



Patient Name : Mr. Jashvantsing Vasava  
Registration No : 101-022-7515-000  
Sex : Male  
Patient Arrived At : 16-Mar-2024 09:00:00 AM  
Test Name : ECHO STUDY

DOB : 01-Jun-1966  
Age : 57 Yrs/  
Result Verified At : 16-Mar-2024 12:19

## 2D ECHO CARDIOGRAPHY REPORT

- LA/ LV / RA/RV are normal in dimensions
- Mild LV Systolic dysfunction at Rest, LVEF = 45-50%
- Basal inferoposterior wall, mid inferoposterior wall hypokinetic & partially thin, scarred
- Grade I diastolic dysfunction
- MV – Normal, No MS/Mild MR ✓
- AV – No AS/ Trivial AR
- TV – Normal, No TS/ Trivial TR PV – No PS / Trivial PR
- No Pulmonary Hypertension, RVSP = 30 mmHg
- IAS / IVS appear Intact
- No e/o obvious Clot / Vegetation /effusion
- IVC is not congested

IMPRESSION : IHD- S/P PTCA , MILD LV DYSFUNCTION, RWMA+, GRADE I LVDD

  
**Dr. Milan Mehta**  
D.Card (Mumbai)  
Non-Invasive cardiology

**Soorya M.**  
Echo technologist

**Dr. Jayvirsinh Atodariya**  
MD, DM, CARDIOLOGY  
Consultant: Interventional Cardiology



16/03/2024

S/S Dr. Vivek :-



SARDAR PATEL HOSPITAL & HEART INSTITUTE

Kidney HTN - F. Protomet 12-5 too  
T. Telly 40 too

DM<sub>2</sub> T. Glycermet GP<sub>2</sub> too on irregular diet

14D - S/P PCCA F. Clopivas 75 500  
T. Rosuxan 10 500

Name: Jalshree Singh Kauriy

Age: 57 Sex: M

At

G. Burning micturition: Swallow.

Rp

Send urine cts.

Diabetic Diet,  
Fat free diet,  
Salt restricted diet.

P. Full  
160/90 mmHg.  
Spb. 98  
BIAE 20  
Clear

Urine	Tab. UTITROY-100	1-0-1	x 1 month
	Tab. GLEPOD-DS	0-0-1	
	Tab. CRANBID	1-0-1	x 1 month
	Cap. Pantakind-DSR	1-0-1	x 1 month
	Syr. Citalka 3tsf x 100		6 gms of water

Syr	Tab. Cetanil-TM (10/40/25)	1-0-0	x 1 month
	Tab. Dynagupt-M (20/500)	1-0-0 BBF	
	Tab. Glumison-MP <sub>2</sub>	D-1-1 BIL BLO.	
Heart	Tab. Cardirose W	0-0-1	
Vitamin	Tab. Neurokind plus	0-1-0	

FBS, PP, BS. on follow up

Om



**OPD INITIAL ASSESSMENT FORM**

(To be filled by Nursing Staff)

Patient Name: - Jashwant Singh Vadga UHID Number: - 022-7515

Consultant Name: - Dr. Vikas Patel Date: - 16/3/24 Start Time: - 5:30 PM Age: - 57 (Years)

Sex: - M (M/F)

Height: - 161 cms, Weight: - 60.2 kgs. Temp. -, Pulse: - 74 (Per minute), SPO2 98%

B.P. :- 160/100 (mm of Hg), RBS: - - First Visit / Follow Up Visit First Visit

Nursing Staff Name & Signature: - Kunilash Patel End Time: - 5:50 PM

**Past History: - (TICK MARK)**

Diabetes, Hypertension, IHD, COPD, Asthma, TB, Smoker, Alcoholic, Hypothyroidism

Other: -

Family History: -

Nutritional Screening: -

Psychosocial Assessment: -

Immunization Status: -

To be filled by Clinician) Start Time: - \_\_\_\_\_

Clinical Findings: -

Diagnosis: -

Investigations and Advice: -



**OPD INITIAL ASSESSMENT FORM**

(To be filled by Nursing Staff)

