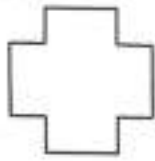


13-01-24



medicheel
PANCHMUKHI HOSPITAL

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

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

policy number :
full name : Hindocha Nishith Hasmukhbhai
identity proof : Aadhar card
identity proof no : 1725
gender : male / 35 years
height : 162
weight : 67
B P : 116 / 82
pluse : 64/min Regular
blood sample : Yes
fasting mode : Yes
non fasting mode : Yes

past history : NO

Dental : Healthy

Romberg Test :

Colour vision : Normal

vision error since 15 & 20 years

J. Nishith

DR. C. P. DADHANIYA
 M.B. Diabetologist
 Ind. Physician (CT)
 Reg. No. G
 Cert No. 3
 Panchmukhi Hospital
 Mavdi Chowki,
 150 Ft. Ring Road, RAJKOT.

NAME: Hindocha Nishith Hasmukhbhai
 AGE/GENDER: male/35 years

DATE: 13-01-24

PATIENT'S REFRACTION DEATILES

		SPHE	CYL	AXIS	VN
R	D	2	N	N	6/9
	N	2			6/9
L	D	2	N	N	6/9
	N	2			6/9

REMARKS:

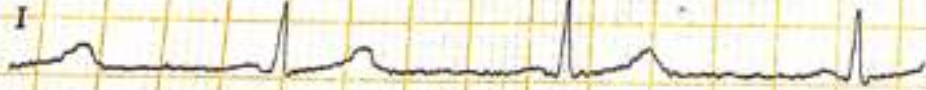
CHECHED BY: D.P.C.P. Dadhaniya

L. Dadhaniya

DR. C. P. DADHANIYA
 M.B. Diabetologist
 Ind. Physician (DM)
 Reg. No. 629706
 Code No. 378043
 Panchmukhi Hospital
 Navdi Chowki,
 150 Ft. Ring Road, RAJKOT.

