

Patient's name	: PARTH ROHITBHAI CHUDASAMA	Age/Sex	: 30 Years/Male
Referred by	: Self	Reg. No	: 3599
Date	: 14/08/2021	Mobile	: 9909355768
Patient's Id	: PC53	Ref ID.	:

Fitness Certificate

GENERAL EXAMINATION

Height (cms) : 165

Weight (kgs) : 77.5

Blood Pressure : 118/78 mmHg

Pulse : 68/Min

No Clubbing/Cynosis/Pallor/Pedel Oedem

Systemic Examination:

Cardio vascular System - S1,S2 Normal, No Murmur

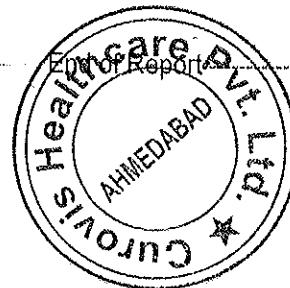
Respiratory system - AEBE

Central Nervous System - No FND

Abdomen - Soft, Non Tender, No Organomegaly

This is an electronically authenticated report.
Note:((LL-Very Low, L-Low, HH-Very High)

Approved On : 16/08/2021 11:59:00
Generated On : 16/08/2021 12:27




Dr Jinen M Shah
DNB (Medicine)FCCS (USA)


M/30

बैंक ऑफ बरदा
Bank of Baroda

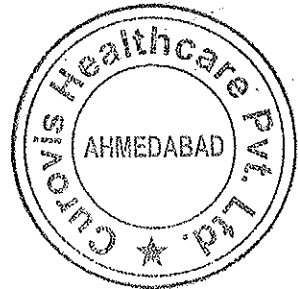
नाम Name: Parth Rohitbhai Chudasama

कर्मचारी कूट सं. 174404
Employee Code No.

Parth Chudasama
जारीकर्ता प्राधिकारी
Issuing Authority



Parth Chudasama
धारक के हस्ताक्षर
Signature of Holder



Dr. Jinesh M. Shah
DNB (Medicine) / FCCS (USA)
Reg. No.: G-20693

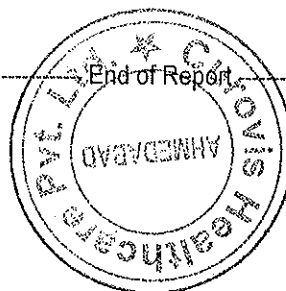
Patient's name : PARTH ROHITBHAI CHUDASAMA	Age/Sex : 30 Years/Male
Referred by : Self	Reg. No : 3599
Date : 14/08/2021	Mobile : 9909355768
Patient's Id : PC53	Ref ID. :

HEMOGRAM REPORT

Performed on 5-Part Fully Auto Hematology Analyzer SIEMENS ADVIA 2120i)

Test	Result	Unit	Biological Reference Interval
Sample Type:	EDTA		
Haemoglobin:	13.8	gm/dL	13.5 - 18.0
Total WBC Count:	7200	/microlitre	4000 - 10500
Platelets Count:	421000	/microlitre	1,50,000 - 4,50,000
Differential Count:			
Neutrophils:	54	%	40-80
Lymphocytes:	41	%	20-40
Eosinophils:	03	%	Upto 6
Monocytes:	02	%	2-10
Basophils:	00	%	<1-2
RBC indices:			
RBC Count:	4.61	*10 ⁶ /microL	4.5 - 5.5
HCT:	42.1	%	40 - 50
MCV:	91.3	fL	83-101
MCH:	29.9	pg	27-32
MCHC:	32.8	%	31.5-34.5
RDW:	12.5	%	11.6 - 14.0
Erythrocytes Sedimentation Rate(ESR): (By AUTO ESR-10, USA)			
ESR 1st Hr:	05	mm	2 - 15 mm in 1Hr.
ESR 2nd Hr:	12	mm	12 - 20 mm in 2 Hr.
Thick Smear Preparation:			
Haemoparasite:	Malarial parasites are not seen.		
Peripheral Smear Examination:			
RBCs:	Normocytic & Normochromic.		
Platelet:	Platelet adequate & normal on smear.		

