

**Health Check up Booking Confirmed Request(22S31292),Package Code-PKG10000474, Beneficiary Code-319293**

Wellness : Mediwheel : New Delhi <wellness@mediwheel.in>

Fri 16-08-2024 19:00

To:shuklagazal@gmail.com <shuklagazal@gmail.com>

Cc:Customer Care :Mediwheel : New Delhi <customercare@mediwheel.in>



**Mediwheel**  
...Your wellness partner

**011-41195959**

Dear **MS. VYAS GAZAL ASHISH**,

We are pleased to confirm your health checkup booking request with the following details.

**Hospital Package Name** : Mediwheel Full Body Health Checkup Male Below 40

**Patient Package Name** : Mediwheel Full Body Health Checkup Male Below 40

**Name of Diagnostic/Hospital** : Aashka Multispeciality Hospital

**Address of Diagnostic/Hospital-** : Between Sargassan & Reliance Cross Road, Gandhinagar  
: -0382421

**City** : Gandhi Nagar

**State** : Gujarat

**Pincode** : 382421

**Appointment Date** : 24-08-2024

**Confirmation Status** : Booking Confirmed

**Preferred Time** : 8:30am

**Booking Status** : Booking Confirmed

Member Information	
Booked Member Name	Age
Ashish bhupendra vyas	38 year
	Gender
	Male

**Note - Please note to not pay any amount at the center.  
Instructions to undergo Health Check:**

- Please ensure you are on complete fasting for 10-To-12-Hours prior to check.
- During fasting time do not take any kind of medication, alcohol, cigarettes, tobacco or any other liquids (except Water) in the morning.
- Bring urine sample in a container if possible (containers are available at the Health Check centre).
- Please bring all your medical prescriptions and previous health medical records with you.
- Kindly inform the health check reception in case if you have a history of diabetes and cardiac problems.

**For Women:**

- Pregnant Women or those suspecting are advised not to undergo any X-Ray test.
- It is advisable not to undergo any Health Check during menstrual cycle.

Request you to reach half an hour before the scheduled time.

In case of further assistance, Please reach out to Team Mediwheel.

Thanks,  
Mediwheel Team

Please Download Mediwheel App



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गजाल पत्रिका

G-AZAL P.  
SHUKLA

92427



Prof. Shukla

ए. आर. वेंकट  
सहायक महा प्राध्यापक

ए. आर. वेंकट  
Signature of Holder



## LABORATORY REPORT



Name : <b>ASHISH B VYAS</b>	Sex/Age : <b>Male / 38 Years</b>	Case ID : <b>40802200955</b>
Ref.By : <b>AASHKA HOSPITAL</b>	Dis. At :	Pt. ID : <b>4323618</b>
Bill. Loc. : <b>Aashka hospital</b>		Pt. Loc :
Reg Date and Time : <b>24-Aug-2024 09:32</b>	Sample Type :	Mobile No :
Sample Date and Time : <b>24-Aug-2024 09:32</b>	Sample Coll. By :	Ref Id1 : <b>OSP34614</b>
Report Date and Time :	Acc. Remarks : <b>Normal</b>	Ref Id2 : <b>O24254169</b>

### Abnormal Result(s) Summary

Test Name	Result Value	Unit	Reference Range
<b>Glyco Hemoglobin (HbA1c)</b>			
HbA1C	<b>5.86</b>	% of total Hb	<5.7: Normal 5.7-6.4: Prediabetes >=6.5: Diabetes
<b>Lipid Profile</b>			
Cholesterol	<b>260.24</b>	mg/dL	110 - 200
Test Remark: rechecked			
HDL Cholesterol	<b>43.0</b>	mg/dL	48 - 77
Chol/HDL	<b>6.05</b>		0 - 4.1
LDL Cholesterol	<b>198.21</b>	mg/dL	0.00 - 100.00
Plasma Glucose - PP	<b>156.45</b>	mg/dL	70.0 - 140.0

### Abnormal Result(s) Summary End

Note:(LL-VeryLow,L-Low,H-High,HH-VeryHigh ,A-Abnormal)

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## LABORATORY REPORT



Name : **ASHISH B VYAS** Sex/Age : **Male / 38 Years** Case ID : **40802200955**  
 Ref.By : **AASHKA HOSPITAL** Dis. At : Pt. ID : **4323618**  
 Bill. Loc. : **Aashka hospital** Pt. Loc :