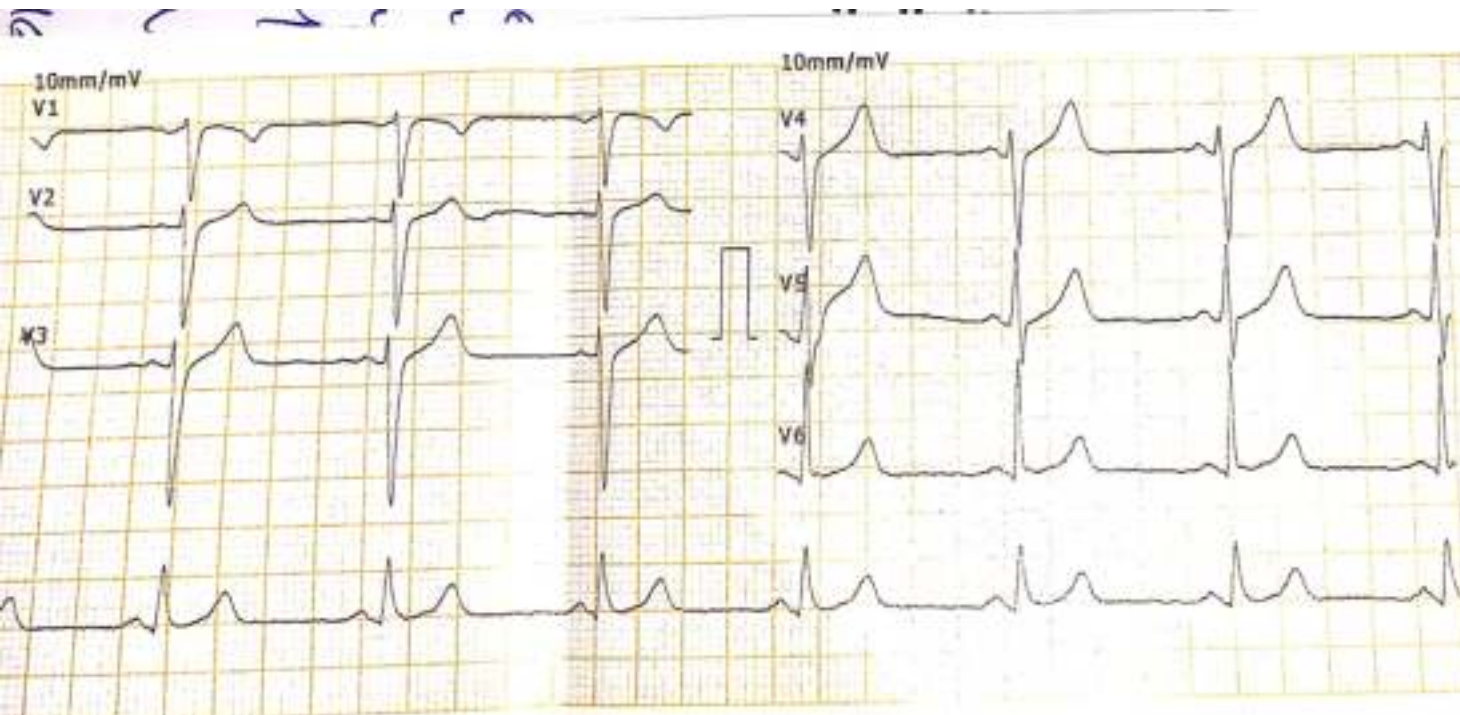
10mm/mV AUTO

10mm/mV



II 10mm/mV

25mm/s AC:ON 0.05-35Hz



2024-1-13 8:54:19 ID:00003704

ID Card:
Name: Hindocha Nishank Gender: male
Age: 33 Height(cm):
Weight(Kg): BP(mmHg):

HR: 63 bpm
P-R: 116 ms
Q-R-S: 113 ms
QT/QTc: 400/406 ms
P/QRS/T AXES: 63/52/52 deg
RV5/SV1: 0.81/0.79 mV
RV5+SV1: 1.60 mV

*The result must be confirmed by doctor!
Report Confirmed by:
Panchmukhi Hospital
Maydi Chowki,
150 Ft. Ring Road, RAJKOT.



ભારત સરકાર

Government of India



આધાર



હીન્ડોચા નિશીથ હસમુખભઈ

Hindocha Nishith Hasmukhbhai

જન્મ તારીખ/DOB: 04/05/1988

પુરુષ/ MALE

Issue Date: 11/07/2019

3088 6601 1725

VID : 9189 0542 7611 5707

મારો આધાર, મારી ઓળખ



ભારતીય વિશિષ્ટ ઓળખાણ પ્રાધિકરણ

Unique Identification Authority of India

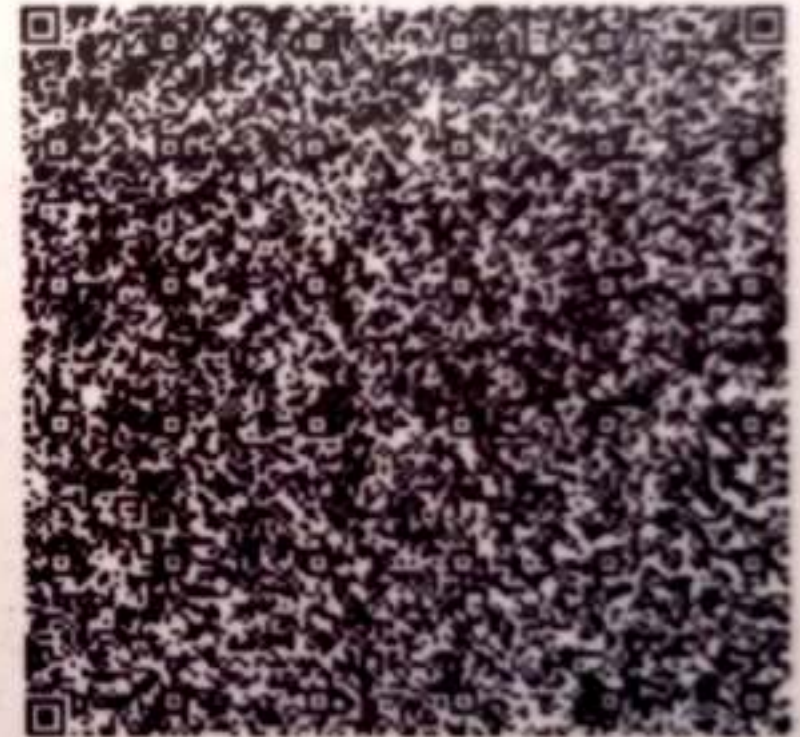


સરનામું :

