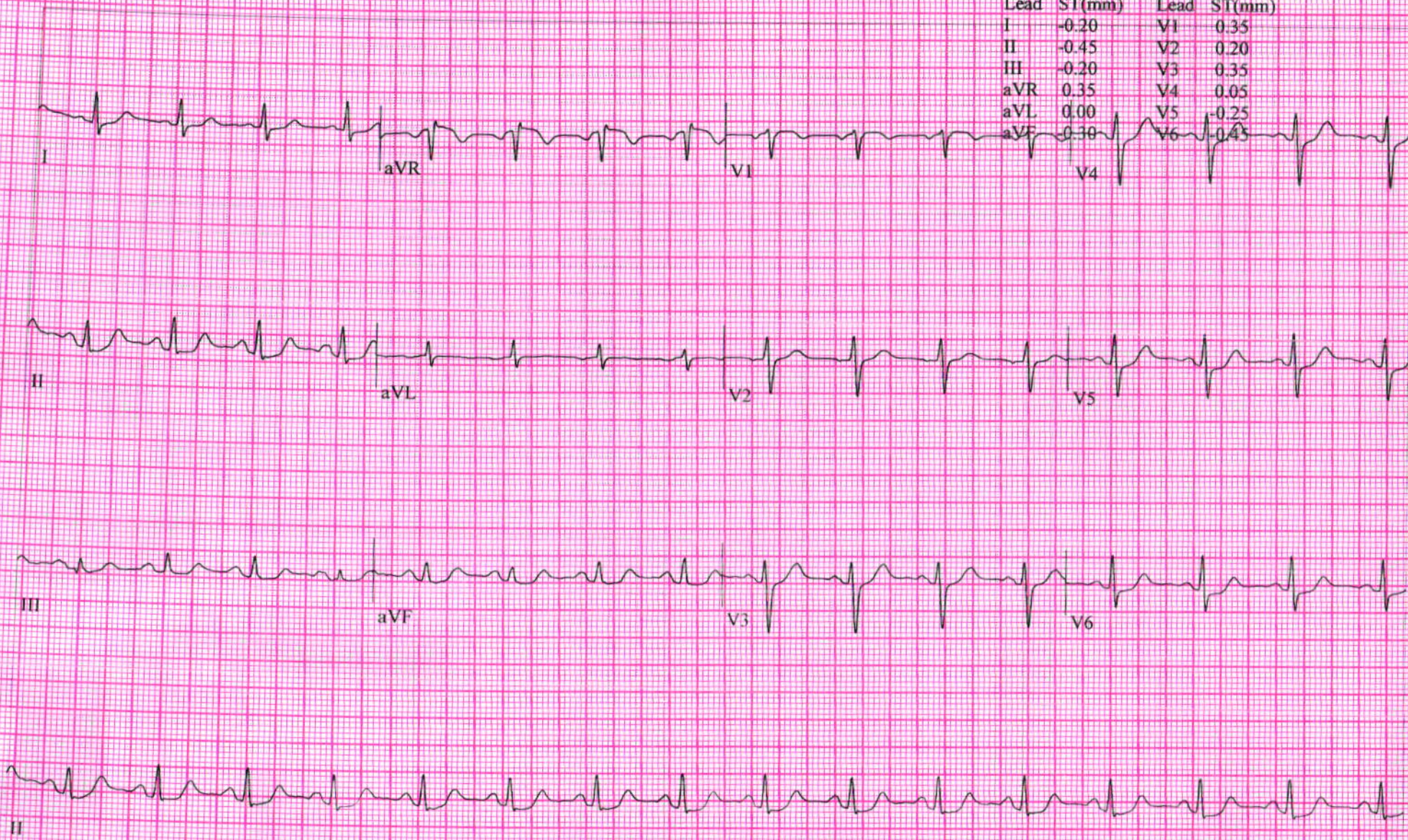
96 bpm

RECOVERY
#1
02:50

BRUCE
0.0 km/h
0.0 %

Measured at 60ms Post J (10mm/mV)
Auto Points

Lead	ST(mm)	Lead	ST(mm)
I	-0.20	V1	0.35
II	-0.45	V2	0.20
III	-0.20	V3	0.35
aVR	0.35	V4	0.05
aVL	0.00	V5	-0.25
aVF	-0.30	V6	-0.45



