

Ashwini Patel

28/01/2023 :-



S/B Dr. Vinod :-



Name : _____

Date : _____

Age : _____ Sex : _____

No complain of CP, SOB

S/P (R) Nephrectomy into dysfunctional state.

No pain any more.

SpO₂ - 78/60
110/60
SpO₂ - 97%

Adv. - Rx -

Patel

CP/12/23

SHRIMATI JAYABEN MODY HOSPITAL

REGD. No. F/106/BHARUCH

MANAGED BY :

Ankleshwar Industrial Development Society, Ankleshwar
VALIA ROAD, GIDC, ANKLESHWAR - 393 002. PHONE : 222220, 224550

NAME OF PATIENT : SHEELENDRA SONI

DATE : 28/01/2023

USG OF ABDOMEN AND PELVIS

Liver appears normal in size, shape and shows normal echotexture. No evidence of focal SOL or dilation of IHBV seen.

Porta hepatitis is appears normal.

Gallbladder appears normal. No evidence of calculi.

Pancreas appears normal in size and echotexture.

Spleen appears normal in size and echotexture.

Aorta appears normal. No para aortic lymphnodes seen.

Both kidneys Right kidney is not visualized - post op status.

Left kidney appears normal in size, location and echotexture.

Cortex and collecting system of left kidney appears normal.

No calculi or obstructive uropathy on left side.

Bladder & Prostate appears normal. No calculi seen.

Terminal ileum and caecum appears normal.

Appendix appears normal.

No evidence of free fluid or collection is seen in peritoneal spaces.

COMMENTS:

- No diagnostic abnormality detected.

THANKS FOR THE REFERENCE

DR. JANAKI RAJ (M.D)
CONSULTANT RADIOLOGIST

Patient Name:-	SHEELENDRA SONI		Date :-	28/01/2023
Age & Sex :-	38Y	M		
Referred By :-	HEALTH CHECK-UP			

X-RAY-CHEST PA VIEW

Both lungs zones are clear .

Cardiac silhouette is normal

Both costophrenic angles are clear.

Both domes of diaphragm are at normal level.

Bony thorax is unremarkable.

Impression -No significant abnormality detected in present study.

Please correlate with clinical findings and relevant investigations.

Adv: HRCT lungs/ CT thorax will be worthwhile if clinical suspicion persists.



Dr. Vivek Chaudhari
D.M.R.E.
Consultant Radiologist

Patient Name : MR. SHEELENDRA SONI

Age / Gender : 38 years / Male

Patient ID : 18821

Source : Sardar Patel Hospital (OPD)

Referral : Dr Mediwheel Full body Health Checkup

Collection Time : 28/01/2023, 09:08 AM

Reporting Time : 28/01/2023, 01:15 PM

Sample ID :



001802823

Test Description	Value(s)	Reference Range	Unit(s)
CBC			
Hemoglobin (Hb)* Method : Cymeth Photometric Measurement	15.2	13.5 - 18.0	gm/dL
Erythrocyte (RBC) Count* Method : Electrical Impedence	4.79	4.7 - 6.0	mil/cu.mm
Packed Cell Volume (PCV)* Method : Calculated	44.6	42 - 52	%
Mean Cell Volume (MCV)* Method : Electrical Impedence	93.11	78 - 100	fL
Mean Cell Haemoglobin (MCH)* Method : Calculated	31.73	27 - 31	pg
Mean Corpuscular Hb Concn. (MCHC)* Method : Calculated	34.08	32 - 36	gm/dL
Red Cell Distribution Width (RDW)* Method : Electrical Impedence	12.5	11.5 - 14.0	%
Total Leucocytes (WBC) Count* Method : Electrical Impedence	6670	4000-10000	cell/cu.mm
Neutrophils* Method : VCSn Technology	64	40 - 80	%
Lymphocytes* Method : VCSn Technology	30	20 - 40	%
Monocytes* Method : VCSn Technology	05	2 - 10	%
Eosinophils* Method : VCSn Technology	01	1 - 6	%
Basophils Method : VCSn Technology	00	0 - 4	%
Platelet Count* Method : Electrical Impedence	230	150 - 450	10 ³ /ul
E.S.R			
Erythrocyte Sedimentation Rate Method : EDTA Whole blood, modified westergren	15	<15	mm/hr

Interpretation:

It indicates presence and intensity of an inflammatory process. It is a prognostic test and used to monitor the course or response to treatment of diseases like tuberculosis, acute rheumatic fever.. It is also increased in multiple myeloma, hypothyroidism.