S/O: હિન્દોચા હસમુખભઈ, 702-લુવકુશ એપાર્ટમેન્ટ,
જલારામ પ્લોટ -2 સડક નં-9, યૂનિવર્સિટી રોડ,
રાજકોટ, રાજકોટ,
ગુજરાત - 360001

Address:

S/O: Hindocha Hasmukhbhai, 702-luvkhush
apartment, jalaram plot -2 street no-9,
university road, Rajkot, Rajkot,
Gujarat - 360001



3088 6601 1725

VID : 9189 0542 7611 5707

1947

help@uidai.gov.in

www.uidai.gov.in



Important Notice
→ "Sex Determination of foetus is not done here. It is a punishable offence under PC & PNDT ACT, 1994."
→ "Asking for Sex Determination of foetus is also an offence under PC & PNDT ACT, 1994."

*Mediwheel Hindocha
Nishith*

 **GPS Map**
Camera Lite

21-22, Ring Rd, near Mahiraj Hotel, Poonam Society, Om Nagar, Rajkot, Gujarat 360004, India

Latitude
22.265282°

Longitude
70.784571°

Local 09:02:06 AM
GMT 03:32:06 AM

Altitude 145 meters
Saturday, 13.01.2024



TEST REPORT

Name : Nishith Hindocha	Reg. No : 401100645
Age/Sex : 35 Years / Male	Reg. Date : 13-Jan-2024 01:17 PM
Ref. By : Dr. PANCHMUKHI HOSPITAL / INSURANCE	Collected On : 13-Jan-2024 01:18 PM
Client Name : PANCHMUKHI HOSPITAL	Report Date : 13-Jan-2024 02:43 PM

COMPLETE BLOOD COUNT (CBC) Specimen: EDTA blood

Parameter	Result	Unit	Biological Ref. Interval	
RBC Parameters				
Hemoglobin (SLS method)	14.8	g/dL	13.0 - 18.0	
Hematocrit (Electrical Impedance)	41.80	%	47 - 52	
RBC Count (Electrical Impedance)	5.47	million/cmm	4.7 - 6.0	
MCV (Calculated)	76.4	fL	78 - 110	
MCH (Calculated)	27.1	Pg	27 - 31	
MCHC (Calculated)	35.4	%	30 - 35	
RDW (Calculated)	12.6	%	11.5 - 14.0	
WBC Parameters				
WBC Count (Flowcytometry)	7150	/cmm	4000 - 10500	
DIFFERENTIAL WBC COUNT				
Neutrophils (%)	50 %	% Range 42.0 - 75.2	Abs. Value 3575 /cmm	Abs. Range 1800 - 7700
Lymphocytes (%)	40 %	% Range 20 - 45	2860 /cmm	1000 - 3900
Eosinophils (%)	03 %	% Range 1 - 4	215 /cmm	0 - 450
Monocytes (%)	07 %	% Range 2 - 8	501 /cmm	200 - 1000
			72 /cmm	20 - 100
Immature Granulocyte %	0	%		
Platelete Parameter				
Platelet Count	268000	/cmm	150000 - 450000	
MPV	10.4	fL	7.4 - 10.4	
P-LCR	27.40	%	11.9 - 66.9	
PDW	12.7	%	8.3 - 56.6	
PCT (Platelet Haematocrit)	0.28	%	0.2 - 0.5	

towards the healthiness...

D.R.I.

Dr. Viral Jethava

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





TEST REPORT

Name : Nishith Hindocha	Reg. No : 401100645
Age/Sex : 35 Years / Male	Reg. Date : 13-Jan-2024 01:17 PM
Ref. By : Dr. PANCHMUKHI HOSPITAL / INSURANCE	Collected On : 13-Jan-2024 01:18 PM
Client Name : PANCHMUKHI HOSPITAL	Report Date : 13-Jan-2024 02:41 PM

BLOOD GROUP & RH

Specimen: EDTA and Serum; Method: Haemagglutination

Parameter	Result	Unit	Biological Ref. Interval
ABO	'O'		
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.