This is an electronically authenticated report.
Note:((LL-Very Low, L-Low, HH-Very High)




Dr. KEYUR Patel
M.B.DCP

Patient's name	: PARTH ROHITBHAI CHUDASAMA	Age/Sex	: 30 Years/Male
Referred by	: Self	Reg. No	: 3599
Date	: 14/08/2021	Mobile	: 9909355768
Patient's Id	: PC53	Ref ID.	:

Approved On : 15/08/2021 12:49:00
Generated On : 16/08/2021 12:53



Patient's name : PARTH ROHITBHAI CHUDASAMA Age/Sex : 30 Years/Male
Referred by : Self Reg. No : 3599
Date : 14/08/2021 Mobile : 9909355768
Patient's Id : PC53 Ref ID. :

GLYCOSYLATED HAEMOGLOBIN (HbA1C) ESTIMATION

Test	Result	Unit	Biological Reference Interval
Sample Type: EDTA			
Glycosylated Haemoglobin (HbA1C)	4.70	%	Pre-Diabetic (Adult): 5.7 - 6.4 Diabetic (Adult): >6.5 Therapeutic goal for glycemic control: <7.0
Mean Blood Glucose Level (An average of 2 -3 Months)	88		

Method : HPLC on D-10, Bio-Rad,USA

INTERPRETATION:

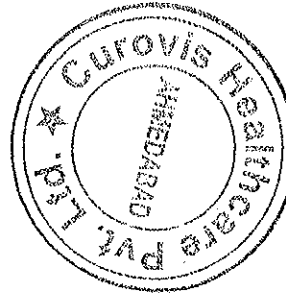
- * Blood sample can be drawn at any time. Fasting is not required.
- * Reflects average blood sugar levels for the 2 to 3 months period before the test.
- * Provides information for evaluating diabetic treatment modalities and tracks control of blood glucose of particular value in diabetic children, diabetics in whom the renal threshold for glucose is abnormal, unstable insulin dependent diabetics where blood sugars vary markedly from day to day.
- * High value in poorly controlled DM and moves towards normal in patients with optimal control.

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


Dr. KEYUR Patel
M.B.DCP

This is an electronically authenticated report.
Note:(LL-Very Low, L-Low, HH-Very High)

Approved On : 15/08/2021 12:49:00
Generated On : 16/08/2021 12:53



Patient's name : PARTH ROHITBHAI CHUDASAMA Age/Sex : 30 Years/Male
 Referred by : Self Reg. No : 3599
 Date : 14/08/2021 Mobile : 9909355768
 Patient's Id : PC53 Ref ID. :

LIPID PROFILE

(Performed on Semi Auto Chemistry Analyzer BeneSphera)

Test	Result	Unit	Biological Reference Interval
Sample Type: Fasting Serum			
S.Cholesterol (Oxidase Peroxidase)	194	mg/dL	< 200 Desirable 200-239 Boderline High > 240 High
S.HDLC (Direct) (Phosphotungsstic Acid)	35.2	mg/dL	< 40 Low > 60 High
S.Triglyceride (GPO-POD)	147.4	mg/dL	< 150 mg/dl Normal 150-199 Boderline High 200-499 High > 500 Very High
S.VLDL (Calculated)	29.48	mg/dL	10-40 Normal
S.LDLC (Calculated)	129.32	mg/dL	< 100 Optimal 100-129 Near to above optimal 130-159 Boderline high 160-189 High >190 Very High
S.Cholesterol / HDLC Ratio (Calculated)	5.51		< 4 Normal 4-6 Boderline 6-8 Risklevel > 8 High Risk
S.LDLC / HDLC Ratio (Calculated)	3.67		< 3 Normal 3-4 Boderline 4-6 Risk Level > 6 High Risk
Cholesterol / HDLC Ratio (Calculated)	5.51		< 3.5 Normal
Triglyceride / HDLC Ratio (Calculated)	4.19		< 2 Normal > 4 Risk Level > 6 High Risk
Non HDLC (Calculated)	158.8		< 130 Normal 130 - 159 Near Normal 160 - 189 Boderline 190 - 219 Risklevel > 220 High Risk