Reg Date and Time : 24-Aug-2024 09:32	Sample Type : Whole Blood EDTA	Mobile No :
Sample Date and Time : 24-Aug-2024 09:32	Sample Coll. By :	Ref Id1 : OSP34614
Report Date and Time : 24-Aug-2024 11:40	Acc. Remarks : Normal	Ref Id2 : O24254169

TEST	RESULTS	UNIT	BIOLOGICAL REF. INTERVAL	REMARKS
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### HAEMOGRAM REPORT

#### HB AND INDICES

TEST	RESULTS	UNIT	BIOLOGICAL REF. INTERVAL
Haemoglobin	14.6	G%	13.00 - 17.00
RBC (Electrical Impedance)	5.29	millions/cumm	4.50 - 5.50
PCV(Calc)	44.91	%	40.00 - 50.00
MCV (RBC histogram)	84.9	fL	83.00 - 101.00
MCH (Calc)	27.6	pg	27.00 - 32.00
MCHC (Calc)	32.5	gm/dL	31.50 - 34.50
RDW (RBC histogram)	15.10	%	11.00 - 16.00

#### TOTAL AND DIFFERENTIAL WBC COUNT (Flowcytometry)

TEST	RESULTS	UNIT	BIOLOGICAL REF. INTERVAL	REMARKS
Total WBC Count	5580	/μL	4000.00 - 10000.00	
Neutrophil	63.0	%	40.00 - 70.00	[Abs] 3515 /μL EXPECTED VALUES 2000.00 - 7000.00
Lymphocyte	28.0	%	20.00 - 40.00	1562 /μL EXPECTED VALUES 1000.00 - 3000.00
Eosinophil	3.0	%	1.00 - 6.00	167 /μL EXPECTED VALUES 20.00 - 500.00
Monocytes	6.0	%	2.00 - 10.00	335 /μL EXPECTED VALUES 200.00 - 1000.00
Basophil	0.0	%	0.00 - 2.00	0 /μL EXPECTED VALUES 0.00 - 100.00

#### PLATELET COUNT (Optical)

Platelet Count	353000	/μL	150000.00 - 410000.00
Neut/Lympho Ratio (NLR)	2.25		0.78 - 3.53

#### SMEAR STUDY

RBC Morphology	Normocytic Normochromic RBCs.
WBC Morphology	Total WBC count within normal limits.
Platelet	Platelets are adequate in number.
Parasite	Malarial Parasite not seen on smear.

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**Dr. Shreya Shah**  
M.D. (Pathologist)

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Ref.By : **AASHKA HOSPITAL** Dis. At : Pt. ID : **4323618**  
Bill. Loc. : **Aashka hospital** Pt. Loc :

Reg Date and Time : 24-Aug-2024 09:32	Sample Type : Whole Blood EDTA	Mobile No :
Sample Date and Time : 24-Aug-2024 09:32	Sample Coll. By :	Ref Id1 : OSP34614
Report Date and Time : 24-Aug-2024 11:56	Acc. Remarks : Normal	Ref Id2 : O24254169

TEST	RESULTS	UNIT	BIOLOGICAL REF RANGE	REMARKS
ESR Westergren Method	04	mm after 1hr	3 - 15	

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### Neuberg Diagnostics Private Limited

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Regd. Office : Plot No. 7, Industrial Estate, Rajiv Gandhi Salai, Perungudi,  
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Bill. Loc. : **Aashka hospital** Pt. Loc :

Reg Date and Time : 24-Aug-2024 09:32	Sample Type : Whole Blood EDTA	Mobile No :
Sample Date and Time : 24-Aug-2024 09:32	Sample Coll. By :	Ref Id1 : OSP34614
Report Date and Time : 24-Aug-2024 09:59	Acc. Remarks : Normal	Ref Id2 : O24254169

TEST	RESULTS	UNIT	BIOLOGICAL REF RANGE	REMARKS
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### HAEMATOLOGY INVESTIGATIONS

#### BLOOD GROUP AND RH TYPING (Erythrocyte Magnetized Technology) (Both Forward and Reverse Group )

ABO Type	A
Rh Type	POSITIVE

Note:(LL-VeryLow,L-Low,H-High,HH-VeryHigh ,A-Abnormal)

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## LABORATORY REPORT



Name : **ASHISH B VYAS** Sex/Age : **Male / 38 Years** Case ID : **40802200955**  
 Ref.By : **AASHKA HOSPITAL** Dis. At : Pt. ID : **4323618**  
 Bill. Loc. : **Aashka hospital** Pt. Loc :

