

4/8/23 11:00 AM



Chetan Dadhaniya <cpdadhaniya@gmail.com>

Health Check up Booking Re Schedule Request(bobE36308),Package Code-PKG10000227, Beneficiary Code-17876

2 messages

Mediwheel <wellness@mediwheel.in>
To: cpdadhaniya@gmail.com
Cc: customercare@mediwheel.in

Tue, Mar 28, 2023 at 4:49 PM



Mediwheel
...Your wellness partner



011-41195959

Email:wellness@mediwheel.in

Dear Panchmukhi Hospital,

Diagnostic/Hospital Location :Poonam Society, Mavdi , Chokadi ,150 Ring Road, Oppo. BRT Bus Stand - 360005,City:Rajkot

We regret to state that following request for Health check up appointment has been Re Scheduled by you. Please let us know if request had not been Re Schedule from your end. We will ask the user to make a fresh request for the same.

Booking Code : bobE36308

Appointment Date : 08-04-2023

Appointment Time : 8:00am-12:00pm

Beneficiary Name : MR. GHOSH ASIT

Package Name : Medi-wheel Full Body Health Checkup Male Below 40

Member Age : 36

Member Relation : Employee

Member Gender : Male

Address of Diagnostic/Hospital : Poonam Society, Mavdi , Chokadi ,150 Ring Road, Oppo. BRT Bus Stand - 360005

City : Rajkot

State : Gujarat

Pincode : 360005

Contact Details : 9831726393

Email : cpdadhaniya@gmail.com

Please login to your account to confirm the same. Also you mail us for confirmation.

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Chetan Dadhaniya <cpdadhaniya@gmail.com>

Tue, Mar 28, 2023 at 4:58 PM

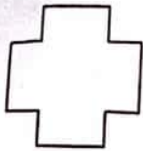
To: chavadadayal11@gmail.com, sindhavaradhika@gmail.com, daxavadecha45@gmail.com

[Quoted text hidden]

Dr. C. P. DADANI
M.B.B.S., C.I.H.
Reg. No. G19793
PANCHMUKHI HOSPITAL
MAVADI CHOKADI.
RAJKOT

Asit Ghosh

https://mail.google.com/mail/u/0/?ik=b301b92577&view=pt&search=all&permthid=thread-f:1761610164403021659&simpl=msg-f:1761610164403... 1/1



PANCHMUKHI HOSPITAL

Dr CP Dadhaniya

Dr RC Dadhaniya

MBBS, Dip.G.O, Diabetologist

150' RING ROAD, MAVDI CHOKDI, SANESHWAR ARCADE, RAJKOT Mo.9925333639,8320711901

policy number :
full name : ASIT Ghosh
identity proof : Adhar card
identity proof no : 6860
gender : male
height : 157
weight : 103
B-P : 110/70
pluse : 80/min Regular
blood sample : YES
fasting mode : YES
non fasting mode : YES

BOD

07/03/1984

past history : NO

- Diabetic - Healthy

- General - Healthy

- Per day - 2 cigarette - since - 15 yr

Dr. C. P. DADHANIYA
M.B.B.S., C.I.M.
R.G.P. 619798
PANCHMUKHI HOSPITAL
MAVADI CHOKADI,
150' RING ROAD, RAJKOT

Asit Ghosh

X

NAME : Asit Ghosh
AGE/GENDER: 39 yr / Male

DIAG. DATE: 8/64/2023

PATIENT'S REFRACTION DETAILS

		SPHE	CYL	AXIS	VN
R	D	N	N	N	6/6
	N	N			6/6
L	D	N	N	N	6/6
	N	N			6/6

REMARKS :

CHECKED BY: Dr. C. P. Dadhaniya

Asit Ghosh

Dr. C. P. DADHANIYA
M.B.B.S., C.M.
Regd. No. 619798
PANCHMUKHI HOSPITAL
MAVADI CHOKRA
150, RING ROAD, RAJKOT

Pat.s' Name: ASIT GHOSH

DATE: 8 April 2023

U.S.G. OF ABDOMEN AND PELVIS

- **LIVER:** is normal size and shows bright parenchymal echotexture. No focal lesion noted. Intrahepatic biliary radicals appear normal. C.B.D and portal vein appears normal in calibre.
- **GALL BLADDER:** Well distended and appears normal. No evidence of gallstone or changes of cholecystitis.
- **PANCREAS:** appears normal in size, shape, echogenicity and echotexture. No focal lesion noted. No e/o peripancreatic fluid collection.
- **SPLEEN:** normal in size, shape, echogenicity and echotexture. No focal lesion noted.
- **BOTH KIDNEYS:** are normal in size and echotexture. Cortical echogenicity appears normal. Cortico medullary differentiation is preserved. No e/o calculi or hydronephrosis on either side.
- **URINARY BLADDER:** Well distended. No evidence of calculus, wall thickening, diverticula or mass lesion.
- **PROSTATE:** is normal in size, shape and echogenicity. No focal lesion.
- Visualised bowel loops show no evident abnormality. No e/o lymphadenopathy. RIF/ LIF CLEAR. Bilateral C-P angels clear.

CONCLUSION:

- Grade I fatty changes in liver.

Thanks for reference.


DR PRATIK KAGATHARA
MD

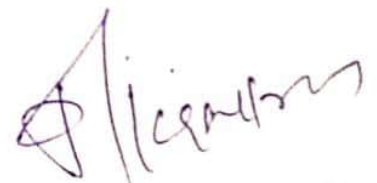
Pt.'s Name: ASIT GHOSH

Date: 8 April, 2023

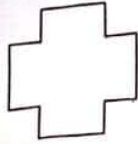
Radiograph of chest (PA view)

- Both the lung fields are clear
- *No e/o consolidation, cavitations or collapse.*
- Both the hila appears normal
- *Both costophrenic angles appear clear.*
- Both domes of diaphragm appear normal.
- Cardiac size is within normal limit.
- Bones under view reveals no evident abnormality.

Thanks for reference.



DR PRATIK KAGATHARA
MD



PANCHMUKHI HOSPITAL

150' RING ROAD, MAVDI CHOKDI, SANESHWAR ARCADE, RAJKOT Mo.9925333639,8320711901

Dr C P Dadhaniya

Dr R C Dadhaniya
MBBS,Dip.G.O, Diabetologist

Tread Mill Test

Patient Name	:	Asit Ghosh	Age	:	39yrs/M
OPD/IPD	:	OPD	ID. No.	:	
Ref. By	:	Dr. C.P Dadhaniya	Resting BP	:	130/90
Report Date	:	08/04/2023	Max. BP	:	170/90

Patient Reaches exercise limit at 7.00 METS.

No signs of ischemia at the exercise level.

Adequate increase of HR & BP.

No significant Arrhythmia.

The stress test was terminated after 5:58 minutes as patient complained of Fatigue.
Patient achieved 100% THR without chest pain.

The recovery was uneventful.

Fair effort tolerance.

Conclusion: - The stress test is **NEGATIVE** for exercise induced myocardial ischaemia.