Patient Name: - Jashwant Singh Vasava UHID Number: - 7514

Consultant Name: Dr. Kaupesh Date: 16/3/24 Start Time: - \_\_\_\_\_ Age: 57 (Years)

Sex: - M (M/F) Cardiology

Height: - 161 cms, Weight: - 60.2 kgs. Temp. (M), Pulse: - \_\_\_\_\_ (Per minute), SPO2 \_\_\_\_\_

B.P. :- \_\_\_\_\_ (mm of Hg), RBS:- \_\_\_\_\_ First Visit / Follow Up

Visit: (Fk.)

Nursing Staff Name & Signature: - Sudha End Time:- \_\_\_\_\_

**Past History: - (TICK MARK)**

Diabetes, Hypertension, IHD, COPD, Asthma, TB, Smoker, Alcoholic, Hypothyroidism

Other:- \_\_\_\_\_

Family History:- \_\_\_\_\_

Nutritional Screening:- \_\_\_\_\_

Psychosocial Assessment:- \_\_\_\_\_

Immunization Status:- \_\_\_\_\_

To be filled by Clinician) Start Time:- \_\_\_\_\_

Diagnosis:- \_\_\_\_\_

Clinical Findings:-

came for health checkup  
GO AA - soft  
ankle  
BPPV  
imble on gait

Investigations and Advice:-

investigation of

<b>Patient Name:</b>	<b>JASHVANTSING VASAVA</b>	<b>Age / Sex:</b>	<b>57YRS/M</b>
<b>Patient ID:</b>	<b>OP-022-7515</b>	<b>Date :</b>	<b>16/03/2024</b>
<b>Referred By:</b>	<b>HEALTH CHEKUP</b>	<b>Modality:</b>	<b>USG</b>

**USG ABDOMEN & PELVIS**

**Liver is normal in size and shows increased echotexture. No focal solid/ cystic mass lesion detected in the liver. CBD and intrahepatic biliary radicles show no dilatation.**

**G.B. : contracted.**

**HEAD AND BODY OF PANCREAS : reveals normal echotexture. No mass, calcification or pancreatitis.**

**Tail of pancreas : Obscure by bowel gas.**

**SPLEEN : Normal size, 105 mm & reveals normal echotexture. No other focal mass seen.**

**BOTH KIDNEY : RK: 104 X 50 mm                      LK : 100 X 55 mm**

**Both kidneys are normal size with normal cortical thickness.**

**No focal solid or cystic mass seen. No calculus. No hydronephrosis seen.**

**C.M differentiation is preserved. No parenchymal abnormality seen.**

**U. BLADDER : Well distended & normal.No mass or filling defect seen.**

**PROSTATE: Borderline enlarged in size, 26 gm in volume & echotexture.No mass or calcification seen.**

**BOWEL LOOPS : peristaltic bowel loops seen in lower abdomen. Bowel loops are normal calibre (Visualized).**

**No free fluid seen. No enlarged lymphnodes seen.**

**IMPRESSION:**

**Fatty changes in liver (Grade I)**

**Borderline enlargement of prostate.**

**Mild urothelial wall echogenic thickening involving left renal pelvis – infective etiology.**

**Suggest clinical and RFT correlation.**

**DR HANSA RATHWA**  
**MD(Radio Diagnosis)**

**Disclaimer-**It is of medical imaging based on the available clinical data, so this report cannot be utilized for any medico legal purpose/ certifications. All modern machines/procedures have their own limitations. If there is any clinical discrepancy, this investigation may be repeated or reassessed by other tests.