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





TEST REPORT

Name : Nishith Hindocha	Reg. No : 401100645
Age/Sex : 35 Years / Male	Reg. Date : 13-Jan-2024 01:17 PM
Ref. By : Dr. PANCHMUKHI HOSPITAL / INSURANCE	Collected On : 13-Jan-2024 01:18 PM
Client Name : PANCHMUKHI HOSPITAL	Report Date : 13-Jan-2024 02:43 PM

Test	Result	Unit	Biological Ref. Interval
Erythrocyte sedimentation rate Sample, EDTA whole blood			
ESR (After 1 hour)	06	mm/hr	1 - 7

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




TEST REPORT

Name : Nishith Hindocha	Reg. No : 401100645
Age/Sex : 35 Years / Male	Reg. Date : 13-Jan-2024 01:17 PM
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Client Name : PANCHMUKHI HOSPITAL	Report Date : 13-Jan-2024 02:43 PM

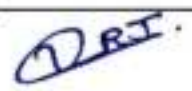
FASTING PLASMA GLUCOSE
 Specimen: Flouride plasma

Parameter	Result	Unit	Biological Ref. Interval
Fasting Blood Sugar (FBS) <small>HEXONWASE</small>	89.00	mg/dL	<100 :Non-Diabetic 100-125 :Impaired Fasting Glucose (IFG) >=126 :Diabetic

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.

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Dr. Viral Jethava

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 M.D. (Path. PDCC)



TEST REPORT

Name : Nishith Hindocha	Reg. No : 401100645
Age/Sex : 35 Years / Male	Reg. Date : 13-Jan-2024 01:17 PM
Ref. By : Dr. PANCHMUKHI HOSPITAL / INSURANCE	Collected On : 13-Jan-2024 04:13 PM
Client Name : PANCHMUKHI HOSPITAL	Report Date : 13-Jan-2024 04:15 PM


POST PRANDIAL PLASMA GLUCOSE
 Specimen: Flouride plasma

Parameter	Result	Unit	Biological Ref. Interval
Post Prandial Blood Sugar (PPBS) <small>HEXORWASE</small>	120.00	mg/dL	70 - 140

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.

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Dr. Viral Jethava

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




TEST REPORT

Name	: Nishith Hindocha	Reg. No	: 401100645
Age/Sex	: 35 Years / Male	Reg. Date	: 13-Jan-2024 01:17 PM
Ref. By	: Dr. PANCHMUKHI HOSPITAL / INSURANCE	Collected On	: 13-Jan-2024 01:18 PM
Client Name	: PANCHMUKHI HOSPITAL	Report Date	: 13-Jan-2024 02:43 PM

LIPID PROFILE
Specimen: Serum

Parameter	Result	Unit	Biological Ref. Interval
Cholesterol <small>Cholesterol Oxidase</small>	198	mg/dL	Desirable : < 200.0 Borderline High : 200-239 High : > 240.0
Triglyceride <small>Enzymatic Reaction With Glycerol Kinase</small>	131	mg/dL	Normal : < 150.0 Borderline : 150-199 High : 200-499 Very High : > 500.0
HDL Cholesterol <small>Siemens HDL</small>	91	mg/dL	High Risk : < 40 Low Risk : \geq 60
LDL Cholesterol <small>Siemens ALDL</small>	68	mg/dL	Optimal : < 100 Near Optimal/above optimal : 100-129 Borderline High : 130-159 High : 160-189 Very High : \geq 190
VLDL Cholesterol <small>Calculated</small>	26.20	mg/dL	15 - 35
LDL / HDL RATIO <small>Calculated</small>	0.75		0 - 3.5
Cholesterol /HDL Ratio <small>Calculated</small>	2.18		0 - 5.0