RAJIV RANJAN,
Patient ID 361284
09.03.2024
10:47:23

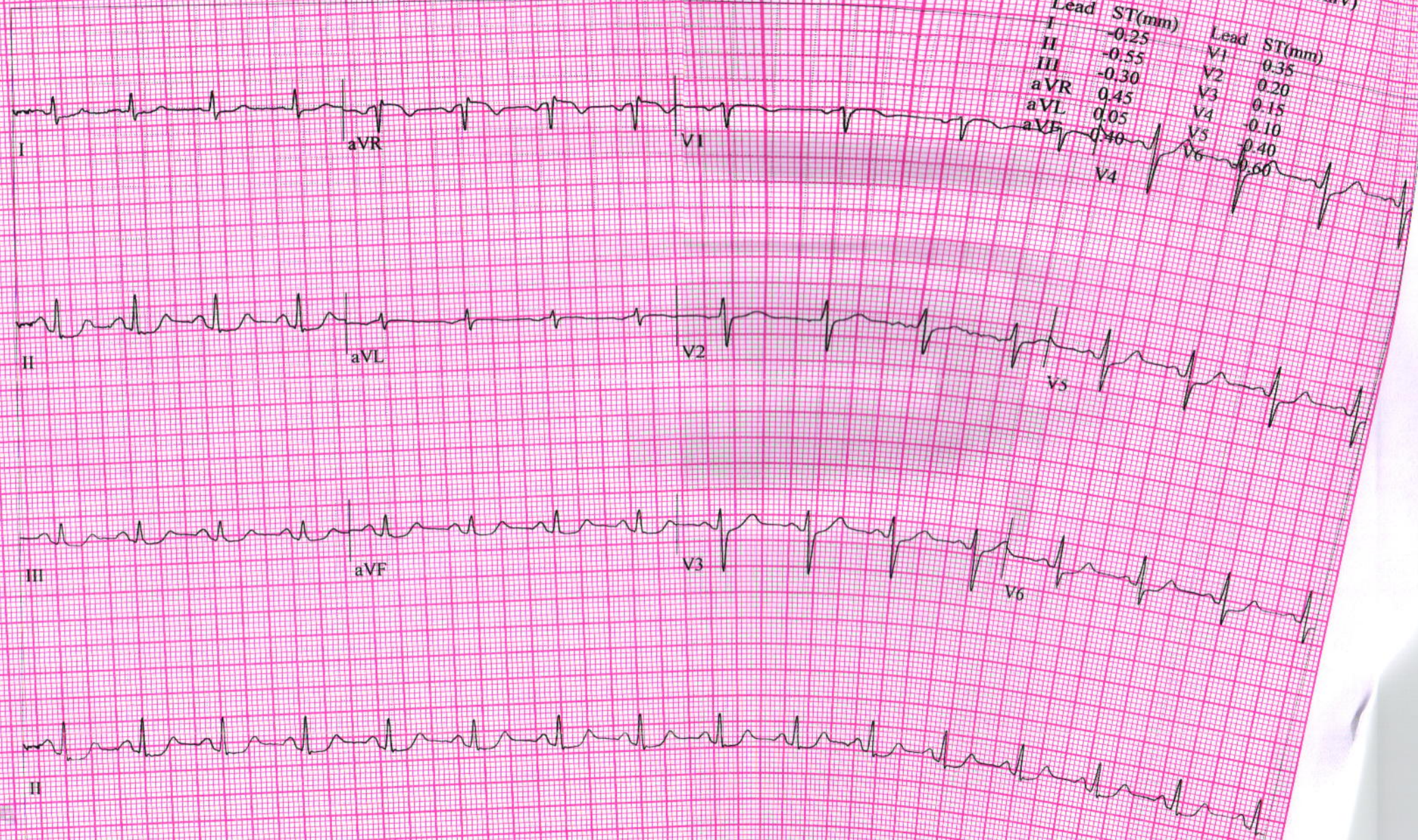
96 bpm

RECOVERY
#1
03:50

BRUC
0.0 km/h
0.0 %

SHALBY HOSPITAL

Measured at 60ms Post J (10mm/mV)
Auto Points



Lead	ST(mm)	Lead	ST(mm)
I	-0.25	V1	-0.35
II	-0.55	V2	0.20
III	-0.30	V3	0.15
aVR	0.45	V4	-0.10
aVL	0.05	V5	-0.40
aVF	0.40	V6	-0.60