<b>Patient Name:</b>	<b>JASHVANTSING VASAVA</b>	<b>Age /Sex:</b>	<b>57YRS/M</b>
<b>Patient ID:</b>	<b>OP-022-7515</b>	<b>Date :</b>	<b>16/03/2024</b>
<b>Referred By:</b>	<b>HEALTH CHEKUP</b>	<b>Modality:</b>	<b>X-RAY</b>

**X-RAY CHEST PA.**

- Both Lung fields appear normal  
No evidence of any collapse / consolidation.
- Both Hila appear normal.  
No evidence of any enlarged Hilar lymphnodes.
- Both CP angle clear.
- Cardiac size appear normal.
- Both hemi diaphragm appears normal
- Bony cage appear normal.

**IMPRESSION:**

**No significant abnormality detected. .**

**Suggest clinical correlation.**



**Dr. HANSA RATHWA**  
**MD (Radio Diagnosis)**

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## LABORATORY REPORT



Name : Mr JASHVANTSING VASAVA      Sex/Age : Male / 57 Years      Case ID : 40308000767  
 Ref. By : Mediwheel Full Body Health Checkup      Dis. At :      Pt. ID :  
 Bill. Loc. : Health packages      Pt. Loc. :  
 Reg Date and Time : 16-Mar-2024 09:58      Sample Type : Whole Blood EDTA, Plasma Fluoride F, Plasma Fluoride PP      Mobile No. :  
 Sample Date and Time : 16-Mar-2024 09:58      Sample Coll. By : non      Ref Id1 :  
 Report Date and Time : 16-Mar-2024 14:20      Acc. Remarks :      Ref Id2 :

TEST	RESULTS	UNIT	BIOLOGICAL REF RANGE	REMARKS
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### HAEMOGRAM REPORT

#### HB AND INDICES

Haemoglobin <i>Photometric Method</i>	13.1	G%	13.00 - 17.00	
RBC (Electrical Impedance)	H 7.14	millions/cummm	4.50 - 5.50	
PCV(Calc)	41.55	%	40.00 - 50.00	
MCV (RBC histogram)	L 58.2	fL	83.00 - 101.00	
MCH (Calc)	L 18.3	pg	27.00 - 32.00	
MCHC (Calc)	L 31.4	gm/dL	31.50 - 34.50	
RDW (RBC histogram)	H 18.70	%	11.00 - 16.00	

#### TOTAL AND DIFFERENTIAL WBC COUNT

Total WBC Count	6540	/μL	4000.00 - 10000.00	
Neutrophil	62	%	40.00 - 70.00	
Lymphocyte	26	%	20.00 - 40.00	
Eosinophil	03	%	1.00 - 6.00	
Monocytes	09	%	2.00 - 10.00	
Basophil	00	%	0.00 - 2.00	
Neutrophil <i>Calculated</i>	4055	/μL	2000.00 - 7000.00	
Lymphocyte <i>Calculated</i>	1700	/μL	1000.00 - 3000.00	
Eosinophil <i>Calculated</i>	196	/μL	20.00 - 500.00	
Monocyte <i>Calculated</i>	589	/μL	200.00 - 1000.00	
Basophil <i>Calculated</i>	0	/μL	0.00 - 100.00	

#### PLATELET COUNT

Platelet Count	207000	/μL	150000.00 - 410000.00	
MPV	8.90	fL	6.5 - 12	

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

*Shweta Patel*  
Dr. Shweta Patel

Consultant Pathologist

Page 1 of 10

Printed On : 16-Mar-2024 14:27



**LABORATORY REPORT**



Name : <b>Mr JASHVANTSING VASAVA</b>	Sex/Age : <b>Male / 57 Years</b>	Case ID : <b>40308000767</b>
Ref. By : <b>Mediwheel Full Body Health Checkup</b>	Dis. At :	PL ID :
Bill. Loc. : <b>Health packages</b>		Pt. Loc. :
Reg Date and Time : <b>16-Mar-2024 09:58</b>	Sample Type : <b>Whole Blood EDTA, Plasma Fluoride F, Plasma Fluoride PP</b>	Mobile No. :
Sample Date and Time : <b>16-Mar-2024 09:58</b>	Sample Coll. By : <b>non</b>	Ref Id1 :
Report Date and Time : <b>16-Mar-2024 14:20</b>	Acc. Remarks :	Ref Id2 :