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





TEST REPORT

Name : Nishith Hindocha	Reg. No : 401100645
Age/Sex : 35 Years / Male	Reg. Date : 13-Jan-2024 01:17 PM
Ref. By : Dr. PANCHMUKHI HOSPITAL / INSURANCE	Collected On : 13-Jan-2024 01:18 PM
Client Name : PANCHMUKHI HOSPITAL	Report Date : 13-Jan-2024 02:43 PM

RENAL FUNCTION TEST

Specimen: Serum

Parameter	Result	Unit	Biological Ref. Interval
Creatinine <small>ALKALINE PICRATE, COLORIMETRIC KINETIC</small>	0.79	mg/dL	0.7 - 1.3
eGFR	101.38	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
Urea <small>Calculated</small>	18	mg/dL	17 - 43
Blood Urea Nitrogen (BUN) <small>UREASE/GLDH</small>	8.41	mg/dL	7.0 - 18.0
Uric Acid <small>Uricase</small>	4.36	mg/dL	3.5 - 7.2
Sodium <small>Direct ion selective electrode</small>	140.2	mmol/L	137 - 145
Potassium <small>Direct ion selective electrode</small>	4.54	mmol/L	3.5 - 5.1
Chloride <small>Direct ion selective electrode</small>	103.8	mmol/L	98 - 107
Calcium <small>Cresolphthalein Complexone</small>	8.90	mg/dL	8.5 - 10.1

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





TEST REPORT

Name : Nishith Hindocha	Reg. No : 401100645
Age/Sex : 35 Years / Male	Reg. Date : 13-Jan-2024 01:17 PM
Ref. By : Dr. PANCHMUKHI HOSPITAL / INSURANCE	Collected On : 13-Jan-2024 01:18 PM
Client Name : PANCHMUKHI HOSPITAL	Report Date : 13-Jan-2024 02:43 PM

HEMOGLOBIN A1 C (HBA1C)

Specimen: Blood EDTA

Parameter	Result	Unit	Biological Ref. Interval
HbA1C <small>Siemens Dimension</small>	5.68	%	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 <small>Calculated</small>	116.32	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 A1 c 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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Dr. Viral R. Jethava

M.D. (Path. PDCC)



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TEST REPORT

Name : Nishith Hindocha	Reg. No : 401100645
Age/Sex : 35 Years / Male	Reg. Date : 13-Jan-2024 01:17 PM
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Client Name : PANCHMUKHI HOSPITAL	Report Date : 13-Jan-2024 02:43 PM

THYROID FUNCTION TEST

Parameter	Result	Unit	Biological Ref. Interval
Thyroid Stimulating Hormone (TSH) CLIA	2.45	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) CLIA	1.15	ng/mL	0.6 - 1.81
--------------------------------------	------	-------	------------

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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Dr. Viral R. Jethava

M.D. (Path. PDCC)



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TEST REPORT

Name	: Nishith Hindocha	Reg. No	: 401100645
Age/Sex	: 35 Years / Male	Reg. Date	: 13-Jan-2024 01:17 PM
Ref. By	: Dr. PANCHMUKHI HOSPITAL / INSURANCE	Collected On	: 13-Jan-2024 01:18 PM
Client Name	: PANCHMUKHI HOSPITAL	Report Date	: 13-Jan-2024 02:43 PM


Thyroxine (T4) 6.40 µg/dL 4.5 - 12.6
CLM

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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Dr. Viral R. Jethava

M.D. (Path. PDCC)





TEST REPORT

Name : Nishith Hindocha	Reg. No : 401100645
Age/Sex : 35 Years / Male	Reg. Date : 13-Jan-2024 01:17 PM
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Client Name : PANCHMUKHI HOSPITAL	Report Date : 13-Jan-2024 02:43 PM

URINE ROUTINE EXAMINATION

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

PHYSICAL EXAMINATION

Quantity	15 cc		
Colour	Pale Yellow		
Clarity	Clear		

CHEMICAL EXAMINATION (BY REFLECTANCE PHOTOMETRIC)

pH	7.0		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)	1 - 3/hpf
Erythrocytes (Red Cells)	Absent
Epithelial Cells	2 - 3/hpf
Amorphous Material	Absent
Casts	Absent
Crystals	Absent
Bacteria	Absent