GE CardioSoft V6.73 (2)
25 mm/s 10 mm mV 50Hz 0.01 - 20Hz S- HR(V6,V4)

Start of Test: 10:36:13

Patient ID:	SUR0000361284	Patient Name:	RAJIV RANJAN
Age:	49 Years	Sex:	M
Accession Number:	2711 MHC	Modality:	DX
Referring Physician:	DR. SHALBY	Study:	CHEST PA
Study Date:	9-Mar-2024		

CHEST X-RAY (PA)

Both lung fields appear normal.

No evidence of consolidation or cavitation is seen.

Both costo-phrenic angles appear clear.

Cardiac size is within normal limits.

Both domes of diaphragm appear normal.

Bony thoracic cage and soft tissue shadow appear normal.

IMPRESSION:

- No significant abnormality seen.

Thanks for referral.



DR. ASHUTOSH GANDHI

DMRD (Radiodiagnosis)

G-14916

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CIN: L85110GJ2004PLC044667



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PID : SUR0000361284 OP-001

Patient Name : **Mr Rajiv Ranjan**

Lab ID : 403900716

Gender/Age : Male / 44 Years

Ref. By : Dr. Health Check Up . Shalby

REPORT STATUS : Interim

DOB : 02-Nov-1979

Registered On : 09-Mar-2024 10:16 AM

Collected On : 09-Mar-2024 10:18 AM

Received On : 09-Mar-2024 10:23 AM

Sample Type : EDTA Whole Blood



Biological Ref. Interval

Parameter	Result	Unit	Biological Ref. Interval
BLOOD COUNT AND INDICIES			
HAEMOGLOBIN	Colorimetric Non Cyanide	14.5	
RBC COUNT	Electrical Impedance	5.46	g/dL 13.0 - 17.0
HCT	Calculated	46.2	mill/cmm 4.5 - 5.5
MCV	Calculated based on the RBC histogram	84.6	% 40 - 50
MCH	Calculated	26.6	fL 83 - 101
MCHC	Calculated	31.4	pg 27 - 32
RDW	Calculated	14.0	g/dL 31.5 - 34.5
TOTAL LEUCOCYTE COUNT			
Total WBC Count	Electrical Impedance	7030	% 13.3 - 18.3
DIFFERENTIAL LEUCOCYTE COUNT (Manual by Microscopy)			
NEUTROPHILS	Flow Cytometry	55	cells/cmm 4000 - 10000
LYMPHOCYTES	Flow Cytometry	34	% 40 - 80
EOSINOPHILS	Flow Cytometry	5	% 20 - 40
MONOCYTES	Flow Cytometry	5	% 1 - 6
BASOPHIL	Flow Cytometry	1	% 2 - 10
PLATELET INDICES			
PLATELET COUNT	Electrical Impedance	165000	/cmm 150000 - 410000
MPV	Calculated based on PLT Histogram	12.1	fL 7.5 - 12.0

PERIPHERAL SMEAR EXAMINATION

RBCs Normochromic and Normocytic.
WBCs Total and differential leucocyte counts are within normal limit
PLATELETS Adequate in number and normal in morphology.
MALARIAL PARASITE Malarial parasites are not seen on smear examination.

EDTA Whole Blood - Tests done on Automated Five Part Cell Counter. (WBC, RBC, MCV & Platelet count by classical impedance method, Hb by cyanide-free colorimetric method, WBC differential by Chemical dye, Flowcytometry, Semi-conductive Laser scatter Method, independent Basophil channel & other parameters calculated). All Haemograms are reviewed & confirmed microscopically.
Reference Interval: Dacie and Lewis practical haematology 11th edition.

This is an Electronically Authenticated Report.