****END OF REPORT****

Bholiya

Dr. Bhavika Dholiya
M. D. Pathology
Registration No: G-32571

Patient Name : MR. SHEELENDRA SONI

Age / Gender : 38 years / Male

Patient ID : 18821

Source : Sardar Patel Hospital (OPD)

Referral : Dr Mediwheel Full body Health Checkup

Collection Time : 28/01/2023, 09:08 AM

Reporting Time : 28/01/2023, 11:26 AM

Sample ID :



Test Description	Value(s)	Reference Range	Unit(s)
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BLOOD GROUP & RH (D) FACTOR, EDTA WHOLE BLOOD

Blood Group	"A"		
Method : Forward and Reverse By Tube Method			
RH Factor	Positive		

Methodology

This is done by forward and reverse grouping by tube Agglutination method.

Interpretation

Newborn baby does not produce ABO antibodies until 3 to 6 months of age. So the blood group of the newborn baby is done by ABO antigen grouping (forward grouping) only, antibody grouping (reverse grouping) is not required. Confirmation of the New-born's blood group is indicated when the A and B antigen expression and the isoagglutinins are fully developed (2-4 years).

GLYCOSYLATED HB (HBA1C)

Glyco Hb (HbA1C)	5.0	Non-Diabetic: <=5.6 Pre Diabetic: 5.7-6.4 Diabetic: >=6.5	%
Estimated Average Glucose :	96.80		mg/dL

Interpretations:

- HbA1C has been endorsed by clinical groups and American Diabetes Association guidelines 2017 for diagnosing diabetes using a cut off point of 6.5%
- Low glycated haemoglobin in a non diabetic individual are often associated with systemic inflammatory diseases, chronic anaemia (especially severe iron deficiency and haemolytic), chronic renal failure and liver diseases. Clinical correlation suggested.
- In known diabetic patients, following values can be considered as a tool for monitoring the glycemic control.
 - Excellent control-6-7 %
 - Fair to Good control - 7-8 %
 - Unsatisfactory control - 8 to 10 %
 - Poor Control - More than 10 %

****END OF REPORT****

Bholiya

Dr. Bheviha Dholiya
M. D. Pathology
Registration No: G-32571

Patient Name : MR. SHEELENDRA SONI
Age / Gender : 38 years / Male
Patient ID : 18821
Source : Sardar Patel Hospital (OPD)

Referral : Dr Mediwheel Full body Health Checkup
Collection Time : 28/01/2023, 09:08 AM
Reporting Time : 28/01/2023, 01:36 PM
Sample ID :



001802823

Test Description	Value(s)	Reference Range	Unit(s)
<u>BLOOD GLUCOSE FASTING (FBS)</u>			
Glucose fasting Method : Fluoride Plasma-F, Hexokinase	99.3	Normal: 70 - 99 Impaired Tolerance: 100-125 Diabetes mellitus: \geq 126 (on more than one occasion) (American diabetes association guidelines 2018)	mg/dL
Urine Fasting	Absent		
<u>BLOOD GLUCOSE POST PRANDIAL (PP2BS)</u>			
Blood Glucose-Post Prandial Method : Hexokinase	98.5	70 - 140	mg/dL
Urine Post Prandial	Absent		
<u>THYROID FUNCTION TEST 1</u>			
T3-Total Method : Serum, CLIA	1.77	0.69 - 2.15 ng/mL	ng/mL
T4-Total Method : Serum, CLIA	8.27	5.2 - 12.7 ug/dL	ug/dL
TSH Method : Serum, CLIA	2.23	0.3 - 4.5 uIU/mL	uIU/mL
Interpretation			

****END OF REPORT****

Dr. Bhavika Dholiya
M. D. Pathology
Registration No: G-32571

Patient Name : MR. SHEELENDRA SONI

Age / Gender : 38 years / Male

Patient ID : 18821

Source : Sardar Patel Hospital (OPD)