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Dr. Viral R. Jethava

M.D. (Path. PDCC)





TEST REPORT

Name : Nishith Hindocha	Reg. No : 401100645
Age/Sex : 35 Years / Male	Reg. Date : 13-Jan-2024 01:17 PM
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Client Name : PANCHMUKHI HOSPITAL	Report Date : 13-Jan-2024 02:43 PM

LIVER FUNCTION TEST

Specimen : Serum

Parameter	Result	Unit	Biological Ref. Interval
Total Protein <small>BIURET</small>	7.21	g/dL	6.4 - 8.2
Albumin <small>Dye Binding - Bromocresol Purple (BCP)</small>	3.49	g/dL	3.40 - 5.00
Globulin <small>Calculated</small>	3.72	g/dL	2.3 - 3.5
A/G Ratio <small>Calculated</small>	0.94		0.8 - 3.1
SGOT (AST) <small>Siemens/37C</small>	18	U/L	15 - 37
SGPT (ALT) <small>Siemens/37C</small>	36	U/L	16 - 63
Alkaline Phosphatase <small>Siemens/37C</small>	110	U/L	46 - 116
Total Bilirubin <small>Diazot-Caffeine/Benzoate Coupling (Jendrassik-Grof) w/bilirubin</small>	0.98	mg/dL	0.2 - 1
Conjugated Bilirubin <small>Diazot-Caffeine/Benzoate Coupling (Jendrassik-Grof) w/bilirubin</small>	0.14	mg/dL	0 - 0.20
Unconjugated Bilirubin <small>Suph acid ip/calf-benz</small>	0.84	mg/dL	0.0 - 1.1

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

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Dr. Viral R. Jethava

M.D. (Path. PDCC)




Pt.'s Name: HINDOCHA NISHITH

Date: 13 January, 2024

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 underview reveals no evident abnormality.

Thanks for reference.


DR RRATIK KAGATHARA
MD

Krishna Arcade, 150 Feet Ring Road, Opp. Om Nagar (BRTS), Rajkot. Mo. 72838 42020

2D, 4D SONOGRAPHY | COLOUR DOPPLER | X-RAY & PROCEDURE INTERVENTIONS

Pat.s' Name: HINDOCHA NISHITH

DATE: 13 January 2024

U.S.G. OF ABDOMEN AND PELVIS

- **LIVER:** is normal size and shows normal 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 angles clear.

CONCLUSION:

- No significant abnormality seen in present study.

Thanks for reference.


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MD

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32 SLICE CT SCAN | 3D-4D SONOGRAPHY | COLOUR DOPPLER | X-RAY & PROCEDURE INTERVENTIONS



HINDOCHA NISHITH 35Y/M CHEST PA 13-Jan-24
NEELKANTH DIAGNOSTICS - RAJKOT (DR. PRATIK KAGATHARA)

ECHOCARDIOGRAPHY & COLOR DOPPLER

Patient Name : Nishith Hindocha
Ref.By : Dr Dadhaniya Sir

Age/Sex : 35/M
Date : 13/1/24

SUMMARY OF 2D ECHO

LA, LV size Normal
No LVH
No RWMA at rest
Overall LVEF -60 %.

RA, RV size and function Normal
All valves appear Normal in structure

No E/O Vegetation / clot /Pericardial effusion
IAS / IVS intact
No shunt across great vessels
IVC Size Normal 12 mm and collapsing > 50% on deep inspiration

Colour Doppler

Mitral Valve: E/A ratio 1.1, TDI s/o E>A*
No MR

Tricuspid Valve: Trivial TR CW TR jet 28 mmHg
Estimated PASP 33 mm Hg

Aortic Valve: No AR
No significant LVOT gradient - AV PG Max 6 mm Hg

Pulmonary Valve : No PR, PV Max PG 4 mm Hg

FINAL IMPRESSION

Good LV systolic function at rest


Dr V H Maniyar

M.D., FNIC (Lilavati Hospital, Mumbai)

For Appointment

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First Floor, Nilkanth Plaza, J. K. Park, Bapa Sitaram Chowk, Mavdi Main Road, RAJKOT- 360004.