DR. MAULIK HANSALIA
M.B.B.S., PG DIPLOMA CLINICAL CARDIOLOGY

DR. NISHANT SIRODARIYA
M.B.B.S., PG DIPLOMA CLINICAL CARDIOLOGY

PANCHMUKHI HOSPITAL
 MAVADI CHOWK, 150 RING ROAD, RAJKOT
 160/ASIT GHOSH 39 Yrs/Male 0 Kg/0 Cms
 Date: 08-Apr-2023 12:54:30 PM
 Ref. By :
 Medication :
 Objective :

Asit Ghosh

Summary

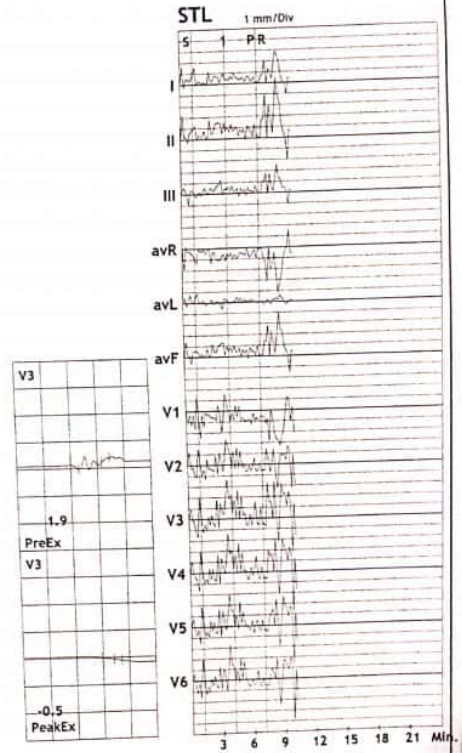
Protocol : BRUCE
 History :



Stage	StageTime (Min:Sec)	PhaseTime (Min:Sec)	Speed (kmph)	Grade (%)	METs	H.R. (bpm)	B.P. (mmHg)	R.P.P. x100	PVC	Comments
Supine	0:01	0:57	0.0	0.0	1.0	144	130/90	187	-	
Standing	0:01	1:01	0.0	0.0	1.0	192	130/90	249	-	
HV	0:01	1:04	0.0	0.0	1.0	124	130/90	161	-	
ExStart	0:01	1:08	0.0	0.0	1.0	100	130/90	130	-	
Stage 1	3:00	3:01	2.7	10.0	4.6	164	150/90	246	-	
PeakEx	2:57	5:58	4.0	12.0	7.0	172	170/90	292	-	
Recovery	1:00	5:59	0.0	0.0	1.0	138	170/90	234	-	
Recovery	3:00	5:59	0.0	0.0	1.0	175	130/90	227	-	

Findings :

Exercise Time : 5:58 minutes
 Max HR attained : 181 bpm 100% of Max Predictable HR 181
 Max BP : 170/90(mmHg)
 WorkLoad attained : 7 (Fair Effort Tolerance)
 No significant ST segment changes noted during exercise or recovery.
 No Angina/Arrhythmia/S3/murmur
 Final Impression : Test is negative for inducible ischaemia.
 Maxmum Depression: 0:12



Advice/Comments:

DR MAULIK HANSALIA

PANCHMUKHI HOSPITAL
MAVADI CHOWK, 150 RING ROAD, RAJKOT
160 / ASIT GHOSH
39 Yrs / Male
0 Kg / 0 Cm
Date: 08-Apr-2023 12:54:30 PM

3x4+1 Rhythm Lead

HR: 144 bpm
METS: 1.0
BP: 130/90

MPHR: 79% of 181
Speed: 0.0 kmph
Grade: 0.0%

Raw ECG
BRUCE
(0.05-100)Hz

Ex Time 00:56
BLC :On
Notch :On

Supine
10.0 mm/mV
25 mm/Sec.



PANCHMUKHI HOSPITAL
MAVADI CHOWK, 150 RING ROAD, RAJKOT
160 / ASIT GHOSH
39 Yrs / Male
0 Kg / 0 Cm
Date: 08-Apr-2023 12:54:30 PM

3x4+1 Rhythm Lead

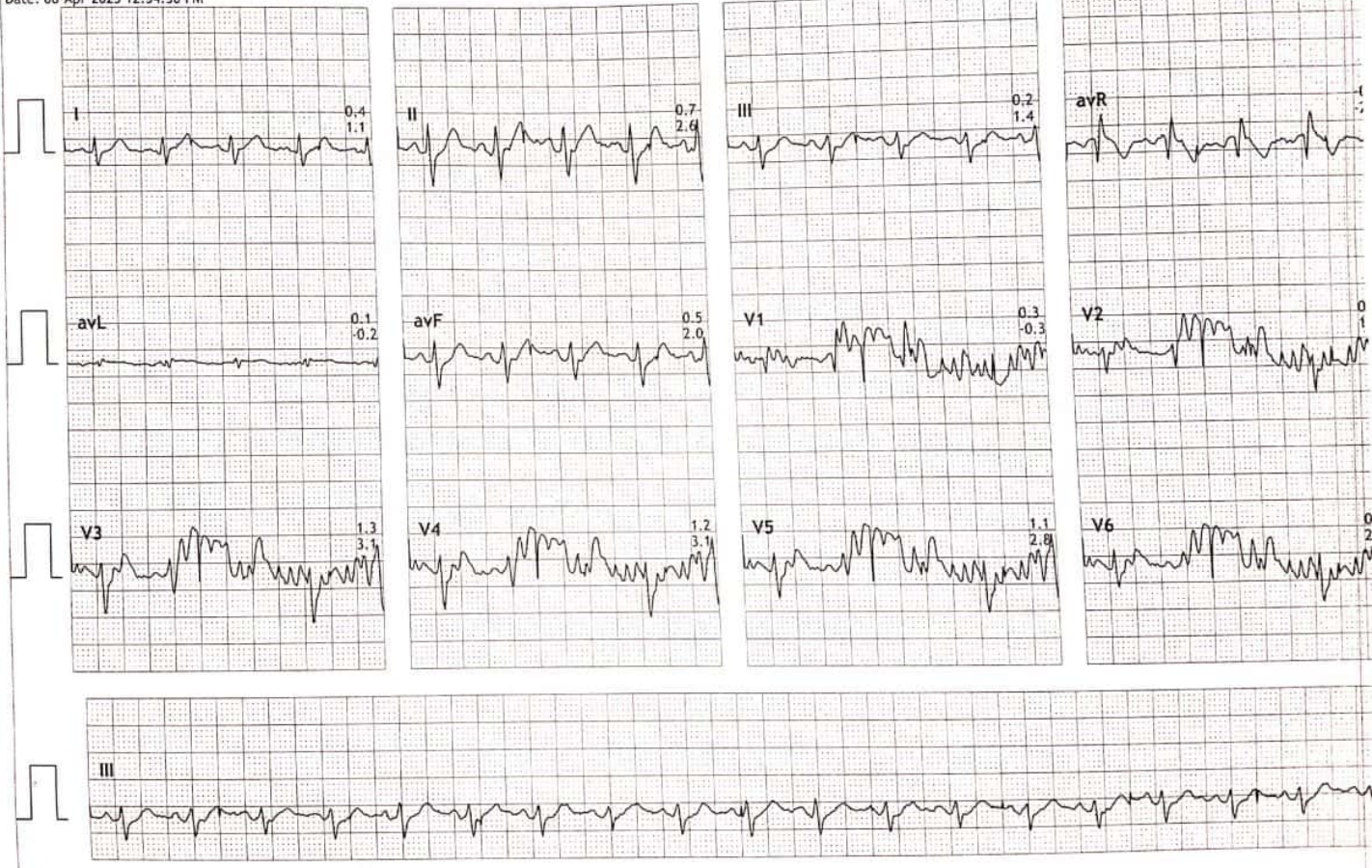
HR: 175 bpm
METS: 1.0
BP: 130/90

MPHR: 96% of 181
Speed: 0.0 kmph
Grade: 0.0%

Raw ECG
BRUCE
(0.05-100)Hz

Ex Time 05:58
BLC :On
Notch :On

Recovery(3:00)
10.0 mm/mV
25 mm/Sec.