Dr Pankaj Agrawal
Dr Pankaj Agrawal
M.B., D.C.P
Consulting Pathologist

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Approved On : 09-Mar-2024 10:57 AM



Certificate No. : MC-5200



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PID : SUR0000361284 OP-001

REPORT STATUS : Interim



Patient Name : **Mr Rajiv Ranjan** / Registered On : 09-Mar-2024 10:16 AM
 Lab ID : 403900716 Collected On : 09-Mar-2024 10:18 AM
 Gender/Age : Male / 44 Years DOB : 02-Nov-1979 Received On : 09-Mar-2024 10:23 AM
 Ref. By : Dr. Health Check Up . Shalby Sample Type : EDTA Whole Blood

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

BLOOD GROUP

(Tube agglutination: Forward & reverse)

ABO Type	"B"		
RH Type	POSITIVE		

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Dr. Pankaj Agrawal
Dr. Pankaj Agrawal
 M.B., D.C.P
 Consulting Pathologist

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PID : SUR0000361284 OP-001

REPORT STATUS : Interim



Patient Name : Mr Rajiv Ranjan /

Registered On : 09-Mar-2024 10:16 AM

Lab ID : 403900716

Collected On : 09-Mar-2024 10:18 AM

Gender/Age : Male / 44 Years

DOB : 02-Nov-1979

Received On : 09-Mar-2024 10:23 AM

Ref. By : Dr. Health Check Up . Shalby

Sample Type : Citrated Whole
Blood, EDTA Whole Bloo

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

ESR 1st hour *

5

mm in 1 hour 0 - 15

Modified Westergren Method

HBA1C

HbA1c - Glycated Haemoglobin *

5.4 ✓

%

Boronate Affinity Assay

Non-diabetic: <= 5.6

Pre-diabetic: 5.7-6.4

Diabetic: >= 6.5

Therapeutic goals for glycemc
control

Age > 19 years Goal of therapy:

< 7.0 Action suggested: > 8.0

Age < 19 years Goal of therapy:

<7.5

Estimated Average Glucose (eAG) (mg/dL) * 108 ✓

mg/dL

Calculated

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Generated On : 09-Mar-2024 01:17 PM

Approved On : 09-Mar-2024 01:03 PM

Dr Pankaj AgrawalM.B., D.C.P
Consulting PathologistRegd. Office: Shalby Limited, Opp. Karnavati Club, S.G. Road, Ahmedabad, Gujarat, India.
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PID : SUR0000361284 OP-001

REPORT STATUS : Interim



Patient Name : Mr Rajiv Ranjan	/	Registered On : 09-Mar-2024 10:16 AM
Lab ID : 403900716		Collected On : 09-Mar-2024 10:00 AM
Gender/Age : Male / 44 Years	DOB : 02-Nov-1979	Received On : 09-Mar-2024 10:58 AM
Ref. By : Dr. Health Check Up . Shalby		Sample Type : Fluoride F, Urine (PP), Fluoride PP, Urine (F)

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

PLASMA GLUCOSE LEVEL

FASTING PLASMA GLUCOSE

Plasma Glucose (F)	95 ✓	mg/dL	74 - 106
---------------------------	------	-------	----------

GOD/POD (Glucose Oxidase/Peroxidase), Colorimetric

Urine Sugar (F)	ABSENT	mg/dL	Absent
------------------------	--------	-------	--------

Glucose-oxidase/oxidase reaction

POST PRANDIAL PLASMA GLUCOSE

Plasma Glucose (PP)	77	mg/dL	Normal: 100-140 Impaired: 140 -199 Diabetic :=>200
----------------------------	----	-------	---

GOD/POD (Glucose Oxidase/Peroxidase), Colorimetric

Urine Sugar (PP)	ABSENT	mg/dL	Absent
-------------------------	--------	-------	--------

Glucose-oxidase/oxidase reaction

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Generated On : 09-Mar-2024 01:17 PM

Approved On : 09-Mar-2024 12:58 PM

Pankaj Agrawal

Dr Pankaj Agrawal

M.B., D.C.P
Consulting Pathologist



Shalby Hospital (A Unit of Shalby Limited) Near Navyug College, Rander Road, Adajan, Surat, Gujarat. India.
Tel.: 0261 7190000 | Ext.: 851 | Mo.: 9512036046 | Email : pathology.surat@shalby.in | Web : www.shalby.org

PID : SUR0000361284 OP-001

REPORT STATUS : Interim



Patient Name : **Mr Rajiv Ranjan** / Registered On : 09-Mar-2024 10:16 AM
Lab ID : 403900716 Collected On : 09-Mar-2024 10:00 AM
Gender/Age : Male / 44 Years DOB : 02-Nov-1979 Received On : 09-Mar-2024 10:22 AM
Ref. By : Dr. Health Check Up . Shalby Sample Type : Serum