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


Dr. KEYUR Patel
M.B.DCP

This is an electronically authenticated report.
Note:((LL-Very Low, L-Low, HH-Very High)

Approved On : 15/08/2021 12:48:00
Generated On : 16/08/2021 12:53



Patient's name : PARTH ROHITBHAI CHUDASAMA	Age/Sex	: 30 Years/Male
Referred by : Self	Reg. No	: 3599
Date : 14/08/2021	Mobile	: 9909355768
Patient's Id : PC53	Ref ID.	:

LIVER FUNCTION TEST

(Performed on Fully Auto DRY Chemistry Analyzer VITROS-250)

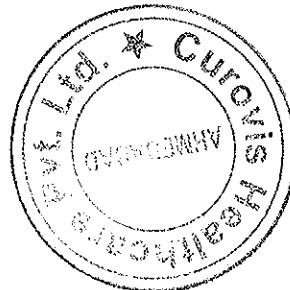
Test	Result	Unit	Biological Reference Interval
Sample Type: Serum			
S.Bilirubin			
Total Bilirubin	0.70	mg/dl	0 - 1.2
(Azobilirubin)			
Conjugated Bilirubin	0.15	mg/dl	0 - 0.4
(Dual Wavelength spectrophotometric)			
Unconjugated Bilirubin	0.55	mg/dl	0.0 - 1.1
(Dual Wavelength spectrophotometric)			
S.G.P.T. (ALT)	57.7	IU/L	0 - 49
(Kinetic with Pyridoxal 5-Phosphate)			
S.G.O.T. (AST)	39.1	IU/L	Up to 46
(Kinetic with Pyridoxal 5-Phosphate)			
S.ALP (Alkaline Phosphatase)	141.6	U/L	80 - 306
(4-Nitrophenyl phosphate)			
S.Protein			
Total Protein	7.2	gm/dl	6.3 - 8.2
(Biuret)			
Albumin	5.25	gm/dl	3.5 - 5.2
(BCG)			
Globulin	1.95	gm/dl	1.9 - 3.5
(Calculated)			
Albumin Globulin Ratio	2.69		
S.GammaGT	80.7	IU/L	15-73
(L-Gamma Glutamyl-4-Nitroanalide)			

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


Dr. KEYUR Patel
M.B.DCP

This is an electronically authenticated report.
Note:(LL-Very Low, L-Low, HH-Very High)

Approved On : 15/08/2021 12:48:00
Generated On : 16/08/2021 12:53



Patient's name : PARTH ROHITBHAI CHUDASAMA Age/Sex : 30 Years/Male
Referred by : Self Reg. No : 3599
Date : 14/08/2021 Mobile : 9909355768
Patient's Id : PC53 Ref ID. :

BLOOD GROUP

Sample Type: EDTA
ABO Group : "B"
Rh Type : Positive

RENAL FUNCTION TEST

(Performed on Fully Auto DRY Chemistry Analyzer VITROS-250)

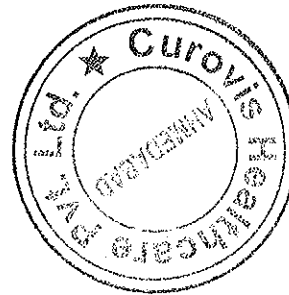
Test	Result	Unit	Biological Reference Interval
Sample Type: Serum			
S.Urea (Urease with indicator dye)	29.6	mg/dl	Male: 19.6-43.6 Female: 15.2-37.0
S.Creatinine (Enzymatic)	0.76	mg/dL	0.55 - 1.30
S.Uric Acid (Uricase)	6.54	mg/dL	Male: 3.5-8.5 Female: 2.5-6.2