Reg Date and Time : 24-Aug-2024 09:32 Sample Type : Plasma Fluoride F, Plasma Fluoride PP, Serum Mobile No :  
 Sample Date and Time : 24-Aug-2024 09:32 Sample Coll. By : Ref Id1 : OSP34614  
 Report Date and Time : 24-Aug-2024 10:50 Acc. Remarks : Normal Ref Id2 : O24254169

TEST	RESULTS	UNIT	BIOLOGICAL REF RANGE	REMARKS
Plasma Glucose - F	100.00	mg/dL	70.0 - 100	
Plasma Glucose - PP	H <b>156.45</b>	mg/dL	70.0 - 140.0	
BUN (Blood Urea Nitrogen) <i>GLDH</i>	19.6	mg/dL	8.90 - 20.60	
Urea <i>Calculated</i>	41.92	mg/dL	19.04 - 44.08	
Uric Acid <i>Uricase</i>	6.26	mg/dL	3.5 - 7.2	
Creatinine	1.09	mg/dL	0.50 - 1.50	

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M.D. (Pathologist)

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Ref.By : <b>AASHKA HOSPITAL</b>	Dis. At :	Pt. ID : <b>4323618</b>
Bill. Loc. : <b>Aashka hospital</b>		Pt. Loc :

Reg Date and Time : 24-Aug-2024 09:32	Sample Type : Whole Blood EDTA	Mobile No :
Sample Date and Time : 24-Aug-2024 09:32	Sample Coll. By :	Ref Id1 : OSP34614
Report Date and Time : 24-Aug-2024 09:58	Acc. Remarks : Normal	Ref Id2 : O24254169

TEST	RESULTS	UNIT	BIOLOGICAL REF RANGE	REMARKS
<b>Glycated Haemoglobin Estimation</b>				

HbA1C	H <b>5.86</b>	% of total Hb	<5.7: Normal 5.7-6.4: Prediabetes >=6.5: Diabetes	
Estimated Avg Glucose (3 Mths) <i>Calculated</i>	121.48	mg/dL	Not available	

Please Note change in reference range as per ADA 2021 guidelines.

**Interpretation :**

HbA1C level reflects the mean glucose concentration over previous 8-12 weeks and provides better indication of long term glycemic control. Levels of HbA1C may be low as result of shortened RBC life span in case of hemolytic anemia. Increased HbA1C values may be found in patients with polycythemia or post splenectomy patients. Patients with Homozygous forms of rare variant Hb(CC,SS,EE,SC) HbA1c can not be quantitated as there is no HbA. In such circumstances glycemic control can be monitored using plasma glucose levels or serum Fructosamine. The A1c target should be individualized based on numerous factors, such as age, life expectancy, comorbid conditions, duration of diabetes, risk of hypoglycemia or adverse consequences from hypoglycemia, patient motivation and adherence.

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 Ref.By : **AASHKA HOSPITAL** Dis. At : Pt. ID : **4323618**  
 Bill. Loc. : **Aashka hospital** Pt. Loc :

Reg Date and Time : 24-Aug-2024 09:32	Sample Type : Serum	Mobile No :
Sample Date and Time : 24-Aug-2024 09:32	Sample Coll. By :	Ref Id1 : OSP34614
Report Date and Time : 24-Aug-2024 11:38	Acc. Remarks : Normal	Ref Id2 : O24254169

TEST	RESULTS	UNIT	BIOLOGICAL REF RANGE	REMARKS
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### BIOCHEMICAL INVESTIGATIONS

#### Lipid Profile

Cholesterol <i>Colorimetric, CHOD-POD</i>	H	<b>260.24</b>	mg/dL	110 - 200	rechecked
HDL Cholesterol	L	<b>43.0</b>	mg/dL	48 - 77	
Triglyceride <i>Glycerol Phosphate Oxidase</i>		95.16	mg/dL	<150	
VLDL <i>Calculated</i>		19.03	mg/dL	10 - 40	
Chol/HDL <i>Calculated</i>	H	<b>6.05</b>		0 - 4.1	
LDL Cholesterol <i>Calculated</i>	H	<b>198.21</b>	mg/dL	0.00 - 100.00	