Parameter	Result	Unit	Biological Ref. Interval
LIPID PROFILE			
LIPID PROFILE			
Cholesterol <i>Cholesterol Esterase, Oxidase, Peroxidase</i>	149	mg/dL	Desirable: <200 Borderline High: 200 - 239 High >=240
SERUM TRIGLYCERIDE <i>Lipase/GK/GPO/POD</i>	224	mg/dL	Normal : <150 Borderline High : 150-199 High : 200-499 Very High : > 500
HDL CHOLESTEROL DIRECT * <i>Phosphotungstic Acid/MgCl2 - Enzymatic</i>	23	mg/dL	Major risk factor for heart disease : < 40 Negative risk factor for heart disease : >= 60
Non HDL Cholesterol <i>Calculated</i>	126	mg/dL	Optimal : <130 Desirable : 130-159 Borderline high : 159-189 High : 189-220 Very High : >=220
LDL Cholesterol <i>Calculated</i>	81	mg/dL	Optimal: <100 Near to above Optimal: 100 - 129 Borderline High: 130 - 159 High: 160 - 189 Very High: > 190
VLDL <i>Calculated</i>	45	mg/dL	6 - 38
LDL/dHDL * <i>Calculated</i>	3.5		2.5 - 3.5
Chol/dHDL * <i>Calculated</i>	6.5	Ratio	3.5 - 5.0

Handwritten notes:
regen
non reg
alcohol
(good) HDL
40

Note: Reference interval as per National Cholesterol Education Programme (NCEP) Adult Treatment Panel III Report. VLDL, CHOL/dHDL RATIO, LDL/dHDL RATIO, LDL Cholesterol, Non HDL Cholesterol are calculated parameters. Estimation of LDL by direct method is recommended when TG>400 mg/dL.

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Approved On : 09-Mar-2024 12:29 PM

Dr Pankaj Agrawal
Dr Pankaj Agrawal
M.B., D.C.P
Consulting Pathologist

Shalby Hospital (A Unit of Shalby Limited) Near Navyug College, Rander Road, Adajan, Surat, Gujarat. India.
Tel.: 0261 7190000 | Ext.: 851 | Mo.: 9512036046 | Email : pathology.surat@shalby.in | Web : www.shalby.org

PID : SUR0000361284 OP-001

REPORT STATUS : Interim



Patient Name : **Mr Rajiv Ranjan** / Registered On : 09-Mar-2024 10:16 AM
 Lab ID : 403900716 Collected On : 09-Mar-2024 10:00 AM
 Gender/Age : Male / 44 Years DOB : 02-Nov-1979 Received On : 09-Mar-2024 10:47 AM
 Ref. By : Dr. Health Check Up . Shalby Sample Type : Serum

Parameter	Result	Unit	Biological Ref. Interval
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IMMUNOLOGY

THYROID PROFILE (TFT)

Total T3 *	98	ng/dL	87 - 178
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Chemiluminescence immunoassay (CLIA)

T3 Total in ng/mL	0-3 days	1.00-7.40
	4-30 days	Not Established
	1-11 months	1.05-2.45
	1-5 years	1.05 - 2.69
	6-10 years	0.94-2.41
	11-15 years	0.82-2.13
	16-20 years	0.80-2.10

Total T4 *	8.84	µg/dL	99% Reference Interval (µg/dL) 4.82 - 15.65
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Chemiluminescence immunoassay (CLIA)

T4 Total in µg/dL	1-3 days	11.80-22.60
	4-7 days	Not Established
	1-2 weeks	9.80-16.60
	15-30 days	Not Established
	1-4 months	7.20-14.40
	4-12 months	7.80-16.50
	1-5 years	7.30-15.00
	5-10 years	6.40-13.30
	10-15 years	5.60-11.70

TSH *	<u>5.722</u>	µIU/mL	0.38 - 5.33
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Chemiluminescence immunoassay (CLIA)

INTERPRETATION:

- The principal clinical use for hTSH measurement is for the assessment of thyroid status.
- In patients with intact hypothalamic-pituitary function, hTSH is measured to:
 - exclude hypothyroidism (elevated levels of hTSH) or hyperthyroidism (depressed or nondetectable levels of hTSH);
 - monitor T4 replacement treatment in primary hypothyroidism or antithyroid treatment in hyperthyroidism;
 - follow T4 suppression of the trophic influence of hTSH in "cold nodules" and non-toxic goiter; and
 - assess the response to TRH stimulation testing.
- As more sensitive and precise methods become available, hTSH measurements are also increasingly used to identify subclinical or latent hypothyroidism or hyperthyroidism.