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


Dr. KEYUR Patel
M.B.DCP

This is an electronically authenticated report.
Note: (LL-Very Low, L-Low, HH-Very High)

Approved On : 15/08/2021 12:48:00
Generated On : 16/08/2021 12:53



Patient's name	: PARTH ROHITBHAI CHUDASAMA	Age/Sex	: 30 Years/Male
Referred by	: Self	Reg. No	: 3599
Date	: 14/08/2021	Mobile	: 9909355768
Patient's Id	: PC53	Ref ID.	:

BLOOD GLUCOSE LEVEL

Test	Result	Unit	Biological Reference Interval
Sample Type:	Flouride		
Fasting Blood Glucose (Hexokinase)	71.4	mg/dl	70-110
Collection Time:			
Collection Time:			
Post Prandial Blood Glucose (2 Hrs) (Hexokinase)	114.1	mg/dl	80-140

Tests Performed on Fully Auto **DRY Chemistry Analyzer VITROS-250**

SERUM LDH LEVEL

Test	Result	Unit	Biological Reference Interval
Sample Type:	Serum		
LDH Activity (Lactate Dehydrogenase):	203.88	U/L	120 - 246
Pyruvate to lactate Kinetic Method			

#Tests Performed on Fully Auto **DRY Chemistry Analyzer VITROS-250**

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



Dr. KEYUR Patel
M.B.DCP

This is an electronically authenticated report.
Note:((LL-Very Low, L-Low, HH-Very High)

Approved On : 15/08/2021 12:48:00
Generated On : 16/08/2021 12:53



Patient's name : PARTH ROHITBHAI CHUDASAMA Age/Sex : 30 Years/Male
Referred by : Self Reg. No : 3599
Date : 14/08/2021 Mobile : 9909355768
Patient's Id : PC53 Ref ID. :

Prostate Specific Antigen
(Carried out on miniVIDAS, Biomerieux)

Test	Result	Unit	Reference Interval
S.PSA : (Prostate Specific Antigen)	0.650	ng/ml	M : Healthy Male upto 4.00

THYROID FUNCTION TEST
(by CLIA on SIEMENS ADVIA Centaur XP)

Test	Result	Unit	Biological Reference Interval
Sample Type: Serum			
S.T3 (Total Triiodothyronine by CLIA)	1.08	ng/mL	1 - 23 Months: 1.17 - 2.39 2 - 12 Years: 1.05 - 2.07 13 - 20 Years: 0.86 - 1.92 Adult: 0.6 - 1.81
S.T4 (Total Thyroxine by CLIA)	9.00	mcg/dL	3.2 - 12.6
S.TSH (Thyroid Stimulating Hormone by CLIA)	2.017	microU/mL	0 -12 Yrs: 0.77 - 5.64 12-19 Yrs: 0.75-3.69 19-100 Yrs: 0.35 -5.50

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


Dr. KEYUR Patel
M.B.DCP

This is an electronically authenticated report.
Note:((LL-Very Low, L-Low, HH-Very High)

Approved On : 15/08/2021 12:48:00
Generated On : 16/08/2021 12:53



Patient's name : PARTH ROHITBHAI CHUDASAMA	Age/Sex : 30 Years/Male
Referred by : Self	Reg. No : 3599
Date : 14/08/2021	Mobile : 9909355768
Patient's Id : PC53	Ref ID. :

URINE ROUTINE ANALYSIS

Sample Type: Fresh Urine

Physical Examination

(Naked Eye Observation)

	Result	Biological Ref. Value
Amount	20 ml	>10 ml
Colour	Pale Yellow	Pale Yellow
Appearance	Clear	Clear