#### NEW ATP III GUIDELINES (MAY 2001), MODIFICATION OF NCEP

LDL CHOLESTEROL	CHOLESTEROL	HDL CHOLESTEROL	TRIGLYCERIDES
Optimal <100	Desirable <200	Low <40	Normal <150
Near Optimal 100-129	Border Line 200-239	High >60	Border High 150-199
Borderline 130-159	High >240		High 200-499
High 160-189			

- LDL Cholesterol level is primary goal for treatment and varies with risk category and assesment
- For LDL Cholesterol level Please consider direct LDL value
- Risk assesment from HDL and Triglyceride has been revised. Also LDL goals have changed.
- Detail test interperation available from the lab
- All tests are done according to NCEP guidelines and with FDA approved kits.
- LDL Cholesterol level is primary goal for treatment and varies with risk category and assesment

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 Bill. Loc. : **Aashka hospital** Pt. Loc. :

Reg Date and Time : 24-Aug-2024 09:32	Sample Type : Serum	Mobile No :
Sample Date and Time : 24-Aug-2024 09:32	Sample Coll. By :	Ref Id1 : OSP34614
Report Date and Time : 24-Aug-2024 11:38	Acc. Remarks : Normal	Ref Id2 : O24254169

TEST	RESULTS	UNIT	BIOLOGICAL REF RANGE	REMARKS
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### BIOCHEMICAL INVESTIGATIONS

#### Liver Function Test

S.G.P.T. <i>UV with P5P</i>	34.94	U/L	16 - 63	
S.G.O.T. <i>UV with P5P</i>	28.50	U/L	15 - 37	
Alkaline Phosphatase <i>Enzymatic, PNPP-AMP</i>	101.07	U/L	46 - 116	
Gamma Glutamyl Transferase <i>L-Gamma-glutamyl-3-carboxy-4-nitroanilide Substrate</i>	39.43	U/L	0 - 55	
Proteins (Total) <i>Colorimetric, Biuret</i>	8.06	gm/dL	6.40 - 8.30	
Albumin <i>Bromocresol purple</i>	4.21	gm/dL	3.4 - 5	
Globulin <i>Calculated</i>	3.85	gm/dL	2 - 4.1	
A/G Ratio <i>Calculated</i>	1.09		1.0 - 2.1	
Bilirubin Total <i>Photometry</i>	0.46	mg/dL	0.3 - 1.2	
Bilirubin Conjugated <i>Diazotization reaction</i>	0.23	mg/dL	0 - 0.50	
Bilirubin Unconjugated <i>Calculated</i>	0.23	mg/dL	0 - 0.8	

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 Ref.By : **AASHKA HOSPITAL** Dis. At : Pt. ID : **4323618**  
 Bill. Loc. : **Aashka hospital** Pt. Loc :

Reg Date and Time : 24-Aug-2024 09:32	Sample Type : Serum	Mobile No :
Sample Date and Time : 24-Aug-2024 09:32	Sample Coll. By :	Ref Id1 : OSP34614
Report Date and Time : 24-Aug-2024 12:13	Acc. Remarks : Normal	Ref Id2 : O24254169

TEST	RESULTS	UNIT	BIOLOGICAL REF RANGE	REMARKS
<b>Thyroid Function Test</b>				
Triiodothyronine (T3)	98.12	ng/dL	70 - 204	
Thyroxine (T4) <small>CMIA</small>	6.23	ng/dL	4.87 - 11.72	
TSH <small>CMIA</small>	1.47	μIU/mL	0.4 - 4.2	

### INTERPRETATIONS

- Circulating TSH measurement has been used for screening for euthyroidism, screening and diagnosis for hyperthyroidism & hypothyroidism. Suppressed TSH (<0.01 μIU/mL) suggests a diagnosis of hyperthyroidism and elevated concentration (>7 μIU/mL) suggest hypothyroidism. TSH levels may be affected by acute illness and several medications including dopamine and glucocorticoids. Decreased (low or undetectable) in Graves disease. Increased in TSH secreting pituitary adenoma (secondary hyperthyroidism), PRTN and in hypothalamic disease thyrotropin (tertiary hyperthyroidism). Elevated in hypothyroidism (along with decreased T4) except for pituitary & hypothalamic disease.
- Mild to modest elevations in patient with normal T3 & T4 levels indicates impaired thyroid hormone reserves & incipient hypothyroidism (subclinical hypothyroidism).
- Mild to modest decrease with normal T3 & T4 indicates subclinical hyperthyroidism.
- Degree of TSH suppression does not reflect the severity of hyperthyroidism, therefore, measurement of free thyroid hormone levels is required in patient with a suppressed TSH level.