**PDW** **14.8** **9 - 16**

**ESR** **10** **mm after 1hr 3 - 20**

*Westergren Method*

*Method:*  
TLC-SF cube technology(Flow Cytometry+ fluorescence),  
DC by microscopy,  
Platelet count by electrical impedance+/-SF cube technology

**BIOCHEMICAL INVESTIGATIONS**

<b>Plasma Glucose - F</b> <i>Photometric, Hexokinase</i>	<b>H 267.46</b>	mg/dL	70 - 100	URINR GLUCOSE 1+
<b>Plasma Glucose - PP</b> <i>Photometric, Hexokinase</i>	<b>H 465.50</b>	mg/dL	70 - 140	PPUS: +++

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

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Ref. By : Mediwheel Full Body Health Checkup	Dis. At :	Pt. ID :
Bill. Loc. : Health packages		Pt. Loc. :
Reg Date and Time : 16-Mar-2024 09:58	Sample Type : Whole Blood EDTA	Mobile No. :
Sample Date and Time : 16-Mar-2024 09:58	Sample Coll. By : non	Ref Id1 :
Report Date and Time : 16-Mar-2024 13:01	Acc. Remarks :	Ref Id2 :

TEST	RESULTS	UNIT	BIOLOGICAL REF RANGE	REMARKS
<b>HAEMATOLOGY INVESTIGATIONS</b>				
<b>BLOOD GROUP AND RH TYPING (Erythrocyte Magnetized Technology) (Both Forward and Reverse Group)</b>				
ABO Type	O			
Rh Type	POSITIVE			

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Bill. Loc. : Health packages		Pt. Loc. :
Reg Date and Time : 16-Mar-2024 09:58	Sample Type : Whole Blood EDTA	Mobile No. :
Sample Date and Time : 16-Mar-2024 09:58	Sample Coll. By : non	Ref Id1 :
Report Date and Time : 16-Mar-2024 11:17	Acc. Remarks :	Ref Id2 :

TEST	RESULTS	UNIT	BIOLOGICAL REF RANGE	REMARKS
<b>Glycated Haemoglobin Estimation</b>				
HbA1C <i>Immunoturbidimetric</i>	H 11.1		% of total Hb <5.7: Normal 5.7-6.4: Prediabetes >=6.5: Diabetes	
Estimated Avg Glucose (3 Mths) <i>Calculated</i>	271.87	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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TEST	RESULTS	UNIT	BIOLOGICAL REF RANGE	REMARKS
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**BIOCHEMICAL INVESTIGATIONS**

**Lipid Profile**

<b>Cholesterol</b> <i>Colorimetric, CHOD-PGD</i>	H 254.62	mg/dL	110 - 200	
<b>HDL Cholesterol</b>	48.2	mg/dL	40 - 60	
<b>Triglyceride</b> <i>GPO-PGD</i>	78.51	mg/dL	40 - 200	
<b>VLDL</b> <i>Calculated</i>	15.70	mg/dL	10 - 40	
<b>Chol/HDL</b> <i>Calculated</i>	H 5.28		0 - 4.1	
<b>LDL Cholesterol</b> <i>Calculated</i>	H 190.72	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 assessment from HDL and Triglyceride has been revised. Also LDL goals have changed.
- Detail test interpretation 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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Page 5 of 10

Printed On : 16-Mar-2024 14:27



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Bill. Loc. : Health packages		Pt. Loc. :
Reg Date and Time : 16-Mar-2024 09:58	Sample Type : Serum	Mobile No. :
Sample Date and Time : 16-Mar-2024 09:58	Sample Coll. By : non	Ref Id1 :
Report Date and Time : 16-Mar-2024 11:16	Acc. Remarks :	Ref Id2 :