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Dr Pankaj AgrawalM.B., D.C.P
Consulting PathologistRegd. Office: Shalby Limited, Opp. Karnavati Club, S.G. Road, Ahmedabad, Gujarat, India.
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Ref. By : Dr. Health Check Up . Shalby		Sample Type : Serum

PROSTATE SPECIFIC ANTIGEN * PSA 0.6 ng/mL 0.0 - 4.0

Chemiluminescence immunoassay (CLIA)

Clinical Use:

1. An aid in the early detection of Prostate cancer when used in conjunction with Digital rectal examination in males more than 50 years of age and in those with two or more affected first degree relatives.
2. Followup and management of Prostate cancer patients.
3. Detect metastatic or persistent disease in patients following surgical or medical treatment of Prostate cancer.

Note:

1. PSA levels may appear consistently elevated / depressed due to the interference by heterophilic antibodies & nonspecific protein binding.
2. Immediate PSA testing following digital rectal examination, ejaculation, prostatic massage, indwelling catheterization, ultrasonography and needle biopsy of prostate is not recommended as they falsely elevate levels .
3. Sites of Non-prostatic PSA production are breast epithelium, salivary glands, periurethral & anal glands, cells of male urethra & breast milk.
4. Physiological decrease in PSA level by 18% has been observed in hospitalized / sedentary patients either due to supine position or suspended sexual activity.

Recommended Testing Intervals:

- Pre-operatively (Baseline)
- 2-4 days post-operatively
- Prior to discharge from hospital
- Monthly followup if levels are high or show a rising trend

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Gender/Age : Male / 44 Years	DOB : 02-Nov-1979	Received On : 09-Mar-2024 10:22 AM
Ref. By : Dr. Health Check Up . Shalby		Sample Type : Urine

URINE EXAMINATION

Parameter	Result	Unit	Biological Ref. Interval
Physical Examination			
Colour *	Pale Yellow		Pale yellow
Transparency	Clear		Clear
Chemical Examination			
Glucose	<i>Glucose-oxidase/peroxidase reaction</i>	Negative	Negative
Bilirubin	<i>Azo coupling Reaction with diazonium</i>	Negative	Negative
Ketone	<i>Sodium Nitroprusside reation</i>	Negative	Negative
Specific Gravity	<i>Refractometric Method - Bromthymol blue</i>	1.025	S.G. value 1.001 - 1.035
Blood	<i>Peroxidase like activity of hemoglobin</i>	Negative	Negative
pH	<i>Double Indicator principle</i>	6.0	PH value 4.6 - 8.0
Protein	<i>Protein Error of Indicator Principle</i>	Negative	Negative
Urobilinogen *	<i>Modified Ehrlich reaction</i>	0.2	EU/dL Upto 1.0 mg/dL (EU/dL)
Nitrite *	<i>Diazotization reaction of nitrite with an aromatic amine</i>	Negative	Negative
Leucocyte	<i>Leucocyte Esterase Test</i>	Negative	Negative
Microscopic Examination			
Pus cells	0-2/hpf	/hpf	0-5/hpf
Red blood cells	Nil	/hpf	NIL/hpf
Epithelial cells	0-2/hpf	/hpf	NA
Crystals	Nil		Nil
Cast *	Nil		Nil
Bacteria	Nil		Nil
Amorphous	Nil		Nil
Yeast	Nil		Nil
Others	Nil		Nil

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 Consulting Pathologist

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Ref. By : Dr. Health Check Up . Shalby Sample Type : Serum

Parameter	Result	Unit	Biological Ref. Interval
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RENAL FUNCTION TEST