PANCHMUKHI HOSPITAL
MAVADI CHOWK, 150 RING ROAD, RAJKOT
160 / ASIT GHOSH
39 Yrs / Male
0 Kg / 0 Cm
Date: 08-Apr-2023 12:54:30 PM

3x4+1 Rhythm Lead

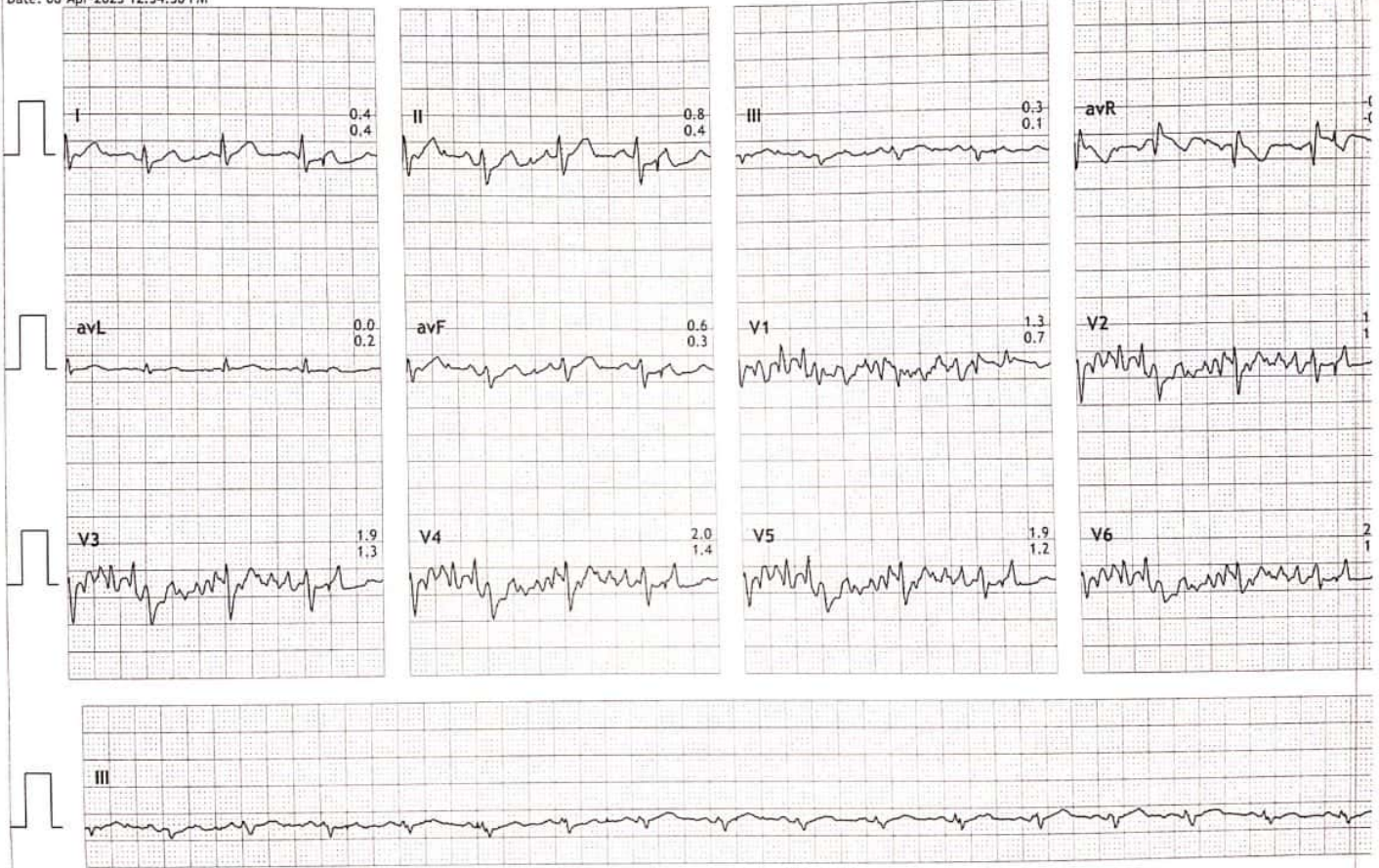
HR: 192 bpm
METS: 1.0
BP: 130/90

MPHR: 106% of 181
Speed: 0.0 kmph
Grade: 0.0%

Raw ECG
BRUCE
(0.05-100)Hz

Ex Time 01:00
BLC :On
Notch :On

Standing
10.0 mm/mV
25 mm/Sec.



PANCHMUKHI HOSPITAL
MAVADI CHOWK, 150 RING ROAD, RAJKOT
160 / ASIT GHOSH
39 Yrs / Male
0 Kg / 0 Cm
Date: 08-Apr-2023 12:54:30 PM