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

**Liver Function Test**

<b>S.G.P.T.</b> <i>IFCC</i>	<b>17.13</b>	U/L	0 - 63	
<b>S.G.O.T.</b> <i>IFCC</i>	<b>16.64</b>	U/L	15 - 37	
<b>Alkaline Phosphatase</b> <i>Modified IFCC method</i>	<b>140.96</b>	U/L	40 - 150	
<b>Proteins (Total)</b> <i>Buret</i>	<b>7.69</b>	g/dL	6.4 - 8.2	
<b>Albumin</b> <i>Bromo Cresol Green</i>	<b>4.51</b>	g/dL	3.4 - 5.0	
<b>Globulin</b> <i>Calculated</i>	<b>3.18</b>	gm/dL	2 - 4.1	
<b>A/G Ratio</b> <i>Calculated</i>	<b>1.4</b>		1.0 - 2.1	
<b>Bilirubin Total</b> <i>Diazotized Sulfanilic Acid Method</i>	<b>0.59</b>	mg/dL	0.2 - 1.0	
<b>Bilirubin Conjugated</b> <i>Diazotized Sulfanilic Acid Method</i>	<b>0.19</b>	mg/dL		
<b>Bilirubin Unconjugated</b> <i>Calculated</i>	<b>0.40</b>	mg/dL	0 - 0.8	

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Page 4 of 10

Printed On : 16-Mar-2024 14:27



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Bill. Loc. : Health packages		Pt. Loc. :
Reg Date and Time : 16-Mar-2024 09:58	Sample Type : Serum	Mobile No. :
Sample Date and Time : 16-Mar-2024 09:58	Sample Coll. By : non	Ref Id1 :
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TEST	RESULTS	UNIT	BIOLOGICAL REF RANGE	REMARKS
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**BIOCHEMICAL INVESTIGATIONS**

**Renal Function Test**

<b>Urea</b> <i>Urease/GLDH</i>	34.56	mg/dL	18 - 55	
<b>Creatinine</b> <i>Jaffe compensated</i>	L 0.69	mg/dL	0.70 - 1.30	
<b>Uric Acid</b> <i>Uricase-Peroxidase method</i>	3.85	mg/dL	3.5 - 7.2	
<b>Sodium</b> <i>ISE</i>	136.2	mmol/L	136 - 145	
<b>Potassium</b> <i>ISE</i>	4.76	mmol/L	3.5 - 5.1	
<b>Chloride</b> <i>ISE</i>	98.8	mmol/L	98 - 107	
<b>Calcium</b> <i>Arsenazo III</i>	10.01	mg/dL	8.4 - 10.2	

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Page 3 of 10

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Bill. Loc. : Health packages		Pt. Loc. :
Reg Date and Time : 16-Mar-2024 09:58	Sample Type : Serum	Mobile No. :
Sample Date and Time : 16-Mar-2024 09:58	Sample Coll. By : non	Ref Id1 :
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TEST	RESULTS	UNIT	BIOLOGICAL REF RANGE	REMARKS
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**BIOCHEMICAL INVESTIGATIONS**

**Thyroid Function Test**

<b>Triiodothyronine (T3)</b> ECLIA	<b>0.92</b>	ng/mL	0.40 - 1.81	
<b>Thyroxine (T4)</b> ECLIA	<b>6.60</b>	µg/dL	4.6 - 10.5	
<b>TSH</b> ECLIA	<b>1.200</b>	µIU/mL	0.50 - 8.9	