RENAL FUNCTION TEST

Urea Nitrogen (BUN) <i>Urease, colorimetric</i>	11	mg/dL	9 - 20
UREA <i>Calculated</i>	24	mg/dL	19 - 43
Creatinine <i>Enzymatic - Creatinine amidohydrolase</i>	0.87	mg/dL	0.66 - 1.25
S. URIC ACID <i>Uricase/Peroxidase, Colorimetric</i>	4.3	mg/dL	3.5 - 8.5
Calcium <i>Arsenazo III dye</i>	8.0	mg/dL	8.4 - 10.2
Phosphorus * <i>Phosphomolybdate reduction (PMA Phenol)</i>	4.0	mg/dL	2.5 - 4.5
Sodium <i>Direct Ion Selective Electrode</i>	143	mmol/L	137 - 145
S. POTASSIUM <i>Direct Ion Selective Electrode</i>	4.56	mmol/L	3.5 - 5.1
Chloride <i>Direct Ion Selective Electrode</i>	103	mmol/L	98 - 107

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Dr Pankaj Agrawal
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M.B., D.C.P
Consulting Pathologist

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Patient Name : Mr Rajiv Ranjan /

Registered On : 09-Mar-2024 10:16 AM

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Collected On : 09-Mar-2024 10:00 AM

Gender/Age : Male / 44 Years

DOB : 02-Nov-1979

Received On : 09-Mar-2024 10:22 AM

Ref. By : Dr. Health Check Up . Shalby

Sample Type : Serum

Parameter	Result	Unit	Biological Ref. Interval
Liver Function Test			
Liver Function Test			
SGPT (ALT) <i>Multi Point Rate with P-5-P</i>	29	U/L	21 - 72
SGOT (AST) <i>Multi Point Rate with P-5-P</i>	24	U/L	17 - 59
Alkaline Phosphatase <i>PNPP, AMP Buffer</i>	121	U/L	20-50 yrs : 53 - 128 4-19 yr : 54 - 369 >=51 yr : 56 - 119
GGT * <i>L-gamma-glutamyl-4-nitroanilide/glycylglycine Kinetic</i>	13	U/L	15 - 73
S. PROTEIN <i>Biuret (Alkaline cupric sulfate), End Point</i>	7.5	g/dL	6.3 - 8.2
Albumin <i>Bromocresol Green (BCG), Colorimetric</i>	4.3	g/dL	3.5 - 5.0
S. GLOBULIN <i>Calculated</i>	3.2	g/dL	2.3 - 3.6
A/G Ratio <i>Calculated</i>	1.3	Ratio	1.0 - 2.3
Bilirubin Total <i>Azobilirubin/Dyphylline/Diazonium Salt</i>	1.0	mg/dL	0-1 day (premature) : 1.0 - 8.0 0-1 day (full term) : 2.0 - 6.0 1-2 day (premature) : 6.0 - 12.0 1-2 day (full term) : 6.0 - 10.0 3-5 day (premature) : 10.0 - 14.0 3-5 day (full term) : 4.0 - 8.0 Adult : 0.2 - 1.3
Bilirubin Unconjugated <i>End-point Colorimetric (Dual wavelength spectrophotometric)</i>	0.8	mg/dL	Unconjugated bilirubin Adults: 0.0-1.1 Neonates: 0.6-10.5
Bilirubin Direct <i>Calculated</i>	0.2	mg/dL	Conjugated bilirubin and Delta bilirubin (Bilirubin covalently bound to albumin) 0.0-0.4

----- End of Report -----

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Dr Pankaj AgrawalM.B., D.C.P
Consulting Pathologist