3x4+1 Rhythm Lead

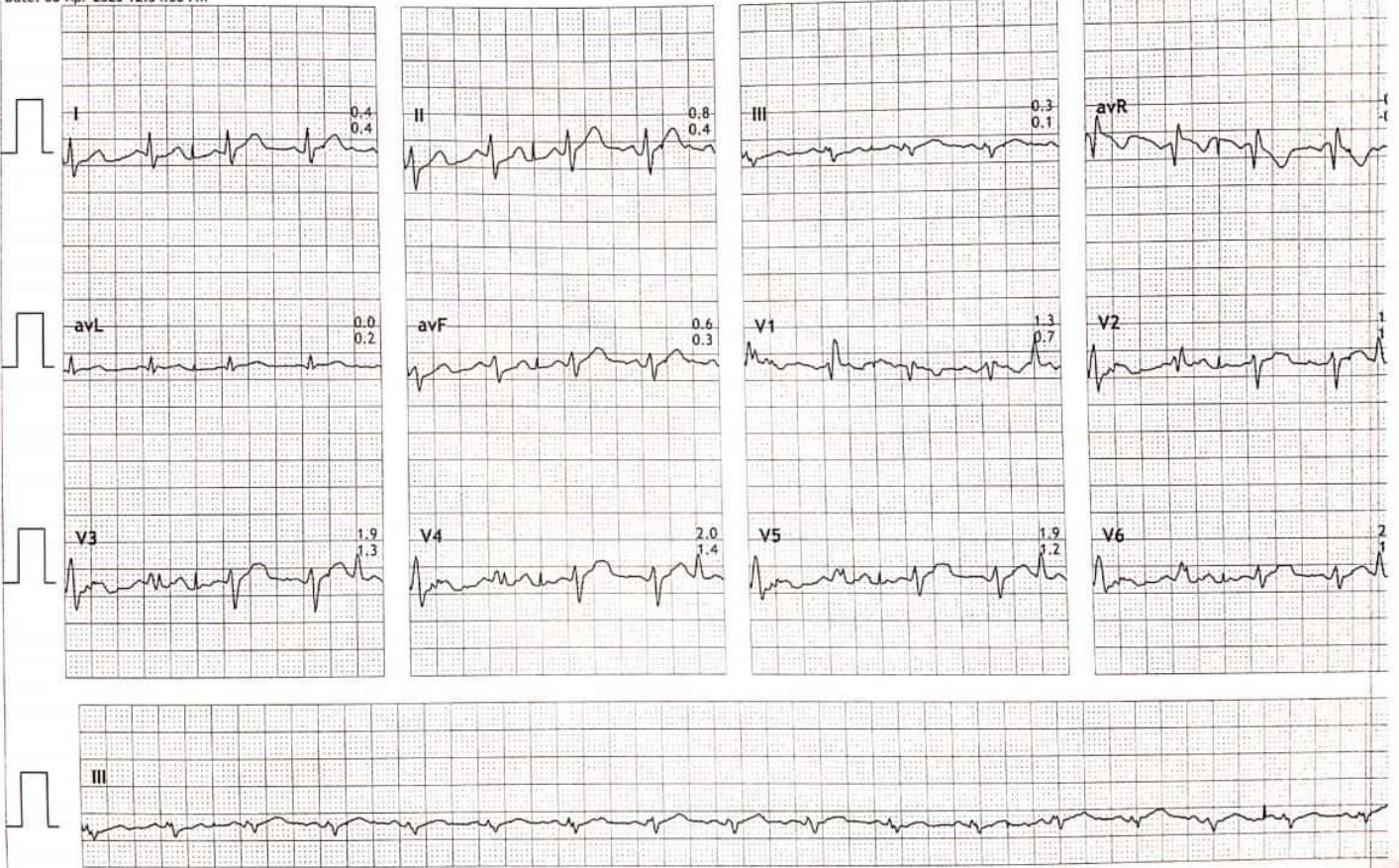
HR: 124 bpm
METS: 1.0
BP: 130/90

MPHR: 68% of 181
Speed: 0.0 kmph
Grade: 0.0%

Raw ECG
BRUCE
(0.05-100)Hz

Ex Time 01:03
BLC :On
Notch :On

HV
10.0 mm/mV
25 mm/Sec.



PANCHMUKHI HOSPITAL
MAVADI CHOWK, 150 RING ROAD, RAJKOT
 160 / ASIT GHOSH
 39 Yrs / Male
 0 Kg / 0 Cm
 Date: 08-Apr-2023 12:54:30 PM

3x4+1 Rhythm Lead

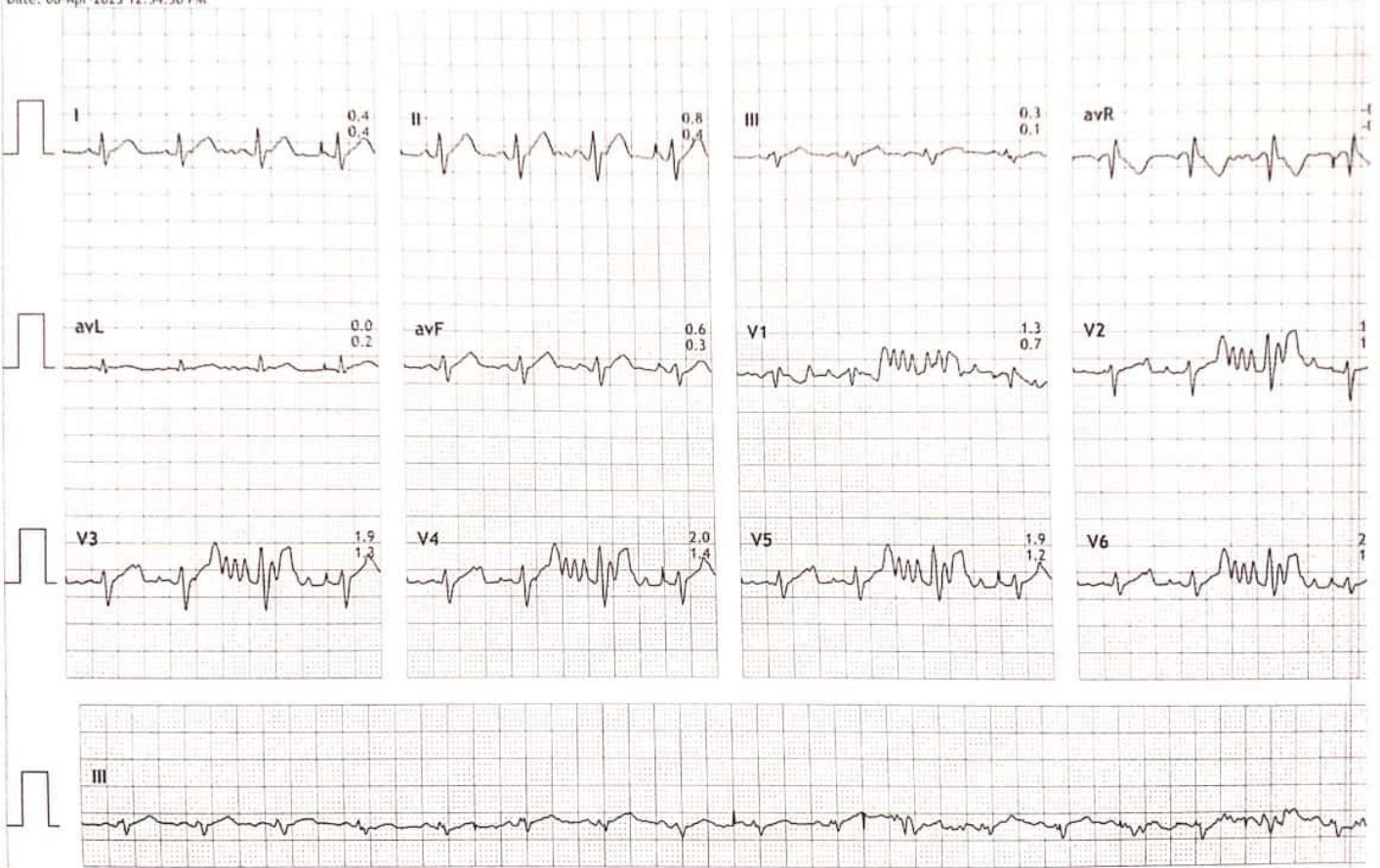
HR: 100 bpm
 METS: 1.0
 BP: 130/90

MpHR: 55% of 181
 Speed: 0.0 kmph
 Grade: 0.0%

Raw ECG
 BRUCE
 (0.05-100)Hz

Ex Time 01:07
 BLC : On
 Hatch : On

ExStart
 10.0 mm/mV
 25 mm/Sec.