**INTERPRETATIONS**

Useful for Monitoring patients on thyroid replacement therapy, Confirmation of thyroid-stimulating hormone (TSH) suppression in thyroid cancer patients on thyroxine therapy, for Prediction of thyrotropin-releasing hormone-stimulated TSH response, as An aid in the diagnosis of primary hyperthyroidism, for Differential diagnosis of hypothyroidism.  
The ability to quantitate circulating levels of thyroid-stimulating hormone (TSH) is important in evaluating thyroid function. It is especially useful in the differential diagnosis of 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 or normal. Concentrations of 5.1 mIU/ml to 7.0 mIU/ml are considered borderline hypothyroid

**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	Reference range (microIU/ml)
First trimester	0.24 - 2.00
Second trimester	0.43-2.2
Third trimester	0.8-2.5

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Bill. Loc. : Health packages		Pt. Loc. :
Reg Date and Time : 16-Mar-2024 09:58	Sample Type : Spot Urine	Mobile No. :
Sample Date and Time : 16-Mar-2024 09:58	Sample Coll. By : non	Ref Id1 :
Report Date and Time : 16-Mar-2024 11:16	Acc. Remarks :	Ref Id2 :

TEST	RESULTS	UNIT	BIOLOGICAL REF RANGE	REMARKS
<b>URINE EXAMINATION (STRIP METHOD AND FLOWCYTOMETRY)</b>				

Physical examination

Colour	Pale yellow
Transparency	Clear

Chemical Examination By Sysmex UC-3500

Sp.Gravity	1.025		1.003 - 1.035
pH	6.0		4.6 - 8
Leucocytes (ESTERASE)	Negative		Negative
Protein	Negative		Negative
Glucose	Present (+)		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	Occasional	/HPF	Nil
Red Blood Cell	Nil	/HPF	Nil
Epithelial Cell	1-2	/HPF	Present(+)
Bacteria	Nil	/µL	Nil
Yeast	Nil	/µL	Nil
Cast	Nil	/HPF	Nil
Crystals	Nil	/HPF	Nil

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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	-	-	-	-	-

Pending Services  
Stool Examination

----- 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)

*Shweta Patel*  
**Dr. Shweta Patel**  
 Consultant Pathologist

Printed On : 16-Mar-2024 14:27





**OPD INITIAL ASSESSMENT FORM**

(To be filled by Nursing Staff)

Patient Name: Jishwanthbhai Vaisind UHID Number: - 022-7575

Consultant Name: Dr. Shaeyla Shah Date: 16-3-24 Start Time: - - Age: - 57 (Years)

Sex: - M (M/F)

Height: - 161 cms, Weight: - 60.2 kgs. Temp. 99, Pulse: - (Per minute), SPO2

B.P. :- (mm of Hg), RBS:- First Visit / Follow Up

Visit: First visit

Nursing Staff Name & Signature: - End Time:-

Past History: - (TICK MARK)