Referral : Dr Mediwheel Full body Health Checkup

Collection Time : 28/01/2023, 09:08 AM

Reporting Time : 28/01/2023, 11:25 AM

Sample ID :



Test Description	Value(s)	Reference Range	Unit(s)
LIVER FUNCTION TEST-1			
Bilirubin - Total Method : Diazotization	0.60	0.3 - 1.2	mg/dL
Bilirubin - Direct Method : Serum, Diazotization	0.26	Adults and Children: 0.0 - 0.4	mg/dL
Bilirubin - Indirect Method : Calculated	0.34		
SGOT Method : Serum, UV without P5P	26.9	< 50	U/L
SGPT Method : Serum, UV without P5P	21.0	< 50	U/L
Alkaline Phosphatase-ALPI Method : Serum, PNPP, AMP Buffer, IFCC 37 degree	62	30-120	U/L
Total Protein Method : Serum, Biuret, reagent blank end point	7.68	6.6 - 8.3	g/dL
Albumin Method : Serum, Bromocresol green	4.22	Adults: 3.5 - 5.2	g/dL
Globulin Method : Calculated	3.46	1.8 - 3.6	g/dL
A/G Ratio Method : Calculated	1.22	1.2 - 2.2	ratio
RENAL PROFILE			
Urea * Method : Serum, Urease	19.0	17- 55 mg/dL	mg/dL
Creatinine* Method : Serum, Enzymatic	1.04	0.6 - 1.4 mg/dl	mg/dL
Uric Acid* Method : Serum, Uricase/POD	5.4	3.5 - 7.2	mg/dL
Blood Urea Nitrogen-BUN* Method : Calculated	8.88	7 - 25 mg/dL	mg/dL
Calcium* Method : Arsenazo III	8.86	8.8 - 10.6	mg/dL
Sodium* Method : Serum, Indirect ISE	142.9	136 - 146	mmol/L
Potassium* Method : Serum, Indirect ISE	4.28	3.5 - 5.1	mmol/L
Chloride* Method : Serum, Indirect ISE	102.4	97.0 - 108.0	mmol/L

****END OF REPORT****

Dr. Bhavika Dholiya
M. D. Pathology
Registration No: G-32571

Patient Name : MR. SHEELENDRA SONI

Age / Gender : 38 years / Male

Patient ID : 18821

Source : Sardar Patel Hospital (OPD)

Referral : Dr Mediwheel Full body Health Checkup

Collection Time : 28/01/2023, 09:08 AM

Reporting Time : 28/01/2023, 11:24 AM

Sample ID :



Test Description	Value(s)	Reference Range	Unit(s)
LIPID PROFILE (D)			
Cholesterol-Total Method : Serum, Cholesterol oxidase esterase, peroxidase	183.0	Desirable: <= 200 Borderline High: 201-239 High: > 239	mg/dL
Triglycerides Method : Serum, Enzymatic, endpoint	93.4	Normal: < 150 Borderline High: 150-199 High: 200-499 Very High: >= 500	mg/dL
Cholesterol-HDL Direct Method : Serum, Direct measure-PEG	49.4	Normal: > 40 Major Heart Risk: < 40	mg/dL
LDL Cholesterol Method : Calculated	114.92	Optimal: < 100 Near optimal/above optimal: 100-129 Borderline high: 130-159 High: 160-189 Very High: >= 190	mg/dL
Non - HDL Cholesterol, Serum Method : calculated	133.60	Desirable: < 130 mg/dL Borderline High: 130-159mg/dL High: 160-189 mg/dL Very High: > or = 190 mg/dL	mg/dL
VLDL Cholesterol Method : calculated	18.68	6 - 38	mg/dL
CHOL/HDL RATIO Method : calculated	3.70	3.5 - 5.0	ratio
LDL/HDL RATIO Method : calculated	2.33	Desirable / low risk - 0.5 -3.0 Low/ Moderate risk - 3.0- 6.0 Elevated / High risk - > 6.0	ratio
HDL/LDL RATIO Method : calculated	0.43	Desirable / low risk - 0.5 -3.0 Low/ Moderate risk - 3.0- 6.0 Elevated / High risk - > 6.0	ratio