PANCHMUKHI HOSPITAL
MAVADI CHOWK, 150 RING ROAD, RAJKOT
160 / ASIT GHOSH
39 Yrs / Male
0 Kg / 0 Cm
Date: 08-Apr-2023 12:54:30 PM

3x4+1 Rhythm Lead

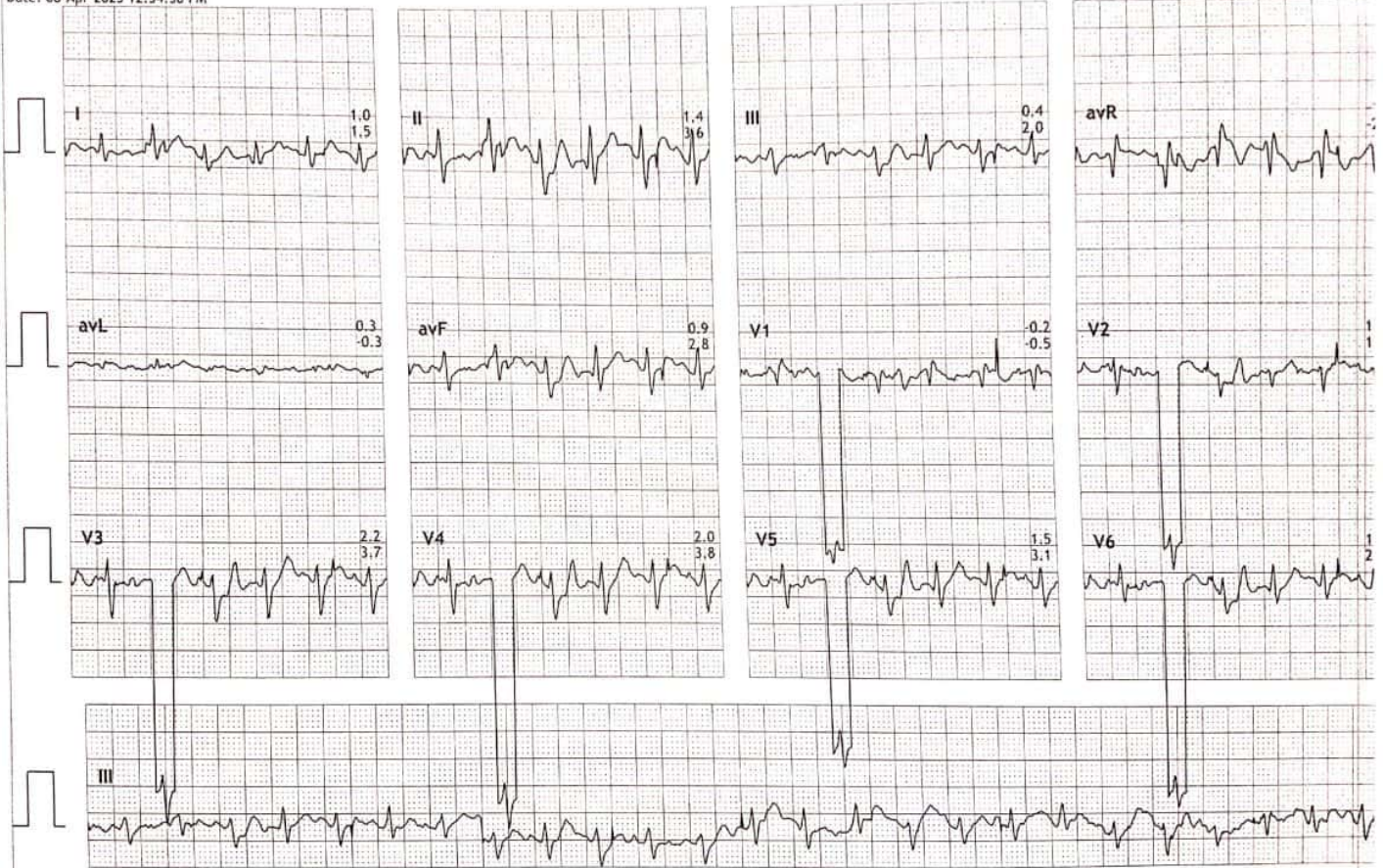
HR: 164 bpm
METS: 4.6
BP: 150/90

MPHR: 90% of 181
Speed: 2.7 kmph
Grade: 10.0%

Raw ECG
BRUCE
(0.05-100)Hz

Ex Time 03:00
BLC :On
Notch :On

BRUCE: Stage 1
10.0 mm/mV
25 mm/Sec.



PANCHMUKHI HOSPITAL
MAVADI CHOWK, 150 RING ROAD, RAJKOT
160 / ASIT GHOSH
39 Yrs / Male
0 Kg / 0 Cm
Date: 08-Apr-2023 12:54:30 PM

3x4+1 Rhythm Lead

HR: 172 bpm
METS: 7.0
BP: 170/90

MpHR: 95% of 181
Speed: 4.0 kmph
Grade: 12.0%

Raw ECG
BRUCE
(0.05-100)Hz

Ex Time 05:57
BLC :On
Notch :On

BRUCE:PeakEx
10.0 mm/mV
25 mm/Sec.



PANCHMUKHI HOSPITAL
MAVADI CHOWK, 150 RING ROAD, RAJKOT
160 / ASIT GHOSH
39 Yrs / Male
0 Kg / 0 Cm
Date: 08-Apr-2023 12:54:30 PM

3x4+1 Rhythm Lead

HR: 138 bpm
METS: 1.0
BP: 170/90

MPHR: 76% of 181
Speed: 0.0 kmph
Grade: 0.0%

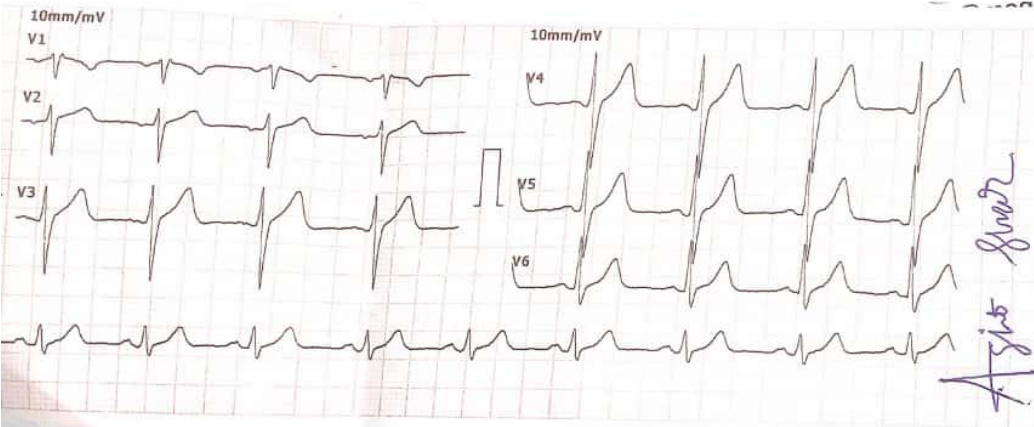
Raw ECG
BRUCE
(0.05-100)Hz

Ex Time 05:58
BLC :On
Notch :On

Recovery(1:00)
10.0 mm/mV
25 mm/Sec.