### CAUTIONS

Sick, hospitalized patients may have falsely low or transiently elevated thyroid stimulating hormone. Some patients who have been exposed to animal antigens, either in the environment or as part of treatment or imaging procedure, may have circulating antianimal antibodies present. These antibodies may interfere with the assay reagents to produce unreliable results.

### TSH ref range in pregnancy

First trimester  
 Second trimester  
 Third trimester

### Reference range (microIU/ml)

0.24 - 2.00  
 0.43-2.2  
 0.8-2.5

Note:(LL-VeryLow,L-Low,H-High,HH-VeryHigh ,A-Abnormal)

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 Ref.By : **AASHKA HOSPITAL** Dis. At : Pt. ID : **4323618**  
 Bill. Loc. : **Aashka hospital** Pt. Loc :

Reg Date and Time : **24-Aug-2024 09:32** Sample Type : **Serum** Mobile No :  
 Sample Date and Time : **24-Aug-2024 09:32** Sample Coll. By : Ref Id1 : **OSP34614**  
 Report Date and Time : **24-Aug-2024 12:13** Acc. Remarks : **Normal** Ref Id2 : **O24254169**

**Interpretation Note:**

Ultra sensitive-thyroid-stimulating hormone (TSH) is a highly effective screening assay for thyroid disorders. In patients with an intact pituitary-thyroid axis, s-TSH provides a physiologic indicator of the functional level of thyroid hormone activity. Increased s-TSH indicates inadequate thyroid hormone, and suppressed s-TSH indicates excess thyroid hormone. Transient s-TSH abnormalities may be found in seriously ill, hospitalized patients, so this is not the ideal setting to assess thyroid function. However, even in these patients, s-TSH works better than total thyroxine (an alternative screening test), when the s-TSH result is abnormal, appropriate follow-up tests T4 & free T3 levels should be performed. If TSH is between 5.0 to 10.0 & free T4 & free T3 level are normal then it is considered as subclinical hypothyroidism which should be followed up after 4 weeks & If TSH is > 10 & free T4 & free T3 level are normal then it is considered as overt hypothyroidism.

Serum triiodothyronine (T3) levels often are depressed in sick and hospitalized patients, caused in part by the biochemical shift to the production of reverse T3. Therefore, T3 generally is not a reliable predictor of hypothyroidism. However, in a small subset of hyperthyroid patients, hyperthyroidism may be caused by overproduction of T3 (T3 toxicosis). To help diagnose and monitor this subgroup, T3 is measured on all specimens with suppressed s-TSH and normal FT4 concentrations.

Normal ranges of TSH & thyroid hormones vary according trimester in pregnancy.

TSH ref range in Pregnancy	Reference range (microIU/ml)
First trimester	0.24 - 2.00
Second trimester	0.43-2.2
Third trimester	0.8-2.5

	T3	T4	TSH
Normal Thyroid function	N	N	N
Primary Hyperthyroidism	↑	↑	↓
Secondary Hyperthyroidism	↑	↑	↑
Grave's Thyroiditis	↑	↑	↑
T3 Thyrotoxicosis	↑	N	N/↓
Primary Hypothyroidism	↓	↓	↑
Secondary Hypothyroidism	↓	↓	↓
Subclinical Hypothyroidism	N	N	↑
Patient on treatment	N	N/↑	↓

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 Ref.By : **AASHKA HOSPITAL** Dis. At : Pt. ID : **4323618**  
 Bill. Loc. : **Aashka hospital** Pt. Loc :

Reg Date and Time : 24-Aug-2024 09:32	Sample Type : Spot Urine	Mobile No :
Sample Date and Time : 24-Aug-2024 09:32	Sample Coll. By :	Ref Id1 : OSP34614
Report Date and Time : 24-Aug-2024 11:56	Acc. Remarks : Normal	Ref Id2 : O24254169

TEST	RESULTS	UNIT	BIOLOGICAL REF RANGE	REMARKS
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### URINE EXAMINATION (STRIP METHOD AND FLOWCYTOMETRY)

Physical examination

Colour : Pale yellow  
 Transparency : Clear

Chemical Examination By Sysmex UC-3500

Sp.Gravity	1.025		1.003 - 1.035
pH	6.5		4.6 - 8
Leucocytes (ESTERASE)	Negative		Negative
Protein	Negative		Negative
Glucose	Negative		Negative
Ketone Bodies Urine	Negative		Negative
Urobilinogen	Negative		Negative
Bilirubin	Negative		Negative
Blood	Negative		Negative
Nitrite	Negative		Negative