Chemical Examination

pH (Dip stick)	7	4.5-8.0
Specific Gravity (Bromothymol Blue)	1.010	1.002-1.030
Albumin (Tetrabromophenol)	Absent	Absent
Glucose (Specific Glucose Oxidase/Peroxidase)	Absent	Absent
Bilirubin (Azo-coupling reaction)	Absent	Absent
Acetone (Sodium Nitroprusside Reaction)	Absent	Absent
Urobilinogen (Modified Ehrlich Reaction)	Absent	Absent
Nitrites (Diazolization Reaction)	Absent	Absent

Microscopic Examination

(After centrifugation at 1500 RPM for 10min./hpf)

Pus Cells(WBCs)	Absent	Absent
Red Blood Cells(RBCs)	Absent	Absent
Epithelial cells	Absent	
T.Vaginals	Absent	Absent
Spermatozoa	Absent	Absent
Casts	Absent	Absent
Crystals	Absent	Absent
Amorphous Material	Absent	Absent

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


Dr. KEYUR Patel
M.B.DCP

This is an electronically authenticated report.
Note:((LL-Very Low, L-Low, HH-Very High))

Approved On : 15/08/2021 12:49:00
Generated On : 16/08/2021 12:53



Patient's name	: PARTH ROHITBHAI CHUDASAMA	Age/Sex	: 30 Years/Male
Referred by	: Self	Reg. No	: 3599
Date	: 14/08/2021	Mobile	: 9909355768
Patient's Id	: PC53	Ref ID.	:

Electrocardiogram

Findings

Normal Sinus Rhythm.

Within Normal Limit.

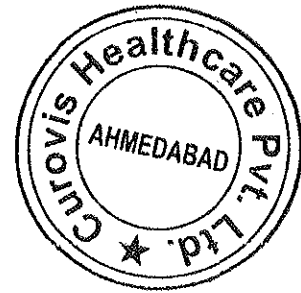
----- End of Report -----

This is an electronically authenticated report.
Note:((LL-Very Low, L-Low, HH-Very High)



Dr Jinen M Shah
DNB (Medicine)FCCS (USA)

Approved On : 16/08/2021 11:59:00 AM
Generated On : 16/08/2021 12:18



Patient
Chudasama

18

30 years / 77 kg Male

165 cm / 77 kg

HR 68/min

P axis: 0°

Intervals:

RR 877 ms

P 100 ms

PR 124 ms

QR5 96 ms

QT 340 ms

QTc 366 ms
(Bazett)

T 18°

QR5 48°

P (II) 0.10 mV

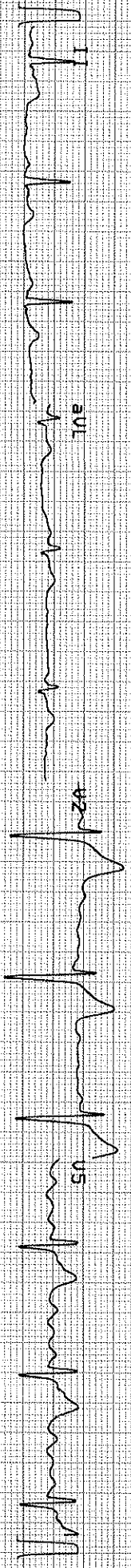
S (V1) -0.87 mV

R (V5) 0.55 mV

Sokol. 2.21 mV

10 mm/mV

10 mm/mV



10 mm/mV

25 mm/s

0.05-25 Hz F50 5F 585 14.08.2021 11:50:04

CURQVIS HEALTHCARE

Chudasama

PH 1028 05 11 24 C

Patient's name	: PARTH ROHITBHAI CHUDASAMA	Age/Sex	: 30 Years/Male
Referred by	: Self	Reg. No	: 3599
Date	: 14/08/2021	Mobile	: 9909355768
Patient's Id	: PC53	Ref ID.	:

2D Echo Colour Doppler

OBSERVATION:

2 D Echo and color flow studies were done in long and short axis, apical and Sub coastal views.

1. Normal LV size. No RWMA at rest.
2. Normal RV and RA. No Concentric LVH.
3. All Four valves are structurally normal.
4. Good LV systolic function. LVEF = 60%.
5. Normal LV Compliance.
6. Trivial TR. Mild MR. No AR.
7. No PAH. RVSP = 34 mmHG.
8. Intact IAS and IVS.
9. No Clot, No Vegetation.
10. No pericardial effusion.