2023-4-8 10:24:58 ID:00002812
 ID Card:
 Name: Asit Ghosh Gender: male
 Age: 39yr Height(cm):
 Weight(Kg): BP(mmHg): /
 HR.....bpm 80
 P-R.....ms 113
 Q-R-S.....ms 110
 QT/QTc.....ms 383/440
 P/QRS/T AXES.....deg 51/7/34
 RV5/SV1.....mV 1.00/0.35
 RV5+SV1.....mV 1.35
 *The result must be confirmed by doctor
 Report Confirmed by:



Medi Ghosh ashit

GPS Map
Camera Lite

At mavdi chokdi, 150 Feet Ring Rd, opposite Mahiraj Hotel, Mavdi,
Rajkot, Gujarat 360004, India

Latitude

22.2647351°

Longitude

70.7842273°

Local 10:42:34 AM

GMT 05:12:34 AM

Altitude 143 meters

Saturday, 08.04.2023



भारतीय विशिष्ट परिचय प्राधिकरण

Unique Identification Authority of India

ঠিকানা:

কিংকরবাটী, কিংকরবাটী, হুগলী,
পশ্চিমবঙ্গ, 712407

Address:

Kinkarbati, Kinkarbati, Hooghly,
West Bengal, 712407

5515 4776 6860



1947

1800 300 1947



help@uidai.gov.in

WWW

www.uidai.gov.in

Signature of Holder
धारक के हस्ताक्षर

Asit Ghosh



Issuing Authority CM (Coord) EZ

आसिती घोष

(Handwritten signature)

E.C. No. 100513

आसिती के. के.

Name: ASIT GHOSH

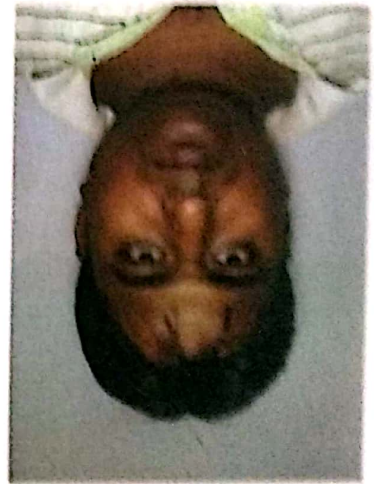
आसिती

बैंक आसिती बरोडा
Bank of Baroda



ଆମାର - ସାଧାରଣ ମାଗଣା ସଂସ୍କାର

5515 4776 6860



ସ୍ୱରୂପ / Male

ଜନ୍ମ ମସିହା / Year of Birth : 1984

Father : NEMAI CHANDRA GHOSH

ପିତା : ନିମାଇ ଚନ୍ଦ୍ର ଘୋଷ

ASIT GHOSH

ଆସିତ ଘୋଷ

Government of India

ଭାରତ ସରକାର





2023/4/8 13:00



TEST REPORT

Name : Asit Ghosh	Reg. No : 304100731
Age/Sex : 39 Years / Male	Reg. Date : 08-Apr-2023 04:15 PM
Ref. By : Dr. PANCHMUKHI HOSPITAL / INSURANCE	Collected On : 08-Apr-2023 12:00 AM
Client Name : PANCHMUKHI HOSPITAL	Report Date : 08-Apr-2023 06:06 PM

COMPLETE BLOOD COUNT (CBC)
Specimen: EDTA blood

Parameter	Result	Unit	Biological Ref. Interval	
RBC Parameters				
Hemoglobin (SLS method)	13.2	g/dL	13.0 - 18.0	
Hematocrit (Electrical Impedance)	37.70	%	47 - 52	
RBC Count (Electrical Impedance)	4.79	million/cmm	4.7 - 6.0	
MCV (Calculated)	78.8	fL	78 - 110	
MCH (Calculated)	27.5	Pg	27 - 31	
MCHC (Calculated)	34.9	%	30 - 35	
RDW (Calculated)	14.5	%	11.5 - 14.0	
WBC Parameters				
WBC Count (Flowcytometry)	7380	/cmm	4000 - 10500	
DIFFERENTIAL WBC COUNT				
Neutrophils (%)	59 %	% Range 42.0 - 75.2	Abs. Value 4354 /cmm	Abs. Range 1800 - 7700
Lymphocytes (%)	34 %	20 - 45	2509 /cmm	1000 - 3900
Eosinophils (%)	01 %	1 - 4	74 /cmm	0 - 450
Monocytes (%)	06 %	2 - 8	443 /cmm	200 - 1000
Basophils (%)	00 %	0 - 1	0 /cmm	20 - 100
Platelete Parameter				
Platelet Count	156000	/cmm	150000 - 450000	
MPV	14.9	fL	7.4 - 10.4	
PDW	77.5	%	8.3 - 56.6	
PCT (Platelet Haematocrit)	0.17	%	0.2 - 0.5	

towards the healthiness...

DRI.

This is an Electronically Authenticated Report.

Page 1 of 15

Dr. Viral Jethava
M.D. (Path, PDCC)

Dr. Viral R. Jethava
M.D. (Path, PDCC)





TEST REPORT

Name : Asit Ghosh	Reg. No : 304100731
Age/Sex : 39 Years / Male	Reg. Date : 08-Apr-2023 04:15 PM
Ref. By : Dr. PANCHMUKHI HOSPITAL / INSURANCE	Collected On : 08-Apr-2023 12:00 AM
Client Name : PANCHMUKHI HOSPITAL	Report Date : 08-Apr-2023 06:06 PM

BLOOD GROUP & RH

Specimen: EDTA and Serum; Method: Haemagglutination

Parameter	Result	Unit	Biological Ref. Interval
ABO	"A"		
Rh (D)	Positive		

The Blood Group is done from received sample. Kindly ask for Blood Group Card. In case of any query, please contact Laboratory.

towards the healthiness...

DRI.

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Page 2 of 15

Dr. Viral Jethava
M.D. (Path, PDCC)

Dr. Viral R. Jethava
M.D. (Path, PDCC)





TEST REPORT

Name : Asit Ghosh	Reg. No : 304100731
Age/Sex : 39 Years / Male	Reg. Date : 08-Apr-2023 04:15 PM
Ref. By : Dr. PANCHMUKHI HOSPITAL / INSURANCE	Collected On : 08-Apr-2023 12:00 AM
Client Name : PANCHMUKHI HOSPITAL	Report Date : 08-Apr-2023 06:06 PM

Test	Result	Unit	Biological Ref. Interval
Erythrocyte sedimentation rate			
Sample, EDTA whole blood			
ESR (After 1 hour)	5	mm/hr	1 - 7

towards the healthiness...

DRI.

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Page 3 of 15

Dr. Viral Jethava
M.D. (Path, PDCC)

Dr. Viral R. Jethava
M.D. (Path, PDCC)





TEST REPORT

Name : Asit Ghosh	Reg. No : 304100731
Age/Sex : 39 Years / Male	Reg. Date : 08-Apr-2023 04:15 PM
Ref. By : Dr. PANCHMUKHI HOSPITAL / INSURANCE	Collected On : 08-Apr-2023 12:00 AM
Client Name : PANCHMUKHI HOSPITAL	Report Date : 08-Apr-2023 07:06 PM

FASTING PLASMA GLUCOSE
Specimen: Flouride plasma

Parameter	Result	Unit	Biological Ref. Interval
Fasting Blood Sugar (FBS) <i>HEXOKINASE</i>	86.0	mg/dL	<100 :Non-Diabetic 100-125 :Impaired Fasting Glucose (IFG) >=126 :Diabetic
Urine Glucose -F <i>Glucose Oxidase-Peroxidase</i>	Nil		
Urine Acetone -F	Nil		

Criteria for the diagnosis of diabetes :

- HbA1c \geq 6.5 %Or
- Fasting plasma glucose >126 gm/dL. Fasting is defined as no caloric intake at least for 8 hrs.Or
- Two-hour plasma glucose \geq 200mg/dL during an oral glucose tolerance test by using a glucose load containing the equivalent of 75 gm anhydrous glucose dissolved in water.Or
- In a patient with classic symptoms of hyperglycemia or hyperglycemic crisis, a random plasma glucose \geq 200 mg/dL.