Note: 8-10 hours fasting sample is required. Test results may show interferences due to pregnancy, certain drugs such as estrogens and other drugs (such as androgenic and related steroids), and insulin therapy etc. 12 hours fast is recommended prior to the test as non fasting status may result in falsely elevated test values. Alcohol should not be consumed for atleast 24 hours before the test. Values may be increased in acute illness, colds or flu. Obesity, stress, physical inactivity, cigarette smoking may lead to increase test values. If possible all medications should be withheld for atleast 24 hours before testing (On Doctors Advice). Intraindividual variations, seasonal as well as positional variations (levels lower when sitting compared to standing etc.) have been observed. Cholesterol and HDL-C should not be measured immediately after MI, and 3 months wait is suggested.

****END OF REPORT****

Dr. Bhavika Dholiya
M. D. Pathology
Registration No: G-32571

Patient Name : MR. SHEELENDRA SONI

Age / Gender : 38 years / Male

Patient ID : 18821

Source : Sardar Patel Hospital (OPD)

Referral : Dr Mediwheel Full body Health Checkup

Collection Time : 28/01/2023, 09:08 AM

Reporting Time : 28/01/2023, 12:20 PM

Sample ID :



Test Description	Value(s)	Reference Range	Unit(s)
URINE ROUTINE			
Volume*	20	ml -	ml
Colour*	Pale Yellow	Pale Yellow	
Transparency (Appearance)*	Clear	Clear	
Deposit*	Absent	Absent	
Reaction (pH)*	6.0	4.5 - 8	
Specific Gravity*	1.010	1.010 - 1.030	
Chemical Examination (Automated Dipstick Method) Urine			
Urine Glucose (sugar)*	Absent	Absent	
Urine Protein (Albumin)*	Absent	Absent	
Urine Ketones (Acetone)*	Absent	Absent	
Blood*	Absent	Absent	
Bile pigments*	Absent	Absent	
Nitrite*	Absent	Absent	
Microscopic Examination Urine			
Pus Cells (WBCs)*	Absent	0 - 5	/hpf
Epithelial Cells*	Occasional	0 - 4	/hpf
Red blood Cells*	Absent	Absent	/hpf
Crystals*	Absent	Absent	
Cast*	Absent	Absent	
Trichomonas Vaginalis*	Absent	Absent	
Yeast Cells*	Absent	Absent	
Amorphous deposits*	Absent	Absent	
Bacteria*	Absent	Absent	

****END OF REPORT****

Dr. Bhavika Dholya
M. D. Pathology
Registration No: G-32571



Patient Name : Mr. Sheelendra Soni
Registration No : 101-023-1393-000
Sex : Male
Patient Arrived At : 28-Jan-2023 09:00:00 AM
Test Name : ECHO STUDY

DOB : 02-Dec-1984
Age : 38 Yrs/
Result Verified At : 28-Jan-2023 13:43

2D ECHO CARDIOGRAPHY REPORT

- All cardiac chambers are normal in dimension
- Normal LV Systolic function at Rest, LVEF =60 %
- No RWMA at Rest.
- No diastolic dysfunction (E>A, MV E'> 0.10 m/s)
- MV – Normal, No MS/MR AV –Normal, No AS/AR
- TV – Normal , No TS/ Trivial TR PV – No PS / PR
- No Pulmonary Hypertension, RVSP = 28 mmHg
- IAS / IVS appear Intact
- No e/o obvious Clot / Vegetation / effusion
- IVC not dilated collapsing > 50% on inspiration

IMPRESSION: NORMAL LV SYSTOLIC FUNCTION. NO RWMA. NO PAH


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

28.01.2023 10:05:24
SARDAP TEL HOSPITAL
CHIKUM
ANKLESHWAR

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

Room:

68 bpm
- / - mmHg

Technician:
Ordering Ph:
Referring Ph:
Attending Ph:

QRS : 100 ms
QT / QTcBaz : 354 / 376 ms
PR : 118 ms
P : 90 ms
RR / PP : 876 / 882 ms
P / QRS / T : 16 / 59 / 47 degrees

Normal sinus rhythm
Normal ECG

AD