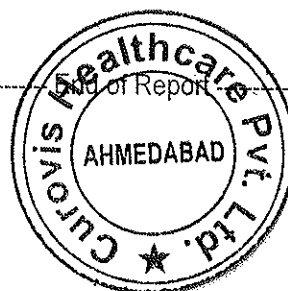
CONCLUSION

1. Normal LV size with Good LV systolic function.
2. No Concentric LVH . Normal LV Compliance
3. Trivial TR with No PAH. Mild MR. No AR
4. No RWMA at rest.

This echo doesn't rule out any kind of congenital cardiac anomalies.

This is an electronically authenticated report.
Note:((LL Very Low, L-Low, HH-Very High)

Approved On : 16/08/2021 11:59:00
Generated On : 16/08/2021 12:27



Dr Jinen M Shah
DNB (Medicine)FCCS (USA)

Patient's name	: PARTH ROHITBHAI CHUDASAMA	Age/Sex	: 30 Years/Male
Referred by	: Self	Reg. No	: 3599
Date	: 14/08/2021	Mobile	: 9909355768
Patient's Id	: PC53	Ref ID.	:

X RAY CHEST PA

Both lung fields appear clear.

No evidence of any active infiltrations or consolidation.

Cardiac size appears within normal limits.

Both costo-phrenic angles appear free of fluid.

Both domes of diaphragm appear normal.

Bony thorax appears normal.

COMMENT: No significant abnormality is detected.

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

This is an electronically authenticated report.
Note:((LL-Very Low, L-Low, HH-Very High)


Dr. Jaimin Shah
DMRD
Consultant Radiologist

Approved On : 14/08/2021 3:12:00 PM
Generated On : 14/08/2021 15:12



Patient's name	: PARTH ROHITBHAI CHUDASAMA	Age/Sex	: 30 Years/Male
Referred by	: Self	Reg. No	: 3599
Date	: 14/08/2021	Mobile	: 9909355768
Patient's Id	: PC53	Ref ID.	:

USG ABDOMEN

Liver appears normal in size & echogenicity. No evidence of focal solid or cystic lesion seen. No evidence of dilatation of intra-hepatic biliary or portal radicals. PV is normal in caliber.

Gall bladder is normally distended. No evidence of calculus or mass seen. Gall bladder wall thickness appears normal.

Pancreas Visualized portion appears normal in size and echopattern. No evidence of focal lesions.

Spleen appears normal in size & echopattern. No evidence of focal lesions.

Both kidneys are normal in size, shape and position. C.M. differentiation on both sides is maintained. No evidence of hydronephrosis, or solid mass on either side.

Both kidneys show 3 mm to 7 mm calyceal calculi .

Urinary bladder is partially distended. No evidence of calculus or mass.

Prostate appears normal in size and echopattern. No evidence of focal lesions.

No evidence of free fluid in peritoneal cavity.

No evidence of para-aortic lymph adenopathy.

No evidence of dilated small bowel loops.

COMMENTS :

BILATERAL RENAL CALCULI, 3 mm to 7 mm.