*In the absence of unequivocal hyperglycemia, criteria 1-3 should be confirmed by repeat testing.
American diabetes association. Standards of medical care in diabetes 2011. Diabetes care 2011;34; S11.

towards the healthiness...

DRI.

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Page 4 of 15

Dr. Viral Jethava
M.D. (Path, PDCC)

Dr. Viral R. Jethava
M.D. (Path, PDCC)





TEST REPORT

Name : Asit Ghosh	Reg. No : 304100731
Age/Sex : 39 Years / Male	Reg. Date : 08-Apr-2023 04:15 PM
Ref. By : Dr. PANCHMUKHI HOSPITAL / INSURANCE	Collected On : 08-Apr-2023 12:00 AM
Client Name : PANCHMUKHI HOSPITAL	Report Date : 08-Apr-2023 07:06 PM

POST PRANDIAL PLASMA GLUCOSE
Specimen: Flouride plasma

Parameter	Result	Unit	Biological Ref. Interval
Post Prandial Blood Sugar (PPBS) <i>HEXOKINASE</i>	90.0	mg/dL	70 - 140
Urine Glucose- PP <i>Glucose Oxidase-Peroxidase</i>	Nil		
Urine Acetone- PP	Nil		

Criteria for the diagnosis of diabetes :

- HbA1c \geq 6.5 %Or
- Fasting plasma glucose $>$ 126 gm/dL. Fasting is defined as no caloric intake at least for 8 hrs.Or
- Two-hour plasma glucose \geq 200mg/dL during an oral glucose tolerance test by using a glucose load containing the equivalent of 75 gm anhydrous glucose dissolved in water.Or
- In a patient with classic symptoms of hyperglycemia or hyperglycemic crisis, a random plasma glucose \geq 200 mg/dL.

*In the absence of unequivocal hyperglycemia, criteria 1-3 should be confirmed by repeat testing.
American diabetes association. Standards of medical care in diabetes 2011. Diabetes care 2011;34: S11.

towards the healthiness...

DRI.

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Page 5 of 15

Dr. Viral Jethava
M.D. (Path, PDCC)

Dr. Viral R. Jethava
M.D. (Path, PDCC)





TEST REPORT

Name : Asit Ghosh	Reg. No : 304100731
Age/Sex : 39 Years / Male	Reg. Date : 08-Apr-2023 04:15 PM
Ref. By : Dr. PANCHMUKHI HOSPITAL / INSURANCE	Collected On : 08-Apr-2023 12:00 AM
Client Name : PANCHMUKHI HOSPITAL	Report Date : 08-Apr-2023 06:06 PM

LIPID PROFILE
Specimen: Serum

Parameter	Result	Unit	Biological Ref. Interval
Cholesterol <i>Cholesterol Oxidase</i>	120.5	mg/dL	Desirable : < 200.0 Borderline High : 200-239 High : > 240.0
Triglyceride <i>Enzymatic Reaction With Glycerol Kinase</i>	85.6	mg/dL	Normal : < 150.0 Borderline : 150-199 High : 200-499 Very High : > 500.0
HDL Cholesterol <i>Siemens AHDL</i>	49.2	mg/dL	High Risk : < 40 Low Risk : >= 60
LDL Cholesterol <i>Siemens ALDL</i>	83.1	mg/dL	Optimal : < 100 Near Optimal/above optimal : 100-129 Borderline High : 130-159 High : 160-189 Very High : >=190
VLDL Cholesterol <i>Calculated</i>	17.12	mg/dL	15 - 35
LDL / HDL RATIO <i>Calculated</i>	1.69		0 - 3.5
Cholesterol /HDL Ratio <i>Calculated</i>	2.45		0 - 5.0

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M.D. (Path, PDCC)

Dr. Viral R. Jethava
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TEST REPORT

Name : Asit Ghosh	Reg. No : 304100731
Age/Sex : 39 Years / Male	Reg. Date : 08-Apr-2023 04:15 PM
Ref. By : Dr. PANCHMUKHI HOSPITAL / INSURANCE	Collected On : 08-Apr-2023 12:00 AM
Client Name : PANCHMUKHI HOSPITAL	Report Date : 08-Apr-2023 06:06 PM

UREA & BLOOD UREA NITROGEN

Specimen : Serum

Parameter	Result	Unit	Biological Ref. Interval
Urea <i>Calculated</i>	29.6	mg/dL	17 - 43
Blood Urea Nitrogen (BUN) <i>UREASE/GLDH</i>	13.82	mg/dL	7.0 - 18.0
Uric Acid <i>Uricase</i>	5.3	mg/dL	3.5 - 7.2
GGT <i>Siemens/37C</i>	66.1	U/L	15 - 85

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Creatinine With eGFR

Specimen : Serum

Parameter	Result	Unit	Biological Ref. Interval
Creatinine <small>ALKALINE PICRATE, COLORIMETRIC KINETIC</small>	0.81	mg/dL	0.7 - 1.3
eGFR	95.97	ml/min/1.73 sq m	Normal or High: ≥ 90 Mild decrease: 60-89 Mild moderate decrease: 45-59 Moderate to severe decrease: 30-44 Severe decrease: 15-29 Kidney failure: < 15

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HEMOGLOBIN A1 C (HBA1C)
Specimen: Blood EDTA

Parameter	Result	Unit	Biological Ref. Interval
HbA1C <i>Siemens Dimension</i>	5.04	%	Non-Diabetic : Normal : < 5.7 % Pre-Diabetes : 5.7 % - 6.4 % Diabetes : >6.4 % Diabetic : Poor Control : > 7.0 % Good Control : 6.0 % - 7.0 %
Mean Blood Glucose <i>Calculated</i>	97.95	mg/dL	Please correlate with clinical condition 90-115: Normal 115-133: Pre-Diabetic 134-150: Good Control 151-180: Average Control 181-210: Action Suggested >211: Panic Value

Explanation :

- Total hemoglobin A1c is continuously synthesized in the red blood cell through its 120 days life span. The concentration of HBA1c in the cell reflects the average blood glucose concentration it encounters.
- The level of HBA1c increases proportionately in patients with uncontrolled diabetes. It reflects the average blood glucose concentration over an extended time period and remains unaffected by short-term fluctuations in blood glucose levels.
- The measurement of HbA1c can serve as a convenient test for evaluating the adequacy of diabetic control and in preventing various diabetic complications. Because the average half-life of a red blood cell is sixty days, HbA1c has been accepted as a measurement which reflects the mean daily blood glucose concentration, better than fasting blood glucose determination, and the degree of carbohydrate imbalance over the preceding two months.
- It may also provide a better index of control of the diabetic patient without resorting to glucose loading procedures

HbA1c assay Interferences :

- Presence of Hemoglobin variants and/or conditions that affect red cell turnover must be considered, particularly when the HbA1C result does not correlate with the patient's blood glucose levels.