Flowcytometric Examination By Sysmex UF-5000

Leucocyte	Nil	/HPF	Nil
Red Blood Cell	Nil	/HPF	Nil
Epithelial Cell	Present +	/HPF	Present(+)
Bacteria	Nil	/μL	Nil
Yeast	Nil	/μL	Nil
Cast	Nil	/HPF	Nil
Crystals	Nil	/HPF	Nil

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 Sample Date and Time : 24-Aug-2024 09:32 Sample Coll. By : Ref Id1 : OSP34614  
 Report Date and Time : 24-Aug-2024 11:56 Acc. Remarks : Normal Ref Id2 : O24254169

Parameter	Unit	Expected value	Result/Notations				
			Trace	+	++	+++	++++
pH	-	4.6-8.0					
SG	-	1.003-1.035					
Protein	mg/dL	Negative (<10)	10	25	75	150	500
Glucose	mg/dL	Negative (<30)	30	50	100	300	1000
Bilirubin	mg/dL	Negative (0.2)	0.2	1	3	6	-
Ketone	mg/dL	Negative (<5)	5	15	50	150	-
Urobilinogen	mg/dL	Negative (<1)	1	4	8	12	-

Parameter	Unit	Expected value	Result/Notifications				
			Trace	+	++	+++	++++
Leukocytes (Strip)	/micro L	Negative (<10)	10	25	100	500	-
Nitrite(Strip)	-	Negative	-	-	-	-	-
Erythrocytes(Strip)	/micro L	Negative (<5)	10	25	50	150	250
Pus cells (Microscopic)	/hpf	<5	-	-	-	-	-
Red blood cells(Microscopic)	/hpf	<2	-	-	-	-	-
Cast (Microscopic)	/lpf	<2	-	-	-	-	-

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

# For test performed on specimens received or collected from non-NSRL locations, it is presumed that the specimen belongs to the patient named or identified as labeled on the container/test request and such verification has been carried out at the point generation of the said specimen by the sender. NSRL will be responsible Only for the analytical part of test carried out. All other responsibility will be of referring Laboratory.

Note:(LL-VeryLow,L-Low,H-High,HH-VeryHigh ,A-Abnormal)

**Dr. Shreya Shah**  
M.D. (Pathologist)

Printed On : 24-Aug-2024 12:47

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### Neuberg Diagnostics Private Limited

Laboratory : "KEDAR" Opposite Krupa Petrol Pump, Near Parimal Garden,  
 Ahmedabad - 380006 ☎ 079-40408181 / 61618181  
 contact@neubergsupratech.com


Regd. Office : Plot No. 7, Industrial Estate, Rajiv Gandhi Salai, Perungudi,  
 Chennai - 600096, Tamil Nadu, India. | CIN - U85300TN2017PTC114099  
 www.neubergsupratech.com

PATIENT NAME:ASHISH B VYAS  
GENDER/AGE:Male / 38 Years  
DOCTOR:DR.HASIT JOSHI  
OPDNO:OSP34614

DATE:24/08/24

2D-ECHO

MITRAL VALVE : MILD MVP  
AORTIC VALVE : NORMAL  
TRICUSPID VALVE : NORMAL  
PULMONARY VALVE : NORMAL  
AORTA : 29mm  
LEFT ATRIUM : 32mm  
LV Dd / Ds : 37/24mm EF 60%  
IVS / LVPW / D : 10/9mm  
IVS : INTACT  
IAS : INTACT  
RA : NORMAL  
RV : NORMAL  
PA : NORMAL  
PERICARDIUM : NORMAL  
VEL : PEAK MEAN  
M/S : Gradient mm Hg Gradient mm Hg  
MITRAL : 1/0.7m/s  
AORTIC : 1.2m/s  
PULMONARY : 0.9m/s  
COLOUR DOPPLER : TRIVIAL MR / TR  
RVSP : 28mmHg  
CONCLUSION : NORMAL LV SIZE / SYSTOLIC FUNCTION.