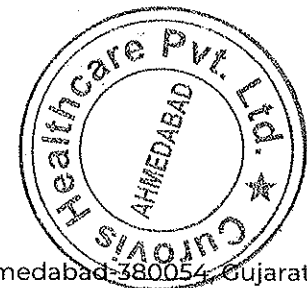
----- End of Report -----

This is an electronically authenticated report.
Note: ((LL-Very Low, L-Low, HH-Very High))

Jms

Dr. Jaimin Shah
DMRD
Consultant Radiologist

Approved On : 14/08/2021 3:12:00 PM
Generated On : 14/08/2021 15:13



Patient's name : PARTH ROHITBHAI CHUDASAMA Age/Sex : 30 Years/Male
Referred by : Self Reg. No : 3599
Date : 14/08/2021 Mobile : 9909355768
Patient's Id : PC53 Ref ID. :

Eye Check - Up

RIGHT EYE

SP: -0.25
CY: -0.25
AX: 81

LEFT EYE

SP: -0.75
CY: -0.50
AX: 126

	Without Glasses	With Glasses
Right Eye	6/6	n.a
Left Eye	6/6	n.a

Near Vision: Right Eye -N/6, Left Eye - N/6

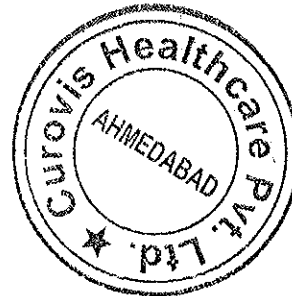
Fundus Examination: Within Normal Limits.

Colour Vision: Normal

Comments: Normal

Dr.Kejal Patel
MB,DO(Ophth)

Approved On : 16/08/2021 12:03:00 PM
Generated On : 16/08/2021 12:07

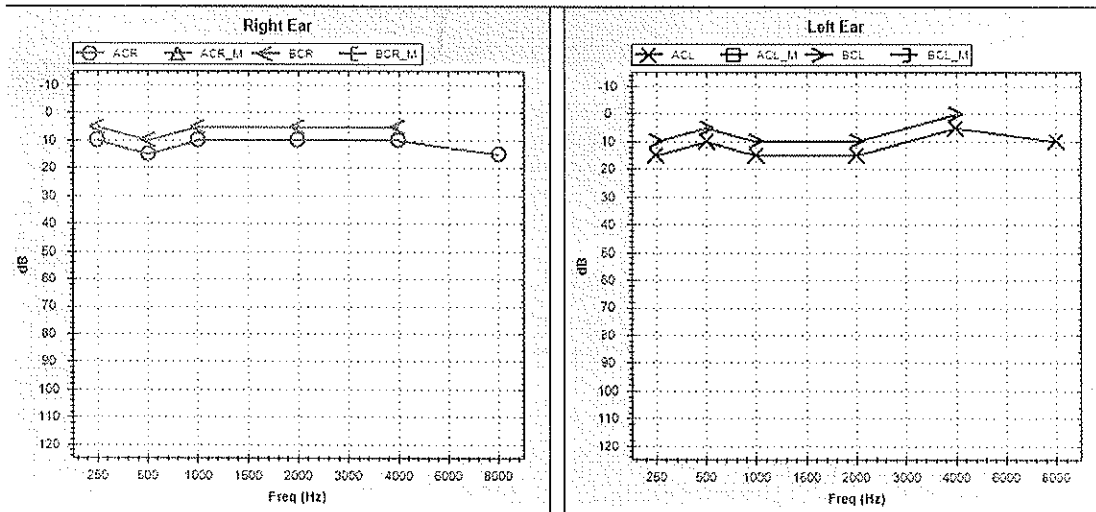


CLIENT NAME:- PARTH R CHUDASMA.

AGE:- 30Y/M

DATE: 14/08/2021

AUDIOGRAM



EAR	MODE	Air Conduction		Bone Conduction		Colour Code	Threshold In dB	RIGHT	LEFT
		Masked	UnMasked	Masked	UnMasked				
LEFT		◻	×	◻	>	Blue	AIR CONDUCTION	10	10
RIGHT		△	○	◻	<	Red	BONE CONDUCTION		
NO RESPONSE : Add ↓ below the respective symbols							SPEECH		

Comments:-

Bilateral Hearing Sensitivity Within Normal Limits.