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THYROID FUNCTION TEST

Parameter	Result	Unit	Biological Ref. Interval
Thyroid Stimulating Hormone (TSH) <small>CLIA</small>	1.25	µIU/ml	0.35 - 5.50

Remarks:

- Thyroid-stimulating hormone (TSH) is synthesized and secreted by the anterior pituitary in response to a negative feedback mechanism involving concentrations of FT3 (free T3) and FT4 (free T4). Additionally, the hypothalamic tripeptide, thyrotropin-releasing hormone (TRH), directly stimulates TSH production. TSH stimulates thyroid cell production and hypertrophy, also stimulates the thyroid gland to synthesize and secrete T3 and T4.
- Quantification of TSH is significant to differentiate primary (thyroid) from secondary (pituitary) and tertiary (hypothalamus) hypothyroidism.
- In primary hypothyroidism, TSH levels are significantly elevated, while in secondary and tertiary hypothyroidism, TSH levels are low.

TSH levels During Pregnancy :

- First Trimester : 0.1 to 2.5 µIU/mL
- Second Trimester : 0.2 to 3.0 µIU/mL
- Third trimester : 0.3 to 3.0 µIU/mL
- Reference: Carl A. Burtis, Edward R. Ashwood, David E. Bruns. Tietz Textbook of Clinical Chemistry and Molecular Diagnostics. 5th Edition. Philadelphia: WB Saunders, 2012: 2170

Triiodothyronine (T3) <small>CLIA</small>	0.99	ng/mL	0.6 - 1.81
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Clinical Significance:

- Triiodothyronine (T3) is a hormone synthesized and secreted by the thyroid gland in response to the pituitary hormone TSH and is regulated by a negative feedback mechanism involving the thyroid gland, pituitary gland, and hypothalamus.
- In the circulation, 99.7% of T3 is reversibly bound to transport proteins, primarily thyroxine-binding globulin (TBG) and to a lesser extent albumin and prealbumin. The remaining unbound T3 is free in the circulation and is metabolically active.
- In hypothyroidism and hyperthyroidism, FT3 levels parallel changes in total T3 levels. Measuring FT3 is useful in certain conditions such as normal pregnancy and steroid therapy, when altered levels of total T3 occur due to changes in T3 binding proteins, especially TBG.

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Thyroxine (T4) 6.21 µg/dL 4.5 - 12.6
CLIA

Clinical Significance :

- Thyroxin (T4) is a hormone synthesized and secreted by the thyroid gland in response to the pituitary hormone TSH and is regulated by a negative feedback mechanism involving the thyroid gland, pituitary gland, and hypothalamus. In the circulation, 99.95% of T4 is reversibly bound to transport proteins, primarily thyroxine-binding globulin (TBG) and to a lesser extent albumin and thyroxine-binding prealbumin. The remaining unbound T4 is free in the circulation and is both metabolically active and a precursor to T3.
- In hypothyroidism and hyperthyroidism, FT4 levels parallel changes in total T4 levels. Measuring FT4 is useful in certain conditions such as normal pregnancy and steroid therapy, when altered levels of total T4 occur due to changes in T4 binding proteins, especially TBG.

Limitations:

- The anticonvulsant drug phenytoin may interfere with total and FT4 levels due to competition for TBG binding sites.
- FT4 values may be decreased in patients taking carbamazepine.
- Thyroid autoantibodies in human serum may interfere and cause falsely elevated FT4 results.

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Age/Sex : 39 Years / Male	Reg. Date : 08-Apr-2023 04:15 PM
Ref. By : Dr. PANCHMUKHI HOSPITAL / INSURANCE	Collected On : 08-Apr-2023 07:15 PM
Client Name : PANCHMUKHI HOSPITAL	Report Date : 08-Apr-2023 07:20 PM

STOOL EXAMINATION

Parameter	Result	Unit	Biological Ref. Interval
PHYSICAL EXAMINATION			
Quantity	30gms		
Colour	Brown		
Consistency	Solid		
CHEMICAL EXAMINATION			
Occult Blood <i>Peroxidase Reaction with o-Dianisidine</i>	Negative		
Reaction <i>pH Strip Method</i>	Neutral		
Reducing Substance	Absent		
MICROSCOPIC EXAMINATION			
Mucus	Absent		
Pus Cells	Absent		
Red Cells	Absent		
Epithelial Cells	Absent		
Vegetable Cells	Absent		
Trophozoites	Absent		
Cysts	Absent		
Ova	Absent		
Neutral Fat	Absent		
Monilia	Absent		
Bacteria	Absent		

Note: Stool occult blood test is highly sensitive to peroxidase like activity of free hemoglobin.
False negative: False negative occult blood test may be observed in case of excess (>250mg/day) Vitamin C intake and in case of occasional unruptured RBCs.
False positive: False positive occult blood test may be observed in stool samples containing vegetable peroxidase (turnips, horseradish, cauliflower, broccoli, cantaloupe, parsnips) and myoglobin from food (meat diet) intake.

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URINE ROUTINE EXAMINATION

Parameter	Result	Unit	Biological Ref. Interval
PHYSICAL EXAMINATION			
Quantity	20 cc		
Colour	Pale Yellow		
Clarity	Clear		
CHEMICAL EXAMINATION (BY REFLECTANCE PHOTOMETRIC)			
pH	6.5		4.6 - 8.0
Sp. Gravity	1.010		1.001 - 1.035
Protein	Nil		
Glucose	Nil		
Ketone Bodies	Nil		
Urobilinogen	Normal Present		
Bile salts:	Absent		Absent
Bile Pigments:	Absent		Absent
Nitrite	Nil		
MICROSCOPIC EXAMINATION (MANUAL BY MICROSCOPY)			
Leucocytes (Pus Cells)	Absent		
Erythrocytes (Red Cells)	Absent		
Epithelial Cells	2 - 3/hpf		
Amorphous Material	Absent		
Casts	Absent		
Crystals	Absent		
Bacteria	Absent		

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LIVER FUNCTION TEST

Specimen : Serum

Parameter	Result	Unit	Biological Ref. Interval
Total Protein <i>BIURET</i>	7.1	g/dL	6.4 - 8.2
Albumin <i>Dye Binding - Bromocresol Purple (BCP)</i>	4.21	g/dL	3.40 - 5.00
Globulin <i>Calculated</i>	2.89	g/dL	2.3 - 3.5
A/G Ratio <i>Calculated</i>	1.46		0.8 - 3.1
SGOT (AST) <i>Siemens/37C</i>	21.3	U/L	15 - 37
SGPT (ALT) <i>Siemens/37C</i>	54.0	U/L	16 - 63
Alakaline Phosphatase <i>Siemens/37C</i>	86.1	U/L	46 - 116
Total Bilirubin <i>Diazo-Caffeine/Benzoate Coupling (Jendrassik-Grof) w/blank</i>	0.23	mg/dL	0.2 - 1
Conjugated Bilirubin <i>Diazo-Caffeine/Benzoate Coupling (Jendrassik-Grof) w/blank</i>	0.15	mg/dL	0 - 0.20
Unconjugated Bilirubin <i>Sulph acid dpl/caff-benz</i>	0.08	mg/dL	0.0 - 1.1

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ASIT GHOSH 39 Y/M CHEST PA 08-Apr-23
NEELKANTH DIAGNOSTICS - RAJKOT (DR. PRATIK KAGATHARA)