Diabetes, Hypertension, IHD, COPD, Asthma, TB, Smoker, Alcoholic, Hypothyroidism

log routine check up

Other:-

Family History:-

Nutritional Screening:-

Psychosocial Assessment:-

Immunization Status:-

UCVA 6/9  
6/24  
PHVM 6/6  
6/18  
st Ⓟ 0-50 X 50-6/6  
Ⓞ 0-50 / 0-5 X 85-6/18

To be filled by Clinician) Start Time:-

Clinical Findings:-

R L  
RRR IMSC  
Early NS

F Ds (5) Heazy  
PR dull

Diagnosis:-

LE Cataract

Investigations and Advice:-

Emergency

Rate 78  
 RR 769  
 PR 184  
 QRS 99  
 QT 365  
 QTc 416

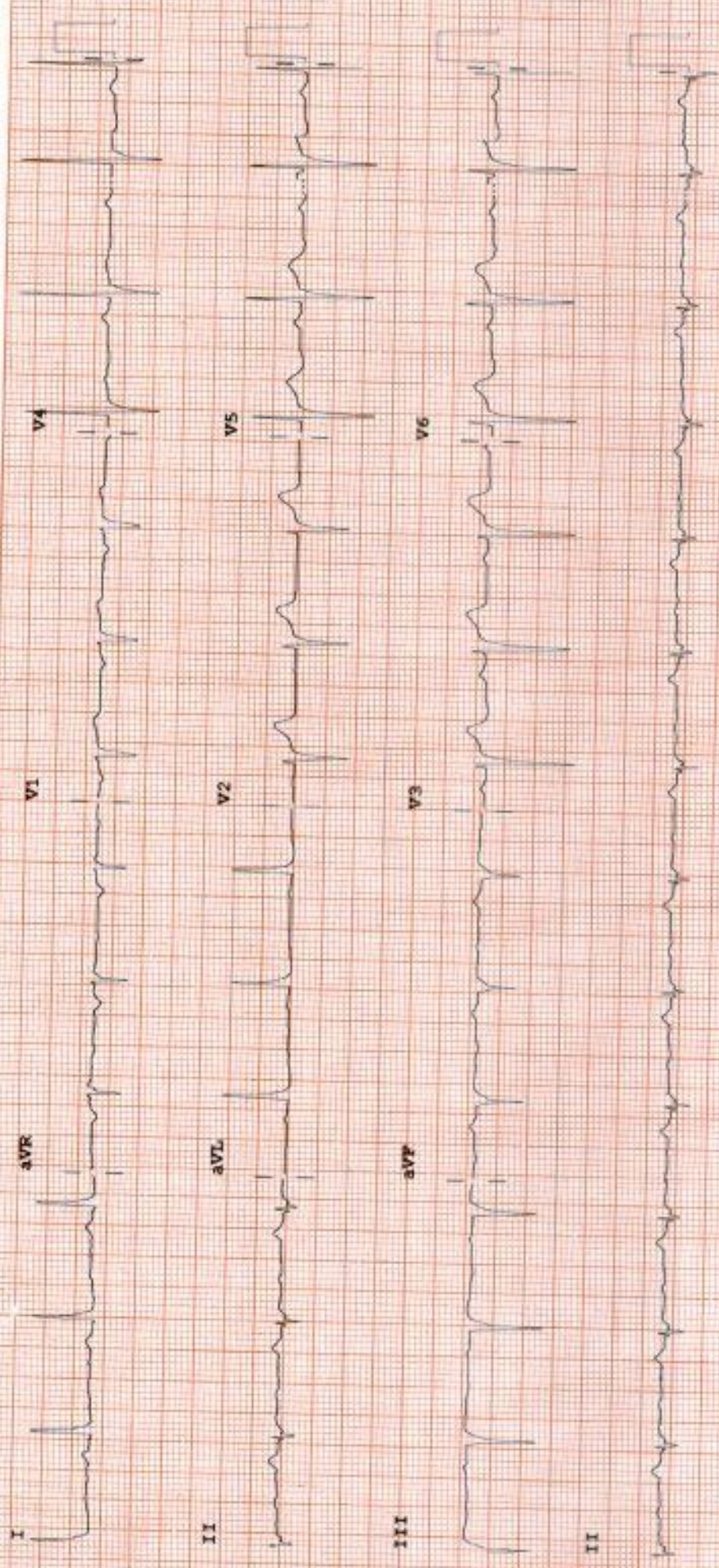
Sinus rhythm.....normal P axis, V-rate 50- 99  
 Probable left atrial enlargement.....P >50ms, <-0.10mV V1  
 Abnormal R-wave progression, late transition.....QRS area<0 in V5/V6  
 Inferior infarct, old.....Q >35ms, II III avF  
 Lateral leads are also involved.....lat Q or ST-T abnormalities

--AXIS--  
 P 25  
 QRS -39  
 T

- ABNORMAL ECG -

12 Lead: Standard Placement

Unconfirmed Diagnosis



Device: Speed: 25 mm/sec Limb: 10 mm/mV Chest: 10.0 mm/mV

F 50- 0.50-100 Hz W

100B CL?

PP