 CARDIOLOGIST  
DR.HASIT JOSHI (9825012235)

REPORT REPORT REPORT



Aashka Hospitals Ltd.  
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Emergency No.: +91-7575007707 / 9879752777  
www.aashkahospitals.in  
CIN: L85110GJ2012PLC072647



**PATIENT NAME:ASHISH B VYAS**

**GENDER/AGE:Male / 38 Years**

**DATE:24/08/24**

**DOCTOR:**

**OPDNO:OSP34614**

**X-RAY CHEST PA**

Both lung fields show increased broncho-vascular markings.  
**No evidence of collapse, consolidation, mediastinal lymph adenopathy, soft tissue infiltration or pleural effusion is seen.**  
Both hilar shadows and C.P. angles are normal.  
Heart shadow appears normal in size. Aorta appears normal.  
Bony thorax and both domes of diaphragm appear normal.  
No evidence of cervical rib is seen on either side.

  
**DR. SNEHAL PRAJAPATI**  
**CONSULTANT RADIOLOGIST**

REPORT REPORT REPORT REPORT REPORT

**PATIENT NAME:**ASHISH B VYAS

**GENDER/AGE:**Male / 38 Years

**DATE:**24/08/24

**DOCTOR:**

**OPDNO:**OSP34614

### SONOGRAPHY OF ABDOMEN AND PELVIS

**LIVER:** Liver appears normal in size and shows normal parenchymal echoes. No evidence of focal or diffuse lesion is seen. No evidence of dilated IHBR is seen. Intrahepatic portal radicles appear normal. No evidence of solid or cystic mass lesion is seen.

**GALL BLADDER:** Gall bladder is physiologically distended and show tiny calculi within. No evidence changes of cholecystitis are seen. No evidence of pericholecystic fluid collection is seen. CBD appears normal.

**PANCREAS:** Pancreas appears normal in size and shows normal parenchymal echoes. No evidence of pancreatitis or pancreatic mass lesion is seen.

**SPLEEN:** Spleen appears normal in size and shows normal parenchymal echoes. No evidence of focal or diffuse lesion is seen.

**KIDNEYS:** Both kidneys are normal in size, shape and position. Both renal contours are smooth. Cortical and central echoes appear normal. Bilateral cortical thickness appears normal. No evidence of renal calculus, hydronephrosis or mass lesion is seen on either side. No evidence of perinephric fluid collection is seen.

Right kidney measures about 10.0 x 4.0 cms in size.  
Left kidney measures about 10.1 x 4.2 cms in size.

No evidence of suprarenal mass lesion is seen on either side.

**Aorta, IVC and para aortic region** appears normal.  
No evidence of ascites is seen.

**BLADDER:** Bladder is normally distended and appears normal. No evidence of bladder calculus, diverticulum or mass lesion is seen. Prevoid bladder volume measures about 90 cc.

**PROSTATE:** Prostate appears normal in size and shows normal parenchymal echoes. No evidence of pathological calcification or solid or cystic mass lesion is seen.  
Prostate volume measures about 14 cc.

**COMMENT: Tiny GB calculi.**

Normal sonographic appearance of liver, Pancreas, spleen, kidneys, bladder and prostate.

  
**DR. SNEHAL PRAJAPATI**  
CONSULTANT RADIOLOGIST

REPORT

24.08.2024 10:38:10 AM  
AASHIKA HOSPITAL LTD.  
SARGASAN  
GANDHINAGAR

Technician:  
Ordering Ph:  
Referring Ph:  
Attending Ph:

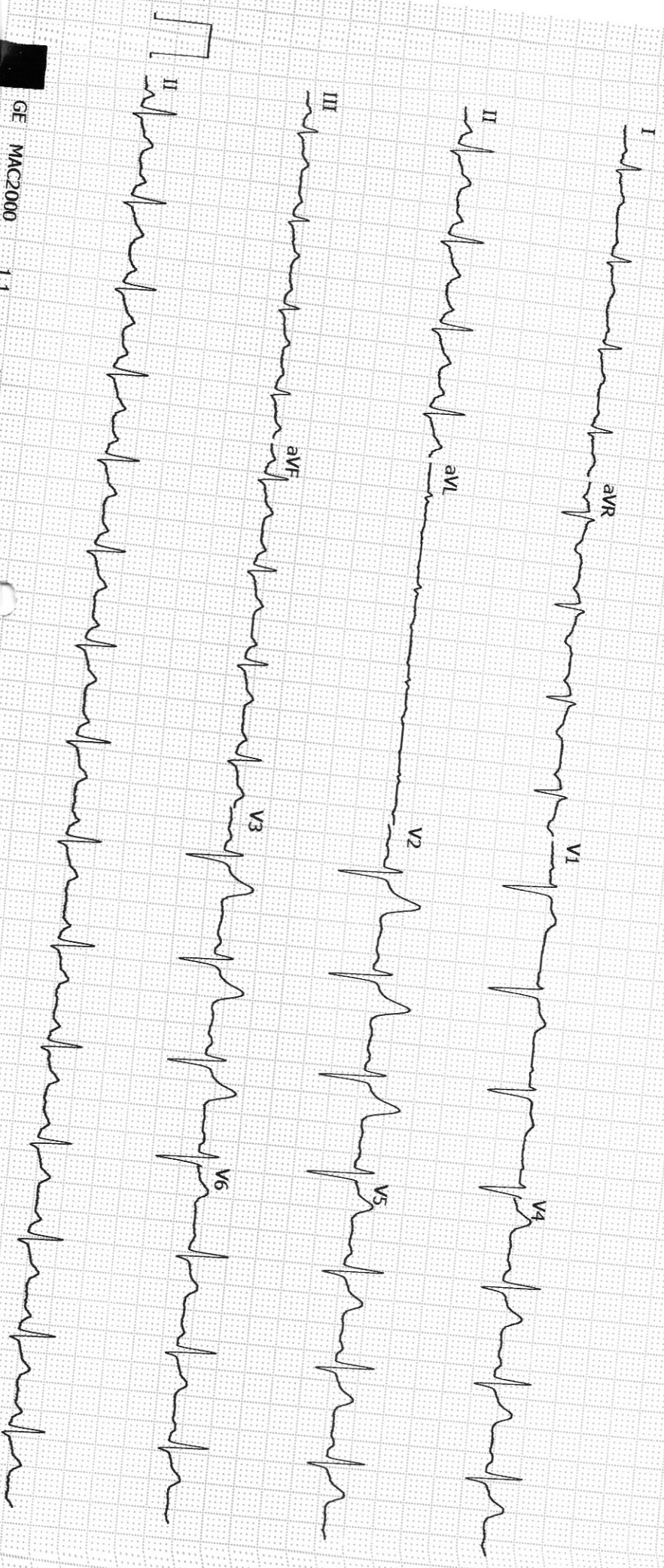
QRS : 88 ms  
QT / QTcBaz : 356 / 440 ms  
PR : 138 ms  
P : 92 ms  
RR / PP : 654 / 652 ms  
P / QRS / T : 67 / 56 / 64 degrees

Normal sinus rhythm  
Normal ECG

Location: 1  
Order Number:  
Indication:  
Medication 1:  
Medication 2:  
Medication 3:

0459 LOT D 942 #  
Room:

92 bpm  
-- / -- mmHg



GE MAC2000

I.1

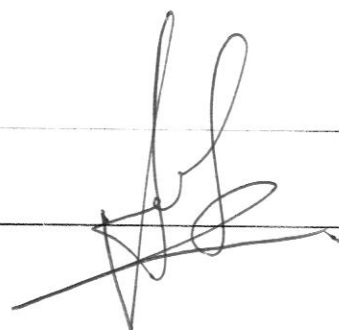
12SL™ V241

25 mm/s 10 mm/mV

ADS 0.56-2.11

Doctor Name:-



UHID: OSP34614	Date: 24/8/24	Time:
Patient Name: Ashish Vyas	Age/Sex: 38 yo / Male	Height: 177 cm
	Weight: 74.8 kg	
Chief Complain: Came for health check up BP = 110/80 P = 78/min. CVS / RST NAD.		
History: No H/O comorbidities		
Allergy History:		
Nutritional Screening: Well-Nourished / Malnourished / Obese		
Examination: Routine blood Ix Normal Pt is fit from Physical side		
Diagnosis:		

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**DR. TAPAS RAVAL**  
**MBBS . D.O**  
**(FELLOW IN PHACO & MEDICAL**  
**RATINA)**  
**REG.NO.G-21350**

UHID: <b>OSP34614</b>	Date: <b>24/08/2024</b>	Time:
Patient Name: <b>ASHISH B. NYAS</b>	Age / Sex: <b>38y / m</b>	Height: <b>177 .cm</b>
	Weight: <b>74.2 Kg.</b>	
History: <b>C10 Routine eye check.</b>		
Allergy History:		
Nutritional Screening: Well-Nourished / Malnourished / Obese		
Examination: <b>MM 26/18 6/12 VUC 26/18 26/6 6/6 1/6 Color vision Normal Reflexes normal</b>		
Diagnosis:		