DR. RUJUTA SHELAT

Consultant Ophthalmologist

Reg. No.:- G-48712

Name :-

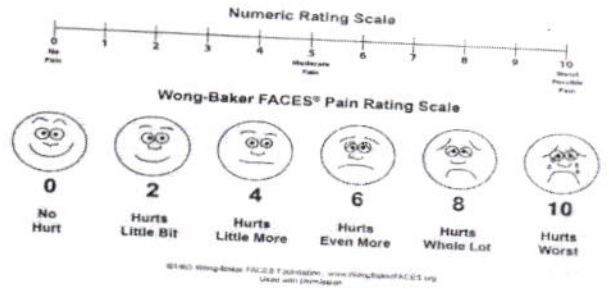
RAJIV RANJAN

Date:-

09/03/24

Chief Complaints:-

*Redness Eye
check-up*



Pain Assessment:-

Past History:-

Family History:-

Allergy:-

NO DRUGS ALLERGY

Personal History:-

Habits:-

Alcohol:- Y/N

Tobaco: Y/N

Smoking: Y/N

Regular Exercise: Y/N

General Examination:-

BP:-

Pulse:-

Temp:-

Systemic Examination:-

HT:-

WT:-

Visual Acuity:-

*6/36
6/36*

PH Vision:-

6/6

NCT

*18
18*

*SR - 1.50/- 0.50 x 90 6/6
- 1.00/- 1.00 x 80 6/6*

ADD +1.75 DS NB

ON Examination

Ant. Segmenet

Both Eye

WNL

NAME
MAR 10 2023 11:3

VD=10		
<R>		
SPH	CYL	AX
-1.75	-0.50	80
-1.75	-0.25	94
-1.50	-0.50	101

-1.75	-0.50	80
-------	-------	----

<L>		
SPH	CYL	AX
-1.00	-1.25	81
-1.00	-1.25	80
-1.25	-1.00	77

-1.00	-1.25	80
-------	-------	----

PD= 70

GrandSeiko.com
GR-3300K S/N:76BB09x

Anterior Chamber

Rt. EYE

Lt. EYE

Investigation:-

Blood Vessel:-

Background:-

Macula:-

Diagnosis:-

pt will come later

Refractive Error, Presbyopia

Treatment:-

Glasses

Nutritional Assessment:-

Preventive Care & Counsellings:-

Follow Up ON:-

2 months / 1 yr

Signature of the Consultant





Pre - op

Post-op

Health Check-up

Date : 09/03/24

Patient Reg. No. : _____

Patient Name : Regin Ranjan

Age / Sex : 49/M

Address : Surest

Complaints :

Pain : _____

Bleeding gums : _____

Swelling : _____

Sensitivity : _____

Pus Discharge : _____

Medical History :

Hypertension : _____ DM _____ Acidity _____ Pregnancy : _____

Bleeding Disorders : _____ Asthma : _____ Allergy : _____

Past Surgical Intervention : _____

Any Medication :

On Examination :

Abscess : _____ Food lodgement : _____

Periodontitis : _____ Gingivitis : _____

Missing Teeth : _____ Mobility : _____

Treatment Advised :

Scaling : Sittings 1 2 3 Deep

Restoration : _____ Perio Surgery : _____

RCT : 102 Class V Fillings : 6

Dentures : _____ Extraction : _____

Implants : _____ Partial Denture : _____

Crown & Bridge Present : _____

Crown / Bridge Replacement :		
Advised Crown / Bridge :		
Advised X - Ray / O.P.G. :		

Some Golden Rules :

1. Brush your teeth twice a day.
 2. Floss your teeth daily.
 3. Gargle forcefully after each meal.
 4. Visit your dentist twice a year.
 5. Any dental treatment should be performed in a well maintained, hygienic setup using "autoclaved" instruments & "sterilized pouch" facility.
- After knee replacement any treatment should be done under "Antibiotic Coverage"

Dr. Darshini V. Shah
Dr. Darshini V. Shah
 (Consultant Dental Surgeon)

Consultant Physician Clinic

Patient Name:- *Rajiv Ranjan*

Age / Sex :- *44y Male*

Chief Complaints:-
↓ Proxam
— NO

Drug / Food Allergy:-

Past History :-

— keto hypothyroid (125ug)

Family History:-

Systemic Examination:-

— RP
↳ 1A3

Provisional Diagnosis:

OPR NO:

Date: *9/13/24*

Weight:- *76.4 kg*

Height:- *169 cm*

BMI:- *26.7*

Nutritional assessment:-

- Obese
 Well nourished
 Mild-moderate nourished
 Severely mal-nourished

Pulse:- *82b/min*

BP:- *120/80 mmHg*

SpO2:- *100%*

Investigation :-

TURP

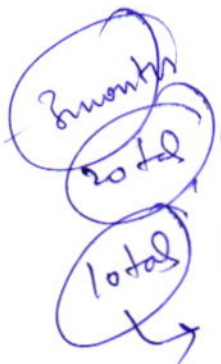
6 months

FASTING TSM (6)

Treatment and further advices:-
(Write in Capital Letters)

Rx

→ TAB CALCIMAX-D 1000 (1 month)



TAB PREGALIN (M) 001 - (bank parin)
(25/250)
TAB URIMAX - (0.14) 001 - for prostate

Follow Up Date:- _____

બધી દવાઓ ડોક્ટરને બતાવીને લેવી.